UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Community Health Needs Assessment and Action Plan




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Executive Summary

Overview

An affiliate of the University of Maryland Medical System, Baltimore Washington Medical Center (BWMC) is a 307 bed, acute care hospital, centrally located in Anne Arundel County, with more than 2,800 employees and a medical staff of more than 650 physicians. As the fifth largest jurisdiction in Maryland with over 537,000 residents, Anne Arundel County is part of the Baltimore metropolitan area and is located on the Chesapeake Bay, encompassing a 454 square mile area. The northern part of the county is suburban and urban with the southern part primarily rural and agricultural.

BWMC Fiscal Year 2012 (July 1, 2011 through June 30, 2012) Statistics:

- 19,375 Total Admissions
- 104,284 Emergency Department Visits
- 86,266 Outpatient Visits
- 6,844 Outpatient Surgeries
- 2,800 Employees
- 650 Member Medical Staff

Our Mission

The mission of Baltimore Washington Medical Center is to provide the highest quality healthcare services to the communities we serve.

Our Vision

To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.

Our Standards of Service Excellence

The Standards of Service Excellence at BWMC promote a positive patient experience and positive employee culture. The standards of attitude, appearance, accountability, communication, courtesy, privacy, safety and teamwork promote an atmosphere of care, compassion, respect and pride for our patients and for each other.

Process

I. Establishing the Assessment and Infrastructure

According to the Patient Protection and Affordable Care Act (ACA), hospitals must perform a community health needs assessment in either fiscal year 2011, 2012 or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of/or expertise in public health, and must be made widely available to the public. For purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following: (1) A description of the process used to conduct the assessment; (2) With whom the hospital has worked; (3) How the hospital took into account input from community members and public health experts; (4) A description of the community served; and (5) A description of the health needs identified through the assessment process.

To effectively conduct a comprehensive assessment of the needs of the community, Baltimore Washington Medical Center utilized the Association for Community Health Improvement's (ACHI) Six-Step Community Health Assessment process (Figure 1) as an organizing methodology.

Figure 1: ACHI Six-Step Community Health Assessment Process

Community outreach activities associated with community benefit are included in BWMC's annual operating plan that is derived from BWMC's five-year strategic plan that was completed in 2010 and updated annually. Internal leadership and oversight of community benefit activities include senior hospital leadership, the Board of Director's Community Benefit Committee and physician and nursing clinical leadership that will annually review the action plan, suggesting updates and changes as needed.

BWMC's community outreach programs can be found in county schools, senior centers, community centers and faith-based organizations throughout Anne Arundel County. BWMC's director of community outreach and other senior leaders participate in committees and advisory councils, promoting continuous dialogue between the medical center and community stakeholders. This provides opportunities for new ideas and programs to be exchanged, allowing BWMC to maximize community outreach efforts.

Because local action is essential to public health progress, Baltimore Washington Medical Center is a key stakeholder in the Healthy Anne Arundel Coalition (HAAC), a partnership of public sector agencies, health care providers and payers, community-based partners, the business community and academic institutions. The coalition was formed in December 2011 in response to a Statewide Health Improvement Process (SHIP) and is jointly led by the Anne Arundel County Department of Health, BWMC and Anne Arundel Medical Center (AAMC). To conduct the coordinated community-wide needs assessment, the Anne Arundel County Department of Health convened a workgroup from within the coalition that included BWMC, AAMC and social service agencies. A county-wide community health needs assessment (CHNA) was conducted between July and November 2012 by Holleran Consulting, a public health research and consulting firm with more than 20 years of experience conducting community health assessments.

