Community Health Improvement Plan

Cecil County
Fiscal Years 2020-2022

Updated February 12, 2021

In partnership with the Cecil County Community Health Advisory Committee

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INTRODUCTION

Cecil County's Community Health Improvement Plan (CHIP) for Fiscal Year 2020 – Fiscal Year 2022 is a long-term, systematic plan to address health issues identified through the Fiscal Year 2019 Community Health Needs Assessment (CHNA), in order to improve the health of our community. The purpose of the plan is to provide a roadmap for how Cecil County Health Department, Union Hospital of Cecil County, partner organizations, and the community will work together to advance the health of Cecil County residents. Planning and implementation of CHIP activities is participatory, involving a broad set of stakeholders and partners. The CHIP allows partners to focus on a limited number of health issues and leverage resources for a larger collective impact.

Cecil County implements its community health improvement plan in conjunction with Maryland's State Health Improvement Process (SHIP). This initiative was launched by Maryland's Department of Health (MDH) in 2011 with the goal of providing a framework for accountability, local action, and public engagement to advance the health of Maryland residents. Maryland's SHIP consists of 39 measures determined to be critical to the overall health of Maryland communities and is closely aligned with Healthy People (HP) 2020 objectives. [i] As part of SHIP, Cecil County's Community Health Advisory Committee (CHAC) serves as the Local Health Improvement Coalition for the county.

In 2019, Cecil County Health Department, Union Hospital of Cecil County, and partner organizations in CHAC began a community health improvement process to identify a new set of health priorities for Cecil County. On January 17, 2019, CHAC members and interested stakeholders from a variety of sectors in Cecil County, met to discuss results of the CHNA and select health priorities to be included in the CHIP. At the meeting, participants voted on their top three health priorities from a list of 15 health topics identified from the Online Community Health Survey. Members who could not be present at the meeting were given the opportunity to vote via survey. Health priority areas that received both broad community and CHAC membership support were objectively scored by the CHNA planning team using the Hanlon Method, resulting in the selection of the following health priorities:

- Behavioral Health;
- Cancer; and
- Childhood Trauma.

A fourth priority, Diabetes, was added to align with Maryland's Diabetes Action Plan in January 2020. Work plans to address priority areas were developed in consultation with community groups in Cecil County currently working to address these health issues.

CECIL COUNTY COMMUNITY HEALTH ADVISORY COMMITTEE

Mission
The Cecil County Community Health Advisory Committee (CHAC) is a partnership of community organizations, government, groups, and individuals committed to improve the overall quality of health in Cecil County.

Vision
We accomplish this by providing leadership to find solutions to our health problems through assessment, planning, policy development, and assurance of quality health services and education.

Local Health Improvement Coalition
CHAC serves as Cecil County's Local Health Improvement Coalition (LHIC) as part of the Maryland SHIP. The LHIC coordinates activities through five task forces:

- Cancer Task Force;
- Drug and Alcohol Abuse Council;
- Healthy Lifestyles Task Force;
- Mental Health Core Service Agency (MHCSA) Advisory Council; and
- Tobacco Task Force

In addition, several other community groups have been tasked with accomplishing the goals and objectives of the CHIP due to their experience working in the identified priority areas.

COUNTY DESCRIPTION

Geography
Cecil County is located in the northeast corner of Maryland, bordered by Chester County and Lancaster County, Pennsylvania to the north; Kent County, Maryland to the south; New Castle County, Delaware to the east; and Harford County, Maryland to the west. Cecil County is bisected east-to-west by Interstate 95. The total land area of Cecil County is 346 square miles.[ii] Cecil County has both rural and urban areas. The county seat is located in Elkton, Maryland, and there are eight towns and seven unincorporated communities in the county.

Demographics
In 2017, Cecil County had an estimated population of 102,416. A majority of Cecil County residents are White (88.3%), not Hispanic/Latino (95.9%), and speak primarily English in the home (95.1%). An estimated 23.3% of Cecil County residents are under 18 years of age, while 14.4% are 65 years of age or older. An estimated 88.8% of Cecil County residents are high

school graduates and 23.0% have a Bachelor's degree or higher. The median household income in Cecil County is $70,516 and an estimated 9.4% of individuals live blow the Federal Poverty Level (FPL). An estimated 5.5% of Cecil County residents were uninsured in 2017.[iii]

METHODS

Selecting Health Priorities

On January 17, 2019, CHAC met to review results of the CHNA and identify health priorities for Cecil County. The agenda for the meeting included:

1) **Welcome and Introduction.** Daniel Coulter (Cecil County Health Department, Health Policy and Planning) and Jean-Marie Kelly (Union Hospital, Community Benefit) kicked off the meeting with an overview of the CHNA, including: the meeting purpose, data collection methods, a presentation of 2019 online Community Health Survey results; recommended criteria from NACCHO to consider when selecting the top three health priorities for Cecil County (Table 1), and the selection process.

