



Atlantic General Hospital

Community Health Needs Assessment

2025-2027



care.givers

Table of Contents

- I. Background and Purpose4
- II. Atlantic General Hospital Overview 5
- III. Community Description6
 - a. Primary Service Area..... 6
 - b. Population Statistics 6
 - c. Community Healthcare Utilization 10
 - d. Key Demographic and Socioeconomic Characteristics..... 11
 - e. Health Factors and Status Indicators13
 - f. Resources Available to Address Significant Health Needs 14
- IV. Approach and Resources.....15
 - a. CHNA Methodology15
 - b. Secondary Data Collection.....15
 - c. Who was Involved in the Assessment? 16
 - d. Atlantic General Hospital Community Needs Survey..... 16
 - e. Maryland State Health Improvement Process (SHIP) Plan 16
 - f. 2024 County Health Outcomes & Roadmaps..... 16
- V. Community Health Needs Assessment Survey Results17
 - a. Top Health Concerns.....17
 - b. Top Barriers to Healthcare..... 18
 - c. Written Responses 18
- VI. Social Determinants of Health..... 19
- VII. Impact of Previous Actions Taken 22
- VIII. Community Benefit Priorities 39
- IX. Vulnerable Populations and Disparities..... 41
- X. Need Being Addressed with Community Partnership 47
- XI. Data Gaps Identified48
- XII. Public Dissemination49
- XIII. References 50
- XIV. Appendices51
 - A: Worcester County Health Department Community Health Document Links..... 52
 - B: Master List: Who Was Involved in Assessment? 53
 - C: Worcester and Sussex County 2024 Health Rankings..... 55
 - D: Maryland State Health Improvement Process (SHIP) Indicators..... 56
 - E: Atlantic General Hospital Community Health Needs Assessment Survey..... 57
 - F: 2021-2024 Goals and Actions Implemented 62



Atlantic General Hospital

Community Health Needs Assessment

2025 - 2027



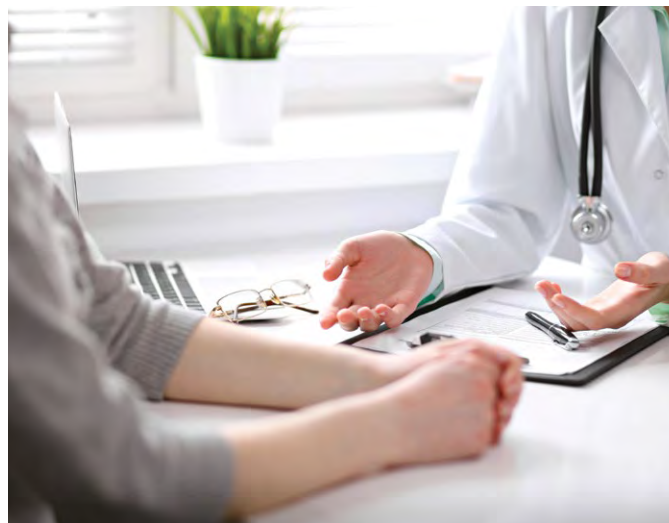
Background and Purpose

The Atlantic General Hospital Corporation (Atlantic General Hospital) is a not-for-profit, full-service, acute care, inpatient and outpatient facility located in the city of Berlin, Maryland, providing 24-hour emergency services, inpatient and outpatient diagnostic and surgical services, and intensive care services. Since opening our doors in May of 1993, Atlantic General Hospital has remained steadfast in serving the healthcare needs of our region's residents and visitors. Our hospital values and recognizes all the communities it serves. We combine the latest medical treatments with personalized attention in a caring environment.

The Patient Protection and Affordable Care Act (ACA) of March 23, 2010, includes requirements for nonprofit hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. The regulations include a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) every three years, and develop an implementation strategy to address those needs. A Community Health Needs Assessment provides an overview of the health needs and priorities of the community. The CHNA must be made publicly available.

This CHNA represents the fifth time that Atlantic General Hospital has collaborated and completed the Community Health Needs Assessment process. A Community Health

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



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. Atlantic General Hospital 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. Worcester County Health Department document links are used extensively throughout the CHNA (*Appendix A*).

Atlantic General Hospital Overview

Atlantic General Hospital was built with the support of a dedicated community. Since opening our doors in May of 1993, Atlantic General has remained steadfast in serving the healthcare needs of our region's residents and visitors, which grows from 54,000 to 300,000 during the summer months.

Located in the city of Berlin, MD, Atlantic General Hospital is the only hospital located in Worcester County, which is a federally-designated medically underserved area for primary care, dental health and mental health. We serve Maryland, Virginia and Delaware residents and visitors.

Atlantic General Hospital is a full-service, acute care, inpatient and outpatient facility providing 24-hour emergency services, inpatient and outpatient diagnostic and surgical services, and intensive care services. It is Joint Commission-accredited, a member of the American Hospital Association and the Maryland Hospital Association, and is consistently recognized by the HSCRC as one of the most efficient hospitals in the State of Maryland. Our patients can expect individualized standards of care. We combine the latest medical treatments with personalized attention.

Our Award Winning Care begins with ACR Designation for Lung Cancer Screening, Guardian of Excellence Award for the John H. "Jack" Burbage Jr. Regional Cancer Center, ACR

Ultrasound Accredited Facility, ACR Accreditation for Breast MRI and Ultrasound, IAC Accredited Vascular Laboratory, Bariatrics has the MBSAQIP Accreditation as well as the Blue Distinction Center Recognition for Bariatric Surgery and the Surgical Quality Partner for Bariatric Surgery. Atlantic General Hospital is also a Circle of Honor Award holder, as well as Minogue Award for Patient Safety and Innovation, the eHealthcare Leadership Award, a Top 100 Rural and Community Hospital, American Heart Association Quality Award for Get With the Guidelines for Stroke, American Heart Association's Workplace Health Achievement Silver Award, Healthiest MD Business Award, Lung Cancer Alliance Screening Center of Excellence, Vascular Laboratory IAC Accredited Facility, multiple awards for our Wound Care Center to include Center of the Year, Robert Warriner III, MD Center of Excellence Award, the Delmarva Foundation Excellence Award as well as our Joint Commission Accreditation award for both the hospital and our laboratory services.

In addition to the acute care and specialty services we provide at our main campus in Berlin, MD, we have more than 40 family physicians, internists and specialists with offices in 17 locations throughout the region that comprise the Atlantic General Health System, plus Atlantic ImmediCare, which provides walk-in primary care and urgent care.

Atlantic General Hospital employs over 950 year-round full- and part-time associates with an annual payroll of nearly \$72 million, making Atlantic General Hospital the second largest employer in Worcester County. Our staff is here to counsel you in making the right choices for your health and quality of life. Even more valuable than our excellent, award-winning programs is the genuine warmth and concern our staff exudes in caring for each and every patient on a personal level.

Our Vision

... To create a healthier community with local access to high quality care.

Our Mission

... To deliver high quality care that is convenient and close to home.



The Community Description

Atlantic General Hospital's primary service area is defined as those zip codes that represent the majority of patient admissions, emergency or outpatient visits from the residents and/or there

is a contiguous geographic relationship. Worcester and Sussex County are rural areas. There is a lack of public transportation, making geographic location a factor in defining primary market.

6

Primary Service Area



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

Population Statistics

During summer weekends, the Worcester County resort destination Ocean City hosts between 320,000 and 345,000 vacationers and up to 8 million visitors annually. During the summer, Ocean City becomes Maryland's second most pop-

ulated town. Lower Sussex County has similar characteristics of seasonality and retirees. Frankford, DE and Dagsboro, DE have similar demographic profiles as Worcester County, MD. Selbyville, DE has some differing characteristics.

Population

County: Worcester, MD

54,287 Persons

State: Maryland 6,199,817 Persons

Percent Population Change: 2020 to 2024

County: Worcester, MD

3.48%

State: Maryland 0.37%

Population

Zip Code: 19975

11,445 Persons

County: Sussex, DE 264,458 Persons

State: Delaware 1,034,854 Persons

Percent Population Change: 2020 to 2024

Zip Code: 19975

13.18%

County: Sussex, DE 11.41%

State: Delaware 4.54%

7

Population by Race	County: Worcester, MD		State: Maryland	
	Persons	% of Population	Persons	% of Population
White	43,374	79.90%	2,908,321	46.91%
Black/African American	6,034	11.11%	1,847,621	29.80%
American Indian/Alaskan Native	139	0.26%	33,705	0.54%
Asian	833	1.53%	435,110	7.02%
Native Hawaiian/Pacific Islander	8	0.01%	3,382	0.05%
Some Other Race	874	1.61%	449,155	7.24%
2+ Races	3,025	5.57%	522,523	8.43%

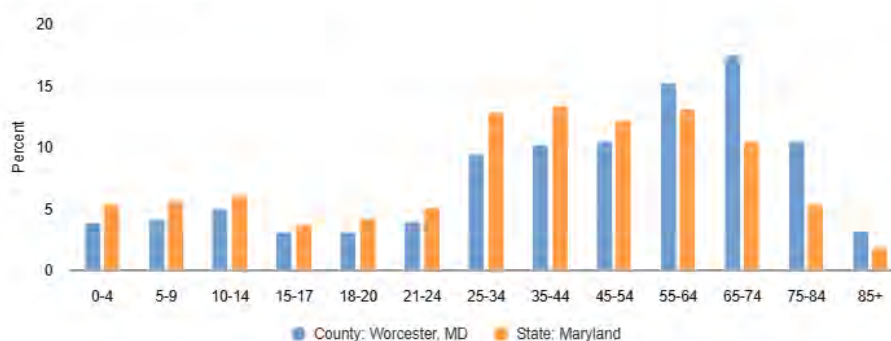
Population by Race	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
White	9,615	84.01%	197,083	74.52%	610,815	59.02%
Black/African American	427	3.73%	25,767	9.74%	233,681	22.58%
American Indian/Alaskan Native	53	0.46%	2,085	0.79%	5,647	0.55%
Asian	165	1.44%	3,746	1.42%	45,061	4.35%
Native Hawaiian/Pacific Islander	3	0.03%	126	0.05%	463	0.04%
Some Other Race	556	4.86%	16,638	6.29%	54,945	5.31%
2+ Races	626	5.47%	19,013	7.19%	84,242	8.14%

Population by Ethnicity	County: Worcester, MD		State: Maryland	
	Persons	% of Population	Persons	% of Population
Hispanic/Latino	2,169	4.00%	811,044	13.08%
Non-Hispanic/Latino	52,118	96.00%	5,388,773	86.92%

Population by Ethnicity	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
Hispanic/Latino	1,085	9.48%	31,683	11.98%	119,026	11.50%
Non-Hispanic/Latino	10,360	90.52%	232,775	88.02%	915,828	88.50%

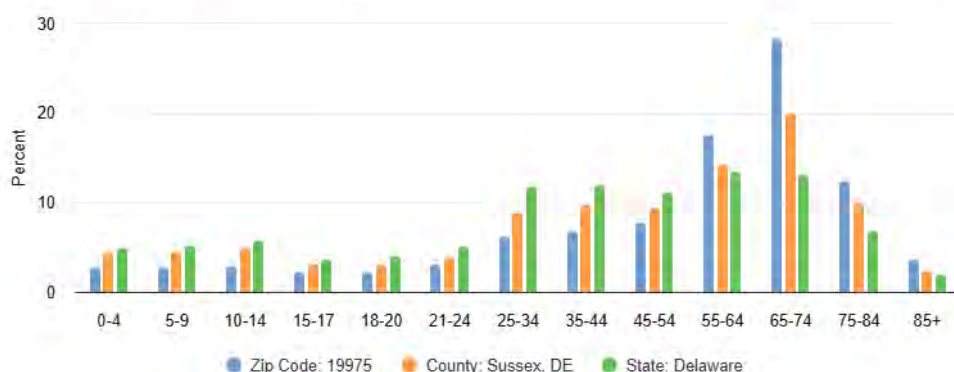
Population by Age Group

County: Worcester, MD



Population by Age Group

Zip Code: 19975



Median Age

County: Worcester, MD

51.7 Years

State: Maryland 40.0 Years

Median Age

Zip Code: 19975

61.9 Years

County: Sussex, DE 51.9 Years

State: Delaware 42.3 Years

Previously, the Selbyville zip code showed a median age of 57 years while Worcester County remained essentially the same.

Population Age 5+ by Language Spoken at Home	County: Worcester, MD		State: Maryland	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	49,058	93.99%	4,711,821	80.37%
Speak Spanish	1,198	2.30%	514,063	8.77%
Speak Asian/Pac Islander Lang	364	0.70%	203,436	3.47%
Speak Indo-European Lang	1,338	2.56%	274,547	4.68%
Speak Other Lang	237	0.45%	158,450	2.70%

Population Age 5+ by Language Spoken at Home	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	10,189	91.69%	224,678	88.93%	847,408	86.28%
Speak Spanish	642	5.78%	19,214	7.61%	71,723	7.30%
Speak Asian/Pac Islander Lang	70	0.63%	1,259	0.50%	18,970	1.93%
Speak Indo-European Lang	212	1.91%	6,761	2.68%	32,126	3.27%
Speak Other Lang	0	0.00%	727	0.29%	11,984	1.22%

9

Population Age 15+ by Marital Status	County: Worcester, MD		State: Maryland	
	Persons	% of Population Age 15+	Persons	% of Population Age 15+
Never Married	12,093	25.62%	1,822,884	35.54%
Married, Spouse present	23,801	50.43%	2,289,682	44.64%
Married, Spouse absent	2,080	4.41%	231,434	4.51%
Divorced	5,293	11.21%	507,139	9.89%
Widowed	3,931	8.33%	277,619	5.41%

Population Age 15+ by Marital Status	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population Age 15+	Persons	% of Population Age 15+	Persons	% of Population Age 15+
Never Married	2,010	19.26%	58,534	25.78%	294,679	33.97%
Married, Spouse present	5,980	57.31%	119,307	52.55%	393,320	45.34%
Married, Spouse absent	262	2.51%	8,085	3.56%	35,197	4.06%
Divorced	1,009	9.67%	24,712	10.89%	90,327	10.41%
Widowed	1,174	11.25%	16,377	7.21%	53,883	6.21%



Community Healthcare Utilization

Our goal is to see declines in inpatient admissions and emergency department visits due to the work of our Care Coordination Team, High Risk Transitions Team, Social Determinants of Health Committee and work with the Worcester County Health Department Case Managers. These programs are designed to work with those patients at highest risk for readmission and address their needs. Those needs could be additional follow

up with our care coordination team, our high risk transitions team doing additional monitoring and education, pharmacy involvement with medication compliance, help with prescriptions and education or addressing any social determinants of health needs through the help of the Worcester County Health Department Case Managers addressing SDOH with resources.

10

	Volumes			Growth
Atlantic General Hospital	FY22	FY23	FY24	FY22-FY24
Inpatient Admissions	2,561	2,727	2,787	8.5%
Emergency Department Visits	28,413	28,593	28,846	1.5%
Atlantic General Health System Visits	114,567	116,370	107,289	-6.4%

The Right Path
to Good Health

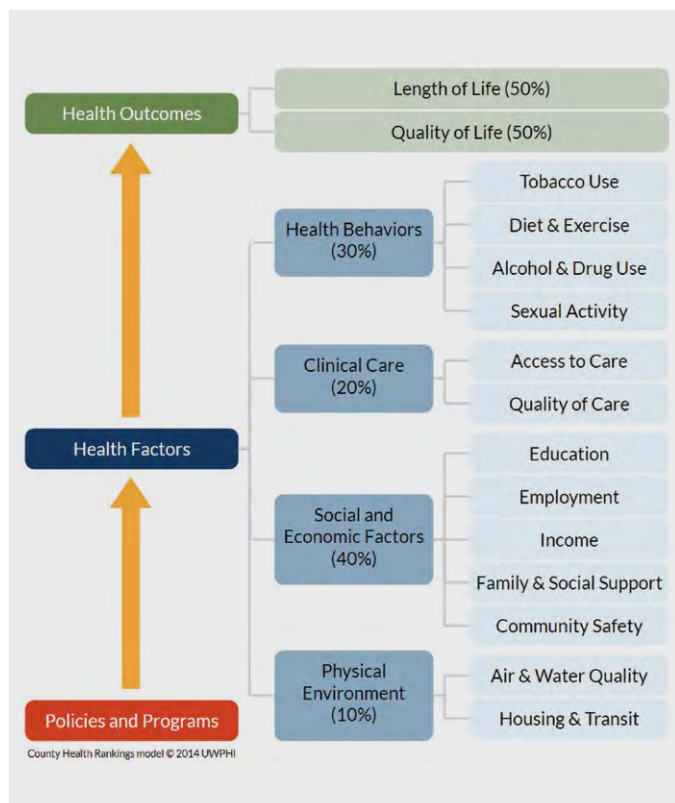
AGH Emergency Visits FY2024			
	Black	White	Total
Heart Disease	207	1,154	1,361
Diabetes	41	123	164
Cancer	3	13	16
Smoking / Drug / Alcohol	30	251	281
High Blood Pressure / Stroke	73	364	437
Overweight / Obesity	0	0	0
Depression / Anxiety	13	124	137
Total	367	2,029	2,396

AGH Inpatient Visits FY2024			
	Black	White	Total
Heart Disease	27	161	188
Diabetes	7	46	53
Cancer	2	32	34
Smoking / Drug / Alcohol	1	61	62
High Blood Pressure / Stroke	44	310	354
Overweight / Obesity	16	41	57
Depression / Anxiety	1	1	2
Total	98	652	750

AGH Emergency & Inpatient Visits FY2024			
	Black	White	Total
Heart Disease	234	1,315	1,549
Diabetes	48	169	217
Cancer	5	45	50
Smoking / Drug / Alcohol	31	312	343
High Blood Pressure / Stroke	117	674	791
Overweight / Obesity	16	41	57
Depression / Anxiety	14	125	139
Total	465	2,681	3,146

Key Demographic and Socioeconomic Characteristics

The factors affecting health are much more than access to healthcare. Using the illustration from the County Health Rankings, clinical care comprises about 20% of the total health picture along with health behaviors (30%), social and economic factors (40%) and physical environment (10%). The environmental and social factors that affect the county residents helped shape our understanding of both primary and secondary data in the community health needs assessment.



