Community Health Improvement Plan (CHIP): Work Plan Development
March, 16, 2016

Daniel Coulter, MPH
Jean-Marie Donahoo, MPH-HP

Community Health Improvement Plan (CHIP):

- The CHIP provides guidance to the health department, hospital, partners, and stakeholders, on improving the health of the population.
- Our CHIP is a three year plan that includes health priorities for the County and strategies to address those health priorities.
  - Identified health priorities:
    - Behavioral Health
    - Chronic Disease
    - Determinants of Health

CHIP Identified Health Priorities:

- Behavioral Health
  - Illicit Drug Use/ Problem Alcohol Use
  - Mental Health
  - Access to Behavioral Health Care
- Chronic Disease
  - Diabetes
  - Heart Disease and Stroke
  - Respiratory/ Lung Diseases
- Determinants of Health
  - Poverty
    - Homelessness
  - Educational Attainment

Behavioral Health-
Illicit Drug Use/Problem Alcohol Use:

Percentage of Adults Reporting Excessive Drinking 2006-2012	
Cecil	18%
Maryland	15%

Source: County Health Rankings

SHIP Measure: Emergency Department Visits for Addictions-Related Conditions

Rate of emergency department visits related to substance abuse disorders* (per 100,000 population)					
	2010	2011	2012	2013	2014
Cecil	1538.6	2121.9	2234.8	2057.6	2165.7
Maryland	1122.4	1237.5	1398.2	1474.6	1591.3

*Diagnoses include alcohol-related disorders and drug related disorders

MD 2017 Goal: 1400.9

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Behavioral Health-
Illicit Drug Use/Problem Alcohol Use:

Substance Use among Cecil County and Maryland High School Students, 2013		
	Cecil	**Maryland**
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	37.5%	31.2%
Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	23.0%	17.0%
Percentage of students who used marijuana one or more times during their life	41.9%	35.9%
Percentage of students who used marijuana one or more times during the past 30 days	23.9%	19.8%
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life	6.5%	6.5%
Percentage of students who used heroin one or more times during their life	4.5%	4.9%
Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life	15.7%	15.2%

Source: Maryland Youth Risk Behavior Survey (YRBS), 2013.

Behavioral Health-
Illicit Drug Use/Problem Alcohol Use:

SHIP Measure: Drug-Induced Death Rate

Drug-induced death rate per 100,000 population					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	21.6	21.2	27.4	29.5	26.5
Maryland	12.9	12.1	11.9	12.3	13.3

HP 2020 Target: 11.3   MD 2017 Goal: 12.6

Source: Maryland DHMH Vital Statistics Administration (VSA)

Behavioral Health-
Mental Health:

SHIP Measure: Emergency Department Visits Related to Mental Health Conditions

Rate of emergency department visits related to mental health disorders* (per 100,000 population)					
	2010	**2011**	**2012**	**2013**	**2014**
Cecil	7085.5	9974.8	10570.8	8901.6	5501.6
Maryland	2780.8	3211.2	3500.6	3318.5	3442.6

* Diagnoses include adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders.
MD 2017 Goal: 3152.6
Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

SHIP Measure: Hospitalization Rate Related to Alzheimer's and Other Dementias

Rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population)					
	2010	**2011**	**2012**	**2013**	**2014**
Cecil	314.1	264.5	204.2	199.3	136.5
Maryland	291.1	267.8	247.6	221.6	194.1

MD 2017 Goal: 199.4
Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient Data Files

Behavioral Health- Mental Health:

Average number of reported mentally unhealthy days per month among adults 18 years and over	
	2006- 2012
Cecil	3.9
Maryland	3.2

Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Depression and Thoughts of Suicide Among High School Students		
Health Risk Behavior	**Cecil**	**Maryland**
Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	27.5%	27.0%
Percentage of students who seriously considered attempting suicide during the past 12 months	15.5%	16.0%

Source: Maryland Youth Risk Behavior Study (YRBS), 2013

Behavioral Health: Mental Health

SHIP Measure: Suicide Rate

Suicide rate per 100,000 population					
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cecil	13.6	12.8	16.8	13.6	15.1
Maryland	8.9	8.7	8.9	8.8	9.0

HP 2020 Target: 10.2   MD 2017 Goal: 9.0

Source: Maryland DHMH Vital Statistics Administration (VSA)

Behavioral Health-
Access to Care:

Ratio of population to mental health providers				
	2008	**2010**	**2013**	**2014**
Cecil	6,663:1	6,747:1	869:1	610:1
Maryland	1,617:1	1,658:1	666:1	502:1

Source: University of Wisconsin Population Health Institute. County Health Rankings. Accessible at www.countyhealthrankings.org

Note: For 2013, the definition of mental health providers changed to include: psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care. For 2014, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were included as well.

