Community Health Advisory Committee
Welcome and Introductions
Maryland State Health Improvement Process (SHIP)
SHIP Progress Summary Key

**RED:** Updated measure is **NOT MOVING TOWARD** the Maryland 2014 Target

**YELLOW:** The updated measure is **MOVING TOWARD** the Maryland 2014 Target

**GREEN:** The updated measure is **ON TRACK** to meet/met the Maryland 2014 Target

Data for update is pending
Cecil County has thirteen out of 39 health measures that continue to be worse than the State of Maryland.
Red: NOT ON TARGET FOR 2014

<table>
<thead>
<tr>
<th>SHIP Objective</th>
<th>Measure Description (Source)</th>
<th>SHIP 2011 County Baseline</th>
<th>SHIP 2012 County Update</th>
<th>SHIP 2012 Maryland Update</th>
<th>Maryland SHIP 2014 Target</th>
<th>% Difference (Maryland vs. County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce child maltreatment</td>
<td>Rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18 (DHR 2010) (DHR 2011)</td>
<td>10.5</td>
<td>14.2</td>
<td>4.8</td>
<td></td>
<td>165.49%</td>
</tr>
<tr>
<td>Reduce drug-induced deaths</td>
<td>Rate of drug-induced deaths per 100,000 population (VSA 2007-2009) (VSA 2008-2010)</td>
<td>23.0</td>
<td>21.8</td>
<td>12.6</td>
<td>11.3</td>
<td>73.26%</td>
</tr>
<tr>
<td>Reduce the proportion of young children and adolescents who are obese</td>
<td>Percentage of youth (ages 12-19) who are obese (MYTS 2008) (MYTS 2010)</td>
<td>13.4%</td>
<td>12.7%</td>
<td>11.6%</td>
<td>11.3%</td>
<td>9.11%</td>
</tr>
<tr>
<td>Reduce the number of emergency department visits related to behavioral health conditions</td>
<td>Rate of ED visits for a behavioral health condition per 100,000 population (HSCRC 2010) (HSCRC 2011)</td>
<td>8,078</td>
<td>8,934</td>
<td>5,522</td>
<td>5,028</td>
<td>61.79%</td>
</tr>
</tbody>
</table>

LHIP GOAL
Cecil County has eleven health measures that are on track with the Maryland 2014 target.
On track with SHIP 2014 TARGET

1. Reduce low birth weight babies
2. Increase proportion of graduating students
3. Reduce domestic violence.
4. Reduce dementia hospitalizations
5. Reduce # of people without insurance
6. Reduce rate of fall related deaths
7. Reduce pedestrian injuries on roads
8. Reduce ER visits for asthma & Diabetes
9. Reduce Chlamydia infections
10. Reduce # of days AQIs over 100
Local Health Improvement Process
CHAC
Task Force Reports

- Cancer
- Tobacco
- Child Maltreatment
- Healthy Lifestyles
- Mental Health Core Service Agency
- Drug and Alcohol Abuse Council
26. Reduce the overall cancer death rate (per 100,000 population). (2011)

Maryland DHMH Vital Statistics Administration

169.2

220.2

Cancer Task Force
<table>
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<tr>
<th>Measure Description (Source)</th>
<th>Maryland DHMH Vital Statistics Administration</th>
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<tr>
<td>26. Reduce the overall cancer death rate (per 100,000 population).</td>
<td>(2012) 169.2 (Maryland vs. Cecil County) 206.0</td>
</tr>
</tbody>
</table>

Cancer Task Force
Tobacco Task Force
33. Reduce the % of *youths* using any kind of *tobacco* product

24.8 %

29.4 %

Tobacco Task Force
3. Reduce the percent of low birth weight births (2011)


- Tobacco Task Force

8.5% vs. 7.6%
32. Reduce the % of **adults** who are current **smokers**.

Tobacco Task Force

National Data Source: Healthy People 2020, CDC
National Health Interview Survey (NHIS)
Maryland Data Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS) 2010

15.2 %
23.6 %
3. Reduce the percent of low birth weight births (2012)

Tobacco Task Force

Healthy Lifestyles
Task Force
<table>
<thead>
<tr>
<th>Measure Description (Source)</th>
<th>Maryland Youth Tobacco Survey (MYTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Reduce the % of children who are considered obese (2011)</td>
<td>11.3% 13.4%</td>
</tr>
</tbody>
</table>

Healthy Lifestyles Task Force
31. Reduce the % of children who are considered obese (2012)
Child Maltreatment Task Force
7. Reduce child maltreatment

Rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18 (DHR 2010)

7. Reduce child maltreatment

- **2011**: 4.8 cases
- **2010**: 10.2 cases

Child Maltreatment Task Force
4.8 cases

14.2 cases (2012)

7. Reduce child maltreatment

Rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18 (DHR 2011)

4.8 cases

14.2 cases

2014 SHIP Objectives

Child Maltreatment Task Force

(Maryland vs. Cecil County)
Increase the availability of promotional opportunities to help educate Cecil County parents on issues of child development, discipline, parenting skills, etc.

