



Maryland's State Health Improvement Process *A Community Health Improvement Plan*

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Maryland's State Health Improvement Process (SHIP)

A Community Health Improvement Plan creates a long-term, systematic process to address state and community public health needs through focused policies, programs and strategies.¹ In Maryland the *State Health Improvement Process* (SHIP) functions as the state's Community Health Improvement Plan. SHIP is a planned approach to community health improvement that builds on a thirty year history of engaging stakeholders to collaboratively analyze and use data to inform health improvement strategies.² The purpose of SHIP is to enable communities to identify critical health needs, provide evidence-based strategies for change and allow for a common platform to measure success.

Maryland's SHIP is a national best-practice³ in health improvement planning that consist of 41 data measures organized in five Vision Areas that represent what it means to be healthy.⁴ It is a living process designed to accommodate the complex and ever changing health drivers and communities in the state. Since launching in 2012, new measures have been added to the SHIP data dashboard that better reflect the social determinants of health while other measures have been removed or modified as better data has become available. Subsequently, the SHIP Vision Areas have been reorganized to better align with Healthy People 2020 and reflect how Maryland communities approach health improvement.

The ability to incorporate stakeholder feedback into the mechanics of SHIP reflects the critical stakeholder input SHIP continuously seeks in order to provide a useful, accurate and timely community health planning tool. Over 100 state and community organizations created, support and align efforts with SHIP (Appendix A). Maryland communities use SHIP every day to inform grant applications, make policy decisions and guide leaders in understanding the state of Maryland health.

This document explains what SHIP is, how the state is measuring up to target goals, details the state infrastructure required to keep SHIP functioning and provides examples of how Maryland communities use SHIP. It concludes with a discussion on the future directions of SHIP and health improvement planning in Maryland.

¹ *Definitions of Community Health Needs Assessments and Community Health Improvement Plans*. National Association of County and City Health Officials. Accessed July 7, 2014. Available at www.naccho.org.

² The selection of SHIP data points and the ongoing community use of SHIP mirrors the Mobilizing for Action through Planning and Partnerships (MAPP) process developed by the National Association of County and City Health Officials (NACCHO).

³ *State Health Assessment Examples*, Association of State and Territorial Health Officials. Available at <http://www.astho.org/Programs/Accreditation-and-Performance/Accreditation/PHAB-Pre-requisites>. Accessed September 5, 2014.

⁴ For a complete list of SHIP measures and their associated data sources see Appendix B: SHIP Data Information.

Maryland State Health Improvement Process Vision Areas and Objectives

Vision Areas	SHIP Objectives
Healthy Beginnings	1. Reduce infant deaths
	2. Reduce the percent of low birth weight births
	3. Reduce sudden unexpected infant deaths (SUIDs)
	4. Reduce the teen birth rate
	5. Increase the % of pregnancies starting care in the 1 st trimester
	6. Increase the proportion of children who receive blood lead screenings (<i>new measure</i>)
	7. Increase the % entering kindergarten ready to learn
	8. Increase the percent of students who graduate high school
Healthy Living	9. Increase the % of adults who are physically active (<i>new measure</i>)
	10. Increase the % of adults who are at a healthy weight
	11. Reduce the % of children who are considered obese
	12. Reduce the % of adults who are current smokers
	13. Reduce the % of youths using any kind of tobacco product
	14. Decrease the rate of alcohol-impaired driving fatalities
	15. Reduce new HIV infections among adults and adolescents
	16. Reduce Chlamydia trachomatis infections
	17. Increase life expectancy
Healthy Communities	18. Reduce child maltreatment
	19. Reduce the suicide rate
	20. Reduce domestic violence
	21. Reduce the % of young children with high blood lead levels
	22. Decrease fall-related deaths
	23. Reduce pedestrian injuries on public roads
	24. Reduce Salmonella infections transmitted through food
	25. Reduce the number of unhealthy air days
	26. Increase the number of affordable housing options (<i>new measure</i>)
Access to Health Care	27. Increase the proportion of persons with health insurance
	28. Increase the % of adolescents receiving an annual wellness checkup
	29. Increase the % of individuals receiving dental care
	30. Reduce % of individuals unable to afford to see a doctor
Quality Preventive Care	31. Reduce deaths from heart disease
	32. Reduce the overall cancer death rate
	33. Reduce diabetes-related emergency department visits
	34. Reduce hypertension-related emergency department visits
	35. Reduce drug-induced deaths
	36. Reduce emergency department visits related to mental health conditions (<i>new measure</i>)
	37. Reduce emergency department visits for addictions-related conditions (<i>new measure</i>)
	38. Reduce the number of hospitalizations related to Alzheimer's disease
	39. Increase the % of children with recommended vaccinations
	40. Increase the % vaccinated annually for seasonal influenza
	41. Reduce hospital emergency department visits for asthma

The Significance of SHIP in Maryland

For over 20 years the Department has prioritized engaging communities and partners to use public health and clinical data to identify the strengths and needs of their populations. The first collaborative public health assessment and identification of priorities for improvement was conducted in 1993, laying the foundation for a process to unite Maryland stakeholders in a collaborative, sustainable effort to improve the health of all Maryland residents.⁵

The current State Health Improvement Process is the fifth and most comprehensive iteration of assessments conducted by Public Health Services (PHS). SHIP is the result of over 100 organizations contributing to the selection of common performance measures used by 20 Local Health Improvement Coalitions (LHICs) and 24 Local Health Departments (LHDs) covering the entire state of Maryland. The key difference from previous assessments, and perhaps the most significant SHIP contribution to public health in Maryland, is the expansion of SHIP communications through the revised website to provide evidence-based strategies for improvement directly to change makers at the community level.⁶

Mechanics of SHIP

The mechanics and maintenance of SHIP are housed in the Public Health Services (PHS) branch of the Department of Health and Mental Hygiene (the Department). PHS works to improve the health status of individuals, families and communities in Maryland through prevention, early intervention, surveillance and treatment. Four full-time staff coordinate the data analysis, communications and technical assistance of SHIP.