Behavioral Health-
Access to Care:

Three Most Significant Barriers to Accessing Health Care in Cecil County

Rank	Barrier to Accessing Health Care	Percent of Respondents
1	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	67.4%
2	Basic Needs Not Met (Food, Shelter, etc.)	37.4%
3	Lack of Health Insurance Coverage	35.8%
4	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work, etc.)	33.0%
5	Lack of Transportation	32.8%
6	Availability of Providers/Appointments	29.2%
7	Inability to Navigate Health Care System	26.9%
8	Lack of Trust	14.1%
9	Lack of Child Care	7.1%
10	Language/Cultural Barriers	5.9%
11	None/No Barriers	3.9%

Source: Cecil County 2015 Community Health Survey

Behavioral Health-
Access to Care:

Percentage of Population With No Health Insurance Coverage		
	2012	**2013**	**2014**
Cecil	9.8	9.3	8.6
Maryland	10.7	10.5	9.9

HP 2020 Target: 100%

Source: U. S. Census Bureau, 2010-2014 American Community Survey, 5-Year Estimates.

SHIP Measure: Uninsured Emergency Department Visits

Percentage of persons without health insurance					
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
Cecil	20.1	15.8	12.9	12.2	11.7	6.5
Maryland	19.6	17.1	15.8	15.7	15.2	11.0

MD 2017 Goal: 14.7

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Chronic Disease: Diabetes

- Age-adjusted death rate due to Diabetes, 2011-2013
  - Cecil County: 19.4 per 100,000 population
  - Maryland: 19.6 per 100,000 population
    - Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Emergency Department Visit Rate Due to Diabetes

Emergency department visit rate due to diabetes (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	185.4	214.4	212.0	215.8
Maryland	177.3	180.9	194.8	192.1

MD 2017 Goal: 186.3

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Chronic Disease:
Heart Disease and Stroke

SHIP Measure: Age-Adjusted Mortality Rate from Heart Disease

Age-adjusted mortality rate from heart disease (per 100,000 population)					
	2007-2009	**2008-2010**	**2009-2011**	**2010-2012**	**2011-2013**
Cecil	224.5	210.9	199.7	191.8	193.8
Maryland	196.8	193.0	181.5	174.9	171.7

HP 2020 Target: 152.7   MD 2017 Goal: 166.3

Source: Maryland DHMH Vital Statistics Administration (VSA)

- Age- adjusted death rate due to Stroke, 2011-2013
  - Cecil County: 43.6 per 100,000 population
  - Maryland: 36.5 per 100,000 population
    - Source: Maryland DHMH Vital Statistics Administration

Chronic Disease:
High Blood Pressure

SHIP Measure: Emergency Department Visit Rate Due to Hypertension

Emergency department visits due to hypertension (per 100,000 population)				
	2010	**2011**	**2012**	**2013**
Cecil	167.1	209.3	197.7	234.7
Maryland	205.9	226.3	244.1	246.3

MD 2017 Goal: 234.0

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide

Outpatient Data Files

Chronic Disease: Obesity

SHIP Measure: Adults Who Are a Healthy Weight

Percentage of adults who are at a healthy weight		
2011	**2012**	**2013**
Cecil 25.0	29.7	31.6
Maryland 35.6	36.2	35.8

HP 2020 Target: 33.9 MD 2017 Goal: 36.6
Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
(www.marylandbrfss.org)

SHIP Measure: Children and Adolescents Who Are Obese

Percentage of children and adolescents who are obese	
2010 (high school)	**2013 (high school)**
Cecil 12.1	13.2
Maryland 11.7	11.0

HP 2020 Target: 16.1 MD 2017 Goal: 10.7
Source: Maryland Youth Risk Behavior Survey (YRBS)

Chronic Disease: Respiratory/ Lung Diseases

- Cecil County deaths due to select conditions, 2013:
  - Trachea, Bronchus and Lung Cancer: 73
  - Chronic Lower Respiratory Diseases: 66
- Age-adjusted death rate due to Chronic Lower Respiratory Diseases, 2011-2013
  - Cecil County: 68.4 per 100,000 population
  - Maryland: 32.9 per 100,000 population
    - Source: Maryland DHMH Vital Statistics Administration

SHIP Measure: Emergency Department Visit Rate Due to Asthma

Rate of emergency department visits due to asthma per 100,000 population				
	2010	2011	2012	2013
Cecil	42.1	44.7	42.9	43.6
Maryland	68.3	70.2	75.3	69.4

