

**Maryland FY 2020  
Preventive Health and Health Services  
Block Grant**

**Work Plan**

**Original Work Plan for Fiscal Year 2020**

**Submitted by: Maryland**

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## Executive Summary

### EXECUTIVE SUMMARY

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2020. The Maryland Department of Health (MDH) submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

**Funding Assumptions:** The total award for the Federal Year 2020 Preventive Health and Health Services Block Grant is \$2,976,600. This amount is based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

**Program Title: Sexual Assault-Rape Crisis Programming in Maryland**

**Funding for FY 2020 Sexual Assault-Rape Crisis (HO IPV 40), \$138,813.** The mandatory allocation to the Maryland Department of Health provides funding to the Rape and Sexual Assault Prevention Program (RSAPP), housed in MDH. The funds aim to reduce the statewide incidence of rape and sexual assault by establishing partnerships to support sexual violence prevention, intervention, and professional development. Of the \$138,813 total, 1) \$10,000 will provide training for sexual assault health care professionals in evidence collection skills, treating patients, and advanced topics. 2) \$28,813 will establish, enhance, an evidence-based primary prevention project that addresses sexual violence prevention. 3) \$100,000 will fund victim-centered advocacy and trauma-informed services for survivors of sexual violence.

**Program Title: Cancer Control and Prevention in Maryland**

**Overall Cancer Deaths (C-1), \$140,000.** Of this total, 1) \$15,000 will increase awareness of issues facing cancer survivors in Maryland by hosting a conference for up to 300 statewide cancer stakeholders. 2) \$65,000 will provide funding to 3 local health departments for bilingual outreach workers and translation services to increase recruitment and enrollment of women in the Breast and Cervical Cancer Program. Women with limited English proficiency and a lack of knowledge of available county programs and services will be targeted. 3) \$50,000 to identify two community-based organizations that will establish referral systems to link uninsured and underinsured low-income individuals to preventative cancer screening in their region(s). 4) \$10,000 to conduct three meetings to improve community stakeholder engagement and promote the use of evidence-based strategies to reduce cancer rates throughout Maryland.

**Program Title: Diabetes Prevention and Control in Maryland**

**Funding for FY 2020 Diabetes (HO D-3): \$911,780.** Of this total, 1) \$138,227 will reduce barriers for employee access to diabetes prevention and control, and fund a communication specialist/project manager (1.0 FTE). 2) \$151,161 to establish diabetes care quality standards for clinical providers, conduct stakeholder forums with clinical and community stakeholders and fund an epidemiologist position (1.0 FTE). 3) \$246,127 to provide technical assistance for local health improvement coalitions to strengthen infrastructure to improve diabetes outcomes in the local communities and fund a project coordinator to oversee and support initiative (1.0 FTE). 4) \$75,000 to increase diabetes and prediabetes awareness, patient education through web-based patient education seminars to learn about the benefits and importance of diabetes self-management. 5) \$102,265 to improve the knowledge of clinical providers and healthcare teams about the standards of care for people with diabetes. 6) \$80,000 to improve the diabetes control and management through skill-building training and educational opportunities for lifestyle change providers and to increase training capacity of lifestyle coach trainers and provide training opportunities. 7) \$110,000 for statewide diabetes prevention infrastructure building through provider network building, supporting two Western Maryland counties implement comprehensive prevention activities and to enhance the software supporting the reporting, management and referrals of participants to lifestyle change programs. The remaining \$9,000 will support training, supplies, and additional needs related to the above activities.

**Program Title: Prevention and Control of Coronary Heart Disease**

**Funding for FY 2020 Coronary Heart Disease (HO HDS-2): \$653,765.** Of this total:

1) \$350,000 will fund local health departments in target jurisdictions to implement quality improvement

interventions in health systems to improve hypertension and cholesterol control outcomes using standardized quality metrics. 2) \$50,000 to train health care professionals to promote self-monitoring blood pressure with clinical support, and to increase patient engagement in the prevention of cardiovascular deaths, heart attacks, and strokes. 3) \$50,000 will be used to implement a campaign to increase awareness of hypertension self-management for adults living in Baltimore City/Prince George's County, Western MD and the Eastern Shore. 4) \$100,000 to support Charles County and Queen Anne's Health Departments to continue their Mobile Integrated Community Health programs; these programs will address the health and social determinants leading to repeated use of emergent care by residents with multiple chronic diseases. 5) \$88,765 will fund (1.0 FTE) to assist with implementation of cardiovascular disease prevention and control activities. 6) The remaining \$15,000 will support training, supplies, and additional needs related to the above activities.

Achieving Healthy Weight in Adults in Maryland

**Funding for FY 2020 Adults at a Healthy Weight (HO NWA-8): \$318,931.** Of this total: 1) \$8,000 will promote healthy eating and nutrition through farmers markets. 2) \$50,000 to implement a media campaign to increase awareness of healthy weight in women across the lifespan. 3) \$90,000 to partner with a Historically Black College University/community organization to implement at least one initiative to address healthy weight in women across the lifespan. 4) \$100,000 to implement a strategic process to remove barriers and align healthy weight between diabetes, cancer, and heart disease, and oral health programming intended to facilitate collaborative healthy weight activities across programs. 5) \$10,000 to support the progress of employers engaged in worksite wellness activities through the Annual Work Site Awards meeting. 6) \$45,931 to fund staff (0.5 FTE) to provide technical assistance to local health departments, community organizations, and to monitor all contracts to ensure full compliance with program guidelines. 7) The remaining \$15,000 will support training, supplies, and additional needs related to the above activities.

Program Title: Reducing Obesity in Children and Adolescents in Maryland

**Funding for FY 2020 Obesity in Children and Adolescents (HO NWS-10): \$211,594.** Of this total, 1) \$75,000 to develop and implement training for Early Childcare Education trainers and childcare providers to support increased physical activity and healthy nutrition, utilizing national standards for childcare activity and nutrition. 2) \$75,000 to expand the Safe Routes to School program in two or more counties in collaboration with local school(s) and community organizations. 3) \$46,594 to support staff (0.5 FTE) providing technical assistance to local health departments, community organizations and early childcare educators, and to monitor all contracts to ensure full compliance with program guidelines. 4) The remaining \$15,000 will support training, supplies, and additional needs related to the above activities.

Program Title: Chronic Disease Epidemiology and Surveillance

**Funding for FY 2020 Comprehensive Epidemiology Services (HO PHI-13): \$282,359.** Of this total, 1) \$66,119 to fund staff (0.75 FTE) to conduct evaluation activities for chronic disease prevention and control initiatives and to expand the evidence base for prevention and health promotion. 2) \$100,000 to support the Maryland Behavioral Risk Factor Surveillance System (BRFSS) calling service vendor. 3) \$86,240 to maintain an online platform to house BRFSS and YRBS data, making on-line queries available to state data users. 4) The remaining \$30,000 will support Software Licenses, professional development training, supplies, and additional needs related to the above activities.

Program Title: Reduction of Listeria Monocytogenes Infections Caused by Food

**Environmental Health (FS-1), \$105,110.** Of this total, \$105,110 will be used by Environmental Health to 1) Fund two staff (1.0 FTE total) to implement the project initiative. 2) Target licensed high-risk food establishments (e.g., crab plants and dairy processing plants) with training and tailored educational materials to reduce outbreaks associated with Listeria monocytogenes; and 3) Provide technical assistance to the Office of Food Protection regional sanitarians to conduct inspections in high-risk food establishments.

Program Title: Community Health Workers

**Public Health Infrastructure (PHI-6), \$90,827.** Of this total, 1) \$50,616 will be used to develop a 20-hour curriculum for Community Health Workers (CHW) on chronic disease management, with a focus on diabetes for community colleges to develop existing CHW training curricula, modify existing CHW training curricula, or provide professional development instructional opportunities for CHWs. 2) \$40,211 to fund staff (1.0 FTE) to support 2-year colleges providing Community Health Worker certification training

programs seeking to become accredited.

Administrative costs associated with the PHHS Block Grant total \$123,422, which is less than 10% of the grant. These costs include a 27.09 percent indirect cost rate applied to the salary for 8.25 FTE (HO: D-3, HDS-2, NWS-8, NWS-10, PHI-13, PHI -6, FS-1).

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

To determine the priority of funding for each Program included in the Work Plan, the following funding rational was used: Health need that was established by data trends but it is under or unfunded.

**Funding Priority:** Data Trend, Under or Unfunded, Other (Diabetes Action Plan)

## Statutory Information

### **Advisory Committee Member Representation:**

Advocacy group, Business, corporation or industry, College and/or university, Community-based organization, Community resident, County and/or local health department, Hospital or health system, Medical society or organization, Minority-related organization, Primary care provider, Senior/adult serving organization, Small business or merchant, State health department, Youth serving organization

#### **Dates:**

#### **Public Hearing Date(s):**

4/15/2020

#### **Advisory Committee Date(s):**

4/15/2020

7/15/2020

#### **Current Forms signed and attached to work plan:**

Certifications: Yes

Certifications and Assurances: Yes

<b>Budget Detail for MD 2020 V0 R0</b>	
<b>Total Award (1+6)</b>	\$2,976,600
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$2,847,508
2. Annual Basic Admin Cost	(\$123,421)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$2,724,087
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$129,092
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$129,092
<b>(9.) Total Current Year Available Amount (5+8)</b>	<b>\$2,853,179</b>
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$2,812,118
11. Sex Offense Set Aside (HO 15-35)	\$129,092
(12.) Total Prior Year	\$2,941,210
<b>13. Total Available for Allocation (5+8+12)</b>	<b>\$5,794,389</b>

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$2,724,087
Sex Offense Set Aside	\$129,092
Available Current Year PHHSBG Dollars	\$2,853,179
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$2,812,118
Sex Offense Set Aside	\$129,092
Available Prior Year PHHSBG Dollars	\$2,941,210
<b>C. Total Funds Available for Allocation</b>	<b>\$5,794,389</b>

### Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Coordinated Chronic Disease	C-1 Overall Cancer Deaths	\$140,000	\$140,000	\$280,000
	D-3 Diabetes Deaths	\$911,780	\$1,304,084	\$2,215,864
	HDS-2 Coronary Heart Disease Deaths	\$653,765	\$589,000	\$1,242,765
	NWS-8 Healthy Weight in Adults	\$318,931	\$217,319	\$536,250
	NWS-10 Obesity in Children and Adolescents	\$211,594	\$131,818	\$343,412
	PHI-13 Epidemiology Services	\$282,359	\$246,694	\$529,053
<b>Sub-Total</b>		<b>\$2,518,429</b>	<b>\$2,628,915</b>	<b>\$5,147,344</b>
Environmental Health FS-1: Reduce Infections Caused by Listeria Monocytogenes	FS-1 Infections Caused by Key Foodborne Pathogens	\$105,110	\$86,220	\$191,330
<b>Sub-Total</b>		<b>\$105,110</b>	<b>\$86,220</b>	<b>\$191,330</b>
Injury and Violence Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$138,813	\$138,813	\$277,626
<b>Sub-Total</b>		<b>\$138,813</b>	<b>\$138,813</b>	<b>\$277,626</b>
Public Health Infrastructure- Community Health Workers	PHI-6 Associate Degrees and Certificate Programs in Public Health	\$90,827	\$87,262	\$178,089
<b>Sub-Total</b>		<b>\$90,827</b>	<b>\$87,262</b>	<b>\$178,089</b>
<b>Grand Total</b>		<b>\$2,853,179</b>	<b>\$2,941,210</b>	<b>\$5,794,389</b>



**State Program Title: Coordinated Chronic Disease**

**State Program Strategy:**

The Maryland Department of Health (MDH) uses PHHS grant funds to coordinate chronic disease strategies and targeted activities to reduce the burden in Maryland of heart disease, stroke, diabetes, and cancer, as well as associated risk factors which include physical activity, nutrition, and tobacco use. Through coordinated public health chronic disease efforts, Maryland works to:

- Promote policy and environmental changes to improve healthy behaviors;
- Promote health system improvements to better detect, manage, and control chronic disease conditions and risk factors;
- Enhance community-clinical linkages to increase access to and participation in evidence-based community programs to support people with chronic disease or at high risk of developing chronic disease; and,
- Provide data and information to state and local decision-making through a strong foundation in surveillance and epidemiology.

Primary strategic partners for the HP 2020 objectives include local health departments, academic partners, local education agencies, community- and faith-based organizations, worksites, and other State agencies.

The evaluation of this program will occur in alignment with the detailed evaluation plans developed as part of the Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke (1815) Grant.

The Center for Chronic Disease Prevention and Control (Control) will monitor the burden of chronic disease and associated risk factors using Maryland Vital Statistics, Maryland Behavioral Risk Factor Surveillance System, and emergency department and hospitalization data. Additional evaluation data will come from reports submitted by sub-contractors. MDH will continue working to align performance measures, data collection, and reporting across grants and activities, including PHHS.

**State Program Setting:**

Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Schools or school district, University or college, Work site

**FTEs (Full Time Equivalents):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:**

**Position Title:** Assistant Manager

State-Level: 50% Local: 0% Other: 0% Total: 50%

**Position Name:** Policy Analyst

**Position Title:** TBD

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Name:** Evaluation Lead

**Position Title:** TBD

State-Level: 50% Local: 0% Other: 0% Total: 50%

**Position Name:**

**Position Title:** Program Team Manager

State-Level: 50% Local: 0% Other: 0% Total: 50%

**Position Name:**

**Position Title:** Evaluator

State-Level: 25% Local: 0% Other: 0% Total: 25%

**Position Name:**

**Position Title:** Communications and Development Manager

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Name:** TBD

**Position Title:** Epidemiologist

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Name:** TBD

**Position Title:** Administrative Specialist

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 8

**Total FTEs Funded:** 5.75

**National Health Objective: HO C-1 Overall Cancer Deaths**

**State Health Objective(s):**

Between 10/2020 and 09/2021, decrease the all sites cancer mortality rate from 156.5 (per 100,000) in 2016 to 153.4 in 2017 and 151.1 in 2018.

**Baseline:**

156.5 (per 100,000) in 2016

**Data Source:**

CDC WONDER, NCHS Compressed Mortality File, 2016

Note: The projections are based on linear regression of trend data from 2011 to 2016.

**State Health Problem:**

**Health Burden:**

According to the 2018 Maryland Vital Statistics Annual Report, cancer is the second highest cause of death among Marylanders in 2018.<sup>[1]</sup> While the age-adjusted death rate due to cancer has decreased by 15.6 percent since 2009, 29.6 percent of all deaths are due to cancer. <sup>[2]</sup>

The 2018 Maryland Vital Statistics Annual Report analyzed cancer rates by Ethnicity, Race and Sex. Among Whites, the 2018 death rate was 150.6 per 100,000, higher than the death rate for Blacks (172.1 per 100,000). Per 100,000 the age-adjusted death rates in both races was higher for males than females: White males (173.5) compared to White females (125.9); Black males (205.2) compared to Black females (149.1). The age-adjusted death rate for Hispanics was 81.4 per 100,000 compared to 150.0 per 100,000. Rates for Black males has been higher than white males at least since 2007.

Malignant neoplasms are the second highest cause of death for children ages 5 to 14 years; the fourth leading cause for youth 15 to 24 years; third cause of death for ages 24 to 44 years; top leading cause of death for those 45 to 64 years; and the second leading cause of death for ages 65 and older.<sup>[3]</sup>

An estimated 8.7 percent of those with a disability (cognitive, hearing, mobility, or vision) report having had cancer (excluding skin cancer) at least once, compared to 4.9 percent of those without a disability.<sup>[4]</sup>

The Primary Preventive Care Practice BRFSS data indicates that 25.5 percent of Marylanders ages 50 to 75 did not received colorectal cancer screenings (defined as having fully met the USPSTF recommendations). Additionally, 55.8 percent of men ages 40 and over have never had a prostate screening (PSA test). Among women aged 50-74, 18.0 percent have not had a mammogram within the past two years. In the past three years, 29.7 percent of women did not have a pap test within the past three years.

A vaccine is available to prevent the Human Papillomavirus (HPV) types that cause most cervical cancers as well as some cancers of the anus, vulva, vagina, and oropharynx but vaccination rates remain low in the U.S. and Maryland. Based on 2016 National Immunization Survey data for Maryland, only 53.7 percent of girls and 48.7 percent of boys age 13-17 years old are up-to-date for the HPV vaccine<sup>[5]</sup>. The CDC recommends the HPV vaccine for females 11-26 years old and males 11-21 years old. The vaccination is also recommended through age 26 for gay, bisexual, and other men who have sex with men, transgendered people, and for immunocompromised persons not adequately vaccinated previously.<sup>[6]</sup>

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<sup>[1]</sup> Maryland Vital Statistics Annual Report, 2018

<sup>[2]</sup> Ibid.

<sup>[3]</sup> Lavetsky G, Ashinghurst E. Disability and Health among Maryland Adults. Maryland BRFSS Surveillance Brief. Vol. 3, No. 1. Baltimore, MD: Maryland Department of Health, Center for Chronic Disease Prevention and Control, August 2018. [https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD-BRFSS/BRFSS\\_BRIEF\\_2018-08\\_Disability.pdf](https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD-BRFSS/BRFSS_BRIEF_2018-08_Disability.pdf)

<sup>[4]</sup> Ibid,

<sup>[5]</sup> Walker TY, Elam-Evans LD, Yankey D, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2019;68:718–723. DOI: <http://dx.doi.org/10.15585/mmwr.mm6833a2external icon>.

<sup>[6]</sup> Ibid,

### **Target Population:**

Number: 3,940,314

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 1,075,523

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Target and Disparate Population - Profile of General Demographic

Characteristics: 2000- Census 2000 Summary File 1 (SF 1) 100-Percent Other Data Sources: [1]

Maryland Vital Statistics Annual Report

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

## **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$140,000

Total Prior Year Funds Allocated to Health Objective: \$140,000

Funds Allocated to Disparate Populations: \$140,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Cancer Awareness and Education**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct **1** event to raise awareness of issues facing cancer survivors in Maryland.

### **Annual Activities:**

#### **1. State Cancer Conference**

Between 10/2020 and 09/2021,

the Maryland Department of Health will host 1 cancer conference for up to 300 statewide cancer stakeholders to increase awareness of issues facing cancer survivors in Maryland.

#### **2. Evaluation**

Between 10/2020 and 09/2021,

the Maryland Department of Health will develop and implement a post-event questionnaire for conference attendees, analyze the results, and produce a final report to inform future events.

### **Objective 2:**

#### **Community Outreach Worker/Translation Services Project**

Between 10/2020 and 09/2021, the Maryland Department of Health will provide funding to **3** local health departments for bilingual outreach workers and translation services to increasing recruitment and enrollment of women in the Breast and Cervical Cancer Program with limited English proficiency and knowledge of available county programs and services.

### **Annual Activities:**

#### **1. Program Selection**

Between 10/2020 and 09/2021,

the Maryland Department of Health will select up to 3 local cancer screening programs eligible to apply for additional funding, based on data, to address the need for translation and outreach services. Selected applicants will submit a work plan, proposal, and budget for approval.

#### **2. Planning and Implementation**

Between 10/2020 and 09/2021,

the Maryland Department of Health will support local programs (with approved work plans) to: 1) plan the project, 2) develop project monitoring and tracking tools or resources, and 3) increase recruitment, referrals, and enrollment through the use of a bilingual community outreach worker and/or translation services.

#### **3. Reporting and Evaluation of Outcomes**

Between 10/2020 and 09/2021,

the Maryland Department of Health local programs will track and report outcomes to include the number and type of partners (i.e. health systems, employers, community-based organizations); number of woman recruited, referred and enrolled; and services provided to facilitate clients' access to cancer screening services.

**Objective 3:**

**Community Referral Systems to Screening**

Between 10/2020 and 09/2021, the Maryland Department of Health will identify **2** community based organizations to establish referral systems to link uninsured and underinsured low-income individuals to preventative cancer screening in their region(s).

**Annual Activities:**

**1. Identify Community Based Organizations**

Between 10/2020 and 09/2021, the Maryland Department of Health, the Breast and Cervical Cancer Program (BCCP) and the Cigarette Restitution Fund-Cancer Prevention, Education, Screening, and Treatment (CRF-CPEST) Program will identify and fund community-based organizations to increase cancer screening referrals for target populations through a competitive funding opportunity.

