Garrett County Community Health Improvement Plan

2012 – 2015
Acknowledgements

The Garrett County Health Planning Council acknowledges the work of the many Garrett County individuals who participated in the local health improvement planning process. The Health Planning Council members who guided the process are listed below.

*Standing Members:*
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Special thanks also to Melissa Walch, Kendra McLaughlin and Madeleine Shea for their contributions to the local health improvement planning process. The most important work was completed by the community members that participated in the workgroups. These community members included stakeholders from agencies and volunteer groups, Health Planning Council members, and citizen advocates. We are very grateful for their contribution of time and expertise.
State Health Improvement Process:
The Maryland Department of Health and Mental Hygiene (DHMH) launched a State Health Improvement Process (SHIP) in 2011 to define health priorities within the State and to improve the health of all Marylanders. Through this process, Maryland hopes to extend life expectancy, improve access to health care, reduce childhood obesity, and “move the needle” on other critical health goals. The 39 health goals identified are as follows.

<table>
<thead>
<tr>
<th>Vision Area</th>
<th>SHIP Objective</th>
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<tbody>
<tr>
<td></td>
<td>1. Increase life expectancy</td>
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<tr>
<td>Healthy Babies</td>
<td>2. Reduce infant deaths</td>
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<td>3. Reduce low birth weight and very low birth weight</td>
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<td>4. Reduce sudden unexpected infant deaths</td>
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<td>5. Increase the proportion of pregnancies that are intended</td>
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<td>6. Increase the proportion of pregnant women starting prenatal care in the first trimester</td>
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<tr>
<td>Healthy Social Environments</td>
<td>7. Reduce child maltreatment</td>
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<tr>
<td></td>
<td>8. Reduce the suicide rate</td>
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<td>9. Decrease the rate of alcohol-impaired driving fatalities</td>
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<td>10. Increase the proportion of students who enter kindergarten ready to learn</td>
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<td>11. Increase the proportion of students who graduate high school</td>
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<td>12. Reduce domestic violence</td>
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<td>Safe Physical Environments</td>
<td>13. Reduce blood lead levels in children</td>
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<td>14. Decrease fall-related deaths</td>
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<td>15. Reduce pedestrian injuries on public roads</td>
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<td>16. Reduce Salmonella infections transmitted through food</td>
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<td>17. Reduce hospital emergency department visits from asthma</td>
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<td>18. Increase access to healthy food</td>
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<td>19. Reduce the number of days the Air Quality Index exceeds 100</td>
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<td>Infectious Disease</td>
<td>20. Reduce new HIV infections among adults and adolescents</td>
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<td>21. Reduce Chlamydia trachomatis infections among young people</td>
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<td>22. Increase treatment completion rate among tuberculosis patients</td>
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<td></td>
<td>23. Increase vaccination coverage for recommended vaccines among young children</td>
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<td></td>
<td>24. Increase the percentage of people vaccinated annually against seasonal influenza</td>
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</tbody>
</table>
| Chronic Disease | 25. Reduce deaths from heart disease  
|                | 26. Reduce overall cancer death rate  
|                | 27. Reduce diabetes-related emergency department visits  
|                | 28. Reduce hypertension-related emergency department visits  
|                | 29. Reduce drug-induced deaths  
|                | 30. Increase the proportion of adults who are at a healthy weight  
|                | 31. Increase the proportion of adults who are at a healthy weight  
|                | 32. Reduce the proportion of adults who are current smokers  
|                | 33. Reduce the proportion of youth who use any kind of tobacco product  
|                | 34. Reduce the number of emergency department visits related to behavioral health conditions  
|                | 35. Reduce the proportion of hospitalizations related to Alzheimer’s disease and other dementias  
| Health Care Access | 36. Increase the proportion of persons with health insurance  
|                   | 37. Increase the proportion of adolescents who have an annual wellness checkup  
|                   | 38. Increase the proportion of children and adolescents who receive dental care  
|                   | 39. Reduce the proportion of individuals who are unable to afford to see a doctor  

Of these objectives defined by SHIP, Garrett County is comparable to or better than the State average in 31 of the 39 objectives. Garrett County ranks worse than the State in the following eight objectives:

- Objective 33 – Youth tobacco use
- Objective 25 – Heart disease mortality
- Objective 24 – Adult seasonal influenza vaccine rate
- Objective 32 – Adult tobacco use
- Objective 31 – Child/adolescent obesity
- Objective 36 – Adults without health insurance
- Objective 30 – Adult overweight/obesity
- Objective 1 – Life expectancy

To help address these objectives, Garrett County needed to develop a local health improvement plan. The Garrett County Health Planning Council agreed to oversee this process. This Council is made up of 17 members appointed by the Board of Health (County Commissioners and Health Officer). The Health Officer is the Executive Officer of the Council, supported by a Chairperson and Vice-Chairperson. The 17 members of the Council represent the local health department, hospital, Federally Qualified Health Center, pharmacies, nursing homes, county government, medical society, and ten at-large consumers of health
services. The mission of the Council is to insure a high quality, effective, integrated community care system that is responsive to the needs of the Garrett County people.

Previous Health Improvement Planning
The Health Planning Council members have some experience with community assessment and strategic planning. In 2008, the Council, with administrative support from the Garrett County Health Department and Garrett County Memorial Hospital, completed the Mobilizing for Action through Planning and Partnership (MAPP) process resulting in a five year strategic plan for health. MAPP is a community-wide strategic planning tool for improving community health endorsed by the National Association of County and City Health Officials and the Centers for Disease Control and Prevention. MAPP uses six phases to achieve its aim: 1) organize for partnership development, 2) visioning, 3) community assessment, 4) strategic issue identification, 5) formulation of goals and strategies, and 6) action cycle. As a result of these six phases, communities develop and implement a strategic plan for public health improvement.

Garrett County, through the MAPP process, adopted a vision statement, conducted a series of community assessment activities, and identified four strategic issue areas with accompanying recommendations and strategies. The strategic issue areas were Fragile Systems, Healthy Lifestyles, Vulnerable Populations, and Environmental Health.

Because Garrett County is near the end of its five year MAPP plan (2008-2012), the Health Planning Council got on board with the SHIP to update and revise the MAPP plan.

Current Health Improvement Planning
In the Fall of 2011, the Garrett County Health Planning Council, with the administrative support of the Garrett County Health Department and the Garrett County Memorial Hospital, organized four workgroups based on the strategic issue areas from the MAPP plan and added a Data Review workgroup. These five workgroups were charged with reviewing SHIP data and updating the previous action plans. The Data Review workgroup specifically reviewed data that fell outside the previous issue areas and made recommendations about new issue areas. More detailed descriptions of the workgroups are as follows:

- **Healthy Lifestyles** - Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors. Includes priority areas of obesity prevention, tobacco prevention, seasonal influenza vaccine, youth and adult alcohol and drug prevention and treatment, and prevention of and intervention for interpersonal violence. Eleven participating members.
• **Fragile Systems** - Strengthen and support those components of our public health system that are fragile because of funding, workforce capacity, demographic shifts, etc. Includes priority areas of safety net systems, workforce development, emergency medical services, and adult dental health. Seven participating members.

• **Vulnerable Populations** - Achieve and maintain optimal health and independence for vulnerable populations. Includes priority areas of aging, disabled, economically disadvantaged, behavioral health, minority, and very young. Twelve participating members.

• **Environment** - Ensure healthy living and working conditions for Garrett County residents by protecting and increasing our natural and built resources as our population changes. Includes priority areas of healthy indoor environments, clean water, and clean air. Ten participating members.

• **Data Review** - Review objectives from the list of State Health Improvement Objectives that are not addressed through the existing workgroups. This included data about immunization, infectious disease, healthy babies, and healthy families. Seven participating members.

The workgroups were made up of Health Planning Council members plus numerous additional stakeholders from the community. They met between February and May 2012. The Garrett County Community Health Improvement Plan is a result of these meetings and the dedication of the more than 50 community participants.

**Phase 1 and Phase 2 of Garrett County Community Health Improvement Plan**

Garrett County’s Community Health Improvement Plan is divided into two phases. Phase 1 includes the local priority action plans that address seven of the eight SHIP health outcome objectives that Garrett County fares worse than the State. These Phase 1 action plans address obesity prevention, tobacco prevention, and seasonal influenza vaccine.

The Phase 2 action plans build on the comprehensive community assessment work that was done during the MAPP process. In addition, each priority area in Phase 2 is linked to a health objective, and includes measureable milestones that will move the health outcomes. This is a change from the MAPP process that supports the SHIP process. Thus, Phase 2 is the integration of MAPP and SHIP.
Garrett County Health Improvement Plan

Phase 1
HEALTHY LIFESTYLES ACTION PLAN
Priority: Obesity Prevention

Background: Overweight and obesity are associated with an increased risk for coronary heart disease; type 2 diabetes; endometrial, colon, postmenopausal breast, and other cancers; and certain musculoskeletal disorders. Although obesity associated morbidities occur most frequently in adults, consequences of excess weight also occur in children and adolescents. Disparities in overweight and obesity prevalence exist in many segments of the population based on race and ethnicity, gender, age and socioeconomic status.

In Garrett County, the percentage of obesity among adolescents and adults is higher than the state. In March of 2010, the Youth Risk Behavior Survey was administered to 79% of Garrett County high school students. Based on body mass index calculated from self-reported heights and weights, 14.2% of youth were obese. The data for Maryland and the U.S. was taken from the respective Youth Risk Behavior Surveys in 2009. For adults, the Maryland Behavioral Risk Factor Surveillance Survey results from 2008-2010 were used to calculate the percentage of Garrett County and Maryland adults who are at a healthy weight (not overweight or obese) and compare it to the same results from the national survey.
HEALTHY LIFESTYLES ACTION PLAN  
Priority: Obesity Prevention

Goal: Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors.

