# Atlantic General Hospital
# Community Health Needs Assessment - FY2013

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## Background & Purpose

Atlantic General Hospital is a 62 bed, private, not-for-profit, hospital located in Berlin, Maryland. Atlantic General Hospital has undertaken a community health needs assessment as required by the passage of the "Patient Protection and Affordable Care Act of 2010". In late 2009 (2010 tax year), AGH participated with the Worcester County Health Department, Wicomico County Health Department, Somerset County Health Department, Peninsula Regional Medical Center, and the McCready Foundation to sponsor a regional Community Health Assessment, performed by Professional Research Consultants, Inc.  This report is a continuation of periodic regional assessments performed by this group to monitor health trends throughout the region.  The final draft of this Health Assessment can be found at http://www.atlanticgeneral.org/documents/CNA-fy13-final-with-may-15-update-111915.pdf

In 2012, AGH in coordination with local health departments, neighboring hospitals and community stakeholders, conducted a community needs assessment. The needs assessment is a primary tool used by the Hospital to determine its community benefit plan, 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. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of our service area.

**Atlantic General Hospital's Mission Statement**



## VISION

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

## MISSION

To create a coordinated care delivery system that will provide access to quality care, personalized service and education to improve individual and community health.

## VALUES

*(Keeping "PATIENTS" at the Center of our Values)*

| | |
|---|---|
| **P** | Patient safety first |
| **A** | Accountability for financial resources |
| **T** | Trust, respect & kindness |
| **I** | Integrity, honesty & dignity |
| **E** | Education – continued learning & improvement |
| **N** | Needs of our community – Participation & community commitment |
| **T** | Teamwork, partnership & communication |
| **S** | Service & personalized attention |

These values are honored in all we do for our patients, visitors, medical staff, associates, partners and volunteers.

## ETHICAL COMMITMENT

To conduct ourselves in an ethical manner that emphasizes community service and justifies the public trust.

## QUALITY STATEMENT

## Overview of Atlantic General Hospital

Founded in 1993, AGH is a 62-bed state-of-the-art, full service, acute care, inpatient and outpatient facility located in the city of Berlin, Worcester County, Maryland. AGH provides 24-hour emergency services, inpatient and outpatient diagnostic and surgical services, and intensive care services. It has received full Joint Commission accreditation since 1997, is a member of the American Hospital Association and the Maryland Hospital Association, and is consistently recognized as one of the most efficient hospitals in the State of Maryland.

AGH employs 770 year-round full- and part-time associates with an annual payroll exceeding $33 million and benefits exceeding $6.5 million, making AGH the second largest employer in Worcester County. This has allowed us to infuse over $64 million back into the local business economy. The scope of our programs and the experience and qualifications of our medical staff, totaling 194 providers, is unmatched by other rural community hospitals in Maryland.

The Centers of Excellence at AGH include the Atlantic Endoscopy Center, Center for Joint Surgery, Emergency Services, Eunice Q. Sorin Women's Diagnostic Center, Eye Surgery Center, Outpatient Infusion Center, Sleep Disorders Diagnostic Center, Stroke Center, and Wound Care Center. Other services include Bariatric Services, Behavioral Health Services in conjunction with the Worcester County Health Department, Diabetes Outpatient Education Program, Full Service Imaging, and Occupational Health Services.

## Community Utilization at Atlantic General Hospital

| AGH INPATIENT ADMISSIONS | |
|---|---|
| FY2010 | 3,964 |
| FY2011 | 4,011 |
| FY2012* | 3,054 |

| AGH ED VISITS | |
|---|---|
| FY2010 | 34,744 |
| FY2011 | 36,981 |
| FY2012 | 37,200 |

*Observation visits began, decreasing overall admissions.

| ATLANTIC HEALTH CENTER VISITS | |
|---|---|
| FY2010 | 14,013 |
| FY2011 | 12,032 |
| FY2012 | 11,658 |

| ATLANTIC GENERAL HEALTH SYSTEM VISITS | |
|---|---|
| FY2010 | 50,126 |
| FY2011 | 50,429 |
| FY2012 | 50,036 |

| ATLANTIC IMMEDICARE VISITS | |
|---|---|
| FY2010 | 3,244 |
| FY2011 | 6,874 |
| FY2012 | 7,053 |

## Top Patient Diagnosis Data

| Top Primary Diagnosis for Emergency Visits Calendar Year 2011 |
|---|
| URIN TRACT INFECTION |
| CHEST PAIN |
| OTITIS MEDIA |
| ACUTE BRONCHITIS |
| CONTUSION FACE/SCALP/NECK |
| SPRAIN OF ANKLE |
| ACUTE PHARYNGITIS |
| ACUTE URI |
| SPRAIN OF NECK |
| OPEN WOUND OF FINGER |
| LUMBAGO |
| SPRAIN OF KNEE & LEG |
| FOLLOW-UP EXAM NEC |
| DIZZINESS AND GIDDINESS |
| HEADACHE |
| VIRAL INFECTIONS |
| SYNCOPE AND COLLAPSE |
| SPRAIN LUMBOSACRAL |
| PNEUMONIA |

