

---

# **Frederick County Local Health Improvement Plan 2012**



**Version 1.0  
December 2011**

# Table of Contents

Health Improvement Process .....	1
Health Status of Frederick County .....	4
Priorities for Action .....	9
MENTAL HEALTH .....	9
MENTAL HEALTH cont'd .....	10
MENTAL HEALTH cont'd .....	11
AFFORDABLE DENTAL CARE .....	11
AFFORDABLE DENTAL CARE cont'd .....	12
AFFORDABLE DENTAL CARE cont'd .....	13
WELLNESS AND PREVENTION .....	13
WELLNESS AND PREVENTION cont'd .....	14
WELLNESS AND PREVENTION cont'd .....	15
WELLNESS AND PREVENTION cont'd .....	16
HEALTH INEQUITIES AWARENESS .....	16
ACCESS TO CARE .....	16
ACCESS TO CARE cont'd .....	18
ACCESS TO CARE cont'd .....	19
Appendices .....	22
Frederick County Health Care Coalition Executive Committee .....	23
Local Health Improvement Priority Workgroups .....	24
Maryland's 39 Critical Health Measures .....	26

# Health Improvement Process

The Frederick County Local Health Improvement Process led to the development of this local health improvement plan. The Frederick County Local Health Improvement Plan documents the coordinated direction that a wide variety of stakeholders in Frederick County committed to take to improve the health and well being of Frederick County residents. It also provides a framework for **accountability**, **local action**, and **public engagement** to advance the health of Frederick County residents.

## What is a Health Improvement Plan?

A health improvement plan is a document that provides a framework and consensus-based recommendations for improving the health of the residents of a local community. In a time when new health information is presented and refuted daily and budgets revolve around the latest health threat, a health improvement plan provides insight into health solutions for the long term. It presents a road map for how to achieve optimal health for all. A positive health status provides the foundation for success in health and business. It's a building block for a healthy economy.

## How was the Frederick County Local Health Improvement Plan developed?

The Frederick County Health Care Coalition in partnership with the Frederick County Health Department and Frederick Memorial Hospital convened a Summit to establish the priorities for local health improvement in October 2011. The discussions that occurred during the Summit and in subsequent priority area workgroup meetings led to the development of action plans for 5 of the 6 priority areas.

## How were the Priorities for Improvement Selected for Frederick County?

The health improvement priorities for Frederick County were selected through a nominal group voting process after the October 2011 Summit attendees reviewed dozens of recent local, state and national indicators, and discussed health outcomes and factors where Frederick County does worse than its neighbors.

## How was the State Health Improvement Plan (SHIP) developed and what is in it?

SHIP 2011-2014 targets were selected after reviewing dozens of recent state, local and national plans and indicators, consulting with state officials, meeting with health and community leaders to discuss health outcomes and factors where the state does worse than its neighbors, and considering 260 comments received on a draft set of measures during April and May 2011.

The SHIP includes 39 measures in six focus areas that represent what it means for Maryland to be healthy. The first measure, decreases the overall mortality rate, is a SHIP overarching goal and spans all of the six vision areas. More information about this measure can be found [here](#). Twenty-four objectives have been identified as critical racial/ethnic health disparities measures. To read more about health disparities [click here](#). 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 in links below. The Maryland SHIP can be viewed at <http://dhmh.maryland.gov/ship/>.

# Frederick County Local Improvement Plan 2012

---

## **What is contained in the Frederick County Local Health Improvement Plan (LHIP)?**

The Frederick Health Improvement Plan sets Frederick-specific objectives for improving the health of Frederick County residents. In addition, the LHIP presents action steps for how to achieve these objectives. The focus areas presented in the document, however, do not make a complete list of the health problems facing Frederick's residents. The priority areas included in the document were chosen by the October 2011 Summit attendees. Attendees then met in workgroups to clarify and define the top 6 priorities for local health improvement. During and after the Summit they met to establish goals, objectives, and actions to be taken to address those priorities. As reliable data sources become available and as subsequent community discussions take place, the Frederick County Local Health Improvement Plan will be updated.

## **What is the relationship of the LHIP to Healthy People 2020?**

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across sectors; guide individuals toward making informed health decisions; and measure the impact of prevention activities. The Frederick County Local Health Improvement Plan focuses on a small subset of the CDC's Healthy People 2020 objectives so that (1) we can focus on factors that are most critical to health equity and improving the health of all Frederick County residents, (2) and we can measure our success and improve our leadership if our plans aren't meeting our goals.

## **How will the Frederick County Local Health Improvement Plan be used?**

Everyone is encouraged to participate in improving the health of Frederick's residents. Achieving the goals and objectives outlined in the LHIP will require the combined efforts of organizations, families and individuals. The list below covers some of the opportunities for using the Frederick Health Improvement Plan:

- **Health-related organizations** are encouraged to use this document in developing organizational plans, developing priorities, and identifying opportunities for collaboration.
- **Faith communities, community-based organizations, and business** can use this document to guide health promotion activities, special events, and publications.
- **School and academic institutions** can use this document to assist in health promotion curricula and activities for student.
- **State and local government** representatives can use this document as a reference to identify areas for collaboration.
- **Local communities** can use this document to assist them in their health objective setting processes.
- **Families and individuals** can use this document to set personal goals for health improvement.

# Frederick County Local Improvement Plan 2012

---

## **What's next for the local health improvement process?**

The writing of the first version of the LHIP is just the first step to addressing the top priorities. It is envisioned that community stakeholders will reconvene periodically throughout the year to review progress made and plans for future actions. Opportunities to take advantage of groups that are already meeting for similar purposes will be sought. The parties that have committed to carrying out the key action steps can be found on the Frederick County Local Health Improvement Plan website, [www.FrederickCountyMD.gov/LHIP](http://www.FrederickCountyMD.gov/LHIP) , by clicking the button on the left labeled "Priorities for Improvement" and then selecting the priority of interest.

The LHIP is expected to be revised as new information becomes available. The next major revision is planned for 2014 following the anticipated implementation of national health care reform legislation.

# Frederick County Local Improvement Plan 2012

---

## Health Status of Frederick County

Frederick County's population increased 19.5% from 2000 to 2010 according to the U.S. Census QuickFacts. The 2010 age distribution of the population of Frederick County is similar to that of the state as a whole for persons under age 5 years (6%), but there are slightly more persons under age 18 years (25%) and slightly fewer over age 65 years (11%). The estimated percent of persons living below the poverty level in Frederick is significantly less at 5.7% compared to the state average of 9.2%. Personal income levels contribute significantly to various health and wellness indicators.