Families Below Poverty

County: Worcester, MD

946 Families
(6.07% of Families)

State: Maryland 107,287 Families
(6.87% of Families)

Families Below Poverty with Children

County: Worcester, MD

682 Families
(4.38% of Families)

State: Maryland 77,130 Families
(4.94% of Families)

Families Below Poverty

Zip Code: 19975

196 Families
(5.50% of Families)

County: Sussex, DE 6,574 Families
(8.79% of Families)

State: Delaware 23,081 Families
(8.36% of Families)

Families Below Poverty with Children

Zip Code: 19975

75 Families
(2.10% of Families)

County: Sussex, DE 4,579 Families
(6.12% of Families)

State: Delaware 16,833 Families
(6.09% of Families)

Population 25+ by Educational Attainment	County: Worcester, MD		State: Maryland	
	Persons	% of Population Age 25+	Persons	% of Population Age 25+
Less than 9th Grade	691	1.66%	163,053	3.78%
Some High School, No Diploma	2,315	5.56%	229,640	5.33%
High School Grad	12,463	29.94%	1,035,503	24.02%
Some College, No Degree	10,018	24.07%	775,160	17.98%
Associate Degree	3,385	8.13%	296,667	6.88%
Bachelor's Degree	7,744	18.60%	957,274	22.21%
Master's Degree	4,106	9.86%	598,171	13.88%
Professional Degree	525	1.26%	138,707	3.22%
Doctorate Degree	380	0.91%	116,151	2.69%

Families below poverty reported a decrease from previous CHNA in Worcester County (947 families or 6.36%) and 19975 zip code (162 families or 5.34%). Families below poverty with children stayed relatively stable while 19975 zip code shows an increase.

Population 25+ by Educational Attainment	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population Age 25+	Persons	% of Population Age 25+	Persons	% of Population Age 25+
Less than 9th Grade	346	3.63%	7,113	3.56%	24,901	3.40%
Some High School, No Diploma	472	4.95%	12,365	6.19%	41,341	5.64%
High School Grad	2,684	28.13%	63,083	31.58%	215,466	29.42%
Some College, No Degree	1,694	17.75%	35,231	17.64%	132,812	18.13%
Associate Degree	744	7.80%	18,691	9.36%	64,932	8.87%
Bachelor's Degree	2,107	22.08%	36,765	18.41%	146,708	20.03%
Master's Degree	1,289	13.51%	19,699	9.86%	79,815	10.90%
Professional Degree	119	1.25%	4,306	2.16%	14,092	1.92%
Doctorate Degree	86	0.90%	2,500	1.25%	12,308	1.68%

12

Median Household Income by Race/Ethnicity	County: Worcester, MD	State: Maryland
	Value	Value
All	\$85,256	\$97,364
White	\$90,395	\$109,575
Black/African American	\$53,727	\$78,731
American Indian/Alaskan Native	\$126,923	\$78,204
Asian	\$101,716	\$123,294
Native Hawaiian/Pacific Islander	\$0	\$72,222
Some Other Race	\$100,316	\$75,846
2+ Races	\$58,333	\$100,531
Hispanic/Latino	\$61,277	\$86,388
Non-Hispanic/Latino	\$85,803	\$98,629

Median Household Income has increased from \$68,939 in Worcester County and as well as 19975 zip code from \$62,286.

Median Household Income by Race/Ethnicity	Zip Code: 19975	County: Sussex, DE	State: Delaware
	Value	Value	Value
All	\$82,846	\$74,611	\$76,379
White	\$87,246	\$78,361	\$84,389
Black/African American	\$44,265	\$49,249	\$58,881
American Indian/Alaskan Native	\$65,278	\$67,568	\$59,178
Asian	\$106,250	\$123,109	\$113,443
Native Hawaiian/Pacific Islander	\$0	\$84,821	\$83,000
Some Other Race	\$38,029	\$68,018	\$63,244
2+ Races	\$77,419	\$61,661	\$67,451
Hispanic/Latino	\$44,863	\$58,604	\$64,072
Non-Hispanic/Latino	\$84,802	\$75,956	\$78,046

*Statistics available through Healthy Communities Institute at www.atlanticgeneral.org



Largest Private Sector Employers in Worcester County, MD 2023-2024

EMPLOYER	PRODUCT/SERVICE	EMPLOYMENT
Harrison Group	Hotels and Restaurant	975
Atlantic General Hospital	Medical Services	970
Blue Water Development/Blue Water Hospitality	Hospitality Mgmt. /Real Estate Dev.	608
Bay Shore Development	Amusements & Hotels	600
Fagers Island	Hotels/Restaurants	600
O.C. Seacrets	Restaurant/Distillery & Liquor Store	487
Ocean Enterprise 589/Ocean Downs Casino	Casino Gaming	349

13

Worcester County, MD unemployment rate is at 6.87%, compared to 7.0% last year. This is lower than the long-term average of 9.57%. Selbyville (zip 19975) has an unemployment rate of 6.26%. The US average is 4.3%.

For 2023, Sussex and Worcester Counties are at 6.0% and 5.5% respectively for uninsured patients, as stated by US Census Bureau – both decreasing over previously reported data.

Health Factors and Status Indicators

Worcester and Sussex County Health status indicators are updated periodically by several organizations. Sources include the Healthy Communities Institute's database found on Atlantic General Hospital's website, which is used extensively as a secondary data source.

www.atlanticgeneral.org/community-health-wellness/creating-healthy-communities/?hcn=CommunityDashboard

The Robert Woods Johnson's county rankings are based on a model of population health and build on America's Health Rankings. These are summarized for Worcester and Sussex County in Appendix C. Areas to explore for health improvement are adult smoking rates, adult obesity, excessive drinking, alcohol impaired driving, and unemployment in Worcester County. Additionally in Sussex County, the areas of physical inactivity, teen births, uninsured, graduation rates, children in poverty and violent crimes stand out as areas below top US performers or the State.

Another source of community health indicators is found in the Maryland State Health Improvement Process (SHIP) indicators and goal attainment summarized in Appendix D. The goal of the State Health Improvement Process is to advance the health of Maryland residents. To achieve this goal, SHIP provides a frame- work for accountability, local action, and public engagement.

SHIP highlights the health characteristics of Marylanders. These measures align with Healthy People 2030 objectives established by the Department of Health and Human Services.

SHIP data primarily supports the development and strategic direction of Local Health Improvement Coalitions. These coalitions – comprising of local health departments, non-profit hospitals, community members, and other community-based organizations – provide a forum to collectively analyze and prioritize community health needs based on SHIP data.

Resources Available to Address Significant Health Needs

Resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report are listed on the Worcester County Health Department and Atlantic General Hospital's website. This listing is not exhaustive and is continually developing. Their links are:

www.worcesterhealth.org/resources

AtlanticGeneral.org

2-1-1 Maryland is a partnership of four agencies working together to provide simple access to health and human services information. 2-1-1 is an easy-to-remember telephone number that connects people with important community services. Trained specialists answer calls 24 hours a day, every day of the year.

www.211md.org

In Sussex County, Delaware now has a 2-1-1 service hotline. Delaware's 2-1-1 service is a guide to all social services available in the state of Delaware. Dial 2-1-1 (if you have a 302 area code), or call **1-800-560-3372**, or text your zip code to 898-211.

<https://delaware211.org/>



Approach and Resources

CHNA Methodology

This CHNA combines population health statistics in addition to feedback gathered from the community in the form of surveys and focus groups. Atlantic General Hospital 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.

Secondary Data Collection

Atlantic General Hospital 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 conducted in 2012, 2015, 2018, and 2021 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 below. (A comprehensive list is found under References.)

- Community meetings with persons representing the broad interests of the community
- Atlantic General Hospital Community Needs Survey
- Maryland State Health Improvement Process (SHIP)
- Healthy People 2030
- Worcester County Community Health Improvement Plan (CHIP) Local Health Improvement Coalition (LHIC)
- Community Education Events
- 2022/2023 County Health Outcomes & Roadmaps
- Delaware State Health Improvement Plan
- US Census Bureau



Who Was Involved in the Assessment? (Appendix B)

Representatives from Atlantic General Hospital 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 the organization. Much of this was accomplished online in Zoom or other internet forums. A representative list of community involvement is displayed in Appendix B.

Atlantic General Hospital Community Needs Survey (Appendix E)

The survey was designed to obtain feedback from the community about health-related concerns. It was administered via health fairs, community groups and churches. Through the Internet, an electronic form of the survey was administered through a link that was prominently placed on Atlantic General Hospital websites and other advertised community forums. A social media campaign was launched to improve response rate as well as cards with a QR code to easily access the survey.

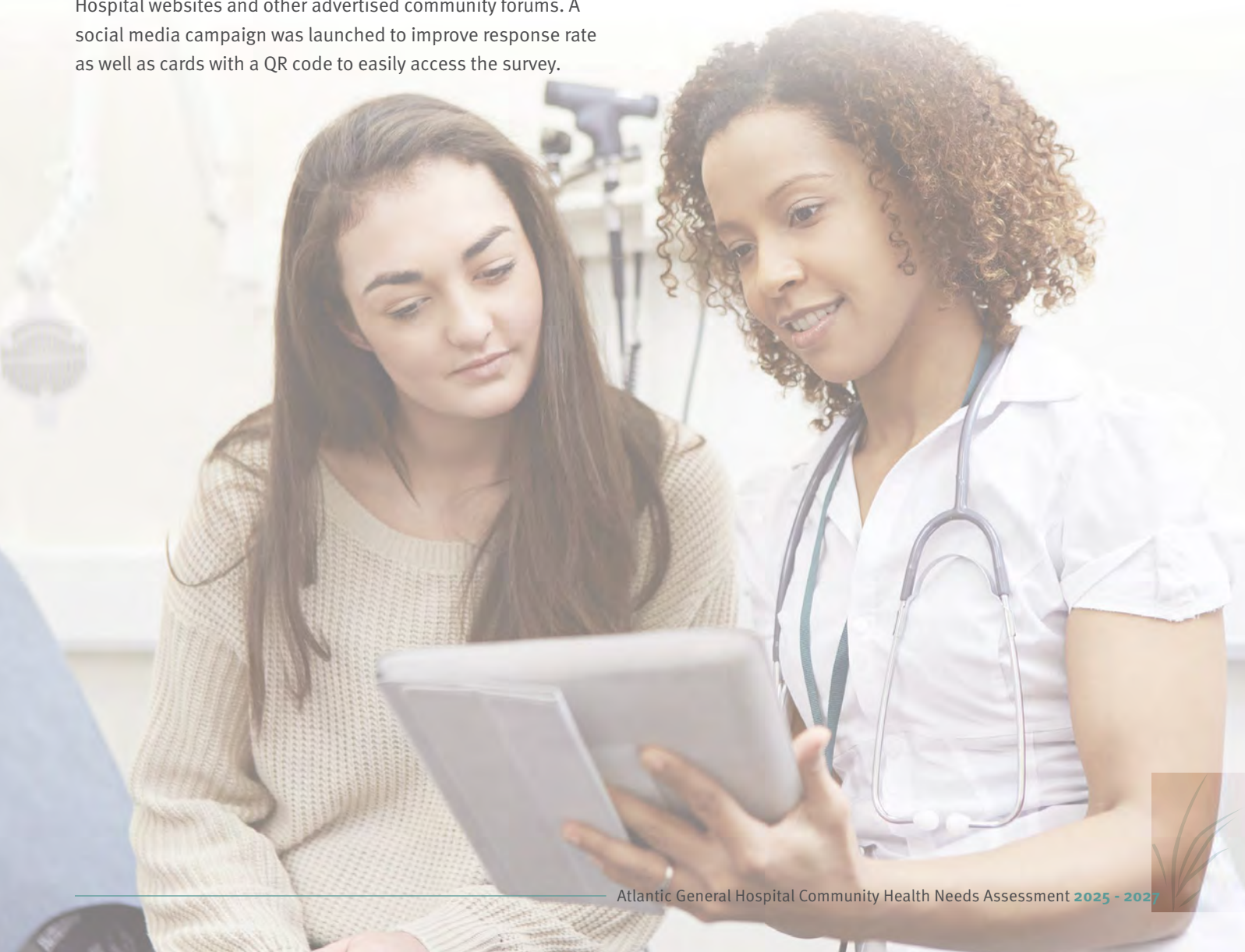
Maryland State Health Improvement Process (SHIP) Plan

Maryland's State Health Improvement Plan (SHIP) provides a framework for continual progress toward a healthier Maryland. 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 beginnings, healthy living, healthy communities, access to healthcare and quality preventive care).

2024 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.

16



Community Health Needs Assessment Survey Results

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.

Top Health Concerns

17

The top health concerns among 2024 survey respondents were prioritized as follows:

- #1** Overweight/Obesity
- #2** Cancer
- #3** Diabetes/Sugar
- #4** High Blood Pressure / Stroke
- #5** Mental Health Issues (*depression, anxiety*)
- #6** Heart Disease
- #7** Smoking, Drug or Alcohol Use
- #8** Access to Healthcare / No Health Insurance
- #9** Dental Health
- #10** Asthma / Lung Disease

Top Health Concern Priorities Over the (4) CHNA

	2015	2018	2021	2024
Overweight / Obesity	2	3	2	1
Cancer	1	1	4	2
Diabetes / Sugar	3	2	3	3
High Blood Pressure / Stroke	6	7	1	4
Mental Health	7	6	7	5
Heart Disease	4	5	5	6
Smoking, Drug or Alcohol Use	5	4	6	7
Access to Healthcare No Health Insurance	8	8	8	8
Dental Health	10	9	10	9
Asthma / Lung Disease	9	10	9	10
Infectious Disease	NA	NA	12	11
Injuries	11	11	11	12
Sexually Transmitted Disease & HIV	12	12	13	13

What do you think are the problems that keep you or other community members from getting the healthcare they need?

18

Do you have any ideas or recommendations to help decrease the health problems in our community or to solve the problems with access to health services?



Social Determinants of Health

What are social determinants of health?

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:



**Economic
Stability**



**Education Access
and Quality**



**Health Care Access
and Quality**



**Neighborhood and
Built Environment**



**Social and
Community Context**

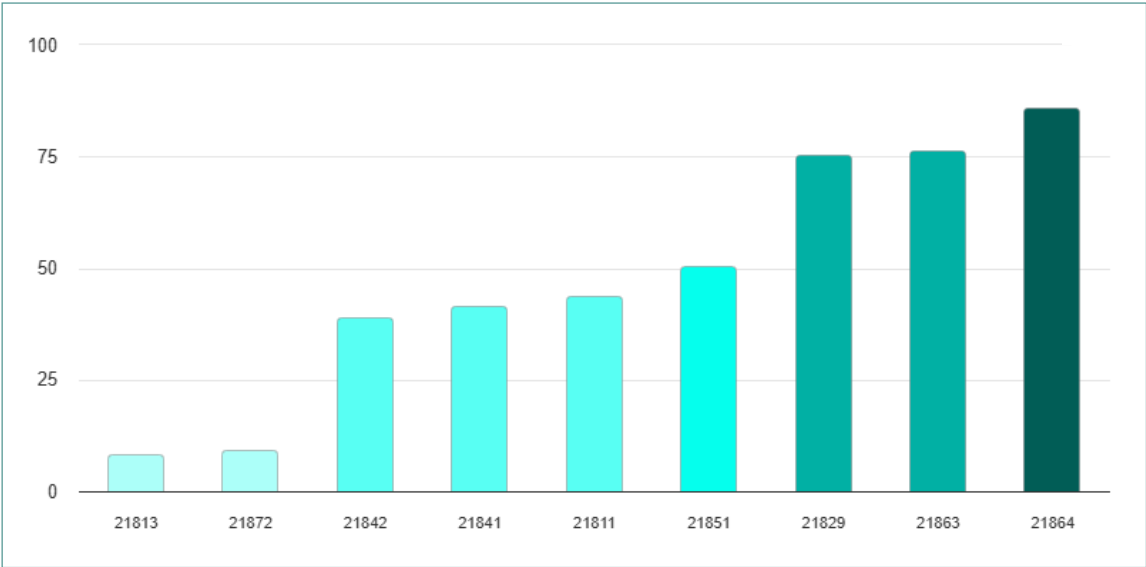
Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices will not eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

The 2024 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All zip codes, census tracts, counties and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). The selected locations are ranked from 1 (low need) to 5 (high need) based on their index value.

**Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 2/24/2025, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>*

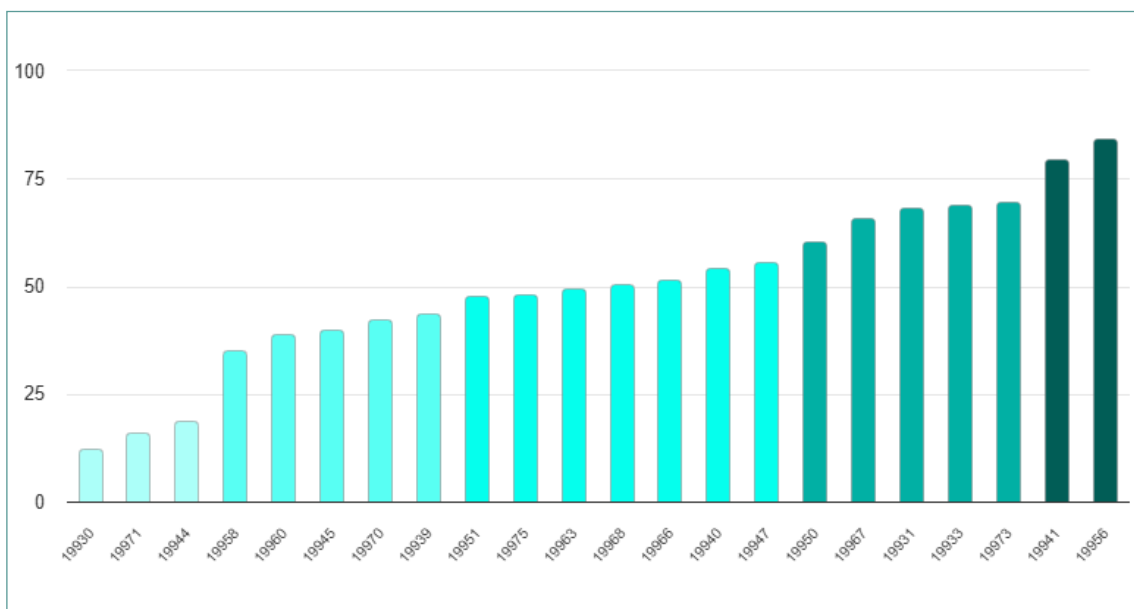
Worcester County, MD



Zip Code	Index	Rank	Pop.	County
21864	85.9	5	573	Worcester, MD
21863	76.4	4	4,952	Worcester, MD
21829	75.4	4	510	Worcester, MD
21851	50.5	3	7,414	Worcester, MD
21811	43.9	2	24,948	Worcester, MD
21841	41.6	2	1,038	Worcester, MD
21842	39.1	2	11,368	Worcester, MD
21872	9.3	1	700	Worcester, MD
21813	8.4	1	2,916	Worcester, MD



Sussex County, MD



21

Zip Code	Index	Rank	Pop.	County
19956	84.3	5	17,436	Sussex, DE
19941	79.4	5	3,376	Sussex, DE
19973	69.6	4	27,318	Sussex, DE
19933	68.9	4	10,628	Sussex, DE
19931	68.2	4	479	Sussex, DE
19967	65.7	4	2,611	Sussex, DE
19950	60.5	4	7,285	Sussex, DE
19947	55.8	3	22,527	Sussex, DE
19940	54.4	3	7,062	Sussex, DE
19966	51.4	3	36,149	Sussex, DE
19968	50.4	3	15,912	Sussex, DE
19963	49.4	3	22,584	Sussex, DE
19975	48.0	3	11,445	Sussex, DE
19951	47.9	3	2,565	Sussex, DE
19939	43.6	2	8,136	Sussex, DE
19970	42.2	2	9,988	Sussex, DE
19945	39.9	2	9,278	Sussex, DE
19960	38.8	2	7,612	Sussex, DE
19958	35.0	2	32,435	Sussex, DE
19944	18.8	1	548	Sussex, DE
19971	16.2	1	16,096	Sussex, DE
19930	12.2	1	3,078	Sussex, DE



Impact of Previous Actions Taken

2022-2024 Community Needs

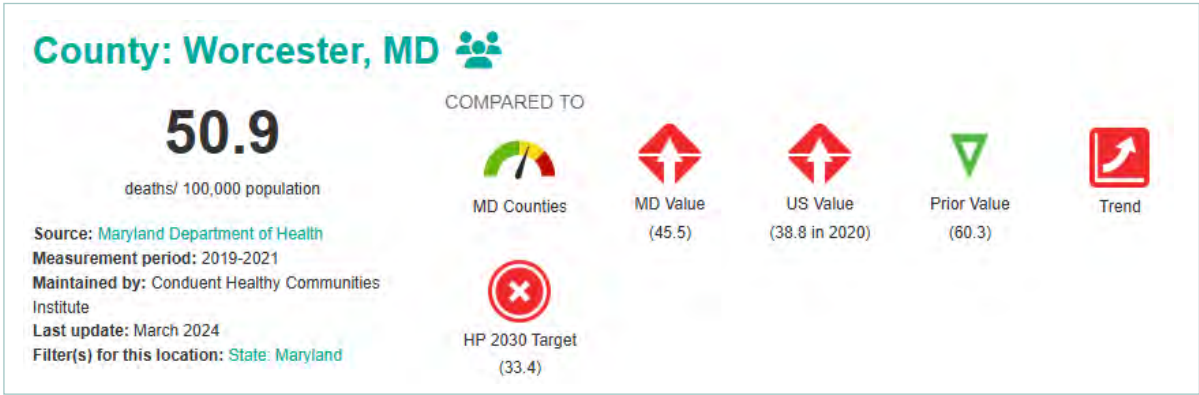
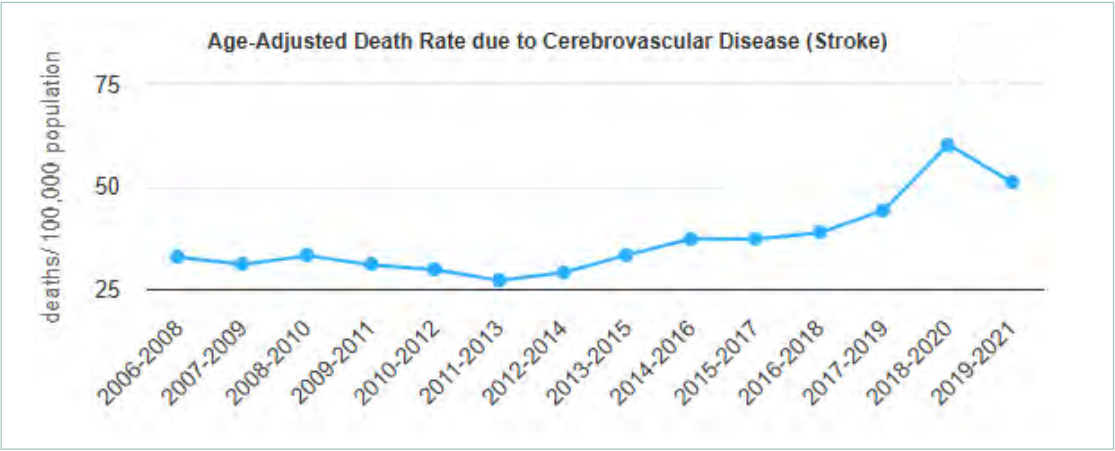
The community needs prioritized in previous CHNAs include: access to care/health insurance, heart disease and stroke, cancer, smoking, drug, and alcohol use, overweight/obesity, diabetes, and mental health. The identified needs were

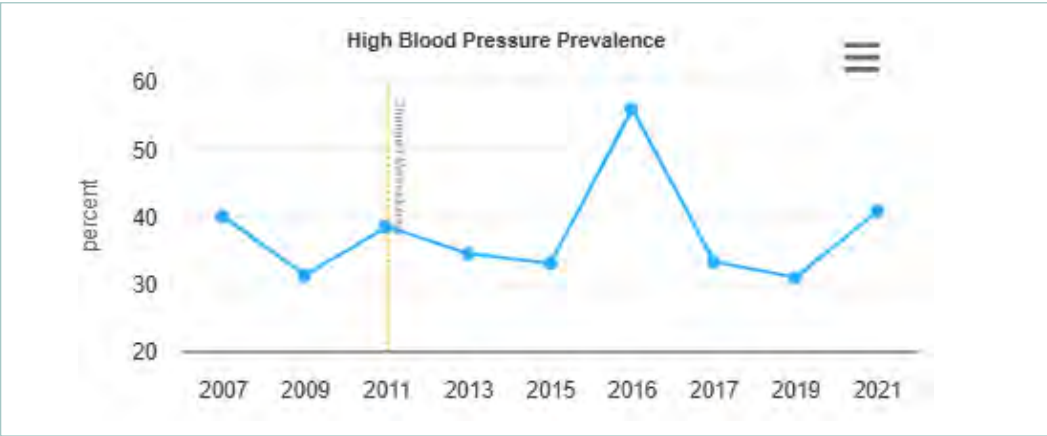
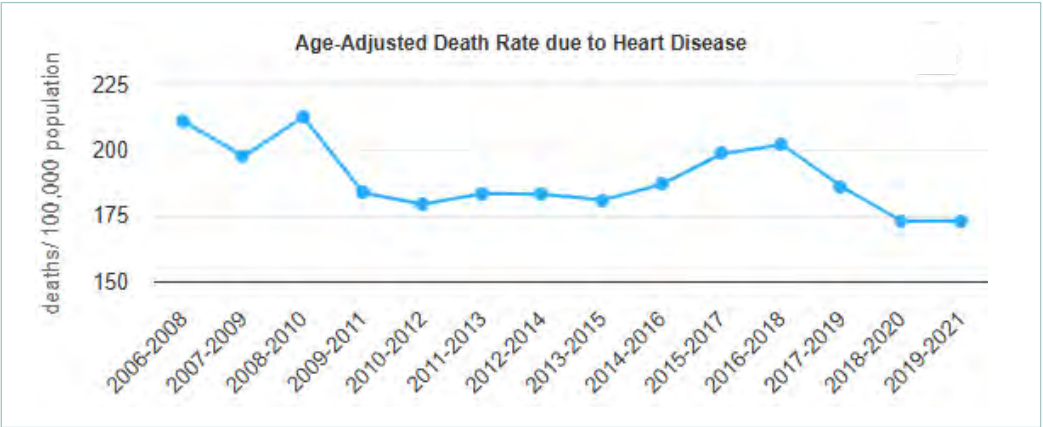
prioritized based on the following criteria: size and severity of the problem, health systems’ ability to impact, and availability of resources that exist. The goal and actions taken are found in the associated Implementation Plans (Appendix F).

Community Health Progress

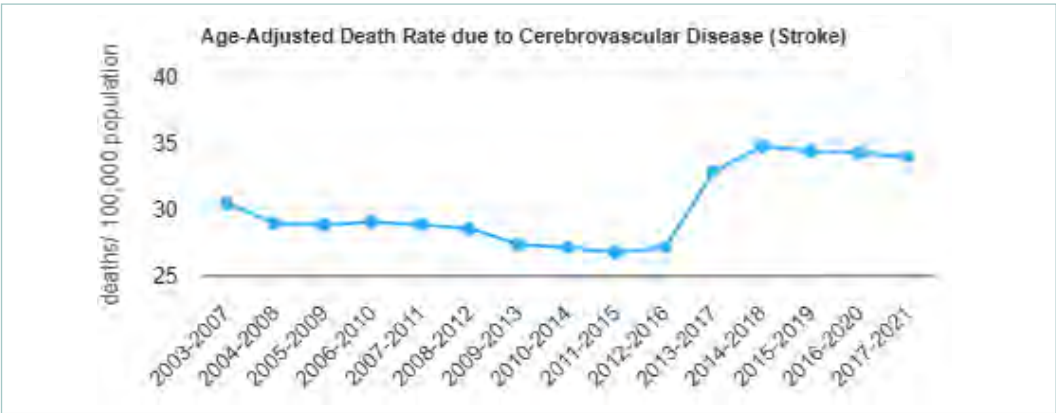
Priority Area: Stroke, Heart Disease, and High Blood Pressure

Worcester County, MD

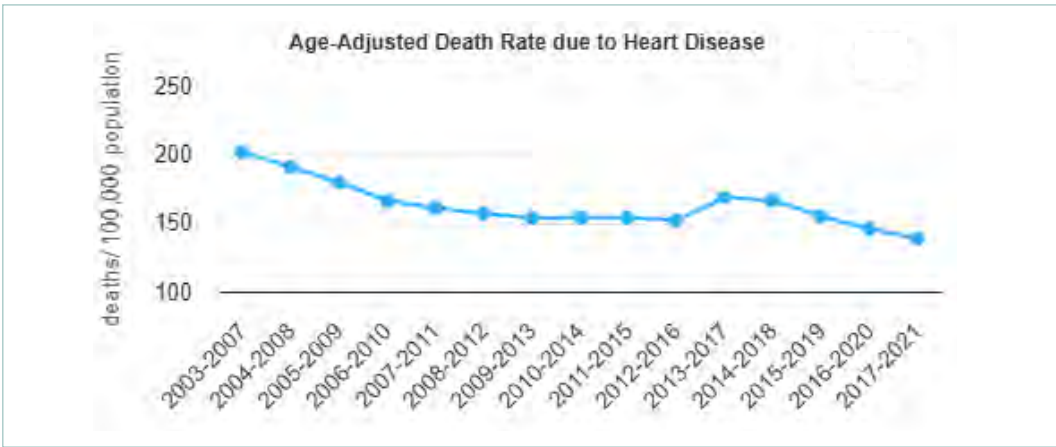




Sussex County, DE



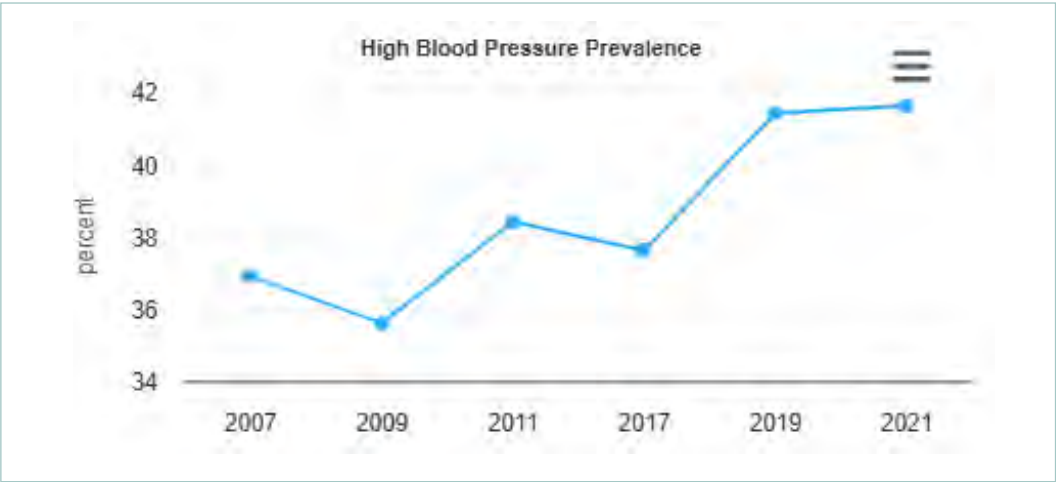
24



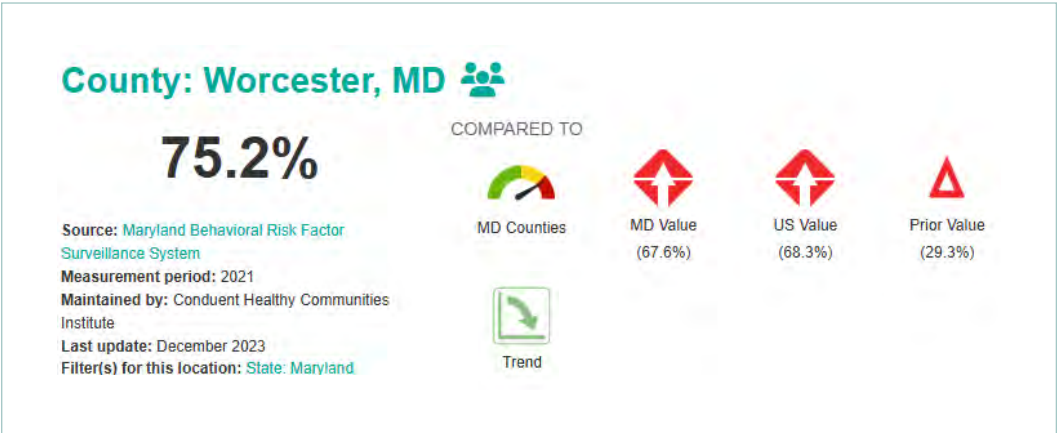
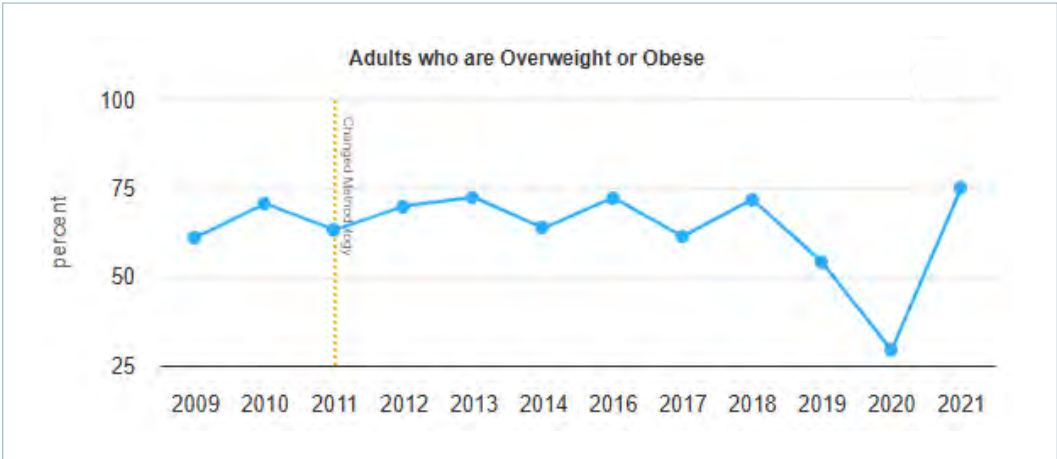
Sussex County, DE



