Local Health Action Plan Template

1st Funding Round Deadline December 1, 2011

1. Local Health Planning Coalition Description

The Cecil County Health Department, (also referred to as "the Health Department"), decided that in order to allocate resources effectively, the Cecil County Community Health Advisory Committee (CHAC) would serve as Cecil County's Local Health Improvement Coalition (LHIC), since a majority of Cecil County's community partners sit on this committee. Attachment 1 describes the coalition's leadership, structure and planning components.

2. Local Health Data Profile

The Maryland Department of Health and Mental Hygiene provided the Cecil County Health Department with the State Health Improvement Process (SHIP) health measures that reflect the health of Cecil County. When CHAC met to identify health priorities through the Local Health Improvement Process (LHIP), the SHIP measures were used as supportive data. The SHIP measures for Cecil County can be accessed through this link: http://eh.dhmh.md.gov/ship/SHIP_Profile_Cecil.pdf .

The Health Department utilizes additional resources to support an understanding of the overall health profile of Cecil County. Every five years the Health Department conducts the Cecil County Community Health Survey among a sample of the county's adult population to determine the incidence and prevalence of disease and illness in the county, an overall understanding of personal health, and the impact of Health Department programming. The last survey was conducted in 2009 and released to the public in 2010. This information can be accessed at:
http://www.cecilcountyhealth.org/ccdhxx/pdf/2009%20Community%20Health%20Survey%20Final%20Report.pdf.

The Health Department also works with Union Hospital of Cecil County to analyze data sets and information available on a variety of health topics. In particular, for LHIP, the Health Department is working with Jean-Marie Donahoo, the Community Benefits Coordinator from Union Hospital, to align both the health priorities identified by CHAC and the Hospital's health priorities for Cecil County. The IRS requires Union Hospital to conduct a Community Health Needs Assessment every 3 fiscal years, beginning with mandatory reporting at the end of Fiscal Year 2013. To meet this requirement, Union Hospital, in partnership with Healthy Communities Institute (HCI), has gathered the data portion of this assessment and the results have been embedded on Union Hospital's Community Benefits website:
http://www.uhcc.com/About/Community-Benefit/Community-Health-Needs-Assessment. Attachment 2 provides a look at HCI's health data measures in the form of the "Community Dashboard." The dashboard includes a variety of health and quality of life indicators for Cecil County that are currently

being analyzed to determine which health needs should be addressed in the county. The Community Health Needs Assessment process will provide a more in depth look at the health profile of Cecil County. In addition to the data analysis, Union Hospital in collaboration with the Health Department, will conduct four Focus Groups throughout Cecil County to gauge whether the information proposed by CHAC and HCI's data dashboards is congruent with the health issues identified by the knowledge and experience of community members. All information associated with the Community Health Needs Assessment is available to the public and will be used to further support the priority health needs determined by the LHIP.

Finally, to further support the adolescent health profile of Cecil County, the Health Department will partner with Cecil County Public Schools to administer the Youth Risk Behavioral Survey (YRBS) to 6th, 8th, 10th and 12th grade students in all of the middle and high schools in Cecil County. This will enable the Health Department to track important health behavior information for youth in Cecil County—giving the community the opportunity to support programs that address childhood obesity, child abuse, sexual health, substance abuse, and mental health. This adolescent health data, specific to Cecil County, is not information that has been available in previous years and will significantly improve the community's knowledge and ability to impact adolescent health in Cecil County.

3. **Local Health Context**

The Health Department has a close working relationship with several community partners, including, but not limited to, Union Hospital of Cecil County, area primary care providers, West Cecil Health Center (FQHC), the Cecil County Department of Social Services, Cecil County Public Schools, the Cecil County Department of Emergency Services, and the Department of Juvenile Services. Through these relationships, the Health Department continues to cultivate a health improvement environment tailored to address health needs. These working relationships provide the basis and continued collaboration for the five task forces that were developed to tackle health issues over the last five years. The following is a description of each task force:

- **The Alcohol and Drug Council.** Focuses on the drug and alcohol problem of Cecil County and looks at legislation, policies, and data to improve outcomes.

- **The Cancer Task Force.** Focuses on increasing cancer screening rates in the county as well as reducing the number of cancer-related deaths in the county.

- **The Tobacco Task Force.** Focuses on improving the health of Cecil County residents by promoting tobacco cessation and reducing tobacco-related deaths.

- **Healthy Lifestyles Task Force.** Strives to reduce obesity and promote healthy nutrition and physical activity.

- **The Mental Health Core Service Agency Advisory Board.** Works to increase access to mental health and other behavioral health services in Cecil County.

With the onset of the newly identified health priorities from the LHIP, it will be the duty of CHAC to redesign the task forces to appropriately address the newly identified health needs of Cecil County.