| Top Primary Admission Diagnosis Calendar Year 2011 |
|---|
| PNEUMONIA |
| CONGESTIVE HEART FAILURE |
| SEPTICEMIA |
| ACUTE KIDNEY FAILURE |
| RESPIRATORY FAILURE |
| CER ARTERY OCCLUSION W CER INF |
| OBSTRUCT CHRON BRONCHITIS |
| OSTEOARTHROSIS LOCAL LOWER LEG |
| DIVERTICULITIS COLON |
| CELLULITIS/ABSCESS LEG EX FOOT |
| ACUTE PANCREATITIS |
| URINARY TRACT INFECTION |
| ATRIAL FIBRILLATION |
| OTHER CHEST PAIN |
| CALCULUS GALLBLADDER W ACUTE CYST |
| OSTEOARTHROS LOCAL PELVIS/THIGH |
| OTH PULMONARY EMBOLISM/INFARCTION |
| TRANSIENT CEREBRAL ISCHEMIA |
| INTERTROCHANTERIC FRACTURE CLOSED |

## Description of Community

Atlantic General Hospital's primary service area is defined as those zip codes where the majority of patient admissions, emergency or outpatient visits are residents.

### Primary Market

| Zip Code | City | County | State |
|---|---|---|---|
| 19939 | Dagsboro | Sussex County | DE |
| 19945 | Frankford | Sussex County | DE |
| 19975 | Selbyville | Sussex County | DE |
| 21811 | Berlin | Worcester County | MD |
| 21813 | Bishopville | Worcester County | MD |
| 21841 | Newark | Worcester County | MD |
| 21842 | Ocean City | Worcester County | MD |
| 21843 | Ocean City | Worcester County | MD |
| 21862 | Showell | Worcester County | MD |
| 21872 | Whaleyville | Worcester County | MD |
| 21874 | Willards | Worcester County | MD |
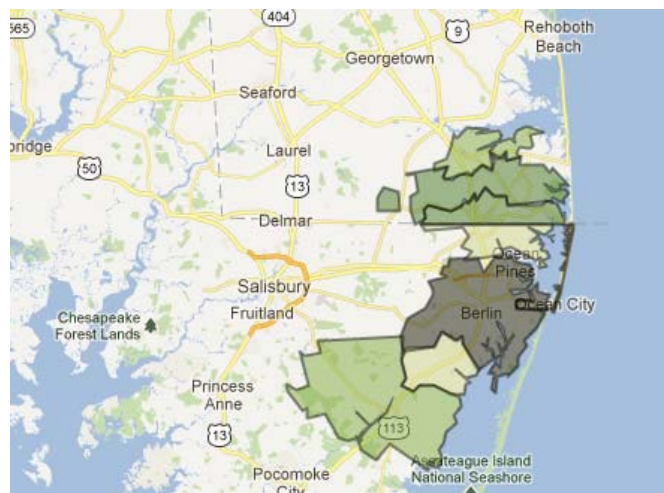
## Key Demographic and Socioeconomic Characteristics

The 2012 Community Health Assessment was developed by the Worcester County Health Department and utilized for demographic and socioeconomic characteristics (page 8-10). It can be found as Attachment A and or at:

http://worcesterhealth.info/files/2012%20Community%20Health%20Assessment.pdf

In comparison, with the three lower Sussex County zip codes of Dagsboro, Frankford and Selbyville, the demographic community profile is similar with a larger proportion of Hispanic or Latino.

*Table 1. Key Demographic and Socioeconomic Characteristics*

|  | Dagsboro 19939 | Frankford 19945 | Selbyville Town 19975 | Selbyville-Frankford CCD | Sussex County | Delaware | Maryland | Worcester County | US |
|---|---|---|---|---|---|---|---|---|---|
| Population | 805 | 847 | 2,167 | 30,510 | 197,145 | 897,934 | 5,773,552 | 51,454 |  |
| Median Age (years) | 41.1 | 33.6 | 39.3 | 53.1 | 45.4 | 38.8 | 38 | 48.1 | 37.2 |
| Under 5 years (percent of population) | 7.20 | 7.56 | 7.06 | 2.2 | 3 | 6.3 | 67 | 4.5 | 6.9 |
| 65 years and over (percent of population) | 15.03 | 12.28 | 17.49 | 13.5 | 9.6 | 14.4 | 12.2 | 23.2 | 12.9 |
|  |  |  |  |  |  |  |  |  |  |
| Non-Hispanic White( percent of population) | 85.59 | 46.87 | 74.34 | 84.4 | 78.96 | 68.9 | 54.7 | 80.3 | 63.7 |
| Non- Hispanic Black (percent of population) | 6.58 | 28.1 | 11.03 | 6.1 | 12.7 | 21.4 | 29.4 | 13.6 | 12.6 |
| Hispanic or Latino origin (percent of population) | 8.7 | 34.12 | 24.13 | 7.2 | 8.6 | 8.2 | 8.2 | 3.2 | 16.3 |
|  |  |  |  |  |  |  |  |  |  |
| Median household income, 2009 | $ 56,848 | $ 45,268 | $ 44,630 | $ 54,189 | $ 51,046 | $ 57,599 | $ 69,196 | $ 47,829 | $ 50,221 |
| Persons below poverty level (percent), 2009 | 2.8 | 9.3 | 10.6 | 10.4 | 11.7 | 11 | 9.2 | 12 | 14.3 |

