

Atlantic General Hospital



# Community Health Needs Assessment

2019-2021



care.givers

Approved by the Atlantic General Hospital Board of Trustees 5/2/19

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**Atlantic General Hospital**

Community Health Needs Assessment

**2019 - 2021**





## Background and Purpose

The Atlantic General Hospital Corporation (AGH) is an independent, 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 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) and develop an implementation strategy to address those needs every three years. 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 third time that Atlantic General Hospital has collaborated and completed the Community

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



Health Needs Assessment process. A Community Health Needs Assessment is intended to provide information that helps hospitals and other community organizations to identify opportunities to improve the health of the community. The CHNA process identifies factors that influence the health of a population and determine the availability of resources that adequately address health concerns.

With the information provided in this report, hospital leaders and partners develop plans to address community health priorities and build upon the capacity, resources and partnerships of existing programs. AGH participates closely with Worcester County Health Department, Wicomico County Health Department, Somerset County Health Department, and Peninsula Regional Medical Center 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 30,000 to 300,000 during the summer months. Our not-for-profit hospital is independently owned, and managed by a local board of trustees. That are active and involved members of the community.

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

AGH 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 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 Centers of Excellence at AGH include the Atlantic Endoscopy Center, Center for Joint Surgery, Bariatric services, Emergency Services, Eunice Q. Sorin Women’s Diagnostic Center, Outpatient Infusion Center, Regional Cancer Care, Sleep Disorders Diagnostic Center, Stroke Center, Women’s Health Center and Wound Care Center. AGH also provides Diabetes Outpatient Education Program, Full Service Imaging, Occupational Health Services, and a Pain Management Clinic.

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

AGH employs over 860 year-round full- and part-time associates with annual payroll and benefits exceeding \$66.7 million, making AGH 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 be the leader in caring for people and advancing health for the residents of and visitors to our community

### Our Mission

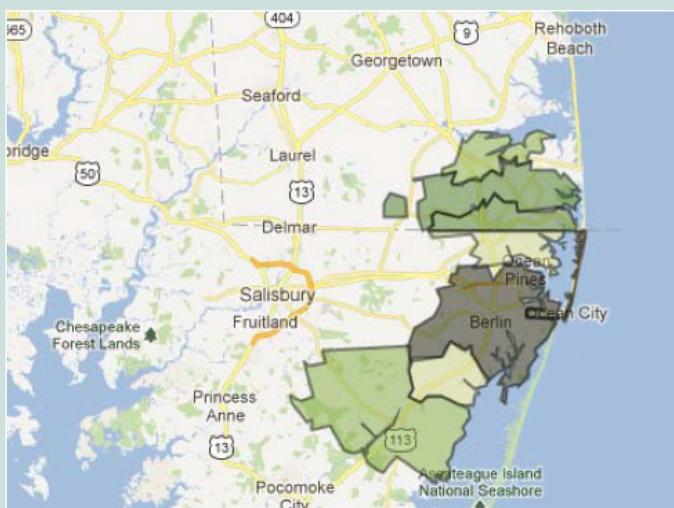
... To provide a coordinated care system with access to quality care, personalized service and education to create a healthy community

## The Community Description

Atlantic General Hospital’s primary service area is defined as those zip codes that total 90% of patient admissions, emergency or outpatient visits from the residents and/or there is a con-

tiguous geographic relationship. Worcester and Sussex counties are underserved areas. There is a lack of public transportation making geographic location a factor in defining primary market.

### 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

The population of the Worcester County resort destination, Ocean City, increases to near 300,000 during the tourist season. Lower Sussex County has similar characteristics of

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

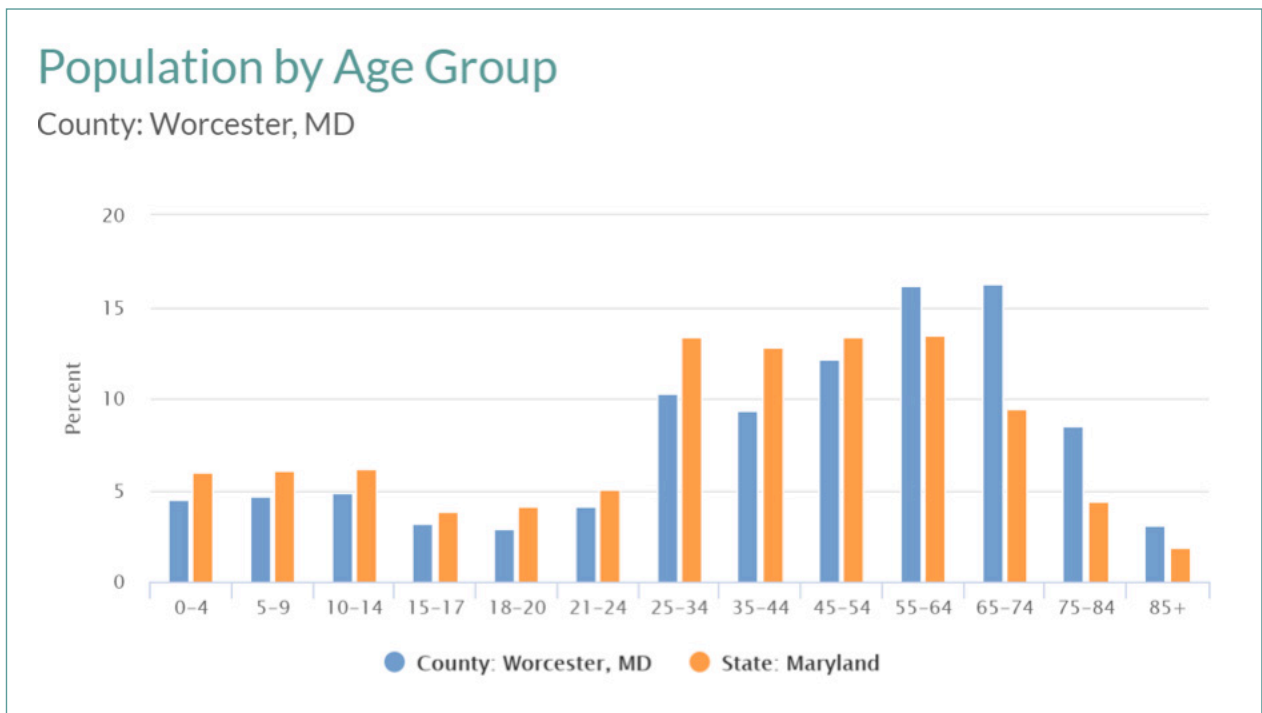
Population by Race	County: Worcester, MD		State: Maryland	
	Persons	% of Population	Persons	% of Population
White	42,342	81.76%	3,326,265	54.54%
Black/African American	6,694	12.93%	1,842,763	30.22%
American Indian/Alaskan Native	158	0.31%	23,550	0.39%
Asian	780	1.51%	413,172	6.78%
Native Hawaiian/Pacific Islander	20	0.04%	3,973	0.07%
Some Other Race	719	1.39%	276,169	4.53%
2+ Races	1,072	2.07%	212,528	3.48%



Population by Ethnicity	County: Worcester, MD		State: Maryland	
	Persons	% of Population	Persons	% of Population
Hispanic/Latino	1,876	3.62%	639,709	10.49%
Non-Hispanic/Latino	49,909	96.38%	5,458,711	89.51%

Population by Race	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
White	8,131	84.41%	181,858	78.30%	642,569	65.87%
Black/African American	638	6.62%	28,459	12.25%	217,440	22.29%
American Indian/Alaskan Native	79	0.82%	1,831	0.79%	4,751	0.49%
Asian	135	1.40%	2,980	1.28%	40,188	4.12%
Native Hawaiian/Pacific Islander	0	0.00%	196	0.08%	589	0.06%
Some Other Race	455	4.72%	10,810	4.65%	38,822	3.98%
2+ Races	195	2.02%	6,114	2.63%	31,133	3.19%

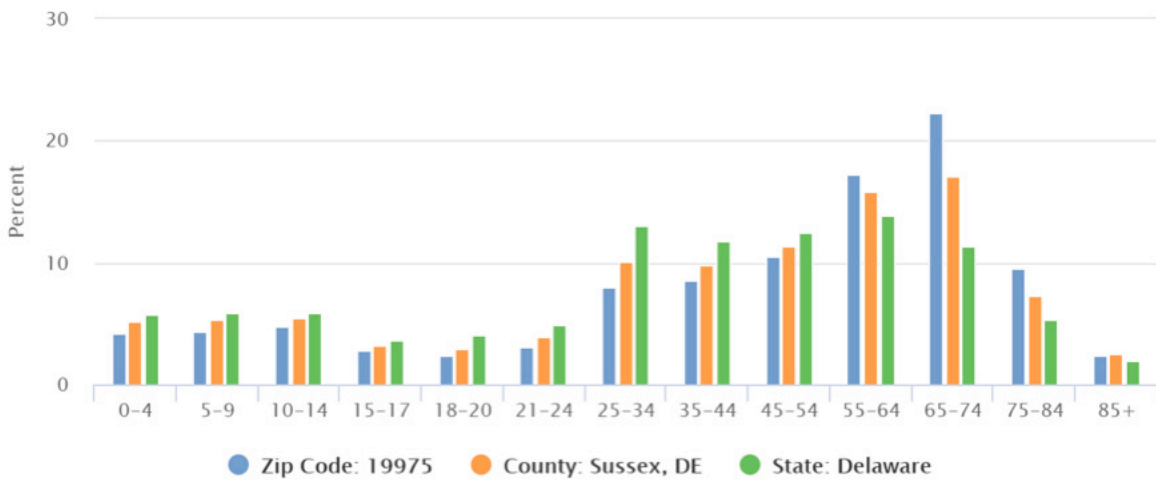
Population by Ethnicity	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
Hispanic/Latino	1,163	12.07%	22,540	9.71%	94,055	9.64%
Non-Hispanic/Latino	8,470	87.93%	209,708	90.29%	881,437	90.36%





# Population by Age Group

Zip Code: 19975



## Median Age

County: Worcester, MD

**50.1** Years

State: Maryland 39.2 Years

## Median Age

Zip Code: 19975

**55.9** Years

County:  
Sussex, DE  
48.7 Years

State:  
Delaware  
40.7 Years

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	46,862	94.77%	4,684,915	81.74%
Speak Spanish	905	1.83%	450,637	7.86%
Speak Asian/Pac Islander Lang	278	0.56%	215,250	3.76%
Speak Indo-European Lang	1,098	2.22%	255,992	4.47%
Speak Other Lang	305	0.62%	124,390	2.17%



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	7,940	85.99%	197,630	89.76%	801,688	87.18%
Speak Spanish	1,054	11.41%	16,823	7.64%	64,373	7.00%
Speak Asian/Pac Islander Lang	84	0.91%	1,576	0.72%	20,437	2.22%
Speak Indo-European Lang	156	1.69%	3,965	1.80%	24,202	2.63%
Speak Other Lang	0	0.00%	178	0.08%	8,872	0.96%

Population Age 15+ by Marital Status	County: Worcester, MD		State: Maryland	
	Persons	% of Population Age 15+	Persons	% of Population Age 15+
Never Married	12,165	27.34%	1,773,956	35.61%
Married, Spouse present	21,214	47.68%	2,168,599	43.54%
Married, Spouse absent	1,879	4.22%	259,604	5.21%
Divorced	5,135	11.54%	500,917	10.06%
Widowed	4,095	9.20%	277,891	5.58%

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	1,642	19.65%	51,453	26.35%	274,599	34.12%
Married, Spouse present	4,847	58.01%	98,382	50.38%	357,043	44.37%
Married, Spouse absent	293	3.51%	8,749	4.48%	32,614	4.05%
Divorced	827	9.90%	22,472	11.51%	91,453	11.36%
Widowed	747	8.94%	14,206	7.28%	49,050	6.09%

## Community Healthcare Utilization

The decline in inpatient admissions and emergency department, demonstrates the work of our strategic plan 2020 Vision: The Right Path to Good Health. It reflects the continued efforts to make sure that people get the right care at the right time in the right setting. Hospital care that is unplanned can be prevented through improved care coordination, effective primary care and improved population health. Care coordina-

tion, which AGH has invested significant resources, involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe,



## The Right Path to Good Health

	Volumes			Growth
	FY16	FY17	FY18	FY16-FY17
<b>AGH Inpatient Admissions</b>	4,884	4,608	4,116	-15.72%
<b>AGH Emergency Department Visits</b>	37,599	38,186	37,506	-0.25%
<b>Atlantic General Health System Visits</b>	91,877	95,610	112,137	22.05%

appropriate, and effective care to the patient. Residents in our primary service area were admitted to a Maryland Hospitals under the following medical specialties:

In a recent medical staff development plan completed by ECG Consultants, our community has or will have in the near future a shortage of full time providers in primary care (16.6), pulmonary (1.6), neurology (1), gastroenterology (1.8), general surgery (2) and nephrology (1).

Atlantic General Hospital is making important progress in addressing the region's physician shortage. However, without continued investment and policy changes, the growth

in demand for health care services will continue to outstrip the supply.

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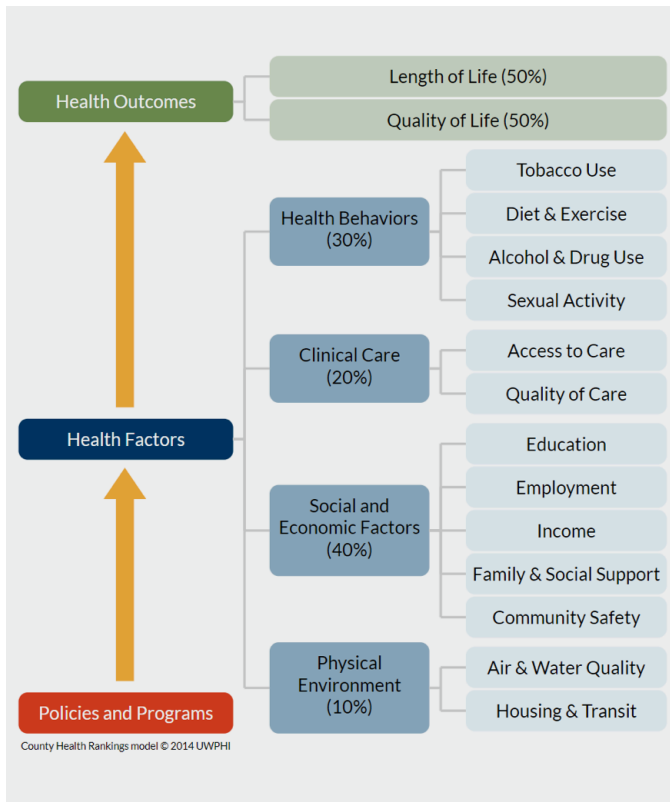
Specialty	Utilization Ranking
Pulmonary	14.0%
Infectious Disease	12.7%
Orthopedic Surgery	11.7%
Neurology	11.7%
Cardiology	9.7%
Gastroenterology	9.7%
General Surgery	8.9%
Obstetrics/Delivery	8.4%
Normal Newborn	7.4%
Nephrology	5.7%





## Key Demographic and Socioeconomic Characteristics

The factors affecting health is much more than access to healthcare. Using the illustration from the County Health Rankings, clinical care comprises about 20% of the total health picture 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

**1,115** Families  
(7.60% of Families)

**State: Maryland 100,209**  
Families (6.57% of Families)

### Families Below Poverty with Children

County: Worcester, MD

**605** Families  
(4.13% of Families)

**State: Maryland 75,090** Families  
(4.92% of Families)

### Families Below Poverty

Zip Code: 19975

**192** Families  
(6.82% of Families)

<b>County:</b>	<b>State:</b>
Sussex, DE	Delaware
5,127 Families (8.11% of Families)	20,364 Families (8.12% of Families)

### Families Below Poverty with Children

Zip Code: 19975

**92** Families  
(3.27% of Families)

<b>County:</b>	<b>State:</b>
Sussex, DE	Delaware
3,652 Families (5.78% of Families)	14,629 Families (5.83% 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	1,140	2.90%	171,006	4.08%
Some High School, No Diploma	2,931	7.47%	249,912	5.96%
High School Grad	12,712	32.39%	1,063,834	25.39%
Some College, No Degree	8,197	20.89%	795,927	18.99%
Associate Degree	2,538	6.47%	273,055	6.52%
Bachelor's Degree	7,428	18.93%	875,274	20.89%
Master's Degree	3,136	7.99%	528,246	12.61%
Professional Degree	774	1.97%	127,529	3.04%
Doctorate Degree	391	1.00%	105,695	2.52%

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	393	5.20%	7,274	4.23%	23,446	3.44%
Some High School, No Diploma	592	7.83%	16,293	9.47%	50,014	7.35%
High School Grad	2,326	30.77%	55,014	31.97%	214,778	31.55%
Some College, No Degree	1,677	22.19%	33,290	19.35%	128,302	18.85%
Associate Degree	666	8.81%	15,759	9.16%	53,893	7.92%
Bachelor's Degree	1,189	15.73%	26,691	15.51%	124,535	18.30%
Master's Degree	583	7.71%	13,074	7.60%	60,744	8.92%
Professional Degree	88	1.16%	2,942	1.71%	13,080	1.92%
Doctorate Degree	45	0.60%	1,738	1.01%	11,908	1.75%

Median Household Income by Race/Ethnicity	County: Worcester, MD	State: Maryland
	Value	Value
All	\$62,944	\$85,459
White	\$66,780	\$95,010
Black/African American	\$34,406	\$68,999
American Indian/Alaskan Native	\$87,500	\$64,946
Asian	\$77,174	\$107,407
Native Hawaiian/Pacific Islander	\$147,917	\$71,002
Some Other Race	\$80,128	\$66,601
2+ Races	\$73,148	\$79,780
Hispanic/Latino	\$60,870	\$72,659
Non-Hispanic/Latino	\$62,980	\$86,654

Worcester County has a higher graduation rate than Sussex County at 89.2% and 85.8%, respectively.

Average Household Income by Race/Ethnicity	Zip Code: 19975	County: Sussex, DE	State: Delaware
	Value	Value	Value
All	\$92,308	\$88,748	\$88,168
White	\$86,601	\$86,061	\$87,325
Black/African American	\$58,359	\$57,061	\$66,371
American Indian/Alaskan Native	\$66,667	\$78,076	\$71,303
Asian	\$140,000	\$114,496	\$112,115
Native Hawaiian/Pacific Islander	\$0	\$63,305	\$83,838
Some Other Race	\$71,288	\$68,378	\$60,752
2+ Races	\$42,692	\$67,704	\$65,033
Hispanic/Latino	\$80,058	\$68,917	\$66,707
Non-Hispanic/Latino	\$93,086	\$89,847	\$89,642

## Major Employers<sup>6.7</sup> (2016)

Employer	Product/Service	Employments
Harrison Group*	Hotels and restaurants	1,170
Atlantic General Hospital	Medical services	860
Bayshore Development	Entertainment, recreation	520
O.C. Seacrets*	Hotels and restaurant	470
Dough Roller*	Restaurants	360
Carousel Resort Hotel & Condominiums*	Hotel and condominiums	340
Clarion Resort Fontainebleau*	Hotel and restaurant	340
Fager's Island	Hotel and restaurant	300
91st Street Join Venture/ Princess Royale*	Hotel and conference center	290
Phillips Seafood Restaurants*	Restaurants	290
Ocean Pines Association	Nonprofit civic organization	270
Trimper's Rides*	Entertainment, recreation	245
Ocean Enterprise 589/ Casino at Ocean Downs	Casino gaming	235
Berlin Nursing and Rehabilitation Center	Nursing care	195
Castle in the Sand*	Hotel and restaurant	185
Candy Kitchen	Candy products retail	150
Bel-Art Products	Plastics, lab equipment, chemicals	145

Excludes post offices, state and local governments, national retail and national foodservice; includes higher education

\*Reflects summer employment levels.

\* Statistics available through Health Communities Institute on [www.atlanticgeneral.org](http://www.atlanticgeneral.org)

Unemployment for Worcester County, is 7.65% while Selbyville is 2.43%. For 2018, Sussex and Worcester counties are at 7.3% and 8.9% respectively for uninsured patients, as stated by the US Census Bureau.

## Health Factors and Status Indicators

The data and data sources can be viewed on the website [www.atlanticgeneral.org](http://www.atlanticgeneral.org). The data used on this website are continually updated as they become available, providing the community with a current overview of Worcester and Sussex counties. This data source is far better than traditional paper reports, which are static and often out of date soon after printing.

### ► Community Health Dashboards

The Robert Wood 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 counties in Appendix D. Areas to explore for health improvement are adult smoking rates, adult obesity, alcohol impaired driving, and unemployment in Worcester County. Additionally in Sussex County, the areas of teen births, uninsured, 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 B. The goal of the State Health Improvement Process (SHIP) is to advance the health of Maryland residents. To achieve this goal, SHIP provides a framework for accountability, local action, and public engagement. Using 39 measures, SHIP highlights the health characteristics of Marylanders. These measures align with the Healthy People (HP) 2020 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, nonprofit 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 the 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 in for Worcester County in a service directory. This listing is not exhaustive and is continually developing. It is located on an on-line reference called "Network of Care".



## ► [Network of Care](#)

2-1-1 Maryland is 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. Specially trained call specialists answer calls 24 hours a day, every day of the year.

## ► [www.211md.org](http://www.211md.org)

In Sussex County, resources are through State and Local Health Care Resources such as those listed with Division of Public Health – The Thurman Adams State Service Center, Division of State Service Centers (DSSC), Emergency Assistance Service (EAS), Division of Social Services (DSS), Division of Public Health (DPH)’s Sussex County Health Unit and Division of Substance Abuse and Mental Health (DSAMH). Beebe Medical Center services Dagsboro, Selbyville and Frankford with outpatient services.

La Esperanza – Community Center – This is the only bi-cultural and bilingual 501(c) (3) social services agency that provides free culturally appropriate programs and services in the areas of family development, immigration, victim services, and education to help Hispanic adults, children and families living in Sussex County. The Center currently serves approximately 10,000 individuals annually.

La Red Health Center – There are 3 locations available in Georgetown, Seaford and Milford. Services include: Adult and Senior, Behavioral Health, Customized Services for Small Businesses, Oral Health, Patient Enabling, Pediatric and Adolescent, Women’s Health, Community Outreach, Medication, Delaware Marketplace, Medicaid Enrollment Assistance, Referrals for WIC, Screening for Life, The Community Healthcare Access program (CHAP), After Hours Coverage and Emergencies, Access to Transportation, Case Management for the Homeless Population, Laboratory Services, Gynecological Care Program. The center accepts: Uninsured, Underinsured, Private Insurance, Medicare, and Medicaid; all income levels accepted. Fees: Sliding scale available. Languages Spoken: English, Spanish.



## Approach and Resources

### CHNA Methodology

This 2019-2021 CHNA combines population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. AGH 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

AGH 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 a similar study conducted in 2012 and 2015, 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 references.

- Community meetings with persons representing the broad interests of the community
- AGH Community Needs Survey
- Maryland State Health Improvement Process (SHIP) [www.dhmm.maryland.gov/ship](http://www.dhmm.maryland.gov/ship)
- Tri-County Health Improvement Plan (T-CHIP)
- Healthy People 2020
- Worcester County Community Health Improvement Plan (CHIP) LHIC Local Health Improvement Coalition
- 2018 Medical Staff Development Plan
- Health Fairs
- Community Education Events
- 2018 County Health Outcomes & Roadmaps
- State of Delaware Health Needs Assessment [www.dhss.delaware.gov/dhss/dph/files/shaship.pdf](http://www.dhss.delaware.gov/dhss/dph/files/shaship.pdf)
- Delaware Health and Social Services through the Delaware Health Tracker [www.delawarehealthtracker.com](http://www.delawarehealthtracker.com)
- Beebe Medical Center Community Health Needs Assessment [www.beebehealthcare.org/sites/default/files/1-CHNA%20FINAL%20DRAFT\\_o.pdf](http://www.beebehealthcare.org/sites/default/files/1-CHNA%20FINAL%20DRAFT_o.pdf)
- US Census Bureau



## Who Was Involved in the Assessment?

Representatives from AGH participate on a number of community boards and attend a variety of community meetings, councils, and events to discuss and provide education on the health related needs and priorities of our common communities as well as discuss opportunities for collaboration. Likewise, diverse community members serve internally on hospital committees providing a forum to communicate the community health needs to the organization. Of particular importance is the CHNA completed by the Worcester County Health Department. Data and objectives are closely aligned. A master list of community involvement is located in Appendix C.

## AGH Community Needs Survey (Appendix F)

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

- Ocean City Health Fair in Ocean City, MD
- Hocker's in Bethany Beach, DE
- St. Peters Church in Ocean City, MD
- Year of the Woman Health Fair in Berlin, MD
- Medical Mondays in Millville, DE
- Spirit Kitchen in Berlin, MD
- Ocean City Senior Center in Ocean City, MD
- Rite Aid in Berlin, MD
- St. Peters Church in Ocean City, MD
- Apple Berlin in Berlin, MD
- Berlin Senior Center in Berlin, MD
- Healthy Happenings Meeting in Berlin, MD
- HOPE for Worcester Behavioral Health Fair in Ocean Pines, MD
- FBP CHNA Overview & Survey in Berlin, MD
- Ocean Pines Health Fair in Ocean Pines, MD

- Brandywine Senior Living in Selbyville, DE
- Ocean City AARP Meeting in Ocean City, MD
- MSEA Convention in Ocean City, MD
- Women of Faith Fair in Selbyville, DE
- Holy Savior Health Fair in Ocean City, MD
- Faith-Based Partnership in Ocean City, MD
- St. Mary's Health Fair in Pocomoke, MD
- Snow Hill High School Health Fair in Snow Hill, MD

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## Maryland State Health Improvement Process (SHIP) Plan

Maryland's State Health Improvement Plan (SHIP) provides a framework for continual progress toward a healthier Maryland. The SHIP includes 38 measures in six focus areas that represent what it means for Maryland to be healthy. Each measure has a data source and a target, and where possible, can be assessed at the county level. Detailed information is provided for each objective organized by Vision Areas, (healthy beginnings, healthy living, healthy communities, access to healthcare and quality preventive care)

## 2019 County Health Outcomes & Roadmaps

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

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

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





## Community Health Needs Assessment

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 the paper surveys (286) and electronic versions (222) are found in Appendix G.