25



Worcester County, MD



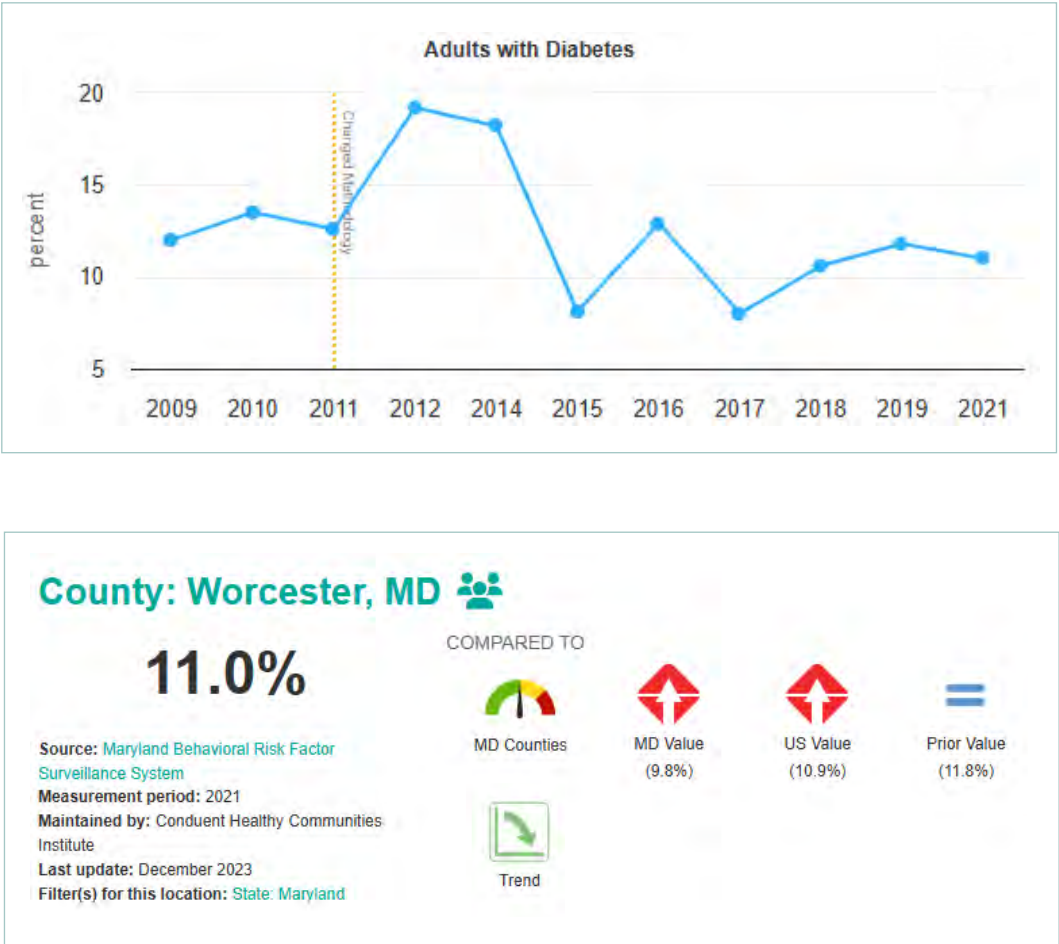
Sussex County, DE

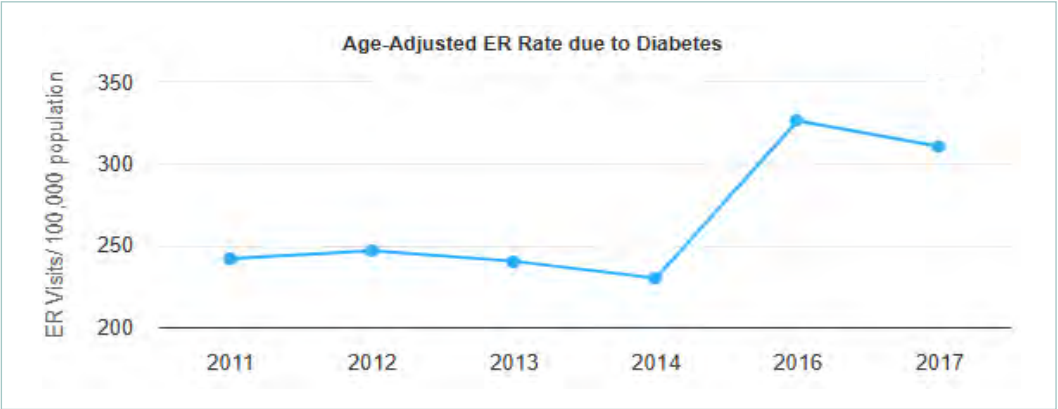




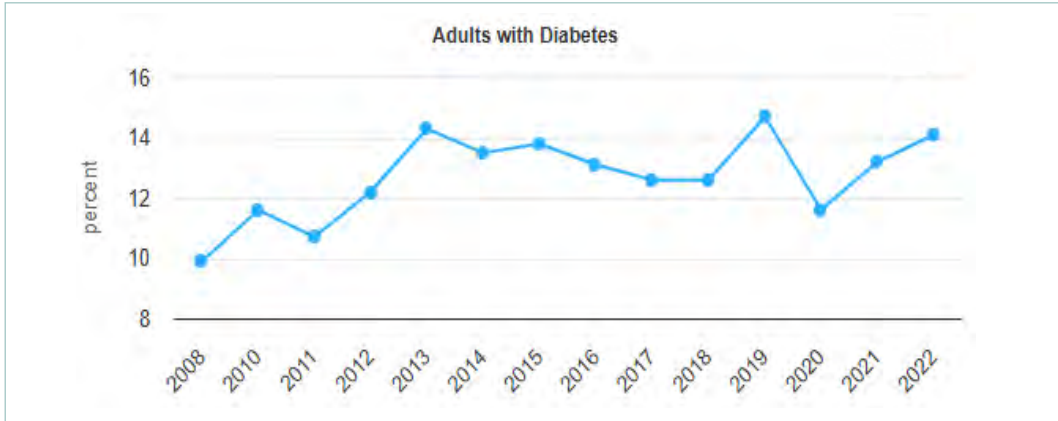
Priority Area: Diabetes

Worcester County, MD

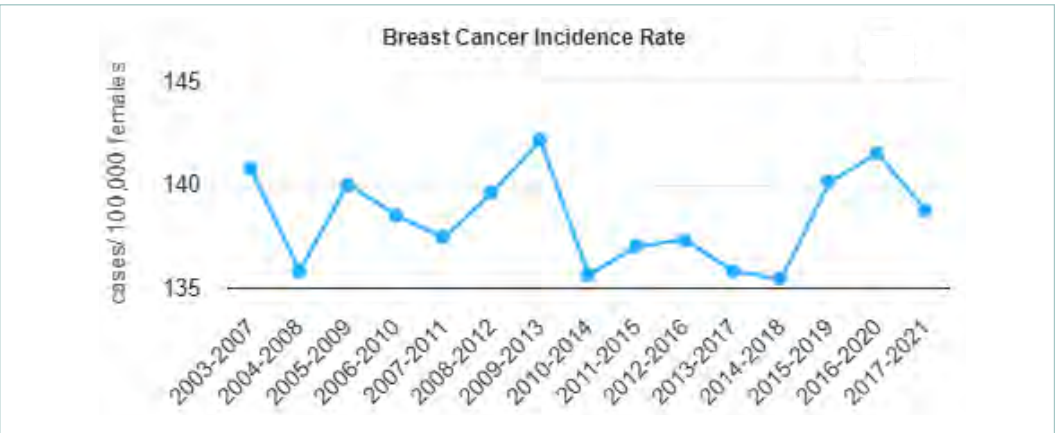
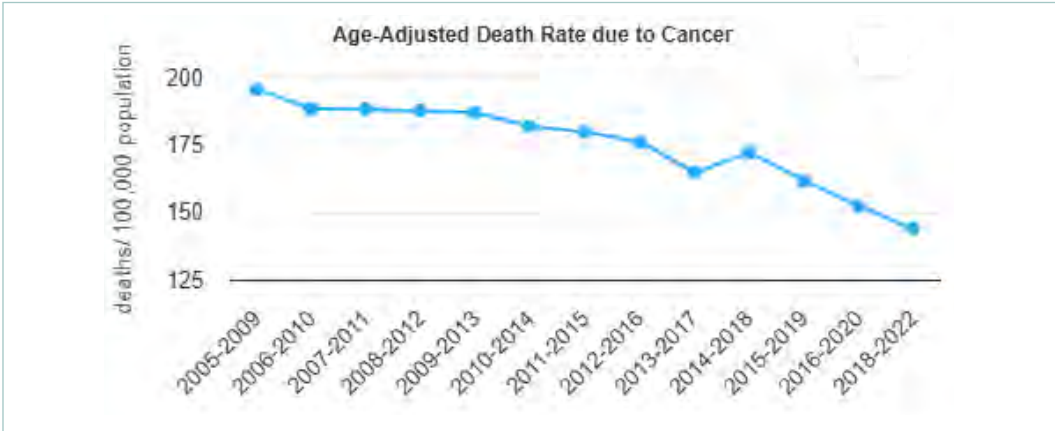


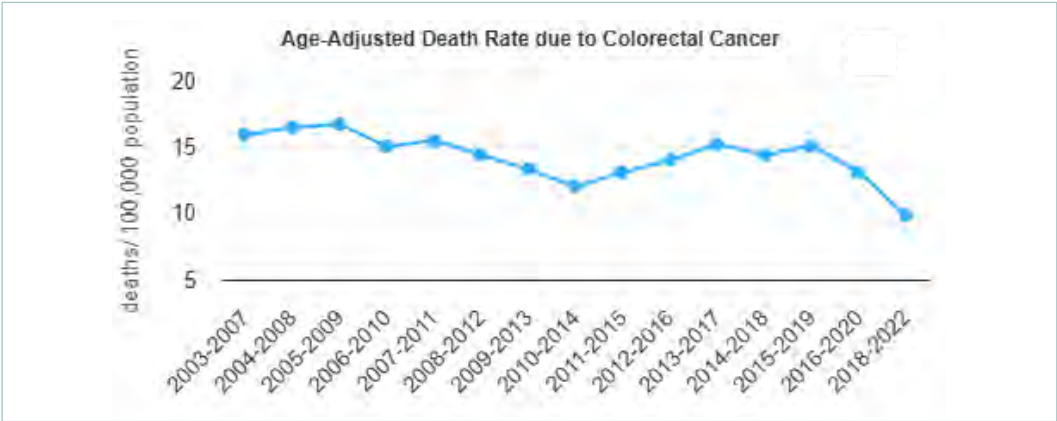


Sussex County, DE



Worcester County, MD





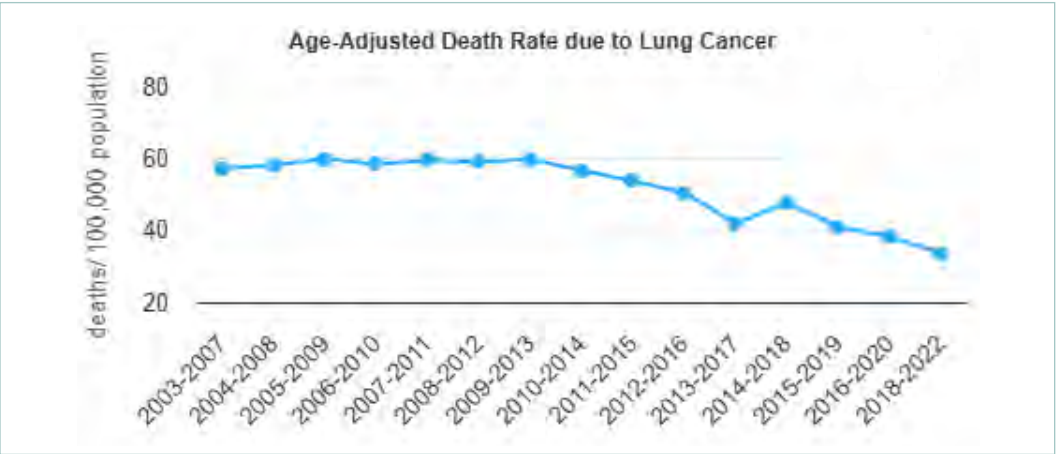
County: Worcester, MD

9.8
deaths/ 100,000 population

Source: [National Cancer Institute](#)
Measurement period: 2018-2022
Maintained by: Conduent Healthy Communities Institute
Last update: November 2024
Filter(s) for this location: State: [Maryland](#)

COMPARED TO

 MD Counties	 U.S. Counties	 MD Value (12.7)	 US Value (12.9)
 Trend	 HP 2030 Target (8.9)	 Prior Value (13.1)	



County: Worcester, MD

33.7
deaths/ 100,000 population

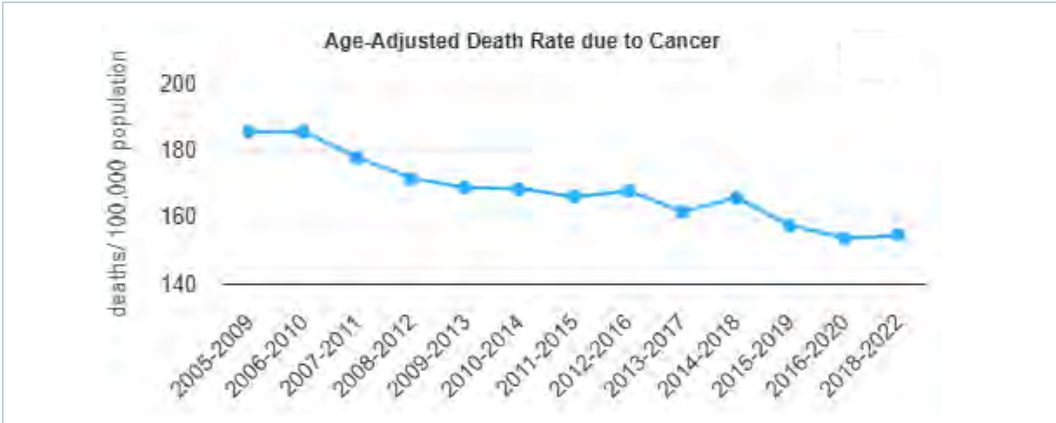
Source: [National Cancer Institute](#)
Measurement period: 2018-2022
Maintained by: Conduent Healthy Communities Institute
Last update: November 2024
Filter(s) for this location: State: [Maryland](#)

COMPARED TO

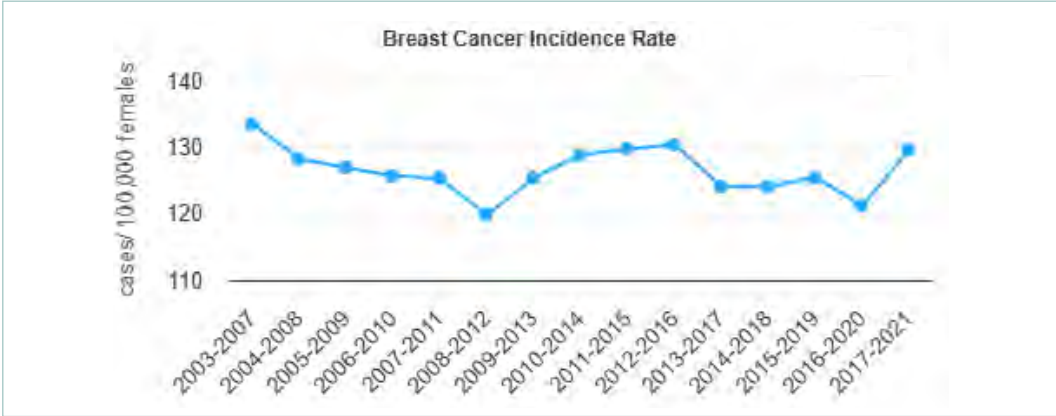
 MD Counties	 U.S. Counties	 MD Value (29.9)	 US Value (32.4)
 Trend	 HP 2030 Target (25.1)	 Prior Value (38.1)	

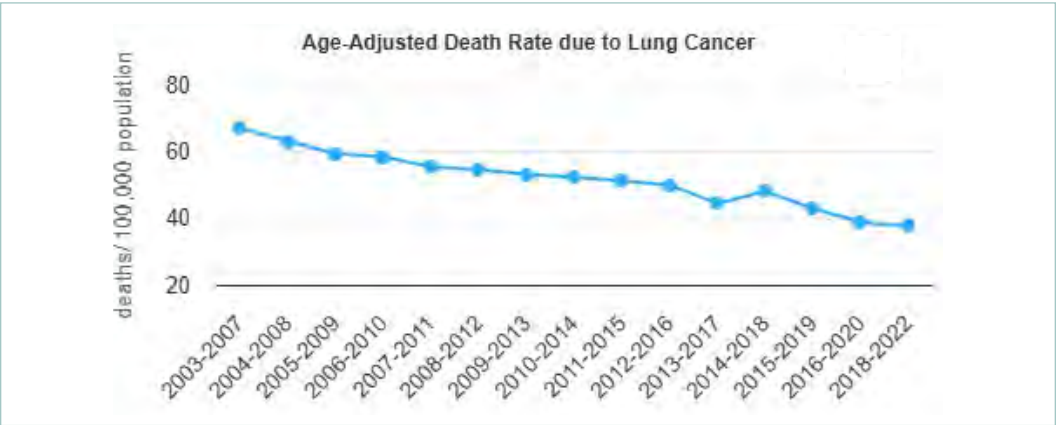
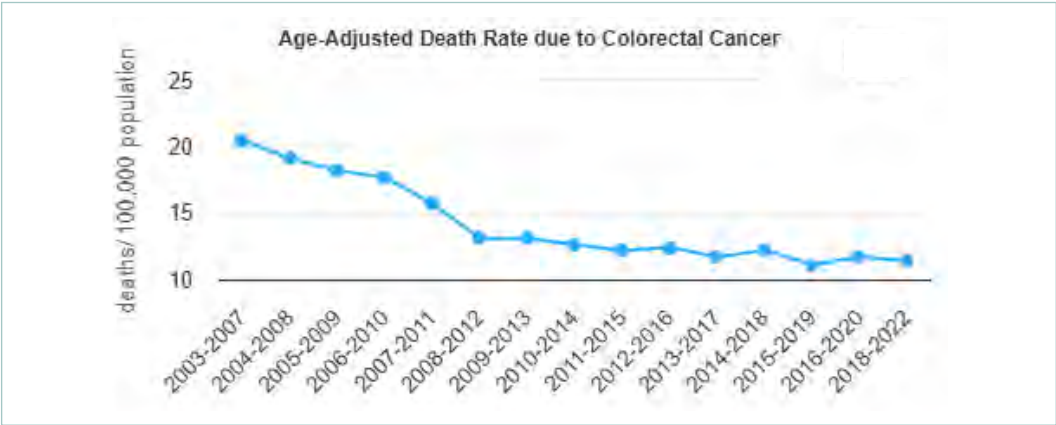


