Allegany County
Community Health Needs Assessment

Western Maryland Health System and Allegany County Health Department

Released June 2017

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Allegany County Community Health Needs Assessment

Executive Summary

The Patient Protection and Affordable Care Act and the Health Care Education Reconciliation Act (known together as the Affordable Care Act) require non-profit hospitals to conduct a community health needs assessment and implementation plan in conjunction with public health entities every three years. These requirements are codified as Internal Revenue Code. The creation, implementation and ongoing support of a health improvement plan are also required for local health department accreditation through the Public Health Accreditation Board (PHAB).

The Allegany County Health Department (ACHD) and the Western Maryland Health System (WMHS) co-chair the Allegany County Health Planning Coalition and lead the community health needs assessment process through the Local Health Action Plan (LHAP) Workgroup. The mission of the Allegany County Health Planning Coalition is 'Healthy Lifestyles through collaborative partnerships, evidence-based practices and personal commitments'. Over the years, various community stakeholders have partnered to improve the health of our community. Through the assessment and planning process the Coalition creates a unified plan to collectively address the community needs that impact health.

Prior assessments were completed in 2011 and 2014. The assessment being completed in fiscal year 2017 will be the third cycle. With each Community Health Needs Assessment, improvements have been made to the process. The community health needs assessment is used to develop a Local Health Action Plan. The process includes engaging partners in shared priorities, defining target populations, aligning policies and programs, utilizing evidence-based practices and ensuring accountability with identified metrics.

In all of the assessment cycles, there has been a connection with State and National efforts. The State Health Improvement Process (SHIP) provides an accountability framework and SHIP measures that are aligned with Healthy People 2020 objectives. The evolving Population Health Improvement Plan being created by the State of Maryland utilizes the University of Wisconsin's County Health Rankings model to convey that socioeconomic factors play a substantially larger role than clinical care does in an individual's health status. These resources help guide the local planning effort.

After reviewing the results from prior community health needs assessment cycles, updating secondary data sources, and gathering input through a community survey, a community forum was held. The forum was open to the public and community organizations. A broad spectrum of community partners participated in the event. During the forum all the data were presented within the County Health Ranking framework, and priorities were ranked. Participants discussed existing community resources and gap areas. Four priority areas were agreed upon:

1. Substance Abuse
2. Poverty
3. Heart Disease
4. Access to Care and Health Literacy

Within each of these priorities the supporting strategies already in existence were reviewed along with evidence-based practices. For each priority area the following were created: goals, strategies, SMART objectives, responsible parties, timelines, current progress toward the SMART objective, and outcomes including baseline, target, and current status. The Local Health Action Plan will be reviewed for approval by the WMHS Board of Directors and the Allegany County Health Planning Coalition before both the needs assessment and action plan are made available to the public.

Demographics of Community Served: Allegany County

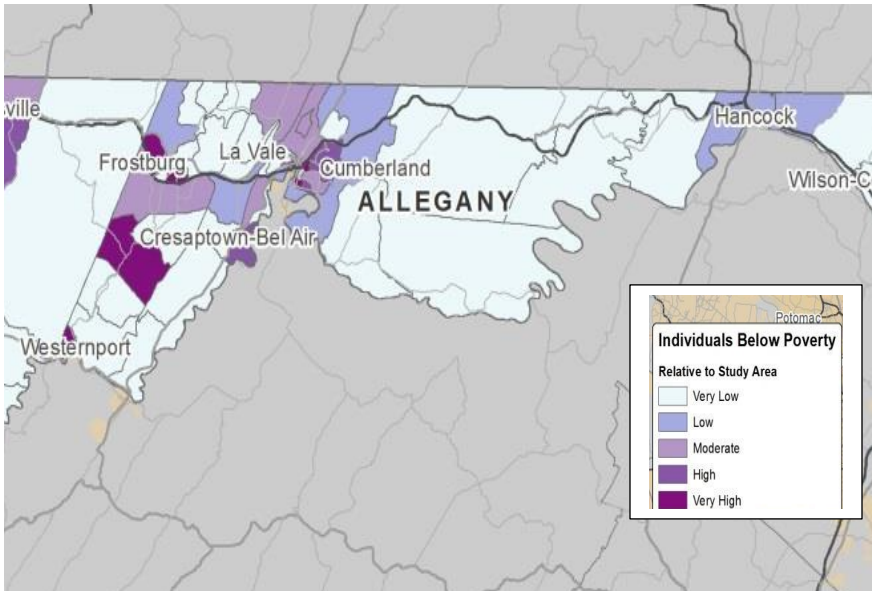
Allegany County is located in rural Western Maryland and has a population of 72,528. As part of the Appalachian region, the county has a larger elderly population, less racial diversity, and lower household incomes and education levels than the state of Maryland as a whole.

In Allegany County, 19.4% of the population is age 65 and older (compared to 14.1% in Maryland) and 17.6% of the county population is under age 18 (compared to 22.4% in Maryland). In Allegany County, 88.7% of the population is white, 8.2% is black, and 1.7% is Hispanic or Latino. Only 4.7% of residents speak a language other than English at home compared to 16.9% in Maryland.

The median household income in Allegany County is $40,551, well below the state median of $74,551 and the national median of $53,889 (American Community Survey 2011-2015 5-year estimate). The unemployment rate in Allegany County is 7.1% compared to 5.2% in Maryland.

Socioeconomic factors contribute to poor health outcomes in Allegany County. According to the American Community Survey, the percent of county residents living in poverty is increasing and the percent of children under age 18 living in poverty is also rising. Based on the United Way ALICE (Asset Limited, Income Constrained, Employed) Project, the 2014 poverty rate in Allegany County was 21%, and another 18% of residents had incomes above the federal poverty level but not high enough to afford a basic household budget that including housing, child care, food, transportation, and health care. The map below shows the relative density of below poverty populations.

Relative Density of Below Poverty Populations (American Community Survey)



Allegany County has a high school graduation rate of 90% but the county continues to have low numbers of adults age 25 and over with an associate's degree (25.8% compared to 43.6% in Maryland) and with a bachelor's degree or higher (17.1% compared to 37.3% in Maryland). In addition, 11.3% of Allegany County residents age 16 and over are illiterate.

Assessment of Community Need Process

Progress to Date – 2011 and 2014

The first step of the current community health needs assessment was to review the progress to date. What were the outcomes and continued challenges from the 2011 and 2014 cycles? The table below lists the identified priorities from each cycle.

2011	2014
Tobacco Cessation (especially during pregnancy)	Access and Socioeconomics (children in poverty, primary care access, adult dental access, health literacy, homelessness)
Obesity	
Access to Care and Providers	
Emotional and Mental Health (suicide rate / depression)	
Substance Abuse (alcohol and drugs)	
Screening and Prevention (diabetes, hypertension, cancer)	Healthy Lifestyles and Wellbeing (smoking, physical inactivity, domestic violence, fall-related injury and death, healthy weight)
Heart Disease and Stroke	
Health Literacy	
Healthy Start (prenatal care)	
Dental	Disease Management (behavioral health, diabetes, heart disease, hypertension, asthma)
Cancer	
Immunizations (flu)	
Chronic Respiratory Disease	

Throughout each three-year cycle, progress on the Local Health Action Plan was monitored and its impact on the identified outcome measures was evaluated. Below is a summary of the progress made and challenges that remained after the 2011 assessment.