A couple of additional projects that set the current local health context in Cecil County are the promotion of school based wellness and the promotion of primary care services linked to the reduction of emergency room visits. The Cecil County Health Department, Union Hospital, Triangle Health Alliance, the Cecil County Department of Social Services and Cecil County Public Schools coordinate a school-based wellness center at Bainbridge Elementary School in Port Deposit, MD. Provision of this school-based wellness center allows ongoing monitoring of student health needs and has, in the past, provided access to important health information, including surveillance during the H1N1 outbreak in 2009.

The Health Department also works in conjunction with Union Hospital to provide the Cecil Community Health Care Center (CCHC), located at the Health Department. This collaboration works to reduce the number of admissions and readmissions to the emergency department for non-emergent or routine health care. The CCHC receives patient referrals from both the Health Department and Union Hospital's emergency department and provides uninsured patients with access to a full range of adult and pediatric medical services at no charge, connections to primary care providers in Cecil County, and insurance access to those eligible for assistance. Through this continued collaboration, the underserved community in Cecil County receives increased access to medical services, primary care connections, and insurance.

4. Local Health Improvement Priorities 2011-2014 (3-5 top priorities)

CHAC has analyzed the SHIP measures to determine the top 5 health priorities in Cecil County. They are:

1) Prescription drug abuse;

2) Access to mental/behavioral health treatment and services;

3) Substance abuse prevention;

4) Child abuse prevention; and

5) Childhood obesity.

After CHAC identified these health priorities, applicable goals, objectives/strategies and action steps were developed to support a sustainable plan of action to improve health in Cecil County. Please reference Attachment 3 to see the detailed Health Priority Action Plan for Cecil County.

5. Local Health Planning Resources and Sustainability

The Local Health Improvement Process (LHIP) must be supported by a sustainable plan that provides options for the local health planning coalition's direct and in-kind support. The Health Department continuously supports the actions and directives of its community partners. Working through CHAC and the five task forces, the Health Department plans to actively and progressively address and improve

Cecil County health needs through the collection and analysis of local health data, soliciting input from community partners on an ongoing and consistent basis, and by evaluating program efficacy in Cecil County. Union Hospital will continue to work with the Health Department to provide committed physician and other health professional representation on all task forces and CHAC. Union Hospital will also provide updates on the progress of the Community Health Needs Assessment process required by the State and the IRS. The data collected through this process will be updated annually and is supported by a 5-year contract with Healthy Communities Institute (HCI).

The Youth Risk Behavioral Survey (YRBS), to be implemented in Cecil County Public middle and high schools in Spring 2012, will provide adolescent health data to support the sustainable efforts of addressing childhood obesity, child abuse, sexual health, mental health, and substance abuse in Cecil County. The Youth Tobacco survey will accompany the YRBS to provide more information on adolescent use and abuse of tobacco products in Cecil County. Finally, the Health Department will conduct a Cecil County Community Health Survey during Fiscal Year 2015, in order to gain insight on the progress of the LHIP, the impact of programming and program efficacy.

6. Timeline and Methods for the Community Health Needs Assessment (Optional)

The Health Department and Jean-Marie Donahoo, Community Benefits Coordinator at Union Hospital, are collaborating to define parameters for the completion and dissemination of results for the Cecil County Community Health Needs Assessment. As described in previous sections, Union Hospital is required by the State and the IRS to complete a Community Health Needs Assessment by the end of Fiscal Year 2013. The Health Department will follow up this assessment with Community Health Survey in 2015 and out years in order to track health outcomes over time and so the county does not duplicate efforts or inefficiently use resources.

The following timeline reflects a tentative outline for the Community Health Needs Assessment process over the next several fiscal years. Please note that this timeline is modifiable according to changes in the health climate of Cecil County over time, as well as the resources available to the community partners involved.

Tentative Community Health Needs Assessment Timeline

March 2012

- Tentative completion of Healthy Communities Institute health data collected for Union Hospital's identification of Cecil County health priorities
- 1st Focus Group in Elkton, MD to determine community support of identified health priorities in the county (collaborative effort between Union Hospital and the Health Department)
- Youth Risk Behavioral Survey implemented in Cecil County Public middle and high schools

April 2012

- 2nd Focus Group (location, date and time TBD)

May 2012

- 3rd Focus Group (location, date and time TBD)

June 2012

- 4th Focus Group (location, date and time TBD)

July 2012

- Results compiled and reported from Focus Groups

September 2012

- Youth Tobacco Survey implemented at Cecil County Public middle and high schools (through December 2012)

October 2012

- Prepare goals, objectives and other parts (introduction, etc.) of the final Community Health Needs Assessment Report by Union Hospital Community Benefits Coordinator

December 2012

- Identify action steps and develop an associated action plan for Union Hospital's Community Benefits Strategic Plan (developed from all results and data collected from Community Health Needs Assessment and conducted Focus Groups)

February 2013

- Final drafts of both the Community Health Needs Assessment Report and the Community Benefits Strategic Plan submitted to the Union Hospital Board of Directors for approval

June 2013

- Submission of the final, board-approved documents to Maryland Hospital Association, the Maryland Health Services Cost Review Commission, and the IRS to satisfy the Community Benefits' reporting requirements mandated for Union Hospital

