

Community Health Needs Assessment

Cecil County

Fiscal Years 2015 - 2016



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FORWARD

Union Hospital collaborated with the Cecil County Health Department to conduct the Community Health Needs Assessment (CHNA). The CHNA planning team included staff from Union Hospital: the Community Benefits Coordinator, the Director of Marketing, and a physician from Occupational Health (Master of Public Health (MPH) intern), as well as staff from the Cecil County Health Department: the Health Policy Analyst, the Health Officer, the Deputy Health Officer, and the Public Affairs Officer. The CHNA planning team was responsible to facilitate all component parts of the CHNA process, including writing and submitting the reports to the Internal Revenue Service (IRS).

The CHNA planning team also partnered with the county's Local Health Improvement Coalition (LHIC) called Cecil County Community Health Advisory Committee (CHAC), as well as three other organizations whose leadership helped set-up and support the focus groups. *Note: The names of these organizations are not included to protect the privacy of focus group participants as stipulated in the IRB requirements for this CHNA.*

The CHNA planning team would like to extend a special thanks to all organizations that supported this effort over the last 1.5 years.

Key Partner Descriptions

Union Hospital of Cecil County

Union Hospital is an award-winning, full-service, community hospital located in Elkton, Maryland. Nationally recognized for clinical excellence in the treatment and prevention of disease, this 84-bed (licensed), not-for-profit hospital is dedicated to providing superior, personalized, and quality health care to neighbors, families and friends. Union Hospital's values include: caring and compassion, leadership, integrity, and shared learning. Union Hospital is also in the community offering doctors, imaging, physical therapy, and other services to help people stay well.

Cecil County Health Department

The Cecil County Health Department's mission is to improve the health of Cecil County and its residents in partnership with the community, by providing leadership to find solutions to the community's health problems through assessment, policy development, and assurance of quality health services and education. The health department offers services to all county residents through six divisions: 1) Administrative Services; 2) Addiction Services (Alcohol and Drug Recovery Center); 3) Community Health Services; 4) Environmental Health Services; 5) Health Promotion; and 6) Special Populations Services. The health department's goals include: preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injury, promoting and encouraging healthy behavior and mental health, responding to disasters and assisting communities in recovery, and assuring the quality and accessibility of health services.

Community Health Advisory Committee

The Cecil County Community Health Advisory Committee (CHAC) is a partnership of community organizations, government, groups, and individuals committed to improve the overall quality of health in Cecil County. CHAC serves as Cecil County’s Local Health Improvement Coalition and is comprised of six health task forces: 1) Cancer Task Force; 2) Tobacco Task Force; 3) Drug and Alcohol Abuse Council; 4) Core Services Agency Mental Health Advisory Board; 5) Child Maltreatment Prevention Task Force; and 6) Healthy Lifestyles Task Force. Annual CHAC meetings are held to report progress on the Community Health Improvement Plan strategies from the six task forces. Active CHAC membership includes the following organizations:

Affiliated Sante Group, Eastern Shore Mobile Crisis	Cecil County Liquor Board	Private education organizations
American Cancer Society	Cecil County Public Schools	Private health care professionals
Cecil County Council Members	Cecil County Sheriff’s Office	Seventh-Day Adventist Church
Cecil County Department of Emergency Services	Elkton Housing Authority	Union Hospital of Cecil County
Cecil County Department of Juvenile Services	Maryland Department of Health and Mental Hygiene – Office of Population Health Improvement	Upper Bay Counseling and Support Services
Cecil County Department of Social Services	Maryland State Delegates	West Cecil Health Center (FQHC)
Cecil County Director of Administration	Maryland State Senators	Youth Empowerment Source
Cecil County Executive Office	Meadow Wood Behavioral Health System	
Cecil County Health Department	Private citizens	

Maryland Department of Health and Mental Hygiene

Maryland Department of Health and Mental Hygiene (DHMH) has four major divisions: Public Health Services, Behavioral Health, Developmental Disabilities, and Health Care Financing. DHMH also has twenty boards that license and regulate health care professionals, as well as various commissions that issue grants and research and make recommendations on issues that affect Maryland’s health care delivery system. DHMH’s vision is to provide lifelong health and wellness for all Marylanders. Its mission is to work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

EXECUTIVE SUMMARY

Cecil County – Quick Facts

Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Cecil County has both rural and urban landscapes. The county is home to a little over 100,000 people with a majority of the population residing in Elkton and North East. Major employers include: Union Hospital of Cecil County, Orbital ATK, Terumo, Gore, Cecil College, state and local government, and the public school system.

A majority of the Cecil County population is white (89.3%), 25 years or older (68.1%), educated (37.0% with a high school diploma and 21.0% with some college), employed (over 90%) and making a comfortable salary (median household income: \$72,809). However, Cecil County also has a high poverty rate (Individuals: 10.6% and families: 7.1%), with 33.0% of the county population receiving Medicaid.

Community Health Needs Assessment Overview

The CHNA reflects the current status of the medical and social determinants of health for Cecil County and provides qualitative feedback on key health issues. The CHNA is comprised of an analysis of both primary and secondary data. Primary data was taken from results from an online community survey conducted with adult (aged 18 years or older) Cecil County residents and three focus groups conducted with community residents. Secondary data was taken from a variety of reliable national and local data sources (local data was compared, when possible, against state and national trends). In addition, two Community Health Advisory Committee (CHAC) meetings were held to help select the health priorities for Cecil County and begin formation of strategies to address them. The CHNA was conducted from Quarter 3 of Fiscal Year 2015 through Quarter 3 of Fiscal Year 2016. The CHNA process reflects collaboration of community partners working together to achieve the same health improvement goals for Cecil County.

The information presented in this CHNA report explains: a) the processes involved in conducting the CHNA; b) the community partners involved; and c) the health needs prioritization process and resulting selected health priorities. Results from the CHNA have provided Cecil County stakeholders with the opportunity to take an in-depth look at the health of Cecil County, prioritize health issues, and develop the Community Health Improvement Plan (CHIP) to address those health priorities. The CHIP explains the goals, objectives, and strategies that will address the priority health issues in Cecil County. The health issues that were prioritized during the CHNA were as follows:

- 1) Behavioral Health
 - a. Illicit Drug Use/Problem Alcohol Use
 - b. Mental Health
 - c. Access to Behavioral Health Care
- 2) Chronic Disease
 - a. Diabetes
 - b. Heart Disease & Stroke
 - c. Respiratory & Lung diseases

- 3) Determinants of Health
 - a. Poverty & Homelessness
 - b. Educational Attainment

The following sub-sections provide a data analysis of each of the health categories and health needs prioritized through the CHNA.

Behavioral Health

Behavioral health access and substance abuse prevention have been top priorities in Cecil County for more than five years. In fact, the first CHNA (conducted during Fiscal Year 2012 – Fiscal Year 2013) revealed substance abuse as a health priority. As a result several resources were provided to address issues related to substance abuse prevention and substance abuse treatment, which included access to appropriate mental health services (as they are often co-occurring). It was with these resources that the Cecil County community headed into the present CHNA to identify illicit drug use/problem alcohol use, mental health, and access to behavioral health services as health priorities to address over the next three fiscal years.

Illicit Drug Use

Illicit drug use has increased exponentially over the last 5 to 8 years in Cecil County, first with prescription drug abuse and now with heroin and other opioid abuse. Due to the county's geographic position along the Interstate-95 corridor, which increases the ease of moving drugs through Maryland and to other nearby states, the drug problem in the county continues to be a large priority for local and state law enforcement. In addition, the county's drug problem continues to have a major impact on provider services in the county, such as the Cecil County Health Department, Union Hospital, and especially among behavioral health providers, as there is a substantive correlation between the use of illicit substances and poor mental health status.

In Cecil County there has also been a steady increase in the amount of drug overdose or drug poisoning deaths reported (Figure 1). So much so, that in 2014 the county had to create an action plan at the county government level to address prevention of these deaths, mandated first by Governor Martin O'Malley and reemphasized by Governor Larry Hogan. Today, Union Hospital emergency department staff and other medical providers, like local emergency services, the health department, and even families and individual citizens, receive training to administer Narcan, a drug that prevents overdose deaths from occurring.

Figure 1.¹

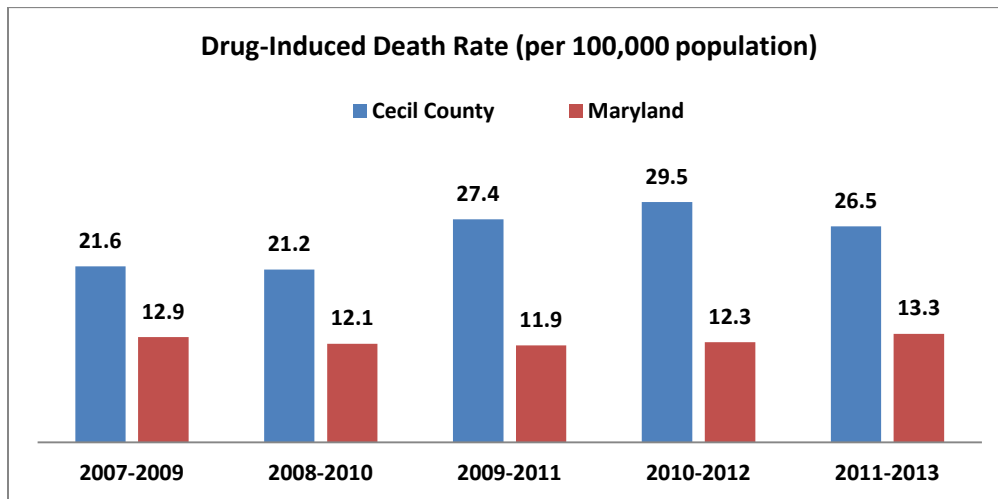


Table 1 shows that there has also been a steady increase in emergency room (ER) visits related to substance abuse over the last several years.

Table 1.

Rate of ER visits related to substance abuse disorders (per 100,000 population) ²					
	2010	2011	2012	2013	2014
Cecil	1,538.6	2,121.9	2,234.8	2,057.6	2,165.7
Maryland	1,122.4	1,237.5	1,398.2	1,474.6	1,591.3

The Maryland State Health Improvement Process (SHIP) goal for 2017 is 1,400.9 visits per 100,000 population, which means Cecil County would have to reduce its ER visits by nearly 765 visits per 100,000 population in order to meet this goal in one year. In addition, in 2014, substance abuse disorder data for Cecil County ER visits per 100,000 population by race included:

- Non-Hispanic White: 2,216.4 visits
- Non-Hispanic African American: 2,576.9 visits
- Hispanic: 801.6 visits³

This data shows a difference in ER visits by race/ethnicity. The CHNA planning team would need to analyze additional data to help ascertain the true nature of why this difference exists.

Youth substance abuse is also a rising problem in Cecil County. Table 2 shows statistics from 2013 where high school students were surveyed by the Maryland Youth Risk Behavior Survey (YRBS) to determine the prevalence of use of illicit substances in the county's adolescent population.

Table 2.⁴

Drug Use by High School Students, 2013	Cecil	Maryland
Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life	15.7%	15.2%
Percentage of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months	25.6%	29.1%

Problem Alcohol Use

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking or heavy episodic drinking as drinking more than five alcoholic drinks on the same occasion on at least one day in the past thirty days.⁵ During the period of 2006-2012, County Health Rankings showed that 18.0% of Cecil County adults (compared to 15.0% of Maryland adults) reported excessive drinking (binge drinking or heavy drinking).⁶

In 2013, 37.5% of Cecil County high school students (compared to 31.2% of Maryland high school students) reported that they had at least one drink of alcohol on one or more occasions in the past thirty days, and 23.0% of Cecil County high school students (compared to 17.0% of Maryland high school students) reported that they had five or more drinks of alcohol in a row, within a couple of hours, on one or more times during the past thirty days.⁷ Excessive drinking can lead to impairment and even death, especially among underage drinkers. From 2010 to 2014, 33.0% of Cecil County driving deaths were due to alcohol impairment.⁸

Mental Health

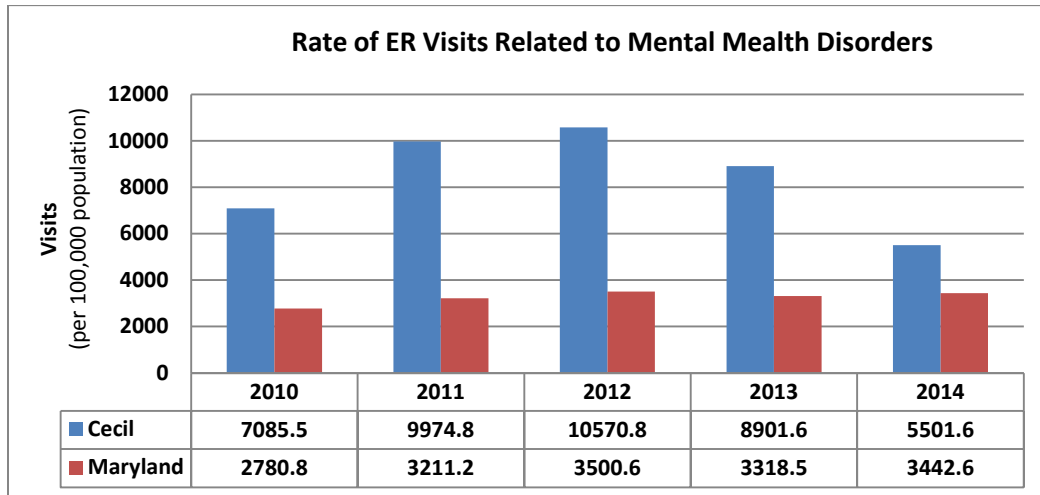
The Maryland Behavioral Risk Factor Surveillance System (BRFSS) surveyed Cecil County adults in 2010 and while adults reported that they were well supported mentally and socially (81.2%),⁹ there were adults that reported experiencing nearly four mentally unhealthy days per month.¹⁰ Table 3 shows 2013 Maryland YRBS prevalence data for Cecil County high school students who experienced depression and thoughts of suicide.

Table 3.¹¹

Depression and Thoughts of Suicide among High School Students, 2013	Cecil	Maryland
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	27.5%	27.0%
Seriously considered attempting suicide during the past 12 months	15.5%	16.0%

Cecil County has also seen a steady decrease in the number of ER visits related to behavioral health disorders (Figure 2), which include: adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.

Figure 2.¹²

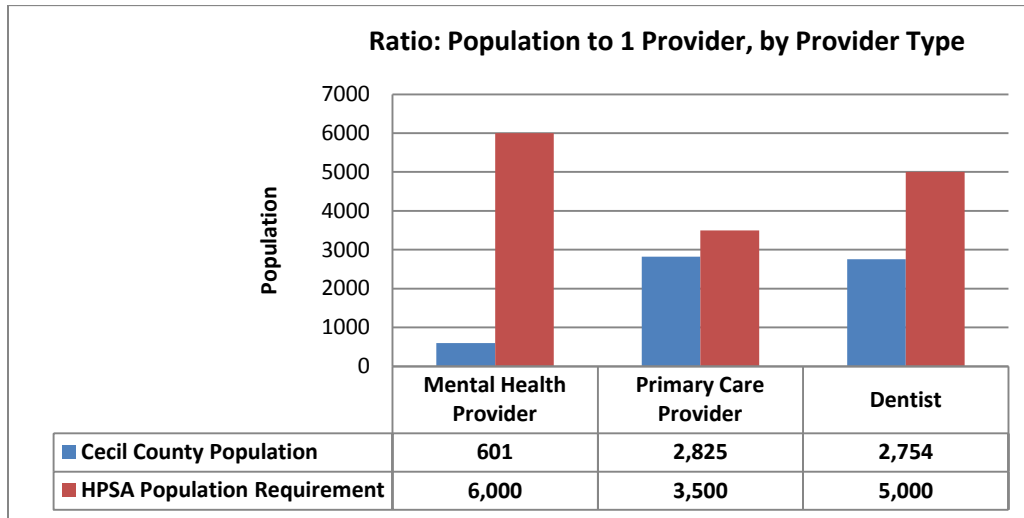


The 2017 Maryland State Health Improvement Process (SHIP) goal for rate of ER visits due to behavioral health disorders is 3,152.6 visits per 100,000 population. During the period from 2010 to 2013, Cecil County more than doubled the state’s ER visit rate, primarily because of the increase of substance abuse and decrease of available health care providers to treat both substance abuse and behavioral health disorders. Improvements in 2014 reflect the impact of programming established during the 2013-2016 Local Health Improvement Plan process where strategies focused on increasing access to behavioral health services and intervening with peer recovery advocates in the ER for patients with diagnoses of mental health disorders, as well as co-occurring diagnoses of mental health disorders and substance abuse.

Access to Behavioral Health Care

Access to behavioral health care continues to be a problem for Cecil County. Figure 3 shows that there are 601 persons per one mental health provider in the county. This ratio indicates that there is a larger spread of providers of mental health care and therefore the population is more evenly spread among them. However, this is not the case in Cecil County. Data provided for this graph came from the National Provider Registry and providers included in the spread are psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care. A larger spread of providers assumes that more of the population has access to them. However, long wait lists for appointments, providers who do not accept certain types of health insurance, and geographic location create barriers to accessing treatment in Cecil County. So while there are many provider types listed in the data, accessing them within the confines of the system can be a major barrier to accessing behavioral health care in Cecil County.

Figure 3. ¹³¹⁴¹⁵



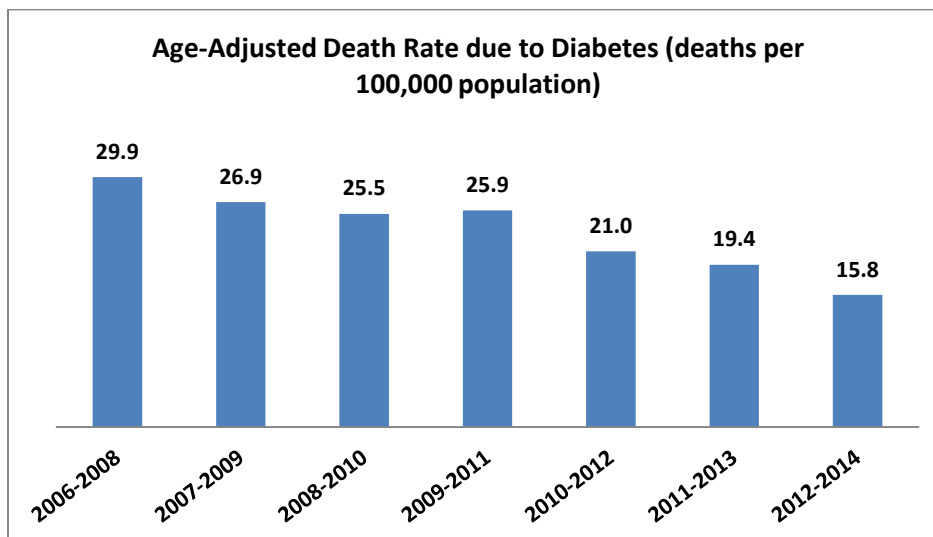
Chronic Disease

Chronic diseases, including diabetes, heart disease, stroke, and respiratory and lung disease, are among the leading causes of death and disability in Cecil County. If not managed appropriately, symptoms of these chronic diseases can negatively influence health behaviors, which ultimately impact both the progression of the diseases and the overall health and well-being of individuals and their caregivers.

Diabetes

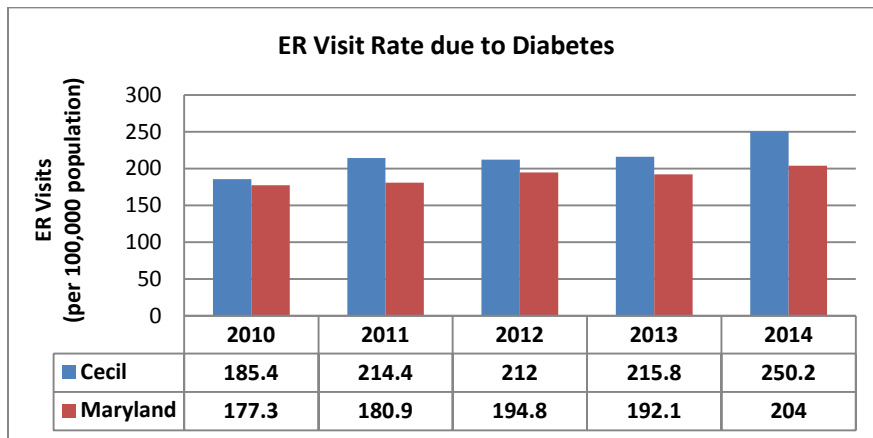
In 2014, 12.5% of adults in Cecil County had been diagnosed with diabetes.¹⁶ Data from previous years indicated a significant leap in percentage from 2012 to 2014 (from 7.7% to 12.5%). However, during this time period, there were only 15.8 age-adjusted diabetes deaths per 100,000 population in Cecil County (Figure 4), which is a significant improvement from the 2006-2008 timeframe.¹⁷

Figure 4.



However, as the death rate decreased over time, the rate of emergency room (ER) visits due to diabetes (Figure 5) continued to increase, outpacing that of the state of Maryland.

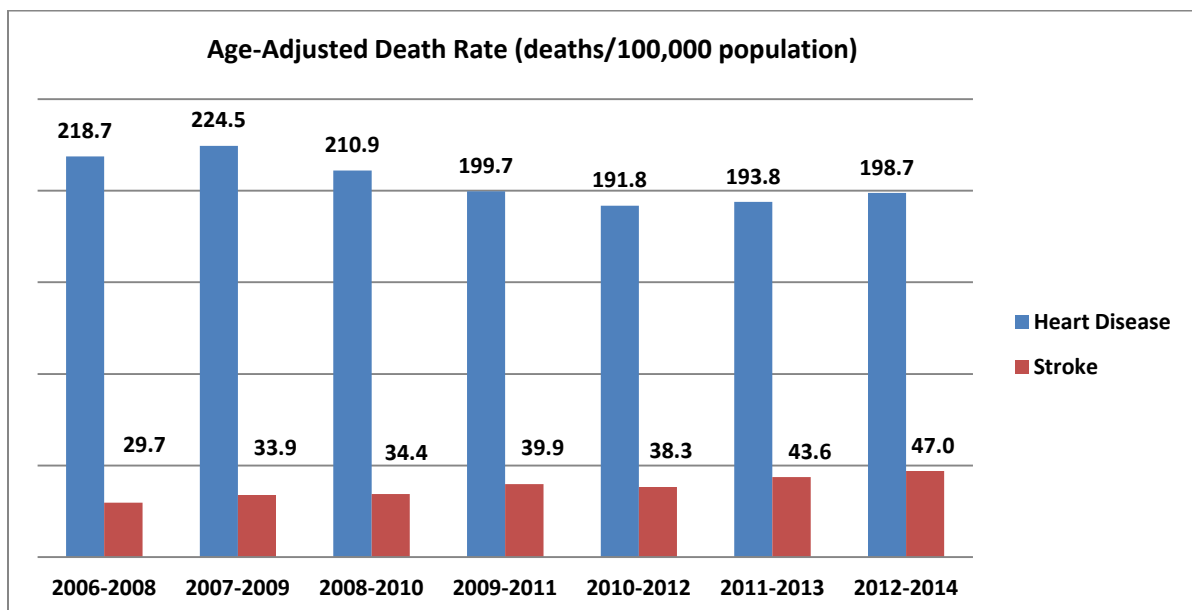
Figure 5.¹⁸



Heart Disease & Stroke

Heart disease and stroke can be prevented but still have a high incidence in Cecil County and are leading causes of mortality in the county. Figure 6 shows the age-adjusted death rate attributed to heart disease and stroke in Cecil County. For heart disease the age-adjusted death rate decreased between 2007-2009 and 2010-2012, and increased between 2010-2012 and 2012-2014. For stroke the incremental increase in deaths has been more consistent over the last several years.

Figure 6.^{19, 20}

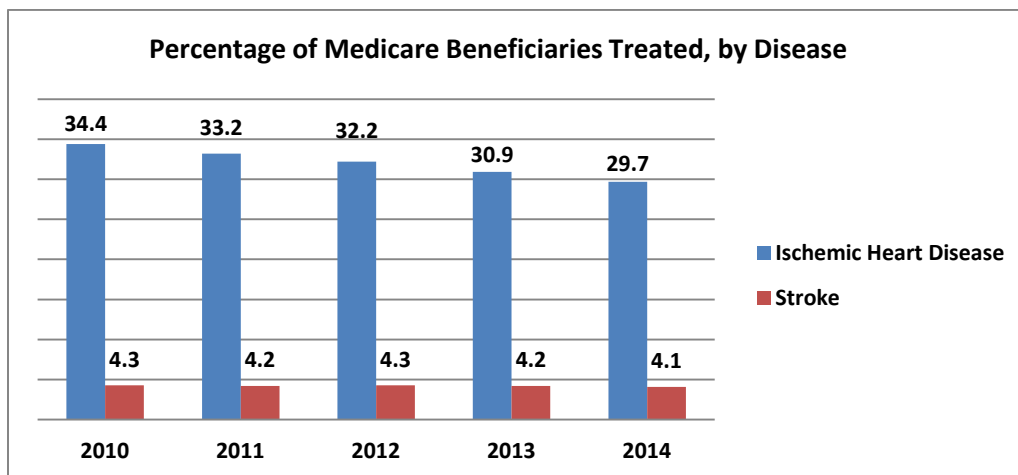


Persons over the age of 65 accounted for 9.0% of the Cecil County population in 2016, which is consistent with the growth of the Cecil County Medicare population.²¹ It is important to

highlight this age bracket’s growth because chronic disease impacts older adults with more complexities than with the younger generations. Older adults need more medications, have demonstrated differences in bodily functions, can be more susceptible to illness, and require more complex care from providers and caregivers as they age.

Figure 7 shows the percentage of Medicare beneficiaries who were treated for ischemic heart disease and stroke from 2010 to 2014. While treatment data only shows slight decreases for both health problems from 2010 to 2014, Cecil County’s percentages are borderline problematic. Cecil County would be performing on target for the treatment of Medicare beneficiaries if the percentage for ischemic heart disease treatment in the Medicare population was below 26.5% and the percentage for stroke treatment was below 3%.

