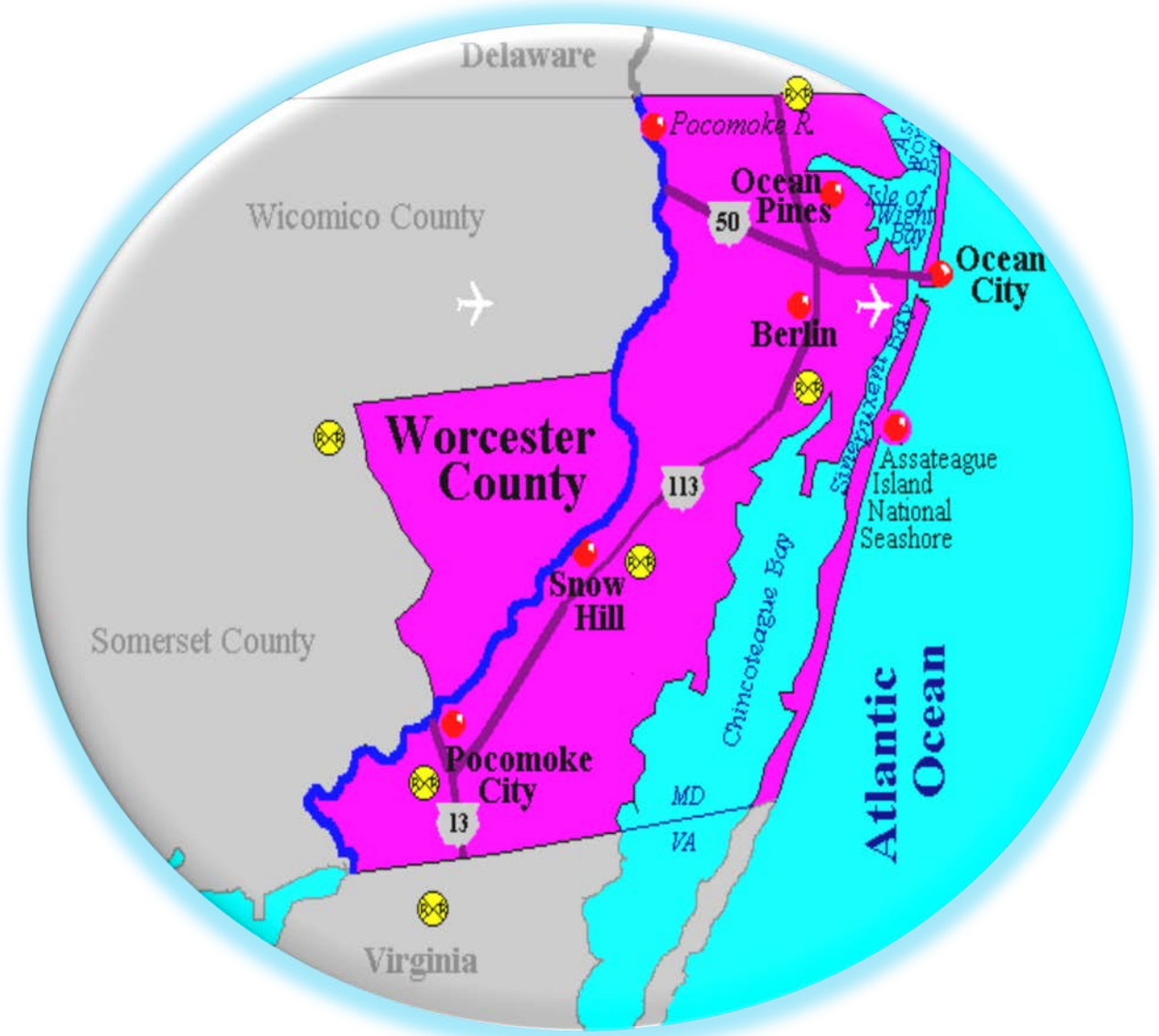



# WORCESTER COUNTY, MARYLAND

## 2012 COMMUNITY HEALTH ASSESSMENT

DEBORAH GOELLER, R.N., M.S.
HEALTH OFFICER

## Table of Contents

**Preface**

This Community Health Assessment (CHA) is the first one completed using the national standards put forth by the Public Health Accreditation Board. There are some important differences between this document and previous CHAs developed by the Worcester County Health Department (Worcester Health). The most important difference is the reliance on Behavioral Risk Factor Surveillance System (BRFSS) data. Details on other differences can be found in Appendix A along with the details of the process used to develop this CHA.

Appendix B is a description of data sources for health status indicators which will be helpful for monitoring progress between this CHA and the next one in 3 to 5 years.

The information in this report is distilled into the companion document called *Report Card 2012* to reflect priority areas for the county related to health improvement. The second companion document is the *Community Health Improvement Plan* (CHIP). It details priority areas and the strategies planned to address them. All public and private sector stakeholders are encouraged to use these documents and the information they contain.

Appendix C lists many of the groups of lay and professional stakeholder bodies that had input into the development of this document. One of these is the Worcester County Health Planning Advisory Council, which acted as host for major stakeholder meetings.

When you use the information, please cite the original source(s) and reference this report. Some indicators need to be interpreted carefully. Please call Worcester County Health Department for:

- help interpreting the data
- personal help to make lifestyle changes,
- local resources.

This document has been prepared by the Office of Planning, Quality and Core Service Programs at the Worcester County Health Department.

**Introduction**

The health profile describes the health status of Worcester County residents. The report includes a range of indicators relevant to the county. Data used in this report came from different sources:

- Behavioral Risk Factor Surveillance System (BRFSS)
- MD Vital Statistics Data
- US Census Bureau
- MD Health Services Cost Review Commission (HSCRC)
- Maryland Youth Tobacco Survey (MYTS)
- Infectious Disease and Environmental Health Administration (IDEHA)
- Professional Research Consultants (PRC) survey

Worcester County's population is relatively small with 51,454 residents, causing a large fluctuation in the estimates from year to year. To increase stability, many of the estimates in this report are presented based on data combined from multiple years. Also, this report does not include estimates for smaller subgroup populations defined by race/ethnicity or other demographic characteristics.

Almost all behavioral data used in this report was obtained from BRFSS. The BRFSS was selected because the data is available at local, state and national levels allowing for consistent measurement over time and for comparison of indicators from county-to-state or national.

The Maryland BRFSS is not a point-in-time survey. The sample is drawn throughout the year and may reflect persons with vacation homes who are not permanent residents. The PRC survey is done in November and December to get a point in time survey of permanent residents. Some programs use PRC data for program long term goals for just these reasons.

*Table 1* summarizes the key indicators, relevant to the county, selected from the *State Health Improvement Process* (SHIP) six vision areas and *Healthy People 2020* priorities. Where data was available, indicators were compared with state and national levels.

## Table 1. Select Health Status Indicators , Worcester County, MD

| Health Indicators | Worcester | Maryland | US | MD 2014 Target | HP 2020 Target |
|---|---|---|---|---|---|
| | Value (year) | Value (year) | | | |
| **Overall Health Status** | | | | | |
| General health (fair and poor) | 15.9% (2008-2010) | 12.7% (2008-2010) | 15.0% (2010) | | |
| | | | | | |
| 8+ Days of poor physical health *(Number of days in the last month)* | 12.1% (2008-2010) | 11.3% (2008-2010) | | | |
| | | | | | |
| 8+ Days of poor mental health *(Number of days in the last month)* | 12.5% (2008-2010) | 13.0% (2008-2010) | | | |
| | | | | | |
| Limited activities due to health problem *(Number of days in the last month)* | 22.1% (2008-2010) | 18.7% (2008-2010) | 21.2% (2010) | | |
| | | | | | |
| Need special equipment due to health problem | 8.9% (2008-2010) | 7.4% (2008-2010) | 7.6% (2010) | | |
| **Maternal , infant and child health** | | | | | |
| Overall Infant Deaths (per 1000 live births) | 6.5 (2006-2010) | 7.6 (2006-2010) | 6.4(2009) | 6.6 | 6.0 |
| | | | | | |
| Teen birth rate (Births per 1000 females ages 15-19) | 33.6 (2008- 2 010) | 30.1 (2008- 2010) | 39.1(2009) | | |
| | | | | | |
| Low birth weight (infants born at less than 2,500 grams or 5 lb 8 oz ) | 7.1% (2006-2010) | 9.2% (2006-2010) | 8.2% (2009) | 8.5% | 7.8% |
| | | | | | |
| Preterm birth (less than 37 completed weeks of gestation) | 10.6% (2006-2010) | 10.8% (2006-2010) | 12.2% (2009) | | 11.4% |
| | | | | | |
| Proportion of pregnant women starting prenatal care in the first trimester | 83.3% (2007-2009) | 80.0% (2007-2009) | 70.8% (2007) | 84.2% | 77.9% |
| **Health Care Access & Utilization** | | | | | |
| No health insurance | 15.9% (2008-2010) | 11.5% (2008-2010) | 15% (2010) | | |
| | | | | | |
| Civilian, non- institutionalized 18-64 yr olds with any type of health insurance | 79.0% (2008-2010) | 86.5% (2008-2010) | 82.2% (2010) | 90.9% | 100% |
| | | | | | |
| Could not see a doctor due to cost | 13.4% (2008-2010) | 11.8% (2008-2010) | 14.6% (2010) | 11.4 | |

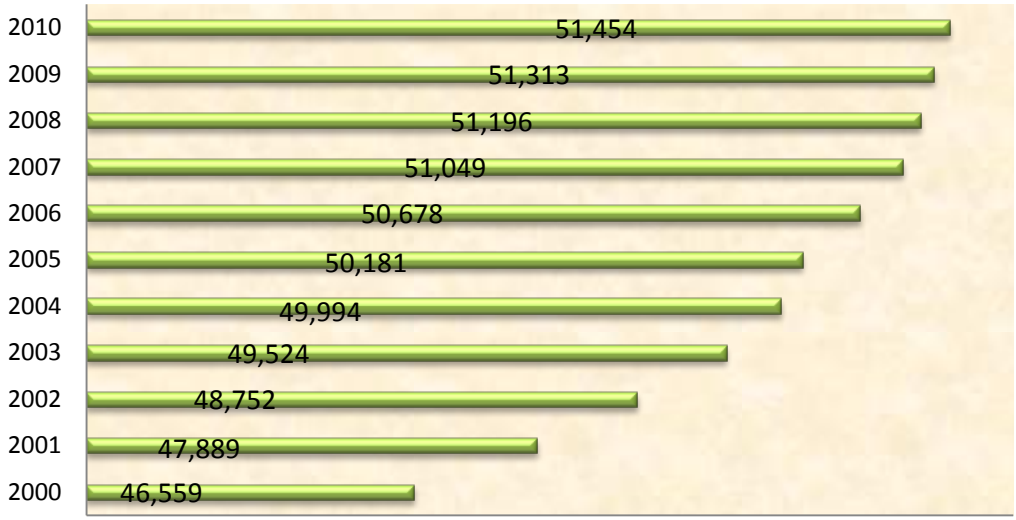
| Health Indicators | Worcester Value (year) | Maryland Value (year) | US | MD 2014 Target | HP 2020 Target |
|---|---|---|---|---|---|
| **Mental Health and Substance Use** | | | | | |
| Current smokers -18 and older | 15.6% (2008-2010) | 15.1% (2008-2010) | 17.3% (2010) | 13.5% | 12.0% |
| High school students (9-12 grade) that have used any tobacco product in the past 30 days (MYTS ) | 34.6% (2010) | 24.8% (2010) | 26.0% (2010) | 22.3% | 21.0% |
| Binge drinking | 14.1% (2008-2010) | 13.7% (2008-2010) | 15.1% (2010) | | |
| Suicide Deaths per 100,000 population | 15.6 (2007-2009) | 9.3 (2007-2009) | 11.9 (2009) | 9.1 | 10.2 |
| **Overweight & Obesity** | | | | | |
| Adults who are at a healthy weight | 35.3% (2008-2010) | 35.9% (2008-2010) | 35.5% (2010) | 35.7 | 33.9 |
| Overweight -18 and older (BMI = 25-29.9) | 36.2% (2008-2010) | 37.0% (2008-2010) | 36.2% (2010) | | |
| Obese -18 and older (BMI ≥30) | 28.5% (2008-2010) | 27.1% (2008-2010) | 27.5% (2010) | | |
| %age of youth (ages 12-19) who are obese (MYTS) | 12.2% (2008) | 11.9% (2008) | 17.9% (2008) | 11.3% | 16.1% |
| **Health Behavior** | | | | | |
| Leisure time physical activities/exercise in the last 30 days | 73.5% (2008-2010) | 76.4% (2008-2010) | 76.1% (2010) | | |
| Adults with 20+ minutes of vigorous physical activity three or more days per week | 28.0 (2008-2010) | 29.1 (2008-2010) | 29.4% (2009) | | |
| Total serving fruits /vegetables per day (less than 5 times per day ) | 74.4% (2008-2010) | 72.7% (2008-2010) | 76.5% (2009) | | |
| **Chronic Disease and Conditions** | | | | | |
| High blood pressure | 34.9% (2007/2009) | 30.0% (2007/2009) | 28.7% (2009) | | |
| Emergency Department visits for Hypertension per 100,000 population | 258.5 (2010) | 237.9 (2010) | | 225 | |
| High cholesterol | 46.6% (2007/2009) | 37.2% (2007/2009) | 37.4% (2009) | | |
| Heart Disease (Angina or Coronary disease ) | 4.9% (2008-2010) | 3.9% (2008-2010) | 4.1% (2009) | | |

| Health Indicators | Worcester | Maryland | US | MD 2014 Target | HP 2020 Target |
|---|---|---|---|---|---|
| | Value (year) | Value (year) | | | |
| History of stroke | 3.1% (2008-2010) | 2.5% (2008-2010) | 2.7% (2010) | | |
| | | | | | |
| History of Heart Attack | 6.8% (2008-2010) | 3.7% (2008-2010) | 4.2% (2010) | | |
| | | | | | |
| Age Adjusted Heart Disease death (per 100,000 population ) | 203.9 (2007-2009) | 197.8 (2007-2009) | 179.8 (2009) | 173.4 | |
| | | | | | |
| Diabetes | 10.8% (2008-2010) | 9.1% (2008-2010) | 8.7% (2010) | | |
| | | | | | |
| Emergency Department visits for Diabetes per 100,000 population | 466.4 (2010) | 347.2 (2010) | | 330 | |
| | | | | | |
| Age Adjusted Diabetes related death per 100,000 population | 20.6 (2007-2009) | 21.9 (2007-2009) | 20.9 (2009) | | |
| | | | | | |
| Cancer incidence rate per 100,000 population | 485.9 (2004-2008) | 456.7 (2004-2008) | 455.7 (2008) | | |
| | | | | | |
| Age Adjusted Cancer Death per 100,000 population | 195.3 (2007-2009) | 179.4 (2007-2009) | 173.6 (2009) | 169.2 | 160.6 |
| | | | | | |
| Age Adjusted death rate per 100,000 population | 755.8 (2007-2009) | 770.6 (2007-2009) | 741.0 (2009) | | |
| | | | | | |
| Asthma | 8.0% (2008-2010) | 13.5% (2008-2010) | 13.8% (2010) | | |
| **Infectious Disease** | | | | | |
| Salmonella infections per 100,000 (IDEHA ) | 46.6 (2010) | 14.1 (2010) | 15.2 (2010) | 12.7 | 11.4 |
| | | | | | |
| Chlamydia cases per 100,000 population | 388.7 (2010) | 453.7 (2010) | | | |
| | | | | | |
| Gonorrhea cases per 100,000 population | 79.7 (2010) | 128.4 (2010) | | | |
| **Immunization** | | | | | |
| Adults 65+ who have had a Flu shot (in the past 12 months ) | 70.8% (2008-2010) | 70.0% (2008-2010) | 67.5% (2010) | | 90.0% |
| | | | | | |
| Adults 65+ who have ever had Pneumonia shot | 69.0% (2008-2010) | 67.4% (2008-2010) | 68.8% (2010) | | 90.0% |
| | | | | | |

# I. Worcester County Profile

Worcester County's population continues to grow, but at a slower rate than the last decade. The 2010 United States Census Bureau reported the county had a population of 51,454, a 10.6 percent increase from the 2000 population census data. The 10.6 percent increase over the last decade was lower than the 32.9 percent increase for the 1990s.

**Figure 1. Worcester County Population Estimate , 2000-2010**




**Source: US Census**

**Key Demographic and Socioeconomic Characteristics**

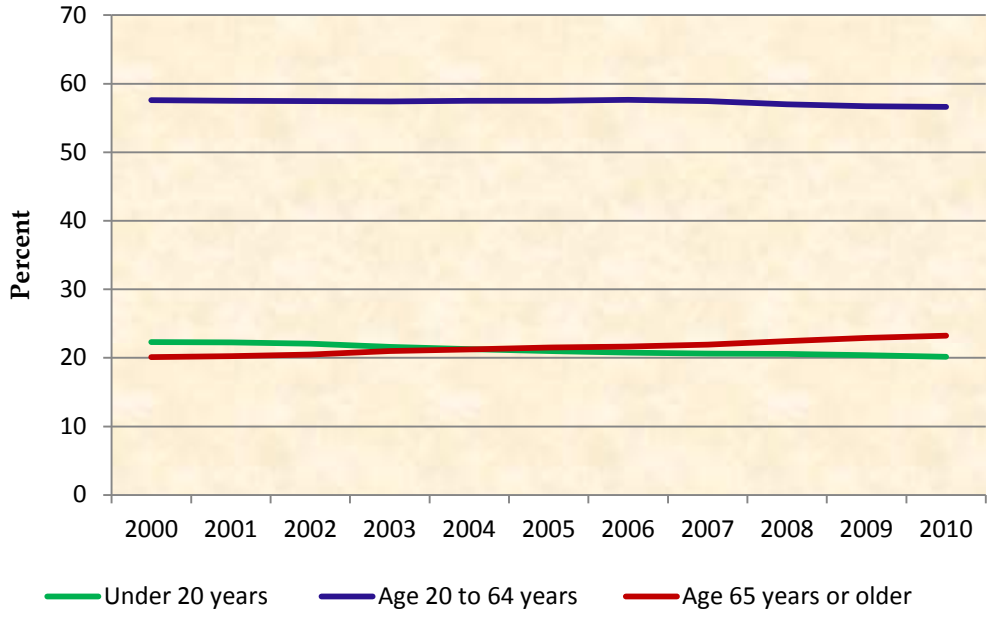
- The median age of Worcester County residents is 48.1 which is the highest in Maryland and increased over the 2000-2010 period by 5.1 years.
- The percentage of persons 65 years and over is almost twice (23.3 percent) as much as Maryland (12.2 percent) and the nation as whole (12.9 percent).
- Over the 2000-2010 period the population age 65 and over increased by 27.9 percent
- More than 82 percent of Worcester County residents are white.
- The median household income figures were $47,829 in Worcester County, $69,196 in Maryland.
- The percent of people living below the poverty level in Worcester County is 12.0 compared to 9.2 in Maryland.

