Local Health Improvement Priority Setting Summit

October 4, 2011

Brought to you by ….

- Frederick County Health Care Coalition
- Frederick Memorial Hospital
- Frederick County Health Department

Summit Objective

- To establish the priorities for health improvement in Frederick County and to develop goals and action plans to achieve improvement in those priority areas through community engagement.

After the Priorities are Selected …

- Today –
  - Develop goals
  - Start to develop objectives
  - Start to work on action plans, if really ambitious

- After Today –
  - Workgroups will meet for each priority selected today to
    - Finalize goals
    - Finalize objectives
    - Finalize action plans
  - Prepare Local Health Improvement Plan
  - Report back to Workgroup members and community
  - Evaluate progress and plans

Agenda

- 8:30am –9:00am Registration
- 9:00am –9:20am Welcome and Overview
- 9:20am–10:15am Context Setting – State of the County's Health
- 10:15am–12:00pm Group Work to Identify Areas for Improvement
- 12:00pm–12:30pm Lunch
- 12:30pm – 1:00pm Vote on Priorities for Improvement
- 1:00pm – 1:45pm Goal Setting for Each Priority
- 1:45pm – 3:05pm Develop Objective and Action Plans for Each Priority
- 3:05pm–3:30pm Close and Next Steps

Facilitators

- Barbara Brookmyer, MD, MPH
  Frederick County Health Officer

- Josh Pedersen
  Chief Executive Officer, United Way of Frederick County

Welcome

- Tom Kleinhanzl
  President & CEO Frederick Memorial Hospital

- Dr. Barbara Brookmyer
  Frederick County Health Officer

Data Presenters

- Madeleine A. Shea, PhD
  Director Office of Population Health Improvement, Maryland Department of Health and Mental Hygiene

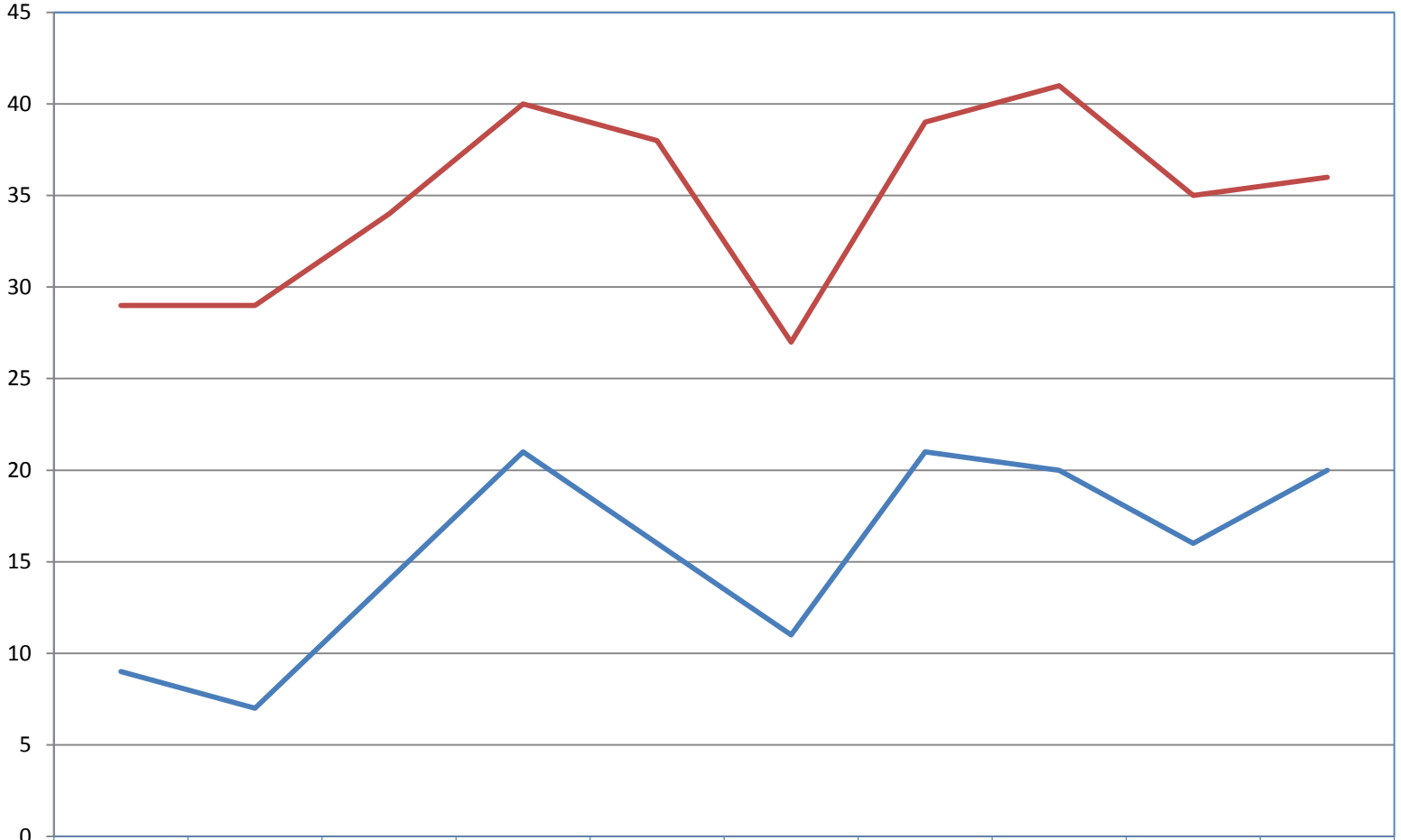
- Barbara Brookmyer, MD, MPH
  Frederick County Health Officer

- Jacqueline Dougé, MD, MPH, FAAP
  Deputy Health Officer

- Andrea Walker, MA, CPRP
  Director, Behavioral Health Services

Child Death Rate

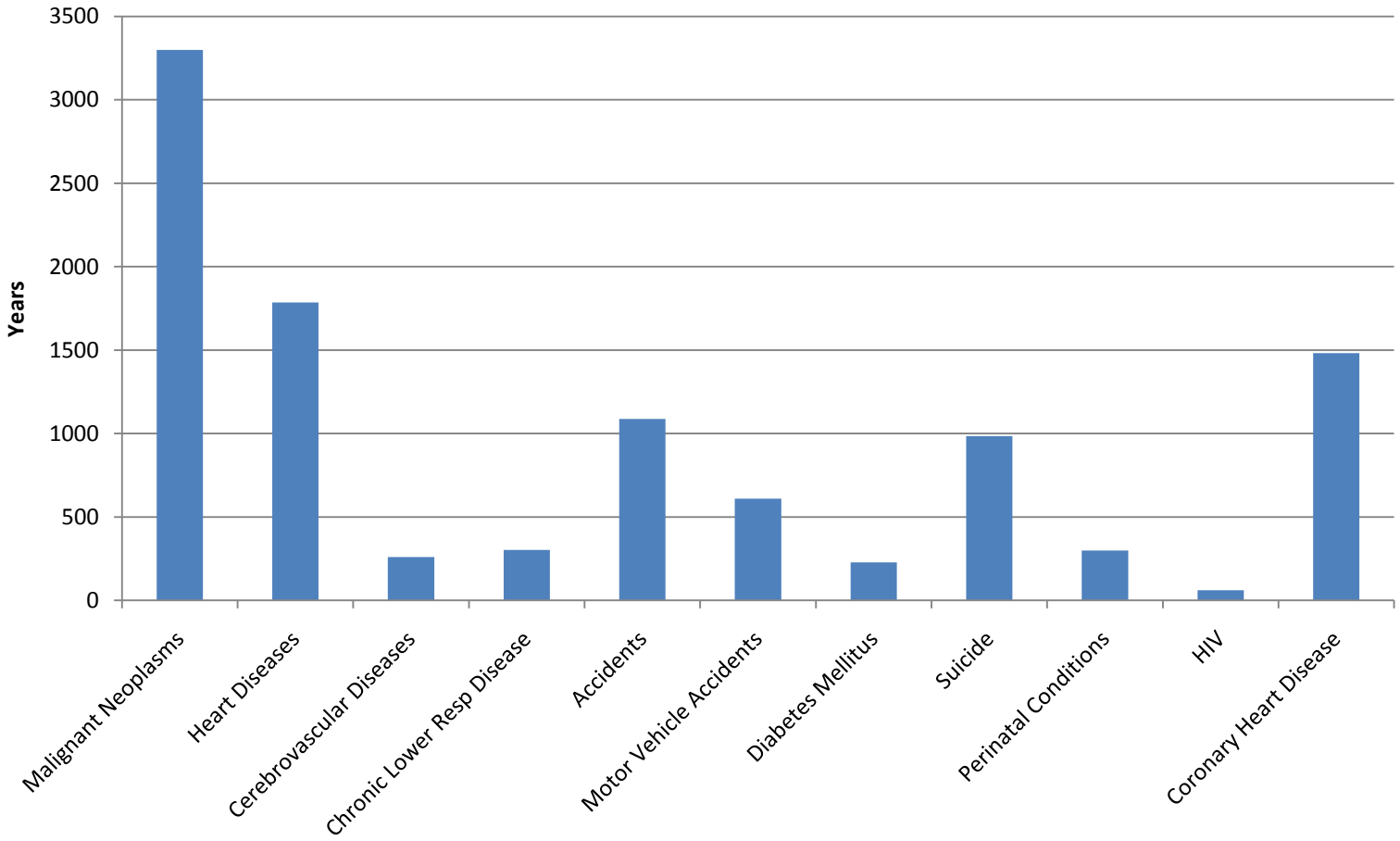
(Rate per 100,000 children 1-14)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Maryland	20	22	20	19	22	16	18	21	19	16
Frederick Co.	9	7	14	21	16	11	21	20	16	20

Source: Maryland Department of Health and Mental Hygiene, Vital Statistics

Years of Potential Life Lost (YPLL) Before Age 75, Frederick County, 2009, Selected Causes of YPLL



Source of Data: Divsion of Health Statistics, DHMH

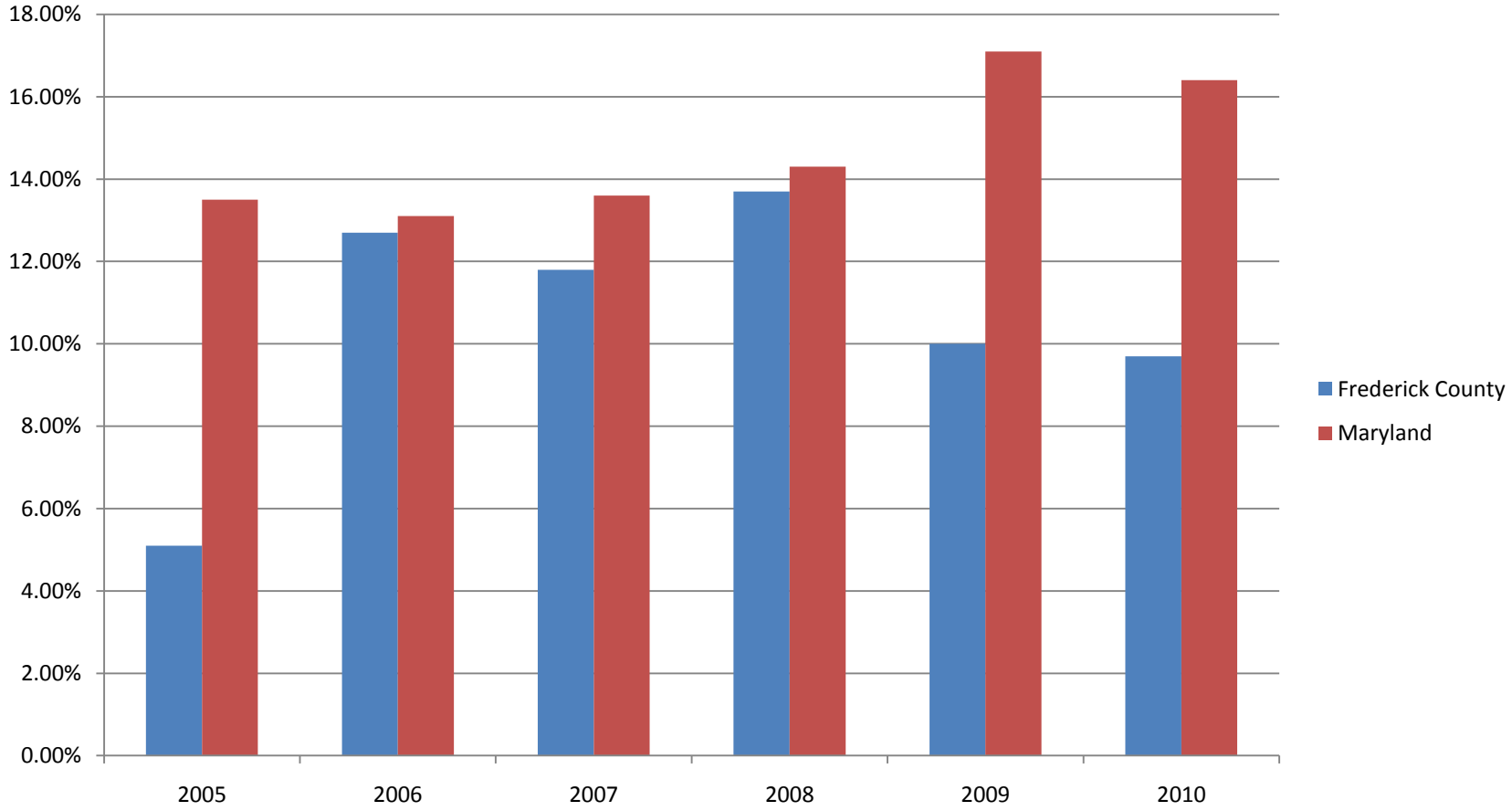
African American vs. Caucasian Mortality Data for the Top 15 Causes of Death, Maryland 2009