Source: U.S. Census Bureau, 2006-2010 American Community Survey

## Community Healthcare Resources

A comprehensive listing of healthcare access, utilization and medical care resources in Worcester County can be found in The 2012 Community Health Assessment developed by Worcester County Health Department for Worcester County Attachment A (page 11-12). Besides the Hospital, the major resources include:

**Atlantic General Health System -** Atlantic General Hospital/Health System is comprised of buildings on the hospital campus as well as off-site medical offices. Included on the campus, in addition to the hospital, are the Atlantic Health Center (AHC), and the James G. Barrett Medical Office Building. The offsite medical offices are located in Maryland (Berlin, Ocean City, Ocean Pines, Pocomoke City, and Snow Hill) and Delaware (Ocean View, Fenwick Island, Selbyville). Atlantic ImmediCare, our three walk-in care affiliate locations, provide extended evening and weekend care in Ocean Pines and Ocean City, Maryland, and in Selbyville, Delaware. These facilities, as a whole, allow AGH to provide the community-based, tiered access for primary care, walk-in care and emergency care.

**Worcester County Health Department -** The Worcester County Health Department meets its mission to promote health, wellbeing and a safe environment by assessing community needs, developing appropriate policies to promote health and well-being, and providing, or assuring provision, of needed quality health services for the residents of Worcester County, Maryland. The WCHD provides a comprehensive accredited addictions program through the Worcester Addictions Cooperative Service Center and other health department locations , case management services, environmental health services, a Joint Commission accredited behavioral health program that provides services in conjunction with Atlantic General Hospital, and a variety of community health services including immunizations, family planning assistance, HIV, STD and TB monitoring. Their Prevention Program promotes healthy practices by providing educational programs including smoking cessation, nutrition counseling, the Just Walk program, blood pressure screening, cancer screenings, lunchtime fitness programs, diabetes support groups, and child safety seat education. Their Lifestyle Balance Class includes free exercise and instruction led by a certified exercise physiologist, certified nutritionist and a health educator to help individuals lose weight and decrease their risk of developing type 2 diabetes, heart disease and stroke. Services, if not free, are provided to individuals on a sliding scale according to ability to pay. More information can be found at www.worcesterhealth.org.

**Worcester Youth and Family Services -** Worcester Youth and Family Services, Inc. (WYFCS) is a non-profit organization serving the community since 1975 located in Berlin, Maryland.  The agency provides several crucial programs, including mental health counseling and family and marital counseling.  WYFCS also administrates the local CASA (Court Appointed Special Advocate) services for Worcester County youth who are removed from their homes as the result of neglect, abuse or unsafe living conditions. More information can be found at www.gowoyo.org.

**Coastal Hospice -** Founded in 1980, Coastal Hospice is a private non-profit community program that provides traditional hospice services, bereavement support, education and training to residents in Wicomico, Worcester, Dorchester, and Somerset Counties on Maryland's Lower Eastern Shore. They also provide palliative care to make patients more comfortable during recovery from serious illness. About 100 people are employed by Coastal Hospice and over 300 individuals volunteer. Their care team includes nurses and clinical support staff, hospice physicians, counselors, chaplains, physical and occupational therapists, music therapists and trained volunteers to develop and carry out a care plan that best meets each individual's emotional and physical needs. More information can be found at www.coastalhospice.org.

In comparison the Selbyville – Frankford medical care resources are in Table 2.

