

## Atlantic General Hospital

# Implementation Plan of Needs Identified in the Community Health Needs Assessment

**FY2022 - 2024**



August 2023  
Progress Report

## Community Health Needs Assessment

This CHNA represents the fourth time that Atlantic General Hospital has collaborated and completed the Community Health Needs Assessment process. A Community Health Needs Assessment is intended to provide information to help hospitals and other community organizations identify opportunities to improve the health of the community. The CHNA process identifies factors that influence the health of a population and determine the availability of resources that adequately address health concerns.

With the information provided in this report, hospital leaders and partners develop plans to address community health priorities and build upon the capacity, resources and partnerships of existing programs. AGH participates closely with Worcester County Health Department, Wicomico County Health Department, Somerset County Health Department, and Tidal Health to provide Community Health Assessment data, surveys and programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of our service area. The Community Health Needs Assessment (CHNA) was approved by the Hospital's Board of Trustees in May 2022.



### Needs Identified

This CHNA combines population health statistics in addition to feedback gathered from the community in the form of surveys and focus groups. AGH uses the Healthy Communities Institute to provide health indicator and ranking data to supplement community data provided by partners of the collaboration. When combined, findings from the data and community feedback are particularly useful in identifying priority health needs and developing action plans to meet those needs.

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (surveys) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes information gathered through ongoing key community groups.

AGH partners with surrounding hospitals, health departments and state agencies to bring to together a multitude of information. This CHNA, a follow-up to similar studies

A community health needs assessment provides an overview of the health needs and priorities of the community.

## Needs Identified (cont.)

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conducted in 2012, 2015, and 2018, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Primary Service Area of Atlantic General Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The information as well as other surveys, research and community data are used to identify issues of greatest concern, and guide resource allocation to those areas – thereby making the greatest possible impact on community health status.

The CHNA is a primary tool used by the Hospital to determine its community benefit priorities, which outlines how the Hospital will give back to the community in the form of health care and other community services to address unmet community health needs. The assessment incorporates components of primary data collection and secondary data analysis that focuses on the health and social needs of our service area.

A sampling of resources utilized to complete the assessment is listed to the right. (A comprehensive list is found under References.)

- **Community meetings with persons representing the broad interests of the community**
- **AGH Community Needs Survey**
- **Maryland State Health Improvement Process (SHIP)**
- **Tri-County Health Improvement Plan (T-CHIP)**
- **Healthy People 2020 - 2030**
- **Worcester County Community Health Improvement Plan (CHIP) LHIC Local Health Improvement Coalition**
- **Community Education Events**
- **2020/2021 County Health Outcomes & Roadmaps**
- **State of Delaware Health Needs Assessment** <https://dhss.delaware.gov/dhss/dph/files/ship2019.pdf>
- **Beebe Medical Center Community Health Needs Assessment.** [https://www.beebehealthcare.org/sites/default/files/Official%20Beebe%20CHNA%20June%202019\\_FINAL.pdf](https://www.beebehealthcare.org/sites/default/files/Official%20Beebe%20CHNA%20June%202019_FINAL.pdf)

### Our Vision

... To be the leader in caring for people and advancing health for the residents of and visitors to our community

### Our Mission

... To provide a coordinated care system with access to quality care, personalized service and education to create a healthy community

## Needs Identified

The Community Health Needs Assessment survey was distributed by community outreach personnel and the Atlantic General Hospital website. Stakeholder interviews,

public forums and focus groups were conducted by the Population Health Department. Community surveys represent information that is self-reported.

**#1 High Blood Pressure/Stroke**

**#2 Overweight/Obesity**

**#3 Diabetes/Sugar**

**#4 Cancer**

**#5 Heart Disease**

**#6 Smoking, drug or alcohol use**

**#7 Mental Health Issues (depression, anxiety)**

*#8 Access to Healthcare / No Health Insurance*

*#9 Asthma / Lung Disease*

*#10 Dental Health*

**Bold items addressed as priority areas in implementation plan.**

*Italicized items not addressed as priority areas in implementation plan.*

### Top Health Concern Priorities Over the (4) CHNA

	2012	2015	2018	2021
High Blood Pressure / Stroke	6	6	7	1
Overweight / Obesity	3	2	3	2
Diabetes / Sugar	4	3	2	3
Cancer	1	1	1	4
Heart Disease	2	4	5	5
Smoking, Drug or Alcohol Use	5	5	4	6
Mental Health	7	7	6	7
Access to Healthcare No Health Insurance	8	8	8	8
Asthma / Lung Disease	9	9	10	9
Dental Health	10	10	9	10
Injuries	11	11	11	11
Infectious Disease	NA	NA	NA	12
Sexually Transmitted Disease & HIV	12	12	12	13



## Prioritized Needs

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Key findings from all resources were used as a framework to develop community benefit priorities. These are closely aligned with local, state, and national priority areas. The process for determining the priorities of the Community Outreach programs involves many people inside and outside the organization.

AGH's strategic initiatives are determined by the Hospital Board of Trustees, the Medical Staff and the Leadership of the Hospital. Each year those long-term initiatives are evaluated and updated with environmental information, such as the most recent CHNA. In addition to input from those groups, there are additional committees that have a part in setting our priorities: the AGH Planning Committee, Patient & Family Advisory Committee, Community Benefits Committee, and Healthy Happenings Committee.

The Patient & Family Advisory Committee is made up of Hospital and community members who have a health connection in the community. Through this board, we are able to keep our pulse on the needs of the community.

Each department in the hospital has an appointee who sits on the Community Benefits Committee. The purpose of this committee is to oversee the Community Outreach of AGH and comply with the government regulations regarding reporting

Community Benefits. Because the committee is made up of all departments, the views are varied. Annual evaluations of each initiative's success are found in the HSCRC Community Benefit Report provided to the State of Maryland.

AGH leaders are involved on many community boards and community entities (both for-profit and not-for-profit). Through these boards we are able to keep abreast of the underserved, low income and/or minority needs in the community. We are involved in the health departments throughout our service area in MD and DE. We coordinate services with them to decrease duplication of services and know what services are needed to fill the gaps.

