UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Community Health Needs Assessment & Implementation Plan

Executive Summary

FY2017-FY2019

□□□ro□ed □y□S□ore Re□ional Healt□ □oard □□□□□□□□□

Table of Contents

Executive Summary

Overview

University of Maryland Shore Regional Health (UM SRH) is a regional, nonprofit, medical delivery care network formed on July 1, 2013, through the consolidation of two University of Maryland partner entities, the former Shore Health and the former Chester River Health.

UM SRH network serves the Mid-Shore region, which includes Caroline, Dorchester, Kent, Queen Anne's, and Talbot counties. In addition to its three hospitals — University of Maryland Shore Medical Center at Chestertown (SMC at Chestertown), the University of Maryland Shore Medical Center at Dorchester (SMC at Dorchester), and the University of Maryland Shore Medical Center at Easton (SMC at Easton) — UM SRH includes the University of Maryland Shore Emergency Center at Queenstown and the University of Maryland Shore Medical Pavilion at Queenstown, the University of Maryland Shore Nursing and Rehabilitation Center at Chestertown, and a broad array of inpatient and outpatient services in locations throughout the five-county region.

SMC at Easton is situated at the center of the Mid-Shore area and thus serves a large rural geographic area (all 5 counties of the Mid-Shore). SMC at Dorchester is located approximately 18 miles from Easton and primarily serves Dorchester County and portions of Caroline County. SMC at Chestertown located in Chestertown, Kent County serves the residents of Kent County, portions of Queen Anne's and Caroline Counties and the surrounding areas.

In FY2015, UM SRH provided care for 11,346 inpatient admissions, 4,884 outpatient surgical cases, and 79,784 emergency department visits. UM SRH is licensed for 182 acute care beds. Beyond Shore Regional Health Medical Center facilities in FY2015, UM SRH provided over 18,000 hours of community health services through education and outreach programs, screenings, support groups, and other initiatives that meet the

community health care needs. In addition, UM SRH provides a community outreach section on the UM SRH public web site to announce upcoming community health events and activities in addition to posting the triennial Community Health Needs Assessment (CHNA).
http://umms.org/shore-health/about/~/media/systemhospitals/shore/pdfs/about/chna.pdf

Our Mission and Vision

UM SRH's organization's mission and vision statements set the framework for the community benefit program. As University of Maryland Shore Regional Health expands the regional healthcare network, we have explored and renewed our mission, vision and values to reflect a changing health care environment and our communities' needs. With input from physicians, team members, patients, health officers, community leaders, volunteers and other stakeholders, the Board of University of Maryland Shore Regional Health has adopted a new, five-year Strategic Plan.

The Strategic Plan supports our **Mission**, **Creating Healthier Communities Together**, and our **Vision**, to be the **region's leader in patient centered health care**. Our goal is to provide quality health care services that are comprehensive, accessible, and convenient, and that address the needs of our patients, their families and our wider communities.
Link to Strategic Plan:
http://umshoreregional.org/~/media/systemhospitals/shore/pdfs/about/srm-4014-handoutmech.pdf?la=en

Process

I. Establishing the Assessment and Infrastructure

To complete a comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 6-step Community Health Assessment Process was utilized as an organizing methodology. The UM SRH Community Health Planning Council served as the lead team to conduct the Community Health Needs Assessment (CHNA) with input from The University of Maryland Medical System (UMMS) Community Health Improvement Committee, community leaders, the public, health experts, and the 5 health departments that serve the Mid-Shore. The UM SRH Community Health Planning Council adopted the following ACHI 6-step process (See Figure 1) to lead the assessment process and the additional 5-component assessment (See Figure 2) and engagement strategy to lead the data collection methodology.

The assessment was designed to:

- Develop a comprehensive profile of health status, quality of care and care management indicators for residents of the Mid-Shore area overall and by county.
- Identify a set of priority health needs (public health and health care) for follow-up.
- Provide recommendations on strategies that can be undertaken by health providers, public health, communities, policy makers and others to follow up on the information provided, so as to improve the health status of Mid-Shore residents.
- Provide access to the data and assistance to stakeholders who are interested in using it.

Figure 1 - ACHI 6-Step Community Health Assessment Process

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following: (1) A description of the process used to conduct the assessment; (2) With whom the hospital has worked; (3) How the hospital took into account input from community members and public health experts; (4) A description of the community served; and (5) A description of the health needs identified through the assessment process.

Figure 2 – 5-Step Assessment & Engagement Model

Data was collected from the five major areas illustrated above to complete a comprehensive assessment of the community's needs. Data is presented in Section III of this summary. UM SRH participates in a wide variety of local coalitions including, several sponsored by the Mid-Shore State Health Improvement Process (SHIP), Local Health Departments (Caroline, Dorchester, □□□□Queen Anne's, □□□□□Counties), Cancer Coalition, Tobacco Coalition, as well as partnerships with many community-based organizations like American Cancer Society (ACS), Susan G. Komen Foundation, American Diabetes Association (ADA) and American Heart Association (AHA) to name a few.

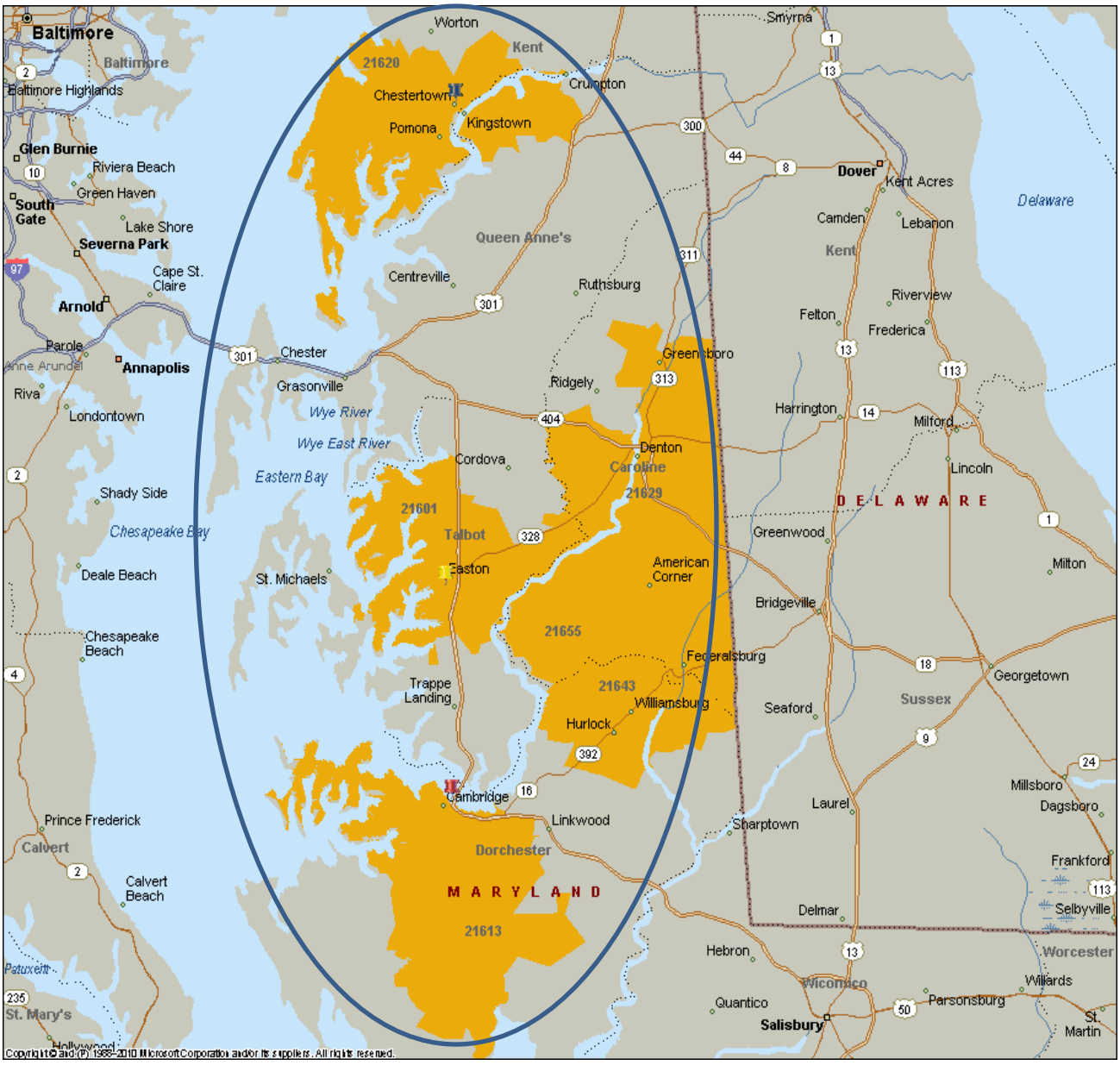
II. Defining the Purpose and Scope

Primary Community Benefit Service Area

For purposes of community benefits programming and this report, Shore Regional Health's Community Benefit Service Area is defined as the Maryland counties of Caroline, Dorchester, Kent, Queen Anne's and Talbot.

5 County CBSA- Caroline, Dorchester, Kent, Queen Anne's, Talbot

The zip codes included in the cumulative total of 80% of all admissions is the primary community benefit service area (CBSA) for UM SRH and comprise the geographic scope of this assessment (Figure 3)



Yellow Highlighted ZIP Codes – Top 65% of Market Discharges, Top 80% Circled in Blue

Figure 3 – Top University of Maryland Shore Regional Health

FY15 Admissions by Zip Code

Primary ZIPs (Top 65% of Cases) and Secondary ZIPs (66%-80% of Cases)

Hospital	ZIP Code	Total Cases	% of Cases	Cumu. %
UMMC @ Chestertown	**21620 - Chestertown**	**804**	**48.9%**	**48.9%**
	21661 - Rock Hall	**220**	**13.4%**	**62.2%**
	21678 - Worton	115	7.0%	69.2%
	21651 - Millington	108	6.6%	75.8%
	21617 - Centreville	76	4.6%	80.4%
UMMC @ Dorchester	**21613 - Cambridge**	**1306**	**56.2%**	**56.2%**
	21643 - Hurlock	**179**	**7.7%**	**63.9%**
	21631 - East New Market	111	4.8%	68.7%
	21601 - Easton	109	4.7%	73.4%
	21664 - Secretary	47	2.0%	75.4%
	21835 - Linkwood	44	1.9%	77.3%
	21632 - Federalsburg	43	1.9%	79.1%
	21673 - Trappe	41	1.8%	80.9%
UMMC @ Easton	**21601 - Easton**	**2173**	**26.0%**	**26.0%**
	21613 - Cambridge	**925**	**11.1%**	**37.0%**
	21629 - Denton	**736**	**8.8%**	**45.8%**
	21632 - Federalsburg	**428**	**5.1%**	**51.0%**
	21655 - Preston	**390**	**4.7%**	**55.6%**
	21643 - Hurlock	**348**	**4.2%**	**59.8%**
	21639 - Greensboro	**314**	**3.8%**	**63.5%**
	21663 - Saint Michaels	299	3.6%	67.1%
	21617 - Centreville	286	3.4%	70.5%
	21660 - Ridgely	279	3.3%	73.9%
	21673 - Trappe	215	2.6%	76.4%
	21625 - Cordova	199	2.4%	78.8%
	21620 - Chestertown	142	1.7%	80.5%

III. Collecting and Analyzing Data

Using the above framework (Figures 1 & 2), data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized on April 1, 2016, at a special session of the Community Health Planning Council. During that strategic planning session, priorities were identified using the collected data and an adapted version of the Catholic Health Association's (CHA) priority setting criteria. The identified priorities were also validated by the Mid-Shore Local Health Improvement Coalition. UM SRH used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA, including community leaders, community partners, the University of Maryland Health Improvement Committee, the general public, local health experts, and the Health Officers representing the 5 counties of the Mid-Shore.

