



Welcome to the
Frederick County
Health Improvement Priority Setting Summit

*Please sign in and find your table.
Opening remarks will begin at 9am.*

January 15, 2019

Welcome!

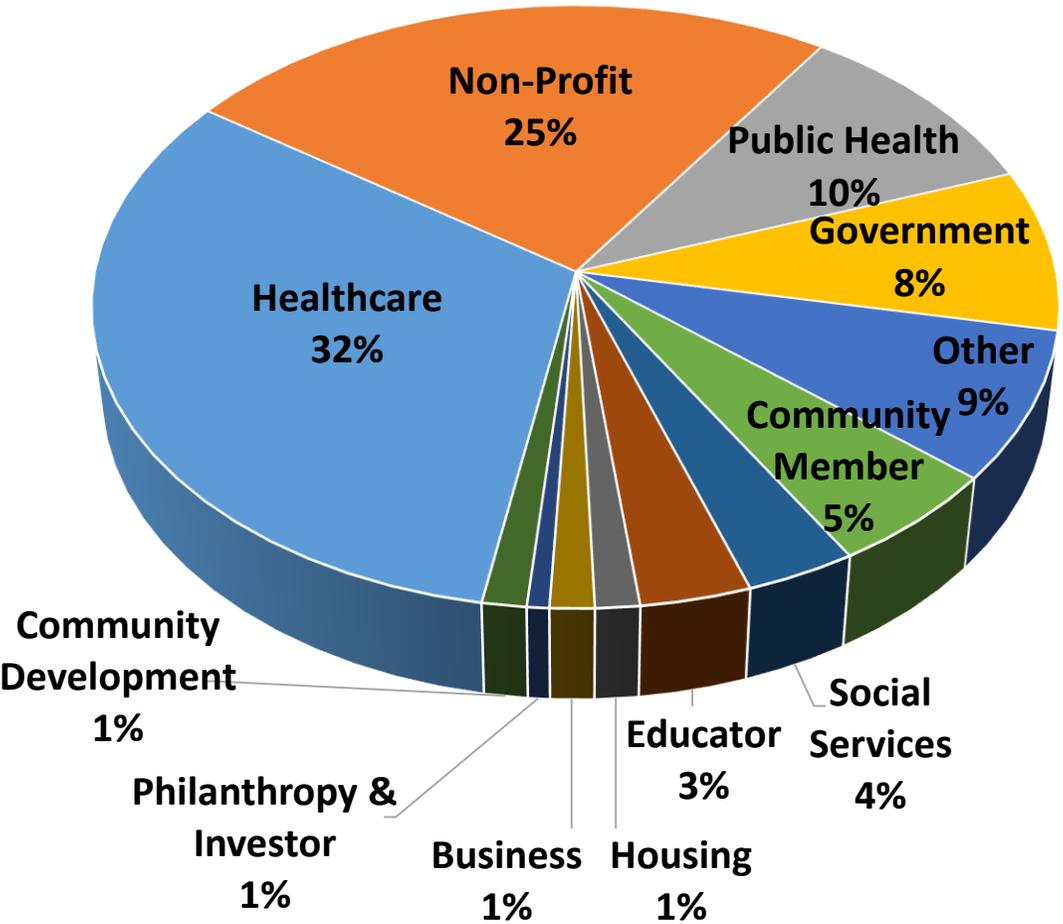
Conference Objectives:

- Provide background information on top 10 health concerns in Frederick County
- Perform “readiness assessment” on 10 health topics
- Determine top 3 health priorities
- Break into topic work groups to begin planning
 - Sign up to participate in future

Housekeeping

- Bathrooms and water fountain through doors in back of room
- Emergency Exit
- Laptops – watch out for cords
- Please turn cell phones to vibrate
 - If you need to take a call, please step out to the hallway

150 Attendees!



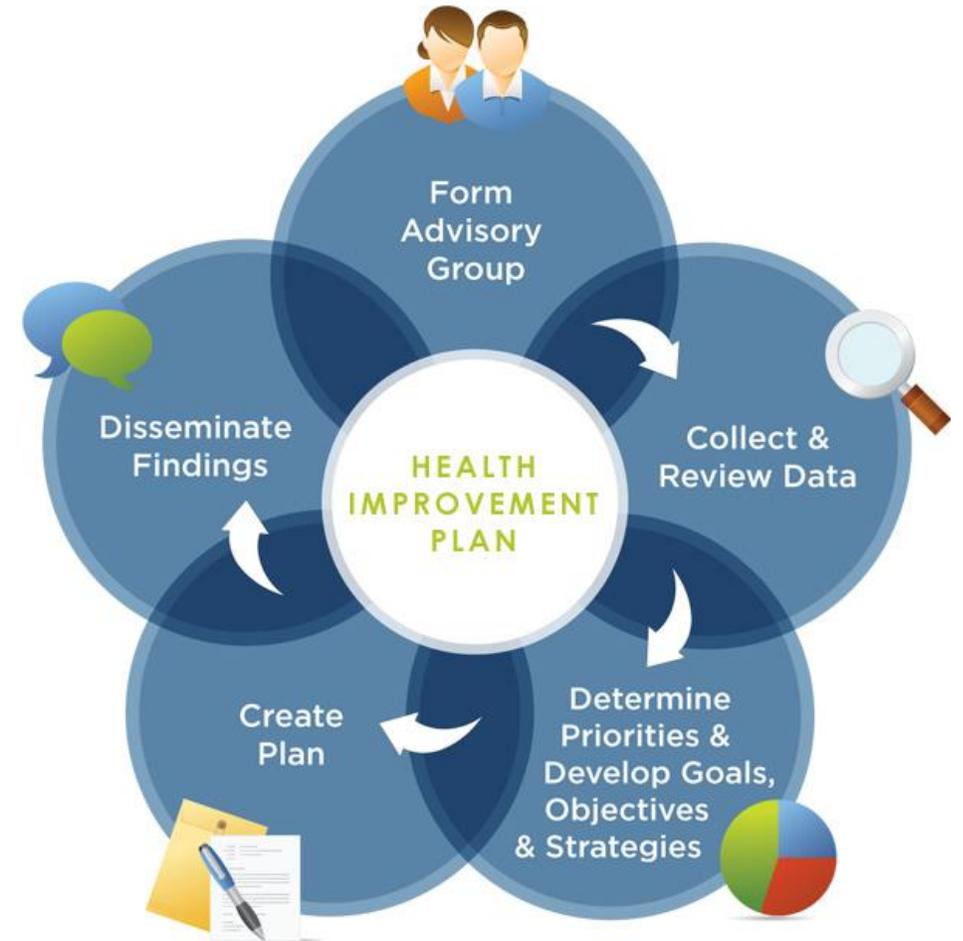
- MD Heroin Awareness Advocates
- Frederick County Public Schools
- Continuum Recovery Center
- Hospice of Frederick County
- Frederick Regional Health System
- Community Collaboration Center
- Masters Specialty Pharmacy
- Frederick County Sheriff's Office
- United Way of Frederick County
- Frederick Community Action Agency
- Potomac Sprout Company
- Frederick County Health Department
- Boys & Girls Club of Frederick County
- Delta Sigma Theta Sorority, Inc
- Chamber of Commerce
- Frederick County Family Partnership
- Frederick County Parks and Recreation
- Frederick Memorial Hospital
- Frederick County Child Advocacy Center
- Housing Authority of the City of Frederick
- The Frederick News-Post
- I am an advocate, not representing an agency
- The Frederick Center, Inc
- Frederick County Senior Services Division
- Church of the Nazarene
- The Community Foundation of Frederick County
- Mental Health Association of Frederick County
- East Frederick Rising
- Children of Incarcerated Parents Partnership
- Justice Job of Maryland
- Frederick Birth Center
- Frederick County Office of the County Executive
- Frederick County Office for Children and Families
- Religious Coalition
- Frederick County Division of Fire and Rescue Services
- Frederick County Senior Services Division Advisory Board
- Frederick County Office of Sustainability and Environmental Resources
- Zeta Phi Beta Sorority, Inc. - Frederick County Chapter
- Home Health Care
- Frederick Community Action Agency, Health Center
- crossed BRIDGES
- Frederick County Department of Social Services
- Hood College
- Seton Center
- Student Homeless Initiative Partnership (SHIP)
- Mission of Mercy
- Wells House, Inc
- Community Engagement & Consultation Group Inc
- Core Service Agency
- Frederick County Citizens Services Division
- The Freedom Center
- Community Member
- Advocates for the Aging in Frederick County
- The Ranch
- Frederick Regional Health System: Corp OHS
- Frederick Integrated Healthcare Network
- Asian American Center of Frederick (AACF)
- Maryland State Department of Education
- Potomac Case Management Services, Inc
- New Midway Volunteer Fire Department
- Brook Lane Health Services
- Richard Carbaugh's Hope Foundation
- Frederick County Pediatrics & IECC
- Frederick County Senior Services
- YMCA of Frederick County
- Maryland's Commitment to Veterans
- Spanish Community of MD
- University of Maryland Extension
- Monocacy Health Partners
- Leidos Biomedical Research, Inc
- Senior Services Advisory Board
- Girls on the Run Mid Maryland

