
Frederick County Local Health Improvement Plan 2014



Version 1.0
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Frederick County Local Improvement Plan 2014

Table of Contents

Health Improvement Process.....	1
Health Status of Frederick County.....	3
Priorities for Action.....	5
BEHAVIORAL HEALTH WORKGROUP.....	5
DENTAL WORKGROUP.....	7
HEALTH DISPARITIES WORKGROUP.....	9
EDUCATION SUPPORT WORKGROUP, YOUTH SUBGROUP.....	11
EDUCATION SUPPORT WORKGROUP, ADULT SUBGROUP.....	12
EDUCATION SUPPORT WORKGROUP, ELDERLY SUBGROUP.....	13
ELDERLY SUPPORT WORKGROUP.....	14
Appendices.....	16
Frederick County Health Care Coalition Board of Directors.....	16
Local Health Improvement Priority Workgroups.....	17
Maryland’s State Health Improvement Process (SHIP).....	19

Health Improvement Process

The Frederick County Local Health Improvement Process led to the development of the first local health improvement plan in 2011 and this current plan in 2014. 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 February 2014. The discussions that occurred during the Summit and in subsequent priority area workgroup meetings led to the development of action plans for 5 priorities established.

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 February 2014 Summit attendees reviewed over 100 local, state, and national health indicators, and discussed health outcomes and factors where Frederick County does worse than its neighbors and/or some populations within Frederick County have worse outcomes than others.

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 in 2011. The SHIP now includes 41 measures in five focus areas that represent what it means for Maryland to be healthy. Within each focus area, there are measures with an identified data source and a target.

The statewide and county-specific measures for the SHIP focus areas are accessible on the [Maryland State Health Improvement Process website](#).

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 February 2014 Summit attendees. Attendees then met in workgroups to clarify and define the top 5 priorities for local health improvement. During and

Frederick County Local Improvement Plan 2014

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.

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.

What's next for the local health improvement process ?

This second Local Health Improvement Plan follows a successful round of data review, community discussions and prioritizing, stakeholder engagement throughout the process, and performance evaluation that was part of the local health improvement process initiated in 2011. Each priority for local health improvement is the focus of a Work Group comprised of community stakeholders. Each Work Group meets periodically throughout the year to review progress made and plans for future actions. The engaged 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, 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 2016.

Frederick County Local Improvement Plan 2014

Health Status of Frederick County

Frederick County's population increased 19.5% from 2000 to 2010 and an additional 3.4% from 2010 to 2013 according to the U.S. Census QuickFacts. The 2013 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 (24.1%) and slightly fewer over age 65 years (12.5%). The estimated percent of persons living below the poverty level in Frederick is significantly less at 5.7% compared to the state average of 9.4%. Personal income levels contribute significantly to various health and wellness indicators.

US Census QuickFacts

	Frederick County	Maryland
Population, 2013 estimate	241,409	5,928,814
Population, 2010 (April 1) estimates base	233,385	5,773,623
Population, percent change, 2000 to 2010	19.50%	9.00%
Persons under 5 years, percent, 2013	6.0%	6.2%
Persons under 18 years, percent, 2013	24.1%	22.7%
Persons 65 years and over, percent, 2013	12.5%	13.4%
Female persons, percent, 2013	50.7%	51.5%
White alone, percent, 2013 (a)	83.3%	60.5%
Black or African American alone, percent, 2013 (a)	9.1%	30.1%
American Indian and Alaska Native alone, percent, 2013 (a)	0.5%	0.6%
Asian alone, percent, 2013 (a)	4.4%	6.1%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	2.6%	2.6%
Hispanic or Latino, percent, 2013 (b)	8.0%	9.0%
White alone, not Hispanic or Latino, percent, 2013	76.5%	53.3%
Language other than English spoken at home, pct age 5+, 2008-2012	12.2%	16.5%
High school graduates, percent of persons age 25+, 2008-2012	91.8%	88.5%
Bachelor's degree or higher, pct of persons age 25+, 2008-2012	37.5%	36.3%
Veterans, 2008-2012	18,584	438,387
Mean travel time to work (minutes), workers age 16+, 2008-2012	34.3	31.8
Households, 2008-2012	85,559	2,138,806
Persons per household, 2008-2012	2.68	2.64
Per capita money income in past 12 months (2009 dollars) 2008-2012	\$36,472	\$36,056
Median household income, 2009	\$83,706	\$72,999
Persons below poverty level, percent, 2008-2012	5.7%	9.4%

*Accessed October 2, 2014 from <http://quickfacts.census.gov/qfd/states/24/24021.html>.