Health Outcome Objectives:
1. By 2014, reduce death rate from heart disease by 10% to 203.3 per 100,000. (baseline 225.9; MD SHIP target 173.4) *(SHIP Obj. 25)*
2. By 2014, reduce overall cancer death rate to MD SHIP target of 169.2. (baseline 176) *(SHIP Obj. 26)*

Health Indicator Objectives:
3. By 2014, increase the proportion of adults who are at a healthy weight by 10% to 37%. (baseline 33.6%; MD SHIP target 35.7%) *(SHIP Obj. 30)*
4. By 2014, reduce the proportion of high school students who are obese by 10% to 12.8%. (baseline 14.2%; MD SHIP target 11.3%) *(SHIP Obj. 31)*
5. By 2014, reduce diabetes-related emergency department visits to MD SHIP target of 330. (baseline 342.2) *(SHIP Obj. 27)*

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<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
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</thead>
<tbody>
<tr>
<td>1. Encourage environmental improvements that support physical activity:</td>
<td>Municipalities, State Highway, County Roads, Board of Education, Traffic Advisory Committee, Garrett Trails Committee, Health Department, Hospital, Department of Natural Resources</td>
<td>March 1, 2012 – Dec. 30, 2014</td>
<td># new walking trails and sidewalks, # restored walking trails, # walking trails measured for worksites, # new multi-use trails, # community park or playground improvements, # new miles of pedestrian or bike lanes</td>
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<tr>
<td>• Bicycle and pedestrian paths</td>
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<td>• Adequate sidewalks</td>
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<td>• Bicycle lanes</td>
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<td>• Bicycle racks</td>
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<tr>
<td>• Community parks and playgrounds</td>
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<tr>
<td>2. Support community policies that increase accessibility, availability,</td>
<td>Health Department, Chamber of Commerce</td>
<td>March 1, 2012 – Dec. 30, 2014</td>
<td># of new community policies implemented</td>
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<td>and affordability of healthy foods</td>
<td>Hospital Food stores Restaurants</td>
<td># restaurants that identify healthy menu items</td>
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<td>Small store initiatives</td>
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<td>Mobile vending carts</td>
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<td>Restaurant initiatives</td>
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<td>Breastfeeding promotion.</td>
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3. Support school policies that make healthy choices more accessible:
- Making PE classes longer, more frequent, or having students be more active during class
- Non-competitive daily physical activity through recess and outdoor play
- Promote incorporation of physical activity opportunities in after school programs
- Healthy fundraisers
- Fruit and vegetable availability in school
- Water availability in school

<table>
<thead>
<tr>
<th>Board of Education Health Department Community Aquatic and Recreation Complex Parent Teacher Organizations Hospital Adventure Sports Center International</th>
<th>March 1, 2012 – Dec. 30, 2014</th>
<th># new school policies or policy changes implemented # healthy changes (not policy) implemented</th>
</tr>
</thead>
</table>

4. Support and promote worksite wellness programs
- Access to facilities
- Flextime
- Incentives
- Healthy vending options
- Increased access to fruits and vegetables

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<tr>
<th>Health Department Hospital Chamber of Commerce Worksites Community Aquatic and Recreation Complex</th>
<th>March 1, 2012 – Dec. 30, 2014</th>
<th># organizational changes implemented at worksites</th>
</tr>
</thead>
</table>

5. Promote the consumption of locally grown foods by supporting programs such as:
- Farmer’s markets
- Public agencies buying and serving local food products

| Cooperative Extension Health Department Hospital Garrett Growers | March 1, 2012 – Dec. 30, 2014 | # new farmer’s markets # new agencies serving county grown food products # new CSA initiatives |
- 4H youth markets
- Community Supported Agriculture

Notes:
Objective 1: SHIP objective; Vital Statistics 2007-2009; rate of heart disease deaths per 100,000 population (age adjusted)
Objective 2: SHIP objective; Vital Statistics 2007-2009; rate of cancer deaths per 100,000 population (age adjusted)
Objective 3: SHIP objective; MD BRFSS 2008-2010; self-reported
Objective 4: SHIP objective; Garrett County YRBS 2010; ≥ 95th percentile for BMI based on reference data
Objective 5: SHIP objective; Health Services Cost Review Commission 2010; rate of ED visits for diabetes per 100,000 population
HEALTHY LIFESTYLES ACTION PLAN
Priority: Tobacco Prevention

Background: Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the U.S. $193 billion annually in direct medical expenses and lost productivity.

Garrett County tobacco use has exceeded state tobacco use for more than a decade for both youth and adults. Furthermore, Garrett County leads the state in spit tobacco use.
HEALTHY LIFESTYLES ACTION PLAN  
Priority: Tobacco Prevention 

Goal: Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors.

Health Outcome Objectives: 
1. By 2014, reduce deaths from heart disease by 10% to 203.3. (baseline 225.9; MD SHIP target 173.4) (SHIP Obj. 25) 
2. By 2014, reduce overall cancer death rate to MD SHIP target of 169.2. (baseline 176) (SHIP Obj. 26)

Health Indicator Objectives: 
3. By 2014, reduce the percentage of high school students that use tobacco by 10% to 36%. (baseline 40%; MD SHIP target 22.3%) (SHIP Obj. 33) 
4. By 2014, reduce the percentage of adults who currently smoke by 10% to 15.5%. (baseline 17.3%; MD SHIP target 13.5%) (SHIP Obj. 32) 
5. By 2014, reduce percentage of pregnant women who currently smoke by 10% to 14.6%. (baseline 16.2%)

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<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
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<tbody>
<tr>
<td>1. Implement evidence-based interventions and policy changes to decrease tobacco initiation, increase cessation, and protect people from secondhand smoke.</td>
<td>Drug Free Communities Coalition Health Department Board of Education Hospital</td>
<td>March 1, 2012 – Dec. 30, 2014</td>
<td># new interventions implemented # policy changes or new policies implemented or reinforced</td>
</tr>
<tr>
<td>2. Reduce commercial and social access to tobacco through</td>
<td>Drug Free Communities Coalition Health Department Tobacco licensees Community Planning Groups SADD Clubs</td>
<td>March 1, 2012 – Dec. 30, 2014</td>
<td>% compliant vendors # retailers provided responsible sales education or tools % of youth who get cigarettes from an adult or bummed them</td>
</tr>
</tbody>
</table>
3. Implement school-based interventions in combination with media campaigns and community efforts.

<table>
<thead>
<tr>
<th>Drug Free Communities Coalition</th>
<th>March 1, 2012 – Dec. 30, 2014</th>
<th># of new or improved school interventions</th>
</tr>
</thead>
</table>

4. Strengthen and support cessation options for youth, adults and pregnant women
   - Promote use of MD Quitline
   - Promote health care provider reminder systems and cessation education
   - Promote and maintain Health Department cessation program with limited out-of-pocket costs for patients for cessation aids

| Drug Free Communities Coalition | March 1, 2012 – Dec. 30, 2014 | # Garrett County residents accessing Quitline
|---------------------------------|-------------------------------|----------------------------------|
| Health care providers Hospital  |                               | # health care providers reporting use of 5 A’s or brief intervention
|                                 |                               | # individuals accessing cessation aids through Health Department programs
|                                 |                               | # pregnant women counseled

5. Implement community campaign on spit tobacco prevention

| Drug Free Communities Coalition | March 1, 2012 – Dec. 30, 2014 | # presentations
|---------------------------------|-------------------------------|# educated |

Notes:
Objective 1: SHIP objective; Vital Statistics 2007-2009; rate of heart disease deaths per 100,000 population (age adjusted)
Objective 2: SHIP objective; Vital Statistics 2007-2009; rate of cancer deaths per 100,000 population (age-adjusted)
Objective 3: SHIP objective; MD Youth Tobacco Survey 2010; % of high school students (9-12 grade) that have used any tobacco product in past 30 days
Objective 4: SHIP objective; MD BRFSS 2008-2010; percentage of adults who currently smoke
HEALTHY LIFESTYLES ACTION PLAN
Priority: Seasonal Influenza Vaccine

Background: Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions are at high risk for serious flu complications. The majority of deaths in the industrialized world occur in adults aged 65 and over. A review at the National Institutes of Health in 2008 concluded that "Seasonal influenza causes more than 200,000 hospitalizations and 41,000 deaths in the U.S. every year, and is the seventh leading cause of death in the U.S." The average total economic costs caused by the annual influenza outbreak in the U.S. have been estimated at over $80 billion.

The best way to prevent the flu is by getting vaccinated each year. Yet, most Garrett County adults are not getting vaccinated.

Adults Who Had Flu Shot

- Garrett: 37.0%
- Maryland: 43.0%
- U.S.: 25.0%
- SHIP Target: 61.5%
HEALTHY LIFESTYLES ACTION PLAN
Priority: Seasonal Influenza Vaccine

Goal: Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors.

Health Outcome Objective:
1. By 2014, increase the life expectancy in Garrett County to the MD SHIP target of 82.5 years. (baseline 78.2)

Health Indicator Objective:
2. By 2014, increase the percentage of adults who have had a flu shot by 10% to 40.7%. (baseline 37%; MD SHIP target 61.5%) (SHIP Obj. 24)

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<th>Strategies</th>
<th>Lead Organization and Partners</th>
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<tr>
<td>1. Provide community education and resources about seasonal influenza vaccine to</td>
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<tr>
<td>• Promote confidence in safety and effectiveness of vaccine</td>
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<td>• Promote that being vaccinated helps protect others</td>
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<td>2. Promote policies and practices that increase seasonal influenza vaccination, such as</td>
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<td>• On-site, reduced cost flu vaccine for employee and spouse at work settings</td>
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<td>• On-site, free flu vaccine in school setting</td>
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<td>• Vaccine availability in public places outside health care settings (pharmacies, churches)</td>
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<td>3. Coordinate vaccination efforts between and among providers.</td>
<td>Health Department Hospital</td>
<td>August 1, 2012 – Dec. 30, 2014</td>
<td>% of providers that participate in Health Department tracking</td>
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<td></td>
<td>Health care providers</td>
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<td>Community Planning Groups</td>
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<td>Health Department</td>
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<td>Worksites</td>
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<td>Churches</td>
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<td>Pharmacies</td>
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<tr>
<td></td>
<td>Health Department</td>
<td>August 1, 2012 – Dec. 30, 2014</td>
<td># worksite vaccine clinics</td>
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<td></td>
<td>Hospital</td>
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<td># vaccinated at worksite clinics</td>
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<td>Health Department</td>
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<td># vaccinated in school setting</td>
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<td></td>
<td>Hospital Board of Education</td>
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<td># vaccine clinics outside health care settings</td>
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<td></td>
<td>Worksites</td>
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<td># vaccinated at public clinics (outside health care)</td>
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<td>Churches</td>
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<td>Pharmacies</td>
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<td>Health care providers</td>
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Notes:
Objective 1: SHIP objective; Vital Statistics 2009; life expectancy at birth
Objective 2: SHIP objective; BRFSS 2008-2019; % of adults who have had a flu shot in last year
Garrett County Health Improvement Plan

Phase 2
Healthy Lifestyles
A HEALTHY LIFESTYLES ACTION PLAN
Priority: Youth Alcohol and Drug Prevention and Treatment

Background: Drug use, including underage drinking and the abuse of prescription medications, significantly affects the health and well-being of the Nation’s youth. Substance use affects academic performance and is linked to crime, motor vehicle crashes, lost productivity, and increased health care costs. Research shows that youth exposure to effective community-based drug prevention improves their chances to live up to their full potential.

