Frederick County
2016 Community Health Assessment

Frederick Memorial Hospital

and

Frederick County Health Department

Public Health
Prevent. Promote. Protect.
Frederick County Health Department

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http://health.frederickcountymd.gov/DocumentCenter/View/1470

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"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

- World Health Organization

"Our health and well-being are products of not only the health care we receive and the choices we make, but also the places where we live, learn, work, and play. Community health improvement is a process to identify and address the health needs of communities. Because working together has a greater impact on health and economic vitality than working alone, CHI brings together health care, public health, and other stakeholders to consider high-priority actions to improve community health."

-Centers for Disease Control and Prevention (http://www.cdc.gov/chinav/)

INTRODUCTION

This Community Health Assessment Report is provided as an update of key data for Frederick County, Maryland. As a non-profit hospital, Frederick Memorial Hospital (FMH) is required by the IRS to complete a community health needs assessment every three years (completed March 2013). The Frederick County Health Department (FCHD) is required to complete their community health assessment every five years (completed January 2014) with annual interim updates (last January 2015) to maintain their public health accreditation status. The intent of this report is to provide a consolidated grouping of updated data for the community and planning partners. This report meets the requirements for both FMH and FCHD for 2016.

Methodology

In order to provide a community-wide health assessment and reduce participation fatigue in our community, agencies that had conducted community needs or health assessments were surveyed by the Frederick County Health Department in January 2015 to determine the interest in conducting a joint assessment. The required timing of many agencies' assessments created a challenge for such a venture. This included various sectors of the community: United Way, Religious Coalition for Emergency Human Needs, City of Frederick Community Action Agency, Mission of Mercy, Frederick Memorial Hospital, Department of Aging, and Local Management Board. While interest was expressed by many agencies, the final determination was that the next community assessment would be a collaboration primarily between the Frederick County Health Department and Frederick Memorial Hospital. These agencies agreed to conduct the data gathering and analysis and to query the other organizations about potential topics and survey questions to include.

Data included in the community health assessment reflect areas of interest in the report year, datasets being used by the Local Health Improvement Plan workgroups, and areas that routinely capture and report annual data. Topics of interest were also identified during the public comment of the draft, and added to the document.

Frederick County Health Department Data

Frederick County Health Department collected secondary quantitative data from the following list of sources. All data was gathered prior to February 24, 2016. The analysis of community health status described in this report is derived from the following sources:

- Drug and Alcohol Intoxication Deaths in Maryland, 2013
- Frederick Memorial Hospital http://www.fmh.org/
- Healthy People 2020 https://www.healthypeople.gov/
- March of Dimes http://www.marchofdimes.org/materials/premature-birth-report-card-united-states.pdf.
- Maryland Behavioral Risk Factor Surveillance System (BRFSS*) www.marylandbrfss.org
- Maryland Cancer Reports http://phpa.dhmh.maryland.gov/cancer/Pages/surv_data-reports.aspx
- Maryland Department of Health and Mental Hygiene Vital Statistics Annual Reports
- Maryland Opiate Public Opinion Survey 2015
- U.S. Census Bureau: State and County Quick Facts http://www.census.gov/quickfacts/table/PST045215/24021
- Maryland State Health Improvement Plan (SHIP) http://dhmh.maryland.gov/ship
- Maryland Department of Labor, Licensing & Regulations http://www.dllr.state.md.us/lmi/laus/

**Note: BRFSS data is designed to be as representative as possible for Frederick County, but it may not be accurate on the individual, zip code, or block level.*

Frederick Memorial Hospital Data

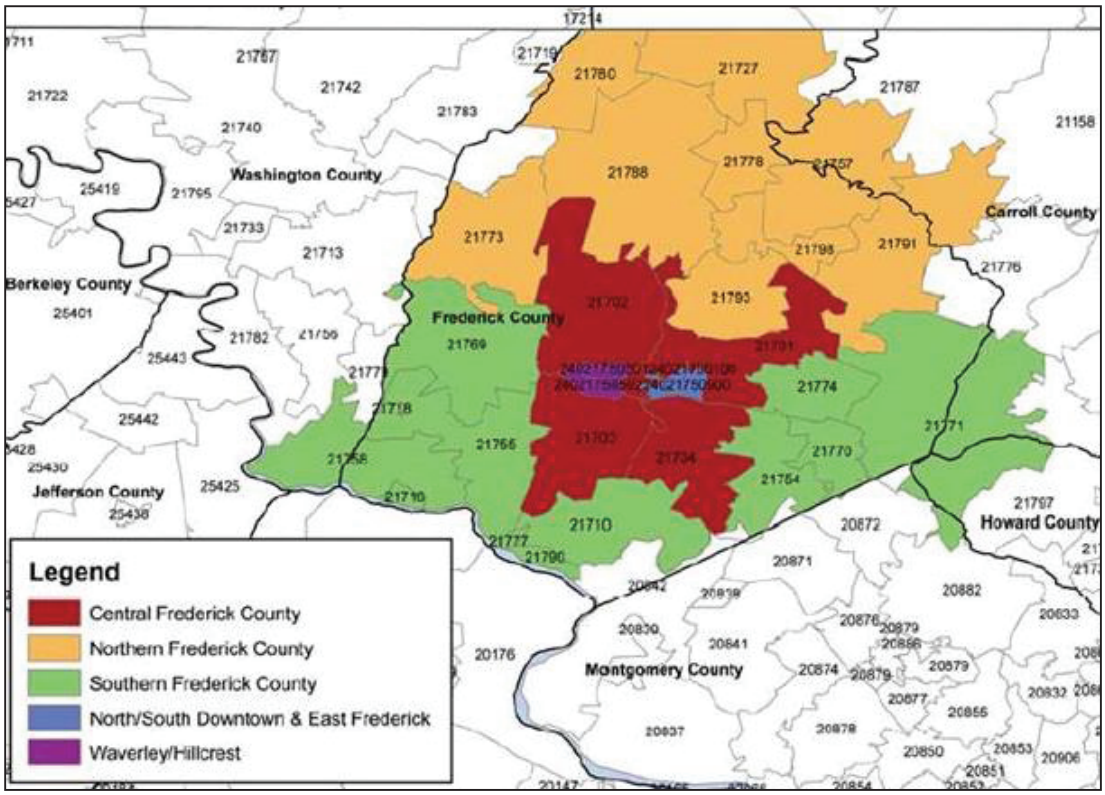
Primary quantitative data was collected by Frederick Memorial Hospital from their primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions. Hospital data is limited to those receiving services at Frederick Memorial Hospital.

Frederick Memorial Hospital data was collected in November and December 2015 from primary diagnosis codes all Emergency Department, Observation, and Inpatient Admissions, as well as from medical record notes. Calendar year 2014 through June of 2015 data was collected for all areas of interest on age, gender, race, ethnicity, payer and area of the county. Data for topics in the Substance Abuse section was also gathered for January 1, 2015 to June 30, 2015.

Primary diagnosis codes for all Emergency Department, Observation, and Inpatient Admissions were used to assess how hospital visits were paid. This standard payer information was grouped for reporting. The following list provides definitions and the grouping that was used:

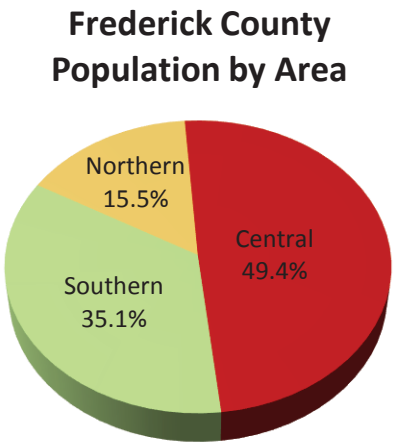
- **Medicaid**
  - Medicaid Managed Care Capitation – 90% of Medicaid patients in Maryland are part of a Medicaid Managed Care Organization (MCO) capitated by the state to manage the population. The hospital participates in 3 of these plans.
  - Medicaid Managed Care Non-Capitation – This is primarily used for Medicaid plans from out of state.
  - Medicaid Traditional – This is for patients in Medicaid fee-for-service who have not been assigned a Medicaid MCO.
- **Medicare**
  - Medicare Traditional – This is used for patients in fee for service Medicare.
  - Medicare Managed Care Capitation – These are patients who opted out of traditional Medicare coverage and selected a Medicare Advantage (HMO or PPO) health plan.
  - Medicare Managed Care Non-Capitated – These patients are 65 and over, and Medicare eligible. The member must choose a Primary Care Physician (PCP) and the plan directs the care.
- **Private Insurance**
  - Managed Care Non-Capitated – These are health plans that contract with the hospital at the HSCRC fee for service rates set under our globally budgeted revenue contract with the commission.
  - Managed Care Capitated – These are contracts where a hospital is at full risk for a population and is paid capitation, we do not have any of these contracts.
  - Commercial Indemnity – These are commercial health plans such as Blue Cross Blue Shield, AETNA, CIGNA, United Healthcare, etc.
- **Workers Compensation** – Patients are covered by workers compensation, on the job accident insurance
- **Self Pay** – These are 100% self paying patients without insurance
- **Other Government Programs** – These are health department programs, department of defense programs like Tricare and other government programs for those in need of assistance.
- **Unknown** – payer information is unknown

The area of the county of FMH Emergency Department, Observation, and Inpatient visits was categorized into three regions: Northern, Central and Southern. The following map shows the breakdown of the regions by zip code:



Based on the 2014 Census populations in each zip code, the approximate population of each region was determined. This was used as a benchmark to compare the area of the county of FMH patients.

Northern Zip Codes	Central Zip Codes	Southern Zip Codes
21727	21701	21710
21757	21702	21716
21773	21703	21718
21778	21704	21754
21780		21755
21788		21758
21791		21769
21793		21770
21798		21771
		21774
		21777
		21790



Qualitative Data

The Frederick Memorial Hospital and Frederick County Health Department partnered with The George Washington University Milken Institute School of Public Health to collect qualitative data in the form of in-person surveys and focus groups. These were conducted by The George Washington University, Milken Institute School of Public Health from October 2015 to February 2016 to survey a representative sample of county residents to identify the health priorities of residents and the barriers they encounter in accessing health care in the county.

A self-administered survey was comprised of 83 questions, and included the following sections: Demographics, Environmental Influencers, Health Behavior, Health Status, Health Priorities, and Perceived Barriers to Care. The survey was designed to qualitatively assess the needs of the survey-taker and their family, the needs of Frederick County, and their perceived outlook on the needs of the County community as a whole. In order to be eligible to participate in the survey, persons had to be English- or Spanish-speaking, have resided in Frederick County for at least two years. A total of 483 surveys were collected from areas throughout Frederick County, listed below:

- Frederick Memorial Hospital
- Safeway Grocery Store (927 West 7th St.)
- Westview Promenade
- Walmart (7400 Guilford Dr.)
- Downtown Frederick
- YMCA of Frederick, Brunswick
- Centro Hispano
- Lutheran Evangelical Church
- Urbana Senior Center
- Breast cancer survivor event hosted by Faith STRIDERS held at Dutch's Daughter Restaurant
- Wholeness 365 Ministries Fitness Expo
- Religious Coalition for Emergency Human Needs

Additionally, a total of six focus groups were conducted, each lasting 60-120 minutes. Populations that were targeted for focus group were senior citizens, health care providers, community health educators, Spanish speaking residents and the homeless. The focus group guide was comprised of 7 to 12 questions, and included the following sections: advantages and disadvantages of living in Frederick County, satisfaction with providers and available services in the county, areas for improvement, barriers to care, and family health needs. The focus groups with providers asked few additional questions that focused on the needs of the care community that they serve and the availability and accessibility of the needed services. Collecting information on the participants needs sought to uncover barriers and limitations, as well as strengths and opportunities within existing healthcare initiatives.

In the following Assessment, information gathered from the surveys, interviews, and focus groups will be provided in the corresponding topical section. If the surveys, interviews, and focus groups did not provide information about a specific topic, that section will be skipped. The complete George Washington University Report can be found here.

Vision

Superb Quality. Superb Service. All the Time.

Mission

The mission of Frederick Memorial Hospital is to contribute to the health and well-being of area residents by providing quality healthcare in a caring, cost efficient, safe and convenient manner through a coordinated program of prevention, diagnosis and treatment, rehabilitation, and support.

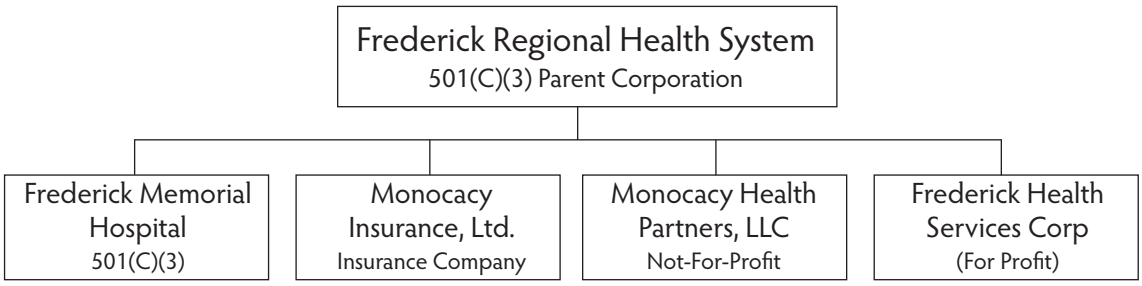
Values

We believe in:

- Quality
- Responsibility
- Stewardship
- Respect & Dignity
- Empowerment
- Honesty & Integrity
- Collaboration & Teamwork

Frederick Memorial Hospital, Inc. ("FMH") is a private, non-stock, not-for-profit 501 (c)(3) Maryland corporation organized in 1897. As of July 1, 2011, Frederick Regional Health System became the parent corporation under which the entities described below exist and operate. Frederick Regional Health System is governed by a sixteen member Board of Directors. The Board meets monthly, with election of officers and members occurring at the September meeting. Much of the Board's work is accomplished through standing committees, including the Executive, Finance, Governance, Executive Compensation, Joint Conference (with medical staff), Planning, and Hospital Performance Review Committees.

Frederick Regional Health System Corporate Structure



Frederick Memorial Hospital is a 233-bed acute care hospital located in Frederick, Maryland, approximately 50 miles west of Baltimore and 45 miles northwest of Washington D. C. The Hospital opened in 1902 and is currently the only acute care hospital in Frederick County and the only acute care hospital within a 25-mile radius of the city of Frederick.

The main campus of the Hospital is located on an approximately 15.85-acre site in Frederick, Maryland. The total square footage of the Hospital is approximately 596, 000 square feet. FMH's hospital-based and off-site outpatient services account for approximately 285,000 visits annually. Its home health services, makes approximately 44,600 visits per year. In addition, hospice services handle approximately 17,600 visits per year.

Frederick Regional Health System is the parent corporation for Monocacy Health Partners, a physician led enterprise composed of the following Health System owned practices:

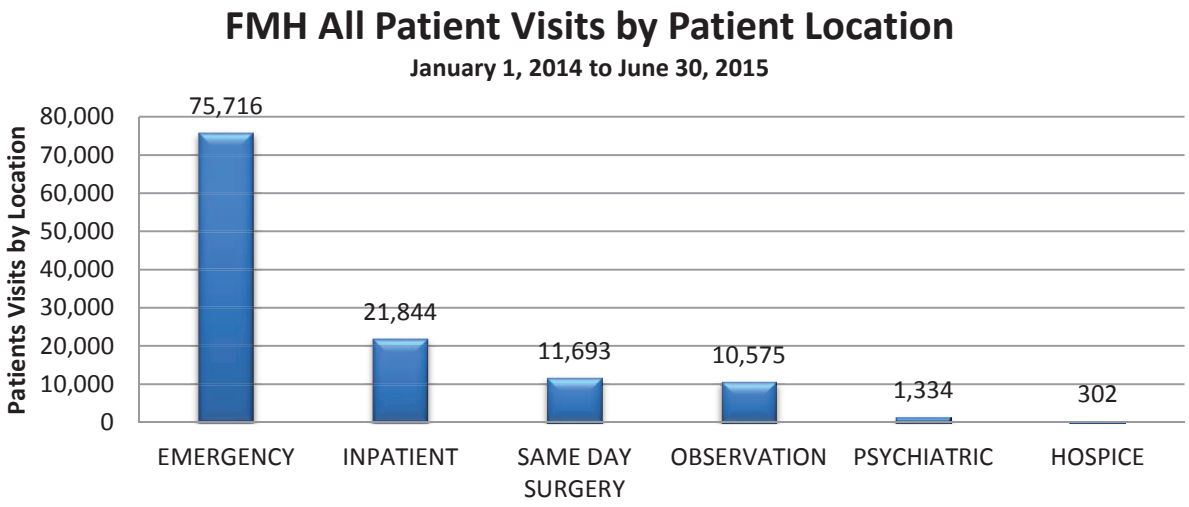
- Bariatric Surgery
- Parkview Medical Group
- Center for Breast Care
- Center for Chest Disease
- Endocrine & Thyroid Specialists
- Frederick Urology Specialists
- Immediate Care
- Orthopaedic Specialists of Frederick
- Union Bridge Family Practice
- Oncology Care Consultants
- FMH Professional Services
- Pediatric Hospitalists
- Pain & Palliative Services
- Surgical Specialists
- Union Bridge Family Practice
- Internal Medicine

Frederick Regional Health System provides a full range of acute care services including: medicine, surgery, obstetrics, gynecology, pediatrics, intensive care, coronary care, interventional cardiology, primary stroke program, wound care, joint replacement program, CyberKnife radiosurgery center, psychiatric care, ProMotion Fitness+, nutrition and weight management services and emergency services.

In addition, the Health System provides a comprehensive range of outpatient services, including: emergency medicine, outpatient surgery, home health, radiation therapy, MRI, PET and CT scanning, medical oncology, and comprehensive women's services.

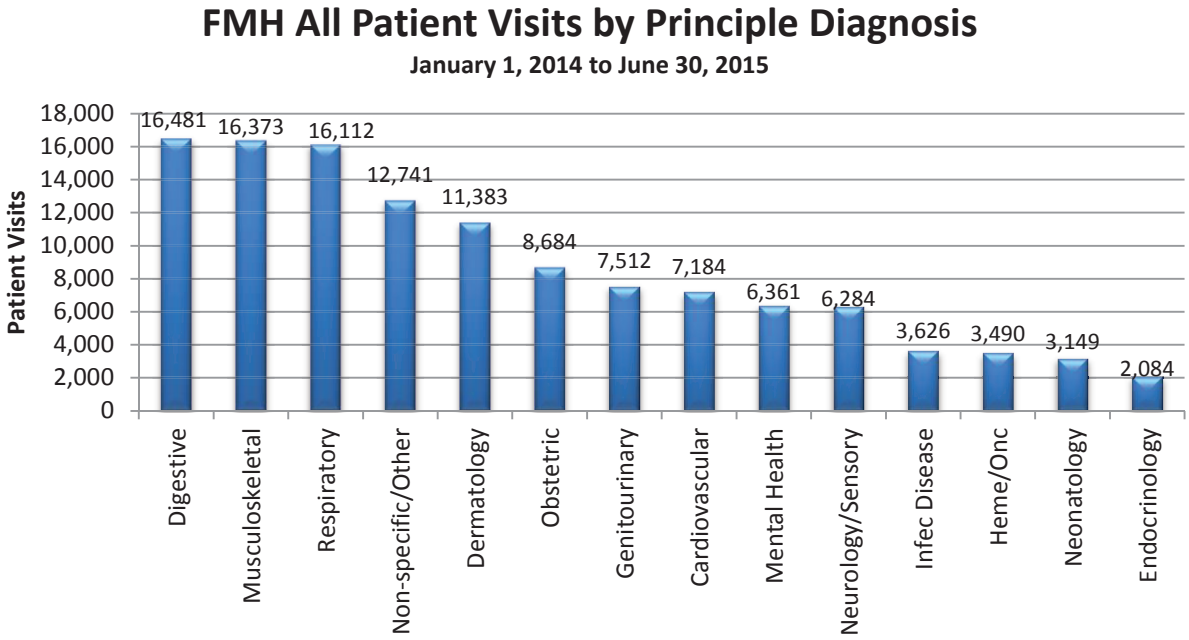
Through the satellite locations and outpatient centers, the Health System provides: Urgent care, laboratory, diagnostic radiology, ambulatory surgery, vascular imaging, rehabilitation services, pain and palliative care.

- 121,464 all patient visits from the Emergency Department, inpatient, and observation from January 2014 to June 2015.



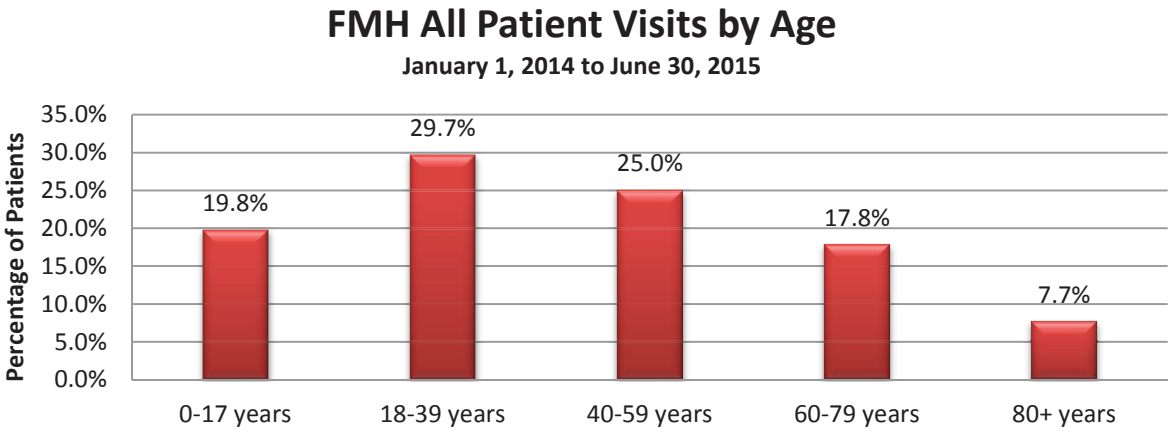
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- The top three principle diagnoses of patients seen at FMH were digestive (13.5%), musculoskeletal (13.5%) and respiratory (13.2%).



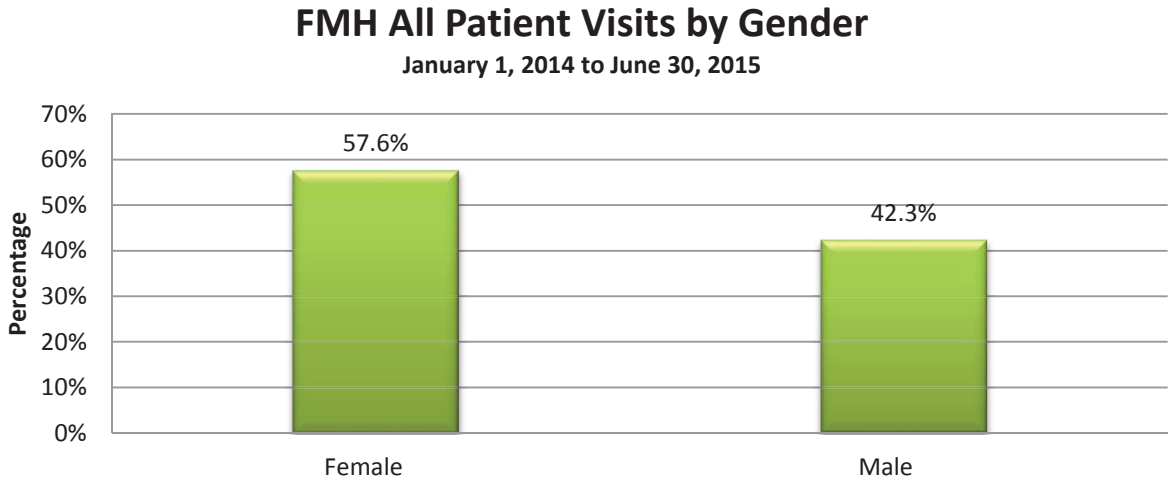
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Almost one out of five (19.8%) visits to FMH is for a patient under 18 years, which is slightly lower than the percent of the Frederick County population that is under 18 years (23.9%).
- More than half of visits to FMH are for patients between 18-39 (29.7%) or 40-59 (25%) years.
- One in four visits to FMH are for patients 60 years and older.



