













ALLEGANY COUNTY HEALTH PLANNING COALITION





LOCAL HEALTH ACTION PLAN- PROGRESS REPORT






Phase 1: Jan – June 2012 Phase 2: July- Dec 2012 Phase 3: Jan – June 2013 Phase 4: July- Dec 2013 Phase 5: Jan – June 2014 Phase 6: Year-round/Ongoing






Ranking Scale: 1-No Progress 2-Poor 3-Fair 4-Good 5-Excellent			
Action	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	Progress Ranking
Priority #1: Tobacco			
Strategy A: Screen pregnant women for tobacco use and provide brief intervention to help them quit and offer cessation services.			Progress Ranking for Tobacco A-1: 
Implement the 4 P's Plus Assessment Tool (Tobacco A-1)	Phase 1-3, 6	992 pregnant women received an assessment	
		32.4% using tobacco (FY13-14 only)	
		42 pregnant women referred	
		26 pregnant women participated in cessation	
Strategy B: Decrease tobacco use among youth and adults.			Progress Ranking for Tobacco B-1: 
Provide increase access to free / low cost tobacco cessation with nicotine replacement and education services (Tobacco B-1)	Phase 2-4, 6	5 programs offered with nicotine replacement (ACHD, Finan Ctr., Tri State Womens, Blind Industries, WMHS)	
		524 people participated	
		37 who quit (FY13-14 only)	
		45 repeated cessation (FY13-14 only)	
Education and Mass Media Campaign to promote awareness of dangers of second-hand smoke and available cessation services— Red Ribbon Week Great American Smoke-Out Social Media to target youth Pregnant women (Tobacco B-2)	Phase 2-3,6	93,510 persons reached via campaign	Progress Ranking for Tobacco B-2: 
		2,091 youth educated about danger of cigar use and industry marketing	
		717 adults educated about danger of cigar use and industry marketing	
Develop policies restricting the sale of tobacco to those under 18 and limiting smoking in public areas (Ex. Parks, schools, campuses, worksites, licensed child care sites, multi-unit housing) (Tobacco B-3)	Phase 2-4	4 policies implemented to reduce tobacco use and to create tobacco free environments (ACM, Bob Evans, Parks & Rec, Hunter Douglas)	Progress Ranking for Tobacco B-3: 
		212 people educated about smoke-free multi-unit housing	
	6	8 partners trained to support smoke-free multi-unit housing	
		0 people educated about benefits of smoke-free outdoor areas	
		2 partners trained to support smoke-free outdoor areas	






Promote cessation quit-line (health care providers, behavioral center providers, social media, etc (Tobacco B-4)	Phase 1-3 6	111 persons called the quit line (FY13-14 only); above the 2012 baseline of 6.3 month Included COPD outreach, BH clinic, AHEC caucus, CUW, Parish Nurses	Progress Ranking for Tobacco B-4: 
Priority #2: Obesity			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	Progress Ranking for Obesity A-1:
Strategy A: Activate policy and environmental changes to increase physical activities.			
Increase use and ease of access to trails and sidewalks (evidence-based action for-social-support-walking) (Obesity A-1)	Phase 3-5	# of facilities per 100,000 population decreased from 19 in 2011 to 13 in 2013 and in 2014 Measure no longer used in County Health Rankings	
		6 efforts to increase use of local trails (5K Class use trails, Mile Mover Kick Off Event, Assist with Trail Count, Include Trail on Mile Mover Tracking Card, Continue on Mtn Md Trail Board, Canal Walk)	
Increase the amount of physical activity in a school setting and behavioral intervention to reduce screen time (Project Fit) (Obesity A-2)	Phase 2-5	37 new physical activity opportunities offered in schools (Elementary-mini grant implementation, Physical Activity Cards, Fitness Dice to Grades 4&5, Project Fit Year2 Launch at 3 schools, SPARK mini grant, Family Fit, Healthy Celebrations)	Progress Ranking for Obesity A-2: 
		8 school wellness committee/school health council meetings	
		12 partnerships with Title I schools	
		2,822 of students enrolled in Title I schools	
		0 improved physical activity standards in local school wellness policy	
Increase worksite assessment of employee health and adoption of policies to promote physical activity (access to facility, encourage walking, sponsor community facility or charity walk) (Obesity A-3)		3 policies (walk breaks, exercise time/resource, 2hr/wk wellness flex time)	Progress Ranking for Obesity A-3: 
		81 worksites plus the 400 receiving Chamber email with wellness tips	
		31% report no leisure time physical activity, down from 32% in 2013	
		13 worksite wellness strategies focused on physical activity (Focus of Month: Move More with 10 different strategies, worksite grants-steppers at WMHS, Fit in Fitness at BW, Fitness on the Go, walking at ACHD, Walking at Allegany Health, Mile Mover Challenge, 5K prep class, Focus of Month: Walking Extra Mile Challenge, Zero to 5, Ride for the Health of It	
		11,186 employees reached through the partner worksites and strategies listed above.	
		12 businesses recruited for Healthiest Maryland Businesses (2 out of county)	






