2026- 2028

Health Need	Goal	Strategy	What are we measuring	Partners	FY 2026 Outcome	FY 2027 Outcome	FY 2028 Outcome
Access to affordable & healthy food	Improve access to healthy and affordable food	**1.** Expand Social Determinant of Health screening to better identify individuals at risk for food insecurity and provide community resources to those in need **2.** Expand education and outreach to include information on healthy eating and cooking **3.** Increase partnerships with community organizations to improve access to affordable and health foods	**1.** Number of individuals screened **2.** Number of referrals and connections made to food/nutrition resources **3.** Number of nutrition, healthy eating, cooking classes, podcasts, publications, etc. created and launched to target audience	**1.** Community Food Pantries/Rescue Mission Food **2.** Share Food Network **3.** America's Hauling for Hope **4.** Department of Aging and Independence **5.** Love for Lochlin **6.** DeFeo Family Farm **7.** Hood College/Community garden			
Inadequate supply of affordable housing	Improve access to affordable housing, particulary for unhoused seniors in need of respite or medical care	**1.** Expand Social Determinant of Health screening to identify individuals at risk for housing insecurity & provide community resources to those in need **2.** Remain actively engaged with the Local Health Improvement Workgroup on this priority and identify opportunities to support the work **3.** Support community-based strategies to encourage safe aging in place **4.** Identify and implement plan to provide medical respite care to unhoused or housing insecure individuals	**1.** Number of individuals screened **2.** Number of referrals and connections made to housing resources **3.** Number of individuals served and days of medical respite housing/care provided	**1.** SOAR **2.** Beyond Shelter **3.** Frederick City Government **4.** Frederick County **5.** Faith Based Organizations **6.** Department of Aging and Independence **7.** Post Acute facilities			
Mental Health	Reduce mental health stigma and increase awareness of community resources and supports	**1.** Expand Social Determinant of Health screening to better identify individuals at risk for loneliness and provide community resources to those in need **2.** Implement initiatives to increase particpation in Mental Health First Aid Training (Spanish and English) **3.** Conduct outreach and awareness activities that promote wellness and resilience **4.** Actively engage in Anti-Stigma Campaign as created and developed by the LHIP Workgroup	**1.** Number of individuals screened for lonliness or other mental health needs **2.** Number of referrals and connections made to mental health services, social support groups or activities, including chaplains **3.** Number of individuals who complete Mental Health First Aid Training **4.** Number of outreach and awareness events conducted **5.** Number of individuals reached with awareness campaign	**1.** Comprehensive Care Center **2.** Mental Health Association **3.** Love for Lochlin **4.** Department of Aging and Independance **5.** Frederick County Health Department **6.** Frederick County Workforce Services **7.** Sheppard Pratt **8.** Trauma Responsive Frederick **9.** Frederick County Chamber of Commerce			
Racial Equity & Justice mproving Black maternal health outcomes	Improve Black maternal health outcomes	**1.** Actively engage with the Black Equity Coalition's Black Maternal Health Initiative and implement initiatives that support improving maternal health outcomes **2.** Expand anti-discrimination and anti-bias training **3.** Expand capcity of birth worker workforce **4.** Connect Black birthing people to resources **5.** Meet four year Family Connects Frederick County goals	**1.** Number of Frederick Health team members actively engaged in workgroups focused on improving Black Maternal Health **2.** Implement a Maternal Health Outcomes dashboard to track outcomes and identify disparities across birthing populations **3.** Number of anti-discrimination and anti-bias trainings held/number of participants trained **4.** Number of opportunites identified and implemented to increase the birthing workforce **5.** Number of birthing individuals connected to resources **6.** Number/percent of birthing individuals who deliver at Frederick Health who schedule a Visit **7.** Number/percent of birthing individuals who deliver at Frederick Health who complete a visit (population reach)	**1.** Black Equity Coalition **2.** Frederick County Health Department **3.** Family Connects Frederick County **4.** Maternal and Child Health Coalition **5.** Faith Based Organizations **6.** Local OB Practices			
Chronic conditions - prevention, access to care and utilization of resources to improve quality of life and reduce potentially avoidable hospital utilization	Reduce the prevalence and impact of chronic conditions through prevention, access to care and increased utilization of resources and supports	**1.** Increase prevention, care coordination and management of chronic conditions through outreach in partnership with community organizations **2.** Expand access to timely care using traditional and non-traditional resources **3.** Ensure high-risk patients with chronic conditions receive access to coordinated health and support services **4.** Revitalize the Bridges Lay Health Educator program focused on reaching underserved communities **5.** Increase participation in Diabetes Prevention and Chronic Disease Self-management workshops	**1.** Number of health education/outreach encounters provided to community-based organizations **2.** Number of participants in health events and number of screenings completed **3.** Number of individuals trained in CDSMP (chronic disease self-managment) and DPP (diabetes prevention) **4.** Number of particpants who complete CDSMP and DPP workshops **5.** Number of high-risk individuals connected to health and support services **6.** Performance on Timely Follow-up care measure **7.** Reduction in PQI/PDI visits to the hospital **8.** Reduction in readmission rates for chronic conditions	**1.** Comprehensive Care Center **2.** Mental Health Association **3.** Love for Lochlin **4.** Department of Aging and Independance **5.** Frederick County Health Department **6.** Frederick City Health Center **7.** Living Well Chronic Disease Self-Management Programs **8.** Mission of Mercy **9.** Bridges Lay Health Educator Program **10.** Frederick Integrated Healthcare Network			