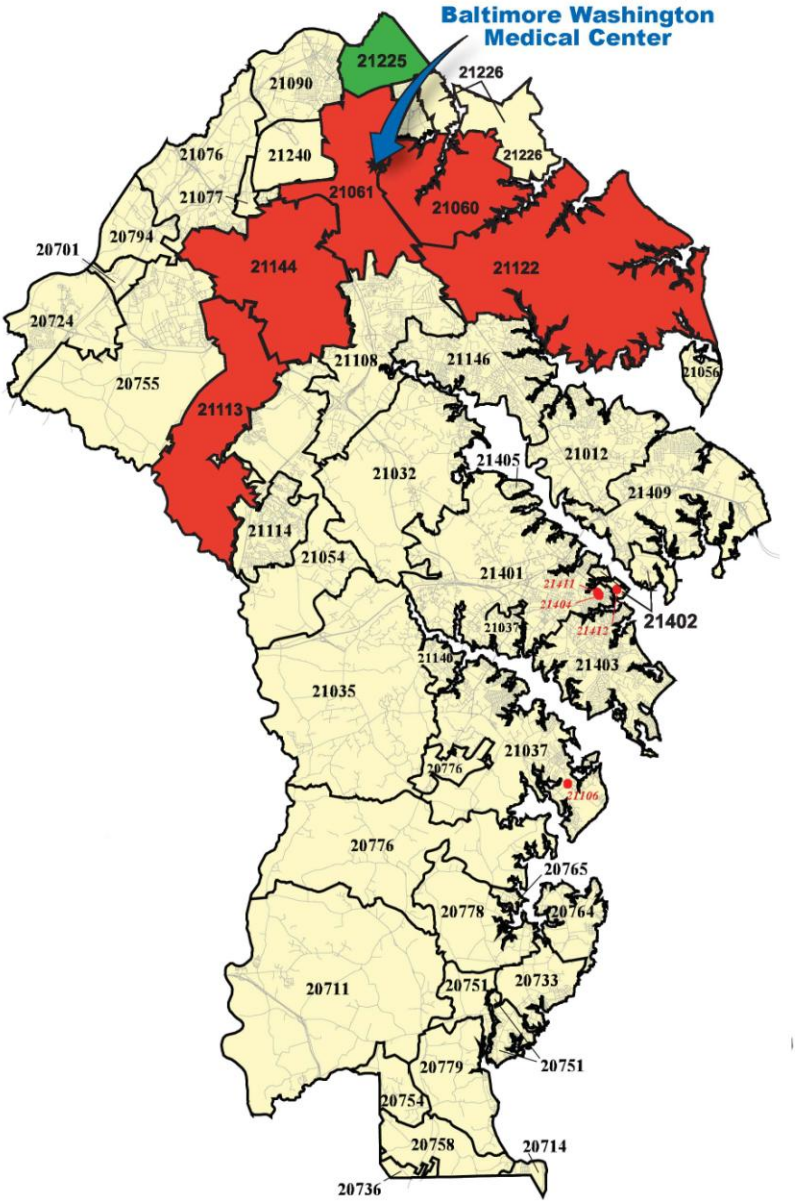
To ensure that the profile of the county's health took into account various perspectives and data sources, a multi-faceted approach was used to conduct the CHNA. Comprised of three components: a secondary data profile, key informant surveys and focus groups, the CHNA is a combination of quantitative health information and valuable qualitative feedback from community stakeholders.

II. Defining the Purpose and Scope

The purpose of the needs assessment was to gather information about the health needs and health behaviors of Anne Arundel County residents. The CHNA was comprised of several research components, combining quantitative health information and valuable qualitative feedback from community stakeholders. The assessment examined a variety of indicators, including social determinants of health (poverty, housing, education), mortality rates, risky behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease), to name a few. The identification of the overall health status of the county's residents will contribute to community health improvement planning efforts. Implementation plans and county-wide health improvement plans have been developed to prioritize the key community wellness initiatives. Activities have been identified that will improve upon the less healthy attributes in the county. These activities will be both collective, through coalition efforts, and individual, executed through organization-specific planning.

Data from all Anne Arundel County zip codes was included in the scope of the assessment. Because the Health Services Cost Review Commission (HSCRC) defines a hospital's primary service area by the zip codes in which 60 percent of the hospital's patient discharges originate, BWMC's focus is 21061 (Glen Burnie), 21122 (Pasadena), 21060 (Glen Burnie), 21144 (Severn) and 21113 (Odenton). In addition to these zip codes, Baltimore Washington Medical Center further defines its primary Community Benefit Service Area (CBSA) to include the Anne Arundel County zip code 21225 (Brooklyn Park)(Figure 2). The health and economic indicators outlined in the CHNA showed that persons residing in this zip code face significant challenges that correlate directly with increased emergency room usage, poor health outcomes such as an increased rate of low birth weight babies and an overall lower than average life expectancy. Lastly, it is important to note that approximately 66% of the charity care that BWMC provided in FY12 was provided to residents of these six zip codes.

Figure 2: BWMC's Community Benefit Service Area

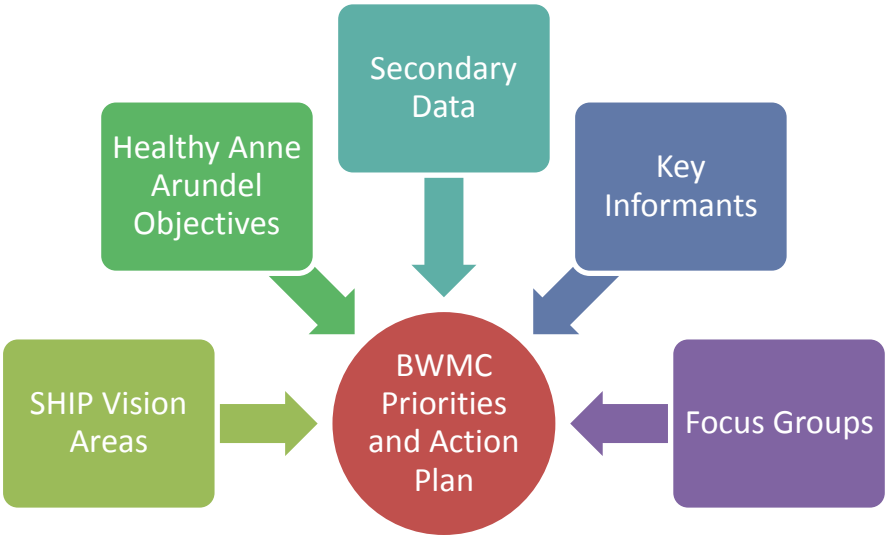


Red: Primary Service Area as defined by HSCRC
Red + Green: Primary Community Benefit Service Area as defined by BWMC
*Map depicts Anne Arundel County by zip codes.

