

# WORCESTER COUNTY LOCAL HEALTH PLAN

## FY 2009

This Local Health Plan is a publication of the Worcester County Health Department  
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## Introduction

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Worcester County is a rural county in the process of rapid growth as a recreational and retirement community. The 1990 population of 35,028 reflected an increase of 13.4 % from 1980 to 1990. The growth rate from 1990 to 2000 was 32.9% based on the year 2000 Census of 46,543. Growth has continued through 2004 with an estimated increase of 5.2% to 48,974. This growth is the result of an influx of older residents (21.7% of Worcester was estimated to be 65 years or older in 2004), construction, and food related service providers. This estimation is thought to be an underestimate of true growth in the county, as development and in-migration trends continue. The county also has a large population of visitors to Ocean City (a year round resort) and the Assateague State and National Parks. In 2000, the average weekend population of Ocean City (not including surrounding areas) was estimated to be 158,670 people per day. The relative lack of local public transportation, the fact that a large proportion of medical services users are still seeking care outside of county, and the visiting populations to resort areas such as Ocean City compound the problems of health care delivery in Worcester County.

On the other hand Worcester County agencies, voluntaries, and community-based organizations have had a long history of cooperation and partnership in order to reduce duplication and extend scarce resources.

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

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

The Worcester County Local Health Plan assesses community needs by reviewing the health status of Worcester County. In FY 2006 the department, advised by community citizens, identified five priority areas for improvement in community health status. In addition each year the department takes on internal infrastructure improvement activities. Based on accomplishments towards these areas and trends in health status, this health plan will set priorities for improvement in FY2009.

The following sections of the Health Plan describe the Worcester population, the programs and services of the Worcester County Health Department, and the health status of the community, by the five priority areas. The final section presents the priorities of the Worcester County Health Department.

# Worcester County Overview

## Demographics

Figure 1 shows that Worcester County is predominately white with a significant percent African American (15% in 2004). Worcester is primarily English speaking. The 2000 Census indicated an increase in the number of African Americans over the 1990 enumeration. However, with the influx of white retirees who are “adopting” Worcester as their home county, the African American proportion of the population dropped from 22.7% in 1990 to 16.7% in 2000. Worcester County has a large aging population, with 21.9% of residents aged 65 and older (see Figure 2.)

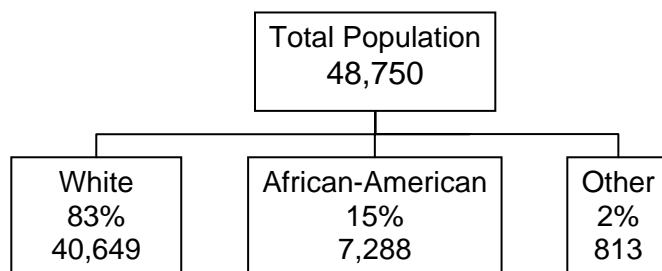


Figure 1 Worcester County Population by Race (2005)  
(MD Department of Planning, 2006)

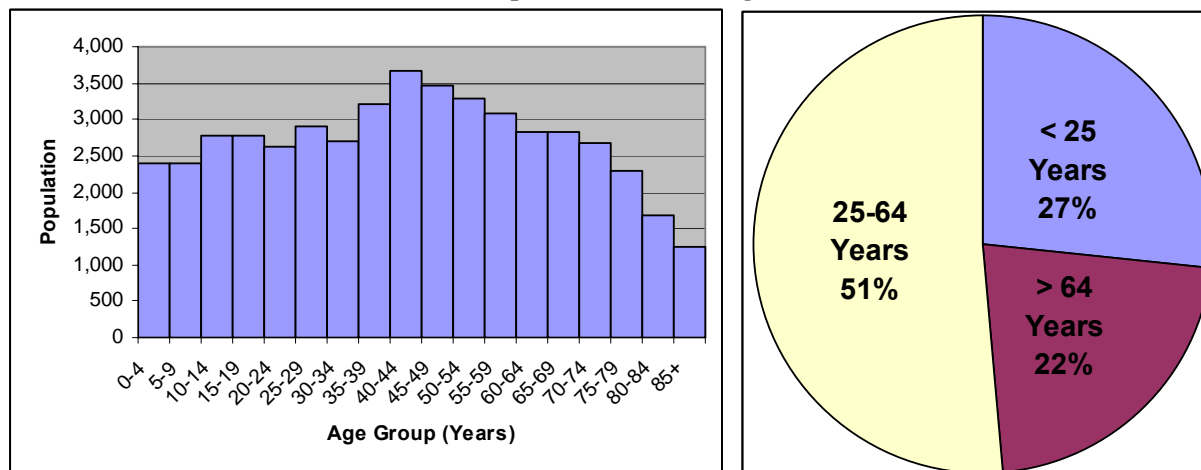
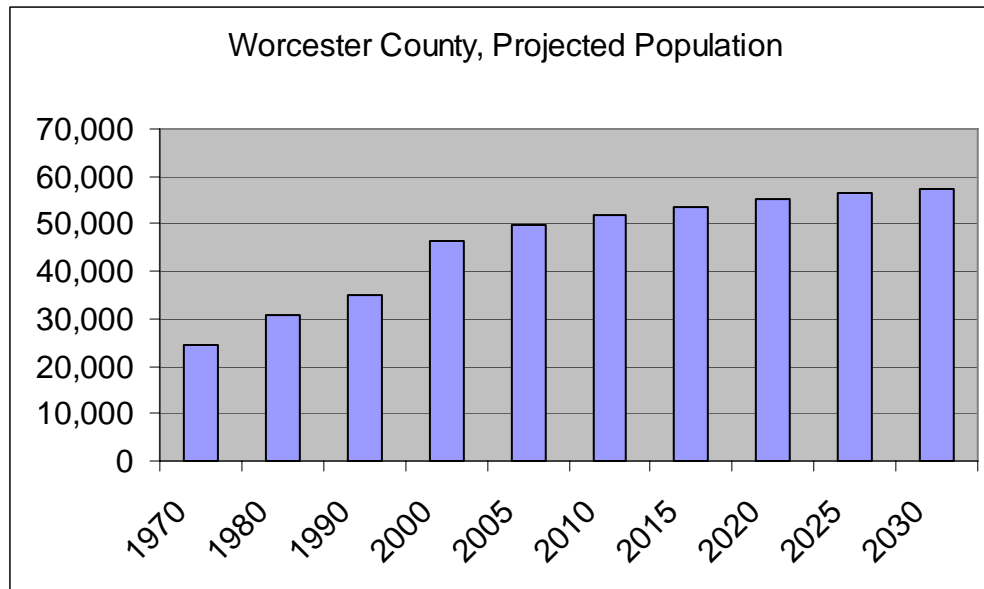


Figure 2 Worcester County Estimated Age Distribution (2004)  
(MD Department of Planning, 2005)

Worcester has a few industries that facilitate the assimilation of immigrants and refugees into our county. The influx of Southeast Asian and Central American refugees has in the past decade, 1990 – 2000, presented the Health Department with a challenge based on language and cultural barriers to communication and education. Currently, migrants speaking Spanish are living in neighboring Delaware and working in Worcester. However, the 2000 Census identified less than 1% of the resident population as non-English speaking (speaking English either ‘not at all’ or ‘not well’). In addition, Russian-speaking workers are employed in significant numbers in the resort communities.

Worcester County population has grown significantly in the last decade (32.9% from 1990-2000), and is expected to continue increasing in coming years (see *Figure 3*.)



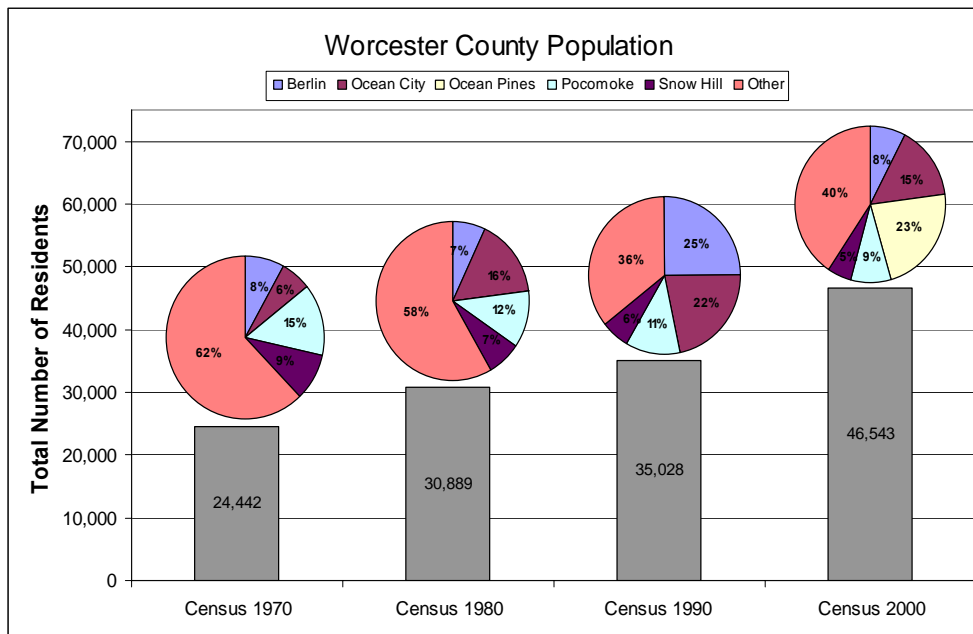
**Figure 3 Worcester County Projected Population (1970-2030)**  
(U.S. Census)

Ocean Pines contributes heavily to population growth in the county, though it is unincorporated and still shares the Berlin zip code. During the late 1990's the Board of Elections Supervisors identified a greater number of voters in Ocean Pines than in the incorporated town of Berlin. Table 1 shows the Census changes by county and town. *Table 1* and *Figure 4* show town contributions to the county's population.

**Table 1 Worcester County Historical Population by Town (1970-2000)**

Source	County	Berlin	Ocean City	Ocean Pines	Pocomoke	Snow Hill
Census 1970	24,442	1,942	1,493		3,573	2,201
Census 1980	30,889	2,162	4,946		3,558	2,192
Census 1990	35,028	8,792	7,538		3,962	2,217
Census 2000	46,543	3,491	7,173	10,496	4,098	2,409

(U.S. Census)



**Figure 4 Worcester County Historical Population by Town (1970-2000)**  
(U.S. Census)

Worcester County is Maryland's only Atlantic seacoast county. This fact brings unique problems and difficulties in planning for a comprehensive health care delivery system. The greatest planning problem is the resort daily census of 158,670 in Ocean City's resort community and another 100,000 estimated at the Assateague State and National Parks and other campgrounds in the summer months.

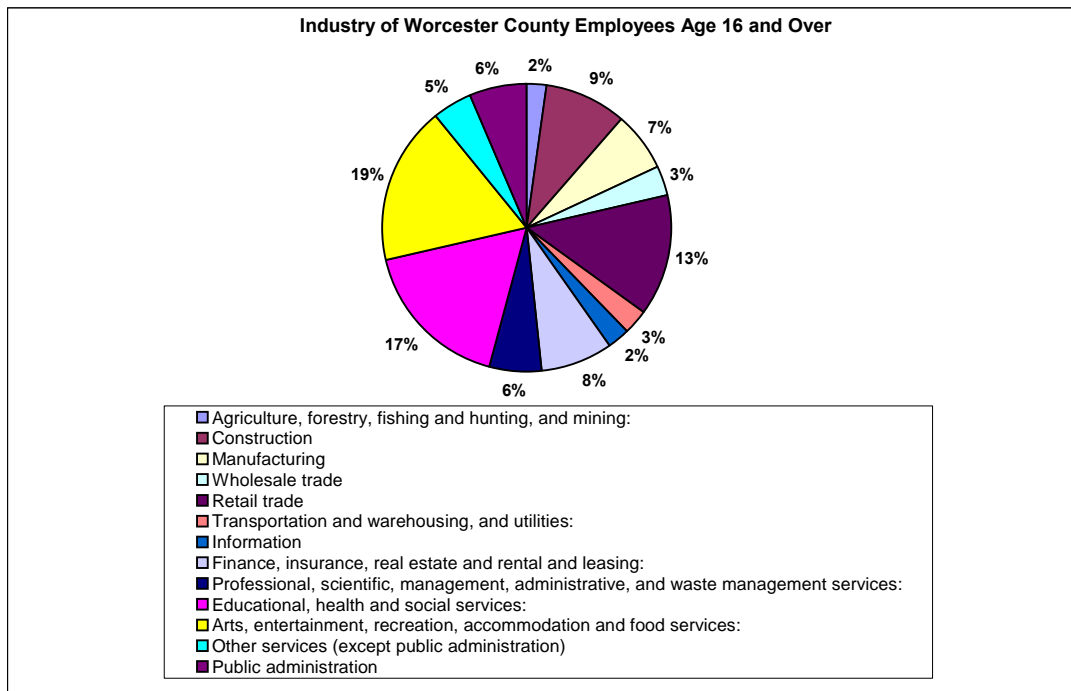
The seasonal influx into Ocean City and parklands along with the permanent resident increase (32.9% from 1990-2000) have also created a demand for more food related services, housing, water, and sewer services, all of which impact the Environmental Health unit of the Worcester County Health Department.

### ***Socio-Economics and High Risk Populations***

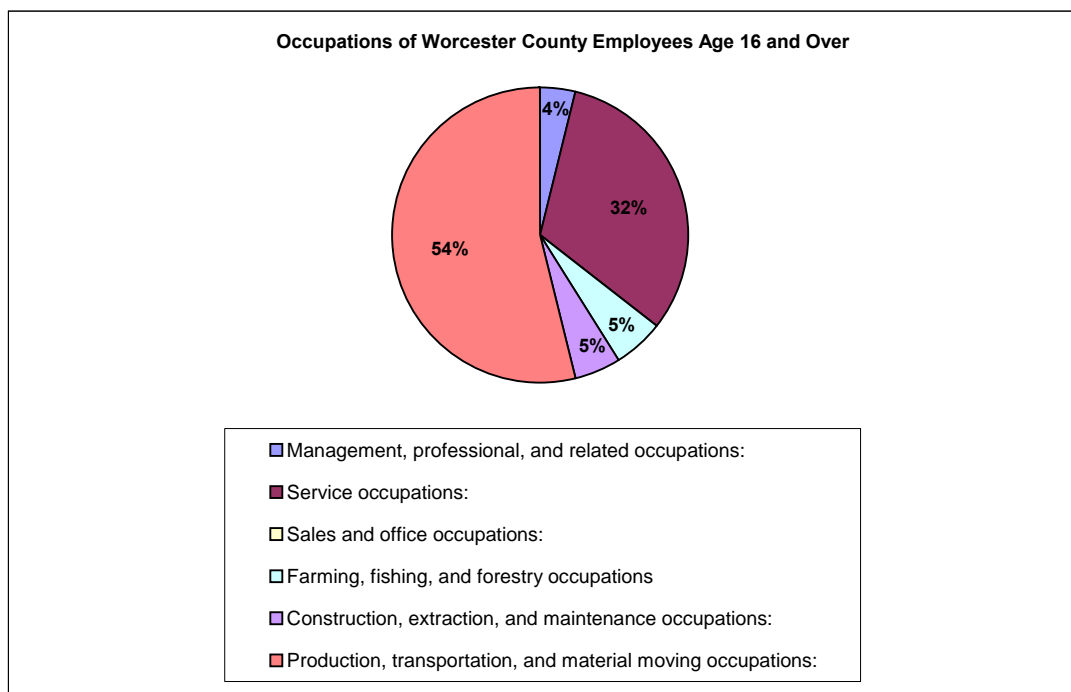
Worcester County employees work in a variety of fields and occupations (see *Figures 5 and 6*.) The largest industries include:

- arts, entertainment, recreation, accommodation, and food services
- education, health, and social services
- retail trade
- construction

The most common occupations of county employees are production, transportation, and material moving occupations; and service occupations.



**Figure 5 Industries of Worcester County Employees Age 16 and Over (U.S. Census 2000)**



**Figure 6 Occupations of Worcester County Employees Age 16 and Over (U.S. Census 2000)**

Table 2 shows the major industrial employers in Worcester County. Many persons employed in Worcester live in neighboring counties (Somerset and Wicomico) and

states (Delaware and Virginia). Summer employees also contribute to the numbers in these tables.

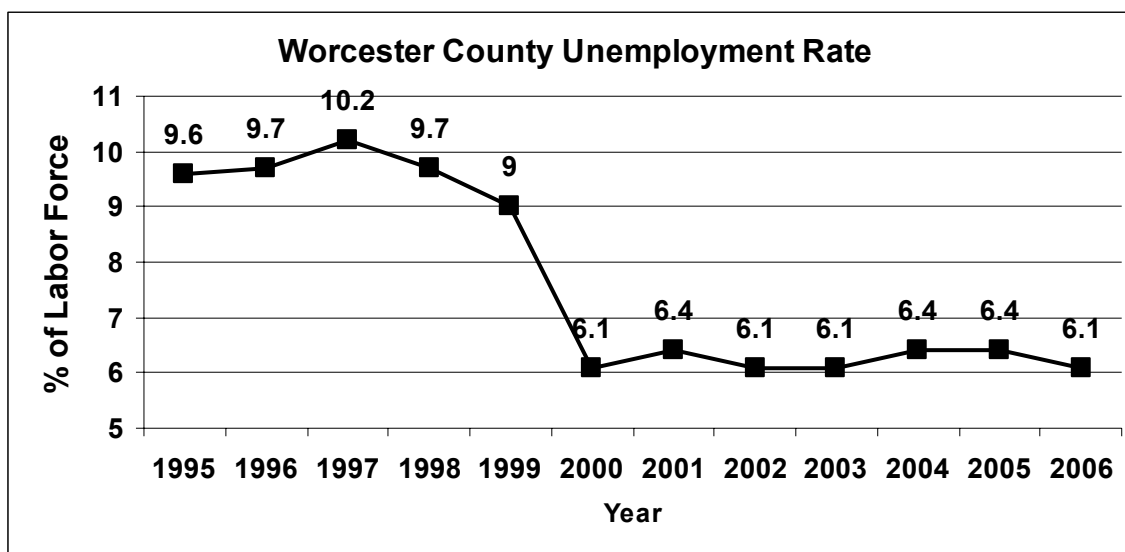
**Table 2 Major Industrial Employers in Worcester County**

<b>NAME</b>	<b>INDUSTRY</b>	<b>SIZE CLASS</b>
91ST STREET JOINT VENTURE	<a href="#">721</a>	100 - 249
ALL STATES CONSTRUCTION COMPANY	<a href="#">238</a>	less than 100
ATLANTIC GENERAL HOSPITAL CORPORATION	<a href="#">622</a>	500 - 999
BAY SHORE DEVELOPMENT CORPORATION	<a href="#">237</a>	less than 100
BEL-ART PRODUCTS	<a href="#">339</a>	100 - 249
BEST WESTERN HOTEL	<a href="#">721</a>	less than 100
BULL ON THE BEACH	<a href="#">722</a>	less than 100
CAROUSEL BEACHFRONT HOTEL	<a href="#">721</a>	less than 100
CLARION RESORT FONTAINEBLEAU	<a href="#">721</a>	100 - 249
DUMSERS DRIVE-IN INC	<a href="#">722</a>	less than 100
FAGER'S ISLAND	<a href="#">721</a>	100 - 249
FOOD LION	<a href="#">445</a>	100 - 249
GENESAR INC	<a href="#">721</a>	100 - 249
HARRISON INN STARDUST INC	<a href="#">721</a>	100 - 249
HARTLEY HALL NURSING HOME	<a href="#">623</a>	less than 100
HOLIDAY INN OCEANFRONT	<a href="#">722</a>	100 - 249
HOLIDAY INN SUITES	<a href="#">721</a>	less than 100
HOME DEPOT	<a href="#">444</a>	100 - 249
K T G OF OCEAN CITY	<a href="#">722</a>	less than 100
KELLY FOODS CORPORATION	<a href="#">311</a>	less than 100
LOWES	<a href="#">444</a>	100 - 249
MCDONALD'S - BAILEY ENTERPRISES	<a href="#">722</a>	less than 100
MCDONALD'S - BAXTER, THOMAS W	<a href="#">722</a>	100 - 249
MERCANTILE PENINSULA BANK	<a href="#">522</a>	less than 100
MID ATLANTIC LONG TERM CARE	<a href="#">623</a>	100 - 249
O C SEACRETS	<a href="#">722</a>	100 - 249
OCEAN PINES ASSOCIATION	<a href="#">551</a>	100 - 249
O'CONOR PIPER & FLYNN REALTORS	<a href="#">531</a>	less than 100
OS RESTAURANT SERVICES	<a href="#">722</a>	100 - 249
PERDUE FARMS	<a href="#">551</a>	less than 100
PHILLIPS CRAB HOUSE INC	<a href="#">722</a>	less than 100
PHILLIPS FOODS INC	<a href="#">722</a>	100 - 249
PIZZA HUT-MARYLAND COAST	<a href="#">722</a>	less than 100
PRINCESS BAYSIDE	<a href="#">721</a>	less than 100
RACING SERVICES LLC	<a href="#">711</a>	less than 100
RESTAURANT @ LIGHTHOUSE SOUND	<a href="#">722</a>	less than 100
ROBIN & WALTER DAY SPA LLC	<a href="#">812</a>	less than 100
ROYAL PLUS CLEANING & REPAIRS	<a href="#">236</a>	less than 100
ROYAL PLUS ELECTRIC	<a href="#">238</a>	less than 100

SENS MECHANICAL	<a href="#">238</a>	less than 100
SNOW HILL NURSING	<a href="#">623</a>	less than 100
SOUTH MOON SALES INC	<a href="#">448</a>	less than 100
STOWAWAY MOTEL	<a href="#">721</a>	less than 100
SUNSET GRILLE LLC	<a href="#">722</a>	less than 100
SUPER FRESH	<a href="#">445</a>	100 - 249
TACO BELL-R&R VENTURES EAST	<a href="#">722</a>	less than 100
TAYLOR, CALVIN B	<a href="#">522</a>	less than 100
TRI-COUNTY COUNCIL FOR THE LOWER SHORE	<a href="#">485</a>	100 - 249
WAL-MART/SAM'S CLUB	<a href="#">452</a>	500 - 999
WORCESTER PREPARATORY SCHOOL	<a href="#">611</a>	100 - 249

**(MD Department of Labor, Licensing, and Regulation, 2007)**  
<http://www.dllr.state.md.us/lmi/emplists/worcester.htm>

In 2006, Worcester had the second highest unemployment rate in the state (6.1%), behind Baltimore City (at 6.4%). According to the 2000 US Census, unemployment dropped almost 4% since 1997. The County's unemployment rates also tend to be markedly lower during the period from June through October due to the resort community demand for workers, increasing with the summer attraction.



**Figure 7 Worcester County Unemployment (1995-2005)**  
 (US Department of Labor, 2006)

The resort attracts many seasonal workers from Florida, Europe, former USSR states, and neighboring U.S. states. In the early 1990s an estimated 17,000 were high school seniors and college students from Ohio to New England and south to Virginia and West Virginia with all states within this perimeter represented. By 1997, the availability of affordable housing diminished, drastically reducing the student workforce in the resort. In 1997, there was an increase in the age and non-citizen character of the Ocean City workforce, primarily from Russia and the United Kingdom. Since there is high unemployment among Worcester citizens in the winter and many resort employers do

not reside in the county, the effective buying power of the Worcester citizen is lower than that in neighboring areas and the state as a whole. Residents with low incomes are more likely to have insufficient health insurance. The limited access to public transportation also serves as a barrier to good health care for the low income population.

Figures 8-12 depict the economic status of Worcester County and its districts. Ocean Pines is un-incorporated, in the Berlin postal district. In 1999, sixty-one percent (61%) of Worcester households had an income under \$50,000, with a median household income of \$40,650. Many county residents were below poverty level in 1999 (9.6% of the population and 17.3% of adolescents aged 0 to 17 years.) The US Census estimates that the adolescent poverty rate in Worcester dropped to 13.9% in 2002. Only 2.5% of households received public assistance income in 1999, and 26% of Worcester households had incomes below 200% of the poverty level. Since the stock market drop, many retired persons are seeking employment, indicating the 1999 income figures are probably higher than current income distributions.

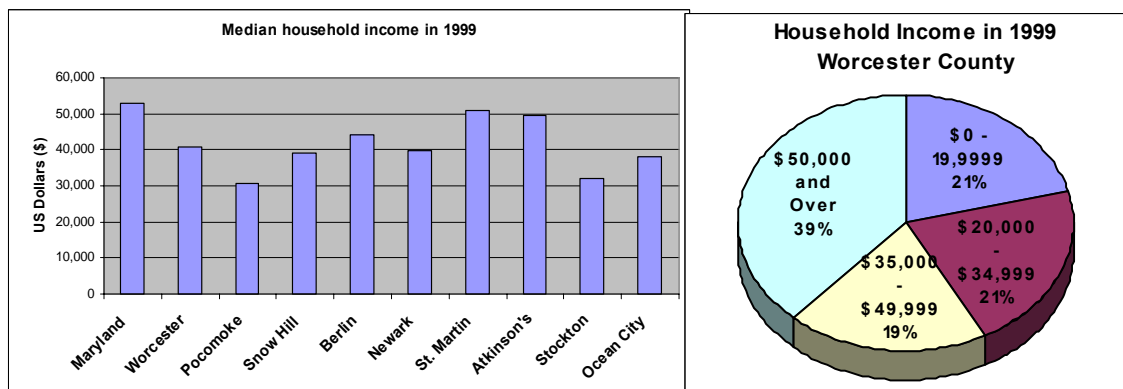


Figure 8 Household Income in MD and Worcester County (by district), 1999 (U.S. Census 2000)

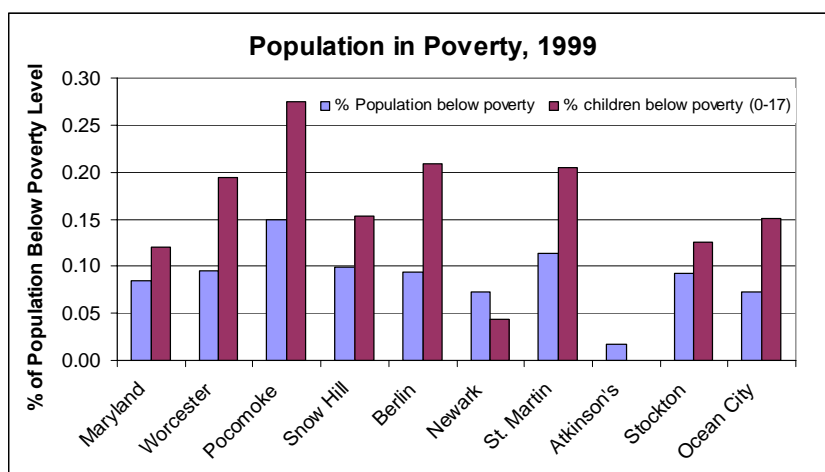
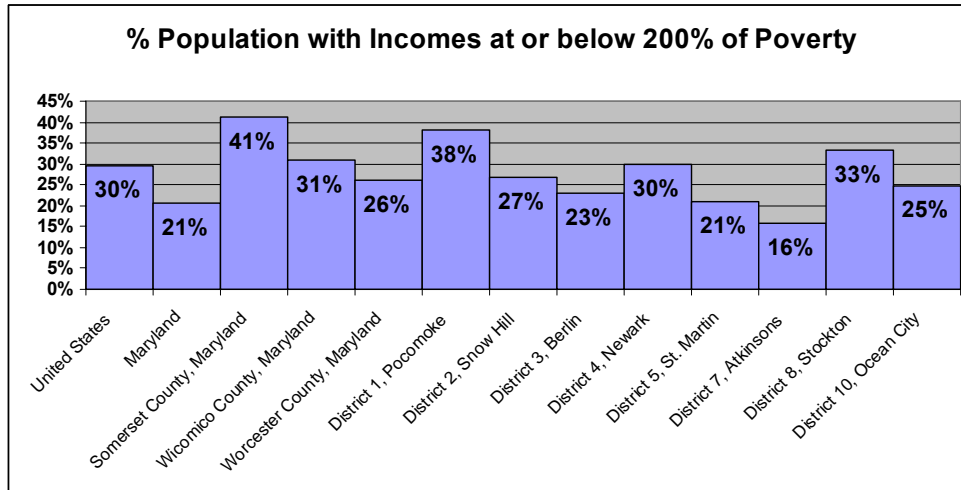
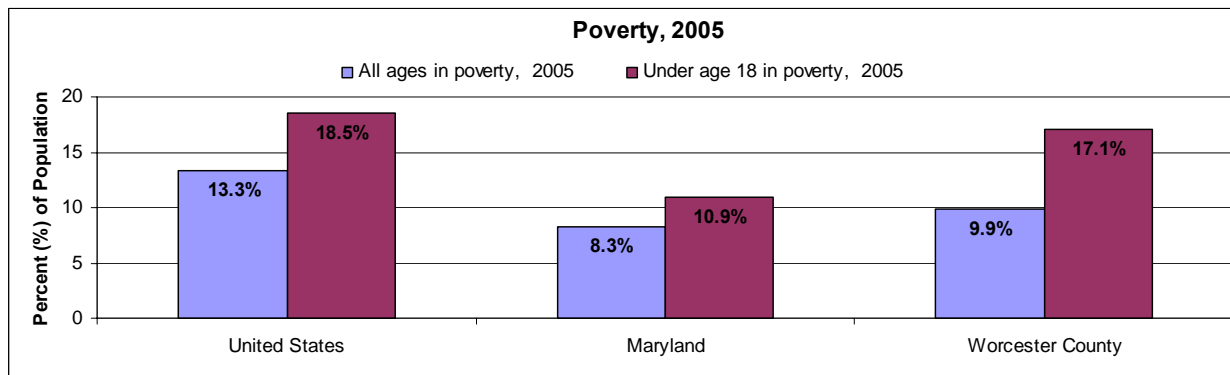


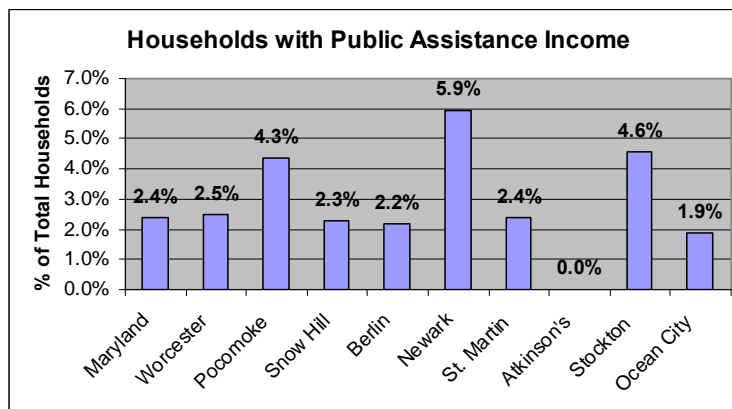
Figure 9 Population Below Poverty Level in MD and Worcester County (by district), 1999 (U.S. Census 2000)



**Figure 10 Population with Incomes at or below 200% of Poverty in 1999 (US Census 2000)**



**Figure 11 US Census, Small Area Income and Poverty Estimates (2005)**



**Figure 12 Households with Public Assistance Income, by district, 1999 (U.S. Census 2000)**

Education also contributes to the economic and health status of a community. Maryland has a higher percentage of college graduates than the county. The proportion of the county population with no high school diploma is similar to the state's, however this proportion is higher in the towns of Pocomoke and Stockton (see *Figures 13 and 14.*)