Progress Made – Community Health Needs Assessment 2011

- Tobacco use by adults declined from 26% to 24%
- Tobacco use during pregnancy declined from 38% to 36%
- Adults who are at a healthy weight increased from 28% to 32%
- Elementary age children who were in the 95th percentile or higher for body mass index decreased from 20% to 17%
- Percent of residents under age 65 with health insurance increased from 85% to 88%
- Rate of behavioral health related emergency department visits decreased from 7,518 visits per 100,000 population to 6,847 visits per 100,000
- Average number of poor mental health days reported in the last 30 days decreased from 4.2 to 3.8
- Death rate from heart disease declined from 257 per 100,000 population to 245 per 100,0000
- Mortality rate from cancer decreased from 190 deaths per 100,000 population to 178 deaths per 100,000

Continued Challenges – Community Health Needs Assessment 2011

- Drug-induced deaths increased from 13.4 per 100,000 population to 15.5 per 100,000
- Emergency department visits for hypertension rose from 225.1 per 100,000 population to 231.6 per 100,000
- Emergency department visits for hypertension rose from 379.6 per 100,000 population to 385.6 per 100,000

These results combined with a review of updated data sources and community input lead to the creation of the next plan in 2014. After the completion of two years in this cycle, the Local Health Action Plan (LHAP) Workgroup reviewed the problems and trends, noting the following progress and challenges. In this review, both health status indicators and causative factors were considered.

Progress Made – Community Health Needs Assessment 2014

- Residents that reported missing appointments due to transportation declined from 26% to 16%
- Level 1 and 2 emergency department visits decreased from 15,501 to 8,219
- Behavioral health related emergency department visits decreased from 7,517.9 visits per 100,000 population to 6,216.5 per 100,000
- 209 patients were engaged in disease management resulting in fewer emergency department and hospital visits

Continued Challenges – Community Health Needs Assessment 2014

- 19.3% percent of elementary age children are in the 95th percentile or higher for body mass index and the percentage is increasing
- Emergency department visits for hypertension are at 279.1 per 100,000 population and the rate has increased steadily since 2010
- 18.7 drug-induced deaths caused by illicit or prescription drugs per 100,000 population and deaths are rising

Secondary Data Sources

After reviewing both progress and areas for improvement in the current Local Health Action Plan, a variety of secondary data sources were compiled and reviewed by the LHAP Workgroup. The sources included:

Maryland's State Health Improvement Process (SHIP)
DHMH Office of Primary Care- Needs Assessment
Allegany County Youth Risk Behavioral Survey (YRBS)
American Community Survey
Allegany County Public School BMI data
Community Needs Index
Feeding America
Local Transportation Survey
Overdose Data- WMHS, Combined County Criminal Investigation
CDC-Community Health Status Indicators
Baseline data - Regional Planning Grant
Top 10 reasons WMHS ED visits and Admissions
County Health Ranking
Community Commons
Kids Count
Healthy People 2020
Opportunity Nation
AARP – Livability Index
State Cancer Profile
WMHS Dental ED Visits
Homeless Data-HRDC
WMHS Audience Audit
WMHS Dimensional Insight Diver

After further review, the group pulled additional data from the Allegany County Health Department, Western Maryland Health System-Departments, and law enforcement.

Based on a review of the data, needs that were stable, too few in sample size or represented by one of the other metrics, were eliminated. The County Health Ranking data from 2010-2016 were reviewed and compared over time when valid. A table of needs that were either identified as trending in the wrong direction or being off target compared to the state or nation was compiled for review by the Allegany County Health Planning Coalition.

A potential framework for presenting the community needs was pulled from the National Quality Forum-Improving Population Health in Communities Action Guide and was also presented to the Coalition for review. The Coalition preferred the data table and recommended that it be simplified by replacing the state, nation and note columns with "why this measure is a concern" column. These documents can be found in the Appendix.

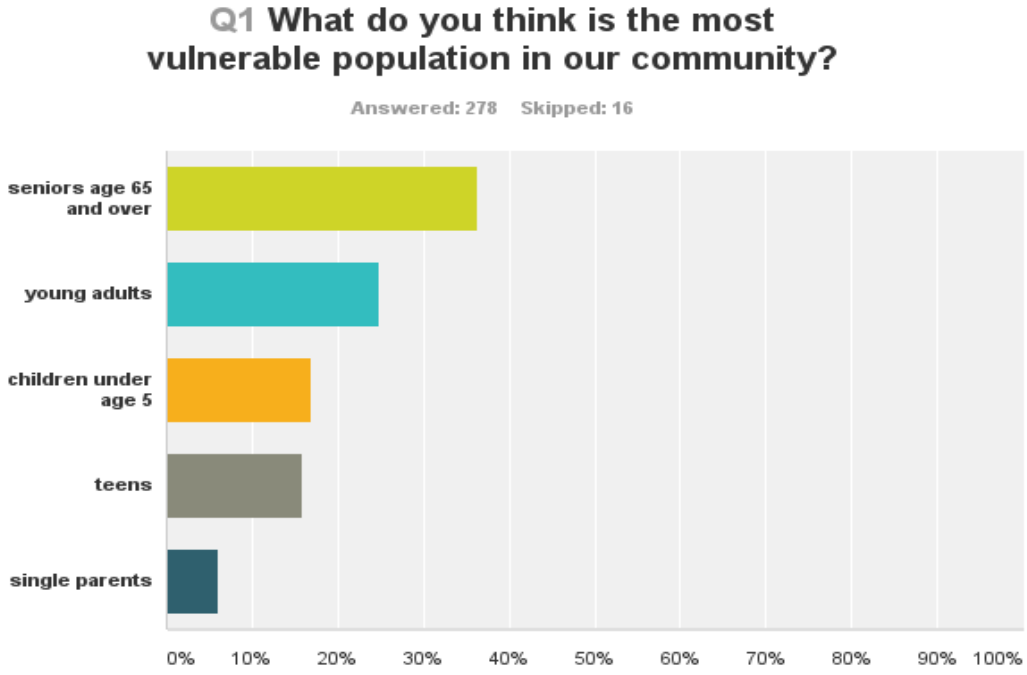
Primary Data - Community Survey

As a mechanism to obtain community input in the needs assessment, the Coalition conducted an online survey. The survey included the following multiple choice questions, all with an 'other' option.

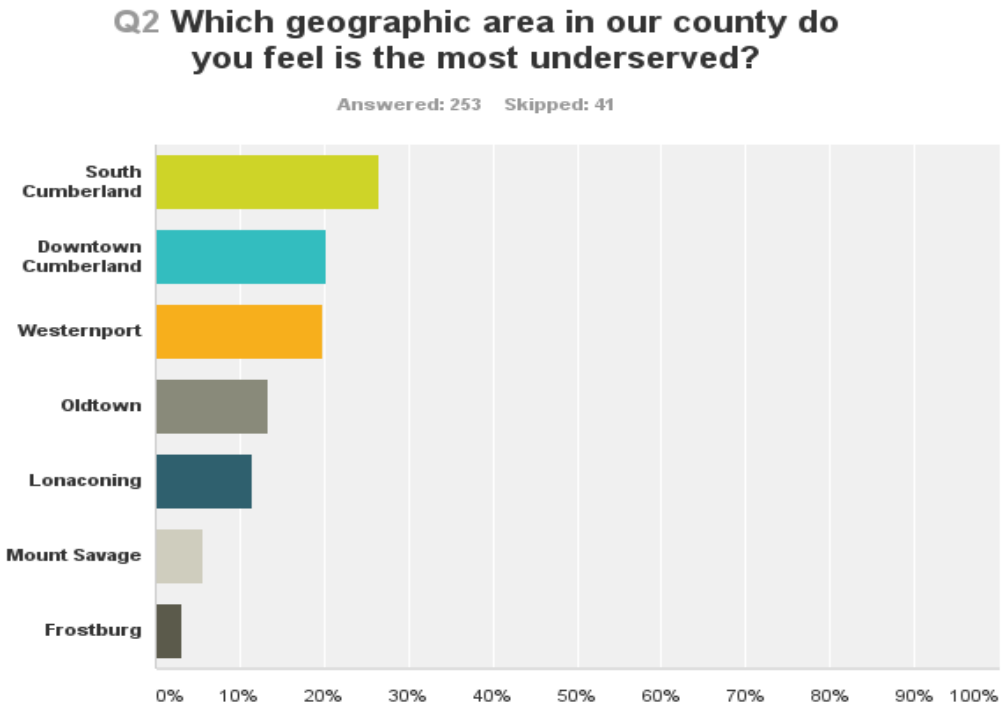
1. What do you think is the most vulnerable population in the community?
2. Which geographic area in our county do you feel is the most underserved?
3. What do you think are the top three community health needs?
4. What resources exist in the county that could help address these needs?
5. Would you like to obtain the results of this survey?