FY 2015

- Cecil County Health Survey administered by the Cecil County Health Department

Attachment 1

Health Coalition and Planning Description

1st Funding Round Deadline – November 1, 2011
2nd Funding Round Deadline – December 31, 2011

1. **Jurisdiction/Region Name:** Cecil County Health Department
2. **Local Health Action Planning Coalition Leadership and Contact Information**
   a. Local/Regional Public Health Coalition Leader (Health Officer Name, Title, Address, Telephone, e-mail address)

      Stephanie Garrity

      Health Officer

      Cecil County Health Department

      401 Bow Street

      Elkton, MD 21921

      410-996-5115

      sgarrity@dhmh.state.md.us

   b. If applicable, Other (Name, Title, Organization, Telephone, e-mail address)

      Jean-Marie Donahoo, MPH-HP

      Community Benefits Coordinator

      Union Hospital

      106 Bow Street

      Elkton, MD 21921

      443-674-1290

      jmdonahoo@uhcc.com

3. **Local Health Action Planning Coalition Membership (names, titles, organizations)**
   a. Community Health Advisory Committee member list can be found at
      http://www.cecilcountyhealth.org/ccdhxx/ccdhAdvisoryComm.htm

4. **Local Health Action Planning Coalition Structure (committees, workgroups and chairs)**
   a. Cecil County Community Health Advisory Committee (CHAC) works closely with following task forces:
      i. Cecil County Alcohol & Drug Council (ADC) Chaired by John Bennett (retired public school teacher)
         1. ADC Subcommittee: Cecil County Drug Awareness Chaired by Stephanie Garrity
      ii. Cecil County Cancer Task Force Chaired by Dr. Irfan Hisamuddin (Gastroenterologist)
      iii. Healthy Lifestyles Task Force (No Chair at present)
      iv. Mental Health Core Service Agency Advisory Board (No Chair at present)
      v. Tobacco Task Force Chaired by Tyra Kenly (Department of Juvenile Services)

      Task force member lists are available upon request.

5. **Health Planning Coalition Vision and Mission Statement**
    a. Mission Statement: To improve the health of Cecil County and its residents, in partnership with the community, by providing leadership to find solutions to our health problems through assessment, policy development and assurance of quality health services and education.
    b. Vision Statement: Health People, Healthy Community, Healthy Future
6. **Activities/Schedules – Health Planning Coalition meeting dates and schedules (include link to local websites for public meeting schedules to be posted on the SHIP website)**
    a. The Community Health Advisory Committee (CHAC) serves as our Health Planning Coalition and meets twice a year with additional meetings as needed. For the purpose of the LHIP process, we convened CHAC on November 29, 2011 and held our regularly scheduled meeting on January 19, 2012 to discuss LHIP strategies and goals.
    b. All of the previous meeting minutes can be found at the following link: http://www.cecilcountyhealth.org/ccdhxx/ccdhAdvisoryComm.htm
7. **Documents (Optional) –Local/Regional Community Health Assessments, Plans and other related documents as available for posting on the SHIP website.**
    a. Cecil County Health Department Website: http://www.cecilcountyhealth.org/
    b. Cecil County Community Health Advisory Committee page: http://www.cecilcountyhealth.org/ccdhxx/ccdhAdvisoryComm.htm
    c. 2009 Community Health Survey Report: http://www.cecilcountyhealth.org/ccdhxx/pdf/2009%20Community%20Health%20Survey%20Final%20Report.pdf
    d. 2004 Community Health Survey Report: http://www.cecilcountyhealth.org/ccdhxx/2004chs2.htm
    e. 1999 Community Health Survey Report: http://www.cecilcountyhealth.org/ccdhxx/pdf/1999-health-survey.pdf
    f. Community Health Plan based on Healthy People 2010: http://www.cecilcountyhealth.org/ccdhxx/ccdhcommhealthplan.htm
    g. Union Hospital Community Benefits Page: http://www.uhcc.com/About/Community-Benefit
    h. Union Hospital Community Health Needs Assessment: http://www.uhcc.com/About/Community-Benefit/Community-Health-Needs-Assessment

Submitted by Rangika Fernando at rfernando@dhmh.state.md.us or 443-245-3885.

Attachment 2

Community Dashboard

Indicators for Cecil County

Health

Access to Health Services

Adults Unable to Afford to See a Doctor	Comparison: MD Counties	
Adults who have had a Routine Checkup	Comparison: MD Counties	
Adults with Health Insurance	Comparison: U.S. Counties	
Children with Health Insurance	Comparison: U.S. Counties	

Cancer

Age-Adjusted Death Rate due to Breast Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Colorectal Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Lung Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Prostate Cancer	Comparison: U.S. Counties	
Breast Cancer Incidence Rate	Comparison: U.S. Counties	
Cervical Cancer Incidence Rate	Comparison: U.S. Counties	
Colon Cancer Screening	Comparison: MD Counties	
Colorectal Cancer Incidence Rate	Comparison: U.S. Counties	

