Community Health Improvement Plan

Cecil County

Fiscal Years 2017 – 2019

In partnership with the Cecil County Community Health Advisory Committee

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INTRODUCTION

Cecil County's Community Health Improvement Plan (CHIP) for Fiscal Year 2017 – Fiscal Year 2019 is a long-term, systematic plan to address health issues identified through the Fiscal Year 2015 – Fiscal Year 2016 Community Health Needs Assessment (CHNA), in order to improve the health of our community. The purpose of the plan is to provide a roadmap for how Cecil County Health Department, Union Hospital of Cecil County, partner organizations represented on Cecil County's Community Health Advisory Committee (CHAC), and the community will work together to advance the health of Cecil County residents. Planning and implementation of CHIP activities is participatory, involving a broad set of stakeholders and partners. The CHIP allows partners to focus on a limited number of health issues and leverage resources for a larger collective impact.

Cecil County implements its community health improvement plan in conjunction with Maryland's State Health Improvement Process (SHIP). This initiative was launched by Maryland's Department of Health and Mental Hygiene (DHMH) in 2011 with the goal of providing a framework for accountability, local action, and public engagement to advance the health of Maryland residents. Maryland's SHIP consists of 39 measures determined to be critical to the overall health of Maryland communities and is closely aligned with Healthy People (HP) 2020 objectives. As part of SHIP, Cecil County's Community Health Advisory Committee (CHAC) serves as the Local Health Improvement Coalition for the county. A description of current SHIP measures is included in Appendix A.

In 2016, Cecil County Health Department, Union Hospital of Cecil County, and partner organizations in CHAC began a community health improvement process to identify health priorities for Cecil County. On January 21, 2016, a group of forty-four CHAC members and interested stakeholders from a variety of sectors in Cecil County, met to discuss results of the CHNA and select health priorities to be included in the CHIP. At the meeting, participants selected three health priorities for Cecil County:

1. Behavioral Health
2. Chronic Disease
3. Determinants of Health

For each health priority, participants selected two to three areas to focus health improvement efforts on. A follow-up meeting was held on March 16, 2016 to develop goals, objectives, and strategies for the three priority areas. Further meetings and discussion resulted in the creation of work plans for each of the health priorities.

CECIL COUNTY COMMUNITY HEALTH ADVISORY COMMITTEE

Mission

The Cecil County Community Health Advisory Committee (CHAC) is a partnership of community organizations, government, groups, and individuals committed to improve the overall quality of health in Cecil County.

Vision

We accomplish this by providing leadership to find solutions to our health problems through assessment, planning, policy development, and assurance of quality health services and education.

Local Health Improvement Coalition

CHAC serves as Cecil County's Local Health Improvement Coalition (LHIC) as part of the Maryland SHIP. The LHIC coordinates activities through five task forces:

- Cancer Task Force;
- Drug and Alcohol Abuse Council;
- Healthy Lifestyles Task Force;
- Mental Health Core Service Agency (MHCSA) Advisory Council; and
- Tobacco Task Force

Additional task forces may be created to accomplish the goals and objectives of the CHIP or as the need arises.

COUNTY DESCRIPTION

Geography

Cecil County is located in the northeast corner of Maryland, bordered by Chester County and Lancaster County, Pennsylvania to the north; Kent County, Maryland to the south; New Castle County, Delaware to the east; and Harford County, Maryland to the west. Cecil County is bisected east-to-west by Interstate 95. The total land area of Cecil County is 346 square miles.[1] Cecil County has both rural and urban areas. The county seat is located in Elkton, Maryland, and there are eight towns and seven unincorporated communities in the county.

Demographics

In 2015, Cecil County had an estimated population of 102,382.[2] A majority of Cecil County residents are White (88.0%), not Hispanic/Latino (95.5%), and speak primarily English in the home (94.0%).[3] An estimated 23.0% of Cecil County residents are under 18 years of age, while 14.6% are 65 years of age or older.[4] An estimated 87.4% of Cecil County residents are high

school graduates and 21.8% have a Bachelor's degree or higher.[5] The median household income in Cecil County is $69,430.[6] An estimated 7.1% of Cecil County families and 11.6% of families with children under 18 years of age are below the federal poverty level.[7] In 2014, 5.5% of Cecil County residents were unemployed and 6.1% did not have health insurance.[8]

METHODS

Selecting Health Priorities

On January 21, 2016, CHAC met to identify health priorities for Cecil County and mobilize partners to address the identified health priorities. The agenda for the meeting included:

> **1) Welcome and Introduction.** Daniel Coulter (Cecil County Health Department, Health Policy and Planning) and Jean-Marie Donahoo (Union Hospital, Community Benefit) kicked off the meeting with an overview of the CHNA, including: the meeting purpose, data collection methods, a description of where the health issues came from, recommended criteria from NACCHO to consider when selecting the top three health priorities for Cecil County (Table 1), and the selection process instructions for the meeting with data review.

Table 1.[9]

NACCHO Criteria for Priority Selection	
Size	How many people are affected by the health problem?
Seriousness	Does the health problem lead to death, disability, and/or reduced quality of life?
Trends	Has the health problem gotten better or worse over time?
Equity	Are there specific groups that are more affected by the health problem?
Intervention	Are there existing strategies available to address the health problem?
Feasibility	Can we reasonably combat the health problem?
Value	How does the community rate the importance of the health problem?
Consequences of Inaction	What is the risk to the population by not acting on the health problem?
Social Determinant/ Root Cause	Does the health problem impact other health issues? What is the root cause of the health problem?

2) Community Health Needs Assessment Findings. The forty-four participants were each given a packet of slides that detailed findings from the Community Health Needs Assessment. Figure 1 shows the health needs included in the 2015 Online Community Health Survey, which were grouped into applicable categories. These categories were chosen by the CHNA planning team to facilitate a smoother voting process for the selection of the top three health priority areas. Participants were asked to review the data, ask questions, and consider their top three categories using the NACCHO criteria.

Figure 1.

Access to Care
Access to Healthcare (16.02%)
Dental Health (10.27%)

Behavioral Health
Illicit Drug Use/Problem Alcohol Use (80.90%)
Mental Health (30.60%)
Problem Gambling (0.62%)

Chronic Disease
Cancer (13.76%)
Diabetes (5.54%)
Heart Disease and Stroke (5.75%)
High Blood Pressure (3.49%)
Obesity (18.69%)
Respiratory/Lung Diseases (3.08%)
Tobacco Use (8.21%)

Communicable Disease
Infectious Diseases (1.44%)
Vaccination (1.03%)

Determinants of Health
Affordable Housing (10.68%)
Educational Attainment (6.57%)
Homelessness (34.50%)
Poverty (18.69%)

Environmental Health
Environmental Health (2.05%)

Injury
Fall-related Injuries (0.41%)
Firearm-related injuries (1.23%)
Motor Vehicle/Pedestrian Injuries (1.64%)

Reproductive Health
Maternal/ Infant health (3.70%)
Sexually Transmitted Diseases (STDs) (2.67%)
Teenage Pregnancy (6.37%)

Violence
Child Abuse and Neglect (12.94%)
Domestic Violence (4.72%)
Homicide (3.49%)
Rape/Sexual Assault (1.85%)
Suicide (1.85%)

(%)= Percentage of Community Health Survey respondents that chose the topic as one of the top 3 most important health issues in Cecil County

3) Voting Round 1: Prioritization of Health Categories. Participants were asked to mark their top three health category choices on large, wall-hanging flip charts which listed the categorized health needs. This method of voting was modeled after NACCHO's "Dotmocracy Method."[10] Participants were only allowed three votes and could not vote in duplicate.

After all participants had voted, the marks were tallied and the three main health categories with the highest scores were ranked accordingly:

a. Behavioral Health (39 votes);
b. Chronic Disease (30 votes); and
c. Determinants of Health (24 votes).

The other categories scored as follows: Access to Care (15 votes); Violence (15 votes); Environmental Health (2 votes); Reproductive Health (2 votes); Injury (1 vote); and Communicable Disease (0 votes).

4) Voting Round 2: Selection of Health Needs within the Prioritized Categories. The participants were then divided into three groups, based upon expertise and interest in the three prioritized health categories. Groups were asked to determine 1 to 3 health needs to focus on for each category. The three groups were allotted forty-five minutes each to discuss the health needs listed under each category (see Figure 2). Moderators provided the NACCHO criteria for consideration when choosing the top 1 to 3 health needs. Votes were tallied from hands raised in each group. At the end of the discussion period the three groups came back together to report-out. The following health needs were chosen per category:

1. Behavioral Health
    a. Illicit drug use and problem alcohol use
    b. Mental health
    c. Access to behavioral health services
2. Chronic Disease
    a. Diabetes
    b. Heart disease and stroke
    c. Respiratory and lung disease
3. Determinants of Health
    a. Poverty and homelessness
    b. Educational attainment

Development of Work Plans

A second CHAC meeting was held on March 16, 2016, to discuss goals, objectives, and strategies to address the prioritized health needs for Cecil County. The agenda for this meeting included the following components:

1) **Welcome and Introduction.** Daniel Coulter and Jean-Marie Donahoo welcomed twenty-four participants back to the second CHAC meeting where participants were tasked with discussing and forming goals, objectives, and strategies to address the prioritized health needs.

2) **Break into Workgroups by Priority.** As participants entered the meeting space, they were asked to join groups according to their health category of choice: Behavioral Health, Chronic Disease, or Determinants of Health.

3) **Review of Materials.** Daniel Coulter reviewed the materials provided to each group:
a. Data packet reviewing data specific to each priority
b. SMART Objectives handout
c. Work Plan Matrix worksheet

4) **Creation of Work Plans per Priority.** The group moderators were tasked with facilitating discussion around goals, SMART objectives, and potential strategies. Group discussions lasted forty-five minutes.

5) **Next Steps.** It was apparent during group discussion that there would need to be further discussion around feasible goals and SMART objectives with community leaders not present. However, all three groups were able to identify various potential strategies. Daniel Coulter concluded the CHAC meeting by asking each group to provide feedback to the moderators who would be filling in the work plan matrixes and emailing them to participants.