Table 1.[iv]

NACCHO Criteria for Priority Selection	
Size	How many people are affected by the health problem?
Seriousness	Does the health problem lead to death, disability, and/or reduced quality of life?
Trends	Has the health problem gotten better or worse over time?
Equity	Are there specific groups that are more affected by the health problem?
Intervention	Are there existing strategies available to address the health problem?
Feasibility	Can we reasonably combat the health problem?
Value	How does the community rate the importance of the health problem?
Consequences of Inaction	What is the risk to the population by not acting on the health problem?
Social Determinant/ Root Cause	Does the health problem impact other health issues? What is the root cause of the health problem?

2) **Review of CHNA Findings.** Following a presentation of Community Health Survey, focus group and key-informant interview results, participants were asked to review slides that detailed secondary data findings from the Community Health Needs Assessment for the top 15 health issues identified through the survey (Table 1). Participants were asked to review the data, ask questions, and consider their top three categories using the NACCHO criteria.

Table 1.

Rank	Health Issue	% Respondents
1	**Substance Abuse**	75.3%
2	**Mental Health**	37.7%
3	**Homelessness**	32.9%
4	**Access to Health Services**	18.9%
5	**Poverty**	15.7%
6	**Obesity**	14.2%
7	**Affordable Housing**	13.9%
8	**Child Abuse and Neglect**	13.5%
9	**Dental Health**	10.9%
10	**Cancer**	10.7%
11	**Violent Crime**	7.9%
12	**Unemployment**	6.8%
13	**Childhood Trauma**	5.9%
14	**Educational Attainment**	5.6%
15	**Diabetes**	5.0%

3) **Prioritization of Health Issues- Step 1:** Participants were asked to vote for their top three health category choices on large, wall-hanging flip charts which listed the top 15 health issues. This method of voting was modeled after NACCHO's "Dotmocracy Method."[v] Participants were only allowed three votes and could not vote in duplicate. Members who were not in attendance were allowed to vote via a survey that was distributed following the meeting. After all participants had voted, the marks were tallied and the three main health categories with the highest scores were ranked accordingly:

4) **Prioritization of Health Issues- Step 2:** Following the CHAC meeting, the CHNA Planning Team met to consider health issues that had received broad community and CHAC membership support for inclusion in the CHIP. The three participants on the CHNA

planning team were: Jean-Marie Kelly (Community Benefit, Union Hospital), Dan Coulter (Health Planning, Cecil County Health Department), and Laurie Humphries (Acting Health Officer, Cecil County Health Department). The Steering Committee utilized the Hanlon Method to objectively rank the health issues based on the size of the health issue, seriousness of the health issue, and effectiveness of interventions to address the health issue.

Hanlon Method Guidelines
The guidelines for the CHNA planning team's scoring exercise included:
1. Give each health problem a numerical rating on a scale of 0-10 for each of the three criteria.
2. **Apply the PEARL test** – Once health problems have been rated for all criteria, use the PEARL test to screen out health problems based on the following feasibility factors:
   a. **P**ropriety – Is a program for the health problem suitable?
   b. **E**conomics – Does it make economic sense to address the problem?
   c. **A**cceptability – Will the community accept the problem?
   d. **R**esources – Is funding available or potentially available to address the problem?
   e. **L**egality – Do current laws allow program activities to be implemented?
3. **Calculate priority scores** – Based on the three criteria rankings assigned to each health problem in Step 1, calculate the priority scores using the following formula:
   i. **D = [A + (2 x B)] x C**
   ii. *D = priority score*
   iii. *A = size of the health problem ranking*
   iv. *B = Seriousness of the health problem ranking*
   v. *C = Effectiveness of intervention ranking*
4. **Rank the health problems** – Based on the priority scores calculated in Step 3, assign ranks to the health problems with the highest priority score receiving a rank of 1 and so on.[vi]

Priority scores were calculated separately by each CHNA planning team member and then scores were averaged to determine final priority scores. Table 2 details the priority scores for each of the top 15 health issues that received at least 5 CHAC votes.