Survey responses were received from 294 individuals. A summary of the responses was compiled and presented with the secondary data for consideration.

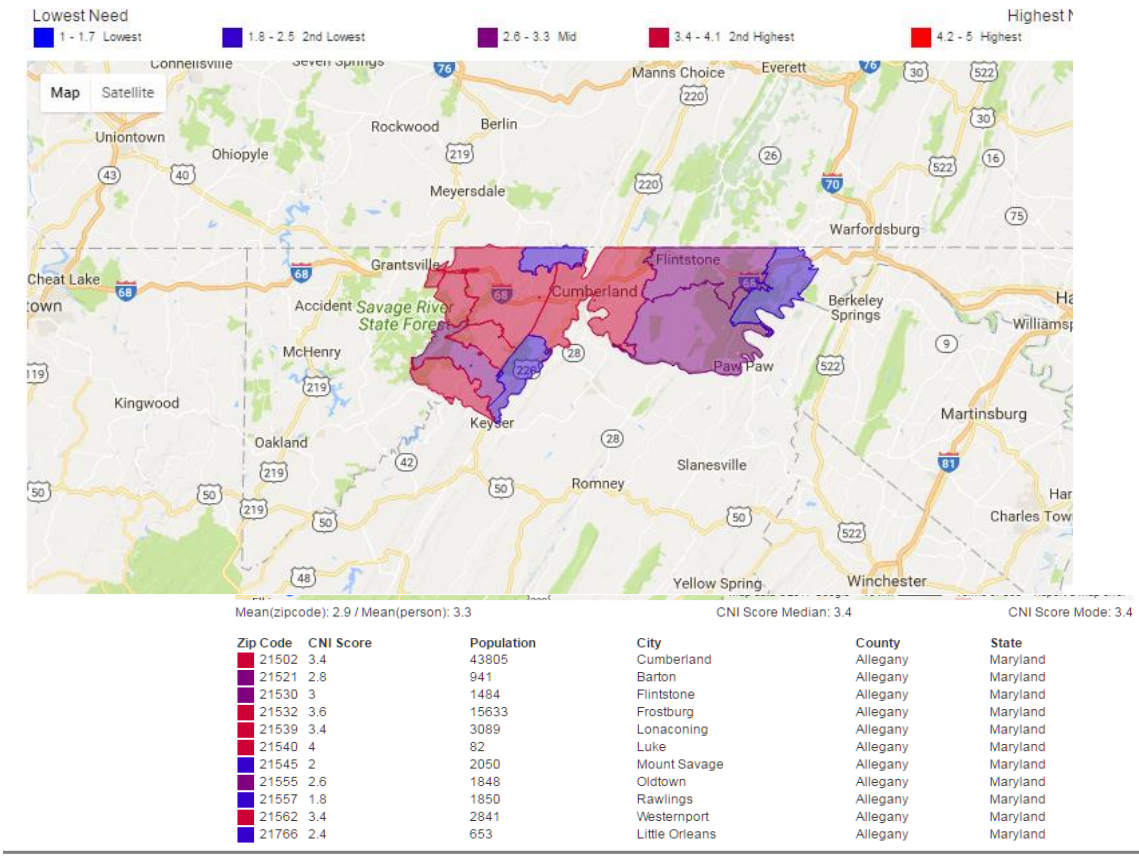
Seniors were identified as the most vulnerable population. Using the 'other' category, survey respondents identified individuals dealing with mental health or addictions and those who are uninsured or underinsured as vulnerable populations.



The geographic areas that were identified as the most underserved were South Cumberland, downtown Cumberland, and Westernport. Using the 'other' category, many respondents stated that the whole county was underserved. To supplement this input, a map of the Community Needs Index was reviewed.



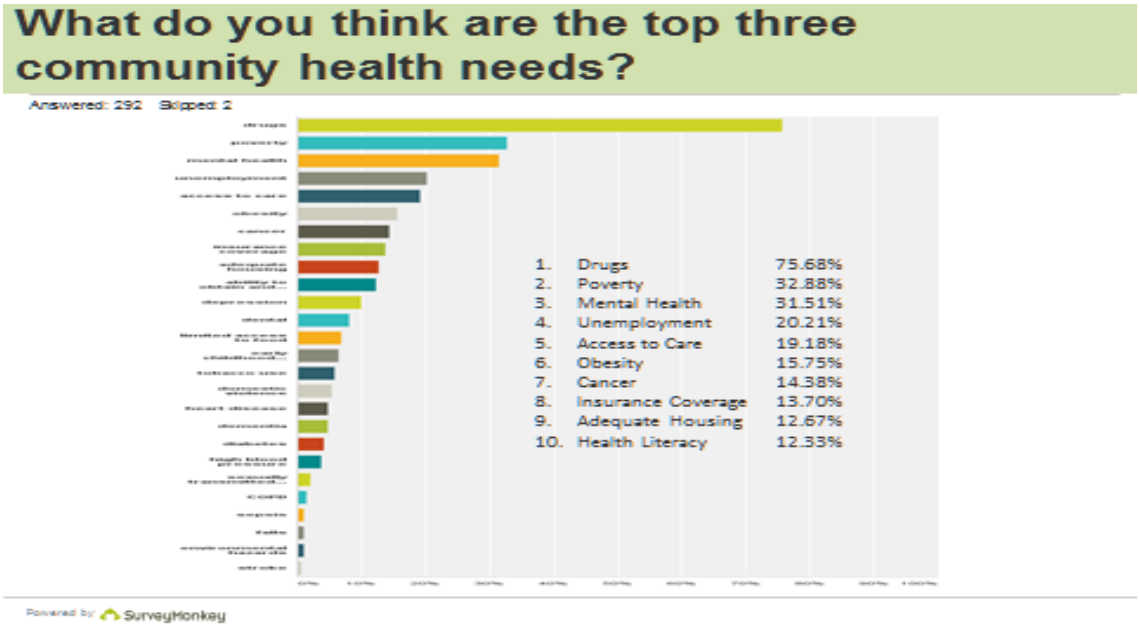
Community Needs Index



Zip Code	CNI Score	Population	City	County	State
21502	3.4	43805	Cumberland	Allegany	Maryland
21521	2.8	941	Barton	Allegany	Maryland
21530	3	1484	Flintstone	Allegany	Maryland
21532	3.6	15633	Frostburg	Allegany	Maryland
21539	3.4	3089	Lonaconing	Allegany	Maryland
21540	4	82	Luke	Allegany	Maryland
21545	2	2050	Mount Savage	Allegany	Maryland
21555	2.6	1848	Oldtown	Allegany	Maryland
21557	1.8	1850	Rawlings	Allegany	Maryland
21562	3.4	2841	Westernport	Allegany	Maryland
21766	2.4	653	Little Orleans	Allegany	Maryland

The map above shows the areas in Allegany County with the highest overall need based on the Community Needs Index.

Drugs were identified as a top community health need by 75% of the community survey respondents. Poverty was the next highest with 33% and mental health was third with 32%.



There were no new resources identified through the community survey. All of the community survey respondents that requested results were sent the summary and invited to participate in a community forum.

