



**FREDERICK COUNTY
COMMUNITY
HEALTH
NEEDS
ASSESSMENT
2019**



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Executive Summary

The 2019 Community Health Needs Assessment (CHNA) was conducted by the Frederick County Health Care Coalition (Coalition) to identify health issues in Frederick County and to provide critical information to those in a position to take positive steps that will impact the health of area residents.

The Coalition is a nonprofit organization formed in 2006 in response to a need to coordinate efforts to address barriers to health care access. The Coalition's mission is to promote quality health care in Frederick County through collective impact efforts that engage local organizations and citizenry. A core responsibility of the Coalition is the completion of a periodic assessment that informs and engages the community in health improvement initiatives. The assessment process is repeated every three years to reflect changing local conditions.

A CHNA examines disease and death statistics for the community and compares local outcomes to the state and other benchmarks. The CHNA also identifies available resources to address health issues and resident perceptions about health and social concerns. Finally, a CHNA calls out major health problems and, with input from the public, narrows those health issues into a manageable set of priorities.

The 2019 CHNA analyzed Frederick County health data and input from residents, advocates and community organizations. The Coalition shared the results of the analysis and facilitated public discussion about the findings at the Frederick County Health Improvement Priority Setting Summit on January 15th, 2019. The event concluded with the identification of three health improvement priorities, two* of which were continued from the prior CHNA cycle.

- **Adverse Childhood Experiences* & Infant Health**
- **Behavioral Health***
- **Chronic Conditions**

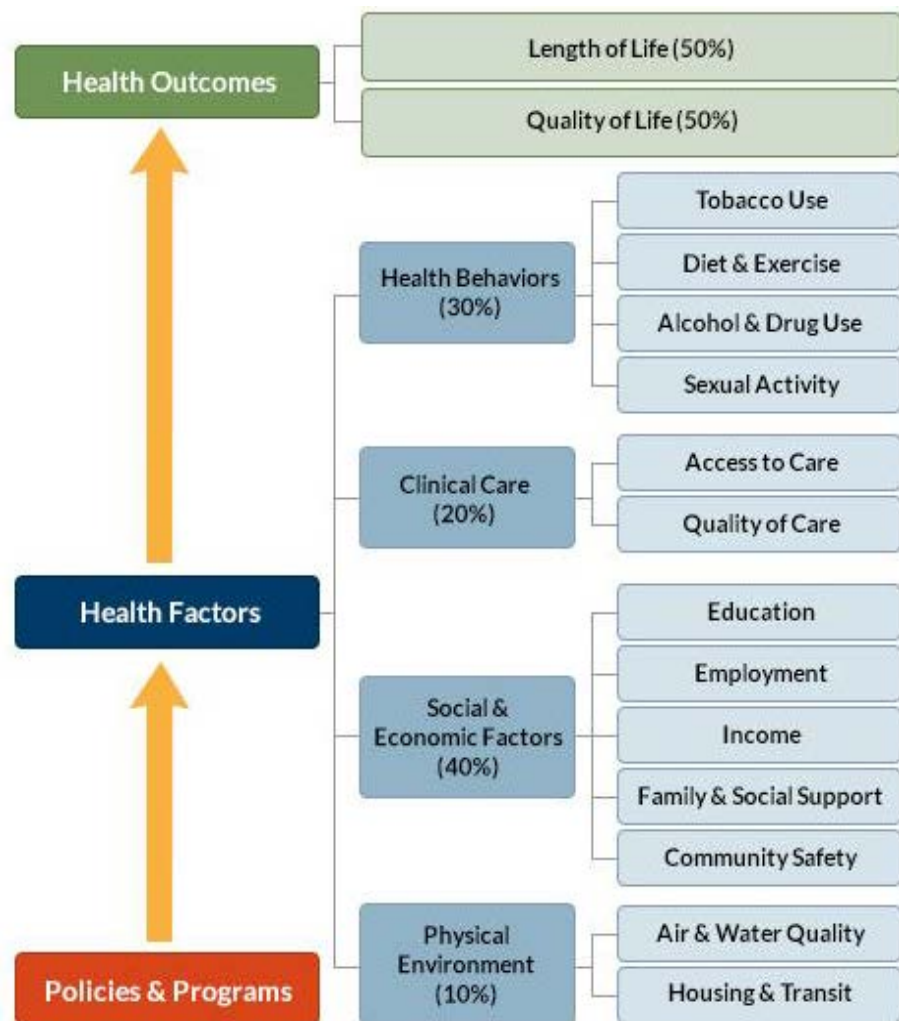
The Coalition has facilitated the formation of three community participant work-groups charged with developing action steps to address each priority. Work plans will include measurable goals, strategies, and responsible parties, and will be compiled into a Local Health Improvement Plan that will be available to the public by Fall 2019. Over the next three years, the Coalition will evaluate the progress of the work groups and will report back to the community on a periodic basis.

Introduction

Good health is more than not being sick or getting routine medical care. The health of an individual, or of a community, is influenced by our personal behaviors, the clinical care we receive, social and economic factors, and where we live. Other factors also impact our health, such as education, safety of the neighborhood, air quality, housing conditions, poverty and employment. These factors are called **social determinants of health**. All these factors together form a complex web in our community and influence our health.

This report includes many health issues that are influenced by social determinants of health. The picture to the right depicts a framework of how influencing factors and health outcomes fit together. [The County Health Rankings](#) are based on a concept of community health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health).

The health issues included in this report (see [Appendix 2](#)) have been organized by this model. This framework is useful in identifying key drivers and where to focus interventions. The model is also helpful for future program design.



The 2019 CHNA was conducted by the Frederick County Health Care Coalition (Coalition), a non-profit organization dedicated to improving the health of Frederick County residents. Coalition board members represent a broad range of health and social service organizations, as well as community volunteers, committed to implementing health improvement solutions.

The CHNA was sponsored by the Frederick County Health Department (FCHD) and Frederick Regional Health System (FRHS). Participation in the CHNA process by FCHD and FRHS fulfills regulatory and accreditation requirements for conducting a periodic community health assessment with public input and participation.

The 2019 CHNA included collation of data from primary (qualitative) and secondary (quantitative) sources. Data analysis identified significant health problems experienced by various geographic sub-areas and resident populations within Frederick County. The CHNA answers the following questions:

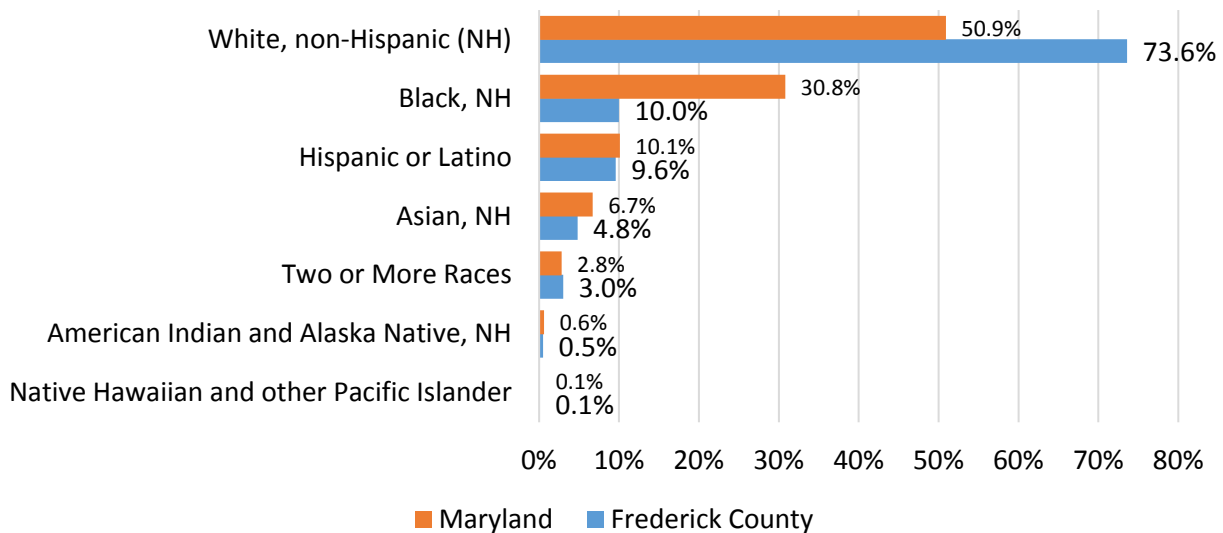
- What are the major causes of illness, injury and death in the community?
- What health issues and behaviors are most concerning to local citizens and community organizations serving Frederick County?
- What barriers and resources exist for residents to achieve better health?

The following report presents the findings of the CHNA and the 2019-2021 health improvement priorities in Frederick County.

Frederick County Community Profile

The service area for this report is Frederick County, MD¹. The county jurisdiction was selected because it constitutes the service area for the health and human service providers who are charged with implementing actions to address priority needs.

Frederick County is located in northern Maryland. In 2018, the County's population was 252,022. Compared to Maryland, Frederick County has a larger population of residents who are White, non-Hispanic than other demographic groups. It should be noted that the County's racial and ethnic composition has continued to change. Minority populations are increasing, creating a need for increased availability of translation and interpretation services and culturally appropriate service providers to meet the health needs of the changing population.



Other Facts about Frederick County Residents:

92.6% are high school graduate or higher (25+ years) **40.5%** have bachelor's degree+

14.1% are 65 years or older **7.5%** have a disability (<65 years)

13.1% speak a language other than English at home **10.2%** are foreign-born

5.5% don't have health insurance (under age of 65) **6.9%** are in poverty

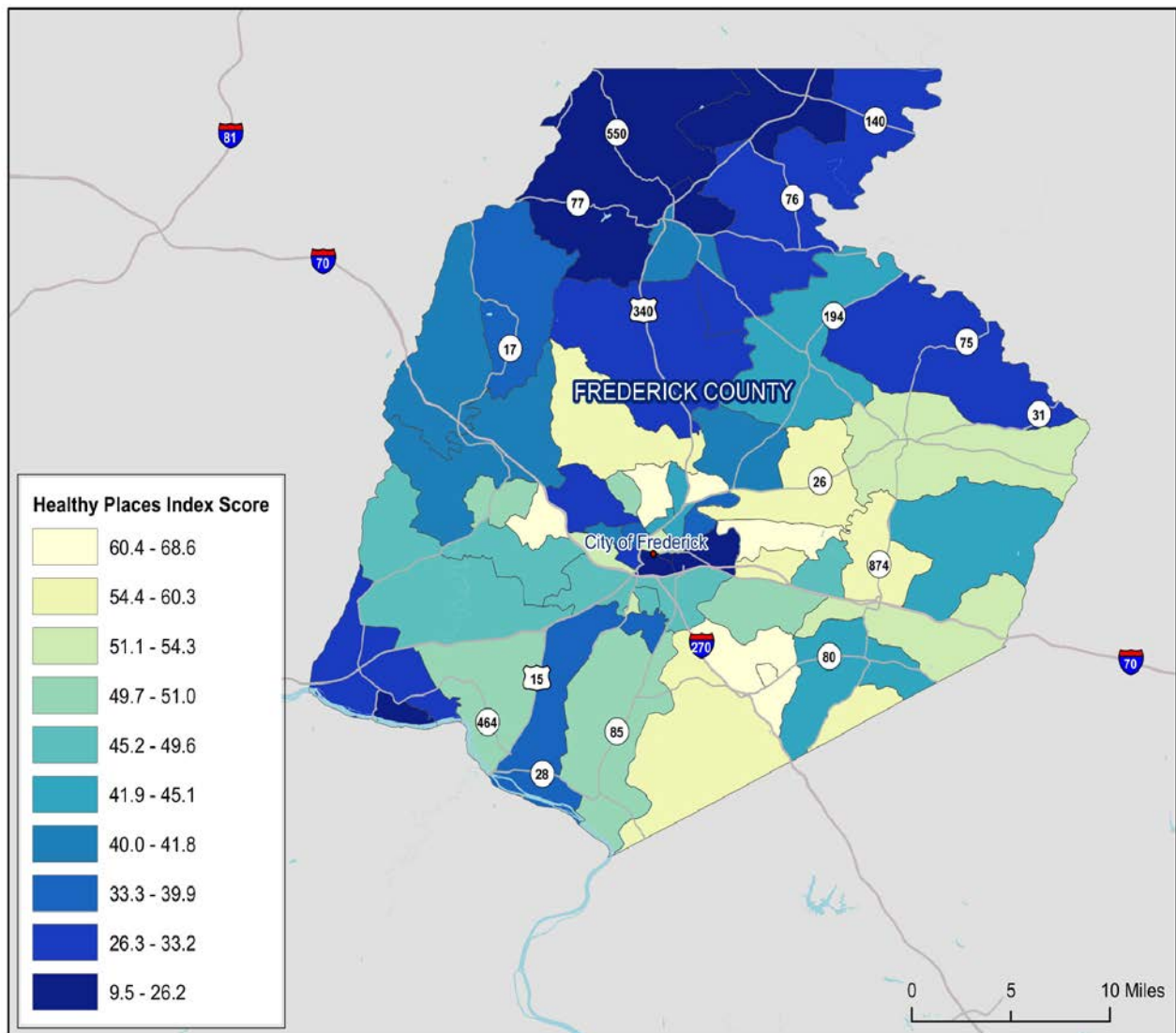
Source: U.S. Census Bureau, QuickFacts: Frederick County, Maryland, population estimates July 1, 2018.

Bolded facts indicate that Frederick County is higher than Maryland; Non-bolded shows Frederick County is lower than Maryland.

¹ Frederick County constitutes the service area for Frederick Memorial Hospital, a sole community hospital and subsidiary of Frederick Regional Health System. The service area represents 86% of all patients discharged for acute care services. The CHNA service area definition meets the regulatory requirement for hospitals participating in a collaborative CHNA.

Our health is impacted by many factors, from personal decisions to eat well and exercise, access to healthy foods, literacy and educational level, household resources, housing, and transportation. Because of these factors, some communities in Frederick County are healthier than others.

The map below shows the Healthy Places Index by census tract in Frederick County. This tool captures a variety of the factors that impact our health. Lighter shaded areas are healthier than darker shaded areas. This map highlights the fact not all communities within Frederick County have the same opportunity to be healthy.



Source: Uneven Opportunities: How conditions for wellness vary across the metropolitan Washington Region, October 2018.
<https://www.mwcog.org/documents/2018/10/26/uneven-opportunities-how-conditions-for-wellness-vary-across-the-metropolitan-washington-region-health-health-data/>

Methodology

The Health Care Coalition formed an ad hoc CHNA Planning Committee comprised of Coalition board members and community partners. This group had oversight responsibility for the CHNA process and reviewed the components as they were accomplished. Additionally, a CHNA Data Sub-Committee was formed to conduct the detailed data analysis, which was then reported to the CHNA Planning Committee. See [Appendix 8](#) for a member listing.

The 2019 CHNA included collation of data from primary (qualitative) and secondary (quantitative) sources. Four inputs were identified for inclusion in the data analysis. Three of the inputs provided insights about the perspective and priority of health issues and social determinants by the Frederick County population. The fourth input was health outcome indicators gathered from reliable public resources, and where possible, included data on health disparities.

The CHNA process began with the distribution of a community survey available to any adult (over 18 years of age) Frederick County resident. The survey was designed to assess respondents' personal health status, health risk behaviors, and preventive health practices. An online and paper version of the survey was distributed between July and August 2018 in English, Spanish, and Vietnamese. Community partners were asked to distribute, communicate and if requested, facilitate completion of the survey. A total of 1,692 surveys were received.

The next step in the CHNA process focused on input from vulnerable and known health disparity populations. Data from the 2016 CHNA indicated that residents of Northern Frederick County (defined as Emmitsburg and Thurmont zip codes) had poorer health outcomes. Disparity data revealed African American and Hispanic residents also had poorer health outcomes. Homeless/low income residents were also identified as a vulnerable population with respect to access to resources. Observation Baltimore, a qualitative research firm, led a moderated discussion with each group in September 2018. A total of 52 community members participated in the focus groups. Participants were recruited by partner organizations that provide services or support to the target populations. The goal of the focus group was to delve deeper into these affected populations in order to learn how to more effectively tailor services and interventions that will result in a reduction in health disparities.

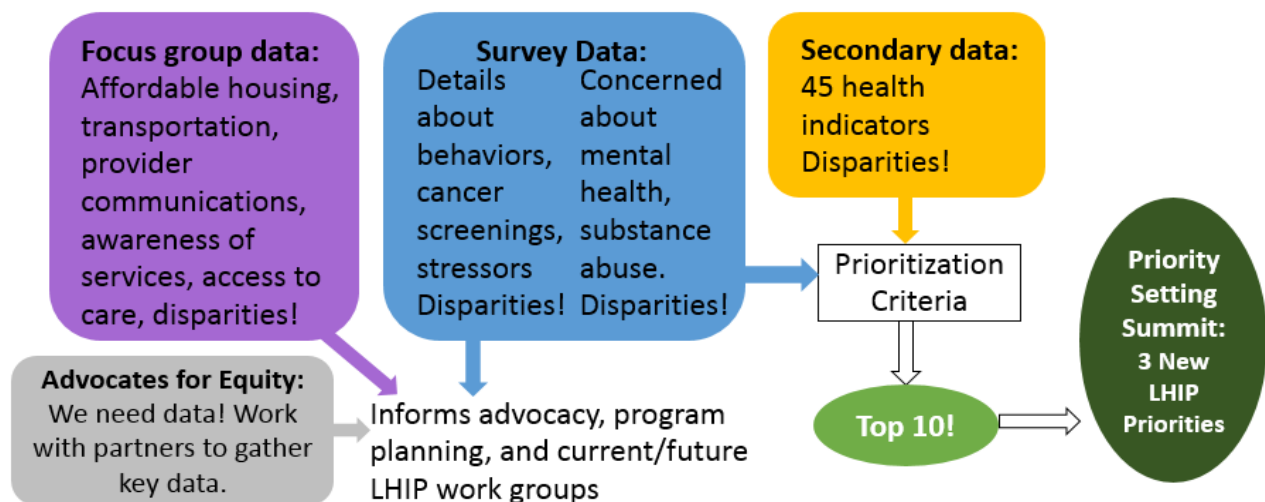
Members of the CHNA Planning Committee expressed a concern that four focus groups may not adequately cover all the vulnerable or target populations within Frederick County. However, data were not available to document health disparities or specific access issues in other populations. This situation provided an opportunity to capture more information for further study going forward. A health equity survey was subsequently developed and distributed, and a total of eight respondents submitted their insights between September and October 2018. The advocates represented ALICE (asset limited, income constrained, employed), disabled, Hispanic, homeless, LGBTQ, seniors, and youth populations.

Secondary data was gathered on 45 health indicators prior to October, 2018. The analysis of community health status described in this report is derived from the following sources:

- Drug and Alcohol Intoxication Deaths in Maryland
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx
- Healthy People 2020 <https://www.healthypeople.gov/>
- Maryland Behavioral Risk Factor Surveillance System (BRFSS) www.marylandbrfss.org
- Maryland Cancer Reports https://phpa.health.maryland.gov/cancer/Pages/surv_data-reports.aspx
- Maryland Department of Health Vital Statistics Annual Reports
<https://health.maryland.gov/vsa/pages/reports.aspx>
- Maryland Youth Risk Behavior Survey (YRBS)
<https://phpa.health.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>
- U.S. Census Bureau: State and County Quick Facts
<http://www.census.gov/quickfacts/table/PST045215/24021>
- Maryland State Health Improvement Process (SHIP) <http://ship.md.networkofcare.org/ph/>
- Maryland Department of Labor, Licensing & Regulations <http://www.dllr.state.md.us/lmi/laus/>
- Metropolitan Washington Council of Government Report. October 2018. Uneven Opportunities: How Conditions for Wellness Vary Across the Metropolitan Washington Region.
<https://www.mwcog.org/documents/2018/10/26/uneven-opportunities-how-conditions-for-wellness-vary-across-the-metropolitan-washington-region-health-health-data/>

Fitting it all Together

The information collected from the four focus groups, Advocates for Equity survey, and the community survey will inform local advocacy efforts and can be used for program planning. Community survey and secondary data were compiled for the prioritization component of the CHNA process. A modified prioritization matrix method was used for prioritization of the data across several criteria in order to narrow down the information into the top ten health concerns.



Progress from 2016 CHNA Cycle

An important aspect of any planning cycle is evaluating the impact of actions completed during the prior planning cycle. This review can offer insight for future cycles, as well as practical takeaways on how to improve the planning process. A summary of key achievements of the 2016 cycle work groups are below²:

- Adverse Childhood Experiences (ACEs)
 - Increased community awareness of ACEs by providing education through avenues such as book clubs, monthly magazine column, movie screenings, and Parent Cafes.
 - 2018 Summit of Intersections conference for licensed behavioral health providers focused on the intersection of Behavioral Health, Intimate Partner Violence, and Substance Use Disorder with ACEs.
 - Effected local private and public funding policy resulting in a minimum of \$440,000 in private sector grants incorporating ACEs as a criteria in the funding decisions over a 3-year cycle and a new funding priority for ACES in County funded community grants.
 - Developed screening tool recommendations and a trauma-focused provider survey which will be implemented during the next cycle.
- Behavioral Health
 - Trained community-based lay educators about available crisis services.
 - Developed and delivered more than 30 presentations on an anti-stigma campaign to increase awareness of how stigma adversely impact efforts to address the issues in the community. Distributed over 35,000 bookmarks and postcards as part of the campaign.
 - Served as a catalyst for the County funding the establishment of a 24-hour detox facility.
- Senior Support
 - Conducted survey of transportation needs and identified existing resources.
 - Through participation with the Frederick County Commission on Aging and the National Aging in Place Council identified resources needed to “age in place” and made recommendations to existing governmental agencies to establish a clearing house.
 - Formed a Transportation and Mobile Care Task Force, which expanded the focus beyond seniors to other groups facing transportation challenges.

Two key findings were identified when evaluating the progress made since the 2016 CHNA. The first is that sustaining community engagement requires consistent support. All work group participants are voluntary and the duration of commitment is three years. In order to sustain involvement, work groups members need consistent support and technical expertise throughout action plan development and implementation. The second finding is that work groups had difficulty measuring the impact of their actions. This does not mean the actions were not impactful, but rather most of the action plans measured process outcomes.

Going forward, work groups will have facilitators to assist with action plan development and ongoing technical support. In addition, work groups will be required to use a logic model in the development of the action plan. The logic model incorporates goals, measurable outcomes, and identification of resource requirements and steps necessary to achieve the goals. United Way of Frederick County will provide logic model training to benefit organizations implementing health improvement solutions.

² See <http://health.frederickcountymd.gov/LHIP> for work group progress reports for the 2016 CHNA.

Community Perceptions and Themes

Community Survey



See [Appendix 7](#) for the survey and [Appendix 1](#) for the detailed results.

Advocates for Health Equity

A major theme from the survey was lack of data, which highlights the need to work together to identify health disparities in order to address them. Frequently mentioned needs based on client service requests included:

- Access
- Transportation
- Mental Health
- Affordable housing
- Affordable health care
- Dental services
- Job
- Substance use treatment

See [Appendix 1](#) for detailed responses.

Focus Groups

Similar themes emerged in the current focus groups as in the 2016 cycle. Newly identified community issues are shown in red.

2016	Current
<ul style="list-style-type: none"> ✓Transportation ✓Health insurance cost ✓Awareness of services at Health Department 	<ul style="list-style-type: none"> ✓Affordable housing ✓Provider communications: reliability, language ✓Transportation ✓Awareness of community services and resources ✓Getting a provider appointment when needed

Housing was an overwhelming top concern – which is consistent with the United Way ALICE Index that shows Frederick County scores poorly on affordable housing. This is even more apparent in the focus group populations, where all but 4% of participants would be considered an ALICE household. Transportation was cited in terms of lack of public options and affordability among North County and Hispanic focus groups. Provider issues emerged prominently in African American and Hispanic focus groups.

The four focus groups identified the following health service needs and obstacles:

Low Inc/Homeless	African American	North County	Hispanic
<ol style="list-style-type: none"> 1. Mental health 2. Dental care 3. Pain Management <p><i>Obstacles:</i></p> <ul style="list-style-type: none"> ▪ Complex eligibility processes for services ▪ Literacy ▪ Insurance acceptance and local network inadequacy 	<ol style="list-style-type: none"> 1. Dental care 2. Reliable mental health providers 3. Health education and training in self-advocacy <p><i>Obstacles:</i></p> <ul style="list-style-type: none"> ▪ Cultural values – delayed care, avoidance of care ▪ Service awareness and insurance coverage 	<ol style="list-style-type: none"> 1. Adequate providers 2. Affordable activity and nutrition options 3. Access to medical supplies <p><i>Obstacles:</i></p> <ul style="list-style-type: none"> • No gym, sidewalks or safe walking paths • No fresh produce at local markets 	<ol style="list-style-type: none"> 1. Vision 2. Dental care 3. Care for elderly 4. Translation services <p><i>Obstacles:</i></p> <ul style="list-style-type: none"> • Language • Cost • Affordable transportation • Insurance acceptance

See [Appendix 1](#) for detailed responses.

Other Community Assessments

Other recent community assessments were reviewed for consideration in the CHNA. Findings and issues emphasized in these assessments are similar to concerns expressed by the public in the CHNA process. These assessments may be useful for the health priority work groups as they identify target populations and design implementation strategies. In addition, the CHNA and these assessments strongly suggest community collaboration on social determinants of health and allocation of resources to fund initiatives to address improvement opportunities.

ALICE: A Study of Financial Hardship in Maryland, 2018 Report

In October 2018, United Way of Frederick County released The ALICE Index, an assessment of the well-being of working families. ALICE collates cost of living indicators such as housing, transportation, food and health care to estimate the annual income necessary for a family to address basic needs in a given community. The purpose of the index is to identify the number of individuals and families in Frederick County who are above the federal poverty line and employed, but unable to afford the basic necessities.

The study identified 32% of households in Frederick County at economic risk. Within the County, the communities of Emmitsburg, Thurmont and Frederick City had the highest percentage of ALICE households. A demographic analysis reveals that all races are at risk of being an ALICE Household, but 69% of single women live in an ALICE household. The survival budget necessary to reside in Frederick County varies from \$31,000 for a single person to \$75,000 for a family with two children. These budget requirements equate to a minimum wage of \$15/hour, which is higher than the state minimum wage requirement of \$10.10.

The two largest cost indicators that lead to an ALICE household are housing costs and transportation – both of which were identified as community concerns by all four focus groups in the CHNA. Potential impacts of living in an ALICE household include stress, food insecurity, absenteeism related to lack of child care and transportation, and increased health care utilization due to delay in care to avoid costs.

<https://www.unitedforalice.org/maryland>

The Community Foundation of Frederick County, 2018 Human Needs Assessment

The Community Foundation of Frederick County is a philanthropic organization that connects people who care with causes that matter to enrich the quality of life in Frederick County. Their funding provides scholarships to students and grants to area nonprofit organizations.