Ratio Disparity Rank	Excess Rate of Disparity Rank	Frederick Cause of Death	Statewide Cause of Death	Disease	Age-Adjusted Mortality per 100,000 Black	White	Ratio	Age-Adjusted Difference per 100,000
7	1	2	1	Heart Disease	238.3	184.3	1.29	54
9	4	1	2	Cancer	193	176.6	1.09	16.4
8	7	3	3	Stroke	48.3	38.3	1.26	10
		4	4	Chronic Lung Disease	27.8	40.4	0.69	-12.6
4	2	10	5	Diabetes	34.4	17.1	2.01	17.3
		5	6	Accidents	22.9	24.7	0.93	-1.8
10	10	6	7	Flu and Pneumonia	17.5	17.2	1.02	0.3
6	9	7	8	Septicemia	25.2	16.5	1.53	8.7
		11	9	Alzheimer's Disease	15.6	17.6	0.89	-2
1	5	19	10	HIV	17.5	1.2	14.58	16.3
5	6	9	11	Nephritis, Nephrotic Syndrome, and Nephrosis	22.1	11.8	1.87	10.3
2	3	15	12	Homicide	19.1	2.4	7.96	16.7
		12	13	Chronic Liver Disease	6.2	7.2	0.86	-1
		8	14	Suicide	5.2	11.4	0.46	-6.2
3	8	18	15	Certain conditions originating in the perinatal period	11.4	2.6	4.38	8.8

Source: Maryland Vital Statistics Annual Report 2009

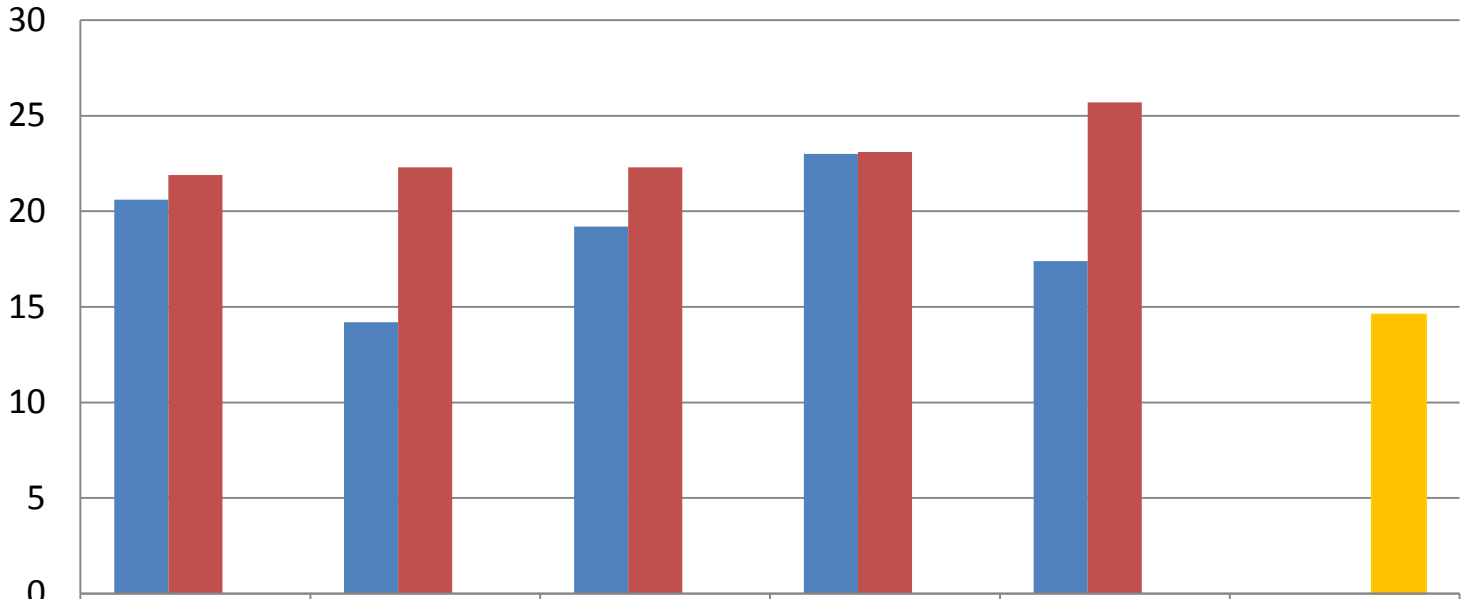
Prevalence of Asthma Among Children Frederick County, MD vs. Maryland

(Children Aged 0-17)



Source: Maryland BRFSS, DHMH www.marylandbrfss.org

BMI-For-Age 2 to 18: >=95th Percentile
Frederick County / Maryland vs. Healthy People 2020 Target

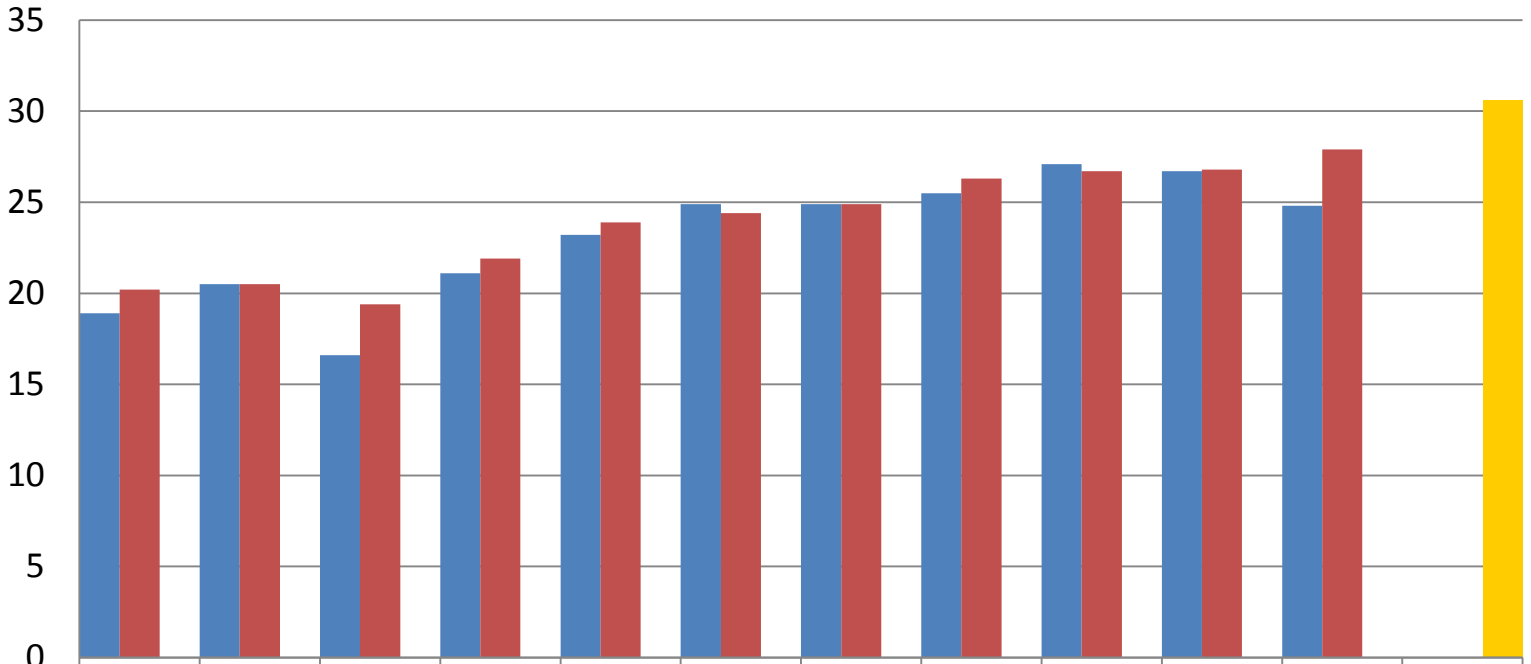


	2006	2007	2008	2009	2010	
Frederick County	20.6	14.2	19.2	23	17.4	
Maryland	21.9	22.3	22.3	23.1	25.7	
HP 2020 Target						14.6

HP Objective NWS-10: Reduce the proportion of children and adolescents who are considered obese (target for ages 2-19). Note: BRFSS data & HP objective- similar but not exact.

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2006- 2010, Retrieved from: www.marylandbrfss.org

