Introducing
Building a Healthier Maryland
to Cecil County LHIC Convening

January 18, 2024

Sarah Linden, MPH, CHES

Agenda

- State Health Assessment & State Health Improvement Plan
- Steering Committee and MDH Team
- Approach
  - Process
  - Timeline
  - Community Survey
  - Public Health System Assessment
- State Health Assessment - Data Review
- Closing & Next Steps

State Health Assessment & State Health Improvement Plan

What is a SHA and SHIP?

State Health Assessment or SHA:

Systematic approach to collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.

State Health Improvement Plan or SHIP:

Long-term systematic plan to address issues identified in the SHA. Describes how the state health department, the public health system and the communities it serves will work together to improve the health of the population.

Why is This Work Important?

- The State Health Assessment and State Health Improvement Process provide a structured framework to improve community health and address disparities

  - Assess critical population health issues

  - Facilitate the strategic allocation of resources

- Collaboration with diversity of partners ensures that the health improvement plan is genuinely community owned

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Reminder: 2014 SHIP

Five Vision Areas with associated metrics:

- Healthy Beginnings
- Healthy Living
- Healthy Communities
- Access to Health Care
- Quality Preventive Care

MARYLAND
Department of Health and Mental Hygiene

Maryland's State Health Improvement Process
A Community Health Improvement Plan

Prepared by Public Health Services, September 2014

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor

Joshua M. Sharfstein, M.D., Secretary
Dept. of Health and Mental Hygiene

201 West Preston Street, 5th Floor. Baltimore, Maryland 21201
410-767-6500 or 1-877-463-3464

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2014 SHIP Metrics - Some (but not all!) Will Carry Forward

Healthy Beginnings

- Babies with Low Birth Weight
- Children Receiving Blood Lead Screening
- Early Prenatal Care
- High School Graduation Rate
- Infant Death Rate
- Students Entering Kindergarten Ready to Learn
- Sudden Unexpected Infant Death Rate (SUIDS)
- Teen Birth Rate

Healthy Living

- Adolescents Who Have Obesity
- Adolescents Who Use Tobacco Products
- Adults Who are Not Overweight or Obese
- Adults Who Currently Smoke
- Chlamydia Infection Rate
- HIV Incidence Rate
- Increase Physical Activity
- Life Expectancy

Healthy Communities

- Affordable Housing
- Children with Elevated Blood Lead Levels
- Child Maltreatment Rate
- Domestic Violence
- Fall-Related Death Rate
- Pedestrian Injury Rate on Public Roads
- Suicide Rate

Access to Health Care

- Adolescents Who Received a Wellness Checkup in the Last Year
- Children Receiving Dental Care in the Last Year
- Persons with a Usual Primary Care Provider
- Uninsured Emergency Department Visits

Quality Preventative Care

- Age-Adjusted Mortality Rate from Heart Disease
- Annual Season Influenza Vaccinations
- Cancer Mortality Rate
- Children (19-35 months old) Who Receive Recommended Vaccines
- Drug-Induced Death Rate
- ED Visits for Addictions-Related Conditions
- ED Visit Rate Due to Asthma
- ED Visit Rate for Dental Care
- ED Visit Rate Due to Diabetes
- ED Visit Rate Due to Hypertension
- ED Visits Related to Mental Health Conditions
- Hospitalization Rate Related to Alzheimer's or Other Dementias

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Building a Healthier Maryland Steering Committee and MDH Team