Following the March 16, 2016 CHAC meeting, group moderators wrote up draft summaries of the goals, objectives and strategies that were discussed and requested feedback from participants in the three groups, including those that were unable to attend the second meeting. Additional meetings and discussions were held amongst the three groups, resulting in the development of the work plans contained in this CHIP. A list of attendees at the January 21, 2016 and March 16, 2016 meetings is included in Appendix B.

PRIORITY 1: BEHAVIORAL HEALTH

Behavioral Health was selected by community partners attending the January 21, 2016 CHAC meeting as the leading health issue in Cecil County. Substance abuse prevention and access to behavioral health care have been top priorities in Cecil County for more than five years. Under the umbrella of Behavioral Health, community partners decided to focus efforts in this plan on illicit drug use and problem alcohol use, mental health, and access to behavioral health care.

Illicit Drug Use and Problem Alcohol Use

Illicit drug use and problem alcohol use was selected by a majority of respondents to the 2015 Cecil County Online Community Health Survey (80.9%) as one of the three most important health issues in Cecil County. Substance abuse is a major concern to residents of Cecil County. In Cecil County, illicit drug use prevalence is among the highest in the state of Maryland. The average number of people reporting current illicit drug abuse or dependence in Cecil County (4.4%) exceeds the state average of (2.9%).[11] During the period of 2006-2012, County Health Rankings showed that 18.0% of Cecil County adults reported excessive drinking (binge drinking or heavy drinking), compared to 15.0% of Maryland adults.[12]

Substance abuse is also a major problem for Cecil County youth. Among Cecil County public high school students less than 18 years of age, 37.5% reported consuming at least one drink of

alcohol and 23.0% reported consuming five or more drinks of alcohol in a row on one or more of the last 30 days in 2013. An additional 41.9% of Cecil County high school students reported having used marijuana, 15.7% reported taking a prescription drug without a doctor's prescription, and 4.5% reported using heroin one or more times during their life.[13]

The increase in substance use in Cecil County has also led to increased emergency department utilization. In 2014, Cecil County had one of the highest rates of emergency department (ED) visits related to substance abuse disorders in Maryland at 2,165.7 ED visits per 100,000 population. This is considerably higher than the average rate for Maryland of 1,591.3 ED visits per 100,000 population and the Maryland 2017 goal of 1,400.9 ED visits per 100,000 population.[14]

The consequences of substance abuse can be severe, leading to problems in relationships, work, school, health, or safety, and even death. From 2011-2013 the average drug-induced death rate in Cecil County was 26.5 deaths per 100,000 population, compared to 13.3 deaths per 100,000 population for Maryland.[15] This was also more than double the Maryland 2017 Goal of 12.6 deaths per 100,000 population and the HP 2020 target of 11.3 deaths per 100,000 population.

Mental Health

Mental health was selected by nearly one third (30.6%) of 2015 Cecil County Online Community Health Survey respondents as one of the three most important health issues in Cecil County. Mental health is defined by the World Health Organization as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[16] In 2010, 81.2% of Cecil County adults reported that they were well supported mentally and socially.[17] However, from 2006-2012 County Health Rankings reported that the average number of reported mentally unhealthy days per month in Cecil County was 3.9. This is higher than the average for Maryland of 3.2 mentally unhealthy days per month and 3rd highest among Maryland counties.[18] Among Cecil County high school students less than 18 years of age, 27.5% experienced depression and 15.5% experienced thoughts of suicide in 2013.[19]

People with untreated mental health disorders are at high risk for many unhealthy behaviors, including alcohol and drug abuse, violent or self-destructive behavior, and suicide.[20] The suicide death rate in Cecil County is also significantly higher than in Maryland and state and national goals. From 2011-2013, the suicide death rate per 100,000 population was 15.1 deaths per 100,000 population in Cecil County, compared to 9.0 deaths per 100,000 population in Maryland.[21] The Maryland 2017 Goal is 9.0 deaths per 100,000 population and the HP 2020 target is 10.2 deaths per 100,000 population.

Over the past few years Cecil County has seen marked improvement in the rate of ED visits related to mental health disorders. The rate decreased from a statewide high of 10,570.8 ED visits per 100,000 population in 2012 to 5,501.6 ED visits per 100,000 population in 2014. However, Cecil County remains higher than the average for Maryland of 3,442.6 ED visits per 100,000 population and the Maryland 2017 Goal of 3,152.6 ED visits per 100,000 population.[22]

Access to Behavioral Health Care

Access to health care was selected as one of the three most important health issues in Cecil County by 16.0% of the 2015 Cecil County Online Community Health Survey respondents. According to the County Health Rankings, there were 601 persons per one mental health provider in Cecil County in 2014.[23] This includes all psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses specializing in mental health care, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse. This ratio indicates a large spread of mental health providers in Cecil County, however the perception from residents is that it is difficult to access treatment in Cecil County. Over 52% of 2015 Cecil County Online Community Health Survey respondents felt that there are not enough mental/behavioral health providers in Cecil County and over half of respondents felt that substance abuse services and mental health services are missing in Cecil County. Participants in the focus group with homeless residents also felt that it is difficult to access psychologists and psychiatrists in the county. Long wait lists for appointments, providers who do not accept certain types of health insurance, and the geographic location of providers create barriers to accessing treatment in the county.

Behavioral Health Work Plan

Goals	Objectives	Strategies	Responsible Parties
1.1: Reduce the prevalence of substance use disorders in Cecil County	1.1.1: By June 30, 2019, reduce the drug-induced death rate by 5%. Baseline: 26.5 deaths per 100,000 population in 2011-2013. *Source: SHIP Measure. Maryland DHMH VSA.*	1. Continue to provide Narcan training to law enforcement officers and the public. 2. Provide education at pharmacies and physicians' offices on prescription drug abuse and Narcan Training.	Drug and Alcohol Abuse Council Cecil County Health Department-Alcohol and Drug Recovery Center Cecil County Law Enforcement Cecil County Public Schools

		3. Advocate for the development of more treatment options for adults and adolescents in the county. 4. Partner with providers to increase the utilization of existing services. 5. Work with the school system to reach at-risk adolescents. 6. Increase participation in prevention and education programs such as My Family Matters and Strengthening Families. 7. Provide Incentives for attending programs. 8. Promote the creation of educational messages focusing on prevention. 9. Implement recommendations of Cecil County's Local Overdose Fatality Review Team (LOFRT).	Serenity Health Primary Care Providers Cecil County Pharmacies Youth Serving Organizations Union Hospital of Cecil County
	1.1.2: By June 30, 2019, reduce the percentage of youth in grades 9-12 reporting the use of alcohol on one or more of the past 30 days to no more than 33.8%.	1. Partner with Maryland Strategic Prevention Framework 2 (MSPF2) to implement strategies identified through a needs assessment. 2. Continue to support and expand Life Skills training in Cecil County Public Schools.	Drug and Alcohol Abuse Council MSPF Coalition Cecil County Health Department-Alcohol and Drug Recovery Center

	Baseline: 37.5% in 2013. *Source: 2013 Maryland YRBS.*		Cecil County Public Schools Union Hospital of Cecil County
1.2: Improve the mental health and well-being of Cecil County residents	1.2.1: By June 30, 2019, reduce the percentage of youth in grades 9-12 who felt sad or hopeless almost every day for two weeks or more during the past 12 months to no more than 24.8%. Baseline: 27.5% in 2013. *Source: 2013 Maryland YRBS.*	1. Promote depression screening during wellness checkups. 2. Research programming to promote the health and well-being of youth. 3. Promote Behavioral Health Integration in Pediatric Primary Care (B-HIPP).	MHCSA Advisory Council Core Service Agency Upper Bay Counseling and Support Services On Our Own of Cecil County Mental Health Providers Primary Care Providers Union Hospital of Cecil County
	1.2.2: By June 30, 2019, decrease the suicide rate in Cecil County by 5%.* Baseline: 15.1 deaths per 100,000 population in 2011-2013. *Source: SHIP Measure. Maryland DHMH VSA.*	1. Promote the availability of crisis and suicide hotlines. 2. Continue to support, promote the utilization of, and expand mobile crisis services in Cecil County. 3. Promote regular screening for depression during primary care provider visits. 4. Promote Mental Health First Aid (MHFA) training.	MHCSA Advisory Council Core Service Agency Affiliated Sante Group (Eastern Shore Mobile Crisis) On Our Own of Cecil County Upper Bay Counseling and Support Services Mental Health Providers

			Primary Care Providers
1.3: Improve access to behavioral health services in Cecil County	1.3.1: By June 30, 2019, decrease the rate of emergency department visits related to mental health conditions by 10% and emergency department visits related to substance use disorders by 5%. Baseline-Mental Health Conditions: 5501.6 ED visits per 100,000 population in 2014. *Source: SHIP Measure. Maryland HSCRC Research Level Statewide Outpatient Data Files.* Baseline-Substance Use Disorders: 2165.7 ED visits per 100,000 population in 2014. *Source: SHIP Measure. Maryland HSCRC Research Level Statewide Outpatient Data Files.*	1. Provide education to reduce the stigma surrounding behavioral health disorders. 2. Increase awareness of behavioral health resources and services in the community. 3. Continue to support outreach efforts to enroll uninsured residents in health insurance/ Medical Assistance. 4. Reduce the health impact of violence and trauma by integrating trauma-informed care throughout the health care and behavioral health systems. 5. Expand options for inpatient and outpatient behavioral health treatment for Cecil County residents. 6. Partner in the development of a regional crisis center. 7. Promote a system of care that integrates somatic and behavioral health care.	MHCSA Advisory Council Drug and Alcohol Abuse Council Core Service Agency Cecil County Health Department- Alcohol and Drug Recovery Center Union Hospital of Cecil County Behavioral Health Providers

		8. Continue to hold monthly ER Diversion meetings.	

PRIORITY 2: CHRONIC DISEASE

Chronic Disease was selected by community partners attending the January 21, 2016 CHAC meeting as the second leading health issue in Cecil County. For the Chronic Disease priority, community partners decided to focus efforts on diabetes, heart disease and stroke, and respiratory and lung diseases.