III. Collecting and Analyzing Data

In addition to the secondary data profile, key informant surveys and focus groups, the Maryland State Health Improvement Process (SHIP) and the Healthy Anne Arundel Coalition (HAAC) objectives were reviewed and analyzed to determine BWMC's priorities and develop an action plan to effectively address the health needs and disparities in the community.

Figure 3: Components of BWMC's Action Plan



The Maryland State Health Improvement Process (SHIP) and Healthy Anne Arundel Coalition (HAAC) Profile and Analysis

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. Maryland's State Heath Improvement Process (SHIP) began with national, state and local data being reviewed and analyzed by the Maryland Department of Health and Mental Hygiene (DHMH) Office of Population Health as well as by the Anne Arundel County Department of Health. It has three main components: accountability, local action and public engagement.

SHIP includes 39 measures that provide a framework to improve the health of Maryland residents. Twenty-eight of the measures have been identified as critical racial/ethnic health disparities. Each measure has a data source and a target, and where possible, can be assessed at the county level.

The analysis of local data indicated that obesity, cancer, mental health and substance abuse, dental care, sexual health, housing and the environment were all potential health improvement priorities for Anne Arundel County. After careful review of County health data, the Healthy Anne Arundel Coalition's Steering Committee prioritized the potential health improvement areas and decided to focus the Coalition's efforts on two areas: (1) Obesity Prevention and (2) Management of Mental Health and

Substance Abuse as Co-occurring Disorders. The Coalition is committed to examining what evidence-based initiatives can improve the county's health in these two areas related to racial, ethnic and other demographic and geographic-related health disparities.

Secondary Data Profile

The secondary data profile was gathered from existing resources, such as the United States Census Bureau and Maryland Department of Health and Mental Hygiene. The report integrated not only traditional statistics on physical health, such as cancer rates and immunization figures, but also demographic and household information. Research has shown that lower educational attainment, poverty and race/ethnicity are risk factors for certain health conditions. The profile details data covering the following areas:

- Population Statistics
- Household Statistics
- Income Statistics
- Education Statistics
- Mortality Statistics
- Birth Statistics
- Sexually Transmitted Illness Statistics
- Injury & Violence Prevention Statistics
- Communicable Disease Statistics
- Environmental Health Statistics
- Health Insurance Coverage & Health Care Utilization Statistics
- Mental Health Statistics
- Crime Statistics

Secondary Data Analysis

The overall age-adjusted mortality rate in Anne Arundel County is 774.6 deaths per 100,000 residents, but increases to 801.6 when looking at the African American population in the county. The table below details age-adjusted mortality rates for the top ten leading causes of death in Anne Arundel County with comparisons for Maryland and the United States. As shown in the table, the mortality rates in Anne Arundel County for heart disease, cancer, stroke, diabetes and influenza/pneumonia are all higher than state and/or national rates. Healthy People 2020 is a 10-year agenda for improving the Nation's health, providing established benchmarks to monitor progress and measure the impact of prevention activities.

Table 1: Top 10 Leading Causes of Death per 100,000, All Ages (2008-2010)

	U.S.[a]	Maryland	Anne Arundel	Healthy People 2020 Goal
The following are the top 10 leading causes of death in ranking order of the United States.				
Heart Disease	178.5	193.0	191.6	100.8
Cancer	172.5	176.8	182.2	160.6
Chronic Lower Respiratory Disease	42.1	35.9	40.3	N/A
Stroke	39.0	40.1	41.4	33.8
Accidents	37.1	24.9	21.8	36.0
Alzheimer's Disease	25.0	17.7	14.6	N/A
Diabetes	20.8	20.8	22.0	N/A
Kidney Disease	15.3	13.8	11.7	N/A
Influenza/Pneumonia	15.1	17.3	18.0	N/A
Suicide	11.9	8.8	9.5	10.2

Sources: Center for Disease Control and Prevention, 2010
Maryland Department of Health and Mental Hygiene, 2008-2010
[a] US Statistic represents 2010 data

It is estimated that 29.6% of Anne Arundel County adults are obese and another 38.3% are overweight. Anne Arundel County has fewer adults who are at a healthy weight (AA: 32.1%; MD: 34%; U.S.: 35.5%). Roughly 19% of adults in the county do not exercise on a regular basis. When tracking tobacco and alcohol use, 15.3% of Anne Arundel County adults are current smokers and nearly 20% reported binge drinking in the previous month. Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion. While tobacco figures are equal to the state figures and below national statistics, alcohol use in the county exceeds both the Maryland and U.S. percentages. Mortality rates for cancer, stroke, diabetes and influenza/pneumonia are higher in Anne Arundel County compared to Maryland and the U.S. as a whole.