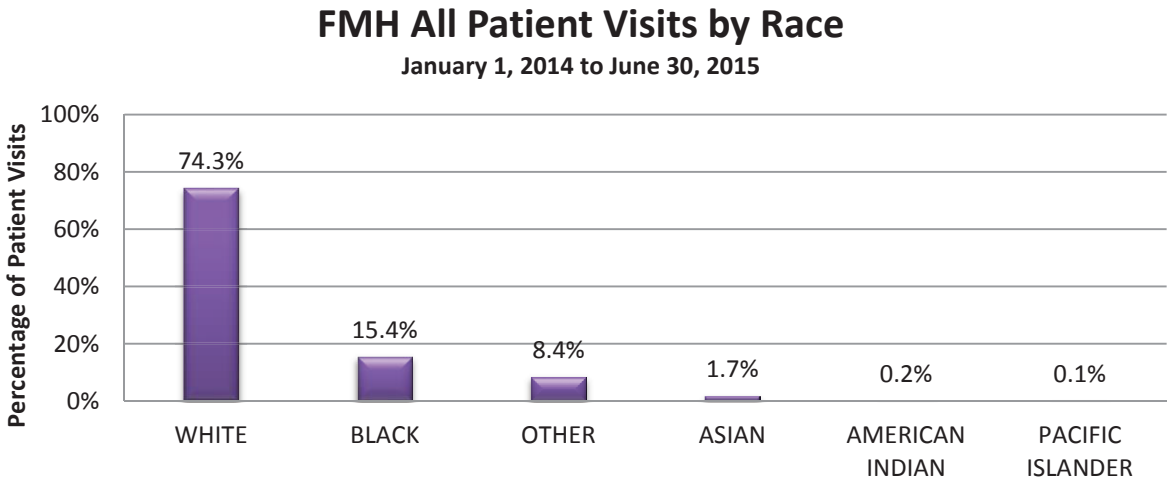
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- More of the visits at FMH are for female patients (57.6%) than for male patients (42.3%).
- The percentage of visits at FMH by female patients (57.6%) is higher than the percent of females in Frederick County (50.7%)



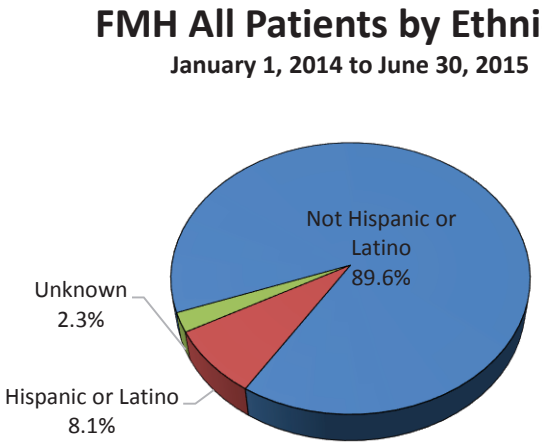
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Almost three-quarters (74.3%) of visits to FMH were by patients self-identifying as White, which is approximately the same as the Frederick County population (75.7%).
- 15.4% of visits to FMH were by Black patients, which is higher than the Frederick County Black population (9.4%).
- 1.7% of visits to FMH were by Asian patients, which is much lower than the Frederick County Asian population (4.5%).
- 0.2% of visits to FMH were by American Indian patients, which is slightly lower than the Frederick County American Indian population (0.5%).



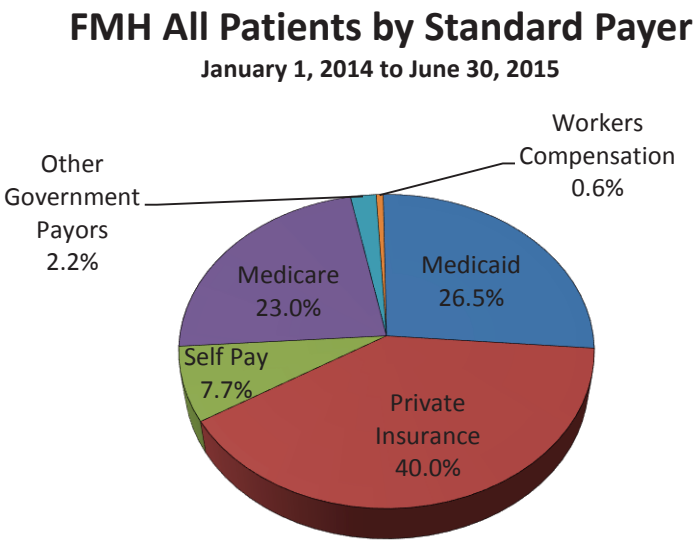
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 8.1% of visits to FMH were by patients self-identifying as Hispanic, which is approximately the same as the percentage of Hispanics in Frederick County (8.4%).



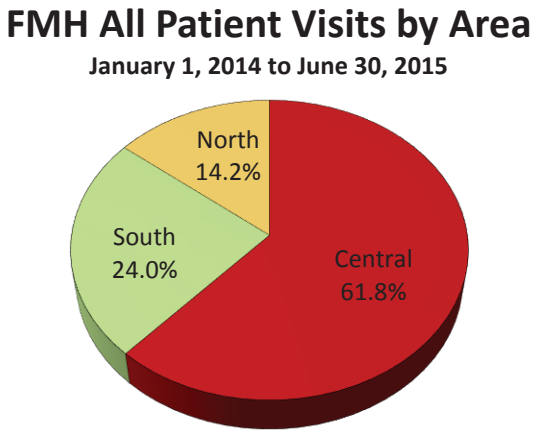
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Approximately one quarter (26.5%) of all FMH visits are paid for by Medicaid.
- Four out of ten (40%) of all FMH visits are paid for with private insurance.
- Less than one in ten (7.7%) FMH visits are not paid for by any form of insurance and are categorized as self-pay.
- Less than one quarter (23.0%) of all FMH visits are paid for by Medicare.
- Other government payors are responsible for paying for 2.2% of all FMH visits.
- Workers compensation pays for 0.6% of all FMH visits.



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Almost two-thirds of visits at FMH were for a patient living in the Central region of the county, which is higher than the population living there (49.4%). This may reflect a greater number of high utilizers in Frederick city.
- Almost one in four visits at FMH was for a patient living in the Southern region of the county, which is lower than the population living there (35.1%). These patients may be more likely to go neighboring counties for medical treatment.
- 14.2% of FMH visits were for patients living in the Northern region of the county, which approximately matches the population living in that area (15.5%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

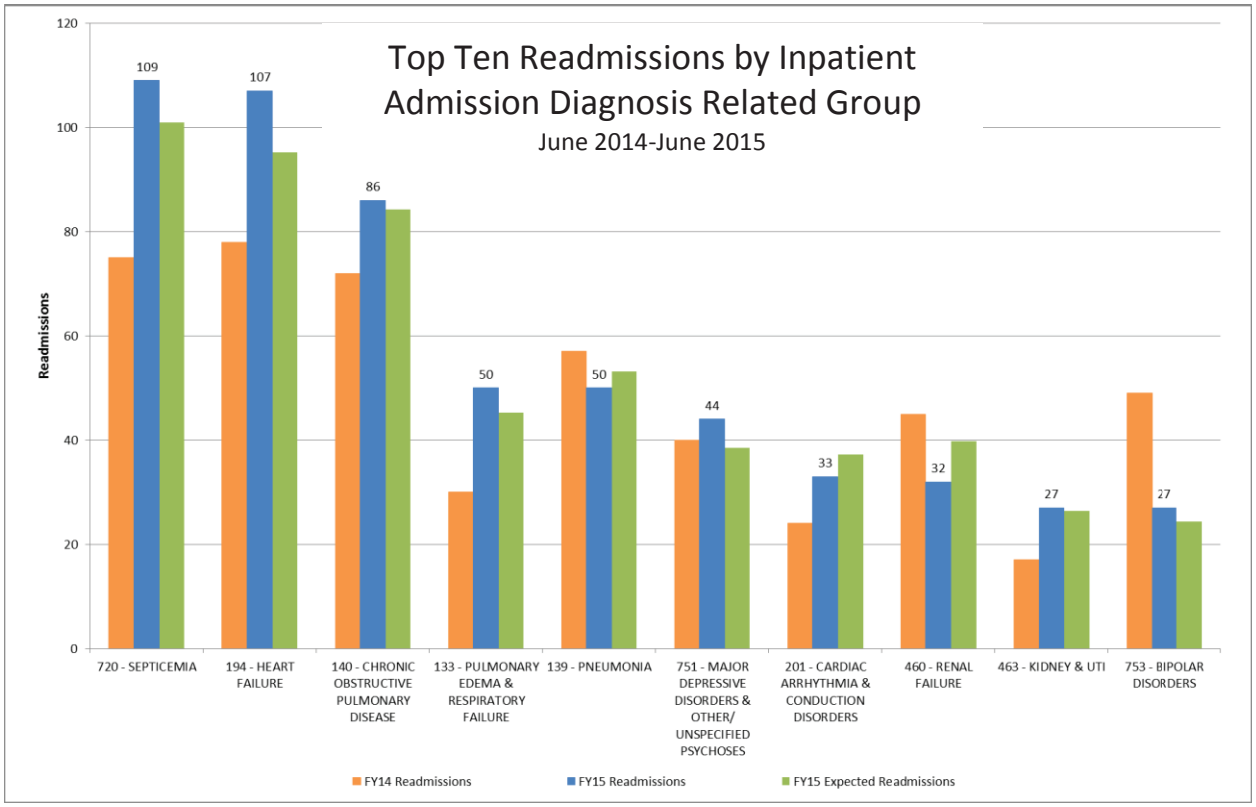
Emergency Department High Utilizers

In Fiscal Year 2015 (July 1, 2014-June 30, 2015), there were 605 unique individuals who were presented to the Emergency Department (ED) 6 or more times without an associated inpatient admission. These 605 patients made up 5,692 ED visits, and $2,839,675 in charges. 73% of these patients had a primary payer of Medicaid/MCO. Out of the 5,692 ED visits, 3000 of those visits were coded for a lower acuity level, which indicates they could have been seen in more appropriate, less expensive, outpatient environment such as a physician's office, clinic or urgent care clinic. The primary reasons for these patients seeking care were for:

- Associated with a complaint of pain
- Headaches
- Upper Respiratory infections
- Asthma
- Dental

Almost three-quarters of High Utilizers (74%) were patients self-identifying as White, which is approximately the same as the Frederick County population (75.7%). 19% of High Utilizers were Black patients, which is much higher than the Frederick County Black population (9.4%).

Reasons why patients are readmitted as an inpatient to the hospital within 30 days may differ from emergency department readmission reasons. A key driver to reducing readmission rates include focusing on transitions of care from inpatient discharge to appropriate follow up post discharge. The importance of patient education, timely follow up with a primary care and/or specialty physician, access to care and compliance to discharge instructions and medications are all indicators for improved patient outcomes.



Source: Frederick Memorial Hospital primary diagnosis codes for all Inpatient Admissions, June 1, 2014 through June 30, 2015.

FREDERICK COUNTY HEALTH DEPARTMENT OVERVIEW

Vision

Frederick County leads as a community of health and wellness.

Mission

The mission of the Frederick County Health Department is to improve the health and well being of the residents of Frederick County through programs to prevent disease and illness, promote wellness and safety and protect public health.

The Frederick County Health Department consists of eight divisions that address a variety of public health needs. For more information about services provided, please see the Annual Report.

Administration & General Information

- Birth Certificates
- Medicaid Transportation Program

Behavioral Health

- Adolescent & Adult Substance Abuse
- Mental Health Services
- Prevention Programs
- Recovery Support Services

Community Health Services

- Communicable Diseases
- Maternal Child Health (Special Delivery & WIC)
- Preventive Health

Developmental Center

- Dental Clinic
- Infants & Toddlers Program
- Hearing Testing
- Occupational & Physical Therapy

Environmental Health

- Community Services
- Development Review
- Food Control
- Well & Septic

Health Care Connection

- Health Insurance (Maryland Health Connection)
- Maryland Children's Health Program
- Medical Assistance (Medicaid)

Public Health Preparedness

- Emergency Response
- Preparedness Training
- Public Health Disaster Resources

School Health

- Nursing Services
- Medication/Treatment Administration
- First Aid & Emergency Care
- Health Screenings

Indicates this is a Maryland State Government division

Indicates this is a Frederick County Government department

HIGHLIGHTS

Headings in this section link to corresponding section.

The following list provides highlights of the findings in this report. Areas where Frederick County is doing well are highlighted in green. Areas needing improvement are highlighted in red. Findings from the George Washington University Survey and Focus Groups are included where applicable.

Death

- Heart disease and cancer remain the top two causes of death in Frederick County.
- The death rate for suicide in Frederick County has been increasing since 2010 and is higher than Maryland.

Cancer

- Frederick County's mortality rate for all cancers have declined since 2007 but saw a small increase from 2010 to 2011, although Frederick County now has lower rates than Maryland. The mortality rate for all men and for Blacks is higher in both Frederick County and Maryland.
- Lung and Bronchus Cancer has the highest mortality rate of all cancers in Frederick County. Lung cancer mortality is decreasing, but remains much higher for men than for women and slightly higher for Blacks than for Whites.
- The incidence rate for all cancers in Frederick County continues to decline since 2009 and is again lower than in Maryland in 2011. Lower rates in Frederick County were seen for males, females, and Whites, while Blacks in Frederick County had higher incidence rates of all cancers than in Maryland.
- Prostate Cancer and female Breast Cancer have the highest incidence rates in Frederick County, but both are lower than Maryland.
- GW Survey: Half of all survey respondents (50.9%) identified cancer prevention and treatment as a health problem of county residents in general.
- GW Survey: Hispanic females were statistically significantly less likely to report having a mammogram, having a pap smear to screen for cervical cancer, and having a colonoscopy.

Chronic Disease Risk Factors

Arthritis

- Approximately one in four adults in Frederick County (24.7%) and Maryland (25.6%) were told by a doctor that they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia in 2014.
- The percentage of adults with arthritis has increased in both Frederick County and Maryland from 2011 to 2014.
- The percentage of adults in Frederick County who reporting having arthritis symptoms that affected their work remained relatively consistent from 2011 (26.7%) to 2013 (26.3%).

Asthma

- The percentage of adults in Frederick County who still have asthma has increased slightly from 2011 (7.5%) to 2014 (9.8%), but is now higher than Maryland (8.5%).
- The percentage of children in Frederick County who still have asthma has increased slightly from 2011 (8.4%) to 2014 (10.7%), but is still lower than Maryland (11.6%).
- Over 40% of asthma visits at Frederick Memorial Hospital (43.9%) are for the ages of 0-17 years.
- More than one quarter (26.9%) of asthma care visits at FMH were for Black patients, which is much higher than the percentage of all FMH patients who were black (15.4%).
- A greater percentage of asthma care at FMH were with patients who self-identified as Hispanic, 12.4% compared to 8.1% of all FMH patients who are Hispanic.
- 41.3% of visits for asthma care at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).

COPD

- The percentage of adults in Frederick County with Chronic Obstructive Pulmonary Disorder has decreased from 2011 (7.1%) to 2014 (5.4%) and is now slightly lower than Maryland (5.7%).
- Two-thirds of COPD visits are for patients between 40-59 (32.1%) and 60-79 years (35.4%).
- Almost one in five COPD visits (17.4%) is for a patient between 18-39 years.
- More COPD visits at FMH are for women (57.9%) than for men (42.1%).
- Four out of five patients seeking care for COPD are White (80%), which is higher than the percentage of all FMH patients who are White (74.3%).
- More than a third (42.6%) of all COPD visits at FMH were paid by Medicare, which is much more than the percentage of all FMH visits paid by Medicare (23.0%).

Diabetes

- The percentage of adults in Frederick County who have ever been told that they have diabetes has decreased slightly from 9.4% in 2011 to 8.2% in 2014 and is now less than Maryland (10.2%).
- 12% (14,960) of all patient visits from January 2014 to June 2015 had a primary or secondary diagnosis of diabetes.
- Focus Group: The Spanish Speaking Residents Focus Group stated that more follow up care is needed for individuals with chronic diseases like diabetes and high blood pressure.

Heart Disease and Stroke

- Stroke death rates have decreased 20% in the past six reporting periods (aggregated years).
- Heart disease related death rates have decreased 11% in the past seven reporting periods.
- Deaths due to hypertension have been declining in Frederick County except for Blacks.
- High blood pressure in Frederick County increased slightly from 22.6% in 2011 to 27.9% in 2013.
- High cholesterol in Frederick County increased slightly from 35.3% in 2011 to 36.8% in 2013.

Physical Activity and Weight

- The percent of Frederick County residents who engage in no physical activity continues to decrease from 24.2% in 2011 to 18.9% in 2014.
- The percentage of Frederick County adults who are overweight has increased from 33.5% in 2011 to 39.3% in 2014, and is now higher than Maryland (35.3%).
- The percentage of Frederick County adults who are obese has increased from 25.5% in 2011 to 28.7% in 2014.
- GW Survey: When asked about health problems in county residents in general, weight, physical activity, and eating properly ranked highest.
- Focus Group: The Spanish Speaking Residents Focus Group identified obesity as a health priority.

Maternal, Infant, Child Health

- Frederick County's infant mortality rate decreased from 4.8 deaths per 1,000 live births in 2013 to 3.6 in 2014, and remains consistently lower than the Maryland infant mortality rate.
- Frederick County's low birth weight percentage increased slightly from 7.4% of births in 2013 to 7.5% in 2014, but remains consistently lower than the Maryland low birth weight. There is disparity, particularly in the Black Non-Hispanic population
- The percentage of preterm births in Frederick County decreased from 9.7% in 2013 to 9.2% in 2014, and remains lower than the Maryland percentage.
- The percentage of pregnant women in Frederick County who have received early prenatal care remains consistently higher than the Maryland percentage. There is racial disparity, particularly in the Hispanic and Black populations, which are 22% and 21% lower than the White population.
- The percentage of births delivered by cesarean section has remained consistent in Maryland and Frederick County from 2010 to 2014, and slightly lower in Frederick County than Maryland.
- The percent of births by c-section is 25% higher for Frederick County Blacks than Whites in 2014.

Mental Health

- One in ten Frederick County adults reported having 8-29 days in the past 30 days when their mental health was not good. This is an increase from 7.9% in 2011.
- At Frederick Memorial Hospital, 70% of patients admitted for a Mental Health diagnosis have a substance abuse diagnosis.
- Mental Health is a concern across all age groups, however the highest volume seeking care at FMH between the ages of 18-39 at 42% of the Mental Health Encounters.
- More than one third (38.7%) of mental health visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- GW Survey: Approximately one in five survey respondents reported anxiety (19.9%), depression (18.8%), and stress (17.2%). While only 5% of respondents reported mental illness, over half (53.2%) of all respondents identified mental health as a health problem in county residents in general.

Oral Health

- In 2013, more than three out of four Frederick County adults (78.2%) reported that they had their teeth cleaned in the last 1-2 years, but by 2014 the number of adults who reported visiting a dentist for any reason in the prior year fell to less than 3 out of 4 adults (73.5%).
- From 2011 to 2013, the number of Frederick County adults reporting that they had a dental problem but did not visit a dentist decreased from 4 out of 30 adults to less than 3 out of 30 adults (13.5% to 9.6%). During that same time period, the number increased for Maryland adults.
- In 2013, of the adults who reported they did not see a dentist, 3 out of 5 gave as a reason that it would cost too much and 1 in 5 reported that they did not have the time. Fewer adults reported transportation as the reason.
- One of the most preventable reasons that patients visit the emergency department at Frederick Memorial Hospital is for urgent dental care, primarily for dental caries or cavities. The majority of the patients did not have insurance or had Medicaid medical insurance which means that they have low incomes and are more likely to not have adequate affordable dental insurance coverage.
- GW Survey: Half of all people surveyed rated oral health as a personal health priority (49.9%) and 47.7% identified oral health as a health problem of county residents in general.
- Focus Groups: The FMH Providers, FMH Lay Health Educators, and Spanish Speaking Residents Focus Groups all identified dental care as a health priority for the community.

Sexually Transmitted Diseases

Chlamydia

- Rates of chlamydia in Frederick County continue to rise but remain lower than Maryland. In 2015, the rate was 232.7 per 100,000 which was an increase of 52% from 2005.

Gonnorrhea

- Rates of gonorrhea in Frederick County continue to rise but remain lower than Maryland. In 2015, the rate was 34.6 per 100,000 which was an increase of 28% from 2005.

HIV

- In 2014, there were 302 adults or adolescents living with HIV/AIDS in Frederick County.
- More than half of HIV cases were diagnosed when they are 24-44 years old.
- The percent of Frederick County HIV cases diagnosed at 24-44 years has decreased 18% from, 72.1% in 2005 to 59.3% in 2014.
- 45-64 is the fastest growing age group for age at HIV diagnosis, and has increased 84% from 11.5% in 2005 to 21.2% in 2014.
- Sexual contact is the most frequent exposure for contracting HIV, with 44% of living Frederick County HIV cases having contracted HIV as men having sex with men, and 40% having contracted HIV through heterosexual contact.
- 14% of HIV cases in Frederick County were due to intravenous drug exposure in 2014, which is a 22% decrease from 17.4% in 2005.
- One third (33.8%) of living HIV/AIDS cases in Frederick County were Black, non-Hispanics in 2014. This is three times higher than the percent of Blacks in Frederick County (9.4%).
- Almost one in five (17.5%) of living HIV/AIDS cases in Frederick County were Hispanic in 2014, which is twice as high as the Hispanic population in Frederick County (8.4%).

Syphilis

- Rates of syphilis in Frederick County remain lower than Maryland but continue to rise. In 2015, the rate was 4.9 per 100,000 which was almost ten times higher than the 2005 rate.

Substance Abuse

- 5% (6,456) of all patient visits from January 2014 to June 2015 were related to substance abuse.
- Substance abuse visits to FMH have increased 17.6% from 2014 Q1 to 2015 Q2.
- One in five substance abuse visits are opioid related and almost two-thirds are alcohol related.
- 41% are between 18-39 years and 44% are between 40-59 years and one in ten people seeking substance abuse care are between 60-79 years old.
- 80% of people seeking substance abuse care at FMH are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- 42.9% of visits for substance abuse care at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- GW Survey: While only 6.4% of survey respondents self-identified as having alcoholism, drinking, or drug abuse issues, over half (56.6%) of all respondents identified drug use/abuse as a health problem in county residents in general.
- Focus Groups: The FMH Providers, FMH Lay Health Educators, and Homeless Focus Groups all identified substance abuse as a health priority for the community.

Alcohol

- The percentage of Frederick County adults who reported chronic drinking has decreased slightly from 5.7% in 2001 to 4.2% in 2014.
- 3% (4,003) of all patient visits from January 2014 to June 2015 were related to alcohol abuse.
- Alcohol abuse visits to FMH have increased 13% from 2014 Q1 to 2015 Q2.
- 82.2% of people seeking alcohol abuse care at FMH are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- More than one third (43.8%) of all alcohol abuse visits were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).

Tobacco

- The percentage of current smokers in Frederick County has decreased from 17.2% in 2011 to 11.1% in 2014.
- Almost half (49.56%) of patients in psychiatric care reporting tobacco use.
- The percentage of female FMH patients who reported tobacco use (48.5%) is almost the same as male FMH patients (51.5%).
- 81.3% of FMH patients reporting tobacco use are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- GW Survey: Smoking cessation was also identified as a health problem (49%).

