UNIVERSITY of MARYLAND
REHABILITATION &
ORTHOPAEDIC INSTITUTE

FY15 Community Health Needs Assessment
(with Addendum)

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INTRODUCTION AND BACKGROUND

Community Health Needs Assessment

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires nonprofit hospitals to complete a comprehensive assessment of the physical, mental, emotional, and social needs of the community it serves. This Community Health Needs Assessment (CHNA) must be conducted every three years and should be accompanied by a plan that describes how the information gathered will be used to develop or enhance programs and services to better serve the community. Both reports—the CHNA and Implementation Plan—must be made available to the public and presented in way that a wide audience can understand the results and how these findings apply to them.

To ensure that the CHNA truly reflects the needs of the community, it is necessary to secure thoughts, opinions, and ideas from those who have experienced a hospital's programs and services or who work with the hospital to care for a common target population. These "respondents" can be patients, family members, caregivers, community partners, health or social service organizations, or staff.

The ideal process for determining health needs involves supplementing feedback with available facts about the health status of the community. This means collecting information about the general health of the people who live in the area surrounding the hospital and those who travel there for special services. Examples of this information might be the number of people who smoke, the number of people who have diabetes, or the number of people who have mental health conditions.

In the winter of 2015, the University of Maryland Rehabilitation & Orthopaedic Institute (UM Rehab & Ortho) launched a CHNA process. The hospital used a variety of approaches to learn the medical and non-medical needs that might lead to better health and quality of life for its current patient population and people who may require its specialized care in the future. This approach included a paper survey, an online survey, key informant interviews, and talking to groups of people called "focus groups" who have similar health conditions or experiences.

University of Maryland Rehabilitation & Orthopaedic Institute

Nestled in a quiet residential suburb of West Baltimore is the UM Rehab & Ortho, Maryland's largest inpatient rehabilitation specialty hospital. The campus houses a cluster of brightly-colored buildings, substantial open space, and an abundance of trees, gardens, and various other plant life. The serene setting is home to an institution staffed by 642 health professionals who care for more than 70,000 patients every year.

Formerly known as Kernan Orthopaedics and Rehabilitation, UM Rehab & Ortho is Baltimore's original orthopaedic and rehabilitation specialty hospital. It is a committed provider of a full array of rehabilitation programs and specialty surgery--primarily orthopaedics. A member of the University of Maryland Medical System (UMMS) and affiliated with the University of Maryland School of Medicine, the hospital has been serving patients for nearly 120 years. Table 1 shows the hospital's statistics for staffing and patient care in FY2014.

UM Rehab & Ortho serves a diverse community geographically and by diagnosis. As a rehabilitation specialty hospital, adult patients are treated for a variety of musculoskeletal issues such as total joint

replacement and sports medicine, and rehabilitation issues such as brain injury, spinal cord injury, stroke, and pain management. These patients primarily reside in Anne Arundel, Baltimore and Howard counties, and Baltimore City.

Table 1. UM Rehab & Ortho Statistics (FY2014)	
Rehabilitation, Chronic and Acute Care Beds	144
Operating Rooms	6
Admissions	3,602
Orthopaedic Surgeries	2,572
Ambulatory Visits	67,676
Medical Staff	250
Physicians	237
Physician Specialties Represented	44
University of Maryland School of Medicine Facility	180
Community physicians	57
Mid-Level Providers	25
Dentists	29
Full and Part-Time Staff	642
Percentage Nursing Positions	44%
Percentage Therapy Positions	20%
Percentage All Other Positions	36%

Source: UM Rehab & Ortho

Approximately 14% of UM Rehab & Ortho patients are admitted to the hospital for elective orthopaedic surgical procedures. The remaining 86% of admissions are patients who have been transferred from acute care hospitals. During FY 2014, 33% of Baltimore City patients and 28% of Maryland residents requiring rehabilitative care were treated at UM Rehab & Ortho.

As the largest provider of acute spinal cord injury rehabilitation in the State of Maryland, UM Rehab & Ortho treated approximately 50% of central Maryland's spinal cord injury patients and 38% of spinal cord injury patients statewide. Additionally, UM Rehab & Ortho treated 66% of patients in central Maryland and 61% of all Maryland residents for acute traumatic brain injury rehabilitation.

