



**PENINSULA REGIONAL MEDICAL CENTER,
WICOMICO COUNTY HEALTH DEPARTMENT, AND
SOMERSET COUNTY HEALTH DEPARTMENT**

2019 Community
Health Needs
Assessment



Public Health
Prevent. Promote. Protect.
Wicomico County
Health Department



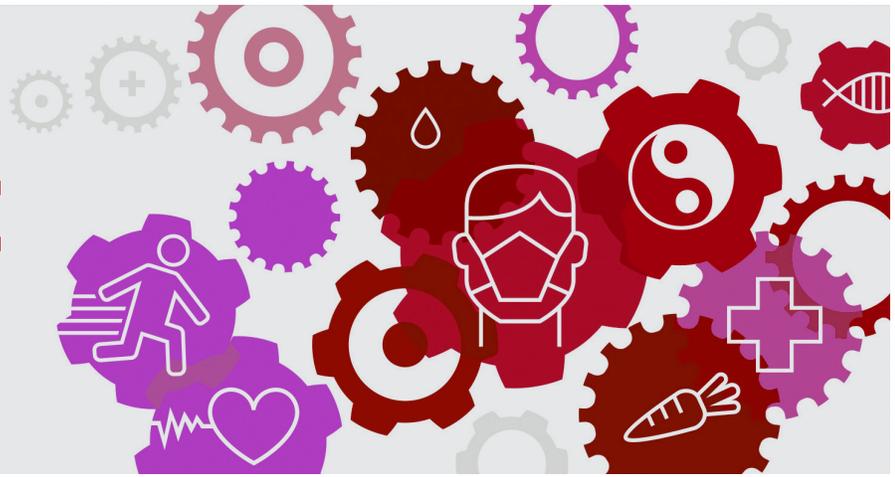
Public Health
Prevent. Promote. Protect.
SOMERSET COUNTY
HEALTH DEPARTMENT

TABLE OF CONTENTS

1. Executive Summary	1	7. Data Synthesis	28
1.1 Introduction	1	8. Prioritized Significant Health Needs	29
1.2 Summary of Findings	1	8.1 Diabetes	29
1.3 Selected Priority Areas	2	8.2 Cancer	30
2. Introduction	3	8.3 Behavioral Health	31
2.1 About “The Partnership”	3	8.3.1 Mental Health & Mental Disorders	32
2.1.1 PRMC	3	8.3.2 Substance Abuse	32
2.1.2 WCHD	4	9. Non-Prioritized Significant Health Needs	34
2.1.3 SCHD	4	9.1 Access to Health Services	34
2.1.4 Definition of Community and Map	5	9.2 Older Adults & Aging	34
2.1.5 Other Partnerships	5	9.3 Oral Health	35
2.2 Consultants	6	10. Other Findings	36
3. Selected Priority Areas	7	10.1 Transportation	36
4. Evaluation of Progress since Prior CHNA	8	10.2 Social Environment	36
4.1 Impact since Prior CHNA	8	10.3 Economy	37
4.2 Community Feedback on Prior CHNA	8	10.4 Low Income/Underserved	37
5. Methods	9	11. A Closer Look at Highly Impacted Populations	38
5.1 Secondary Data Sources and Analysis	9	12. Conclusion	40
5.2 Primary Data Collection and Analysis	9	13. Appendices	41
5.2.1 Key Informant Interviews	9	13.1 Secondary Data	41
5.2.2 Focus Groups	11	13.1.1 Secondary Data Sources	41
5.2.3 Community Survey	12	13.1.2 Secondary Data Scoring Detailed Methodology	42
5.3 Prioritization	13	13.1.3 Comparisons	42
5.3.1 Prioritization Session Participants	14	13.1.4 Secondary Data Scoring Results	44
5.3.2 Prioritization Process	14	13.2 Community Input	68
5.3.3 Prioritization Results	15	13.2.1 Key Informant Interview Questions	68
5.4 Data Considerations	15	13.2.2 Focus Group Questions	68
6. Demographics	16	13.2.3 Online Community Survey	70
6.1 Population	17	13.3 Community Resources	72
6.1.1 Population Count	17	13.4 Prioritization Toolkit	73
6.1.2 Age	18	13.5 Impact Since Prior CHNA	75
6.1.3 Racial/Ethnicity Diversity	19		
6.2 Social and Economic Determinants of Health	20		
6.2.1 Income	20		
6.2.2 Poverty	21		
6.2.3 Education	22		
6.2.4 Languages Spoken	24		
6.2.5 Households with No Vehicle	25		
6.3 SocioNeeds Index®	26		

Figure 1. Map of Service Area	5
Figure 2. Key Informant Interview Themes	10
Figure 3. Focus Group Themes	11
Figure 4. Race/Ethnicity of Community Survey Respondents	12
Figure 5. Age of Community Survey Respondents	13
Figure 6. Prioritization Criteria	14
Figure 7. Prioritization Topic Area Rankings	15
Figure 8. Tri-County Service Area Population Count by Zip Code	18
Figure 9. Tri-County Service Area Demographics: Age	19
Figure 10. Tri-County Service Area Demographics: Race	20
Figure 11. Tri-County Service Area Demographics: Ethnicity	20
Figure 12. Tri-County Service Area Median Household Income	21
Figure 13. Tri-County Service Area Median Household Income by Race/Ethnicity	22
Figure 14. Tri-County Service Area Families Living Below the Poverty Level	22
Figure 15. Tri-County Service Area Map of Families Living in Poverty	23
Figure 16. Tri-County Service Area Educational Attainment by County	24
Figure 17. Tri-County Service Area Educational Attainment	24
Figure 18. Tri-County Service Area Language Spoken at Home	25
Figure 19. Tri-County Service Area Map of Households without a Vehicle	26
Figure 20. SocioNeeds Index Map for Tri-County Service Area	27
Figure 21. Data Synthesis Results	29
Figure 22. Data Scoring Methodology Steps	43
Table 1. SocioNeeds Index Zip Codes of Highest Need	28
Table 2. Diabetes-related Indicators of concern	30
Table 3. Cancer-related Indicators of concern	32
Table 4. Mental Health-related Indicators of concern	33
Table 5. Substance Abuse-related Indicators of concern	34
Table 6. Negative Race/Ethnicity Disparities by County	39
Table 7. Number of Indicators with Negative Sub-Population Disparities per County	40

EXECUTIVE SUMMARY



1.1 INTRODUCTION

Peninsula Regional Medical Center (PRMC), Wicomico County Health Department (WCHD), and Somerset County Health Department (SCHD) are pleased to present the 2019 Community Health Needs Assessment (CHNA). This CHNA report was developed to provide an overview of the health needs in the PRMC Tri-County Service Area, including Somerset, Wicomico, and Worcester counties in Maryland. PRMC, WCHD, and SCHD partnered with Conduent Healthy Communities Institute (HCI) to conduct the CHNA. The goal of this report is to offer a meaningful understanding of the greatest health needs across the PRMC, WCHD, and SCHD service areas, as well as to guide planning efforts to address those needs. Special attention has been given to identify health disparities, needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Members of the community are invited to provide feedback and comments on this report by emailing community.relations@peninsula.org.

1.2 SUMMARY OF FINDINGS

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community health leaders and organizations that serve the community at large, as well as non-health professionals and community members. The main source for the secondary data, or data that has been previously collected, is the Peninsula Regional Medical Center Creating Healthy Communities platform, a publicly available data platform that is embedded on the main PRMC website. That platform can be found here: <https://www.peninsula.org/community/creating-healthy-communities>. You can read in more detail about the methods behind the secondary and primary data analysis in Section 5 of this report.

Significant Health Needs based on primary and secondary data:

- Access to Health Services
- Cancer
- Diabetes
- Economy
- Low Income / Underserved
- Mental Health & Mental Disorders
- Older Adults & Aging
- Oral Health
- Social Environment
- Substance Abuse
- Transportation

1.3 SELECTED PRIORITIZED AREAS

On October 24, 2018, PRMC's Community Benefit team and other members from various departments in the hospital as well as representatives from WCHD and SCHD came together to prioritize the significant health needs in a session led by consultants from HCI. While considering several prioritization criteria, the following three topics were identified as priorities to address:

- Behavioral Health (focusing on the combined topic areas of Mental Health & Mental Disorders as well as Substance Abuse)
- Diabetes
- Cancer



SECTION 2

INTRODUCTION

2.1 ABOUT “THE PARTNERSHIP”

A partnership was formed between PRMC, WCHD, and SCHD to collaborate for the benefit of the community. These organizations have been partnering together on local assessment efforts since 1995. Two of the organizations are required to complete a CHNA: PRMC as a non-profit hospital and WCHD as an accredited health department. SCHD is in the early phases of public health accreditation.

2.1.1 PRMC

Mission: To improve the health of the communities we serve.

Peninsula Regional Medical Center (PRMC) in Salisbury, Maryland offers the widest array of specialty and subspecialty services on the Delmarva Peninsula.

PRMC is one of just four hospitals in Maryland, and the only on the Eastern Shore, to be awarded a five-star rating — the highest possible — by the Centers for Medicare & Medicaid Services (CMS) in 2018 and 2019. In 2018 and 2019, it was also the recipient of an A safety grade by the Leapfrog Group and was named a Distinguished Hospital for Clinical Excellence by Healthgrades, placing it among the top 5% of hospitals in the United States.

At 288 acute care beds, PRMC is the 8th largest hospital in Maryland, and the region’s largest, most advanced tertiary care facility, which has been meeting the healthcare needs of Delmarva Peninsula residents since 1897. Its 3,300 physicians, staff, and volunteers provide safe, compassionate, and affordable care designed to exceed the expectations of the nearly 500,000 patients who rely on the Medical Center team each year for inpatient, outpatient, diagnostic, sub-acute and emergency/trauma services. It is the region’s oldest healthcare institution with the most experienced team of healthcare professionals. It also infuses over \$500 million annually into its regional economy, and is the recipient of over 125 national awards, recognitions, and certifications in the past half-decade for the care it offers patients and the outcomes they experience.

Peninsula Regional Medical Center offers a full range of services, including neurosurgery, robotic surgery, cardiothoracic surgery, joint replacement, emergency/trauma care, wound care, women’s and children’s services, and weight loss and wellness services. Additionally, breast care and comprehensive cancer care are provided at institutes in Salisbury and Ocean Pines, MD, and community and population health services are provided through a network of family medicine and specialty care offices across Maryland and Delaware, health pavilions in Millsboro, DE and Ocean Pines, MD, and with the Wagner Wellness Van.

SECTION 2 INTRODUCTION

In 2014, PRMC joined with Bayhealth of Delaware to form a partnership known as HealthVisions Delmarva, LLC. The two health systems share best practices to provide best-in-class healthcare services and leverage the intellectual assets of each organization for the benefit of their patients across Delmarva. However, each maintains its own financial autonomy. A similar partnership has been established with six Western Shore Hospitals (Adventist Healthcare, Inc., LifeBridge Health, Inc., Mercy Health Services, Inc., Frederick Regional Health System, Meritus, and Western Maryland) to form the Advanced Health Collaborative, LLC.

Peninsula Regional is also proud to be an affiliate of the Johns Hopkins Clinical Research Network (JHCRN), a group of academic and community-based clinical researchers designed to provide new opportunities for research collaborations. It's also home to the Richard A. Henson Research Institute.

New technologies, including robotic and small incision surgery, and advanced disease detection and treatment options, continue to define the standard for safer care, faster recoveries, and better outcomes.

Keep in touch with PRMC on Facebook at www.facebook.com/PeninsulaRegional, on the PRMC blog at prmcshalisbury.com, or on the Peninsula Regional website at www.peninsula.org.

2.1.2 WCHD

Mission: To maximize the health and wellness of all members of the community through collaborative efforts.

Vision: Healthy People in Healthy Communities.

The local public health department, accredited by the Public Health Accreditation Board on March 8, 2016, has expanded over the years to meet changing needs of the community and continually works toward protecting the health and environment of the people of Wicomico County.

Health Department Leadership:

- Health Officer Lori Brewster MS, APRN/BC, LCADC
- Physician Deputy Health Officer James Cockey, M.D.
- Administrative Deputy Health Officer Darlene Jackson-Bowen, Ph.D., PA

2.1.3 SCHD

Mission: Dedicated to serving the Public by preventing illness, promoting wellness and protecting the health of our community.

Vision: Healthy People in Healthy Communities

Health Department Leadership:

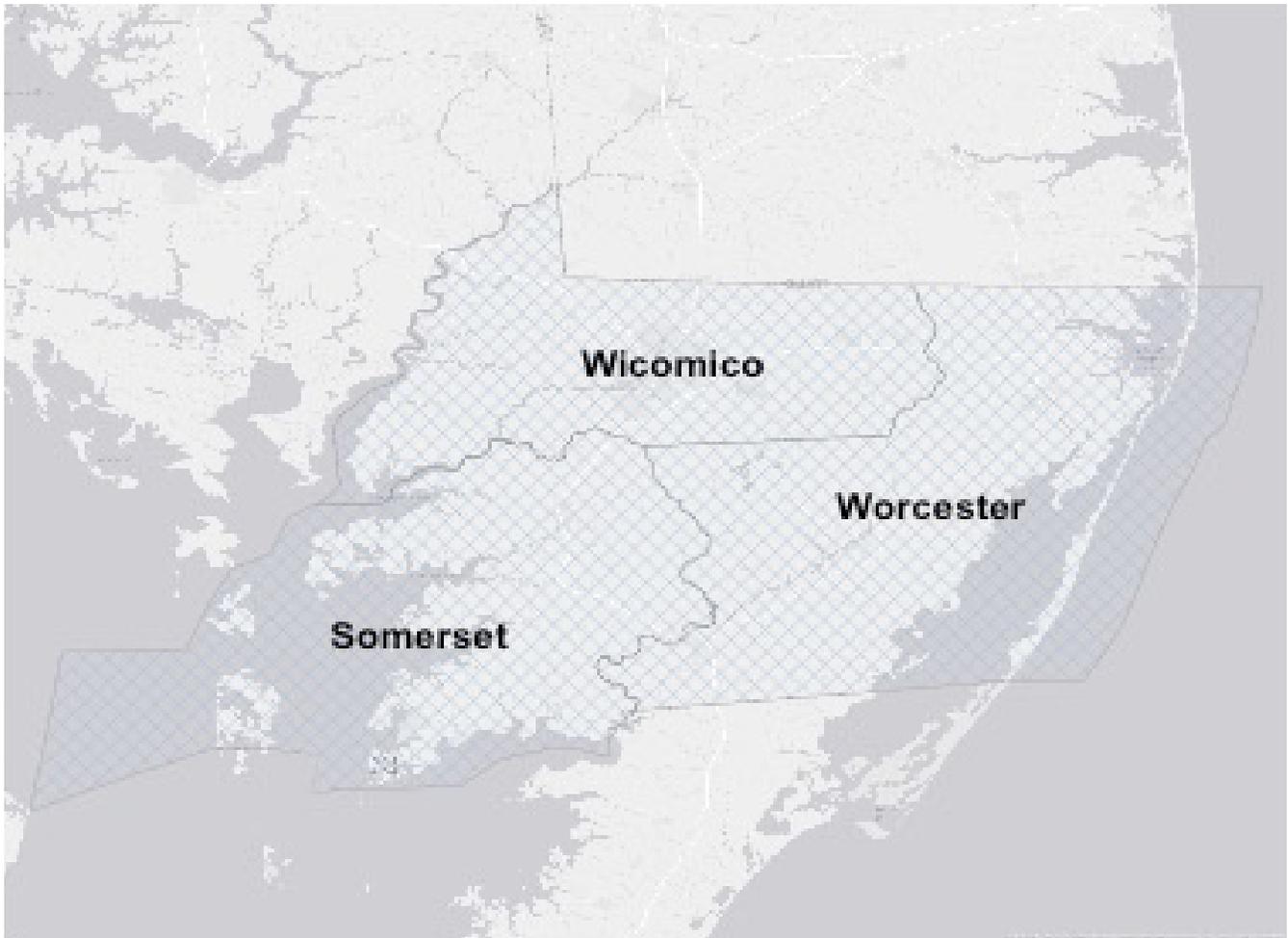
- Health Officer Lori Brewster MS, APRN/BC, LCADC
- Acting Physician Deputy Health Officer James Cockey, M.D.
- Administrative Deputy Health Officer Danielle Weber, RN, MS

The Health Department continues to change with the changes in the healthcare system. Somerset County Health Department is in the initial planning stage of the Public Health Accreditation process.

2.1.4 DEFINITION OF COMMUNITY AND MAP

Peninsula Regional Medical Center's, Wicomico County Health Department's, and Somerset County Health Department's service areas are jointly defined by Somerset, Wicomico, and Worcester counties in the state of Maryland. These three counties are referred to as the Tri-County Service Area. Additionally, the service area includes the 43 zip codes and associated census places and census tracts within those three counties.

FIGURE 1. MAP OF SERVICE AREA



2.1.5 OTHER PARTNERSHIPS

Both PRMC, WCHD, and SCHD leverage existing relationships with other organizations and groups in order to further their community work. Some of the existing partnerships include:

- COAT team — Wicomico County, PRMC, Local Law enforcement, and State's Attorneys office
- Community classes for CDSMP, Falls, and PEARLS - PRMG, AGH, and Peninsula Regional Clinically Integrated Network, MAC, Inc. Living Well Center of Excellence
- SWIFT — Salisbury Wicomico First Care Team, EMT-P, NP, RNs, CHWs — Wicomico County Health Department, Salisbury Fire Department, and PRMC
- Walkability — City of Salisbury, Wicomico County Health Department, and PRMC

- MOTA vendor (FY19 Community Empowerment Center)
- Veterans Administration
- Local Behavioral Health Authority
- Live Healthy Wicomico Coalition
- Walk Wicomico
- HOPE, Inc.
- Shore Transit
- Drs. Gray and Allen
- Delmarva Smile Corner
- PRMC Wagner Wellness Van
- Eastern Shore Area Health Education Center

2.2 CONSULTANTS

The Partnership commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment and author this report, as well as the 2013 CHNA.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

HCI works with clients across most states in the U.S. to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, HCI works on behalf of clients to build trust between and among organizations and their communities.

To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health/>.

Report authors from Conduent HCI include:

- Jenny Belforte, MPH
- Emily Hummel, MPH
- Andrew Juhnke, MPH
- George Nguyen

SELECTED PRIORITY AREAS



On October 24, 2018, PRMC, WCHD, and SCHD came together to prioritize the significant health needs in a session facilitated by Conduent HCI consultants. Using a prioritization matrix, participants voted on the most critical needs while considering the following criteria:

- Importance of problem to the community
- Alignment with Maryland SHIP 2017 objectives
- Opportunity for partnership
- Addresses disparities of subgroups
- Existing resources/programs to address the problem

The following three topics were selected as the top priorities:

- ① **Behavioral Health (Mental Health & Mental Disorders as well as Substance Abuse)**
- ② **Diabetes**
- ③ **Cancer**



A plan for addressing these priority areas will be further described in Peninsula Regional Medical Center's 2019 Implementation Strategy report.

EVALUATION OF PROGRESS SINCE PRIOR CHNA



4.1 IMPACT SINCE PRIOR CHNA

Priority areas identified in the previous 2016 CHNA include:

- Diabetes
- Exercise, Nutrition & Weight
- Behavioral Health (Mental Health & Mental Disorders as well as Substance Abuse)

In 2016, PRMC developed an Implementation Strategy report to address these issues, with specific strategies and programs. For more details on the impact since the prior CHNA, see Appendix 13.5.

4.2 COMMUNITY FEEDBACK ON PRIOR CHNA

The 2016 CHNA was posted for public consumption on the Peninsula Regional Medical Center website (<https://www.peninsula.org>) under “Community” then “Community Health Needs Assessment”. The direct link to the file is: <http://online.fliphtml5.com/cxbl/wkij/#p=1>. The website allows for members of the community to email various individuals and departments. Paper copies were also made available at the main entrances to the hospital. Community members were invited to read the report and provide comments. No community feedback was received.

METHODS

5.1 SECONDARY DATA SOURCES AND ANALYSIS

Data on the Peninsula Regional Medical Center Creating Healthy Communities platform is retrieved from a variety of state and national sources, including sources such as the American Community Survey and the Maryland Department of Health. As of June 1, 2018, when the data was queried, there were 162 health and quality of life indicators for the Tri-County Service Area on the PRMC data platform for which the analysis outlined in the appendix of this report was conducted. For each indicator, the online platform and subsequent data analysis include several ways, or comparisons, by which to assess the status of each county within the Tri-County area. These include comparing each county to: other Maryland counties, the Maryland state value, U.S. counties, the U.S. value, the trend over time, relevant Healthy People 2020 targets, and Maryland State Health Improvement Process (MD SHIP) measure targets. For more information about the secondary data analysis methodology, please see Appendix 13.1.2.

5.2 PRIMARY DATA COLLECTION AND ANALYSIS

5.2.1 KEY INFORMANT INTERVIEWS

To expand upon the information gathered from the secondary data, HCI consultants conducted key informant interviews to collect community input. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital and health department, and/or could speak to the needs of medically underserved or vulnerable populations. 20 individuals were contacted for the service area, and 14 agreed to participate and scheduled an interview. The following organizations are representative of the individuals who participated in the interviews:

- Chesapeake Health Center
- CoreLife
- Deer's Head Hospital Center
- HOPE, Inc. (Health and Outreach Point of Entry)
- Lower Shore Clinic
- Lower Shore Enterprises
- MAC, Inc. (Maintaining Active Citizens)
- Salisbury Rehabilitation and Skilled Nursing Center - Genesis Healthcare
- Salisbury University

- TGM Group LLC
- Wicomico County Executive
- Wicomico County Health Department
- Peninsula Regional Medical Center
- Somerset County Health Department

The 14 interviews were conducted from July 26, 2018 through August 30, 2018 by telephone. They ranged from 30 - 60 minutes in length. During the interviews, questions were asked to learn about the interviewee’s background and organization, biggest health needs and barriers of concern in the community, as well as the impact of health issues on vulnerable populations. A list of the questions asked during the interviews can be found in Appendix 13.2.1.

Each interview included both an interviewer and a note taker from HCI, so much of the conversation was captured verbatim. The interview transcripts and notes were entered in the web application Dedoose, a qualitative data analysis software. The transcripts were coded according to a list of major health and quality of life topics. Input from key informants is included in each relevant health need topic area detailed in sections 8 and 9 of this report.

Additionally, notes were uploaded to a summary qualitative data analysis tool, WordItOut.com, which creates a word cloud. Word clouds help to identify the words or phrases mentioned most often in the interviews, and those appear in the largest and darkest font as seen below.

FIGURE 2. KEY INFORMANT INTERVIEW THEMES



The word cloud was used to get a visual sense of the major themes that emerged from the coding and analysis of the key informant interviews.

5.2.2 FOCUS GROUPS

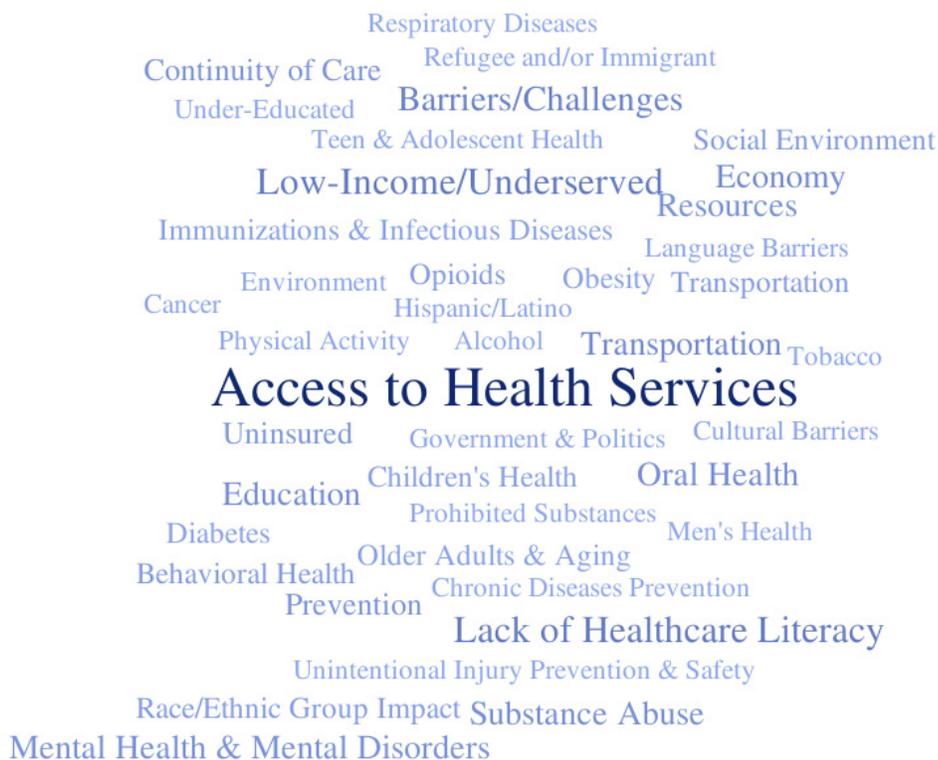
PRMC, WCHD, and SCHED organized and facilitated three focus groups with members of the community. The focus groups convened on August 23th, August 29th, and September 14th of 2018. Participants were recruited using multiple modes: direct email invitations, newspaper advertisements, flyers, and social media postings.

The August 23rd focus group consisted of professionals and providers from various disciplines in the tri-county area and was held at PRMC. The August 29th focus group was held in Salisbury in the county of Wicomico at the Salvation Army and included members of the greater Salisbury community. The September 14th focus group was held in Pocomoke City in Worcester County at the Pocomoke Library and included members of the greater Pocomoke area. Efforts were made to have a 4th focus group in the county of Somerset, but there was not enough interest in the community to get a minimum number of participants.

Each focus group included both a facilitator and a note taker from PRMC, WCHD, or SCHED so much of the conversation was captured verbatim. A list of the questions asked during the focus groups can be found in Appendix 13.2.2. The focus group transcripts and notes were entered in the web application Dedoose, a qualitative data analysis software. The transcripts were coded according to a list of major health and quality of life topics. Input from focus group participants is included in each relevant health need topic area detailed in sections 8 and 9 of this report.

Additionally, notes were uploaded to a summary qualitative data analysis tool, WordItOut.com, which creates a word cloud. Word clouds help to identify the words or phrases mentioned most often in the focus groups, and those appear in the largest and darkest font in Figure 3 below.