Frederick County Local Improvement Plan 2014

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. The February 2014 Summit attendees considered these and other approaches.

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.

More data can be found in the 2014 Community Health Assessment and the February 2014 Summit presentations both of which can be accessed on the Local Health Improvement Process website at www.FrederickCountyMD.gov/LHIP . 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

BEHAVIORAL HEALTH WORKGROUP

Goal 1: Overdose deaths in Frederick County are reduced by 20% by 2016

Objective 1.1: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone by providing 75% of identified professionals Overdose Prevention toolkits.

Action Steps

- 1.1.1 Identify the professionals to receive the kits which should include medical, social service, law enforcement, and “non-traditional” settings.
- 1.1.2 In Create a schedule for distributing the kits.
- 1.1.3 Deliver the kits.

Objective 1.2: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone by providing 50% of the identified professional in-person training about Overdose Prevention and related topics

Action Steps

- 1.2.1 Identify the professionals to receive the in-person training which should include medical, social service, law enforcement, and “non-traditional” settings.
- 1.2.2 Create a schedule for distributing the kits.
- 1.2.3 Deliver the kits.

Objective 1.3: Provide education about overdose, local resources and support to community residents at 10 community events targeting high risk areas as identified by OD death data.

Action Steps

- 1.3.1 Work with DHMH, EMS and law enforcement to obtain data on the administration of naloxone in Frederick County to identify high risk areas.
- 1.3.2 Utilize data to identify communities in which to provide outreach and education; identify partners /champions within those communities.
- 1.3.3 Provide overdose prevention education at 10 community events

Objective 1.4: Establish a coalition of stakeholders tasked with identifying and implementing interventions

Action Steps/Interventions

- 1.4.1 Create a workgroup utilizing the expertise in the Substance Abuse Advisory Council
- 1.4.2 Work with elected officials to write and introduce legislation to create an Overdose Fatality Review Board.

Objective 1.5: At least 60% of prescribing physicians in Frederick County will register for the PDMP.

Action Steps/Interventions

- 1.5.1 Identify licensed prescribing physicians in Frederick County
- 1.5.2 Educate prescribers about the Prescription Drug monitoring Program so they are able to accurately learn their patients’ other prescription medications.

Frederick County Local Improvement Plan 2014

BEHAVIORAL HEALTH WORKGROUP cont'd

Goal 2: Frederick County 's suicide rate has been decreased to 9.1% by January 1, 2016

Objective 2.1: Establish a coalition of stakeholders tasked with identifying and implementing interventions.

Action Steps

- 2.1.1 Create a workgroup utilizing the existing expertise of the MHA staff and the Mental Health Provider Council
- 2.1.2 Investigate costs associated with AAS Psychological Autopsy Certification and community training for American Association of Suicidology - "Recognizing and Responding to Suicide Risk."
- 2.1.3 Two behavioral health professional staff will complete training for Psychological Autopsy Certification.

Objective 2.2: Provide education about suicide prevention & intervention, local resources

Action Steps

- 2.2.1 Using data from the OCME, identify communities in which to provide outreach and education; identify partners/champions within those communities
- 2.2.2 Provide suicide prevention/intervention education at 10 community events

Goal 3: Systemic Behavioral Health Integration - There will be a system of integrated care where prevention and treatment of mental illness and substance use disorders are common practice in Frederick County with no wrong door by 2016

Objective 3.1: Increase collaboration among MH and SA treatment providers including increased communication between providers regarding consumers using both services (supported by consumer release).

Action Steps

- 3.1.1 Increase number of substance abuse providers (5) mental health providers (5) and consumers(2) on Co-occurring Committee (numbers are minimum)
- 3.1.2 Take first 15 minutes of committee meeting for one provider to present their program and awareness of dual treatment.
- 3.1.3 Ongoing collection of data related to increased case coordination.
- 3.1.4 Combine SA and MH Councils

Objective 3.2: Identify gaps in integration of substance abuse and mental health.

Action Steps

- 3.2.1 Process University of Maryland System Tool evaluating progress toward integration through 4 hour workshop
- 3.2.2 Identify gaps from evaluation tool and identify action steps for present doable changes.
- 3.2.3 Identify barriers needing longer term resolution.