Maryland Department of Health	Local Health Departments	Local Health Improvement Coalitions
• Nilesh Kalyanaraman**, Deputy Secretary for Public Health Services • Ryan Moran, Deputy Secretary for Health Care Financing • Alyssa Lord, Deputy Secretary for Behavioral Health Administration • Camille Blake Fall, Director, Office of Minority Health and Health Disparities • Elizabeth Kromm, Director, Prevention and Health Promotion Administration	• Kisha Davis, Montgomery County Health Officer • Earl Stoner, Washington County Health Officer • Danielle Weber, Somerset County Health Officer • Mary Beth Haller, Baltimore City Interim Health Commissioner	• Reena Rambharat, Howard Co. Director • Della Leister, Baltimore Co. Deputy Health Officer • Jacqueline Wells, St. Mary's Director of Community Engagement and Policy • Shelley Argabrite, Garrett County Health Strategist & Director Population Health, Innovation & Informatics Unit
Maryland Department of Labor • Portia Wu, Secretary	Maryland Department of Housing and Community Development • Jacob Day, Secretary	Maryland Dept of Human Services • Rafael López, Secretary
Maryland Department of Aging • Carmel Roques, Secretary	Maryland Department of Transportation • Lyn Farrow, Director of External Affairs	Maryland State Dept of Education • Mary Gable, Asst State Superintendent
Maryland Department of Environment • Serena McIlwain, Secretary	Mid-Atlantic Association of Community Health Centers • Nora Hoban, Chief Executive Officer	Maryland Hospital Association • Meghan McClelland, Chief Operating Officer & Senior Vice President
Maryland Rural Health Association • Jonathan Dayton, Executive Director	Maryland State Medical Society (MedChi) • Gene M. Ransom III, Chief Executive Officer	

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**Chair of the Steering Committee

Steering Committee Member Roles & Responsibilities

Purpose: Identify state health improvement priorities as indicated by a systematic state health assessment and to champion and oversee the implementation of data-informed and evidence-based initiatives that address the priorities and enhance the well-being of all residents in Maryland

- Review and provide input on state health assessment data
- Prioritize issues for action
- Identify metrics associated with each priority to demonstrate progress
- Review and approve final SHA, SHIP and other work products
- Oversee and monitor the implementation of the SHIP strategies and goals
- Advocate for SHA and SHIP activities and identify opportunities to partner
- Meet at least annually and attend SHIP events
- Discuss, revise and approve the SHIP, annually

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MDH Team - *Building a Healthier Maryland*

Coordination & Support	State Health Assessment and Health Improvement Planning	Sarah Linden Alex Goode Brandon Blouse Marcia Pearlowitz
Pam Tenemaza Katherine Feldman Jessi Rettberg Harriott Myers **ASTHO Partners:** Erima Fobbs Melissa Touma Marta McMillion Sara Bell	**Strategic Plan**	Stephanie Ajuzie
	Quality Improvement	Andrew Ellis Hana Bekele
	Workforce Development	Vanessa Lamers Nyrobi Tyson