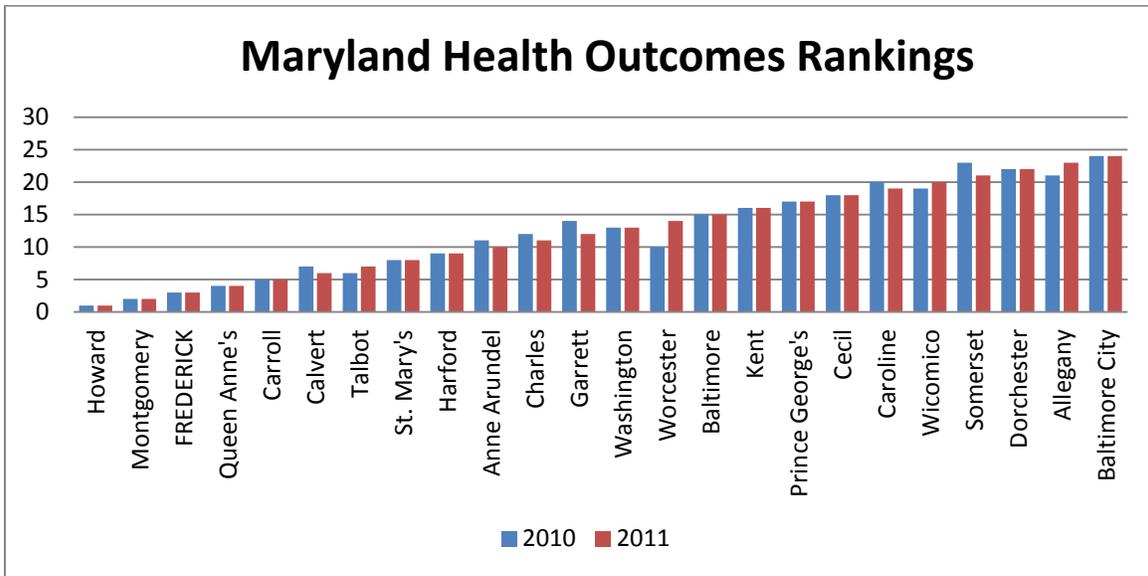
### US Census QuickFacts

	Frederick County	Maryland
Population, 2010	233,385	5,773,552
Population, percent change, 2000 to 2010	19.50%	9.00%
Persons under 5 years, percent, 2010	6.40%	6.30%
Persons under 18 years, percent, 2010	25.30%	23.40%
Persons 65 years and over, percent, 2010	11.10%	12.30%
Female persons, percent, 2010	50.80%	51.60%
White persons, percent, 2010 (a)	81.50%	58.20%
Black persons, percent, 2010 (a)	8.60%	29.40%
American Indian and Alaska Native persons, percent, 2010 (a)	0.30%	0.40%
Asian persons, percent, 2010 (a)	3.80%	5.50%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.10%
Persons reporting two or more races, percent, 2010	2.80%	2.90%
Persons of Hispanic or Latino origin, percent, 2010 (b)	7.30%	8.20%
White persons not Hispanic, percent, 2010	77.80%	54.70%
Language other than English spoken at home, pct age 5+, 2005-2009	10.70%	14.90%
High school graduates, percent of persons age 25+, 2005-2009	91.10%	87.50%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	34.90%	35.20%
Veterans, 2005-2009	18,345	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	33.6	31.1
Households, 2005-2009	81,274	2,092,538
Persons per household, 2005-2009	2.69	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$34,746	\$34,236
Median household income, 2009	\$82,598	\$69,193
Persons below poverty level, percent, 2009	5.70%	9.20%

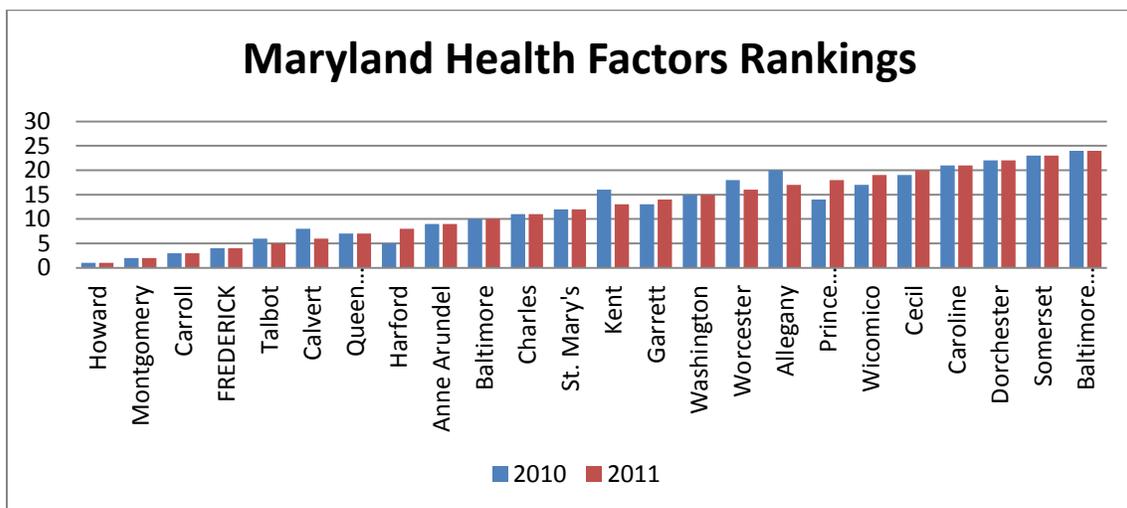
\*Accessed December 29, 2011 from <http://quickfacts.census.gov/qfd/states/24/24021.html> .

# Frederick County Local Improvement Plan 2012

The health status of all counties in the nation has been ranked for two years in a row by the university of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Frederick County maintained its enviable rank as the third best overall in Maryland when looking at health outcomes, fourth best for health factors, and third best for mortality, and improved to fourth best for morbidity, up from the fifth position in the 2010 ranking.