Classified as Obese
Frederick County / Maryland vs. Healthy People 2020 Target

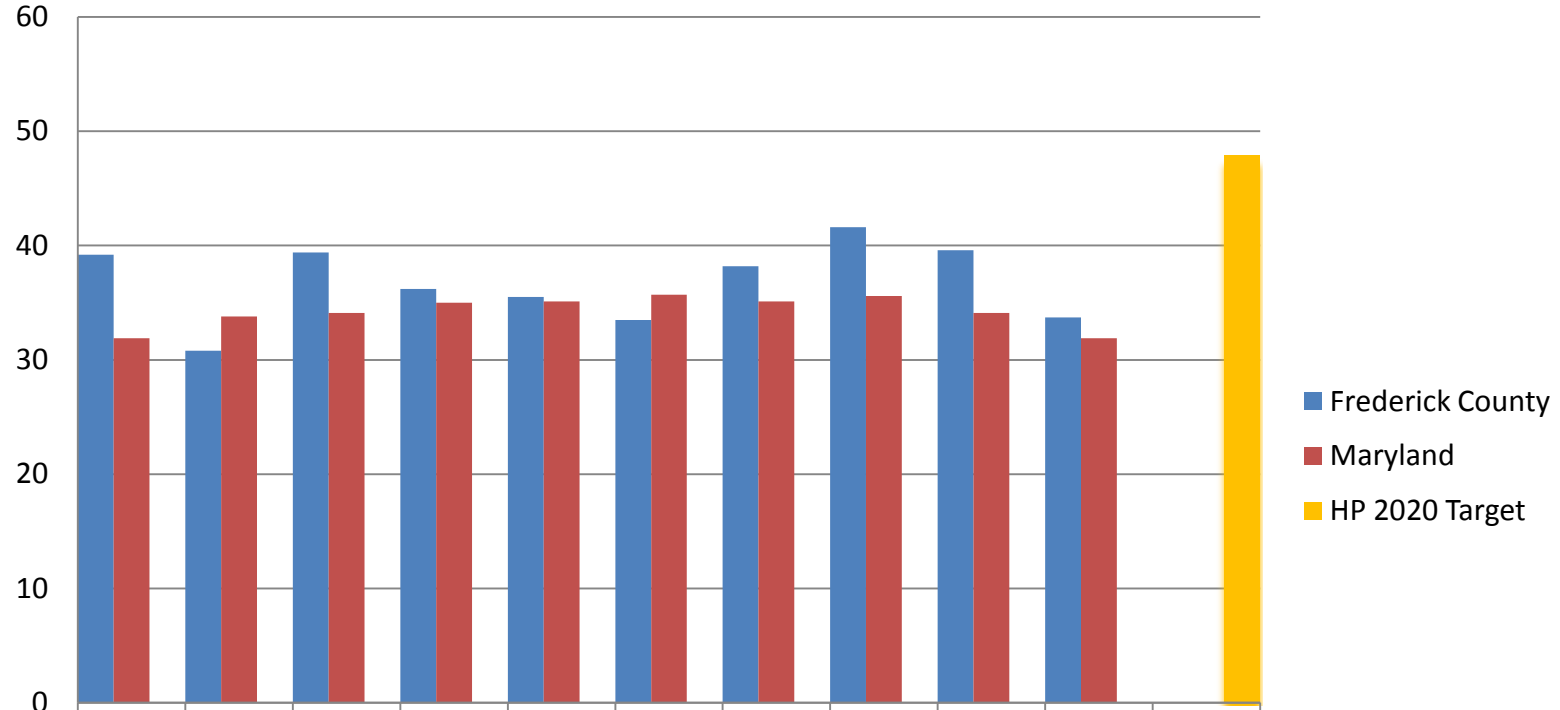


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Frederick County	18.9	20.5	16.6	21.1	23.2	24.9	24.9	25.5	27.1	26.7	24.8	
Maryland	20.2	20.5	19.4	21.9	23.9	24.4	24.9	26.3	26.7	26.8	27.9	
HP 2020 Target												30.6

HP Objective NWS-9: Reduce the proportion of adults who are obese. (We Exceed Target)

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2000- 2010, Retrieved from: www.marylandbrfss.org

Moderate Physical Activity for 30 Min or More Per Day, 5+ Days Per Wk
Frederick County / Maryland vs. Healthy People 2020 Target

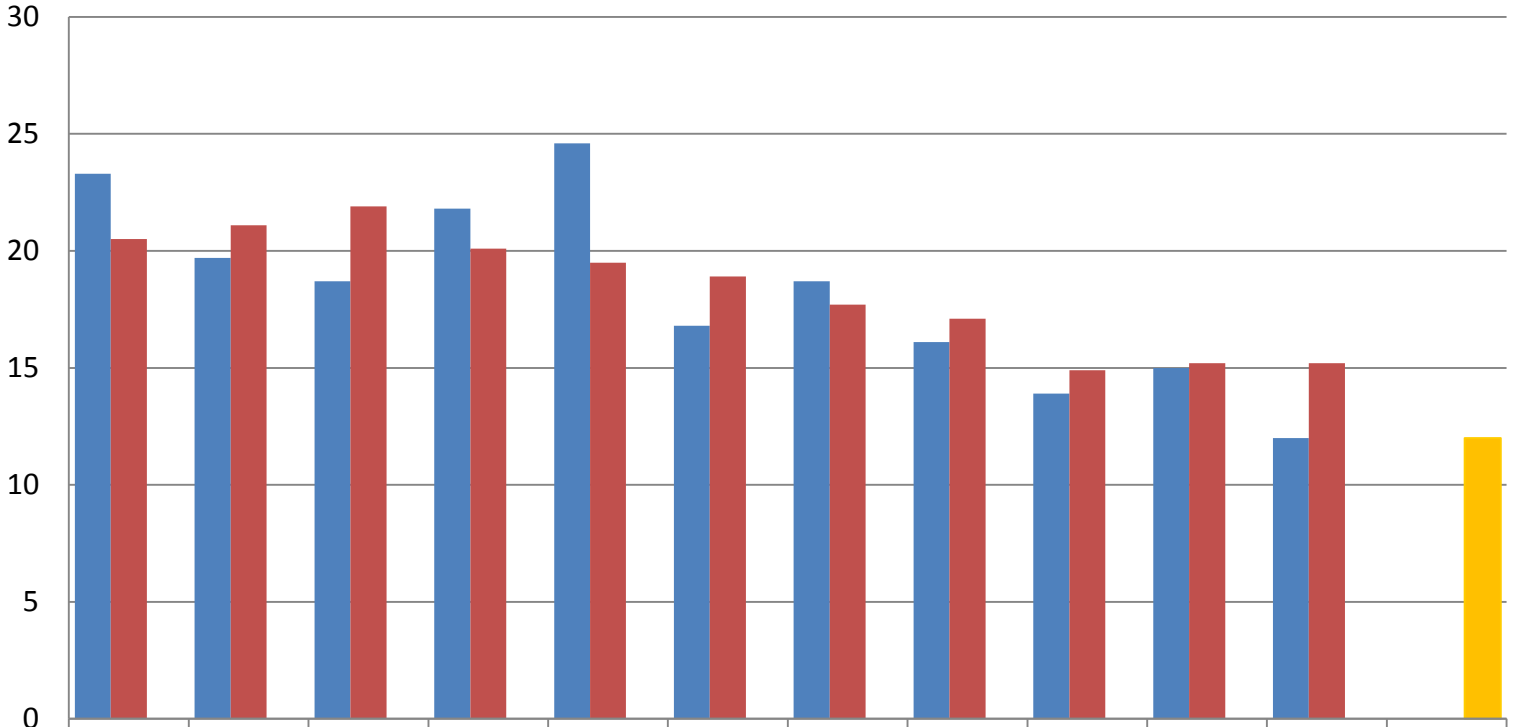


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Frederick County	39.2	30.8	39.4	36.2	35.5	33.5	38.2	41.6	39.6	33.7	
Maryland	31.9	33.8	34.1	35	35.1	35.7	35.1	35.6	34.1	31.9	
HP 2020 Target											47.9

HP Objective PA-2.1: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination. Note: BRFSS data & HP objective- similar but not exact.

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2001- 2010, Retrieved from: www.marylandbrfss.org

Current Smokers
Frederick County / Maryland vs. Healthy People 2020 Target

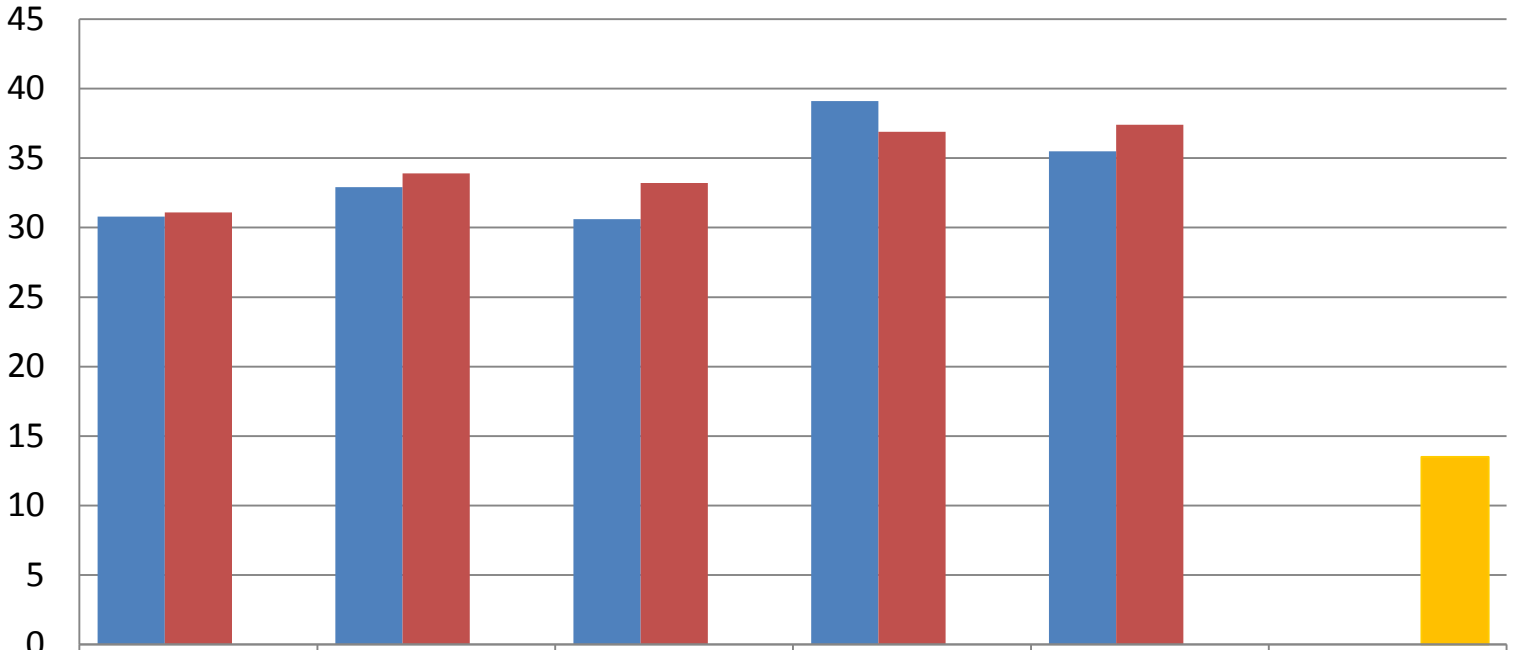


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Frederick County	23.3	19.7	18.7	21.8	24.6	16.8	18.7	16.1	13.9	15	12	
Maryland	20.5	21.1	21.9	20.1	19.5	18.9	17.7	17.1	14.9	15.2	15.2	
HP 2020 Target												12.0

HP Objective TU-1.1: Reduce tobacco use by adults. (We Meet Target)

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2000- 2010, Retrieved from: www.marylandbrfss.org

Ever Told That Cholesterol Is High
Frederick County / Maryland vs. Healthy People 2020 Target

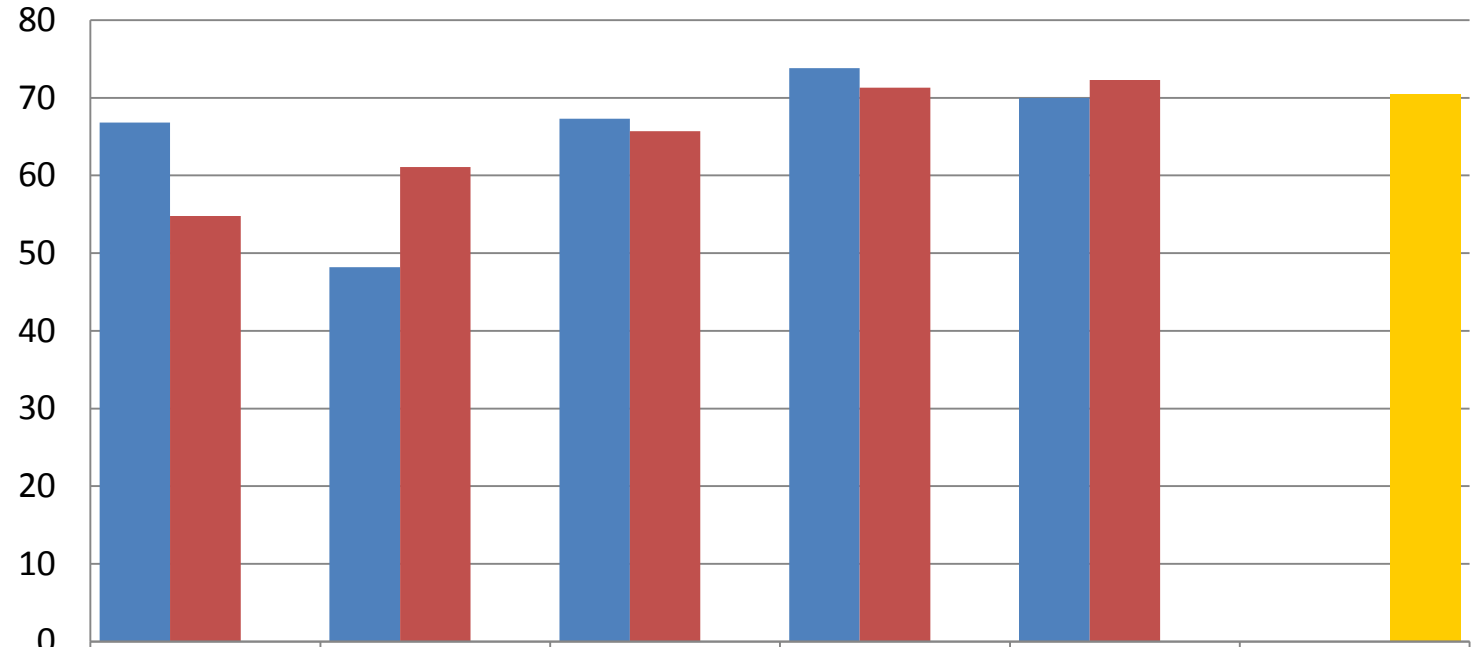


	2001	2003	2005	2007	2009	
Frederick County	30.8	32.9	30.6	39.1	35.5	
Maryland	31.1	33.9	33.2	36.9	37.4	
HP 2020 Target						13.5