Opioids

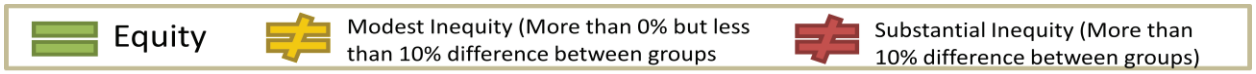
- Almost 30% of Frederick County 26-45 year olds reported ever having taken prescription opioids without a doctor's permission, the highest of any age group.
- 9.4% of respondents reported first using prescription opioids without a prescription when they were 18-25 years old.
- Opioid abuse visits to FMH have increased 20% from 2014 Q1 to 2015 Q2.
- Over half of patients seeking care at FMH for opioid abuse are between 18-39 years old.
- 87.6% of people seeking care at FMH for opioid abuse are White, which is much higher than the Frederick County demographic (75.7%).
- Almost half (47.0%) of opioid abuse visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH patients paying with Medicaid (26.5%).

Overdose Deaths

- Heroin deaths increased 24% in Frederick County, rising from 21 deaths per 100,000 in 2013 to 26 deaths per 100,000 in 2014.
- Prescription opioid-related deaths have continued to decrease from the peak of 21 deaths per 100,000 in 2011.
- Overdose death rates in Frederick County were higher than Maryland for heroin and alcohol, but lower for prescription opioids in 2014.
- The overdose death rates in Frederick County for heroin, prescription opioids, alcohol, benzodiazepines and cocaine have all increased from 2011 to 2014.
- The overdose death rate for heroin in Frederick County has more than tripled from 3.5 deaths per 100,000 in 2007 to 10.7 deaths per 100,000 in 2014, with the most significant increases seen since 2012.
- The overdose death rate in Frederick County for alcohol has doubled from 2.2 deaths per 100,000 in 2011 to 4.9 deaths per 100,000 in 2014.
- The overdose death rate in Frederick County for heroin (10.7) is higher than in Maryland (9.7) in 2014.

DISPARITIES

At this time, county level data is not available to allow us to examine the role of poverty, education, and other social determinates of health for health disparities. Some data is available for certain topics by gender, race and/or ethnicity. The following list shows health disparities in Frederick County. Other disparities may exist, but this list consists of topics where data was available at the county level for both genders and/or at least two races.



Topic	Core Measure	Data Source	Disparities Identified	
			Gender	Race/ Ethnicity
Cancer Mortality	All Cancers Mortality	2007-2011	≠	≠
Cancer Mortality	Lung and Bronchus Cancer Mortality	2007-2011	≠	≠
Cancer Mortality	Colorectal Cancer Mortality	2007-2011	≠	Insuff. data
Cancer Incidence	All Cancers Incidence	2007-2011	≠	≠
Cancer Incidence	Lung and Bronchus Cancer Incidence	2007-2011	≠	≠
Cancer Incidence	Colorectal Cancer Incidence	2007-2011	≠	≠
Cancer Incidence	Female Breast Cancer Incidence	2007-2011	N/A	≠
Cancer Incidence	Prostate Cancer Incidence	2007-2011	N/A	≠
Cancer Incidence	Oral Cancer Incidence	2007-2011	≠	Insuff. data
Cancer Incidence	Melanoma Cancer Incidence	2007-2011	≠	Insuff. data
Chronic	All Heart Disease Death Rates 35+ years	2011-2013	≠	≠
Chronic	Stroke Death Rates 35+ years	2011-2013	≠	≠
Chronic	Hypertension Death Rates 35+ years	2011-2013	≠	≠
Maternal, Infant, Child Health	Low Birth Weight	2014	Data not collected	≠
Maternal, Infant, Child Health	Early Prenatal Care	2014	N/A	≠
Maternal, Infant, Child Health	Cesarean Section Births	2010-2014	N/A	≠
Sexually Transmitted Diseases	HIV Adult/Adolescent Cases	2014	≠	≠

For detailed data, go to the Summary Table**.**
For information about the LHIP Disparities Workgroup, see the Action Plan**.**

The Frederick County, MD population has increased 4.4% from 2010 to 2014. The White population has decreased from 77.8% in 2010 to 75.7% in 2014. The Black population has increased from 8.6% to 9.4% and the Hispanic population has increased from 7.3% to 8.4%.

2014	Frederick County	Maryland	United States
Total Population	243,675	5,976,407	318,857,056
Gender			
Males	49.3%	48.5%	49.2%
Females	50.7%	51.5%	50.8%
Race			
White, not-Hispanic (NH)	75.7%	52.6%	62.1%
Black, NH	9.4%	30.3%	13.2%
Hispanic	8.4%	9.3%	17.4%
Asian, NH	4.5%	6.4%	5.4%
American Indian and Alaska Native, NH	0.5%	0.6%	1.2%
Two or More Races	2.7%	2.6%	2.5%
Ages			
Under 5 Years Old	6.0%	6.2%	6.2%
Under 18 Years Old	23.9%	22.6%	23.1%
65 Years and Over	12.9%	13.8%	14.5%
Household and Economic Indicators			
Median Household Income (2009-2013)	$84,570	$73,538	$53,046
Homeownership rate, 2009-2013	75.3%	67.6%	
Persons per household (2009-2013)	2.69	2.65	2.63
Language other than English spoken at home, pct age 5+ (2009-2013)	12.3%	16.7%	20.7%
High school graduate or higher, percent of persons age 25+ (2009-2013)	91.8%	88.7%	86.0%
Bachelor's degree or higher, percent of persons age 25+ (2009-2013)	38.2%	36.8%	28.8%
Persons Below Poverty Level (2009-2013)	6.1%	9.8%	15.4%
Unemployment Rate, Sept 2015*	4.4%	5.1%	5.1%

Data Source: U.S. Census Bureau: State and County Quick Facts; 2013 Population Estimates; 2013 American Community Survey 1-year Estimates; United States Department of Labor; Bureau of Labor Statistics; Maryland Department of Labor, Licensing, and Regulation Local Area Unemployment Statistics (http://www.dllr.state.md.us/lmi/laus/)

Top Ten Business Sectors in Frederick County

Rank	Sector	# Paid Employees
1	Retail Trade	12,291
2	Health Care and Social Assistance	11,318
3	Accommodation and Food Services	8,991
4	Professional, Scientific, and Technical Services	7,898
5	Construction	7,350
6	Administrative and Support and Waste Management and Remediation Services	6,093
7	Finance and Insurance	6,016
8	Manufacturing	6,003
9	Other Services (except Public Administration)	4,070
10	Educational Services	3,027

Data Source: U.S. Census Bureau: County Business Patterns. http://censtats.census.gov/cgi-bin/cbpnaic/cbpsect.pl

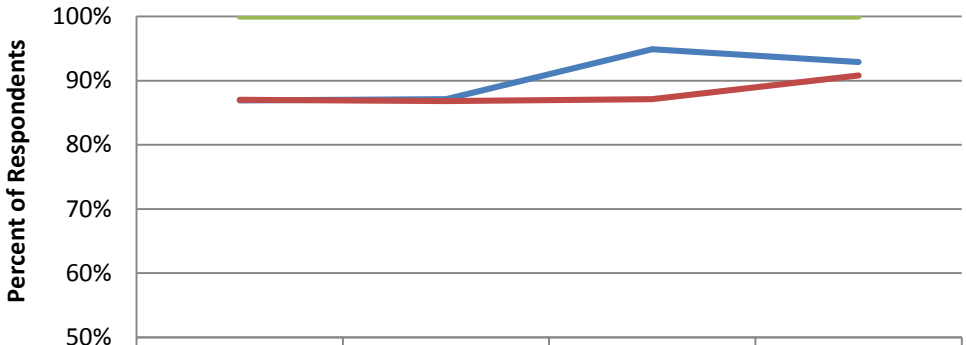
Percent of Frederick County Population with Access and Functional Needs

Access and Functional Needs	% of Population
Civilian Non-institutionalized Population with Disability	10.0%
Hearing difficulty	3.9%
Vision difficulty	4.2%
Cognitive difficulty	4.4%
Ambulatory difficulty	4.4%
Self-care difficulty	4.4%
Independent living difficulty	4.3%
Speak English less than "very well"	4.4%

Data Source: 2010-2014 American Community Survey 5-Year Estimates of Disability Characteristics

Health Insurance

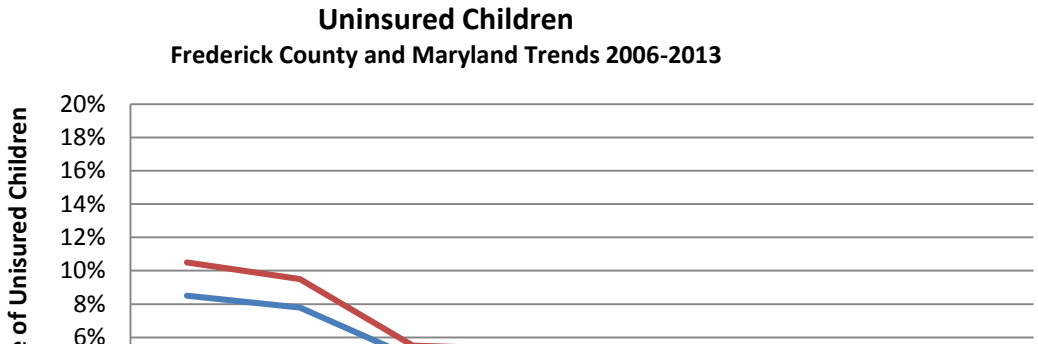
- In 2014, 92.9% of Frederick County residents reported having health insurance.
- This was a slight decrease from 94.9% in 2013, but continues to be higher than the Maryland rate of insurance coverage.



	2011	2012	2013	2014
Frederick County	86.9%	87.1%	94.9%	92.9%
Maryland	87.0%	86.8%	87.1%	90.8%
HP 2020	100.0%	100.0%	100.0%	100.0%

Source: BRFSS Data, Question: HEALTH CARE ACCESS: HAVE ANY KIND OF HEALTH INSURANCE COVERAGE? Healthy People 2020 AHS-1.1; Maryland SHIP Obj. 36.

- The percentage of uninsured children in Frederick County increased from 4.0% in 2012 to 4.8% in 2013, matching the Maryland 2013 percent of uninsured children.



	2006	2007	2008	2009	2010	2011	2012	2013
Frederick County	8.5%	7.8%	4.8%	4.7%	4.7%	4.5%	4.0%	4.8%
Maryland	10.5%	9.5%	5.5%	5.3%	5.4%	5.0%	4.2%	4.8%

Source: Kids Count Data Center, A Project of the Annie E. Casey Foundation

Life Expectancy

In the United States, street address and zip code are surprisingly good predictors of health. Why? Because the social, economic, and physical environments in which we live powerfully shape our life chances and wellbeing - for better and worse.

Where we live is not simply a matter of personal preference. It has a profound impact on financial security, school quality, job opportunities, safety, as well as access to goods and services. Unfortunately, racial segregation and past housing and loan discrimination have helped create inequities in neighborhood quality and the distribution of wealth and health.

Among other things, communities with lower income and educational levels tend to have higher rates of asthma, obesity, diabetes, heart disease, and child poverty. They are also more likely to have substandard housing, underfunded schools, poor access to grocery stores and supermarkets, and to be located near toxic industries and other sources of pollution.

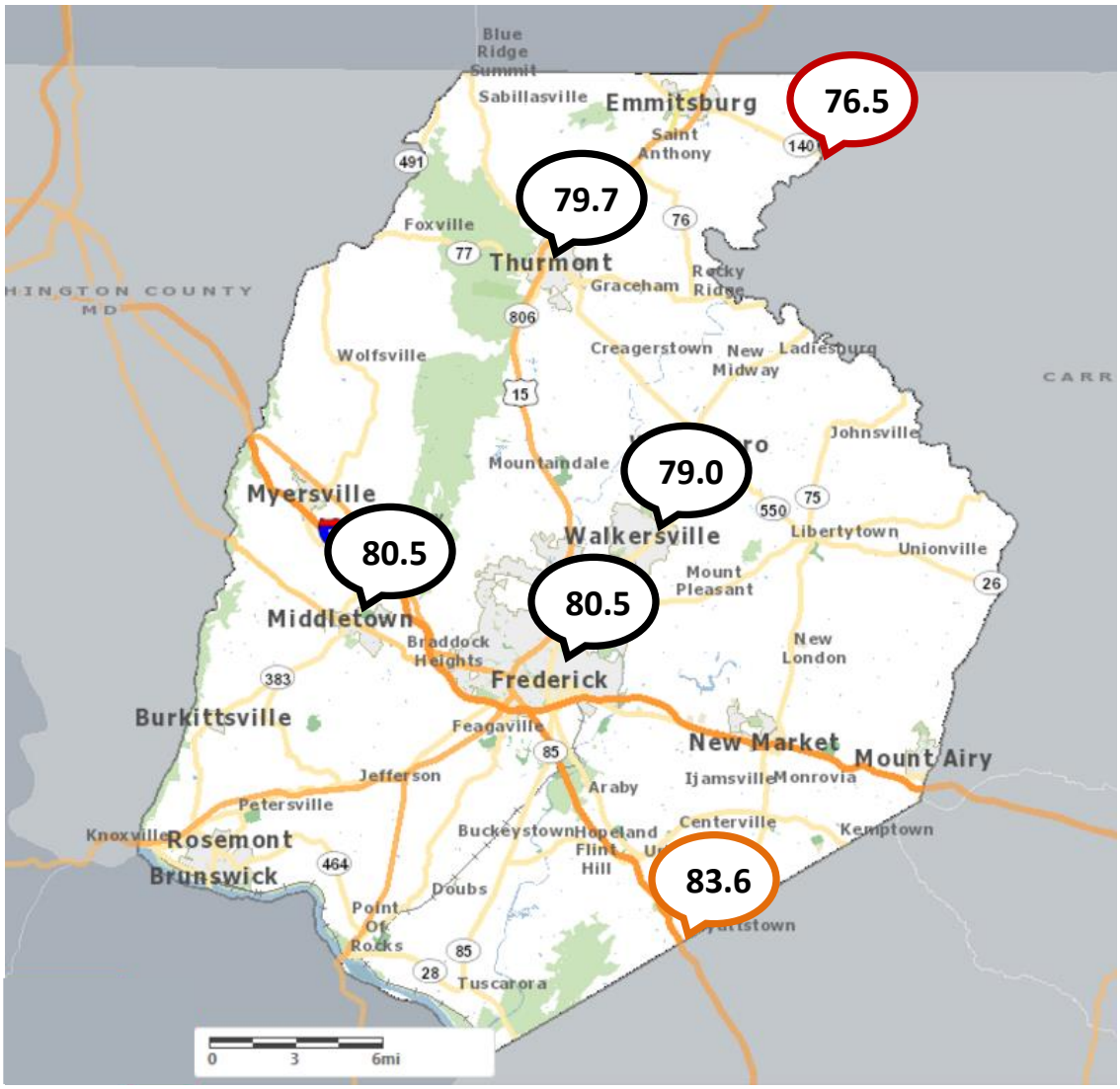
On the other hand, well-off neighborhoods include many resources that help protect and sustain individual and group health: safe streets, well-maintained public spaces, good schools, libraries and other amenities, community programs, clean air, and good access to jobs and healthy food options.

-Unnatural Causes
(http://www.unnaturalcauses.org/resources.php?topic_id=6)

Frederick County Zip Codes by Decreasing Average Life Expectancy

Zip Code	PO Name	Avg. Life Expectancy	Zip Code	PO Name	Avg. Life Expectancy
20871	**Clarksburg**	**83.6**	21788	Thurmont	79.7
21783	Smithsburg	82.3	21776	New Windsor	79.3
21774	New Market	81.8	21727	Emmitsburg	79.1
21754	Ijamsville	81.1	21791	Union Bridge	79.1
21755	Jefferson	81.0	**21793**	**Walkersville**	**79.0**
21703	Frederick	80.9	21771	Mount Airy	78.9
21701	**Frederick**	**80.5**	21702	Frederick	78.5
21769	**Middletown**	**80.5**	21704	Frederick	77.9
21770	Monrovia	79.9	**21787**	**Taneytown**	**76.5**
21773	Myersville	79.9			

Average Life Expectancy (2006-2010). Shading based on quartiles. Data: Maryland Vital Statistics Administration; Claritis Population estimates. https://maps.dhmh.maryland.gov/HEZ/



Average Life Expectancy (2006-2010). Shading based on quartiles. Data: Maryland Vital Statistics Administration; Claritis Population estimates. https://maps.dhmh.maryland.gov/HEZ/

Survey Data

A series of survey questions were asked to assess what participants perceived to be the health problems of county residents in general. Respondents were also asked to consider the health of their county and its residents in comparison with others. These data reflect those that report that they "Strongly Agree" or "Agree" to the following health problems. Twelve (12.2%) percent of respondents reported that Frederick County's resident's health was worse than others. Thirty-seven percent thought that there were services available to help Frederick County's residents address their needs, and that the hospital and health department services were relevant to Frederick County's residents' needs (38.9%). Forty-one percent agreed that residents have access to needed programs (vs. 20.7% who did not agree). Lastly, 15.4% of respondents reported that Frederick County's residents had unique health needs.

County health priorities were also considered. These data reflect those that "Strongly Agree" or "Agree" to the following health priorities. Seventy percent (70.4%) of participants reported that weight was a county-wide health priority. Additionally, physical activity (64.4%), eating properly (60.7%), drug use/abuse (56.6%), cardiovascular disease (53.6%), mental health (53.2%), and diabetes (53%) all were rated as county priorities.

Perceptions of Overall County Health Priorities	%
Weight (Overweight/Obesity)	70.4
Physical Activity	64.4
Eating properly	60.7
Drug use/abuse	56.6
Cardiovascular disease/Diabetes	53.6
Mental health	53.2
Diabetes	53.0
Cancer prevention/treatment	50.9
Smoking Cessation	49.0
Oral Health	47.6
Sexually transmitted disease	42.2
Asthma/Respiratory Problems	41.7
Injuries	41.3
Sexual and reproductive health	36.5

Perceptions of barriers to obtaining health care were also assessed at the community level. Frederick County residents were asked what barriers exist for most residents in obtaining health care. These data reflect those that report that they "strongly agree" or "agree" to the following: transportation (52.6%), insurance status (59.8%), cost of obtaining prescriptions (56.3%), employment challenges (53.2%), child care (52.1%), awareness of available services (53.9%), mistrust of programs and services (40.8%), language/translation concerns (35.4%), and culturally competent programs (32.7%).

Self-report of personal health problems and priorities (see complete data in appendices)

County residents were asked a series of questions to better understand the perception of their health compared to others, the availability of relevant services to fit their needs, and access to those services. These data reflect those that report that they "Strongly Agree" or "Agree" to the following health problems. Twenty-one (21.5%) percent of respondents reported their health was worse than others. Most thought that there were services available to help them address their needs (55.7%) and that the hospital and health department services were relevant to their needs (50.1%). Most also agreed that they had access to needed programs (59% vs. 14.5% who did not agree). Lastly, 17% of respondents reported having unique health needs.

Additionally, we asked respondents to rate their personal health priorities. These data reflect those that reported that they "Strongly Agree" or "Agree" to the following health priorities. Sixty-seven (67.5%) percent of participants reported that physical activity was a personal health priority. Additionally, most respondents also rated weight (65%), eating properly (61.9%), dental health (49.9%) and cardiovascular health (41.7%) as priorities.

Self-reported Health Priority	%
Physical activity	67.5
Weight	65.0
Eating properly	61.9
Oral health	49.9
Cardiovascular disease	41.7
Cancer prevention/treatment	38.3
Mental health	37.2
Diabetes	36.8
Sexual and reproductive health	31.2
Injuries	30.5
Asthma/Respiratory Problems	23.6
Sexually transmitted diseases/infection	19.0
Alcohol/drug use or abuse	18.4
Smoking cessation	15.6

Health Concerns and Priorities (see complete data in appendices)

From a prepopulated list, we asked respondents to acknowledge the health conditions and/or disease that they had been diagnosed with. Thirty percent of the population reported being hypertensive (i.e., having high blood pressure). Additionally, allergies (25.5%), high cholesterol (22.2%) anxiety (19.9%), depression (18.8%) arthritis (17.4%), stress (17.2%), and headaches/migraines (16.4%) and were among the most reported conditions and/or diseases.

Percentage of the Sample with a Chronic disease or condition		
	#	%
High Blood Pressure	145	30
Allergies	123	25.5
High Cholesterol	107	22.2
Anxiety	96	19.9
Depression	91	18.8
Arthritis	84	17.4
Stress	83	17.2
Headaches/Migraines	79	16.4
Pain	74	15.3
Diabetes (Sugar)	67	13.9
Asthma/Bronchitis/Emphysema	60	12.4
Thyroid Disease	51	10.6
Cancer	48	9.9
Gastrointestinal Disease	36	7.5
Alcoholism/Drinking/Drug Abuse	31	6.4
Heart Disease/Heart Attack/Heart Failure	29	6
Mental Illness	24	5
Autoimmune Disease	19	3.9
Glaucoma	14	2.9
Sexual Problems	14	2.9
Prostate Problems	12	2.5
Epilepsy/Seizures	8	1.7
Stroke	8	1.7
Kidney Disease	6	1.2
Alzheimer's	3	0.6
Vascular Disease	3	0.6
HIV/Aids	1	0.2

Additionally, of these health concerns when asked, 59.2% vs. 26.1% were getting help for their primary health concern. Eight percent were receiving their health care in Frederick County and 27.1% have gone to the emergency or urgent care clinic for their primary health concern in the previous 12-months. Lastly, over 80% would receive their care or already do receive their care in Frederick County when they seek health care services.

Survey participants over 65 also more likely than those under 65 to strongly disagree that diabetes (25.0% vs. 14.3%) was a personal health priority. Residents under 64 were more likely to strongly agree that healthy eating (34.4% vs. 12.1%), sexual and reproductive health (17.2% vs. 4.8%), and mental health (24.5% vs. 6.7%) were health priorities.

There were racial differences in reporting weight has a health priority (answered "strongly agree" W [61.1%], B [31.5%], A [4.7%], NHPI [0.0%], AIAN [0.7%], DK [2.0%]) and diabetes (answered "strongly agree" W [50.0%], B [40.3%], A [5.6%], NHPI [0%], AIAN [2.8%], DK [1.4%]).

Several interesting patterns emerged when the data was analyzed by comparing differences between Minorities (all except White) and Non-minorities (White only). There were differences observed when we asked about individual health priorities. There were differences by minority status in those reporting weight as a health priority (40.7% vs. 30.6%), minorities were more likely to strongly agree that weight was a personal health

priority. Minorities were also more likely to strongly agree that cardiovascular disease (25.6% vs. 16.5%) and diabetes (28.2% vs. 13.1%) was a personal health priorities. Non-minorities were more likely to identify oral health ("strongly agree to agree" 61.4% vs. 50.8%) and cancer as health priorities ("strongly agree to agree" 48.3% vs. 37.8%). Minorities were more likely to strongly agree that sexually transmitted diseases were a health priority (15.4% vs. 8.2%).

There were differences by education level in those reporting smoking as a health priority (30.2% vs. 14.2%), lower education residents were more likely to "strongly agree or agree" that smoking was a personal health priority.

The uninsured were more likely to identify oral health ("strongly agree to agree" 68.3% vs. 57%), smoking as health priorities ("strongly agree to agree" 39.6% vs. 15.4%), and asthma (45.2% vs. 24.8%). Trends toward significance were observed in personal health priorities that include diabetes (27.3% vs. 16.3%), mental health (38.1% vs. 19.3%), and sexually transmitted diseases ("strongly agree or agree" 39.1% vs. 20.1%) where the uninsured were more likely to report these health priorities versus insured residents.

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Leading Cause of Death

Frederick County Data

HIGHLIGHTS: Heart disease and malignant neoplasms remain the top two causes of death in Frederick County, and in Maryland.