In Garrett County, just less than half of all high school students use alcohol.¹ The county’s underage drinking rates have been consistently higher than the state rates for the past 14 years, but are demonstrating a very slight downward trend. Regarding marijuana use, Garrett County youth have traditionally used marijuana at lower rates than the state.² However, the county is facing an upward trend of marijuana use, and in 2010 the county use rates for high school students exceeded the state rates. The county has just begun to monitor prescription drug use among youth. The 2010 Garrett County Youth Risk Behavior Survey showed that 13.6% of high school youth used a prescription drug to get high or alter their mood at least once in the past 30 days. No comparison data currently exists for this measure.

² Ibid, MAS and YRBS
HEALTHY LIFESTYLES ACTION PLAN
Priority: Youth Alcohol and Drug Prevention and Treatment

Goal: Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors.

Health Outcome Objective:
1. By 2015, maintain rate of drug-induced deaths at a rate lower than the State. (baseline for Garrett County too small to calculate)

Health Indicator Objectives:
2. By 2015, reduce the percentage of high school students that drink alcohol by 10% to 41%. (baseline 45.6%; MD 37%; U.S. 41.8%).
3. By 2015, reduce the percentage of high school students that smoke marijuana by 10% to 20%. (baseline 22.2%; MD 21.9%; U.S. 20.8%)
4. By 2015, reduce the percentage of high school students that abuse prescription drugs by 10% to 12.2%.

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<tr>
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<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support evidence-based programs and environmental strategies to change individual and community norms related to youth substance use.</td>
<td>Health Department Board of Education Faith community Juvenile Services Garrett College Chamber of Commerce Community Planning Groups</td>
<td>July 1, 2012 – December 30, 2015</td>
<td># new programs # new strategies</td>
</tr>
<tr>
<td>2. Reduce commercial and social access to alcohol, marijuana and prescription drugs.</td>
<td>Health Department Law enforcement Civic groups Garrett College Liquor Control Board Alcohol licensees Municipalities Community Planning Groups SADD Clubs</td>
<td>July 1, 2012 – December 30, 2015</td>
<td># TIPS trainings offered to new groups % of compliant vendors % high school students that get alcohol from social source # lbs. of drugs collected at permanent collection units or events</td>
</tr>
</tbody>
</table>
### 3. Support community ownership of anti-drug efforts and promote coalition-building.

- Health Department
- Drug Free Communities Coalition
- Community Planning Groups
- Civic groups
- Board of Education
- Juvenile Services
- Chamber of Commerce
- SADD Clubs

| July 1, 2012 – December 30, 2015 | # coalition members (other than GCHD staff) that participate in anti-drug activities
| # new coalition and CPG members |

### 4. Support school-based interventions in combination with media campaigns and community efforts.

- Board of Education
- Health Department
- Law enforcement
- Garrett College
- Media contacts

| July 1, 2012 – December 30, 2015 | # new interventions |

### 5. Promote and support active enforcement of sales to minors laws, underage substance use laws, and illegal drug use laws.

- Law enforcement
- Liquor Control Board
- Drug Free Communities Coalition
- Health Department
- Alcohol licensees

| July 1, 2012 – December 30, 2015 | % of compliant vendors
| # of underage drinking citations |
| # of drug citations to ≤ 18 year olds |

### 6. Strengthen and support treatment and recovery efforts.
- Facilitate or support training for Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Health care providers
- Board of Education
- MD Student Assistance Program teams
- Juvenile Services
- Health Department Substance Abuse Program

| July 1, 2012 – December 30, 2015 | # providers trained in SBIRT
| # of youth who are referred for treatment as a result of SBIRT |
| # of youth who receive treatment |

**Notes:**

Objective 1: SHIP Objective; Vital Statistics 2007-2009; rate of drug-induced deaths per 100,000 population

Objective 2: Garrett County YRBS 2010; % of high school students (9-12 grade) that drank alcohol in past 30 days; MD YRBS 2009; U.S. YRBS 2009

Objective 3: Garrett County YRBS 2010; % of high school students (9-12 grade) that used marijuana in past 30 days; MD YRBS 2009; U.S. YRBS 2009

Objective 4: Garrett County YRBS 2010; % of high school students (9-12 grade) that used prescription drugs to get high or alter mood in past 30 days
HEALTHY LIFESTYLES ACTION PLAN  
Priority: Alcohol and Drug Abuse Prevention and Treatment Among Adults

Background: Alcohol and drug use affects every sector of society, straining our economy, our healthcare and criminal justice systems, and endangering the futures of young people. According to the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, 9.3% of persons aged 12 or older needed treatment for an illicit drug or alcohol abuse problem in 2009. Of those persons who accessed treatment through a publicly funded substance abuse treatment program, admissions by substance were as follows³⁴:

![Admission by Substance U.S. data](image1)

![Admission by Substance Garrett County Data](image2)

Both nationally and in Garrett County, heroin and other opiates accounted for the largest percentage of drug-related admissions (20% U.S. and 20% Garrett County), followed by marijuana (17% U.S. and 14% Garrett County). With regard to alcohol consumption, a seven year average of Behavioral Risk Factor Survey results shows that 16% of Garrett County adults are heavy drinkers compared to 15% of Maryland adults.

³ Treatment Episode Data Set; 1998-2008; Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.
⁴ Garrett County Substance Abuse Program; 2010 admissions; Garrett County Health Department, MD Department of Health and Mental Hygiene.
HEALTHY LIFESTYLES ACTION PLAN
Priority: Alcohol and Drug Abuse Prevention and Treatment Among Adults

**Goal:** Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors.

**Health Outcome Objective:**
1. By 2015, maintain rate of drug-induced deaths at a rate lower than the State. (baseline for Garrett County too small to calculate)

**Health Indicator Objectives:**
2. By 2015, reduce the percentage of alcohol or drug-related crashes as a portion of total crashes by 10% to 9.2%. (baseline 10.2%)
3. By 2015, reduce the number of Garrett County DUI/DWI arrests by 10% to 176. (baseline 196)
4. By 2015, increase the number of persons who are in “continuing care” for alcohol and drug recovery from 6 to 12.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| 1. Support prevention in the workplace, and access to treatment when needed  
  - Promote substance abuse prevention and education for employees  
  - Support employee drug testing  
  - Support access to employee assistance programs (EAP) | Health Department  
Hospital  
Worksites | July 1, 2012 – December 30, 2015 | # new worksites partnering with health dept. and hospital prevention efforts  
# new worksites doing drug testing through health dept., hospital, or Mt. Laurel  
# new worksites offering employee assistance programs |
| 2. Public education campaigns to reduce availability and access to marijuana and prescription drugs  
  - Securing and monitoring prescription drugs  
  - Safe disposal of prescription drugs (Take Back Days, permanent drop-off sites)  
  - Changing public perception of the | Health Department  
Pharmacies  
Hospital  
Health care providers  
Law enforcement  
Senior centers | July 1, 2012 – December 30, 2015 | # permanent prescription drug drop-off boxes  
# lbs. of drugs collected at permanent collection units or events  
# campaign activities on marijuana |
<table>
<thead>
<tr>
<th>“safety” of non-medical use of prescription drugs and marijuana</th>
<th>Health Department Health care providers Hospital</th>
<th>July 1, 2012 – December 30, 2015</th>
<th># campaign activities on prescription drugs</th>
</tr>
</thead>
</table>
| **3. Support early intervention opportunities in health care**  
- Facilitate or support training for Screening, Brief Intervention, and Referral to Treatment (SBIRT)  
- Encourage and support integration of SBIRT into medical offices and the emergency room | Health care providers Drug Free Communities Coalition Health Department Hospital | | # providers trained in SBIRT  
# offices or departments using SBIRT |
| **4. Encourage and support health care providers’ treatment efforts to**  
- Use a standardized treatment practice when prescribing opiates  
- Use a standardized pain management contract for patients | Health care providers Drug Free Communities Coalition Health Department Hospital | July 1, 2012 – December 30, 2015 | # new providers using standardized treatment plans for opiate prescriptions  
# new providers using pain management contracts |
| **5. Strengthen and support treatment and recovery efforts**  
- Increase collaboration between primary care and substance abuse treatment  
- Promote and develop Access to Recovery services  
  - Sober housing  
  - Employment  
  - Peer recovery support | Health Department Health care providers Juvenile Services Job Services Community Action Department of Public Safety and Correctional Services | July 1, 2012 – December 30, 2015 | # of referrals from primary care to treatment  
# of patients receiving sober housing  
# of patients who are assigned to peer recovery specialists |
| **6. Support law enforcement drug control efforts**  
- Sobriety checkpoints  
- Saturation patrols  
- Drug interdiction  
- Community prevention efforts (Winners Program, Prescription | Law enforcement Judicial system Board of Education Health Department Community/Civic groups | July 1, 2012 – December 30, 2015 | # sobriety checkpoints, saturation patrols, or drug interdiction arrests  
# new community prevention activities |
Drug Take Back, etc.)

Notes:
Objective 1: SHIP Objective; Vital Statistics 2007-2009; rate of drug-induced deaths per 100,000 population
Objective 2: MD State Highway Administration 2006-2010 annual average; % of alcohol or drug related crashes in Garrett County as a portion of total crashes.
Objective 3: GC Sheriff's Office and MD State Police arrest data 2009-2011 annual average; number of Garrett County DUI or DWI arrests.
Objective 4: MD Alcohol and Drug Abuse Administration Smart Data FY2011; continuing care-after discharge from active treatment, client continues to be enrolled in recovery services.
HEALTHY LIFESTYLES ACTION PLAN
Priority: Prevention of and Intervention for Interpersonal Violence

Background: Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life. In 2007, more than 18,000 people were victims of homicide and more than 34,000 took their own life. Many more victims survive violence and are left with permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

Interpersonal violence can include child maltreatment (abuse and neglect), youth violence (bullying, physical fighting, sexual and physical assault, homicide), domestic/intimate partner violence, sexual violence, and elder maltreatment.