Diabetes

Diabetes was selected by 5.5% of the 2015 Cecil County Online Community Health Survey respondents as one of the three most important health issues in Cecil County. From 2006-2008 to 2012-2014 the average age-adjusted death rate due to diabetes in Cecil County decreased from 29.9 deaths per 100,000 population to 15.8 deaths per 100,000 population. However, from 2012 to 2014 the percentage of adults in Cecil County who have been diagnosed with diabetes increased from 7.7% to 12.5%.[24] The rate of ED visits due to diabetes in Cecil County also increased significantly from 2010 to 2014, from 185.4 ED visits per 100,000 population to 250.2 ED visits per 100,000 population. Cecil County's rate of ED visits due to diabetes remains higher than the rate for Maryland (204.0 ED visits per 100,000 population in 2014) and the Maryland 2017 goal of 186.3 ED visits per 100,000 population.[25] Modifiable risk factors for type 2 diabetes include: overweight/obesity; lack of physical activity/sedentary lifestyle; hypertension; tobacco use; and high cholesterol. Addressing these risk factors can prevent many cases of type 2 diabetes from developing. Once an individual has diabetes, proper management of blood sugar levels can help to prevent complications from developing.

Heart Disease and Stroke

Heart disease and stroke was selected by 5.5% of 2015 Cecil County Online Community Health Survey respondents as one of the three most important health issues in Cecil County. Heart disease was the leading cause of death and stroke was the 4th leading cause of death in Cecil County for 2014. The age-adjusted death rate of heart disease decreased from 218.7 deaths per 100,000 population in 2006-2008 to 198.7 deaths per 100,000 population in 2012-2014, though the age- adjusted death rate is still well above the Maryland 2017 goal of 166.3 deaths per 100,000 population and the HP 2020 target of 152.7 deaths per 100,000 population. Meanwhile, the age-adjusted death rate from stroke has risen from 29.7 deaths per 100,000

population in 2006-2008 to 47.0 deaths per 100,000 population in 2012-2014, well above the HP 2020 target of 34.8 deaths per 100,000 population. [26]

Cecil County has a growing population of adults ages 65 and over, making up an estimated 9.0% of the population in 2016.[27] From 2010 to 2014 the percentage of Medicare beneficiaries who were treated for ischemic heart disease decreased from 34.4% to 29.7% and the percentage who were treated for stroke decreased from 4.3% to 4.1%.[28][29] Cecil County would be performing on target for the treatment of Medicare beneficiaries if the percentage for ischemic heart disease treatment in the Medicare population was below 26.5% and the percentage for stroke treatment was below 3%. Modifiable risk factors for heart disease and stroke include: overweight/obesity; lack of physical activity/sedentary lifestyle; hypertension; tobacco use; and high cholesterol. Addressing these risk factors can prevent many heart disease and stroke deaths.

Respiratory and Lung Diseases

Respiratory and lung diseases was selected by 3.1% of 2015 Cecil County Online Community Health Survey respondents as one of the three most important health issues in Cecil County. Chronic lower respiratory diseases (CLRDs) include asthma, emphysema, bronchitis, and chronic obstructive pulmonary disease (COPD). CLRDs are characterized by airway obstruction, which causes shortness of breath and impaired lung function. CLRDs were the 3rd leading cause of death in Cecil County in 2014. In Cecil County the age-adjusted death rate for CLRDs has increased from 54.0 deaths per 100,000 population in 2006-2008 to 64.5 deaths per 100,000 population in 2012-2014 [30] In 2013, 16.4% of children and 17.4% of adults in Cecil County had asthma.[31] Among Cecil County Medicare beneficiaries, 14.6% were treated for COPD in 2014.[32]

Lung cancer is the most common cause of Cancer related death in Cecil County. From 2008-2012 the age-adjusted death rate due to lung cancer in Cecil County was 61.5 deaths per 100,000 population.[33] Smoking is an important modifiable risk factor for lung cancer and CLRDs. An estimated 24.6% of Cecil County adolescents use tobacco products and 12.4% of adults smoke.[34][35] Addressing smoking can prevent many respiratory and lung diseases from developing.

Chronic Disease Work Plan

Goals	Objectives	Strategies	Responsible Parties
2.1: Reduce the morbidity of diabetes in Cecil County.	2.1.1: By June 30, 2019, increase physician practice sites making referrals to chronic disease self-management programs by 2 sites. Baseline: 0 sites	1. Engage 2 physician practice sites to participate. 2. Track the number of referrals made.	Physician Practices Union Hospital of Cecil County Cecil County Health Department
	2.1.2: By June 30, 2019, increase the number of sites hosting chronic disease self-management programs by 5 sites. Baseline: 7 sites in 2015. *Source: Living Well Programs*	1. Engage 5 additional sites to host chronic disease self-management programs.	CHAC Membership Department of Community Services Cecil County Health Department Physician Practices
	2.1.3: By June 30, 2019, create 1 county-wide walking program.	1. Using the Delaware Walking Program as a model, create and implement a walking program that tracks the number of participating individuals, testimonials received, and total miles walked. 2. If successful, create a plan for future walking programs (if not successful, indicate in	CHAC Membership

		annual reporting and provide lessons learned).	
2.2: Reduce mortality from lung cancer in Cecil County.	2.2.1: By June 30, 2017, increase the number of individuals receiving low-dose lung CT screenings by 5%, in order to increase awareness for lung cancer prevention. Baseline: 108 persons screened from Calendar Year 2015 – Calendar Year 2016 (as of June 29, 2016) *Source: Union Hospital Lung Health Program*	1. Advertise and promote the low-dose lung CT screening program in the community. 2. Support recommendations of the Union Hospital Cancer Program's community outreach plan for low-dose lung CT screenings.	Union Hospital Cancer Program Union Hospital Lung Health Program Physician Practices CHAC Membership
	2.2.2: By June 30, 2019, reduce the prevalence of tobacco use among adolescents by 5% and cigarette smoking among adults by 5%.* Baseline-Adolescents: 24.6% in 2013 *Source: Maryland SHIP Measure. 2013 Maryland YRBS.* Baseline-Adults: 12.4% in 2014.	1. Promote community smoking cessation and prevention resources to youth serving organizations. 2. Educate adults about community-based and state-based smoking cessation and prevention resources. 3. Support recommendations of the Cecil County Tobacco Task Force.	Cecil County Tobacco Task Force Cecil County Health Department Union Hospital of Cecil County Public and Private Schools Youth Serving Organizations CHAC Membership

	Source: Maryland SHIP Measure. Maryland BRFSS		
2.3: Reduce morbidity and mortality of heart disease and stroke in Cecil County.	2.3.1: By June 30, 2019, reduce high blood pressure among adults by 5%, in order to reduce the incidence of stroke in Cecil County. Baseline: 30.1% in 2006-2012. *Source: Maryland BRFSS*	1. Educate and support health care providers on how to write prescriptions for physical activity. 2. Provide a community-wide campaign to target reducing sodium intake (also supports healthy eating for youth). 3. Support recommendations from the Union Hospital Stroke Program for stroke prevention in the community.	Union Hospital Stroke Program Cecil County Health Department Physician Practices Urgent Care Centers Local Media Outlets CHAC Membership
	2.3.2: By June 30, 2019, increase the percentage of students who eat vegetables one or more times per day by 5%, in order to reduce the incidence of heart disease in Cecil County. Baseline: 58.0% in 2013. *Source: Maryland YRBS*	1. Partner with schools, day cares, and the Head Start program to provide education to staff and community members on nutrition for youth. 2. Support the transition from the school year to the summer by working with summer food program providers to increase access to and awareness of summer food programs in the community. 3. Advocate for the incorporation of healthy foods into school lessons.	Public and Private Schools Day Cares Head Start Summer Food Program Providers Local Media Outlets CHAC Membership

		4. Utilize a local newspaper to provide helpful tips, recipes, and/or news stories on healthy lifestyle choices as they pertain to the CHIP objectives (refer to Delaware Health column).	
	2.3.3: By June 30, 2019, implement a wellness program for one local small business.	1. Implement a wellness program that provides wellness challenges for employees to participate in. 2. Require the partnering small business to provide prizes/awards for its staff that wins the challenges.	A Local Small Business Cecil County Department of Community Services Union Hospital of Cecil County Cecil County Health Department CHAC Membership

PRIORITY 3: DETERMINANTS OF HEALTH

Determinants of Health was selected by community partners attending the January 21, 2016 CHAC meeting as the third leading health issue in Cecil County. Social determinants of health are defined by the World Health Organization as "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."[36] These conditions can have a large effect on the health and quality of life of individuals and can explain why some population groups experience worse health outcomes than others. For the Determinants of Health priority, community partners initially decided to focus efforts on poverty, homelessness, and educational attainment. However, during follow-up planning meetings it was decided to focus health improvement efforts on poverty and homelessness during the initial phase of the plan.

Poverty

Poverty was selected by 18.7% of the 2015 Cecil County Online Community Health Survey respondents as one of the three most important health issues in Cecil County. Health in the

United States is strongly associated with income. The effects of poverty can be seen across a person's lifespan. Poor children and adults are more likely to be in poor or fair health, have a higher incidence of chronic diseases, and shorter life expectancy than those with a higher income.[37] Poverty is a large component of the demographic and socioeconomic landscape in Cecil County. From 2010-2014, 10.6% of Cecil County residents were below the federal poverty level, compared to 10.0% in Maryland. Among families, 7.1% of Cecil County families were below the federal poverty level, compared with 6.9% in Maryland. In contrast, the percentage of Cecil County families below the federal poverty level with children under 18 years of age (11.6%) and with children under 5 years of age (15.5%) is much higher.[38] In addition, the National Center for Education Statistics provided data from 2013-2014 that indicated 37.9% of students in Cecil County were eligible to participate in the Free Lunch Program.[39]

Poverty can influence health through multiple pathways. It can make it difficult for an individual to access health-promoting goods and services, it can increase psychological risks associated with economic resources, and it can have cumulative health effects over time and during critical periods.[40]

Homelessness

Homelessness was selected by over one third (34.5%) of the 2015 Cecil County Online Community Health Survey respondents as one of the three most important health issues in Cecil County. Being homeless can have a large effect on an individual's health. Individuals experiencing homelessness have disproportionately high rates of health problems and are more likely to die prematurely than housed individuals. Health conditions among homeless individuals are frequently co-occurring, with a complex mix of chronic conditions and behavioral health problems.[41]

Homelessness is a significant concern in Cecil County. The Cecil County Point-In-Time Homeless Survey is conducted every year to provide a snapshot of the homeless population in the county. From 2011 to 2015, a total of 1,027 individuals took the survey. Among these individuals: 44% identified as first-time homeless; 50% had been homeless for 1 to 12 months; 30% had a mental health problem; 40% were US military veterans; and 23% suffered from domestic violence.[42] Among children and youth attending public school in Cecil County, 774 students were considered to be individuals who "lack a fixed, regular, and adequate nighttime residence" as of January 20, 2016.

