

UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH
Community Benefit Plan

PRIORITY AREA: CHRONIC DISEASE

Long Term Goal:

- 1) SHIP #9: Adults who are a healthy weight (%). (2015 Baseline: 35.3 → 2017 Target: 36.6)
- 2) SHIP #10: Children and adolescents who are obese (%). (2015 Baseline: 10.7 → 2017 Target: 10.7)
- 3) SHIP #26: Cancer Mortality rate (per 100,000). (2015 Baseline: 167.9 → 2017 Target: 147.4)
- 4) SHIP #27: ED visit rate due to diabetes. (2015 Baseline: 148.2 → 2017 Target: 186.3) - *Currently better than state average.*
- 5) SHIP #28: ED visit rate due to hypertension. (2015 Baseline: 193 → 2017 Target: 234) - *Currently better than state average.*
- 6) SHIP #33: Heart disease mortality rate. (2015 Baseline: 171.2 → 2017 Target: 166.3)

Annual Objective	Target Population	Actions Description	Partners
To address chronic disease through education and health screenings.		"Living Well" Chronic Disease Self Management Program - 6 week workshop for anyone who suffers with a chronic disease. The workshop is an evidence based program from Stanford that provides the participants with information and skills to better manage their chronic disease and live healthier lives.	Office on Aging MAC (Maintaining Active Citizens)
	African American community and the underserved	Heart Strong Live Long - A comprehensive educational and screening program with a focus on the seven risk factors of heart disease.	
HEART DISEASE To decrease heart disease and deaths related to heart disease in the adult population.	General adult population	Provide heart disease education through targeted educational programs, risk assessments, and dissemination of health information.	UM UCHHealthLink, American Heart Association
	General adult population	Via Ask-a-Doc column in the local newspaper The Aegis, University of Maryland Upper Chesapeake Health (UM UCH) cardiologists and vascular surgeons will address clinical questions from the community.	
To increase awareness by providing education to community.	General adult population	Fall seminar - Cardiac and Pulmonary Rehabilitation Teams will present on specific cardiac and/or pulmonary and related topics at UCMC.	
	EMS personnel	Monthly STEMI Process Action Team meeting - discussion of topics related to improvement of the procedures followed to care for the STEMI patient. Includes discussion of pre-hospital issues and involves representatives from Cecil, Harford, and Baltimore Counties EMS, as well as representatives from Hart to Heart, and the University of Maryland Express Care ambulance services.	Cecil, Harford and Baltimore Counties EMS, Hart to Heart Ambulance and University of Maryland Express Care Ambulance Services
	General adult and child population	Coordination of efforts and participation in the Greater Baltimore American Heart Association (AHA) Heart and Stroke Walk, raising funds for research and education regarding reducing heart disease risk and mortality.	American Heart Association
	EMS personnel	Semi-Annual spring trauma symposium for Harford and Cecil County EMS personnel. Education is provided on specific diseases and/or clinical issues of interest and need for EMS to remain available and trained to handle any emergency they may come upon.	
	Adults diagnosed with heart disease and their families	Heart Club - Monthly educational and support meetings for cardiac patients.	

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General adult population	Website includes HeartAware risk assessment tool as well as information on signs of a heart attack, shopping guide for heart healthy foods and tips on preventing heart disease.
General adult and child population	Flyers distributed on signs of heart attack and the importance of calling 911.
General adult population	Cardiac and vascular screenings to be held periodically throughout the year.
EMS	Continue to purchase LIFENET EKG transmitters for all ambulances in Harford and Cecil counties, for sending EKGs from the scene to the ED for interpretation by a physician and early activation of the STEMI team to reduce door to balloon time.

UM UCHealthLink, American Heart Association
 UM UCHealthLink

STROKE

To reduce the community's risk for stroke by educating them on the risk factors and the importance of life style modification.

Adult African American population and senior adults	<p>Provide stroke educational programs, risk assessments, and dissemination of health information, with an emphasis on the African American population.</p> <p>Senior population will be targeted for risk assessment and education during stroke month at Harford County senior centers and independent senior housing.</p> <p>Stroke Presentation at the Geriatric Assistance and Information Network (GAIN) conference.</p>
General adult population	<p>Present at least 2 community education programs per year.</p> <p>Conduct monthly Stroke Support Group.</p> <p>Provide subject matter expert stroke information to the Maryland's Health Matters newsletter.</p> <p>Provide stroke education to Harford Community College Nursing Program and Harford and Cecil counties EMS providers.</p> <p>Collaborate with Maryland Stroke Center Consortium's research project: Improving Door to IV tPA time in Maryland.</p> <p>Participate in the MIEMSS Quality Improvement Committee to provide timely transfer of qualified patients to Comprehensive Stroke Centers for endovascular therapy.</p> <p>Mentor nurses preparing for the Stroke Certification (SCRN) exam.</p>

BLOOD PRESSURE

To educate, counsel and refer participants as needed.