FIGURE 3. FOCUS GROUP THEMES



5.2.3 COMMUNITY SURVEY

Another form of community input collected was via a community survey. The survey was available online via Survey Monkey tool and as a paper hard copy. It was distributed across PRMC's entire service area from July 23, 2018 – September 10, 2018. A total of 584 responses were collected. Results in this report are based on the Tri-County service area — Somerset, Wicomico and Worcester. This was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. Another limitation is that, although the survey in English was translated into Spanish and Creole, there may have been other non-English speaking groups that were missed. A list of the questions asked in the survey can be found in Appendix 13.2.3.

Out of the 584 respondents, about 70% were female and 30% were male. They were comprised of about 35% of people who work in the health field, the rest were community members. And about 81% of respondents resided in Wicomico County. Their race/ethnicities, as well as age ranges, can be seen in the figures below.

FIGURE 4. RACE/ETHNICITY OF COMMUNITY SURVEY RESPONDENTS

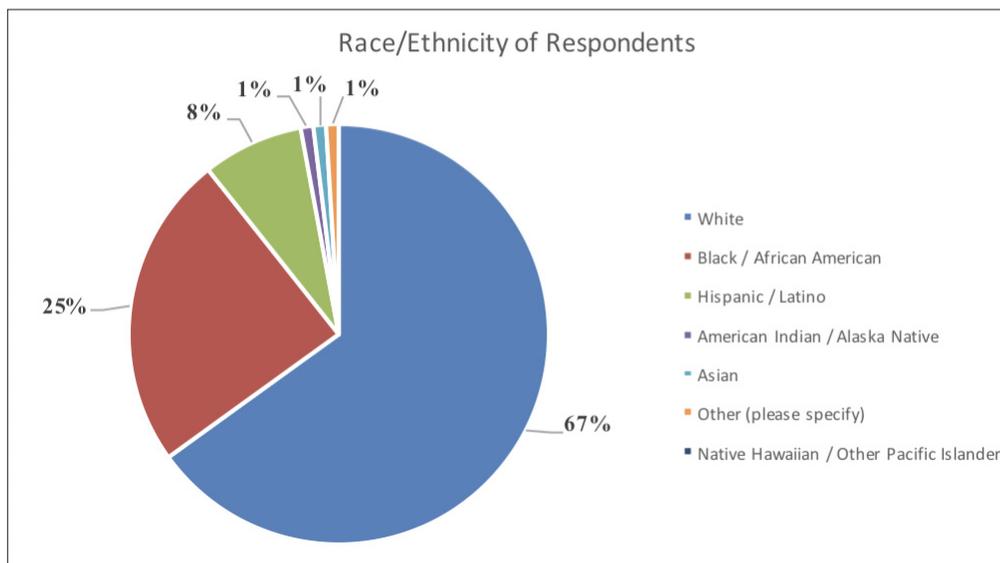
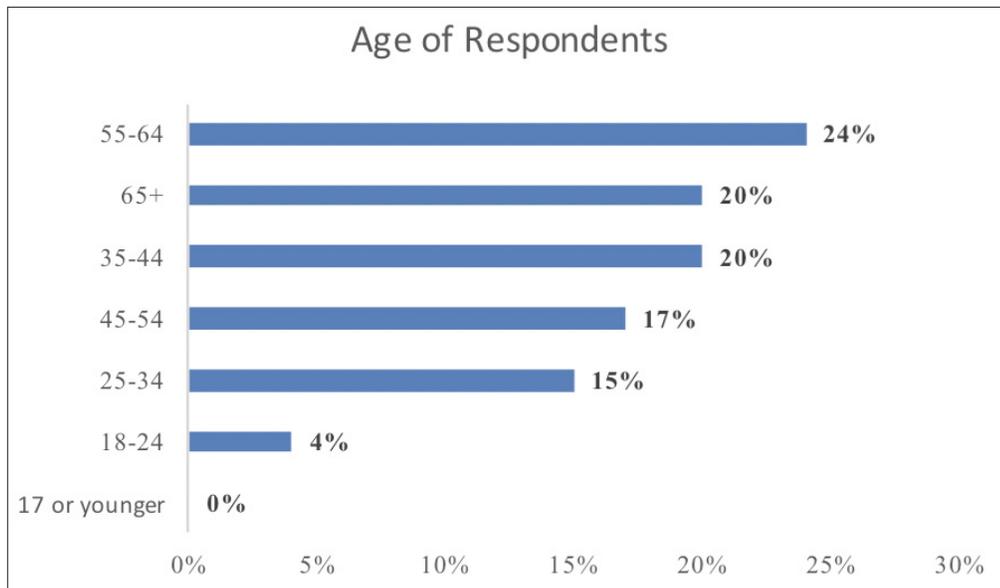


FIGURE 5. AGE OF COMMUNITY SURVEY RESPONDENTS



5.3 PRIORITIZATION

In order to better target community issues with regards to the most pressing health needs, PRMC, WCHD, and SCHD members participated in a group discussion facilitated by HCI to hone in on the 11 significant health needs presented. Those health needs will be under consideration for the development of an implementation plan that will address some of the community's most pressing health issues.

5.3.1 PRIORITIZATION SESSION PARTICIPANTS

- Chris Hall – VP Strategy & Business Development / Chief Business Officer, PRMC
- Kathryn Fiddler – VP Population Health, PRMC
- Stephanie Elliott – Director of Community Health Initiatives, PRMC
- Henry Nyce – Manager Strategic Planning, PRMC
- Lori Brewster – Health Officer, Wicomico County Health Department and Somerset County Health Department
- Logan Becker – Planning Analyst, PRMC
- Dr. James Cockey – Deputy Health Office, Wicomico County Health Department and Somerset County Health Department
- Bonnie Willey – Social Worker, PRMC
- Diane Hitchens – Director Women's and Children's
- Brooke Shulz – Registered Nurse, PRMC
- Lisa Renegar – Planner, Wicomico County Health Department

5.3.2 PRIORITIZATION PROCESS

On October 24, 2018 the above participants convened at Peninsula Regional Medical Center to review and discuss the results of HCI's primary and secondary data analysis leading to the preliminary top 11 significant health needs discussed in detail in Section 8. From there, participants utilized a prioritization toolkit (Appendix 13.4) to examine how well each of the 11 significant health needs met the

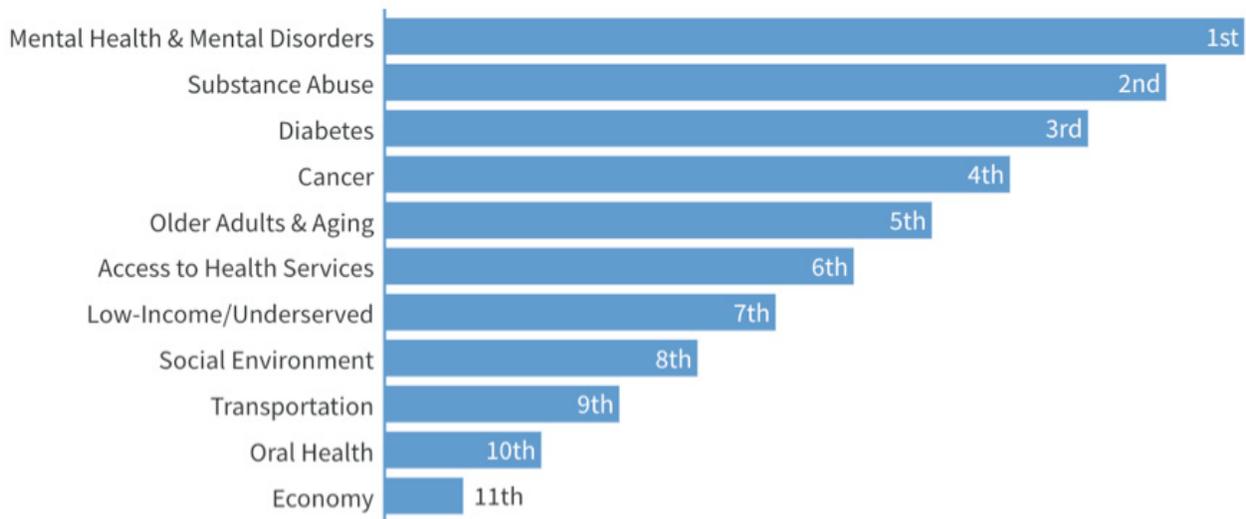
criteria set forth by PRMC project team. The criteria for prioritization can be seen in Figure 6 below:

FIGURE 6. PRIORITIZATION CRITERIA

- **Importance of problem to the community**
- **Alignment with Maryland SHIP 2017 objectives**
- **Opportunity for partnership**
- **Addresses disparities of subgroups**
- **Existing resources/programs to address the problem**

Completion of the prioritization toolkit allowed participants to arrive at numerical scores for each health need that correlated to how well each health need met the criteria for prioritization. Participants then ranked the top 11 health needs according to their topic scores, with the highest scoring health needs receiving the highest priority ranking. Participants were encouraged to use their own judgment and knowledge of their community in the event of a tie score. After completing their individual ranking of the 11 health needs, participants’ rankings were submitted into an online polling platform that collates the responses, resulting in an aggregate ranking of the health topics. The aggregate ranking can be seen below.

FIGURE 7. PRIORITIZATION TOPIC AREA RANKINGS



5.3.3 PRIORITIZATION RESULTS

Upon seeing the group ranking above, prioritization participants engaged in a discussion about the topics that make most sense to prioritize for PRMC's Tri-County Service Area. As mental health and substance abuse are often linked together, and were also combined as a priority area to address in 2016, the group decided on Behavioral Health to address root causes. All participants agreed to prioritize three needs. Therefore, the top three health priorities for the Peninsula Regional Medical Center and Wicomico and Somerset counties health departments' Tri-County Service Area to consider for subsequent implementation planning are:

- **Behavioral Health (Mental Health & Mental Disorders + Substance Abuse)**
- **Diabetes**
- **Cancer**

These three health needs will be broken down in further detail below to understand how findings in the secondary data and community input led to each issue becoming a high priority health need for the Tri-County Service Area.

5.4 DATA CONSIDERATIONS

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and quality of life topic areas, within each topic area there is a varying scope and depth of quantitative data indicators (secondary data) and qualitative findings (primary data). In some topics there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data is collected. The breadth of qualitative data findings is dependent on who was selected to be a key informant, as well as the availability of selected key informants for interviews during the time period of qualitative data collection. Additionally, data from focus groups was limited by those who were chosen to participate and were influenced by where and for whom the focus groups were conducted. For the community survey, although it was distributed across the entire three county service area and made available both online and as a paper hard copy, it was a convenience sample. This means that results may be vulnerable to selection bias and make findings less generalizable. Another limitation is that, although the survey was translated into Spanish and Creole, there may have been other non-English speaking groups that were missed. The Index of Disparity is also limited by data availability: there is no subpopulation data for some indicators, and for others, there are only values for a select number of racial or ethnic groups. For both quantitative and qualitative data, efforts were made to include as wide a range as possible of topic and expertise areas for data.

DEMOGRAPHICS



The demographics of a community significantly impact its health profile. Poverty, lack of a vehicle, and poor public transportation can limit the ability to access healthy foods and health services. Unsafe neighborhoods can make it difficult to get enough physical activity. Linguistic isolation can make it difficult for a patient to effectively communicate with their physician. Additionally, different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All reported demographic figures are sourced from Claritas 2018 estimates unless otherwise noted.

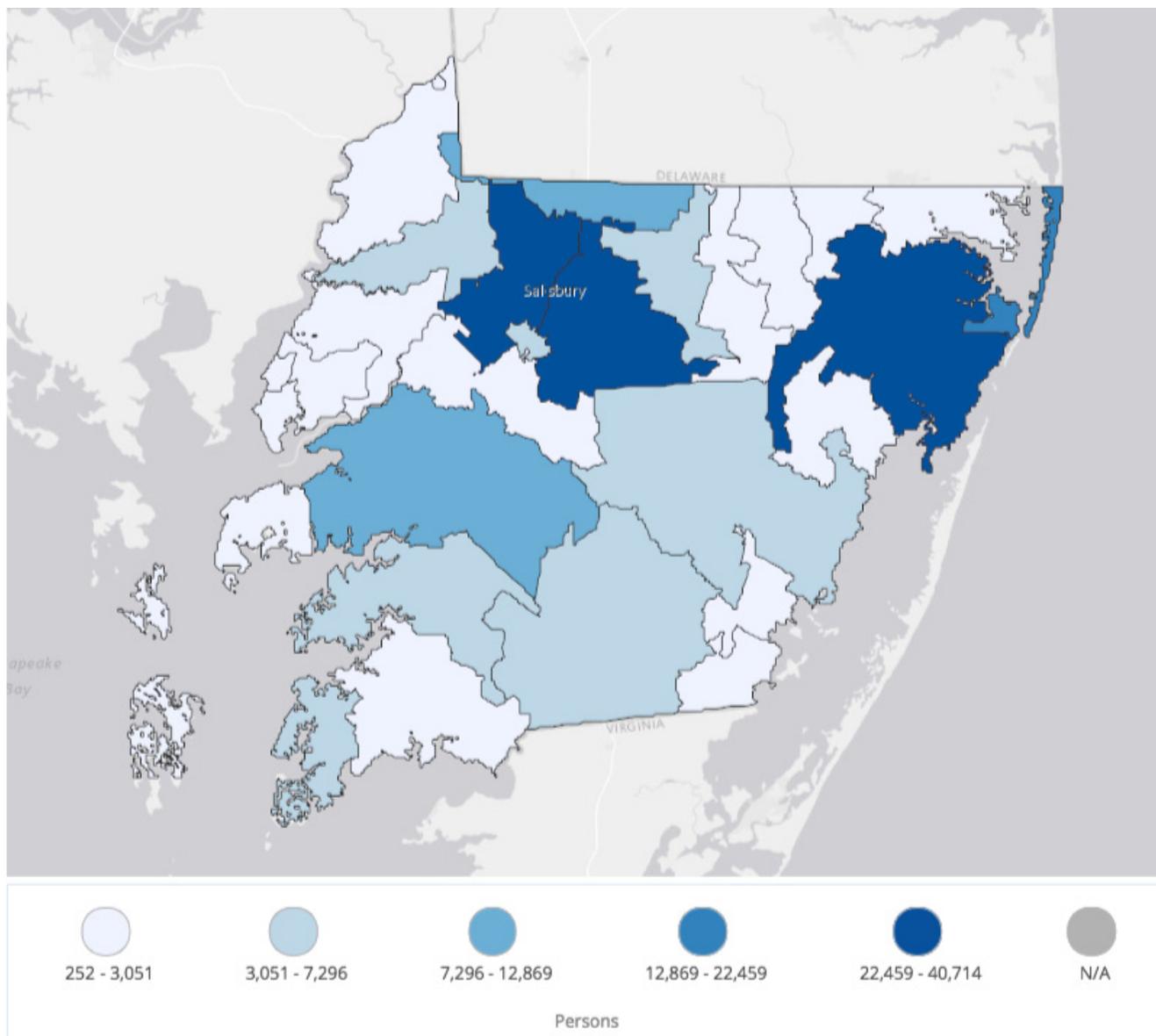


6.1 POPULATION

6.1.1 POPULATION COUNT

The total population estimate for the Tri-County Service Area is 180,778. The majority of the population lives in Wicomico County, which has an estimated 103,378 residents. Worcester and Somerset counties, meanwhile, have estimated populations of 51,455 and 25,945, respectively. The map below shows zip codes by population count range for all zip codes in the three service area counties. Zip codes 21804 and 21801, both in the north central part of the service area, have the highest population counts within the service area, with populations of 40,714 and 30,768 respectively. Zip codes 21824 and 21814, both on the western side of the service area on the water of the Chesapeake Bay, have the lowest population counts within the service area, with populations of 252 and 301 people, respectively.

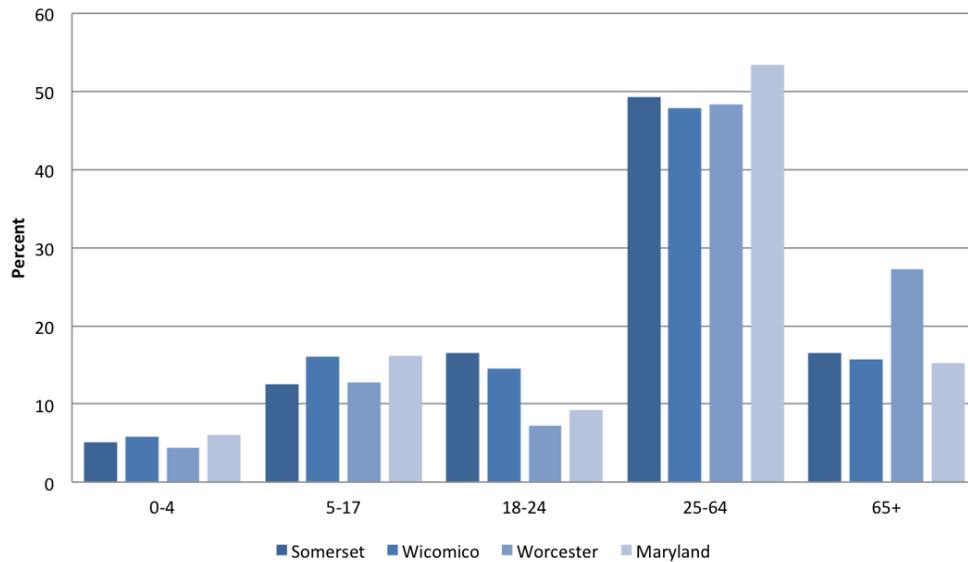
FIGURE 8. TRI-COUNTY SERVICE AREA POPULATION COUNT BY ZIP CODE



6.1.2 AGE

The counties in the Tri-County Service Area have varying age distributions when compared to each other and to the state of Maryland. The proportion of young adults in Somerset and Wicomico are higher compared to both Worcester and Maryland as a whole. Over half of Maryland is comprised of adults ages 25 to 64, whereas this age group accounts for slightly below half of the population of each of the three counties individually. Also, the proportion of older adults (65+) is much higher in Worcester County when compared to the other counties in the service area.

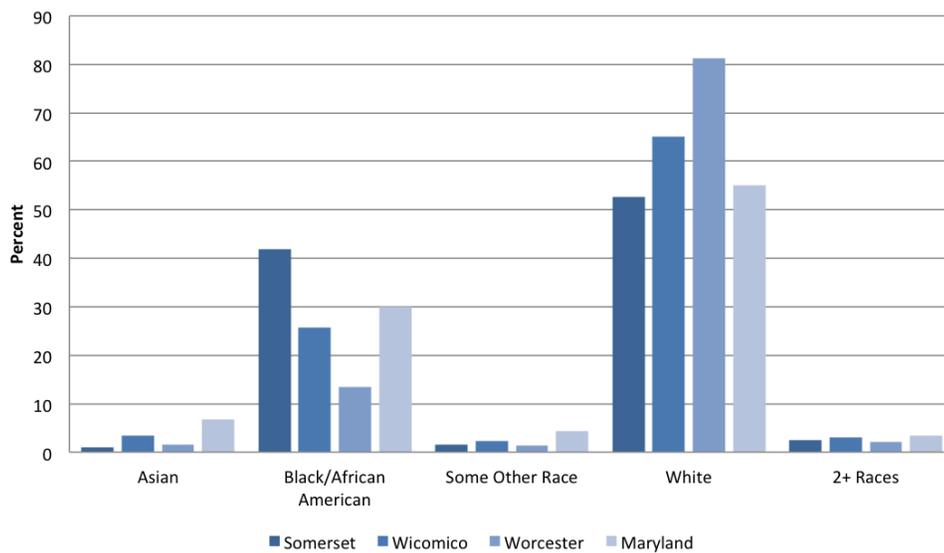
FIGURE 9. TRI-COUNTY SERVICE AREA DEMOGRAPHICS: AGE



6.1.3 RACIAL/ETHNICITY DIVERSITY

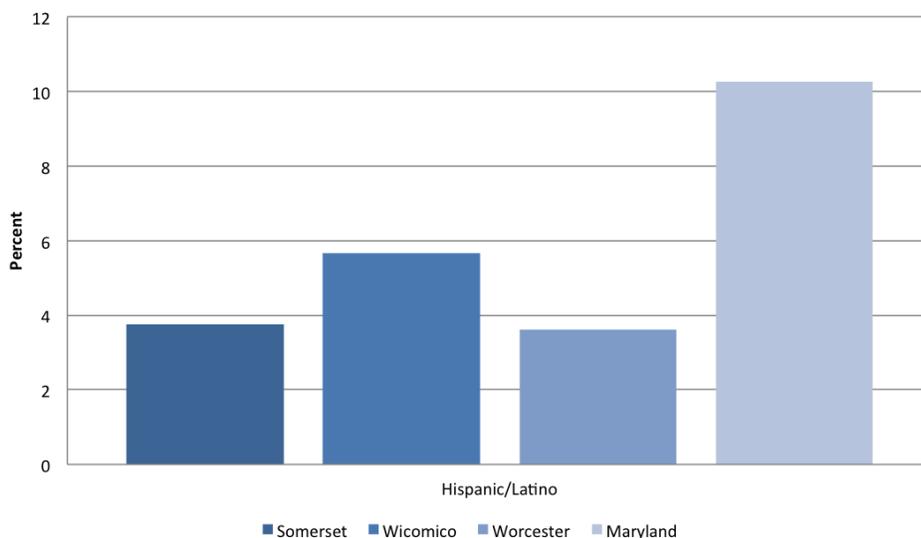
Worcester County has the highest percentage of people in the White race group (81.2%), whereas Somerset has the lowest percentage (52.6%). Both Worcester and Wicomico (65.1%) have a higher percentage of Whites than the state of Maryland as whole (55.1%). Somerset County has the largest proportion of Black/African Americans (41.9%), whereas Worcester has the lowest (13.4%). Wicomico’s percentage of Black/African Americans mirrors the state of Maryland the closest, with values of 25.8% and 29.9% respectively. The other race groups comprise a tiny sliver of the Tri-County counties’ populations in comparison. In Somerset and Worcester counties, those who are two or more races are the next highest racial group (2.5% and 2.1%); while in Wicomico County, Asians comprise the next largest group (3.4%).

FIGURE 10. TRI-COUNTY SERVICE AREA DEMOGRAPHICS: RACE



Additionally, Wicomico County has the highest Hispanic/Latino population in the Tri-County Service Area (5.7%), although all three counties have much smaller percentages compared to the state of Maryland as a whole.

FIGURE 11. TRI-COUNTY SERVICE AREA DEMOGRAPHICS: ETHNICITY



6.2 SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH

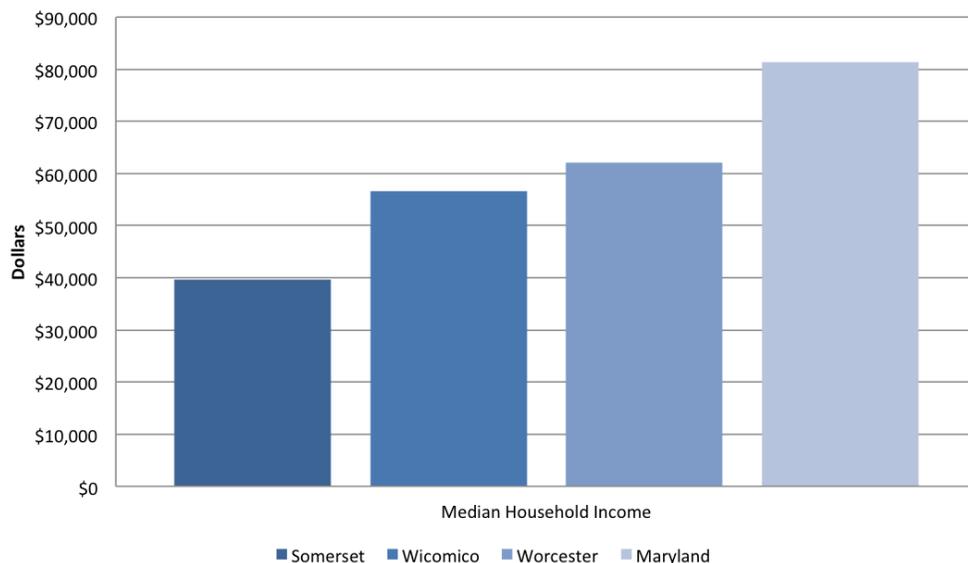
Healthy People 2020 defines social determinants of health as conditions in which people are born, grow, live, work, and age that affect a wide range of health outcomes and risks. The social determinants of health partly explain why some people are healthier than others, and generally why some people are not as healthy as they could be. Resources that address the social determinants of health and improve quality of life can have a significant impact on population health outcomes. Examples of these resources include access to education, public safety, affordable housing, availability of healthy foods, and local emergency and health services.

Understanding the different social determinants in a service area can lead to potential programs and services that work to improve disparities within that community. Programs that address the social determinants such as: targeted outreach to people living alone, translation services for people with limited English proficiency, and financial counseling for people living in poverty, can help to improve the overall health of the community.

6.2.1 INCOME

The median household income values in all three counties in the Tri-County Service Area are lower than that of the state of Maryland. Somerset County has the lowest median household income in the service area with a value of \$39,677. Worcester County has the highest median household income in the service area at \$62,166.

FIGURE 12. TRI-COUNTY SERVICE AREA MEDIAN HOUSEHOLD INCOME

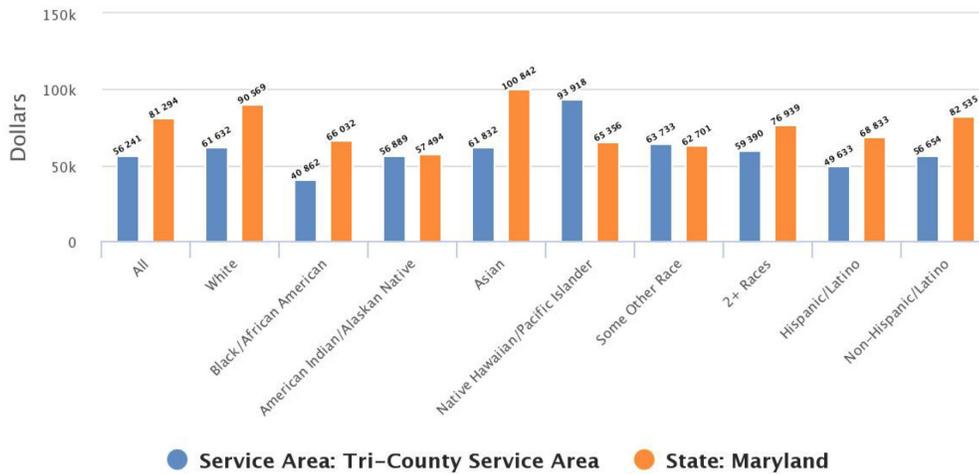


When looking at the median household income breakdown by race/ethnicity, it is seen the service area generally has lower median household incomes for race/ethnicity subgroups compared to the overall state values, except for the Native Hawaiian/Pacific Islander group, which has a much higher median household income for the service area compared to the state. Those who identify as a race not listed (“Some Other Race”) also have a slightly higher median household income than the state value. Overall, for all races, the median household income for the service area is \$56,241, which is \$25,053 lower than the median state value. Notably,

SECTION 6 **DEMOGRAPHICS**

Whites and Asians have two of the larger negative differences when comparing the Tri-County Service Area and the state. Black/African Americans also have a much lower value for the service area than the state.