Sussex County, DE

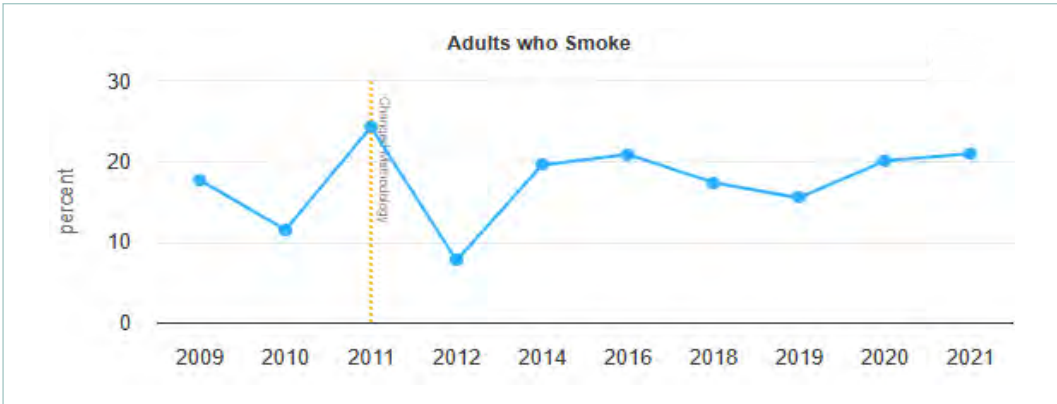


31

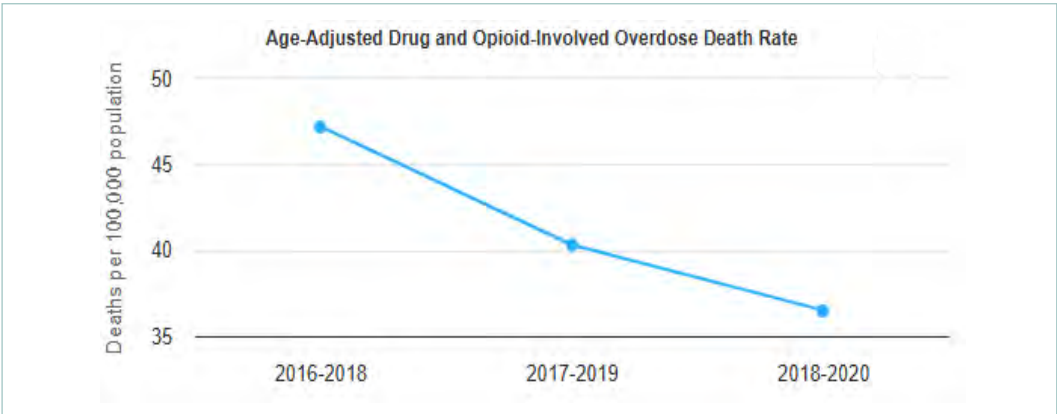
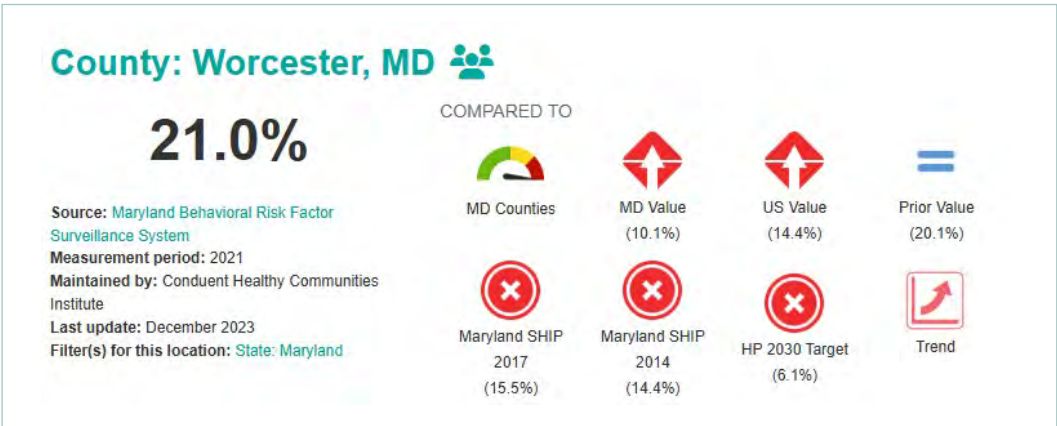


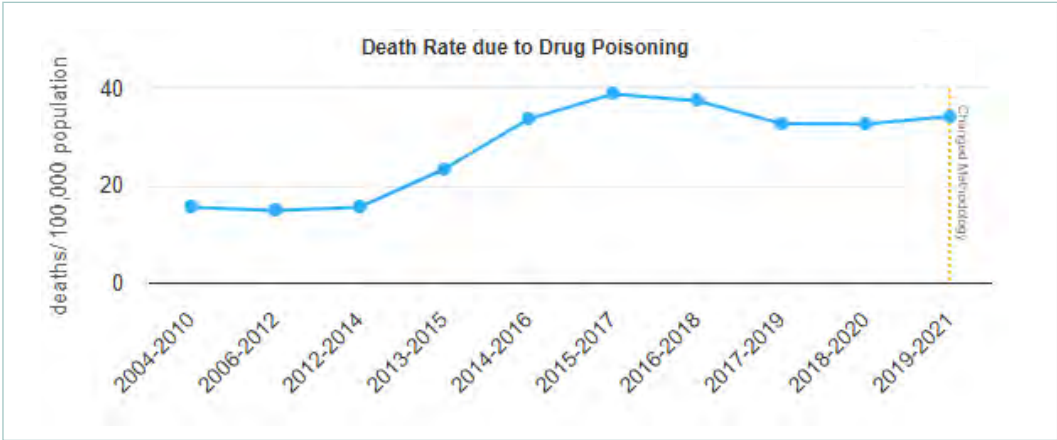


Worcester County, MD

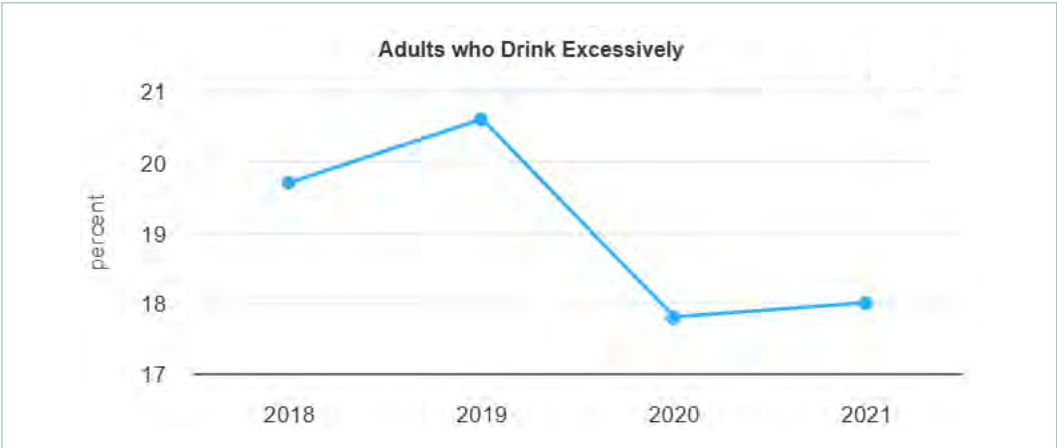


33

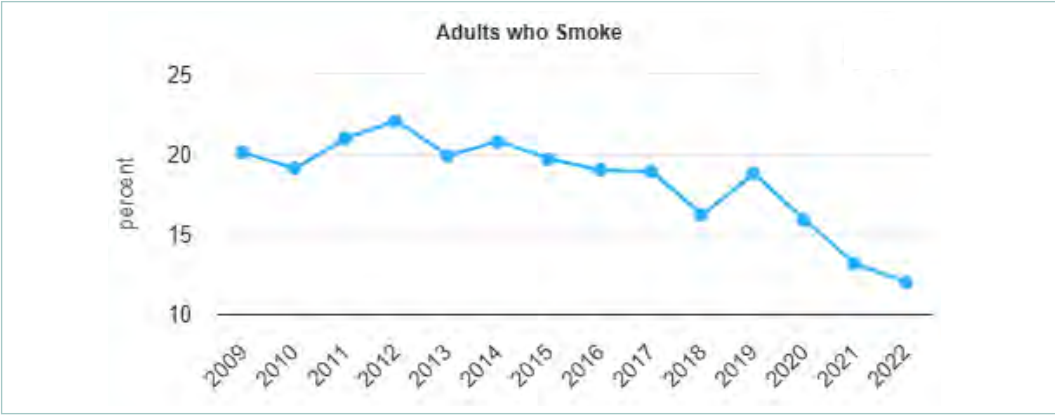




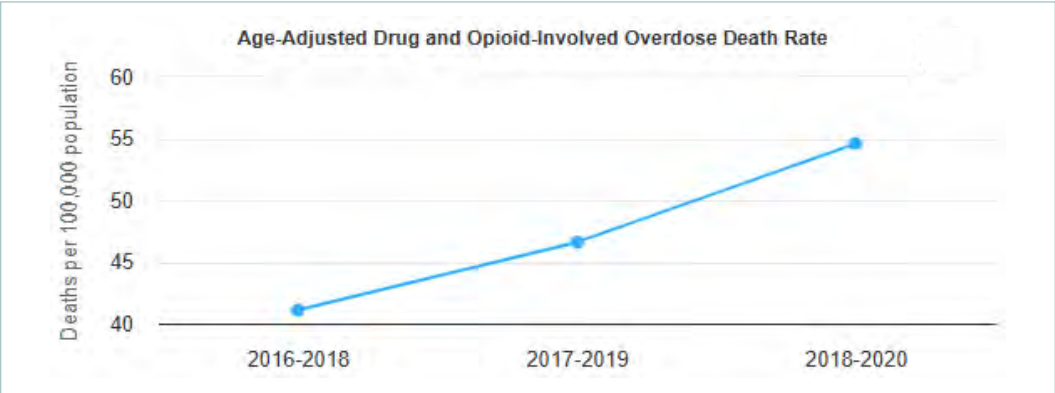
34

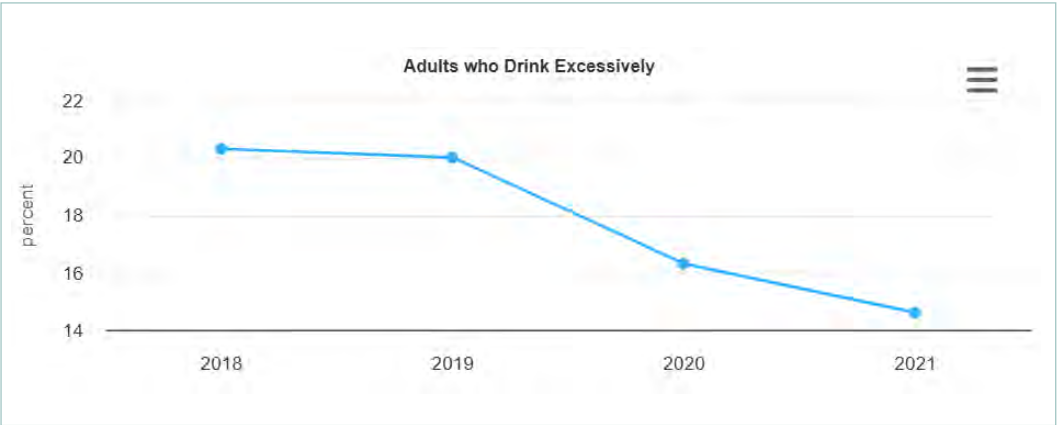
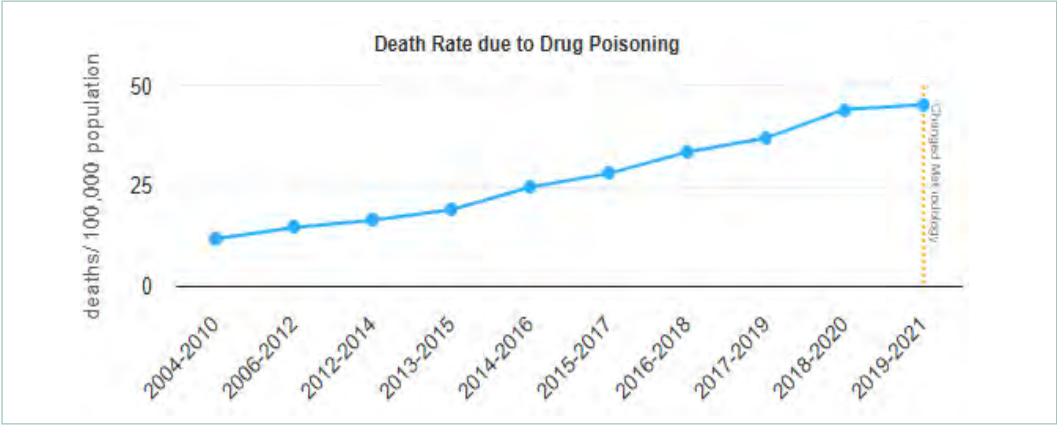


Sussex County, DE

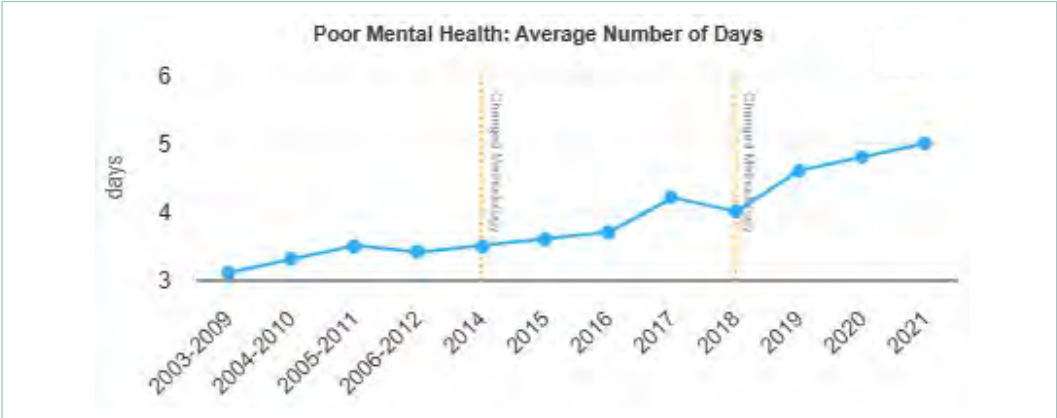


35

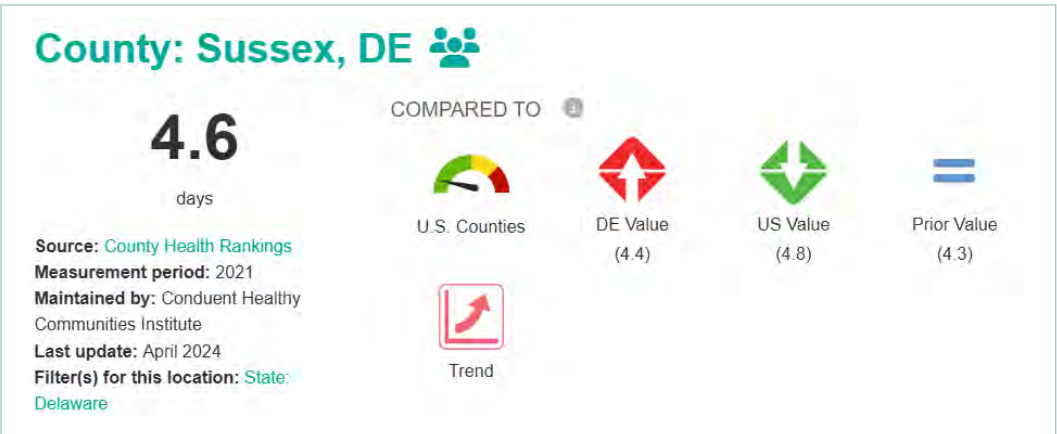
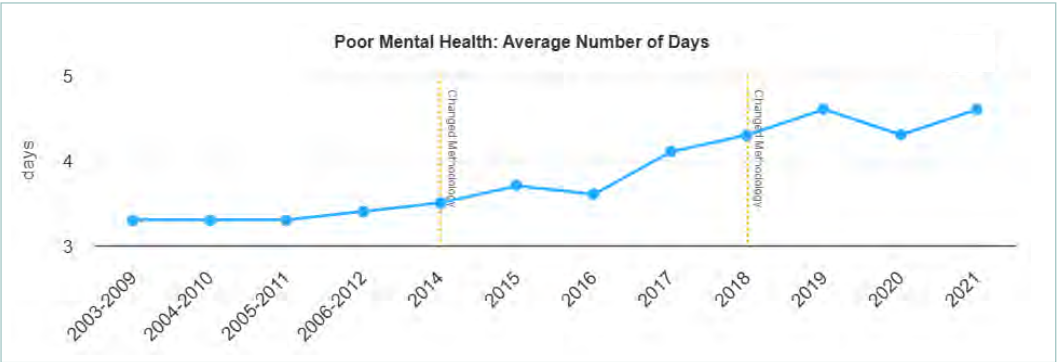