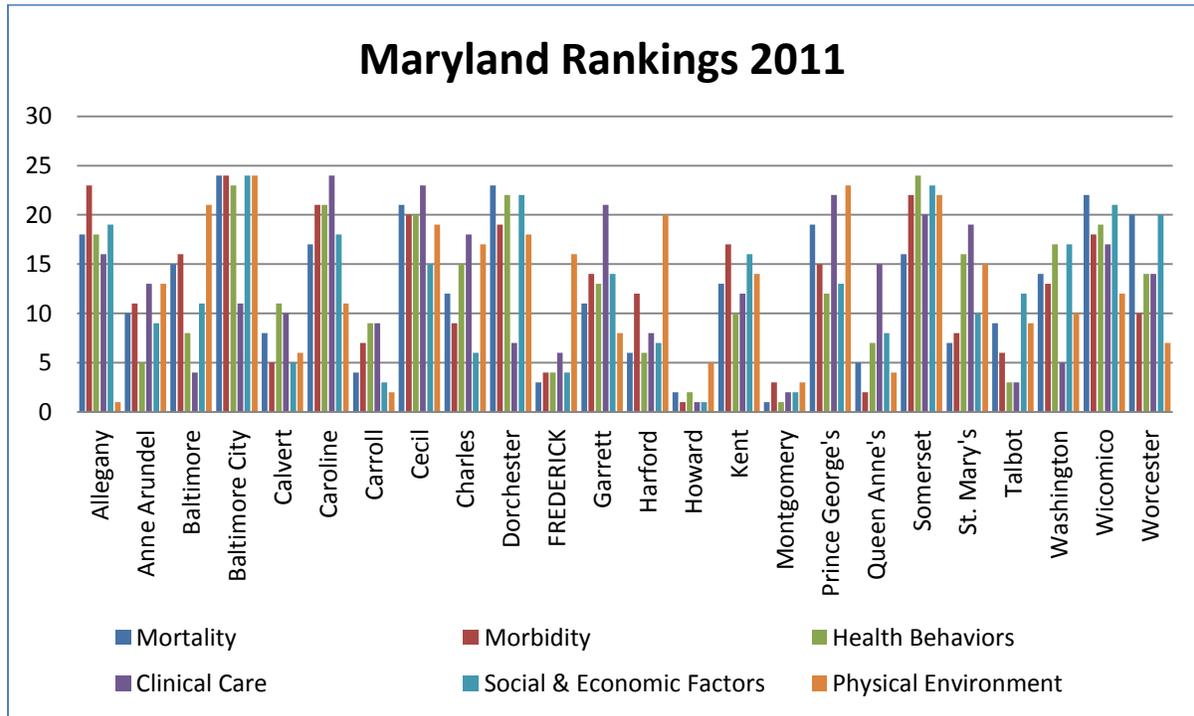


The health factors rankings take into consideration health behaviors, clinical care, social & economic factors and the physical environment.



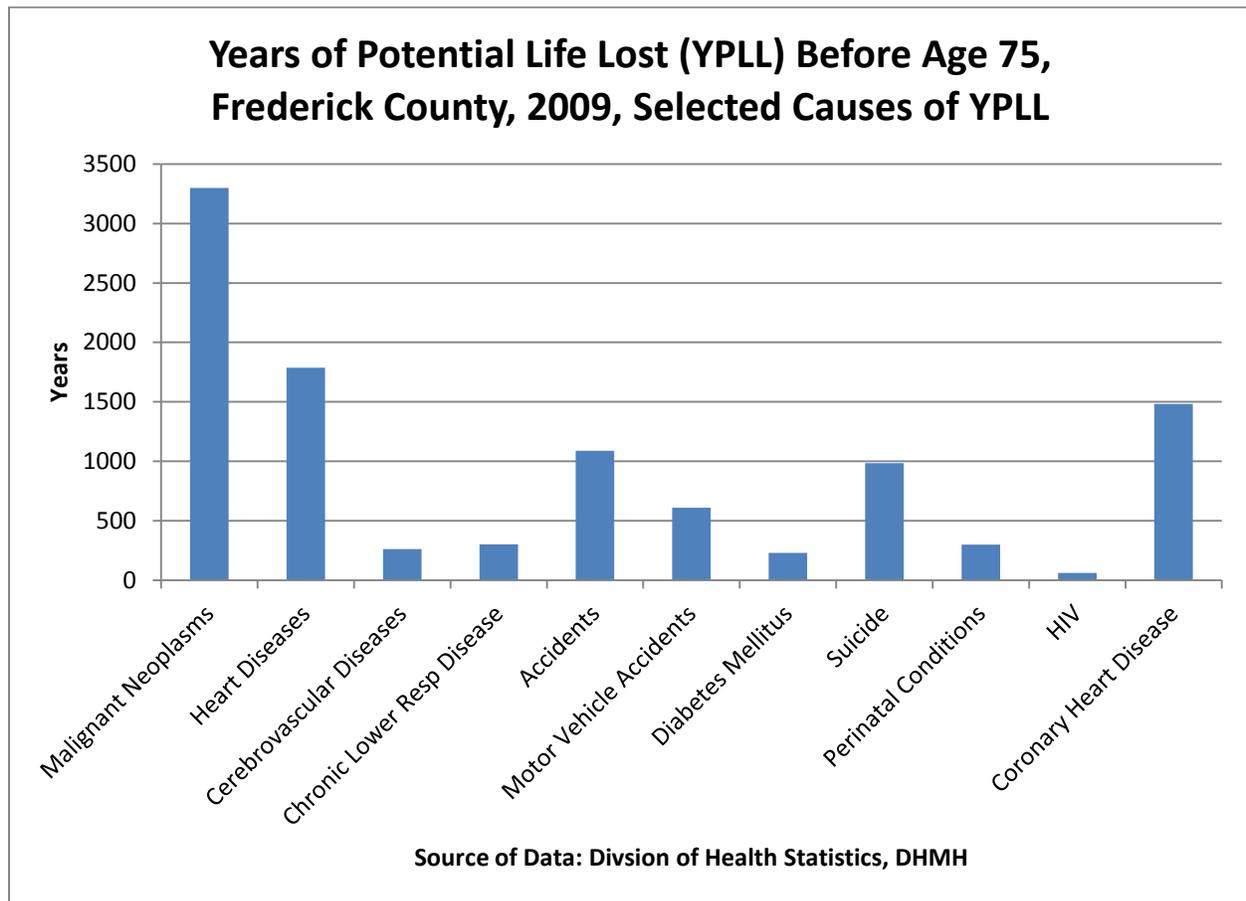
# Frederick County Local Improvement Plan 2012

Frederick County improved in 2011 to the fourth best in health behaviors, up from sixth. Clinical care improved from seventh to sixth while social & economic factors resulted in the rank dropping from third best to fourth. The physical environment ranking remained steady at the sixteenth best out of the 24 jurisdictions in Maryland.



There are numerous approaches that can be taken to identify a jurisdiction’s most pressing health needs. One approach would be to look at conditions or situations that result in the greatest impact to the persons affected. A second approach would be to look at conditions or situations that affect the greatest number of persons. A third approach would be to examine opportunities for improvement where interventions (while taking into consideration numbers affected and degree of impact) are likely to be effective and where there will be data to evaluate the impact of any interventions or policies, such as conditions that could have been prevented that result in hospital emergency room visits.