FIGURE 13. TRI-COUNTY SERVICE AREA MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY



6.2.2 POVERTY

Somerset County has by far the highest percentage of families living below the federal poverty level in the service area at 20.2%. Worcester has the lowest value at 7.5%. In comparison to the state of Maryland overall, all three counties in the Tri-County Service Area have higher percentages of families living in poverty.

FIGURE 14. TRI-COUNTY SERVICE AREA FAMILIES LIVING BELOW THE POVERTY LEVEL

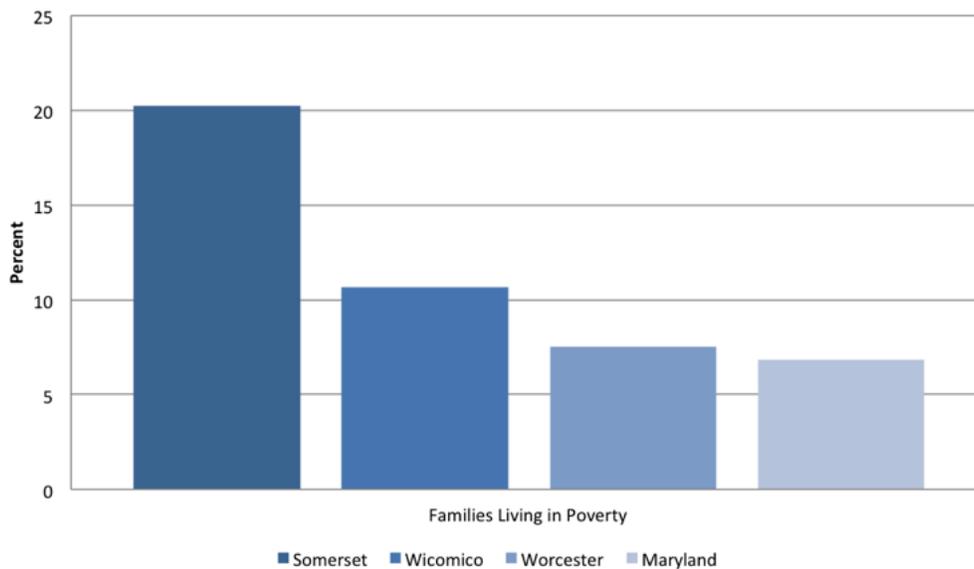
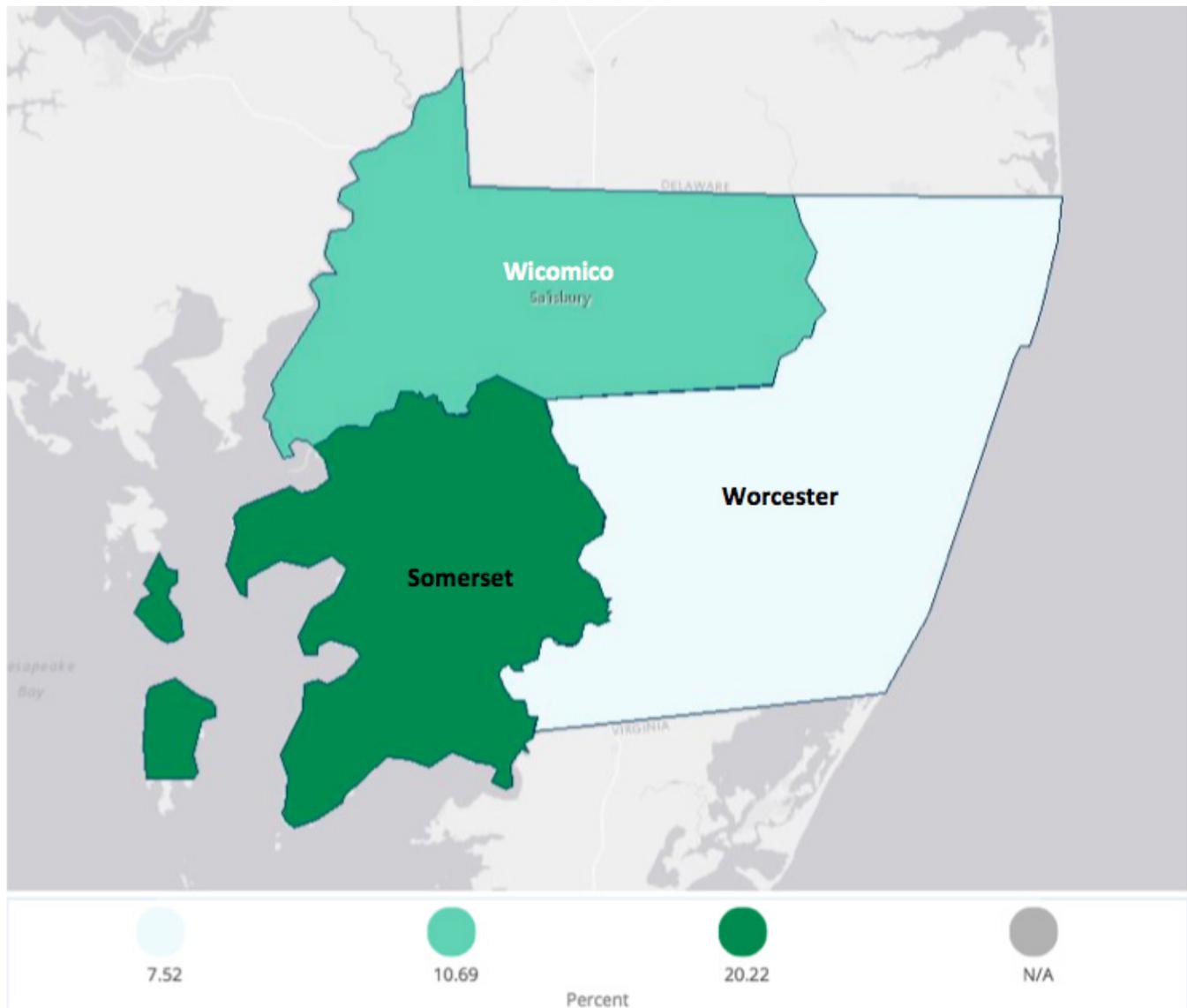


FIGURE 15. TRI-COUNTY SERVICE AREA MAP OF FAMILIES LIVING IN POVERTY



6.2.3 EDUCATION

As seen with the income and poverty demographic figures, Somerset County also has the highest percentage of people aged 25 years and older without a high school education in the service area. Additionally, Somerset has the lowest percentage of people with a bachelor's degree or higher, at less than 15%. Wicomico and Worcester counties both have roughly the same percentage of high school graduates as the state of Maryland as whole (89.6%), however, both counties have much lower percentages of people with bachelor's degrees or higher than the state. The Tri-County Service Area overall has a big gap in educational attainment, as 87.8% of the population aged 25 and older has a high school graduate's degree, but that number drops precipitously to only 26.3% for those with a bachelor's degree or higher.

FIGURE 16. TRI-COUNTY SERVICE AREA EDUCATIONAL ATTAINMENT BY COUNTY

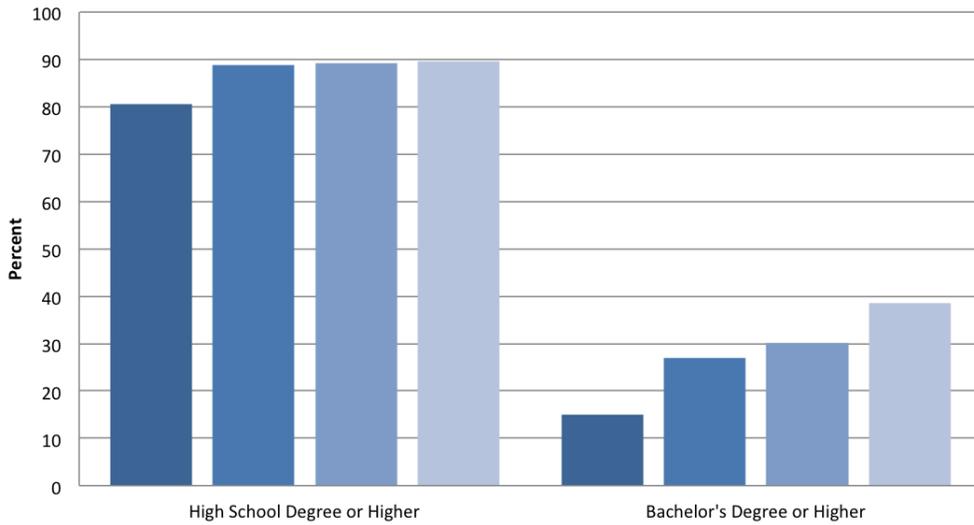
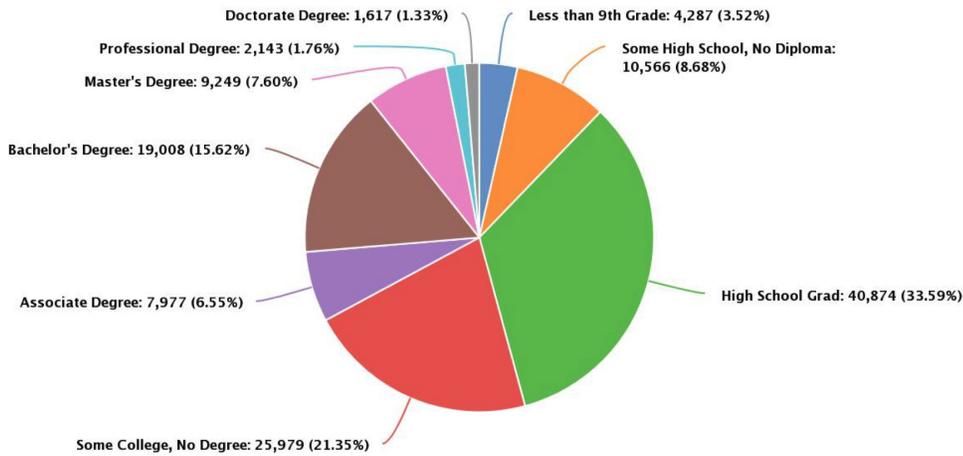


FIGURE 17. TRI-COUNTY SERVICE AREA EDUCATIONAL ATTAINMENT

Population 25+ by Educational Attainment
Service Area: Tri-County Service Area

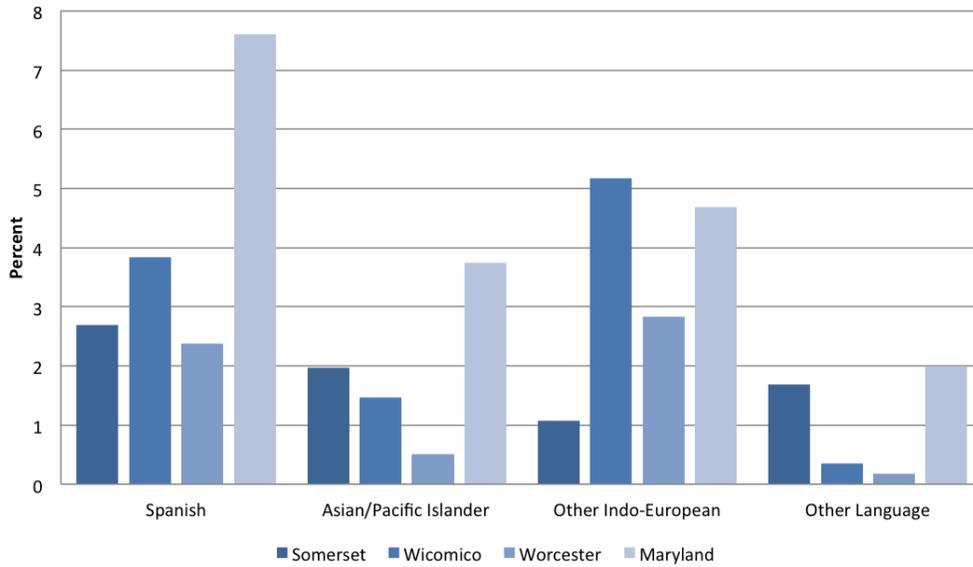


Claritas, 2018. peninsula.thehcn.net

6.2.4 LANGUAGES SPOKEN

Of the three counties in the service area, Wicomico has the most Spanish-speaking households and households that speak another Indo-European language, while Somerset has the highest percentage of households that speak an Asian or Pacific Islander language. Overall, the three counties have mostly lower percentages of those who speak a language other than English at home when compared to the entire state of Maryland.

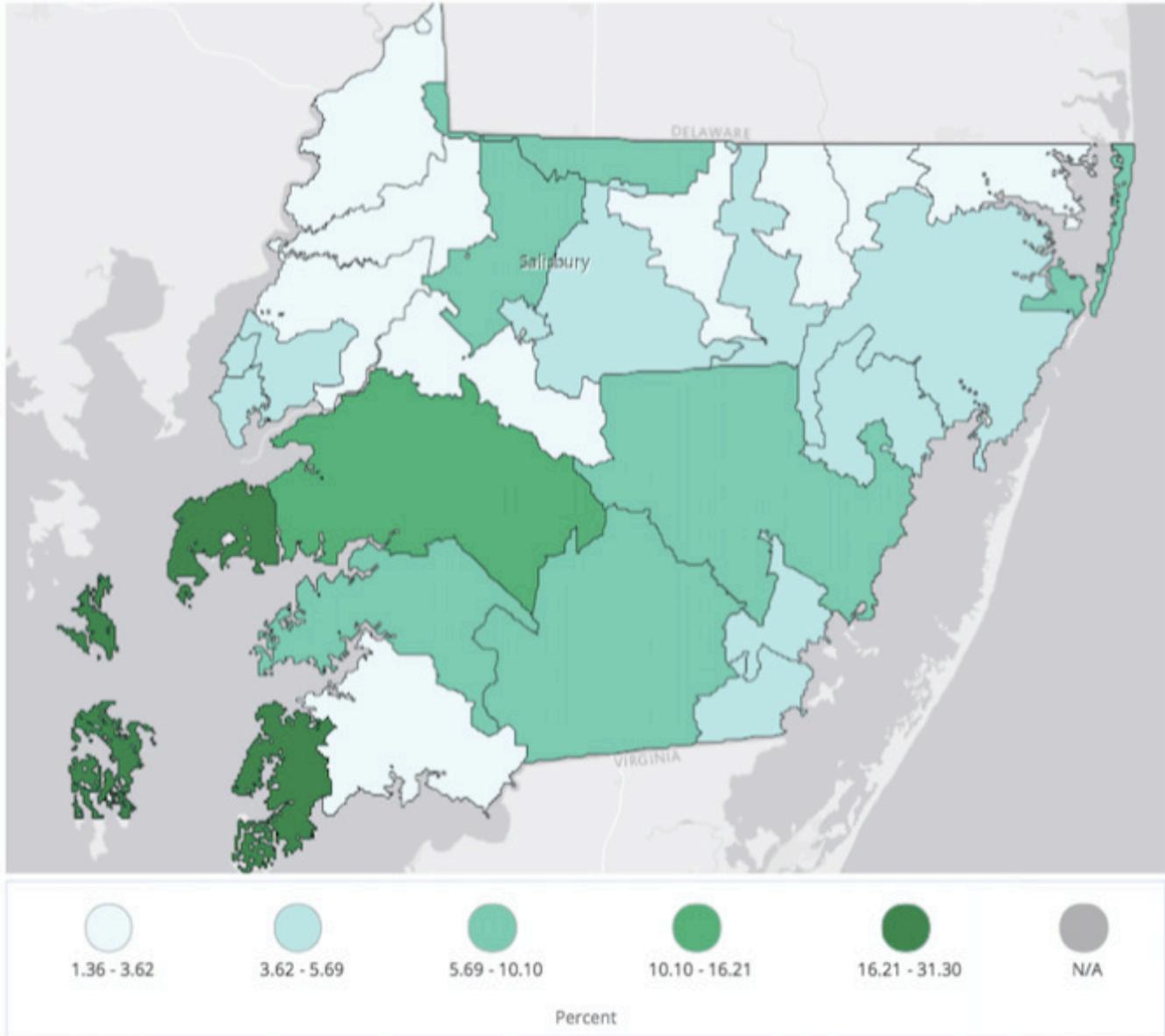
FIGURE 18. TRI-COUNTY SERVICE AREA LANGUAGE SPOKEN AT HOME



6.2.5 HOUSEHOLDS WITH NO VEHICLE

Zip codes 21824, 21821, and 21817 have by far the highest percentage of households without a vehicle in the Tri-County Service Area (31.3%, 21.5%, and 16.2%, respectively). These zip codes lie in the western-most part of the service area and are located right on the bay. The other zip codes in the service area range in percentages without a vehicle from 1.4% to 10.1%.

FIGURE 19. TRI-COUNTY SERVICE AREA MAP OF HOUSEHOLDS WITHOUT A VEHICLE



6.2.6 SOCIONEEDS INDEX®

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death. Within the Tri-County Service Area, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map. The zip codes with the highest levels of socioeconomic need can be found for all counties in the service area in the table below. Three of the five zip codes with the highest index score, indicating most need, are in Somerset County. Understanding where there are communities with high socioeconomic need is important when determining where to focus prevention and outreach activities.

FIGURE 20. SOCIONEEDS INDEX MAP FOR TRI-COUNTY SERVICE AREA

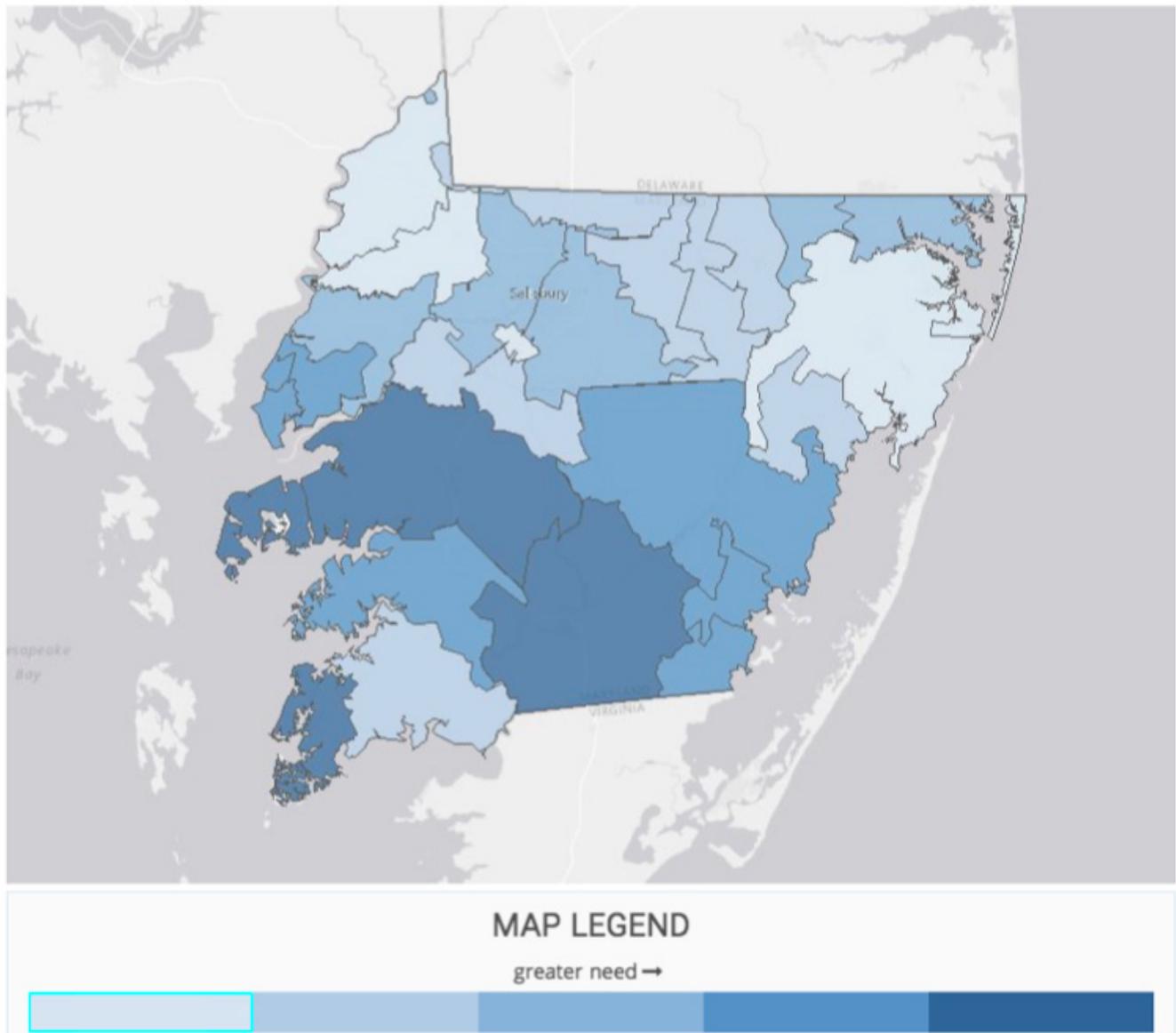


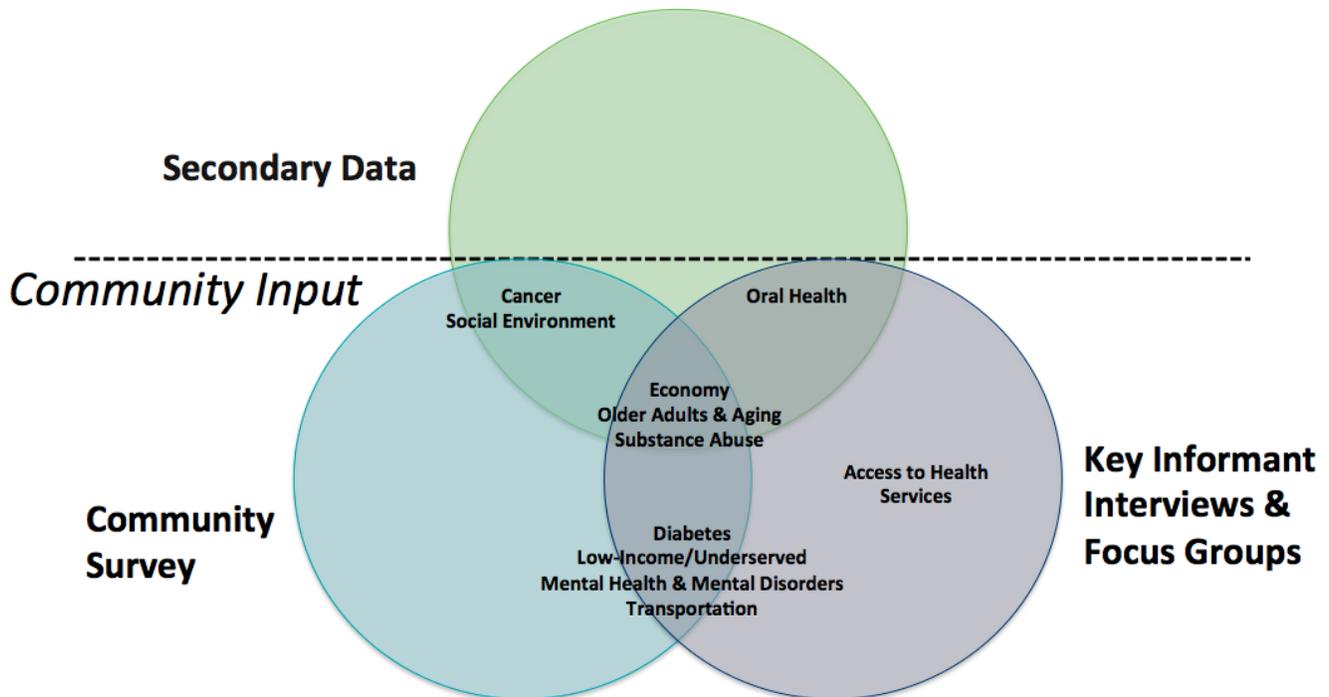
TABLE 1. SOCIONEEDS INDEX ZIP CODES OF HIGHEST NEED

ZIP CODES WITH HIGHEST SOCIOECONOMIC NEED		
COUNTY	ZIP CODE	ZIP CODE INDEX SCORE
Somerset	21817	91.6
	21821	87.6
	21853	84.1
Wicomico	21814	76.5
Worcester	21851	86.7

DATA SYNTHESIS

Primary and secondary data were collected, analyzed, and synthesized to identify the significant community health needs in the PRMC, WCHD, and SCHD Tri-County Service Area, and the results are shown in the figure below. Topic areas demonstrating strong evidence of need from secondary data and community input were determined to be significant health needs. In primary data, topic areas demonstrating strong evidence of need were the most commonly discussed health needs during key informant interviews and focus groups, as well as the highest ranked health needs, quality of life conditions of need, and most negatively affected subpopulation groups per the community survey. From the secondary data, topic areas demonstrating strong evidence of need were the top health need areas and the top quality of life need areas, as determined by the highest weighted data scoring results from across the entire Tri-County Service Area. Primary and secondary data for all topic areas shown in the figure below are discussed in further detail in this section.

FIGURE 21. DATA SYNTHESIS RESULTS



PRIORITIZED SIGNIFICANT HEALTH NEEDS

8.1 DIABETES

The secondary data analysis for Diabetes resulted in a topic score of 1.53 on a scale of 0 to 3, indicating need slightly above average. Notably, the age-adjusted emergency room visit rate due to diabetes is higher in each of the counties in the Tri-County Service Area than the state of Maryland value of 204 ER visits per 100,000 population. Additionally, all three counties fail to meet the Maryland SHIP 2017 Target of 186.3 ER visits per 100,000 population. Further, both Somerset and Wicomico have higher percentages of their Medicare populations with diabetes than the state of Maryland and the entire U.S. average. Both of those counties also have lower percentages of this same Medicare population that monitors their diabetes. This lower percentage is those diabetic Medicare patients who have had a blood sugar test in the past year. Lastly, Somerset County has a very high death rate due to diabetes, with a value of 25.2 deaths per 100,000 population, higher than both the Maryland state and U.S. values.

