Allegany County
Community Health Needs Assessment

Western Maryland Health System and Allegany County Health Department

December 2013

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Background

The Patient Protection and Affordable Care Act and the Health Care Education Reconciliation Act (known together as the Affordable Care Act) mandated the development of a National Prevention and Health Promotion Strategy and require non-profit hospitals to conduct a community health needs assessment in conjunction with public health entities every three years. These requirements are codified as Internal Revenue Code.

The vision of the National Prevention Strategy is "Working together to improve the health and quality of life for individuals, families and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness." The National Prevention Strategy recognizes that social, economic, and environmental factors all influence health. Many of the strongest predictors of health and wellbeing fall outside of the healthcare setting. State and local government, businesses, community organizations, and community members are encouraged to partner on the Strategy.

The Maryland Health Care Reform Coordinating Council (HCRCC) was created to advise the State government on efficient and effective implementation of federal health care reform. HCRCC directed the Maryland Department of Health and Mental Hygiene to develop a State Health Plan in coordination with hospitals under the Health Services Cost Review Commission. HCRCC recommended development of interconnected state and local strategic plans to achieve improved health outcomes. Maryland's Health Improvement Plan 2011-2014 provided a framework to support improvements in the health of Marylanders and their communities.

National and State plans include engaging partners, aligning policies and programs, utilizing evidence-based research and best practices, and ensuring accountability. The community health needs assessment guides decision making for the community and allows Allegany County to engage effectively with state and federal initiatives. The community health needs assessment is used to develop a Local Health Action Plan.

The Allegany County Health Department and the Western Maryland Health System (WMHS) lead community health needs assessment efforts. The Allegany County Health Department works to promote health in Allegany County and WMHS is a Total Patient Revenue hospital and the only hospital in the county, providing a unique opportunity to impact community health. 72.5% of WMHS patients are Allegany County residents.

Description of Community Served: Allegany County Overview

Allegany County is located in rural Western Maryland and has a population of 75,087. The county is part of the Appalachian region and has low education levels, limited racial diversity, a large elderly population, and low household incomes. Allegany County and its service providers are impacted by being in a tri-state region which includes Pennsylvania and West Virginia. However, with the majority of patients residing in Allegany County it is the focus of the community health needs assessment. A table of demographic and key data along with sources can be found in the Appendix.

Allegany County is 51.7% male and 48.3% female. A smaller percent of the population is under 5 years old (4.7%) than in Maryland (6.3%). A larger percent of the population is 65 years and older (17.8%) than in Maryland (12.7%). There is less racial diversity in Allegany County than in the U.S.; 89.2% of the population is white, 8% is black, and 1.4% is Hispanic or Latino.

The average household size is 2.25 and 35% are single parent households compared to the U.S. benchmark (20%). The median household income in Allegany County is well below the U.S. median ($37,952 vs. $70,017), and 15.2% of individuals are living below the poverty line compared to 8.6% in the U.S. The percentage of Allegany County children living in poverty (25%) is higher than the Maryland rate (14%) and the U.S. benchmark (14%).

In Allegany County and the surrounding areas: 29% of employees work in management, business, science, and arts; 22% work in service; 24% work in sales or office jobs; and 15% work in production, transportation, and material moving. 16% of Allegany County residents travel outside of the county to work. As of November 2013, the unemployment rate in Allegany County was 7%.

While 88% of Allegany County adults have a high school diploma, the county has only 15.9% of adults with a bachelor's degree or higher compared to 35.6% in Maryland. In addition, 11.3% of Allegany County residents age 16 and over are illiterate.

Catholic Healthcare West and Thomson Reuters developed the nation's first standardized Community Needs Index (CNI). It identifies the severity of health disparity in every zip code in the U.S. and demonstrates a link between community need, access to care, and preventable hospitalizations. CNI gathers data about the community's socio-economy including barriers related to income, culture/ language, education, insurance, and housing. A score of 1.0 indicates a zip code with the lowest socio-economic barriers and 5.0 represents a zip code with the most socio-economic barriers. The closer to 5 the more community need there is in a zip code. A comparison of CNI scores to hospitalization shows a strong correlation between high need and high use. In fact admission rates for the most highly needy communities are over 60% higher than communities with the lowest need.

In Allegany County, the areas of highest need are 21532 (Frostburg) at 4.0 and 21502 (Cumberland) with a CNI of 3.8. Other high need areas include 21562 (Westernport) and 21521 (Barton) at 3.6. The area with the lowest need is 21557 (Rawlings) with a CNI of 2.2.

Additional data on health status, lifestyle choices, and access to care are included in the Prioritized Community Health Needs section of this report.

Process and Methods for Community Health Needs Assessment

Review of FY12-14 Cycle

As part of the three year cycle, progress on the Local Health Action Plan and its impact on the community needs were assessed. The Community Health Needs Assessment, report, and data from the FY12-14 cycle can be found on www.alleganyhealthplanningcoalition.com. The identified priorities from this cycle were ranked as follows from most to least important:

1. Tobacco Cessation (especially during pregnancy)
2. Obesity
3. Access to Care and Providers
4. Emotional and Mental Health (suicide rate and self-diagnosed depression)
5. Substance Abuse (alcohol and drugs)
6. Screening and Prevention (diabetes, hypertension, cancer)
7. Heart Disease and Stroke
8. Health Literacy
9. Healthy Start (prenatal care)
10. Dental
11. Cancer

12. Immunizations (flu)
13. Chronic Respiratory Disease

In January 2013 the Allegany County Health Planning Coalition (Coalition), reassessed the baseline goals and measures for these priorities. A table of the measures and progress indication can be found in the Appendix. Some improvement was seen with: Tobacco Use during Pregnancy, Access to Care, Behavioral Health, Infant Mortality and Cancer Mortality. Measures that worsened include: Drug induced deaths, ED visits for hypertension and diabetes and Heart Disease Deaths. As with the County Health Rankings, some of the local measures did not have comparable data available. This is mainly due to changes in the data collection process for the Behavioral Risk Factor Surveillance Survey.