**2. Contract Monitoring**

Between 10/2020 and 09/2021, the Maryland Department of Health will collaborate and coordinate with community-based organizations to: 1) develop processes, resources, and tools to implement community-clinical linkages/referrals; and 2) monitor and support activities (e.g., monthly conference calls, site visits, or other methods assess progress, and identify and resolve challenges).

**3. Establish Referral Systems**

Between 10/2020 and 09/2021, the Maryland Department of Health, local cancer screening programs and community based organizations will: 1) conduct evaluation of baseline data regarding clients referred to local cancer screening programs, 2) identify tools to track referral and screening outcomes, 3) establish formal referral systems, and 4) determine opportunities to promote sustainability once funding has ended.

**Objective 4:**

**Community Stakeholder Engagement and Effectiveness**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct **3** stakeholder meetings to improve community stakeholder engagement and promote the use of evidence-based strategies to reduce cancer rates throughout Maryland.

**Annual Activities:**

**1. Stakeholder Meetings**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct up to 3 stakeholder meetings to promote State cancer control priorities, which may include HPV vaccination, breast cancer screening, colorectal cancer screening, lung cancer screening, and awareness and use of the Maryland State Comprehensive Cancer Control Plan.

**2. Evaluation**

Between 10/2020 and 09/2021, The Maryland Department of Health will develop and implement a post-event questionnaire for event attendees, analyze the results, and produce a report to inform future events.

**National Health Objective: HO D-3 Diabetes Deaths**

### **State Health Objective(s):**

Between 10/2020 and 09/2021, decrease the diabetes death rate from 19.6 (per 100,000) to 19.4 (per 100,000). (1% reduction per year for 5 years)

### **Baseline:**

19.6 (per 100,000) in 2018

### **Data Source:**

Maryland Vital Statistics Annual Report (2018)

### **State Health Problem:**

#### **Health Burden:**

In Maryland, 10.5 percent of adults are estimated to have diabetes and 33.9 percent are estimated to have prediabetes. [1] [2] Diabetes increases the risk of heart disease, heart attacks, strokes, peripheral vascular disease, eye disease and blindness, kidney disease and end-stage kidney failure, nerve disease, and leg amputations.[3]

Diabetes drives significant health care utilization and cost in Maryland. Diabetes and prediabetes cost an estimated \$7.01 billion each year.[4] People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes.[5] People with diabetes cost the State's Medicaid program twice as much as those without diabetes.[6]

In Maryland, diabetes is the sixth leading cause of death with an age-adjusted rate of 19.6 per 100,000 in 2018.[7] The burden of diabetes among Marylanders is highest for the black population. In 2018 the death rate for whites was 16.4 per 100,000, compared to the death rate for blacks (32.4 per 100,000). Per 100,000 the age-adjusted death rates in both races was higher for males than females: white males (20.1) compared to white females (12.3); black males (39.1) compared to black females (26.8). The age-adjusted death rate for Hispanics was 7.3 per 100,000 compared to 19.6 for all races. The diabetes rate among blacks is twice that of whites and has been higher than white males at least since 2009.

The rate of diabetes-related hospital discharges per 1,000 adult Marylanders rose from 2.38 in 2013 to 2.53 in 2018. Significantly, the rate of discharges that could have been prevented with access to high-quality outpatient care rose from 2.34 in 2013 to 2.58 in 2018 (per 1,000 adult Marylanders). [8]. [9]

Prevalence and incidence of diabetes and related negative outcomes are influenced by obesity, lack of physical activity, lack of healthy food choices, lack of knowledge of prediabetes status, and lack of knowledge and skills to most effectively manage diabetes.

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[1] Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2017.

[2] Diabetes Care. January 01 2019; volume 42 issue Supplement 1

[3] Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention

[4] Diabetes Care Volume 41, December 2018, <https://care.diabetesjournals.org/content/diacare/41/12/2526.full.pdf>.

[5] Diabetes Care. January 01 2019; volume 42 issue Supplement 1.

[6] The Hilltop Institute. (2016, May 20). Briefing Report: An Examination of Service Utilization and Expenditures among Adults with Diabetes Enrolled in Maryland's Medicaid Managed Care Program. Baltimore, MD: UMBC. Retrieved from:

[https://www.medchi.org/Portals/18/files/pdfs/Hilltop%20Briefing%20Report\\_Medicaid%20Diabetes%20Analysis\\_Final\\_5-20-16.pdf?ver=2016-10-27-143345-240](https://www.medchi.org/Portals/18/files/pdfs/Hilltop%20Briefing%20Report_Medicaid%20Diabetes%20Analysis_Final_5-20-16.pdf?ver=2016-10-27-143345-240).

[7] Maryland Vital Statistics Annual report (2018):

//health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2018annual\_rev3.pdf)

[8] MATCH, Health Service Cost Review Commission (HSCRC), Maryland Hospital Discharges and Ambulatory Care Data.

[9] Trends between the ICD9 period (2013-2015) and ICD 10 period (2016-2018) should be treated with caution due to ICD transition. For this section, diabetes refers to Type 1 and Type 2 diabetes

**Target Population:**

Number: 6,045,680

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 2,974,270

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau Quick Facts Maryland, Population Estimates, July 1, 2019, accessed April 20, 2020.

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Guide to Clinical Preventive Services (U.S. Preventive Services Task Force) and Standards of Medical Care in Diabetes (American Diabetes Association)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$911,780

Total Prior Year Funds Allocated to Health Objective: \$1,304,084

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Barrier Reduction for Employee Access to Diabetes Prevention and Control**

Between 10/2020 and 09/2021, the Maryland Department of Health will identify **10** Maryland employers to meet with and host education and awareness events to investigate the benefits offered by Maryland employers and payers related to diabetes; provide information about the various benefit packages and the impact on utilization and outcomes related to diabetes to employers; and advocate for removing barriers to participation.

**Annual Activities:**

**1. Staff Support**

Between 10/2020 and 09/2021, the Maryland Department of Health will dedicate 1.0 FTE of a currently on staff Project Manager/Communications Specialist to lead, under direction, the activities supporting Objective 1, and in addition provide project management and communications support as needed to other activities.

**2. Employer and Payer Benefit Analysis in Maryland**

Between 10/2020 and 09/2021, the Maryland Department of Health will produce a report that categorizes employers according to size and the benefits they offer related to diabetes. The report will identify at least 10 employers as candidates for adopting additional benefits.

**3. Outreach to and Education of Employers Regarding Diabetes Coverage**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct at least 1 outreach event for employers. Employers of all sizes and with all types of benefit packages will be invited, with at least 12 in attendance. At the event employers will receive information about the cost-savings and productivity improvements proven to result from providing enhanced coverage for diabetes-related benefits. Employers with benefit packages above a threshold will be highlighted.

**4. Advocacy for Benefit Expansion with Targeted Employees**

Between 10/2020 and 09/2021, the Maryland Department of Health, using the report generated in Activity 1 above, will select 5 large (greater than 10,000 employees) and 5 medium (greater than 2,000 employees) and will meet directly with them to advocate for expanding coverage and reducing barriers to access to diabetes related pharmaceuticals, supplies, and services.

**5. Marketing and Communications**

Between 10/2020 and 09/2021, the Maryland Department of Health will develop and implement a marketing and communications strategy to educate and motivate employers and payers regarding existing barriers to needed evidence-based resources and services for people with or at risk of developing diabetes, and the evidence regarding negative impact of these barriers.

**Objective 2:**

**Establish Diabetes Care Quality Standards for Clinical Providers**

Between 10/2020 and 09/2021, the Maryland Department of Health will establish **1** Clinical Quality Task Force charged with identifying evidence-based care quality standard practices, measures, and data collection mechanisms to improve diabetes care quality among Maryland clinical providers.

**Annual Activities:**

**1. Establish a Clinical Quality Task Force**

Between 10/2020 and 09/2021, the Maryland Department of Health will identify and convene a group of at least 20 clinical and policy stakeholders to create a Clinical Quality Task Force to establish core clinical standards for diabetes care quality in Maryland. The Task Force will include practicing primary and specialty care physicians, diabetes educators, researchers, professional societies and advocacy groups, among others. The PHHS Block Grant funds will be used to secure meeting logistics for Task Force meetings.

**2. Recruit and Hire an Epidemiologist**

Between 10/2020 and 09/2021, the Maryland Department of Health will recruit and hire a 1.0 FTE



epidemiologist to support the work of the Clinical Quality Task Force and specifically activities 3, 4, 5, and 6 under this Objective. This staff person's duties will include helping to identify and evaluate proposed measures, data availability and reliability, and the capacity of measures to evaluate change over time, with a focus on measuring and impacting racial and ethnic disparities. The epidemiologist will, in addition, provide some support to activities under Objective 3.

### **3. Establish Evidence-based Clinical Measures for Maryland**

Between 10/2020 and 09/2021, the Maryland Department of Health and the Clinical Quality Task Force will evaluate and identify evidence-based diabetes clinical measures that will be used to gauge quality of care provided to people with diabetes in all racial/ethnic categories and in all geographic regions across the state.

### **4. Determine Baselines and Targets**

Between 10/2020 and 09/2021, the Maryland Department of Health and the Clinical Quality Task Force, with input from others across the state obtained through focus groups and one-to-one interviews conducted by Task Force members, will evaluate the established evidence-based diabetes clinical measures and select from them no more than 5 as the MDH core measures that will be used to gauge quality of care provided to people with diabetes in all racial/ethnic categories and in all geographic regions across the state.

### **5. Stakeholder Forums**

Between 10/2020 and 09/2021, the Maryland Department of Health and the Clinical Quality Task Force will conduct 2 one-day forums with at least 20 clinical and community stakeholders at each one to receive broad input on the proposed clinical quality standards for Maryland. The PHHS Block Grant funds will be used to secure meeting logistics for stakeholder forums.

### **6. Develop a Quality Care Data Surveillance System**

Between 10/2020 and 09/2021, the Maryland Department of Health will develop a data surveillance system for collecting, aggregating and visualizing clinical quality and social determinants data for patients with diabetes statewide, prioritizing the MDH core measures selected in Activity 3 above.