The Foundation completed a Human Needs Assessment in 2018 to guide funding allocations over the next ten years. The assessment included a review of qualitative data and quantitative input from key informants and the public, and identified three priorities:

- Supporting families with children of all socioeconomic backgrounds
- Preparing for a growing elderly population
- Responding to substance use disorder including opioids and alcohol.

Foundation leadership participated in the CHNA Planning Committee and local health improvement health priorities were considered prior to finalizing the human needs priorities. Two of the Foundation priorities - substance use and supporting families with children – directly align with health priorities in the 2019 CHNA. This intersection will facilitate funding for strategies in response to addressing both human and health needs.

<https://www.frederickcountygives.org/Impact-Initiatives/Human-Needs-Assessment-Report>

The Liveable Frederick Master Plan: 2018 Frederick County

Liveable Frederick is a comprehensive plan that aligns what citizens' value about Frederick County within a framework for planned growth. The plan links transportation, public health and jobs to land use decisions, and includes tenants that sustain protection of the environment, historical and cultural assets and an agricultural economy.

Of note, the plan recognizes and sets goals related to improving housing stock and diversity and transportation methods to address the risks identified in the ALICE Index discussed above. The plan also includes a vision for community health with goals for active places and environmental spaces that increase physical activity, healthy food choices and food access, safe built environments, and community support for access to resources, behavioral health, social bonding, child growth and aging.

The plan utilized the same data sources and many of the same public inputs that were involved in the CHNA process. Liveable Frederick goals align and support the identified community health priorities. This alignment will help with community consensus building and potential resource allocation for implementation strategies.

<https://www.livablefrederick.org/master-plan>

Uneven Opportunities: How conditions for wellness vary across the metropolitan Washington Region, October 2018

The Virginia Commonwealth University Center on Society and Health produced a report for the Health Officials Committee of the Metropolitan Washington Council of Governments (MWCOCG). The report was requested by MWCOCG because health status is not uniform across the region. In fact, the statistics of individual neighborhoods vary dramatically. This study examined mortality rates across the region's 1,223 census tracts and found that life expectancy at birth—how long a newborn baby can expect to live—varied by 27 years in the District of Columbia and by 13 years in Frederick County, Maryland. The geographic disparities in health that exist across neighborhoods are shaped largely by the social determinants of health.

Census tract-level data for each area were collected on 48 indicators covering six broad policy action areas, as well as 16 additional indicators to assess the influence of race-ethnicity and immigrant status. The Metropolitan Washington Healthy Places Index (HPI) provides a snapshot measure of the conditions in a census tract that are associated with increased (or decreased) life expectancy. The HPI is useful to anyone interested in learning how local neighborhood conditions influence the health of communities, and it shows that life expectancy in the metropolitan Washington region is shaped less by health care than by the social determinants of health.

Health care is a necessary but insufficient solution to addressing these health inequities. Health is about more than health care. Tools such as the Healthy Places Index can help identify “hot spots” for community and economic development. Long term solutions require targeted interventions and investments in marginalized neighborhoods to improve access to affordable, healthy housing as well as affordable transportation, child care, and health care (e.g., primary care, dental care, behavioral health services).

<https://www.mwcog.org/documents/2018/10/26/uneven-opportunities-how-conditions-for-wellness-vary-across-the-metropolitan-washington-region-health-health-data/>

Prioritization of Health Issues

Frederick County data for 45 health indicators were used to determine the health issues with the greatest adverse impact on Frederick County residents. A modified prioritization matrix was used to evaluate and rank the data. The following criteria were applied:

Item	Definition	Scoring		
		Low (1)	Medium (2)	High (3)
1. Size	Percent of population with health problem	0.01-10% of population	10-25% of population	>25% of population
2. Severity	Seriousness of health problem based on morbidity rates, mortality rates, economic loss, and the degree to which there is an urgency for intervention	Less severe, causes discomfort or acute illness, intervention not urgent	Moderately severe, causes disability or chronic illness, intervention strongly recommended	Very severe, causes death or significant disability, intervention urgent
3. Trend	Has the problem improved, worsened or not changed in recent years?	Trend is improving	Trend is staying the same	Trend is getting worse
4. Impact on others	Does this issue impact the health outcomes and/or is a driver for other conditions?	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes or other conditions
5. Variance vs benchmarks *different scale	How do local rates compare to MD SHIP if available, or HP2020? See Appendix 4 & 5	-1: Local rates are better than the benchmark	0: Local rates are the same as the benchmark or no benchmark available	1: Local rates are worse than the benchmark
6. Community Perception	Has this issue been identified by more than 50% of survey respondents (question 3)		+2 for issues identified by community	
7. Disparity	Are some populations disproportionately burdened? See Appendix 6			+3 if disparity is known

See [Appendix 3](#) for the health indicator scoring using the Prioritization Matrix.

After applying the criteria, the CHNA Planning Committee reviewed the results of the prioritization matrix and narrowed the list of health issues to outcome indicators ranking above 10 points. Related health indicators were combined to produce a final ranking. The following pages show Fact Sheets for each of the top ten health indicators.

Indicators ranked over 10

Health Indicator	Rank
1 Alcohol Use (adolescents)	14
2 Breast Cancer (incidence)	13
3 Syphilis	13
4 Obesity (adolescents)	13
5 Hypertension	12
6 Gonorrhea	12
7 Cancer, all (incidence)	11
8 Overdose deaths	11
9 Melanoma Cancer (incidence)	11
10 Infant mortality	11
11 HIV	11
12 Tobacco Use (adolescents)	11
13 Chlamydia	10
14 Obesity (adults)	10
15 Intentional Self- Harm/ Suicide	10
16 Colorectal Cancer (incidence)	10
17 Low birth weight	10
18 Alcohol Use (adults binge)	10
19 Oral Cancer (incidence)	10
20 Mental Health	10
21 Adverse Childhood Experiences	10

Combinations:

- Top ranking cancers
- STIs (gonorrhea, chlamydia & syphilis)
- Infant health (infant mortality and low birth weight)
- Substance Use (alcohol, tobacco, overdose deaths)
- Adult/teen indicators

Top 10 (with combinations)

Health Indicator	Rank
Cancer (breast 13, all 11, melanoma 11, colorectal 10, oral 10)	55
Substance Use (alcohol-teen 14, overdose deaths 11, tobacco 11, alcohol-adult 10)	46
STI (syphilis 13, gonorrhea 12, chlamydia 10)	35
Obesity (teen 13, adult 10)	23
Infant Health (mortality 11, low birth weight 10)	21
Hypertension	12
HIV	11
Intentional Self- Harm/ Suicide	10
Mental Health (8-30 days not good/month)	10
Adverse Childhood Experiences (ACEs) (3+)	10

Adverse Childhood Experiences (ACEs)

Quick Facts:

- Adverse Childhood Experiences (ACEs) are traumatic incidents in a child's life that cause toxic stress-- especially abuse, neglect, and exposure to violence.
- Toxic stress can build up and overwhelm a child's ability to cope when exposure to adversity happens without healthy support from adults. Toxic stress undermines brain architecture and function, increasing the risk of negative physical and mental health outcomes.
- Having multiple ACEs increases risk for negative behavioral and mental outcomes, chronic disease, and possibly early death.

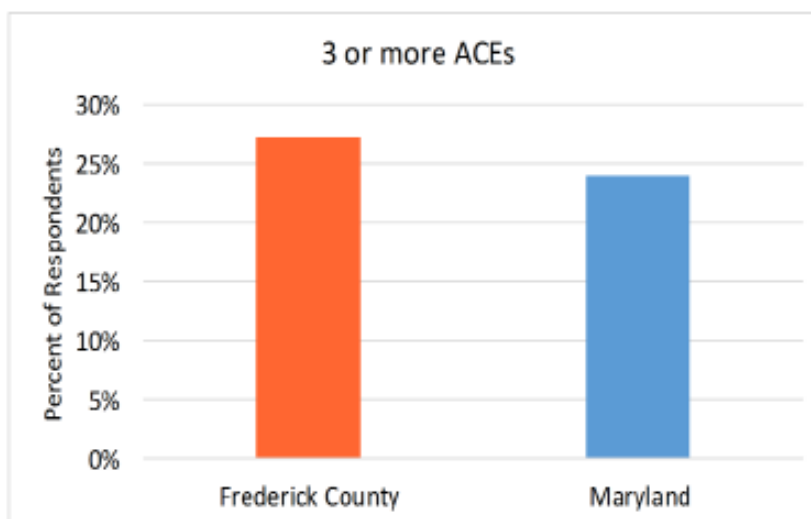


How many people does this affect?

52,578 Frederick County adults with 3+ ACEs or **27.2%** in 2016.

Severity: Moderately severe. Early life impact can cause chronic, generational issues, intervention strongly rec.

Disparity: No Frederick County data available.



Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)

No **Trend** data available

Cancer (breast, melanoma, colorectal, oral)

Quick Facts:

- Complex and interrelated factors contribute to the risk of developing cancers.
- Many cancers are preventable by reducing risk factors and by early screening.
- Cancer continues to be the second leading cause of death in Frederick County.

How many people does this affect in Frederick County?

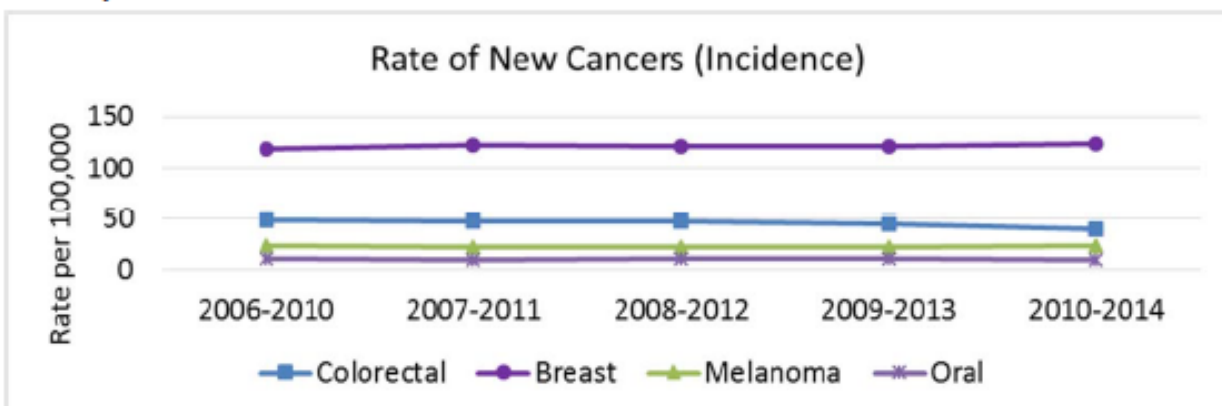
	# diagnosed in 2014	Rate Dx per 100,000	Mortality Rate per 100,000	HP 2020 Goals for Mortality Rate per 100,000
Oral	24	9.5		N/A
Melanoma	58	23.1	2.4	2.4 MET
Colorectal	100	39.5	15.5	14.5 NOT MET
Breast	313	124.2	21.3	20.7 NOT MET

Severity: *Very severe*, causes death or significant disability, intervention is urgent

Disparity:

- Oral: higher in men
- Melanoma: higher in men
- Colorectal: higher in Blacks and men
- Breast: higher in Black women

Trend is: **worsening for breast and melanoma, improving for colorectal, steady for oral**



Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population.

HIV



Quick Facts:

- The human immunodeficiency virus (HIV) is a virus spread through certain body fluids that attacks the body's immune system. If untreated, HIV progresses to acquired immunodeficiency syndrome or AIDS.
- Public perception in the United States about the seriousness of HIV has declined in recent years, but HIV is preventable through testing and treatment.
- An estimated 16% of people with HIV in Maryland are undiagnosed. We have the knowledge and tools needed to slow the spread of HIV infection and improve the health of people living with HIV.

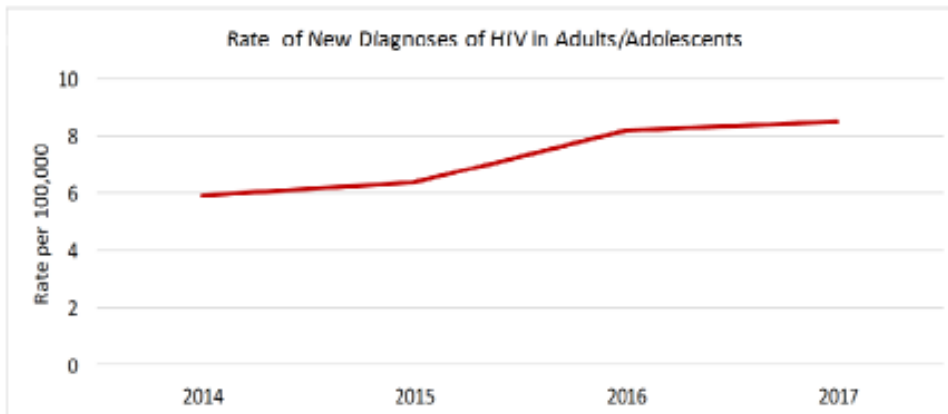
How many people does this affect?

18 adults/adolescents diagnosed with HIV in 2017
or 8.5 per 100,000

MD SHIP Goal:
26.7 per
100,000
MET

Severity: *Very severe, causes death or significant disability, intervention urgent*

Disparity:
• Higher among White men



Source: Maryland Annual HIV Epidemiological Profile

Trend is:
getting worse



Hypertension



Quick Facts:

- High blood pressure is a common and dangerous condition. Having high blood pressure means the pressure of the blood in your blood vessels is higher than it should be.
- Hypertension increases the risk of heart disease, stroke, dementia, and kidney problems

How many people does this affect?

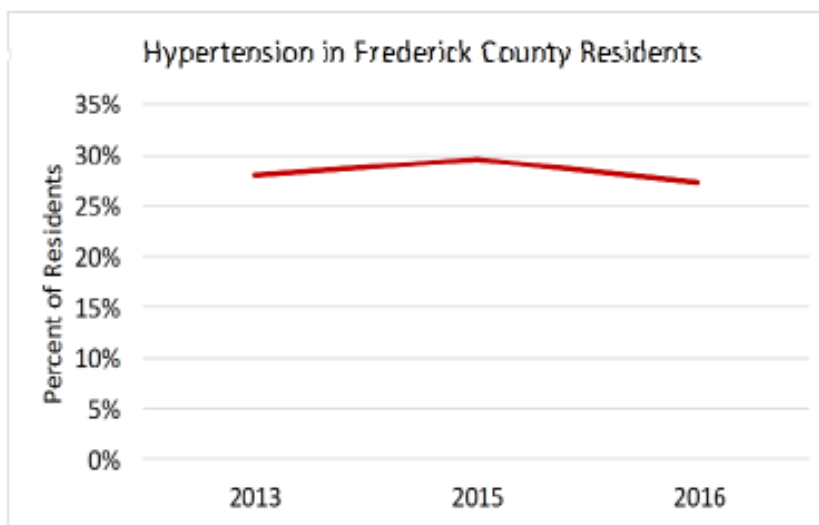
52,578 adults have hypertension or **27.2%** in 2016.

HP 2020 Goal:

26.9%
NOT MET

Severity: *Moderately severe, causes disability or chronic illness, intervention strongly recommended*

Disparity:
No Frederick County data available.



Trend is:
getting better



Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Infant Health (Infant Mortality, Low Birth Weight)

Quick Facts:

- Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.
- Frederick County has better infant health outcomes than Maryland, but experiences significant racial disparities.
- Low birth weight can lead to increased risk of obesity, hypertension, diabetes, and heart disease.
- Low birth weight is defined as weighing less than 2500 grams or ~5.5lbs.

How many people does this affect in Frederick County?

17 infant deaths or **6.3 deaths per 1,000** in 2017

MD SHIP Goal:
6.3 per 1,000
MET

187 infants at low birth weight or **6.9%** in 2017

MD SHIP Goal:
8% - MET

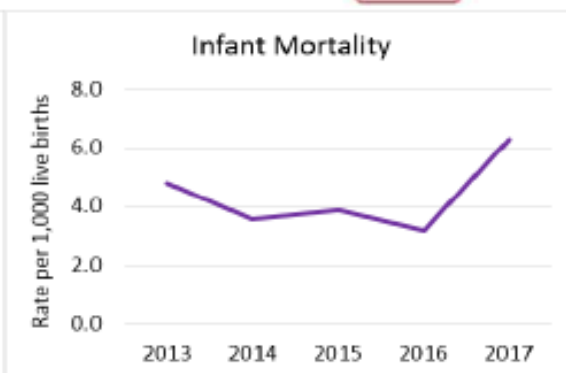
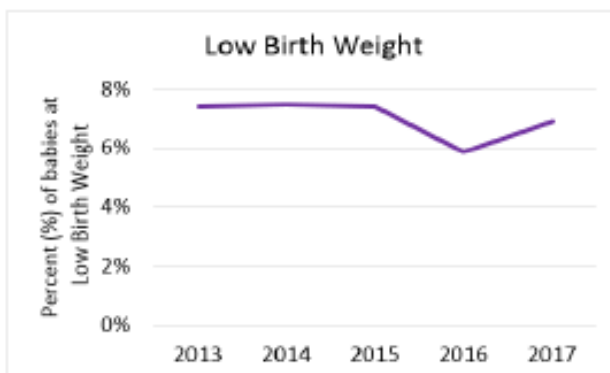
Severity:

Infant mortality: *Very severe*, causes death or significant disability, intervention is urgent
Low birth weight: Moderately severe

Disparity:

- Both higher in Blacks than in Whites

Trend is:
getting worse



Note: different scales on graphs

Source: Maryland Vital Statistics Reports

Mental Health



Quick Facts:

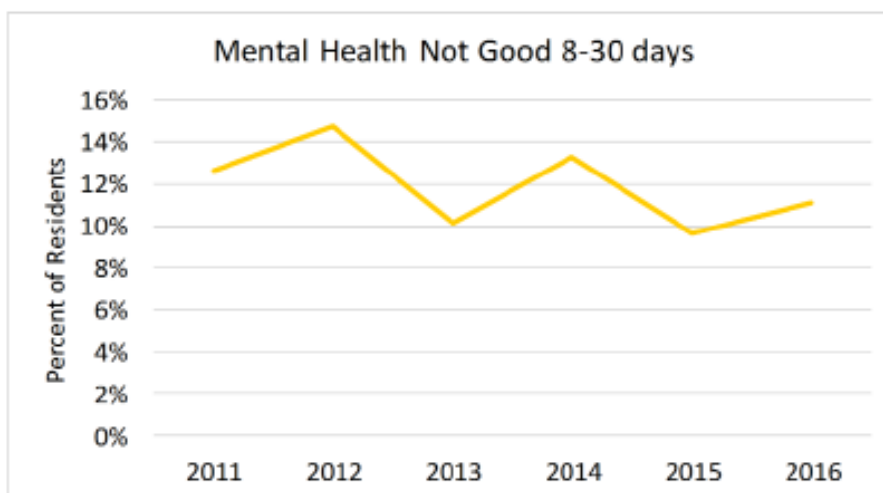
- Mental health is an important part of overall health and well-being and includes our emotional, psychological, and social well-being.
- It helps determine how we handle stress, relate to others, and make healthy choices and is important at every stage of life, from childhood and adolescence through adulthood.
- Poor mental health is linked to higher unemployment, poverty, disability

How many people does this affect?

21,456 adults reported 8-30 days their mental health wasn't good in the last 30 days, or **11.1%** of adults.

Severity: *Moderately severe, causes disability or chronic illness, intervention strongly recommended*

Disparity:
No Frederick County data available.



Trend is:
Overall decreasing, but increased in last year

Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Obesity (Adults and Adolescents)

Quick Facts:

- Diet and body weight are related to health status. Good nutrition is important to the growth and development.
- Individuals who are not at a healthy weight are more likely to:
 - Develop chronic disease risk factors, such as high blood pressure.
 - Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
 - Experience complications during pregnancy.
 - Die at an earlier age

How many people does this affect in Frederick County?

1,232 high school students or 9.6% in 2016

51,611 adults or 26.7 in 2016

HP 2020 Goal:
30.5% - MET

Severity:

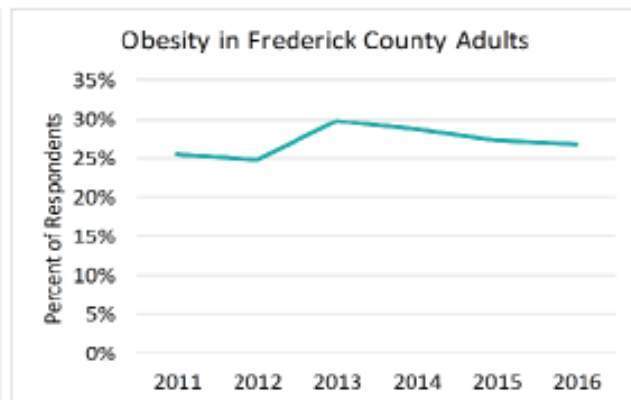
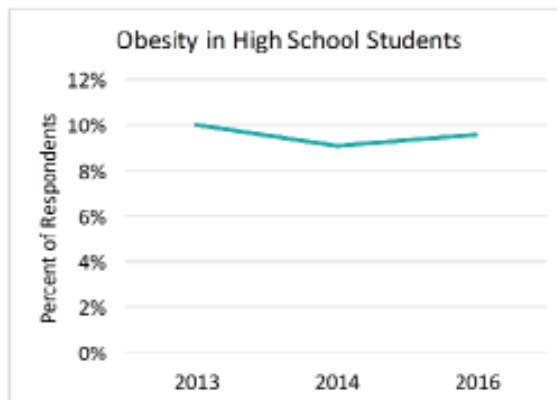
Moderately severe, causes disability or chronic illness, intervention strongly recommended

Disparity:

- Higher in high school boys than girls

Trend is:

getting better



Note: different scales on graphs

Source: Maryland Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey

Sexually Transmitted Infections

(Syphilis, Gonorrhea, and Chlamydia)

Quick Facts:

- STIs are acquired during unprotected sex with an infected partner.
- Untreated STIs can lead to serious long-term health consequences, especially for adolescent girls and young women.
- Frederick County has lower rates than Maryland for syphilis, gonorrhea, and chlamydia.
- Syphilis may lead to dementia, blindness, and deaths.
- Gonorrhea and chlamydia may lead to infertility, pregnancy complications

How many people does this affect in Frederick County?

26 syphilis cases or 1.6 cases per 100,000 in 2017

138 gonorrhea cases or 54.8 cases per 100,000 in 2017

862 chlamydia cases or 342.0 cases per 100,000 in 2017

MD SHIP Goal:

431 chlamydia cases per 100,000
MET

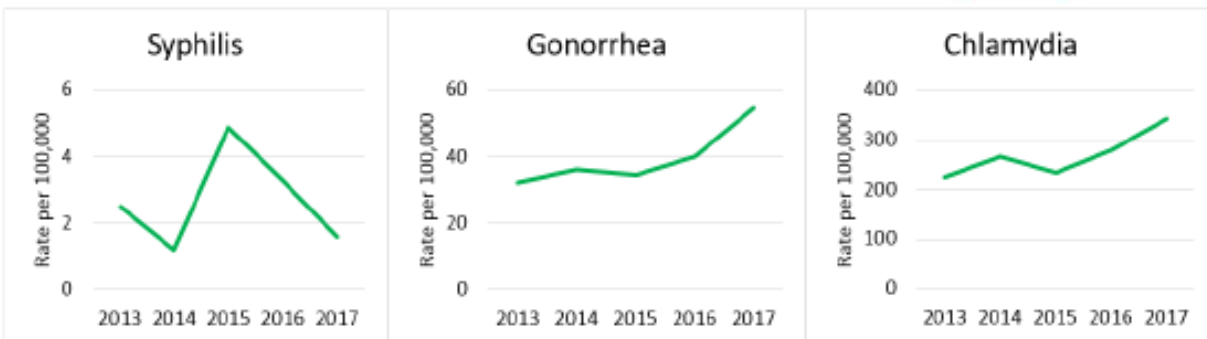
Severity:

Syphilis: *Very severe*, causes death or significant disability, intervention is urgent
Gonorrhea: Moderately severe
Chlamydia: Less severe

Disparity:

- Syphilis: higher in Whites and males
- Gonorrhea: higher in Black and males
- Chlamydia: higher in females

Trend is:
getting worse



Note: different scales on graphs

Source: Maryland Department of Health Reports

Substance Use (Alcohol, Tobacco, Overdose)

Quick Facts:

- Large percentages of the Frederick County population are experiencing substance use.
- Adolescent (teen) use of substances such as alcohol and tobacco can have a significant impact on their lifelong health and wellbeing.
- Drug and alcohol related deaths include any death that was the result of recent ingestion or exposure to alcohol or another type of drug, including heroin, fentanyl, alcohol, cocaine, prescription opioids, etc.

How many people does this affect in Frederick County?

78 people died of drugs/alcohol or **30.9 per 100,000** in 2017 → **12.6 per 100,000 NOT MET***

3,016 high school students use tobacco or **23.5%** in 2016 → **15.2% NOT MET***

4,094 high school students use alcohol or **31.9%** in 2016

37,500 adults binge drink alcohol or **19.4%** in 2016 → **24.2% MET****

*MD SHIP **HP2020

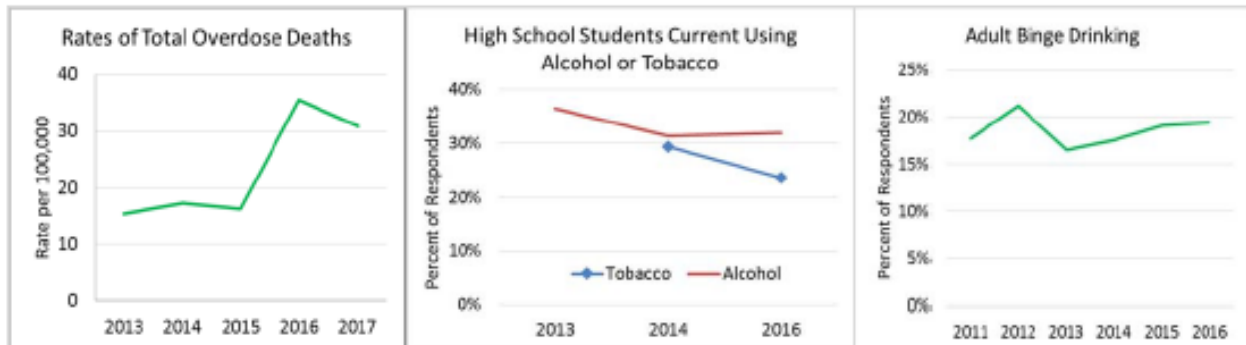
Severity:

Overdose: *Very severe*, causes death or significant disability, intervention is urgent
Tobacco use: *Less severe*
Alcohol use in teens: *Moderately severe*
Adult binge drinking: *Less severe*

Disparity:

- Alcohol and tobacco use in adolescents: higher in males, Black, and Hispanic

Trend is: **overall worsening, some recent improvement**



Note: different scales on graphs

Source: Maryland Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey

Suicide

Quick Facts:

- Suicide/intentional self-harm is the 10th leading cause of death in Frederick County and U.S, and is 12th in Maryland.
- The suicide rate in Frederick County is *higher* than Maryland.



How many people does this affect?

