COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) 2012-2017

WORCESTER COUNTY, MARYLAND

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WORCESTER COUNTY
COMMUNITY HEALTH PRIORITY AREAS

Plan

Implement

Evaluate

Promote HEALTHY Lifestyle

Improve ACCESS to Care

Promote BEHAVIORAL Health

Improve prevention & Control of COMMUNICABLE Diseases

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The Worcester County Community Health Improvement Plan (CHIP) for 2012-2017 was developed by the Worcester County Health Department with input from the Health Planning Advisory Council and representatives from community advisory boards which include stakeholders, clinicians, business leaders, advocates, representatives from hospitals, human services and health consumers.

The plan outlines goals, objectives, strategies and activities to improve community health. It focuses on four priority areas that were determined after review of the 2012 Community Health Assessment (CHA). The CHA presents the health status of Worcester County residents through a variety of health indicators.

The four priority areas include:

- Promote healthy lifestyles.
- Improve access to care.
- Improve prevention and control of communicable diseases.
- Promote behavioral health.

The planning process used to complete the CHA and develop the CHIP is based on new public health standards adopted nationally and by the Maryland Department of Health and Mental Hygiene. The state of Maryland and DHMH embarked on an important method to address health disparities and improve the health of all Marylanders. This method is called the State Health Improvement Process (SHIP). All jurisdictions within the state are asked to link local activities to the SHIP. The Worcester County CHIP links locally-identified priorities and plans to the state initiative.

The purpose of these initiatives and planning efforts is to improve the health of all residents through implementing local action and engaging the public.
Once implemented, the local plan will be evaluated on an ongoing basis. Evaluation of each priority area is based on improving specific health indicators noted throughout the document.

The CHIP supports the Worcester County Health Department’s mission to promote the health, well being and safe environment of the county by assessing community needs, developing appropriate public health policy and assuring the provision of needed health services.

This CHIP document was adopted by the Health Officer on September 24, 2012.
The burden of chronic disease in Worcester County is significant. Between 2007 and 2009 the top three leading causes of death in Worcester County were heart disease, cancer, and major non-cardiac vascular disease. Heart disease and cancer account for more than 50 percent of all deaths. Lifestyle risk behavior such as poor diet, lack of physical activity, tobacco use, and conditions such as excessive body weight, high blood pressure and high blood cholesterol contribute to development of chronic diseases.

In Worcester County, more than 60 percent of the adult population is either overweight or obese. Of particular concern is the increase in obesity from 15.4 percent of the population in 1996-1998 to 28.5 percent in 2008-2010. Being overweight and obese, which are influenced by physical inactivity and poor diet, can increase one’s risk for chronic diseases like diabetes, high blood pressure, high cholesterol and poor health status. By promoting good eating habits and daily physical activity, we can prevent overweight/obesity. By avoiding weight gain, we avoid risks of many chronic diseases and conditions.

Table 1. Selected Health Status Indicators, Worcester County, MD

<table>
<thead>
<tr>
<th>Health Condition/Risk Factor</th>
<th>Worcester</th>
<th>Maryland</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight and Obese</td>
<td>64.7% (2008-2010)</td>
<td>64.1% (2008-2010)</td>
<td>63.7% (2010)</td>
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<tr>
<td>No leisure time physical activities/exercises in the last 30 days</td>
<td>26.5% (2009-2010)</td>
<td>23.6% (2008-2010)</td>
<td>23.9% (2010)</td>
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<tr>
<td>Less than 5 servings fruits/vegetables per day</td>
<td>74.4% (2008-2010)</td>
<td>72.7% (2008-2010)</td>
<td>76.5% (2009)</td>
</tr>
</tbody>
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Source: BRFSS
Goal I.1: Increase the proportion of people of all ages at healthy weight by promoting healthy eating and physical activity.

Objectives:

I.1.1. By June 30, 2013, 100 individuals will enroll in “Just Walk” program.