Working with the target areas of the state improvement initiatives influences the priorities we set. Our Population Health outreach providers are out in the community and are able to observe community needs. Through our Patient Centered Medical Home, Care Coordination models and Population Health Department, we are able to have another resource in the community which we can use for assisting us in setting priorities.

### The 2022-2024 Community Benefit priorities are based on the criteria of:

- Size and severity of the problem, determined by what percentage of the population is affected by risks
- Health System's ability to impact the need
- Availability of resources
- Social needs and health inequities

They were graded as high (3), moderate (2) and low (1) to rank the priority, based on self-reported survey data and prioritized as above.

Community Health Needs Assessment Priorities		Size & Severity of Problem	AGH/S Ability to Impact the Problem	Availability of Resources	Social Needs/Health Inequities	Impact Rating
Health Need	Specific Opportunity					
High blood pressure/stroke		3	3	3	3	12
Diabetes/sugar	pre-diabetic screenings, education, medication	3	3	3	3	12
Mental Health issues	Depression, Anxiety	3	3	2	3	11
Smoking, drug or alcohol use	alcohol, opiates	3	2	3	3	11
Overweight/obesity	Access to healthy food	3	3	2	3	11
Cancer	Lung, Prostate (CRISP)	1	3	3	3	10
Heart Disease	HF, Afib (CRISP)	3	1	1	3	8

FY22-24 Priority Areas
High Blood Pressure/Stroke
Diabetes/Sugar
Cancer
Heart Disease
Smoking, drug or alcohol use
Mental health issues (depression, anxiety)
Overweight and Obesity



## COMMUNITY HEALTH NEED:

### HEALTH PRIORITY

#### HIGH BLOOD PRESSURE AND STROKE

#### AGH GOAL

Improve cardiovascular health of the community.

#### HEALTHY PEOPLE 2030 GOAL

Increase control of high blood pressure in adults.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Implement initiatives to raise awareness and provide education on high blood pressure and stroke throughout our organization and in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Increase enrollment in care coordination for hypertension related issues</li> <li>Increase compliance with hypertension HEDIS measures within our AGHS patient population.</li> <li>Increase community health screenings for high blood pressure</li> <li>Increase recruitment of clinical professionals in the community to provide primary care.</li> <li>Increase access to primary care by increasing the number of available appointments with primary care within AGHS</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the Healthy People target of 18.9% of adults aged 18 and older with high blood pressure under control. (data reported annually, Health.gov, Healthy People 2030)</li> <li>HEDIS measures for hypertension. Maintain compliance to hit top tier/star level performance. (MDPCP dashboard, CPM reports and third party payer reports)</li> <li>Decrease in the State Health Insurance Program (SHIP) measure Emergency Department visit rate due to hypertension. (health.maryland.gov)</li> <li>County Health Rankings. Improvement in county health rankings related to hypertension related illness and mortality. (countyhealthrankings.org)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Population Health Department</li> <li>Atlantic General Health System</li> <li>AGH HEDIS nurse</li> <li>AGH outpatient ancillary services</li> </ul>	<ul style="list-style-type: none"> <li>Faith-based Partnership</li> <li>Maintaining Active Citizens, Inc. (MAC, Inc.)</li> <li>Worcester County Health Department</li> <li>Tidal Health, Inc.</li> </ul>

#### Anticipated Impact

<ul style="list-style-type: none"> <li>Increase patient engagement in self-management of chronic conditions</li> <li>Decrease hospital admissions and readmissions and reduce unnecessary healthcare costs.</li> <li>Increase awareness around importance of prevention and early detection of heart disease and hypertension</li> <li>Increase participation in community hypertension, cholesterol and carotid screenings – especially at-risk and vulnerable populations</li> <li>Increase community capacity and collaboration for shared responsibility to address unmet health needs</li> <li>Increase health literacy and self-management for health conditions/healthy living</li> </ul>
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#### Impact Rationale

<p>According to the CDC (2022), in 2020, more than 670,000 deaths in the United States had hypertension as a primary or contributing cause. Having hypertension puts you at risk for heart disease and stroke, which are leading causes of death in the United States. Nearly half of adults in the United States (47%, or 116 million) have hypertension, defined as a systolic blood pressure greater than 130 mmHg or a diastolic blood pressure greater than 80 mmHg or are taking medication for hypertension (CDC, 2021).</p>
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# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### HIGH BLOOD PRESSURE AND STROKE

#### AGH GOAL

Improve cardiovascular health of the community.

#### HEALTHY PEOPLE 2030 GOAL

Increase control of high blood pressure in adults.

#### Progress Report

Atlantic General Hospital has made significant progress implementing initiatives that raise awareness and provide education on high blood pressure and stroke throughout our organization and in the community.

##### Intended Actions:

- Increase enrollment in care coordination for hypertension related issues
- Increase compliance with hypertension HEDIS measures within our AGHS patient population.
- Increase community health screenings for high blood pressure
- Increase recruitment of clinical professionals in the community to provide primary care.
- Increase access to primary care by increasing the number of available appointments with AGHS PCPs.

##### Progress:

- Referrals for enrollment in Care Coordination for patients with HTN has increased by 8% from 2020 to 2022.
- Compliance with hypertension HEDIS Measures has increased in all of our major programs. For Medicare patients in our Maryland Primary Care Program, compliance increased from 74% in 2021 to 75% in 2022.
- Community blood pressure screenings resumed in 2022, post-Covid. We will continue to track this measure.
- AGH continues to actively recruit primary care and specialty providers and has added two additional primary care providers.