Agenda

9:00am –9:10am	Welcome and Overview
9:10am–10:30am	Subject Matter Expert Presentations
10:30am–10:40am	Break
10:40am–11:00pm	Subject Matter Expert Presentations
11:00am–11:15	Process/Next Steps
11:15am-11:45am	Table discussions and readiness assessment
11:45pm–12:15pm	Lunch (provided)
12:15pm–12:30pm	Presentation of compiled rankings and Next Steps
12:30pm–1:30pm	Break out into new work groups
1:30pm–1:45pm	Closing remarks and next steps

LHIP Process

- Assess health of community
- *Identify priorities for health improvement*
- Implement programs or policies
- Evaluate impact of programs or policies
- Repeat cycle



Background: Local Health Improvement Priorities

2012-2014

- Mental Health
- Affordable Dental Care
- Wellness & Prevention
- Access to Care
- Health Disparities
- Early Childhood Growth and Development

2014-2016

- Behavioral Health
- Affordable Dental Care
- Health Disparities
- Health Education
- Frail Seniors

2016-2019

- Adverse Childhood Experiences (ACEs)
- Behavioral Health
- Senior Support

Accomplishments from Prior LHIP Work Groups

- Dental Health – Dental Clinic
- Behavioral Health – Anti-stigma campaign, future detox center
- Senior Health – non-profit spin-off, goals became priorities of others
- Adverse Childhood Experiences – training expanded beyond IECC creating a movement with urgency

Takeaway: Work Groups bring attention to these topics and provide momentum. Together we can accomplish more than we can alone!

Process for this Cycle

- Frederick County data on health conditions have already been compiled into Community Health Assessment
- Community Health Assessment Committee has applied prioritization criteria to these health conditions
- Today you will hear presentations on the top 10 health conditions by Subject Matter Experts.
- We will assess what areas we as a community are ready to make priorities for the next 3 years.

As you listen to the Experts...

1. Refer to the Fact Sheet and PowerPoint

Adverse Childhood Experiences (ACES)

Quick Facts:

- Adverse Childhood Experiences (ACEs) are traumatic incidents in a child's life that cause toxic stress-- especially abuse, neglect, and exposure to violence.
- Toxic stress can build up and overwhelm a child's ability to cope when exposure to adversity happens without healthy support from adults. Toxic stress undermines brain architecture and function, increasing the risk of negative physical and mental health outcomes.
- Having multiple ACEs increases risk for negative behavioral and mental outcomes, chronic disease, and possibly early death.

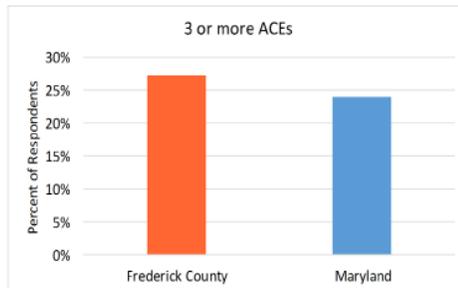


How many people does this affect?

52,578 Frederick County adults with 3+ ACEs or **27.2%** in 2016.

Severity: Moderately severe. Early life impact can cause chronic, generational issues, intervention strongly rec.

Disparity: No Frederick County data available.



No **Trend** data available

2. Complete the Worksheet for each topic

Priority Setting Summit Worksheet

Now that you've heard the Subject Matter Experts present on each health topic, please discuss as a table the following questions:

1. Can we see measurable results/change within 3 years?
2. Do we have tangible resources/assets in our community available to address this problem?
3. Is there community support?
4. Could working on this problem support other identified problems?

Score each health topic by each question using this scale:

1=No/I don't think so 2=Some/Maybe 3=Yes/A Lot

Write a number score in each box and total each row. Blanks will be counted as zero.

Health Topic	1. 3 Year Impact?	2. Resources Available?	3. Community Support?	4. Impact other Problems?	TOTAL SCORE	Willing to Work On? Y/N
ACEs	+	+	+	=		
Cancer	+	+	+	=		
HIV	+	+	+	=		
Hypertension	+	+	+	=		
Infant Health	+	+	+	=		
Mental Health	+	+	+	=		
Obesity	+	+	+	=		
STIs	+	+	+	=		
Substance Use	+	+	+	=		
Suicide	+	+	+	=		

When you have completed your worksheet, please hand your paper in to the facilitator.

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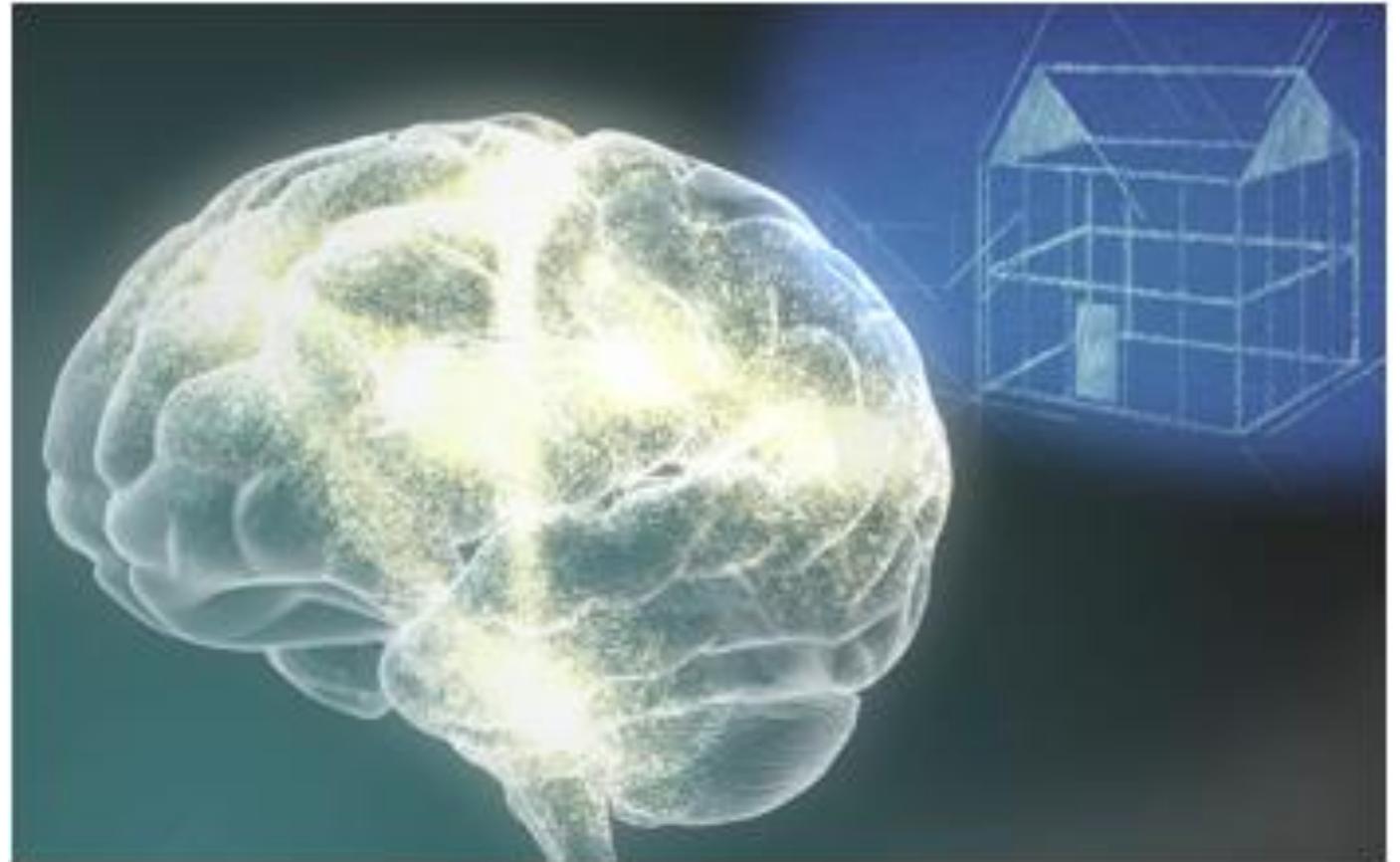
Adverse Childhood Experiences (ACEs)

Build Healthy Brains to Reduce the Impact of Childhood
Toxic Stress across the Life Span