Objective 3.3: Provide screening tools and education to providers for both SA and MH

Action Steps

- 3.3.1 Providers will distribute copies of screening tools to committee members that they presently are using.
- 3.3.2 Identify brief and accurate screening tool for Substance Abuse and Mental Health
- 3.3.3 Identify educational tools for substance abuse and mental health including time requirements to implement.
- 3.3.4 Implement co-training conference

Frederick County Local Improvement Plan 2014

DENTAL WORKGROUP

Priority Area: Although many people and groups are interested in adult dental care, no one person or group has a comprehensive view of related services and activities.

Goal 1: Every Frederick County resident has an affordable dental home.

Objective 1.1: Between February and December 31, 2016, provide consistent communication to all interested parties regarding existing and future dental safety net services.

Action Steps

1.1.1 The Dental Workgroup provides representation on the adult dental clinic stakeholder committee beginning July 2014.

1.1.2 Maintain and utilize e-mail distribution for consistent communication regarding existing and future dental net services

1.1.3 By December 31, 2014 a determination about whether to have a university affiliated adult dental clinic in Frederick County has been made by FMH and UMD and the decision communicated to interested parties.

Objective 1.2: Increase the percentage of Frederick County children with Medical Assistance who have seen a dentist within 12 months from 60.12% to 66% by December 31, 2016. (Maryland SHIP Indicator)

Action Steps

1.2.1 As the primary pediatric dental safety net, FCHD will provide pediatric dental clinic services for at least 3,000 children annually between 2014 and 2016.

1.2.2 FCHD will provide oral health education, oral health screening and fluoride varnish for at least 200 children annually between April 2014 and July 31, 2016 in schools and Judy Centers served by the FCAA School Based Health Centers.

1.2.3 FCHD staff will assist all families of children found through outreach and identified as having urgent oral health needs in finding a dental home or reconnecting with their existing dental home.

Priority Area: Residents cannot easily access existing safety net services

Goal 2: Within 48 hours of contact to one of the safety net providers or 211, residents are able to identify a dental provider they can afford and who can meet their dental need.

Objective 2.1: By December 31, 2014 all safety net providers in Frederick County are identified by services available, criteria, and cost.

Action Steps

2.1.1 By October 31, 2014, have an updated list of service providers, criteria, and cost

2.1.2 Keep the list updated

2.1.3 Starting November 2014 distribute safety net provider information to all potential points of entry into care and with 211 whenever updated

Frederick County Local Improvement Plan 2014

DENTAL WORKGROUP cont'd

Objective 2.2: By December 31, 2014 there is a count of adults accessing services in a one year period.

Action Steps

2.2.1 By October 31st of each year, determine # of adults receiving adult dental safety net services by any Frederick County provider in the previous fiscal year

2.2.2. By December 31st of each year, distribute information to all existing safety net service providers and interested parties

Objective 2.3: By January 31, 2015 identify gaps in dental coverage under Maryland Medical Assistance.

Action Steps

2.3.1 Develop comprehensive description of coverage for Medical Assistance

Objective 2.4: By February 28, 2015 all gaps in available dental services are identified.

Action Steps

2.4.1 Analyze data reported by adult oral health safety net providers

2.4.2 Distribute information to all existing service providers and interested parties

Frederick County Local Improvement Plan 2014

HEALTH DISPARITIES WORKGROUP

Priority Area: Although many people and groups are interested in adult dental care, no one person or group has a comprehensive view of related services and activities.

Goal 1: The Frederick County Local Health Improvement Plan will contain objectives related to health disparities

Objective 1.1: By October 2014 all FC LHIP Work Groups will have at least one health disparity reduction objective in the work group action plan.

Action Steps

- 1.1.1 Educate the LHIP workgroups about health disparities at a fundamental level and explain the rationale for including a goal relating to disparities in their work plan.
- 1.1.2 Identify data in the 2014 Community Health Assessment indicating health disparities
- 1.1.3 Identify which of the health disparities may fall under the subject area of other LHIP Work groups
- 1.1.4 Survey work groups on their current inclusion of health disparity reduction goals in their action plans and solicit feedback as to how this LHIP WG can best serve the other work group.
- 1.1.5 Identify potential tools and resources to address health disparities of interest to each of the LHIP WGs
- 1.1.6 Draft and provide to each LHIP workgroup draft objectives and key actions for consideration of inclusion into their LHIP action plan.