Table 2.

Health Issue	% Survey Respondents	Focus Group & Interview Mentions	CHAC Votes	Priority Score (Using Hanlon Method)
Substance Abuse	75.3%	11	31	160
Mental Health	37.7%	10	24	158

Homelessness	32.9%	7	10	103
Access to Health Services	18.9%	11	11	119
Poverty	15.7%	7	2	Not Scored
Obesity	14.2%	3	5	118
Affordable Housing	13.9%	1	2	Not Scored
Child Abuse and Neglect	13.5%	0	1	Not Scored
Dental Health	10.9%	3	10	144
Cancer	**10.7%**	7	**8**	**208**
Violent Crime	7.9%	0	0	Not Scored
Unemployment	6.8%	4	0	Not Scored
Childhood Trauma	**5.9%**	**1**	**14**	**150**
Educational Attainment	5.6%	2	0	Not Scored
Diabetes	5.0%	5	1	Not Scored

The Hanlon Prioritization exercise yielded the following priorities:
- Cancer
- Behavioral Health (comprising Substance Abuse & Mental Health)
- Childhood Trauma

On January 16, 2020 the Cecil County Community Health Advisory Committee decided to add Diabetes as a fourth Priority area to align with Maryland's Diabetes Action Plan.

Strategic Planning

The CHNA planning team met separately with community groups who were currently working to address these priority health issues in order to develop work plans where CHAC could s

The CHNA planning team met with several community groups specializing in the health priority areas identified through the needs assessment. These planning sessions were facilitated in order to "ask the experts" and identify ways in which CHAC members could support them with the goal being to enhance the work already being done in the community. Examples include: supporting current activities, promoting prevention and education, and providing in-kind support. The next section includes the work plans created as a result of the strategic planning sessions.

CHIP Work Plans

The CHIP work plans were created with high level detail in order to be able to accommodate potential changes in community resource allocations and community partner groups' infrastructure and planning, as well as be able to add new objectives and strategies within each priority area to best manage challenges that may arise. In addition, community groups working within the priority areas will be encouraged to use a reporting template developed during the previous CHNA cycle. This tool is not mandatory to use but recommended in order to standardize reporting.

Cancer

CHAC will support the work currently being done by the Cecil County Cancer Task Force in the community for lung cancer screening, to include education, awareness, and increasing health promotions related to getting screened. Union Hospital's Cancer Program and its Commission on Cancer Committee will offer support, as well as Cecil County Health Department's Division of Health Promotion.

Key Indicators
- Lung Cancer Incidence
- Lung Cancer Mortality Rate
- Prevalence of Smoking

Goal
- **1.1:** Reduce cancer mortality in Cecil County

Cancer Work Plan

Objective	Strategies
1.1: By June 30, 2022, increase the number of individuals receiving low-dose lung cancer CT screenings by 5% in order to increase awareness for lung cancer prevention. Baseline: 556 people screened (CY16, CY17, and CY18) Measurement goal: 584 individuals screened (CY19, CY20, and CY21) *Source: Union Hospital Cancer Program*	**A**. Raise awareness for lung cancer prevention in order to reduce stigma related to risk factors contributing to lung cancer **B**. Support and engage medical providers in promoting patient awareness of lung cancer prevention efforts (primary prevention: education; secondary prevention: screening; and tertiary prevention: treatment) **C**. Educate and support medical providers on how to talk to patients about quitting smoking **D**. Support medical providers in making community presentations

	E. Promote referrals for smoking cessation among medical providers
	F. Promote the use of self-screening tools in the community for low-dose CT lung cancer screening
	G. Support and engage the community (incl. Community groups, faith-based organizations, and businesses) in promoting lung cancer prevention efforts (primary prevention: education; secondary prevention: screening; and tertiary prevention: treatment)
	H. Provide advertising and media support for health promotions related to the availability of prevention services in the community
	I. Engage the community on lung cancer prevention efforts via social media and other educational and/or advocacy outlets

Behavioral Health

CHAC will be working to enhance and support the efforts to address both Substance Abuse (SA) and Mental Health (MH) in Cecil County. CHAC has met with leadership from Cecil County Health Department's Core Service Agency (MH), as well as the Drug-Free Communities Coalition (SA), Cecil County Drug and Alcohol Abuse Council (SA), and the Opioid Misuse Prevention Program (SA). CHAC will also support the movement towards integrating behavioral health services at the local health department and community level.