**Table 2. Demographic and Socioeconomic Characteristics (Worcester County, Maryland and US)**

| General Characteristics | Worcester County | Maryland | US |
|---|---|---|---|
| Population | 51,454 | 5,773,552 | |
| Median Age (years) | 48.1 | 38 | 37.2 |
| Under 5 years (percent of population) | 4.5 | 6.7 | 6.9 |
| 65 years and over (percent of population) | 23.2 | 12.2 | 12.9 |
| Non-Hispanic White( percent of population) | 80.3 | 54.7 | 63.7 |
| Non- Hispanic Black (percent of population) | 13.6 | 29.4 | 12.6 |
| Hispanic or Latino origin (percent of population) | 3.2 | 8.2 | 16.3 |
| Others (percent of population) | 2.9 | 7.7 | 7.4 |
| Median household income, 2009 | $47,829 | $69,196 | $50.221 |
| Persons below poverty level (percent), 2009 | 12.0 | 9.2 | 14.3 |

*Source:* Census 2010

**Figure 2. Worcester County Population By Age Group, 2000-2010**




Source: US Census

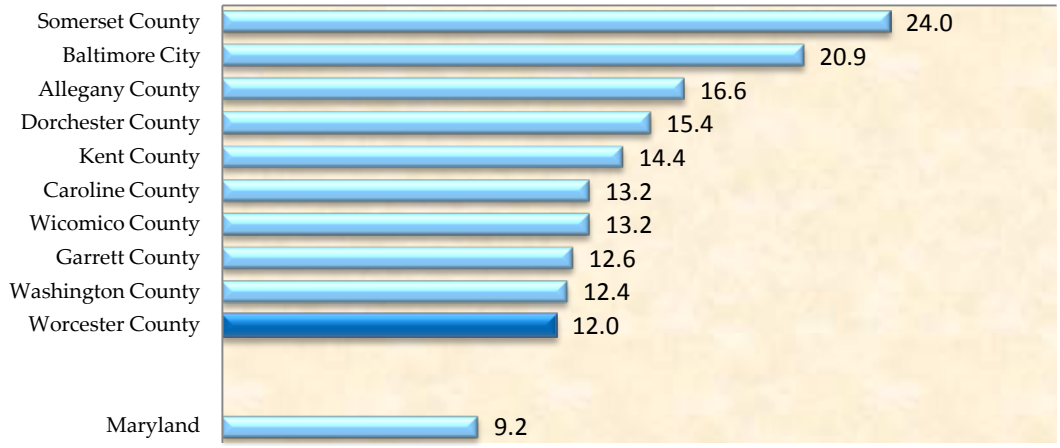
The Worcester County population increased by 10.6 percent between 2000 and 2010.

The 65 and older age group accounted more than half of the total growth, while the proportion of the population under age 20 has declined.

Worcester County is Maryland's only seaside county. This fact brings unique problems and difficulties in planning for a comprehensive health care delivery system. The greatest planning problem is the year-round average weekend population of 158,670 in Ocean City's resort community and another 100,000 population estimated daily at the Assateague State Park and other campgrounds in the summer months. In the resort season the estimated number of people in Ocean City has reached 295,445, making it the second largest city in Maryland.

The seasonal influx to Ocean City and parklands along with the permanent resident increase have also created a demand for more food related services, housing, water, and sewer services, all of which impact the Environmental Health unit of the Worcester County Health Department.

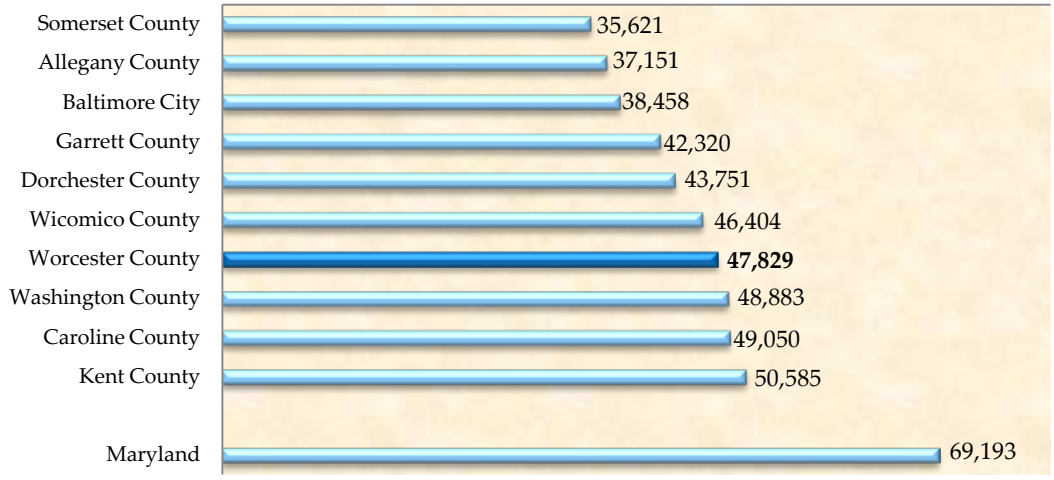
**Figure 3. Top Ten MD Counties with High Poverty Rate (percent), 2009**




Source: US Census

Worcester County ranks number 10 with high poverty rate out of 24 Maryland counties.

**Figure 4. Median Household Income (dollars), 2009**




Source: US Census

Worcester County falls within the top 10 MD counties for lowest median household income.

***Community Infrastructure***

From a health care perspective, the county environment has both strengths and weaknesses. Worcester County is still designated as medically under-served and rural by federal definitions. Particular concerns are primary care providers, dentists, pediatricians, and psychiatrists. *Table 3* identifies the major medical care resources for county residents locally and regionally.

**Table 3. Worcester County Medical Care Resources**

| TYPE | RESOURCE |
|---|---|
| Hospitals | Atlantic General Hospital (AGH) is a 62 bed facility in Berlin with 200 Board Eligible and Board Certified physicians and providers offering primary and secondary care in Berlin. Some of these physicians also practice in Wicomico County and in Delaware. http://www.atlanticgeneral.org<br><br>Peninsula Regional Medical Center (PRMC) is a regional hospital in our neighboring county, Wicomico, which is 20 miles from Snow Hill. It has 363 beds and over 300 physicians. Both hospitals have emergency departments. http://www.peninsula.org |
| Nursing Homes | Berlin Nursing and Rehabilitation Center, Berlin, 192 beds.<br><br>Snow Hill Nursing and Rehabilitation Center, Snow Hill, 69 beds.<br><br>Hartley Hall, Pocomoke City, 70 beds. |
| Primary Care Providers(excluding OB& GYN and Pediatrics) | Number 70 - 27.1 Full-time Equivalency (FTE) |
| Dentists | Number 23 ( 22-in private practices and one in public health clinic serving low-income population) |
| OB-GYN | There are five OB & GYN doctors spending a total of 0.6 FTE in Worcester County. There are also two nurse practitioners that provide gynecological services in the county. For obstetrics, patients go to Three Lower Counties Community (TLC) Services, a Federally Qualified Health Center (FQHC) in Somerset and Wicomico. |

| | |
|---|---|
| Pediatricians | There are three pediatricians with a total of 0.2 FTE that serve Worcester County and one pediatric nurse practitioner. |
| Psychiatrists | Worcester County Health Department (WCHD) employs two psychiatrists for 1.8 FTE. There are also two full time psychiatric nurses and a part time psychiatric nurse practitioner. WCHD also operates tele-psychiatry programs in cooperation with Sheppard Pratt which utilizes several doctors. |
| Private Addictions | Counseling Associates in Berlin. |
| Emergency Medical | Worcester is better staffed with a higher ratio of Advanced Life Support trained personnel than surrounding counties in the region. |

In terms of the health care delivery system, transportation continues to be a major problem. There is limited local public transportation. The tri- county bus services from Ocean City to Salisbury and Pocomoke to Salisbury are not often convenient for persons with medical appointments. The health department operates a medical assistant transportation program which serves a limited number of people.

## Worcester County Health Department

The mission of Worcester County Health Department (WCHD) is to promote health, well being, and a safe environment. The health department does this by:

- Assessing community needs;
- Developing appropriate policy to promote health and well being;
- Providing or assuring the provision of needed quality health services.

WCHD has been the primary source of behavioral services in the county and has been accredited under the Joint Commission's Behavioral Health Care standards since 1986. Currently the health department is actively preparing for national public health accreditation.

### *Programs and Services*

Programs and services offered by the department are provided in various clinical buildings around the county. Some programs are provided in the community with the program staff based in field setting.

*Table 4* identifies the services provided by the WCHD. The buildings in which each program or service is provided are marked by an "X". Buildings marked with an "H" are the home base for program mangers and/or all outreach staff. Six of the buildings (identified by an asterisk in the table below) are owned by the county. The County Commissioners support delivery of services convenient to the residents.

### Table 4. Worcester Health Programs by Delivery Locations

| PROGRAM/SERVICE | Berlin* | C4 CS | Isle of Wight* | OC* | Pocomoke* | Snow Hill* | WACS | Senior Center* |
|---|---|---|---|---|---|---|---|---|
| Administrative Care Coordination | H | | | | | | | |
| Adult Evaluation and Review Services | | | | | | | | H |
| AIDS Case Management | | | | | | H | | |
| AIDS/HIV Counseling & Testing | X | X | | X | X | H | X | |
| AIDS Prevention | | | | | | H | | |
| Adult Immunizations | X | | | X | X | H | | |
| Addictions Outpatient | X | X | | | X | H, Jail | | |
| Addictions Prevention | | X | | | | H | X | |
| Assessment Unit | | | | H | | | | |
| Breast & Cervical Cancer Programs | | | | | | H | | |
| Child Immunizations | H | | | | X | X | | |
| CRF Cancer | | | | | | H | | |
| CRF Tobacco | X | X | | | X | H | X | |
| Crisis Response Team | H | | | | | X | | |
| CVD & Chronic Disease Prevention | X | X | | | X | H | X | |
| Developmental Disability Adult | H | | | | | X | | |
| Developmental Disability Children | H | | | | | X | | |
| Early Care (MCH - Home visiting serv) | H | | | | X | | | |
| Emergency Preparedness | | | | | | H | | |
| Environmental Health | | | H | | | | | |
| Epidemiology | | | | | | H | | |
| Family Planning | H | | | X | X | | | |

| PROGRAM/SERVICE | Berlin* | C4 CS | Isle of Wight* | OC* | Pocomoke* | Snow Hill* | WACS | Senior Center* |
|---|---|---|---|---|---|---|---|---|
| Health Planning | | | | | | H | | |
| Hospital Outreach Initiative | H | | | | | | | |
| Infant and Toddler | H | | | | | | | |
| Injury Prevention | | | | | | H | | X |
| MCHP | H | | | | X | | | |
| Mentoring | H | | | | | | | |
| Mental Health | X | X | | | X | X, Jail | X | |
| MA Transportation | | | | | | H | | |
| Maryland Access Point | | | | | | | | H |
| Medical Assistant Personal Care | | | | | X | | | |
| Ombudsman | H | | | | | | | |
| Pregnancy Testing | H | | | X | X | X | | |
| Runaway & Homeless Youth | H | | | | | | | |
| Sand Castles | H | | | X | | | | |
| STD/Communicable Disease/TB | X | | | X | X | H | | |
| Targeted Case Management | H | | | | | | | |
| Tobacco Cessation | X | X | | | X | H | X | |
| Vital Records | | | | | | H | | |

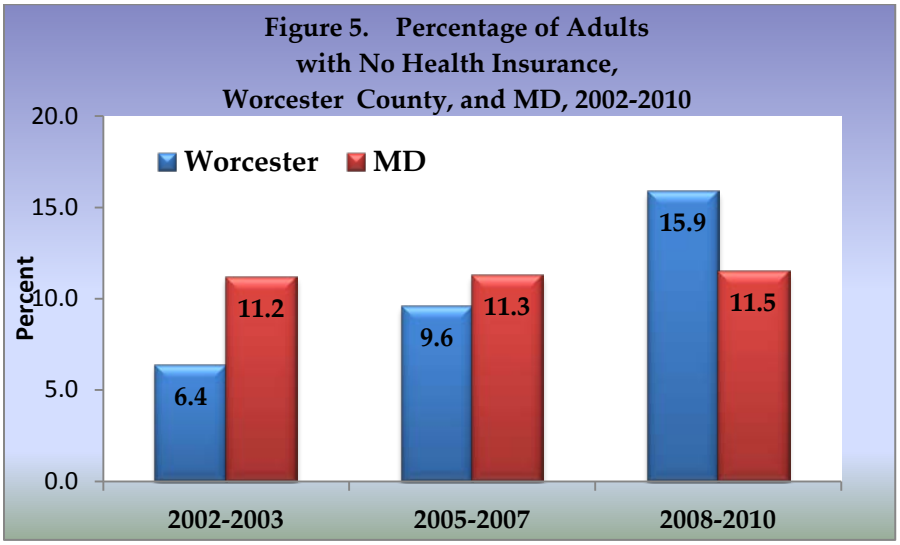
* owned by the County

Each of these programs has operational plans in the form of grant narratives with measurable objectives and implementation activities. Most outcomes are related to *Healthy People* goals for the nation and/or the Maryland State Health Improvement Process (SHIP).

## II. Access to Care

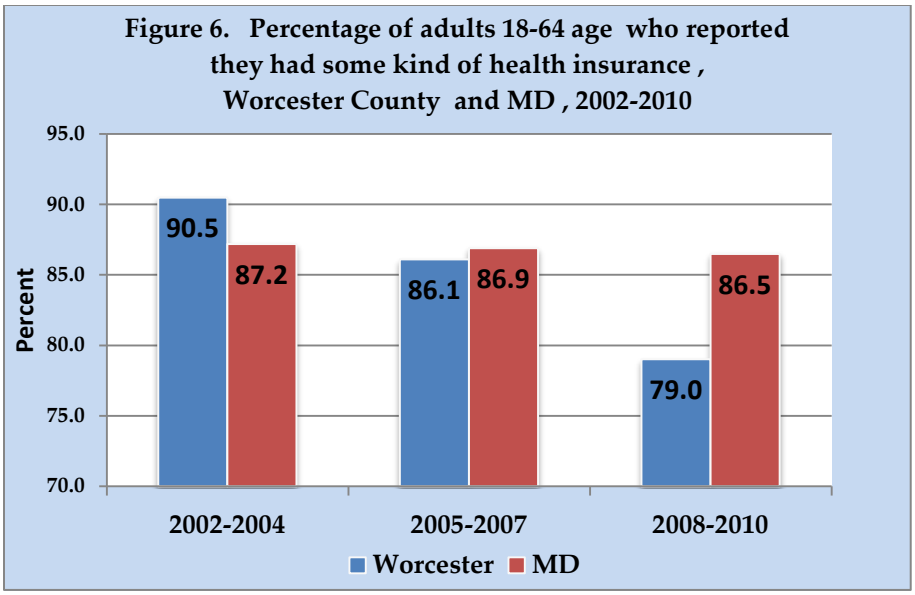
Access to care is defined as including not only health insurance or a means of paying for health services but also actual utilization of health services. It is an important component of safeguarding the health of communities. Those most '*vulnerable*' to have the least access to care are the working poor, the elderly, the disabled, and persons with limited incomes, including 20 percent of children under 18.

Health insurance status affects access to health care. Those who do not have health insurance are more likely to have poor health and are at greater risk for uncontrolled chronic diseases than those with health insurance. Furthermore, the uninsured are more likely to delay getting needed medical attention (Weismann et. al, 1993).



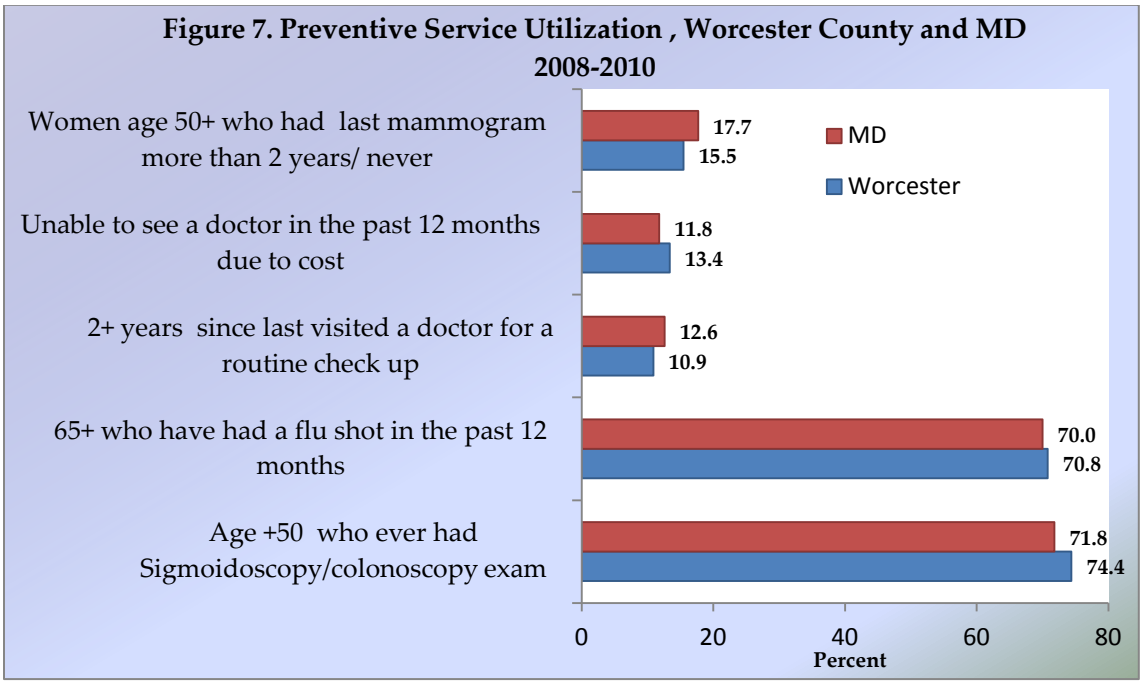

Source: BRFSS

According to the BRFSS, nearly 16 percent adults, 18 years and older, in Worcester County between 2008 -2010 reported they had no health insurance. This is 65 percent higher than the 2005-2007 average rates.




The percentage of adults aged 18-64 who reported they had some kind of health insurance dropped from 90.5 percent in 2002-2004 to 79.0 percent in 2008-2010.

**Source: BRFSS.** **Please note that the scales in plots differ and do not routinely go to 100 from 0.*




**Source: BRFSS**

Between 2008-2009, in Worcester County approximately 13 percent of adults reported they have not seen a doctor in the past two years and the same percentage of adults reported they have not seen a doctor in the past year because of cost. Meanwhile during the same period, utilization of some of the preventive services such as sigmoidoscopy and mammogram among 50 + older age group and flu shots among elderly is better than the overall state average.

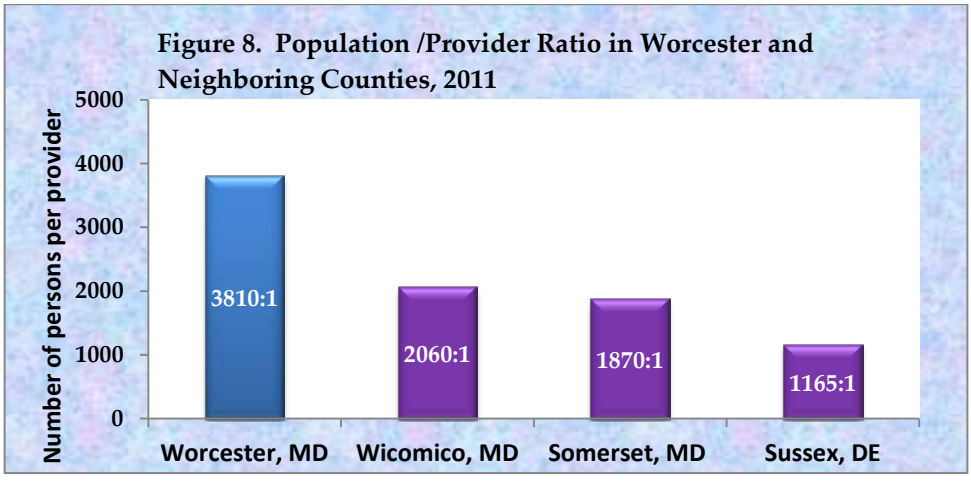
Worcester County is a primary medical care Health Professional Shortage Area (HPSA). The U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) considers an area to have a shortage of primary care physicians if the population to full-time-equivalent primary care physician ratio is at least 3,500:1. As of October 2011 the full-time-equivalent primary care physician ratio in Worcester County is 3,810:1. This shortage could mean limited access to health care, longer wait times for patients, or overuse of emergency system of care.