Goal 2: There will be increased awareness of the existence of health disparities in Frederick County and resources to address health disparities among county committees, coalitions, community organizations, social organizations, civic organizations, and community and faith-based organizations.

Objective 2.1: By December 2015 provide 5 presentations of health disparities data and available resources to the groups listed in the goal.

Action Steps

- 2.1.1 Develop slide presentation and talking notes from the 2014 Community Health Assessment, the FMH Community Health Assessment and other sources.
- 2.1.2 Distribute an announcement to contacts in the various categories listed in the goal statement offering to present data and possible strategies to reduce the health disparities
- 2.1.3 Based upon the audience identify someone from that community who would be able to also speak to actions s/he implemented for a similar target population.

Goal 3: A Speaker's Bureau will be available to present health disparities information.

Objective 3.1: By December 2015 provide 2 presentations to the general public on health disparities in Frederick County.

Action Steps

- 3.1.1 Identify groups who will benefit or be motivated by a greater understanding of health disparities and their causes.
- 3.1.2 Develop slide presentation defining and illustrating the concept of health disparities and known factors attributed to health disparities. Include current statistics on health disparities as published in the LHIP report.
- 3.1.3 Distribute an announcement to contacts in the various categories listed in the goal statement offering to present data and possible strategies to reduce the health disparities

Frederick County Local Improvement Plan 2014

HEALTH DISPARITIES WORKGROUP cont 'd

3.1.4 Based upon the audience identify someone from that community who would be able to also speak to actions s/he implemented for a similar target population.

Goal 4: There will be more performance or outcome indicators available for county level data that include information to allow for an examination of health disparities.

Objective 4.1: By December 2015 identify a standardized set of performance or outcome based indicators that include more variables that allow for

Action Steps

4.1.1 Determine the data currently collected and reported to state level agencies and compare to data currently collected at county level.

4.1.2 Create a list of desired data sets

4.1.3 Determine if desired data sets already exist and where, request Frederick County data.

4.1.4 Assemble a final list of standardized performance or outcome based indicators to use in periodic assessments.

EDUCATION SUPPORT WORKGROUP, YOUTH SUBGROUP

Frederick County Local Improvement Plan 2014

EDUCATION SUPPORT WORKGROUP, ADULT SUBGROUP

Priority Area: Education Support- “Frederick County residents need access to understandable health information and supportive resources in order to take health promoting actions.”

Goal 1: Every member of Frederick County can access understandable health information/supportive resources and takes health actions which support Healthy People 2020 goals.

Objective 1.1: By June 2015, 12 new worksites in Frederick County have become a Healthiest Maryland Business (HMB).

Action Steps

1.1.1 HMB Regional Coordinator contacts worksites within the Capital Region, educates about the benefits of worksite wellness/HMB, and advises on evidenced-based practices.

1.1.2 HMB Regional Coordinator provides technical assistance to worksites in the completion of the CDC Scorecard, development of a health improvement/evaluation plan, and advises on resources to support plan implementation.

1.1.3 HMB Coordinator encourages worksites to join HMB by making a commitment to supporting the health of their employees through worksite wellness efforts.

Objective 1.2: By June 2015, answered calls for 211 in Frederick County increases by 7%.

Action Steps

1.2.1 Reach out to 211 Coordinator to discuss current marketing efforts of this service.

1.2.2 Identify any barriers to residents accessing/understanding 211 services.

1.2.3 Identify new community entities that can assist in promoting and educating the community about 211, with particular emphasis on disparate populations.

1.2.4 Ask these entities to make a commitment to promoting 211 and offer effective marketing strategies that include reaching underserved groups.

Frederick County Local Improvement Plan 2014

EDUCATION SUPPORT WORKGROUP, SENIOR SUBGROUP

Goal 2: Every senior (age 55 and older) member of Frederick County can access age appropriate understandable health information and supportive resources to take health actions which support Healthy People 2020 goals.

Objective 2.1: Develop and present a power point presentation to equip the LHIP committees with the best marketing practices for reaching seniors 55 and older.