TABLE 2. DIABETES-RELATED INDICATORS OF CONCERN

Age-Adjusted Death Rate due to Diabetes, 2012-2014 (deaths/100,000 population)⁹

MD Value: 19.9	U.S. Value: 21.2	HP2020 Target: ----	MD SHIP Target: -----
Somerset: 25.2	Wicomico: 10.1	Worcester: 14.5	

Age-Adjusted ER Rate due to Diabetes, 2014 (ER Visits/100,000 population)⁹

MD Value: 204.0	U.S. Value: ----	HP2020 Target: ----	MD SHIP Target: 186.3
Somerset: 253.8	Wicomico: 372.7	Worcester: 229.9	

Diabetes: Medicare Population, 2015 (percent)³

MD Value: 29.1	U.S. Value: 26.5	HP2020 Target: ----	MD SHIP Target: ----
Somerset: 34.4	Wicomico: 31.5	Worcester: 25.9	

Diabetic Monitoring: Medicare Population, 2014 (percent)¹⁹

MD Value: 85.0	U.S. Value: 85.2	HP2020 Target: ----	MD SHIP Target: ----
Somerset: 84.3	Wicomico: 83.5	Worcester: 89.5	

COMMUNITY INPUT

Community survey respondents ranked Diabetes as the third most important health issue in their community. Further, Diabetes as a topic or theme was mentioned 16 times by participants across all key informant interviews and focus groups. It was the eleventh most discussed topic in the key informant interviews. Concerns related to diabetes that were discussed by community input participants included the fact that many parts of the region do not have healthy eating options readily available, and many welfare cards do not cover fresh foods, such as fruits and vegetables. Additionally, participants discussed that even when diabetes is identified and diagnosed, it often goes unmanaged as people do not know how or cannot afford to take care of it regularly. This theme is reflected in the secondary data where it is seen that the ER rate due to diabetes is very high in the region, signifying that people are waiting until there is an emergency to treat their diabetes or are using the ER as primary care to manage their diabetes.

“Sugary drinks are so available and fairly inexpensive... kids are bombarded with advertisements [for them].”

8.2 CANCER

The secondary data analysis for Cancer resulted in a topic score of 1.77, the fourth highest scoring topic area for the Tri-County Service Area. This high score signifies worse performance and greater need for the topic area. Most notably, the age-adjusted death rate due to all cancers for all three counties in the service area failed to meet either the Healthy People 2020 (161.4 deaths per 100,000 population) or Maryland SHIP 2017 (147.4 deaths per 100,000 population) targets. Additionally, all three counties in the service area also failed to meet the Healthy People 2020 targets for both age-adjusted death rate due to lung cancer (45.5 deaths per 100,000 population) and age-adjusted death rate due to prostate cancer (21.8 deaths per 100,000 males). Further, Somerset County performed significantly worse than the other counties in terms of women ages 50 years and older who have had a mammogram in the past two years, while both Somerset and Wicomico counties had high values for age-adjusted death rate due to colorectal cancer and colorectal cancer incidence rate when compared to the Maryland and U.S. values. Both of those counties also failed to meet the Healthy People 2020 targets for the colorectal cancer measures (14.5 deaths per 100,000 population and 39.9 cases per 100,000 population). Worcester County, meanwhile, had a high age-adjusted death rate due to breast cancer, with a value of 28.9 deaths per 100,000 females that is higher than the Maryland and U.S. values and also fails to meet the Healthy People 2020 target of 20.7. Additional indicators that performed poorly across all three counties in the service area are shown in the table below.

TABLE 3. CANCER-RELATED INDICATORS OF CONCERN

Age-Adjusted Death Rate due to Cancer, 2010-2014 (deaths/100,000 population)¹⁶			
MD Value: 165.3	U.S. Value: 166.1	HP2020 Target: 161.4	MD SHIP Target: 147.4
Somerset: 212.5	Wicomico: 200.9	Worcester: 181.8	
Age-Adjusted Death Rate due to Lung Cancer, 2010-2014 (deaths/100,000 population)¹⁶			
MD Value: 43.2	U.S. Value: 44.7	HP2020 Target: 45.5	MD SHIP Target: -----
Somerset: 76.0	Wicomico: 57.3	Worcester: 56.6	
Age-Adjusted Death Rate due to Prostate Cancer, 2010-2014 (deaths/100,000 males)¹⁶			
MD Value: 20.3	U.S. Value: 20.1	HP2020 Target: 21.8	MD SHIP Target: ----
Somerset: 38.1	Wicomico: 24.4	Worcester: 22.7	
Lung and Bronchus Cancer Incidence Rate, 2010-2014 (cases/100,000 population)¹⁶			
MD Value: 58.1	U.S. Value: 61.2	HP2020 Target: ----	MD SHIP Target: ----
Somerset: 97.6	Wicomico: 75.6	Worcester: 69.2	
Oral Cavity and Pharynx Cancer Incidence Rate, 2010-2014 (cases/100,000 population)¹⁶			
MD Value: 10.6	U.S. Value: 11.5	HP2020 Target: ----	MD SHIP Target: ----
Somerset: 14.7	Wicomico: 13.3	Worcester: 12.2	

COMMUNITY INPUT

Community Survey respondents ranked Cancer as the fifth most important health issue in their community according to survey results. Cancer was only discussed four times total across the key informant interviews and focus groups, however some clear themes related to this topic area came out of the discussions. Key informants and focus group participants mentioned that high smoking prevalence in the region is a huge contributor to cancer rates and that smoking cessation is crucial to combatting cancer incidence. Additionally, it was discussed how people in the community struggle in general with chronic conditions, and this is most notably displayed in high cancer rates.

“A lot of non-profit organizations, like Women supporting Women, work on breast cancer [in the community].”

8.3 BEHAVIORAL HEALTH

The topic areas of Mental Health & Mental Disorders and Substance Abuse ranked 1st and 2nd respectively in the prioritization process. The team at PRMC, WCHD, and SCHED elected to combine these two topic areas into one priority: Behavioral Health. A further discussion of the two topic areas follows.

8.3.1 MENTAL HEALTH & MENTAL DISORDERS

Secondary data scoring presented mental health & mental disorders as a slightly above average health need, with a topic score of 1.53. Wicomico and Somerset counties in particular seem to have significant need for additional mental health services, with indicators showing much poorer outcomes when compared to the state as a whole. There were 6,207.9 ER visits/100,000 population in Wicomico and 5,665.2 in Somerset, in comparison to 3,442.6 for the state of Maryland. There were also more suicide deaths in Wicomico County (12.2/100,000 population) when compared to the state of Maryland (9.2). In addition, residents of Somerset County suffered from more days of poor mental health per week (4.3) versus Maryland as a whole (3.5).

TABLE 4. MENTAL HEALTH-RELATED INDICATORS OF CONCERN

Age-Adjusted ER Rate due to Mental Health, 2014 (ER visits/100,000 population)⁹			
MD Value: 3,442.6	U.S. Value: -----	HP2020 Target: -----	MD SHIP Target: 3,152.6
Somerset: 5,665.2	Wicomico: 6,207.9	Worcester: -----	

Age-Adjusted Death Rate due to Suicide, 2012-2014 (deaths/100,000 population)⁹			
MD Value: 9.2	U.S. Value: 12.7	HP2020 Target: 10.2	MD SHIP Target: 9.0
Somerset: -----	Wicomico: 12.2	Worcester: 12.0 (2011-2013)	

Poor Mental Health: Average Number of Days, 2016			
MD Value: 3.5	U.S. Value: 3.8	HP2020 Target: -----	MD SHIP Target: ----
Somerset: 4.3	Wicomico: 4.0	Worcester: 3.7	

COMMUNITY INPUT

Although the secondary data analysis signaled that mental health & mental disorders was a topic of only average need, it was actually deemed the 2nd most important health issue from respondents of the community survey. Mental health was mentioned 29 times in the community survey in addition to 13 times in the focus groups. Through these numerous responses, it's clear that both focus group participants and community survey respondents agree that there is a lack of access to mental health care. Many believe that there remains a stigma on seeking and receiving care for mental health issues, exacerbating this problem. Some also noted that an overlap exists between the opioid epidemic and mental illness; a collaborative effort aimed at tackling substance abuse issues along with mental illness would be much more effective than dealing with each separately.

“I don't know of anyone who is an addict without mental health issues.”

8.3.2 SUBSTANCE ABUSE

Substance Abuse had strong signals from both the secondary and primary data. It was the number one ranked health need in the online community survey, indicating that this is a pressing need for members of the community. In the secondary data, we see concerning data around emergency room visits for alcohol and substance abuse, adult smoking, deaths due to alcohol-impaired driving, and deaths due to drug poisoning.

Particularly troubling, is the Age-Adjusted Emergency Room Rate due to Alcohol/Substance Abuse for Wicomico County, which is nearly double the rate for the state of Maryland. Alcohol-impaired driving deaths were high in Worcester County, more than 50% higher than the state and U.S. averages. Deaths due to drug poisoning in Worcester County were nearly double the U.S. rate and almost 30% higher than the Maryland state average. Adult smoking was high for all three service area counties, greater than the Maryland average. A table of the most concerning indicators is below.

TABLE 5. SUBSTANCE ABUSE-RELATED INDICATORS OF CONCERN

Age-Adjusted ER Rate due to Alcohol/Substance Abuse, 2014 (ER visits/100,000 population)

MD Value: 1591.3	U.S. Value: -----	HP2020 Target: -----	MD SHIP Target: 1400.9
Somerset: 1896.4	Wicomico: 2870.5	Worcester: 2296.8	

Alcohol-Impaired Driving Deaths, 2012-2016 (percent)

MD Value: 30.5	U.S. Value: 29.3	HP2020 Target: -----	MD SHIP Target: -----
Somerset: 30.0	Wicomico: 31.8	Worcester: 48.0	

Death Rate due to Drug Poisoning, 2014-2016 (deaths/100,000 population)

MD Value: 24.4	U.S. Value: 16.9	HP2020 Target: -----	MD SHIP Target: ----
Somerset: 25.8	Wicomico: 19.9	Worcester: 33.6	

Adults who Smoke, 2016 (percent)

MD Value: 13.4	U.S. Value: 17.1	HP2020 Target: 12.0	MD SHIP Target: 15.5
Somerset: 20.5	Wicomico: 17.3	Worcester: 20.9	

COMMUNITY INPUT

As mentioned before, Substance Abuse was the number one ranked health issue in the online community survey. Among focus groups and key informant interviews, Substance Abuse was in the top two most frequently mentioned subjects. Clearly, this topic area is of great concern and importance to members of the community.

In the focus group and key informant interview discussions, people repeatedly mentioned the growing and serious problem of opioid addiction. Others mentioned the lack of treatment beds for those suffering from substance abuse. Another theme was the overlap with substance abuse and mental health issues.

“Many [addicts] were introduced through injury, then were prescribed drugs, then went to street drugs.”

NON-PRIORITIZED SIGNIFICANT HEALTH NEEDS



9.1 ACCESS TO HEALTH SERVICES

Access to Health Services ranked the lowest of all topic areas according to secondary data scoring with a data score of 1.44, signaling below average need. However, there are still some indicators of concern in the topic area, including primary care provider rate (31.1 providers per 100,000 population in Somerset County and 67.4 in Wicomico, compared to 88.0 for the state of Maryland as whole), adults who visited a dentist in the past year (57.9% in Wicomico County compared to 69.4% for Maryland and 66.4% for the U.S.), and adults who have had a routine checkup in the past year (69.5% in Worcester County compared to 88.2% for Maryland and 83.6% for the entire nation).

COMMUNITY INPUT

Despite its low score in the secondary data analysis, Access to Health Services was one of the most important topic areas in the community input. This topic was mentioned 73 times in focus groups and 39 times in key informant interviews, by far the most discussed topic in both forms of primary qualitative data collection. It was also ranked as the 7th most important health issue by Community Survey respondents.

Participants in key informant interviews and focus groups discussed many themes related to the Access to Health Services topic area including a lack of specialists in the region, which forces people to travel many hours or wait many weeks for much need specialized care. Additionally, it was discussed how a lack of knowledge of and education on health care and services resources leads to the inability by many in the region to navigate these needed resources to access care. Lastly, participants mentioned a cultural theme where community members often wait until their health situation is in crises before seeking access to health care or services, often from the emergency department.

“People I know have to drive 2 to 2.5 hours after waiting 60 days to see a specialist.”

9.2 OLDER ADULTS & AGING

Older Adults & Aging ranked in the top 10 list of health needs resulting from secondary data analysis. It scored 1.65 indicating it was an above average and otherwise a topic area of concern. Related indicators include Chronic Kidney Disease in Medicare Population (21% of the Medicare population in Wicomico County and 21.3% in Somerset County as compared to a Maryland state value of 18.2%) and Hyperlipidemia in Medicare Population (56% of the Medicare population in Wicomico, 56.9% in Worcester, and 53.5% in Somerset counties as compares to the state value of 48.9% and the U.S. value of 44.6%).

COMMUNITY INPUT

Although Older Adults & Aging was not as significant in the secondary data, it was discussed in most Key Informant Interviews with a total of 11 mentions, which is one of the most frequently mentioned topics among all interviews. Out of those discussions with informants came the following themes:

- Lack of home support and follow-up care
- Increase in aging population and therefore increase in demand/need
- Lack of treatment options and availability

Additionally, community survey respondents ranked Older Adults as the second most negatively affected population, signaling the importance of this subgroup as they relate to top health needs in the community.

“Older population is struggling more and more to afford care and medication.”

9.3 ORAL HEALTH

Oral Health was sixth in the top ten list of health needs resulting from the secondary data analysis for the tri-county area with a score of 1.73. Top warning indicators were Age-Adjusted ER Visit Rate due to Dental Problems (1,886.7 ER visits per 1000,000 population in Wicomico County compared to 779.9 in the state of Maryland). Another concerning indicator was Adults who Visited a Dentist (57.9% of adults in Wicomico County visited a dentist in the past year as compared to 69.4% in the state of Maryland and 66.4% in the U.S.).

COMMUNITY INPUT

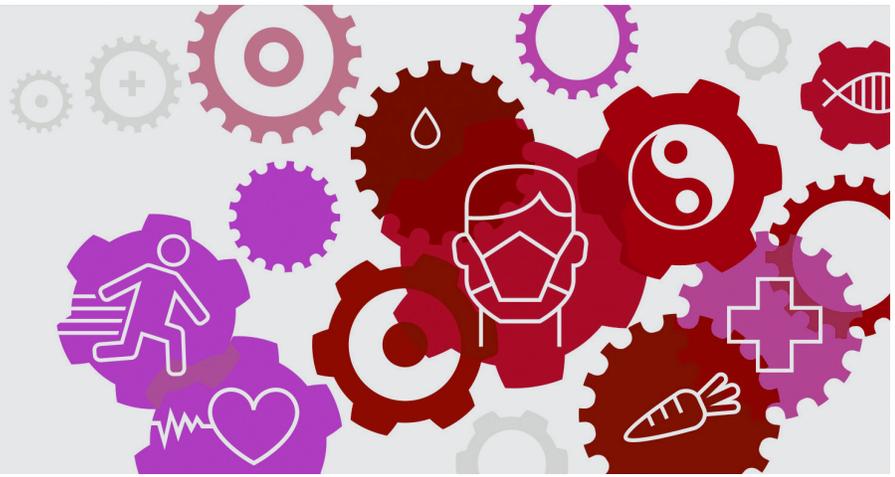
Oral Health was heavily discussed during the Focus Groups with a total of sixteen participant mentions. From those Focus Group talks came the following themes:

- Lack of accessible and affordable dental care
- Utilization of ER for dental problems
- Dental health coverage not enough

Key informant interviewees also spoke to the issues of dental insurance not covering most needed treatments, and difficulty accessing dentists or getting appointments.

“Dental issues are becoming more serious.”

OTHER FINDINGS



Both secondary and primary data analysis results allude to issues surrounding barriers to health services, as well as other quality of life measures that impact the six significant health needs that were discussed above. The findings were consistent in both secondary and primary for the following four topics:

- Transportation
- Social Environment
- Economy
- Low Income/Underserved

10.1 TRANSPORTATION

Transportation is a topic that did not score extremely high in secondary data, but was mentioned repeatedly in the primary data, particularly the key informant and focus group discussions. The poorly scoring indicators related to commuting. The secondary data showed a large number of workers who drive alone to work in both Wicomico and Somerset counties, whereas the percent of workers commuting by public transportation was low for those same counties. Additionally, the percentage of households without a vehicle was high for Somerset County.

Themes that were mentioned in focus group and key informant interviews were issues around transportation for medical and dental appointments. The existing transportation options are time consuming and costly. The sub-populations of the elderly and migrant workers were mentioned as needing increased or enhanced transportation options.

“We need to offer free transportation to seniors for medical appointments.”

10.2 SOCIAL ENVIRONMENT

Social Environment rose to the top in secondary data due to concerning rates in the following warning indicators: People Living Below Poverty Level, Single-Parent Households, and People 65+ Living Alone.

Additionally, in primary data collection, 11 of 14 key informants spoke to issues around Social Environment stressing the lack of support in homes of the poor and vulnerable. There is need for more support including employment and housing, especially for those struggling. And stigma around behavioral health is apparent. Isolation was mentioned as being a problem due to the nature of the rural area in which the community resides.

In addition, Community Survey respondents also ranked Social Environment as the third most critical social determinant of health.

10.3 ECONOMY

Poor economic indicators across all three counties contributed to an above average topic score of 1.69. In particular, housing issues were prevalent across the tri-county area. Homeownership rates of 47.7% in Somerset and 28.3% in Worcester fell far short of the Maryland state value of 59.8%. Furthermore, 20.3% of households in Wicomico and 24.4% in Somerset had severe housing problems, when compared to only 17.1% for Maryland as a whole. Somerset seems to be disproportionately affected by economic issues, having a median household income of \$35,886 versus \$76,067 for the state of Maryland.

Economic conditions were also identified as the most critical social determinant of health by respondents of the community survey. Economic issues were mentioned 17 times in the focus groups along with 15 times in the community surveys. Participants noted that the high cost of living, including housing and healthy diet, resulted in less money to spend on health and health care. Specifically, the high cost of health insurance, medication, and specialty services contributed to the lack of health care access in these communities.

“Housing: If you can’t have a stable living situation, you can’t have a safe, healthy life.”

10.4 LOW INCOME/UNDERSERVED

As mentioned above, Somerset County is impacted to a greater degree by economic conditions than Wicomico and Worcester. This is supported by the secondary data, which shows just how poorly Somerset performs in its economic indicators. A significant amount of people in Somerset live below poverty level (25.1%), as compared to only 9.9% in Maryland as a whole. In addition, a fifth (19.8%) of Somerset residents have experienced food insecurity and a substantial majority (82.5%) of students are eligible for the free lunch program due to their financial status.

Community survey respondents and focus group participants were acutely aware of the health needs of the low-income population, mentioning them a total of 47 times. Overall, Somerset is the county in the region that can least afford health care due to low-income and uninsured populations. It was also noted that Haitian/Creole and Hispanic populations are the most underserved, signaling the potential for targeted interventions for these particular groups.

“There’s no drive...to provide health care for all; it’s providing the best health care possible for those that can pay.”

A CLOSER LOOK AT HIGHLY IMPACTED POPULATIONS



An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations, and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined in the Tri-County Service Area.

For secondary data health indicators, Conduent Healthy Communities Institute's Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each of the three counties, and the five indicators from each county with the highest race/ethnicity index value were found, with their associated subgroup with the negative disparity listed below.

TABLE 6. NEGATIVE RACE/ETHNICITY DISPARITIES BY COUNTY

Somerset	Wicomico	Worcester
Adults Unable to Afford to See a Doctor (Other Race)	Children with Asthma (Black)	People 65+ Living Below Poverty Level (Black, Asian, AIAN, Multiple Races)
People 65+ Living Below Poverty Level (White, Multiple Races)	Teen Birth Rate: 15-19 (Black, Hispanic/Latino)	Children with Asthma (Black)
Adults who Binge Drink (Black, Hispanic/Latino)	People 65+ Living Below Poverty Level (Black, Multiple Races, Hispanic/Latino)	Teen Birth Rate: 15-19 (Black)
Children with Asthma (Black, Other Race)	Workers Commuting by Public Transportation (White, Asian, AIAN, NHPI, Multiple Races, Other Race)	Workers Commuting by Public Transportation (White, AIAN, NHPI, Multiple Races, Other Race)
Families Living Below Poverty Level (Black, Asian, Multiple Races, Other Race, Hispanic/Latino)	Families Living Below Poverty Level (Black, Other Race, Hispanic/Latino)	People Living Below Poverty Level (Black, AIAN, Multiple Races)

Notably, the Black race group has high disparities for Children with Asthma in all three counties, while those who are of multiple races have high disparities in each county for People 65+ Living Below Poverty Level. Black and Hispanic/Latino racial/ethnic groups have high disparities for Families Living Below Poverty Level in two of the counties, while Blacks have high disparities for Teen Birth Rate for two of the three counties as well.

Additionally, the Index of Disparity found the subgroups with the most indicators for which there was a negative disparity, by county. The numbers listed in the below table next to the subgroup are the number of indicators for which that

SECTION 11 **A CLOSER LOOK AT HIGHLY IMPACTED POPULATIONS**

subgroup has a negative disparity. Gender disparities (male versus female) are shown at the bottom in a similar fashion. As can be seen, the Black race group has the most negative disparities for each county, with the Hispanic/Latino population also having many negative disparities across the service area. For gender, males actually had slightly more negative disparities compared to females, particularly in Wicomico County.

TABLE 7. NUMBER OF INDICATORS WITH NEGATIVE SUB-POPULATION DISPARITIES PER COUNTY

Somerset		Wicomico		Worcester	
Black	14	Black	17	Black	18
Hispanic/Latino	12	Hispanic/Latino	13	Multiple Races	9
Multiple Races	11	Other Race	9	Hispanic/Latino	6
Other Race	11	Multiple Races	8	Other Race	5
White	10	White	6	Asian	5
Asian	6	Asian	3	White	4
Female	8	Male	12	Male	8
Male	7	Female	3	Female	5

In the primary data collection process, participants were asked which racial, ethnic, or other special subpopulation groups were most negatively impacted in their communities. Immigrant communities, particularly the Hispanic and Haitian/Creole populations, were cited frequently as being largely affected by health and socioeconomic issues.

In regards to mental health and substance abuse topics, adolescents and young white males were cited as the subgroups being most negatively affected by these issues.

CONCLUSION



This community health needs assessment utilized a comprehensive set of secondary data and primary data to determine the greatest health needs in the Tri-County Service Area. The findings of this report will be used to identify the best strategies to improve the health of the area through the development of new programs, enhancing existing programs, and building new partnerships. While the priority areas of Diabetes, Cancer, and Behavioral Health were identified as the top priority areas for PRMC, WCHD, and SCHED they are not the only topics that will be addressed in the coming years. PRMC remains committed to supporting existing program and strategies to improve the health for all the residents of Wicomico, Worcester, and Somerset counties, while WCHD and SCHED remain committed to supporting efforts in Wicomico and Somerset counties. Please send your feedback and comments to the Community Relations Department via community.relations@peninsula.org.

APPENDICES

13.1 SECONDARY DATA

13.1.1 SECONDARY DATA SOURCES

The main source for the secondary data, or data that has been previously collected, is Peninsula Regional Medical Center’s Creating Healthy Communities data platform, a publicly available data platform that is maintained by Peninsula Regional Medical Center and Conduent Healthy Communities Institute.

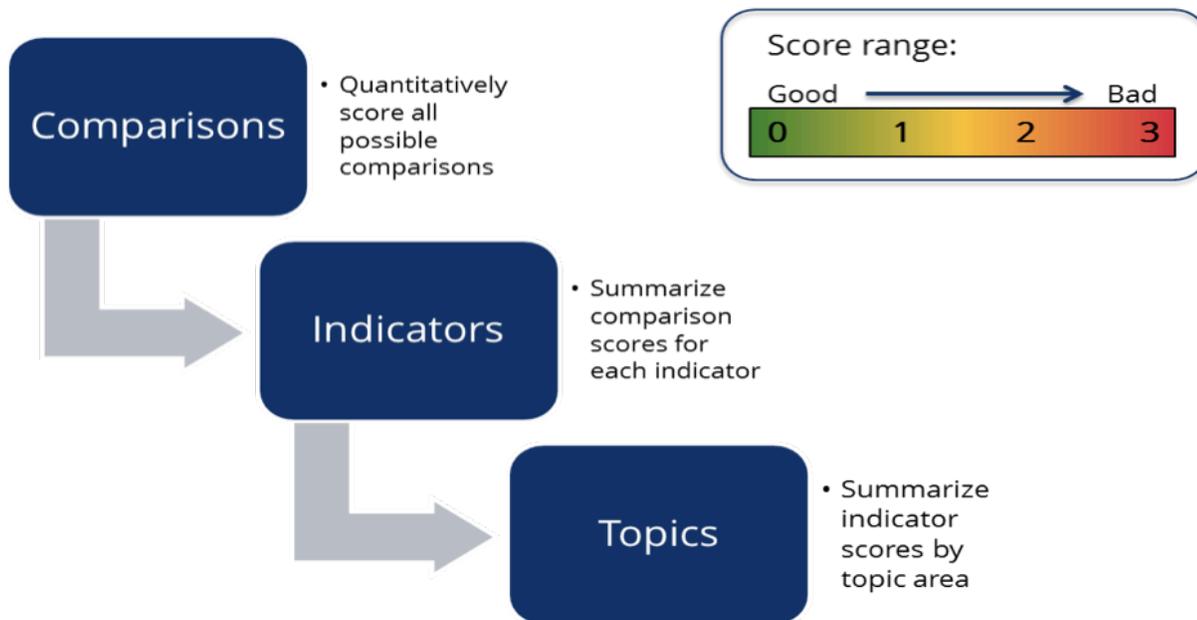
The following is a list of both local and national sources for which data is maintained for the Tri-County Service Area on the Creating Healthy Communities data dashboard.