Data Analysis

SHIP data points come from the Department, other state agencies and federal sources. Data sets themselves are typically not analyzed as part of SHIP, but the data sources and technicalities must be understood to ensure validity when creating historic trends and comparing across geographic areas and populations. A continuously updated SHIP Data Operations Manual contains data details for all previous and current SHIP measures.

SHIP data analysis aligns and supports StateStat, a state level performance management system. StateStat is a nationally recognized performance measurement and management tool to make state government more accountable and more efficient. It provides aggregate performance data across state systems as a means of reinforcing transparency of government. The StateStat process involves frequent submission, review, and discussion of data and strategies to achieve improved performance.

The Department uses StateStat performance management to emphasize results, accountability, strategy, and transparency. StateStat links biweekly, monthly and quarterly measures of program

⁵ *Healthy Maryland 2000 – Volume 1*, Maryland Department of Health and Mental Hygiene, 1993.

⁶ For more information on the SHIP website, see page 6.

performance with core outcomes in critical public health areas, and brings together disparate parts of the agency to work on common problems. Through StateStat the Department is able to track progress on some of the most complex public health challenges facing Maryland. The Department currently reports on 22 subject areas in StateStat, of which 22 measures align directly with SHIP. Click [here](#) for the Department's StateStat web page and [here](#) for the overall Maryland StateStat web page.

Communications

SHIP is supported by four communication platforms that allow PHS to continuously engage partners, receive feedback and further align SHIP with other local and state efforts.

1. *Community Leadership Engagement:* The Department hosts monthly Health Officer Roundtable meetings attended by the Health Officers of all 24 Local Health Departments (LHDs). Health Officers are a leading driver of their Local Health Improvement Coalition (LHIC). SHIP is a regular discussion item at roundtable meetings and provides PHS direct access to the pulse of how communities use SHIP.
2. *SHIP Website:* The SHIP web platform is embedded in the Department's main website and functions as a venue for communities to view and explore SHIP data measures, research national evidence-based strategies for health improvement (SHIP Toolbox) and connect to other local partners using SHIP to improve health (Maryland Innovations). The website is maintained through Trilogy Network of Care, providing continuously updated Maryland data and comparisons to national reports including the Robert Wood Johnson Foundation County Health Rankings. A major communications vehicle of the SHIP website is the inclusion of 20 Maryland Local Health Improvement Coalition (LHIC) web pages that allow communities to customize data reports and disseminate their selected strategies for improvement. [Click here](#) for the SHIP website.⁷
3. *Media:* SHIP utilizes a social media management tool to coordinate and time Facebook, Twitter and a weekly newsletter. SHIP's social media presence reaches over 1,000 followers/subscribers and typically communicates new resources, funding opportunities community success stories. See Appendix C for a copy of the weekly SHIP newsletter.
4. *Community Reports:* A major component of understanding how communities use SHIP is regular input and feedback from LHICs. To inform the infrastructure and mechanics of SHIP, LHICs submit quarterly activity reports to PHS. These reports identify the community's current priority areas, successes and challenges. PHS uses this information to create the SHIP Annual Report and to identify communities that may require additional resources and assistance.

⁷ State Health Improvement Process (SHIP) website: <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

5. *Annual Meetings:* SHIP hosts annual meetings every fall for community and state partners to discuss the functionality and use of data measures, identify potential new measures and share community strategies for improvement. The SHIP Annual Meeting typically reaches 100 partners representing all 20 Local Health Improvement Coalitions (LHICs). An Annual Report is disseminated at the meeting that highlights LHIC activity over the past year.

Technical Assistance








































PHS provides technical assistance to community and state partners to align health improvement efforts with SHIP. Technical Assistance is provided at the community level by customizing SHIP data and facilitating meetings to help communities identify policy and program solutions. The general public can also request technical assistance regarding SHIP data by completing a data request form on the SHIP website. At the state level, SHIP provides technical assistance to other Department offices and programs in understanding how communities use SHIP and how to best align funding resources with the locally identified health needs.





SHIP Report Card

An annual Report Card communicates how well Maryland is doing in reaching target goals. The Report Card is posted on the SHIP website and distributed through social media platforms. The 2013 report shows that while Maryland is moving in the right direction towards meeting many of the 2014 goals, there are five measures that indicate a lack of progress and the need for more focused resources and efforts:

1. Adults who are at a healthy weight
2. Fall-related deaths
3. Individuals unable to afford to see a doctor
4. Diabetes-related emergency department visits
5. Emergency department visits related to mental health conditions