Table 5 shows the number of FTE physicians in the county and Figure 8 shows the Worcester County provider/population ratio compared to the neighboring counties and the state. The population figure includes year round residents and seasonal visitors.

**Table 5. Primary Care Physician in Worcester County, 2011**

| Physician Specialty | Full Time Equivalent (FTE) |
|---|---|
| Family Practice | 17.1 |
| General Practice | 1.8 |
| Internal Medicine | 8.2 |
| Obstetrics & Gynecology | 0.6 |
| Pediatrics | 0.2 |
| Total | 27.9 |

Source: Maryland Department of Health and Mental Hygiene




Source: Maryland Department of Health and Mental Hygiene

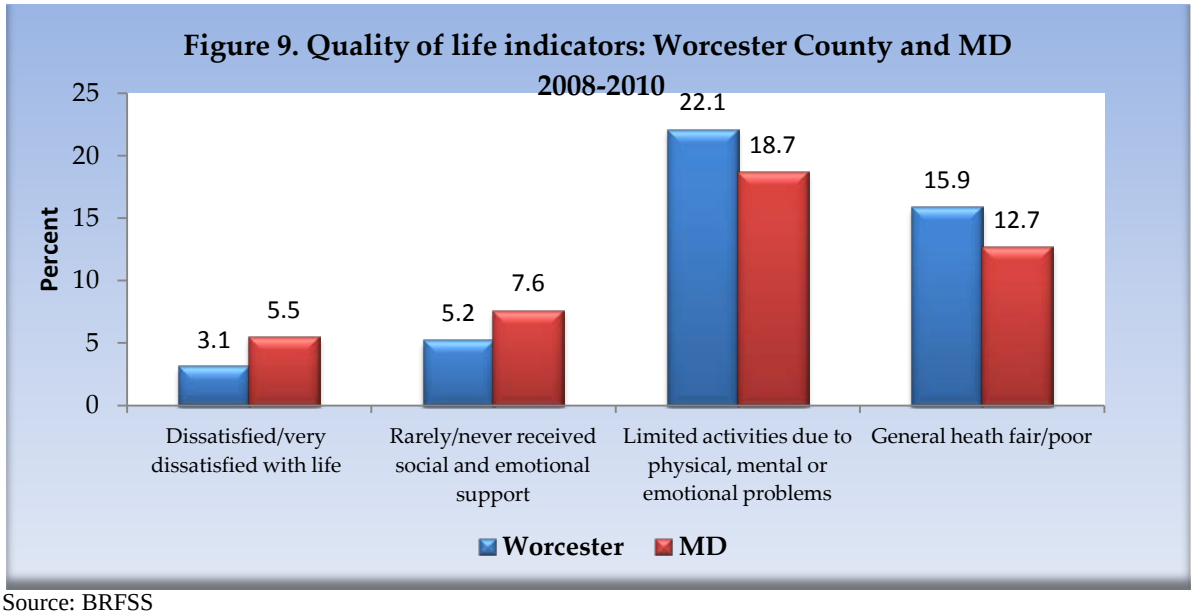
# III. Quality of Life

Quality of life (QOL) is a construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). Although health is an important domain of overall quality of life, there are other valid dimensions of QOL including perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life. Some of these indicators are:

- Proportion of persons satisfied with the quality of life in the community.
- Proportion of adults satisfied with the health care system in the community.
- Proportion of parents in the Parent-Teacher Association (PTA).
- Number of openings in child care facilities for low income families.
- Number of neighborhood crime watch areas.
- Civic organizations/association members per 1,000 population.
- Percent of registered voters who vote.

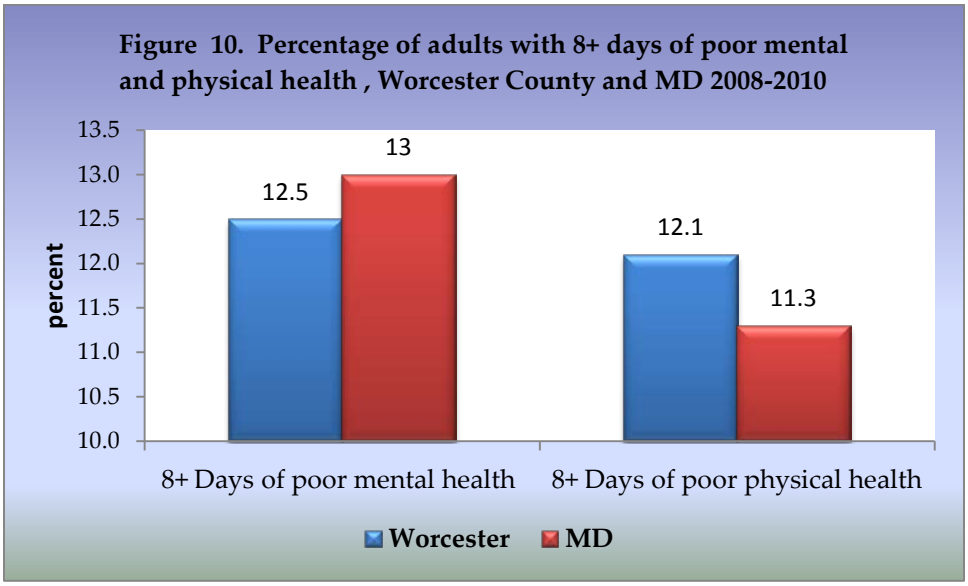
In the BRFSS survey respondents were asked two question to assess life satisfaction and emotional support: *"In general, how satisfied are you with your life?"* (very satisfied, satisfied, dissatisfied, very dissatisfied) and *"How often do you get the social and emotional support you need?"* (always, usually, sometimes, rarely, never).

During 2008 – 2009 BRFSS survey, when asked in general how satisfied they were with their lives 97 percent of Worcester County respondents reported either very satisfied or satisfied. The state had slightly lower rate (94.5 percent) than the county.




Source: BRFSS

The BRFSS survey also gathers information on health related quality of life (HRQOL) such as: the number of days during the 30 days preceding the survey when physical health was not good, and mental health was not good.




12 percent of Worcester County respondents reported that their mental or physical health was not good more than eight days a month.

Source: BRFSS

In the locally sponsored 2009 PRC survey respondents were asked in an open-ended inquiry, what they perceive as the number one barrier to good health care in Worcester County. Respondents identified availability of physician and services (22.5 percent) as the number one barrier to good health care followed by affordable healthcare (14.7 percent).

**Violent Crimes**

Violent crimes include homicide, assault, rape, and robbery. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. In the United States in 2009, an estimated 1,318,398 violent crimes occurred. This equates to an estimated 429.4 violent crimes per 100,000 population nationwide.

In Worcester County, in 2010 the total violent crime rate was 525.7 per 100,000 population that was down by 3.4 percent from 2009. According to the Governor's Office of Crime Control &

Prevention (GOCCP), Ocean City, the largest city in Worcester County, has seen a 49.7 percent decrease in violent crime and a 63.7 percent decrease in aggravated assaults from 2006-2008.

**Civic & Faith-based Organizations**

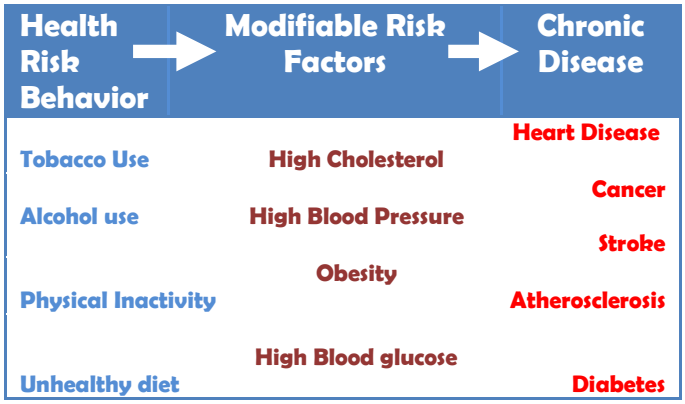
A report published in Nashville by the Glenmary Research Center indicated that 51.2 percent of the population is affiliated with religious congregation and more than 60 percent of these indicated that they belong either to a Catholic Church or United Methodist Church. According to the National Center for Charitable Statistics (NCCS) currently there are over 380 non-profit organizations in the county.

**Voter Registration**

Voter registration is a strong indication of civic engagement. Citizens who are registered to vote tend to be more informed and actively participate in the community. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. In 2008, 86.1 percent of the population 18 and older were registered to vote. That was up by nearly 4 percent from 2004 (82 percent). Of those registered, around 72 percent voted in 2008.

## IV. Health Risk Behaviors & Chronic Conditions

Health risk behaviors have been shown to have causal links to modifiable risk factors and then to chronic diseases. Heart disease, cancer, cerebrovasuclar disease leading to strokes, and diabetes are the major cause of chronic illness and premature death in the United States. This section describes the prevalence of some of the key modifiable risk behaviors (including lack of physical activity, tobacco use, and excessive alcohol consumption) that have been found to be predictive of, or present risk for most of the chronic diseases and other health problems.



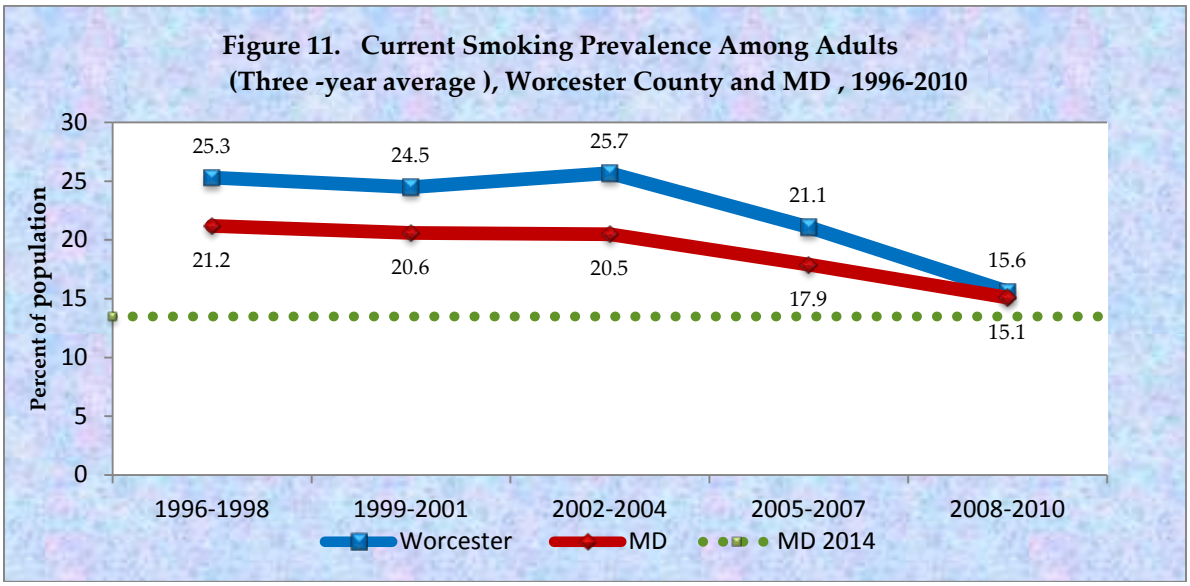

Unhealthy diet, lack of physical activity, smoking, alcohol, weight (especially obesity), high blood pressure, high blood glucose and high cholesterol raise the risk of heart disease, stroke and diabetes. The greater the number of risk factors, the greater the chance for disability or premature death from these chronic diseases.

## Smoking

According to the U.S. Surgeon General's report, compared with nonsmokers, smoking is estimated to increase the risk of coronary heart disease by two to four times, stroke by two to four times, men developing lung cancer by 23 times, women developing lung cancer by 13 times, and dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.

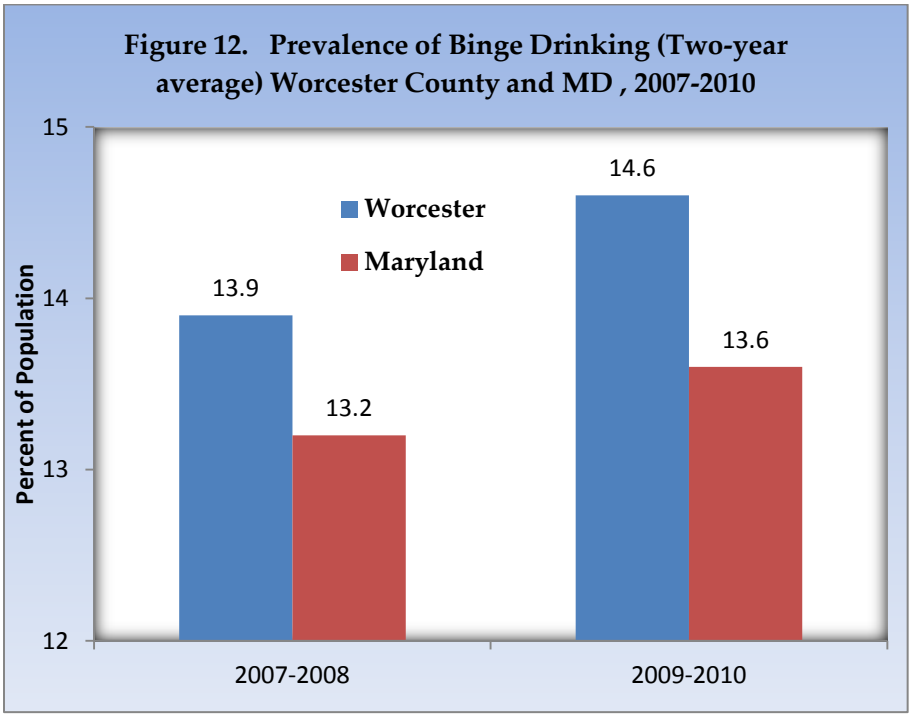
In Worcester County, 15.6 percent of adults (ages 18 + older) are current smokers. During the last decade, the three year average annual smoking rate declined from 25.7 in 2002-2004 to 15.6 percent in 2008-2010 (Figure 11). Meanwhile, according to the 2010 Maryland Youth Tobacco Survey, 34.6 percent of high school (9-12 grades) students used tobacco products within 30 days prior to the survey. The state of Maryland 2014 target is to reduce cigarette smoking among adults to 15.2 percent and reduce tobacco use among adolescents to 24.8 percent.

**Figure 11. Current Smoking Prevalence Among Adults (Three -year average ), Worcester County and MD , 1996-2010**




Source: MD BRFSS

## Alcohol Consumption




Source: BRFSS

The prevalence of binge drinking is higher in Worcester County than the state of Maryland.

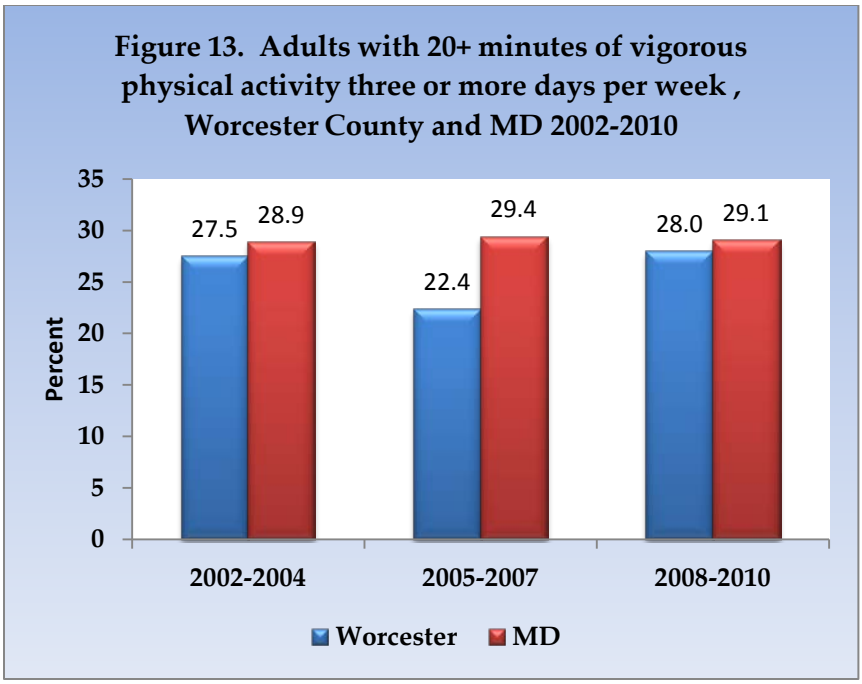
Binge drinking is defined as 5 drinks for a male and 4 for a female in one occasion. It is a proxy indicator for excessive alcohol use within the population.

The *Healthy People 2020* target is to reduce the proportion of adults aged 18 years and older engaging in binge drinking during the past 30 days to 24.3%.

## Physical Activity

Regular physical activity can improve the health and quality of life of all ages. Research has shown that regular activity reduces the risk of cardiovascular disease, type 2 diabetes, some forms of cancer, strengthens bones and muscles and increases the chance of living longer.

In 2008, the U.S. Department of Health and Human Services (HHS) issued the *Physical Activity Guidelines for Americans*. These Guidelines are designed to provide information and guidance on the types and amounts of physical activity that provide substantial health benefits. It recommends that for substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.




The BRFSS asked adults questions about participation in moderate and vigorous physical activities. Between 2008 -2010, 28.0 percent of adults reported participating in vigorous physical activity for at least 20 minutes three or more times per week, which is slightly lower than the rates in Maryland (29.1 percent).

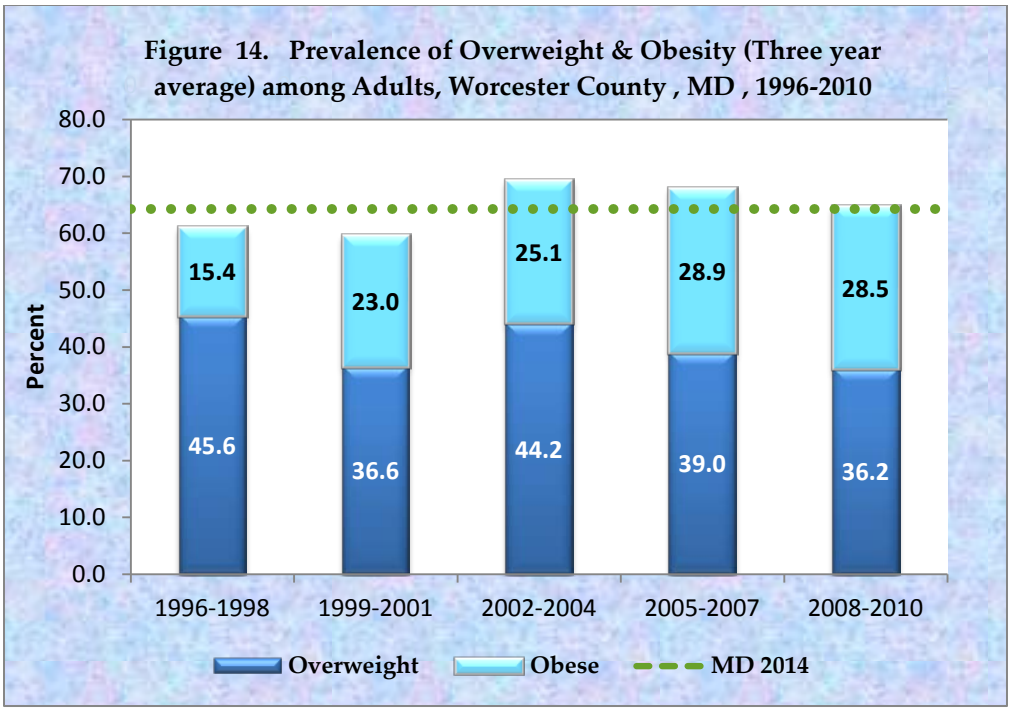
Source: BRFSS

## Weight

People who are overweight and obese have higher rates of death and illness than people of healthy weight. These illnesses include high blood pressure, diabetes, and cardiovascular disease mainly heart disease and stoke which are the leading causes of death in the United States. The *Healthy People 2020* target is to reduce the proportion of adults who are obese to 30.6 percent and the State 2014 target is to increase the proportion of adults who are at a healthy weight to 35.7 percent (reduce the proportion of adults who are overweight or obese to 64.3 percent).