Identification of Priorities

Community Forum

The community needs data were presented at a Community Forum on December 8, 2016. Coalition partners, affiliates and members of the public participated in the forum. The presentation followed the format of the County Health Rankings Model, summarized results from 2011 and 2014, shared the community survey results, and noted the secondary data points.

After the presentation, a list of eighteen data points was distributed and those present were asked if any needs were missing. Forum participants were asked to consider the magnitude of each need in regard to the population and cost, the severity of the need, and the effect of the need on the most vulnerable populations. Each participant was asked to identify the top three needs in priority order. The results were tabulated and then the group discussed available resources and potential strategies. These discussions led to agreement on the following priorities:

<table>
<tr><td colspan="2">Substance Abuse
Access to care and Health Literacy
Substance exposed newborns (Care for women and babies)
Family Violence-Child Maltreatment</td><td>Poverty
Housing
Food</td></tr>
<tr><td>Mental Health</td><td>Access to Care and Health Literacy
Sepsis
Oral health
Behavioral health</td><td>Heart Disease
Hypertension
Stroke
Obesity</td></tr>
</table>

The Leadership Allegany Class was given a similar presentation. They also identified substance abuse and poverty as the top priorities.

As required, the Community Health Needs Assessment and Local Health Action Plan will be reviewed for final approval by the WMHS Board of Directors and Allegany County Health Planning Coalition.

Ranking Priorities- Criteria and Process

With the needs prioritized based on community capacity to act, feasibility of having a measurable impact, resources already focused on the issue, and root cause connections, the Local Health Action Plan Workgroup was tasked with drafting a plan for review by the Allegany County Health Planning Coalition. Proposed strategies were identified based on evidence of effectiveness, community 'fit,' readiness, capacity, and resources.

In order to create a feasible action plan the LHAP Workgroup re-examined the priorities identified at the Community Forum and condensed them into the following four focus areas:

1. Substance Abuse
2. Poverty
3. Heart Disease
4. Access to Care and Health Literacy

A draft plan with key strategies and action steps was presented to the Allegany County Health Planning Coalition in January for review and feedback. During this presentation it was noted how the identified priorities fit within these four focus areas. Based on the Coalition's feedback the LHAP workgroup updated the Local Health Action Plan including metrics, partners, and timeframes. Final edits will be made and then the plan will be presented to the WMHS Board of Directors and Allegany County Health Planning Coalition for final input and approval by June 2017. Implementation will occur starting July 1, 2017 and extend through June 30, 2020.

Needs not Addressed and Why

Through the Community Health Needs Assessment process, there were some community needs identified which will not be included in the Local Health Action Plan strategies. The Coalition felt that many of these community needs were already being addressed by other partnerships in the community, and therefore included them as a supporting strategy in the Local Health Action Plan or examined another aspect of the issue.

- Chronic Obstructive Pulmonary Disease: In FY16, COPD was in the top three reasons for admissions into the Western Maryland Regional Medical Center. The percent of Medicare beneficiaries in the county diagnosed with COPD is also higher than the national percent. Clinically there are several resources offered in the community, including a free clinic in the WMHS Center for Clinical Resources, Pulmonary Rehab, and Better Breathers support group. The preventive measures for COPD are also addressed through other avenues, such as tobacco cessation through the Allegany County Health Department and pneumonia immunizations at various locations in the community. It was decided that no additional action was needed to address COPD at this time.

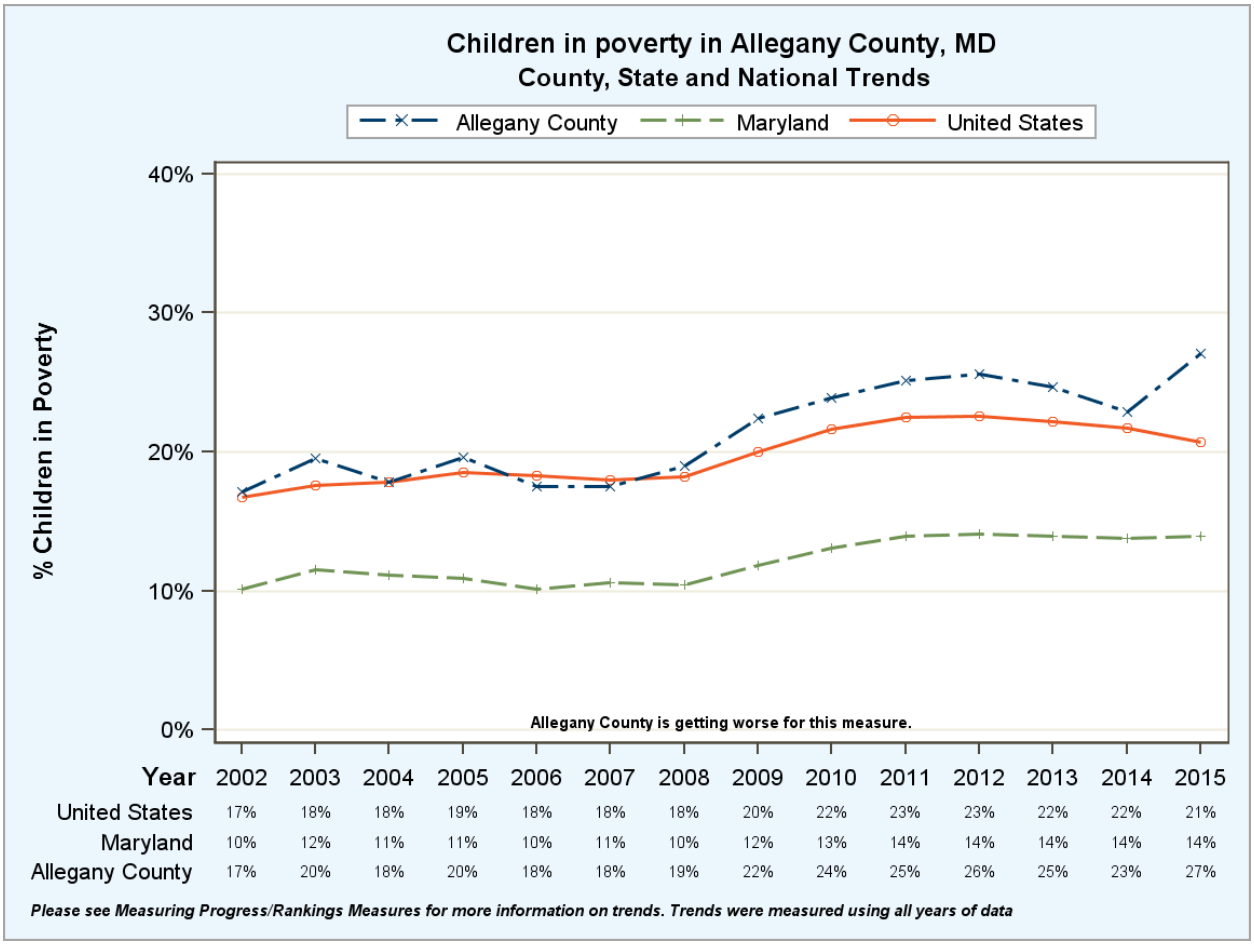
- Sexually Transmitted Infections: The number of chlamydia cases recorded at the Allegany County Health Department in FY16 was 222 along with 37 cases of gonorrhea. Combined with an upward trend in the number of chlamydia cases per 100,000 population over the last few years (236 to 326) this need was discussed. The increased need was valid and the significant increase in substance abuse was felt to be a contributing factor. With services available through ACHD STI Clinic, Title X Family Planning, and the OB/GYN practices, it was decided that no additional action would be planned.

