Atlantic General Hospital

Community Health Needs Assessment

2022-2024

ATLANTIC GENERAL HOSPITAL

care.givers

Table of Contents

Atlantic General Hospital

Community Health Needs Assessment

2022 - 2024

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, AGH has remained steadfast in serving the healthcare needs of our region's residents and visitors. Our hospital values and recognizes all the communities it serves. We combine the latest medical treatments with personalized attention in a caring environment.

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

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

With the information provided in this report, hospital leaders and partners develop plans to address community health priorities and build upon the capacity, resources and partnerships of existing programs. AGH participates closely with Worcester County Health Department, Wicomico County Health Department, Somerset County Health Department, and Tidal Health to provide Community Health Assessment data, surveys and programs. Worcester County Health Department document links are used extensively throughout the CHNA *(Appendix A)*.

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

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

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, Regional Cancer Care, Sleep Disorders Diagnostic Center, Stroke Center, Women's Health Center and Wound Care Center. AGH also provides the Diabetes Outpatient Education Program, Full-Service Imaging, Occupational Health Services, Medication Management and a Behavioral Health Clinic.

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

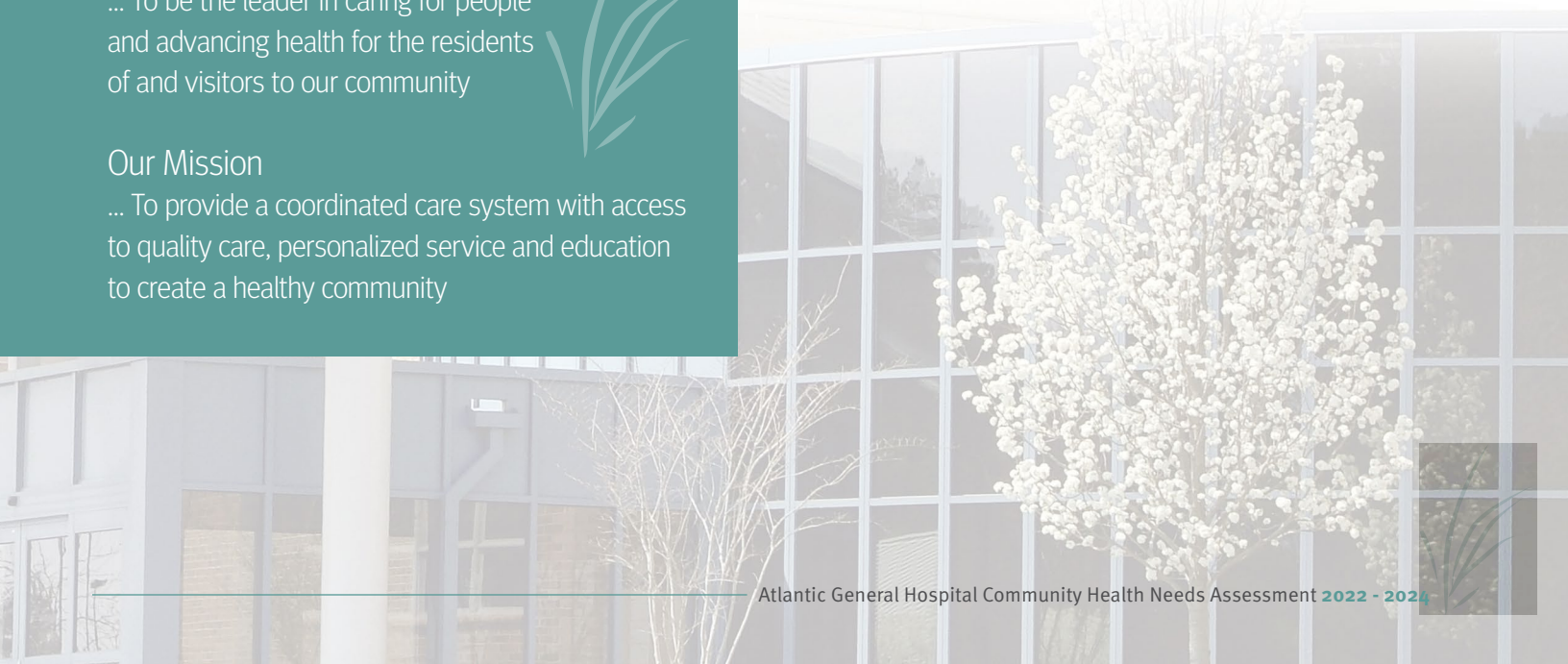
AGH employs over 940 year-round full- and part-time associates with an annual payroll of nearly $63 million, making AGH the second largest employer in Worcester County. Our staff is here to counsel you in making the right choices for your health and quality of life. Even more valuable than our excellent, 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

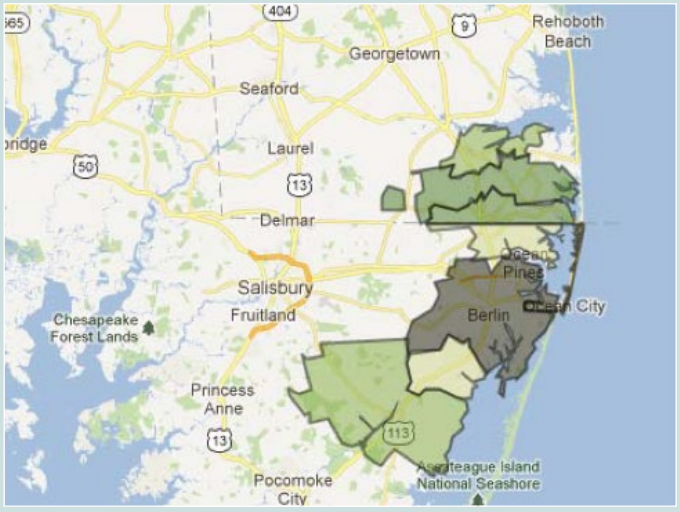
... To provide a coordinated care system with access to quality care, personalized service and education to create a healthy community



The Community Description

Atlantic General Hospital's primary service area is defined as those zip codes that represent the majority of patient admissions, emergency or outpatient visits from the residents and/or there is a contiguous geographic relationship. Worcester and Sussex County are rural areas. There is a lack of public transportation, making geographic location a factor in defining primary market.

Primary Service Area



Primary Market

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

Population Statistics

During summer weekends, the Worcester County resort destination Ocean City hosts between 320,000 and 345,000 vacationers and up to 8 million visitors annually. During the summer, Ocean City becomes Maryland's second most populated town. Lower Sussex County has similar characteristics of seasonality and retirees. Frankford, DE and Dagsboro, DE have similar demographic profiles as Worcester County, MD. Selbyville, DE has some differing characteristics.

Population

County: Worcester, MD

52,524 Persons

State: Maryland 6,070,335 Persons

Percent Population Change: 2010 to 2021

County: Worcester, MD

2.08%

State: Maryland 5.14%

Population

Zip Code: 19975

10,281 Persons

County: Sussex, DE	State: Delaware
241,079 Persons	985,717 Persons

Percent Population Change: 2010 to 2021

Zip Code: 19975

26.52%

County: Sussex, DE	State: Delaware
22.29%	9.78%

Population by Race	County: Worcester, MD		State: Maryland	
	Persons	% of Population	Persons	% of Population
White	42,960	81.79%	3,270,215	53.87%
Black/African American	6,664	12.69%	1,842,429	30.35%
American Indian/Alaskan Native	177	0.34%	24,131	0.40%
Asian	826	1.57%	413,251	6.81%
Native Hawaiian/Pacific Islander	19	0.04%	4,123	0.07%
Some Other Race	770	1.47%	295,602	4.87%
2+ Races	1,108	2.11%	220,584	3.63%

Population by Race	Zip Code: 19975		County: Sussex, DE		State: Delaware	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
White	8,728	84.89%	189,551	78.63%	641,371	65.07%
Black/African American	640	6.23%	28,511	11.83%	223,573	22.68%
American Indian/Alaskan Native	83	0.81%	1,860	0.77%	4,862	0.49%
Asian	144	1.40%	3,252	1.35%	41,336	4.19%
Native Hawaiian/Pacific Islander	0	0.00%	203	0.08%	566	0.06%
Some Other Race	475	4.62%	11,269	4.67%	41,179	4.18%
2+ Races	211	2.05%	6,433	2.67%	32,830	3.33%

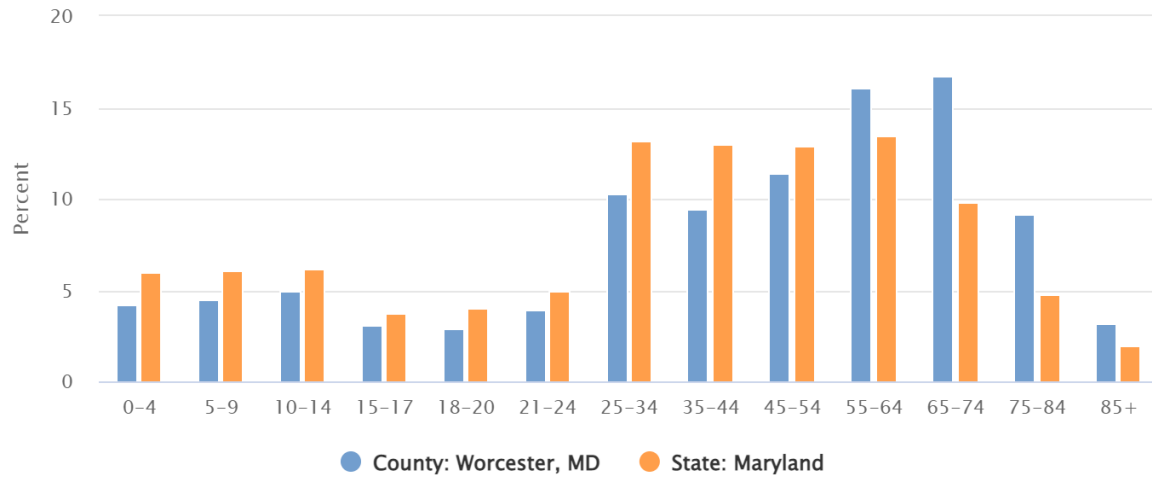
Population by Ethnicity	County: Worcester, MD		State: Maryland	
	Persons	% of Population	Persons	% of Population
Hispanic/Latino	1,876	3.62%	639,709	10.49%
Non-Hispanic/Latino	49,909	96.38%	5,458,711	89.51%

Population by 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%

Selbyville (zip code 19975) has a higher percentage of Hispanic/Latino ethnicity due to a large poultry employer, Mountaire.

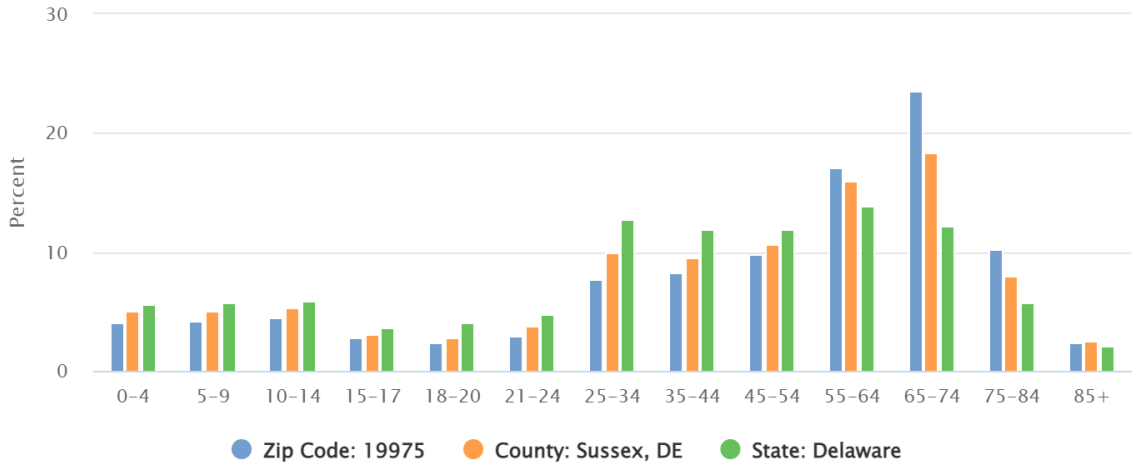
Population by Age Group

County: Worcester, MD



Population by Age Group

Zip Code: 19975



Median Age

County: Worcester, MD

50.8 Years

State: Maryland 39.6 Years

Median Age

Zip Code: 19975

57.0 Years

County: Sussex, DE
50.1 Years

State: Delaware
41.4 Years

Previously, the Selbyville zip code showed a median age of 55.9 years while Worcester County remained essentially the same.

Population Age 5+ by Language Spoken at Home	County: Worcester, MD		State: Maryland	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	46,030	91.51%	4,588,469	80.38%
Speak Spanish	2,083	4.14%	576,814	10.11%
Speak Asian/Pac Islander Lang	683	1.36%	235,066	4.12%
Speak Indo-European Lang	1,208	2.40%	242,925	4.26%
Speak Other Lang	299	0.59%	64,890	1.14%

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	8,196	83.05%	201,155	87.89%	792,261	85.19%
Speak Spanish	1,281	12.98%	18,904	8.26%	80,850	8.69%
Speak Asian/Pac Islander Lang	133	1.35%	2,673	1.17%	20,764	2.23%
Speak Indo-European Lang	246	2.49%	5,707	2.49%	31,135	3.35%
Speak Other Lang	13	0.13%	420	0.18%	4,999	0.54%

Population Age 15+ by Marital Status	County: Worcester, MD		State: Maryland	
	Persons	% of Population Age 15+	Persons	% of Population Age 15+
Never Married	11,951	26.36%	1,748,747	35.19%
Married, Spouse present	22,240	49.05%	2,199,869	44.27%
Married, Spouse absent	1,964	4.33%	249,222	5.02%
Divorced	5,262	11.60%	502,790	10.12%
Widowed	3,928	8.66%	268,255	5.40%

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	1,879	20.93%	54,139	26.55%	278,560	34.13%
Married, Spouse present	5,295	58.99%	104,446	51.22%	364,224	44.63%
Married, Spouse absent	254	2.83%	8,328	4.08%	34,940	4.28%
Divorced	731	8.14%	22,962	11.26%	89,864	11.01%
Widowed	817	9.10%	14,024	6.88%	48,505	5.94%

Community Healthcare Utilization and COVID-19 Update

When Atlantic General Hospital began its tri-annual CHNA process, Worcester County and the state of Maryland were in the midst of dealing with the novel coronavirus (COVID-19) pandemic. At the time of writing of the CHNA, AGH had just gone through a third surge of COVID-19 patients due to the Omicron and Delta variants. The impact over the last three years shows a larger volume variation than historical utilization trends would have predicted, likely due to the pandemic.

Declines in inpatient admissions and emergency department visits were anticipated due to 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 coordination, for 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, appropriate and effective care to the patient. Telehealth initiatives were adopted quicker when the COVID-19 pandemic closed services.

	Volumes			Growth
AGH	FY19	FY20	FY21	FY19-FY21
Inpatient Admissions	3,112	2,678	2,582	-17.0%
Emergency Department Visits	36,541	31,668	28,940	-20.8%
Atlantic General Health System Visits	112,456	115,875	118,649	5.5%

The Right Path to Good Health

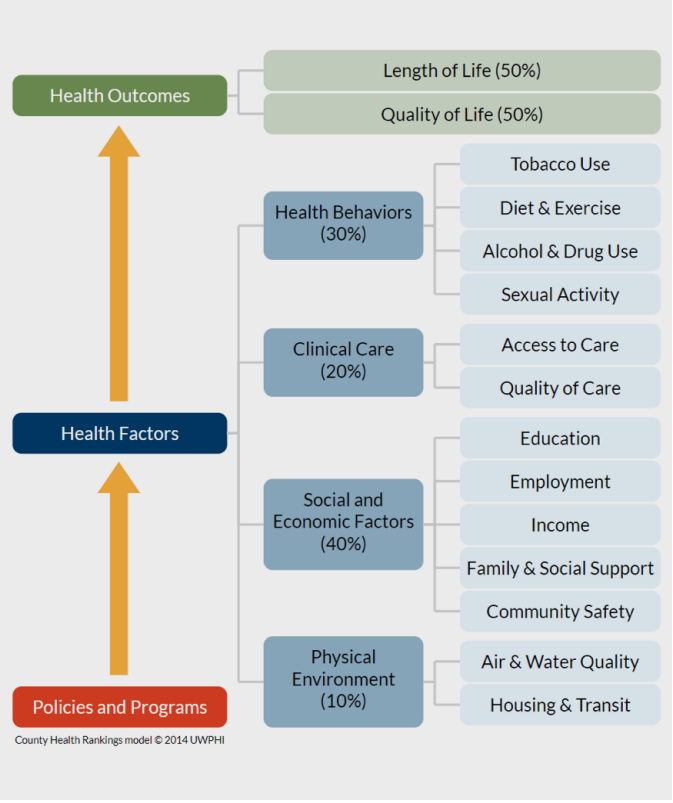
AGH Emergency Visits FY2021			
	Black	White	Total
Heart Disease	151	1,762	1,913
Diabetes	409	1,565	1,974
Cancer	13	113	126
Smoking / Drug / ETOH	373	2,330	2,703
HTN / Stroke	9	60	69
Overweight / Obesity	16	35	51
Depression / Anxiety	177	1,864	2,041
Total	1,148	7,729	8,877

AGH Inpatient Visits FY2021			
	Black	White	Total
Heart Disease	137	1,537	1,674
Diabetes	138	680	818
Cancer	4	106	110
Smoking / Drug / ETOH	57	781	838
HTN / Stroke	72	547	619
Overweight / Obesity	53	238	291
Depression / Anxiety	50	852	902
Total	511	4,741	5,252

AGH Emergency & Inpatient Visits FY2021			
	Black	White	Total
Heart Disease	288	3,299	3,587
Diabetes	547	2,245	2,792
Cancer	17	219	236
Smoking / Drug / ETOH	430	3,111	3,541
HTN / Stroke	81	607	68
Overweight / Obesity	69	273	342
Depression / Anxiety	227	2,716	2,943
Total	1,659	12,470	14,129

Key Demographic and Socioeconomic Characteristics

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



Families Below Poverty

County: Worcester, MD

947 Families (6.36% of Families)

State: Maryland 92,575 Families (6.09% of Families)

Families Below Poverty with Children

County: Worcester, MD

537 Families (3.61% of Families)

State: Maryland 66,955 Families (4.41% of Families)

Families Below Poverty

Zip Code: 19975

162 Families (5.34% of Families)

County: Sussex, DE 5,178 Families (7.88% of Families)

State: Delaware 21,515 Families (8.48% of Families)

Families Below Poverty with Children

Zip Code: 19975

40 Families (1.32% of Families)

County: Sussex, DE 3,698 Families (5.63% of Families)

State: Delaware 15,836 Families (6.24% 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	974	2.43%	160,198	3.82%
Some High School, No Diploma	2,667	6.65%	244,973	5.84%
High School Grad	12,687	31.64%	1,026,181	24.46%
Some College, No Degree	8,681	21.65%	787,502	18.77%
Associate Degree	2,889	7.21%	282,499	6.73%
Bachelor's Degree	7,772	19.39%	907,009	21.62%
Master's Degree	3,409	8.50%	545,932	13.01%
Professional Degree	724	1.81%	132,537	3.16%
Doctorate Degree	289	0.72%	108,148	2.58%

Families below poverty and families below poverty with children have reported a decrease from previous CHNA, both in Worcester County (1,115 families or 7.6%) and 19975 zip code (192 families or 6.82%). A similar trend is in families below poverty with children.

Worcester County has a higher graduation rate than Sussex County at 94% and 87% respectively. Both have improved from previous CHNA.

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	479	5.89%	7,581	4.20%	25,754	3.71%
Some High School, No Diploma	496	6.10%	12,962	7.18%	44,425	6.40%
High School Grad	2,393	29.44%	58,931	32.64%	228,164	32.89%
Some College, No Degree	1,696	20.86%	34,363	19.03%	125,063	18.03%
Associate Degree	695	8.55%	16,472	9.12%	53,145	7.66%
Bachelor's Degree	1,483	18.24%	28,672	15.88%	126,591	18.25%
Master's Degree	752	9.25%	16,644	9.22%	66,741	9.62%
Professional Degree	89	1.09%	2,743	1.52%	11,723	1.69%
Doctorate Degree	46	0.57%	2,162	1.20%	12,120	1.75%

Median Household Income by Race/Ethnicity	County: Worcester, MD	State: Maryland
	Value	Value
All	$68,939	$90,160
White	$72,374	$99,846
Black/African American	$39,778	$72,856
American Indian/Alaskan Native	$27,813	$73,136
Asian	$133,824	$112,300
Native Hawaiian/Pacific Islander	$181,250	$85,910
Some Other Race	$91,250	$69,929
2+ Races	$135,556	$86,766
Hispanic/Latino	$61,880	$79,426
Non-Hispanic/Latino	$69,163	$91,240

Median Household Income has increased from $62,944 in Worcester County and significantly decreased in 19975 zip code from $92,308.

Median Household Income by Race/Ethnicity	Zip Code: 19975	County: Sussex, DE	State: Delaware
	Value	Value	Value
All	$62,286	$65,595	$68,758
White	$65,212	$69,148	$73,682
Black/African American	$50,974	$41,790	$50,061
American Indian/Alaskan Native	$143,750	$42,925	$44,877
Asian	$79,167	$91,299	$101,494
Native Hawaiian/Pacific Islander	$0	$62,245	$58,846
Some Other Race	$23,077	$47,670	$52,368
2+ Races	$17,500	$48,102	$56,683
Hispanic/Latino	$43,811	$53,488	$56,339
Non-Hispanic/Latino	$64,104	$66,251	$69,810

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

LARGEST PRIVATE SECTOR EMPLOYERS

Employer	Product/Service	Employment
Harrison Group	Hotels and Restaurants	1170
Atlantic General Hospital	Medical Services	860
Bayshore Development	Entertainment, Recreation	520
OC Seacrets	Hotel and Restaurant	470
Dough Roller	Restaurant	360
Ocean Enterprise 589 / Casino Ocean Downs	Casino Gambling	350
Carousel Resort Hotel & Condominiums	Hotel and Condominiums	340
Clarion Resort Fontainebleau	Hotel and Restaurant	340

Worcester County, MD unemployment rate is at 7.00%, compared 11.20% last year. This is lower than the long-term average of 9.57%. Selbyville (zip 19975) has an unemployment rate of 6.4%. The US average is 6.0%. Selbyville (zip 19975) has seen the job market increase by 1.3% over the last year. Future job growth over the next ten years is predicted to be 37.5%, which is higher than the US average of 33.5%.

For 2021, Sussex and Worcester County are at 10.4% and 7.4% respectively for uninsured patients, as stated by US Census Bureau – both increasing over previously reported data.

Health Factors and Status Indicators

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

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

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

Another source of community health indicators is found in the Maryland State Health Improvement Process (SHIP) indicators and goal attainment summarized in Appendix D. The goal of the State Health Improvement Process is to advance the health of Maryland residents. To achieve this goal, SHIP provides a framework for accountability, local action, and public engagement. Using 39 measures, SHIP highlights the health characteristics of Marylanders. These measures align with Healthy People (HP) 2020, soon to move to Healthy People (2030) objectives established by the Department of Health and Human Services.

SHIP data primarily supports the development and strategic direction of Local Health Improvement Coalitions. These coalitions – comprising of local health departments, 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 Significant Health Needs

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

www.worcesterhealth.org/resources

AtlanticGeneral.org

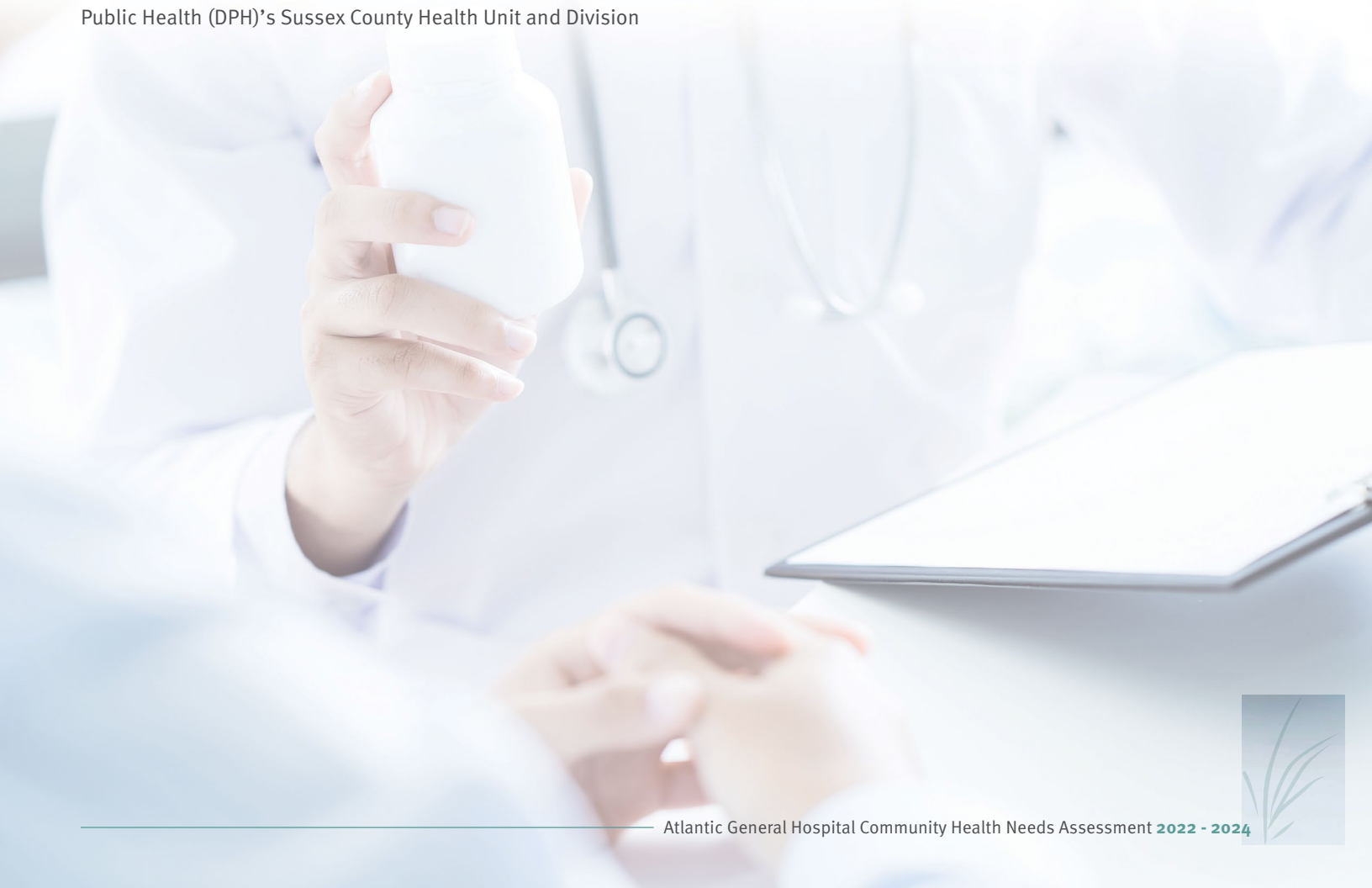
2-1-1 Maryland is a partnership of four agencies working together to provide simple access to health and human services information. 2-1-1 is an easy-to-remember telephone number that connects people with important community services. Trained specialists answer calls 24 hours a day, every day of the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

www.211md.org

In Sussex County, 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 and emergency 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.

