



Atlantic General Hospital
Community Health Needs Assessment
2016-2018

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Atlantic General Hospital Community Health Needs Assessment

Background & Purpose


The Atlantic General Hospital Corporation (AGH), founded in 1993, is a private, 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. The Atlantic General Health System is comprised of over 30 community-based primary care and specialty care physicians and providers present in 14 locations throughout the region and Atlantic ImmediCare, which provides walk-in primary care and urgent care.

Atlantic General Hospital has undertaken a community health needs assessment as required by the passage of the "Patient Protection and Affordable Care Act of 2010". In 2014, AGH participated with the Worcester County Health Department, Wicomico County Health Department, and Peninsula Regional Medical Center to sponsor a regional Community Health Assessment, performed by Professional Research Consultants, Inc. This report is a continuation of periodic regional assessments performed by this group to monitor health trends throughout the region. This Health Assessment, in its entirety, can be found at [http://worcesterhealth.info/files/PRC\(2\).pdf](http://worcesterhealth.info/files/PRC(2).pdf).

This PRC Community Health Needs Assessment, a follow-up to similar studies conducted in 1995, 1999, 2004, and 2009, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Atlantic General Hospital. Subsequently, this information is used to make informed 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.

Atlantic General Hospital's Mission Statement



ATLANTIC
GENERAL HOSPITAL
care.givers

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

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

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

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

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

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

QUALITY STATEMENT
We deliver care that is accessible, safe, appropriate, coordinated, effective, and centered on the needs of individuals within a system that demonstrates continual improvement.



Overview of Atlantic General Hospital

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

AGH employs over 850 year-round full- and part-time associates with annual payroll and benefits exceeding \$56.6 million, making AGH the second largest employer in Worcester County. This has allowed us to give back nearly \$12 million in community benefits. The scope of our programs and the experience and qualifications of our medical staff of 200 Board Eligible and Board Certified physicians and providers, is unmatched by any other rural community hospital in Maryland. The Centers of Excellence at AGH include the Atlantic Endoscopy Center, Center for Joint Surgery, Emergency Services, Eunice Q. Sorin Women's Diagnostic Center, Outpatient Infusion Center, Sleep Disorders Diagnostic Center, Stroke Center, and Wound Care Center. Other services include Bariatric Services, Regional Cancer Care Center, and Behavioral Health Services in conjunction with the Worcester County Health Department, Diabetes Outpatient Education Program, Full Service Imaging, and Occupational Health Services.

Community Utilization

	Volumes			Growth	
	FY13	FY14	FY15	FY13-FY14	FY14-FY15
AGH Inpatient Admissions	3,086	3,337	3,348	8.13%	0.33%
AGH ED Visits	37,664	36,876	39,124	-2.09%	6.10%
Atlantic Health Center Visits	10,657	7,966	5,731	-25.25%	-28.06%
Atlantic General Health System Visits	55,809	70,187	86,291	25.76%	22.94%
Atlantic Immedicare Visits	7,110	5,780	5,885	-18.71%	1.82%

Maryland Primary Service Area Hospital Utilization by Diagnosis Related Groups

APDRG	Inpatient Volumes			% Change	
	FY 13	FY 14	FY 15	FY13-FY14	FY14-FY15
SEPTICEMIA & DISSEMINATED	230	316	352	37%	11%
REHABILITATION	291	315	316	8%	0%
VAGINAL DELIVERY	315	314	315	0%	0%
HEART FAILURE	234	257	259	10%	1%
OTHER PNEUMONIA	202	203	197	0%	-3%
KNEE JOINT REPLACEMENT	173	151	186	-13%	23%
CESAREAN DELIVERY	150	161	172	7%	7%
HIP JOINT REPLACEMENT	109	122	143	12%	17%
CVA & PRECEREBRAL OCCLUSI	108	132	136	22%	3%
CHRONIC OBSTRUCTIVE PULMO	150	139	124	-7%	-11%
RENAL FAILURE	105	95	107	-10%	13%
PULMONARY EDEMA & RESPIRA	85	89	101	5%	13%
MAJOR SMALL & LARGE BOWEL	119	90	94	-24%	4%
CARDIAC ARRHYTHMIA & COND	97	108	90	11%	-17%
CELLULITIS & OTHER BACTER	105	122	81	16%	-34%
All Other	3598	3486	3399	-3%	-2%
Total	6071	6100	6072	0%	0%

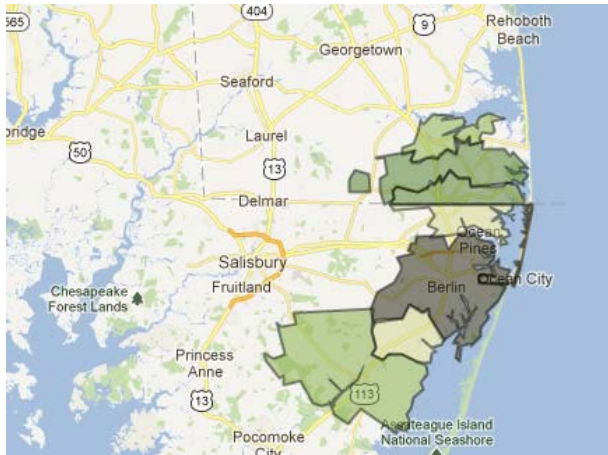
APDRG	Observation Volumes			% Change	
	FY 13	FY 14	FY 15	FY13-FY14	FY14-FY15
ANGINA PECTORIS & CORONAR	143	150	113	5%	-25%
CHEST PAIN	114	112	107	-2%	-4%
TRANSIENT ISCHEMIA	41	46	48	12%	4%
OTHER DIGESTIVE SYSTEM DI	66	67	39	2%	-42%
CARDIAC ARRHYTHMIA & COND	16	29	38	81%	31%
NON-BACTERIAL GASTROENTER	19	10	38	-47%	280%
SYNCOPE & COLLAPSE	54	50	37	-7%	-26%
OTHER ANEMIA & DISORDERS	22	14	29	-36%	107%
SIGNS, SYMPTOMS & OTHER F	29	27	26	-7%	-4%
HEART FAILURE	22	31	26	41%	-16%
CHRONIC OBSTRUCTIVE PULMO	12	10	24	-17%	140%
CARDIAC CATHETERIZATION F	0	0	24	#DIV/0!	#DIV/0!
DISORDERS OF GALLBLADDER	29	40	24	38%	-40%
OTHER BACK & NECK DISORDE	12	15	23	25%	53%
RESPIRATORY SIGNS, SYMPTO	17	15	23	-12%	53%
All Other	442	491	560	11%	14%
Total	1038	1107	1179	7%	7%

APDRG	Outpatient Volumes			% Change	
	FY 13	FY 14	FY 15	FY13-FY14	FY14-FY15
SIGNS, SYMPTOMS & OTHER F	12669	11980	12350	-5%	3%
OTHER MUSCULOSKELETAL SYS	5317	5279	5111	-1%	-3%
HYPERTENSION	3452	3353	3632	-3%	8%
RESPIRATORY SIGNS, SYMPTO	3293	2908	3197	-12%	10%
OTHER BACK & NECK DISORDE	2892	2921	2876	1%	-2%
CONTUSION, OPEN WOUND & O	2454	2313	2545	-6%	10%
OTHER SKIN, SUBCUTANEOUS	2459	2302	2459	-6%	7%
INBORN ERRORS OF METABOLI	2524	2472	2334	-2%	-6%
INFECTIONS OF UPPER RESPI	1926	1689	2198	-12%	30%
ABDOMINAL PAIN	2111	2064	2126	-2%	3%
OTHER ENDOCRINE DISORDERS	1899	2063	1995	9%	-3%
DIABETES	1813	1706	1614	-6%	-5%
OTHER KIDNEY & URINARY TR	1175	1370	1492	17%	9%
OTHER EAR, NOSE, MOUTH, TH	1522	1357	1415	-11%	4%
OTHER ANEMIA & DISORDERS	1503	1561	1360	4%	-13%
All Other	32782	32514	32365	-1%	0%
Total	79791	77852	79069	-2%	2%

Description of Community

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

Primary Market			
Zip Code	City	County	State
19939	Dagsboro	Sussex County	DE
19945	Frankford	Sussex County	DE
19975	Selbyville	Sussex County	DE
21811	Berlin	Worcester County	MD
21813	Bishopville	Worcester County	MD
21841	Newark	Worcester County	MD
21842	Ocean City	Worcester County	MD
21843	Ocean City	Worcester County	MD
21862	Showell	Worcester County	MD
21872	Whaleyville	Worcester County	MD
21874	Willards	Worcester County	MD



Key Demographic and Socioeconomic Characteristics

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

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

The Worcester County Health Department’s Community Needs Assessment is currently being revised and will be coordinated with Atlantic General Hospital’s when available. For 2015, both Sussex and Worcester County are at 14% for uninsured patients, as stated by US Census Bureau's Small Area Health Insurance Estimates (SAHIE). Worcester has a higher graduation rate than Sussex at 91 and 83% respectively. The 2012 mortality rate for Worcester County is a 10.9 death rate per 1000 people as published at <http://pubrecords.com/resources/Court-Records/Maryland/Worcester/>. Sussex County’s mortality rate as published at <http://delawarefocus.org/sites/default/files/2015-Focus-Report.pdf> in October 2015 is 720 deaths per 10,000 residents. Unemployment in Worcester is 11.3% attributed to the influx of retirees, many who divide their time between Maryland and Florida. The population of the Worcester County resort, Ocean City, increases by about 200,000 during the tourist season. Lower Sussex County has similar characteristics of seasonality and retirees.