- Teen Use of E-Vapor Products: While the Youth Risk Behavior Surveillance System (YRBSS) has shown a decline in youth tobacco use in Allegany County, youth use of e-vapor products is higher than in Maryland. 18.4% of middle school students have ever used an e-vapor product compared to 17% in the State and 48.7% of high school students have ever used an e-vapor product compared to 37.6% in the State. It was agreed that this issue should be the focus of the existing Tobacco-Free Coalition facilitated by ACHD and their work would be included as a supporting strategy in the Local Health Action Plan.

- Substance Abuse: Without a doubt, substance abuse was identified as the top priority for Allegany County. There are also numerous groups already collaborating to address the need and the Coalition felt it was important to support the continued collaboration with those groups, especially the Opioid and Overdose Prevention Task Force. There were components of substance abuse that the group felt were not being addressed by existing partnerships and they have been included in the Local Health Action Plan.

Two areas of need that have been addressed through partnerships and have shown some progress are oral health (particularly access for adults) and poverty. Through Allegany Health Right and the Mountain Health Alliance, the number of non-emergent dental cases in the emergency department has been reduced. There are also advocacy efforts to expand Medicaid coverage to include oral health. The Local Health Action Plan will include these efforts as supporting strategies.

Low income levels are the greatest influence on disparities in Allegany County. The chart below shows the negative trend for children living in poverty.



Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
United States	17%	18%	18%	19%	18%	18%	18%	20%	22%	23%	23%	22%	22%	21%
Maryland	10%	12%	11%	11%	10%	11%	10%	12%	13%	14%	14%	14%	14%	14%
Allegany County	17%	20%	18%	20%	18%	18%	19%	22%	24%	25%	26%	25%	23%	27%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

To improve health outcomes, Healthy People 2020 indicates that we must address socioeconomic conditions, transportation options, and resources to meet daily needs (e.g., safe housing, local food markets). Bridges to Opportunity does this by building resources to help people and the community get ahead.

Plan of Action

Existing Assets

Strong partnerships exist in Allegany County to address community health needs. Organizations are working together to implement a variety of strategies. Western Maryland Health System provides a continuum of care ranging from primary care to nursing home. WMHS offers acute care, a Center for Clinical Resources focused on the individuals with multiple chronic conditions, community health and wellness, clinical prevention, care coordination, home care, Community Health Workers, and provider recruitment. As a Total Patient Revenue hospital it has a vested interest in population health and prevention. During the last three years WMHS became part of the Regional Transformation Grant with Trivergent Health Alliance. This effort has increased the focus on population health partnerships in the region.

The Allegany County Health Department provides screening and prevention programs, care coordination, WIC, inpatient and outpatient behavioral health services, mental health care management, dental services, public health emergency preparedness, and food and water protection. With the Opioid Misuse Prevention Program (OMPP) Grant, the health department launched the development and implementation of several media campaigns. *Prescribe Change*'s mission is to create awareness and educate the citizens of Allegany County about the growing crisis of opioid prescription drugs, and heroin misuse and abuse in our community. In addition to a website and social media presence, community discussions and viewings of a documentary called "Chasing the Dragon" were held. Educational posters were distributed to physician offices and training was offered for providers regarding the Prescribe Change Prescription Drug Monitoring Program.

The Allegany County Health Planning Coalition continues to build upon the various workgroups that come together to address specific needs in the community. Examples include: Making Healthy Choices Easy (obesity and healthy living), Community Wellness Coalition (integrative wellness), Workgroup on Access to Care (uninsured and underinsured), and Mountain Health Alliance (regional adult dental care and workforce development). Launched in 2014, *Bridges to Opportunity* is a community initiative to reduce poverty by helping individuals and the community 'get ahead' through relationships and resources. Through community presentations to over 800 individuals, we have increased awareness of the disparity that exists with economic class. Bridges to Opportunity has also brought together people from various classes to overcome identified barriers and address the social determinants of health.

In addition to existing partnerships and a culture of collaboration, Allegany County has other resources that assist in promoting community health. Allegany County has good air quality, a large number of recreational facilities, and a hospital that is larger and provides more services than in many other rural areas. Allegany College of Maryland and Frostburg State University train local health care providers in nursing, psychology, dental hygiene, radiologic technology, respiratory therapy, and other areas and support continuing education for health care professionals. The Maryland Area Health Education Center West (AHEC West) facilitates continuing education and training for health professionals, conducts health workforce development activities, and promotes interdisciplinary health practice.

The Allegany County Health Planning Coalition pursued and received several grants collectively. With funding from the Maryland Community Health Resources Commission, the Coalition launched Healthy Allegany which included Community Health Worker training and community outreach, a mobility manager and transportation

vouchers, cultural competency trainings, as well as efforts to strengthen the Coalition. A comprehensive community resource guide was compiled in 2013, and continues to be updated annually for distribution through community partners and posted on the Coalition website.

In 2014, a Memorandum of Understanding (MOU) was developed to clarify the relationships among the Allegany County Health Planning Coalition and the various partners. At that time, key sectors of the community were added to the Coalition including: media, housing, law enforcement, economic development, physical and behavioral health providers, and case management. After three years, some of the affiliates are more engaged than others and additional partners have joined. The Coalition continues to reach out to new community members to represent additional sectors and populations. It is recommended that the MOU be reviewed and updated in 2018.

In the final year of the current cycle, partners in the Allegany County Health Planning Coalition have begun to implement an asset mapping process in geographic areas identified as hot spots. From November 2016-February 2017, partners facilitated a community survey and focus group in Lonaconing. About 70 residents responded to the survey and 22 participated in the focus group. Through the process community organizations and residents clarified needs, barriers and resources, then discussed gaps and potential strategies for overcoming barriers through collaboration. These findings were shared with the Coalition and will be referenced as the action plan is implemented. It is anticipated that this process will be replicated in other identified hot spots.

Link to Community Benefit

In addition to collaborating with public health entities on the Community Health Needs Assessment, hospitals are encouraged to align their community benefit operation in some way with the implementation strategies selected to address priority needs. Western Maryland Health System does this by sharing the data collected as part of the Community Health Needs Assessment with the WMHS Administrative Team and Board of Directors for use in the development and implementation of their strategic plan. Both the Coalition and WMHS are currently finalizing a three-year plan that will extend through 2020. The following are some of the objectives included in the WMHS Strategic Plan that have a connection to the Coalition's Local Health Action Plan.

- Use digital platforms to manage care and enhance patients' healthcare experience
- Continue to redesign care delivery models
- Further develop and strengthen relationships with community partners to address social determinants of health
- Enhance patient care and family participation in care
- Strengthen the care coordination process
- Expand pre and post-acute services to reduce potentially avoidable readmissions
- Reduce variations in the treatment of patients across the care continuum
- Increase access to services in the tri-state region

Alignment of activities and investments to improve population health is essential. Through common measures the impact of collaborative efforts can be evaluated. With the WMHS Director of Community Health and Wellness serving as co-chair of the Local Health Improvement Coalition, and coordinator of the hospital's community benefit reporting the process is coordinated. Progress on strategies in the Local Health Action Plan will be tracked and reported to the HSCRC and IRS as required, noting the specific role of WMHS.

What Works- Evidence-Based Practices

As stated in the County Health Ranking process, "evidence of effectiveness is one of many factors to consider when choosing a strategy to solve a community health challenge. Community 'fit,' readiness, priorities, capacity, and resources are also important considerations." During the Community Forum referenced earlier, evidence-based practices were shared from County Health Ranking's What Works (University of Wisconsin and Robert Wood Johnson Foundation), Maryland's Population Health Improvement Plan, and CDC's Community Guide. Promising practices in specific need areas were explored as well as expert opinions. In some part of the plan the Coalition has selected a specific evidence-based program, such as 4P's Plus, while other strategies are defined but a specific program has yet to be identified.