METHODOLOGY

The ACA provides guidelines for the contents of the CHNA and Implementation Plan. One requirement is that each hospital describes their process for conducting the needs assessment. When considered together, all the steps taken to determine the needs of a community are called the "methodology".

Typically, there are two types of information or data that are used to conduct a needs assessment. "Primary data" is collected specifically for the purpose of the CHNA. Data that has been gathered for

another purpose, but is useful to the CHNA process, is called "secondary data". Data can be primary or secondary; it also can be categorized as either "quantitative" or "qualitative".

Quantitative data is information that can be counted or measured. In general, this includes whole numbers, rates, or percentages. Alternatively, qualitative data requires more effort to compile and measure and usually does not result in a whole number or percentage. Qualitative research assesses how people think or feel about an issue. Usually, it supplements quantitative data. To conduct this needs assessment, UM Rehab & Ortho analyzed primary and secondary data and conducted quantitative research. This use of various types of data is called "mixed method data collection".

The primary data collected for this CHNA included key informant interviews, focus groups, and a community assets assessment. Secondary data included health outcomes, socio-demographic data, behavioral data, and environmental data and were collected from a variety of sources.

Ultimately, the CHNA included the analysis of secondary data and feedback from 1,348 patients, caregivers, and staff; focus groups with patients, caregivers, staff, and community partners.

Secondary Data Analysis

The UM Rehab & Ortho utilized a number of internal and external sources for secondary data on demographics, socioeconomic data, and health status. These data were compiled from the University of Maryland Medical Center, the Maryland Department of Health and Mental Hygiene, US Census Bureau, and reports summarizing the activities, successes, and lessons learned of programs and services.

Survey Methodology

Three surveys were used to secure feedback about community health needs, gaps in health and social services, and UM Rehab & Ortho's programs and services. One survey was distributed in hardcopy to people who live in the neighborhoods surrounding the University of Maryland Medical Center. A second paper survey was given to UM Rehab & Ortho employees during an employee health fair. The third was an online survey released to UM Rehab & Ortho patients, caregivers, and community partners and leaders. The two paper surveys asked general questions about the respondent's top health concerns and perceived barriers to healthcare. A total of 1,265 people completed the two surveys. Twenty-one patients and caregivers completed the online survey, which asked specific questions about the quality of and gaps in UM Rehab & Ortho's programs and services.

Key Informant Interview Methods

Key informants are health and community experts familiar with specific populations and geographic areas. To gain a deeper understanding of the health issues for patients and the community, key informant interviews were conducted. Each interview lasted about thirty minutes. During the introduction of the interview, confidentially was reassured and respondents were informed that quotes from the interview would not directly be attributed to them. Seven questions were developed for the survey to collect key informants' opinions and perceptions on the following topics:

- Perceptions of the institution's responsiveness to patient and community needs

- Perceptions of the institution's responsiveness to community partner needs
- Gaps in services

The interview responses were recorded and content analysis was conducted to identify key themes and important points.

Focus Groups

Focus groups collect qualitative data from more than one person at the same time. Typically, the groups are made up of people who have similarities in one or more areas. Eight focus groups were conducted for the CHNA. Five of the groups consisted of people who receive services from UM Rehab & Ortho or who care for someone who receives treatment at the hospital. The remaining three groups were comprised of UM Rehab & Ortho staff.

RESULTS

Secondary Data

Because the majority of UM Rehab & Ortho patients reside in Baltimore City, Baltimore County, Anne Arundel County, and Howard County, the secondary data assessment focused on these communities. Table 2 below offers a summary of key demographic statistics for these areas.