General adult and senior population	Provide access to free blood pressure screenings at various locations in the community including senior centers and independent senior housing locations.
General adult population	Blood Pressure Follow-up Program - All community members who have participated in a HealthLink Community Health program and have a blood pressure reading of 140/90 and above receive a phone call from an RN. The objective of the call is to make sure the participant has a PCP, is in active care with PCP, provide education, and discuss medication management if necessary. Physician referrals will be provided if necessary.

Harford County Office on Aging

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CHOLESTEROL

To increase the number of General adult adults having their cholesterol population monitored.

Provide access to cholesterol screenings and counseling through monthly Wellness Centers, as well as through specific requests from businesses, the faith community, and other community groups.

To increase awareness and importance of knowing and understanding cholesterol numbers.

DIABETES

To increase the number of General adult people being screened for population diabetes.

Provide diabetes education through targeted educational programs, risk assessments, and dissemination of health information.

Harford County Office on Aging

Provide HbA1C screening, counseling, and referral (when necessary) for the community with a focus on the African American population.

To increase the number of people identified to be at risk for pre-diabetes and diabetes and provide referrals.

Provide support to senior diabetics through support groups and presentations at senior centers.

Participation in the following events: Free Diabetes Health Fair, fall season.

Diabetes Prevention Program (DPP) - Year long program that help participants make lifestyle changes such as eating healthier, increasing their daily physical activity, and improving their problem-solving and coping skills. This program is a CDC recognized program that can help people who are at risk for Type 2 diabetes or help people with pre-diabetes reduce their risk of developing Type 2 diabetes.

OBESITY

To decrease the rates of obesity and overweightness in Harford County.

The Grants Administrator, who is tasked with finding funding for programs that address chronic disease in the community, also functions as the Health Promotion Specialist for Healthy Harford and holds key leadership positions in the county as Chair of the Local Health Improvement Coalition Obesity Workgroup, member of the Healthy Community Planning Board and Bike and Pedestrian Advisory Committee. All of these groups are charged with generating programs and policy to reverse the obesity trend and improve the health of the community.

To increase the community's awareness and knowledge of health and wellness issues including obesity prevention, proper nutrition and the importance of regular physical activity.

General adult population and families

Continue to provide access to BMI and body composition analyses through monthly Wellness Centers and specific requests from community, business, and faith based groups.

UM UCH is a key partner in Healthy Harford Day, an annual health promotion day that runs in partnership with the Bel Air Farmers' Market and attracts nearly 2,000 Harford County residents. This family friendly event provides information, education, screenings, access, and classes on ways to get and stay healthy in Harford County and reduce the impact and incidence of chronic disease.

Healthy Harford

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To improve nutritional habits of children, youth, and adults living in Harford County.

Provide nutritional education, presentations, and workshops encompassing all ages; young children through seniors; including, but not limited to "How Sweet It Is", "Halt the Salt", My Plate, Mission Nutrition, Eat This Not That, and Nutrition Bingo.

Continue to support Harford County Schools Obesity Initiative through participation in the School Health Council and providing educational presentations and workshops as requested to individual schools/groups.

Harford County Public Schools

To increase awareness of healthy foods.

Physical Activity

To increase the physical activity levels of children, youth and adults living in Harford County.

Promotion of exercise through education and physical activities at health fairs. The give-a-ways at the health fairs are specifically chosen for encouraging the participant to increase their daily activity level, i.e. exercise bands, jump ropes, pedometers, etc.

To increase opportunities for Harford County residents to be physically active.

CANCER

To decrease the cancer mortality rate through screening, prevention, education, and early treatment.

General adult population

Refer to Tobacco education and cessation efforts listed under Tobacco.

Cancer LifeNet (CLN) offers free comprehensive, professional supportive & educational services, & advocacy from Oncology Nurse Navigators and Clinical Oncology Social Workers to improve disease management, access to care, and access to critical resources to improve health outcomes through: individual & family counseling, educational programs and services, support groups, and integrative therapies--including stress reduction interventions such as yoga, mindfulness based stress reduction classes, reiki, massage therapy, & other mind-body interventions. The KCC offers free, specialized exercise programs, twice weekly cancer patients in active treatment and survivorship --Stay Fit & Active to encourage.