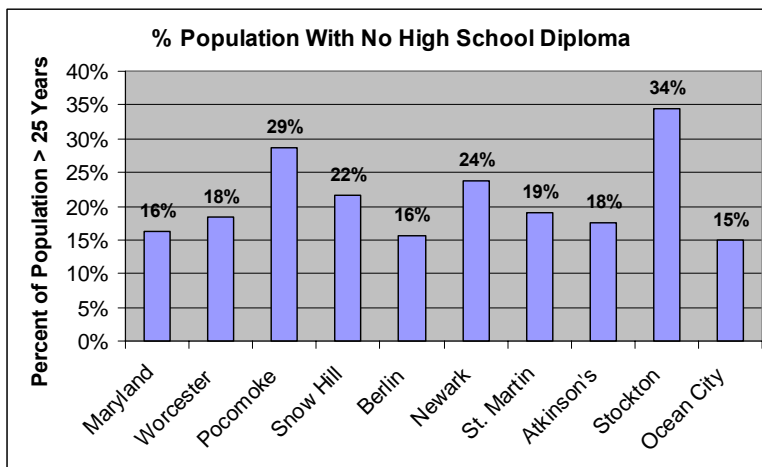


Figure 13 Population With No High School Diploma, by district, 2000 (U.S. Census 2000)

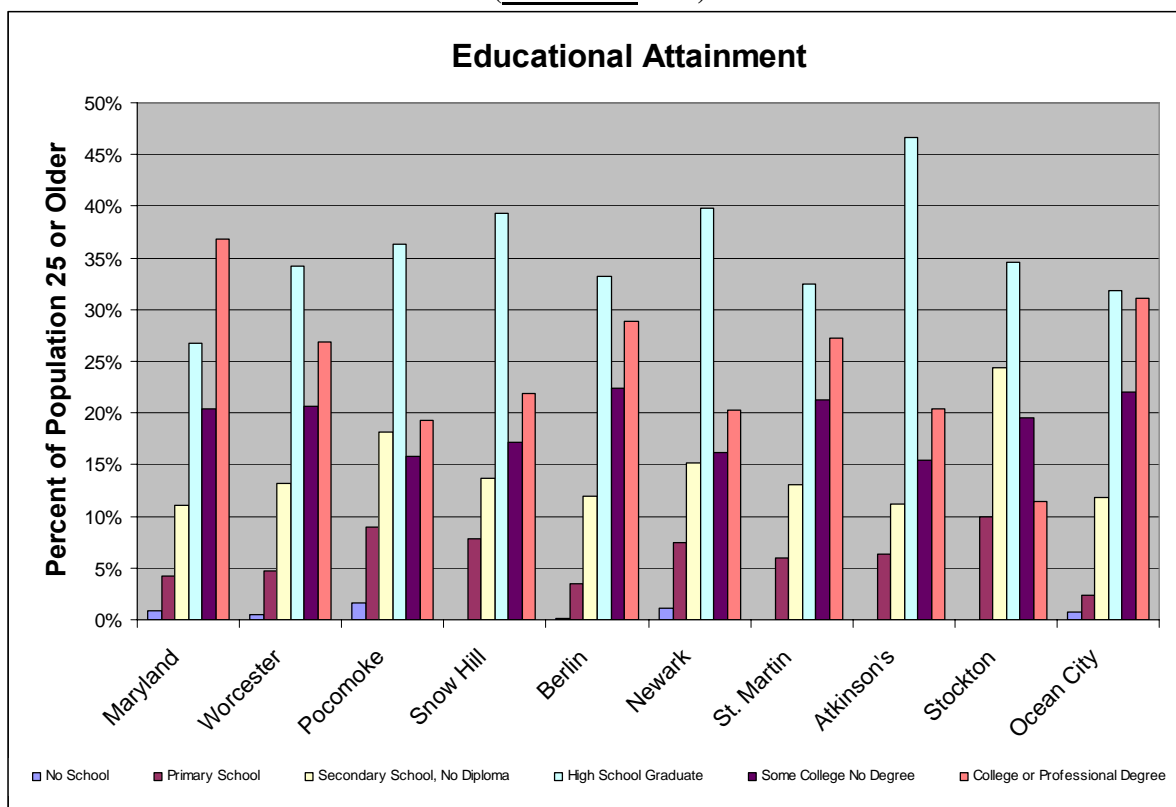
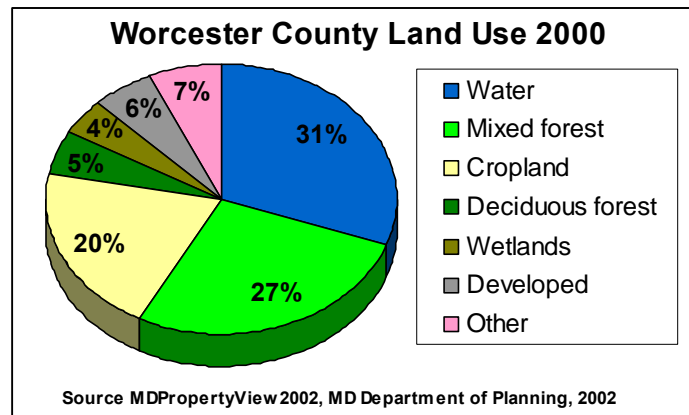


Figure 14 Educational Attainment in MD and Worcester County (by voting district), 2000 (U.S. Census 2000)

### Environment and Geography

Worcester County is situated on the southeastern extremity of Maryland’s Eastern Shore (Figure 16, “Map A”). The County extends some 30 miles from Delaware in the north to Virginia in the south, and stretches twenty-five miles at its greatest width. Map B (Figure 17) shows the four incorporated towns. Except for new development around Ocean Pines, Shell Mill Landing, Newark, and West Ocean City, most of Worcester is agricultural and forest with low population

density. *Figure 15* and *Tables 3-5* present geographical facts about the county. These confirm the rural, sparse population, recreational and agricultural descriptions of the county.



**Figure 15 Worcester County Land Use**

**Table 3 Geography of Worcester County**

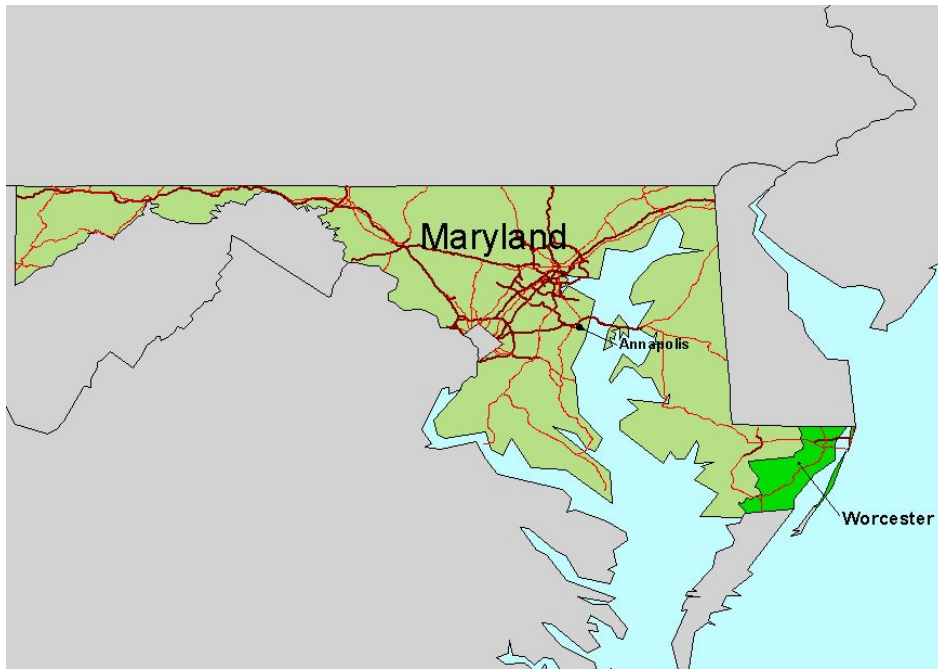
Topography	Flat
Land Area	473 sq. mi
Elevation	Sea level to 65 ft

**Table 4 Natural Resources of Worcester County**

Agriculture	Grain: corn, soybean, wheat Vegetable crops: tomato, green beans, yams Poultry: broilers, hatchlings
Forestry	Softwood, low grade hardwood
Mineral	Some sand and gravel
Marine	Fish, ocean and bay clams, soft and hard crabs, oysters

**Table 5 Worcester County Climate**

Coldest Month	January	Average Temperature	39 F
Hottest Month	July	Average Temperature	77 F
Wettest month	August	Average Rainfall	6 inches
Heating Degree Days	4115	Cooling Degree Days	1058
Heaviest Rainfall/day	10 inches	heaviest snowfall/day	21 inches
Annual rainfall	31.5 inches	Annual snowfall	14.7 inches



**Figure 16 Map A**



Figure 17 Map B

## Community Infrastructure

From a health care perspective, the county environment has both strengths and weaknesses. Worcester County is still designated as medically under-served and rural by Federal definition. Particular concerns are primary care, dentists, pediatricians, and geriatric and child psychiatrists. Table 6 identifies the major health care resources locally and regionally to county residents.

**Table 6 Worcester County Medical Care Resources**

TYPE	RESOURCE
Hospitals	Atlantic General Hospital (AGH) is a 62 bed facility in Berlin, with 163 physicians, offering primary and secondary care in Berlin. Peninsula Regional Medical Center is a regional tertiary hospital in neighboring Wicomico County 20 miles from Snow Hill. It has 383 beds and over 200 physicians
Nursing Homes	Berlin Nursing and Rehabilitation Center, Berlin; Snow Hill Nursing & Rehab., Snow Hill; Hartley Hall, Pocomoke City; Over 390 Beds Total
Primary Care Providers	Number 33 Full-time Equivalency (FTE) 27
Dentists	Number 24 Full-time equivalency (FTE) serving the low income population (either accept Medicaid or have a sliding fee scale) was estimated to be 0.5 FTE. (1 dentists serving Medicaid patients 60% of the time in 2006 study for HPSA).
OB-GYN	There are no OB-GYN practices in Worcester County; 2 physicians and 2 nurse practitioners provide gynecological services in the county.
Pediatricians	Only 1 pediatrician practices in the county part-time as a pediatrician.
Psychiatrists	WCHD employs two Psychiatrists part time, 1.2 FTE equivalent clinical practice time, and one Psychiatric Nurse Practitioner, 0.6 FTE equivalent clinical practice time. WCHD also operates two tele-psychiatry programs with an additional 0.4 FTE equivalent Psychiatry clinical practice time.
Private Addictions	Sinexpent Addictions in Ocean City and Counseling Associates in Berlin
Emergency Medical	Worcester is better staffed with a higher ratio of Advanced Life Support trained personnel than surrounding counties in the region.

In terms of the health care delivery system, transportation continues to be a major problem. There is limited local public transportation. The interstate bus services through Ocean City to Salisbury and Pocomoke to Salisbury are not convenient for persons with medical appointments. Commercial transportation is available to fulfill business needs as shown in Table 7.

The County developed a public bus system in the mid 1990s, when major industry closed in Pocomoke. This was to help people get to Ocean City jobs 45 miles away. The "County Ride" has limited daily frequency, but does stop at the Snow Hill and Berlin (across from AGH) Health Department centers and links riders with the Ocean City municipal bus system and into Salisbury. Since its inception, the County has steadily been increasing the number of trips and has added buses. This system is coordinating with the Regional Transportation Task Force on scheduling for optimal linkages between jurisdictions. However, persons whose mobility is compromised or who live greater than a mile from the bus lines have barriers to access.

**Table 7 General Transportation**

Taxi Companies	20 taxi companies, mostly located in Ocean City
Medical Transportation	Worcester Health manages Medical Assistance Transportation. The service has 12 vehicles and 6 (3 part time) drivers. Ambulance transport is contracted through local vendors.
Auto Rentals	12 in the two counties of Wicomico and Worcester
Rail	Eastern Shore Railroad: Class 2, 2 freight trains per day, Pocomoke to Norfolk; MD & DE Railroad: Class 2, 2 freight trains per week, Harrington to Snow Hill; Norfolk Southern Railroad
Air	Salisbury/Wicomico Airport: 15 miles from Snow Hill, daily US Air flights link to Philadelphia & Washington National; Federal Express; Air Express; UPS; Bay Land Aviation; Ocean City Airport: 18 miles to Snow Hill, private service only
Truck	7 motor freight lines with no terminals in the county
Water	Pocomoke River: Chesapeake Bay to Snow Hill; Wicomico River: Chesapeake Bay to Salisbury; Choptank River: Chesapeake Bay to Cambridge
Public Transportation System	Shore Transit runs vans and busses throughout the tri-county area. This system also links with the Ocean City Municipal Bus System. (See second paragraph on page 19).

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## Worcester County Health Department

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The **mission** of Worcester County Health Department is to promote health, well being, and a safe environment.

The Health Department does this by:

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

The **vision** of Worcester Health is “Live Healthy Maryland”, which was instituted by the Governor and the State Secretary of Health and Mental Hygiene.

The Worcester County Health Department **values**:

- ♦ The preservation of the public health and safety
- ♦ The need to do no harm when creating public policy;
- ♦ The right of persons to take responsibility for their own health;
- ♦ Voluntary behavior changes for health status improvement;
- ♦ The right of all individuals in Worcester County to access quality services required for the optimization of their health status; and
- ♦ Learning as a means to personal health and to the development of quality health providers.

The underlying **framework** for implementing our mission comes from the Institutes of Medicine Report “The Future of Public Health”. The nature of public health also involves immediate response to urgent events that may harm the public’s health. Staff receive training on emergency preparedness and response and other core competencies of public health.

Programs and services offered by the department are provided in various clinical buildings around the County. Some programs are provided in the community with the program staff based out of a building. The list below identifies each building by location and telephone.

**Buildings**

<b>Name of Building</b>	<b>Location and Phone</b>
Administrative Offices Snow Hill Health Center	P.O. Box 249 6040 Public Landing Road Snow Hill, MD 21863 Phone 410-632-1100
Berlin Health Center	9730 Healthway Drive Berlin, MD 21811 Phone 410-629-0164
Isle of Wight	13070 St. Martin's Neck Road Berlin, MD 21811 Phone 410-352-3234
Ocean City Health Center	4 Caroline Street Ocean City, MD 21842 Phone 410-289-4044
Pocomoke Health Center	400 A Walnut Street Pocomoke City, MD 21851 Phone 410-957-2005
Prevention Center	305 Bank Street Snow Hill, MD 21863 Phone 410-632-0056
Center 4 Clean Start	1001 Lake Street Salisbury, MD 21801 Phone 410-742-3460
Worcester Addiction Cooperative Services (WACS)	11827 Ocean Gateway West Ocean City, MD 21842 Phone 410-213-0202
Maryland Access Point (MAP) of Worcester County at the Charles & Martha Fulton Senior Center	4767 Snow Hill Rd Snow Hill, MD 21863 Phone 410-632-9915

Standard Business hours from 8.00 a.m. to 5.00 p.m. are used for all programs. Prevention, Outreach, and Clinics are offered evenings and weekends as appropriate to customer needs. By December 2008, all staff and services at the Core Service Agency and Prevention Center will be at the Snow Hill Center on Public Landing Road.

In FY 2003, half the staff in the main office moved to a rental building in Snow Hill in order to release the space pressure in the Snow Hill Health Center. This building was built in 1979 for 34 staff and as a clinic, 71 staff and 70 computers shared the limited space, while Behavioral Health and Communicable Disease clients were seen here. In January 2003, Behavioral Health moved into the new Market Square building, leaving

36 staff in the main office. Currently the Snow Hill Health Center is undergoing renovation. The addition has been completed. It now houses everyone who was in the original building and Market Square. The final move is expected to be completed in FY2009.

### ***Programs and Services***

Table 8 identifies the services provided by the Worcester County Health Department. The buildings in which each program or service is provided are marked by an "X". Buildings marked with an "H" are the home base for program staff of community services. Four of the buildings (identified by an asterisk\* in the table below) are owned by the County. The County Commissioners support delivery of services convenient to the residents.

**Table 8 Worcester Health Programs by Delivery Locations**

PROGRAM/SERVICE	Berlin*	C4 CS	Isle of Wight	OC*	Pocomoke*	Snow Hill*	Prevention®	WACS	Senior Center
Administrative Care Coordination	H								
Adult Evaluation and Review Services									H
AIDS Case						H			
AIDS/HIV Counseling & Testing	X			X	X	H		X	
AIDS Prevention							H		
Adult Immunizations	X			X	X	H			
Addictions Outpatient	X	X			X	H Jail		X	
Addictions Prevention							H		
Assessment Unit				X					
Breast & Cervical Cancer Programs							H		
Child Healthy Start	H				X				
Child Immunizations	H				X	X			
Colposcopy					X				
CRF Cancer							H		
CRF Tobacco							H		
Crisis Response Team						H			
CVD & Chronic Disease Control							H		
Developmental Disability Adult	H								

PROGRAM/SERVICE	Berlin*	C4 CS	Isle of Wight	OC*	Pocomoke*	Snow Hill*	Prevention®	WACS	Senior Center
Developmental Disability Children	H								
Environmental Health			H						
Epidemiology						H			
Family Planning	X			X	H				
HOT Boards				H					
Health Planning						H			
Infant and Toddler	H								
Maternal Child Healthy Starts	H				X				
MCHP	H				X				
Injury Prevention							H		
Mental Health	X	X			X	X Jail		X	
MA Transportation						H			
Ombudsman	H								
Pregnancy Testing	H			X	X	X			
Sand Castles	H			X					
STD/Communicable Disease/TB	X			X	X	H			
Tobacco Cessation	X				X		H		
Vital Records						X			

\* owned by the County

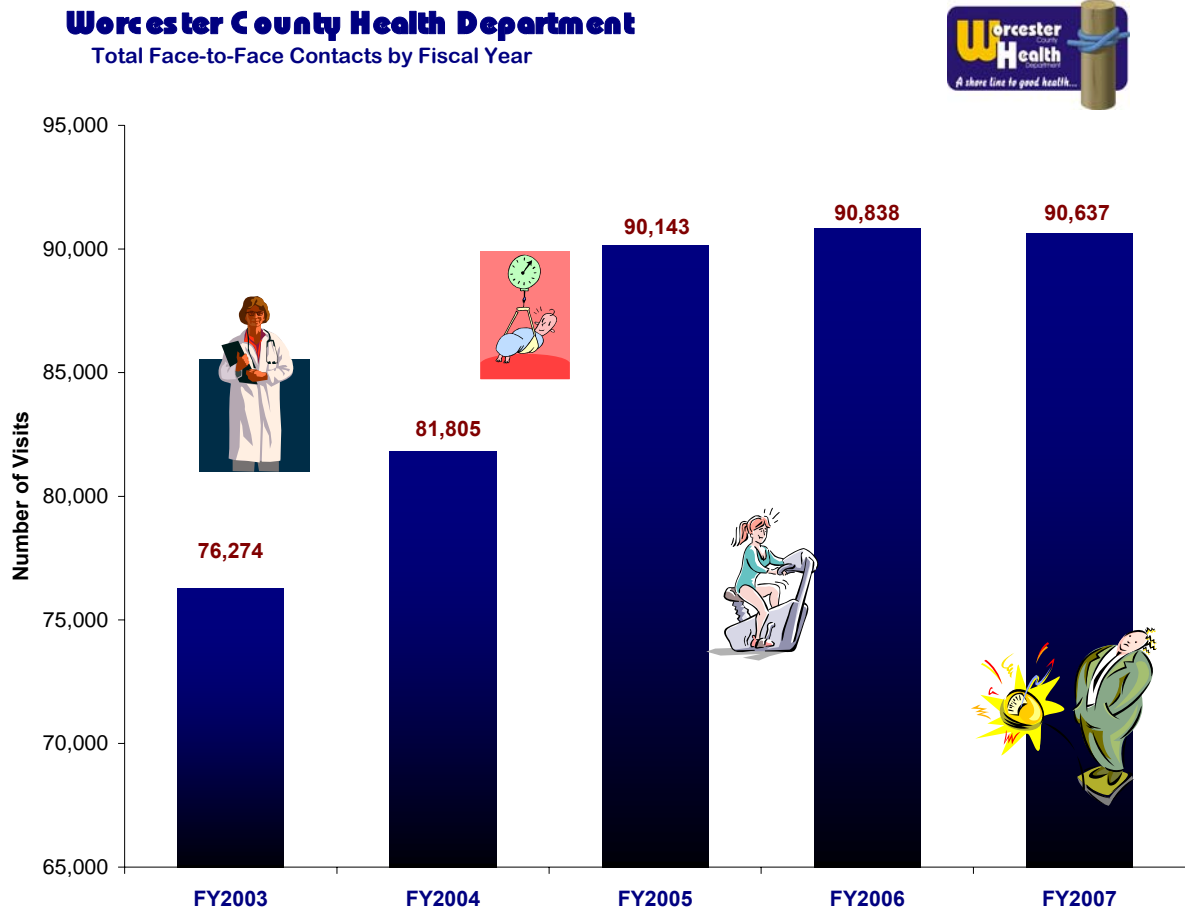
All the services of Worcester Health address some aspect of the core services of public health. *Table 9* identifies which programs or services (listed in *Table 8*) address each of the 9 core service areas.

**Table 9 Worcester Health Programs by Core Service Areas**

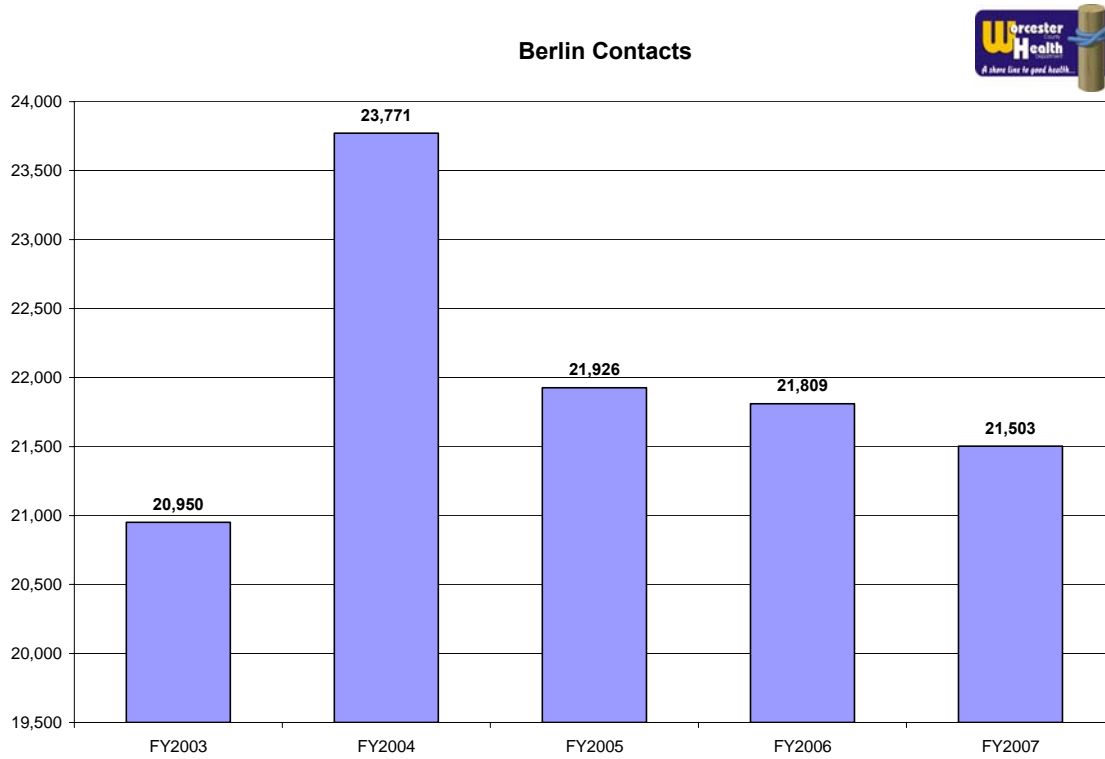
CORE SERVICE AREA	WORCESTER HEALTH PROGRAM
1. Maternal	FIMR Review IPO partnerships Healthy Start Case Management C4CS MCHP & Ombudsman & Administrative Care Coordination MA Transportation
2. Child Health	Prevention activities for Smoking, Addictions, Injury, Parenting, & Crime Prevention Addictions Outpatient School Program Mental Health School Program Healthy Start Case Management Child immunizations Crisis Response Team HOT Boards and the Assessment Unit Case Management Care Coordination MCHP & Ombudsman & Administrative Care Coordination MA Transportation Developmental Disability Child Environmental Health, all programs Infant & Toddler Alternative Directions
3. Family Planning	Prevention Activities Family Planning Pregnancy Testing Colposcopy
4. Communicable Disease	Environmental Health Adult & Child Immunization AIDS/HIV CTS, Case Management & Prevention STD/TB Communicable Disease Partner Notification Ryan White

CORE SERVICE AREA	WORCESTER HEALTH PROGRAM
5. Adult Health	Crisis Response Team BCCP Homeless Addicts Never Denied Services CVD and Chronic Disease Control Injury Prevention CRF Cancer CRF Tobacco Tobacco Cessation & Prevention Developmental Disabilities Case Management Environmental Health all programs MA Transportation Adult Immunizations Addictions Mental Health and Jail
6. Environment	Environmental Health all programs Health Planning Activities
7. Geriatrics	Adult Evaluation and Review Services Mental Health Developmental Disabilities Case Management MA Transportation Health Planning Activities
8. Wellness	All Prevention Center activities Health Planning HOT Boards
9. Administration	Vital Records Core Funds support of Infrastructure Health Planning

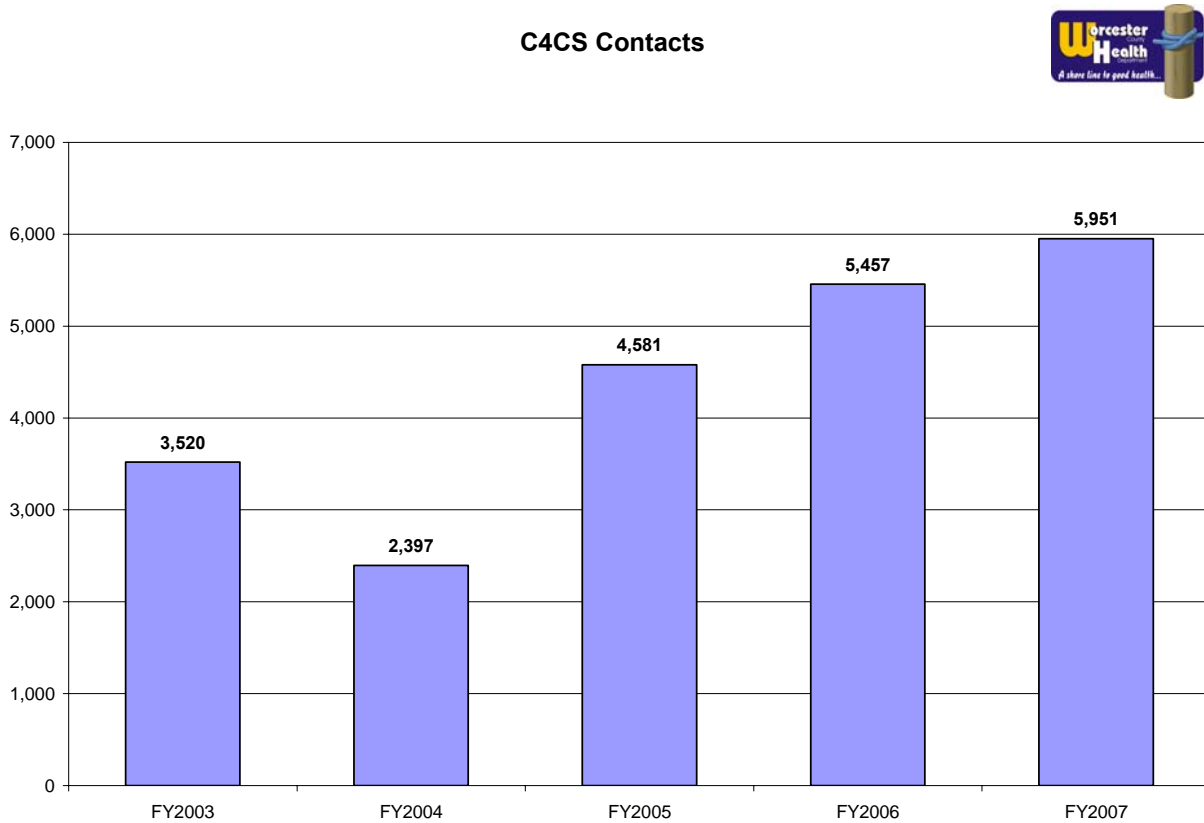
The numbers of services provided by clinic-based professionals of the Health Department has been steady over the past three years. *Figures 18-25* show the trends in the number of visits to the department and to individual sites since 2003, when the new database was implemented. Note in FY2006, Pocomoke was renovated, limiting the service delivery for 9 months. Also note these graphs do not begin at zero. Be careful when looking from one graph to another to check the scales.