In general, the secondary data for Anne Arundel County reveals higher socioeconomic groups with more favorable income, education levels and housing. However, there are clearly health inequities across select racial, ethnic and income groups. Injury and violence statistics are favorable in the county as well as communicable disease rates and sexually transmitted illnesses. The majority of Anne Arundel County residents have health insurance coverage and are generally more likely to seek preventive care.

Key Informant Survey

A web-based survey was conducted among Anne Arundel County "key informants." Key informants were defined as area health care professionals, social service providers, non-profit leaders, business leaders, faith-based leaders and other area authorities. Holleran staff worked closely with HAAC partners to identify prospective participants and to develop the online Key Informant Survey Tool. The questionnaire focused on gathering quantitative and qualitative feedback regarding perceptions of community needs and strengths across three primary domains: key health issues, health care access and community aspirations and capacity.

Key Informant Analysis

The online survey was sent via email to approximately 300 key informants, garnering 121 completed surveys between July and August 2012. The survey respondents were asked to provide feedback on the health issues that they perceived to be the most significant or concerning for Anne Arundel County. The key informants were given a list of potential response options, ranging from cancer to substance abuse to unintentional injuries. Respondents ranked the key health issues from 1 to 5, with 1 being the most significant. Additionally, survey respondents were permitted to share other health issues they deemed highly important that were not included on the list. As shown in Table 2, the five issues that were most frequently selected were Obesity/Overweight, Cancer, Diabetes, Substance Abuse/Alcohol Abuse and Heart Disease. Approximately 84% of key informants ranked Obesity/Overweight as one of the top five health concerns in Anne Arundel County.

Table 2: Ranking of Key Health Issues by Key Informants

Ranking	Health Issue	Percent of respondents selecting issue among top 5
1	Obesity/Overweight	84.3%
2	Cancer	66.1%
3	Diabetes	64.5%
4	Substance Abuse/Alcohol Abuse	63.6%
5	Heart Disease	58.7%
6	Mental Health/Mental Illness/Suicide	53.7%
7	Tobacco	31.4%
8	Maternal/Infant Health	29.8%
9	Dental Health	13.2%
10	Sexually Transmitted Diseases	12.4%
11	Unintentional Injuries (car crashes, falls)	9.9%
12	Stroke	8.3%

Key informants were also asked to share their perceptions on the availability of general and specialty health services and potential access barriers. The area of greatest concern with respect to accessibility

and availability was the number of bilingual health care providers, followed by the number of providers who accept Medicaid or other forms of medical assistance and then lastly, access to dental care.

Respondents were also asked to identify key resources or services they felt would be needed to improve access to health care for residents in Anne Arundel County. Table 3 shows the need for increased awareness, education, prevention and outreach to inform the community about existing programs and services.

Table 3: Content Analysis of Comments Regarding Resources Needed to Improve Access to Health Care

Resources Needed by Category	Number of Mentions
Awareness/Education/Prevention/Outreach	51
Affordable Health Insurance & Health Care Services	42
Transportation	38
Mental Health/Substance Abuse Services	37
Medicaid/Medicare/Medical/PAC Enrollment Providers	24
Affordable Dental Care	17
More Providers (Primary Care and Specialists)	15
Bilingual/Culturally Sensitive Programs	12

Several themes emerged from the key informant survey for improving health and quality of life in Anne Arundel County:

- ✓ Need for healthier lifestyles and education regarding lifestyle choices
- ✓ Need for improved access to care
- ✓ Need for enhanced mental health and substance abuse services
- ✓ Need for greater communication/community outreach

Key informants indicated potential ways to encourage community involvement and support around local health issues. The top recommendations for increasing involvement were:

- ✓ Increased communication/awareness
- ✓ More community outreach
- ✓ Increased partnerships/collaboration

Focus Groups

Focus group topics addressed mental and behavioral health (one session), access to health care (two sessions) and nutrition and physical activity (two sessions). Participants were recruited through local health and human service organizations and public news releases. In exchange for their participation, attendees were given a gift card at the completion of the focus group. Participants in the Mental and Behavioral Health Focus Group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The four other focus groups included individuals from the general population in Anne Arundel County. Each session lasted approximately two hours and was facilitated by trained staff from Holleran.