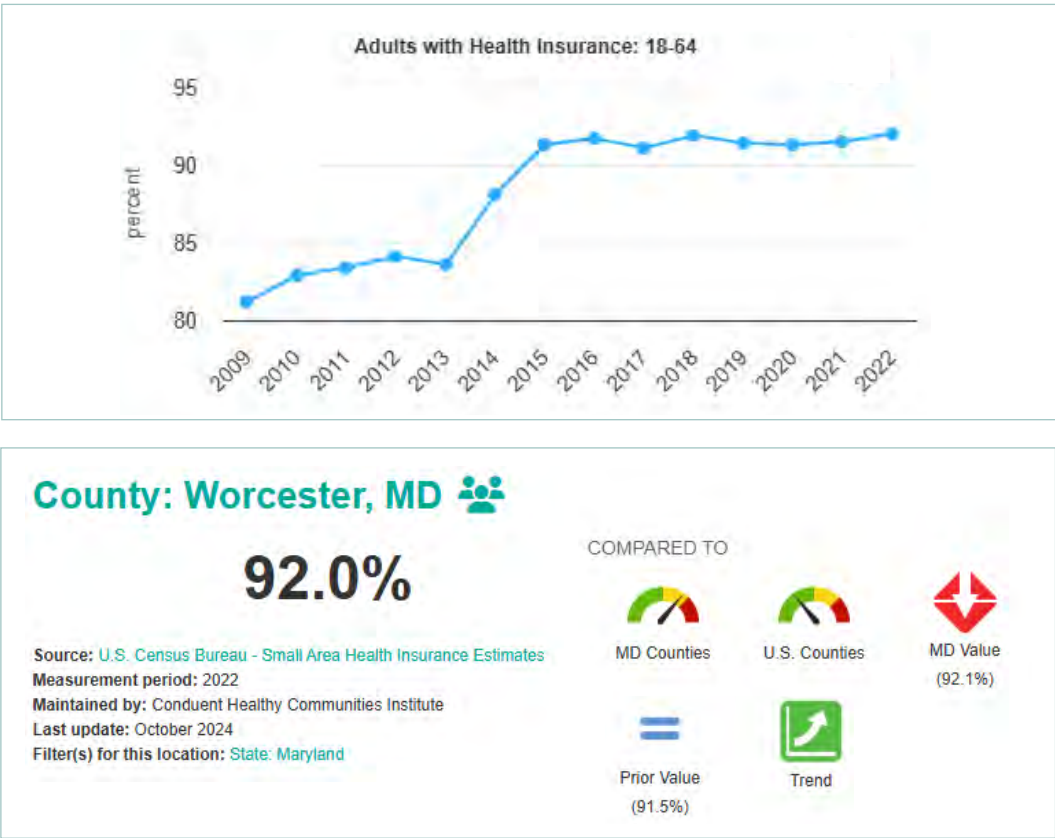
Worcester County, MD



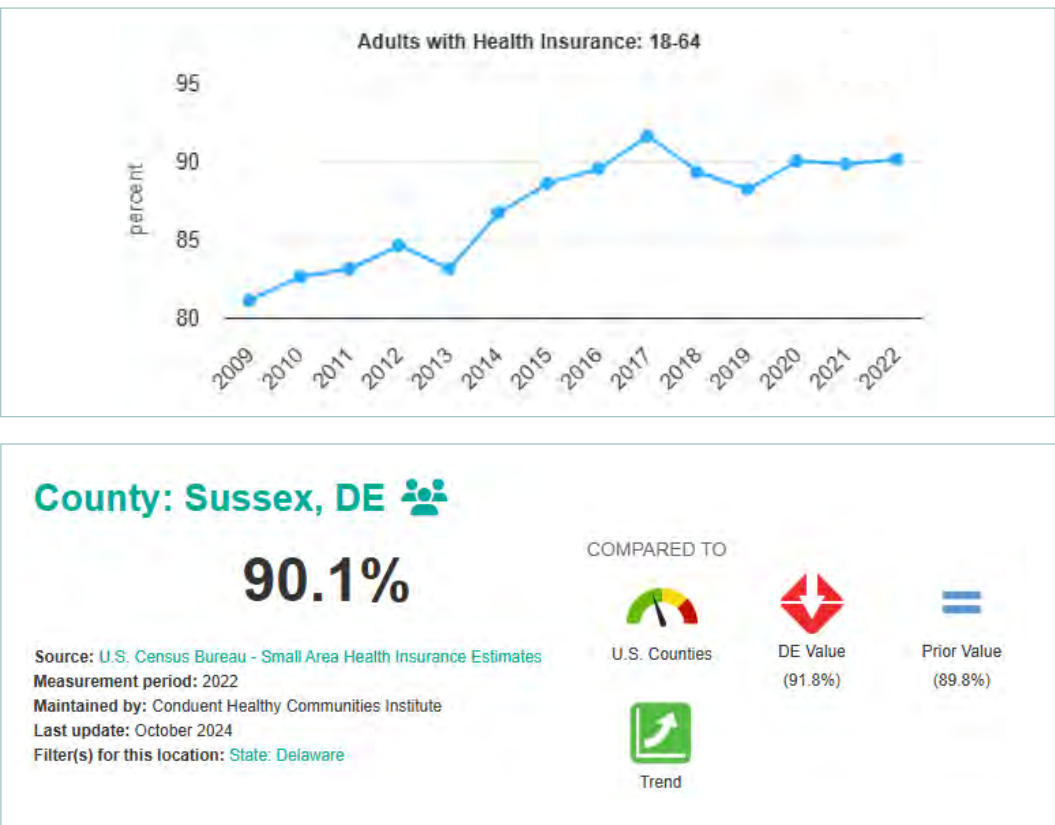
Sussex County, DE



Worcester County, MD



Sussex County, DE



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. Atlantic General Hospital'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 Atlantic General Hospital 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 Atlantic General Hospital 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.

Atlantic General 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 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, High Risk Transitions Team, 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 2025-2027 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

County data and Atlantic General Hospital specific visit data for each of the identified needs were reviewed. In addition, committee feedback was considered in assigning the rankings. Health disparities and social determinants of health were also considered in the priority ranking. The identified needs were graded as Severe (5), Significant (4), Moderate (3), Mild (2), and Low (1) to rank the priority based on self-reported survey data and prioritized as above.

Community Health Needs Assessment Priorities



Community Health Needs Assessment Priorities		Size & Severity of Problem	Atlantic General Hospital Ability to Impact the Problem	Availability of Resources	Social Needs/Health Inequities	Impact Rating
Health Need	Specific Opportunity					
High Blood Pressure	Primary Care Offices, Community Screenings, and Education	5	5	5	5	20
Heart Disease	Primary Care Offices, and Education	5	5	5	5	20
Overweight/Obesity	Access to Healthy Foods	5	4	5	5	19
Diabetes/Sugar	Pre-Diabetic Screenings, Education, Diabetes Team	5	5	4	5	19
Stroke	Primary Care Offices, Prevention, and Education	5	4	5	5	19
Cancer	Breast & Colorectal Cancer	3	5	5	5	18
Smoking, Drug, or Alcohol Use	Vaping Education	5	3	4	5	17
Mental Health Issues	Access to Care	4	3	2	5	14



Vulnerable Populations and Disparities

According to the U.S. Health Resources and Services Administration, health disparities are defined as “population-specific differences in the presence of disease, health outcomes, or access to healthcare.”

A closer look at health disparities in the area through the new Healthy Communities tool, which synthesizes data from several primary sources, provides a clear visual representation of many of the strengths and weaknesses evident in Worcester and Sussex Counties.

Males have a higher age-adjusted death rate due to cancer.

Improvement in age-adjusted death rate due to cancer in Black/African American Race/Ethnicity is moving from 180 to 160.5. Similar improvement trends in the Lung Cancer death rate are moving from 42.1 to 33.7.

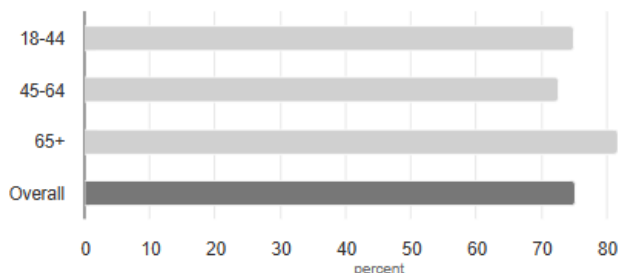
41

Adults who are Overweight or Obese

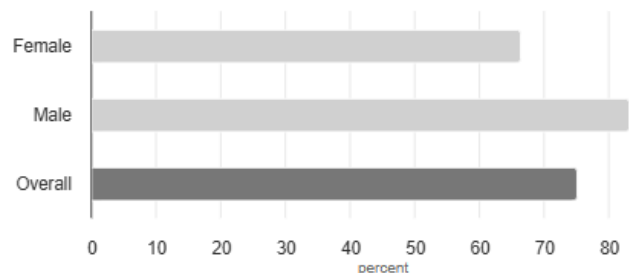
Worcester County, MD



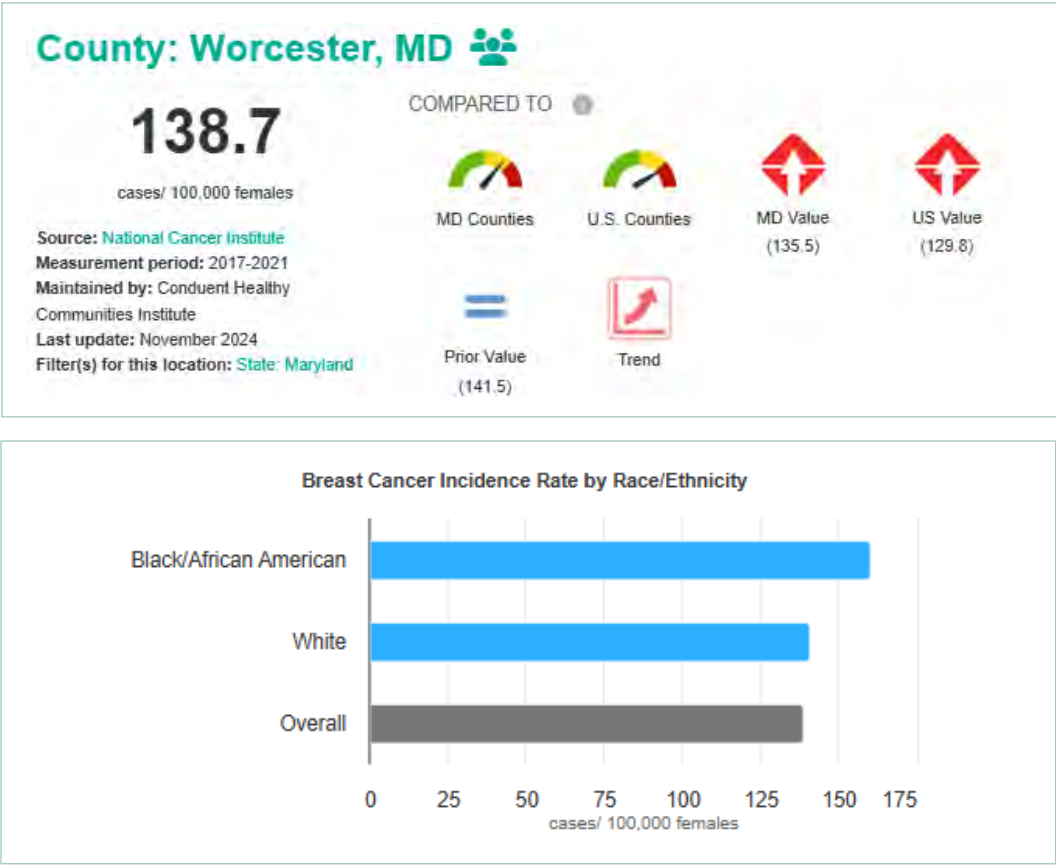
Adults who are Overweight or Obese by Age



Adults who are Overweight or Obese by Gender

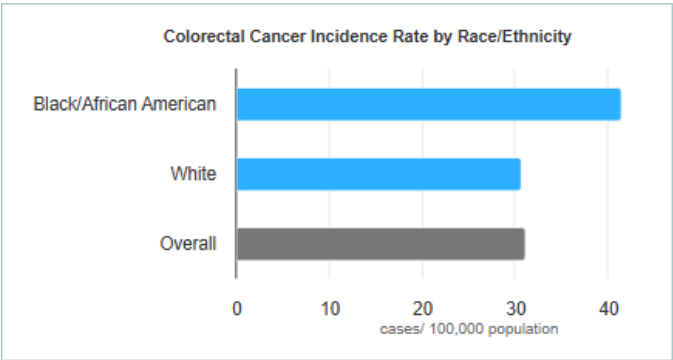
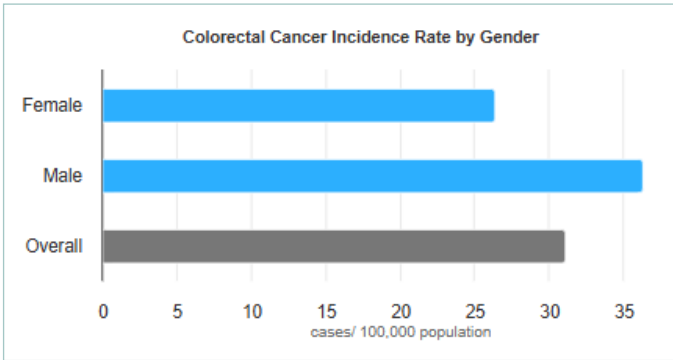
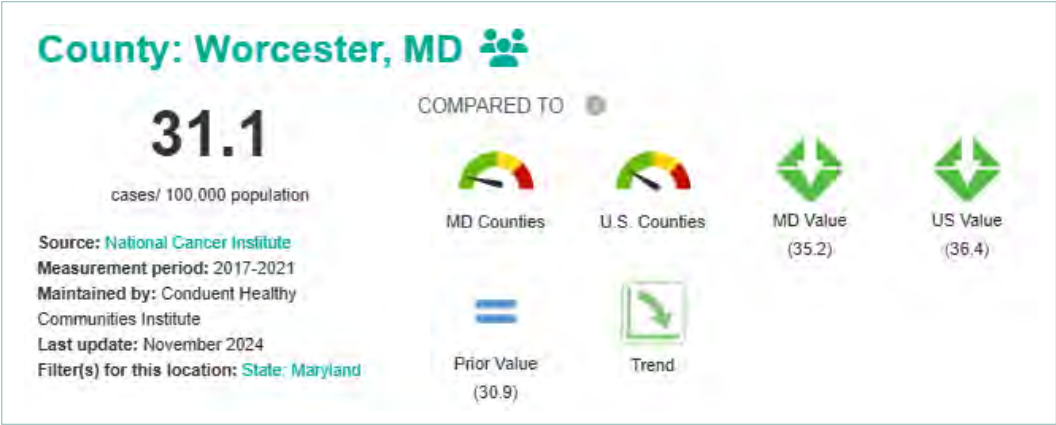


Worcester County, MD

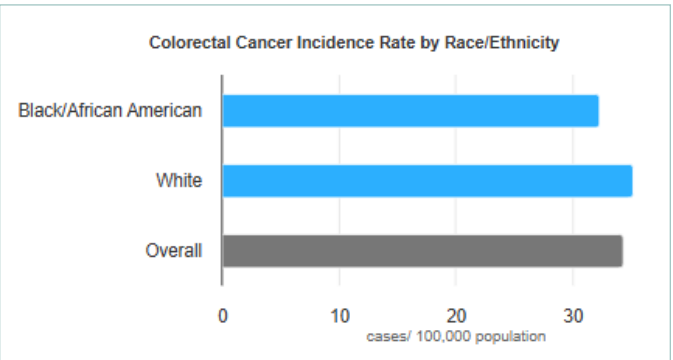
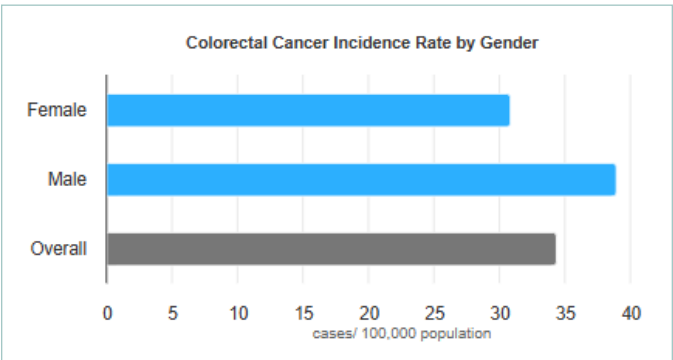
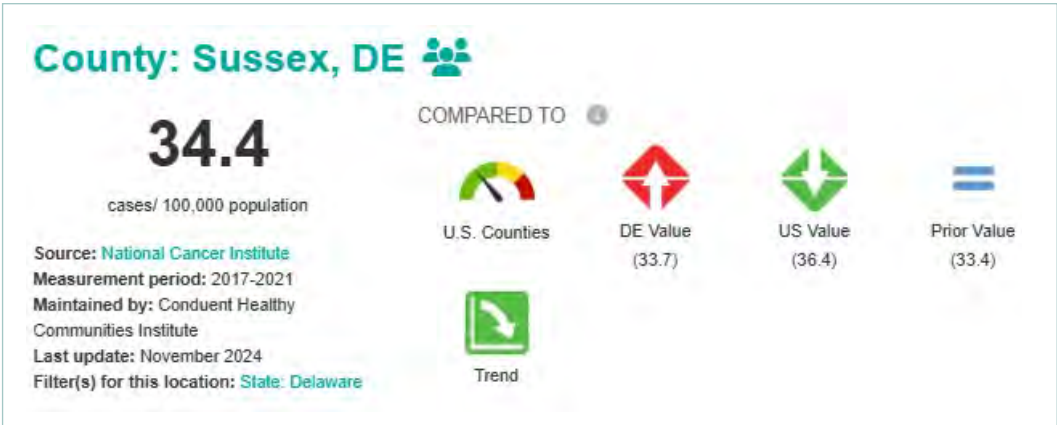


Colorectal Cancer Incidence Rate

Worcester County, MD



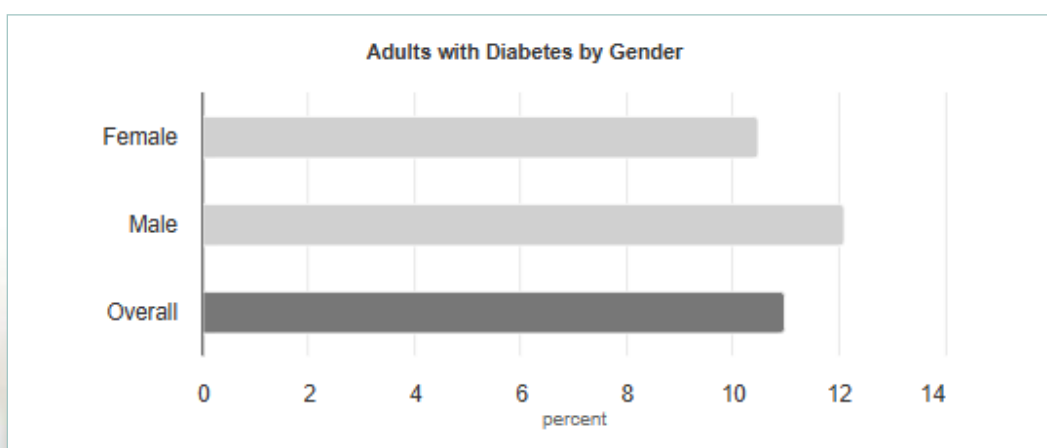
Sussex County, DE



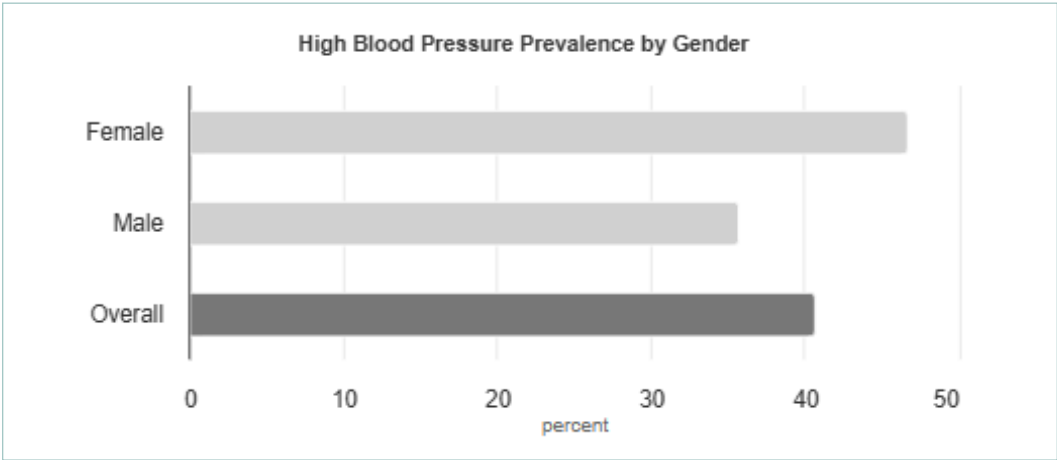
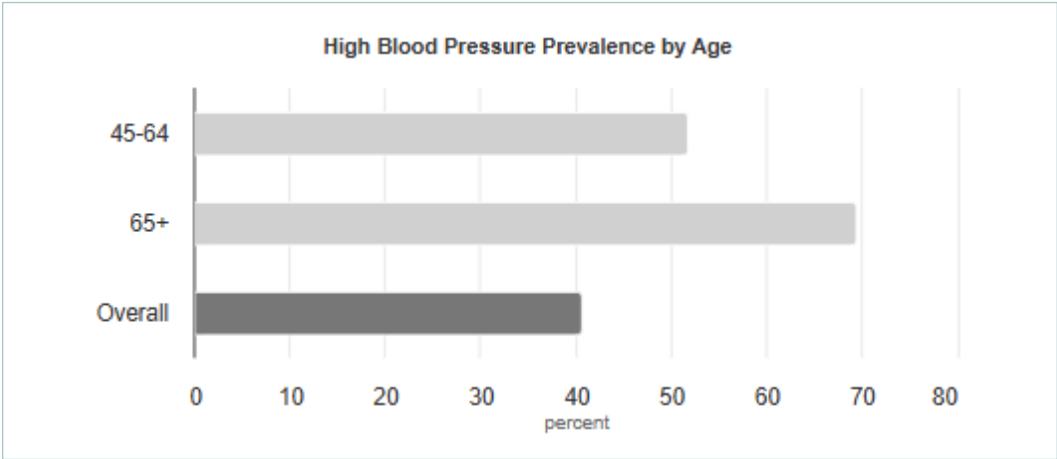
Worcester County, MD