Demographics	Worcester County MD	Sussex County DE
2016 Population	51,769	216,486
White	42,024 (81.8%)	169,252 (78.18%)
Black/Af Amer	7,159 (13.83%)	26,855 (12.40%)
Am Ind/AK Native	143 (0.28%)	1,817 (0.84%)
Asian	729 (1.41%)	2,582 (1.19%)
Native HI/PI	13 (0.03%)	179 (0.08%)
Some Other Race	699 (1.35%)	10,183 (4.70%)
2+ Races	1,002 (1.94%)	5,618 (2.60%)
2016 Male Population by Age	25,146	105,188
2016 Pop, Male: Age <18	4,591 (18.26%)	21,829 (20.75%)
2016 Pop, Male: Age 18+	20,555 (81.74%)	83,359 (79.25%)
2016 Pop, Male: Age 65+	6,211 (24.70%)	24,710 (23.49%)
2016 Median Age Male	47.9	45.50
2016 Female Population by Age	26,623	111,298
2016 Pop, Female: Age <18	4,497 (16.89%)	20,936 (18.81%)
2016 Pop, Female: Age 18+	22,126 (83.11%)	90,362 (81.19%)
2016 Pop, Female: Age 65+	7,328 (27.53%)	28,474 (25.58%)
2016 Median Age Female	50.3	48.60
Percent Pop Growth 2010 to 2016	0.61%	9.81%
Median Household Income within the CBSA	\$60,834	\$53,752
2016 Families Below Poverty	1,067 (7.31%)	5,774 (9.80%)
2016 Families Below Poverty with Children	663 (4.54%)	4,336 (7.36%)
Adults with Health Insurance	83.60%	83.10%
Children with Health Insurance	93.60%	93.80%
Life Expectancy		
Males	76.3	75.7
Females	81.4	80.6

*Statistics available through Health Communities Institute on www.atlanticgeneral.org

Other Key Characteristics in Primary Market	Worcester County MD	Sussex County DE
Medicaid recipients	13.00%	22.60%
<p>Food Insecurity Index: The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. Data Source: County Health Rankings</p>	8%	8.30%
<p>Households without a vehicle: Vehicle ownership is directly related to the ability to travel. In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices and hospitals. Most households with above-average incomes have a car while only half of low-income households do. Data Source: American Community Survey</p>	6.10%	4.20%
<p>Annual Ozone Air Quality (2010 last measurement) Data Source: American Lung Association</p>	4 or D rating	5 or F rating
<p>Language Spoken: Datasource Claritas, updated January 2016</p> <p style="padding-left: 40px;">Speak Only English at Home</p> <p style="padding-left: 40px;">Speak Spanish at Home</p> <p style="padding-left: 40px;">Speak Asian/PI Lang at Home</p> <p style="padding-left: 40px;">Speak Indo-European Lang at Home</p> <p style="padding-left: 40px;">Speak Other Lang at Home</p>	<p>89.24%</p> <p>7.70%</p> <p>0.77%</p> <p>2.20%</p> <p>0.09%</p>	<p>93.31%</p> <p>2.74%</p> <p>0.38%</p> <p>3.28%</p> <p>0.29%</p>
<p>Severe Housing Problems: Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards. Data Source: Data Source: County Health Ranking</p>	15.90%	16.10%



Health Factors and Status Indicators

Worcester and Sussex County Health status indicators are updated periodically by several organizations. Sources include the Healthy Communities Institute's database Atlantic General Hospital's website.

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

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 County in Attachment D.

Maryland State Health Improvement Process (SHIP) indicators and goal attainment summarized in Attachment E.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment. A listing of healthcare access, utilization and medical care resources in Worcester County can be found in The 2012 Community Health Assessment developed by Worcester County Health Department for Worcester County Attachment A (page 11-12). This was updated in 2015 to include an on-line reference called "Network of Care".

<http://www.worcester.md.networkofcare.org/mh/index.aspx> Besides the Hospital, the major resources include:

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

Worcester County Health Department - The Worcester County Health Department meets its mission to promote health, wellbeing and a safe environment by assessing community needs, developing



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

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

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

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



Community Health Resources Selbyville – Frankford

TYPE	RESOURCES	
HOSPITALS	Atlantic General Hospital Address: 9733 Healthway Drive, Berlin, MD 21811 Hospital Type: Acute Care Hospitals Beds: 62 Miles: 10 www.atlanticgeneral.org	Beebe Medical Center Address: 424 Savannah Rd, Lewes, DE 19958 Hospital Type: Acute Care Hospitals Beds: 210 Miles: 27 www.beebemed.org
	Peninsula Regional Medical Center Address: 100 E Carroll Ave, Salisbury, MD 21801 Hospital Type: Acute Care Hospitals Beds: 363 Miles: 24 www.peninsula.org	
	Generations Home Care, Inc. Address: 205 E. Market Street, Georgetown, DE 19947 Certified Date: 11/1/1982	Peninsula Home Care, Llc Address: 1001 Mount Hermon Street, Suite 200, Salisbury, MD 21801 Certified Date: 12/19/1983
	Professional Home Health Care Agency Inc Address: 401 North Bedford Street, Georgetown, DE 19947 Certified Date: 5/2/2003	Home Health Corp Of America Address: 100a Bateman Street, Salisbury, MD 21804 Certified Date: 7/1/1984
Home Health	Beebe Hospital Home Health Address: 20232 Ennis Road, Georgetown, DE 19947 Ownership: Voluntary Non Profit - Other	
Nursing Homes	Atlantic Shores Rehabilitation & Health Center 231 South Washington St. Millsboro, DE 19966-1236 State Licensed Beds: 181 Medicare & Medicaid Certified	Cadbury At Lewes Address: 17028 Cadbury Circle, Lewes, DE 19958 State Licensed Beds: 40 Medicare & Medicaid Certified
	Cadia Rehabilitation Renaissance Address: 26002 John J Williams Highway, Millsboro, DE 19966 State Licensed Beds: 130 Medicare and Medicaid Certified	DE Veterans Home 100 DE Veterans Blvd. Milford, DE 19963-5395 State Licensed Beds: 130 Medicare & Medicaid Certified
	Berlin Nursing And Rehabilitation Center Address: 9715 Healthway Drive, Po Box 799, Berlin, MD 21811 State Licensed Beds: 192 Medicare & Medicaid Certified	Harrison Senior Living of Georgetown 110 W. North Street Georgetown, DE 19947-2137 State Licensed Beds: 139
	Harbor Healthcare & Rehab Ctr Address: 301 Ocean View Blvd, Lewes, DE 19958 State Licensed Beds: 179 Medicare & Medicaid Certified	
PRIMARY CARE	1.0 FTE in Selbyville 2.0 FTE in Millsboro	
PEDIATRICIANS	No services located in townships; Patients travel to Berlin, MD La Red Health Center, or Hospital Affiliated practices.	
DENTISTS	One full time dentist in Selbyville Patients travel out of the area to private offices or La Red Health Center	
OB-GYN	Physician and mid-level in Selbyville for GYN. For obstetrics patient go to La Red Health Center, Three Lower Counties (TLC) or Hospital Affiliated practices.	
MENTAL HEALTH	No services located in townships; Patients travel to Atlantic Health Center or La red Health Center.	

Approach and Resources

AGH partners with surrounding hospitals and health departments to bring to together a multitude of information, for a full-scale needs assessment. This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, 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 Community Health Needs Assessment provides the information

necessary so that communities may identify issues of greatest concern and commit resources to those areas, thereby making the greatest possible impact on community health status. 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.dhmh.maryland.gov/ship
- Tri-County Health Improvement Plan (T-CHIP)
- Worcester County Community Health Improvement Plan (CHIP)
<http://worcesterhealth.info/files/2012%20Community%20Health%20Assessment.pdf>
- 2014 PRC Community Needs Assessment
- Health Fairs
- 2016 County Health Outcomes & Roadmaps
- State of Delaware Health Needs Assessment
<http://www.dhss.delaware.gov/dhss/dph/files/shachsa.pdf>
- Delaware Health and Social Services through the Delaware Health Tracker
www.delawarehealthtracker.com
- Atlantic General Hospital Planning Committee
- Beebe Medical Center Community Health Needs Assessment
http://www.beebehealthcare.org/sites/default/files/1-CHNA%20FINAL%20DRAFT_0.pdf
- National Partnership for Action to End Health Disparities - TOOLKIT FOR COMMUNITY ACTION

In particular, the 2014 PRC Community Health Needs Assessment serves as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.



CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) 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.

Who was involved in Assessment?

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

AGH Community Needs Survey (attachment 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, our gift shop and thrift shop, and other venues. Via the Internet an electronic form of the survey was administered through a link that was prominently placed on AGH websites and other advertised community forums.

Maryland State Health Improvement Process (SHIP) Plan

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

2016 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.

PRC Survey - Summary of Findings

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through the Professional Research Consultants, Inc. community needs assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues.

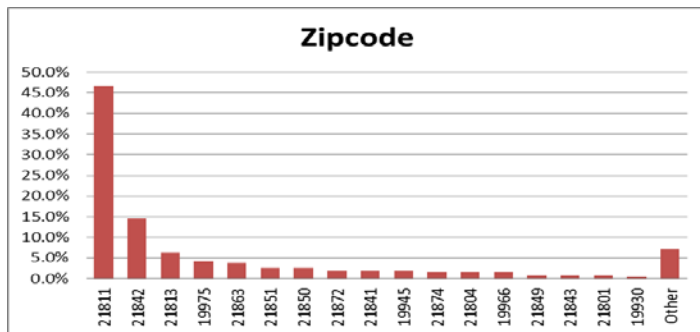
Areas of Opportunity Identified through PRC Assessment	
Access to Health Services	Difficulty getting a physician appointment
Arthritis, Osteoporosis & Chronic back conditions	Prevalence of Sciatica/Chronic Back Pain
Cancer	Prevalence of Cancer (including skin cancer)
Diabetes	Prevalence of Diabetes Borderline/Pre-Diabetes
Heart Disease & Stroke	Heart Disease Prevalence High Blood Pressure High blood cholesterol Overall Cardiovascular Risk
Immunizations & Infectious	Hepatitis B Vaccination
Injury & Violence prevention	Use of seatbelts
Nutrition, Physical Activity & Weight	Prevalence of overweight & obesity Meeting physical activity guidelines lack of leisure time physical activity
Oral Health	Regular Dental Care
Respiratory Disease	COPD Asthma diagnosis

AGH Community Health Needs Survey - (Attachment F)

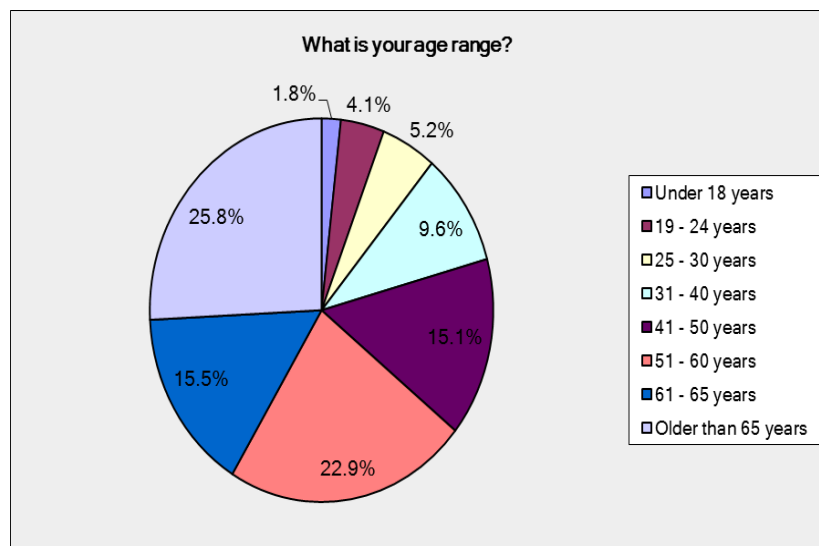
The Community Health Needs Assessment survey was distributed by community outreach personnel and the Atlantic General Hospital website. Stakeholder interviews and focus groups were conducted by community outreach personnel. Community surveys represent information that is self-reported. Written comments were solicited on the most recent CHNA through the AGH website and taken into account. No written comments were received. An AGH medical staff survey was completed in December 2015, which noted timely appointments in clinics as a top barrier.

For the purposes of transparency, future data collection needs to better reach the Asian and African American as well as the Selbyville / Ocean View communities to gather a more representative sample of the population.

Respondents Demographics



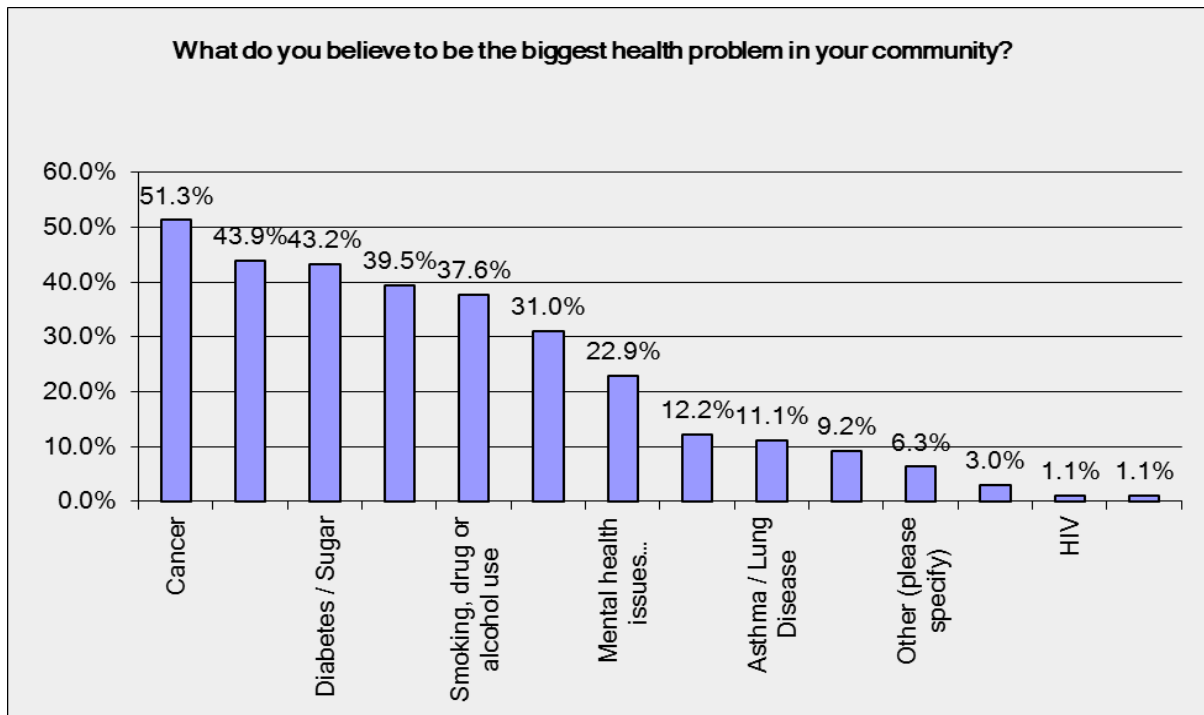
Race / ethnicity	Percent
Caucasian	90.8%
African American	7.0%
Hispanic	2.2%
Asian/Pacific Islander	0.0%



Top Health Concerns

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

- | | |
|--|--|
| #1 – Cancer same as FY13 | #7 – Mental Health |
| #2 - Overweight/Obesity up one from FY13 | #8 - Access to Healthcare / No Health Insurance |
| #3 - Diabetes/Sugar up one from FY13 | #9 - Asthma / Lung Disease |
| #4 - Heart Disease down two over FY13 | #10 - Dental Health |
| #5 – Smoking, drug or alcohol use | #11 - Injuries |
| #6 - High Blood Pressure/Stroke same as FY13 | #12 - HIV & Sexually transmitted disease (<2% ea.) |



Top Barriers to Healthcare:

	Response Percent
Too expensive / can't afford it	65.3%
No health insurance	53.5%
Couldn't get an appointment with my doctor	19.6%
No transportation	18.1%
Local doctors are not on my insurance plan	13.7%
Service is not available in our community	9.2%
Doctor is too far away from my home	4.8%

Impact of Previous Actions Taken

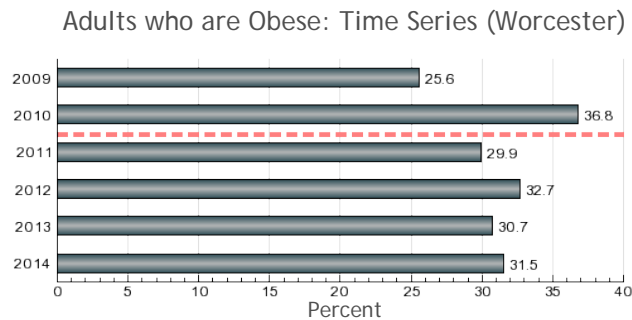
In 2012, AGH in coordination with local health departments, neighboring hospitals and community stakeholders, conducted a community needs assessment. The needs assessment is a primary tool used by the Hospital to determine its community benefit plan, which outlines how the Hospital will give back to the community in the form of health care and other community services to address unmet community health needs.