MD 2017 Goal: 62.5

Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Chronic Disease:
Tobacco Use

SHIP Measure: Adults Who Currently Smoke

Percentage of adults who currently smoke			
	2011	**2012**	**2013**
Cecil	23.9	23.0	18.0
Maryland	19.1	16.2	16.4

HP 2020 Target: 12.0   MD 2017 Goal: 15.5
Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
(www.marylandbrfss.org)

SHIP Measure: Adolescents Who Use Tobacco Products

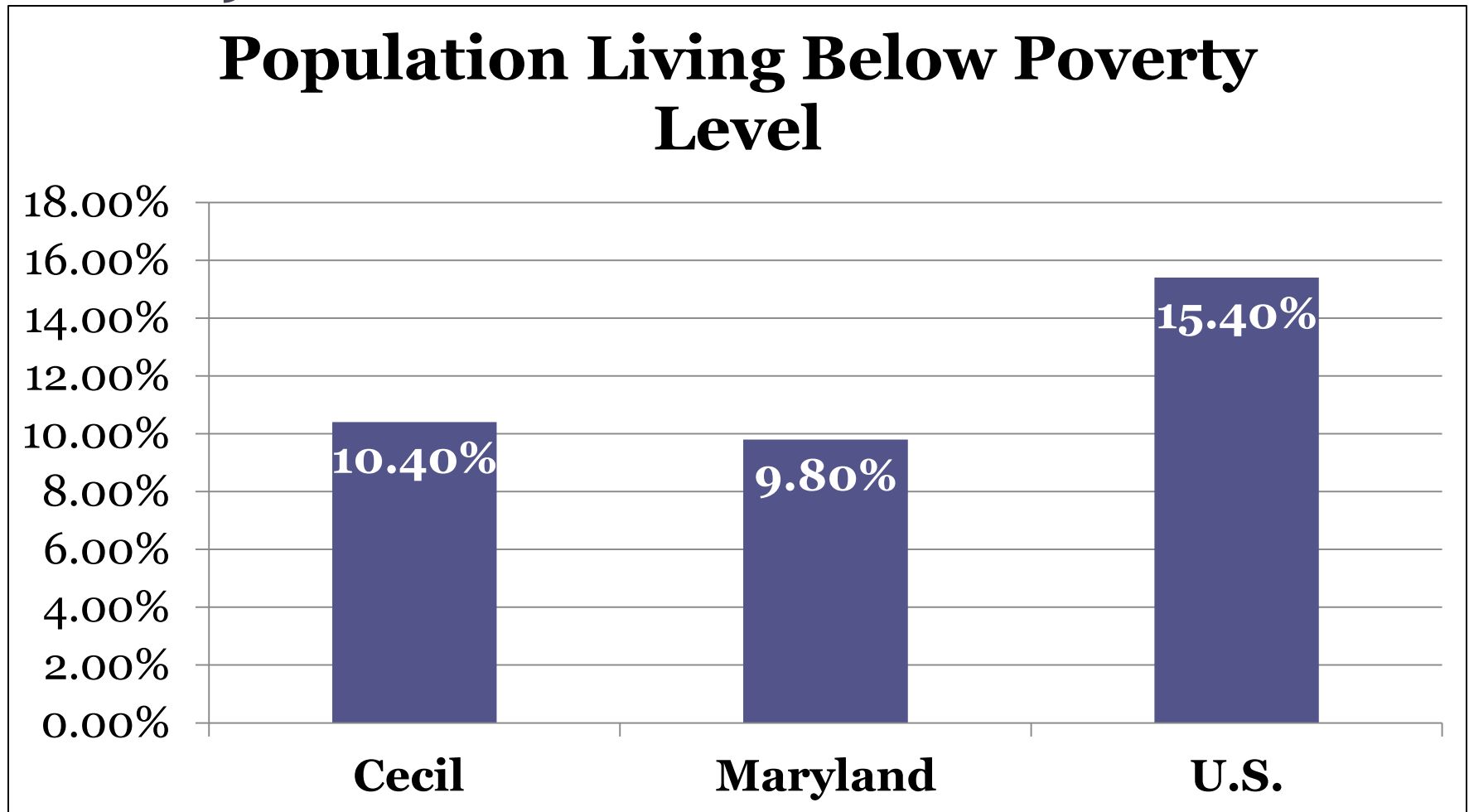| Percentage of adolescents who used any tobacco product in the last 30 days		
	2010	**2013**
Cecil	29.4	24.6
Maryland	24.8	16.9