A) Community Perspective

The community's perspective was obtained through one □d□□□d□r□□□d survey offered □□ □□□ □□□□□ □□ several methods throughout Mid-Shore. A 6-item survey queried residents □□ d□□□□□ their top health concerns and their top barriers in accessing health care. □□□ □□□□d□ 1 for the actual survey/results)

Methods

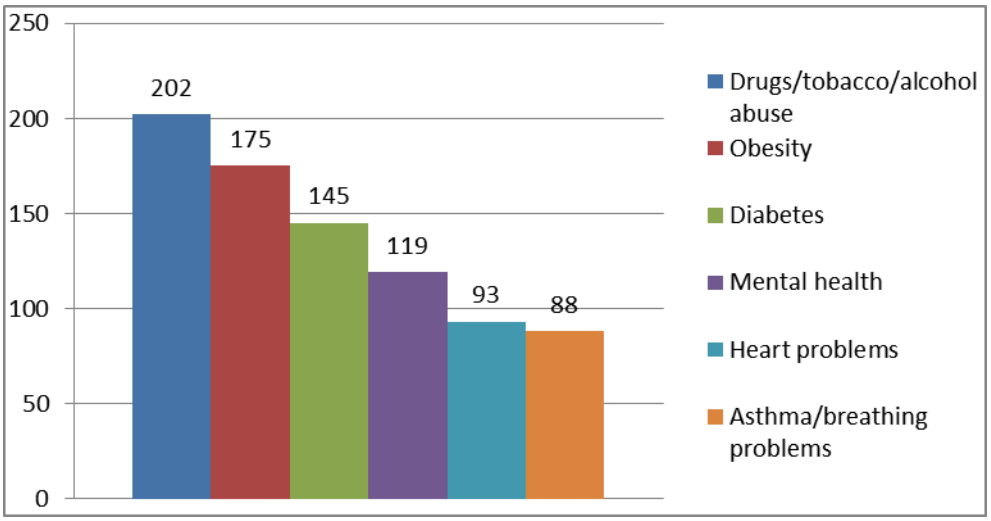
- 6-item survey distributed in FY2016 using the following methods:
  - ☐ Survey insert in ***Maryland Health Matters*** (health newsletter) distributed to over 77,266 households within the CBSA
  - ☐ Online survey posted to http://umshoreregional.org/news-and-events/news/2016/community-health-needs-assessment-survey for community to complete
  - ☐ Waiting rooms (Ambulatory clinics and EDs)
  - ☐ Health fairs and events in neighborhoods within UM SRH's CBSA

Results

- Top 5 Health Concerns: (See Chart 1 below)
    1. Drugs/tobacco/alcohol abuse
    2. Obesity
    3. Diabetes
    4. Mental Health
    5. Heart Problems

Analysis by CBSA targeted zip codes revealed the same top health concerns and top health barriers with little deviation from the overall DHMH State Health Improvement Process (SHIP) data which reports state and county level data on critical health measures.

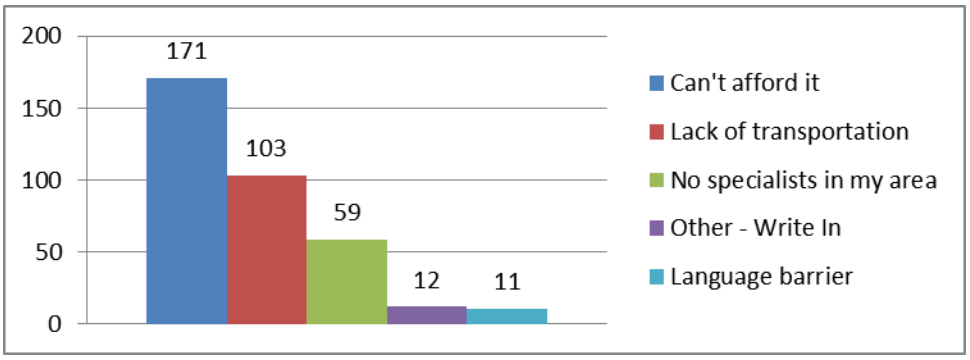
Chart 1 - Community's Top Health Concerns



THE SAMPLE SIZE WAS 323 MID-SHORE RESIDENTS FROM THE IDENTIFIED CBSA.

- Top 3 Barriers to Health Care: (See Chart 2 below)
    1. Can't afford it
    2. Lack of transportation
    3. No specialists in my area

Chart 2 – Community's Top Barriers to Healthcare



- In addition to the survey, UM SRH hosted 8 Listening Sessions throughout the region. The public was invited to share their perspective on the health needs of the community (See Appendix 2 for listening session questionnaire/results)

  - ☐ Online questionnaire posted to http://umshoreregional.org/ for community to complete
  - ☐ Distributed to attendees of listening sessions

Results

- Top 3 Health Problems or Needs:
  1. Access to Care- diagnostics, specialists, primary care
  2. Transportation
  3. Preventive Care

B) Health Experts

Methods

- Reviewed & included National Prevention Strategy Priorities, Maryland State Health Improvement Plan (SHIP) indicators, data from Rural Health Association, and Robert Wood Johnson County Rankings and Roadmaps, Hospital Inpatient Readmissions and High Utilizer data.
- Reviewed data from Rural Health Association summit in October 2015.
  -Progress to date on SHIP measures were presented as related to activities in rural communities and workforce development.
- Conducted stakeholder meeting with Community Providers and Health Officers August 2015
- Conducted stakeholder meeting with Local Health Improvement Coalition March 2016
- The providers' perspective was obtained through a 6-item survey distributed to the medical staff of UM SRH. The survey queried providers of care to identify the community's top health concerns and top barriers in accessing health care.

Results

- Community Providers and Health Officers Top Health Priorities and Top Action Items included:
  - ☐ Improve communication and synergy between agencies of the Mid-Shore
  - ☐ Look for ways to partner and support each other
- SHIP: 39 Objectives in 5 Focus Areas for the State (Figure 4), includes targets for Caroline, Dorchester, Kent, Queen Anne's, Talbot counties:
  - While progress has been made since 2013 - each county's progress varies widely on meeting the identified targets at the state level. Wide disparities exist within the CBSA territory. (See Appendix 3 for SHIP data by county)

County SHIP Measures (see: http://dhmh.maryland.gov/ship/Pages/home.aspx)

- Caroline County has met 18 of 39 SHIP goals
- Dorchester County has met 14 of 39 SHIP goals
- Kent County has met 15 of 39 SHIP goals
- Queen Anne's has met 27 of 39 SHIP goals
- Talbot County has met 21 of 39 SHIP goals

- Mid-Shore Health Status (LHIC) Priority Areas: Top Priority Areas (See Figure 4) The following priorities have been identified as having significant impact on vulnerable populations in all 5 counties:
  1. Adolescent Obesity

2. Adolescent Tobacco Use
3. Diabetes Related Emergency Department Visits

- Analysis of provider survey revealed the same top health concerns and top health barriers with little deviation from the community (consumer survey) and overall DHMH State Health Improvement Process (SHIP) data (See Appendix 4 for actual survey/results).
    1. Drugs/tobacco/alcohol abuse
    2. Obesity
    3. Diabetes
    4. Mental Health
    5. Heart Problems
- Top 3 Barriers to Health Care:
    1. Can't afford it
    2. Lack of transportation
    3. No specialists in my area

Figure 4 – □ational, State, and Local Health Priorities

Robert Wood Johnson County Health Rankings	Maryland State Health Improvement Plan 2015 5 Focus Areas	Mid-Shore Local Health Improvement Coalition (LHIC) Priority Areas
Health Behaviors 1. Tobacco Use 2. Diet & Exercise 3. Alcohol & Drug Use 4. Sexual Activity	Healthy Beginnings	Reduce Adolescent Obesity
Clinical Care 1. Access to Care 2. Quality of Care	Healthy Living	Reduce Adolescent Tobacco Use
Social & Economic Factors 1. Education 2. Employment 3. Income 4. Family & Social Support 5. Community Safety	Healthy Communities	Reduce Diabetes Related Emergency Department Visits
Physical Environment 1. Air & Water Quality 2. Housing & Transit	Access to Health Care	
	Quality Preventive Care	

C) Community Leaders

Methods

- UM SRH hosted a focus group in collaboration with the Mid-Shore Local Health Improvement Coalition and other community-based organization partners □□□□□d□ □□ □□□□ □□□□ share their perspectives on health needs (March 14, 2016)

Results

- Consensus reached that social determinants of health (and "upstream factors") are key elements that determine health outcomes
- Top needs and barriers were identified as well as potential suggestions for improvement and collaboration. (See Appendix 5 for details)
- Top Needs:
  - ☐ Health Literacy
  - ☐ Access to Care (transportation, workforce)
  - ☐ Mental/Behavioral Health
  - ☐ Coordination of Care (people, data)
  - ☐ Chronic Disease Management (prevention, obesity, smoking, hypertension)
  - ☐ Preventative Care Management (screenings, education)
- Top Barriers:
  - ☐ Transportation- no public transportation, limited infrastructure-not cost effective
  - ☐ Work force- not enough licensed professionals
  - ☐ Reliable data- Lack of inter-agency collaboration – working in silos
  - ☐ Focusing on the outcome and not the root of the problems (i.e. SDoH)
- Suggestions for Improvement:
  - ☐ Leverage existing resources
  - ☐ Increase collaboration
  - ☐ Focus on Social Determinants of Health

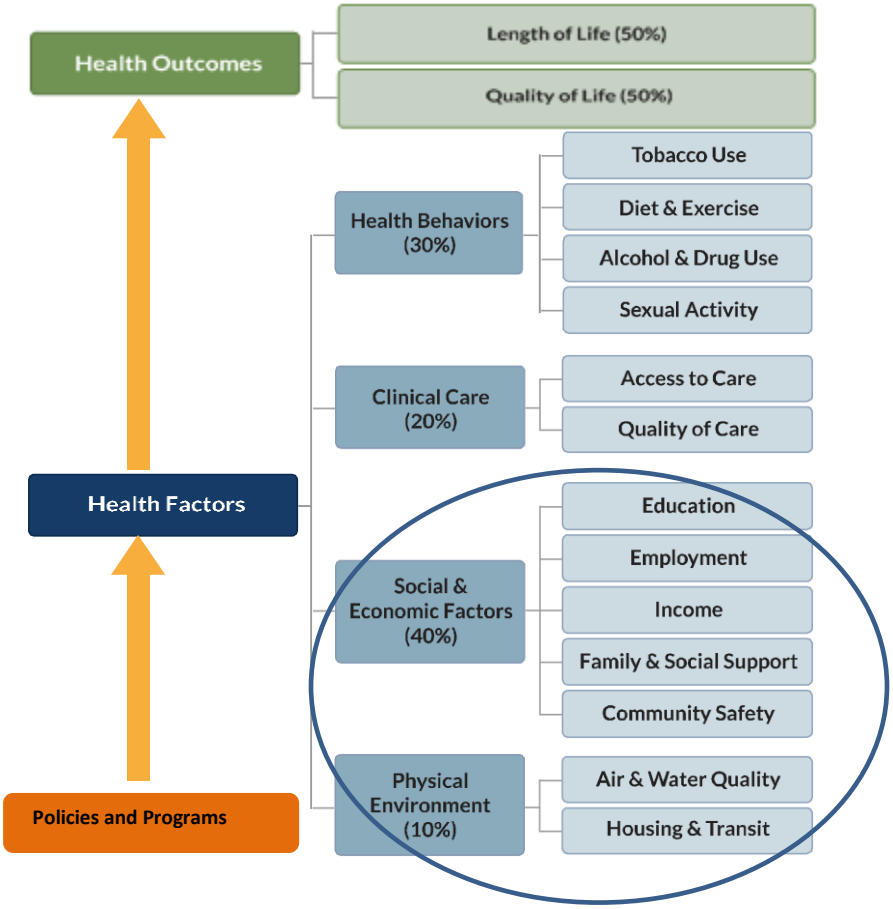
D) Social Determinants of Health (SDoH)

Methods

- Reviewed data from identified Health Department's DHMH data
- Reviewed data from Robert Wood Johnson Foundation, County Health Rankings & Roadmaps. (See Appendix 6)

Results

The *County Health Rankings & Roadmaps* report explores the wide gaps in health outcomes throughout Maryland and what is driving those differences. The report finds health is influenced by every aspect of how and where we live. Access to affordable housing, safe neighborhoods, job training programs and quality early childhood education are examples of important changes that can put people on a path to a healthier life even more than access to medical care. But access to these opportunities varies county to county. This limits choices and makes it hard to be healthy.