2013-2015 Community Needs

The community needs identified include: Obesity, Access to Care, Heart Disease, Cancer, Diabetes, High Blood Pressure, Dental Health, Communicable Disease 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. Based on those criteria several areas were chosen to be the most important for the hospital to focus on. These needs are obesity, diabetes, access to care, cancer, cardiovascular and mental health. The goal and actions taken are found in the associated Implementation Plans (Attachment F). The community's needs are key focus areas in the Atlantic General Hospital Strategic Plan – Vision 2020.

Community Health Progress

Obesity/Overweight



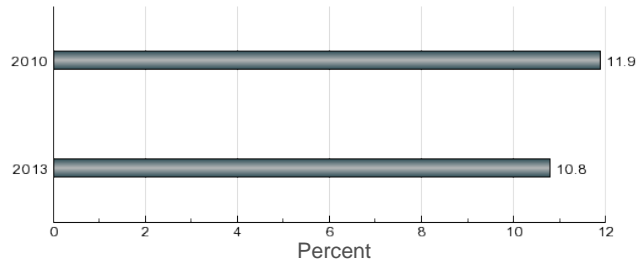
Adults who are Obese: Time Series (Sussex) - Last Data is 2012

----- Indicates a change in methodology

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

Obesity/Overweight continued

Adolescents who are Obese: Time Series (Worcester)

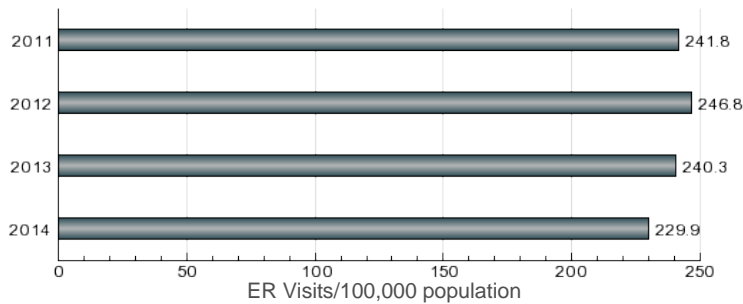


Adolescents who are Obese: Time Series (Sussex) - (Data not available)

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

Diabetes

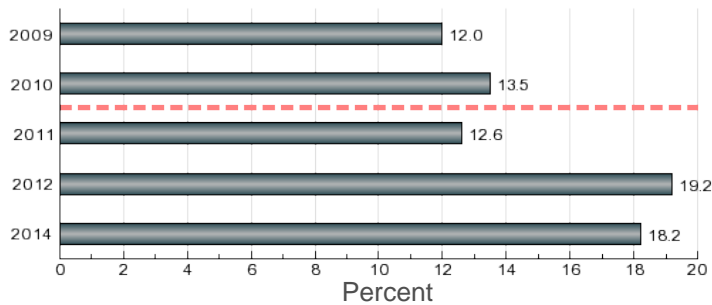
ER Rate due to Diabetes: Time Series (Worcester)



ER Rate due to Diabetes: Time Series (Sussex) - Data not available

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.

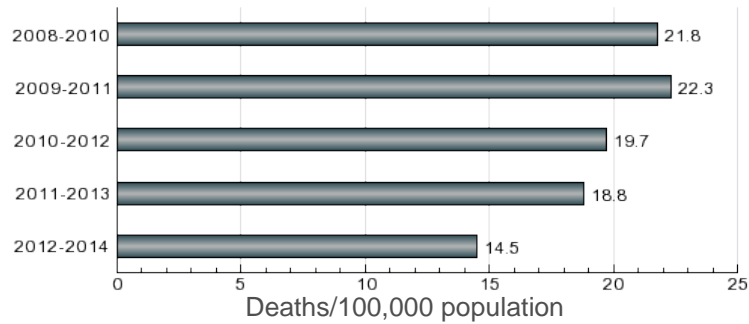
Adults with Diabetes: Time Series (Worcester)



Adults with Diabetes: Time Series (Sussex) - Last Data available 2012

Diabetes continued

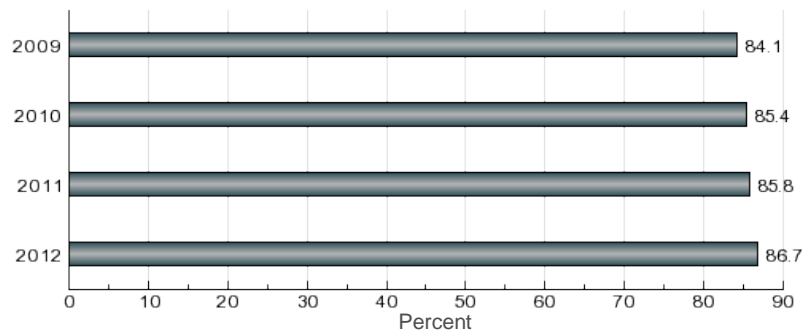
Age-Adjusted Death Rate due to Diabetes: Time Series (Worcester)



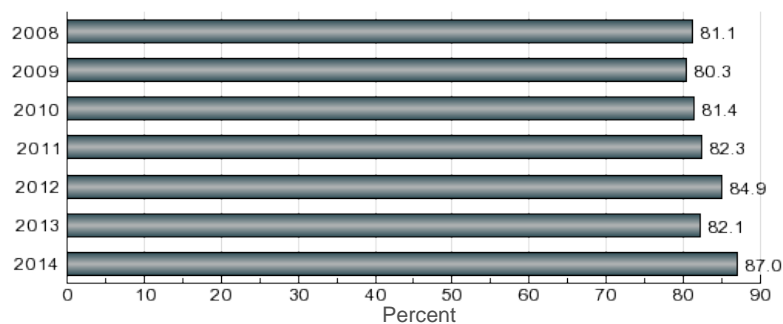
Age-Adjusted Death Rate due to Diabetes: Time Series (Sussex) - Last data in 2011

Access to Care

Persons with Health Insurance: Time Series (Worcester)



Adults with Health Insurance: Time Series (Sussex)

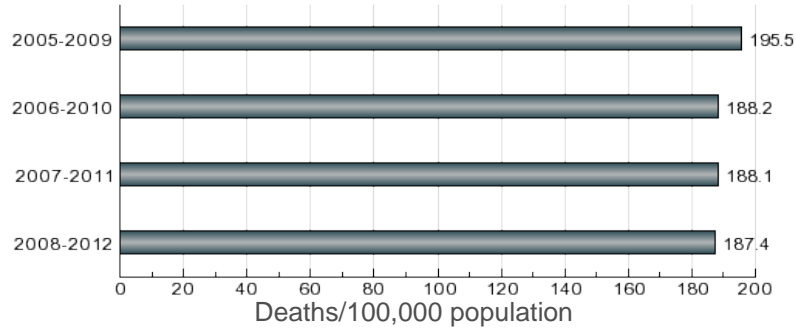


The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.

The Maryland SHIP 2014 Target is to increase the proportion of persons under age 65 years with health insurance to 93.6%.

Cancer

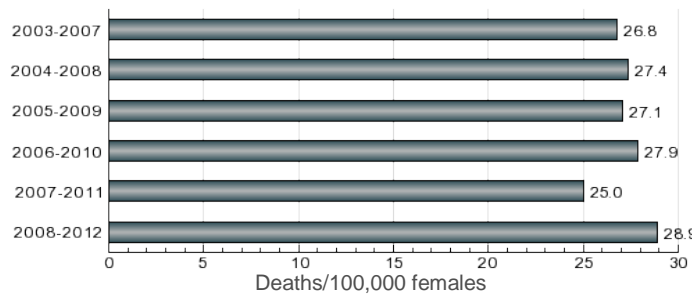
Age-Adjusted Death Rate due to Cancer: Time Series (Worcester)



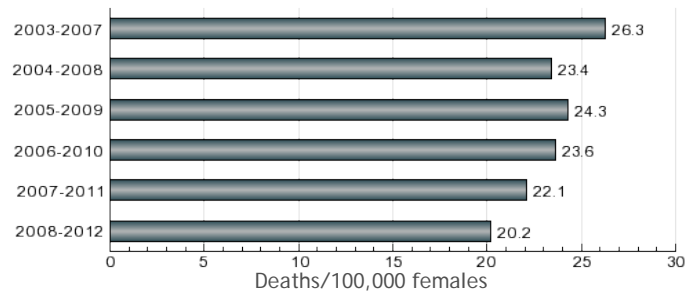
Age-Adjusted Death Rate due to Cancer: Time Series (Sussex)
Data not available

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

Age-Adjusted Death Rate due to Breast Cancer: Time Series (Worcester)