I.1.2. By June 30, 2013, at least three additional “Just Walk” signs will be placed in front of agencies/businesses, etc.

I.1.3. By June 30, 2013, hold a minimum of two “Fun Walks” to be co-sponsored by local recreation and parks departments and other community partners.

I.1.4. By 2017, reduce the proportion of adults who engaged in no leisure time physical activity by 5% of baseline rate (HP 2020 – Obj. PA-1)

Baseline: 26.5% 2008-2010 BRFSS

I.1.5. By 2017, reduce the % of adults who consume less than 5 servings of fruits and vegetables per day by 5% of baseline rate

Baseline: 74.4% 2008-2010 BRFSS

I.1.6. By 2017, increase the proportion of adults who are at a healthy weight by 5% of baseline rate. (HP 2020 – Obj. NWS-8) (SHIP Obj. #30)

Baseline: 35.3% 2008-2010 BRFSS

I.1.7. By 2017, reduce the proportion of young children and adolescents who are obese by 5% of baseline rate. (HP 2020 – Obj. NWS-10.4) (SHIP Obj. #31)

Baseline: 12.2% of 12-19 yr. olds (MYTS 2008)

Strategies & Activities:

1. Create opportunities through collaboration with local and regional organizations to promote healthy eating and physical activity.

   - Inform and elicit input from the Worcester County Health Planning Advisory Committee regarding efforts to promote healthy weight and initiatives to improve the health status of Worcester County citizens.
   - Participate in the Tri-County Health Planning Board.
   - Participate in the Tri-County Healthy Weight Coalition.
Participate and provide leadership support for the Tri-County Diabetes Alliance.
Elicit input and support from the Worcester County Tobacco and Cancer Coalition.
Participate in Worcester County School Health Council to assist with updating school wellness policies.

2. Promote physical activity including “Active Transportation” (i.e. walking and biking for transportation) and active living through partnerships with community organizations

- Promote enrollment in the “Just Walk” program with community organizations.
- Provide signage for member organizations, identify coordinators, and provide incentives.
- Promote special events (i.e. frequent “Fun walks “ – Walking Tour of Worcester, Tortoise and Hare Dare, Grow Berlin Green).
- Serve on Grow Berlin Green committee to promote bike and walking trails.
- Distribute the “Walking Around Worcester County” brochure.

Community Resources

- Worcester County Health Planning Advisory Council
- Tri-County Health Planning Board
- Tri-County Healthy Weight Coalition
- Tri-County Diabetes Alliance
- Worcester County Tobacco and Cancer Coalition
- Worcester County School Health Council
- Worcester County residents that care about health
- Media
- Community Transformation Grant
- Just Walk member organizations
- Grow Berlin Green Committee
- Worcester Recreation & Parks, Ocean City Recreation and Parks
- Ocean Pines Recreation and Parks
- Town of Berlin
- Pocomoke River State Park-Shad Landing
- Other community based organizations, agencies, or groups.
Goal I.2: Support and promote healthy lifestyles and communities

Objectives:

I.2.1. By June 30, 2012, at least two lifestyle coaches will be trained in Diabetes Prevention Program (DPP).

I.2.2. By June 30, 2013, two, one-year long, DPP sessions will be provided to 30 Worcester County residents.

I.2.3. By June 30, 2014, WCHD will have applied for recognition as a licensed National Diabetes Prevention Program (NDPP) site.

I.2.4. By June 30, 2014, at least three worksites will have adopted healthy eating/nutritional guidelines and three worksites will have increased opportunities for physical activity.

I.2.5. By June 30, 2013, at least three day care or Head Start sites will have completed the Let’s Move Childcare checklist quiz.

I.2.6. By June 30, 2014, at least three day care or Head Start sites will have developed a plan to enhance healthy eating and physical activity practices based on results of Let’s Move Childcare checklist quiz.

I.2.7. By June 30, 2014, the Worcester County Public Schools will have reviewed their wellness policies, and explore options for improving nutritional guidelines for food service and increase opportunities for physical activity during the school day.