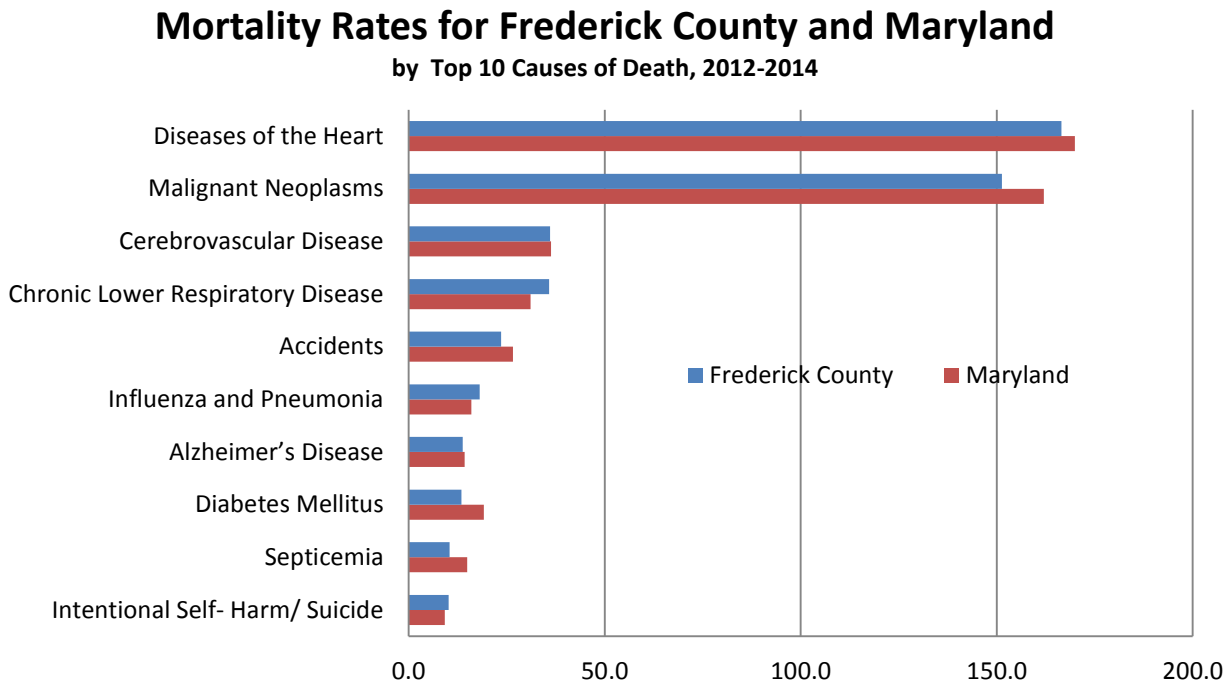
- The leading cause of death in Frederick County from the grouped years of 2012-2014 is heart disease.
- The second leading cause of death for those grouped years is cancer (malignant neoplasms).
- Heart disease and cancer are also the top two leading causes of death in Maryland, and account for approximately 60% of all deaths in both Maryland and Frederick County.
- Frederick County does not meet the Maryland SHIP 2017 Goal for reducing heart disease mortality to 166.3 deaths per 100,000.
- Frederick County does not meet the Maryland SHIP 2017 Goal for reducing cancer mortality to 147.4 deaths per 100,000.
- Frederick County does meet the Healthy People 2020 Goal for reducing cancer mortality to 161.4 deaths per 100,000.
- Frederick County does meet the Healthy People 2020 Goal for reducing diabetes mortality to 66.6 deaths per 100,000.

2012-2014: Age-adjusted Mortality Rates per 100,000

Indicator	Frederick County	Maryland	HP 2020	Meet HP 2020	SHIP 2017	Meet SHIP
All Causes	665.9	701.1				
Diseases of the Heart	166.5	169.9			↓166.3	No
Malignant Neoplasms (all cancers)	151.3	162.0	↓161.4	Yes	↓147.4	No
Cerebrovascular Disease	36.1	36.3				
Chronic Lower Respiratory Disease	35.8	31.1				
Accidents	23.6	26.6				
Influenza and Pneumonia	18.1	16.0				
Alzheimer's Disease	13.8	14.3				
Diabetes Mellitus	13.5	19.2	↓66.6	Yes		
Septicemia	10.4	14.9				
Intentional Self- Harm/ Suicide	10.2	9.2	↓10.2	Yes	↓9.0	No
Nephritis, Nephrosis, and Neprotic Syndrome	8.1	11.3				
Assault/ Homicide	*	7.0				
HIV	*	3.4				

*Source: Maryland Vital Statistics; *Age-adjusted death rates not calculated for jurisdictions with fewer than 20 deaths per category. MD SHIP 2017 Goal 28: Reduce heart disease mortality to 166.3 deaths per 100,000 population. Goal 29: Reduce cancer mortality to 147.4 deaths per 100,000 population. Healthy People 2020 Goal C-1: Reduce overall cancer death rate to 161.4 deaths per 100,000 population. Goal D-3: Reduce diabetes death rate to 66.6 deaths per 100,000 population.*

- For the top three leading causes of death, Maryland's death rate is greater than Frederick County's.
- The Frederick County mortality rate for heart disease decreased slightly from the last reporting period but does not yet meet the Maryland SHIP goal.
- Accidents continue to be the 5th leading cause of death in the 2012-2014 period.
- Influenza and pneumonia were the 6th leading cause of death in 2009-2011, a slight decrease from prior years.
- Alzheimer's continues to be the 7th leading cause of death in Frederick County.
- The death rate from diabetes has increased from the period 2010-2012 to 2012-2014 and has moved up one spot to the 8th leading cause of death in the period 2011-2013 and continues as the 8th in 2012-2014, also continuing to meet the Healthy People 2020 goal.
- Intentional self-harm (suicide) moved up to the 10th leading cause of death in the period 2011-2013 and has remained steady in 2012-2014.



Source: Maryland Vital Statistics

Intentional Self- Harm/ Suicide

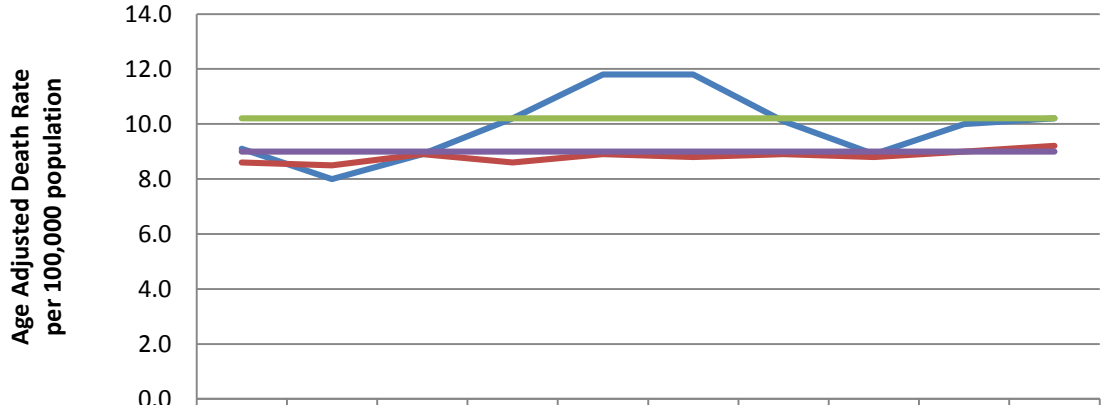
Frederick County Data

HIGHLIGHTS: The death rate for suicide in Frederick County has been increasing since 2010. As of 2012-2014, the Frederick County suicide rate was 10.2 deaths per 100,000, up from 10.0 and still higher than the Maryland death rate of 9.2 deaths per 100,000.

- Data is available from the Maryland Vital Statistics Annual Report for years 2003 through 2014. Data is grouped together into two year reporting periods and overlap from year to year.
- Suicide rates in Frederick County have increased in each of the last three reporting periods (2010-2012 to 2012-2014) and are consistently higher than Maryland.
- **As of the 2012-2014 reporting period, Frederick County is not meeting the Health People 2020 goal.**

Suicide Rates

Frederick County and Maryland Trends 2003-2014



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Frederick County	9.1	8.0	8.9	10.2	11.8	11.8	10.1	8.9	10.0	10.2
Maryland	8.6	8.5	8.9	8.6	8.9	8.8	8.9	8.8	9.0	9.2
HP 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2
MD SHIP	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0

Source: Maryland Department of Health and Mental Hygiene Vital Statistics Annual Reports; Healthy People 2020 MHMD-1; Maryland SHIP 2017 Goal 18.

** Adjusted to the standard U.S. 2000 population by the direct method. These rates should only be compared with other rates age-adjusted to the same population.*

Frederick County Health Department

FCHD Behavioral Health Services Division (BHS)

The 2014-2016 Local Health Improvement Plan included a Behavioral Health workgroup that focused the last year on addressing suicide prevention. FCHD hosted a clinical training by NIH Presentation: Clinical Management & Novel Research Directions in Treatment-Resistant Depression and Suicide Prevention with 80 community clinical, prevention and medical providers in attendance. Two Frederick County BHS staff attended the AAS Psychological Autopsy training to start the process of becoming certified psychological autopsy investigators to support the efforts of the Frederick County Local Overdose Fatality Review Team. The FCHD BHS held a two-day intensive training for 50 community clinicians and physicians on assessing and treating suicide risk.

For information about the LHIP Behavioral Health Workgroup, see the Action Plan.

For more information, see the Mental Health section.

Go to Summary Table for Death Data
Go Back to Table of Contents

OVERVIEW:

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. The cancer goals for Healthy People 2020 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States. The goals reflect the importance of promoting evidence-based screening for cervical, colorectal, and breast cancer by measuring the use of screening tests identified in the U.S. Preventive Services Task Force (USPSTF) recommendations. The goals for 2020 also highlight the importance of monitoring the incidence of invasive cancer (cervical and colorectal) and late-stage breast cancer, which are intermediate markers of cancer screening success.

In the coming decade, as the number of cancer survivors approaches 12 million, understanding survivors' health status and behaviors will become increasingly important.

Why Is Cancer Important?

Complex and interrelated factors contribute to the risk of developing cancer. These same factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). SES is most often based on a person's:

- Income
- Education level
- Occupation
- Social status in the community
- Geographic location (where the person lives)

Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to:

- Education
- Health insurance
- Safe and healthy living and working conditions, including places free from exposure to environmental toxins

All of these factors are associated with the risk of developing and surviving cancer.

-Healthy People 2020

HIGHLIGHTS:

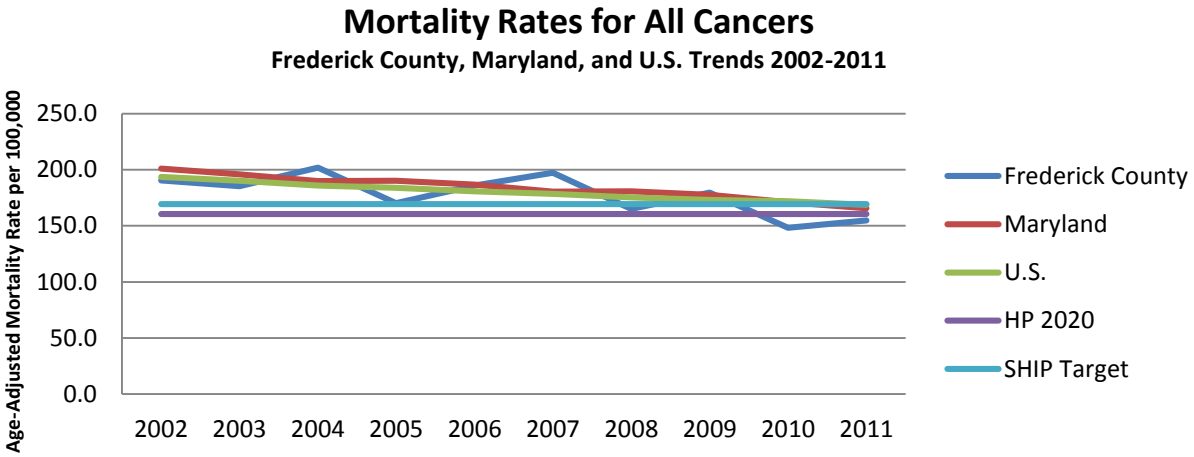
- Frederick County cancer mortality rates have declined since 2007 but saw a small increase from 2010 to 2011, although Frederick County now has lower rates than Maryland. The mortality rate for all men and for Blacks is higher in both Frederick County and Maryland.
- The incidence rate for all cancers in Frederick County continues to decline since 2009 and is again lower than in Maryland in 2011. Lower rates in Frederick County were seen for males, females, and Whites, while Blacks in Frederick County had higher incidence rates of all cancers than in Maryland. Males continue to have a higher incidence rate than females in both Frederick County and Maryland.

Cancer Mortality Rates

Frederick County Data

All Cancers

- Frederick County cancer mortality rates have declined since 2007 but saw a small increase from 2010 to 2011, although Frederick County now has lower rates than Maryland.
- **Frederick County has not met the Maryland SHIP 2017 Goal but has met the Healthy People 2020 Goal.**



Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-1: Reduce the overall cancer death rate to 161.4 deaths per 100,000 population. Maryland SHIP 2017 Goal 29: Reduce cancer mortality (per 100,000) to 147.4.

- **Gender:**
  - Cancer mortality for men in Frederick County increased 18% from 2010 to 2011 but only 3% from 2008 to 2011.
  - Cancer mortality for women in Frederick County decreased 4% from 2008 to 2011, and 16% from 2010 to 2011.
  - Cancer mortality for men in Frederick County was 63% higher than cancer mortality for women in Frederick County.
- **Race:**
  - Cancer mortality for Whites in Frederick County decreased 10% from 2008 to 2011, but was up 2% from 2010 to 2011.
  - Cancer mortality for Blacks in Frederick County increased 60% from 2008 to 2011, and was up 19% from 2010 to 2011.
  - Cancer mortality for Blacks in Frederick County was 60% higher than cancer mortality for Whites in Frederick County in 2011.

All Cancers (2011)	Frederick County	Maryland	HP2020	Met Goal?	SHIP2017	Meet SHIP
Total	154.9	165.7		Yes		Yes
Male	200.1	199.4		No		No
Female	123.0	143.3	↓ 161.4	Yes	↓163.8	Yes
White	151.4	161.3		Yes		Yes
Black	242.3	190.0		No		No

*Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-1. Maryland SHIP 2017 Goal 29: Reduce cancer mortality (per 100,000) to 147.4. *Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

Lung and Bronchus Cancers

- Frederick County saw a 20% decrease in mortality rates for lung and bronchus cancers in the last ten reporting periods, and a 5% decrease since the last reporting period.
- **Overall, Frederick County is not meeting the Health People 2020 Goal of reducing lung and bronchus deaths to 45.5 deaths per 100,000.**
- Gender:
  - Mortality rates for Frederick County men were 63% higher than for women, but rates for men have been decreasing over the last five reporting periods.
  - Mortality rates for Frederick County women had been increasing slightly but have now begun decreasing slightly since the last reporting period.
  - **Women are meeting the Healthy People 2020 Goal but men are not.**
- Race:
  - Mortality rates for Frederick County Blacks have been steadily increasing over the last several reporting periods and are now 58% higher than they were five reporting periods ago and remain higher than Frederick County Whites and Maryland Blacks.
  - **Neither Frederick County Blacks nor Whites are meeting the Healthy People 2020 Goal.**

Lung and Bronchus Cancer Mortality (2007-2011)	Frederick County	Maryland	HP2020	Met Goal?
Total	46.9	47.7		No
Male	60.1	59.5		No
Female	36.9	39.4	↓ 45.5	Yes
White	47.1	48.9		No
Black	52.8	49.0		No

*Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-2: Reduce the lung and bronchus cancer death rate to 45.5 deaths per 100,000 population. *Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

Colorectal Cancer

- Frederick County saw a 31% decrease in mortality rates for colorectal cancers in the last ten reporting periods, and a 1% decrease since the last reporting period.
- Mortality rates for Frederick County men were 57% higher than for women, but rates for men have remained consistent over the last five reporting periods.
- Mortality rates for Frederick County women have seen a 27% decline in the last five reporting periods.
- **Overall, Frederick County is not meeting the Healthy People 2020 Goal; women are meeting the goal of reducing colorectal deaths to 14.5 deaths per 100,000.**
- Colorectal mortality rates by race are not available for Frederick County due to low numbers.

Colorectal Cancer Mortality (2007-2011)	Frederick County	Maryland	HP2020	Met Goal?
Total	17.0	16.0	↓ 14.5	No
Male	21.2	20.0		No
Female	13.5	13.2		Yes

*Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-5: Reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population. *Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

Breast Cancer

- Frederick County saw a 19% decrease in mortality rates for breast cancer in the last ten reporting periods, and a 2% decrease since the last reporting period.
- **Frederick County is not meeting the Healthy People 2020 Goal of 20.7 or fewer deaths per 100,000.**
- Breast cancer mortality rates by race are not available for Frederick County due to low numbers.

Breast Cancer Mortality (2007-2011)	Frederick County	Maryland	HP2020	Met Goal?
Total (Female only)	22.9	24.0	↓ 20.7	No

Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-3: Reduce the female breast cancer death rate to 20.7 deaths per 100,000 population.

**Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

Prostate Cancer

- Frederick County saw a 21% decrease in mortality rates for prostate cancer in the last ten reporting periods, but a 6% increase since the last reporting period.
- **Frederick County is not meeting the Healthy People 2020 Goal of 21.8 or fewer deaths per 100,000.**
- Prostate cancer mortality rates by race are not available for Frederick County due to low numbers.

Prostate Cancer Mortality (2007-2011)	Frederick County	Maryland	HP2020	Met Goal?
Total	22.7	24.6	↓ 21.8	No

Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-7: Reduce the prostate cancer death rate to 21.8 deaths per 100,000 population.

**Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

Melanoma Cancer

- Frederick County saw a 52% increase in mortality rates for melanoma in the last eight reporting periods, but an 8% decrease since the last reporting year.
- **Frederick County is not meeting the Healthy People 2020 Goal of 2.4 or fewer deaths per 100,000.**
- Melanoma mortality rates by gender and race are not available for Frederick County due to low numbers.

Melanoma Cancer Mortality (2007-2011)	Frederick County	Maryland	HP2020	Met Goal?
Total	3.5	2.6	↓ 2.4	No

Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population. Healthy People 2020 C-8: Reduce the melanoma cancer death rate to 2.4 deaths per 100,000 population.

**Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

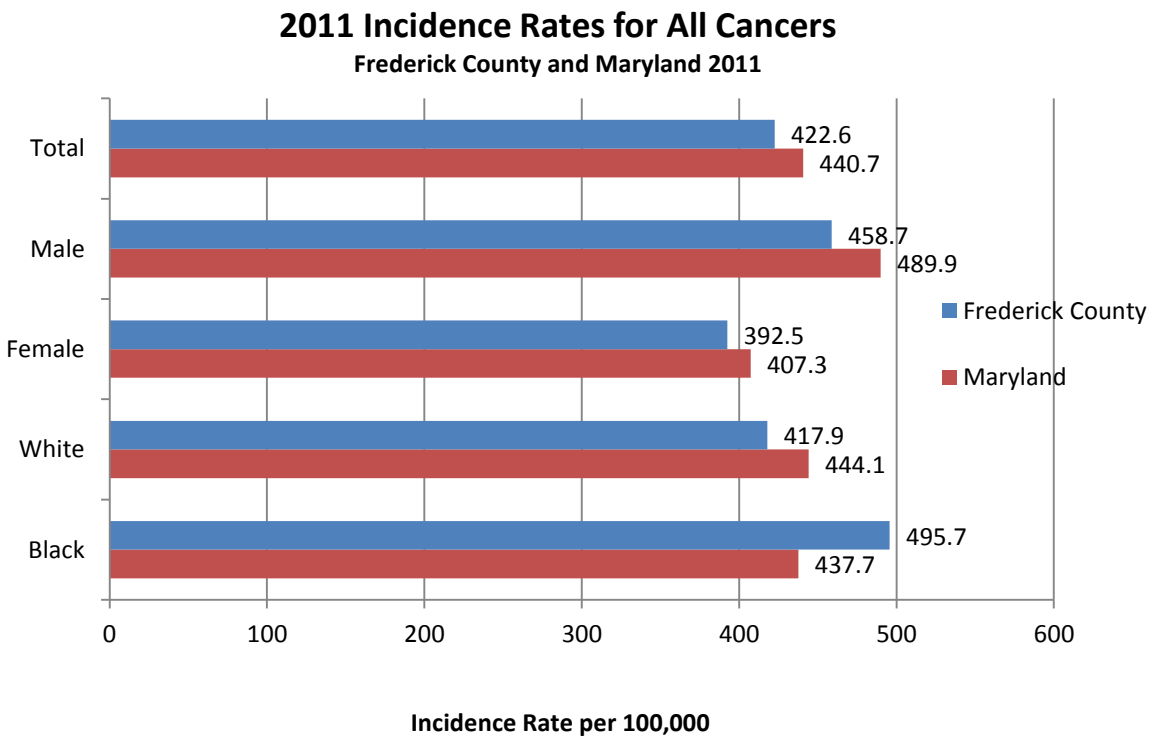
Frederick County Data

Rates for All Cancers

- The incidence, or new diagnosis, rate for all cancers in Frederick County continues to decline since 2009 and is again lower than in Maryland in 2011. Lower rates in Frederick County were seen for males, females, and Whites, while Blacks in Frederick County had higher incidence rates of all cancers than in Maryland. Males continue to have a higher incidence rate than females in both Frederick County and Maryland.

All Cancers (2011)	Frederick County	Maryland
Total	422.6	440.7
Male	458.7	489.9
Female	392.5	407.3
White	417.9	444.1
Black	495.7	437.7

Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population.



Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population.

Cancer Incidence Rates by Type, 2007-2011

- Cancer Incidence Rates per 100,000 population are provided in the tables below, with gender and race data included when available. In all categories where reported, males have higher cancer incidence than females. Blacks have higher incidence rates than Whites for lung & bronchus cancers and prostate cancer, but Whites have higher incidence for colorectal cancer and dramatically higher for female breast cancer, due to the Black breast cancer incidence rate decreasing from 109.5 to 86.3.

Lung & Bronchus Cancer Incidence

	Frederick County	Maryland
Total	57.4	59.9
Male	68.8	69.9
Female	49.2	52.8
White	58.2	61.8
Black	66.7	58.2

Colorectal Cancer Incidence

	Frederick County	Maryland
Total	47.0	39.3
Male	57.5	45.1
Female	38.4	34.8
White	47.1	37.9
Black	47.9	43.3

Breast Cancer Incidence

	Frederick County	Maryland
Total (Female only)	122.2	127.8
White	122.4	127.9
Black	102.7	125.0

Prostate Cancer Incidence

	Frederick County	Maryland
Total	128.2	148.7
White	121.0	129.3
Black	206.8	206.8

Cervical Cancer Incidence

	Frederick County	Maryland
Total	5.7	6.7
White	*	6.1
Black	*	7.4

Oral Cancer Incidence

	Frederick County	Maryland
Total	9.5	10.1
Male	14.6	15.5
Female	5.0	5.6
White	9.9	11.0
Black	*	7.8

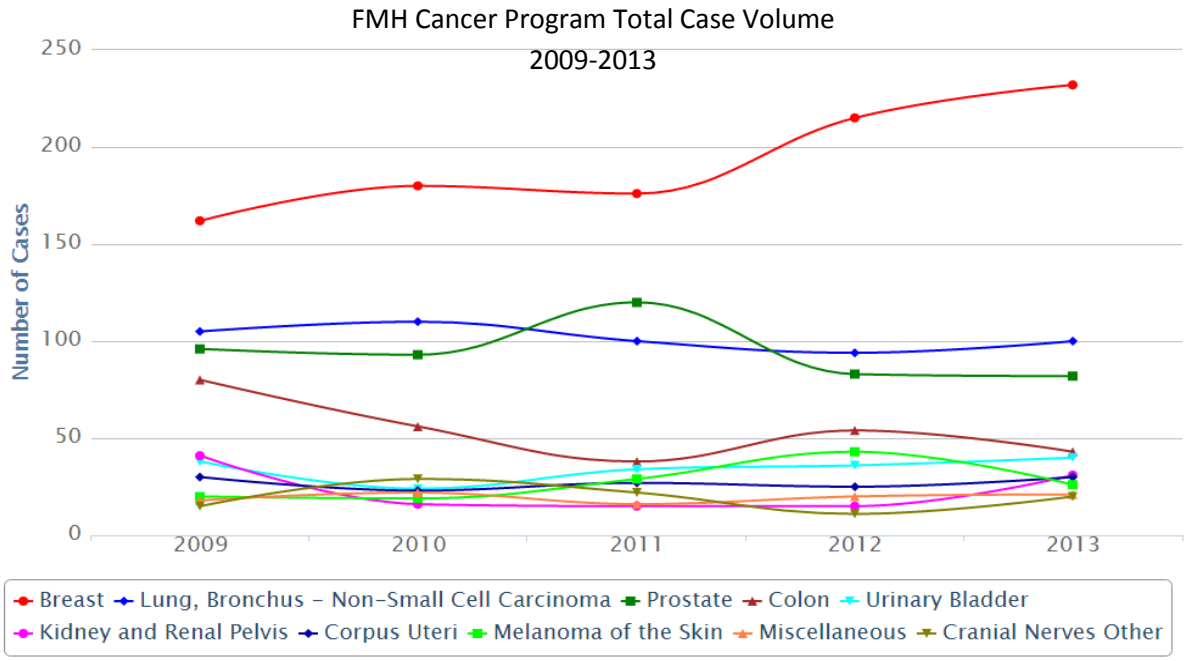
Melanoma Cancer Incidence

	Frederick County	Maryland
Total	22.2	21.0
Male	29.2	27.5
Female	17	16.5
White	24.1	29.1
Black	*	1.1

Source: Maryland Cancer Report. Rates are per 100,000 and are age-adjusted to 2000 US standard population.

**Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures*

- The case volume for the FMH Cancer Program can be seen in the graph below.
- Breast Cancer case volume at FMH has increased over 40% from 2009 (162) to 2013 (323).



Source: Frederick Memorial Hospital primary diagnosis codes for in the Cancer Program, 2009-2013.

Cancer Screening and Prevention

OVERVIEW:

Screening is effective in identifying some types of cancers (see USPSTF recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

In an era of patient-centered care, it is critical to assess whether people understand and remember the information they receive about cancer screening. Research shows that a recommendation from a health care provider is the most important reason patients cite for having cancer screening tests.

For cancers with evidence-based screening tools, early detection must include the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.

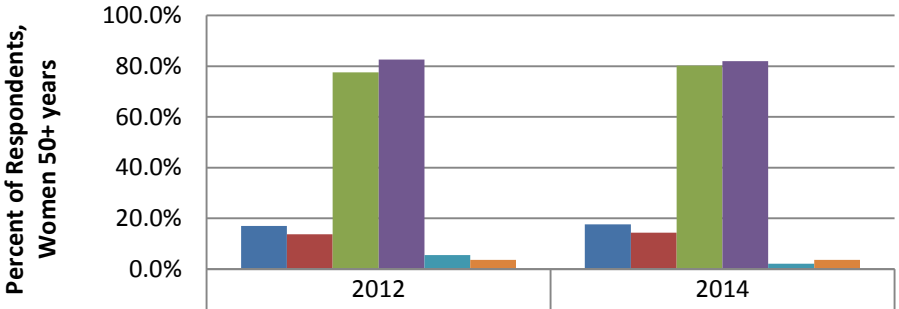
-Healthy People 2020

Frederick County Data

- Current recommendation is for women over 40 years to have a mammogram to screen for breast cancer every two years.
- Four out of five (80.2%) Frederick County women age 50 and older reported receiving a mammogram within the last two years. This is slightly lower than in Maryland, but is an increase from 77.5% in 2012.

Mammogram in Past 2 Years

Frederick County and Maryland, 2012 and 2014



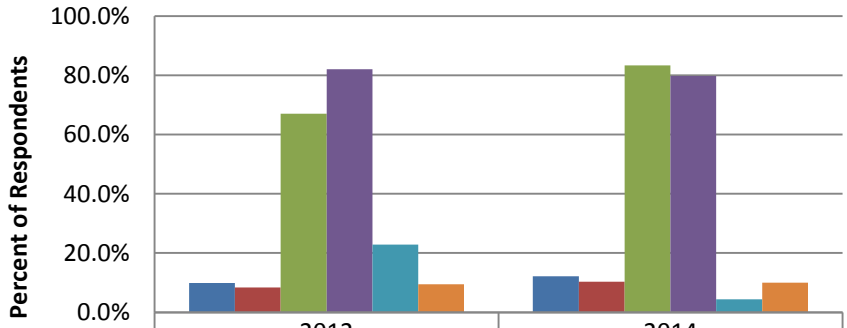
	2012	2014
FC No	17.0%	17.6%
MD No	13.7%	14.4%
FC Yes	77.5%	80.2%
MD Yes	82.6%	82.0%
FC Never Had	5.5%	2.1%
MD Never Had	3.6%	3.6%

Source: BRFSS Data, Question: WOMENS HEALTH: HAD A MAMMOGRAM WITHIN PAST TWO YEARS? WOMEN AGE 50 AND OVER

- Current recommendation is for women ages 21 to 65 years to be screened with cytology for cervical cancer screening every three years.
- More than four out of five (83.4%) Frederick County women age 18 and older reported having a Pap smear within the last three years. This is higher than in Maryland, and is a large increase from 67.1% in 2012.
- Only 4.4% of Frederick County women reported never having a Pap smear, which is greatly decreased from 22.9% in 2012 and is less than half of Maryland women reporting never having a Pap smear (10%).

Pap Smear in Last 3 Years

Frederick County and Maryland, 2012 and 2014



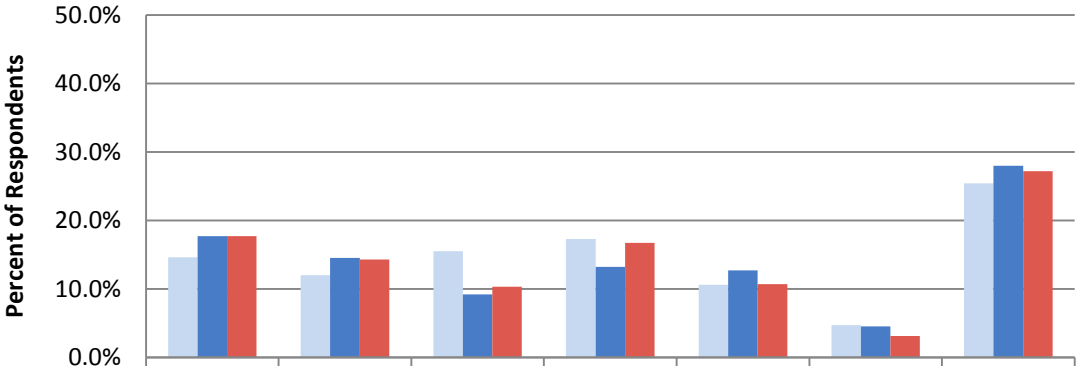
	2012	2014
FC No	9.9%	12.2%
MD No	8.4%	10.3%
FC Yes	67.1%	83.4%
MD Yes	82.1%	79.8%
FC Never Had	22.9%	4.4%
MD Never Had	9.5%	10.0%

Source: BRFSS Data, Question: WOMENS HEALTH: HAD A PAP SMEAR WITHIN PAST THREE YEARS? WOMEN 18+ WITH INTACT CERVIX

- Current recommendation is for adults to have 1) annual high-sensitivity fecal occult blood testing, 2) sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, or a 3) screening colonoscopy at intervals of 10 years.
- More than one quarter (28%) of Frederick County residents age 50 years and older reported never having a sigmoidoscopy or colonoscopy, which is higher than in Maryland and an increase from 2012 (25.4%).
- More than half (54.6%) of Frederick County residents age 50 years and older reported having a sigmoidoscopy or colonoscopy within the last five years in 2014, which is lower than Maryland.

How Long Since Last Sigmoidoscopy/Colonoscopy

Frederick County and Maryland, 2012 and 2014



	< 1 YEAR	1 TO < 2 YEARS	2 TO < 3 YEARS	3 TO < 5 YEARS	5 TO 10 YEARS	>= 10 YEARS	NEVER HAD
FC 2012	14.6%	12.0%	15.5%	17.3%	10.6%	4.7%	25.4%
FC 2014	17.7%	14.5%	9.2%	13.2%	12.7%	4.5%	28.0%
MD 2014	17.7%	14.3%	10.3%	16.7%	10.7%	3.1%	27.2%

Source: BRFSS Data, Question: COLORECTAL CANCER: HOW LONG HAS IT BEEN SINCE YOU HAD YOUR LAST SIGMOIDOSCOPY OR COLONOSCOPY EXAM? AGE 50+, INCLUDE: NEVER HAD EXAM

Survey Data

Half of all survey respondents (50.9%) identified cancer prevention and treatment as a health problem of county residents in general.

Of the female survey participants 40 years and older, 87.2% reported having a mammogram in the past 2 years and 80% of women 18 years and older reported having a Pap smear. Hispanic females were statistically significantly less likely to reporting having a mammogram, having a pap smear to screen for cervical cancer, and having a colonoscopy.

More than half (58.8%) of survey participants 50 years and older reported having a sigmoid colonoscopy. Men in the lowest income category ($0-$24,000) were less likely to have had a prostate exam (answered "no": 0-24K [65%], 25-49K [26.3%], 50-75K [45%], 75K+ [52.6%]); or a prostate cancer screening (answered "no": 0-24K [83.3%], 25-49K [52.9%], 50-75K [47.6%], 75K+ [61.8%]).

Frederick Memorial Hospital

Multidisciplinary Cancer Clinics
Cancer is a complex and varied disease. It can begin anywhere in the body and spread for reasons that are not yet understood. Even the same kind of cancer behaves differently from one patient to the next. This is why the Frederick Regional Cancer Therapy Center embraces the team-focused care approach to patient care that is personalized to the unique treatment needs of each patient. This approach leads to a unified plan to benefits from the combined clinical and research expertise of multidisciplinary teams of medical professionals. The goal of this type of approach is to ensure that comprehensive, coordinated care is available to guide each patient through diagnosis, treatment and recovery. The multidisciplinary team includes thoracic and breast surgeons, medical oncologists, radiation oncologists, pain and supportive care specialists, social workers and nurse navigators. We currently have two types of cancer for which we have a multidisciplinary cancer clinic. These diagnoses include breast and lung cancer. These clinics are coordinated by the nurse navigators.

Nurse Navigation
Nurse navigators put a gentle, human face on cancer care. Their job is to help patients and their loved ones remove barriers to care and ensure that the patient does not "fall through the cracks." According to a study published in the Journal of Clinical Oncology, patients with a nurse navigator rated their care higher and reported fewer problems than patients without one. Patients with nurse navigation support felt more involved in their care, more informed as to how cancer affects their life and were better prepared for the future. They were also found to have fewer problems with psychological and social care, coordination of care and health information.

The FMH Regional Cancer Therapy Center houses the latest technology in outpatient cancer therapy including IMRT and the FMH Cyber knife Center. Within the facility are hospital-affiliated chemotherapy and radiation therapy programs. There is also space for complimentary alternative medicine, patient education and support groups.

Annual Lung Cancer Symposium
Each year, the Regional Cancer Therapy Center hosts an Annual Lung Cancer Symposium in the atrium of the Cancer Center. This free event has a theme around which the presentation revolves. Last year's presentation theme was "Knowledge Brings Home: Targeting Lung Cancer." There were presentations from three physicians and a nurse navigator. Topics discussed included early detection and screening of lung cancer, new therapies for advanced lung cancer, updates in radiation therapy and erasing the stigma of lung cancer. A free dinner, paid for by vendor donations, was provided to all participants.

Annual Breast Cancer Symposium
Each October, the Regional Cancer Therapy Center hosts an Annual Breast Cancer Symposium. This free event is held at the FMH Crestwood facility. Last year's theme was "Celebrating Life & Embracing Challenges: Knowledge is Power." There were presentations from three physicians, a nurse practitioner and a breast cancer survivor. Topics discussed included prevention and management of lymphedema, genetic testing with breast cancer, assessing one's risk for breast cancer and genetic mutations and DCIS and breast cancer prevention. A free dinner, paid for by vendor donations were provided to all participants. This event attracted more than 100 participants, many of them oncology nurses and other professional care providers who attended to hear about the latest diagnostic tools and treatment modalities.

Lung Cancer Screening Program
Lung cancer is the deadliest of all cancers. The best way to fight lung cancer is to catch it early. This can be accomplished through the lung cancer screening program at Frederick Memorial Hospital. The USPSTF recommends annual screening for patients that are high risk for developing lung cancer with low-dose computed tomography (LDCT). This recommendation is based on the National Lung Screening Trial (NLST.) This program is coordinated by the thoracic nurse navigator. Since January of 2013, we have screened more than 180 patients. Our screening program involves a multidisciplinary team of radiologists, primary care physicians, nurse navigators and thoracic surgeons.

Frederick Prostate Cancer Support Group
Prostate cancer support group is designed to support patients and their family members. The support group is co-sponsored by Frederick Memorial Hospital and the American Cancer Society. The group meets on the fourth Wednesday of the month at the Regional Cancer Therapy Center.

Survivors Offering Support (SOS)
SOS is a support group that pairs informed and trained breast cancer survivor volunteers with newly diagnosed breast cancer patients. SOS volunteers are matched with new patients by similarities of age, lifestyle and stage of breast cancer. Volunteers share their personal breast cancer experiences and provide insight and emotional support to new patients.

Look Good, Feel Better
This is a free program that teaches beauty techniques to women in active treatment to help them combat the appearance-related side effects of cancer treatment. The Look Good, Feel Better volunteer is a beauty professional that teaches women how to cope with skin changes and hair loss using cosmetic and skin care products donated by the cosmetic industry. Women also learn ways to cope with hair loss with the use of wigs, scarves, and other accessories. This group is available either in a group session or one-on-one consultation.

Transitions to Wellness Program
This is a workshop designed as a toolkit to assist breast cancer patients during the important transition from treatment to survivorship. This workshop is held quarterly in the atrium of the Regional Cancer Therapy Center.

Road to Recovery
This is a free program designed to provide rides to cancer patients who have no way to get to their cancer treatment. Volunteer drivers donate their time and the use of their cars to get patients to and from the treatments they need. This program is co-sponsored by Frederick Memorial Hospital and the American Cancer Society.

Fitness and Nutrition for Survivors (FANS)
This is a program designed for breast cancer patients have completed active treatment. The program involves a 6 month commitment at ProMotion Fitness. This 6 month term includes a private lymphedema screening, an initial evaluation at ProMotion Fitness, orientation to a personalized aerobic exercise program, weekly small group strength and flexibility classes during months 1-3, group nutrition classes during months 1-3, two individual program reviews during month 4 and one individual program review during months 5 and 6.

Reiki Therapy
This is a free service offered twice a week to FMH cancer patients and their caregivers while in active treatment. This service is provided by FMH volunteer Reiki therapists at the FMH Regional Cancer Therapy Center.

Patient Support and Counseling Services
Patients have access to Oncology Social Workers on treatment days or by appointment throughout the duration of radiation and/or chemotherapy treatment to address issues related to lifestyle, dealing with emotions, coping with side effects of treatment, changes in body image, effects of cancer on sexuality and relationships, managing stress, and communication with family, friends, and co-workers.

Financial Counseling
Patients have access to our financial counselor. This service is provided to address financial concerns of patients during treatment. Financial counseling and referral services are available at the Regional Cancer Therapy Center to help patients apply for appropriate programs that they may qualify for to cover medical expenses. They may include: Medical Assistance, Social Security Benefits, COBRA, Maryland Health Insurance Program, and various programs to help with medications and treatment related services.

FMH Cancer Patient Assistance Fund
This fund is available to income-qualified cancer patients who need financial help paying for medicine, dietary supplements, and durable medical supplies until a more permanent solution can be found.

Frederick County Health Department

The Frederick County Health Department Preventive Health Program aims to detect breast, cervical, and colorectal cancer early and minimize morbidity and mortality from these diseases through screening. In order to reduce barriers to screening, the program covers the cost of these exams for those low income Frederick County residents who are uninsured as well as covers the cost of out-of-pocket expenses for insured residents. It also provides navigation services to ensure completion of cancer screening in a timely manner.

Frederick County Community Cancer Coalition (FCCCC) and the Frederick County Smoke Free Maryland Coalition

Established in 2000 as result of the Cigarette Restitution Fund, the FCCCC and the Frederick County Smoke Free Maryland Coalition are the 2 community health coalitions which address tobacco use, prevention, and cessation, and cancer prevention, education, screening, and treatment. The FCCCC oversees the activities of the Cancer Prevention, Education, Screening and Treatment program, whose purpose is to:

- Heighten public awareness of timely/routine cancer screening
- Provide essential screening information to the public
- Partner with public and private health care, businesses, government and non-government organizations, and concerned citizens
- Develop a comprehensive plan for cancer prevention, education, screening, and treatment

The goals of the coalitions are to reduce the incidence and mortality of cancer in Frederick County and to address and eliminate health disparities in Frederick County.

Frederick County residents are an important part of the Frederick County Community Cancer Coalition and the Frederick County Tobacco Smoke Free Maryland Coalition. If you are interested in joining one of the coalitions, please contact the Frederick County Health Department for more information.

Go to Summary Table for Cancer Data
Go back to Table of Contents

Arthritis

OVERVIEW:

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. The arthritis objectives for 2020 track a variety of pain, function, and intervention measures that are important for monitoring progress in addressing arthritis as a public health problem.

Why Is Arthritis Important?

Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages.

There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include:

- Increased physical activity
- Self-management education
- Weight loss among overweight/obese adults

-Healthy People 2020

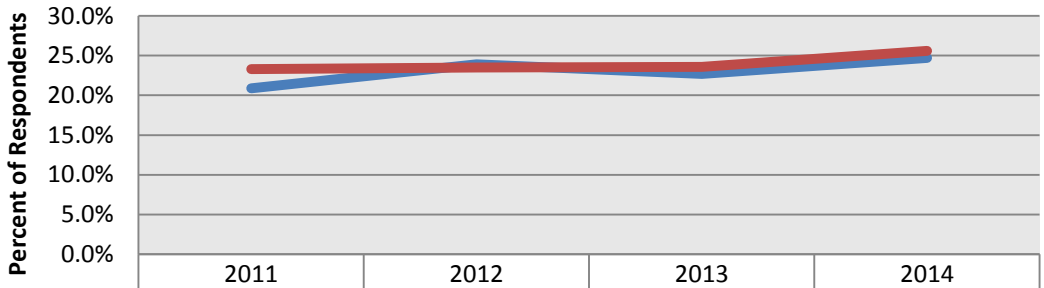
HIGHLIGHTS:

- Approximately one in four adults in Frederick County (24.7%) and Maryland (25.6%) were told by a doctor that they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia in 2014.
- The percentage of adults with arthritis has increased in both Frederick County and Maryland from 2011 to 2014.
- The percentage of adults in Frederick County who reporting having arthritis symptoms that affected their work remained relatively consistent from 2011 (26.7%) to 2013 (26.3%).

- Approximately one in four adults in Frederick County (24.7%) and Maryland (25.6%) were told by a doctor that they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia in 2014.
- The percentage of adults with arthritis has increased in both Frederick County and Maryland from 2011 to 2014.

Arthritis

Frederick County and Maryland, 2011-2014



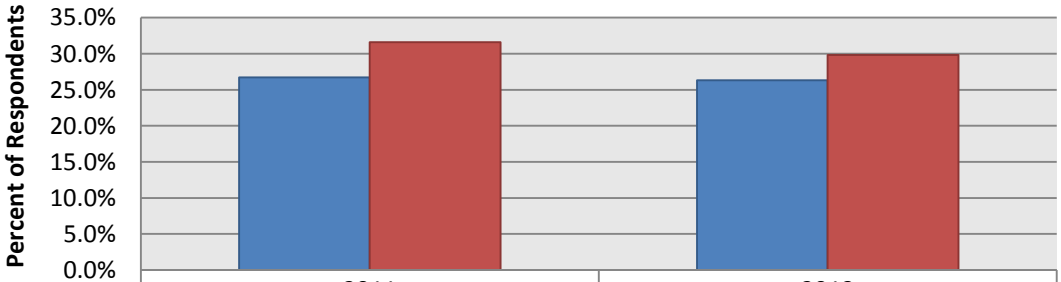
	2011	2012	2013	2014
Frederick County	20.9%	23.9%	22.7%	24.70%
Maryland	23.3%	23.5%	23.6%	25.60%

Source: BRFSS Data, Question: ARTHRITIS: BEEN TOLD BY A DOCTOR, THAT YOU HAVE ARTHRITIS, RHEUMATOID ARTHRITIS, GOUT, LUPUS, OR FIBROMYALGIA?

- The percentage of adults in Frederick County who reporting having arthritis symptoms that affected their work remained relatively consistent from 2011 (26.7%) to 2013 (26.3%).
- Frederick County adults reported having arthritis symptoms that affected their work slightly less often than Maryland adults.

Arthritis Symptoms Affecting Work

Frederick County and Maryland 2011, 2013



	2011	2013
Frederick County	26.7%	26.3%
Maryland	31.6%	29.8%

Source: BRFSS Data, Question: ARTHRITIS: DO ARTHTRITIS OR JOINT SYMPTOMS NOW AFFECT WHETHER YOU WORK, THE TYPE OF WORK YOU DO, OR THE AMOUNT OF WORK YOU DO?

Asthma

OVERVIEW:

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

Why Is Asthma Important?

Currently in the United States, more than 23 million people have asthma. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual health care expenditures for asthma alone are estimated at $20.7 billion.

The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include:

- Children
- Women (among adults) and boys (among children)
- African Americans
- People living in the Northeast United States
- People living below the Federal poverty level
- Employees with certain exposures in the workplace

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

-Healthy People 2020

HIGHLIGHTS:

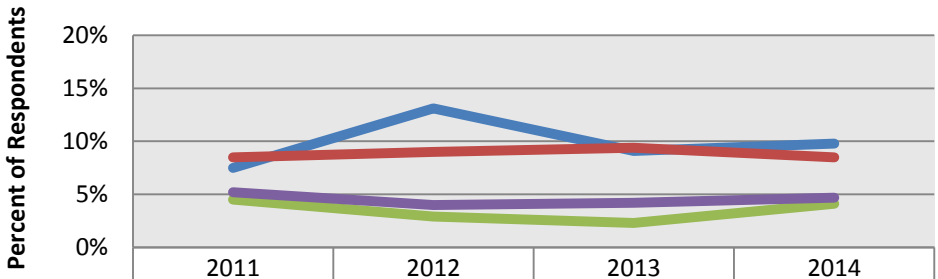
- The percentage of adults in Frederick County who still have asthma has increased slightly from 2011 (7.5%) to 2014 (9.8%), but is now higher than Maryland (8.5%).
- The percentage of children in Frederick County who still have asthma has increased slightly from 2011 (8.4%) to 2014 (10.7%), but is still lower than Maryland (11.6%).
- Over 40% of asthma visits at Frederick Memorial Hospital (43.9%) are for the ages of 0-17 years.
- More than one quarter (26.9%) of asthma care visits at FMH were for Black patients, which is much higher than the percentage of all FMH patients who were black (15.4%).
- A greater percentage of asthma care at FMH were with patients who self-identified as Hispanic, 12.4% compared to 8.1% of all FMH patients who are Hispanic.
- 41.3% of visits for asthma care at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).

Frederick County Data

- The percentage of adults in Frederick County who still have asthma has increased slightly from 2011 (7.5%) to 2014 (9.8%), and is now higher than Maryland (8.5%).
- The percentage of adults in Frederick County who no longer have asthma has stayed roughly the same from 2011 (4.5%) to 2014 (4.1%), but is lower than Maryland (4.7%).