28 suicide deaths in 2017 or **10.3 deaths per 100,000** in Frederick County in 2015-2017

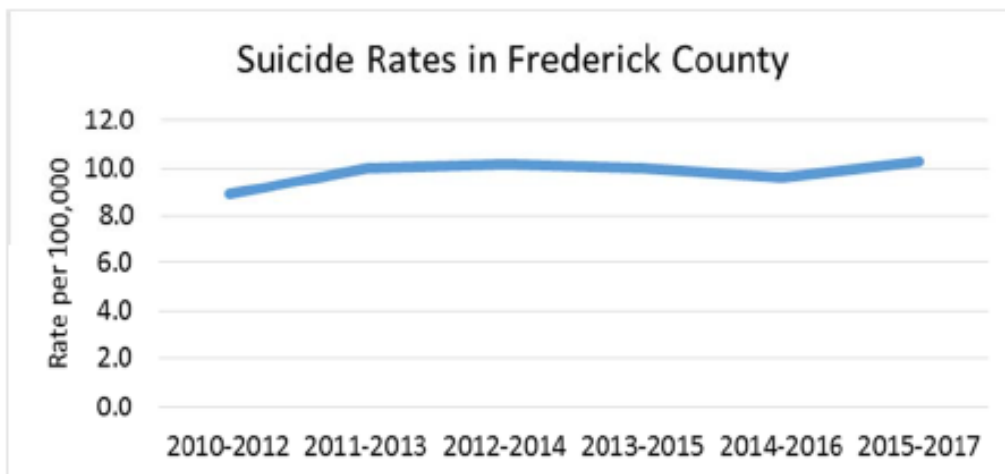
HP 2020 Goal:

10.2 deaths per 100,000
NOT MET

Severity: *Very severe*, causes death or significant disability, intervention urgent

Disparity:

- Suicide rate are higher for *Whites* than Blacks
- Suicide rate are higher for *men* than women



Source: Maryland Vital Statistics Reports

Trend is:
getting worse



2019 Health Improvement Priorities

A Frederick County Health Improvement Priority Planning Summit was held on January 15, 2019 to establish the priorities for local health improvement. Over 130 participants, including elected officials, non-profits, county agencies, healthcare, and community members came together to hear presentations by local subject matter experts on the top ten health issues. Summit participants then completed a readiness assessment to determine the top three health improvement priorities for the next three years using the following questions:

1. Can we see measurable results/change within 3 years?
2. Do we have tangible resources/assets in our community available to address this problem?
3. Is there community support?
4. Could working on this problem support other identified problems?

Participants scored all ten health issues by assigning a point value to the four questions:

1=No/I don't think so 2=Some/Maybe 3=Yes/A Lot

Participants were also asked which topic they were willing to work on. Results were tabulated and reviewed by the group.

Health Topic	Total Score	# Willing to Work on
Substance Abuse	1257	68
ACEs	1249	78
Mental Health	1216	78
Infant Health	1189	45
Hypertension	1147	51
Suicide	1141	56
Cancer	1134	39
Obesity	1101	54
HIV	1011	23
STIs	997	20

Summit participants discussed the assessment findings and opted to combine related health indicators to narrow down the focus to three priorities:

- Adverse Childhood Experiences (ACEs) and Infant Health
- Behavioral Health (including substance use, mental health, suicide)
- Chronic Disease (including hypertension, obesity, cancer, STI's/HIV)

Two of the priorities are continuations from the prior cycle: Behavioral Health and ACEs. These priorities have new focal areas for the current cycle. Infant health has been added to the ACEs priority, and suicide has been added to Behavioral Health priority. Remaining health issues were reassigned a broader category of chronic health conditions, as they are preventable or may be influenced by changes in health behaviors.

Following the priority selection process, participants were offered the opportunity to engage in a work group kick-off process. Participants who expressed an interest in the priority topic were asked to join together to identify work group leaders and to set a timeframe for the first planning meeting. All three workgroups have subsequently begun the implementation planning process.

Community Resources

The following table inventories community resources that may be employed to address the top ten health issues and the 2019 CHNA health improvement priorities.

Priority Area	Community Resources
Adverse Childhood Experiences (ACEs)	<ul style="list-style-type: none"> • Interagency Early Childhood Committee • ACEs work group • Multiple system collaborations • Service Providers
Cancer	<ul style="list-style-type: none"> • Frederick Memorial Hospital Cancer Committee • FRHS Cancer Services (diagnostic, treatment and enabling resources) • FCHD cancer screening program for low income residents
HIV	<ul style="list-style-type: none"> • Frederick HIV Coalition/The Frederick Center • Free HIV testing at locations around community • Home test kits
Hypertension	<ul style="list-style-type: none"> • Bridges Lay Health Educators • Community Health Workers • Faith-Based Communities • Local Non-Profits focused on heart disease
Infant Health	<ul style="list-style-type: none"> • Special Delivery Nurse Home Visiting • Health Families Frederick • Frederick County Infants & Toddlers Program • Frederick County Family Partnership • Community Health Workers • WIC Program • The Judy Center • Safe Kids Coalition • Head Start Advisory Board • Fetal Infant Mortality Review Committee • Substance Exposed Newborns Program
Mental Health	<ul style="list-style-type: none"> • Network of mental health providers, outpatient to residential across age groups • Partnerships between schools, courts, hospitals, healthcare providers and mental health systems
Obesity	<ul style="list-style-type: none"> • Girls on the Run • Livewell Frederick: 5-2-1-0 Program • Frederick County Public Schools nutrition and physical activity policies
Sexually Transmitted Infections (STIs)	<ul style="list-style-type: none"> • Providers trained in case identification and reporting to FCHD
Substance Use	<ul style="list-style-type: none"> • Community drug take-back events • Public school curriculum • Merchant education and enforcement of age restrictions • Overdose response trainings • Syringe services and other harm reduction strategies • Underage Party Hotline
Suicide	<ul style="list-style-type: none"> • 24/7 call center • Suicide awareness, alertness, and intervention trainers providing evidence based trainings • Mental Health Association walk-in program and mobile crisis teams • AFSP Suicide Awareness Walk • Survivor of Suicide Loss group • Frederick Memorial Hospital acute care services (emergency, behavioral health unit, partial hospitalization program) • Training for law enforcement • Existing crisis services collaborations

Conclusions

The picture of Frederick County's health shown in this report is consistent with previous reports, as well as with other health assessments. Overall health in Frederick County is often, but not always, better than in Maryland. Improvements are seen in many health indicators, but chronic diseases like heart disease and cancer remain the leading causes of death. Some populations within Frederick County continue to see poorer health outcomes. Social and environmental issues, specifically affordable housing and transportation, remain top concerns of Frederick County residents.

Working within [The County Health Rankings](#) framework of community health illustrates the connections between health factors and health outcomes. Achieving positive change in the health status of Frederick County is only possible through the collaboration of all community sectors and alignment of effort and resources to focus on common concerns.

Local Health Improvement Plan work groups for each of the three priorities will establish their short and long term goals and objectives in action. These plans will be presented to the community when completed in Fall 2019. Progress reports will be posted for public review at:

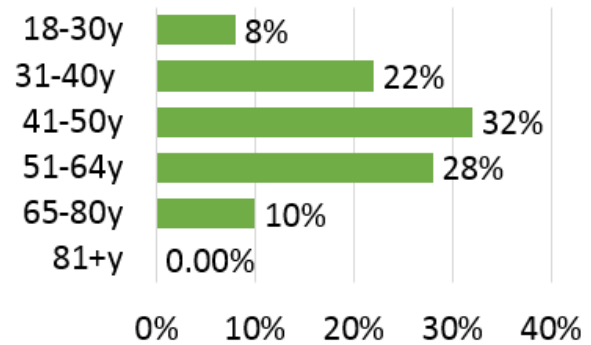
<http://health.frederickcountymd.gov/LHIP>. Community forums will be scheduled to discuss progress on the health priorities and ways for the community to remain involved.

CHNA data relevant to the work groups and other newly available health data will updated in 2020 and posted online at <https://md-frederickcountyhealth.civicplus.com/455/Community-Health-Assessment>.

Appendix 1. Primary Data

Community Survey Data

Race/ Ethnicity	% of survey	% FC 2017
Asian	7%	5%
Black	4%	10%
Hispanic	12%	10%
Native American	1%	0.1%
Other	2%	
White	79%	74%



How do you rate the health of people who live in your community?



Nearly 80% of all respondents rate their community's health as good or better...but gender, age, race and ethnicity are significant influencers on ratings.

How do you rate your health?



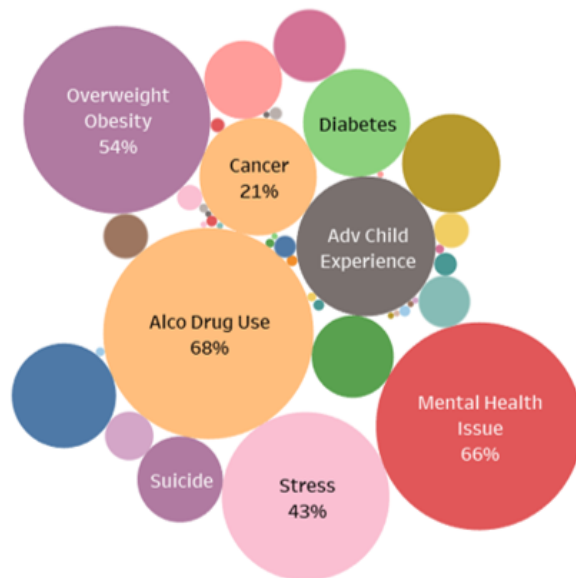
84% of residents said their health was good or better.

Focus groups rated their own health much lower.

Income is a large contributor to health.

- Top 3 populations reporting good or better: White (87%), >\$75K (92%), 41-64yrs (86%).
- Poorest health reported by Hispanics (34%) and households <\$25K (38%).

Most important health issues in your community?

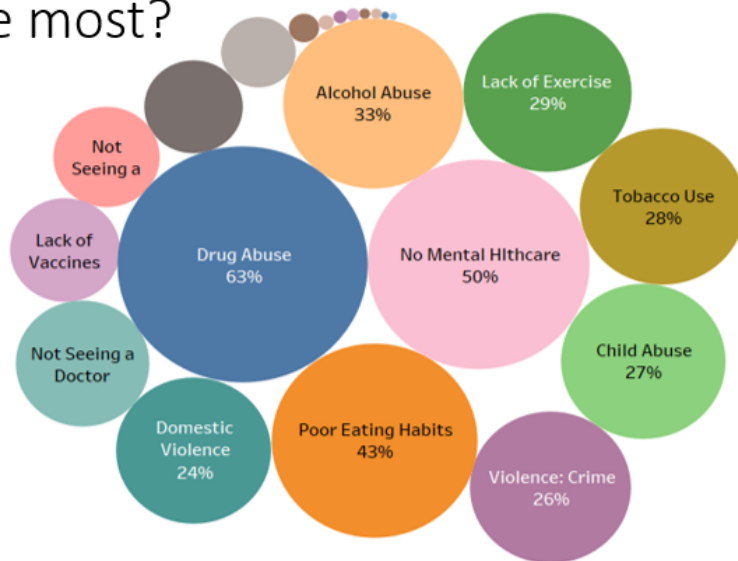


- Across the board, substance abuse and mental health are most important concerns
- Lower income groups were more concerned about dental health.

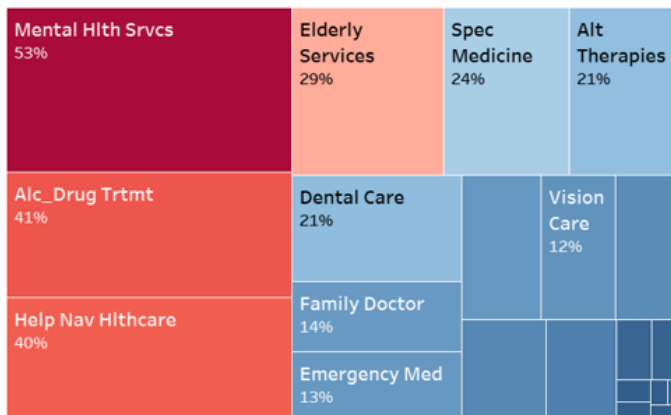
- Substance abuse and mental health are most important concerns.
- Lower income groups were more concerned about dental health.

Which unhealthy behaviors in the community concern you the most?

1. Drug abuse – 63%
2. No mental healthcare – 50%
3. Poor eating habits – 43%
4. Alcohol abuse – 33%

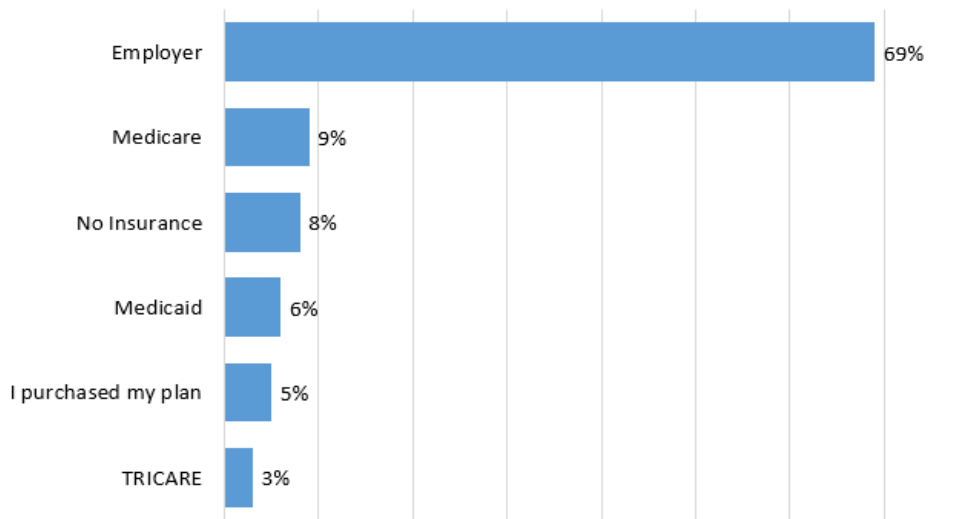


Which healthcare services are difficult to get in your community?

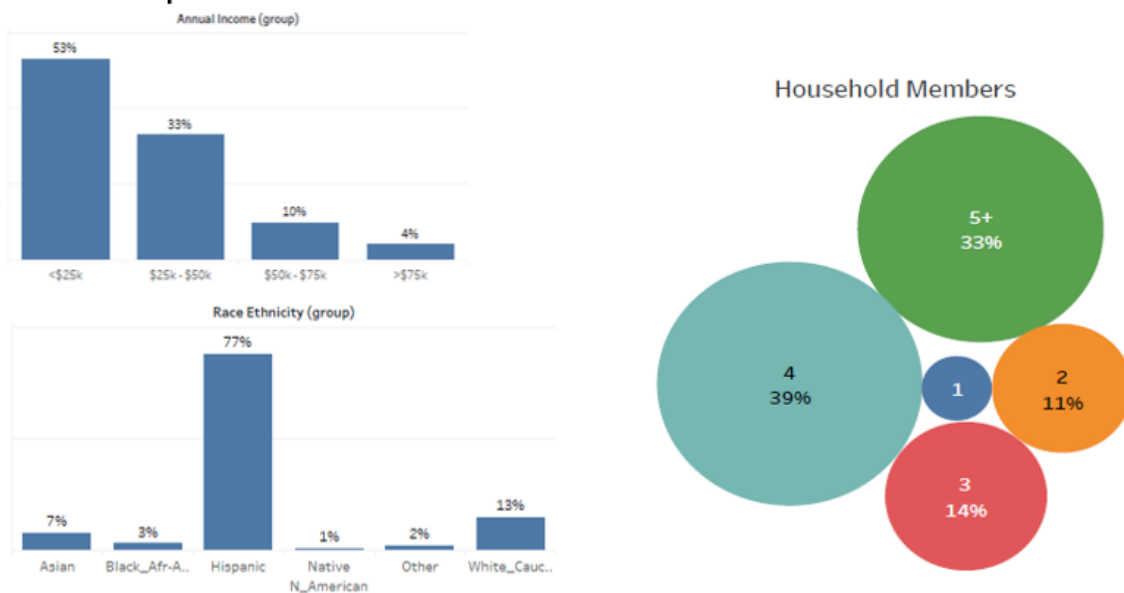


Q5 DiffSrvcs (group)	Annual Income (group)			
	<\$25k	\$25k - \$50k	\$50k - \$75k	>\$75k
Afford Hlthcare	1%	5%	3%	1%
Alc_Drug Trtmt	35%	39%	43%	43%
Alt Therapies	15%	24%	26%	22%
Closer Hlthcare	1%	1%	1%	0%
Dental Care	48%	35%	17%	11%
Elderly Services	28%	26%	34%	29%
Emergency Med	18%	18%	16%	10%
Family Doctor	29%	21%	14%	9%
Family Planning	14%	14%	9%	10%
Hearing Aids	12%	13%	11%	6%
Help Nav Hlthcare	27%	34%	43%	45%
High Qual Hlthcare		1%	2%	1%
Hlthcare for My Ins			1%	0%
LGBTQ Hlthcare		1%	1%	0%
Mental Hlth Srvc	42%	51%	57%	60%
Office Hours				0%
Other	1%	2%		1%
Prescriptions	25%	18%	15%	8%
PT_Rehab	18%	17%	8%	6%
Spec Medicine	23%	34%	27%	23%
Vision Care	25%	19%	9%	7%

Where do respondents get health insurance?



Who reported no insurance?



- 77% of uninsured respondents were Hispanic, 13% white and 7% Asian.
- The average household size of uninsured respondents is 4-5 members: there is high likelihood that entire family is also uninsured.
- 86% of uninsured respondents had HH incomes less than \$50K – therefore affordability is a factor.
- 61% are working full-time, part-time and self-employed – they either cannot afford coverage or are not provided coverage through their employment.

Where do you go for care?

	Overall	White	Black	Asian	Hispanic
Family MD	87%	94%	87%	88%	46%
Urgent Care	41%	47%	40%	22%	20%
Hospital ED	24%	22%	30%	31%	40%
Free Clinic	4%	0%		5%	30%
Go Without	5%	3%	8%	6%	17%
VA/Military	2%	2%	5%	2%	2%
Low Cost	3%	1%	2%	3%	3%

Household Income	Asian	Hispanic
<\$25K	29%	46%
\$25-50K	30%	30%
Under\$50K	59%	76%

Emergency Department usage is highest among minority populations – Hispanic, Asian and African American. Although both Asians and Hispanics have the highest percentage of lower household income, utilization of personal physicians varies greatly.

- Less than half of Hispanics identify they have a family physician
- 88% of Asians identify they have a family physician.

Cost is clearly an issue for Hispanic respondents and directly correlates to emergency department use—33% rely upon a free/low cost clinic and 17% go without care. Additionally, 76% of Hispanic respondents reported a household income of \$50K and an average household size of 4-5 members.

African Americans access the VA/military health system at two times the rate of population as whole.

White and African Americans use urgent care at greater frequency – but employment and household income are likely co-factors.

Healthy Preventive Habits

Recommended Behavior	% Yes	% No	Why not? (barriers)	Who's worse?
Exercise	37%	63%	Too busy (59%), no motivation (53%, don't enjoy (29%)	Hispanic (77%), <\$25K (74%)
Fruits & Veggies	18%	82%	Forget to (48%), cost (31%), dislike taste (12%)	Age 18-30 (10%), Hispanic (9%), <\$25K (9%)
Cervical Cancer Screening	88%	12%	Too busy (48%), nervous/scared/don't care (26%), and there's no need (22%)	Asian (71%), <\$25K (78%)
Breast Cancer Screening	84%	16%	Too busy (38%), nervous/scared/don't care (25%), and there's no need (20%)	\$25K-50K (70%), <\$25,000 (72%), Asian (75%), Hispanic (75%)
Colon Cancer Screening	76%	24%	Nervous/scared/don't care (35%), too busy (29%), and there's no need (18%)	Asian (33%), Hispanic (43%), and <\$25K (38%)

Exercise:

- No motivation is the top answer for African Americans (46%) and people 65-80 years (63%).
- Cost is a bigger barrier for the Asian respondents (25%) and for respondents 18-30 yrs (16%) and 31-40 years (15%).
- Physical limitation is a bigger barrier for respondents 65-80 years (38%) and African Americans (29%).
- Lack of exercise companion was the biggest barrier for respondents' age 65-80 yrs (25%).

Fruits/veggies:

- Cost was the biggest barrier for Hispanics (54%), and people making less than \$50,000 (50%)

Cervical cancer screening:

- One third of the two lowest incomes (<\$25K, 31% and \$2K-\$50K, 33%) reported cost as a barrier to getting a pap smear test.

Breast cancer screening:

- A third of Hispanic respondents (31%) and low income (<\$25K, 33%) said cost was a barrier to getting a mammogram.
- Half (50%) of Asian respondents said they were nervous/scared/don't care.

Colorectal cancer screening:

- 71% of Asian respondents and 60% of African American respondents said that their doctor has not recommended colon cancer screening.
- Cost was a barrier for one out of four Hispanic respondents (25%) and more than one third (36%) of respondents with household incomes of \$25K-50K.

Community Focus Groups

The four (4) focus groups were segmented to supplement findings resulting from the 2018 Frederick Community Health Survey. Community partners recruited participants within the specific concentrations, participant qualification is distinct by segment.

Composition n=52

- **Homeless/Low Income:** <\$60k annually screening criteria, n=15 (*14 homeless)
 - Conducted at the Frederick Community Action Agency
- **African American:** African American or mixed ethnicity, n=12
 - Conducted at the Quinn Christian Center
- **North County** – Reside in zip codes 21727 & 21788, n=13
 - Conducted at the Seton Center
- **Hispanic:** Speak Spanish at home, n=12
 - Conducted at Centro Hispano de Frederick

Participants were recruited by community partners of the Frederick County Healthcare Coalition. The 2018 Frederick Community Health Survey was completed anonymously by participants prior to focus group participation.

Key Insights from focus groups:

- Sources of healthcare information:
 - Community outreach
 - Doctor / location where healthcare is administered
 - News sources
 - Internet, social media
 - Church
- Health knowledge
 - Gaps in health knowledge exist for many Low Income participants
 - Hispanic participants understand healthy habits, but neglected to mention ‘water’
 - North County and African American participants have sufficient knowledge about preventive health practices
- Barriers to care
 - Insurance (acceptance, premiums, and/or co-pay costs)
 - Communication (availability of services, ethnic barriers, clinician communication)
 - Transportation
 - Mental health services
- Needs – Overall
 - Affordable housing
 - Doctor communicates so I understand
 - Transportation

Not included, but emerges as important:

- Dental services (with the exception of North County)

Needs Identified by Focus Groups

All groups identified the following needs:

- Affordable Housing
- Communication:
 - Doctor communicates so I understand
 - Availability of relatable (race, ethnic) doctors
 - Communication about available services
- Transportation
 - (Access) Easy to get an appointment with a doctor when I need it

Homeless/Low Income: Priority is Community Infrastructure

- Safety
- Healthy Food
- Transportation
- Added attributes: Full-service Dental services, Communication about services

Additional insights:

- *Safety, meals, mental health and hygiene more pressing than health care, particularly preventive services (likely due to homelessness)*
- *Access*
 - *Mental health*
 - *Complex eligibility processes to access services*
- *Obstacles*
 - *Comprehension and literacy*
 - *Acceptance of Medicaid or other insurances*
- *Additional need: pain management*

African American Group: Priority is Community Infrastructure

- Affordable Housing
- Communication: Doctor communicates so I understand , Ethnic doctors' availability
- Reasonable wait times to see a doctor
- Added attribute: Dental services

Additional Insights:

- Provider quality
- Services available in Frederick, but lack of awareness and uncertainty if insurance covers service
- Heightened sense of racism
- Obstacles
 - *Patterns of delay: self-diagnosis, denial and cost considerations*
 - *Cultural values: avoid doctor until urgent, male avoidance behavior*
- Additional needs
 - *Relatable and adequate mental health services*
 - *Health education*
 - *Training in self-advocacy*

North County Group: Priority is Community Infrastructure

- Affordable housing
- Transportation
- Safe places to be active

Additional Insights:

- Lack of local services –specialists, urgent care. Limited primary care.
- Only 1 bus route daily (pilot for 2nd), takes all day to travel to Frederick for health services.
*Community group collaborating on transportation
- Healthy choices limited
 - *No gym, sidewalks or safe walking path*
 - *Cost of fruits and vegetables*
 - *Lack of fresh produce at market*
- Additional needs
 - *Structured programs*
 - *Access to medical supplies*

Hispanic Group: Priority is Doctor

- Reasonable wait times to see a doctor
- Doctor communicates so I understand
- (Access) Easy to get an appointment with a doctor when I need it

Additional Insights:

- Obstacles to care:
 - Few providers speak Spanish
 - Cost
 - Affordable transportation
 - Insurance acceptance (Medicaid, or Dual Eligible)
- Cultural factors – lack of responsibility when seeking care(missed appointments)
- Additional needs
 - *Vision*
 - *Dental*
 - *Translation services for non-Spanish speaking providers*
 - *Care for elderly*

The groups engaged in an exercise that asked them to identify needs as it relates to four domains: providers, self-care and community infrastructure. This allowed more discovery on the adequacy and dynamics of the health provider system, personal preventive and self-management behaviors and community influencers of their health (i.e., social determinants).

When asked about specific health service needs and obstacles to receiving health services, there were distinct concerns. Dental care and mental health were mentioned, but additional services like pain management and vision were identified. Supportive services, such as translation, care for elderly family, and access to medical supplies were mentioned. Provider adequacy was identified by African American and North County participants – the need was expressed as providers who were relatable (meaning similar language, race, and ethnicity) and sufficient supply. The obstacles reflected demographic, geographic and social barriers that each group faced. Only the African American focus group spoke about cultural factors that impact health. Finally, insurance acceptance of Medicaid and dual Medicare/Medicaid coverage was a definite barrier – it is likely associated with the health plan that an individual participant may be assigned, as several Medicaid health plans lack provider network adequacy in Frederick County for specialty care.

The African American focus group participants were most articulate about issues related to navigation to services and their experiences. They were forthcoming about cultural values or norms that inhibit access to care. For example, the severity and duration of medical issues is directly related to the sense of urgency in seeking a health care provider. They engage in self-diagnosis, denial and an evaluation of cost implications before pursuing care. They also described pride as a factor in elderly persons and men.

North County residents identified transportation as a critical issue. There is only one daily bus route to Frederick, which results in a medical appointment taking all day. In Emmitsburg, there are limited safe places to be active and no structured programs for companionship and support. In addition, the North County area has more limited primary care, specialist, urgent care and mental health services situated in the community. Cost and a lack of fresh produce in the grocery store also make healthy eating difficult.