In addition to the overall goals, the Coalition assesses the action steps every six months to evaluate the level of progress and posts a progress report on the website. When discussing the findings, the Coalition determines if revisions are needed. To date progress has occurred with physical activity in the schools, access to primary care, opportunities for social support, prescription disposal, and alcohol awareness. Efforts continue with access to dental care for uninsured adults and health literacy.

Current Cycle

During the last fiscal year of the Local Health Action Plan, WMHS & ACHD began the community health needs assessment for the next three year cycle. The Local Health Action Plan (LHAP) Workgroup consists of representatives from the Allegany County Health Department and Western Maryland Health System and is responsible for facilitating the needs assessment process. As noted, the first step was to review the 2013 update of existing data points for our 13 priority areas, as well as SHIP updates for the county. Problem areas and trends identified through County Health Rankings (refer to Appendix) and Community Commons were also reviewed. In this review, both health status indicators and causative factors were considered.

Data sources from the last needs assessment were reviewed and utilized to clarify issues. An updated source list can be found in the Appendix. NCI Cancer Profiles were checked to assess changes in cancer incidence, and there were no significant outliers found for Allegany County. The top ten reasons for ED visits and hospital admissions at Western Maryland Regional Medical Center during FY13 were compared to FY11. Though there were some changes, trends will need to monitored over time. Several sources of demographic data were reviewed and there were no significant changes to report. Although not available at this time, the LHAP Workgroup will obtain and review data from the following sources: Workforce Development Plans (AHEC & WMHS-2014), Transportation Survey (Fall 2014), and Network of Care (DHMH). The data and needs identified are detailed in the Prioritized Community Health Needs section.

With consideration of magnitude, severity, and level of need for the most vulnerable populations, a list of the most prevalent community health needs was drafted. With a desire to prioritize and focus on coordinated results, the workgroup discussed strategies for streamlining the process. It was agreed to sort the needs under three main themes; access & socioeconomics, healthy lifestyles & wellbeing, and disease management. Access & Socioeconomics since social determinants have been found to be key drivers in health status, Healthy Lifestyles and Wellbeing as leading causes of chronic disease, and Disease Management since chronic diseases lead to the most expensive care and have greatest return on investment if improvements can be made.

It was agreed that this framework would allow for consideration of both outcomes and root causes. By using overarching themes it is expected that there will be more collaboration across the continuum, less program specific focus, more consistent education, and increased community wide engagement.

Input from Community & Public Health Experts

Eighteen data points were shared with the Coalition and they prioritized the needs based on community capacity to act, feasibility of having a measurable impact, resources already focused on the issue, and root cause connections. After obtaining input from the Coalition, information regarding health status indicators, causative

factors, and trends were discussed with various community organizations and residents. A final list of needs and data points was approved by the Coalition in November 2013. Evidence-based practices and efforts to date were also shared, and participants were asked to identify what they think are the most promising practices for our community. A sample feedback form and list of key contacts can be found in the Appendix.

The presentation and focus groups included the following:

- September 24: WMHS Community Advisory Board (Kim Leonard)
  - Provided overview on process and methods to be used
  - Minutes available with details of 13 community representatives and 6 WMHS members of management.

- October 16: Chamber Economic Development Committee (Becky Ruppert)
  - Highlighted connection between health, education and economic development.
  - Chamber of Commerce agreed to support efforts.
  - Minutes available listing 10 participating business representatives.

- October 21: Decatur Heights Neighborhood Group (Frances Cook)
  - 8 residents from underserved neighborhood, including representing low income and minority populations
  - Access & Socio-economics was greatest need area noted.
  - Interested in Community Health Workers, prescription assistance, and a centralized source of information.

- October 22: Cumberland Ministerial (Rabbi Stephen Sniderman)
  - 12 faith based leaders from various locations and religions.
  - Interested in Food Security & Resource Coordination, Recruitment Support and Interfaith options, Tai Chi and offering tobacco cessation at sites.

- October 22: Board of Health (Commissioner Mike McKay)
  - Minutes available with complete list of 23 participants. Allegany County Commissioners are the official Board of Health (Mike McKay, Bill Valentine and Creade Brodie).
  - Interested in mental health and dental health (mini-MOMs).

- October 24: Community Partners (Dr. Sue Raver)
  - A summary of the 24 feedback forms collected from community partners can be found in the Appendix.
  - The main needs cited in descending order were: access/socio-economics, healthy lifestyle and behavioral health.
  - Role for the Coalition: Promote, support, develop, coordinate, publicize programs and services; provide a network of ideas, solutions, collaboration; and provide centralized planning and implementation for improving the health of area residents
  - The partners also provided input on Promising Practices which was compiled and shared with the Coalition.

- October 24: WMHS Board of Directors (John Davis, DDS)
  - Minutes of the meeting are available listing which Directors were present.
  - Expressed support for Ruby Payne Training on the culture of poverty.
  - Requested forms be returned (behavioral health and physical inactivity identified as concerns by respondents).