The body mass index (BMI) is an internationally recognized standard for classifying overweight and obesity in adults. BMI is calculated by dividing the weight in kilograms by the square of the height in meters. For adults 20 years old and older, a BMI of 25-29.9 is considered overweight, and 30 or more is obese. For children and teens, BMI is age- and sex-specific. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking, a BMI between 85-95$^{th}$ percentile is considered overweight and 95$^{th}$ percentile and more is obese.

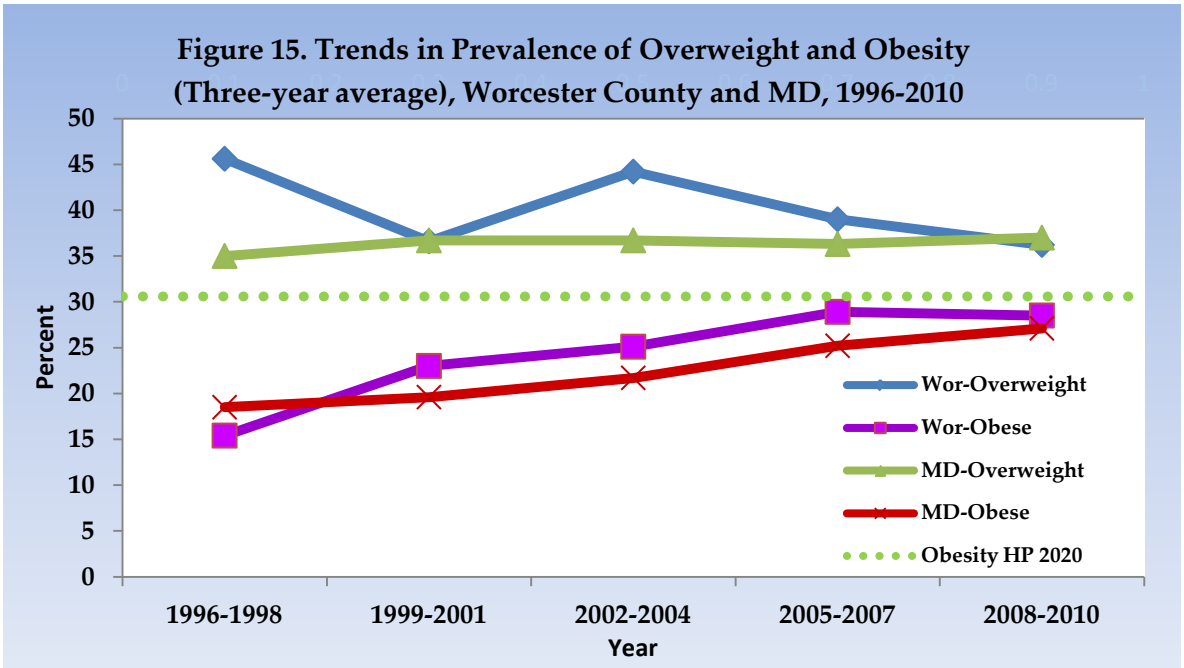
Data about weight and height are self reported. Studies have shown that people tend to over-report their height and under-report their weight, therefore body mass data based on self-report are likely to be underestimates.




More than 60 percent of the adult population in the county is either overweight or obese.

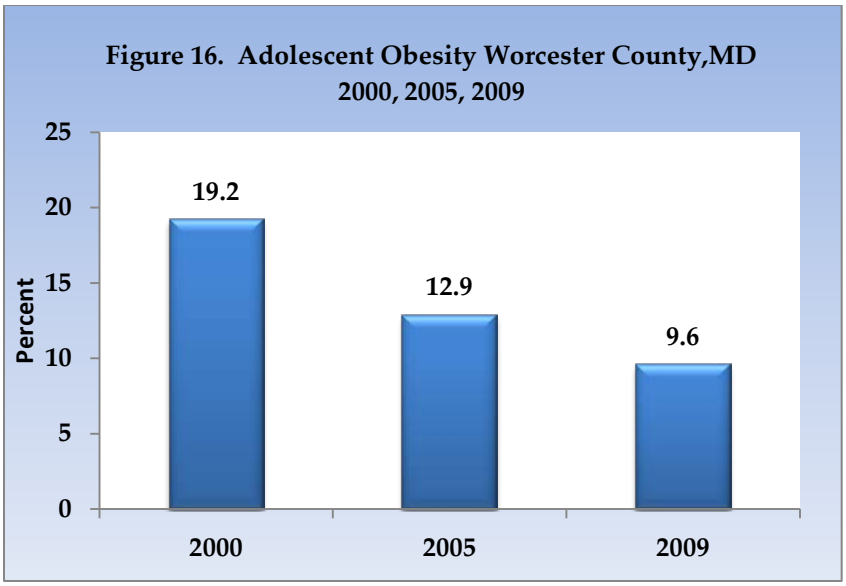
Since 2005, the prevalence of obesity slightly increased while the prevalence of overweight showed a decline.

Source: BRFSS




Source: BRFSS

Figure 14 shows the prevalence and trends of overweight and obesity status in Worcester County with comparison to state status. Although the prevalence of obesity is slightly increasing, both the county and the state prevalence are lower than the *Healthy People 2020* target (30.6 percent).

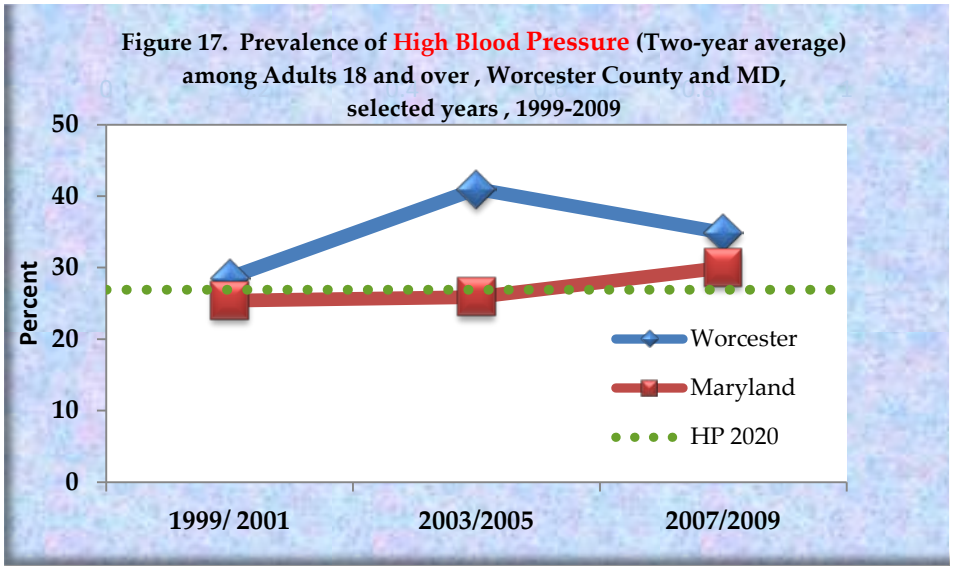



Source PRC Community Health Survey

Meanwhile, the data from the local PRC community survey have shown that in Worcester County the percentage of children aged 12-19 years who were obese declined from 19.2 percent in 2000 to nearly 10 percent in 2009.

## High Blood Pressure

High blood pressure is a major risk factor for heart disease, heart attack and stroke. The risk increases as the level of blood pressure increases. The *Healthy People 2020* target is to reduce the proportion of adults with hypertension to 26.9 percent.



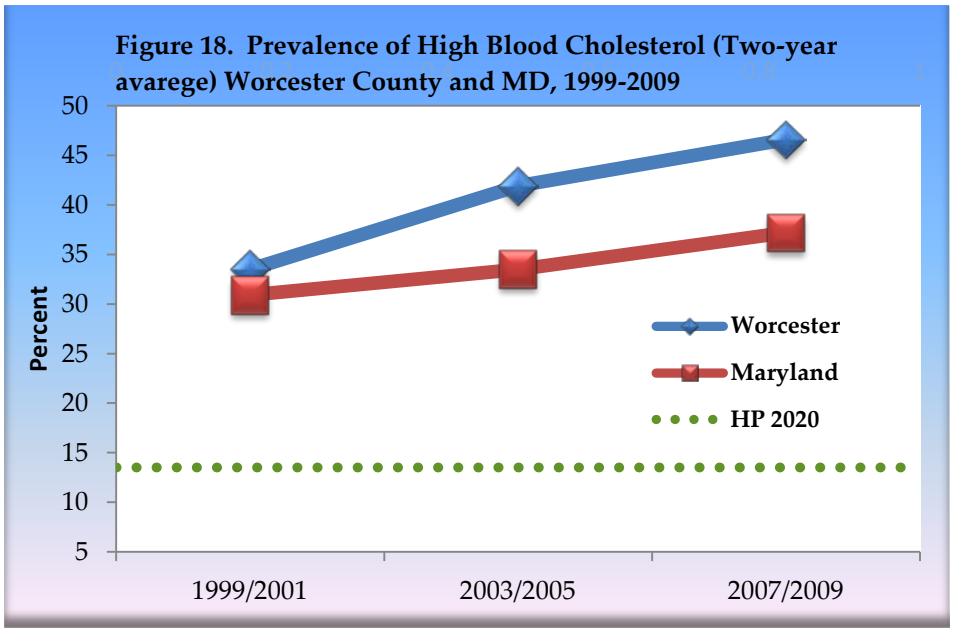

Source: BRFSS

Between 2003/2005 and 2007/2009 the prevalence of high blood pressure decreased from 41.0 to 34.9.

Among those with high blood pressure, the percentage who were taking medication to lower their blood pressure increased from 85.4 percent in 2003/2005 to 91.9 percent in 2007/2009.

## High Blood Cholesterol

High blood cholesterol is a major and modifiable risk factor for coronary heart disease. According to the CDC report, approximately one in every six adults—16.3 percent of the U.S. adult population—has high total cholesterol. The level defined as high total cholesterol is 240 mg/dL and above. The *Healthy People 2020* target is to reduce the proportion of adults with high total blood cholesterol level to 13.5 percent.




Source: BRFSS

Almost half of Worcester County adults 18 and older had high blood cholesterol.

In the past decade the percentage of adults with high blood cholesterol increased by 39 percent.

In 2007/2009, among adults with high cholesterol 52.6 percent were obese or overweight.

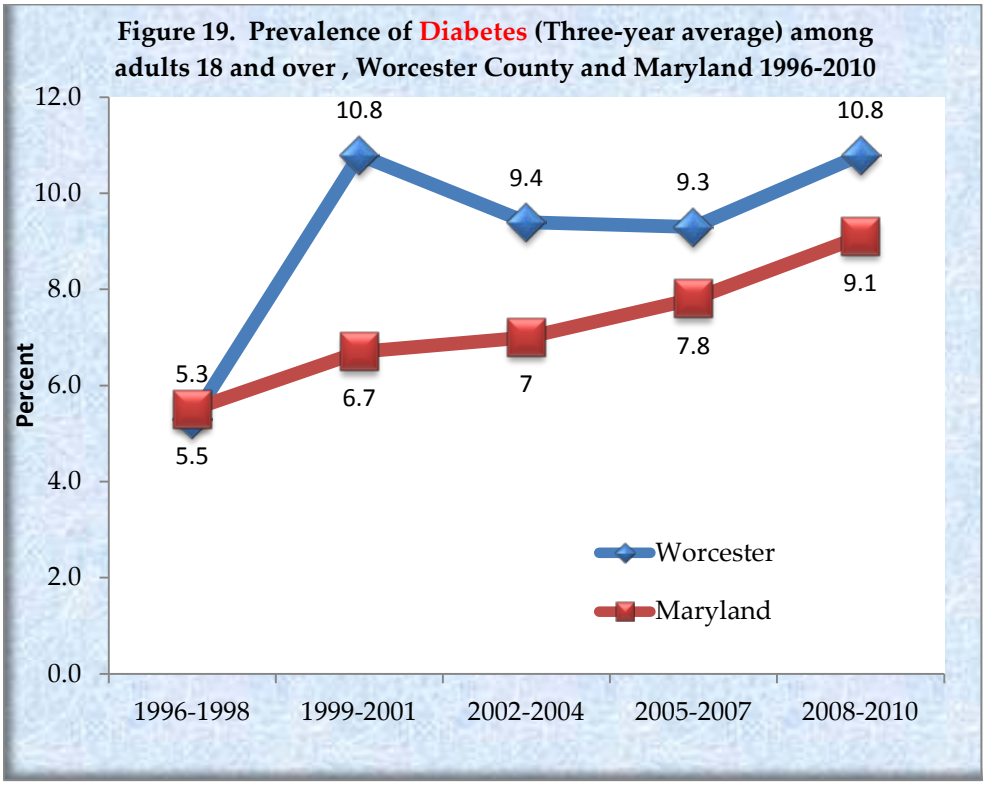
## Diabetes Mellitus (DM)

Diabetes Mellitus (DM) affects an estimated 23.6 million people in the United States. In 2010, among U.S. residents aged 65 years and older, 10.9 million, or 26.9 percent had diabetes and about 1.9 million people aged 20 years and older were newly diagnosed with diabetes (Source: CDC).

Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputation, and new cases of blindness among adults. It is also a major cause of heart disease and stroke and the 7th leading cause of death in United States.

In Worcester County, an estimated 5,608 or 10.9 percent adults 18 and older reported they were told by a doctor or health professional that they had diabetes. Among those, 22 percent are 65

years and older. This number does not include pre-diabetes or women who were diagnosed while pregnant (gestational diabetes).



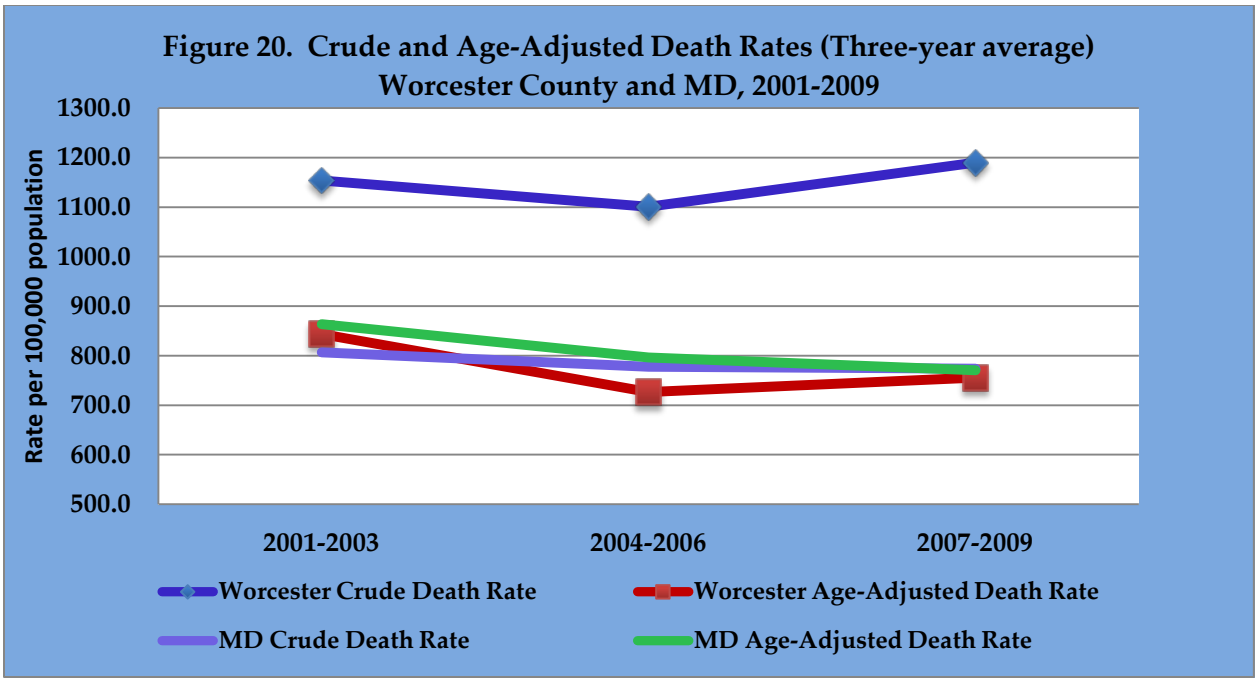

Source: BRFSS

The diabetes rate among Worcester County adults 18 years and older declined between 1999-2001 and 2000-2007, but in 2008-2010 the rate began to rise.

## V. Mortality

The trend for crude death rates in Worcester County was higher than the Maryland rates. However, the crude death rates are influenced by the distribution of the population. When the data were age adjusted to account for the difference in the population, the rates for Worcester County were lower than the state. The rates are adjusted to the 2000 United States standard population.

From 2001-2003 to 2004-2006, the average age adjusted death rate for Worcester County declined significantly from 842.7 to 726.3 per 100,000 population then increased by 4 percent in 2007-2009 (Figure 20).




Source: Maryland Vital Statistics Administration

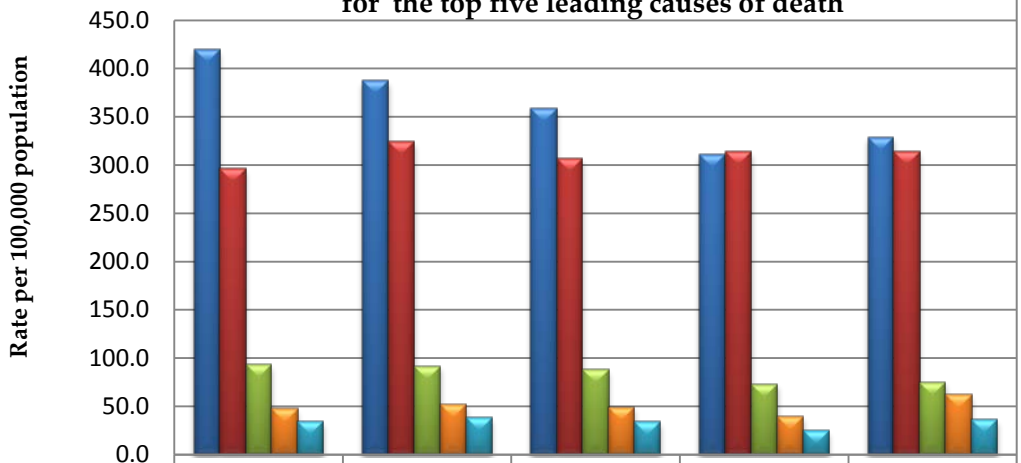
**Table 6. Leading Causes of Death in Worcester County, MD 2007-2009 (Three-year average)**

| Rank | Causes of Death | Number of Deaths |
|---|---|---|
| 1 | Heart disease | 487 |
| 2 | Malignant neoplasms | 466 |
| 3 | Major non-cardiac vascular diseases | 112 |
| 4 | Chronic lower respiratory diseases | 93 |
| 5 | Accidents | 54 |
| 6 | Diabetes mellitus | 50 |
| 7 | Alzheimers disease | 43 |
| 8 | Nephritis, nephrotic syndrome, and nephrosis | 38 |
| 9 | Septicemia | 34 |
| 10 | Influenza and pneumonia | 33 |
| | All other causes | 348 |
| | Total | 1758 |

Source: Maryland Vital Statistics Administration

The 10 leading causes of death accounted for about 80 percent of all deaths occurring in Worcester County between 2007 and 2009. The top two causes, heart disease and malignant neoplasms, accounted for more than 50 percent of all deaths in between 2007 and 2009. The rank order for the top four causes remains unchanged from 2001-2003 (Table 6).