- Top SDoHs impacting health on the Mid-Shore as reported in the Robert Wood Johnson County Health Rankings & Roadmaps 2016 report are:
  - ☐ Low Education Attainment (Dorchester and Caroline)
  - ☐ High Poverty Rate (Dorchester 16.5%, Caroline 14.4%, Kent 13.2%) Children in Poverty (Dorchester 29%, Caroline 24%, Kent, 22%)
  - ☐ High Unemployment Rate (Dorchester 9.7%)
  - ☐ Severe Housing Problems (Dorchester 20%)

Local Health Context

- The five counties differ significantly in their capacity to:
  - Provide accessible public health interventions in the public schools
  - Establish relationships and involvement within their respective minority communities
  - Involve and sustain interest from their local Commissioners that set policy and funding priorities for the county
- Additional contextual factors to be considered include those factors that uniquely challenge rural communities:
  - Subpopulations within counties have higher uninsured, unemployed, and low income residents
  - Lack of public transportation system with difficulty accessing health services
  - Limited number of non-profits and private organizations as stakeholders to help share in filling gaps
  - Health workforce shortage that includes primary care, behavioral health and specialty care.

E) Health Statistics/Indicators

Methods

Review annually and for this triennial survey the following:

- **Local data sources:**
  - DHMH SHIP Progress Report 2014-2016
  - Hospital High Utilizers Report
  - Maryland Chartbook of Minority Health And Minority Health Disparities Data
  - HSCRC and CRISP data

- **National trends and data:**
  - Healthy People 2020
  - Robert Wood Johnson County Health Rankings
  - Centers for Disease Control reports/updates

Results

- Outcomes Summary for CBSA territory
  -Top 3 Causes of Death, Mid-Shore in rank order:
    1. Heart Disease
    2. Cancer
    3. Stroke

IV. Selecting Priorities

Analysis of all quantitative and qualitative data described in the above section identified these top five areas of need within the Mid-Shore Counties. These top priorities represent the intersection of documented unmet community health needs and the organization's key strengths and mission. These priorities were identified and approved by the Community Health Planning Council [illegible] and [illegible] health experts from the Health Departments.

- **Results** [illegible]

1. Chronic Disease Management (obesity, hypertension, diabetes, smoking)
2. Behavioral Health
3. Access to care
4. Cancer
5. Outreach & Education (preventive care, screenings, health literacy)

V. Documenting and Communicating Results

The completion of this community health needs assessment marks a milestone in community involvement and participation with input from the community stakeholders, the general public, UM SRH, and health experts. This report will be posted on the UM SRH website under the Community Health Needs section, http://umshoreregional.org/about/community-health-needs-assessment-and-action-pla. Highlights of this report will also be documented in [illegible] the Community Benefits Annual Report [illegible] Reports and data will also be shared with our community [illegible] and community leaders as we work together to make a positive difference in our [illegible] empowering and building healthy communities.

VI. Planning for Action and Monitoring Progress

A) Priorities & Implementation Planning

Based on the above assessment, findings, and priorities, the Community Health Planning Council agreed to incorporate our identified priorities with Maryland's State Health Improvement Plan (SHIP). Using SHIP as a framework, the following

matrix was created to show the integration of our identified priorities and their alignment with SHIP's Focus Areas (See Table 1). UM SRH will also track the progress with long-term outcome objectives measured through the Maryland's Department of Health & Mental Hygiene (DHMH). Short-term programmatic objectives, including process and outcome metrics will be measured annually by UM SRH for each priority area through the related programming. Adjustments will be made to annual plans as other issues emerge or through our annual program evaluation.

Because UM SRH serves the Mid-Shore region, priorities may need to be adjusted rapidly to address an urgent or emergent need in the community, (i.e. disaster response or infectious disease issue). The CHNA prioritized needs for the Sustained and Strategic Response Categories and the Rapid and Urgent Response Categories' needs will be determined on an as-needed basis.

UM SRH will provide leadership and support within the communities served at a variety of response levels. Rapid and Urgent response levels will receive priority over sustained and strategic initiatives as warranted.

- **Rapid Response -** Emergency response to local, national, and international disasters, i.e. civil unrest, terrorist attack, weather disasters – earthquake, blizzards
- **Urgent Response -** Urgent response to episodic community needs, i.e. H1N1/Flu response
- **Sustained Response -** Ongoing response to long-term community needs, i.e. obesity and tobacco prevention education, health screenings, workforce development
- **Strategic Response -** Long-term strategic leadership at legislative and corporate levels to leverage relationships to promote health-related policy or reform and build key networks

Future Community Health Needs Assessments will be conducted every three years and strategic priorities will be re-evaluated then. All community benefits reporting will occur annually to meet state and federal reporting requirements.

B) Unmet Community Needs

Several additional topic areas were identified by the Community Health Planning Council during the CHNA process including: transportation and workforce development. While UM SRH will focus the majority of our efforts on the identified strategic programs outlined in the table below, we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through other health care organizations with our

assistance as available. UM SRH identified core priorities which are the intersection of the identified community needs and the organization's key strengths and mission. The following table summarizes the programs either currently in use or to be developed to address the identified health priorities.

Table 1 - UM SRH Strategic Programs and Partners
FY17-19

Maryland SHIP Focus Area	UM SRH Priorities	UM SRH Strategic Community Programs	UM SRH Partners
Healthy Beginnings	**Outreach & Education**	Prenatal Education & Services, Shore Kids Camp	Local Health Depts., Community Physicians, American Diabetes Association Talbot County Children's Advocacy Center, Talbot County Depart. of Social Services (TCDSS)
Healthy Living	**Reduce Obesity/Tobacco Use**	Diabetes Education Series, Diabetes Support Group, Radio Broadcasts on Health Topics, Ask the Expert Series Smoking Cessation, Tobacco Prevention Ed	Community Senior Centers, UM Center for Diabetes and Endocrinology, Health Departments Talbot Tobacco Coalition, American Cancer Society
Healthy Communities	**Safe Homes/ Trauma Prevention**	Shore Rehabilitation Services-Balance Center, Mobile Integrated Community Health Program, Children's Advocacy Center, Programs for the Aging	ENT physicians, Local Health Depts., Shore Wellness Partners QA County Dept. of Emergency Services, QA County Dept. of Health, (MIEMSS),QA County Commissioners, QA County Addictions & Prevention Services, QA County Area Agency on Aging, DHMH, Homeports
Access to Healthcare	**Primary Care, Specialists Care, Behavioral Health**	Shore Wellness Partners, Critical Care Access to emergency medications, Shore Regional Breast Center Wellness for Women Program, Discharge Follow-up Clinic, Bridge Clinic-Behavioral Health	Local Health Depts., Competent Care Connections (Health Enterprise Zone), Community Physicians□ □□□ □□r□ □r□□□□□□□□□ □r□□d□r □□□□r□□□□ □□ □□□□d □□r□□□□ □□□□□□□□□□ □□□ □ □□□□□ □□□□□□□□□□ □□□□□□□□

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Community Health Needs Assessment Survey

Help us build a healthier community by taking the **University of Maryland Shore Regional Health** survey by Dec. 23. This information will help us provide much-needed outreach and wellness programs in the area, keeping you and your family as healthy as possible. The results from this survey are confidential. Thank you for your participation.

Gender: ☐ Male ☐ Female

Age:

☐ 19 or younger ☐ 20–30 years ☐ 31–39 years ☐ 40–49 years ☐ 50–59 years ☐ 60–69 years ☐ 70–79 years ☐ 80–85 years ☐ 86 or older

Race/ethnic group(s):

☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ Hispanic ☐ Other (please specify) _____

What is your ZIP code? _____

What are some of the biggest health problems in your community?

☐ Drugs/tobacco/alcohol abuse ☐ Obesity ☐ Lack of fresh food choices ☐ Domestic violence ☐ Diabetes ☐ Heart problems ☐ Asthma/breathing problems ☐ Mental health ☐ Preventive care such as mammograms ☐ Other (please specify) _____

What are the top two health problems in your community? (Please select only two.)

☐ Drugs/tobacco/alcohol abuse ☐ Obesity ☐ Lack of fresh food choices ☐ Domestic violence ☐ Diabetes ☐ Heart problems ☐ Asthma/breathing problems ☐ Mental health ☐ Preventive care such as mammograms ☐ Other (please specify) _____

What keeps you and people in your community from getting needed health care?

☐ Lack of transportation ☐ Language barrier ☐ Can't afford it ☐ No specialists in my area ☐ Other (please specify) _____

NAME (please print) _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

EMAIL _____

Mail back our survey by **Dec. 23** for a chance to win an **Amazon gift card**!

Or take the survey online at **umshoreregional.org/survey**.