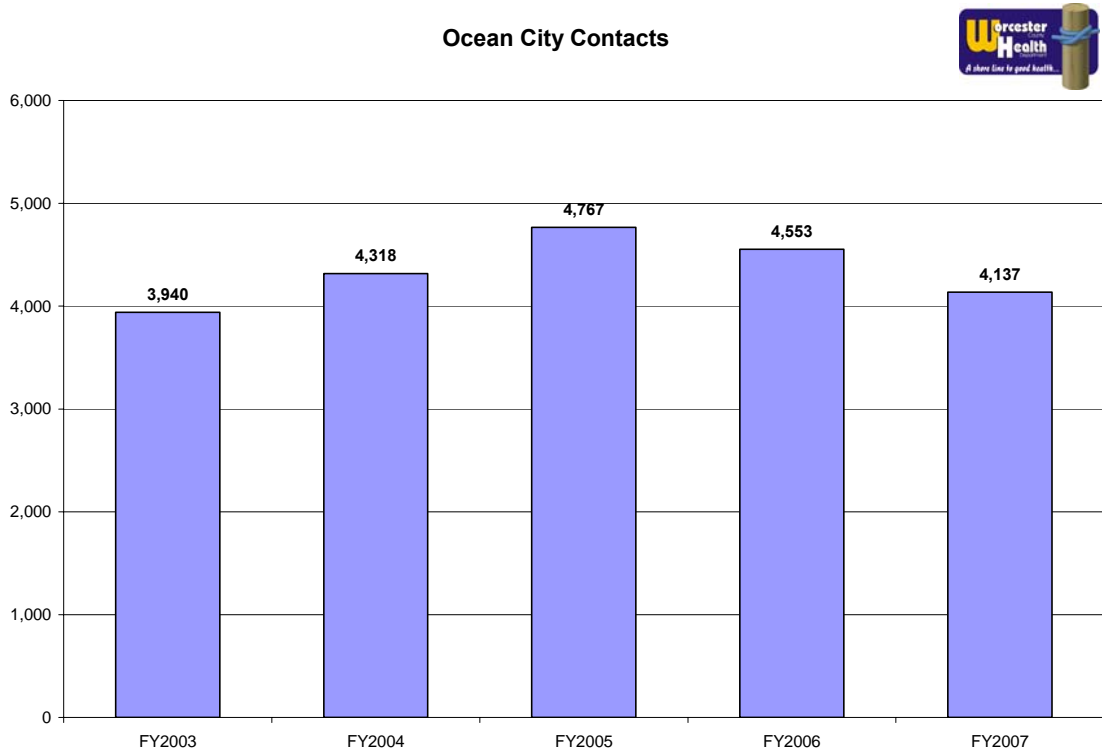
**Figure 18 Total Contacts with Worcester County Health Department, by Fiscal Year**



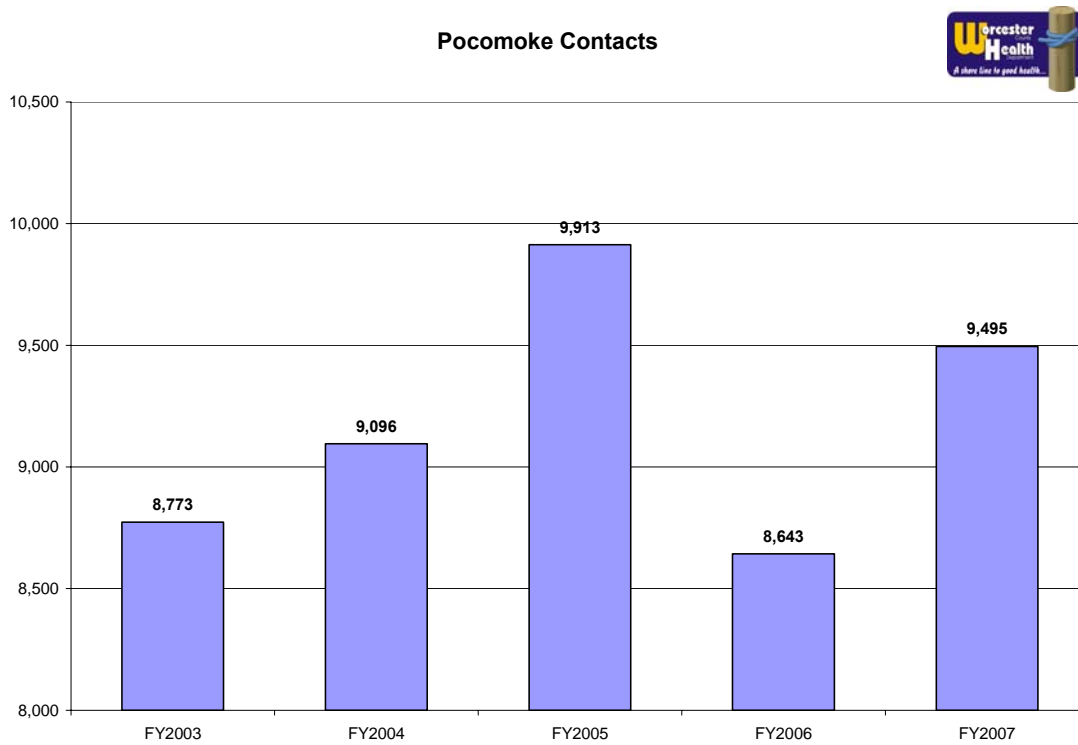
**Figure 19 Total Contacts with WCHD in Berlin, by Fiscal Year**



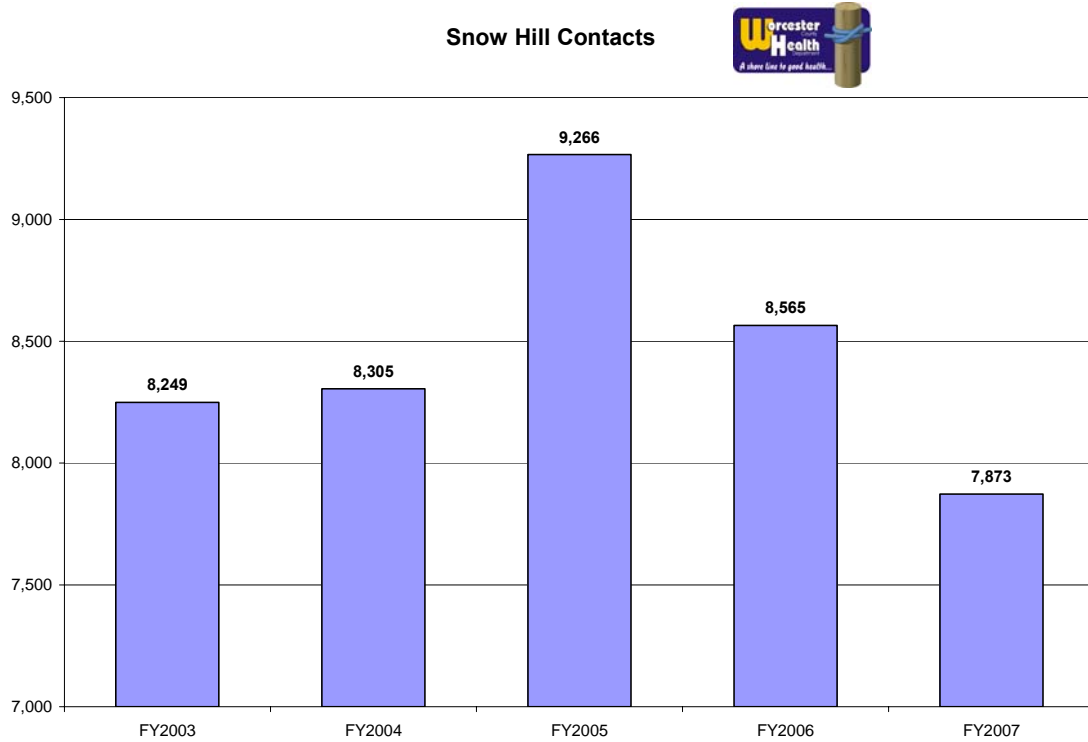
**Figure 20 Total Contacts with WCHD, Center for Clean Start (C4CS), by Fiscal Year**



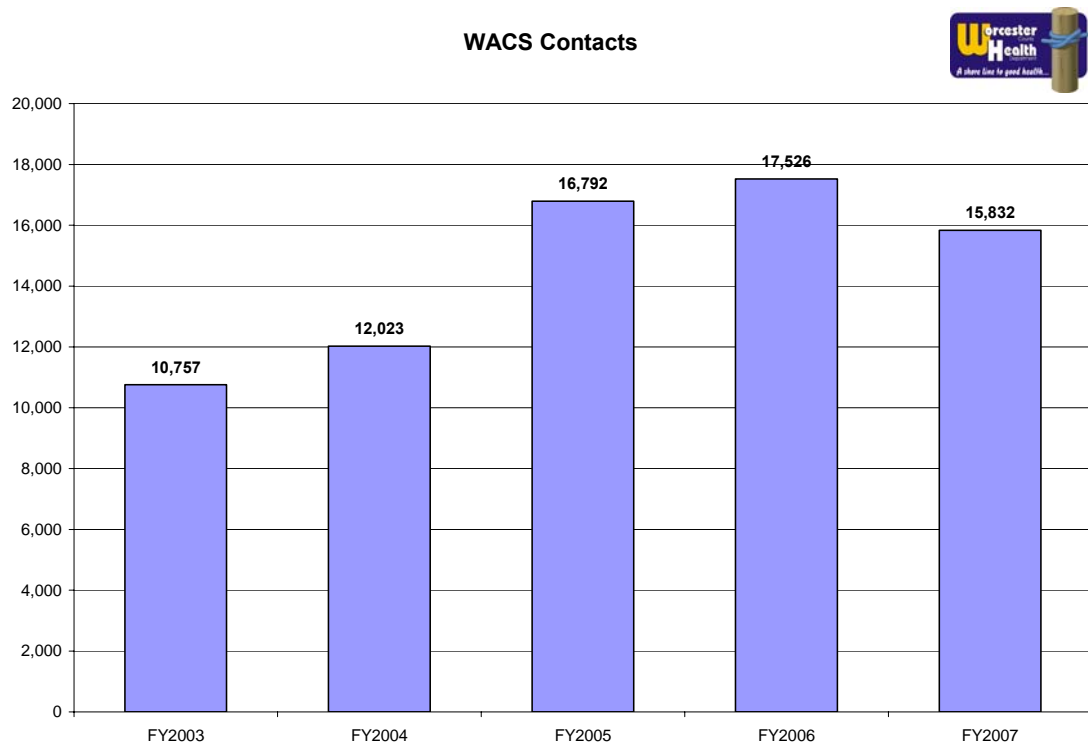
**Figure 21 Total Contacts with WCHD in Ocean City, by Fiscal Year**



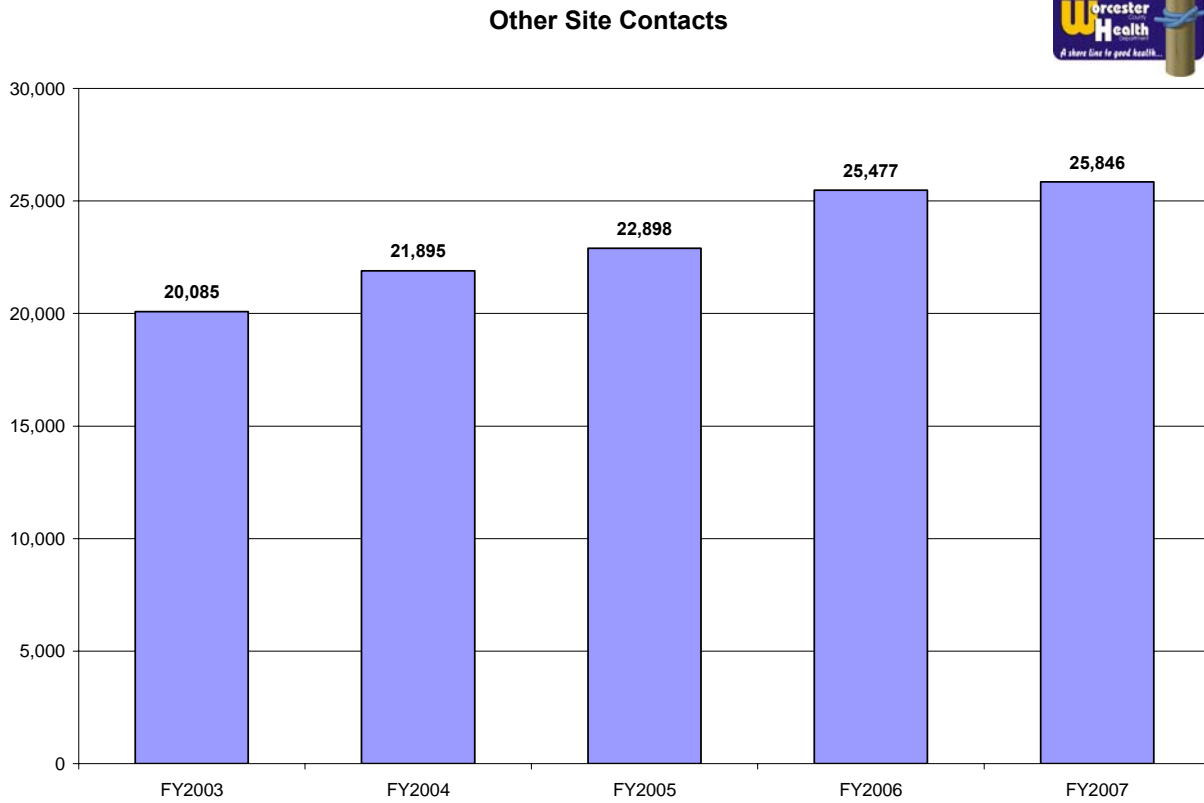
**Figure 22 Total Contacts with WCHD in Pocomoke, by Fiscal Year**



**Figure 23 Total Contacts with WCHD in Snow Hill, by Fiscal Year**



**Figure 24 Total Contacts with WCHD, WACS, by Fiscal Year**



**Figure 25 Total Contacts with WCHD at Other Sites, by Fiscal Year**

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## Health Status Summary

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This section reports health status by health priority area. The data used are from various sources. Where data was available, indicators were compared with state and U.S. levels. Survey results for Worcester County are from the Tri-County Adult Community Health Survey (adults 18 and over), or the Adolescent Survey (adolescents 12-18), both conducted by Professional Research Consultants (PRC), reported in percentage of respondents (unless otherwise indicated). Maryland mortality data from 1992-1997 was calculated from Centers for Disease Control and Prevention (CDC) data and data from 1998-2006 Maryland Vital Statistics. All Worcester County mortality data are from Maryland Vital Statistics. Due to the small size of the Worcester County population, mortality and incidence rates are unreliable when reported over a one-year period. Therefore, reported rates have been aggregated over three year intervals, or shown in trends over time.

*Table 10* summarizes indicators of community health in Worcester County. The summary table compares county health status indicators to previous years, and to Maryland and US indicators. Following the Health Status Summary Table, county health data is reviewed in more detail by focus area, including trends and risk factors. The health indicators in the summary table, and the sections that follow, are organized into five categories: Access to Care, Aging Issues, Behavioral Health, Communicable Disease, and Healthy Lifestyle Improvements. These categories represent five priority areas for health improvement, chosen through the APEX (Assessment Protocol for Excellence in Public Health) community health assessment process. These priorities represent areas of community health where the most need has been identified. They will be used to guide future strategic planning and program development.

With the data that follows, the reader will see these important issues: access to care, especially availability of providers and access for low income populations; aging issues, particularly barriers to care, availability of services, and overall quality of life; behavioral health, including adolescent alcohol and drug use and the proportion of adults with depression or other mental health disorders who receive treatment; communicable disease, especially maintaining and increasing immunization rates and increasing the rates of condom usage and subsequently decreasing STD incidence; and healthy lifestyle improvements, specifically the reduction of lifestyle related risk factors that lead to chronic disease morbidity and mortality, such as high blood pressure, high cholesterol, obesity, and smoking. In recent years, there have been several successes and improvements in these priority areas. Specifically, immunization rates are on the rise; cancer screening rates are up; physical activity is increasing; while smoking rates are down; and age-adjusted mortality from heart disease and cancer is decreasing.

**Table 8 Worcester County Health Status Summary**

Health Indicator	Worcester*			MD*	US*	Trend (↑,→,↓)
	1995	2000	2004	'03-'04	2004	
<b>ACCESS TO CARE</b>						
% Lack Health Insurance	17.4	18	16.2		15.3	—
% Have a Regular Clinic or Physician	88.4	87.2	87.1	88.2	79	—
%Unable to Access Dental Care in Past 2 Years		6.7	10.3			—
%Trouble Getting into See Dr. in Past 2 Years		9.5	13.9			—
%Unable to Access Mental Health Care	0	6.1	3.6			—
<b>AGING ISSUES</b>						
% Adults Over 64	19.1	20.1	21.7	13.4	12.0	↑
% 1+ Chronic Diseases (>64)			65.1			
% Cardiovascular Disease 2+ Risk Factors (>64)		61.5	84.4			↑⊕
% Arthritis (>64)		61.4	59.0	54.3		—
% Chronic Back Pain (>64)		27.2	34.8			—
% Deafness/Trouble Hearing (>64)		20.0	24.7			—
% Blindness/Trouble Seeing (>64)		18.1	17.5			—
<b>BEHAVIORAL HEALTH</b>						
% Mental Health Good "Little/None of Time" (Adult)		16.5	11.9			—
% Mental Health Good "Little/None of Time" (Child)		12.3	7.0			—
% Adolescents with 1+ MH Risk Factors		39.8	38.7			—
% Binge Drinker (Adult)	15.4	22.5	20.1	12.9	13.7	—
% HS Seniors Who Binge Drank in 30 Days		29.2	32.6			—
% HS Seniors Who Did Other Drugs in Last 30 Days		33.5	34.5			—
<b>COMMUNICABLE DISEASE</b>						
% Child Has Required Immunizations	100	100	96.9			—
% 5+ Flu Shots I Past 5 Years (+65)			67.8			—
% Non-monogamous (<65) Adults Always Use Condom		57.6	34.2			↓⊕
<b>HEALTHY LIFESTYLE</b>						
% Fair or Poor Physical Health (Adult)	21.1	13.6	18.1	11.8	16.6	—
% Fair or Poor Physical Health (Child)		2.6	5.2			—
% Over weight (Adults, BMI 25+)		58.3	67.4		62.0	↑⊕
% Obese (Adults, BMI 30+)		24.6	22.6		25.7	—
% Overweight (Adolescents)		19.2	12.9			—
% Sedentary	65.4	51.1	44.9	69.2		↓⊕
% Current Smoker	24.3	20.9	14.9	19.6	20.9	↓⊕
% High Blood Pressure	26.8	31.2	39.6	28.4	29.4	↑⊕
% High Cholesterol	20.2	24.3	33.8	33.9	25.1	↑⊕
% Diabetes/High Blood Sugar	7.0	8.0	13.5	7.2	8.7	—
AA Heart Disease Mortality Rate (Deaths per 100,000)	329.8	274.0	182.1	194.8		↓⊕
AA Cancer Mortality Rate (Deaths per 100,000)	220.3	219.5	211.8	163.5		↓⊕
AA Cancer Incidence Rate (New Cases per 100,000)	559.5	498.1				↓⊕
% Mammogram in Past 2 Yrs (w40+)	62.7	80.7	84.3	79.0		↑⊕
% Colorectal Screening(50+)	70.7	65.7	64.7	53.1	54.7	—
% Pap Smear in Past 2 Yrs (W18+)	78.5	79.1	83.3	84.1	77.9	—

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## Health Status by Priority Area

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### ***Needs Assessment Methodology***

Worcester Health has adopted the *Assessment Protocol for Excellence in Public Health (APEX)* as the method for performing a community health needs assessment. The first APEX was done in FY1995 and FY1996. A major component of this assessment was an adult community health survey conducted by Professional Research Consultants (PRC). This survey compares well with the state health survey (BRFSS) indicators. The *Report Card* is a result of the APEX process. In 1996, ten areas were identified as major concerns. They were the nucleus of a number of work groups.

As part of the second APEX assessment, which began in FY1999, Worcester received extra funding to expand the sample size in order to look for differences in health status between the north end of the county and the south end. A second round of surveys was done including re-administering the PRC Adult Survey and designing a new Adolescent Survey. These were accomplished in partnership with Wicomico and Somerset Health Departments and Peninsula Regional Medical Center. As a result of all assessment activities a new priority was added to the original list: *Aging in Worcester*. The *Healthy Worcester 2010 Report Card* was published in 2001 with trend data from the 1995 and 2000 PRC surveys and the new adolescent survey.

In FY2006, we completed our third APEX assessment. A third set of community health assessment surveys (one for adults and one for adolescents) was completed by Professional Research Consultants (PRC), and community meetings were held to review the vital statistics and health survey data. As a result of these community meetings, new priority areas were identified. These priorities combined the previous ten into the current five areas of primary concern: ***Healthy Lifestyle Improvements, Communicable Disease Prevention, Behavioral Health, Aging Issues, and Access to Care***. The following sections illustrate community health indicators in each of these five focus areas. A summary of the data reported below is also in the *Worcester Health 2006 Report Card* and a third publication being created for the general public called *Shaping a Healthier Worcester*.

### General Health Status

Overall mortality (age-adjusted) has decreased in Worcester County, since 1997. The most recent mortality data shows the county rates below state levels (see *Figure 26*). See *Figures 27-30* for the leading causes of death in 2006, calculated from Maryland's 2006 Vital Statistics Profile for Worcester County. In that year, heart disease and cancer caused a majority of deaths in the county. Other leading causes of death included stroke, diabetes, Alzheimer's disease, lower respiratory disease, and influenza/pneumonia. There were only 11 deaths of residents under the age of 25 in 2006, and rates therefore cannot be reliably reported for this age group. However, causes of death for residents under 25 more commonly included accidents or perinatal conditions (occurring around the time of birth). For the population aged 25-64, the 2 leading causes of death in 2006 were cancer and heart disease. However, causes of death vary significantly for this age group, as 26% of deaths were from 'other' causes that occurred in small numbers. For the aging population (65 years and older), cancer, heart disease, stroke, diabetes, and lower respiratory disease are the most common causes of death.

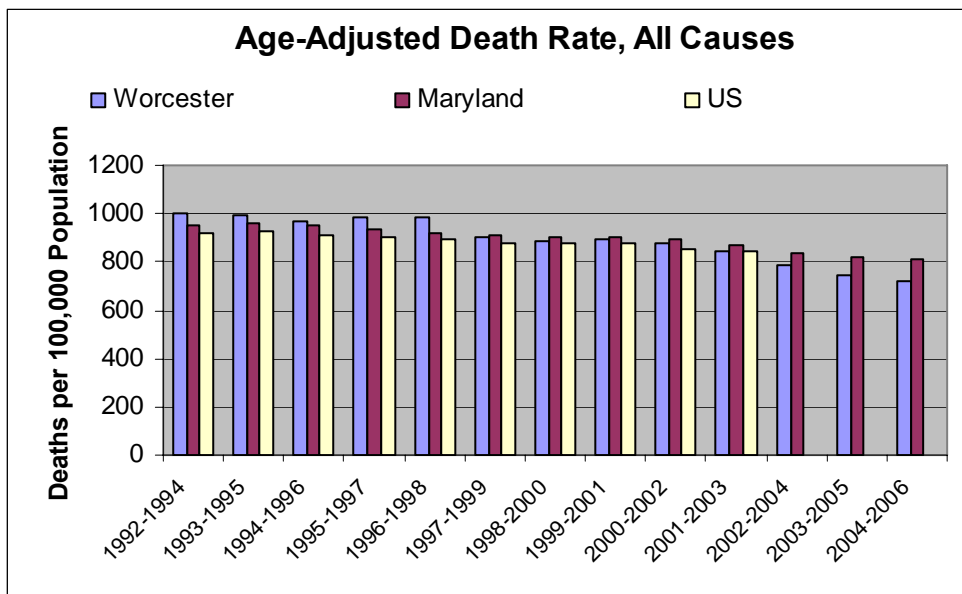


Figure 26 Age-adjusted Mortality Rates, All Causes\*

\* Mortality rates are age-adjusted to the 2000 US standard population (*National Vital Statistics Reports*, vol. 47, no. 3, October 7, 1998)

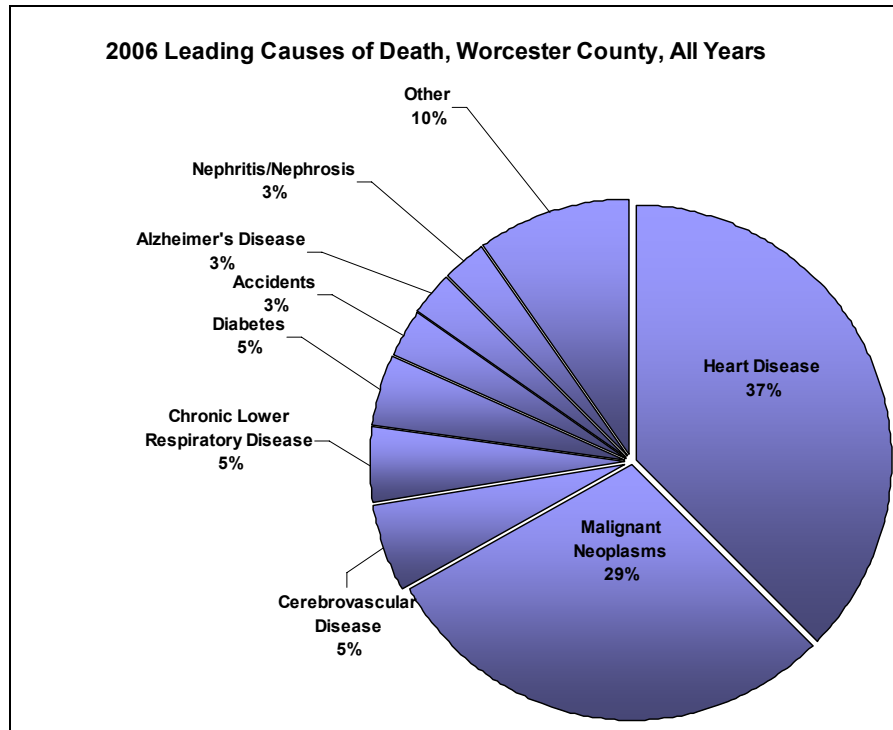


Figure 27 Leading Causes of Death in 2006, All Ages

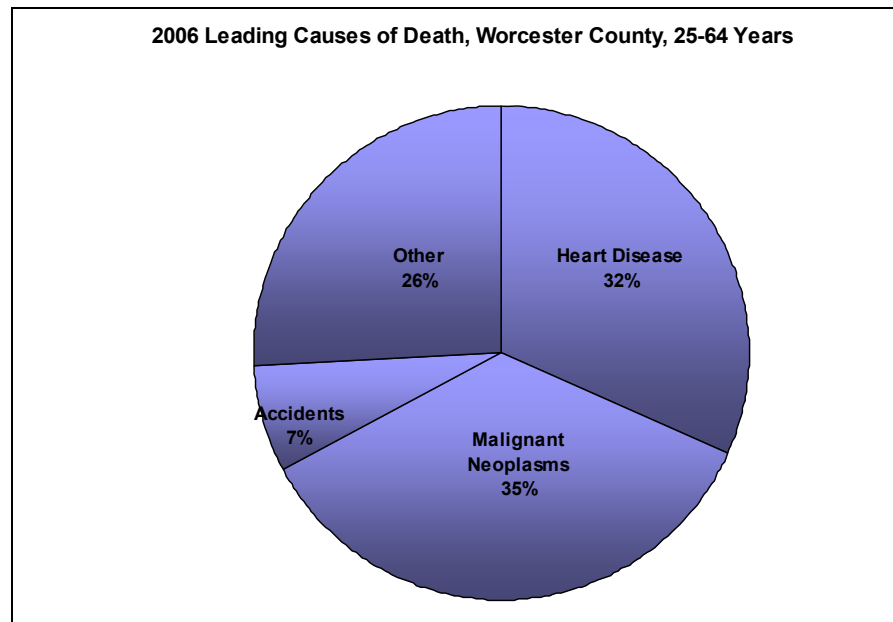


Figure 28 Leading Causes of Death in Worcester County in 2006, Age 25-64 Years

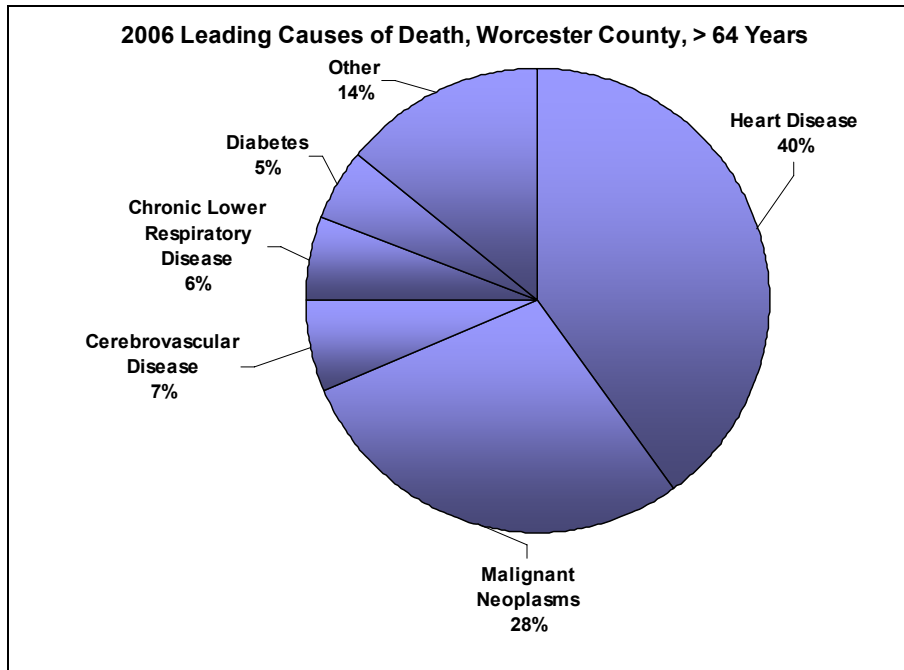


Figure 29 Leading Causes of Death in Worcester County in 2006, Age > 64 Years

Years of Potential Life Lost (YPLL) measures the relative impact of premature deaths on the community, by counting the number of years that a person's life was cut short by a premature death (for persons under 75 years of age). This indicator helps illuminate causes of death to younger individuals whose lives could have been extended by prevention activities. Along with chronic disease, accidental deaths and infant mortality also cause significant loss of potential life. In 2005 1,559 years of potential life were lost from the community due to Cancer and Cardiovascular Disease.

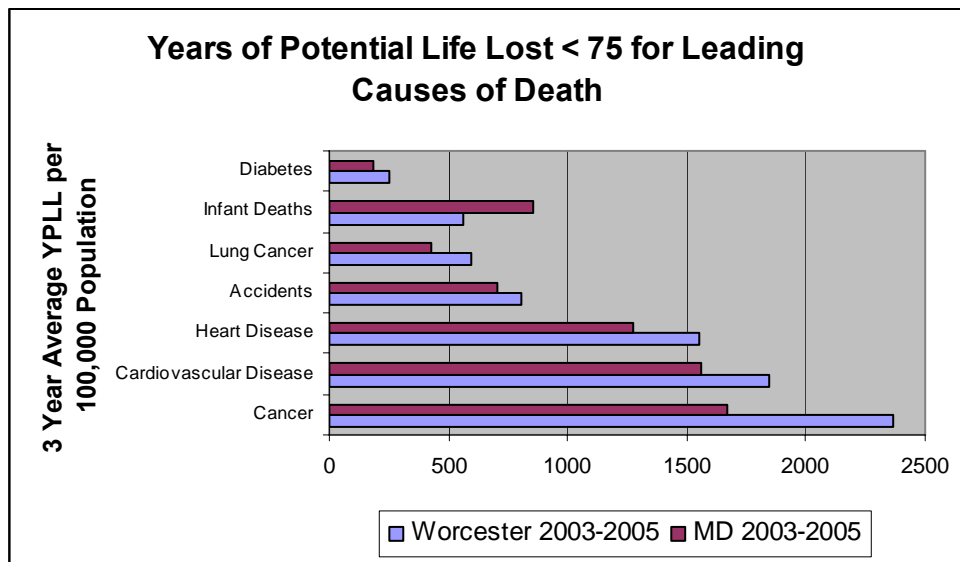
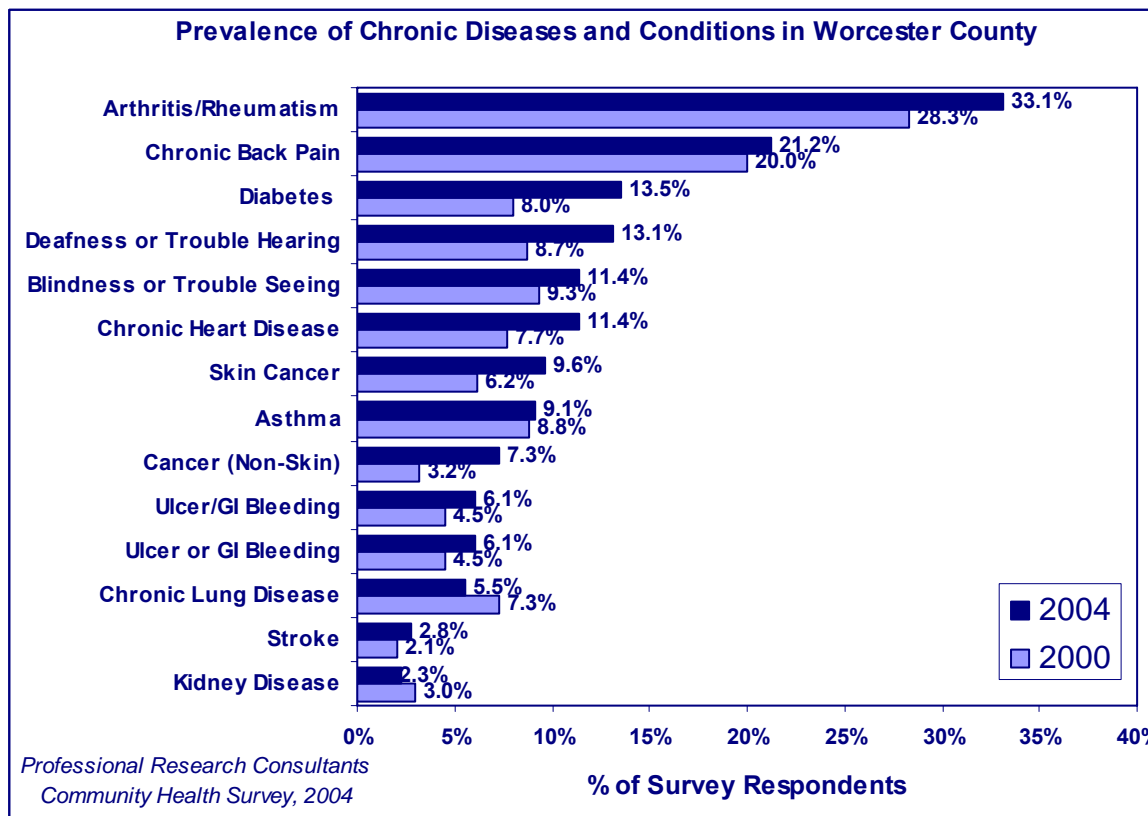


Figure 30 Years of Potential Life Lost (<75), 2003-2005

There are many diseases and conditions present in the population that may or may not be reflected in mortality data. According to the 2004 PRC community health survey, many residents reported being diagnosed with or suffering from arthritis, chronic back pain, diabetes, deafness, or blindness (see *Figure 31*). This survey also provided a snapshot of the community’s health care needs and self-rated health status, showing 62% of responders on prescription medications, 16% without insurance, 10% of 18-64 year olds on Medicare or Medicaid, and 18% in fair to poor health.