Figure 7.^{22, 23}



Many heart disease and stroke deaths can be prevented. Risk factors contributing to both health problems include:

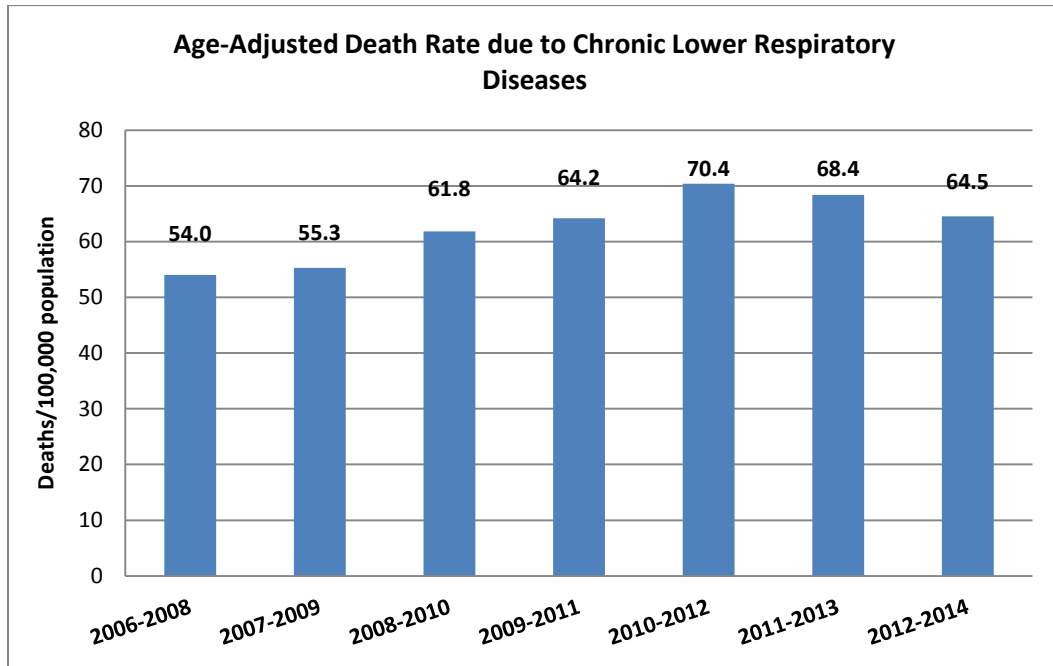
- Overweight/obesity;
- Lack of physical activity/sedentary lifestyle;
- Hypertension;
- Tobacco use; and
- High cholesterol.

Addressing these risk factors through changes in health habits could help to prevent many deaths due to heart disease and stroke.

Respiratory & Lung Diseases

Respiratory and lung diseases also impact the quality and length of life for residents in Cecil County. Figure 8 shows the age-adjusted death rate due to chronic lower respiratory diseases (CLRDs), which include asthma, emphysema, bronchitis, and chronic obstructive pulmonary disease (COPD). Deaths mainly occurred in older adults.

Figure 8.²⁴



CLRDs are characterized by airway obstruction, which causes shortness of breath and impaired lung function.²⁵ Figure 9 shows the prevalence of asthma in the youth (children under the age of 17 years), adults, and Medicare beneficiary populations in Cecil County from 2011 to 2014, and Figure 10 shows the prevalence of COPD in the Medicare beneficiary population from 2010 to 2014.

Figure 9.^{26, 27, 28}

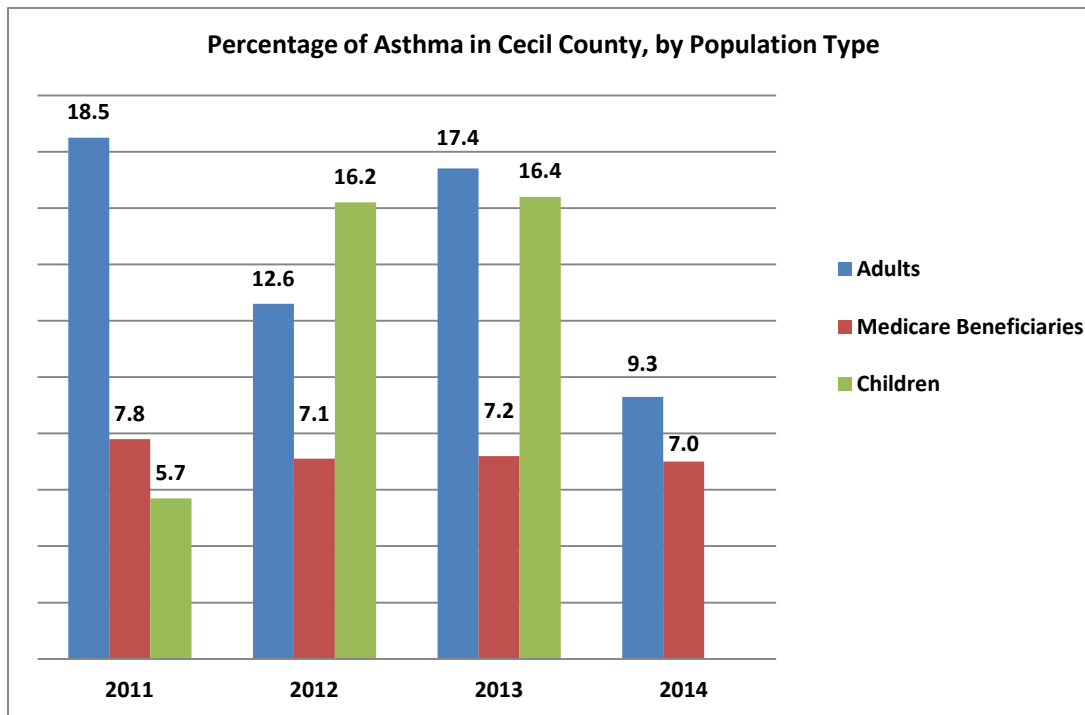
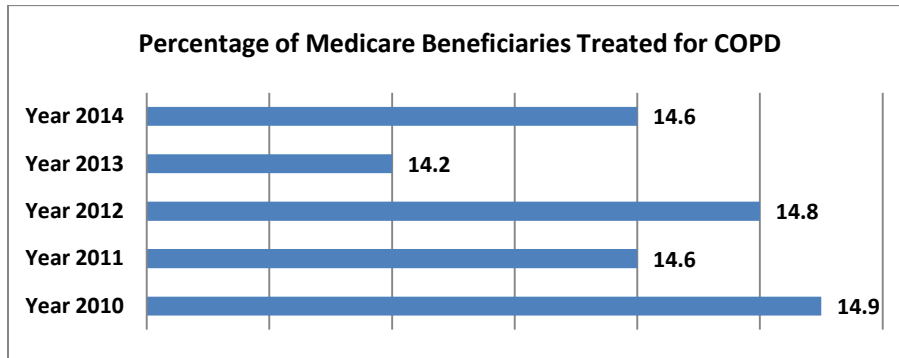


Figure 10.²⁹



Respiratory and lung diseases can be prevented through the proper management of risk factors. Smoking is an important risk factor that can be the main cause and/or can lead to exacerbation of symptoms for CLRDs. The following data shows prevalence of smoking and tobacco use among youth and adults in Cecil County:

- 24.6% of adolescents use tobacco products³⁰
- 20.5% of teens (high school students) smoke³¹
- 12.4% of adults smoke³²

Determinants of Health

Social determinants of health are studied more frequently now because they can have a large affect on health and quality of life. They are often the main barriers to receiving health care and/or being compliant with health care instructions. The Cecil County CHNA identified poverty, homelessness, and educational attainment as the top determinants of health that impact health care access and contribute to poor health outcomes in the county.

Poverty and Homelessness

Poverty and homelessness are large components of the demographic and socioeconomic landscape of Cecil County. Table 4 shows the percentage of families and individuals living in poverty over a five year period in the county compared to percentages for the state of Maryland. The county’s family poverty statistics are almost always higher than that of Maryland, especially when looking at data focusing on families with children under five years of age.

Table 4.³³

Percentage of Families and People whose Income in the Past 12 Months was Below the Poverty Level, 2010-2014

	Cecil County	Maryland
All Families	7.1%	6.9%
With related children under 18 years	11.6%	10.7%
With related children under 5 years only	15.5%	10.6%
Married Couple Families	4.2%	2.8%
With related children under 18 years	6.5%	3.6%

With related children under 5 years only	7.0%	3.4%
Female Householder, no husband present	18.0%	19.4%
With related children under 18 years	23.7%	26.1%
With related children under 5 years only	46.5%	29.2%
All People	10.6%	10.0%
Under 18 years	14.3%	13.2%
18 to 64 years	9.9%	9.3%
65+ years	7.0%	7.6%

Lower incomes, difficulty accessing or owning transportation, living in low-income housing, and having low educational attainment are all characteristics of poverty. While a majority of the county's poor inhabit Section 8 housing units, many individuals and even families live outdoors in homeless camps or travel from place to place without a roof over their head.

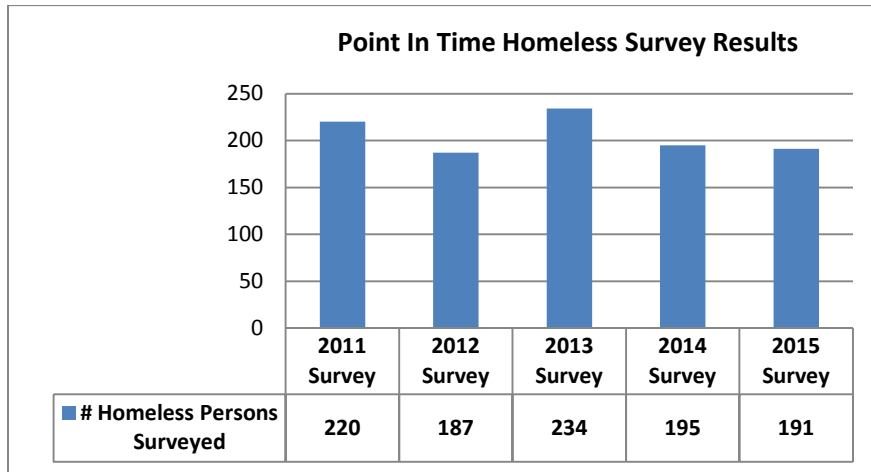
The Cecil County Point-In-Time Homeless Survey is conducted every year to provide a snapshot of the homeless population density in all counties across the United States. Mandated by the US Department of Housing and Urban Development (HUD), this survey asks questions regarding, but not limited to, the following:

- Extent of homelessness (first-time, 1 to 2 years, chronic)
- Length of time without permanent housing (less than 1 month to 2 or more years)
- Disability type (mental health problem, physical, drug-related, alcohol-related, medical, HIV/AIDS, chronic condition)
- US Military veteran (yes, no)
- Domestic violence victim (yes, no)

Figure 11 shows the number of homeless persons surveyed from 2011 to 2015. A total of 1,027 persons took the surveys throughout this time period. Out of this five year sample:

- 44% identified as first-time homeless
- 50% had been homeless for 1 to 12 months
- 30% had a mental health problem
- 40% were US military veterans
- 23% suffered from domestic violence

Figure 11.

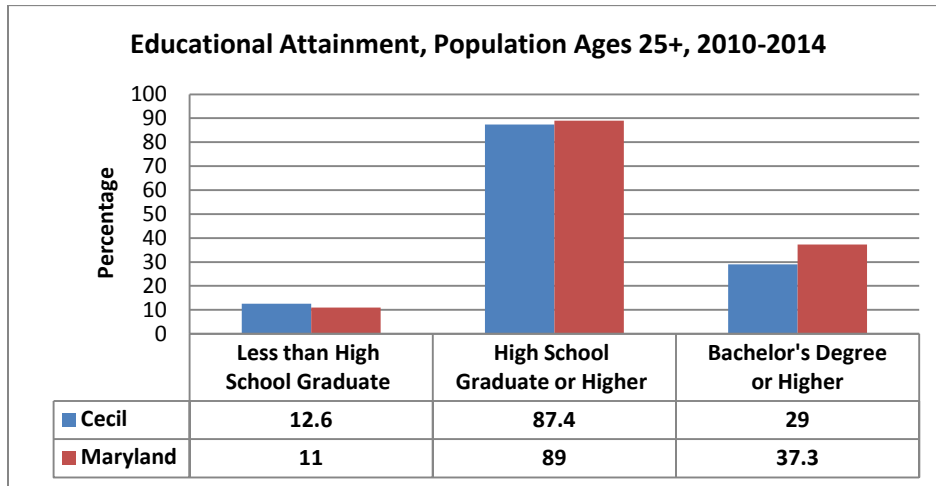


Poverty and homelessness also impact the public school system in Cecil County. Data provided as of January 20, 2016 showed that 774 students were homeless in Cecil County Public Schools (data for private schools was unavailable). This is the largest amount of homeless students to be recorded yet in Cecil County. The public school system uses the McKinney-Vento Homeless Education Assistance Improvements Act definition of homelessness which defines homeless children as “individuals who lack a fixed, regular, and adequate nighttime residence.”³⁴ In addition to homelessness, the National Center for Education Statistics provided data from 2013-2014 that indicated 37.9% of students in Cecil County were eligible to participate in the Free Lunch Program. This means that almost 40.0% of all Cecil County students attend a Title I school and are designated as low-income or poor.³⁵

Educational Attainment

Education can impact a person’s ability to read and understand information, as well as make informed decisions. Education is also a powerful determinant for socioeconomic status, which can be influenced negatively the less education a person is able to attain. Lower educational attainment can lead to poorer health outcomes and overall lower quality of life. Figure 12 shows educational attainment in Cecil County compared to the state of Maryland for individuals 25 years and older from 2010 to 2014.

Figure 12.³⁶



Cecil County’s data seems relatively on par with Maryland’s but where the county falls behind is in the attainment of a bachelor’s degree or higher. Less than a third of Cecil County’s population has attained a post-secondary degree, which may indicate that the population will have trouble comprehending reading material and instructions at an advanced level. This in turn may impact the ability to make informed decisions, health care or otherwise. This may also indicate a lower socio-economic status based on the ability to secure a stable full-time job, and earning lower wages based on the level of education attained.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Methodology

The CHNA consisted of primary and secondary data collection and analysis. For primary data collection Union Hospital and the Cecil County Health Department facilitated an online community survey and three focus groups held with persons without regular access to the internet. Data from the online survey was both quantitative and qualitative, while data collected from the focus groups was qualitative. For the secondary data collection the CHNA planning team consulted a variety of local and national resources to provide a demographic, socio-economic, and health profile for Cecil County. The primary and secondary data are discussed throughout this report.

Union Hospital and the Cecil County Health Department received support and assistance from a Master of Public Health (MPH) intern for conduction of the CHNA. As a physician, the intern provided clinical insight, as well as applied her public health education in the data collection, planning, and implementation phases of the CHNA. The CHNA process was also IRB-approved. Cecil County Health Department submitted an IRB application for express approval which was granted. Focus group facilitation followed a moderated script and questions for the online survey contained approved content outlined in the IRB application. A copy of the approval letter is included in [Attachment A](#).

Community Representation

Input from community partners engaged in the Cecil County Community Health Advisory Committee (CHAC) meetings was sought to 1) identify and rank the top health priorities for the county and 2) form goals, objectives, and strategies for each priority. CHAC meetings were held on January 21, 2016 and March 16, 2016. The figures below show the CHAC active member organization list (Figure 13), the number of participants per active member organization for the January and March 2016 CHAC meetings (Figures 14 & 15), the CHAC additional participating organization list (Figure 16), and the number of participants per organization for the January and March 2016 CHAC meetings (Figures 17 & 18).

Figure 13.

CHAC – Active Membership Organizations

Affiliated Sante Group (Mobile Crisis)	Elkton Housing Authority
American Cancer Society	Maryland State Delegates
Cecil County Dept of Emergency Services	Maryland State Senators
Cecil County Dept of Juvenile Services	Meadow Wood Behavioral Health System
Cecil County Dept of Social Services	Private Citizens
Cecil County Director of Administration	Private Education Organizations
Cecil County Executive Office	Private Health Care Professionals
Cecil County Health Dept	Seventh Day Adventist Church
Cecil County Liquor Board	Union Hospital of Cecil County
Cecil County Public Schools	Upper Bay Counseling & Support Services
Cecil County Sheriff's Office	West Cecil Health Center

County Council Members	Youth Empowerment Source
DHMH - Office of Population Health Improvement	

Figure 14.

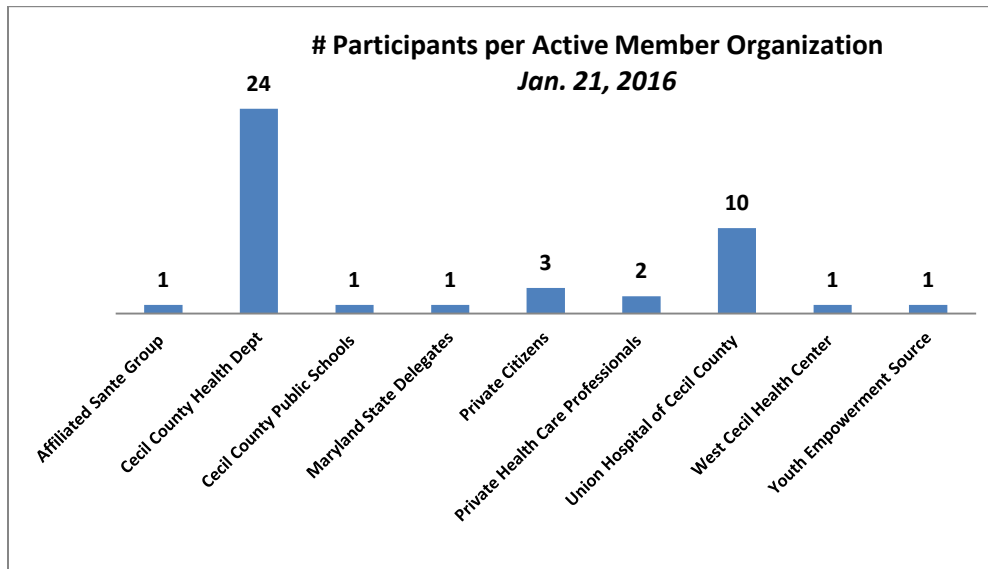


Figure 15.

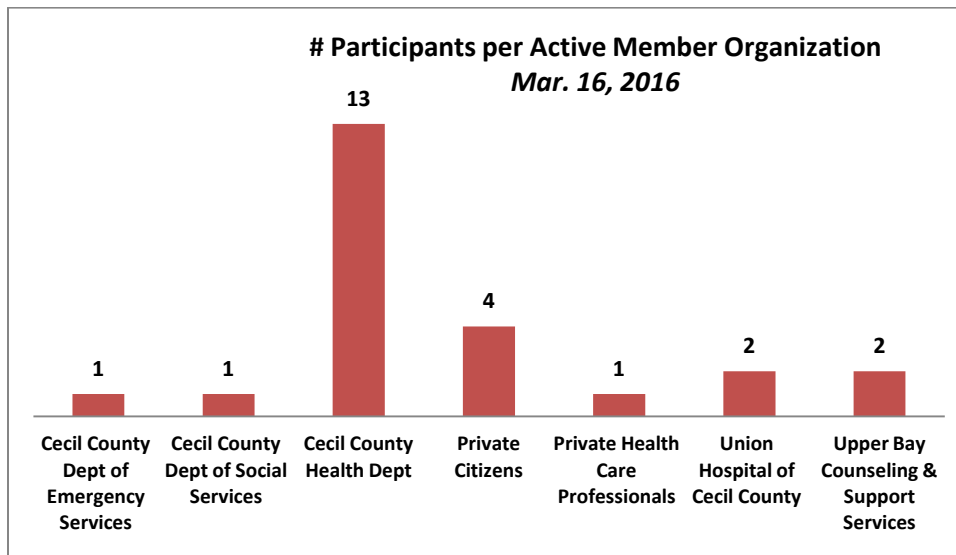


Figure 16.

CHAC – Additional Participating Organizations

Cecil College	Immaculate Conception
Cecil County Dept of Community Services	Meeting Ground
Cecil County Dept of Corrections	On Our Own of Cecil County
Cecil County Housing	Paris Foundation
Deep Roots	Serenity Health
Elkton Community Kitchen	Stone Run Family Medicine

Elkton Police Department	WIN Family Services
Elkton Presbyterian Church	YMCA

Figure 17.

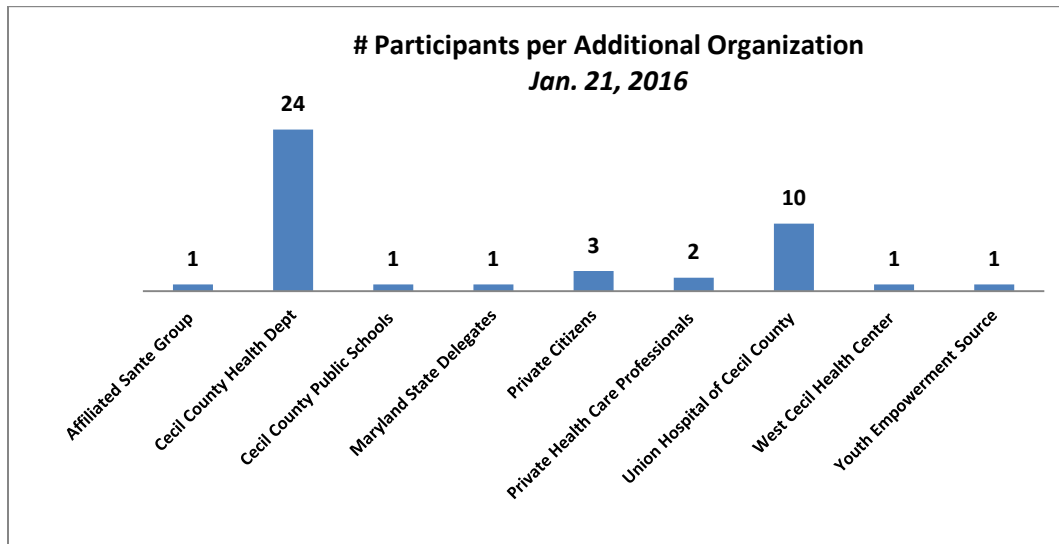
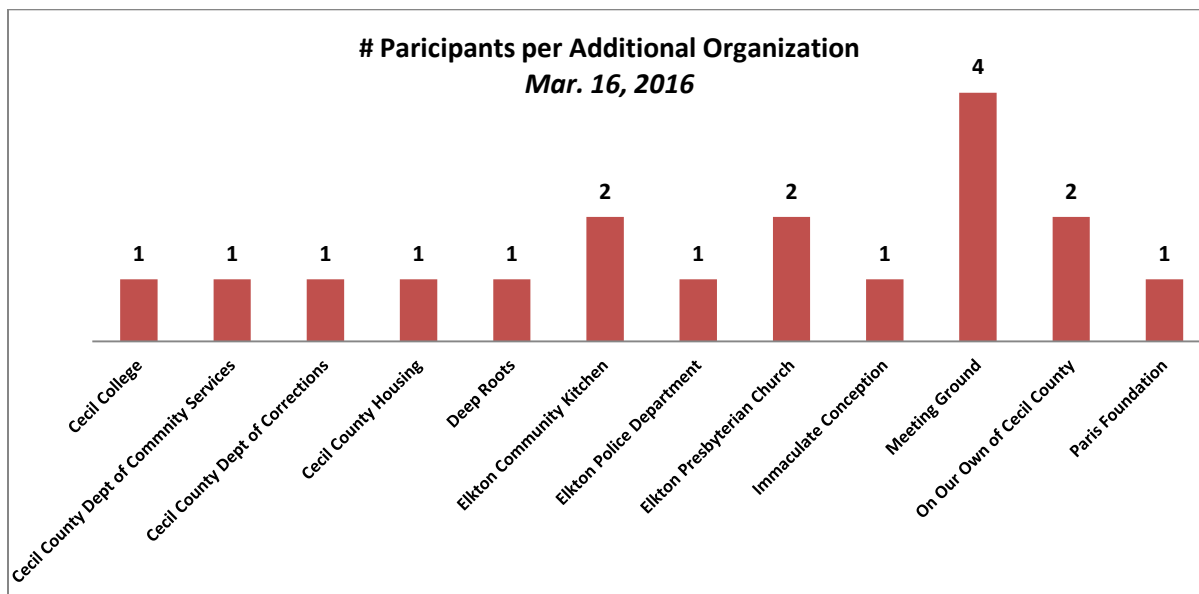


Figure 18.



In addition to the CHAC meetings, the public was provided the opportunity to give feedback on the CHNA report during the month of April 2016. The CHNA report was posted online on both the hospital's and health department's websites with a contact email to provide feedback. Feedback received was considered and applied where appropriate.

Research Limitations

It should be noted that the availability and time lag of secondary data may have presented some research limitations. Additionally, language barriers, timeline, minimal resources, and

other restrictions may have impacted the ability to survey and interview all community stakeholders. Limitations were mitigated by including representatives of underserved/vulnerable populations throughout the research components of the CHNA process.

ONLINE COMMUNITY SURVEY

Background

The online community survey was developed by the Health Policy Analyst (Cecil County Health Department) with input from the Community Health Advisory Committee (CHAC) membership. The survey was created using Survey Monkey and consisted of twenty questions – a variety of multiple choice, Likert Scale selections, and free text entry (see survey in [Attachment B](#)). The survey was divided into four sections and asked questions about demographics, community health, quality of life, and access to health care. The survey took approximately 15 to 20 minutes to complete and 506 people completed the survey. The following sections provide an overview of the results from the online community survey.

Demographics

In this section of the survey, respondents were asked to answer questions related to their demographics.

Zip Code

Survey respondents were asked to provide their zip code. Nearly half (48.8%) of survey respondents reside in the 21921 zip code area. Another 20.4% and 10.0% reside in the 21901 and 21911 zip code areas respectively. Table 5 contains a listing of respondents' zip codes.

Table 5.

Zip Code	% Respondents	Zip Code	% Respondents	Zip Code	% Respondents
21921	48.8%	21915	3.1%	21913	0.7%
21901	20.4%	21919	2.9%	21902	0.2%
21911	10.0%	21903	2.2%	21914	0.2%
21904	3.8%	21918	2.0%	21920	0.2%
Other	3.8%	21917	1.6%	21930	0.2%

*21901 – North East | 21902 – Perry Point | 21903 – Perryville | 21904 – Port Deposit
21911 – Rising Sun | 21913 – Cecilton | 21914 – Charlestown | 21915 – Chesapeake City
21917 – Colora | 21918 – Conowingo | 21919 – Earleville | 21920 – Elk Mills | 21921 – Elkton
21930 – Georgetown*

Demographic Profile

A demographic profile of respondents who completed the online community survey is included in Table 6. Females made up 83.2% of survey respondents, while males made up 16.8% of respondents. By age: 37.1 % of respondents are between 40 and 45 years of age; 23.2% of respondents are between 55 and 64 years of age; and 23.0% are between 26 and 39 years of age. Whites comprised 97.2% of survey respondents, with Blacks or African American representing 2.9% of respondents, Asians representing 1.2% of respondents, and American Indians or Alaskan Natives representing 0.6% of respondents. An additional 1.6% of respondents identified as being Hispanic, Latino or of Spanish origin.

The survey also asked respondents about their marital status, level of educational attainment and household income. Among respondents, 64.6% identified as being married, while

32.8% identified as single or not married. The majority of respondents (61.8%) have a college degree or higher, while only 0.8% of respondents have less than a high school education. Many respondents also indicated having completed some college. In addition, 43% of respondents have a household income of over \$80,000, while 7.1% have a household income of less than \$20,000.

Table 6.

Demographics of Survey Respondents	
Gender	
Male	16.8%
Female	83.2%
Age	
18-25	7.9%
26-39	23.0%
40-54	37.1%
55-64	23.2%
65 or Older	8.7%
Race (All that Apply)	
White	97.2%
Black or African American	2.9%
Asian	1.2%
American Indian or Alaskan Native	0.6%
Native Hawaiian or Other Pacific Islander	0.0%
Ethnicity	
Hispanic, Latino, or Spanish Origin	1.6%
Marital Status	
Married	64.6%
Not Married/ Single	32.8%
Widowed	2.6%
Educational Attainment	
Less than High School	0.8%
High School Diploma or GED	37.6%
College Degree or Higher	61.6%
Household Income	
Less than \$20,000	7.1%
\$20,000 - \$ 39,999	13.5%
\$40,000 - \$59,999	18.3%
\$60,000 - \$79,000	18.1%
Over \$80,000	43.0%

Community Health

In this section of the survey, respondents were asked to answer questions related to the health of the Cecil County community.