Child Maltreatment Task Force
Increase the capability and availability of in-home counseling and family intervention services

Child Maltreatment Task Force
Educate parents about child abuse and the importance of its prevention

Child Maltreatment Task Force
# 2014 SHIP Objectives

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<tr>
<th>Measure Description (Source)</th>
<th>Vital Statistics Administration (2007-2009)</th>
<th>(Maryland vs. Cecil County)</th>
</tr>
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<tbody>
<tr>
<td>8. Reduce the suicide rate. (Rate of suicides per 100,000 population) (2011)</td>
<td>9.1 13.7</td>
<td></td>
</tr>
<tr>
<td>Measure Description (Source)</td>
<td>Vital Statistics Administration (2008-2010)</td>
<td>(Maryland vs. Cecil County)</td>
</tr>
<tr>
<td>-----------------------------</td>
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<tr>
<td>8. Reduce the suicide rate.</td>
<td></td>
<td>9.1</td>
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<td>(Rate of suicides per 100,000 population) (2012)</td>
<td></td>
<td>12.6</td>
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2014 SHIP Objectives

Measure Description (Source) (HSCRC 2010)(HSCRC 2011) (Maryland vs. Cecil County)

34. Reduce the number of emergency room visits for behavioral health conditions)*

<table>
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<tr>
<th>Year</th>
<th>Rate of ED visits for a behavioral health condition per 100,000 population</th>
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<tr>
<td>2011</td>
<td>5,028</td>
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<td>2011</td>
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* Rate of ED visits for a behavioral health condition per 100,000 population
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<td>34. Reduce the number of emergency room visits for behavioral health conditions)*</td>
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* Rate of ED visits for a behavioral health condition per 100,000 population
OBJECTIVE

Increase funding for mental/behavioral health programs

GOAL ONE: Increase access to mental/behavioral health treatment services in Cecil County
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OBJECTIVE

GOAL ONE: Increase access to mental/behavioral health treatment services in Cecil County
Promote B-HIPP to Cecil County Pediatricians & Primary Care Providers.
GOAL TWO: Increase the Number of Mental Health Providers in the County

Increase provider recruitment efforts in Cecil County
Drug and Alcohol Abuse Council
29. Reduce Drug-induced Deaths (2011)

23.0

12.6

(Maryland vs. Cecil County)
Cecil County Health Department developed a plan for the reduction and prevention of drug overdoses in Cecil County, Maryland. The plan includes SBIRT, LOFRT, Overdose Prevention Training and Naloxone.

29. Reduce Drug-induced Deaths
   (2012)

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2014 SHIP Objectives
PRIORIT Y #3
SUBSTANCE ABUSE PREVENTION
OBJECTIVE  Improve research & data analysis related to local communities & the prevalence of substance abuse

Secured additional data surrounding local substance abuse.
• (Health Resources in Action)

• The consultant utilized data-driven needs assessment and analysis to identify key contributing factors of substance abuse in Cecil County and recommend solutions.

• Summary report expected in July 2013.
PRIORITY #1: SUBSTANCE ABUSE — PRESCRIPTION DRUGS AND PAIN MANAGEMENT
OBJECTIVE

Increase & enhance research & data analysis on prescription drug abuse and its applications.
OBJECTIVE

Increase & enhance research & data analysis on prescription drug abuse and its applications

Researched the available areas for drug disposal in Cecil County
• LDACC hosted presentations respectively by a Delaware Public Health Program Administrator on “Delaware efforts to Reduce Addiction, and Doctor Shopping,” by a Deputy Attorney General from the Delaware Department of Justice on “Delaware Prescription Drug Diversion.”

• Successful prescription drug take back events

• New programs developed in partnership with the Cecil County Public Library, included events at North East Branch Library with the North East Police
OBJECTIVE

Increase education for health professionals and community members on the effects of prescription drug abuse in Cecil County.

Provided training for staff in physician offices on appropriate prescribing practices & inappropriate opioid use.
• Progress toward education for health professionals on prescription drug abuse in Cecil County was evidenced.

• During the summer of 2012, DHMH Deputy Secretary for Public Health Services and the DHMH Chief Medical Officer delivered a detailed presentation on "Prescription Overdose" to Union Hospital medical staff.

• A subsequent presentation entitled "Risk Evaluation and Mitigation Strategies for Prescribing Opioids in Patients with Chronic Pain" was also facilitated by a local pain management specialist for the Union Hospital medical staff.
Chronic Disease
Objective
State Innovation Model
Substance Abuse Assessment
Next Meeting