**Figure 31 Conditions and Disease in Worcester County (PRC 2004 Tri-County Health Survey)**

*Figures 32-38 and Table 11* show trends in perinatal indicators since 1995. Numbers of infant deaths are very low in the county, and therefore must be aggregated over 5 year intervals to achieve reliable rates for direct comparison or 3 year intervals for trending. Over the last decade, infant mortality rates have decreased in Worcester County, dropping below state rates. The percentage of births to mothers receiving late or no prenatal care has been low, dropping steadily since 1999. The more problematic birth conditions are low birth weight and Cesarean births, occurring in more than 7% and 32% of county births, respectively. The rates of Cesarean births have been higher than state and national levels, while the rates of low weight births have not. Teen pregnancy rates have been on the decline and dropped below 3% in 2003-2005 and remained there for 2004-2006. It is very important for all citizens to encourage every pregnant woman to enter prenatal care as soon as she knows of her pregnancy. Alcohol, other drug use, and smoking are also significant risks to the fetus.

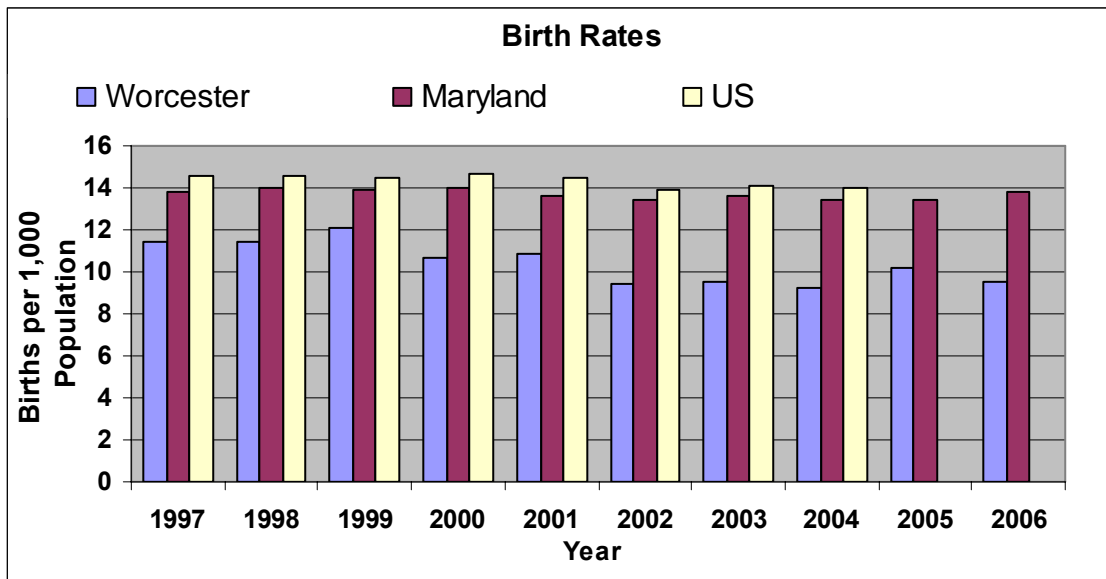


Figure 32 Birth Rates  
(MD Vital Statistics; National Center for Health Statistics)

Table 9 Infant Deaths and Mortality in Worcester and MD

	Infant Deaths		Infant Mortality		% Change Infant Mortality
	1999-2003	2001-2005	1999-2003	2001-2005	
<b>Worcester</b>	16	16	6.5	6.6	1.5%
<b>MD</b>	2899	2930	7.88	7.92	0.5%

(MD Vital Statistics)

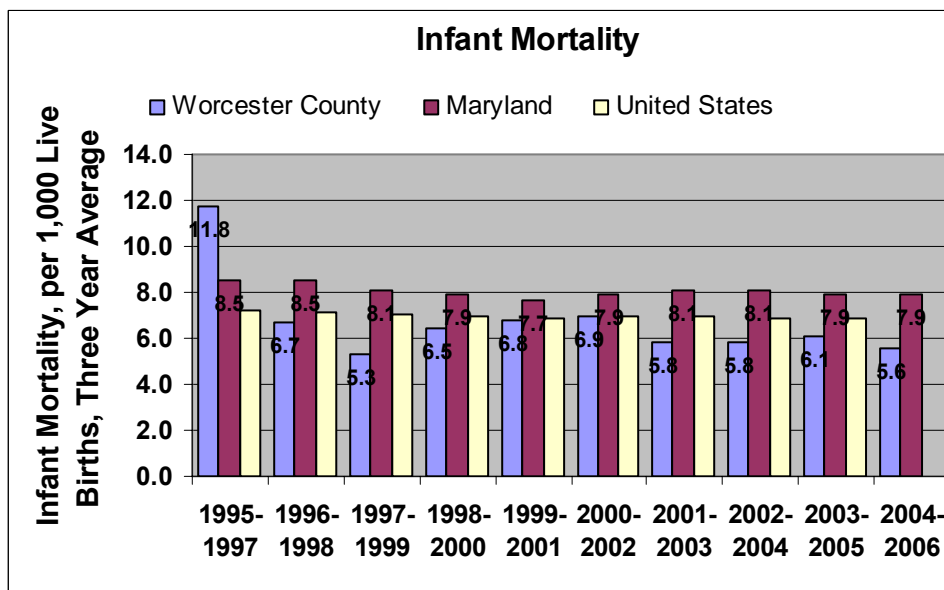
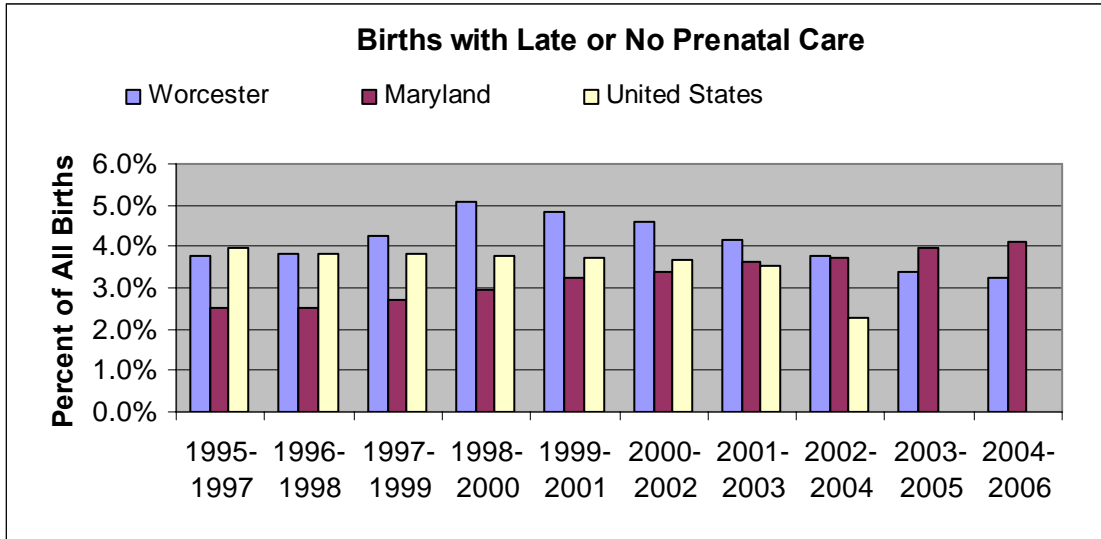
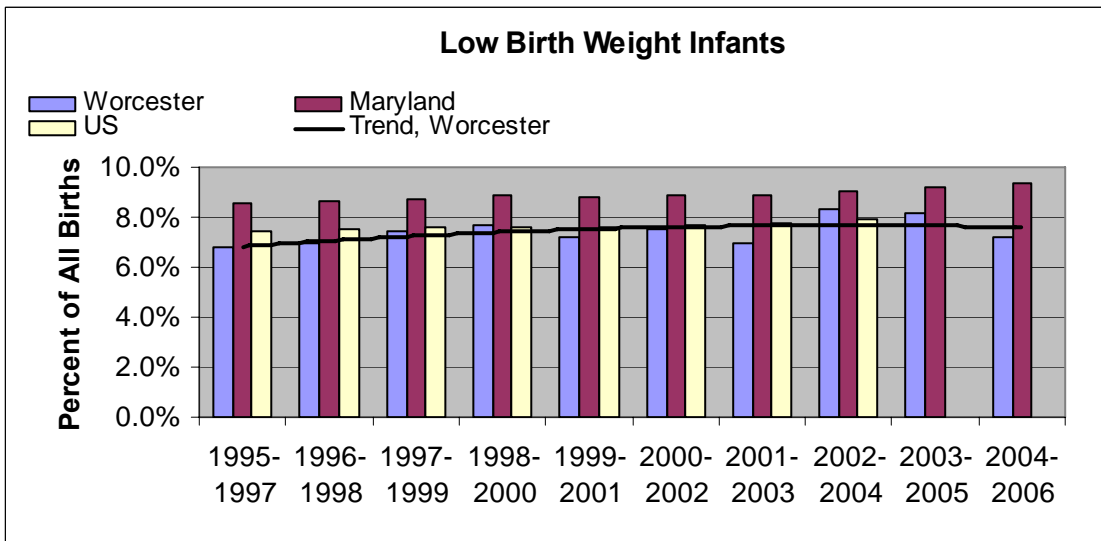


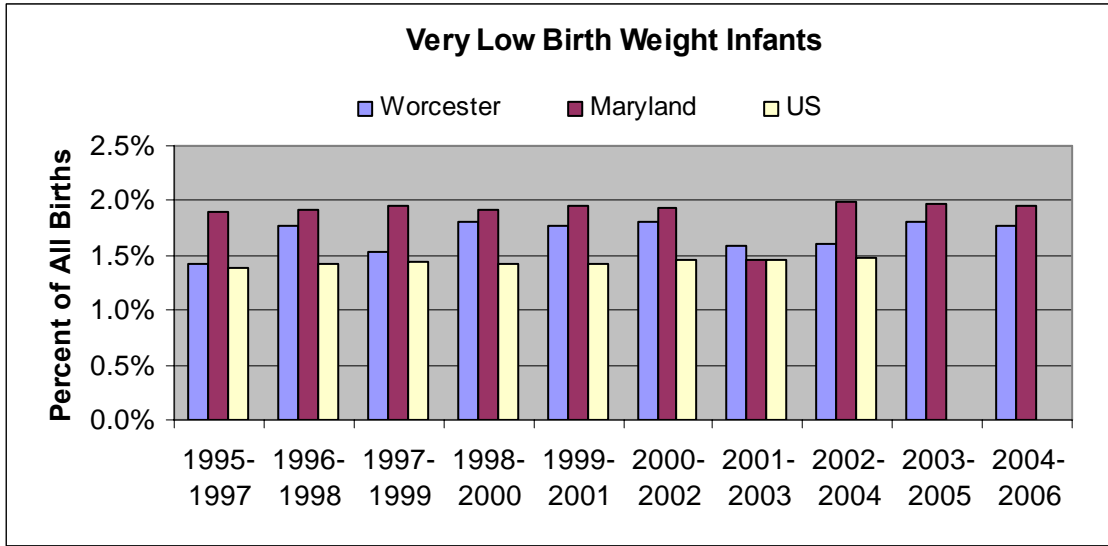
Figure 33 Infant Mortality Rates  
(MD Vital Statistics; National Center for Health Statistics)



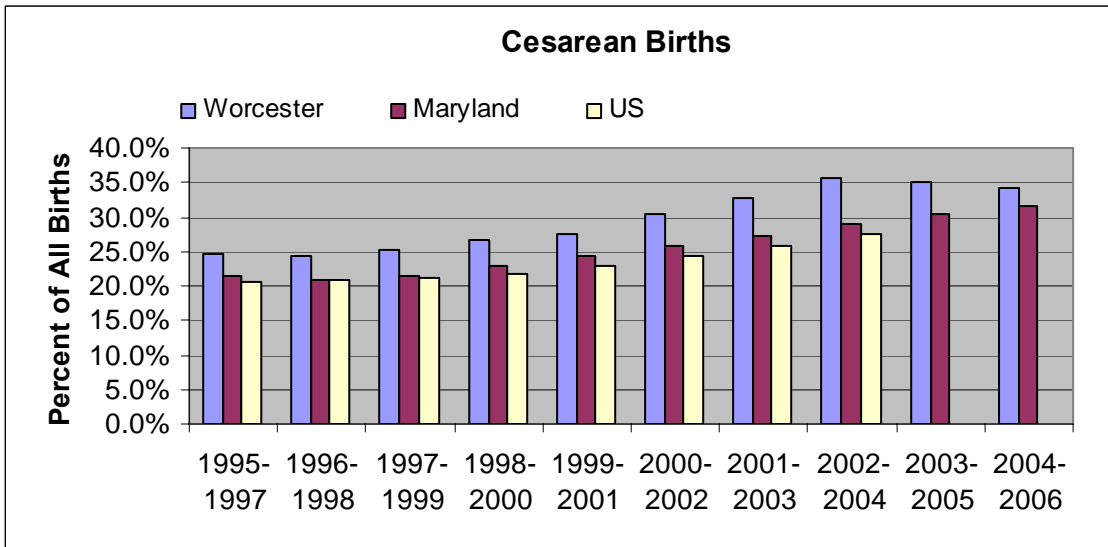
**Figure 34 Births with Late or No Prenatal Care**  
(MD Vital Statistics; National Center for Health Statistics)



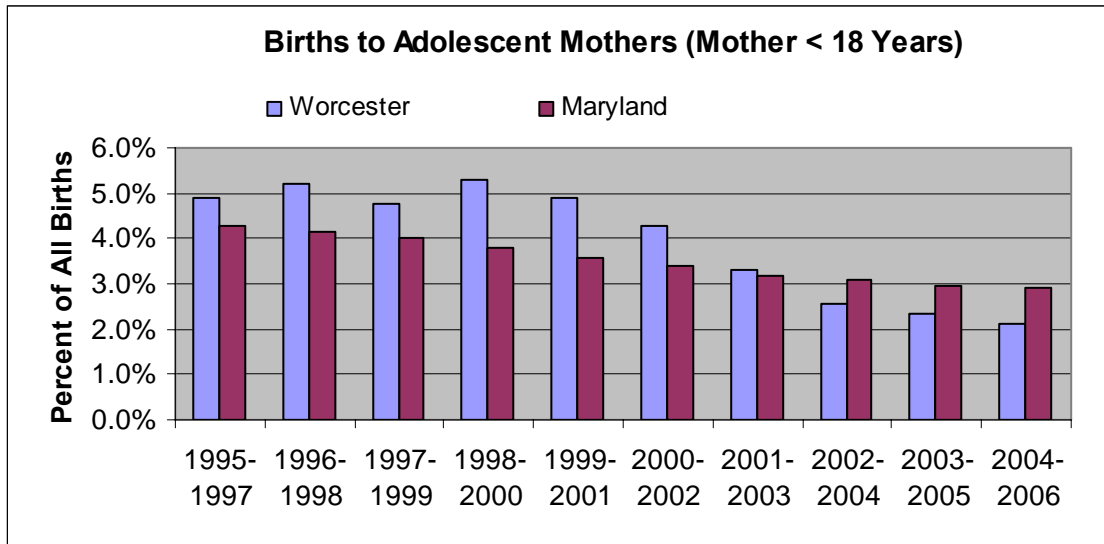
**Figure 35 Low Birth Weight Infants**  
(MD Vital Statistics; National Center for Health Statistics)



**Figure 36 Very Low Birth Weight Infants**  
(MD Vital Statistics; National Center for Health Statistics)



**Figure 37 Cesarean Births**  
(MD Vital Statistics; National Center for Health Statistics)

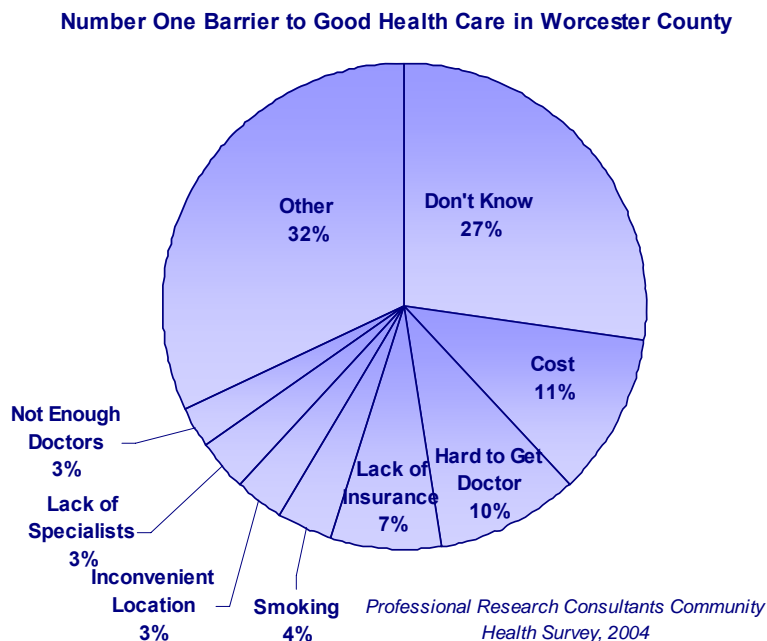


**Figure 38 Births to Adolescent Mothers (Mother < 18 Years)**  
(MD Vital Statistics)

## Access to Care

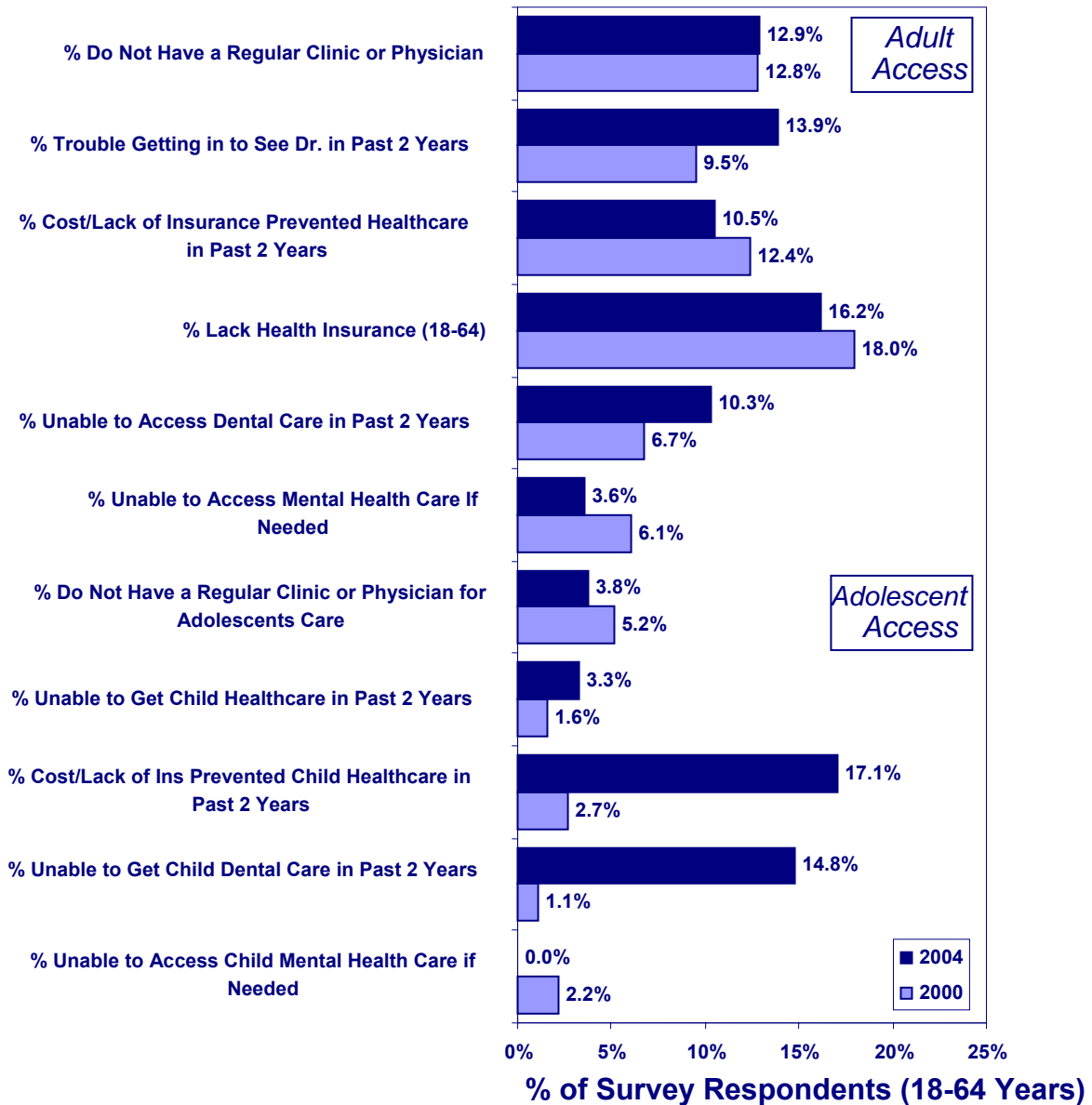
Those with the least access to care are the working poor, the elderly, the disabled, and persons with limited incomes. While costs of living continue to rise, 1 out of every 5 children in Worcester County live in poverty. A 2-person household in poverty makes less than \$12,830 per year. In 2000, the US Census reported that 37% of Worcester's senior citizens suffered from a physical or mental disability.

Figure 40 summarizes several access to care indicators from the 2004 community health survey. The percentage of respondents who had trouble getting to see a doctor has risen since 2000, as well as the proportion of adults unable to access dental care. From 2000 to 2004, there was a dramatic increase in the proportion of respondents who had difficulty getting dental care for their child (**from 1% in 2000 to 15% in 2004.**) The 2005 community health assessment found that 78% of people who reported difficulty getting in to see a doctor say they had trouble getting an appointment (Figure 42.) Decreasing proportions of medical professionals, growing training needs, and high costs of care all contribute to the shortage of primary care, mental health, and dental care providers in Worcester County. At the same time, the availability of specialty care is decreasing, such as: detoxification, medications, pediatric cardiology, and spinal cord injury rehabilitation. A recent 2005 survey of health providers in the county conducted by the Quality Information Systems unit of the Health Department found that there is **1 full-time primary care physician** for every 7,600 people living in or visiting Worcester County. There are **22 dentists**, but only one of those that were contacted accepts Medicaid and then for only 50 – 60% of his practices. There is **1 full-time psychiatrist** available to every 40,800 residents and 132,200 visitors to Worcester County.

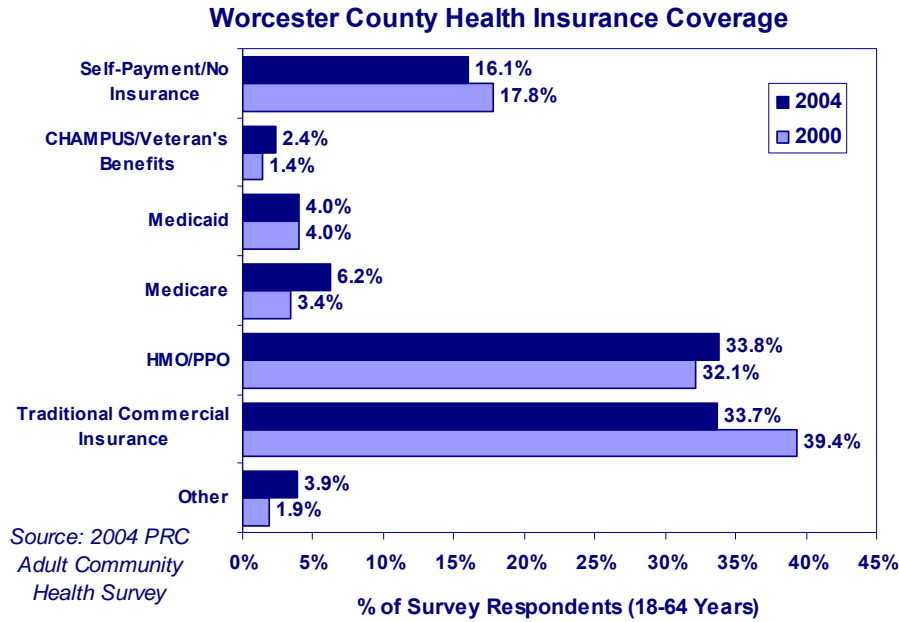


**Figure 39 Barriers to Health Care in Worcester County  
(PRC 2004 Tri-County Health Survey)**

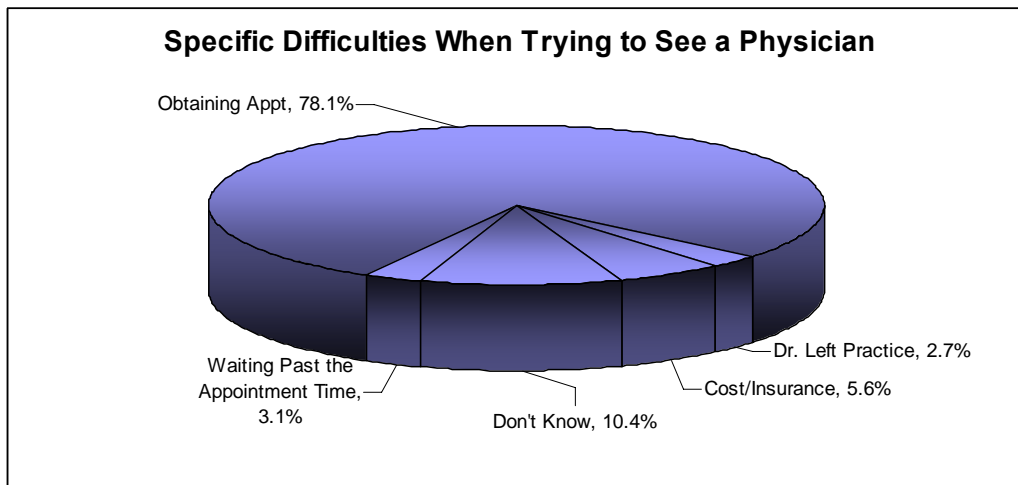
### Worcester County Access to Care Indicators



**Figure 40 Access to Care Indicators in Worcester County  
(PRC 2004 Tri-County Health Survey)**



**Figure 41 Population in need in Worcester County  
(PRC 2004 Tri-County Health Survey)**



**Figure 42 Difficulties When Trying to See a Physician  
(PRC 2004 Tri-County Health Survey)**

**Table 10 Number of Health Providers in Worcester County**

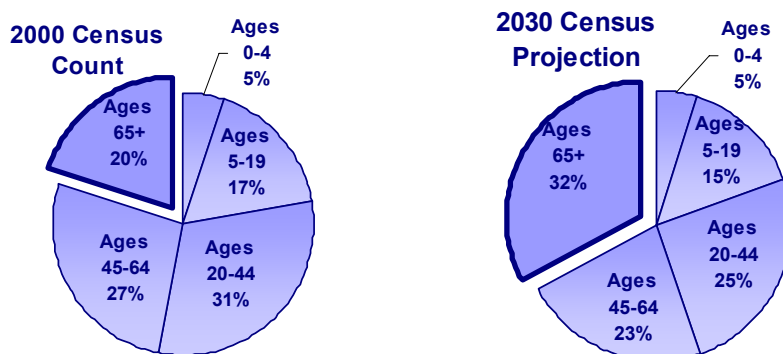
Type of Care	# of Providers	# of Full Time Equivalent Providers	% Providers Serving Low Income Groups*
Primary, OB/GYN, & Pediatrics	33	27.3	67%
Psychiatry	3	1.2	100%
Dentistry	22	24.6	.6%**

(Worcester County Health Department Health Provider Shortage Area Survey, 2005)

\* Providers who either accept Medicaid or offer a sliding fee scale based on a patient's income.

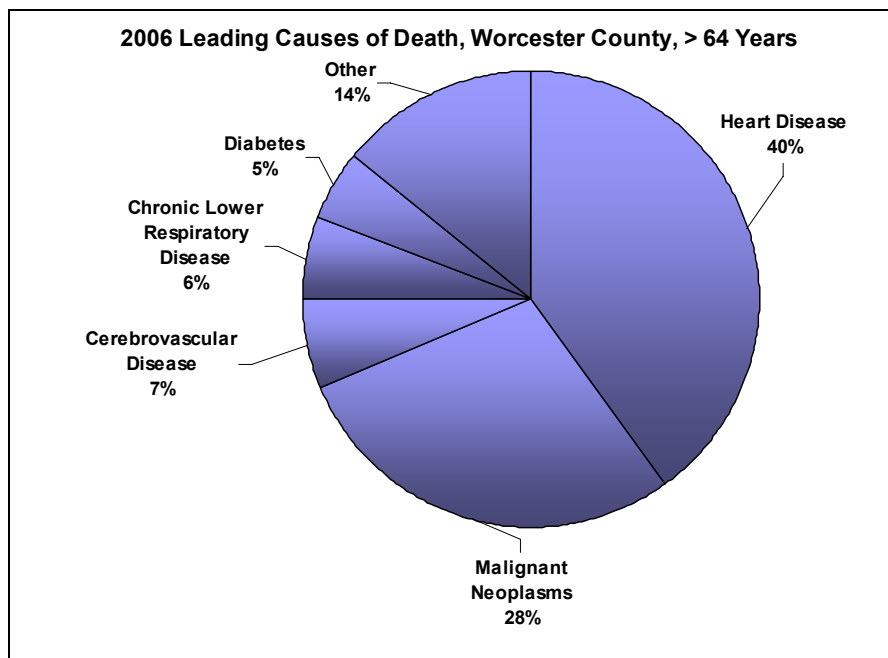
## Aging

From 1990-2000, Worcester County's over 64 population grew 55.2%, making us the **fastest aging county in the state of Maryland**. This growth is due to in-migration from metropolitan areas, mostly into our retirement communities. In 2005, the US Census estimated that 22% of Worcester's population was over the age of 64. In the next 20 years, the senior citizen population may grow to 30% of the entire county's population.