Advocates for Health Equity

Please briefly describe the population you serve or advocate for. (i.e. size, characteristics, location, etc.)	
Service Coordination, Inc.	SCI serves more than 12,500 individuals with intellectual and developmental disabilities, those with mental health challenges, the elderly, transitioning youth, court-involved individuals, and veterans throughout Maryland. Within Frederick County, we currently support approximately 776 individuals.
Frederick County Senior Services Division	A population of older adults, and adults with disabilities- a diverse group including all ages, ethnic backgrounds, physical, cognitive, education & economic levels
The Frederick Center	We serve the Lesbian, Gay, Bisexual, Transgender, and Queer communities of Frederick County. According to national statistics and local statistics this would encompass Between then 9,000 and 20,000 Frederick County residents (national 4.5% of the population, local YBRS data is 9.5%)
Family Partnership	We serve parents with children under the age of 12, youth aged 16-24 who are parenting or not parenting, children aged birth - 12 years old. Participants live within Frederick County, but majority live within Frederick City limits. We serve mostly low income families, however we also have some families who are just above the poverty level as well and don't qualify for certain benefits. About 50% of our population is Hispanic and about 30% African American. We have many participants who have been affected by trauma and are dealing with substance abuse and mental health challenges. We also serve a small % of participants who have been or currently involved with domestic violence. The majority of the parents we serve are females, however we do serve a % of dads in our dads parenting group. The majority of the youth aged 16-24 we serve are males.
Advocates for Homeless Families (2 individuals responded)	<ol style="list-style-type: none"> 1. Homeless families and individuals as well as those at risk of homelessness in Frederick County. 2. Homeless families living in Frederick
United Way of Frederick County	ALICE. See unitedwayfrederick.org/ALICE for more details.
MFP – Julio Menocal, M.D.	Hispanics, underinsured, immigrants
Total Responses: 8	Three respondents were members of the group served; 5 were not.

Do you provide direct services or serve as advocate for this population?	
Service Coordination, Inc.	We provide quality information and helpful options that can guide people to resources of their choice, ultimately supporting their decisions to connect to available resources. We provide our case management services to individuals residing in the Southern, Central and Western Regions of Maryland. (Counted as Both)
Frederick County Senior Services Division	Both
The Frederick Center	Both
Family Partnership	Both
Advocates for Homeless Families	Both Both
United Way of Frederick County	Both
MFP – Julio Menocal, M.D.	Direct
Number of responses: 8	

Does the population you service or advocate for have specific health conditions? (i.e. higher rates of certain cancers, low birth weight, sexually transmitted diseases, dental problems, substance use disorders)	
Service Coordination, Inc.	The population SCI supports have a variety of health conditions including: intellectual & developmental disabilities (with associated health conditions), mental health issues, age-related ailments, and dental problems among others.
Frederick County Senior Services Division	Yes, including heart disease, diabetes, high blood pressure, Alzheimer's/dementia, osteoporosis, arthritis, respiratory, depression/mental health, falls, oral health, vision, hearing loss, limited mobility, pain management, obesity
The Frederick Center	For youth and young adults: 1. Higher rates of HIV 2. Higher rates of suicidal ideation and suicide attempts (rates are much higher within the LGBTQ population for trans people). 3. Higher rates of harassment, victimization, violence, mental health issues, substance use, smoking, alcohol use, and homelessness. For adults and seniors: All of the disparities that youth and young adults face plus: 4. Suspicion of / estrangement from preventive medical visits because of medical professional ignorance and / or anticipated or actual hostility towards LGBTQ, and especially T people. 5. Higher rates of obesity for especially lesbian and bisexual women; coupled with tobacco and alcohol usage, this can contribute to higher rates of breast cancer. 6. Higher rates of cancer caused by HPV. 7. For bisexual women, high rates of physical violence, rape, and stalking. 8. Higher rates of depression. 9. Higher levels of social isolation.
Family Partnership	We see substance abuse disorders, dental problems, and mental health disorders.
Advocates for Homeless Families	1) higher rates of all conditions that are exacerbated by poverty and lack of access to treatment. 2) Yes- dental problems, substance use disorders, mental health
United Way of Frederick County	Yes, data indicates higher prevalence of ACES and other chronic health conditions. We are working on overlaying more ALICE data with public health data so we can learn more of the specifics
MFP – Julio Menocal, M.D.	low vaccination rates
Summary: Mental Health, Substance Use Disorders and Dental conditions are most frequently mentioned.	

Do you have data on health disparities in your local population? If yes, please describe. If no, what data would you need?	
Service Coordination, Inc.	No answer
Frederick County Senior Services Division	Health conditions are self-reported, not requested or required. Data needed is cooperative exchange of information between health care providers and service agencies.
The Frederick Center	We have YRBS data on Frederick youth for selected disparities (e.g., tobacco use, suicidal ideation, drug use, sexual activity and selected other categories) but do not have information on disparities for adults at the local level. We need to undertake a Frederick LGBTQ focused data collection effort on this.
Family Partnership	We do not have data on the health disparities. However many of our participants have no health insurance or State Medical assistance. Our population often lacks transportation to get to appointments, insurance, can't get off of work to go to dr., etc. I'm not exactly sure what we would need to capture this data.
Advocates for Homeless Families	I don't have the data but it would be helpful. Yes through Service Point.
United Way of Frederick County	Because ALICE includes over half of all African American and Hispanic households in the county yes there is some data available. Would like to cross reference more ALICE data with health outcomes info that is available for our communities.
MFP – Julio Menocal, M.D.	No
Conclusion: Data on health disparities is not available to the organizations that replied but all stated that it's a need.	

What issues does the population you serve or advocate for have with access to clinical care? (i.e. language, transportation, clinic hours, welcoming/affirming staff, providers that understand your culture, etc.)	
Service Coordination, Inc.	The population we support faces a variety of challenges in accessing clinical/medical care. Transportation is one of the most significant barriers to access. Others challenges include, but are not limited to issues related to eligibility, and access to the supports needed to understand and implement the recommendations offered.
Frederick County Senior Services Division	Limited number of Medicare providers, lack of Geriatricians, health care specialists with knowledge/experience working with older adults, accessibility to providers, affordable/accessible transportation
The Frederick Center	In Frederick: 1. Lack of LGBTQ affirming medical professionals. 2. Lack of knowledgeable medical professionals, especially for trans/gender nonconforming patients but also including treatments such as PrEP. 3. Hostile medical professionals (which is distinct from unaffirming).
Family Partnership	Not speaking English is a huge barrier to accessing services, as well as transportation. Sometimes hours can be a challenge depending on work hours and other responsibilities.
Advocates for Homeless Families (2 respondents)	<ol style="list-style-type: none"> 1. inadequate or no insurance, transportation issues, inability to miss work for appointments 2. Few places take medical assistance and have waiting lists

United Way of Frederick County	Language, transportation, hours, costs.
MFP – Julio Menocal, M.D.	All of the above.
	Transportation issues (5) are the common barriers, followed by scheduling appointments, not accepting Medicaid, and language.

What types of social and economic factors create barrier to good health in the population you serve or advocate for population? (i.e. health as impacted by housing, language, education, getting and keeping a job, food access, access to health services, quality healthcare, stable income, housing, discrimination, social support)	
Service Coordination, Inc.	There are a variety of social and economic factors that create barriers to the good health of those we support. These barriers include, but are not limited to: affordable care, provider availability (especially related to mental health services and in relation to provider acceptance of MA), challenges to obtaining and maintaining MA, limited access to healthy and affordable food choices, and limited access to the supports needed to understand and implement medical recommendations.
Frederick County Senior Services Division	Affordable housing, accessing health services, prescription drug costs, language, education, food access, social supports
The Frederick Center	1. Getting and keeping a job because of homo/transphobia. 2. Access to local health services (see above answer) 3. Quality of healthcare provided (see prior answer) 4. Stress caused by homo/transphobia, including verbal and physical assault. 5. Isolation / lack of social support because of distant or broken ties to family and community caused by homo/transphobia.
Family Partnership	Barriers to good health for the population we serve: lack of affordable housing - many of our participants share housing with other family members/friends, so multiple families in one small home, we serve some youth and families who are homeless, nutritional food, clothing transportation, limited education/success in schools, keeping a job, affordable child care, lack of social support, past and current trauma which is impacting their current and future health, stigma about mental health services - many of our participants have not had success with mental health services or they don't "believe" they will be helpful.
Advocates for Homeless Families	<ol style="list-style-type: none"> 1. all of the above 2. Most do not have employment with paid benefits such as sick leave. Few places accept medical assistance.
United Way of Frederick County	Housing, education, language, job stability, food stability, access to care.
MFP – Julio Menocal, M.D.	Community policing, transportation, scholastic achievement gap

What health behaviors and/or cultural beliefs impact the health of your population?	
Service Coordination, Inc.	No response
Frederick County Senior Services Division	Sensory deficits affect ability to comprehend & apply health care directives. Lack of social support systems.
The Frederick Center	1. For both economic (cannot afford it or do not have employer insurance) and cultural reason (anticipation of ignorant and / or hostile or unaffirming medical providers), a lack of getting proactive medical checkups, etc.
Family Partnership	Stigma again regarding mental health services; this is what my grandmother tells me to do - "old wives tales or the way things used to be dealt with (generational); generational trauma; don't trust the health systems;
Advocates for Homeless Families	<ol style="list-style-type: none"> 1. Most health impacts are caused by poverty and lack of available services, not caused by particular "behaviors or beliefs." 2. Very little time for self-care
United Way of Frederick County	Difficulty in working on issues with a long view vs just getting through today.
MFP – Julio Menocal, M.D.	access to care

What actions, programs, or strategies would make the biggest difference for the population you serve or advocate for?	
Service Coordination, Inc.	Accessible/available transportation, affordable dental care better access to mental health services and supports.
Frederick County Senior Services Division	Availability of affordable housing, house calls by health care providers, wellness checks, reliable/affordable transportation, medication management, consistent access to healthy food, access to internet & devices to access health portals, socialization opportunities, Medicare coverage of vision, dental & hearing
The Frederick Center	1. Creating "centers of excellence" like Chase Brexton or Whitman Walker and / or documenting medical professionals who are both comfortable and competent in treating the physical and mental health needs of L, G, B, T, and Q patients. This is a critical need for the trans community in Frederick. 2. Assuring the intakes forms and EMR are able to document SOGI in an affirming manner. 3. Having major medical providers provide mandatory "LGBTQ 101" training to all staff on a regular basis. 4. Documenting the current state of medical provider LGBTQ services through a recognized instrument such as the HEI and then implementing process improvement efforts using the scoring as a guide. 5. Having major medical provider be more proactive in terms of reaching out to / communicating with the LGBTQ community.
Family Partnership	Accessible mental health services for everyone/everywhere - meaning at schools, jobs, hospitals, clinics, churches, homes - wherever people feel most comfortable and safe. Better public transportation or access to affordable transportation; easy to access health clinics where different languages are spoken and cultures are valued and all insurances are taken or people without insurance can be seen; affordable prescriptions
Advocates for Homeless Families	<ol style="list-style-type: none"> 1. AFFORDABLE HOUSING A LIVING WAGE 2. Easier access to mental health services and therapy. Employment that included benefits such as paid sick leave.

United Way of Frederick County	Paths to better paying jobs, more quality affordable housing, better public transportation, accessible and affordable child care.
MFP – Julio Menocal, M.D.	increased policing; better and more effective transportation in my catchment area

If you had a blank check to use on improving the health of the population you serve or advocate for, what would be the one thing you would invest in for your population?	
Service Coordination, Inc.	Transportation
Frederick County Senior Services Division	CRNP on staff to provide in-home health assessment & treatment, housing w/service coordination, transportation, new/additional senior centers
The Frederick Center	Creating a Central Maryland Chase Brexton / Whitman Walker Clinic.
Family Partnership	I would have free health, dental, and mental health services provided at Family Partnership. I would love to increase our on-stop model to include more services under the same roof for the families and youth we serve so they don't have to go all around the County for the different services they need.
Advocates for Homeless Families	<ol style="list-style-type: none"> 1. Affordable housing 2. All access medical assistance
United Way of Frederick County	Job training program for higher paying jobs connected with workforce housing and childcare supports.
MFP – Julio Menocal, M.D.	I already invested all my talent, treasure and time in my population. The results are pretty good.
Number of responses: 6	

Appendix 2. Secondary Data

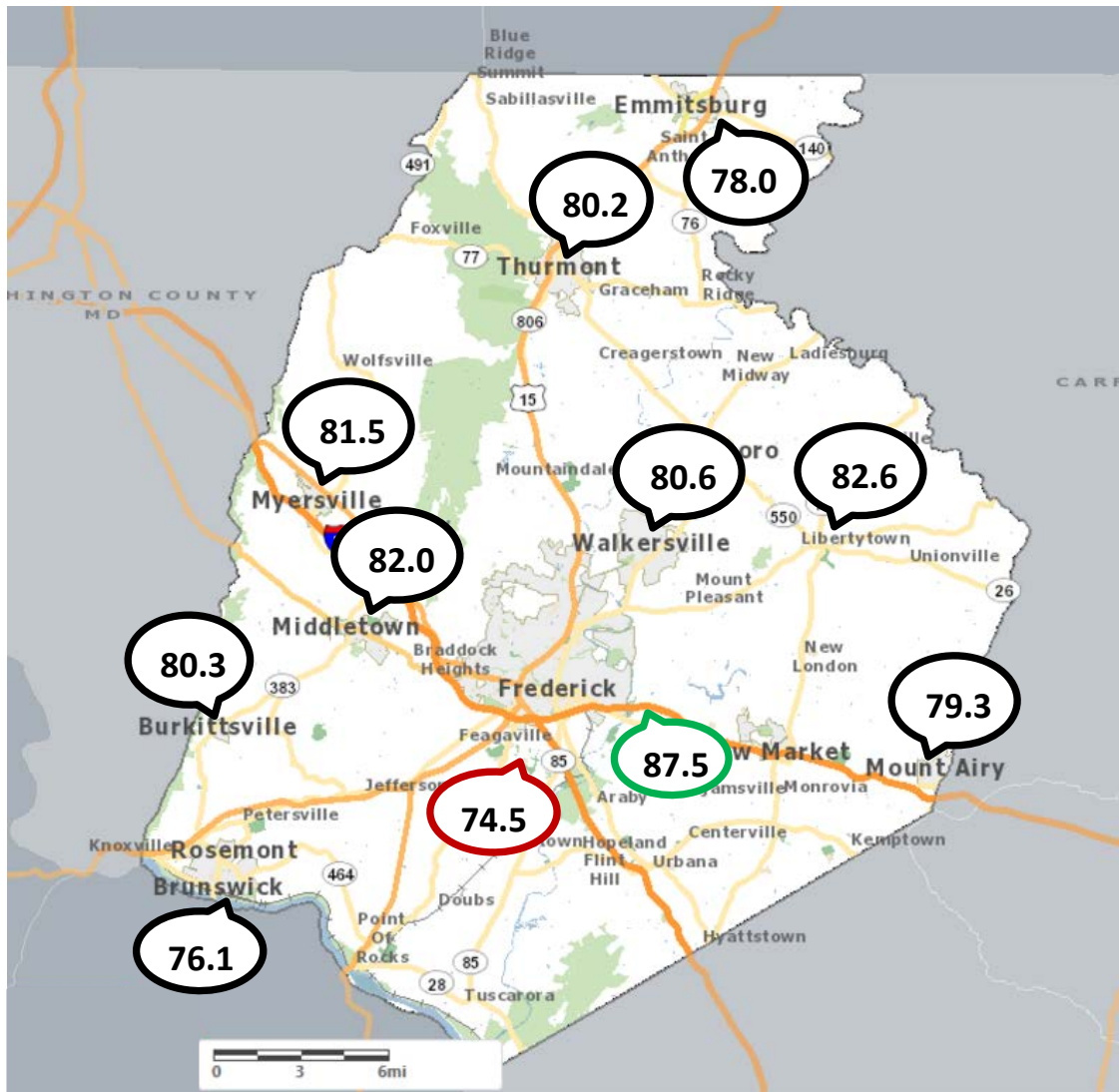
Demographics

Population estimates, July 1, 2018	Frederick County	Maryland	United States
Total Population	252,022	6,042,718	327,167,434
Gender			
Females	50.7%	51.5%	50.8%
Males	49.3%	48.5%	49.2%
Race			
White, non-Hispanic (NH)	73.6%	50.9%	60.7%
Black, NH	10.0%	30.8%	13.4%
Hispanic or Latino	9.6%	10.1%	18.1%
Asian, NH	4.8%	6.7%	5.8%
American Indian and Alaska Native, NH	0.5%	0.6%	1.3%
Native Hawaiian and other Pacific Islander	0.1%	0.1%	0.2%
Two or More Races	3.0%	2.8%	2.7%
Ages			
Under 5 Years Old	5.9%	6.1%	6.1%
Under 18 Years Old	23.3%	22.3%	22.6%
65 Years and Over	14.1%	14.9%	15.6%
Other Indicators			
High school graduate or higher (25+ years) (2013-2017)	92.6%	89.8%	87.3%
Bachelor's degree or higher (25+ years) (2013-2017)	40.5%	39.0%	30.9%
Foreign born persons (2013-2017)	10.2%	14.9%	13.4%
Language other than English spoken at home, age 5+ years (2013-2017)	13.1%	18.0%	21.3%
Persons without health insurance (under age 65)	5.5%	7.0%	10.2%
Persons with a disability, under age 65 years (2013-2017)	7.5%	7.4%	8.7%
Persons in Poverty (2013-2017)	6.9%	9.3%	12.3%

Data Source: U.S. in 2017 Bureau: State and County Quick Facts; 2018 Population Estimates; American Community Survey 5-year Estimates; United States Department of Labor; Bureau of Labor Statistics (*not seasonally adjusted preliminary unemployment rates)

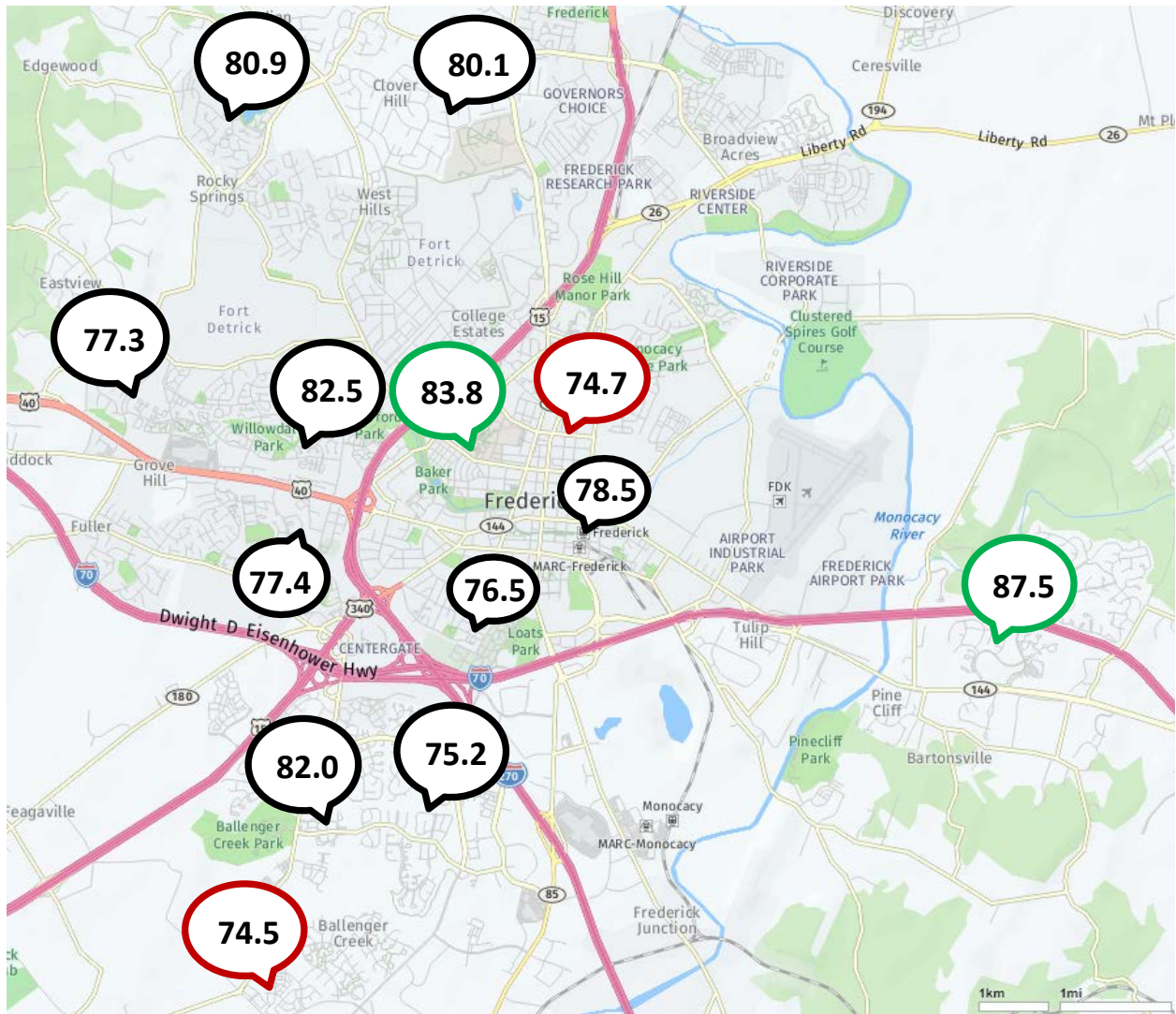
Life Expectancy, Map of Frederick County

The highest life expectancy in Frederick County is 87.5 years in the Spring Ridge community in the City of Frederick, shown in green in the map below. The lowest life expectancy in Frederick County is 74.5 years in the southern part of the Ballenger Creek community in the City of Frederick, shown in red in the map below. Other life expectancies are shown in black. A map of the City of Frederick is available on the next page, and a complete list of Frederick County towns is provided on the following page.



Average Life Expectancy (2005-2014), Maryland Vital Statistics Administration.

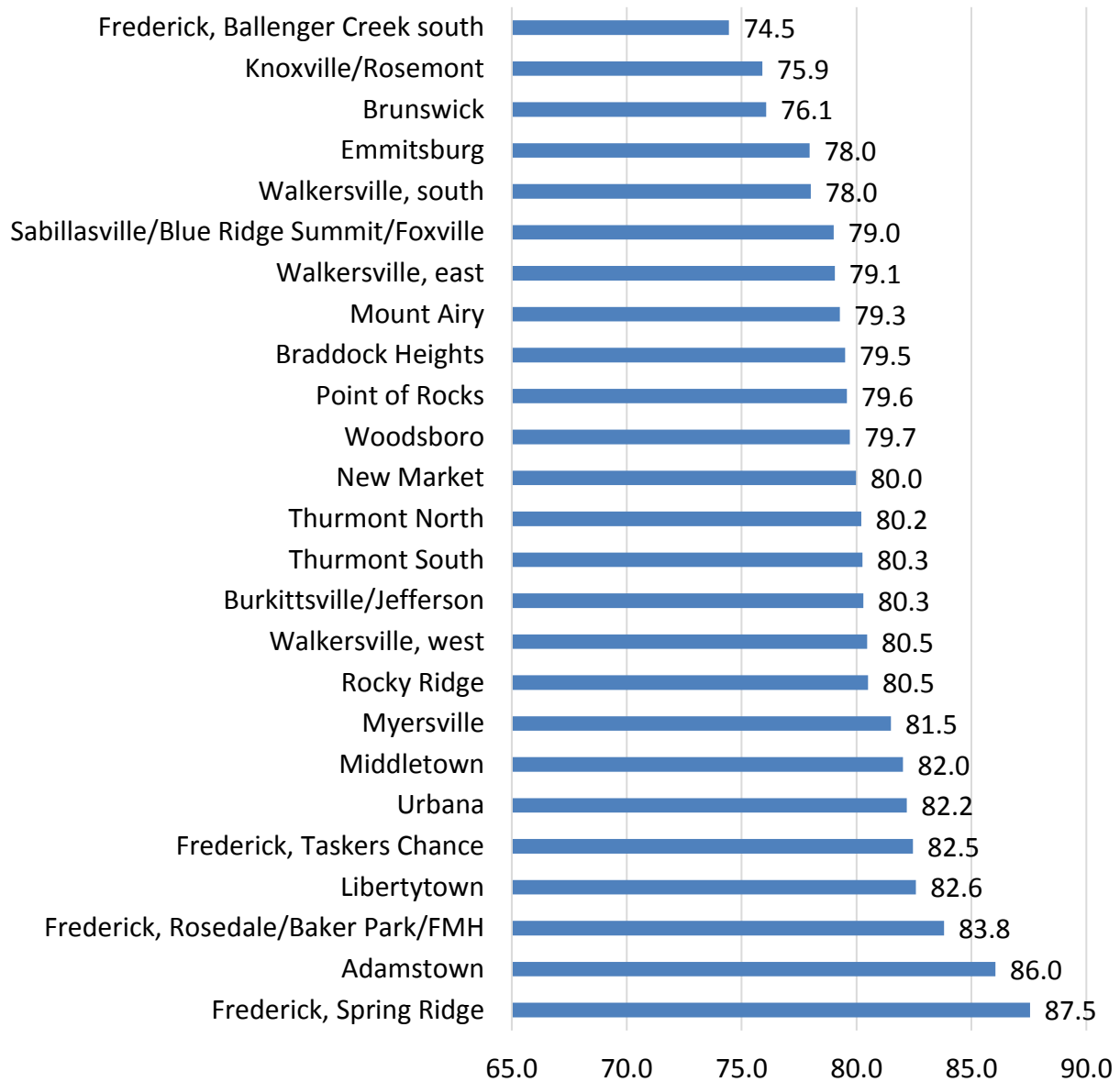
Life Expectancy, Map of City of Frederick



Average Life Expectancy (2005-2014), Maryland Vital Statistics Administration.

Life Expectancy, Map of Frederick County

Frederick County Towns by Life Expectancy, 2005-2014



Average Life Expectancy (2005-2014), Maryland Vital Statistics Administration.