Important Health Issues

Survey respondents were asked to select the three most important health issues in Cecil County from a list of thirty health issues. Illicit drug use paired with problem alcohol use was by far the most concerning health issue, with nearly 81% of respondents choosing it as one of the three most important health issues in the county (highlighted portion in Table 7). Other pressing concerns that were identified by respondents included homelessness (34.5%), mental health (30.6%), poverty (18.7%), and obesity (18.7%). A complete listing of responses is included in Table 7.

Table 7.

Rank	Health Issue	% Respondents
1	Illicit Drug Use/ Problem Alcohol Use	80.9%
2	Homelessness	34.5%
3	Mental Health	30.6%
4	Poverty	18.7%
5	Obesity	18.7%
6	Access to Health Care	16.0%
7	Cancer	13.8%
8	Child Abuse and Neglect	12.9%
9	Affordable Housing	10.7%
10	Dental Health	10.3%
11	Tobacco Use	8.2%
12	Educational Attainment	6.6%
13	Teenage Pregnancy	6.4%
14	Heart Disease and Stroke	5.8%
15	Diabetes	5.5%
16	Domestic Violence	4.7%
17	Maternal/ Infant Health	3.7%
18	Homicide	3.5%
19	High Blood Pressure	3.5%
20	Respiratory/ Lung Diseases	3.1%
21	Sexually Transmitted Diseases (STDs)	2.7%
22	Environmental Health	2.1%
23	Rape/ Sexual Assault	1.9%
24	Suicide	1.9%
25	Motor Vehicle/ Pedestrian Injuries	1.6%
26	Infectious Diseases	1.4%
27	Firearm-related Injuries	1.2%
28	Vaccination	1.0%
29	Problem Gambling	0.6%
30	Fall-related Injuries	0.4%

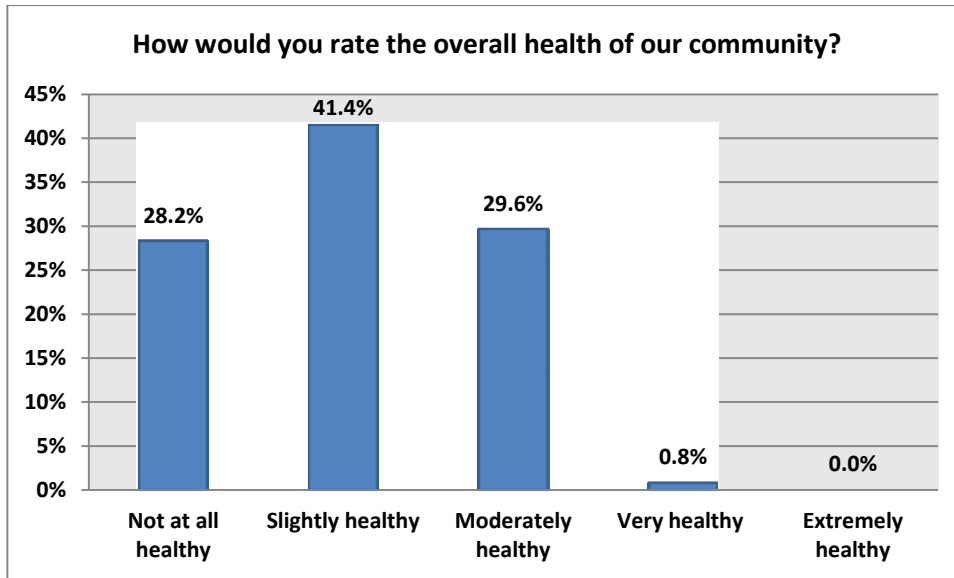
Respondents were also given the opportunity to suggest other important health issues in the county that were not among those listed. The majority of comments were related to substance abuse and access to care and health services in the county. Responses included:

- *“Many of above, under the umbrella of low socio-economic-education or, more simply, cycle of poverty and family dysfunction”*
- *“Drug addiction”*
- *“Transportation”*
- *“Alcohol, substance abuse”*
- *“Lack of public transportation to help people get to work locations”*
- *“Addiction”*
- *“Drug addiction”*
- *“Crime”*
- *“Heavy drug use”*
- *“Access to health care”*
- *“Drug and alcohol”*
- *“Healthcare costs”*
- *“Cancer”*
- *“Lack of proper treatment facilities to address the addiction epidemic in our area along with amount of access to proper mental health care providers”*
- *“Drugs”*
- *“Resources for kids”*
- *“Poverty”*
- *“Drugs”*
- *“Access to family practice physicians”*
- *“Not being able to get an ambulance in a timely manner”*
- *“All forms of crime”*
- *“Poor education/ heroin addiction”*

Health of the Community

Survey respondents were asked to rate the overall health of the community (Figure 19). Over two-thirds of respondents (69.6%) rated the overall health of the community as being not at all healthy or slightly healthy while less than 1% rated the overall health of the community as being very healthy or extremely healthy. In general, respondents feel that the overall health of the community in Cecil County is poor.

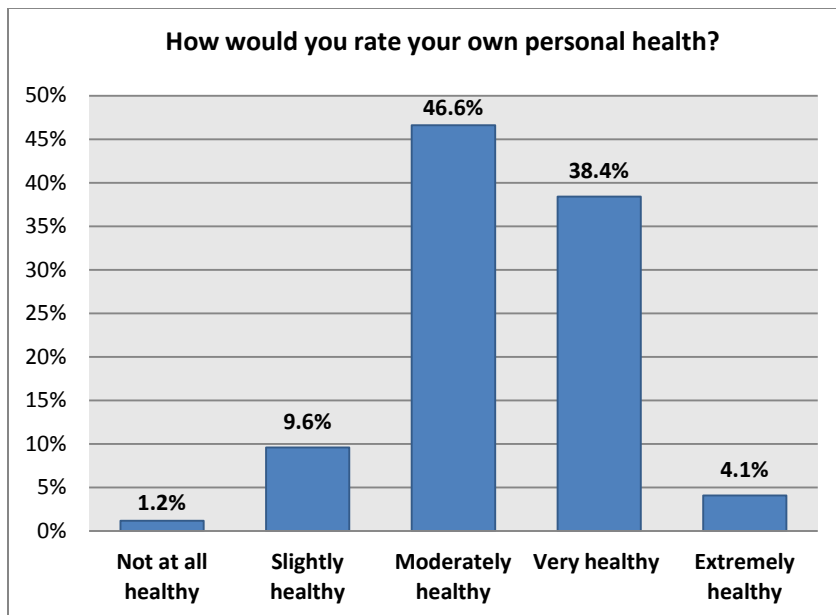
Figure 19.



Personal Health

Survey respondents were also asked to rate their own personal health (Figure 20). Approximately 43% of respondents rated their personal health as being very healthy or extremely healthy, while approximately 11% of respondents rated their personal health as being slightly healthy or not at all healthy. In general, respondents feel more positive about their personal health than the overall health of the community.

Figure 20.



Quality of Life

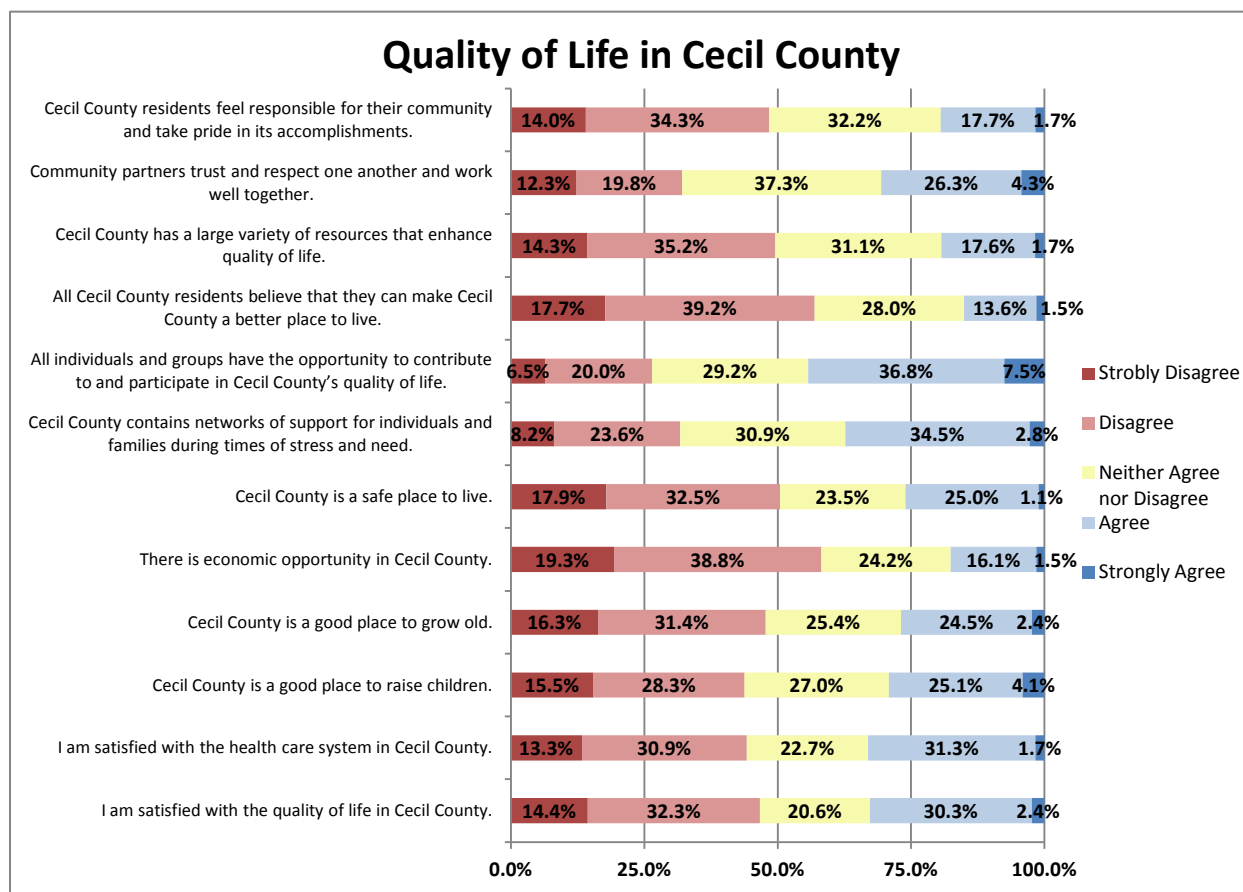
In this section of the survey, respondents were asked about the quality of life in Cecil County.

Quality of Life in Cecil County

Survey respondents were asked to rate ten statements about the quality of life in Cecil County on a scale from 1 (strongly disagree) through 5 (strongly agree) (Figure 21). For 8 out of 10 statements, respondents felt more negatively than positively about the statements.

Respondents felt most negatively about the statements “There is enough economic opportunity in Cecil County,” “All Cecil County residents believe that they can make Cecil County a better place to live,” and “Cecil County is a safe place to live.” For each of these statements, over half of respondents answered “strongly disagree” or “disagree.” Respondents felt most positively about the statements “All individuals and groups have the opportunity to contribute to and participate in Cecil County’s quality of life” and “Cecil County contains networks of support for individuals and families during times of stress and need.” Both of these statements received a greater percentage of “strongly agree” or “agree” responses than “strongly disagree” and “disagree.”

Figure 21.



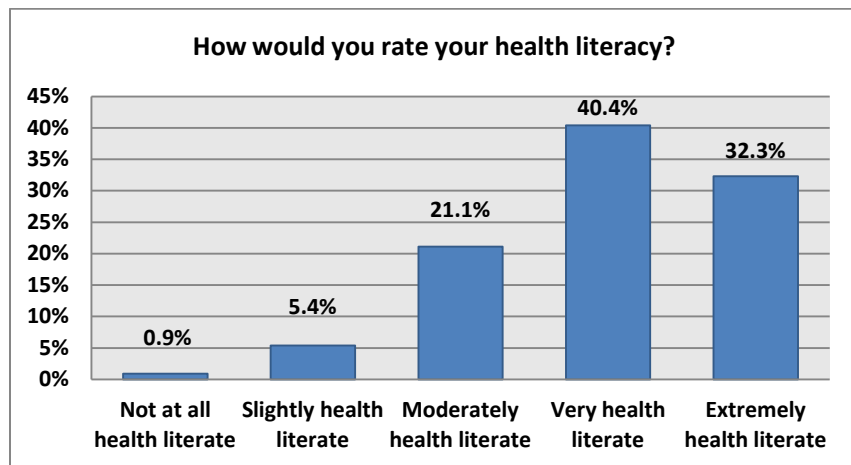
Access to Health Care

In this section of the survey, respondents were asked questions related to health care access in Cecil County.

Health Literacy

Respondents were asked to rate their health literacy (Figure 22). Health literacy can play a large role in a person's ability to understand health information and act upon the information they receive. A majority of respondents (72.7%) answered that they are either very health literate or extremely health literate.

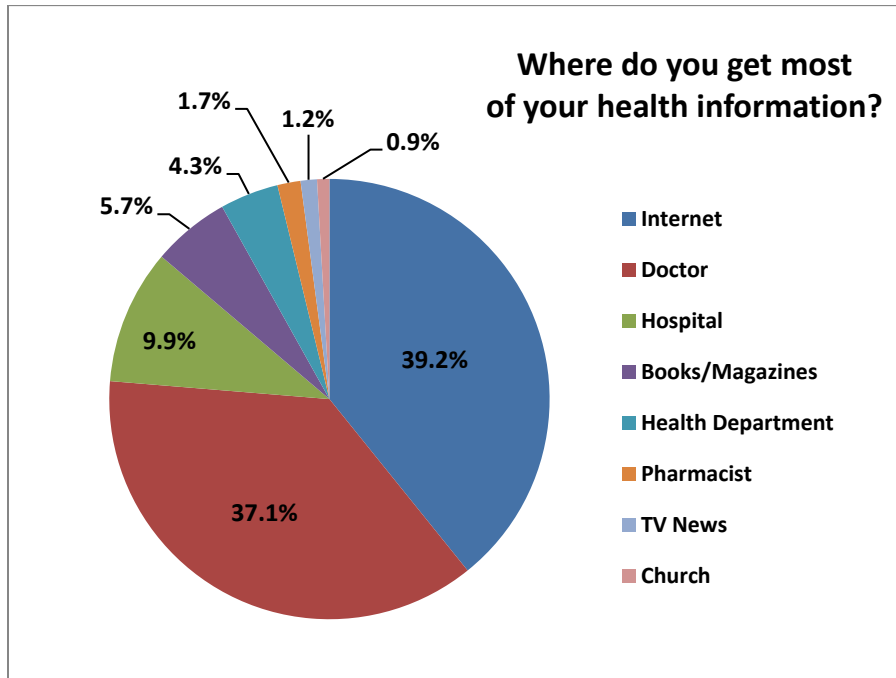
Figure 22.



Source of Health Information

Respondents were asked where they find or receive most of their health information (Figure 23). Over half of respondents (53%) reported getting most of their health information from health professionals and health care-related facilities, while approximately 39% reported getting most of their health information from the internet. Some respondents also indicated that they get information from medical journals and through their employment in the health care field.

Figure 23.

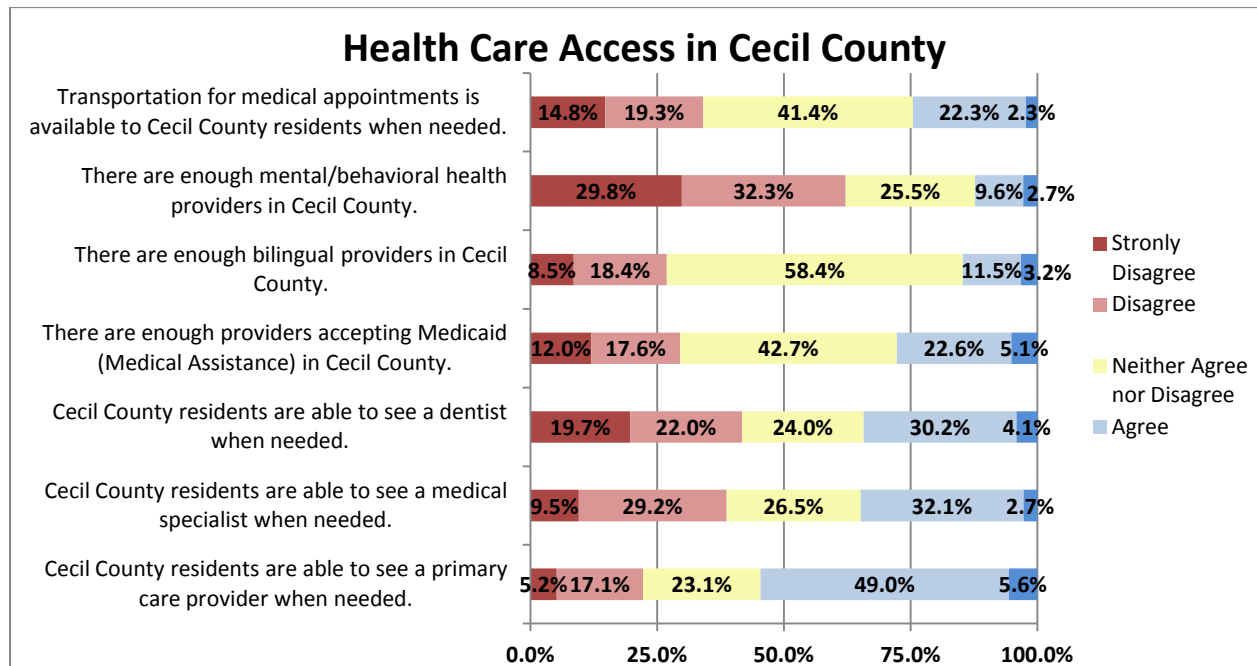


Health Care Access

Respondents were asked to rate seven statements about health care access in Cecil County on a scale from 1 (strongly disagree) through 5 (strongly agree) (Figure 24). For 6 out of 7 of the statements, respondents felt more negatively than positively about the statements.

Respondents felt most negatively about the statement "There are enough mental/behavioral health providers in Cecil County," with over 52% percent of respondents answering "strongly disagree" or "disagree." Respondents felt most positively about the statement "Cecil County residents are able to see a primary care provider when needed," with over 54% of respondents answering "strongly agree" or "agree."

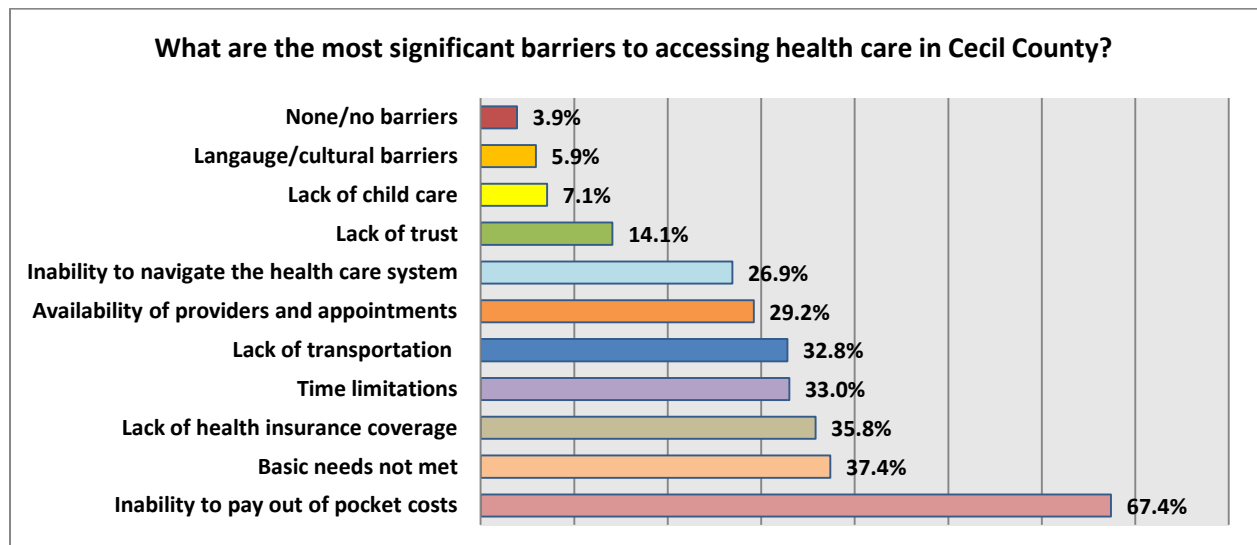
Figure 24.



Barriers to Care

Respondents were asked to select the three most significant barriers to care in Cecil County (Figure 25). The most commonly reported barrier was the inability to pay out of pocket expenses (67.4%). Basic needs not met (37.4%), lack of health insurance coverage (35.8%), time limitations (33%), lack of transportation (32.8%), availability of providers and appointments (26.9%), and inability to navigate the health care system (26.9%) were also reported as significant barriers by many respondents.

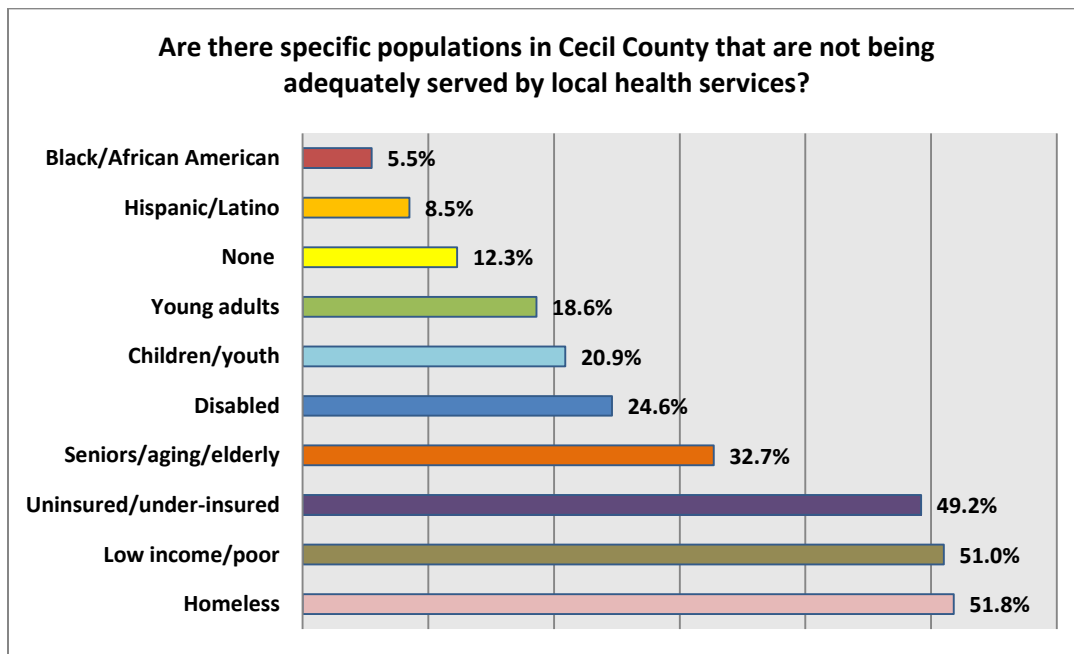
Figure 25.



Under-served Populations

Respondents were asked if there were specific populations in Cecil County that are not being adequately served by local health services (Figure 26). The most commonly reported populations were the homeless (51.8%), low-income and poor (51.0%), and the uninsured and under-insured (49.2%). In addition to the populations identified below, Whites, the middle class, veterans, and individuals with behavioral health disorders were mentioned as populations that are not being adequately served.

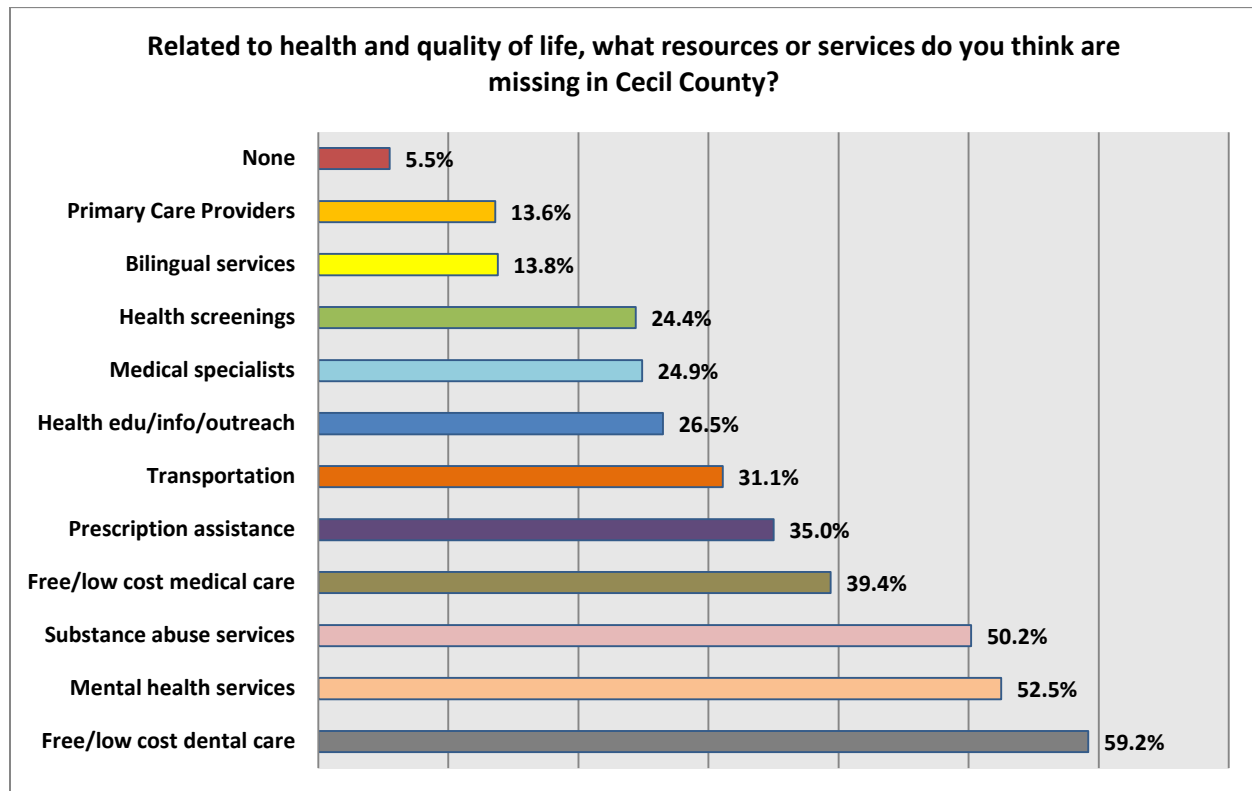
Figure 26.