I.2.8. By June 30, 2013, a minimum 75 percent of DPP participants (who completed the program) will document improvement in one of 4 areas (nutrition, physical activity, quality of life, and body weight) by initial 16-week core program conclusion and measure repeated 12 month post.

I.2.9. By February 1, 2013, 80 percent of the Worcester County Health Department sites who have set a date for February 1, 2013 or earlier will have become a tobacco free campus.
Strategies & Activities:

1. Provide evidence-based programs that promote healthy lifestyles (i.e. NDPP (National Diabetes Prevention Program, locally named: Lifestyle Balance).
   - Two health department staff will become trained in the DPP (Diabetes Prevention Program) by the CDC.
   - Health department delivers Lifestyle Balance programs (one in community, one at WACS).
   - Health department applies to have Lifestyle Balance be a recognized program.

2. Promote physical activity and healthy eating policies and practices as part of a comprehensive worksite wellness program.
   - Outreach to public and private workplaces to educate human resources and management about the value of improving employee health through physical activity and healthy eating.
   - Assist in developing model procurement policies and practices for healthy meetings, vending machine offerings, and increasing opportunities for physical activity (i.e. instant recess, etc.).

3. Collaborate with Head Start centers and/or day care to promote nutrition and physical activity by completing the Let’s Move Child Care checklist quiz
   - Outreach to Head Start directors and day care to discuss nutrition and physical activity policies.
   - Share the Let’s Move Childcare checklist quiz to assess current practices.
   - Develop strategies to improved healthy eating and physical activity practices.

4. Collaborate with public (Title I) and private schools to ensure the enhancement of physical activity and nutrition guidelines
   - Continue to serve on the Worcester County School Health Council.
   - Assist with recruiting parents to serve on the standards review committee.
   - Support the Food Services Director in meeting the revised nutritional guidelines.
   - Provide expertise to the schools related to nutrition and physical activity.
   - Assist with drafting model guidelines.
5. Collaborate with other health facilities in Worcester County to establish tobacco free campuses.
   - Research the literature for model policies & practices for tobacco free health facilities (i.e. hospitals, nursing homes, behavioral health facilities, etc.)
   - Meet with Atlantic General Hospital and Berlin Nursing Home to discuss strategies and timelines.
   - Draft examples of policies
   - Offer support to facilities for quitting smoking.
   - Plan a kick-off event.
   - Inform staff, community, and media.
   - Implement policy.
   - Monitor results, enforce policy.

Community Resources

- Grant from the Maryland Community Health Resources Commission
- Staff from chronic disease prevention program in the health department.
- Addictions staff and Bd. of Directors of Joan Jenkins Foundation Board
- DHMH, CDC
- Government and private sector workplaces that H.D. has relationships
- DHMH, Healthiest Maryland Institute, Md. Healthiest Businesses
- Lower Shore Early Childhood Resource Center
- Shore Up! Inc.
- Local day care providers
- Let’s Move Campaign
- Worcester County School Health Council
- USDA, CDC – IOM Nutrition Standards
- Healthy, Hunger Free Kids Act of 2010 (HHFKA), Food Services Director
- Atlantic General Hospital (AGH)
- Berlin Nursing Home
- DHMH Tobacco Control, Univ. of Md. School of Law, Worcester County Tobacco and Cancer Coalition
The three major barriers to health care are: lack of insurance coverage, cost and access to health care providers.

Studies show uninsured people are less likely to receive on time medical care, and as a result, are more likely to have poor health and at greater risk for chronic diseases than those with health insurance. The Institute of Medicine (IOM) estimates that the uninsured adults have a 25 percent greater risk of premature death.

Nearly 16 percent of adults age 18 and older in Worcester County reported they had no health insurance in 2008-2010, according to the BRFSS. This is 65 percent higher than the 2005-2007 average.