Maryland State Health Improvement Process (SHIP) 2013

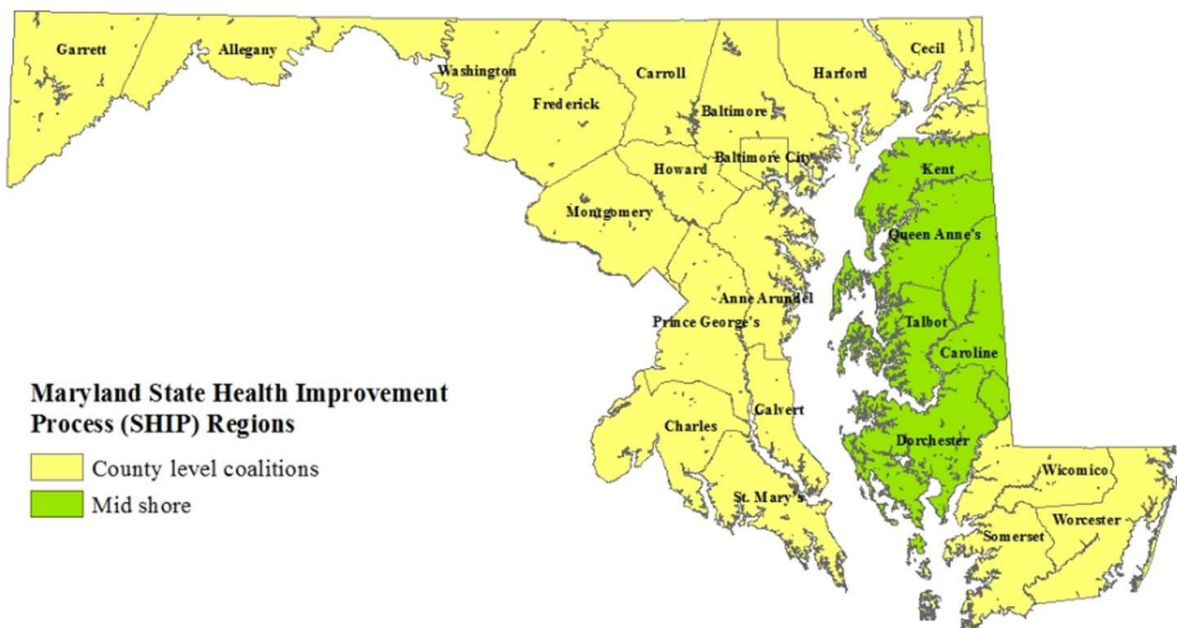
Category	Measure	SHIP 2013 Update
Healthy Beginnings	Reduce infant deaths	
	Reduce the percent of low birth weight births	
	Reduce sudden unexpected infant deaths (SUIDs)	
	Reduce the teen birth rate	
	Increase the % of pregnancies starting care in the 1st trimester	
	Increase the proportion of children who receive blood lead screenings*	
	Increase the % entering kindergarten ready to learn	
	Increase the percent of students who graduate high school	
Healthy Living	Increase the % of adults who are physically active	
	Increase the % of adults who are at a healthy weight	
	Reduce the % of children who are considered obese	
	Reduce the % of adults who are current smokers	
	Reduce the % of youths using any kind of tobacco product	
	Decrease the rate of alcohol-impaired driving fatalities	
	Reduce new HIV infections among adults and adolescents	
	Reduce Chlamydia trachomatis infections	
Healthy Communities	Increase life expectancy	
	Reduce child maltreatment	
	Reduce the suicide rate	
	Reduce domestic violence	
	Reduce the % of young children with high blood lead levels	
	Decrease fall-related deaths	
	Reduce pedestrian injuries on public roads	
	Reduce Salmonella infections transmitted through food	
Access to Health Care	Reduce the number of unhealthy air days	
	Increase the number of affordable housing options*	
	Increase the proportion of persons with health insurance	
	Increase the % of adolescents receiving an annual wellness checkup	
Quality Preventive Care	Increase the % of individuals receiving dental care	
	Reduce % of individuals unable to afford to see a doctor	
	Reduce deaths from heart disease	
	Reduce the overall cancer death rate	
	Reduce diabetes -related emergency department visits	
	Reduce hypertension -related emergency department visits	
	Reduce drug-induced deaths	
	Reduce emergency department visits related to mental health conditions*	
	Reduce emergency department visits for addictions-related conditions*	
	Reduce the number of hospitalizations related to Alzheimer's disease	
Increase the % of children with recommended vaccinations		
Increase the % vaccinated annually for seasonal influenza		
Reduce hospital emergency department visits for asthma		

	The updated measure on track to meet/ met the Maryland 2014 Target
	The updated measure is moving toward the Maryland 2014 Target
	Updated measure is not moving toward the Maryland 2014 Target
	Data for update is pending

SHIP Users: Local Action to Change Health Outcomes

SHIP informs 20 Local Health Improvement Coalitions (LHICs) that represent Maryland's 24 jurisdictions (23 counties and Baltimore City). LHICs provide a common forum for open discourse on health improvement among the local players in social services, clinical health and public health. LHICs leverage SHIP and membership resources to:

- Use data to identify health needs and priority areas for action
- Collaboratively select evidence-based strategies for implementing programs and policies to address priorities
- Assign community responsibility to partners who have the ability work collaboratively to implement and evaluate solutions



LHIC Priority Areas

LHICs use SHIP to set priorities and create Action Plans focusing on health issues relevant to their community needs. Most LHIC priorities mirror SHIP vision areas and measures, although some LHICs have selected outlying priorities based on other critical community health needs.⁸ The most common LHIC SHIP priorities are obesity, behavioral health, access to health care and smoking cessation. LHIC Action Plans identify strategies ranging from health systems analysis and asset mapping to expanding health screening services in community settings. Many LHICs also provide their own annual report cards similar to the SHIP Report Card.

⁸ See Appendix E for a complete statewide LHIC Priority matrix.

LHIC Action Plan Example: Mid Shore (5 Counties)

LHIC Name: Mid Shore Health Improvement Coalition

Action Plan Year: 2014

Example Details: The Mid Shore Health Improvement Coalition website identifies priority areas and strategies for action.