Local Health Action Plan Approval Process

The LHAP Workgroup compiles the various data points and information noted throughout this report and identifies best practices both underway in the community and those which may contribute to achievement of the goals and address the priority needs. For each proposed strategy a lead partner is identified, and assumes responsibility to implement and monitor the strategy with the key partners. Progress reports are given at least every six months and the outcomes are reviewed annually. As issues arise or innovative solutions are identified, the LHAP Workgroup reviews the information and presents it to the Coalition for discussion and decision. At least one a year, the Allegany County Health Planning Coalition updates the data in the Community Health Needs Assessment, incorporates new or changing needs, and alters the Local Health Action Plan as appropriate.

A final draft of the Local Health Action Plan is included in the Appendix. By June 30, 2017, the approved Plan will be posted to the Allegany County Health Planning Coalition website at www.alleganyhealthplanningcoalition.com. For questions, please contact one of the Allegany County Health Planning Coalition Co-Chairs, Jenelle Mayer at 301-759-5001 or Nancy Forlifer at 240-964-8422.

Appendix

Proposed Community Health Needs Assessment Framework
Allegany County Health Planning Coalition
November 15, 2016

Health Status/Quality of Life

- Life Expectancy-years of potential life lost
  - Allegany County 2012-77.2 2014-77.3 MD 2014-79.8 (County Health Rankings)
- Self-assessed health status (fair or poor)
  - AC 2012-20%, 2013-2015-18%, 2016-17% MD2016-13% (County Health Rankings)
- Healthy days (physical and mental)
  - Physical- 2013-2015-4.5 2016-3.8 (County Health Rankings)
  - Mental-2011-4.2, 2012-3.9, 2014-3.8 2016-3.9 (County Health Rankings)

Determinants of Health

- **Social Environment**
  - Poverty level
    - Children living in poverty -23% AC, MD – 14% (County Health Rankings)
    - %population living below poverty – 2011-14.2% 2015-17.4% (Opportunity Nation)
  - High school graduation rates
    - AC 2015-16-90% MD-85% (County Health Rankings)
    - Associate degree or higher: AC 2011 22.9%, 2015-25.3% (Opportunity Nation)
  - Exposure to crime and violence
    - Child Maltreatment Rate- AC 23.3 MD 9.9 (SHIP)
    - Domestic Violence Crimes- AC 608.6 MD 455.8 (SHIP)
    - Violent Crime per 100,000 population- AC 2011 359.9, 2015-374.3 MD-506 (Opportunity Nation)
  - Affordable and adequate housing
    - Severe housing problems – AC 2011-13%, 2016-15% MD-17% (County Health Rankings)
- **Physical Environment**
  - Transportation
    - Households without vehicles –AC 2009-11%,2014-10.1% (American Community Survey) Renter occupied-24.3%
    - % of respondents missing medical appointments due to transportation AC-2011 25%, 2014-23%, 2016-16% (Local survey)
  - Access to Healthy foods
    - Food insecurity AC-13.4% MD- 12.7% (Feeding America)
    - FARM- AC- 56.11%, MD-44.15% (Community Commons)
    - SNAP AC -18.24%, MD-10.14% (Community Commons)
    - Food Environment Index AC-6.4 , MD 8.1 10 being best (County Health Rankings)
  - Environmental hazards
  - Access to natural spaces

- **Clinic Care**
  - Access to health care (population: provider ratio)
    - Primary care AC-1600:1 MD 1120:1 (County Health Rankings)
    - Dental AC-1490:1 MD 1360:1 (County Health Rankings)
    - Mental health AC-500:1 MD 470:1 (County Health Rankings)
  - Access to screenings
    - Mammograms AC- 72% MD-64% (County Health Rankings)
    - Diabetic screening AC-87% MD-88% (County Health Rankings)

- Pap tests AC-80.5% MD-83.5% (Community Commons)
- Colorectal screening AC-66% MD-68.4% (Community Commons)

- Insurance coverage
  - Uninsured AC-11% MD-12% (County Health Rankings) AC 5yr est. American Community Survey- 8.2%, SHADAC 2015-5.7%
  - Medicaid AC- 27% (Medicaid E health statistics)

- **Behaviors**
  - Rates of tobacco use, alcohol misuse, physical inactivity, unhealthy diet,etc.
    - Sexually Transmitted Infections AC-325.6 MD-454.1 (County Health Rankings)
    - Physically Active Adults (self-report 150/75 minutes.wk) AC-41.2% MD-48% (SHIP)
    - YBRFSS shows more high school students in AC than MD report sexual intercourse but level decreased from 48.9 in 2013 to 40.9 in 2014
    - % high school students reporting use of cigarettes, cigars, chew tobacco, snuff, dip in past 30 days AC-24.9% MD-16.4% (YBRFSS)
    - % students ever using e-vapor products high- AC- 48.7% MD-37.6% middle AC- 18.4% MD-17% (YBRFSS)
    - DUI/DWI AC-FY15-220, FY16-206, Q1FY17-66 (Chris-source?)
  - Drug use
    - Substance Affected Newborns

	2013	2014	2015	YTD 2016
#Deliveries	1007	990	965	672
Substance Exposed	146	64	167	104
	(total # of newborns exposed to maternal substance abuse)			
Overall % exposed in utero	14.5%	6.5%	17%	15.4%
Substance Addicted	28	24	29	21
(number of exposed infants that ultimately were addicted/dependent upon the substance)				
Exposed /Not addicted	118	40	138	83

    - Overdoses Jan-Aug 2016 :272 non-fatal (29 deaths) (C3I)

Health Outcomes

- Preventable hospitalizations and readmissions
  - PQIs high in Pulmonary and cardiology (COPD, Pneumonia, CHF)
- Mortality/Death rates
  - Mortality Rate(premature death rate) AC-7200 MD 6400 (County Health Rankings)
  - Drug induced death rate per 100,000 population AC-18.7 MD-15.2 (SHIP)
  - Age-adjusted mortality rate from heart disease AC-253.2 MD-169.9 (SHIP)
  - Alcohol Impaired Driving Deaths AC-44% MD-34% (County Health Rankings)
  - Stroke Mortality- age adjusted AC-47.8% MD-37.4% (Community Commons)
  - Cancer Death rate in AC falling but above HP2020 target, No specific site cancer has rising incidence or death rate in AC, though some site specific incidence rates in county higher than state or nation (bladder, colorectal, leukemia, lung, nonhodgkins. Lymphoma, oral, pancreas, thyroid and uterine)
- Morbidity(rates of disease, obesity, mental health)
  - BMI data for elementary schools of ACPS show negative trend upward 2014-17% 2016-19.3%
  - Ages 12 to 19 public school (BMI) above the 95th percentile AC-13.5% MD- 11.5% (YBRFSS)
  - ED visits for diabetes AC- 241.4 MD-204 (SHIP) AC Trend 185.2 in 2010, 261.9 in 2012, 237.5 in 2013
  - ED visits for hypertension AC-279.1 MD-252.2 (SHIP) AC steady increase since 154.5 in 2010
  - ED visits for mental health related diagnosis AC-4722.9 MD- 3442.6 (SHIP) AC steady increase since 2320.6 in 2010
- Pregnancy and birth rate
  - Teen Birth rate AC-23.4 MD-17.8 (SHIP) AC was 31.8 in 2010 so decrease seen.