Life Expectancy, Frederick County Census Tracts

Tract	Area	LE	Tract	Area	LE
7523.02	Adamstown	86.0	7507.02	Frederick, Villa Estates/Antietam Village	80.6
7526.03	Braddock Heights	79.5	7512.02	Frederick, Whittier	80.9
7754.00	Brunswick	76.1	7521.02	Green Valley	78.9
7525.01	Burkittsville/Jefferson	80.3	7753.02	Knoxville/Rosemont	75.9
7522.02	Centerville	78.4	7517.02	Libertytown	82.6
7668.00	Emmitsburg	78.0	7519.01	Linganore, east	79.4
7501.00	Frederick, 3rd to 7th street	74.7	7756.00	Linganore, west	78.1
7502.00	Frederick, All Saints to 3rd street	78.5	7526.01	Middletown	82.0
7507.01	Frederick, Amber Meadows/Govenors Choice	75.9	7519.03	Monrovia	79.7
7510.02	Frederick, Ballenger Creek Elementary School area	82.0	7520.01	Mount Airy	79.3
7510.01	Frederick, Ballenger Creek Middle School area	75.2	7517.01	Mount Pleasant	82.2
7523.01	Frederick, Ballenger Creek south	74.5	7528.02	Myersville	81.5
7512.01	Frederick, Clover Hill/Yellow Springs	80.1	7518.01	New Market	80.0
7722.00	Frederick, east, Sagner, fairgrounds	75.9	7523.03	Point of Rocks	79.6
7505.05	Frederick, Frederick Heights/Overlook/Prospect View, Linden Hills	77.4	7675.00	Rocky Ridge	80.5
7512.03	Frederick, Gambrill Park, west of Kemp lane, east of Gambrill Park Rd	83.5	7529.00	Sabillasville, Foxville, Blue Ridge Summit	79.0
7505.06	Frederick, Hillcrest Orchards/Monarch Ridge	80.9	7530.02	Thurmont North	80.2
7510.03	Frederick, New Design/Crestwood	82.2	7530.01	Thurmont South	80.3
7505.03	Frederick, north of 40, west of Key Parkway	77.3	7522.04	Urbana	82.2
7506.00	Frederick, Rosedale/Baker Park/FMH	83.8	7735.00	Walkersville, east	79.1
7508.01	Frederick, Selwyn Farms/Rose Hill	77.8	7508.02	Walkersville, north, Wormans Mill, Mill Island	80.6
7503.00	Frederick, South Benz, West South streets	78.1	7508.03	Walkersville, south, Dearbought, Monocacy Park, Monocacy Crossing	78.0
7651.00	Frederick, south of Patrick, west of 355	76.5	7402.00	Walkersville, west	80.5
7519.02	Frederick, Spring Ridge	87.5	7528.01	Wolfsville	80.8
7505.04	Frederick, Taskers Chance	82.5	7676.00	Woodsboro	79.7

Average Life Expectancy (2005-2014), Maryland Vital Statistics Administration.

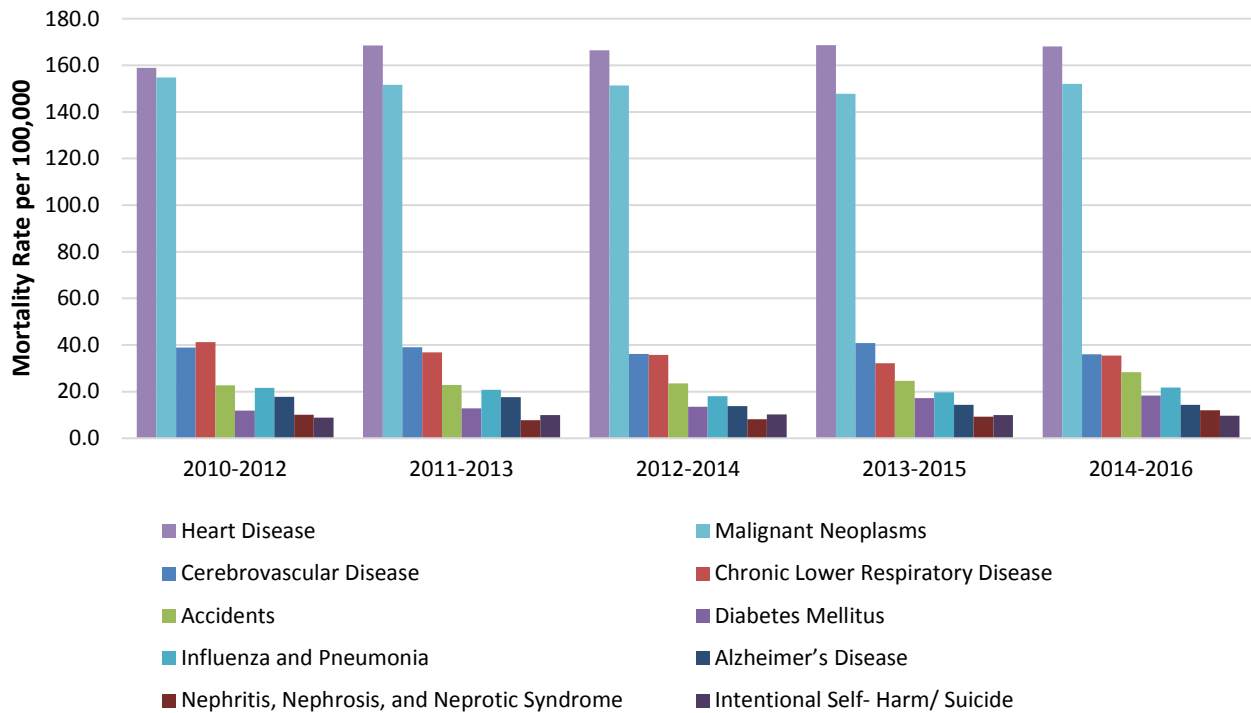
Health Outcome: Length of Life

Leading Causes of Death

Leading Causes of Death in Frederick County, MD						Maryland
Mortality Rates per 100,000	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2014-2016
All Causes of Death (2014-2016)	662.8	669.6	665.9	664.7	691.2	706.7
Diseases of the Heart	158.9	168.5	166.5	168.7	168.1	166.9
Malignant Neoplasms	154.8	151.6	151.3	147.8	152.0	157.4
Cerebrovascular Disease	38.9	39.1	36.1	40.8	36.0	38.4
Chronic Lower Respiratory Disease	41.3	36.9	35.8	32.2	35.5	30.2
Accidents	22.7	22.9	23.6	24.7	28.4	30.5
Influenza and Pneumonia	21.6	20.8	18.1	19.7	21.8	16.1
Alzheimer's Disease	17.8	17.6	13.8	14.4	14.4	16.1
Diabetes Mellitus	11.9	12.8	13.5	17.2	18.3	19.2
Nephritis, Nephrosis, and Nephrotic Syndrome	10.1	7.7	8.1	9.3	12.0	12.0
Intentional Self- Harm/ Suicide	8.9	10	10.2	10.0	9.6	9.2

Source: Maryland Vital Statistics.

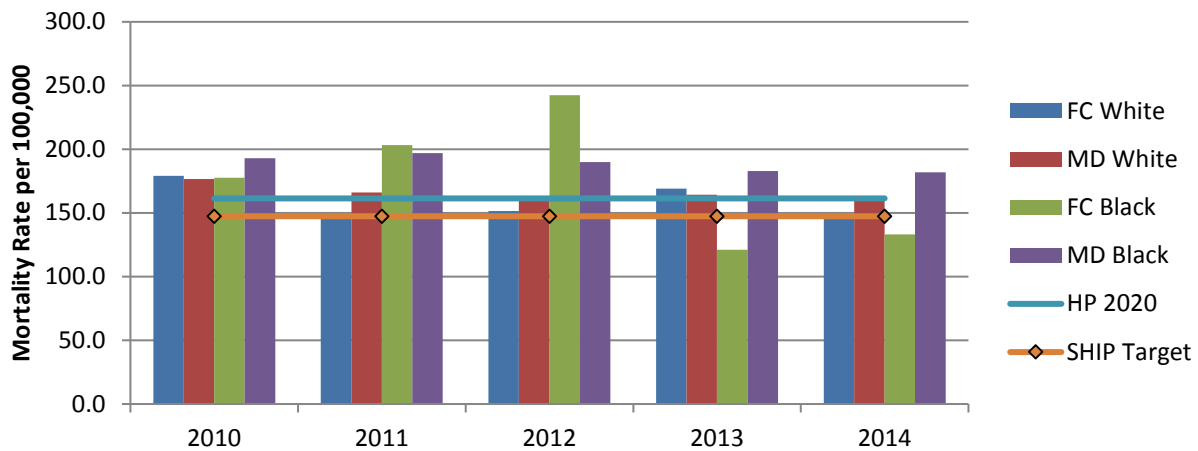
Top 10 Causes of Death in Frederick County



Cancer Deaths

Cancer Deaths in Frederick County, MD						Maryland
Cancer Mortality Rates (per 100,000)	2010	2011	2012	2013	2014	2014
All Cancers	148.1	154.9	162.8	141.8	156.0	161.8
Male	170.2	200.1	200.9	167.3	186.0	191.5
Female	128.3	123.0	138.2	124.5	133.2	141.7
White	148.8	151.4	169.1	145.9	152.2	238.7
Black	166.1	161.3	164.4	161.6	160.6	181.0

Cancer Mortality by Race in Frederick County and Maryland, 2010-2014



Overall, deaths from cancer have continued to decrease in Frederick County.

- Frederick County saw an 8% decrease in mortality rates for all cancers in last ten years (2005-2014), and a 10% increase since the last reporting year.
- Cancer mortality for men in Frederick County increased 9% from 2010 to 2014 and 11% from 2013 to 2014. Cancer mortality for women in Frederick County increased 4% from 2010 to 2014 and 7% from 2013 to 2014.
- Cancer mortality for Whites in Frederick County increased 2% from 2010 to 2014, and 4% from 2013 to 2014.
- Cancer mortality for Blacks in Frederick County increased 17% from 2010 to 2014, but increased 79% from 2013 to 2014.

Cancer Deaths in Frederick County, MD						Maryland
By Cancer Type	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2010-2014
Lung and Bronchus Cancer Mortality	49.2	46.9	42.2	40.4	37.9	43.1
Male	61.9	60.1	51.0	47.4	45.0	52.0
Female	39.5	36.9	35.5	35.2	32.6	36.5
White	49.5	47.1	41.9	40.1	38.1	44.3
Black	56.3	52.8	57.4	55.8	49.3	44.2
Colorectal Cancer Mortality	17.1	17.0	16.8	16.0	15.5	14.5
Male	20.5	21.2	22.5	21.1	20.7	17.6
Female	14.2	13.5	12.6	12.1	11.4	12.2
Breast Cancer Mortality (Female only)	23.4	22.9	22.5	20.7	21.3	22.9
Prostate Cancer Mortality	21.4	22.7	21.9	21.7	21.3	20.3
Melanoma Cancer Mortality	3.8	3.5	3.2	2.9	2.4	2.5

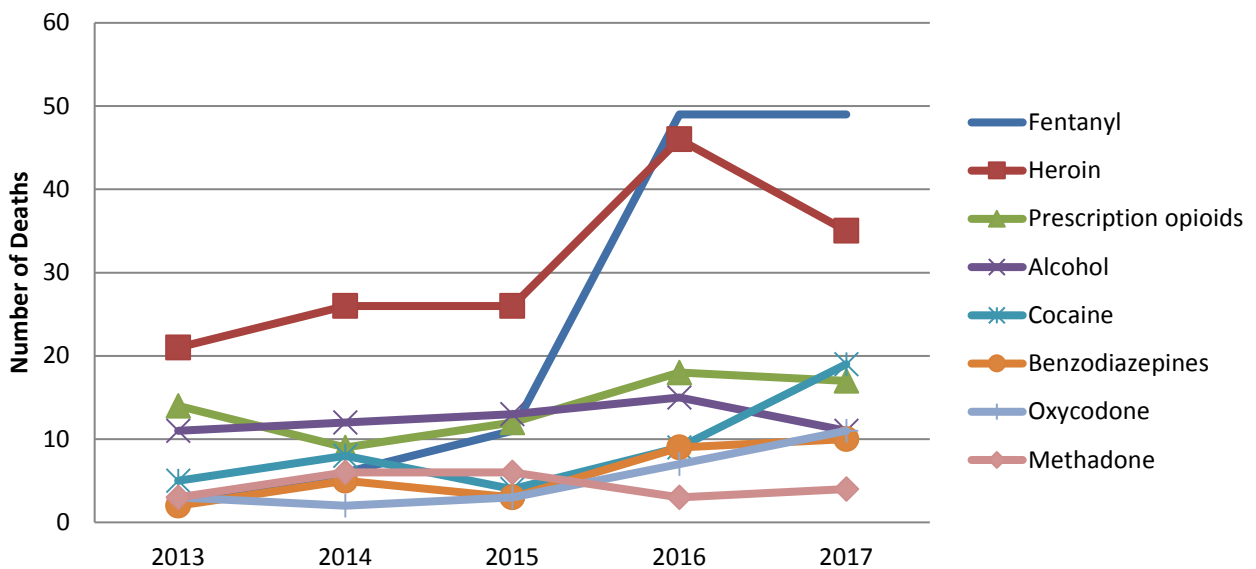
Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population.

*Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures.

Drug and Alcohol Overdose Deaths

Drug and Alcohol Overdose Deaths in Frederick County, MD						Maryland
Total Overdose Deaths	2013	2014	2015	2016	2017	2017
Fentanyl Deaths	2	6	11	49	49	1594
Heroin Deaths	21	26	26	46	35	1078
Cocaine Deaths	5	8	4	9	19	691
Prescrip. Opioid Deaths	14	9	12	18	17	413
Alcohol Deaths	11	12	13	15	11	517
Benzodiazepine Deaths	2	5	3	9	10	146
Oxycodone Deaths	3	2	3	7	11	122
Methadone Deaths	3	6	6	3	4	246
Overdose Death Rates by Substance per 100,000						
Fentanyl Death Rate	0.8	2.5	4.5	19.8	19.4	26.3
Heroin Death Rate	8.7	10.7	10.6	18.6	13.9	17.8
Cocaine Death Rate	2.1	3.3	1.6	3.6	7.5	11.4
Prescrip. Opioid Death Rate	5.8	3.7	4.9	7.3	6.7	6.8
Alcohol Death Rate	4.6	4.9	5.3	6.1	4.4	8.5
Benzodiazepine Death Rate	0.8	2.1	1.2	3.6	4.0	2.4
Oxycodone Death Rate	1.2	0.8	1.2	2.8	4.4	2.0
Methadone Death Rate	1.2	2.5	2.4	1.2	1.6	4.1

Overdose Deaths by Substance in Frederick County



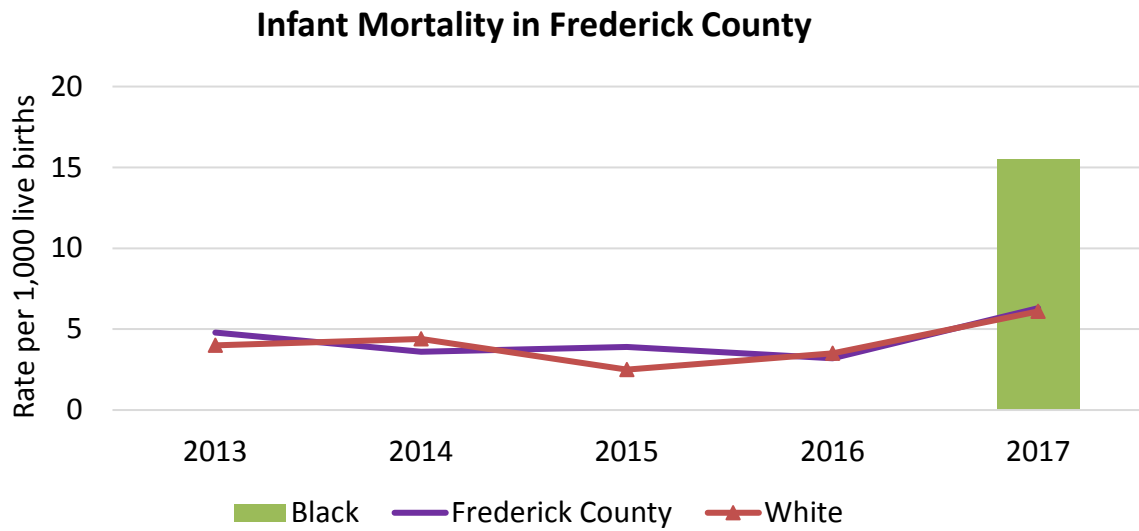
Source: Drug and Alcohol Intoxication Deaths in Maryland, https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx

Infant Mortality

Infant Mortality in Frederick County, MD						Maryland
Rate per 1,000	2013	2014	2015	2016	2017	2017
Infant Mortality Rate	4.8	3.6	3.9	3.2	6.3	6.5
White	4.0	4.4	2.5	3.5	6.1	4.0
Black	*	*	*	*	15.5	11.2

Source: Maryland Vital Statistics Reports.

*Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable.



Health Outcomes: Quality of Life

Cancer Incidence

Cancer Incidence in Frederick County, MD						Maryland
Cancer Incidence Rates (per 100,000)	2010	2011	2012	2013	2014	2014
All Cancers	437.6	422.6	434.0	440.6	431.8	443.4
Male	505.3	458.7	456.3	463.5	467.2	488.1
Female	386.4	392.5	427.3	430.6	409.9	413.2
White	433.2	417.9	439.1	445.2	429.8	449.3
Black	487.8	495.7	383.0	454.8	485.3	441.0
By Cancer Type	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2010-2014
Lung and Bronchus Cancer Incidence	61.6	57.4	54.0	50.7	48.1	56.6
Male	74.4	68.8	67.9	55.5	55.0	64.6
Female	52.2	49.2	52.0	47.6	43.2	50.7
White	62.3	58.2	55.1	52.0	49.0	58.6
Black	71.3	66.7	58.0	46.4	46.8	56.1
Colorectal Cancer Incidence	47.9	47.0	47.1	43.8	39.5	36.7
Male	56.4	57.5	57.9	53.4	49.0	41.8
Female	41.3	38.4	38.6	36.2	31.7	32.7
White	48.5	47.1	47.0	43.6	38.6	35.3
Black	45.4	47.9	49.6	47.9	48.3	41.1
Breast Cancer Incidence (Female only)	119.3	122.2	121.1	121.3	124.2	129.2
White	120.5	122.4	121.9	122.5	122.7	130.1
Black	86.3	102.7	102.3	110.6	136.5	128.8
Prostate Cancer Incidence	128.6	128.2	122.0	111.5	103.0	125.4
White	124.6	121.0	113.8	103.1	95.5	107.6
Black	168.4	206.8	226.6	231.2	217.4	183.0
Cervical Cancer Incidence	6.6	5.7	5.6	5.4	5.0	6.4
Oral Cancer Incidence	9.9	9.5	9.8	10.0	9.5	10.5
Male	14.7	14.6	15.1	15.2	14.0	16.0
Female	5.8	5.0	5.3	5.6	5.6	6.0
Melanoma Cancer Incidence	22.5	22.2	21.9	22.0	23.1	21.4
Male	28.6	29.2	29.2	27.9	29.6	28.5
Female	18.3	17.0	16.1	17.1	18.1	16.4

Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population.

*Rates based on case counts of 1-19 are suppressed per MDH/MCR Data Use Policy and Procedures

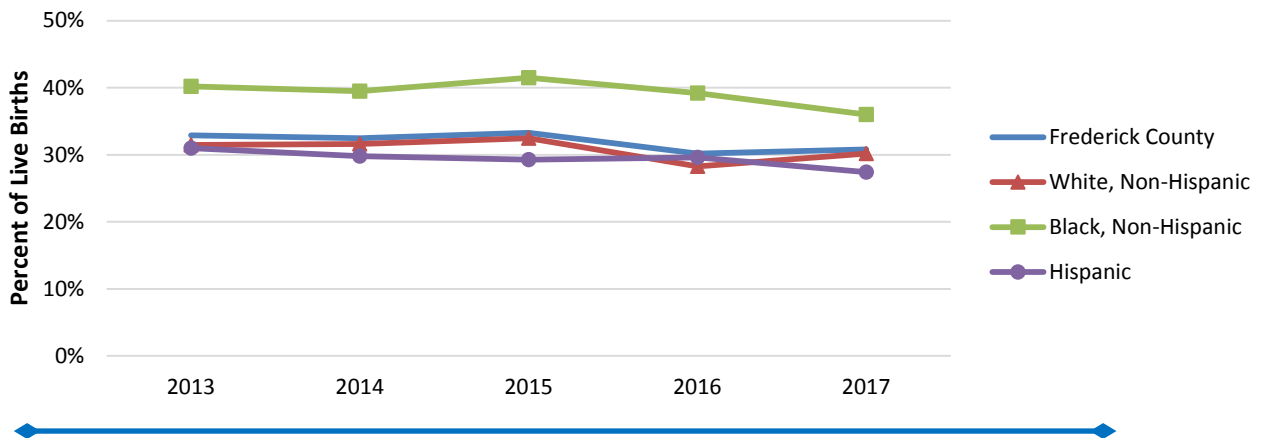
Maternal and Child Health

Cesarean Section

Cesarean Section Rates in Frederick County, MD						Maryland
	2013	2014	2015	2016	2017	2017
Frederick County	32.9%	32.5%	33.3%	30.2%	30.8%	33.8%
White	31.5%	31.6%	32.5%	28.3%	30.2%	31.5%
Black	40.2%	39.5%	41.5%	39.2%	36.0%	39.5%
Hispanic	31.0%	29.8%	29.3%	29.6%	27.4%	29.0%

Source: Maryland Vital Statistics Reports.

Cesarean Section Births in Frederick County by Race, 2013-2017



Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences in Frederick County, MD		Maryland
	2015	2015
Household mental illness	18.5	15.0
Household substance abuse	30.2	24.9
Incarcerated household member	*	7.6
Parental separation or divorce	30.5	27.5
Intimate partner violence	*	17.4
Emotional abuse	40.9	31.2
Physical abuse	*	16.9
Sexual abuse	*	11.1
0 ACEs	40.8	40.2
1 to 2 ACEs	32.0	35.7
3 or more ACEs	27.2	24.1

Source: Behavioral Risk Factor Surveillance Survey. * Suppressed due to denominator < 50 or relative standard error >= 30.0%.

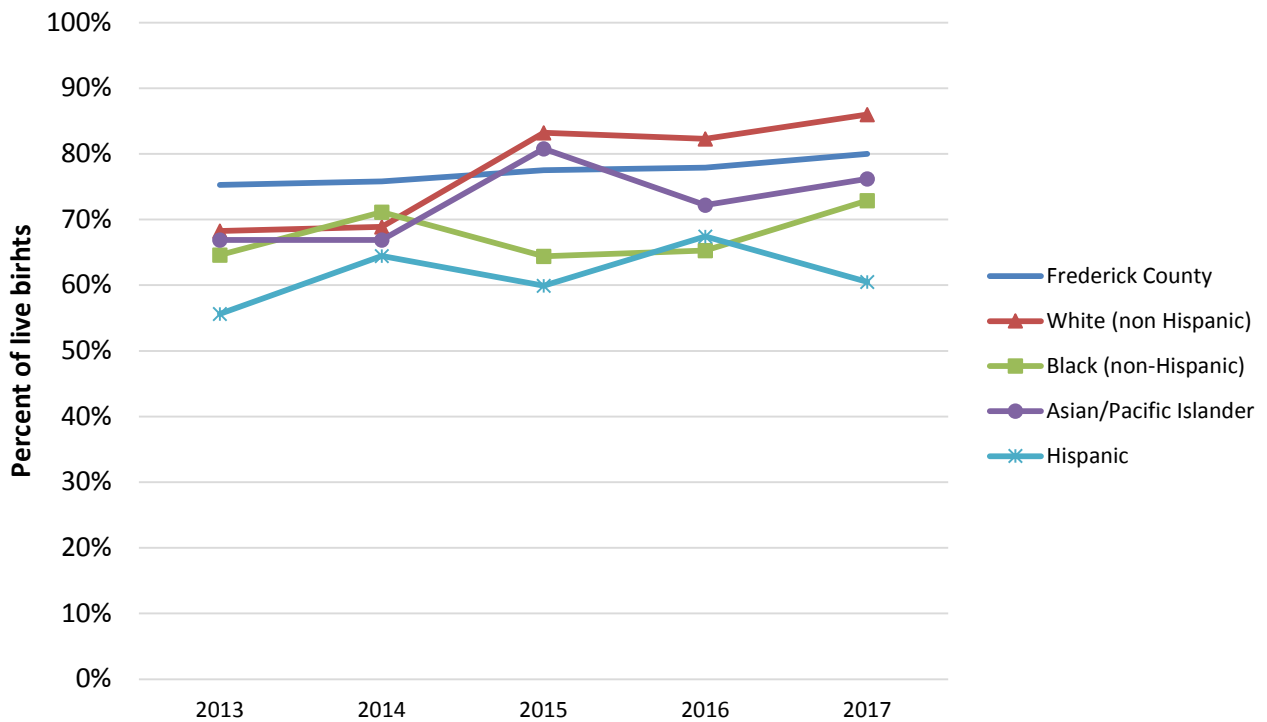
Early Prenatal Care

Early entry into prenatal care is defined as prenatal care beginning in the 1st trimester of pregnancy.

Early Prenatal Care in Frederick County, MD						Maryland
	2013	2014	2015	2016	2017	2017
Frederick County	75.3%	75.8%	77.5%	77.9%	80.0%	69.6%
White	68.3%	68.9%	83.2%	82.3%	86.0%	79.4%
Black	64.6%	71.1%	64.4%	65.3%	72.9%	64.1%
Asian/Pacific Islander	66.9%	66.9%	80.8%	72.2%	76.2%	68.1%
Hispanic	55.6%	64.4%	59.9%	67.4%	60.5%	54.5%

Source: Maryland Vital Statistics Reports.

Early Prenatal Care in Frederick County by Race, 2013-2017



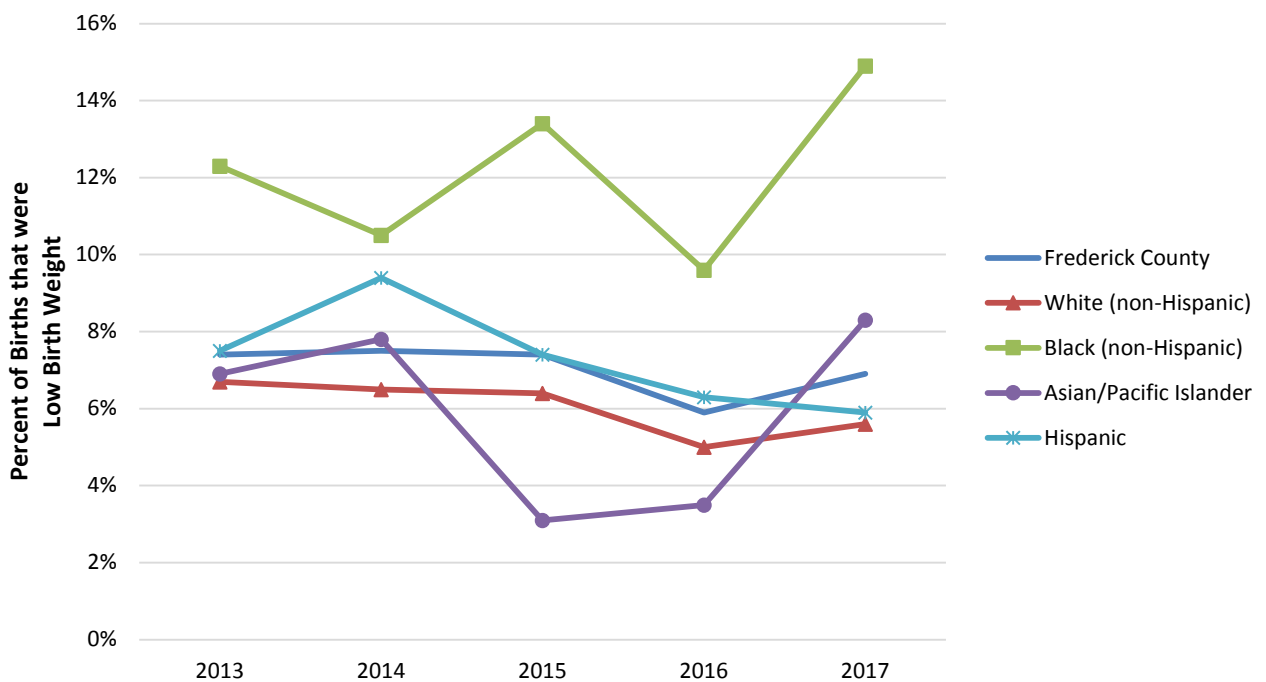
Low Birth Weight

Low birth weight is defined as a weight of less than 2500 grams at birth.