- American Community Survey
- American Lung Association
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Fatality Analysis Reporting System
- Feeding America
- Institute for Health Metrics and Evaluation
- Maryland Behavioral Risk Factor Surveillance System
- Maryland Department of Health
- Maryland Department of the Environment
- Maryland Governor’s Office for Children
- Maryland Governor’s Office of Crime Control & Prevention
- Maryland State Board of Elections
- Maryland State Department of Education
- Maryland Youth Risk Behavior Survey
- National Cancer Institute
- National Center for Education Statistics
- Small Area Health Insurance Estimates
- The Dartmouth Atlas of Health Care
- U.S. Bureau of Labor Statistics
- U.S. Census — County Business Patterns
- U.S. Department of Agriculture — Food Environment Atlas
- U.S. Environmental Protection Agency

13.1.2 SECONDARY DATA SCORING DETAILED METHODOLOGY

Data Scoring is done in three stages:

FIGURE 22. DATA SCORING METHODOLOGY STEPS



For each indicator, each county in the Tri-County Service Area (Somerset, Wicomico, Worcester) is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

13.1.3 COMPARISONS

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the data platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state of Maryland or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The three Tri-County counties are also compared to the state of Maryland value, the national value, and target values. Targets values include the nation-wide Healthy People 2020 (HP2020) goals as well as Maryland State Health Improvement Process (SHIP) 2017 targets. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. The goal of the Maryland State Health Improvement Process (SHIP) objectives is to advance the health of Maryland residents. The SHIP 2017 target objectives align with the Healthy People 2020 objectives. For all value comparisons, the scoring depends on whether each county value is better or worse than the comparison value, as well as how close each county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether each of the three county values is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for each county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the data platform, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas, if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if that topic area includes at least three indicators.

SECTION 13 APPENDICES

13.1.4 SECONDARY DATA SCORING RESULTS

SOMERSET DATA SCORING APPENDIX

SCORE	ACCESS TO HEALTH SERVICES	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Primary Care Provider Rate	providers/ 100,000 population	31		88	75.5		2015	4
2.10	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	62		89.1	81.2		2017	4
1.68	Adults who have had a Routine Checkup	percent	85.7		88.2	83.6		2016	8
1.68	Children with Health Insurance	percent	95.6	100	96.6			2016	18
1.58	Adults with Health Insurance	percent	89.1	100	91.6			2016	18
1.53	Persons with Health Insurance	percent	90.8	100	93			2016	18
1.50	Adolescents who have had a Routine Checkup: Medicaid Population	percent	55.1		55.3		57.4	2016	9
1.48	Adults who Visited a Dentist	percent	69.1		69.4	66.4		2016	8
1.30	People with a Usual Primary Care Provider	percent	87.5		84.8		83.9	2016	9
0.90	Mental Health Provider Rate	providers/ 100,000 population	216		216	214.3		2017	4
0.80	Children who Visited a Dentist	percent	71.3		63.9		64.6	2016	9
0.75	Uninsured Emergency Department Visits	percent	7.2		11		14.7	2014	9
0.68	Adults Unable to Afford to See a Doctor	percent	6.7		10.1	13.1		2014	8
0.30	Dentist Rate	dentists/ 100,000 population	147		75.7	67.4		2016	4
SCORE	CANCER	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.85	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	76	45.5	43.2	44.7		2010-2014	16
2.70	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.7		10.6	11.5		2010-2014	16
2.60	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	212.5	161.4	165.3	166.1	147.4	2010-2014	16
2.45	Colorectal Cancer Incidence Rate	cases/ 100,000 population	52.7	39.9	37.3	39.8		2010-2014	16
2.33	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	38.1	21.8	26.7			2005-2009	16
2.30	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	97.6		58.1	61.2		2010-2014	16
2.15	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	16.4	14.5	14.4	14.8		2010-2014	16
1.95	Mammogram in Past 2 Years: 50+	percent	58.5		66.3			2016	8
1.90	Cancer: Medicare Population	percent	8.5		8.6	7.8		2015	3
1.75	Pap Test in Past 3 Years	percent	93.7	93	95.1			2016	8
1.65	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	percent	73.7		73.8			2016	8
0.75	Prostate Cancer Incidence Rate	cases/ 100,000 males	110.4		131.5	114.8		2010-2014	16
0.50	Breast Cancer Incidence Rate	cases/ 100,000 females	103.8		131	123.5		2010-2014	16
0.25	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	24.5	22.6		2006-2010	16

SECTION 13 APPENDICES

SCORE	CHILDREN'S HEALTH	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Child Food Insecurity Rate	percent	27.2		16.3	19.3		2015	6
2.20	Blood Lead Levels in Children	percent	0.7		0.3		0.28	2016	10
1.95	Child Abuse Rate	cases/ 1,000 children	23.2		7.3			2015	11
1.95	Children with Asthma	percent	25.1		16.1			2013	8
1.68	Children with Health Insurance	percent	95.6	100	96.6			2016	18
1.20	Children with Low Access to a Grocery Store	percent	2.6					2015	22
0.80	Children who Visited a Dentist	percent	71.3		63.9		64.6	2016	9
0.50	Food Insecure Children Likely Ineligible for Assistance	percent	9		41	34.1		2015	6
SCORE	DIABETES	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Diabetes: Medicare Population	percent	34.4		29.1	26.5		2015	3
2.18	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	25.2		19.9	21.2		2010-2012	9
2.05	Age-Adjusted ER Rate due to Diabetes	ER Visits/ 100,000 population	253.8		204		186.3	2014	9
1.85	Diabetic Monitoring: Medicare Population	percent	84.3		85	85.2		2014	19
1.03	Adults with Diabetes	percent	9.5		10.2	10.5		2016	8
SCORE	ECONOMY	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Homeownership	percent	47.7		59.8	55.9		2012-2016	1
2.70	People Living Below Poverty Level	percent	25.1		9.9	15.1		2012-2016	1
2.70	Severe Housing Problems	percent	24.4		17.1	18.8		2010-2014	4
2.50	Child Food Insecurity Rate	percent	27.2		16.3	19.3		2015	6
2.50	Children Living Below Poverty Level	percent	39.1		13.3	21.2		2012-2016	1
2.50	Families Living Below Poverty Level	percent	20.6		6.8	11		2012-2016	1
2.50	Food Insecurity Rate	percent	19.8		11.4	13.7		2015	6
2.50	Median Household Income	dollars	35886		76067	55322		2012-2016	1
2.50	People Living 200% Above Poverty Level	percent	52.6		77	66.4		2012-2016	1
2.50	Students Eligible for the Free Lunch Program	percent	82.5		39.9	42.6		2015-2016	17
2.40	Unemployed Workers in Civilian Labor Force	percent	8.2		4.5	4.1		March 2018	20
2.30	Homeowner Vacancy Rate	percent	4.5		1.7	1.8		2012-2016	1
2.30	Per Capita Income	dollars	17143		37756	29829		2012-2016	1
2.30	Renters Spending 30% or More of Household Income on Rent	percent	57.7		50.5	47.3		2012-2016	1
2.25	People 65+ Living Below Poverty Level	percent	10.7		7.7	9.3		2012-2016	1
2.20	Households with Cash Public Assistance Income	percent	3		2.5	2.7		2012-2016	1
2.10	Low-Income and Low Access to a Grocery Store	percent	12					2015	22
1.60	SNAP Certified Stores	stores/ 1,000 population	0.8					2016	22
0.80	Affordable Housing	percent	89.3		46.1		54.4	2014	9
0.50	Food Insecure Children Likely Ineligible for Assistance	percent	9		41	34.1		2015	6
0.50	Youth not in School or Working	percent	0.2		2.3	2.4		2012-2016	1

SECTION 13 APPENDICES

SCORE	EDUCATION	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	People 25+ with a Bachelor's Degree or Higher	percent	14		38.4	30.3		2012-2016	1
2.25	People 25+ with a High School Degree or Higher	percent	79.2		89.6	87		2012-2016	1
1.75	High School Graduation	percent	86	87	87.7		95	2017	14
1.65	4th Grade Students Proficient in Reading	percent	85.5		86.3			2014	14
1.65	8th Grade Students Proficient in Reading	percent	73		76.9			2014	14
1.20	School Readiness at Kindergarten Entry	percent	57		45		85.5	2016-2017	14
0.95	Student-to-Teacher Ratio	students/teacher	13.6		15	17.7		2015-2016	17
SCORE	ENVIRONMENT	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Severe Housing Problems	percent	24.4		17.1	18.8		2010-2014	4
2.50	Food Environment Index		6.1		9.1	7.7		2018	4
2.25	Access to Exercise Opportunities	percent	49.2		93	83.1		2018	4
2.20	Blood Lead Levels in Children	percent	0.7		0.3		0.28	2016	10
2.10	Low-Income and Low Access to a Grocery Store	percent	12					2015	22
1.95	Households with No Car and Low Access to a Grocery Store	percent	5					2015	22
1.80	Recreation and Fitness Facilities	facilities/ 1,000 population	0					2014	22
1.65	People with Low Access to a Grocery Store	percent	22.7					2015	22
1.60	Liquor Store Density	stores/ 100,000 population	15.5		20	10.5		2015	21
1.60	SNAP Certified Stores	stores/ 1,000 population	0.8					2016	22
1.35	Grocery Store Density	stores/ 1,000 population	0.2					2014	22
1.35	People 65+ with Low Access to a Grocery Store	percent	1.9					2015	22
1.20	Children with Low Access to a Grocery Store	percent	2.6					2015	22
1.20	Fast Food Restaurant Density	restaurants/ 1,000 population	0.4					2014	22
0.95	Farmers Market Density	markets/ 1,000 population	0.12					2016	22
0.83	Drinking Water Violations	percent	0		16.2			FY 2013-14	4
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.28	Adults with Asthma	percent	20.4		14.1	14		2016	8
2.20	Blood Lead Levels in Children	percent	0.7		0.3		0.28	2016	10
2.00	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	78.7		68.3		62.5	2014	9
1.95	Children with Asthma	percent	25.1		16.1			2013	8
1.90	Asthma: Medicare Population	percent	8.7		7.9	8.2		2015	3

SECTION 13 APPENDICES

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Child Food Insecurity Rate	percent	27.2		16.3	19.3		2015	6
2.50	Food Environment Index		6.1		9.1	7.7		2018	4
2.50	Food Insecurity Rate	percent	19.8		11.4	13.7		2015	6
2.43	Adults with a Healthy Weight	percent	20.2		35.1	35.2	36.6	2014	9
2.25	Access to Exercise Opportunities	percent	49.2		93	83.1		2018	4
2.23	Adults who are Obese	percent	43.2	30.5	30.1	29.9		2016	8
2.15	Adolescents who are Obese	percent	17.5	16.1	11.5		10.7	2014	9
2.10	Low-Income and Low Access to a Grocery Store	percent	12					2015	22
1.95	Adult Fruit and Vegetable Consumption	percent	17.2		27.1			2010	8
1.95	Households with No Car and Low Access to a Grocery Store	percent	5					2015	22
1.93	Adults who are Overweight or Obese	percent	72.7		68.1	65.2		2016	8
1.80	Recreation and Fitness Facilities	facilities/ 1,000 population	0.04					2014	22
1.65	People with Low Access to a Grocery Store	percent	22.7					2015	22
1.60	SNAP Certified Stores	stores/ 1,000 population	0.8					2016	22
1.43	Adults Engaging in Regular Physical Activity	percent	42.1	20.1	48	20.5		2013	8
1.35	Grocery Store Density	stores/ 1,000 population	0.2					2014	22
1.35	People 65+ with Low Access to a Grocery Store	percent	1.9					2015	22
1.20	Children with Low Access to a Grocery Store	percent	2.6					2015	22
1.20	Fast Food Restaurant Density	restaurants/ 1,000 population	0.4					2014	22
0.95	Farmers Market Density	markets/ 1,000 population	0.1					2016	22
0.55	Workers who Walk to Work	percent	4.5	3.1	2.4	2.8		2012-2016	1
0.50	Food Insecure Children Likely Ineligible for Assistance	percent	9		41	34.1		2015	6
SCORE	HEART DISEASE & STROKE	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	High Blood Pressure Prevalence	percent	57.5	26.9	45			2016	8
2.40	Hypertension: Medicare Population	percent	66.9		59.2	55		2015	3
2.33	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	286.2		166.9	167	166.3	2014-2016	9
2.33	High Cholesterol Prevalence	percent	57.7	13.5	35.9	36.3		2015	8
2.05	Stroke: Medicare Population	percent	4.4		4.5	4		2015	3
1.80	Heart Failure: Medicare Population	percent	14.2		12.4	13.5		2015	3
1.80	Hyperlipidemia: Medicare Population	percent	53.5		48.9	44.6		2015	3
1.80	Ischemic Heart Disease: Medicare Population	percent	28.6		26	26.5		2015	3
1.35	Age-Adjusted ER Rate due to Hypertension	ER Visits/ 100,000 population	239.3		252.2		234	2014	9
1.15	Atrial Fibrillation: Medicare Population	percent	7.6		8	8.1		2015	3
0.78	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	28.5	34.8	36.5	37		2011-2013	9

SECTION 13 APPENDICES

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.48	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	15.5		8.5	8.7		2016	9
2.43	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	877		509.6	497.3	431	2016	9
2.43	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	3.9	1	2.9	3		2015	9
2.35	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	46.5	11.4	16.1			2015	9
2.28	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	205.7		158.3	145.8		2016	9
2.25	Adults with Influenza Vaccination	<i>percent</i>	29.5	70	41.7		49.1	2014	9
2.00	HIV Incidence Rate: Aged 13+	<i>cases/ 100,000 population</i>	26.5		22.1		26.7	2016	9
1.53	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	76.7	90	75.4	73.4		2016	8
0.73	Adults 65+ with Influenza Vaccination	<i>percent</i>	69.3		61.6	58.6		2016	8
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.58	Babies with Low Birth Weight	<i>percent</i>	10.2	7.8	8.6	8.2	8	2016	9
2.48	Sudden Unexpected Infant Death Rate	<i>deaths/ 1,000 live births</i>	3.4	0.84	1	0.9	0.86	2011-2015	9
2.35	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	11.6	6	6.5		6.3	2012-2016	9
1.58	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-</i>	19.4		15.9	20.3	17.8	2016	9
0.58	Preterm Births	<i>percent</i>	7.1	9.4	10	9.6		2015	9
SCORE	MEN'S HEALTH	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.33	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	38.1	21.8	26.7			2005-2009	16
1.85	Life Expectancy for Males	<i>years</i>	74.8		76.8	76.7		2014	7
0.75	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	110.4		131.5	114.8		2010-2014	16
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.25	Age-Adjusted ER Rate due to Mental Health	<i>ER Visits/ 100,000 population</i>	5665.2		3442.6		3152.6	2014	9
2.25	Poor Mental Health: Average Number of Days	<i>days</i>	4.3		3.5	3.8		2016	4
2.05	Self-Reported Good Mental Health	<i>percent</i>	63.6		76.2			2015	8
1.95	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	<i>hospitalizations/ 100,000 populati</i>	228.7		194.1		199.4	2014	9
1.80	Adequate Social and Emotional Support	<i>percent</i>	80.7		82.9			2010	8
1.80	Frequent Mental Distress	<i>percent</i>	13.2		10.3	15		2016	4
1.35	Depression: Medicare Population	<i>percent</i>	14.5		15.4	16.7		2015	3
0.90	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216		216	214.3		2017	4
0.65	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	8.3		10.1	9.9		2015	3

SECTION 13 APPENDICES

SCORE		UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
	OLDER ADULTS & AGING								
2.70	Chronic Kidney Disease: Medicare Population	percent	21.3		18.2	18.1		2015	3
2.70	Diabetes: Medicare Population	percent	34.4		29.1	26.5		2015	3
2.50	People 65+ Living Alone	percent	30.8		26	26.4		2012-2016	1
2.40	Hypertension: Medicare Population	percent	66.9		59.2	55		2015	3
2.35	COPD: Medicare Population	percent	14.3		9.9	11.2		2015	3
2.25	People 65+ Living Below Poverty Level	percent	10.7		7.7	9.3		2012-2016	1
2.05	Stroke: Medicare Population	percent	4.4		4.5	4		2015	3
1.95	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	hospitalizations/ 100,000 population	228.7		194.1		199.4	2014	9
1.90	Asthma: Medicare Population	percent	8.7		7.9	8.2		2015	3
1.90	Cancer: Medicare Population	percent	8.5		8.6	7.8		2015	3
1.85	Diabetic Monitoring: Medicare Population	percent	84.3		85	85.2		2014	19
1.80	Heart Failure: Medicare Population	percent	14.2		12.4	13.5		2015	3
1.80	Hyperlipidemia: Medicare Population	percent	53.5		48.9	44.6		2015	3
1.80	Ischemic Heart Disease: Medicare Population	percent	28.6		26	26.5		2015	3
1.75	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	30		30	30		2015	3
1.53	Adults 65+ with Pneumonia Vaccination	percent	76.7	90	75.4	73.4		2016	8
1.35	Depression: Medicare Population	percent	14.5		15.4	16.7		2015	3
1.35	People 65+ with Low Access to a Grocery Store	percent	1.9					2015	22
1.15	Atrial Fibrillation: Medicare Population	percent	7.6		8	8.1		2015	3
0.73	Adults 65+ with Influenza Vaccination	percent	69.3		61.6	58.6		2016	8
0.65	Alzheimer's Disease or Dementia: Medicare Population	percent	8.3		10.1	9.9		2015	3
0.65	Osteoporosis: Medicare Population	percent	4.3		5.7	6		2015	3
	ORAL HEALTH								
2.70	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.7		10.6	11.5		2010-2014	16
2.28	Adults with No Tooth Extractions	percent	33.7		57.9	56.9		2016	8
2.25	Age-Adjusted ER Visit Rate due to Dental Problems	ER Visits/ 100,000 population	1227.2		779.7		792.8	2014	9
1.48	Adults who Visited a Dentist	percent	69.1		69.4	66.4		2016	8
0.80	Children who Visited a Dentist	percent	71.3		63.9		64.6	2016	9
0.30	Dentist Rate	dentists/ 100,000 population	147		75.7	67.4		2016	4

SECTION 13 APPENDICES

SCORE	OTHER CHRONIC DISEASES	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Chronic Kidney Disease: Medicare Population	percent	21.3		18.2	18.1		2015	3
1.75	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	30		30	30		2015	3
0.65	Osteoporosis: Medicare Population	percent	4.3		5.7	6		2015	3
							#N/A		
SCORE	PREVENTION & SAFETY	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Severe Housing Problems	percent	24.4		17.1	18.8	#N/A	2010-2014	4
2.65	Pedestrian Death Rate	deaths/ 100,000 population	3.8	1.4	0.9	1.5		2013	5
2.25	Death Rate due to Drug Poisoning	deaths/ 100,000 population	25.8		24.4	16.9		2014-2016	4
1.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	33.7	36.4	26.6	39.7		2012-2014	9
1.45	Pedestrian Injuries	injuries/ 100,000 population	23.2	20.3	42.5		35.6	2014	9
SCORE	PUBLIC SAFETY	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.65	Pedestrian Death Rate	deaths/ 100,000 population	3.8	1.4	0.9	1.5		2013	5
1.95	Child Abuse Rate	cases/ 1,000 children	23.2		7.3			2015	11
1.60	Domestic Violence Offense Rate	offenses/ 100,000 population	500.6		508.4		445	2015	9
1.50	Alcohol-Impaired Driving Deaths	percent	30		30.5	29.3		2012-2016	4
1.45	Pedestrian Injuries	injuries/ 100,000 population	23.2	20.3	42.5		35.6	2014	9
1.13	Violent Crime Rate	crimes/ 100,000 population	323.9		471.3	373.7		2015	12
SCORE	RESPIRATORY DISEASES	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.85	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	75.5	45.5	43.2	44.7		2010-2014	16
2.43	Tuberculosis Incidence Rate	cases/ 100,000 population	3.9	1	2.9	3		2015	9
2.35	COPD: Medicare Population	percent	14.3		9.9	11.2		2015	3
2.30	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	97.6		58.1	61.2		2010-2014	16
2.28	Adults with Asthma	percent	20.4		14.1	14		2016	8
2.25	Adults with Influenza Vaccination	percent	29.5	70	41.7		49.1	2014	9
2.00	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	78.7		68.3		62.5	2014	9
1.95	Children with Asthma	percent	25.1		16.1			2013	8
1.90	Asthma: Medicare Population	percent	8.7		7.9	8.2		2015	3
1.53	Adults 65+ with Pneumonia Vaccination	percent	76.7	90	75.4	73.4		2016	8
0.73	Adults 65+ with Influenza Vaccination	percent	69.3		61.6	58.6		2016	8

SECTION 13 APPENDICES

SCORE	SOCIAL ENVIRONMENT	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Homeownership	percent	47.7		59.8	55.9		2012-2016	1
2.70	People Living Below Poverty Level	percent	25.1		9.9	15.1		2012-2016	1
2.50	Children Living Below Poverty Level	percent	39.1		13.3	21.2		2012-2016	1
2.50	Median Household Income	dollars	35886		76067	55322		2012-2016	1
2.50	People 25+ with a Bachelor's Degree or Higher	percent	14		38.4	30.3		2012-2016	1
2.50	People 65+ Living Alone	percent	30.8		26	26.4		2012-2016	1
2.40	Single-Parent Households	percent	54.5		34.2	33.6		2012-2016	1
2.30	Per Capita Income	dollars	17143		37756	29829		2012-2016	1
2.25	People 25+ with a High School Degree or Higher	percent	79.2		89.6	87		2012-2016	1
1.95	Child Abuse Rate	cases/ 1,000 children	23.2		7.3			2015	11
1.85	Voter Registration	percent	60.3		83.6			2016	13
1.53	Persons with Health Insurance	percent	90.8	100	93			2016	18
1.15	Mean Travel Time to Work	minutes	24		32.4	26.1		2012-2016	1
0.50	Youth not in School or Working	percent	0.2		2.3	2.4		2012-2016	1
SCORE	SUBSTANCE ABUSE	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.58	Adults who Smoke	percent	20.5	12	13.4	17.1	15.5	2016	8
2.25	Adolescents who Use Tobacco	percent	27.5	21	16.4		15.2	2014	9
2.25	Age-Adjusted ER Rate due to Alcohol/Substance Abuse	ER visits/ 100,000 population	1896.4		1591.3		1400.9	2014	9
2.25	Death Rate due to Drug Poisoning	deaths/ 100,000 population	25.8		24.4	16.9		2014-2016	4
2.00	Teens who Smoke: High School Students	percent	16.5	16	8.7			2014	15
1.60	Liquor Store Density	stores/ 100,000 population	15.5		20	10.5		2015	21
1.50	Alcohol-Impaired Driving Deaths	percent	30		30.5	29.3		2012-2016	4
0.68	Adults who Binge Drink	percent	10.8	24.2	15.4	16		2014	8
0.53	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	0	11.3	12.1	12.7	12.6	2008-2010	9
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.25	Adolescents who Use Tobacco	percent	27.5	21	16.4		15.2	2014	9
2.15	Adolescents who are Obese	percent	17.5	16.1	11.5		10.7	2014	9
2.00	Teens who Smoke: High School Students	percent	16.5	16	8.7			2014	15
1.58	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15+	19.4		15.9	20.3	17.8	2016	9
1.50	Adolescents who have had a Routine Checkup: Medicaid Population	percent	55.1		55.3		57.4	2016	9
SCORE	TRANSPORTATION	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Households without a Vehicle	percent	12.4		9.2	9		2012-2016	1
2.25	Workers who Drive Alone to Work	percent	82.3		73.7	76.4		2012-2016	1
2.05	Workers Commuting by Public Transportation	percent	1.3	5.5	8.9	5.1		2012-2016	1
1.95	Households with No Car and Low Access to a Grocery Store	percent	5					2015	22
1.30	Solo Drivers with a Long Commute	percent	34.5		48.7	34.7		2012-2016	4
1.15	Mean Travel Time to Work	minutes	24		32.4	26.1		2012-2016	1
0.55	Workers who Walk to Work	percent	4.5	3.1	2.4	2.8		2012-2016	1
SCORE	WOMEN'S HEALTH	UNITS	SOMERSET COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
1.95	Mammogram in Past 2 Years: 50+	percent	58.5		66.3			2016	8
1.85	Life Expectancy for Females	years	79.4		81.4	81.5		2014	7
1.75	Pap Test in Past 3 Years	percent	93.7	93	95.1			2016	8
0.50	Breast Cancer Incidence Rate	cases/ 100,000 females	103.8		131	123.5		2010-2014	16
0.25	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	24.5	22.6		2006-2010	16

SECTION 13 APPENDICES

WICOMICO DATA SCORING APPENDIX

SCORE	ACCESS TO HEALTH SERVICES	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.18	Adults who Visited a Dentist	percent	57.9		69.4	66.4		2016	8
2.10	Primary Care Provider Rate	providers/ 100,000 population	67		88	75.5		2015	4
1.73	Persons with Health Insurance	percent	91.9	100	93			2016	18
1.70	Children who Visited a Dentist	percent	61.7		63.9		64.6	2016	9
1.68	Adults Unable to Afford to See a Doctor	percent	11.5		9.9	12		2016	8
1.68	Adults with Health Insurance	percent	90.2	100	91.6			2016	18
1.58	Adults who have had a Routine Checkup	percent	86.9		88.2	83.6		2016	8
1.53	Children with Health Insurance	percent	96.3	100	96.6			2016	18
1.35	People with a Usual Primary Care Provider	percent	85.1		84.8		83.9	2016	9
1.25	Adolescents who have had a Routine Checkup: Medicaid Population	percent	57.3		55.3		57.4	2016	9
1.05	Mental Health Provider Rate	providers/ 100,000 population	231		216	214.3		2017	4
0.90	Uninsured Emergency Department Visits	percent	9.9		11		14.7	2014	9
0.75	Dentist Rate	dentists/ 100,000 population	80		75.7	67.4		2016	4
0.30	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	185		89.1	81.2		2017	4
SCORE	CANCER	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	200.9	161.4	165.3	166.1	147.4	2010-2014	16
2.40	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.3		10.6	11.5		2010-2014	16
2.30	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	24.4	21.8	20.3	20.1		2010-2014	16
2.10	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	17.8	14.5	14.4	14.8		2010-2014	16
2.10	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	57.3	45.5	43.2	44.7		2010-2014	16
2.10	Breast Cancer Incidence Rate	cases/ 100,000 females	133.7		131	123.5		2010-2014	16
2.10	Prostate Cancer Incidence Rate	cases/ 100,000 males	157.9		131.5	114.8		2010-2014	16
2.00	Cancer: Medicare Population	percent	8.7		8.6	7.8		2015	3
1.95	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	75.6		58.1	61.2		2010-2014	16
1.75	Colorectal Cancer Incidence Rate	cases/ 100,000 population	41.8	39.9	37.3	39.8		2010-2014	16
1.50	Mammogram in Past 2 Years: 50+	percent	68		66.3			2016	8
1.30	Pap Test in Past 3 Years	percent	95.9	93	95.1			2016	8
1.20	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	percent	80.3		73.8			2016	8
0.85	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.4	20.7	22.8	21.2		2010-2014	16
0.45	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.3	7.3	6.5	7.5		2010-2014	16