To provide prevention and early treatment.

Adult population diagnosed with cancer and their families

To increase awareness and knowledge related to cancer prevention.

Cancer LifeNet (CLN) will offer a six-week group psychoeducational intervention, known as Cancer Lives Including Moments of Bravery (CLIMB), three (3) times annually to children in the community who have a parent or custodial caregiver with cancer. CLN has agreed to participate with the Omni Institute (which has been retained by the Children's Treehouse Foundation) to assess the impact of the CLIMB curriculum on psychosocial outcomes specifically addressed by the curriculum (e.g. communication between parent and child, children's emotional awareness, and children's coping skills) and to assess the impact of the CLIMB curriculum on broad indicators of functioning (e.g. depression and anxiety symptoms, school and behavior problems). UCH has agreed to enroll a minimum of 20 children who meet criteria for the study period.

Red Devils, Leukemia & Lymphoma Society, Harford County Health Department, American Cancer Society, Ulman Cancer Fund, There Goes My Hero Foundation

Provide education related to individual cancers through targeted educational programs, risk assessments, and dissemination of health information.

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Cancer: Thriving and Surviving - the program is for cancer survivors. It is a 6 week peer lead group which meets 2 1/2 hours once a week. One or both peer leaders are cancer survivors themselves. The program will be offered 6 times a year. Participants can be referred by a health care provider or self referred.

Breast Cancer

The Breast Center and KCC works collaboratively with the HCHD to provide low-income women who are referred for screening, diagnostic services, and treatment of breast cancer to assure timely access to care. The Breast Center at the Kaufman Cancer Center and CLN offers a monthly Breast Cancer Support Group. UM UCH Breast Center offers specialized services of a Certified Breast Nurse Navigator to women who receive screening, diagnostic and treatment services through the UM UCH Breast Center. Certified Breast Nurse Navigator conducts community outreach through educational presentations at health fairs and to community groups throughout the year. The Breast Center also offers a high-risk screening program from a fellowship trained breast surgeon.

The KCC and the Breast Center will offer one community outreach event per year to the public on high-risk screening, breast cancer prevention and early detection with specialist from the Breast Center.

Prostate Cancer

To increase the number of men discussing prostate health and the need to be screened with their PCP.

Male population

Via a partnership with Chesapeake Urology and faith community, provide prostate cancer education through annual countywide education events specifically targeting minority men.

Chesapeake Urology, faith community

Skin Cancer

To increase awareness and knowledge related to the importance of using sun screen.

General adult population

Provide countywide free skin cancer screenings on an annual basis.

The Kaufman Cancer Center will offer one community outreach event per year where expert speakers will present information about prevention, early detection and screening, and risks factors. The KCC will attend Healthy Harford Day annually, and other health fair/community outreach opportunities to provide information on skin cancer prevention and early detection.

Healthy Harford

Colorectal Cancer

To increase the number of people receiving their colorectal cancer screening.

General adult population

Provide county wide free colorectal cancer screenings on an annual basis. The Kaufman Cancer Center will work with HCHD to coordinate access to care of uninsured or underinsured patients requiring treatment who are identified via the low-income screening program. The Kaufman Cancer Center will hold one community event per year to address colon cancer risks, prevention, early detection where expert speakers will present. The Kaufman Cancer Center offers nutritional education /cooking demonstration programs to the community called Fresh + Local = Health where local, in-season produce is used to prepare health food offerings.

Oral Cavity and Pharynx Cancer

General adult population

Provide countywide free oral cancer screenings on an annual basis. Once per year, Head & Neck Awareness week will be observed by offering information and display table will be positioned outside the cafeteria at UM UCMC and UM HMH where TM from our Head & Neck Multi-D team can engage visitors and other team members to share information on the risks of oralpharyngeal cancer, and screening and prevention services. This will coincide with offering free oral cancer screenings.