44

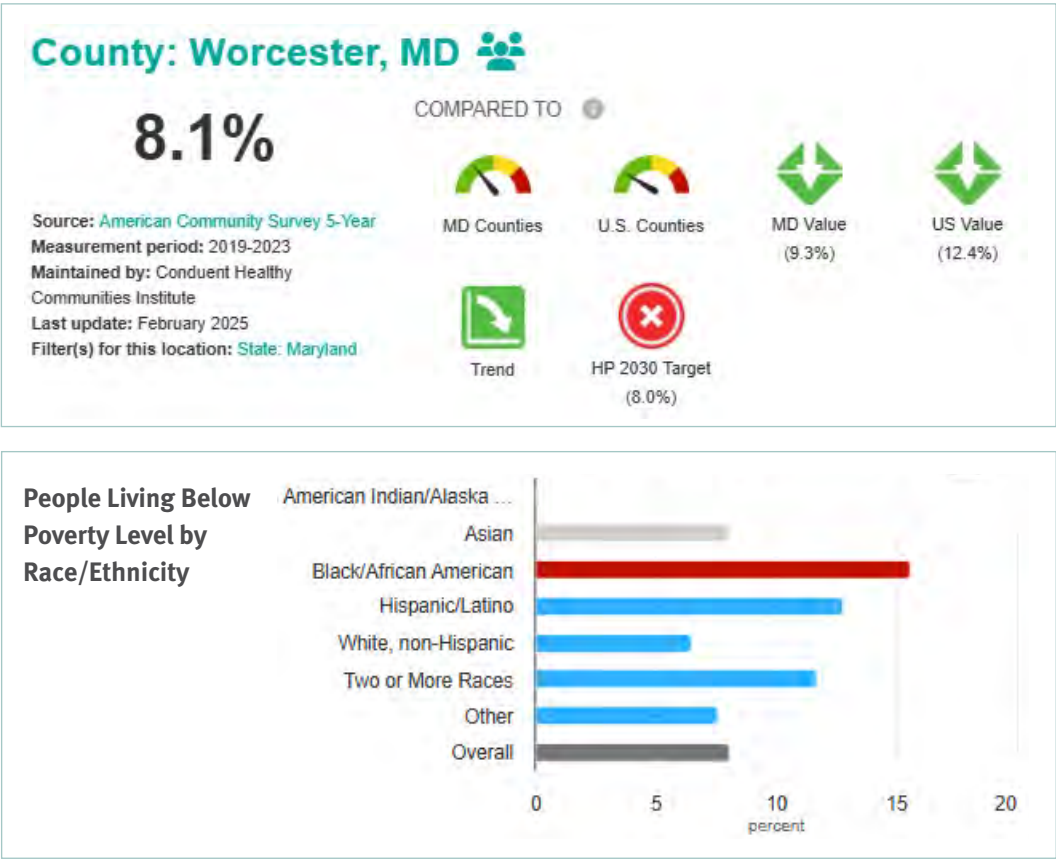


Worcester County, MD



People Living Below Poverty Level

Worcester County, MD



Needs Being Addressed with Community Partnership

Mental Health

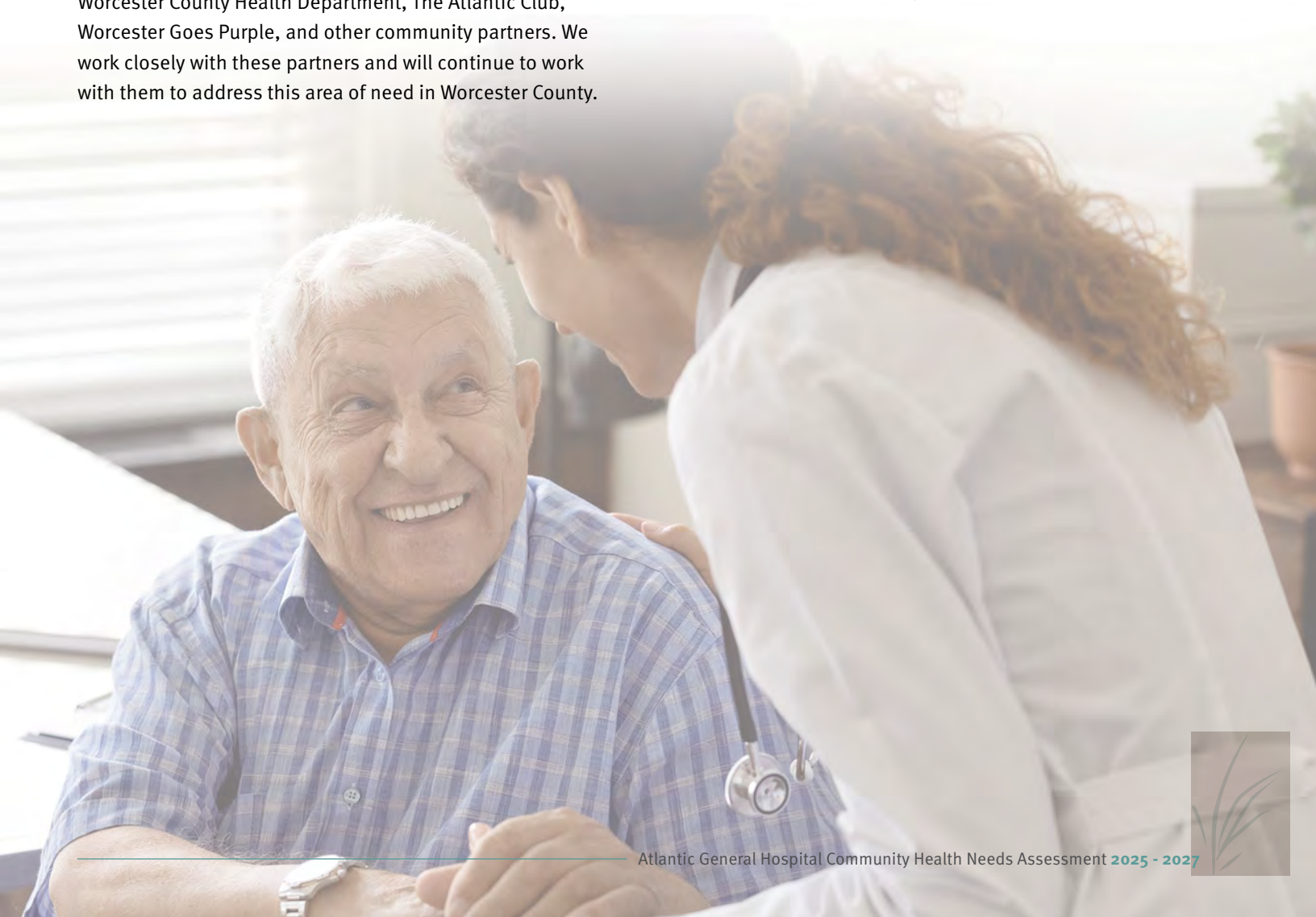
At this time Atlantic General Hospital /Atlantic General Health System has no resources to meet this need other than referral services. Our emergency department partners with Chesapeake Health Care Behavioral Health and Crisis Center as well as Worcester County Health Department to address the needs of those requiring mental health services in Worcester County.

Smoking, Drugs, Alcohol Use

While smoking, drugs, and alcohol use are a priority area of focus, they are currently being addressed through the Worcester County Health Department, The Atlantic Club, Worcester Goes Purple, and other community partners. We work closely with these partners and will continue to work with them to address this area of need in Worcester County.

Cancer

While cancer continues to remain a priority area of focus, when reviewing the County and Atlantic General Hospital specific data sets, there were significantly fewer visits associated with cancer than with the top five priorities identified. As a health system, we continue to address breast cancer and colorectal screenings in our community. In addition, we have two state-of-the-art cancer centers in Worcester County – one right on the campus of Atlantic General Hospital – that continue to be available to meet the needs of the community for cancer care. The most recent Worcester County community health needs assessment also aligns with the priorities identified by Atlantic General Hospital.



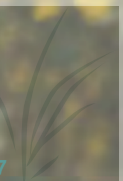
Data Gaps Identified

While this Community Health Needs Assessment is comprehensive, Atlantic General Hospital recognizes that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant

groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses. Available data was extensive, especially in Maryland, however data gaps may exist. Due to the large geographic area that Sussex County, DE encompasses, specific zip code level data was not available for several indicators and may not be fully represented.

In conclusion, the list of identified issues is far too long to provide an exhaustive review in a single document. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.



Public Dissemination

This Community Health Needs Assessment is available to the public at the Atlantic General Hospital website:

<https://www.atlanticgeneral.org/community-health-wellness/community-health-needs-assessments/>

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to

members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

- Documents were made available for public comment via the website, with no comments received on either at the time this report was written.

Atlantic General Hospital will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. Atlantic General Hospital will also maintain at its facility a hard copy of the CHNA report that may be viewed by any person requesting to do so.



References

County Health Outcomes & Roadmaps, 2024,
<http://www.countyhealthrankings.org>

Healthy People 2030 <https://health.gov/healthypeople>

Maryland State Health Improvement Process (SHIP)
Pages - State Health Improvement Process [MD 2024 State Health Improvement Plan \(SHIP\) 10Sep2024](#)

US Census Bureau

Delaware Department of Labor

Behavioral Risk Factor Surveillance System

BRFSS State Information | CDC

Healthy Delmarva <https://www.healthyselmarva.org/>

Atlantic General Hospital. Creating Healthy Communities.
<http://www.atlanticgeneral.org/Community-Health-Wellness/Creating-Healthy-Communities.aspx?hcn=CommunityDashboard>

CDC National Center for Health Stats (2020). Retrieved from
<http://www.cdc.gov/nchs/fastats>



Appendices

Appendix A: Worcester County Health Department Community Health Document Links

51

Appendix B: Master List: Who Was Involved in Assessment?

Appendix C: Worcester and Sussex County 2024 Health Rankings

Appendix D: Maryland State Health Improvement Process (SHIP) Indicators

Appendix E: Atlantic General Hospital Community Health Needs Assessment Survey

Appendix F: 2022-2024 Goals and Actions Implemented



Appendix A

Worcester County Health Department Community Health Document Links

Worcester County 2021 Community Health Assessment

https://worcesterhealth.org/images/21_CommunityHealthAssessment.pdf

Worcester County 2020 Community Themes and Strengths Assessment

<https://www.worcesterhealth.org/images/CTSA2020.pdf>

Community Health Data

<https://www.worcesterhealth.org/planning-sidebar/local-health-improvement-coalition>

52



Appendix B

Master List: Who Was Involved in Assessment?

Atlantic Club Board – The Atlantic Club is a non-profit service organization dedicated to helping individuals and their families recover from the disease of addiction. Provides the support necessary to live a healthy life in recovery and become an active member of our community. Offers 12-step programs and sober events.

Leader/Member:
Sue Rodden

Faith Based Partnership – A group of community members from various places of worship in our area who meet to plan programming to meet health needs.

Leader/Member:
Gail Mansell

Healthy Happenings Committee – Hospital and Community members who plan and implement health education in the community.

Leader/Member:
Alyce Marzola MSN RN

Local Health Improvement Coalition (LHIC) Worcester – Groups of jurisdictional-level stakeholders. Each LHIC sets public health priorities for their respective communities. LHICs address these health priorities through programs, policies, and coordinated efforts with programmatic, data, and infrastructure support from the state and county.

Leader/Member:
Jackie Ward

Executive Care Committee – Our Executive Care Coordination programs have put into place a number of layered strategies across the tri-county area to support regional efforts to decrease total costs of care, enhance access to primary care, and improve patient outcomes. The success of our programs is possible through an integrated care delivery system, dependent upon data analytics and collaborative partnerships with our community stakeholders to assist in the management of high risk and rising risk populations.

Leader/Member:
Sally Dowling MD

AGHS Provider Committee – The committee is comprised of all of the employed providers within Atlantic General Health System as well as representation from Hospital and Health System leadership. The purpose of this committee is to review clinical and operational best practice standards.

Leader/Member:
Sally Dowling MD

Patient & Family Advisory Committee – The Patient and Family Advisory Committee (PFAC) are a key component for practice quality improvement and an ongoing mechanism to support meaningful partnerships among patient and family advisors, staff, clinicians, and organizational leaders.

Leader/Member:
Elizabeth Mueller



Community Benefit Committee – Each department in Atlantic General Hospital has an appointee who sits on the Community Benefits 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 up of all departments, the views are varied. Community Benefit (CB) reporting is an IRS requirement for the not-for-profit status of Atlantic General Hospital. CB are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They increase access to health care and improve community health. Annual evaluations of each initiative’s success are found in the HSCRC Community Benefit Report sent to the State of Maryland.

Leader/Member:

Alyce Marzola MSN RN
Kaylee Hanway

Worcester County Health Department – The Health Department is committed to the health and well-being of Worcester County. A staff of health care professionals provides quality services pertaining to mental health, substance abuse counseling, maternal child health, family planning, personal health, adult health, environmental health, communicable disease, developmental disabilities, and prevention programs.

Leader/Member:

Mike Trader
Sandy Kerrigan

54

Worcester Goes Purple – Worcester Goes Purple is an awareness project to engage the community in preventing substance abuse and promotion of healthy life choices.

Leader/Member:

Debbie Smullen



Appendix C

www.countyhealthrankings.org

Worcester and Sussex County 2024 Health Rankings

Sussex, DE

Worcester, MD Peer County

55

HEALTH OUTCOMES		
LENGTH OF LIFE		
Premature Death	8,600	7,100
Quality of Life		
Poor or fair health	15%	13%
Poor physical health days	3.5	3.2
Poor mental health days	4.6	5.0
Low birthweight	8%	7%
HEALTH FACTORS		
HEALTH BEHAVIORS		
Adult smoking	15%	17%
Adult obesity	35%	38%
Food environment index	8.0	7.6
Physical inactivity	26%	21%
Access to exercise opportunities	56%	85%
Excessive drinking	15%	18%
Alcohol-impaired driving deaths	22%	36%
Sexually transmitted infections	363.2	-
Teen births	27	11
CLINICAL CARE		
Uninsured	9%	8%
Primary care physicians	1,630:1	1,180:1
Dentists	4,490:1	1,630:1
Mental health providers	450:1	350:1
Preventable hospital stays	2,086	2,029
Mammography screening	52%	49%
Flu vaccinations	55%	53%
SOCIAL & ECONOMIC FACTORS		
High school completion	90%	94%
Some college	56%	68%
Unemployment	4.4%	5.0%
Children in poverty	17%	14%
Income inequality	4.3	4.5
Children in single-parent households	27%	28%
Social associations	9.5	16.4
Injury deaths	93	89
PHYSICAL ENVIRONMENT		
Air pollution – particulate matter	7.6	7.3
Drinking water violations	Yes	No
Severe housing problems	14%	16%
Driving alone to work	79%	78%
Long commute – driving alone	39%	28%

** Compare across states with caution



Appendix D

Maryland State Health Improvement Process (SHIP) Indicators

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. The SHIP includes five 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 on the URL provided.

Chronic Disease

- Enhance primary prevention of chronic disease
- Enhance screening, treatment and care for chronic illness

Access to Care

- Enhance care delivery models to meet needs of different populations
- Recruit and retain high quality healthcare & public health workforce
- Reduce barriers to care

Women's Health

- Improve mental health outcomes through improved maternal care before, during and after pregnancy
- Increase breast and cervical cancer prevention, screening and care

Violence

- Reduce firearm related suicides, homicides, and injuries
- Reduce the rates of, and harms associated with, intimate partners and sexual violence

Behavioral Health

- Expand access to and utilization of behavioral health services
- Reduce disparities in mental health outcomes
- Reduce overdose and the negative health outcomes associated with substance use

<https://health.maryland.gov/pha/Documents/PHAB%20documents/MD%202024%20State%20Health%20Improvement%20Plan%20%28SHIP%29%2010Sep2024.pdf>



Appendix E

Atlantic General Hospital Community Health Needs Assessment Survey

Help us build a healthier Community by taking our Community Needs Assessment Survey. This information will help to provide much needed outreach and wellness programs in the area, keeping you and your family as healthy as possible. The results from this survey are confidential.