### **Objective 3:**

#### **Expand and Strengthen Local Efforts to Address Diabetes Across Maryland**

Between 10/2020 and 09/2021, Maryland Department of Health will provide technical assistance to 24 local health improvement coalitions (LHIC) to build new and strengthen existing infrastructure to support them in improving diabetes outcomes in the local communities and meet the diabetes related goals in the local health improvement plans.

### **Annual Activities:**

#### **1. Health Literacy Practices**

Between 10/2020 and 09/2021, the Maryland Department of Health will select 1 vendor with specialized expertise to implement best practices for health literacy within within local health improvement coalitions; ensure that all materials developed and distributed related to diabetes in 24 of 24 local jurisdictions reflect health literacy practices; and evaluate and train health and public health professionals in health literacy techniques. Individual consultations will be provided to 24 of 24 LHICs.

#### **2. Enhanced Capacity and Infrastructure in Local Health Improvement Coalitions (LHICs)**

Between 10/2020 and 09/2021, the Maryland Department of Health will engage a vendor to evaluate the infrastructure and capacity of the LHICs serving all 24 jurisdictions in Maryland. LHICs will be offered Technical Assistance to build or improve governance structure, coalition-building, decision-making, data access and analysis, and program development, implementation and evaluation. Technical Assistance will result in at least 10 out of 12 LHICs with a Tier 1 status achieving Tier 2 functionality.

### **3. Staff Support for Strengthening Communication and Collaboration Among LHIC Stakeholders**

Between 10/2020 and 09/2021, the Maryland Department of Health will recruit and hire a 1.0 FTE contractual employee to facilitate and coordinate communications, collaboration and planning among the vendors identified in this Objective, the LHICs representing 24 local jurisdictions, and other partners and stakeholders in order to achieve goals in activities 1 and 2 of this Objective.

#### **Objective 4:**

##### **Increasing Diabetes Awareness and Education**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement **3** initiatives reaching at least 200 patients and members of the public to increase the awareness of the prevalence and risks factors for prediabetes, diabetes, and gestational diabetes and to increase understanding and skills for better prevention and management of diabetes.

#### **Annual Activities:**

##### **1. Establish contract with an education vendor for diabetes patient self-management education**

Between 10/2020 and 09/2021, the Maryland Department of Health will identify, through RFP process, an appropriate education contractor to conduct 5 regional symposia reaching a total of at least 60 individuals for patients to learn about the benefits and importance of diabetes self-management.

##### **2. Patient Education Symposia**

Between 10/2020 and 09/2021, the Maryland Department of Health will identify a vendor through a competitive RFP process and work with the vendor to develop and offer a series of at least 5 web-based educational seminars. The web-based seminars will be posted with a mechanism to monitor view volume.

##### **3. Prediabetes Awareness Communications Campaign**

Between 10/2020 and 09/2021, the Maryland Department of Health will develop and execute a communications campaign designed to raise awareness and understanding of the widespread prevalence of undiagnosed prediabetes and of screening criteria and tools. The campaign will employ multiple modalities, targeting the general public through public media and targeting specific groups by partnering and including information in all the educational programming described here. The Campaign will reach all regions of the state, at least 200 stakeholders as well as the general public.

#### **Objective 5:**

##### **Provider Clinical Education**

Between 10/2020 and 09/2021, the Maryland Department of Health's Center for Population Health Initiatives will implement **5** web-based seminars to improve knowledge of clinical providers and provider teams about the standards of care for people with diabetes across the state. Funds from the PHHS Block Grant will be used to develop the web-based materials and a platform to host them, secure the time of clinical and research experts to develop the seminars, and pay for speakers and supplies.

#### **Annual Activities:**

##### **1. Selection of Education Partner**

Between 10/2020 and 09/2021, the Maryland Department of Health will, through a competitive RFP, identify an appropriate education partner to develop and implement 5 web-based seminars for clinical providers to learn about the current standards of care for people with diabetes.

##### **2. Regional Provider Education Symposia**

Between 10/2020 and 09/2021, the Maryland Department of Health will collaborate with local health departments and Local Health Improvement Coalitions to identify and recruit local providers to participate in the provider education seminars, resulting in the recruitment of at least 10 providers from at least 4 regions of Maryland.

### **Objective 6:**

#### **Statewide Diabetes Control and Management Improvement**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement **2** initiatives to improve the diabetes control and management by enhancing the knowledge and skills of diabetes providers through offering training and educational opportunities.

#### **Annual Activities:**

##### **1. Diabetes Self-Management Education and Support (DSMES) Network**

Between 10/2020 and 09/2021, Maryland Department of Health, will support the Diabetes Self-Management Education and Support (DSMES) Network through at least 2 in-person meetings and/or webinars to enhance the knowledge and skills of 50 lifestyle change providers in key areas (recruiting and retaining participants, developing regular referral sources, addressing barriers to participation, billing private and public insurance and implementing telehealth in response to national emergencies) as measured by conducting pre and post-tests and brief bi-annual surveys to assess improvements in knowledge, skills and programming. As appropriate, PHHS Block Grant funds will be used to secure meeting logistics for these events.

##### **2. Skill-Building Training for Diabetes Prevention and Management Evidence-Based Program Providers**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement 1 statewide training series to provide skill-building training opportunities for evidence-based diabetes prevention and control providers. Performance measured by conducting pre and post-tests and brief bi-annual surveys to assess improvements in knowledge, skills and programming. As appropriate, PHHS Block Grant funds will be used to secure meeting logistics for these events.

### **Objective 7:**

#### **Statewide Diabetes Control and Management Improvement**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement **2** initiatives to enhance the knowledge and skills of 100 diabetes providers through training and educational opportunities offered through network meetings and skill-building trainings. Improvement will be measured by pre and post-test and an annual survey of lifestyle change providers.

#### **Annual Activities:**

##### **1. Diabetes Self-Management Education and Support (DSMES) Network**

Between 10/2020 and 09/2021, Maryland Department of Health, will support the Diabetes Self-Management Education and Support (DSMES) Network through in-person and/or webinars to enhance their knowledge and skills in key areas (recruiting and retaining participants, developing regular referral sources, addressing barriers to participation, billing private and public insurance and implementing telehealth in response to national emergencies) as measured by conducting pre and post-tests and brief bi-annual surveys to assess improvements in knowledge, skills and programming. As appropriate, PHHS Block Grant funds will be used to secure meeting logistics for these events

##### **2. Skill-Building Training for Diabetes Prevention and Management Evidence-Based Program Providers**

Between 10/2020 and 09/2021, Maryland Department of Health will implement 1 statewide training series to provide skill-building training opportunities for 50 evidence-based diabetes prevention and control providers. Performance measured by conducting pre and post-tests and brief bi-annual surveys to assess improvements in knowledge, skills and programming. As appropriate, PHHS Block Grant funds will be used to secure meeting logistics for these events.

### **Objective 8:**

#### **Statewide Diabetes Prevention Infrastructure Building**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct **2** initiatives to build statewide diabetes prevention infrastructure by enhancing the knowledge and skills of lifestyle change providers through offering training and educational opportunities and providing supporting providers to manage and report participant data to the CDC.

## **Annual Activities:**

### **1. Diabetes Prevention Network Support**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct at least 4 in-person and/or webinar network meetings for members of the Diabetes Prevention Network to increase their knowledge and skills of diabetes prevention by enhancing knowledge and skills as measured by pre and post-tests and through an annual survey. Topics of education, training, and networking opportunities will be based on feedback from program providers and include program operations, continuity of operations in a national emergency, and financial sustainability through insurance reimbursement and contracting. As appropriate, PHHS Block Grant funds will be used to secure meeting logistics for these events.

### **2. Website Enhancement**

Between 10/2020 and 09/2021, the Maryland Department of Health will enhance the operation of the Maryland Workshop Wizard and its associated public website, Be Healthy Maryland by supporting PAC Software to undertake at least 5 new software enhancements to update the management and reporting of participant data and the operation of the referral feedback loop as measured by at least 20 new lifestyle change programs initiating electronic billing for insurance. The Be Healthy Maryland website will also be updated as needed to accommodate the Workshop Wizard enhancements and other modifications identified to make it more accessible and useful for referrals from health care practitioners and the general public.

## **National Health Objective: HO HDS-2 Coronary Heart Disease Deaths**

### **State Health Objective(s):**

Between 10/2020 and 09/2021, to reduce the age-adjusted death rate for heart disease in Maryland from [162.1 per 100,000 in 2018 to 154.0 per 100,000 in 2019](#).

#### **Baseline:**

162.1 (per 100,000) in 2018

#### **Data Source:**

Maryland Vital Statistics Annual Report, 2018

### **State Health Problem:**

#### **Health Burden:**

According to the Maryland Vital Statistics 2018 report, coronary heart disease continues to be the leading cause of mortality in Maryland, and the third leading cause of death is cerebrovascular disease (stroke).<sup>[1]</sup> An analysis of the 2018 data indicates that 23.1 percent of all deaths in the state were due to heart disease and 5.7 percent were due to stroke. Maryland's coronary heart disease mortality rate declined from 193.9 per 100,000 population in 2009 to 162.1 per 100,000 population in 2018. The age-adjusted overall stroke mortality rate for 2018 was 40.3 deaths per 100,000 and has increased every year since 2011.<sup>[2]</sup>

The disease burden of coronary heart disease in Maryland reflects a disparity by race, gender and disability status.<sup>[3]</sup> In 2018 Black Marylanders experienced a higher rate of coronary heart disease (190.0) per 100,000 population compared to Whites (161.3) or Hispanics (73.7). Black males had the highest death rates (251.8) followed by White males (240.0), Black females (146.8), White females (126.7), Hispanic males (78.7) and Hispanic females 67.8 with the lowest rates per 100,000 population in 2018.

Strokes were also more prevalent in Blacks (3.9 percent) than Whites (2.8 percent). Black males have the

highest prevalence (4.3 percent) overall compared to Black females (3.6 percent), White males (2.9 percent) and White females (2.8 percent). The age-adjusted stroke prevalence was unavailable in Hispanics.