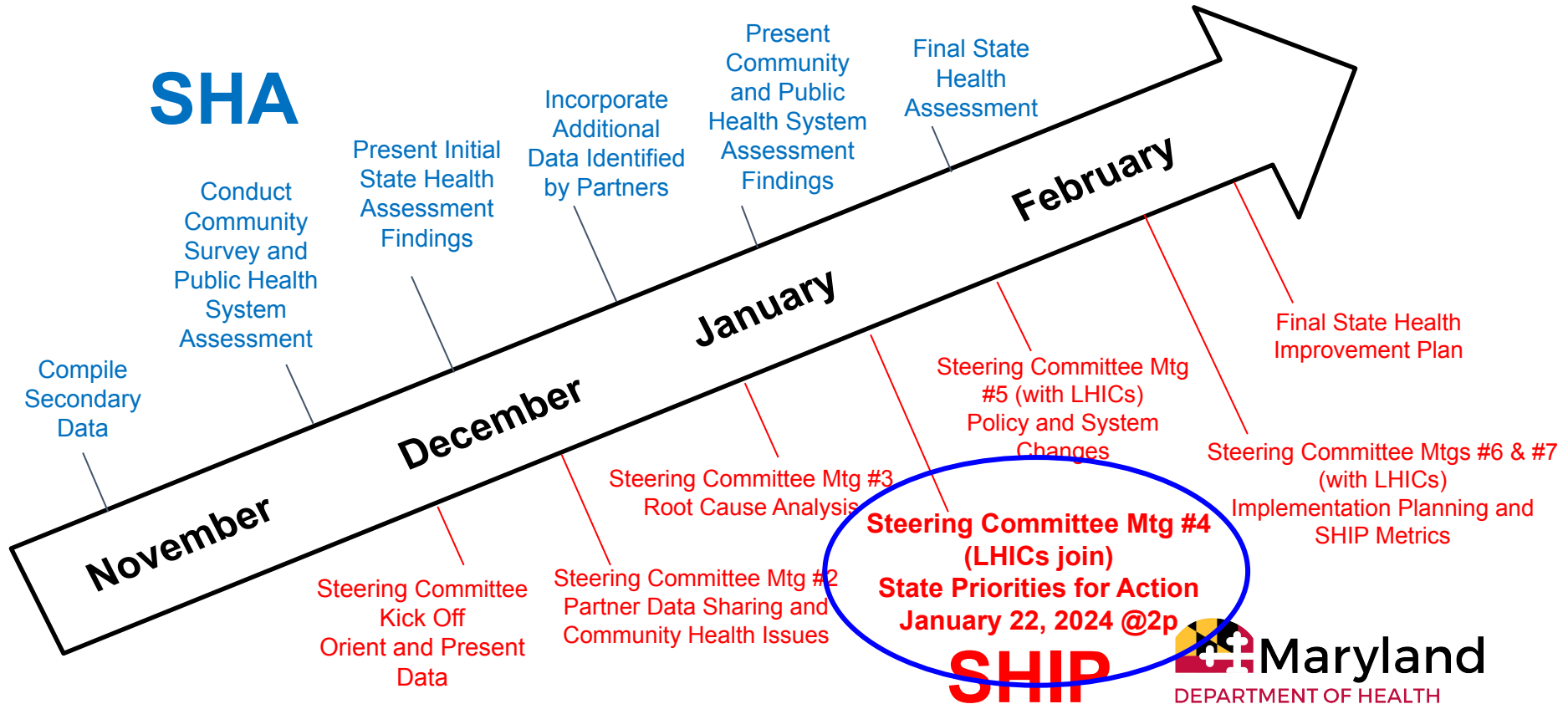# *Building a Healthier Maryland* - Approach
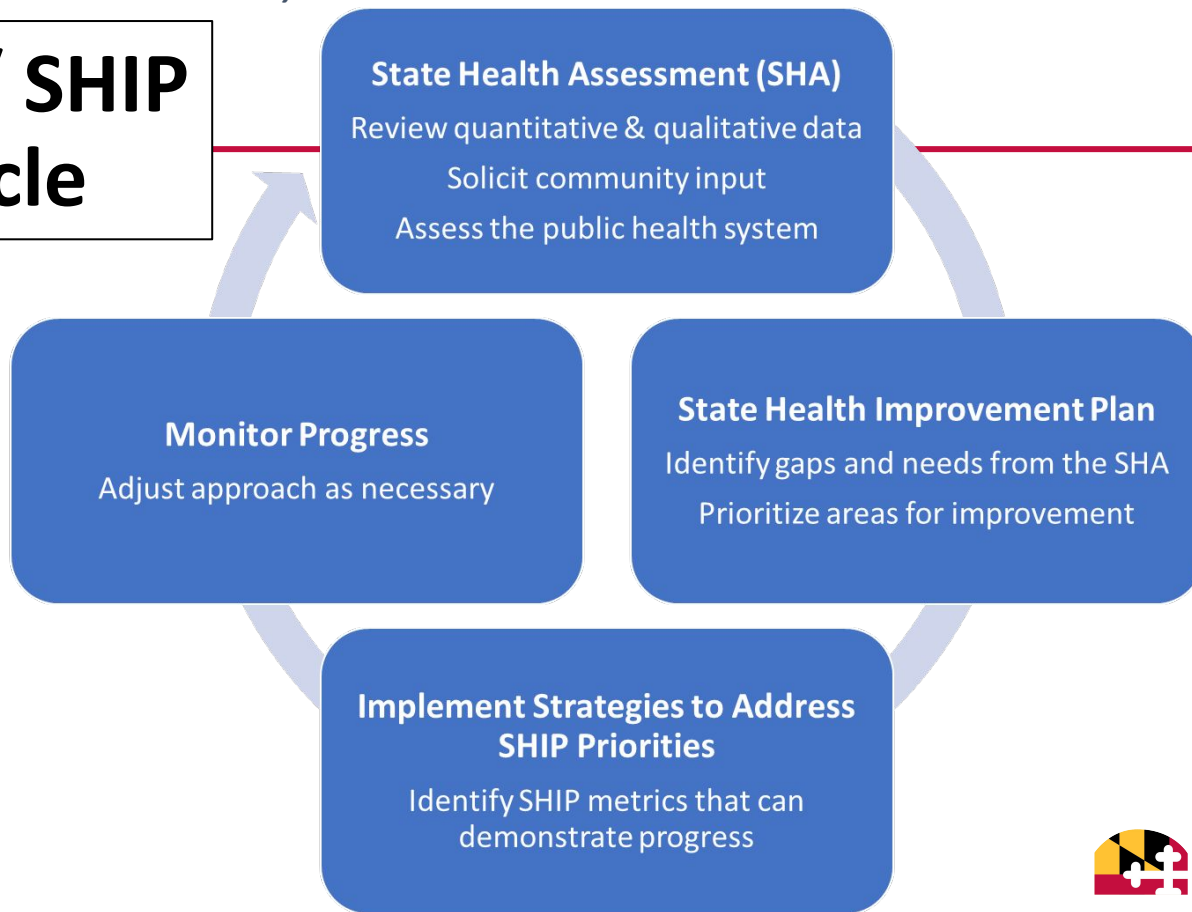
Building a Healthier Maryland
State Health Assessment (SHA) & State Health Improvement Plan (SHIP) Milestones