Focus Group Analysis

Five focus groups (55 total participants) were held at various locations throughout Anne Arundel County in August and September 2012. Participants came from a variety of Zip Codes throughout Anne Arundel County. The largest proportion came from 21061, 21401, 21144, 21060 and 21403.

Mental and Behavioral Health

Participants of this focus group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The group spoke of a fragmented system of mental and behavioral health services in Anne Arundel County. Barriers to accessing mental health and/or addiction services include lack of insurance and long wait times to be seen by a clinician.

Access to Health Care and Key Health Issues

These focus group participants indicated that the lack of insurance coverage and inability to pay were major barriers to accessing health care services in the community. Participants also expressed frustration with trying to understand what their health insurance covers and finding a doctor who accepts their insurance. Transportation was also indicated as a barrier in accessing health care. Participants described a system that is fragmented and not easily accessible throughout the county. When asked where uninsured and underinsured individuals go for health care, participants indicated that uninsured patients often utilize the emergency department for primary health care.

The major health issues identified by the access to health care and key health issues focus group participants were:

- ✓ Obesity/Overweight
- ✓ Cancer
- ✓ Diabetes
- ✓ Hypertension and Heart Disease
- ✓ Environmental Health Concerns
- ✓ Mental and Behavioral Health/Substance Abuse
- ✓ Caregiver and Aging Issues

Nutrition and Physical Activity

At these focus groups, obesity/overweight was discussed in detail as a factor contributing to other key health issues. Attendees were especially concerned with childhood obesity. When asked what challenges people in the community face in trying to stay physically fit and eat healthier, participants suggested the following challenges:

- ✓ Cost
- ✓ Motivation/Effort
- ✓ Time/Convenience
- ✓ Education/Knowledge
- ✓ Stress/Depression
- ✓ Television/Video Games

Participants stated that people in the community are not aware of the health care services and options that are available to them. When asked what could be done to improve health and quality of life in the community, participants emphasized the need to improve communication and awareness of existing services. In addition, participants suggested the following to improve community health:

- ✓ Health Fairs
- ✓ Health Workshops
- ✓ Nutrition and Exercise Programs
- ✓ Chronic Disease Management Programs
- ✓ Transportation Assistance
- ✓ Prescription Assistance Programs/Prescription Exchange Programs

Across the focus groups, several themes appeared as areas of opportunity:

- ✓ Lack of affordable medical and dental services
- ✓ Need for coordinated mental and behavioral health services
- ✓ Transportation barriers
- ✓ Lack of coordination among programs and providers
- ✓ Lack of community awareness of available programs and resources
- ✓ Need for health education and wellness programs

While each of the components of the Community Health Needs Assessment yield different perspectives and information, several clear patterns emerged:

- Obesity/overweight
- Cancer
- Mental health and substance abuse
- Chronic illness (heart disease, diabetes)
- Services for uninsured and under-insured
- Awareness of services
- Health inequities by race/ethnicity

IV. Selecting Priorities

Analysis of all quantitative and qualitative data described above shows several areas of need within Anne Arundel County. BWMC's priorities are aligned with the Maryland State Health Improvement Process vision areas and those objectives outlined by the local health improvement coalition, Healthy Anne Arundel, as outlined in Table 4.

BWMC's Priorities:

1. Obesity, Heart Disease, Diabetes and Cancer
2. Wellness and Access
3. Maternal/Child Health

4. Access to Healthy Food and Healthy Food Education
5. Influenza Education and Prevention
6. Violence Prevention

Several additional areas were identified through the CHNA including lack of affordable dental services, transportation barriers and environmental health concerns. The need for enhanced and improved coordination of mental health services was also a common theme throughout the assessment. While BWMC will focus the majority of resources on the identified priorities outlined below in Table 4, these areas are important to the health of the community. BWMC will continue to work with other health care providers and community partners, proving assistance as available. The unmet needs not addressed directly by BWMC are being addressed through the action plan of the local health improvement coalition and corresponding subcommittees on which BWMC is actively involved.

V. Documenting and Communicating Results

The Community Health Needs Assessment (CHNA) was a joint undertaking of the Healthy Anne Arundel Coalition, led by the Anne Arundel County Department of Health, Baltimore Washington Medical Center and Anne Arundel Health System. The assessment included community leaders, the academic community, public and private sector stakeholders and the general public. The CHNA is widely available to health care providers, social service organizations, community and faith-based organizations and individuals through coalition partner websites. It will inform stakeholders and help develop health priorities, funding applications programs and policies. BWMC's Action Plan will be posted at mybwmc.org under the Community section. Highlights will also be included in BWMC's FY13 Community Benefit Report. Reports and data will also be shared with our community partners as we work together to build healthy communities. Any input regarding the CHNA or BWMC's Action Plan should be sent to:

Baltimore Washington Medical Center
Kim Davidson, Director of Community Outreach
301 Hospital Drive
Glen Burnie, Maryland 21061
kdavidson@bwmc.umms.org

VI. Planning for Action and Monitoring Progress

In addition to the above community assessment, findings and priorities, Baltimore Washington Medical Center incorporated the outcome objectives of both Maryland's State Health Improvement Plan (SHIP) and Healthy Anne Arundel (Table 4) into the action plan (Appendix 1) to ensure a cohesive approach to actions and process measures that will improve the health of the community.