Statistics from the Maryland Uniform Crime Reporting Program show that over a 5 year period (2004-2008), an average of 21,077 domestic violence crimes occurred per year in Maryland, with 93% of those being assaults. Alcohol and/or drugs were involved in 1 out of every 4 domestic violence crimes. According to the same report, an average of 84 domestic violence crimes occurred annually in Garrett County. These statistics are representative only of the crimes that were reported. An untold number of domestic violence crimes go unreported.

Statistics from the Dove Center, Garrett County’s sexual assault and domestic violence resource center and shelter, show that 594 unduplicated individuals were served from October 2010 to September 2011. Of those, 539 were victims of domestic violence, sexual abuse or homelessness. One hundred twenty were children and 419 were adults (20% children, 80% adults). A breakdown of the services provided is as follows:
HEALTHY LIFESTYLES ACTION PLAN  
Priority: Prevention of and Intervention for Interpersonal Violence

**Goal:** Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors

**Health Outcome Objective:**
1. By 2014, increase the life expectancy in Garrett County to the MD SHIP target of 82.5 years. (baseline 78.2)

**Health Indicator Objectives:**
2. By 2015, decrease the percentage of Garrett County high school students that were bullied on school property by 10% to 18.9%. (baseline 21%)
3. By 2015, decrease the number of protective orders and domestic violence arrests by 10% to 77. (baseline 86)
4. By 2015, maintain or reduce child maltreatment. (baseline 4.2; MD SHIP target 4.8) *(SHIP Obj. 7)*

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| 1. Promote community awareness and prevention of interpersonal violence including family violence, elder abuse, and bullying. | Dove Center  
Community Action  
Board of Education  
Law enforcement  
Judicial system  
Social Services  
Family Violence Coalition  
Health Department | July 1, 2012 – December 30, 2015 | # newspaper articles  
# community displays  
# presentations |
| 2. Maintain and expand domestic violence services to address self-sufficiency, including:  
• Transitional and permanent housing  
• Counseling and advocacy  
• Employment assistance  
• Transportation  
• Child care  
• Access to health care | Dove Center  
Family Violence Coalition  
Social Services  
Health Department  
Community Action  
Mt. Laurel Medical Center | July 1, 2012 – December 30, 2015 | # new services provided |
<p>| 3. Increase the number of | Dove Center | July 1, 2012 – | # new forensic nurses |</p>
<table>
<thead>
<tr>
<th>Objective</th>
<th>Collaborating Agencies</th>
<th>Date</th>
<th>Key Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Forensic nurses to screen and treat victims of domestic violence.</td>
<td>Hospital Social Services Health Department Sexual Assault Response Team</td>
<td>December 30, 2015</td>
<td></td>
</tr>
<tr>
<td>2. Support school efforts to implement comprehensive school strategies to address bullying</td>
<td>Board of Education Dove Center Health Department Parent Teacher Organizations</td>
<td>July 1, 2012 – December 30, 2015</td>
<td># of bullying training opportunities # school groups to implement new evidence-based programs or make improvements to existing ones # school bullying disciplinary incidents</td>
</tr>
<tr>
<td>3. Support efforts to develop a Child Advocacy Center</td>
<td>Social Services Law enforcement Judicial system Health Department Hospital Dove Center Juvenile Services Family Violence Coalition</td>
<td>July 1, 2012 – December 30, 2015</td>
<td>Memorandum of Understanding signed by Social Services Director, State’s Attorney, Sheriff, and State Police Lieutenant Accreditation achieved from National Children’s Alliance # grants received to support full-time Project Coordinator</td>
</tr>
</tbody>
</table>

Notes:
Objective 1: SHIP objective; Vitals Statistics 2009; life expectancy at birth
Objective 2: Garrett County YRBS 2010; % of high school students (9-12 grade) that were bullied in past 12 months; MD YRBS 2009; U.S. YRBS 2009
Objective 3: GC Sheriff’s Office and MD State Police data 2009-2011 annual average; number of Garrett County domestic violence arrests and protective order violations.
Objective 4: SHIP Objective; Department of Human Resources FY2010; rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18.
Fragile Systems
FRAGILE SYSTEMS ACTION PLAN
Priority: Safety Net Systems

Background: Safety net programs are programs or services that help people in need. They exist to catch people when they "fall" economically or with regard to health, and are generally intended to be temporary. The most common programs provide cash assistance, food aid and health care and supportive services.

The three safety net programs addressed in this priority area for Garrett County include home health care, adult day care, and outpatient specialty services, such as dialysis and chemotherapy.

Home health care is an alternative to lengthy hospitalizations or nursing home placement. It provides for medical needs and coordination of in-home services so that medically fragile persons can remain at home. The type of home health care provided can include skilled nursing; physical, speech, or occupational therapy; aide services; and telehealth services. Home Health care is a service geared for people who are considered home bound which means they have difficulty accessing medical care because it requires a significant, taxing effort to leave their home. This assures these individuals receive the care which they would otherwise not be able to access.

Adult day care is designed to provide care and companionship for adults (most of whom are senior citizens) who need assistance or supervision during the day. The program offers relief to family members or caregivers and allows them the freedom to go to work, handle personal business or just relax while knowing their relative is well cared for and safe. The goals of adult day care are to delay or prevent institutionalization by providing alternative care, to enhance self-esteem and to encourage socialization. With the closing of Diakon Adult Day Services at Mountain Glade, Garrett County currently has no adult day care options.

Outpatient specialty services that can be provided locally can increase the likelihood of a patient remaining in their home throughout their treatment and can reduce the stress of having to travel >50 miles each way for treatments. Dialysis (also known as hemodialysis) is a procedure that must be done when a person's kidneys are not healthy enough to do their work on their own. Instead, a machine filters wastes, salts and fluids from the blood and replaces it with filtered blood. The procedure must be done up to three times a week and can take up to four hours each visit. Chemotherapy is a drug treatment that uses powerful chemicals to kill fast-growing cells in your body. It is most often used to treat cancer, since cancer cells grow and multiply much more quickly than most cells in the body. Chemotherapy treatments, with the right coordination, can be given at home, in a doctor's office, in the hospital, or in an outpatient chemotherapy unit.
FRAGILE SYSTEMS ACTION PLAN
Priority: Safety Net Systems

**Goal:** Strengthen and support those components of our public health system that are fragile because of funding, workforce capacity, demographic shifts, etc.

**Health Indicator Objectives:**
1. Through 2015, maintain or reduce hypertension-related emergency department visits. (baseline 169.5; MD SHIP target 225.0) *(SHIP Obj. 28)*
2. Through 2015, reduce diabetes-related emergency department visits by 5% to 325.1. (baseline 342.2; MD SHIP target 330) *(SHIP Obj. 27)*
3. By 2015, reduce preventable hospital stays of Medicare enrollees by 10% to 60.3 per 1,000. (baseline 67; national benchmark 49)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sustain current home health program</td>
<td>Health Department, Health care providers, Hospital, Area Agency on Aging, Pharmacists, Medical supply companies, Churches</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># of Home Health referrals from health care providers, # of radio advertisements, # of newspaper ads or articles published, # of print materials distributed</td>
</tr>
<tr>
<td>2. Develop technical options to expand service availability, such as telehealth</td>
<td>Health Department, University of MD, Chamber of Commerce</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># new technical service options implemented</td>
</tr>
<tr>
<td>3. Support efforts to develop and reestablish adult day care services in the county</td>
<td>Area Agency on Aging, Health Department, Hospital, Nursing Homes, Assisted Living Facilities</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># adult day care slots made available</td>
</tr>
<tr>
<td>4. Support efforts to sustain</td>
<td>Hospital</td>
<td>July 1, 2012 – Dec.</td>
<td># of dialysis patients served</td>
</tr>
</tbody>
</table>
and expand outpatient specialty services, such as dialysis and chemotherapy, which allow patients to access lengthy or frequent procedures in county.

<table>
<thead>
<tr>
<th>Health care providers</th>
<th>30, 2015</th>
<th>annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Dialysis Foundation</td>
<td></td>
<td># of local medical offices providing chemotherapy</td>
</tr>
<tr>
<td>Garrett Dialysis Center</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Objective 1: SHIP objective; Health Services Cost Review Commission 2010; rate of ED visits for hypertension per 100,000 population
Objective 2: SHIP objective; Health Services Cost Review Commission 2010; rate of ED visits for diabetes per 100,000 population
Objective 3: County Health Rankings; Dartmouth Atlas of Health Care using Medicare claims data, 2009; hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees
FRAGILE SYSTEMS ACTION PLAN
Priority: Workforce Development

Background: The number of people age 65 and over is projected to increase from 39 million in 2010 to 69 million in 2030, when the Baby Boomers become 65+. About 20 percent of the total population will be over 65 in 2030, compared to about 13 percent now.\(^5\)

In Maryland, the number of seniors is projected to increase from 915,000 in 2010 to 1.7 million by 2030. Garrett County’s demographics show that the percentage of the population age 65+ is 17.4% (5,237), which is higher than the 12.3% for Maryland.\(^6\)

This aging of the county, state, and national populations will place an unprecedented demand on health, social services, and the workforce. According to a new Institute of Medicine report titled “Retooling for an Aging America: Building the Health Care Workforce,” America’s aging citizens are facing a health care workforce too small and unprepared to meet their needs.

Among the issues that need to be considered in workforce development are the following factors\(^7\):
- Most health care providers receive limited training on care to older adults;
- Many health care providers are aging rapidly leading to future shortages of health workers to serve older adults;
- Future demand for health care providers to serve older adults will be affected by health insurance reimbursement policies, emerging technologies, new models of care, and changes in profession-specific scope of practice.

Complex changes such as improving efficiency, reconfiguring health care delivery, and making better use of both physicians and other health care professionals will be necessary.\(^8\)

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\(^5\) Current Population Reports: Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050
\(^6\) U.S. Census Bureau, State and County Quickfacts
\(^7\) The Impact of the Aging Population on the Health Workforce in the United States: Summary of Key Findings; Center for Health Workforce Studies, School of Public Health, University at Albany; March 2006
\(^8\) The Complexities of Physician Supply and Demand: Projections Through 2025; Association of American Medical Colleges; 2008
**Fragile Systems Action Plan**  
**Priority: Workforce Development**

**Goal:** Strengthen and support those components of our public health system that are fragile because of funding, workforce capacity, demographic shifts, etc.