Strategy B: Promote increased choice of and access to healthful food and beverage choices			
Promote healthier food and beverage choices in community & schools and implement product placement of nutritious products for improving healthier selections (Obesity B-1)	Phase 1,3,5	65 worksites outreached to via modules, plus 30 others with survey only, and 400 worksites received tips via Chamber newsletter (some overlap). Topics included: Food as Medicine, salt, dehydration, healthy brown bag ideas, and fruits & veggies.	Progress Ranking for Obesity B-1: 
		11 healthy choice efforts (Nutrition Lunch & Learns at New Page, Westernport, Cash Valley & Frost Elementary, ACHD-healthy snacks and water, WMHS Cafeteria Tour, Grocery Tours, Healthy Vending Pilot at YMCA, Healthy Concession tips, Smart Moves, Youth Health Service Corps-AHEC (childhood obesity focus), Demo and Dine, NutraKids- ACPS, Healthy Food & Beverage Recommendation 3 changes _NutraKids- ACPS, Healthy Vending Pilot at YMCA, and Smart Moves	
Implement campaigns to provide nutrition information about healthy choices and link to physical activity; Support 95210 Campaign, labeling, calorie on menu, etc.; (Obesity B-2)	Phase 1,2-3, 4-5, 6	2 label improvements both at WMHS, Worked with 0 schools regarding appropriate labeling	Progress Ranking for Obesity B-2: 
		77% eat less than 5 fruit and vegetable servings per day which is worse than 76.3% at baseline (2009)	
		44 child care providers programs trained	
		402 children served by trained providers/programs	
		0 of improved nutrition standards in local school wellness policy	
		61 new worksite wellness strategies implemented (49 of 65 worksites say they are using the modules, 6 did 95210, and 6 implemented mini-grant or challenges)	
		49 partnerships with worksites to further worksite wellness implementation (unduplicated) Efforts continue with Chamber of Commerce 11,186 employees reached at these worksites	
Educate and promote safe breastfeeding (baby friendly hospital, worksite support, community acceptance, medication/food impact) (Obesity B-4)	Phase 1-3 4-5	52-63% of babies reported as breastfed at discharge from WMHS and at a six month follow up, 2012-Jan 2013 47.6% exclusive, 13.3 both, 39.1% formula. (Core measure focused on breastfeeding, policy changes made. BF team from WMHS and ACHD met with OB/GYN and Pediatrician offices. WMHS agreed to Md Recommended BFPolicy. National Breastfeeding Center consultants did site visit and made recommendations.)	Progress Ranking for Obesity B-4: 
		38 worksites assisted with breastfeeding support. Lactation room at WMHS	
Advocate for primary care provider screening of obesity and referral to counseling (technology options) (Obesity B-3)	Phase 1-2	17 provider practices and 9 outpatient programs using rack card resource materials	Progress Ranking for Obesity B-3: 