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Lung Cancer	To decrease lung cancer mortality through screening and early treatment.	General adult population	The Kaufman Cancer Center will offer a community outreach event every November called "Freedom From Smoking" where information on tobacco use and cessation and related health information will be presented by experts. Cancer LifeNet (CLN) will offer smoking cessation programs four times per annum by a certified tobacco specialist, free of charge to the community. The Kaufman Cancer Center will offer a lung cancer screening program and specialized lung nodule clinic. The KCC will provide education to the community regarding lung cancer screening guidelines and CMS guidelines for those who qualify for reimbursement, via advertisement and community outreach events.
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PRIORITY AREA: TOBACCO USE

- Long Term Goal:
- 1) SHIP #11: Adults who currently smoke (%). (2015 Baseline: 16.9 → 2017 Target: 15.5)
 - 2) SHIP #12: Adolescents who use tobacco (%). (2015 Baseline: 20.2 → 2017 Target: 15.2)

Annual Objective	Target Population	Actions Description	Resources/Partners
To increase knowledge and awareness of the dangers associated with tobacco use.	Adult, teens and children	<p>Director of Community Outreach holds key leadership position with the countywide Local Health Improvement Coalition (LHIC) Tobacco Workgroup, charged with generating policy change and decrease community tobacco use.</p> <p>Directors from the Heart and Vascular Institute and Respiratory Care sit on the LHIC Tobacco Workgroup.</p>	Harford County Health Department, American Cancer Society, Harford County Public Schools, LHIC
To decrease the incidence of tobacco use rates in Harford County.		<p>Community Health Improvement provides tobacco use and cessation education through targeted and age specific educational programs. (Smoking Out the Truth, KATU, Toxic Soup)</p> <p>Cancer LifeNet (CLN) will offer smoking cessation programs four times per annum by a certified tobacco specialist free of charge to the community.</p> <p>Director of Respiratory Care is a Board Member of Baltimore County College Respiratory Care Program</p> <p>Director of Respiratory Care is a member of the Program Advisor Council for the Bel Air High School Biomedical Science Program. Staff members also participate in Biomedical Science program Open Houses.</p> <p>UM UCH Respiratory Therapists precept students each year at each hospital.</p> <p>The Kaufman Cancer Center will offer a community outreach event every November called "Freedom From Smoking" where information on tobacco use and cessation & related health information will be presented by experts .</p> <p>An increased focus on educating the community, particularly middle and high schoolers, on e-cigarettes (vaping) as information and research evolves.</p>	

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Asthma/COPD	Teens, children and their parents	<p>Community Outreach, in partnership with the Harford County Health Department (HCHD) and Harford County Public Schools, provides education in the community for both adults and children regarding the health consequences of tobacco use.</p> <p>The HCHD also staffs a Nurse Practitioners at 4 Title One schools as part of the School Base Health Clinics program. This nurse provides asthma education for both students and families, as well as symptoms management. DHMH is working with MSDE to create a Dashboard to monitor health objectives within the school sphere, much in the way that the State Health Improvement Project (SHIP) tracks population health. DHMH staff members have met with local Harford County Public School staff members to determine which objectives should be tracked. Among these objectives are health related goals that look at medical conditions and how they are influenced by their environment. For example, instead of just tracking asthma events, the Dashboard will also track compliance with how school buildings and grounds are cleaned and maintained so that the environment is less of an asthma trigger i.e. compliance with changing air filters, using nontoxic cleaning products, etc.</p> <p>Grant program through in-patient PEDS and PEDS ED for spacers. Currently insurance companies will only cover one spacer; through the grant, we are able to give another spacer for school/daycare so there is one available at all primary locations.</p>	<p>Harford County Health Department, Harford County Public Schools</p> <p>DHMH, MSDE, Harford County Health Department (Primary Provider of Service)</p> <p>The Harford Foundation</p>
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PRIORITY AREA: MENTAL HEALTH/ADDICTIONS

Long Term Goal:

- 1) SHIP #16: Suicide rate (per 100,000). (2015 Baseline: 10.7 → 2017 Target: 9)
- 2) SHIP #29: Drug-induced death rate. (2015 Baseline: 17.9 → 2017 Target: 12.6)
- 3) SHIP #30: ED visits related to mental health. (2015 Baseline: 3003.9 → 2017 Target: 3152.6) - *Currently better than state average.*
- 4) SHIP #34: ED visits for addictions conditions. (2015 Baseline: 1462.1 → 2017 Target: 1400.9)
- 5) Poor mental health days (2015 Baseline: 3.8 → 2017 Target: 2.3)
- 6) Excessive drinking (2015 Baseline: 16% → 2017 Target: 10%)

Annual Objective	Target Population	Actions Description	Resources/Partners
To increase awareness of mental health and addiction issues in the County and how to access appropriate services.	General adult population	<p>Continue to participate with the Mental Health and Addictions Local Health Improvement Coalition (LHIC)</p> <p>Provide Mental Health First Aid training annually for all interested County residents. Mental Health First Aid Training is a national program that teaches individuals how to help people with mental illness or in crisis. It's people helping people. Participants learn: signs of addictions and mental illnesses, 5-step actional plan to access a situation and help, impact of mental and substance use disorders, and local resources and where to turn for help.</p>	<p>Office of Drug Control Policy</p> <p>Harford County Health Department (Primary Service Provider for Mental Health and Addiction in the County.</p>