Table 2. Demographics of UM Rehab & Ortho Service Area

	Baltimore City	Baltimore County	Anne Arundel Co.	Howard Co.
Population	621,342	805,029	550,488	299,430
Non-Hispanic Whites	29.6%	64.8%	76.9%	62.3%
Non-Hispanic Blacks	63.7%	27%	16.1%	18.1%
American Indian	0.4%	0.4%	0.4%	0.4%
Asian	2.3%	5.4%	3.7%	15.7%
Median Income	$38,458	$65,411	$85,690	$105,692
Percent Below Poverty	20.9%	8.2%	5.5%	4.5%

Source: US Census, 2010

These data demonstrate the significant diversity in the population the hospital serves—ranging from the wealthiest to the most economically-underserved communities in the state. On average, patients from Baltimore City earn more than $60,000 less than patients from Howard County. Moreover, they are five times more likely to be living below the poverty level.

Table 3. Disability* in the UM Rehab & Ortho Service Area				
	Anne Arundel Co.	Baltimore City	Baltimore Co	Howard Co
Under 21 years	12%	19.8%	13.6%	8.5%
21 to 64 years	9.5%	18.2%	10.4%	6.9%
64 + years	9.3%	17.2%	10%	6.8%
Disability defined as mild to severe visual, hearing, ambulatory, cognitive, self-care, and independent living.				

Source: Local Disability Data for Planners (http://disabilityplanningdata.com)

Primary Data – General Survey

The paper survey administered to the general public and staff of UM Rehab & Ortho contained six questions that queried about perspectives on the top health concerns in the community and top personal barrier to accessing health care. The surveys were completed by 1,265 individuals. The results found that the leading health concerns among respondents were:

1. Diabetes
2. Smoking
3. High blood pressure

The top five barriers to healthcare were:

1. Lack of insurance
2. Cost of healthcare
3. Lack of transportation
4. Provider was not a member of the insurance plan
5. Difficulty getting and appointment

Figure 1 - Top Health Concerns (N = 1,265)