- October 30: Public Forum was promoted widely but only attracted one participant.
    - The retired community member identified dental, physical inactivity and diabetes as key needs.

In December 2013, the LHAP Workgroup reviewed input from these focus groups and drafted a plan framework, with priorities in rank order and recommended evidence-based approaches to address the needs. This draft plan with key strategies and action steps will be presented to the Coalition in January for review and feedback. Based on the Coalition's feedback the LHAP workgroup will draft an update Local Health Action Plan including metrics, partners, and timeframes for approval in March 2014. Final edits will be made and then the plan will be submitted to the WMHS Board of Directors and Allegany County Health Planning Coalition for final approval by June 2014. Implementation will occur starting July 1, 2014 and extend through June 30, 2017.

Prioritized Community Health Needs

Using the process previously described, updated data for the needs identified during the FY12-14 cycle were reviewed. Highlights included:

- Lifestyle

Lifestyle and behavioral risk factors substantially contribute to health. According to the Community Health Status Reports from the U.S. Department of Health and Human Services, half of all deaths can be attributed to these factors. In Allegany County unhealthy behaviors including tobacco use, substance abuse, and low levels of physical activity contribute to poor health outcomes.

- Tobacco and Alcohol Use

The Healthy People 2020 goal for adult smoking is 12% or less. According to the County Health Rankings (University of Wisconsin) adult smoking in Allegany County dropped from 26% to 24% in 2012 and remained at 24% in 2013. The U.S. benchmark for excessive drinking is 8%. In Allegany County 16% of adults drank excessively in 2011 and in 2013 this dropped to 15% (County Health Ranking -University of Wisconsin). In Allegany County, 37.2% of Medicaid eligible pregnant women report using tobacco during pregnancy. This is more than double the Maryland rate (19.7%) and well above the target level of less than 9%.

- Physical Activity and Social Support

According to the County Health Rankings (University of Wisconsin) 30% of adults in Allegany were not engaging in any leisure time physical activity in 2011 and in 2013 this increased to 32%. Based on the same source 20% of adults in Allegany County were without social and emotional support in 2011 and in both 2012 and 2013 this has dropped to 19%.

- Chronic Disease Risk Factors

The Centers for Disease Control and Prevention (CDC) define obesity as adults with a body mass index of 30 or above. By this measure, 31% of Allegany County adults are obese, an increase since 2011 and higher compared to 28% of Maryland adults. Obesity is associated with increased risk of heart disease, stroke, type 2 diabetes, and certain types of cancer. According to SHIP (2012) age-adjusted death rates (rate per 100,000) for heart disease (259.8 County vs. 182 MD) and cancer (184.4 County vs. 170.9 MD) are higher in Allegany County than in Maryland. The rates of ED visits for hypertension (231.6 County vs. 222.2 MD) and diabetes (385.6 County vs. 314.6 MD) are also higher in Allegany County than Maryland.

- Behavioral Health

Severe depression was the sixth most prevalent reason for hospital admission in 2011 and remains such in 2013. People who report depressive symptoms often experience higher rates of physical illness and higher health care resource utilization. ED visits related to behavioral health conditions decreased in Allegany County

since 2011 but are still above Maryland. SHIP lists Allegany County at 6847 visits per 100,000 population and Maryland at 5522.

- Dental Health

In Allegany County, 61.2% of children (ages 4-20) enrolled in Medicaid have received dental services in the past year which is better than Maryland at 57.1% (SHIP). The local need is focused on adults. Low-income adults without dental coverage are most likely to seek care in the WMHS emergency department for dental pain. Over the last four years, community partners have been able to reduce the number of dental cases in the ED by 12%. However, 32% of adults in the county self-report not being to a dental provider in the past year.

- Disparity

Because the racial minority population is so small in Allegany County, death rates and leading causes of death often cannot be calculated by racial and ethnic groups. Deaths among minority populations reflect what is seen in the overall County population. Low income levels are the greatest influence on disparities in Allegany County.

- Access to Care

13% of Allegany County residents are uninsured and 21.9% receive Medical Assistance. However with the recent expansion of Medical Assistance and health care reform, the uninsured should decrease and the Medical Assistance should increase.

Allegany County is a designated health professional shortage area (HPSA) for primary care for low-income populations, mental health care for Medical Assistance populations, and dental care for low-income populations. With the aging of primary care providers, a need for recruitment has risen as a concern again. A more in-depth assessment is planned by WMHS and Western Maryland AHEC in 2014. Allegany County also needs specialty providers including vascular surgery, urology, as well as dentists willing to provide care for adults with no insurance or Medical Assistance.

- Preventable Hospital Stays

Over the last three years, WMHS has seen a reduction in the readmission rate. In FY13 the average was around 10%. Recent attention by the Governor has been focused on Prevention Quality Indicators and the desire to reduce potentially preventable hospitalizations with quality care for ambulatory care sensitive conditions. Allegany County is above the desired rate in all but one PQI category. Further analysis is being done by WMHS and the ACHD.

- Social Determinants

High rates of poverty are a major contributor to poor health status in Allegany County. According to the Centers for Disease Control and Prevention, there is a direct correlation between lower income and higher rates of premature mortality in the U.S. In 2013, 25% of Allegany County children were living in poverty and the rate of homelessness is increasing (County Health Rankings 2013). Though it is not expected that the percentage of children living in poverty or the level of homelessness will improve based on the Local Health Action Plan alone, these are important factors to monitor. With long term, community-wide engagement, improvements can be made.