**Health Indicator Objectives:**
1. By 2015, decrease the population served per primary care provider by 10% to 1,213:1. (baseline 1,348:1; National target 631:1)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| 1. Develop recruitment and retention programs for new physicians and mid-level providers | Garrett/Allegheny Workforce Development  
Hospital  
Health Department  
Health care providers  
Chamber of Commerce | July 1, 2012 – Dec. 30, 2015 | # new physicians  
# new mid-level providers |
| 2. Expand educational and training opportunities for current and future health care professionals | Area Health Education Center  
Allied Health Programs at high schools  
Hospital  
Health Department  
Nursing homes  
Health care providers  
Garrett College  
Alleghany College  
WVU  
Frostburg State University | July 1, 2012 – Dec. 30, 2015 | # new or expanded educational training opportunities |
| 3. Develop workforce training programs by allowing multi-agency training, mileage reimbursement, and flexible training schedules | Area Health Education Center  
Garrett College  
Alleghany College  
Frostburg State University  
WVU  
Hospital | July 1, 2012 – Dec. 30, 2015 | # new workforce training programs implemented  
# agencies participating |
<table>
<thead>
<tr>
<th>4. Develop partnerships with nearby institutions of higher education to:</th>
<th>Health Department Nursing homes</th>
<th>Area Health Education Center Garrett College Allegany College Frostburg State University WVU Potomac State College Hospital Health Department</th>
<th>July 1, 2012 – Dec. 30, 2015</th>
<th># partnerships established # internships completed # graduates recruited # new continuing education programs offered # new distance learning classes offered</th>
</tr>
</thead>
</table>

- Provide internships
- Recruit graduates
- Create continuing education programs for existing staff
- Distance learning or bring more classes to the area

<table>
<thead>
<tr>
<th>5. Develop incentives to attract recent graduates to rural Maryland</th>
<th>Hospital Physicians Pharmacies Nursing Homes Health Department</th>
<th>July 1, 2012 – Dec. 30, 2015</th>
<th># of organizations offering incentives</th>
</tr>
</thead>
</table>

Notes:
Objective 1: From County Health Rankings; Health Resources and Services Administration’s Area Resource File for 2009; primary care physicians include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology.
FRAGILE SYSTEMS ACTION PLAN
Priority: Emergency Medical Services (EMS)

Background: Adequate staffing levels are essential to ensure timely access and delivery of safe and quality emergency patient care. Despite these efforts, many EMS services are struggling to fill existing vacancies. According to the Maryland Institute for Emergency Medical Services Systems’ “Maryland EMS Work Force Report,” time was the number one barrier/obstacle cited by all levels of providers in EMS volunteer services. The growing number of dual-worker families and single-parent families have limited the time for volunteerism. Many Americans are working longer hours, multiple jobs, and have less flexibility in their schedules. As the pool of individuals who have the time to volunteer decreases, it will become far more difficult to get volunteers who will commit to hundreds of hours of training, 24/7 availability, and additional in-station service time.

According to the American Heart Association, 88% of cardiac arrests occur at home. Many victims appear healthy with no known heart disease or other risk factors. The links in the “Chain of Survival” are immediate recognition of cardiac arrest and activation of the emergency response system, early cardiopulmonary resuscitation (CPR), rapid defibrillation, effective advanced life support, and integrated post–cardiac arrest care. These actions involve the participation of a spectrum of rescuers, including family members, bystanders, emergency medical service (EMS) dispatchers, pre–hospital care providers, and hospital-based personnel; each group of rescuers has specific motivations, responsibilities, and skills. Unfortunately, in most communities in the United States only 5% to 10% of all out of hospital cardiac arrest patients in whom resuscitation is attempted survive to discharge from the hospital. In contrast, survival rates can approach 20% (50% for witnessed ventricular fibrillation) in communities where the Chain of Survival is strong.

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9 Maryland EMS Work Force Report; Maryland Institute for Emergency Medical Services Systems; September 2005
10 Ibid
11 A Scientific Statement From the American Heart Association: Emergency Medical Service Dispatch Cardiopulmonary Resuscitation Pre-arrival Instructions to Improve Survival From Out-of-Hospital Cardiac Arrest; http://circ.ahajournals.org/content/early/2012/01/09/CIR.0b013e31823ee5fc
FRAGILE SYSTEMS ACTION PLAN
Priority: Emergency Medical Services (EMS)

**Goal:** Strengthen and support those components of our public health system that are fragile because of funding, workforce capacity, demographic shifts, etc.

**Health Indicator Objective:**
1. By 2015, reduce average time from dispatch to scene by 10% to 11.5 minutes. (baseline 12.8 minutes)
2. By 2015, reduce average number of calls per year that are unnecessary/result in no transport by 10% to 298. (baseline 331 calls/year)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clubs in high schools</td>
<td>Board of Education Garrett College</td>
<td></td>
<td># new paramedics</td>
</tr>
<tr>
<td>• Program at Garrett College</td>
<td></td>
<td></td>
<td># EMS club students that become EMT</td>
</tr>
<tr>
<td>3. Increase paid staff positions through new funding streams such as grants or fundraising</td>
<td>Emergency Management Office</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># additional paid staff</td>
</tr>
<tr>
<td>Southern Garrett Rescue Squad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Garrett Rescue Squad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Develop public service announcements to explain the EMS system and appropriate calls to 911</td>
<td>Emergency Management Office</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># of PSA’s</td>
</tr>
<tr>
<td>Media contacts</td>
<td></td>
<td></td>
<td># of calls received at Call Center that result in no transport</td>
</tr>
<tr>
<td>Garrett College Hospital Health Department Worksites</td>
<td># new AEDs placed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Objective 1: MD Institute for Emergency Medical Services Systems 2009-2011; Average response time from dispatch to scene arrival
Objective 2: MD Institute for Emergency Medical Services Systems 2009-2011; Emergency call outcomes (no transport, false call, and patient refused care or transport)
FRAGILE SYSTEMS ACTION PLAN  
Priority: Adult Dental Health

**Background:** According to the American Dental Association, with each passing year, science uncovers more evidence of the critical importance of oral health to overall health. Early diagnosis, preventive treatments and early intervention can prevent or halt the progress of most oral diseases. Yet many American adults lack regular access to routine dental care, and many of them suffer needlessly with disease that inevitably results.

For every adult 19 years or older with medical insurance, there are three without dental insurance. In the U.S., a little less than two thirds of adults report having visited a dentist in the past 12 months.\(^{12}\) In Maryland, an estimated one out of every four adults (26.2%) reported that they either never had their teeth cleaned or that it had been more than a year since they last had their teeth cleaned by a dentist or dental hygienist.\(^{13}\)

Garrett County Memorial Hospital admissions data shows that over 300 individuals present to the Emergency Room each year for a reported dental emergency. In Calendar Year 2009, there were 335 visits for dental problems; 347 in 2010; and 344 in 2011. Many of these emergency visits may be preventable with routine preventive dental care.

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\(^{13}\) Maryland Behavioral Risk Factor Surveillance Survey, 2010.
FRAGILE SYSTEMS ACTION PLAN
Priority: Adult Dental Health

**Goal:** Strengthen and support those components of our public health system that are fragile because of funding, workforce capacity, demographic shifts, etc.

**Health Indicator Objectives:**
1. By 2015, maintain or reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. (baseline 11.5%; MD SHIP target 11.4%) *(SHIP Obj. 39)*
2. By 2015, reduce the number of dental-related hospital emergency room visits by 10% to 308. (baseline 342)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the awareness of and access to routine dental checkups for adults</td>
<td>Health Department Local dentists Allegany College Dental Hygiene Program</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># newspaper articles published about adult dental care # radio announcements broadcast</td>
</tr>
<tr>
<td>2. Increase the availability of emergency dental care so individuals do not use the Emergency Room</td>
<td>Local dentists Health Department Mountain Health Alliance¹⁴</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># seen in Emergency Room for dental care</td>
</tr>
<tr>
<td>3. Encourage private dentists to participate in the MD Dental Association’s Donated Dental Services Program</td>
<td>Local dentists Allegany-Garrett Dental Society</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># private dentists who participate in a donated dental service</td>
</tr>
<tr>
<td>4. Develop a referral system to WVU School of Dentistry, when appropriate (see Notes below), with reduced cost transportation through Garrett Transit</td>
<td>Health Department Community Action WVU School of Dentistry</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># referrals / individuals who use the service</td>
</tr>
<tr>
<td>5. Support efforts of Mt Laurel to access grant money if available</td>
<td>Mt Laurel Medical Center Health Department</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># grants applied for</td>
</tr>
</tbody>
</table>

¹⁴ The Mountain Health Alliance is an offshoot of Allegany Health Right that is focusing efforts on providing access to affordable dental treatment in the Tri-State region.
| to Federally Qualified Health Centers for expansion of adult dental care | | # grants received |

Notes:
Objective 1: SHIP objective; MD BRFSS 2008-2010; Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor
Objective 2: Garrett County Memorial Hospital admission data; Emergency Room visits for dental emergencies or dental caries; 3 year average 2009-2011
Strategy 4: Using WVU School of Dentistry may not always be the most cost-efficient option. If the patient sees a resident, the fee is lower than seeing a faculty member, but usually will require multiple visits. Seeing a faculty member usually only requires 2 visits (one for the exam and one for the treatment), but may be no more affordable than seeing a local dentist.
Vulnerable Populations
VULNERABLE POPULATIONS ACTION PLAN
Priority: Aging

Background: The number of people age 65 and over is projected to increase from 39 million in 2010 to 69 million in 2030. This is when the Baby Boomers will become 65+. About 20 percent of the total population will be over 65 in 2030, compared to about 13 percent now.\textsuperscript{15}

In Maryland, the number of seniors is projected to increase from 915,000 in 2010 to 1.7 million by 2030. Garrett County’s demographics show that the percentage of the population age 65+ is 17.4\% (5,237), which is higher than the 12.3\% for Maryland.\textsuperscript{16} The graph below depicts the projected growth of the 65+ population in Garrett County.