Priority #3: Access			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Increase access to health care services by maintaining or increasing enrollment in public & safety net programs, increasing provider availability and addressing the transportation barrier.			Progress Ranking for Access A-1:
Promote enrollment in programs offered by State and safety net alternatives when an individual is not eligible (Access A-1)	Phase 2-3, 6	Ended with 408 people in CHAP and 465 in PACFAP	
		# enrolled in MA, PAC, and Family Planning as of: <u>12-31-12</u> <u>12-31-13</u> <u>3-31-14</u> MA: 16,231 17,182 18,504 PAC: 1,352 1,731 0 FP: 283 339 288	
		Applications Completed @ ACHD <u>Oct - Dec 2013</u> <u>Jan - Mar 2014</u> 275 185 County data not available yet from Connector Entity.	
Recruit PCP and MH providers to meet the identified community need (Access A-2)	Phase 1-3 6	Several loses & additions in PCP ending about level but still needing more, Reduced psych by 1 FTE, 1.5 FTE BH Community case mgr. added. Provider Recruitment was discussed as part of the ACA Forum with the MD Women's Coalition and DHMH. Updated analysis started by WMHS but not due until July 2014.	Progress Ranking for Access A-2: 
Collaborate to identify mechanism for addressing transportation barrier (Access A-3)	Phase 2-3 4-5	No update since 7/11 survey when 25% reported transportation as reason for missing medical appointment. Survey will be repeated in July 2014. Funding for pilot obtained as part of Healthy Allegany. HRDC implementing Mobility Management Program. Seeking funds to be sustainable and expand to meet additional needs.	Progress Ranking for Access A-3: 
Strategy B: Provide dental care for under/uninsured adults.			Progress Ranking for Access B-1:
Link under/uninsured adults with cost effective dental care versus the emergency dept. (MOM, AHR, Health Insurance Exchange ...) (Access B-1)	Phase 1-3, 6	1310 unduplicated adults using ED for dental care in FY13, down from 1519 in FY12 FY14 update available in July- July-Dec 2013- 626 unduplicated	
		# of Adults provided dental care FY 2012 – 323 FY 2013 – 469 July 2013 – April 2014 - 533 (Includes AHR, Extraction Clinic, Parents, Pregnant Women) MOM 840 Total: 2,165 dental treatments	



Priority #4: Emotional & Mental Health			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: To integrate mental health and physical health including more depression screening			Progress Ranking for Em. & Men. Hlth A-1:
Continue to screen for depression as part of all history and physicals at WMRMC (E&MH A-1)	Phase 1, 6	450 patients assessed during history and physical at WMRMC were referred to behavioral health (excludes BH patients)	
Develop mechanisms for integrating mental health services in offices for physical health (E&MH A-2)	Phase 4-5	0 mental health services available at physical health sites 790 depression screenings documented in ECW (22 practices primary & specialty)	Progress Ranking for Em. & Men. Hlth A-2: 
		0 outreaches to providers	
Strategy B: Facilitate opportunities for social connectedness			Progress Ranking for Em. & Men. Hlth B-1:
Promote development of positive, non-abusive relationships for improved health (positive parenting, anti-bullying, mentor programs, visitation of elderly, developmental assets, Community Outreach Workers) (E&MH B-1)	Phase 2-3, 4-5	8 Coalition sponsored programs offered Community Health Worker Program (9 trained) and 6 community support grants implemented (Family Crisis Resource Center- hot line and support groups, Bruce Outreach Center-Praise Moves and First Place-activity, nutrition and support has led to 3 more activity groups and reported outcomes include weight loss, increased water intake, & support systems, and Office of Consumer Advocates-Bicycling Buddies peer support, Family Junction, CASA and SPARK, Poverty CE)	
		567 participants in programs FCRC reported 49 people in groups and 158 hotline calls, with increase reported, Bruce Outreach reports 32 people with increasing numbers Hope Station reported 15 participants and increasing use of bicycles, SPARK-280, CASA-30 and Family Junction-3 with an extension	
Community education about depression, bipolar disorder, abuse and neglect and available resources to help (Mental Health 1 st Aid) (E&MH B-2)	Phase 2-5	153 trained in Mental Health First Aid and MHSO obtained funding for Train the Trainer program, both adult and youth focused, resulting in 17 adult and 19 youth instructors.	Progress Ranking for Em. & Men. Hlth B-2: 
		500 educational materials distributed	
Promote support of families with faith-based groups through outreach, visitation and other social events (E&MH B-3)	Phase 6	# individuals registered not tracked 5 programs added to website resource list -St. John's Lutheran Church, church food programs Parish Nurse Outreach Encounters (Jan-June'12-19,020, FY13-38,893 and FY14YTD-31,392- for total: 89,305.	Progress Ranking for Em. & Men. Hlth B-3: 