Determinants of Health Work Plan

Goals	Objectives	Strategies	Responsible Parties
3.1: Reduce the burden of poverty in Cecil County to improve the overall health of Cecil County residents.	3.1.1: By October 30, 2016, research existing and new or innovative anti-poverty programs/ initiatives for implementation in Cecil County.	1. Get information on the anti-poverty program recently presented at the BHA Child/Adolescent Conference. 2. Identify & research existing anti-poverty programs in the county. 3. Collect information from faith-based anti-poverty initiatives. 4. Investigate Carroll County's program model. 5. Review all options as a group.	1. Rich Bayer & Tahia Glanton 2. Lori Goldsmith & Julie Poludniak 3. Dottie Fritz 4. Earl Grey 5. Social Determinants of Health Workgroup
3.2: Reduce the prevalence of homelessness in Cecil County to improve the overall health of the community and its residents.	3.2.1: By June 2018, expand services and interventions for homeless individuals/families to decrease prevalence of homelessness in Cecil County by 10%. Services/interventions will be based on three tiers, including: 1) emergency/immediate assistance, 2) intermediate/short-term assistance, and 3) longer-term assistance geared toward those	1. Related to all tiers: implement a county-wide coordinated assessment system for efficient linkage to services and housing options for all. 2. Related to all tiers: participate in technical assistance from HUD to develop a by-name list to end veteran's homelessness.	1. Jason Burns, HMIS consultant, CCIACH 2. Cecil County's Commitment to End Veteran Homeless (subcommittee of CCIACH)

	experiencing chronic homelessness. Baseline: 191 Homeless individuals counted in 2015. *Source: Point in Time Homeless Survey*	3. Related to all tiers: seek funding for or develop case management/ housing search services whose sole eligibility criteria is that of being homeless. 4. Explore the possibility of a multidisciplinary meeting to review those at risk of homelessness or those with complex housing needs. 5. Related to tier 1: create the availability of 24-hour resource assistance to people experiencing homelessness, including emergency shelter during extreme weather events. 6. Related to tier 1: establish liaisons between law enforcement and provider agencies. 7. Related to tier 2: establish a community furniture bank to assist those transitioning from homelessness back into stable housing.	3. Member agencies of CCIACH 4. CCIACH Subcommittee 5. CCIACH Subcommittee 6. Local Police Departments and Homeless Serving Providers 7. CCIACH Subcommittee

EVALUATION – LOCAL HEALTH IMPROVEMENT COALITION

Progress towards meeting goals and objectives in the CHIP is monitored by the co-chairpersons of CHAC: Daniel Coulter, Cecil County Health Department; and Jean-Marie Donahoo, Union Hospital of Cecil County. For the Local Health Improvement Coalition reporting, quarterly progress reports are submitted to the Maryland Department of Health and Mental Hygiene. In addition, updates from the CHAC task forces on project activities are also provided semi-annually at CHAC meetings. A report on progress is developed annually and shared with CHAC member organizations. Following the annual reports, goals and objectives will be reviewed and the plan will be updated if necessary.

EVALUATION – UNION HOSPITAL COMMUNITY BENEFIT

Union Hospital has a separate reporting process for its Community Benefit department. Annual progress reports are submitted to the Maryland Health Services Cost Review Commission (HSCRC) and the Internal Revenue Service (IRS) to comply with state and federal Community Benefit reporting guidelines. Union Hospital must explain how it will impact the health priorities selected through the CHNA by supporting the CHIP goals, objectives, and strategies. The following information describes how Union Hospital will support the CHIP through its own engagement activities, as well as a community partner engaged with other CHAC member organizations.

Overview

Union Hospital will provide support for the Community Health Improvement Plan (CHIP) according to each of the prioritized health categories. In the CHIP Union Hospital is identified as a responsible party according to specific strategies that align with Community Benefit programming, as well as hospital interdepartmental/service line collaboration and community outreach strategic plans per department/service line. The following summary provides details for how Union Hospital will support the CHIP goals and objectives.

Behavioral Health

Union Hospital is currently engaged in several collaborative projects, community behavioral health education sessions, and service on behavioral health-related boards and coalitions. This segment describes these engagement activities and explains how they support the CHIP goals and objectives. In addition, this segment provides data to be collected according to each engagement activity and how data will be reported annually during the 3-year Community Health Needs Assessment (CHNA) reporting cycle.

Engagement Activities

<u>Collaborative Projects</u>

- Union Hospital will be implementing a short-term residential crisis and detox center to be built in Elkton, Maryland. The Crisis Center will provide crisis and detox services for adults referred from medical providers throughout the county. This project was developed by Union Hospital and community partners in the behavioral health field. From 2015-2016, a planning team met to create the Crisis Center's operating structure. The planning team included representatives from: Union Hospital Behavioral Health and Community Benefit; Cecil County Health Department's Alcohol and Drug Recovery Center (ADRC) and Core Service Agency; Eastern Shore Mobile Crisis (Affiliated Sante Group); Upper Bay Counseling and Support Services; and Key Point Health Services. Once the program's structure was created, Union Hospital partnered with Resilience, Inc. to begin work on implementation. Currently (2016), blueprints are being reviewed for the Crisis Center's construction with plans for opening the Center in 2018. The Crisis Center will not only serve as an additional access point for Cecil County behavioral health clients, it will help reduce over-utilization of the ED for behavioral health issues and help to reduce behavioral health-related admissions and readmissions to the hospital.
- Union Hospital is partnering with Upper Chesapeake Health System to develop a new behavioral health facility in Bulle Rock in Harford County, Maryland. This facility will support regionalization of behavioral health services for both Cecil and Harford counties, providing counseling services, psychiatric care, medical treatment, and co-occurring treatment. The facility is set to open in 2020 and will incorporate staffing from Union Hospital, Harford Memorial Hospital, and Upper Chesapeake Health System. Behavioral health issues are growing in the region and it is anticipated that this facility will help bridge the access to care gap for both county populations.
- Union Hospital is partnered with the Cecil County Health Department's ADRC to facilitate the Peer Recovery Advocates Program. The Peer Recovery Advocates Program has been in operation since Fiscal Year 2013, having served over 1,000 clients. The partnership utilizes ADRC counselors in the Union Hospital ED and on the patient care floors to facilitate patient access to substance abuse counseling through peer support. After the patients are discharged from the hospital the Peer Recovery Advocates continue to connect with them in the community to provide further peer support and enroll them in treatment.
- Union Hospital has partnered with the Cecil County Health Department to bring Cecil County Primary Care Providers access to the Behavioral Health Integration for Pediatrics in Primary Care (B-HIPP) program – a collaborative effort of the Johns Hopkins Bloomberg School of Public Health, Salisbury University, and the University of Maryland

School of Medicine. B-HIPP supports the efforts of primary care providers to assess and manage the mental health needs of their patients from infancy to young adulthood. B-HIPP provides free services to primary care providers via phone consultations, continuing education, resource and referral networking, and social work co-location. Union Hospital continues to work with the Cecil County Health Department and hospital and community primary care providers to promote enrollment in this valuable resource for youth mental health care in this community.

Community Behavioral Health Education

- Currently the Union Hospital Maternal and Infant Center is engaged in quarterly education sessions with Serenity Health and Elkton Treatment Center (methadone clinics), where hospital staff provides clients with education on infant soothing and parenting skills related to the care of babies with Neonatal Abstinence Syndrome (NAS). NAS babies are difficult to care for because they are detoxing from substances their mothers used during pregnancy. Union Hospital will continue to provide behavioral health education in the community.

Service on Boards and Coalitions

- Currently, Union Hospital has representatives serving on the Mental Health Core Service Agency (MHCSA) Advisory Council, the Crisis Intervention Team (CIT), the Local Overdose Fatality Review Team (LOFRT), the Drug and Alcohol Abuse Council (DAAC), the Maryland Strategic Prevention Framework (MSPF) coalition, and the ER Diversion team. Union Hospital will continue to provide representation on boards and coalitions related to substance abuse and mental health.

CHIP Goals and Objectives

Union Hospital's engagement activities support the CHIP's Behavioral Health goals to reduce the prevalence of substance use disorders in Cecil County (1.1), improve the mental health and well-being of Cecil County residents (1.2), and improve access to behavioral health services in Cecil County (1.3). Union Hospital's engagement activities also support the following Behavioral Health CHIP objectives:

- 1.1.1 – By June 30, 2019, reduce the drug induced death rate by 5%.
    - Engagement Activities
        - NAS Education
        - LOFRT meeting participation
        - DAAC meeting participation

- 1.1.2 – By June 30, 2019, reduce the percentage of youth in grades 9-12 reporting the use of alcohol on one or more of the past 30 days to no more than 33.8%.
    - Engagement Activity
        - MSPF coalition participation
- 1.2.1 – By June 30, 2019, reduce the percentage of youth in grades 9-12 who felt sad or hopeless almost every day for two weeks or more during the past 12 months to no more than 24.8%.
    - Engagement Activity
        - B-HIPP
- 1.3.1 – By June 30, 2019, decrease the rate of emergency department visits related to mental health conditions by 10% and emergency department visits related to substance use disorders by 5%.
    - Engagement Activities
        - Crisis Center
        - Bulle Rock Facility
        - ER Diversion meeting participation
        - MHCSA Advisory Council participation
        - CIT meeting participation
        - DAAC meeting participation
        - Peer Recovery Advocates Program

As applicable, additional hospital engagement activities may be added to support the Behavioral Health CHIP objectives according to the strategies prescribed to each objective. Applicable data will be reported by Union Hospital Community Benefit.