Missing Resources and Services

Respondents were asked to identify resources or services related to health and quality of life that are missing in Cecil County (Figure 27). The most commonly reported resources or services that are missing in the county are free and low cost dental care (59.2%), mental health services (52.5%), and substance abuse services (50.2%).

Figure 27.



Additional Information about Health and Quality of Life

Survey respondents were asked to share additional information about the health and quality of life of Cecil County residents. Many of the responses were related to high rates of substance abuse and the need for more substance abuse treatment services in Cecil County. Substance abuse is often described as being related to mental health issues. Lack of mental health providers, lack of transportation, high crime rates, homelessness and poverty are also frequently mentioned as concerns. Respondents also indicated the need for more health education in the community. A selection of responses is provided below:

- *“We need detox services to help people get clean. A one month detox center that has services to help people get on their feet when they leave. Also more mental health assistance since a great deal of substance abuse is related to mental health issues.”*
- *“The biggest problem facing Cecil County is drug abuse. The best way to resolve this is to treat those addicted to drugs, and improve public education to ensure we aren't raising the next generation to make the same poor choices.”*
- *“We have a serious addiction problem in this county as well as crime making it an unsafe place to live.”*
- *“There is a terrible lack of providers who treat mental health issues in conjunction with substance abuse. Our homeless population seems to be increasing and there is lack of food, shelter, transportation, and health care access for them.”*
- *“There are so many homeless, uninsured and destitute individuals in the county that need help. There's a lack of adequate public transportation. The drug /alcohol/ substance abuse issues are going unnoticed. Crime is rampant in the county.”*

- *“I feel that the problems with drugs and homelessness need to be addressed by offering better mental health services. I don't have specific data, but I feel that the mental health resources in place are inadequate and possibly overwhelmed by the need.”*
- *“The southern part of the county seems to be very lacking in any sort of transportation provisions for elderly or disabled.”*
- *“Our county must address the children of our county, specifically those living in poverty.”*
- *“Education ... not getting enough education to people about health problems. Such as mental health, weight loss...people can't eat healthy because of the cost of food. Many kids going hungry because cost of items going up but not pay checks or food stamps.”*
- *“I think education is key. The main problems in Cecil County health care are uneducated people, or those who just don't care about prevention.”*

How Respondents Heard about the Survey

The last question of the survey asked respondents how they heard about the online community survey. The most commonly reported sources were through Facebook postings (30.0%), a local newspaper (13.9%), their workplace (13.9%), internet postings (10.0%), and Union Hospital of Cecil County (9.6%).

FOCUS GROUPS

Background

To ensure that the opinions of all Cecil County residents were considered, the CHNA planning team decided to hold focus groups for populations that have limited access to the internet and thus would have difficulty completing the online survey. Due to limited resources and time constraints, only three focus groups were conducted. Populations for the three focus groups included: adult residents 65 years and older with limited access to the internet; homeless adults with limited access to the internet; and Spanish-speaking, migrant workers with limited access to the internet. *Note: Focus group locations have been kept anonymous in order to protect the privacy of respondents as stipulated by the IRB for this CHNA.*

Each focus group session included a description of the CHNA, the purpose of the focus group, an introduction of the facilitators, and the rules of engagement. All materials were translated into Spanish for the focus group with migrant, Spanish-speaking workers, and a Spanish interpreter was provided by the Maryland Department of Health and Mental Hygiene.

Participants were asked to respond to the following questions:

- 1) What are the greatest strengths of our community?
- 2) What do you think are the most important health issues in Cecil County?
- 3) What would most improve the quality of life in Cecil County?
- 4) What are the most significant barriers to accessing health care in Cecil County?
- 5) Related to health and quality of life, what resources or services do you think are missing in Cecil County?

Findings

A summary of responses from each of the focus groups is included in Table 8.

Table 8.

Focus Group: Adults Ages 65 and Older With Limited Access to the Internet	
Greatest Strengths of our Community	Churches, Senior Center, Medical Facilities, AARP, Friends, Family, Bus Service, Union Hospital, Cecil College
Most Important Health Issues in Cecil County	Cancer, Heart Disease, Hypertension, Diabetes, Child Maltreatment, Access to Care for Children and Disabled, Substance Use (Drugs, Prescription Drugs, Alcohol, Tobacco), Access to Drugs
What Would most improve the quality of life in Cecil County	Senior Center, Social Events, Teen Center, Activities for Teens, Evening Classes for Adults, Home Health Visits
Most Significant Barriers to Accessing Care in Cecil County	Money, Jobs, Health Insurance Availability and Cost, Lack of Transportation, Health Care Costs, No Home Health Visits
Resources or Services Missing in Cecil County	Evening Teen Programs, Free Outdoor Events, Drug Education, Services for Those Above the

	Federal Poverty Level, Options for Underinsured, Personal Advocates
Focus Group: Homeless Adults With Limited Access to the Internet	
Greatest Strengths of our Community	Availability of Programs, Caring People, Volunteers, Small Businesses, Health Department, Churches, Homeless Shelters, Union Hospital
Most Important Health Issues in Cecil County	Drug addiction, Hepatitis, Access to Health Care, Lack of Primary Care Providers, Quality of Care in the Emergency Department, Obesity, Diabetes, Lack of Support Services for the Homeless, Sexually Transmitted Diseases, Access to Mental Health Services, Medication Costs, Need for More Medical and Social Support
What Would Most Improve the Quality of Life in Cecil County	Decrease Drug Dealers, More Government Funding for Programs, More Drug Rehabilitation Centers, More Education, More Jobs, Affordable Housing, Personal Advocates, Coordination Between Agencies, Workshops for Wound Care
Most Significant Barriers to Accessing Care in Cecil County	Money, Health Insurance, High Cost of Co-pays and Medication, Politics, Lack of Knowledge, Transportation, Qualifications for Public Assistance, Lack of Providers and Services Outside of Elkton, Options for Substance Abuse Treatment
Resources or Services Missing in Cecil County	Access to Psychologists and Psychiatrists, Job Support, Transportation, Health Navigators, Computers
Focus Group: Spanish-Speaking, Migrant Workers With Limited Access to the Internet	
Greatest Strengths of our Community	Health, Police/Security, Firefighters, Farming/Agriculture, Jobs
Most Important Health Issues in Cecil County	Access to Healthcare, Lack of insurance, Lyme Disease and Deer Ticks, Allergies, Skin Rashes, Muscle/Body Aches
What Would Most Improve the Quality of Life in Cecil County	Scheduled Exams, Onsite Care, Preventative Care, Closer Pharmacy/Stores
Most Significant Barriers to Accessing Care in Cecil County	Lack of Health Insurance, Cost of Health Care, Lack of Health Information, Language Barriers, Lack of Transportation, Time Limitations
Resources or Services Missing in Cecil County	Transportation, Rural Bus Route, Road Safety Signs, Local Pharmacy, Green Space for Sports, Bi-lingual Pediatricians

SECONDARY DATA PROFILE

Background

Secondary data for the CHNA was obtained from local, state, and national sources (Table 9). The secondary data analysis is formatted according to data categories from the “Community Health Status Assessment Core Indicators List” from the National Association for County and City Health Officials (NACCHO).³⁷ The data categories include:

- Demographics
- Health Resources
- Quality of Life
- Social Determinants
- Societal Health
- Behavioral Risk Factors
- Environmental Health
- Maternal and Child Health
- Communicable Disease
- Mortality

Table 9.

ARCGIS: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	Maryland Department of Human Resources	National Provider Identification File
Area Health Resource File	Maryland Department of the Environment	Prevention and Health Promotion Administration, DHMH
Centers for Medicare and Medicaid Services	Maryland Health Services Cost Review Commission	Substance Abuse and Mental Health Services Administration
Center for Sexually Transmitted Infection Prevention, DHMH	Maryland Medicaid Service Utilization	The Maryland Uniform Crime Reporting Program
Children’s Bureau	Maryland Vital Statistics Administration	US Census Bureau
Claritas, Inc.	Maryland Youth Risk Behavioral Survey	US Department of Agriculture: Economic Research Services
County Health Rankings	Maryland Youth Tobacco Survey	US Department of Education
Fatality Analysis Reporting System	Meditech 6.1	US Department of Health and Human Services
Feeding America	National Center for Education Statistics	US Department of Housing and Urban Development
Healthy Communities Institute	National Association for city and County Health Officials	US Department of Justice
Maryland Behavioral Risk Factor Surveillance System	National Vital Statistics System – Mortality	
Maryland Department of Health and Mental Hygiene	National Cancer Institute	

Demographic and Economic Profile of Cecil County

Union Hospital and the Cecil County Health Department are responsible to meet the needs of a county with broad health and socio-economic factors. These factors can impact many health issues, so it is important to address them according to community need and in partnership with community organizations. According to NACCHO, when assessing the health and wellbeing of a community, it is important to analyze the population's demographics, health resources, quality of life, social determinants of health, societal health, behavioral risk factors, environmental health, maternal and child health, communicable disease, and mortality.

Demographics

Location & Population

Cecil County is located in the upper north eastern corner of the Chesapeake Bay in Maryland and borders Pennsylvania and Delaware. The county seat is located in Elkton, Maryland, and there are eight towns and seven unincorporated communities in the county.

Union Hospital and Cecil County Health Department serve all of Cecil County, providing services and care for residents in the zip codes listed in Table 10. These zip codes also make-up Union Hospital's primary and secondary service areas, as denoted in Table 10, and collectively are known as the Community Benefit Service Area (CBSA) for Union Hospital.

Table 10.

Primary Service Area	Secondary Service Area
21921 – Elkton	21902 – Perrypoint
21922 – Elkton	21903 – Perryville
21901 – North East	21904 – Port Deposit
21916 – Childs	21917 – Colora
21920 – Elk Mills	21918 – Conowingo
21915 – Chesapeake City	
21914 – Charlestown	
21911 – Rising Sun	
21912 – Warwick	
21913 – Cecilton	
21919 – Earleville	

As mentioned in the Cecil County – Quick Facts section (pg. 6), Cecil County has a population of a little over 100,000 people (about 102,843).³⁸ Between 11% and 15% of the population is aged 25 to 64 years of age. Table 11 shows age brackets for the county's population.

Table 11.³⁹

Age	Percent
0-4	5.8%
5-9	6.2%
10-14	6.8%
15-17	4.2%
18-20	3.8%

21-24	5.1%
25-34	11.9%
35-44	12.1%
45-54	15.3%
55-64	14.2%
65-74	9.1%
75-84	4.0%
85+	1.5%

A majority of Cecil County is White (88.0%), not Hispanic/Latino (95.5%), and speaks primarily English in the home (94.0%). Minority populations are largely located in Elkton, Maryland. Data for minority status by race, ethnicity, and language spoken at home is as follows:⁴⁰

- Race
 - African American/Black: 6.6%
 - American Indian/Alaskan Native: 0.3%
 - Asian: 1.3%
 - Native Hawaiian/Pacific Islander: 0.1%
 - Other: 1.3%
 - 2+ Races: 2.5%
- Ethnicity
 - Hispanic/Latino: 4.5%
- Language Spoken at Home
 - Spanish: 2.7%
 - Asian/Pacific Islander: 0.9%
 - Indo-European: 2.3%
 - Other: 0.1%

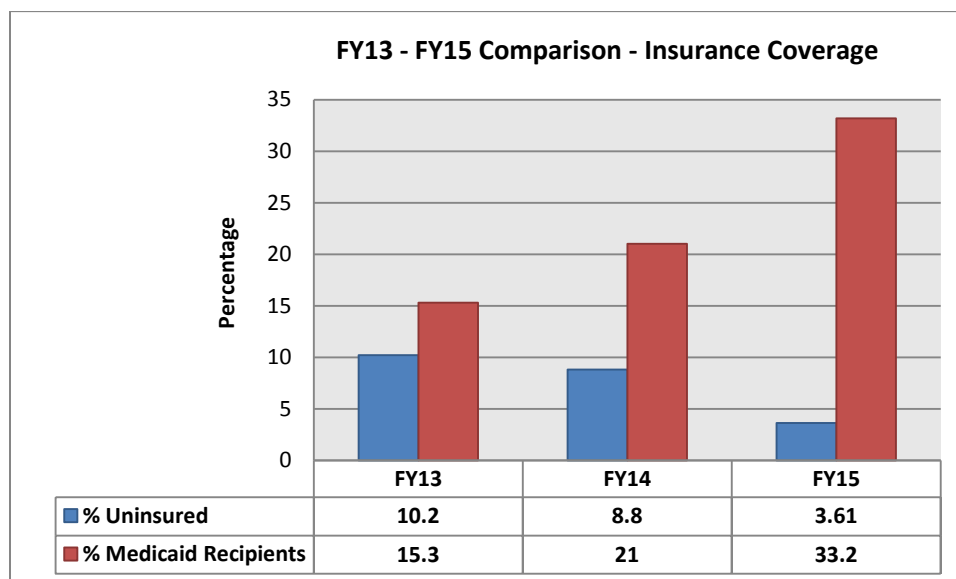
Income & Poverty

Data estimates for 2016 show that the median household income for households in Cecil County is \$69,430.⁴¹ While this figure indicates a wealthier population, there are many households/families in the county that live below the poverty level (6.7%), and an especially high percentage of impoverished families that have children (5.7%).⁴² The 2014 American Community Survey shows that unemployment in Cecil County was at 5.5%.⁴³ Employment status is a major influencing factor in the density of poverty in an area, especially for households where there is only one parent.

Health Insurance Coverage

After the Affordable Care Act enacted the mandate requiring everyone to obtain health insurance coverage, the percentage of insured persons in the county increased significantly in a little over two years, especially for Medicaid recipients (Figure 28), further diminishing the uninsured population in the community.

Figure 28. ^{44, 45, 46, 47, 48}



Data from the 2014 American Community Survey indicated that 93.9% of the Cecil County population had health insurance during that time.⁴⁹

Health Resources

A determinant of good health outcomes is access to health care. As such, the amount of health care providers available in the county can determine whether the population is able to regularly seek care, increasing personal ability to make positive health connections with health care providers. In Cecil County primary care access points are increasing:

- There are around five urgent care centers with extended hours to serve urgent care needs that in most cases would have been sought in the emergency room (ER)
- Union Hospital has fourteen physician practices, including three primary care offices
- Many private practice providers have offices around the county
- Local and chain pharmacies provide minute-clinics with quick access to primary care services
- In 2013, 90.9% of people reported that they had a regular source of primary care or a personal physician⁵⁰
- In 2012, there were thirty-five primary care providers per 100,000 population in Cecil County⁵¹
- In 2014, there were twenty-nine non-physician primary care providers per 100,000 population⁵²

However, there are also many primary care providers retiring in Cecil County without other providers available to replace them. As the provider workforce ages and more people become insured there are often access barriers to primary care. In 2015, nearly a quarter of the county's population (24,541 persons) accessed primary care providers using their Medicaid insurance.⁵³ If the county experiences another primary care shortage due to the influx of

retirees in the primary care workforce, gains in access to care in the county through higher rates of insurance may be offset by barriers to accessing adequate health care services.

Access barriers also exist for dental care in Cecil County. In 2014, County Health Rankings reported that there were forty dentists in Cecil County with a ratio of 2,560 persons to 1 dentist in the county.⁵⁴ Additionally, in 2014, data from the Maryland State Health Improvement Process showed that Cecil County had the fourth highest dental emergency department (ED) visit rate in Maryland (1,525.3 visits per 100,000 population compared to the state's rate of 779.7 visits per 100,000 population).⁵⁵

In Fiscal Year 2015, Union Hospital spent over \$1.2 million in ED expenditures for 798 patients with a dental diagnosis. Among the 798 patients were 88 patients who returned to the ED three or more times, often for the same dental condition they had reported to the ED for initially. These avoidable ED visits totaled 783 encounters and \$493,210 in hospital expenditures.

In addition, Cecil County only has one public water system that is fluoridated, located in North East, Maryland (approximately 8,000 residents or 7.8% of Cecil County population have fluoridated water supplies). A lack of community water fluoridation coupled with a population with a high level of poverty has resulted in a higher rate of dental disease.

Another significant gap in the oral health care delivery system is that mandatory state coverage for adult dental care does not exist in Maryland. Consequently, individuals who do not have the resources to afford adequate dental insurance coverage have to rely on the ED as their primary dental provider further increasing ED spending.

Quality of Life

Quality of life indicates an overall sense of well-being for individuals with a supportive community environment. Quality of life can be quantified using indicators related to the determinants of health and community-well being, as well as qualitative perceptions from community residents about aspects of their neighborhoods that either enhance or diminish their quality of life. From a quantitative perspective, in 2014, the Maryland Behavioral Risk Factor Surveillance System surveyed Cecil County adult residents to determine their satisfaction with the health care they received. Results showed that 96.9% of Cecil County adults were very satisfied and somewhat satisfied with their health care.⁵⁶

Social Determinants of Health

There are many social determinants that can affect health, health outcomes, and access to health care services. Poverty and educational attainment were discussed in the Executive Summary (pgs. 15-18), and employment was discussed in the Demographic & Economic Profile of Cecil County section (pg. 39) of this secondary data analysis. Poverty, educational attainment, and employment are all social factors that contribute to the health of a population, how the population accesses health care services, and the population's health outcomes. Others include access to healthy food and fitness, transportation, and housing quality.

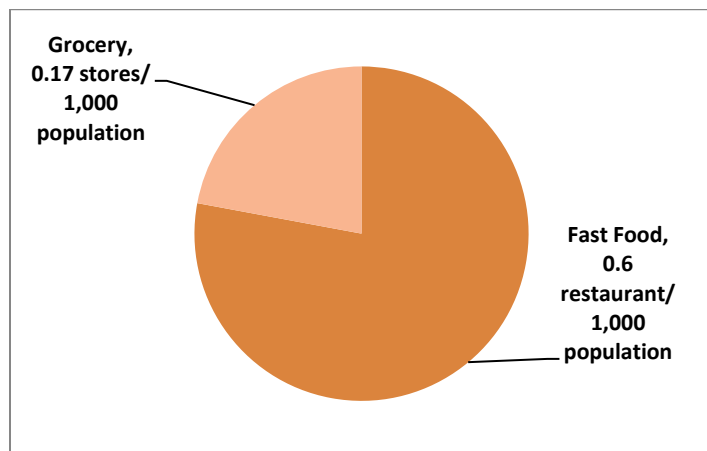
Access to Healthy Food & Fitness

Access to fresh fruits and vegetables can affect health outcomes like adult and child obesity, high cholesterol, high blood pressure, and heart disease. In Cecil County, the following healthy food access statistics apply:

- Only 16.4% of adults consume fresh fruits and vegetables five or more times per day⁵⁷
- 35.0% of adults (18 years or older) are obese⁵⁸
- 13.2% of adolescents (12-19 years old) are obese⁵⁹
- 16.7% of low-income children (2-4 years old) are obese⁶⁰

In large, urban areas, corner store to grocery store density can be a good measurement for determining the lack of access to fresh fruits and vegetables. In rural or more spread out communities where grocery stores are less strategically placed, examining the density of fast food restaurants to grocery stores can determine access to fresh fruits and vegetables. In Cecil County, fast food restaurants are more prevalent than grocery stores (Figure 29), which further diminishes the community's ability to access healthy foods.

Figure 29.⁶¹



Some places in the US are even considered food deserts because of their lack of access to healthy foods. Food deserts are often characteristic of low-income or poor areas, hindered by poorer social and economic factors. While Cecil County is not a food desert, food insecurity for children is a problem. Twenty-two percent of children under 18 years old are food insecure in Cecil County.⁶² Food insecurity means that there is limited or uncertain availability of, and/or ability to, access nutritionally adequate foods in socially acceptable ways. According to the source Feeding America, children who are food insecure are more likely to be hospitalized and more likely to be at risk for developing asthma, being obese, and developing social and behavioral issues.⁶³

Access to places to exercise and play is also a social determinant of health. Exercise is a key component to improving many of the risk factors associated with heart disease, diabetes, and even cancer. If a community lacks the necessary fitness facilities or neighborhood play areas or even sidewalks to facilitate physical activity and exercise, health outcomes can suffer

tremendously. In Cecil County, only 39.0% of adults participate in regular physical activity for at least 150 minutes of aerobic exercises.⁶⁴

In Cecil County there are 0.04 fitness facilities per 1,000 population available. Now, despite the lower percentage of adult regular physical activity and lower proportion of available fitness facilities, County Health Rankings reports that 87.0% of Cecil County's population has adequate access to locations for physical activity.⁶⁵

Transportation

Access to transportation is a major factor in determining access to health care in any given area. Public transit often does not run in rural or large suburban communities and residents may not own a vehicle. In Cecil County, only 5% of households do not own a vehicle.⁶⁶ However, public perception and feedback (transportation remains one of the largest barriers to health care in this community) differs greatly from the seemingly good data provided for access to transportation in the county.

Housing Quality

Housing quality is important to examine because poor quality housing can lead to the following:

- Asthma and other chronic lower respiratory diseases in youth and adults due to mold issues
- Lead poisoning, especially in infants and children
- Bed bugs or other parasitic outbreaks
- Poor pest control, especially from households with pets
- Violence and crime, especially in slum housing

Housing quality can also include severe housing problems like overcrowding, high housing costs, lack of a kitchen, and lack of plumbing facilities. In Cecil County, 16% of households encounter at least one of these four severe housing problems.⁶⁷ Content from the *Severe Housing Problems* indicator page from Healthy Communities Institute states:

*Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards.*⁶⁸

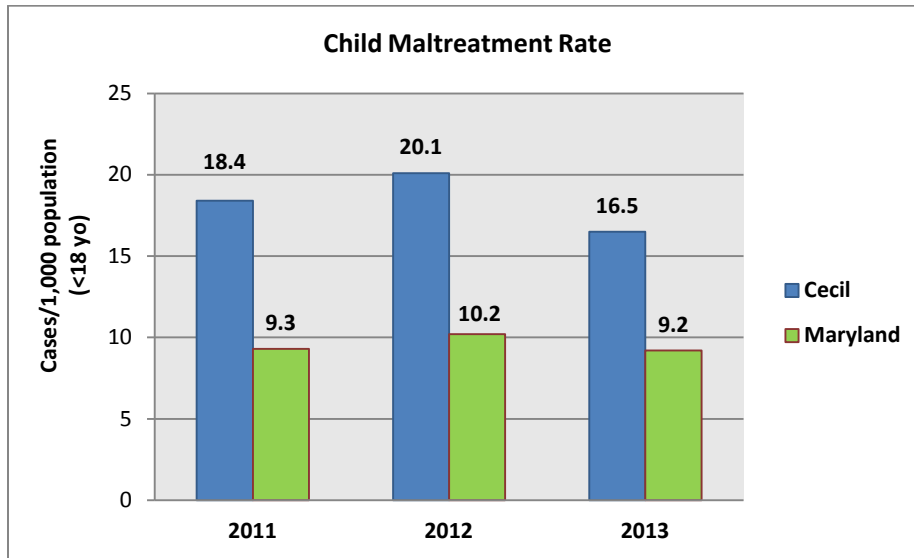
Societal Health

Societal health is integral to the sustainability of a healthy community. Therefore, analyzing indicators like child abuse, domestic violence, homicide, and suicide can help to develop a more comprehensive understanding of what the stability of a community looks like, where the gaps are, and endeavor to create opportunities to intervene at the community collaborative level with entities like public health, law enforcement, social services, emergency services, mobile crisis services, and behavioral health services.

Child Abuse

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation;” or “an act or failure to act which presents an imminent risk of serious harm.”⁶⁹ Figure 30 shows the fluctuation of child maltreatment cases per 1,000 population under the age of 18 years from 2011 to 2013 in Cecil County. Cecil County’s rate nearly doubles that of the state from year to year.

Figure 30.⁷⁰



Child abuse is non-discriminate in that it can be carried out by anyone at any time and it does not occur within any specific socio-economic group. Therefore, there are opportunities for Cecil County to prevent child abuse and spread awareness through strengthening families, promoting positive parenting skills, mandatory reporting, and creating access to service support in the community.

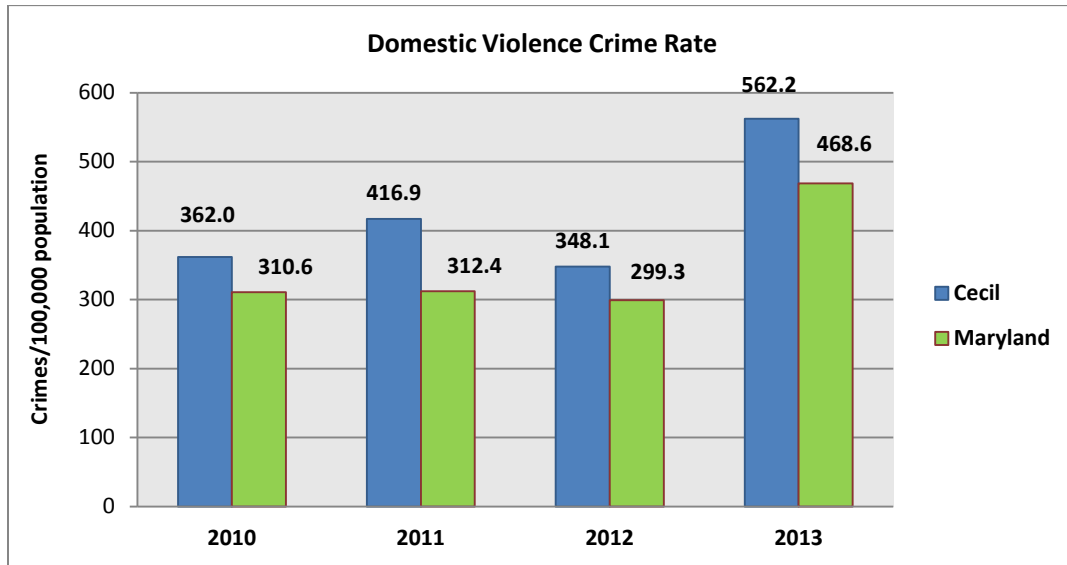
Domestic Violence

The US Department of Justice defines domestic violence as:

*...A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.*⁷¹

Figure 31 shows the rate of domestic violence in Cecil County compared to that of the state of Maryland.*

Figure 31.⁷²



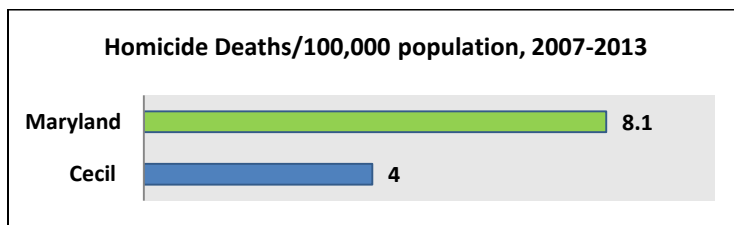
* Note: In 2013, domestic violence data reporting was expanded to include additional relationships and reflect changes in Maryland law. This change explains the increase in the total number of domestic violence crimes reported.

The rate of domestic violence in Cecil County is higher than that of the state. The Maryland 2017 SHIP goal for domestic violence crimes is 445 crimes per 100,000 population, which means Cecil County must reduce its domestic crime rate by 117 crimes over the next year (reduction by one quarter of the county's current total) to meet the state goal.