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

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

Secondary Data Collection

AGH partners with surrounding hospitals, health departments and state agencies to bring to together a multitude of information. This CHNA, a follow-up to similar studies conducted in 2012, 2015, and 2018, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Primary Service Area of Atlantic General Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

A sampling of resources utilized to complete the assessment is listed 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)**
- **Tri-County Health Improvement Plan (T-CHIP)**
- **Healthy People 2020 - 2030**
- **Worcester County Community Health Improvement Plan (CHIP) LHIC Local Health Improvement Coalition**
- **Community Education Events**
- **2020/2021 County Health Outcomes & Roadmaps**
- **State of Delaware Health Needs Assessment** https://dhss.delaware.gov/dhss/dph/files/ship2019.pdf
- **Beebe Medical Center Community Health Needs Assessment** https://www.beebehealthcare.org/sites/default/files/Official%20Beebe%20CHNA%20June%202019_FINAL.pdf
- **US Census Bureau**

Who Was Involved in the Assessment? (Appendix B)

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. Unlike years past, much of this was accomplished online in Zoom or other internet forums. Of particular importance is the CHNA completed by the Worcester County Health Department. Data and objectives are closely aligned. A representative list of community involvement is displayed in Appendix B.

AGH Community Needs Survey (Appendix E)

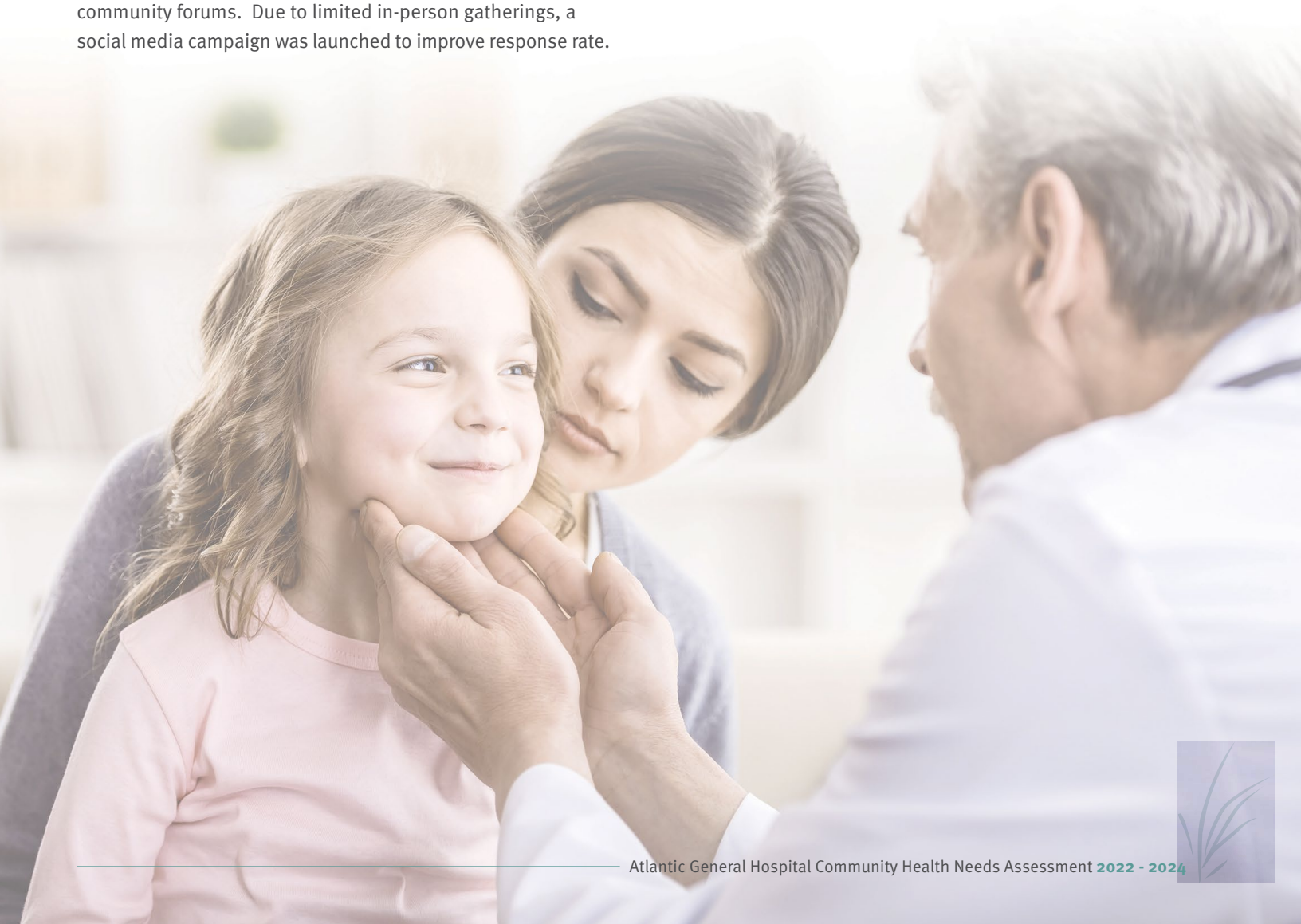
The survey was designed to obtain feedback from the community about health-related concerns. It was administered via paper at FLU clinics, COVID-19 Vaccine clinics, community groups and churches. Through the Internet, an electronic form of the survey was administered through a link that was prominently placed on AGH websites and other advertised community forums. Due to limited in-person gatherings, a social media campaign was launched to improve response rate.

Maryland State Health Improvement Process (SHIP) Plan

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

2021 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.



Community Health Needs Assessment Survey Results

The Community Health Needs Assessment survey was distributed by community outreach personnel and the Atlantic General Hospital website. Stakeholder interviews, public forums and focus groups were conducted by the Population Health Department. Community surveys represent information that is self-reported.

Top Health Concerns

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

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

Top Health Concern Priorities Over the (4) CHNA

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

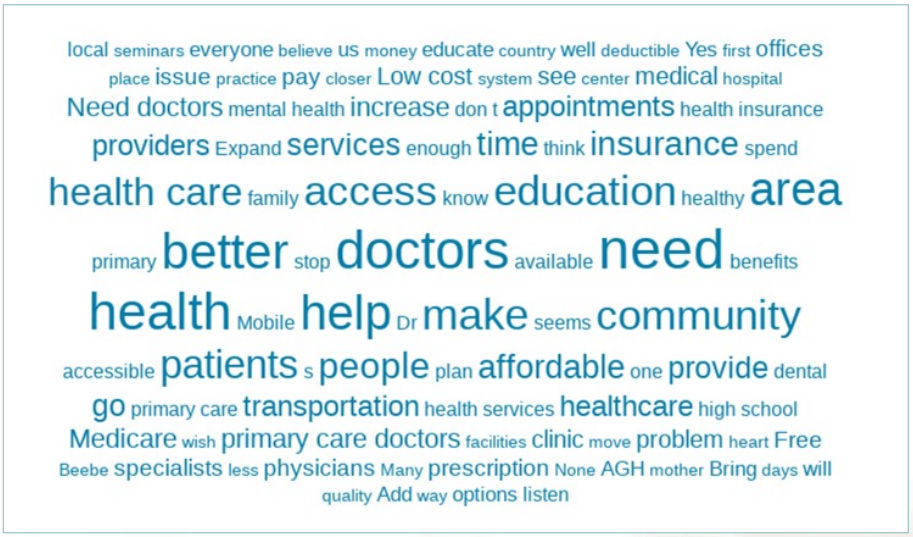
Top Barriers to Healthcare

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

Answer Choices	Responses
Too expensive/cannot afford	54.50%
No health insurance	51.08%
Couldn't get an appointment with my doctor	29.32%
No transportation	22.66%
Service is not available in our community	17.27%
Local doctors are not on my insurance plan	15.83%
Other	13.31%
Doctor is too far away from my home	11.15%

Written Responses

Q9 Do you have any ideas or recommendations to help decrease the health problems in our community or to solve the problems with access to health services?



Social Determinants of Health

What are social determinants of health?

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

SDOH can be grouped into 5 domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

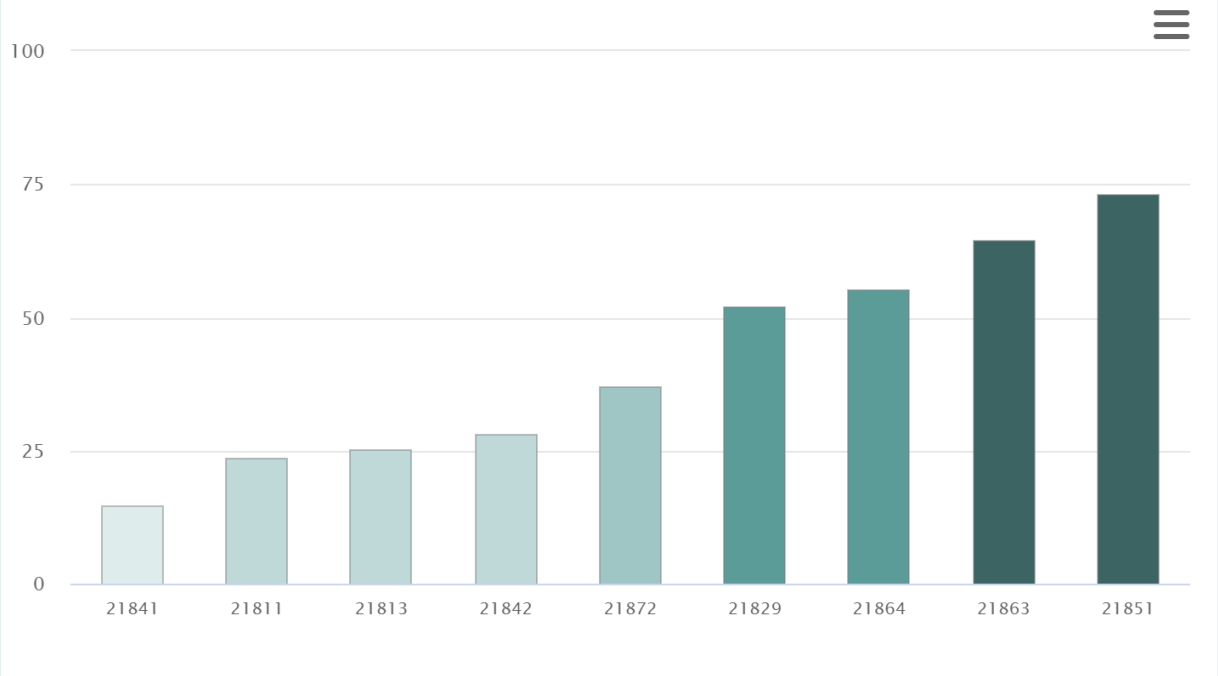
**Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 3/3/2022, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health*

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

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

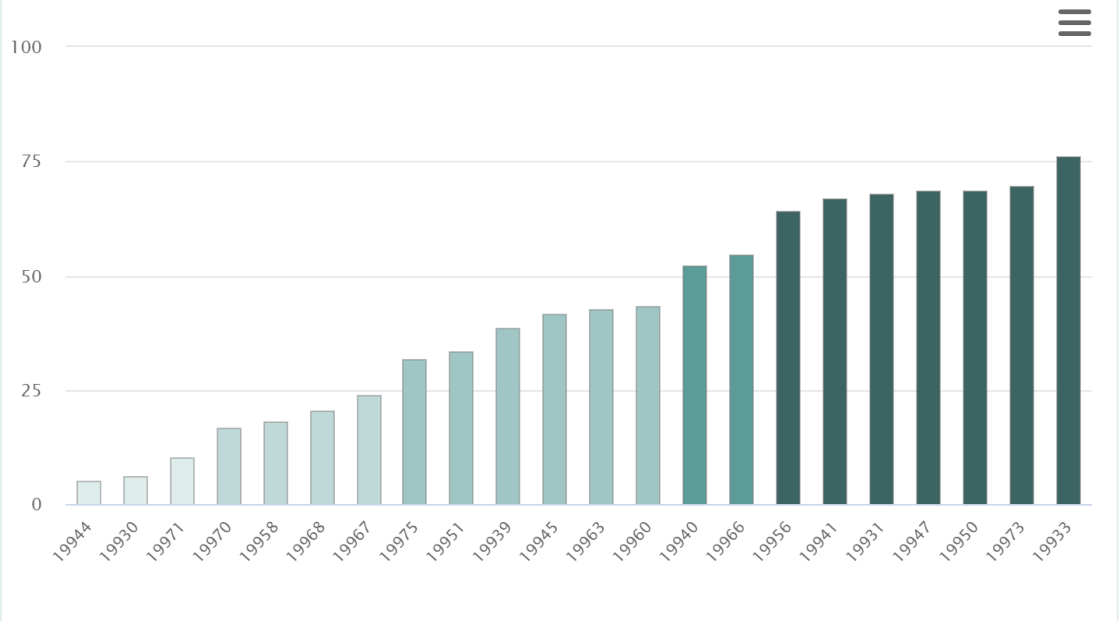
The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All zip codes, census tracts, counties and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). The selected locations are ranked from 1 (low need) to 5 (high need) based on their index value.

County: Worcester, MD Index Data: Zip Code



Zip Code	Index	Rank	Pop.	County
21851	73.1	5	6,827	Worcester, MD
21863	64.6	5	4,657	Worcester, MD
21864	55.3	4	554	Worcester, MD
21829	52.1	4	503	Worcester, MD
21872	37.0	3	658	Worcester, MD
21842	28.0	2	13,237	Worcester, MD
21813	25.3	2	2,685	Worcester, MD
21811	23.5	2	22,633	Worcester, MD
21841	14.7	1	882	Worcester, MD

County: Sussex, DE Index Data: Zip Code



Zip Code	Index	Rank	Pop.	County
19941	66.8	5	3,032	Sussex, DE
19956	64.0	5	16,801	Sussex, DE
19966	54.5	4	32,035	Sussex, DE
19940	52.3	4	6,500	Sussex, DE
19960	43.4	3	7,674	Sussex, DE
19963	42.6	3	21,090	Sussex, DE
19945	41.7	3	8,465	Sussex, DE
19939	38.4	3	7,500	Sussex, DE
19951	33.5	3	1,682	Sussex, DE
19975	**31.6**	**3**	**10,281**	**Sussex, DE**
19967	23.8	2	1,988	Sussex, DE
19968	20.5	2	13,683	Sussex, DE
19958	18.1	2	24,834	Sussex, DE
19970	16.7	2	7,930	Sussex, DE
19971	10.1	1	16,508	Sussex, DE
19930	6.1	1	3,584	Sussex, DE
19944	5.0	1	779	Sussex, DE

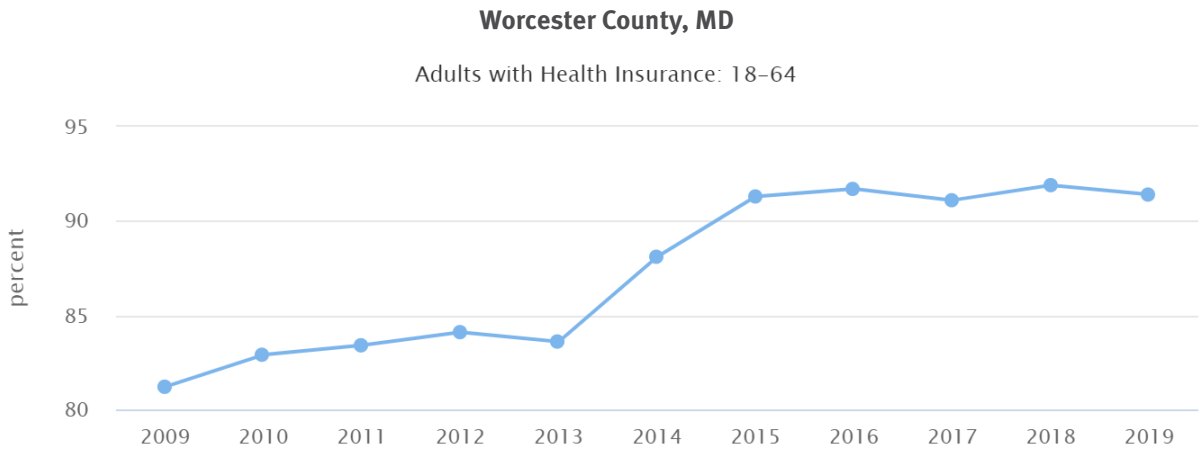
Impact of Previous Actions Taken

2018-2021 Community Needs

The community needs prioritized in previous CHNAs 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 behavioral health. The identified needs were prioritized based on the following criteria: size and severity of the problem, health systems' ability to impact, and availability of resources that exist. The goal and actions taken are found in the associated Implementation Plans *(Appendix F)*.

Community Health Progress

Priority Area: Access to Health Services



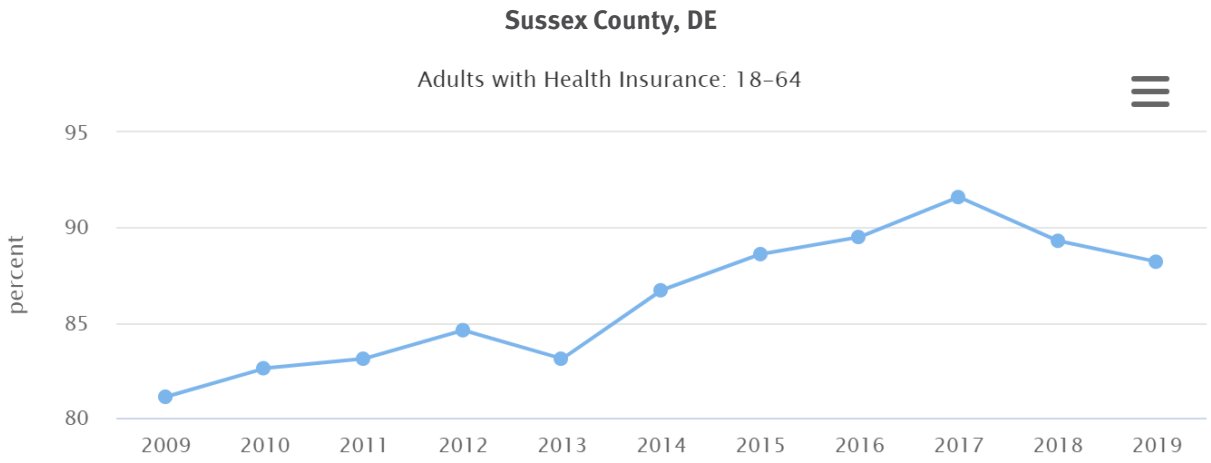
Persons with Health Insurance

92.6%

(2019)

HP 2020 Target (100.0%)

HP 2030 Target (92.1%)



88.2%

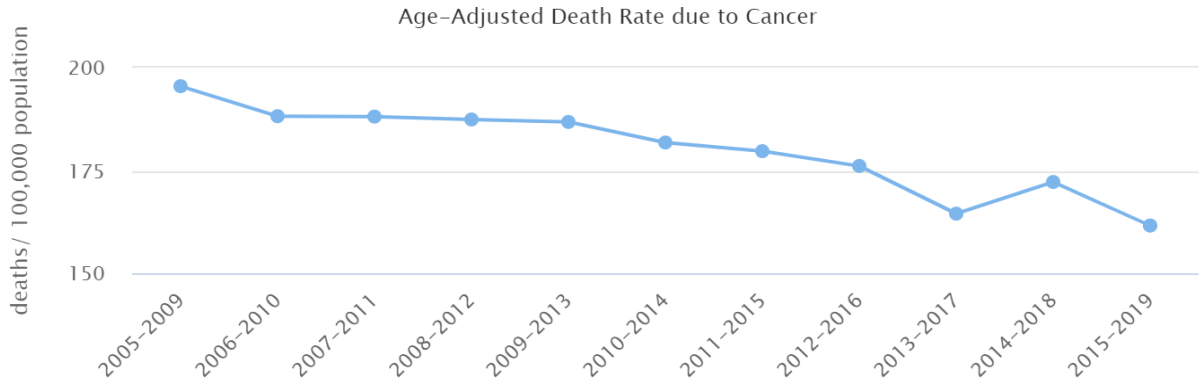
Source: U.S. Census Bureau - Small Area Health Insurance Estimates
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: August 2021
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value	Prior Value	Trend
	(90.9%)	(89.3%)	

HP 2020 Target
(100.0%)

Worcester County, MD



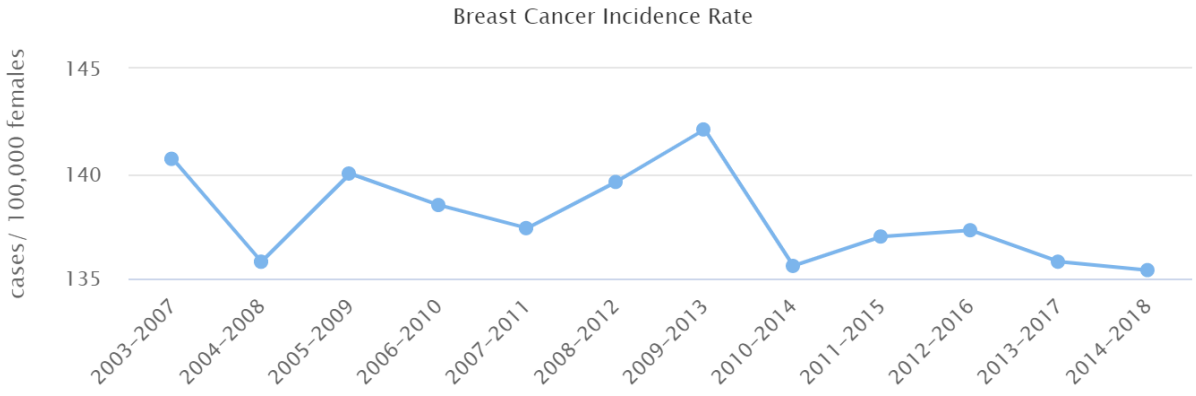
161.6

deaths/ 100,000 population

Source: National Cancer Institute
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (151.5)	US Value (152.4)
Prior Value (172.2)	Trend	Maryland SHIP 2017 (147.4)	Maryland SHIP 2014 (169.2)
HP 2020 Target (161.4)	HP 2030 Target (122.7)		



135.4

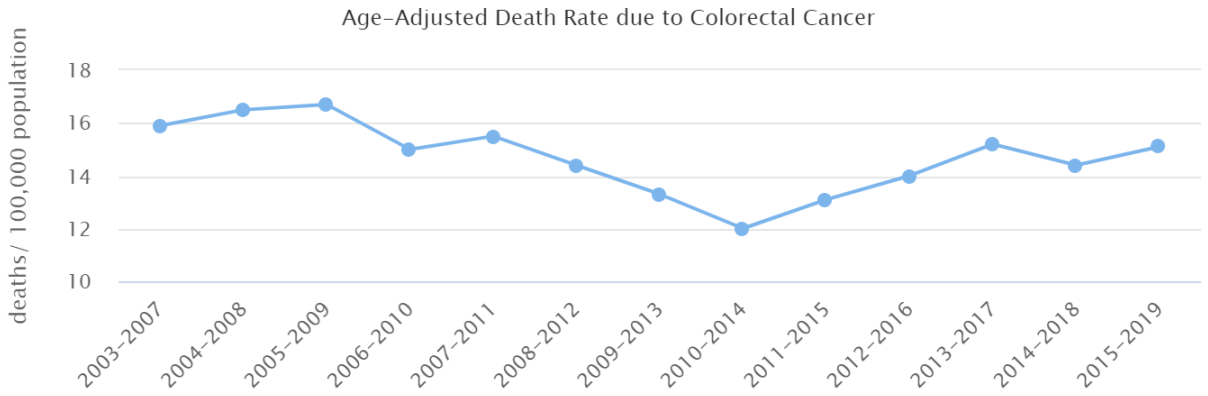
cases/ 100,000 females

Source: National Cancer Institute
Measurement period: 2014-2018
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value	US Value
		(132.2)	(126.8)

Prior Value	Trend
(135.8)	