Allegany County Health Planning Coalition

Community Health Needs Assessment FY17 – Measures for Review - December 8, 2016

Measures	Allegany County	Why is this measure a concern?	Source
1. Sexually Transmitted Infections Chlamydia cases / Population * 100,000	325.6	• Negative Trend in County (236, 262, 325.6) • Increase number of cases seen at ACHD-FY16 (222 chlamydia and 37 gonorrhea) • Possible link to increase in drug use	County Health Ranking 2016
2. Percentage of children (under age 18) living in poverty	23%	• About 10% above state and nation • Trending downward slightly in County (26, 25, 23)	County Health Ranking2016
3. Substance exposed newborns	17% of deliveries	• Increase number of cases at WMHS and other area hospitals • Infant Death Rate for County also increased (6.8 to 9.1 per 1000 live birth) • Of the 167 substance exposed newborns, 29 addicted and 138 non-addicted	WMHS 2015
4. Physically Active Adults (self-report 150/75 minutes.wk)	41.2%	• Negative Trend in County (2011 was 52.2%) • Fell below state and nation levels • Connects to obesity	SHIP
5. Child Maltreatment rate Number of total indicated findings for physical and sexual abuse, mental injury-abuse, neglect, and mental injury-neglect among children, rate per 1000 >18yrs	23.3	• Double the rate of State and Healthy People target • Possible link to increase in drug use	SHIP
6. Domestic Violence- Number of domestic violence crimes per 100,000	608.6	• Reduced from prior year (719.5) • Still above rate in 2010-12 (below 500)	SHIP
7. ED visits for diabetes primary diagnosis per 100,000 population	241.4	• Fairly level over past two years but not as low as 2010 (185.2) • Trending in wrong direction	SHIP
8. ED visits for hypertension primary diagnosis per 100,000 population	279.1	• Steady increase since 2010 (154.5) • Risk factor for other chronic disease	SHIP
9. ED visits for mental health related diagnosis per 100,000 population	4722.9	• Steady increase since 2010 (2320.6) • Current measure does not include addiction related visits	SHIP

10. Drug induced death rate per 100,000 population which illicit or prescription drugs underlying cause	18.7	• Steady increase • Negative Trend • Jan-Aug 2016 :272 overdoses and 29 deaths and increasing	SHIP C3I data
11. Age-adjusted mortality rate from heart disease (per 100,000 pop.)	253.2	• Above state rate (169.9) • Improvements not seen over years	SHIP
12. Teen Birth rate -ages 15-19 years (per 1,000 population	23.4	• Trending downward in County (31.8 – 2010) • Report of sexual intercourse by County high school students higher than State, but percentage decreased over last two years	SHIP YBRFSS
13. % high school students reporting use of cigarettes, cigars, chew tobacco, snuff, dip in past 30 days % students ever using e-vapor products	24.9% 18.4% middle school 48.7% high school	• Above state (16.4) in tobacco use • County level trending in right direction • Above state in use of e-vapor products • More than double the Healthy People target (21%) in high school	YBRFSS / SHIP
14. Alcohol Impaired Driving Deaths - Percentage of driving deaths with alcohol involvement	44% (14 of 32)	• Negative Trend in County (29,34,44) • County DUI/DWI fairly steady (220,206, Q1FY17-66)	County Health Ranking County data Fy15,16, Q1-FY17
15. Food insecurity -% population need food support –FARM, SNAP, etc.	13.4%	• Above state and nation in FARM (56.11%) and SNAP (18.24%) • With 10 as best Food Environment Index, County scores (6.4) below state	Feeding America, Community Com. County Health Ranking
16. Children and Teens Obese- ages 12 to 19 public school (BMI) above the 95th percentile for age and gender % elementary public school students with BMI at 95th percentile or above	13.5% 19.3% (782 youth)	• County level fairly steady at high school level • Negative trend at elementary level	YBRFSS ACPS- Elementary BMI
17. Stroke Mortality- age adjusted per 100,000 population	47.8%	• About 10% above state and nation	Community Commons
18. Sepsis-number of inpatient discharges with primary diagnosis	567	• Unspecified sepsis top reason for inpatient discharges • Septicemia was sixth reason for inpatient discharges • Only 44% of Americans have heard of sepsis	WMHS FY16

Allegany County Health Planning Coalition
Local Health Action Plan FY 2017-2020

Based on the results of a community health needs assessment, the Allegany County Health Planning Coalition (Coalition) created the following Local Health Action Plan (LHAP) to improve health and wellbeing in Allegany County. The Coalition is charged with implementing the LHAP, measuring progress, and building on best practices already in use in the community.
The LHAP addresses four priority areas:

- Substance Abuse
- Poverty
- Heart Disease
- Access to Care and Health Literacy

Each priority area includes goals, link to the State Health Improvement Process (SHIP) and/or PHIP, strategies, SMART objectives, responsible parties, timelines, current progress toward the SMART objective, and outcomes including baseline, target, and current status. The LHAP is a three-year plan and implementation is divided into six-month phases: Phase 1 is July-December 2017, Phase 2 is January-June 2018, Phase 3 is July-December 2018, Phase 4 is January-June 2019, Phase 5 is July-December 2019, Phase 6 is January-June 2020, and Ongoing indicates that implementation will occur over all six phases. The LHAP also includes supporting strategies which are underway in the community and may contribute to the achievement of LHAP goals and outcomes, but are not overseen by the Coalition. The LHAP works to build upon, and not duplicate, existing community health improvement efforts.

Acronyms and Abbreviations

ACHD = Allegany County Health Department
AHEC = Area Health Education Center
AHR = Allegany Health Right
Assoc. Ch. = Associated Charities
Bd of Ed = Board of Education
Chamber = Chamber of Commerce
CHW = Community Health Worker
CMA = Cumberland Interfaith Ministerial Association
CUW = County United Way
DAAC = Drug and Alcohol Abuse Council
DSS = Department of Social Services
ED = Emergency Department
FCRC = Family Crisis Resource Center
FTE = Full-time Equivalent
FVC = Family Violence Council
HRDC = Human Resources Development Commission
LMB = Local Management Board
MH = Mental Health
MHA = Mountain Health Alliance
MHCE = Make Healthy Choices Easy
MHSO = Mental Health System's Office
OB= Obstetrics
PCP = Primary Care Providers
TSCHC = Tri-State Community Health Center
TSWHC =Tri State Women's Health Center
UM = University of Maryland
WMd = Western Maryland
WMHS = Western Maryland Health System

Substance Abuse

GOAL	SHIP/PHIP AREA	STRATEGY	SMART OBJECTIVE	WHO	WHEN	CURRENT STATUS	OUTCOMES (included SHIP Measures)	Baseline	Target	Current status
Increase understanding of opioid use and related consequences	SHIP-Access to Health Care PHIP-Substance Use	1. Support multi-component community education about the impact of opioid use (such as impact on oral health and addictions)	Between July 1, 2017 and June 30, 2020, partners in the Coalition will reach 500 residents through community education regarding the impact of opioid use and available resources for prevention and treatment. Each year at least 70% of participating residents will show an increase in knowledge through a pre/post test.	**Opioid & Overdose Prevention Task Force**, ACHD, MHSO, WMHS, AHEC, Prescribe Change, DAAC, Priority Partners, TSCHC, Frostburg Community Coalition, Chamber	Phase 1-6		Decrease drug induced death rate per 100,000 population Heroin related deaths Decrease infant mortality rate per 1,000 live births Decrease % of deliveries that are substance exposed newborns	14.2 3 6.8 17%	11.3 26 6.5 10%	18.7 34 9.1 15.4%
Increase early identification of pregnant women using substances	SHIP-Healthy Beginnings PHIP-Substance use	2. Expand use of evidence based 4P's program in OB practices in county	By June 30, 2018, train staff and implement the use of 4Ps program in 80% or more of area's OB practices. By June 30, 2020, identify 100 at risk women through the 4P screening and provide a brief intervention.	**ACHD**, WMHS, OB Providers, TSWHC	Phase 1-6					
Supporting Strategies: • Prescribe Change • AHEC West and WMHS- Provider Education • Community Strengthening (NAACP initiated)										

Note: Outcome Measure- Heroin related deaths – 2014 baseline and current is 2016, from BHA,DHMH report on Drug and Alcohol Related Deaths in Maryland. Target based on 25% reduction.