Homicide

Figure 32 shows homicide deaths per 100,000 population for Cecil County from 2007 to 2013. Cecil County's rate is half that of the state of Maryland and less than the national Healthy People 2020 goal of 5.5 deaths per 100,000 population.

Figure 32.⁷³



Suicide

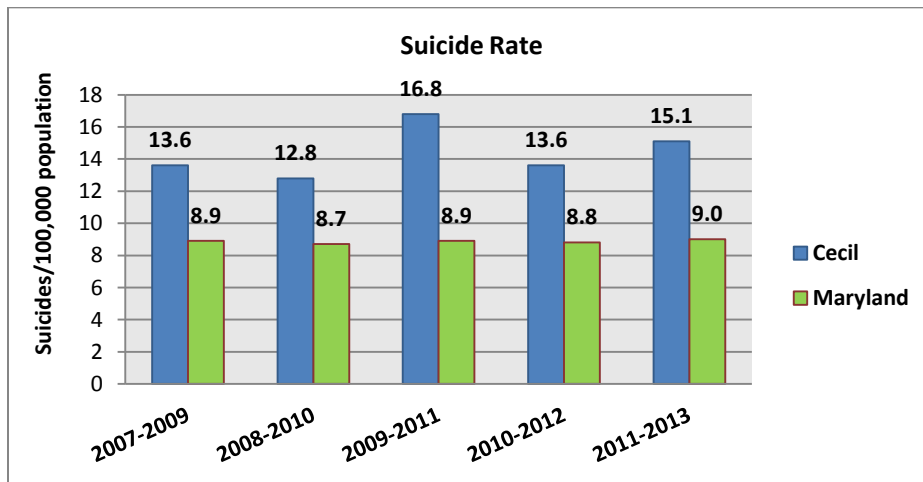
As part of the 2013 Maryland YRBS, high school students were asked whether they felt sad or hopeless and whether they had seriously considered attempting suicide during the past twelve months. Table 12 shows the results.

Table 12.⁷⁴

Depression and Thoughts of Suicide Among High School Students		
Health Risk Behavior	Cecil	Maryland
Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	27.5%	27.0%
Percentage of students who seriously considered attempting suicide during the past 12 months	15.5%	16.0%

Figure 33 shows the suicide death rate per 100,000 population for Cecil County in two-year increments from 2007 to 2013. Cecil County rates are significantly higher than those of the state.

Figure 33.⁷⁵



Behavioral Risk Factors

Physical activity (exercise) and nutrition are important behavioral risk factors for many chronic diseases that can have a large effect on health outcomes. Tobacco use is also a behavioral risk factor (see data on pg. 15) for chronic disease and health in general. Finally, screenings are an important indicator of prevention in that they establish a routine relationship with primary care providers; help detect health issues, like cancer, early; and provide education for the prevention of a number of diseases and conditions.

Screenings to detect cervical cancer, colorectal cancer, and breast cancer are all behavioral risk factors that can help improve health. From 2008 to 2012, in Cecil County the following cancer statistics applied:

- 119.6 new breast cancer cases per 100,000 females occurred⁷⁶
- 9.0 new cervical cancer cases per 100,000 females occurred⁷⁷
- 41.5 new colorectal cancer cases per 100,000 population occurred⁷⁸

Analysis of 2014 screening data reveals moderate results for Cecil County:

- 76.4% of women (50 years and older) had a mammogram in the past two years⁷⁹
- 74.4% of women (18 years and older) had a pap smear in the last three years⁸⁰
- 70.1% of adults (50 years and older) had ever had a colonoscopy⁸¹

Environmental Health

NACCHO states:

The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.⁸²

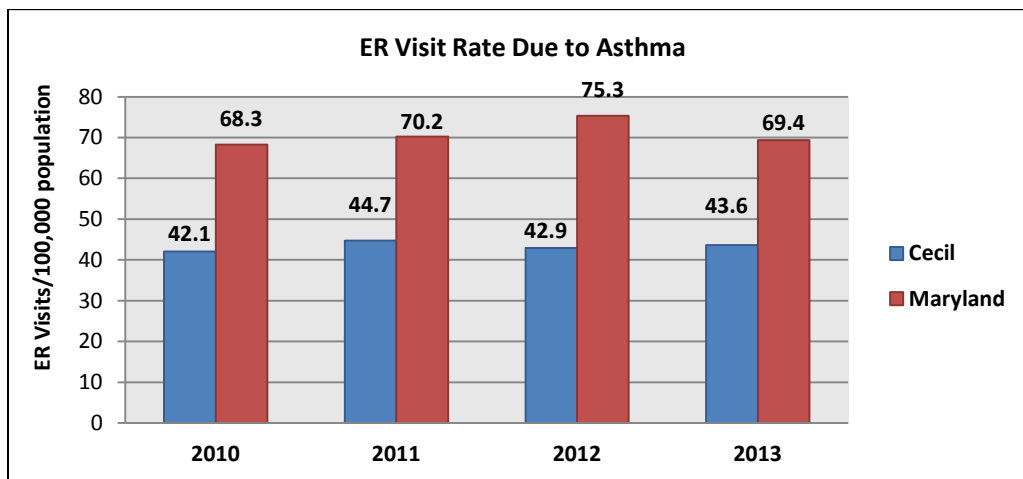
Air quality

The quality of the air impacts breathing and the ability to function in outdoor spaces. Poor air quality can lead to health conditions like asthma and other chronic lower respiratory diseases (COPD, bronchitis, etc.). In Cecil County, the following data applies to persons with asthma:

- In 2014, 9.3% of adults had asthma⁸³
- In 2013, 16.4% of children (17 years old and younger) had asthma⁸⁴
- In 2014, 7.0% of Medicare beneficiaries were treated for asthma⁸⁵

Figure 34 shows the rate of emergency room (ER) visits due to asthma per 100,000 population, from 2010 to 2013 in Cecil County compared to Maryland.

Figure 34.⁸⁶

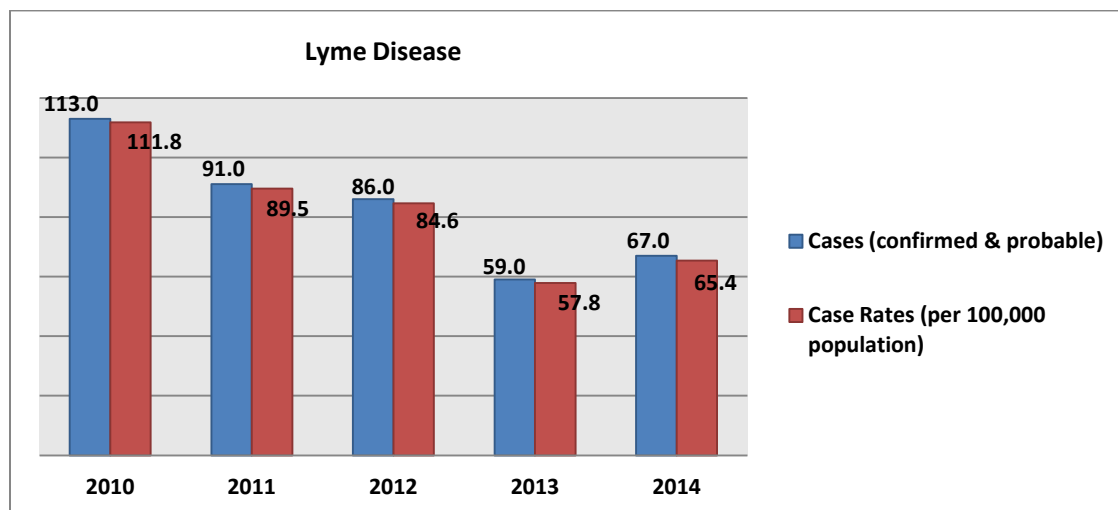


In 2011, County Health Rankings reported that for Cecil County the average density of fine particulate matter (PM) in micrograms per cubic meter was 12.1, compared to the state's PM of 12.5.⁸⁷ The national standard is PM 2.5. Because of this high PM score, the population is more susceptible to respiratory conditions, especially for those persons who work outdoors or spend a lot of time outdoors.

Lyme Disease

Cecil County has a high incidence of Lyme disease. Figure 35 details the cases and case rates per year from 2010 to 2014 for Lyme disease in Cecil County.

Figure 35.⁸⁸



Lead exposure

Lead exposure can contribute to a number of health issues, especially developmental issues among children. Most often lead exposure is identified from children ingesting lead paint chips found in homes constructed before lead paint was banned in 1978. Table 13 shows the percentage of children (12 to 35 months) enrolled in Medicaid that received blood lead screenings from 2011 to 2013 in Cecil County, and Table 14 shows the percentage of all children (0 to 72 months) tested who screened positive for elevated blood levels from 2009 to 2013 in the county.

Table 13.⁸⁹

Percentage of children (aged 12-35 months) enrolled in Medicaid (90+ days) who received a blood lead screening			
	2011	2012	2013
Cecil	42.0	43.7	51.9
Maryland	65.8	65.6	66.2

Table 14.⁹⁰

Percentage of children (0-72 months old) who were tested who had elevated blood lead levels (>10 µg/dL)					
	2009	2010	2011	2012	2013
Cecil	0.2	0.0	0.1	0.0	0.3
Maryland	0.4	0.3	0.3	0.3	0.3

Maternal and Child Health

Maternal and child health is an important determinant of child growth and development over a lifetime. From womb to world, appropriate care of baby and mother can lead to positive health outcomes and reduce child mortality. As such, it is important for mothers to receive prenatal care in the first trimester in order to engage the mother in the appropriate steps to take in caring for herself and her baby. In 2013, 76.5% of mothers received prenatal care in the first trimester in Cecil County.⁹¹ Babies born to teen mothers can be a critical indicator of increased risk for both baby and mother. This is another reason why prenatal care in the first trimester is critically important. In 2013, there were 22.8 births per 1,000 population of teen mothers in Cecil County.⁹² In addition, Sudden Unexpected Infant Death (SUID) can occur if there is not enough education and support for new mothers about the risks associated SUID. From 2009 to 2013, there was 1.0 death per 1,000 live births due to SUID in Cecil County.⁹³

Babies born with low birth weight can be deficient as they grow, depending on the cause of the low birth weight. Mothers who smoke during pregnancy have a greater risk of their babies being born with low birth weight. Developmentally, these babies can suffer from the inability to form organ systems correctly or have deficiencies in organ and system functions, including brain function. In 2013, 6.9% of babies were born with low birth weight in Cecil County.⁹⁴

As discussed in the Executive Summary (pgs. 7-9), there is a large substance abuse problem in Cecil County. When mothers use illicit drugs or other harmful substances during pregnancy, babies can be born with Neonatal Abstinence Syndrome (NAS). NAS indicates that the baby has been born addicted to an illicit substance. NAS babies do not soothe easily and can be in pain during the period of detoxification after birth.

Communicable Disease

Communicable diseases are transmitted through person-to-person contact or through shared use of contaminated instruments or materials. Many communicable diseases can be prevented through a high level of vaccine coverage of vulnerable populations or through the use of protective measures, such as condoms for the prevention of sexually transmitted infections.

Vaccinations

Vaccines control and eliminate infectious disease and communicable disease within a population. They are also integral to protecting the growth and development process of persons as they age from infancy to adulthood. There is no local childhood vaccination data available for Cecil County; however, the percentage of children statewide (aged 19-35 months) receiving immunization vaccines increased by 12% from 2010 to 2011 and stood at 78.0% as of 2011.⁹⁵ For older adults (65 years and older), 59.8% received the pneumonia vaccine in 2013 and 61.5% received the flu vaccine.⁹⁶

Sexually Transmitted Infections

Sexually transmitted infections (STIs) can be prevented, but when they are not prevented they can significantly impact the health of populations.

Syphilis

Four cases were reported in Cecil County in 2014 (rate: 3.9 cases per 100,000 population).⁹⁷

Gonorrhea

The prevalence of Gonorrhea in Cecil County went from 50.1 cases per 100,000 population in 2005, to below 15.8 cases per 100,000 population in 2009, and back up to 68.4 cases per 100,000 population in 2014. These were much lower rates compared to the rest of Maryland's counties.⁹⁸ There were some disparities measured for race/ethnicity and gender in 2014. Figures 36 and 37 show this data. For race/ethnicity, the disparity is most prevalent among African Americans and for gender the disparity is most prevalent for females in Cecil County.

Figure 36.⁹⁹

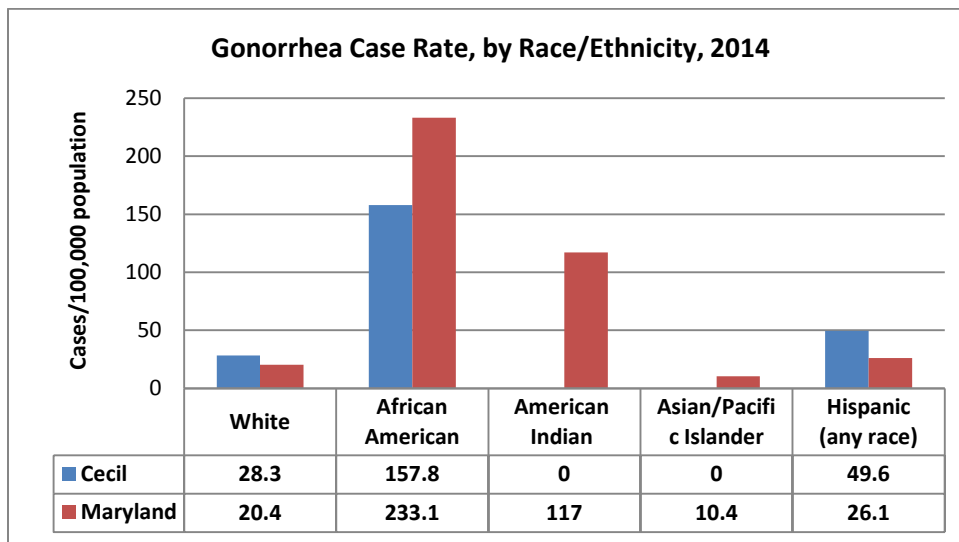
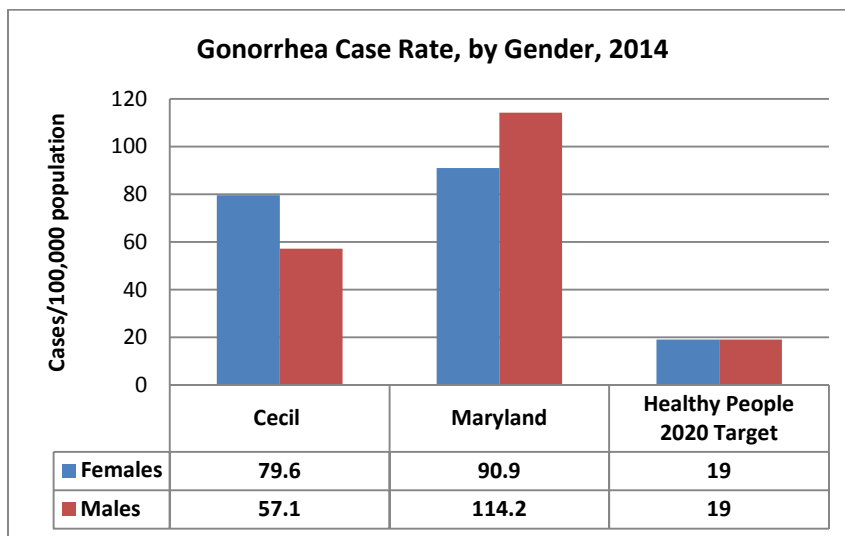


Figure 37.¹⁰⁰



Chlamydia

The prevalence of Chlamydia in Cecil County went from 168.7 cases per 100,000 population in 2005, up to 246.8 cases per 100,000 population in 2011, and rose again to 253.2 cases per 100,000 population in 2014.¹⁰¹ In addition to the Gonorrhea data, there were some disparities measured for race/ethnicity and gender in 2014 for Chlamydia. Figures 38 and 39 show this data. For race/ethnicity, the disparity is most prevalent among African Americans and for gender the disparity is most prevalent for females in Cecil County.

Figure 38.¹⁰²

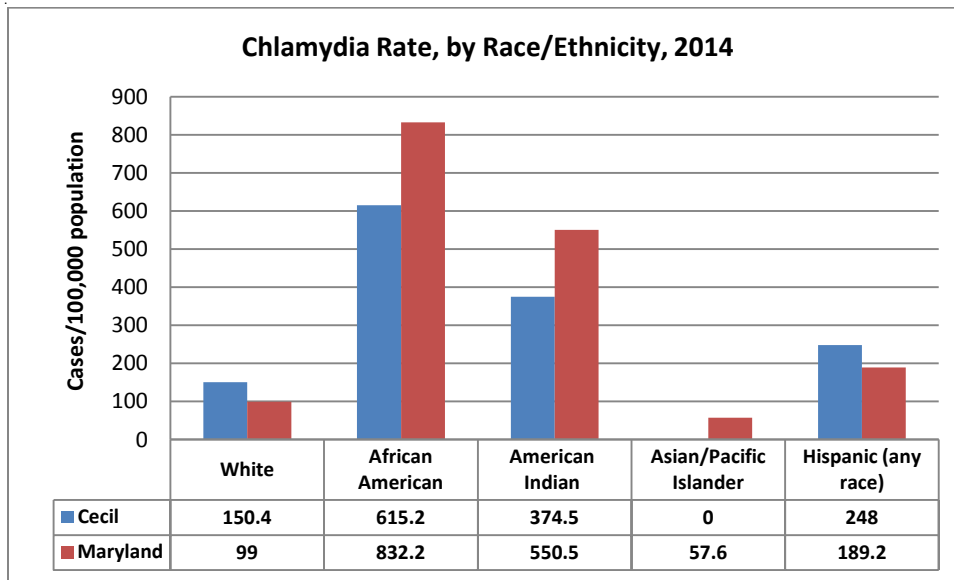
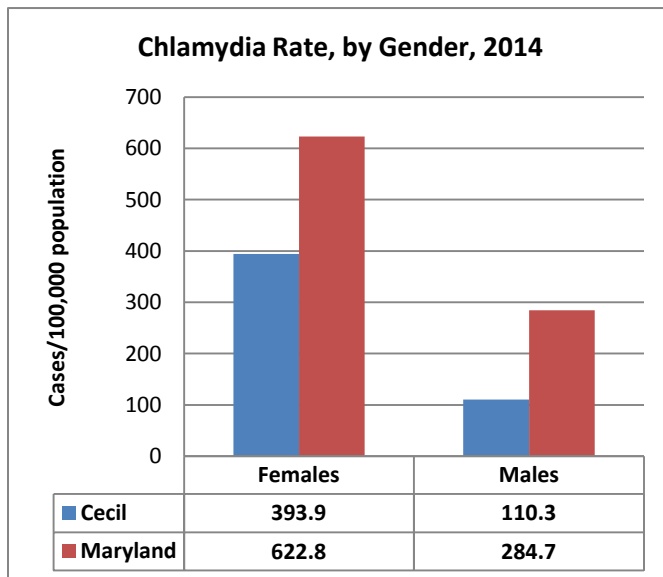


Figure 39.¹⁰³



Other Communicable Diseases

Tuberculosis (TB) and HIV/AIDS are two types of communicable disease that can greatly impact population health if not treated and managed appropriately. In Cecil County, the incidence, or rate of new cases, of TB from 2007 to 2011 was 0.8 cases per 100,000 population. The prevalence, or existing cases, of HIV/AIDS was 137.2 cases per 100,000 population in 2012.¹⁰⁴

Mortality

Health status in a community is measured in terms of mortality, or rate of death within a population. Table 15 shows the infant mortality rate per 1,000 live births from 2010 to 2013. The rates each year are on target with the Maryland SHIP goal for 2017 of 6.3 deaths per 1,000 live births and the Healthy People 2020 goal of 6 deaths per 1,000 live births.

Table 15.¹⁰⁵

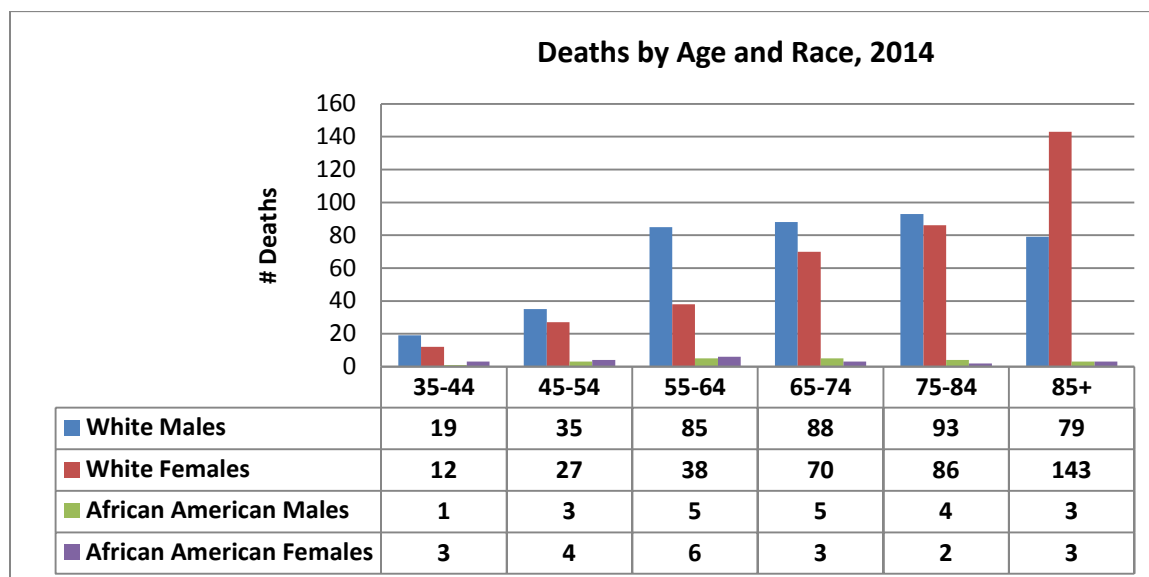
Infant mortality rate per 1,000 live births				
	2010	2011	2012	2013
Cecil	5.9	8.8	4.0 (count only)	6.3
Maryland	6.7	6.7	6.3	6.6

The Maryland Vital Statistics Administration provides reports of the number of deaths by gender, age, race, ethnicity, and causes.¹⁰⁶ The following information and figures reflect data from the 2014 Vital Statistics reports for deaths in Cecil County. In 2014, there were 855 total deaths (Females: 410 deaths and Males: 445 deaths) in Cecil County. Total deaths by race (both sexes) were as follows:

- Whites: 801
- African Americans: 47
- Asian/Pacific Islanders: 5
- Hispanics: 7

For Whites, most deaths occurred in persons 85 years and older – 215 total deaths (both sexes). For African Americans the age range of 55-64 years had the highest number of deaths – 11 total deaths (both sexes). There was little to no data available for Asian/Pacific Islanders and Hispanics for a majority of the age ranges. White and African American deaths among those 35-44 years of age had the most consistent data reported. Figure 40 shows the data for age bracket and race.

Figure 40.



The age ranges with the largest death disparities for Whites occurred in the 55-64 age range (Males: 85 vs. Females: 38) and the 85 years and older age range (Females: 143 vs. Males: 79). For African Americans, the disparities were present in females (3 deaths) vs. males (1 death) who were 35-44 years old; males (5 deaths) vs. females (3 deaths) who were 65-74 years old; and males (4 deaths) vs. females (2 deaths) who were 75-84 years old.

In 2014, the main cause of death in Cecil County was diseases of the heart (all races, both sexes). Table 16 shows causes of death for both sexes by race/ethnicity. The portions highlighted in yellow indicate the most significant cause of death by race/ethnicity, not including “All Causes.”

Table 16.

	All Races	White	African American	Asian/Pacific Islander	Hispanic
All Causes	855	801	47	5	7
Heart Disease	213	198	13	2	1
Cancer	193	183	9	1	1
Chronic Lower Respiratory Disease	55	51	4	0	0
Cerebrovascular Diseases (incl. Stroke)	54	51	3	0	0
Accidents	32	30	2	0	3
Alzheimer's Disease	25	23	1	1	1
Nephritis, Nephrotic Syndrome, Nephrosis	18	17	1	0	0
Diabetes Mellitus	18	17	1	0	0
Influenza & Pneumonia	18	17	1	0	0

Chronic Liver Disease & Cirrhosis	16	16	0	0	0
Suicide	16	16	0	0	0
Parkinson's Disease	13	12	0	0	0
Septicemia	13	12	1	0	0
Hypertension & Hypertensive Renal Disease	4	4	0	0	0
Pneumonitis (due to solids and liquids)	4	3	0	0	0
Homicide	4	3	1	0	0
Certain Conditions Originating in the Perinatal Period	3	2	1	0	0
HIV/AIDS	2	1	1	0	0

Finally, from 2008 to 2012 the following cancer death rates per 100,000 population were measured for Cecil County:¹⁰⁷

- All cancers: 201.6
- Lung cancer: 61.5
- Prostate cancer: 27.2
- Breast cancer: 23.5
- Colorectal cancer: 17.2

PRIORITIZING HEALTH NEEDS & CREATING STRATEGIES

Prioritizing Health Needs

The CHNA planning team worked with the Community Health Advisory Committee (CHAC) to prioritize the health needs identified from both the primary data (online community health survey and focus groups) and secondary data (local, state, and national statistical analysis). This prioritization process took place during the first CHAC meeting held on January 21, 2016. The agenda for this meeting included the following components:

- 1) **Welcome and Introduction.** Dan Coulter (Cecil County Health Department, Health Policy and Planning) and Jean-Marie Donahoo (Union Hospital, Community Benefit) kicked off the meeting with an overview of the CHNA, including: purpose, data collection methods, a description of where the health issues came from, criteria from NACCHO to consider when selecting the top three health priorities for Cecil County (Table 17), and the selection process instructions for this meeting with data review.

Table 17.¹⁰⁸

NACCHO Criteria for Priority Selection

Size	How many people are affected by the health problem?
Seriousness	Does the health problem lead to death, disability, and/or reduced quality of life?
Trends	Has the health problem gotten better or worse over time?
Equity	Are there specific groups that are more affected by the health problem?
Intervention	Are there existing strategies available to address the health problem?
Feasibility	Can we reasonably combat the health problem?
Value	How does the community rate the importance of the health problem?
Consequences of Inaction	What is the risk to the population by not acting on the health problem?
Social Determinant/ Root Cause	Does the health problem impact other health issues? What is the root cause of the health problem?

- 2) **Community Health Needs Assessment Findings.** The forty-four participants were each given a packet of slides that detailed all the needs identified from the primary and secondary data collection methods. Figure 41 shows the health needs which are grouped into applicable categories. Category headings were chosen by the CHNA planning team to facilitate a smoother voting process for the selection of the top three health priority areas. Participants were asked to review the data, ask questions, and consider their top three categories using the NACCHO criteria.

Figure 41.



- 3) **Voting Round 1: Prioritization of Health Categories.** Participants were asked to mark their top three health category choices on large, wall-hanging flip charts which listed the categorized health needs. This method of voting was modeled after NACCHO’s “Dotmocracy Method.”¹⁰⁹ Participants were only allowed three votes and could not vote in duplicate. After all participants had voted, the marks were tallied and the three main health categories with the highest scores were ranked accordingly:
- a. Behavioral Health (39 votes);
 - b. Chronic Disease (30 votes); and
 - c. Determinants of Health (24 votes).