This aging of the county, state, and national populations will place an unprecedented demand on health, social services, the workforce, and housing accommodations. Surveys consistently confirm that more than 90\% of persons age 65+ have a goal to remain in their homes for as long as possible. Yet, many of the very low income elderly people pay more than 50\% of their income for housing.\textsuperscript{17} Additionally, fuel and food prices are increasing. 80\% of older adults have at least one chronic condition and 50\% have at least two. One in eight older Americans has Alzheimer’s disease.\textsuperscript{18} For these reasons, attention to the aging population is not only necessary, but critical.

\textsuperscript{15} Current Population Reports: Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050
\textsuperscript{16} U.S. Census Bureau, State and County Quickfacts
\textsuperscript{17} U.S. Department of Housing and Urban Development
\textsuperscript{18} 2010 Alzheimer’s Disease Facts and Figures from Alzheimer’s Association
VULNERABLE POPULATIONS ACTION PLAN
Priority: Aging

**Goal 1:** Achieve and maintain optimal health and independence for vulnerable populations.

**Health Indicator Objective:** By 2015, reduce preventable hospital stays of Medicare enrollees by 10% to 60.3 per 1,000. (Baseline for Garrett County 67; national benchmark 49)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote support programs available to the senior citizen population and their caregivers that help them remain in their homes and remain independent for as long as possible</td>
<td>Department of Social Services Community Action Area Agency on Aging Programs Health Department Hospice Health care providers Churches</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># seniors using Meals on Wheels # seniors accessing meals at senior centers or meal sites # seniors accessing energy assistance # seniors using Home Health or Adult Evaluation Services % senior patients that access Hospice ≥ 2 months before death # seniors using Senior Health Insurance Program Services # seniors using older adult waiver program # seniors using OATS (Older Adults Transition Service) program</td>
</tr>
<tr>
<td>2. Prepare for the increased demand for end-stage health care as Baby Boomers age</td>
<td>Department of Social Services Hospice Health Department Nursing homes Hospital Community Action Health care providers</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># seniors using Adult Services at DSS</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3. Provide opportunities and education for and about preventive health care for older adults, such as:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult immunization</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Healthy eating</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Physical activity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Routine health care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Medication safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Centers Health Department Health care providers Department of Social Services Cooperative Extension Healthy Lifestyles Workgroup Pharmacies Community Action Steps Committee</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># seniors vaccinated for influenza, as reported through accessible registries # seniors vaccinated for pneumonia, as reported through accessible registries # seniors vaccinated for shingles, as reported through accessible registries # organizations that offer age-specific senior health programs or activities</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Objective 1: County Health Rankings; Dartmouth Atlas of Health Care using Medicare claims data, 2009; hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees
VULNERABLE POPULATIONS ACTION PLAN  
Priority: Disabled

Background: The Americans with Disabilities Act (ADA) has a three-part definition of disability. Under ADA, an individual with a disability is a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; OR (2) has a record of such an impairment; OR (3) is regarded as having such an impairment. A physical impairment is defined by ADA as "any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine."  

Currently, the Maryland population with developmental disabilities is as follows:
- Ages 5-17 years – 4.9% have a developmental disability
- Ages 18-64 - 8.2% have a developmental disability
- Ages 65+ - 33% have a developmental disability

Maryland Developmental Disabilities Council states that many individuals rely on Medicaid which requires that they choose a managed care organization. Comprehensive coverage is provided for individuals up to age 21. A shortage of health care providers, especially specialty care, presents problems for those served.

The action plan for the “disabled” population is based on the goal of enabling those individuals with disabilities to live, work, and socialize in the community according to their preferences and abilities.

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19 U.S. Department of Justice – Americans with Disability Act  
20 Maryland Developmental Disabilities Council five year state plan 2012-2016
# VULNERABLE POPULATIONS ACTION PLAN  
## Priority: Disabled

### Goal 1: Achieve and maintain optimal health and independence for vulnerable populations.

#### Health Indicator Objective:

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| 1. Support services that inform consumers, community and caregivers about availability and appropriate use of services, such as:  
- Respite care  
- Appalachian Crossroads  
- Health Department – Adult Evaluation Review Services; Healthy Families; Women, Infant & Children Program  
- Infants and Toddlers Program  
- Abilities Network  
- Employment Opportunity  
- Advocacy and Resources  
- Transportation | Western Maryland Consortium Division of Rehabilitation Services  
Appalachian Crossroads  
Garrett Organization for the Handicapped  
Appalachian Parent Association  
Abilities Network  
Board of Education, Department of Social Services  
Maryland Access Point | July 1, 2012 – Dec. 30, 2015 | # calls to 211  
# of individuals using Appalachian Crossroads services  
# of individuals with disabilities that access Social Services programs  
# day programs in the area that serve individuals with disabilities  
# of individuals using Maryland Access Point |
| 2. Continue efforts to implement ADA (Americans with Disabilities Act) recommended and/or required environmental changes (handicap ramps, parking, wider aisles in stores, etc.) | Garrett Organization for the Handicapped  
Appalachian Parent Association  
Garrett County Planning and Land Development | July 1, 2012 – Dec. 30, 2015 | # of facilities making voluntary ADA-recommended environmental changes |
VULNERABLE POPULATIONS ACTION PLAN
Priority: Economically Disadvantaged

Background: In Garrett County almost 24% of the population receives Medicaid benefits\(^{21}\) and another 20% of the population has no form of health care coverage. An untold number of individuals are underinsured with inadequate health care insurance policies that include high deductibles and out-of-pocket expenses. Over 37% of the countywide population lives below 200% of the Federal Poverty Level, which is the highest percentage in the state, and another 15% lives below 100% of the Federal Poverty Level.\(^{22}\)

Garrett County fares poorer than Maryland for most, if not all, economic indicators. The unemployment rate is higher than the state average, at 7.3% and 6.7% respectively.\(^{23}\) The percentage of Garrett County households that use public assistance is 3.1% vs. 2.5% for Maryland.\(^{24}\) In Garrett County, the median household income is $45,760, compared to $70,647 for the state.\(^{25}\)

Addressing economic disadvantage is important to overall health because poverty forces people to live in environments that make them sick, without decent shelter, clean water or adequate sanitation. Poverty creates hunger, which in turn leaves people vulnerable to disease. Poverty denies people access to reliable health services and affordable medicines, and causes children to miss out on routine vaccinations. Poverty creates illiteracy, leaving people poorly informed about health risks and forced into dangerous jobs that harm their health.

\(^{21}\) Community Health Status Report for Garrett County, Maryland. 2009. [www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)


\(^{24}\) U.S. Census Bureau; Quick Facts 2010. [http://quickfacts.census.gov/qfd/states/24000.html](http://quickfacts.census.gov/qfd/states/24000.html)

\(^{25}\) Ibid
## VULNERABLE POPULATIONS ACTION PLAN
### Priority: Economically Disadvantaged

**Goal 1:** Achieve and maintain optimal health and independence for vulnerable populations.

**Health Indicator Objectives:**
1. By 2015, increase the proportion of persons with health insurance by 10% to 88%. (baseline 80%; HP2020 goal 100%) *(SHIP Obj. 36)*
2. By 2015, maintain or reduce the percentage of people reporting there was a time in the last 12 months they could not afford to see a doctor. (baseline 11.5%; MD SHIP target 11.4%) *(SHIP Obj. 39)*

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain an ongoing emphasis on the provision and delivery of health care for uninsured and under-insured</td>
<td>Mt Laurel Medical Center Health Department Health care providers Hospital</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># uninsured individuals participating in hospital Caring Program # sliding scale fee services offered at health department and Mt. Laurel</td>
</tr>
<tr>
<td>2. Expand or maintain public/private transportation assistance options</td>
<td>Community Action Churches Wheels to Work (Community Action and Social Services) Road to Recovery (American Cancer Society)</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># transportation options # individuals participating in Wheels to Work # individuals providing Road to Recovery services</td>
</tr>
<tr>
<td>3. Support efforts to enroll uninsured or underinsured individuals in health care plans, such as Primary Adult Care (PAC) and Maryland Children’s Health Program (MCHIP)</td>
<td>Health Department Health care providers Mt. Laurel Medical Center Community Action Department of Social Services</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># new individuals covered by Maryland Children’s Health Program # new adults covered by Primary Adult Care</td>
</tr>
<tr>
<td>4. Promote participation in Health Insurance Exchange (HIX)</td>
<td>Chamber of Commerce Health Department</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># small businesses participating in HIX</td>
</tr>
<tr>
<td>Businesses Community Action</td>
<td># health care providers that participate in ACO</td>
<td># medical offices that become accredited as a PCMH</td>
<td></td>
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<tr>
<td>----------------------------</td>
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<tr>
<td>Mt Laurel Medical Center Local Physicians Hospital Health Department</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. Facilitate the development of a local accountable care organization (ACO) and patient centered medical homes (PCMH)**

**Notes:**
- **Objective 1:** SHIP objective; MD BRFSS 2008-2010; percentage of civilian, non-institutionalized 18-64 yr olds with any type of health insurance
- **Objective 2:** SHIP objective: MD BRFSS 2008-2010; percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor
VULNERABLE POPULATIONS ACTION PLAN
Priority: Behavioral Health

**Background:** In 2008, 13.4 percent of adults in the United States received treatment for a mental health problem. This includes all adults who received care in inpatient or outpatient settings and/or used prescription medication for mental or emotional problems.\(^{26}\) The costs of mental health treatment are significant. In 2006, the average expenditure per person for mental health services was $1,591.\(^{27}\) In Garrett County in Fiscal Year 2011, this figure was $2,810 per person.\(^{28}\)

Most mental health services in Garrett County are provided by the Garrett County Health Department’s Behavioral Health Clinic and are funded through a fee-for-service system where payments are made for each service at a pre-set amount. There are no inpatient psychiatric hospitals in the county and only one residential crisis facility.

According to data from the Maryland Behavioral Risk Factor Surveillance Survey between 2004 and 2010, Garrett County adults reported an average of 3.7 days per month that their mental health was not good, ranking the county at 18 out of 24 jurisdictions.