Adult Asthma - Still Have or No Longer Have

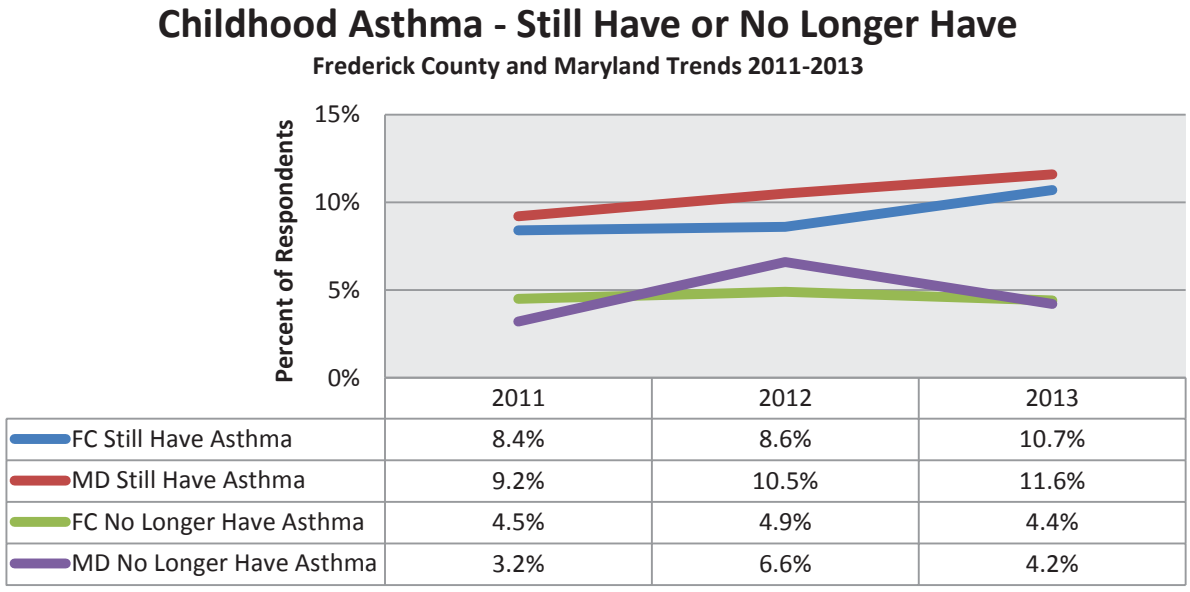
Frederick County and Maryland Trends 2011-2014



	2011	2012	2013	2014
FC Still Have Asthma	7.5%	13.1%	9.1%	9.8%
MD Still Have Asthma	8.5%	9.0%	9.4%	8.5%
FC No Longer Have Asthma	4.5%	2.9%	2.3%	4.1%
MD No Longer Have Asthma	5.2%	4.0%	4.2%	4.7%

Source: BRFSS Data, Question: ASTHMA-ADULT: DO YOU STILL HAVE ASTHMA? INCLUDE: NEVER HAD ASTHMA

- The percentage of children in Frederick County who still have asthma has increased slightly from 2011 (8.4%) to 2014 (10.7%), but is still lower than Maryland (11.6%).
- The percentage of children in Frederick County who no longer have asthma has stayed roughly the same from 2011 (4.5%) to 2014 (4.4%), but was slightly higher than Maryland in 2014(4.2%).

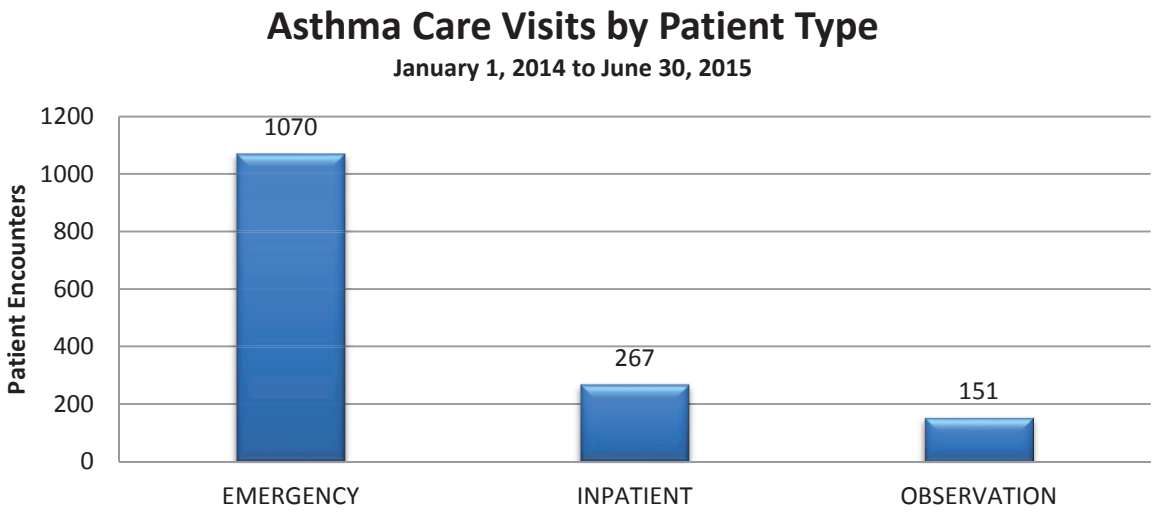


	2011	2012	2013
FC Still Have Asthma	8.4%	8.6%	10.7%
MD Still Have Asthma	9.2%	10.5%	11.6%
FC No Longer Have Asthma	4.5%	4.9%	4.4%
MD No Longer Have Asthma	3.2%	6.6%	4.2%

Source: BRFSS Data, Question: ASTHMA-CHILDHOOD: DOES THE CHILD STILL HAVE ASTHMA? INCLUDE: NEVER HAD ASTHMA

Frederick County Data

- 1% (1,488) of all patient visits from January 2014 to June 2015 had a primary diagnosis of asthma, the majority of which were seen in the Emergency Department.



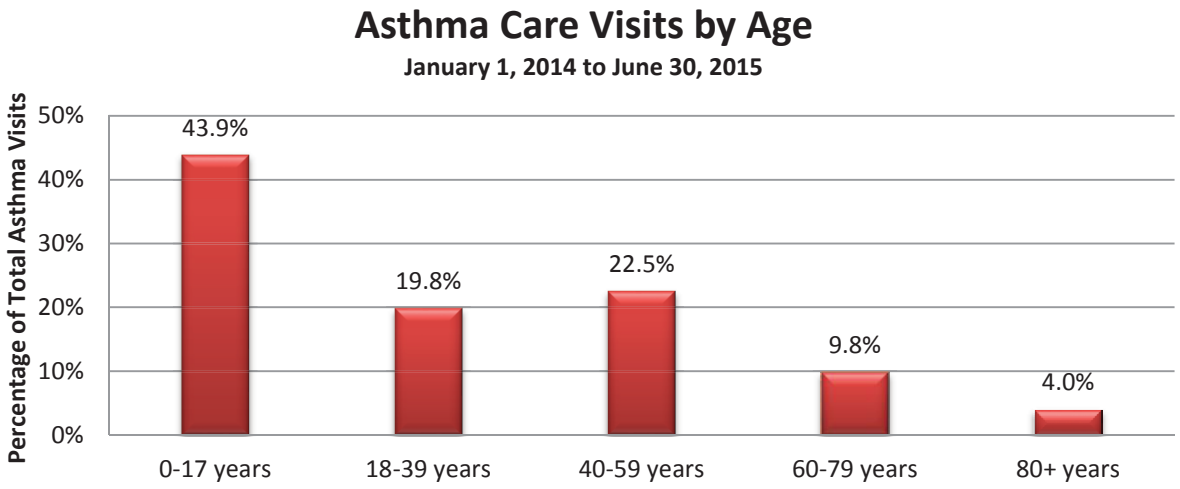
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 82% of asthma care visits are for the principle diagnosis Asthma, Not Otherwise Specified, while 15% are for Chronic Obstructive Asthma.

Principal Diagnosis - 4 Digit (Top 10)	Cases
Asthma, Not Otherwise Specified	1229
Asthma, Chronic Obstructive	223
Extrinsic Asthma	21
Asthma, Other Forms	11
Intrinsic Asthma	4
Total	1488

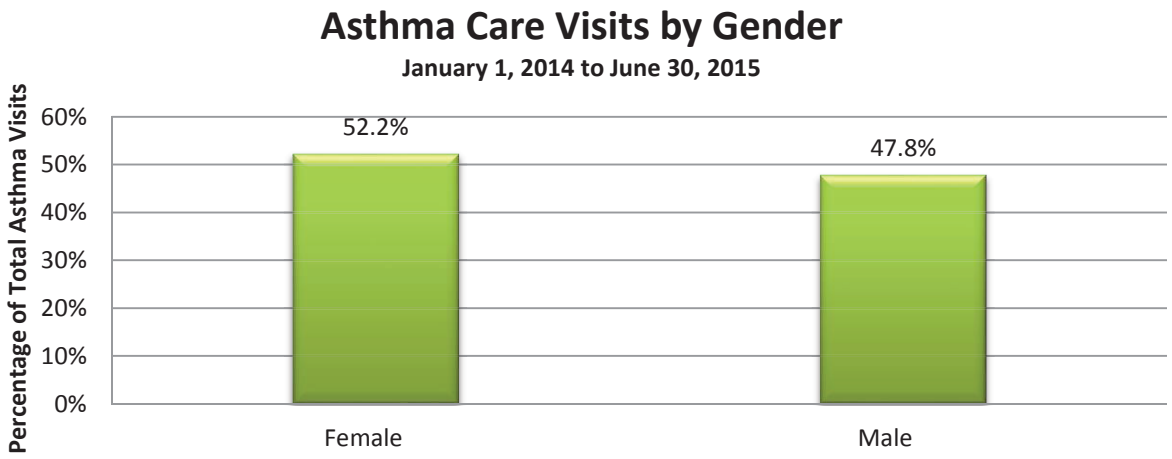
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Over 40% of asthma visits at Frederick Memorial Hospital (43.9%) are for patients between the ages of 0-17 years.



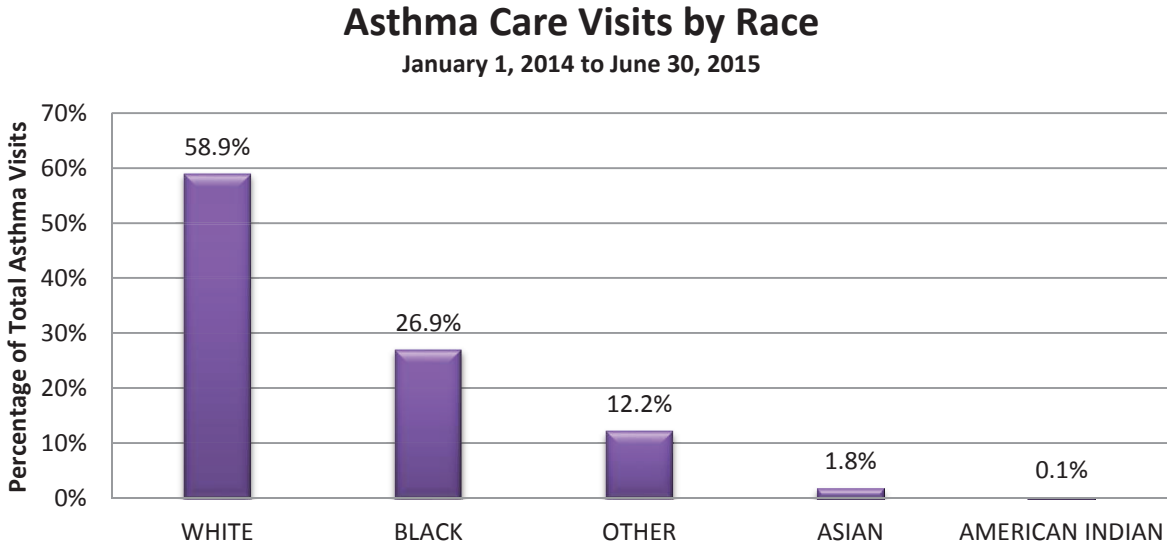
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Approximately the same amount of men and women seek asthma care at FMH.
- Slightly more men sought care for asthma (47.8%) than for all other visits at FMH (42.3%).



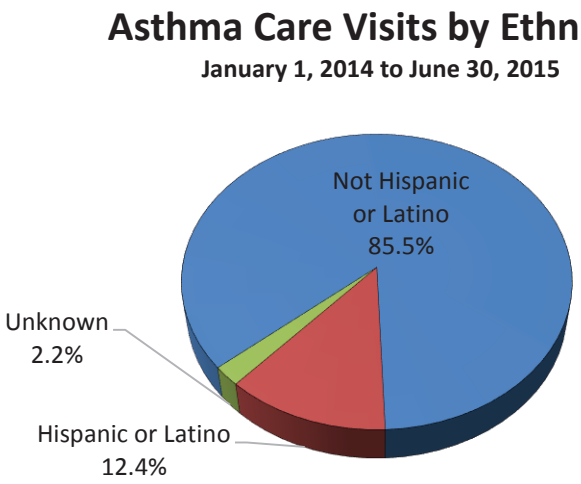
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Less than 60% of the asthma care visits at FMH were for White patients (58.9%), which is much lower than the percentage of all FMH patients who were White (74.3%).
- More than one quarter (26.9%) of asthma care visits at FMH were for Black patients, which is much higher than the percentage of all FMH patients who were Black (15.4%).
- More than one in ten asthma care visits were for patients who reported their race to be Other, 12.2% compared to 8.4% of all FMH patients.



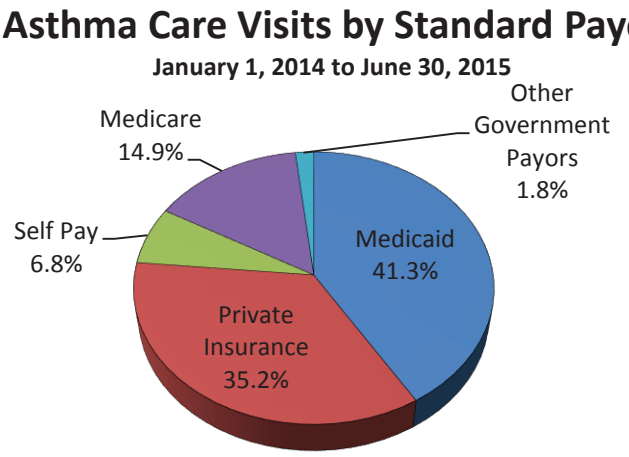
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- A greater percentage of the patients with asthma care at FMH self-identify as Hispanic, 12.4% compared to 8.1% of all FMH patients who are Hispanic.



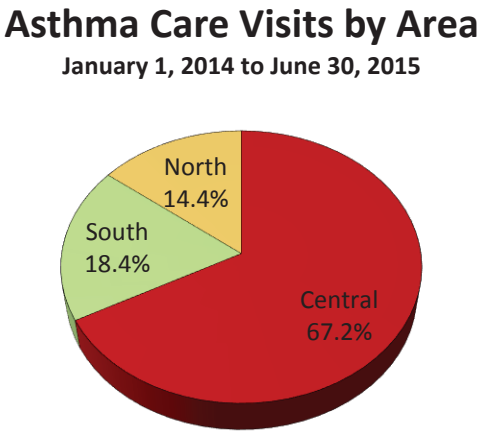
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 41.3% of visits for asthma care at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- More than one third (35.2%) of visits for asthma care at FMH were paid for with private insurance, which is slightly lower than all FMH visits (40%).
- The percent of visits for asthma at FMH that were not paid for with any form of insurance (self-pay) was slightly lower than all FMH visits (6.8% compared to 7.7%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- More patients seeking asthma care at FMH came from the central part of the county, 67.2% compared to 61.8% of all patients seeking care at FMH.
- Fewer patients seeking asthma care at FMH came from the southern part of the county, 18.4% compared to 24% of all patients seeking care at FMH.



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

Chronic Obstructive Pulmonary Disease (COPD)

OVERVIEW:

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 individuals died from COPD, a number very close to that reported for lung cancer deaths (approximately 158,600) in the same year. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD.

Genetic factors strongly influence the development of the disease. For example, not all smokers develop COPD. Quitting smoking may slow the progression of the disease. Women and men are affected equally, yet more women than men have died of COPD since 2000.

Why Is COPD Important?

Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars.

-Healthy People 2020

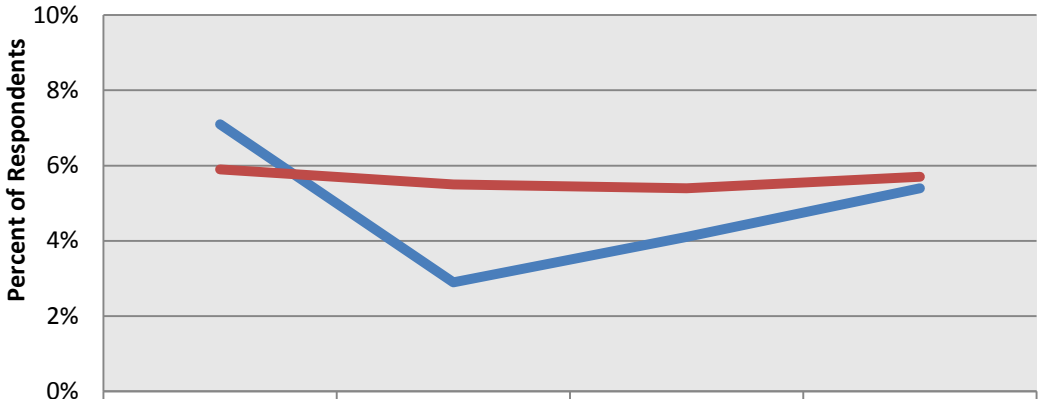
HIGHLIGHTS:

- The percentage of adults in Frederick County with Chronic Obstructive Pulmonary Disorder has decreased from 2011 (7.1%) to 2014 (5.4%) and is now slightly lower than Maryland (5.7%).
- Two-thirds of COPD visits are for patients between 40-59 (32.1%) and 60-79 years (35.4%).
- Almost one in five COPD visits (17.4%) are for patients between 18-39 years.
- More COPD visits at FMH are for women (57.9%) than for men (42.1%).
- Four out of five patients seeking care for COPD are White (80%), which is higher than the percentage of all FMH patients who are White (74.3%).
- More than a third (42.6%) of all COPD visits at FMH were paid by Medicare, which is much more than the percentage of all FMH visits paid by Medicare (23.0%).

- The percentage of adults in Frederick County with Chronic Obstructive Pulmonary Disorder has decreased from 2011 (7.1%) to 2014 (5.4%) and is now slightly lower than Maryland (5.7%).

Chronic Obstructive Pulmonary Disorder

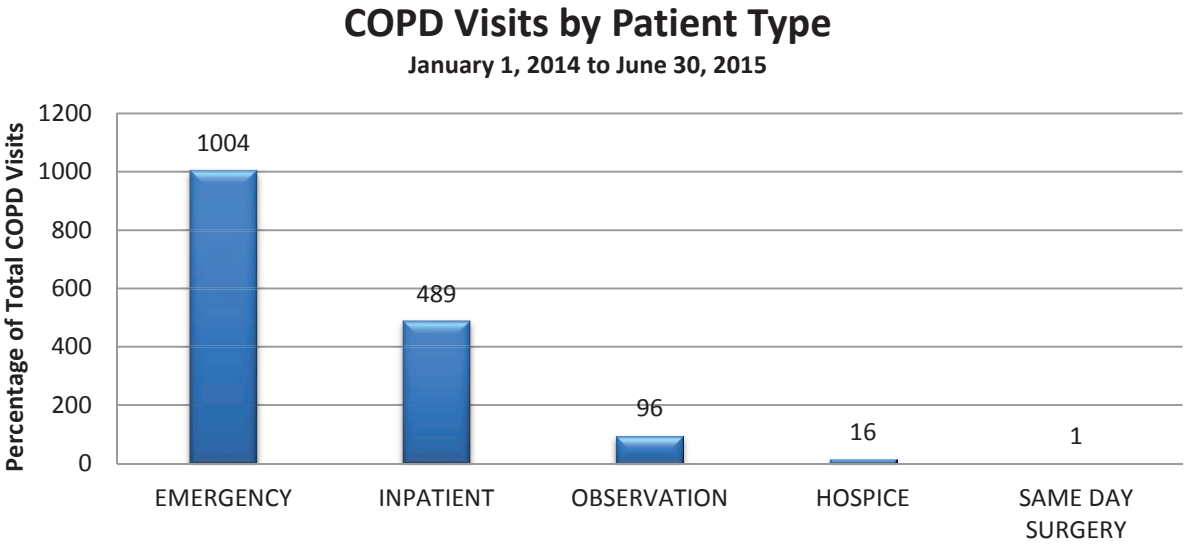
Frederick County and Maryland, 2011-2014



	2011	2012	2013	2014
Frederick County	7.1%	2.9%	4.1%	5.4%
Maryland	5.9%	5.5%	5.4%	5.7%

Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 1% (1,606) of all patient visits from January 2014 to June 2015 had a primary diagnosis of COPD.



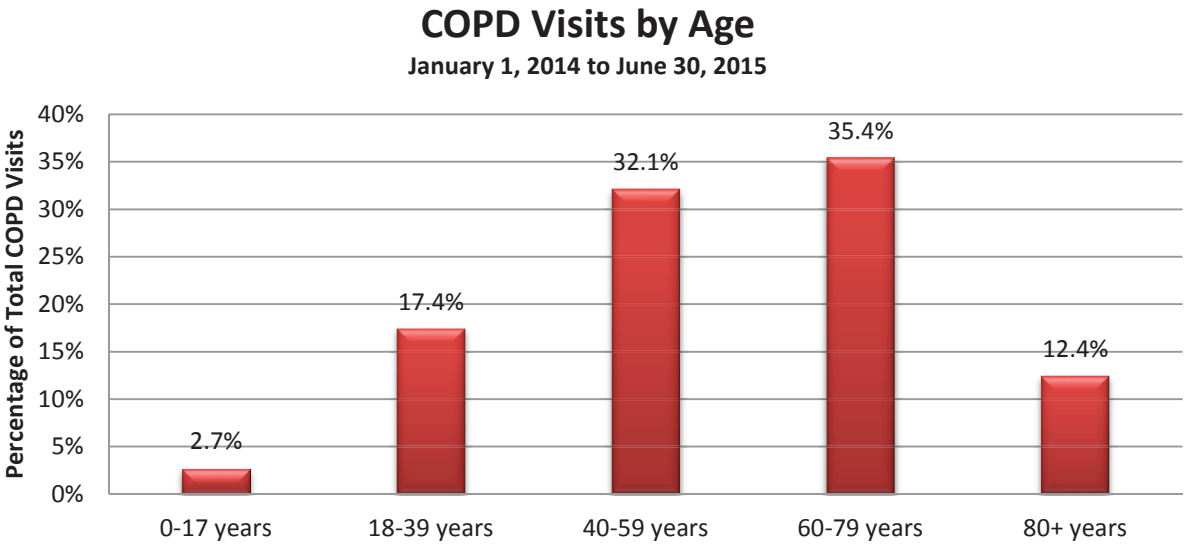
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Almost half (47.8%) of COPD visits are for the principle diagnosis Bronchitis, Not Otherwise Specified, and 45.8% are for Obstructive Chronic Bronchitis.