15.1

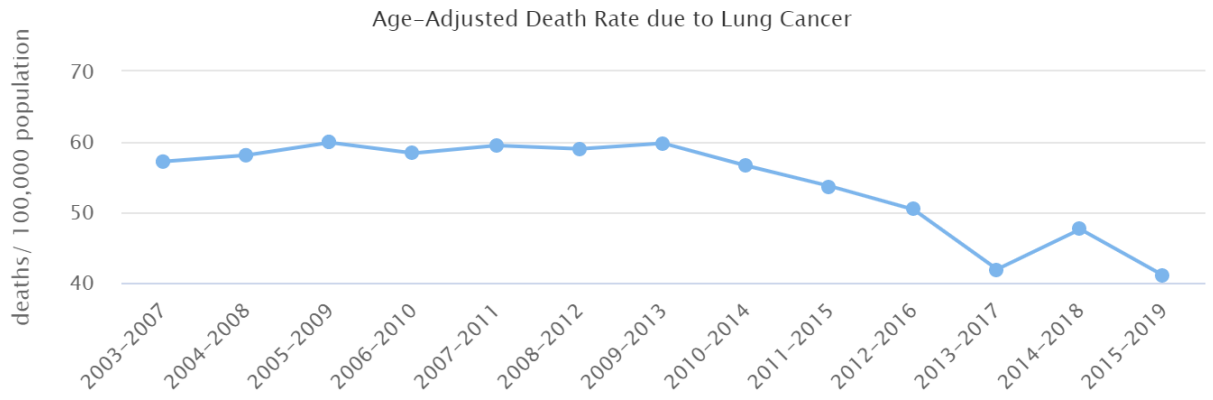
deaths/ 100,000 population

Source: National Cancer Institute
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value	US Value
		(13.4)	(13.4)

Prior Value	Trend	HP 2020 Target	HP 2030 Target
(14.4)		(14.5)	(8.9)



41.0

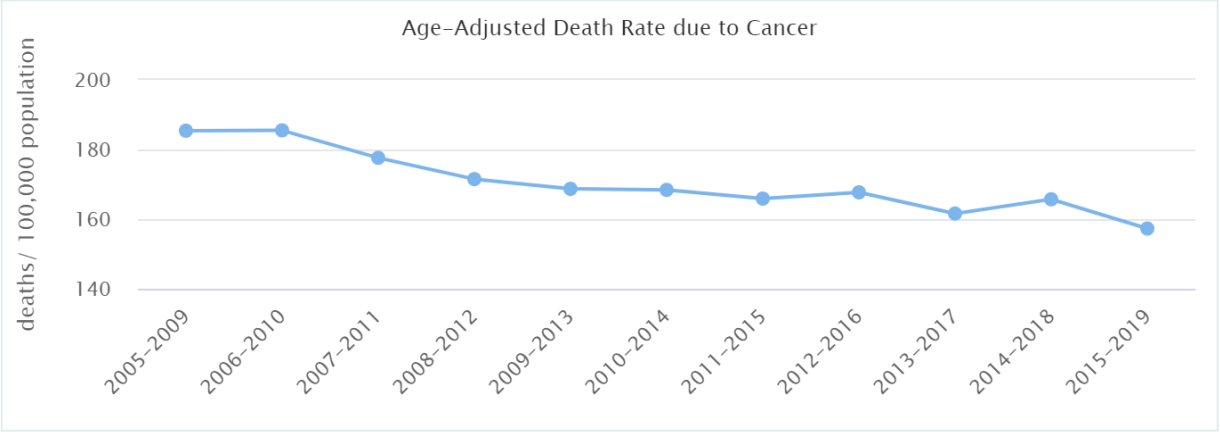
deaths/ 100,000 population

Source: National Cancer Institute
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (35.2)	US Value (36.7)
Prior Value (47.6)	Trend	HP 2020 Target (45.5)	HP 2030 Target (25.1)

Sussex County, DE



157.3

deaths/ 100,000 population

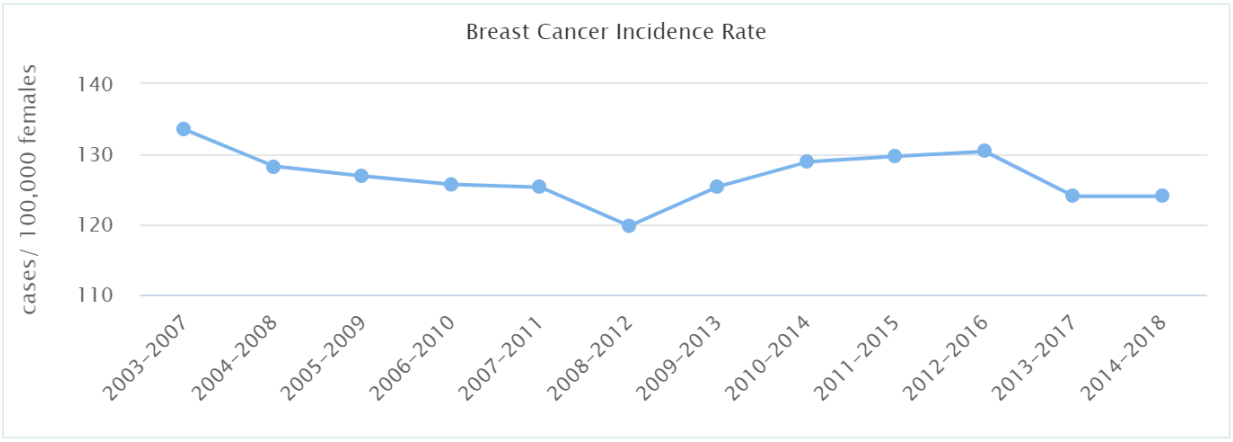
Source: National Cancer Institute
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value	US Value	Prior Value
	(161.5)	(152.4)	(165.7)

Trend	Maryland SHIP 2017	Maryland SHIP 2014	HP 2020 Target
	(147.4)	(169.2)	(161.4)

HP 2030 Target
(122.7)



124.0

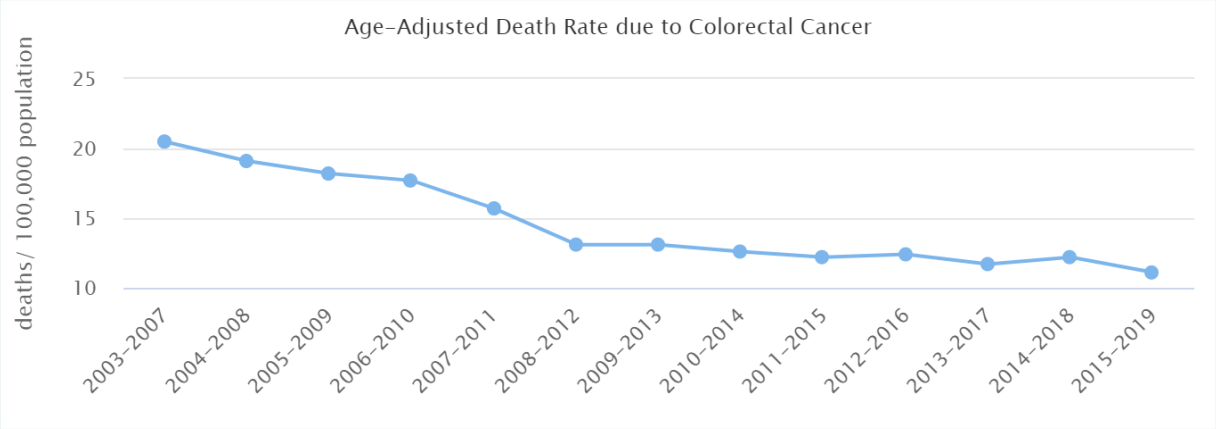
cases/ 100,000 females

Source: National Cancer Institute
Measurement period: 2014-2018
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value	US Value	Prior Value
	(133.7)	(126.8)	(124.0)

Trend



11.1

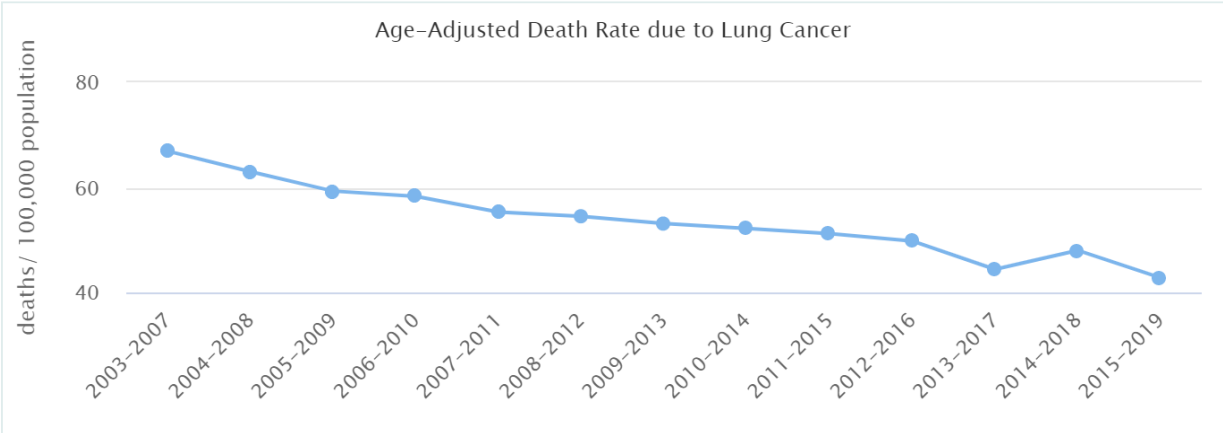
deaths/ 100,000 population

Source: National Cancer Institute
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value	US Value	Prior Value
	(13.1)	(13.4)	(12.2)

Trend	HP 2020 Target	HP 2030 Target
	(14.5)	(8.9)



Priority Area: Cancer, *cont.*

42.8

deaths/ 100,000 population

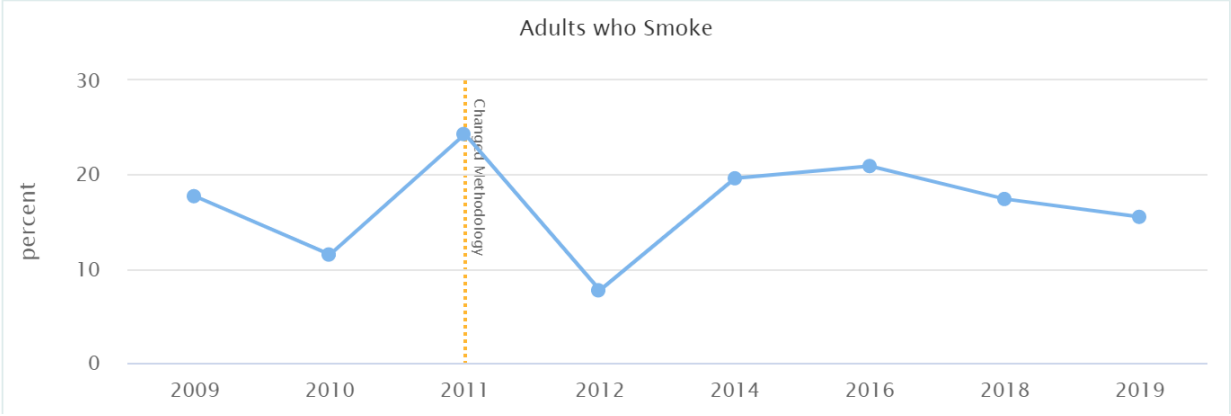
Source: National Cancer Institute
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: December 2021
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value (41.1)	US Value (36.7)	Prior Value (48.0)
Trend	HP 2020 Target (45.5)	HP 2030 Target (25.1)	

Priority Area: Respiratory Disease, including Smoking

Worcester County, MD

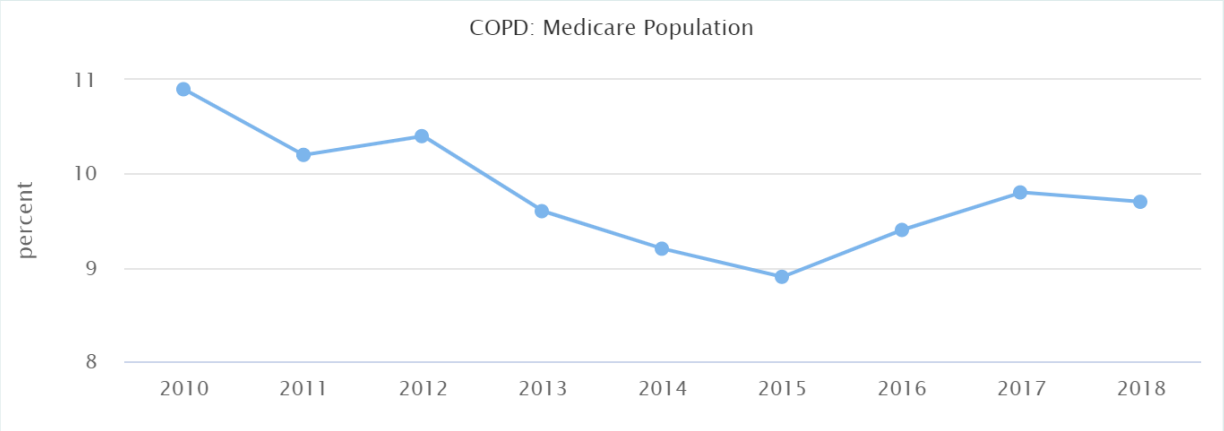


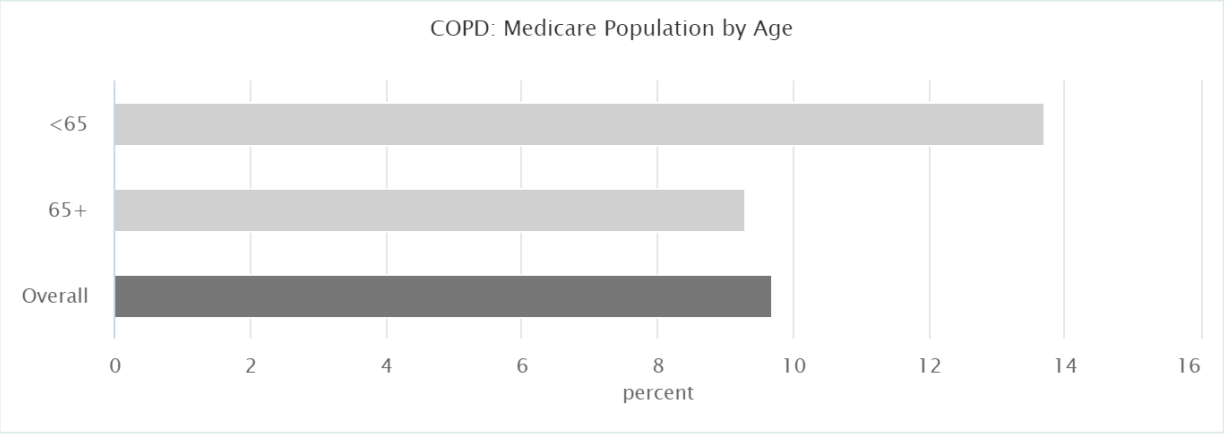
15.5%

Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (13.1%)	US Value (16.0%)	Prior Value (17.4%)
Trend	Maryland SHIP 2017 (15.5%)	Maryland SHIP 2014 (14.4%)	HP 2020 Target (12.0%)
HP 2030 Target (5.0%)			



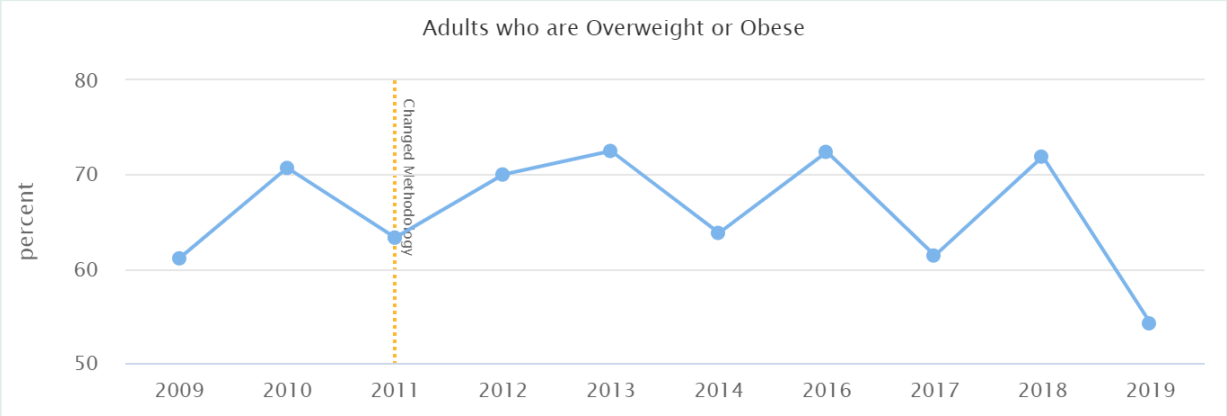


Sussex County, DE

Health / Tobacco Use

	VALUE	COMPARED TO:	
Adults who Smoke	18.8% (2019)	HP 2020 Target (12.0%)	HP 2030 Target (5.0%)

Worcester County, MD



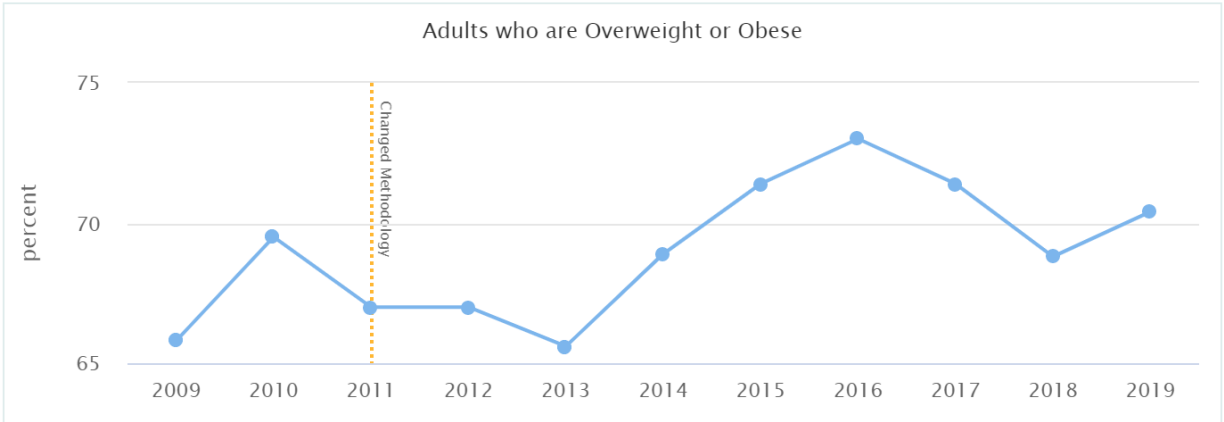
54.2%

Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (66.1%)	US Value (66.7%)	Prior Value (71.9%)
Trend			

Sussex County, DE



Priority Area: Nutrition, Physical Activity & Weight, *cont.*

70.4%

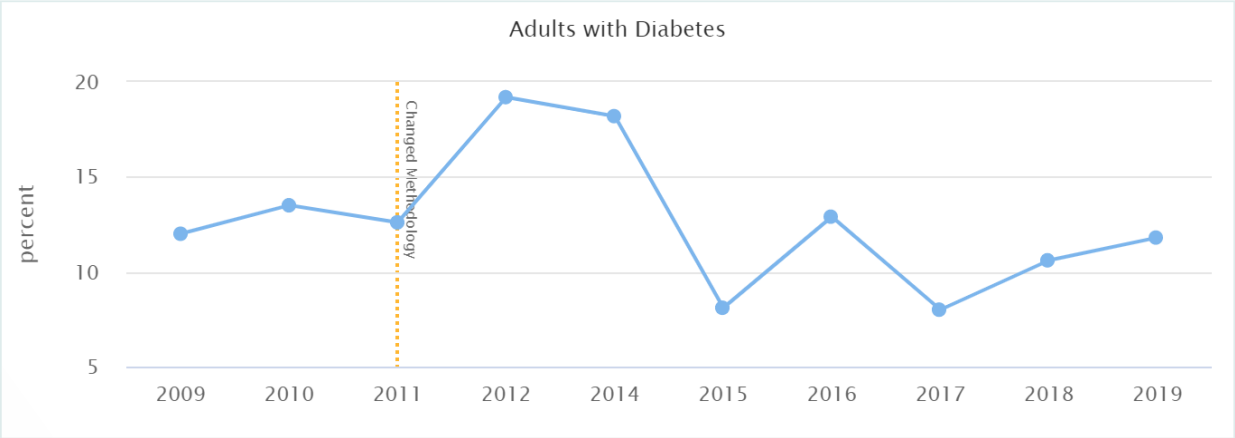
Source: Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: June 2021
Filter(s) for this location: State: Delaware

COMPARED TO

DE Value	US Value	Prior Value	Trend
(68.9%)	(66.7%)	(68.8%)	

Priority Area: Diabetes

Worcester County, MD



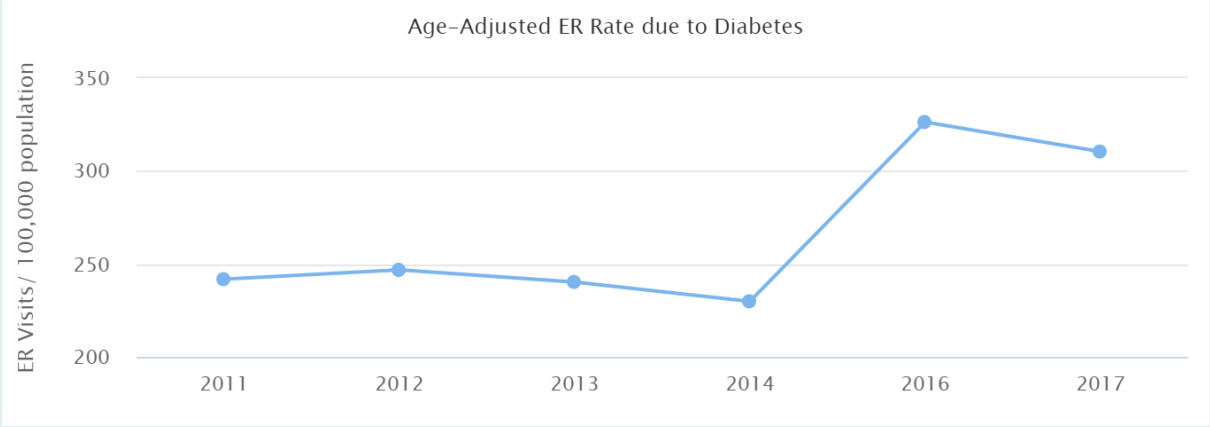
11.8%

Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value	US Value	Prior Value
	(10.0%)	(10.7%)	(10.6%)

Trend



310.5

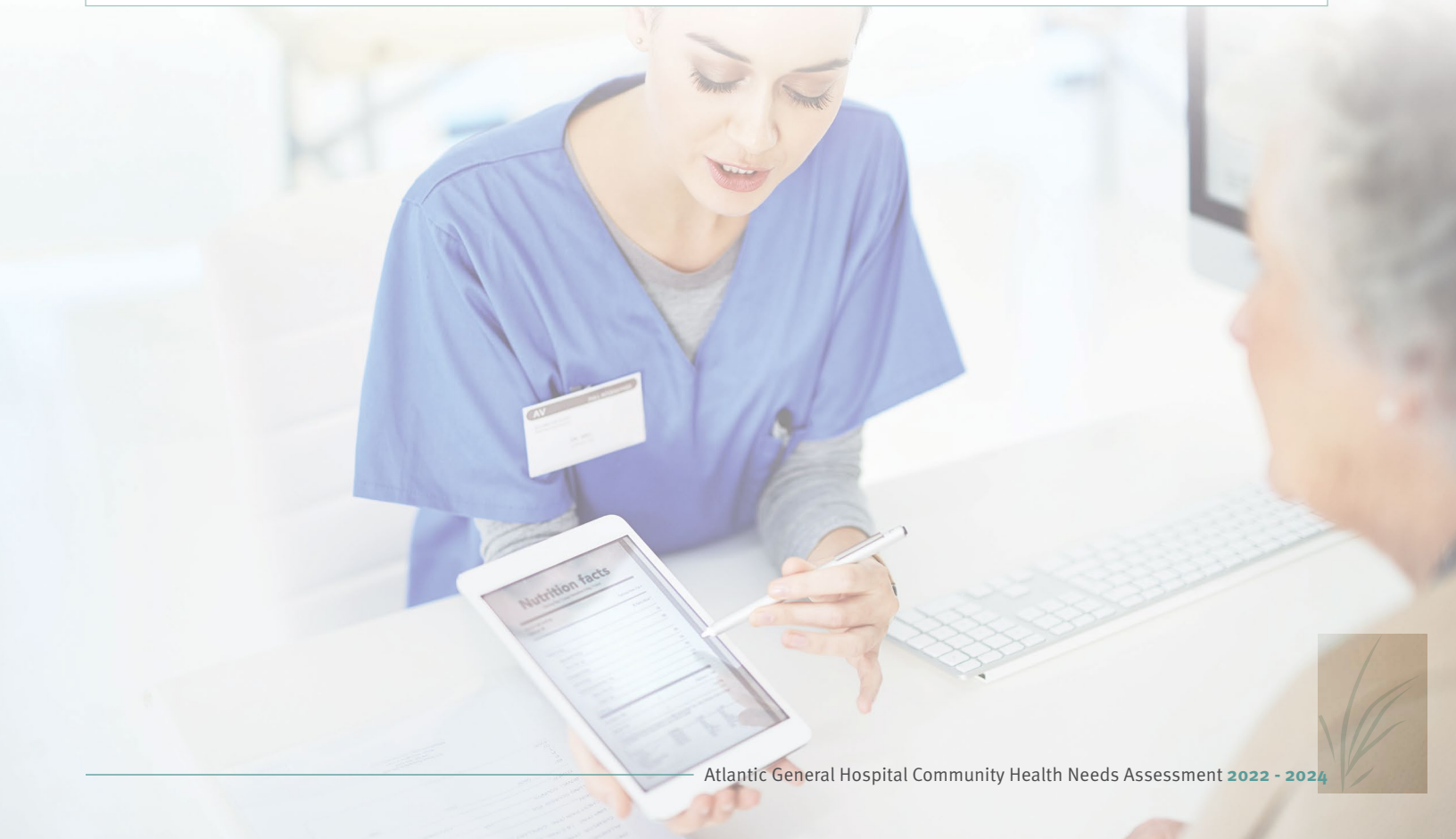
ER Visits/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: May 2019
Filter(s) for this location: State: Maryland