HP 2020 Target: 21.0   MD 2017 Goal: 15.2
Source: Maryland Youth Risk Behavior Survey (YRBS)

Determinants of Health: Poverty

Population Living Below Poverty Level

	Cecil	Maryland	U.S.
Poverty	10.40%	9.80%	15.40%

Source: U. S. Census Bureau, American Community Survey, 5-Year Estimates. 2009-2013

Determinants of Health: Homelessness

5 Year PIT Comparison

2015 Point in Time	191	19%
2014 Point in Time	195	19%
2013 Point in Time	234	23%
2012 Point in Time	187	18%
2011 Point in Time	220	21%

Extent of Homelessness

First Time Homeless	76	44%
1-2 times in the past	63	37%
Chronic: 4 times in past 3 years	32	19%

Length of Time w/o Permanent Housing

Less Than 1 Month	20	12%
Between 1 to 12 Months	86	50%
Between 1 to 2 Years	24	14%
More Than 2 Years	41	24%

Source: 2015 Cecil County Point In Time Survey.

Determinants of Health: Homelessness

Disability Type

Mental Health Problem	57	30%
Physical	45	24%
Drug Abuse	26	14%
Alcohol Abuse	5	3%
Both Alcohol and Drug Abuse	3	2%
Physical/Medical	1	1%
HIV/AIDS	1	1%
Chronic Health Condition	1	1%

U.S. Military Veteran

Yes	76	40%
No	115	60%

Domestic Violence Victim

Yes	43	23%
No	148	77%

Source: 2015 Cecil County Point In Time Survey.

Determinants of Health: Affordable Housing and Employment

SHIP Measure: Affordable Housing

Percentage of housing units sold that are affordable on the median teacher's salary				
	2010	**2011**	**2012**	**2013**
Cecil	39.3	46.8	61.3	56.9
Maryland	40.2	48.1	52.8	53.1

MD 2017 Goal: 54.4
Source: Maryland Department of Planning (MDP)

Rate of Unemployment					
	2010	**2011**	**2012**	**2013**	**2014**
Cecil	9.5%	8.8%	8.3%	7.7%	6.6%
Maryland	7.7%	7.2%	7.0%	6.6%	5.8%

Source: Source: Bureau of Labor Statistics, U.S. Department of Labor

Rate of Unemployment- 2015					
	August	**September**	**October**	**November**	**December**
Cecil	6.1%	5.6%	5.8%	5.7%	5.3%
Maryland	5.2%	5.0%	5.0%	4.8%	4.7%

Source: Source: Bureau of Labor Statistics, U.S. Department of Labor

Determinants of Health: Educational Attainment

SHIP Measure: Students Entering Kindergarten Ready to Learn

Percentage of students who enter Kindergarten ready to learn				
	2010-2011	2011-2012	2012-2013	2013-2014
Cecil	80.0	78.0	74.0	80.0
Maryland	81.0	83.0	82.0	83.0

MD 2017 Goal: 85.5
Source: Maryland State Department of Education (MSDE)

SHIP Measure: High School Graduation Rate

Percentage of students who graduate high school in four years					
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Cecil	80.5	83.2	84.1	86.7	88.6
Maryland	82.0	82.8	83.6	85.0	86.4