SHA

Compile Secondary Data

Conduct Community Survey and Public Health System Assessment

Present Initial State Health Assessment Findings

Incorporate Additional Data Identified by Partners

Present Community and Public Health System Assessment Findings

Final State Health Assessment

November

December

January

February

Steering Committee Kick Off
Orient and Present Data

Steering Committee Mtg #2
Partner Data Sharing and Community Health Issues

Steering Committee Mtg #3
Root Cause Analysis

Steering Committee Mtg #4
(LHICs join)
State Priorities for Action
January 22, 2024 @2p

Steering Committee Mtg #5 (with LHICs)
Policy and System Changes

Final State Health Improvement Plan

Steering Committee Mtgs #6 & #7
(with LHICs)
Implementation Planning and SHIP Metrics

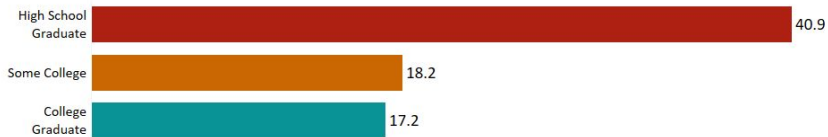**SHIP**

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Summary of Progress

- **Meeting #1: Data Review**
  - Reviewed State level data and metrics
  - 6 Major Categories:
    - <u>Demographics</u> - including various social determinants of health metrics (income, education, housing)
    - <u>Health Overview</u> - including morbidity and mortality data
    - <u>Women's Health</u> - including sexual and reproductive health and maternal mortality rates
    - <u>Behavioral Health</u> - including drug and alcohol-related death and suicide death rates
    - <u>Violence</u> - including homicide and firearm death data
    - <u>Chronic Disease</u> - including obesity, diabetes, cancer and heart disease metrics

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Maternal Mortality by Characteristics, Maryland, 2017-2021