Appendix 1

UMMS Shore Fall 2015 Survey Results

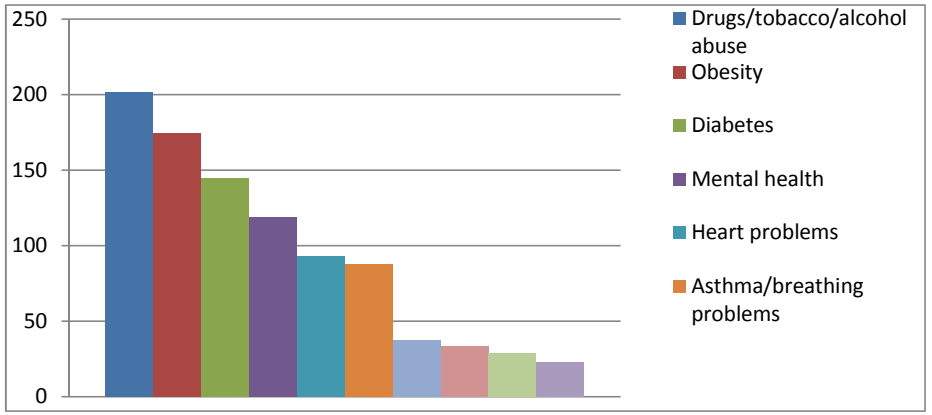
BRC-Mail in Response	289
Online Response	34
Total Response	323
Circulation	77,812
Rate	0.42%

	BRC	Online	Total	Rate
Gender:				
Male	75	2	77	23.84%
Female	209	29	238	73.68%
No Answer	5	3	8	2.48%
Total	289	34	323	100.00%
Age:				
19 or younger	9	0	9	2.79%
20-30 years	13	2	15	4.64%
31-39 years	17	10	27	8.36%
40-49 years	38	7	45	13.93%
50-59 years	57	8	65	20.12%
60-69 years	77	4	81	25.08%
70-79 years	54	0	54	16.72%
80-85 years	17	0	17	5.26%
86 and older	4	0	4	1.24%
No Answer	3	3	6	1.86%
Total	289	34	323	100.00%
Race/ethnic group(s):				
African American	53	5	58	17.96%
Asian/Pacific Islander	0	0	0	0.00%
Caucasian	222	25	247	76.47%
Hispanic	5	0	5	1.55%

Appendix 1

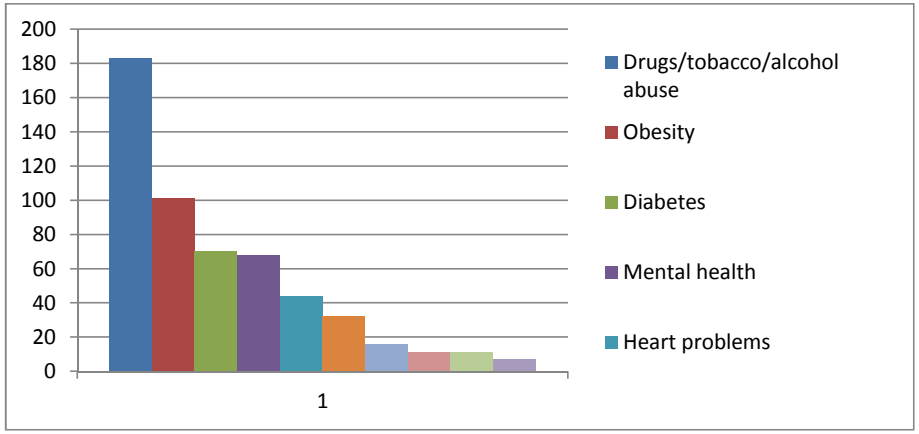
What are some of the biggest health problems in your community?

Drugs/tobacco/alcohol abuse	202	29	231	71.52%
Obesity	175	25	200	61.92%
Diabetes	145	18	163	50.46%
Mental health	119	22	141	43.65%
Heart problems	93	9	102	31.58%
Asthma/breathing problems	88	7	95	29.41%
Domestic violence	38	6	44	13.62%
Lack of fresh food choices	34	9	43	13.31%
Other - Write In	29	3	32	9.91%
Preventive care such as mammograms	23	3	26	8.05%



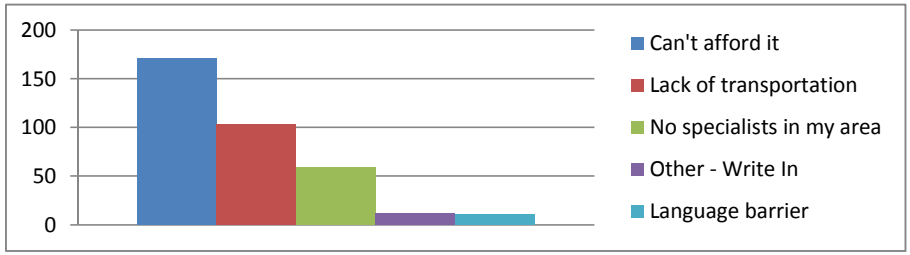
What are the top two health problems in your community?

Drugs/tobacco/alcohol abuse	183	25	208	64.40%
Obesity	101	16	117	36.22%
Diabetes	70	3	73	22.60%
Mental health	68	14	82	25.39%
Heart problems	44	0	44	13.62%
Asthma/breathing problems	32	1	33	10.22%
Lack of fresh food choices	16	0	16	4.95%
Domestic violence	11	1	12	3.72%
Other - Write In	11	2	13	4.02%
Preventive care such as mammograms	7	0	7	2.17%



What keeps you and people in your community from getting needed health care?

Can't afford it	171	17	188	58.20%
Lack of transportation	103	17	120	37.15%
No specialists in my area	59	14	73	22.60%
Other - Write In	12	8	20	6.19%
Language barrier	11	3	14	4.33%



Appendix 2

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Community Listening Sessions

3/29: Dorchester Library	3/30: Caroline Library	4/2: Rock Hall Fire House
4/5: Talbot Community Center	4/11: Hurlock Train Station	4/12: Goodwill Fire House
4/14: Kent County High School	4/24: Sudlersville Fire Department	

1. ACCESS TO CARE

- Do you have a Primary Care Provider (doctor or nurse practitioner)?
- How easy do you find it to understand the directions and information you are given by your health care providers?
- If you or someone you know has a chronic disease such as diabetes or congestive heart failure, how easy is it for you/him or her to manage?
  - What is your comfort level in:
    - Getting to the appropriate specialist
    - Understanding the disease
    - Obtaining and understanding prescribed medications
    - Maintaining ongoing (follow-up) care
  - What could UM Shore Regional Health do to help people better manage chronic diseases?

2. TRANSPORTATION

- Do you or someone you know have difficulties getting to and from medical appointments?
- Do you or someone you know rely on someone else to get to and from appointments?
  - If yes, do you rely on:
    - A family member
    - A friend
    - Public transportation
    - Cab or private driving service
- If you had a family member who was transferred from one medical facility to another for a higher level of care, would you have difficulty maintaining ongoing support of that person if:
  - Care was less than an hour away?
  - Care was an hour to an hour and a half away?
  - In Baltimore?

Creating Healthier Communities Together

Visit our website at UMShoreRegional.org to answer these questions online

3. TECHNOLOGY

- Do you own a computer, tablet or smart phone?
- Do you have access to the internet with hi-speed broadband?
  - If yes, would you be comfortable going online to:
    - Access your medical records and/or test results
    - Schedule an appointment
    - Communicate with your doctor
- If you had access to a call center that was staffed by a Nurse Navigator, would you find that helpful in coordinating care or answer questions about your health or the health of your family?
- Are you familiar with Telemedicine?
  Telemedicine (sometimes called telehealth) uses two-way, real time interactive communication between a patient, and a physician or practitioner at a distant site.
  - If you or someone you know needed access to a healthcare professional (particularly a higher level provider/specialist) who was an hour away or more, would you consider using telemedicine instead of traveling the distance or going without care?

4. COMMUNITY EDUCATION/SCREENINGS

- Did you know that UM Shore Regional Health provides many health education classes, seminars and support groups that are free?
- Do you or someone you know attend programs provided by UM SRH?
  - If yes,
    - Health education class
    - Support group
    - Information session
    - Health Screening
    - Ask the Expert
- What type of classes, events or screenings would be helpful to you, your family members or friends?
- Where are education/screening events most convenient for you, your family members or friends to attend?
- What are your barriers to living a healthy life?

What are the top three health problems or needs in your community?

1. _____
   _____
2. _____
   _____
3. _____
   _____

2016 Community Listening Session Overview

Top Health Needs:

- Chronic disease management
- Addictions and Mental Health
- Diabetes
- Obesity
- Lung disease

- Access to Care: Primary Care
  Specialists: Gastroenterology, Infusion/chemotherapy, Ophthalmology, OB/GYN and Pediatrics (return to Chestertown), geriatrics, diagnostics

- Transportation
- Physician recruitment

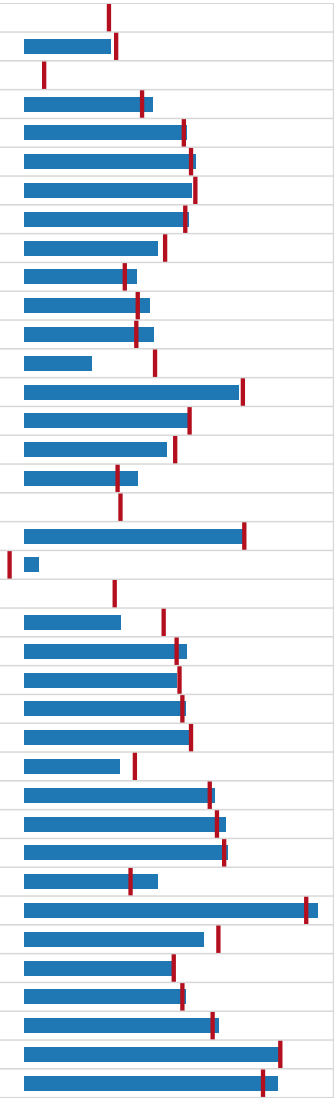
Date and Time	Location	County	Attendees
Tuesday, March 29, 5:30pm	Dorchester Library	Dorchester	0
Wednesday, March 30, 5:30pm	Caroline Library	Caroline	0
Saturday, April 2, 9:30am	Rock Hall Fire House	Kent	77
Tuesday, April 5, 5:30pm	Talbot Community Center	Talbot	4
Monday, April 11, 5:30pm	Hurlock Train Station	Dorchester	0
Tuesday, April 12, 5:30pm	Goodwill Fire House	Queen Anne's	6
Thursday, April 14, 5:30pm	Kent County High School	Kent	240
Sunday, April 24, 2:00pm	Sudlersville Fire Department	Queen Anne's	13
		TOTAL:	**340**

County	# of written surveys returned	# of online surveys returned
Caroline	0	1
Dorchester	0	1
Kent	49	3
Queen Anne's	0	1
Talbot	0	0
TOTAL:	**49**	**6**

Maryland State Health Improvement Process (SHIP)

Caroline County

Focus Area	Indicator	Value	Change	Goal met?
Healthy Beginnings	Infant death rate			Null
	Babies with Low birth weight			
	Sudden unexpected infant death rate	Null	Null	Null
	Teen birth rate			25.6
	Early prenatal care			72.4
	Students entering kindergarten ready to learn	95.0	1.0	Yes
	High school graduation rate			No
	Children receiving blood lead screening			
Healthy Living	Adults who are a healthy weight			No
	Children and adolescents who are obese			No
	Adults who currently smoke			No
	Adolescents who use tobacco products			No
	HIV incidence rate			3.7
	Chlamydia infection rate			
	Life expectancy			76.4
	Increase physical activity			No
Healthy Communities	Child maltreatment rate			No
	Suicide rate		Null	Null
	Domestic Violence			434.3
	Children with elevated blood lead levels			No
	Fall-related death rate			
	Pedestrian injury rate on public roads			
	Affordable Housing			72.5
Access to Health Care	Adolescents who received a wellness checkup in the last year	52.5	-2.8	No
	Children receiving dental care in the last year	69.9	4.9	Yes
	Persons with a usual primary care provider	82.7	-3.5	No
	Uninsured ED Visits			8.8
Quality Preventive Care	Age-adjusted mortality rate from cancer	174.2	-4.3	No
	Emergency Department visit rate due to diabetes	244.2	33.3	No
	Emergency Department visit rate due to Hypertension	257.8	-24.7	No
	Drug-induced death rate			No
	Emergency Department Visits Related to Mental Health	4369.6	-114.9	No
	Hospitalization rate related to Alzheimer's or dementia	123.7	-54.7	Yes
	Annual season influenza vaccinations			No
	Emergency department visit rate due to asthma	71.4	-4.2	No
	Age-adjusted mortality rate from heart disease	195.0	-11.9	No
	Emergency Department Visits for Addiction Related Conditions	1311.1	38.5	Yes
	Emergency department visit rate for dental care	1225.2	56.1	No

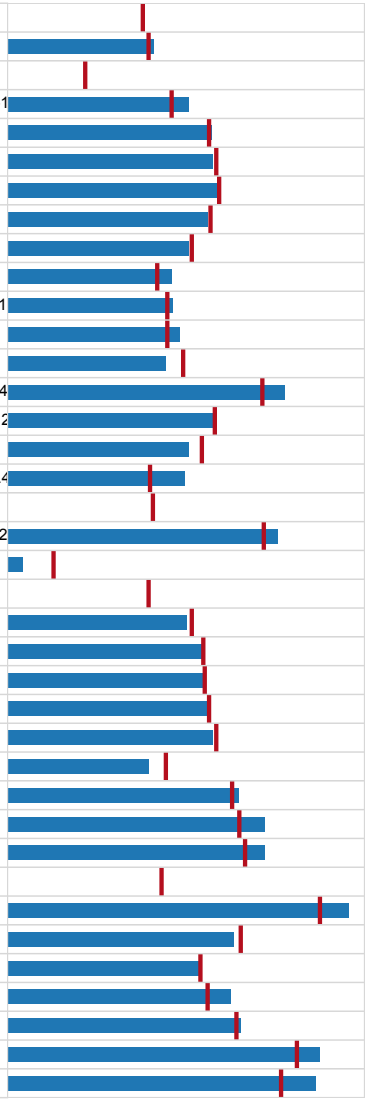


In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target.