Action Steps

2.1.1 Review and evaluate local state and national data from various resources including:

- Frederick 2014 Community Health Assessment Maryland State Health Improv. Plan
- County Profile June 2013
- Charts of Selected Black vs. White Chronic Disease SHIP Metrics
- 2013 Frederick County Needs Assessment of the Aging Population
- 2013 Frederick Memorial Hospital's Community Health Needs Assessment
- 2014 Community Health Assessment

2.1.2 Determine which sites are relevant and helpful and select best practices for elderly

2.1.3 Extract relevant data

2.1.4 Create power point presentation for Group Leads

Objective 2.2: Develop and present a power point presentation to equip the LHIP committees with the effective outreach strategies related to affordable dental, behavioral health and health disparities, for seniors 55 and older.

Action Steps

2.2.1 Review and evaluate local state and national data from various resources

2.2.2 Determine which sites are relevant and helpful and select best practices for elderly

2.2.3 Extract relevant data

2.2.4 Dental - contact Mission of Mercy for ideas on how to engage dentists and identify the support they need to provide services - for example - free advertising, pharmaceuticals

2.2.5 Contact various organizations to gather information they have found helpful including Pro Bono Resource Groups, Religious Coalition, Retirees Group of Professionals, etc and develop a list of resources

2.2.6 Coordinate a meeting with the other workgroups to share and exchange ideas

Frederick County Local Improvement Plan 2014

ELDERLY SUPPORT WORKGROUP

Priority Area: Identification of health care needs and services required for poor elderly in Frederick County

Goal 1: That no vulnerable elderly person in Frederick County will have a health need that is unmet because of a lack of funds, including access to healthcare (such as primary care, mental health, vision, hearing, and dental), transportation, safe and affordable housing, assisted living, and nursing home care).

Objective 1.1: Generate and Collect Data for Analysis - Create a HIPAA compliant data warehouse compiling relevant public and private data sources (e.g. insurance companies) consisting of elderly demographic and public health oriented information. Evaluate the data seeking trends relating to unmet health needs of the vulnerable elderly population of Frederick County, to be completed by 2Q2015.

Action Steps

1.1.1 Commission a group of experts to define target population and identify data which would be required to evaluate the state of health of the elderly in Frederick County. In addition the group will identify data which will track the progress of implementation of the health-related components of the 2013 Needs Assessment of the Aging Population of Frederick County, and they will identify data which can be used to evaluate impact of the implementation needs assessment, activities to be completed by 3Q2014

1.1.2 Survey public and private data sources to determine whether there is data available and perform a gap analysis against the data requirements identified in Action Plan Strategy 1.1, to be completed by 2Q2015

1.1.3 Obtain data, format for analysis, and store in a HIPPA compliant database. Create an analysis plan and analyze data to develop results which will be used to populate a dash board enabling status updates and trend analysis by relevant agencies, to be completed by 4Q2015

1.1.4 Evaluate existing programs against the data warehouse information for urgent opportunities to improve unmet need in vulnerable elderly of Frederick County by 4Q2014 (e.g. Meals on Wheels, Wait Lists for Assisted Care Facilities, etc.).

Objective 1.2: Create the Environment to Allow Broad Input and Collaboration - Identify and work collaboratively with public and private stakeholder organizations to gain input, align activities, and leverage resources to address the health-related needs of the vulnerable elderly of Frederick County, to complete by 3Q2014

Action Steps

1.2.1 Identify public and private stakeholder organizations and create a stakeholder map showing areas and activities in which they are involved. Evaluate the map to determine opportunities for alignment and areas to focus resources, to complete by 3Q2014.

1.2.2 Encourage the development of and cooperation between appropriate advocacy group(s) to address the needs of the low-income elderly citizens of Frederick County. Available groups will be engaged to provide an expert voice on specific health-related issues and to involve in creating aligned action plans.

ELDERLY SUPPORT WORKGROUP cont 'd

Frederick County Local Improvement Plan 2014

1.2.3 Work with the Commission on Aging/Department of Aging in identifying social and/or other determinants which can negatively affect the health of the vulnerable elderly population. Encourage these organizations to evaluate whether their existing plans will address those factors sufficiently to mitigate health-related deleterious effects, to be completed by 2Q2015.