### Top Health Concerns

17

The top health concerns among 2018 survey respondents were prioritized as listed:

- #1 Cancer
- #2 Diabetes/Sugar
- #3 Overweight/Obesity
- #4 Smoking, drug or alcohol use
- #5 Heart Disease
- #6 Mental Health
- #7 High Blood Pressure/Stroke
- #8 Access to Healthcare / No Health Insurance
- #9 Dental Health
- #10 Asthma / Lung Disease
- #11 Injuries
- #12 Sexually transmitted disease & HIV

#### Top Health Concern Priorities Over The (3) CHNA

	2012	2015	2018
Cancer	1	1	1
Diabetes/Sugar	4	3	2
Overweight/Obesity	3	2	3
Smoking, drug or alcohol use	5	5	4
Heart Disease	2	4	5
Mental Health	7	7	6
High Blood Pressure/Stroke	6	6	7
Access to Healthcare / No Health Insurance	8	8	8
Dental Health	10	10	9
Asthma / Lung Disease	9	9	10
Injuries	11	11	11
Sexually transmitted disease & HIV	12	12	12

## Top Barriers to Healthcare

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

Too expensive/can't afford it	29.31%
No health insurance	23.53%
Couldn't get an appointment with my doctor	14.06%
No transportation	12.26%
Service is not available in our community	8.28%
Local doctors are not on my insurance plan	7.08%
Doctor is too far away from my home	5.48%

### Top social concerns creating barriers

Living wages	23.43%
Job opportunities	14.85%
Society attitudes	11.18%
Available transportation options	9.04%
Access to health foods such as fresh fruits and vegetables	8.12%
Educational opportunities	6.89%
Lack of social support, and social interactions	6.74%
Exposure to crime or violence	4.44%
Socioeconomic conditions, such as concentrated poverty	4.44%
Access to quality schools	3.22%
Poor or lack of public safety	3.06%
Social disorder, such as the presence of trash	2.30%
Lack of exposure to mass media and emerging technologies, such as the Internet or cell phones	2.30%

#### Other:

“access to quality healthcare”	“bad food is cheaper than good food”
“lack of information of many basics by local doctors- need to drive to Baltimore to get referred”	
“locating quality doctors”	“affordable housing” “Expensive Health Insurance”
“things to do around community” “Not enough local agencies for health care”	

### Top economic concerns creating barriers

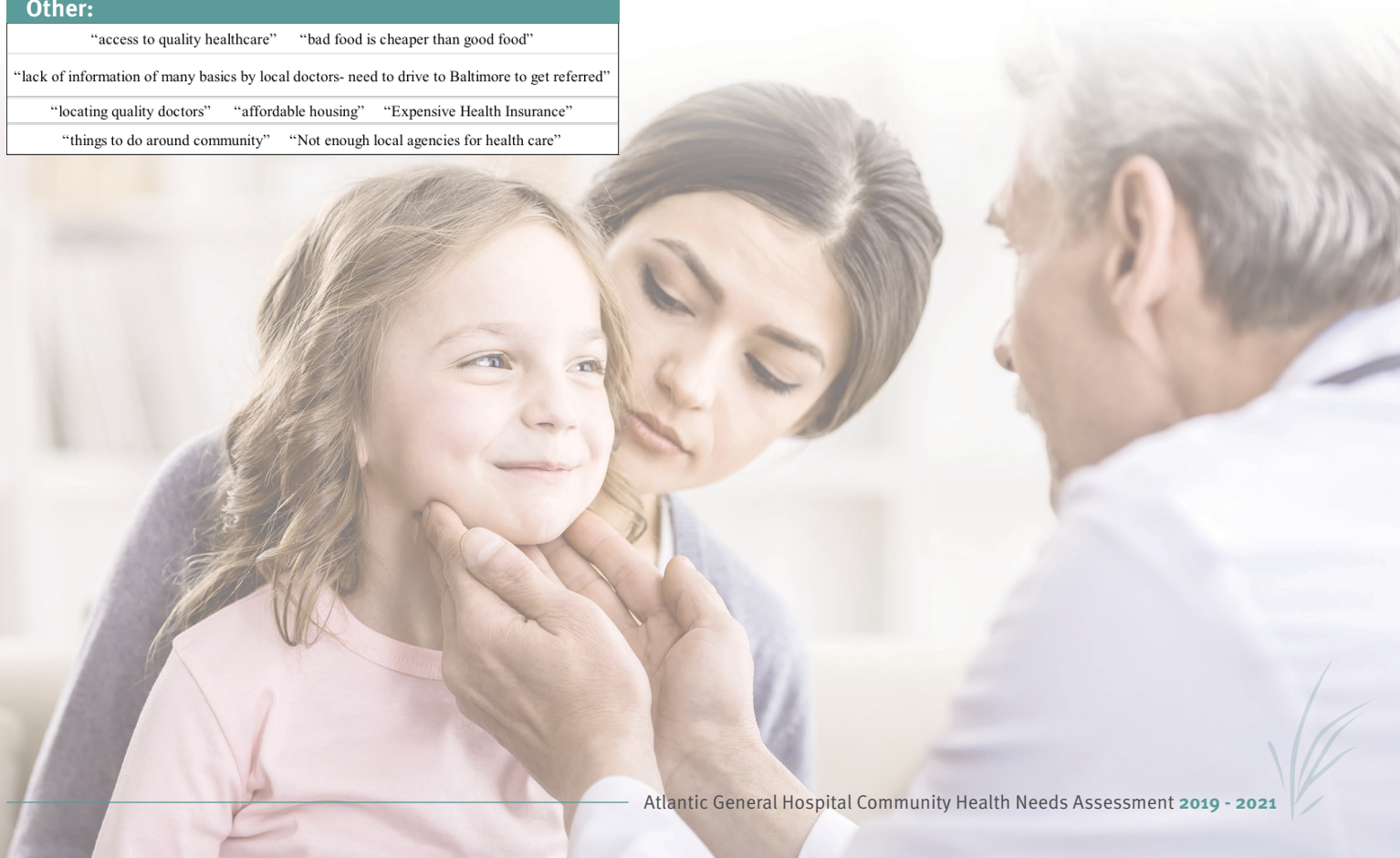
Access to affordable health care	23.16%
Living wages	21.05%
Access to affordable medicine	19.30%
Job opportunities	13.68%
Access to health insurance	10.70%
Access to affordable transportation	8.07%
Poverty	4.04%
<b>Other:</b>	
“access to quality healthcare”	
“physician accessibility”	

### Top environmental concerns creating barriers

Physical barriers, especially for people with disabilities	19.94%
Natural environment, such as plants, weather, or climate change	19.67%
Exposure to toxic substances and other physical hazards	19.67%
Housing, homes, and neighborhoods	16.62%
Built environment, such as buildings or transportation	10.25%
Aesthetic elements, such as good lighting, trees, or benches	7.20%
Worksites, schools, and recreational settings	6.65%

#### Other:

“access to quality healthcare”	
“most people don't take responsibility for their health, rely on medical experts to fix them when ill, rather than partner with doctor to create healthy lifestyle”	
“second hand smoke”	
“too much light "end of night"”	
“crime and violence in city an communities”	



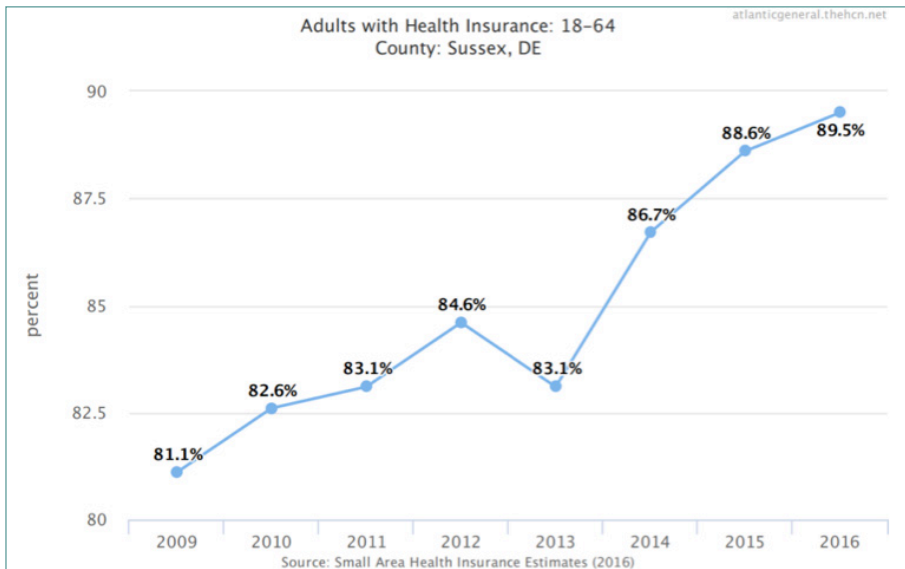
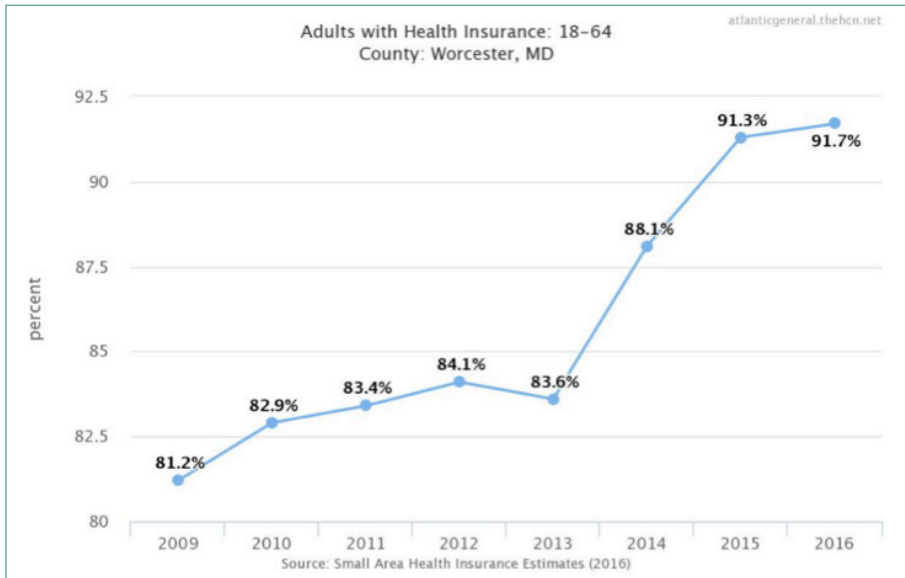
## Impact of Previous Actions Taken

### 2016 - 2018 Community Needs

The community needs prioritized in previous CHNA include: Access to Care, Heart Disease and Stroke, Cancer, Respiratory Disease, including smoking, nutrition, physical activity and weight, diabetes, opioid abuse, arthritis, osteoporosis and chronic back pain, 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). The community’s needs are key focus areas in the Atlantic General Hospital Strategic Plan – Vision 2020.

### Community Health Progress

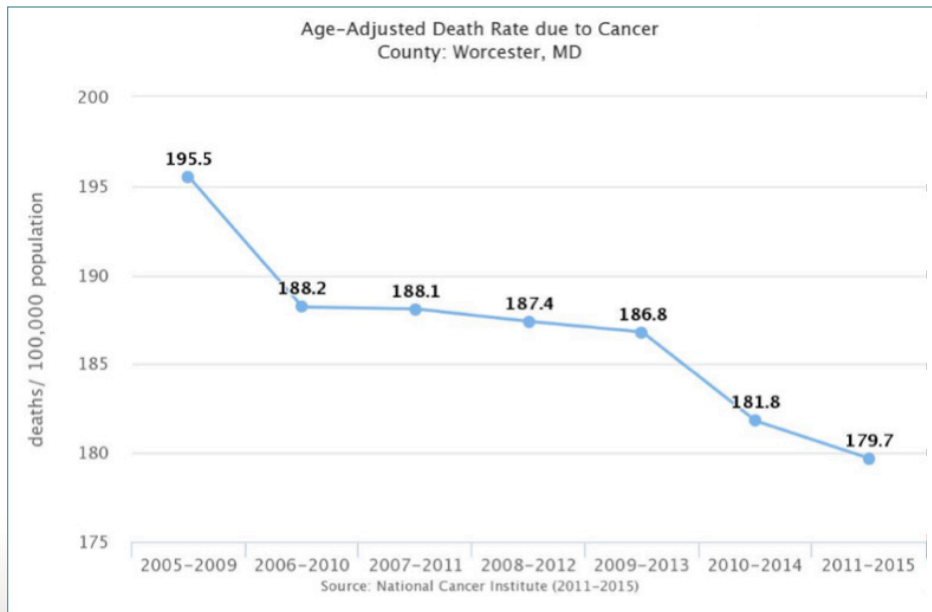
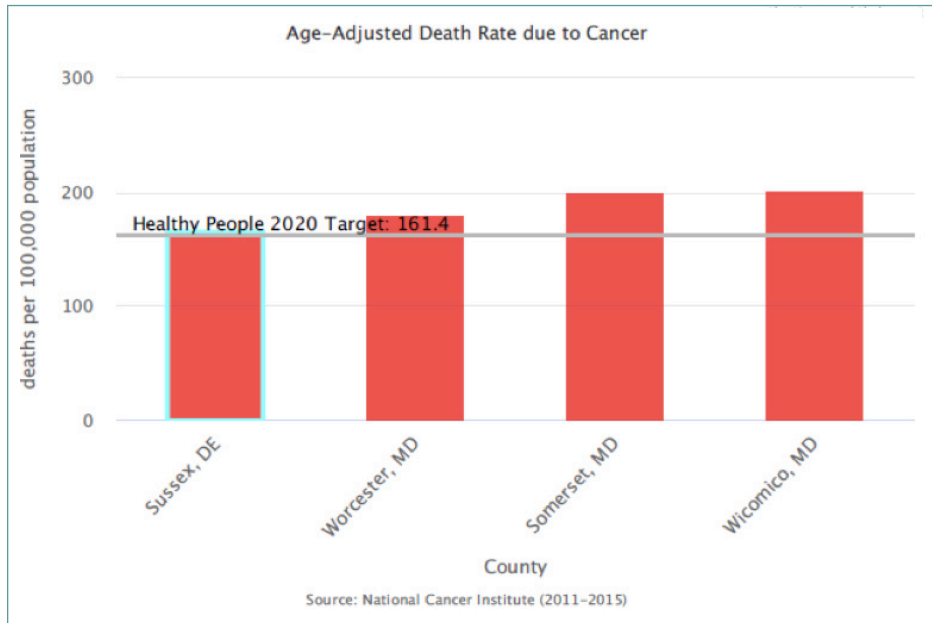


The *Healthy People 2020* national health target is to increase the proportion of people with health insurance to 100%.





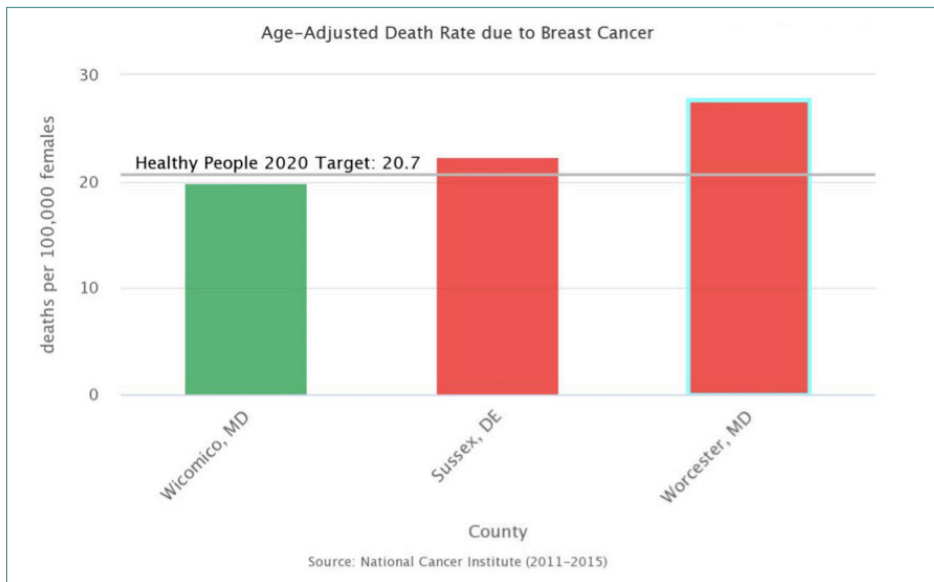
## Priority Area: Cancer



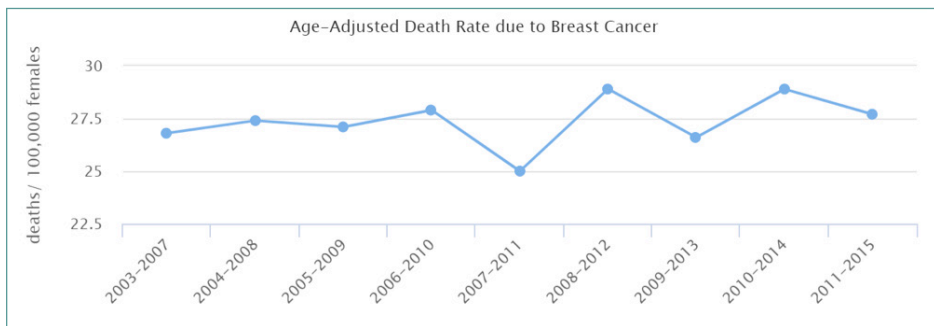
The *Healthy People 2020* target is to reduce the overall cancer death rate to 161.4 deaths per 100,000 population.



## Breast Cancer

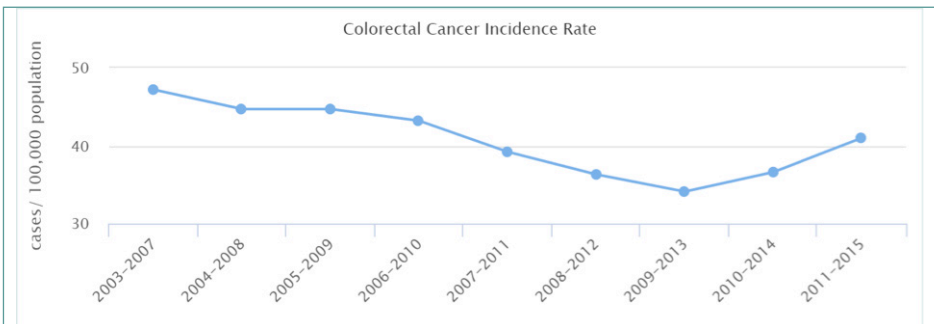


The *Healthy People 2020* national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females.

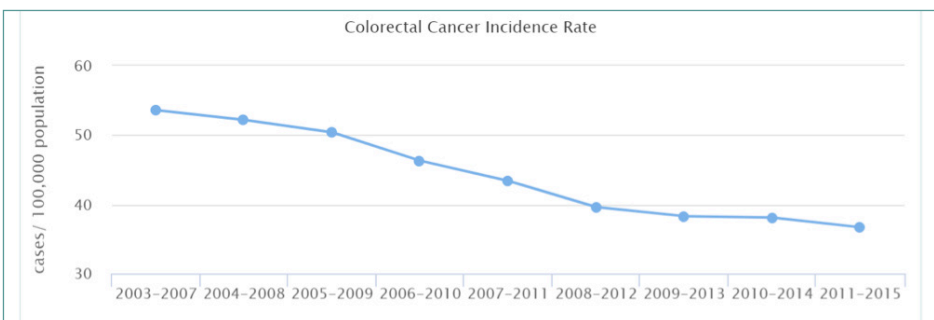


## Colorectal Cancer

### Worcester



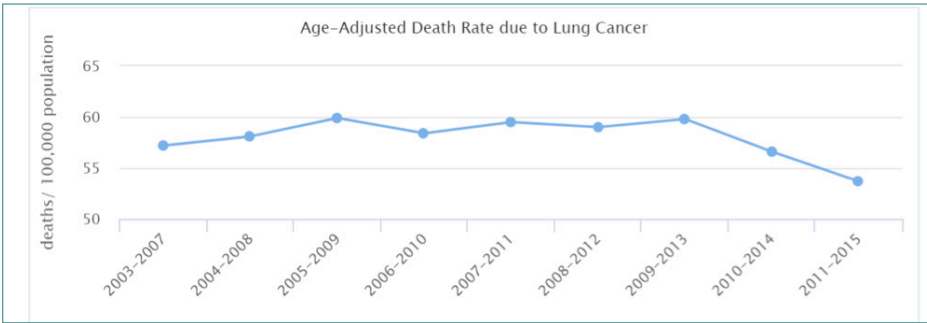
### Sussex



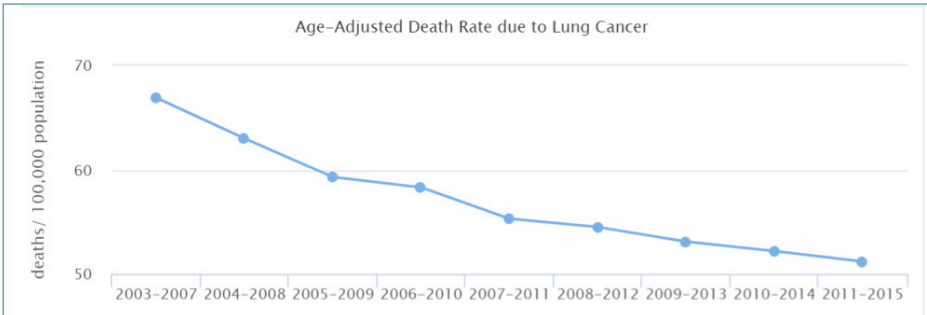
Over time, Sussex County is significantly decreasing (36.6).  
The *Healthy People 2020* national health target is to reduce the colorectal cancer incidence rate to 39.9 cases per 100,000 population.

# Lung Cancer

## Worcester



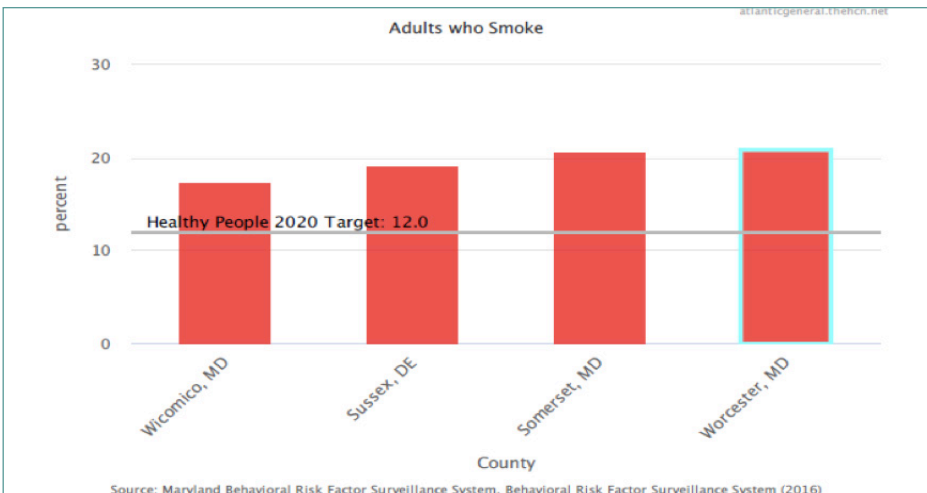
## Sussex



Worcester County is trending down (53.7) as is Sussex County (51.2).

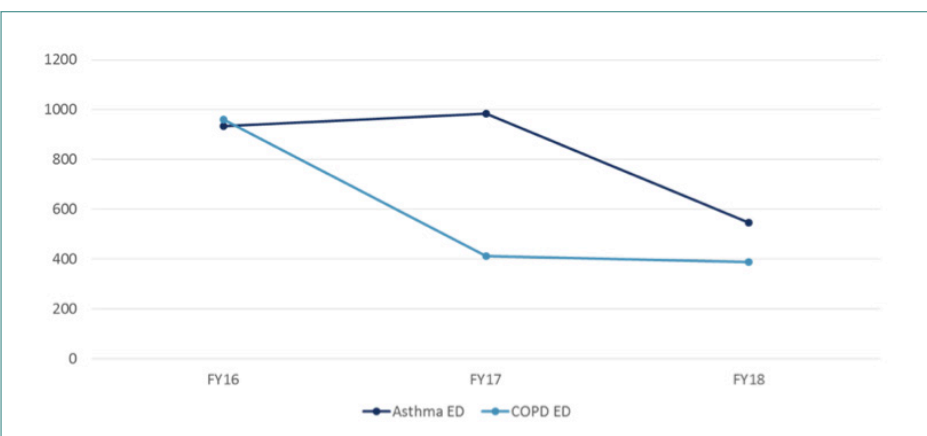
The *Healthy People 2020* national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population.

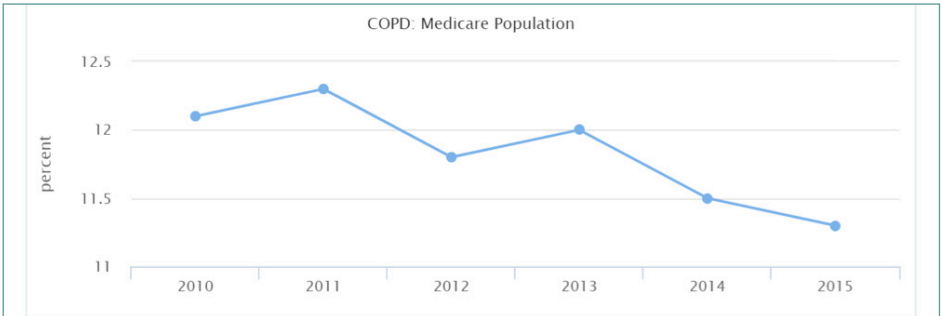
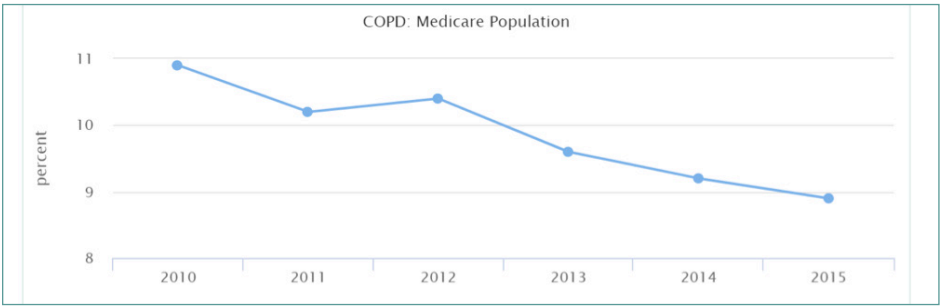
## Priority Area: Respiratory Disease, including Smoking



The *Healthy People 2020* national health target is to decrease adults who smoke below 12.0%.

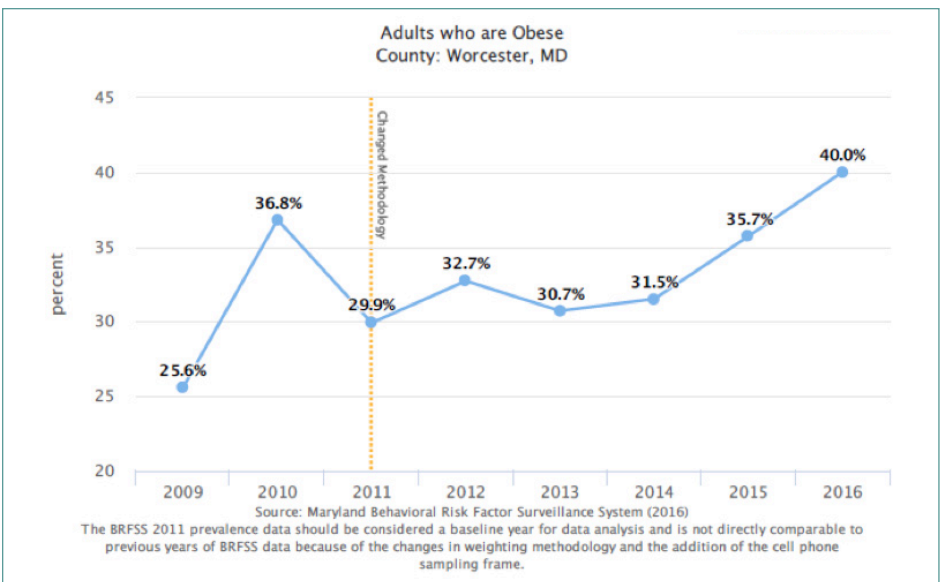
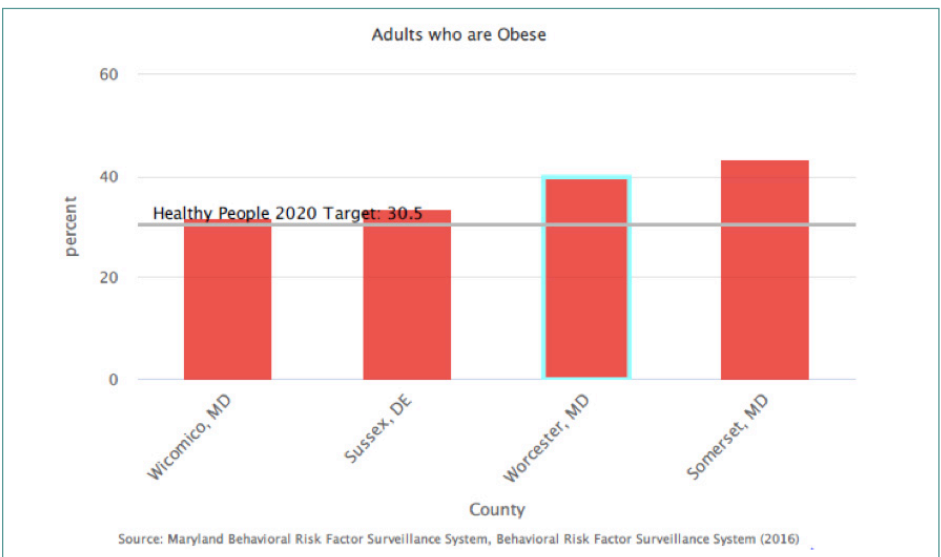
AGH Internal Data shows ED Visits are decreasing for COPD and Asthma.





The Worcester County Medicare percentage is decreasing significantly (8.9%), as is Sussex County (11.3%).

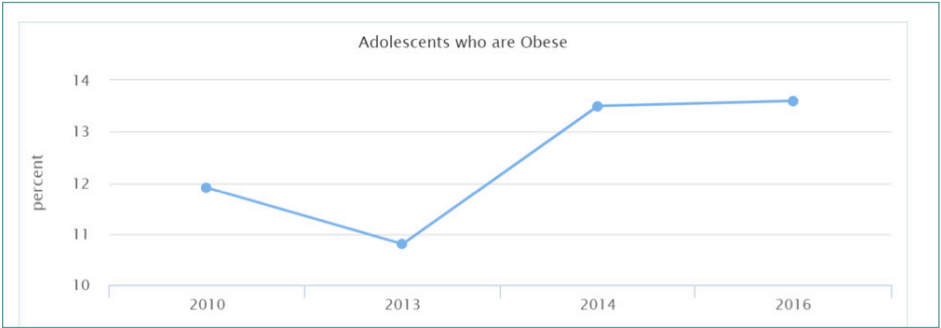
### Priority Area: Nutrition, Physical Activity & Weight



The *Healthy People 2020* national health target is to reduce the proportion of adults aged 20 and older who are obese to 30.5%.