When one looks at the years of productive lives lost before age 75 for Frederick County there is no surprise that the most frequent causes of death, cancer and heart disease (broken into two columns in the chart below) result in the greatest number of years of productive lives lost. Suicide and accidents are the third and fourth most greatest cause of years of productive lives lost.



In addition to examining how the entire population of Frederick County compares to other benchmarked jurisdictions or national goals, it is important to examine whether there is evidence of disparities in diseases, conditions, and outcomes. It is well established in the public health literature and has been documented in Frederick County that persons with lower incomes and are non-White are more likely to experience worse health, as a whole, than their counterparts. There are undeniably a multitude of factors that contribute to an individual’s health status and that of a subpopulation group, some that can be changed and some that cannot be changed. The identification of the existence of disparities offers an opportunity to better understand where there may be opportunities for improvement by examining factors that have contributed positively to the attainment of better health for others.

The table ranks the top causes of death among all Frederick County residents in 2009. Maryland Vital Statistics collects information in the categories of Black and White only so that is what the limit of the information displayed below. The top five causes of death impacting the greatest number of Black residents in Frederick County are highlighted yellow. There are three causes that, while not impacting the greatest number of persons, do significantly disproportionately result a greater rate of death among Black residents – homicide (8 times greater), the perinatal period (4 times greater) and HIV (15 times greater).

# Frederick County Local Improvement Plan 2012

## Frederick County 2009 Deaths

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

Source: Maryland Vital Statistics Annual Report 2009

More data can be found in the 2007 Community Health Assessment and the October 2011 Summit presentations both of which can be accessed on the Local Health Improvement Process website at [www.FrederickCountyMD.gov/LHIP](http://www.FrederickCountyMD.gov/LHIP) in addition to what is provided in the sections below describing each of the priorities for local health improvement and the action plans to address those priorities. The Frederick County Health Department's strategic plan for 2009-2014 is responsive to the 2007 Community Health Assessment through its focus on internal efficiencies and effectiveness, health care trends, workforce needs, and issues related to the diversity within the county.

## Priorities for Action

### ***MENTAL HEALTH***

#### **Goal 1: There will be (24-hour) walk-in Mental Health services.**

**Objective 1.1:** Identify appropriate accessible setting to provide services, including ample security, lighting, transportation, parking, etc.

**Action Steps**

**1.1.1** Investigate hospital space – urgent care facilities, space adjacent to ER in FMH, etc.

**1.1.2** Investigate community space, e.g., Mental Health Association, Community Action Agency, Religious Coalition, etc.

**Objective 1.2:** Design staffing patterns, including physicians, nurse practitioners, mental health professionals, etc.

**Action Steps**

**1.2.1** Determine model to be used (medical, case mgmt., etc.)

**1.2.2** Identify numbers and types of professionals required

**Objective 1.3:** Determine Costs.

**Action Steps**

To be determined

**Objective 1.4:** Identify funding sources

**Action Steps/Interventions**

**1.4.1** Identify in-kind contributions

**1.4.2** Investigate commercial insurance, MA, etc. payment for urgent care

**1.4.3** Investigate foundations; write proposals

**Objective 1.5:** Develop criteria for referral and protocols for referral, treatment, etc.

**Action Steps/Interventions**

**1.5.1** Determine eligibility criteria

**Objective 1.6:** Market service to referral sources

**Action Steps/Interventions**

**1.6.1** Train 2-1-1 staff in eligibility criteria

**1.6.2** Educate other community providers about services

**Objective 1.7:** Staff program

**Action Steps/Interventions**

**1.7.1** Recruit, hire, and train staff

**Objective 1.8:** Open services and market to community

**Action Steps/Interventions**

**1.8.1** Use newspaper, radio, magazines, etc. to advertise service

**1.8.2** Develop brochures and cards; distribute to agencies and general public

# Frederick County Local Improvement Plan 2012

---

## ***MENTAL HEALTH cont'd***

### **Goal 2: There will be “Behavioral Health Home” services available**

**Objective 2.1:** At least one behavioral health provider as a pilot will meet the standards at a “Patient-Centered Medical Home” (e.g. hiring nurse care manager) by 10/30/12.

**Action Steps**

**2.1.1** At least one behavioral health provider will meet standards of a “Patient-Centered Medical Home”.

**Objective 2.2:** Those behavioral health providers will also implement an integrate the SAMSHA-endorsed evidence-based practice at “Integrated Illness Management and Recovery” by 10/30/2012.

**Action Steps**

**2.2.1** That provider will implement and integrate the evidence-based profile of “Integrated Illness Management & Recovery”

**Objective 2.3:** Evaluate clinical effectiveness and cost efficiency of services

**Action Steps**

**2.3.1** Evaluate clinical and cost effectiveness of interventions.

**2.3.2** Seek funding to accomplish three objectives above

### **Goal 3: Increase number of psychiatrists in Frederick County by 5-6**

**Objective 3.1:** Hire 5 – 6 psychiatrists to provide services to Frederick County residents.

**Action Steps**

**3.1.1** Apply for funding to hire psychiatrists

**3.1.2** Begin recruitment process

**3.1.3** Establish Interview Committee

**3.1.4** Select/hire at least 5 new psychiatrists to provide services in Frederick County

**Objective 3.2:** Increase reimbursement of psychiatrist services to be more closely aligned with cost of service.

**Action Steps**

**3.2.1** Negotiate increased in insurance reimbursement rates with contracted health insurance agencies

### **Goal 4: Stigma will not be a barrier to accessing mental health care.**

**Objective 4.1:** Mental Health awareness education resources to be provided to all Frederick County primary care and emergency providers.

**Action Steps**

**4.1.1:** Education will be provided to and available to 75% of primary care emergency and behavioral health settings.

# Frederick County Local Improvement Plan 2012

---

## ***MENTAL HEALTH cont'd***

**Objective 4.2:** Create a website as a single source of information on mental health resources, suicide intervention/crisis assistance, for Frederick County Residents.

**Action Steps**

**4.2.1** Identify local, State and National resources (2-1-1 as template/existing resource as model).

**4.2.2** Create/design website as a portal of information, detailing alternatives to suicide (“choose life.”).

**4.2.3** Develop marketing materials and translate into other languages.

**Objective 4.3:** Provide education and tools to Frederick County primary care providers on stress/depression indicators, screening tests.

**Action Steps**

**4.3.1** 50% of primary care physicians will be educated about depression and stress indicators, use of screening tools.