HP Objective HDS-7: Reduce the proportion of adults with high total blood cholesterol levels

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2001- 2009, Retrieved from: www.marylandbrfss.org

Ever Had Sigmoidoscopy or Colonscopy Exam - Age 50+
Frederick County / Maryland vs. Healthy People 2020 Target

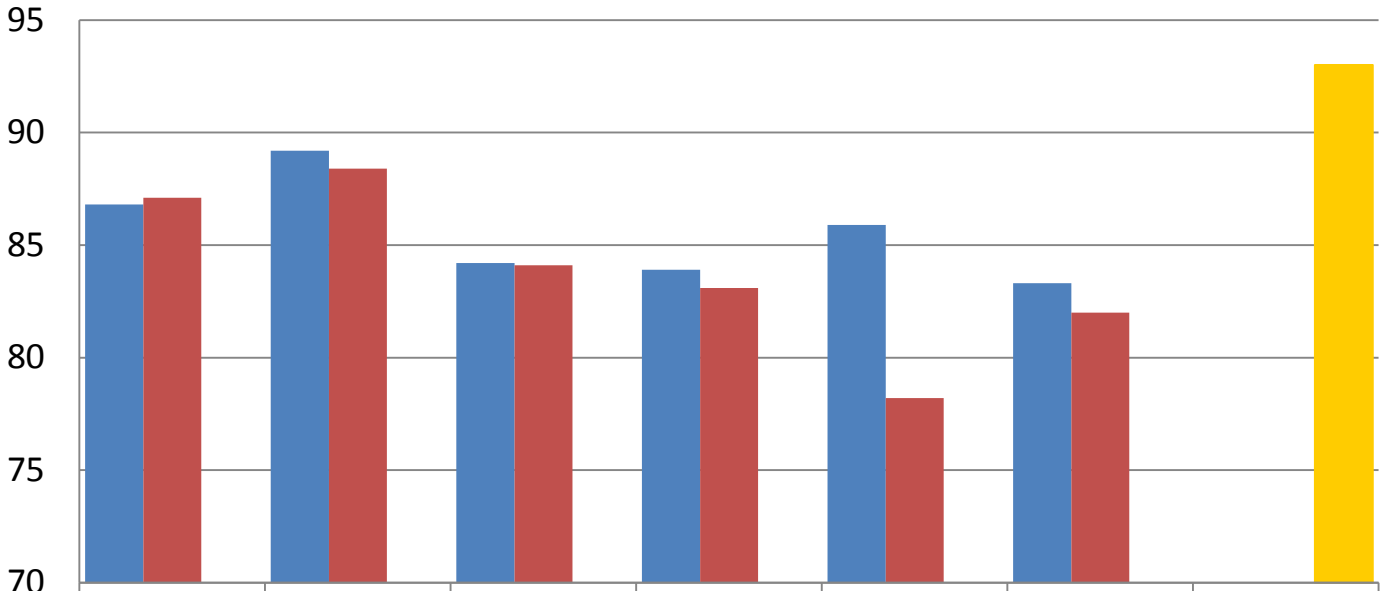


	2002	2004	2006	2008	2010	
Frederick County	66.8	48.2	67.3	73.8	70	
Maryland	54.8	61.1	65.7	71.3	72.3	
HP 2020 Target						70.5

HP Objective C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2002- 2010, Retrieved from: www.marylandbrfss.org

Pap Smear Within Past Two Years - Women 18+
Frederick County / Maryland vs. Healthy People 2020 Target

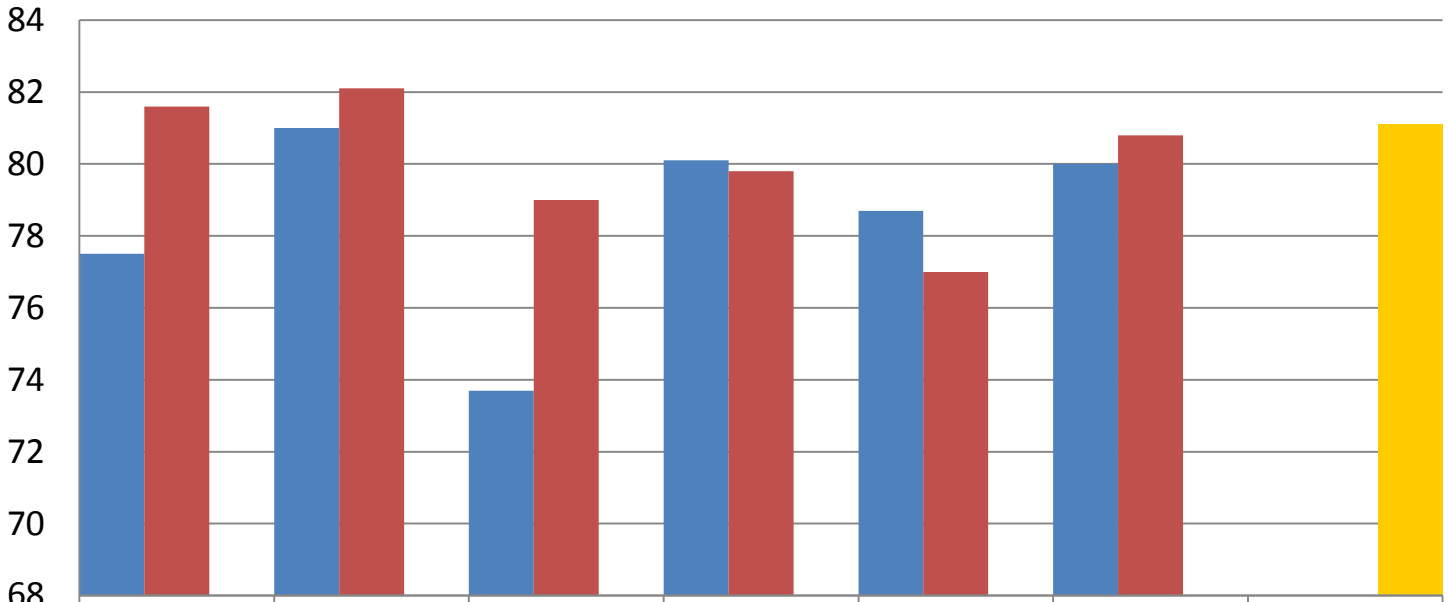


	2000	2002	2004	2006	2008	2010	
Frederick County	86.8	89.2	84.2	83.9	85.9	83.3	
Maryland	87.1	88.4	84.1	83.1	78.2	82	
HP 2020 Target							93

HP Objective C-15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2000- 2010, Retrieved from: www.marylandbrfss.org

Last Mammogram Less than 2 years ago - Women 40+
Frederick County / Maryland vs. Healthy People 2020 Target

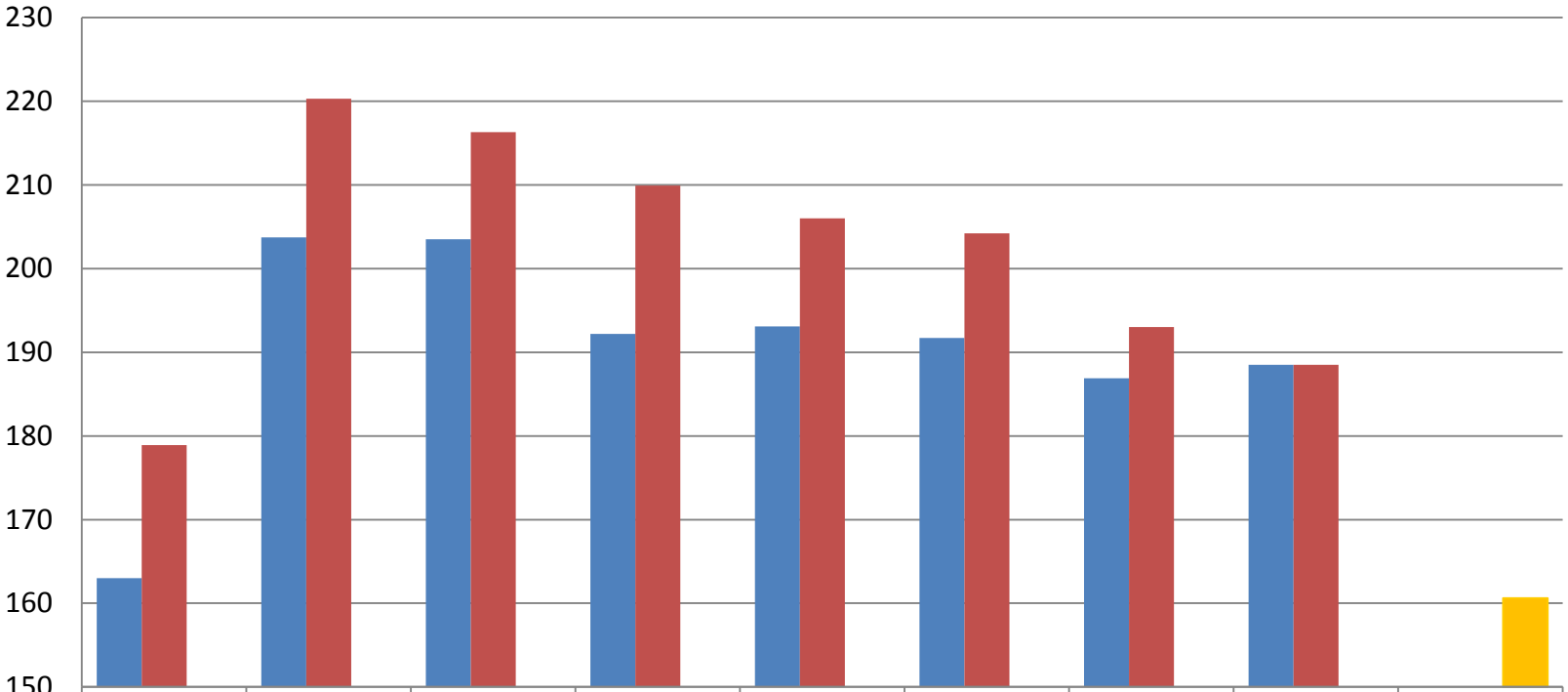


	2000	2002	2004	2006	2008	2010	
Frederick County	77.5	81	73.7	80.1	78.7	80	
Maryland	81.6	82.1	79	79.8	77	80.8	
HP 2020 Target							81.1

HP Objective C-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines

Maryland Behavioral Risk Factor Surveillance System, BRFSS-2000- 2010, Retrieved from: www.marylandbrfss.org

All Cancer Mortality Rates
Frederick County / Maryland vs Healthy People 2020 Target



	1994-1998*	1995-1999	1996-2000	1997-2001	1999-2002	1999-2003	2002-2006	2003-2007	
Frederick County	163.0	203.7	203.5	192.2	193.1	191.7	186.9	188.5	
Maryland	178.9	220.3	216.3	209.9	206.0	204.2	193.0	188.5	
HP 2020 Target									160.6

HP Objective C-1: Reduce the overall cancer death rate

*Rates are per 100,000 and are age-adjusted to 1970 US standard population. Rates are per 100,000 and are age-adjusted to 2000 US standard population.