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\(^{26}\) National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2008
\(^{27}\) Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, 2006
\(^{28}\) Value Options Crystal Reports MARF0004 based on claims paid through 9/30/11
**VULNERABLE POPULATIONS ACTION PLAN**
*Priority: Behavioral Health*

**Goal:** Achieve and maintain optimal health and independence for the vulnerable populations.

**Health Outcome Objective:**
1. By 2015, reduce the number of days that adults report “not good” mental health days to national benchmark of 2.3 days. (baseline 3.7 days)

**Health Indicator Objectives:**
2. By 2015, maintain or reduce the number of emergency department visits related to behavioral health conditions. (baseline 897.1; MD SHIP target 1,146) *(SHIP Obj. 34)*
3. By 2015, reduce suicide attempts by high school youth to HP2020 target of 1.9%. (baseline 3.1%)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expand mental health services available to the public to include</td>
<td>Health Department</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># hours a child psychiatrist specialist is available (either part-time availability or increase in telehealth hours)</td>
</tr>
<tr>
<td>- Child psychiatry</td>
<td>Local Mental Health Providers</td>
<td></td>
<td># served by Mobile Crisis Stabilization (outside of foster children)</td>
</tr>
<tr>
<td>- Mobile Crisis Stabilization beyond current services available only to</td>
<td>Department of Social Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>foster children</td>
<td>Core Service Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lighthouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Promote education to the community regarding mental health services</td>
<td>Health Department</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># calls to crisis hotline</td>
</tr>
<tr>
<td>available and reduce the stigma associated with using the services</td>
<td>Hospital</td>
<td></td>
<td># calls to 211 for mental health information</td>
</tr>
<tr>
<td></td>
<td>Mt Laurel Medical Center</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Core Service Agency</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Board of Education</td>
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<tr>
<td></td>
<td>Lighthouse</td>
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<tr>
<td></td>
<td>Network of Care webpage for local services and Personal Wellness and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recovery Plan:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.networkofcare.org">www.networkofcare.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve inter-agency</td>
<td>Health Department</td>
<td>July 1, 2012 – Dec.</td>
<td># of inter-agency referrals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30, 2015</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Description</td>
<td>Lead Agencies</td>
<td>Timeline</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>3. Create new programs for emergency mental health/crisis counseling</td>
<td>Hospital, Department of Social Services, Health care providers, Community Action, Judicial System, Core Service Agency, Lighthouse Appalachian Crossroads</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># new programs</td>
</tr>
<tr>
<td>5. Promote Behavioral Health Integration to develop a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues</td>
<td>Hospital, Health Department, Local physicians, Lighthouse, Core Service Agency</td>
<td>July 13, 2013</td>
<td># measures implemented that contribute to integrated care</td>
</tr>
<tr>
<td>6. Develop and implement a functional Behavioral Health Court in Garrett County</td>
<td>Core Service Agency, Drug Free Communities Coalition, Mental Health Advisory Council</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># cases referred to Behavioral Health Court</td>
</tr>
</tbody>
</table>

Notes:
Objective 1: County Health Rankings; MD BRFS 2004-2010, “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”
Objective 2: SHIP Objective; Health Services Cost Review Commission 2010, Rate of ED visits for a behavioral health condition per 100,000 population
Objective 3: Garrett County YRBS 2010; “If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?”
VULNERABLE POPULATIONS ACTION PLAN
Priority: Minority (Racial and Ethnic Disparities)

Background: Although Garrett County has a very small minority population (2.2% or 662 persons), it is a population that is growing (from 1.6% in 2000 to 2.2% in 2010).29 The minority population is a vulnerable population because they are significantly less likely than the rest of the population to have health insurance.30 In Maryland, almost one in two nonelderly Hispanics did not have health insurance in 2007-2009 compared to one in ten Whites not having insurance.31 Furthermore, racial and ethnic minorities often receive poorer quality of care and face more barriers in seeking care including preventive care, acute treatment, or chronic disease management, than do non-Hispanic White patients.32 Minority groups also experience rates of preventable hospitalizations that are, in some cases, almost double that of non-Hispanic Whites.33

As the minority population in Garrett County grows, public health and health care efforts are moving from an improvisational approach to addressing health disparities, to a proactive, comprehensive approach.

29 U.S. Census 2010
31 Maryland DHMH Disparities
VULNERABLE POPULATIONS ACTION PLAN  
Priority: Minority (Racial and Ethnic Disparities)

**Goal:** Achieve and maintain optimal health and independence for the vulnerable populations.

**Health Indicator Objective:** Where health outcome data is available for all population groups, achieve health equity.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| 1. Increase awareness of health disparities for the racial and ethnic community and the actions necessary to improve health outcomes. | Health Department  
Hospital  
Health care providers  
Garrett College  
Department of Social Services  
Community Action | July 1, 2012 – Dec. 30, 2015 | # organizations or institutions providing information |
| 2. Provide preventive health education that reaches minority populations. | Garrett College  
Board of Education  
Hospital  
Health Department | July 1, 2012 – Dec. 30, 2015 | # organizations providing preventive health education for minorities  
# individuals from minority population educated |
| 3. Improve translation services available in health care and human service settings. | Hospital  
Medical offices  
Health Department  
Department of Social Services  
Community Action | July 1, 2012 – Dec. 30, 2015 | # local translators available  
# agencies or offices that provide translation services |
VULNERABLE POPULATIONS ACTION PLAN
Priority: Very Young (Age 5 and Younger)

**Background:** The early years of a child’s life, pregnancy through age five, are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family are very important. Proper nutrition, exercise, and rest also can make a big difference.\(^{34}\)

Investing in child well-being can reduce social costs. This includes *tangible* costs such as special education, foster care, welfare, medical care, law enforcement, social security, and social services, and *intangible* costs such as physical and emotional pain experienced by children with developmental delays and their families.

Despite the fact that only two counties in Maryland ranked worse than Garrett County for the rate of child poverty in 2010,\(^ {35}\) our child well-being indicators tell a different story, perhaps because of the safety net of programs and services that support children and families. These programs must be sustained in order to maintain the progress that has been made with regard to children entering school ready to learn, access to dental care, and children with health insurance and must be improved to achieve progress with regard to child maltreatment and childhood obesity.

\(^{34}\) [www.aceresponse.org](http://www.aceresponse.org); ACE Study

\(^{35}\) U.S. Census Bureau, Small Area Income and Poverty Estimates, [www.census.gov/cgi-bin/saipe.cgi](http://www.census.gov/cgi-bin/saipe.cgi)
VULNERABLE POPULATIONS ACTION PLAN
Priority: Very Young (Age 5 and Younger)

Goal: Achieve and maintain optimal health and independence for the vulnerable populations.

Health Indicator Objectives:
1. By 2015, maintain the percentage of children who enter kindergarten ready to learn. (baseline 94%, MD SHIP target 85%) (SHIP Obj. 10)
2. By 2015, maintain or reduce percentage of births that are low or very low birth weight. (baseline 8.4%; MD SHIP target 8.5%) (SHIP Obj. 3)
3. By 2015, maintain or reduce child maltreatment (baseline 4.2; MD SHIP target 4.8) (SHIP Obj. 7)

<table>
<thead>
<tr>
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<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote a safe home environment to encourage safe sleep, safe play, protection from household hazards, protection from fire, and protection from abuse and neglect.</td>
<td>Health Department Hospital Health care providers Head Start Centers Day care centers Board of Education</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># agencies and child care centers that provide safe sleep or safe play education to parents # agencies and child care centers that provide fire prevention education # agencies and child care centers that provide poison prevention education # families participating in “Happiest Baby on the Block™” training</td>
</tr>
<tr>
<td>2. Promote well child care including immunizations and regular checkups</td>
<td>Health Department Hospital Health care providers Head Start Centers Day care centers Board of Education</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># young children immunized as recorded in accessible registries % children ages 19-35 months that are fully immunized (as</td>
</tr>
<tr>
<td>3. Promote the healthy development of young children through infant stimulation/brain development activities, breastfeeding, nutrition, active play</td>
<td>Health Department Hospital Health care providers Head Start Centers Day care centers Board of Education</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td>tracked in Garrett County Early Care Programs) % children ages 2-5 years that are blood lead tested (as tracked in Garrett County Early Care Programs) # WIC moms that breastfeed at 3 months, 6 months, and 1 year # agencies and child care centers that provide nutrition or active play education # parents participating in Healthy Families home visiting programs</td>
</tr>
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</tr>
<tr>
<td>4. Promote parent education about choosing appropriate child care and healthy parenting</td>
<td>Health Department Hospital Health care providers Head Start Centers Day care centers Board of Education</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td># agencies that provide information to parents about choosing child care</td>
</tr>
<tr>
<td>5. Support the continued development of local Child Advocacy Center</td>
<td>Department of Social Services Law Enforcement Judicial system Health Department Hospital Dove Center Juvenile Services Family Violence Coalition</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td>Memorandum of Understanding signed by Social Services Director, State’s Attorney, Sheriff, and State Police Barrack Commander Accreditation achieved from National Children’s Alliance # grants received to support full-time Project Coordinator</td>
</tr>
</tbody>
</table>

Notes:
Objective 1: SHIP objective; MD State Department of Education 2010-2011; percentage of children who enter kindergarten ready to learn
Objective 2: SHIP objective; Vital Statistics 2007-2009; percentage of births that are low birth weight
Objective 3: SHIP objective; Department of Human Resources 2010; rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18.
Environment
ENVIRONMENT ACTION PLAN
Priority: Healthy Indoor Environments

**Background:** Healthy Indoor Environments emphasizes identification and remediation of hazardous exposures in the home including water, wastewater, indoor air, exposure to lead and safe food. The connection between housing and health is well established. Research demonstrates that there is a relationship between the home environment and allergies, asthma, unintentional injuries, poisoning, cancer and heart disease.

Many factors influence health and safety in homes, including structural and safety aspects of the home; quality of indoor air; water quality; chemicals; resident behavior; and the house’s immediate surroundings. Such factors support or detract from the health of those who live there. Some common hazards that affect health and safety include house fires caused by smoking or electrical hazards, carbon monoxide from poorly vented combustion, poor lighting, lack of handrails on stairs, open upper-story windows, improperly stored firearms and poisonous substances, moisture intrusion, and radon gas. Many hazards potentially affect everyone, regardless of socioeconomic status. Secondhand smoke, exposure to chemicals such as pesticides and some household cleaning products, allergens such as dust mites, fire and burn hazards, and fall hazards such as clutter and poor lighting can be found in many homes and in all neighborhoods. These hazards can result in a multitude of health effects, including poisonings, fire and fall-related injuries, and lung diseases such as cancer and asthma.  