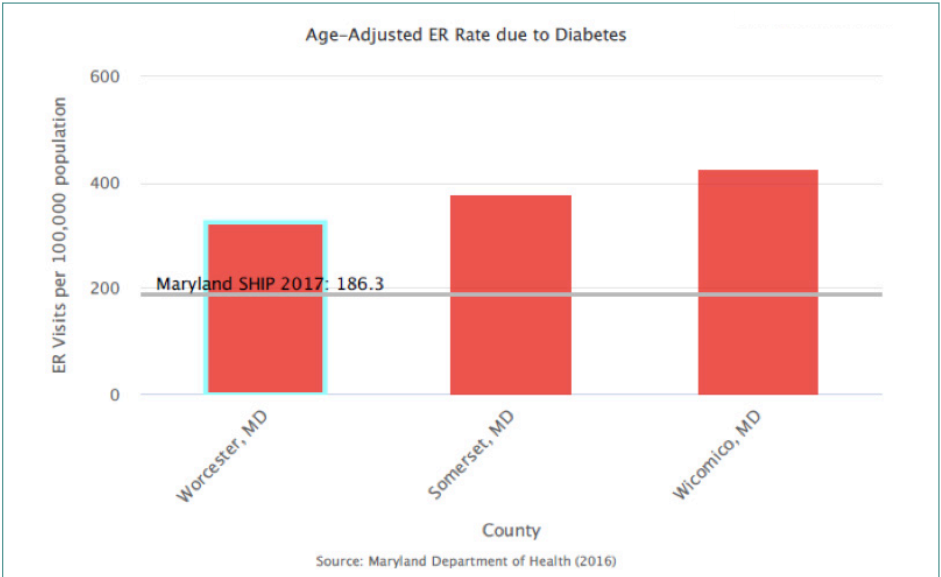
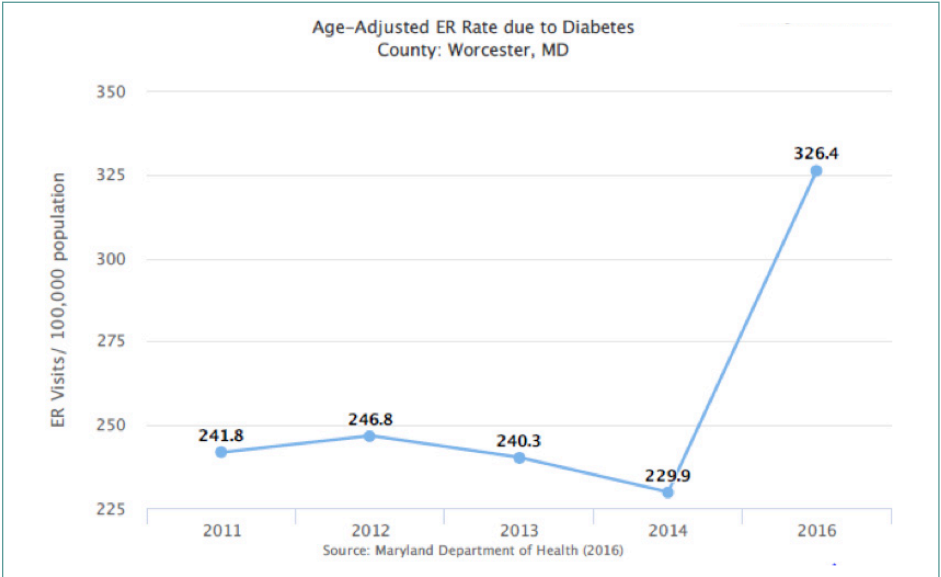




Worcester County has exceeded the *Healthy People 2020* target at 13.6%.

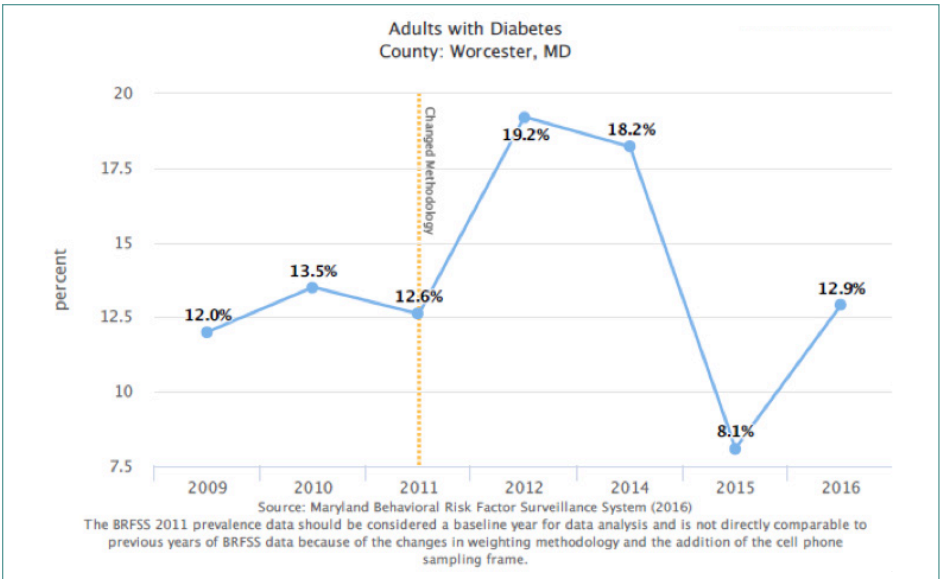
The *Healthy People 2020* national health target is to reduce the proportion of adolescents ages 12 to 19 who are obese to 16.1%.

### Priority Area: Diabetes



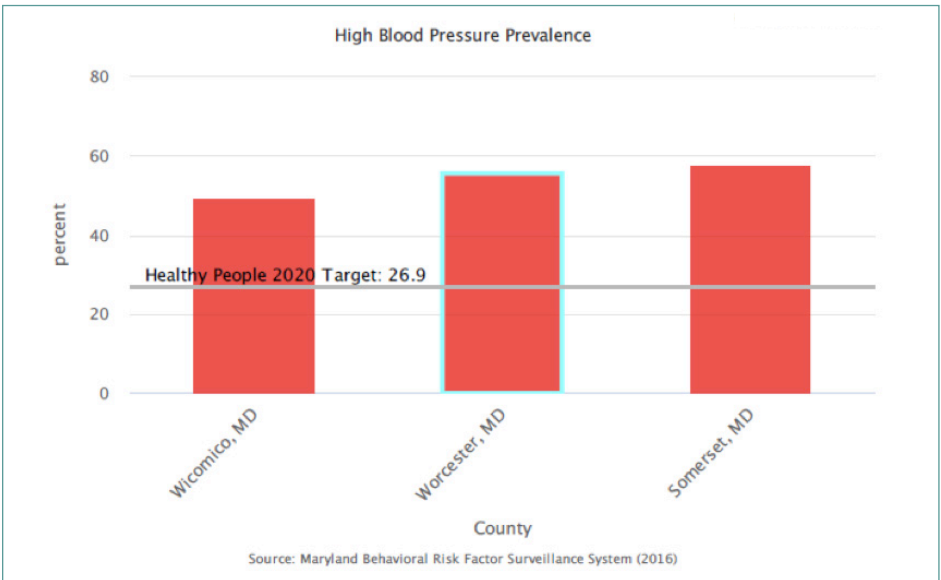
The Maryland SHIP 2017 Target is to reduce the rate of emergency room visits due to diabetes to 186.3 emergency room visits per 100,000 population.



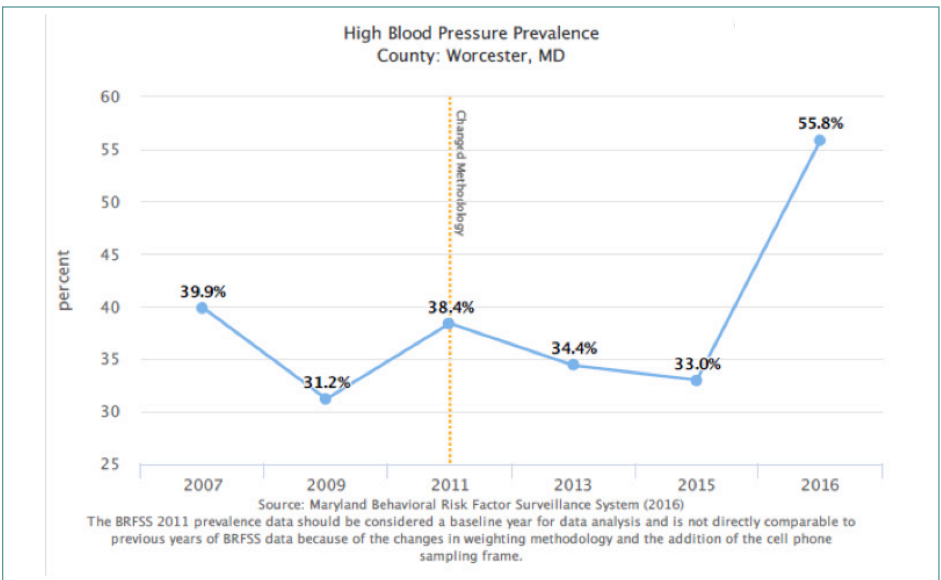


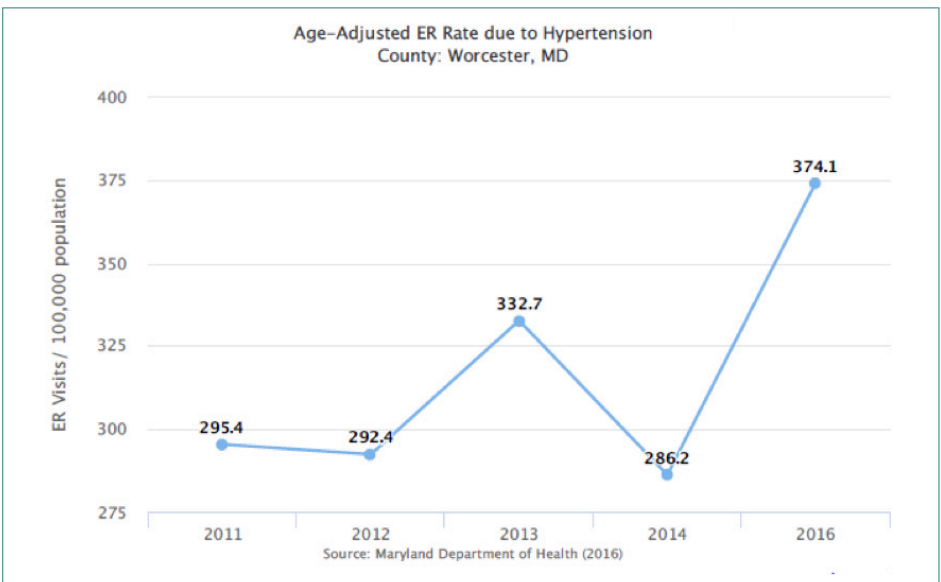
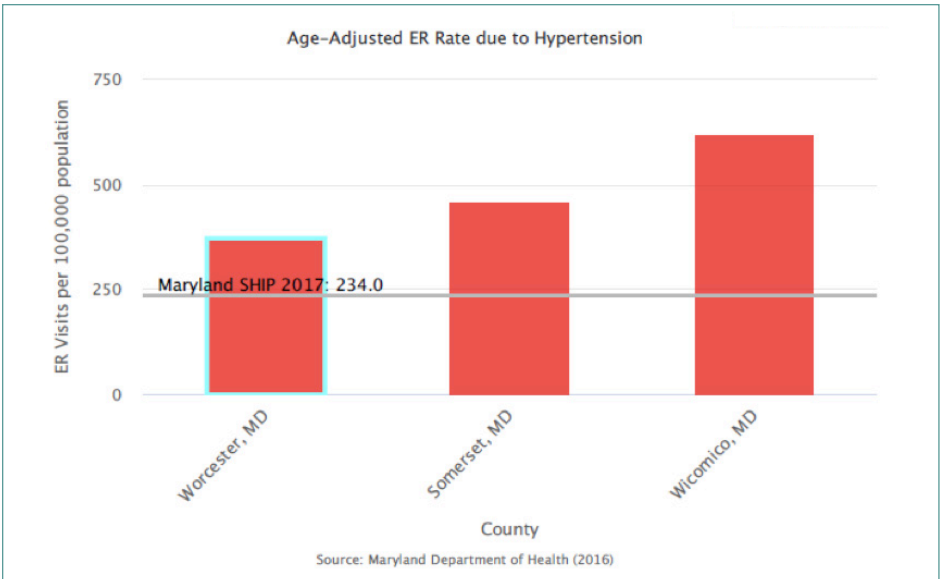
## Priority Area: Heart Disease & Stroke

Healthy People 2020

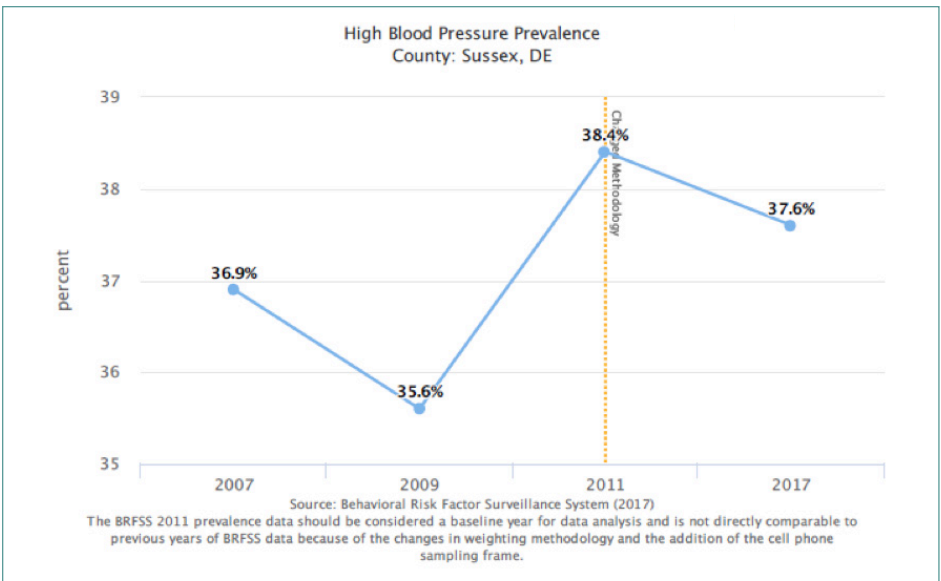


The *Healthy People 2020* national health target is to reduce the prevalence of high blood pressure to 26.9%





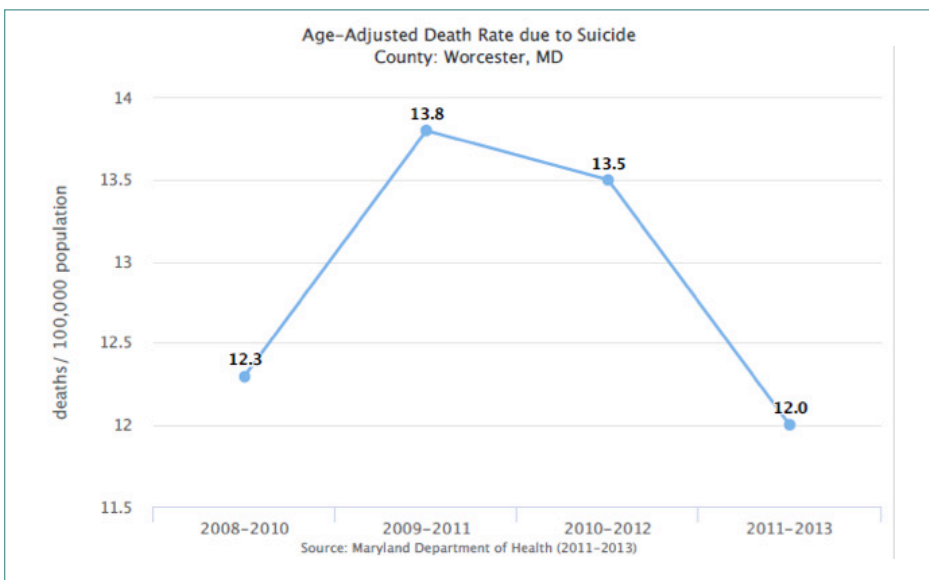
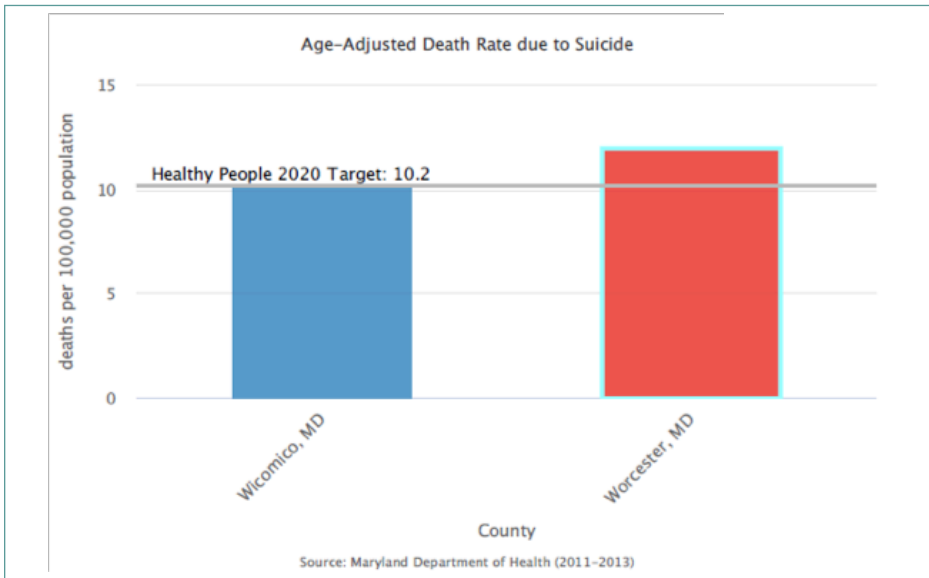
The *Healthy People 2020* national health target is to reduce age-adjusted ER rate due to hypertension to 23.4%.



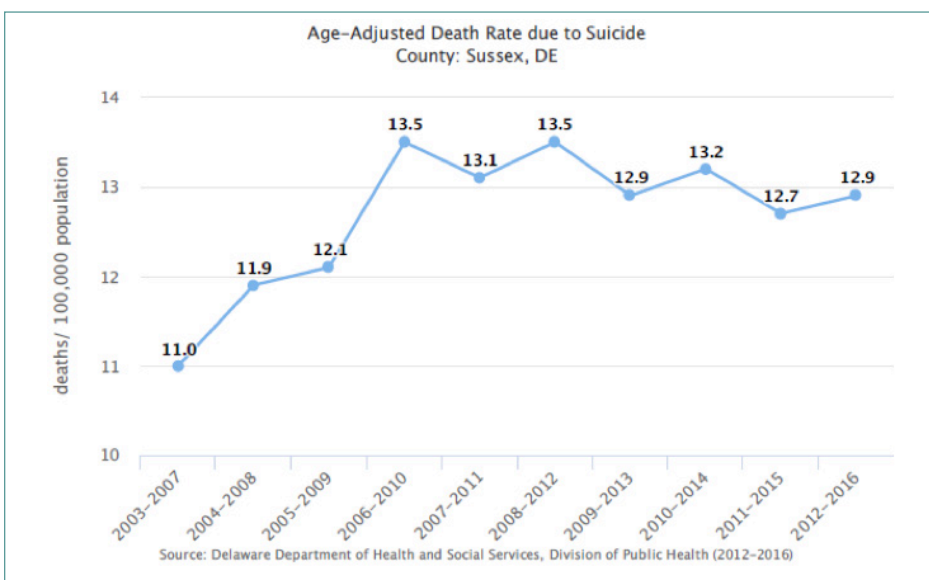


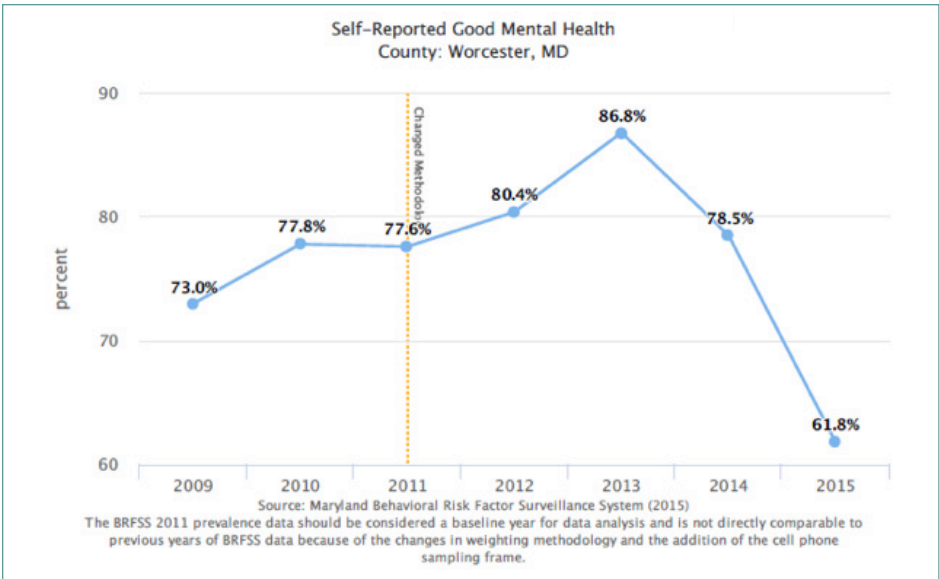
## Priority Area: Mental Health

Healthy People 2020

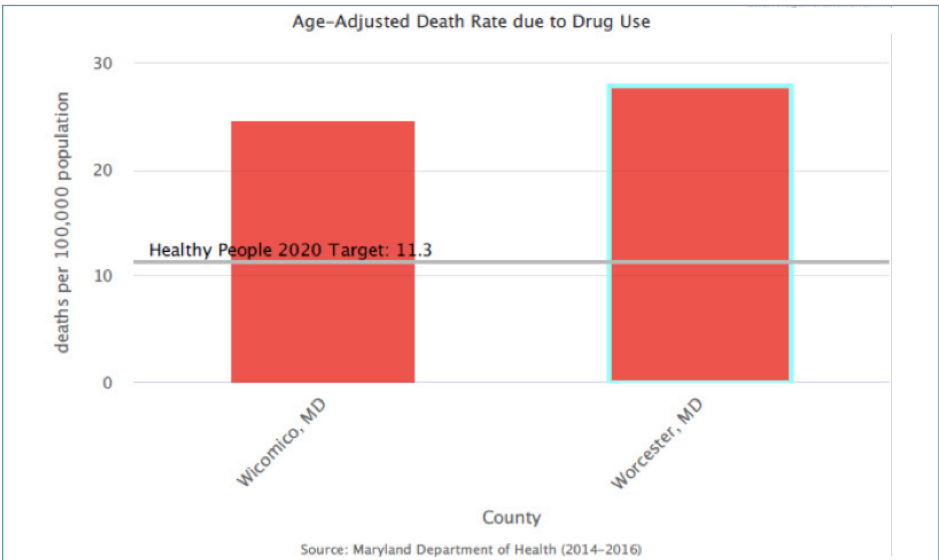


The *Healthy People 2020* national health target is to reduce the age-adjusted death rate due to suicide to 10.2 deaths per 100,000 population.



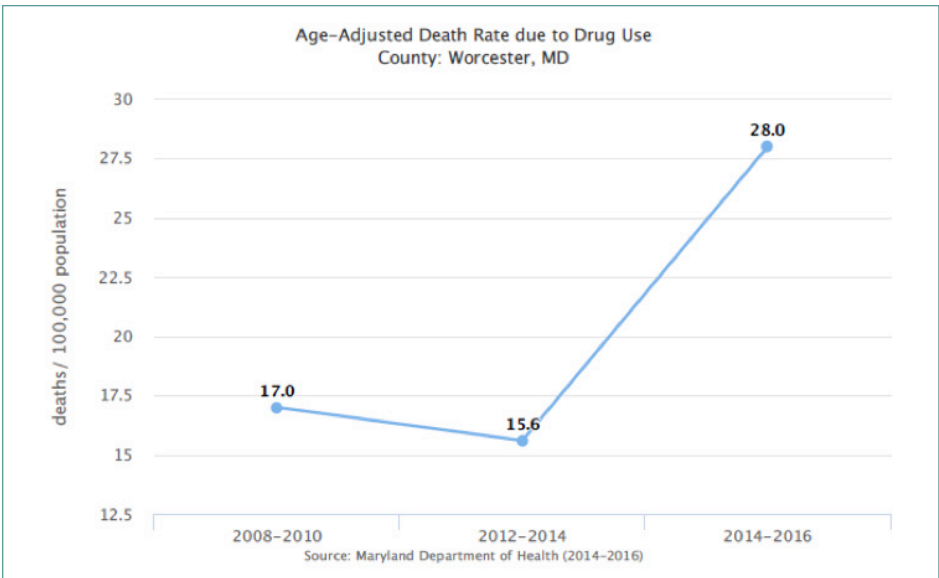


### Priority Area: Opioid Abuse



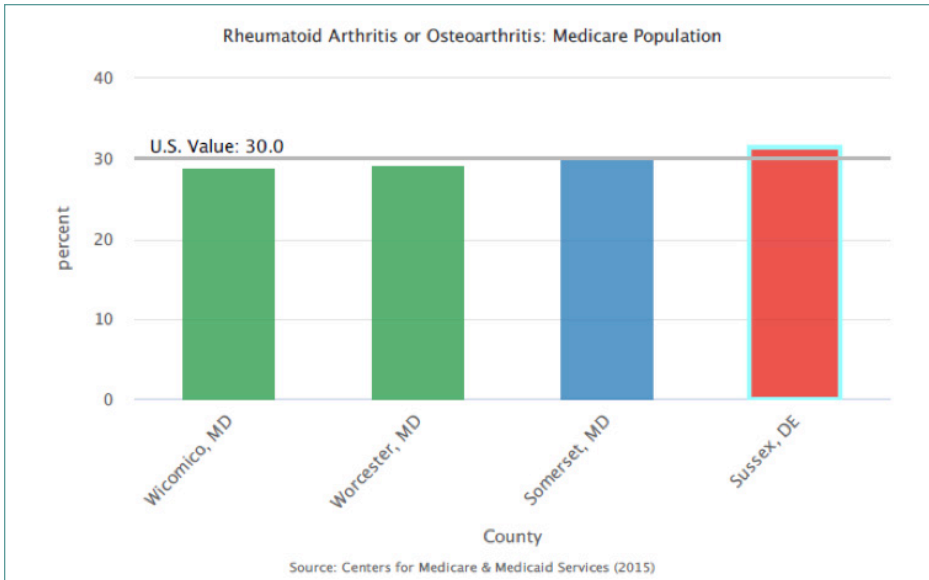
Healthy People 2020

The *Healthy People 2020* national health target is to reduce the age-adjusted death rate due to drug use to 11.3 deaths per 100,000 population.

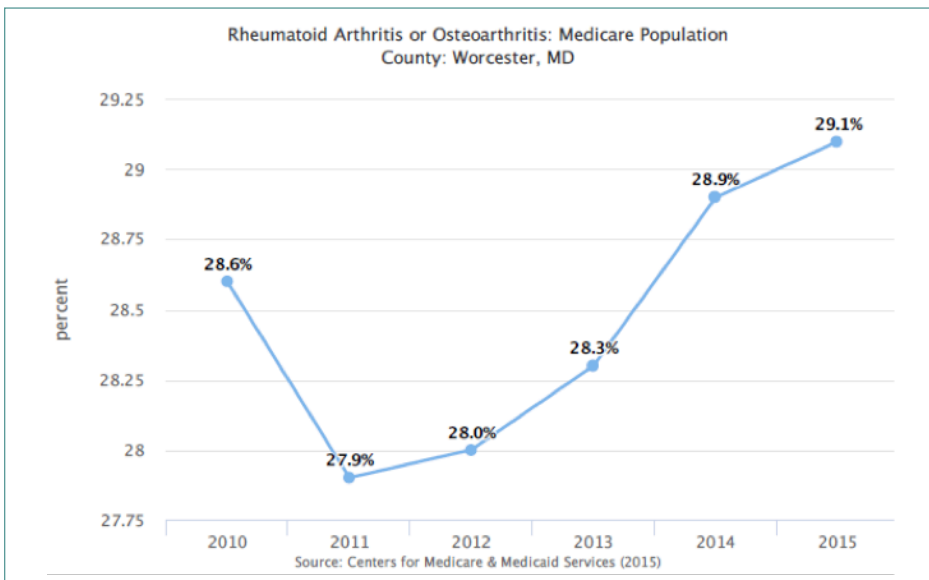
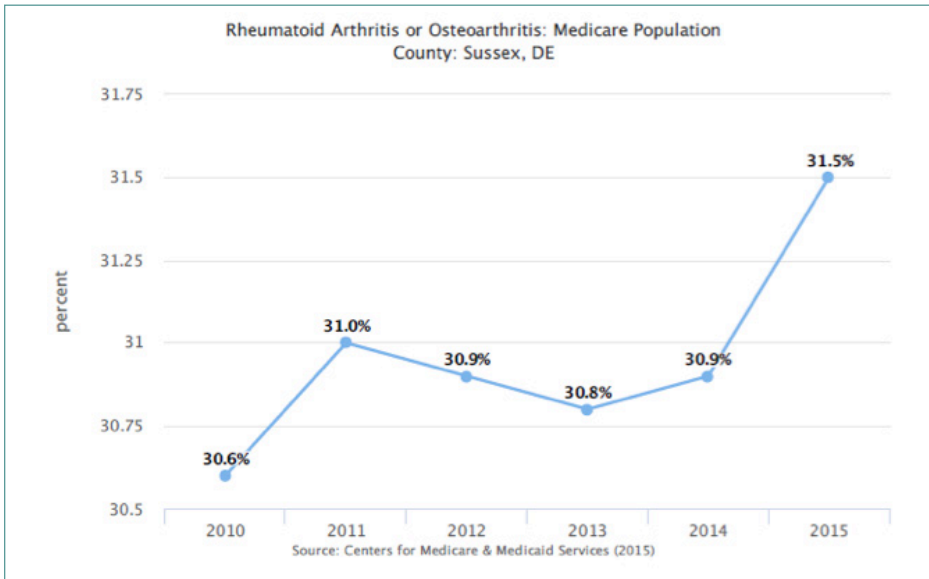


## Priority Area: Arthritis, Osteoporosis & Chronic Back Pain

Healthy People 2020



The *Healthy People 2020* national health target has been met in Worcester, not Sussex County. Both counties are showing steep inclines due to the changing demographics in the area.