Lung and Bronchus Cancer Incidence Rate	Comparison: U.S. Counties	
Mammogram History	Comparison: MD Counties	
Oral Cavity and Pharynx Cancer Incidence Rate	Comparison: U.S. Counties	
Pap Test History	Comparison: MD Counties	
Prostate Cancer Incidence Rate	Comparison: U.S. Counties	

Diabetes

Adults with Diabetes	Comparison: MD Counties	
Age-Adjusted Death Rate due to Diabetes	Comparison: MD Counties	

Exercise, Nutrition, & Weight

Adult Fruit and Vegetable Consumption	Comparison: MD Counties	
Adults Engaging in Moderate Physical Activity	Comparison: MD Counties	
Adults who are Obese	Comparison: MD Counties	
Adults who are Overweight or Obese	Comparison: MD Counties	
Low-Income Preschool Obesity	Comparison: U.S. Counties	

Family Planning

All-Age Birth Rate	Comparison: MD State Value	
Teen Birth Rate	Comparison: MD Counties	

Food Safety

Salmonella Incidence Rate	Comparison: MD Counties	

Heart Disease & Stroke

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Comparison: MD Counties	
Age-Adjusted Death Rate due to Heart Disease	Comparison: MD Counties	
High Blood Pressure Prevalence	Comparison: MD Counties	
High Cholesterol Prevalence	Comparison: MD Counties	

Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia	Comparison: MD Counties	
Chlamydia Incidence Rate	Comparison: MD Counties	
Gonorrhea Incidence Rate	Comparison: MD Counties	
HIV Prevalence Rate	Comparison: MD State Value	
Influenza Vaccination Rate 65+	Comparison: MD Counties	
Pneumonia Vaccination Rate 65+	Comparison: MD Counties	
Tuberculosis Incidence Rate	Comparison: MD Counties	

Maternal, Fetal & Infant Health

Babies with Low Birth Weight	Comparison: MD Counties	
Babies with Very Low Birth Weight	Comparison: MD Counties	
Infant Mortality Rate	Comparison: MD Counties	
Mothers who Received Early Prenatal Care	Comparison: MD Counties	

| Preterm Births | Comparison: MD Counties | |

Mental Health & Mental Disorders

| Age-Adjusted Death Rate due to Suicide | Comparison: MD State Value | |

| Self-Reported Mental Health | Comparison: MD Counties | |

| Social and Emotional Support | Comparison: MD Counties | |

Oral Health

| Adults who Visited a Dentist | Comparison: MD Counties | |

| Adults with No Tooth Extractions | Comparison: MD Counties | |

| Adults with Total Tooth Loss | Comparison: MD Counties | |

Prevention & Safety

| Age-Adjusted Death Rate due to Unintentional Injuries | Comparison: MD Counties | |

Respiratory Diseases

| Adults with Asthma | Comparison: MD Counties | |

| Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases | Comparison: MD Counties | |

| Children with Asthma | Comparison: MD State Value | |

Substance Abuse

| Adults who Binge Drink | Comparison: MD Counties | |

| Adults who Smoke | Comparison: MD Counties | |

| Teens who Smoke | Comparison: MD Counties | |

Wellness & Lifestyle

Self-Reported General Health Assessment — Comparison: MD Counties

Self-Reported Physical Health — Comparison: MD Counties

Economy

Employment

Unemployed Workers in Civilian Labor Force — Comparison: U.S. Counties

Government Assistance Programs

Households with Public Assistance — Comparison: U.S. Counties

Homeownership

Homeownership — Comparison: U.S. Counties

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent — Comparison: U.S. Counties

Income

Median Household Income — Comparison: U.S. Counties

Per Capita Income — Comparison: U.S. Counties

Poverty

Children Living Below Poverty Level — Comparison: U.S. Counties

Families Living Below Poverty Level — Comparison: U.S. Counties

Low-Income Persons who are SNAP Participants — Comparison: U.S. Counties

People 65+ Living Below Poverty Level	Comparison: U.S. Counties	
People Living 200% Above Poverty Level	Comparison: U.S. Counties	
People Living Below Poverty Level	Comparison: U.S. Counties	
Students Eligible for the Free Lunch Program	Comparison: U.S. Counties	

Education

Educational Attainment in Adult Population

High School Graduation	Comparison: MD Counties	

Higher Education

People 25+ with a Bachelor's Degree or Higher	Comparison: U.S. Counties	

School Environment

Student-to-Teacher Ratio	Comparison: U.S. Counties	

Student Performance K-12

4th Grade Students Proficient in Math	Comparison: MD Counties	
4th Grade Students Proficient in Reading	Comparison: MD Counties	
8th Grade Students Proficient in Math	Comparison: MD Counties	
8th Grade Students Proficient in Reading	Comparison: MD Counties	

Environment

Air

Annual Ozone Air Quality	Comparison: Air Quality Index	
Annual Particle Pollution	Comparison: Air Quality Index	
Daily Particle Pollution	Comparison: Air Quality Index	
Recognized Carcinogens Released into Air	Comparison: Prior Value	