Annual Reporting

Annual reporting within the 3-year CHNA reporting cycle will include data collected per engagement activity, as well as any qualitative data from hospital departments and community partners that provide insight into progress on collaborative projects. Reporting will also support and reflect recommendations from each applicable hospital department's project/outreach plan. Hospital departments include inpatient and outpatient Behavioral Health (for substance abuse and mental health) and the office of the CEO (for general updates on partnerships and project progress). Other hospital departments or committees may also be asked to provide qualitative data for annual reporting.

Data to be collected on Union Hospital engagement activities is as follows:

- Collaborative projects
    - **Crisis Center.** Union Hospital Community Benefit will report project progress with qualitative data.

    - **Bulle Rock Facility.** Union Hospital Community Benefit will report project progress with qualitative data.
    - **Peer Recovery Advocates Program.** The Cecil County Health Department will generate quarterly reports for Union Hospital Community Benefit on the number of patients counseled and unit location of patients counseled. Union Hospital Community Benefit will also report data pertaining to staff hours contributed.
    - **B-HIPP.** Union Hospital Community Benefit and the Cecil County Health Department Core Service Agency will report data on the number of physicians enrolled in the B-HIPP program by quarter. Any applicable qualitative data will also be reported.
- Community Behavioral Health Education
    - **NAS Education.** Union Hospital Maternal and Infant Center staff will report to the Community Benefit department the number of staff hours contributed per session and the number of session participants.
- Service on Boards and Coalitions
    - For **board, coalition, and team meetings,** Union Hospital Community Benefit will report the dates of the meetings, the number of people in attendance per meeting, which staff from the hospital attended as representatives, and the amount of hospital staff hours contributed to each meeting.

Chronic Disease

Union Hospital is currently engaged in several chronic disease supports covering all three health issues identified in the CHNA – diabetes, heart disease and stroke, and lung and respiratory disease. This segment describes these engagement activities and explains how they support the CHIP goals and objectives. In addition, this segment provides data to be collected and reported annually during the 3-year CHNA reporting cycle.

Engagement Activities

Diabetes

Each fiscal year the Union Medical Nutritional Services and Diabetes Center (UMNSDC) provides a variety of engagement activities in the community, which include:

- Diabetes Education in the Community
    - Giving presentations
    - Participating in health fairs
    - Facilitating cooking demos
- Facilitating diabetes support group sessions
- Participation on the Cecil County Healthy Lifestyles Task Force to be a connecting resource for diabetes and healthy eating/lifestyles in the community

- Free diabetic eye and foot screenings performed semi-annually in the community
- Diabetes Prevention Grant Activities
    - The UMNSDC plans to support the "Increasing the Reach of Diabetes Prevention Programs" grant with the Cecil County Health Department and the YMCA of Cecil County if the health department is awarded the grant. The UMNSDC's role will be to assist the health department and the YMCA by referring patients to the National Diabetes Prevention Program (DPP) and publicizing the availability of the DPP in Cecil County. The UMNSDC will assist in the development of the pre-diabetes screening, testing and referral procedures for Union Multi-Specialty Practices and Union Hospital. The UMNSDC will also work with the health department to increase testing, screening, and referral of patients with pre-diabetes.
- Diabetes Wellness Program
    - Outpatients from UPC Elkton and Union Endocrinology practices who enroll in the Diabetes Wellness Program will receive a 3-month free membership to the YMCA of Cecil County, two 1.5-hour diabetes self-management sessions with hospital registered dietitians, and follow-up at 6-month and 12-month intervals to make sure enrollees are keeping on track with their personal self-management goals.
    - Enrollees are also encouraged to register for 6-week workshops with the Living Well with Diabetes program provided on a rolling basis by the Cecil County Health Department and the Cecil County Department of Community Services in order to continue practicing self-management skills.

Respiratory and Lung Diseases

The Union Hospital Cancer Program currently provides education on and health promotion of screenings for early detection of lung cancer using the low-dose lung CT screening. The Cancer Program participates in Cecil County Cancer Task Force meetings and Tobacco Task Force meetings. The Cancer Program also promotes smoking cessation resources facilitated by the Cecil County Health Department, the Maryland Tobacco Prevention Center, and the MD Quit Line.

In addition to the Cancer Program, the Union Hospital Maternal and Infant Center is currently promoting Pregnancy and Tobacco Cessation Help (PATCH) resources for patients and the community. PATCH resources are supported by the Cecil County Health Department and the Maryland Department of Health and Mental Hygiene.

Heart Disease and Stroke

Each fiscal year the Union Hospital Stroke Program facilitates a number of engagement activities in the community to increase education and awareness on decreasing the risk factors of heart disease and stroke, recognizing the signs and symptoms of stroke, and knowing what to do if there is a first occurrence and/or a recurrence. The Stroke Program, with the help of identified Stroke Champions from patient care units, attend health fairs to provide stroke risk assessments, FAST teaching, and smoking cessation counseling; and educate the public through talks in the community.

The Stroke Program Coordinator is also a member of the Cecil County Healthy Lifestyles Task Force and the Maryland Stroke Consortium. In addition, Union Hospital consistently works with the Cecil County Health Department on grants that provide care coordination support for chronic disease, including diabetes and the risk factors of heart disease and stroke.

CHIP Goals and Objectives

Union Hospital's engagement activities support the CHIP's Chronic Disease goals to reduce the morbidity of diabetes (2.1), reduce the mortality from lung cancer (2.2), and reduce the morbidity and mortality of heart disease and stroke (2.3) in Cecil County. Union Hospital's engagement activities also support the following CHIP Chronic Disease objectives:

- 2.1.1 – By June 30, 2019, increase physician practice sites making referrals to chronic disease self-management programs by 2 sites.
  - Engagement Activities
    - Diabetes Education in the Community
    - Diabetes Prevention Grant Activities
    - Diabetes Wellness Program
    - Diabetes Support Group
    - Diabetes Screenings
    - Cecil County Healthy Lifestyles Task Force meeting participation
- 2.2.1 – By June 30, 2017, increase the number of individuals receiving low-dose lung CT screenings by 5%, in order to increase awareness for lung cancer prevention.
  - Engagement Activities
    - Lung Screenings
    - Cecil County Cancer Task Force meeting participation
- 2.2.2 – By June 30, 2019, reduce the prevalence of tobacco use among adolescents by 5% and cigarette smoking among adults by 5%.
  - Engagement Activities
    - Lung Screenings
    - PATCH Activities

        - Cecil County Tobacco Task Force meeting participation
- 2.3.1 – By June 30, 2019, reduce high blood pressure among adults by 5%, in order to reduce the incidence of stroke in Cecil County.
    - Engagement Activities
        - Community Stroke Education
        - Health Fairs
        - Maryland Stroke Consortium participation
        - Cecil County Healthy Lifestyles Task Force meeting participation

As applicable, additional hospital engagement activities may be added to support the Chronic Disease CHIP objectives according to the strategies prescribed to each objective. Applicable data will be reported by Union Hospital Community Benefit.

Union Hospital also has an obligation to support the Cecil County Community Health Advisory Committee (CHAC) as a member organization of CHAC. Union Hospital will support the following CHIP Chronic Disease objectives to the best of its ability in partnership with other CHAC member organizations:

- 2.1.2 – By June 30, 2019, increase the number of sites hosting chronic disease self-management programs by 5 sites.
- 2.1.3 – By June 30, 2019, create 1 county-wide walking program.
- 2.3.2 – By June 30, 2019, increase the percentage of students who eat vegetables one or more times per day by 5%, in order to reduce the incidence of heart disease in Cecil County.
- 2.3.3 – By June 30, 2019, implement a wellness program for one local small business.

Specific data to be collected will be determined by the project lead during the development and implementation phases per objective requiring CHAC Membership support.

Annual Reporting

Annual reporting within the 3-year CHNA reporting cycle will include data captured per engagement activity, as well as any qualitative data from hospital departments and community partners that provide insight into progress on engagement activities. Reporting will support and reflect the recommendations provided by each department's community outreach plan. Departments include the UMNSDC (for diabetes), the Union Hospital Cancer Program (for lung and respiratory disease), and the Union Hospital Stroke Program (for heart disease and stroke). Other hospital departments or committees may also be asked to provide qualitative data for annual reporting.

Data to be collected for the Union Hospital engagement activities is as follows:

- Diabetes
    - **Diabetes Education in the Community.** Presentations, food demos, and health fairs fall into this category. The purpose of these activities is to increase awareness about living a healthier lifestyle and helping to both prevent and manage diabetes in the community. For each of these engagement activities Union Hospital Community Benefit will report the dates of the events, the total number of persons served, and the amount of hospital staff hours contributed.
    - **Diabetes Support Group.** Union Hospital registered dietitians facilitate support group sessions according to topics that support management of the condition. Union Hospital Community Benefit will report dates of the support group sessions, the number of persons served per session, and topics covered.
    - **Diabetes Screenings.** The UMNSDC provides a free diabetic eye screening and a diabetic foot screening two times per fiscal year. Union Hospital Community Benefit will report the dates of each screening, the number of persons screened at each session, the number of abnormal tests requiring follow-up per screening, the number of types of insurances of clients screened, and the amount of hospital staff hours contributed to facilitating each session (including coordination time).
    - **Healthy Lifestyles Task Force Meetings**. Several hospital staff attend meetings each quarter. Union Hospital Community Benefit will report the dates of each meeting, the number of people attending each meeting, and the amount of hospital staff hours contributed to each meeting.
    - **Diabetes Prevention Grant Activities.** The UMNSDC will refer patients to the National Diabetes Prevention Program (DPP) and publicize the availability of the DPP in Cecil County. The UMNSDC will also assist in the development of pre-diabetes screening, testing, and referral procedures for the Union Multi-Specialty Practices and Union Hospital. Finally, the UMNSDC will work with the Cecil County Health Department to increase testing, screening, and referral of patients with pre-diabetes. If the grant is awarded, Union Hospital Community Benefit will work with the UMNSDC and the health department to accurately report data collected during the term of the grant.
    - **Diabetes Wellness Program.** Union Hospital Community Benefit will work closely with the UMNSDC to accurately report data collected according to the tracking of: improvement of enrolled patient A1C levels; outcomes data from follow-up at the 6-month and 12-month intervals; qualitative data on the usage of YMCA memberships; and enrollment confirmations from the health

department or the Department of Community Services for the Living Well with Diabetes workshops.