Maryland State Health Improvement Process (SHIP)

Dorchester County

Focus Area	Indicator	Value	Change	Goal met?
Healthy Beginnings	Infant death rate	Null	Null	Null
	Babies with Low birth weight			No
	Sudden unexpected infant death rate	Null	Null	Null
	Teen birth rate			No
	Early prenatal care			
	Students entering kindergarten ready to learn	76.0	-1.0	No
	High school graduation rate			No
	Children receiving blood lead screening			No
Healthy Living	Adults who are a healthy weight			No
	Children and adolescents who are obese			No
	Adults who currently smoke			No
	Adolescents who use tobacco products			No
	HIV incidence rate			
	Chlamydia infection rate			No
	Life expectancy			No
	Increase physical activity			No
Healthy Communities	Child maltreatment rate			No
	Suicide rate	Null	Null	Null
	Domestic Violence			
	Children with elevated blood lead levels			
	Fall-related death rate	Null	Null	Null
	Pedestrian injury rate on public roads			
	Affordable Housing			
Access to Health Care	Adolescents who received a wellness checkup in the last year	54.3	-0.5	No
	Children receiving dental care in the last year	67.8	1.7	Yes
	Persons with a usual primary care provider	74.5	-12.0	No
	Uninsured ED Visits			
Quality Preventive Care	Age-adjusted mortality rate from cancer	187.6	-2.1	No
	Emergency Department visit rate due to diabetes	455.4	86.4	No
	Emergency Department visit rate due to Hypertension	465.4	-64.9	No
	Drug-induced death rate	Null	Null	Null
	Emergency Department Visits Related to Mental Health	8551.1	-19.9	No
	Hospitalization rate related to Alzheimer's or dementia	153.0	-14.7	Yes
	Annual season influenza vaccinations			No
	Emergency department visit rate due to asthma	141.8	9.5	No
	Age-adjusted mortality rate from heart disease	195.5	-6.8	No
	Emergency Department Visits for Addiction Related Conditions	3120.7	869.5	No
	Emergency department visit rate for dental care	2659.4	13.1	No

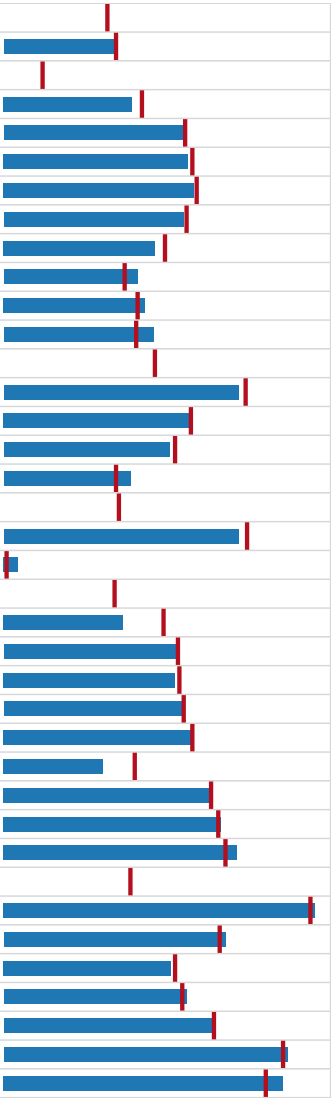


In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target.

Maryland State Health Improvement Process (SHIP)

Kent County

Focus Area	Indicator	Value	Change	Goal met?
Healthy Beginnings	Infant death rate			Null
	Babies with Low birth weight			No
	Sudden unexpected infant death rate	Null	Null	Null
	Teen birth rate			13.3
	Early prenatal care			71.9
	Students entering kindergarten ready to learn	75.0	-10.0	No
	High school graduation rate			No
	Children receiving blood lead screening			No
Healthy Living	Adults who are a healthy weight			No
	Children and adolescents who are obese			No
	Adults who currently smoke			No
	Adolescents who use tobacco products			No
	HIV incidence rate			0.0
	Chlamydia infection rate			
	Life expectancy			79.7
	Increase physical activity			No
Healthy Communities	Child maltreatment rate			No
	Suicide rate		Null	Null
	Domestic Violence			346.0
	Children with elevated blood lead levels			No
	Fall-related death rate			
	Pedestrian injury rate on public roads			
	Affordable Housing			52.0
Access to Health Care	Adolescents who received a wellness checkup in the last year	50.8	2.3	No
	Children receiving dental care in the last year	66.3	5.2	Yes
	Persons with a usual primary care provider	82.2	-11.4	No
	Uninsured ED Visits			5.4
Quality Preventive Care	Age-adjusted mortality rate from cancer	152.5	-15.2	No
	Emergency Department visit rate due to diabetes	209.4	-140.9	No
	Emergency Department visit rate due to Hypertension	334.7	87.8	No
	Drug-induced death rate			Null
	Emergency Department Visits Related to Mental Health	3590.3	169.9	No
	Hospitalization rate related to Alzheimer's or dementia	236.2	-49.1	No
	Annual season influenza vaccinations			No
	Emergency department visit rate due to asthma	71.2	34.3	No
	Age-adjusted mortality rate from heart disease	157.9	0.6	Yes
	Emergency Department Visits for Addiction Related Conditions	1538.3	-3.6	No
	Emergency department visit rate for dental care	1359.6	-216.1	No



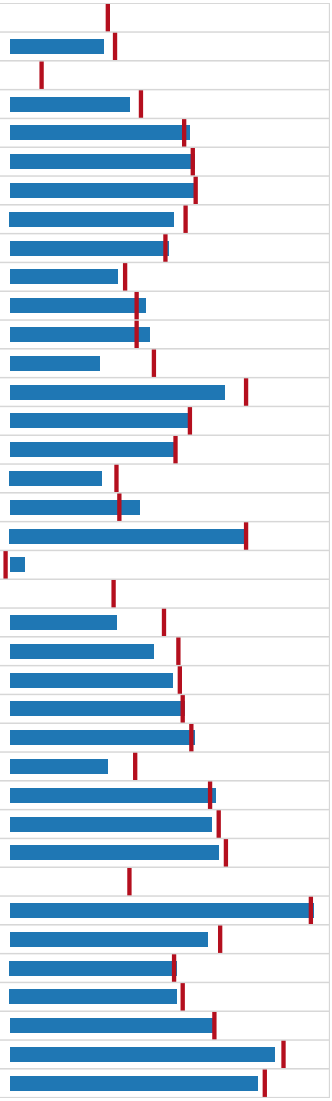
In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target.

Appendix 3

Maryland State Health Improvement Process (SHIP)

Queen Anne's County

Focus Area	Indicator	Value	Change	Goal met?
Healthy Beginnings	Infant death rate	Null	Null	Null
	Babies with Low birth weight	5.5	-1.9	Yes
	Sudden unexpected infant death rate	Null	Null	Null
	Teen birth rate	12.4	-1.7	Yes
	Early prenatal care	80.6	3.9	Yes
	Students entering kindergarten ready to learn	91.0	3.0	Yes
	High school graduation rate	94.0	0.5	No
	Children receiving blood lead screening	47.9	-4.0	No
Healthy Living	Adults who are a healthy weight	40.3	8.4	Yes
	Children and adolescents who are obese	8.9	-0.9	Yes
	Adults who currently smoke	19.8	2.6	No
	Adolescents who use tobacco products	22.5	-10.4	No
	HIV incidence rate	4.9	0.0	Yes
	Chlamydia infection rate	223.1	-11.6	Yes
	Life expectancy	79.4	0.0	No
	Increase physical activity	49.7	7.6	No
Healthy Communities	Child maltreatment rate	5.3	-1.2	Yes
	Suicide rate	16.7	Null	No
	Domestic Violence	439.0	202.4	Yes
	Children with elevated blood lead levels	0.5	0.1	No
	Fall-related death rate	Null	Null	Null
	Pedestrian injury rate on public roads	8.2	-4.2	Yes
	Affordable Housing	25.7	-3.5	No
Access to Health Care	Adolescents who received a wellness checkup in the last year	46.6	1.9	No
	Children receiving dental care in the last year	65.9	1.6	Yes
	Persons with a usual primary care provider	88.9	-2.1	Yes
	Uninsured ED Visits	6.5	-3.8	Yes
Quality Preventive Care	Age-adjusted mortality rate from cancer	176.9	-6.0	No
	Emergency Department visit rate due to diabetes	154.2	28.4	Yes
	Emergency Department visit rate due to Hypertension	187.8	26.6	Yes
	Drug-induced death rate	Null	Null	Null
	Emergency Department Visits Related to Mental Health	3435.4	449.2	No
	Hospitalization rate related to Alzheimer's or dementia	132.5	5.9	Yes
	Annual season influenza vaccinations	53.6	17.5	Yes
	Emergency department visit rate due to asthma	53.8	9.4	Yes
	Age-adjusted mortality rate from heart disease	164.7	0.3	Yes
	Emergency Department Visits for Addiction Related Conditions	1048.9	-92.4	Yes
	Emergency department visit rate for dental care	624.9	-61.5	Yes

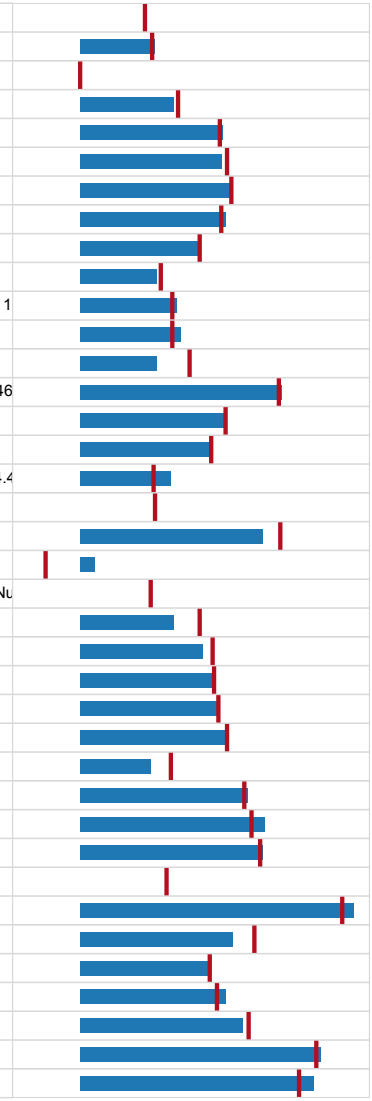


In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target.