Social determinants associated with poverty including limited transportation, unstable/unsafe housing, and limited access to healthy foods affect health outcomes in Allegany County. Healthy People 2020, the evidence-based 10-year agenda for improving the nation's health, recognizes that addressing social determinants is vital to improving health. To improve health outcomes, Healthy People 2020 indicates that we must address socioeconomic conditions, transportation options, and resources to meet daily needs (e.g., safe housing, local food markets).

In Allegany County, 11% of households are without vehicles and transportation represents a barrier to care. 25% of respondents to a 2011 community survey reported missing health and human service appointments due to lack of transportation. Some efforts have been initiated to address transportation and a survey will be repeated in July 2014.

Allegany County has an Appalachian culture that is characterized by valuing self-reliance and distrusting outsiders and formalized medical systems. The Appalachian culture can represent a barrier to care, especially for preventive health services.

Health literacy is another significant barrier in Allegany County. Through a patient survey it was found that understanding forms and medication usage present the biggest literacy barriers.

State Health Improvement Plan- County Profile

In order to enhance the connection between local, state and federal planning, the county profile compiled by the state was reviewed. A copy of the profile can be found at the following link: http://eh.dhmh.md.gov/ship/SHIP_Profile_Allegany.pdf. Of note is the continuing discrepancy between the rate of child maltreatment at the local and state level. The Allegany County Department of Social Services continues to feel this gap is based on a difference in reporting. Though not specifically addressing maltreatment, the Coalition felt that existing need will be covered as part of the domestic violence issue.

Another measure that was of concern, but after further review eliminated from the list of priorities, was the suicide rate in Allegany County (12.4 per 100,000 population) compared to the SHIP Target (9.1). It was decided that the root cause and larger issue was behavioral health and that should be the priority. Several measures from SHIP's County Profile are included in the final priority list for FY15-17, which can be found in the Appendix.

Emergency Department Visits

In FY2013, the top ten emergency department diagnoses at the Western Maryland Health System (WMHS) were:

1. Chest Pain
2. Other Acute Pain
3. Urinary Tract Infections
4. Abdominal Pain
5. Acute Bronchitis
6. Head Injury
7. Sprain of Ankle
8. Headache
9. Syncope and Collapse
10. Vomiting Alone

Chest pain remained on the top of the list and ear infections dropped off the list. No significant changes were noted.

Hospital Admissions

In FY2013, the most prevalent diagnoses for admission to WMHS were:

1. Natural Birth
2. Pneumonia
3. Rehabilitation
4. Cesarean Birth

5. Coronary Atherosclerosis
6. Severe Depression
7. Atrial Fibrillation
8. Osteoarthritis
9. Myocardial Infarction
10. Renal Failure

Natural childbirth remained at the top and there was some reduction in chronic respiratory and congestive heart failure admissions. Severe depression remains at number six.

Identified Priorities

The final list of community health needs ranked in priority order under the three categories is:

Access & Socio Economics

- Children In Poverty
- Primary Care Access
- Dental Access-Adults
- Health Literacy
- Homelessness

Healthy Lifestyles & Wellbeing

- Smoking
- Physical Inactivity
- Healthy Weight
- Domestic Violence
- Fall Related Injury & Death

Disease Management

- Behavioral Health
- Diabetes
- Heart Disease
- Hypertension
- Asthma

The specific data point, county baseline, goal, benchmarks and source can be found in the Appendix.

Existing Resources & Facilities

Strong partnerships exist in Allegany County that assist in addressing community health needs. Organizations are working together to implement a variety of strategies. Western Maryland Health System provides a continuum of care ranging from primary care to nursing home. WMHS offers acute care, a Center for Clinical Resources focused on the individuals with multiple chronic conditions, community health and wellness, clinical prevention, care coordination, home care, Community Health Workers, and provider recruitment. As a Total Patient Revenue hospital it has a vested interest in population health and prevention. The Allegany County Health Department provides screening and prevention programs, family planning, WIC, inpatient and outpatient behavioral health services, mental health care management, dental services, and food and water protection. Many workgroups bring a variety of partners together to address specific needs in the community. Examples include: Making Healthy Choices Easy (obesity and healthy living), Community Wellness Coalition

(integrative wellness), Workgroup on Access to Care (uninsured and underinsured), Mountain Health Alliance (regional adult dental care and workforce development).

In addition to existing partnerships and a culture of collaboration, Allegany has other resources that assist in promoting community health. Allegany County has excellent air quality, a large number of recreational facilities, and a hospital that is larger and provides more services than in many other rural areas. Allegany College of Maryland and Frostburg State University train local health care providers in nursing, psychology, dental hygiene, radiologic technology, respiratory therapy, and other areas and support continuing education for health care professionals. The Western Maryland Area Health Education Center (AHEC) facilitates continuing education and training for health professionals, conducts health workforce development activities, and promotes interdisciplinary health practice. A comprehensive community resource guide was compiled in 2013, and will be distributed by Community Health Workers and posted on the Coalition website.

Over the last three years the Allegany County Health Planning Coalition has continued to develop. Collectively, several grants have been pursued and received, leading to several new initiatives. With funding from the Maryland Community Health Resources Commission, the Coalition launched Healthy Allegany which includes Community Health Worker training and community outreach, a mobility manager and transportation vouchers, cultural competency trainings, as well as efforts to strengthen the Coalition.