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ENVIRONMENT ACTION PLAN  
Priority: Healthy Indoor Environments

**Goal:** Ensure healthy living and working conditions for Garrett County residents and visitors.

**Health Indicator Objectives:**
1. By 2015, maintain blood lead levels in children at a rate lower than the State. (baseline rates too small to calculate for Garrett County; MD baseline 79.1) *(SHIP Obj. 13)*
2. By 2015, maintain rate of salmonella infections transmitted through food at a rate lower than the State. (baseline rate too small to calculate for Garrett County; MD baseline 18.8) *(SHIP Obj. 16)*

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Lead Organization and Partners</th>
<th>Timeline</th>
<th>Milestones</th>
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</table>
| 1. Protect and promote safe ground water  
• Encourage annual water quality test of individual wells or at least if water quality change is noticed.  
• Encourage testing prior to any real estate transaction  
• Promote proper disposal of hazardous materials  
• Promote proper use of pesticides and fertilizers | Health Department  
Garrett County Board of Realtors  
Deep Creek Lab  
Garrett County Office of Solid Waste  
MD Department of Agriculture  
Local realtors | July 1, 2012 – Dec. 30, 2015 | # articles and public service announcements published or broadcast  
Position paper about water testing before real estate transactions sent to Board of Realtors |
| 2. Provide homeowners with education about best practices with wastewater systems  
• Encourage regular pumping of septic tank (every 3-5 years)  
• Promote de-nitrification units on new or existing septic systems | Health Department  
MD Department of the Environment | July 1, 2012 – Dec. 30, 2015 | # articles and public service announcements published or broadcast  
# de-nitrification units installed |
<table>
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</table>
| 3. Improve quality of indoor air | Health Department Community Action | July 1, 2012 – Dec. 30, 2015 | # articles and public service announcements published or broadcast
| - Encourage residents to perform a radon test | | | # Health Department divisions that incorporate education about indoor air quality into programs
| - Discourage smoking inside the home | | | |
| - Reduce opportunities for mold growth | | | |
| - Control exposure to combustion pollutants through | | | |
|   - Proper ventilation | | | |
|   - Use of carbon monoxide and smoke detectors | | | |
|   - Proper placement and use of approved indoor heaters | | | |
| - Reduce exposure to asbestos | | | |

| 4. Reduce exposure to lead | Health Department MD Department of Environment | July 1, 2012 – Dec. 30, 2015 | # articles and public service announcements published or broadcast
| - Promote awareness of risks and methods to correct high lead levels in the home | | | % children ages 2-5 years that are blood lead tested (as tracked in Garrett County Early Care Programs)
<p>| - Promote testing blood lead level of all children age 2 years to kindergarten | | | |
| - Educate the public about lead poisoning | | | |</p>
<table>
<thead>
<tr>
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<th>Milestones</th>
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<tbody>
<tr>
<td>5. Promote safe food in the home</td>
<td>Health Department Food and Drug Administration MD Department of Agriculture Cooperative Extension MD Department of Health and Mental Hygiene Department of Social Services Child Care Administration</td>
<td>July 1, 2012 – Dec. 30, 2015</td>
<td>On-going – Regulatory # articles and public service announcements published or broadcast</td>
</tr>
<tr>
<td>• Assure safe sources of food in commercial and farmer’s markets</td>
<td></td>
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<td></td>
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<tr>
<td>• Promote safe handling and safe storage of food in the home</td>
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Notes:
Objective 1: SHIP objective; Maryland Department of the Environment 2009; rate of new (incident) cases of elevated blood lead level in children under 6 per 100,000
Objective 2: SHIP objective; Infectious Disease and Environmental Health Administration 2010; rate of salmonella infections per 100,000
ENVIRONMENT ACTION PLAN
Priority: Clean Water

**Background:** Clean Water Priority emphasizes the importance of safe water in the home and recreational waters in Garrett County.

Approximately 75% of Garrett County residents (compared to 15% nationwide\(^{37}\)) rely on their own private drinking water supplies, and these supplies are not subject to EPA standards, although some state and local governments do set rules to protect users of these wells. Unlike public drinking water systems serving many people, they do not have experts regularly checking the water’s source and its quality before it is sent to the tap. These households must take special precautions to ensure the protection and maintenance of their drinking water supplies.

Many human activities can pollute the ground water that feeds private drinking water supplies. Septic tanks can cause bacterial and nitrate pollution, as can large numbers of farm animals. Both septic systems and animal manures must be carefully managed to prevent pollution. Sanitary landfills and garbage dumps are also sources. Activities such as mining and construction can release large amounts of heavy metals into nearby ground water sources. Farmers use fertilizers and pesticides to promote growth and reduce insect damage. These products are also used on golf courses and suburban lawns and gardens. The chemicals in these products may end up in ground water.

Garrett County is home to numerous recreational water bodies, including rivers and lakes. According to the Environmental Protection Agency’s Action Plan for Beaches and Recreational Waters\(^{38}\), as long as contamination of ambient waters remains a threat, more and more Americans face risk of exposure to waterborne microbial pathogens. Exposure to pathogens can occur during swimming or other recreational activities via ingestion, inhalation, or direct contact with polluted water. Despite the potential risks to the public from gastrointestinal illness and other infections, water quality monitoring programs vary widely at the state and local levels. States and localities are not required to have regular recreational water quality monitoring programs. However, Garrett County is committed to developing such a program as time and funds allow.

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\(^{37}\) [http://water.epa.gov/drink/info/well/](http://water.epa.gov/drink/info/well/)

\(^{38}\) EPA Action Plan for Beaches and Recreational Waters: Reducing Exposures to Waterborne Pathogens, Office of Research and Development and Office of Water U.S. Environmental Protection Agency; March 1999,
ENVIRONMENT ACTION PLAN
Priority: Clean Water

**Goal:** Ensure healthy living and working conditions for Garrett County residents and visitors.

<table>
<thead>
<tr>
<th>Strategies</th>
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<th>Milestones</th>
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</thead>
</table>
| 1. Establish a baseline of water quality for groundwater in Garrett County  
  - Identify parameters  
  - Review existing data and identify additional data needs  
  - Design and implement sampling program to address gaps  
  - Analyze data, identifying geographic areas of concern  
  - Notify homeowners in areas of concern and encourage testing  
  - Identify funding sources | Health Department  
Bureau of Mines  
MD Department of Environment  
MD Geological Survey | Annually | # of parameters tested  
# of areas of concern  
# of homeowners in areas of concern that conduct water test  
# of new funding sources secured |
| 2. Establish remediation protocols for identified elevated parameters  
  - Research water treatment options for each parameter  
  - Encourage well upgrades where needed  
  - Consider extending or establishing public water systems in areas of concern | Health Department  
Department of Public Utilities  
Garrett County Commissioners | July 1, 2012 – June 30, 2015 | # of remediation protocols established  
# of well upgrades completed in areas of concern  
# of extensions or new water systems developed |
| 3. Establish a baseline of water quality for recreational waters in | Health Department  
Fisheries | July 1, 2012 – June 30, 2013 | # of parameters identified |
<table>
<thead>
<tr>
<th>Garrett County</th>
<th>MD Department of Environment Bureau of Mines Water-gauged organizations</th>
<th># of areas of concern # of funding sources secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Identify parameters</td>
<td>Identify bodies of water to be monitored Design and implement monitoring program Identify funding sources</td>
<td></td>
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<tr>
<td>4. Establish response protocol for recreational waters exceeding parameters</td>
<td>Review existing regulation scheme Develop site-specific plans for areas of concern or incidents of concern</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Department MD Department of Environment Garrett County Department of Public Utilities</td>
<td>July 1, 2012 – June 30, 2013 # of site-specific plans developed</td>
</tr>
</tbody>
</table>
ENVIRONMENT ACTION PLAN
Priority: Clean Air

Background: Under the Clean Air Act, the Environmental Protection Agency (EPA) establishes primary air quality standards to protect public health, including the health of “sensitive” populations such as people with asthma, children, and older adults. EPA also sets secondary standards to protect public welfare. This includes protecting ecosystems, including plants and animals, from harm, as well as protecting against decreased visibility and damage to crops, vegetation, and buildings. 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.

Each year EPA tracks the levels of these pollutants in the air and how much of each pollutant (or the pollutants that form them) is emitted from various pollution sources. The Agency looks at these numbers year after year to see how the pollutants have changed over time. In Garrett County, there is only one air quality monitoring station. This action plan sets forth a plan to increase this number. This would be the most ambitious portion of the action plan, as it creates an entire program and will be heavily dependent on funds being obtained.
ENVIRONMENT ACTION PLAN  
Priority: Clean Air

**Goal:** Ensure healthy living and working conditions for Garrett County residents and visitors.

**Health Indicator Objectives:**
1. By 2015, maintain or reduce rate of hospital emergency department visits from asthma. (baseline 43.5; MD SHIP target 67.1)
2. By 2015, maintain healthy Air Quality Index at a level below the State. (baseline 0 unhealthy days; MD 8.4 unhealthy days) *(SHIP Obj. 19)*

<table>
<thead>
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<th>Milestones</th>
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</thead>
</table>
| 1. Establish a baseline of air quality parameters for Garrett County  
  - Identify parameters including standard parameters and those that may be specific to the county  
  - Identify locations for air monitoring stations  
  - Design a monitoring plan and a database for monitoring  
  - Identify funding sources  
  - Determine responsible agency for continuation of monitoring program | Health Department  
MD Department of Environment  
Municipalities  
Garrett County Government | July 1, 2012 – June 30, 2015 | # parameters identified  
# monitoring stations  
# funding sources secured |
| 2. Establish a permanent air quality monitoring network in Garrett County | Health Department  
MD Department of Environment  
Municipalities  
| 3. Publicize air quality data collected from permanent sites | Health Department  
MD Department of | Dec. 30, 2013 – Dec. 30, 2015 | Website designed and operational |
- Website
- Public service announcements on radio and newspaper

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<thead>
<tr>
<th>Environment Media</th>
<th># public service announcements published or broadcast</th>
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</table>

| 4. Establish policy to improve quality of air in Garrett County  |
| • Encourage use of heating source other than wood by promoting geothermal  |
| • Identify funding sources  |

<table>
<thead>
<tr>
<th>Health Department Garrett County Government</th>
<th>July 1, 2012 – June 30, 2015</th>
<th>New policy enacted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># funding sources secured</td>
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</tbody>
</table>

Notes:
Objective 1: SHIP objective: Health Services Cost Review Commission 2010; rate of ED visits for asthma per 10,000 population
Objective 2: SHIP objective; Environmental Protection Agency 2008; number of days per year the AQI exceeded 100