Principal Diagnosis - 4 Digit (Top 10)	Cases
Bronchitis, Not Otherwise Specified	768
Obstructive Chronic Bronchitis	735
Obstruction, Chronic Airway, Not Elsewhere Classified	80
Emphysema Not Elsewhere Classified	14
Bronchitis, Chronic Not Otherwise Specified	3
Bronchiectasis Without Acute Exacerbation	2
Emphysematous Bleb	2
Bronchiectasis with Acute Exacerbation	1
Bronchitis, Simple Chronic	1
Total	1606

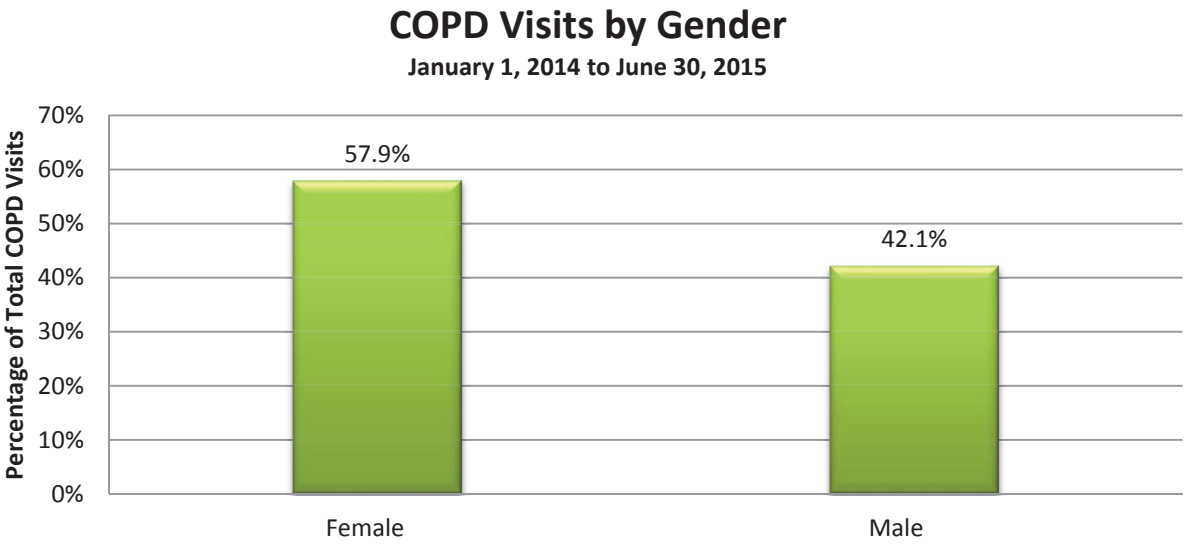
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Two-thirds of COPD visits are for patients between 40-59 (32.1%) and 60-79 years (35.4%).
- Almost one in five COPD visits (17.4%) are for patients between 18-39 years.



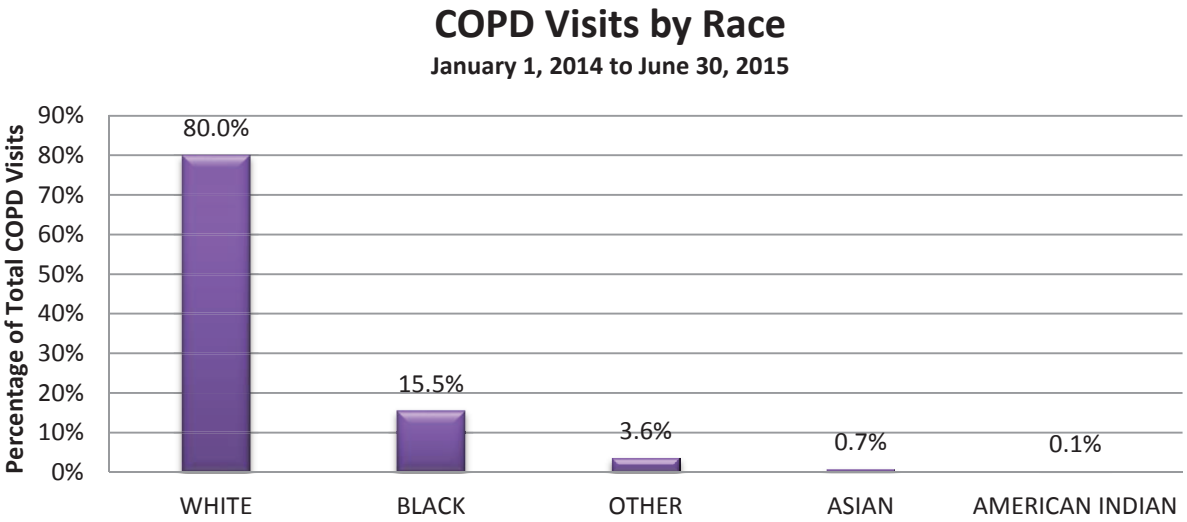
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Approximately the same percentages of men and women seek COPD care at FMH compared to all FMH patients.
- More COPD visits at FMH are for women (57.9%) than for men (42.1%).



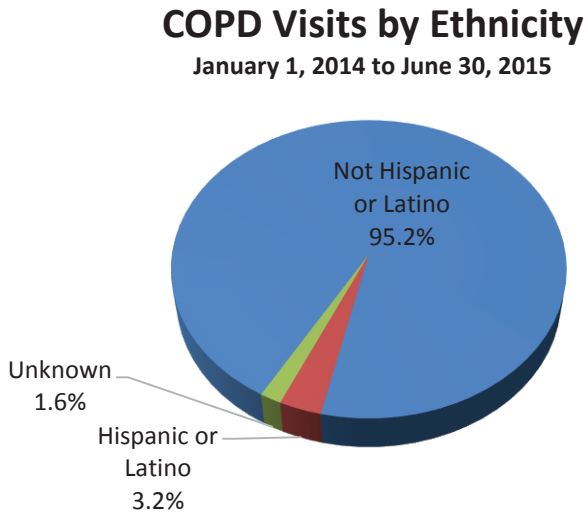
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Four out of five patients seeking care for COPD are White (80%), which is higher than the percentage of all FMH patients who are White (74.3%).
- 3.6% of COPD visits were for patients who reported their race to be Other, which is much lower than 8.4% of all FMH patients.



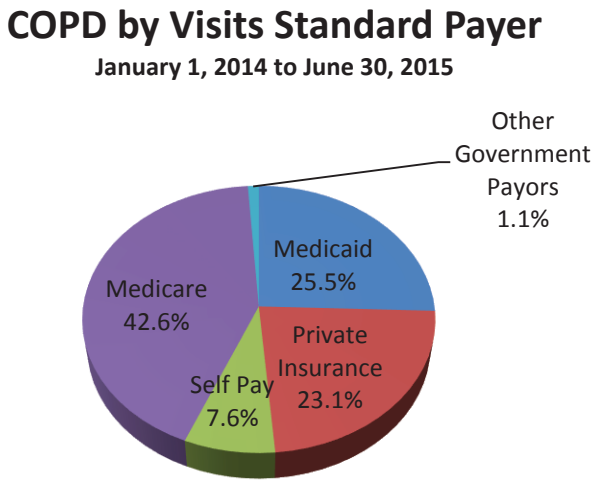
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 3.2% of COPD visits at FMH are with patients who self-identify as Hispanic. This is lower than the percentage of all FMH patients who self-identify as Hispanic (8.1%).



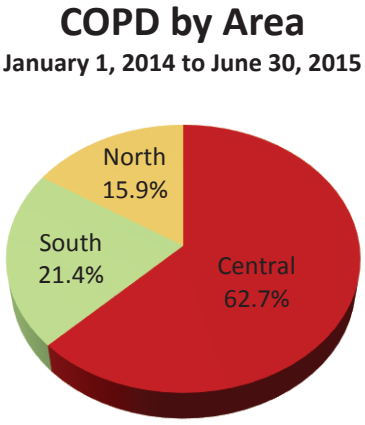
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- More than a third (42.6%) of all COPD visits at FMH were paid by Medicare, which is much more than the percentage of all FMH visits paid by Medicare (23.0%).
- A quarter (25.5%) of all COPD visits at FMH were paid by Medicaid, which is approximately the same as the percentage of all FMH visits paid by Medicaid (26.5%).
- Less than a quarter (23.1%) of all COPD visits at FMH were paid for with private insurance, which is much less than the percentage of all FMH visits paid with private insurance (40%).
- The percentage of COPD visits at FMH that were not paid for with any form of insurance (self-pay, 7.6%) was approximately the same as all FMH patients (7.7%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Patients seeking COPD care are from the same areas of the county as all patients seeking care at FMH.



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

Diabetes

OVERVIEW:

Diabetes mellitus (DM) occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Many forms of diabetes exist. The 3 common types of DM are:

- Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production.
- Type 1 diabetes, which results when the body loses its ability to produce insulin.
- Gestational diabetes, a common complication of pregnancy. Gestational diabetes can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Gestational diabetes is also a risk factor for subsequent development of type 2 diabetes after pregnancy.

Effective therapy can prevent or delay diabetic complications. However, almost 25 percent of Americans with DM are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing DM in the next several years. Few people receive effective preventative care, which makes DM an immense and complex public health challenge.

Why Is Diabetes Important?

DM affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. DM

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

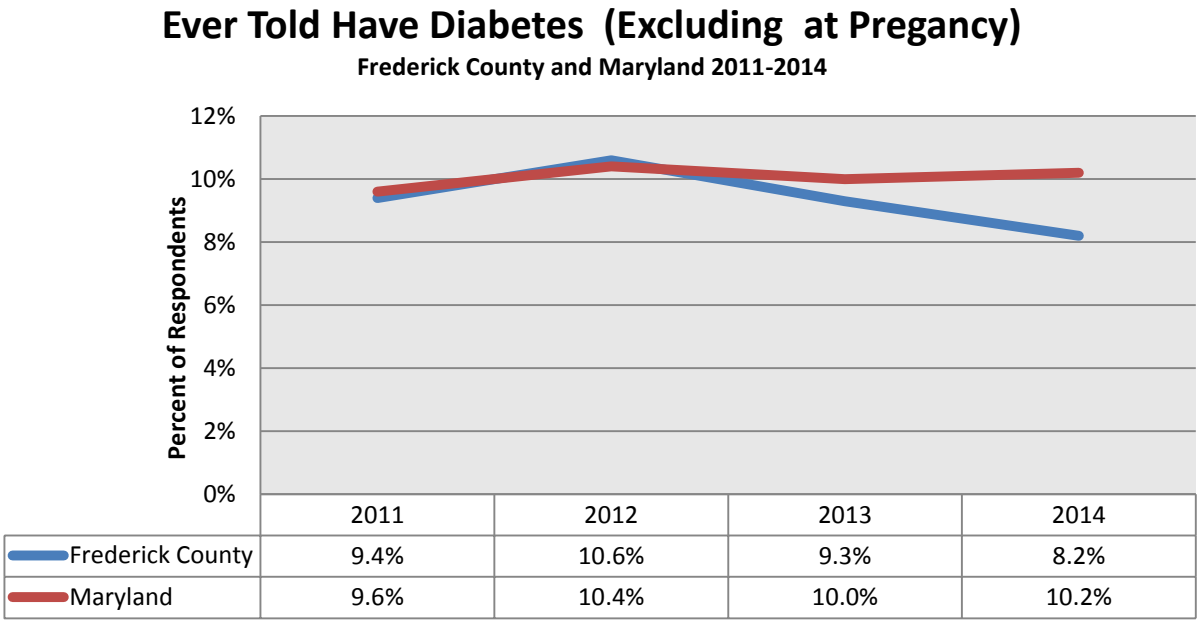
In addition to these human costs, the estimated total financial cost of DM in the United States in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

-Healthy People 2020

HIGHLIGHTS:

- The percentage of adults in Frederick County who have ever been told that they have diabetes has decreased slightly from 9.4% in 2011 to 8.2% in 2014 and is now less than Maryland (10.2%).
- 12% (14,960) of all patient visits from January 2014 to June 2015 had a primary or secondary diagnosis of diabetes.

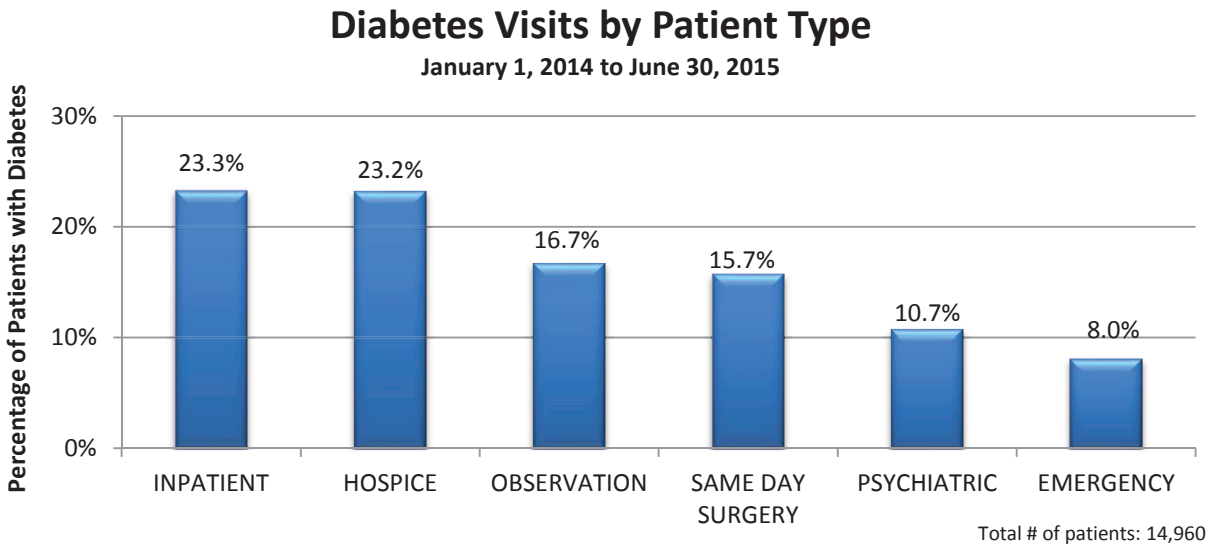
- The percentage of adults in Frederick County who have ever been told that they have diabetes has decreased slightly from 9.4% in 2011 to 8.2% in 2014 and is now less than Maryland (10.2%).



	2011	2012	2013	2014
Frederick County	9.4%	10.6%	9.3%	8.2%
Maryland	9.6%	10.4%	10.0%	10.2%

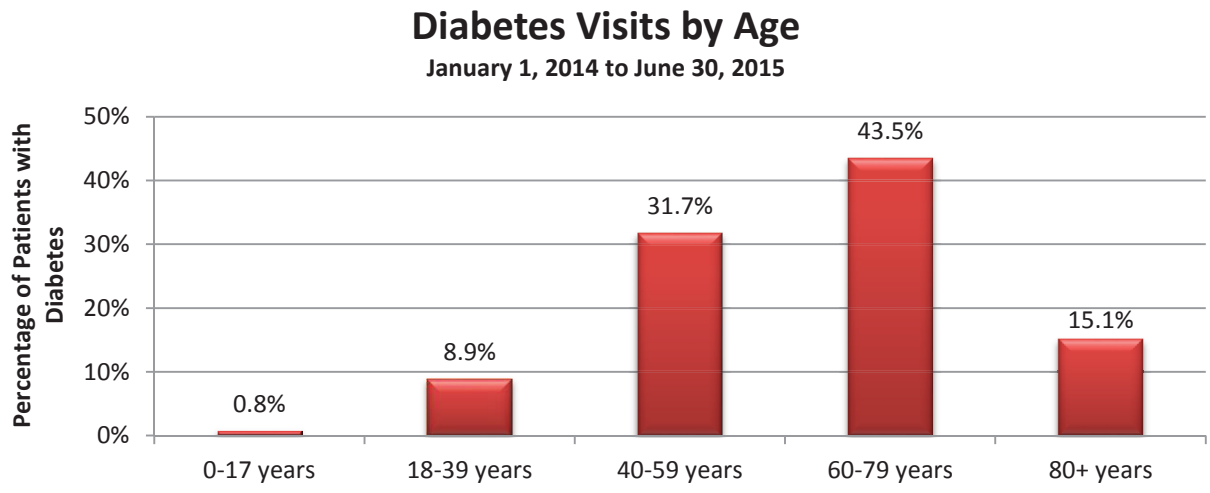
Source: BRFSS Data, Question: DIABETES: EVER TOLD BY A DOCTOR THAT YOU HAVE DIABETES? EXCLUDE: DIABETES AT PREGNANCY

- 12% (14,960) of all patient visits from January 2014 to June 2015 had a primary or secondary diagnosis of diabetes.
- Almost one in four patients in hospice (23.2%) and inpatients (23.3%) have diabetes.



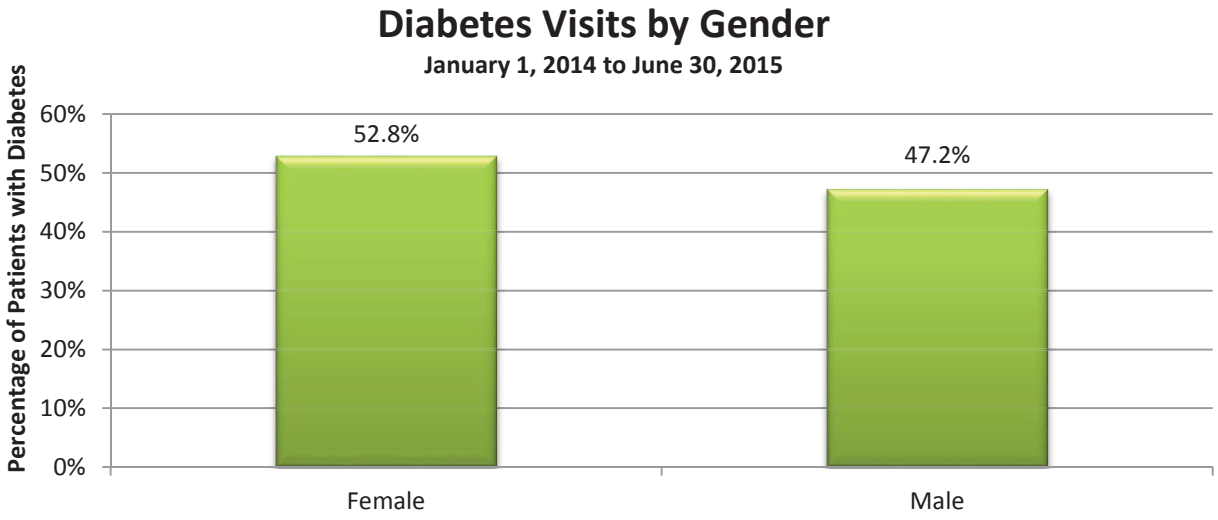
Source: Frederick Memorial Hospital provider documentation in medical records of patient with diabetes, January 1, 2014 through June 30, 2015.

- One-third of Diabetes visits are for patients between 40-59 years (31.7%).
- Slightly less than half of diabetes visits (43.5%) are for patients between 60-79 years.



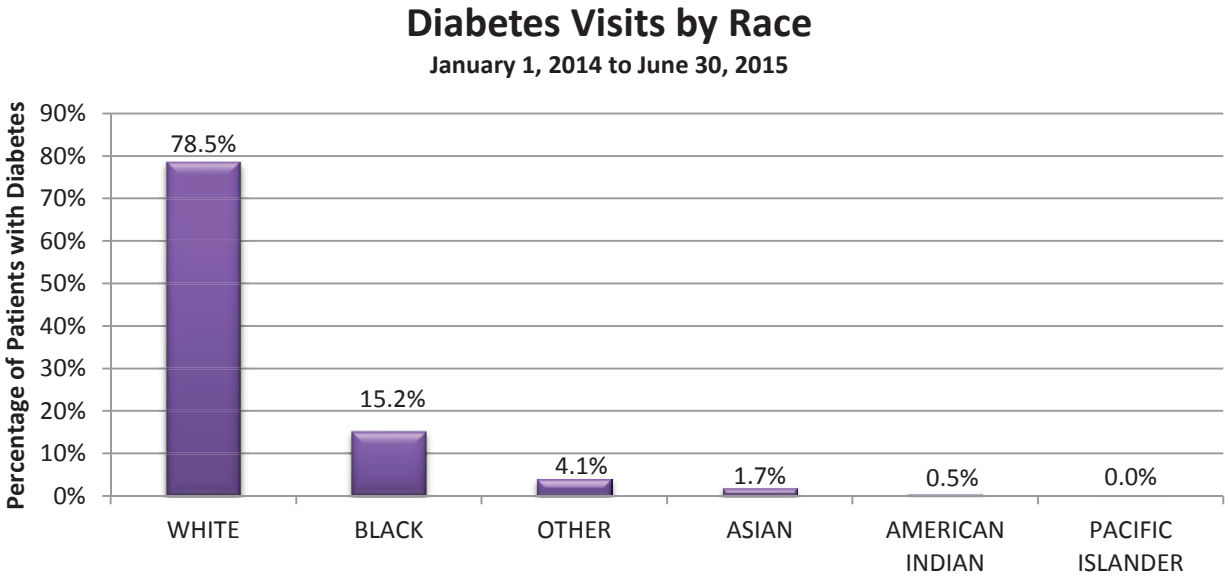
Source: Frederick Memorial Hospital provider documentation in medical records of patient with diabetes, January 1, 2014 through June 30, 2015.

- Slightly more men sought diabetes care (47.2%) than for all visits at FMH (42.3%).
- Slight more diabetes visits at FMH are for women (52.8%) than for men (47.2%).



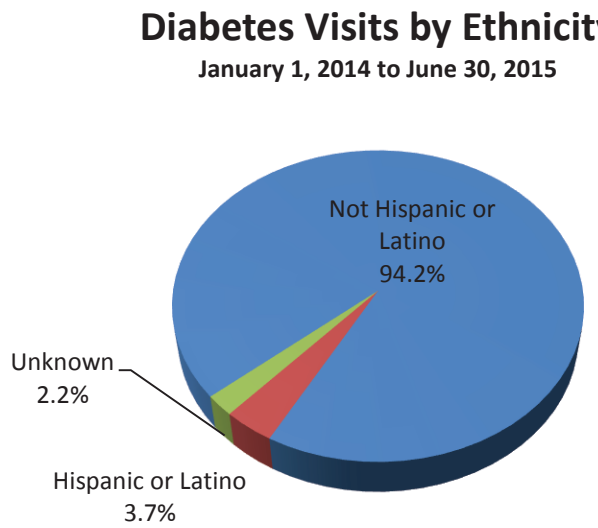
Source: Frederick Memorial Hospital provider documentation in medical records of patient with diabetes, January 1, 2014 through June 30, 2015.

- More than three-fourths of patients seeking care for diabetes are White (78.5%), which is slightly higher than the percentage of all FMH patients who are White (74.3%).
- 4.1% of diabetes visits were for patients who reported their race to be Other, which is much lower than 8.4% of all FMH patients.



Source: Frederick Memorial provider documentation in medical records of patient with diabetes, January 1, 2014 through June 30, 2015.

- 3.7% of diabetes visits at FMH are with patients who self-identify as Hispanic. This is lower than the percentage of all FMH patients who self-identify as Hispanic (8.1%).



Source: Frederick Memorial Hospital provider documentation in medical records of patient with diabetes, January 1, 2014 through June 30, 2015.

Heart Disease and Stroke

OVERVIEW:

Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- Cigarette smoking
- Poor diet and physical inactivity
- High cholesterol
- Diabetes
- Overweight and obesity

Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent the potentially devastating complications of chronic cardiovascular disease.

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90 percent of American adults exceed their recommendation for sodium intake.

Why Are Heart Disease and Stroke Important?

Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Appropriate and timely treatment
- Mortality
- Access to treatment
- Treatment outcomes

-Healthy People 2020

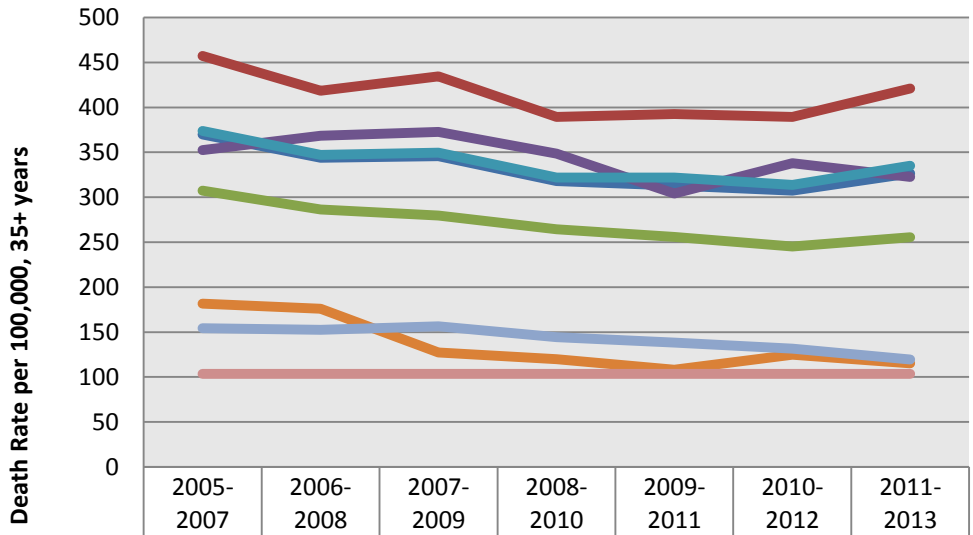
HIGHLIGHTS:

- Stroke death rates have decreased 20% in the past six reporting periods (aggregated years).
- Heart disease related death rates have decreased 11% in the past seven reporting periods.
- Deaths due to hypertension have been declining in Frederick County except for Blacks.
- High blood pressure in Frederick County increased slightly from 22.6% in 2011 to 27.9% in 2013.
- High cholesterol in Frederick County increased slightly from 35.3% in 2011 to 36.8% in 2013.