Educational Attainment
- High School Graduate: 40.9
- Some College: 18.2
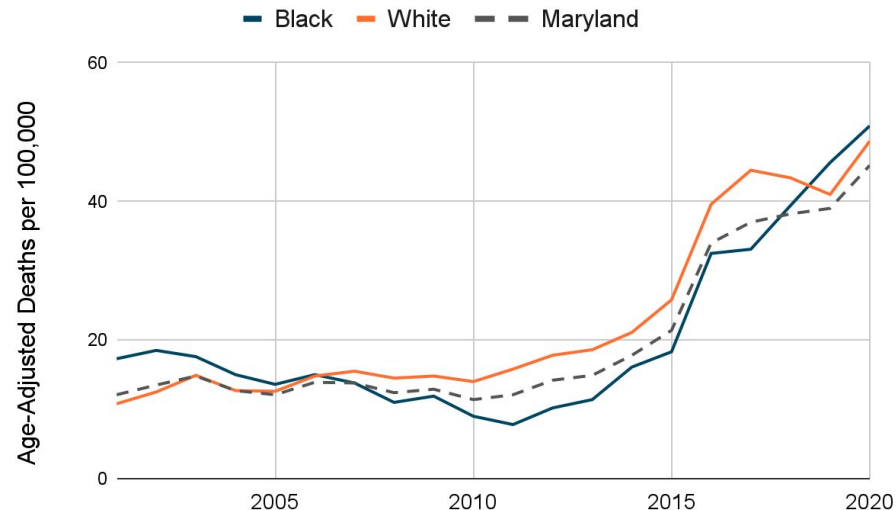- College Graduate: 17.2

Race
- Black: 30.7
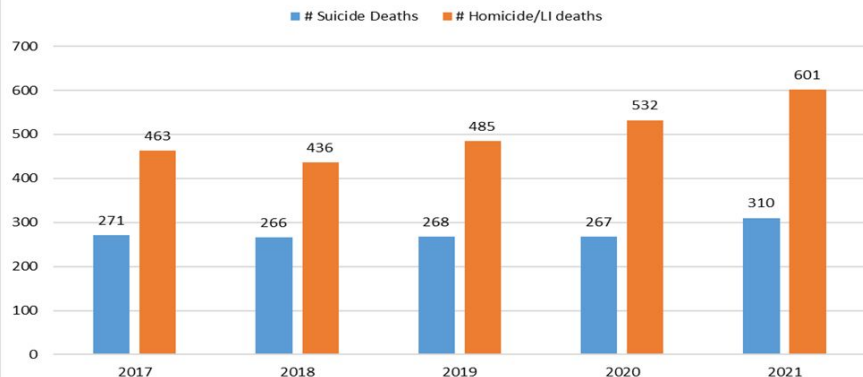- White: 19.2

Women's Health

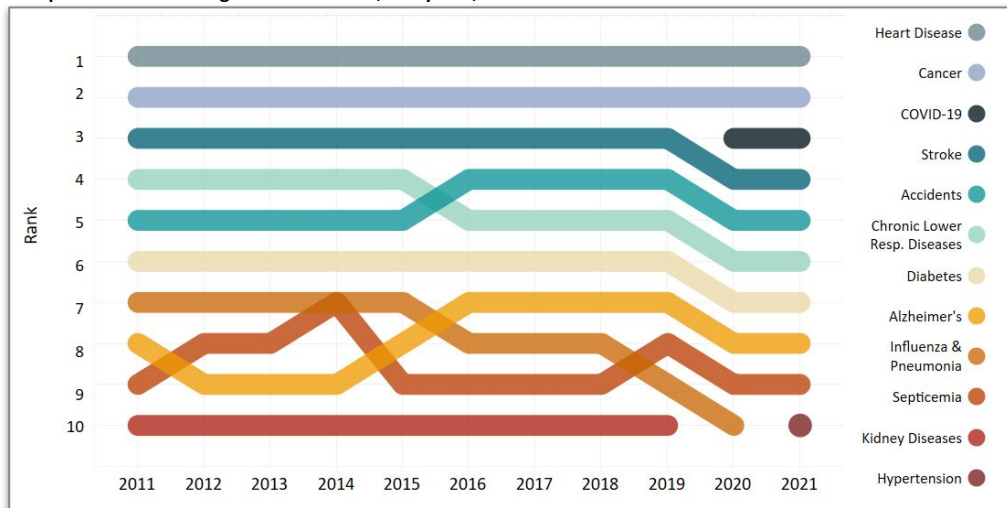Drug-Induced Death Rate by Race, Maryland, 2001 - 2020