Lynn Davis, MS, NCC & Pilar Olivo, MPA
Child Advocacy Center of Frederick County

Brains are built

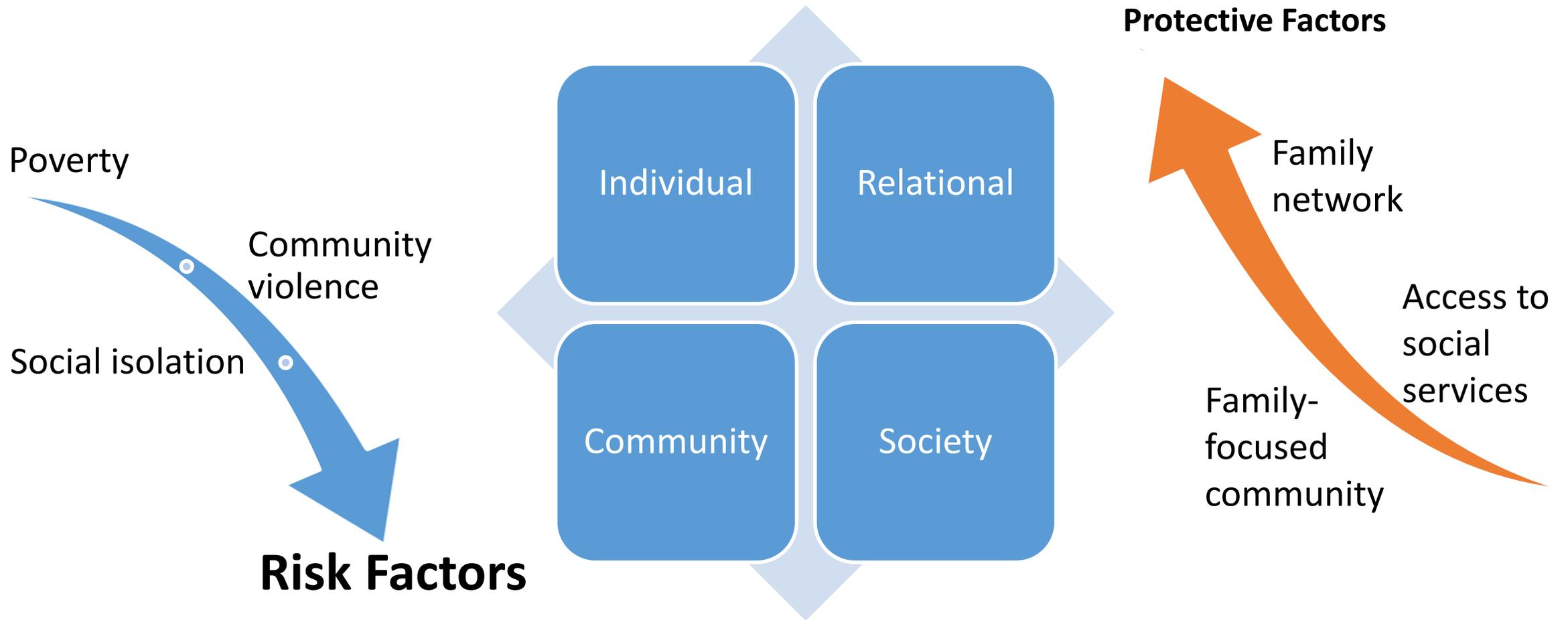
- Genes and experience matter.
- Serve and return interactions with parents and caregivers are critical.
- Cognitive, emotional and social capacities are intertwined.
- Toxic stress weakens brain architecture.
- Adverse childhood experiences are events that lead to toxic stress in children.



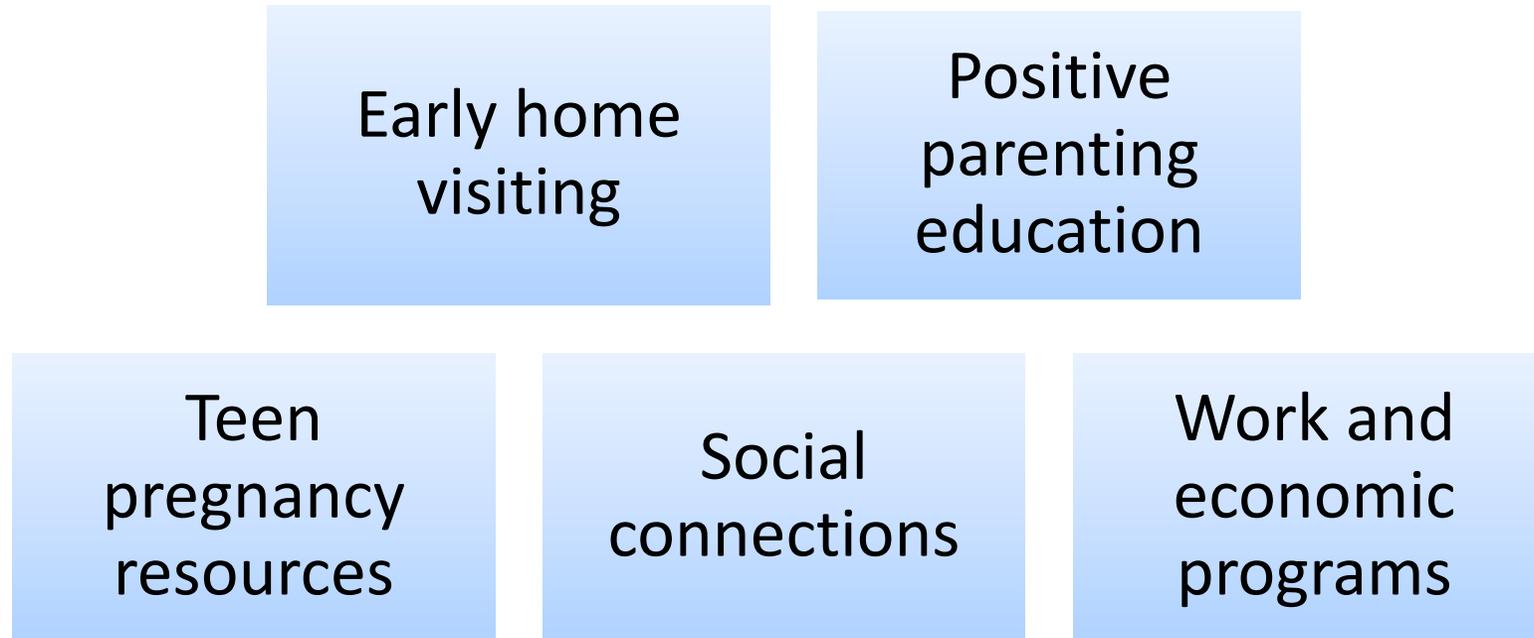
Highlights of the Fact Sheet

- Disparities work in different ways
 - Overall black and Hispanic children have higher average ACEs scores – 38 and 33%
 - Poor white children have highest incidence rate ratio compared to wealthy white children
- 27.2% of Frederick County adults an ACEs score of 3+
- No Frederick County data on ACEs in children YET!

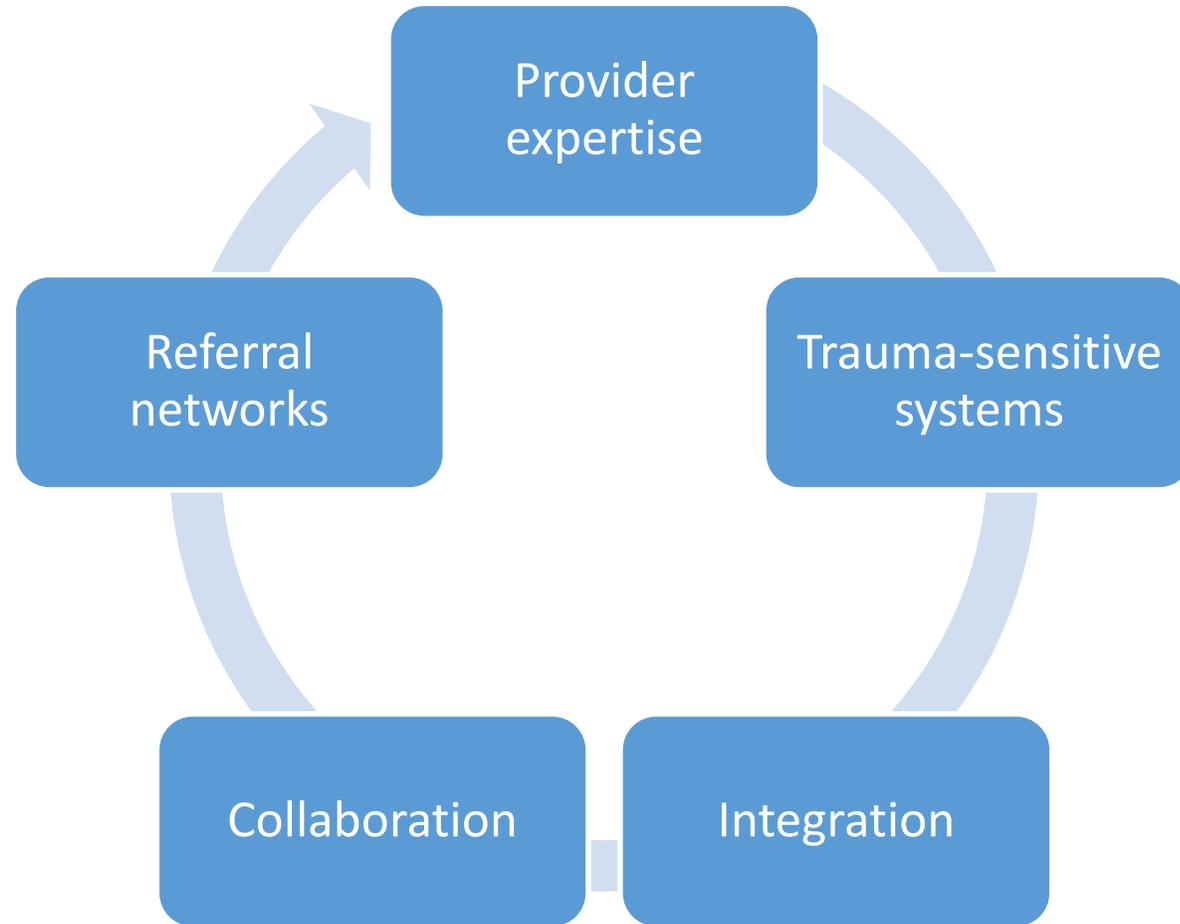
What can we do about Toxic Stress?