The other categories scored as follows: Access to Care (15 votes); Violence (15 votes); Environmental Health (2 votes); Reproductive Health (2 votes); Injury (1 vote); and Communicable Disease (0 votes).

- 4) **Voting Round 2: Selection of Health Needs within the Prioritized Categories.** The participants were then divided by preferred prioritized health category and met in these groups to determine 1 to 3 health needs to focus on for each category. The three groups were allotted forty-five minutes each to discuss the health needs listed under each category (see Figure 41). Moderators provided the NACCHO criteria for consideration when choosing the top 1 to 3 health needs. Votes were tallied from hands raised in each group. At the end of the discussion period the three groups came back together to report-out the following health needs chosen per category:
- a. Behavioral Health
 - Illicit drug use/problem alcohol use
 - Mental health
 - Access to behavioral health services
 - b. Chronic Disease
 - Diabetes
 - Heart disease/stroke

- Respiratory/lung disease
- c. Determinants of Health
 - Poverty/homelessness
 - Educational attainment

Creating Strategies to Address the Prioritized Health Needs

The second CHAC meeting was held on March 16, 2016. This meeting was held in order to bring back together the CHAC participants from the January meeting to discuss goals, objectives, and strategies to address the prioritized health needs for Cecil County. The agenda for this meeting included the following components:

- 1) **Welcome and Introduction.** Dan Coulter and Jean-Marie Donahoo welcomed twenty-four participants back to the second CHAC meeting where participants were tasked with discussing and forming goals, objectives, and strategies to address the prioritized health needs.
- 2) **Break into Workgroups by Priority.** As participants entered the meeting space, they were asked to join groups according to their health category of choice: Behavioral Health, Chronic Disease, or Determinants of Health.
- 3) **Review of Materials.** Dan Coulter reviewed the materials provided to each group:
 - a. Data packet reviewing data specific to each priority
 - b. SMART Objectives handout
 - c. Work Plan Matrix worksheet
- 4) **Creation of Work Plans per Priority.** The group moderators were tasked with facilitating discussion around goals, SMART objectives, and potential strategies. Group discussions lasted forty-five minutes.
- 5) **Next Steps.** It was apparent during group discussion that there would need to be further discussion around feasible goals and SMART objectives with community leaders not present. However, all three groups were able to identify various potential strategies. Dan Coulter concluded the CHAC meeting by asking each group to provide feedback to the moderators who would be filling in the work plan matrixes and emailing them to participants.

More discussion is needed but CHAC will be able to come to a consensus on goals, SMART objectives, and strategies to include in the work plans for each prioritized health category. The work plans will become the Community Health Improvement Plan (CHIP) which will be available online by June 30, 2016.

Health Needs Identified but Not Prioritized

Information contained in the Focus Groups – Findings section (pgs. 35-36) and Figure 41 shows that there were several health needs, including barriers to care, that did not make the prioritized list during the selection process at the CHAC meeting. Table 18 shows the identified needs and barriers and provides the rationale behind why they were not prioritized. The rationale includes provisions from community services, organizations, programs, and activities that either are currently or will in the future facilitate solutions for challenges. Also, while

certain health issues were not prioritized, work done in one area may be applicable to assisting the needs of a non-prioritized area (ex. strategies to decrease heart disease may include ways to address high blood pressure, obesity, and tobacco use). Therefore, there will likely be overlap in the strategic planning process.

In addition, all of the health issues and barriers listed in Table 18 were discussed based on the NACCHO selection process criteria and were deemed not feasible to address due to factors, like resource availability, scope of impact, etc. Nonetheless, it is important to note that the health issues and barriers in Table 18 may continue to be a part of the Cecil County community health profile. They may also continue to be raised as health issues for many years to come by the residents of Cecil County, regardless of resources and steps taken to mitigate their impact.

Table 18.

Health Needs Identified but Not Prioritized	Rationale
<p>Access to care (incl. addressing special populations, like children and the disabled, the lack of Primary Care Providers, the lack of quality care in the emergency department, and the lack of providers outside of Elkton, Maryland)</p>	<p>Access to care may be addressed in all health priority areas. Historically, access to care for children has been the specific responsibility of specialized children’s hospitals, like Nemours, or through youth specific programs facilitated through the Cecil County Health Department or through Medicaid-based programs. This is also the case for disabled persons. Their access issues are addressed through the Department of Community Services.</p> <p>The lack of primary care providers can stem from a recruitment and retention problem, one that Cecil County currently suffers from. Service providers, like Cecil County Health Department and Union Hospital, look to state agencies, like the State Office of Rural Health for support in financing and finding primary care providers to bring into the county. However, this is an ongoing and very difficult issue to solve.</p> <p>There are many factors at play in the recruitment and retention of primary care providers for Cecil County. This also applies to the lack of providers outside of Elkton.</p> <p>The lack of quality care in the emergency department (ED) was brought up during the homeless focus group and was based on sentiments that staff are not accepting of homeless persons or the fact that compliance is difficult to maintain due to their social</p>

	<p>circumstances. This issue is currently being addressed as the hospital works to enhance standard of care with cultural competencies.</p>
Dental health	<p>Dental health is a major problem in Cecil County with dwindling resources to support existing programs that serve vulnerable populations. A large factor in providing dental care, especially in the low-income and Medicaid populations, is financial backing. Processes are currently in place to strengthen dental care supports in this community. As this is a larger systematic issue, it was not included in the list of health priorities for the county. However, the risk factors that lead to poor dental health may be included in strategies to support the chronic conditions.</p>
Problem gambling	<p>Problem gambling is not as widely a recognized health issue in Cecil County as it is in areas with many casinos or avenues to encourage excessive gambling. Still, resources do exist to intervene at the personal level with problem gambling, including counseling services.</p>
Cancer	<p>Lung cancer is actually being addressed as part of the Respiratory/Lung disease health priority. The Union Hospital Cancer Program will also be creating a radiation suite where Maryland Medicaid patients (a large portion of the Union Hospital cancer patient population) can receive covered radiation services. This was a barrier that was identified during the last cancer needs assessment and is currently being addressed in the Cancer Program's strategic plan. There are also other cancer supports available in this community, which include: breast, colon, and cervical cancer supports through the Cecil County Health Department; county-wide fundraisers promoted by the Union Hospital Cancer Program and Breast Center that help support patients without access to basic needs during treatments; and many free and reduced-cost cancer screenings offered by Union Hospital in partnership with area physicians and oncologists, like skin cancer, prostate cancer, head and neck cancer, and low-dose lung CT screenings.</p>
High blood pressure	<p>High blood pressure may be addressed as part of the Chronic Disease health priority for heart disease/stroke.</p>
Obesity	<p>Obesity may be addressed as part of the Chronic Disease health priority for heart disease/stroke, diabetes, and/or respiratory/lung disease.</p>

Tobacco use	Tobacco use may be addressed as part of the Chronic Disease health priority for heart disease/stroke and/or respiratory/lung disease.
Infectious diseases (incl. Hepatitis)	Infectious diseases (communicable diseases) were not chosen by CHAC because there are already programs in place through the Cecil County Health Department to address them. Also the disease burden is not large in Cecil County.
Vaccination	There are already programs in place, facilitated by the schools, the Cecil County Health Department, Union Hospital, and physician practices, that offer either free vaccinations or support to obtain them, as well as emphasize the importance of getting vaccinated.
Outdoor health impediments (incl. Lyme disease, deer tick bites, allergies, skin rashes, and muscle/body aches)	These were health issues that were brought up during the focus group with the migrant workers. Because of their outdoor, manual labor they are more prone to these outdoor health impediments. Through a quick assessment of free resources available through the Cecil County Health Department, the CHNA planning team was able to provide education materials on how to prevent these health impediments moving forward.
Environmental health	Environmental health was not a feasible priority to take on due to lack of available resources.
Injuries – Falls	Falls prevention is currently being worked on between several service providers: the Cecil County Health Department, Union Hospital, and the Department of Community Services.
Injuries – Fire-arm, Motor vehicle/pedestrian	Prevention of fire-arm injuries falls to law enforcement, and the prevention of motor vehicle/pedestrian injuries falls to the Department of Transportation.
Maternal/infant health	Maternal and infant health could be addressed through the Chronic Disease and/or the Behavioral Health priorities if applicable to the CHIP strategic planning process.
Sexually Transmitted Infections (STIs)	Local non-profit organization programs, like the Boys and Girls Club’s SMART Moves program, work with youth to remain abstinent so as to avoid contraction of STIs. In addition, the Cecil County Health Department is currently focusing on the rise of Chlamydia and Gonorrhea in Cecil County. Union Hospital and the health department are also working local physicians on having youth under 26 years old vaccinated with Gardasil to prevent the spread of HPV and to prevent the onset of cervical and head and neck cancers.

Teenage pregnancy	Teenage pregnancy is addressed by the Cecil County Health Department, the health curriculum in public and private schools, and the Cecil County Pregnancy Center. Churches and other non-profit programs also play a large role in reducing teenage pregnancy in the county.
Child abuse and neglect	There is currently a Cecil County task force for Child Maltreatment Prevention. This task force focuses on strengthening family supports, promoting positive parenting, and spreading awareness of child abuse prevention in the county by working with various family service partners and health and social service supports.
Domestic violence	Domestic violence is a large issue in Cecil County. Current resources addressing this issue include the domestic violence shelter, a part of the Department of Social Services, and local law enforcement.
Homicide	Homicide is addressed by local and state law enforcement in Cecil County. Agencies and health care services do partner with law enforcement to support these efforts as premature death impacts all health outcomes.
Rape/sexual assault	Rape/sexual assault are addressed by the Department of Social Services, the Department of Emergency Services, Union Hospital, and local law enforcement.
Suicide prevention	Suicide is most frequently addressed through inpatient and outpatient programs in the community, mediation services like Eastern Shore Mobile Crisis, Upper Bay Counseling Services, and hot- and warm-lines providing real-time interventions to those at-risk for suicide. While it may stand alone statistically, suicide prevention could be incorporated into access to behavioral health services or addressing the mental health landscape of Cecil County (part of the Behavioral Health priority).
Barriers to Care Identified but Not Prioritized	Rationale
Income	Income issues may be addressed as part of the Determinants of Health priority for poverty and homelessness.
Employment	Employment issues may be addressed as part of the Determinants of Health priority for poverty and homelessness.
Health insurance availability and cost	There are currently programs in place through the Maryland Health Connection and Seedco which

	help Marylanders obtain health insurance through Medicaid and with subsidies for qualified health plans based on need.
Transportation	Transportation will continue to be an issue in Cecil County. CHAC is aware of this issue and will work to incorporate this to help overcome barriers within the health priorities selected.
Health care costs (incl. high cost of medications and co-pays)	There are several programs in the county that can assist with the high costs of health care, including medication costs and co-pays. Some examples include: the Union Hospital Community Assisted Medication Program (CAMP), the Union Hospital Cancer Program community outreach support, many outreach programs at the Cecil County Health Department, local pharmacy assistance programs, and the Department of Community Services assistance programs through MAPP, options counseling, and Community First Choice.
Home Health eligibility	Home Health eligibility can be processed by programs that assist persons with the application process (ex. the county Department of Community Services).
Politics	Cecil County politicians are active in facilitating connections in the health care field. While politics may not be a focused barrier to address through the CHNA, politicians are included as thought leaders and advocates for the health priorities that have been selected.
Lack of knowledge (incl. low health literacy, lack of access to health information)	Health literacy may be addressed in all three priority areas.
Public assistance qualifications	Public assistance qualifications, like Home Health eligibility and health insurance costs, can be addressed through support agencies like the Cecil County Health Department, the Department of Community Services, the Department of Social Services, and the certified health insurance navigators through Seedco and the Maryland Health Connection.
Need for more medical and social supports	There will always be a need for more medical and social supports, but as discussed in previous rationales, there is quite a strong infrastructure for providing these supports. Clients have to seek out these supports or ask agencies how to access help.
Affordable housing	Affordable housing is a large barrier in Cecil County, especially among the poor and low-income. Some aspects of affordable housing may be addressed through the Determinants of Health priority for poverty/homelessness.

Language barriers	Language barriers can be addressed through the use of interpreters. Most programs in the county have access to medical and social interpreters or contracted interpreter services. If access is a problem then there is opportunity to partner with organizations that have these resources. For patients or clients having trouble with language barriers there is opportunity for organizations to provide materials in other languages and/or hire or borrow professionals that can speak other languages.
Time limitations	Time limitations were specifically referenced during the migrant worker focus group. Due to long working hours on the farms and the limited amount of health care services in the areas below the canal in Cecil County (Chesapeake City, Earleville, Cecilton, Warwick), the migrant workers voiced that there were not enough doctors' offices open into the evening hours. This makes it more difficult for them to access needed services, especially for pediatric care. While this was not specifically selected as a determinant of health, it is something that Union Hospital and other health and social services continuously work to improve upon. However, this is not the responsibility of any one service provider. In some cases, and in some underserved areas of the county, there must be a collaborative effort to provide health care services to those whose access is limited on a perpetual basis.

Moving Forward

The CHNA was a collaborative effort that involved input from a variety of community partners. As the strategies are created and implemented for the Community Health Improvement Plan (CHIP), the CHNA planning team will be able to call on those partners to help support efforts to improve community health by addressing the top three health priorities: behavioral health, chronic disease, and the determinants of health. [Attachment C](#) provides an Asset Inventory of community resources (organizations, programs, etc.) with the potential to provide aid over the next several years. In addition, progress will be measured on impact of the strategies implemented for the three health priorities. [Attachment D](#) provides the impact evaluation rubric for the first CHNA conducted from Fiscal Years 2012 to 2013 (shows outcomes' data for Fiscal Years 2014 and 2015). For IRS and state reporting, impact on the current CHNA priorities will be measured according to this rubric.

REFERENCE NOTES

- ¹ Maryland Vital Statistics Administration (VSA). *Drug-Induced Death Rate, 2007-2013*.
- ² Maryland Health Services Cost Review Commission (HSCRC). Research Level Statewide Outpatient Data Files. *Rate of emergency room visits related to substance abuse disorders per 100,000 population, 2010-2014*.
- ³ HSCRC. Research Level Statewide Outpatient Data Files. *Rate of emergency room visits related to substance abuse disorders, by race/ethnicity, per 100,000 population, 2010-2014*.
- ⁴ Maryland Youth Risk Behavioral Survey (YRBS). *Drug Use by High School Students, 2013*.
- ⁵ Substance Abuse and Mental Health Services Administration. *Binge Drinking: Terminology and Patterns of Use, 2016*. Accessed at: <http://www.samhsa.gov/capt/tools-learning-resources/binge-drinking-terminology-patterns>
- ⁶ Maryland Behavioral Risk Factor Surveillance System (BRFSS). *Health Factors: Excessive Drinking, 2006-2012*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2015/measure/factors/49/map>
- ⁷ Maryland YRBS. *Substance use among Cecil County and Maryland high school students, 2013*.
- ⁸ Fatality Analysis Reporting System. *Alcohol Impaired Driving Deaths, 2010-2014*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2016/measure/factors/134/data>.
- ⁹ Maryland BRFSS. *Percentage of Adults who Report Having Adequate Social and Emotional Support by Age, 2010*.
- ¹⁰ Maryland BRFSS. *Average Number of Reported Mentally Unhealthy Days per Month among Adults 18 Years and Over, 2006-2012*.
- ¹¹ Maryland YRBS. *Depression and Thoughts of Suicide Among High School Students, 2013*.
- ¹² HSCRC. Research Level Statewide Outpatient Data Files. *Rate of emergency room visits related to mental health disorders, 2010-2014*.
- ¹³ Centers for Medicare and Medicaid Services (CMS). National Provider Identifier Registry. *Mental Health Providers, 2014*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2015/rankings/cecil/county/outcomes/overall/snapshot>
- ¹⁴ Area Health Resource File. American Medical Association: Physician Masterfile. *Primary Care Providers, 2012*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2015/rankings/cecil/county/outcomes/overall/snapshot>
- ¹⁵ Area Health Resource File and National Provider Identification File. *Dentists, 2013*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2015/rankings/cecil/county/outcomes/overall/snapshot>
- ¹⁶ Maryland BRFSS. *Adults with Diabetes, 2014*.
- ¹⁷ Maryland Department of Health and Mental Hygiene (DHMH). *Age-Adjusted Death Rate due to Diabetes, 2012-2014*.
- ¹⁸ HSCRC. Research Level Statewide Outpatient Data Files. *Emergency Department Visit Rate due to Diabetes, 2014*.
- ¹⁹ Maryland VSA. *Age-Adjusted Death Rate due to Heart Disease, Cecil County, Maryland, 2012-2014*.
- ²⁰ Maryland VSA. *Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke), Cecil County, Maryland, 2012-2014*.
- ²¹ Claritas, Inc. *Population by Age, Cecil County, Maryland, 2016*.
- ²² CMS. *Ischemic Heart Disease: Medicare Population, Cecil County, Maryland, 2014*.
- ²³ CMS. *Stroke: Medicare Population, Cecil County, Maryland, 2014*.
- ²⁴ DHMH. *Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases, Cecil County, Maryland, 2012-2014*.
- ²⁵ DHMH. *Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases, Cecil County, Maryland, 2012-2014*.
- ²⁶ Maryland BRFSS. *Adults with Asthma, Cecil County, Maryland, 2014*.
- ²⁷ CMS. *Asthma: Medicare Population, Cecil County, Maryland, 2014*.
- ²⁸ Maryland BRFSS. *Children with Asthma, Cecil County, Maryland, 2013*.
- ²⁹ CMS. *COPD: Medicare Population, Cecil County, Maryland, 2014*.
- ³⁰ DHMH. *Adolescents who Use Tobacco, Cecil County, Maryland, 2013*.
- ³¹ Maryland Youth Tobacco Survey. *Teens who Smoke, Cecil County, Maryland, 2010*.
- ³² Maryland BRFSS. *Adults who Smoke, Cecil County, Maryland, 2014*.
- ³³ US Census Bureau. American Community Survey 5 Year Estimates, 2010-2014. *Percentage of Families and People whose Income in the Past 12 Months was Below the Poverty Level, Cecil County, Maryland*.

-
- ³⁴ US Department of Education. Laws & Guidance: Elementary & Secondary Education. *Part C – Homeless Education: SEC. 725 Definitions: (2)(B)(iv)*, 2004. Accessed at: <http://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>
- ³⁵ National Center for Education Statistics. *Students Eligible for the Free Lunch Program, Cecil County, Maryland, 2013-2014*.
- ³⁶ US Census Bureau. American Community Survey 5-Year Estimates, 2010-2014. *Educational Attainment, Population Ages 25+, Cecil County, Maryland*.
- ³⁷ NACCHO. *White Paper: Community Health Status Assessment Core Health Indicators List, 2016*.
- ³⁸ Claritas, Inc. *Population, Cecil County, Maryland, 2016*.
- ³⁹ Claritas, Inc. *Population by Age, Cecil County, Maryland, 2016*.
- ⁴⁰ Claritas, Inc. *Population by Race, Ethnicity, Language Spoken at Home, Cecil County, Maryland, 2016*.
- ⁴¹ Claritas, Inc. *Median Household Income, Cecil County, Maryland, 2016*.
- ⁴² Claritas, Inc. *Families Below the Poverty, Cecil County and 2016 Families Below Poverty with Children, Cecil County, Maryland, 2016*.
- ⁴³ US Census Bureau. American Community Survey 1-year Estimates, 2014. *Selected Economic Characteristics: Cecil County, Maryland*.
- ⁴⁴ DHMH, 2012-2013. *MCO Enrollment Tables for FY13, Cecil County*. Accessed at: <http://chpdm-ehealth.org/>
- ⁴⁵ US Census Bureau. American Community Survey 1-year Estimates, 2011. *Selected Economic Characteristics: Cecil County, Maryland*.
- ⁴⁶ DHMH. *MCO Enrollment Tables for FY14, Cecil County, 2013-2014*. Accessed at: <http://chpdm-ehealth.org/>
- ⁴⁷ US Census Bureau. American Community Survey 1-year Estimates, 2013. *Selected Economic Characteristics: Cecil County, Maryland*.
- ⁴⁸ Meditech 6.1. Union Hospital of Cecil County. *Uninsured and Medicaid Recipients in Cecil County, July 1, 2014 – June 30, 2015*.
- ⁴⁹ US Census Bureau. American Community Survey 1-year Estimates, 2014. *Selected Economic Characteristics: Cecil County, Maryland*.
- ⁵⁰ Maryland BRFS, 2013. *Persons with a Usual Primary Care Provider*. Accessed at: <http://dhmh.maryland.gov/ship/Pages/home.aspx>.
- ⁵¹ US Department of Health & Human Services. Health Resources and Services Administration. Area Health Resource File. *Access to Primary Care Physicians (rate per 100,000 population, by county), 2012*.
- ⁵² County Health Rankings. *Non-Physician Primary Care Provider Rate, Cecil County, Maryland, 2014*.
- ⁵³ DHMH. Medicaid E-health Statistics. *Medicaid Eligibles to Participating Physicians, Cecil County, Maryland, July 2015*.
- ⁵⁴ Area Health Resource File and National Provider Identification File. *Dentists, Maryland: Cecil County, 2014*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2016/measure/factors/88/data>.
- ⁵⁵ DHMH. State Health Improvement Process: Cecil County. *Emergency Department Visit Rate for Dental Care, 2014*. Accessed at: <http://dhmh.maryland.gov/ship/Pages/home.aspx>.
- ⁵⁶ Maryland BRFS. *Percentage of Adults who Report that they are Satisfied with the Health Care that they Received, Cecil County, Maryland, 2014*.
- ⁵⁷ Maryland BRFS. *Adult Fruit and Vegetable Consumption, Cecil County, 2010*.
- ⁵⁸ Maryland BRFS. *Adults who are Obese, Cecil County, Maryland, 2010*.
- ⁵⁹ Maryland YRBS. *Children and Adolescents who are Obese, 2013*. Accessed at: <http://dhmh.maryland.gov/ship/Pages/home.aspx>.
- ⁶⁰ US Department of Agriculture, Economic Research Service. Food Environment Atlas. *Low-Income Preschool Obesity, Cecil County, Maryland, 2009-2011*. Accessed at: <http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx>.
- ⁶¹ US Department of Agriculture, Economic Research Service. Food Environment Atlas. *Fast Food Restaurant & Grocery Store Densities, Cecil County, Maryland, 2012*. Accessed at: <http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx>.
- ⁶² Feeding America. *Child Food Insecurity Rate, Cecil County, Maryland, 2013*. Accessed at: <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>.

-
- ⁶³ Feeding America. *Child Food Insecurity Rate, Cecil County, Maryland, 2013*. Accessed at: <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>.
- ⁶⁴ Maryland BRFSS. *Adults Engaging in Regular Physical Activity, Cecil County, Maryland, 2013*.
- ⁶⁵ ARCGIS: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. *Access to Exercise Opportunities, Cecil County, Maryland, 2014*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2016/measure/factors/132/data>.
- ⁶⁶ US Census Bureau. American Community Survey 5-year Estimates, 2010-2014. *Households without a Vehicle, Cecil County, Maryland*.
- ⁶⁷ US Department of Housing and Urban Development. Comprehensive Housing Affordability Strategy. *Severe Housing Problems, Cecil County, Maryland, 2008-2012*. Accessed at: <http://www.countyhealthrankings.org/app/maryland/2016/measure/factors/136/data>.
- ⁶⁸ Healthy Communities Institute. *Severe Housing Problems, Cecil County: Why is this Important?*, 2016.
- ⁶⁹ Children's Bureau. Child Welfare Information Gateway, 2016. *Definitions of Child Abuse and Neglect in Federal Law*. Accessed at: <https://www.childwelfare.gov/topics/can/defining/federal/>.
- ⁷⁰ Maryland Department of Human Resources. *Rate of children who are maltreated per 1,000 population under the age of 18, Cecil County, Maryland, 2011-2013*.
- ⁷¹ US Department of Justice. *Domestic Violence, 2016*. Accessed at: <https://www.justice.gov/ovw/domestic-violence>.
- ⁷² The Maryland Uniform Crime Reporting Program. *Rate of domestic violence crimes per 100,000 population, Cecil County, Maryland, 2010-2013*.
- ⁷³ National Vital Statistics System – Mortality. *Homicide deaths per 100,000 population, Cecil County, Maryland, 2007-2013*.
- ⁷⁴ Maryland YRBS. *Depression or thoughts of Suicide among High School Students, Cecil County, Maryland, 2013*.
- ⁷⁵ Maryland VSA. *Suicide Rate per 100,000 population, Cecil County, Maryland, 2007-2013*.
- ⁷⁶ National Cancer Institute. *Incidence Rate Report by County: Breast, 2008-2012*. Accessed at: <http://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=24&cancel=055&race=00&age=001&type=incd&sortVariableName=rate&sortOrder=default#results>.
- ⁷⁷ National Cancer Institute. *Incidence Rate Report by County: Cervix, 2008-2012*. Accessed at: <http://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=24&cancel=057&race=00&age=001&type=incd&sortVariableName=rate&sortOrder=default#results>.
- ⁷⁸ National Cancer Institute. *Incidence Rate Report by County: Colon & Rectum, 2008-2012*. Accessed at: <http://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=24&cancel=020&race=00&sex=0&age=001&type=incd&sortVariableName=rate&sortOrder=default#results>.
- ⁷⁹ Maryland BRFSS. *Mammogram History, Cecil County, Maryland, 2014*.
- ⁸⁰ Maryland BRFSS. *Pap Test History, Cecil County, Maryland, 2014*.
- ⁸¹ Maryland BRFSS. *Colon Cancer Screening, Cecil County, Maryland, 2014*.
- ⁸² NACCHO. Community Health Status Assessment: Core Indicators List, 2016. *Category 6: Environmental Health Indicators*.
- ⁸³ Maryland BRFSS. *Adults with Asthma, Cecil County, Maryland, 2014*.
- ⁸⁴ Maryland BRFSS. *Children with Asthma, Cecil County, Maryland, 2013*.
- ⁸⁵ CMS. *Asthma: Medicare Population, Cecil County, Maryland, 2014*.
- ⁸⁶ HSCRC. Research Level Statewide Outpatient Data Files. *Rate of Emergency Department Visits due to Asthma per 100,000 population, Cecil County, Maryland, 2010-2013*.
- ⁸⁷ Centers for Disease Control and Prevention. WONDER. *Particulate Matter for Cecil County, 2011*.
- ⁸⁸ Prevention and Health Promotion Administration, DHMH. National Electronic Disease Surveillance System Database. *Cases & Case Rates of Lyme Disease, Cecil County, Maryland, 2010-2014*.
- ⁸⁹ Maryland Medicaid Service Utilization. *Percentage of children (aged 12-35 months) enrolled in Medicaid (90+ days) who received a blood lead screening, Cecil County, Maryland, 2011-2013*.
- ⁹⁰ Maryland Department of the Environment. *Percentage of children (0-72 months old) who were tested who had elevated blood lead levels (>10 µg/dL), Cecil County, Maryland, 2009-2013*.
- ⁹¹ Maryland VSA. *Percentage of pregnant women who receive prenatal care beginning in the first trimester, Cecil County, Maryland, 2010-2013*.