Cardiovascular Disease (CVD) has several key risk factors contributing to a person's risk of developing CVD, including hypertension, high cholesterol and obesity.<sup>[4]</sup> CVD risk factor prevalence varies by Race, gender and disability status. Among Whites, the 2017 age-adjusted hypertension prevalence was 28.6 percent, lower than the prevalence for Blacks (37.4 percent). Black females had the highest prevalence (38.1 percent) overall compared to Black males (35.4), White males (31.9 percent) and White females (25.4 percent). Hispanics have the lowest prevalence at 23.2 percent for females and 24.6 percent for males. Persons with disabilities report having hypertension at a much higher proportion than people not reporting disabilities (42 percent vs. 26.9 percent).<sup>[5]</sup>

In Maryland, the age-adjusted high cholesterol prevalence was 30.8 percent for Whites, followed by 26.7 percent for Blacks and 24.8 percent for Hispanics. White males had the highest prevalence at 33.7 percent and White females at 28.0 percent. Prevalence between males and females is similar for Blacks and Hispanics (Black males, 26.6 percent vs. 26.5 percent, Black females). In Hispanics the prevalence between genders was also similar (Hispanic males, 24.5 percent vs. 24.0 percent, Hispanic females). Persons with disabilities report having high cholesterol at a much higher proportion than people not reporting disabilities (33.1 percent vs 27.8 percent).<sup>[6]</sup>

All heart disease and stroke mortality rates were obtained from Maryland Vital Statistics Annual Report 2018 and prevalence data from 2017 Maryland Behavioral Risk Factor Surveillance System.

Note: Coronary heart disease includes acute rheumatic fever, chronic rheumatic heart diseases, hypertensive heart disease, hypertensive heart and renal disease, ischemic heart diseases, and other heart diseases.  
age 21.

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<sup>[1]</sup> Maryland Vital Statistics 2018

<sup>[2]</sup> Ibid.

<sup>[3]</sup> Ibid.

<sup>[4]</sup> Maryland Behavioral Risk Factor Surveillance System.

<sup>[5]</sup> Ibid.

<sup>[6]</sup> Ibid

**Target Population:**

Number: 4,547,760

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 4,547,760

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Maryland Vital Statistics Annual Report, 2018

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)  
Guide to Community Preventive Services (Task Force on Community Preventive Services)  
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$653,765  
Total Prior Year Funds Allocated to Health Objective: \$589,000  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Mobile Integrated Community Health to Reduce High Healthcare Utilization**

Between 10/2020 and 09/2021, the Maryland Department of Health will maintain 2 Mobile Integrated Community Health projects to reduce high healthcare utilization by building the operational capacity of the Charles County Health Department and the Queen Anne's Health Department to expand the use of telemedicine to more patients with uncontrolled hypertension (20 percent over baseline).

**Annual Activities:**

**1. Identification of target population**

Between 10/2020 and 09/2021, the Maryland Department of Health, Charles County and Queen Anne's County health departments will identify the health and social risk criteria to determine the target population deemed high risk for hospital readmission based on an analysis of each County's patient population.

**2. Telemedicine Implementation**

Between 10/2020 and 09/2021, the Maryland Department of Health, Charles County and Queen Anne's County health departments will develop an operational plan to meet the telehealth needs of this population including identification and remediation of barriers and a plan timeline. Upon plan approval by Maryland Department of Health the LHDs will implement local plans.

**3. Project Monitoring and Evaluation**

Between 10/2020 and 09/2021, the Maryland Health Department will conduct monitoring activities to ensure that Charles County and Queen Anne's local health departments are meeting contract deliverables and are participating in required evaluation activities.

**Objective 2:**

**Skill-building Training Opportunities for Healthcare Providers**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct 3 skill-building training opportunities for up to 76 physician and non-physician primary care providers to better: identify people with, or at risk, of hypertension and elevated cholesterol; to increase self-management skills for identified patients, and to provide effective in-office interventions and referrals to appropriate community programs.

**Annual Activities:**

**1. Development of a Training Implementation Plan**

Between 10/2020 and 09/2021, the Maryland Department of Health's selected vendor will: 1) develop a

training plan including all content to be presented in multiple modalities (remote/virtual/online), 2) identify trainers, 3) offer continuing education credits (CEs). Potential continuing education credits may include, but are not limited to the following professions: medical assistants, care coordinators, social workers, Registered Nurses (RN), nutritionists, and Certified Health Education Specialists (CHES). 4) Develop pre and post-test questionnaires. 5) Upon training plan approval by Maryland Department of Health the vendor will implement the plan.

## **2. Training Implementation**

Between 10/2020 and 09/2021, the Maryland Department of Health's selected vendor will implement the approved training plan including all logistics, trainer and health care provider recruitment and presentation materials. All training materials, participant recruitment and logistics must be complete three weeks prior to each training.

## **3. Project Monitoring and Evaluation**

Between 10/2020 and 09/2021, the Maryland Health Department will conduct monitoring activities to ensure that the vendor is meeting contract deliverables and is participating in monthly vendor meetings and required evaluation activities.

## **4. Selection of Contractor and Skill-building Training Topics**

Between 10/2020 and 09/2021, the Maryland Department of Health, will issuing a Request for Proposals (RFP) for a vendor to develop and implement a variety of skill-building training opportunities for up to physician and non-physician primary care providers. Topics may include: The Role of Self-Management Blood Pressure (SMBP) in Controlling Hypertension; How to Control Hypertension in Your Practice; Tools for Successful Cholesterol Management; and Boosting Referrals to Evidence-based Weight Management Programs. The Contractor will work in partnership with CCDPC to identify topics.

### **Objective 3:**

#### **Statewide Hypertension Self-monitoring Campaign**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement **1** media campaign to increase awareness of hypertension self-management awareness in Maryland. The campaign will target reach adults with hypertension, through transit ads, paid social media and online display banners with up to 3 million delivered impressions, 18,000 website clicks and at least 23,000 video views.

### **Annual Activities:**

#### **1. Media Kick-Off Meeting**

Between 10/2020 and 09/2021, the Maryland Department of Health will host a kick-off meeting with the Office of Communication and Red House, the Department's media vendor, to plan for the 2021 media campaign. The meeting will review the successes and challenges of the 2020 media campaign, select target geographic areas, review proposed timeline and discuss content changes.

#### **2. Red House Media Plan**

Between 10/2020 and 09/2021, the Maryland Health Department will approve Red House's proposed media plan, submit all materials to the Office of Communications for review and request any needed changes by Red House prior to the project start date.

#### **3. Monitoring and Evaluation of Media Implementation**

Between 10/2020 and 09/2021, the Maryland Health Department will conduct monitoring activities to ensure that Red House is meeting contract deliverables and is participating in monthly vendor meetings and required evaluation activities. Red House will provide a progress and a final report with all metrics.

#### **4. Implementation of Hypertension Self-monitoring Campaign**

Between 10/2020 and 09/2021, the Maryland Department of Health's media contractor, Red House, will implement the approved hypertension self-monitoring campaign in accordance with the approved timeline.

### **Objective 4:**

### **Statewide Prevention and Control Cardiovascular Disease**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement **3** quality improvement projects in 6 practices and at least 50 providers to improve high cholesterol and hypertension control rates by 5 percent from baseline by implementing standardized policies and procedures for treating patients.

#### **Annual Activities:**

##### **1. Identification of Participating Local Health Departments**

Between 10/2020 and 09/2021, the Maryland Health Department will competitively select 3 local health departments LHD to implement quality improvement processes in health systems to improve cardiovascular outcomes based on standardized quality metrics (NQF18 and NQF59)

##### **2. Training for Local Health Department and Health Care Providers**

Between 10/2020 and 09/2021, the Maryland Health Department will provide technical assistance to participating providers on starting a self-monitoring blood pressure for their patient populations, expanding the use of pharmacists as part of the health care team, and supporting the use of the American Heart Association's Check Change Control Cholesterol program to reduce CVD.

##### **3. Project Monitoring and Evaluation**

Between 10/2020 and 09/2021, the Maryland Health Department will conduct monitoring activities to ensure that local health departments and participating practices are meeting deliverables based on standardized quality metrics (NQF18 and NQF59, CMS QID #2 Statin therapy), participating in evaluation activities, and are in compliance with their contract.

### **National Health Objective: HO NWS-8 Healthy Weight in Adults**

#### **State Health Objective(s):**

Between 10/2020 and 09/2021, the Maryland Department of Health will increase the proportion of Maryland adults who are at a healthy weight from 32.7 percent in 2018 to 34 percent in 2019.

#### **Baseline:**

In 2018, 32.7 percent of Maryland adults were at a healthy weight.

#### **Data Source:**

Maryland Behavioral Risk Factor Surveillance System, 2018

#### **State Health Problem:**

##### **Health Burden:**

According to the Center for Disease Control and Prevention (CDC), the prevalence of obesity, which is a very serious and costly disease is on the rise nationally.<sup>[1]</sup> A study published in the Journal of the American Medical Association (JAMA) showed that the incidence of type 2 diabetes, cardiovascular disease, hypertension, cataracts, severe osteoarthritis and death increased in a dose response fashion especially among individuals who gained 20kg of weight and more. In addition, significant disparities exist in obesity prevalence rates as related to race/ethnicity and other socio-demographic factors.<sup>[2]</sup> The 2018 Maryland Behavioral Risk Factor Surveillance System (BRFSS) age-adjusted data in Maryland showed that 32.7 percent, 35.8 percent and 31.5 percent of Maryland residents were healthy weight, overweight and obese respectively. The data also showed that 34.2 percent, 27.4 percent, 54.7 percent and 28.8 percent of the residents were white, black, Asians and Hispanic respectively.<sup>[3]</sup> According to a 2019 state of obesity report by the Robert Wood Johnson Foundation, Maryland currently ranks 25th in the nation for obesity prevalence. The estimated annual medical cost of obesity in the United States was



\$147 billion in 2008 US dollars; the medical cost for people who have obesity was \$1,429 higher than those of normal weight.<sup>[4]</sup>

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. According to the Department of Health and Human Services, adults should complete at least 150 minutes of moderate-intensity, or 75 minutes of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activities weekly. Increasing physical activity beyond the recommendations also has significant health benefits in a dose response pattern. <sup>[5]</sup> The BRFSS age adjusted data also showed that 21 percent of whites compared to 26.7 percent, 24.2 percent and 37.7 percent of blacks, Asians and Hispanics had no leisure time activity; factors that contribute to both the rates of overweight and obesity.