LHIC Report Card Example: Allegany County

LHIC Name: Allegany County Health Planning Coalition

Action Plan Year: 2014

Example Details: Allegany County Health Planning Coalition provides annual updates to coalition members and the community on the status of reaching target goals in priority areas.

ALLEGANY COUNTY HEALTH PLANNING COALITION- April 2014 Update

The status symbol is based on a comparison of the county baseline with latest available data. (*= county goal met)

↑ Improved

↔ No change

↓ Worsened

NOTES: **BRFSS measure, SHIP Network of Care data unless stated

Priority #1: Tobacco

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
Tobacco use by Adults** Chg to CHR (MD went from 18 to 15)	26% (2011) 03-09avg	24% (2014) 06-12 avg	21.8%	14.4%	↑
Tobacco use by Youths**	27.5%	No update	25.5%	22.3%	Not available
Tobacco Use during Pregnancy (Prenatal Risk Assessment)	38% (08-10avg)	37.2% (10-12avg)	36%	19.7 (MD Baseline)	↑

Priority # 2: Obesity

	County Baseline	County Update	County 2014 Goal	MD 2014 Goal	STATUS
% of Adults who are at a healthy weight**	28.4%	32.4%	30.1%	35.7%	↑*
% of elementary age children who were in the 95 th percentile or higher (School Health Nurses)	20%	17%	13.6%	11.3%	↑

The Future of SHIP

The Department is committed to continued infrastructure support and growth of SHIP. This is evident in two major efforts currently underway in PHS:

1. *Setting New Target Goals:* SHIP target goals for improvement expire in 2014. The process to select a new time frame for measurement and target goals for improvement will entail continuous stakeholder input and extensive data review. The project will launch at the 2014 Annual SHIP Meeting.
2. *Revising Community Reports:* A sub-committee of Health Officers from the Health Officer Roundtable is currently working with PHS to better align LHIC SHIP community reporting with duplicative LHD program reporting requirements.

Public Health Accreditation

Long term sustainability for SHIP will be found in national public health accreditation awarded at the state and local level. Accreditation advances the quality and performance of state, tribal and local health departments. The creation, implementation and ongoing support of a health improvement plan is a pre-requisite for the five year accreditation certificate from the Public Health Accreditation Board (PHAB).

Appendix A: SHIP Partners

State Government Agencies and Offices

Department of Health and Mental Hygiene

Center for Cancer Prevention and Control
Community Health Resources Commission
Department of Human Resources
Developmental Disabilities Administration
Health Care Financing
Health Services Cost Review Commission
Infectious Disease and Environmental Health Administration
Maryland Board of Pharmacy
Maternal and Child Health
Medicaid Office of Planning and Finance
Mental Hygiene
Office of Information Technology
Office of Minority Health and Health Disparities
Office of Oral Health
Office of Preparedness and Response
Office of the Chief Medical Examiner
Office of the Secretary
Public Health Services
Public Relations
Vital Statistics Administration

Other State Government Participants

Governor's Workforce Investment Board
Maryland Community Health Resources Commission
Maryland Department of Aging
Maryland Department of Human Resources
Maryland Health Care Commission
Maryland Health Services Cost Review Commission
Maryland State Council on Child Abuse and Neglect
Maryland State Department of Education
Maryland Statewide Advisory Commission on Immunization
Office of the Governor

Local Health Departments

Allegheny County Health Department
Anne Arundel County Health Department
Baltimore City County Health Department
Baltimore County Health Department
Calvert County Health Department
Caroline County Health Department

Carroll County Health Department
Cecil County Health Department
Charles County Health Department
Dorchester County Health Department
Frederick County Health Department
Garrett County Health Department
Harford County Health Department
Howard County Health Department
Kent County Health Department
Montgomery County Health Department
Queen Anne County Health Department
Prince George's County Health Department
Somerset County Health Department
St. Mary's County Health Department
Talbot County Health Department
Washington County Health Department
Wicomico County Health Department
Worcester County Health Department

Local Health Improvement Coalitions

Allegany County Health Planning Coalition
Baltimore County Health Coalition
Calvert Community Health Improvement Roundtable
Cecil County Community Health Advisory Committee
Garrett County Health Planning Council
Harford County Local Health Improvement Process
Healthy Anne Arundel
Healthy Howard, Inc.
Healthy Montgomery
Healthy Saint Mary's Partnership
Partnerships for a Healthier Charles County
Prince George's Healthcare Action Coalition
Somerset County Local Health Improvement Coalition
The Healthy St. Mary's Partnership
The Partnership for a Healthier Carroll County
Tri County Health Improvement Plan (T-CHIP)
Washington County Health Improvement Coalition
Wicomico County Local Health Improvement Coalition
Worcester County Local Health Improvement Coalition

Academic Institutions

Johns Hopkins University Bloomberg School of Public Health
Johns Hopkins University School of Medicine
Towson University
University of Maryland Baltimore County, Hilltop Institute

University of Maryland Institute for Healthiest Maryland
University of Maryland School of Law
University of Maryland School of Medicine
University of Maryland School of Social Work

Hospitals and Hospital Systems

Adventist Health Care
Anne Arundel Health System
Atlantic General Hospital
Baltimore Washington Medical Center
Choptank Community Health System
Holy Cross Health
Howard County General Hospital
Johns Hopkins Hospital
Lifebridge Health
Medstar Health
Mercy Medical Center
Suburban Hospital
Western Maryland Health System