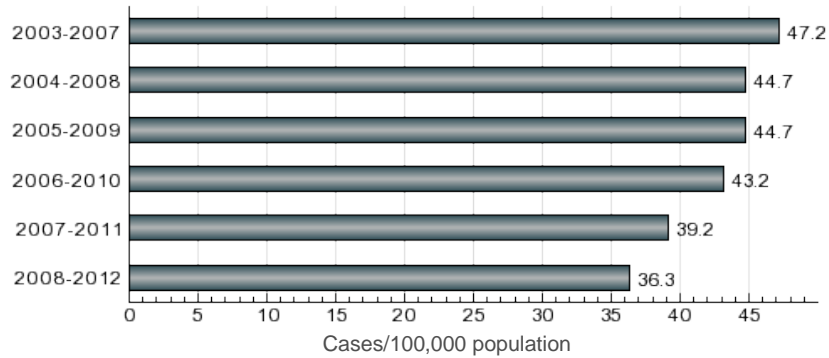
Age-Adjusted Death Rate due to Breast Cancer: Time Series (Sussex)



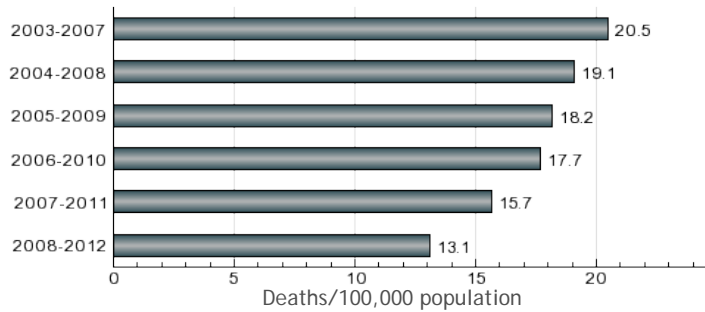
The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females.

Cancer

Colorectal Cancer Incidence Rate: Time Series (Worcester)



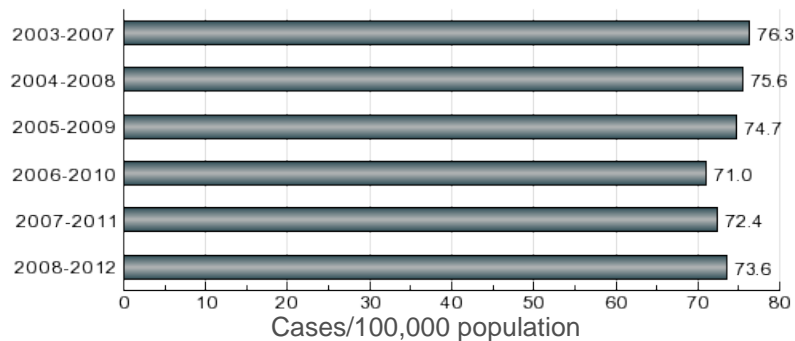
Age-Adjusted Death Rate due to Colorectal Cancer: Time Series (Sussex)



The Healthy People 2020 national health target is to reduce the colorectal cancer incidence rate to 39.9 cases per 100,000 population.

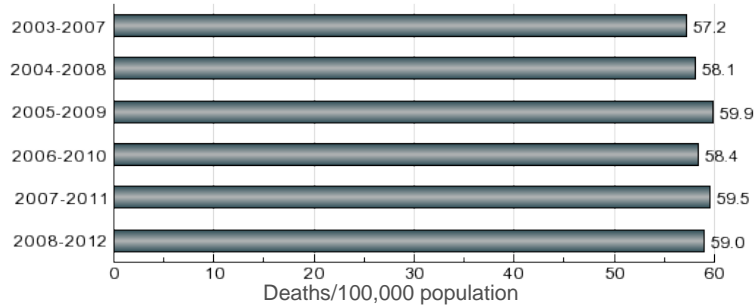
The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population.

Lung and Bronchus Cancer Incidence Rate: Time Series (Worcester)

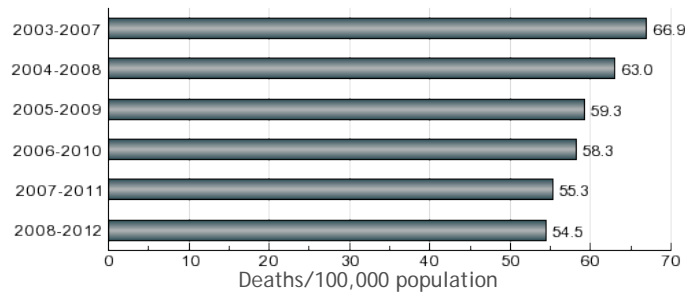


Cancer

Age-Adjusted Death Rate due to Lung Cancer: Time Series (Worcester)



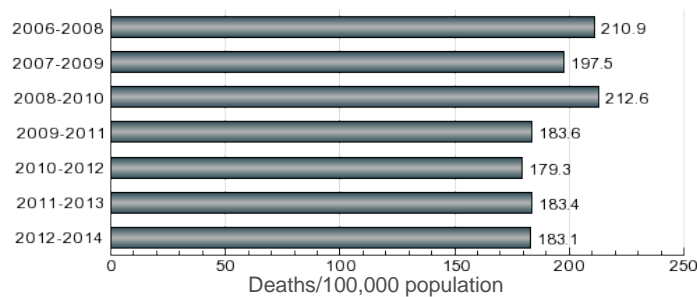
Age-Adjusted Death Rate due to Lung Cancer: Time Series (Sussex)



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

Heart Disease

Age-Adjusted Death Rate due to Heart Disease: Time Series (Worcester)



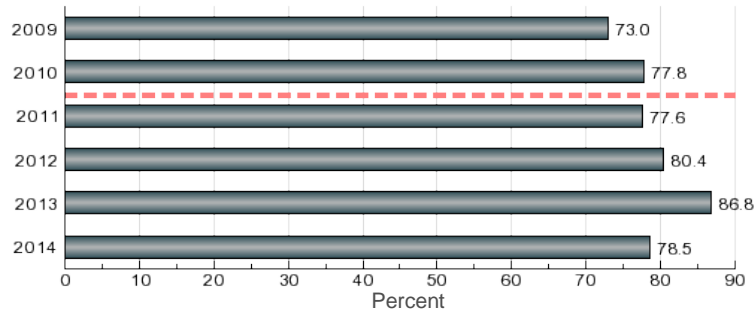
Age-Adjusted Death Rate due to Heart Disease: Time Series (Sussex)

Last Data 2011

The Maryland SHIP 2017 Target is to reduce the heart disease death rate to 152.7 deaths per 100,000 population.

Mental Health

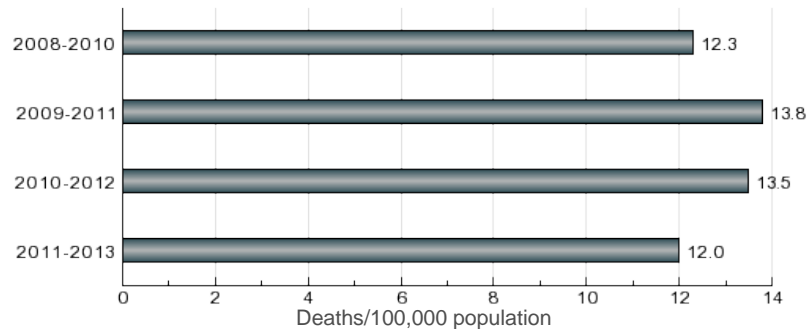
Self-Reported Good Mental Health: Time Series (Worcester)



Self-Reported Good Mental Health: Time Series (Sussex)

Data not available

Age-Adjusted Death Rate due to Suicide: Time Series (Worcester)



Age-Adjusted Death Rate due to Suicide: Time Series (Sussex)

Last data 2011

The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population.

The Maryland SHIP 2017 Target is to decrease the suicide rate to 9.0 deaths per 100,000 population.

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 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 Benefit Committee and the Healthy Happenings Advisory Board.

The Healthy Happenings Board is made up of hospital and community members who have a health connection in the community. Through this board we are able to keep our pulse on the needs of the community.

Each department in the hospital has an appointee who sits on the Community Benefit Committee. The purpose of this committee is to oversee the Community Outreach of the hospital and comply with the government regulations regarding reporting Community Benefits. Because the committee is made of all departments the views are varied. Annual evaluations of an initiatives success are found in the Community Benefit Reporting sent to the State of Maryland. 2014.

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 MD and DE and coordinate services with them to decrease duplication of services and know what services are needed to fill the gaps. Obviously working with the target areas of the state improvement initiatives influences the priorities we set. Our Community Education providers are out in the community and are able to observe community needs. Through our Patient Centered Medical Home and our newly formed Population Health Department, we are able to have another resource in the community that we can use for assisting us in setting priorities.

The 2016-2018 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.