## Community Benefit Priorities

Key findings from all resources were used as a framework to develop community benefit priorities. These are closely aligned with local, state, and national priority areas. The process for determining the priorities of the Community Outreach programs involves many people inside and outside the organization. The hospital's strategic initiatives are determined by the Hospital Board 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 Community Health Needs Assessment. In addition to input from those groups there are two committees that have a part in setting our priorities; they are the Community Benefits Committee and the Healthy Happenings Advisory Board.

The Healthy Happenings 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 the hospital and comply with the government regulations regarding reporting Community Benefits. Because the committee is made of all departments the views are varied. Annual eval-

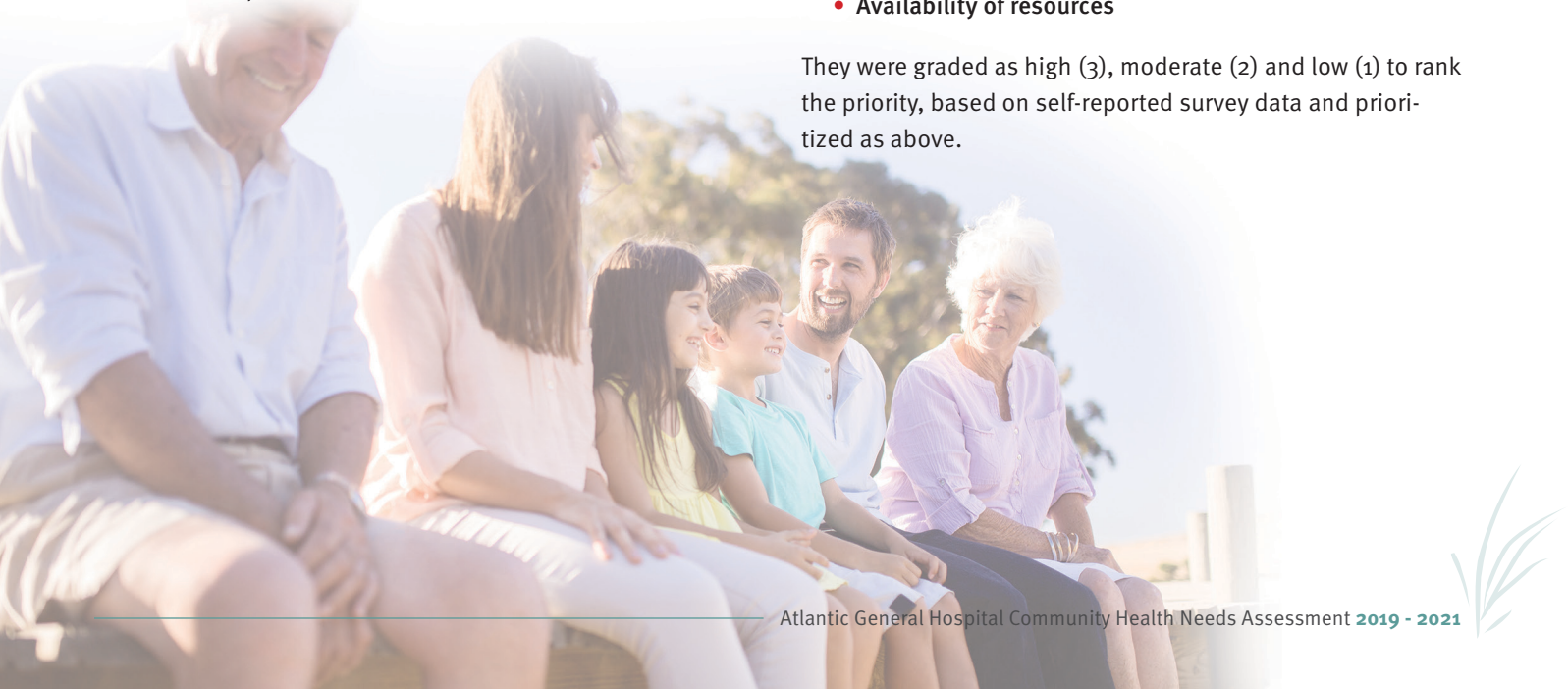
uations of each initiative's success are found in the HSCRC Community Benefit Report sent to the State of Maryland.

Our hospital leaders are involved on many community boards and community entities (both for profit and not-for-profit). Through these boards we are able to keep abreast of the underserved, low income and/or minority needs in the community. We are involved in the health departments throughout our service area in Maryland and Delaware and coordinate services with them to decrease duplication of services and know what services are needed to fill the gaps. Obviously working with the target areas of the state improvement initiatives influences the priorities we set. Our 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 that we can use for assisting us in setting priorities.

The 2019-2021 Community Benefit priorities are based on the criteria of

- **Size and severity of the problem determined by what percentage of the population is effected 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.



## Areas of Opportunity

Areas of Opportunity		∅ size and severity of the problem determined by what percentage of the population is effected by risks	∅ health system's ability to impact the need	∅ availability of resources	Total
<b>Access to Health Services</b>	Difficulty getting a physician appointment Physician recruitment Cost of care	high	high	high	9
<b>Cancer</b>	Prevalence of Cancer	high	high	high	9
<b>Diabetes</b>	Prevalence of Diabetes Borderline/Pre-Diabetes	high	mod	high	8
<b>Respiratory Disease</b>	COPD Asthma diagnosis	mod	mod	high	7
<b>Nutrition, Physical Activity &amp; Weight</b>	Prevalence of overweight & obesity Meeting physical activity guidelines lack of leisure time physical activity	high	mod	mod	7
<b>Heart Disease &amp; Stroke</b>	Heart Disease Prevalence High Blood Pressure High blood cholesterol Overall Cardiovascular Risk	high	mod	mod	7
<b>Behavioral Health</b>	Mental Health, Suicide prevention Substance Abuse	high	mod	low	6
<b>Arthritis, Osteoporosis &amp; Chronic back conditions</b>	Prevalence of Sciatica/Chronic Back Pain	mod	low	high	6
Dental Health	Adolescents & Adults	mod	low	low	4
Injury & Violence Prevention	Use of Seatbelts	low	low	low	3

\*Dental Health, Injury & Violence Prevention will not be areas of priority to address, Planning Committee 4/24/19

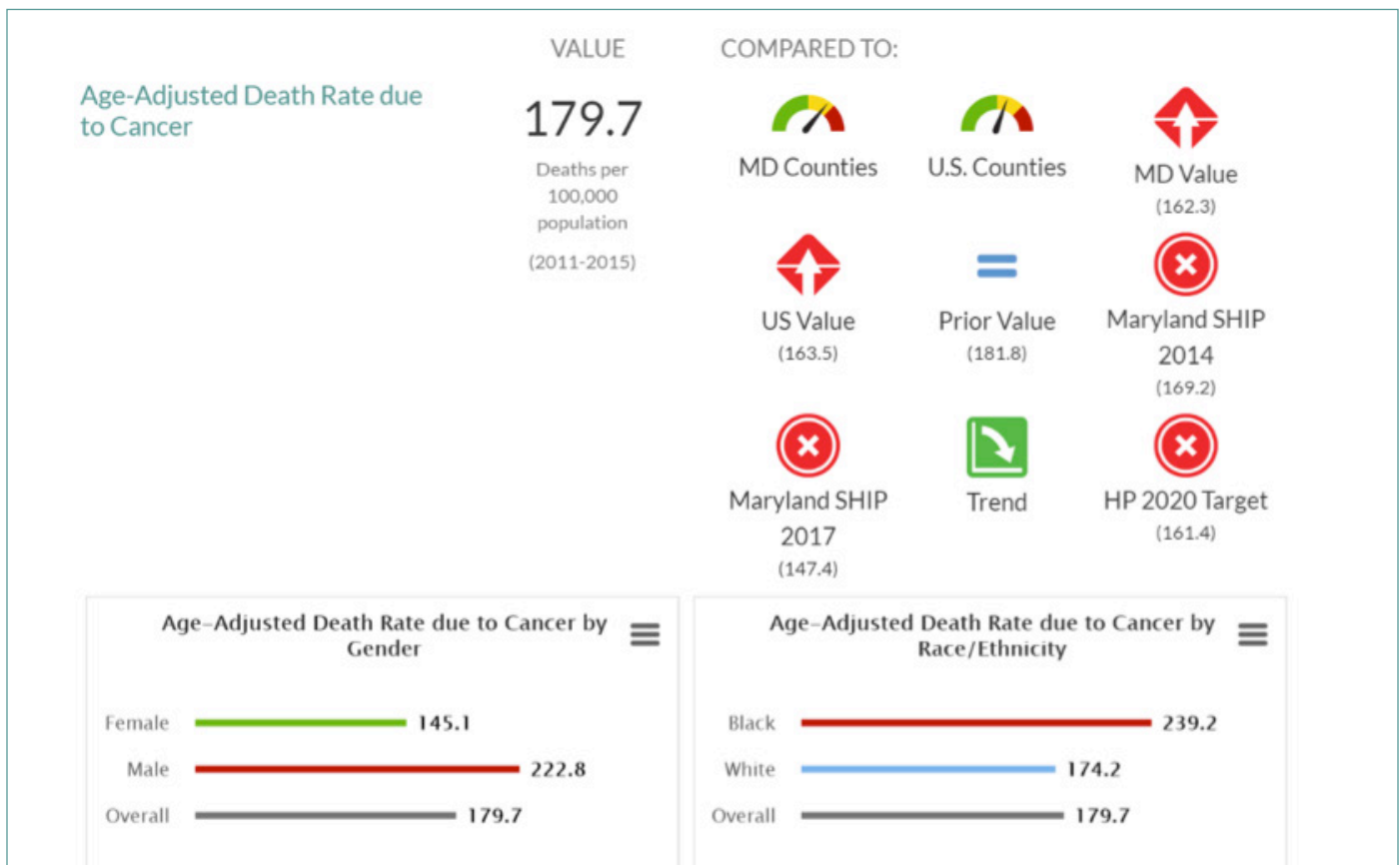


## Vulnerable Populations and Disparities

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.” Worcester County, MD residents 6-17 years of age are the largest age group with Healthcare Coverage in Maryland. The age groups most likely to have health care coverage are 6-17 and 55-64, for men and women respectively. Nationally, 6-17 (for men) and 6-17 (for women) are the age groups most likely to have coverage. 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 weakness evident in Worcester and Sussex Counties.

Cancer rates in the Black population exceed other ethnicities. The cancer rate is higher in males than females. In particular, lung and prostate cancer hold the same trends with black males.

### Cancer



### Age-Adjusted Death Rate due to Lung Cancer

53.7

Deaths per 100,000 population  
(2011-2015)



#### Age-Adjusted Death Rate due to Lung Cancer by Gender



#### Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity



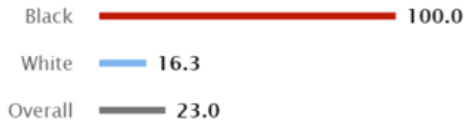
### Age-Adjusted Death Rate due to Prostate Cancer

23.0

Deaths per 100,000 males  
(2011-2015)



#### Age-Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity



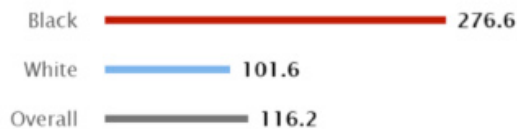
### Prostate Cancer Incidence Rate

116.2

Cases per 100,000 males  
(2011-2015)



#### Prostate Cancer Incidence Rate by Race/Ethnicity

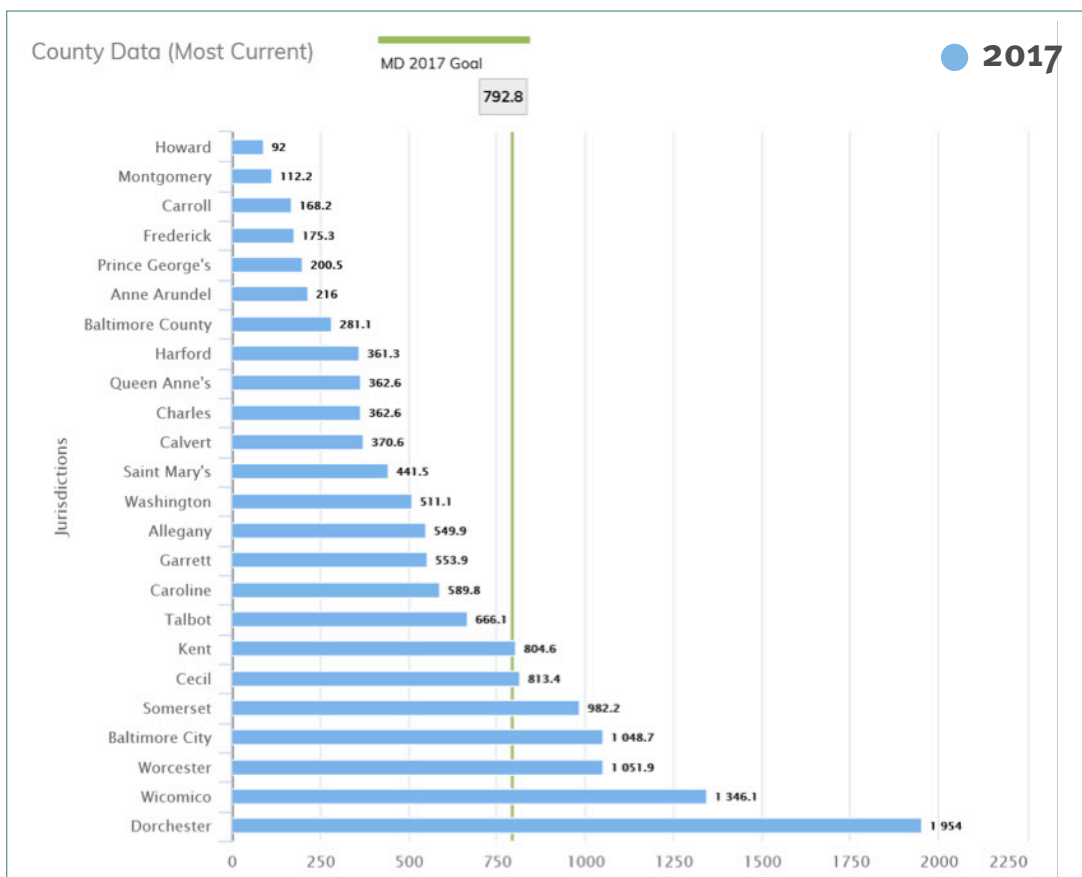
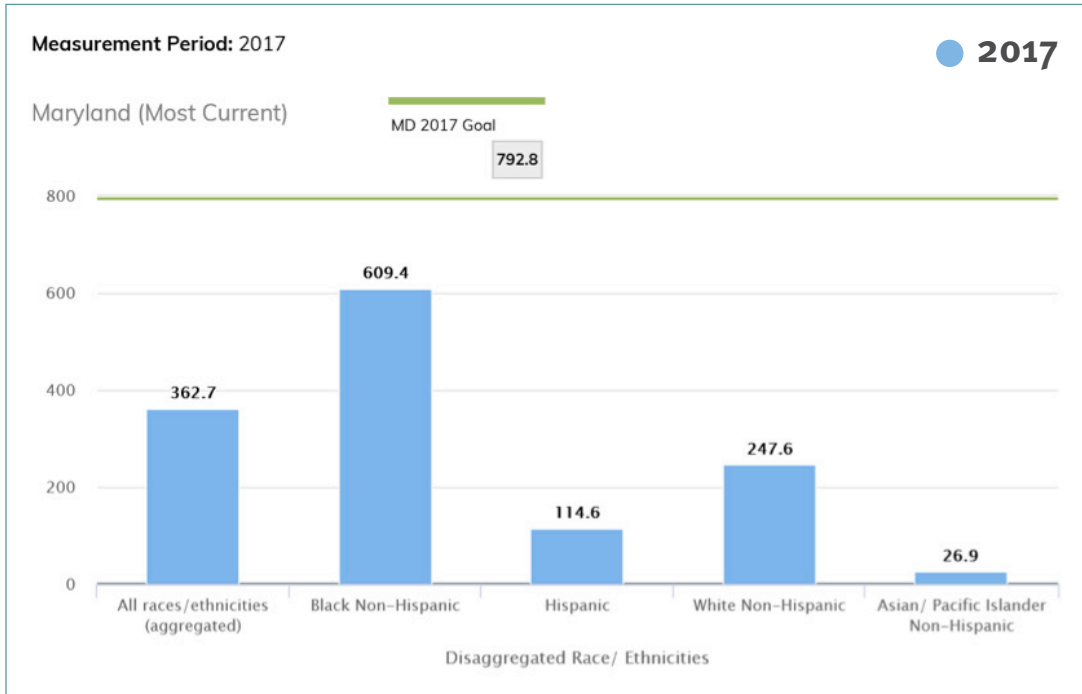




## Dental

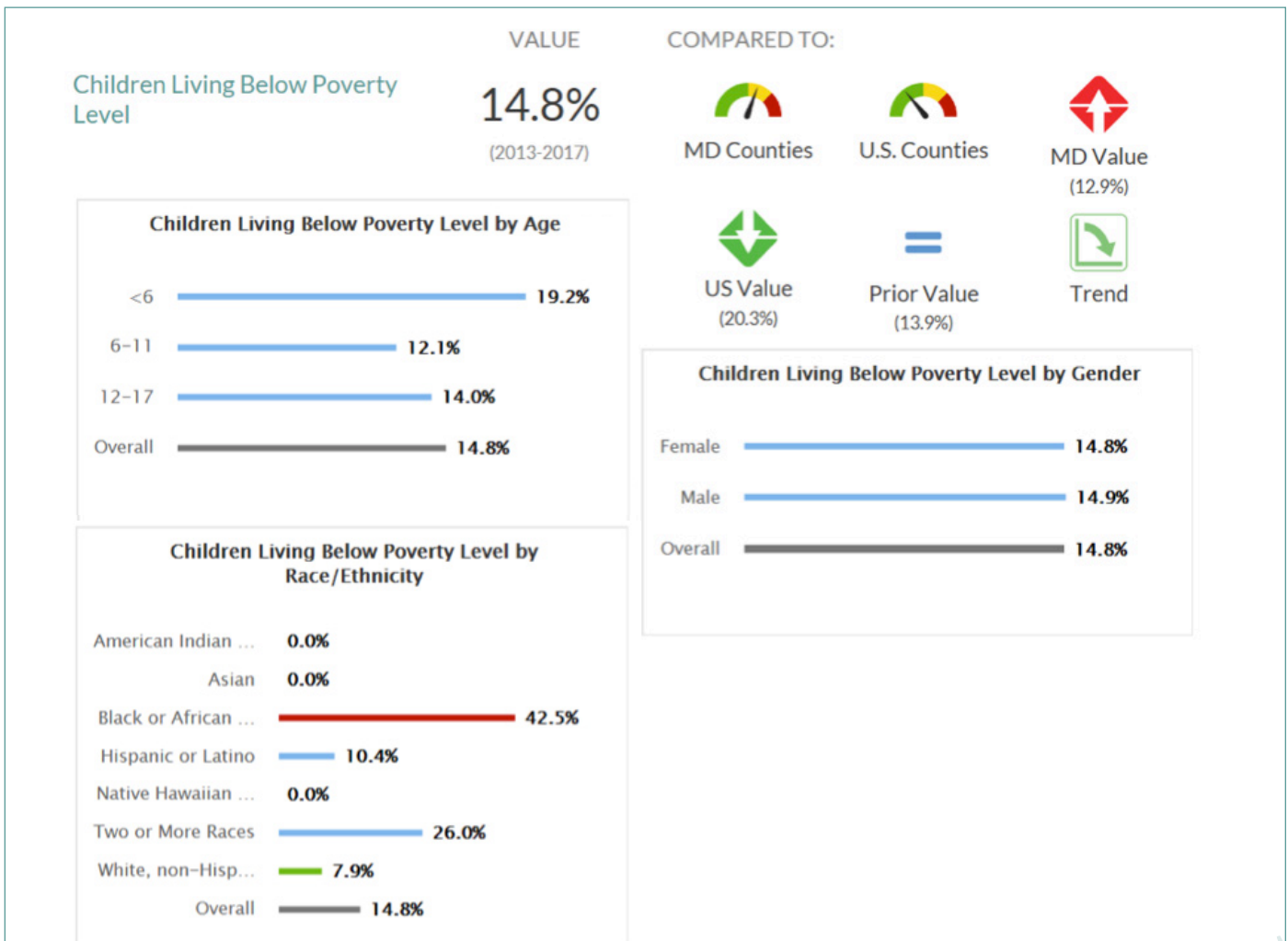
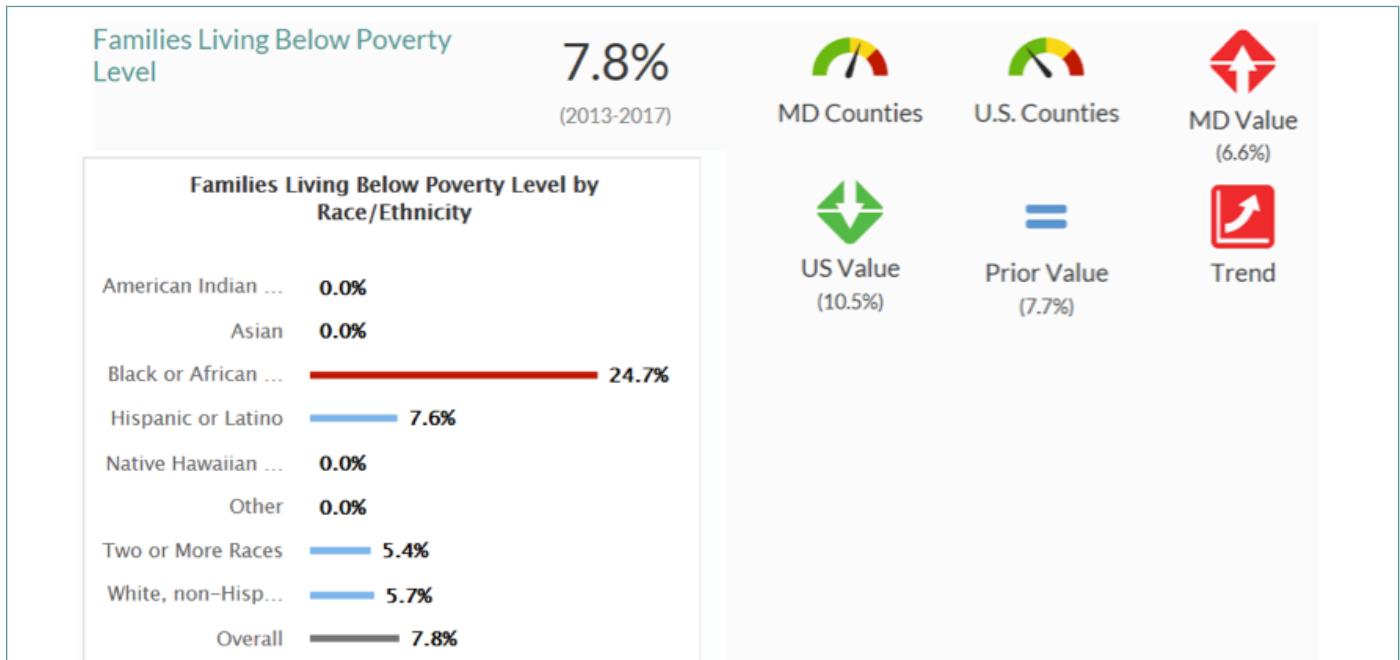
Emergency department visit rate for dental care shows the emergency department visit rate related to dental problems (per 100,000 population). The utilization of dental services in Emergency departments has steadily risen over the last decade. Dental emergency department visits are growing as

a percentage of all emergency department visits throughout the United States. Data reported through the Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files reflects:



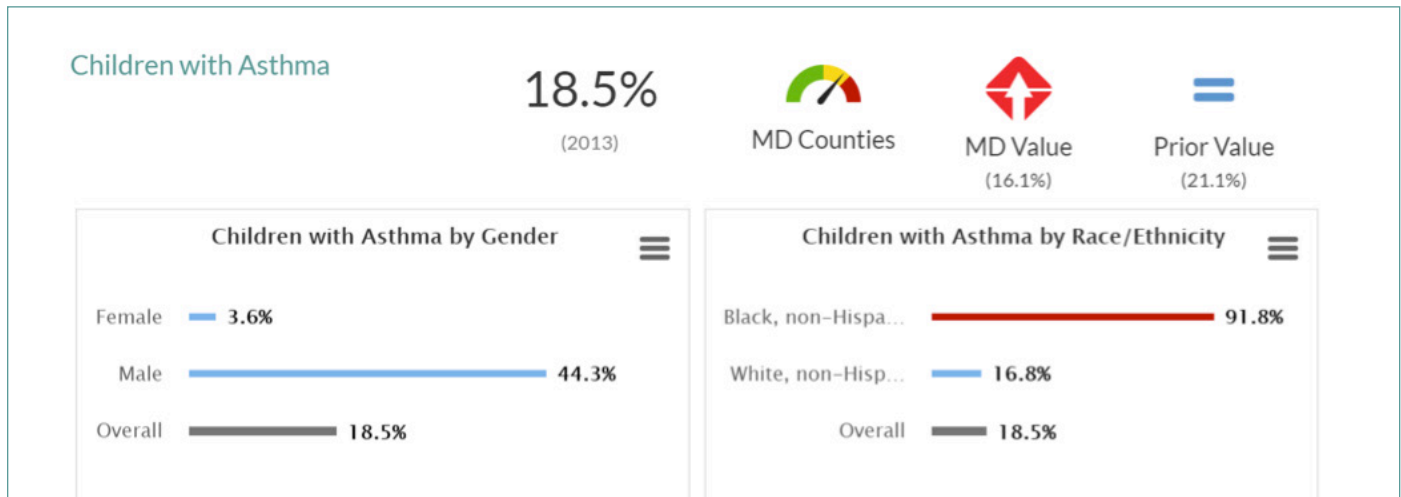
## Poverty Rate

Families living below the poverty level are more likely to be in the Black population than any other group by four-fold percentage.



## Asthma

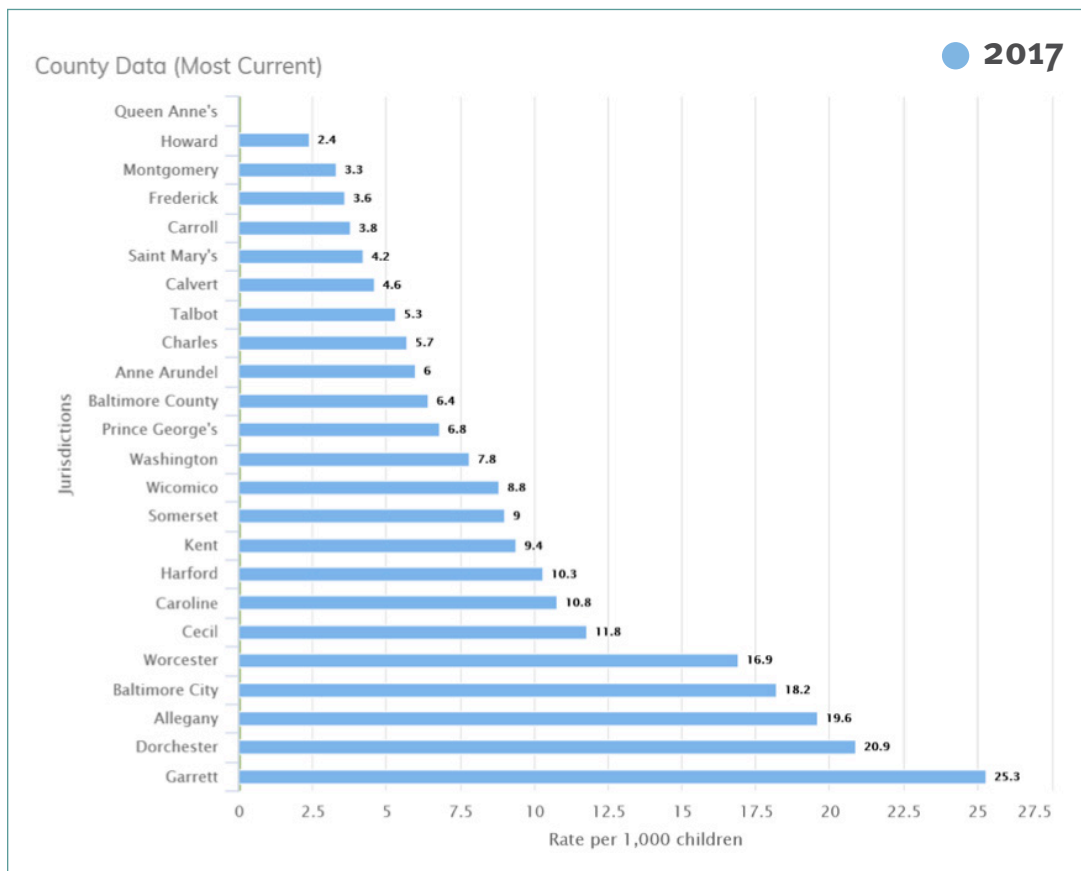
Asthma, in Worcester County is predominately reported in Black, non-Hispanic males.



## Maltreatment of Children

Worcester County ranks as the 5th highest in Maryland for the rate of children who are maltreated per 1,000 population under the age of 18. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems,

or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children. As reported by Maryland Department of Human Resources (DHR) through 2017.



## Priority Needs Not Addressed

### Dental Health

At this time AGH/AGHS has no resources to meet this need other than referral services. The Worcester County Health Department does have a dental health program in Berlin, Maryland. In our neighboring counties (Somerset and Wicomico) there is a federally funded and run dental health program run through Chesapeake Health Services TLC clinic (Three Lower Counties). In lower Delaware, the services are provided by La Red, a comprehensive health service center. AGH currently plays a role in the Mission of Mercy that comes into the region every two years to provide free dental care.