Between 2008 and 2009 approximately 13 percent of Worcester County adults reported they have not seen a doctor in the past two years. The same percentage of adults reported they have not seen a doctor in the past year because of cost.

Worcester County is a dental, mental health provider and primary medical care, Health Professional Shortage Area (HPSA). As of October 2011, the patient to primary care provider ratio was 3,810 to one. This shortage may cause limited access to health care, longer wait times for patients, and overuse of emergency systems of care.

Goal II.1: Increase the proportion of persons with health insurance (SHIP Obj. #36)

Objectives:

II.1.1. By fiscal 2014, Worcester County Health Department’s Case Management Unit will provide 15 sessions of educational outreach on health insurance options to local providers, and community partners.
II.1.2. By fiscal 2014, there will be a tracking system to identify the number of people who received assistance completing their health insurance enrollment applications.

**Strategies & Activities:**

1. Provide education on health insurance options.
   - Outreach to self-employed, working poor.
   - Provide materials and/or presentations to self-employed individuals.
2. Develop a tracking system to collect data about assistance provided to eligible consumers applying for health insurance.
3. Meet with community partners to develop a coordinated plan to increase access to health insurance.

**Community Resources**

- Maryland Children’s Health Program (MCHP)
- Administrative Care Coordination Unit (ACCU)
- Primary Administration Care (PAC)
- All Access Points (CM), MAP, DHMH
- DSS, SAIL, AGH
- Jail Re-Entry Program
- Substance Abuse Treatment Outcomes Partnership (STOP) grant
- Employers providing health insurance
- Public information officers
- Website
- Division of Rehabilitation Services (DORS)
- Dept of Economic Development
- Community businesses
- Prevention Outreach Staff
- Resource Coordination Committee
Goal II.2: Improve access to behavioral health care and to children’s dental health services

Objectives:

II.2.1. Annually review and update Tri-County Behavioral Health Resource Directory to inform communities of resources available and link users to appropriate services.

II.2.2. By 2017, the Worcester County Health Department will have at least two additional evidence-based behavioral health programs or practices directed at underserved populations

Baseline: Six evidence-based behavioral health programs or practices.

II.2.3. By 2017, increase the number of telemedicine hours by 10 percent.

Baseline: In fiscal 2012, patients received 968 telemedicine hours

II.2.4. By 2017, increase the number of licensed psychiatrists practicing in Worcester County by 10 percent.

Baseline: In 2012 there are 2.8 full time equivalent (FTE) psychiatrists.

II.2.5. By July 1, 2013, the behavioral health access team will provide an integrated intake for a minimum of 36 individuals weekly.

II.2.6. By June 30, 2014, increase number of sessions on Network of Care /Behavioral Health by 10 percent.

Baseline: In fiscal 2012 there were 195,440 sessions.
Session: a series of hits to the site over a specific period of time by one visitor.

II.2.7. By fiscal 2014 increase the number of Worcester County Medicaid eligible children receiving access to quality dental care at the Worcester County Dental Center by 5 percent. By 2015, increase another 5 percent (SHIP Obj. #38).

Baseline: In fiscal 2011, 760 children received dental services

Strategies & Activities:

1. Identify and collaborate with agencies that provide services to underserved special populations.
2. Improve access to behavioral health services for underserved special populations, such as those who are homeless or have developmental disabilities, by the behavioral health system.
   - Fully implement the Recovery Support Housing and Access to Recovery, which provides vouchers for low-income people to access clinical treatment and recovery support services for substance abuse.

3. Use telemedicine to provide needed psychiatric services in this Health Professional Shortage Area.
   - Establish baseline for full time equivalent tele-psychiatry

4. Recruit psychiatrist(s)

5. Develop and implement an integrated Behavioral Healthcare Intake Team.

6. Improve access to behavioral health care information by using the Network of Care, a Web-based portal with access to a wide range of educational material and health-related resources. Improve access to culturally and linguistically competent information.