SECTION 13 APPENDICES

SCORE	CHILDREN'S HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.20	Blood Lead Levels in Children	percent	0.4		0.3		0.28	2016	10
1.80	Children with Low Access to a Grocery Store	percent	6.4					2015	22
1.70	Child Food Insecurity Rate	percent	20.7		16.3	19.3		2015	6
1.70	Children who Visited a Dentist	percent	61.7		63.9		64.6	2016	9
1.53	Children with Health Insurance	percent	96.3	100	96.6			2016	18
1.20	Child Abuse Rate	cases/ 1,000 children	5.6		7.3			2015	11
1.05	Children with Asthma	percent	9.7		16.1			2013	8
0.65	Food Insecure Children Likely Ineligible for Assistance	percent	25		41	34.1		2015	6
SCORE	DIABETES	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.20	Diabetes: Medicare Population	percent	31.5		29.1	26.5		2015	3
2.00	Age-Adjusted ER Rate due to Diabetes	ER Visits/ 100,000 population	372.7		204		186.3	2014	9
1.95	Diabetic Monitoring: Medicare Population	percent	83.5		85	85.2		2014	19
1.18	Adults with Diabetes	percent	9.6		10.2	10.5		2016	8
0.53	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	10.1		19.2	21.1		2012-2014	9
SCORE	ECONOMY	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.35	Severe Housing Problems	percent	20.3		17.1	18.8		2010-2014	4
2.35	Students Eligible for the Free Lunch Program	percent	55.8		39.9	42.6		2015-2016	17
2.25	Unemployed Workers in Civilian Labor Force	percent	6.4		4.5	4.1		March 2018	20
2.10	Homeownership	percent	54.6		59.8	55.9		2012-2016	1
2.00	Food Insecurity Rate	percent	14.6		11.4	13.7		2015	6
2.00	Households with Cash Public Assistance Income	percent	3		2.5	2.7		2012-2016	1
2.00	People Living Below Poverty Level	percent	16.3		9.9	15.1		2012-2016	1
2.00	Per Capita Income	dollars	26498		37756	29829		2012-2016	1
1.95	Low-Income and Low Access to a Grocery Store	percent	8.9					2015	22
1.85	People Living 200% Above Poverty Level	percent	64.6		77	66.4		2012-2016	1
1.80	Renters Spending 30% or More of Household Income on Rent	percent	51.5		50.5	47.3		2012-2016	1
1.70	Child Food Insecurity Rate	percent	20.7		16.3	19.3		2015	6
1.70	Children Living Below Poverty Level	percent	21.1		13.3	21.2		2012-2016	1
1.70	Families Living Below Poverty Level	percent	10.5		6.8	11		2012-2016	1
1.70	Median Household Income	dollars	53508		76067	55322		2012-2016	1
1.50	Homeowner Vacancy Rate	percent	1.9		1.7	1.8		2012-2016	1
1.10	People 65+ Living Below Poverty Level	percent	7.5		7.7	9.3		2012-2016	1
1.10	SNAP Certified Stores	stores/ 1,000 population	1					2016	22
0.80	Affordable Housing	percent	85.6		46.1		54.4	2014	9
0.65	Food Insecure Children Likely Ineligible for Assistance	percent	25		41	34.1		2015	6
0.60	Youth not in School or Working	percent	1.8		2.3	2.4		2012-2016	1

SECTION 13 APPENDICES

SCORE	EDUCATION	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.05	High School Graduation	percent	83.8	87	87.7		95	2017	14
1.80	4th Grade Students Proficient in Reading	percent	85.3		86.3			2014	14
1.80	8th Grade Students Proficient in Reading	percent	70.4		76.9			2014	14
1.55	People 25+ with a Bachelor's Degree or Higher	percent	27.4		38.4	30.3		2012-2016	1
1.50	School Readiness at Kindergarten Entry	percent	47		45		85.5	2016-2017	14
1.20	People 25+ with a High School Degree or Higher	percent	88.6		89.6	87		2012-2016	1
0.90	Student-to-Teacher Ratio	students/ teacher	13.6		15	17.7		2015-2016	17
SCORE	ENVIRONMENT	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.35	Severe Housing Problems	percent	20.3		17.1	18.8		2010-2014	4
2.20	Blood Lead Levels in Children	percent	0.4		0.3		0.28	2016	10
2.00	Food Environment Index		7.3		9.1	7.7		2018	4
1.95	Grocery Store Density	stores/ 1,000 population	0.1					2014	22
1.95	Low-Income and Low Access to a Grocery Store	percent	8.9					2015	22
1.90	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8					2014	22
1.80	Children with Low Access to a Grocery Store	percent	6.4					2015	22
1.80	People 65+ with Low Access to a Grocery Store	percent	4					2015	22
1.80	People with Low Access to a Grocery Store	percent	26.7					2015	22
1.65	Farmers Market Density	markets/ 1,000 population	0.03					2016	22
1.60	Recognized Carcinogens Released into Air	pounds	73686					2016	23
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4					2015	22
1.50	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1					2014	22
1.43	Drinking Water Violations	percent	1.7		16.2			FY 2013-14	4
1.40	PBT Released	pounds	0					2014	23
1.20	Access to Exercise Opportunities	percent	84.7		93	83.1		2018	4
1.10	SNAP Certified Stores	stores/ 1,000 population	1					2016	22
0.50	Liquor Store Density	stores/ 100,000 population	5.9		20	10.5		2015	21
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.20	Blood Lead Levels in Children	percent	0.4		0.3		0.28	2016	10
2.00	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	91.5		68.3		62.5	2014	9
1.90	Asthma: Medicare Population	percent	8.6		7.9	8.2		2015	3
1.08	Adults with Asthma	percent	12.5		14.1	14		2016	8
1.05	Children with Asthma	percent	9.7		16.1			2013	8

SECTION 13 APPENDICES

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.08	Adults with a Healthy Weight	percent	31.3		35.1	35.2	36.6	2014	9
2.00	Food Environment Index		7.3		9.1	7.7		2018	4
2.00	Food Insecurity Rate	percent	14.6		11.4	13.7		2015	6
1.95	Grocery Store Density	stores/ 1,000 population	0.1					2014	22
1.95	Low-Income and Low Access to a Grocery Store	percent	8.9					2015	22
1.90	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8					2014	22
1.80	Adult Fruit and Vegetable Consumption	percent	23.1		27.1			2010	8
1.80	Children with Low Access to a Grocery Store	percent	6.4					2015	22
1.80	People 65+ with Low Access to a Grocery Store	percent	4					2015	22
1.80	People with Low Access to a Grocery Store	percent	26.7					2015	22
1.73	Adults who are Obese	percent	31.4	30.5	30.1	29.9		2016	8
1.73	Adults who are Overweight or Obese	percent	70.1		68.1	65.2		2016	8
1.70	Child Food Insecurity Rate	percent	20.7		16.3	19.3		2015	6
1.70	Workers who Walk to Work	percent	2.3	3.1	2.4	2.8		2012-2016	1
1.65	Farmers Market Density	markets/ 1,000 population	0					2016	22
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4					2015	22
1.50	Recreation and Fitness Facilities	facilities/ 1,000 population	0.09					2014	22
1.45	Adolescents who are Obese	percent	11.9	16.1	11.5		10.7	2014	9
1.28	Adults Engaging in Regular Physical Activity	percent	45.6	20.1	48	20.5		2013	8
1.20	Access to Exercise Opportunities	percent	84.7		93	83.1		2018	4
1.10	SNAP Certified Stores	stores/ 1,000 population	1					2016	22
0.65	Food Insecure Children Likely Ineligible for Assistance	percent	25		41	34.1		2015	6
SCORE	HEART DISEASE & STROKE	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Hyperlipidemia: Medicare Population	percent	56		48.9	44.6		2015	3
2.30	Hypertension: Medicare Population	percent	65.6		59.2	55		2015	3
2.30	Stroke: Medicare Population	percent	5.2		4.5	4		2015	3
2.23	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	245.1		166.9	167	166.3	2014-2016	9
2.18	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	40.5	34.8	38.4	37.2		2014-2016	9
2.10	Atrial Fibrillation: Medicare Population	percent	8.8		8	8.1		2015	3
2.00	Age-Adjusted ER Rate due to Hypertension	ER Visits/ 100,000 population	383.7		252.2		234	2014	9
1.90	High Blood Pressure Prevalence	percent	49.4	26.9	45			2016	8
1.80	Heart Failure: Medicare Population	percent	14.1		12.4	13.5		2015	3
1.50	Ischemic Heart Disease: Medicare Population	percent	27.9		26	26.5		2015	3
1.43	High Cholesterol Prevalence	percent	33.7	13.5	35.9	36.3		2015	8

SECTION 13 APPENDICES

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.43	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	3.9	1	2.9	3		2015	9
2.35	Adults with Influenza Vaccination	<i>percent</i>	34.3	70	41.7		49.1	2014	9
2.33	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	650.3		509.6	497.3	431	2016	9
2.18	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	226.2		158.3	145.8		2016	9
2.15	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	28.4	11.4	16.1			2015	9
1.68	Adults 65+ with Influenza Vaccination	<i>percent</i>	59.8		61.6	58.6		2016	8
1.58	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	74.8	90	75.4	73.4		2016	8
1.20	HIV Incidence Rate: Aged 13+	<i>cases/ 100,000 population</i>	16.2		22.1		26.7	2016	9
0.93	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	1		8.5	8.7		2016	9
0.73	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	8.3		16	15.2		2012-2014	9
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.35	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.4	6	6.5		6.3	2012-2016	9
2.13	Babies with Low Birth Weight	<i>percent</i>	9	7.8	8.6	8.2	8	2016	9
1.88	Preterm Births	<i>percent</i>	10.3	9.4	10	9.6		2015	9
1.03	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-</i>	16.9		15.9	20.3	17.8	2016	9
0.48	Sudden Unexpected Infant Death Rate	<i>deaths/ 1,000 live births</i>	0.8	0.84	1	0.9	0.86	2011-2015	9
SCORE	MEN'S HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.30	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	24.4	21.8	20.3	20.1		2010-2014	16
2.10	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	157.9		131.5	114.8		2010-2014	16
1.85	Life Expectancy for Males	<i>years</i>	74.8		76.8	76.7		2014	7
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Age-Adjusted ER Rate due to Mental Health	<i>ER Visits/ 100,000 population</i>	6207.9		3442.6		3152.6	2014	9
2.13	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	12.2	10.2	9.2	12.7	9	2012-2014	9
2.05	Self-Reported Good Mental Health	<i>percent</i>	57.7		76.2			2015	8
1.95	Poor Mental Health: Average Number of Days	<i>days</i>	4		3.5	3.8		2016	4
1.80	Poor Mental Health: 14+ Days	<i>percent</i>	11.1		9.7			2016	8
1.50	Adequate Social and Emotional Support	<i>percent</i>	83.4		82.9			2010	8
1.50	Frequent Mental Distress	<i>percent</i>	11.9		10.3	15		2016	4
1.40	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.8		10.1	9.9		2015	3
1.30	Depression: Medicare Population	<i>percent</i>	15.3		15.4	16.7		2015	3
1.05	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	231		216	214.3		2017	4
0.95	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	<i>hospitalizations/ 100,000 populat</i>	146.9		194.1		199.4	2014	9

SECTION 13 APPENDICES

SCORE	OLDER ADULTS & AGING	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Chronic Kidney Disease: Medicare Population	percent	21		18.2	18.1		2015	3
2.50	Hyperlipidemia: Medicare Population	percent	56		48.9	44.6		2015	3
2.30	Hypertension: Medicare Population	percent	65.6		59.2	55		2015	3
2.30	Stroke: Medicare Population	percent	5.2		4.5	4		2015	3
2.20	Diabetes: Medicare Population	percent	31.5		29.1	26.5		2015	3
2.13	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	8.6	7.2	8.5	8.5	7.7	2012-2014	9
2.10	Atrial Fibrillation: Medicare Population	percent	8.8		8	8.1		2015	3
2.00	Cancer: Medicare Population	percent	8.7		8.6	7.8		2015	3
1.95	Diabetic Monitoring: Medicare Population	percent	83.5		85	85.2		2014	19
1.90	Asthma: Medicare Population	percent	8.6		7.9	8.2		2015	3
1.85	COPD: Medicare Population	percent	12.2		9.9	11.2		2015	3
1.80	Heart Failure: Medicare Population	percent	14.1		12.4	13.5		2015	3
1.80	People 65+ with Low Access to a Grocery Store	percent	4					2015	22
1.75	People 65+ Living Alone	percent	26.8		26	26.4		2012-2016	1
1.68	Adults 65+ with Influenza Vaccination	percent	59.8		61.6	58.6		2016	8
1.58	Adults 65+ with Pneumonia Vaccination	percent	74.8	90	75.4	73.4		2016	8
1.50	Ischemic Heart Disease: Medicare Population	percent	27.9		26	26.5		2015	3
1.40	Alzheimer's Disease or Dementia: Medicare Population	percent	9.8		10.1	9.9		2015	3
1.30	Depression: Medicare Population	percent	15.3		15.4	16.7		2015	3
1.10	People 65+ Living Below Poverty Level	percent	7.5		7.7	9.3		2012-2016	1
1.05	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	28.8		30	30		2015	3
0.95	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	hospitalizations/ 100,000 population	146.9		194.1		199.4	2014	9
0.95	Osteoporosis: Medicare Population	percent	5.1		5.7	6		2015	3
SCORE	ORAL HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.3		10.6	11.5		2010-2014	16
2.20	Age-Adjusted ER Visit Rate due to Dental Problems	ER Visits/ 100,000 population	1886.7		779.7		792.8	2014	9
2.18	Adults who Visited a Dentist	percent	57.9		69.4	66.4		2016	8
1.70	Children who Visited a Dentist	percent	61.7		63.9		64.6	2016	9
1.18	Adults with No Tooth Extractions	percent	58.3		57.9	56.9		2016	8
0.75	Dentist Rate	dentists/ 100,000 population	80		75.7	67.4		2016	4
SCORE	OTHER CHRONIC DISEASES	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Chronic Kidney Disease: Medicare Population	percent	21		18.2	18.1		2015	3
1.05	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	28.8		30	30		2015	3
0.95	Osteoporosis: Medicare Population	percent	5.1		5.7	6		2015	3

SECTION 13 APPENDICES

SCORE	PREVENTION & SAFETY	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.35	Severe Housing Problems	percent	20.3		17.1	18.8		2010-2014	4
2.13	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	8.6	7.2	8.5	8.5	7.7	2012-2014	9
2.08	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	39.2	36.4	30.5	43.2		2014-2016	9
1.70	Pedestrian Injuries	injuries/ 100,000 population	36.1	20.3	47.1		35.6	2015	9
1.60	Death Rate due to Drug Poisoning	deaths/ 100,000 population	19.9		24.4	16.9		2014-2016	4
0.55	Pedestrian Death Rate	deaths/ 100,000 population	0	1.4	0.9	1.5		2013	5
SCORE	PUBLIC SAFETY	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Domestic Violence Offense Rate	offenses/ 100,000 population	782.5		508.4		445	2015	9
1.78	Violent Crime Rate	crimes/ 100,000 population	467.1		471.3	373.7		2015	12
1.70	Pedestrian Injuries	injuries/ 100,000 population	36.1	20.3	47.1		35.6	2015	9
1.65	Age-Adjusted Death Rate due to Homicide	deaths/ 100,000 population	7.1	5.5	8.4	5.6		2008-2010	9
1.65	Alcohol-Impaired Driving Deaths	percent	31.8		30.5	29.3		2012-2016	4
1.20	Child Abuse Rate	cases/ 1,000 children	5.6		7.3			2015	11
0.55	Pedestrian Death Rate	deaths/ 100,000 population	0	1.4	0.9	1.5		2013	5
SCORE	RESPIRATORY DISEASES	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.43	Tuberculosis Incidence Rate	cases/ 100,000 population	3.9	1	2.9	3		2015	9
2.35	Adults with Influenza Vaccination	percent	34.3	70	41.7		49.1	2014	9
2.10	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	57.3	45.5	43.2	44.7		2010-2014	16
2.00	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	91.5		68.3		62.5	2014	9
1.95	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	75.6		58.1	61.2		2010-2014	16
1.90	Asthma: Medicare Population	percent	8.6		7.9	8.2		2015	3
1.85	COPD: Medicare Population	percent	12.2		9.9	11.2		2015	3
1.68	Adults 65+ with Influenza Vaccination	percent	59.8		61.6	58.6		2016	8
1.58	Adults 65+ with Pneumonia Vaccination	percent	74.8	90	75.4	73.4		2016	8
1.08	Adults with Asthma	percent	12.5		14.1	14		2016	8
1.05	Children with Asthma	percent	9.7		16.1			2013	8
0.73	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	8.3		16	15.2		2012-2014	9

SECTION 13 APPENDICES

SCORE	SOCIAL ENVIRONMENT	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.10	Homeownership	percent	54.6		59.8	55.9		2012-2016	1
2.10	Single-Parent Households	percent	39.3		34.2	33.6		2012-2016	1
2.00	People Living Below Poverty Level	percent	16.3		9.9	15.1		2012-2016	1
2.00	Per Capita Income	dollars	26498		37756	29829		2012-2016	1
1.85	Voter Registration	percent	74.7		83.6			2016	13
1.75	People 65+ Living Alone	percent	26.8		26	26.4		2012-2016	1
1.73	Persons with Health Insurance	percent	91.9	100	93			2016	18
1.70	Children Living Below Poverty Level	percent	21.1		13.3	21.2		2012-2016	1
1.70	Median Household Income	dollars	53508		76067	55322		2012-2016	1
1.55	People 25+ with a Bachelor's Degree or Higher	percent	27.4		38.4	30.3		2012-2016	1
1.20	Child Abuse Rate	cases/ 1,000 children	5.6		7.3			2015	11
1.20	People 25+ with a High School Degree or Higher	percent	88.6		89.6	87		2012-2016	1
0.65	Mean Travel Time to Work	minutes	21.7		32.4	26.1		2012-2016	1
0.60	Youth not in School or Working	percent	1.8		2.3	2.4		2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Age-Adjusted ER Rate due to Alcohol/Substance Abuse	ER visits/ 100,000 population	2870.5		1591.3		1400.9	2014	9
2.33	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	16.2	11.3	15.2	14.6	12.6	2012-2014	9
2.28	Adults who Smoke	percent	17.3	12	13.4	17.1	15.5	2016	8
1.75	Adolescents who Use Tobacco	percent	21.5	21	16.4		15.2	2014	9
1.65	Alcohol-Impaired Driving Deaths	percent	31.8		30.5	29.3		2012-2016	4
1.60	Death Rate due to Drug Poisoning	deaths/ 100,000 population	19.9		24.4	16.9		2014-2016	4
1.50	Teens who Smoke: High School Students	percent	12.7	16	8.7			2014	15
1.08	Adults who Binge Drink	percent	14.5	24.2	16	16.9		2016	8
0.50	Liquor Store Density	stores/ 100,000 population	5.9		20	10.5		2015	21

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
1.75	Adolescents who Use Tobacco	percent	21.5	21	16.4		15.2	2014	9
1.50	Teens who Smoke: High School Students	percent	12.7	16	8.7			2014	15
1.45	Adolescents who are Obese	percent	11.9	16.1	11.5		10.7	2014	9
1.25	Adolescents who have had a Routine Checkup: Medicaid Population	percent	57.3		55.3		57.4	2016	9
1.03	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15+	16.9		15.9	20.3	17.8	2016	9

SCORE	TRANSPORTATION	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Workers who Drive Alone to Work	percent	83.7		73.7	76.4		2012-2016	1
2.00	Workers Commuting by Public Transportation	percent	0.8	5.5	8.9	5.1		2012-2016	1
1.70	Workers who Walk to Work	percent	2.3	3.1	2.4	2.8		2012-2016	1
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4					2015	22
0.95	Households without a Vehicle	percent	7		9.2	9		2012-2016	1
0.85	Solo Drivers with a Long Commute	percent	24.4		48.7	34.7		2012-2016	4
0.65	Mean Travel Time to Work	minutes	21.7		32.4	26.1		2012-2016	1

SCORE	WOMEN'S HEALTH	UNITS	WICOMICO COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.10	Breast Cancer Incidence Rate	cases/ 100,000 females	133.7		131	123.5		2010-2014	16
2.05	Life Expectancy for Females	years	79.1		81.4	81.5		2014	7
1.50	Mammogram in Past 2 Years: 50+	percent	68		66.3			2016	8
1.30	Pap Test in Past 3 Years	percent	95.9	93	95.1			2016	8
0.85	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.4	20.7	22.8	21.2		2010-2014	16
0.45	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.3	7.3	6.5	7.5		2010-2014	16

SECTION 13 APPENDICES

WORCESTER DATA SCORING APPENDIX

SCORE	ACCESS TO HEALTH SERVICES	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.28	Adults who have had a Routine Checkup	percent	69.5		88.2	83.6		2016	8
2.23	Adults Unable to Afford to See a Doctor	percent	14.1		9.9	12		2016	8
1.98	Adults who Visited a Dentist	percent	64		69.4	66.4		2016	8
1.95	People with a Usual Primary Care Provider	percent	78.3		84.8		83.9	2016	9
1.85	Dentist Rate	dentists/ 100,000 population	54		76		67	2016	4
1.80	Adolescents who have had a Routine Checkup: Medicaid Population	percent	52.1		55.3		57.4	2016	9
1.70	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	72		89	81		2017	4
1.38	Persons with Health Insurance	percent	92.7	100	93			2016	18
1.33	Children with Health Insurance	percent	95.9	100	96.6			2016	18
1.30	Children who Visited a Dentist	percent	64.5		63.9		64.6	2016	9
1.25	Mental Health Provider Rate	providers/ 100,000 population	200		216	214		2017	4
1.03	Adults with Health Insurance	percent	91.7	100	91.6			2016	18
0.90	Primary Care Provider Rate	providers/ 100,000 population	82		88	76		2015	4
0.75	Uninsured Emergency Department Visits	percent	7.6		11		14.7	2014	9
SCORE	CANCER	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.65	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	28.9	20.7	22.8	21.2		2010-2014	16
2.15	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	56.6	45.5	43.2	44.7		2010-2014	16
2.15	Cancer: Medicare Population	percent	9.1		8.6	7.8		2015	3
2.10	Breast Cancer Incidence Rate	cases/ 100,000 females	135.6		131	123.5		2010-2014	16
2.05	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.7	21.8	20.3	20.1		2010-2014	16
2.00	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	69.2		58.1	61.2		2010-2014	16
1.95	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	percent	65.5		73.8			2016	8
1.95	Prostate Cancer Incidence Rate	cases/ 100,000 males	137.8		131.5	114.8		2010-2014	16
1.75	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	181.8	161.4	165.3	166.1	147.4	2010-2014	16
1.70	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.2		10.6	11.5		2010-2014	16
1.35	Mammogram in Past 2 Years: 50+	percent	70.3		66.3			2016	8
1.15	Pap Test in Past 3 Years	percent	97.5	93	95.1			2016	8
0.90	Colorectal Cancer Incidence Rate	cases/ 100,000 population	36.6	39.9	37.3	39.8		2010-2014	16
0.15	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	12	14.5	14.4	14.8		2010-2014	16

SECTION 13 APPENDICES

SCORE	CHILDREN'S HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.15	Child Food Insecurity Rate	percent	22.6		16.3	19.3		2015	6
1.95	Child Abuse Rate	cases/ 1,000 children	14.1		7.3			2015	11
1.80	Children with Asthma	percent	18.5		16.1			2013	8
1.35	Children with Low Access to a Grocery Store	percent	3.4					2015	22
1.33	Children with Health Insurance	percent	95.9	100	96.6			2016	18
1.30	Children who Visited a Dentist	percent	64.5		63.9		64.6	2016	9
1.25	Blood Lead Levels in Children	percent	0.2		0.3		0.28	2016	10
1.15	Food Insecure Children Likely Ineligible for Assistance	percent	28		41	34.1		2015	6
SCORE	DIABETES	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.18	Adults with Diabetes	percent	12.9		10.2	10.5		2016	8
1.70	Age-Adjusted ER Rate due to Diabetes	ER Visits/ 100,000 population	229.9		204		186.3	2014	9
1.00	Diabetes: Medicare Population	percent	25.9		29.1	26.5		2015	3
0.68	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	14.5		19.2	21.1		2012-2014	9
0.60	Diabetic Monitoring: Medicare Population	percent	89.5		85	85.2		2014	19
SCORE	ECONOMY	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Homeownership	percent	28.3		59.8	55.9		2012-2016	1
2.40	Unemployed Workers in Civilian Labor Force	percent	10.9		4.5	4.1		Mar-18	20
2.30	Homeowner Vacancy Rate	percent	3.4		1.7	1.8		2012-2016	1
2.15	Child Food Insecurity Rate	percent	22.6		16.3	19.3		2015	6
2.00	Youth not in School or Working	percent	2.7		2.3	2.4		2012-2016	1
1.65	Food Insecurity Rate	percent	13		11.4	13.7		2015	6
1.60	Median Household Income	dollars	57227		76067	55322		2012-2016	1
1.45	Families Living Below Poverty Level	percent	7.7		6.8	11		2012-2016	1
1.45	People Living 200% Above Poverty Level	percent	72.2		77	66.4		2012-2016	1
1.45	Severe Housing Problems	percent	16.5		17.1	18.8		2010-2014	4
1.35	Low-Income and Low Access to a Grocery Store	percent	4.3					2015	22
1.35	Per Capita Income	dollars	32988		37756	29829		2012-2016	1
1.30	SNAP Certified Stores	stores/ 1,000 population	1					2016	22
1.20	Renters Spending 30% or More of Household Income on Rent	percent	45.5		50.5	47.3		2012-2016	1
1.15	Food Insecure Children Likely Ineligible for Assistance	percent	28		41	34.1		2015	6
1.10	Children Living Below Poverty Level	percent	13.9		13.3	21.2		2012-2016	1
1.10	People Living Below Poverty Level	percent	10.2		9.9	15.1		2012-2016	1
1.05	Affordable Housing	percent	56.9		46.1		54.4	2014	9
1.05	People 65+ Living Below Poverty Level	percent	6.9		7.7	9.3		2012-2016	1
0.95	Students Eligible for the Free Lunch Program	percent	38.2		39.9	42.6		2015-2016	17
0.80	Households with Cash Public Assistance Income	percent	2.1		2.5	2.7		2012-2016	1