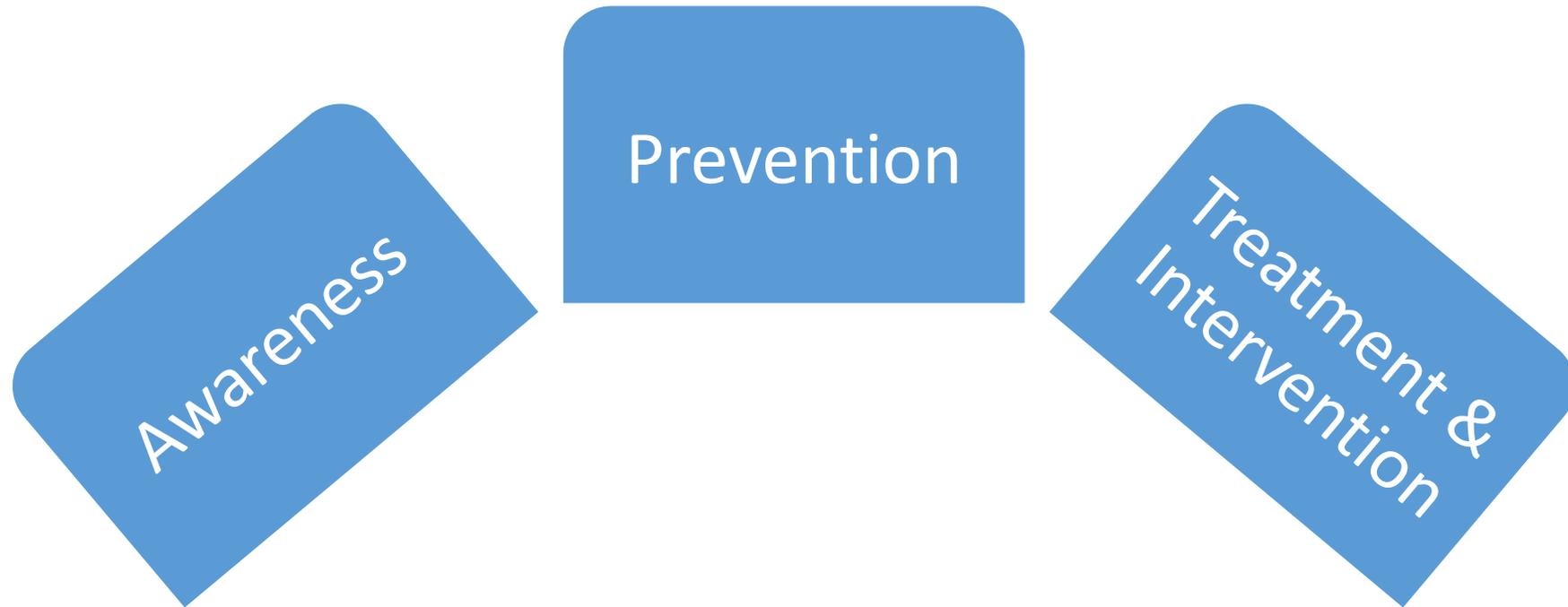
Prevention Programs and Policies that Make a Difference



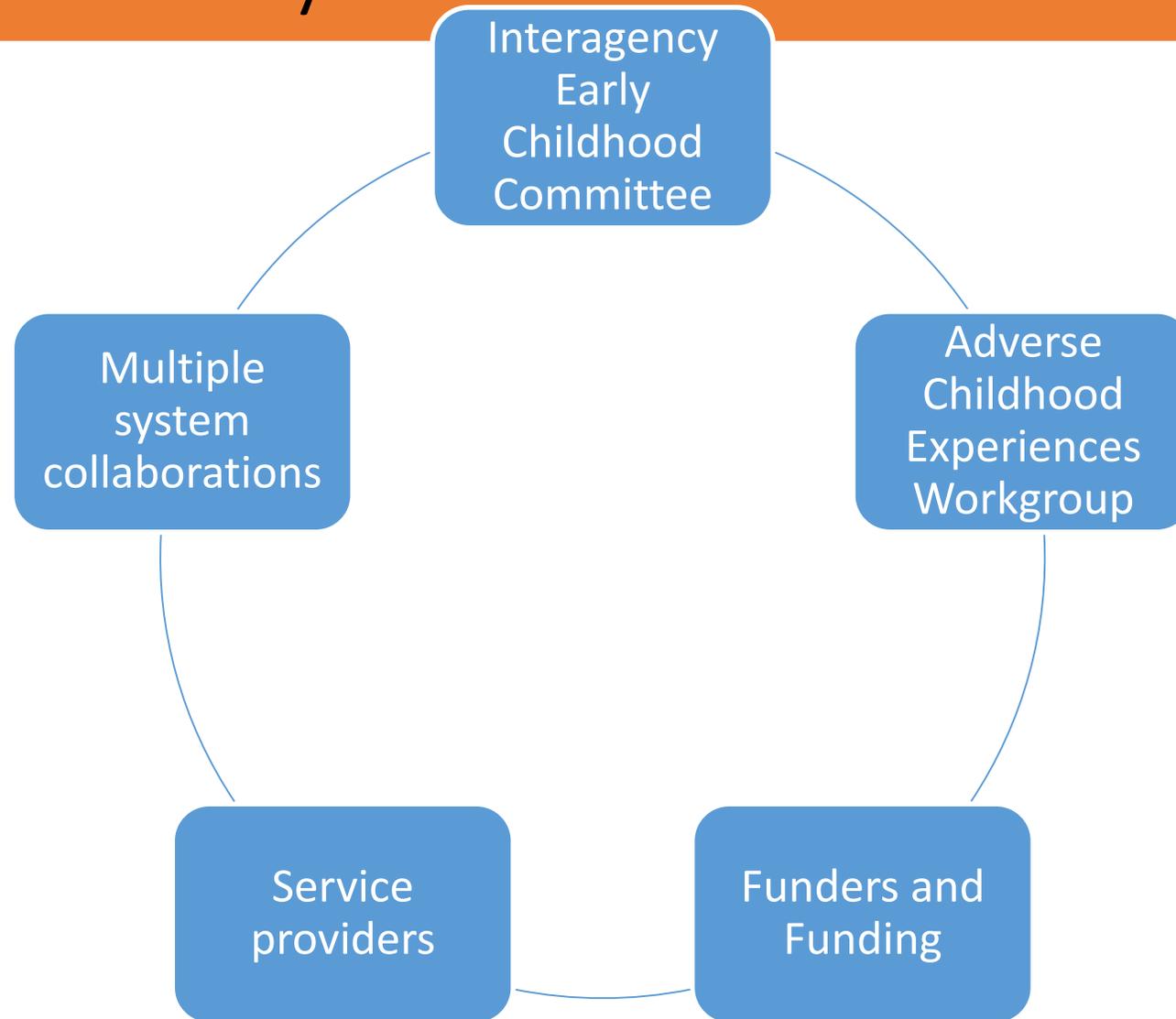
Intervention & Treatment Programs and Policies that Make a Difference



How can 3 years make a difference?



In the Community



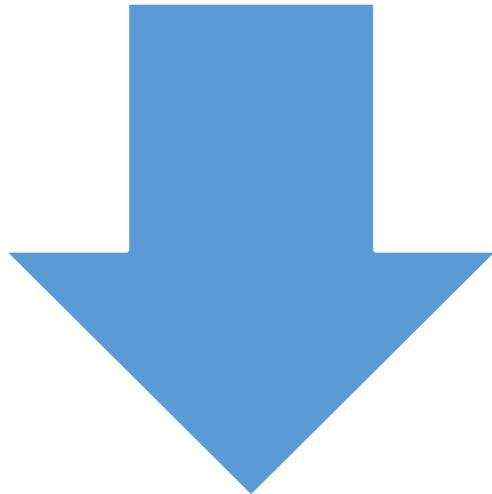
Connections



What if?



Infant mortality,
health disparities,
& treatment and
intervention costs



Life expectancy &
quality of life and
workforce ability

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Cancer

Review of Breast, Colorectal, Melanoma and Oral Cancer

Patricia A. Rice, CRNP, ANP-BC, OCN, APNG

Frederick Regional Health System

Highlights of the Fact Sheet

Quick Facts:

- Complex and interrelated factors contribute to the risk of developing cancers.
- Many cancers are preventable by reducing risk factors and by early screening.
- Cancer continues to be the second leading cause of death in Frederick County.