In order to strengthen the Coalition, it was determined that key sectors of the community needed to be added including: media, housing, law enforcement, economic development, physical and behavioral health providers, and case management. Representatives from these sectors were identified, recruited and oriented by December 2013. Based on input from the community partners and pending input from the State Ethics Committee, it was determined that a Memorandum of Understanding should be used as the next step for clarifying the relationships among the Coalition and the various partners. The LHAP Workgroup is drafting the MOU and it will be presented to the Coalition and partners for review and editing prior to approval.

As the FY15-17 Local Health Action Plan is developed, key partners will be identified for engagement in the various strategies. For starters, the LHAP Workgroup has identified the best practices underway in the community which may contribute to achievement of the goals and address the priority needs. These include:

- Mountain Health Alliance- efforts to increase dental access especially for adults, as well as provider recruitment and rural medical education.
- Housing initiatives of the Homeless Resource Board and various Housing Authorities.
- Tobacco assessment tools (4P's, SCRIPT, tobacco cessation) by Allegany County Health Department and partners.
- Tracking BMI of elementary school students via school health nurses.
- School Based Violence Reduction efforts with Board of Education, Health Department and other partners.
- Prescriber education and enhanced coordination is being overseen by the Overdose Prevention Task Force.
- Center for Clinical Resources of WMHS focuses on Diabetes, CHF, COPD, anticoagulation, and may be expanding to kidney disease.

The full Local Health Action Plan will be posted to the Allegany County Health Planning Coalition website at www.alleganyhealthplanningcoalition.com. If you have questions, please contact one of the Coalition Co-Chairs, Dr. Sue Raver at 301-759-5000 or Nancy Forlifer at 240-964-8422.

Appendix

Demographic and Key Data

Target Population Allegany County, MD: 75,087 By sex • 51.7% Male • 48.3% Female Average age • 40.9 years • (4.7% under age 5 and 17.8% 65 yrs. and over)	By race & ethnicity • 89.2% White • 8% Black/African Am. • 0.1% Native American • 0.8% Asian • 1.4% Hispanic or Latino Source: US Census 2010
Median Household Income	Allegany County: $37,952 Source: US Census 2010
Percentage of households with incomes below the federal poverty guidelines	Allegany County: 15.2% Source: American Community Survey 2008-2010
Percentage of uninsured people (under age 65)	Allegany County: 13% Source: County Health Rankings –Univ. of Wisconsin 2013 Report
Percentage of Medicaid recipients by County	Allegany County: 21.9% Source: HRSA Area Resource File 2012
Life Expectancy by County.	Allegany County: 77.2 White 80.0 Black Source: SHIP County Profile 2012
Mortality Rates by County	Allegany County: 7,375 per 100,000 age ad Source: County Health Rankings –Univ. of Wisconsin 2013 Report
Limited Access to healthy food.	Allegany County: 17% Source: County Health Rankings 2012 Report
Transportation-Percentage of households without access to vehicles	Allegany County: 11% Source: American Community Survey 2005-2009 5 yr. est.
Illiteracy	Allegany County: 11.3% Source: County Health Rankings 2012 Report
Pop. 25+ With Bachelor's Degree or Above %	Allegany County: 15.9% Source: American Community Survey (2008-2010)
Children living in Single Parent Households %	Allegany County: 35% Source: County Health Rankings 2013 Report
Language Other Than English spoken at home %	Allegany County: 3.8% Source: US Census 2010
Population to Primary Care Provider Ratio	Allegany County: 1746:1 Source: County Health Rankings 2013 Report
Adults who currently smoke %	Allegany County: 24% Source: BRFSS 2008-2010 and County Health Rankings 2013 Report
Inadequate Social Support %	Allegany County: 19% Source: County Health Rankings 2013 Report

Progress Check – January 2013

The status symbol is based on a January 2013 comparison of the updated county data with the 2014 county goal.
Improved ⇔ ***No change*** ***Worsened***

Priority #1: ***Tobacco***

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
Tobacco use by Adults	23.8%	*	21.8%	13.5%	Not available
Tobacco use by Youths	27.5%	*	25.5%	22.3%	Not available
Tobacco Use during Pregnancy	38% (3 yr. avg)	37.2%	36%	19.7 (MD Baseline)	⇧

Priority # 2: Obesity

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
% of Adults who are at a healthy weight	28.4%	*	30.1%	35.7	Not available
% of elementary age children who were in the 95th percentile or higher	20%	20%	13.6%	11.3%	⇔

Priority #3: Access

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
% Persons (under 65)with health insurance (SHIP changed baseline & goal)	85.8%	87.3%	92.3	93.6%	⇧
FTE Needs of PCP and MH providers	**	4.8PCP 3.8MH	5.8 PCP 4.8 MH	**	⇧
% Individuals report missing medical appointments due to transportation	25%	No update	20%	N/A	Not available

** Baseline information not available, goal is based on projected need.

Priority #4: ***Emotional & Mental Health***

	County Baseline	County Update	Local 2014 Goal	MD 2014 Goal	STATUS
Rate of behavioral health related admissions to ED per 100,000 population (SHIP changed baseline & goal-now includes sub. abuse)	7517.9	6846.8	7253.3	5028.3	⇧
Poor Mental Health Days-Average # reported in past 30 days age adjusted	4.2	3.9	3.5	3.3	⇧

Priority #5: Substance Abuse – Alcohol & Drugs

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
Reduce Drug-induced Deaths(Deaths per 100,000 population) Changed baseline	13.3	13.8	12.3	12.4	⇩
% Alcohol-related crashes	6.4*	6.2	5.4	--	⇧

*MCTSA (Maryland Center for Traffic Safety Analysis) / SHA (State Highway Administration)