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Priority Area: Access to Care

Long Term Goal:

- 1) SHIP #24: Persons with a Usual Primary Care Provider. (2015 Baseline: 86 → 2017 Target: 83.9)
- 2) SHIP #25: Uninsured ED visits. (2015 Baseline: 10.9 → 2017 Target: 14.7) - *Currently better than state average.*
- 3) Preventable hospital stays. (2015 Baseline: 47 → 2017 Target: 41)

Annual Objective	Target Population	Actions Description	Resources/Partners
Increase community residents' engagement with their PCP.		Through the LHIC, the Chair of the Obesity Task Force is working with Planning and Zoning to increase access for low income County residents without transportation to access medical appointments, healthy foods, and employment.	Harford County Planning and Zoning, LHIC, CRISP
Increase connecting residents without a PCP to a PCP.		Develop a pilot program with CRISP to increase communication between primary care providers and hospitals for follow-up and compliance monitoring. Have Community Health RN's continue to address Primary Care Provider engagement with participants at all community health screenings. Make physician referrals as needed.	

Priority Area: Illness and Injury Prevention

Long Term Goal:

- 1) SHIP #18: Domestic Violence. (2015 Baseline: 384.8 → 2017 Target: 445) - *Currently better than stage average.*
- 2) SHIP #19: Fall related death rate (per 100,000). (2015 Baseline: 9.9 → 2017 Target: 7.7)
- 3) Alcohol impaired driving deaths (%). (2015 Baseline: 29 → 2017 Target: 14)
- 4) Injury deaths. (2015 Baseline: 57 → 2017 Target: 50)

Annual Objective	Target Population	Actions Description	Resources/Partners
FLU VACCINES To increase the number of children and adults in Harford County that receive an annual flu vaccination.	General adult and child population	Provide countywide flu vaccination clinics for ages 6 months through adult. Provide free flu vaccinations to homeless in the shelter.	
To increase the number of seniors receiving the pneumonia vaccination.		Provide pneumonia vaccines for seniors annually at the senior centers.	

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To increase awareness and knowledge of the importance of how handwashing reduces the spread of infections.	Pre-school and school age children	Provide the Glo Germ program to elementary school age children at various locations, schools, faith based events, Inner County Outreach, and Boys and Girls Clubs.
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Helmets

General adult and child population	According to the Children's Safety Network, bicycle helmets prevent 52 to 60 percent of bike-related head injury deaths (for all ages), as well as an estimated 68 to 85 percent of nonfatal head and scalp injuries, and 65 percent of upper and middle face injuries, even when misuse is considered. As bicycle helmets significantly reduce the total medical costs for bike-related head injuries HealthLink will provide free child helmets and free helmet fittings in the community annually.
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Car Safety Seats

To increase the number of child safety seats that are installed correctly.	Parents and grandparents of infants, toddlers, and school age children	According to the National Highway and Safety Administration, 75% of all car seats are installed incorrectly. HealthLink provides free KISS trained carseat installation inspectors to assist parents and caregivers in proper car seat installation monthly.
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Priority Area: Maternal and Child Health

Long Term Goal:

- 1) SHIP #1: Reduce infant deaths. (2015 Baseline: 5.2 [13.4 African American] → 2017 Target: 6.3)
- 2) SHIP #2: Reduce the percent of low birth weight births. (2015 Baseline: 6.8 [12.1 African American] → 2017 Target: 8)
- 3) SHIP #3: Reduce sudden unexpected infant deaths (SUIDs). (2015 Baseline: 0.52 [1.63 African American] → 0.86)
- 4) SHIP #5: Increase the % of pregnancies starting care in the 1st trimester. (2015 Baseline: 71.7 [60.5 African American] → 66.9)

Annual Objective	Target Population	Actions Description	Resources/Partners
To increase awareness and knowledge related to drug use and the dangers associated with drug use and the unborn baby.	General adult and teen populations	According to the Harford County Health Department there has been a significant increase in prescription and illegal substance abuse among teenagers and youth adults. The County and UM UCMC will develop educational programs for both the general public and health care providers. The educational programs will be held annually for each group. Focus groups will be held to discuss ways to address the issues and reduce the trend.	Harford County Office of Drug Control Policy, Harford County Health Department