Incidence Rate in Frederick (per 100K population)— four leading cancer types:

Cancer	Incidence Rate	Mortality Rate	Disparity
Female Breast Cancer	131 per 100,000	22 per 100,000	higher in Black women
Colorectal Cancer	37	15	higher in Blacks and men
Melanoma	25	2	higher in men
Oral Cancers	11	2	higher in men

What can we do about it?

Education, early detection and screening all critical in prevention and intervention

- Colorectal Cancer
 - Early screening and colonoscopy critical to disease identification and prevention
- Oral cancer
 - Smoking cessation, alcohol abuse education and importance of HPV vaccination
- Breast Cancer
 - Education and a high level of community involvement in breast cancer screening and prevention along with the availability of mammography making us closer to goals for mortality
- Melanoma
 - Sun exposure increase risk factor – Goals for mortality rate have been met

In the Community

Current initiative- Colorectal Cancer:

- FMH Steering Committee currently focusing on improving colorectal screening in African American community. Roundtable discussion with influential members of the African American community held.
- Lack of understanding/education as to what a colonoscopy was determined to be a key barrier as to why people are not participating in colorectal screening.
- Access to testing also an issue – Dr. Naderge Pierre part of Steering Committee and able to perform colonoscopies – this also communicated to the community.

Connections

- Would working on this topic impact on other health/community problems?
- Cancer if left untreated will continue to invade other areas of the body – regardless of primary site of cancer
- Untreated patients will need extensive care and possible hospitalization.
- If we are able to diagnose/treat early the cost of cancer care can be reduced. Potentially, redirecting funds to other services in the community.

What if?

- Without intervention/education:
 - Cancer usually develops in older people, 87% of all cancers in the US are diagnosed in people 50 years of age or older.*
 - At least 42% of newly diagnosed cancers are potentially avoidable, including 19% that are caused by smoking and 18% caused as a result of excess body weight, physical inactivity, alcohol abuse and poor nutrition. *
 - Higher incidence for all cancer types – especially oral and colorectal cancer
 - Advanced stages of colorectal cancer and oral cancer
 - result in significant disabilities for the patient
 - higher cost of care

*2018 American Cancer Society Facts and Figures.

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HIV in Frederick County

Peter Brehm
The Frederick Center

Reflections on the Fact Sheet

- The human immunodeficiency virus (HIV) is a virus spread by certain body fluids that attacks the immune system. If untreated, HIV progresses to become Advanced HIV, which has historically been referred to as AIDS (Acquired Immunodeficiency Syndrome).
- Public perception in the US about the seriousness of HIV has declined in recent years. Treatment with anti-retroviral medicines, makes HIV into a chronic illness versus a terminal condition. This causes complacency and puts county residents at risk.
- Often no symptoms manifest when a person has been exposed to HIV. Everyone between the ages of 15-65 should be screened once and those who fall into high risk populations should be screened more often.

Reflections on the Fact Sheet

- In Frederick county, 75% of those people diagnosed with HIV are within minority populations. This trend needs to be addressed with education and increased screening to reduce this disparity.
- An estimated 13.5% of people living with HIV in Maryland do not know their status. If people are unaware of their status they may be unknowingly passing the virus to others.
- A study conducted in Boston found that 50% of African American men who have sex with men will be diagnosed with HIV at some point in their lifetime. The study also shows that 25% of Latino men who have sex with men will be diagnosed with HIV at some point in their lifetime as well. These high risk populations have been less likely to know and use PrEP strategies to stay negative.

Current efforts

The Frederick HIV Coalition, a program of The Frederick Center works in close collaboration with the Frederick County Department of Health.

- Free, on-site confidential screening at the Health Department (walk-in or appointment)
- Free, on-site confidential screening by the Health Department at outreach events throughout the community
- Free home HIV screening kits funded by The Frederick Center and offered by The Frederick Center and the Health Department
- Hosting events such as World AIDS Day Vigil to raise awareness
- Presentations on HIV to interested community groups

What can we do about it?

Are there evidence based interventions or other communities?
Prevention or intervention?

Yes/PrEP

Can we see measurable results/change in 3 years?

Yes/a reduction in new diagnoses.

What can we do about it?

Advocate for the following:

- Make sure *every* doctor is offering HIV screening to their patients as part of the patient's regular healthcare regime
- Discussing sexual health and HIV risk with patients as part of normal medical assessment/discussions
- Make sure the Frederick County Public School Family Life curriculum is current in terms of explaining HIV transmission vectors, prevention, screening, and treatment

What can we do about it?

- Create additional safe spaces for HIV prevention services
- Expand the number of primary care medical professionals prescribing PrEP and providing HIV treatment
- Create efforts to address HIV stigma, which impacts screening services and the ability of those living with HIV to stay in care.
- Promote the U=U campaign, (Undetectable = Untransmittable)

In the Community

Programs or collaborations in the community addressing this issue:

- Frederick HIV Coalition/The Frederick Center
- The Frederick County Department of Health

Who should be the key players/stakeholders needed for buy-in?

- Frederick HIV Coalition/The Frederick Center
- The Frederick County Department of Health
- A group with close ties to the Latinx Community
- A group with close ties to the African American community

Is there community interest/support?

Yes; but gaps exist in outreach to the Latinx and African American communities

Do we have tangible resources/assets in our community available to address this problem?

Yes for on-site and outreach testing

Yes for Home Test Kits

Connections

Working on this topic would impact on other health/community problems:

- Sexually transmitted diseases/infections
- Syringe Services
- Dearth of affirming LGBTQ healthcare in Frederick

What if?

While Frederick County is not seeing high numbers of HIV infections at this time, our community is at high risk because:

- HIV continues to be a serious health problem;
- People do not talk about it because of stigma about the disease and how it is contracted;
- A significant percent of people living with HIV do not know their status;
- Frederick is located between two regions experiencing higher levels of HIV infection: the District of Columbia and Baltimore are top areas for new HIV infections spread through sex, while the Appalachian corridor is experiencing high rates of opioid addiction and the spread of disease from needle sharing. Frederick runs the risk of experiencing a cluster of new cases such as the one occurred in Scott County Indiana if we do not continue to be diligent in our efforts.

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Hypertension

Dr. Michael Levangie
Frederick Regional Health System

Hypertension

- Common & dangerous; “the silent killer”
- Hypertension increases risk of heart disease and stroke, as well as dementia, & kidney problems
- Several risk factors include smoking, obesity, lack of physical activity, high sodium diet, excessive alcohol consumption, stress, advanced age, genetics
- Healthy People 2020 goal of 26.9% not met; 27.2% of Frederick County residents had hypertension in 2016
- Heart disease is the #1 cause of death in Frederick County
- Cerebrovascular disease is the #3 cause of death in Frederick County

What can we do about it?

- Prevention & intervention strategies
 - Screenings with follow up
 - Education
- We could see measurable results in 3 years.

Community Resources

- Bridges Lay Health Educators
- Community Health Workers
- Faith-Based Communities
- Local Non-Profits

Connections

- Reducing the incidence of hypertension will reduce death rate from heart disease and cerebrovascular disease
- Addressing risk factors for hypertension include addressing eating habits, salt consumption, exercise, and alcohol use

What if?

- What are the consequences of not prioritizing (doing nothing with) these issues?
 - Continued higher incidence of cardiovascular & cerebrovascular disease as well as associated deaths & disability

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Infant Health



Miriam Dobson, RN, DNPc, MSN
FCHD Community Health Services Director

&

Dea Dorsey, RN, BSN, CPST, SBD
FCHD Maternal Child Health Program Supervisor

Highlights of the Fact Sheet

Trends and Data

- Both Low birth weight births and infant mortality are trending up. Though they were below their state designated levels, a different story is told when you look at disparities.