Source: Maryland Cigarette Restitution Fund Program reports, 2000-2010, Retrieved from http://fha.maryland.gov/cancer/surv_data-reports.cfm

HIV

- HP2020: Reduce the number of new HIV diagnoses among adolescents and adults.

- Baseline: 14.4 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007.
- Target 13.0 New cases per 100,000 population

- Significant demographic differences in Frederick compared to State

Maternal **C**hild **H**ealth Health Indicators Frederick County, Maryland

HEALTH INDICATORS/OBJECTIVES	TARGET Healthy People 2020 Goals	Frederick County 2009 Data	Frederick County Preliminary 2010 Data	Frederick County Disparity Index	Maryland 2009	Maryland Preliminary 2010 Data	Maryland Disparity Index	TREND
INFANT MORTALITY RATE								
1. Reduce the rate of fetal and infant deaths								
a. Fetal Deaths at 20 or more weeks gestation.	5.6 fetal deaths per 1,000 live births	7.6	**		7.5	**		
b. All infant deaths	6.0 infant deaths per 1,000 live births	3.8	3.2	2.58	7.2	6.7	2.87	
LOW BIRTH WEIGHT								
2. Reduce Low Birth Weight	7.8%	7.9%	8.5%		9.2%	8.8%		
EARLY PRENATAL CARE								
3. Increase Prenatal Care beginning in the first trimester (conception through week 12)	77.9%	80%	69.6%		80%	56.9%		2009 & 2010 Data are not comparable

1. Data Source: Maryland Vital Statistics Final Report, 2009 and Maryland Vital Statistics Preliminary Report, 2010
The infant mortality rate (IMR) in Frederick County is variable from year to year. Trends in IMR over several years are more meaningful than year to year comparisons.
The average IMR between 2000-2004 is 4.64 and between 2005-2009 is 5.44.
A racial disparity persists in infant mortality in Frederick, with the African-American IMR 2.58 times higher than the rate for white infants in 2006-2010 (aggregate data).
The disparity has decreased from 3.21 in 2001-2005 (aggregate data).

2. Data Source: Maryland Vital Statistics Final Report, 2009 and Maryland Vital Statistics Preliminary Report, 2010
Low birth weight is defined as infants with birth weights under 2500 grams (5 lbs. 8 oz.). They are at substantially higher risk of death than normal birth weight infants.
The leading causes of infant death in Maryland in 2010 as in 2008 & 2009 are: 1) Disorders relating to short gestation and unspecified low birth weight;
2) Congenital abnormalities; 3) Sudden Infant Death Syndrome (SIDS).

***Racial disparities exist in the leading causes of infant death. Compared with white infants, black infants were five times more likely to die in 2010 as a result of complications of the placenta, cord and membrane; four times more likely to die as a result of SIDS and LBW; and three times more likely to die as a result of maternal complications of pregnancy.

*** Source: Maryland Vital Statistics Infant Mortality in Maryland, 2010

3. Data Source: Maryland Vital Statistics Final Report, 2009 and Maryland Vital Statistics Preliminary Report, 2010
The Early Prenatal Care data for 2010 were computed utilizing a different set of criteria due to the changes on the revised 2010 Maryland Certificate of Live Birth.
Therefore the data for 2010 cannot be compared with data compiled for 2009 and before.


= Needs Improvement


= Happy Trend

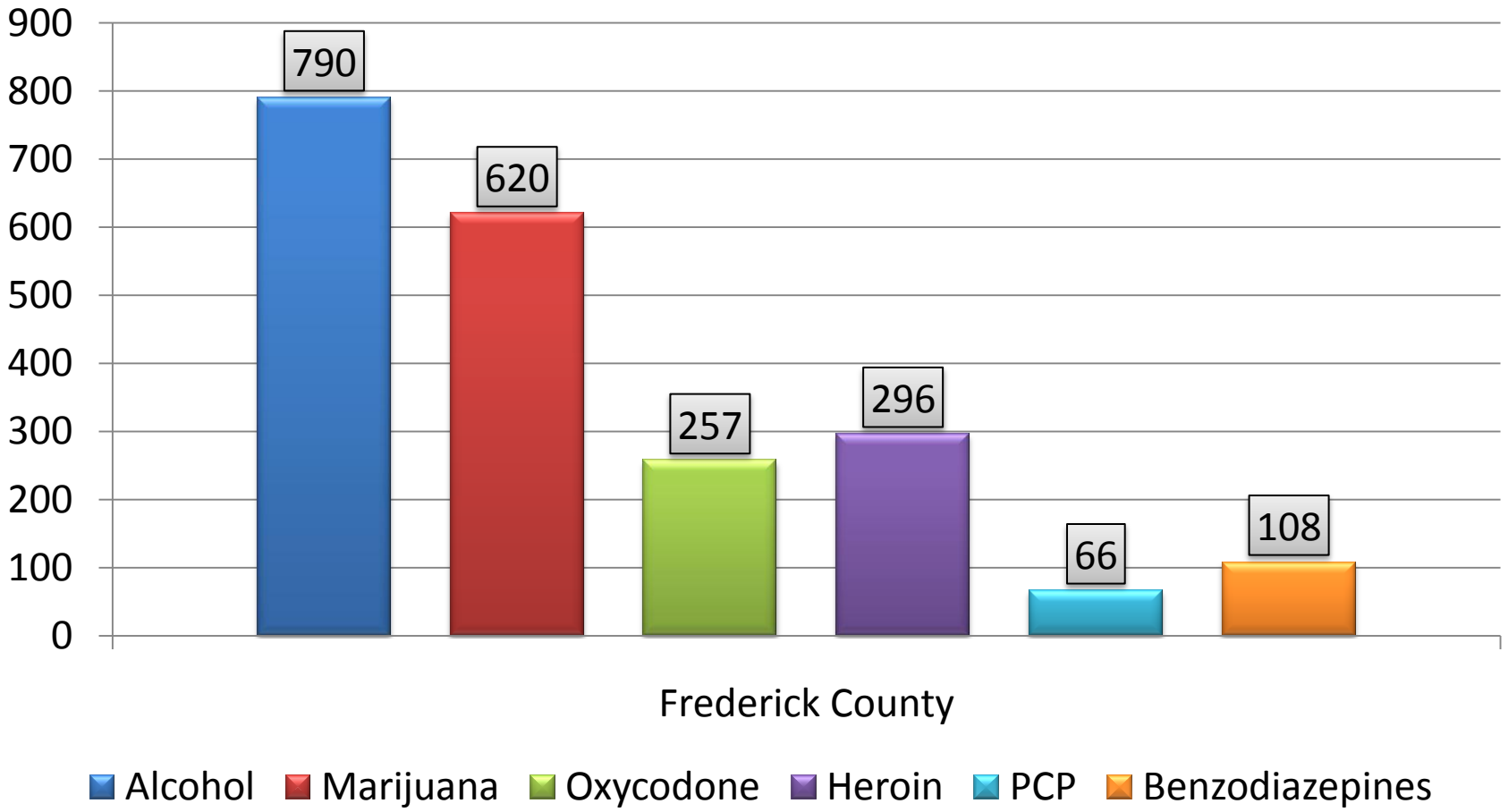
* Maryland State Health Improvement Plan