Non-Profit & Other Community Organizations

Advocates for Children and Youth
Baltimore Buprenorphine Initiative
Baltimore Child Abuse Center
Baltimore Community Health Action Team / BCHAT
The Center For Children (MD)
Chesapeake Regional Information System for our Patients (CRISP)
Commonhealth ACTION
Community Clinic, Inc. (CCI)
Delmarva Foundation
EcoCityFarms - Prince George's
Family Health Centers of Baltimore
Garvey Associates
Health Policy Research Consortium (HPRC)
HealthCare Access Maryland
Health Care for the Homeless – Baltimore and Maryland
Maryland Association of County Health Officers
Maryland Citizen's Health Initiative
Maryland Health Care for All
Maryland Hospital Association
Maryland Rural Health Association
Maryland Women's Coalition for Health Care Reform
Maryland Physicians Care
Maryland Catholic Conference
Maryland State Medical Society (MedChi)

Mosaic Community Services
Network of Public Health Law
Physician Associates of Maryland
Primary Care Coalition of Montgomery County
Public Policy Partners
Tri-State Community Health Center
United Way of Calvert County

Appendix B: SHIP Data Information

SHIP Vision Area 1: Healthy Beginnings

Data Point	Data Description	Data Source	Data Notes
Infant Death Rate	Infant mortality per 1,000 live births	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rates not reported if number of deaths was less than 20.
Babies with Low Birth Weight	Percent of live births that are low birth weight (2500 grams or less)	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Percentage not reported if number of births was less than 20.
Sudden Unexpected Infant Death Rate (SUIDS)	Rate of sudden unexpected infant deaths (SUIDS) per 1,000 live births.	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rate of sudden unexpected infant deaths (SUIDS) per 1,000 live births. Sudden unexpected infant deaths (SUIDS) include deaths from Sudden Infant Death Syndrome (SIDS), unknown cause, accidental suffocation and strangulation in bed. Rates not reported if number of deaths was less than 20.
Teen Birth Rate	Rate of births to teens ages 15-19 years (per 1,000 population).	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Due to the difficulty in determining the local levels of pregnancy incidence using the Maryland Pregnancy Risk Assessment Monitoring System (PRAMS), the indicator was changed from percentage of pregnancies that were intended in SHIP 2011 to the rate of births to teens age 15-19 in SHIP 2012. A new 5% improvement target has been set using 2009 teen birth data as the baseline.
Early Prenatal Care	Percent of pregnant women who receive prenatal care beginning in the first trimester	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Due to the change in methodology for collecting information on the Maryland birth certificate, data collected in 2010 and after are not comparable to data collected in earlier years.

Students Entering Kindergarten Ready to Learn	Percent of students who enter Kinder - garten ready to learn	Maryland State Department of Education	Percentages not reported where number of children was less than five.
High School Graduation Rate	Percent of students who graduate high school in four years	Maryland State Department of Education	SHIP currently uses the four-year adjusted cohort graduation rate which calculates the percentage of students who graduate in four years in an adjusted cohort which includes the group of students who enter 9th grade for the first time, and adjusts for transfers in and out of the cohort. SHIP previously used the Leaver Rate to measure high school graduation.
Children Receiving Blood Lead Screening	Percent of children (aged 12-35 months) enrolled in Medicaid (90+ days) who had received a blood lead screening	Maryland Medicaid Service Utilization	Percent not reported if count was less than seven.

Ship Vision Area 2: Healthy Living

Data Point	Data Description	Data Source	Data Notes
Adults Who Are At A Healthy Weight	Percent of adults who are at a healthy weight	Maryland Behavioral Risk Factor Surveillance System	In 2011 BRFSS began collecting data via cell phone. Data collected from 2011 forward is not comparable to data collected prior to 2011.
Children and Adolescents Who Are Obese	Percent of children and adolescents who are obese	Maryland Youth Tobacco and Risk Behavior Survey	Rates not reported where the total number of students was less than 50.
Adults Who Currently Smoke	Percent of adults who currently smoke	Maryland Behavioral Risk Factor Surveillance System	In 2011 BRFSS began collecting data via cell phone. Data collected from 2011 forward is not comparable to data collected prior to 2011.
Adolescents Who Use Tobacco	Percent of adolescents who used any tobacco	Maryland Youth Tobacco Survey	Percent not reported where the total number of students was less than 50.

Products	product in the last 30 days		
Alcohol Related Driving Fatalities	Rate of alcohol-impaired driving fatalities (per 100 million vehicle miles traveled)	Maryland State Highway Administration	Rates not reported if number of deaths was less than 20.
HIV Incidence Rate	Rate of adult/adolescent cases (age 13+) diagnosed with HIV (per 100,000 population)	Maryland Department of Health and Mental Hygiene Center for HIV Surveillance and Epidemiology	The number of reported HIV diagnoses among persons age 13 and older during a calendar year is not a precise measure of new HIV infections. Although new technology can now distinguish recent from longstanding HIV infections, many HIV infections are not diagnosed until years after they occur ⁹ . Until DHMH is able to obtain data on new infections the measure will remain new diagnoses.
Chlamydia Infection Rate	Rate of Chlamydia infections per 100,000 population.	Maryland Department of Health and Mental Hygiene Prevention and Health Promotion Administration	Rates not reported where number of incidences was less than 20.
Life Expectancy	Life expectancy from birth, in years	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	None
Increase Physical Activity	Number of persons who reported at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous physical activity per week	Maryland Behavioral Risk Factor Surveillance System	In 2011 BRFSS began collecting data via cell phone. Data collected from 2011 forward is not comparable to data collected prior to 2011.

⁹ *Estimates of New HIV Infections in the United States*. Centers for Disease Control and Prevention. August 2008.