Areas of Opportunity Identified Combined		\emptyset size and severity of the problem determined by what percentage of the population is effected by risks	\emptyset health system's ability to impact the need	\emptyset availability of resources	Total
Access to Health Services	Difficulty getting a physician appointment	high	high	high	9
Cancer	Prevalence of Cancer (including skin cancer)	high	high	mod	8
Respiratory Disease	COPD Asthma diagnosis	high	high	mod	8
Nutrition, Physical Activity & Weight	Prevalence of overweight & obesity Meeting physical activity guidelines lack of leisure time physical activity	high	mod	mod	7
Diabetes	Prevalence of Diabetes Borderline/Pre-Diabetes	high	mod	mod	7
Heart Disease & Stroke	Heart Disease Prevalence High Blood Pressure High blood cholesterol Overall Cardiovascular Risk	high	mod	mod	7
Mental Health		high	mod	low	6
Arthritis, Osteoporosis & Chronic back conditions	Prevalence of Sciatica/Chronic Back Pain	mod	mod	low	5
Injury & Violence prevention	Use of seatbelts	low	low	low	3

Upon presentation of the CHNA to several groups, a significant community health need was recommended to be added to the area of opportunities. Heroin deaths have increased across age groups, races and genders, and in all regions of the state. In early 2015, Gov. Larry Hogan declared a state of emergency and created a task force to investigate the epidemic and bolster the state's response. Worcester County experienced a drastic spike in heroin use between 2011 and 2012, an 80% increase. Drug abuse, specifically Heroin and Fentanyl prioritized high by the Planning Committee.

Vulnerable Populations and Disparities

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.

In Sussex County:

Prostate Cancer – Majority Black Male

- Prostate Cancer Incidence by Race/Ethnicity:
214.4 **Black male cases /100,000** males compared to **135.8 White male cases /100,000** males
- Age Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity
48.0 **Black male cases /100,000** males compared to **19.0 White male cases /100,000** males

Breast Cancer – Majority Black Female

- Age Adjusted Death Rate due to Breast Cancer by Race/Ethnicity
28.0 **Black female deaths/100,000** females compared to **19.6 White female deaths/100,000** females

Lung and Bronchus Cancer – Majority Males

- Lung and Bronchus Cancer Incidence by Gender
68.0 **female cases /100,000** population compared to **84.9 male cases/100,000** population

Teens who engage in Regular Physical Activity - Majority Males

- **60.4% males** compared to **39.8% females**

In Worcester County:

Adults Unable to Afford to See a Doctor - Majority Black

- **23.3% Black** compared to **15.5% White**

Lung Cancer – Majority Black

- Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity
73.8 **Black male deaths /100,000** population compared to **57.6 White deaths /100,000** population

Colorectal Cancer – Majority Black Male

- Colorectal Cancer Incidence Rate by Gender
46.5 **male cases/100,000** population compared to **27.4 female cases/100,000** population
- Colorectal Cancer Incidence Rate by Race/Ethnicity
40.5 **Black cases/ 100,000** population compared to **33.2 White cases/100,000** population

Lung and Bronchus Cancer –Majority Black Males

- Lung and Bronchus Cancer Incidence by Gender
59.5 **female cases /100,000** population compared to **90.5 male cases/100,000** population

- Lung and Bronchus Cancer Incidence Rate by Race/Ethnicity
88.7 Black cases/ 100,000 population compared to 68.5 White cases/100,000 population

Prostate Cancer – Majority Black Male

- Prostate Cancer Incidence by Race/Ethnicity
302.3 Black male cases /100,000 males compared to 139.6 White male cases /100,000 males

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, Md. In our neighboring counties (Somerset and Wicomico) there is a federally funded and run dental health program run through TLC clinic (Three Lower County). In lower Delaware the services are provided by La Red a comprehensive health service center.

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. Our neighboring hospital PRMC does a large drive-through flu event which services Wicomico and Somerset counties. In addition the Health Departments provide other services for communicable diseases to which we partner if there are any outbreaks where we are needed.

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.

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. Also, the data was extensive, especially in Maryland, 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.

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 <http://atlanticgeneral.org>.

- 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.

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, 2016, <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/de10countydata.pdf>

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

Healthy Communities Network www.healthycommunitiesinstitute.com

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

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

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

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

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, 2012

<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 (2015)

Worcester County Report Card 2012

[http://worcesterhealth.info/files/Report%20card%202012%20single%20page%20format%20Final\(1\).pdf](http://worcesterhealth.info/files/Report%20card%202012%20single%20page%20format%20Final(1).pdf)

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-CHNA%20FINAL%20DRAFT_0.pdf

HEROIN & OPIOID EMERGENCY TASK FORCE <https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2015/12/Heroin-Opioid-Emergency-Task-Force-Final-Report.pdf>

Attachments:

Attachment A: Worcester County 2012 Community Health Assessment

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

Attachment C: 2014 PRC Community Health Needs Assessment Report

Attachment D: Worcester and Sussex County 2016 Health Rankings

Attachment E: Maryland State Health Improvement Process (SHIP) indicators

Attachment F: Atlantic General Hospital Community Health Needs Assessment Survey

Attachment G: 2013-2015 Goals and Actions Implemented

Master List: Who was involved in Assessment?



Attachment A:

Worcester County 2012 Community Health Assessment

<http://worchesterhealth.info/files/2012%20Community%20Health%20Assessment.pdf>

<http://worchesterhealth.info/files/Final%20CHIP%202012.pdf>

Maryland State Health Improvement Process (SHIP)



Network of Care

Focus Area
Healthy Beginnings

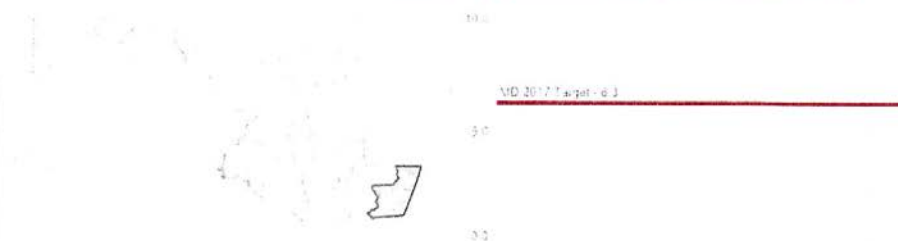
Indicator
Infant death rate

If charts and map are not present, select an Indicator for the current Focus Area selection. Select a county in the map table or bar chart to see the performance of that area in the large chart area. Use the Ctrl key to select multiple counties.

County Value
4.5 10.3

- Area
- Allegany
- Anne Arundel
- Baltimore City
- Baltimore County
- Calvert
- Caroline
- Carroll
- Cecil
- Charles
- Dorchester
- Frederick
- Garrett
- Harford
- Howard
- Kent
- Maryland
- Montgomery
- Prince Georges

This indicator shows the infant mortality rate per 1,000 live births. Infant mortality has long been considered the most sensitive indicator of the overall health of a population. While there have been several decades of improvement in infant mortality, Maryland's rate remains higher than the national average. Source: Maryland Department of Health and Mental Hygiene. Date Range: 2013



Focus Area	Indicator	Area	Value	Change	Goal met?
Healthy Beginnings	Infant death rate	Worcester	Null	Null	Null
	Babies with Low birth weight	Worcester	5.1	-0.2	Yes
	Sudden unexpected infant death rate (SUID)	Worcester	Null	Null	Null
	Teen birth rate	Worcester	20.6	1.3	No
Healthy Living	Early prenatal care	Worcester	77.0	3.2	Yes
	Students entering kindergarten ready to learn	Worcester	96.0	1.0	Yes
	High school graduation rate	Worcester	91.1	0.2	No
	Children receiving blood lead screening	Worcester	67.6	1.2	No
	Adults who are a healthy weight	Worcester	27.5	-2.5	No
	Children and adolescents who are obese	Worcester	10.8	-1.1	No
	Adults who currently smoke	Worcester	18.1	10.4	No
	Adolescents who use tobacco products	Worcester	27.4	-7.2	No
	HIV incidence rate	Worcester	4.4	-4.4	Yes
	Chlamydia infection rate	Worcester	554.0	-28.8	No
Healthy Communities	Life expectancy	Worcester	79.6	0.5	No
	Increase physical activity	Worcester	51.9	-3.4	Yes
	Child maltreatment rate	Worcester	28.6	-9.2	No
	Suicide rate	Worcester	12.0	-1.5	No
	Domestic Violence	Worcester	606.4	139.1	No
	Children with elevated blood lead levels	Worcester	0.4	0.2	No
	Fall-related death rate	Worcester	Null	Null	Null
	Pedestrian injury rate on public roads	Worcester	91.0	0.0	No
	Affordable Housing	Worcester	53.4	-3.5	No
	Access to Health Care	Adolescents who received a wellness check	Worcester	53.9	0.2
Children receiving dental care in the last year		Worcester	65.9	1.2	Yes
Persons with a usual primary care provider		Worcester	82.2	-12.5	No
Quality Preventive Care	Uninsured ED Visits	Worcester	7.6	-5.0	Yes
	Age-adjusted mortality rate from cancer	Worcester	180.7	-5.0	No
	Emergency Department visit rate due to drug use	Worcester	229.9	-10.4	No
	Emergency Department visit rate due to mental health	Worcester	286.2	-46.5	No
	Drug-induced death rate	Worcester	Null	Null	Null
	Emergency Department Visits Related to Injury	Worcester	7509.3	850.0	No
	Hospitalization rate related to Alzheimer's	Worcester	146.1	-107.4	Yes
	Annual season influenza vaccinations	Worcester	45.4	0.5	No
	Emergency department visit rate due to falls	Worcester	64.1	1.9	No
	Age-adjusted mortality rate from heart disease	Worcester	183.4	4.1	No
Emergency Department Visits for Addictive Substances	Emergency Department Visits for Addictive Substances	Worcester	2296.8	105.4	No
	Emergency department visit rate for dental care	Worcester	1441.5	44.3	No

In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target.