*Table 2 Community Health Resources Selbyville - Frankford*

| TYPE | RESOURCES | |
|---|---|---|
| **HOSPITALS** | **Atlantic General Hospital** | **Beebe Medical Center** |
| | Address: 9733 Healthway Drive, Berlin, MD 21811 | Address: 424 Savannah Rd, Lewes, DE 19958 |
| | Hospital Type: Acute Care Hospitals | Hospital Type: Acute Care Hospitals |
| | Beds: 62  Miles: 10 | Beds: 210  Miles: 27 |
| | www.atlanticgeneral.org | www.beebemed.org |
| | | |
| | **Peninsula Regional Medical Center** | |
| | Address: 100 E Carroll Ave, Salisbury, MD 21801 | |
| | Hospital Type: Acute Care Hospitals | |
| | Beds: 363  Miles: 24 | |
| | www.peninsula.org | |
| **Home Health** | **Generations Home Care, Inc.** | **Peninsula Home Care, Llc** |
| | Address: 205 E. Market Street, Georgetown, DE 19947 | Address: 1001 Mount Hermon Street, Suite 200, Salisbury, MD 21801 |
| | Certified Date: 11/1/1982 | Certified Date: 12/19/1983 |
| | **Professional Home Health Care Agency Inc** | **Home Health Corp Of America** |
| | Address: 401 North Bedford Street, Georgetown, DE 19947 | Address: 100a Bateman Street, Salisbury, MD 21804 |
| | Certified Date: 5/2/2003 | Certified Date: 7/1/1984 |
| | **Beebe Hospital Home Health** | |
| | Address: 20232 Ennis Road, Georgetown, DE 19947 | |
| | Ownership: Voluntary Non Profit - Other | |
| **Nursing Homes** | **Atlantic Shores Rehabilitation & Health Center** | **Cadbury At Lewes** |
| | 231 South Washington St. Millsboro, DE  19966-1236 | Address: 17028 Cadbury Circle, Lewes, DE 19958 |
| | State Licensed Beds: 181 | State Licensed Beds: 40 |
| | Medicare & Medicaid Certified | Medicare & Medicaid Certified |
| | | |
| | **Cadia Rehabilitation Renaissance** | **DE Veterans Home** |
| | Address: 26002 John J Williams Highway, Millsboro, DE 19966 | 100 DE Veterans Blvd. Milford, DE  19963-5395 |
| | State Licensed Beds: 130 | State Licensed Beds: 130 |
| | Medicare and Medicaid Certified | Medicare & Medicaid Certified |
| | | |
| | **Berlin Nursing And Rehabilitation Center** | **Harrison Senior Living of Georgetown** |
| | Address: 9715 Healthway Drive, Po Box 799, Berlin, MD 21811 | 110 W. North Street Georgetown, DE  19947-2137 |
| | State Licensed Beds:192 | State Licensed Beds: 139 |
| | Medicare & Medicaid Certified | |
| | | |
| | **Harbor Healthcare & Rehab Ctr** | |
| | Address: 301 Ocean View Blvd, Lewes, DE 19958 | |
| | State Licensed Beds: 179 | |
| | Medicare & Medicaid Certified | |
| **PRIMARY CARE** | 3.0 FTE in Selbyville | |
| | 2.0 FTE in Dagsboro | |
| **PEDIATRICIANS** | No services located in townships; Patients travel to Berlin, MD | |
| | La Red Health Center,  or Hospital Affliated practices. | |
| **DENTISTS** | One full time dentist in Selbyville | |
| | Patients travel out of the area to private offices or La Red Health Center | |
| **OB-GYN** | One practicing mid-level in Selbyville for GYN only. | |
| | For obstetrics patient go to La Red Health Center, Three Lower Counties (TLC) or  Hospital Affliated practices. | |
| **MENTAL HEALTH** | No services located in townships; Patients travel to Atlantic Health Center or La red Health Center. | |

In the Selbyville-Frankford community the **Delaware Division of Public Health** oversees the public health initiatives for Sussex County, Delaware. In addition to state-wide initiatives for dental care, newborn screening and care education programs, preventive health screenings, and early childhood development services for at risk populations meeting income requirements, the DPH also offers free pregnancy testing and family planning services, HIV counseling and testing, and WIC through its Edward W. Pyle State Service Center located in Frankford. More information can be found at www.dhss.delaware.gov/dhss/dph.

## Health Factors and Status Indicators

Worcester County Health status indicators found in The 2012 Community Health Assessment documented by Worcester County Health Department are summaries from the State Health Improvement Process (SHIP) and Healthy People 2020, (Attachment A (page 5-7)). The State Health Improvement Process (SHIP) for Maryland can be found at www.dhmh.maryland.gov/ship and Worcester County SHIP rankings in Attachment B.