- Respiratory and Lung Diseases
    - **Lung Screenings.** The Union Hospital Cancer Program follows a strict protocol for the facilitation of the low-dose lung CT screenings to detect early warning signs of lung cancer. This protocol is provided by the Nation Commission on Cancer. The lung screenings are performed as part of the Union Hospital Lung Health Program. Union Hospital Community Benefit will work closely with the Cancer Program to accurately report data collected on screened persons. If possible, Community Benefit will report annually the number of persons screened, the number of abnormal tests requiring follow-up, the types of insurance of the clients, and the amount of hospital staff hours contributed.
    - **Cecil County Tobacco Task Force Meetings.** Several hospital staff attends meetings each quarter. Union Hospital Community Benefit will report the dates of each meeting, the number of people attending each meeting, and the amount of hospital staff hours contributed to each meeting.
    - **Cecil County Cancer Task Force Meetings.** Several hospital staff attends meetings each quarter. Union Hospital Community Benefit will report the dates of each meeting, the number of people attending each meeting, and the amount of hospital staff hours contributed to each meeting.
    - **PATCH Activities.** PATCH activities may be grant funded by the Cecil County Health Department. In the grant-funded cases, Union Hospital Community Benefit will work closely with the health department to accurately report the data collected through the grant activities according to their reporting guidelines. In all other cases, Community Benefit will report the dates of activities, the purpose of the activities, the number of persons served per activity, the amount of hospital staff hours contributed per activity, and any available qualitative data from participants.
- Heart Disease and Stroke
    - **Community Stroke Education.** The Union Hospital Stroke Program Coordinator provides talks in the community to increase awareness on decreasing the risk factors of heart disease and stroke, recognizing the signs and symptoms of stroke, and knowing what to do if there is a first occurrence and/or a recurrence. For these talks Union Hospital Community Benefit will report the goal number of talks to be given during each fiscal year, the dates of actual talks given, the number of people in attendance per talk, the topics covered, and the amount of hospital staff hours contributed per talk (including coordination time).

- **Health Fairs.** Union Hospital Stroke Program and the Stroke Champions from the patient care units attend many health fairs to provide stroke education, stroke risk assessments, and smoking cessation counseling to participants. Union Hospital Community Benefit will report the goal number of health fairs to be attended during each fiscal year, the dates of actual health fairs attended, the amount of hospital staff hours contributed, the number of people interacted with per fair, the number of stroke risk assessments and FAST teaching provided per fair, and the number of smoking cessation contacts made per fair.
- **Cecil County Healthy Lifestyles Task Force Meetings**. Union Hospital Community Benefit will report the dates of each meeting, the number of people attending each meeting, and the amount of hospital staff hours contributed to each meeting.
- **Stroke Consortium.** The Union Hospital Stroke Program Coordinator attends the Maryland Stroke Consortium meetings several times during each fiscal year. She is also invited to give presentations about her work in the field. Union Hospital Community Benefit will report the dates of the meetings, the number of people in attendance per meeting, the amount of hospital staff hours contributed per meeting, and if presenting, the topic of the presentation (including coordination hours contributed).

Determinants of Health

Union Hospital is currently engaged in activities that help support the homeless population in Cecil County. This segment describes these engagement activities and explains how they support the CHIP goals and objectives. In addition, this segment provides data to be collected and reported annually during the 3-year CHNA reporting cycle.

Engagement Activities

Primarily, hospital supports focus on feeding the homeless and providing donations of food, clothing, and personal items to them. As there is a large homeless population in the county, there are many avenues from which to provide this type of in-kind support. Union Hospital staff finds these activities fulfilling. Staff takes ownership of these activities by building teams to coordinate initiatives and rally the whole hospital to participate in events like drives, individual donations of clothing and personal items, soup kitchen support, serving with the winter Rotating Shelter, food donations, providing Backpacks for the Homeless, and participating in the Point in Time Homeless Survey.

CHIP Goals and Objectives

Union Hospital will continue to provide these types of support activities each year, and while they may not directly reduce the prevalence of homelessness and poverty, staff posits that

these activities are important components of reducing barriers to accessing the most basic of human needs. This being said, Union Hospital individually will not have a specific role in meeting the CHIP Determinants of Health objectives for reducing the burden of poverty (3.1) and the prevalence of homelessness (3.2) in Cecil County, but the hospital will participate within its capacity as member of the Cecil County Inter-Agency Council on Homelessness (CCIACH) to help support the following CHIP objective:

- 3.2.1 – By June 2018, expand services and interventions for homeless individuals/families to decrease prevalence of homelessness in Cecil County by 10%. Services/interventions will be based on three tiers, including: 1) emergency/immediate assistance, 2) intermediate/short-term assistance, and 3) longer-term assistance geared toward those experiencing chronic homelessness.

Strategies for this objective that the CHIP requests the CCIACH membership (subcommittees not included) to support include:

- 1. Related to all tiers: implement a county-wide coordinated assessment system for efficient linkage to services and housing options for all.
- 3. Related to all tiers: seek funding for or develop case management/ housing search services whose sole eligibility criteria is that of being homeless.

Union Hospital will support these strategies to the best of its ability in partnership with other member organizations. Representatives from Union Hospital will continue to serve on the CCIACH each fiscal year.

As applicable, additional hospital engagement activities may be added to support the Determinants of Health CHIP objectives according to the strategies prescribed to each objective. Applicable data will be reported by Union Hospital Community Benefit.

Annual Reporting

Union Hospital Community Benefit will report qualitative data describing progress made on this CHIP Determinants of Health objective and its strategies, as well as data pertaining to the dates of CCIACH meetings, the number of persons in attendance per meeting, and the amount of hospital staff hours contributed to each meeting.

In addition, Union Hospital Community Benefit will report the following data according to each homeless support activity provided by Union Hospital staff (outside of the CHIP objectives and strategies):

- **Drives.** Union Hospital Community Benefit will report the amount of hospital staff hours contributed to developing and implementing the drive, as well as receiving and

delivering drive items collected. If applicable, Community Benefit will include any qualitative data on feedback from receiving locations and the number of persons served by each donation.

- **Individual Donations of Clothing and Personal Items.** Union Hospital Community Benefit will report the amount of hospital staff hours contributed to individual donations made to area homeless providers and the dates of each donation.
- **Soup Kitchen Support.** There are several soup kitchens in Cecil County and Union Hospital Community Benefit will report the dates of service, the amount of hospital staff hours contributed, and the number of persons served per event.
- **Rotating Shelter.** Union Hospital Community Benefit will report the dates of service, the amount of hospital staff hours contributed per date of service, and the number of persons served per date of service.
- **Food Donations.** Union Hospital Community Benefit will report the coordinating hours of the Food Services staff that collect and distribute food donations from the hospital. In addition, Community Benefit will report dates of the food delivery, including total food costs and the number of persons served by each donation.
- **Backpacks for the Homeless.** Hospital Nursing staff coordinates this program. Backpacks contain donated toiletries, gently used clothing, and seasonal items (gloves, hats, scarves), which are given to identified homeless patients upon their discharge from the hospital. These backpacks provide support for these patients as they return to the community, often to outdoor camps or other unsafe or exposed living conditions. Union Hospital Community Benefit will report the coordinating hours contributed by hospital staff to this program, as well as other participating hospital staff hours. If possible, Community Benefit may also report the total number of patients served during the fiscal year.
- **Point in Time Homeless Survey.** The Point in Time Homeless Survey provides a snapshot of the homeless population residing in Cecil County during a winter month. The survey is mandated by the Department of Housing and Urban Development (HUD). As a member of the CCIACH, Union Hospital will support this effort, providing volunteer staff when feasible to help facilitate the survey. Union Hospital Community Benefit will report any hospital staff hours contributed to this initiative, the dates of the survey facilitation, and the number of persons served (an estimate may be provided if the confirmed total from HUD is not available by the hospital's reporting deadline).

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depending on the type of data available and how often the activities are monitored during the fiscal year to produce data. Union Hospital Community Benefit will work closely with each hospital department to maintain as much consistency as possible for data collection and reporting.

APPENDIX A – MARYLAND SHIP

The following pages contain a status update on how well Cecil County is doing in achieving SHIP goals. Data is provided for Cecil County and Maryland according to each of the 39 SHIP measures.