Built Environment

Farmers Market Density	Comparison: U.S. Value	
Fast Food Restaurant Density	Comparison: U.S. Counties	
Grocery Store Density	Comparison: U.S. Counties	
Households without a Car and > 1 Mile from a Grocery Store	Comparison: U.S. Counties	
Low-Income and >1 Mile from a Grocery Store	Comparison: U.S. Counties	
Recreation and Fitness Facilities	Comparison: U.S. Value	
SNAP Certified Stores	Comparison: U.S. Counties	

Government & Politics

Elections & Voting

Voter Registration	Comparison: MD State Value	

Public Safety

Crime & Crime Prevention

| Violent Crime Rate | Comparison: MD Counties | |

Transportation Safety

| Age-Adjusted Death Rate due to Motor Vehicle Collisions | Comparison: MD Counties | |

Social Environment

Children's Social Environment

| Child Abuse Rate | Comparison: MD Counties | |

Family Structure

| Single-Parent Households | Comparison: U.S. Counties | |

Transportation

Commute To Work

| Mean Travel Time to Work | Comparison: U.S. Counties | |
| Workers who Drive Alone to Work | Comparison: U.S. Counties | |

Personal Vehicle Travel

| Households without a Vehicle | Comparison: U.S. Counties | |

Public Transportation

| Workers Commuting by Public Transportation | Comparison: U.S. Counties | |

Priority #1: Substance Abuse—Prescription Drugs/ Pain Management			
Goal 1: Reduce the incidence of abuse of prescription drugs			
Objectives	Action Steps	Collaborate With	Completed By When?
1. Increase and enhance research and data analysis on prescription drug abuse and its applications.	1.1: Charge the Alcohol and Drug Council with the task of investigating issues of health care providers who are identified as potential sources of over-prescribed medications or who disregard common prescription drug protocol to prevent haphazard prescribing.	-Alcohol and Drug Council -Substance abuse subcommittee of Alcohol and Drug Council -Law enforcement -Pharmacies -Methadone clinic -Attorneys -Maryland Department of Health and Mental Hygiene (DHMH) -Drug Enforcement Administration (DEA) -Court System -Municipalities	End of FY 2013
	1.2: Research different methodologies used by other communities to tackle prescription drug abuse.		
	1.3: Research how enforcement agencies handle oversight for physicians who violate prescribing laws.		
	1.4: Research which laws regulate prescribing by physicians.		
	1.5: Analyze physicians in the community that consistently see patients who require copious amounts of drugs prescribed. 1.5a: Look for loitering patients in parking lots. 1.5b: Look for repeat patients that have been turned away or patients that return within 30 days without ailments.		
	1.6: Promote Nuisance laws enforcement		
	1.7: Research which pharmaceutical companies provide incentives to providers to encourage narcotic/regulated drug prescribing. 1.7a: What are the laws that govern this incentivizing? 1.7b: Is there opportunity to determine if these laws are being violated? 1.7c: What drugs are being promoted by pharmaceutical companies and how often?		
	1.8: Research the available areas for drug disposal in Cecil County. 1.8a: Determine if ordinances exist and analyze if certain organizations or physician offices are in direct violation of these laws. 1.8b: Provide training for security officers.		

	1.8c: Post disposal information on applicable community organization websites. 1.8d: Propose to increase the number of disposal facilities in Cecil County. 1.8e: Survey a population (Hollingsworth Manor) on how they dispose of their household medications/pain			
	1.9: Conduct a study on what generics are available as substitutes for regulated/hard narcotics prescribed for pain management. 1.9a: Measure accessibility. 1.9b: Measure availability.			
2) Increase education for health professionals and community members on the effects of prescription drug abuse in Cecil County.	2.1: Provide training for staff in physician offices on appropriate prescribing practices and inappropriate use of opioids. 2.1a: The training for staff should be required. 2.1b: Training for physicians should be strongly encouraged.	-Union Hospital -Cecil County Health Department -Law Enforcement -Alcohol and Drug Council -Maryland State Police -Cecil County Government	End of FY 2013	
	2.2: Increase training and education for the proper storage and disposal of medications.			
	2.3: Screen for the potential for overdose and provide overdose prevention kits as appropriate.	Cecil County Health Department Alcohol and Drug Recovery Center	By January 2013	
3) Increase the pursuit of and enhance the measures to which we pursue funding	3.1: Support funding of prescription drug/pain medication programs through state tax payer funds, restitution funds. 3.1a: As opposed to federally funded programs.	-Community Advocates -Federal and state legislative representatives -Grassroots organizations	End of FY 2013	
	3.2: Draft letters to state/local representatives informing them of our position on this issue and how we intend to solve the problem.			

for the prevention and alleviation of prescription drug abuse in Cecil County.	3.2a: Meant to garner legislative support and include said support in grant applications.	-Private funders -Cecil County Health Department -Union Hospital's grant steering committee -Cecil County Government	

Goal 2: Expand resources for the use of alternative pain management methods.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Investigate alternative methods of treating pain.	1.1: Investigate having a local pain management center to treat chronic pain	-Area alternative treatment providers -Others	End of FY 2013
	1.2: Encourage the use of alternative practitioners.		
	1.3: Investigate the availability of alternative practitioners.		