Promote integrative wellness in the community through educational opportunities (physicians and complementary providers) (E&MH B-4)	Phase 1-3 4-5	7 events Hot topics event, rack cards, Kimberly Williams and provider interview, 3 events with support groups, ongoing interest with WMHS, the Community Wellness Coalition, Center for Mind Body Medicine and community partners regarding training and application of such in programming .	Progress Ranking for Em. & Men. Hlth B-4: 
Priority #5: Substance Abuse-Alcohol & Drugs			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Provide education on controlled substance prescriptions including screening, treatment, and monitoring as well as misuse, storage, and disposal.			
Develop an education program for prescribers to address screening (ex. SBIRT), prescription drug monitoring, safe (controlled substance)prescription practices, and treatment options (SA A-1)	Phase 1-3	137 providers trained	Progress Ranking for S.A. A-1: 
	5 only	4 educational opportunities Dr. Andrew Kolodny April 2012, Poster to providers, brochure, and Med Chi REMS training in March 2014	
Develop a public educational campaign in tandem with the prescriber training to address safe use, storage and disposal of prescription drugs and identification of abuse and available treatment resources	Phase 1-3	23,906 participants in education program Billboard, websites, pharmacy posters, Disposal-16, 212 and Just Bring it -7,694	
	5 only		
Create a system for safe disposal of prescription drugs for the community and reduce illegal sales of prescription drugs in the community (SA A-2)	Phase 1-2 6	10,408 containers collected by programs for safe disposal of prescription drugs Take Back 8 sites April 2012	Progress Ranking for S.A. A-2: 
Strategy B: Enforce laws and promote programs to prevent excessive alcohol consumption			
Conduct compliance checks at alcohol retailers to restrict sales to minors (SA B-1)	Phase 3 &5	644 retailers in compliance	Progress Ranking for S.A. B-1: 
	6	885 compliance checks	
Provide information on the dangers of binge drinking at area schools (SA B-2)	Phase 2 & 4	1,349 students reached	Progress Ranking for S.A. B-2: 

Offer breathalyzer at large community events serving alcohol (SA B-3)	Phase 1-3	4 events where this is offered (Hooleys, FSU Homecoming, F Bar,	Progress Ranking for S.A. B-3: 
		174 who obtained test	
		95 who failed test	
Priority #6: Screening			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Improve delivery of clinical prevention services consistent with USPSTF recommendations			
Implement an education campaign for both providers and consumers regarding consistent screening recommendations (Screening A-1)	Phase 1-2 4-5	ECW data not available yet on -# screened for blood pressure	Progress Ranking for Screening A-1: 
		6 practices sent 1000 rack cards on preventive screenings (PCP & Urgent Care)	
		500+ consumers educated on recommended screening Know Your Numbers Module promoted recommended screenings to 11,186 with 202 responding to Know Your # Challenge, rack cards on screenings, High Blood Pressure, STI awareness	
Promote STI screening among the high risk and minority populations (Screening A-2)	Phase 6	# STI Cases FY 12-13 Jan-Mar 2014 Chlamydia: 219 58 Gonorrhea: 15 4 Syphilis: 5 0	Progress Ranking for Screening A-2: 
		# STI screenings (ACHD) CY 12-13 Jan-Mar 2014 1,218 129	
Strategy B: Support self-management programs for diabetes and other chronic diseases as needed			
Promote and expand diabetes self management program at WMHS (Screening B-1)	Phase 2-3 4-5	813 unduplicated participants in program as of 3/1/14 (2372 visits) Baseline was 459	Progress Ranking for Screening B-1: 
Identify other self-management programs that are feasible in the area (Screening B-2)	Phase 2-3, 4-5	7 initiated programs Center for Clinical Resources will combine the CHF, Diabetes, COPD (42), and Anti-Coagulation and open in the MAC on Nov. 4 th .plus Medication Therapy Mgmt	Progress Ranking for Screening B-2: 