#### Measurement

- HEDIS Measure – Controlling High Blood Pressure, 50<sup>th</sup> is 62.41%, 80<sup>th</sup> Percentile is 78.76%; AGHS is currently at 75%, placing us between the 75-80<sup>th</sup> percentile, (AGH EMR (CPM), Jan-Apr 2023)
- Decrease in the State Health Improvement Process (SHIP) measure Emergency Department visit rate due to hypertension. 2017 SHIP measure 417.2 visits per 100K population. SHIP data measures after 2017 will be updated by July 2023.
- Hypertension related ED visits decreased by 1.87% in 2022 (4263) compared to 2021 (4344). CRISP data.
- Hypertension related readmission rate decreased by 2.08% in 2022 (12.64%) compared to 2021 (14.72%). CRISP data.
- Hypertension related admission rate increased by 10% in 2022 (1897) compared to 2021 (1706). CRISP data.  
*\*Note: Due to COVID, both ED and outpatient visits were lower in 2021 than in prior years.*
- Exceeded Healthy People target of having less than 42.6% (2017-2020) of adults with high blood pressure; the 2021 rate is 40.5% for Worcester County. The 2022 numbers have not yet been released. BRFSS data.
- 2019-2021 – Hypertension was the 10<sup>th</sup> Leading Causes of Death in Maryland. In 2020, the Maryland mortality rate was 10.5 per 100K population. In 2021, that figure dropped to 10 per 100K population. The 2022 numbers have not yet been released. CDC data.





# COMMUNITY HEALTH NEED:

## HEALTH PRIORITY

### Diabetes

#### AGH GOAL

Decrease incidence of diabetes in the community.

#### HEALTHY PEOPLE 2030 GOAL

Reduce the burden of diabetes and improve the quality of life for all people who have, or are at risk for, diabetes.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Implement initiatives to raise awareness and provide access to care, education and outreach for diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Partner with local health agencies to facilitate grant applications to fund diabetes programs</li> <li>Evaluate and implement Diabetes Education opportunities via telehealth</li> <li>Implement a Diabetes Prevention Plan (DPP) for AGH Associates</li> <li>Provide prediabetes and diabetes screenings and education on diabetes prevention behaviors in the community</li> <li>Increase access to Diabetes Self-Management Education (DSME) and Diabetes Support Groups</li> <li>Increase access to primary care by increasing the number of available appointments with primary care within AGHS</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the current performance target of Healthy People 2030 for adults with diabetes that get formal diabetes education. (data reported annually, Health.gov, Healthy People 2030)</li> <li>Incidence of adult diabetes</li> <li>Decrease in the State Health Insurance Program (SHIP) measures for ED visits due to diabetes. (health.maryland.gov)</li> <li>County Health Rankings. Improvement in county health rankings related to the prevalence of diabetes in the community. (countyhealthrankings.org)</li> <li>HEDIS measures for diabetes (five measures)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Population Health Department</li> <li>Diabetes Outpatient Education Program</li> <li>Emergency Department</li> <li>Foundation</li> <li>Outpatient Lab Services</li> <li>Endocrinology (Atlantic General Health System)</li> <li>Diabetes Support Group</li> </ul>	<ul style="list-style-type: none"> <li>Worcester County Public Schools</li> <li>Worcester County Health Department</li> <li>TidalHealth, Inc.</li> </ul>

#### Anticipated Impact

<ul style="list-style-type: none"> <li>Increase patient engagement in self-management of chronic conditions</li> <li>Decrease hospital admissions, readmissions, and ED visits related to Diabetes</li> <li>Increase awareness around importance of prevention of diabetes and early detection</li> <li>Increase provider services in community to provide for diabetes related treatment</li> <li>Increase participation in community glucose screenings, diabetes and pre-diabetes screenings – especially at-risk and vulnerable populations</li> <li>Increase community capacity and collaboration for shared responsibility to address unmet health needs</li> </ul>
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#### Impact Rationale

<p>According to the CDC National Center for Health Stats (2021), more than 122 million Americans are living with diabetes (37.3 million) or prediabetes (96 million).</p>
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# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### Diabetes

#### AGH GOAL

Decrease incidence of diabetes in the community.

#### HEALTHY PEOPLE 2030 GOAL

Reduce the burden of diabetes and improve the quality of life for all people who have, or are at risk for, diabetes.

#### Progress Report

Atlantic General Hospital has made significant progress in partnership with other community agencies to develop a strategic action plan to address diabetes needs in the community. The most noteworthy example of this partnership is the REACH grant collaborative—a partnership between TidalHealth, Atlantic General Hospital, all three lower county health departments, and numerous other community agencies. The REACH collaborative is focused on outreach, education and follow-up services for patients with Diabetes and Hypertension.

#### **Intended Actions:**

- Partner with local health agencies to facilitate grant applications to fund diabetes programs.
- Evaluate and implement Diabetes Education opportunities via telehealth
- Implement a Diabetes Prevention Plan (DPP) for AGH Associates
- Provide prediabetes and diabetes screenings and education on diabetes prevention behaviors in the community
- Increase access to Diabetes Self-Management Education (DSME) and Diabetes Support Groups
- Increase access to primary care by increasing the number of available appointments with primary care within AGHS

#### **Progress:**

- As noted, REACH collaborative grant funding provides outreach and resources in five zip codes that have identified health disparities. For Worcester County, these areas include Pocomoke and Snow Hill.
- As part of the REACH grant collaborative, additional diabetes support groups and diabetes education classes are being scheduled in Pocomoke and Snow Hill.
- Our Diabetes Education team is partnering with Employee Health to launch employee diabetes education modules and pre-diabetes screenings.
- Pre-diabetes screening assessments have been integrated into all of our community outreach events and diabetes screenings are being increased as well.
- Nurse-driven protocol referral process for Diabetes Education is being implemented
- Diabetes Education nurse present weekly in Wound Care Center
- In 2020, 43.2% of patients in care coordination had a diabetes diagnosis compared to 40.5% in 2023; partnership established between Care Coordination and Diabetes Education.
- AGH continues to actively recruit primary care and specialty providers and has added two additional primary care providers

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## COMMUNITY HEALTH NEED PROGRESS REPORT

### HEALTH PRIORITY

#### Diabetes

##### AGH GOAL

Decrease incidence of diabetes in the community.

##### HEALTHY PEOPLE 2030 GOAL

Reduce the burden of diabetes and improve the quality of life for all people who have, or are at risk for, diabetes.