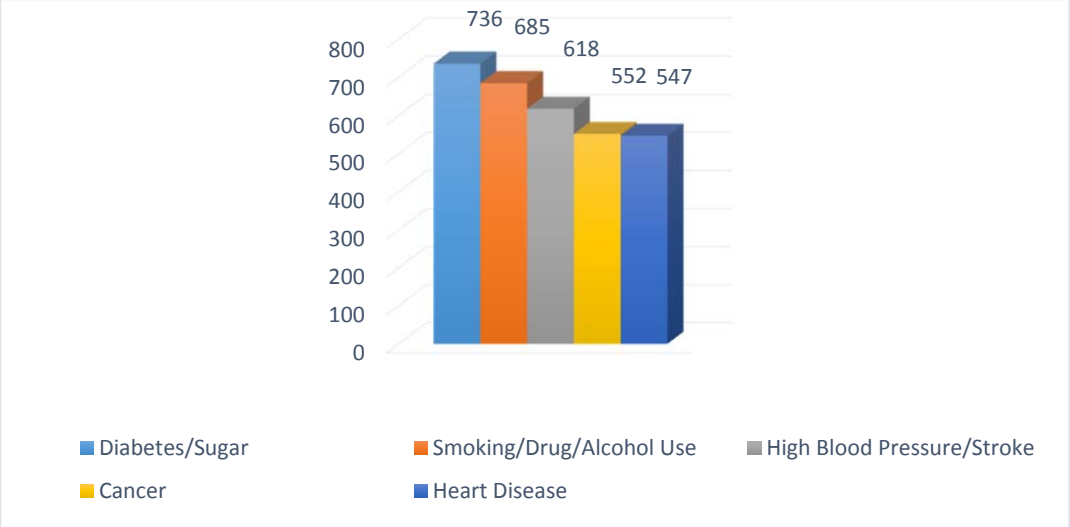
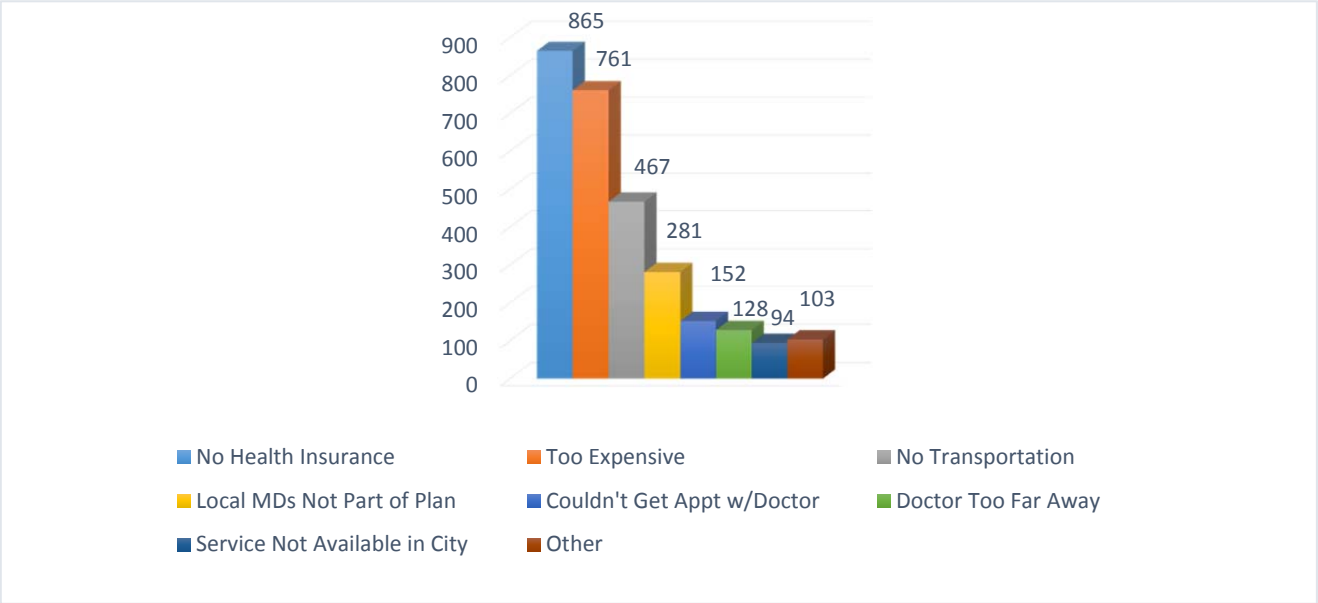
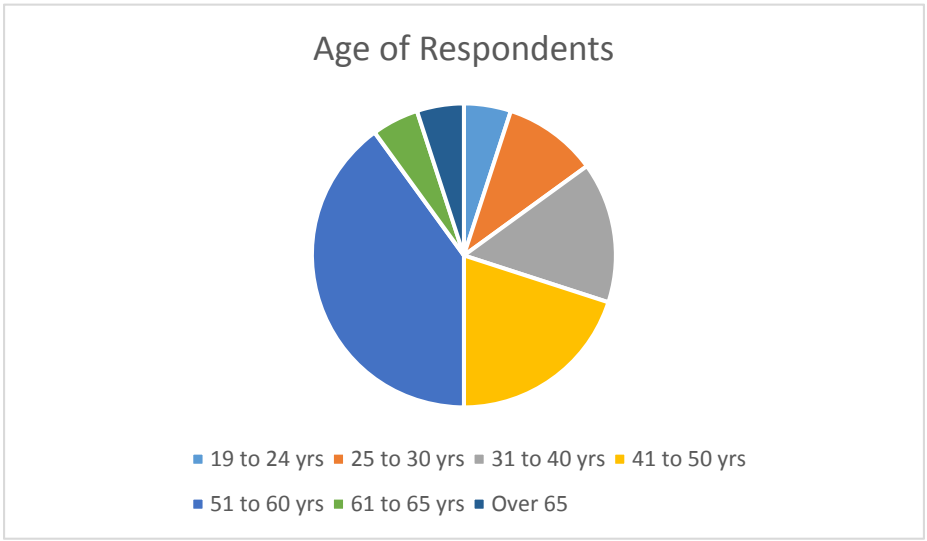


Figure 2 –Top Barriers to Healthcare (N = 1,265)



Primary Data – Patient/Caregiver Survey

The online, anonymous survey was completed by twenty-one respondents, most (80%) of whom receive treatment at UM Rebab & Ortho. Only one respondent was the parent of a patient and one was a spouse of a patient. Three community partners completed the survey. All of the people who complete the survey were over 18 years of age and the majority was over 40 years old.