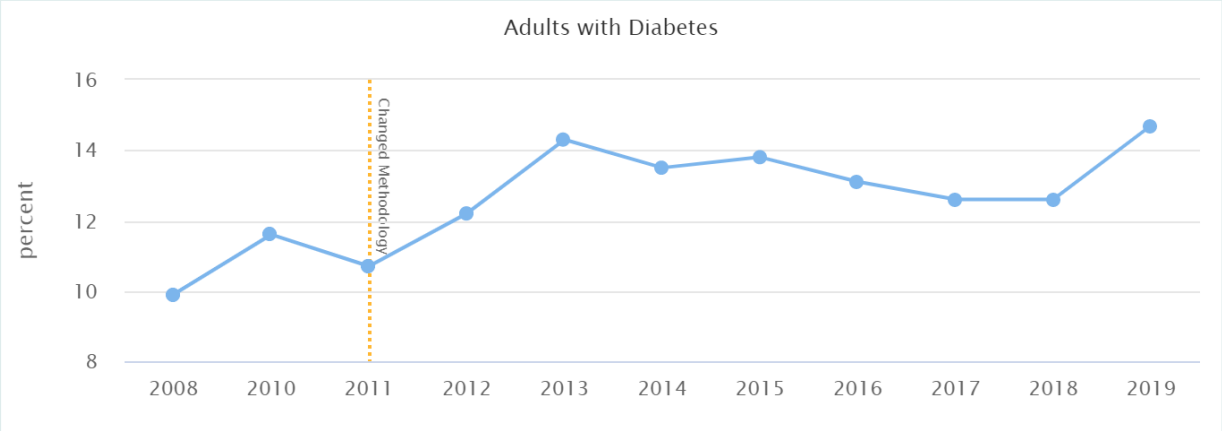
COMPARED TO

MD Counties	MD Value	Prior Value	Trend
	(243.7)	(326.4)	

Maryland SHIP 2017	Maryland SHIP 2014
(186.3)	(300.2)



Sussex County, DE



14.7%

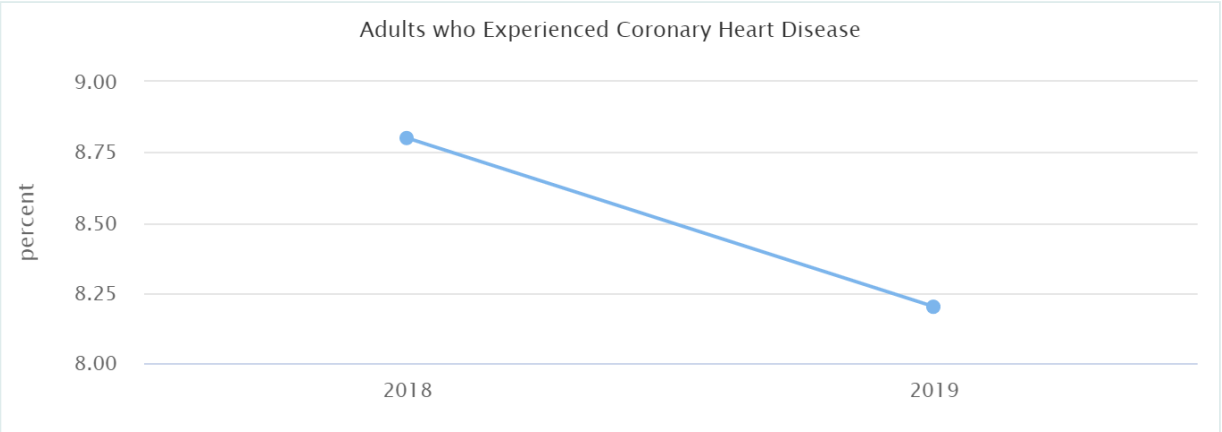
COMPARED TO

DE Value	US Value	Prior Value	Trend
(12.8%)	(10.7%)	(12.6%)	

Source: Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: June 2021
Filter(s) for this location: State: Delaware

Priority Area: Heart Disease & Stroke

Worcester County, MD



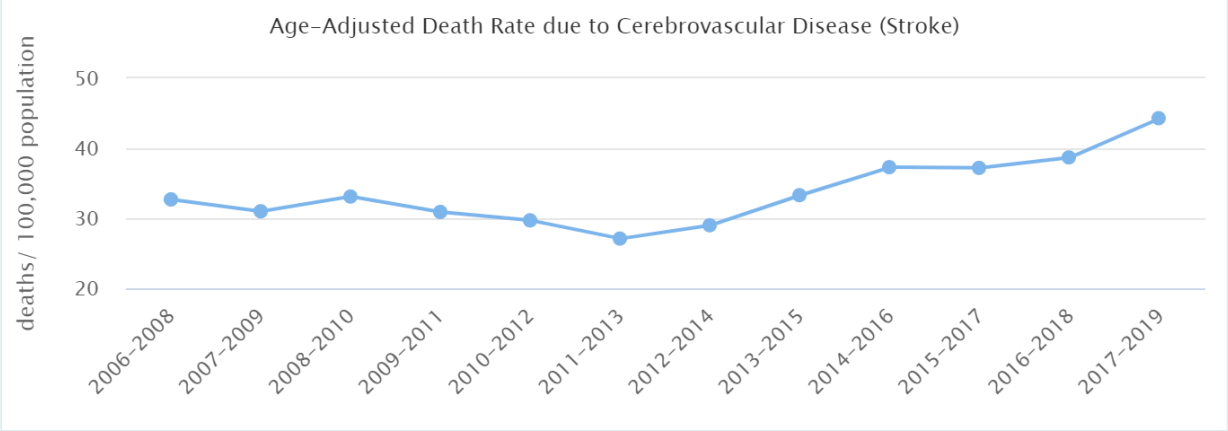
8.2%

Source: CDC - PLACES
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: January 2022
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	US Value (6.2%)	Prior Value (8.8%)

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.



44.3

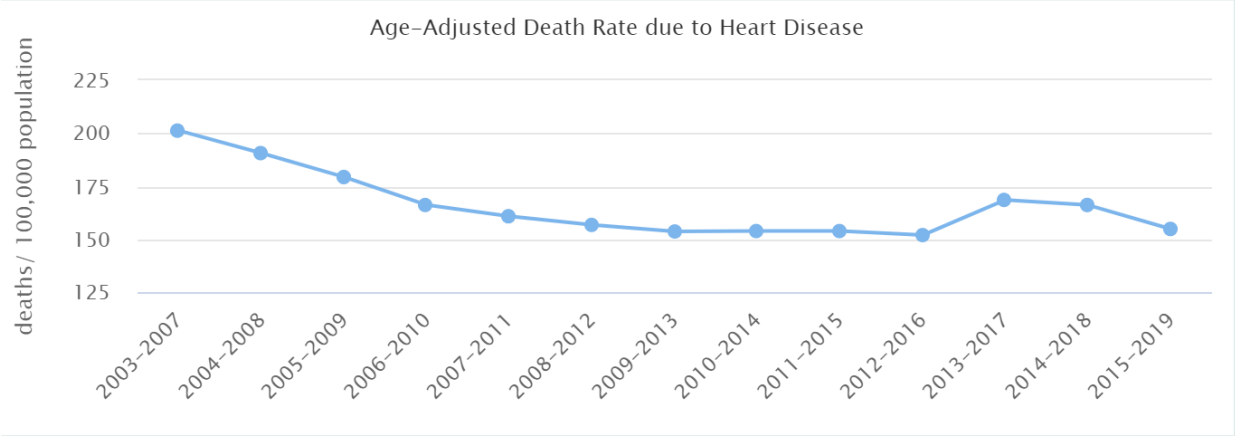
deaths/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: June 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (40.7)	US Value (37.2)	Prior Value (38.7)
Trend	HP 2020 Target (34.8)	HP 2030 Target (33.4)	

Sussex County, DE



154.8

deaths/ 100,000 population

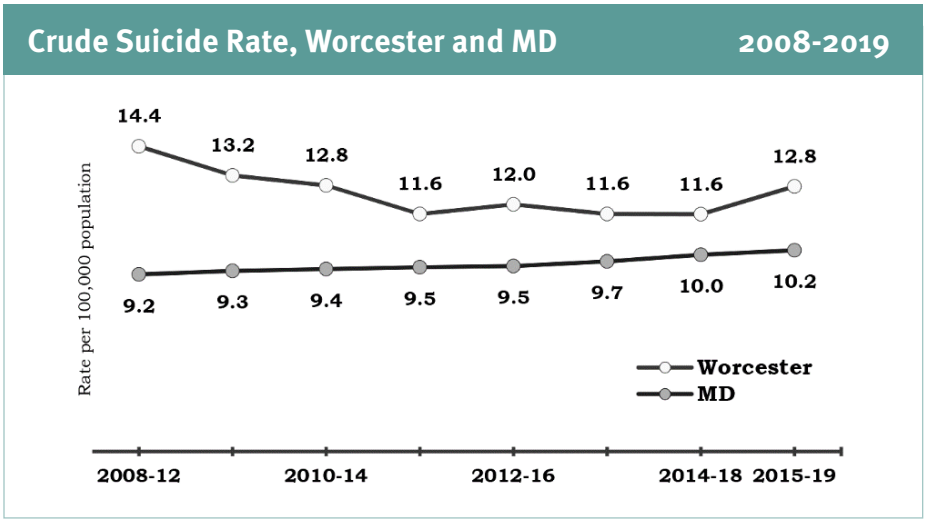
Source: Delaware Department of Health and Social Services, Division of Public Health
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: October 2021
Filter(s) for this location: State: Delaware

COMPARED TO

DE Value	US Value	Prior Value	Trend
(155.6)	(726.3)	(166.1)	

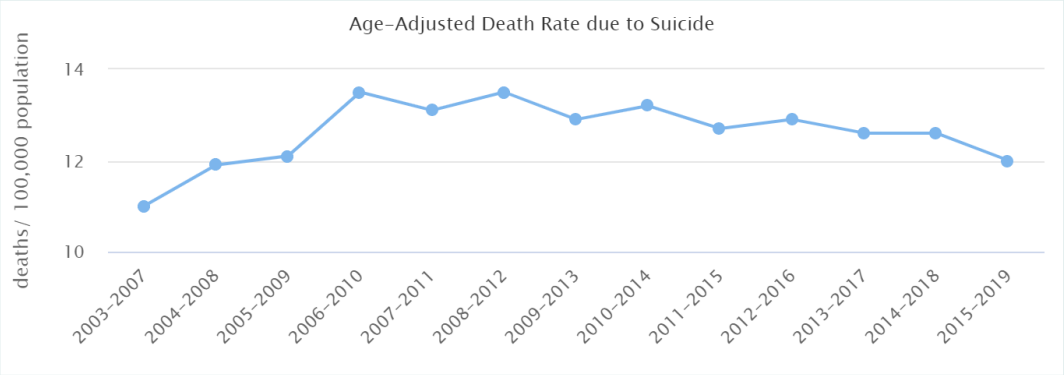
Maryland SHIP 2017	Maryland SHIP 2014
(166.3)	(173.4)

Worcester County, MD



Source: MD Vital Statistics Administration

Sussex County, DE



12.0

deaths/ 100,000 population

Source: Delaware Department of Health and Social Services, Division of Public Health
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: October 2021
Filter(s) for this location: State: Delaware

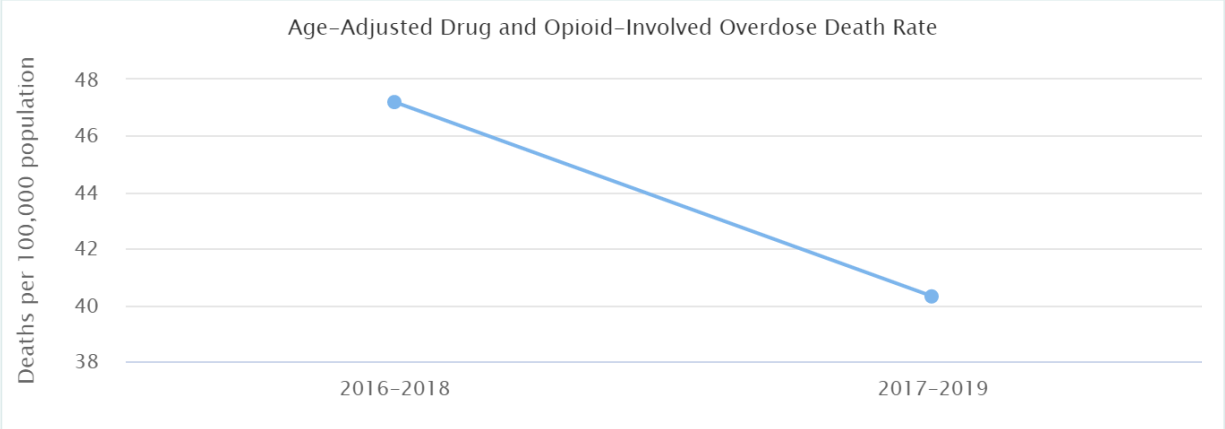
COMPARED TO

DE Value	US Value	Prior Value	Trend
(11.6)	(13.8)	(12.6)	

Maryland SHIP 2017	Maryland SHIP 2014	HP 2020 Target	HP 2030 Target
(9.0)	(9.1)	(10.2)	(12.8)

Priority Area: Opioid Abuse

Worcester County, MD



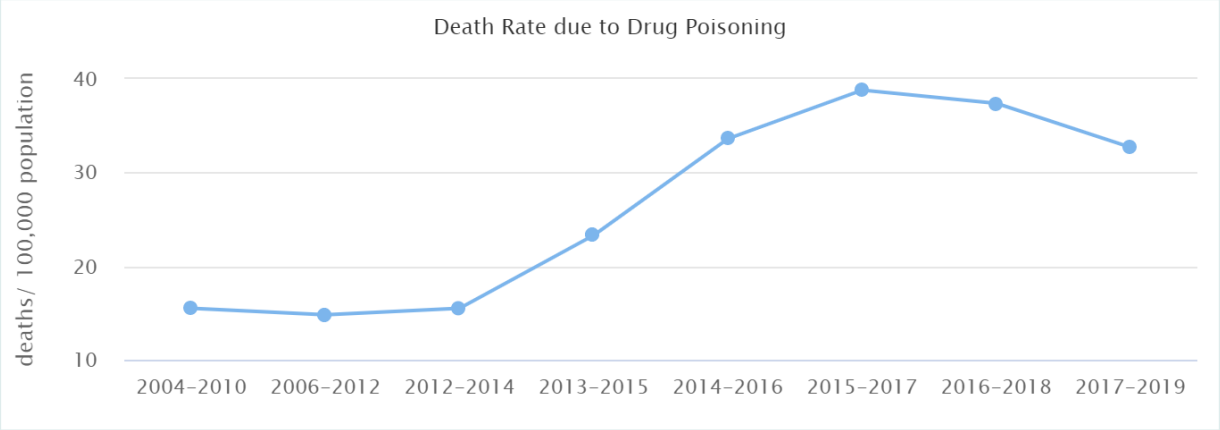
40.3

Deaths per 100,000 population

Source: Centers for Disease Control and Prevention
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value	US Value	Prior Value
	(38.2)	(22.8)	(47.2)



32.7

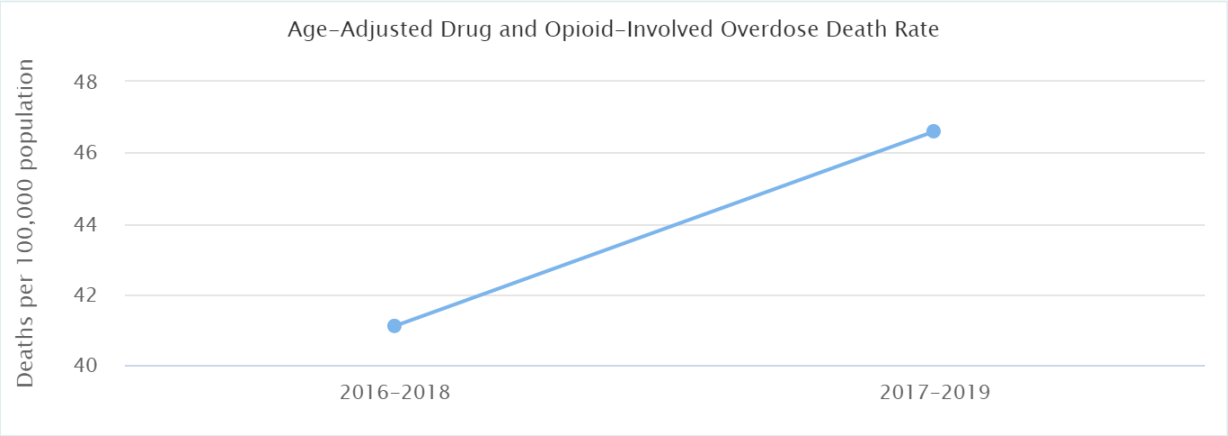
deaths/ 100,000 population

Source: County Health Rankings
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: May 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value	US Value	Prior Value	Trend
		(38.3)	(21.0)	(37.4)	

Sussex County, DE



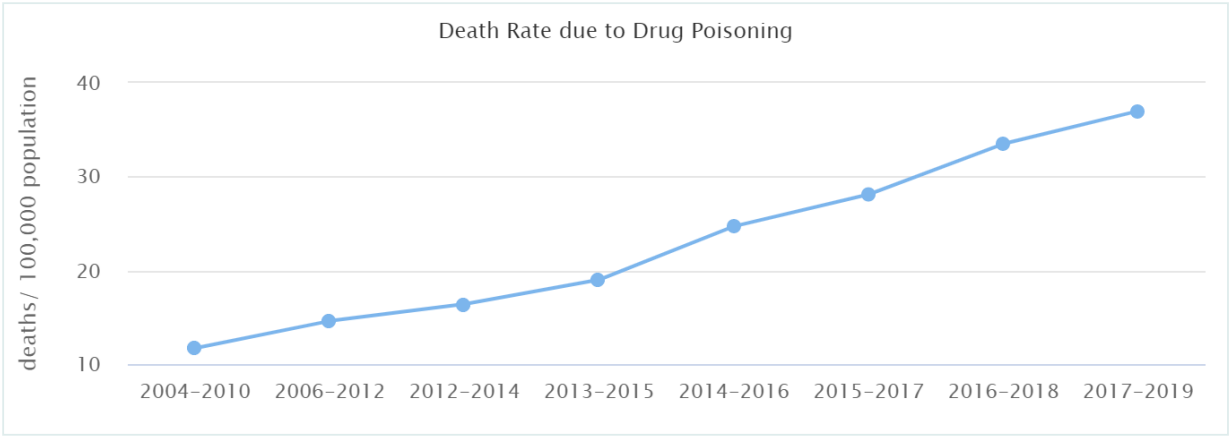
46.6

Deaths per 100,000 population

Source: Centers for Disease Control and Prevention
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Delaware

COMPARED TO

DE Value	US Value	Prior Value
(43.8)	(22.8)	(41.1)



Priority Area: Opioid Abuse, *cont.*

37.0

deaths/ 100,000 population

Source: County Health Rankings
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: May 2021
Filter(s) for this location: State: Delaware

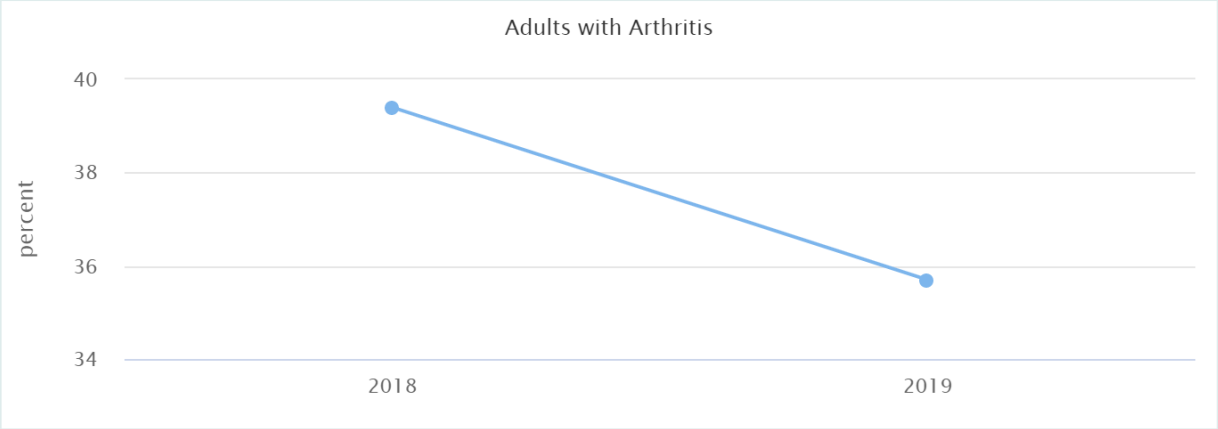
COMPARED TO

U.S. Counties	DE Value	US Value	Prior Value
	(40.4)	(21.0)	(33.5)

Trend

Priority Area: Arthritis, Osteoporosis & Chronic Back Pain

Worcester County, MD



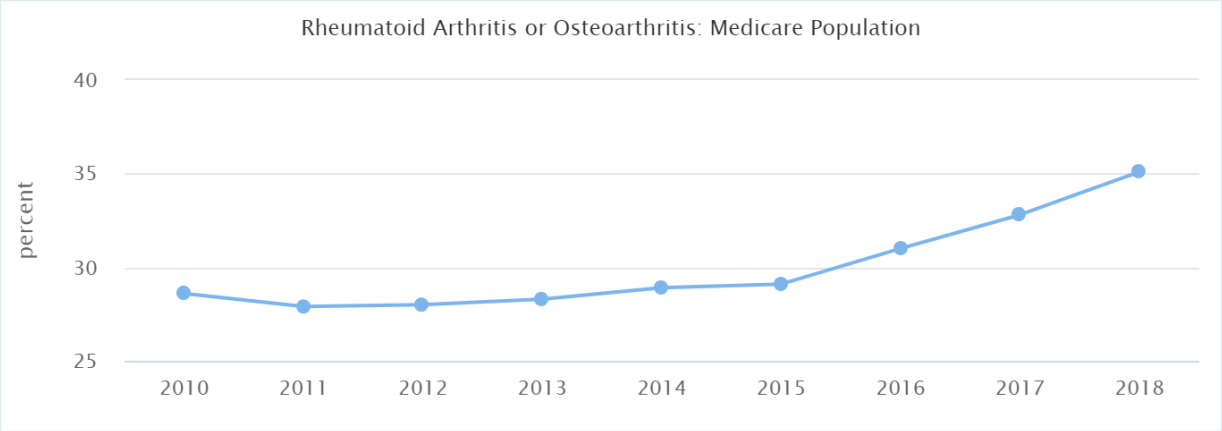
35.7%

Source: CDC - PLACES
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: January 2022
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	US Value	Prior Value
		(25.1%)	(39.4%)

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.



35.1%

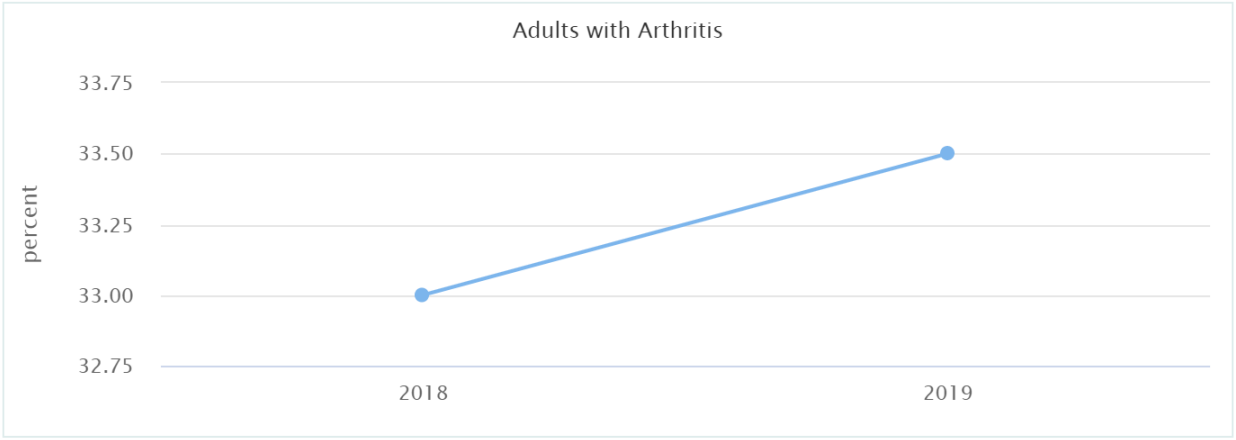
Source: Centers for Medicare & Medicaid Services
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (34.6%)	US Value (33.5%)

Prior Value (32.8%)	Trend

Sussex County, DE



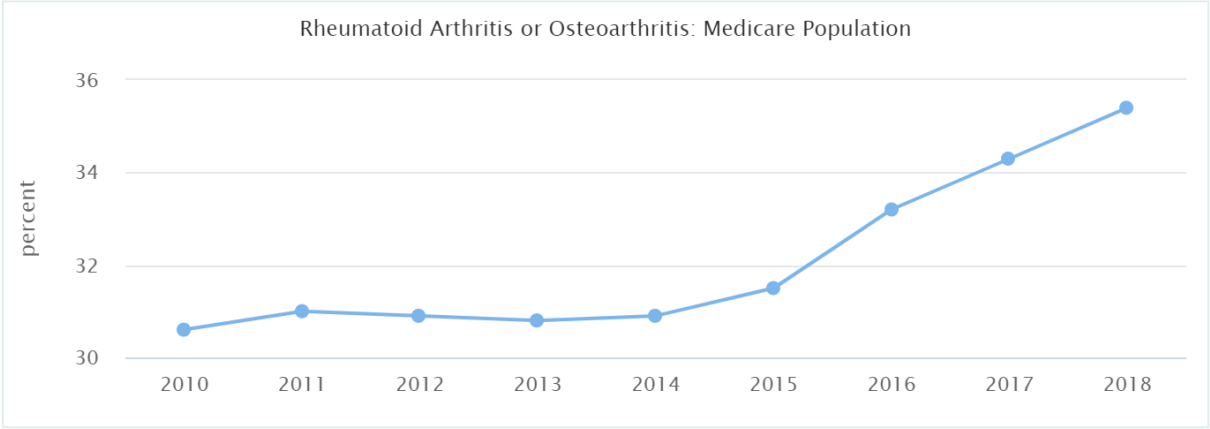
33.5%

Source: CDC - PLACES
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: January 2022
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	US Value	Prior Value
	(25.1%)	(33.0%)

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.