**Figure 21. Crude Death Rate (Three-year average) for the top five leading causes of death**




| | 1995-1997 | 1998-2000 | 2001-2003 | 2004-2006 | 2007-2009 |
|---|---|---|---|---|---|
| Heart Disease | 420.4 | 388.1 | 359.6 | 311.1 | 329.6 |
| Malignant Neoplasms | 297.0 | 325.0 | 306.8 | 314.5 | 315.4 |
| Major Non-Cardiac Vascular Diseases | 93.3 | 92.3 | 88.3 | 73.7 | 75.8 |
| Chronic Lower Respiratory Diseases | 47.9 | 52.5 | 50.0 | 40.2 | 62.9 |
| Accidents | 34.9 | 39.0 | 34.2 | 25.2 | 36.5 |

Source: Maryland Vital Statistics Administration

Years of Potential Life Lost to 75 (YPLL-75), measures the relative impact of premature deaths on the community by counting the number of years that a person's life was cut short by a premature death (for persons under 75 years of age). This indicator helps illuminate causes of death to younger individuals whose lives could have been extended by prevention activities. The younger the decedent is, the greater the measured impact. Along with chronic disease, accidental deaths and infant mortality also cause significant loss of potential life. Between 2007-2009, the top three causes of death affecting the total population YPLL -75 rate were cancer, heart disease and accidents. These three combined accounted for 60 percent of the total YPLL -75 rate (Table 7).

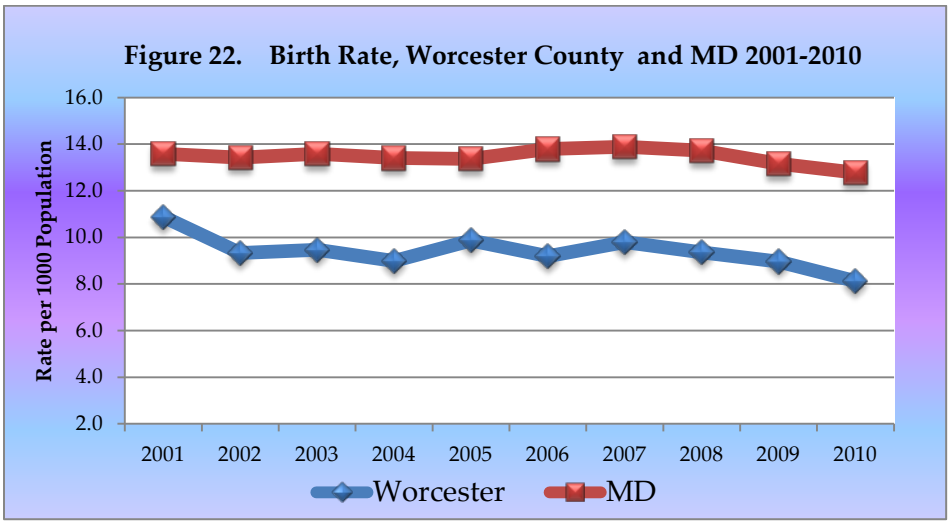
| Table 7. Years of potential life lost (YPLL) before age 75 per 100,000 population , Worcester County 2007-2009 (Three-year average) | | |
|---|---|---|
| **Rank** | **Causes of Death** | **YPLL** |
| 1 | Malignant neoplasm | 2327.0 |
| 2 | Heart disease | 1777.3 |
| 3 | Accidents | 1027.5 |
| 4 | Suicide | 365.2 |
| 5 | Major non-cardiac vascular disease | 333.8 |
| 6 | Perinatal conditions | 282.3 |
| 7 | Chronic lower respiratory disease | 196.6 |
| 8 | Diabetes mellitus | 170.1 |
| 9 | Septicemia | 153.4 |
| 10 | Nephritis, Nephritic syndrome, and nephritis | 111.4 |

Source: Maryland Vital Statistics Administration

# VI. Maternal and Child Health

### Birth and Fertility Rate

In 2010, a total of 418 births were registered in Worcester County, which was the lowest number in ten years. There were 103 less births in 2010 than there were in 2001.

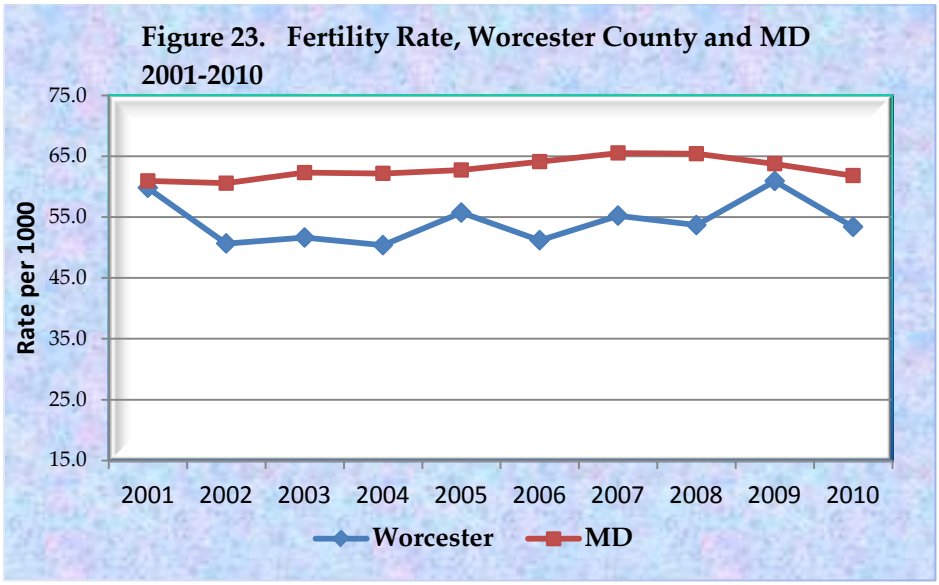



The birth rate has been steadily declining since 2007.

The birth rate in 2010 was 8.1 live births per 1000 total population, which is 25.6 percent lower than the 2001 rate and 10 percent lower than the 2009 rate.

The county has persistently lower birth rates than the state.

Source: Maryland Vital Statistics Administration



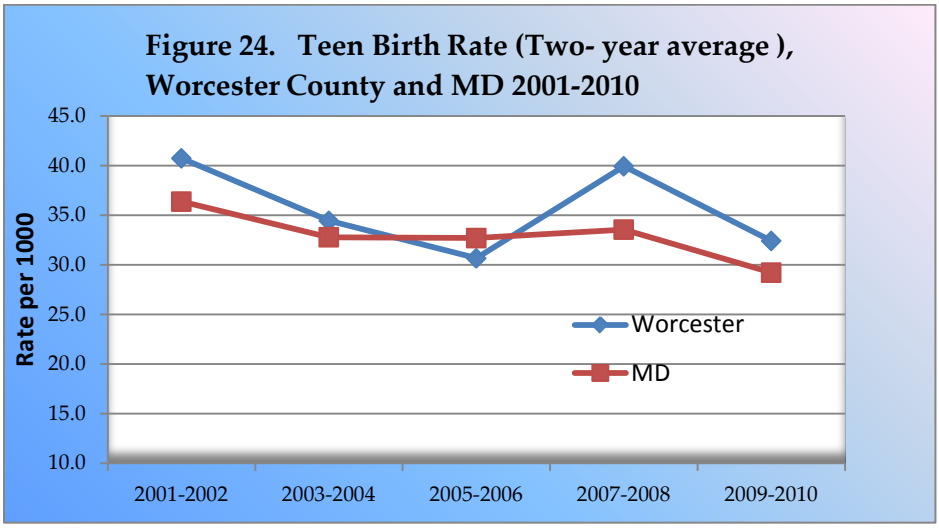

The fertility rate in 2010 was 53.4 live births per 1000 women of childbearing age (15-44 years ), 12.4 percent lower than 2009 (60.9).

Source: Maryland Vital Statistics Administration

**Teen Birth**

Teenage birth rate is defined as the number of births to women aged 15-19 (or teenage subgroup) per 1,000 women aged 15-19 (or teenage subgroup). Births to teenagers are at higher risk of low birthweight and preterm birth, and death in infancy, compared with babies born to women in their 20s and older.

Between 2009 and 2010, nearly 10 percent of all births were to teen mothers. Of those, 23.8 percent of the births were to mothers between 15-17 years of age.



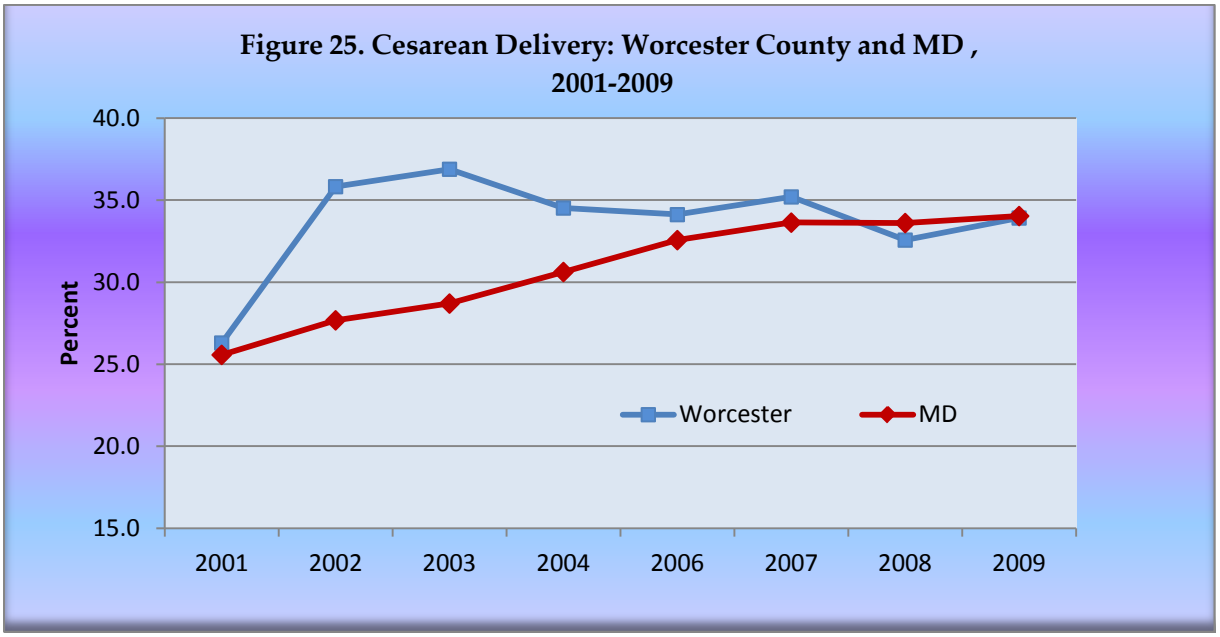

The average two-year teen birth rate declined from 40.7 births for every 1,000 teens in 2001-2002 to 32.4 in 2009-2010, however the rate remains higher than the state. The steady decline was interrupted by a brief increase in 2007.

Source: Maryland Vital Statistics Administration

**Medical Service Utilization**

In 2009, 83.9 percent pregnant Worcester women initiated prenatal care in the first trimester compared to 80.1 percent for the state overall rate. These rates are similar to the rates in 2008 (83.1 and 80.2 percent). Prenatal care (PNC) utilization is one of the most important indicators used to evaluate the effectiveness of maternal and child health programs.

Worcester County's 2009 cesarean delivery rate of 33.9 percent is slightly below the state rate (34 percent) and higher than the 2009 national rate (32.9 percent). In Worcester County between 2001 and 2009, the highest cesarean rate was reported in 2003 (36.9 percent), which was 40 percent higher than the 2001 rate (26.3 percent) (Figure 25).

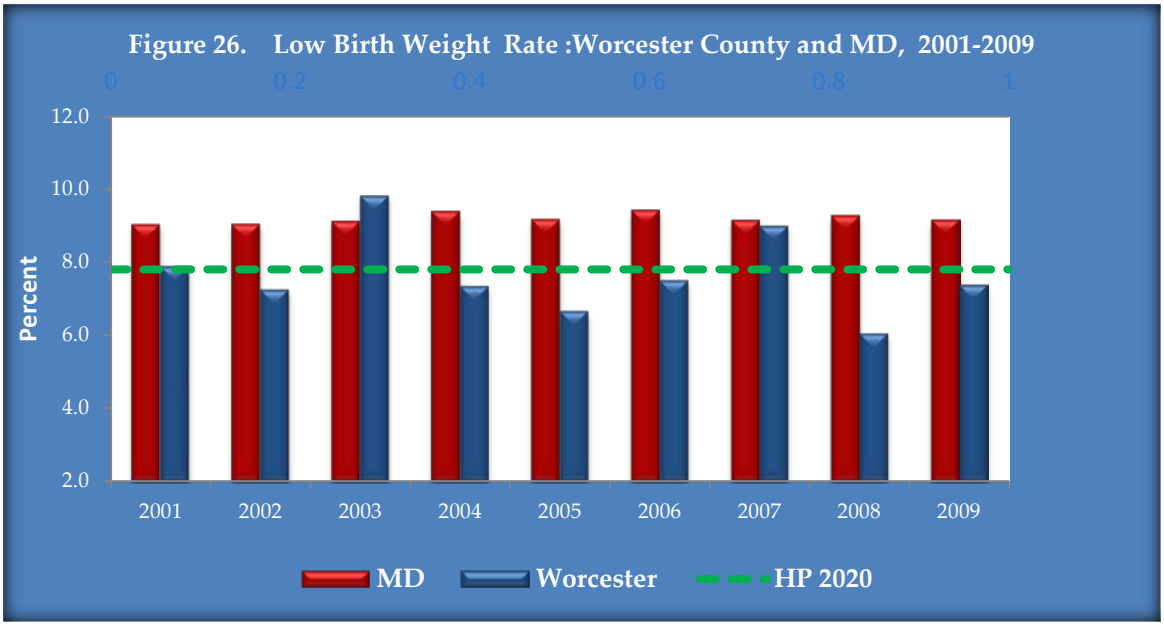



Source: Maryland Vital Statistics Administration

**Low Birthweight & Preterm Birth**

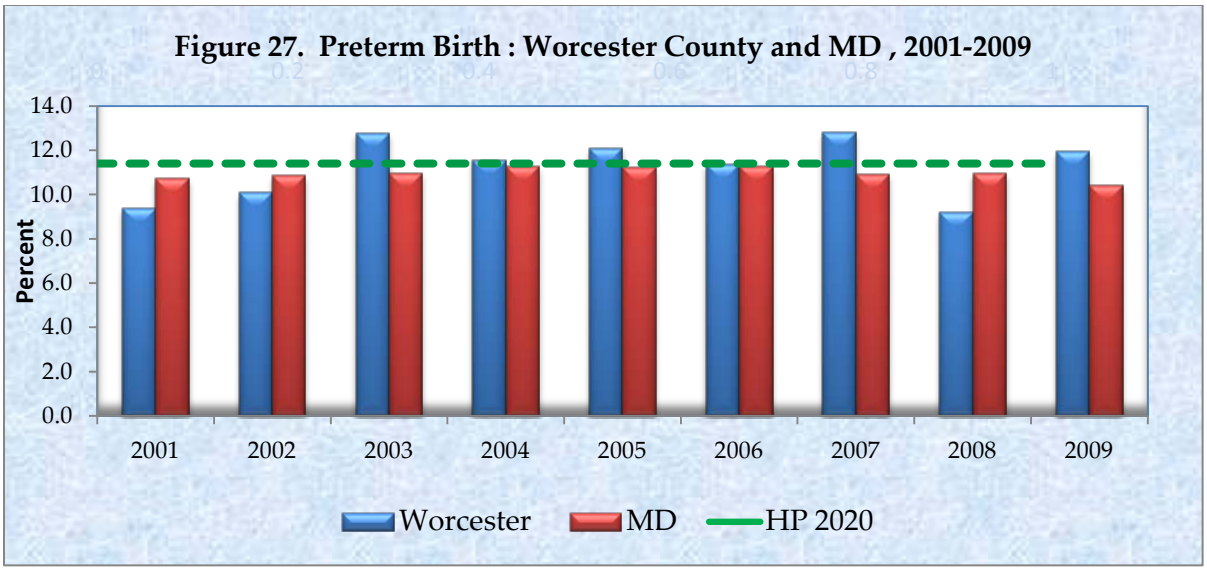
Low birth weight (LBW) and preterm birth are very important birth outcome indicators. Infants who are born LBW and preterm have increased rates of morbidity and mortality. In Worcester County between 2001 and 2009 time periods, on average 7.7 percent and 11.2 percent of all infants delivered were low birth weight and preterm, respectively. The *Healthy People 2020* goal is to reduce the percentage of LBW annually to 7.8 percent.

The percentage of LBW infants (less than 2,500 grams or 5.5 pounds) was 7.4 percent in 2009, which was higher than it was in 2008 (6.1percent). This change follows after a decline in LBW in 2008 from 2007 by 32 percent. The highest percentage of LBW infants was recorded in 2003 (9.8 percent) and the lowest was in 2008 (Figure 26).



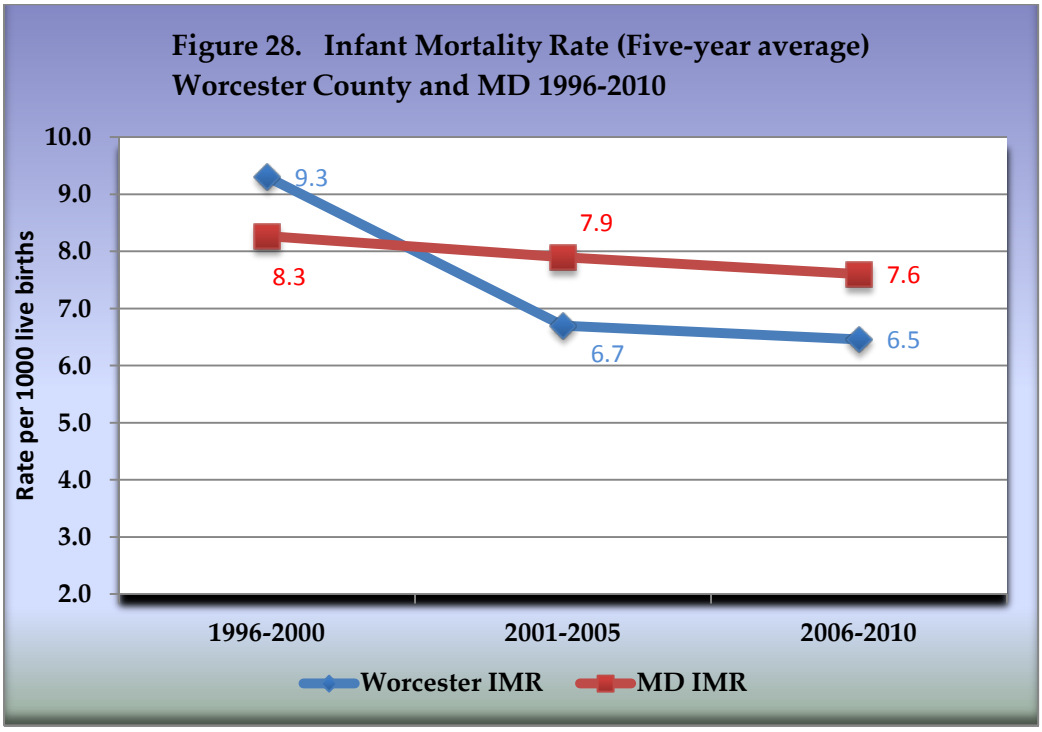

Source: Maryland Vital Statistics Administration

Preterm birth refers to the birth of an infant less than 37 completed weeks of gestation. In 2009, Worcester County's preterm birth rate increased by 30 percent (from 9.2 percent in 2008 to 12.0 percent in 2009) and was higher than the state rate (12.0 percent vs. 10.4percent). The *Healthy People 2020* target is to reduce preterm birth rate to 11.4 percent (Figure 27).