Cecil County 2015 SHIP Update

CECIL COUNTY HEALTH DEPARTMENT

Focus Area	Measure	MD 2017 Goal Met	Progress*
Healthy Beginnings	Infant death rate	🟢	⬇
	Babies with Low birth weight	🟢	⬆
	Sudden unexpected infant death rate (SUIDs)	🔴	⬇
	Teen birth rate	🔴	⬆
	Early prenatal care	🟢	⬇
	Students entering kindergarten ready to learn	🔴	⬆
	High school graduation rate	🔴	⬆
	Children receiving blood lead screening	🔴	⬆
Healthy Living	Adults who are a healthy weight	🔴	⬆
	Children and adolescents who are obese**	🔴	⬇
	Adults who currently smoke	🔴	⬆
	Adolescents who use tobacco products	🔴	⬆
	HIV incidence rate	🟢	⬇
	Chlamydia infection rate	🟢	⬇
	Life expectancy	🔴	⬆
	Increase physical activity	🔴	⬇
Healthy Communities	Child maltreatment rate**	🔴	⬆
	Suicide rate**	🔴	⬇
	Domestic Violence	🔴	⬇
	Children with elevated blood lead levels	🔴	⬇
	Fall-related death rate	🟢	⬇
	Pedestrian injury rate on public roads	🟢	⬇
	Affordable Housing	🟢	⬇
Access to Health Care	Adolescents who received a wellness checkup in the last year	🔴	⬆
	Children receiving dental care in the last year	🔴	⬇
	Persons with a usual primary care provider	🟢	⬆
	Uninsured Emergency Department Visits	🟢	⬆
Quality Preventive Care	Age-adjusted mortality rate from cancer	🔴	⬇
	Emergency Department visit rate due to diabetes	🔴	⬇
	Emergency Department visit rate due to Hypertension	🔴	⬇
	Drug-induced death rate**	🔴	⬆
	Emergency Department Visits Related to Mental Health Conditions**	🔴	⬆
	Hospitalization rate related to Alzheimer's or other dementias	🟢	⬆
	Children (19-35 months old) who receive recommended vaccines	No data	No data
	Annual season influenza vaccinations	🔴	⬆
	Emergency Department visit rate due to asthma	🟢	⬇
	Age-adjusted mortality rate from heart disease	🔴	⬇
	Emergency Department Visits for Addictions-Related Conditions**	🔴	⬆
	Emergency Department visit rate for dental care	🔴	⬇

* Most recent year of data vs. previous year of data

** Current priorities of Cecil County's Local Health Improvement Coalition

Legend			
🟢	Measure met the MD 2017 Goal	# of measures met	12 measures
🔴	Measure did not meet the MD 2014 Goal	# of measures not met	26 measures
		no data	1 measure

Focus Area: Healthy Beginnings

SHIP Measure: Infant Death Rate

Infant mortality rate per 1,000 live births				
	2010	**2011**	**2012**	**2013**
Cecil	5.9	8.8	4 (Count Only)	6.3
Maryland	6.7	6.7	6.3	6.6

HP 2020 Target: 6.0 MD 2017 Goal: 6.3

Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Babies with Low Birth Weight

Percentage of live births that are a low birth weight (2500 grams or less)				
	2010	**2011**	**2012**	**2013**
Cecil	7.8	8.7	7.7	6.9
Maryland	8.8	8.9	8.8	8.5

HP 2020 Target: 7.8 MD 2017 Goal: 8.0

Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Sudden Unexpected Infant Death Rate (SUIDs)

Rate of sudden unexpected infant deaths (SUIDs) per 1,000 live births					
	2005-2009	**2006-2010**	**2007-2011**	**2008-2012**	**2009-2013**
Cecil	0.94	1.11	0.98	1.01	1.04
Maryland	0.95	0.93	0.92	0.93	0.89

HP 2020 Target: 0.84 MD 2017 Goal: 0.86

Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Teen Birth Rate

Rate of births to teens ages 15-19 years (per 1,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	32.1	32.3	28.7	22.8
Maryland	27.2	24.7	22.1	19.3

MD 2017 Goal: 17.8

Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Early Prenatal Care

Percentage of pregnant women who receive prenatal care beginning in the first trimester				
	2010	**2011**	**2012**	**2013**
Cecil	75.5	79.0	79.1	76.5
Maryland	56.9	62.4	65.7	61.9

HP 2020 Target: 77.9 MD 2017 Goal: 66.9
Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Students Entering Kindergarten Ready to Learn

Percentage of students who enter Kindergarten ready to learn				
	2010-2011	**2011-2012**	**2012-2013**	**2013-2014**
Cecil	80.0	78.0	74.0	80.0
Maryland	81.0	83.0	82.0	83.0

MD 2017 Goal: 85.5
Source: Maryland State Department of Education (MSDE)

SHIP Measure: High School Graduation Rate

Percentage of students who graduate high school in four years					
	2009-2010	**2010-2011**	**2011-2012**	**2012-2013**	**2013-2014**
Cecil	80.5	83.2	84.1	86.7	88.6
Maryland	82.0	82.8	83.6	85.0	86.4

HP 2020 Target: 82.4 MD 2017 Goal: 95.0
Source: Maryland State Department of Education (MSDE)

SHIP Measure: Children Receiving Blood Lead Screening

Percentage of children (aged 12-35 months) enrolled in Medicaid (90+ days) who received a blood lead screening			
	2011	**2012**	**2013**
Cecil	42.0	43.7	51.9
Maryland	65.8	65.6	66.2

MD 2017 Goal 69.5
Source: Maryland Medicaid Service Utilization

Focus Area: Healthy Living

SHIP Measure: Adults Who Are a Healthy Weight

Percentage of adults who are at a healthy weight			
	2011	**2012**	**2013**
Cecil	25.0	29.7	31.6
Maryland	35.6	36.2	35.8

HP 2020 Target: 33.9 MD 2017 Goal: 36.6
Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) (www.marylandbrfss.org)

SHIP Measure: Children and Adolescents Who Are Obese

Percentage of children and adolescents who are obese		
	2010 (high school)	**2013 (high school)**
Cecil	12.1	13.2
Maryland	11.7	11.0

HP 2020 Target: 16.1 MD 2017 Goal: 10.7
Source: Maryland Youth Risk Behavior Survey (YRBS)

SHIP Measure: Adults Who Currently Smoke

Percentage of adults who currently smoke			
	2011	**2012**	**2013**
Cecil	23.9	23.0	18.0
Maryland	19.1	16.2	16.4

HP 2020 Target: 12.0 MD 2017 Goal: 15.5
Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) (www.marylandbrfss.org)

SHIP Measure: Adolescents Who Use Tobacco Products

Percentage of adolescents who used any tobacco product in the last 30 days		
	2010	**2013**
Cecil	29.4	24.6
Maryland	24.8	16.9

HP 2020 Target: 21.0 MD 2017 Goal: 15.2
Source: Maryland Youth Risk Behavior Survey (YRBS)

SHIP Measure: HIV Incidence Rate

Rate of adult/adolescent cases (age 13+) diagnosed with HIV (per 100,000 population)					
	2009	**2010**	**2011**	**2012**	**2013**
Cecil	6.0	6.0	7.1	5.9	9.4
Maryland	32.0	29.8	26.9	28.7	28.1

MD 2017 Goal: 26.7

Source: Maryland DHMH Infectious Disease Bureau, Center for HIV Surveillance and Epidemiology

SHIP Measure: Chlamydia Infection Rate

Rate of Chlamydia infections per 100,000 population				
	2010	**2011**	**2012**	**2013**
Cecil	182.8	264.7	227.7	249.2
Maryland	458.6	475.1	460.4	464.4

MD 2017 Goal: 431.0

Source: Maryland DHMH Infectious Disease and Environmental Health Administration (IDEHA)

SHIP Measure: Life Expectancy

Life expectancy from birth, in years				
	2008-2010	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	76.9	76.4	77.0	77.3
Maryland	78.7	79.2	79.5	79.6

MD 2017 Goal 79.8

Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Increase Physical Activity

Percentage of adults reporting adequate amounts of physical activity			
	2011	**2012**	**2013**
Cecil	55.2	49.7	39.1
Maryland	48.7	51.8	48.0

HP 2020 Target: 47.9 MD 2017 Goal: 50.4

Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) (www.marylandbrfss.org)

Focus Area: Healthy Communities

SHIP Measure: Child Maltreatment Rate

Rate of children who are maltreated per 1,000 population under the age of 18			
	2011	**2012**	**2013**
Cecil	18.4	20.1	16.5
Maryland	9.3	10.2	9.2

HP 2020 Target: 8.5 MD 2017 Goal: 8.3

Source: Maryland Department of Human Resources (DHR)

SHIP Measure: Suicide Rate

Suicide rate per 100,000 population					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	13.6	12.8	16.8	13.6	15.1
Maryland	8.9	8.7	8.9	8.8	9.0

HP 2020 Target: 10.2 MD 2017 Goal: 9.0

Source: Maryland DHMH Vital Statistics Administration (VSA)

SHIP Measure: Domestic Violence

Rate of domestic violence crimes per 100,000 population				
	2010	**2011**	**2012**	**2013**
Cecil	362.0	416.9	348.1	562.2
Maryland	310.6	312.4	299.3	468.6

Note: In 2013, domestic violence data reporting was expanded to include additional relationships and reflect changes in Maryland law. This change explains the increase in the total number of Domestically Related Crimes reported.

MD 2017 Goal: 445.0

Source: The Maryland Uniform Crime Reporting (UCR) Program

SHIP Measure: Children with Elevated Blood Lead Levels

Percentage of children (0-72 months old) who were tested who had elevated blood lead levels (>10 µg/dL)					
	2009	**2010**	**2011**	**2012**	**2013**
Cecil	0.20	0.00	0.10	0.00	0.30
Maryland	0.4	0.3	0.3	0.3	0.3

MD 2017 Goal 0.28

Source: Maryland Department of the Environment (MDE)

SHIP Measure: Fall-Related Death Rate

Rate of fall-related deaths per 100,000 population					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	7.3	17 (Count Only)	12 (Count Only)	10 (Count Only)	11 (Count Only)
Maryland	7.5	7.7	7.8	8.2	8.4

HP 2020 Target: 7.0 MD 2017 Goal: 7.7

Source: Maryland DHMH Vital Statistics Administration (VSA)

SHIP Measure: Pedestrian Injury Rate on Public Roads

Rate of pedestrian injuries on public roads per 100,000 population					
	2009	**2010**	**2011**	**2012**	**2013**
Cecil	38.7	40.6	22.6	27.5	30.4
Maryland	41.2	40.5	37.3	41.2	39.5

HP 2020 Target: 20.3 MD 2017 Goal: 35.6

Source: Maryland State Highway Administration (SHA)

SHIP Measure: Affordable Housing

Percentage of housing units sold that are affordable on the median teacher's salary				
	2010	**2011**	**2012**	**2013**
Cecil	39.3	46.8	61.3	56.9
Maryland	40.2	48.1	52.8	53.1

MD 2017 Goal: 54.4

Source: Maryland Department of Planning (MDP)