Low Birth Weight in Frederick County, MD						Maryland
	2013	2014	2015	2016	2017	2017
Frederick County	7.4%	7.5%	7.4%	5.9%	6.9%	8.9%
White	6.7%	6.5%	6.4%	5.0%	5.6%	6.6%
Black	12.3%	10.5%	13.4%	9.6%	14.9%	13.0%
Asian/Pacific Islander	6.9%	7.8%	3.1%	3.5%	8.3%	8.7%
Hispanic	7.5%	9.4%	7.4%	6.3%	5.9%	7.2%

Source: Maryland Vital Statistics Reports.

Low Birth Weight Percentages in Frederick County, 2013-2017

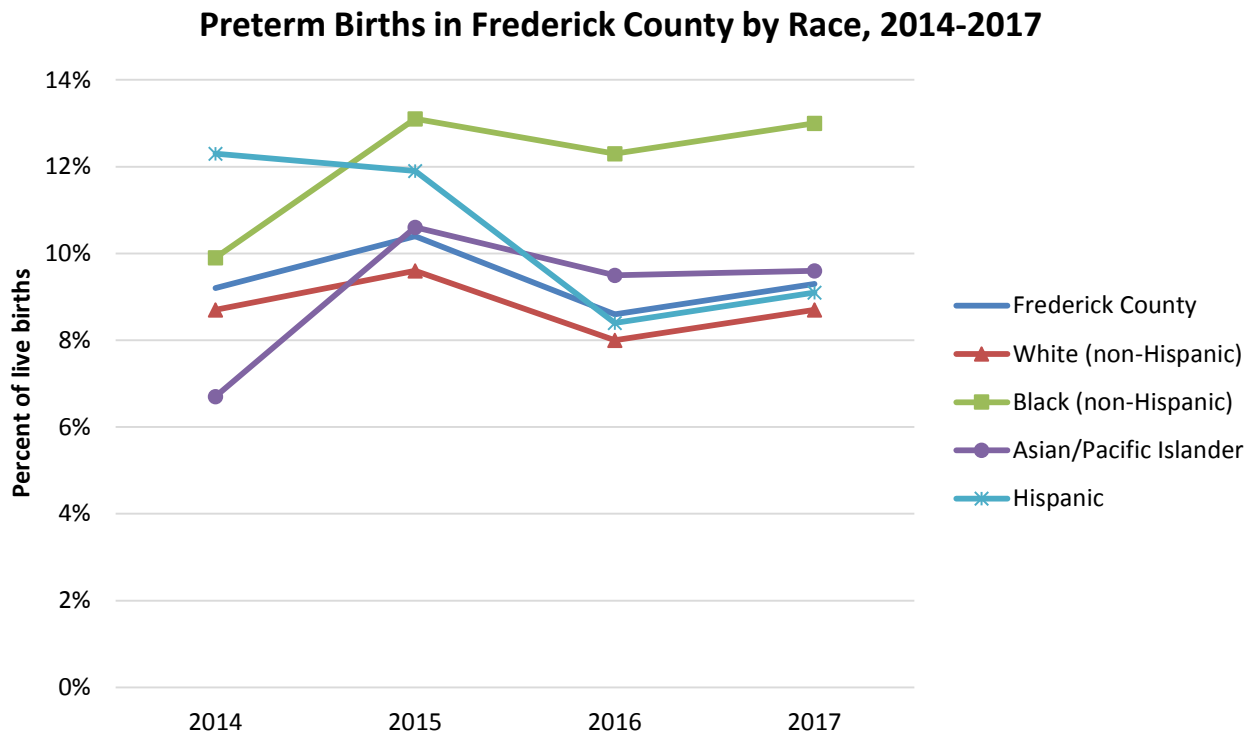


Preterm Birth

Preterm birth is less than 37 completed weeks of gestation.

Preterm Birth in Frederick County, MD						Maryland
	2013	2014	2015	2016	2017	2017
Frederick County	9.7%	9.2%	10.4%	8.6%	9.3%	10.5%
White		8.7%	9.6%	8.0%	8.7%	9.0%
Black		9.9%	13.1%	12.3%	13.0%	13.3%
Asian/Pacific Islander		6.7%	10.6%	9.5%	9.6%	9.0%
Hispanic		12.3%	11.9%	8.4%	9.1%	9.4%

Source: Maryland Vital Statistics Reports.

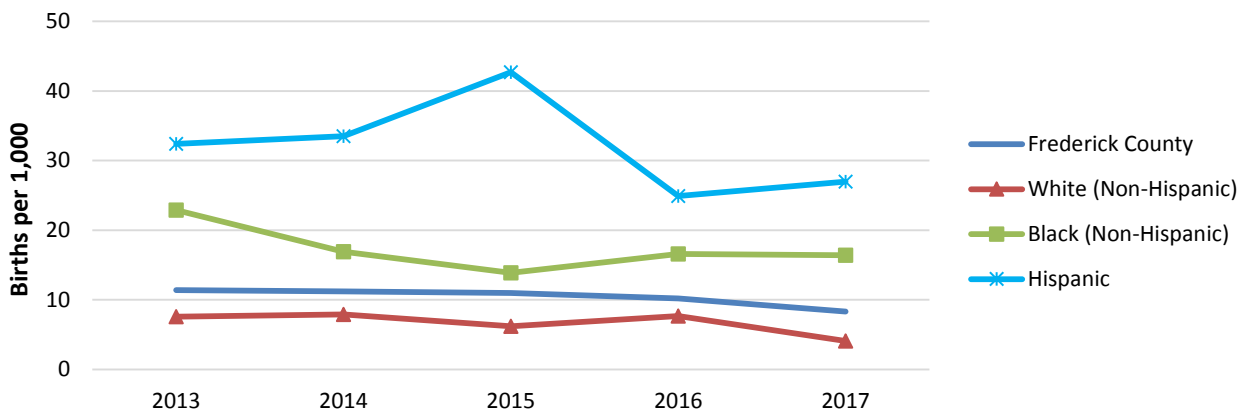


Teen Birth Rate

Teen Birth Rate in Frederick County, MD						Maryland
Rate per 1,000	2013	2014	2015	2016	2017	2017
Frederick County	11.4	11.2	11.0	10.2	8.3	14.2
White (Non-Hispanic)	7.6	7.9	6.2	7.7	4.1	7.3
Black (Non-Hispanic)	22.3	16.9	13.9	16.6	16.4	18.0
Hispanic	32.4	33.5	42.7	24.9	27.0	37.8

Source: Maryland Vital Statistics Reports.

Teen Birth Rates for Frederick County by Race, 2013-2017

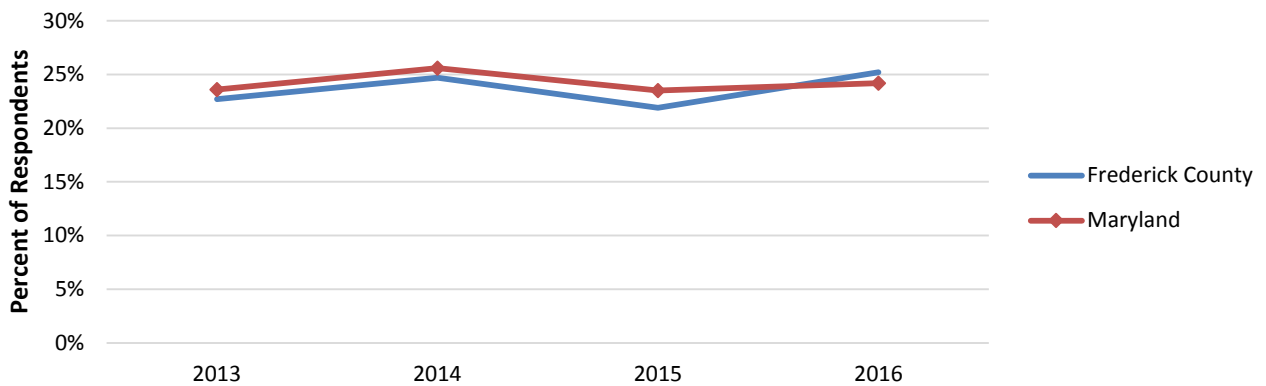


Chronic Conditions
Arthritis

Arthritis in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Arthritis (ever diagnosed)		22.7%	24.7%	21.9%	25.2%	24.2%

Source: Behavioral Risk Factor Surveillance Survey. Question: EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT YOU HAD ARTHRITIS?

Arthritis in Frederick County and Maryland, 2013-2016

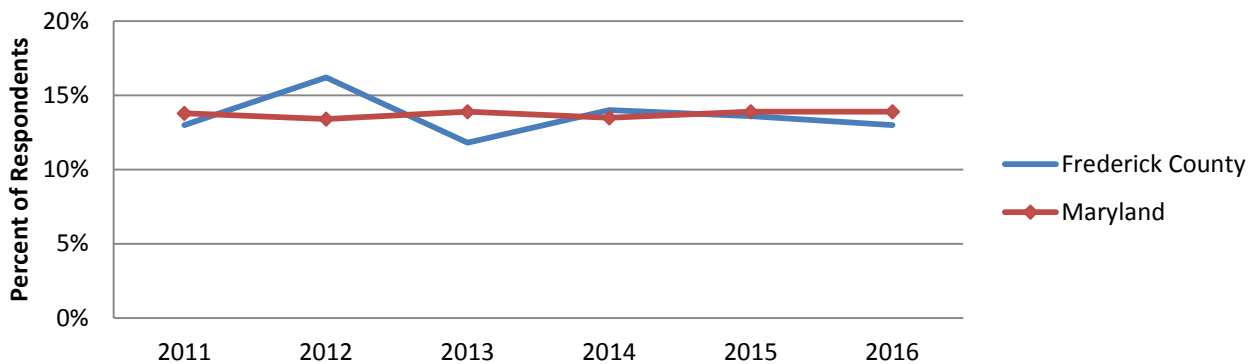


Asthma

Adult Asthma in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Adult Asthma (ever diagnosed)	16.2%	11.8%	14.0%	13.6%	13.0%	13.9%

Source: Behavioral Risk Factor Surveillance Survey. Question: EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT YOU HAD ASTHMA?

**Adult Asthma - Ever Been Diagnosed
Frederick County and Maryland 2012-2016**

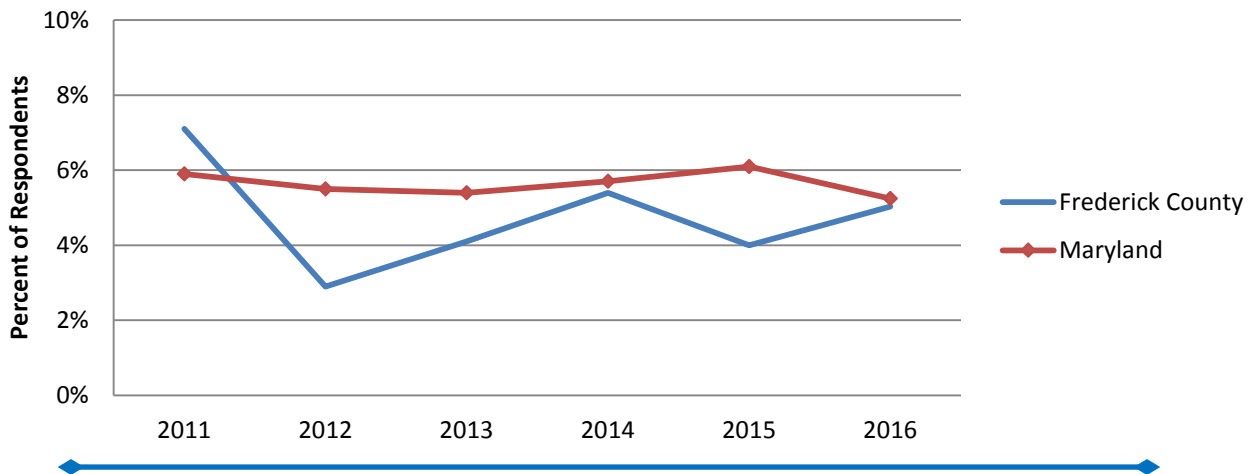


COPD

Chronic Obstructive Pulmonary Disease in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
COPD	2.9%	4.1%	5.4%	4.0%	5.0%	5.2%

Source: Behavioral Risk Factor Surveillance Survey. Question: EVER BEEN TOLD YOU HAVE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), EMPHYSEMA, OR CHRONIC BRONCHITIS?

**Chronic Obstructive Pulmonary Disorder
Frederick County and Maryland, 2011-2014**

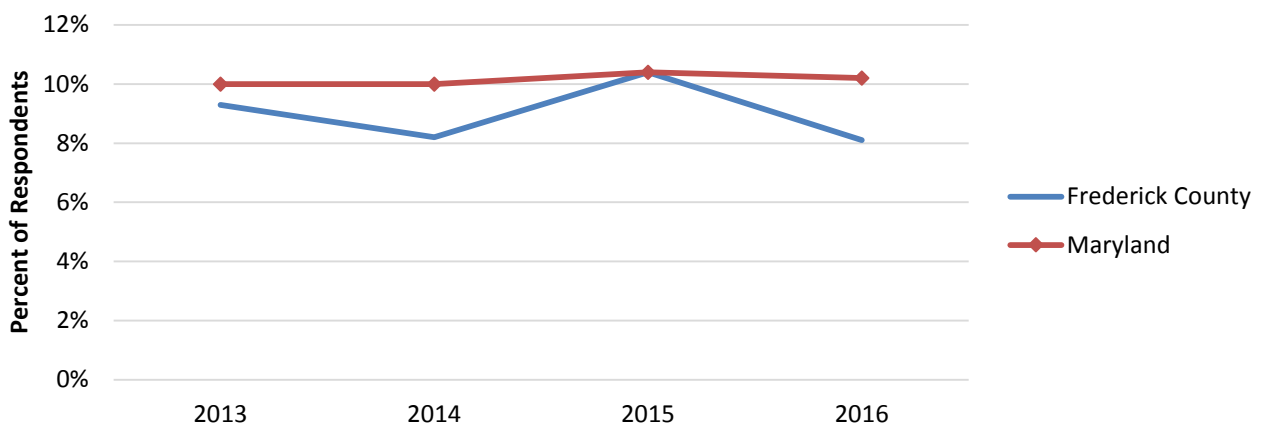


Diabetes

Diabetes in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Diabetes		9.3%	8.2%	10.4%	8.1%	10.2%

Source: Behavioral Risk Factor Surveillance Survey. Question: EVER TOLD BY A DOCTOR THAT YOU HAVE DIABETES? EXCLUDE: DIABETES AT PREGNANCY

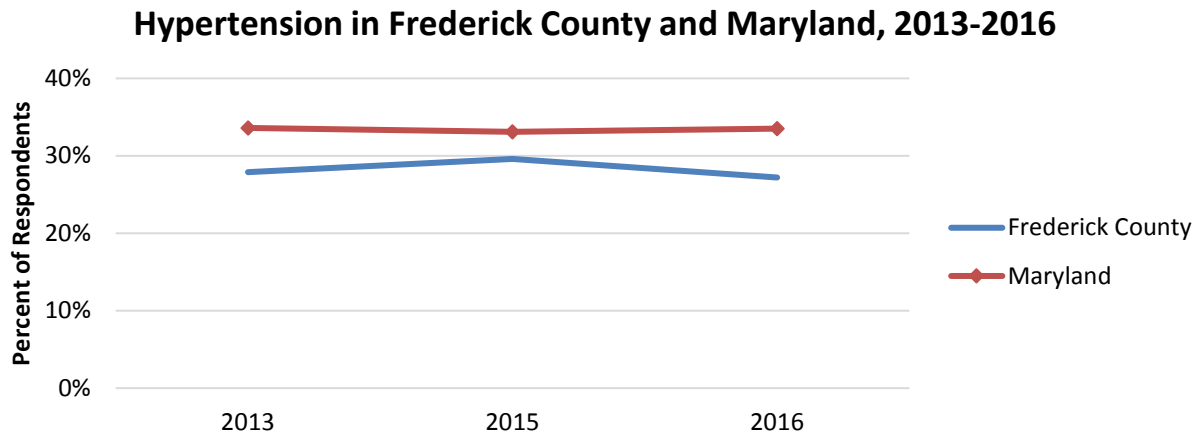
Diabetes in Frederick County and Maryland, 2013-2016



Hypertension

Hypertension in Frederick County, MD	2013	2015	2016	Maryland
	2013	2015	2016	2016
Hypertension	27.9%	29.6%	27.2%	33.5%

Source: Behavioral Risk Factor Surveillance Survey. Question: EVER TOLD BY A DOCTOR THAT YOU HAVE HIGH BLOOD PRESSURE?
 EXCLUDE: WOMEN TOLD DURING PREGNANCY AND BORDERLINE HYPERTENSION.

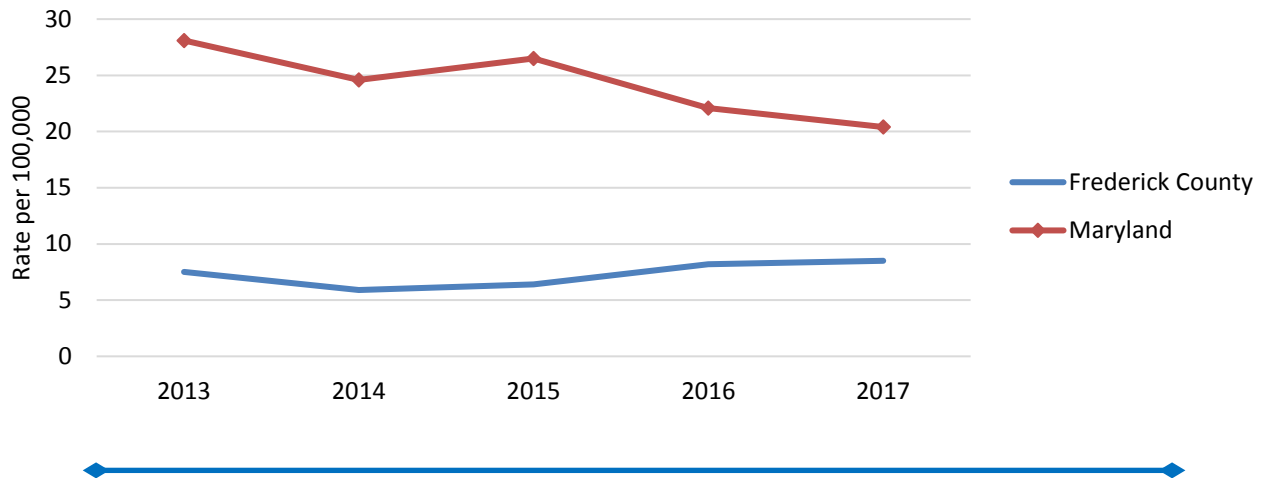


HIV

HIV Incidence Rate in Frederick County, MD						Maryland
Rate per 100,000	2013	2014	2015	2016	2017	2017
HIV Incidence Rate	7.5	5.9	6.4	8.2	8.5	20.4

Source: Maryland HIV Annual Epidemiological Profile. Incidence rate indicates new diagnoses of HIV in adults and adolescents.

HIV Incidence Rate in Frederick County and Maryland, 2013-2017

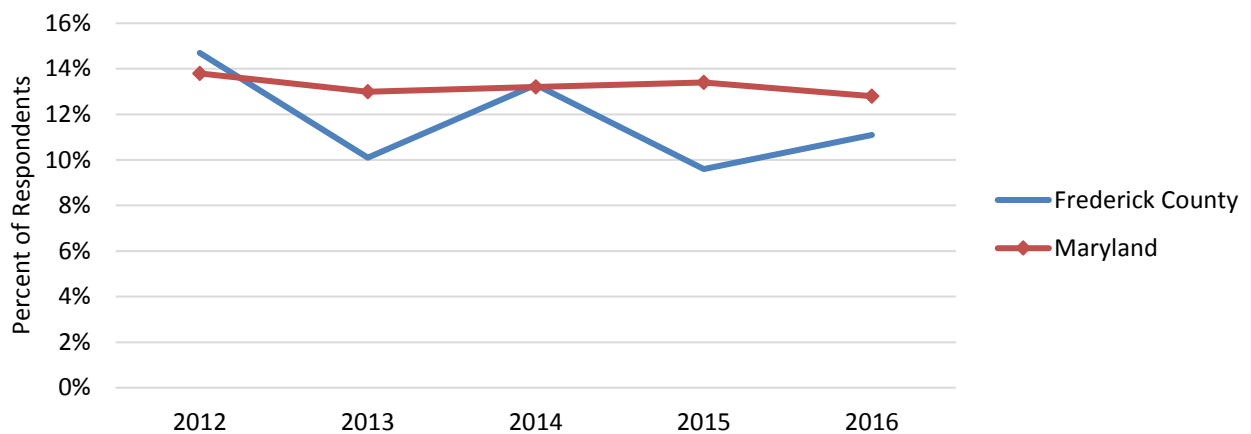


Mental Health

Mental Health in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Mental Health Not Good 8-30 days per month	14.7%	10.1%	13.3%	9.6%	11.1%	12.8%

Source: Behavioral Risk Factor Surveillance Survey. Question: NUMBER OF DAYS MENTAL HEALTH NOT GOOD.

Mental Health Not Good 8-30 Days/Month in Frederick County and Maryland, 2012-2016



Health Factors: Socio-Economic

Education

Population estimates, July 1, 2017	Frederick County	Maryland	United States
High school graduate or higher, percent of persons age 25+ (2013-2017)	92.6%	89.8%	87.3%
Bachelor's degree or higher, percent of persons age 25+ (2013-2017)	40.5%	39.0%	30.9%

Data Source: U.S. Census Bureau: State and County Quick Facts; 2017 Population Estimates; American Community Survey 5-year Estimates.

Income

Population estimates, July 1, 2017	Frederick County	Maryland	United States
Median Household Income (2013-2017)	\$88,502	\$78,916	\$57,652
Owner-occupied housing unit rate (2013-2017)	74.8%	66.8%	63.8%
Persons per household (2013-2017)	2.68	2.68	2.63
Persons in Poverty (2012-2016)	6.9%	9.3%	12.3%
Unemployment Rate, May 2018*	3.5%	3.9%	3.8%

Data Source: U.S. Census Bureau: State and County Quick Facts; 2017 Population Estimates; American Community Survey 5-year Estimates; United States Department of Labor; Bureau of Labor Statistics (*not seasonally adjusted preliminary unemployment rates)

Health Factors: Physical Environment

Lead Levels

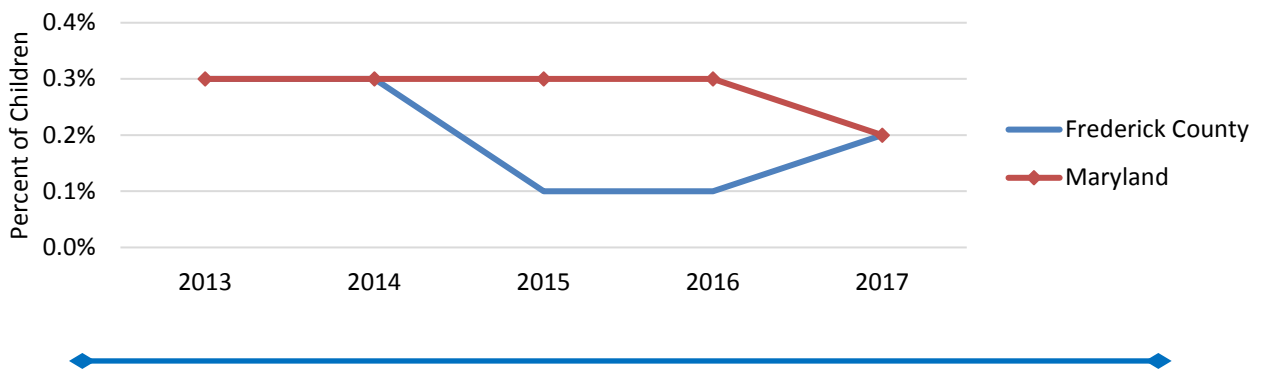
Lead Levels in Frederick County, MD						Maryland
	2013	2014	2015	2016	2017	2017
Children* with positive lead levels	0.3%	0.3%	0.1%	0.1%	0.2%	0.3%

Source: Maryland Department of the Environment Annual Report on Childhood Blood Lead Surveillance in Maryland.

<https://mde.maryland.gov/programs/Land/Pages/LandPublications.aspx>

*Number of children (0-72 months old) with blood lead levels > 10 µg/dL

Children with Positive Lead Levels in Frederick County and Maryland, 2013-2017



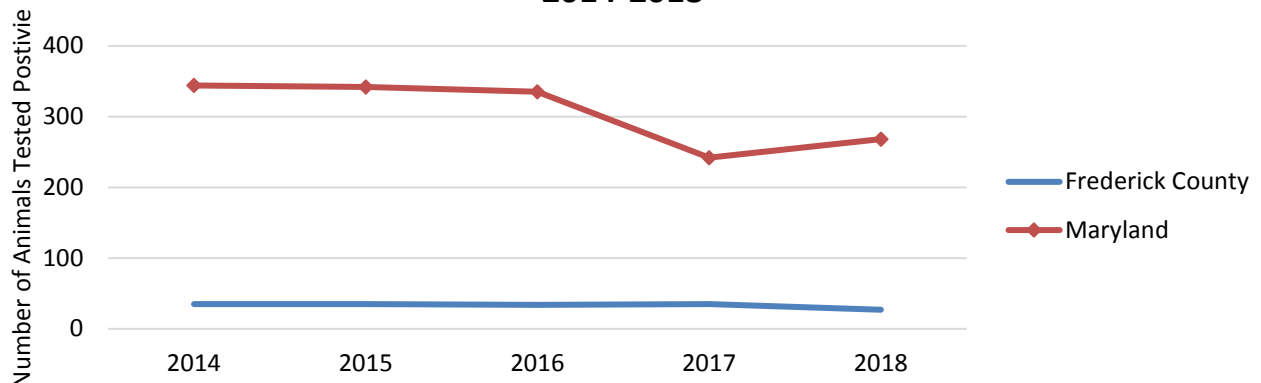
Rabies

Rabies in Frederick County, MD						Maryland
	2014	2015	2016	2017	2018	2017
Animals testing positive for Rabies	35	35	34	35	27	268

Source: Maryland Center for Zoonotic and Vectorborne Diseases Laboratory Confirmed Rabies in Maryland Reports.