-
- ⁹² Maryland VSA. *Rate of births to teens ages 15-19 years (per 1,000 population), Cecil County, Maryland, 2010-2013.*
- ⁹³ Maryland VSA. *Rate of sudden unexpected infant deaths (SUIDs) per 1,000 live births, Cecil County, Maryland, 2005-2013.*
- ⁹⁴ Maryland VSA. *Percentage of live births that are a low birth weight (2500 grams or less), Cecil County, Maryland, 2010-2013.*
- ⁹⁵ Maryland VSA. *Vaccine Preventable: Percentage of appropriately immunized children/population, Maryland, 2010-2011.*
- ⁹⁶ Maryland BRFS. *Adults 65+ with pneumonia vaccine and Adults 65+ with Flu vaccine, Maryland, 2013.*
- ⁹⁷ Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Syphilis Reported Cases and Rate, Cecil County, Maryland, 2014.*
- ⁹⁸ Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Gonorrhea in Cecil County, 2005-2014.*
- ⁹⁹ Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Gonorrhea Cases per 100,000 Population, by Race/Ethnicity, Cecil County, Maryland, 2014.*
- ¹⁰⁰ Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Gonorrhea Cases per 100,000 Population, by Gender, Cecil County, Maryland, 2014.*
- ¹⁰¹ Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Chlamydia Cases per 100,000 Population in Cecil County, 2005-2014.*
- ¹⁰² Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Chlamydia Cases per 100,000 Population, by Race/Ethnicity, Cecil County, Maryland, 2014.*
- ¹⁰³ Center for Sexually Transmitted Infection Prevention, DHMH. Maryland Office of Planning. *Chlamydia Cases per 100,000 Population, by Gender, Cecil County, Maryland, 2014.*
- ¹⁰⁴ DHMH. *Tuberculosis Incidence Rate, Cecil County, Maryland, 2007-2011 and HIV Prevalence Rate, Cecil County, Maryland, 2012.*
- ¹⁰⁵ Maryland VSA. *Infant Mortality Rate per 1,000 Live Births, Cecil County, Maryland, 2010-2013.*
- ¹⁰⁶ Maryland VSA: Vital Statistics and Reports. *Deaths: Cecil County, Tables 13-15, 2014.* Accessed at: <http://dhmh.maryland.gov/vsa/Pages/reports.aspx>.
- ¹⁰⁷ National Cancer Institute. *Age-Adjusted Death Rate due to All Cancers, Lung Cancer, Prostate Cancer, Breast Cancer, and Colorectal Cancer, Cecil County, Maryland, 2008-2012.*
- ¹⁰⁸ NACCHO. *White paper: Community Health Assessments and Community Health Improvement Plans for Accreditation Preparation Demonstration Project, pg. 1, 2016.*
- ¹⁰⁹ NACCHO. *White paper: Community Health Assessments and Community Health Improvement Plans for Accreditation Preparation Demonstration Project, pg. 4, 2016.*



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201

Carol Johnston, APRN, PMH, BC, Chairperson

June 26, 2015

Daniel Coulter
Cecil County Health Department
401 Bow Street
Elkton, MD 21921

REF: **Protocol #15-39**

Dear Mr Coulter:

The Maryland Department of Health and Mental Hygiene's Institutional Review Board (IRB) conducted a continuing review of your protocol entitled "Cecil County Community Health Needs Assessment." Your protocol was approved through an expedited review process. This approval will expire on **June 26, 2016**. Please refer to the above referenced protocol number in any future modifications or correspondence pertaining to the above named study.

Please be reminded that all of the requirements of the original approval letter remain in effect. Thank you for your continued responsiveness to the IRB requirements and we wish you continued success in your efforts.

If you have any questions, please call the IRB Administrator, Ms. Gay Hutchen. She can be reached at 767-8448.

Sincerely,

Carol Johnston, APRN, PMH, BC
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

410-767-8448 Fax 410-333-7194

Toll Free 1-877-4MD-DHMH TYY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.maryland.gov /oig/irb](http://www.dhmh.maryland.gov/oig/irb)

Cecil County Community Health Survey

Please take some time to complete Cecil County's Community Health Survey developed by Cecil County Health Department and Union Hospital of Cecil County. This survey is for adults ages 18 and older who live in Cecil County. The purpose of this survey is to get your opinion on health issues in the community.

This survey will be available online from July through September of 2015. You will be asked 20 questions related to demographics, community health, quality of life and access to health care. Your responses are anonymous and confidential. Your participation should take no longer than 15-20 minutes.

We do not anticipate any physical, psychological, social, legal or other risk as a result of your participation in this survey. If there are any questions you do not wish to answer, please skip those questions and answer only those you are comfortable answering.

There may be no direct benefit to you for your participation; however the information will benefit Cecil County residents. A summary of the information you provide will be included in a Community Health Needs Assessment (CHNA) and used to develop a plan to address the most important health issues in Cecil County.

You do not have to agree to participate in this survey. Your participation is completely voluntary and you will not be compensated for your participation. If at any time you wish to stop, you may do so.

If you have any questions about this survey, you may contact Daniel Coulter at 443-245-3767. If you have any question about your rights as a participant, or if you think you have not been treated fairly, you may call Gay Hutchen at the Maryland Department of Health and Mental Hygiene Institutional Review Board (IRB) at 410-767-8488 and reference the Cecil County Community Health Needs Assessment.

By completing the survey you indicate that you have read the above information and would like to participate. Your opinion is very important to us! Thank you for taking the time to help us to identify health needs in Cecil County.

Cecil County Community Health Survey

Part I: Demographics

1. What is your zip code?

2. What is your gender?

- Male
- Female

3. What is your age?

- 18-25
- 26-39
- 40-54
- 55-64
- 65 or older

4. Are you Hispanic, Latino, or Spanish Origin?

- Yes
- No

5. Which of the following would you say is your race? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White

Other (please specify)

6. What is your marital status?

- Married
- Not married/Single
- Widowed

7. What is your level of education?

- Less than high school
- High school diploma or GED
- College degree or higher

Other (please specify)

8. What is your household's income?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to 79,999
- Over \$80,000

Cecil County Community Health Survey

Part II: Community Health

9. What do you think are the 3 most important health issues in Cecil County? (Select three)

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to Health Care | <input type="checkbox"/> Firearm-related Injuries | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Problem Gambling |
| <input type="checkbox"/> Child Abuse and Neglect | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Rape/Sexual Assault |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Homicide | <input type="checkbox"/> Respiratory/Lung Diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Illicit Drug Use/Problem Alcohol Use | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Educational Attainment | <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Fall-related Injuries | <input type="checkbox"/> Motor Vehicle/Pedestrian Injuries | <input type="checkbox"/> Vaccination |

Other (please specify)

10. How would you rate the overall health of our community?

- Not at all healthy
- Slightly healthy
- Moderately healthy
- Very healthy
- Extremely healthy

11. How would you rate your own personal health?

- Not at all healthy
- Slightly healthy
- Moderately healthy
- Very healthy
- Extremely healthy

Cecil County Community Health Survey

Part III: Quality of Life

12. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about quality of life in Cecil County.

	1- Strongly Disagree	2- Disagree	3- Neither Agree nor Disagree	4- Agree	5- Strongly Agree
I am satisfied with the quality of life in Cecil County (Consider your sense of safety, well-being, participation in community life, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the health care system in Cecil County (Consider access, cost, availability, quality, and options in health care).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County is a good place to raise children (Consider school quality, day care, after school programs, recreation, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County is a good place to grow old (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is economic opportunity in Cecil County (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County is a safe place to live (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County contains networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, and organizations) during times of stress and need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All individuals and groups have the opportunity to contribute to and participate in Cecil County's quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Cecil County residents believe that they can make Cecil County a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County has a large variety of resources that enhance quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community partners trust and respect one another and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cecil County Community Health Survey

work well together.

Cecil County residents feel responsible for their community and take pride in its accomplishments.

Part IV: Access to Health Care

13. How would you rate your health literacy (ability to get health information, understand it, and use it)?

- Not at all health literate
- Slightly health literate
- Moderately health literate
- Very health literate
- Extremely health literate

14. Where do you get most of your health information?

- Books/Magazines
- Church
- Doctor
- Health Department
- Hospital
- Internet
- Pharmacist
- TV News

Other (please specify)

Cecil County Community Health Survey

15. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about health care access in Cecil County.

	1-Strongly Disagree	2- Disagree	3- Neither Agree nor Disagree	4- Agree	5- Strongly Agree
Cecil County residents are able to see a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner, Nurse Practitioner, Physician's Assistant).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County residents are able to see a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cecil County residents are able to see a dentist when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are enough providers accepting Medicaid (Medical Assistance) in Cecil County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are enough bilingual providers in Cecil County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are enough mental/behavioral health providers in Cecil County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for medical appointments is available to Cecil County residents when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What are the most significant barriers to accessing health care in Cecil County? (Select three)

- Availability of Providers/Appointments
- Basic Needs Not Met (Food, Shelter, etc.)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work, etc.)
- None/No Barriers

Other (please specify)

Cecil County Community Health Survey

17. Are there specific populations in Cecil County that are not being adequately served by local health services? (Select all that apply)

- Black/African-American
- Children/Youth
- Disabled
- Hispanic/Latino
- Homeless
- Low-income/Poor
- Seniors/Aging/Elderly
- Uninsured/Underinsured
- Young Adults
- None

Other (please specify)

18. Related to health and quality of life, what resources or services do you think are missing in Cecil County? (Select all that apply)

- Bilingual Services
- Free/Low Cost Dental Care
- Free/Low Cost Medical Care
- Health Education/Information/Outreach
- Health Screenings
- Medical Specialists
- Mental Health Services
- Prescription Assistance
- Primary Care Providers
- Substance Abuse Services
- Transportation
- None

Other (please specify)

Cecil County Community Health Survey

19. If there is any additional information that you would like to share about the health and quality of life of Cecil County residents please share below:

20. How did you hear about this survey?

Asset Inventory
Cecil County, Maryland

The purpose of this Asset Inventory is to identify resources in the community that would help support community health improvement. Assets in this chart are listed by category: Health Care Services, Cultural, Recreational, Food Systems, Public Safety, Employment, Transportation, Housing, Educational, and Organizational. These assets are also listed to show community resources with the potential to help address and support the health priorities selected through the Community Health Needs Assessment.

Community Assets			
Health Care Services	Union Hospital of Cecil County Cecil County Health Department Urgent Care Centers Private Physicians & Practices Mental & Behavioral Health Services & Providers Crisis Intervention Services Substance Abuse Treatment & Recovery Providers Nursing Homes, Rehabilitation, Home Health, & Hospice	Pharmacies School/Parish Nurses School Counselors Physical & Occupational Therapists Dentists & Dental Clinics Disease-based Support Groups Cecil College (Health Professions Education) Department of Emergency Services	Department of Community Services Department of Social Services West Cecil Health Center (FQHC)
Cultural Assets	Historical Society Public Spaces Cecil College Neighborhood Identities (ex. Main Streets)	Fair Hill Nature Center Community Events/Festivals/Rallies/Fairs Media Organizations Art Council & Galleries	Cecil County Public Libraries Museums State Parks & Forestry Services Plumpton Park Zoo
Recreational Assets	School Athletics Little League Community Education Programs Parks & Public Recreation Programs YMCA & Non-Profit Recreation/Fitness Organizations Private Membership Fitness Clubs	4H Clubs Community Events/Festivals/Rallies/Fairs Walking/Biking Trails & Sidewalks Boys & Girls Clubs Boy Scouts & Girl Scouts Programs Fair Hill Races	Cecil County Dragway
Food System Assets	Grocery Stores Corner Stores Farmers Markets School Lunch Program (public schools) School Food Services & Chefs	Maryland Extension Office Home-delivered Meal Services Food Pantry/Bank Food Purchasing Programs (SNAP/WIC) Homeless Soup Kitchens/Support	
Public Safety Assets	Police & Fire Departments State Police/Federal Agency Law Enforcement School Liaison Officers Jails/Probation Officers Department of Emergency Services County Government	Domestic Violence & Crisis Response Cecil County Health Department Neighborhood Watch American Red Cross Union Hospital of Cecil County	

Employment Assets	Major Employers Small Employers Self-Employed & Startups Unemployment & Job-placement Services Chambers of Commerce & Business Associations	Farmers & Rural Employers Economic Development Public Employers Volunteer Organizations School Internship Programs	
Transportation Assets	Public Transportation Providers Senior Visit Transportation Providers Ambulances Roads/Road Commissions Taxi Companies	Adult Day Services Transport Medical Assistance Transportation On Our Own of Cecil County Transport American Cancer Society Transport	
Housing Assets	Homeless Prevention Rapid Re-Housing Program (Homeless Veterans) Rental Housing Landlords/Developments Habitat for Humanity Susquehanna	Assisted Living Facilities Aging In Place Efforts Subsidized Housing Developments Federal Housing Programs	Emergency Shelters
Educational Assets	Childcare & Preschool Providers & Programs Cecil County Public Schools Cecil College Cecil County Public Libraries (incl. Book-Mobile) Vocational/Trade Schools Truancy Intervention Family Education Center (Judy Center)	Tutoring/Mentoring Programs Boys & Girls Clubs Private Schools Boy Scouts & Girls Scouts Programs Youth Empowerment Source Elkton Senior Center Community Centers	Cecil County Health Department Union Hospital of Cecil County Department of Natural Resources Cecil County Parks & Recreation Programs Fair Hill Nature Center
Organizational Assets	Economic Development United Way of Cecil County Local Charities/Grant-makers/Foundations Multi-sector Coalitions (ex. CHAC) Moose Lodge/Free Masons	Non-Governmental Organizations Recovery Organizations Service Organizations (Lions, Kiwanis, 4H) Faith-based Organizations Chambers of Commerce	Informal Groups & Meetings Crisis Intervention Services Veterans Associations County Government Public Health

Evaluation of Impact on Health Priorities

The tables included in this evaluation show the impact made on the three health priorities that Union Hospital selected during the first Community Health Needs Assessment conducted from Fiscal Year 2012 – Fiscal Year 2013. The three health priorities selected were respiratory health, heart disease, and obesity. The tables include data from Fiscal Years 2014 and 2015.*

FY14: Priority 1 – Respiratory Health

<p>Identified Need</p>	<p><u>Respiratory Health</u></p> <p>During the CHNA conducted at the end of FY12 and in FY13, Union Hospital and the Cecil County Health Department analyzed data (see Cecil County data below) and met with community partners to determine that community health problems and hospital re-admissions were greatest around respiratory health issues. In particular these issues, like COPD, were exacerbated by tobacco use. Creating a tobacco cessation program from scratch was explored; however, it was determined that due to the large amount of resources that the Health Department already had and in work done through the Cecil County Tobacco Task Force, Union Hospital should focus tobacco cessation efforts on increasing the number of contacts and connections made or facilitated among individuals to quit using tobacco products. The Health Department was selected as the major support for this area of need.</p> <p>Cecil County Data:</p> <ul style="list-style-type: none"> • In 2011, 23.9% of adults smoked (source: <i>Maryland BRFSS</i>) <ul style="list-style-type: none"> a) In 2012, 23% of adults smoked (source: <i>Maryland BRFSS</i>) • In 2010, 20.5% of teens, aged 13-17 years, smoked (source: <i>Maryland Youth Tobacco Survey</i>) • In 2010, 29.4% of adolescents used tobacco products (source: <i>SHIP measures for Cecil County</i>)
<p>Hospital Initiative</p>	<p><u>Initiative:</u></p> <p>Increase the number of contacts and connections made and/or facilitated among individuals to quit using tobacco products</p>
<p>Primary Objectives</p>	<ol style="list-style-type: none"> 1) Complete the MDQuit cessation resource assessment by the end of May 2013. <ol style="list-style-type: none"> a) <u>Description:</u> Union Hospital partnered with the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit) to assess patient readiness to quit once discharged from the hospital. Surveys were administered by Union Hospital Respiratory Therapists, face-to-face, during the discharge process. Patients were asked a series of questions that gauged their readiness to quit and provided them with resources according to their stage of readiness. Surveys were then scanned to MDQuit for tabulation and analysis. b) <u>Metrics:</u> Union Hospital completes 50 surveys by the end of Fy13. 2) Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14). <ol style="list-style-type: none"> a) <u>Description:</u> Fifty surveys were submitted to MDQuit for tabulation and analysis. However, MDQuit claimed they were unable to make a full analysis due to receiving several incomplete surveys. Union Hospital made further inquiry to correct the situation, but MDQuit provided no response. The assessment results remain inconclusive. b) <u>Metrics:</u> Union Hospital will: <ul style="list-style-type: none"> • Post the final report online • Report the final result to the Cecil County Tobacco Task Force

	<ul style="list-style-type: none"> • Use the survey analysis to develop next steps for resource development through the Union Hospital Tobacco Cessation Committee. <p>3) Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.</p> <p>a) <u>Description</u>: Union Hospital will focus on 3 strategies: 1) Offer pamphlets to patients at discharge, highlighting cessation resources from the Cecil County Health Department and MDQuit; 2) Restore the current Union Hospital tobacco cessation website; and 3) Emphasize utilization of MDQuit's Fax-to-Assist program to increase referrals to MDQuit cessation resources.</p> <p>b) <u>Metrics</u>:</p> <ul style="list-style-type: none"> • <i>Strategy 1</i>: Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year. • <i>Strategy 2</i>: Union Hospital's Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital's website and track # of users per Fiscal Year. • <i>Strategy 3</i>: Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department. <p>4) Promote cessation efforts in the community.</p> <p>a) <u>Description</u>: Union Hospital will collaborate with:</p> <ul style="list-style-type: none"> • The Cecil County Health Department to offer free, private, cessation counseling sessions at the Health Department for patients wanting to quit using tobacco products • The Union Hospital Stroke Program to promote cessation counseling and connection to community cessation resources during the stroke risk assessments provided at health fairs. <p>b) <u>Metrics</u>: Union Hospital will track the # of tobacco cessation referrals made.</p>
Single or Multi-Year Initiative Time Period	Multi-Year
Key Partners in Development and/or Implementation	Union Hospital Tobacco Cessation Committee Union Hospital Cancer Program Cecil County Health Department, Division of Health Promotions
How were the outcomes evaluated?	The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above.

<p>Outcomes (Include process and impact measures)</p>	<p><u>Objective 1:</u> Complete the MDQuit cessation resource assessment by the end of May 2013.</p> <p><u>Metric:</u> Union Hospital will complete 50 surveys by the end of FY13.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> 50 surveys were completed by June 30, 2013. <p><u>Objective 2:</u> Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14).</p> <p><u>Metrics:</u></p> <ul style="list-style-type: none"> • Post the report online • Report the final result to the Cecil County Tobacco Task Force • Use survey analysis to develop next steps for resource development through the Union Hospital Tobacco Cessation Committee <ul style="list-style-type: none"> a) <u>Outcome:</u> Since assessment results were not provided to Union Hospital in FY14, data could not be gathered to support the metrics. <p><u>Objective 3:</u> Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.</p> <p><u>Metrics:</u></p> <p><i>Strategy 1:</i> Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY14 Respiratory Therapists knew to track referrals; however, transition with the hospital EMR caused tracking to be delayed. Because of this time lag, a physical # of referrals could not be reported, despite actual referrals made – providing this counseling is a part of the standard of care. <p><i>Strategy 2:</i> Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital’s website and track # of users per Fiscal Year.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> For FY14, there were 107 page views of the tobacco cessation webpage on Union Hospital’s website. This represented a decrease in page views from FY13 (189 page views in FY13). • <u>Outcome:</u> In FY15 the Union Hospital Tobacco Cessation Committee will merge its efforts with the Cancer Program’s Survivorship subcommittee to better connect the cancer community with tobacco cessation resources. Therefore, restoring the tobacco cessation webpage has been pushed to the FY15 agenda for this committee merge. <p><i>Strategy 3:</i> Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY14 the Cecil County Health Department made 58 referrals to the Maryland QuitLine using the Fax-to-Assist program. Union Hospital only made 3 referrals; however, according to the “Monthly Fax Referral Reports” from Maryland QuitLine, Union Hospital did not show up on the roster of referral sources until January 2014. In addition, in speaking with the Division of Health Promotions, the Community Benefits coordinator found out that Union Hospital
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	<p>staff was calling the Health Department to make their referrals for cessation resources. The Health Department was then using the Fax-to-Assist program to connect tobacco users to the Maryland QuitLine. It is therefore possible that some of the referrals made by the Health Department were representative of patients from Union Hospital.</p> <ul style="list-style-type: none"> • <u>Outcome</u>: The Community Benefits Coordinator will advocate for additional Union Hospital staff to be trained in using the Fax-to-Assist program to get more tobacco users enrolled in Maryland QuitLine services for FY15. <p><u>Objective 4</u>: Promote cessation efforts in the community.</p> <p><u>Metrics</u>: Track the # of cessation contacts made for the Health Department’s free, private, tobacco cessation counseling sessions and through the Stoke Program’s connection of community members to tobacco cessation resources.</p> <ul style="list-style-type: none"> • <u>Outcome</u>: There were no private sessions tracked during FY14 for patients discharged from Union Hospital. • <u>Outcomes</u>: The Stroke Program made 15 contacts for cessation resources at health fairs in FY14. 	
Continuation of Initiative	We will continue to monitor connections made to community programming for access to tobacco cessation in FY15. Also, the Union Hospital Tobacco Cessation Committee will merge with the Cancer Program’s Survivorship subcommittee (a part of the Commission on Cancer) to increase access to tobacco cessation resources for the cancer community. The merge is scheduled to occur in FY15.	
Total Cost of Initiative and Restricted Grants/Direct offsetting revenue for Current Fiscal Year	<p><u>Total Cost of Initiative</u></p> <p>Objectives 1-3 required only analysis of data by the Community Benefits Coordinator. However, Objective 4’s outcome was supported by one health fair that the Stroke Program attended, providing stroke risk assessments and giving out tobacco cessation materials to participants. The total costs associated with this activity were as follows:</p> <ul style="list-style-type: none"> • Calvert Manor Wellness Fair (4/17/14) • 4 paid hours = \$168 • 15 people given tobacco cessation materials 	<p><u>Direct offsetting revenue from Restricted Grants</u></p> <p>N/A</p>

FY14: Priority 2 – Heart Disease

<p>Identified Need</p>	<p><u>Heart Disease</u></p> <p>The CHNA identified heart disease as the 2nd most important health issue to address in Cecil County. Residents in Cecil County showed increased health issues associated with heart disease risk factors: tobacco use, obesity, sedentary lifestyle, high cholesterol, high blood pressure, and diabetes (see Cecil County data below). Also, patients with conditions related to these risk factors contributed to the leading causes of Union Hospital’s admissions and readmissions.</p> <p>Cecil County Data (source: <i>Maryland BRFSS</i>, unless otherwise noted):</p> <ul style="list-style-type: none"> • In 2011, 23.9% of adults smoked. <ul style="list-style-type: none"> b) In 2012, 23% of adults smoked. • In 2010, 20.5% of teens, aged 13-17 years, smoked (source: <i>Maryland Youth Tobacco Survey</i>). • In 2010, 29.4% of adolescents used tobacco products (source: <i>SHIP measures for Cecil County</i>). • In 2011, 31.4% of adults were obese. <ul style="list-style-type: none"> a) In 2012, 31.2% of adults were obese. • Data from 2012 showed that 49.7% of adults participated in regular physical activity (150 minutes per week); a decline from 2011 where 55.2% of adults were engaging in regular physical activity (source: <i>Maryland BRFSS</i>). • In 2011, 45.5% of adults were diagnosed with high cholesterol. • In 2011, 35.2% of adults were diagnosed with high blood pressure. • In 2011, 11.7% of adults were diagnosed with diabetes, with a majority of these adults aged 65 years or older. <ul style="list-style-type: none"> a) In 2012, this statistic changed to show that 7.7% of adults were diagnosed (adults aged 65 years and older still have the highest prevalence). <p>In recognition of this issue, apart from the CHNA, the Maryland Department of Health and Mental Hygiene granted Cecil County the opportunity to impact heart disease through the reduction of hypertension in collaboration with community partners, through the Cecil County Million Hearts Initiative grant. In FY14 Union Hospital joined community partners to help impact heart disease in Cecil County.</p>
<p>Hospital Initiative</p>	<p>Increase awareness by addressing the community about the modifiable risk factors for heart disease and identifying the signs and symptoms of stroke to promote the prevention of heart disease in Cecil County.</p>

<p>Primary Objectives</p>	<ol style="list-style-type: none"> 1) Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity. <ol style="list-style-type: none"> a) <u>Description</u>: The Implementation Plan’s description included Union Hospital working with its Cardio Pulmonary Rehab program and pulmonary function testers to provide education and screenings for the community. However, in FY14, Union Hospital worked with its Affinity Health Institute (Clinical Educators) and with the Cecil County Health Department’s Division of Health Promotions as part of the Cecil County Million Hearts Initiative grant to provide trainings for paramedics to perform blood pressure screenings in the community. b) <u>Metrics</u>: Union Hospital will track the # of participants and the # of abnormal blood pressures taken. 2) Increase the number of healthy lifestyle events in the community by at least 2 diabetes education/healthy eating opportunities with an emphasis on the prevention of heart disease. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital staff will work with its Nutrition and Diabetes Center and other health providers to establish community opportunities, like speaker series, lunch & learns, hands-on demonstrations that focus on heart health, and/or heart disease prevention. a) <u>Metrics</u>: Nutrition and Diabetes Center staff will track the # of participants for each activity. 3) Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital staff will work with community partners on accomplishing this objective. <u>Metrics</u>: Stroke Program staff will track the: <ul style="list-style-type: none"> • # of participants and the # of tobacco cessation resource materials given to participants per stroke risk assessment event. • # of abnormal assessments per activity. 4) Increase the number of heart health education opportunities in the community by at least 1 heart health education activity. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital will work with its Nutrition and Diabetes Center, as well as the Cecil County Health Department, to bring awareness and education to Cecil County residents on the prevention of heart disease. b) <u>Metrics</u>: Union Hospital and Health Department staff will track the # of participants per activity.
<p>Single or Multi-Year Initiative Time Period</p>	<p>Multi-Year</p>
<p>Key Partners in Development and/or Implementation</p>	<p>Union Hospital Stroke Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions Cecil County Emergency Services (Paramedics) Cecil County African American churches</p>