Ship Vision Area 3: Healthy Communities

Data Point	Data Description	Data Source	Data Notes
Child Maltreatment Rate	Rate of children under the age of 18 who are maltreated (per 1,000 population)	Maryland Department of Human Resources	Rates not reported if number of cases was less than 20.
Suicide Rate	Suicide rate per 100,000 population	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rates not reported if number of deaths was less than 20.
Emergency Department Visit Rate Due to Domestic Violence	Rate of emergency department visits related to domestic violence/abuse (per 100,000 population)	Maryland Health Services Cost Review Commission Research Level Statewide Inpatient and Outpatient Data Files	Only visits made by Maryland residents to Maryland hospitals are used in this analysis. Emergency department visits made by Maryland residents to out-of-state hospitals are not included.
Children with Elevated Blood Lead Levels	Percent of children (0-72 months old) tested who have elevated blood lead levels (>10 µg/dL)	Maryland Department of the Environment	Percent not reported when number of children was less than 7.
Fall-related Death Rate	Rate of fall-related deaths per 100,000 population	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rates not reported if number of deaths was less than 20.
Pedestrian Injury Rate on Public roads	Rate of pedestrian injuries on public roads per 100,000 population	Maryland State Highway Administration	Rate not reported where number of injuries was less than 20.
Salmonella Infection Rate	Rate of Salmonella infections per 100,000 population	Maryland Department of Health and Mental Hygiene Prevention and	Rates not reported where number of infections was less than 20.

		Health Promotion Administration	
Average Number of Days Air Quality Index Exceeds 100	Average number of days the Air Quality Index exceeds 100	United States Environmental Protection Agency	Baseline measurement for the State of Maryland is the average of the unhealthy air quality days for all counties for which air quality is recorded.
Affordable Housing	Percent of housing units sold that are affordable on the median teacher's salary	Maryland Department of Planning	None

Ship Vision Area 4: Access to Healthcare

Data Point	Data Description	Data Source	Data Notes
Adolescents Who Receive an Annual Wellness Checkup in the Last Year	Percent of adolescents (ages 13-20 years old) enrolled in Medicaid (320+ days) who received a wellness visit during the past year	Maryland Medicaid Service Utilization	Percent not recorded if cell count was less than 7.
Children Receiving Dental Care in the Last Year	Percent of children (aged 0-20 years) enrolled in Medicaid (320+ days) who had a dental visit during the past year	Maryland Medicaid Service Utilization	Percent not recorded if cell count was less than 7.
People Who Cannot Afford to See a Doctor	Percent of people who were unable to see a doctor due to costs in the past year	Maryland Behavioral Risk Factor Surveillance System	In 2011 BRFSS began collecting data via cell phone. Data collected from 2011 forward is not comparable to data collected prior to 2011.
Adults With Health Insurance	Percent of persons aged 18-64 with health (medical) insurance	Small Area Health Insurance Estimates (SAHIE), United State Census Bureau	SAHIE estimates are based on data from the following sources: American Community Survey (ACS), demographic population estimates, aggregated federal tax returns, participation records for the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food

			Stamp program), County Business Patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records, and Census 2000.
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Ship Vision Area 5: Quality Preventative Care

Data Point	Data Description	Data Source	Data Notes
Age Adjusted Mortality Rate from Cancer	Age-adjusted mortality rate from cancer (per 100,000 population)	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rates not reported where the number of deaths was less than 20. Data are age adjusted to the 2000 U.S. standard population.
Emergency Department Visit Rate Due to Diabetes	Emergency department visit rate due to diabetes (per 100,000 population)	Maryland Health Services Cost Review Commission Research Level Statewide Inpatient and Outpatient Data Files	Only visits made by Maryland residents to Maryland hospitals are used in this analysis. Emergency department visits made by Maryland residents to out-of-state hospitals are not included. Data are coded by the patient county of residence. The methodology used to identify Maryland residents in HSCRC data files changed in 2014. Therefore, data reports released in 2014 and beyond may not be comparable to data reports released in earlier years.
Emergency Department Visit Rate Due to Hypertension	Rate of emergency department visits due to hypertension (per 100,000 population)	Maryland Health Services Cost Review Commission Research Level Statewide Inpatient and Outpatient Data Files	Only visits made by Maryland residents to Maryland hospitals are used in this analysis. Emergency department visits made by Maryland residents to out-of-state hospitals are not included.
Drug Induced Death Rate	Drug-induced death rate per 100,000 population	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rates not reported where the number of deaths was less than 20.

Emergency Department Visits Related to Behavioral Health	Rate of emergency department visits related to behavioral health* (per 100,000 population)	Maryland Health Services Cost Review Commission Research Level Statewide Inpatient and Outpatient Data Files	Rates not reported where number of emergency department visits was less than 20. Only visits made by Maryland residents to Maryland hospitals are used in this analysis. Emergency department visits made by Maryland residents to out-of-state hospitals are not included. Data are coded by the patient county of residence. The methodology used to identify Maryland residents in HSCRC data files changed in 2014. Therefore, data reports released in 2014 and beyond may not be comparable to data reports released in earlier years.
Hospitalization Rate Related to Alzheimer's or Dementia	Rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population)	Maryland Health Services Cost Review Commission Research Level Statewide Inpatient and Outpatient Data Files	Rates not reported where number of hospital admissions was less than 20. Only visits made by Maryland residents to Maryland hospitals are used in this analysis. Emergency department visits made by Maryland residents to out-of-state hospitals are not included. Data are coded by the patient county of residence. The methodology used to identify Maryland residents in HSCRC data files changed in 2014. Therefore, data reports released in 2014 and beyond may not be comparable to data reports released in earlier years.
Children 19-35 Months Old Who Receive Recommended Vaccines	Percent of children (19-35 months) who received the recommended vaccines	Centers for Disease Control National Immunization Survey	Data published in Morbidity and Mortality Weekly Report Annually.
Children and Adults Who Are Vaccinated Annually Against Seasonal Influenza	The percentage of children and adults who are vaccinated annually against seasonal influenza	Centers for Disease Control Behavioral Risk Factor Surveillance System and National	Coverage estimates are for all persons over 6 months of age. Estimates are for persons interviewed September through June of the next year who reported being vaccinated August through May. Estimates are weighted to the age-specific