Priority # 7: Heart Disease & Stroke			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Support evidence based practices that will impact the rate of heart disease deaths			
Maintain & develop primary, secondary and tertiary prevention strategies for heart disease (aspirin, CHF clinic, cardiac rehab, etc) (HD&S A-1)	Phase 6	232 participants completing the various prevention strategies 191 unduplicated CHF Clinic participants (1482 visits) Cardiac Rehab (fy12-64, FY13-126 and phase 5-42, 100% educated on aspirin FY to date	Progress Ranking for Heart Dis. & Stroke A-1: 
Promote Getting Healthier Together initiative throughout the community (HD&S A-2)	Phase 2-4	131 surveys completed and reviewed with committee.	Progress Ranking for Heart Dis. & Stroke A-2: 
Increase awareness of heart attack signs and when to call 911 (HD&S A-3)	Phase 2-3	6 private vehicles and 5 EMS arrivals to ED for heart attack with D2B time of 80 minutes for cars and 46 min for EMS (Jan-March) Rack cards developed on 911 and heart attacks distributed to over 2000	Progress Ranking for Heart Dis. & Stroke A-3: 
Priority #8: Health Literacy			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Reduce barriers of health literacy with the Agency for Healthcare Research and Quality (AHRQ) model			
Assess health literacy needs of consumers and appropriate response by provider (HL A-1)	Phase 2-3, 4-5	Overall need from all 371 surveys: simpler terms, medication reminders, help with forms both medical and financial.	Progress Ranking for Health Literacy A-1: 
Implement identified strategies to address health literacy (HL A-2)	Phase 6	9 strategies implemented to improve health literacy Joined statewide health literacy task force, promotion of the teach back method, At WMHS- Perfect Circle of Care, Pharmacist on units to explain medications, Care Manager on each unit to ease the transition and improve understanding prior to discharge. Simple terms list distributed, Health Literacy CE- 70 registered, CareLink calls post discharge to check understanding, Community Health Workers	Progress Ranking for Health Literacy A-2: 

Priority #9: Healthy Start			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Promote breastfeeding (see Obesity)			
Strategy B: Increase babies given a healthy start by screening and counseling pregnant women regarding creation of a safe environment, tobacco & alcohol misuse, as well as promoting healthy eating and physical activity			
Create and distribute information to prevent unintentional injury of infants (HS B-1)	Phase 4-5, 6	419 recipients of the information April - Dec 2012 Total # of recipients = 181 Jan - Dec 2013 Total # of recipients = 196 Jan - Apr 2014 Total # of recipients = 42 *Note: Lead Protection/Safety fact sheets are distributed via OB offices to patients and are not reflected in these totals.	Progress Ranking for Healthy Start B-1: 
		2295 fact sheets developed and topics addressed Over time, have had a decrease both the number of recipients and number of brochures distributed. Staff encourages pregnant women to meet face-to-face for screening and counseling, but from April 2012 - April 2014, clients have chosen more often to complete contact by phone. Therefore, they are not receiving brochures. Note: Multiple fact sheets may be given to one recipient. These numbers do not reflect unduplicated recipients.	
Priority # 11: Cancer			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Priority A: Increase screening rates for breast, cervical, and colon cancer.			
Establish a reminder and recall system to support recommended cancer screening (Cancer A-1)	Phase 3-5	ECW assessment of identified screening for recommended age, etc Cervical 4110 Mammogram 2323 Colorectal 862 .	Progress Ranking for Cancer A-1: 
		955 screenings for breast, cervical (765 screened, 48 diagnostic/treatment services), and colorectal cancer (190 screened and 2 diagnostic/treatment services)	
Priority #12: Immunizations			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: To increase immunization rate with continued education and policy changes			
Pursue mandatory vaccination of health care providers in area, except for declination due to medical or religious reasons (Immunizations A-1)	Phase 2-3	Vaccination rate 67% @ ACHD As of April 18, 2014: 75% @ ACHD 98% @ WMHS	Progress Ranking for Immunizations A-1: 

Create consistent source to educate community about immunizations (Immunizations A-2)	Phase 4-5	700 immunization letters to parents of school children from the ACHD; Times News and radio PSA - Public dissemination of new immunization regulations (DHMH)	Progress Ranking for Immunizations A-2: 
		3 educational opportunities-letter, newspaper and radio	
		2,265 students (21 out of 22 schools as of Nov 1, 2013) Childhood immunization records checked	
Priority #13: Chronic Respiratory Disease			
Actions	Phase	Measures with Total for Jan. 2012-June 2014 (unless noted)	
Strategy A: Implement an educational campaign regarding chronic respiratory diseases			
Implement COPD Awareness campaign (NHLBI) (CRD A-1)	Phase 3-5	514 people reached about COPD	Progress Ranking for CRD A-1: 
		7 educational opportunities (Better Breathers Club, worksites, senior centers, and health fairs)	
Educate and support individuals in identifying triggers and controls for asthma (CRD A-2)	Phase 2-5	41 individuals educated about triggers & controls at HRDC	Progress Ranking for CRD A-2: 