** Data not reported in MD VSA Preliminary Report, 2010

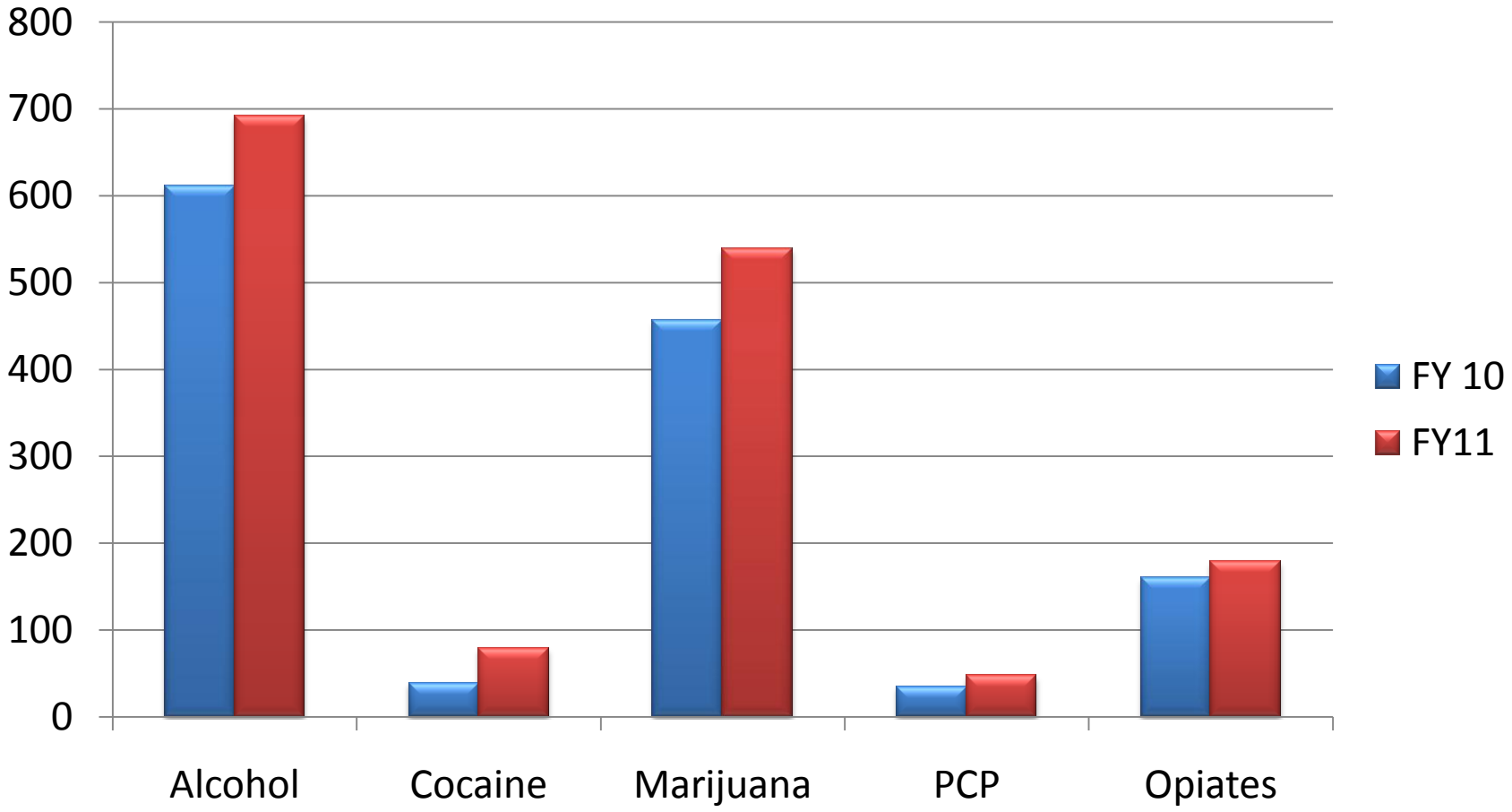
Behavioral Health

Type of Substance Abuse at Time of Admission FY 2011 Frederick County

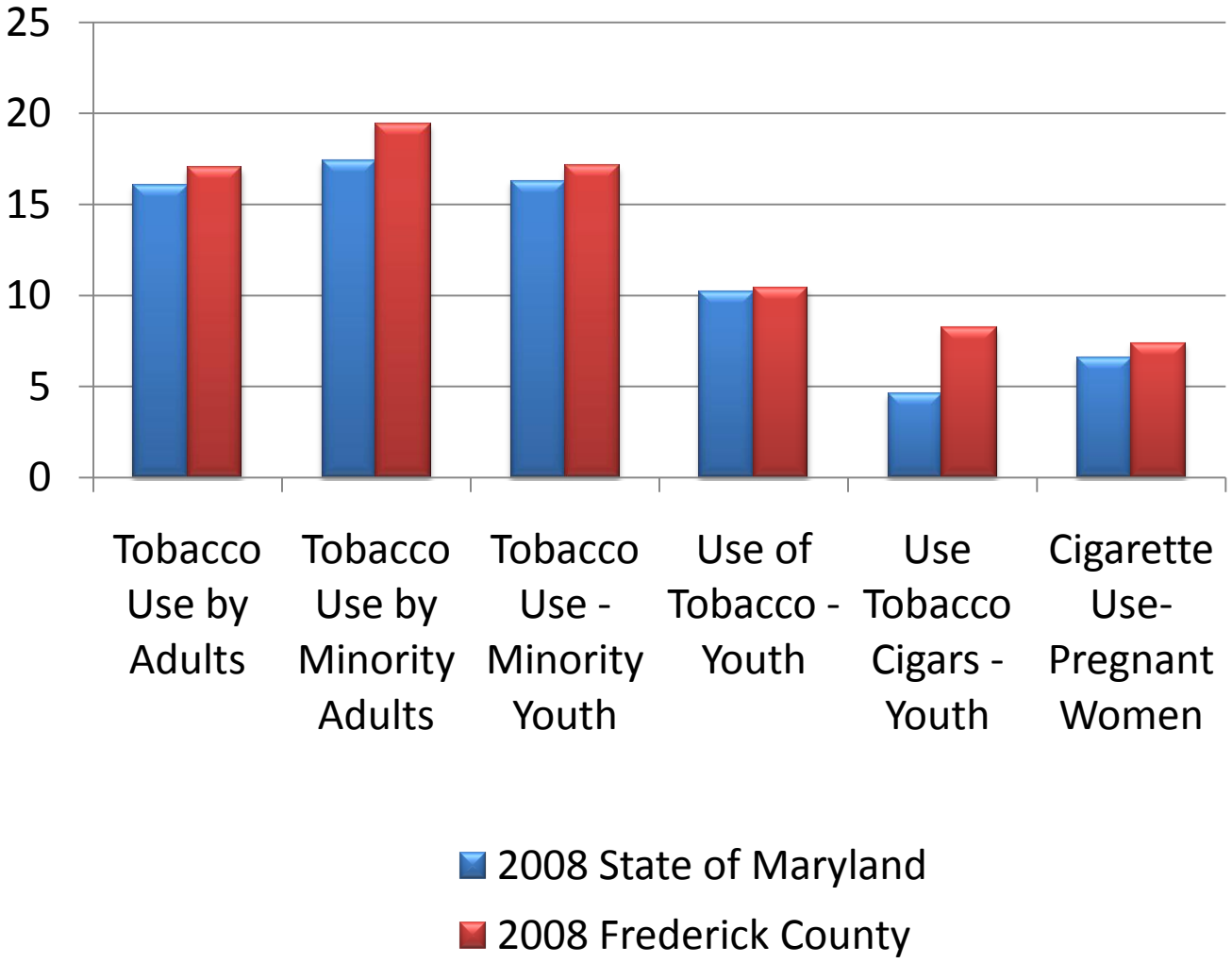
DHMH ADAA, 2011



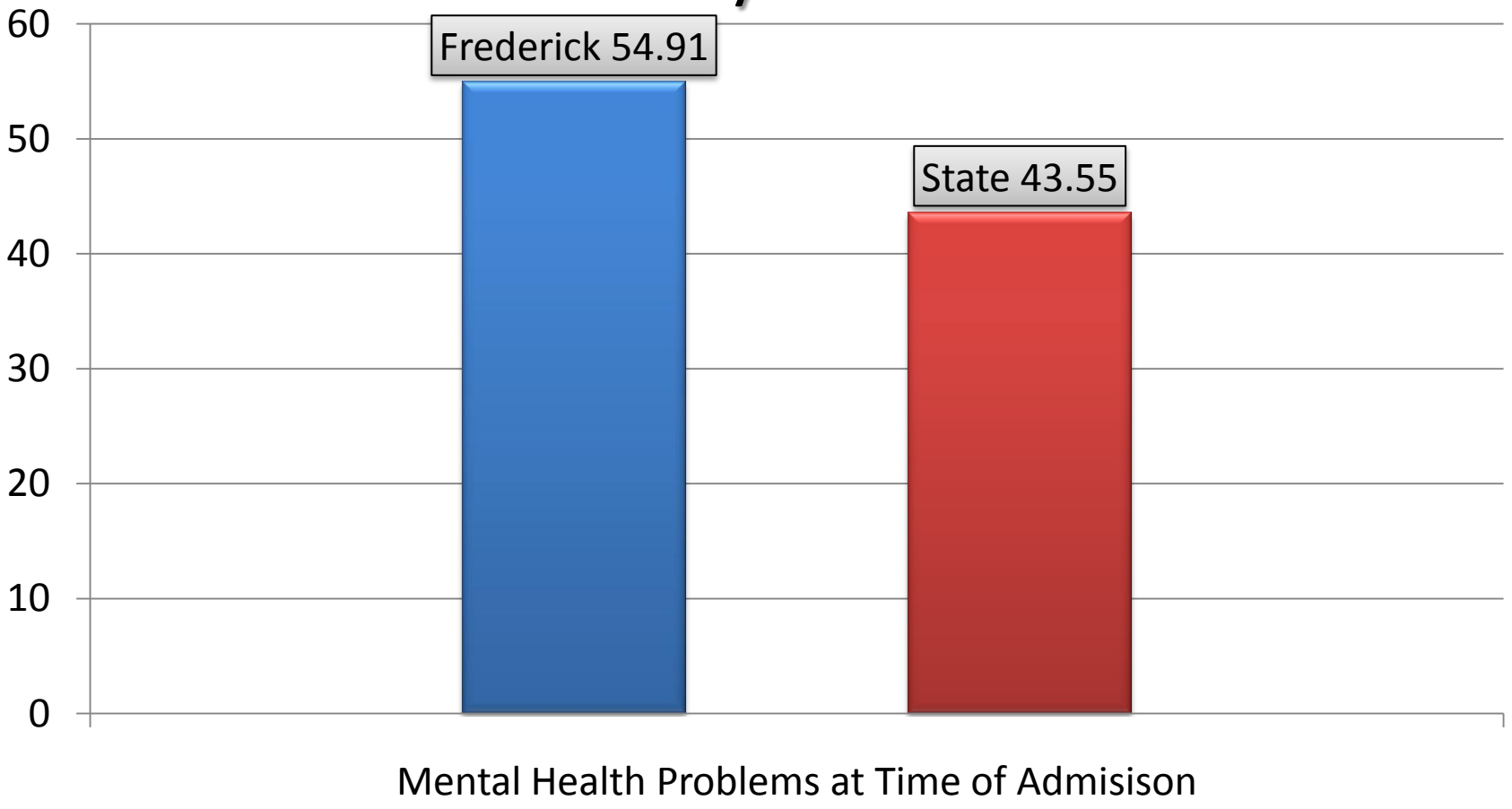
Frederick County Residents Primary Drug Use at Time of Admission FY10 vs. FY 11



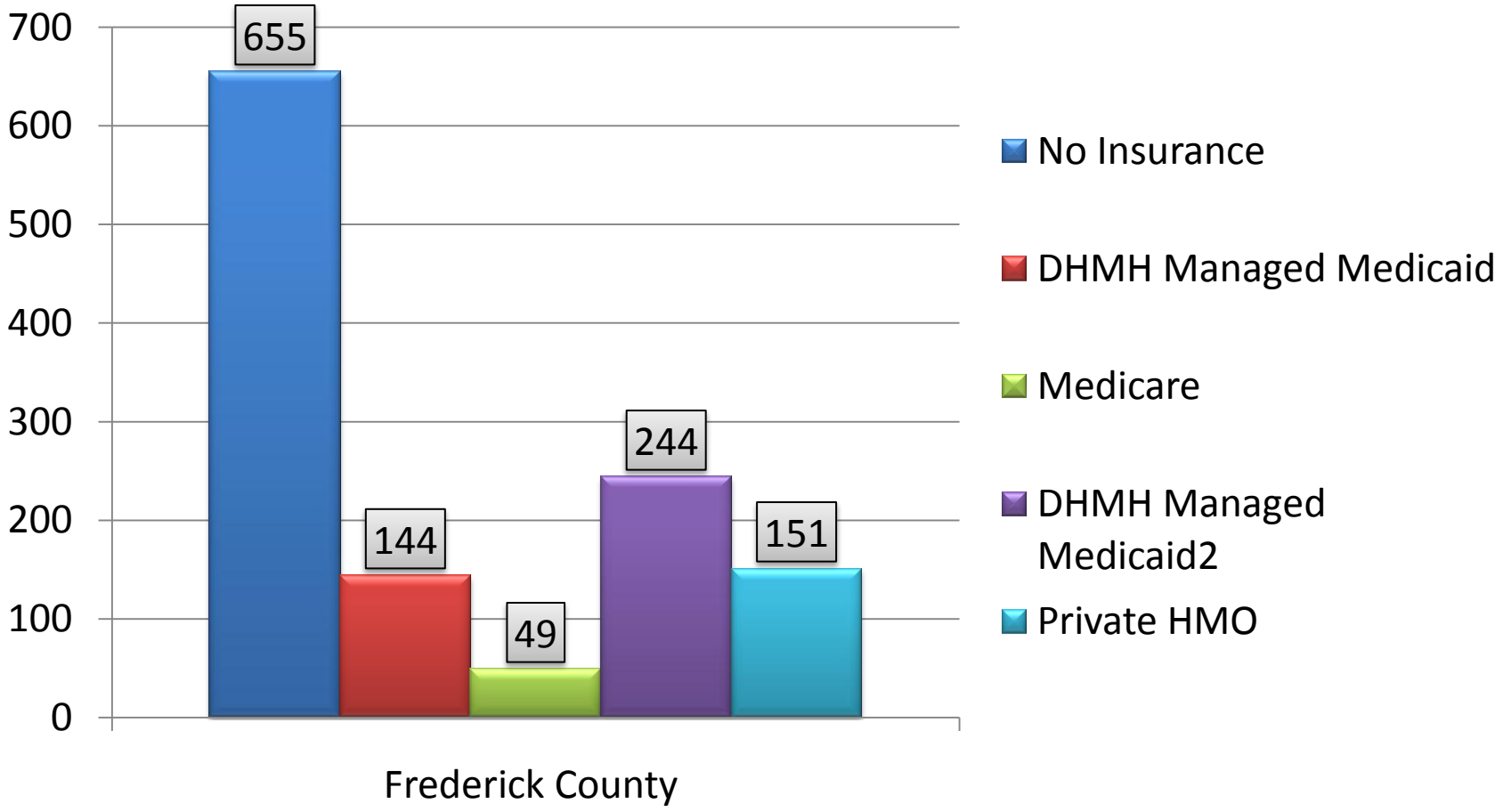
Tobacco Use in Frederick County



Current Mental Health Problems at Time of Admission to Substance Abuse Treatment Facility FY 2011