Maryland has a multi-pronged approach to increase the proportion of adults who are at a healthy weight. Building partnerships are key to healthy weight programming in the State. The State will continue to partner and collaborate with Local Health Departments and businesses. Policy and system changes will continue to focus on building worksite wellness policies, providing businesses with technical support to make system level changes and environmental changes to promote healthy weight.

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<sup>[1]</sup> U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S Department of Health and Human Services; 2018.

<sup>[2]</sup> Dietz WH. Obesity and Excessive Weight Gain in Young Adults: New Targets for Prevention. JAMA. 2017; 318(3):241–242. doi:10.1001/jama.2017.6119

<sup>[3]</sup> Maryland Behavioral Risk Factor Surveillance System, 2018

<sup>[4]</sup> Robert Wood Johnson Foundation. The State of Obesity 2019. Washington, D.C.: 2019.

<sup>[5]</sup> U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S Department of Health and Human Services; 2018.

**Target Population:**

Number: 6,083,116

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 6,083,116

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau Quick Facts Maryland, Population Estimates, July 1, 2019, accessed April 20, 2020.

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Model Practices Database (National Association of County and City Health Officials)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$318,931

Total Prior Year Funds Allocated to Health Objective: \$217,319  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Achieving Adult Healthy Weight**

Between 10/2020 and 09/2021, Maryland Department of Health will implement **3** projects to increase physical activity and improve nutrition in Maryland by increasing access to healthy foods through farmers markets and community-based organizations, and increasing awareness of healthy weight for women of child-bearing age.

#### **Annual Activities:**

##### **1. Farmers Market**

Between 10/2020 and 09/2021, the Maryland Department of Health will maintain 1 farmers market at State Center to promote healthy eating. Staff will coordinate and manage the market, and communicate regularly with farmers markets and monitor implementation at State Center.

##### **2. Healthy Weight in Women of Childbearing Age Campaign**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement a media campaign to address healthy weight in women across the lifespan, utilizing focus group findings from the FY18 PHHS activities. Messaging will be placed in social media, print, and transit venues. Staff will communicate regularly with media contractor and monitor the contract to ensure full compliance and review all progress and financial reports.

##### **3. Healthy Weight in Women of Childbearing Age Initiative**

Between 10/2020 and 09/2021, the Maryland Department of Health will partner with an Historically Black College University/community organization to implement at least 1 initiative to address healthy weight in women across the lifespan organization. Staff will communicate regularly with contractor and monitor the contract to ensure full compliance and review all progress and financial reports.

##### **4. Staff Support**

Between 10/2020 and 09/2021, the Maryland Department of Health will maintain a 0.5 FTE employee to facilitate and coordinate communications, collaboration and planning for the Healthy Weight Media Campaign, the Healthy Weight Initiative and the farmers market.

### **Objective 2:**

#### **Build a collaborative chronic disease team to increase the proportion of adults at a healthy weight**

Between 10/2020 and 09/2021, Maryland Department of Health will increase the number of collaborative actions between chronic disease programs from 0 to **3**.

#### **Annual Activities:**

##### **1. Strategic Process Development**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement a strategic process for diabetes, cancer, heart disease, and oral health teams to implement collaborative healthy weight activities, by engaging a facilitator to identify alignment in healthy weight priorities between health team members. Staff will monitor activities to ensure full compliance with contract and review progress.

## **2. Implement collaborative and shared healthy weight strategy**

Between 10/2020 and 09/2021, the Maryland Department of Health's program teams will remove silo barriers and align at least 3 strategies and engage key partners to address health weight in adults. Staff will monitor activities and submit progress reports.

### **National Health Objective: HO NWS-10 Obesity in Children and Adolescents**

#### **State Health Objective(s):**

Between 10/2020 and 09/2021, the Maryland Department of Health will decrease the percent of youth in grades 9-12 who obese from 12.8% in 2018 to 12.2 % in 2020.

#### **Baseline:**

12.2% of youth in grades 9-12 who were obese in 2018

#### **Data Source:**

2018 Youth Risk Behavior Survey Results - Maryland High School Survey Trend Analysis Report; page 18.

#### **State Health Problem:**

##### **Health Burden:**

In Maryland, 12.8 percent of children between the ages of 10-17 have obesity<sup>[1]</sup>. More than one in four (28.5 percent) high school students in Maryland are overweight or obese. According to the CDC, obese youth are more likely to have increased risk factors of type 2 diabetes, cardiovascular disease, and cancer. Childhood obesity alone is responsible for \$14 billion in direct medical costs. Obesity-related medical costs are expected to rise as obese children are likely to become obese adults.<sup>[2]</sup>

Significant racial and ethnic disparities also exist, with 16.4 percent of non-Hispanic black high school students are obese compared to 9.7 percent of white students. Hispanics students reported the highest at 16.8 percent. <sup>[3]</sup> There are also significant racial and ethnic disparities by gender with more than 21.5 percent of black females reporting being overweight compared to white males (12.6 percent). Hispanic males and females also reported being overweight at similar proportion (19.7 and 21.2 respectively

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. In Maryland, 29.6 percent of children ages 6-11 participate in 60 minutes of physical activity every day. Less than one in five (19.4%) high school youth met the Healthy People 2020 aerobic physical activity guidelines and were physically active for at least 60 minutes per day every day of the week (7 days)<sup>[4]</sup>.

In addition, only 11.9 percent of Maryland youth in grades 9-12 reported eating three or more fruits and vegetables per day. Males were significantly more likely to be physically active, with 24.8 percent meeting these guidelines compared to only 14.3 percent of females. Statistically significant racial and ethnic disparities also existed, with 23.7 percent of non-Hispanic white high school students meeting the guidelines, compared to only 17.2 percent of non-Hispanic black and 14.7 of Hispanic students.

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<sup>[1]</sup> Youth Risk Behavior Survey, 2018 YRBS 2018

<sup>[2]</sup> National League of Cities, Childhood Obesity by the Numbers.

<https://www.healthycommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity/>

<sup>[3]</sup> Youth Risk Behavior Survey, 2018 YRBS 2018

[\[4\]](#) IBID

**Target Population:**

Number: 6,083,116

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 6,083,116

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau Quick Facts Maryland, Population Estimates, July 1, 2019, accessed April 20, 2020.

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Model Practices Database (National Association of County and City Health Officials)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$211,594

Total Prior Year Funds Allocated to Health Objective: \$131,818

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Early Childcare Education and Physical Activity and Nutrition**

Between 10/2020 and 09/2021, Maryland Department of Health will develop 1 new skill building training initiative for Early Childcare Education trainers and childcare providers on how to successfully maintain physical activity and healthy nutrition standards yet meet COVID -19 prevention requirements such as social distancing during play and elimination of group meals.

**Annual Activities:**

**1. Curriculum Selection**

Between 10/2020 and 09/2021, the Maryland Department of Health will issue an RFP to select a vendor to review new COVID-19 requirements for Maryland childcare providers, determine the impact on the existing physical activity and healthy nutrition standards, develop modified curricula meet both promote physical activity and improved nutrition education and meet new childcare provider COVID-19 requirements.

## **2. Identify Training Provider**

Between 10/2020 and 09/2021, the Maryland Department of Health will issue an RFP to contract with a training contractor to conduct train-the-trainer webinars utilizing the modified physical activity and nutrition curriculum for early childhood educators to meet COVID-19 requirements and maintain physical activity and nutrition. Staff will provide communicate regularly with training contractor and monitor the contract to ensure full compliance with contract and review all progress and financial reports.

## **3. Staff Support**

Between 10/2020 and 09/2021, the Maryland Department of Health will maintain a 0.5 FTE employee to facilitate and coordinate communications, collaboration and planning for the Early Childcare Education and Physical Activity and Nutrition initiative and youth related projects, including Safe Routes to School project.

### **Objective 2:**

#### **Reduction of Youth Obesity in Maryland**

Between 10/2020 and 09/2021, Maryland Department of Health will increase the number of Safe Routes to School programs, in collaboration with 2 local school(s) and community organization(s) from 1 to 3.

### **Annual Activities:**

#### **1. Safe Routes to School Initiative**

Between 10/2020 and 09/2021, the Maryland Department of Health will expand the Safe Routes to School program in collaboration with 2 local school(s) and community organization(s). Staff will provide technical assistance to local health departments, and monitor all contracts to ensure full compliance with program guidelines and review all progress and financial reports.

## **National Health Objective: HO PHI-13 Epidemiology Services**

### **State Health Objective(s):**

Between 10/2020 and 09/2021, the Maryland Department of Health will support surveillance and epidemiological efforts to demonstrate public health outcomes and to expand the evidence base for prevention and health promotion.

### **Baseline:**

This Health Objective is developmental and activities will focus on improving surveillance and epidemiological efforts through increased collaboration of chronic disease and other public health programs and partners.

### **Data Source:**

Maryland Department of Health, Center for Chronic Disease Prevention and Control

### **State Health Problem:**

#### **Health Burden:**

The Centers for Disease Control and Prevention (CDC) has encouraged states to build strong, effective chronic disease leadership for cross-cutting skill areas including policy, communications, epidemiology and surveillance, community mobilization, and evaluation. Comprehensive epidemiology funding will also be used to support surveillance, epidemiology, and evaluation efforts to address the burden of chronic disease in Maryland, including supplemental funding to maintain the Maryland Behavioral Risk Factor

Surveillance System. These data allow the Department, as well as state and local partners, to assess and monitor the burden of disease and associated risk.

**Target Population:**

Number: 6,083,116

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Safety Organizations

**Disparate Population:**

Number: 6,083,116

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Safety Organizations

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Model Practices Database (National Association of County and City Health Officials)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$282,359

Total Prior Year Funds Allocated to Health Objective: \$246,694

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Program Evaluation Support**

Between 10/2020 and 09/2021, Maryland Department of Health will maintain **0.75** FTE Evaluator and Evaluator Lead to conduct evaluation activities for chronic disease prevention and control initiatives.