	1.4: Advocate to reduce barriers that coverage of alternative methods of pain management may cause.
	    1.4a: Find out what insurances cover in this field of treatment
	    1.4b: Are there coverage period restrictions (is coverage only for one or two months)?
	    1.4c: What would be out-of-pocket costs for patients seeking these alternative treatment methods?		

Priority #2: Mental/Behavioral Health—Access to Treatment

Goal 1: Increase access to mental/behavioral health treatment services in Cecil County.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Increase transportation to mental/	1.1: Apply for funding for buses/vehicles.	-Any organization	On an ongoing basis, first round
	1.2: Train drivers/certify drivers.		

	behavioral health services/ providers.	1.3: Collaborate with other transportation organizations to provide transit vouchers to patients without insurance.		by end of FY 2013
2)	Increase funding for mental/ behavioral health programs, services and providers.	2.1: Research funding sources and apply for grants.	-Local agencies -Local community organizations -Cecil County Health Department -Union Hospital -Others	Funding should be sought on an ongoing basis, perhaps applied for 3-4 times per year
		2.2: Collaborate with other local organizations to share/match funding for mental/behavioral health recruiting efforts.		
3)	Decrease rate of Emergency Department visits related to behavioral health conditions	3.1: Provide training for law enforcement in "on scene" behavioral health intervention.	-Union Hospital -Law Enforcement -Cecil County Health Department	End of FY 2013
		3.2: Provide referrals through the Emergency Department for behavioral health.		
4)	Provide education and promote mental/behavioral health awareness.	4.1: Have coalition meetings involving mental/behavioral health providers only to discuss issues in the county with services, treatment needs, problem cases, need for resource collaboration or allocation.	-Upper Bay Counseling -Behavioral Health Unit at Union Hospital -Counselors, psychiatrists and psychologists	On an ongoing basis, first round by end of FY 2013
		4.2: Review the Core Services Agency's mental health needs assessment and apply appropriate parts of the mental health plan to each organization/provider's strategic plan for FY 2013.		
5)	Improve mental/behavioral health literacy in Cecil County.	5.1: Increase patient-provider or provider-support system dialogue by incorporating: 5.1a: Question checklists 5.1b: Discharge plans 5.1c: Medication regimens 5.1d: Direction repeats 5.1e: Peer-to-peer counseling training for family members/trusted friends 5.1f: Support groups.	-Care Coordinators -Case Managers -Health Educators -Counselors	End of FY 2013

	Objectives	Action Steps	Collaborate With	Completed By When?
		5.2: Counselor Pilot Project – provide doctors' offices with counselors to screen for patients' behavioral health problems and risk for child maltreatment		
6)	Improve school based counseling services.	6.1: Make counseling services available to all Cecil County public and private schools to increase access to care for all students in the county.	-Upper Bay Counseling -Union Hospital -Area psychologists and psychiatrists -Cecil County Public Schools -Private Schools -Staffing agencies	End of FY 2014

		6.2: Implement mandatory trainings for mental/behavioral health professionals serving schools and:
		    6.2a: Emphasize updating parents on student progress (per the Family Educational Rights and Privacy Act (FERPA)
		    6.2b: Improve professional manner and organizational skills aligned with providing services to youth
		    6.2c: Address practitioners' time management skills
		    6.2d: Implement either an "on-call" system or a system that brings in relief providers/substitutes for providers out or overworked.		

7)	Decrease racial and ethnic disparities for access to mental/behavioral health treatment services.	7.1: Increase minority awareness about mobile crisis unit, West Cecil Health Center, and other mental health service providers in the county	-Mobile Crisis -Health Educators -Cecil County Health Department -Union Hospital -Primary Care Doctors -Faith-based Organizations	End of FY 2013
		7.2: Decrease the number of steps required to attain mental health care for minorities		
		7.3: Increase patient-provider or provider-system dialogue		
		7.4: Increase referrals for behavioral health by having mental health screenings done in primary care settings and emergency rooms		
		7.5: Provide education through minority faith-based organizations		

Goal #2: Increase the number of mental health providers in Cecil County.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Increase funding for recruitment and retention of mental/ behavioral	1.1: Research funding sources and apply for grants.	-Local agencies -Local community organizations -Cecil County Health Department -Union Hospital	End of FY 2013
	1.2: Collaborate with other local organizations to share/match funding for mental/behavioral health recruiting efforts.		