Behavioral Health

Number of Maryland deaths for which Firearm is the Mechanism of Injury, by Manner of Death and Year
Data source: 2017-2021 CDC WISQARS

- # Suicide Deaths
- # Homicide/LI deaths

Year	# Suicide Deaths	# Homicide/LI deaths
2017	271	463
2018	266	436
2019	268	485
2020	267	532
2021	310	601

Violence

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Top 10 Ranked Leading Causes of Death, Maryland, 2011-2021

Chronic Disease

Healthcare Access

Uninsured Rates for the Nonelderly by Race/Ethnicity, Maryland, 2008-2021
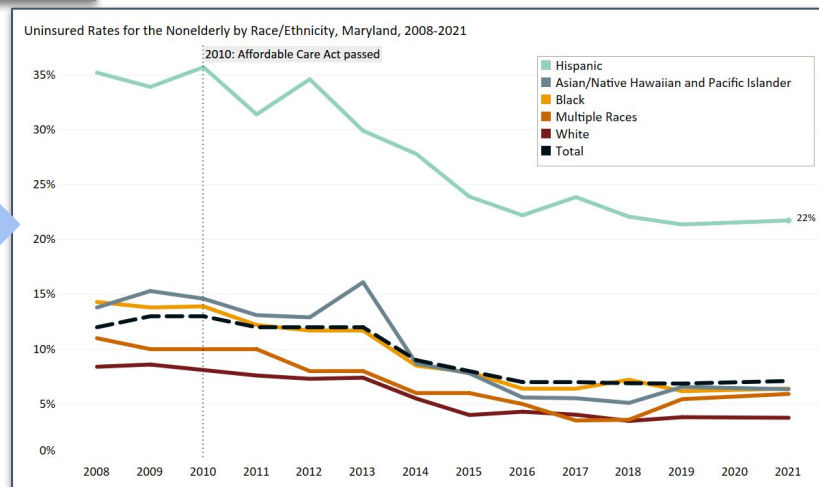
Summary of Progress

- **Meeting #2: Identification of Health Issues of Concern**

Room 1	Room 2	Room 3	Room 4
- Community Safety - Access to Care and Workforce - Substance Use Disorder - Chronic Disease	- Nutrition/Food Security - Physical Activity - Lack of Equity - Substance Use Disorder	- Access to Care - Chronic Disease - Air, Land and Water Pollution - Env health metrics	- Chronic Disease - Income Inequality - Technical Literacy Access - Economy and Living Wages

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Summary of Progress

- **Meeting #3: Root Cause Analysis**
  - Conducted a root cause analysis on the top 8 Health Issues of Concern that were identified during meetings 1 and 2
    - Violence and crime are issues in Maryland
    - Inadequate and inconsistent access to health care in Maryland
    - Persistently high rates of substance use in Maryland
    - Challenges with aging in place in Maryland
    - Obesity and related comorbidities are increasing in Maryland residents
    - Disparities in reproductive health outcomes in Maryland
    - Certain populations in Maryland are disproportionately affected by pollution
    - People who live in poverty in Maryland have worse health outcomes

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Building a Healthier Maryland

Community Survey

Purpose: Solicit input from the community to understand the most pressing health issues and affected populations

- Categorical and open-ended questions
- In English, Spanish, Chinese, Kor…
- Multiple distribut…

  …public health programs
  push to partners and their networks
  - Steering Committee members asked to push to their membership and partners

Status: Survey launched. Closes February 2, 2024

Please disseminate broadly !!!!