		Immunization Survey	population.
Emergency Department Visit Rate Due to Asthma	Rate of emergency department visits due to asthma per 10,000 population	Maryland Health Services Cost Review Commission Research Level Statewide Inpatient and Outpatient Data Files	Only visits made by Maryland residents to Maryland hospitals are used in this analysis. Emergency department visits made by Maryland residents to out-of-state hospitals are not included. Data are coded by the patient county of residence. The methodology used to identify Maryland residents in HSCRC data files changed in 2014. Therefore, data reports released in 2014 and beyond may not be comparable to data reports released in earlier years.
Age-Adjusted Mortality Rate from Heart Disease	Age-adjusted mortality rate from heart disease (per 100,000 population)	Maryland Department of Health and Mental Hygiene Vital Statistics Administration	Rates not reported when number of deaths was less than 20.

Maryland SHIP "Health Action" Newsletter

September 5, 2014

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Governor Martin
O'Malley
Lt. Governor Anthony G.
Brown
DHMH Secretary Josh
Sharfstein

The LIIF Social Impact Calculator: A New Approach to Measuring Social Impact



The Low Income Investment Fund (LIIF) has launched its Social Impact Calculator, a first-of-its-kind tool that allows us to monetize or put a dollar amount on the social impact of our investments in low-income communities. The ability to measure results has become increasingly important for the field of community development. We must be able to effectively communicate the value of our work in order to unlock new sources of capital, form new partnerships-such as with health institutions and transit agencies-and channel public and private investment to the most impactful strategies.

The Social Impact Calculator works by using an "impact-by-proxy" approach, leveraging social science research to translate easily collected project-level output data into monetized impact estimates. For example:

- Investments in affordable housing create discretionary income for families by alleviating housing cost burdens. Research shows that low-income families will spend this additional income to purchase critical necessities such as food and health care.
- High-performing schools boost a child's lifetime earnings via improved high school graduation rates, while also lowering the chances of incarceration and decreasing health care costs.
- Attending high-quality early care and education programs is linked to better educational attainment, lower incarceration levels and improved health that persist into adulthood-especially a lower incidence of heart disease, stroke and diabetes.

Click [here](#) to try out the Social Impact Calculator.

DHMH Funding Opportunity for Cancer Primary Prevention Grants



Maryland CANCER FUND

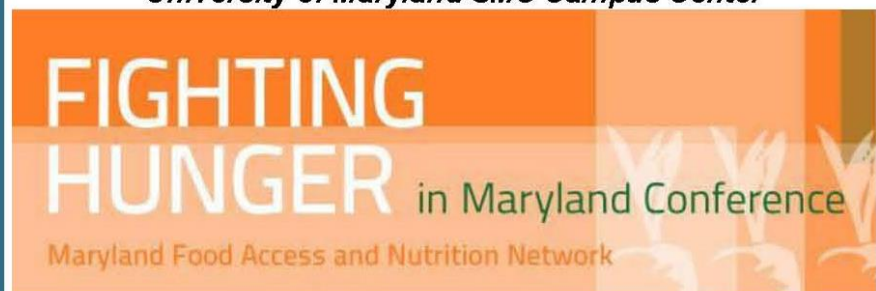
The Prevention and Health Promotion Administration, Center for Cancer Prevention and Control (CCPC), a unit of the Maryland Department of Health and Mental Hygiene is soliciting proposals from qualified applicants to provide primary prevention of cancer services for Maryland residents. Eligible cancer primary prevention focus areas for this award include: tobacco use prevention and cessation; nutrition, physical activity and healthy weight; and human papillomavirus (HPV) vaccination.

The due date for receipt of proposals is **Friday, October 3, 2014, no later than 3:00 p.m.** Late proposals will not be accepted.

For more information, a copy of the application, and any questions, please e-mail Sandra Buie-Gregory at sandra.buie-gregory@maryland.gov by September 12, 2014 at the latest. Questions will not be accepted after that date.

Register Today for the Fourth Annual Fighting Hunger in Maryland Conference

**Monday, September 29 from 8am-4pm
University of Maryland SMC Campus Center**



As the only statewide anti-hunger conference, *Fighting Hunger in Maryland: From the Ground Up* is an important forum that will bring together leaders from state and local agencies, nonprofits, schools, and advocates to inform, engage, and inspire action to promote equity in food access and nutrition in Maryland. Through expert presentations, interactive workshops, and networking opportunities, Fighting Hunger in Maryland will frame challenges and develop solutions to hunger in Maryland. Topics include: Federal and State Anti-Hunger Policy and Advocacy, Funding Anti-Hunger and Food Access Work, Child Nutrition Program Innovations and Policy Implementation, Innovative Models in Program Delivery, and more.

Questions? Contact Rachel Tucker
at rtucker@mdhungersolutions.org or (410) 528-0021 x23.

Click [here](#) for more information and to register.