**Objective 4.4:** Individuals with mental illness to do public witnessing.

**Action Steps**

**4.4.1** Individuals with mental/emotional/trauma challenges witness to community

**Objective 4.5:** Individuals with mental illness to serve on treatment teams as peer specialists.

**Action Steps**

**4.5.1** Peers become certified for peer support

**Objective 4.6:** Seek funding to accomplish three objectives above

**Action Steps**

**4.6.1** Peer support become part of community team to reach out

## ***AFFORDABLE DENTAL CARE***

**Mission/Vision Statement:** All Frederick County residents will be able to locate and access a local oral health professional who will see them in a timely manner. An integrated partnership of general health and oral health professionals and private, nonprofit, and government organizations will provide a seamless system of oral health care.

**Goal 1: Ensure continuously accessible, coordinated, affordable and effective oral health care, including emergency and preventative care for all Frederick County residents through an integrated local oral and general health care system.**

**Objective 1.1:** Add or expand safety net dental programs, to include emergency and preventative care programs that serve individuals, with emphasis on vulnerable populations, in clinical and non-clinical settings.

# Frederick County Local Improvement Plan 2012

---

## ***AFFORDABLE DENTAL CARE cont'd***

### **Action Steps**

- 1.1.1** Recruit a member of the Frederick County Dental Society to serve as an active member of this group.
- 1.1.2** Identify three best practice models from comparable jurisdictions.
- 1.1.3** Establish an accurate baseline of need for preventative and emergency dental care for Frederick County residents
- 1.1.4** Provide information to Frederick County Dental Society regarding an upcoming survey (refer to Action 1.1.5) to dentists and potential for requests for volunteers for community programs and/or working on the process of implementing the dental portion of the Local Public Health Plan
- 1.1.5** Survey area dentists to determine who provides services to the underinsured and uninsured and under what circumstances would they be willing to begin or increase their volunteer time.
- 1.1.6** Bring together all current providers of oral health funding, local services and resources to consider a variety of approaches to providing dental care for low income adults
- 1.1.7** Based on the outcome(s) of Action Step 1.1.5, identify possible courses of action for establishing local resources for low income adults.

**Objective 1.2:** Enhance individuals' ability to navigate the oral health system

### **Action Steps**

- 1.2.1** Ensure that 2-1-1, local social service, service coordination, homeless, early childhood programs, in-home aid agencies have accurate, updated information about available oral health resources
- 1.2.2** Develop a dental resource page linked to the Health Department website and to other community provider websites, as appropriate.
- 1.2.3** Include dental resources in the consumer friendly resource guide developed by the Access Subcommittee

**Goal 2: Enhance individuals' awareness of the relationship between oral health and general health and wellness to empower them to adopt good oral health behaviors supported by evidence based practice.**

**Objective 2.1:** Implement an oral health literacy and education campaign for the public with health professionals providing accurate, consistent, and tailored messages promoting oral health

### **Action Steps**

- 2.1.1** Participate in the Oral Health Literacy campaign targeted to pregnant women and parents of young children to be initiated in February 2012 by the DHMH Office of Oral Health
- 2.1.2** Utilize traditional media and social networking channels to share oral health messages.
- 2.1.3** Integrate oral health messages into general health messages and into existing health and social campaigns (Children's Dental Health Month, Month of the Young Child, Diabetes Month, etc.)
- 2.1.4** Tailor oral health messages to a variety of ages, cultures and literacy levels (e.g., pregnant women, health professionals, politicians, individuals with special health care needs, older adults)

# Frederick County Local Improvement Plan 2012

---

## ***AFFORDABLE DENTAL CARE cont'd***

**Objective 2.2:** Increase education on promoting oral health and preventing oral disease and injury for staff working in community settings, including, for example, early childhood settings, programs for people with special healthcare needs, and programs for older adults.

### **Action Steps**

- 2.2.1** Develop or adapt available oral health literacy materials to be appropriate for special audiences (e.g.: early childhood, individuals with special health care needs, older adults.)
- 2.2.2.** Using a Train-the-Trainer model, educate key caregivers (e.g., child care providers, personal care attendants, staff in nursing/assisted living/adult day care/senior centers, shelter) about oral health concerns.

**Objective 2.3:** Promote the public's oral health through advocacy efforts.

### **Action Steps**

- 2.3.1** Develop key partnerships to advocate for oral health concerns
- 2.3.2** Actively engage local and state politicians, funding agents, and community decision-makers through education and advocacy
- 2.3.3** Seek funding resources

## ***WELLNESS AND PREVENTION***

### **Goal 1: Increase the proportion of Frederick County residents who are physically active.**

**Objective 1.1:** By 2014, 35.4 % of Frederick County adults will participate in moderate physical activity for 30 minutes or more per day 5+ days per week. [Note: County baseline 33.7% (2010). Data source: MDBRFSS RE: HP 2020 target PA-2]

### **Action Steps**

- 1.1** Investigate and encourage Frederick county employers to offer health insurance policies that cover employee wellness and physical fitness programs
- 1.2** Develop worksite wellness programs for Frederick county employers and encourage adoption of policies that promote health and physical activity
- 1.3** Expand the FMH "Take the Stairs" campaign to include other daily activities and the whole community.
- 1.4** Investigate and support current environmental initiatives within Frederick County that support increased physical activity such as safe bike trails.

**Objective 1.2:** By 2014, 23% of male and 12% of female middle and high school students are physically active for at least 60 minutes per day. [Note: County Baseline (2010): Males 21.3%; Females 10.5%; Data Source: MYTBS RE: HP 2020 target PA- 3]

### **Action Steps**

- 1.2.1** Support recommendations from the School Health Council K-12 Action Plan related to physical activity.

# Frederick County Local Improvement Plan 2012

---

## ***WELLNESS AND PREVENTION cont'd***

**1.2.2** Support Community Transformation Grant's goal to implement wellness and physical fitness objectives into select Title 1 School Improvement Plans.

**1.2.3** Assess and address barriers for Frederick County youth to become physically active. Support Child Care Choices in increasing the availability of continuing education classes for licensed daycare providers that educate about the importance of daily physical activity for children Support the MD EXCELS and the MD Child Care Credentialing programs which mandate continuing education classes on Physical Activity for children.

### **Goal 2: Increase the proportion of Frederick County residents who are at a healthy weight.**

**Objective 2.1:** By 2014, 37.5% of Frederick County adults are at a healthy weight. [Note: County Baseline (2008-2010): 35.8%; Data source: MDBRFSS (same as SHIP)]

#### **Action Steps**

**2.1.1** Develop worksite wellness programs and/or encourage adoption of policies that promote health for employers within Frederick County.