Source: Maryland Vital Statistics Administration

**Infant Mortality,** the risk of death during the first year of life, is related to the underlying health of the mother, socioeconomic condition, and availability and use of health care for infants and pregnant women.




Between 1996 and 2010 infant mortality in Worcester County declined by more than 30 percent.

Source: Maryland Vital Statistics Administration

# VII. Communicable Disease

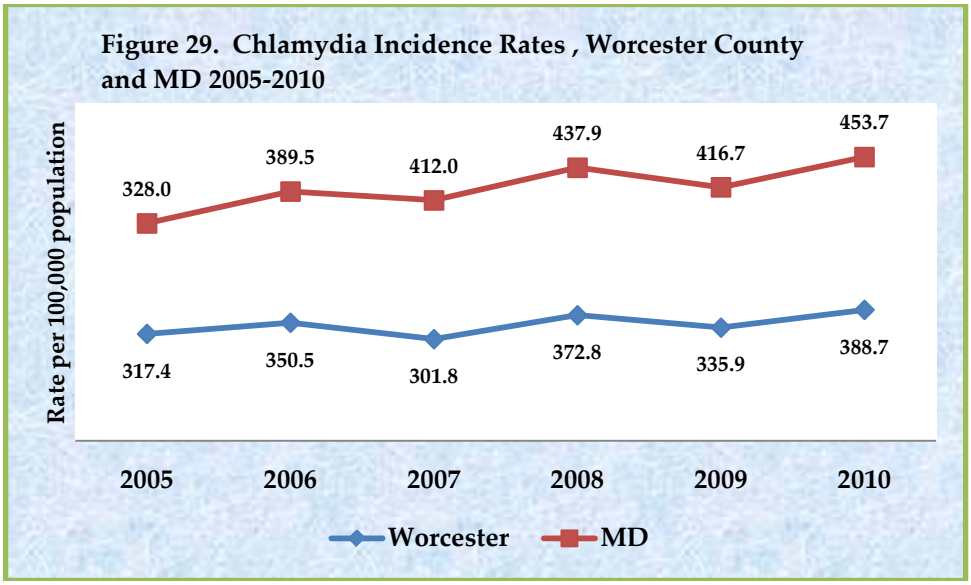
There are over 90 known diseases and conditions that are reported to and tracked by the Maryland Department of Health and Mental Hygiene. These include food-borne outbreaks, insect-carried arboviruses, sexually transmitted diseases (STDs), tuberculosis, and many others.

**Chlamydia and Gonorrhea**

Chlamydia and gonorrhea are the two most commonly reported notifiable infectious diseases in the state and overall in the United States. There were 26,192 Chlamydia cases and 7,413 cases of Gonorrhea were reported to the state health department in 2010.

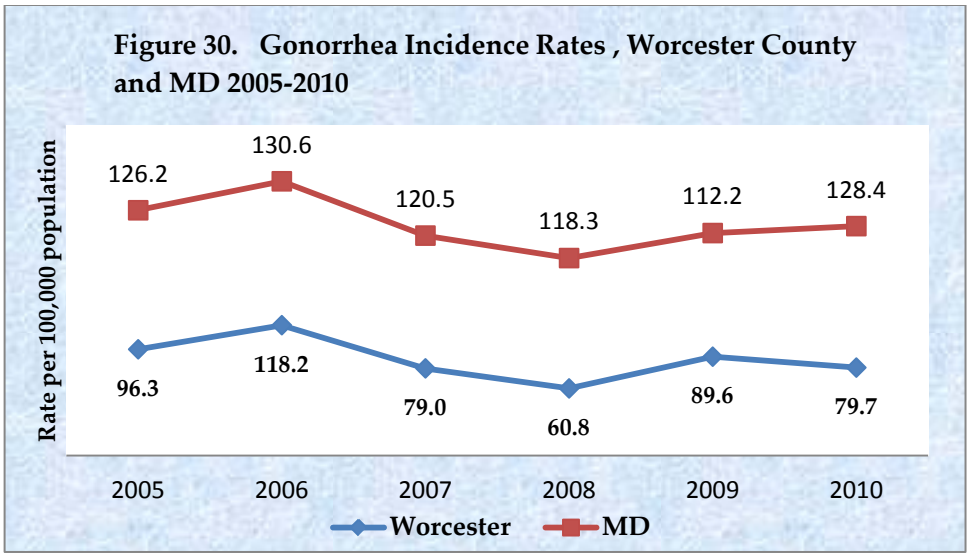
In Worcester County, there were 200 cases of Chlamydia reported in 2010. This case count corresponds to a rate of 388.7 cases per 100,000 population, an increase of 15 percent compared with the rate on 2009 but still lower than the state rate (453.7). Like the state and the national trend the case reports have been increasing steadily over the past 20 years, which might be due to expanded screening efforts, and not to an actual increase in the number of people with chlamydia. The 2005 rate (317.4 per 100,000 population) was 22 percent lower than the 2010 rate (Figure 29).

**Figure 29. Chlamydia Incidence Rates , Worcester County and MD 2005-2010**




**Source:** Maryland Department of Health and Mental Hygiene

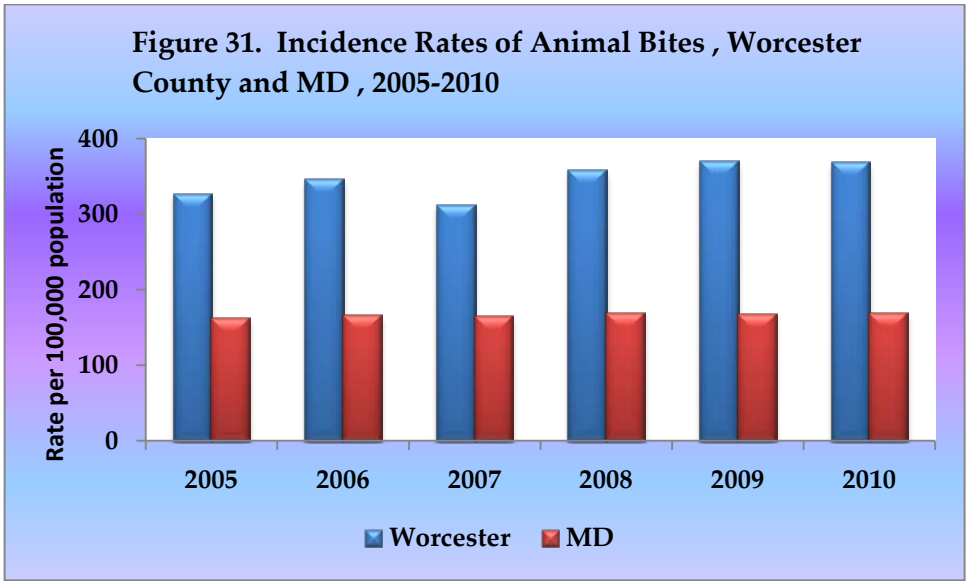
Worcester County had nearly 80 cases of gonorrhea per 100,000 in 2010 which was significantly lower than the rate for the state (128.4). However, the rate increased by 31percent from the 2008 rate which was 60.8 per 100,000 population (Figure 30).




**Source:** Maryland Department of Health and Mental Hygiene

### Animal Bites

Animal bites are the second most common notifiable condition next to chlamydia in Worcester County. The most feared complication of an animal bite is rabies, although skin infection is the most common complication. Some bite wounds can be serious, causing injury and permanent disability. In 2010, there were 190 cases of animal bites reported to the health department, corresponding to 369.3 cases per 100,000 population, which is similar to the previous year rate (370 cases per 100,000 in 2009) but much higher than the overall state rate (168.6 per 100,000 population) (Figure 31).




**Source:** Maryland Department of Health and Mental Hygiene

**HIV/AIDS**

Maryland ranks 19th among 50 states and the District of Columbia in total population, in 2009 Maryland was 9th in cumulative number of AIDS cases (36,313 through December 31, 2009) and 4th among U.S. states and territories in estimated AIDS diagnosis rate (19.9 diagnosis per 100,000 population during 2009).

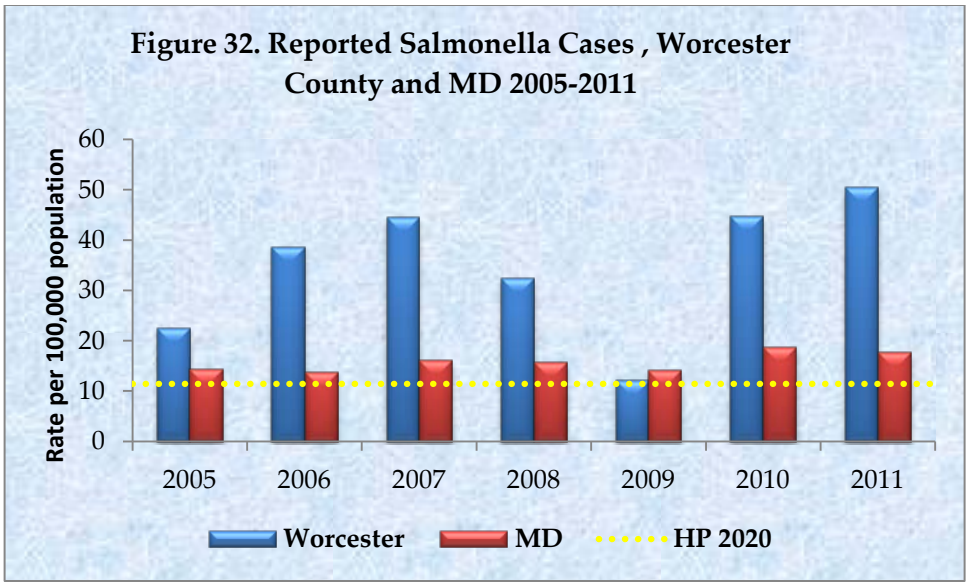
In 2009, there were less than four new diagnoses of HIV in Worcester County. As of June 30, 2010, there are a total of 79 adult/adolescents age 13+ older living HIV cases with or without AIDS reported with the estimated rate of 175.6 per 100,000 populations (The estimated rate for the state is 603.8 per 100,000 population).

**Salmonellosis**

Salmonellosis is an infection caused by bacteria called *Salmonella*. Most persons infected with *Salmonella* develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts four to seven days, and most persons recover without treatment. However, in some persons, the diarrhea may be so severe that the patient needs to be hospitalized.

During the past two years the number of salmonellosis reported cases in Worcester County has increased from six in 2009 to 23 in 2010 and 26 in 2011. The rate per 100,000 population increased from 12.2 in 2009 to 44.7 and 50.7 in 2010 and 2011 respectively (Figure 32).

In 2011, 38 percent of the reported cases were among individuals over 64 years of age. Majority (77 percent) of the cases had onset during the summer season (June to September). None of the cases had common source of exposure and cannot be linked to restaurants and retail food environment.




Source: Maryland Infectious Disease & Environmental Health Administration

**Other Communicable Disease**

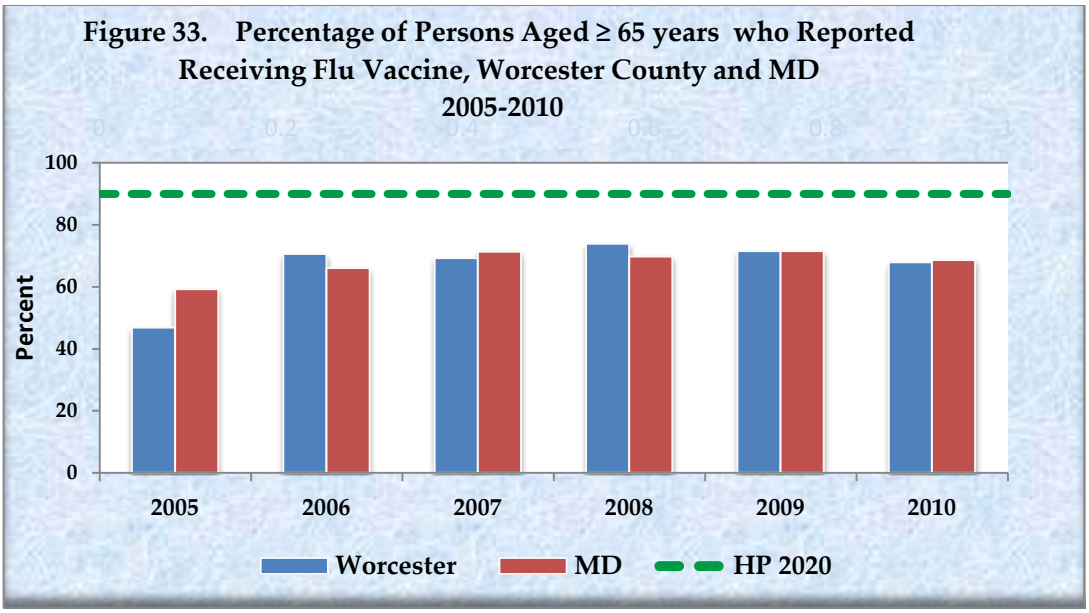
Since 2005, there were fewer than five cases of **Tuberculosis** and two cases of **Primary and Secondary Syphilis** in Worcester County.

**Influenza (Flu) and Pneumonia Immunization**

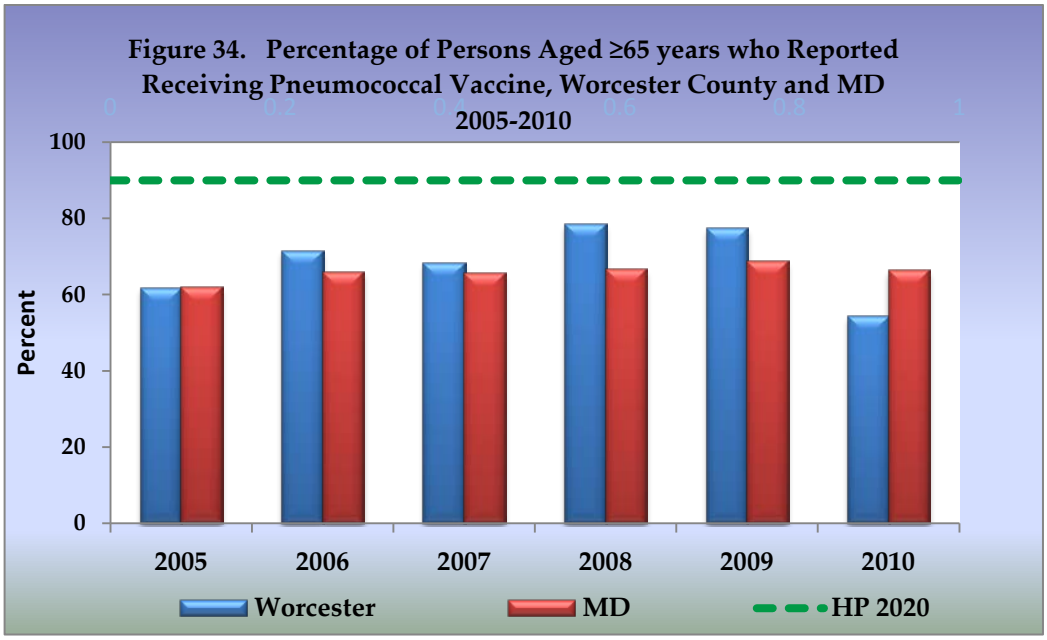
Influenza (Flu) is a contagious viral disease. Each year, on average 5 percent to 20 percent of the population gets the flu. According to the CDC, over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. Some people, such as older people, young children, pregnant women, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent seasonal flu is by getting a seasonal flu vaccination each year.

Pneumococcal bacterial pneumonia accounts for an estimated 40,000 deaths annually and is a common complication of flu. Between 2007 -2009, pneumonia and influenza ranked 10th among the ten leading causes of death in Worcester County.

The *Healthy People 2020* objective is to increase the proportion of adults aged 65 years and older who receive pneumococcal and influenza vaccination to 90 percent.




Source: BRFSS




Source: BRFSS

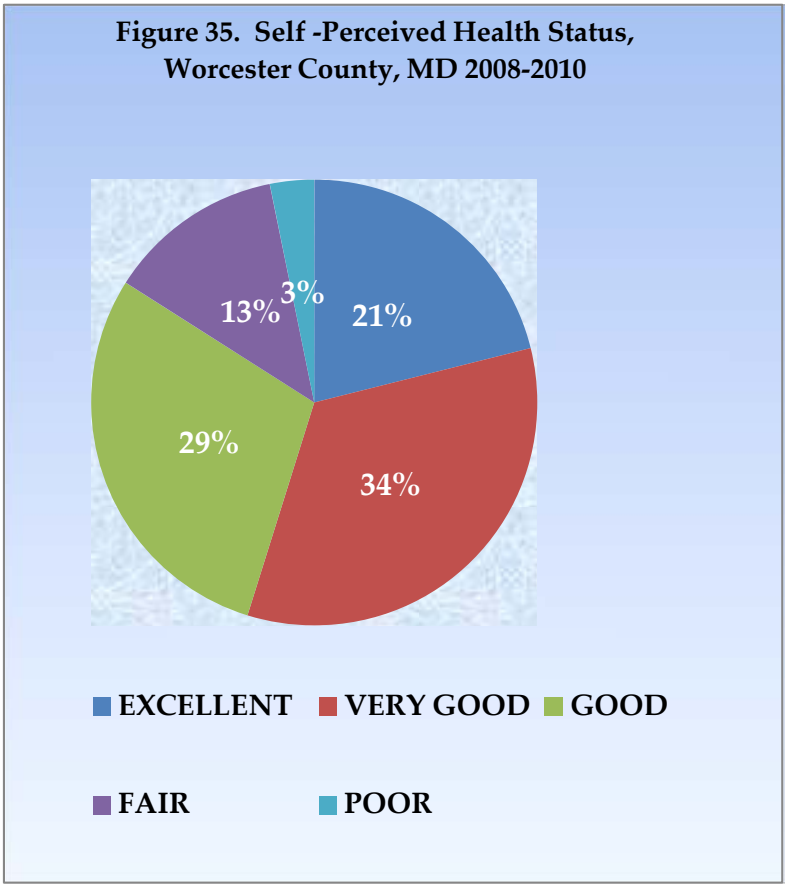
## VIII. Social and Mental Health

World Health Organization (WHO) defines health as a state of "complete **physical, mental, and social** well-being and not merely the absence of disease or infirmity." Social and mental factors directly or indirectly influence overall health status as well as individual and community quality of life.

A 1997 Institute of Medicine report outlined several indicators of a community's emotional and social well being. These include self-reported days of poor emotional mental health in the past 30 days.

In the 2008-2010 BRFSS survey, almost 69 percent of people said their physical health was good every day during the last 30 days and 68 percent said their mental health was good every day during the last 30 days. About 16 percent responded physical or mental health problems kept them from usual activities one or more days in the past 30 days.

**Figure 35. Self -Perceived Health Status, Worcester County, MD 2008-2010**




Source: BRFSS

Self-perceived health status is a subjective measure of personal health which is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor."