35.4%

Source: Centers for Medicare & Medicaid Services
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value	US Value	Prior Value
	(34.7%)	(33.5%)	(34.3%)

Trend

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

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

Each department in the hospital has an appointee who sits on the Community Benefits Committee. The purpose of this committee is to oversee the Community Outreach of AGH and comply with the government regulations regarding reporting Community Benefits. Because the committee is made up of all departments, the views are varied. Annual evaluations of each initiative's success are found in the HSCRC Community Benefit Report provided to the State of Maryland.

AGH leaders are involved on many community boards and community entities (both for-profit and not-for-profit). Through these boards we are able to keep abreast of the underserved, low income and/or minority needs in the community. We are involved in the health departments throughout our service area in MD and DE. We coordinate services with them to decrease duplication of services and know what services are needed to fill the gaps. Working with the target areas of the state improvement initiatives influences the priorities we set. Our Population Health outreach providers are out in the community and are able to observe community needs. Through our Patient Centered Medical Home, Care Coordination models and Population Health Department, we are able to have another resource in the community which we can use for assisting us in setting priorities.

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

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

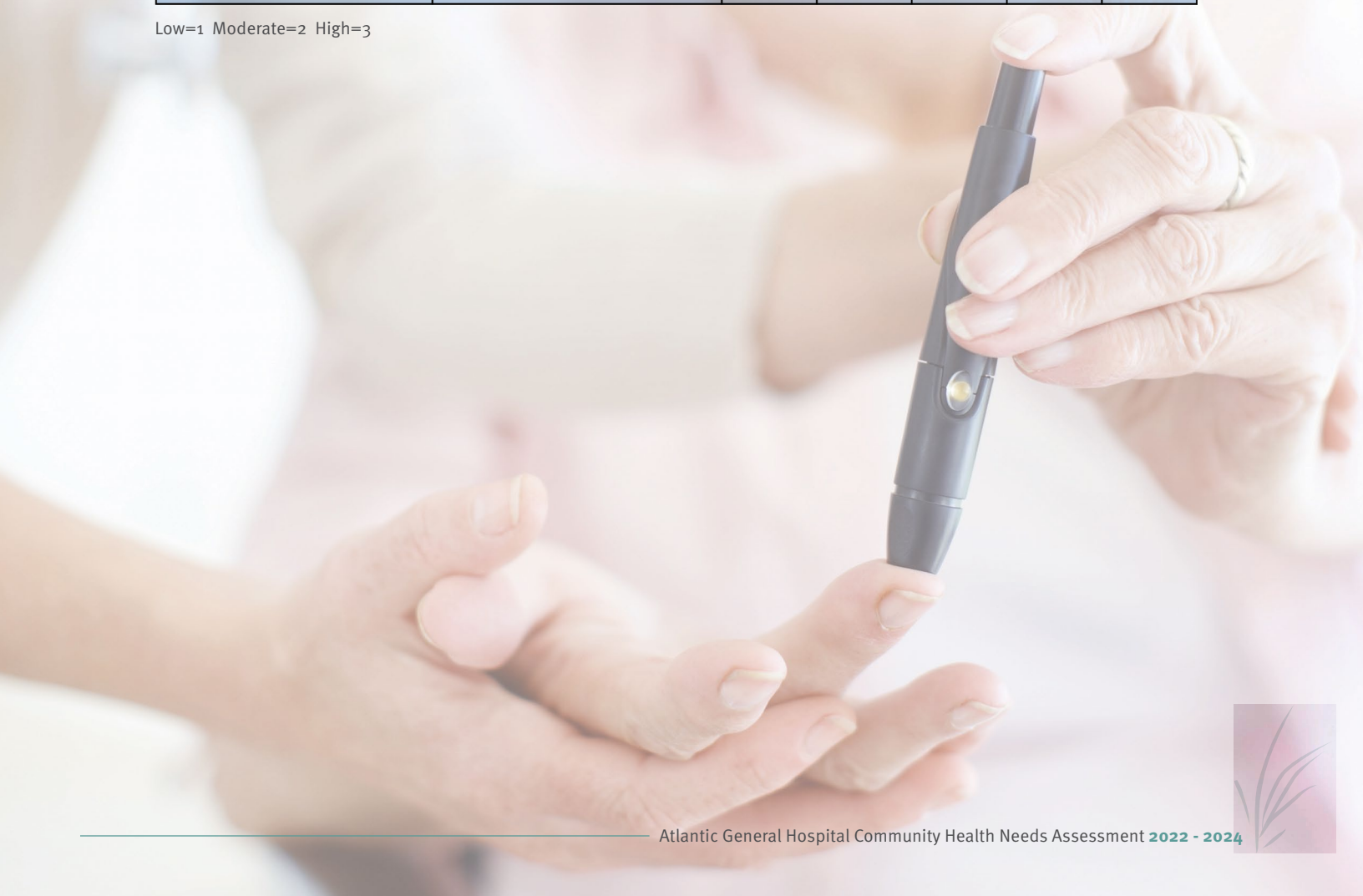
They were graded as high (3), moderate (2) and low (1) to rank the priority, based on self-reported survey data and prioritized as above.

County data and AGH-specific visit data for each of the identified needs were reviewed. In addition, committee feedback was considered in assigning the rankings. Health disparities and social determinants of health were also considered in the priority ranking. The identified needs were graded as high (3), moderate (2) and low (1) to rank the priority based on self-reported survey data and prioritized as above.

Community Health Needs Assessment Priorities

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

Low=1 Moderate=2 High=3



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.

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

Improvement in age-adjusted death rate due to cancer in Black/African American Race/Ethnicity is moving from 239.2 to 180. Similar improvement trends in the Lung Cancer death rate are moving from 68.7 to 42.1.

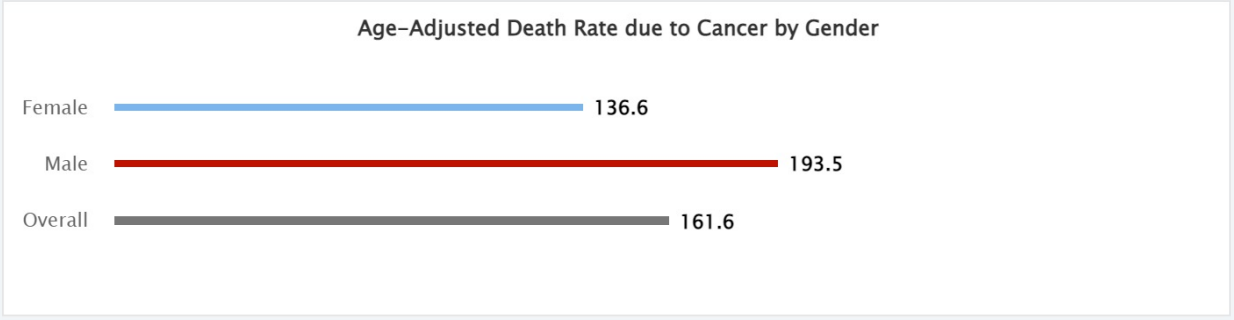
Age-Adjusted Death Rate due to Cancer

161.6

Deaths per 100,000 population

(2015-2019)

MD Counties	U.S. Counties	MD Value (151.5)
US Value (152.4)	Prior Value (172.2)	Trend
Maryland SHIP 2017 (147.4)	Maryland SHIP 2014 (169.2)	HP 2020 Target (161.4)
HP 2030 Target (122.7)		



Age-Adjusted Death Rate due to Lung Cancer

41.0

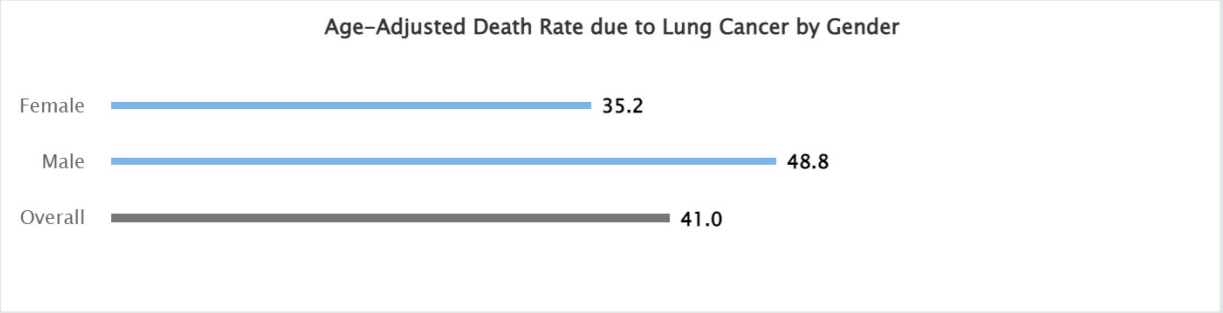
Deaths per 100,000 population

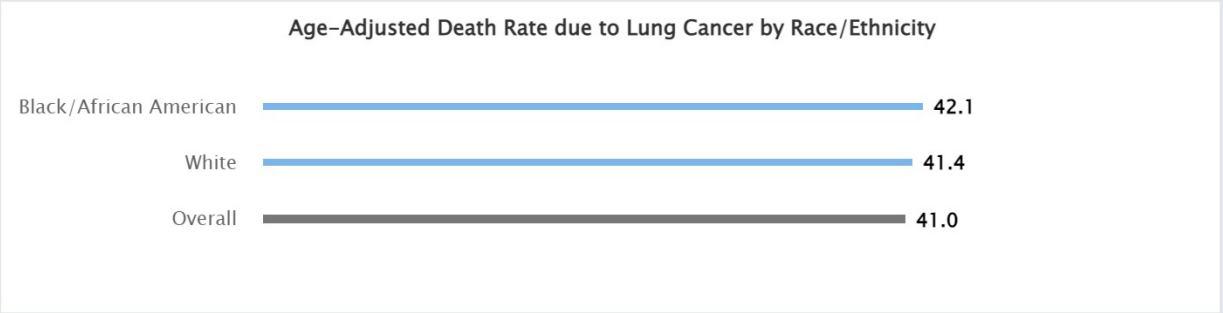
(2015-2019)

MD Counties | U.S. Counties | MD Value (35.2)

US Value (36.7) | Prior Value (47.6) | Trend

HP 2020 Target (45.5) | HP 2030 Target (25.1)





Prostate Cancer Incidence Rate

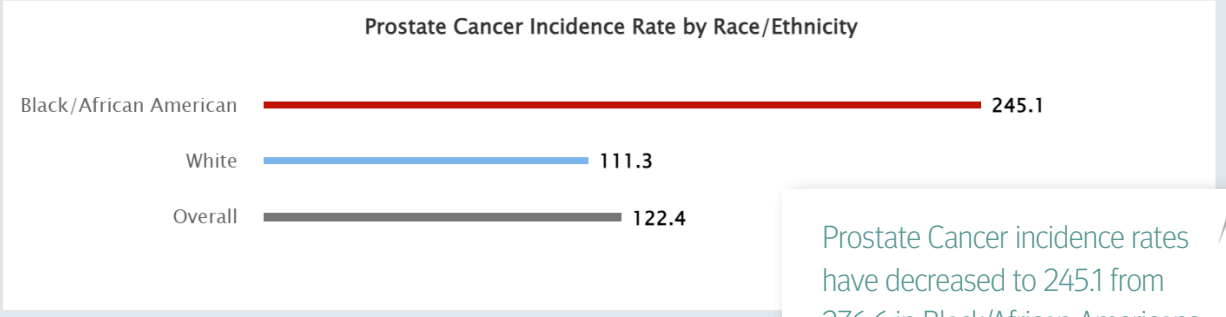
122.4

Cases per 100,000 males

(2014-2018)

MD Counties | U.S. Counties | MD Value (128.1)

US Value (106.2) | Prior Value (121.3) | Trend



Prostate Cancer incidence rates have decreased to 245.1 from 276.6 in Black/African Americans.

Adults who are Overweight or Obese

54.2%

(2019)

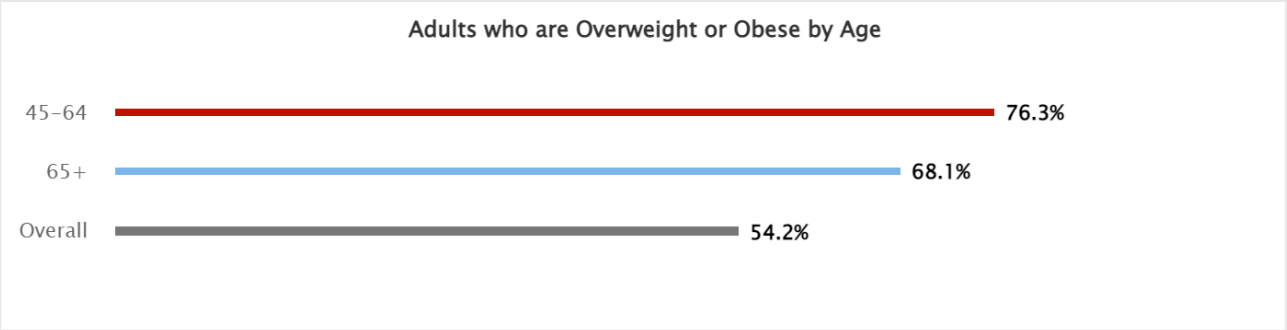
MD Counties

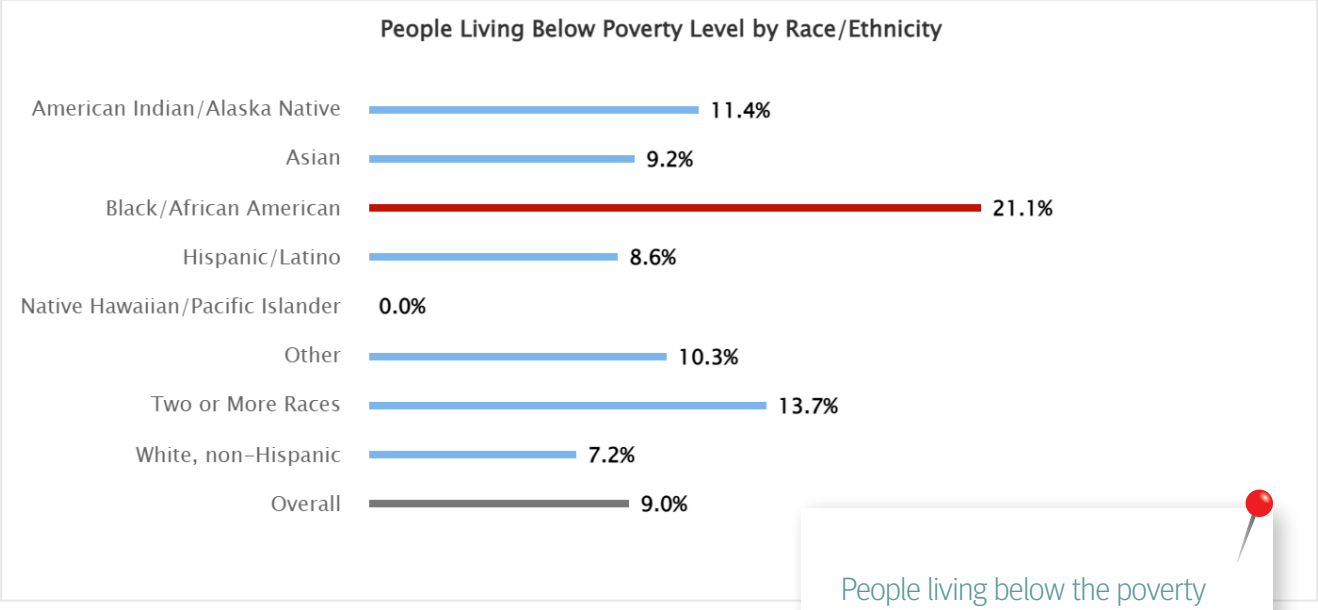
MD Value (66.1%)

US Value (66.7%)

Prior Value (71.9%)

Trend

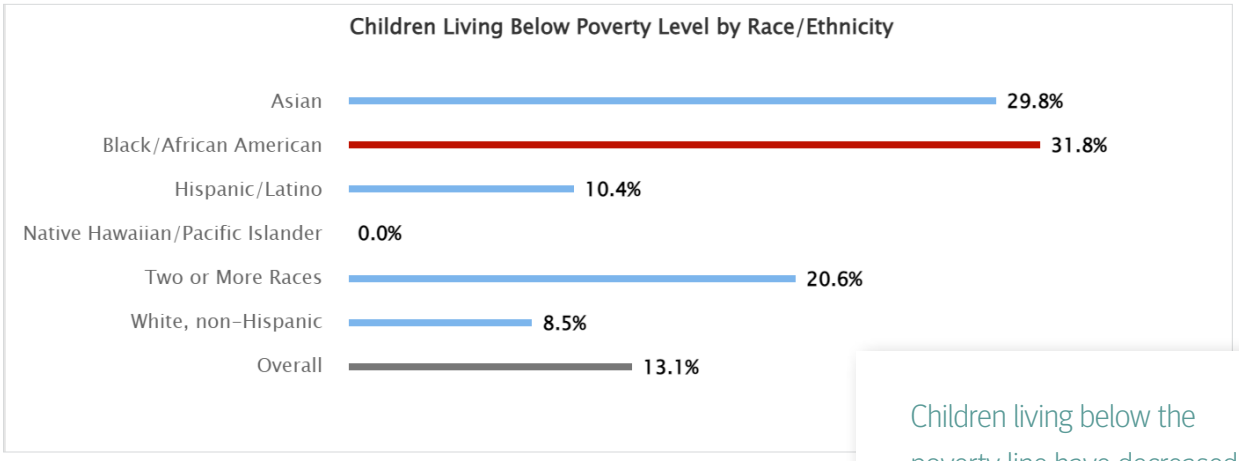




People living below the poverty level are more likely to be in the Black population than any other race or ethnicity group by four-fold percentage, dropping slightly from the previous CHNA (24.7%).

Children Living Below Poverty Level

13.1%	MD Counties	U.S. Counties	MD Value
(2015-2019)			(12.1%)
	US Value	Prior Value	Trend
	(18.5%)	(12.8%)	



Children living below the poverty line have decreased from 14.8%, with Black/ African American being the highest segment at 31.8%.

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 dental health program run through Chesapeake Health Services. TLC clinic (Three Lower County, Mission of Mercy every 2 years free dental clinic). In lower Delaware, these services are provided by La Red, a comprehensive health service center. In 2021 we joined a team, Community Foundation of the Eastern Shore Adult Oral Health Taskforce, focused on improving dental health and access to dental care in the tri-county area.

Communicable Disease

Though not designated as a priority, AGH does provide immunization services to the communities we serve. We provide free flu and COVID-19 immunizations to all our associates and their families, as well as all volunteers at the hospital. We also provide free community flu and COVID vaccine clinics at local businesses, and health fair events by AGH. Our neighboring hospital Tidal Health does a large drive-through flu event which serves Wicomico and Somerset counties. In addition, the Health Departments partnering with AGH provide other services for communicable diseases to assist with any outbreaks, if needed. We also partner with UMES Pharmacy School, WCHD and AGH Vote and Vax initiative.

Cancer

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

Heart Disease

Although not identified in the top five priorities for 2022-2024, heart disease continues to remain an area of focus and will be prioritized in our regional health equity collaborative with local partners.

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 that Sussex County, DE encompasses, specific zip code level data was not available for several indicators and may not be fully represented.

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

Public Dissemination

This Community Health Needs Assessment is available to the public at the AGH website: www.atlanticgeneral.org/Community-Health-Wellness.aspx

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.
- Documents were made available for public comment via the website, with no comments received on either at the time this report was written.

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 hard-copy of the CHNA report that may be viewed by any person requesting to do so.

References

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

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

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

Healthy People 2020-2030 https://health.gov/healthypeople

Maryland State Health Improvement Process (SHIP) Pages - State Health Improvement Process (maryland.gov)

US Census Bureau

Delaware Department of Labor

Behavioral Risk Factor Surveillance System BRFSS State Information | CDC

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

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

CDC National Center for Health Stats (2015). Retrieved from http://www.cdc.gov/nchs/fastats

NCI (2015). National Cancer Institute: Obesity, National Institute of Health. Retrieved August 25, 2016, from http://www.cancer.gov/about-cancer/causes-prevention/risk/obesity

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/ar08.html

Appendices

Appendix A

Worcester County Health Department Community Health Document Links

Worcester County 2021 Community Health Assessment
https://worcesterhealth.org/images/21_CommunityHealthAssessment.pdf

Worcester County 2020 Community Themes and Strengths Assessment
https://www.worcesterhealth.org/images/CTSA2020.pdf

Community Health Data
https://worcesterhealth.org/planning-sidebar/local-health-improvement-coalition/90-general/latest-news/news-section/1135-yrbs-worcester-data

Appendix B

Master List: Who Was involved in Assessment?

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

Leader/Member:
Sue Rodden, Colleen Wareing

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

Leader/Member:
Gail Mansell

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

Leader/Member:
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
Chairs: Kim Justice, Donna Nordstrom

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

Leader/Member:
Sally Dowling

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

Leader/Member:
Sally Dowling
Tim Whetstine

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

Leader/Member:
Ann Bergey

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

Leader/Member:
Tina Simmons
Kaylee Hanway

Behavioral Health and Opioid Stewardship Committee – The purpose of this workgroup is to collaborate with internal and external partners to develop and implement a community-focused strategy to provide support across the continuum of care related to behavioral health, substance use, pain management, safe use of opioid medications, and the prevention of opioid addiction.

Leader/Member:
Tina Simmons
Jeff Kukel

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

Leader/Member:
Mike Trader
Sandy Kerrigan

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

Leader/Member:
Debbie Smullen

Appendix C

www.countyhealthrankings.org

Worcester and Sussex County 2021 Health Rankings

	Sussex, DE	**Worcester, MD** Peer County
HEALTH OUTCOMES		
LENGTH OF LIFE		
Premature Death	8,100	7,400
Quality of Life		
Poor or fair health **	19%	16%
Poor physical health days **	4.3	3.7
Poor mental health days **	4.3	4.0
Low birthweight	8%	6%
HEALTH FACTORS		
HEALTH BEHAVIORS		
Adult smoking **	19%	17%
Adult obesity **	33%	37%
Food environment index **	8.3	7.8
Physical inactivity	31%	27%
Access to exercise opportunities	74%	90%
Excessive drinking **	20%	20%
Alcohol-impaired driving deaths	27%	44%
Sexually transmitted infections **	454.9	381.1
Teen births	31	19
CLINICAL CARE		
Uninsured	9%	7%
Primary care physicians	1,610:1	1,180:1
Dentists	4,110:1	3,740:1
Mental health providers	510:1	400:1
Preventable hospital stays	4,212	3,078
Mammography screening	52%	45%
Flu vaccinations	57%	52%
SOCIAL & ECONOMIC FACTORS		
High school completion	88%	91%
Some college	56%	67%
Unemployment **	3.8%	2.4%
Children in poverty	23%	16%
Income inequality	4.1	4.4
Children in single-parent households	25%	29%
Social associations	10.2	17.4
Violent crime **	406	334
Injury deaths	85	84
PHYSICAL ENVIRONMENT		
Air pollution – particulate matter	7.2	7.5
Drinking water violations	Yes	No
Severe housing problems	14%	17%
Driving alone to work	83%	81%
Long commute – driving alone	37%	30%

*** Compare across states with caution*

Appendix D

Maryland State Health Improvement Process (SHIP) Indicators

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

https://health.maryland.gov/pophealth/pages/ship-lite-home.aspx

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 addiction-related conditions
- Emergency Department visit rate for dental care

Appendix E

Atlantic General Hospital Community Health Needs Assessment Survey

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

DEMOGRAPHICS

1. What is your zip code? _____

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

Not listed other *(please specify)* _____

3. Age range:

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

4. Highest Level of Education:

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

5. Household Income

- ☐ Less than $10,000
- ☐ $10,000 to $29,000
- ☐ $30,000 to $49,000
- ☐ $50,000 to $99,000
- ☐ $100,000 or above
- ☐ Prefer not to answer

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

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

HEALTH NEEDS

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

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

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

2. **What do you think are the problems that keep you or other community members from getting healthcare they need?** *(Check all that you think apply)*
   - ☐ No health insurance
   - ☐ Too expensive/can't afford
   - ☐ Couldn't get an appointment with my doctor
   - ☐ Doctor is too far away from my home
   - ☐ No transportation
   - ☐ Service is not available in our community
   - ☐ Local doctors are not on my insurance plan
   - ☐ Other

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

_____

3. **Do you have any ideas or recommendations to help decrease the health problems in the community or to solve the problems with access to health services** *(Use the back if you need more space)***?** _____

_____

SOCIAL NEEDS

What are the greatest strengths of your community?
(Check boxes for all that apply.)

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

Other: _____

_____

What are the greatest weaknesses of your community?
(Check boxes for all that apply.)

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

Other: _____

_____

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

Health Care: **What is the greatest health care need?**

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

Nutrition: **What is the greatest nutritional need?**

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

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

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

Transportation: **What is the greatest transportation need?**

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

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

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

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

Substance Abuse: **What is the greatest substance abuse need?**

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

Mental Health: **What is the greatest mental health need?**

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

Housing: **What is the greatest housing need?**

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

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

Employment: **What is the greatest employment need?**

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

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

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

Education: **What is the greatest education need?**

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

Appendix F

2018-2021 Goals and Actions Implemented

Implementation Plan of Needs Identified in the Community Health Needs Assessment FY19-FY21 Final Progress Report

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

BACKGROUND

Community Needs Assessment – In 2018-19 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 2019.