Maryland State Health Improvement Process (SHIP)

Talbot County

Focus Area	Indicator	Value	Change	Goal met?
Healthy Beginnings	Infant death rate			Nu ll
	Babies with Low birth weight			No
	Sudden unexpected infant death rate	Null	Null	Null
	Teen birth rate	.7	-2.8	15Yes
	Early prenatal care	.2	-2.8	Yes 3
	Students entering kindergarten ready to learn	72.0	-6.0	No
	High school graduation rate			No
	Children receiving blood lead screening			
Healthy Living	Adults who are a healthy weight			No
	Children and adolescents who are obese			
	Adults who currently smoke			No 1
	Adolescents who use tobacco products	20.2	-11.3	No
	HIV incidence rate	9. 1	9.1	Yes
	Chlamydia infection rate			No 46
	Life expectancy	.3	0.3	81 Yes
	Increase physical activity			No
Healthy Communities	Child maltreatment rate			No 14.4
	Suicide rate	ll	NullNu	Null
	Domestic Violence	8.4	-14.6	25Yes
	Children with elevated blood lead levels			No
	Fall-related death rate			Nu
	Pedestrian injury rate on public roads	.9	-7.8	Yes
	Affordable Housing			40.0
Access to Health Care	Adolescents who received a wellness checkup in the last year	59.4	-0.3	Yes
	Children receiving dental care in the last year	68.8	0.8	Yes
	Persons with a usual primary care provider	87.5	-1.4	Yes
	Uninsured ED Visits			7. 6
Quality Preventive Care	Age-adjusted mortality rate from cancer	160.4	1.2	No
	Emergency Department visit rate due to diabetes	276.4	52.1	No
	Emergency Department visit rate due to Hypertension	265.1	24.4	No
	Drug-induced death rate	ll	Null	Null Nu
	Emergency Department Visits Related to Mental Health	4444.2	293.2	No
	Hospitalization rate related to Alzheimer's or dementia	99.7	-23.8	Yes
	Annual season influenza vaccinations	.2	-1.4	Yes
	Emergency department visit rate due to asthma	79.2	20.9	No
	Age-adjusted mortality rate from heart disease	136.6	-10.6	Yes
	Emergency Department Visits for Addiction Related Conditions	1587.6	41.5	No
	Emergency department visit rate for dental care	1246.3	198.0	No



In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target.

Appendix 4

Community Health Needs Assessment - Professional

University of Maryland Shore Regional Health

Help us build a healthier community by taking the University of Maryland Shore Regional Health survey by April 28, 2016. This information will help us provide much-needed outreach and wellness programs in the area. The results of this survey are confidential. Thank you for your participation.

1. What are some of the biggest health problems in your community?

- Drugs/tobacco/alcohol abuse
- Obesity
- Lack of fresh food choices
- Domestic violence
- Diabetes
- Heart problems
- Asthma/breathing problems
- Mental health
- Preventive care such as mammograms

Other (please specify)

* **2. What are the top two health problems in your community?**

- Drugs/tobacco/alcohol abuse
- Obesity
- Lack of fresh food choices
- Domestic violence
- Diabetes
- Heart problems
- Asthma/breathing problems
- Mental health
- Preventive care such as mammograms
- Other (please specify)

3. What keeps people in your community from getting needed healthcare?

- Lack of transportation
- Language barrier
- Can't afford it
- No specialists in my area
- Other (please specify)

4. What is your area of expertise/specialty?

5. How long have you served in healthcare?

- 0-5 years
- 6-10 years
- 11+ years

6. What counties do you primarily serve?

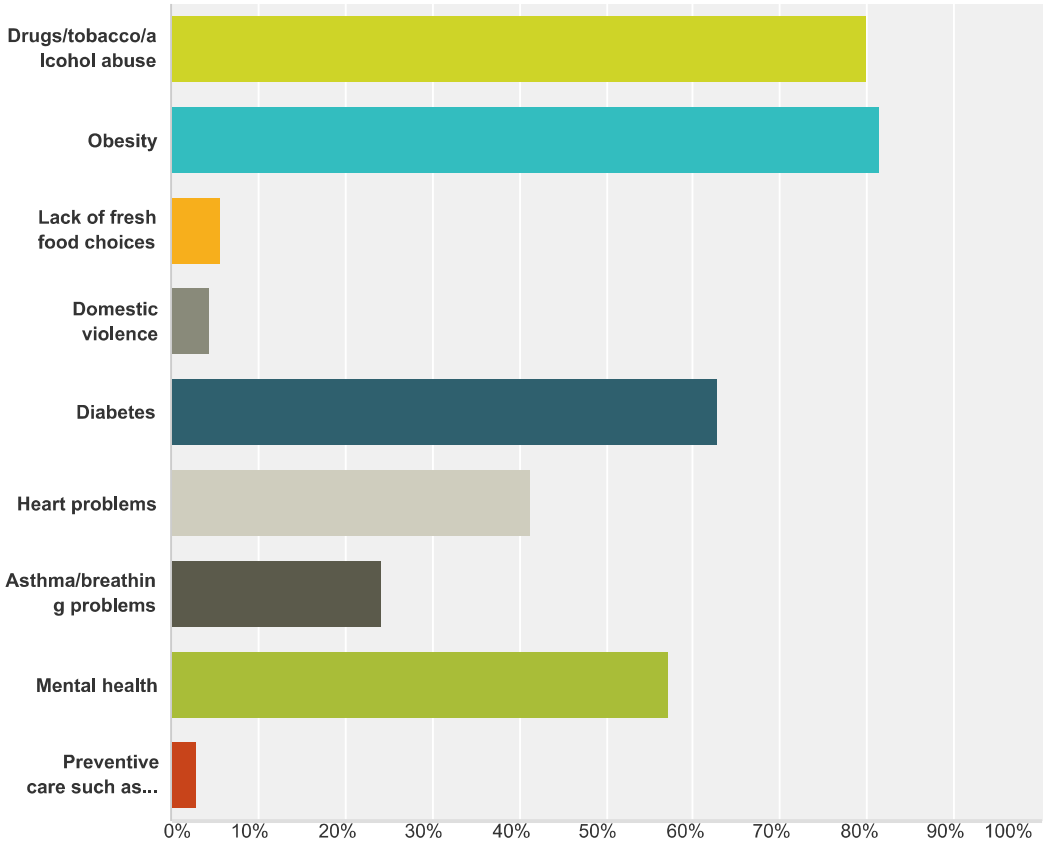
- Caroline
- Dorchester
- Kent
- Queen Anne's
- Talbot

Thank you for taking the time to respond.

Done

Q1 What are some of the biggest health problems in your community?

Answered: 70 Skipped: 0

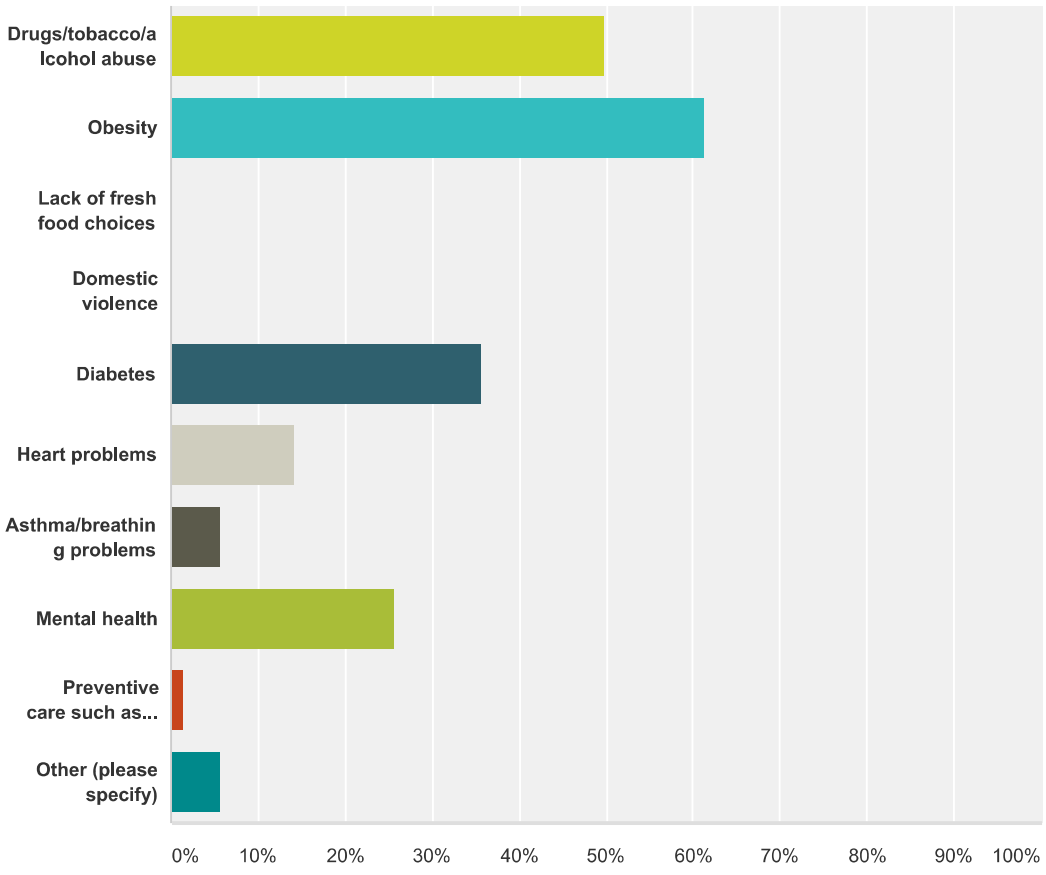


Answer Choices	Responses	
Drugs/tobacco/alcohol abuse	**80.00%**	56
Obesity	**81.43%**	57
Lack of fresh food choices	**5.71%**	4
Domestic violence	**4.29%**	3
Diabetes	**62.86%**	44
Heart problems	**41.43%**	29
Asthma/breathing problems	**24.29%**	17
Mental health	**57.14%**	40
Preventive care such as mammograms	**2.86%**	2
Total Respondents: 70		

#	Other (please specify)
1	poverty
2	Chronic Pain
3	neurodegenerative disorders
4	Cancer, especially skin cancer
5	Lack of transportation
6	high cancer rate

Q2 What are the top two health problems in your community? (Please select only two.)