In the BRFSS survey, almost 84 percent of adults rated their individual health as excellent, very good or good, which is slightly lower than the state's overall rate (87 percent).

Adequate social and emotional support is associated with reduced risk of mental illness, physical illness and mortality. In BRFSS survey, when asked how often they got the social and emotional support they needed, 55 percent of adults responded 'always' and another 27.6 percent reported 'usually.' 'Never' was reported by 3.7 percent. When asked: 'in general how satisfied they were with their lives?' 97 percent reported either 'very satisfied' or 'satisfied.'

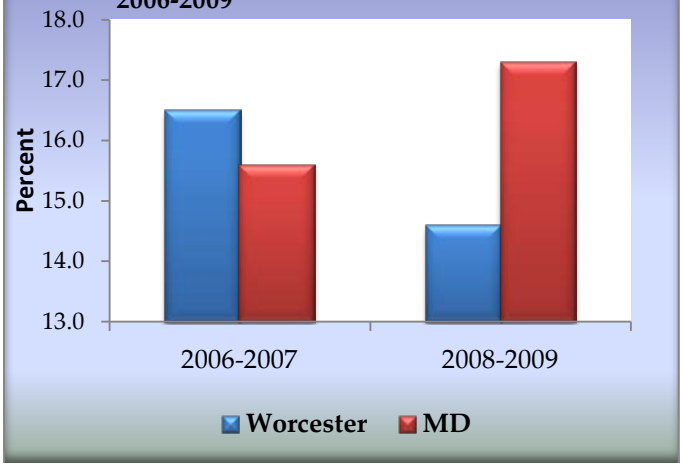
In a different locally sponsored 2009 PRC survey, the majority (88 percent) of adults in Worcester County reported that they experience good mental health "most of the time." Another 8.6 percent experienced good mental health "some of the time," and among those, 53 percent are currently taking medication or being treated by professional for a mental health problem.

**Depression and Anxiety Disorder**

Depression and anxiety disorder are the most prevalent and treatable mental health illnesses. The Behavioral Risk Factor Surveillance System (BRFSS) survey questions assess how many people are experiencing mental health issues, including lifetime diagnosis of depression and anxiety. In Worcester County, during 2006-2009 there were 8406 adults 18 and older (20 percent of 18 and over population) who reported lifetime diagnosis of anxiety or depression.

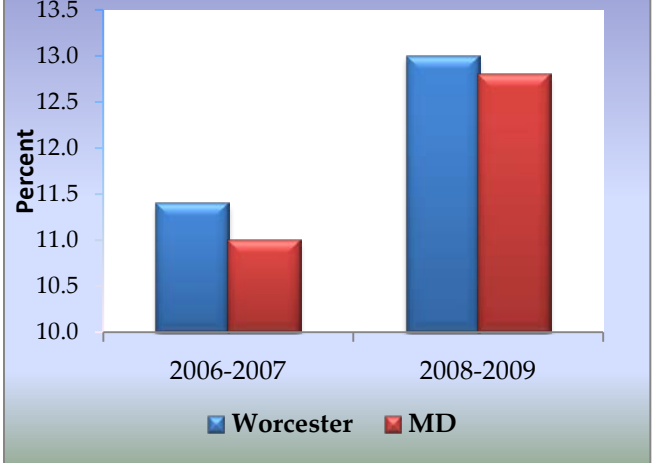
During 2008-2009, 14.6 percent of the population aged 18 and older reported they had been told by a doctor that they had a depressive disorder (lifetime diagnosis of depression). The rate is 11 percent lower than the 2006-2007 rate (16.5 percent) (Figure 36). On the other hand, the percentage of population who had been told by a doctor that they had anxiety disorder increased from 11.4 percent in 2006-2007 to 13 percent in 2008-2009 (Figure 37).

**Figure 36. Lifetime Diagnosis of Depression: Worcester County and MD 2006-2009**




Source: BRFSS

**Figure 37. Lifetime Diagnosis of Anxiety: Worcester County and MD 2006-2009**




Source: BRFSS

Women reported more lifetime diagnosis of depression than men (19.7 percent of women compared to 10.6 percent of men) and adults with lifetime diagnosis of depression were more likely than those without diagnosis to smoke, to be obese, to be physically inactive, and to binge drink (Table 8).

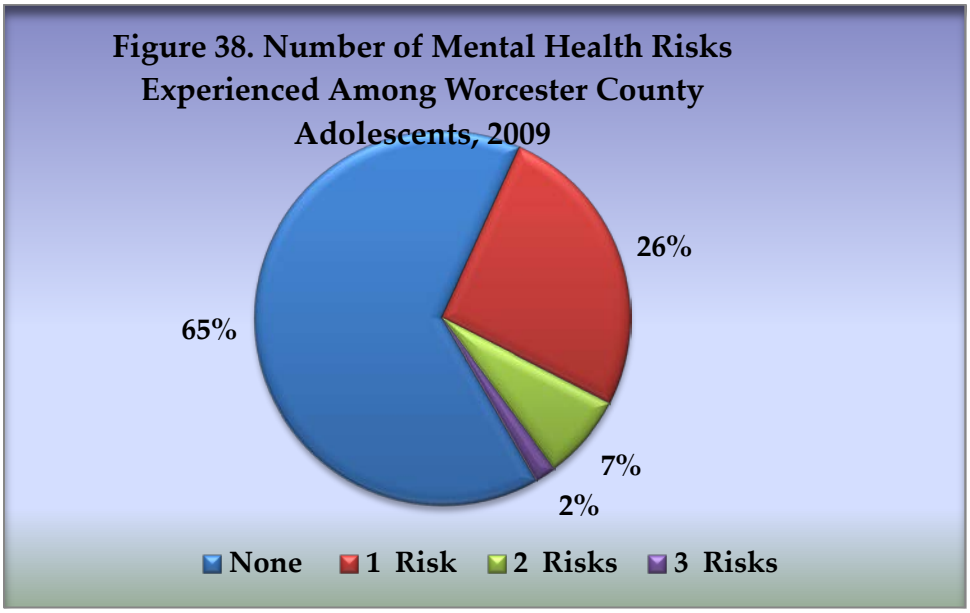
**Table 8. Prevalence of health risk behavior & chronic condition by lifetime diagnosis of depression**

| Risk Behavior /Chronic Disease | Lifetime diagnosis of Depression | Without lifetime diagnosis of depression |
|---|---|---|
| Smoking | **27.6%** | **17.0%** |
| Binge Drink | **24.6%** | **12.3%** |
| Obesity | **34.0%** | **26.5%** |
| Diabetes | **12.1%** | **10.3%** |
| Angina/Coronary disease | **16.1%** | **4.3%** |
| Stroke | **6.5%** | **2.5%** |
| No leisure time physical activity | **34.4%** | **24.8%** |

Source: BRFSS

### Suicide

According to the Centers for Disease Control, in 2008 suicide was the 10th leading cause of death in the United States, resulting in 36,035 deaths. It is the 4th leading cause of death among children aged 10-14 years , 3rd among persons aged 15-24 years , the 4th among persons aged 25–44 years, and the 8th among those aged 45–64 years.



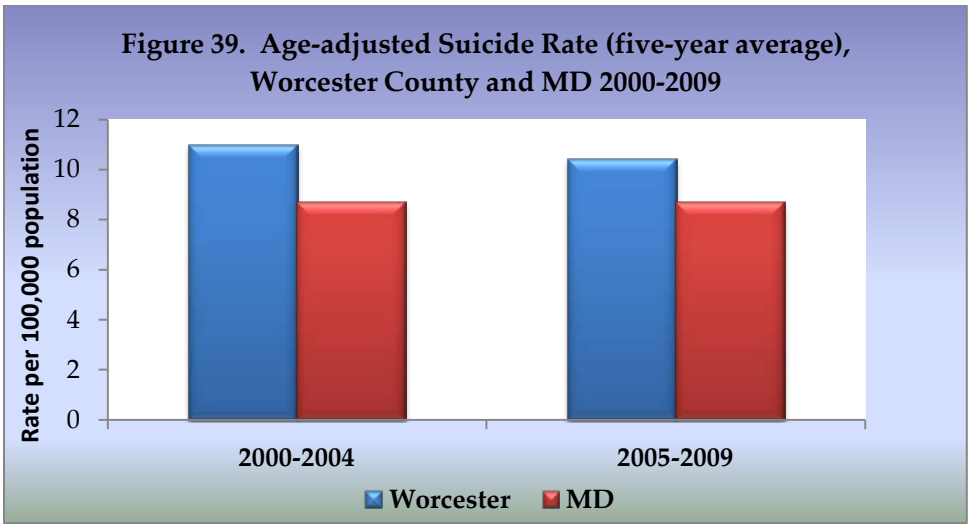

Source: PRC Community Health Survey

In 2009 PRC Survey, 35 percent of Worcester County adolescents are reported to have one or more mental health risks.

**Mental Health Risks include: Adolescent 'more often' goes against the rules; worries a 'lot', has difficulty sleeping, has had 2 weeks of depression in past year , or has no close friends or relatives to help with emotional problems/feelings.**

Studies suggest that more than two-thirds of suicide completers and suicide attempters have (mostly untreated) major depressive episodes at the time of the suicidal act. During 2005 -2009, the overall age–adjusted suicide rate in Worcester County was higher than the state (10.4 vs. 8.7 per 100,000 populations respectively) (Figure 39).

During 2007-2009, in Worcester County, suicide ranked as the fourth leading cause of years of potential life lost before age 75(YPLL-75). It accounted for 365.2 YPLL-75 or 4.3 percent of all YPLL-75. (Table 7)




Source: Maryland Vital Statistics Administration

**Alcohol Impaired Driving Fatality**

According to the MD State Highway Administration (SHA), in 2009 there were five alcohol impaired driving fatalities in Worcester County, some involving non-residents visiting the resort.

**Drug – Related Mortality**

Drug-induced deaths include all deaths for which drugs are the underlying causes, including deaths attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use.

During 2007-2009, Worcester County's drug related death rate was 26 percent above the state average (16.9 vs. 13.4 per 100,000 population).

For child/adolescent social and mental health indicators, refer to the 2009 PRC survey. The Youth Risk Behavior Survey (YRBS) is not implemented in Worcester.

**Child Abuse**

Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children.

According to the MD Department of Human Resources, in 2010 Worcester County's rate for non-fatal child maltreatment cases reported to social services was 9.5 per 1,000 children under age 18, which is nearly twice the state rate (4.7 per 1000).

**Homicide**

During the 2005-2009 periods, in Worcester County there were five deaths due to homicide.

## IX. Environmental Health Indicators

The environment is everything around us - the air we breathe, the water we drink and use, and the food we consume. Clean air and water, as well as safely prepared food, are essential to physical health. The environment is also the chemicals, radiation, microbes, and physical forces with which we come into contact. Our interactions with the environment are complex and are not always healthy. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Further, unintentional home- workplace- or recreational injuries affect all age groups and may result in premature disability or mortality. The physical environment directly impacts health and quality of life.

Maryland Department of the Environment (MDE) oversees outside air quality, clean drinking water and waste handling. In Worcester the local arm of this department is housed with Planning and Permitting.

The Worcester County Health Department Environmental Health Program provides licensing, inspection, training, and enforcement functions in areas related to food service, swimming pools and spas, animal bites and rabies, and other aspects of environmental health that may affect community health and safety. The program is also responsible for foodborne illness outbreak investigation, food related training and certification classes, body piercing establishment permitting and environmental health surveys for foster care and adoption.

**Air Quality**

Under the Clean Air Act, EPA establishes air quality standards to protect public health and the environment. EPA has set national air quality standards for six common air pollutants. These include: carbon monoxide, ozone, lead, nitrogen dioxide, particulate matter (also known as particle pollution), and sulfur dioxide. Of the six pollutants, particle pollution and ground-level ozone are the most widespread health threats.

The EPA has developed the Air Quality Index (AQI) for reporting daily air quality. The AQI tells how clean or unhealthy the air is, and what associated health effects might be a concern. To make it easier to understand, the AQI is divided into six categories and each category assigned a color code (Table 9). AQI value of 50 represents good air quality with little or no potential to affect public health while an AQI value over 300 represents air quality hazardous that everyone may experience serious effects.

Table 9. Air Quality Index Value

| Air Quality Index (AQI) Value | Level of Health Concern | Color Code |
|---|---|---|
| 0-50 | Good | Green |
| 51-100 | Moderate | Yellow |
| 101-150 | Unhealthy for sensitive group | Orange |
| 151-200 | Unhealthy | Red |
| 201-300 | Very Unhealthy | Purple |
| 301-500 | Hazardous | Maroon |

Source: U.S. EPA

AQI is an indicator of overall air quality. It includes all available pollutant measurements. However many areas have monitoring stations for some, but not all, of the pollutants. Table 10 shows a yearly summary of the qualitative measures for Worcester County.

**Table 10. Worcester County, MD Air Quality Index (AQI) Report**

| Year | *Number of Days with AQI | Good | Moderate | Unhealthy for Sensitive Groups | Unhealthy | Very Unhealthy |
|---|---|---|---|---|---|---|
| 2007 | 155 | 119 | 33 | 2 | 1 | 0 |
| 2008 | 161 | 123 | 35 | 3 | 0 | 0 |
| 2009 | 155 | 150 | 5 | 0 | 0 | 0 |
| 2010 | 176 | 145 | 28 | 2 | 1 | 0 |
| | | | | | | |

**Source: U.S. EPA AirData <*http://www.epa.gov/airdata*>**

*Number of days in the year having an Air Quality Index value. This is the number of days in a given year on which measurements from any monitoring site in the county were reported to the AQS database

The MDE oversees air pollution monitoring, planning, and control programs to improve and maintain air quality and a radiation control program to protect the public from unnecessary exposure to radiation from medical equipment and other devices, in conformance with federal and state law.

**Water Quality**

Worcester County lies within two watersheds, the Pocomoke River that flows into the Chesapeake Bay and the coastal bays adjacent to the Atlantic Ocean. The Pocomoke River and Nassawango Creek, a tributary, provide links to natural, historical, and recreational resources. The Pocomoke River and Nassawango Creek also offer opportunities for active and passive recreational use, water quality enhancement, and wildlife habitat.

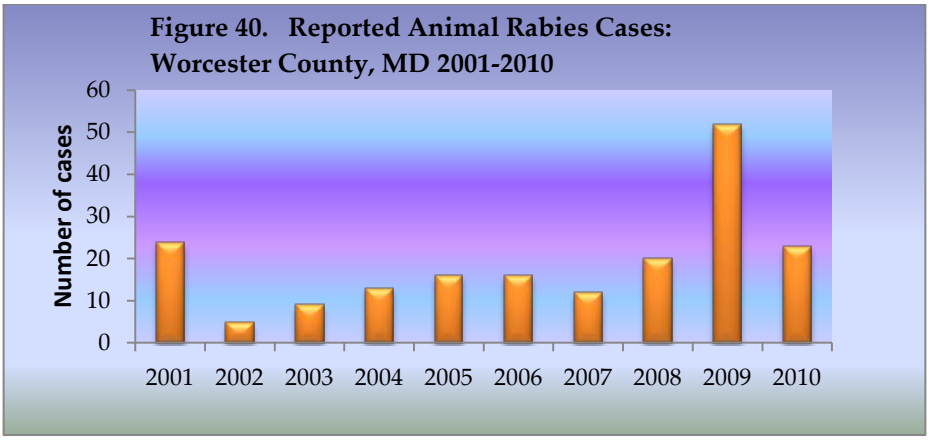
Worcester County's water supply relies entirely on local groundwater resources to support household, industrial, and commercial uses. This includes washing clothes, cars, and boats as well as irrigating golf courses, residential yards, and farmland. Worcester County has an abundance of sand and gravel aquifers that yield large quantities of good quality groundwater. High iron content is the most common drinking water quality problem in the county, but this presents no health hazard.

Along with local permits for wells and waste treatment by individuals, the Water & Wastewater Division of Worcester County Department of Public Works is responsible for the provision of the safest possible drinking water to the county residents.

There are 19 community water systems: four municipalities, six County-owned systems, six mobile home parks, and three systems serving apartment complexes. There are 41 non-transient non-community water systems that serve a variety of large non-residential uses. Depending on their location, these water systems may use the shallow Pleistocene Aquifer or the deeper confined aquifers. Many of these water systems have multiple wells.

**Animal Rabies**

Rabies is a deadly virus that infects animals and can be a risk to humans as well. A bite or scratch from an infected animal can spread this deadly viral disease from animal –to- animal or animal to person.




Source: Maryland Infectious Disease & Environmental Health Administration

In 2010 in Worcester County, there were 26 animal rabies cases, much lower than 2009, but still representing an increase over historical average of 10-15 rabid animals per year. In 2009, there were 52 animal rabies cases reported which was the highest number of cases in several years (Figure 41). By comparison, there were 20 cases in 2008; 11 in 2007; 16 in 2006; and 16 in 2005. The most commonly reported rabid animals in Worcester County include raccoons, foxes, skunks, and bats.

**Built Environment**

The built environment refers to human-made resources and infrastructure designed to support human activity, such as buildings, roads, parks, restaurants, grocery stores and other amenities. Studies show that built environment can have a positive and a negative influence on the health of community residents. These include accessibility, availability and affordability of healthy food and access to recreational facilities.

Nationally the *County Health Rankings* uses three measures to capture the built environment using the U.S. Department of Agriculture Food Environment Atlas: access to healthy foods, fast food restaurants and access to recreational facilities. Limited access to healthy foods measures the proportion of the population who are both living in poverty and do not live close to a grocery store, fast food restaurants measure the proportion of restaurants in a county that are fast food establishments and access to recreational facilities measures the number of recreational facilities per 100,000 population.

Table 11. Measures of Built Environment

| | Worcester County | Maryland | National bench mark |
|---|---|---|---|
| **Fast food restaurant-2009** | 35% | 59% | 25% |
| **Limited access to healthy food-2006** | 0% | 0% | 4% |
| **Access to recreational facilities-2009 (per 100,000 population)** | 16 | 12 | 16 |

Source: County Health Ranking

Table 11 shows the three measures for the county comparing to the state and national benchmarks. Worcester County has better measures than the state in all three. However, the measures do not take into account the seasonal variation. Ocean City and the surrounding region is a recreational resort area. Much of the area resources and infrastructure operates in full capacity only during peak season and accommodates both the year-round and seasonal visitor populations.

## Conclusion

This report is part of the overall community health improvement process. It provides information on wide range of health indicators that helps understand the community health status in relation to the state and national objectives.

The processes used are based on best practices; involve a broad set of both indicators and members/sectors of the county; and reflects new standards in Public Health. The document will now be used to develop a *Community Health Improvement Plan/Process* (CHIP). The CHIP is also defined in public health standards. Plans include linking indicators and promising practices of Worcester's CHIP with the Maryland State Health Improvement Plan (SHIP).

The public and health system partners are encouraged to use this report. Please cite original source of the data "as reported in the Worcester Community Health Assessment, 2012". Lastly, please let us know about your experiences with this CHA.