Utilization of Programs and Services

Survey respondents were queried about their utilization of various services and programs offered by UM Rebab & Ortho. More than half of the people who completed the survey have accessed the Spinal

Cord Injury Support Group and nearly 40% had used the Adapted Sports Program. The top five programs utilized and the number of responses are listed below.

Table 4. Utilization of UM Rehab & Ortho	
Program or Service	**Number of Responses**
Spinal Cord Injury Support Group	12
Adapted Sports Program	8
Amputee Support Group	5
Brain Injury Support Group	5
Trauma Survivor Support Group	4

Experience With and Needs From UM Rehab & Ortho

To determine needs in programming and services, respondents were asked to rate their agreement with several statements related to their experience with UM Rehab & Ortho. If the respondent disagreed with a statement, they were prompted to explain and/or state what was needed to allow them to agree with the statement. The survey questions and responses presented in Table 5 are in the order in which they appeared in the survey.

Table 5. Experience with UM Rehab & Ortho			
	Strongly Agree or Agree	**Neutral**	**Disagree or Strongly Disagree**
If it weren't for UM Rehab & Ortho, I don't know where I would go to get the care and services I need.	66%	14%	14%
The UM Rehab & Ortho understands me and my condition.	90.5%	4.8%	0
The staff at UM Rehab & Ortho cares about me.	95%	4.76%	0
The UM Rehab & Ortho works hard to make sure that my PHYSICAL health needs are met.	95%		0
The UM Rehab & Ortho works hard to make sure that my MENTAL health needs are met.	65%	10%	4.8%
The care I receive at UM Rehab & Ortho has improved my quality of life.	90.4%	4.8%	0
I didn't know about UM Rehab & Ortho before I received care there.	66.7%	4.8%	23.8%
I am surprised by all of the programs and services UM Rehab & Ortho offers.	66.7%	28.6%	0
The care I receive at UM Rehab & Ortho has helped me have a better life than I thought I could have.	81%	9.5%	4.8%

Nearly all respondents felt that UM Rehab & Ortho understands them, cares about them, and works hard to meet their physical health needs. Additionally, 90% of respondents reported that the care they receive at UM Rehab & Ortho has improved their quality of life and 81% felt that the care they receive

has allowed them to have a better life than they imagined they could with their condition. However, 65% felt that their mental health needs have been left unmet. These patients felt this could be addressed through the hospital directing patients to mental health services.

Other Sources of Care

Respondents were asked about other places they seek medical or behavioral health services to determine if their general health needs are being addressed in an appropriate setting. When asked about other sources of medical and mental health care, nearly 80% stated that they are treated by a primary care provider or specialist and two-thirds receive care from a physical or occupational therapist. Less than 20% are being treated by a mental health provider.

Table 6. Where else to you receive care for your condition?		
	Percent	Number
Doctor, nurse, or specialist	77.8%	14
Physical therapist or occupational therapist	66.7%	12
Counselor or Mental Health Therapist	16.7%	3

Assessing Other Needs

When asked what would make living with their condition easier, the majority of respondents said they would benefit from assistance finding resources, nearly half requested more wellness/fitness activities, and just over 40% desired leisure activities.

Table 7. It would be easier to live with my condition if I had access to the following programs or services:		
	Percent	Number
Assistance finding and using services and program that will help me be healthier and have a better life.	73.7%	14
Support for my caregiver	15.8%	3
Training for my caregiver	26.3%	5
Assistance making my home more accessible	31.6%	6
Assistance finding work	36.8%	7
More leisure activities	42.1%	8
More wellness/fitness activities	47.4%	9

Primary Data: Patient Focus Groups

The term disability is broad and covers a wide range of conditions. Disabilities can be understood using a three-dimensional framework that sees a disability as a person-environment interaction. The first dimension is impairments caused by health conditions. This dimension describes bodily changes that impair one or more aspects of human physical functioning.

Examples would be a severed spinal cord, an injured brain area, a fractured hip, or loss of eyesight. The second dimension is activity limitations and describes the ability to perform behaviors such as

talking, walking, dressing, cooking, and grooming. The third dimension, participation, describes the extent to which a person is engaged in different spheres of life such as work, school, recreation, and socialization. How these three dimensions interact are influenced by personal factors like motivation, determination, and emotions and by environmental factors such as family, social networks, accessible buildings, work place policies, laws and regulations, and community norms.