Attachment C: 2014 PRC Community Health Needs Assessment Report

[http://worchesterhealth.info/files/PRC\(1\).pdf](http://worchesterhealth.info/files/PRC(1).pdf)

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Worcester (WO)

	Worcester County	Error Margin	Top U.S. Performers [^]	Maryland	Rank (of 24)
Health Outcomes					
Length of Life					12
Premature death	6,900	5,900-7,800	5,200	6,400	14
Quality of Life					
Poor or fair health**	14%	14-15%	12%	14%	11
Poor physical health days**	3.3	3.2-3.4	2.9	3.3	
Poor mental health days**	3.5	3.4-3.7	2.8	3.4	
Low birthweight	7%	6-8%	6%	9%	
Health Factors					
Health Behaviors					
Adult smoking**	15%	15-16%	14%	15%	15
Adult obesity	30%	26-34%	25%	28%	16
Food environment index	7.7		8.3	8.1	
Physical inactivity	27%	24-30%	20%	23%	
Access to exercise opportunities	86%		91%	93%	
Excessive drinking**	16%	16-17%	12%	17%	
Alcohol-impaired driving deaths	38%	30-45%	14%	34%	
Sexually transmitted infections	432.4		134.1	454.1	
Teen births	30	27-34	19	27	
Clinical Care					
Uninsured	14%	12-15%	11%	12%	7
Primary care physicians	1,290:1		1,040:1	1,120:1	
Dentists	1,780:1		1,340:1	1,360:1	
Mental health providers	520:1		370:1	470:1	
Preventable hospital stays	54	50-58	38	50	
Diabetic monitoring	88%	83-93%	90%	85%	
Mammography screening	73%	68-79%	71%	64%	
Social & Economic Factors					
High school graduation	91%		93%	85%	21
Some college	62%	56-68%	72%	68%	
Unemployment	11.3%		3.5%	5.8%	
Children in poverty	21%	14-27%	13%	14%	
Income inequality	4.2	3.9-4.5	3.7	4.5	
Children in single-parent households	35%	28-42%	21%	34%	
Social associations	18.4		22.1	9.0	
Violent crime	447		59	506	
Injury deaths	55	46-64	51	54	
Physical Environment					
Air pollution - particulate matter	11.9		9.5	12.5	2
Drinking water violations	No		No		
Severe housing problems	16%	14-18%	9%	17%	
Driving alone to work	82%	80-83%	71%	74%	
Long commute - driving alone	30%	27-34%	15%	48%	

[^] 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

Attachment: D

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Sussex (SU)

	Sussex County	Error Margin	Top U.S. Performers [^]	Delaware	Rank (of 3)
Health Outcomes					
Length of Life					
Premature death	7,100	6,700-7,600	5,200	7,300	1
Quality of Life					
Poor or fair health**	16%	15-16%	12%	15%	1
Poor physical health days**	3.6	3.5-3.7	2.9	3.5	
Poor mental health days**	3.5	3.4-3.6	2.8	3.7	
Low birthweight	8%	7-8%	6%	9%	
Health Factors					
Health Behaviors					
Adult smoking**	17%	17-18%	14%	20%	2
Adult obesity	31%	30-33%	25%	29%	2
Food environment index	8.2		8.3	7.9	
Physical inactivity	27%	25-28%	20%	25%	
Access to exercise opportunities	67%		91%	85%	
Excessive drinking**	14%	14-15%	12%	17%	
Alcohol-impaired driving deaths	41%	38-45%	14%	40%	
Sexually transmitted infections	495.1		134.1	568.4	
Teen births	47	45-49	19	32	
Clinical Care					
Uninsured	14%	13-15%	11%	11%	2
Primary care physicians	1,950:1		1,040:1	1,380:1	
Dentists	4,130:1		1,340:1	2,140:1	
Mental health providers	610:1		370:1	440:1	
Preventable hospital stays	51	49-53	38	53	
Diabetic monitoring	89%	87-92%	90%	86%	
Mammography screening	74%	71-77%	71%	70%	
Social & Economic Factors					
High school graduation	83%		93%	81%	2
Some college	48%	45-50%	72%	61%	
Unemployment	5.7%		3.5%	5.7%	
Children in poverty	24%	19-29%	13%	19%	
Income inequality	4.1	3.9-4.3	3.7	4.4	
Children in single-parent households	41%	38-45%	21%	38%	
Social associations	11.4		22.1	10.3	
Violent crime	490		59	576	
Injury deaths	68	63-74	51	61	
Physical Environment					
Air pollution - particulate matter	11.8		9.5	11.9	2
Drinking water violations	Yes		No		
Severe housing problems	16%	15-17%	9%	16%	
Driving alone to work	82%	81-84%	71%	81%	
Long commute - driving alone	33%	32-35%	15%	33%	

[^] 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016



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

Healthy Living

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

Healthy Communities

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

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



Attachment: 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.

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 |

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)?

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 | |

Thank you for your help in our review of the community health status and the unmet health needs of the community.

Actions Implemented to Address Community Health Needs 2013-2015

Priority Area: Obesity/Overweight

Goal: Support community members in achieving a healthy weight

Objectives:

- Improve Health Literacy in elementary schools
- Participate in the "Just Walk" program of Worcester County
- Produce brochure and distribute to the public about Farmer's Market & fresh produce preparation (completed)
- Integrate Healthy People 2020 objectives into AGHS offices
- Provide Hypertension and BMI screenings in the community
- Engage workforce in wellness programs
- Provide speakers to community groups on nutrition
- Continue to provide education on healthy living topics to Faith based Medial Partnership

Priority Area: Diabetes

Goal: Decrease incidence of diabetes in community

Objectives:

- Incorporate Diabetes Education in Patient Centered Medical Home
- Partner with local health agencies to facilitate grant applications to fund diabetes programs (completed)
- Provide education through Pre-Diabetes, Diabetes Education and Self-Management Programs
- Participate on Tri-County Diabetes Coalition
- Provide diabetes screenings in community
- Recruit nephrologist to community

Priority Area: Access to Care

Goal: Improve access to care for Southern Delaware Market

Objectives:

- Recruit two new providers for a Sussex county location
- ACO in Delaware
- Partner with poultry plants to promote wellness
- Provide evidence based self-management programming in Delaware

Goal: Improve access to care & reduce disparities in chronic disease

Objectives:

- Improve proportion of minorities receiving colonoscopy screenings.
- Improve proportion of minorities receiving women's preventative health services.
- Provide community health events targeted to minority populations

Goal: Remove ability to pay as barrier to necessary healthcare services

Objectives:

- Educate community on financial assistance options
- Assist community with Health Insurance Exchange
- Negotiate Delaware insurance payor contracts (completed)
- Provide free screenings at health fairs

Priority Area: Cancer

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

Objectives:

- Recruit proper professionals in community to provide for cancer related treatment
- Provide community health screenings
- Partner with local health agencies to facilitate grant applications to fund cancer programs
- Improve proportion of minorities receiving colonoscopy screenings.
- Improve proportion of minorities receiving women's preventative health services.
- CT lung screenings and Melanoma education and screenings to the community

Priority Area: Heart Disease

Goal: Improve cardiovascular health of community

Objectives:

- Ensure proper professionals in community to provide vascular care
- Change AGH/HS campus and locations to be Tobacco Free (completed)
- Increase Community Health screenings for high blood pressure and cholesterol levels
- Decrease readmissions to hospital for chronic disease management
- Utilize the Faith Based Partnership, to provide access to high risk populations for education into healthy lifestyles.
- Provide monthly "Living Healthy with Hypertension" workshop throughout the service area

Priority Area: Mental Health

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

Objective(s):

- Collaborate with Worcester County Health Department to staff Atlantic Health Center with psychiatrist and social worker (completed)
- Collaborate with Shepard Pratt Telemedicine services to provide additional psychiatry professional. (completed)
- Participate in community events to spotlight mental health services
- Engage critical response teams when a mental health crisis is discovered
- Partner with other agencies on initiative to destigmatize mental health

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.





Master List: Who was involved in Assessment?