Future Community Health Needs Assessments will be conducted every three years and strategic priorities will then be re-evaluated. Programmatic evaluations will occur on an ongoing basis with adjustments to programs as needed. All community benefit reporting will occur annually to meet state and federal reporting requirements.

Table 4: Maryland SHIP Vision Areas, Objectives, Healthy Anne Arundel Objectives and BWMC Priorities

Maryland SHIP Vision Area	**BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Overall Goal for SHIP Outcome Objectives: 1. INCREASE LIFE EXPECTANCY			
Healthy Babies	1. Reduce low birth weight (LBW) & very low birth weight (VLBW) 2. Reduce sudden unexpected infant deaths (SUIDs) 3. Increase the proportion of pregnant women starting prenatal care in the first trimester		2. Reduce infant deaths 3. Reduce low birth weight (LBW) & very low birth weight (VLBW) 4. Reduce sudden unexpected infant deaths (SUIDs) 5. Increase the proportion of pregnancies that are intended 6. Increase the proportion of pregnant women starting prenatal care in the first trimester

Maryland SHIP Vision Area	**BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Healthy Social Environments	1. Reduce child maltreatment 2. Reduce domestic violence	1. Reduce the rate of suicides rates per 100,000 2. Decrease the rate of fatal crashes where the driver had alcohol involvement	7. Reduce child maltreatment 8. Reduce suicide rate 9. Decease the rate of alcohol-impaired driving fatalities 10. Increase the proportion of students who enter kindergarten ready to learn 11. Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade 12. Reduce domestic violence
Safe Physical Environments	1. Reduce hospital emergency department visits from asthma 2. Increase access to healthy food		13. Reduce blood lead levels in children 14. Decrease fall-related deaths 15. Reduce pedestrian injuries on public roads 16. Reduce Salmonella infections transmitted through food 17. Reduce hospital emergency department visits from asthma 18. Increase access to healthy food 19. Reduce the number of days the Air Quality Index (AQI) exceeds 100
Infectious Disease	1. Increase the percentage of people vaccinated annually against seasonal influenza		20. Reduce new HIV infections among adults and adolescents 21. Reduce Chlamydia trachomatis infections among young people 22. Increase treatment completion rate among tuberculosis patients 23. Increase vaccination coverage for recommended vaccines among young children 24. Increase the percentage of people vaccinated annually against seasonal influenza

Maryland SHIP Vision Area	**BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Chronic Disease	1. Reduce deaths from heart disease 2. Reduce the overall cancer death rate 3. Reduce diabetes-related emergency department visits 4. Reduce hypertension-related emergency room visits 5. Increase proportion of adults who are a healthy weight 6. Reduce the proportion of children and adolescents who are considered obese 7. Reduce the proportion of adults who are current smokers 8. Reduce the number of emergency department visits related to behavioral health conditions	1. Increase the proportion of adults who are at a healthy weight 2. Reduce the proportion of young children and adolescents who are obese 3. Reduce the rate of emergency department visits related to behavioral health conditions per 100,000 population 4. Reduce the rate of drug-induced deaths per 100,000	25. Reduce deaths from heart disease 26. Reduce the overall cancer death rate 27. Reduce diabetes-related emergency department visits 28. Reduce hypertension-related emergency department visits 29. Reduce drug-induced deaths 30. Increase the proportion of adults who are at a healthy weight 31 Reduce the proportion of children and adolescents who are considered obese 32. Reduce the proportion of adults who are current smokers 33. Reduce the proportion of youths who use any kind of tobacco product 34. Reduce the number of emergency department visits related to behavioral health conditions 35. Reduce the proportion of hospitalizations related to Alzheimer's disease and other dementias
Health Care Access	1. Increase the proportion of adolescents who have an annual wellness checkup 2. Reduce the proportion of individuals who are unable to see a doctor		36. Increase the proportion of persons with health insurance 37. Increase the proportion of adolescents who have an annual wellness checkup 38. Increase the proportion of children and adolescents who receive dental care 39. Reduce the proportion of individuals who are unable to afford to see a doctor

Appendix 1: Action Plan

Priority Area: Healthy Babies

Long Term Goals:
1. Reduce low birth weight (LBW) & very low birth weight (VLBW) (A.A. County baseline: 8.5%; Maryland 2014 target: 8.5%; Healthy People 2020 goal: 7.8%)
2. Reduce sudden unexpected infant deaths (SUIDs) (A.A. County baseline: 24)
3. Increase the proportion of pregnant women starting prenatal care in the first trimester (A.A. County baseline: 88.3%; Maryland 2014 target: 84.2.%; Healthy People 2020 goal: 77.9%)