Characteristics of the Sample

Five patient focus groups were conducted around the topic of disabilities. Disabilities included traumatic brain injury, serious orthopedic injuries, strokes, vision loss, and multiple sclerosis. Participants of the focus groups were recruited from existing support groups offered by UM Rehab & Ortho

Summary of the Focus Groups

Key Focus Group Themes

The focus group discussions centered on the experience of having a disability and/or caring for someone with a disability. Participants talked about how the disability experience changed their lives, the most difficult obstacles they face in daily life, their experiences navigating the health care system, and ideas for making health care and the community friendlier to people with disabilities. The following major themes emerged from the patient focus groups:

- I want to thrive not just survive.
- Getting places is a challenge.
- Dependency creates stress.
- I want to work.
- Having a disability establishes a "new normal" for your life
- Health care needs to be better coordinated.
- Providers are not well prepared.
- A disability is not all negative.
- Families need support and training in providing optimal care.
- Community awareness needs to improve.
- Support services are lacking for the social and emotional needs of the disabled.

Primary Data: Staff Focus Groups

Characteristics of the Sample

Three focus groups were conducted with clinical staff from the hospital. The staff were asked about their personal thoughts on the programs and services as well as what issues have been raised to them by patients, families, and caregivers. Themes that emerged included:

Commendations

- UM Rehab & Ortho has state-of-the art equipment
- Hospital has an experienced staff with longevity
- Families love their therapists and feel like they are a part of the family

Recommendations Based on Gaps Identified Through Patient Interaction

- Offer some of the outpatient services (eg. Spasticity, seating and positioning) to inpatients
- Involve caregivers in discharge process
- Begin discharge process earlier
- Implement patient exit interviews
- Offer drug rehabilitation
- Offer dental services beyond discharge
- Hold sports and social activities for inpatients in the evening and weekends so as not to conflict with daytime rehabilitation

Primary Data: Key Informant Interviews

Nine interviews were completed with key informants. Respondents included one individual from a community-based local government agency, two representatives from academic institutions that place students at UM Rehab & Ortho for internships and fellowships, and six individuals whose organizations refer patient to the hospital and/or receives referrals from the hospital.

The feedback from the key informant interviews was consistently positive. All respondents found the hospital to be a strong partner and felt the programs and services reflected an understanding of patients' needs. Further, they reported that their interactions with staff were positive and productive. The UM Rehab & Ortho programs key informants felt had the greatest impact on their patients and students were:

- Dental Program
- Physical and Occupational Therapy
- Support Groups
- Outpatient Services

Only two areas of need were identified through informant interviews. When asked "What programs and services do you think are missing from UM Rehab & Ortho's offerings?" most respondents said nothing was missing and instead continued praising the work of the institute. However, one

respondent suggested that the discharge process should be enhanced with community resources and family/caregiver involvement and one suggested that the hospital should offer regular education sessions to educate community partners and providers about programs and services.

FINDINGS AND SUMMARY

Despite the small sample size, there was consistency in the responses from patients/family/caregivers, key informants, and staff. They have been collapsed into broad categories and classified as Clinical or Quality of Life/Social. Table 8 below summarizes the needs identified through the complete primary data collection.

Table 8. Identified Needs

Clinical	Quality of Life/Social
Expanded physical therapy and occupational therapy for patients with movement disorders	Social activities for amputees
Additional referrals and resources for all conditions	Driving program for amputees
Bowel and bladder management insight and resources	Expanded wellness programming for all conditions (eg. nutrition, increased adapted sports, etc.)
Expanded discharge process that begins during admission and includes caregiver	Increased activities that simulate everyday living (eg. curb negotiation, ATM machines, etc.)
Education for healthcare providers and community on impact of disabilities	Job search assistance
Mental health resources and referrals	Evening and weekend hours for sports and social activities to inpatients can participate
Drug rehabilitation	

Process to Prioritize Need and Develop Implementation Plan

The UM Rehab & Ortho CHNA development team employed a three-prong approach to prioritize the identified needs. First, they conducted preliminary research to determine which identified needs: (1) already were being provided by another entity in the community and (2) were reasonably accessible to patients. Next they considered what barriers to access existed and which barriers could be addressed with current resources and partnerships. Finally, the team considered remaining gaps and a plan for addressing the needs. The resulting list of prioritized needs is listed below.