Needs Identified – 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 similar studies 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 CHNA FY19-21 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)
- 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/fles/shaship.pdf
- Delaware Health and Social Services through the Delaware Health Tracker www.delawarehealthtracker.com
- Beebe Medical Center Community Health Needs Assessment www.beebehealthcare.org/sites/default/fles/1-CHNA%20FINAL%20DRAFT_0.pdf
- US Census Bureau

The Community Health Needs Assessment survey was distributed by community outreach personnel and the Atlantic General Hospital website. Stakeholder interviews and focus groups were conducted by community outreach personnel. Community surveys represent information that is self-reported. Results from the paper surveys (286) and electronic versions (222) are found in CHNA FY19-21, Appendix G.

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*

(**Bold** items are addressed as priority areas in implementation plan. *Italicized* items are not addressed as priority areas in implementation plan.)

Top Health Concern Priorities Over the (3) CHNA

	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

Prioritized Needs – Key findings from all resources were used as a framework to develop community benefit priorities. These are closely aligned with local, state, and national priority areas. The process for determining the priorities of the Community Outreach programs involves many people inside and outside the organization. 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: the Community Benefits 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 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 evaluations of each initiative's success are found in the HSCRC Community Benefit Report provided to the State of Maryland.

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. 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 affected by risks
- Health system's ability to impact the need
- Availability of resources

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

Areas of Opportunity

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

FY19-21 Priority Areas

#1 Access to Health Services

#2 Cancer

#3 Diabetes

#4 Respiratory Disease

#5 Nutrition, Physical Activity & Weight

#6 Heart Disease & Stroke

#7 Behavioral Health

#8 Arthritis, Osteoporosis & Chronic Back Conditions

#1 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.

Anticipated Impact:

- Reduce unnecessary healthcare costs
- Reduction in hospital admissions and readmissions
- Increase in awareness and self-management of chronic disease
- Reduce health disparities
- Increase community capacity and collaboration for shared responsibility to address unmet health needs
- Increase number of practicing primary care providers and specialists to community

Impact Rationale: Atlantic General Hospital is the only hospital in Worcester County, a DHMH federally-designated medically-underserved area, a state-designated rural community, and a HRSA-designated Health Professional Shortage Area for primary care, mental health, and dental health. In AGH's service area, the top reasons for patients not seeking health care in our communities are cost, transportation, insurance plans or lack of insurance, appointment availability, and lack of providers. According to the Community Health Needs Assessment (CHNA) FY2019, the community rated the follow as the top barriers to access health care:

Too expensive/can't afford it	29.31%
No health insurance	23.53%
Couldn't get and 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%

Action:

- 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 Worcester County Healthy Planning Advisory Council
- Participate on Homelessness Committee and HOT
- Refer community to local agencies such as Shore Transit and Worcester County Health Department for transportation assistance
- Participate on Tri County Health Planning Council and Local Health Improvement Coalition
- Participate on AGH's Health Equity Steering Committee to promote health equity and reduce disparities
- Pilot School Based Telehealth Program
- Promote patient engagement through adult health literacy initiative

Measurement:

- AGH database
- 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

Hospital Resources:

- Population Health Department
- AGH/HS
- Human Resources
- Registration/Billing Services
- Emergency Department
- Executive Care Coordination Team
- Health Equity Steering Committee

Community Resources:

- Faith-based Partnership
- Homelessness Committee
- Worcester County Healthy Planning Advisory Council

- Worcester County Health Department
- Worcester County Public Schools
- Diakonia
- Samaritan Shelter
- MD Food Bank and local pantries/soup kitchens
- Shore Transit
- Tri County Health Planning Council
- LHIC
- United Way

#1 Priority Progress: Access to Health Services

- Community Survey: Next CHNA cycle *(FY22-24)*
- AGH database: Zip codes accounting for 65 percent of IP discharges *(FY20)*

Zip- City	IP Visits	% of total
21811-BERLIN	831	31.4%
21842-OCEAN CITY	374	14.1%
19975-SELBYVILLE	310	11.7%
19945-FRANKFORD	106	4.0%
21813-BISHOPVILLE	79	3.0%
All Other	947	35.8%
Total IP Discharges	2,647	100.0%

ED and IP Visits by Select DX Group *(first three DX codes on account pulled)*

FY20 AGH Visits — ED = 28,077 | IP = 2,647

Number of Visits for select DX Groups **DX Group % of Total ED or IP Visits**

There is some overlap – a patient may have Diabetes listed as primary and Heart Disease as secondary DX on their account. They are counted twice-once in each category. There were 6,811 total ED visits and 1,425 total IP visits for the DX codes listed below. 1,134 visits had two or more of the DX codes listed below on their account.

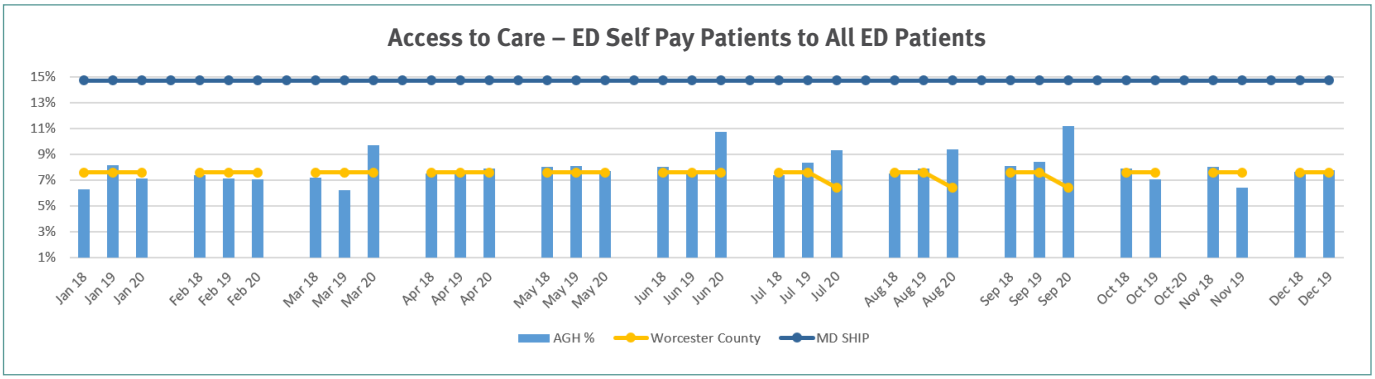
DX Group	ED	IP
Alcohol Abuse	532	53
Asthma	483	28
Cancer	247	130
COPD	353	248
Diabetes	852	241
Heart Disease	3,074	780
Mental Disorder	1,936	95
Opioid Dependency	112	18
RA	17	9
Renal Disease	117	75

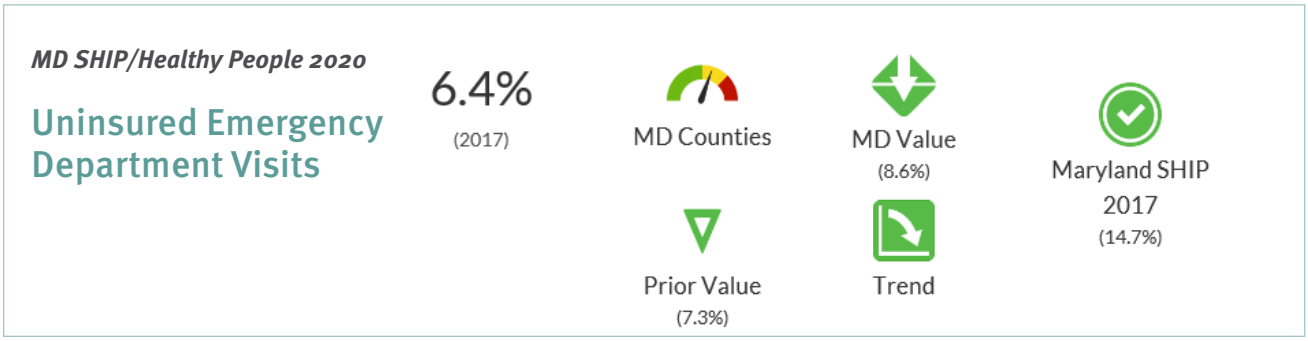
DX Group	ED	IP
Alcohol Abuse	1.89%	2.00%
Asthma	1.72%	1.06%
Cancer	0.88%	4.91%
COPD	1.26%	9.37%
Diabetes	3.03%	9.10%
Heart Disease	10.95%	29.47%
Mental Disorder	6.90%	3.59%
Opioid Dependency	0.40%	0.68%
RA	0.06%	0.34%
Renal Disease	0.42%	2.83%

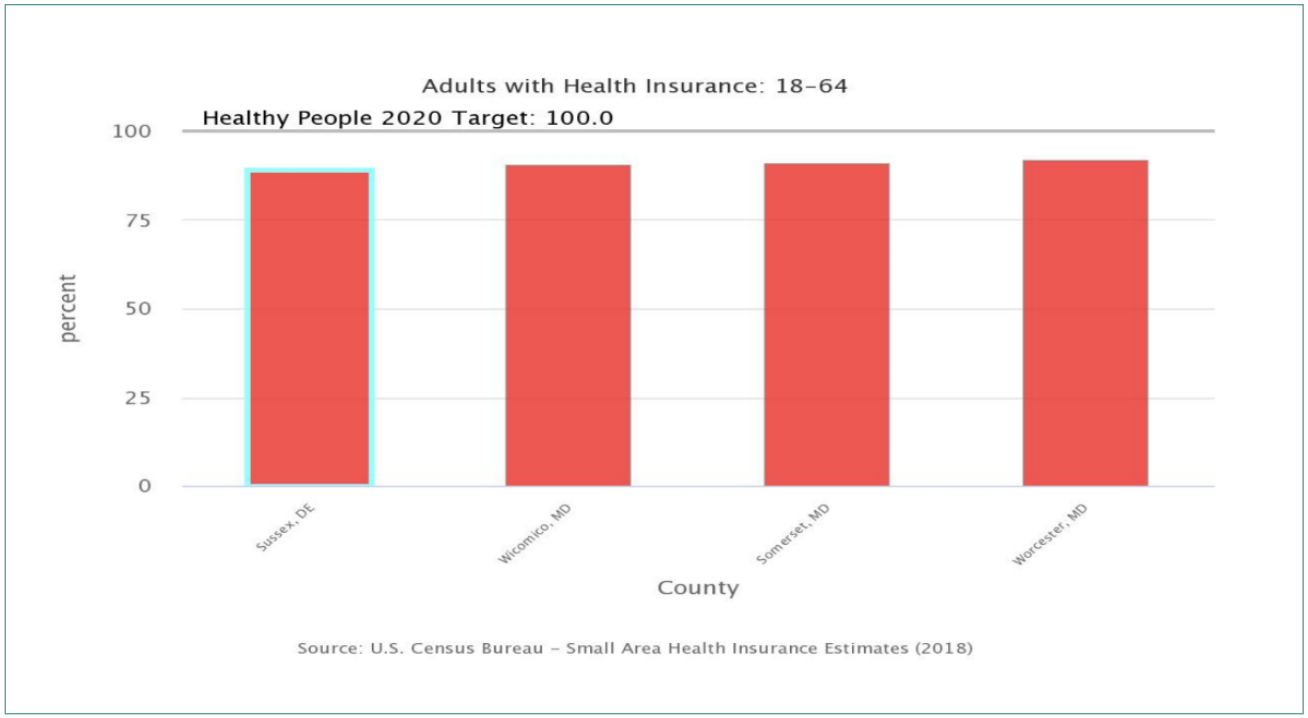
During FY19-20, AGH/AGHS strove to address priority #1 Access to Health Services via the following: health fairs, community education events, free community screenings, flu clinics, physician recruitment, health equity initiatives, and health literacy initiatives – to name a few. Through community benefit priority areas, as defined by the HSCRC and guided by CHNA, AGH has provided to the community 45,679 staff hours, 604 volunteer hours of service, and touched 79,840 community members' lives beyond the Hospital walls. Programs of interest include a school-based telehealth pilot program at Pocomoke High School, our continued partnership with WCPS via the Integrated Health Literacy Program in grades 1-8 county-wide, nutrition initiatives, diabetes and pre-diabetes initiatives, virtual community education, virtual support groups, and patient portal/telehealth service expansion. Through all the challenges of COVID-19, the pandemic challenged us to take a more innovative approach to avenues to access and opportunities to reach our community.

As of April 2020, Atlantic General Health System offers telehealth visits with our primary care providers, specialists and Immedicare locations. The video visits are conducted securely through the FollowMyHealth Patient portal. This direct-to-consumer approach to telehealth promotes access to care by allowing patients to join in the virtual consult through their desktop computer, tablet or smart phone at their preferred location. Preferred location may include the comfort of their home or work location. Since the launch of

our telehealth service line, AGHS providers have performed approximately 2,000 video visits. Over 52 AGHS providers provide video visits. The utilization of these video visits through AGH's FollowMyHealth Patient Portal has increased total connected patients from 10,000 in April 2020 to 13,500 as of September 2020. Additionally, these video visits have increased portal usage by 88.6% from April 2020 to September 2020.







#2 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.

Anticipated Impact:

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

Impact Rationale: According to Healthy People 2020, continued advances in cancer detection, research and cancer treatment have decreased cancer incidences and death rates in the United States. Despite continued advances, cancer remains a leading cause of death second to heart disease in the United States. (Healthy People 2020)

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 preventive health services
- Increase the proportion of people 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 database
- MD SHIP Measures
- Vital Statistics

Hospital Resources:

- Population Health Department
- Human Resources
- Foundation
- Women's Diagnostic Center
- Endoscopy
- Imaging
- Respiratory Therapy Department
- Regional Cancer Care Center
- AGH Cancer Committee

Community Resources:

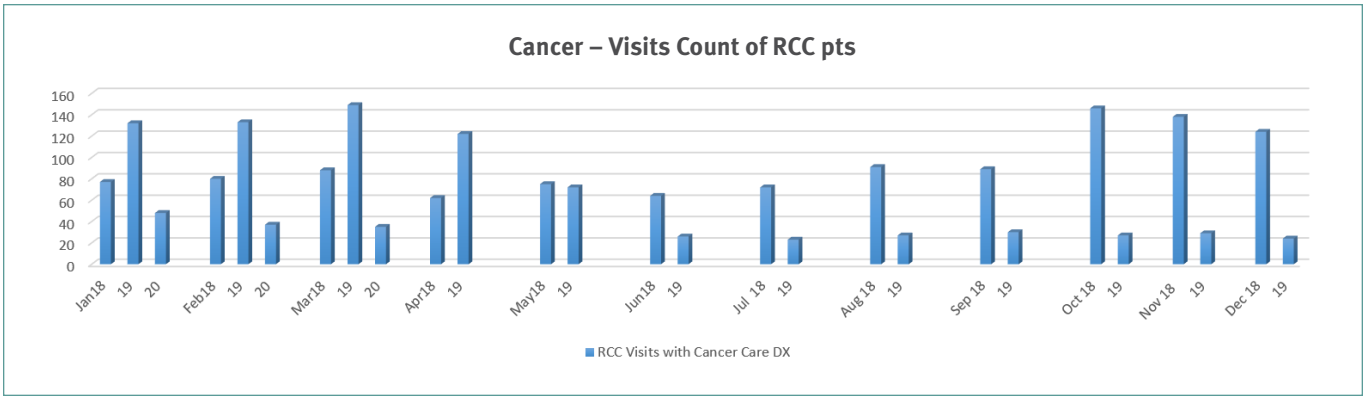
- Worcester County Health Department
- Komen Consortium
- Relay for Life
- Women Supporting Women

#2 Priority Progress: Cancer

CANCER ED/IP VOLUMES (First Three DX Codes)

FY	ED	IP	Totals
FY2019	287	189	476
FY2020	247	130	377

AGH database



-MD SHIP/Healthy People 2020

County: Worcester, MD

176.1

deaths/ 100,000 population

Source: National Cancer Institute
Measurement period: 2012-2016
Maintained by: Conduent Healthy Communities Institute
Last update: October 2019
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (160.3)
US Value (161.0)	Prior Value (179.7)	Trend
Maryland SHIP 2017 (147.4)	Maryland SHIP 2014 (169.2)	HP 2020 Target (161.4)

County: Sussex, DE

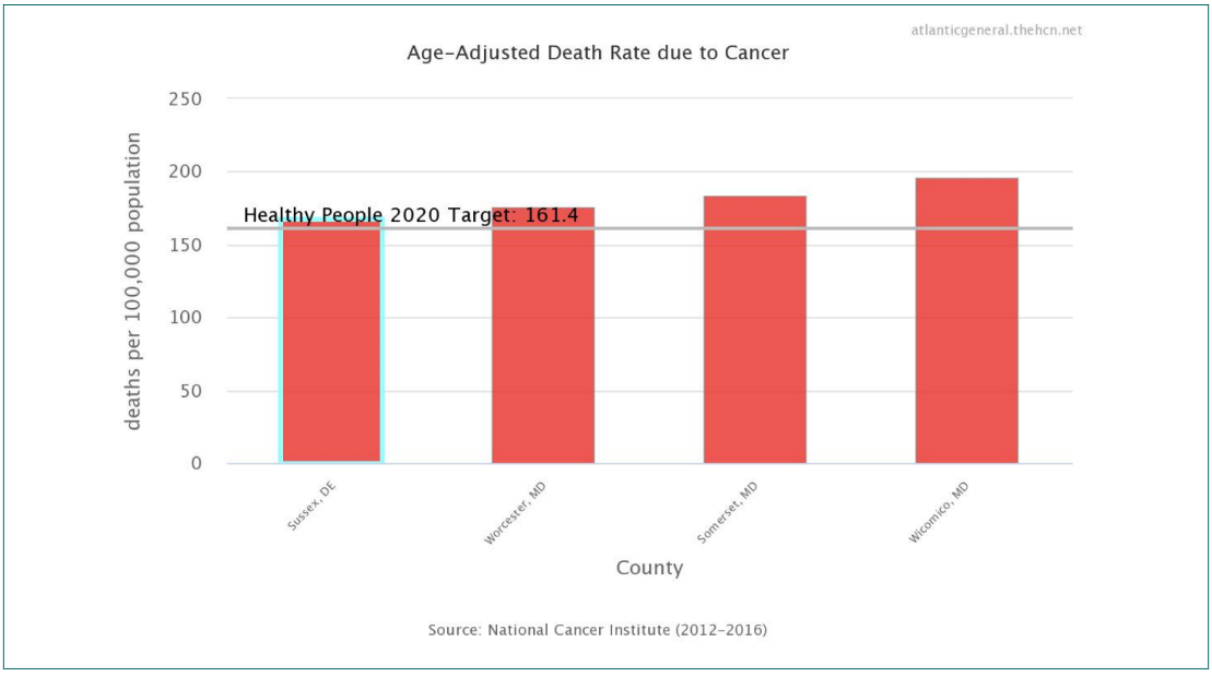
167.7

deaths/ 100,000 population

Source: National Cancer Institute
Measurement period: 2012-2016
Maintained by: Conduent Healthy Communities Institute
Last update: October 2019
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value (169.6)	US Value (161.0)
Prior Value (165.9)	Trend	Maryland SHIP 2017 (147.4)
Maryland SHIP 2014 (169.2)	HP 2020 Target (161.4)	



#3 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.

Anticipated Impact:

- Increase care for individuals suffering from chronic conditions
- Reduce unnecessary healthcare costs
- Increase patient engagement in self-management of chronic conditions
- Decrease hospital admissions and readmissions
- Increase awareness around importance of prevention of diabetes and early detection
- Increase provider services in community to provide for diabetes related treatment
- Increase participation in community glucose screenings – especially at-risk and vulnerable populations
- Increase community capacity and collaboration for shared responsibility to address unmet health needs

Impact Rationale: According to the CDC National Center for Health Stats (2015), national data trends for people with Diabetes show a significant rise in diagnoses. In the U.S., Diabetes is becoming more common. Diagnoses from 1980 – 2014 increased from 5.5 million to 22 million.

	Worcester County	Maryland	Sussex County	Delaware
Diabetic Monitoring (Medicare)	88%	85%	89%	86%
Diabetes Prevalence	13%	10%	13%	11%

County Health Rankings, 2016

Action:

- Partner with local health agencies to facilitate grant applications to fund diabetes programs
- Provide Diabetes Support Group
- Explore Diabetes Education opportunities via telehealth
- DPP for AGH Associates
- Provide diabetes screenings in community
- Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes
- Wellness Workshops DSMP for chronic disease self-management

Measurement:

- Healthy People 2020 Objectives https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives
- Incidence of adult diabetes
- SHIP Measure
- Decrease ED visits due to acute episodes related to diabetes condition
- County Health Rankings

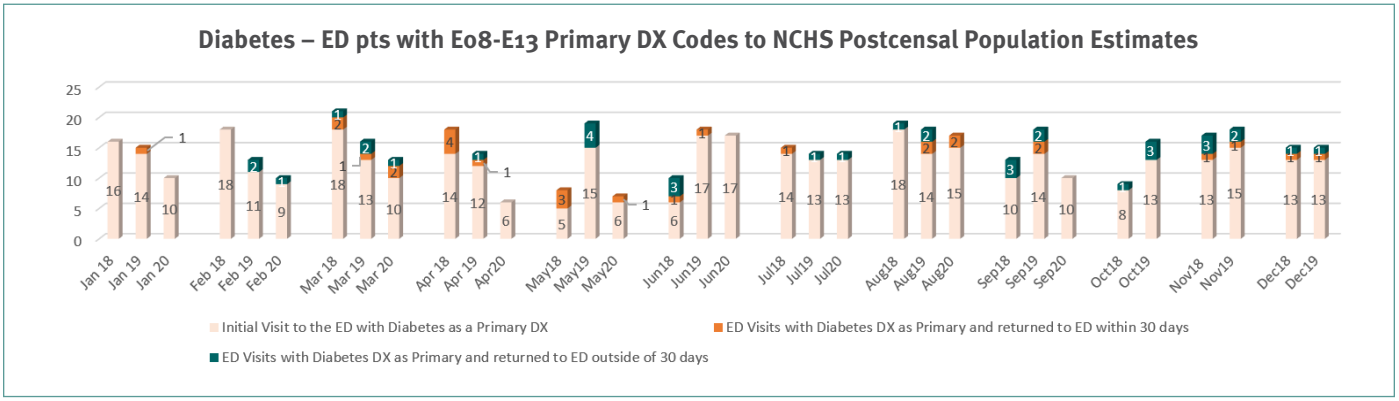
Hospital Resources:

- Diabetes Outpatient Education Program
- Diabetes Support Group
- Population Health Department
- Emergency Department
- Foundation
- Endocrinology
- Outpatient Lab Services

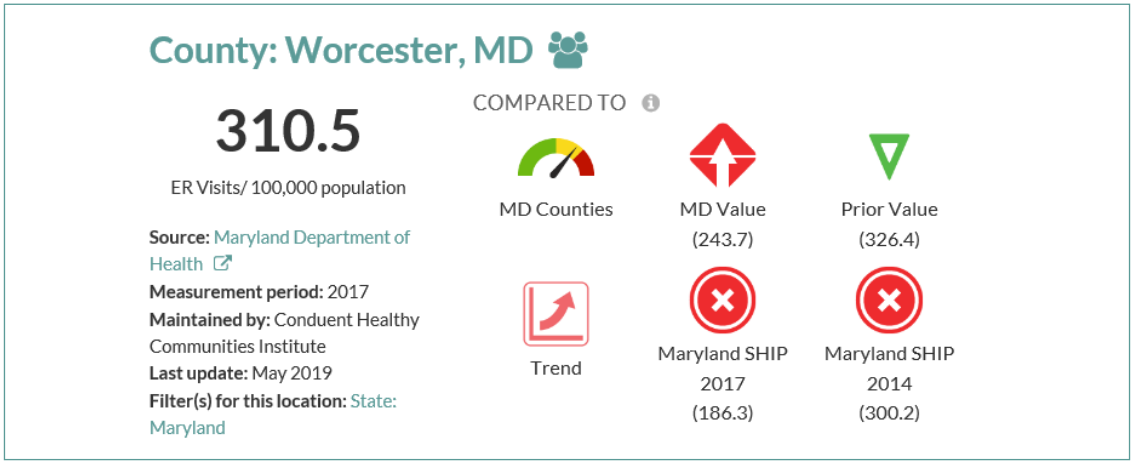
Community Resources:

- Worcester County Health Department
- MAC, Inc.