Priority #6: ***Screening***

	County Baseline	County Update	Local 2014 Goal	MD 2014 Goal	STATUS
Rate of ED visits for hypertension per 100,000 (SHIP changed baseline & goal- MD residents only)	225.1	231.6	214.4	202.4	⬇
Rate of ED visits for diabetes per 100,000 (SHIP changed baseline & goal- MD residents only)	379.6	385.6	363.8	300.2	⬇

Priority #7: ***Heart Disease & Stroke***

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
Age adjusted death rate per 100,000 population from heart disease	256.8	259.8	236.8	173.4	⬇

Priority #8: ***Health Literacy- New measures***

	County Baseline	MD Baseline	Local 2014 Goal	Source
Reduce by 10% the never/sometimes responses regarding providers offering help to remember to take medicines	58%	N/A	48%	Consumer Survey 2012
Reduce by 10% the never/sometimes responses regarding offer to help to complete a form	65%	N/A	55%	Consumer Survey 2012

Priority #9: ***Healthy Start***

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
Infant Mortality Rate per 1000 births (SHIP changed data baseline)	14 count only	12 count only	7.8	6.6	⬆

Priority #10: ***Dental-*** Refer to Access Priority for Goal and Strategies

Priority #11: ***Cancer***

	County Baseline	County Update	Local 2014 Goal	MD 2014 Goal	STATUS
Age adjusted mortality rate per 100,000 population from cancer	190.2	184.4	181.7	169.2	⬆

Priority #12: ***Immunizations***

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
Percentage of children &adults who get vaccinated annually against seasonal flu (SHIP change to include children)	35.5	*	50.5	65.6	Not available

Priority #13: ***Chronic Respiratory Disease***

	County Baseline	County Update	Local 2014 Goal	MD 2014 Goal	STATUS
Rate of ED visits for asthma per 100,000 population (SHIP changed baseline & goal- MD residents only)	68.9	61.6	55.6	49.5	⬆

*Updates pending based on changes to the Behavioral Risk Factor Surveillance Survey.
County 2014 Goals are based on the % difference between the state baseline and the state 2014 goal.

County Health Ranking Progress

Improved | Worsened | No change | If blank-no comparable data

Measures	Allegany 2011-12	Allegany 2012-13
Premature death		
Poor or fair health		
Poor physical health days		
Poor mental health days		
Low birth weight		
Adult smoking		
Adult obesity		
Physical inactivity	x	
Excessive drinking		
Motor vehicle crash death rate		
Sexually transmitted infections		
Teen birth rate		
Uninsured		
Primary care physicians**		x
Preventable hospital stays		
Diabetic screening		
Mammography screening		
High school graduation**		
Some college		
Unemployment		
Children in poverty		
Inadequate social support		
Children in single-parent households		
Violent crime rate		

Source List FY14 Community Health Needs Assessment

Code	Source	Timeframe
1.	American Community Survey	2007-2011 5 year estimates
2.	County Health Rankings (University of Wisconsin)	2012,2013 Reports- Data elements have varied timeframes
3.	Community Need Index (Catholic Healthcare West) Severity of health disparity by zip code based on income, language/culture, education, insurance & housing.	2012- support data elements proprietary to Thomson Reuters
4.	NCI-State Cancer Profiles (Incidence Rate by State & County, Death Rate)	Rate Period 2006-2010, as reported to CDC Cancer Registry
5.	MD Vital Statistics	2007-09 and 2008-2010
6.	Physician Needs Assessment-WMHS Foundation	2011-12
7.	Most Prevalent Diagnoses in ED (WMHS IT)	FY2013
8.	CDC-County/State Data & Trends Diabetes Diagnosed, Physical Inactivity, Obesity	2009
9.	WMHS Inpatient Admissions	FY13
10.	HRSA Area Resource File (County Health Ranking)	2011-12
11.	HRSA Shortage Designation	May 2013
12.	ED use for Dental Reasons (WMHS)	FY13
13.	Transportation Survey (ACHD, WMHS-ED & TSCHC)	July 2011
14.	Community Commons- Maps and Data www.communitycommons.org	2013 various data sources and dates
15.	CDC- BRFSS via Community Commons and County Health Rankings	2006-10 and 2005-11
16.	Health Literacy Patient Survey (Local providers)	2012
17.	Annual Homeless Count- Continuum of Care Group (DSS, HRDC, Shelters, etc.)	Jan 2013
18.	BMI Data- Allegany County Public Schools, Elementary level School Health Nurses	2012-13 school year, annual
19.	SHIP (Maryland DHMH) County Profile	HSCRC data 2010 and 2011

Feedback Form

Name: _____

Organization/Group: _____

Email Address or Phone: _____

Access & Socio Economics	**Healthy Lifestyles & Wellbeing**	**Disease Management**
• Children In Poverty • Primary Care Access • Dental Access-Adults • Health Literacy • Homelessness	• Smoking • Physical Inactivity • Domestic Violence • Fall Related Injury & Death • Healthy Weight	• Behavioral Health • Diabetes • Heart Disease • Hypertension • Asthma

1. **If you had to select one of the identified needs to address which one would it be?**

2. **What is your organization currently doing that successfully addresses these needs?**

3. **How can the Coalition help?**

4. **Please select from each category what you think are the 3 most promising strategies for our community.**