To develop the implementation plan, the team considered available and required resources, magnitude of need, and potential impact of the identified priority areas. Those determined to have the greatest need were prioritized into three major categories. Programming is identified in the Implementation Plans that follow.

Table 9. Prioritized Needs		
Community Education & Awareness	**Quality of Life**	**Transition to the Community**
Injury Prevention	Adapted Sports Programs	Patient Navigation
	Support Groups (Patient & Caregiver)	Dental Services

Unmet Needs

The UM Rehab identified core priorities target the intersection of the identified community needs and the organization's key strengths and mission. The following table summarizes the programs either currently in use or to be developed to address the identified health priorities.

Several additional topic areas were identified by the UM Rehab during the CHNA process including: Behavioral/mental health, housing access, transportation for disabled, and substance abuse. While UM Rehab will focus the majority of our efforts on the identified strategic programs outlined in the tables below, we will review the complete set of needs identified in the CHNA for future collaboration and work. The additional unmet needs not addressed by UM Rehab will also continue to be addressed by key Baltimore City and Maryland governmental agencies and existing community-based organizations throughout Maryland. UM Rehab will continue to offer leadership for disabled adult community and health professionals in Maryland and will partner with governmental and community agencies to assist them in addressing the unmet needs.

Appendix 1 - Community Health Improvement Implementation Plan

Priority Area: Community Education/Awareness

Long Term Goals Supporting Maryland SHIP:

1) **Reduction in accident/injury rate in teen population**

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase the number of high and middle schools scheduled for presentations Increase the number of students participating in the scheduled presentations Trend changes in behavior identified by students after presentation	Provide education and information through engaging, evidence-based programs: **Think First for Teens**	Middle and high school students in Baltimore City and Baltimore County, and potentially expanded area to other counties	Think First program director currently has contacts in several county and city high schools, as well as 1 middle school to date. Presentations are coordinated through health or physical education departments at the identified schools, with presentations then scheduled in auditorium or single class room formats. Presentations include clinical experts describing the permanent nature of SCI and TBI, as well as the importance of thinking before you act, and understanding the consequences of your actions. There is a guest speaker that attends as well. The injured speakers have sustained spinal cord or brain injuries, have been trained to appropriately share the life changes that are permanent and impact them as a result.	Reach : # of schools scheduled # of students attending presentations Outcomes: % of students identifying a positive impact of the program by identifying ways to avoid high risk behaviors and comply with injury prevention strategies.	Think First National Injury Prevention Foundation Baltimore City Public Schools, Baltimore County Public Schools SCI/TBI guest speakers (previous patients)

Priority Area: Quality of Life

Long Term Goals Supporting Maryland SHIP:

1) Decrease occurrence of secondary complications attributed to sedentary behavior

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase awareness and benefits of Adapted Sport for individuals with chronic disease/injury such as spinal cord injury, stroke, brain injury, amputation Increase community awareness regarding the availability and benefits of adapted sports Increase awareness in healthcare providers and	Provide engaging opportunities for individuals with SCI, BI, CVA, and amputation to be introduced to adapted sports programming, so that they can participate in similar activities: **Adapted Sports Festival, Amputee Walking/Running School, Wheelchair Basketball and Wheelchair Rugby**. Provide opportunities for community involvement in adapted sports programs offered through UM Rehab Provide education and opportunities for healthcare	Adults with physical disabilities Allied Health Professionals Allied Health Students	The Adapted Sports Program maximizes participation for individuals with disabilities in adapted recreational and competitive sports, in order to promote independence, self-confidence, health and overall well-being through structured, individual and team sports Programs offered are Adapted Sports Festival, Wheelchair Basketball Clinic, Wheelchair Rugby Team, Adapted Golf Program, Amputee Walking/Running Clinic Education programs offered to community organizations and allied health academic programs Post participation surveys will be utilized to obtain information regarding increased awareness of physical and social benefits of participation in adapted sports	<u>Reach:</u> # of community members/programs educated # of allied health professional and students educated regarding the availability and benefits of adapted sports # of participants in the Adapted Sports Programs offered through UM Rehab <u>Outcomes:</u> # of participants identifying positive impact to quality of life and overall health as a benefit of participation in UM Rehab's adapted sports programs	United States Olympic Committee- United States Paralympic Committee