7. Expand the dental clinic for medically underserved children.

**Community Resources**

- AGH
- Go-Getters
- Worcester County Developmental Center
- DSS, DJS
- Worcester County Detention Center
- Diakonia Shelter
- Samaritan Shelter
- WCHD
- Worcester Youth & Family
- Sheppard Pratt
- Trilogy
- Public Information Officers (PIO)
- MHA
- Eastern Shore Oral Health Outreach & Education Program
- Judy Center
- Children Regional Oral Health Consortium (CROC) – Regional program
- Medical Assistant Transportation
- TLC
- Head Start
Based on 2007-2009 average data from BRFSS, 15.3 percent of the population age 18 and older reported lifetime diagnosis of depression and 12.5 percent reported lifetime diagnosis of anxiety. Women reported more diagnoses of depression than men - 19.7 percent of women compared to 10.6 percent of men. Overall 10,178 adults or 20 percent of the Worcester County adult population, reported lifetime diagnoses of anxiety and/or depression. Of these, 7.4 percent had only lifetime depression, 4.5 percent had only anxiety and 7.9 percent had both lifetime anxiety and depression. Also, respondents with history of lifetime diagnosis of depression were more likely to report ‘fair’ to ‘poor’ general health and frequent mental distress and more likely to report that they ‘never’, ‘rarely’ or ‘sometimes’ received the social and emotional support they need (36.1 percent versus 13.6 percent respectively).

During 2005-2009, the overall age–adjusted suicide rate in Worcester County was higher than the state at 10.4 versus 8.7 per 100,000 population. In 2007-2009, suicide was ranked the fourth leading cause of years of potential life lost before age 75. Studies suggest more than two-thirds of suicide completers and suicide attempters have mostly untreated major depressive episodes at the time of the suicidal act. The stigma of mental illness is one of the barriers to treatment.

Goal III.1: Increase awareness of Behavioral Health issues.

Objectives:

III.1.1. By June 30, 2013 at least three outreach efforts (activities, campaigns, communication products) related to behavioral health issues will be implemented.

III.1.2. By June 30, 2013 at least 30 people will be trained in Mental Health First Aid.
III.1.3. By December 31, 2013 behavioral health staff will increase cultural competency by engaging in or providing at least two activities/workshops with focus on cultural competency.

III.1.4. A minimum of three trainings per year will be offered to law enforcement officers, members of the State Attorney’s Office, and/or staff of the Worcester County Detention Center regarding behavioral health.

III.1.5. A minimum of two trainings will be offered to health care providers in Worcester County by June 30, 2013.

**Strategies & Activities:**

1. Improve public awareness of behavioral health issues through a multimedia public education campaign that incorporates posters, booklets, flyers, broadcast messages, new media and social media.
2. Incorporate behavioral health into public health activities.
3. Coordinate public education campaign with other agencies and community organizations to target specific population such as schools, colleges, churches and law enforcement agencies.
4. Work with racial and ethnic communities to offer culturally competent education programs.
5. Provide Mental Health First Aid training.
6. Improve awareness of behavioral health among health care professionals.
7. Provide cultural competency training to behavioral health care providers.
8. Provide training regarding behavioral issues to law enforcement, members the state attorney’s office and detention center staff.

**Community Resources**

- WCHD Behavioral Health Unit
- WCHD Prevention
- Public Safety Net
- National Alliance on Mental Illness (NAMI)
- Lower Shore Friends
- MH Advisory Committee
- Drug and Alcohol Council
- Worcester County Core Service Agency
- Worcester Co. Annual Diversity Summit
Goal III.2: Reduce the suicide rates by 5% in 2017 (SHIP Obj. #8).

Baseline: 10.4 per 100,000 population (2008-2010)

Objectives:

III.2.1. Evidenced-based suicide prevention training will be provided to a minimum of 40 community members and/or community partners per year.

III.2.2. Promote two to three community awareness activities per year to increase suicide awareness.