**Annual Activities:**

**1. Data-Informed Decision-Making**

Between 10/2020 and 09/2021, the Maryland Department of Health will provide data and evaluation support for diabetes, CVD, and healthy weight programs. The evaluator will utilize surveys, program-level data, and population-level data to guide program staff and leadership on the effectiveness and efficiency of programs to assist in allocating funds and resources to future projects.

**Objective 2:**

**Support Surveillance System**

Between 10/2020 and 09/2021, Maryland Department of Health will maintain **1** on-line surveillance system, Maryland Behavioral Risk Factor Surveillance System (BRFSS), to make BRFSS data easily accessible to internal and external partners.

**Annual Activities:**

**1. Population-Level Data Collection**

Between 10/2020 and 09/2021, the Maryland Department of Health will maintain 1 public health

surveillance system, the Maryland Behavioral Risk Factor Surveillance System (BRFSS). Data to be collected include chronic health risk factors, such as tobacco and substance use, physical activity, and nutrition among Maryland adults. Data will also include the prevalence of chronic diseases such as diabetes, hypertension, and certain cancers.

## **2. Data Dissemination**

Between 10/2020 and 09/2021, the Maryland Department of Health will provide population-level data from BRFSS, through regular reports, custom data analysis, sharing of public-use data files, and an online query system. The data will be used for grant applications, identification of priority populations, identification of chronic disease trends, program planning, and evaluation. Data will be provided to other state agencies, local health departments, federal agencies, researchers, and other partners and stakeholders to support public health interventions.

**State Program Title: Environmental Health FS-1: Reduce Infections Caused by Listeria Monocytogenes**

**State Program Strategy:**

**Health Priority:** To reduce illness caused by Listeria monocytogenes.

**Goals(s)/Program Strategy:**

To reduce infections caused by Listeria monocytogenes transmitted commonly through food, food handling, and food preparation, the Office of Food Protection will develop and disseminate educational materials to both the retail and food manufacturing industries. The outcome goal is to reduce the case rate in Maryland to 0.25/100,000 for the year 2020.

**Primary Strategic Partners:**

Maryland Department of Health (MDH), Office of Food Protection and local health departments.

**Evaluation Methodology:**

The Office of Food Protection will follow up with a routine inspection at 25 high priority food processing firms that received training and education to evaluate and document changes in procedures, policies, or education that address listeria mitigation.

**State Program Setting:**

Business, corporation or industry, Local health department, State health department

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:**

**Position Title:** Sanitarian

State-Level: 50% Local: 0% Other: 0% Total: 50%

**Position Name:**

**Position Title:** Sanitarian

State-Level: 50% Local: 0% Other: 0% Total: 50%

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 1.00

**National Health Objective: HO FS-1 Infections Caused by Key Foodborne Pathogens**

**State Health Objective(s):**

Between 10/2020 and 09/2021,  
to reduce listeria monocytogenes infection rate from 0.26 per 100,000 to 0.2 per 100,000.

**Baseline:**

0.26 (per 100,000) in 2018

**Data Source:**



CDC FoodNet Fast (<https://www.cdc.gov/foodnetfast/>) Pathogen Surveillance: Listeria in Maryland, 2018 (data updated 4/25/2019).

### **State Health Problem:**

#### **Health Burden:**

#### **Health Burden:**

Listeria monocytogenes can cause severe, sometimes fatal, disease and is almost always transmitted through food. The national rate of laboratory-confirmed Listeria monocytogenes infections was 0.3 cases per 100,000 population in 2006-2008.<sup>[1]</sup> The CDC's FoodNet Fast provides data on Listeria in Maryland.<sup>[2]</sup> Maryland's case rate in 2016 was 0.4 per 100,000, up from 0.2 per 100,000 in 2015. Within the last two years, the case rate has risen and fallen from 0.45 per 100,000 in 2017 to 0.26 per 100,000 in 2018. Of the 43 cases in this two year period, 19 cases were in the age group of 70+, eight were in the age range of 60-69, seven were in the age range of 50-59, three were in 40-49 age range, four in the 30-39 age range and one for the 10-19 and <5 age ranges. Fifty eight percent of the cases were male, while 42 percent were female.

[1] Morbidity and Mortality Weekly Report: MMWR, Volume 60, Issues 17-33, 2011.

[2] CDC FoodNet Fast (<https://www.cdc.gov/foodnetfast/>) Pathogen Surveillance: Listeria in Maryland, 2018 (data updated 4/25/2019).

#### **Target Population:**

Number: 6,083,116

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

#### **Disparate Population:**

Number: 6,083,116

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau Quick Facts Maryland, Population Estimates, July 1, 2019, accessed April 20, 2020.

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

No Evidence Based Guideline/Best Practice Available

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$105,110

Total Prior Year Funds Allocated to Health Objective: \$86,220

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Educational Product Development**

Between 10/2020 and 09/2021, the Maryland Department of Health will develop **2** educational products (e.g., fact sheets, brochures, articles) on Listeria to be targeted for local health departments, businesses or manufacturers.

#### **Annual Activities:**

##### **1. Educational Product Development**

Between 10/2020 and 09/2021, Maryland Department of Health will assess educational needs of food manufacturers regarding Listeria, review existing educational materials and create new educational materials tailored to meet those needs.

##### **2. Educational Product Dissemination**

Between 10/2020 and 09/2021, Maryland Department of Health will disseminate two new education products (e.g., fact sheets, brochures, articles) to crab plants and dairy processing plants licensed by Maryland Department of Health by 09/2020.

### **Objective 2:**

#### **Outreach and Training**

Between 10/2020 and 09/2021, Maryland Department of Health will develop **2** training presentations targeting audiences key to reducing outbreaks associated with Listeria monocytogenes.

#### **Annual Activities:**

##### **1. Training and Outreach Development**

Between 10/2020 and 09/2021, the Maryland Department of Health will develop 1 training targeted to dairy plant employees and 1 training targeted for crab meat picking operators.

##### **2. Training Implementation**

Between 10/2020 and 09/2021, the Maryland Department of Health will conduct 25 individual, firm-specific trainings across Maryland for food manufacturers, to increase both knowledge of Listeria infections, and understanding of mitigation strategies.

### **Objective 3:**

#### **Strengthen Inspections and Response to Outbreaks**

Between 10/2020 and 09/2021, Maryland Department of Health will maintain **2** part-time sanitarians (1.0 FTE total) to work with the Outbreaks Unit in cases involving Listeria to examine root causes of the outbreak and implications for training and outreach to strengthen preventive efforts during routine inspections.

#### **Annual Activities:**

##### **1. Outbreaks/Infectious Disease**

Between 10/2020 and 09/2021, the Maryland Department of Health Outbreaks Unit will work with sanitarians from local health departments in cases involving Listeria to examine root causes of the outbreaks and implications for

training and outreach.

**2. Training and Outreach**

Between 10/2020 and 09/2021, the Maryland Department of Health staff will lead and provide train-the-trainer training to Office of Food Protection Regional sanitarians conducting inspections in high risk food establishments as indicated in Objective 2, Activity 2.

**State Program Title: Injury and Violence Prevention**

**State Program Strategy:**

Health Priority:

To reduce sexual violence in Maryland

Goals(s)/Program Strategy:

The goal of the Rape and Sexual Assault Prevention Program (RSAPP) is to reduce the statewide incidence of rape and sexual assault by establishing partnerships to support sexual violence prevention, intervention, and professional development. As a result of these partnerships, it is expected that there will be an increase in prevention activities conducted, evidence-based survivor services provided, and an increase in the knowledge and skills of professionals by the end of the program year.

Primary Strategic Partners:

The Rape and Sexual Assault Prevention Program (RSAPP) at the Maryland Department of Health works with stakeholders, including the Core State Violence and Injury Prevention Program, the Maryland Collaborative, the Maryland Coalition Against Sexual Assault, rape crisis centers, college campuses, local and state government agencies, and small businesses, to accomplish its objectives. For all program components described below, the health priority addressed by the program is injury and violence prevention.

Evaluation Methodology:

Short-term outcomes will be measured using reports submitted by partners, which will include quantitative and qualitative outcome measures related to survivor services, prevention activities, and professional development. Intermediate and long-term outcomes will be tracked using RSAPP's Indicator Tracking Tool. This tool measures state-level indicators related to sexual violence victimization and perpetration from several data sources as well as community and societal level risk and protective factors.

**State Program Setting:**

Community based organization, Medical or clinical site, Rape crisis center, Schools or school district, University or college, Work site

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded: 0**

**Total FTEs Funded: 0.00**

**National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)**

**State Health Objective(s):**

Between 10/2020 and 09/2021, decrease by 1 percent the number of forcible rapes reported in the past 12 months from 2,106 in 2018 to 2,005 in 2019 (latest year for which data is available).

**Baseline:**

2,106 rapes in 2018

**Data Source:**

## **State Health Problem:**

### **Health Burden:**

Thousands of Marylanders are affected by sexual violence each year. The National Center for Injury Prevention and Control (Center), estimates that 1 in five adult women have been forcibly raped and one in 4 adult men have experienced sexual violence at some point in their lifetimes.<sup>[1]</sup> According to the Center, sexual violence can have harmful and lasting consequences for survivors, families, and communities. Lasting consequences may include reports of increased asthma, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, and limitations in their activities compared to women and men without a history of sexual forms of violence.<sup>[2]</sup> More U.S. women and men reporting these forms of violence also consider their physical and mental health to be poor compared to non-victims.<sup>[3]</sup>

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[1] National Center for Injury Prevention and Control, Division of Violence Prevention  
<https://www.cdc.gov/violenceprevention/sexualviolence/rpe/index.html>

[2] Ibid.

[3] Ibid.

### **Target Population:**

Number: 1,210,435

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 1,210,435

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: National Center for Injury Prevention and Control, Division of Violence Prevention

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

## **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$138,813

Total Prior Year Funds Allocated to Health Objective: \$138,813

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Sexual Assault Health Care Training**

Between 10/2020 and 09/2021, the Maryland Department of Health will implement 1 training initiative for sexual assault health care professionals in the state of Maryland.