#### Measurements

- Exceed the current performance target of Healthy People 2030 for adults with diabetes that get formal diabetes education. (data reported annually, Health.gov, Healthy People 2030). The current target set by Healthy People 2030 is 55.2% and based on the most recent survey data from 2019, we are presently at 55.1%.
- Incidence of adult diabetes. AGH experienced an 8.8% decrease in diabetes related Emergency Department visits from calendar year 2021 to 2022. For Inpatient visits with a primary diabetes diagnosis, AGH experience a 3.5% increase in related admissions, but saw a 2.2% reduction in readmission rates for this population.
- Decrease in the State Health Improvement Program (SHIP) measures for ED visits due to diabetes. (health.maryland.gov). In a response from the SHIP program in June 2023, data measures after 2017 will be updated in July 2023.
- County Health Rankings. Improvement in county health rankings related to the prevalence of diabetes in the community. (countyhealthrankings.org). The County Health Rankings indicated in 2021 that both Worcester County, Maryland, and Sussex County, Delaware, had a 13% rate of adults living with diagnosed diabetes. In 2023, each county showed an equal improvement with a current rate of 9% of adults living with diabetes.
- HEDIS measures for diabetes. For Medicare patients, metric Diabetes Poor Control, 50<sup>th</sup> is 42.63%, 80<sup>th</sup> percentile is 22.92%; AGHS is currently at 28%, putting us on track for reaching the 80<sup>th</sup> percentile. (AGH EMR (CPM), Jan-May 2023).



## COMMUNITY HEALTH NEED:

### HEALTH PRIORITY

#### Cancer

##### AGH GOAL

Decrease the incidence of advanced breast, lung, colon, and skin cancer in community.

##### HEALTHY PEOPLE 2030 GOAL

Reduce new cases of cancer and cancer-related illness, disability, and death.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Implement initiatives to raise awareness and provide education and outreach for cancer prevention and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Recruit and retain professionals to provide for cancer related treatment in the community</li> <li>Provide community health screenings and education on healthy behaviors and cancer prevention</li> <li>Partner with local health agencies to facilitate grant application to fund cancer programs</li> <li>Improve proportion of minorities receiving colonoscopy screenings, LDCT screenings, and women’s preventative health services</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the current performance target of Healthy People 2030 for cancer death rates in our community. (data reported annually, Health.gov, Healthy People 2030)</li> <li>Increase in State Health Insurance Program (SHIP) measure for mammography screenings. (health.maryland.gov)</li> <li>HEDIS colorectal screening measure. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Population Health Department</li> <li>Women’s Diagnostic Center</li> <li>Endoscopy Services</li> <li>AGH outpatient ancillary services</li> <li>Regional Cancer Care Center</li> <li>AGH Cancer Committee</li> <li>Atlantic General Health System</li> </ul>	<ul style="list-style-type: none"> <li>Worcester County Health Department</li> <li>Komen Consortium</li> <li>Relay for Life</li> <li>Women Supporting Women</li> <li>University of Maryland</li> <li>TidalHealth, Inc.</li> <li>Beebe Healthcare</li> </ul>

##### Anticipated Impact

- Increase awareness around importance of prevention and early detection
- Increase provider services in community to provide for cancer related treatment
- Reduce health disparities
- Improve access and referrals to community resources resulting in better outcomes
- Increase support to patients and caregivers
- Increase participation in community cancer screenings – especially at-risk and vulnerable populations

##### Impact Rationale

According to Healthy People 2030, while cancer is the second leading cause of death in the United States, the cancer death rate has declined in recent decades with over 600,000 people still dying from cancer each year. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care. (Healthy People 2030)





# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### Cancer

#### AGH GOAL

Decrease the incidence of advanced breast, lung, colon, and skin cancer in community.

#### HEALTHY PEOPLE 2030 GOAL

Reduce new cases of cancer and cancer-related illness, disability, and death.

#### Progress Report

Atlantic General Hospital has made significant progress in increasing awareness and providing education on cancer screenings and treatments available throughout our organization and community.

##### **Intended Actions:**

- Recruit and retain professionals to provide for cancer related treatment in the community
- Provide community health screenings and education on healthy behaviors and cancer prevention
- Partner with local health agencies to facilitate grant application to fund cancer programs
- Improve proportion of minorities receiving colonoscopy screenings, LDCT screenings, and women's preventative health services

##### **Progress:**

- New hematology/oncology physician joined our team in January 2023.
- New cancer center director started in May 2023, with significant nursing experience in oncology.
- New cancer prevention program launched in 2023; cancer risk assessment provided to all patients receiving a mammogram. Based upon responses, high-risk patients are offered a free telehealth consultation with a genetic counselor.
- New skin clinic started in 2023-patients whose health care provider has noted a suspicious lesion can be referred to the skin clinic for evaluation.
- Breast cancer support group is held at the Burbage Regional Cancer Care Center monthly.
- Community outreach events for 2022-2023 included 7 cancer walks, 2 AGH physician speaking events, the American Cancer Society Fashion Show, screenings offered at two health fairs, prostate screening event at AGH cancer center, and cancer screening education provided at numerous community outreach events.
- For FY24, increased outreach efforts and education regarding screenings and preventative health services for our minority population is a priority focus.

#### Measurement

- Exceed the current performance target of Healthy People 2030 for cancer death rates in our community (data reported annually, Health.gov, Healthy People 2030). The baseline rate set by Healthy People 2030 in 2018 is 149.1 deaths per 100K population. The most recent rate for Worcester County based on data from the State Health Improvement Program (SHIP), is 149.4 per 100K population and the State of Maryland is 145.5. According to the CDC in 2021, the State of Maryland decreased to 139.2 per 100K population.
- Increase in Maryland BRFSS System measure for mammography screenings. (health.maryland.gov). The State of Maryland BRFSS system (2020) average was 27.7% and Worcester County was 30.1% for women 40 and over who had not had a mammogram in the past two years. While data has not been published by BRFSS since 2020, AGH has experienced a 3.3% increase in mammography screenings during the same period in 2022 compared to 2023.
- HEDIS colorectal screening measure. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard). The most current national average from 2021 has the rate of screening at 66.8% for adults age 50-75. According to BRFSS in 2020, Worcester County screening rate was 75.1% for those age 50-75. Currently, AGH is at 59% for this population (CPM, MDPCP/DePCF data).