Worcester County Health rankings are below:



| | Worcester County | Error Margin | National Benchmark* | Maryland | |
|---|---|---|---|---|---|
| **Health Outcomes** | | | | | |
| **Mortality** | | | | | |
| Premature death | 8,876 | 7,883-9,870 | 5,466 | 7,428 | |
| **Morbidity** | | | | | |
| Poor or fair health | 13% | 9-18% | 10% | 13% | |
| Poor physical health days | 3.1 | 2.4-3.8 | 2.6 | 3.1 | |
| Poor mental health days | 3.3 | 2.6-4.0 | 2.3 | 3.3 | |
| Low birth weight | 7.5% | 6.6-8.4% | 6.0% | 9.2% | |
| **Health Factors** | | | | | |
| **Health Behaviors** | | | | | |
| Adult smoking | 19% | 16-22% | 14% | 17% | |
| Adult obesity | 31% | 27-34% | 25% | 28% | |
| Physical inactivity | 25% | 22-29% | 21% | 24% | |
| Excessive drinking | 17% | 14-21% | 8% | 15% | |
| Motor vehicle crash death rate | 17 | 13-22 | 12 | 12 | |
| Sexually transmitted infections | 335 | | 84 | 422 | |
| Teen birth rate | 35 | 31-39 | 22 | 33 | |
| **Clinical Care** | | | | | |
| Uninsured | 16% | 14-18% | 11% | 13% | |
| Primary care physicians** | 1,639:1 | | 631:1 | 824:1 | |
| Preventable hospital stays | 55 | 51-60 | 49 | 66 | |

| | Worcester County | Error Margin | National Benchmark* | Maryland | |
|---|---|---|---|---|---|
| Diabetic screening | 85% | 79-90% | 89% | 81% | |
| Mammography screening | 74% | 69-80% | 74% | 68% | |
| **Social & Economic Factors** | | | | | |
| High school graduation | 90% | | | 82% | |
| Some college | 62% | 56-68% | 68% | 66% | |
| Unemployment | 12.1% | | 5.4% | 7.5% | |
| Children in poverty | 20% | 14-27% | 13% | 13% | |
| **Physical Environment** | | | | | |
| Access to recreational facilities | 16 | | 16 | 12 | |
| Limited access to healthy foods | 0% | | 0% | 4% | |
| Fast food restaurants | 35% | | 25% | 59% | |

\* 90th percentile, i.e., only 10% are better
\*\* This data was updated on Nov. 1, 2012. Please see http://www.countyhealthrankings.org/node/8939 for more information.
Note: Blank values reflect unreliable or missing data

Sussex County, Delaware Health rankings show:

| | Sussex County | Error Margin | National Benchmark* | Delaware | |
|---|---|---|---|---|---|
| **Health Outcomes** | | | | | |
| **Mortality** | | | | | |
| Premature death | 8,446 | 7,958-8,933 | 5,466 | 7,697 | |
| **Morbidity** | | | | | |
| Poor or fair health | 14% | 13-15% | 10% | 13% | |
| Poor physical health days | 3.4 | 3.2-3.6 | 2.6 | 3.4 | |
| Poor mental health days | 3.3 | 3.1-3.6 | 2.3 | 3.4 | |
| Low birth weight | 7.8% | 7.4-8.3% | 6.0% | 9.3% | |
| **Health Factors** | | | | | |
| **Health Behaviors** | | | | | |
| Adult smoking | 22% | 21-23% | 14% | 20% | |
| Adult obesity | 29% | 28-31% | 25% | 29% | |
| Physical inactivity | 26% | 25-28% | 21% | 24% | |
| Excessive drinking | 17% | 16-18% | 8% | 19% | |

| | Sussex County | Error Margin | National Benchmark* | Delaware | |
|---|---|---|---|---|---|
| Motor vehicle crash death rate | 23 | 21-26 | 12 | 15 | |
| Sexually transmitted infections | 522 | | 84 | 540 | |
| Teen birth rate | 65 | 62-67 | 22 | 43 | |
| **Clinical Care** | | | | | |
| Uninsured | 16% | 14-17% | 11% | 12% | |
| Primary care physicians** | 1,594:1 | | 631:1 | 1,245:1 | |
| Preventable hospital stays | 52 | 49-54 | 49 | 57 | |
| Diabetic screening | 87% | 84-89% | 89% | 83% | |
| Mammography screening | 73% | 70-76% | 74% | 71% | |
| **Social & Economic Factors** | | | | | |
| High school graduation | 85% | | | 82% | |
| Some college | 48% | 46-50% | 68% | 60% | |
| Unemployment | 8.3% | | 5.4% | 8.5% | |
| Children in poverty | 24% | 19-29% | 13% | 18% | |
| **Physical Environment** | | | | | |
| Access to recreational facilities | 16 | | 16 | 14 | |
| Limited access to healthy foods | 0% | | 0% | 7% | |
| Fast food restaurants | 36% | | 25% | 46% | |

* 90th percentile, i.e., only 10% are better
** This data was updated on Nov. 1, 2012. Please see http://www.countyhealthrankings.org/node/8939 for more information.
Note: Blank values reflect unreliable or missing data

# Approach and Resources

In 2012 AGH partnered with surrounding hospitals and health departments to bring to together a multitude of information, for a full-scale needs assessment. The following resources were utilized to complete the assessment:

- Community meetings with persons representing the broad interests of the community
- AGH Community Needs Survey
- Maryland State Health Improvement Process (SHIP)  www.dhmh.maryland.gov/ship
- Tri-County Health Improvement Plan (T-CHIP)
- Worcester County Community Health Improvement Plan (CHIP)
  http://worcesterhealth.info/files/2012%20Community%20Health%20Assessment.pdf
- 2012 County Health Outcomes & Roadmaps
- 2011 PSA Market Analysis provided by Stroudwater Associates
- Delaware Behavioral Risk Factor Surveillance System
  http://www.dhss.delaware.gov/dhss/dph/dpc/files/de10countydata.pdf
- Delaware Cancer Incidence & Mortality Report 2003-2007
  http://www.dhss.delaware.gov/dhss/dph/dpc/files/de_imreport_final_2-22-2012.pdf
- Charts of Selected Black vs. White Chronic Disease SHIP Metrics: Tri-county Health Planning Initiative
-  National Partnership for Action to End Health Disparities - TOOLKIT FOR COMMUNITY ACTION

A comprehensive list is found under references.

## Who was involved in Assessment?

Representatives from AGH participate on a number of community boards and attend a variety of community meetings, councils, and events to discuss and provide education on the health related needs and priorities of our common communities as well as discuss opportunities for collaboration. Likewise, diverse community members serve internally on hospital committees providing a forum to communicate the community health needs to Senior Leaders in the organization. A master list is located in Attachment C.

## AGH Community Needs Survey (attachment D)

The survey was designed to obtain feedback from the community about health related concerns. It was administered via paper at FLU clinics, local community health fairs, churches, our gift shop and thrift shop, and other venues. Via the Internet an electronic form of the survey was administered through a link that was prominently placed on AGH websites and other advertised community forums.

## Maryland State Health Improvement Process (SHIP) Plan

Maryland's State Health Improvement Plan (SHIP) provides a framework for continual progress toward a healthier Maryland. The SHIP includes 39 measures in six focus areas that represent what it means for Maryland to be healthy. Each measure has a data source and a target, and where possible, can be assessed at the county level. Detailed information is provided for each objective organized by Vision Areas, (healthy babies, healthy social environments, safe physical environments, infectious disease, chronic disease, healthcare access)

## 2012 County Health Outcomes & Roadmaps

County Health Rankings measure and compare the health of counties/cities within a State. Four types of health factors are measured and compared: health behaviors, clinical care, social and economic, and physical environment factors. Health outcomes are used to rank the overall health of each county and city.

## Tri-County Health Improvement Plan (T-CHIP)

The Tri-County Health Improvement Plan (T-CHIP) uses the State Health Improvement Plan (SHIP) and individual county community health assessments and health improvement plans to identify priorities to improve the health of residents of Somerset, Wicomico and Worcester counties by increasing accessibility, continuity and availability of quality of health services; optimizing cost-effectiveness of providing health services and preventing unnecessary duplication of health resources. In 2012 those priorities identified are reducing diabetes complications and reducing the proportion of children and adolescents who are considered obese.