SECTION 13 APPENDICES

SCORE	EDUCATION	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
1.40	People 25+ with a Bachelor's Degree or Higher	percent	29.9		38.4	30.3		2012-2016	1
1.20	4th Grade Students Proficient in Reading	percent	94.4		86.3			2014	14
1.20	High School Graduation	percent	91.8	87	87.7		95	2017	14
1.20	School Readiness at Kindergarten Entry	percent	56		45		85.5	2016-2017	14
1.10	People 25+ with a High School Degree or Higher	percent	89.6		89.6	87		2012-2016	1
1.05	8th Grade Students Proficient in Reading	percent	85.6		76.9			2014	14
0.70	Student-to-Teacher Ratio	students/ teacher	11.4		15	17.7		2015-2016	17
SCORE	ENVIRONMENT	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.40	Liquor Store Density	stores/ 100,000 population	33		20	10.5		2015	21
1.95	People 65+ with Low Access to a Grocery Store	percent	5.8					2015	22
1.85	Fast Food Restaurant Density	restaurants/ 1,000 population	1.6					2014	22
1.55	Food Environment Index		8		9.1	7.7		2018	4
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.1					2015	22
1.50	People with Low Access to a Grocery Store	percent	20.7					2015	22
1.45	Severe Housing Problems	percent	16.5		17.1	18.8		2010-2014	4
1.35	Annual Ozone Air Quality	grade	D					2008-2010	2
1.35	Children with Low Access to a Grocery Store	percent	3.4					2015	22
1.35	Low-Income and Low Access to a Grocery Store	percent	4.3					2015	22
1.30	Grocery Store Density	stores/ 1,000 population	0.3					2014	22
1.30	SNAP Certified Stores	stores/ 1,000 population	1					2016	22
1.25	Blood Lead Levels in Children	percent	0.2		0.3		0.28	2016	10
1.10	Farmers Market Density	markets/ 1,000 population	0.06					2016	22
1.05	Access to Exercise Opportunities	percent	92.3		93	83.1		2018	4
1.05	Recreation and Fitness Facilities	facilities/ 1,000 population	0.21					2014	22
0.83	Drinking Water Violations	percent	0		16.2			FY 2013-14	4
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.13	Adults with Asthma	percent	15.5		14.1	14		2016	8
1.80	Children with Asthma	percent	18.5		16.1			2013	8
1.50	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	64.1		68.3		62.5	2014	9
1.25	Blood Lead Levels in Children	percent	0.2		0.3		0.28	2016	10
0.70	Asthma: Medicare Population	percent	6.4		7.9	8.2		2015	3

SECTION 13 APPENDICES

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.63	Adults who are Obese	percent	40	30.5	30.1	29.9		2016	8
2.15	Child Food Insecurity Rate	percent	22.6		16.3	19.3		2015	6
1.95	People 65+ with Low Access to a Grocery Store	percent	5.8					2015	22
1.88	Adults who are Overweight or Obese	percent	72.4		68.1	65.2		2016	8
1.85	Fast Food Restaurant Density	restaurants/ 1,000 population	1.6					2014	22
1.80	Adolescents who are Obese	percent	13.5	16.1	11.5		10.7	2014	9
1.65	Food Insecurity Rate	percent	13		11.4	13.7		2015	6
1.55	Food Environment Index		8		9.1	7.7		2018	4
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.1					2015	22
1.50	People with Low Access to a Grocery Store	percent	20.7					2015	22
1.35	Children with Low Access to a Grocery Store	percent	3.4					2015	22
1.35	Low-Income and Low Access to a Grocery Store	percent	4.3					2015	22
1.30	Grocery Store Density	stores/ 1,000 population	0.3					2014	22
1.30	SNAP Certified Stores	stores/ 1,000 population	1					2016	22
1.28	Adults with a Healthy Weight	percent	36.2		35.1	35.2	36.6	2014	9
1.15	Food Insecure Children Likely Ineligible for Assistance	percent	28		41	34.1		2015	6
1.10	Farmers Market Density	markets/ 1,000 population	0.06					2016	22
1.05	Access to Exercise Opportunities	percent	92.3		93	83.1		2018	4
1.05	Adult Fruit and Vegetable Consumption	percent	30		27.1			2010	8
1.05	Recreation and Fitness Facilities	facilities/ 1,000 population	0.21					2014	22
0.85	Workers who Walk to Work	percent	2.9	3.1	2.4	2.8		2012-2016	1
0.83	Adults Engaging in Regular Physical Activity	percent	51.9	20.1	48	20.5		2013	8
SCORE	HEART DISEASE & STROKE	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Atrial Fibrillation: Medicare Population	percent	9.6		8	8.1		2015	3
2.33	High Cholesterol Prevalence	percent	46.2	13.5	35.9	36.3		2015	8
2.30	Hyperlipidemia: Medicare Population	percent	56.9		48.9	44.6		2015	3
2.20	Stroke: Medicare Population	percent	4.6		4.5	4		2015	3
2.15	Hypertension: Medicare Population	percent	64.4		59.2	55		2015	3
2.13	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	186.9		166.9	167	166.3	2014-2016	9
2.10	High Blood Pressure Prevalence	percent	55.8	26.9	45			2016	8
1.85	Age-Adjusted ER Rate due to Hypertension	ER Visits/ 100,000 population	286.2		252.2		234	2014	9
1.78	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	37.3	34.8	38.4	37.2		2014-2016	9
1.10	Heart Failure: Medicare Population	percent	12.2		12.4	13.5		2015	3
0.90	Ischemic Heart Disease: Medicare Population	percent	25.8		26	26.5		2015	3

SECTION 13 APPENDICES

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.35	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	32.8	11.4	16.1			2015	9
1.78	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	72	90	75.4	73.4		2016	8
1.55	Adults with Influenza Vaccination	<i>percent</i>	42.6	70	41.7		49.1	2014	9
1.43	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	124.3		158.3	145.8		2016	9
1.28	Adults 65+ with Influenza Vaccination	<i>percent</i>	63.6		61.6	58.6		2016	8
1.23	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	5.8		8.5	8.7		2016	9
1.15	HIV Incidence Rate: Aged 13+	<i>cases/ 100,000 population</i>	6.6		22.1		26.7	2016	9
1.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13.3		16	15.2		2012-2014	9
0.68	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	359.4		509.6	497.3	431	2016	9
0.58	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1	2.9	3		2015	9
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.55	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.6	6	6.5		6.3	2012-2016	9
2.33	Sudden Unexpected Infant Death Rate	<i>deaths/ 1,000 live births</i>	2	0.84	1	0.9	0.86	2011-2015	9
1.73	Preterm Births	<i>percent</i>	9.9	9.4	10	9.6		2015	9
0.98	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15</i>	14.9		15.9	20.3	17.8	2016	9
0.63	Babies with Low Birth Weight	<i>percent</i>	6	7.8	8.6	8.2	8	2016	9
SCORE	MEN'S HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.05	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	22.7	21.8	20.3	20.1		2010-2014	16
1.95	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	137.8		131.5	114.8		2010-2014	16
1.10	Life Expectancy for Males	<i>years</i>	77.2		76.8	76.7		2014	7
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.05	Self-Reported Good Mental Health	<i>percent</i>	61.8		76.2			2015	8
1.93	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	12	10.2	9	12.5	9	2011-2013	9
1.50	Adequate Social and Emotional Support	<i>percent</i>	83.3		82.9			2010	8
1.35	Frequent Mental Distress	<i>percent</i>	11.1		10.3	15		2016	4
1.35	Poor Mental Health: Average Number of Days	<i>days</i>	3.7		3.5	3.8		2016	4
1.25	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	200		216	214		2017	4
1.05	Poor Mental Health: 14+ Days	<i>percent</i>	6.9		9.7			2016	8
0.90	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	<i>hospitalizations/ 100,000 populati</i>	146.1		194.1		199.4	2014	9
0.70	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	7.1		10.1	9.9		2015	3
0.50	Depression: Medicare Population	<i>percent</i>	12.2		15.4	16.7		2015	3

SECTION 13 APPENDICES

SCORE	OLDER ADULTS & AGING	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Atrial Fibrillation: Medicare Population	percent	9.6		8	8.1		2015	3
2.30	Hyperlipidemia: Medicare Population	percent	56.9		48.9	44.6		2015	3
2.20	Stroke: Medicare Population	percent	4.6		4.5	4		2015	3
2.15	Cancer: Medicare Population	percent	9.1		8.6	7.8		2015	3
2.15	Hypertension: Medicare Population	percent	64.4		59.2	55		2015	3
1.95	People 65+ with Low Access to a Grocery Store	percent	5.8					2015	22
1.78	Adults 65+ with Pneumonia Vaccination	percent	72	90	75.4	73.4		2016	8
1.65	People 65+ Living Alone	percent	24.9		26	26.4		2012-2016	1
1.50	Chronic Kidney Disease: Medicare Population	percent	16.6		18.2	18.1		2015	3
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	29.1		30	30		2015	3
1.28	Adults 65+ with Influenza Vaccination	percent	63.6		61.6	58.6		2016	8
1.10	Heart Failure: Medicare Population	percent	12.2		12.4	13.5		2015	3
1.05	People 65+ Living Below Poverty Level	percent	6.9		7.7	9.3		2012-2016	1
1.00	Diabetes: Medicare Population	percent	25.9		29.1	26.5		2015	3
0.90	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	hospitalizations/ 100,000 population	146.1		194.1		199.4	2014	9
0.90	Ischemic Heart Disease: Medicare Population	percent	25.8		26	26.5		2015	3
0.75	Osteoporosis: Medicare Population	percent	4.6		5.7	6		2015	3
0.70	Alzheimer's Disease or Dementia: Medicare Population	percent	7.1		10.1	9.9		2015	3
0.70	Asthma: Medicare Population	percent	6.4		7.9	8.2		2015	3
0.60	Diabetic Monitoring: Medicare Population	percent	89.5		85	85.2		2014	19
0.50	Depression: Medicare Population	percent	12.2		15.4	16.7		2015	3
0.30	COPD: Medicare Population	percent	8.9		9.9	11.2		2015	3
SCORE	ORAL HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.20	Age-Adjusted ER Visit Rate due to Dental Problems	ER Visits/ 100,000 population	1441.5		779.7		792.8	2014	9
1.98	Adults who Visited a Dentist	percent	64		69.4	66.4		2016	8
1.85	Dentist Rate	dentists/ 100,000 population	54		76	67		2016	4
1.70	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.2		10.6	11.5		2010-2014	16
1.63	Adults with No Tooth Extractions	percent	53		57.9	56.9		2016	8
1.30	Children who Visited a Dentist	percent	64.5		63.9		64.6	2016	9
SCORE	OTHER CHRONIC DISEASES	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
1.50	Chronic Kidney Disease: Medicare Population	percent	16.6		18.2	18.1		2015	3
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	29.1		30	30		2015	3
0.75	Osteoporosis: Medicare Population	percent	4.6		5.7	6		2015	3

SECTION 13 APPENDICES

SCORE	PREVENTION & SAFETY	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Death Rate due to Drug Poisoning	deaths/ 100,000 population	33.6		24.4	16.9		2014-2016	4
2.65	Pedestrian Death Rate	deaths/ 100,000 population	5.8	1.4	0.9	1.5		2013	5
2.15	Pedestrian Injuries	injuries/ 100,000 population	54.3	20.3	47.1		35.6	2015	9
1.63	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	34.8	36.4	30.5	43.2		2014-2016	9
1.45	Severe Housing Problems	percent	16.5		17.1	18.8		2010-2014	4
SCORE	PUBLIC SAFETY	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.70	Alcohol-Impaired Driving Deaths	percent	48		30.5	29.3		2012-2016	4
2.65	Pedestrian Death Rate	deaths/ 100,000 population	5.8	1.4	0.9	1.5		2013	5
2.15	Pedestrian Injuries	injuries/ 100,000 population	54.3	20.3	47.1		35.6	2015	9
1.95	Child Abuse Rate	cases/ 1,000 children	14.1		7.3			2015	11
1.90	Domestic Violence Offense Rate	offenses/ 100,000 population	558.8		508.4		445	2015	9
0.88	Violent Crime Rate	crimes/ 100,000 population	281.2		471.3	373.7		2015	12
SCORE	RESPIRATORY DISEASES	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.15	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	56.6	45.5	43.2	44.7		2010-2014	16
2.13	Adults with Asthma	percent	15.5		14.1	14		2016	8
2.00	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	69.2		58.1	61.2		2010-2014	16
1.80	Children with Asthma	percent	18.5		16.1			2013	8
1.78	Adults 65+ with Pneumonia Vaccination	percent	72	90	75.4	73.4		2016	8
1.55	Adults with Influenza Vaccination	percent	42.6	70	41.7		49.1	2014	9
1.50	Age-Adjusted ER Rate due to Asthma	ER visits/ 10,000 population	64.1		68.3		62.5	2014	9
1.28	Adults 65+ with Influenza Vaccination	percent	63.6		61.6	58.6		2016	8
1.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.3		16	15.2		2012-2014	9
0.70	Asthma: Medicare Population	percent	6.4		7.9	8.2		2015	3
0.58	Tuberculosis Incidence Rate	cases/ 100,000 population	0	1	2.9	3		2015	9
0.30	COPD: Medicare Population	percent	8.9		9.9	11.2		2015	3

SECTION 13 APPENDICES

SCORE	SOCIAL ENVIRONMENT	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.50	Homeownership	percent	28.3		59.8	55.9		2012-2016	1
2.00	Youth not in School or Working	percent	2.7		2.3	2.4		2012-2016	1
1.95	Child Abuse Rate	cases/ 1,000 children	14.1		7.3			2015	11
1.90	Single-Parent Households	percent	35.3		34.2	33.6		2012-2016	1
1.65	People 65+ Living Alone	percent	24.9		26	26.4		2012-2016	1
1.60	Median Household Income	dollars	57227		76067	55322		2012-2016	1
1.40	People 25+ with a Bachelor's Degree or Higher	percent	29.9		38.4	30.3		2012-2016	1
1.38	Persons with Health Insurance	percent	92.7	100	93			2016	18
1.35	Mean Travel Time to Work	minutes	24.5		32.4	26.1		2012-2016	1
1.35	Per Capita Income	dollars	32988		37756	29829		2012-2016	1
1.10	Children Living Below Poverty Level	percent	13.9		13.3	21.2		2012-2016	1
1.10	People 25+ with a High School Degree or Higher	percent	89.6		89.6	87		2012-2016	1
1.10	People Living Below Poverty Level	percent	10.2		9.9	15.1		2012-2016	1
1.10	Voter Registration	percent	89.6		83.6			2016	13
SCORE	SUBSTANCE ABUSE	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.78	Adults who Smoke	percent	20.9	12	13.4	17.1	15.5	2016	8
2.70	Alcohol-Impaired Driving Deaths	percent	48		30.5	29.3		2012-2016	4
2.70	Death Rate due to Drug Poisoning	deaths/ 100,000 population	33.6		24.4	16.9		2014-2016	4
2.40	Liquor Store Density	stores/ 100,000 population	33		20	10.5		2015	21
2.20	Age-Adjusted ER Rate due to Alcohol/Substance Abuse	ER visits/ 100,000 population	2296.8		1591.3		1400.9	2014	9
2.13	Adults who Binge Drink	percent	19.9	24.2	16	16.9		2016	8
1.95	Adolescents who Use Tobacco	percent	22.5	21	16.4		15.2	2014	9
1.88	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	15.6	11.3	15.2	14.6	12.6	2012-2014	9
1.75	Teens who Smoke: High School Students	percent	14.7	16	8.7			2014	15
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
1.95	Adolescents who Use Tobacco	percent	22.5	21	16.4		15.2	2014	9
1.80	Adolescents who are Obese	percent	13.5	16.1	11.5		10.7	2014	9
1.80	Adolescents who have had a Routine Checkup: Medicaid Population	percent	52.1		55.3		57.4	2016	9
1.75	Teens who Smoke: High School Students	percent	14.7	16	8.7			2014	15
0.98	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-	14.9		15.9	20.3	17.8	2016	9
SCORE	TRANSPORTATION	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
1.70	Workers Commuting by Public Transportation	percent	2.3	5.5	8.9	5.1		2012-2016	1
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.1					2015	22
1.50	Households without a Vehicle	percent	7.1		9.2	9		2012-2016	1
1.40	Workers who Drive Alone to Work	percent	80.5		73.7	76.4		2012-2016	1
1.35	Mean Travel Time to Work	minutes	24.5		32.4	26.1		2012-2016	1
1.00	Solo Drivers with a Long Commute	percent	30.6		48.7	34.7		2012-2016	4
0.85	Workers who Walk to Work	percent	2.9	3.1	2.4	2.8		2012-2016	1
SCORE	WOMEN'S HEALTH	UNITS	WORCESTER COUNTY	HP2020	MARYLAND	U.S.	MARYLAND SHIP 2017	MEASUREMENT PERIOD	Source
2.65	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	28.9	20.7	22.8	21.2		2010-2014	16
2.10	Breast Cancer Incidence Rate	cases/ 100,000 females	135.6		131	123.5		2010-2014	16
1.35	Mammogram in Past 2 Years: 50+	percent	70.3		66.3			2016	8
1.25	Life Expectancy for Females	years	81.4		81.4	81.5		2014	7
1.15	Pap Test in Past 3 Years	percent	97.5	93	95.1			2016	8

13.2 COMMUNITY INPUT

13.2.1 KEY INFORMANT INTERVIEW QUESTIONS

Peninsula Regional Medical Center and Wicomico and Somerset County Health Departments Key Informant Interview Guide

Q1. Could you tell me a little bit about yourself, your background, and your organization?

Q2. What is your vision for a healthy _____ community?

Q3. What are the major health needs/issues you see in the community?

(Probes: How would you rank these issues in your community (top priority to lowest priority) and why? What do you think contributes to the health needs you see?)

Q4a. *Data Gaps:*

- Disabilities
- Family Planning
- Men's Health
- Other Chronic Diseases
- Vision

Q4b: We have found that there is limited publically available data about [topic area] for _____ County, which may make it difficult to assess the extent of the community need. Could you please help fill in some of our data gaps by telling me a little about how [topic area] is impacting the community?

Q5. What are the barriers to receiving care and for building a healthy community?

Q6. Who in your community appears to struggle most with these issues you've identified and how does it impact their lives?

Q7. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? Please name them.

Q8. What advice do you have for a group developing a plan to address the needs you've mentioned today?

Q8. Given all that we have discussed so far, what are the top 3 health needs that should be addressed in your community? Please list them in order of 1st - 2nd - 3rd.

Q9. Is there anything else you'd like us to note?

13.2.2 FOCUS GROUP QUESTIONS

Community Health Status

Q1. How would you rate the health status of the community: Excellent, Very Good, Good, Fair, Poor, or Don't Know/Not Sure? Why did you give it this rating?

[Probe: do you think that this community is doing better or worse than those immediately surrounding it and why?]

Priorities

Q2. What are the top 3 priorities for this community in terms of health needs and why? Be sure to rank your answers, with one being the most important priority.

[Probe: If you were on a grant committee to allocate funds — how would you choose to allocate funds/resources — what would you select — based on the communities need?]

Health Needs/Issues

Q3. How do these issues impact different types of people/populations?
[Probe: Do these issues vary by age, gender, race and/or ethnicity? How about for low-income or uninsured people?]

Barriers

Q4. Now we'd like to discuss barriers. What are the barriers to receiving services in the community?
[Probe: What might prevent someone in this community from accessing care? Examples include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.]

Resources

Q5. Next we'd like to focus on resources. What do you see as the community's best resources?
[Probes: What organization or community agency do you see taking a strong leadership role at improving health in your community? Could you tell me about some of the strengths in your community in terms of resources/services/programs/initiatives that address the issues you see? Are individuals in your service area likely to use preventative healthcare?)]

Q6. To what extent are people utilizing these resources? Are there gaps in services or health information?
[Probe: Where do people get their health information in this community?]

Role of Hospital / Health Department

Q7a. What do you think the role of a hospital has in addressing these needs we have discussed so far? How can [the hospital] better partner with the community to improve health?
[Probe: How does [the hospital] respond to the health needs that have been discussed?]

Q7b. What do you think the role of a health department has in addressing these needs we have discussed so far? How can [the health department] better partner with the community to improve health?
[Probe: How does [the health department] respond to the health needs that have been discussed?]

Wrap Up Questions

Q8. What needs to happen to make your vision of a healthy community a reality?
[Probe: Who needs to be involved in these efforts? How can these efforts be sustained?]

Q9. Is there anything else you thought about that we didn't get to discuss?

13.2.3 ONLINE COMMUNITY SURVEY

Peninsula Regional Medical Center and Wicomico and Somerset County Health Departments Community Survey**1. Please tell us what county you live in.**

- Somerset
- Wicomico
- Worcester
- Other (please specify) _____

2. Do you work in the health field?

- Health professional
- Not a health professional

3. What do you think are reasons that prevent you or others in your community from getting the health services they need? Check all that apply.

- No health insurance
- No transportation
- High cost
- Local doctors not “in-network” for health insurance plan
- Doctors are too far from home or work
- Unable to get appointment with a physician
- Specific/needed services not available
- Language barriers
- Other (please specify) _____

4. Please select the most important health issue(s) in your community from this list of health topics. (Select up to 5)

- Access to Health Services
- Cancer
- Diabetes
- Heart Disease & Stroke
- Immunization & Infectious Diseases
- Injury, Violence & Safety
- Maternal, Fetal, & Infant Health
- Mental Health & Mental Disorders
- Obesity/Overweight
- Oral Health
- Reproductive Health (family planning)
- Respiratory/Lung Diseases (asthma, COPD, etc.)
- Sexual Health (HIV, STD/I, etc.)
- Substance Abuse (alcohol, tobacco, e-cigs, drugs, etc.)
- Other (please specify) _____

5. Please select the population(s) below who is (are) most negatively affected by poor health outcomes in your community. (Select up to 5)

- Children
- Teen and Adolescent
- Low income populations
- Lesbian, Gay, Bisexual, and Transgender
- Mothers and Infants
- Men
- Older Adults
- Persons with Disabilities

- Racial or Ethnic Populations
- Refugees
- Women
- Other (please specify) _____

6. What are the conditions of daily life that have the most impact on your community? (Select up to 3)

- Economy (housing, etc.)
- Education
- Employment (jobs, etc.)
- Environmental Quality (exposure to secondhand smoke, etc.)
- Language Barriers
- Physical Activity and Exercise
- Transportation
- Social Environment (living situation, neighborhood, family structure, etc.)
- Other (please specify) _____

7. Is there anything else you would like us to know about your community? Please feel free to tell us below.

8. What is your gender identity?

- Female
- Male
- Transgender
- Gender non-conforming
- Other (please specify) _____

9. What is your age?

- 17 or younger
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

10. Select your race/ethnicity.

- White
- Hispanic / Latino
- Black / African American
- American Indian / Alaska Native
- Asian
- Native Hawaiian / Other Pacific Islander
- Other (please specify) _____

13.3 COMMUNITY RESOURCES

RESOURCES	URL
Worcester County Health Department	http://www.worcesterhealth.org/
Lower Shore Clinic, Inc.	https://www.lowershoreclinic.org/
Health and Outreach Point of Entry (HOPE Inc.)	https://helpandoutreach.wordpress.com/
TGM Group LLC	http://www.tgmgroupllc.com/
Chesapeake Health Care	https://chesapeakehc.org/
Somerset County Health Department	https://somesethealth.org/
Wicomico County Health Department	http://www.wicomicohealth.org/index.aspx?pagelid=1
Deer's Head Hospital Center – Maryland Dept. of Health	https://health.maryland.gov/deershead/Pages/Home.aspx
MAC, Inc.	https://macinc.org/
Genesis HealthCare	http://www.genesisihcc.com/
CoreLife	https://corelifemd.com/
Peninsula Regional Medical Center	https://www.peninsula.org/
Salisbury University	https://www.salisbury.edu/
SOAR Program	https://soarworks.prainc.com/states/maryland
Center for Clean Start – Worcester County Health Dept.	http://www.worcesterhealth.org/contact-us/7-c4cs-center-for-clean-start
Area Health Education Center	https://www.esahec.org/
Hartley Hall Nursing Home and Rehabilitation Center	https://www.hartleyhall.org/
Atlantic General Hospital	https://www.atlanticgeneral.org/
Wagner Wellness Van	https://www.peninsula.org/deparment/wagner-wellness-van
Wor-Wic Community College	https://www.worwic.edu/
Eastern Shore	https://www.unitedway4us.org/

13.4 PRIORITIZATION TOOLKIT**PRMC, WCHD & SCHD HEALTH NEEDS PRIORITIZATION**

OCTOBER 24, 2018

This packet will help you assess each of the pressing health needs identified by HCI's data analysis, and how each of those health needs relate to the criteria set forth by Peninsula Regional Medical Center and Wicomico and Somerset County Health Departments for prioritizing health needs in the Tri-County Service Area. For each health need you will score how well you believe the health need meets the criteria. We will then submit all final ranking results into Poll Everywhere, a software which will collate results and instantaneously show the group's collective ranking of the most pressing health needs in the service area.

INSTRUCTIONS

On the following page, score each health need for how well it meets each criteria:

1=does not meet criteria through 3=meets criteria

1. Add total scores for each health need and write total in "Total Health Topic Score" column.
2. Write the total scores for each topic in the table below.
3. Assign ranking to health needs based on total score, with highest score receiving a ranking of 1. If you have tie scores for health topics, break the tie by assigning rank as you see best fit.