## COMMUNITY HEALTH NEED:

### HEALTH PRIORITY

#### Heart Disease

#### AGH GOAL

Improve cardiovascular health of the community.

#### HEALTHY PEOPLE 2030 GOAL

Preventing and treating heart disease and stroke and improving overall cardiovascular health by controlling risk factors like high blood pressure and high cholesterol through treatment.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Implement initiatives to raise awareness and provide education on heart disease throughout our organization and in the community</li> </ul>	<ul style="list-style-type: none"> <li>Increase recruitment of clinical professionals in community to provide primary care</li> <li>Maintain AGH/AGHS campus and locations as tobacco and vaping free</li> <li>Increase community health screenings for high blood pressure, carotid artery and cholesterol</li> <li>Increase enrollment in care coordination for chronic disease management</li> <li>Increase outreach events to provide screenings to high risk and underserved populations.</li> <li>Increase access to primary care by increasing the number of available appointments with primary care within AGHS</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the current performance target of Healthy People 2030 for cardiovascular health in adults. (data reported annually, Health.gov, Healthy People 2030)</li> <li>Increase in the State Health Insurance Program (SHIP) measures for persons with a usual primary care provider. (health.maryland.gov)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Population Health Department</li> <li>AGH outpatient ancillary services</li> <li>Stroke Center</li> <li>Atlantic General Health System</li> </ul>	<ul style="list-style-type: none"> <li>Faith-based Partnership</li> <li>Worcester County Health Department</li> <li>TidalHealth, Inc.</li> </ul>

#### Anticipated Impact

- Decrease hospital admissions and readmissions related to heart disease
- Increase awareness around importance of prevention and early detection of heart disease and hypertension
- Increase provider services in community to provide for cardiovascular related treatment
- Increase participation in community hypertension, cholesterol and carotid screenings – especially at-risk and vulnerable populations
- Increase community capacity and collaboration for shared responsibility to address unmet health needs
- Increase health literacy and self-management for health conditions/healthy living

#### Impact Rationale

According to the CDC Heart Disease Statistics (2020), approximately 697,000 people die of heart disease in the United States yearly. Heart disease is the leading cause death among women and men and most ethnic groups. Hypertension, high cholesterol and smoking are key risk factors and 47 percent of Americans have at least one risk factor.



# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### Heart Disease

#### AGH GOAL

Improve cardiovascular health of the community.

#### HEALTHY PEOPLE 2030 GOAL

Preventing and treating heart disease and stroke and improving overall cardiovascular health by controlling risk factors like high blood pressure and high cholesterol through treatment.

#### Progress Report

Atlantic General Hospital has made progress in partnering with community agencies, in particular the Worcester County Health Department, to provide outreach and education related to heart disease in the community.

##### **Intended Actions:**

- Increase recruitment of clinical professionals in community to provide primary care.
- Maintain AGH/AGHS campus and locations as tobacco and vaping free.
- Increase community health screenings for high blood pressure, carotid artery and cholesterol.
- Increase enrollment in care coordination for chronic disease management.
- Increase outreach events to provide screenings to high risk and underserved populations.
- Increase access to primary care by increasing the number of available appointments with primary care within AGHS.

##### **Progress:**

- Atlantic General has been actively recruiting nurses both in the hospital and outpatient settings.
- Atlantic General continues to maintain and reinforce tobacco and vape-free campuses at all locations.
- Community blood pressure, carotid artery and cholesterol screenings resumed in 2022, post-Covid. We will continue to track this measure.
- The referral workflow for care coordination has been revised to include recommendations from Case management, wound care and community outreach teams.
- Participation in the REACH collaborative is driving outreach targeted to high-risk, underserved populations in the southern end of Worcester County.
- AGH continues to actively recruit primary care and specialty providers and has added two additional primary care providers.

#### Measurement

- Exceed the current performance target of Healthy People 2030 to reduce coronary heart disease deaths--target of 71.1 deaths per 100K population. \*Note in 2021, this baseline rate for Healthy People increased from 71.1 to 90.9 deaths per 100K, indicating a definite opportunity locally and nationally. The most current SHIP data (2018-2020) released in May 2023 has Worcester County at 172.9 per 100K and the State of Maryland at 163.3 per 100K.
- Increase in the State Health Improvement Process (SHIP) measures for persons with a usual primary care provider. (health.maryland.gov). The SHIP rate (2020) is 86.6% of people report having at least one personal doctor or healthcare provider. Based on BRFSS data from 2021, Worcester County has a rate of 87% and the State of Maryland was 85.8%.



# COMMUNITY HEALTH NEED:

## HEALTH PRIORITY

### Smoking, Drug or Alcohol Use

#### AGH GOAL

Provide access to resources and treatment that supports smoking cessation and alcohol and drug use intervention and treatment.

#### HEALTHY PEOPLE 2030 GOAL

Reduce illness, disability, and death related to tobacco use and secondhand smoke and reduce misuse of drugs and alcohol.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Increase access to substance use treatment within our community</li> </ul>	<ul style="list-style-type: none"> <li>Continued recruitment of psychiatric providers that are certified to address substance use disorders</li> <li>Recruit Peer Recovery Specialists for behavioral health and substance use interventions</li> </ul>
<ul style="list-style-type: none"> <li>Increase education within our organization and community related to substance use disorders and resource and appropriate medication use</li> </ul>	<ul style="list-style-type: none"> <li>Participate in naloxone training and distribution of Narcan kits through the Worcester Goes Purple and Worcester County Health Department for both community members and AGH/S employees</li> <li>Evaluate and educate organization and community on appropriate prescribing practices</li> <li>Utilize Prescription Drug Maintenance Program (PDMP) via CRISP within our organization</li> </ul>
<ul style="list-style-type: none"> <li>Increase education within our organization and community related to smoking risks and cessation options</li> </ul>	<ul style="list-style-type: none"> <li>Recruit and retain pulmonologist(s)</li> <li>Increase in smoking cessation screenings at community outreach events and within AGHS</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the current performance target of Healthy People 2030 for adults with a substance use disorder who got treatment in the last year. (data reported annually, Health.gov, Healthy People 2030)</li> <li>HEDIS measures for SBIRT and smoking cessation. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)</li> <li>Decrease in the State Health Insurance Program (SHIP) measure for adult smoking rate. (health.maryland.gov)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Respiratory Therapy</li> <li>AGH outpatient ancillary services</li> <li>Emergency Department</li> <li>Population Health Department</li> <li>Pulmonology – Atlantic General Health System</li> <li>Behavioral Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Worcester County Health Department (WCHD)</li> <li>Maryland Health Department</li> <li>Worcester Goes Purple</li> <li>Hope 4 Recovery</li> <li>Sun Behavioral Health</li> </ul>