### Communicable Disease

Though not designated as a priority, AGH does provide immunization services to the communities we serve. We provide free flu immunizations to all our associates and their families, as well as all of the volunteers at the hospital. We also provide free community flu clinics at local businesses, and health fair events by AGH. Our neighboring hospital PRMC does a large drive-through flu event which services Wicomico and Somerset counties. In addition, the Health Departments partnered with AGH, provide other services for communicable diseases to assist with any outbreaks if needed, partnered with UMES Pharmacy School, WCHD and AGH Vote and Vax initiative.

While transportation, public or private, remains a barrier in the rural community, there are other community organizations better aligned to address this priority. It did not rank as high in this CHNA, although still discussed in focus groups. AGH has been addressing some transportation needs through a voucher system.



## Data Gaps Identified

While this Community Health Needs Assessment is comprehensive, AGH 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 Sussex County, Delaware 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 on its website [www.agh.care/community](http://www.agh.care/community).

- 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.

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AGH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. AGH will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.



## References

- County Health Outcomes & Roadmaps, 2019, <http://www.countyhealthrankings.org>
- Charts of Selected Black vs. White Chronic Disease SHIP Metrics: Tri-county Health Planning Initiative <http://dhmh.maryland.gov/mhhd/Documents/Tri%20County%20SHIP%20Disparities%20Data%20Charts%20033012.pdf>
- Delaware Behavioral Risk Factor Surveillance System <http://www.dhss.delaware.gov/dhss/dph/dpc/files/de-10countydata.pdf>
- Healthy Communities Network [www.healthycommunitiesinstitute.com](http://www.healthycommunitiesinstitute.com)
- Healthy People 2020 [www.cdc.gov/nchs/healthy\\_people/hp2010.htm](http://www.cdc.gov/nchs/healthy_people/hp2010.htm)
- Maryland State Health Improvement Process (SHIP) [www.dhmh.maryland.gov/ship](http://www.dhmh.maryland.gov/ship)
- State of Delaware Community Health Status Assessment, 2012, Delaware Health and Social Services, Division of Public Health <http://dhss.delaware.gov/dhss/dph/files/shachsa.pdf>
- Tri-County Health Improvement Plan (T-CHIP) <http://www.worcesterhealth.org/community-health-improvement-planning-chip/tri-county-health-improvement-planning-t-chip>
- Worcester County Community Health Assessment <http://worcesterhealth.info/files/2012%20Community%20Health%20Assessment.pdf>
- Worcester County Community Health Improvement Plan (CHIP) <http://worcesterhealth.info/files/Final%20CHIP%202012.pdf>
- Atlantic General Hospital Medical Staff Survey (2018)
- US Census Bureau
- Delaware Department of Labor, (2016)
- Delaware Health Tracker <http://www.delawarehealthtracker.com>
- Healthier Sussex County Task Force (2016). <http://www.healthiersussexcounty.com>
- Beebe Medical Center Community Health Assessment [http://www.beebehealthcare.org/sites/default/files/1-CH-NA%20FINAL%20DRAFT\\_o.pdf](http://www.beebehealthcare.org/sites/default/files/1-CH-NA%20FINAL%20DRAFT_o.pdf)
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1 Internal Revenue Bulletin: 2015-5 February 2, 2015 TD 9708 Additional Requirements

Community Health Needs Assessments for Charitable Hospitals; Requirement of a Sect and Time for Filing the Return. See [https://www.irs.gov/irb/2015-5\\_IRB/aro8.html](https://www.irs.gov/irb/2015-5_IRB/aro8.html)





## Appendices

- Appendix A:** Worcester County Health Department Community Health Document Links
- Appendix B:** Worcester County Measures Relative to the State Health Improvement Plan
- Appendix C:** Master List: Who was Involved in Assessment?
- Appendix D:** Worcester and Sussex County 2019 Health Rankings
- Appendix E:** Maryland State Health Improvement Process (SHIP) Indicators
- Appendix F:** Atlantic General Hospital Community Health Needs Assessment Survey
- Appendix G:** CHNA Survey Results with Written Comments
- Appendix H:** 2016-2018 Goals and Actions Implemented



## Appendix A

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Worcester County Health Department Community Health Document Links

### **Worcester County 2017 Community Health Assessment**

[http://www.worcesterhealth.org/files/Final%202017%20CHA\(1\).pdf](http://www.worcesterhealth.org/files/Final%202017%20CHA(1).pdf)

### **Worcester County 2017-2020 Community Health Improvement Plan**

[http://www.worcesterhealth.org/images/CHIP-final-2017\\_final-2.pdf](http://www.worcesterhealth.org/images/CHIP-final-2017_final-2.pdf)

### **Community Health Data**

<http://www.worcesterhealth.org/about-us/25-the-wchd/1135-yrbs-worcester-data>





# Appendix B

## Worcester County Measures Relative to the State Health Improvement Plan

### Big Chart 2 Worcester County SHIP measurements

Focus Area	Indicator	Jurisdictions	Value	Change	Goal me..	
<b>Healthy Beginnings</b>	Infant Death Rate	Worcester	12.6	-6.4	No	
	Babies with Low Birth Weight	Worcester	5.0	-1.0	Yes	
	Sudden Unexpected Infant Death Ra..	Worcester	Null	Null	N/A	
	Teen Birth Rate	Worcester	12.9	-2.0	Yes	
	Early Prenatal Care	Worcester	78.6	-1.8	Yes	
	Students Entering Kindergarten Rea..	Worcester	56.0	11.0	N/A	
	High School Graduation Rate	Worcester	91.7	-1.4	No	
	Children Receiving Blood Lead Scree..	Worcester	58.7	0.6	No	
<b>Healthy Living</b>	Adults Who Currently Smoke	Worcester	20.9	Null	No	
	Adolescents Who Use Tobacco Produ..	Worcester	18.4	-4.1	No	
	HIV Incidence Rate	Worcester	4.4	-2.2	Yes	
	Chlamydia Infection Rate	Worcester	468.6	-17.8	No	
	Life Expectancy	Worcester	77.9	-0.6	No	
	Increase Physical Activity	Worcester	48.6	-3.3	No	
	Adolescents Who Have Obesity	Worcester	13.6	0.1	No	
	Adults Who Are Not Overweight Or ..	Worcester	30.9	-9.5	No	
<b>Healthy Communities</b>	Child Maltreatment Rate	Worcester	16.9	5.4	N/A	
	Suicide Rate	Worcester	Null	Null	N/A	
	Domestic Violence	Worcester	606.5	49.2	No	
	Children With Elevated Blood Lead L..	Worcester	0.1	-0.1	Yes	
	Fall-Related Death Rate	Worcester	Null	Null	N/A	
	Pedestrian Injury Rate On Public Ro..	Worcester	81.3	-8.1	No	
	Affordable Housing	Worcester	62.5	3.7	Yes	
	Adolescents Who Received A Wellne..	Worcester	52.1	-3.1	No	
<b>Access to Health Care</b>	Children Receiving Dental Care In T..	Worcester	64.5	0.7	No	
	Persons With A Usual Primary Care ..	Worcester	78.3	12.4	No	
	Uninsured ED Visits	Worcester	6.4	-0.9	Yes	
	<b>Quality Preventive Care</b>	Emergency Department Visit Rate D..	Worcester	310.5	80.6	No
Emergency Department Visit Rate D..		Worcester	417.2	131.0	No	
Drug-Induced Death Rate		Worcester	Null	Null	N/A	
Emergency Department Visits Relat..		Worcester	3502.8	-4006..	No	
Hospitalization Rate Related To Alzh..		Worcester	407.7	261.6	No	
Annual Season Influenza Vaccinations		Worcester	39.9	14.3	No	
Emergency Department Visit Rate D..		Worcester	79.1	15.0	No	
Age-Adjusted Mortality Rate From H..		Worcester	186.9	6.0	No	
Emergency Department Visits for Ad..		Worcester	1977.1	-319.7	No	
Emergency Department Visit Rate F..		Worcester	1051.9	-389.6	No	
Cancer Mortality Rate		Worcester	173.7	-6.7	No	



## Appendix C

Master List: Who was involved in Assessment?

### Community Group, Organization or Partner

Advocate Health

*Leader/Member:*  
**Michael Franklin**

AGH Foundation Board of Directors – The Foundation is committed to promoting the philanthropic support for the enhancement of the health of our community. We will achieve this mission through supporting the objectives of Atlantic General Hospital and Health System to continually improve the health of our residents and visitors to Maryland’s lower Eastern Shore.

*Leader/Member:*  
**Todd Ferrante, Chair**  
**Toni Keiser**

AGH Junior Auxiliary Group –The Atlantic General Hospital Auxiliary promotes the welfare of the hospital by fostering good public relations, providing service to the hospital, organizing health related projects and spearheading fund raising activities.

*Leader/Member:*  
**Jill Ferrante, Chair**  
**Toni Keiser**

American Cancer Society Tri-County Leadership Committee – The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the ACS has 12 chartered Divisions, more than 900 local offices nationwide, and a presence in more than 5,100 communities. The Tri-County Leadership Committee is the overseeing body for all of the ACS initiatives in Worcester, Wicomico and Somerset County.

*Leader/Member:*  
**Arlene Schneider**

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, Lead**  
**Colleen Wareing**

Behavioral Health Operational Team – Comprised of AGH and Worcester County Health Department members involved in behavioral health services. Define the service availability in current state. Identify gaps in services both in Worcester county and surrounding areas including adjacent states.

Improve through monitoring reports and concerns the delivery of operational services shared between organizations. Evaluate shared contracts and collaborate on grants or additional contracts to meet community need for behavioral health services. Determine the need for future services such as Medical Detox, partial hospitalization, Geriatric behavioral health services and recovery housing.

*Leader/Member:*  
**Donna Nordstrom, Chair**  
**Several**

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Bethany/Fenwick Chamber of Commerce Board of Directors – Provides oversight and guidance to the Executive Director in carrying out Chamber business.

*Leader/Member:*  
**Lauren Weaver, Exec Director**  
**Toni Keiser**  
**Amy Hedger**

Big Brothers Big Sisters – National organization which matches boys and girls with mentors.

*Leader/Member:*  
**Gail Foltz, Lead**

Blood Bank of Delmarva – Work with local chapter to promote blood donation and lifesaving activities.

*Leader/Member:*  
**John Ferretti, President & CEO**  
**Michael Franklin, VP**  
**Blood Bank**

Child Fatality Review Team – A team that reviews cases in Worcester County

*Leader/Member:*  
**Debra Stevens, Chair**

Cricket Center Board, Child Advocacy Board – Board for the care of children that have been physically or sexually abused. Look at processes, use of our forensic nurses and the team, partnering for their care and seeking prosecution for the acts.

*Leader/Member:*  
**Monica Martin, Lead**  
**Althea Foreman**

CRT Advisory Board – Addresses the care of our behavioral health patients and getting them to another level of care. Ex inpatient psych, alcohol rehab, etc.

*Leader/Member:*  
**Monica Martin, Lead**  
**Althea Foreman**





Disaster Preparedness – Develop Disaster Preparedness Plans, Responses, and Mitigation Strategies: Worcester County Local Emergency Planning Committee, Ocean City Local Emergency Planning Committee, Maryland Medical Region IV Emergency Planning Committee

*Leader/Member:*  
**Fred Webster**  
**Bill Birch**  
**Laurie Gutberlet**

Delmarva Regional Health Mutual Aid Group (DRHMAG)

*Leader/Member:*  
**Kristen McMenamin**

DMV Youth Council – The purpose of the Youth Council is to provide expertise in youth policy and assist the local board in developing and recommending local youth employment and training policy and practice. The Youth Council also endeavors to broaden the youth employment and training focus in a community and to incorporate a youth development perspective.

*Leader/Member:*  
**Several**

Domestic Violence Fatality Review Board – It is a board that explores reasons/cause for domestic violence and tries to see if there are resources that are available to stop future crimes against victims of domestic violence.

*Leader/Member:*  
**Several**

Drug Overdose Fatality Review Team – A team that reviews cases in Worcester County

*Leader/Member:*  
**Christina Purcell, Lead**  
**Several**

EMS Advisory Board, EMS Advisory Board – Andi West-McCabe, Dr. Jeff Greenwood, Harvey Booth (ED), and Colleen Wareing – Meeting with all the EMS companies from DE, MD, and VA to ensure ambulance patients are appropriate to be cared for here and address any concerns.

*Leader/Member:*  
**Dr. Jeff Greenwood**  
**Several**

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, Lead**  
**Several**

Greater Salisbury Committee – A non-profit association of business leaders on the Delmarva peninsula, who work together to improve the communities in which we live.

*Leader/Member:*  
**Mike Dunn, Exec Director**  
**Michael Franklin**

Greater Ocean City Chamber of Commerce Board of Directors, Legislative, Scholarship and Special Events Committees – The Mission of The Greater Ocean City Chamber of Commerce is to provide community leadership in the promotion and support of economic development and the continued growth of tourism in Ocean City. The Chamber serves as the hub for the development, education and communication within the business community of Ocean City to preserve the viability, quality of life and aesthetic values of our town.

*Leader/Member:*  
**Toni Keiser**

Habitat for Humanity – Local volunteer group which builds houses for those in need.

*Leader/Member:*  
**Several**

Healthcare Provider Council in DE – Regional group of health-care providers who work in collaboration with one another to provide needed services throughout the area.

*Leader/Member:*  
**Anna Short, Chair**  
**Amy Hedger**

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

*Leader/Member:*  
**Michelle McGowan, Chair**  
**Donna Nordstrom**  
**Several**

Homelessness Committee Worcester – provides homeless outreach and resource navigation to reduce homelessness in Worcester County

*Leader/Member:*  
**Tracey Simpson, Co-Chair**  
**Jessica Sexauer, Co-Chair**  
**Donna Nordstrom**



Hudson Health Services – Offers inpatient treatment for substance use disorders in Salisbury, Maryland as well as Halfway and Recovery Housing in Maryland

*Leader/Member:*

**Michelle Grager, Chair**  
**Toni Keiser**

Junior Achievement Board – To prepare young people to thrive in the 21st century workplace and global economy by inspiring a passion in free enterprise and entrepreneurship, and instilling an understanding of personal financial literacy.

*Leader/Member:*

**Beth Bell, Chair**  
**Jayne Hayes, CEO**  
**Jim Brannon**

Komen MD Coalition for Eastern Shore – Group of community members and health agencies which looks at breast cancer services and gaps in the area and works to fill gaps and promote programming.

*Leader/Member:*

**Lori Yates, Lead**  
**Donna Nordstrom**

Lower Shore Dental Task Force – To reduce dental health disparities and access to dental services for adults in the Tri-County area.

*Leader/Member:*

**Dr. James Cockey, Chair**  
**Donna Nordstrom**

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:*

**Teresa Tyndall, Chair**  
**Kim Justice**  
**Donna Nordstrom**

Local Management Board Worcester County

*Leader/Member:*

**Roberta Baldwin, Chair**  
**Donna Nordstrom (open sessions)**

Lower Shore Red Cross – Provides disaster relief. The board plans events in collaboration with other agencies to meet the needs in our area.

*Leader/Member:*

**Theresa Young**  
**Joan Scott**

Maryland Hospital Association Community Connections Advisory Board – MHA's membership is comprised of community and teaching hospitals, health systems, specialty hospitals, veterans' hospitals, and long-term care facilities. Allied with the American Hospital Association, MHA is an independent organization headquartered in Elkridge, Maryland. The mission of this committee is to Help small, rural and independent hospitals and health systems to better communicate and serve their communities by providing them leadership, advocacy, education, and innovative programs and services.

*Leader/Member:*

**Toni Keiser**

Mid-Atlantic Society for Healthcare Strategy and Market Development – To provide healthcare planning, marketing, and communications professionals with the most highly valued resources for professional development.

*Leader/Member:*

**Kelsey Mohring, Chair**  
**Sarah Yonker**

Maryland State Health and Wellness Council – October 2017, the State Advisory Council on Health and Wellness was created (Chapter 40, Acts of 2017). The Council assumes the responsibilities of the State Advisory Council on Arthritis and Related Diseases, the State Advisory Council on Heart Disease and Stroke, and the State Advisory Council on Physical Fitness. To carry out that work, the Council works through at least four committees concerned with arthritis, diabetes, heart disease and stroke, and physical fitness. Council promotes evidence-based programs for developing healthy lifestyles, and for the prevention, early detection, and treatment of chronic diseases. To the Maryland Department of Health, the Council makes recommendations on chronic disease prevention, health, and wellness.

*Leader/Member:*

**Vivienne Rose, Sadie Peters, Leads**  
**Donna Nordstrom**

National Alliance for Mental Illness (NAMI) Lower Shore – A grassroots organization dedicated to advocacy, education, and support for persons with mental illness, their families, and the wider community.

*Leader/Member:*

**Carole Spurrier, Lead**  
**Gail Mansell**



Ocean City Drug and Alcohol Abuse and Prevention Committee – In 1989, then Governor William Donald Schaefer asked the Mayor of Ocean City, Roland Powell, to set up a committee to fight the abuse of alcohol and other drugs in our community. Thus, was born the Ocean City Drug Alcohol Abuse Prevention Committee Inc. that works in a partnership with state and local government agencies, as well as many businesses and concerned citizens. Currently the committee is comprised of members from the Town of Ocean City including elected officials and town employees from the Town of Ocean City Police Department and Ocean City Recreation & Parks Department, Worcester County Health Department and Department of Juvenile Services personnel, local school administrators, and teachers, volunteers from community service organizations, and many caring and concerned citizens.

*Leader/Member:*

**Donna Greenwood, Chair**  
**Michelle McGowan**

Ocean Pines Chamber of Commerce Board of Directors – Provides oversight and guidance to the Executive Director in carrying out Chamber business.

*Leader/Member:*

**Several**

Opioid Intervention Team – Local jurisdictions utilize resources provided by the state to engage in a wide range of their prevention, protection, and expansion of treatment efforts to fight opioid epidemic, and use performance measures to evaluate the effectiveness of projects.

*Leader/Member:*

**Bill Birch, Chair**  
**Colleen Wareing**

Opioid Task Force – Looking at use, trends and prevention in the community

*Leader/Member:*

**Beau Olgesby, Lead**  
**Colleen Wareing**

Parkside Technical High School Board – Oversees from the community healthcare perspective the CNA and GNA program at the technical high school.

*Leader/Member:*

**Tracy Hunter**  
**Sherry Whitt**

Play it Safe Committee – The mission of Play It Safe is to encourage high school graduates to make informed, healthy choices while having responsible fun without the use of alcohol and other drugs

*Leader/Member:*

**Donna Greenwood, Chair**  
**Michelle McGowan**

Relay For Life – American Cancer Society group with raises money, awareness and educates the public on cancers.

Resource Coordination Committee

*Leader/Member:*

**Kristy McIntyre, Chair**  
**Donna Nordstrom**  
**Michelle McGowan**

Retired Nurses of Ocean Pines – A group of retired nurses (from various locations in the country) who now reside in the area and help with volunteer projects and give feedback for programming in the healthcare field.

*Leader/Member:*

**Joyce Britan**

SAFE – Sexual Assault Forensic Examiners – Meetings of the certified RNs and standardizing care for domestic violence, elder abuse, play it safe, lethality assessment, etc.

*Leader/Member:*

**Althea Foreman**

Safe Seniors/MIH Committee – Committed comprised of first responders, AGH staff, commission on aging and local health department and veteran's resources. Define a program that will incorporate concepts of safe critical strategic plan and best practice for mobile integrated health to promote senior safety and access to care.

*Leader/Member:*

**Andi West-McCabe**  
**Donna Nordstrom Co-Chairs**

SART – Same as SAFE except it involves all the agencies from Worcester County including Social Services, Patient Advocates, Law Enforcement, States' Attorney, etc

*Leader/Member:*

**Althea Foreman**

Save a Leg, Save a Life – A grass roots organization founded in Jacksonville, Florida. There are approximately 45 SALSAL chapters in the U.S., Latin America, and overseas. The immediate goal is a 25% reduction in lower extremity amputations in communities where SALSAL Chapters are established. Currently the Eastern Shore Chapter spans from Dover, DE – Easton, MD – Salisbury, MD – Berlin, MD

*Leader/Member:*

**Geri Rosol**

State Advisory Council on Quality Care at the End of Life – Discuss quality initiatives for quality palliative medicine and end of life services that may result in legislative actions for the state of Maryland.

*Leader/Member:*

**Gail Mansell**



LESSPC Suicide Awareness – Community members working together to raise awareness and prevention of suicides.

*Leader/Member:*

**Jackie Ward, Co-Chair**  
**Jennifer LaMade, Co-Chair**  
**Donna Nordstrom**  
**Michelle McGowan**

Tobacco and Cancer Coalition – Worcester County, Sharing group of partners from different agencies and community members looking at measures, outcomes and prevention of cancers in the area.

*Leader/Member:*

**Committee merged to LHIC**

Tri County Diabetes Alliance – Collaborative group from Worcester, Wicomico and Somerset County who plan collaborative programming to educate, treat and prevent diabetes.

*Leader/Member:*

**Mimi Dean, Lead**  
**2019 Alliance no longer meets**

Tri-County Health Planning Coalition – To improve the health of residents of Somerset, Wicomico and Worcester counties; increase accessibility, continuity, availability of quality of health services; optimize cost-effectiveness of providing health services and prevent unnecessary duplication of health resources.

*Leader/Member:*

**Jennifer LaMade (Worcester)**  
**Cara Rozaieski (Wicomico)**  
**Sharon Lynch (Somerset)**  
**Kim Justice, Donna Nordstrom**

United Way – An organization that provides funding for non-profit groups in the local community. Through this board many community needs are identified and partnerships are formed to meet the needs.

*Leader/Member:*

**Dana Seiler, Chair**

Worcester County Board of Education – Oversees the public education in Worcester County.

*Leader/Member:*

**Lou Taylor, Superintendent**

Worcester County Drug and Alcohol Board – Community partners working together to oversee the safe use of alcohol and tobacco in the community by planning awareness/ educational events and compliance checks for the merchants.

*Leader/Member:*

**Col. Doug Dodd, Jim Freeman**  
**Colleen Wareing**

Worcester County School Health Council – The purpose of this Council will be to act as an advisory body to the Worcester County Board of Education in the development and maintenance of effective and comprehensive health programs which afford maximum health benefits to students enrolled in Worcester County Public Schools. Recognizing that citizen participation is inherent in the development and maintenance of an effective comprehensive health program, the Council will broadly represent the views of Worcester County citizens.

*Leader/Member:*

**Judy Daye, Chair**  
**Julia Perrotta**

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Worcester County Health and Medical Emergency Preparedness Committee – To prepare for emergency situation responses and to protect the health of the community.

*Leader/Member:*

**Kristy Kagan, Chair**

Worcester County Warriors Against Opioid Use

*Leader/Member:*

**Heidi McNeely, Chair**  
**Colleen Wareing**

Worcester GOLD: Giving Other Lives Dignity – A non-profit organization that provides assistance to community members of all ages such as school supplies, utilities assistance, summer camp sponsor for children, Christmas support to families, replacement of a roof, rainbow room; children's clothing & food supplies. All families or person (s) are screened by Social Services Department of Worcester County

*Leader/Member:*

**Carol Jacobs, Chair**  
**Donna Nordstrom**  
**Cheryl Nottingham**

Worcester County Mental Health Advisory Committee/Public Safety Net/Jail Coalition – In collaboration with Local Behavioral Health Authority and local stakeholders' works to ensure a coordinated quality system of care is available to individuals with behavioral health conditions.

*Leader/Member:*

**Donna Nordstrom, Chair**

Worcester Technical High School Biomed Program Advisory Committee – Program advisement.

*Leader/Member:*

**Bill Severn, Chair**  
**Julia Perrotta**  
**Kim Justice**





## Appendix D

### Worcester and Sussex Counties 2019 Health Rankings

#### County Health Rankings & Roadmaps

Building and Culture of Health, County by County

#### Worcester (WO) County Demographics

	County	State
Population	51,690	6,052,177
% below 18 years of age	17.4%	22.3%
% 65 and older	27.3%	14.9%
% Non-Hispanic African American	13.0%	29.7%
% American Indian and Alaskan Native	0.4%	0.6%
% Asian	1.5%	6.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	3.5%	10.1%
% Non-Hispanic white	80.0%	50.9%
% not proficient in English	0%	3%
% Females	51.4%	51.5%
% Rural	35.5%	12.8%

Cancer For 2019 Sussex  
County Health rankings, visit  
[www.countyhealthrankings.com](http://www.countyhealthrankings.com)

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	Worcester County	Error Margin	Top U.S. Performers	Maryland	Rank (of 24)
<b>Health Outcomes</b>					16
Length of Life					22
Premature death	9,500	8,300-10,600	5,400	7,100	
Quality of Life					10
Poor or fair health **	15%	14-15%	12%	14%	
Poor physical health days **	3.3	3.2-3.4	3.0	3.1	
Poor mental health days **	3.7	3.6-3.9	3.1	3.5	
Low birthweight	7%	6-8%	6%	9%	
<b>Additional Health Outcomes (not included in overall ranking)</b>					
Life expectancy	77.9	76.9-78.8	81.0	79.2	
Premature age-adjusted mortality	390	360-420	280	330	
Child mortality	70	50-100	40	50	
Infant mortality	10	7-14	4	7	
Frequent physical distress	10%	10-10%	9%	9%	
Frequent mental distress	11%	11-11%	10%	10%	
Diabetes prevalence	14%	12-16%	9%	11%	
HIV prevalence	202		49	658	
<b>Health Factors</b>					17
<b>Health Behaviors</b>					16
Adult smoking **	15%	15-16%	14%	14%	
Adult obesity	33%	30-37%	26%	30%	
Food environment index	8.2		8.7	9.1	
Physical inactivity	26%	23-29%	19%	21%	
Access to exercise opportunities	90%		91%	92%	
Excessive drinking **	16%	15-16%	13%	17%	
Alcohol-impaired driving deaths	45%	38-51%	13%	30%	
Sexually transmitted infections	358.9		152.8	510.4	
Teen births	19	16-22	14	19	
<b>Additional Health Behaviors (not included in overall ranking)</b>					
Food insecurity	12%		9%	11%	
Limited access to healthy foods	4%		2%	3%	
Drug overdose deaths	39	30-50	10	31	
Motor vehicle crash deaths	12	9-16	9	9	
Insufficient sleep	32%	31-32%	27%	36%	
<b>Clinical Care</b>					9
Uninsured	7%	6-8%	6%	7%	
Primary care physicians	1,250.1		1,050.1	1,140.1	
Dentists	1,850.1		1,260.1	1,300.1	
Mental health providers	470.1		310.1	430.1	
Preventable hospital stays	4,016		2,765	4,695	
Mammography screening	46%		49%	41%	
Flu vaccinations	47%		52%	48%	
<b>Additional Clinical Care (not included in overall ranking)</b>					
Uninsured adults	8%	7-10%	6%	8%	
Uninsured children	4%	3-5%	3%	3%	
Other primary care providers	1,292.1		726.1	1,046.1	

## Appendix E

### Maryland State Health Improvement Process (SHIP)

#### Indicators

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. The SHIP includes 39 measures in 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.

#### Healthy Beginnings

- Infant death rate
- Babies with Low birth weight
- Sudden unexpected infant death rate (SUIDs)
- Teen birth rate
- Early prenatal care
- Students entering kindergarten ready to learn
- High school graduation rate
- Children receiving blood lead screening

#### Healthy Living

- Adults who are a healthy weight
- Children and adolescents who are obese
- Adults who currently smoke
- Adolescents who use tobacco products
- HIV incidence rate
- Chlamydia infection rate
- Life expectancy
- Increase physical activity

#### Healthy Communities

- Child maltreatment rate
- Suicide rate
- Domestic Violence
- Children with elevated blood lead levels
- Life expectancy
- Increase physical activity
- Fall-related death rate
- Pedestrian injury rate on public roads
- Affordable Housing

#### Access to Health Care

- Adolescents who received a wellness checkup in the last year
- Children receiving dental care in the last year
- Persons with a usual primary care provider
- Uninsured ED Visits

#### Quality Preventive Care

- Age-adjusted mortality rate from cancer
- Emergency Department visit rate due to diabetes
- Emergency Department visit rate due to Hypertension
- Drug-induced death rate
- Emergency Department Visits Related to Mental Health Conditions
- Hospitalization rate related to Alzheimer's or other dementias
- Children (19-35 months old) who receive recommended vaccines
- Annual season influenza vaccinations
- Emergency department visit rate due to asthma
- Age-adjusted mortality rate from heart disease
- Emergency Department Visits for Addictions-Related Conditions
- Emergency department visit rate for dental care



## Appendix F

### Atlantic General Hospital Community Health Needs Assessment

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.