**Figure 43 Worcester County Projected Population by Age Group**  
 (MD Department of Planning, Planning Data Services, October 2002)

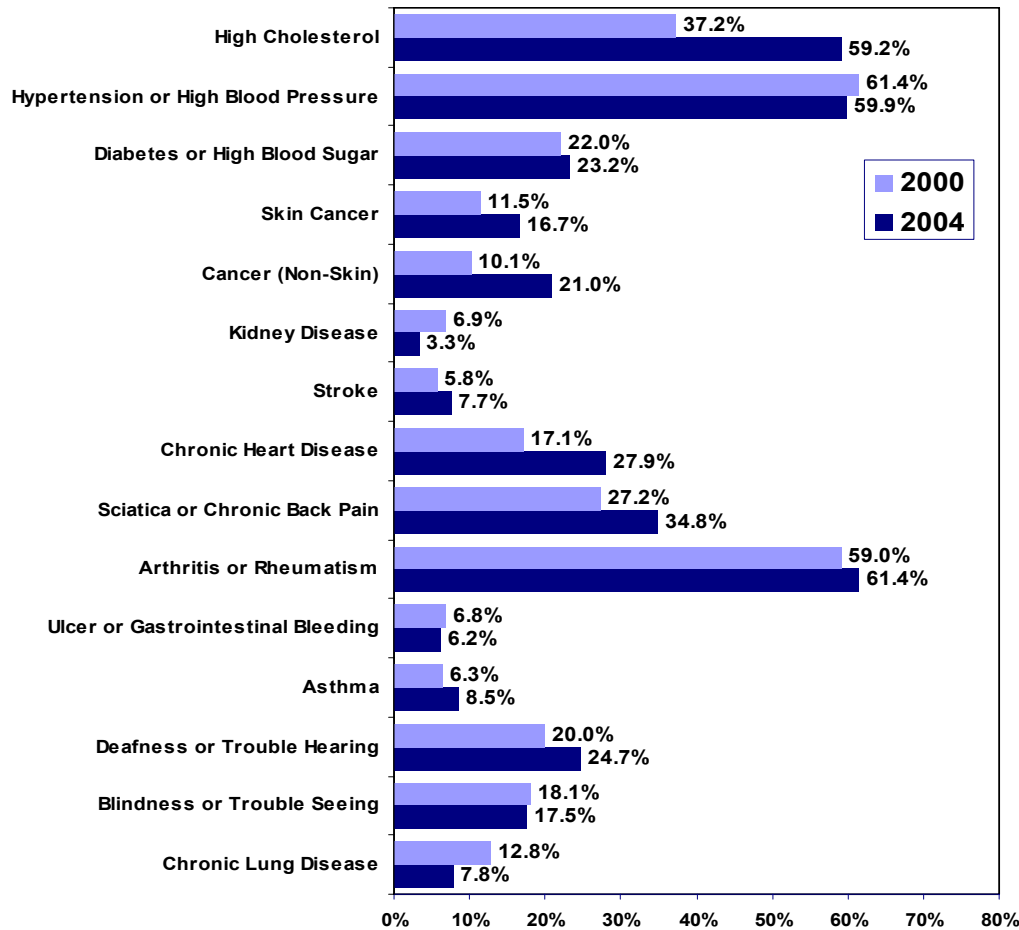
In 2004, 28% of survey respondents over 55 reported fair to poor physical health. Causes of death and other conditions affecting the county's aging population are different than those of the county as a whole. In 2006, heart disease, cancer, stroke, diabetes, and chronic lower respiratory disease were the most dangerous conditions in this age group (*Figure 44.*)



**Figure 44 Leading Causes of Death in Worcester County in 2006, Age > 64 Years**  
 MD Vital Statistics

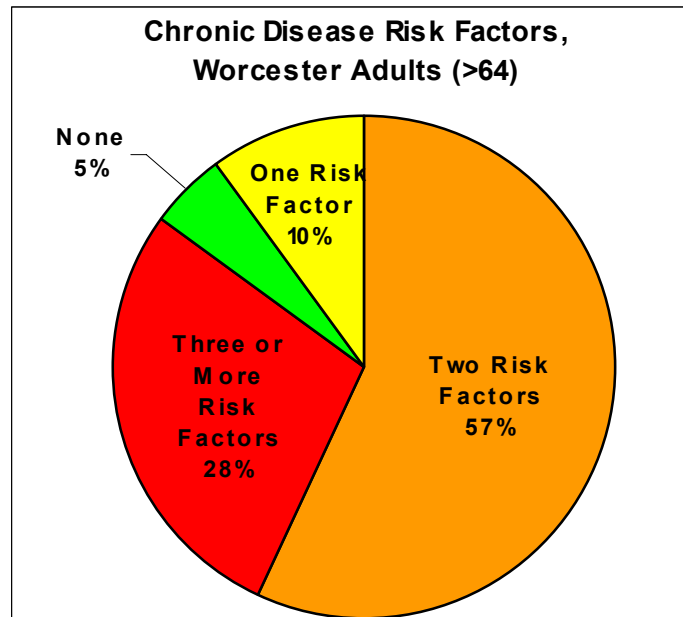
Arthritis, chronic back pain, high blood pressure, and high cholesterol are the most problematic conditions over all county survey responders; however these conditions were more prominent in responders over 65 years of age (*Figure 45*.)

**Conditions and Diseases Suffered by Worcester Residents, 65 and Older**



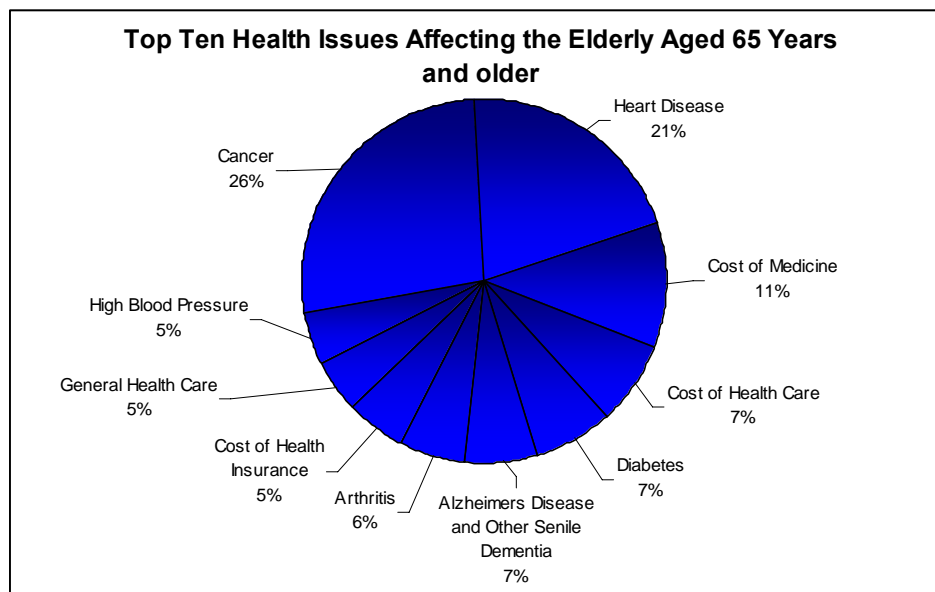
Percent (%) of Worcester County Survey Respondents, Aged 65 and Older

**Figure 45 Conditions and Diseases Suffered by the Elderly, 2004**  
 (PRC Community Health Survey, Worcester County, 2004)



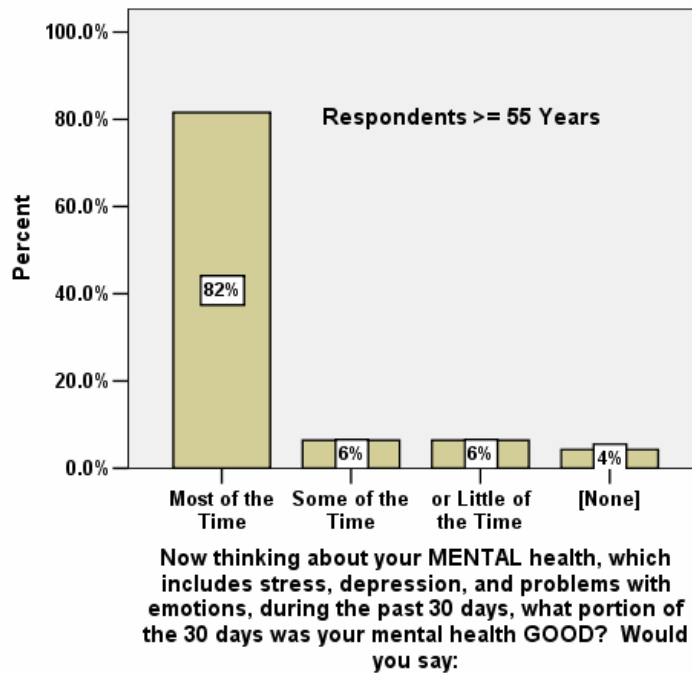
**Figure 46 Cardiovascular Disease Risk Factors (PRC Community Health Survey, Worcester County, 2004)**

According to the 2004 community health survey, 85% of respondents over the age of 64 have 2 or more risk factors for cardiovascular disease (Figure 46). Appropriately, survey responders over 65 indicated cancer and heart disease as the top two health issues affecting their age group (Figure 47.)



**Figure 47 Health Issues Affecting the Elderly (PRC Community Health Survey, Worcester County, 2004)**

Mental health is of particular concern for this age group. While 28% of Worcester county responders over 55 reported fair to poor health, 10% reported that their mental health is good “little or none of the time” (Figure 48.)



**Figure 48 Mental Health Status, Age > 55 Years**  
( PRC Community Health Survey, Worcester County, 2004 )

Considering over 75% of the aging are on Medicare or Medicaid assistance, while Medicare does not pay all mental health expenses, many cannot receive the mental health services they need. Following is information about mental health treatment of the aging across the nation.

### **National Treatment Statistics Of the Aging, Elderly and Truly Old**

1. Only ½ of older adults who need mental health treatment receive it
2. Only 3% of those receive specialty mental health services
3. Over ½ of those who receive treatment receive it from their primary care provider.
4. Older Americans account for:
  - a. 13% of the population
  - b. 7% of inpatient psychiatric care
  - c. 6% of community based mental health services
  - d. 9% of private psychiatric care

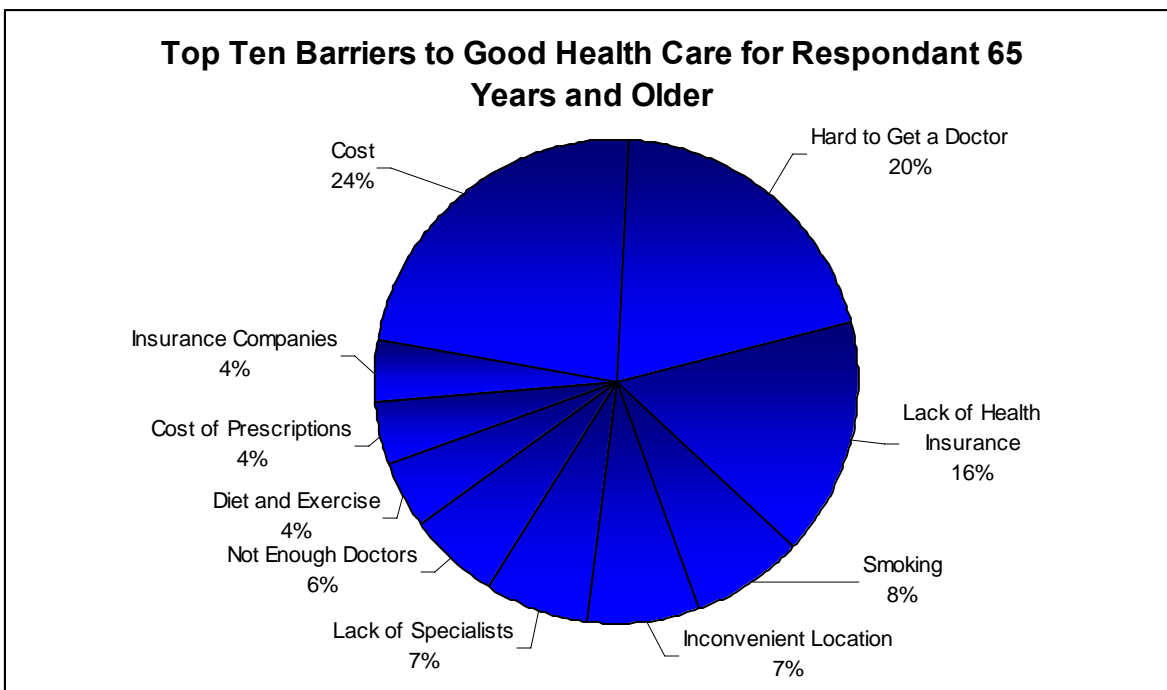
### **Payment for Mental Health Services to the Elderly, National Data**

1. Most elderly care is paid for by Medicare
2. Medicare only reimburses specialty mental health services at 50% of cost
3. No payment for expensive medications

4. Federal law forbids “subsidizing” Medicare co-pays unless the person qualifies for Medicaid.

This means that there are more older Americans with mental illness and fewer older Americans receiving treatment! What is different about Worcester County Mental Health? Nothing. Only about 5% of those we treat are over 55. Mental Health and Addiction (including alcohol) are implicated in injury, suicide and homicide. These Behavioral Health issues are hard to measure, but affect the whole life of the individual from pre-birth to aged.

The most common barriers to health care for the aging population involve cost and/or health insurance. Difficulty getting a doctor is also a significant barrier (*Figure 49.*)



**Figure 49 Barriers to Good Health Care, Age > 65 Years (PRC Community Health Survey, Worcester County, 2004)**

### ***Behavioral Health***

The demand for Addictions, Mental Health, and Care Coordination services in Worcester County is on the rise, creating a need for: Coordination of treatment and support services to vulnerable adolescents and adults with pain; public education on prevention, empowerment, and self-help; improvement of public perception and understanding of these behavioral health disorders; and education of the health care

workforce on signs of mental health disorders, signs of alcohol or other drug use, and the interactions of multiple disorders. Take the information on the last three pages, describing the import of mental health on the geriatric population and add the issues below to round out the picture of Behavioral Health.

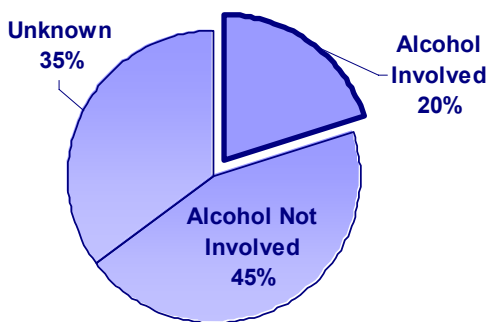
In 2005, there were 8 alcohol or drug related deaths in Worcester County. That’s more than the number of people who died from Nephritis, Perinatal Conditions, Motor Vehicle Accidents, AIDS, Suicide, or Firearms. In the adult population, binge drinking was reported by 20.1% of survey responders (*Table 13*), which is somewhat higher than state and national rates. This reflects only residents, not the visitors to the resorts. See the section on *Healthy Lifestyle Improvements* for tobacco related health indicators. Alcohol has also been found as a factor in 20% of fatal car accidents in the county.

**Table 11 Binge Drinking in Worcester, MD, and the US (2004)**

Causes	Worcester 1995	Worcester 2000	Worcester 2004	Maryland 2004	US 2004
Binge Drinking	15.4%	22.5%	20.1%	11.9%	13.7%

Source of Data: PRC Survey, 1995; 2004 Worcester Health Assessment; BRFSS

**Police Reported Alcohol Involvement in Fatal Car Accidents Occurring in Worcester County, 2003**



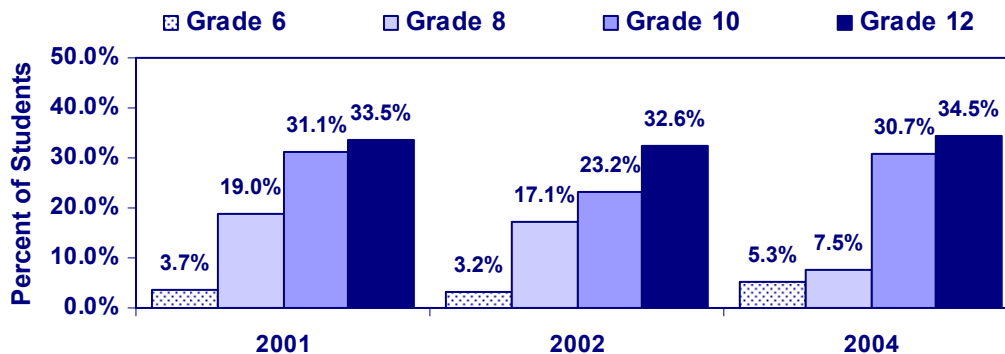
Source: *MD Department of Transportation Fatal Analysis Reporting System, 2005* (Number of Fatal Crashes: 20)

**Figure 50 Alcohol Involvement in Fatal Car Accidents, 2003**

Figures 51-53 show trends in substance use for Worcester County 6th, 8th, 10th, and 12th graders. Under-aged drinking is more prominent among Worcester youth than illegal drug use; however Marijuana use is still a significant problem. A 2004 survey of adolescents in Maryland found that about 5% of 6th graders consumed alcohol in the last month. The same number reported the use of drugs. Alcohol and drug use is more common as children get older. About 1 out of every 2 high school seniors drank last

month, while 1 out of every 3 high school seniors used drugs. In the 2005 PRC adolescent health survey, 15% of parents identified illegal drug use as the number one health issue affecting 12-19 year olds in the community. However, only 1% of adolescents identified drug use as the number one health issue.

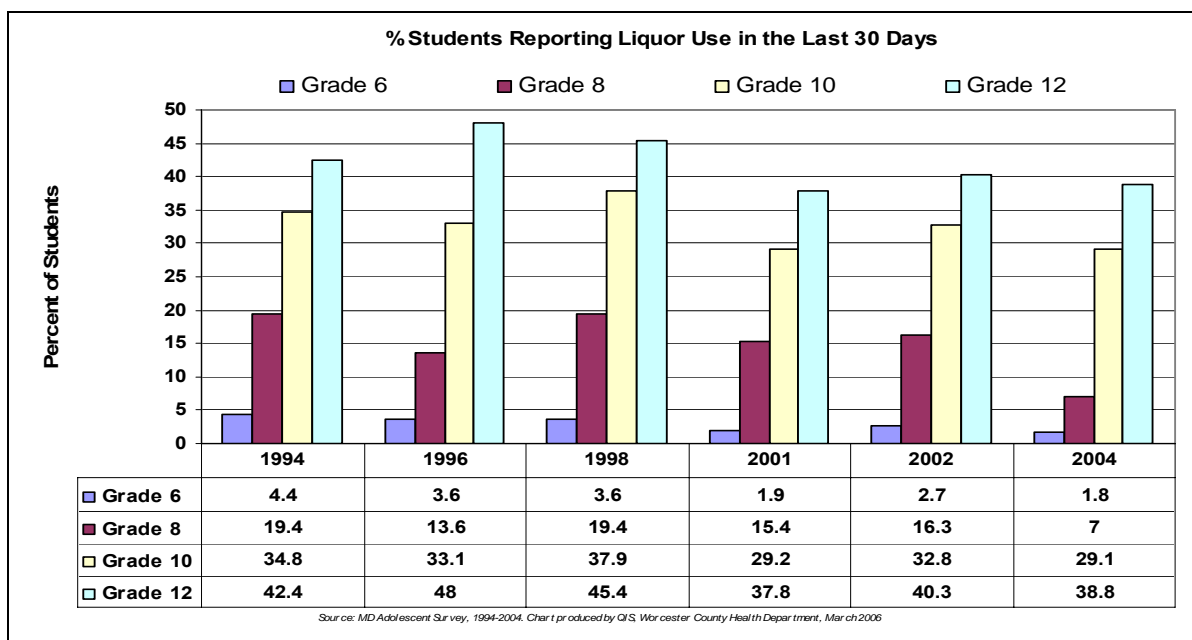
**% Students Reporting Other Drug Use in the Last 30 Days  
(Other Than Alcohol or Tobacco)**



Source: MD Adolescent Survey, 1994-2004. Chart produced by QIS, Worcester County Health Department, April 2006

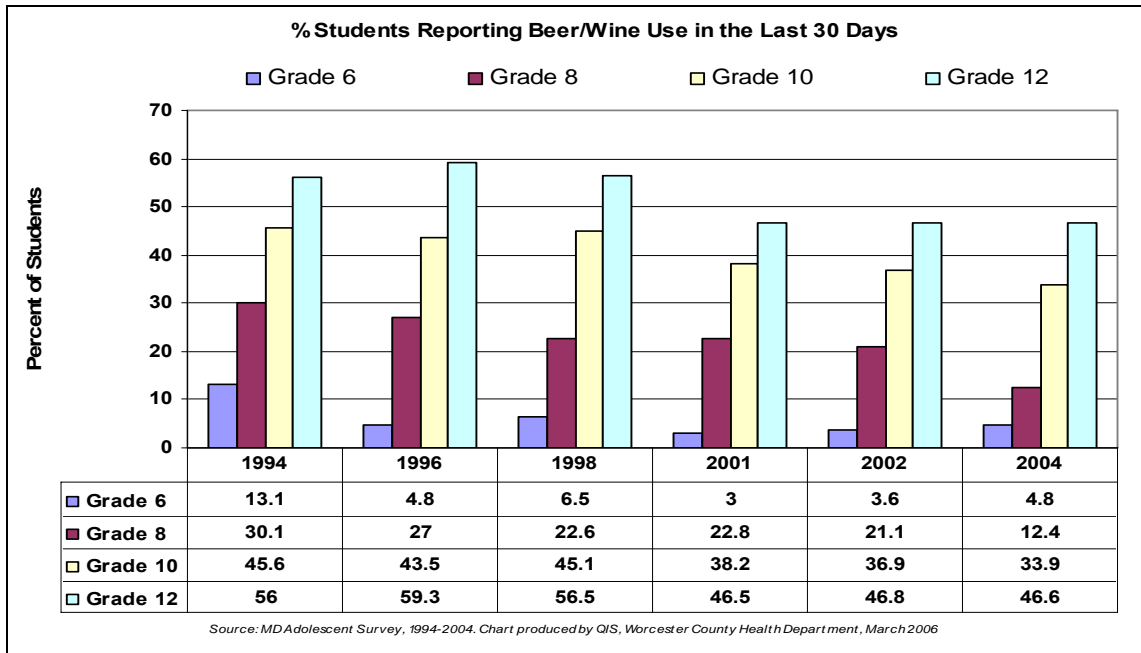
**Figure 51 Percentage Students Reporting Other Drug Use in the Last 30 Days**

(Source: MD Adolescent Survey, 2001-2004. Chart produced by QIS, Worcester County Health Department)



**Figure 52 Percentage Students Reporting Liquor Use in the Last 30 Days**

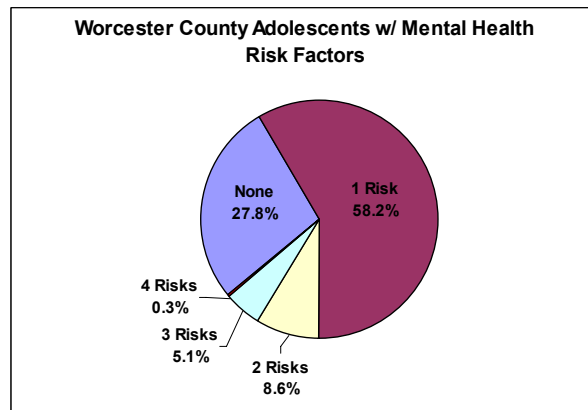
(Source: MD Adolescent Survey, 1994-2004. Chart produced by QIS, Worcester County Health Department)



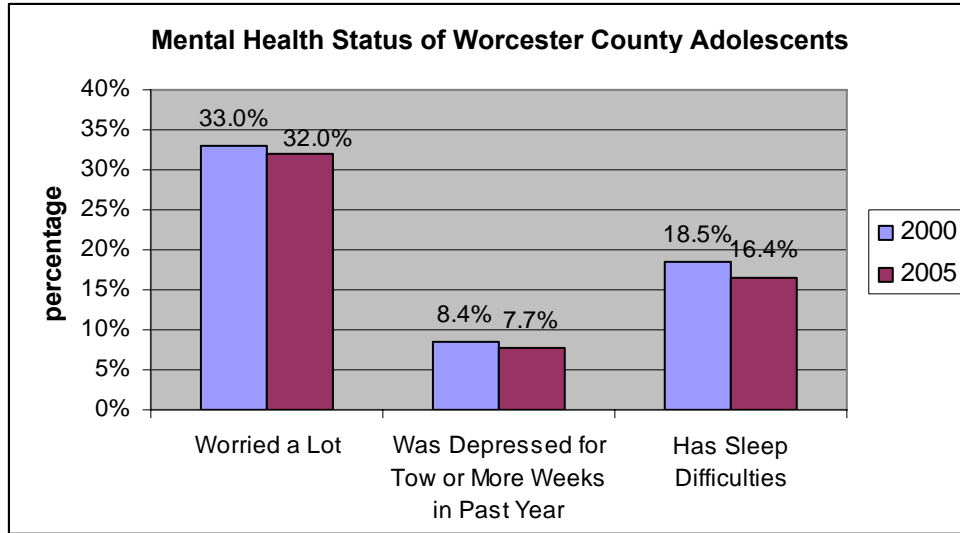
**Figure 53 Percentage Students Reporting Beer/Wine Use in the Last 30 Days**

(Source: MD Adolescent Survey, 1994-2004. Chart produced by QIS, Worcester County Health Department)

In the 2004 community health survey, 12% of Worcester adults reported their mental health was good “little or none of the time”. In the same survey, 7% of parents identified their child’s mental health to be good “little or none of the time.” This indicator of mental health status has improved since 2000 for both adults and children. A survey of Worcester County adolescents in 2005 identified that 3 out of 4 adolescents exhibit at least one mental health risk factor (*Figures 54-55.*) This includes an adolescent who more often goes against the rules; worries a lot; has difficulty sleeping; has had 2 weeks of depression in past year; or has no close friends or relatives for emotional support. The higher the number of risk factors, the greater the chance of depression or other mental illness.



**Figure 54 Mental Health Risks among Adolescents (PRC Adolescent Health Survey, 2005)**



**Figure 55 Mental Health Status of Worcester County Adolescents, 2000 and 2005 (PRC Adolescent Health Survey, 2005)**

Some general facts about mental health and suicide across the nation are listed below. The most severe consequence of unresolved mental health problems, such as depression, is suicide. Between 1996 and 1998 the total number of suicides in Worcester County were 28, resulting in a rate nearly double that in the United States. However this trend has not re-occurred, and was probably due to random fluctuation caused by the small number of incidents in the county. The number of suicides decreased to 12 between 2003-2005, and the county suicide rate is now similar to rates found across Maryland. Suicide in Worcester County occurs more often among white males and more often among those with behavioral disorders such as depression, schizophrenia, addictions, and/or with stressful events of daily life (like divorce or being widowed). Most persons who commit suicide are not known to be in treatment. The following national mental illness statistics can be found on the National Mental Health Association website (<http://www.nmha.org/infoctr>)

**National Mental Illness Statistics**

- 20% of the US population has a mental illness
- 20% of those over 55 have a mental illness not related to aging
- An additional 10% have a mental illness related to aging: Alzheimers, dementia, etc.
- 15% of those with a mental illness suffer from a co-occurring substance abuse disorder
- Prevalence of chronic illnesses:
  - Anxiety (7%)
  - Depression (7%)
  - Severe cognitive impairment (10.6%)

- These rates are underestimated.
- Many older adults who commit suicide have visited a primary care provider within a short time of their suicide:
  - 20% on the same day
  - 40% within one week

**National Suicide Facts**

- The highest suicide rate is for older adults
- Older men are three times more likely to die of suicide than the general population.

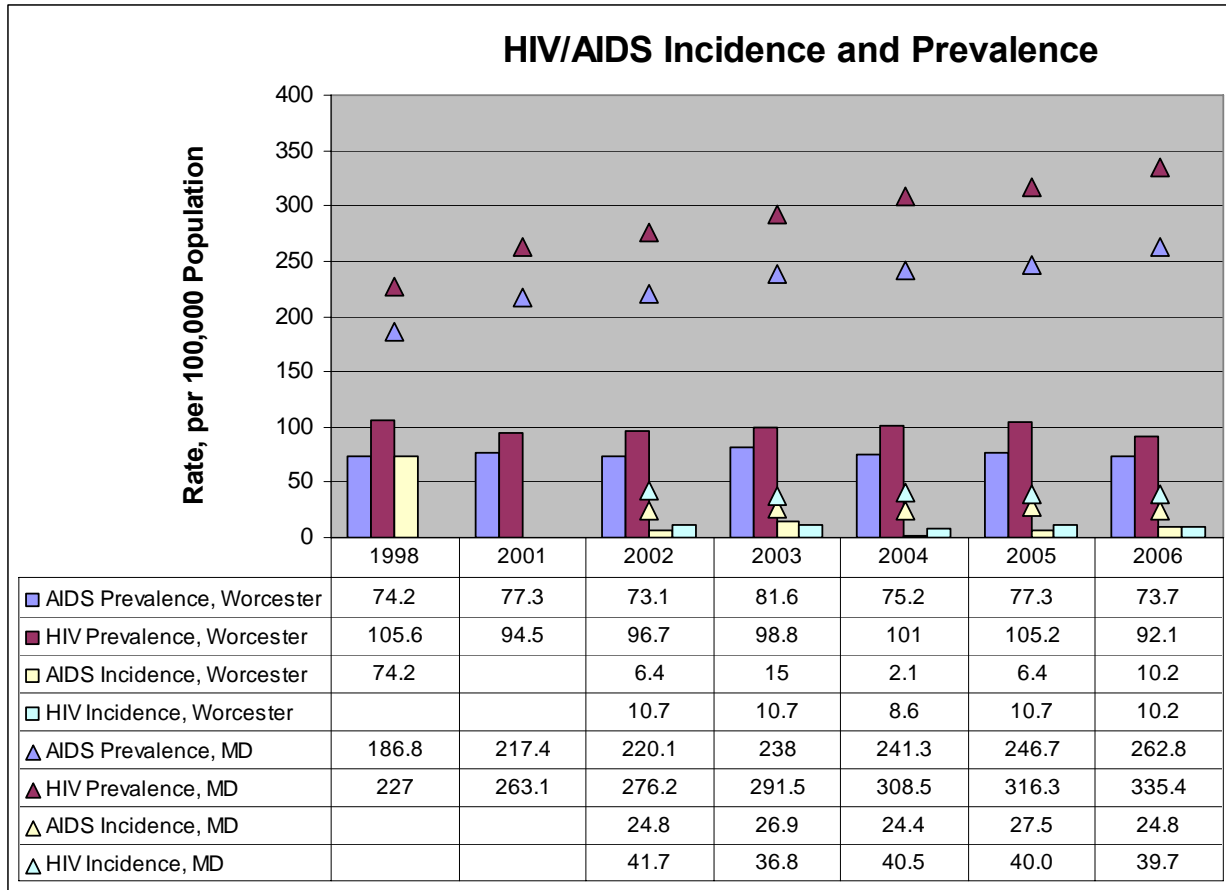
## ***Communicable Disease Prevention***

The prevention of communicable diseases is fundamental to protecting the community's health. From 1901 to 1950, it was the major factor increasing the life span of adults from age 45 to 63 years old. Many existing communicable diseases are prevented through vaccination. Communicable disease staff continuously monitor the transmission of emerging infectious diseases, and work to prevent their spread. There are over 70 known diseases and conditions that are reported to and tracked by the Maryland Department of Health and Mental Hygiene. These include food-borne outbreaks, insect-carried arboviruses, Sexually Transmitted Diseases (STDs), Tuberculosis, and many others.