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Reduce the percentage of births that are low birth weight ---------- Reduce SUIDs	Continue and expand evidence-based prenatal education programs that reduce LBW and SUIDs	Pregnant A.A. County residents; emphasis on western (21076) and northern county communities (21061,21060,21225) where the number of infant deaths is highest, focusing on reducing health disparities of African American women	Stork's Nest	Maintain current program enrollment and increase as needed ---------- Increase participation in Esperando Bebe' by 10% annually ---------- Continue to gather and trend program participant and baby birth data including number of participants attending all classes in a session and number of babies born at a healthy weight	Anne Arundel County Department of Health (AACDH), March of Dimes, Zeta Phi Beta Sorority, Cribs for Kids, text4baby, People's Community Health, Faith-Based Partners

Increase the proportion of pregnant women starting prenatal care in the 1st trimester	Educate and incentivize (Stork's Nest) women to seek prenatal care in the 1st trimester	Pregnant A.A. County residents; emphasis on western (21076) and northern county communities (21061,21060,21225) focusing on reducing health disparities among African American women	Continue and expand Centering Pregnancy program ---------- Offer Plan-It Baby classes targeting women of childbearing age ---------- Expand number of providers at Baltimore Washington Women's Health Associates (BWWHA) west (21076), north (21061) and east (21122) county offices ---------- Expand use of social media to communicate messages of early prenatal care ---------- Expand use of e-learning program when applicable	Increase participation by 10% annually ---------- Offer quarterly at BW Health Services in Hanover ---------- # of patients seen annually	Baltimore Washington Women's Health Associates (BWWHA), Anne Arundel County Department of Health (AACDH), March of Dimes, Zeta Phi Beta Sorority, Cribs for Kids, Text4Baby, People's Community Health

Priority Area: Healthy Social Environments Long Term Goals: 1. Reduce child maltreatment 2. Reduce domestic violence					
Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Reduce child maltreatment	Educate moms on ways to manage stress & positively discipline their children	A.A. County residents with one or more children 0-5 years old emphasis on western (21076) and northern county communities (21061,21060,21225)	Mom's Morning Out	Offer four sessions annually with 6-12 participants per session	The Judy's Center at Hilltop Elementary School and Anne Arundel County Housing Commission (Meade Village & Freetown)
Reduce domestic violence	Educate young men on the importance of respecting themselves and their relationships	African American males age 18+, emphasis on 21076 and 20755 zip codes	Call of Duty Program	Offer two sessions annually with 15-20 participants per session	The Parenting Center at Anne Arundel Community College, Ft. Meade, Faith-Based Partners

Priority Area: Safe Physical Environments Long Term Goal: 1. Reduce hospital emergency department visits from asthma 2. Increase access to healthy food					
Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Reduce hospital emergency department visits from asthma	Educate children and families on how to manage asthma	Children in A.A. County with asthma	Camp Airways	Six month post- camp evaluation; reduction of missed school days for camp participants	BWMC Pediatrics BWMC Respiratory Therapy Mid-Atlantic Healthcare, Anne Arundel County Public Schools
Increase access to healthy food	Promote and provide access to fresh food and create awareness of healthy ways to prepare fruits and vegetables	Adults and children in northern A.A. County	Sponsor BWMC Farmers' Market in Glen Burnie and explore expansion of market to additional location in West County	Increase attendance by 10% annually Increase use of Electronic Benefit Transfer (EBT) by food stamp beneficiaries by 10% annually	Healthy Markets, Benefit LLC.

Priority Area: Infectious Disease Long Term Goal: 1. Increase the percentage of people vaccinated annually against seasonal influenza					
Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Increase the percentage of people vaccinated annually against seasonal influenza	Continue to vaccinate BWMC employees and expand access to free flu vaccines to the larger community	Children six months of age and older and adults in northern and western A.A. County	Offer various free flu clinics in churches and community centers in targeted zip codes --- Use multiple modalities (website, social media, etc.) to provide and distribute information on flu prevention	# of community members vaccinated annually --- Quantity of materials distributed	A.A. County Department of Health, Healthy Anne Arundel Coalition (HAAC), Centers for Disease Control (CDC), Faith-Based Partners and community centers

Priority Area: Chronic Disease

Long Term Goal:
1. Reduce deaths from heart disease
2. Reduce the overall cancer death rate
3. Reduce diabetes-related emergency department visits
4. Reduce hypertension-related emergency room visits
5. Increase proportion of adults who are a healthy weight
6. Reduce the proportion of children and adolescent who are considered obese
7. Reduce the proportion of adults who are current smokers
8. Reduce the number of emergency department visits related to behavioral health conditions