#### Anticipated Impact

- Decrease tobacco and vaping use in Worcester County
- Decrease hospital admissions and readmissions and ED visits related to substance use and COPD
- Increase provider services in community to provide for respiratory related treatment and smoking cessation programs
- Increase access for individuals requiring urgent intervention for drug and alcohol addiction issues
- Increase community education on resources available through the crisis center to connect patients to substance use treatment.
- Increase Peer Support for behavioral health and substance use disorder interventions

#### Impact Rationale

According to Healthy People 2030, more than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year and more than 20 million adults and adolescents in the United States have had a substance use disorder in the past year.





# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### Smoking, Drug or Alcohol Use

#### AGH GOAL

Provide access to resources and treatment that supports smoking cessation and alcohol and drug use intervention and treatment.

#### HEALTHY PEOPLE 2030 GOAL

Reduce illness, disability, and death related to tobacco use and secondhand smoke and reduce misuse of drugs and alcohol.

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#### Progress Report

Atlantic General Hospital has made progress in expanding access to substance use disorder treatment.

##### **Intended Actions:**

- Continued recruitment of psychiatric providers that are certified to address substance use disorders
- Recruit Peer Recovery Specialists for behavioral health and substance use interventions
- Participate in naloxone training and distribution of Narcan kits through the Worcester Goes Purple and Worcester County Health Department for both community members and AGH/S employees
- Evaluate and educate organization and community on appropriate prescribing practices
- Utilize Prescription Drug Maintenance Program (PDMP) via CRISP within our organization
- Recruit and retain pulmonologist(s)
- Increase in smoking cessation screenings at community outreach events and within AGHS

##### **Progress:**

- All three outpatient behavioral health prescribers were waived to prescribe buprenorphine.
- We obtained grant funding to hire a peer recovery specialist for behavioral health and substance use interventions. Peer recovery specialist started October 2022.
- All staff in the behavioral health center received (Narcan) naloxone training and Narcan kits.
- Community Narcan training was coordinated through Worcester Goes Purple and the WCHD.
- Prescription Drug Maintenance Program (PDMP) in CRISP is utilized by providers to evaluate their prescribing practices.
- AGH is actively recruiting for pulmonologists.
- Information on smoking cessation has been integrated into community education.

#### Measurement

- Exceed the current performance target of Healthy People 2030 for adults with a substance use disorder who got treatment in the last year (data reported annually, Health.gov, Healthy People 2030). The Healthy People 2030 target was set at 14%. A baseline of 11.1% was set in 2018. The most recent data from 2019 reflects a rate of 12.2%.
- HEDIS measures for SBIRT and smoking cessation. Maintain compliance to hit top tier/star level performance (MDPCP and CareFirst dashboard). We did not track a HEDIS smoking cessation measure in 2022 but are tracking this measure for 2023.
- Decrease in the State Health Improvement Process (SHIP) measure for adult smoking rate (health.maryland.gov). The 2017 SHIP measure for adults in Worcester County that smoke was 17.4%. SHIP data beyond 2017 has not been released yet, but the County Health Rankings in 2020 show Worcester County as having 16.0% of adults who smoke.



# COMMUNITY HEALTH NEED:

## HEALTH PRIORITY

### Mental Health Issues (depression and anxiety)

#### AGH GOAL

Provide immediate access to individuals requiring urgent behavioral health assessment and intervention as well as ensure local resources are in place to address ongoing management of behavioral health needs.

#### HEALTHY PEOPLE 2030 GOAL

Improve mental health through prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The Mental Health and Mental Disorders objectives also aim to improve health and quality of life for people affected by these conditions.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Increase access to mental health providers any expand types of mental health services available in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Partner with Chesapeake Health Care to increase access to mental health services</li> <li>Continue to collaborate with Kennedy Krieger Institute for telemedicine services to provide additional psychiatry professionals</li> <li>Increase utilization of Behavioral Health Integration in Primary Care locations</li> </ul>
<ul style="list-style-type: none"> <li>Increase partnerships in the community to further establish a regional hub of mental health care.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to expand engagement and partnership with Crisis Response Team (CRT) and local law enforcement to address ongoing mental health crisis issues</li> <li>Continue to expand community participation on AGH Behavioral Health Opioid Stewardship Committee</li> <li>Partner with WCHD (Peer Support and Case Managers) in AGH Emergency Department</li> </ul>
<ul style="list-style-type: none"> <li>Increase community education and awareness of mental health conditions and resources</li> </ul>	<ul style="list-style-type: none"> <li>Participate in community events to spotlight behavioral health services</li> <li>Continued collaboration and education for AGHS providers and staff on management of this patient population and resources available</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the current performance target of Healthy People 2030 for adults with serious mental illness and depression that receive treatment. (data reported annually, Health.gov, Healthy People 2030)</li> <li>County Health Rankings. Improvement in county health rankings related to mental health. (countyhealthrankings.org)</li> <li>HEDIS measures for PHQ2. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)</li> <li>Decrease in the State Health Insurance Program (SHIP) measures for suicide rate and ED visits for mental health. (health.maryland.gov)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Population Health Department</li> <li>Behavioral Health Department</li> <li>Pastoral Care Services</li> <li>Bereavement Support Group</li> <li>AGHRx RediScripts Pharmacy</li> <li>Behavioral Health &amp; Opioid Stewardship Committee</li> <li>Atlantic General Health System</li> </ul>	<ul style="list-style-type: none"> <li>Worcester County Health Department</li> <li>Worcester Youth and Family Services</li> <li>Worcester Goes Purple</li> <li>Hudson Health Services</li> <li>NAMI Lower Shore Support Group</li> <li>Worcester County Public Schools</li> <li>Chesapeake Health Care</li> </ul>

#### Anticipated Impact

- Increase awareness of community resources, programs and services
- Increase and strengthen capacity and collaboration for shared responsibility to address unmet behavioral health needs
- Increase provider services in community to provide for behavioral health related treatment

#### Impact Rationale

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime (CDC 2018). In 2020, among the 52.9 million adults with any mental illness, 24.3 million (46.2%) received mental health services in the past year (NIMH 2020).



# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### Mental Health Issues (depression and anxiety)

#### AGH GOAL

Provide immediate access to individuals requiring urgent behavioral health assessment and intervention as well as ensure local resources are in place to address ongoing management of behavioral health needs.

#### HEALTHY PEOPLE 2030 GOAL

Improve mental health through prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The Mental Health and Mental Disorders objectives also aim to improve health and quality of life for people affected by these conditions.

#### Progress Report

Atlantic General Hospital has made significant progress in providing access to behavioral health care in Worcester County

##### **Intended Actions:**

- Partner with Chesapeake Health Care to increase access to mental health services
- Continue to collaborate with Kennedy Krieger Institute for telemedicine services to provide additional psychiatry professionals
- Increase utilization of Behavioral Health Integration in primary care locations
- Continue to expand engagement and partnership with Crisis Response Team (CRT) and local law enforcement to address ongoing mental health crisis issues
- Continue to expand community participation on AGH Behavioral Health Opioid Stewardship Committee
- Partner with WCHD (peer support and case managers) in AGH Emergency Department
- Participate in community events to spotlight behavioral health services
- Continued collaboration and education for AGHS providers and staff on management of this patient population and resources available

##### **Progress:**

- The AGH Behavioral Health Crisis Center had over 1,100 visits during its first year of operations, providing critical access to care for an underserved population.
- In an effort to expand behavioral health resources throughout our community, AGH made the decision to transition behavioral health outpatient services, including both outpatient behavioral health and the Behavioral Health Crisis Center to Chesapeake Health Care, who has a well-established outpatient behavioral health presence, with over 70 behavioral health practitioners in Worcester and Wicomico counties. AGH will still support the TRIBE (Tri-county Behavioral Health Engagement Regional Catalyst grant program as a community partner).
- Kennedy Krieger will continue to offer services to Worcester County via telemedicine. Tele-video visits can be schedule to occur directly with Kennedy Krieger or can be scheduled to occur via tele-video connected onsite at Chesapeake Health Care.
- Behavioral Health Primary Care Integration can still occur in partnership with Chesapeake Health Care with our primary care teams facilitating connection to Chesapeake Health Care providers directly from the primary care offices.
- Quarterly meetings with CRT and local law enforcement were established and well received. These meetings will continue under Chesapeake Health Care services.
- The Behavioral Health Opioid Stewardship Committee with its current outpatient focus will transition to Chesapeake Health Care for redesign and facilitation. AGH will convene an Opioid Stewardship Committee focused on the continuum of care.
- The WCHD continues its partnership with AGH Emergency Dept. and the EDCC program.

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## COMMUNITY HEALTH NEED PROGRESS REPORT

### HEALTH PRIORITY

#### Mental Health Issues (depression and anxiety)

#### AGH GOAL

Provide immediate access to individuals requiring urgent behavioral health assessment and intervention as well as ensure local resources are in place to address ongoing management of behavioral health needs.

#### HEALTHY PEOPLE 2030 GOAL

Improve mental health through prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The Mental Health and Mental Disorders objectives also aim to improve health and quality of life for people affected by these conditions.

#### Measurement

- Exceed the current performance target of Healthy People 2030 for adults with serious mental illness and depression that receive treatment (data reported annually, Health.gov, Healthy People 2030).
  - Healthy People 2030 target is 68.8% of adults with a serious mental illness who get treatment. According to the National Alliance on Mental Illness (NAMI) in 2021, 68.7% of Marylanders got needed counseling or therapy. Data for 2022 and 2023 is pending.
  - The AGH Behavioral Health Crisis Center had over 1,100 visits during its first year, providing vital access to services that would have otherwise been unavailable.
- County Health Rankings. Improvement in county health rankings related to mental health (countyhealthrankings.org).
  - In 2023, County Health Rankings reports 15% of adults in Worcester County report 14 or more days of poor mental health per month. This is up 2% from the 2021 reporting period. This increase is attributed to an overall increase in mental health issues related to the Covid-19 pandemic, as well as higher reporting due to more access to mental health care.
- HEDIS measures for SBIRT (PHQ2). Maintain compliance to hit top tier/star level performance (MDPCP and CareFirst dashboard).
  - We will continue to track this measure as we make progress. In 2023, AGH is currently at 47% for "CMS2 – Screening for depression and follow up plan". The 30<sup>th</sup> percentile is 38.63% and the 80<sup>th</sup> percentile is 74.04%.
- Decrease in the State Health Improvement Program (SHIP) measures for suicide rate and ED visits for mental health (health.maryland.gov).
  - The SHIP rate for mental health ED visits (2017) for Worcester County was 3,502 visits per 100K population. The overall State of Maryland rate was 4,291 visits per 100K. SHIP has never produced a suicide rate for Worcester County. The County Health Ranking reports in 2023 that for Worcester County, there were 11 deaths per 100K population. This is a slight increase from 2021, in which there was 10 deaths per 100K population in Worcester County. We will continue to track and report.





# COMMUNITY HEALTH NEED:

## HEALTH PRIORITY

### Overweight and Obesity

#### AGH GOAL

Support community members in achieving a healthy weight.

#### HEALTHY PEOPLE 2030 GOAL

Reduce overweight and obesity by helping people eat healthy and get physical activity.