Community Group, Organization, or Partner 2013-2015	Leader/Member
<ul style="list-style-type: none"> 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. 	Todd Ferrante
<ul style="list-style-type: none"> 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. 	Jill Ferrante
<ul style="list-style-type: none"> 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. 	Arlene Schneider
<ul style="list-style-type: none"> Bethany/Fenwick Chamber of Commerce Board of Directors, Provides oversight and guidance to the Executive Director in carrying out Chamber business. 	Richard Mais
<ul style="list-style-type: none"> Big Brothers Big Sisters, National organization which matches boys and girls with mentors. 	Kristie Maravalli
<ul style="list-style-type: none"> Blood Bank of Delmarva, Work with local chapter to promote blood donation and lifesaving activities. 	Roy Roper, President/CEO
<ul style="list-style-type: none"> Cricket Center Board, Andi West-McCabe, Althea Foreman- 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. 	Wendy Meyer Beau Oglesby
<ul style="list-style-type: none"> 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... 	Monica Martin
<ul style="list-style-type: none"> Worcester County Local Emergency Planning Committee 	Fred Webster
<ul style="list-style-type: none"> Ocean City Local Emergency Planning Committee 	Bob Rhode
<ul style="list-style-type: none"> Delmarva Regional Health Mutual Aid Group (DRHMAG) 	Kristen McMenamin
<ul style="list-style-type: none"> 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. 	Several
<ul style="list-style-type: none"> Domestic Violence Fatality Review Board, It is a board the 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. 	Several

<ul style="list-style-type: none"> EMS Advisory Board, EMS Advisory Board – Andi West-McCabe, Dr. Jeff Greenwood, Alana Long (ED), 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. 	<p>Chuck Barton Dr. Jeff Greenwood</p>
<ul style="list-style-type: none"> ENCARE, Emergency health care professionals that provide education to communities about injury prevention. We can provide exhibit booths at health fairs, schools and communities to educate on dangers of underage drinking, drinking and driving, dangers of drug use, as well as, safe medication use, fall prevention in the elderly, bicycle safety, gun safety, and summer safety tips. 	<p>Kathy Cioccio</p>
<ul style="list-style-type: none"> Faith Based Coalition, A group of community members from various places of worship in our area who meet to plan programming to meet health needs. 	<p>Gail Mansell</p>
<ul style="list-style-type: none"> 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. 	<p>Mike Dunn, Executive Director</p>
<ul style="list-style-type: none"> 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. 	<p>several</p>
<ul style="list-style-type: none"> Habitat for Humanity, Local volunteer group which builds houses for those in need. 	<p>several</p>
<ul style="list-style-type: none"> Healthcare Provider Council in DE, Regional group of healthcare providers who work in collaboration with one another to provide needed services throughout the area. 	<p>Anna Short</p>
<ul style="list-style-type: none"> Healthy Weight Coalition, A sub-committee of the Maryland SHIP (state health improvement plan) which is working on the promoting programs which challenge healthy weight for everyone in our area. 	<p>several</p>
<ul style="list-style-type: none"> 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. 	<p>Lori Yates</p>
<ul style="list-style-type: none"> Lower Shore Red Cross, Provides disaster relief. The board plans events in collaboration with other agencies to meet the needs in our area. 	
<ul style="list-style-type: none"> March of Dimes, Supports local initiatives by education and financial contributions to prenatal and premature births. 	<p>Jessica Hales</p>
<ul style="list-style-type: none"> Maryland eCare, The Limited Liability Corporation (LLC) comprised of 7 hospitals/health systems in Maryland for the purposes of contracting for and managing telemedicine ICU physician services for Maryland hospitals. I serve on the Board of Directors, and AGH is a member of the LLC. 	<p>Michael Franklin, Chair</p>



<ul style="list-style-type: none"> 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. 	Toni Keiser
<ul style="list-style-type: none"> Maryland Society for Healthcare Strategy and Market Development: The mission of the Maryland Chapter of the Society for Healthcare Strategy and Market Development is to provide healthcare planning, marketing, and communications professionals with the most highly valued resources for professional development. 	Shannon Martin • President
<ul style="list-style-type: none"> 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 	Toni Keiser
<ul style="list-style-type: none"> Ocean Pines Chamber of Commerce Board of Directors, Provides oversight and guidance to the Executive Director in carrying out Chamber business. 	several
<ul style="list-style-type: none"> Opioid Task Force – looking at use, trends and prevention in the community 	Beau Olglesby , State's Attorney
<ul style="list-style-type: none"> Parkside Technical High School Board, Oversees from the community healthcare perspective the CNA and GNA program at the technical high school. 	Tracy Hunter
<ul style="list-style-type: none"> 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 	Toni Keiser
<ul style="list-style-type: none"> Relay For Life, American Cancer Society group with raises money, awareness and educates the public on cancers. 	Debbie White
<ul style="list-style-type: none"> 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. 	Joyce Brittan
<ul style="list-style-type: none"> Resource Coordination Committee 	Phyllis Burton
<ul style="list-style-type: none"> SAFE, Sexual Assault Forensic Examiners – Meetings of the certified RNs and standardizing care for domestic violence, elder abuse, play it safe, lethality assessment, etc. 	Althea Foreman

<ul style="list-style-type: none"> SART, Same as SAFE except it involves all the agencies from Worcester County including Social Services, Patient Advocates, Law Enforcement, States' Attorney, etc 	Althea Foreman
<ul style="list-style-type: none"> 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 	
<ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Suicide Awareness Board, Community members working together to raise awareness and prevention of suicides. 	Brittany Hines
<ul style="list-style-type: none"> 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. 	Mimi Dean
<ul style="list-style-type: none"> Tri County Diabetes Alliance, Collaborative group from Worcester, Wicomico and Somerset County who plan collaborative programming to educate, treat and prevent diabetes. 	Mimi Dean and Dawn Wells co-chairs
<ul style="list-style-type: none"> Tri County Health Planning Council, 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. 	Kim Justice
<ul style="list-style-type: none"> The Tri-County Board, Provides input into the development of statewide health planning documents and uses the State Health Improvement Plan (SHIP) and individual county community health assessments and health improvement plans to identify the Tri-County Health Improvement Plan (T-CHIP). 	Colleen Wareing
<ul style="list-style-type: none"> Tri county SHIP, Serve to lend support, guidance, planning, collaboration on the State Health Improvement programs. 	Kim Justice
<ul style="list-style-type: none"> 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. 	Kathleen Momme'
<ul style="list-style-type: none"> Visions (Health Happening) Board, Hospital and Community members who plan and implement health education in the community. 	Donna Nordstrom
<ul style="list-style-type: none"> Worcester County Board of Education, Oversees the public education in Worcester County. 	Robert Rosenthal
<ul style="list-style-type: none"> 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. 	Colleen Wareing

<ul style="list-style-type: none"> 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. 	Dr. Dale
<ul style="list-style-type: none"> Worcester County Health Department Regional Planning Board, Community entities work with the Worcester County Health Department to plan and implement needed initiatives in the area. Some are prevention, education, health promotion and healthy living activities. 	Deborah Goeller
<ul style="list-style-type: none"> Worcester County Health and Medical Emergency Preparedness Committee, to prepare for emergency situation responses and to protect the health of the community. 	
<ul style="list-style-type: none"> Worcester County Crisis Response Team, The Crisis response team is a crisis intervention team composed of psychiatric social workers and other team members that respond to mental health crisis/issues of patients within the Worcester County area. Their goal is diversion of patients from the Emergency Department and act as a link to community mental health resources. 	Monica Martin
<ul style="list-style-type: none"> 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 	Claire Otterbein
<ul style="list-style-type: none"> Child Fatality Review Team – A team that reviews cases in Worcester County. 	Dr. Andrea Mathias
<ul style="list-style-type: none"> Drug Overdose Fatality Review Team - A team that reviews cases in Worcester County. 	Dr Andrea Mathias and Doug Dodd
<ul style="list-style-type: none"> 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. 	Carole Spurrier
<ul style="list-style-type: none"> Lower Shore Critical Incident Crisis Management: CISM is a method of helping first responders and others who have been involved with events that leave them emotionally and/or physically affected by those incidents. CISM is a process that enables peers to help their peers understand problems that might occur after an event. This process also helps people prepare to continue to perform their services or in some cases return to a normal lifestyle. 	Gail Mansell
<ul style="list-style-type: none"> Hudson Health Services offers inpatient treatment for Substance Use Disorders in Salisbury, Maryland, as well as Halfway and Recovery Housing in Maryland 	Leslie Brown, BS, President & Chief Executive Officer
<ul style="list-style-type: none"> Worcester County Warriors Against Opioid Use 	Heidi McNeely



Focus groups through our Chronic Disease Workshops

Living Well –

Jan. 2014 – Indian River Senior Center, Millsboro, DE
Jan 2015, North Worcester Senior Center, Berlin, MD
April 2015, Ocean Pines Community Center, Berlin, MD
June 2015, Captains Cove, Greenbackville, VA

Stepping On Falls Workshop –

July 2014, Atlantic Health Center, Berlin, MD
September 2014, Indian River Senior Center, Millsboro, DE
March 2015, Worcester County Parks and Rec, Snow Hill, MD
June 2015, Pocomoke Senior Center, Pocomoke, MD

Diabetes Workshop –

July 2014, The Park, Berlin, MD
October 2014, Worcester Youth and Family Counseling Center, Berlin, MD
March 2015, Indian River Senior Center, Millsboro, DE
July 2015, North Worcester Senior Center, Berlin, MD
October 2015, Snow Hill Senior Center, Snow Hill, MD
October 2015, Ocean City Senior Center, Ocean City, MD
November 2015, Pocomoke Senior Center, Pocomoke, MD