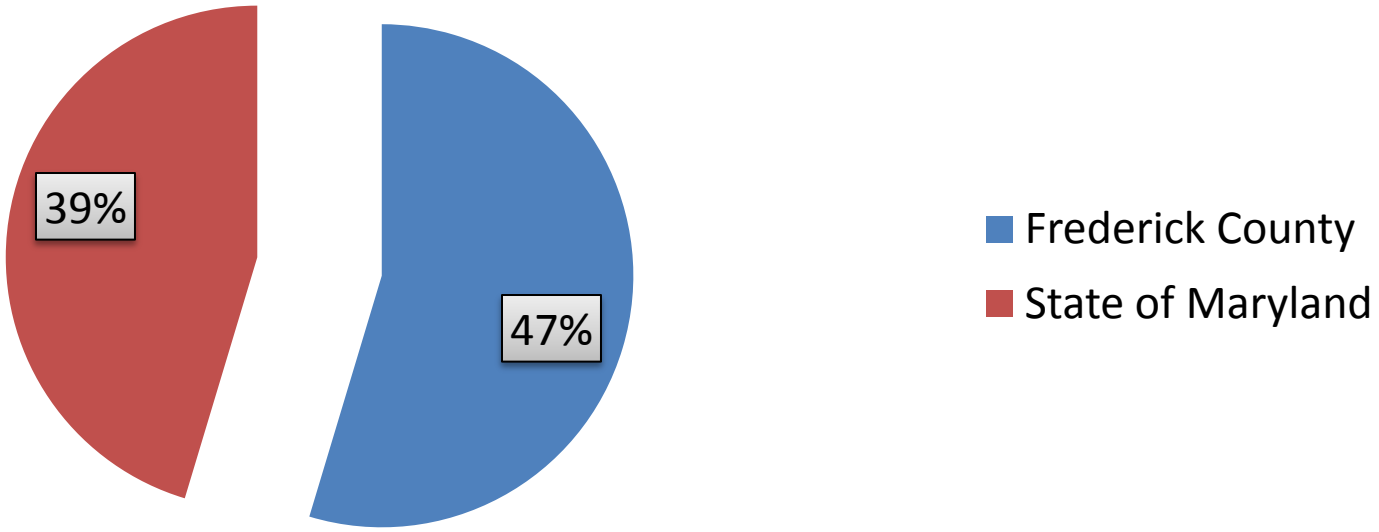


Type of Coverage at Time of Substance Abuse Admission FY 2011

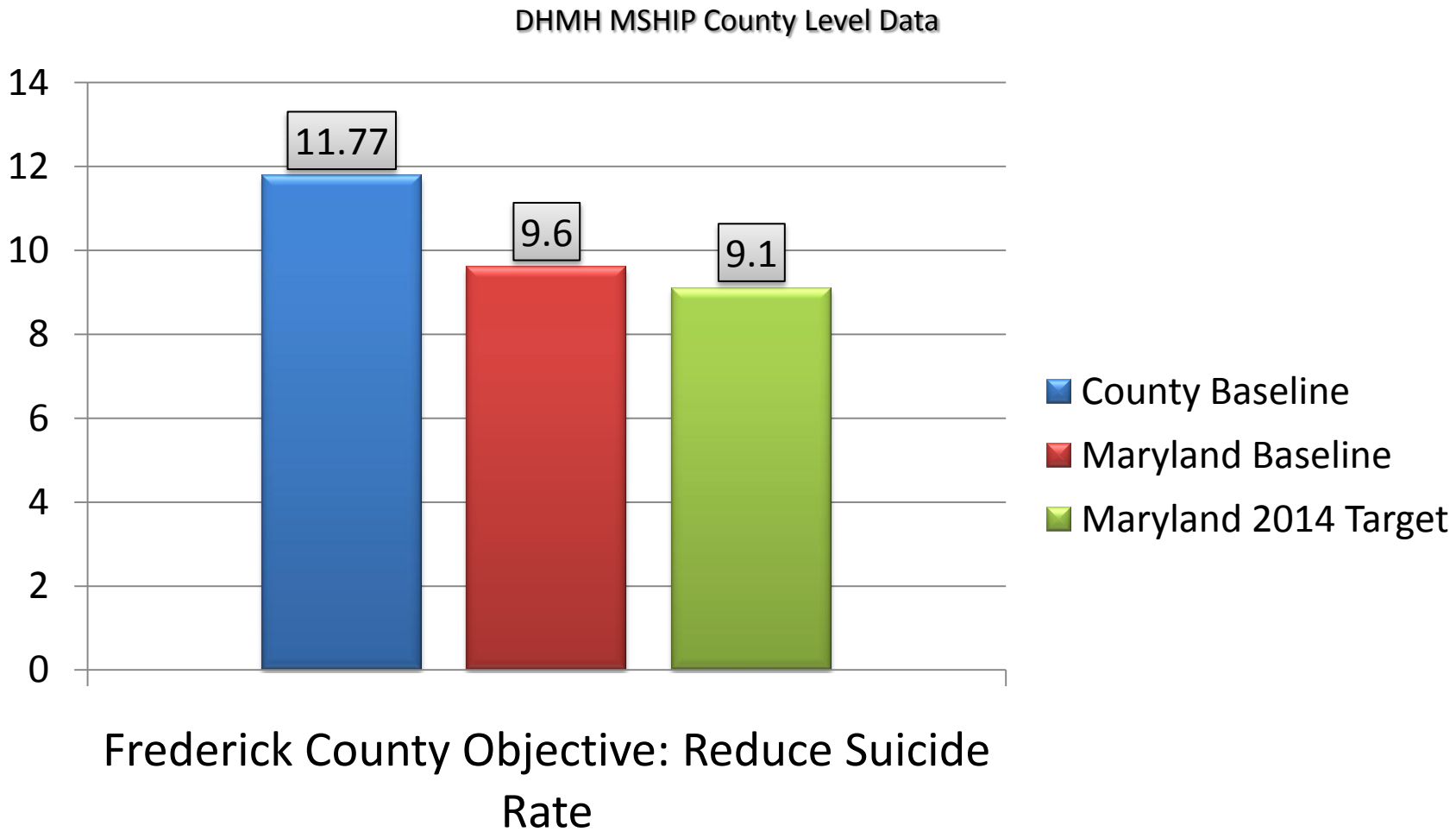


Health Coverage at Admission to Substance Abuse Treatment FY 2011

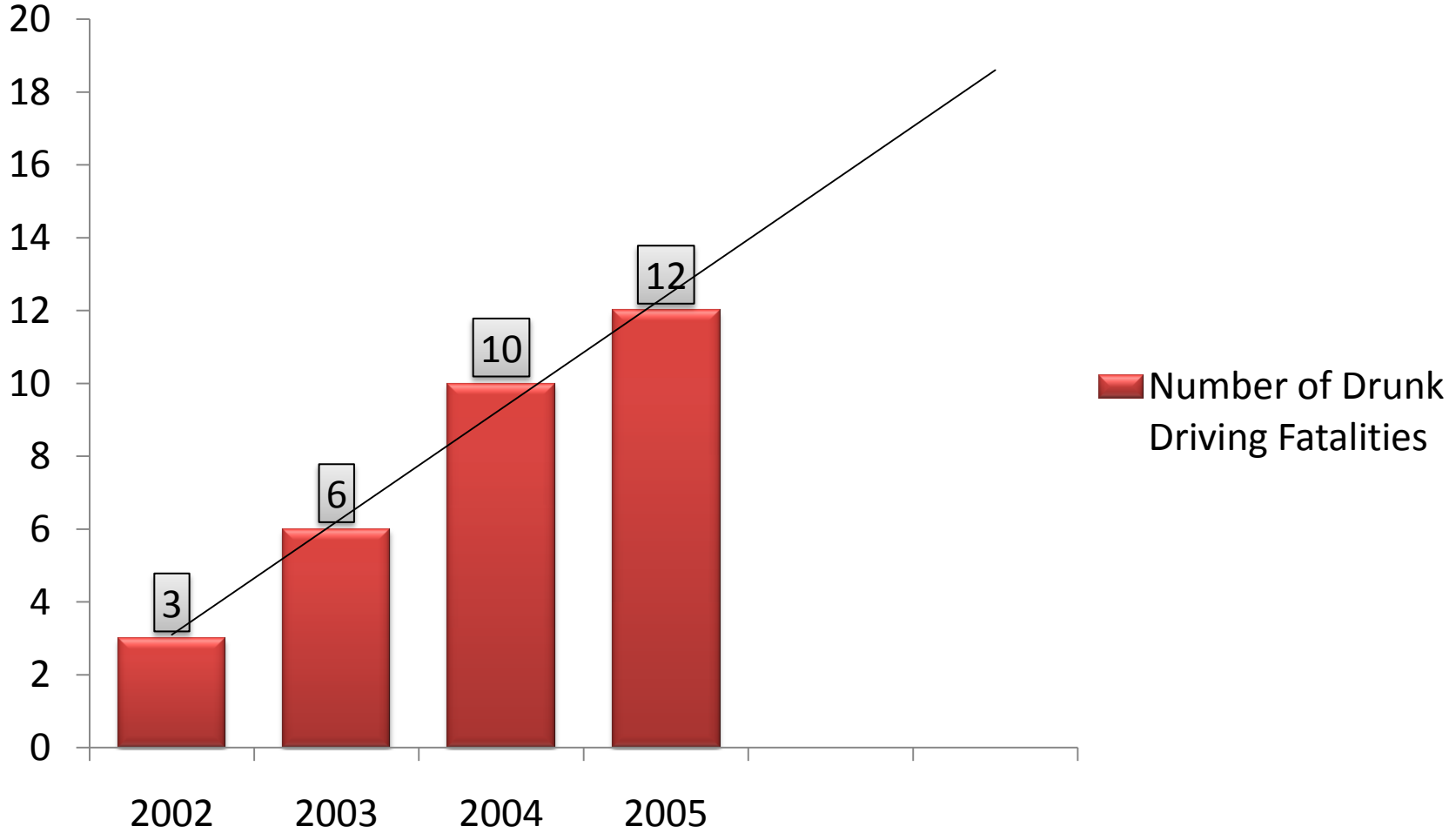
Percent of Frederick County Residents with No Health Insurance vs. State of Maryland