There was an annual average of 4.3 communicable disease outbreaks reported in Worcester County from 2001 to 2006. An outbreak is when the number of cases of a specific disease rises above what is expected.

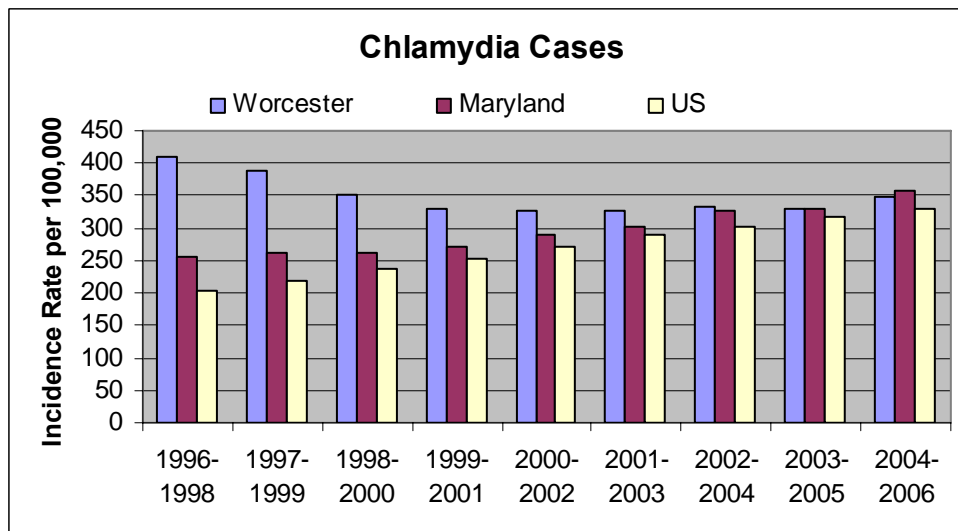
In 2006, there were no reported cases of vaccine preventable diseases, West Nile Virus, or Eastern Equine Encephalitis. However, due to the increasing threat of diseases carried by insects, such as West Nile Virus, Lyme Disease, and Eastern Equine Encephalitis, a 2004 health survey found that 2 out of 5 community members are concerned about protection from insects (*Figure 59.*)

Irresponsible sexual behavior has many public health consequences such as the spread of STDs and teenage pregnancy. There were 14 new cases of HIV and 9 new cases of AIDS diagnosed in Worcester County from 2004 to 2006. However, due to the small number of cases, these incidence rates cannot be compared to state or national levels as the rates are likely to exhibit random fluctuation from year to year. AIDS and HIV prevalence is significantly lower in Worcester County than that seen in the rest of Maryland (prevalence is the known number of cases per 100,000 population) (*Figure 56.*)

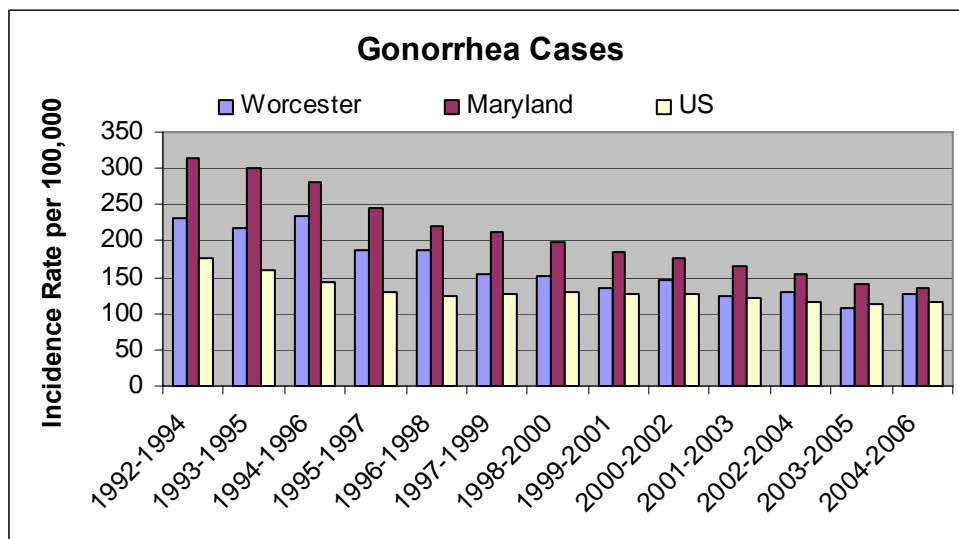


**Figure 56 AIDS/HIV Prevalence, 1998-2006**  
**Source: 2006 Maryland HIV/AIDS Annual Report**

Figures 57-58 show trends in incidence (the rate of new cases) of Chlamydia, since 1996, and Gonorrhea, since 1992. Though rates of both diseases have been falling, Chlamydia still exhibits high incidence in the county in comparison with the state and the nation. In 2006, there was one case of Syphilis reported in Worcester County.



**Figure 57 Chlamydia Cases**  
 (Calculated from DHMH, STD Division and National Center for HIV, STD and TB Prevention Data)



**Figure 58 Gonorrhea Cases**  
 (Calculated from DHMH, STD Division and National Center for HIV, STD and TB Prevention Data)

Parents do not always recognize when their teenagers are sexually active. Programs promoting abstinence appear to be lowering the trend of sexual activity in teens, but the percent using contraceptives (especially barriers) should be equal for better protection during this risky behavior. The 2004 community health survey showed that only 34% of Worcester non-monogamous adults under 65 reported that they always use a condom. The rate of condom use is significantly lower than it was in 2000 (*Figure 59*.)

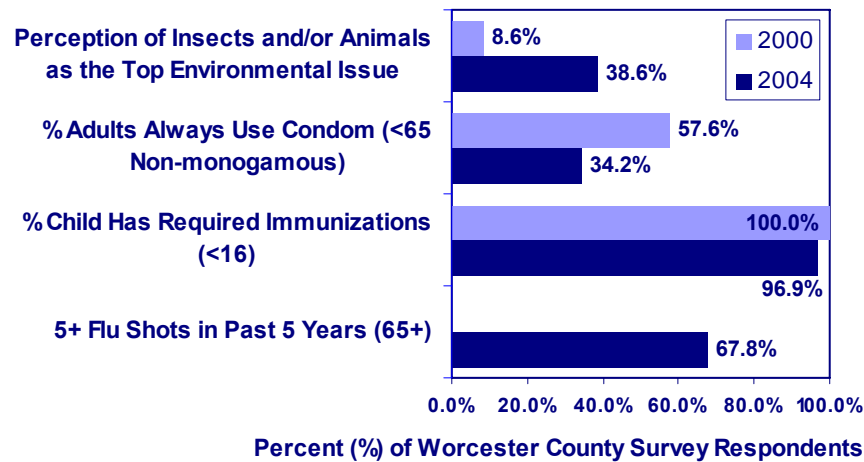
In the 2004 community health survey, 97% of parents reported that their children are up-to-date on their immunizations (*Figure 59*.) This conflicts with the Maryland retrospective survey, shown in *Table 14*. However, through our immunization outreach efforts, 84% of children 2 years or younger had up-to-date immunizations at the end of fiscal year 2006, exceeding program goals. The complexity of the immunization coverage is confusing. However, immunizations are still the primary method to prevent these potentially fatal diseases.

**Table 12 Immunization Status for Children in Worcester and Maryland (1999)**

Name	Immunization Complete	Immunization Delay
Worcester	78.7 %	21.3 %
Maryland	75.0 %	25.0%

(Division of Communicable disease Control, DHMH Maryland)

### Communicable Disease Prevention and Awareness in Worcester County



*Professional Research Consultants Community Health Survey, 2004*

**Figure 59 Communicable Disease Prevention and Awareness in Worcester County (PRC Community Health Survey, 2000 and 2004)**

## Healthy Lifestyle Improvements

Chronic Diseases are the leading cause of death and disability in the United States. As we saw in the *General Health Status* section, the leading causes of death in Worcester in 2005 were Cancer, Heart Disease, Stroke, Diabetes, Alzheimer's, Chronic Lower Respiratory Disease, Flu/Pneumonia. Chronic diseases are often preventable by living a healthy lifestyle. The greater the number of risk factors, the greater the chance for death and disability from heart diseases, stroke, and other chronic diseases. By reducing the 'risk factors' for chronic disease, we can reduce the impact on our community as a whole. Catching chronic disease early reduces the health impacts and increases chances for survival, through early treatment and healthy lifestyle changes. Leading a healthy lifestyle can improve your general health, reduce the risk of chronic disease, and prevent accidental injury. The following sections include data about chronic disease trends in Worcester, as well as data on the prevalence of risk factors and the use of prevention and screening services.

## Cancer

In 2001, 159 Worcester County residents died from cancer, while 371 new cancer cases were reported (*MD Vital Statistics Annual Report, 2001; MD Cancer Registry, 2001.*) Cancer is the second leading cause of death in the State and in the Nation, after Heart Disease. In Worcester County, Cancer is the leading cause of death. Over the last decade, however, cancer mortality has slowly and steadily dropped in the county, as well as in MD and in the US (*Figure 60.*) When we look at cancer mortality within

certain age groups, Worcester sees a higher mortality rate for 25-64 year olds than the state (likely due to a higher proportion of older adults in the county.) Cancer mortality rates for individuals over 65 years of age are on the decline. *Figures 61-64* show trends in mortality rates for three common types of cancer in the county.

The most commonly identified types or sites of new cases are Lung, Prostate, Colon, and Breast. *Figure 65* compares incidence rates for these types of cancer over time in Worcester County. However, there are also several other types of cancer reported in the county that are not included in the major categories traditionally tracked by state cancer reports. The incidence of these other types of cancer is too low to be reported, but they are listed in *Figure 67*. In 2001, there were quite a few new cases of urinary bladder cancer and melanoma reported. Also high on the list are ill-defined cases, non-Hodgkin's lymphomas, kidney, uterus, esophagus, oral, pancreas, and thyroid cancers. New cases of lung cancer are seen more frequently than other types of cancer. In terms of mortality, lung cancer is the biggest killer. *Figure 68* illustrates the distribution of new cases by site and stage at diagnoses. The geographic distribution of new cases in 2001 is shown in a map of Worcester County in *Figure 69*.

According to the 2004 Tri-county community health survey, cancer was most often perceived by respondents as the 'number-one disease condition affecting the community', and non-skin cancer was reported to be prevalent in 7% of the population. Ten percent (10%) of Worcester County respondents reported being diagnosed with skin cancer. *Figure 66* summarizes the use of cancer screening in the community. Overall, screening rates are on the rise. In the last two years, 83.3% of women in Worcester had a pap smear, and 40% of those who did not, said they didn't need one. Similarly, 84.3% of women over 40 had had a mammogram in the last 2 years, and 35% of those that did not said they 'Don't need one.' Sixty-five percent (65%) of Worcester residents over 50 have had a colorectal screening, but this rate is declining in the tri-county area. It cannot be emphasized enough that early detection by screening, self-exams, and treatment can greatly increase the chances of surviving cancer.

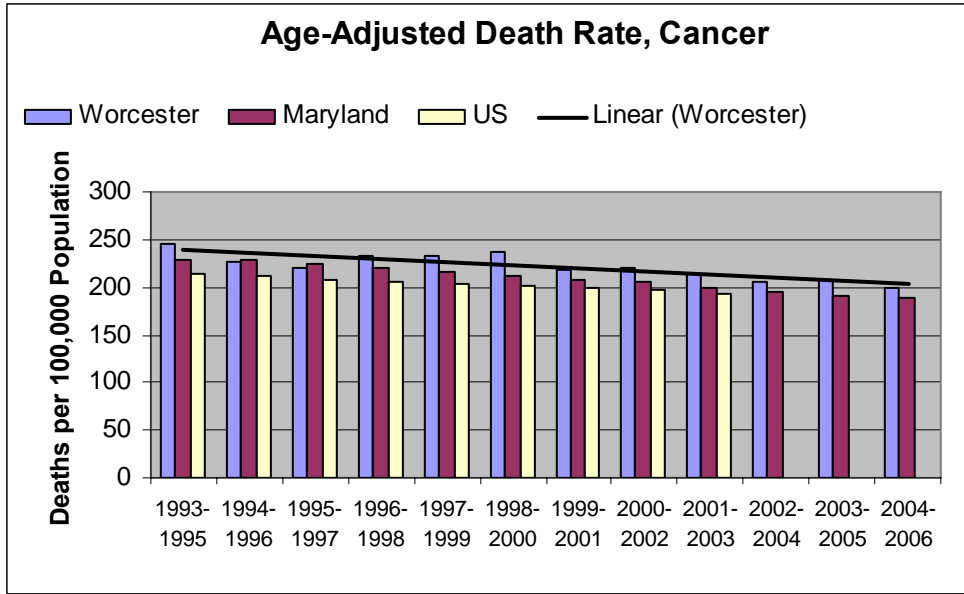


Figure 60 Age-adjusted Mortality Rate, Cancer\*

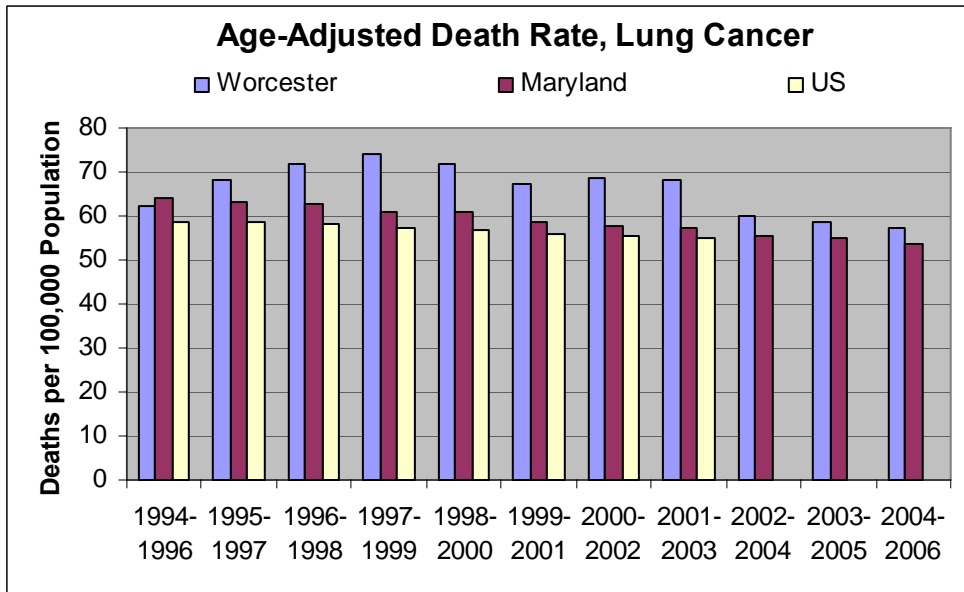


Figure 61 Age-adjusted Mortality Rate, Lung Cancer\*

\* Mortality rates are age-adjusted to the 2000 US standard population (*National Vital Statistics Reports*, vol. 47, no. 3, October 7, 1998)

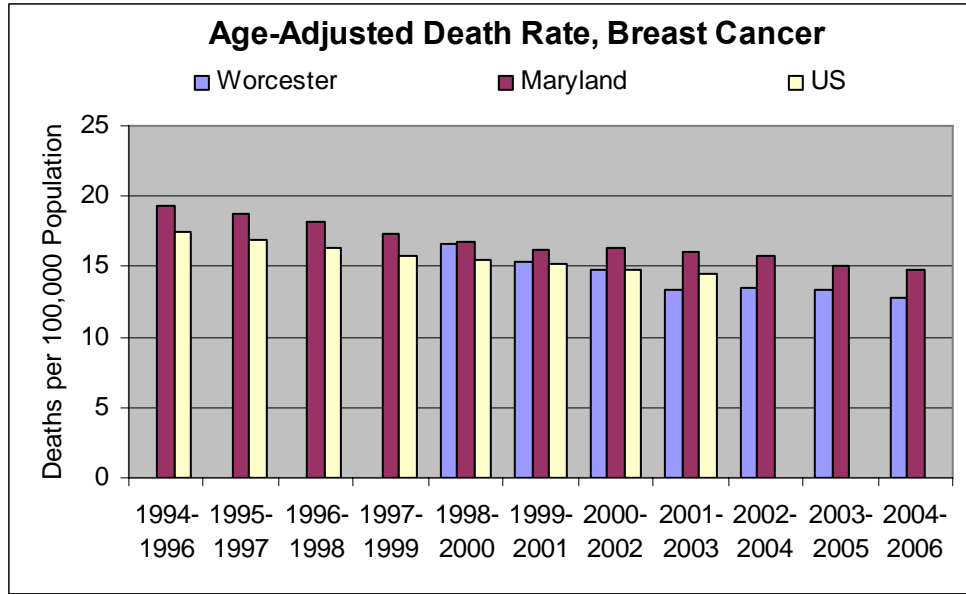


Figure 62 Age-adjusted Mortality Rate, Breast Cancer\*

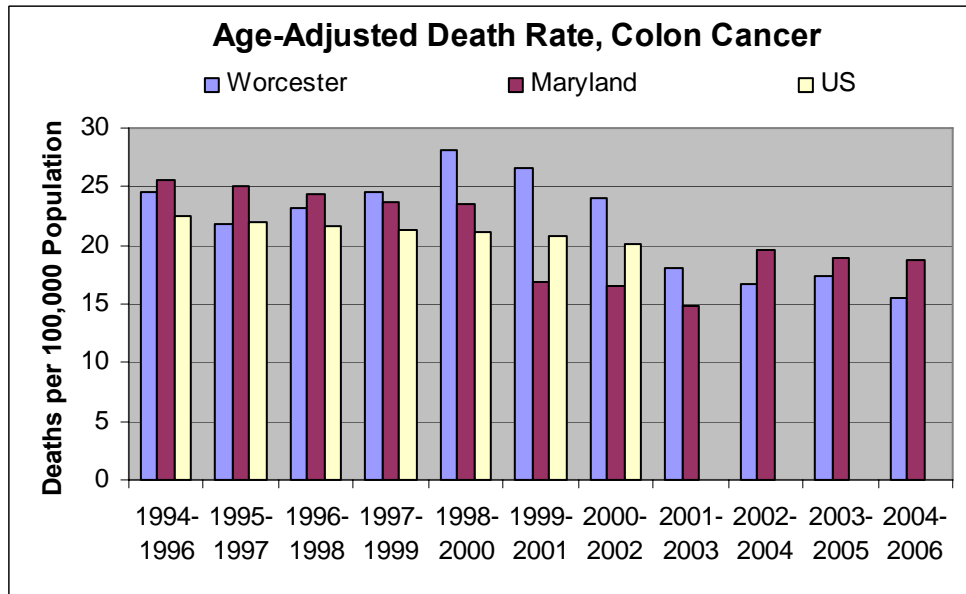


Figure 63 Age-adjusted Mortality Rate, Colon Cancer\*

\* Mortality rates are age-adjusted to the 2000 US standard population (*National Vital Statistics Reports*, vol. 47, no. 3, October 7, 1998)

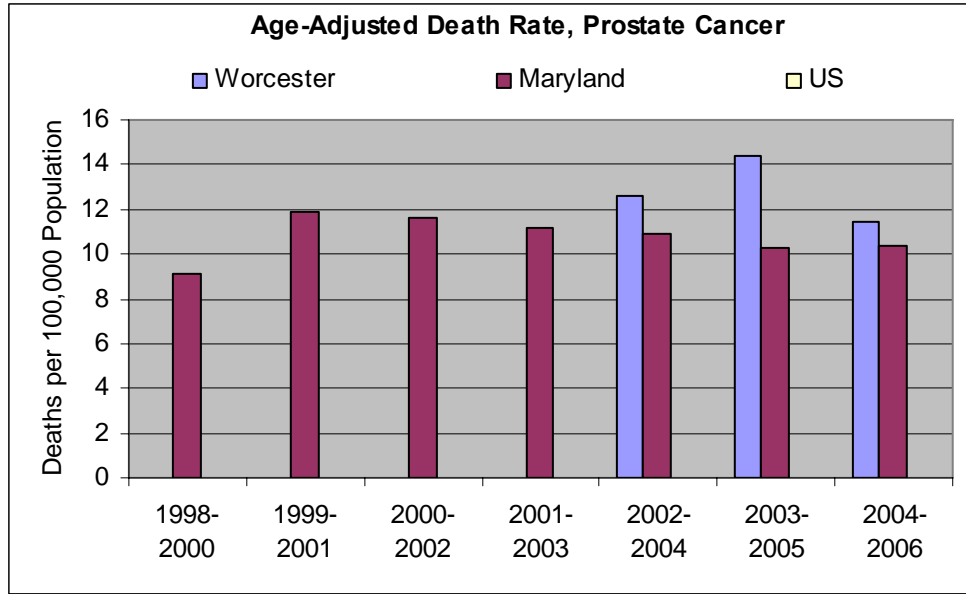


Figure 64 Age-adjusted Mortality Rate, Prostate Cancer\*

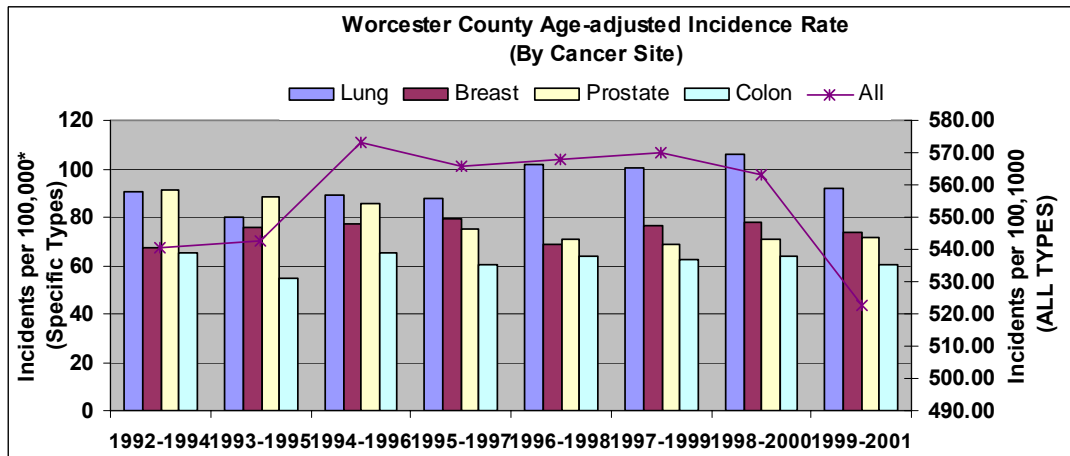
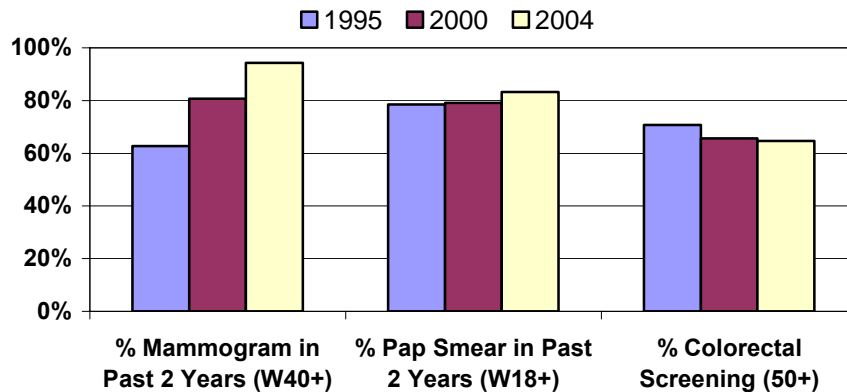
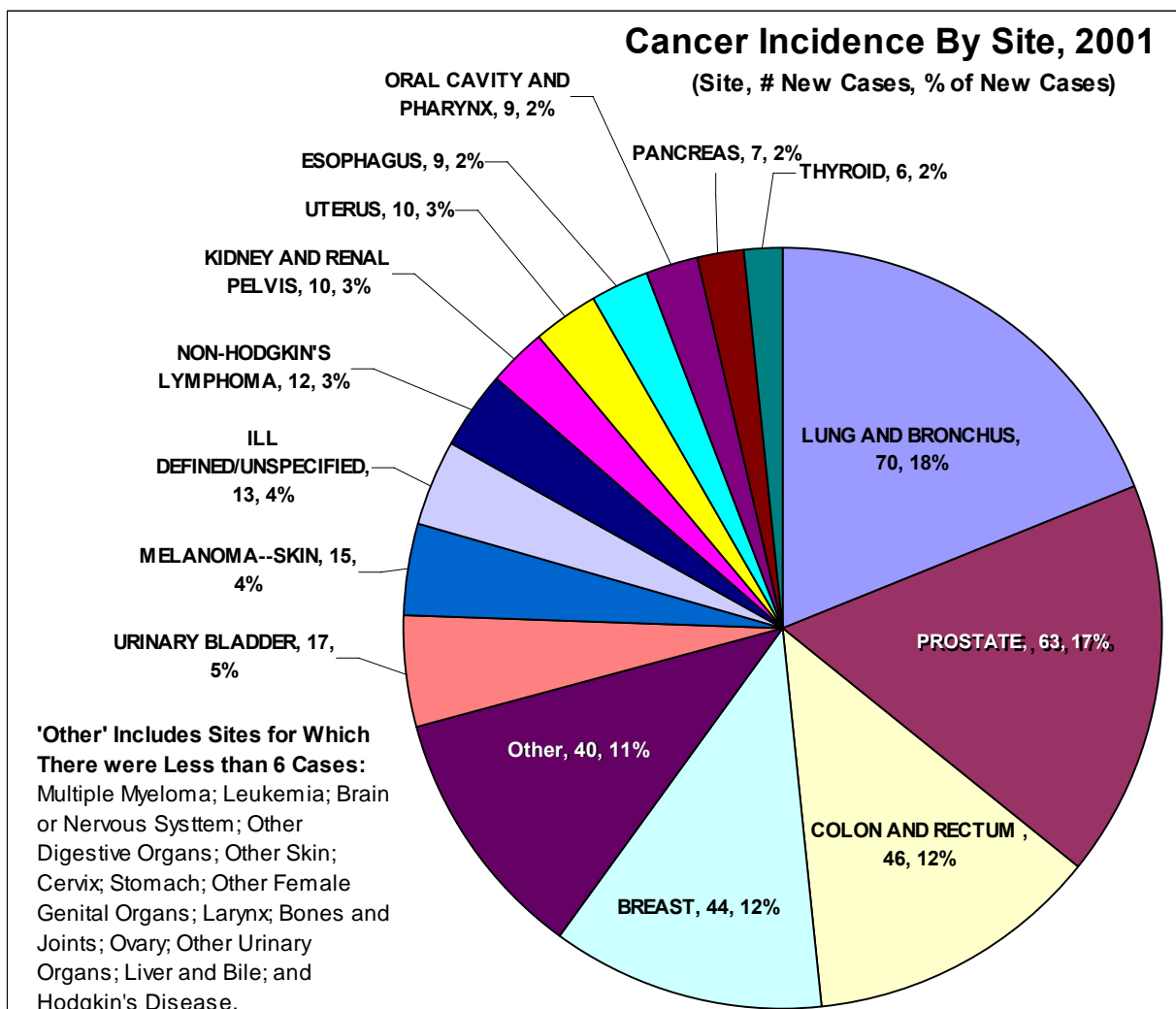


Figure 65 Age-adjusted Incidence Rate, Cancer, By Site\* (Calculated from MD Cancer Registry Data, 1992-2000)

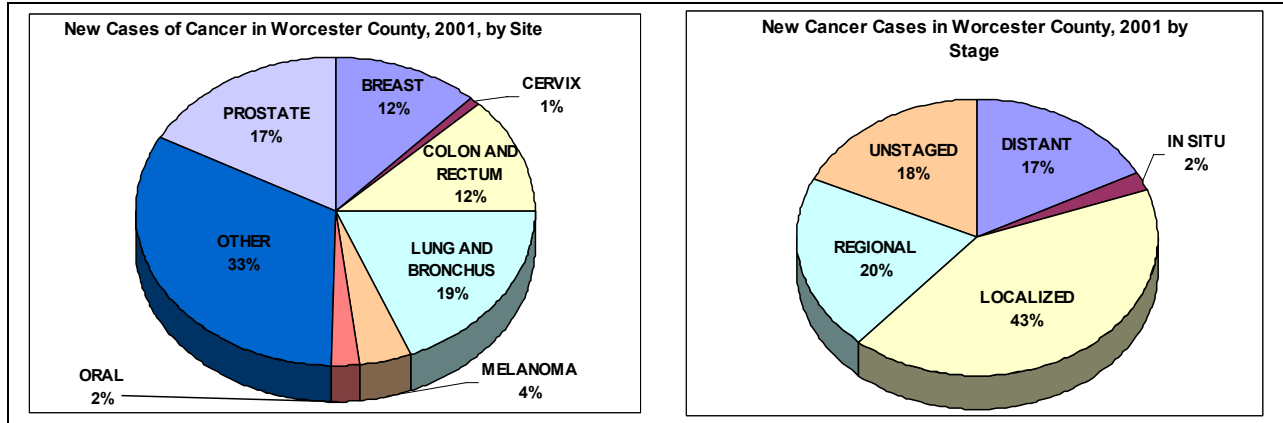
\* Mortality rates are age-adjusted to the 2000 US standard population (*National Vital Statistics Reports*, vol. 47, no. 3, October 7, 1998)



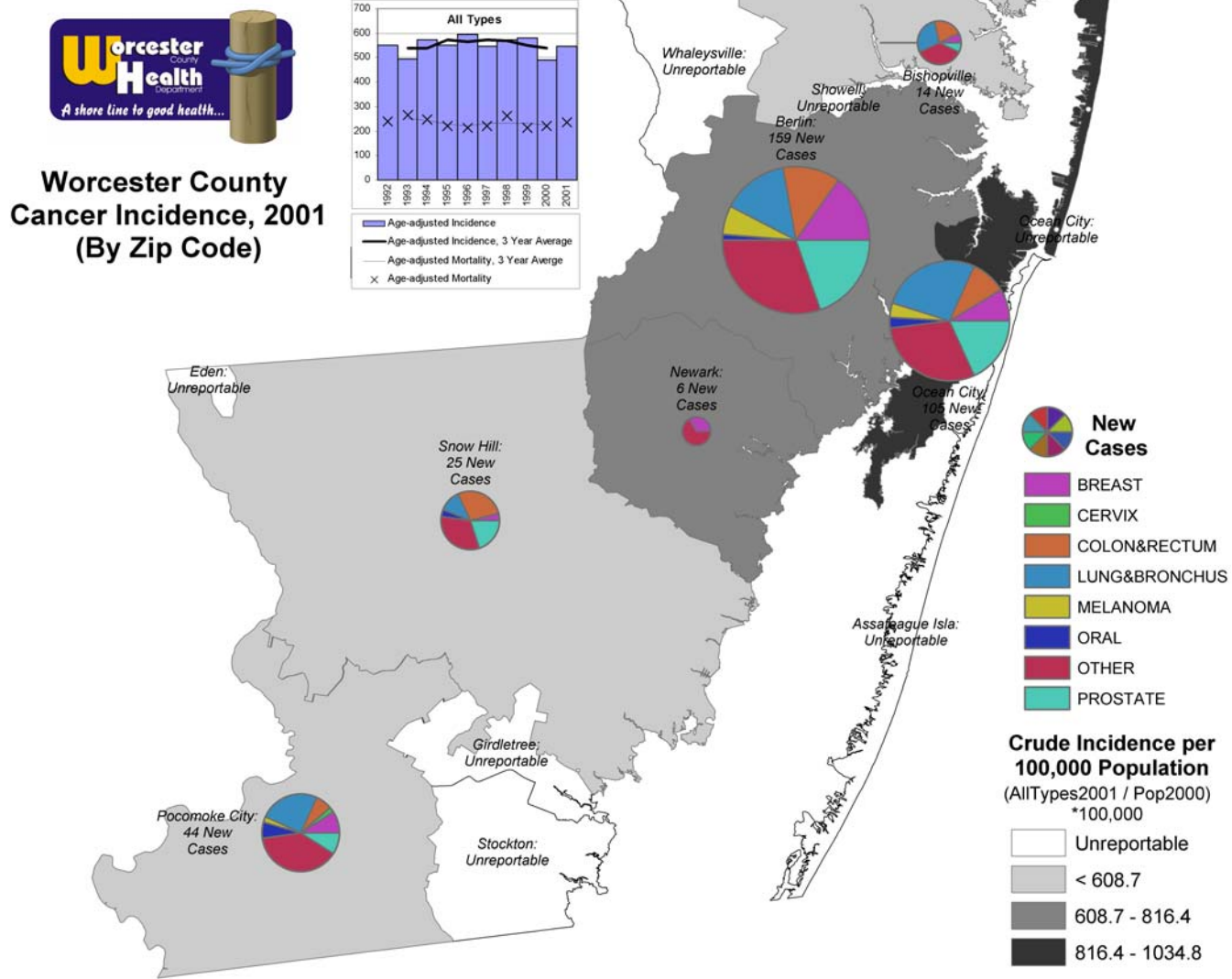
**Figure 66 Preventive Measures for Cancer in Worcester County (PRC Community Health Survey, 1995, 2000, and 2004)**



**Figure 67 New Cases of Cancer in Worcester County by Site (2001)**  
Source: MD Cancer Registry Data, 2001.



**Figure 68 New Cases of Cancer in Worcester County by Site and Stage (2001)**  
(Calculated from MD Cancer Registry Data, 2001)



Data Source: MD Cancer Registry Incidence Data, 2001; Map Produced by Christine Power, QIS, Worcester County Health Department, March 2, 2004

**Figure 69 Worcester County Cancer Incidence, 2001, by Zip Code**  
Source: MD Cancer Registry – 2001

### Cardiovascular Disease

Figures 70-72 show trends in Worcester County mortality due to all cardiovascular disease, heart disease, and stroke. Heart disease deaths in the county have been gradually decreasing in the last decade, approaching state, and national levels. Stroke death rates have fluctuated somewhat in the county but remain well below state and national levels. According to the 2004 community health survey, 11% of Worcester adults have been diagnosed with heart disease (which is significantly higher than 2000 prevalence rates.) Only 3% of Worcester adults reported suffering from a stroke. Risk factors for cardiovascular disease include weight (especially obesity), sedentary lifestyle or lack of physical activity, diabetes, smoking, high blood pressure, and cholesterol. The greater the number of risk factors, the greater the chance for death or disability from heart diseases. See the section on *Risk Factors* (after *Diabetes*), for data on the prevalence of risk factors in Worcester County.