## Survey

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

- |   |  |
|---|--|
| a. Heart Disease                              | h. High Blood Pressure/Stroke                |
| b. Cancer                                     | i. Injuries                                  |
| c. Diabetes/Sugar                             | j. Overweight/Obesity                        |
| d. Asthma/Lung Disease                        | k. Access to Healthcare/ No Health Insurance |
| e. Smoking, drug or alcohol use               | l. HIV                                       |
| f. Mental Health Issues (Depression, Anxiety) | m. Sexually Transmitted Diseases             |
| g. Dental Health                              | n. Other _____                               |

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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? (Please circle all that you think apply)**

- |   |   |
|---|---|
| a. No health insurance                        | e. No transportation                          |
| b. Too expensive/can't afford it              | f. Service is not available in our community  |
| c. Couldn't get an appointment with my doctor | g. Local doctors are not on my insurance plan |
| d. Doctor is too far away from my home        | h. 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 (please use the back if you need more space)?**

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4. **What is your zip code?**

5. **What is your age range?**

- |                   |                        |
|-------------------|------------------------|
| a. Under 18 years | e. 41 - 50 years       |
| b. 19 - 24 years  | f. 51 - 60 years       |
| c. 25 - 30 years  | g. 61 - 65 years       |
| d. 31 - 40 years  | h. Older than 65 years |

6. **What is your race/ethnicity?**

- |                           |                |
|---------------------------|----------------|
| a. African American       | d. Hispanic    |
| b. Asian/Pacific Islander | e. Other _____ |
| c. Caucasian              |                |



Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes.

**Do any of the following social concerns create a barrier to you or your family's health?** *(Check all that apply)*

- Educational opportunities
- Job opportunities
- Living wages
- Access to health foods such as fresh fruits and vegetables
- Society attitudes
- Exposure to crime or violence
- Social disorder, such as the presence of trash
- Lack of social support, and social interactions
- Lack of exposure to mass media and emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Access to quality schools
- Available transportation options
- Poor or lack of public safety
- Other \_\_\_\_\_

**Do any of the following economic concerns create a barrier to you or your family's health?** *(Check all that apply)*

- Job opportunities
- Living wages
- Access to affordable health care
- Access to affordable medicine
- Access to affordable transportation
- Access to health insurance
- Poverty
- Other \_\_\_\_\_





## Appendix G

### CHNA Survey Results with Written Comments

Total paper surveys: 286

#### What do you believe to be the biggest health problem in your community? (286/286 responded)

a.	Heart Disease	40.9%	117
b.	Cancer	52.8%	151
c.	Diabetes/Sugar	43.0%	123
d.	Asthma/Lung Disease	9.8%	28
e.	Smoking, drug or alcohol use	35.3%	101
f.	Mental Health Issues (Depression, Anxiety)	25.5%	73
g.	Dental Health	14.3%	41
h.	High Blood Pressure/Stroke	37.1%	106
i.	Injuries	12.2%	35
j.	Overweight/Obesity	40.6%	116
k.	Access to Healthcare/ No Health Insurance	19.9%	57
l.	HIV	4.2%	12
m.	Sexually Transmitted Diseases	2.4%	7

#### Other:

“opioids”	“exercise”
“arthritis/gout”	“arthritis”
“drugs”	“drugs”
“opioid”	“more doctors”
“aging/stress”	“lack of transportation”
“liquor is too cheap”	“addiction/housing”
“opioid addiction”	“substance abuse”
“drug addiction/use”	“Drug use”
“drug addiction”	“Opioid Problem”

#### What do you think are the problems that keep you or other community members from getting healthcare they need? (286/286 responded)

a.	No health insurance	50.0%	143
b.	Too expensive/can't afford it	58.7%	168
c.	Couldn't get an appointment with my doctor	21.0%	60
d.	Doctor is too far away from my home	13.3%	38
e.	No transportation	23.4%	67
f.	Service is not available in our community	14.7%	42
g.	Local doctors are not on my insurance plan	15.4%	44

#### Other:

“People Procrastinate”  
 “they don't care if they live or die”  
 “people cannot afford care/costs so high”  
 “have insurance”  
 “lack of or confusing illness prevention info”  
 “no problems”  
 “too lazy to make appt”  
 “insurance won't cover what you need”  
 “fear of unknown”  
 “city depts w/ job less than 40 hrs so don't have to give healthcare”  
 “medical qualification”  
 “long wait time to see a doctor”  
 “long waits for mental health treatment”  
 “no resources”  
 “Long wait time”  
 “poverty, lack of education”

#### 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? (76/286 responded)

“more docs”  
 “more affordable health plans”  
 “HMO”  
 “more doctors”  
 “more seminars”  
 “events about arthritis”  
 “health van available for basic free service check up”  
 “make medical cannabis an alternative to Rx meds”  
 “create healthcare plans for people that cannot afford it”  
 “small busses to transport often”  
 “more affordable health plans”  
 “encourage volunteer drivers for elderly or slightly impaired”  
 “free fitness centers”  
 “more doctors/health providers”  
 “make it affordable, people will see doctors if they care”  
 “pray”  
 “overhaul the health care system”  
 “continue healthy living information for prevention of illness”  
 “provide inexpensive transportation to doctors”  
 “more salad bars”  
 “free clinics”  
 “get government out of situation”  
 “regular health check ups”  
 “need gastroenterologist”  
 “addiction to cell phones, exercise more and eat better”  
 “exercise”  
 “education”  
 “free clinics”  
 “free health care”  
 “keep this health fair going”  
 “address drug problems”  
 “access to better healthcare”  
 “nutrition”  
 “start early (young)”  
 “more physicians”  
 “car service for appts”  
 “FDA needs to be more diligent in passing all that applies to health”  
 “make it affordable and more free health screenings”  
 “improve access to dental care/prevention”  
 “I think AGH is getting the message out there”  
 “1. connect with drug rehab programs in the county to conduct health services and screenings. 2. recruit more GP docs. 3. look for docs. With specialties in alcohol & drugs. 4. provide public listing of docs accepting new pts & update. Problems with many to set appt. with GP & GYN. 5. look for grants to provide medical transportation for indigent folks to keep appts.”  
 “expand ACA coverage train community health workers”  
 “lower insurance costs”  
 “education”  
 “more transportation for non drivers”



**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? (continued)**

- “advertise more”
- “more doctors”
- “more doctors”
- “help new arrivals find healthcare”
- “support senior fitness programs”
- “provide transportation as needed, more doctors general care”
- “coronary care, cath lab- PRMC is too far away”
- “healthcare insurance for all/transportation for seniors in wheelchairs not just for dr appt but for other areas like hair/nail appts and shopping”
- “more places for homeless people that really need help”
- “more education seminars on health awareness”
- “availability for appts and treatment”
- “arrange mental speakers to come and personally educate the public”
- “funding for transportation”
- “assist with funds for transportation”
- “services should be more available-take the service to the sick- shut in's & those that can't get to the facility”
- “transportation assistance, home visit, case manager to work 1 on 1 with people provide transportation”
- “make more commercials and make the problem more aware”
- “Better transportation for the sick, help with insurance”
- “Offer more free check clinic without income requirement”
- “Train the PA's - need more training”
- “Help people adopt healthier lifestyles”
- “Small buses”
- “Don't know”
- “Public transportation “
- “N/A”
- “Education -health education is needed”
- “Health screening – access”
- “Health fairs, mobile screening units”
- “proactive care; Education”
- “More health related agencies should be available in Pocomoke. Always seem to be going to Salisbury for treatment”

**What is your age range? (283/286 responded)**

Under 18 years	0	0
19 - 24 years	1.1%	3
25 - 30 years	3.2%	9
31 - 40 years	4.9%	14
41 - 50 years	4.2%	12
51 - 60 years	14.5%	41
61 - 65 years	15.9%	45
Older than 65 years	56.2%	159

**What is your race/ethnicity? (267/286 responded)**

African American	14.6%	39
Asian/Pacific Islander	1.1%	3
Caucasian	81.6%	218
Hispanic	1.9%	5
Other	0.8%	2

**What is your zip code? (274/286 responded)**

22356	1.8%	5	21060	0.4%	1
21875	0.4%	1	21032	0.4%	1
21874	0.4%	1	21013	0.4%	1
21872	0.4%	1	21012	0.4%	1
21863	2.6%	7	20601	0.4%	1
21853	1.8%	5	20164	0.4%	1
21851	5.8%	16	20064	0.4%	1
21850	0.7%	2	19979	0.7%	2
21849	0.4%	1	19975	7.7%	21
21842	23.4%	64	19970	2.2%	6
21841	0.4%	1	19967	0.4%	1
21838	0.4%	1	19966	0.7%	2
21830	0.4%	1	19958	1.5%	4
21829	0.4%	1	19956	0.4%	1
21826	0.4%	1	19947	0.4%	1
21815	0.4%	1	19945	2.9%	8
21813	1.8%	5	19944	1.1%	3
21811	32.1%	88	19940	0.4%	1
21804	1.1%	3	19939	0.4%	1
21801	0.7%	2	19709	0.4%	1
21237	0.4%	1	18137	0.4%	1
21206	0.7%	2	16137	0.4%	1
21146	0.4%	1			
21093	0.7%	2			

**Do any of the following economic concerns create a barrier to you or your family's health? (125/286 responded)**

Job opportunities	27.2%	34
Living wages	38.4%	48
Access to affordable health care	52.0%	65
Access to affordable medicine	50.4%	63
Access to affordable transportation	24.0%	30
Access to health insurance	29.6%	37
Poverty	12.8%	16

**Other:**

- “access to quality healthcare” “No”
- “physician accessibility” “N/A”
- “none”

**Do any of the following environmental concerns create a barrier to you or your family's health? (181/286 responded)**

Natural environment, such as plants, weather, or climate change	18.8%	34
Built environment, such as buildings or transportation	11.6%	21
Worksites, schools, and recreational settings	7.7%	14
Housing, homes, and neighborhoods	18.2%	33
Exposure to toxic substances and other physical hazards	18.2%	33
Physical barriers, especially for people with disabilities	20.4%	37
Aesthetic elements, such as good lighting, trees, or benches	8.8%	16

**Other:**

- “access to quality healthcare”
- “most people don't take responsibility for their health, rely on medical experts to fix them when ill, rather than partner with doctor to create healthy lifestyle”
- “second hand smoke”
- “too much light "end of night"”
- “crime and violence in city an communities”
- “Cant think of any “
- “No”
- “N/A”

## Appendix H

2016-2018 Goals and Actions Implemented

### Implementation Plan of Needs Identified in the Community Health Needs Assessment: Progress Measures – FY16-18

#### Community Needs Assessment

In 2015, AGH 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 2016.

#### Needs Identified

The following “areas of opportunity” represent significant health needs of the community, based on information gathered through the Professional Research Consultants, Inc. and Healthy People 2020.

The following areas of health concerns were gathered through the Community Health Needs Assessment (CHNA) Survey. Areas are listed according to community priority.

	CHNA Survey
1	<b>Cancer</b> (same as FY13)
2	<b>Overweight/Obesity</b> (same as FY13)
3	<b>Diabetes/Sugar</b> (up one from FY13)
4	<b>Heart Disease</b> (down two from FY13)
5	<b>Smoking, drug or alcohol use</b>
6	<b>High Blood Pressure/Stroke</b> (same as FY13)
7	<b>Mental Health</b>
8	<b>Access to Healthcare/ No Health Insurance</b>
9	<b>Asthma/Lung Disease</b>
10	<i>Dental Health</i>
11	<i>Injuries</i>
12	<i>HIV &amp; STD (&lt;2% ea)</i>

**Bold = Priorities addressed in Implementation Plan**  
*Italicized = Priorities not addressed in Implementation Plan*

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PRC Assessment	Need
<b>Access to Health Services</b>	-Difficulty getting a physician appointment
<b>Arthritis, Osteoporosis &amp; Chronic Back Conditions</b>	-Prevalence of Sciatica/Chronic Back Pain
<b>Cancer</b>	-Prevalence of Cancer (including skin cancer)
<b>Diabetes</b>	-Prevalence of Diabetes -Borderline/Pre-Diabetes
<b>Heart Disease &amp; Stroke</b>	-Heart Disease Prevalence -High Blood Pressure -High Blood Cholesterol -Overall Cardiovascular Risk
<i>Immunizations &amp; Infectious</i>	-Hepatitis B Vaccination
<i>Injury &amp; Violence</i>	-Use of Seatbelts
<b>Nutrition, Physical Activity &amp; Weight</b>	-Prevalence of Obesity & Overweight -Meeting Physical Activity Guidelines -Lack of Leisure Time Physical Activity
<i>Oral Health</i>	-Regular Dental Care
<b>Respiratory Disease</b>	-COPD -Asthma Diagnosis

**Bold = Priorities addressed in Implementation Plan**  
*Italicized = Priorities not addressed in Implementation Plan*

## Prioritized Needs

The identified needs were prioritized based on the following criteria: 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. Based on those criteria several areas were chosen to be the most important for the hospital to focus on.

Priority Areas
Access to Health Services
Cancer
Respiratory Disease and Smoking
Nutrition, Physical Activity & Weight
Diabetes
Heart Disease & Stroke
Mental Health
Opioid Abuse
Arthritis, Osteoporosis & Chronic Back Pain

## Implementation Plan

### Priority Area: Access to Health Services

**Goal:** Increase community access to comprehensive, quality health care services.

**Healthy People 2020 Goal:** Improve access to comprehensive, quality health care services.

**Action:**

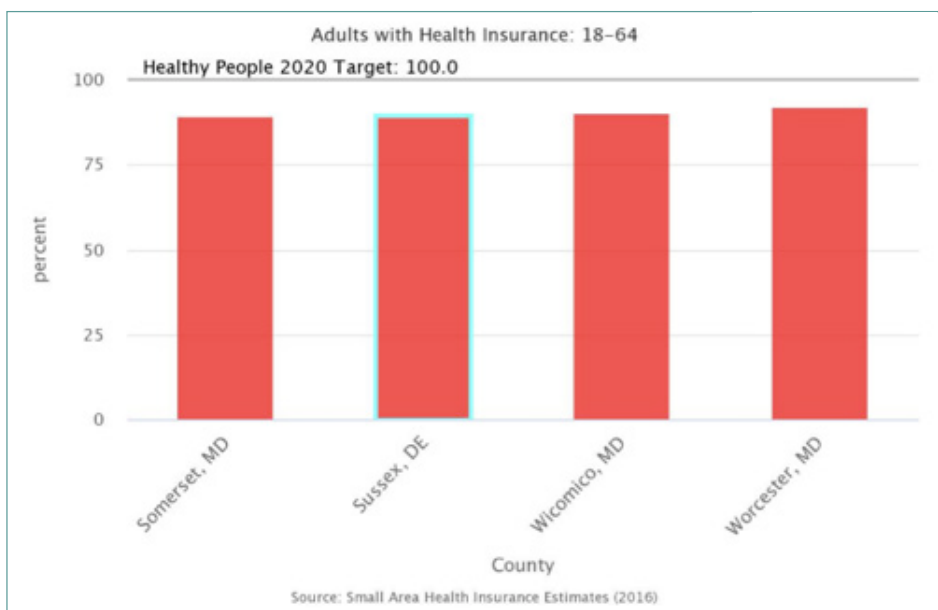
- Partner with poultry plants to promote wellness
- Provide community health events to target minority populations
- Partner with homeless shelters and food pantries to promote wellness
- Utilize Faith-based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic disease management
- Educate community on financial assistance options
- Educate community on ED appropriate use
- Increase the number of practicing primary care providers and specialists to community

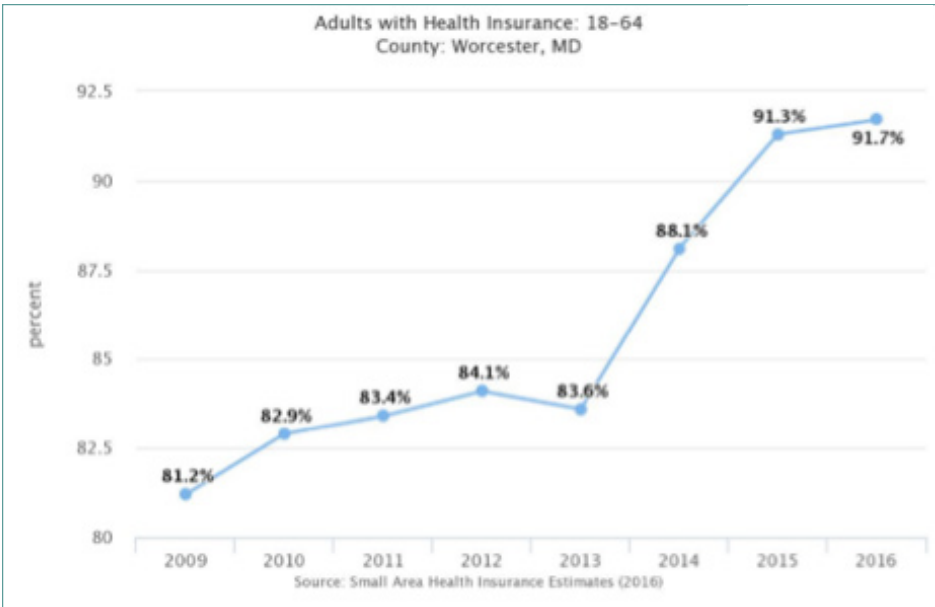
- Participate on Lower Shore Dental Task Force
- Participate on Worcester County Healthy Planning Advisory Council
- Participate on Homelessness Committee
- Refer community to local agencies such as Shore Transit and Worcester County Health Department for transportation assistance
- Participate on Tri County Health Planning Council

**Measurement:**

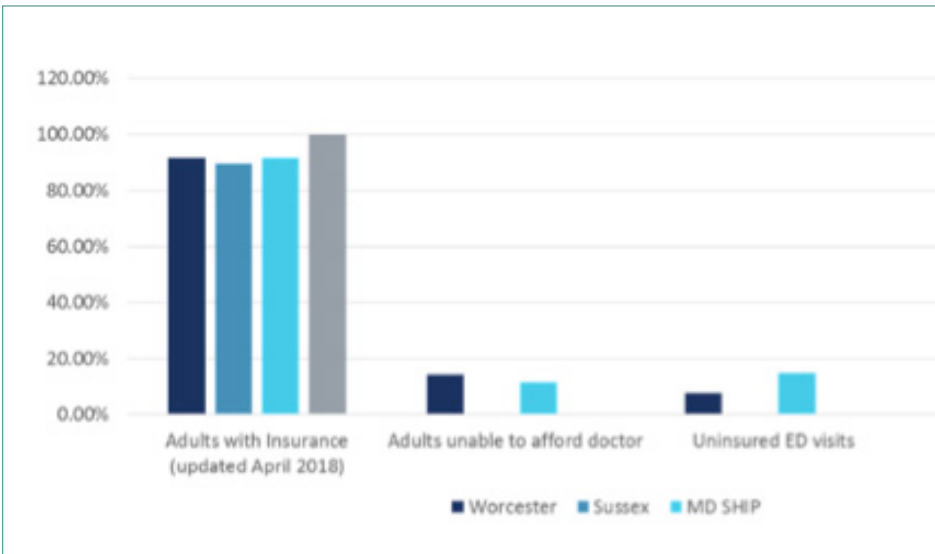
- AGH databases on ethnicity
- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>
- Community Survey
- Maryland SHIP <http://dhmh.maryland.gov/ship/Pages/home.aspx>
- CHSI <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MD/Worcester/10019>

Healthy People 2020





MD SHIP Summary



AGH Databases on Ethnicity and Community Survey – repeat in FY19 to compare

(Note: Effective 2017, Community Health Status Indicators 2015 (CHSI) are no longer available.)

<https://www.cdc.gov/ophss/csels/dphid/CHSI.html>

**Priority Area: Cancer**

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

**Healthy People 2020 Goal:** Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

**Action:**

- Recruit proper professionals in community to provide for cancer related treatment
- Provide community health screenings
- Partner with local health agencies to facilitate grant application to fund cancer programs

- Improve proportion of minorities receiving colonoscopy screenings
- Improve proportion of minorities receiving LDCT screenings
- Improve proportion of minorities receiving women’s preventative health services
- Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn through melanoma education and skin cancer screenings.



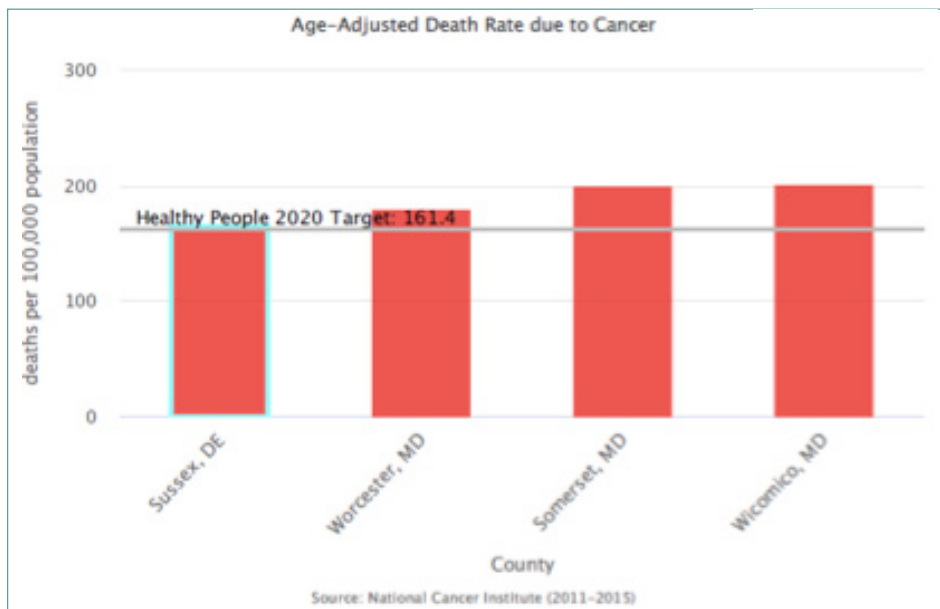


**Measurement:**

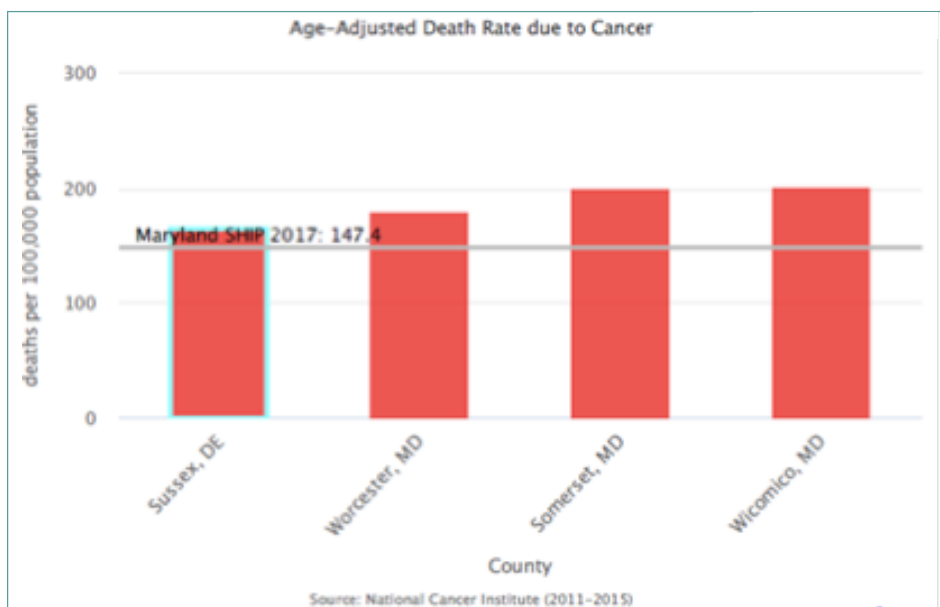
- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>
- AGH databases on ethnicity
- Maryland SHIP <http://dhmh.maryland.gov/ship/Pages/home.aspx>\*
- CHSI <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MD/Worcester/310034>

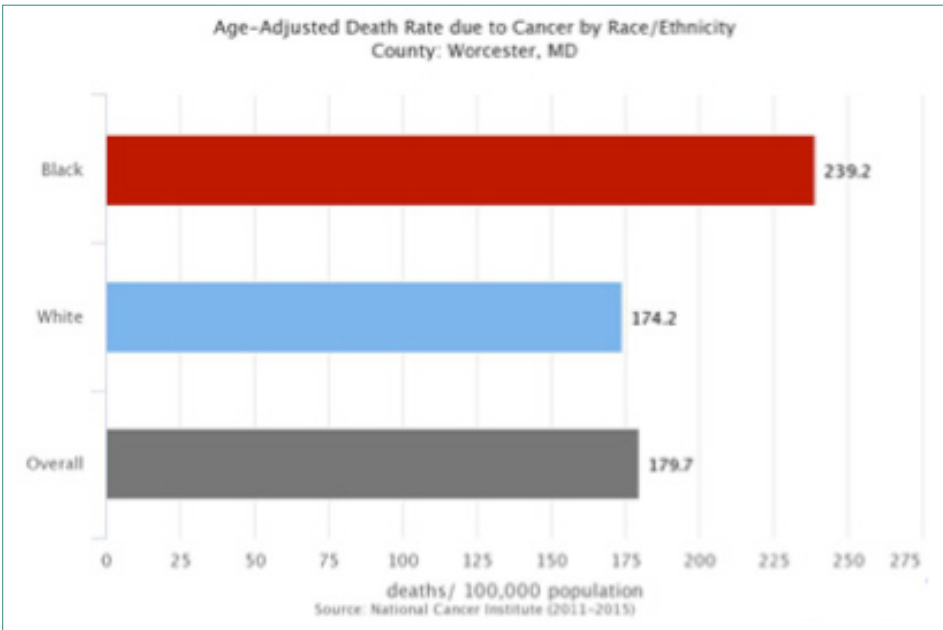
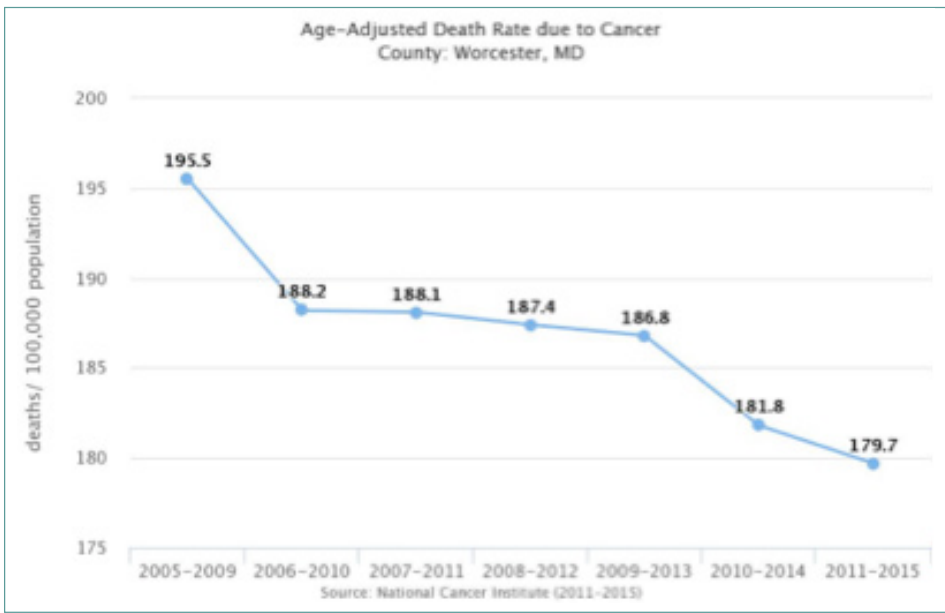
**Progress Measurements:**

Healthy People 2020



MD SHIP 2017





**AGH Internal Data**

- Melanoma remains #1 cancer seen in AGH ED FY16-18
- Lung cancer remains highest mortality among African American males FY16-18 – advanced stage diagnosis
- RCCC Capital Campaign
- Before AGH began their lung cancer screening program, 88% of all lung cancer patients were diagnosed at the most advanced stage. That percentage has been steadily decreasing, and last year only 36% of patients diagnosed with lung cancer had an advanced stage. In 2017, 157 patients

- participated in being screened for lung cancer and continue to be followed at appropriate intervals.
- Community free cancer screening events – >500 persons served
- Community cancer prevention education events – >50 events AGH Database on Ethnicity – compare to FY19
- CHSI: Effective 2017, Community Health Status Indicators 2015 (CHSI) no longer available <https://www.cdc.gov/ophss/csels/dphid/CHSI.html>



## Priority Area: Respiratory Disease, including Smoking

**Goal:** Promote community respiratory health through better prevention, detection, treatment, and education efforts.

**Healthy People 2020 Goal:** Promote respiratory health through better prevention, detection, treatment, and education efforts.