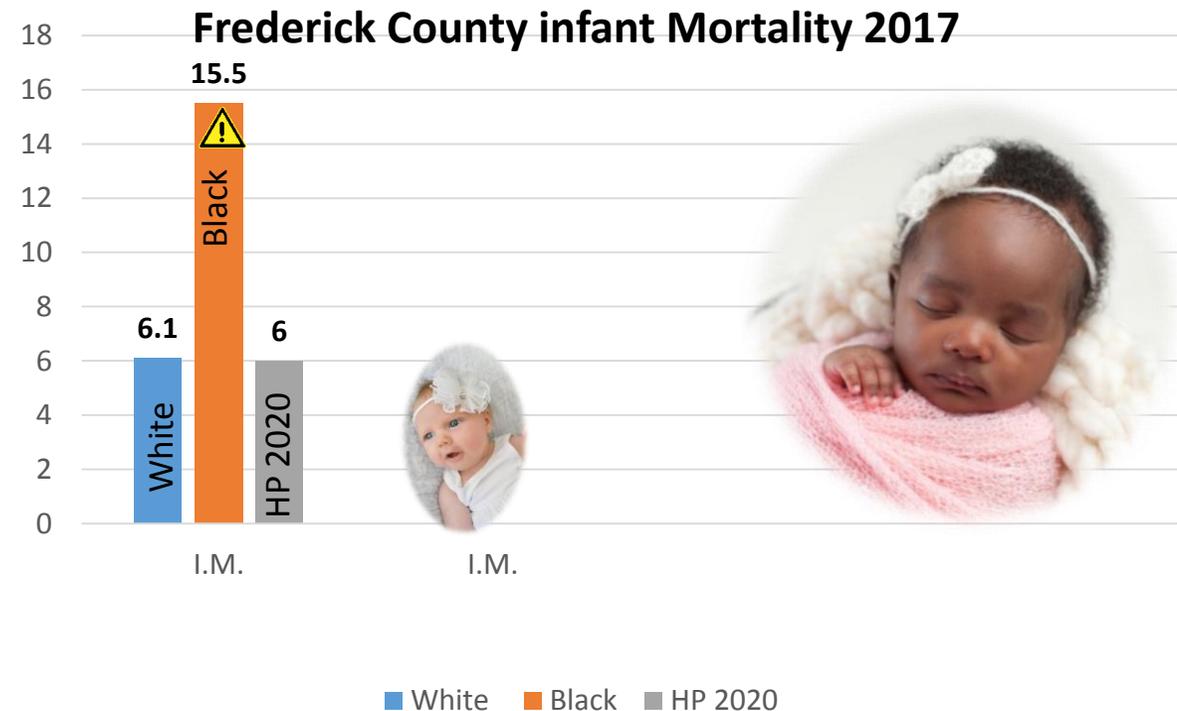
- **Infant mortality disparity:**

- MD Goal: **6.3/1000 rate**
- All: 6.3
- White: 6.1

-  **Black: 15.5** (2 ½ times higher)

- **Low Birth Weight Disparity**

- MD Goal: **8%**
- All: 6.9%
- White: 5.6%
-  **Black: 14.9%**
- Hispanic: 5.9%
- Asian/ PI: 8.3%



What can we do about it?

- **Are there evidence based interventions or other communities?**

- ☒ **Prevention:** Start Strong Program (Bi3 initiative) Ohio “**Networking is key**”:

1. Shared vision
2. Strong leadership
3. Silo breaking metrics.
4. Shared data to drive improvement.
5. A comprehensive systems view.
6. A willingness to do more



- ☒ **Intervention:** Family Connects Model : Universal Nurse Home Visiting

- **Can we see measurable results/change in 3 years?**
Absolutely!

In the Community

- Are there already programs or collaborations in the community addressing this issue? Who should be the key players/stakeholders needed for buy-in?
- Yes, look to your right. 
- Is there community interest/support?
- Yes, there is currently resiliency building training such as: Parent Cafes
- Do we have tangible resources/assets in our community available to address this problem?
- Yes, see below

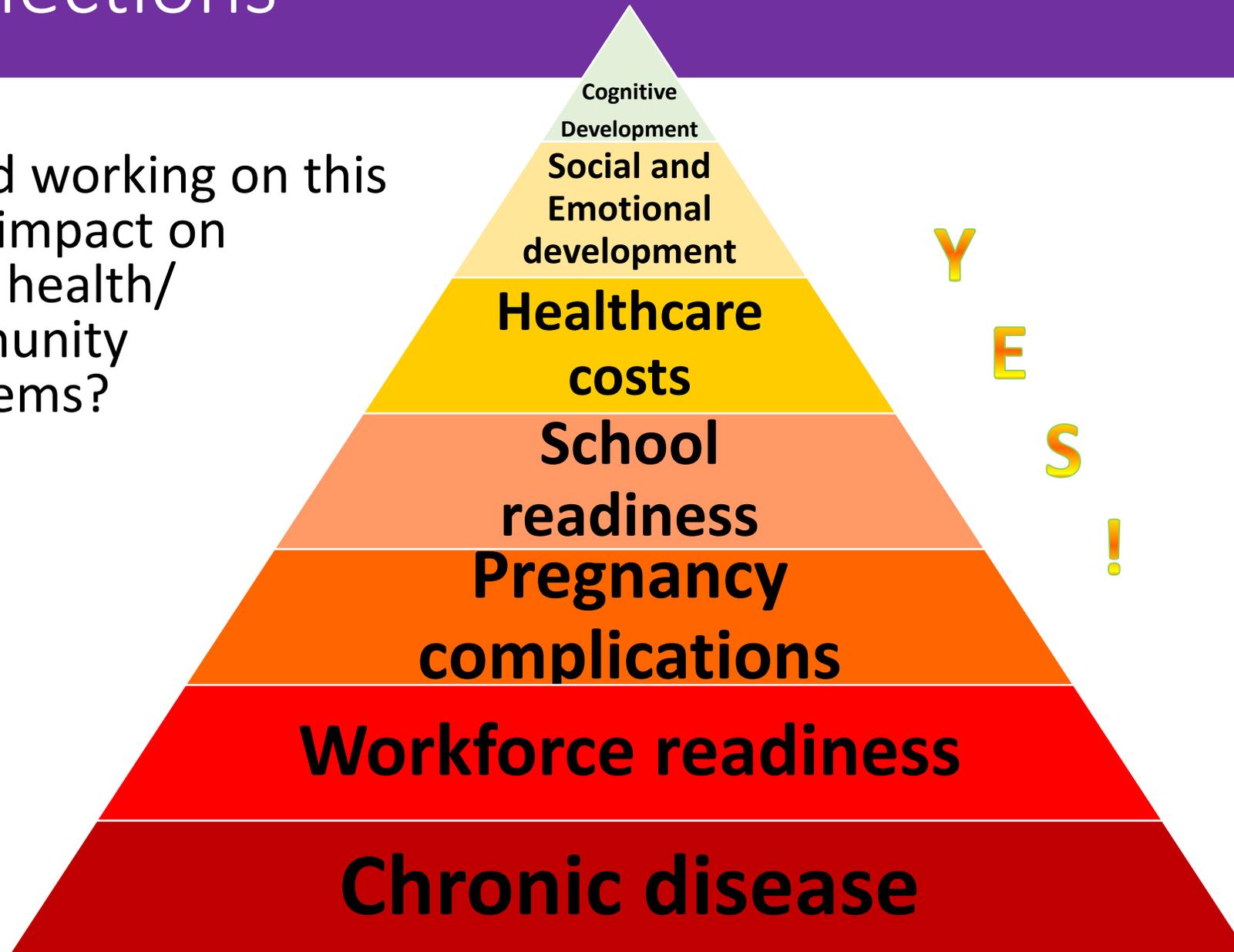
Frederick County Child Focused Coalitions



A small sample of groups which work with pregnant and parenting women in Frederick, MD

Connections

- Would working on this topic impact on other health/community problems?



What if?

- **... we did nothing about this problem?**
Immediate, short term and long term consequences will occur affecting many Frederick County Community sectors
- **What are the consequences of not prioritizing (doing nothing with) these issues?**
 1. Increased cost to the community (10-15x)
 2. Poor Kindergarten Readiness
 3. Reduced Local workforce



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MENTAL HEALTH

Pippa McCullough, MSW, LCSW-C
Mental Health Association of Frederick County

Highlights of the Fact Sheet

- Mental health is not separate from, but a key element of overall health
- Across the lifespan
 - Children
 - Adolescents
 - Adults
 - Older adults
- Community impact
 - Missed time from work for person experiencing as well as family
 - Unemployment
 - Social institutions (schools, courts, local businesses)
 - Poverty & homelessness
 - Decline in physical health, chronic illness and disability

Healthy people make for healthy communities

What can we do about it?

- Can we see measurable results/change in 3 years?
- YES! If we engage in a process that....
 - Identifies a specific concern/issue/need/gap in service
 - Identifies key stakeholders
 - Identifies a successful intervention utilized in a similar community
 - Ensures the plan includes prevention of the return of the problem

Mental Health is a multifaceted issue and by choosing one measurable aspect a small group has the ability to make an enormous impact in a relatively short amount of time!

In the Community

- Frederick has a network of mental health providers working across a continuum of care, from outpatient to residential, for all age groups
- Additionally, people accessing mental health care intersect with many of our other systems (schools, courts, hospitals & doctors). These institutions actively collaborate with both the public and private mental health systems
- Key stakeholders will be determined by the specific issue addressed and should always include persons with lived experience

Connections

- Would working on this topic impact on other health/community problems?

UNDENIABLY!

- The impact of mental health matters are not limited to the individual, but impact every private and public institution in which that person interacts.
- The ripple effects are endless, and so are the positive effects of addressing it!

What if?

- ... we did nothing about this problem?
 - Loss of life- in every age group
 - Homelessness and poverty could rise
 - Economic implications
 - Schools, hospitals and courts/jails could be impacted

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Obesity

Heather Boyd, RDN, CSOWM, CDE

Clinical Dietitian

Frederick Regional Health System: FMH Crestwood

Highlights of the Obesity Fact Sheet

- Obesity = **BMI > or = 30** (i.e. female 5'4" weighing > or = 180 lbs. or male 5'10" weighing > or = 210 lbs.)
- Average weight in the county for females = 163 lbs. ; for males = 197 lb.
- Malnutrition includes **overnutrition** which can be excess consumption of empty calories (foods & beverages high in calories from sugar and saturated fats...but low in protein, fiber, healthy fats, vitamins & minerals)
- Multiple complex factors contribute to obesity, the most basic is lack of...**Energy Balance**
calorie intake (energy consumed) > **calorie output** (energy burned). Environment is key!