Register Today for the 2014 Public Health Law Conference

*Thursday and Friday, October 16-17
Atlanta,
GA*



**PUBLIC HEALTH LAW
CONFERENCE 2014**



Designed for non-attorneys and attorneys, the conference will equip attendees with the knowledge and resources they need to use law as a tool to improve public health. Federal, state, local and tribal public health officials and staff, as well as those working in non-governmental health organizations, are encouraged to attend to learn about legal solutions to some of today's most pressing issues. Early-bird and student discounted registration rates are available until September 16.

Click [here](#) for more information and to register.

HIMSS Launches Rural Health IT Community

This week, the Healthcare Information and Management Systems Society (HIMSS) launched the Rural Health IT Community which aims to discuss the challenges that

rural communities face with the efficient use of their limited health IT resources, understanding and meeting incentive program requirements, and integrating delivery networks, among other issues. There will be quarterly webinars hosted by leaders in the industry, who will help increase efficiency and remove the barriers for IT adoption for these rural communities while engaging members to be a part of this initiative. This is a free resource being made available to rural providers, critical access hospitals, and anyone who might be interested in serving rural communities. You do not need to be a member of HIMSS to join this new community.

himss

transforming health through IT

Click [here](#) to register for the kick off on September 8th from 1-2 PM.

Appendix D: Screenshot of SHIP Website

SHIP - Home
dhmh.maryland.gov/SHIP/SitePages/Home.aspx

DEPARTMENT OF MARYLAND HEALTH AND MENTAL HYGIENE

SHIP > Home

Network of Care Home SHIP Measures Other Health Indicators Model Practices Library Links

Maryland State Health Improvement Process (SHIP)

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MARYLAND

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Request SHIP Data

Maryland's State Health Improvement Process (SHIP)

41 measures in five focus areas that represent what it means for Maryland to be healthy.

Select a focus area View

View SHIP site by county: Select an area View Interactive Atlas

SHIP VISION AREAS

- Healthy Beginnings
- Healthy Living
- Healthy Communities
- Access to Health Care
- Quality Preventive Care

The goal of the State Health Improvement Process (SHIP) is to provide a framework for accountability, local action, and public engagement in order to advance the health of Maryland residents. The SHIP measures for improvement are aligned with the Healthy People (HP) 2020 objectives established by the Department of Health and Human Services. State and county level data on critical health measures is also provided through the SHIP.

Through the use of statewide and local level data, the SHIP has encouraged the development of Local Health Improvement Coalitions. These are each led by local health officers and provide a forum for county health departments, nonprofit hospitals, and community based organizations to analyze and prioritize community health needs. The health concerns of local jurisdictions are addressed by the extensive list of tools and resources available to the general public, health planners, and clinicians. In order to disseminate the most important and devastating characteristics of the health of Marylanders overall, the SHIP publishes a weekly e-newsletter and posts public health news on social media platforms, including Twitter and Facebook.

County Health Rankings

SHIP TOOLBOX

ToolBox

MARYLAND INNOVATIONS

- Clinical Innovations
- Financial Mechanisms
- Integrated Programs

LATEST SHIP NEWSLETTERS

- September 12, 2014
- September 5, 2014
- August 28, 2014
- August 22, 2014
- August 15, 2014
- August 8, 2014
- August 1, 2014
- July 25, 2014
- July 18, 2014
- July 11, 2014
- July 3, 2014
- June 27, 2014
- June 20, 2014
- June 13, 2014
- June 6, 2014
- May 30, 2014
- May 22, 2014
- May 16, 2014
- May 9, 2014
- May 2, 2014

UPCOMING EVENTS

- GLMA 32nd Annual Conference (8-10 to 8-13-14)
- Achieving Health Information Exchange Vision Process Progress (8-14-14)
- Access Healthcare Event - St. Mary's County (8-15-14)
- Conference on Transportation and Federal Lands: Enhancing Access, Mobility, Sustainability and Connections (8-15 to 8-17-14)
- Transforming Our Food System: Creating More Just and Sustainable Communities (8-17-14)
- Maryland Public Health Association 2014 Annual Conference (8-18-14)
- Mid-Atlantic Center for Children's Health and the Environment 12th Annual Conference (8-19-14)
- New Approaches to Helping Americans Live Tobacco-Free Lives (8-23-14)
- Promoting and Measuring Well

2:43 PM 9/24/2014

Appendix E: 2013 LHIC Priority Matrix

Maryland LHIC Priorities 2013

PRIORITY	Maryland Counties																	
	Allegany	AnneArundel	Baltimore County	Calvert	Carroll	Cecil	Charles	Frederick	Garrett	Harford	Howard	Lower Shore	Mid Shore	Montgomery	Prince Georges	St Mary's	Washington	
Health Outcomes	Behavioral Health	✓	✓															
	Reproductive Health/Birth Outcomes	✓		✓														
	Cardiovascular Disease	✓			✓	✓	✓	✓						✓	✓	✓	✓	
	Diabetes	✓											✓	✓			✓	
	Cancer	✓				✓	✓	✓						✓				
	Infectious Disease						Chlamydia								HIV/STI			
	Respiratory Disease	✓																
	Obesity	✓	✓	Youth		✓	Youth	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Health Access	✓					MH, SA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Tobacco	✓			✓	✓	✓	accident /injury preven	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Determinants	Safe Environments					Food Safety CM	K Ready									CM		
	Disparities	✓			✓			✓										
	Oral Health	✓				✓		✓										
	Immunizations	✓						✓										
	Health Literacy	✓							✓									

CA = Cancer; CM = Child Maltreatment; CVD= Cardiovascular Disease; D= Diabetes; HTN = Hypertension; K-Ready = Kindergarten Readiness;

MH = Mental Health; SA = Substance Abuse; DV = Domestic Violence