### Action:

- Recruit Pulmonologist to community
- Improve proportion of minorities receiving LDCT screenings
- Collaborate with Worcester County Health Department Prevention Department
- Reduce emergency department (ED) visits for chronic obstructive pulmonary disease (COPD) and asthma
- Provide speakers to community groups on smoking cessation

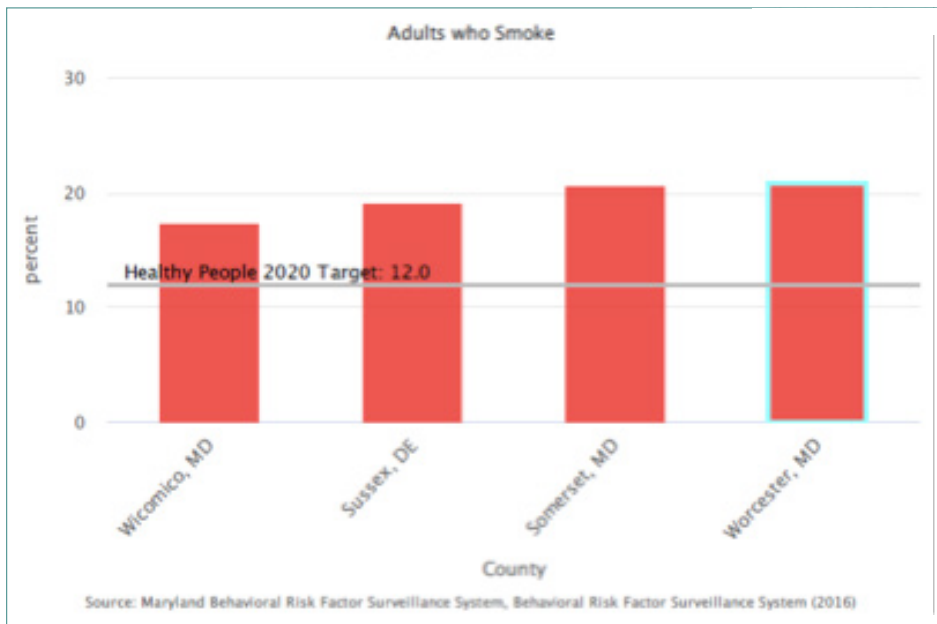
- Participate in community events to spotlight pulmonary clinic services
- Improve Health Literacy in middle schools related to tobacco use

### Measurement:

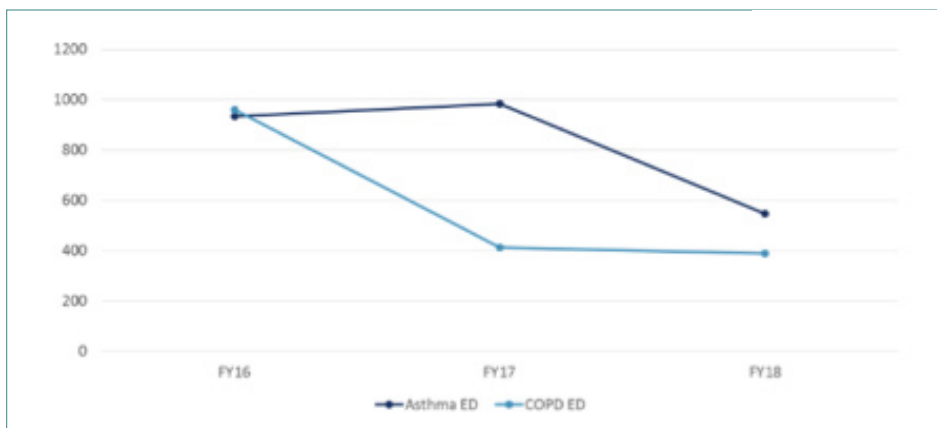
- Healthy People 2020 Objectives <https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases/objectives>
- Decrease ED visits due to acute episodes related to respiratory condition
- CHSI <http://wwwn.cdc.gov/CommunityHealth/home>
- Maryland SHIP <http://dhmh.maryland.gov/ship/Pages/home.aspx>

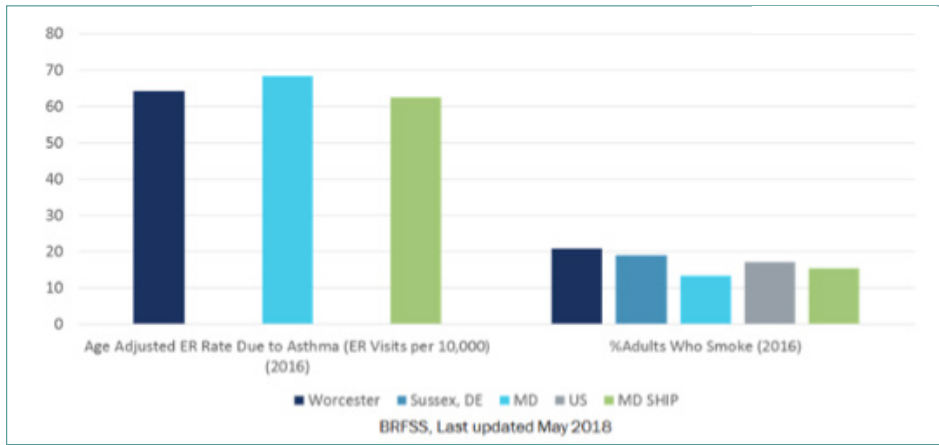
### Progress Measurements:

Healthy People 2020



AGH Internal Data – ED Visits





CHSI: Effective 2017, Community Health Status Indicators 2015 (CHSI) no longer available

<https://www.cdc.gov/ophss/csels/dphid/CHSI.html>

## Priority Area: Nutrition, Physical Activity & Weight

**Goal:** Support community members in achieving a healthy weight.

**Healthy People 2020 Goal:** Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

### Action:

- Improve Health Literacy in elementary and middle schools related to nutrition and exercise
- Participate in the “Just Walk” program of Worcester County
- Distribution brochure to public about Farmer’s Market & fresh produce preparation
- Integrate Healthy People 2020 objectives into AGHS offices

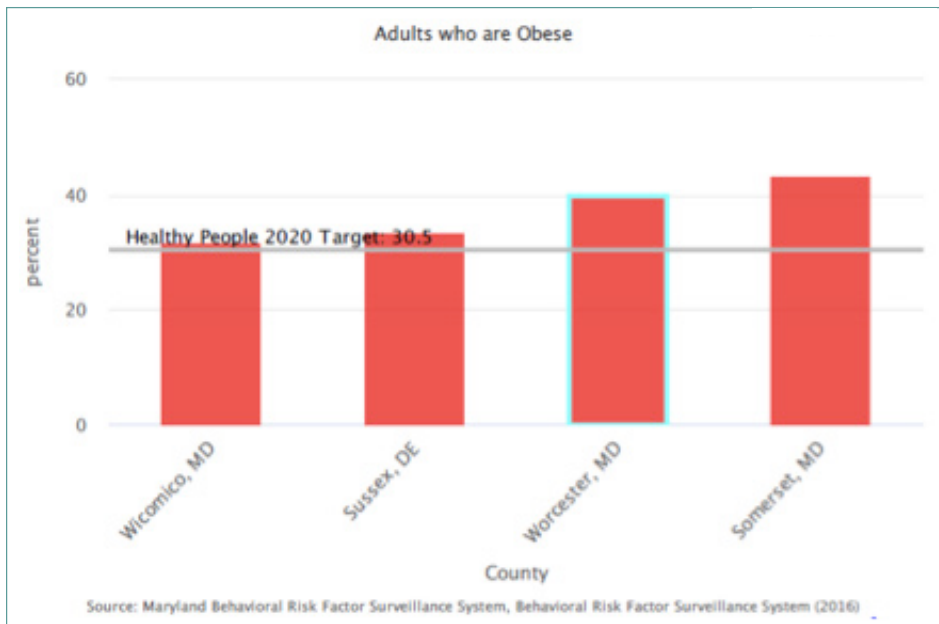
- Provide Hypertension and BMI screenings in the community
- Provide speakers to community groups on nutrition
- Continue to provide education on health living topics to Faith-based Partnership and community senior centers
- Participate in community events to spotlight surgical and non-surgical weight loss services

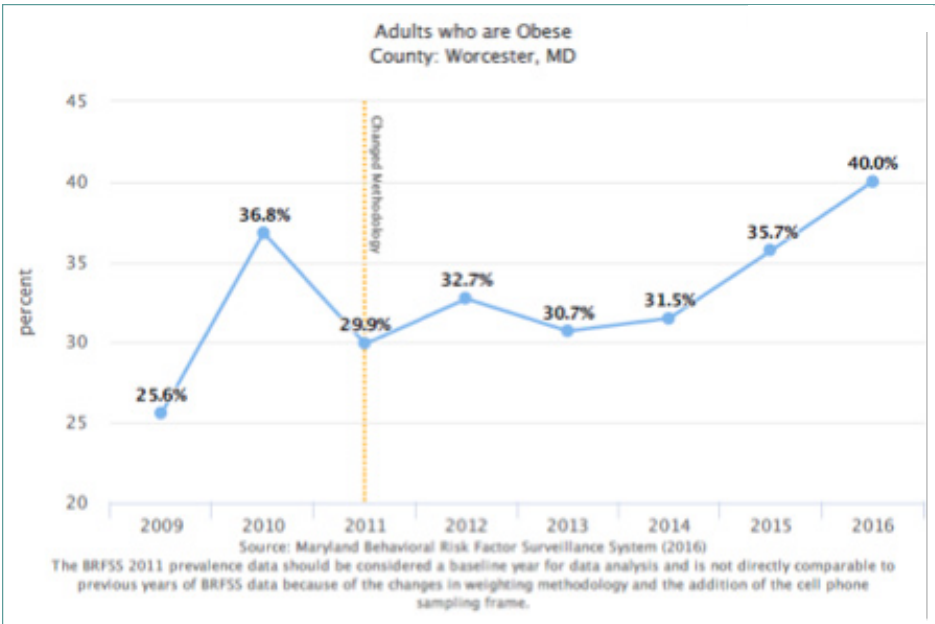
### Measurement:

- Healthy People 2020 Objectives <https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>
- County Health Rankings
- Maryland SHIP <http://dhmh.maryland.gov/ship/Pages/home.aspx>

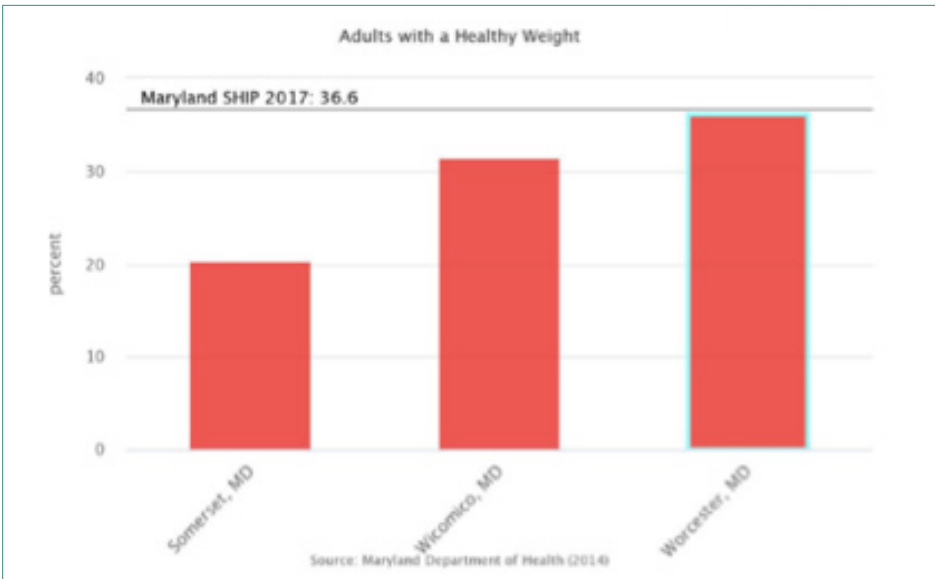
### Progress Measurements:

Healthy People 2020





MD SHIP



## Priority Area: Diabetes

**Goal:** Decrease incidence of diabetes in the community.

Healthy People 2020 Goal: Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.

**Action:**

- Continue to provide Diabetes Education in Patient Centered Medical Home
- Partner with local health agencies to facilitate grant applications to fund diabetes programs
- Participate on Tri-County Diabetes Alliance
- Provide diabetes screenings in community

- Increase prevention behaviors in persons at high risk for diabetes with prediabetes
- Recruit Endocrinologist to community

**Measurement:**

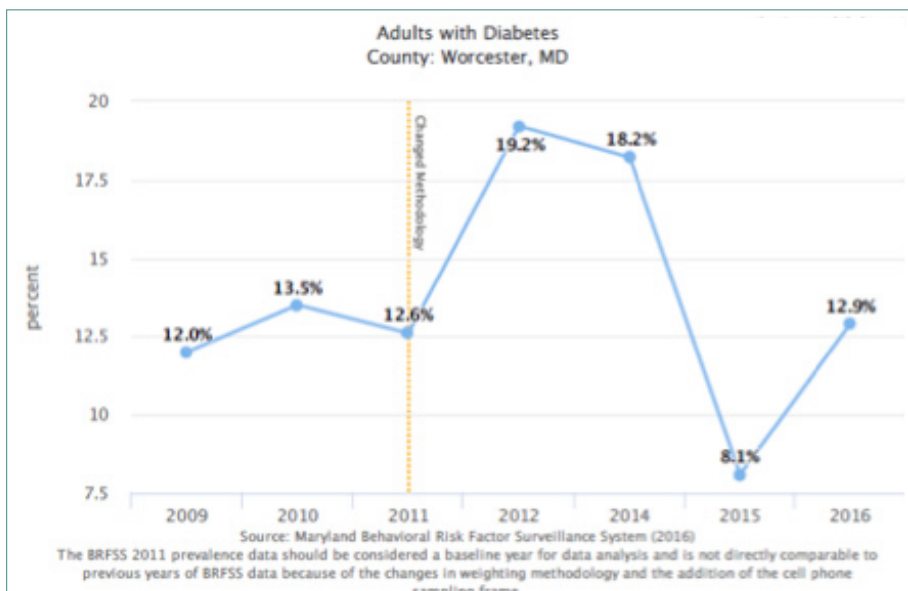
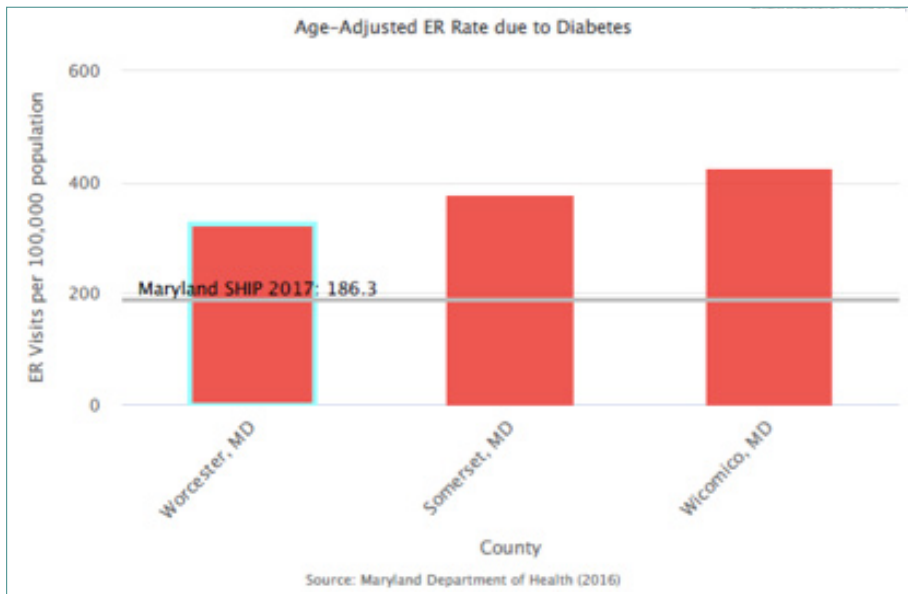
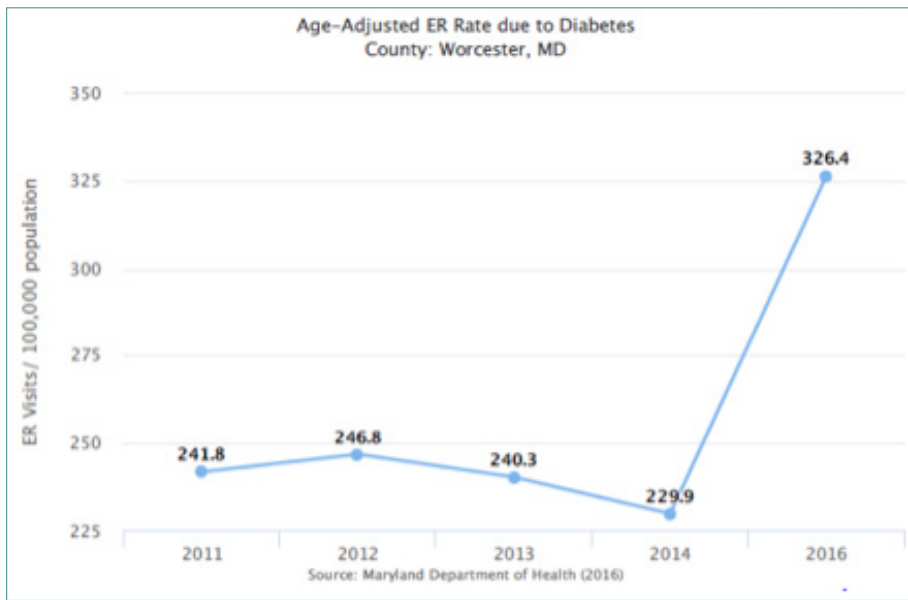
- Healthy People 2020 Objectives <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives>
- Incidence of adult diabetes
- Decrease ED visits due to acute episodes related to diabetes condition
- County Health Rankings
- Maryland SHIP <http://dhmh.maryland.gov/ship/Pages/home.aspx>





Progress Measurement:

Maryland SHIP



## Priority Area: Heart Disease & Stroke

**Goal:** Improve cardiovascular health of community.

**Healthy People 2020 Goal:** Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

**Action:**

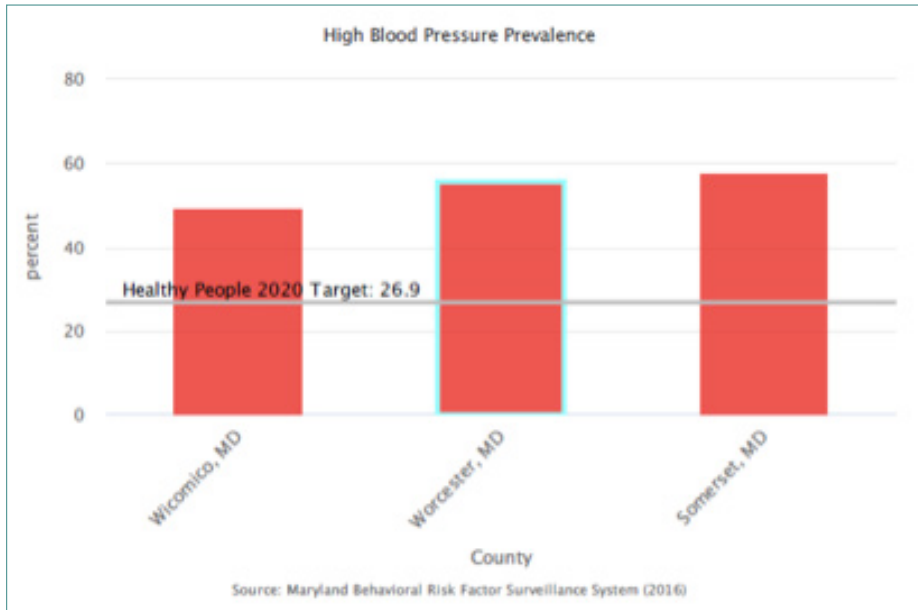
- Ensure proper professionals in community to provide vascular care
- Maintain AGH/HS campus and locations as tobacco free
- Increase community health screenings for high blood pressure, carotid artery and cholesterol

- Decrease readmissions to hospital for chronic disease management
- Utilize Faith Based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic disease management
- Improve Health Literacy in elementary and middle schools related to heart health

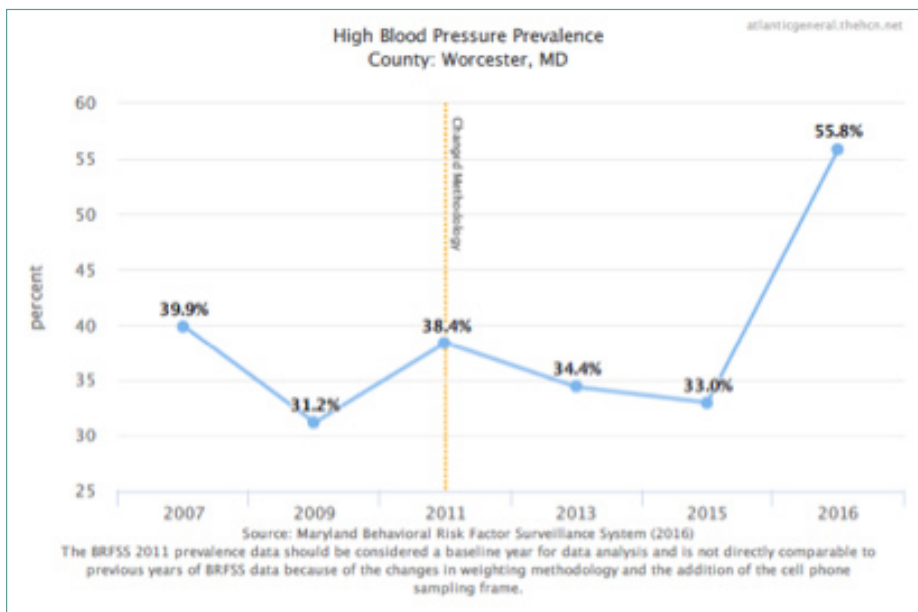
**Measurement:**

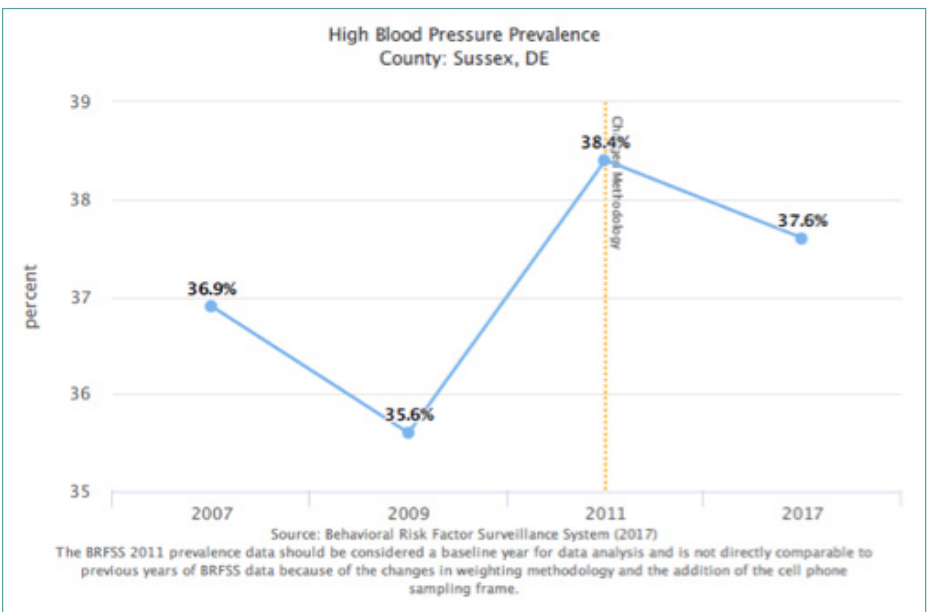
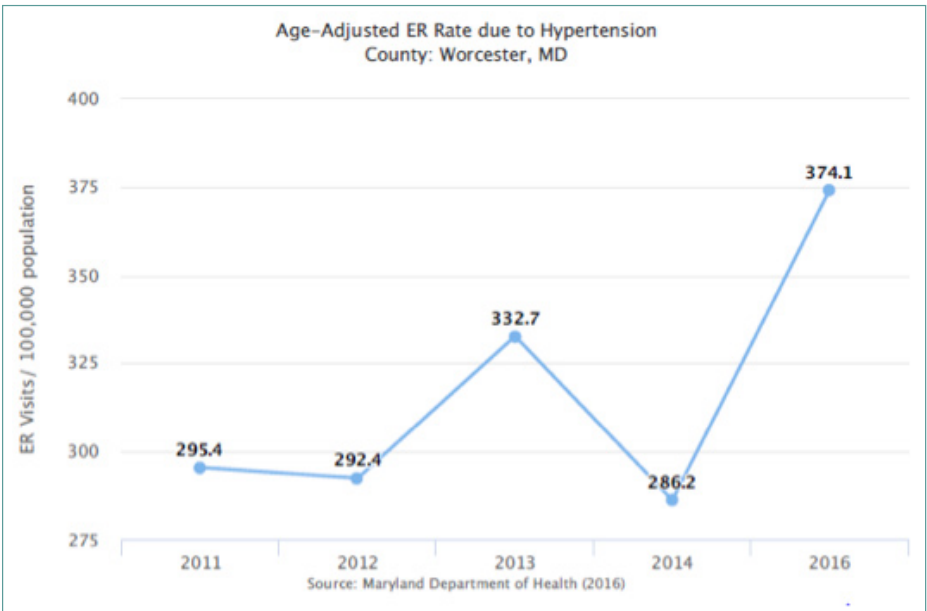
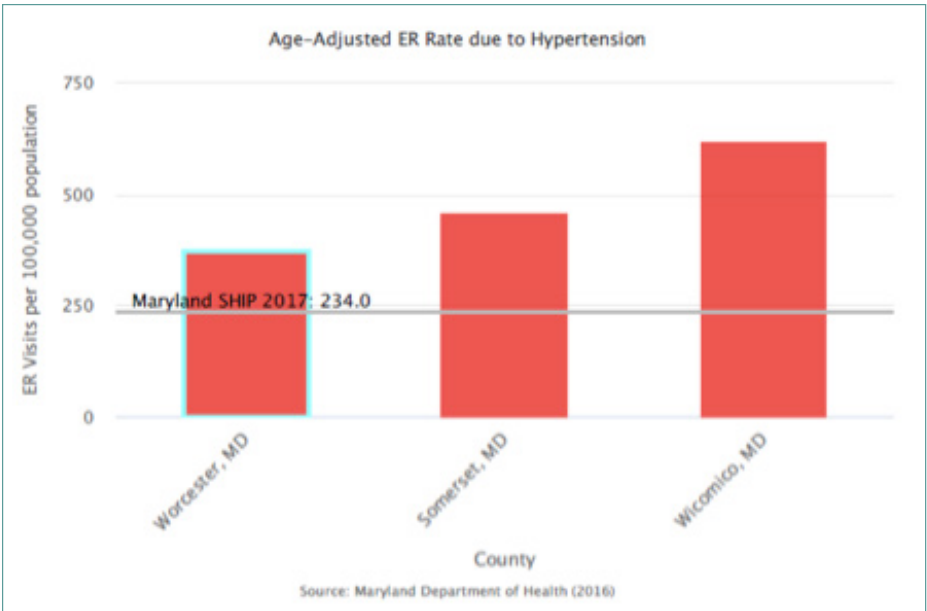
- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>
- Readmission rate
- MD SHIP

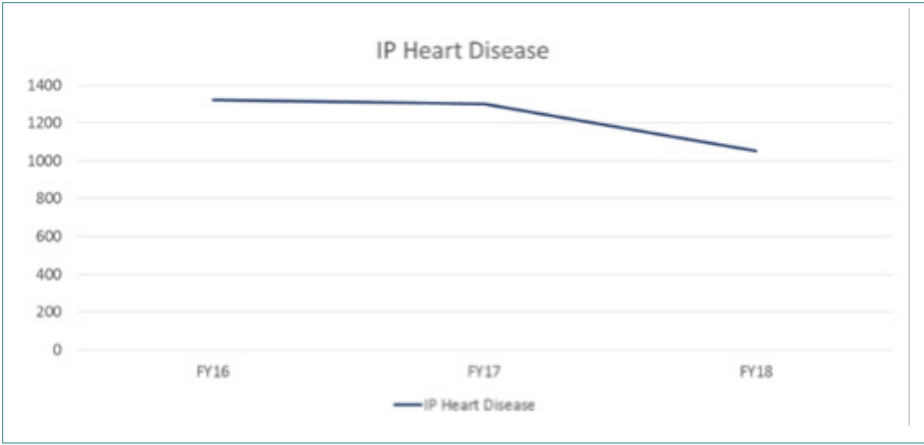
**Progress Measurement:**



Healthy People 2020







### Priority Area: Mental Health

**Goal:** Promote and ensure local resources are in place to address mental health.

**Healthy People 2020 Goal:** Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

**Action:**

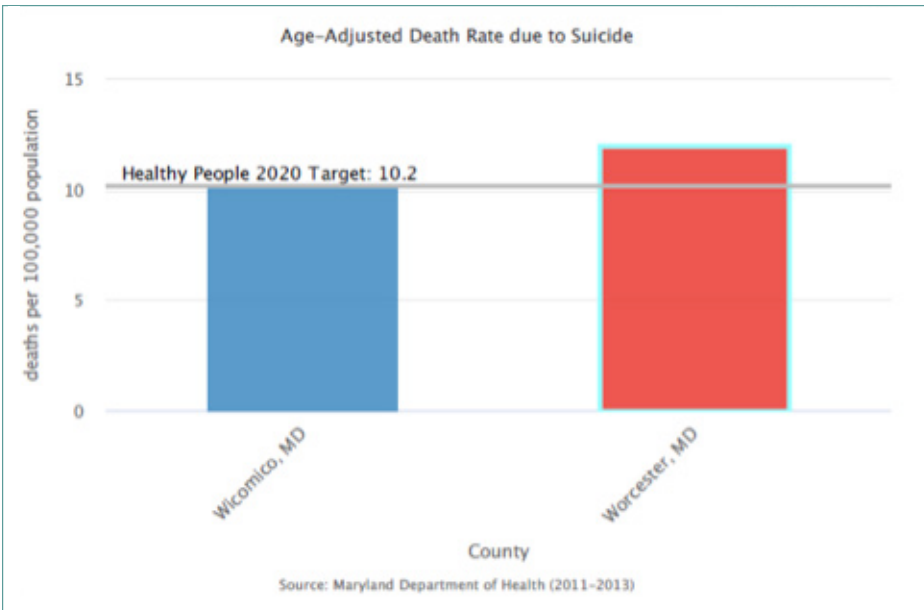
- Increase access and continue to collaborate with Sheppard Pratt telemedicine services to provide additional psychiatry professional
- Participate in community events to spotlight mental health services