<https://phpa.health.maryland.gov/OIDFDR/CZVBD/pages/Data-and-Statistics.aspx>

Animals Positive for Rabies in Frederick County and Maryland, 2014-2018



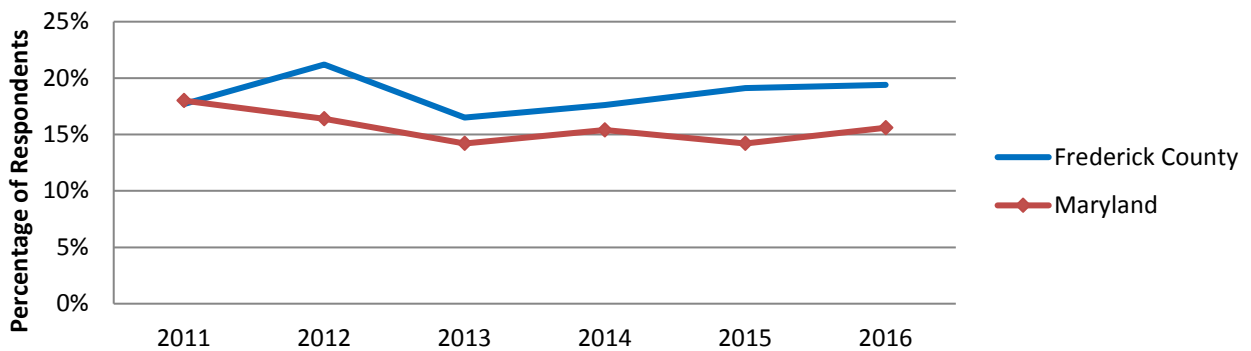
Health Factors: Health Behaviors

Alcohol

Alcohol Use (Adults) in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Binge Drinking (Adults)	21.2%	16.5%	17.6%	19.1%	19.4%	15.6%

Source: Behavioral Risk Factor Surveillance Survey. Question: BINGE DRINKERS (MALES HAVING FIVE OR MORE AND FEMALES HAVING FOUR OR MORE DRINKS ON ONE OCCASION IN THE PAST MONTH).

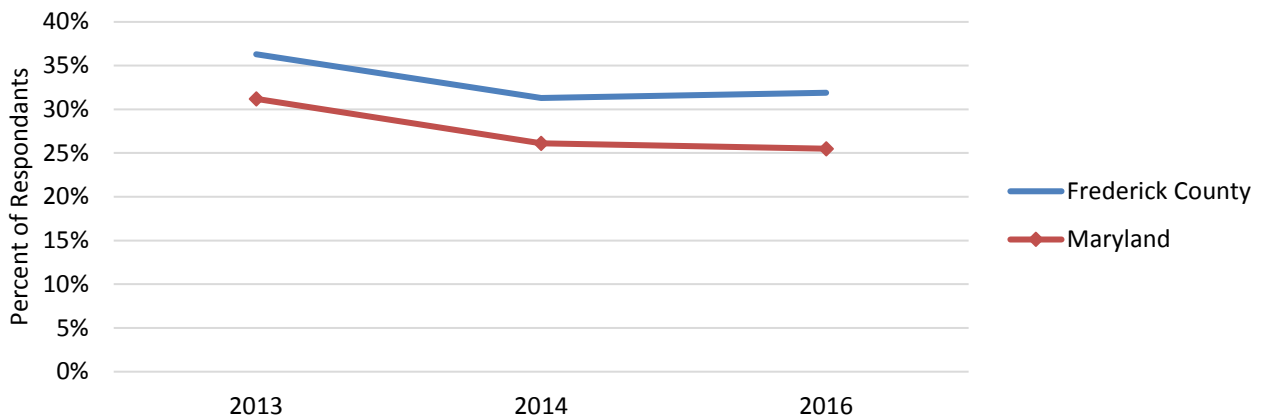
Binge Drinking in Frederick County and Maryland, 2012-2016



Alcohol Use (Adolescents) in Frederick County, MD				Maryland
	2013	2014	2016	2016
High School Students Who Drank Alcohol in Last Month	36.3%	31.3%	31.9%	25.5%

Source: Youth Risk Behavior Survey. Question: Percentage of students who had at least one drink of alcohol on one or more of the past 30 days.

High School Students Who Drank Alcohol in Frederick County and Maryland, 2013-2016

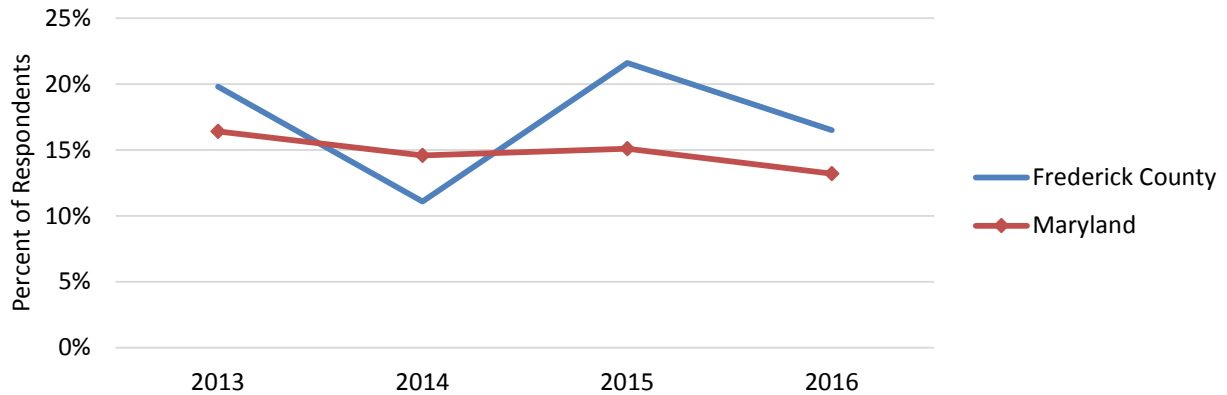


Tobacco Use

Current Smoker (Adults) in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Current Smoker (Adults)		19.8%	11.1%	21.6%	16.5%	13.2%

Source: Behavioral Risk Factor Surveillance Survey. Question: SMOKING STATUS.

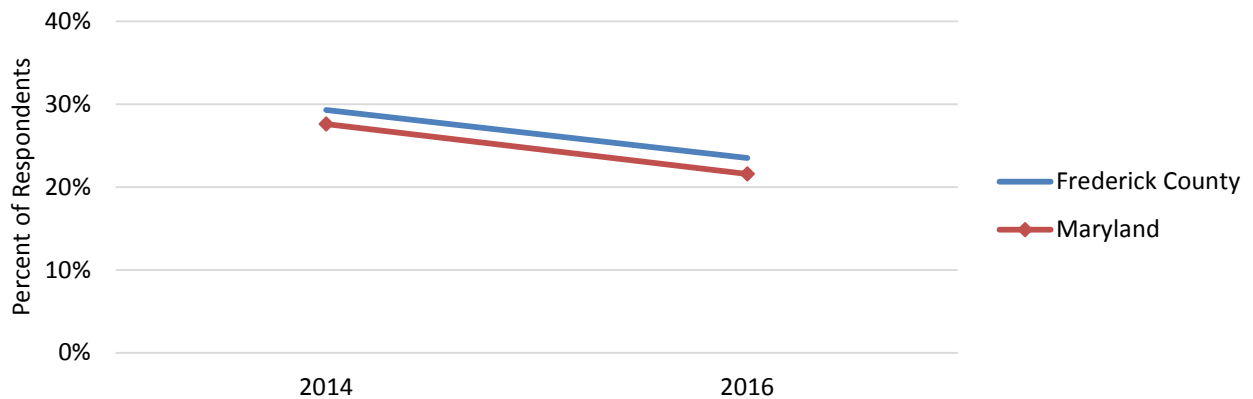
Tobacco Use (Adults) in Frederick County and Maryland, 2013-2016



Tobacco Use (Adolescents) in Frederick County, MD			Maryland
	2014	2016	2016
High School Students Currently Using Tobacco Products	29.3%	23.5%	21.6%

Source: Youth Risk Behavior Survey. Question: Percent of students who currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products (on at least 1 day during the 30 days before the survey).

Current Tobacco Use in High School Students in Frederick County and Maryland, 2014 & 2016

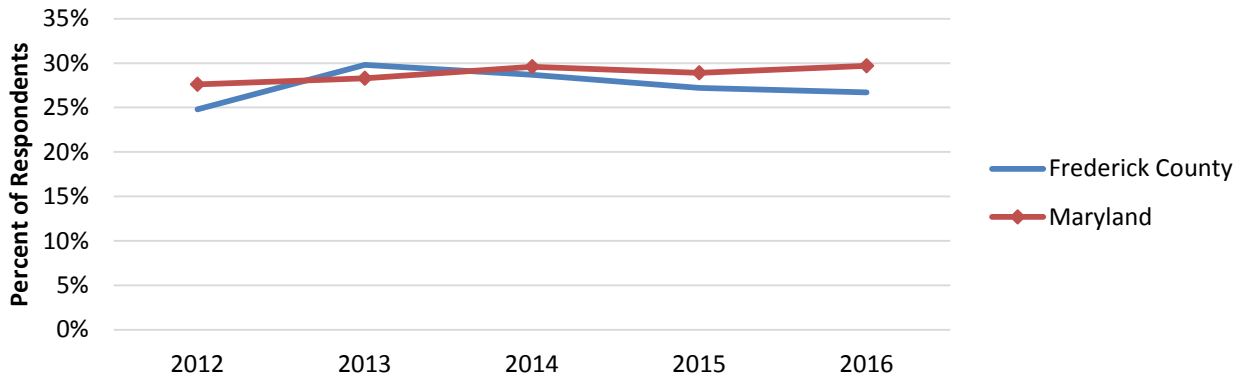


Diet & Exercise

Obesity (Adults) in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
Obesity (Adults)	24.8%	29.8%	28.7%	27.2%	26.7%	29.7%

Source: Behavioral Risk Factor Surveillance Survey. Question: WEIGHT CLASSIFICATION.

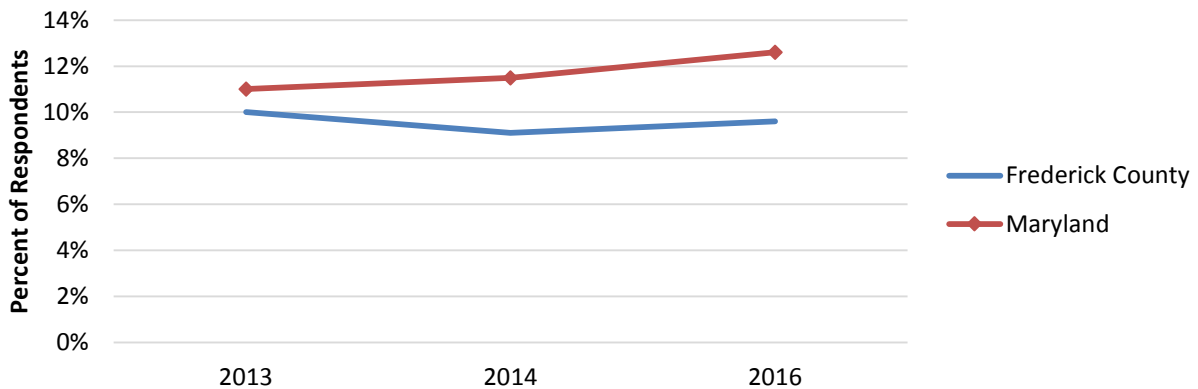
Obesity (Adults) in Frederick County and Maryland, 2012-2016



Obesity (Adolescents) in Frederick County, MD				Maryland
	2013	2014	2016	2016
High School Students with Obesity	10.0%	9.1%	9.6%	12.6%

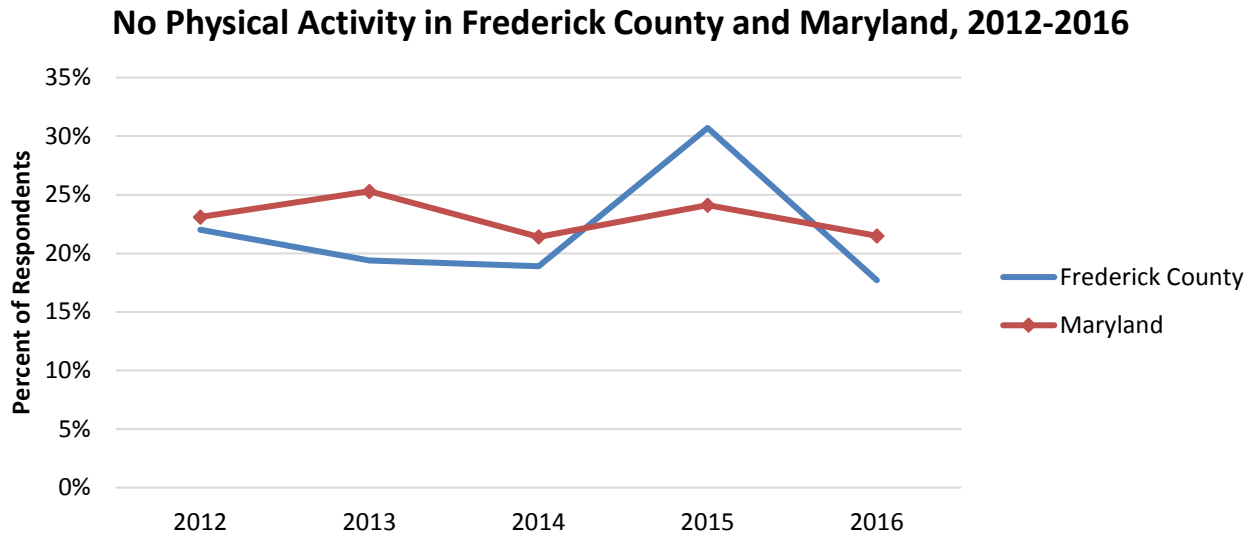
Source: Youth Risk Behavior Survey. Question: Percentage of students who had obesity.

High School Students with Obesity in Frederick County and Maryland, 2013-2016



No Physical Activity (Adults) in Frederick County, MD						Maryland
	2012	2013	2014	2015	2016	2016
No Physical Activity (Adults)	22.0%	19.4%	18.9%	30.7%	17.7%	21.5%

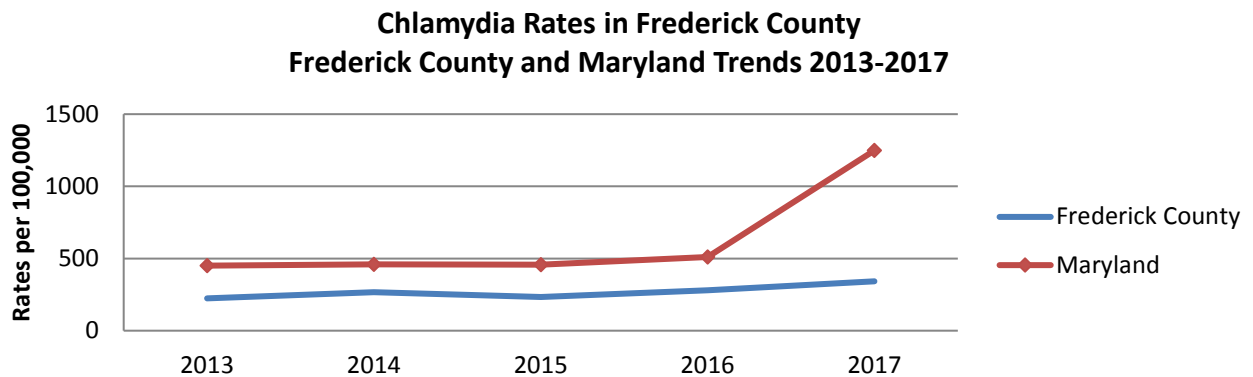
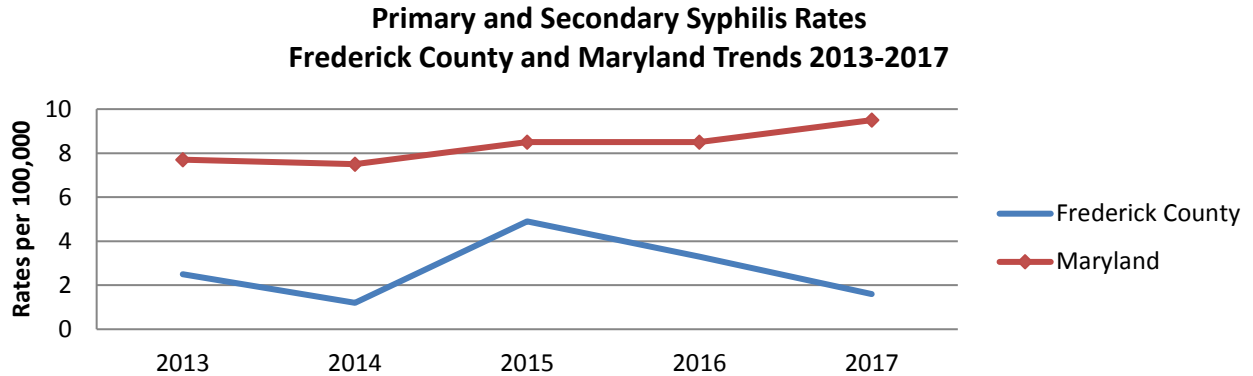
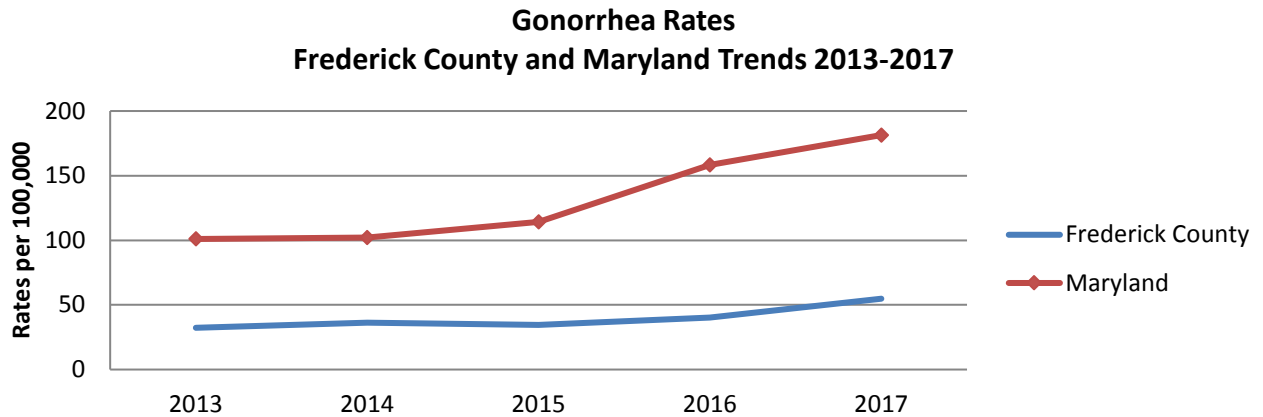
Source: Behavioral Risk Factor Surveillance Survey. Question: NO LEISURE TIME ACTIVITY.



Sexual Health

Rates of Sexually Transmitted Infections in Frederick County, MD						Maryland
Rates per 100,000	2013	2014	2015	2016	2017	2017
Gonorrhea	32.3	36.2	34.6	40.2	54.8	181.4
Syphilis (Primary and Secondary)	2.5	1.2	4.9	3.3	1.6	9.5
Chlamydia	223.9	265.8	232.7	280.1	342.0	1248.4

Source: Maryland STI Data and Statistics. <https://phpa.health.maryland.gov/OIDPCS/CSTIP/Pages/STI-Data-Statistics.aspx>



Health Factors: Clinical Care

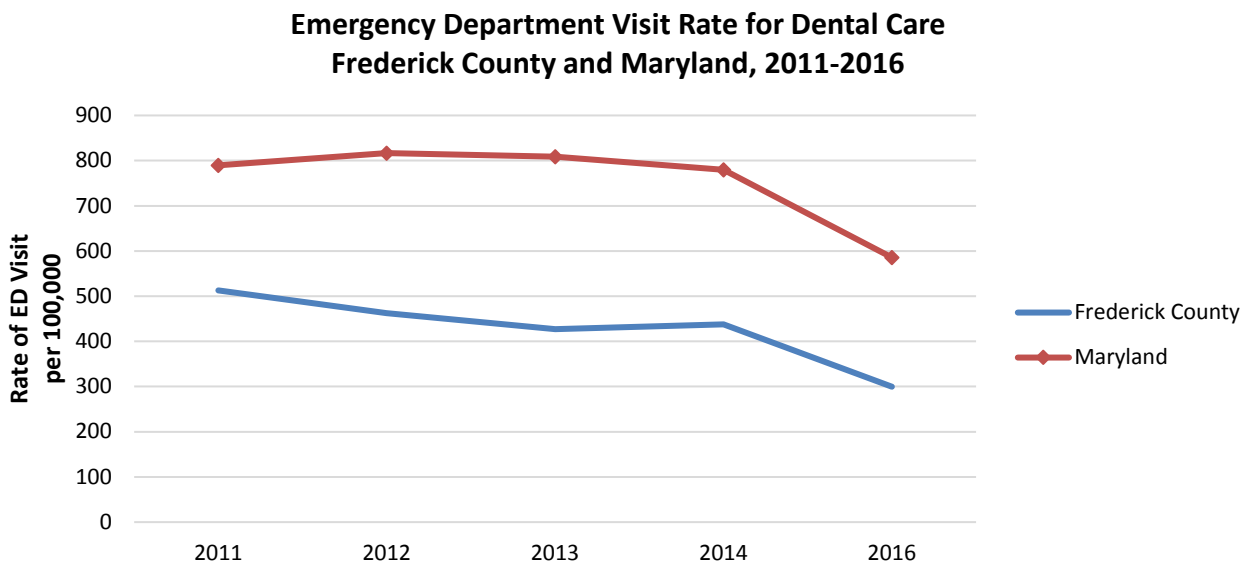
Oral Health

Emergency Department Visits for Dental Care in Frederick County, MD						Maryland
Rates per 100,000	2011	2012	2013	2014	2016	2016
ED Visits Rate for Dental Issues	512.8	462.4	427.3	437.4	299.7	585.7

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

http://frederick.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship46.

Note: No data available for 2015.



Appendix 3. Frederick County Health Indicators: Prioritization Matrix

Health Indicators	Source	Size	Rate	Number affected*	% of FC population	Severity	Severity notes	Trend	Trend notes	Impact on other indicators	Impact notes	Variance vs benchmark	Benchmark	Community Perception	Notes	Disparity	Notes	Score	Rank
Alcohol Use (adolescents)	2016 MD YRBS	2	31.9% high school student	4094 high school students	0.45%	2	Intervention strongly recommended	2	slight increase from 2014, decrease from 2013	3	Increases risk of cerebral/vascular disease and some cancers	0	No benchmark set	2		3	Higher in males, Black, Hispanic	14	1
Breast Cancer (incidence)	2017 MD CRF Report	1	124.2	313	0.12%	3	Intervention urgent	3	trend worsening, especially for blacks	2	Higher risk of other cancers	1	death: HP 2020 20.7/100,000 (FC 21.3)			3		13	2
Syphilis	2017 MDH Report	1	1.6	4	0.00%	3	Intervention urgent	3	trend worsening	3	dementia, blindness	0	No benchmark set			3	higher in White, males	13	3
Obesity (adolescents)	2016 MD YRBS	1	9.6% of high school students	1,232 high school students	0.13%	2	Intervention strongly recommended	2	slight increase from 2014, decrease from 2013	3	Increases risk of heart disease, some cancers	0	No benchmark set	2		3	No disparity data available	13	4
Hypertension	2016 BRFSS	3		52,578	27.2%	2	Intervention strongly recommended	3	Slight worsening trend	3	Increases risk of stroke, dementia, kidney problems, heart disease	1	HP2020 26.9%				No disparity data available	12	5
Gonorrhea	2017 MDH Report	1	54.8	138	0.05%	2	Intervention strongly recommended	3	trend worsening	3	infertility, pregnancy complications	0	No benchmark set			3	Higher in Blacks, males	12	6
Cancer, all (incidence)	2017 MD CRF Report	1	431.8	1,088	0.43%	3	2nd leading cause of death	1	Trending down since 2010 but up in last year	2	Impact on quality of life, treatment side effects	1	death: MD SHIP 147.4/100,000 (FC 156)			3		11	7
Overdose deaths	Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2017	1	30.9	78	0.03%	3		3	trend worsening	1		1	MD SHIP 12.6 per 100,000	2			No disparity data available	11	8
Melanoma Cancer (incidence)	2017 MD CRF Report	1	23.1	58	0.02%	3	Intervention urgent	3	trend worsening	1		0	death: HP 2020 2.4/100,000 (FC 2.4)			3		11	9
Infant mortality	2017 MD Vital Stats	1	6.3	17	0.63%	3	Intervention urgent	3	trend worsening	1		0	MD SHIP 6.3 per 1,000			3		11	10
HIV	2017, MD Annual HIV Epidemiological Profile	1	8.5	18	0.01%	3	Intervention urgent	3	trend worsening	2	risk of cooccurring STIs	-1	MD SHIP 26.7 per 100,000 (incidence)			3		11	11

Frederick County, Maryland
Community Health Needs Assessment Report, May 2019

Health Indicators	Source	Size	Rate	Number affected*	% of FC population	Severity	Severity notes	Trend	Trend notes	Impact on other indicators	Impact notes	Variance vs benchmark	Benchmark	Community Perception	Notes	Disparity	Notes	Score	Rank
Tobacco Use (adolescents)	2016 MD YRBS	2	23.5% high school student	3,016 high school students	0.33%	1		1	trend improving	3	Increases risk of cerebrovascular disease and some cancers	1	MDSHIP 15.2%			3	Higher in males, Black, Hispanic	11	12
Chlamydia	2017 MDH Report	1	342.0	862	0.34%	1		3	trend worsening	3	infertility, pregnancy complications	-1	MDSHIP 431 per 100,000			3	Higher in females	10	13
Obesity (adults)	2016 BRFSS	3		51,611	26.7%	2	Intervention strongly recommended	1	trend is improving	3	Increases risk of heart disease, some cancers	-1	HP2020 30.5%	2			No disparity data available	10	14
Intentional Self-Harm/ Suicide	2017 MD Vital Stats	1	10.3	26	0.01%	3	10th leading cause of death	3	trend worsening	1		-1	HP2020 10.2/100,000			3		10	15
Colorectal Cancer (incidence)	2017 MD CRF Report	1	39.5	100	0.04%	3	Intervention urgent	1	trend improving	1		1	death: HP 2020 14.5/100,000 (FC 15.5)			3		10	16
Low birth weight	2017 MD Vital Stats	1		187	6.9%	2		2	overall trending better, but most recent year worse	3	increased risk of obesity, hypertension, diabetes, heart disease	-1	MDSHIP 8.0%			3		10	17
Alcohol Use (adults binge)	2016 BRFSS	2		37,500	19.40%	1		3	trend worsening	3	Risk of liver disease, heart damage, some cancer	-1	HP2020 24.2%	2			No disparity data available	10	18
Oral Cancer (incidence)	2017 MD CRF Report	1	9.5	24	0.01%	3	Intervention urgent	2	trend consistent	1		0	No benchmark set			3		10	19
Mental Health (8-30 days not good/month)	2016 BRFSS	2		21,456	11.10%	2		2	trend steady	2	Linked to higher unemployment, poverty, disability	0	No benchmark set	2			No disparity data available	10	20
Adverse Childhood Experiences (ACEs) (3+)	2016 BRFSS	3		52,578	27.2%	2	Early life impact can cause chronic, generational issues, intervention strongly rec		Not enough data for trend	3	Increases risk for chronic disease, early death	0	no benchmark set	2	33%		No disparity data available	10	21
Preterm birth	2017 MD Vital Stats	1	9.3% of all births	252 births	0.10%	2		1	slight decline/improvement	3	risk of respiratory distress, developmental delays	-1	HP2020 9.4%			3		9	22