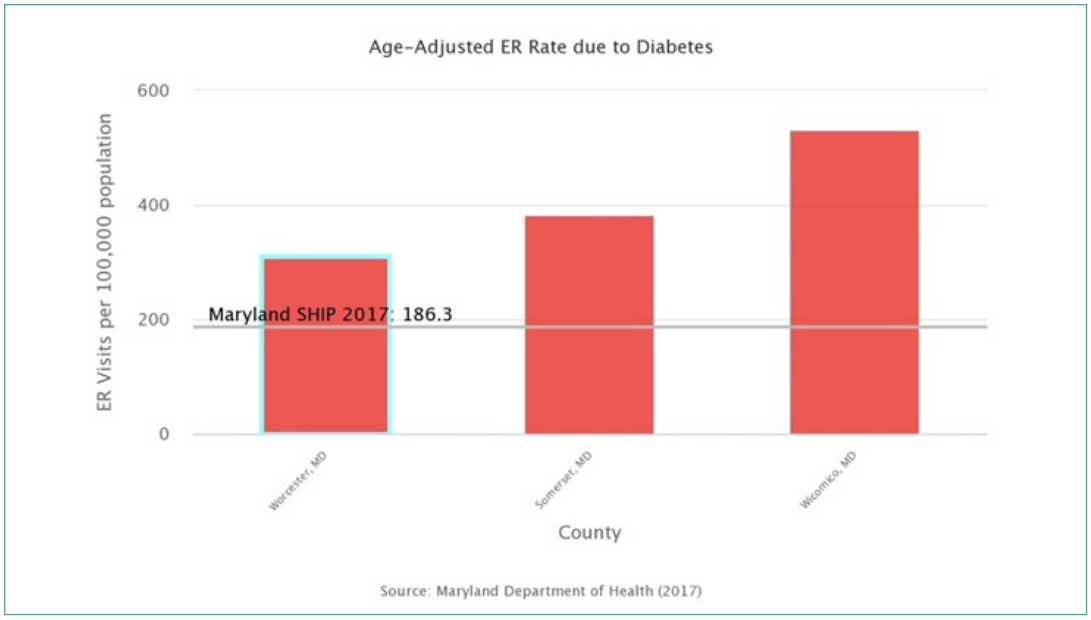
#3 Priority Progress: Diabetes



AGH Database



MD SHIP/Healthy People 2020



County: Worcester, MD

8.0%

Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: May 2019
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (9.6%)	US Value (10.5%)
Prior Value (12.9%)	Trend	

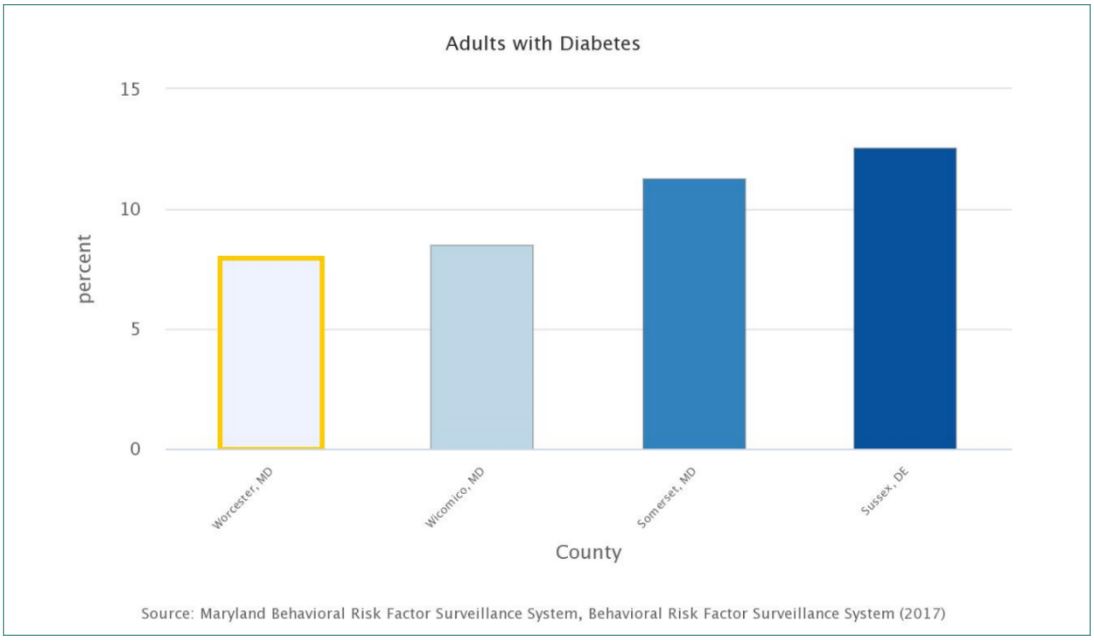
County: Sussex, DE

12.6%

Source: Behavioral Risk Factor Surveillance System
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: October 2018
Filter(s) for this location: State: Delaware

COMPARED TO

DE Value (11.3%)	US Value (10.5%)
Trend	Prior Value (13.1%)



#4 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.

Anticipated Impact:

- Increase care for individuals suffering from chronic conditions
- Decrease tobacco, e-cigarettes and vaping use in Worcester County
- Increase health literacy and self-management for health conditions/healthy living
- Increase patient engagement in self-management of chronic conditions
- Decrease hospital admissions and readmissions
- Increase awareness around importance of prevention and early detection
- Increase provider services in community to provide for respiratory related treatment
- Increase participation in community lung/respiratory screenings – especially at-risk and vulnerable populations

Impact Rationale: According to Healthy People 2020, approximately 23 million Americans have asthma and approximately 13.6 million adults have COPD. Healthy People 2020 estimates that there are an equal number of undiagnosed Americans. (Healthy People 2020)

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
- Improve Health Literacy in middle schools related to tobacco and vaping use

Measurement:

- Healthy People 2020 https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory- diseases/objectives
- Decrease ED visits due to acute episodes related to respiratory condition
- Maryland SHIP

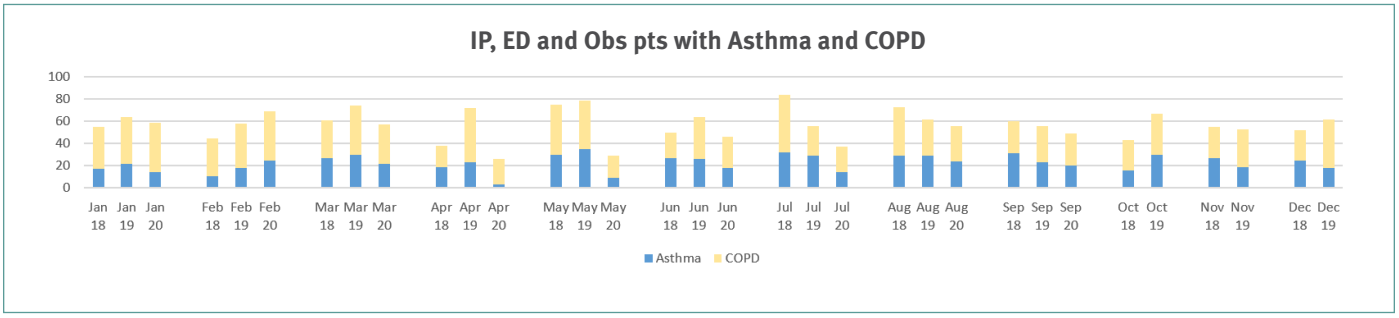
Hospital Resources:

- Respiratory Therapy
- Imaging
- Emergency Department
- Population Health Department
- Human Resources
- Pulmonology

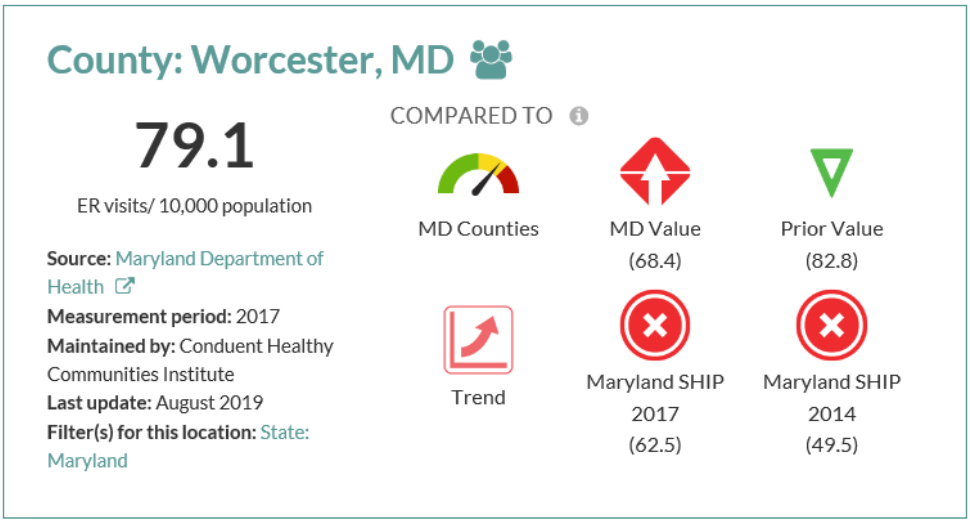
Community Resources:

- Worcester County Health Department
- Worcester County Public Schools

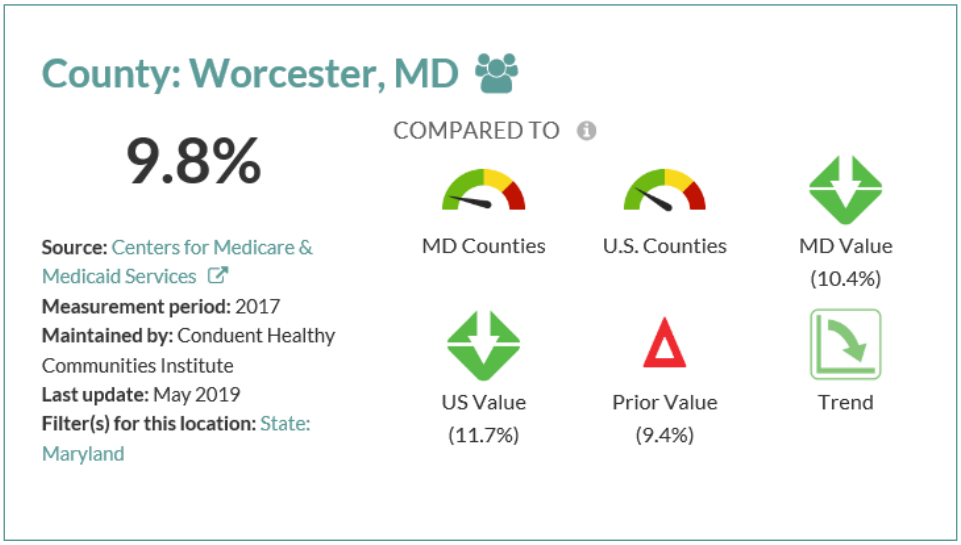
#4 Priority Progress: Respiratory Disease, including Smoking



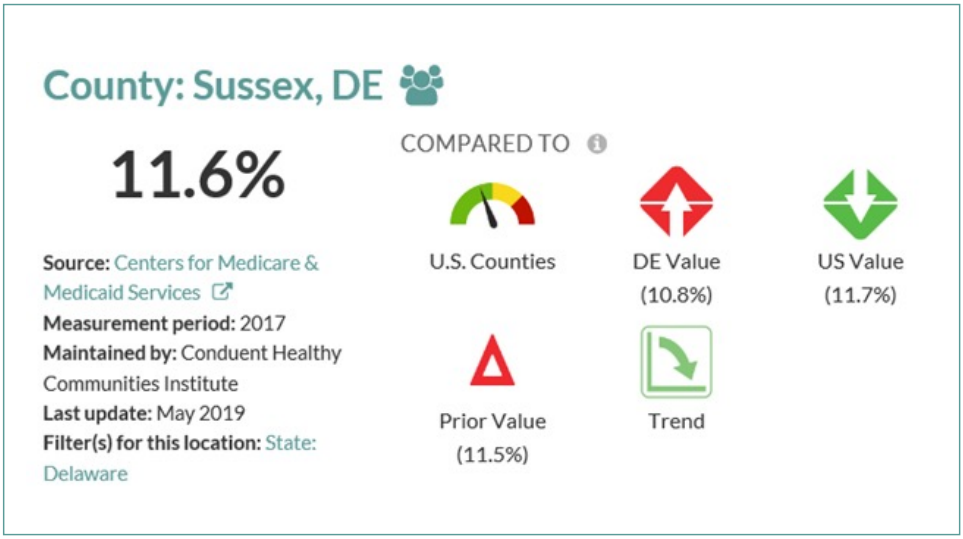
AGH Database



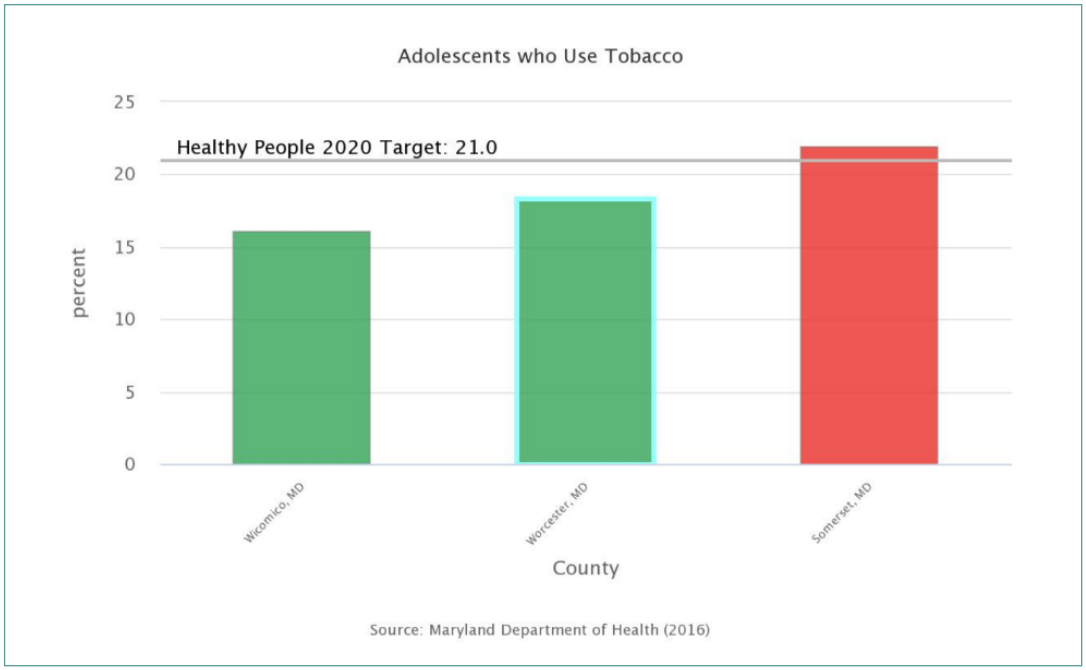
MD SHIP/Healthy People 2020

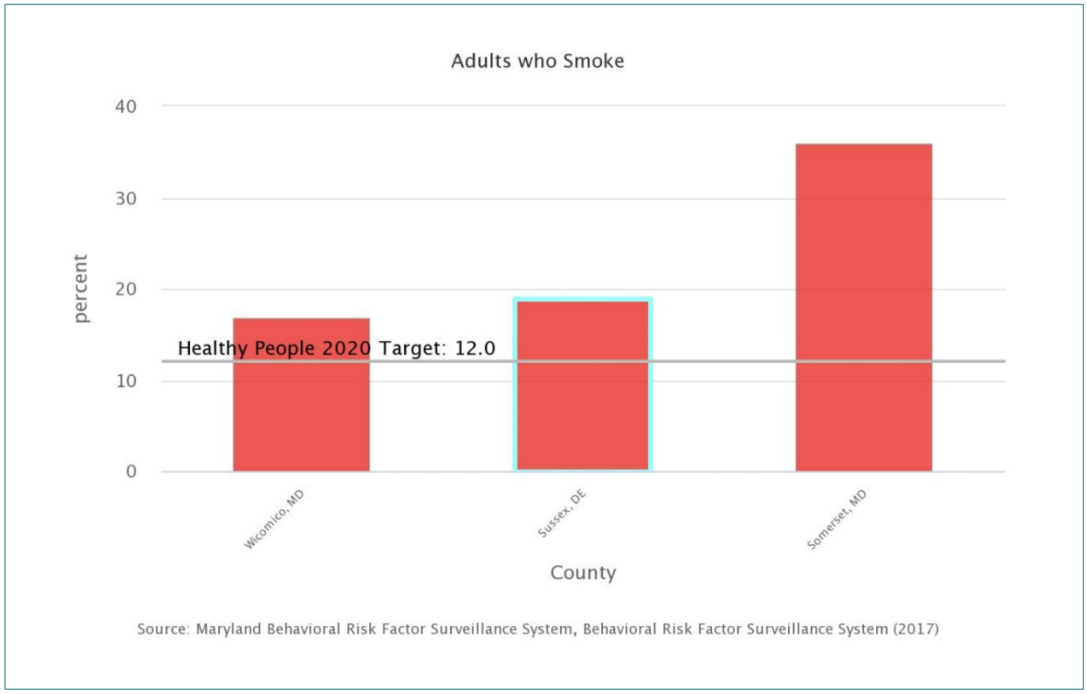


COPD: Medicare Population



COPD: Medicare Population





#5 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 to achieve and maintain healthy body weights.

Anticipated Impact:

- Increase health literacy and self-management for health conditions/healthy living
- Increase patient engagement in self-management of chronic conditions

- Decrease hospital admissions and readmissions
- Reduce unnecessary healthcare costs
- Reduce community obesity rate
- Increase access to healthy foods and nutritional information
- Increase awareness around importance of nutrition, exercise and healthy weight
- Increase participation in community BMI screenings – especially at-risk and vulnerable populations
- Increase awareness of community resources, programs and services
- Increase and strengthen capacity and collaboration for shared responsibility to address unmet health needs

Impact Rationale: Obesity is defined as having a Body Mass Index (BMI) that is greater than or equal to 30, while being overweight is defined as having a BMI of 25 – 29.9. Obesity has been linked to a variety of cancers and chronic illnesses including diabetes, colorectal cancer, kidney cancer, breast cancer, hypertension and cardiovascular disease (NCI, 2015).

According to the CDC's National Center for Health Statistics (2015), the prevalence of obesity was slightly more than 36 percent in adults and 17 percent in youth.

- The prevalence of obesity was higher in women 38.3% than in men 34.3%. No significant difference was noted by gender among youth.
- The prevalence of obesity was higher among middle-aged and older adults than younger adults. (2013 – 2014)

	Worcester County	Maryland	Sussex County	Delaware
Adult Obesity	30%	28%	31%	29%
Physical Inactivity	27%	23%	27%	25%
Limited Access to Health Foods	4%	3%	5%	6%

County Health Rankings, 2016

Action:

- Improve Health Literacy in elementary and middle schools related to nutrition and exercise
- Participate in the "Just Walk" program of Worcester County
- FAB Program
- Distribution of brochure to public about Farmer's Market and fresh produce preparation
- 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
- Bariatric Support Group
- 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
- CDC National Center for Health Statistics
- SHIP
- County Health Rankings

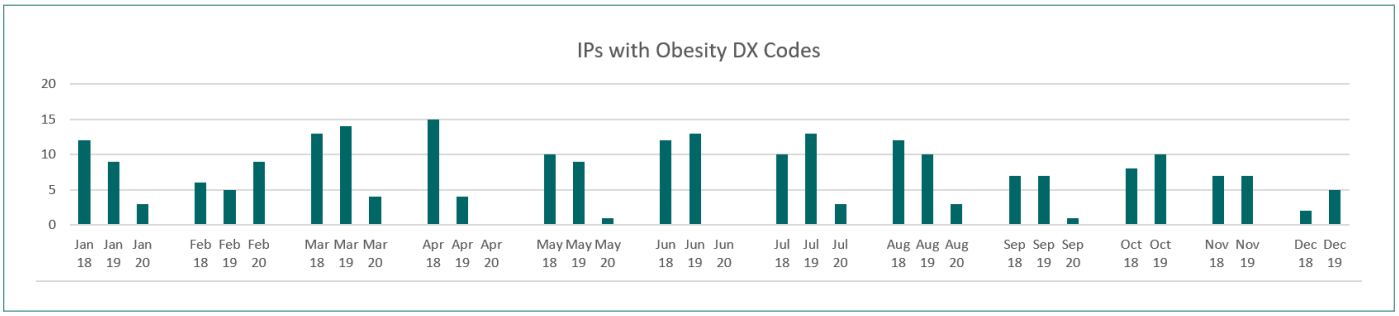
Hospital Resources:

- Population Health Department
- AGHS Offices
- FAB Program and Bariatric Support Group
- Nutrition Services
- Atlantic General Bariatric Center

Community Resources:

- Faith-based Partnership
- Worcester County Public Schools
- Worcester County Health Department
- MAC, Inc.
- Community Senior Centers
- Yoga/Tai Chi Programs
- TOPS of Berlin

#5 Priority Progress: Nutrition, Physical Activity & Weight



AGH Database

Adults Who Are Obese

County: Worcester, MD

39.5%

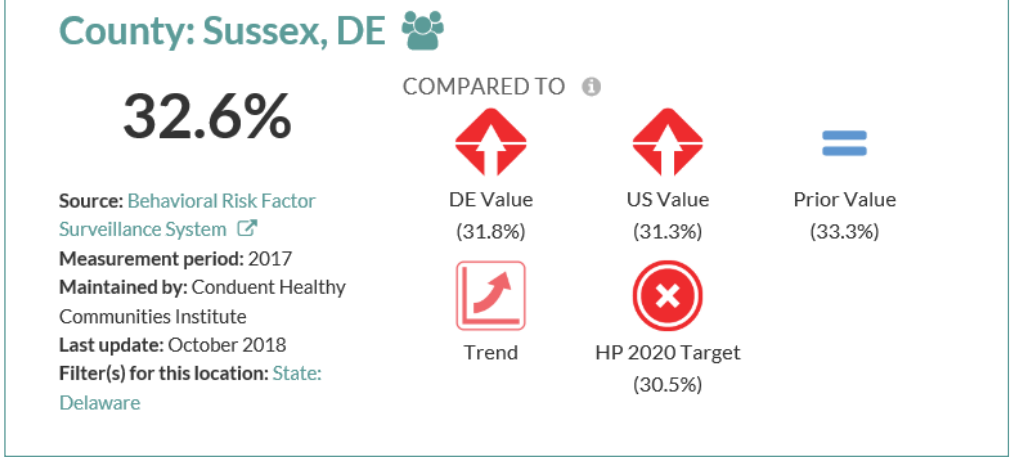
Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: April 2020
Filter(s) for this location: State: Maryland

COMPARED TO

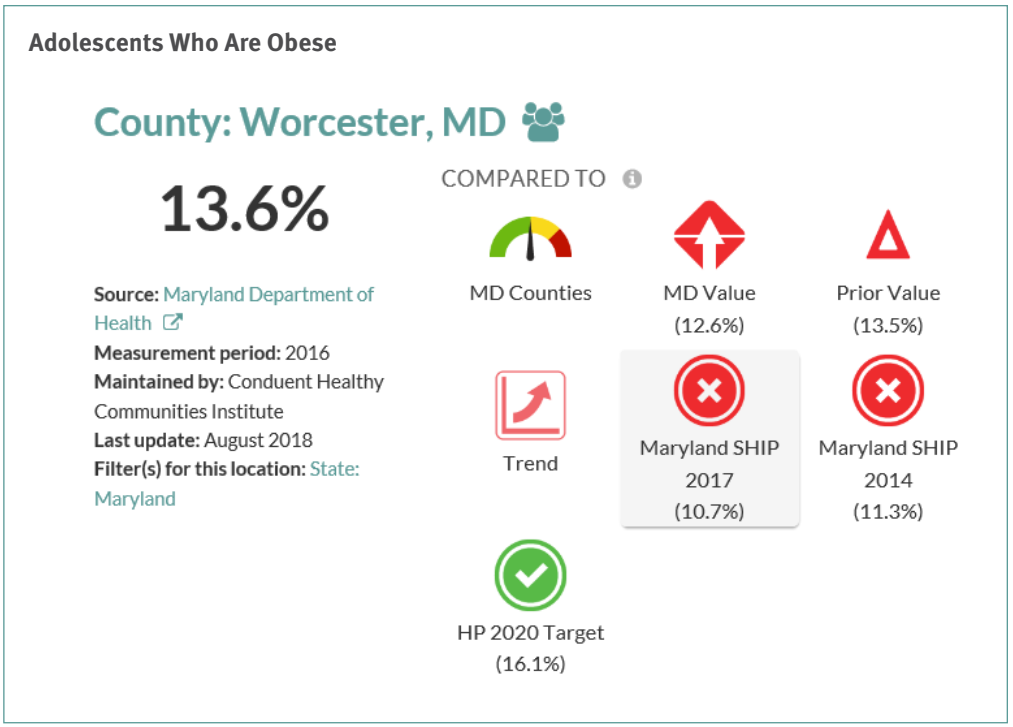
MD Counties	MD Value (31.5%)	US Value (30.9%)
Prior Value (29.6%)	Trend	HP 2020 Target (30.5%)

MD SHIP/Healthy People 2020

Adults Who Are Obese



Adolescents Who Are Obese



#6 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.

Anticipated Impact:

- Increase care for individuals suffering from chronic conditions
- Reduce unnecessary healthcare costs
- Decrease tobacco use in Worcester County
- Increase patient engagement in self-management of chronic conditions
- Decrease hospital admissions and readmissions
- Increase awareness around importance of prevention and early detection of heart disease and hypertension
- Increase provider services in community to provide for cardiovascular related treatment

- Increase participation in community hypertension, cholesterol and carotid screenings – especially at-risk and vulnerable populations
- Increase community capacity and collaboration for shared responsibility to address unmet health needs
- Increase health literacy and self-management for health conditions/healthy living

Impact Rationale: According to the CDC Heart Disease Statistics and Maps (2015), approximately 610,000 people die of heart disease in the United States yearly. Heart disease is the leading cause death among most ethnic groups. Hypertension, high cholesterol and smoking are key risk factors and 47 percent of Americans have at least one risk factor Heart Disease Statistics and Maps (CDC, 2015).