- Engage critical response teams when a mental health crisis is discovered
- Improve Health Literacy in middle schools related to mental and emotional health
- Recruit Psychiatrist to the community

**Measurement:**

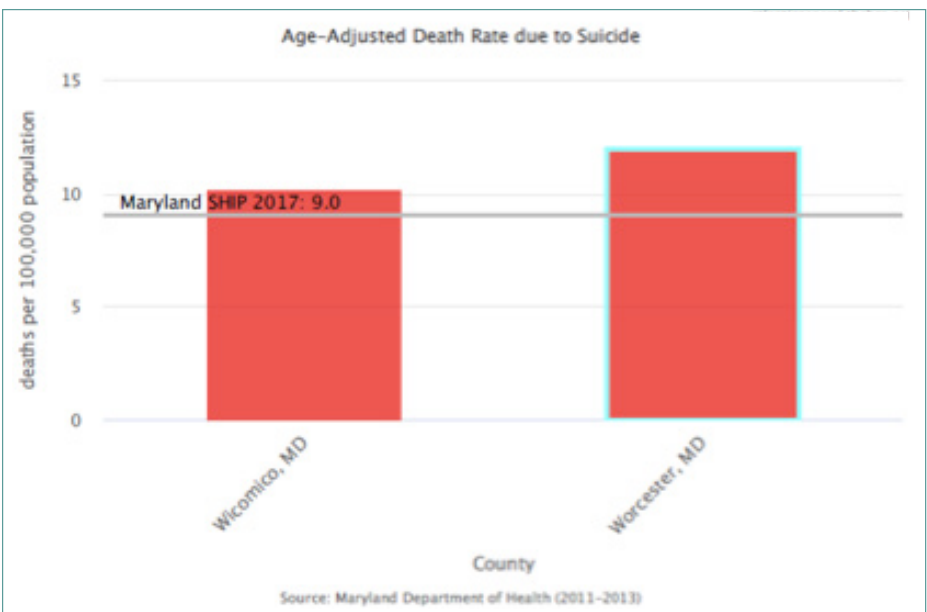
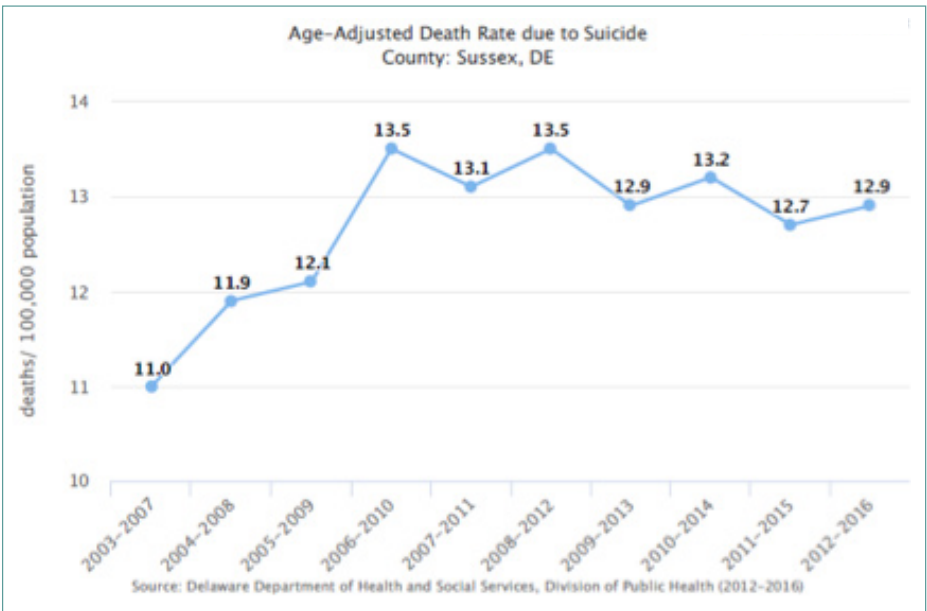
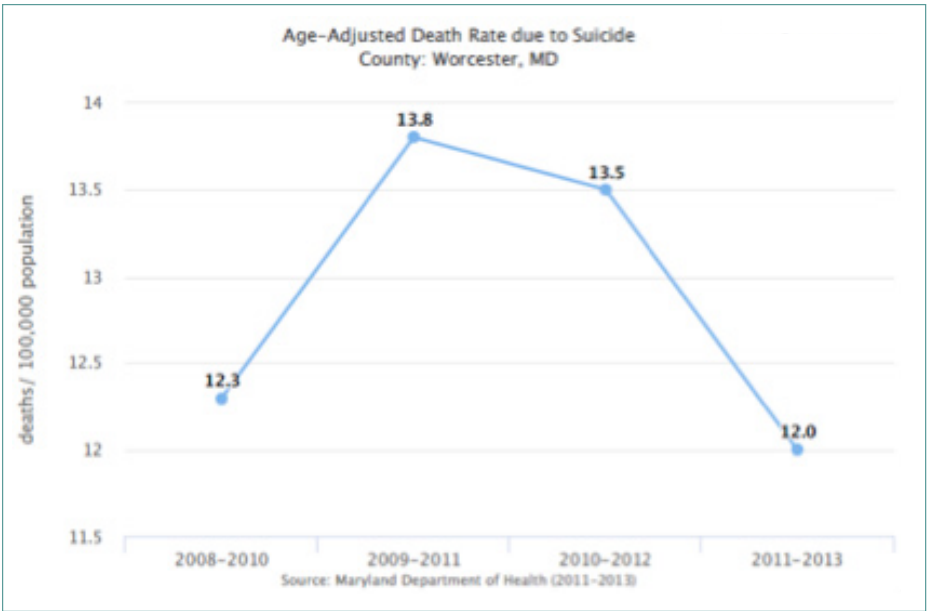
- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>
- Behavioral Risk Factor Surveillance System
- County Health Rankings
- MD SHIP

**Progress Measurement:**



Healthy People 2020

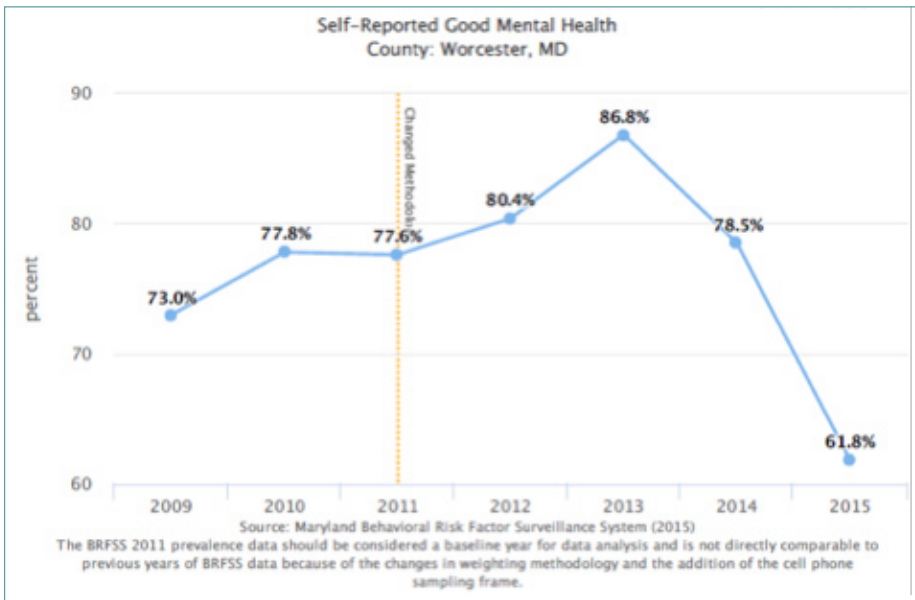




Maryland SHIP







## Priority Area: Opioid Abuse

**Goal:** Reduce opioid substance abuse to protect community health, safety, and quality of life for all.

**Healthy People 2020 Goal:** Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

### Action:

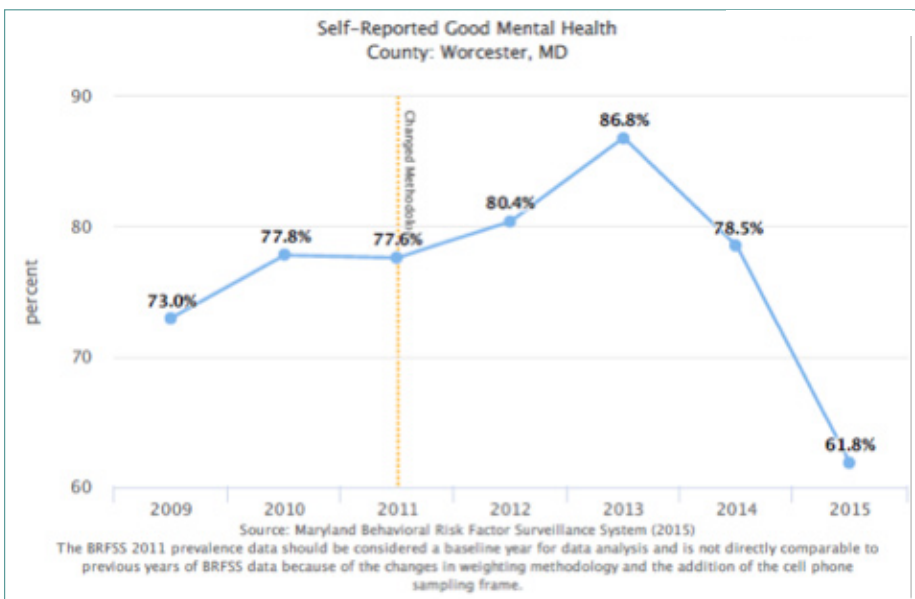
- Participate on WOW Committee
- Participate on Opioid Task Force
- Increase Health Literacy in middle schools r/t opioid use
- Provide educational opportunities to raise community awareness about opioid use
- Participate in Worcester County Health Department naloxone training sessions sponsored by Opiate Overdose Prevention Program

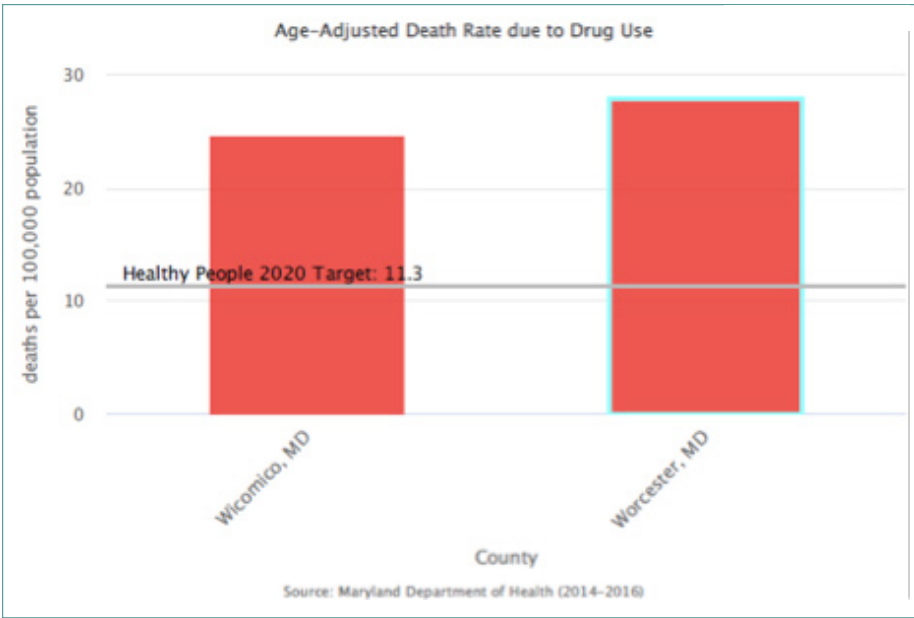
- Increase the proportion of persons who are referred for follow-up care for opioid problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- Evaluate and educate organization and community on appropriate prescribing practices
- Implement Prescription Drug Maintenance Program (PDMP) via CRISP

### Measurements:

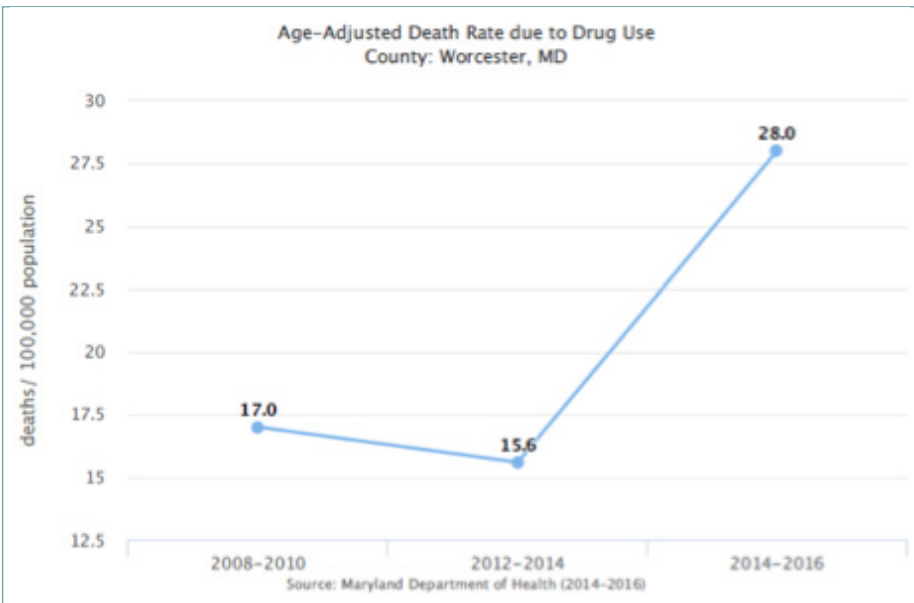
- Community Survey
- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>
- Pain management referrals

### Progress Measurement:

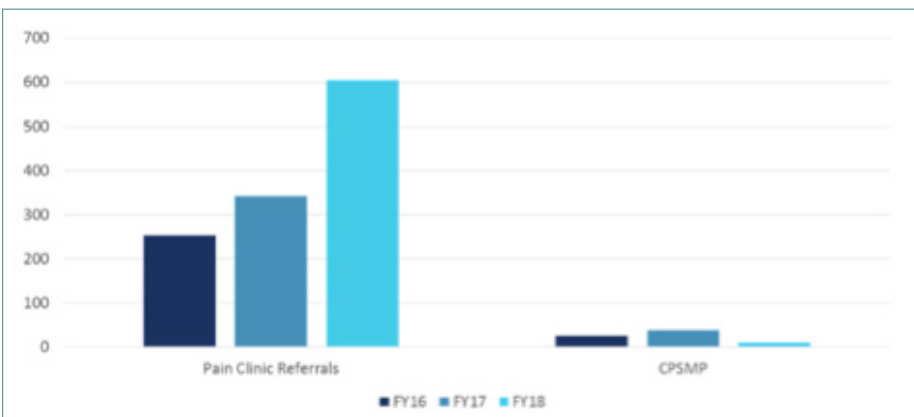




Pain Management Referrals – AGH Internal Data



Community Survey – compare to FY19



## Priority Area: Arthritis, Osteoporosis & Chronic Back Pain

**Goal:** Prevent illness and disability related to arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions in the community.

**Healthy People 2020 Goal:** Prevent illness and disability related to arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions.

### Action:

- Utilize Faith Based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic pain workshops
- Recruit Rheumatologist to community
- Utilize Women’s Diagnostic Health Services, to provide access to high risk populations about healthy lifestyles and bone density screenings
- Implement Osteopenia Intervention Program

- Provide educational opportunities to raise community awareness about osteopenia/osteoporosis and provide bone density screenings
- Increase accurate and up-to-date information and referral service

### Measurements:

- Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/Arthritis-Osteoporosis-and-Chronic-Back-Conditions>

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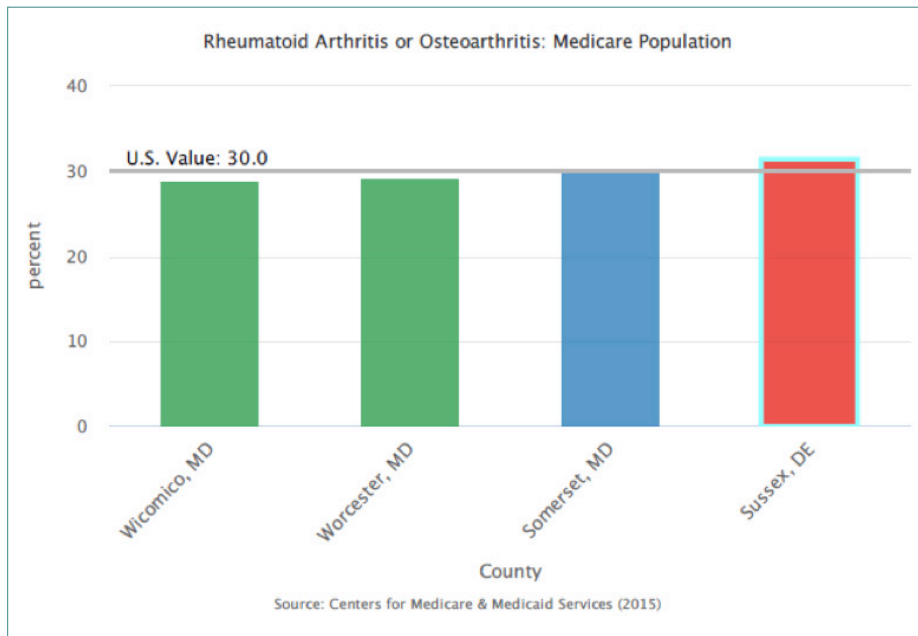
- CPSMP Workshop attendance

- Community Survey

### Progress Measurements:

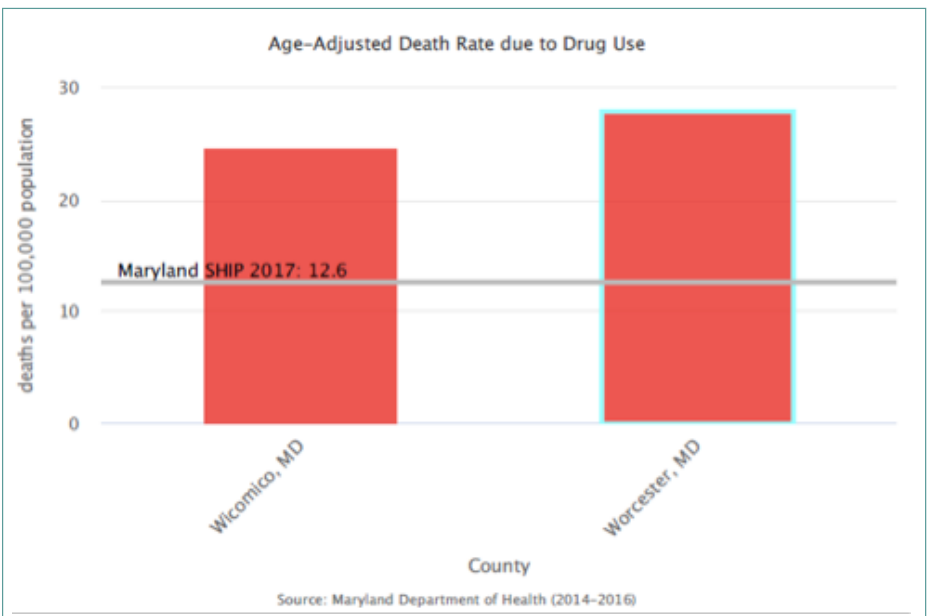
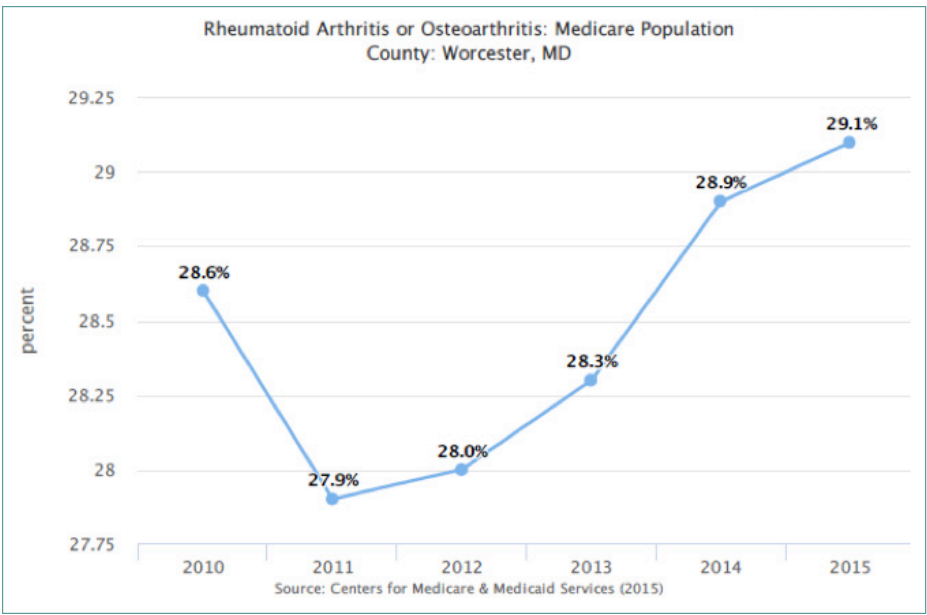
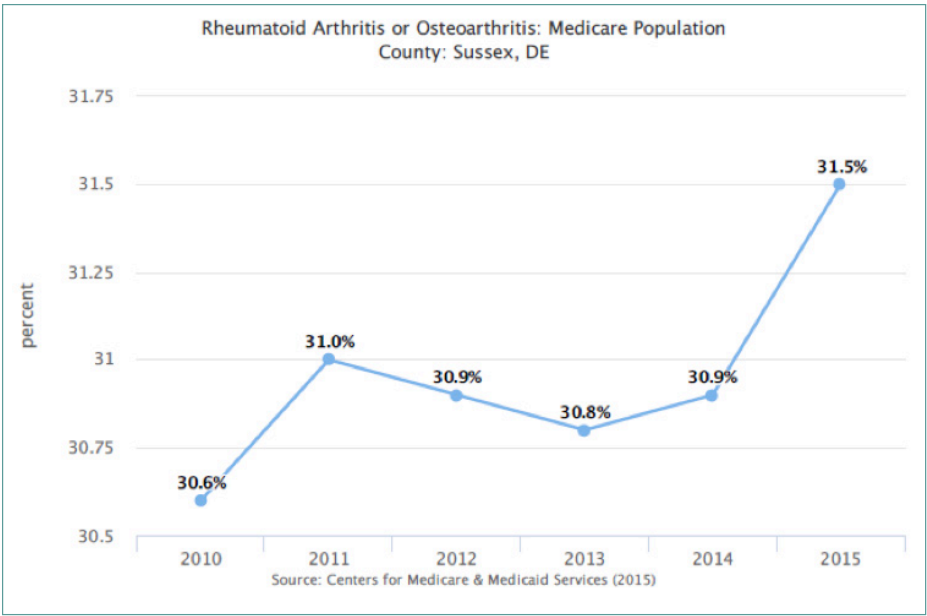
- CPSMP Workshop attendance 281 encounters FY16-18 (Source: AGH Internal Data)

- Community Survey – repeat in FY19 to compare



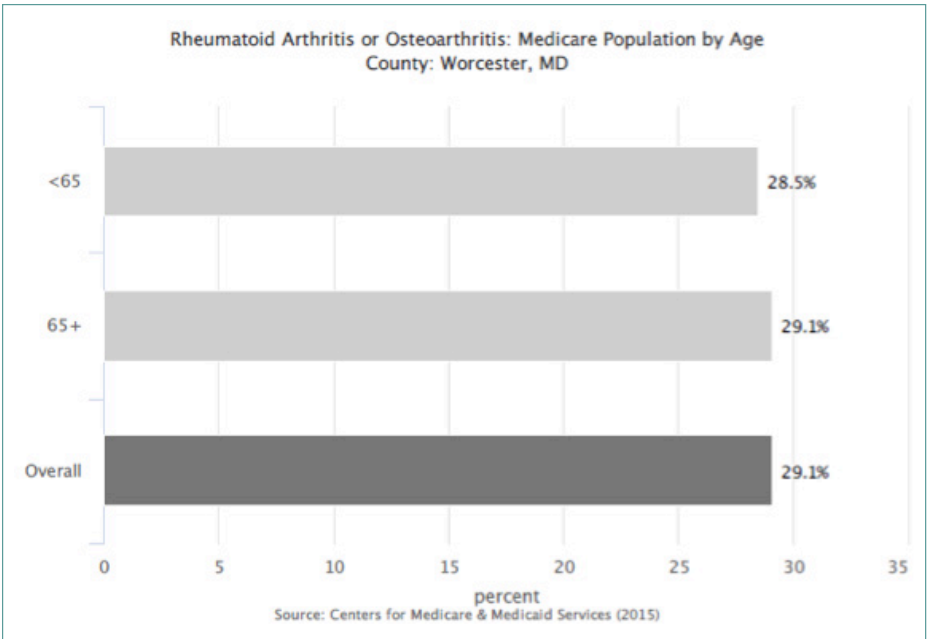
Healthy People 2020





Maryland SHIP





### Strategic Vision 2020

Continuing to build upon our Mission “To create a coordinated care delivery system that will provide access to quality care,” the AGH 2020 Vision will drive strategic decisions toward integration beyond the acute care facility. These decisions will build upon the current investments in developing community-based care delivery systems that incorporate primary care, specialty care, and care management of chronic conditions through our PCMH.



Accomplishing our Vision will require disciplined investment of time and resources in the “Right” principles:

**Right Care** – Patient/Family Centric, Error Free, Primary Care Provider-Driven, Timely Delivery, Best Practice Protocols;

**Right People** – Needs-Based Provider Recruitment, Service Orientation, Right Training, Continuous Learning;

**Right Place** – Appropriate Distribution of Primary Care, Availability of Specialists, Telemedicine, Community-Based vs. Hospital Based;

**Right Partners** – Advanced Acute Care Referral Relationships, Rehabilitation Care, Long-Term Care, Home Health Care, Supportive Care/Hospice, Mental Health Care, Accountable Care;

**Right Hospital** – The Right Leader for Coordinated Quality Care in our Community.

Our “2020 Vision” will build upon our distinctive competencies to create a new system of health. Investment in technology-based solutions will facilitate care being distributed more evenly throughout our region, creating equity in access to all. Building upon our health literacy initiatives and our relationship with the Worcester County Health Department, AGH will be a leader in addressing the individual factors that affect health promotion and prevention of disease. Continuing to promote health care interventions driven by patient-centered values to improve individual function and well-being will result in improved quality of life for those who choose to live in our community.





## Strategic implications:

Building upon our previous Strategic Plans, we will focus on:

- Continued collaboration with local, state and community partners;
- Prioritizing capital investment in areas of IT, such as PERKS Optimization and Telemedicine, that will overall improve coordination of care, quality of care, and efficiency for the patient;
- Creating a collaborative care model for the delivery of care within the hospital and with pre- and post-acute care providers, in an electronic environment;
- Measuring patient outcomes throughout the system by establishing optimal health and wellness goals for patients;
- Reducing unnecessary steps throughout our system to optimize the patient experience, reduce opportunity for errors, and enhance economic stability.

A primary clinical component of this strategy that will be achieved through the continued integration of clinical care,

IT, physician practice and patient involvement is the AGH Patient Centered Medical Home Model. Other coordinated care efforts include AGH Ambulatory Pharmacy Transitions in Care Program and the AGH Perioperative Surgical Home Model. Achievement of each collaborative care delivery model for those in our community with chronic illnesses, medication management needs and/or surgical services will improve access to care, reduce unnecessary visits to our ED and unnecessary admissions, and provide a continuous virtual connection for those utilizing AGH/HS services.

## Other needs identified in the CHNA but not addressed in this plan:

Each of the health needs listed in the Hospital's CHNA as well as Worcester County Health Department's Community Needs Assessment is important and is being addressed by numerous programs and initiatives operated by the Hospital and/or other community partners of the Hospital. Needs not addressed as a priority area in the Implementation Plan are being addressed in the community by other organizations and by organizations better situated to address the need.

Needs Not Addressed In Plan	Rationale
Dental/Oral Health	-Need addressed by Worcester County Health Department's Dental Services for pregnant women and children less than 21 years of age -Priority Area Worcester CHIP -Need addressed by Lower Shore Dental Task Force & Mission of Mercy for adult population -Need addressed by AGH ED referral to community resources -Need addressed by La Red Sussex County -Need addressed by TLC, a federally funded dental clinic for Somerset and Wicomico Counties
Injury & Violence	-Need addressed by Worcester County Health Department Programs: Child Passenger Safety Seats Injury Prevention Highway Safety Program Safe Routes to School -Need addressed by Worcester County Sheriff's Department, State Police and Municipal Law Enforcement Agencies -Need addressed by AGH Health Literacy Program
Immunizations & Infectious	-Need addressed by Worcester County Health Department Programs: Immunization Program Communicable Disease -Priority Area Worcester CHIP -Need addressed by DHMH World Hepatitis Day
HIV & STD (<2% ea)	-Need addressed by Worcester County Health Department Communicable Disease Programs
Alcohol	-Need addressed by Worcester County Health Department Behavioral Health and Prevention Services Addictions Program -Need addressed by local AA organization -Need addressed by Drug and Alcohol Council

Notes

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9733 Healthway Drive • Berlin, MD 21811  
[www.agh.care](http://www.agh.care)