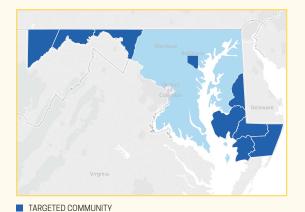
State and Local Public Health Actions 1422 Program

Maryland | PROGRAM PROFILE





The Maryland Department of Health (MDH) is a state awardee of the State and Local Public Health Actions 1422 (SLPHA-1422) program, which aims to promote and reinforce healthful behaviors, best practices, and decrease health disparities to prevent and reduce chronic disease.



AWARD

\$3,520,000

AMOUNT TO SUBAWARDEES

\$2,269,065

PERCENTAGE OF AWARD TO SUBAWARDEES 70%

SUBAWARDEES

The Health Departments of:

- Baltimore City
- Dorchester and Caroline County
- Garrett and Allegany County
- Washington County
- Wicomico, Worcester, and Somerset County

TYPES OF PARTNERS (NO.)

- Health system/healthcare-provider (18)
- Other local government entity (17)
- Private business (13)
- County/city health department (9)
- Nonprofit organization (7)
- Coalition/collaborative (4)
- Community-based organization (4)
- University/academic institution (3)
- Other (1)

TARGETED COMMUNITY*

PRIORITY POPULATION**

SELECTION CRITERIA

Allegany/Garrett, Baltimore City, Caroline/Dorchester, Washington, and Wicomico/Somerset/Worcester counties



Federally Qualified Health Center (FQHC) patients



- Community capacity/ infrastructure
- Disease burden
- Established partnerships
- Prior experience with priority population
- Sociodemographics

FOCUS ON HEALTH FOR ALL: DUAL APPROACH AND MUTUALLY REINFORCING STRATEGIES

The SLPHA-1422 program aims to reduce health disparities by supporting states, large cities, and local communities working together to implement the Dual Approach using a set of comprehensive environmental, health system, and community-clinical linkage strategies. These strategies aim to reach both the general population at the state or large-city level and priority populations across the state or large city, and within targeted communities. The implementation of each approach supports the other in a mutually reinforcing way that strengthens their combined impact. The graphic below depicts examples of the Dual Approach and mutually reinforcing strategies with three strategies selected by the awardee.

Strengthen community promotion of physical activity though signage, worksite policies, social support, and joint use agreements

Implement evidence-based engagement strategies to build support for lifestyle change Implement systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes

GENERAL POPULATION

Adopt and implement worksite policies, – systems, and environmental supports to strengthen employee physical activity.



Engage worksites to complete CDC
Worksite Health ScoreCard and
implement worksite policies that promote
physical activity.

GENERAL POPULATION

Coordinate a state partner engagement meeting to develop an action plan to scale and sustain the National Diabetes Prevention Program (National DPP) in Maryland.





Collaborate with FQHCs to develop referral systems and bi-directional information sharing among clinical environments and CDC-recognized diabetes prevention programs.

GENERAL POPULATION

Train health system partners to implement policies, protocols and procedures to identify patients with undiagnosed hypertension.



Engage FQHC partners to implement systems to facilitate identification of patients with undiagnosed hypertension.

PRIORITY POPULATION

PRIORITY POPULATION

PRIORITY POPULATION

MUTUALLY REINF

SUCCESS STORIES

Too many Marylanders continue to live sedentary lifestyles. Nearly one in four Maryland adults report no leisure time physical activity in the past month (23.1%), and nearly one in three (29.9%) are obese (2016 Maryland BRFSS). To encourage Marylanders to be active and achieve a healthy weight, the state established Walk Maryland Day three years ago. Walking is Maryland's official state exercise and is one of the most accessible, acceptable ways to achieve the nationally recommended 150 minutes of physical activity per week.

Led by the Maryland Department of Health (MDH) Center for Chronic Disease Prevention and Control, Walk Maryland Day debuted in 2015 with walks in communities, workplaces, and schools. In 2017, its third year, the Walk Maryland Day Planning Committee scaled up the annual event significantly with a goal for participation of all 24 jurisdictions. The Committee secured



All 24 jurisdictions participated by hosting at least one walk in the community.

2,500+ Marylanders participated in the 60 events held in local communities and worksites.

60 organizers completed 112 walking school bus walks.

a proclamation from the Governor to declare October 4th as Walk Maryland Day and engaged partners from the Departments of Aging, Transportation, and Education, as well as the State Highway Administration and University of Maryland Extension.

Thanks to statewide partners and the support of local health officers, Walk Maryland Day 2017 reached its goal of statewide participation. Walk Maryland Day 2017 also successfully increased its visibility by leveraging social media. MDH widely promoted #WalkMD in social media messages and provided technical assistance to walk organizers. After the event, walk organizers received a certificate of participation and strategies to continue to promote walking in their community or workplace.

SUBAWARDEE PERFORMANCE MEASURE HIGHLIGHTS

The following are subawardee performance measure results by division.





DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

151 key community locations are implementing nutrition and beverage standards.

132 retail and community venues are increasing availability, affordability, placement, and/or promotion of healthy foods.

144 community venues are promoting physical activity through signage, joint use agreements, and/or worksite policies.

659,008 adults have access to community venues promoting physical activity.



DIVISION FOR HEART DISEASE AND STROKE PREVENTION

118,235 patients are participating in healthcare systems with electronic health records appropriate for treating patients with high blood pressure.

75,227 patients are participating in healthcare systems with policies or systems to encourage a multidisciplinary team approach to blood pressure control.

2 healthcare systems are engaging community health workers to link patients to community resources that promote selfmanagement of high blood pressure.

2 healthcare systems are implementing a community referral system to evidence-based lifestyle change programs for people with hypertension.



DIVISION OF DIABETES TRANSLATION

293,109 adults reached through evidence-based engagement strategies.

111 adults at high risk for type 2 diabetes enrolled in CDC-recognized diabetes prevention programs.

75,227 patients are within healthcare systems with policies or systems to facilitate identification of people with prediabetes.

healthcare systems engaged with CHWs to link patients to community resources that promote the prevention of type 2 diabetes.

For more information, please email 1422evaluation@cdc.gov.





^{*} Targeted community, for the purpose of this funding opportunity announcement (FOA), is defined as a county, metropolitan statistical area, or a group of contiguous counties. These communities must have significant disease burden and sufficient combined populations to allow the strategies supported by this FOA to reach significant numbers of people.

^{**} Priority populations are high-risk, high-burden populations with prediabetes or uncontrolled high blood pressure that experience racial/ethnic or socioeconomic health disparities, including inadequate access to care, poor quality of care, or low income.