Preliminary Findings from the Community Survey
Demographics

Age Group of Participants

Age Group	Percentage
18-24	1.8%
25-34	9.6%
35-44	14.0%
45-54	16.4%
55-64	24.2%
65+	34.0%
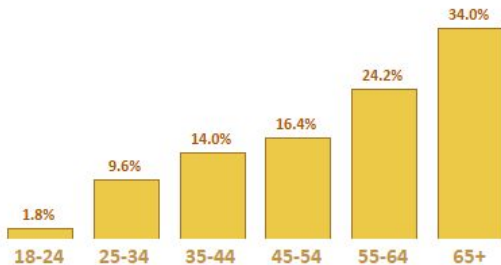
Total Participants: 4,699

Percentage of Participants by Jurisdiction of Residence

Garrett 1.1%
Allegany 3.5%
Washington 2.8%
Frederick 5.1%
Carroll 2.4%
Baltimore County 15.0%
Harford 3.8%
Cecil 1.9%
Baltimore City 11.5%
Kent 0.6%
Howard 8.0%
Montgomery 13.6%
Anne Arundel 9.5%
Queen Anne's 1.5%
Caroline 0.8%
Talbot 1.6%
Prince George's 7.9%
Charles 1.4%
Calvert 1.3%
Dorchester 0.9%
Wicomico 2.2%
St. Mary's 1.6%
Worcester 1.5%
Somerset 0.5%

Race of Participants

- White, 64.3%
- Black or African American, 16.2%
- No Answer, 7.8%
- Multi-Racial, 4.4%
- Other not listed, 3.9%
- Asian, 2.8%
- American Indian or Alaska Native, 0.5%
- Native Hawaiian or Pacific Islander, 0.1%

Gender of Participants

- No Answer or Self-Described 5.5%
- Male 20.8%
- Non-Binary 1.6%
- Female 72.2%
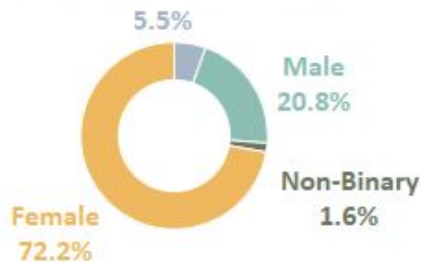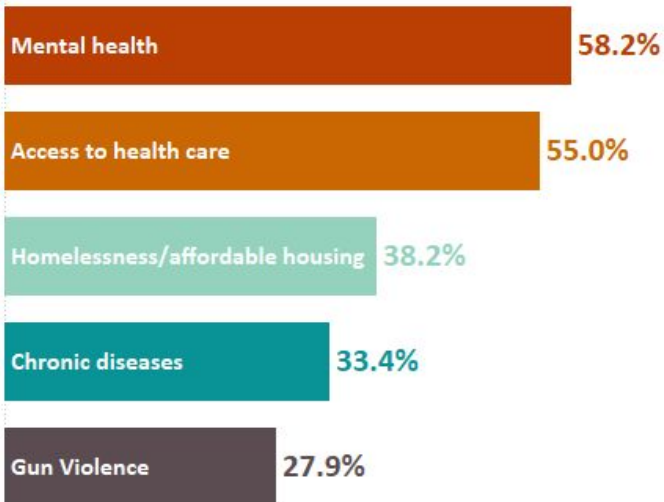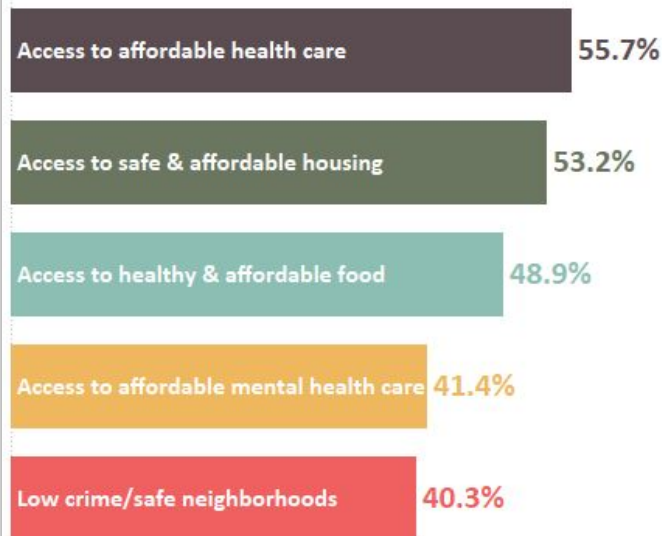
Preliminary Findings from the Community Survey
Results