Objective 1.3: Create and Gain Approval of An Integrated Action Plan - Develop an integrated stepwise plan which will over time meet the needs of the vulnerable elderly in Frederick County. Align the plan with key stakeholders and gain approval

Action Steps

1.3.1 Commission an expert workgroup to review data trends and stakeholder maps to develop proposed plan to achieve unmet needs using resources from similarly aligned stakeholders. Circulate plans among stakeholders and come up with an action plan, with timelines and resource requirements by 4Q2015. Gain approval as necessary from relevant agencies and Frederick County Government

Frederick County Local Improvement Plan 2014

Appendices

Frederick County Health Care Coalition Board of Directors as of September 2014

Lynn Abrahamson, Frederick County Health Department
Gloria Bamforth, president, Frederick Memorial Hospital
Barbara Brookmyer, Frederick County Health Department
Mike Cumberland, Keller Stonebraker Insurance, Inc.
Kitty Devilbiss, Department of Aging
Paul Frey, Chamber of Commerce
Marilyn Marshall, Frederick Memorial Hospital
Jenny Morgan, Frederick County Chamber of Commerce
Josh Pedersen, United Way
Jennifer Teeter, Frederick Memorial Hospital

Work Group Leads -

Joe Berman, Elder Support Work Group
Angela Blair, Education Support Work Group
Monica Grant, Adult Dental Work Group
Janet Harding, Health Disparities Work Group
Andrea Walker, Behavioral Health Work Group

Frederick County Local Improvement Plan 2014

Local Health Improvement Priority Workgroups

Behavioral Health Work Group

Marte Birnbaum, Gale Recovery, Inc.
Suzi Borg, Mental Health Association
Sarah Drennan, Frederick County Health Department
Tom Godwin, University of Maryland
Monica Kirkpatrick, Mountain Manor
Bob Pitcher, Metal Health Management Agency
Overdose Prevention Workgroup
Provider Council
Substance Abuse Council
Andrea Walker, Frederick County Health Department

Affordable Dental Care Group

Carl Appleton, DDS
Barbara Brookmyer, Frederick County Health Department
Jennifer Charlton, Mission of Mercy
Kitty Devilbiss, Department of Aging
Vince DiFabio, DDS, MS
Monica Grant, PT, DscPT, Frederick County Health Department
Janet Jones, Frederick Community Action Agency
Lynn Phillips, Frederick County Health Department
Brian Scott, Religious Coalition for Emergency Human Needs
Malcolm Furgol, United Way of Frederick County
Rick Rogers, DDS
Nancy Stannert, RDH
Carolyn True, Department of Aging
Michael Virts, DDS
Tina von Gunten, Frederick County Health Department
Jim Williams, Frederick Memorial Hospital

Education Support Work Group - Adult Subgroup

Angela Blair, Frederick County Health Department
Suzi Borg, Mental Health Association
Jenny Morgan, Frederick County Chamber of Commerce
Tammy Norris, Frederick Memorial Hospital

Education Support Work Group - Senior Subgroup

Nancy Lewis
Lori Peters,
Santita Prather, Frederick County Health Department
Margo Smith
Jennifer Teeter, Frederick Memorial Hospital
Carolyn True, Department of Aging
Amy Vagnoni, Frederick County Parks and Recreation

Frederick County Local Improvement Plan 2014

Education Support Work Group - Youth Subgroup

Brian Griffith, Frederick County Public Schools
Jamie Hitchner, Frederick County Public Schools
Ralph Kline, Menocal Medical
Jenifer Waters, Frederick County Public Schools
Derek Belz, Office of Children and Families
Stephanie Perez, Child Care Choices
Sharon Shrader, Pharmacy
Reecie Starks
Torey Repetski, Housing Authority
Tom Werner

Elderly Support Work Group

Joseph Berman, MD
Don Cilla
Melanie Cox
Vincent Parmesano
Sonya Sperlich

Health Disparities Work Group

Adrian Roa, Frederick County Health Department
Barbara Brookmyer, Frederick County Health Department
Elizabeth Chung, Asian American Center of Frederick
Janet Harding, Frederick Memorial Hospital
Jaime Corcoran
Janet Jones, Frederick Community Action Agency
Laure Hean, Asian American Center of Frederick
Miriam Dobson, Frederick County Health Department
Ryan Trout, Housing Authority
Shifa Mohiuddin
Silvia Yacoubian
Yun Teng, Asian American Center of Frederick

Maryland’s State Health Improvement Process (SHIP)

The Maryland SHIP includes 41 measures in five focus areas that represent what it means for Maryland to be health. It can be viewed at <http://dhmh.maryland.gov/ship/>.

Maryland’s SHIP measures compared to Frederick can be found by going to the “View SHIP by county” menu and selecting Frederick County from the drop down list.