III.2.3. A minimum of one training per year will be offered to law enforcement officers, members of the State Attorney’s Office, and or staff of the Worcester County Detention Center, regarding behavioral health.

Strategies & Activities:

1. Provide behavioral health services to identify and provide treatment to children/adolescents who display behavioral risk factors, including suicidal risk.

2. Provide educational outreach.
   - Hold an Out of the Darkness Walk.
   - Distribute brochures to the community.
   - Give presentations to community and community partners.

3. Offer training regarding behavioral health issues to law enforcement, members the state attorney’s office and detention center staff.

Community Resources

- WCHD Behavioral health Unit (including CRT staff)
- Jesse Klump Memorial Fund, Inc.
- Professional trainings
- Worcester County Board of Education
- Worcester Youth and Family Services
Goal III.3: Integrate Primary Care and Behavioral Health

Objectives:

III.3.1. By December 31, 2013 Worcester County Health Department will employ one nurse practitioner to provide basic primary care services to a minimum of 50 behavioral health clients.

III.3.2. The health department will continue to work with AGH to provide behavioral health care to a minimum of 100 clients who attend the Atlantic Health Center for Primary Care services.

Strategies & Activities:

1. Provide primary health care to behavioral health consumers
   - The health department will employ a nurse practitioner to provide primary care to behavioral health clients.

2. Promote integrated primary and behavioral health care services by providing behavioral health care to primary care consumers.
   - Primary health care clients at the Atlantic Health Center will have behavioral health services available at their primary care office.

Community Resources

- WCHD
- Atlantic Health Center
- Atlantic General Hospital
- Public Safety Net
Preventing and controlling the burden of illness from communicable diseases in a community is a moving target. Communicable disease burdens can vary based on the prevalence of disease in the population, the method of transmission, the season, and human and animal behaviors that promote the spread of disease. The public health core functions in community health nursing and environmental health must maintain effective surveillance and the capacity to respond with a variety of methods specifically targeted to the disease at hand.

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

Rabies became a recent communicable disease issue for Worcester County because of the spike in the number confirmed cases of rabid animals and associated increased risk of exposure to humans. The rabid animals were identified and confirmed following notification and investigation of potential exposures – animal bites and other contact – with the suspected animals. Animal bites and other contacts launch rabies investigations and response procedures. Twenty-six animal rabies cases were reported in Worcester County in 2010. The rabid animal cases were confirmed following investigations into the 190 cases of animal bites reported to the health department that same year. While the 2010 number is less than the 52 cases of rabies reported in 2009, it still represents an increase over the historical average of 10-15 rabid animal cases per year. The most commonly reported rabid animals in Worcester County include raccoons, feral cats, foxes, skunks and bats.

A community task force was assembled in 2010 to address the multi-faceted causes for the increase in rabid animal cases. Actions were taken by several agencies to reduce instances of rabies and human exposure to rabid animals. Targeted responses included increasing the

Priority Area IV: Improve Prevention and Control of Communicable Disease

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A community task force was assembled in 2010 to address the multi-faceted causes for the increase in rabid animal cases. Actions were taken by several agencies to reduce instances of rabies and human exposure to rabid animals. Targeted responses included increasing the
vaccination rates in domestic animals and increasing public education to avoid rabies exposures.

It is common to see periodic peaks in the rates of sexually transmitted diseases such as chlamydia, gonorrhea and HIV. There were 200 cases of chlamydia reported in Worcester County in 2010. Preventing and controlling sexually transmitted diseases is a top communicable disease priority for the county. Case reports have been increasing steadily over the past 20 years. The county also had nearly 80 cases of gonorrhea per 100,000 people in 2010. The rate increased by 31 percent from the 2008 rate. However, the increases in STDs reported may be because of increased screening and testing efforts of providers.

The county is also targeting the prevention and control of Legionnaires’ disease. Multiple cases have occurred at multiple facilities in Ocean City. The local and state health departments and other local and state agencies are working with affected facilities to prevent and control the outbreaks and provide education to the public as well as owners of hotels, motels and condominiums.