students regarding the availability and benefits of adapted sports Increase self - reported quality of life and overall wellness in individuals participating in adapted sports programs offered by UM Rehab Increase number of participants in the various adapted sports programs offered by UM Rehab	professionals and students to participate in adapted sport events in order to experience first-hand the benefits of physical activity and social inclusion				

Priority Area: Quality of Life

Long Term Goals Supporting Maryland SHIP:

1) **Decreasing social isolation resulting from onset of chronic disease/injury**
2) **Improving overall quality of life for individuals who have sustained or care for an individual who has sustained a chronic injury or disease.**

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Decrease participants feeling of isolation, depression and anxiety Increase participants sense of empowerment, control, coping skills, and sense of adjustment.	Provide support and assistance with social isolation post injury or diagnosis: **Diagnosis and peer group-specific support groups for individuals who have sustained, a stroke, brain injury, spinal cord injury, amputation, have addiction or dependency , caregiver support group:**	Individuals over 16 years of age who have had a spinal cord injury, brain injury, stroke, or amputation and caregivers	Support groups are offered monthly by rehabilitation staff. Topics are solicited by participants on a regular basis and program evaluation information is obtained regarding satisfaction and effectiveness of the program.	<u>Reach:</u> # of participants # of caregivers <u>Outcomes:</u> Percent of participants with post-group survey reporting: • Feeling less lonely, isolated or judged • Gaining a sense of empowerment and control • Improving your coping skills and sense of adjustment • Talking openly and honestly about their feelings • Reduced distress, depression, anxiety or fatigue • Developing a clearer understanding of what to expect with their condition • Getting practical advice or information from experts and peers	Amputee Coalition of America, Christopher and Dana Reeves Foundation

Priority Area: Transition to Community - Patient Navigation

Long Term Goals Supporting Maryland SHIP:

1) Decrease preventable hospitalization related to management of chronic medical conditions

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase number of educational sessions made available to disabled population Increase participants confidence, understanding and skills in managing chronic medical conditions	Provide education and information for individuals and caregivers through engaging, evidenced-based programs: **Living Well with Chronic Conditions - (Stanford's Chronic Disease Self- Management Program)**	Adults with chronic disease/injury such as spinal cord injury, stroke, brain injury, and diabetes	Classes are offered as a 6 week course covering the following topics: • Managing Medication • Managing Stress • Attending Doctor Appointments Regularly • Healthy Eating and Exercise • Improving Quality of Sleep	Reach: # of participants # of sessions offered Outcomes: % of participants who report improved confidence in managing their chronic health condition % of participants that reported having a better understanding of how to manage the symptoms of their chronic health condition % of participants that reported knowing how to set up an action plan and follow it.	Maryland's Maintaining Active Citizens (MAC), Maryland Department of Health and Mental Hygiene, Stanford University

Priority Area: Transition to Community – Dental Clinic **Long Term Goals Supporting Maryland SHIP:** **1) Decrease emergency room visits related to dental issues**					
Annual Objective	**Strategy**	**Target Population**	**Actions Description**	**Performance Measures**	**Resources/Partners**
Increase number of dental treatments available to disabled population	Provide dental care and treatment for disabled adults and children within Maryland: **UM Rehab Dental Clinic**	Disabled adults and children in need of dental care	Dental services are provided for disabled adults and children who may not receive care otherwise. Many dentists in the community are not comfortable performing dental services to disabled patients. Services are offered free or on sliding scale for lower SES patients.	Reach: # of patients served (Adults & Children) Outcomes: % of patients receiving preventive dental care.	UM Dental School??