### **Annual Activities:**

#### **1. Training for Sexual Assault Health Care Professionals**

Between 10/2020 and 09/2021, the Maryland Department of Health, will establish 1 contract for an entity to provide training for sexual assault health care professionals in the State of Maryland, including but not limited to forensic nurse examiners. The training will cover evidence collection skills, treating patients, and advanced topics. The training will aim to achieve knowledge and skills gains as well as utility of training and resources. The contractor will report outputs and outcomes in their training report. Staff will coordinate the training with the contractor and review the training and financial reports.

### **Objective 2:**

#### **Sexual Violence Prevention for RISEMD Members**

Between 10/2020 and 09/2021, Maryland Department of Health (MDH), Rape and Sexual Assault Prevention Program (RSAPP), will identify 1 member organization of RISEMD, a statewide coalition of sexual violence prevention professionals, to establish, enhance, and/or sustain an evidence-based primary prevention project that addresses sexual violence prevention.

### **Annual Activities:**

#### **1. Sexual Violence Primary Prevention Project**

Between 10/2020 and 09/2021, the Maryland Department of Health will issue a competitive RFP to select 1 qualifying organization to establish, implement, and sustain a primary prevention project. Within the proposal, the contractor will identify outcomes to measure effectiveness of the primary prevention activity, which may include pre/post surveys, tracking changes to social norms, community engagement analytics, or documenting environmental or policy changes. The quality of these proposed outcomes will, in part, inform the contractor selection decision. The contractor will report process and evaluation outcomes in required reports. Staff will monitor activities and deliverables by reviewing progress and financial reports.

### **Objective 3:**

#### **Survivor Services**

Between 10/2020 and 09/2021, the Maryland Department of Health will identify 2 programs to provide victim-centered advocacy and trauma-informed services for survivors of sexual violence.

### **Annual Activities:**

#### **1. Trauma-informed Services for Sexual Assault Survivors**

Between 10/2020 and 09/2021, the Maryland Department of Health will issue a competitive solicitation and enter into a grant agreement with 1 entity best positioned to implement trauma-informed services, which includes evidence-based counseling and support groups for adult and child survivors of sexual assault. Under this agreement, the contractor will utilize evidence-based practices to support survivors and report aggregate data related to number of services provided, number of survivors served, qualitative outcomes, and funds expended. Staff will monitor activities and deliverables by reviewing progress and financial reports.

#### **2. Victim-Centered Advocacy for Sexual Assault Survivors**

Between 10/2020 and 09/2021, the Maryland Department of Health will issue a competitive RFP and contract with 1 to provide victim-centered advocacy services to survivors of sexual violence, which includes medical accompaniment and legal advocacy services. Under this agreement, the contractor will utilize evidence-based practices to support survivors and report aggregate data related to number of services provided, number of survivors served, qualitative outcomes, and funds expended. Staff will monitor activities and deliverables by reviewing progress and financial reports.

## **State Program Title: Public Health Infrastructure- Community Health Workers**

### **State Program Strategy:**

#### Health Priority:

Improve health outcomes, reduce emergency department visits, and reduce health care costs for high-risk individuals experiencing barriers to health care access in Maryland.

#### Program Strategy:

Community Health Workers (CHWs) help individuals, especially those at high-risk, to address and overcome barriers that hinder their ability to access health care and prevent or manage acute and chronic conditions. CHWs have a close connection with the communities they serve and can assist patients in addressing language and cultural barriers and other social determinants related to health and wellness. CHWs help patients better manage their health, resulting in improved health outcomes, reductions of emergency department visits, and reductions in health care costs.

CHWs are included in the [Maryland Primary Care Program](#) (MDPCP), one of the [Maryland Total Cost of Care Model](#) (TCOC) programs in the partnership between the state of Maryland and the Centers for Medicare and Medicaid Services (CMS). Under the TCOC model Maryland will expand supports to providers within the MDPCP through care transformation organizations (CTOs) to aid in their ability to improve health outcomes for their patients. CHWs are an important strategy to support CTOs in the goal of improving the health of Marylanders. The success of the MDPCP and the Maryland TCOC Model should consider the vital contribution of CHW expansion within the evolving health care landscape in Maryland. While evaluation of the specific contribution on CHWs may not be fully known for some time, data regarding the use of CHWs as partners in the Maryland Model can be explored once the CHW certification program is fully implemented.

The Annotated Code of Maryland, Health-General Article §§ 13 - 3701 - 3709 (Chapter 441), Public Health – Community Health Workers – Advisory Committee and Certification, enacted October 2018, and COMAR 10.68.01-.02 effective December 2019, respectively set forth the statute and regulations to certify CHWs and accredit CHW certification training programs.

MDH began accepting applications on September 1, 2019 for CHWs to be certified based on experience. Five hundred twenty-two CHWs have been certified as of April 2, 2020. The deadline for CHWs to apply for certification has been suspended in response to the impact of COVID-19 on the lives and work of CHWs until 30 days after the state of emergency in Maryland is terminated. MDH will continue to outreach to CHWs regarding the opportunity to apply for certification.

The process for CHW training programs to be accredited as CHW certification training programs opened on January 1, 2020. In this overall process, the Maryland Department of Health (MDH) will provide outreach, technical assistance, and other necessary means to CHW training programs.

Community colleges are well situated to be key partners in providing accredited CHW certification training programs and/or offering curricula and other instructional opportunities for CHWs. CHWs will be required to complete 20 hours of a broad range of professional development activities to renew a current certification. Once the initial process closes for certification based on experience a CHW will be required to successfully complete an accredited CHW certification training program to apply for certification through the MDH. Maryland community colleges are well poised to offer both of these opportunities.

Increasing the workforce of certified CHWs, and supporting the continuation of training for CHWs, strengthens their skills and effectiveness as the link between individuals and communities to health and social services, and build individual and community capacity by increasing health knowledge and self-sufficiency.



**Primary Strategic Partners:**

Primary strategic partners include the state CHW Advisory Committee, related agencies and offices with MDH, CHW training programs, academic institutions, CHWs, CHW employers, and other state agencies.

**Evaluation Methodology:**

Evaluation of these efforts will take place through the collection and management of application data provided by CHW certification applicants, CHW certification training program applicants, certified CHWs upon renewal, and accredited CHW certification training programs. Record of the number of certified CHWs and accredited CHW training programs will be maintained.

Outreach efforts to and collaboration opportunities with community colleges will be identified, implemented, and recorded.

**State Program Setting:**

Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, State health department

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** TBD

**Position Title:** Administrative Assistant III

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO PHI-6 Associate Degrees and Certificate Programs in Public Health**

**State Health Objective(s):**

Between 10/2020 and 09/2021, the Maryland Department of Health will increase the number of 2-year colleges that offer certificate programs by providing technical assistance to four Maryland 2-year colleges to become accredited Community Health Worker certification training programs or offer instructional training curricula for CHWs. Collection and management of data on CHW applicants and CHW training program applicants will be maintained. This objective will serve to increase the number of sub-baccalaureate certificates, specifically community health worker certificates, in public health.

**Baseline:**

Certification for CHWs began on September 1, 2019.

Accreditation of CHW certification training programs began on January 1, 2020. There are no accredited community college CHW training certification training programs in Maryland.

**Data Source:**

Maryland Department of Health, Office of Population Health Improvement

**State Health Problem:**

**Health Burden:**

The Maryland Health Department (MHD) has established minimum requirements for Community Health Workers (CHWs) certification training programs to become accredited. Currently, there are no accredited CHW certification training programs in the state. The success completion of an accredited CHW certification training program will be the only pathway to CHW certification once the process for certification ends based on experience. The CHW Training Program Application Review Committee has been identified to review competency-based training program curricula for CHW training program applications.

Certification for CHWs is important for professionalism of the workforce, integration into comprehensive health care teams, and ultimately, reimbursement for CHW services. Certification standardizes the core competencies and skills of this health workforce. The effectiveness of CHWs as part of health care teams is largely dependent on the training they receive and how well that training prepares them for their work environment.

**Target Population:**

Number: 1,500

Infrastructure Groups: Other

**Disparate Population:**

Number: 1,500

Infrastructure Groups: Other

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$90,827

Total Prior Year Funds Allocated to Health Objective: \$87,262

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Diabetes Curriculum for CHWs**

Between 10/2020 and 09/2021, the Maryland Department of Health (MDH), Office of Population Health Improvement will develop 1 model curriculum based on the CHW Core Competencies, on diabetes management and control for community colleges to establish their own training curricula or update their existing training curricula.

**Annual Activities:**

**1. Curriculum Design**

Between 10/2020 and 09/2021, the Maryland Department of Health (MDH), Office of Population Health Improvement, will issue a competitive RFP to select a vendor to design a model curriculum on chronic disease management, with an emphasis on the prevention and control of diabetes, targeting community colleges as the audience.

**2. Curriculum Marketing**

Between 10/2020 and 09/2021, Maryland Department of Health (MDH), Office of Population Health Improvement, will support 1.0 FTE to support marketing the model diabetes prevention and control

curriculum to community colleges and other community based organizations.

**Objective 2:**

**Increase the Number of Certified Community Health Workers in Maryland**

Between 10/2020 and 09/2021, Maryland Department of Health will increase the number of 2-year colleges that offer certificate programs from 0 to 4.

**Annual Activities:**

**1. Technical Assistance to Maryland 2-year colleges On Accreditation**

Between 10/2020 and 09/2021,

Maryland Department of Health will provide outreach and assistance to 2-year community colleges who currently provides, or previously provided, courses to Community Health Workers (CHWs) to determine the interest and ability of those colleges in applying for accreditation as a CHW certification training program. Outreach and technical assistance will be provided to implement the necessary curricula and program changes to become eligible for accreditation as CHW certification training programs. Additionally, the identification of partnerships with other organizations that could assist in meeting the accreditation requirements will be provided to interested entities.

**2. Expansion of 2-year Colleges Offering Community Health Worker Training Programs**

Between 10/2020 and 09/2021, Maryland Department of Health will provide outreach and assistance to 2-year community colleges not currently training CHWs to determine the interest and ability of those colleges to offer CHW training. Assistance will be provided to apply for accreditation as a CHW certification training program. Outreach to include assistance to implement necessary curricula and program changes to become eligible for accreditation as CHW certification training programs. Additionally, the identification of partnerships with other organizations that could assist in meeting the accreditation requirements will be provided to interested entities.