Access & Socio Economics
1. _____
2. _____
3. _____

Healthy Lifestyles & Wellbeing
1. _____
2. _____
3. _____

Disease Management
1. _____
2. _____
3. _____

Allegany County Health Planning Coalition- Community Partners

Name of Organization	Contact
Founding Partners	
Allegany County Health Department	Sue Raver, MD
Western Maryland Health System	Nancy Forlifer
Allegany Health Right	Sandi Rowland
Tri-State Community Health Center	Susan Walter
Western MD Area Health Education Center	Susan Stewart
Allegany Human Resource Development Comm.	Courtney Thomas
County United Way	Mary Beth Pirolozzi
Allegany Board of Education	Kim Green
Advisory Board (those listed above and)	
Media	Joe Caporale (Allegany Radio)
Housing	Steve Kesner
Business/Economic Development	Stu Czapski (Allegany Chamber)
Provider (physical)	Cathy Chapman, CRNP
Provider (behavioral)	Mary Beth DeMartino
Case Management	Casey Sinclair
Law Enforcement	Steve Schellhaus
Affiliates	
Office of Consumer Advocate	Yvonne Perret (Lesa Diehl)
Salvation Army	Jim Dillingham
YMCA	Donald Enterline
Western MD Food Bank	Diana Loar
Local Management Board	Courtney Thomas
Cumberland Ministerial Association	Rabbi Stephen Sniderman
Parish Nursing Program	Joyce Hedrick
Community Unity in Action	Virginia Jesse
Carver Community Center	Tawnia Austin
NAACP	Ava Joubert
University of MD Extension	Kathy Kinsman
Maryland Physicians Care	Terry Hillegas
Priority Partners	Lisa Moran
United Healthcare	Tracy Curry
Fort Recovery	Chip Bosley
Allegany College of Maryland	Linda Atkinson
Allegany Transit	Chris Howard
Express Medical Transporters of Baltimore	Abby Mensinger
Friends Aware	Rhonda Blubaugh
Allegany County Dept. Social Services	Richard Paulman
Associated Charities	Kristan Fazenbaker
Pharmacies	Bill McKay
Drug Abuse Alcohol Council	Chris Delaney
Tobacco Free Coalition	Kathy Dudley
Family Junction	Melanie McDonald
Frostburg State University	Jesse Ketterman
Sheriff's Office	Craig Robertson
Make Healthy Choices Easy	Nancy Forlifer

ACHPC Partners Continued

County Govt-Board of Health	Mike McKay
Park & Recreation Department	Diane Johnson
AC Homeschool	Sheri Witt
Mental Health Advisory Board	Lesa Diehl
Workgroup on Access to Care	Nancy Forlifer
Transportation Advisory Board	Ryan Davis
Dental Society	Diane Romaine or Marc Dinola
Hyndman Health Center	David Stewart/Samantha Walls
Community Wellness Coalition	Marion Leonard
Overdose Prevention Task Force	Becky Meyers

Summary of Input from Community Partners -October 24, 2013

Organization	MAIN OBSERVED NEED – Q1	YOUR ORGANIZATION' S INTERVENTION – Q2	HOW COALITION CAN HELP – Q3
Community Wellness Coalition	Healthy Lifestyles – Healthy weight and Primary care Access	Education on integrative approach to wellness & medicine	Promote integrative wellness to medical and general communities
ACHD - Prevention	Behavioral Health	Services for addictions, mental illness and tobacco cessation & education	Integrate available services and promote health education and awareness campaigns
Community Unity in Action	Behavioral Health – drugs, bullying	Provide mentoring to combat drinking and smoking, and support smart choices	Promote / deliver programs to avoid participation in unhealthy behaviors; Promote/ deliver parenting classes and parental involvement
Tristate CHC	-	Contact the following individuals for current services to address the identified needs: Diane Markwood & Carolyn Thrasher	-
CSA/ LMB	Behavioral Health	Delivers MH First Aid to train the trainers and Provides trainers; Will identify training needs and provide that training for LE officers	Partnerships with community programs; Publicity for efforts; A vehicle for creative exchange of ideas and source of support for new / ongoing initiatives
ACHD (Health Officer)	Healthy Lifestyles	Smoking Cessation; CTG	-
Univ. of MD Extension	Health Literacy	Developing plans to offer workshops on:Smart Choices for Health Insurances; and Preparing for a doctors visit for seniors	Provide promotion of programs and services and support
YMCA	Access & Socio Economics	Family Center – on life skills, non-traditional schooling for teens and parents; Rental assistance for single men & families; Adult literacy classes Financial assistance for participating in healthy activities	Data collection; Decision-makes for prioritizing efforts to improve health; and Community marketing/ Education
ACHD - WIC	Healthy Weight	Provide education and assistance to families regarding healthy eating and active lifestyles – starting with feeding infants and young children	Continue to keep multiple agencies involved in focus areas, no matter what these focus areas are.
AHEC – Pharmacy Caucus	Primary Care Access	Public Safety Commissioners in Frostburg	-
FSU	Healthy Weight (followed closely by Behavioral Health)	Nutritional counseling; Healthy choices at school cafeteria; Access to fitness centers; Educational programs for students	Provide access to resources
DSS	Access & Socio Economics	Cash assistance, food stamps & medical assistance; Welfare to work; Child support enforcement; In-home support for families; Some transportation to access medical care	Provide a data bank to support program developments; Work as a partner/ catalyst to develop family support programs in community
Pressley Ridge	Integration of Physical & MH	Delivers MH assessment, diagnosis and treatment	Add resources medical and dental to mental health to provide access to screening and identification of physical