Objectives	Action Steps	Collaborate With	Completed By When?
health providers in the county.		-Other	
2) Increase provider recruitment efforts in the county.	2.1: Conduct a needs assessment that identifies the number of providers available in the county. 　　2.1a: Breakout specialties that may need increased recruiting efforts 　　for mental/behavioral providers. 　　　　1. Telepsychiatry 　　　　2. Pediatric counseling 　　　　3. Substance abuse counseling/treatment 　　　　4. Suicide 2.2: Collaborate with alternative treatment sources, like faith-based counseling to increase the number of providers available in the county.	-Local agencies -Local community organizations -Cecil County Health Department -Union Hospital -Other	End of FY 2013
3) Increase retention efforts in the county.	3.1: Provide better provider incentives – examples: benefits, loan forgiveness, multiple medical facility privileges (encourages regionalization of services and there is less duplication of services).	-Local agencies -Local community organizations -Cecil County Health Department -Union Hospital -Other	End of FY 2013

Priority #3: Substance Abuse Prevention

Goal #1: Increase community awareness of the potential root causes of substance abuse in Cecil County.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Improve research and data analysis related to local communities and the	1.1: Secure additional data surrounding local substance abuse data from: 　　1.1a: Union Hospital 　　1.1b: Police stations 　　1.1c: Cecil County Health Department 　　1.1d: Parole and probation programs	-Cecil County Health Department -Union Hospital -Alcohol and Drug Council and Council Subcommittee	End of FY 2013

prevalence of substance abuse in Cecil County.	1.1e: Drug courts 1.1f: Social services 1.1g: School systems 1.1h: Treatment program 1.1i: Department of Juvenile Services		
2) Analyze data to draw conclusions to make recommendations on how to prevent substance abuse in the county.	2.1: Local Health Improvement Process (LHIP) Staff will gather and analyze data to present before the Alcohol and Drug Council.	-Cecil County Health Department -Union Hospital -Alcohol and Drug Council and Council Subcommittee	End of FY 2013

Goal #2: Increase public action to reduce substance abuse in Cecil County.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Assess existing educational programming to address the prevention of substance abuse in communities in Cecil County.	1.1: Evaluate programming for effectiveness and make recommendations for public information and use. 1.2: Work with other community organizations to implement a media campaign that educates the community and gets them involved in prevention situations.	-Alcohol and Drug Council and Council Subcommittee -Local Management Board -Cecil County Health Department -Union Hospital	End of FY 2013

Priority #4: Child Abuse

Goal #1: Decrease the incidence of child abuse in Cecil County.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Increase the availability of promotional opportunities to help educate Cecil County parents on issues of child development, discipline, parenting skills etc.	1.1: In 2012, participate in local cable franchise agreement negotiations to advocate for local access/community channels 1.2: Develop print educational resource materials (i.e. workbooks/brochures) for parents 1.3: Develop video public service announcements 1.4: Distribute "time-out" tips for parents via phone apps, mail-outs, school lunch menus 1.5: Create mail-outs. 1.6: Utilize social media—Twitter, Facebook, YouTube, etc.	-Department of Social Services -Cecil County Health Department -Police Departments -Cecil County Department of Emergency Services -Cecil County Public and Private Schools	End of FY 2013
2) Increase public awareness of and access to crisis hotlines, "warm" lines and other telephone resources that can help parents in crisis	2.1: By 2013, identify existing hotline and "warm" line resources in Cecil County and Determine their effectiveness 2.2: Ensure crisis hotline and "warm" line groups have updated information on available services in Cecil County 2.3: Identify ways to promote the use of crisis hotlines and "warm" lines to families in crisis 2.3a: Promote hotline/ "warm" line numbers on billboards and other outdoor advertising.	-Department of Social Services -Cecil County Health Department -Police Departments -Cecil County Department of Emergency Services	End of FY 2013
3) Increase the amount of trained staff for child abuse services in the county.	3.1: Recruit staff from local colleges and universities.	-Department of Social Services -Cecil County Health Department	End of FY 2013

4) Increase the capacity and availability of in-home counseling and family intervention services	4.1: Recruit more social work staff from local colleges and universities.	-Department of Social Services -Cecil County Health Department	End of FY 2013
	4.2: Increase the numbers of medical providers who can identify possible abuse & who offer education opportunities for parents		
	4.3: Increase the numbers of public and private school based health centers		
5) Improve retention measures to support strategic points of patient intake for child abuse services offered in Cecil County.	5.1: Provide education on child abuse at the high school level to promote interest in college-level degrees and increase the pool of available Child Abuse professionals.	-Department of Social Services -Cecil County Health Department	End of FY 2013
6) Educate parents about child abuse and the importance of its prevention.	6.1: In educational materials or classes, emphasize the importance of the stages of child development and the impact/influence their environment can have on this development.	-Department of Social Services -Cecil County Health Department -Union Hospital -Cecil County Public and Private Schools	End of FY 2013
	6.2: Develop interactive courses that initiate and evaluate the parents' use of proper, safe and healthy disciplinary action for children.		
	6.3: Develop interactive courses that highlight appropriate parenting skills.		
7) Facilitate the physician-patient dialogue around child abuse.	7.1: Promote a one-on-one dialogue between the patient and the physician by encouraging the physician to spend 5-10 extra minutes in a question and answer session with the patient.	-Department of Social Services -Cecil County Health Department -Union Hospital -Cecil County Public and Private Schools	End of FY 2013
	7.2: Create a question checklist for patients to bring with them to the doctor's visit.		
	7.3: Promote the "bring-a-buddy" system where spouses, guardians or other support people are included in the dialogue process.		