DEMOGRAPHICS

1. What is your zip code? _____

2. Gender: ☐ Male ☐ Female ☐ Prefer not to answer

Not listed other (please specify) _____

3. Age range:

- ☐ Under 18 years
- ☐ 19 - 24 years
- ☐ 25 - 30 years
- ☐ 31 - 40 years
- ☐ 41 - 50 years
- ☐ 51 - 60 years
- ☐ 61 - 65 years
- ☐ Older than 65 years

4. Highest Level of Education:

- ☐ Some High School
- ☐ High School Diploma or GED
- ☐ Some College
- ☐ Associates Degree
- ☐ Bachelor Degree
- ☐ Graduate Degree
- ☐ Post Graduate
- ☐ Prefer not to answer

5. Household Income

- ☐ Less than \$10,000
- ☐ \$10,000 to \$29,000
- ☐ \$30,000 to \$49,000

- ☐ \$50,000 to \$99,000
- ☐ \$100,000 or above
- ☐ Prefer not to answer

6. What is your race/ethnicity? Circle:

- a. African American
- b. American Indian or Alaskan Native
- c. Asian/Pacific Islander
- d. Caucasian
- e. Hispanic or Latino
- f. Native Hawaiian or Other Pacific Islander
- g. Other _____
- h. Prefer not to answer

HEALTH NEEDS

1. What do you believe to be the biggest health problem in your community? (Check all that you think apply)

- ☐ Heart Disease
- ☐ Cancer
- ☐ Diabetes/Sugar
- ☐ Asthma/Lung Disease
- ☐ Smoking, drug or alcohol use
- ☐ Mental Health Issues (Depression, Anxiety)
- ☐ Dental Health
- ☐ Infectious Disease
- ☐ High Blood Pressure/Stroke
- ☐ Injuries
- ☐ Overweight/Obesity
- ☐ Access to Healthcare/ No Health Insurance
- ☐ HIV
- ☐ Sexually Transmitted Diseases
- ☐ Other

If selected "other," please tell us what you think: _____



2. What do you think are the problems that keep you or other community members from getting healthcare they need? (Check all that you think apply)

- ☐ No health insurance
- ☐ Too expensive/can't afford
- ☐ Couldn't get an appointment with my doctor
- ☐ Doctor is too far away from my home
- ☐ No transportation
- ☐ Service is not available in our community
- ☐ Local doctors are not on my insurance plan
- ☐ Other

If selected "other," please tell us what you think: _____

3. Do you have any ideas or recommendations to help decrease the health problems in the community or to solve the problems with access to health services

(Use the back if you need more space)? _____

SOCIAL NEEDS

What are the greatest strengths of your community?

(Check boxes for all that apply.)

- ☐ Education
- ☐ Employment/job skills
- ☐ Health care
- ☐ Healthy eating
- ☐ Parks/green space
- ☐ Community safety
- ☐ Affordable housing options
- ☐ Community activities
- ☐ Personal space
- ☐ Insurance
- ☐ Transportation
- ☐ Workplace safety
- ☐ Language
- ☐ Family
- ☐ Mental Health treatment access
- ☐ Substance abuse treatment access

Other: _____

What are the greatest weaknesses of your community?

(Check boxes for all that apply.)

- ☐ Education
- ☐ Job skills
- ☐ Employment
- ☐ Substance abuse
- ☐ Mental health
- ☐ Lack of healthy food
- ☐ Community safety
- ☐ Lack of community activities
- ☐ Police
- ☐ Lack of personal space
- ☐ Lack of affordable housing
- ☐ Legal issues
- ☐ Poor access to health care
- ☐ Insurance
- ☐ Limited transportation
- ☐ Workplace safety
- ☐ Language skills
- ☐ Family
- ☐ Minimal recreation/green access

Other: _____



On a scale of 1 to 4, please rank the level of need for each of the following areas as they exist within your community.
(Circle one in each row)

Health Care: What is the greatest health care need?

	1 High	2 Low	3 No Need	4 Don't Know
Primary care	1	2	3	4
Specialty care	1	2	3	4
Dental care	1	2	3	4
Eye care	1	2	3	4
Substance abuse	1	2	3	4
Mental health	1	2	3	4
Transportation to healthcare appointments	1	2	3	4

59

Nutrition: What is the greatest nutritional need?

	1 High	2 Low	3 No Need	4 Don't Know
Access to affordable healthy foods	1	2	3	4
Access to healthy food in schools	1	2	3	4
Access to healthy food in stores	1	2	3	4

Stress: What is a source of stress in your daily life?

	1 High	2 Low	3 No Need	4 Don't Know
Relationships	1	2	3	4
Fear of domestic violence	1	2	3	4
Access to health care services	1	2	3	4
Access to food	1	2	3	4
Access to transportation	1	2	3	4
Access to safe housing	1	2	3	4
Access to education	1	2	3	4
Community violence	1	2	3	4

Transportation: What is the greatest transportation need?

	1 High	2 Low	3 No Need	4 Don't Know
Transportation to health care	1	2	3	4
Transportation to work	1	2	3	4
Transportation to grocery stores	1	2	3	4
Reliable, scheduled transportation	1	2	3	4
Affordable transportation	1	2	3	4
Transportation to community activities	1	2	3	4



On a scale of 1 to 4, please rank the level of need for each of the following areas as they exist within your community.
(Circle one in each row)

Language: What language barriers do you experience in your community?

	1 High	2 Low	3 No Need	4 Don't Know
Access to multi-lingual services	1	2	3	4
Access to language skill education	1	2	3	4
Access to employment in your first language	1	2	3	4

Substance Abuse: What is the greatest substance abuse need?

60

	1 High	2 Low	3 No Need	4 Don't Know
Prevention programs	1	2	3	4
Reduction of drug use	1	2	3	4
Reduction of prescription drug use	1	2	3	4
Access to treatment – outpatient	1	2	3	4
Access to treatment - residential	1	2	3	4
Reduction of alcohol abuse	1	2	3	4
Drug specific treatment: _____	1	2	3	4

Mental Health: What is the greatest mental health need?

	1 High	2 Low	3 No Need	4 Don't Know
Residential mental health treatment	1	2	3	4
Mental health professionals	1	2	3	4
Prevention	1	2	3	4
Access to treatment	1	2	3	4

Housing: What is the greatest housing need?

	1 High	2 Low	3 No Need	4 Don't Know
Resident advocacy	1	2	3	4
Senior housing	1	2	3	4
Affordable housing	1	2	3	4
Access to loans	1	2	3	4
Financial literacy	1	2	3	4



On a scale of 1 to 4, please rank the level of need for each of the following areas as they exist within your community.
(Circle one in each row)

Employment: What is the greatest employment need?

	1 High	2 Low	3 No Need	4 Don't Know
Job search and placement assistance	1	2	3	4
Income generating skills	1	2	3	4
Internships, paid, leadership, or volunteer work opportunities	1	2	3	4

Quality of Life: What would improve the quality of life for you within your community?

	1 High	2 Low	3 No Need	4 Don't Know
Educational opportunities	1	2	3	4
Housing	1	2	3	4
Recreational opportunities	1	2	3	4
Community safety	1	2	3	4
Health care access	1	2	3	4
Dental care access	1	2	3	4
Public transportation	1	2	3	4
Substance abuse support	1	2	3	4
Mental health services	1	2	3	4
Employment opportunities	1	2	3	4
Community activities	1	2	3	4
After school programs	1	2	3	4
Partnership with local police department	1	2	3	4
Connections to resources/community agencies	1	2	3	4
Access to local parks and community classes	1	2	3	4
Trails and paths	1	2	3	4

Education: What is the greatest education need?

	1 High	2 Low	3 No Need	4 Don't Know
Childhood development	1	2	3	4
Youth development	1	2	3	4
Access to the outdoors	1	2	3	4
Nutrition and physical exercise	1	2	3	4
Life skills trainings	1	2	3	4
Parenting classes	1	2	3	4
Health education	1	2	3	4
Adult education	1	2	3	4
Day care	1	2	3	4
Quality of available education	1	2	3	4



Appendix F

2021-2024 Goals and Actions Implemented

Implementation Plan of Needs Identified in the Community Health Needs Assessment FY22-FY24 Final Progress Report

<https://www.atlanticgeneral.org/community-health-wellness/community-health-needs-assessments/>

BACKGROUND

Community Needs Assessment – In 2021-22 Atlantic General Hospital, in coordination with the 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. The Community Health Needs Assessment (CHNA) was approved by the Hospital's Board of Trustees in May 2022.

Needs Identified – This 2022-2024 CHNA combines population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. Atlantic General Hospital uses 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.

Secondary Data Collection Atlantic General Hospital partners with surrounding hospitals, health departments and state agencies to bring to together a multitude of information. This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012 and 2015, and 2019 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 needs assessment 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. This 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 below. A comprehensive list is found under CHNA FY22-24 references.

- Community meetings with persons representing the broad interests of the community
- Atlantic General Hospital Community Needs Survey
- Maryland State Health Improvement Process (SHIP)
- Tri-County Health Improvement Plan (T-CHIP)
- Healthy People 2030
- Worcester County Community Health Improvement Plan (CHIP) Local Health Improvement Coalition (LHIC)
- 2018 Medical Staff Development Plan
- Health Fairs



- Community Education Events
- 2024 County Health Outcomes & Roadmaps
- State of Delaware Health Needs Assessment
www.dhss.delaware.gov/dhss/dph/sha.html
- US Census Bureau

The Community Health Needs Assessment survey was distributed by community outreach personnel and the Atlantic General Hospital website. Stakeholder interviews and focus groups were conducted by community outreach personnel. Community surveys represent information that is self-reported. Results from both paper and electronic surveys are found in CHNA FY22-24

The top health concerns among 2021 survey respondents were prioritized as listed:

- #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 are addressed as priority areas in implementation plan.
Italicized items are not addressed as priority areas in implementation plan.)

Top Health Concern Priorities Over the (3) CHNA

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

63

Prioritized Needs – 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.

Atlantic General Hospital'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 Atlantic General Hospital 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 Atlantic General Hospital 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.

Atlantic General 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 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

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.

64

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"> Implement initiatives to raise awareness and provide education on high blood pressure and stroke throughout our organization and in the community. 	<ul style="list-style-type: none"> 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 primary care within AGHS
Measurement	
<ul style="list-style-type: none"> 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) HEDIS measures for hypertension. Maintain compliance to hit top tier/star level performance. (MDPCP dashboard, CPM reports and third party payer reports) Decrease in the State Health Insurance Program (SHIP) measure Emergency Department visit rate due to hypertension. (health.maryland.gov) County Health Rankings. Improvement in county health rankings related to hypertension related illness and mortality. (countyhealthrankings.org) 	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> Population Health Department Atlantic General Health System AGH HEDIS nurse AGH outpatient ancillary services 	<ul style="list-style-type: none"> Faith-based Partnership Maintaining Active Citizens, Inc. (MAC, Inc.) Worcester County Health Department Tidal Health, Inc.

Anticipated Impact

- Increase patient engagement in self-management of chronic conditions
- Decrease hospital admissions and readmissions and reduce unnecessary healthcare costs.
- Increase awareness around importance of prevention and early detection of heart disease and hypertension
- 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 (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).



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"> Implement initiatives to raise awareness and provide access to care, education and outreach for diabetes 	<ul style="list-style-type: none"> 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

Measurement

- 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)
- Incidence of adult diabetes
- Decrease in the State Health Insurance Program (SHIP) measures for ED visits due to diabetes. (health.maryland.gov)
- County Health Rankings. Improvement in county health rankings related to the prevalence of diabetes in the community. (countyhealthrankings.org)
- HEDIS measures for diabetes (five measures)

Hospital Resources	Community Resources
<ul style="list-style-type: none"> Population Health Department Diabetes Outpatient Education Program Emergency Department Foundation Outpatient Lab Services Endocrinology (Atlantic General Health System) Diabetes Support Group 	<ul style="list-style-type: none"> Worcester County Public Schools Worcester County Health Department TidalHealth, Inc.

Anticipated Impact

- Increase patient engagement in self-management of chronic conditions
- Decrease hospital admissions, readmissions, and ED visits related to Diabetes
- Increase awareness around importance of prevention of diabetes and early detection
- Increase provider services in community to provide for diabetes related treatment
- Increase participation in community glucose screenings, diabetes and pre-diabetes screenings – especially at-risk and vulnerable populations
- Increase community capacity and collaboration for shared responsibility to address unmet health needs

Impact Rationale

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).



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"> Implement initiatives to raise awareness and provide education and outreach for cancer prevention and treatment. 	<ul style="list-style-type: none"> 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
Measurement	
<ul style="list-style-type: none"> Exceed the current performance target of Healthy People 2030 for cancer death rates in our community. (data reported annually, Health.gov, Healthy People 2030) Increase in State Health Insurance Program (SHIP) measure for mammography screenings. (health.maryland.gov) HEDIS colorectal screening measure. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard) 	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> Population Health Department Women's Diagnostic Center Endoscopy Services AGH outpatient ancillary services Regional Cancer Care Center AGH Cancer Committee Atlantic General Health System 	<ul style="list-style-type: none"> Worcester County Health Department Komen Consortium Relay for Life Women Supporting Women University of Maryland TidalHealth, Inc. Beebe Healthcare

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:

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"> Implement initiatives to raise awareness and provide education on heart disease throughout our organization and in the community 	<ul style="list-style-type: none"> 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
Measurement	
<ul style="list-style-type: none"> Exceed the current performance target of Healthy People 2030 for cardiovascular health in adults. (data reported annually, Health.gov, Healthy People 2030) Increase in the State Health Insurance Program (SHIP) measures for persons with a usual primary care provider. (health.maryland.gov) 	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> Population Health Department AGH outpatient ancillary services Stroke Center Atlantic General Health System 	<ul style="list-style-type: none"> Faith-based Partnership Worcester County Health Department TidalHealth, Inc.

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:

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"> • Increase access to substance use treatment within our community 	<ul style="list-style-type: none"> • Continued recruitment of psychiatric providers that are certified to address substance use disorders • Recruit Peer Recovery Specialists for behavioral health and substance use interventions
<ul style="list-style-type: none"> • Increase education within our organization and community related to substance use disorders and resource and appropriate medication use 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Increase education within our organization and community related to smoking risks and cessation options 	<ul style="list-style-type: none"> • Recruit and retain pulmonologist(s) • Increase in smoking cessation screenings at community outreach events and within AGHS
Measurement	
<ul style="list-style-type: none"> • 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) • HEDIS measures for SBIRT and smoking cessation. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard) • Decrease in the State Health Insurance Program (SHIP) measure for adult smoking rate. (health.maryland.gov) 	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> • Respiratory Therapy • AGH outpatient ancillary services • Emergency Department • Population Health Department • Pulmonology – Atlantic General Health System • Behavioral Health Department 	<ul style="list-style-type: none"> • Worcester County Health Department (WCHD) • Maryland Health Department • Worcester Goes Purple • Hope 4 Recovery • Sun Behavioral Health

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:

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"> • Increase access to mental health providers any expand types of mental health services available in the community. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Increase partnerships in the community to further establish a regional hub of mental health care. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Increase community education and awareness of mental health conditions and resources 	<ul style="list-style-type: none"> • 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

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)
- County Health Rankings. Improvement in county health rankings related to mental health. (countyhealthrankings.org)
- HEDIS measures for PHQ2. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)
- Decrease in the State Health Insurance Program (SHIP) measures for suicide rate and ED visits for mental health. (health.maryland.gov)

Hospital Resources	Community Resources
<ul style="list-style-type: none"> • Population Health Department • Behavioral Health Department • Pastoral Care Services • Bereavement Support Group • AGHRx RediScripts Pharmacy • Behavioral Health & Opioid Stewardship Committee • Atlantic General Health System 	<ul style="list-style-type: none"> • Worcester County Health Department • Worcester Youth and Family Services • Worcester Goes Purple • Hudson Health Services • NAMI Lower Shore Support Group • Worcester County Public Schools • Chesapeake Health Care

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:

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"> Implement initiatives to raise awareness and provide education and outreach on how to improve health through prevention and management of weight and obesity. 	<ul style="list-style-type: none"> 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
Measurement	
<ul style="list-style-type: none"> 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) Decrease in the State Health Insurance Program (SHIP) measures for adolescents who have obesity. (health.maryland.gov) County Health Rankings. Improvement in county health rankings related to adult obesity. (countyhealthrankings.org) HEDIS measures for BMI. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard) 	
Hospital Resources	Community Resources
<ul style="list-style-type: none"> Population Health Department Atlantic General Health System Food & Body (FAB) Program and Bariatric Support Group Nutrition Services Atlantic General Bariatric Center Diabetes education support groups and classes 	<ul style="list-style-type: none"> Faith-based Partnership Worcester County Public Schools Worcester County Health Department Community Senior Centers Take Off Pounds Sensibly (TOPS) of Berlin
Anticipated Impact	Impact Rationale
<ul style="list-style-type: none"> 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 	<p>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).</p>

Priority Needs Not Addressed

Dental/ Oral Health

- 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 Atlantic General Hospital Emergency Department 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

- Need addressed by Worcester County Health Department Communicable Disease Programs

72

References

County Health Outcomes & Roadmaps, 2019,
<http://www.countyhealthrankings.org>

Maryland Department of Public Health:
<https://coronavirus.maryland.gov/>

State of Delaware Healthcare Benchmark Report 2019
<https://www.dhss.delaware.gov/dhss/files/benchmarktrendreport2019.pdf>

Healthy People 2030
<https://health.gov/healthypeople>

Maryland State Health Improvement Process (SHIP)
Pages - State Health Improvement Process [MD 2024 State Health Improvement Plan \(SHIP\) 10Sep2024](#)

US Census Bureau

Delaware Department of Labor

Behavioral Risk Factor Surveillance System BRFSS State
Information | CDC

Beebe Medical Center Community Health Assessment 2019
Beebe Healthcare Community Health Needs Assessment

Atlantic General Hospital. Creating Healthy Communities.
<http://www.atlanticgeneral.org/Community-Health-Wellness/Creating-Healthy-Communities.aspx?hcn=CommunityDashboard>

CDC National Center for Health Stats (2022). Retrieved from
<http://www.cdc.gov/nchs/fastats>

NCI (2022). National Cancer Institute:
Obesity, National Institute of Health.
<http://www.cancer.gov/about-cancer/causes-prevention/risk/obesity>

National Institute of Mental Health, 2020,
<https://www.nimh.nih.gov/health/statistics/mental-illness>

Worcester County Health Department, 2021 Community Needs
Assessment.
https://www.worcesterhealth.org/images/21_Community-HealthAssessment.pdf



