Community Action Plan

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Community Action Plan

Introduction

The two community needs that significantly impact Columbia, MD (ZIP Code 21046) are poverty among minority populations and limited access to public healthcare facilities. The two most affected target audiences include low-income families and the senior population. Barriers facing these groups include socioeconomic challenges, mobility limitations, and lack of access to healthcare due to being uninsured.

This report provides two detailed action plans focused on addressing these issues. Each plan includes SMART goals, key stakeholder collaboration, specific activities, and timelines to support effective implementation and long-term community change (CDC, 2010).

Two Community Needs

The two community needs that significantly impact Columbia, MD (ZIP Code 21046) are poverty among minority populations and limited access to public healthcare facilities. The two most impacted target audiences are low-income families and the senior population. These groups face socioeconomic barriers, mobility challenges, and limited healthcare access due to lack of insurance and transportation.

Project I: Poverty Reduction Plan

Columbia, Maryland, continues to face economic disparities, particularly among minority populations. This action plan aims to reduce poverty by increasing access to job training, workforce development programs, and employment support services. The SMART goal is to increase participation in workforce readiness programs by 30% over three years (CDC, 2010). The most affected populations are low-income families and unemployed minority residents.

Many residents in Columbia's underserved communities face economic hardship and unemployment, which disproportionately affects minority families (Rambharat, 2023). These challenges contribute to long-term financial instability and limited access to job opportunities (CDC, 2010). To reach this goal, the plan includes partnering with local job centers, hosting community career fairs, and building employer partnerships to create job placement opportunities. A gap analysis will help identify where resources are missing. These activities are expected to reach approximately 15,456 residents, including 1,237 low-income individuals in Columbia (ZIP code 21046). The plan prioritizes feasible, locally led efforts rather than relying on federal programs, and it is designed to build long-term financial stability and reduce reliance on emergency support services.

Project Period Objective	Description of the Objective	Priority Area
By year 3, reduce economic hardship among minority residents by increasing access to job training and workforce development programs by 30%.	Many residents in Columbia's underserved communities face unemployment or work in low-paying jobs. Increased access to local workforce training and career counseling will help improve financial stability and reduce poverty rates (Rambharat, 2023).	Poverty Reduction

Annual Objective	Description of the Objective	Sector	Number of People Reached
By the end of 12 months, launch a local partnership with workforce development agencies to provide job readiness and employment placement programs.	The goal is to connect low-income residents to skills training, resume workshops, and job interviews through local outreach, especially in areas with high minority populations (Rambharat, 2023).	Community At Large	Approximately 15,456 people in Columbia, MD (Zip code 20146) and around 1,237 low-income people.

Activities	Activity Title	Description
	Workforce Development Gap Analysis	Identify current training programs in Columbia and assess gaps in access for low-income residents.
	Partner with local job centers	Meet with local employment and training centers to coordinate outreach and free job assistance programs.
	Community Career Fairs	Host quarterly job fairs in public spaces like libraries or churches targeting unemployed residents.
	Outreach to local employers	Engage local businesses to create internship or job placement opportunities for program graduates.

Project II: Lack of Access to Healthcare Facilities

Columbia, MD continues to face serious gaps in access to comprehensive public health services. Seniors and low-income residents are particularly impacted due to mobility challenges, a lack of insurance, and the distance to the nearest full-service hospitals. According to a CBS report, seniors and people with low income in Howard County have a hard time getting medical care because they can't afford insurance or don't have a doctor. A lot of them wait to get help or skip going to the doctor, and it makes their health worse (Lockman, 2025).This action plan proposes increasing public health facility availability by 10% within five years, along with expanding mobile health clinics and improving telehealth outreach. The SMART goal is to reduce barriers to care through mobile services and establish one full-service referral facility within city limits. The annual objective includes hosting community meetings, working with state health officials, and conducting a zoning analysis to support facility development. This strategy is designed to improve preventative care access and reduce emergency room overuse, especially among Columbia's most vulnerable residents.

Project Period Objective	Description of the Objective	Priority Area
By year 5, increase the availability of public health facilities in Columbia by 10% and establish one full-service public teaching and referral facility.	Columbia currently lacks large health facilities that provide both inpatient and outpatient services. Existing hospitals are far away, creating barriers for seniors and low-income residents due to cost, transportation, and delayed care. This plan addresses those access gaps (Lockman, 2025).	Access to Healthcare Facilities.

Annual Objective	Description of the Objective	Sector	Number of People Reached
By the end of 12 months, expand outreach and planning for new local health services, including mobile health clinics and expanded telehealth access.	While telehealth is available, it is not sufficient for residents with chronic conditions who need in-person care. Launching mobile clinics and local health partnerships will improve preventative care access for low-income and elderly residents (Lockman, 2025).	Health Care	Approximate 15,456

Activities	Activity Title	Description
	Meet with City Health Department	Collaborate with city officials to explore funding and zoning support for a new public health facility.
	Hold Community Town Hall	Gather community support through meetings with residents, homeowners, and senior groups to build local advocacy.
	Coordinate with State Health Officials	Advocate for state-level investment in mobile clinics or satellite health centers in underserved areas of Columbia.
	Zoning & Services Gap Analysis.	Assess zoning laws and healthcare coverage maps to determine service deserts and barriers to building facilities.

Summary

Additional data needed to support these plans includes local unemployment rates, access to public transportation, and health disparities by race and income. These data points would help validate the impact of poverty on healthcare access and identify transportation barriers for low-income and elderly residents (Lockman, 2025). These action plans will improve public health by increasing access to preventive care, reducing ER visits, and connecting minority and low-income residents to job training and employment resources (CDC, 2010).

The primary weakness of both plans is the reliance on long-term support from city planners and state agencies, as well as funding. However, these challenges can be overcome by strong community education, early wins, and local advocacy (Lockman, 2025). I plan to gain support by meeting with local policy makers, hosting community forums, and involving church and youth leaders. These plans are feasible due to clear goals, community partnerships, and realistic implementation timelines (CDC, 2010).

Goals

➢ Year 1: Host the community job fairs and begin mobile health outreach

➢ Year 3: Launch workforce development partnership and expand telehealth access

➢ Year 5: Establish permanent job resource center and propose the plans for a public health facility

➢ Year 10: Open a full-service public health center and sustain local job training pipeline

Conclusion

The community of Columbia, MD is facing two key challenges: poverty among minority groups and limited access to public healthcare. This action plan outlines realistic and community -supported strategies to increase economic opportunities and improve access to health services. By engaging stakeholders, using SMART goals, and addressing implementation barriers directly, the proposed plans provide a strong foundation for reducing health disparities and improving quality of life for vulnerable populations in Columbia (CDC, 2010)

References

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