Influenza is a seasonal communicable disease. Between 1976-2006 flu-associated risks range from a low of 3,000 to a high of about 49,000 people a year. Flu vaccinations are key to preventing and controlling this illness. The health department has developed strategies to increase the number of people and health care workers vaccinated against influenza.

The food safety surveillance and enforcement role of public health is a vital aspect of maintaining community health and protection against communicable, food borne illness. A small increase in the number of salmonella cases was recently noted in Worcester County. Investigation into those cases revealed no connection to public food establishments or distribution. Instead, targeted education related to food preparation in individual homes and good hand washing hygiene was provided to the cases involved.
The targeted communicable diseases change based on disease outbreaks and activities of the community. The health department works with partners to address the communicable diseases identified as a priority.

**Goal IV.1: Promote Behavioral and Environmental Strategies to Reduce Risks of Communicable Diseases**

**Objectives:**

IV.1.1. Implement at least three public education activities before and during the annual flu season.

IV.1.2. Maintain at least eight community-based animal rabies vaccination clinics per year.

*Baseline: Four to eight Clinics*

IV.1.3. Annually disseminate at least 10 public education messages or news releases targeted to reduce risk of communicable diseases.

IV.1.4. Train and certify at least 40 temporary food handlers annually.

IV.1.5. By 2017 increase flu vaccination among health department, nursing homes, and hospital workforce by 4%. Baseline to be established in 2012-2013 flu season by survey.

IV.1.6. By 2017 increase the percent of adults age 65 and older receiving flu vaccinations to 70 percent

*Baseline: 68 percent (2010 BRFSS)*

IV.1.7. By 2017 38 percent of school children (PreK-5 public schools) will receive flu vaccination.

*Baseline: 34.6 percent.*

IV.1.8. Vaccinate at least 1,000 domestic animals including dogs, cats and ferrets per year at public clinics.

*Baseline: In 2009, 983 vaccinations.*
**Strategies & Activities:**

1. Increase public awareness.
   - Educate the public about the flu - how to prevent flu, risk factors for serious complication and benefit of flu vaccine - through a multimedia public education campaign that incorporates print news media, broadcast news media, social media and materials such as posters, booklets, flyers, etc.

   - Work with local schools, faith-based organizations, senior homes and day care centers to encourage elderly and at-risk people to get flu vaccinations.

   - Increase awareness among physicians and other health care providers about the importance of recommending annual flu shots to their patients and staff.

   - Host a flu vaccine clinic in work place for the health department staff.

   - Encourage healthcare facilities to educate and offer incentives to staff obtaining flu vaccine.

   - The health department will provide information to the hospital and nursing homes about grant opportunities to promote flu vaccinations among healthcare workers.

   - Survey community-based flu vaccine providers i.e., pharmacy, AGH, AGHS, health department, etc. for a baseline of the number of vaccinations provided.

   - Provide vaccination opportunities throughout the community through:
     - AGH free Clinics
     - Health department based clinics
     - Physician offices
     - Retail based clinics

   - Provide vaccination opportunities through school based Flu Mist clinics.

2. Provide low cost animal rabies vaccination.
   - Community based rabies vaccination clinics.
   - Vaccination available at Animal Control during months without community based clinics.

3. Promote public education using social media, news releases and website posts regarding current communicable disease issues such as:
Safe food practices
Hand hygiene
Vaccinations
Sexually transmitted infections
Rabies prevention and control

4. Monitor safe food handling practices in licensed temporary facilities.

- Maintain food service facility inspection activities and provide training for special/temporary event food vendors.