Maryland State Health Improvement Plan: Frederick County

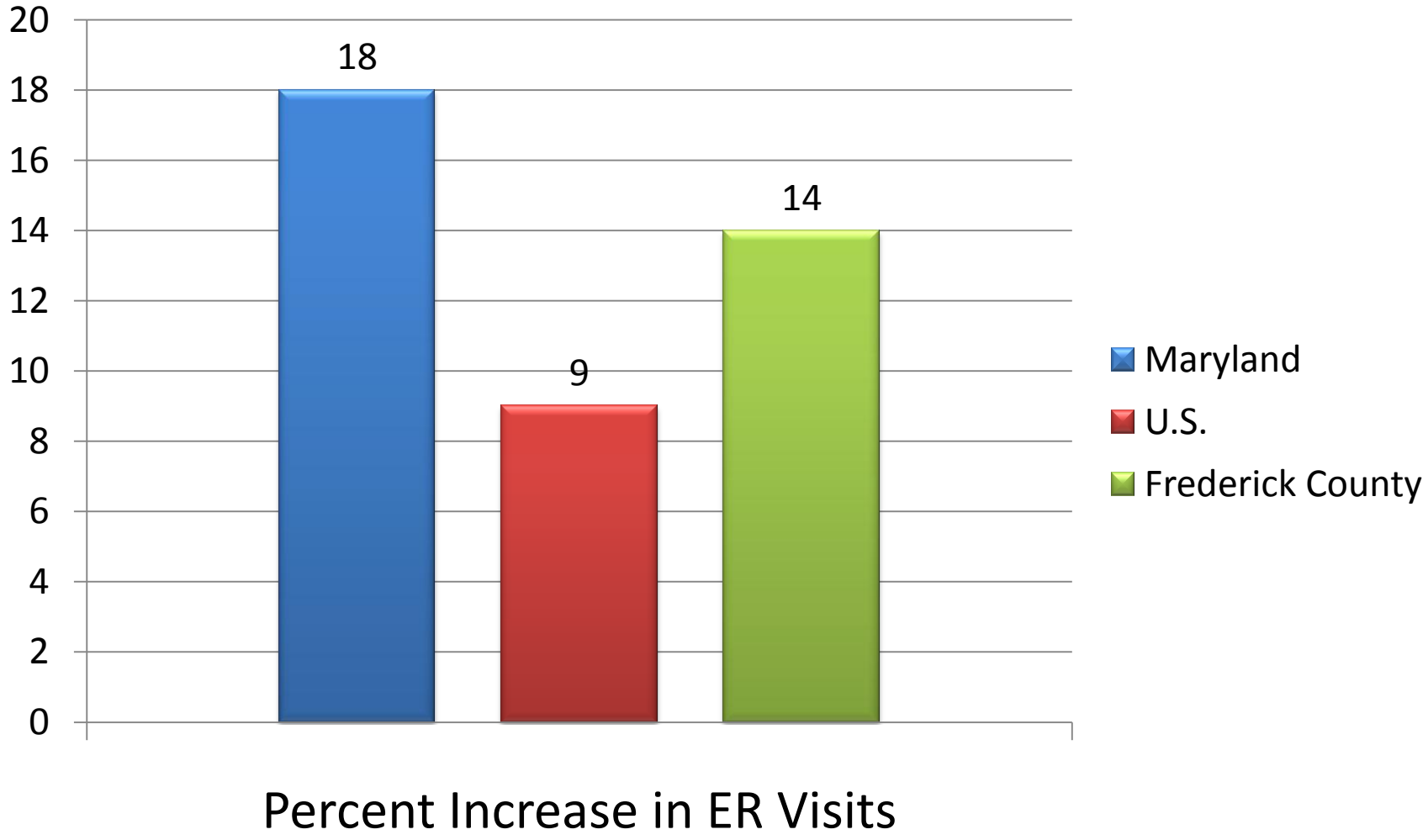


Frederick County Drunk Driving Fatalities

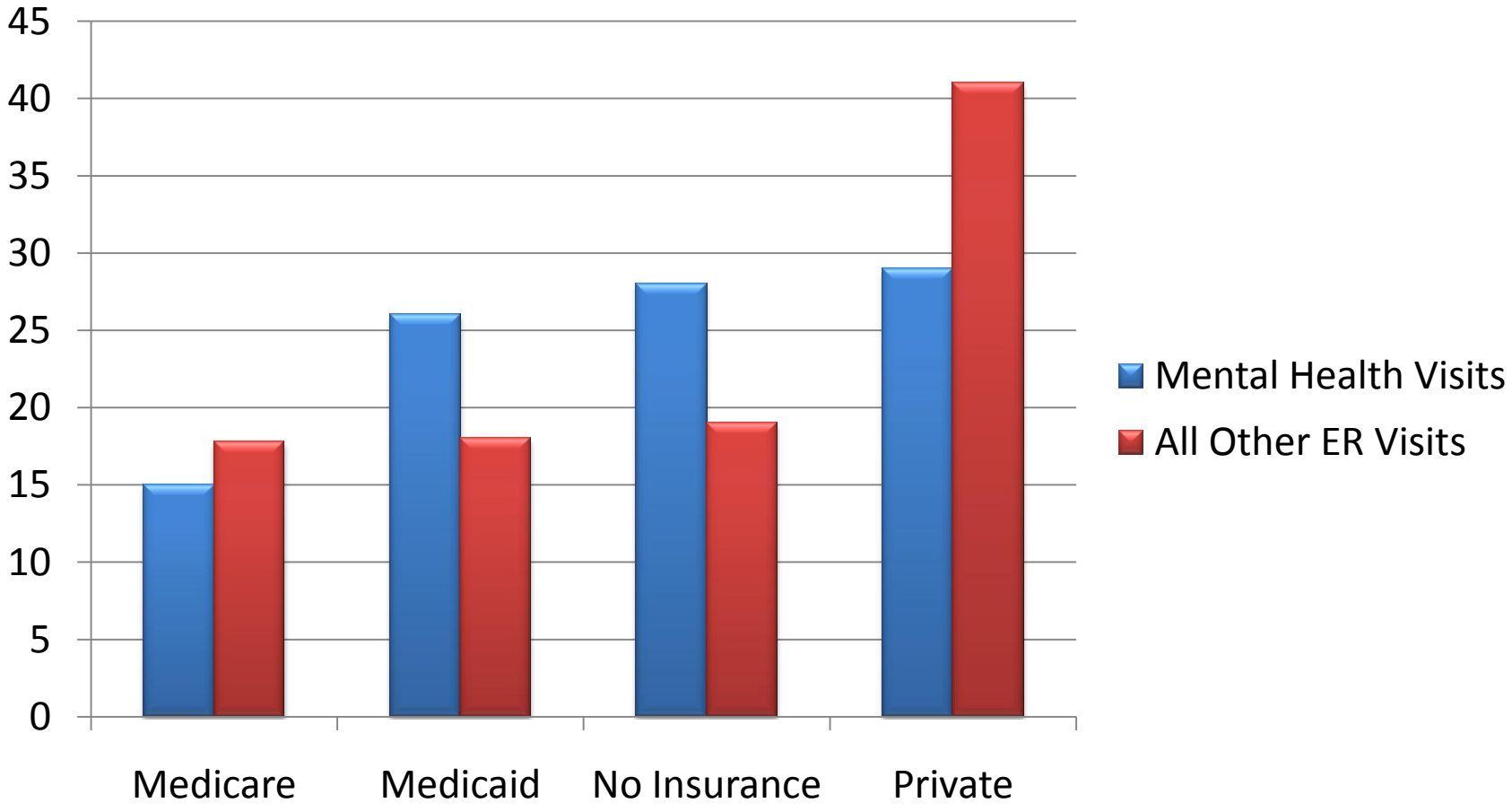


Emergency Department Use 2000 – 2004

Maryland Health Care Commission, 2007



Coverage Source for Overall Mental Health Related ER Visits



Dental - Children

The State of Children's Dental Health: Making Coverage Matter
Maryland

A
2011 GRADE

Maryland is a national leader—the only state to meet seven of eight policy benchmarks for addressing children's dental health needs. The state satisfied one more benchmark by providing dental services to nearly 42 percent of Medicaid enrollees ages one to 18. This improvement reflects the commitment by state officials and Maryland's Dental Action Coalition to use a variety of policy tools to improve dental health.

HOW WELL IS MARYLAND RESPONDING?

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	2011: A MEETS OR EXCEEDS	2010: A MET OR EXCEEDED
2010	Share of high-risk schools with sealant programs	25-49%	25%	✓	✓
2010	Hygienists can place sealants without dentist's prior exam	YES	YES	✓	✓
2008	Share of residents on fluoridated community water supplies	99.8%	75%	✓	✓
2009	Share of Medicaid-enrolled children getting dental care	41.8%	38.1%	✓	
2010	Share of dentists' median retail fees reimbursed by Medicaid	70.7%	60.5%	✓	✓
2010	Pays medical providers for early preventive dental health care	YES	YES	✓	✓
2010	Authorizes new primary care dental providers	NO	YES		
2010	Tracks data on children's dental health	YES	YES	✓	✓
	Total score			7 of 8	6 of 8

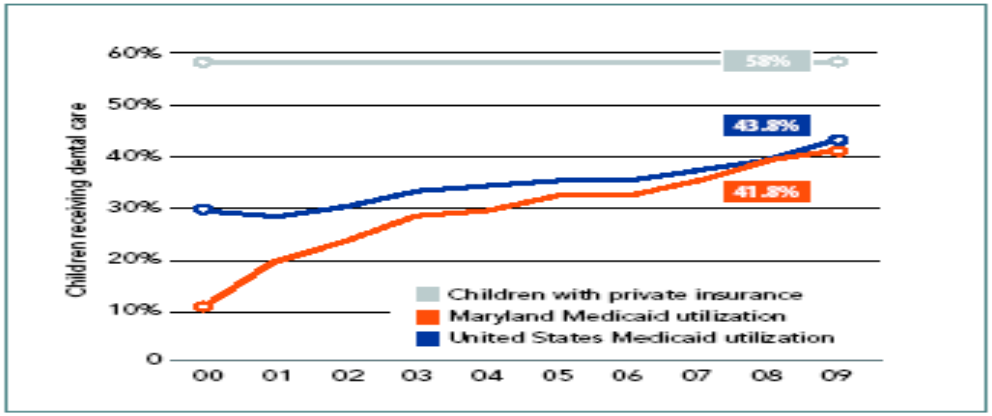
Grading: A = 6-8 points B = 5 points C = 4 points D = 3 points F = 0-2 points

The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

In a 2010 report, the state health department noted, "Maryland continues to confront barriers to providing comprehensive oral health services to Medicaid enrollees. Barriers include low [dentist] participation due to, among other things, low reimbursement rates, missed appointments, and a lack of awareness among enrollees about the benefits of basic oral health care. As Medicaid's population continues to increase each year, these barriers remain significant impediments to increasing access to dental services."[1]

HOW BAD IS THE PROBLEM?

Too many children lack access to dental care, with severe outcomes. One measure of the problem: more than half of the children on Medicaid received no dental service in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

1. Maryland Department of Health and Mental Hygiene, "Maryland's Annual 2010 Legislative Report (2010).

Dental Care - Adults

- Calls seeking care received by FCHD >10/wk
- Religious Coalition for Emergency Human Needs – # served limited by funding for vouchers:
  - 2010 = 122
  - 2011 = 238
  - 2012 = ?>350
- Mission of Mercy free dental services
  - 2011 = 338
- Others
  - Dentists – charity care in office
  - Seton Center
  - Others

Frederick Memorial Hospital

Uninsured patients' inappropriate use of hospital EDs cause unnecessary delays and overcrowding, and higher costs

- FMH Emergency Department Visits
  - Level 1 is lowest acuity; Level 4 is highest acuity
  - Total annual outpatient ED visits approximately 64,504 with 9,835 (15.2%) of these visits are uninsured/self-pay patients
  - Level 1 and Level 2 ED Visits and Crisis Management Visits = 21,411 outpatient visits annually
  - 3,772 (17.6%) of these outpatient annual visits are uninsured/self-pay patients
  - These visits generate charges of approximately $538,000 or an average outpatient visit charge of $143
  - A significant portion of these patients could have been treated in an alternative outpatient setting

Dental, Orthopedic, and Behavioral issues are primary complaints of uninsured

- Top 10 Uninsured Diagnoses for ED Level 1 and 2 Outpatient Visits and Crisis Management:
    1. Dental disorder
    2. Sprain lumbar region
    3. Lower back pain
    4. Sprain of neck
    5. Upper respiratory infection
    6. Backache
    7. Pain in limb
    8. Sore throat
    9. Depressive Disorder
    10. Alcohol abuse

A Few of the Higher Volume Safety Net "Charity" Organizations

- Frederick Community Action Agency
- Mission of Mercy
- Religious Coalition for Emergency Human Needs
- Local health care providers

Mission of Mercy

- During fiscal year 2011, the Mission of Mercy provided 2,688 free primary care services and 265 free dental services in its downtown Frederick location and 2,248 free primary care services and 73 free dental services in its more rural Brunswick/Knoxville and Taneytown sites.

- Of those served by the Mission of Mercy, 95% did not have any insurance, 52% were minorities, 52% were adult females, 38% were adult males, 3% were children, and 7% were age 65 or older.

- Collaboration and Pro-Bono:

  During the last 12 months, Mission of Mercy has leveraged $220,405 in donated medical services, $203,432 in donated prescription medications, $170,443 in donated lab, x-ray and referral specialists, and $12,997 in donated facilities through collaborations and partnerships.

Mission of Mercy

Prenatal:

- In the late 1990's there were no Frederick County practices accepting expectant mothers who were uninsured or who had medical assistance insurance. In 2001-02 we created a prenatal program for expectant mothers who could not afford to pay for care. Over time we cooperated with the Health Department, and then FMH, to prioritize high risk pregnancies and seek specialists. We still work closely with FMH to provide prenatal care for uninsured mothers who cannot access care at FMH.

- As the FMH prenatal program has grown, the number of expectant mothers in our care at any given time has declined from 150-200 to 40-50. An unexpected benefit of this trend is that we are able to see expectant mothers earlier in their pregnancies and see them more often. A review of Mission of Mercy patient database indicates that many mothers are receiving care very similar to the Standard of Care, monthly visits up to 28 weeks of pregnancy and then bi-weekly visits as they get closer to their due date, for a total of 8-12 prenatal visits. The Mission of Mercy prenatal program is staffed by licensed OB/Family practice physicians, certified nurse mid-wives and experienced RNs. Mission of Mercy has Spanish interpreters dedicated to the prenatal program, given that the majority of our expectant mothers are of Hispanic descent.

That's It!

- Not really, there is so much more data available for many conditions
- 2007 Community Health Needs Assessment information available today
- More data will be gathered for subsequent Workgroup meetings focused on each priority and the development of the goals, objectives, and action steps.

What are possible areas to be considered as priorities?

- What are your ideas?

The VOTE!

- Each person gets 3 dots

- Place the dots next to what you consider to be a priority for health improvement in Frederick County

Considerations in Selecting Priorities

- How many people does it impact?
  - Are there disparities in who is impacted?
- How significant is the impact?
  - Are there disparities in who is impacted?
- Are their effective strategies to make an impact?
- Can performance be measured?

THANK YOU!!!!

- www.FrederickCountyMD.gov/LHIP

- It's a process and will be better with your continued engagement!