<p>How were the outcomes evaluated?</p>	<p>The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.</p>
<p>Outcomes (Include process and impact measures)</p>	<p><u>Objective 1:</u> Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity.</p> <p><u>Metrics:</u> Union Hospital will track the # of participants and the # of abnormal blood pressures taken.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> 6 participants in FY14 (tracked by the Health Department as part of the Cecil County Million Hearts Initiative). • <u>Outcome:</u> 1 low blood pressure detected in FY14 (tracked and followed-up with by the Health Department as part of the Cecil County Million Hearts Initiative). • <u>Outcome:</u> In FY14, there was 1 community blood pressure screening provided by Union Hospital nursing staff that was not part of the Million Hearts initiative (35 people were screened). <p><u>Objective 2:</u> Increase the number of healthy lifestyle events in the community by at least 2 diabetes education/healthy eating opportunities with an emphasis on the prevention of heart disease.</p> <p><u>Metrics:</u> Nutrition and Diabetes Center staff will track the # of participants for each activity.</p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) 2 Diabetes and healthy eating education activities held in FY14 served 23 persons total. b) 1 health fair where diabetes risk assessments were provided served 260 people total. <p><u>Objective 3:</u> Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community.</p> <p><u>Metrics:</u> Stroke Program staff will track the:</p> <ul style="list-style-type: none"> • # of participants per stroke risk assessment event <ol style="list-style-type: none"> a) <u>Outcome:</u> In FY14, Union Hospital’s Stroke Program provided stroke risk assessments at 7 community health fairs for just over 1,000 people. b) <u>Outcome:</u> In FY14, the Stroke Program provided 5 stroke education activities in the community, serving 244 persons. • # of abnormal assessments per activity <ol style="list-style-type: none"> a) <u>Outcome:</u> In FY14 abnormal assessments were not physically tracked. After each assessment was performed, the assessment paper was given to the participant to take home. An actual tally was not provided to the Community Benefits Coordinator. b) <u>Outcome:</u> Stroke risk assessments are based on the participant reporting their knowledge of the risk factors for stroke. It is an educational tool used by Stroke Program staff to promote awareness. If patients are assessed as high risk

	<p>then the Stroke Program staff recommends the participant talks to their primary care provider to take better control of their health care. To keep better track of the impact that conducting the assessments is having, in FY15 the Community Benefits Coordinator will incorporate a line item into the assessment tracking form that tracks the number of participants that are identified as high risk.</p> <p><u>Objective 4:</u> Increase the number of heart health education opportunities in the community by at least 1 heart health education activity.</p> <p><u>Metrics:</u> Union Hospital and Health Department staff will track the # of participants per activity.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> <ol style="list-style-type: none"> a) 2 heart health education activities were held in FY14, serving 50 people total. b) 1 diabetes support group session was dedicated to heart healthy eating in February 2014, serving 10 people. • <u>Outcome:</u> In FY14, the Health Department received positive feedback from the church social chairs and pastors about impact and the intended continuation of the activities of Walk to be Well walking clubs and Moveable Kitchens that demonstrated how to eat the foods you love but with healthier preparations (ex: roasted or grilled chicken as opposed to fried chicken). • <u>Outcome:</u> African American churches in Cecil County participated and the entire community outreach component served over 1,000 people in FY14. 	
Continuation of Initiative	<p>Union Hospital will continue to provide opportunities to educate, create awareness, and create access to stroke risk assessments as part of the Community Benefits program and in keeping with the Implementation Plan from the CHNA throughout FY15.</p> <p>For the Million Hearts partnership, Union Hospital will continue to support the Cecil County Health Department' Division of Health Promotions in phase 2 of the grant which will work with area health care providers on hypertension management during FY15.</p>	
Total Cost of Initiative and Restricted Grants/Direct offsetting revenue for Current Fiscal Year	<p><u>Total Cost of Initiative</u></p> <p><u>FY14 Costs</u></p> <p>1 community blood pressure screening (6 unpaid staff hours): \$0</p> <p>2 Diabetes education events (10 paid hours total): \$633</p> <p>1 Health Fair where diabetes risk assessments were provided (11 paid hours total): \$355</p>	<p><u>Direct offsetting revenue from Restricted Grants</u></p> <p>N/A</p>

	<p>Stroke Risk Assessments provided at 7 community health fairs (35.5 paid hours total): \$1,649</p> <p>5 Stroke Education activities (19.5 paid hours total): \$1,011</p> <p>3 Heart Health Education activities (9.67 paid hours total): \$321</p> <p>Total Cost: \$3,969</p>	
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FY14: Priority 3 – Obesity

Identified Need	<p><u>Obesity</u></p> <p>In Cecil County obesity impacts both youth and adults, and similar to heart disease and tobacco use, making healthy lifestyle choices, such as choosing a healthier diet or getting more exercise, helps reduce the risk for obesity. Union Hospital partnered with several community partners to assess and implement activities that aimed at reducing the prevalence of obesity in Cecil County.</p> <p>Cecil County Data:</p> <ul style="list-style-type: none"> • In 2011, 31.4% of adults were obese (source: <i>Maryland BRFSS</i>) <ul style="list-style-type: none"> a) In 2012, 31.2% of adults were obese. • In 2010, 12.7% of adolescents, aged 12-19 years, were obese (source: <i>SHIP measures for Cecil County</i>). <ul style="list-style-type: none"> a) In 2008, 13.4% of adolescents were obese. • From 2009-2011, 16.7% of pre-school children, aged 2-4, were obese (source: <i>US Department of Agriculture – Food Environment Atlas</i>). <ul style="list-style-type: none"> a) Showing a steady decrease from previous measurement periods (2008-2010: 16.4%; 2007-2009: 17.3%; and 2006-2008: 18%). • Data from 2012 showed that 49.7% of adults participated in regular physical activity (150 minutes per week); a decline from 2011 where 55.2% of adults were engaging in regular physical activity (source: <i>Maryland BRFSS</i>). • In 2010, only 16.4% of adults consumed fruits and vegetables five or more times per day; a significant decrease from 2009 where 29.2% of adults were eating fruits and vegetables five or more times per day (source: <i>Maryland BRFSS</i>).
Hospital Initiative	Engage the community on the importance of making healthy lifestyle choices in order to reduce obesity in Cecil County.
Primary Objectives	<ol style="list-style-type: none"> 1) Increase the availability of obesity prevention programs/activities in the community. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital staff will work with Title 1 schools or after-school programs and with worksites or community groups to provide at least 1 obesity prevention activity or

	<p>partnership in the community.</p> <p>b) <u>Metrics</u>: Union Hospital will track the # of participants per activity.</p> <p>2) Implement the Weight of the Nation program for community members and leaders.</p> <p>a) <u>Description</u>: HBO created a documentary film series that focused on the obesity epidemic in America today. Union Hospital facilitated a 2-part community conversation where leaders from the community screened selected parts of the documentary and had open discussion on impacting obesity in the Cecil County community.</p> <p>b) <u>Metrics</u>: Union Hospital will facilitate a 1-month pilot of Weight of the Nation to include measurements related to:</p> <ul style="list-style-type: none"> • Screening the documentary • Taking biometric measurements of pilot participants • Providing a cooking demonstration • Implementing a walking club with pilot participants.
Single or Multi-Year Initiative Time Period	Multi-Year
Key Partners in Development and/or Implementation	<p>Union Hospital Diabetes and Nutrition Center Cecil County Health Department, Division of Health Promotions Cecil County Public Schools Cecil County Department of Social Services Cecil County Local Management Board Cecil County Healthy Lifestyles Task Force Cecil County YMCA</p>
How were the outcomes evaluated?	The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.
Outcomes (Include process and impact measures)	<p><u>Objective 1</u>: Increase the availability of obesity prevention programs/activities in the community.</p> <p><u>Metrics</u>: Track # of participants in activities to increase physical activity and eat healthier.</p> <ul style="list-style-type: none"> • <i>Title 1 Schools (FY14)</i> <ul style="list-style-type: none"> a) <u>Outcome</u>: 3 School-Based Health Center Healthy Kids Club activities held in May 2014 at Bainbridge Elementary School served 16 adults and kids. b) <u>Outcome</u>: 1 Spring Fling activity was held in conjunction with the School-Based Health Center program at Gilpin Manor Elementary School, serving 150 adults and kids. • <i>Worksite wellness (FY14)</i> <ul style="list-style-type: none"> a) <u>Outcomes</u>: No worksite wellness activities were provided in FY14. • <i>Other Activities (FY14)</i> <ul style="list-style-type: none"> a) <u>Outcome</u>: 4 Health Fairs providing education on healthy eating, exercise, and the risks of drinking sugary beverages served 681 persons total. b) <u>Outcome</u>: 1 Diabetes support group session in April 2014

	<p>focused on Weight of the Nation and 8 people attended.</p> <p><u>Objective 2:</u> Implement the Weight of the Nation program for community members and leaders.</p> <p><u>Metrics:</u> In FY14, after reviewing feasibility of the Weight of the Nation pilot facilitation, it was determined that the Nutrition and Diabetes Center would only facilitate the screening of the documentary and an open discussion over 2 sessions. Survey feedback provided participant satisfaction and next steps for community building to impact obesity in Cecil County.</p> <ul style="list-style-type: none"> • # of participants per session <ul style="list-style-type: none"> a) <u>Outcome:</u> Session 1: 35 participants; Session 2: 35 participants. 	
Continuation of Initiative	<p>Union Hospital will continue to engage the community through community partnerships in making healthier lifestyle choices as part of the Community Benefits program and in keeping with the Implementation Plan from the CHNA throughout FY15.</p> <p>At the end of FY14, the School-Based Health program came to an end. Knowing that childhood obesity is still an issue in Cecil County, Union Hospital, in partnership with Nemours Children’s Hospital, the Cecil County Public School System, the Cecil County Health Department, and the Elkton YMCA will implement an after-school program called CATCH in a Title 1 elementary school in Elkton, MD in FY15 to engage youth in an evidence-based physical activities. Union Hospital and its community partners are committed to this program and hope to see impact on childhood obesity as well as replication of the effort in other area schools.</p>	
Total Cost of Initiative and Restricted Grants/Direct offsetting revenue for Current Fiscal Year	<p><u>Total Cost of Initiative</u></p> <p>5 Nutrition Education activities – including 4 School-Based Health activities and 1 Diabetes Support Group session (10 paid hours total): \$331</p> <p>4 Health Fairs where healthy eating, exercise, and the risks of drinking sugar sweetened beverages were provided (44.5 paid hours total): \$1,414</p> <p>Weight of the Nation Event:</p> <ul style="list-style-type: none"> • 17 Planning meetings + 2 Debriefing meetings (52 paid hours total): \$2,432 • Session 1 Facilitation (19.95 paid hours total): \$1,450 • Session 2 Facilitation (16.95 paid hours total): \$1,044 	<p><u>Direct offsetting revenue from Restricted Grants</u></p> <p>N/A</p>

	<ul style="list-style-type: none"> • 2 Dinners Catered: \$665 <p>Total Costs: \$7,336</p>	
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FY15: Priority 1 – Respiratory Health

Identified Need	<p><u>Respiratory health</u></p> <p>The CHNA identified that Cecil County community health problems and Union Hospital re-admissions were greatest around respiratory health issues. In particular, issues like COPD were exacerbated by tobacco use. Creating a tobacco cessation program was explored; however, it was determined that because of the resources that the Cecil County Health Department had and with supports provided through the Cecil County Tobacco Task Force, Union Hospital should focus tobacco cessation efforts on increasing the number of contacts and connections made with these established community programs.</p> <p><u>Cecil County Data:</u></p> <ul style="list-style-type: none"> • Data from 2011 showed that 23.9% of adults smoked (source: <i>Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2012 showed that 23% of adults smoked (source: <i>Maryland BRFSS</i>) ○ <u>Reduction:</u> Data from 2013 showed that 18% of adults currently smoke cigarettes (source: <i>Maryland BRFSS</i>) • Data from 2010 showed that 29.4% of adolescents used tobacco products (source: <i>DHMH SHIP, Cecil County</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2013 showed that 24.6% of adolescents used tobacco products (source: <i>DHMH SHIP, Cecil County</i>)
Hospital Initiative	Increase the number of contacts and connections made and/or facilitated among individuals to quit using tobacco products.
Total Number of People Within the Target Population	<p><u>18%</u> adult smokers in Cecil County (2013) = <u>13,950</u> adult smokers (based on 2013 population for ages 18+)</p> <p><u>24.6%</u> adolescent tobacco users in Cecil County (2013) = <u>2,876</u> adolescent tobacco users (based on 2013 population for ages 10-17)</p>
Total Number of People Reached by the Initiative Within the Target Population	<p><u>195+</u> people using tobacco products were reached by the tobacco cessation support provided in FY15</p> <p><i>This number reflects website reach and referrals made during health fairs. The number of fax referrals from the Cecil County Health Department does not accurately reflect Union Hospital's participation, so it is not included in the number of people reached.</i></p>

<p>Primary Objectives</p>	<p><u>Objective 1</u> Complete the MDQuit cessation resource assessment by the end of May 2013.</p> <p><u>Objective 2</u> Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14).</p> <p><u>Objective 3</u> Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.</p> <p><u>Objective 4</u> Promote cessation efforts in the community.</p>
<p>Single or Multi-Year Initiative Time Period</p>	<p>Multi-Year</p>
<p>Key Collaborators in Delivery of the Initiative</p>	<p>Union Hospital Community Benefits Program Union Hospital Respiratory Therapists Cecil County Health Department, Division of Health Promotions</p>
<p>Impact/Outcome of Hospital Initiative</p>	<p><u>Objectives 1 and 2</u> were completed in FY14.</p> <p><u>Objective 3 – Metrics:</u> <i>Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY15 no referrals were tracked despite referrals having been made (it is part of standard protocol to make a referral to cessation resources when patients confirm their desire to quit smoking). <p><i>Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on the hospital’s website and track # of users per fiscal year.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) During FY15, there were <u>95</u> page views of the tobacco cessation webpage (a decrease from page views in FY14 – 107 page views). b) In FY15 the Tobacco Cessation Committee did not meet, and it was decided that the Cancer program would take the lead with this committee moving in to FY16 and beyond. The Cancer Program will assume all responsibilities of health promotion associated with the website and other media. <p><i>Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY15 the health department made <u>17</u> fax referrals to MDQuit using Fax-to-Assist (only MDQuit report data from 6 months was available). There was no reported data for fax referrals from Union Hospital. Historically, the health department has reported that hospital staff will call the health department to make referrals to MDQuit, rather than using Fax-to-Assist directly. It is possible that some of the fax referrals made by the health department reflected patients referred by the hospital to the health department, but definitive data is not available.

	<p>Objective 4 – Metrics: <i>Track the # of cessation contacts made to the Cecil County Health Department’s free, private, tobacco cessation counseling sessions and through the Stoke Program’s connection of community members to tobacco cessation resources.</i></p> <ul style="list-style-type: none"> • Outcomes: <ul style="list-style-type: none"> a) No private sessions were tracked during FY15 for patients discharged from Union Hospital. <p>The Stroke Program made <u>100+</u> contacts for cessation resources during <u>5</u> health fairs in FY15.</p>	
Evaluation of Outcomes	Data from Maryland BRFSS and SHIP indicates that the percentage of youth and adults using tobacco products in Cecil County is decreasing each year.	
Continuation of Initiative	Union Hospital will continue to monitor connections made to community programming for access to tobacco cessation in FY16, as these connections are important to the Cecil County Tobacco Task Force (part of the LHIC). The task force continues to make huge strides in creating awareness to reduce tobacco use in Cecil County, including structuring protocols to reduce the sale of tobacco products to minors. The hospital will support the task force as a member of the task force.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	<p><u>Total Cost of Initiative</u></p> <p><u>FY15 Costs</u></p> <ul style="list-style-type: none"> • 55+ Senior Expo (8/7/14) <ul style="list-style-type: none"> ○ 4 hours: \$200 ○ 25 ppl served • Take Pride in Pink Health Fair (10/11/14) <ul style="list-style-type: none"> ○ 4 hours: \$200 ○ 5 ppl served • Rising Sun Health Fair (10/17/14) <ul style="list-style-type: none"> ○ 8 hours: \$449 ○ 5 ppl served • Cecil Woods Health Fair (10/28/14) <ul style="list-style-type: none"> ○ 5 hours: \$250 ○ 45 ppl served • CCPS Wellness Day (5/8/15) <ul style="list-style-type: none"> ○ 11.5 hours: \$421 ○ 20+ ppl served <p>Total: \$1,520</p>	<p><u>Direct Offsetting Revenue from Restricted Grants</u></p> <p>N/A</p>

FY15: Priority 2 – Heart Disease

<p>Identified Need</p>	<p><u>Heart Disease</u> The CHNA identified heart disease as the second most important health issue in Cecil County. Cecil County residents are at high risk for heart disease and stroke due to higher prevalence of diabetes, hypertension, and poor nutrition.</p> <p><u>Cecil County Data:</u> <i>Heart Disease</i></p> <ul style="list-style-type: none"> • Data from 2011-2013 showed that there were 193.8 deaths per 100,000 population due to heart disease (<i>source: Maryland Vital Statistics Administration</i>) <p><i>Stroke</i></p> <ul style="list-style-type: none"> • Data from 2011-2013 showed that there were 43.6 deaths per 100,000 population due to stroke (<i>source: Maryland Vital Statistics Administration</i>) <p><i>Risk Factors</i></p> <ul style="list-style-type: none"> • Data from 2012 showed that 7.7% of adults were diagnosed with diabetes, with a majority of these adults aged 65 years or older(<i>source: Maryland BRFSS</i>) • Data from 2011 showed that 35.2% of adults were diagnosed with high blood pressure (<i>source: Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2013 showed that 34.6% of adults had high blood pressure (<i>source: Maryland BRFSS</i>) <p>Data from 2010 showed that only 16.4% of adults ate fruits and vegetables five or more times per day (<i>source: Maryland BRFSS</i>)</p>
<p>Hospital Initiative</p>	<p>Increase awareness by addressing the community about the modifiable risk factors for heart disease and identifying the signs and symptoms of stroke to promote the prevention of heart disease in Cecil County.</p>
<p>Total Number of People Within the Target Population</p>	<p><u>7.7%</u> of adults in Cecil County had Diabetes (2012) = <u>5,841</u> adults had Diabetes (based on 2012 population for ages 18+)</p> <p><u>34.6%</u> of adults in Cecil County had high blood pressure (2013) = <u>26,815</u> adults had high blood pressure (based on 2013 population for ages 18+)</p> <p><u>16.4%</u> of adults in Cecil County ate 5+ servings of fruits and veggies (2010) = <u>12,183</u> adults had less than stellar nutrition (based on 2010 population for ages 18+)</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p>955+ adults received diabetes and nutrition education, as well as stroke risk assessments in the community in FY15</p>
<p>Primary Objectives</p>	<p><u>Objective 1</u> Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity.</p> <p><u>Objective 2</u> Increase the number of healthy lifestyle events in the community by at least 2 diabetes education/healthy eating opportunities with an emphasis on the prevention of heart disease.</p>

	<p><u>Objective 3</u> Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community.</p> <p><u>Objective 4</u> Increase the number of heart health education opportunities in the community by at least 1 heart health education activity.</p>
Single or Multi-Year Initiative Time Period	Multi-Year
Key Collaborators in Delivery of the Initiative	<p>Union Hospital Stroke Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions</p>
Impact/Outcome of Hospital Initiative	<p><u>Objective 1 – Metrics:</u> <i>Union Hospital will track the # of participants and the # of abnormal blood pressures taken.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> No blood pressure screenings were provided in FY15. <p><u>Objective 2 – Metrics:</u> <i>Nutrition and Diabetes Center staff will track the # of participants per activity.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ul style="list-style-type: none"> c) In FY15, <u>3</u> Diabetes and healthy eating presentations were held in the community, serving <u>115</u> people total. d) In FY15, nutrition demos, nutrition/Diabetes education, and/or BMI screenings were provided at <u>5</u> health fairs, serving <u>740+</u> people total. <p><u>Objective 3 –Metrics:</u> <i>Stroke Program staff will track # of participants per stroke risk assessment event.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ul style="list-style-type: none"> c) In FY15, the Stroke Program provided stroke risk assessments at <u>5</u> community health fairs, serving <u>100+</u> people total. <p><i>Stroke Program staff will track # of abnormal assessments per activity.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY15, abnormal assessments were not tracked. The risk assessment is an educational tool used by Stroke Program staff to promote awareness. After each assessment is performed, the assessment paper is given to the participant to take home. Stroke risk assessments are based on the participant reporting their knowledge of the risk factors for stroke. If patients are assessed as high risk then the Stroke Program recommends the participant talk to their primary care provider. <p><u>Objective 4</u> <i>Union Hospital and Cecil County Health Department staff will track the # of participants per activity.</i> <u>Outcome:</u> There were no heart health education activities provided in FY15.</p>

Evaluation of Outcomes	Maryland BRFSS data indicates that the percentage of adults with hypertension in Cecil County is decreasing each year.	
Continuation of Initiative	Union Hospital will continue to provide opportunities to educate and create awareness around the risk factors associated with heart disease, including continued access to stroke risk assessments at community events. In fact, during FY15 the Union Hospital Multi-Specialty Practices made it their goal to reduce hypertension among outpatients. The practices worked hand-in-hand with the Cecil County Health Department to compile educational materials for patients, as well as trained all Medical Assistant staff in the appropriate way to take a manual blood pressure, according to a community health policy that was established in FY14 through the Million Hearts grant for Cecil County.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	<u>Total Cost of Initiative</u> <u>FY15 Costs</u> <ul style="list-style-type: none"> • 3 Diabetes/nutrition education events <ul style="list-style-type: none"> ○ 4 hours: \$110 ○ 115 ppl served • Nutrition demos, nutrition/Diabetes education, and/or BMI screenings were provided at 5 health fairs <ul style="list-style-type: none"> ○ 61.5 hours: \$2,379 ○ 740+ ppl served • Stroke Risk Assessments provided at 5 community health fairs (Only the Stroke Coordinator's paid time is listed here for stroke risk assessments performed during the CCPS Wellness Day. Costs for the other 4 health fairs are listed under FY15 Respiratory Health) <ul style="list-style-type: none"> ○ 3 hours: \$149 ○ 100+ ppl served <p>Total: \$2,638</p>	<u>Direct Offsetting Revenue from Restricted Grants</u> N/A

FY15: Priority 3 – Obesity

<p>Identified Need</p>	<p><u>Obesity</u> In Cecil County obesity impacts both youth and adults. Similar to heart disease and tobacco use, making healthy lifestyle choices, such as choosing a healthier diet or getting more exercise, helps reduce the risk for obesity. Union Hospital partnered with several community organizations to assess and implement activities that aimed to reduce the prevalence of obesity in Cecil County.</p> <p><u>Cecil County Data:</u> <u>Obesity</u></p> <ul style="list-style-type: none"> • Data from 2011 showed that 31.4% of adults were obese (<i>source: Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2012 showed that 31.2% of adults were obese (<i>source: Maryland BRFSS</i>) ○ <u>Reduction:</u> Data from 2013 showed that 28.8% of adults were obese (<i>source: Maryland BRFSS</i>) • Data from 2008 showed that 13.4% of adolescents , aged 12-19 years, were obese (<i>source: DHMH SHIP, Cecil County</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2010 showed that 12.7% of adolescents were obese (<i>source: DHMH SHIP, Cecil County</i>) <p><u>Risk Factors</u></p> <ul style="list-style-type: none"> • Data from 2011 showed that 55.2% of adults engaged in regular physical activity (150 minutes per week) (<i>source: Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2012 showed that 49.7% of adults participated in regular physical activity (<i>source: Maryland BRFSS</i>) ○ <u>Reduction:</u> Data from 2013 showed that 39.1% of adults engaged in regular physical activity (<i>source: Maryland BRFSS</i>) <p>Data from 2010 showed that only 16.4% of adults ate fruits and vegetables five or more times per day (<i>source: Maryland BRFSS</i>)</p>
<p>Hospital Initiative</p>	<p>Engage the community on the importance of making healthy lifestyle choices in order to reduce obesity in Cecil County.</p>
<p>Total Number of People Within the Target Population</p>	<p><u>28.8%</u> of adults were obese in Cecil County (2013) = <u>22,038</u> adults were obese (based on 2013 population for ages 18+)</p> <p><u>12.7%</u> of adolescents were obese in Cecil County (2010) = <u>1,945</u> adolescents were obese (based on 2010 population for ages 10-19)</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p><u>805+</u> adults were reached by healthier lifestyle interventions in FY15</p> <p><u>1,685</u> youth were reached by healthier lifestyle interventions in FY15</p>
<p>Primary Objectives</p>	<p><u>Objective 1</u> Increase the availability of obesity prevention programs/activities in the community.</p>

	<p><u>Objective 2</u> Implement the Weight of the Nation program for community members and leaders.</p>
Single or Multi-Year Initiative Time Period	Multi-Year
Key Collaborators in Delivery of the Initiative	<p>Union Hospital Community Benefits Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions Cecil County Public Schools YMCA of Cecil County, Inc. Nemours Health and Prevention Services</p>
Impact/Outcome of Hospital Initiative	<p><u>Objective 1 – Metrics:</u> <i>Track # of participants in activities to increase physical activity and eating healthier.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ul style="list-style-type: none"> c) In FY15, the Nutrition and Diabetes Center staff, as well as Food Services staff, participated in <u>5</u> Health Fairs that provided education on healthy eating and exercise, serving <u>740+</u> adults total. d) In FY15, there were <u>2</u> healthy eating presentations in the community that served <u>65</u> adults total. c) In FY15, there were 30 CATCH Kids Club days facilitated in two locations (<u>60</u> days total) over a span of 16 weeks from February to June by community partners. The YMCA served 30 registered elementary school youth during each CATCH day, and Elkton Middle School served 7 middle school youth each CATCH day, for a total of <u>1,110</u> encounters. e) In FY15, Union Hospital partnered with Cecil County Sports Medicine to facilitate an annual free Sports Physicals event for high school students, serving <u>575</u> high school youth. <p><u>Objective 2</u> was completed in FY14.</p>
Evaluation of Outcomes	Maryland BRFSS and SHIP data indicates that adult and childhood obesity is decreasing in Cecil County.
Continuation of Initiative	<p>At the end of FY14, the School-Based Health Centers program closed, so in FY15 to continue to work toward reducing childhood obesity in Cecil County, Union Hospital partnered with Nemours Health and Prevention Services, Cecil County Public Schools, Cecil County Health Department, and the YMCA of Cecil County, Inc. to implement an after-school pilot program called CATCH Kids Club (CKC) in a Title 1 public elementary school and a public middle school in Elkton. CKC engages youth in structured physical activities with integrated nutrition education.</p> <p>Union Hospital and its community partners will continue the pilot the CKC throughout the 2015-2016 school year in the same school locations.</p>

<p>Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>	<p><u>Total Cost of Initiative</u></p> <p><u>FY15 Costs</u></p> <ul style="list-style-type: none"> • 5 Health Fairs where healthy eating, exercise were discussed <ul style="list-style-type: none"> ○ 61.5 hours: dollars are recorded in FY15 Heart Disease ○ 740+ ppl served • 2 Nutrition Education activities <ul style="list-style-type: none"> ○ 2.5 hours: dollars are recorded in FY15 Heart Disease ○ 65 ppl served • Union Hospital paid the stipend for the middle school CATCH Kids Club teacher facilitator <ul style="list-style-type: none"> ○ 50 hours paid: \$1500 • Union Hospital purchased the CATCH Kids Club equipment for both locations <ul style="list-style-type: none"> ○ \$4,273 • Planning and implementation costs for CATCH Kids Club, July 2014 – June 2015 <ul style="list-style-type: none"> ○ \$8,455 • Sports Physicals <ul style="list-style-type: none"> ○ 94.44 hours: \$6,540 ○ 575 ppl served <p>Total: \$20,768</p>	<p><u>Direct Offsetting Revenue from Restricted Grants</u></p> <p>N/A</p>
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*Outcomes data from Fiscal Year 2016 was not available for this evaluation and has not been included in the tables. Once the data has been prepared an addendum will be attached to this evaluation.