**Community Resources**

- Health Department Flu Mist Initiative in schools
- Atlantic General Hospital Free clinics
- Health Department Clinics
- Nursing Homes
- Peninsula Regional Medical Center (PRMC)
- Community pharmacies
- School nurses
- Community based retail centers
- Physician practices
- Animal Control
- Health Department clinics
- Community veterinarians
- County Public Information officer
- Health department public information officer
- Worcester County Health Department website
- Worcester County Health Department social media – Facebook/Twitter
- Media outlets
- Environmental Health Division of Worcester County Health Department
- State and Local Restaurant Association
- County non-profit organizations

**Goal IV.2: Improve the recognition and reporting of communicable disease**

**Objectives:**

IV.1.1. Send at least one health department staff to each of the following annual trainings: sexually transmitted infections, communicable disease, and zoonotic updates.
IV.1.2. All new communicable disease nurses and registered sanitarians will attend the DHMH Outbreak Response training within two years of assignment.

IV.1.3. Send at least four informational correspondences to Worcester County health care providers about current communicable disease issues annually.

IV.1.4. At least 80 percent of school nurses will attend an annual training on communicable diseases.

IV.1.5. School absenteeism will be reported electronically through the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) by the end of fiscal 2013.

IV.1.6. By 2014 develop community strategies to address rising chlamydia rates.

**Strategies & Activities:**

1. Improve communicable disease reporting and crisis communication.
   - Provide ongoing training for health department staff in communicable disease control and outbreak investigation.
   - Maintain 24/7 on-call availability by trained staff for communicable disease reporting and response.
   - Distribute timely informational correspondence to community health care providers regarding current communicable disease issues, reporting requirements, and public health recommendations.
   - Provide annual training to school nurses re: communicable disease issues and reporting.

2. ESSENCE Surveillance system will be used to report school absenteeism.

3. Coordinate a meeting of stakeholders to discuss chlamydia rates and develop strategies.
   - Establish baseline
   - Identify population at risk
   - Identify best practices
   - Promote community awareness
Community Resources

- Atlantic General Hospital Physician Network
- Peninsula Regional Medical Center Physician Network
- Hospital based infection control staff
- Health department communicable disease control staff
- Electronic surveillance system
- Board of Education
- School Nurses
- Long Term care facilities
- Community health care providers
- Department of Health and Mental Hygiene – Infectious Disease and Environmental Health Bureaus
- Community providers
- Worcester County Health Department Behavioral Health and Prevention program staff
- Personal Responsibility Educational Program curriculum
Acronyms

Administrative Care Coordination Unit (ACCU)
Atlantic General Hospital (AGH)
Atlantic General Health System (AGHS)
Behavioral Risk Factor Surveillance System (BRFSS)
Center for Disease Control and Prevention (CDC)
Children’s Regional Oral Health Consortium (CROC)
Community Health Assessment (CHA)
Community Health Improvement Plan (CHIP)
Crisis Response Team (CRT)
Diabetes Prevention Program (DPP), a national program – same as NDPP below
Division of Rehabilitation Services (DORS)
Department of Juvenile Services (DJS)
Department of Social Services (DSS)
Early Notification of Community-based Epidemics (ESSENCE)
Full Time Equivalent (FTE)
Health Professional Shortage Area (HPSA)
Healthy People 2020 (HP 2020)
Healthy, Hunger Free Kids Act of 2010 (HHFKA)
Institute of Medicine (IOM)
Maryland Access Point for aging and disabled (MAP)
Maryland Children’s Health Program (MCHP)
Maryland Department of Health and Mental Hygiene (DHMH)
Mental Hygiene Administration (MHA)
Maryland Youth Tobacco Survey (MYTS)
National Alliance on Mental Illness (NAMI)
National Diabetes Prevention Program (NDPP)
Peninsula Regional Medical Center (PRMC)
Primary Administration Care (PAC)
Public Information Officer(s) (PIO)
Service Access and Information Link (SAIL)
Sexually Transmitted Disease (STD)
State Health Improvement Process (SHIP)
Substance Abuse Treatment Outcomes Partnership (STOP)
Three Lower Counties Community Services (TLC)
Worcester Addictions Cooperative Services (WACS)
Worcester County Health Department (WCHD)