Frederick County, Maryland
Community Health Needs Assessment Report, May 2019

Health Indicators	Source	Size	Rate	Number affected*	% of FC population	Severity	Severity notes	Trend	Trend notes	Impact on other indicators	Impact notes	Variance vs benchmark	Benchmark	Community Perception	Notes	Disparity	Notes	Score	Rank
Arthritis	2016 BRFSS	3		48,712	25.2%	2	Chronic condition that increases in severity, can cause disability	3	Worsening trend	1	linked to anxiety and depression	0	No benchmark set				No disparity data available	9	23
Heart disease (deaths)	2017 MD Vital Stats	1	165.1	416	0.17%	3	Leading cause of death	3	trending up since 2010	1	Increased risk of stroke	0	MDSHIP 166.3 (FC better), P2020 103.4/100,000 (FC worse)				No disparity data available	8	24
Lung Bronchus Cancer (incidence)	2017 MD CRF Report	1	48.1	121	0.05%	3	Intervention urgent	1	trend improving	1		-1	death: HP 2020 45.5/100,000 (FC 37.9)			3		8	25
Prostate Cancer (incidence)	2017 MD CRF Report	1	103.0	260	0.10%	3	Intervention urgent	1	trend improving	1		-1	death: HP 2020 21.8/100,000 (FC 21.3)			3		8	26
Dental Care (ED visits)	2016 MD SHIP	1	299.7	755	0.30%	1		1	trend improving	3	increase risk of heart attack, stroke	-1	MDSHIP 792.8/100,000			3	Higher in Blacks, males	8	27
Early Prenatal Care	2017 MD Vital Stats	1	80% of all births	2171 births	0.86%	1		1	trend improving	3	reduces pregnancy complications	-1	MDSHIP 66.9%			3		8	28
Teen birth rate	2017 MD Vital Stats	1	8.3/1000	71	0.03%	1	potential for economic loss	1	trending down, improving	3	low birth weight, infant mortality	-1	MDSHIP 17.8 per 1,000			3	Higher in Black and Hispanic	8	29
Accident (deaths)	2017 MD Vital Stats	1	18.3	46	0.02%	3	5th leading cause of death	3	trend worsening	1		0	No benchmark set				No disparity data available	8	30
Alzheimer's Disease (deaths)	2017 MD Vital Stats	1	14.4	36	0.01%	3	8th leading cause of death	3	trend worsening	1		0	No benchmark set				No disparity data available	8	31
Nephritis, Nephrosis, and Nephrotic Syndrome (deaths)	2017 MD Vital Stats	1	12.0	30	0.01%	3	9th leading cause of death	3	trend worsening	1		0	No benchmark set				No disparity data available	8	32
No Physical Activity	2016 BRFSS	2		34,214	17.7%	1		2		3	Increases risk of heart disease, some cancers	-1	HP2020 32.6%				No disparity data available	7	33
Tobacco Use (Current adult Smoker)	2016 BRFSS	2		31,895	16.5%	1		2	Trend steady	3	Increases risk of cerebrovascular disease and some cancers	-1	MDSHIP 15.5%				No disparity data available	7	34

Frederick County, Maryland Community Health Needs Assessment Report, May 2019

Health Indicators	Source	Size	Rate	Number affected*	% of FC population	Severity	Severity notes	Trend	Trend notes	Impact on other indicators	Impact notes	Variance vs benchmark	Benchmark	Community Perception	Notes	Disparity	Notes	Score	Rank
Child lead levels	2016, Childhood Blood Lead Surveillance in Maryland Annual Report	1		5	0.002%	3	Intervention urgent	1	trend improving	3	increased risk of neurological and learning issues	-1	MDSHIP 0.28%				No disparity data available	7	35
C-section Births	2017 MD Vital Stats	1	30.8% of all births	836 births	0.33%	1		1	slight decline/improvement	1		0	No benchmark set			3		7	36
COPD	2016 BRFSS	1		9,665	5.0%	2	Chronic condition that increases in severity, can cause disability	2	overall trending slight improvement, but most recent year worse	2	heart attacks, strokes, and lung cancer	0	No benchmark set				No disparity data available	7	37
Diabetes	BRFSS, MD Vital Stats	1		20,414	8.1%	2	Chronic condition, can cause disability, death in small numbers	2	Incidence steady, mortality increasing	2	Causes problems in eyes, kidneys, feet, nerves	-1	HP2020 66.6 deaths per 100,000; FC at 18.3 in 2014-2016				No disparity data available	6	38
Septicemia (deaths)	2017 MD Vital Stats	1	9.2	23	0.01%	3	7th leading cause of death	1	trend improving	1		0	No benchmark set				No disparity data available	6	39
Cerebrovascular Disease (deaths)	2017 MD Vital Stats	1	36.0	91	0.04%	3	3rd leading cause of death	1	trend improving	1		0	No benchmark set				No disparity data available	6	40
Chronic Lower Respiratory Disease (deaths)	2017 MD Vital Stats	1	35.5	89	0.04%	3	4th leading cause of death	1	trend improving	1		0	No benchmark set				No disparity data available	6	41
Influenza and Pneumonia (deaths)	2017 MD Vital Stats	1	21.8	55	0.02%	2	6th leading cause of death	2	trend steady	1		0	No benchmark set				No disparity data available	6	42
Cervical Cancer (incidence)	2017 MD CRF Report	1	5.0	13	0.01%	3	Intervention urgent	1	trend improving	1		0	No benchmark set				No disparity data available	6	43
Asthma	2016 BRFSS	2		25,129	13.00%	2		1	trend improving	1	linked to anxiety and depression	0	No benchmark set				No disparity data available	6	44
Rabies (animals testing positive)	2017 MD CZVBD	0		35 animals positive	N/A	3	Intervention urgent	1	trend improving	1		0	No benchmark set				No disparity data available	5	45

*based on 2017 FC pop estimate

** BRFSS populations based on 18+ (76.7% = 193,300)

*** based on 2017-2018 high school population of 12,833

Cause of death mortality rates used because incidence/prevalence for FC not available.

Cancer incidence used because prevalence data for FC not available.

Appendix 4. Maryland State Health Improvement Plan (SHIP) Goals

Measure	MD SHIP Goal	Frederick County Value	Frederick County Year	Did FC Meet Goal?
Reduce infant mortality rate (per 1,000)	6.3	6.3	2017	Yes
Reduce the percent of low birth weight births	8.0%	6.9%	2017	Yes
Increase the percent of pregnancies starting care in the 1 st trimester	66.9%	80%	2017	Yes
Reduce teen birth rate (per 1,000)	17.8	8.3	2017	Yes
Reduce high child lead levels	0.28%	0.002%	2016	Yes
Reduce the percent of adolescents who use tobacco products	15.2%	23.5%	2016	No
Reduce the percent of adults who are current smokers	15.5%	16.5%	2016	No
Reduce emergency department visits for dental care (per 100,000)	792.8	299.7	2016	Yes
Reduce chlamydia infection rate (per 100,000)	431	342.0	2017	Yes
Reduce HIV incidence rate (per 100,000)	26.7	8.5	2017	Yes
Reduce suicide rate (per 100,000)	9.0	10.3	2017	No
Reduce heart disease mortality (per 100,000)	166.3	165.1	2017	Yes
Reduce cancer mortality (per 100,000)	147.4	156.0	2014	No

<http://dhmh.maryland.gov/SHIP/Pages/home.aspx>


Appendix 5. Healthy People 2020 Goals Included in this Assessment

































	Measure	HP2020 Goal	Frederick County Value	Frederick County Year	Did FC Meet Goal?
C-1	Reduce the overall cancer death rate to 161.4 deaths per 100,000 population.	161.4	156.0	2014	Yes
C-2	Reduce the lung and bronchus cancer death rate to 45.5 deaths per 100,000 population.	45.5	37.9	2010-2014	Yes
C-3	Reduce the female breast cancer death rate to 20.7 deaths per 100,000 population.	20.7	21.3	2010-2014	No
C-5	Reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population.	14.5	15.5	2010-2014	No
C-7	Reduce the prostate cancer death rate to 21.8 deaths per 100,000 population.	21.8	21.3	2010-2014	Yes
C-8	Reduce the melanoma cancer death rate to 2.4 deaths per 100,000 population.	2.4	2.4	2010-2014	Yes
D-3	Reduce diabetes death rate to 66.6 deaths per 100,000 population.	66.6	18.3	2014-2016	Yes
HDS-2	Reduce coronary heart disease deaths to 103.4 deaths per 100,000 population	103.4	165.1	2017	No
HDS-5	Reduce the proportion of persons in the population with hypertension to 26.9%.	26.9%	27.2%	2016	No
MHMD-1	Reduce the suicide rate to 10.2 suicides per 100,000 population	10.2	10.3	2017	No
MICH-1.3	Reduce rate of infant deaths to 6.0 deaths per 1,000 live births	6.0	6.3	2017	No
MICH-8.1	Reduce low birth weight births to 7.8% of births	7.8%	6.9%	2017	Yes
MICH-9.1	Reduce total preterm births to 9.4% of live births	9.4%	9.3%	2017	Yes
MICH-10.1	Increase the proportion of pregnant women who receive early and adequate prenatal care to 77.9%	77.9%	80.0%	2017	Yes
NW-9	Reduce the proportion of adults who are obese to 30.5%	30.5%	26.7%	2016	Yes
SA-14.3	Reduce the proportion of persons engaging in binge drinking during the past 30 days—adults aged 18 years and older	24.2%	19.4%	2016	Yes
TU-1.1	Reduce cigarette smoking by adults to 12%	12.0%	16.5%	2016	No

<http://www.healthypeople.gov/2020/topics-objectives>

Appendix 6. Disparities

At this time, county level data is not available to examine the role of income, education, and other social determinants of health for health disparities. Some data is available for certain topics by gender, race and/or ethnicity. The following list shows health disparities in Frederick County. Other disparities may exist, but this list consists of topics where data was available at the county level for both genders and/or at least two races.

 Data shows health disparity

Health Indicator	Data Source	Disparities Identified	
		Gender	Race/ Ethnicity
Alcohol Use (adolescents)	2016		
C-section Births	2017	N/A	
Cancer, all (incidence and mortality)	2014		
Cancer, Female Breast (incidence)	2010-2014	N/A	
Cancer, Colorectal (incidence)	2010-2014		
Cancer, Lung Bronchus (incidence)	2010-2014		
Cancer, Melanoma (incidence)	2010-2014		Insuff. data
Cancer, Oral (incidence)	2010-2014		Insuff. data
Cancer, Prostate (incidence)	2010-2014	N/A	
Chlamydia	2017		
Early Prenatal Care	2017	N/A	
Emergency Department Visits for Dental Care	2016		
Gonorrhea	2017		
HIV	2017		
Infant mortality	2017	Data not available	
Intentional Self- Harm/ Suicide	2017		
Low birth weight	2017	N/A	
Preterm birth	2017	N/A	
Syphilis	2017		
Teen birth rate	2017	N/A	
Tobacco Use (adolescents)	2016		

For detailed data, go to the [Secondary Data](#).

Appendix 7. Online Survey



2018 Frederick Community Health Survey

The purpose of this survey is to get the opinions of Frederick County residents about the community health issues in Frederick County, Maryland. The Frederick County Health Care Coalition, Frederick County Health Department and Frederick Regional Health System will use this information to identify health priorities and to address these priorities through community action. All questions are optional and your answers are anonymous and confidential. Please take 10 minutes to complete this survey.

Community Health

1. Overall, how would you rate the health of people who live in your community?

- Poor Fair Good Very Good Excellent

2. What do you think makes a healthy community? *Check up to 4 answers.*

- | | |
|---|---|
| <input type="checkbox"/> Absence of discrimination (racism, sexism) | <input type="checkbox"/> Good public transportation |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Healthy foods in all neighborhoods (stores with fresh fruits and vegetables) |
| <input type="checkbox"/> Churches and religious organizations | <input type="checkbox"/> Low crime/safe neighborhoods |
| <input type="checkbox"/> Clean environment (clean water, air, etc.) | <input type="checkbox"/> Places to get help (such as social services, food pantries and charities) |
| <input type="checkbox"/> Good hospitals, doctors, clinics | <input type="checkbox"/> Places to meet with people (community centers, social clubs, sports groups) |
| <input type="checkbox"/> Good jobs | <input type="checkbox"/> Safe places to play and be active |
| <input type="checkbox"/> Other (please specify) _____ | |

3. What do you think are the most important health issues in your community? (Problems that have the greatest impact on overall health.) *Check up to 4 answers.*

- | | |
|--|--|
| <input type="checkbox"/> Adverse childhood experiences (negative stressful events that impact lifelong health) | <input type="checkbox"/> Infectious disease (Hepatitis, TB) |
| <input type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> Mental Health problems (depression, anxiety, etc.) |
| <input type="checkbox"/> Breathing or lung problems (asthma, COPD, etc.) | <input type="checkbox"/> Overweight or obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Preventable injuries (car accidents, accidental injury at home or work) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> HIV / AIDs | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Infant death or premature birth | <input type="checkbox"/> Violence (in the home, community, or workplace) |
| <input type="checkbox"/> Other (please specify) _____ | |

4. Which of the following unhealthy behaviors in the community concern you the most? *(Those behaviors that have the greatest impact on overall community health.) Check up to 4 answers.*

- | | |
|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not seeing a dentist |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Not seeing a doctor |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Poor eating habits (eating "junk" food, not eating vegetables, etc.) |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Tobacco use (cigarettes, cigars, e-cigarettes, chewing tobacco, dip, etc.) |
| <input type="checkbox"/> Not getting professional mental health help | <input type="checkbox"/> Unprotected or unsafe sex |
| <input type="checkbox"/> Not getting shots to prevent disease | <input type="checkbox"/> Violence that is gang or drug related |
| <input type="checkbox"/> Other (please specify) _____ | |

5. Which healthcare services are difficult to get in your community? *Check all answers that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Alcohol or drug abuse treatment | <input type="checkbox"/> Help navigating the healthcare system |
| <input type="checkbox"/> Alternative therapies (acupuncture, etc.) | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Physical therapy and rehabilitation |
| <input type="checkbox"/> Emergency medical care | <input type="checkbox"/> Prescriptions (medicine) |
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> Services for the elderly |
| <input type="checkbox"/> Family planning (including birth control) | <input type="checkbox"/> Specialty medical care (cardiologist, neurologist, endocrinologist, etc.) |
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Vision care (eye exam and glasses) |
| <input type="checkbox"/> Other (please specify) _____ | |

Access to Healthcare

6. What is the primary source of your health care insurance coverage?

- | | |
|---|--|
| <input type="radio"/> I do not have health insurance | <input type="radio"/> TRICARE, military, or VA Benefits |
| <input type="radio"/> Insurance from an employer or union | <input type="radio"/> Medicaid or Health Choice |
| <input type="radio"/> Insurance that you pay for yourself (including "Obamacare" plans) | <input type="radio"/> Medicare (alone or with a Medicare supplement) |
| <input type="radio"/> Indian or Tribal Health Services | |
| <input type="checkbox"/> Other (please specify) _____ | |

7. When you or someone in your family is sick, where do you go for healthcare? *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> My family doctor | <input type="checkbox"/> VA or military |
| <input type="checkbox"/> Hospital emergency room | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Free clinic (Mission of Mercy) | <input type="checkbox"/> Low cost option (Community Action Agency) |
| <input type="checkbox"/> I usually go without healthcare | |
| <input type="checkbox"/> Other (please specify) _____ | |

8. What do you feel are the problems for you getting healthcare for yourself or your family members? *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> I am able to get quality healthcare without problems | <input type="checkbox"/> Lack of transportation (can't get ride to the doctor) |
| <input type="checkbox"/> I don't have health insurance | <input type="checkbox"/> Doctor not taking new patients |
| <input type="checkbox"/> I cannot afford my insurance copay or deductible | <input type="checkbox"/> Doctor or nurse does not speak my language |
| <input type="checkbox"/> Doctor or clinic doesn't take my insurance | <input type="checkbox"/> I cannot afford medicine (prescriptions) |
| <input type="checkbox"/> Wait time to get appointment is too long | <input type="checkbox"/> I cannot find the specialist I need nearby |
| <input type="checkbox"/> Other (please specify) _____ | |

Your Health

9. How would you rate your own health?

- Poor Fair Good Very good Excellent

10. What are some of the major stressors in your life? *Check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Unsafe home |
| <input type="checkbox"/> Not having stable housing | <input type="checkbox"/> Unsafe neighborhood |
| <input type="checkbox"/> Providing care for elderly or disabled family members | <input type="checkbox"/> Not having reliable transportation |
| <input type="checkbox"/> Responsibility providing care for children | <input type="checkbox"/> Unable to afford / have access to healthy food |
| <input type="checkbox"/> Cost of providing care for children | <input type="checkbox"/> Poor sleep |
| <input type="checkbox"/> Not having a stable job or income | <input type="checkbox"/> Long commute / traffic |
| <input type="checkbox"/> Ongoing health problems | |
| <input type="checkbox"/> Other (please specify) _____ | |

11. It is recommended that everyone spends at least 30 minutes per day 5 days a week exercising. How much do you exercise?

- | | | |
|--|--|---|
| <input type="radio"/> None | <input type="radio"/> Very little (less than 10 min/day) | <input type="radio"/> Some (about 15 min/day) |
| <input type="radio"/> About what's recommended | <input type="radio"/> A lot (more than 40 min/day) | <input type="radio"/> Don't know |

Exercise

12. Why is it hard for you to get 30 minutes of exercise 5 days a week? *Please check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Costs too much | <input type="checkbox"/> I have physical problems that keep me from exercising |
| <input type="checkbox"/> Don't have safe places to exercise (park, sidewalks, etc.) | <input type="checkbox"/> I lack motivation |
| <input type="checkbox"/> Don't have someone to exercise with | <input type="checkbox"/> I never think about it |
| <input type="checkbox"/> I don't enjoy it | <input type="checkbox"/> Too busy / no time |
| <input type="checkbox"/> Other (please specify) _____ | |

Healthy Eating Habits

13. It is recommended that everyone eats at least 5 servings of fruits and vegetables per day. How many servings do you typically eat per day? ***(For example, one serving is 1/2 cup cooked green vegetables, 1 cup leafy greens, or 1 banana.)***

- 0 servings
- 1-2 servings
- 3-4 servings
- 5 or more servings
- Don't know

14. Why do you eat fewer than 5 servings of fruits and vegetables per day? *Check all that apply.*

- Cost too much
- I don't like the taste
- I never think about it
- Where I shop doesn't have a good selection
- Other (please specify) _____

Health Screenings and Preventive Care

15. If you are female, have you gotten your recommended Pap smear routinely? *Current recommendation for screening for cervical cancer in women age 21 to 65 years is a Pap smear every 3 years.*

- I am not female
- I am female but not in the testing age OR I don't have a cervix
- Yes, I've gotten my Pap within the last 3 years
- No, I haven't gotten my Pap within the last 3 years

16. Why have you not gotten your Pap as recommended?

- I can't get an appointment with my doctor
- I'm nervous/scared/don't want to
- I'm not sure if it's really needed
- I'm too busy to schedule it
- It's too expensive
- My doctor hasn't told me I need it
- Other (please specify) _____

17. If you are female, have you gotten your recommended mammogram? *Current recommendation for screening for breast cancer in women age 50 to 74 years is a mammogram every 2 years.*

- I am not female
- I am female but not in the testing age OR I've had a double mastectomy
- Yes, I've gotten my mammogram within 2 years
- No, I haven't gotten my mammogram within 2 years

18. Why have you not gotten your mammogram as recommended?

- I can't get an appointment with my doctor
- I'm nervous/scared/don't want to
- I'm not sure if it's really needed
- I'm too busy to schedule it
- It's too expensive
- My doctor hasn't told me I need it
- Other (please specify) _____

19. Have you gotten your recommended colon cancer screening? *Current recommended screening for colorectal cancer is fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.*

- I am not old enough to start colon cancer screening yet
- Yes, I've been screened for colon cancer as recommended by my doctor
- No, I haven't been screened for colon cancer

20. Why have you not gotten your colonoscopy as recommended?

- I can't get an appointment with my doctor
- I'm nervous/scared/don't want to
- I'm not sure if it's really needed
- I'm too busy to schedule it
- It's too expensive
- My doctor hasn't told me I need it
- Other (please specify) _____

Demographics

Not all members of the community have the same experiences. Answering the following questions will help us better understand how health may be different by our zip code, gender, race or education so that we can offer better services

21. What is the zip code where you live? _____

22. What kind of transportation do you regularly use? *Check all that apply.*

- I have a reliable car
- I have an unreliable car (doesn't always run)
- Public transportation
- Walking
- Rides from friends or family
- Bicycle
- Other (please specify) _____

23. What is your age? _____

24. What is your gender?

- Man Woman Transgender man Transgender woman Prefer not to answer

25. Do you consider yourself to be...

- Heterosexual/Straight Bisexual
 Gay or Lesbian Prefer not to answer

26. What is your race / ethnicity? *Check all that apply.*

- White / Caucasian Black / African-American
 American Indian / Alaska Native Asian
 Native Hawaiian and other Pacific Islander Some other race
 Hispanic

27. What is the highest level of school you have completed or highest degree you have received?

- I never attended school Some college
 Some school / did not graduate high school College degree
 High school diploma / GED Graduate or professional degree
 Vocational / technical training after high school

28. What is your current employment status

- Disabled / unable to work Self-Employed
 Employed Full-Time Stay-at-home parent
 Employed Part-Time Student
 Retired Unemployed

29. What is your annual household income?

- Less than \$25,000/year \$25,001 - \$50,000/year
 \$50,001 - \$75,000/year \$75,001 or more/year

30. How many people live in your household (including yourself)?

- 1 2 3 4 5+

Thank you for completing this survey!

Appendix 8. Planning Process Participants

The 2019 Frederick County Community Health Needs Assessment (CHNA) is the result of a collaborative community-wide effort involving a variety of organizations. The Frederick County Health Care Coalition thanks the following for their participation.

CHNA Planning Committee – responsible for guiding CHNA process, planning and oversight.
• Kathleen Allen, Frederick County Public Schools Judy Center
• Gloria Bamforth, Frederick Regional Health System
• Denise Barton, Frederick Regional Health System*
• Peter Brehm, The Frederick Center
• Barbara Brookmyer, MD, Frederick County Health Department
• Nick Brown, Religious Coalition for Emergency Human Needs
• Manuel Casiano, MD, Frederick Regional Health System*
• Elizabeth Chung, Asian American Center of Frederick
• Betsy Day, Community Foundation of Frederick County
• Decision Support Department, Frederick Regional Health System*
• Miriam Dobson, RN, Frederick County Health Department
• Kristen Fletcher, Frederick Regional Health System*
• Malcolm Furgol, United Way of Frederick County
• Monica Grant, Frederick County Citizen Services
• Janet Harding, Frederick Regional Health System*
• Maria Herrera, Spanish Speaking Community of Frederick*
• Jamie Hitchner, Frederick County Public Schools
• Janet Jones, Frederick Community Action Agency
• Liz Kinley, Frederick Regional Health System
• Heather Kirby, Frederick Regional Health System*
• Jenny Morgan, RN, Frederick Regional Health System
• Kyla Newbould, RN, Frederick Regional Health System
• Ken Oldham, United Way of Frederick County
• Pilar Olivo, Frederick County Child Advocacy Center, ACEs Work Group Lead*
• Josh Pedersen, Maryland 2-1-1
• Thea Ruff, Senior Support Work Group Lead
• Linda Ryan, Mission of Mercy
• Carrie Sprinkle, Frederick County Parks & Recreation
• Mike Spurrier, Frederick Community Action Agency
• Cynthia Terl, Wells House, Behavioral Health Work Group Lead
• Jenifer Waters, Frederick County Public Schools
• Rissah Watkins, Frederick County Health Department*

*Members of the CHNA Data Subcommittee, responsible for data analysis

Priority Planning Summit Attending Organizations – responsible for reviewing data, providing feedback, and setting priorities	
AACF and Church of the Nazarene –Latino Advocate	Frederick Regional Health System: Cancer Services
Advocates for the Aging in Frederick County	Frederick Regional Health System: CorpOHS
Asian American Center of Frederick (AACF)	Frederick Regional Health System: Frederick Memorial Hospital
Asian American Center of Frederick/ FMH	Frederick Regional Health System: Home Health Care
Boys & Girls Club of Frederick County	Frederick Regional Health System: Hospice of Frederick County
Brook Lane Health Services	Frederick Regional Health System: Monocacy Health Partners
Chamber of Commerce	Girls on the Run Mid Maryland
Chi Theta Omega / Frederick County Social Services Board	Hood College
Children of Incarcerated Parents Partnership	Housing Authority of the City of Frederick
Community Collaboration Center	Human Relations Commission
Community Engagement & Consultation Group Inc.	Justice Jobs of Maryland
Community Member	Leidos Biomedical Research, Inc.
Continuum Recovery Center	Masters Specialty Pharmacy
Core Service Agency	MD Heroin Awareness Advocates
crossedBRIDGES	Mental Health Association of Frederick County
Delta Sigma Theta Sorority, Inc.	Mission of Mercy
Department of Juvenile Services	New Midway Volunteer Fire Department
East Frederick Rising	Potomac Case Management Services, Inc.
Frederick Birth Center	Potomac Sprout Company
Frederick Community Action Agency	Religious Coalition
Frederick Community Action Agency, Health Center	Restoration Family Chiropractic
Frederick County Child Advocacy Center	Richard Carbaugh's Hope Foundation
Frederick County Citizens Services Division	Senior Services Advisory Board
Frederick County Department of Social Services	Seton Center
Frederick County Division of Fire and Rescue Services	Spanish Community of MD
Frederick County Family Partnership	Student Homeless Initiative Partnership (SHIP)
Frederick County Health Department	The Community Foundation of Frederick County
Frederick County Office for Children and Families	The Frederick Center, Inc.
Frederick County Office of Sustainability and Environmental Resources	The Frederick News-Post
Frederick County Office of the County Executive	The Ranch
Frederick County Parks and Recreation	United Way of Frederick County
Frederick County Pediatrics & IECC	University of Maryland Extension
Frederick County Public Schools	Wells House, Inc.
Frederick County Senior Services Division	YMCA of Frederick County
Frederick County Senior Services Division Advisory Board	Zeta Phi Beta Sorority, Inc. - Frederick County Chapter
Frederick County Sheriff's Office	
Frederick Integrated Healthcare Network	



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