**2.1.2** Increase the availability and accessibility of affordable lifestyle programs that promote healthy weight and that target those in underserved communities.

**2.1.3** Encourage and acknowledge restaurants that offer healthier options (lower in sodium, calories and unhealthy fats) and recruit restaurants offering various ethnic and lower priced meals.

**2.1.4** Identify and/or increase the availability of space for community gardens.

**2.1.5** Develop a culturally and linguistically appropriate campaign for health care providers that ensure routine assessment of BMI during annual physicals and promotes communication with patients regarding maintenance of a healthy weight.

**Objective 2.2:** By 2014, reduce the proportion of Frederick county children ages 2-18 who are obese (equal to or greater than the 95th percentile of BMI for age) to 16.4% [Note: County Baseline (2010): 17.4%; Data source: MDBRFSS]

#### **Action Steps**

**2.2.1** Increase the availability of continuing education classes for daycare providers that educate about healthy meal planning for children.

**2.2.2** Increase nutrition education and healthy food choices throughout Frederick County public and Private schools.

**2.2.3** Implement a culturally and linguistically appropriate educational campaign targeting underserved communities that promotes the feeding recommendations of the Am. Acad. of Pediatrics (breast milk only for the first six months, no solids until six months) and that offers guidance regarding healthy meal planning for children.

**2.2.4** Identify and/or increase the availability of space for community gardens.

**2.2.5** Encourage and acknowledge restaurants that offer healthier options (lower in sodium, calories and unhealthy fats) and recruit restaurants offering various ethnic and lower priced meals.

# Frederick County Local Improvement Plan 2012

---

## ***WELLNESS AND PREVENTION cont'd***

**Objective 2.3:** By 2014, reduce the percentage of census tracts within Frederick County that have food deserts to 5.5% [Note: County Baseline (2000): 6.1%; Data source: USDA (same as SHIP)]

### **Action Steps**

- 2.3.1** Identify and/or increase the availability of space for community gardens.
- 2.3.2** Engage key stakeholders in communities designated as having low access to discuss the issue and explore the need for taking action.
- 2.2.3** Encourage food markets, convenience stores, and farmers markets to promote healthy choices, increase the availability of fruits and vegetables, and accept EBT and WIC vouchers. (EBT is an electronic transfer system for those receiving public assistance).

## **Goal 3: Reduce the overall use of tobacco products in Frederick County**

**Objective 3.1:** Reduce tobacco use by adults to 12.6% by 2014. [Note: County Baseline: 13.6%; Data source: MDBRFSS (2008-2010)]

### **Action Steps**

- 3.1.1** Engage 6-10 County employers of construction /extract- occupations, installation/ maintenance/repair occupations and food preparation /serving-related occupations. Provide education and on-site cessation services.
- 3.1.2** Outreach to local mental health / substance abuse agencies and provide education and on-site cessation services.
- 3.1.3** Outreach to PAC / MA providers to provide education and solicit participants for cessation classes.
- 3.1.4** Develop "Learning Lunches" type trainings for local physicians on 5-A's (Ask, Advise, Assess, Assist, Arrange) and motivational interviewing.
- 3.1.5** Develop and implement Nicotine Anonymous groups. Advertise / market.
- 3.1.6** Research potential social media usage. Implement automated text messaging system.

**Objective 3.2:** Reduce tobacco use by youth (18 & under) to 21% by 2014. [Note: County Baseline: 22.6%; Data source: MYTS2010]

### **Action Steps**

- 3.2.1** Contact and engage four (4) local area colleges to provide education and cessation services. Assist with no smoking on campus policy development.
- 3.2.2** Engage with local FLASH and youth groups and utilize tobacco prevention & educational activities.
- 3.2.3** Identify opportunities for reaching transitioning 8th grade students. Provide tobacco use hazard education.
- 3.2.4** Develop and provide youth cessation service training for school nurses and techs.
- 3.2.5** Engage local private schools to provide tobacco use hazard education. Provide cessation services on-site.

# Frederick County Local Improvement Plan 2012

---

## ***WELLNESS AND PREVENTION cont'd***

**Objective 3.3:** Reduce tobacco use by pregnant women to 6% by 2014. [Note: County Baseline (2008): 7.4%; Data source: 2000-2008 Monitoring Changing Tobacco Use Behaviors]

### **Action Steps**

**3.3.1** Provide OB/GYN physicians with education/ training on 5 A's (Ask, Advise, Assess, Assist, Arrange). Develop on-site cessation services and provide cessation aids.

**3.3.2** Engage FMH Pregnancy Center to provide education and training on 5 A's (Ask, Advise, Assess, Assist, Arrange) and Quitline services. Develop on-site cessation services and provide cessation aids.

**3.3.3** Engage and provide education / training to local non-profits providing pregnancy / child care services to area minorities and low-income families. Develop on-site cessation services and provide cessation aids.

## ***HEALTH INEQUITIES AWARENESS***

October 2011 Summit workgroup members focusing on this priority determined that the best approach to address health inequities awareness would be to incorporate information about and objectives addressing health inequities in each of the other five priority areas. Currently available information is limited due to the availability of data other than birth, death, and cancer data in Frederick County. The 2007 Community Health Assessment for Frederick County did not survey enough persons from different populations that have experienced health disparities in the literature and from anecdotal local observation to draw any conclusions of statistical significance related to non-reportable conditions and behaviors. The health inequities section in each priority area is under development.

## ***ACCESS TO CARE***

**Definition:** Access to quality health care has been defined by the Institute of Medicine as, “the timely use of personal health services to achieve the best possible health outcomes.” Ensuring access to health care is one of four enabling goals proposed by *Healthy People 2020* to promote progress toward achieving the overarching goals of increasing quality and years of healthy life, and eliminating health disparities.

**Problem:** Access to health care is impacted by a number of influences, including the ability to pay for care, the availability of health services, and social and cultural barriers. All three factors have broad reaching implications for unmet health care needs of millions of Americans on a daily basis. Emphasis is usually placed on the inability to pay for health care (or the lack of health insurance) as the primary problem facing a large portion of our society. However, the availability of health services, as well as the social and cultural barriers that many Americans and Frederick face are also major contributors to any problem with lack of access to health care services.

# Frederick County Local Improvement Plan 2012

---

To date, most initiatives to improve access focus on providing health care to those who cannot afford health insurance, either employer-based, or publicly subsidized. But the remaining two factors—available health services, and cultural and social barriers—while more difficult to objectively address, are vital components to the access problem in the United States and in Maryland. Analyses of these two factors in Frederick, in combination with information on health insurance coverage, will provide a broader-based overview of all reasons for the limitations on access to health care in Frederick.