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
- AGH database
- SHIP Measure
- County Health Rankings

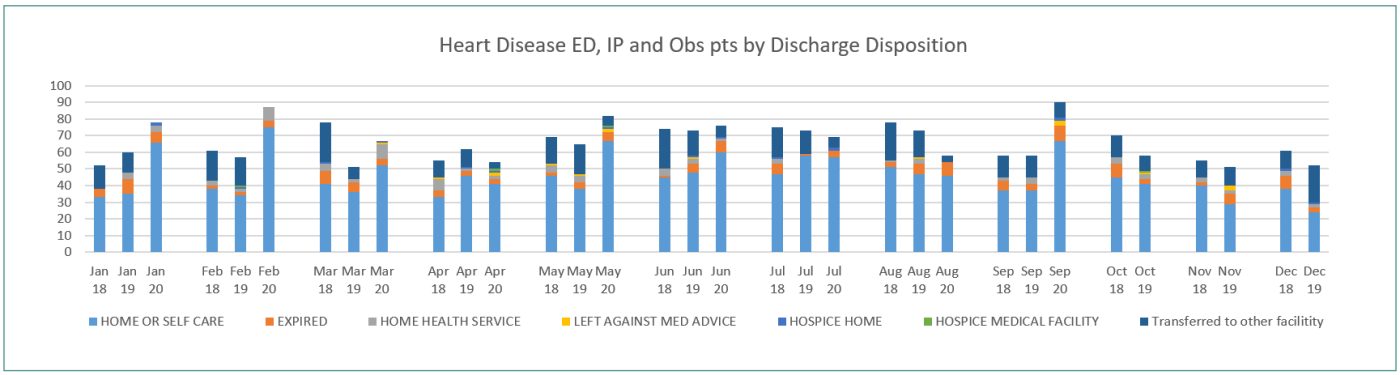
Hospital Resources:

- Population Health Department
- AGH/HS
- Outpatient Lab Services
- Nutrition Services
- Human Resources
- Stroke Center

Community Resources:

- Faith-based Partnership
- MAC, Inc.
- Worcester County Health Department

#6 Priority Progress: Heart Disease & Stroke



AGH database

Worcester County: Age Adjusted Death Rate Due to Hear Disease

County: Worcester, MD

202.0

deaths/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2016-2018
Maintained by: Conduent Healthy Communities Institute
Last update: February 2020
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (163.8)	US Value (164.7)
Prior Value (198.6)	Trend	Maryland SHIP 2017 (166.3)
Maryland SHIP 2014 (173.4)		

Sussex County: Age Adjusted Death Rate Due to Hear Disease

County: Sussex, DE

166.1

deaths/ 100,000 population

Source: Delaware Department of Health and Social Services, Division of Public Health
Measurement period: 2014-2018
Maintained by: Conduent Healthy Communities Institute
Last update: February 2020
Filter(s) for this location: State: Delaware

COMPARED TO

DE Value (159.4)	US Value (164.7 in 2016-2018)	Prior Value (168.5)
Trend	Maryland SHIP 2017 (166.3)	Maryland SHIP 2014 (173.4)

Worcester County: Age Adjusted Death Rate Due to Stroke

County: Worcester, MD

38.7

deaths/ 100,000 population

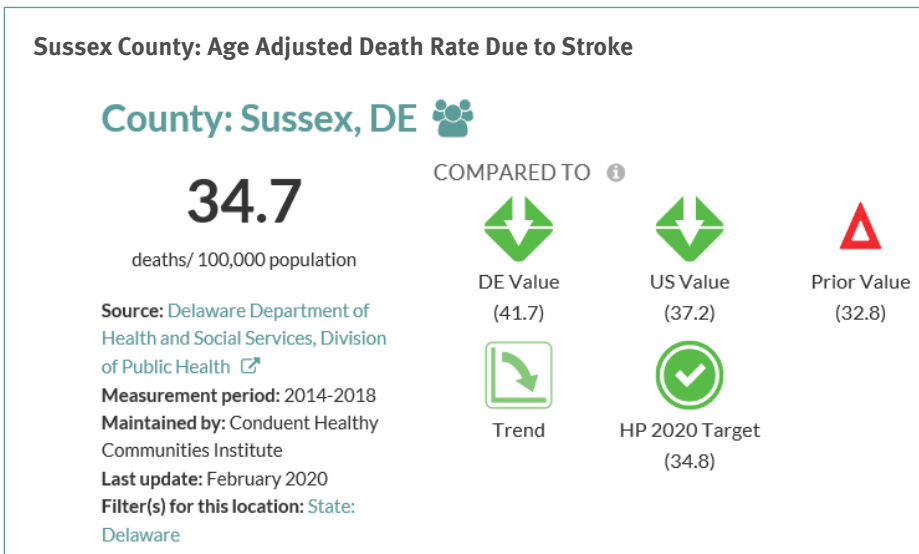
Source: Maryland Department of Health
Measurement period: 2016-2018
Maintained by: Conduent Healthy Communities Institute
Last update: February 2020
Filter(s) for this location: State: Maryland

COMPARED TO

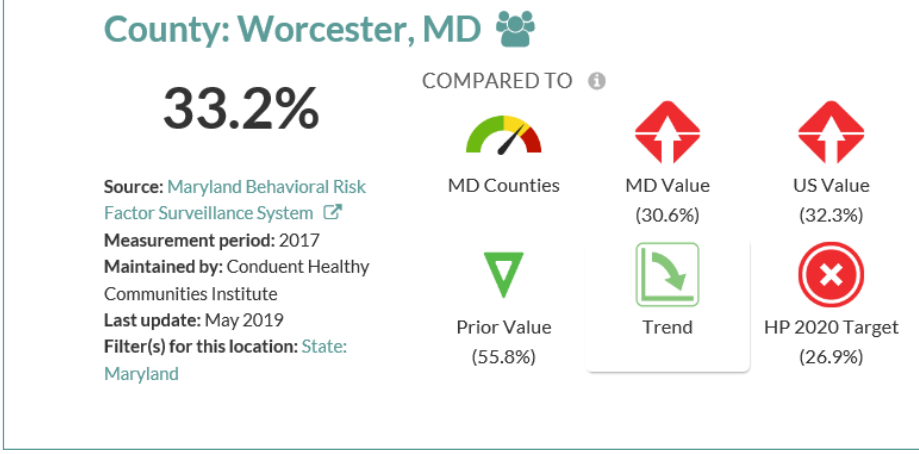
MD Counties	MD Value (40.1)	US Value (37.3)
Prior Value (37.2)	Trend	HP 2020 Target (34.8)

MD SHIP/Healthy People 2020

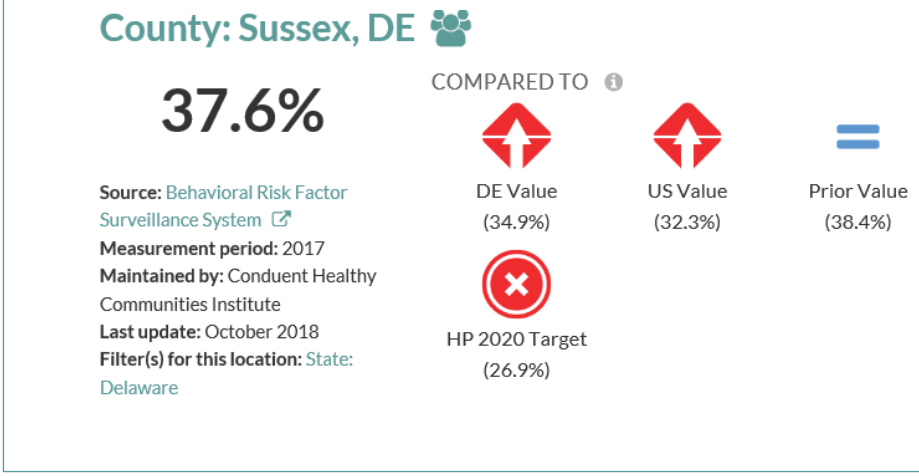
Sussex County: Age Adjusted Death Rate Due to Stroke



Worcester County: High Blood Pressure Prevalence



Sussex County: High Blood Pressure Prevalence



MD SHIP/Healthy People 2020

#7 Priority Area: Behavioral Health

Goal: Promote and ensure local resources are in place to address behavioral health services.

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

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

Anticipated Impact:

- Increase accurate and up-to-date information and referral service
- Improve Health Literacy in elementary and middle schools related to mental health and substance use.
- Decrease opioid abuse and overdose rates in Worcester County
- Increase awareness of community resources, programs and services
- Increase and strengthen capacity and collaboration for shared responsibility to address unmet health needs
- Increase provider services in community to provide for behavioral health related treatment

Impact Rationale: According to the CDC Mental Health Surveillance (2013), mental illness affects approximately 25 percent of the U.S. population and is associated with a variety of chronic illnesses.

	Worcester County	Maryland	Sussex County	Delaware
Mental Health Providers	520:1	470:1	610:1	440:1
Poor Mental Health Days	3.5	3.4	3.5	3.7

County Health Rankings, 2016

According to Healthy People 2020, approximately 22 million Americans struggle with addiction to alcohol and/or drugs, and approximately 95 percent are unaware they have a substance use issue. An emerging area of substance use issues includes opiate use. Teen rates of prescription drug abuse have increased over the last 5 years, including nonmedical use of drugs such as Vicodin and OxyContin. (Healthy People 2020)

	Worcester County	Maryland	Sussex County	Delaware
Drug Death Overdose	15	16	16	18
Drug Death Overdose - modeled	18.1-20.0	17.4	16.1-18.0	20.9

County Health Rankings, 2016

Action:

- Increase access and continue to collaborate with Sheppard Pratt telemedicine services to provide additional psychiatry professional services
- Participate in community events to spotlight behavioral health services
- Engage critical response teams when a mental health crisis is discovered
- Partner with WCHD (Peer Support and Case Managers) in AGH ED
- Improve Health Literacy in middle schools related to mental and emotional health

- Recruit LSCW to the community
- Behavioral Health Integration into Primary Care
- Participate on WOW Committee
- Participate on Behavioral Health/Opioid Task Force/Pain Management Team
- Participate in Worcester County Health Department nal-oxone 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
- Utilize Prescription Drug Maintenance Program (PDMP) via CRISP

Measurement:

- Healthy People 2020
- Behavioral Risk Factor Surveillance System
- County Health Rankings
- AGH database
- SHIP Measure

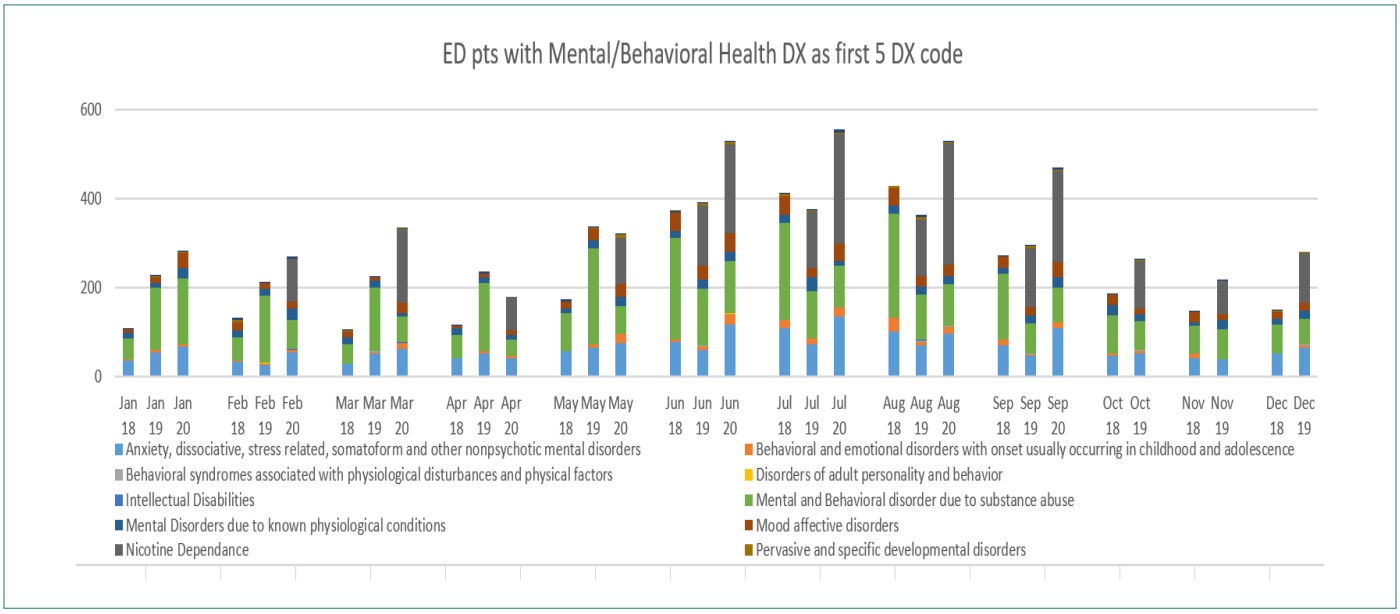
Hospital Resources:

- Population Health Department
- Atlantic Health Center
- Human Resources
- Pastoral Care Services
- Bereavement Support Group
- Pain Rehabilitation Program
- AGH Pharmacy

Community Resources:

- Sheppard Pratt
- Worcester County Health Department
- Worcester Youth and Family Services
- Hudson Health Services
- NAMI Lower Shore Support Group
- Worcester County Public Schools
- WOW
- CRISP

#7 Priority Progress: Behavioral Health



AGH database

Worcester County: Age Adjusted Death Rate Due To Drug Use

County: Worcester, MD

48.7

deaths/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2015-2017
Maintained by: Conduent Healthy Communities Institute
Last update: August 2019
Filter(s) for this location: State: Maryland

COMPARED TO

MD Value	US Value	Prior Value
(30.9)	(20.3)	(28.0)

Trend	Maryland SHIP 2017	HP 2020 Target
	(12.6)	(11.3)

Worcester County: Age Adjusted Death Rate Due To Alcohol/Substance Abuse

County: Worcester, MD

1,977.1

ER visits/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: May 2019
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value	Prior Value
	(2,017.0)	(2,084.5)

Trend	Maryland SHIP 2017
	(1,400.9)

Worcester County: Age Adusted Suicide Rate

County: Worcester, MD

12.0

deaths/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2011-2013
Maintained by: Conduent Healthy Communities Institute
Last update: April 2015
Filter(s) for this location: State: Maryland

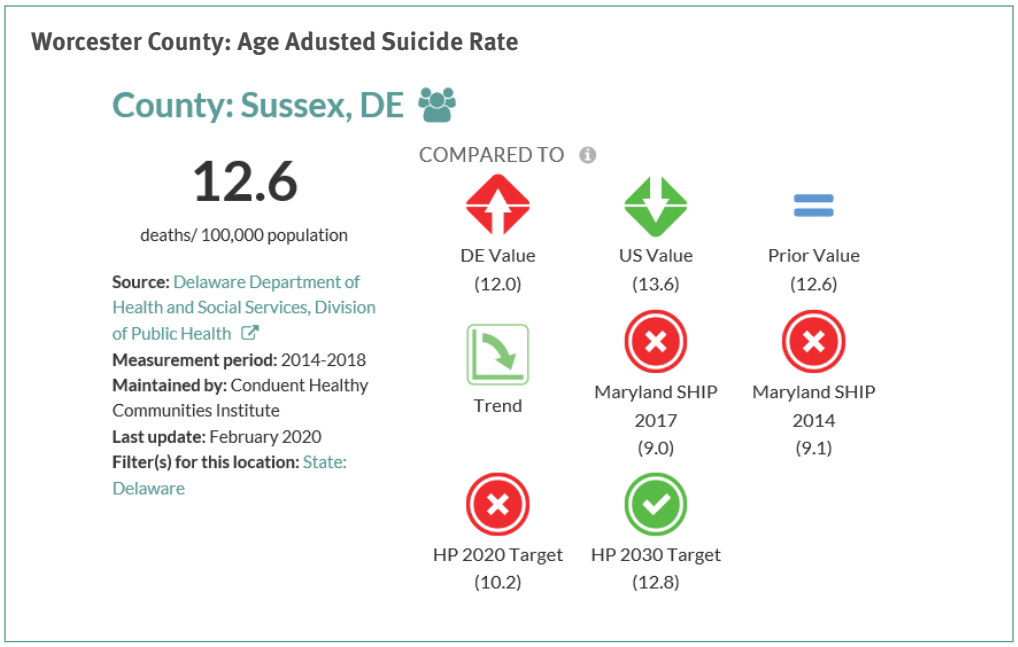
COMPARED TO

MD Value	US Value	Prior Value
(9.0)	(12.5)	(13.5)

Trend	Maryland SHIP 2017	Maryland SHIP 2014
	(9.0)	(9.1)

HP 2020 Target	HP 2030 Target
(10.2)	(12.8)

MD SHIP/Healthy People 2020



#8 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.

Anticipated Impact:

- Reduce unnecessary healthcare costs
- Increase provider services to community to provide for arthritis and other rheumatic conditions, osteoporosis, and chronic back condition related treatments
- Increase health literacy and self-management for chronic health conditions/healthy living

Impact Rationale: According to Healthy People 2020, arthritis, osteoporosis and chronic back pain impact quality of life, activities of daily living and ability to work. Arthritis affects one in five adults. Osteoporosis affects approximately 5.3 million adults aged 50 years and older in the United States. Also, approximately 80 percent of people in the United States experience chronic back conditions. Successful and underused interventions include weight management, physical activity and self-management. (Healthy People 2020)

According to CHNA Survey summary of findings, an area of significant need includes prevalence of sciatica and chronic back pain in the community.

Action:

- Utilize Faith Based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic pain workshops
- Explore osteoporosis clinic program
- Utilize Women's Diagnostic Health Services to provide access to high risk populations about healthy lifestyles and bone density screenings
- 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
- CPSMP Workshop attendance
- SHIP
- County Health Ranking
- Community Survey

Hospital Resources:

- Population Health Department
- Human Resources
- Atlantic Health Center/Pain Management
- Women's Diagnostic Health Services

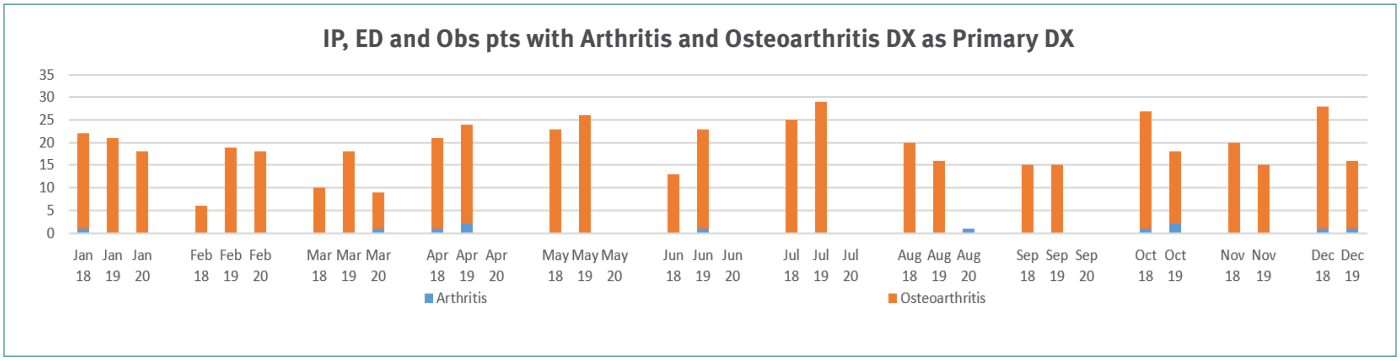
Community Resources:

- MAC, Inc.
- Faith-based Partnership

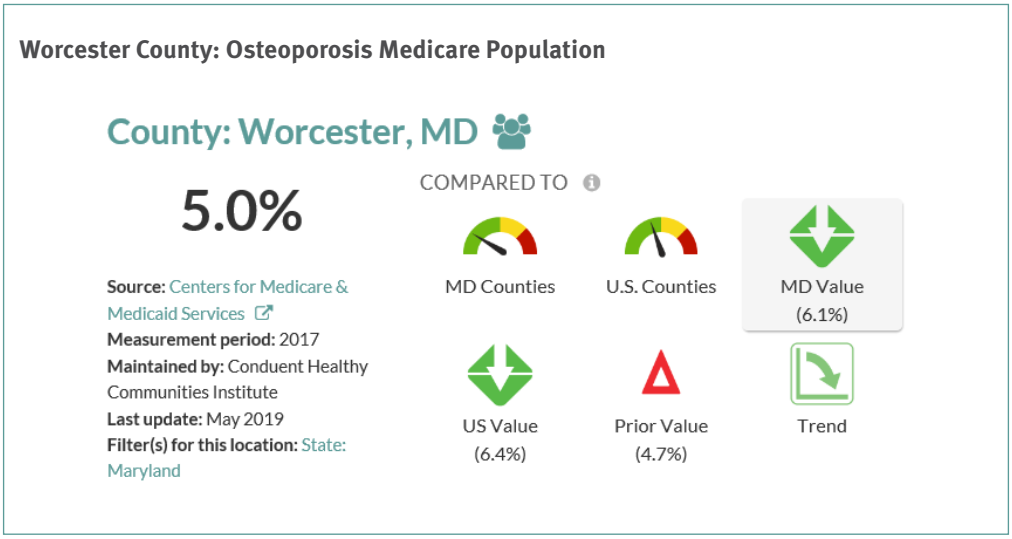
#8 Priority Progress: Arthritis, Osteoporosis & Chronic Back Pain

Community Survey: Next CHNA Cycle FY22-24

MAC Workshop Attendance: During FY19-20, through a contract with MAC's evidence-based Living Well and Stepping on Programs, community members were provided both Chronic Pain Self-Management Workshops (CPSMP) and Stepping On Falls Prevention/Malnutrition Workshops. Through this programming, 68 persons were served with a completer rate of 88.2%.



-AGH database



-MD SHIP/Healthy People 2020

Sussex County: Osteoporosis Medicare Population

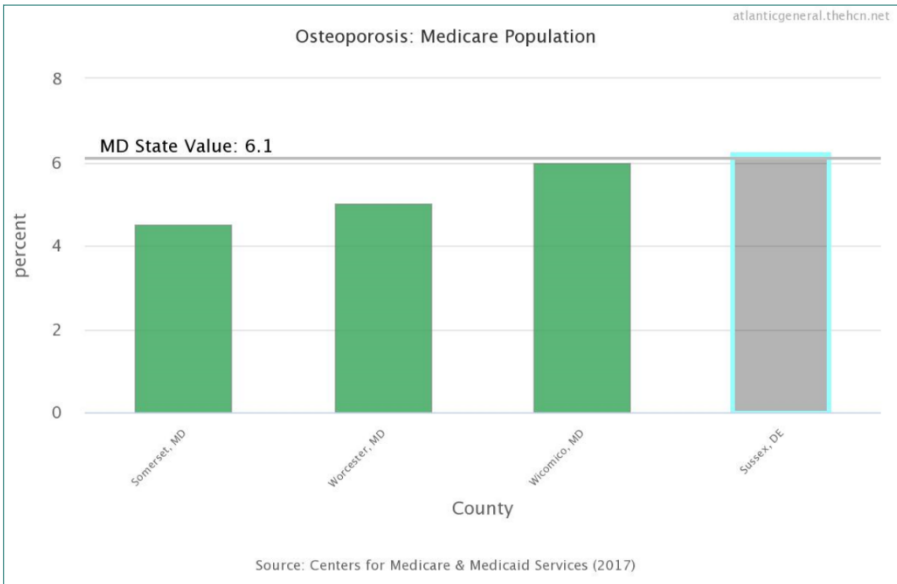
County: Sussex, DE

6.2%

Source: Centers for Medicare & Medicaid Services
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: May 2019
Filter(s) for this location: State: Delaware

COMPARED TO

U.S. Counties	DE Value (5.7%)	US Value (6.4%)
Prior Value (5.8%)	Trend	



Worcester County: Rheumatoid or Other Osteoarthritis

County: Worcester, MD

32.8%

Source: Centers for Medicare & Medicaid Services
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: May 2019
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (33.8%)
US Value (33.1%)	Prior Value (31.0%)	Trend

Sussex County: Rheumatoid or Other Osteoarthritis

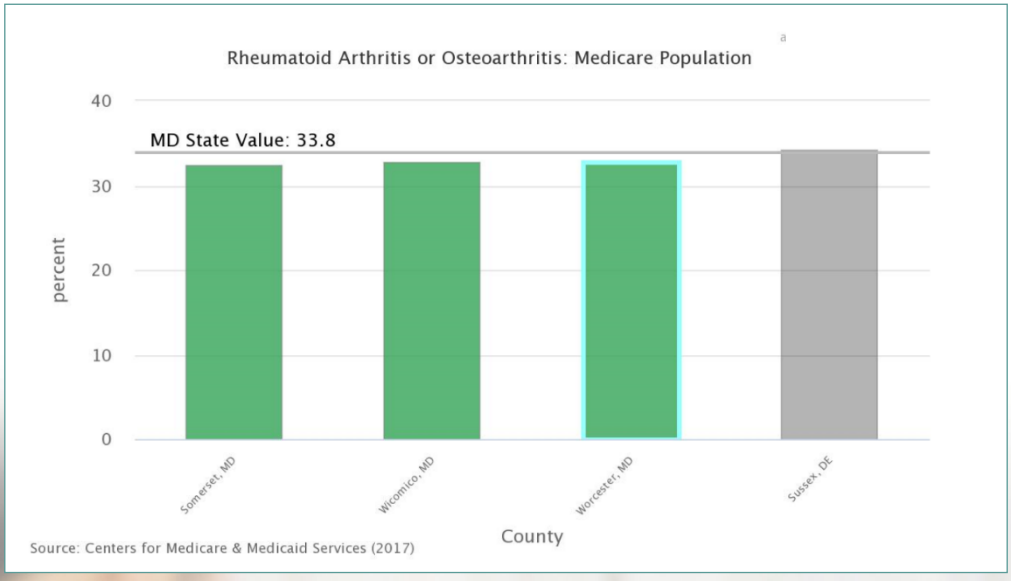
County: Sussex, DE

34.3%

COMPARED TO

U.S. Counties	DE Value (34.0%)	US Value (33.1%)
	Prior Value (33.2%)	Trend

Source: Centers for Medicare & Medicaid Services
Measurement period: 2017
Maintained by: Conduent Healthy Communities Institute
Last update: May 2019
Filter(s) for this location: State: Delaware



Other Needs Identified

Each of the health needs listed in the Hospital's CHNA as well as Worcester County Health Department's Community Health 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 Health Department's Dental Services for pregnant women and children under 21 • 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 Chesapeake Health Services, a federally funded dental clinic for Somerset and Wicomico Counties
Injury & Violence	• Need addressed by Worcester Health Department Programs: Child Passenger Safety Seats (refer to Worc GOLD) • 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
HIV & STD (<2% ea)	• Need addressed by Worcester County Health Department Communicable Disease Programs

References

CDC National Center for Health Stats (2015). Retrieved from http://www.cdc.gov/nchs/fastats

CDC Diabetes Public Health Resource (2014). Diabetes Public Health Resource (1980 – 2014). Retrieved from http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm

CDC Heart Disease Statistics and Maps (2015). Retrieved from http://www.cdc.gov/HeartDisease/facts.htm

Community Health Needs Assessment FY2019-2021

County Health Rankings (2016). Worcester County, Maryland, Sussex County, Delaware Data. Retrieved on August 25, 2016, from http://www.countyhealthrankings.org/app/

NCI (2015). National Cancer Institute: Obesity, National Institute of Health. Retrieved on August 25, 2016, from http://www.cancer.gov/about-cancer/causes-prevention/risk/obesity

Mental Health Surveillance (2013). CDC. Retrieved on August 30, 2016, from https://www.cdc.gov/mentalhealthsurveillance/

PRC Survey (2015). Professional Research Consultants, Inc.


ATLANTIC
GENERAL HOSPITAL
care.givers