Key Indicators
- Prevalence of Youth Substance Use
- Drug-induced Death Rate
- Rate of ED Visits Related to Substance Use Disorders (SUD)
- Rate of ED Visits Related to MH Conditions
- Prevalence of Depression among Youth
- Suicide Death Rate

Goals
- **1.1**: Prevent the initiation of substance use among youth and support youth in treatment and recovery
- **1.2:** Increase Recovery Support Capacity in Cecil County

- **1.3:** Provide support for individuals with behavioral health conditions re-entering the community
- **1.4:** Integrate Behavioral Health Services in Cecil County to improve outcomes for individuals with co-occurring disorders

Behavioral Health Work Plan

Objectives	Strategies
1.1.1: By June 30, 2022, increase protective factors to reduce the prevalence of substance use among Cecil County public high school students by 5%. Baselines: • Alcohol use in past 30 days: 31.1% • Marijuana use in past 30 days: 20.9% • Prescription Drug Use (ever): 13.3% *Source: 2016 Maryland Youth Risk Behavior Survey*	**A**. Expand youth prevention activities for grades 3-12 **B**. Provide ongoing support for Youth Leadership Summit Activities **C**. Expand Drug Free Cecil Youth Coalition efforts **D**. Hire a youth advisor to coordinate Drug Free Cecil youth efforts **E**. Increase protective factors and community resilience **F**. Expand support mechanisms for youth in recovery **G**. Explore the development of a drop-in community recovery center **H**. Explore the development of an adolescent clubhouse **I**. Identify and engage with youth who have SUDs
1.2.1: By June 30, 2022, increase total peer recovery support contacts by 5%. Baseline: 5090 contacts made in 2018 *Source: Cecil County Health Department Alcohol & Drug Recovery Center* **1.2.2:** By June 30, 2022, Increase the number of individuals trained	**A.** Expand Peer Recovery Support capacity **B.** Increase community access to Narcan **C.** Increase recovery support for individuals transitioning from prison or jail back into the community **D.** Research anti-stigma initiatives **E.** Implement an anti-stigma awareness campaign

in overdose response by 10%. Baseline: 751 individuals were trained (through June 30, 2019) *Source: Cecil County Health Department Alcohol & Drug Recovery Center* **1.2.3:** By June 30, 2021, implement an anti-stigma educational awareness campaign in Cecil County. Baseline: N/A	
1.3.1: By June 30, 2020, develop a plan to support re-entry for individuals transitioning from jail with mental health disorders. Baseline: N/A **1.3.2:** By June 30, 2022 increase the percentage of individuals with substance use disorders re-entering the community who enter treatment or after-care programs. Baseline: N/A	**A**. Form a workgroup to pursue re-entry planning **B**. Research evidence-based re-entry programs **C**. Seek funding to support re-entry initiatives **D**. Expand treatment and re-entry aftercare programs **E**. Partner with the CCHD Division of Addictions Services for individuals with co-occurring disorders

1.4.1: By June 30, 2020, form a committee to pursue the expansion of behavioral health integration in Cecil County. Baseline: N/A **1.4.2:** By June 30, 2021, develop a joint Behavioral Health Plan for Cecil County. Baseline: N/A	**A**. Form a behavioral health committee made up of stakeholders from the mental health and substance use disorder fields **B**. Hold joint Council meetings to align efforts **C**. Develop and submit a joint Behavioral Health Plan for Cecil County **D**. Engage and educate stakeholders and the community on co-occurring disorders and Behavioral Health Integration

Childhood Trauma

CHAC will serve as support for the Local Management Board's Childhood Trauma Subcommittee as they work through addressing planned recommendations. CHIP planning meetings solidified CHAC responsibilities to support the increase of community and provider education and awareness of childhood trauma. In addition, the Cecil County Health Department will explore evidence-based home visiting programs to implement in Cecil County.