Strategy	Intended Actions
<ul style="list-style-type: none"> <li>Implement initiatives to raise awareness and provide education and outreach on how to improve health through prevention and management of weight and obesity.</li> </ul>	<ul style="list-style-type: none"> <li>Provide education and activity through the “Just Walk” program of Worcester County and the “Walk with a Doc” program at Atlantic General Hospital</li> <li>Support the WCHD Farm-To-Library program</li> <li>Increase awareness of the availability of the AGH Community Garden</li> <li>Provide Hypertension, BMI and pre-diabetes screenings in the community</li> <li>Provide education on healthy living topics</li> <li>Increase participation in Bariatric Support Groups</li> <li>Recruit appropriate clinicians for surgical and non-surgical weight loss programs in the bariatric service line.</li> <li>Participate in community events to spotlight surgical and non-surgical weight loss services</li> </ul>
Measurement	
<ul style="list-style-type: none"> <li>Exceed the current performance target of Healthy People 2030 for reducing the proportion of children and adolescents with obesity and reducing the proportion of adults who don't know they have pre-diabetes. (data reported annually, Health.gov, Healthy People 2030)</li> <li>Decrease in the State Health Insurance Program (SHIP) measures for adolescents who have obesity. (health.maryland.gov)</li> <li>County Health Rankings. Improvement in county health rankings related to adult obesity. (countyhealthrankings.org)</li> <li>HEDIS measures for BMI. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)</li> </ul>	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> <li>Population Health Department</li> <li>Atlantic General Health System</li> <li>Food &amp; Body (FAB) Program and Bariatric Support Group</li> <li>Nutrition Services</li> <li>Atlantic General Bariatric Center</li> <li>Diabetes education support groups and classes</li> </ul>	<ul style="list-style-type: none"> <li>Faith-based Partnership</li> <li>Worcester County Public Schools</li> <li>Worcester County Health Department</li> <li>Community Senior Centers</li> <li>Take Off Pounds Sensibly (TOPS) of Berlin</li> </ul>

#### Anticipated Impact

- Increase health literacy and self-management of nutrition and weight management
- Increase access to healthy foods and nutritional information
- Increase awareness around importance of nutrition, exercise and healthy weight
- Increase participation in community BMI screenings – especially at-risk and vulnerable populations
- Increase documentation and review of BMI throughout AGHS offices
- Increase awareness of community resources, programs and services for weight management

#### Impact Rationale

Obesity is defined as having a Body Mass Index (BMI) that is greater than or equal to 30, while being overweight is defined as having a BMI of 25 – 29.9. A common, chronic disease marked by an abnormally high, unhealthy amount of body fat. Having obesity can lead to many health problems, including heart disease, stroke, high blood pressure, diabetes, sleep apnea, arthritis, kidney disease, and certain types of cancer. (NCI, 2022).



# COMMUNITY HEALTH NEED PROGRESS REPORT

## HEALTH PRIORITY

### Overweight and Obesity

#### AGH GOAL

Support community members in achieving a healthy weight.

#### HEALTHY PEOPLE 2030 GOAL

Reduce overweight and obesity by helping people eat healthy and get physical activity.

#### Progress Report

Atlantic General Hospital has made progress in community engagement with healthy activities and a focus on healthy eating.

##### **Intended Actions:**

- Provide education and activity through the “Just Walk” program of Worcester County and the “Walk with a Doc” program at Atlantic General Hospital.
- Support the WCHD Farm-To-Library program.
- Increase awareness of the availability of the AGH Community Garden.
- Provide hypertension, BMI and pre-diabetes screenings in the community.
- Provide education on healthy living topics.
- Increase participation in Bariatric Support Groups.
- Recruit appropriate clinicians for surgical and non-surgical weight loss programs in the bariatric service line.
- Participate in community events to spotlight surgical and non-surgical weight loss services.

##### **Progress:**

- We established a designated location for our Walk with a Doc program, and participation is increasing. We continue to participate in the “Just Walk” program with Worcester County Health Dept.
- Our partnership with WCHD Farm-To-Library program continues.
- We continue to highlight our community garden, our surgical and non-surgical weight loss programs, as well as healthy living habits at our community outreach education events.
- We have integrated hypertension, BMI and pre-diabetes screenings into all of our outreach events and have begun tracking the number of screenings completed at each event.
- We continue tracking participation in Bariatric Support Groups and periodically include a team member from our bariatric program into our outreach events.
- We continue to actively recruit clinicians for our surgical and non-surgical weight loss programs.

#### Measurement

- Exceed the current performance target of Healthy People 2030 for reducing the proportion of children and adolescents with obesity and reducing the proportion of adults who don't know they have pre-diabetes (Data reported annually, Health.gov, Healthy People 2030).
  - Healthy People 2030 target rate is 15.5% for ages 2-19 with obesity and 33.2% for adults. In 2020, the rate for 2-19 was 19.7%. In 2016, the rate for adults was 38%. We are awaiting updated data, but performance indicates we have opportunity to improve these rates.
- Decrease in the State Health Improvement Process (SHIP) measures for adolescents who have obesity (health.maryland.gov).
  - The most recent SHIP measure for Worcester County from 2016 shows a rate of 13.6% of adolescents are obese. We are awaiting updated data.
- County Health Rankings. Improvement in county health rankings related to adult obesity (countyhealthrankings.org).
  - In 2021, 37% of Worcester County adults had a BMI greater than 30. In 2023, it is 32%, which is a 5% improvement.
- HEDIS measures for BMI. Maintain compliance to hit top tier/star level performance (MDPCP and CareFirst dashboard).
  - AGH currently has a 22% score for BMI screenings and follow up. The 50<sup>th</sup> percentile is 41.80% and the 80<sup>th</sup> percentile is 81.63%, so BMI screening in our outpatient offices is an opportunity for us over the next year.



# Priority Needs Not Addressed

## Dental Health

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- Need addressed by Worcester County Health Department's Dental Services for pregnant women and children less than 21 years of age
- Need addressed by Adult Oral Health Task Force
- Need addressed by AGH ED referral to community resources
- Need addressed by Chesapeake Health Services (CHS), a federally funded dental clinic for Somerset and Wicomico Counties; CHS also involved in the Adult Oral Health Task Force

## Communicable Disease

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- Need addressed by Worcester County Health Department Communicable Disease Programs

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Approved by Atlantic General Hospital Corporation's governing body November 14, 2022.