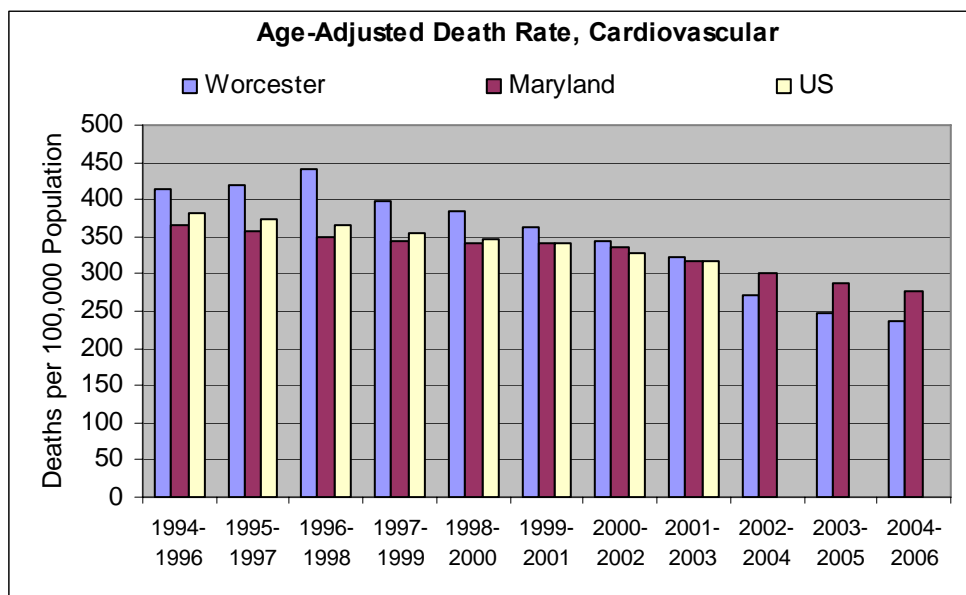


Figure 70 Age-adjusted Mortality Rates, Cardiovascular Disease\*

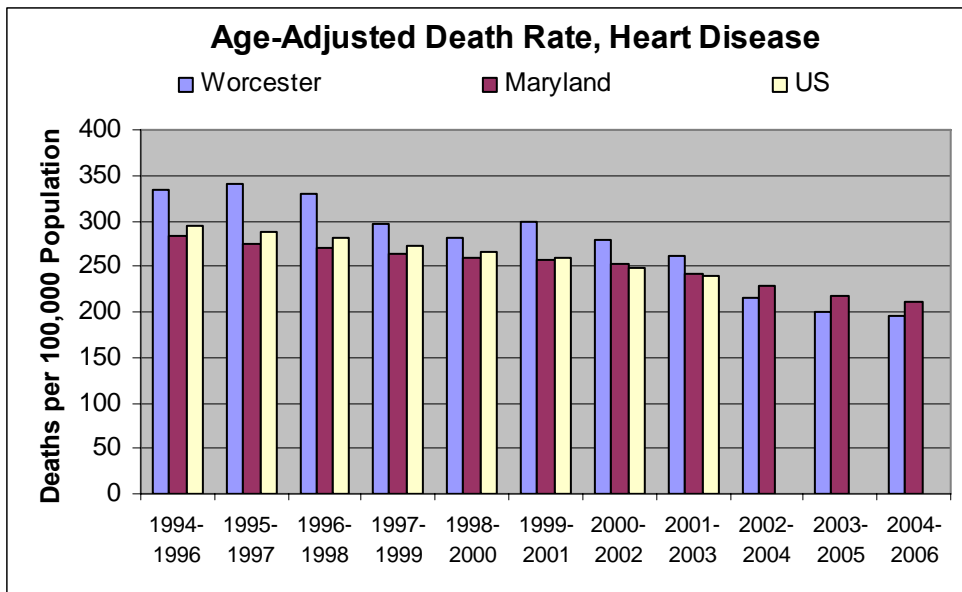


Figure 71 Age-adjusted Mortality Rates, Heart Disease\*

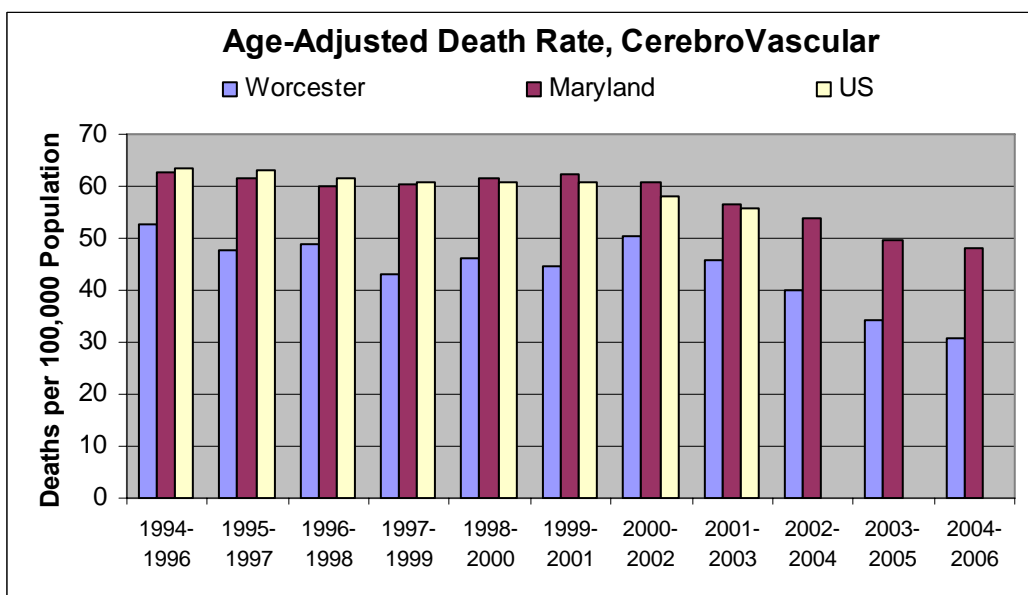
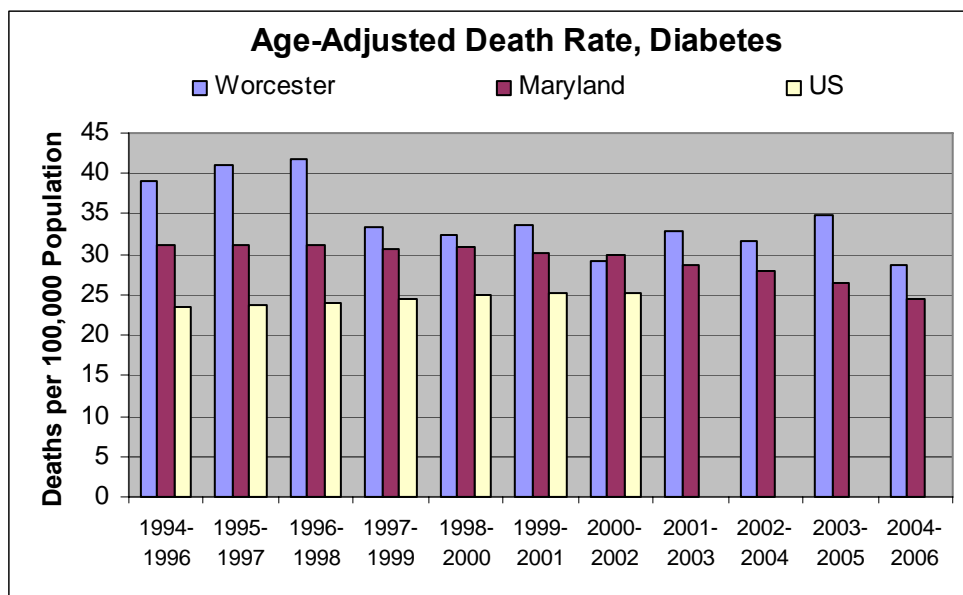


Figure 72 Age-adjusted Mortality Rates, Cerebrovascular Disease (Stroke)\*

### Diabetes

According to the 2004 PRC Community Health Assessment, 4.4% of Worcester County responders listed Diabetes as the number one disease condition affecting the community, third after Cancer and Heart Disease. According to the 2004 community health survey (Table 15), Worcester County has a higher prevalence of diabetes than Maryland and the US had in 2003. Of those respondents who are diabetic in Worcester County, 48% are *not taking any medication*, 43% are *taking pills*, and 9% are *taking insulin shots*. It is possible that diabetes prevalence in Worcester County was underestimated in this survey, due to an under sampling of the African American and

lower income populations in the county. *Figure 74* shows diabetes prevalence among Worcester County survey responders in 2004, by race and sex.

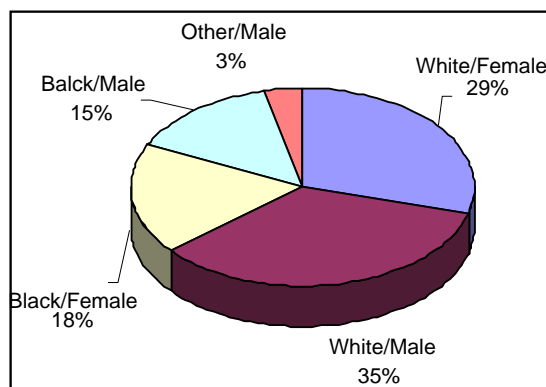


**Figure 73 Age-adjusted Mortality Rate, Diabetes\***  
 \*(MD Vital Statistics; Centers for Disease Control)

**Table 13 Diabetes Prevalence in Worcester, MD, and the US (2004)**

	Worcester 2004	Maryland 2003	US 2003
Diagnosed with Diabetes Or High Blood Sugar	13.5%	7.0%	8.7%

(PRC Worcester Health Survey, 2000; BRFSS, 2000)

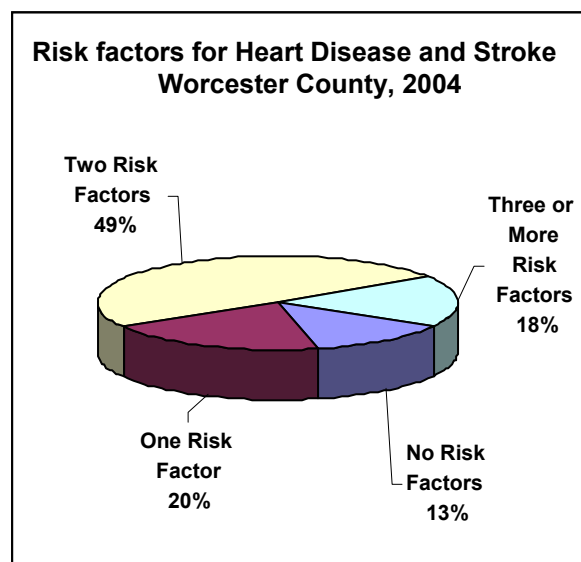


**Figure 74 Worcester Diabetics, by Sex and Race**  
 (PRC Community Health Survey, 2004)

## Risk Factors

Risk factors for cardiovascular disease include weight (especially obesity), sedentary lifestyle or lack of physical activity, diabetes, smoking, high blood pressure, and high cholesterol. The greater the number of risk factors, the greater the chance for death or

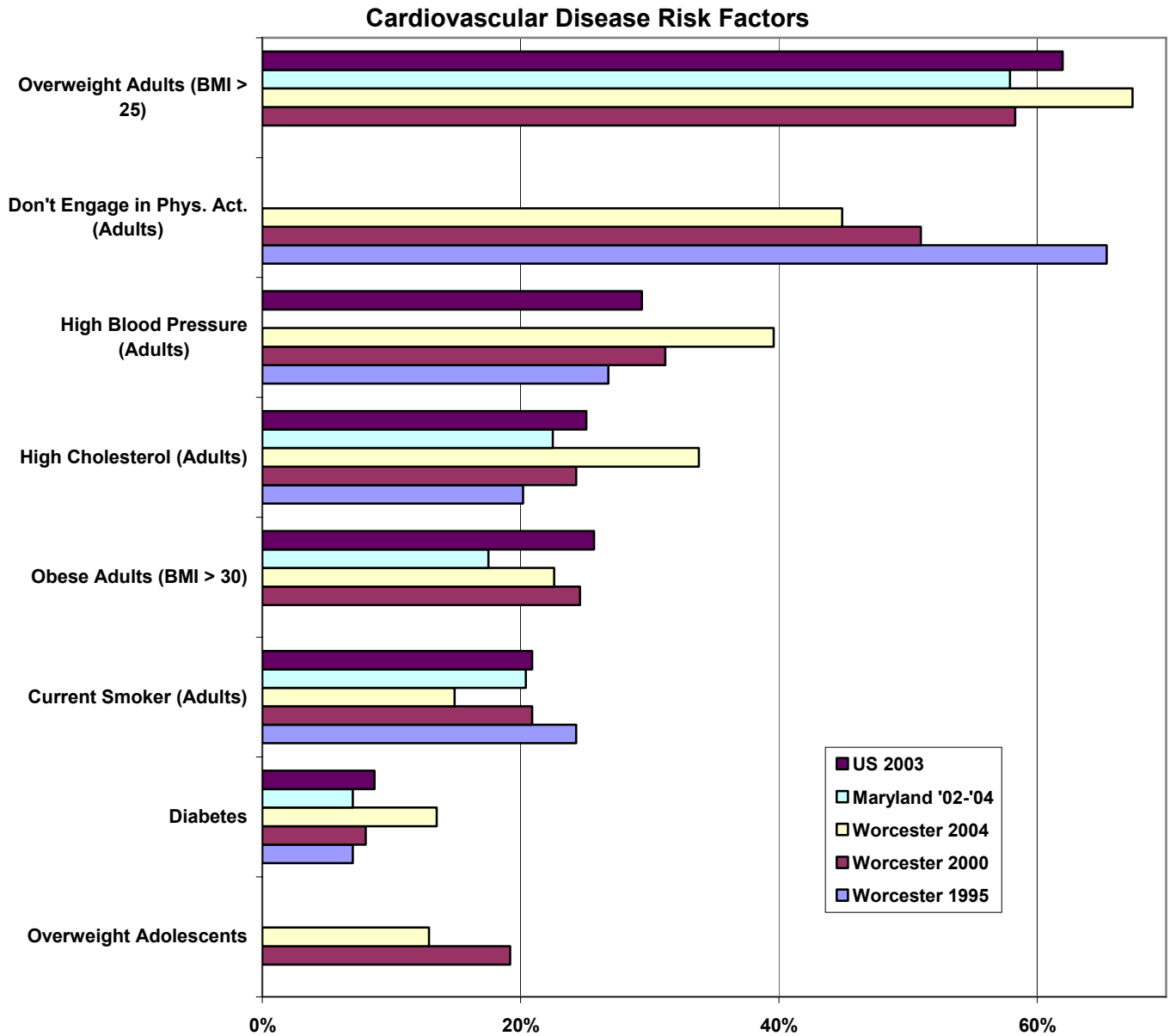
disability from heart diseases. These risk factors are responsive to personal behaviors which can reduce the negative impact. *Figure 75* shows 87% of the county population with 1 or more of these risk factors.



**Figure 75 Risk Factors in 2004 for Heart Disease and Stroke**

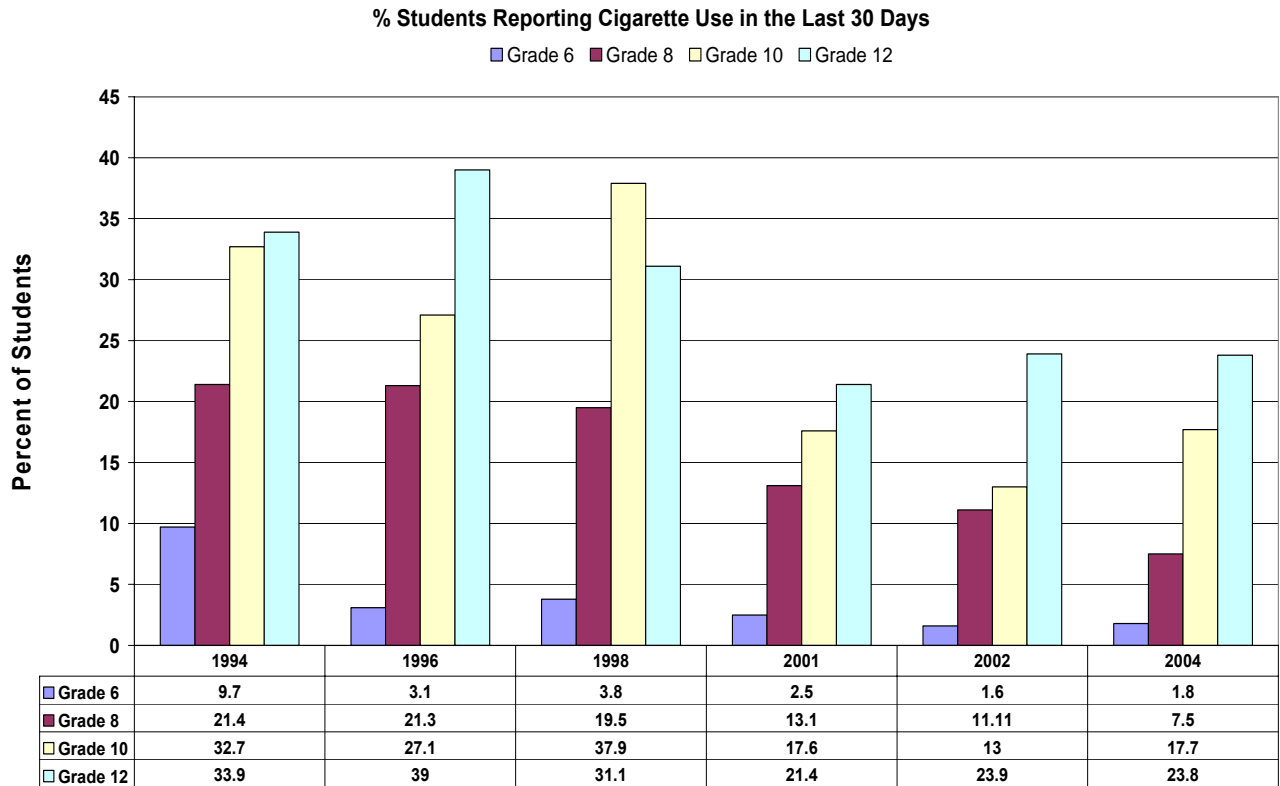
Figure 76 shows the prevalence of cardiovascular disease risk factors in the county population, in comparison to the state and national levels. Obesity is rising in the tri-county area, as well as high blood pressure and high cholesterol. However, Worcester is less sedentary in 2004 than it was in 2000 and in 1995 (using 1995 definitions of sedentary). About 55% of Worcester residents engage in regular physical activity at least 3 times a week and this rate is rising.

Smoking is the most frequent preventable underlying cause of death. It is linked to the top cancers including lung, breast, colorectal, and prostate. It is a major risk in heart disease. Environmental tobacco smoke (ETS) is a complication for asthma and lung diseases and has recently been shown to be highly associated with oral disease in children who live with ETS. The community health survey showed that Worcester County's smoking rate is significantly lower than surrounding areas, and, at 15% is very close the national Healthy People 2010 goal of 12%. *Figure 77* indicates that 23.8% of Worcester County high school seniors had smoked within the last month when surveyed. Regardless of the associated risks, smoking remains a difficult addiction to stop. In the 2004 PRC survey, 64% of smokers reported trying to quit smoking in the past two years, and 20% of smokers have tried four or more times, unsuccessfully (*Figure 78*.) Many smokers may need the assistance of the medical community and treatment programs to successfully kick the habit.



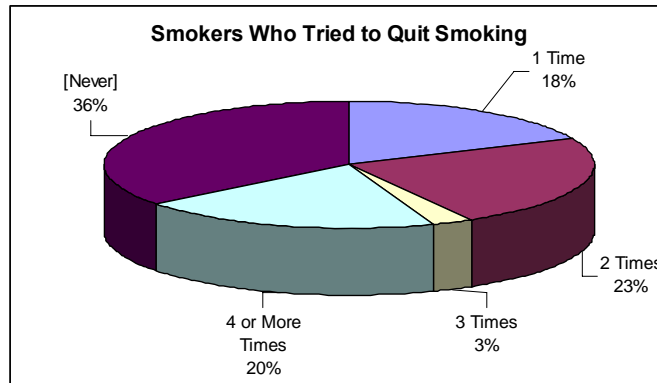
	Overweight Adolescents	Diabetes	Current Smoker (Adults)	Obese Adults (BMI > 30)	High Cholesterol (Adults)	High Blood Pressure (Adults)	Don't Engage in Phys. Act.	Overweight Adults (BMI > 25)
■ US 2003		8.7%	20.9%	25.7%	25.1%	29.4%		62.0%
□ Maryland '02-'04		7.0%	20.4%	17.5%	22.5%			57.9%
□ Worcester 2004	12.9%	13.5%	14.9%	22.6%	33.8%	39.6%	44.9%	67.4%
■ Worcester 2000	19.2%	8.0%	20.9%	24.6%	24.3%	31.2%	51.0%	58.3%
■ Worcester 1995		7.0%	24.3%		20.2%	26.8%	65.4%	

**Figure 76 Cardiovascular Disease Risk Factors in Worcester, MD, and the US**  
**Sources of Data: PRC Community Health Assessment, 2004, PRC Adolescent Health Survey, 2005**



Source: MD Adolescent Survey, 1994-2004. Chart produced by QIS, Worcester County Health Department, March 2006

**Figure 77 Students Reporting Cigarette Use in the Last 30 Days**  
 Source of Data: PRC Community Health Assessment, 2004

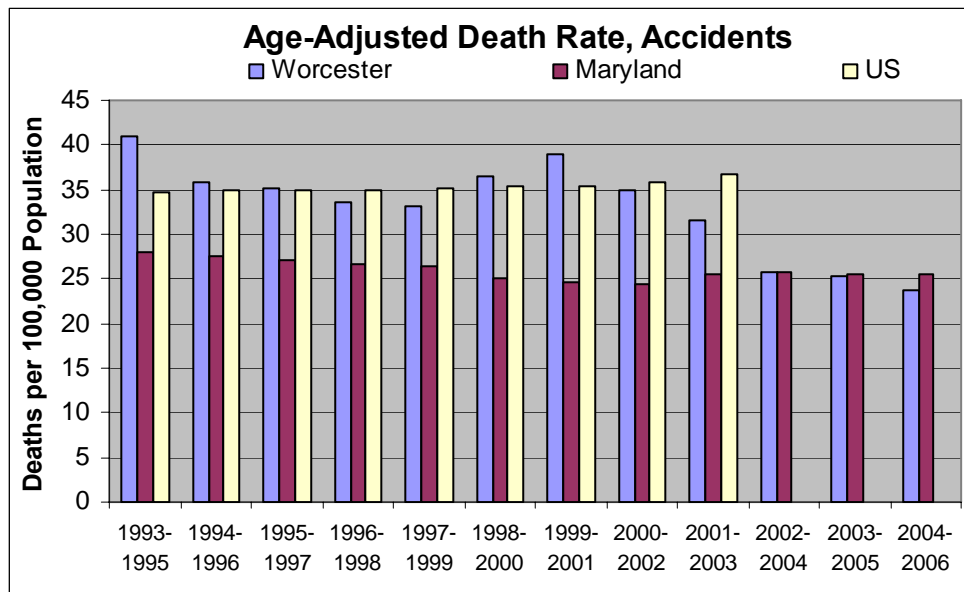


**Figure 78 Smoking and Tobacco Use**  
 (PRC Worcester Health Survey, 2004)

## Injury

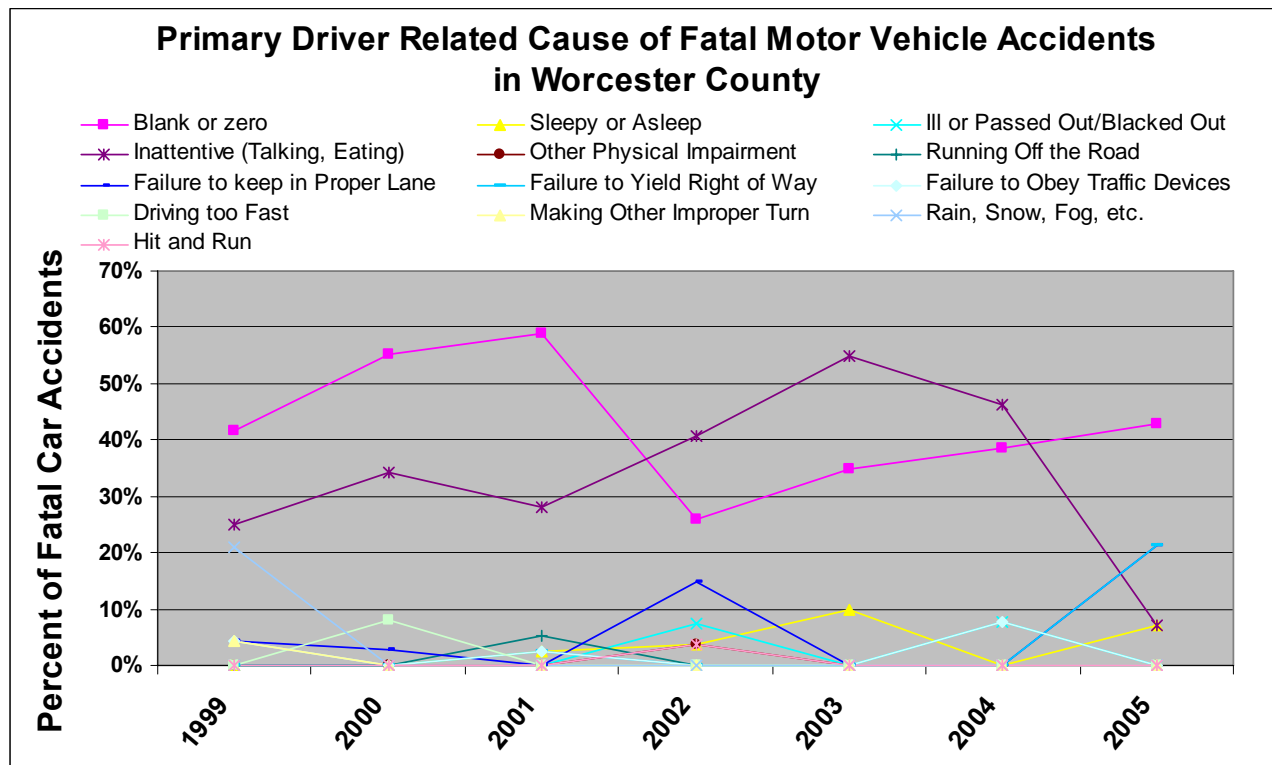
Accidents are a leading cause of death in Worcester County and account for most injury deaths. *Figure 79* shows that accident related mortality has been fluctuating since 1992, and has historically been somewhat higher than state levels. Child injury deaths are most often falls and fires. Aging adults also die in falls, fires, motor vehicles, and suicides. In

2005, accidental deaths included several motor vehicle accidents, as well as other transport accidents, falls, drowning, and fire.