Poverty

GOAL	SHIP/PHIP AREA	STRATEGY	SMART OBJECTIVE	WHO	When	CURRENT STATUS	OUTCOMES (included SHIP Measures)	Baseline	Target	Current status
Increase collaboration to address the social determinants of health	SHIP- Healthy Communities PHIP- Chronic Disease Mgmt. & Prevention	3. Engage providers and institutions in assessing for and addressing social determinants of health (such as housing and income)	Between July 1, 2017 and June 30, 2020, collaborate with at least 10 practices to assess and address social determinants of health with their patients. Each year document new strategies or resources used to address identified social determinants.	**WMHS**, TSCHC, PCP, Housing, Transportation, HRDC, Bridges to Opportunity, Board of Homeless, CUW, AHEC West, Assoc Ch, DSS	Phase 1-6		Decrease percent of children under age 18 living in households with incomes below the federal poverty level Decrease the number of individuals known to be homeless, receiving homeless services, or at risk of being homeless Decrease the percent of adults who report missing appointments due to problems finding transportation Improve Food Environment Index 1 to 10, 10 best	26% 492 25% 6.4	20% 290 10% 8	23% 291 16% 6.4
		4. Implement food interventions to address chronic disease, poverty and outlying geographic areas	Between July 1, 2017 and June 30, 2020, assist 500 residents overcome barriers to accessing healthy food on a budget or in food deserts. Each year create a list of food interventions implemented and barriers that were overcome.	**Food Council**, ACHD, WMHS, HRDC, CMA, MHCE, Assoc Ch, DSS, UM Ext.	Phase 1-6					
Supporting Strategies: • Bridges to Opportunity • Board of the Homeless										

Heart Disease

GOAL	SHIP /PHIP AREA	STRATEGY	SMART OBJECTIVE	WHO	When	CURRENT STATUS	OUTCOMES (included SHIP Measures)	Baseline	Target	Current status
Increase early identification and treatment of hypertension	SHIP-Quality Preventive Care PHIP-Chronic Disease Mgmt. & Prevention	5. Identify hypertensive individuals through non-traditional settings such as dentist, pharmacies, and worksites, and utilize consistent message regarding follow up actions	By June 30, 2020, have at least 30 non-traditional settings incorporate blood pressure screening with standard follow up actions recommended. By June 30, 2020, 300 individuals at risk for hypertension will be identified and given recommended follow up action.	**ACHD**, Cardiologists, Worksites, WMHS, Pharmacies, Dentists, AHEC, AHR, Assoc Ch.	Phase 1-6		Decrease age-adjusted death rate from heart disease per 100,000 population Decrease rate of ED visits for hypertension per 100,000 population	256.8 225.1 20%	236.8 214.4 13.6%	253.2 **279.1** 19.3%
Reduce obesity levels of elementary age children	SHIP-Quality Preventive Care PHIP-Chronic Disease Mgmt. & Prevention	6. Identify and implement strategies to support and supplement the school wellness policy aimed at elementary school	Between July 1, 2017 and June 30, 2020, implement at least 5 strategies to increase engagement of elementary students in healthy eating and physical activity. By June 30, 2020, engage 500 students in positive behavior changes related to healthy eating and physical activity.	**School Health Council**, WMHS, ACHD, MHCE, YMCA, Bd of Ed	Phase 1-6		Decrease percent of elementary children who are in the 95th percentile or higher for body mass index			
Supporting Strategies: • 1422 – Chronic Disease Grant • Tobacco Control and Prevention										

Access to Care and Health Literacy

GOAL	SHIP /PHIP AREA	STRATEGY	SMART OBJECTIVE	WHO	When	CURRENT STATUS	OUTCOMES (included SHIP Measures)	Baseline	Target	Current status
Increase Access to Care	SHIP- Access to Health Care PHIP- Mental Health	7. Promote availability of health resources and how to access care (including provider access, support teams, insurance coverage and education)	Each year of the three year cycle, identify and promote at least 5 ways to improve access to care in the appropriate setting.	**Workgroup on Access to Care**, WMHS, ACHD, AHEC, Connector Entity, AHR, MHA, Assoc Ch., DSS,	Phase 1-6		Decrease ratio of people per PCP	1698:1	1200:1	1600:1
							Decrease ratio of people per MH	903:1	450:1	500:1
							Decrease ratio of people per dentist	1766:1	1473.1	1490.1
							Decrease the number of level 1 and 2 visits to the ED	15,501	6000	8219
Enhance understanding of health information	SHIP- Access to Health Care PHIP- Mental Health	8. Improve health literacy for sepsis, oral health, child maltreatment/family violence and mental health	Between July 1, 2017 and June 30, 2020, provide education that is understandable on sepsis, oral health, child maltreatment/family violence and mental health. Each year at least 70% of participants will show an increase in knowledge through a pre/post test.	**AHEC**, WMHS, ACHD, AHR, MHA,FCRC, FVC, MHSO, HRDC, LMB, DSS	Phase 1-6		Decrease ED visits for mental health related diagnosis per 100,000 population	2320.6	3500	4722.9
							Sepsis-number of inpatient discharges with primary diagnosis	567	450	567
							Decrease number of domestic violence crimes per 100,000 population	719.5	500	608.6
Supporting Strategies: • Mountain Health Alliance- Allegany Health Right and AHEC • Mental Health First Aid							Reduce Child Maltreatment rate	23.3	19	23.3

Allegany County Health Planning Coalition- Community Partners

Name of Organization	Contact
Founding Partners	
Allegany County Health Department	Jenelle Mayer
Western Maryland Health System	Nancy Forlifer
Allegany Health Right	Sandi Rowland
Tri-State Community Health Center	Susan Walter
Western MD Area Health Education Center	Susan Stewart
Allegany Human Resource Development Comm.	Courtney Thomas
County United Way	Mary Beth Pirolozzi
Allegany Board of Education	Kim Green Kalbaugh
Advisory Board (those listed above and)	
Media	Joe Caporale (Allegany Radio)
Housing	Steve Kesner
Business/Economic Development	Stu Czapski (Allegany Chamber)
Provider (physical)	Cathy Chapman
Provider (behavioral)	Mary Beth DeMartino
Case Management	Ashley Barnes
Law Enforcement	Craig Robertson (Sheriff)
Affiliates	
Office of Consumer Advocate	Jennifer Glotfelty
Salvation Army	John Bevins
YMCA	Donald Enterline
Western MD Food Bank	Diana Loar
Local Management Board	Courtney Thomas
Cumberland Area Interfaith Ministerial Association	Rebecca Vardiman
Parish Nursing Program	Lyn Strawser
Community Unity in Action	Virginia Jesse
Carver Community Center	Tawnia Austin
NAACP	Carmen Jackson
University of MD Extension	Kathy Kinsman
Maryland Physicians Care	Terry Hillegas
Priority Partners	Lisa Moran
ACHPC Partners Continued	

Allegany College of Maryland	Kathy Condor
Allegany Transit	Roy Cool/Libby Malone
Express Medical Transporters of Baltimore	Abby Mensinger
Friends Aware	Kathleen Breighner
Allegany County Dept. Social Services	Kim Truly
Associated Charities	Kristan Fazenbaker
Pharmacies	Bill McKay
Drug Abuse Alcohol Council	Chris Delaney
Tobacco Free Coalition	Kathy Dudley
Family Junction	Melanie McDonald
Make Healthy Choices Easy	Jen Thomas
County Govt-Board of Health	Jacob Shade
Park and Recreation Department	Diane Johnson
Mental Health Advisory Board	Lesa Diehl
Workgroup on Access to Care	Nancy Forlifer
Transportation Advisory Board	Ryan Davis
Dental Society	Diane Romaine
Hyndman Health Center	Samantha Walls
Community Wellness Coalition	Marion Leonard
Opioid and Overdose Prevention Task Force	Becky Meyers
Western Maryland Food Council	Dan Fiscus