HP 2020 Target: 82.4   MD 2017 Goal: 95.0
Source: Maryland State Department of Education (MSDE)
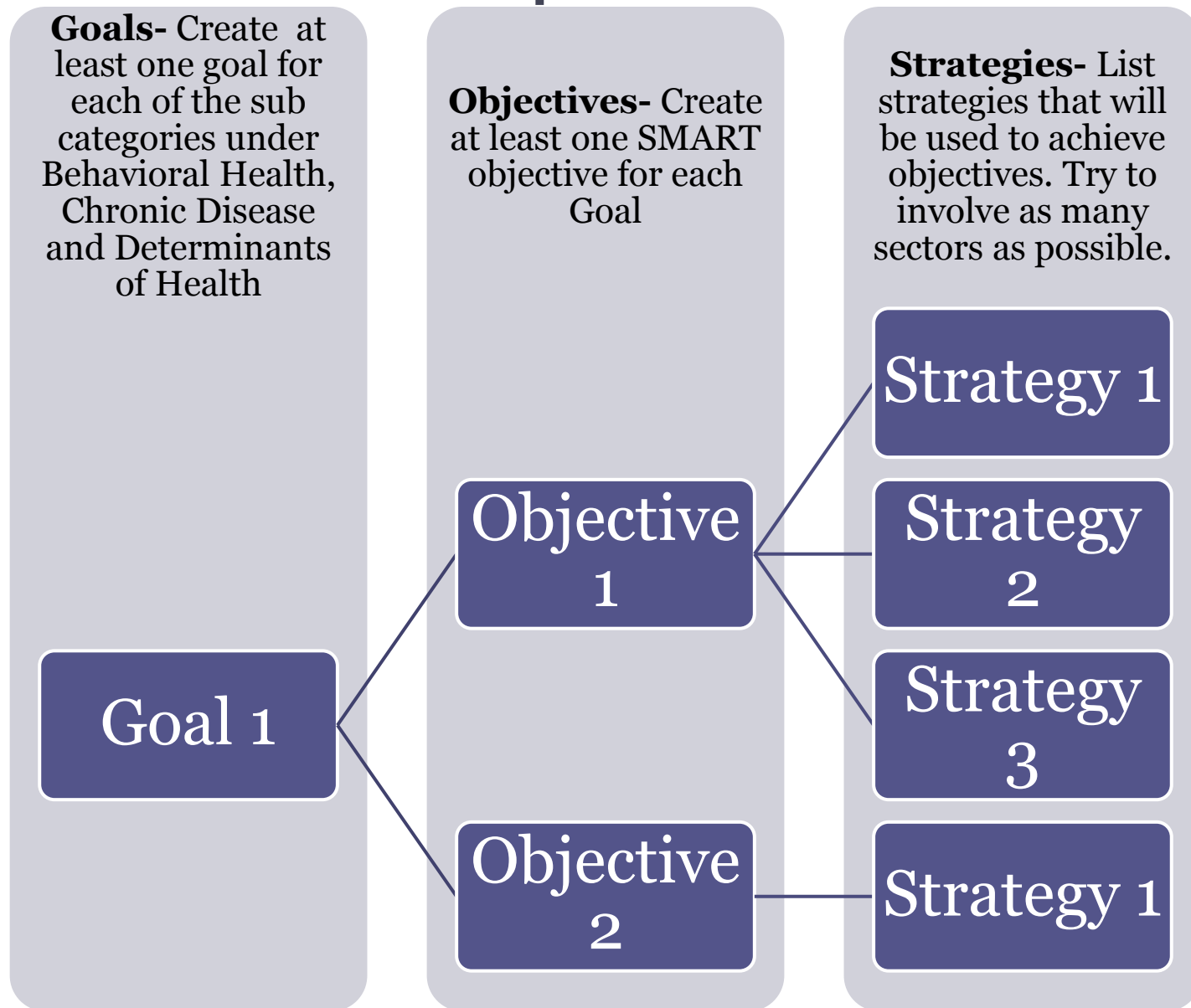
Determinants of Health: Educational Attainment

Educational Attainment, Population Ages 25+, 2010-2014		
	Cecil	**Maryland**
Less than High School Graduate	12.6%	11.0%
High School Graduate or Higher	87.4%	89.0%
Bachelor's Degree or Higher	29.0%	37.3%

Source: U.S. Census Bureau. 2010-2014 American Community Survey 5-Year Estimates

Creation of Work plan

Goals- Create at least one goal for each of the sub categories under Behavioral Health, Chronic Disease and Determinants of Health

Objectives- Create at least one SMART objective for each Goal

Strategies- List strategies that will be used to achieve objectives. Try to involve as many sectors as possible.

Strategy 1

Objective 1

Strategy 2

Strategy 3

Goal 1

Objective 2

Strategy 1

Tips-Definitions

- Goals: A broad statement about the long-term expectation of what should happen as a result of your program (the desired result).
- Objectives: Statements describing the results to be achieved, and the manner in which they will be achieved.
  - Suggest 1-3 objectives per goal.
- Strategies: Outline the steps that you will take to achieve each objective.

Proposed Work Plan Assignments

- Behavioral Health (DAAC, MHCSA Advisory Council)
  - Illicit Drug Use/ Problem Alcohol Use (DAAC)
  - Mental Health (MHCSA Advisory Council)
  - Access to Behavioral Healthcare (DAAC, MHCSA Advisory Council)
- Chronic Disease (HLTF, CTF, TTF)
  - Diabetes (HLTF)
  - Heart Disease and Stroke (HLTF)
  - Respiratory/ Lung Diseases (CTF, TTF)
- Determinants of Health (Create New Task Force)
  - Poverty
    - Homelessness
  - Educational Attainment

Follow up

- Draft work plans will be sent out to CHAC membership for comment.
- If more time is needed to develop the draft work plans we can either:
  - Schedule another CHAC meeting
  - Complete draft work plans by workgroup (Behavioral Health, Chronic Disease, Determinants of Health)