While it is possible and very helpful to examine raw numbers of primary care and specialist providers in the varied regions of Maryland, it has proven more difficult to capture information on providers who are willing to participate in expanding managed care systems.

Cultural and social barriers to use of the health care system are many, and are difficult to quantify. Existing data collection does not adequately identify these impediments to access from both a provider and consumer viewpoint, especially to the local level. Anecdotal information provides snapshots across Maryland of numerous biases and beliefs which affect both the provider's willingness to give care and the consumer's utilization of needed services, but no system currently exists to fully capture this important information.

In Frederick, minorities are twice likely to be uninsured as white, non-Hispanic residents. At all income levels, minority groups comprise a higher percentage of uninsured. More than half of all adults in Maryland who are uninsured are between the ages of 18 and 34. While these young adults comprise 13% of the adult population in Frederick, they account for 25% of uninsured adults. *[Need source citation]*

## **Goal 1: Increase utilization of interpretation services for health care by individuals with limited English proficiency & individuals with hearing impairment by 5 % of the 2011 use of county services.**

**Objective 1.1:** By December 2012, educate 60 % of all primary & specialty health care providers in Frederick County about legal requirements for interpretation services in health care & health promotion activities.

### **Action Steps**

**1.1.1** Conduct educational sessions for health care providers, including contracted providers of the Frederick County Health Department, Frederick Community Action Agency, Frederick Memorial Hospital, about their legal responsibility to provide interpretation services for individuals with limited English proficiency and/or hearing impairment.

**1.1.2** Develop a briefing packet with talking points to outline the issues to address in action #1.

**1.1.3** Conduct a survey to evaluate the education efforts with the identified providers upon completion of the project.

**Objective 1.2:** By December 2012, provide language-specific informational resources of the language interpretation services & interpreter training programs available in the county to 60% of all primary & specialty health care providers in the county.

### **Action Steps**

**1.2.1** Develop a comprehensive directory of voice & sign interpretation services & training programs available in Frederick County & through Managed Care Organizations.

# Frederick County Local Improvement Plan 2012

---

## ***ACCESS TO CARE cont'd***

**1.2.2** Distribute directory to county health providers via e-mail/fax in pdf format. It will be posted on the Frederick County Health Department & the Life & Discovery websites.

**Goal #2: Utilization of available health care resources for the uninsured/underinsured are reflected in a 2 % reduction in Frederick Memorial Hospital Emergency Department visits for non-emergent needs.**

[Over 25% of FMH admissions in 2010 were for non-emergent needs. Source: 2010 Human Needs Assessment Report compiled by the Community Foundation of Frederick County]

**Objective 2.1: By August 2012, a concise guide to health care resources for county residents & providers that can be distributed by mail, fax, or face-to-face interaction will be developed.**

**Action Steps**

**2.1.1** Identify the primary health care resources that will have the most impact in meeting the health care needs of residents by surveying current health care brochures, guides, & websites.

**2.1.2** Consolidate the resource list into a brochure.

**2.1.3** Translate the resource list into languages spoken by the 6 ethnicities highest in population in Frederick County & meet health literacy standards for all of the brochure's languages.

**Objective 2.2: By December 2013, 92 % of residents in Frederick County will have health insurance.**

[An estimated 9% of Frederick County residents lacked health insurance in 2010. Source: Maryland BFRSS]

**Action Steps**

**2.2.1** Hold a community awareness campaign for the general public on available public insurance plans. **2.2.2** Consider Convoy of Hope as a venue.

**2.2.3** Collaborate with 211 to increase public awareness of their service & share health care resources with this program.

**Objective 2.3: By December 2013, 75% of county residents will see a doctor for a routine checkup.**

[In 2010, 70.2% of county residents saw a doctor for a routine checkup in the last year. Source: Maryland BRFSS]

**Action Steps**

**2.3.1** Apply for a grant to fund a coordinator position in Frederick County to provide residents with information on health care resources appropriate to their needs. This will involve collaboration with other agencies & providers.

**Goal #3: Increase the utilization of transportation assistance to health care services available for residents with a limited income by 3% above the 2010 usage. An estimated 110 residents/month are not served due to geographic location in 2010.** [Source: 2010 Human Needs Assessment Report compiled by the Community Foundation of Frederick County]

# Frederick County Local Improvement Plan 2012

---

## ***ACCESS TO CARE cont'd***

**Objective 3.1: By June 2012, complete an assessment of consumer health care transportation problems and needs in the county.**

**Action Steps**

- 3.1.1** Complete a survey of consumers & health care providers to identify any gaps in transportation services.
- 3.1.2** Meet with Transit liaison to develop strategies to address the problems & needs identified in the survey.

**Objective 3.2: By September 2012, 5% of the population living in the 10 poorest census tracts in the county will receive information on health care transportation services.**

**Action Steps**

- 3.2.1** Include transportation services in the health care resource guide.

**Goal 4: Stay abreast of Maryland's Health Care Reform initiatives to determine how it impacts access to care & modify the health improvement plan as needed.**

**Objective 4.1: By June 2012, develop a collaborative with Frederick County agencies & organizations that are implementing health care reform measures.**

**Action Steps**

- 4.1.1** Offer community partners an opportunity to join a list serve in order to distribute updates on health care reform.
- 4.1.2** Display information about Health Care Reform on the FCHD website on a quarterly basis.
- 4.1.3** Develop 2 alternative methods to distribute information on Health Care Reform to the public.

## ***EARLY CHILDHOOD GROWTH AND DEVELOPMENT and Related Services***

**Goal 1: Promote best practices regarding preconception & prenatal health and well being through educational outreach initiatives targeted at families & at the general public in Frederick County.**

**Objective**

- 1.1** Promote best practices regarding preconception awareness and education via dissemination of information/ed. materials to females of child bearing age on nutrition and life choices that impact birth outcomes later in life.
- 1.2** Promote best practices regarding healthy early prenatal choices by disseminating information to/educating expectants and the general public on the critical early prenatal period and on resources for early prenatal care and education available in the community.

# Frederick County Local Improvement Plan 2012

---

## ***EARLY CHILDHOOD GROWTH AND DEVELOPMENT and Related Services cont'd***

**1.3** Promote best practices regarding breastfeeding by disseminating information to/educating expectants and the general public on the advantages and on resources and education available in the community.