# AGH Community Health Needs Assessment Results

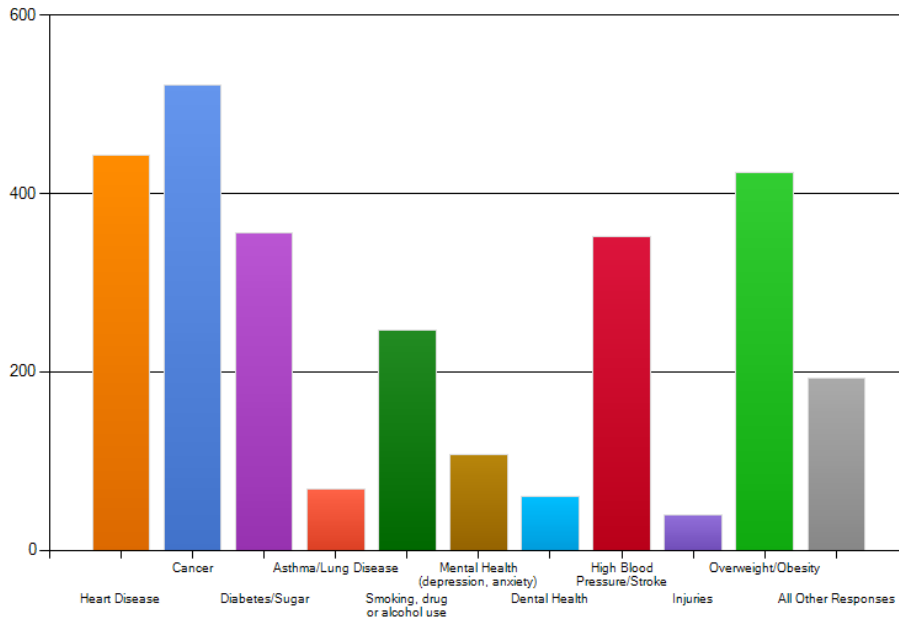## Respondents Demographics
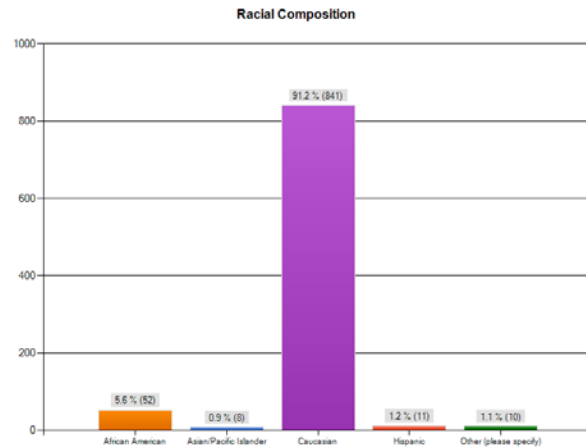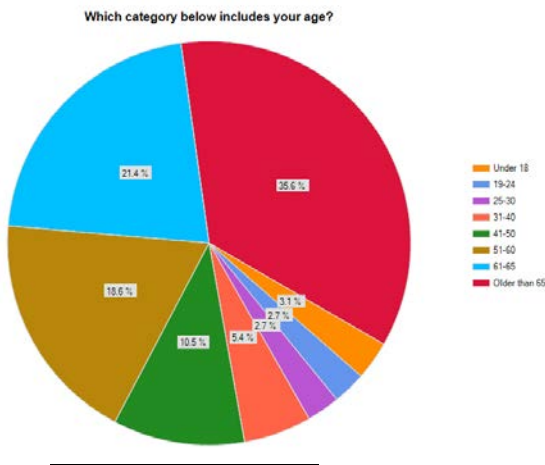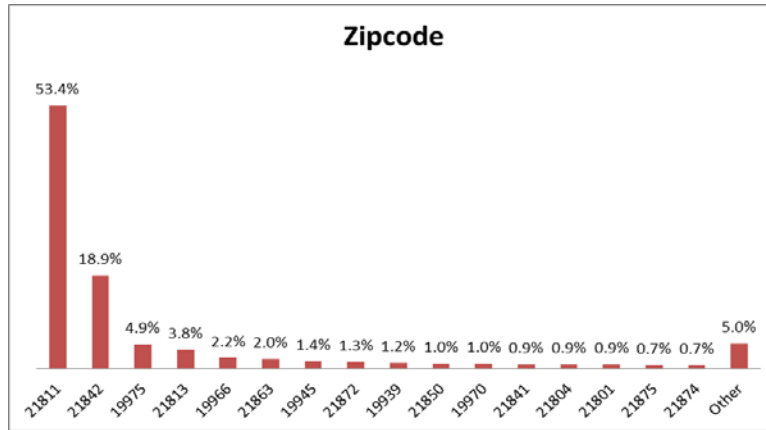






## Top Health Concerns

The five top health concerns among survey respondents were identified as:

➢ Cancer, Heart Disease, Overweight/Obesity, Diabetes/Sugar, High Blood Pressure

**What do you believe to be the biggest health problems in your community? (Please check all that you think apply)**

Heart Disease, Cancer, Diabetes/Sugar, Asthma/Lung Disease, Smoking, drug or alcohol use, Mental Health (depression, anxiety), Dental Health, High Blood Pressure/Stroke, Injuries, Overweight/Obesity, All Other Responses

## Top Barriers to Healthcare:

- ➢ No Health Insurance
- ➢ Too expensive/can't afford it
- ➢ Local Doctors are not on my insurance plan
- ➢ No Transportation
- ➢ Couldn't get an appointment with my doctor

**What do you think are the problems that keep you or other community members from getting the health care they need? (Please check all that you think apply)**
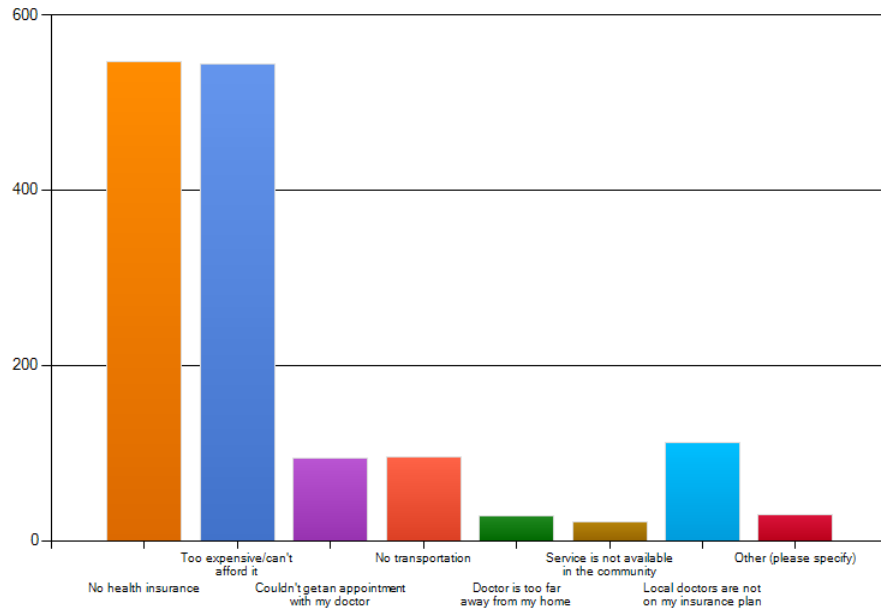
**Community Benefit Priorities**