			needs; Link people to medical resources
Allegany Radio	Behavioral Health – Smoking, Domestic Violence, Physical Activity, Primary Care Access	Provides public service announcements (PSA) to some of the topics listed but can do more.	Develop a plan and implement it; Establish dates with goals to monitor progress; Market the coalition to become known in the community; Form groups with an appropriate specialty to focus on given goals
Priority Partners	Healthy Living (weight & exercise)	Offers free health presentations on 22 topics to groups of 5 or more persons in Allegany County. Serve on coalition groups to assist with community event planning, participate in community events with offerings of free health information;	Use Priority Partners Advocate as a resource for the community.
United Health Care	-	Will bring back in 2014 adult dental services	Share collaborative brochures
AHEC – NP Caucus	Decreased provider access	The WMHS Observation Unit provides all discharged patients with an appointment to a PCP.	Collaborate with the hospital to organize a transitional care group.
ACHD – Community Health Planning	Children in Poverty	Provide low cost services – WIC, behavioral health, infants & toddlers, physical health services and wellbeing;	Increase support services for low-income families to improve health and wellbeing – transportation, employment assistance, etc. Link with other organizations serving families (ex. Head Start, DSS, etc.)
ACHD / Med-Transportation	Transportation	Delivers transportation to MA recipients meeting program guidelines; Participates on committee to promote added transportation resources.	Seek transportation resources to attend college classes and travel to place of employment
Tri-County Council for WMD	Children in Poverty & Health Weight	Focus has been on providing funds for transportation for elderly, low-income and disabled	Continue work on establishing a mobility manager program, vouchers and establish a one-stop shop for transit needs. Work with large group of human service agency providers of transportation including the WMHS.
ACHD/ Med-Transportation	Transportation	Delivers transportation to qualified persons with no other means of transportation.	Provide transportation for non-medical needs
Univ. of MD Extension	Healthy Weight & Physical Activity	Delivers programs on nutrition and physical activity for groups and for individuals.	Help publicize existing programs to others.
ACHD - CTG	Healthy Weight	Provides nutrition education to local child care providers and centers (Ex. “Let’s Move!”)	-

Community Health Needs Assessment **(November 2013)**

ACCESS & SOCIO-ECONOMICS

Children in Poverty

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
% of Children<18 living in households with incomes below 200%FPL	24% (2012)	25% (2013)	24%	14% Maryland & US	American Community Survey, 2007-11 : County Health Ranking

Primary Care Access

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
FTE Needs for PCP and MH providers	4.8PCP 3.8MH	Add data from WMHS & AHEC	4PCP 3 MH	N/A	WMHS Physician Needs Assessment 2011-12
Percent of Total Allegany County Population Underserved	25.62%	16.64% (Oct. 2013)	13%	MD 2.44% US 6.16%	US DHHS, HRSA, HPSA: May 2013 Community Commons

Dental Access

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Ratio of People per Dentist	N/A	1,766:1	1677:1	1,587:1 MD	HRSA Area Resource File 2011-12 County Health Rankings
% Adults who self report not having been to dentist or dental hygienist in past year	--	32.13%	28.9%	25.64% MD	CDC Behavioral Risk Factor Surveillance System: 2006-10. Community Commons

Health Literacy

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
% of never/sometimes responses regarding providers offering help to remember to take medicines	58%	N/A	48%	N/A	Local Survey of Patients at WMHS & Area Providers 2012
% never/sometimes responses regarding offer help to complete form	65%	N/A	55%	N/A	Local Survey of Patients at WMHS & Area Providers 2012

Homelessness

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Unduplicated number- Receiving homeless services or known to be homeless or at risk of being homeless	161 (2012)	211 (2013)	243 or less	TBD	Continuum of Care Group (DSS, HRDC, Shelters, etc) Annually in January

HEALTHY LIFESTYLES & WELLBEING

Smoking

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
% Adult smoking	24%	24%	23%	16% MD	BRFSS 2005-11: County Health Ranking

Physical Inactivity

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
% Adults self report physical inactivity	32%	32%	30%	24% MD	CDC 2009: County Health Ranking

Healthy Weight

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
% of elementary age children who were in the 95th percentile or higher	20%	20%	13.6%	11.3% MD	School Health Nurses, ACPS Elementary Level

Domestic Violence

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Rate ED visits related to domestic violence/abuse per 100,000 population	289.0	309.3	300	107.9 MD	(HSCRC 2010)(HSCRC 2011) SHIP OBJ 12

Fall Related ED

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Rate of deaths associated with falls per 100,000 population	15.7	19.3	18.3	7.7 MD	(VSA 2007-09)(VSA 08-10) SHIP OBJ 14

DISEASE MANAGEMENT

Behavioral Health

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Rate of behavioral health related ED visits per 100,000 population	7517.9	6846.8	6352	5522 MD	HSCRC 2010 and 2011 SHIP OBJ 34

Diabetes

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Rate of ED visits diabetes per 100,000	379.6	385.6	363.8	314.6 MD	HSCRC 2010 and 2011:SHIP OBJ 27

Heart Disease

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Age adjusted death rate per 100,000 population from heart disease	256.8	259.8	236.8	182 MD	HSCRC 2010 and 2011 SHIP OBJ 25

Hypertension

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Rate of ED visits for hypertension per 100,000	225.1	231.6	214.4	222.2 MD	HSCRC 2010 and 2011 SHIP OBJ 28

Asthma

Data Point	County Baseline	County Update	County 2017 Goal	Benchmark	Source
Rate of ED visits asthma per 100,000	68.9	61.6	55.6	59.1 MD	HSCRC 2010 and 2011: SHIP OBJ17