### **Action Steps**

- 1.1** Identify professional and agency resources and sources of educational materials
- 1.2** Recruit and secure partners resources, funding, etc.
- 1.3** Create/solicit additional ed. materials needed
- 1.4** Create campaign/community education & outreach strategies for education efforts and dissemination of resources.
- 1.5** Create and implement plan, combining resources and efforts from all sub groups to avoid duplication and identity gaps.

## **Goal 2: Promote best practices regarding early brain development in young children 0 – 5 through educational outreach initiatives targeted at families & at the general public in Frederick County.**

**Objective 2.1:** Promote best practices regarding optimal early brain development by educating families and the general public about early brain development and critical impacts including nutrition; healthy family relationships and safe & nurturing environments.

### **Action Steps**

- 2.1.1** Identify professional and agency resources and sources of educational materials.
- 2.1.2** Recruit and secure partners resources, funding, etc.
- 2.1.3** Create/solicit additional ed. materials needed
  
- 2.1.4** Create campaign/community education & outreach strategies for education efforts and dissemination of resources.
- 2.1.5** Create and implement plan, combining resources and efforts from all sub groups to avoid duplication and identity gaps.

## **Goal 3: Promote best practices regarding the physical health and well being of young children 0 – 5 through educational outreach initiatives targeted at families & at the general public in Frederick County.**

### **Objectives:**

- 3.1** Promote best practices regarding well child care & immunizations.
- 3.2** Promote best practices regarding appropriate physical stimulation/ physical activity.
- 3.3** Promote best practices regarding nutritional needs of young children.

### **Action Steps**

- 3.1** Identify professional and agency resources and sources of educational materials
- 3.2** Recruit and secure partners resources, funding, etc.
- 3.3** Create/solicit additional ed. materials needed
- 3.4** Create campaign/community education & outreach strategies for education efforts and dissemination of resources.

# Frederick County Local Improvement Plan 2012

---

## ***EARLY CHILDHOOD GROWTH AND DEVELOPMENT and Related Services cont'd***

**3.5** Create and implement plan, combining resources and efforts from all sub groups to avoid duplication and identity gaps.

### **Goal 4: Promote best practices regarding the social-emotional health and well being of young children 0 – 5 through educational outreach initiatives targeted at families & at the general public in Frederick County.**

#### **Objectives**

- 4.1:** Promote best practices regarding parent/family influences and environments
- 4.2:** Increase education available in the community regarding the impacts of family DV/SA/MH on SE health and wellness.
- 4.3:** Promote the preventing child maltreatment to reduce social and emotional impairments that can result.

#### **Action Steps**

- 4.1** Identify professional and agency resources and sources of educational materials
- 4.2** Recruit and secure partners resources, funding, etc.
- 4.3** Create/solicit additional ed. materials needed
- 4.4** Create campaign/community education & outreach strategies for education efforts and dissemination of resources.
- 4.5** Create and implement plan, combining resources and efforts from all sub groups to avoid duplication and identity gaps.

### **Goal 5: Promote best practices regarding the safety of the young child, prenatally and ages 0 – 5 through educational outreach initiatives targeted at families & at the general public in Frederick County**

#### **Objectives**

- 5.1** Promote best practices regarding safe sleeping & SUIDS prevention.
- 5.2** Promote best practices regarding preventing exposure to toxins (tobacco smoke, household hazards/poisons & chemical).
- 5.3** Promote best practices regarding fire prevention and emergency preparedness.
- 5.4** Promote best practices regarding car seat safety.
- 5.5** Promote best practices regarding lead poisoning prevention.
- 5.6** Promote best practices regarding proper prenatal use of seat belts and car seat safety

#### **Action Steps**

- 5.1** Identify professional and agency resources and sources of educational materials
- 5.2** Recruit and secure partners resources, funding, etc.
- 5.3** Create/solicit additional ed. materials needed
- 5.4** Create campaign/community education & outreach strategies for education efforts and dissemination of resources.
- 5.5** Create and implement plan, combining resources and efforts from all sub groups to avoid duplication and identity gaps.

**Appendices**

# Frederick County Local Improvement Plan 2012

---

## ***Frederick County Health Care Coalition Executive Committee***

**as of December 2011**

Jim Williams, MBA (President) – Vice President of Business and Physician Development Frederick Memorial Healthcare System

David Liddle, MBA (Vice President, Treasurer) – Executive Director and CFO Mission of Mercy

Gail Griffin, MD (Secretary) – Private Practice Family Physician

Pat Hanberry – Executive Director Mental Health Association

Steve Wilhide – Private Citizen with FQHC background

Harry Grandinett – Director Marketing Frederick Memorial Hospital

Kitty Devilbiss – Private Citizen with aging services background

Leigh Joos, RN - Frederick County Health Access Program Coordinator

Barbara Brookmyer, MD, MPH – Health Officer Frederick County

## *Local Health Improvement Priority Workgroups*

### **Mental Health Group**

Darlene Armacost  
Derek Belz  
Marty Brown  
Alan Feinberg  
Pat Hanberry  
Heather Kirby  
Scott Rose  
Andrea Walker  
Jim Williams

### **Affordable Dental Care Group**

Kitty Devilbiss  
Harry Grandinett  
Monica Grant  
Diane Grove  
Leigh Joos  
Brian Scott  
Carolyn True  
Tina VonGunten

### **Wellness and Prevention Group**

Angie Blair  
Cindy Bowers  
Barry Churchill  
Todd Crum  
Donna Devilbiss  
Jackie Douge  
Michelle Early  
Laurie Frey  
Chris Lane  
Beth Mowrey  
Angela Phillips  
Adriana Roa  
Barbara Rosvold  
Carlota Salter  
Tom Werner

### **Health Inequities Awareness Group**

Kimberly Fox  
Ralph Kline  
Veronica Nimpson  
Danielle Wivell-Wagner

# Frederick County Local Improvement Plan 2012

---

## **Access to Care Group**

Elizabeth Chung  
Miriam Dobson  
Hal Ehart  
Nancy Haines  
Blair Hughes  
David Liddle  
Burneda Russell  
Roseann Russo

## **Early Childhood Growth and Development Group**

Maria Dennis  
Kathleen Evans  
Katherine Murray  
Martha Ruiz

## **Maryland's 39 Critical Health Measures**

The Maryland SHIP can be viewed at <http://dhmh.maryland.gov/ship/>.

Maryland's SHIP measures compared to Frederick can be found at [http://eh.dhmh.md.gov/ship/assets/docs/SHIP\\_CLD\\_measures\\_Frederick.pdf](http://eh.dhmh.md.gov/ship/assets/docs/SHIP_CLD_measures_Frederick.pdf) .