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. The hospital's strategic initiatives are determined by the Hospital Board, 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 Community Needs Assessment. In addition to input from those groups we there are two committees that have a part in setting our priorities; they are the Community Benefit Committee and the Healthy Happenings Advisory Board.

The Healthy Happenings Board 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 Benefit Committee. The purpose of this committee is to oversee the Community Outreach of the hospital and comply with the government regulations regarding reporting Community Benefits. Because the committee is made of all departments the views are varied.

Our hospital 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 needs in the community. We are involved in the health departments throughout our service area in MD and DE and coordinate services with them to decrease

duplication of services and know what services are needed to fill the gaps. Obviously working with the target areas of the state improvement initiatives influences the priorities we set.

Our Community Education providers are out in the community and are able to observe community needs. Now, with our newly formed Patient Centered Medical Home, we are able to have another resource in the community that we can use for assisting us in setting priorities.

## FY13 Community Benefit Priorities

1- To combat Obesity in the community to all ages

2- Provide greater Access to Care

    a. To provide free screenings throughout the service area (DE, Upper and Lower Worcester County).

    b. To assist in workplace development of healthcare careers addressing the shortage of providers in our service area.

    c. Target the underserved for of the need for mammograms and colon screenings.

3- Provide education and awareness of Mental Health services in the service area.

4- Reduce Preventable Hospitalizations utilizing the Patient Centered Medical Home Model for chronic diseases management and prevention such as COPD, CHF and Diabetes.

Click here to view the Implementation Plans & Community Benefit Priorities for FY14.
Click here to view the Implementation Plan and Progress Measurements for FY15.

## Priorities Needs Not Addressed

While transportation, public or private, remains a barrier in the rural community, there are other community organizations better aligned to address this priority.

## Data Gaps Identified

Where available the most current data was used to determine the health needs of the community. Although the data was extensive, especially in Maryland, data gaps exist. Due to the large geographic area Sussex County, Delaware encompasses, specific zip code level data was not available for several indicators.

**References:**

Maryland State Health Improvement Process (SHIP) www.dhmh.maryland.gov/ship

Tri-County Health Improvement Plan (T-CHIP) http://www.worcesterhealth.org/community-health-improvement-planning-chip/tri-county-health-improvement-planning-t-chip

Worcester County 2012 Community Health Assessment
http://worcesterhealth.info/files/2012%20Community%20Health%20Assessment.pdf

Worcester County Community Health Improvement Plan (CHIP)
http://worcesterhealth.info/files/Final%20CHIP%202012.pdf

2011 AGH Women's Health Needs Survey

2012 County Health Outcomes & Roadmaps http://www.countyhealthrankings.org

2011 Market Assessment provided by Stroudwater Associates for Atlantic General Hospital

Delaware Behavioral Risk Factor Surveillance System
http://www.dhss.delaware.gov/dhss/dph/dpc/files/de10countydata.pdf

Delaware Cancer Incidence & Mortality Report 2003-2007
http://www.dhss.delaware.gov/dhss/dph/dpc/files/de_imreport_final_2-22-2012.pdf

Charts of Selected Black vs White Chronic Disease SHIP Metrics: Tri-county Health Planning Initiative
http://dhmh.maryland.gov/mhhd/Documents/Tri%20County%20SHIP%20Disparities%20Data%20Charts%20033012.pdf

National Partnership for Action to End Health Disparities - TOOLKIT FOR COMMUNITY ACTION
http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf

Worcester County Report Card 2012
http://worcesterhealth.info/files/Report%20card%202012%20single%20page%20format%20Final(1).pdf

Healthy Communities Network (www.healthycommunitiesinstitute.com)

Healthy People 2020 www.cdc.gov/nchs/healthy_people/hp2010.htm

Maryland Medicaid eHealth Statistics http://chpdm-ehealth.org/index.htm

**Attachments:**

Attachment A:    Worcester County 2012 Community Health Assessment

Attachment B:    Worcester County Measures relative to the State Health Improvement Plan

Attachment C:    Master List: Who was involved in Assessment?

Attachment D:    Atlantic General Hospital Community Health Needs Assessment Survey