"In your opinion, what are the most important issues affecting the health and wellbeing of your community?" Respondents could select up to 5, these are the top 5 most frequently selected answers

Mental health	58.2%
Access to health care	55.0%
Homelessness/affordable housing	38.2%
Chronic diseases	33.4%
Gun Violence	27.9%

"In your opinion, what are the most important things that make a community healthy?" Respondents could select up to 5, these are the top 5 most frequently selected answers

Access to affordable health care	55.7%
Access to safe & affordable housing	53.2%
Access to healthy & affordable food	48.9%
Access to affordable mental health care	41.4%
Low crime/safe neighborhoods	40.3%

Preliminary Findings from the Community Survey
Results

"La barrera del lenguaje y al no tener seguro médico incrementa las enfermedades crónicas porque es difícil el acceso a proveedores de salud"

"The language barrier and not having health insurance increases chronic illnesses because it is difficult to access health care providers."

"Poverty kills."

"I chose mental health as one of my choices because a person's mental health affects every aspect of their life. If a person is suffering a mental health issue it ultimately affects education, employment, substance use, homelessness, etc. and the ability to seek help."

"Being able to walk safely around your neighborhood is something many of us take for granted, but it's not available to those living in isolated areas or in crime ridden areas."

"Gun violence creates a sense of overwhelming lack of control and inability to maintain basic safety. I worry about going to the grocery store and sending my children to school. I avoid large gatherings like fairs and concerts because of how common mass shootings have become. We need common sense gun laws like in the UK and Australia."

"Why is fresh produce more expensive than processed food?"

"My son has special needs and finding pediatric therapists (speech, OT, PT) has been SUCH a challenge. There are some great practitioners, but they don't take health insurance! And the places that do, are 35+ min away and we can't afford the gas or time to go to those places 1-2x/week."

"Affordable mental healthcare is important because many people with chronic mental health conditions have difficulty maintaining jobs that allow for quality insurance, in spite of having a disabling condition that is no fault of their own."

"If you're unhoused, nothing else can go right, in my opinion and in my experience. It can make all the difference in the world."

"Teniendo en mente la comunidad inmigrante de Maryland muchos no tienen acceso a un seguro médico asequible a través del estado por su estatus migratorio y entonces faltan consultas necesarias para mantener buena salud"

"Considering Maryland's immigrant community, many of them do not have access to affordable health insurance through the state because of their migratory condition, and, therefore, they lack the necessary medical consultation to maintain good health."

Public Health System Assessment

Purpose: Partners identify organizational capacities and strengths to develop a shared understanding of the public health system and services in Maryland

- Categorical and open-ended questions
- Modeled after a national standard (MAPP 2.0 Community Status Assessment)
- Request to distribute and complete by:
  - Steering Committee member organizations
  - Identified partners
  - MDH and LHD public health programs

Status: Just launched; due January 31

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What's Next?

- Steering Committee #4 - January 22nd, 2024
  - LHICs join!
  - Identification of Top Health Issues of Concern
  - Identification of sub-priorities for each health issue
  - Begin thinking of strategies to address health issues
- Steering Committee #5 and beyond
  - Identify strategies to address health issues
  - Identify implementation plan, implementation champions and implementation partners
  - Identify metrics used to track progress

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Closing & Next Steps

- Please disseminate the community survey to your networks & partners for individual responses
- Please complete the public health system assessment and disseminate to partner organizations
- To reach MDH *Building a Healthier Maryland* Team
    - Pam Tenemaza, *Building a Healthier Maryland* Program Manager, MDH.BAHM@maryland.gov
    - Katherine Feldman, katherine.feldman@maryland.gov

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