Focus Area: Access to Healthcare

SHIP Measure: Adolescents Who Received a Wellness Checkup in the Last Year

Percentage of adolescents (ages 13-20 years old) enrolled in Medicaid (320+ days) who received a wellness visit during the past year				
	2010	**2011**	**2012**	**2013**
Cecil	47.6	47.2	47.0	49.8
Maryland	51.5	53.4	52.6	54.7

MD 2017 Goal 57.4

Source: Maryland Medicaid Service Utilization

SHIP Measure: Children Receiving Dental Care in the Last Year

Percentage of children (aged 0-20 years) enrolled in Medicaid (320+ days) who had a dental visit during the past year					
	2009	**2010**	**2011**	**2012**	**2013**
Cecil	46.9	51.2	53.5	57.2	53.1
Maryland	52.8	57.1	60.2	62.2	63.3

MD 2017 Goal: 64.6

Source: Maryland Medicaid Service Utilization

SHIP Measure: Persons with Usual Primary Care Provider

Percentage of people who reported that they had a personal doctor or health care provider			
	2011	**2012**	**2013**
Cecil	89.1	80.5	90.9
Maryland	83.0	83.4	79.4

MD 2017 Goal: 83.9

Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) (www.marylandbrfss.org)

SHIP Measure: Uninsured Emergency Department Visits

Percentage of persons without health (medical) insurance					
	2009	**2010**	**2011**	**2012**	**2013**
Cecil	20.1	15.8	12.9	12.2	11.7
Maryland	19.6	17.1	15.8	15.7	15.2

MD 2017 Goal: 14.7

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Focus Area: Quality Preventive Care

SHIP Measure: Age-Adjusted Mortality Rate from Cancer

Age-adjusted mortality rate from cancer (per 100,000 population)					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	220.2	206.0	196.7	188.4	189.4
Maryland	179.3	176.8	171.4	166.8	163.8

HP 2020 Target: 160.6 MD 2017 Goal: 147.4
Source: Maryland DHMH Vital Statistics Administration (VSA)

SHIP Measure: Emergency Department Visit Rate Due to Diabetes

Emergency department visit rate due to diabetes (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	185.4	214.4	212.0	215.8
Maryland	177.3	180.9	194.8	192.1

MD 2017 Goal: 186.3
Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

SHIP Measure: Emergency Department Visit Rate Due to Hypertension

Emergency department visits due to hypertension (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	167.1	209.3	197.7	234.7
Maryland	205.9	226.3	244.1	246.3

MD 2017 Goal: 234.0
Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

SHIP Measure: Drug-Induced Death Rate

Drug-induced death rate per 100,000 population					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	21.6	21.2	27.4	29.5	26.5
Maryland	12.9	12.1	11.9	12.3	13.3

HP 2020 Target: 11.3 MD 2017 Goal: 12.6
Source: Maryland DHMH Vital Statistics Administration (VSA)

SHIP Measure: Emergency Department Visits Related to Mental Health Conditions

Rate of emergency department visits related to mental health disorders* (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	7085.5	9974.8	10570.8	8901.6
Maryland	2780.8	3211.2	3500.6	3318.5

* Diagnoses include adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders.

MD 2017 Goal: 3152.6

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

SHIP Measure: Hospitalization Rate Related to Alzheimer's and Other Dementias

Rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	314.1	264.5	204.2	199.3
Maryland	291.1	267.8	247.6	221.6

MD 2017 Goal: 199.4

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient Data Files

SHIP Measure: Children (19- 35 Months Old) Who Receive Recommended Vaccines

Percentage of children (19-35 months) who received the recommended vaccines					
	2009	**2010**	**2011**	**2012**	**2013**
Maryland	78.0	65.9	78.0	67.1	75.8

Note: There is no county level data available for this measure.

HP 2020 Target: 80.0 MD 2017 Goal: 72.0

Source: Centers for Disease Control National Immunization Survey (NIS)

SHIP Measure: Annual Seasonal Influenza Vaccinations

Percentage of adults who are vaccinated annually against seasonal influenza			
	2011	**2012**	**2013**
Cecil	44.9	42.4	46.4
Maryland	41.0	41.4	44.6

HP 2020 Target: 70.0 MD 2017 Goal: 49.1

Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) (www.marylandbrfss.org)

SHIP Measure: Emergency Department Visit Rate Due to Asthma

Rate of emergency department visits due to asthma per 100,000 population				
	2010	**2011**	**2012**	**2013**
Cecil	42.1	44.7	42.9	43.6
Maryland	68.3	70.2	75.3	69.4

MD 2017 Goal: 62.5

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

SHIP Measure: Age-Adjusted Mortality Rate from Heart Disease

Age-adjusted mortality rate from heart disease (per 100,000 population)					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	224.5	210.9	199.7	191.8	193.8
Maryland	196.8	193.0	181.5	174.9	171.7

HP 2020 Target: 152.7 MD 2017 Goal: 166.3

Source: Maryland DHMH Vital Statistics Administration (VSA)

SHIP Measure: Emergency Department Visits for Addictions-Related Conditions

Rate of emergency department visits related to substance abuse disorders* (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	1538.6	2121.9	2234.8	2057.6
Maryland	1122.4	1237.5	1398.2	1474.6

*Diagnoses include alcohol-related disorders and drug related disorders

MD 2017 Goal: 1400.9

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

SHIP Measure: Emergency Department Visit Rate for Dental Care

Emergency department visit rate related to dental problems (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	1728.5	1690.1	1683.2	1690.1
Maryland	767.5	789.6	816.7	809.0

MD 2017 Goal: 792.8

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Upated:7/14/15

APPENDIX B – CHAC MEETING ATTENDANCE

January 21, 2016 CHAC Meeting Attendance

Name	Organization
Dr. Virginia Bailey	Private Citizen
Beth Creek	Youth Empowerment Source
Gail Elseroad	Cecil County Health Department
Carol Masden	Affiliated Sante Group
Beth Money	Union Hospital of Cecil County
Michelle Ness	Cecil County Public Schools
Gwen Parrack	Cecil County Health Department
Robin Waddell	Cecil County Health Department
Dr. James Ziccardi	Health Care Professional
Janice Gavin	YMCA of Cecil County
Dr. Julie Poludniak	Union Hospital of Cecil County
Denise Lano	Union Hospital of Cecil County
Barbara Bessicks	Union Hospital of Cecil County
Denise Crowl	On Our Own of Cecil County
Ken Collins	Cecil County Health Department
Gregg Bortz	Cecil County Health Department
Mike Massuli	Cecil County Health Department
Mary Ellen Rapposelli	Cecil County Health Department
Karl Webner	Cecil County Health Department
Sara Smith	Cecil County Health Department
Mary Lynn Devlin	Union Hospital of Cecil County
Julia Bopst	State Representative
John Bennett	Private Citizen
Daniel Coulter	Cecil County Health Department
Jean-Marie Donahoo	Union Hospital of Cecil County
Dr. Henry Farkas	Health Care Professional
Stephanie Garrity	Cecil County Health Department
Shelly Gulledge	Cecil County Health Department
Laurie Humphries	Cecil County Health Department
Stacy Kortas	Cecil County Health Department
Nancy Larson	Union Hospital of Cecil County
Lyndsey Scott	Cecil County Health Department
Judith Rodemich	Cecil County Health Department
Chris Barclay	Cecil County Health Department
Rod Kornrumpf	Union Hospital of Cecil County

Jerry Truitt	Cecil County Health Department
Linda Tull	Cecil County Department of Community Services
Jen Vanlandingham	Cecil County Health Department
Cameron England	On Our Own of Cecil County
Carol Taylor	WIN/ Word of Faith
Marianne Redding	Cecil County Health Department
Tahia Glanton	Cecil County Health Department
Bonnie Ryan	Cecil County Health Department
Kathleen Martineau	Cecil County Health Department
Dr. Joe Weidner	Health Care Professional

March 16, 2016 CHAC Meeting Attendance by Work Group

Behavioral Health Work Group

Name	Organization
Lisa Joyce	Serenity Health
Joshua Grollmes	Serenity Health
Karl Webner	Cecil County Health Department
Shelly Gulledge	Cecil County Health Department-CSA
Rickette Ragland	Cecil County Department of Corrections
Ken Collins	Cecil County Health Department
Daniel Coulter	Cecil County Health Department- Moderator
Richard Brooks	Cecil County Department of Emergency Services
Lisa Smith	On Our Own of Cecil County
Denise Crowl	On Our Own of Cecil County
Robert Wilson	Upper Bay Counseling
Michael Massuli	Cecil County Health Department
Allison Russell	Cecil County Department of Social Services CAC
Janet Forney	Student
John Bennett	Private Citizen

Chronic Disease Work Group

Name	Organization
Beth Money	Union Hospital of Cecil County
Linda Tull	Cecil County Department of Community Services
Lyndsey Scott	Cecil County Health Department
Jen Padgett	Cecil County Health Department
Jean- Marie Donahoo	Union Hospital of Cecil County- moderator

De'Anna Collins	Cecil College
Mary Ellen Rapposelli	Cecil County Health Department
Chris Barclay	Cecil County Health Department
Dr. James Ziccardi	Health Care Professional
Judi Rodemich	Cecil County Health Department

Determinants of Health Work Group

Name	Organization
Gwen Parrack	Cecil County Health Department
Sonny Tenrey	Private Citizen
Rich Bayer	Upper Bay Counseling
Matt Donnelly	Elkton Police Department
Earl Grey	Cecil Housing
Carolyn McQuiston	Elkton Presbyterian Church
Gladys Lacey	Meeting Ground
Mike Brandon	Paris Foundation
Dotty Fritz	Immaculate Conception School
Chris Wiley	Meeting Ground
Tahia Glanton	Cecil County Health Department-CSA
Lori Goldsmith	Deep Roots
Pat Marks	Meeting Ground
Laurie Loveless	Elkton Presbyterian Church
Robanne Palmer	Elkton Community Kitchen/ Meeting Ground
Kathy Chamberlin	Elkton Community Kitchen
Jeffrey Wineholt Sr.	Private Citizen
Senise Daughtry	Meeting Ground
Gregg Bortz	Cecil County Health Department

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