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Reduce deaths from heart disease	Offer and expand access to heart health education and free screenings through evidence-based programming	Adults in priority targeted zip codes, focusing on reducing health disparities among African Americans	Heartbeat for Health, Living Well with Chronic Conditions, blood pressure screenings, cholesterol screenings	# of events annually # of attendees	A.A. County Department of Aging & Disabilities, American Heart Association
Reduce the overall cancer death rate	Offer and expand access to a variety of screenings to community members, including lung and oral cancer and provide prevention information	Adults in priority targeted zip codes, focusing on reducing health disparities among African Americans	Free or low-cost community screenings	# of events annually # of attendees	American Cancer Society, Advanced Radiology, Faith-Based Partners, Tate Cancer Center
Reduce diabetes-related emergency department visits	Continue to educate individuals with diabetes and their family members on how to manage their diabetes	Adults in priority targeted zip codes focusing on reducing health disparities among African Americans	Living with Diabetes Support Group, Healthy Living Classes, Living Well with Chronic Conditions ---------- Provide diabetes	# of patients seen annually ---------- Percentage of reduced hospital readmissions	A.A. County Department of Aging & Disabilities, U of Maryland Center for Diabetes and Endocrinology, A.A. County Department of Aging & Disabilities, Arundel Mills and R U FIT

			resources at all major outreach events --- Establish Discharge Clinic		
Reduce hypertension-related emergency room visits	Continue to offer and expand free monthly blood pressure screenings and vascular screenings	Adults over the age of 50 with risk factors for developing vascular disease	Free blood pressure screenings at Harundale Presbyterian Church --- Provide hypertension resources and blood pressure screenings at all major outreach events --- Free community vascular screenings --- Establish Discharge Clinic	# of events annually featuring screenings, # of people attending events --- Trend percentage of abnormal results annually for vascular screenings --- # of patients seen annually and percentage of reduced hospital readmissions	BWMC Cardiology Department, The Maryland Vascular Center at BWMC, Faith-Based Partners, Senior Centers
Increase proportion of adults who are a healthy weight	Engage and educate community on the importance of healthy weight goals using evidence-based research and programs	Emphasis on adults in northern and western A.A. County including BWMC employees	Offer four-part Weight of the Nation educational series --- Continue to offer monthly Healthy Living classes and host monthly Weight Management seminars --- Engage targeted	# of events annually # of attendees, pre/post event survey with six month follow-up --- Increased employee participation in wellness initiatives	Healthy Anne Arundel Coalition (HAAC), Anne Arundel Community College, Faith-Based Partners, R U FIT, University of Maryland Center for Weight Management and Wellness

			communities on healthy lifestyles to include healthy meal preparation, food label reading sessions --- Provide healthy weight and nutrition resources at all major outreach events --- Continue sponsorship of Mills Milers Walking Program --- Continue offering affordable exercise classes --- Launch BWell, BWMC employee wellness initiative		
Reduce the proportion of children and adolescents who are considered obese	Engage and educate community on the importance of healthy weight goals using evidence-based research and programs	Emphasis on children and adolescents in northern and western A.A. County	Partner with elementary schools in targeted communities to provide programs and tools that promote physical activity	# of events annually # of attendees	Healthy Anne Arundel Coalition, A.A. County Public Schools
Reduce the proportion of adults who are current smokers	Continue holding free smoking cessation classes at BWMC, & expand the program to reach	Adults residing or working in A.A. County	Learn to Live Smoking Cessation Program	# of sessions offered, # of participants, smoking quit rate of participants	Anne Arundel County Department of Health, Maryland Quit Line, American Cancer Society

	Spanish speaking A.A. County residents.				
Reduce the number of emergency department visits related to behavioral health conditions	Continue to provide and expand post discharge follow-up for psychiatry patients	Patients discharged from BMWC psychiatry services	Bridge Clinic	# of clinic patients, percentage of hospital readmissions	BWMC Psychiatry Department including Partial Hospitalization Program (PHP)

Priority Area: Healthcare Access Long Term Goal: 1. Increase the proportion of adolescents who have an annual wellness checkup 2. Reduce the proportion of individuals who are unable to afford to see a doctor					
Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Increase the proportion of adolescents who have an annual wellness checkup	Offer and expand access to primary care	Emphasis on adolescents in northern and western A.A. County	Offer annual physicals for high school athletes --- Expand March Maintenance campaign to include adolescents	# of physicals conducted	A.A. County Public Schools, Arundel Physicians Associates
Reduce the proportion of individuals who are unable to afford to see a doctor	Refer patients without primary care provider to local providers who will accept them	Emphasis on adults in northern and western A.A. County	Recruit additional primary care providers --- Continue to develop referral relationship between emergency department providers and community – based primary care providers who offer a sliding fee scale	# of primary care providers --- # of patients accessing care, percentage of hospital readmissions	BWMC Emergency Department, Community Based Primary Care Providers