**Figure 79 Age-adjusted Mortality Rate, Accidents**  
 (Accidents of Worcester County residents, regardless of where the accidents occurred)

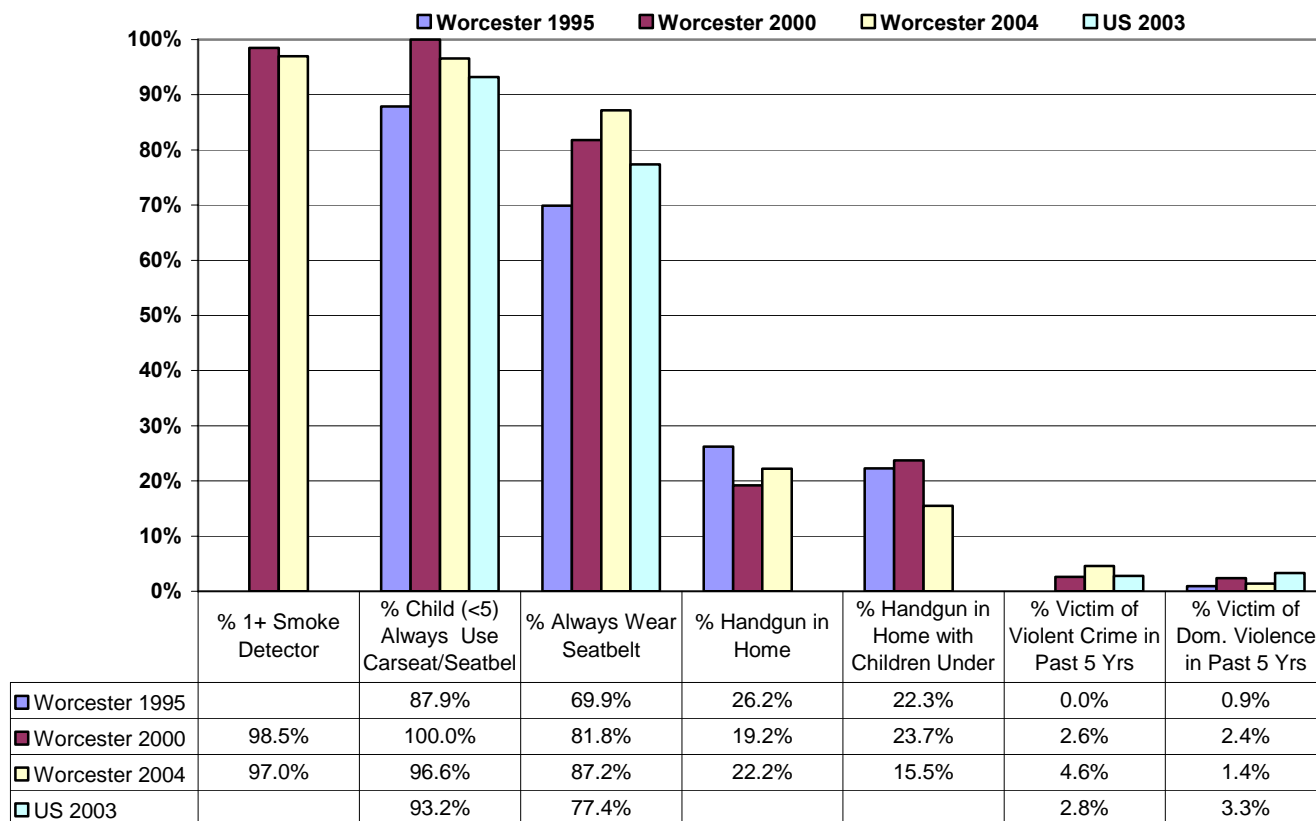
Many fatal accidents of Worcester County residents are motor vehicle accidents. In 1999-2004, the most commonly reported, driver-related cause of fatal car accidents was inattentiveness (see *Figure 80*.) Inattentiveness is often caused by activities such as talking or eating while driving, inhibiting the driver’s awareness of his surroundings.



**Figure 80 Primary Driver Related Cause of Fatal MVA's in Worcester County**  
 (DOT Fatal Accident Reporting System, from MD State Police; Does not include Ocean City MVA's)

Non-accident related injury deaths include homicide and suicide. Mortality rates for these two causes are not reported here, although homicide rates in the county remain consistently low over the years. After an alarming rise in 1996-1997, county suicide rates have decreased. *Figure 81* summarizes responses of Worcester County residents to survey questions relating to violence and safety. Criminal and domestic violence do not appear to affect many residents. However, seatbelt usage and handguns in the home might be significant risk factors for injury in the county. Ninety-seven percent (97%) of children under 5 are reported to wear restraints while riding in vehicles, and 97% of Worcester households report at least one working smoke detector. Given the high percentage of children who live in homes with handguns, it is important that parents take precautions to prevent accidents. Guns in the home should be kept unloaded and under lock and key.

### Safety Indicators in Worcester County, 2004



**Figure 81 Safety Indicators in Worcester County  
(PRC Worcester County Community Health Survey, 2000&2004)**

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## Progress and Accomplishments in FY2008

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### Nursing Services

Received continued funding for the Worcester Aging Initiative HRSA Rural Health Care Services Outreach Grant. This funding provides support for our Maryland Access Point Project (MAP) and expanded services to include Behavioral Health.

- Continued participation in the Delmarva Avian Influenza Joint Task Force. As a result of work done on the Delmarva Avian Influenza Task Force, the Health Officer was approached and interviewed by the U.S. Department of State and was interviewed in October 2006 by reporters from Indonesia for an avian influenza documentary.
- Emergency Preparedness staff led WCHD in a Continuity Of Operations Planning (COOP) meeting (August 2006). Prior to this meeting, Nursing developed their plan establishing priorities of operations. WCHD staff also participated in COOP with Worcester County office of Emergency Services which began in February 2007.
- Provided leadership and coordination for the Worcester County Child Fatality Review Team; Worcester County Health and Medical Committee Sub Committee; Maryland Access Point (MAP) for Worcester County Advisory Board; and the ACCESS/MAP Coordination Team.
- Participated in the Eastern Shore Oral Health Action Network (ESOHAN) / Children's Regional Oral Health Consortium (CROC).
- Transitioned to a new pharmacy module in the Ahlers data collection system and implemented the Anasazi scheduler in other clinic locations.
- Revised the On-site Medical Emergency Protocol to incorporate AED's and coordinated training for staff.
- Implemented a FluMist vaccination program in public and private schools in Worcester County. Held 14 clinics and vaccinated 883 children (Fall 2006).
- Collaborated with the local school system to assure compliance with the Hepatitis B and Varicella requirements for students in grade 5-9 for school year 2006-2007.
- Incorporated Citizenship and identity documentation requirement in the MCHP program (September 2006).
- 8<sup>th</sup> Annual Aging in Worcester Conference held in February 2007 with 175 attendees and 33 exhibitors.

### Prevention

- Prevention Services served 22,356 individuals in FY'07
- Worcester County Youth Council presented its first year accomplishments to the Worcester County Commissioners
- Staff person trained as a National Consultant and Master Trainer for Nurturing Fathers
- 234 parents participated in parenting programs (includes 78 in Nurturing Fathers Program) in Worcester County with 98% of parents reporting satisfaction with the Parent Education Training and 97% showing improvement on pre/post test

- All parent education classes are evidence based and Nationally recognized programs for either prevention of drug and alcohol abuse or prevention of child abuse and all programs utilize a pre/post test as part of the evaluation. Classes include: Nurturing Fathers, Nurturing Families, Guiding Good Choices, Healing Hearts, and Parenting Wisely
- Family Recovery Court now requires all families to attend and complete parenting classes through this office
- Approved by the Local Management Board for 3 years of funding for Family Asset Building Initiative and for a third Just for Girls After School Program in Pocomoke community
- Worcester County Highway Safety Program recognized for “2007 Greatest Reduction in Crashes” in Maryland
- Bicycle crashes in 2006 decreased by 22%
- Young driver crashes decreased by 22%
- Worcester County Highway Safety Program received the Safe Routes to School grant which will help the Snow Hill, Berlin, and Pocomoke communities
- 75,000 Play It Safe Booklets were printed and distributed to high school graduates in Maryland and beyond, 13,148 graduates attended the 57 events in Ocean City during June
- 1602 participants have enrolled in Just Walk with 92,406 miles reported
- 902 residents participated in free blood pressure screenings
- 303 residents participated in physical activity assessments and diabetes risk test screening
- In FY’07, 80 participated in smoking cessation with 82.5% quitting at the conclusion of the program
- In March 2007, Worcester County Health Department and the Worcester Tobacco and Cancer Coalition sponsored it’s first Minority Health Symposium
- The Town of Ocean City was nominated by the Worcester Cty. Health Department and received the State of Maryland Physical Activity Excellence Award for 2007 from the Maryland Council on Physical Activity in March 2008
- 371 women received Breast and Cervical Cancer Screening
- 77 residents received a colonoscopy as through the Colorectal Screening Program
- 176 residents received an oral cancer screening
- Environmental Health, Nursing, and Prevention coordinated a Hand Washing Social Marketing Campaign that served

### **Addictions**

- Moved into Snow Hill office in June, 2007
- Started Adult Intensive Outpatient Program in Snow Hill –evenings
- Began asking parents to bring their adolescents to the initial session at the Snow Hill office
- Adolescent team is beginning to meet with families and clients together
- Adolescent team is looking at appropriate family counseling methods
- Psychiatric coverage expanded to Snow Hill through Telemedicine.
- Involved Prevention program in Adolescent IOP
- Renewed state certification for DWI Education program
- Began planning to provide Buprenorphine treatment before the end of the Fiscal Year

- Planning to hire Day Care assistant at C4CS
- Added 2 Dual Diagnosis Groups, including 1 for women at WACS
- Hosted 100 -125 clients and their families at the Christmas and Recovery Month parties
- HANDS continues to be very busy with Case Management
- Increased Drug Courts to 20 adults, 13 Adolescents, 3 families in Family Recovery Court
- Improved admission waiting list to Inpatient treatment at Hudson Health to less than 1 week, average
- Improved communications with halfway house staff at Hudson Health
- Hired new dually licensed Social Worker at C4CS
- 1 staff member obtained Dual diagnosis certificate from ADAA
- 2 staff members hope to complete all coursework for LCPC exam by end of summer
- 1 staff member has 1 more year experience to complete LCPC license
- 2 employees passed CSC exam

## Case Management

### Developmental Disabilities

- A total of 35 consumers were referred to the Developmental Disabilities Resource Coordination program in fiscal year 2007
- Developmental Disabilities Program supported the Worcester County Emergency Surveys program by aiding in the distribution, completion, and collection of “Special Needs Surveys” focused on measuring the needs of consumers in the event of an emergency
- A total of 37 Service Funding Plans were submitted to ESRO this fiscal year with at least 27 approved for funding.
- A total of 488 referrals were made by Resource Coordinators during FY2007 to 40 different service providers offering 29 different services.
- 325 total clients served in FY 07
- Resource Coordinators also participated in the Salvation Army Christmas Assistance Program by referring 30 consumers and families and assisting with the loading and delivering of food and gifts on December 15<sup>th</sup>, 2006.
- Resource Coordinators stayed actively involved with the local Worcester County Autism Support Group. Staff distributes their newsletters and makes referrals to their support group.
- Resource Coordinators worked in collaboration with Worcester County Emergency Services to identify medically fragile consumers within Worcester County.
- Current active caseload for FY2007 totaled 261 DD children and adults served.
- Resource Coordinators designed and implemented a Transitional Youth Socialization Group during the months of August, October and January. The groups were held at the Snow Hill Health Department and housed an average of 8 - 10 consumers.
- On December 4th and 18th the Transitional Youth Group joined with Sand Castles at the Snow Hill Health Department. Group members decorated

- Christmas stockings and cards to troops who are stationed overseas and for those who resided in the Berlin and Snow Hill nursing homes.
- On December 20th Resource Coordinators in conjunction with other Case Management staff delivered Salvation Army Christmas Assistance to those in need.
  - In December the Worcester County Developmental Center reopened its doors at a temporary location in Snow Hill. WCDC staff and Resource Coordinators continue to assure a high standard of living and quality of life for all consumers served by the Worcester County Developmental Center.
  - The Developmental Disabilities program continues to utilize grant money from the LMB for children diagnosed with an Autism Spectrum Disorder

### **Domestic Violence:**

- A total of 240 businesses/agencies were contacted during FY07. Staff distributed Domestic Violence/Dating Violence, Runaway and Homeless materials.
- Outreach was also provided in Worcester County high schools and Cedar Chapel Special School on dating violence and runaway and homelessness.
- The Runaway and Homeless Basic Center program and the Domestic Violence Coordinator have created new program brochures and emergency cards to include teen dating violence emergency numbers, facts and resources in collaboration with runaway and homeless information.
- Domestic Violence Program presented four trainings on dating violence/runaway and homelessness to local agencies such as, Big Brothers/Big Sisters, and Life Crisis and three trainings to Worcester County Peer Mediators on bullying and dating violence.
- 1<sup>st</sup> Annual “Bounce Out Violence Event”: This event was a collaborative effort of the Domestic Violence Coalition and the Youth Consortium.
- Four Conflict Resolution Family Nights were held

### **CMS (Childrens Medical Services):**

- Served 80 children
- Four Family Nights were held
- Four Family Newsletters were distributed
- A Healthcare Transition Guide was also sent out to 114 families who have children aged 14-22.

### **ITP (Infants and Toddlers Program):**

- On February 27, 2007, The Infants and Toddlers Program co-hosted the Child Abuse Prevention and Treatment Act (CAPTA) Conference with the Department of Social Services. Fifty participants attended this event. The objective of this workshop was to educate providers on CAPTA as well as make them aware of local resources available to families with children under age three.
- Served 44 children, received 44 referrals
- Charts were also reviewed by the Interagency Medicaid Monitoring Team in May 2007. All service coordination charts were found to be in compliance.

- Eight formal program presentations were held at community meetings

**Mentoring:**

- Served 24 adolescents involved with Juvenile Drug Court
- Served 2 adults in Family Recovery Court

**Care Coordination:**

- Received 79 referrals
- Received 52 referrals for mentoring services
- Served 37 youth in mentoring

**Helping Empower Youth Committee:**

- 5 youth and 3 adult partners served consistently on committee
- Total of 12 committee meetings were held
- Committee created and provided two trainings on dating violence and runaway and homelessness to Worcester County Youth Consortium members
- Provided outreach to local businesses on dating violence and runaway and homelessness
- Attended three trainings on runaway and homelessness and dating violence

**Youth Empowerment Summit events:**

- Received a 7,000 grant to hold 5<sup>th</sup> annual Youth Empowerment Summit
- 37 Worcester County high school youth attended event
- 81 community members attended event
- Incorporated Asset Training, Dating Violence Presentation and RHY Presentation during event
- Held 1<sup>st</sup> annual “ICE (Individuality, Comradery, Equality) Fiesta”:
  - Twenty-five youth and community members attended the event
  - Attendees participated in teambuilding activities and crafts

**Sand Castles**

- Sand Castles Runaway and Homeless Youth Program celebrated its 11<sup>th</sup> year of services.
- A variety of skills training groups are offered to area youth each month. Topics for these four session groups have included conflict resolution, peer relationships and social skills, hobbies that help, drug abuse education, and relaxation skills. Additionally, an evening family night is held at the end of each four week group.
- The Program served 49 local runaway and homeless youth and their families. Outreach and services were provided to 63 Drop-in Center youth. Over 650 businesses were provided with information about the RHY program.
- The Ocean City Assessment Unit provided services to 194 youth and their families and 496 counseling sessions.
- The Health on the Boards Program had another great summer in Ocean City. This program has been in existence for over 30 years, offering a multitude of health and behavioral services to working and vacationing youth in Ocean City. In the

summer of 2007, HOT Boards saw 343 new patients with 547 visits to the clinic. Outreach was provided to over 650 businesses.

### **Mental Health Case Management**

- MHCM staff has collaborated with various community based agencies such as Tri-County Alliance for the Homeless, Worcester County Homeless Board, Local Coordinating Council, C-SAFE, and Atlantic Health Center to improve services and linkages for our consumers.
- MHCM Staff helped distribute Thanksgiving and Christmas Assistance to needy Worcester County individuals and families with the help of the Dagsboro Church of God and the Salvation Army.
- Life Skills and Stress Reduction groups were offered to WCHD clients and homeless individuals at both the Berlin Health Center and The Samaritan Shelter
- The MHCM program has undergone a significant reduction in staffing due to moving from a fee for service to a grant funded program. Despite this transition and reduction in staff, the program continues to provide quality case management services to eligible members.
- Stress Reduction Groups were offered to WCHD clients at the Berlin Health Center.
- MHCM Staff helped distribute Thanksgiving and Christmas Assistance to needy Worcester County individuals and families with the help of the Dagsboro Church of God and the Salvation Army.

### **Mental Health**

- Two adolescent anger management group started in Snow Hill and Stephen Decatur High School.
- Collaboration with AGH to offer expanded services to sexual assault victims.
- Participating with two primary care offices to educate on mental health and substance abuse issues.
- Presented staff training on 'Issues Facing Adolescents' in collaboration with Dr. Desmond Kaplan and Sheppard Pratt.
- Adult population is now receiving care through Telemedicine program.
- Training presented to DSS staff on grief and loss issues.
- Began a women's support group in Snow Hill.
- Began a relaxation group in Snow Hill.

### **Environmental Health**

- The process of transferring the information from the old Access database to the new PatTrac database is nearly completed and we are beginning to utilize the new system.
- The Memorandum of Understanding between Worcester County Environmental Health and Worcester County Environmental Programs was finalized on April 23, 2008. This MOU will aid both agencies with the administration of shared programs and prevent the duplication of services.
- In 2007, Environmental Health staff developed the Certificate of Excellence Award for public swimming pools and spas which are continually operated in compliance with COMAR 10.17.01 Public Swimming Pools and Spas. Staff continues to administer the

Worcester/Wicomico County Certified Pool Operator Exam. The certified operator exam was recently rewritten to reflect regulatory updates, insuring that pool operators are properly trained.

- In 2007, a 30 minute Safe Food Handling Module was developed and implemented for management and staff of permanent food service facilities. This training course provides food handlers with basic safe food handling information and practices. A certificate of completion is awarded to all participants.
- Safe Food Handling Training is offered to all temporary food vendors who participate in special events throughout the county. This 2.5 hour course provides training for local temporary food vendors as well as vendors from surrounding areas who participate in Worcester County Special Events.

### **Quality Information Systems**

- 2 CQI Team Training classes were given by QIS after a redesign of the curriculum.
- Filmed and edited the “Welcoming” video.
- Published the “Report Card” and “Shaping a Healthier You” brochures.
- First phase of the Snow Hill construction project completed, occupation of addition occurred, and Market Square closed.
- Submitted an application (“Out of the Emergency Room, into the Worcester County Public Safety Net”) to the Maryland Community Health Resources Commission grant.
- Prepared a submission for the “Young Men at Risk: Transforming the Power of a Generation”, an online, open source competition co-sponsored by RWJF's Vulnerable Populations Portfolio and Changemakers.
- Participated in the Joint Commission survey and follow-up activities.
- Prepared data, help plan, presented at, and prepared the final report for the Minority Health Conference
- Prepared a “Local Acts” article for “Public Health Reports”, “The Delmarva Avian Influenza Joint Task Force: A Local Operational Response to an International Problem”.
- A Master’s Nursing student from the Wilmington College completed her capstone project on Cardiovascular Disease in December, 2007, a Johns Hopkins PHASE student worked with Prevention on an evaluation of “Play It Safe”, another Johns Hopkins PHASE student worked with QIS and the Wellness Community on a survey about Breast Cancer, and a Johns Hopkins Doctoral student worked with Nursing on the SNS plan.

### **Administration**

- This unit supports the infrastructure of the department and should be acknowledged for facilitating the Health Department priorities in the next section with budget and finance, human resources, and IT.

## **Progress in FY2008 Priority Areas**

There were four department-wide priorities in FY2008: *Physical Infrastructure, Public Health Competencies, Community Health Status and Core Funding*. There was significant progress made in these priority areas.

### **Health Department Physical Infrastructure**

The target objective for this priority area is the completion of renovation and closing of Prevention before December 31, 2007. The renovation was held up by identification of a need to put a whole new roof on the original structure. Other progress made by the end of FY 2008:

- Original portion of the structure was vacated in June as staff moved into the addition in one day.
- Market Square rental for Mental Health and Addictions services in Snow Hill was vacated as staff moved into the new addition as Public Landing Road in July.
- Patients only missed one day of treatment in the move.
- Vital Statistics was not disrupted in the move.
- To date the units of service seem stable.

### **Public Health Competencies**

The target objective for this priority area in FY2008 is continuation of staff training in the Roadmap to Preparedness, keeping at least 80% of full time staff trained for all hazards as appropriate for compliance with the DHMH and FEMA training pyramid for Emergency Preparedness training. This measure will be reported quarterly to Program Directors.

- The Roadmap to Preparedness and Cultural Competency training was folded into Orientation II training for new staff and tested by December 2007.
- Quarterly reports indicate at least 80% of full-time staff have completed the training at any particular time.

### **Monitoring for Accountability**

In FY2008, WCHD will develop or refine measures of productivity; community health status; quality accountability; and grant performance. One or more dashboard reports will be used to monitor for department-wide, program-specific, risk management and quality improvement indicators. By the end of FY2008, at least one set of measures will be reported to the Health Officer.

- Each program director of all but one department has identified the list of ongoing dashboard operational indicators, by March 2008. Measurement is still pending.

## Community Health Status

Community participants helped define five priority areas for 2007-2010. These have been used to organize the data reported earlier in this 2009 Fiscal Year Plan. They are listed below, with FY2008 process objectives.

Healthy Lifestyles	In FY2008, the number of WCHD employees that participate in the Just Walk program (currently 35) will increase by 25%.
Communicable Disease	Communicable disease is focusing on protecting the health of employees: The percentage of employees receiving flu shots (52% FY2007) will increase in FY2008.
Behavioral Health, Aging and Access to Care	In FY2008, as the HRSA grant for the MAP program ends, the staff will continue to increase the number of patients in Behavioral Health as a result of outreach to primary care offices by finding creative means to fund it.

- In FY 2008 the Just Walk Program increased the number of employees participating from 35 to 48.
- In FY 2008 the Department maintained the percent of employees reporting the taking of flu shots at approximately 50%.
- In FY 2008 MAP and QIS staff participated in the writing of 3 more grant applications, one with MHA to SAMHSA for Mental Health and another one to SAMSHA for Addictions, and one for formal and informal caregivers training from the Weinberg Foundation submitted by the Commission on Aging. To date none have been heard from. In addition the HRSA funding approved a no-cost extension for a year.

## Core Funding

Worcester Health provides services in all of the nine core service areas of public health as listed in Table 9 above. The State portion of the Worcester Health budget is only a 26.7% of the core public health funding. This will support the department-wide priorities, primarily by supporting infrastructure development. The objectives in the priority areas above were reflected in the budget proposals attached to the FY 2008 plan.

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## Priorities for FY2009

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### Worcester County Health Department Strategic Plan FY 2009-2010

In March, 2008, the senior management team of the Worcester Health met to develop a strategic plan for 2009 – 2010. Five strategic priorities were identified. For the remaining portion of FY 2008 and through FY 2010 these will be the management priorities across the department.

**Mission:** Promote health, well-being, and a safe environment.

**Challenge:** Provide public health leadership and services in a time of changing and shrinking resources.

#### Strategic Priorities:

- Continue community health status priority activities and services, as funding permits
- Sustain and continue to develop partnerships within and outside the agency
- Strengthen Worcester Health organizational effectiveness
- Seek diversified funding sources
- Promote Worcester Health value and services

#### Continue Community Health Status Priority Activities and Services

The Public Health priorities are primary prevention and secondary prevention of environmental and chronic health conditions and treatment of behavioral illness. In FY2007, WCHD completed the mid-decade community health assessment we call APEX for the model adopted in 1995. (APEX stands for the Assessment Protocol for Excellence in Public Health. Although we use the APEX acronym, we have added components of other models developed since 1995.)

Community participants helped define five **health status priority areas** for 2007-2010. These have been used to organize the data reported in the 2009 Fiscal Year Plan. They are listed below:

- Healthy Lifestyles
- Communicable Disease Prevention
- Behavioral Health
- Aging Issues
- Access to Care

In order to reach these goals several **strategies** are used:

- Education
- Staff Development
- Surveillance and Regulation
- Ongoing Assessment
- Program Development and Maintenance
- Monitoring for Accountability

In the face of reducing resources, the **strategic priority** is to continue community health status priority activities and services, as funding permits. These are the activities usually associated with public health. The Health Officer will take the lead in financial decisions for this priority.

**Outputs and Outcomes:** The evaluation will include listing the changes to resources and impacts on programs and services. In 2010 the health status indicators should be reassessed using APEX, if resources permit. The results may show the effect of public health activities on the health status of the community. Monitoring of implementation will be continued through FY 2009 using action plans for the individual grants and services.

In summary, to promote health, well-being, and a safe environment the health department has five health status priorities. These focus on: primary prevention within the county; working with individuals on personal and behavioral health; and improving the focus on health with other community providers and partners. Most of the individual grants from DHMH support these primary public health priorities discussed above. The current economic environment has potential to seriously curtail these activities. All of the following management priorities are important to soften the potentially negative impact of the economic climate and to facilitate delivery of public health services where most needed. These internal management issues are needed to support the infrastructure necessary for effective and efficient operations.

## **Management Infrastructure Strategic Priorities for FY 2009**

### **1. Sustain and Continue to Develop Partnerships Within and Outside the Agency**

Worcester Health has a long history of partnering with other agencies. In the past 10 years grantors have placed more emphasis on community partnerships. The more recent partnership, which is very important to the aging priority, is called Worcester MAP, a program that places Commission on Aging, Dept. of Social Services and Health Department aging services staff under one roof. However, as we have been concentrating on outside partnerships, the internal ones could use some reassessment. The Director of Case Management Services will take the lead to:

- List all external and internal partnerships
- Identify them in terms of: Mandate, Duplication, and Best use of time

- Determine if and what opportunities for new partnerships exist
- Identify methods of coordinating (i.e. family, co-occurring, age, vulnerability)

**Outputs and Outcomes:** The evaluation will include outputs of the process, lists, etc. and accomplishments of the partnering teams. By the end of first quarter FY 2009 (Sept. 30, 2008), there will be a recommended action plan, rationale for the recommendation, and an implementation plan with options presented to the senior management team. Monitoring of implementation will be continued through FY 2009.

## 2. Strengthen Worcester Health Organizational Effectiveness

There are two tracks for the **strategic priority** to strengthen Worcester Health organizational effectiveness. One is to enhance effectiveness of staff and processes. The second is to develop the Information Technology infrastructure and indicator measurement and tracking systems.

Two senior managers, the Director of Community Health and Emergency Preparedness and the Director of Quality, Information, and Systems, will be responsible for leadership and facilitation, respectively, of the first area. For enhancing the effectiveness of **staff and processes** they will:

- Use the training committee to further the development of staff
- Identify strengths of teams and our use of them
- Identify appropriate use of CQI teams and/or designated persons for process improvement
- Identify ways to solve problems or deal with critical issues quickly

The health department continues to improve the knowledge base of all employees by assessing the need for and providing training in Public Health Core Competencies. In order to ensure quality services to the public and fulfill our mission as a health department, we must continuously strive to improve our performance as an agency and as individual staff members. In FY2005, the department adopted and began implementing a Public Health Core Competency training plan. This training plan includes the 8 Public Health Core Competency skill areas (developed by the Council on Linkages Between Academia and Public Health Practice), as well as Emergency Preparedness Competencies (developed by the Centers for Disease Control and Prevention and the Columbia University School of Nursing.) In FY2007, management staff developed activities that incorporate core competency skills into daily operations to help reinforce the training received in 2006. The individualized Employee Training Plans are routinely used by supervisors to guide staff to targeted competency improvements and trainings, as needed. Based on the strategic priorities focus will shift to Community Dimensions of Practice and Analytic Assessment for the next two years. Cultural Competency and Emergency Preparedness activities will continue at status quo.

In FY 2009 the agency is doing a pilot of the e-Learning segment of the Network of Care. Social Workers and key administration will be exploring the ease of acquiring continuing education credits.

Part of the Core Competencies includes Continuous Quality Improvement training. The agency has been referring most improvement opportunities to CQI teams. We need to explore what criteria are useful to determine when a team is more effective than delegating a problem to an individual. Items 2 - 4 reflect this objective.

**Outputs and Outcomes:** The evaluation will include outputs of the process, lists, etc. and accomplishments of the training committee and CQI/work teams. By the end of second quarter FY 2009 (Dec. 31, 2008), there will be a recommended action plan, rationale for the recommendation, and an implementation plan with options presented to the senior management team. Monitoring of implementation will be continued through FY 2009. The 2009 version of the Public Health Core Competency Training Plan is due to Program directors by August 18, 2008.

Two senior supervisors, the IT supervisor and the designee of the Director of Quality, Information, and Systems, will be responsible for leadership and facilitation, respectively, of the second area. For enhancing the effectiveness of **IT and measurement** they will:

- Facilitate the creation of a Full-time Merit position as IT Supervisor
- Develop and update the IT plan and infrastructure
- Develop strategies to augment and/or expand WCHD IT staff through seeking increased funding and training of non-IT WCHD staff to expand the IT knowledge base.
- Develop the “Dashboard” or “Balanced Scorecard” system for tracking key indicators identified under all strategic priorities and particularly for measuring effectiveness

With respect to the first item, the Administrator has authority to accomplish this and will have it completed before the first quarter of FY 2009.

For the second and third items, existing structures may be utilized including but not limited to: Anasazi/Technology Committee, Quality Council, Senior Supervisors, Risk Management Committee. A needs assessment may precede the IT plan development.

Related to the last item, Worcester Health has been accredited under The Joint Commission on Accreditation for Health Care Organizations (now called TJC), since 1986. In addition, the agency has offered to pilot the Standards for Public Health Accreditation as they are developed. Monitoring for accountability, efficiency, and effectiveness is required for maintaining accreditation and to improve performance.

**Outputs and Outcomes:** The evaluation will include outputs of the process, lists, etc. and accomplishments of the teams. By the end of third quarter FY 2009

(March 31, 2009), there may be a recommended action plan, rationale for the recommendation, and an implementation plan with options presented to the senior management team, unless those working on this project directly implement specific bulleted strategies as discrete projects. Monitoring of implementation will be continued through FY 2009. FY 2009 priority for dashboards includes Addictions, Mental Health and Quality Innovation Systems.

### 3. Seek Diversified Funding Sources

Worcester Health is traditionally funded by Federal pass through and State grants for categorical programs; the State core public health funding and its County match which for Worcester is not less than 73.3% of the core budget. In the last decade, Worcester Health has been seeking Federal and Public Health focused competitive grants more actively. The **strategic priority** to seek diversified funding sources speaks directly to the challenge of shrinking resources. The Director of Quality, Information, and Systems (QIS) will take the leadership role to:

- Develop other funding sources
- Collate the individual program work plans
- Train on grant writing
- Make use of internal grant writing support
- Reexamine costing of services
- Inform staff and public on how offers of donations to Worcester Health are properly handled
- Develop a grant writing boiler plate

**Outputs and Outcomes:** The evaluation will include outputs of the process, lists, etc. and accomplishments of the resource identification activities. By the end of second quarter FY 2009 (Dec. 31, 2008), there may be a recommended action plan, rationale for the recommendation, and an implementation plan with options presented to the senior management team, unless those working on this project directly implement specific bulleted strategies as discrete projects. Monitoring of implementation will be continued through FY 2009. The QIS unit already has an objective to write 6 competitive grants (may include large special projects) annually.

#### 4. Promote Worcester Health Value and Services

There are internal and external audiences for any marketing plan. Such a plan can aid internally in: retaining employees, fostering internal communication, fostering an attitude of excellence. It can externally aid in: attracting partners, attracting clients, correcting misinformation about the agency, developing an awareness of the value of the agency. The Director of Prevention will take the lead for:

- Developing a no/low cost marketing plan
- Creating training in the areas of marketing and service excellence
- Facilitating (probably with the Training Committee and leaders working on staff effectiveness) E-learning and CEUs for internal training (see 2. above)
- Identifying a method of recognizing partners in the community as standard operation

**Outputs and Outcomes:** The evaluation will include outputs of the process, lists, etc. and accomplishments of the value development team. By the end of first quarter FY 2009 (Sept. 30, 2008), there will be a recommended marketing plan, rationale for the recommendation, and an implementation plan with options presented to the senior management team. Monitoring of implementation will be continued through FY 2009.