Root causes in Frederick County:

- 1) 87% get to work by car and average commute to work is 31.9 minutes (>1 hour per day). Only .2% bike and 2.3% walk to work. Time spent commuting in a vehicle is sedentary (calorie output is very low). Public transport requires some activity.
- 2) Access to parks, walking paths and biking lanes is limited so exerting energy during the day is not built into lifestyle, leisure time during the 6 colder months of the year is likely spent indoors.
- 3) Access to empty calorie foods is convenient and cheap, but access to low-calorie nutrient dense foods is limited due to cost and convenience (less farmers markets more convenience stores).
- 4) Changing norms on acceptable eating and activity habits is a complex and slow process

What can we do about it?

Prevention is preferable to intervention and involves screening with a pediatrician starting at 2 years of age.

- Pre-school children have a lower incidence of obesity because more eating habits are impacted by their natural appetite vs. environment
- Over time through elementary school, a decrease in activity occurs and environment has a stronger impact; including marketing of empty calorie food & beverages
- Middle and high school environment continues to make energy balance difficult with more time spent studying and much socializing includes sedentary activities. There is a higher occurrence in high school boys than girls.

Obesity was recognized as a chronic disease in 2008 which! This means treatment should be coordinated and on-going throughout life-span.

<https://www.clevelandclinic.org>

What can we do about it?

- The geographical setting of communities can provide permanent, sustainable environments that support physical activity. When people are able to live near and get to destinations such as work, shopping, and entertainment without using automobiles, opportunities for physical activity is increased. Studies have demonstrated an association between the use of public transportation and higher levels of physical activity.
- Simple nutrition info posted (such as calories on menu boards) and suggestive signs (“why not use the stairs?”) can make a big impact.
- The process of engaging community residents, city planners, and developers in this can help create communities that serve the needs of both citizens and businesses.

<https://www.cdc.gov/obesity/resources/strategies-guidelines.html>

What can we do about it?

- Registered dietitians employed by FCPS to implement nutritional requirements.
- Implementing daily Physical Education and recess in school system
- Identify “at risk” of becoming overweight by pediatrician discussing lifestyle habits to all parents at annual physical. Also serves as an opportunity to educate parent & child together
- A consistent message has spread that the family approach to addressing unhealthy weight in children & teens is most effective.
- Obesity rate in Frederick County Adults has dropped from 30% in 2013 to 27% in 2016.
- Obesity rate in Frederick County High School Students has remained at 9-10% over 2013 thru 2016.

In the Community

- Programs already in place in our community include the 5-2-1-0 program. Getting students more active (i.e. Girls on the Run)
- The key players include pediatricians, physicians, FCPS educators (specifically: school nurses, gym teachers, and health teachers), grocery stores, politicians & community planners.
- Community support and funding for Obesity through the MOTA grant is already happening through the Maryland Office of Minority Health & Health Disparities but only in Caroline, Harford & Worcester Counties.

Connections

- Working on this topic could positively impact other health/community health problems such as hypertension, heart disease, Type 2 Diabetes & Cancer.
- Working on this topic at a community planning level could support local farms, plus increasing use of public transportation if it is appealing, and in turn reduce traffic or pollution.

What if?

... we did nothing about this problem?

- The cost of health insurance will certainly continue to increase because more people will need treatment for the following chronic diseases (high blood pressure, Type 2 diabetes, heart disease, osteoarthritis, and some cancers)
 - More people will die of these co-morbidities at an earlier age
-
- What are the consequences of not prioritizing (doing nothing about) these issues?
 - A less healthy community, workforce and youth (both physically and mentally), less people in the workforce/more disabled

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Sexually Transmitted Infections (STIs)

Darrell Pratt, Disease Intervention Specialist
Frederick County Health Department

Highlights of the Fact Sheet

- The fact sheet talks about syphilis, gonorrhea and chlamydia cases in 2017. Here is a comparison of 2017 and 2018, for the periods January 1st through October 7th of both years:

DISEASE	2017	2018	% CHANGE
CHLAMYDIA	649	599	-7.7
GONORRHEA	107	95	-11.2
SYPHILIS (less than a year)	10	15	+50

- The 15- to 25-year-old age group represents 13% of the Frederick County population and in 2017 accounted for
 - 69% of chlamydia cases
 - 47% of gonorrhea cases
 - 50% of primary and secondary syphilis cases

That our rates are lower than the state as a whole is of small consolation to those affected. They could – and should – be even lower.

Additional Facts

These diseases do not necessarily occur singly. An example:

EARLY SYPHILIS, HIV, AND EARLY SYPHILIS/HIV COINFECTED CASES FREDERICK COUNTY: JANUARY 1 THROUGH AUGUST 31, 2017 & 2018			
YEAR	EARLY SYPHILIS	HIV	HIV & EARLY SYPHILIS
2017	12	13	9
2018	22	14	9

And another:

DUAL OR TRIPLE CO-DIAGNOSES, STI'S FREDERICK COUNTY: JANUARY 1 THROUGH AUGUST 31, 2017 & 2018				
YEAR	CHLAMYDIA & GONORRHEA	CHLAMYDIA & EARLY SYPHILIS	GONORRHEA & EARLY SYPHILIS	CHLAMYDIA, GONORRHEA & EARLY SYPHILIS
2017	22	1	0	0
2018	22	1	1	0

Additional Facts

And finally:

Some people have multiple infections of the same disease

MULTIPLE DIAGNOSES OF STI'S FREDERICK COUNTY JANUARY 1 THROUGH AUGUST 31, 2017 & 2018								
	CHLAMYDIA				GONORRHEA			EARLY SYPHILIS
	1X	2X	3X	4X	1X	2X	3X	1X
2017	508	21	3	1	88	3	0	6
2018	498	28	2	0	86	2	1	15

What is being done now?

Diagnosis and tracking: There is a process in place for cases to be diagnosed and reported:

- Local providers diagnose and treat patients and send reports to Frederick County Health Department (FCHD).
- FCHD receives reports of all positive lab tests for syphilis, gonorrhea, chlamydia, and new positive HIV cases for Frederick County residents.
- FCHD follows up with providers to gather demographic information, diagnosis, and treatment and reports data to the state.
 - Early syphilis and new HIV patients are contacted by FCHD and interviewed to obtain names, exposure dates, and contact information.
- Planned Parenthood offers testing for if insurance/finance is an issue.

Education: Frederick County Public Schools have a curriculum on STD/HIV

What can we do about it?

Our Diagnosis and Tracking process is effective, to a point.

- It depends on others
 - Providers...
 - Need to recognize signs and symptoms of the various diseases and know and utilize current examination and treatment recommendations and reporting
 - Most providers are treating chlamydia and gonorrhea according to the current CDC recommendations.
 - Patients need to...
 - know their partners and inform them of their infection
 - be honest
 - have good contact information
- The process provides both intervention and prevention.

In the Community

- Providers are responsive and helpful when contacted by FCHD.
- Various organizations have permitted HIV outreach staff to come to their facilities to do rapid testing.
- There is still stigma in the community and many don't want to talk about STIs.
 - A common attitude in the gay community is that if you are on PrEP (for HIV), you do not need to worry about other diseases because they are all treatable.
 - Many people also believe that if they are HIV positive, they do not need to use protection because they are already positive.

Do we have tangible resources/assets in our community available to address this problem?

We do – for treatment

- Providers are knowledgeable about treatment recommendations and do their best to treat patients promptly and appropriately.

We do not – for prevention

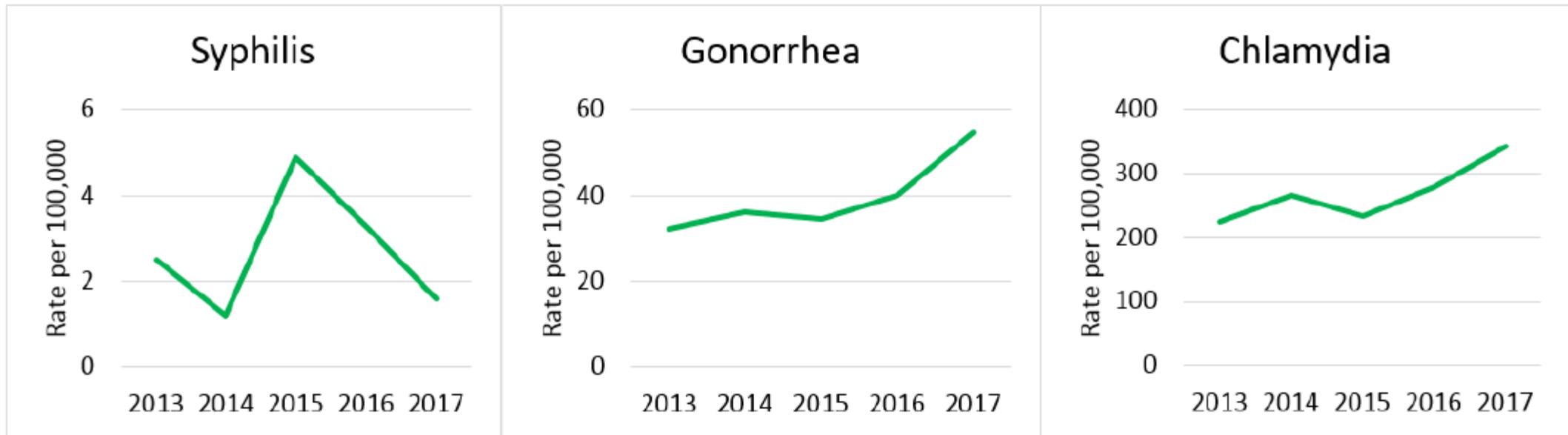
- Prevention entails education at all age levels. My oldest patient with early syphilis in the past year was 73, the youngest was 17.
- Different populations may need different prevention strategies

Connections

- STIs frequently co-occur with HIV
- Infection is most frequently at the end of the chain.
 - “Working back up,” particularly with HIV patients, can certainly affect the quality of a person’s life.