Answered: 70 Skipped: 0

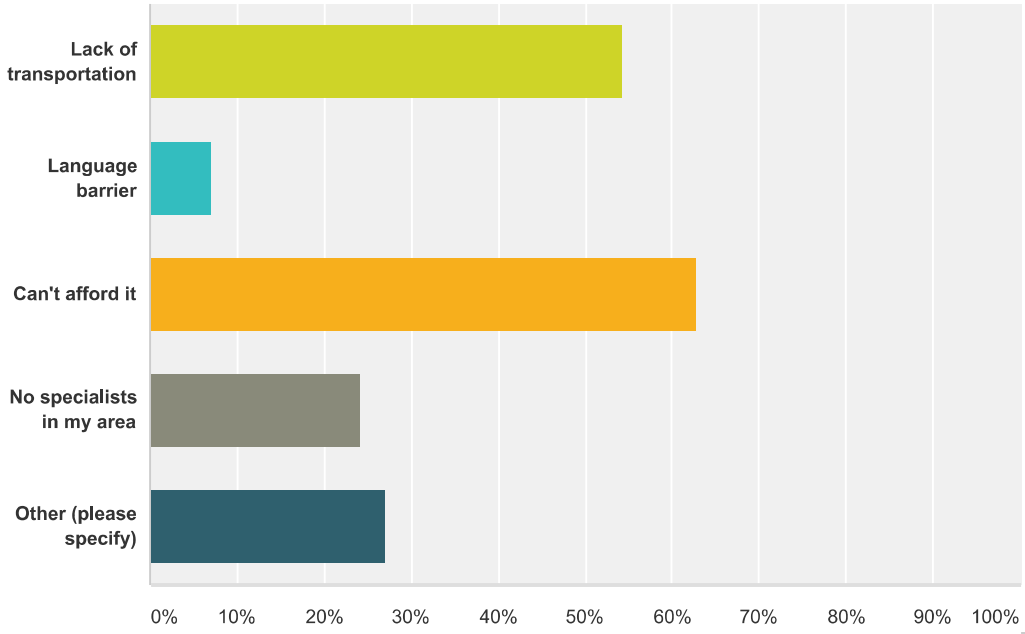


Answer Choices	Responses	
Drugs/tobacco/alcohol abuse	**50.00%**	35
Obesity	**61.43%**	43
Lack of fresh food choices	**0.00%**	0
Domestic violence	**0.00%**	0
Diabetes	**35.71%**	25
Heart problems	**14.29%**	10
Asthma/breathing problems	**5.71%**	4
Mental health	**25.71%**	18
Preventive care such as mammograms	**1.43%**	1
Other (please specify)	**5.71%**	4
Total Respondents: 70		

1	lack of transportation
2	Lost medical resources
3	high cancer rate
4	Dental care

Q3 What keeps people in your community from getting needed healthcare?

Answered: 70 Skipped: 0



Answer Choices	Responses	
Lack of transportation	**54.29%**	38
Language barrier	**7.14%**	5
Can't afford it	**62.86%**	44
No specialists in my area	**24.29%**	17
Other (please specify)	**27.14%**	19
Total Respondents: 70		

#	Other (please specify)
1	patient indiference
2	no accepting PCP
3	And shortage of primary care providers
4	lack of some specialtys
5	Deficiency in primary care providers
6	lack of primary care
7	this is an underserved area; huge retirement area and some practices have stopped taking new Medicare patients; and we lack Mental Health workers/Psychiatrists
8	No mental health coverage
9	few available physicians
10	Failure to follow-up/comply
11	neglect of preventative care
12	Not sure
13	Miseducation about prevenative care
14	Poor eating habits.
15	lack of health education/awareness

Q4 What is your area of expertise/specialty?

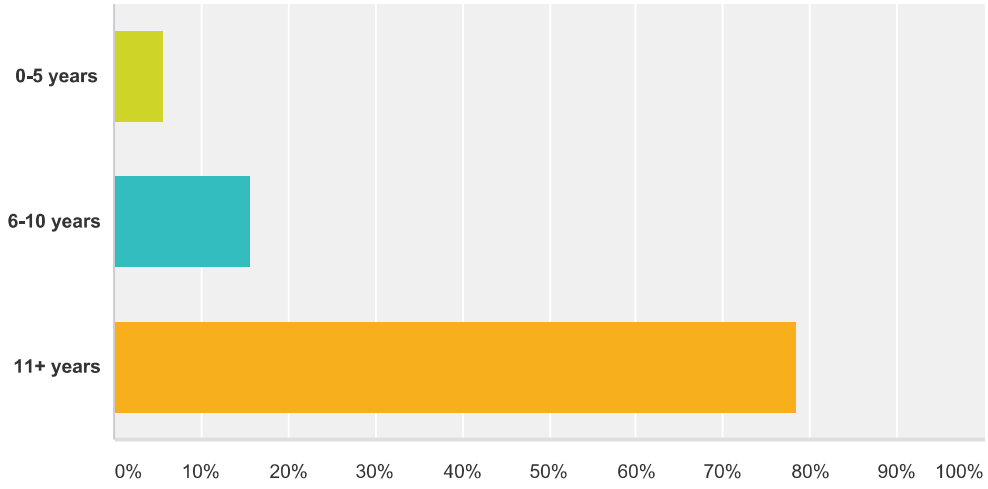
Answered: 67 Skipped: 3

#	Responses
1	pulmonary
2	cardiology
3	family
4	Emergency Medicine
5	Internal medicine/Pain Management
6	Pallitive care
7	Internal Medicine
8	Radiology
9	Anesthesia
10	Emergency medicine
11	Pediatric dental surgery
12	neurology
13	Family Practice
14	Emergency Medicine
15	emergency medicine
16	Family Medicine
17	Internal Medicine
18	Gen Surgery and Walk In Care/Primary
19	Orthopaedic
20	anesthesiology
21	Emergency Medicine
22	Cancer reconstruction
23	I am a specialist physician
24	Emergency Medicine
25	Emergency Medicine
26	Mental Health
27	Family Practice
28	EM
29	Urology
30	general surgery
31	Dermatology
32	er
33	ob/gyn
34	Orthopaedic surgery
35	Cardiology/Electrophysiology

36	Hospitalist	
37	Urology	
38	Radiology	
39	Anesthesia	
40	Family Medicine	
41	pediatrics	
42	Pediatrics	
43	Pediatrics	
44	Plastic surgery	
45	Emergency Medicine	
46	FP, Geriatrics, personalized health care	
47	Women's care	
48	pediatrics	
49	Obstetrics and Gynecology	
50	Dermatology	
51	Cardiology	
52	radiology	
53	surgery	
54	Emergency medicine	
55	Dermatology	
56	family	
57	podiatry	
58	Emergency medicine	
59	internal medicine	
60	EmergenCy medicine	
61	Hospitalist	
62	Family Medicine	
63	Ob/gyn	
64	Ortho	
65	Pediatrics	
66	transplant surgery	
67	Primary Care	

Q5 How long have you served in healthcare?

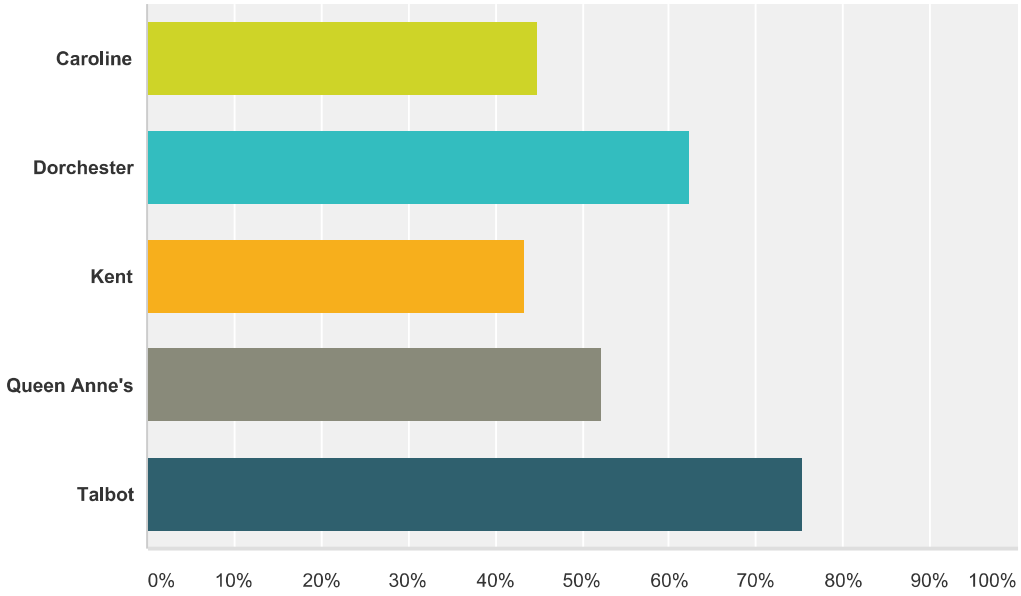
Answered: 70 Skipped: 0



Answer Choices	Responses	
0-5 years	**5.71%**	4
6-10 years	**15.71%**	11
11+ years	**78.57%**	55
Total		**70**

Q6 What counties do you primarily serve?

Answered: 69 Skipped: 1



Answer Choices	Responses	
Caroline	**44.93%**	31
Dorchester	**62.32%**	43
Kent	**43.48%**	30
Queen Anne's	**52.17%**	36
Talbot	**75.36%**	52
Total Respondents: 69		

MID-SHORE LOCAL HEALTH IMPROVEMENT COALITION MEETING
March 14, 2016

HEALTH NEEDS:

1. Substance abuse treatment centers
2. Mental health
3. Longer-term care for both 1 and 2
4. Scarcity of providers for primary care-mainly in Easton
5. OB services-Anne Arundel and Talbot, Cecil
6. Health disparities for sub-populations
7. Health literacy-not engaged in plan of care-generational
8. Preventative care-cancer screenings
9. Asthma
10. Diabetes
11. Hypertension
12. Lack of adequate care coordination of non-clinical care
13. Multiple chronic disease-no money to pay
14. Navigating referral system-gaps in communication with providers (HIPPA-separate release form)
15. Access to care-after hours/weekends, etc.
16. Well-child on Saturdays
17. Appointments in the evening
18. Dental care-Medicaid access-
19. Multi-level care givers- need help
20. Interpreters-
21. Smoking rates are high in all 5 counties
22. Adolescent obesity
23. Prevention at earlier age
24. Peer pressure-regional health status-
25. Social condoning
26. Access to reasonably priced healthy food
27. Sexual activity leading to health issues
28. Self-care and management

BARRIERS:

1. Transportation- no public transportation, limited infrastructure-not cost effective
2. Work force- not enough licensed professionals
3. Expanded positions
4. Psychiatry position shortage
5. Health literacy
6. Insurance-Medicaid delay
7. Lack of funding for CHWs-currently grant funded
8. Look at time spent with minorities and substance abuse during visits
9. Time off work to complete exams

10. Solutions out there but cost of meds and beds available
11. Mobil crisis response team not 24/7-only 4 teams-not enough
12. Reliable data-in own silo-no coordinated data across the board.
13. Funding for MICH
14. Funding for health records interface
15. Integration of public and private sector
16. Referral gaps
17. DHMH-licensing forms-different boards
18. Medical assistance-enrolling-fall off without knowing-MCHP at each health department and social services
19. Physicians trained for clues on childhood trauma

WHAT WE CAN DO ABOUT IT?