Health Topics <i>(listed alphabetically)</i>	Rank
Access to Health Services	
Cancer	
Diabetes	
Economy	
Low-Income/Underserved	
Mental Health & Mental Disorders	
Older Adults & Aging	
Oral Health	
Social Environment	
Substance Abuse	
Transportation	

SECTION 13 APPENDICES

Health Need	Importance of problem to the community	Alignment with Maryland SHIP 2017 objectives	Opportunities for partnership	Addresses disparities of subgroups	Existing resources / programs to address the problem	TOTAL
Access to Health Services						
Cancer						
Diabetes						
Economy						
Low-Income / Underserved						
Mental Health & Mental Disorders						
Older Adults & Aging						
Oral Health						
Social Environment						
Substance Abuse						
Transportation						

13.5 IMPACT SINCE PRIOR CHNA

Below is a progress report for the successful implementation of multiple community health initiatives, as prioritized by three urgent health care themes selected as part of the 2016 Peninsula Regional CHNA (Community Health Needs Assessment) and the Implementation Strategy Plan 2016-2019.

THEMES

- Chronic Care Management (*Emphasis on Diabetes*)
- Exercise, Nutrition and Weight
- Behavioral Health

GOAL

Improve the health through identification, education and self-management of residents with chronic disease within the CBSA (Community Benefits Service Area) with an emphasis on the diabetes population.

- ***Peninsula Regional Medical Center continues our partnership with MAC, Inc. Area Agency on Aging*** to assist with the management of chronic diseases. Members and residents can participate in a wide variety of evidence based classes, exercise classes and wellness programs, including fall prevention. These programs are designed to assist with the management of chronic diseases, providing the participants awareness and education on controlling their **diabetes**, hypertension, and pain, giving the aging population a higher quality of life and sense of independence, ultimately keeping them healthy, strong, and out of the hospital.

Point of entry into these ongoing programs originates from many different providers and other outreach programs that are working locally in unison. Peninsula Regional's Wagner Wellness Van, SWIFT (Salisbury Wicomico Integrated Firrtcare Team), local churches, physicians and civic organizations are aware of the program and are referring patients.

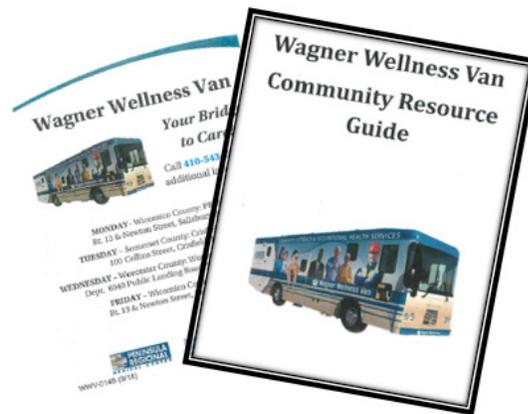
In the last year, the partnership was successful in increasing the total number of educational classes available from 26 to 47, touching the lives of over 450 participants and their supporting caregivers. According to the surveys completed by participants agreed they had a better understanding of how to manage the symptoms of their chronic diseases, but they also set action plans for moving forward and felt more motivated to take control of their health.

- The Wagner Wellness Van is a mobile clinic that visits local shelters, churches, and other areas in PRMC's Community Benefits Service Area where underserved residents can receive non-emergency medical care, chronic care management, and healthy lifestyles education. The van visits areas where the social determinants of health indicate the greatest amount of need. It provides care in areas with a higher prevalence of ER visits, lower median incomes, indigent population, access issues, communication barriers, and overall poor health outcomes. There has been improved control of diabetes and hypertension. The Wagner Wellness Van strives to educate patients by

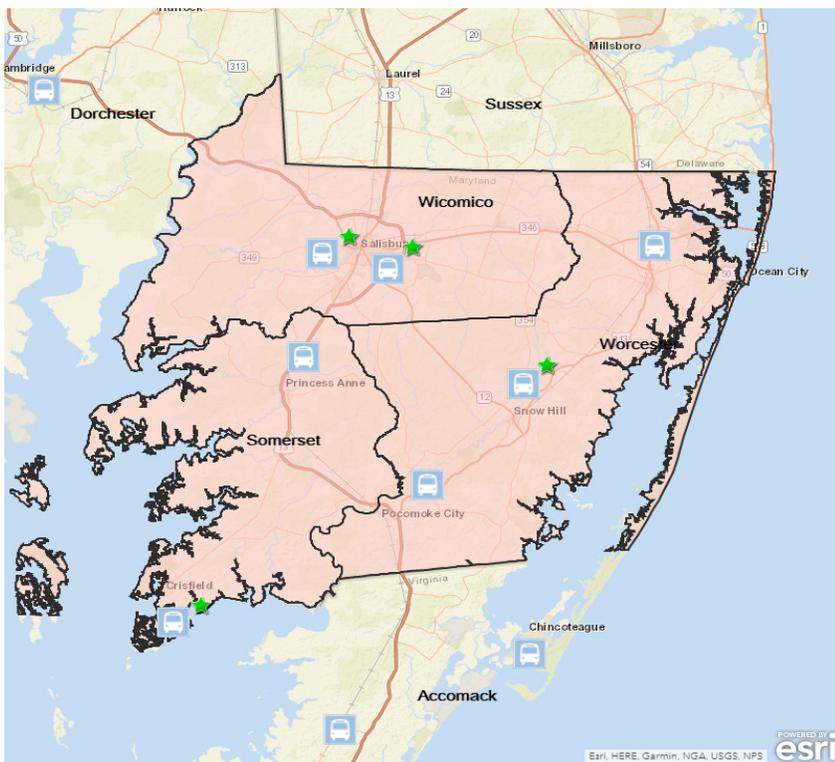
providing nutritional and healthy lifestyle counseling, in addition to medication compliance, to control diabetes and hypertension. Health screenings are performed on residents to help determine appropriate education, self-management class information, or referrals to community resources and services. These screenings include pre-diabetes, hypertension and obesity. When warranted, drug and alcohol misuse screenings are also conducted, and counseling is available. If a resident is at risk for diabetes, an A1C screening is performed to further assist with diagnosis and treatment.

The Wagner Wellness Van visits multiple local towns and counties throughout the week; green stars represent daily bus locations, the bus icon identifies van visits to health fairs, heart screenings, and other community events. The Van in FY 2018 provided 845 hypertension screenings, 392 diabetes screenings and 340 referrals to a primary care physician.

The Wagner Wellness Van promotes a Tri-County Community Resource Guide distributed to residents that visit the Van. This multipage guide provides names, location and phone numbers for low or no cost transportation, local shelters, social services, Health Departments, medical assistance, Veterans Services, prescription aid, etc.



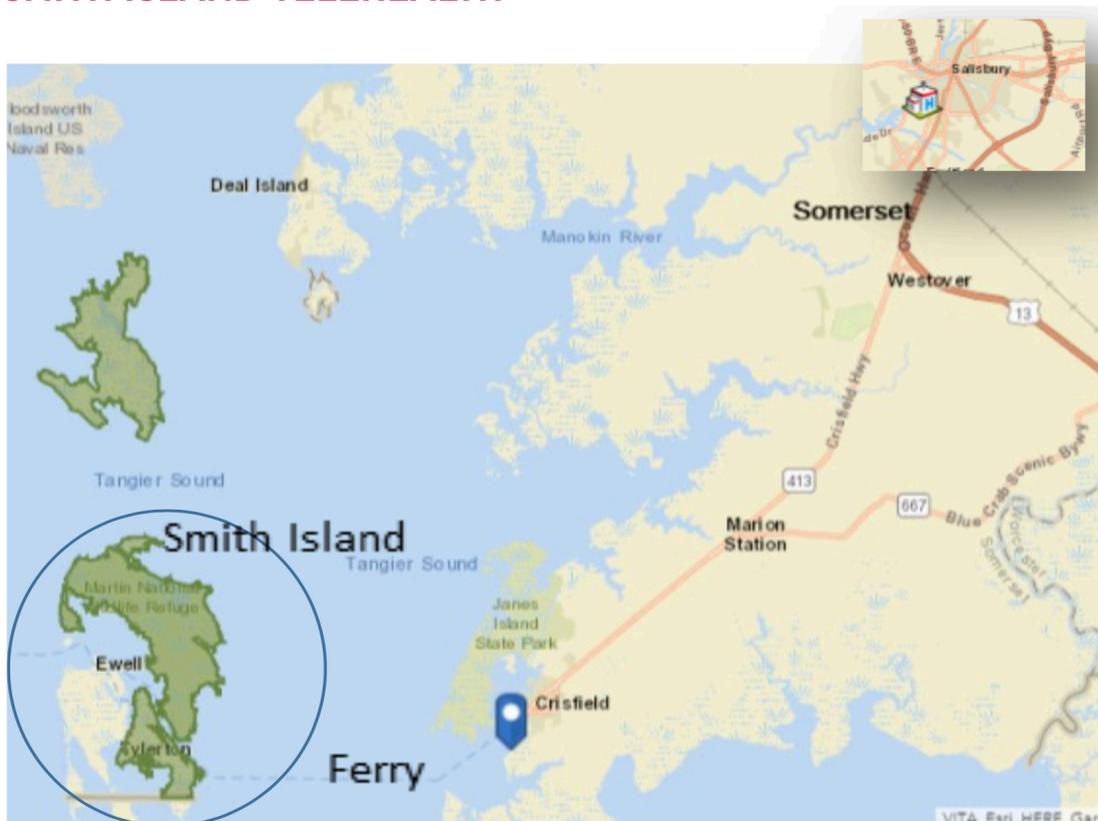
WAGNER WELLNESS VAN LOCATIONS



Over the last several years Peninsula Regional has added several other initiatives that complement the chronic disease management and diabetes theme.

- Smith Island Telehealth** Smith Island is known for its Watermen, Smith Island cake, exceptional seafood, and being isolated with limited contact from mainland visitors. For this reason, Peninsula Regional Medical Center created a partnership with McCready Health, MAC – Area Agency on Aging, Somerset County Health Department, and Crisfield Clinic. The goal of the partnership is to improve the health of Smith Island residents, with the target of effectively reducing potentially avoidable ED utilization. The program was led by the Smith Island Community Health Staff which provides chronic disease education, management and connects residents of Smith Island via telehealth for primary care physician visits. In FY 2018, there were 98 patients served out of the possible 250 residents of Smith Island.

SMITH ISLAND TELEHEALTH



Community health workers play an integral role in changing Island residents' health behaviors and actions; these embedded health facilitators are able to effectively bridge relationships with the residents of Smith Island. These facilitators are essentially a personal health coach that assist residents with medication management, timely compliance, ultimately helping guide residents through prescribed health care plans. Flu shots were administered ensuring the residents of Smith Island were protected during the flu season effectively reducing ED visits. Since Inception the partnership has had great successes, for example, there has been substantial reductions in A1C levels in residents diagnosed with diabetes;

a prime example of the “Triple Aim” improving health, providing access, chronic disease education, and reducing the probability of a future Emergency Department visit. Residents are learning how to self-manage their chronic diseases and are being exposed to the principles of leading a healthy lifestyles. As a result of program and intervention McCready Hospital experienced a 5% reduction in ED utilization for patients with a Smith Island zip code from October 2017 to June 2018.

SMITH ISLAND



- SWIFT — The Salisbury-Wicomico Integrated FirstCare Team is a partnership between the Salisbury Fire Department and Peninsula Regional Medical Center, has earned the MIEMSS Executive Director’s Award for Excellence in EMS. The team of a Salisbury paramedic and PRMC nurse provides home visits for individuals who are frequent users of 911. This initiative identifies social determinants that contribute to the negative health outcomes of the patient and the subsequent high utilization of EMS services and the PRMC’s Emergency Room. With identification of these single or multiple social determinants, solutions can be provided to these patients which can take the form of coaching, matching the patient to local health resources, or chronic disease management. This program meets the patients where they are at and provides

coaching and direction in the management of their life and health.

SWIFT has a lead dedicated Emergency Medical Technician Paramedic (EMT-P) who acts as the point person to identify the long-term needs of patients, make necessary referrals, and enroll interested frequent users into the SWIFT program. Those enrolled in the SWIFT program had called EMS for assistance 296 times pre-enrollment and only 194 times post enrollment, a 34.5% reduction in annual 911 calls and an overall ER reduction rate of 37%. Since SWIFT's implementation, of those enrolled in the program there has been an average 35% reduction of 911 calls and a 20%-35% decrease in ER visits on a month-to-month basis.

2GOAL

Increase awareness of and engagement in healthy lifestyle behaviors.

To promote longer and healthier lifestyles and prevent chronic maladies, Peninsula Regional is committed to aiding the community through awareness, education, and resources via the following initiatives.

- ***Partner with Local Leaders, YMCA, United Way, Eastern Shore Regional Library and Wicomico County Schools towards Public Awareness and Resources*** with the goal to reduce the number of child and adolescents/adults in Wicomico, Worcester and Somerset who are considered overweight and present a healthy lifestyle of nutrition and exercise opportunities; Peninsula Regional's Diabetes Education Department has a working relationship with the YMCA and conducts educational sessions about diabetes on site several times a year. Nutrition, exercise, obesity and diabetes are a top priority community health issue, as referrals are forthcoming from PRMC clinicians to the YMCA for obese pediatric and adult patients.

The Diabetes and Education Department at Peninsula Regional continues to impact the community through promotion of nutrition, weight loss and diabetes health literacy by interacting with the community through health fairs, school visitation, workshops, mobile clinic, and civic organizations.

To address obesity, Peninsula Regional also participates in Tri County Diabetes Alliance and Live Healthy Wicomico. Groups meet monthly or every other month to develop partnerships to address prevention and treatment of diabetes, obesity and other health issues. Projects include promoting lifestyle changes for disease prevention, team work in community, and awareness of pre-diabetes and diabetes and services available in the community. Susan Cottongim from PRMC is serving as co-chair for the TCDA.

- Peninsula Regional Medical Center has partnered with Children's National Health System, based in Washington, DC, to bring nationally recognized pediatric endocrinology services to the Delmarva Peninsula. Medical Nutrition Therapy Services are provided by Peninsula Regional Registered Licensed Dietitians. Pediatric overweight and diabetes patients and family meet with the dietitian to manage diabetes, high blood pressure, high cholesterol, early kidney disease, weight loss management and healthy eating habits. Support groups are

available and meet bi-monthly for children and teens with diabetes to discuss in a non-judgmental environment – a place where peers can share healthy lifestyle tips, challenges of living with diabetes, weight loss and nutrition tips, all under the careful leadership of a registered dietitian. The pediatric support groups meet every other month and have a typical attendance of 5-10 students. Students are encouraged and taught how to manage their diabetes, eat healthy and participate in exercise programs and activities offered by the YMCA. At any time we are coordinating care between 130-150 elementary students, junior high students and high school students. Peninsula Regional’s team educates and advocates for children in need of specialty care by working with the tri-county area school nurses to develop each patient’s diabetes management plan for the school year. Telemedicine connectivity with Children’s DC provides the 24/7 accessibility of on call physicians, as well as providing scheduled telemedicine consults for endocrinology and diabetes care. Another fun aspect has been the increased volume of Children attending a “Diabetes Camp” where participation has increased from 1 participant to 11 in five years.

- To expand our “Healthy Living” message, Peninsula Regional sponsors and participates in many community-based health fairs providing nutrition education, weight loss, diabetes assessment, multiple screenings and health literacy. Participation in health fairs include underserved areas like Smith Island, an island on the Chesapeake Bay with a population of only 250, a Haitian Creole Health Fair, Healthfest and screenings at the Governor’s Basketball Challenge at the Civic Center in Wicomico County. Transforming the culture through participation and sponsorship of healthy lifestyles and screenings, meeting residents at community events located throughout the tri-county area.

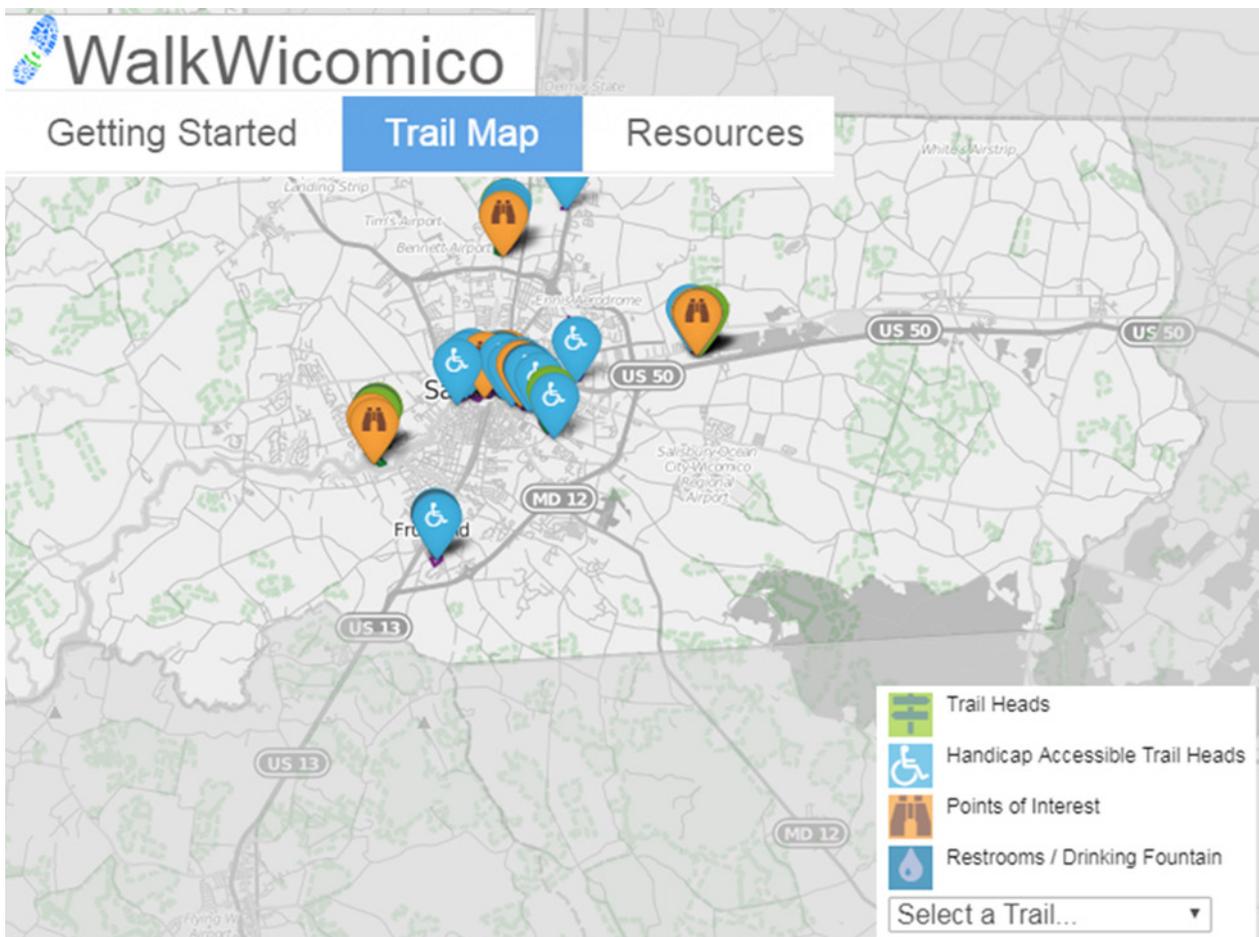
POPULATION HEALTH

- Cholesterol, HDL, Triglycerides
- Resting 12-Lead EKG
- Body Fat / Mass Index
- Blood Pressure Testing
- Pulse Oximetry Testing
- 10-Year Risk Analysis
- Review Current Medications
- Follow-up Care Plan
- Exercise/Nutrition



- **WalkWicomico promotes walking Trails, personal challenges, and avenues to enjoy the outdoors** — the primary objective is to increase awareness of and engagement in healthy lifestyle behaviors promoting exercise to help with weight loss, increase energy, reduce risk of chronic disease and make people feel happier. “WalkWicomico” is primarily targeting those that reside in the county (pop. 100,000+); however, it would also be an attraction for adjacent counties including visitors.

Peninsula Regional as a participant has a common goal to transform the community’s culture by providing education, guidance and resources towards promoting exercise through walkability as an integral part of a healthy lifestyle. The Coalition’s initiatives included creating a website and phone app specific to walking in Wicomico County; communicating with the community via social media; working with civic organizations, churches, local businesses, towns, county health departments, and other groups to encourage local walkability. Walk Wicomico has marked walking routes, increased the number of walking routes, participated in and launched walking events, and is engaged with decision makers through input and feedback about making walking safer easier and more accessible.



MILESTONES

- ✓ As of this report, Facebook has 193 followers and Instagram, 116. Along with motivational/educational/interactive posts, event flyers are now being shared on social media.
- ✓ WalkWicomico 1 Billion Steps Challenge team walked 6,342,425 steps, with a final rank of 164 out of 398.
- ✓ Website available will full updates on times, places, and events!
- ✓ Walk MD Day Challenge (most steps walked in 24 hours) was sent to all Wicomico County HMBs which included the Wicomico County Health Dept. (9,480 employees in 33 businesses).
- ✓ WalkWicomico and the city of Fruitland coordinated a community walk in the hope of getting parents and siblings to walk. The city took responsibility for the planning and promotion of the walk and is providing water. The partner secured pretzels.

³GOAL

Improve the access to and coordination of care for residents with behavioral health and/or substance abuse issues.

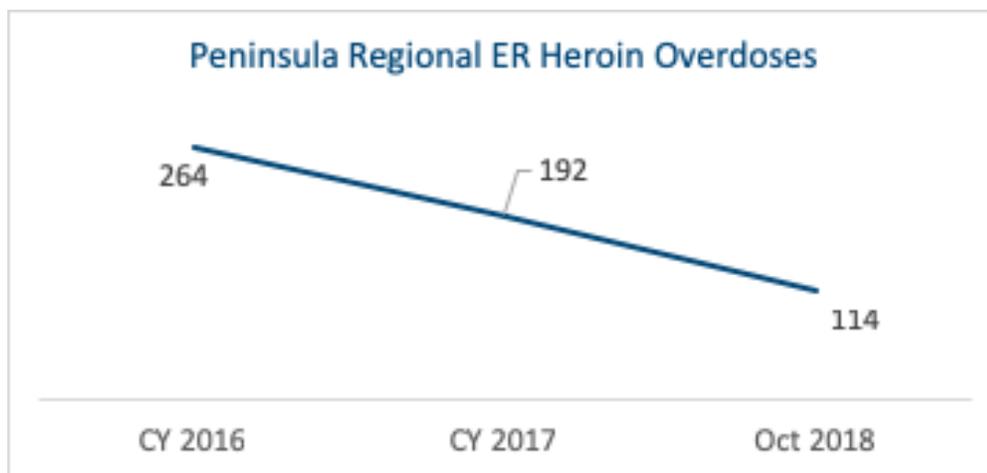
- ***Partner with local providers of Behavioral Health, such as the Lower Shore Clinic to help support long-term health.*** The CareWrap program was a hospital-community collaboration between PRMC and Lower Shore Clinic located in Salisbury, Maryland. The “Transitions Team” at Peninsula Regional targets patients that have a high risk for returning to the hospital within 30 days of discharge. Once identified, those individuals are referred to the CareWrap program. The goal is to reduce hospital readmissions by helping patients’ access primary care and behavioral health services, and to help fill other social determinants of health gaps to ensure a smooth transition to health stabilization.

Community Health Workers link patients to community resources and access to the healthcare system to eliminate and/or minimize social determinants of health. Examples include: obtaining housing, medications, transportation and linking to entitled financial assistance or helping find employment. The CareWrap team provides weekly status updates on all patients. This team discusses participant progress as well as identifying barriers and works toward solutions. In Fiscal Year 2018 the program ended, however it has been replaced by participation in C.O.A.T (Community Outreach Addictions Team) provides similar transition services to those struggling with social determinants of health; triple issue addiction, behavioral and primary care access issues.

- ***C.O.A.T (Community Outreach Addictions Team) is a partnership between Peninsula Regional Medical Center, the Wicomico County Health Department, the State’s Attorney’s Office, the Salisbury City Government, and the Wicomico County Sheriff’s Office.*** C.O.A.T is an opioid intervention task force that goes and speaks with drug dependent residents of Wicomico County and the surrounding areas. The team consists of peer mentors who were previously addicted to drugs. These mentors talk to those struggling with addiction

and encourage them to enroll in treatment. The collaboration begins in the Peninsula Regional's ER; a patient arrives at the ER as an overdose or suffering from addiction symptoms. The PRMC staff calls the 24/7 hotline number to have a C.O.A.T Team Member visit with the patient, this peer mentor helps to provide a smooth transition to treatment services that link the patient with local behavioral health and addiction resources in the community. Most recently, the C.O.A.T program has expanded to the Labor and Delivery department of the hospital to engage pregnant women and substance exposed newborns.

Since inception C.O.A.T has been successful in reducing heroin overdoses, in 2016 PRMC ER experienced 264 heroin overdoses, compared to 192 overdose in CY 2017. This declining trend has continued into CY 2018; through October 2018, PRMC has experienced 114 heroin overdoses which is an average reduction of 11 overdoses per month. Wicomico County has experienced a 42% reduction in opioid-related deaths compared to Maryland has a 12% reduction in opioid-related deaths.



- PRMC has taken steps to curb the abuse of opioids from a medication prescribing vantage. Using EMR (Electronic Medical Record) system applications PRMC has reduced high opioid medication utilization using a systems based approach. This approach includes calculation of the total daily dose of opioids, morphine equivalent calculations, and non-opioid alternative medication suggestions. PRMC has experienced a reduction in opioid prescriptions below the national average. The opioid prescription percentage from June 2017 to May 2018 was 9.3% for PRMC vs a Peer Hospitals which had an average percentage of 15.22%.

ACKNOWLEDGEMENTS

Peninsula Regional thanks all participants and partners that made it possible to make great strides in creating programs that deliver population health. They have provided expertise and allocated resources to meet those urgent health care needs within our community.

We value your commitment, and let's continue making Delmarva a healthier place to live.

THANK YOU!

- Wicomico County Health Department
- Wicomico County Local Health Improvement Coalition
- The City of Salisbury
- YMCA
- Crisfield Clinic
- Chesapeake Health Care
- SWIFT
- Salisbury Fire Department/EMS
- Atlantic General Hospital
- Worcester County Health Department
- Somerset County Health Department
- Faith Based Organizations
- McCready Memorial Hospital
- MAC (Maintaining Active Citizens)
- Local Colleges/ and Schools
- C.O.A.T
- National Kidney Foundation
- CareWrap
- Wagner Wellness Van
- Peninsula Regional Employees
- Post-Acute Care Facilities
- HALO
- WalkWicomico (Coalition)
- Lower Shore Clinic
- Wicomico County Sheriff's Office
- Resource and Recovery Center