## List of Tables



## List of Figures

**References**


1. Worcester Health Department web site : http://worcesterhealth.org
2. Worcester County Report Card 2012: http://worcesterhealth.info/files/ReportCard2012_Mar262012.pdf
3. Tri-County Health Improvement Plan: http://worcesterhealth.info/files/T-CHIP%20version%2011-29-11.pdf
4. Worcester County Network of Care web site : http://worcester.md.networkofcare.org/ph/index.aspx
5. 2009 PRC Community Health Survey : http://wchdtestsite.worcesterhealth.info/files/2009%20Tri-County%20Community%20Health%20Assessment%20REPORT.pdf
6. Maryland Behavioral Risk Factor Surveillance System web site : http://www.marylandbrfss.org
7. Maryland State Health Improvement Process web site : http://dhmh.maryland.gov/ship
8. Maryland Vital Statistics Administration web site : http://dhmh.maryland.gov/vsa
9. Healthy People 2020 web site : www.healthypeople.gov/
10. CDC -Chronic Disease Prevention and Health Promotion web site : http://www.cdc.gov/chronicdisease/index.htm
11. CDC- Nutrition, Physical Activity and Obesity web site : http://www.cdc.gov/nccdphp/dnpao/index.html
12. CDC- Seasonal Influenza(Flu) : www.**cdc**.gov/**flu**/
13. HRSA- Health Professional Shortage Areas web site: http://hpsafind.hrsa.gov/
14. US Environmental Protection Agency AirData web site : http://www.epa.gov/airdata/
15. The National Center for Charitable Statistics (NCCS) web site: http://nccs.urban.org/about/index.cfm

## Appendix A: Assessment Processes

### Major Differences Between *CHA 2012* and Earlier Assessments

This *Community Health Assessment 2012* (CHA) is the first one published by the Worcester County Health Department using the national standards put forth by the Public Health Accreditation Board. There are some important differences between the *CHA 2012* and its shortened *2012 Report Card* compared to prior ones.

1. Most of the prevalence estimates for chronic disease, health risk factors, and risk behaviors are now from the *Behavioral Risk Factor Surveillance System* (BRFSS).
   a. Our community partners may want to use the *2009 Professional Research Consultants, Inc.* (PRC) *Tri County Community Health Assessment* for trend data on specific indicators used before. Please find *2009 PRC Report* on Worcester County Health website www.worcesterhealth.org/records-menu/community-health-data-menu.
   b. For other BRFSS based indicators select "Healthy Communities" at: worcester.md.networkofcare.org. Please call with any questions you have related to this data, ask for Planning at (410) 632-1100. Some indicators, like per capita annual alcohol use, need to be interpreted carefully as resort purchases are included.

2. The *2012 Report Card* is taken from this more comprehensive *Community Health Assessment 2012*. It distills the indicators our community partners may wish to use to develop new projects and evaluate success of existing projects. The items in the *2012 Report Card* were also chosen as they relate to the priorities identified for the *Community Health Improvement Plan* (CHIP).

3. The Maryland Department of Health and Mental Hygiene (DHMH) initiated assessment and improvement activities based on the new public health standards. DHMH has analyzed health data and used a broad group as advisory to the development of a *State Health Improvement Plan/Process* (SHIP). All jurisdictions are being asked to link local activities to the SHIP. For SHIP Framework go to: www.dhmh.maryland.gov/ship/SitePages/home.aspx. Included is a Health Disparities SHIP covering minority health indicators.

4. The processes used to complete the CHA have been changed to reflect national standards for public health.

**Timeline for Developing 2012 CHA**

**Actual Milestone Dates**

| Activities and Groups Involved | Worcester | Tri-County |
|---|---|---|
| Prepare for comprehensive health assessment: Tri-County Task Force coordinated by Worcester, advised by Worcester County Health Planning Advisory Council (WCHPAC) and Tri-County Health Planning Board | 2009-2010 | 2009-2010 |
| Comprehensive survey by Professional Research Consultants Inc.(PRC) | Nov.- Dec. 2009 | Nov.- Dec. 2009 |
| Demographics and Vital Statistics updates | 2009-2010 | |
| PRC Survey final report presented to Tri-County Health Planning Board and three hospitals | | Jan 27, 2010 |
| Public review of PRC-based data:<br>• Worcester County Health Department program directors,<br>• Staff,<br>• WCHPAC,<br>• Program specific advisory councils and boards,<br>• Public Health Community Leadership Conference | <br>Feb. 2010<br>Feb-Mar 2010<br>Mar 2010<br>Jul-Dec 2010<br>Apr 6, 2011 | |
| Drafting report Card and CHA | Dec 2010 -Mar 2011 | |
| Identification of preliminary priorities | Apr 6, 2011 | |
| Release of County Health Rankings (BRFSS based) | Apr 2011 | Apr 2011 |
| Introduction to and exploration of Network of Care (NOC) - Healthy Communities Institute (HCI) | Apr 2011- June purchase | |
| Exploration of HCI with Local hospitals, and health departments | | May 2011- Nov 2011 |
| SHIP initiative – Worcester asked to lead the Tri-County Health Improvement Plan (T-CHIP) activities | Aug 2011 | Aug 2011 |
| State Health Improvement Process (SHIP )Orientation includes:<br>• Staff of 3 Local Health Departments,<br>• 3 Local Hospitals,<br>• Tri-county Health Planning Board,<br>• Other providers | Sept 26, 2011 | Sept 26, 2011 |
| Develop Tri-County Health Planning Board as the Local Health Improvement Council (LHIC) and the T-CHIP | | Oct-Nov 2011 |
| Launch NOC-HCI | Nov 1, 2011 | |
| Switch from PRC to BRFSS, draft new Report Card and CHA | Sept 2011- Mar 2012 | |
| WCHD Staff and WCHPAC review and react to new data | Sept 2011- May 2012 | |

| Activities and Groups Involved | Worcester | Tri-County |
|---|---|---|
| Write and apply for Community Health Resources Commission grant for T-CHIP implementation | | Nov 2011-Mar 2012 |
| Kick off of 2012 Report Card at Public Health Community Leadership Conference | Apr. 4, 2012 | |

**Proposed Milestone Target Dates**

| Activities and Groups Involved | Worcester | Tri-County |
|---|---|---|
| Draft CHIP first program directors' review | May 15, 2012 | |
| Publish Completed CHA, WCHPAC | May 17, 2012 | |
| Public review of CHIP to identify community programs aligned with CHIP (same process as for CHA) | May - June 2012 | |
| Submit draft CHIP and CHA to NACCHO as grant deliverables | Before June 30, 2012 | |
| Submit CHA and CHIP to PHAB with application for accreditation | July 2012 | |
| Implement T-CHIP grant:<br>• Train staff from 3 LHDs<br>• Begin first programs all 3 counties | | <br>June 2012<br>Sept 2012 |
| New NOC-PH replaces NOC-HCI module | July 2012 | |
| | | |
| Begin new CHA | 2014 | |
| Complete CAH, CHIP, T-CHIP | Apr 2015 | Apr 2015 |

**Models and Community Input Process**

Throughout the 17 years of community health assessment and planning, Worcester Health has used the *Assessment Protocol for Excellence in Public Health* (APEX-PH, shortened to APEX) as the primary community-based model. As newer models, especially *Mobilizing for Action through Planning and Partnership* (MAPP), were released Worcester added some new tools.

In addition to involvement of internal staff, the following mechanisms have been used to involve a broad spectrum of the community:

- All boards/councils that Worcester Health department staffs facilitate have input through key staff and by direct presentation of CHA data. Many are defined in various conditions of award. Most require some consumers/family of councils, broad health care system, and private sector representatives. A current list of advisory bodies can be found in Appendix C.

- Other boards and councils were developed external to WCHD. The ones listed in appendix C have one or more WCHD staff as members. Many staff use the opportunities to validate health-related needs, for example the Atlantic General Hospital Planning Committee and Tri-County Homeless Board.
- Worcester County Health Planning Advisory Council is the host Council for county-wide health assessment and priority setting. Its membership is defined in County statute as 51%, or more consumers; representatives from local and regional hospitals, other health and human service representatives; finally, two Ex-Officio members are the Health Officer, and one County Commissioner (the Board of Health).

- A special group of community leaders was pulled together for HINI planning. Represented were banks, local businesses, public safety, media, health, medical and human service sectors, community based organizations and the Worcester County Health Planning Advisory Council. The group became the nucleus for the April 6, 2011 vetting of the data from 2009 PRC survey. They identified sector priorities and recommended some strategies. On April 4, 2012 the group met again during Public Health Week to: complete review of the BRFSS, SHIP, and Network of Care-Healthy Communities Dashboard data, revise priorities (if needed), and brainstorm "Environmental Strategies."

  The April 4, 2012 meeting of the Public Health Community Leadership resulted in confirming the main priority areas identified in 2011, added specific language on vulnerable populations and health disparities, and supported existing strategies while encouraging continued exploration for other environmental strategies.

Similar vetting of the CHIP will take place using the same avenues. It is expected to result in identification of other strategies being implemented in the community where missions overlap.

## Appendix B: Data Sources

| Health Indicators | Data Source | Years of Data |
|---|---|---|
| **Overall health** | | |
| • General health (fair and poor) | Behavioral Risk Factor Surveillance System* | 2008-2010 |
| • Poor physical health | Behavioral Risk Factor Surveillance System | 2008-2010 |
| • Poor mental health | Behavioral Risk Factor Surveillance System | 2008-2010 |
| • Limited activities | Behavioral Risk Factor Surveillance System | 2008-2010 |
| • Quality of life indicators | Behavioral Risk Factor Surveillance System | 2008-2010 |
| **Maternal , infant and child health** | | |
| • Infant Deaths | Maryland Vital Statistics - Death Files^ | 1996-2010 |
| • Teen birth | Maryland Vital Statistics - Birth Files^^ | 2001-2010 |
| • Low birth weight | Maryland Vital Statistics- Birth Files | 2001-2009 |
| • Preterm birth | Maryland Vital Statistics- Birth Files | 2001-2008 |
| • Cesarean delivery | Maryland Vital Statistics- Birth Files | 2001-2009 |
| **Health Care Access & Utilization** | | |
| • No health insurance | Behavioral Risk Factor Surveillance System | 2002-2010 |
| • Civilian, non-institutionalized 18-64 yr olds with any type of health insurance | Behavioral Risk Factor Surveillance System | 2002-2010 |
| • Could not see a doctor due to cost | Behavioral Risk Factor Surveillance System | 2008-2010 |
| • Provider/population ratio | Maryland Department of Health and Mental Hygiene ( MD-DHMH) | 2011 |
| **Mental Health and Substance Use** | | |
| • Current smokers -18 and older | Behavioral Risk Factor Surveillance System | 1996-2010 |
| • Tobacco use among high school students | Maryland Youth Tobacco Survey** | 2010 |
| • Binge drinking | Behavioral Risk Factor Surveillance System | 2007-2010 |
| • Suicide Deaths | | |
| **Overweight & Obesity** | | |
| • Adults who are at a healthy weight | Behavioral Risk Factor Surveillance System | |
| • Overweight -18 and older (BMI = 25-29.9) | Behavioral Risk Factor Surveillance System | 1996-2010 |
| • Obese -18 and older (BMI ≥30) | Behavioral Risk Factor Surveillance System | |
| • Adolescent obesity | PRC Tri County Community Survey*** | 2009 |
| **Health Behavior** | | |
| • Physical activities | Behavioral Risk Factor Surveillance System | 2002-2010 |
| • Total serving fruits /vegetables per day | Behavioral Risk Factor Surveillance System | |
| **Chronic Disease and Conditions** | | |
| • High blood pressure | Behavioral Risk Factor Surveillance System | 1999-2009 |
| • Emergency Department visits | | |
| • High cholesterol | Behavioral Risk Factor Surveillance System | 1999-2009 |

| Health Indicators | Data Source | Years of Data |
|---|---|---|
| • Diabetes | Behavioral Risk Factor Surveillance System | 1996-2010 |
| • Asthma | Behavioral Risk Factor Surveillance System | 2008-2010 |
| All Mortality | Maryland Vital Statistics Administration | 1995-2009 |
| | | |
| **Communicable Disease** | | |
| • Salmonella infections | MD-DHMH | 2005-2011 |
| • Chlamydia | MD-DHMH | 2005-2010 |
| • Gonorrhea | MD-DHMH | 2005-2009 |
| • Animal bites | MD-DHMH | 2005-2010 |
| **Immunization** | | |
| • Adults 65+ who have had a Flu shot | Behavioral Risk Factor Surveillance System | 2005-2010 |
| • Adults 65+ who have ever had Pneumonia shot | Behavioral Risk Factor Surveillance System | 2005-2010 |
| | | |
| **Demographic** | | |
| • Population | U.S. Census | 2000-2010 |
| • Poverty | U.S. Census | 2009 |
| • Income | U.S. Census | 2009 |

**Appendix C: Health and Human Service Councils, Advisory Bodies and Boards, Worcester County 2012**

The following is a list of Health and Human Service Councils, Advisory Bodies and Boards active in Worcester County in 2012. Any list of this type is probably incomplete or erroneous as soon as it is made. Worcester Health acknowledges the difficulty of keeping compendiums like this up to date and asks for the readers' understanding.

The first list with * at the beginning of every entry is primarily for WCHD coordinated committees. Where Worcester County is part of the name WC will be used. If the reader is interested in observing any of the groups with the * please call 410-632-1100 and ask receptionist for the program in charge of the specific group. Some groups such as CFR or FIMR are restricted to protect confidentiality.

| |
|---|
| ***Aging in Worcester Planning Group** |
| ***Avian Influenza Joint Task Force** |
| ***Child Fatality Review Team (CFR)** |
| ***Co-Occurring Leadership Group** |
| ***Crisis Response Team (CRT) Advisory Board** |
| ***Dental Action Committee (WCHD)** |
| ***Diabetes Prevention & Control Coalition** |
| ***Drug and Alcohol Council** |
| ***Emergency Preparedness Training Oversight Committee** |
| ***EP Special Needs Vulnerable Population Coordination Group** |
| ***Fetal Infant Mortality Review Team (FIMR) Technical** |
| ***FIMR Community Action** |
| ***Jail/Mental Health Advisory Board** |
| ***LMB Board of Directors** |
| ***LMB Executive Committee** |
| ***LMB Planning Committee** |
| ***LMB Association and LMB/GOC Meeting** |
| ***Mental Health Advisory** |
| ***Ocean City Youth Consortium** |
| ***PHAB Domain Project Teams** |
| ***PHAB Standards Review** |
| ***PHAB Steering Committee** |
| ***Public Safety Net (AHC/WCHD)** |
| ***Rabies Advisory Committee** |
| ***TAY Initiative Advisory Committee** |
| ***Tobacco and Cancer Coalition** |
| ***Homeless Alliance for the Lower Shore** |
| ***Tri-County APEX Task Force** |
| ***Tri-County Diabetes Alliance** |
| ***Tri-County Health Planning Board (LHIC)** |
| ***WC Health & Medical Emergency Preparedness Committee** |
| ***WC Health Planning Advisory Council** |
| ***WCHD Cultural Competency Planning** |
| ***WCHD Interdisciplinary Team** |
| ***WCHD Medical Staff** |
| ***WCHD Medication Committee** |
| ***WCHD Program Directors** |
| ***WCHD Public Health Response Team** |
| ***WCHD Quality Council** |
| ***WCHD Resource Coordination** |
| ***WCHD Risk Management** |
| ***WCHD Senior Supervisors** |
| ***WCHD Suicide Prevention Program** |
| ***WCHD Training Committee** |
| ***Worcester MAP Coordinating Team** |
| ***Worcester MD Access Point (MAP) Advisory** |

The groups listed from here down are usually not coordinated by WCHD.

| |
|---|
| ACCU/Healthy Start Update |
| ADAA Coordinators |
| AGH Diabetes Committee |
| AGH Mental Health Steering Committee |
| AGH Vision for Total Health |
| AOD Prevention Coordinators |
| Atlantic Club Board of Directors |
| Atlantic General Hospital Board |
| Atlantic General Hospital EMS Advisory |
| Atlantic General Hospital Planning Committee |
| Bienvendios |
| Bioterrorism (PAC) Advisory Committee |
| Board of Education Health & Wellness Committee |
| Child and Adolescent Coordinators' Committee |
| Children's Medical Services (CMS) Regional Committee |
| Children's Respite Program Advisory Committee |
| Collaborative Supervision and Focused Enforcement (CSAFE) Berlin, Pocomoke |
| Collaborative Treatment & Education Support Services (CTESS) |
| Commission on Aging Board |
| Coordinating Council – Juvenile Court |
| County Department Head Meetings |
| CRENSHAW |
| Delaware Emergency Task Force |
| DHMH Clinician Meetings |
| DJS Lower Eastern Shore Children's Center Advisory Board |
| Domestic Violence Fatality Review |
| Domestic Violence/Sexual Assault Coalition/Fatality Review Board |
| Early Intervention Regional Coordinators |
| Eastern Shore Addictions Directors |
| Eastern Shore BT Coordinators |
| Eastern Shore Health Officers |
| Eastern Shore Oral Health Action Network (CROC) |
| Eastern Shore School Mental Health Coalition (ESSMHC) |
| Family Connections Advisory |
| Family Connections Board (Berlin) |
| Family Recovery Court Advisory Committee |
| Family Violence DVC Consortium |
| Governor's Commission on Suicide Prevention |
| Governor's Partners' Council |
| GrayShore Steering Committee |
| Healthcare Coverage Workgroup |
| Highway Safety Underage Drinking Coalition |
| Housing and Disability Eastern Shore Resources Team |
| Hudson Health Board of Directors |
| Judy Center Advisory Board |
| Juvenile Court Advisory Board |
| Local Care Team(LCT) |
| Lower Shore Childcare Resource Center Steering Committee |
| Lower Shore FIMR Admin Committee |
| Lower Shore Perinatal Council |
| Lower Shore Residential Services Committee |
| Lower Shore Safe Kids Coalition |
| MA Transportation Grant Managers |
| MACHO Emergency Preparedness Subgroup |
| Maryland Council of Public Health Nursing Directors |
| Maryland Health Officers Roundtable |
| MCHP State Coordinators |
| MD Assoc of County Health Officers |
| MD Assoc. Core Service Agencies (MACSA) |
| MD Rural Health Association |
| MD School Health Council |
| MD State BT Coordinators |
| MSAP Board (Stephen Decatur HS) |

| |
|---|
| **Multi-Disciplinary Team** |
| **NAADAC Adolescent Specialty Leadership Committee** |
| **OC Local Emergency Planning Committee** |
| **Parole and Probation Sex Offender Team** |
| **Primary Care Office (PCO) Advisory Committee** |
| **Pupil Service Team** |
| **Quin** |
| **Residential Specialists Team** |
| **Resource Coordinator Community Team** |
| **Resource Coordinator Providers** |
| **Resource Coordinator Statewide** |
| **Ryan White Consortia** |
| **SEP/CSA Liaison Team** |

| |
|---|
| **Sexual Abuse Response Team (SART)** |
| **Shore Transit Advisory Board** |
| **Tri -County Council Regional Healthcare** |
| **Tri-County Go-Red** |
| **Tri-County Health Officers** |
| **Tri-County Resource Coordination** |
| **Tri-County Resource Coordinators Community Team** |
| **Truancy Court** |
| **Urgent Care Dental Care Clinic Committee** |
| **Vector Borne Disease Interagency Group** |
| **Worcester County DSS Stakeholders** |
| **Worcester County Homeless Board** |
| **Worcester County Women's Commission** |
| **Youth Council** |

## Appendix D: Four Priority Areas

Four priority areas were chosen, based on the severity of the listed specific indicators. They are not listed in rank order of importance, because there was no attempt to rank them.

**Promote Healthy Lifestyle**

- *Increase the proportion of people of all ages at healthy weight by promoting healthy eating and physical activity*
- *Support and promote healthy lifestyles and communities*

**Improve Access to Care**

- *Improve access to behavioral health care and to children's dental health services*
- *Increase the proportion of persons with health insurance*

**Promote Behavioral Health (Mental Health and Substance Abuse)**

- *Reduce stigma associated with mental illness*
- *Reduce suicide rates*
- *Promote the development of integrated primary care and behavioral health services*

**Improve Prevention and Control of Infectious Diseases**

- *Promote behavioral and environmental strategies to reduce risks for communicable diseases*
- *Improve the recognition and reporting of communicable disease*

Special focus should be on Vulnerable Populations and Health Disparity Areas.