1. Health literacy
2. Have CHW's integrated with hospital and primary care providers
3. CHWs bring social support/trust
4. Use telehealth/technology
5. Coordinated discharge planning and care-transition care of plan-mobile crisis response team-24/7 team
6. CRISP data-repository of info
7. Mobile integrated community health (MICH) pilot program-Queen Anne's County- 465 ED visits down to 135 in one year for those enrolled in the program
8. Coordinate with CareFirst on telemedicine
9. Community care plan
10. FQHC sending data to CRISP for clinical data for the county-Cecil County only at present
11. Behavioral health in CRISP as well- in test currently
12. School-based health programs-Talbot, Caroline and Dorchester only-telemedicine
13. Interpreter pool-schools, EMS, having trouble
14. ACE (adverse childhood events) study review
15. CDSMP (Chronic Disease Self-Management Program) classes
16. DPP (Diabetes Prevention Program) classes

COLLABORATOR/PARTNERSHIPS

1. CRISP-data program
2. LHIC-Local Health Improvement Coalition
3. HEZ- Health Enterprise Zone
4. MCT-Mobile Crisis Team
5. MICH-Mobile Integrated Community Health
6. MSMHS-Mid Shore Mental Health Systems
7. Payers
8. Choptank Community Health-FQHC

9. AHEC-Area Health Education Center
10. ABC-Associated Black Charities
11. MOTA-Minority Outreach and Technical Assistance
12. CHWs-Community Health Workers
13. ChesMRC-Chesapeake Multi-Cultural Resource Center
14. HMB-Healthiest Maryland Businesses
15. YMCA-Chesapeake and Dorchester
16. DHMH-Department of Health and Mental Hygiene
17. Law enforcement
18. First responders/EMS
19. LHD-Local Health Departments
20. MHCC-Maryland Health Care Connection
21. Consumer
22. Businesses/employers

Present: Carolyn Brooks, cbgerbrooks@gmail.com
Joseph Ciotola, Health Officer Queen Anne's county, joseph.ciotola@maryland.gov
Ashyrra Dotson, Executive Director Associated Black Charities, adotson@abc-md.org
Janet Fountain, Caroline County Outreach , janetfountain@aol.com
Jake Frego, Executive Director Easter Shore Area Health Education Centerjfrego@esahec.org
Viola Gibbs, mselephant@aol.com
Michelle Hammond, dorcasmission@yahoo.com
Roger Harrell, Health Officer Dorchester County, Roger.Harrell@maryland.gov
Erin Hill, Dorchester County Health Department Dri-Dock Recovery and Wellness Center, erinlhill@maryland.gov
Terri Hughes, Health Enterprise Zone (HEZ) Coordinatior, terri.hughes@maryland.gov
Holly Ireland Executive Director Mid-Shore Mental Health Systems, Inc., hireland@msmhs.org
Renee Kilroy, Executive Director AAMC Collaborative Care Network, rkilroy@AAHS.org
Carol Masden, Executive Director Eastern Shore Crisis Response, cmasden@santegroup.org
Kathleen McGrath, Regional Director Outreach & Business Development, kfmcgrath@umm.edu
Angela Mercier, Health Education Program Director HEZ, angela.mercier@maryland.gov
Wanda Molock, wanderful12001@yahoo.com
Susan Johnson, Choptank Community Health System, Inc., smjohnson@choptank.org
Nicole Morris, Regional Lead, Healthiest Maryland Businesses, nicole.morris@maryland.gov
Michelle Morrissette, michelle.morrissette@maryland.gov
Joyce Opher, Associated Black Charities, jopher@abc-md.org
Carrie Perry, Caplink Wellness, carrie@caplinkwellness.com
Chris Pettit, Shore Regional Health cpettit@umm.edu
Krista Pettit, Haven Ministries, kristapettit@gmail.com

	Maryland	Caroline (CR)	Dorchester (DO)	Kent (KE)	Queen Anne's (QA)	Talbot (TA)
Health Outcomes		23	19	18	6	7
Length of Life		23	18	16	5	10
Premature death	6,459	8,976	7,081	7,007	5,798	6,325
Quality of Life		22	20	19	7	4
Poor or fair health	13%	18%	16%	13%	10%	14%
Poor physical health days	3.0	3.8	3.2	3.5	3.1	3.1
Poor mental health days	3.2	4.0	3.0	3.4	3.2	3.0
Low birthweight	9.0%	8.5%	10.4%	9.9%	7.5%	6.7%
Health Factors		21	22	12	9	5
Health Behaviors		22	19	11	10	3
Adult smoking	15%	23%	18%	18%	18%	12%
Adult obesity	28%	33%	35%	28%	27%	28%
Food environment index	8.2	8.3	7.4	8.7	9.2	8.7
Physical inactivity	23%	29%	30%	25%	22%	22%
Access to exercise opportunities	94%	83%	62%	66%	79%	77%
Excessive drinking	15%	17%	15%	15%	23%	16%
Alcohol-impaired driving deaths	34%	47%	24%	40%	33%	32%
Sexually transmitted infections	451	373	513	272	198	354
Teen births	29	46	60	23	20	26
Clinical Care		24	20	11	14	3
Uninsured	12%	14%	13%	13%	10%	13%
Primary care physicians	1,131:1	3,272:1	2,325:1	961:1	2,558:1	1,121:1
Dentists	1,392:1	1,923:1	2,177:1	2,849:1	2,695:1	1,308:1
Mental health providers	502:1	2,335:1	441:1	604:1	1,128:1	287:1
Preventable hospital stays	54	76	72	73	63	51
Diabetic monitoring	84%	85%	86%	90%	85%	88%
Mammography screening	64.6%	63.5%	64.7%	70.6%	66.0%	74.5%
Social & Economic Factors		19	22	14	6	11
High school graduation	83%	87%	79%	93%	92%	89%
Some college	67.5%	45.7%	50.4%	55.1%	64.6%	62.6%
Unemployment	6.6%	7.5%	9.7%	7.1%	5.9%	6.8%
Children in poverty	14%	24%	29%	22%	11%	17%
Income inequality	4.5	4.3	4.7	4.8	3.9	4.6
Children in single-parent households	34%	34%	43%	37%	28%	33%
Social associations	9.0	10.1	11.7	15.8	9.1	13.9
Violent crime	506	356	504	339	250	223
Injury deaths	54	86	60	67	54	58
Physical Environment		9	15	2	3	7
Air pollution - particulate matter	12.5	12.1	12.2	12.2	12.3	12.3
Drinking water violations	16%	2%	3%	0%	0%	8%
Severe housing problems	17%	17%	20%	18%	15%	16%
Driving alone to work	73%	80%	80%	70%	79%	80%
Long commute - driving alone	47%	52%	34%	32%	52%	31%

Appendix 7

	CHNA Priority Martrix FY2016					
NEED → / CRITERIA ↓	**Access to Care** *(transportation, work force)*	**Behavioral Health**	**Coordination of Care** *(people, data)*	**Chronic Disease Management** *(prevention, obesity, smoking, hypertension, diabetes)*	**Outreach & Eduication** *(health literacy, screenings)*	**Total**
1. Problem(s) greater in area compared to the state	4.9	4	3.4	4.4	3.5	**20.2**
2. Impact on vulnerable populations is significant	4.8	5	4.7	4.9	3.9	**23.3**
3. We can reduce long-term cost to the community by addressing this problem	4	4.6	4.3	4.7	4	**21.6**
4. Major improvements in the quality of life can be made by addressing this problem	4.3	4.7	4.4	4.9	4.1	**22.4**
5. Issue can be addressed with existing leadership and resources	1.5	1.6	2.4	2.5	2.9	**10.9**
6. Progress can be made on this issue in the short term	2.2	2.4	3.9	2.8	3	**14.3**
Total	**21.7**	**22.3**	**23.1**	**24.2**	**21.4**	

Appendix 8

Community Health Improvement Implementation Plan
FY2017-FY2019

Priority Area: Outreach & Education

Long Term Goals Supporting Maryland SHIP Healthy Beginnings and Healthy Communities, Quality Preventive Care

1) Reduce the percentage of births that are low birth weight (LBW): [illegible] **MD 2017 Goal: 8.0%**

2) Increase the proportion of pregnant women starting prenatal care in the 1st trimester: [illegible] **, MD 2017 Goal: 66.9%**

3) Health Literacy: Improve the degree individuals obtain, process, and understand basic health information

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Priority Area: Reduce Tobacco Use, Alcohol/Drug Abuse

Long-Term Goals Supporting Maryland State Health Improvement Plan (SHIP) Healthy Living:

1) **Increase the proportion of adults who are at a healthy weight:** [illegible] **2017 MD Target: 36.6%**
2) **Reduce the proportion of children and adolescents who are obese:** [illegible] **2017 MD Target: 10.7%**
3) **Reduce adults who currently smoke:** [illegible] **2017 MD Target: 15.5%**
4) **Reduce adolescents who use tobacco products:** [illegible] **2017 MD Target: 15.2%**

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Appendix 8

Priority Area: Safe Homes, Trauma Prevention

Long-Term Goals Supporting Maryland State Health Improvement Plan (SHIP) Healthy Communities

1) Reduce fall-related death rate: County level data not available, 2017 MD Target: 7.7%

2) Reduce 911 calls and Emergency Department visits for non-life threatening medical reasons

3) Reduce child maltreatment rate: [illegible] MD Target: 8.3%

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Priority Area: Primary Care, Specialists Care, Behavioral Health

Long-Term Goals Supporting Maryland State Health Improvement Plan (SHIP) Focus Area: Access to Care and Quality Preventive Care
1) improve access to care
2) improve population health
3) reduce emergency department visits related to mental health

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners

Priority Area: Cancer, Chronic Disease- Obesity/Cardiovascular

Long-Term Goals Supporting Maryland State Health Improvement Plan (SHIP) Focus Area: Quality Preventive Care and Access to Care
1) Reduce emergency department visits due to diabetes
2) Reduce emergency department visits rate due to hypertension
3) Reduce deaths from heart disease
4) Reduce mortality rate from cancer

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Appendix 9

Community Health Planning Council Members

UM SRH Members

- Patti Willis – Regional Senior Vice President, Strategy and Communications
- Kathleen McGrath – Regional Director of Outreach & Business Development
- William Huffner, MD, MBA, FACEP, FACHE – Chief Medical Officer
- Adam Weinstein, MD – VP Medical Affairs
- Walter Atha, MD – Regional Director of Emergency Medicine
- Brian Leutner – Director of Oncology Services
- Iris Lynn Giraudo, RN, BSN – Readmissions Care Coordinator
- Linda Porter– Patient Access Manager
- Patricia Plaskon, PhD, LCSW-C, OSW-C – Coordinator of Oncology Social Work
- Rita Holley, MS, BSN, RN– Director of Shore Home Care
- Ruth Ann Jones EdD, MSN, RN, NEA-BC – Interim Sr. VP Clinical Services/CNO
- Sharon Stagg, RN, DNP, MPH, FNP-BC – Nurse Practitioner -Shore Regional Palliative Care
- Kevin Chapple, Pharm.D., BCPS, – Director of Pharmacy Operations
- Trish Rosenberry, MS, BSN, RN, – Director of Outpatient Services, Diabetes Center
- Stephen Eisemann, BS, RRT – Regional Manager Cardiovascular & Pulmonary Services
- Jackie Weston, BSN, RN-BC, – Nurse Manager for Shore Behavioral Health Services
- John Mistrangelo, ACSW, LCSW-C, – Program Administrator, Shore Behavioral Health Services
- Bill Roth - Senior Director, Care Transitions and Rehabilitation
- Elizabeth Todd MS, BSN, RN I-V,CRRN – Navigator, Shore Comprehensive Rehabilitation
- Robert Carroll – Director, Performance Measurement and Improvement
- Mary Jo Keefe RN,BSN, MSM – Director of Nursing
- Mary King RD, LD, CDE– Nutrition Services Coordinator
- Chris Pettit – Senior Planning Analyst
- Anna D'Acunzi – Manager, Financial Decision Support
- Greg Vasas – Decision Support Senior Analyst

Health Officer Members

- Joseph Ciotola MD – Health Officer of Queen Anne's County Department of Health
  – Medical Director for the Queen Anne's County Department of Emergency Services
- Leland Spencer MD – Health Officer of Caroline County and Kent Count
- Roger Harrell, MHA – Health Officer of Dorchester County
- Fredia Wadley, MD – Health Officer of Talbot County

References

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]