Key Indicators
- Prevalence of ACES
- Child maltreatment incidence rate
- Domestic violence incidence rate

Goals
- **1.1:** Increase education opportunities for the community on childhood trauma
- **1.2:** Educate and empower health care providers to recognize and treat the effects of childhood trauma
- **1.3:** Enhance parenting skills to promote healthy child development

Childhood Trauma Work Plan

Objectives	**Strategies**

1.1.1: By June 30, 2022, hold at least 6 events to educate the community about childhood trauma. Baseline: N/A	**A.** Hold screenings of the documentary "Resilience: The Biology of Stress & Science of Hope" **B.** Hold community forums related to childhood trauma **C.** Hold trainings related to childhood trauma **D.** Change social norms to support parents and positive parenting **E.** Partner with youth serving organizations on child abuse prevention awareness and education **F.** Participate in the National Child Abuse awareness "Pinwheels for Prevention" campaign **G.** Train community leaders to act as advocates and spread information on childhood trauma in their communities
1.2.1: By June 30, 2020, create and distribute a survey to assess current knowledge of childhood trauma and training needs of health care providers in Cecil County. Baseline: N/A	**A.** Research and develop survey tool **B.** Obtain list of physicians and distribute survey **C.** Analyze results to determine needs
1.2.2: By June 30, 2022, identify and hold at least 2 childhood trauma related trainings for medical professionals. Baseline: N/A	**A.** Identify training resources for physicians and other health care providers **B.** Utilize evidence-based materials to educate physicians on trauma-informed care

1.3.1: By June 30 2021, research evidence-based home visiting programs and determine the feasibility of implementing a program in Cecil County. Baseline: N/A	A. Support the creation of evidence-based home visiting programs, such as Healthy Families America program in Cecil County

Diabetes

CHAC will play a key role in advancing efforts to establish a non-profit entity to coordinate community health improvement efforts, with a focus on diabetes, and will serve as support for the Healthy Lifestyles Task Force as they address recommendations from a planned Health Literacy Needs Assessment focusing on diabetes and chronic disease in Cecil County. The Cecil County Health Department will take the lead on these two initiatives.

Key Indicators
- Prevalence of type 2 diabetes
- Prevalence of prediabetes
- Age-adjusted death rate due to diabetes

Goals
- **1.1:** Establish CHAC as a 501c3 organization
- **1.2:** Complete a Health Literacy Needs Assessment for Cecil County

Diabetes Work Plan

Objectives	Strategies

1.1.1: By October 30, 2021, Submit an application to establish Cecil County's LHIC as a 501c3 organization Baseline: N/A	A. Engage LHIC partners in the importance of becoming a 501c3 B. Form a committee to look into the process of becoming a 501c3 C. Develop an RFP for a consultant to guide the Health Department and LHIC partners through the process D. Hire a consultant who will produce documents needed to become a 501c3 and make recommendations of best practices E. Submit an application to establish Cecil County's LHIC as a 501c3 organization
1.1.2: Develop a plan to engage local businesses in health improvement activities focused on diabetes and chronic disease by October 30, 2021. Baseline: N/A	A. Form a committee to oversee plan development B. Develop an RFP for a consultant (same as above) to develop a business engagement plan. C. Consultant will work directly with Health Department staff and LHIC partners to develop a plan to engage local businesses.
1.2.1: Develop a Health Literacy Needs Assessment for Cecil County by September 31, 2021. Baseline: N/A	A. Work with consultant to determine assessment methodology. B. Consultant will work directly with Health Department staff and LHIC partners to conduct assessment C. Develop report and present findings to key stakeholders
1.2.2: Develop a plan to address identified needs by October 30, 2021 Baseline: N/A	A. Based on the recommendations of the Health Literacy Needs Assessment, the Healthy Lifestyles Task Force will develop a plan to address identified needs.

EVALUATION

Progress towards meeting goals and objectives in the CHIP is monitored by the co-chairpersons of CHAC. Semi-annual reports from CHAC task forces and affiliated groups on project activities are provided at CHAC meetings. These progress reports are shared with all CHAC membership. Following these reports, goals and objectives may be reviewed and revised as needed.

APPENDIX A – CHAC Member Organizations

CHAC membership includes the following organizations:

Affiliated Sante Group	Healthcare Professionals
Ashley Treatment Center	Healthy Cecil WATCH Program
ChristinaCare	Maryland State Representatives
ChristianaCare, Union Hospital	Meeting Ground
Cecil College	On Our Own of Cecil County
Cecil County Dept. of Community Services	Private Citizens
Cecil County Dept. of Emergency Services	The Paris Foundation
Cecil County Dept. of Juvenile Services	Stone Run Family Medicine
Cecil County Dept. of Social Services	United Healthcare
Cecil County Government	Upper Bay Counseling & Support Services
Cecil County Health Department	Voices of Hope
Cecil County Public Schools	West Cecil Health Center
Cecil County Sheriff's Office	WIN Family Health
Deep Roots	Meadow Wood Behavioral Health System
Drug Free Cecil	YMCA of Cecil County
Elkton Housing Authority	Youth Empowerment Source

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