	7.4: Work with OB/GYNS to educate pregnant parents		
8) Increase overall awareness in the community about child abuse prevalence.	8.1: Utilize the schools to assess the staff's understanding of the warning signs of child abuse.	-Department of Social Services -Cecil County Health Department -Union Hospital -Cecil County Public and Private Schools	End of FY 2013
	8.2: Post procedure protocol (make more accessible and viewable for the public) for how to handle child abuse situations in schools; OR		
	8.3: Create a reaction system protocol for how to handle parents and other problem situations involving the identification of child abuse.		
9) Promote faith center outreach.	9.1: Assess the availability of faith-based child abuse programming in Cecil County and make a resource list.	-Department of Social Services -Cecil County Health Department -Union Hospital -Cecil County Public and Private Schools	End of FY 2013
	9.2: Once a resource list is created, make sure that it is made widely available/accessible to the public; also, make sure it is updated every 6 months to 1 year.		

Priority #5: Childhood Obesity—Physical Activity

Goal #1: Improve nutrition and increase physical activity for youth (children) in Cecil County to reduce the prevalence and incidence of childhood obesity.

Objectives	Action Steps	Collaborate With	Completed By When?
1) Increase awareness of available youth-oriented physical activities and youth-oriented nutritious foods available in the county.	1.1: Promote awareness of available physical activity and age-appropriate nutritious programs and activities in the county by posting resources on agency websites, newsletters, and postings in or around Town Parks, at the Library, through social media and other internet sources.	-Project Crossroads -Department of Social Services -Cecil County Public Schools -Parks and Recreation -Cecil County Government -County Library -Cecil County Health Department -Media Outlets	End of FY 2013
	1.2: Display signage, send email blasts, send text messages, and provide quick phone reminder messages about local availability of physical activities and good sources of nutrition in the County. 1.2a: Bulletin boards in grocery stores. 1.2b: Bulletin boards, screen savers at the Library. 1.2c: Set-up tables in lobbies of Union Hospital, Cecil County Health Department, churches, health fairs, YMCA, sporting		

		events, etc.	-Parents	
		1.3: Change the food culture and environment to focus on identifying and eating good portion sizes, as well as participating in at least 30 minutes of physical activity daily.		
		1.3a: Develop and implement a campaign led by youth in each community to move forward with these initiatives (using peer role modeling may be a more effective awareness promotion tool).		
2)	Increase motivation for youth to participate appropriate amounts of physical activity and eating healthy on a daily basis.	2.1: Provide education opportunities for new and future parents.	-Cecil County Public Schools -Cecil County Health Department -Union Hospital -Other medical providers -Community organizations (Judy Center, county library, grocery and retail stores, faith communities) -Local Media Outlets -University of Maryland Cooperative Extension	End of FY 2013
		2.2: Supplement elementary and middle school curricula with hands-on/interactive nutritious activities.		
		2.3: Supplement elementary and middle school curricula with lessons geared toward adding 10-15 minutes outdoor time to increase physical activity among youth at school.		
		2.4: Promote after-school sports, sports clubs, and/or community service work that involves teaching good nutrition and physical activity measures to other youth in the community.		
		2.5: Increase communication about the availability of physical activities and youth-oriented nutrition through social media sites and other internet usage.		

		2.6: Display signage, send email blasts, send text messages, and provide quick phone reminder messages about local availability of physical activities and good sources of nutrition in the County.
		    2.6a: Bulletin boards in grocery stores.
		    2.6b: Bulletin boards, screen savers at the Library.
		    2.6c: Set-up tables in lobbies of Union Hospital, CCHD, churches, health fairs, YMCA, sporting events, etc.		

3)	Increase youth's access to physical activities and nutritious foods in each	3.1: Make nutritious foods available to youth at home and away from home through projects like a community garden, partnerships with farmers' co-ops, and the promotion of buying/using locally grown foods in cafeterias.	-Cecil County Public Schools -Cecil County Health Department	End of FY 2013
		3.2: Increase communication about the availability of physical activities and youth-oriented nutrition through social media sites and	-Union Hospital -Other medical	End of FY 2013

community in Cecil County.	other internet usage.	providers	

	3.3: Display signage, send email blasts, send text messages, and provide quick phone reminder messages about local availability of physical activities and good sources of nutrition in the County.
	    3.3a: Bulletin boards in grocery stores.
	    3.3b: Bulletin boards, screen savers at the Library.
	    3.3c: Set-up tables in lobbies of Union Hospital, Cecil County Health Department, churches, health fairs, YMCA, sporting events, etc.
		-Community organizations (Judy Center, county library, grocery and retail stores, faith communities)
		-Local Media Outlets
		-University of Maryland Cooperative Extension
			End of FY 2013