What if?

- ... we did nothing about this problem?
 - If we continue what is done now, syphilis may stay steady but gonorrhea and chlamydia rates will continue to rise.



Note: different scales on graphs

Break

Session will begin at 10:40am

Next up: Substance Use

Frederick County
Local Health
Improvement Process
January 2019



Substance Use

Todd Crum, Prevention Program Administrator
Behavioral Health Services Division
Frederick County Health Department

Highlights of the Fact Sheet

- Substance use and substance use disorders affect a large percentage of the Frederick County population, some of which is under-reported.
- The presence of alcohol and other drugs can interfere in healthy adolescent brain development.
- 78 fatal overdoses in 2017
- 23.5% of high school students report current tobacco use (including vaping). Traditional tobacco use among teens is down; vaping has increased dramatically.
- Almost 1/3 of high school students report current alcohol use
- Nearly 20% of adults report binge drinking behaviors (5+ drinks for men; 4+ drinks for women per occasion)

What can we do about it?

- Individual and Community-level awareness and education
- Implementation of evidence-based interventions
- Environmental strategies
- Policy Change

In the Community

- Enforcement efforts, educational campaigns, drug take-back efforts, community-school collaborations, merchant education, social marketing efforts, overdose response trainings, syringe services, and other harm reduction strategies
- We continue to seek increased support from youth, parents, families, community organizations, educational institutions, medical / health professionals, etc.
- There is tremendous community interest and support to address the opioid epidemic in Frederick County. We are mindful that substance use remains a highly stigmatizing subject requiring increasing education and awareness to promote greater understanding.
 - Many stakeholders including EMS, local health providers, families, recovery community
- Health department, law enforcement, faith communities, local governments, EMS, regulatory agencies, medical / health professionals

Connections

- Reducing substance use could significantly impact other health / community problems including:
 - Sexually Transmitted Infections
 - HIV
 - Child Abuse / Domestic Violence
 - Physical Fights
 - Crime
 - Homicide
 - Suicide

What if?

- ... we did nothing about this problem?
 - increases in alcohol and tobacco/vaping use among youth
 - increased rates of smoking among adults
 - increased rates of overdoses and overdose deaths.
 - substance use-related crimes would increase
 - assaults, domestic violence, thefts

The impact of substance use today would impact current and future generations of children, potentially perpetuating the inter-generational cycle of addiction.

Frederick County
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January 2019



SUICIDE

Suzi Borg
Mental Health Association

Highlights of the Fact Sheet

- Deaths
 - Likely higher than reported
 - 2.4x as many suicides as homicides
- Disparity
 - Follows the National data
 - 22 male (20 white)
 - 6 female (4 white)
- What the facts don't tell us
 - # of unreported suicides
 - # of suicide attempts
 - # of those with thoughts of suicide

What can we do about it?

- A multipronged approach
 - Suicide Awareness
 - Suicide Alertness
 - Suicide Intervention
- Expected results in 3 years
 - Suicide is not taboo
 - Evidence based training in suicide alertness and intervention
 - Decrease in emergency department visits for suicide assessments and attempts
 - Decrease in suicide rate (actual deaths)

In the Community

- Suicide is everyone's business
- Resources include:
 - 24/7 call center answering multiple lines
 - Suicide awareness, alertness, and intervention trainers providing evidence based trainings
 - MHA Walk-in program
 - Mobile crisis teams
 - AFSP Suicide Awareness Walk
 - Survivor of Suicide Loss group
 - FMH services (ED, behavioral health unit, partial hospitalization program)
 - CIT training for law enforcement
 - Existing crisis services collaborations
- Services are currently underfunded to meet the need

Connections

- Would working on this topic impact on other health/community problems?
- Yes, both behavioral health and physical health
- Reciprocal relationship with ACEs and Mental Health

What if?

- We will continue to see a rise in the number of deaths
- We will continue to see a rise in the number of attempts
- The average cost of one suicide is \$1,329,553
 - 97% of this is loss of productivity
- The total cost of suicides and suicide attempts is \$93.5 billion
- Generational impact of suicide loss

After Presentations

Priority Setting Summit Worksheet

Now that you've heard the Subject Matter Experts present on each health topic, please discuss as a table the following questions:

1. Can we see measurable results/change within 3 years?
2. Do we have tangible resources/assets in our community available to address this problem?
3. Is there community support?
4. Could working on this problem support other identified problems?

Score each health topic by each question using this scale:

1=No/I don't think so 2=Some/Maybe 3=Yes/A Lot

Write a number score in each box and total each row. Blanks will be counted as zero.

Health Topic	1. 3 Year Impact?	2. Resources Available?	3. Community Support?	4. Impact other Problems?	TOTAL SCORE	Willing to Work On? Y/N
ACEs	+	+	+	=		
Cancer	+	+	+	=		
HIV	+	+	+	=		
Hypertension	+	+	+	=		
Infant Health	+	+	+	=		
Mental Health	+	+	+	=		
Obesity	+	+	+	=		
STIs	+	+	+	=		
Substance Use	+	+	+	=		
Suicide	+	+	+	=		

When you have completed your worksheet, please hand your paper in to the facilitator.

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Discuss your Worksheet Results at your Table

- Your table discussion may influence you to change your scoring.
- You DO NOT need to come to a table consensus.
- When you have completed your individual worksheet, hand it in to facilitator and get lunch.

Break for lunch

Session will begin at 12:15pm

Next up: find out the top 3!

If you're leaving early, please complete evaluation form.

Final Scoring

Health Topic	Total Score	# Willing to Work on
Substance Abuse	1257	68
ACEs	1249	78
Mental Health	1216	78
Infant Health	1189	45
Hypertension	1147	51
Suicide	1141	56
Cancer	1134	39
Obesity	1101	54
HIV	1011	23
STIs	997	20

Group discussion about the final scoring lead to grouping some of the topics together, which lead to...

New Priorities!

- Behavioral Health (substance use, mental health, suicide)
- ACEs / Infant Health
- Chronic Health (hypertension, obesity, cancer, STI/HIV)

Forming Affinity Groups

- Move to the area assigned to your Priority of choice for today
- Affinity Groups will be a mix of volunteers, community members and people already working on that topic. Everyone has something to contribute!

Goal Setting for Priorities

- New tables – start with introductions
- Work Group formation:
 - Who wants to be in this Work Group going forward?
 - Who should be the lead?
 - When/Where will the first meeting be set?
- Choose a group leader, recorder/reporter and time keeper.
- Begin to draft a statement defining the priority
- Use worksheet to think about:
 - What other data is needed to help define the priority, establish goals, assess progress
 - Who else should be in the Work Group?
- You have until 1:30pm to complete this task.

Expected Outcome: Affinity Groups will hand in Work Group Information

Next Steps

- Each Work Group will identify designee to be the member representative on the Frederick County Health Care Coalition Board.
- Work Groups will all be meeting again (~ monthly, maybe more often in beginning to keep momentum).
- Work Groups will have an assigned consultant to assist with the process!
- Work Groups will develop Action Plans by end of June.
- Work Groups will determine own schedule for meeting when carrying out Action Plan.

Before you leave...

- Please complete an evaluation!
 - Completed evaluations can go on the registration table as you leave.

EVALUATION
LOCAL HEALTH IMPROVEMENT PRIORITY SETTING SUMMIT
Date: January 15, 2018

1. Was the objective of the event met? Yes Partially No Unsure
2. Were the data presentations helpful? Yes Partially No
Comments:
3. Was this a valuable use of your time? (Please elaborate)
4. How could future meetings be more *effective*?
5. How could future meetings be more *efficient*?
6. How do you anticipate you may be sharing information about today's event with others who did not attend?
7. What suggestions do you have to increase community awareness of and participation in the Local Health Improvement Process?
8. What else would you like the Frederick County Health Care Coalition to address/do/provide?

Please hand in this form before leaving.
Thank YOU!

Thank you!

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