- Deaths due to heart disease have been declining in Frederick County for both sexes and all races.
- Overall, heart disease related death rates have decreased 11% in the past seven reporting periods (aggregated years).
- Men have a 65% higher heart disease related death rate than women.
- There is no statistical difference in the heart disease death rates of Blacks and Whites.
- Heart disease related death rates for Hispanics and Asians are more than 60% lower than for Whites and Blacks.
- **Frederick County does not meet the Healthy People 2020 Goal to reduce coronary heart disease deaths to fewer than 103.4 deaths per 100,000 for any group.**

Heart Disease Death Rates

Frederick County, 2005-2007 to 2011-2013



	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
All	369.9	343.8	345.7	318.1	313.1	307.2	326.6
Male	457.2	418.7	434.4	389.3	392.5	389.3	421.0
Female	307.2	286.5	279.7	264.3	255.9	245.2	255.7
Black	352.6	368.5	372.7	348.5	304.2	337.9	322.8
White	373.8	347.2	349.6	322.1	321.8	313.9	335.1
Hispanic	181.8	176.1	127.2	119.9	108.1	124.9	115.3
Asian and Pacific Islander	154.4	152.4	156.4	144.4	138.4	131.7	119.4
HP2020	103.4	103.4	103.4	103.4	103.4	103.4	103.4

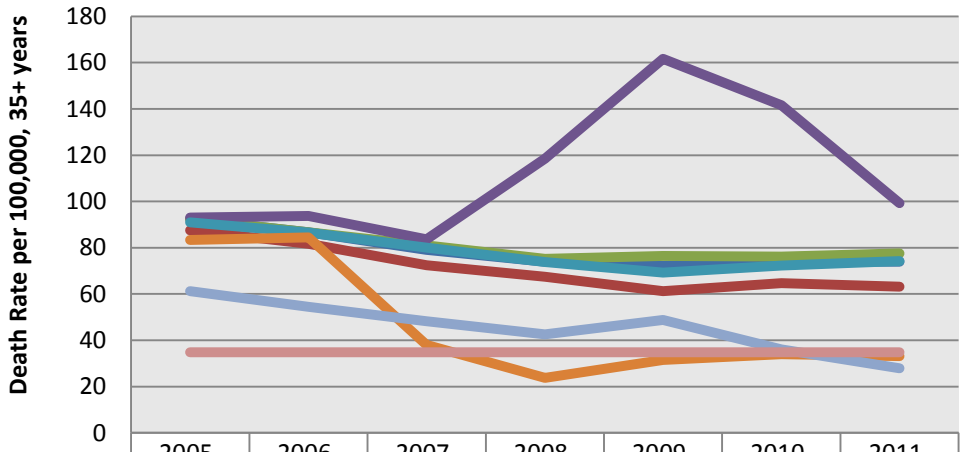
Source: CDC Interactive Atlas of Heart Disease and Stroke, http://nccd.cdc.gov/DHDSPAtlas/Reports.aspx, Healthy People 2020 Goal HDS-2: Reduce coronary heart disease deaths to 103.4 deaths per 100,000 population; Death rates per 100,000, population age 35 years and older.

Note: No data available for American Indian and Alaskan Native for two out of seven reporting periods.

- Deaths due to stroke have been declining in Frederick County for both sexes and all races.
- Overall, death rates have decreased 20% in the past six reporting periods (aggregated years).
- There is no statistical difference in the stroke death rates of men and women.
- Blacks have seen the greatest decline in stroke death rates, decreasing more than a third in the last two reporting periods (aggregated years).
- Blacks have a 1.3 times greater death rate due to stroke than Whites.
- Stroke related death rates for Hispanics and Asians are half the rates for Whites and have seen the greatest decreases (60% for Asian, 41% for American Indian).
- **Frederick County does not meet the Healthy People 2020 Goal to reduce stroke deaths to fewer than 34.8 deaths per 100,000 for any group except Asian and Pacific Islanders.**

Stroke Death Rates

Frederick County, 2005-2007 to 2011-2013



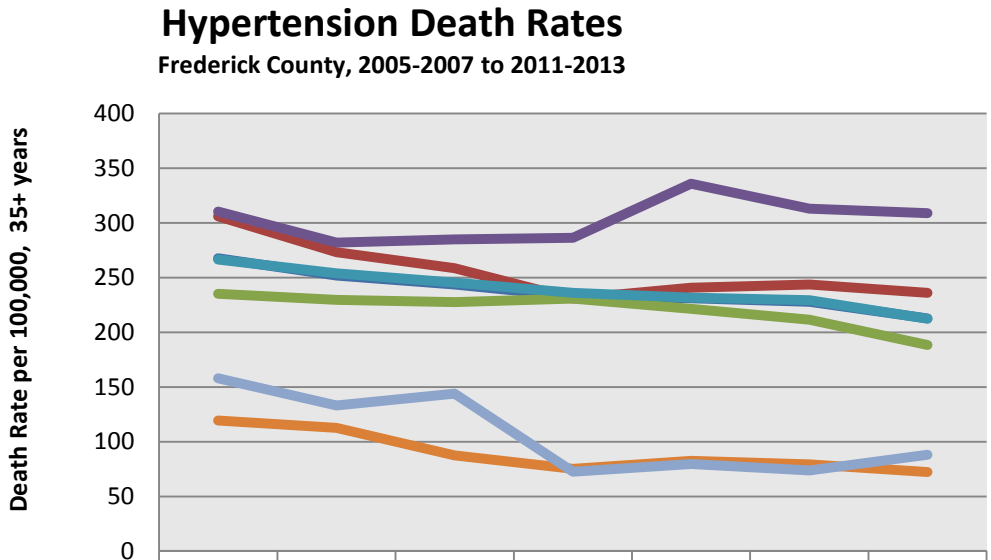
	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
All	92.3	86.7	79.1	74	72.1	74.1	73.9
Male	87.5	81.7	72.5	67.5	61.2	64.7	63.2
Female	92.4	86.7	81	75.2	76.4	76.2	77.6
Black	93.1	93.7	83.6	118.5	161.6	141.6	99.2
White	91	86.5	80	73.8	69.3	72.3	74.2
Hispanic	83.3	84.5	38	23.7	31.5	34	33.2
Asian and Pacific Islander	61.2	54.5	48.2	42.6	48.8	36.1	27.9
HP2020	34.8	34.8	34.8	34.8	34.8	34.8	34.8

Source: CDC Interactive Atlas of Heart Disease and Stroke, http://nccd.cdc.gov/DHDSPAtlas/Reports.aspx, Healthy People 2020 Goal HDS-3: Reduce stroke deaths to 34.8 deaths per 100,000 population.

Death rates per 100,000, population age 35 years and older.

Note: No data available for American Indian and Alaskan Native for all seven reporting periods.

- Deaths due to hypertension (high blood pressure) have been declining in Frederick County for both sexes and races except for Blacks.
- Overall, hypertension related death rates have decreased 20% in the past seven reporting periods (aggregated years).
- Men have a 25% higher hypertension related death rate than women.
- Blacks have a 1.5 times greater death rate due to hypertension than Whites.
- Hypertension related death rates for Hispanics and Asians are 60% lower than for Whites and Blacks.



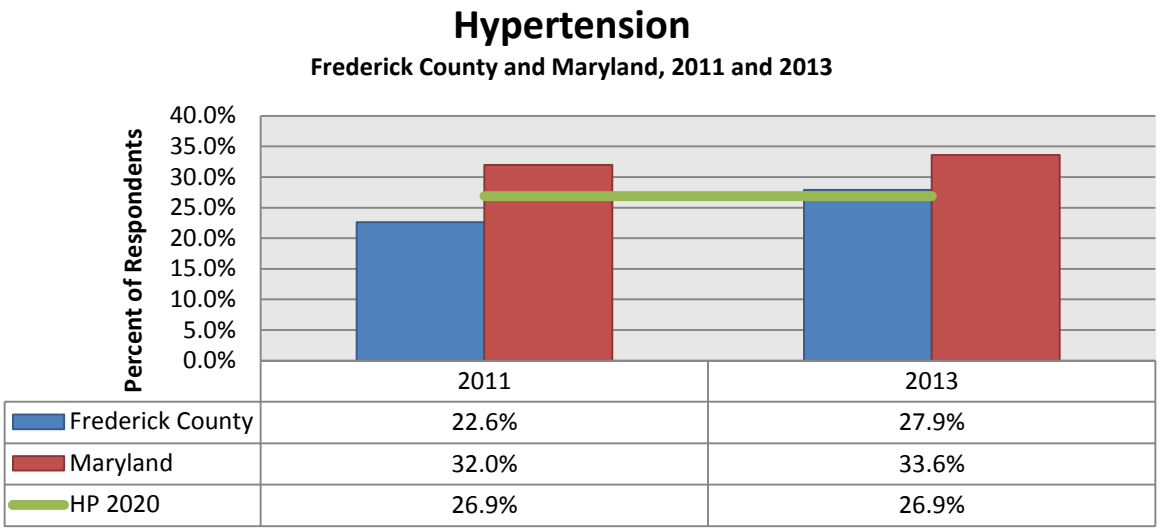
	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
All	267.7	251.8	243.5	232.9	231	227.9	212.5
Male	305.8	273.2	258.5	230.7	240.7	243.7	235.9
Female	235.1	229.6	227.5	230.7	221.4	211.3	188.3
Black	310.2	281.9	285	286.3	335.7	313	308.9
White	266.3	253.8	245.3	235.9	231.6	229.4	212.3
Hispanic	119.2	112.7	87.5	75.3	82.5	79.2	72.3
Asian and Pacific Islander	157.8	133.2	143.9	72.6	79.4	73.8	87.9

Source: CDC Interactive Atlas of Heart Disease and Stroke, http://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

Death rates per 100,000, population age 35 years and older.

Note: No data available for American Indian and Alaskan Native for all seven reporting periods.

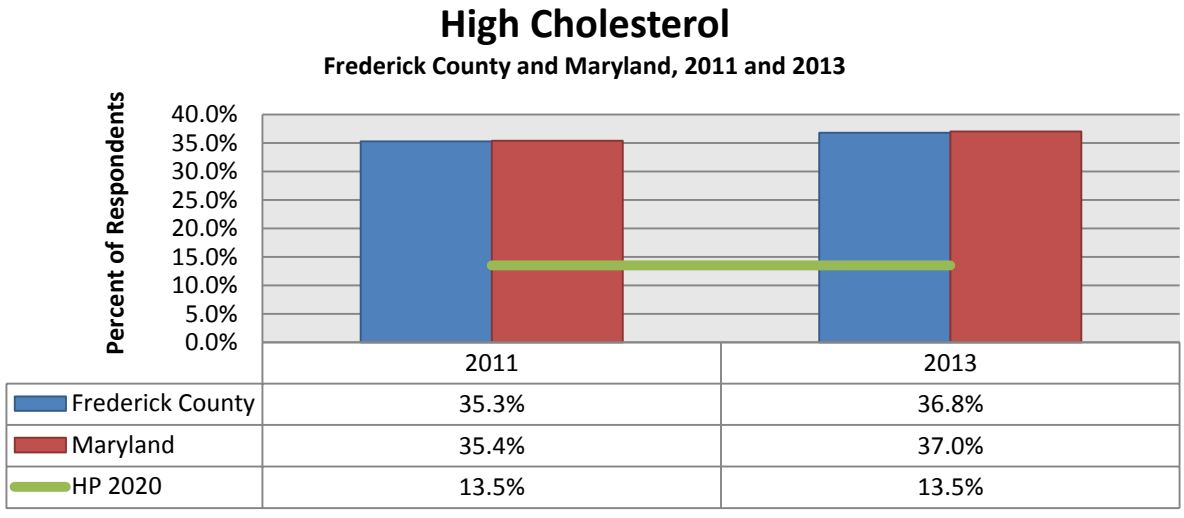
- Hypertension (high blood pressure) in Frederick County increased slightly from 22.6% in 2011 to 27.9% in 2013.
- Frederick County rates of hypertension remain lower than Maryland, 27.9% in Frederick County compared to 33.6% in Maryland in 2013.
- **As of 2013, Frederick County does not meet the Healthy People 2020 Goal to reduce the proportion of the population with hypertension to 26.9% or lower.**



	2011	2013
Frederick County	22.6%	27.9%
Maryland	32.0%	33.6%
HP 2020	26.9%	26.9%

Source: BRFSS Data, Question: HYPERTENSION: EVER BEEN TOLD BY A HEALTH PROFESSIONAL THAT YOU HAVE HIGH BLOOD PRESSURE? Healthy People 2020 Goal HDS-5: Reduce the proportion of persons in the population with hypertension to 26.9%.

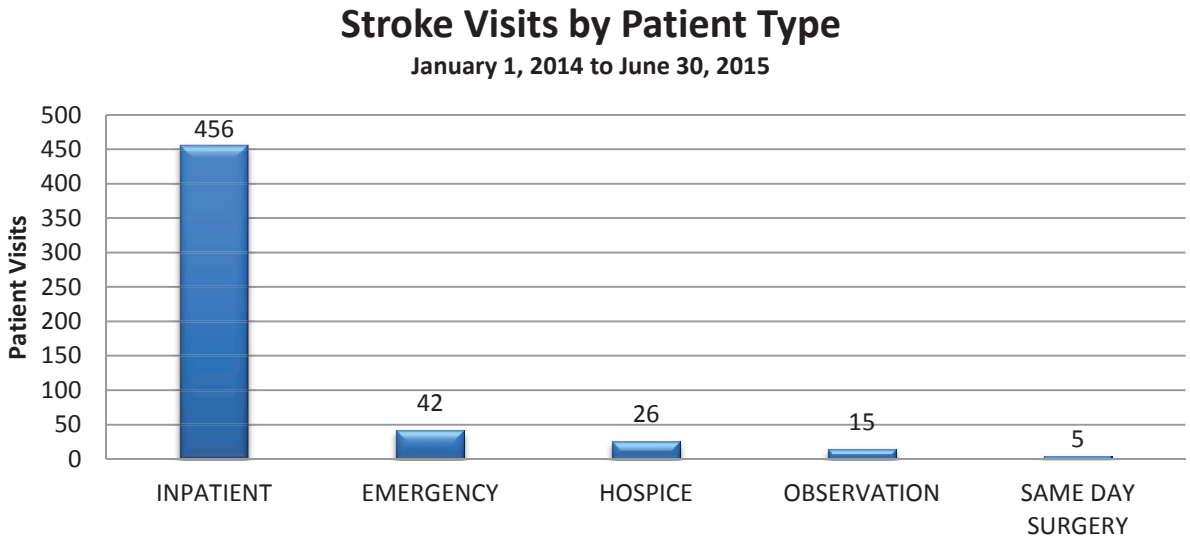
- High cholesterol in Frederick County increased slightly from 35.3% in 2011 to 36.8% in 2013.
- Frederick County rates of high cholesterol are about the same as Maryland rates.
- **Frederick County does not meet the Healthy People 2020 Goal to reduce the proportion of adults with high cholesterol to 13.5% or lower.**



	2011	2013
Frederick County	35.3%	36.8%
Maryland	35.4%	37.0%
HP 2020	13.5%	13.5%

Source: BRFSS Data, Question: CHOLESTEROL: EVER BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT YOUR BLOOD CHOLESTEROL IS HIGH? Healthy People 2020 Goal HDS-7: Reduce the proportion of adults with high total blood cholesterol levels to 13.5%.

- 0.4% (544) of all patient visits from January 2014 to June 2015 had a primary diagnosis of stroke.



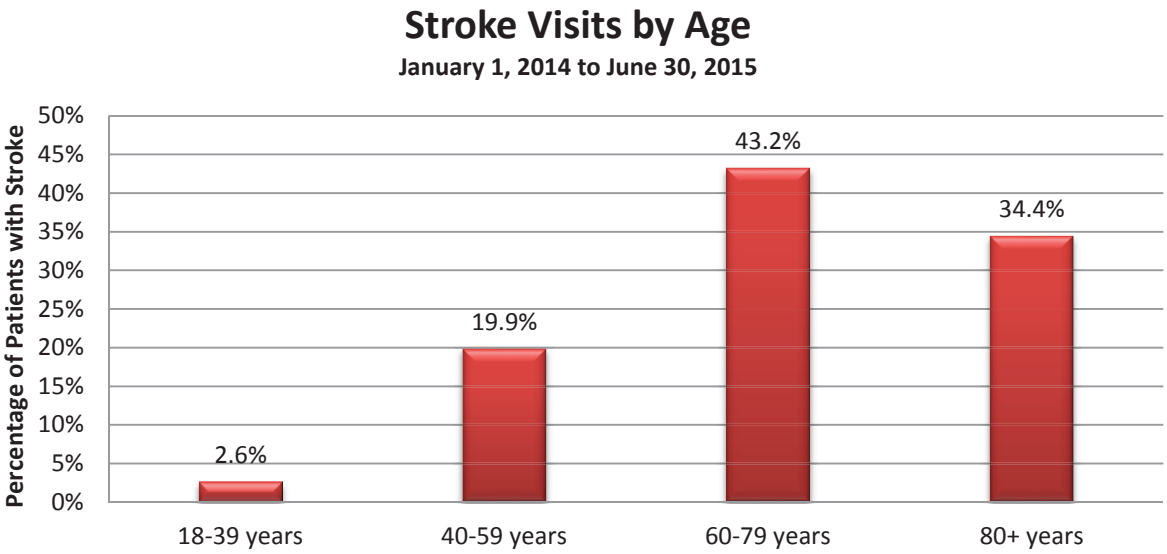
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 61% of stroke care visits are for the principle diagnosis Cerebral Artery Occlusion, Not Otherwise Specified.

Principal Diagnosis - 4 Digit (Top 10)	Cases
Cerebral Artery Occlusion, Not Otherwise Specified	332
Hemorrhage, Intracerebral	56
Cerebral Embolism	55
Carotid Artery Occlusion	53
Hemorrhage, Subarachnoid	25
Cerebral Thrombosis	17
Vertebral Artery Occlusion	4
Precerebral Occlusion, Not Elsewhere Classified	2
Total	544

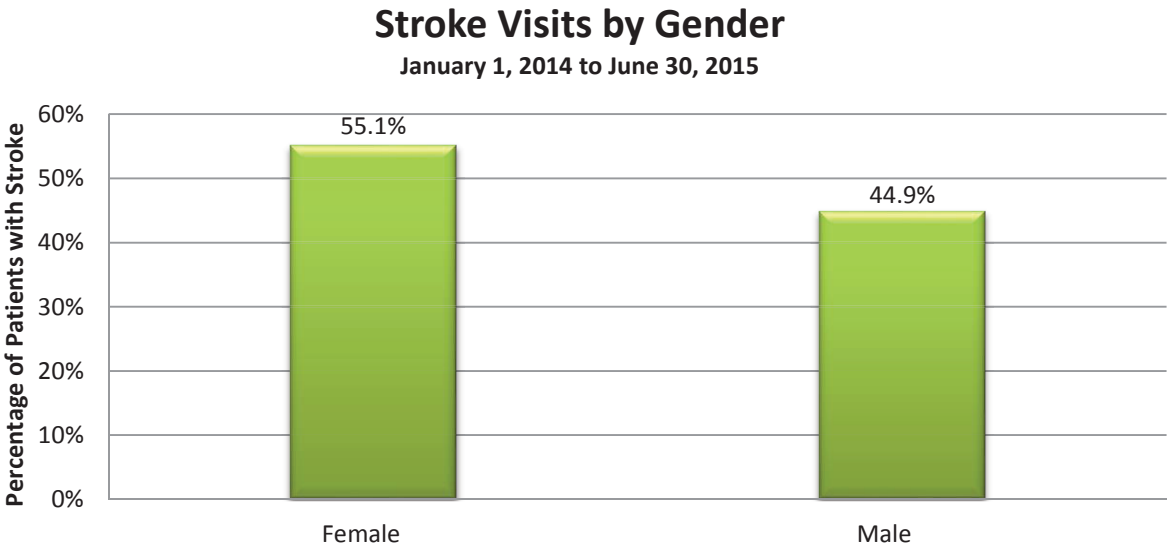
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Three-quarters of stroke visits are for patients 60 years and older.
- Two out of ten stroke visits are for a patient between 40-59 years.



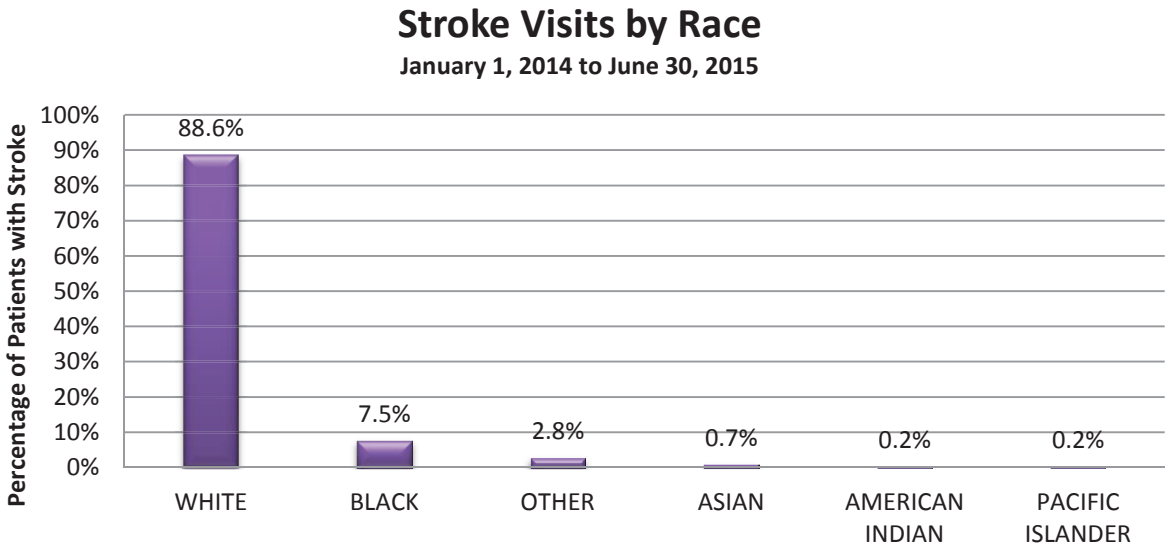
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Approximately the same percentages of men and women seek stroke care at FMH compared to all FMH patients.
- More stroke visits at FMH are for women (55.1%) than for men (44.9%).



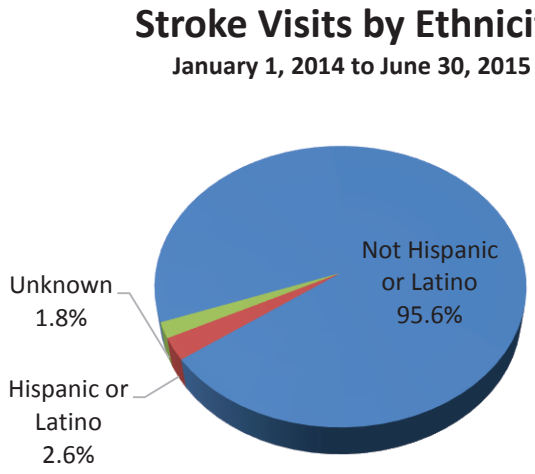
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Almost nine out of ten patients seeking care for a stroke are White (88.6%), which is higher than the percentage of all FMH patients who are White (74.3%).
- 7.5% of stroke visits were for Black patients, which is less than half the percentage of all FMH patients who are Black (15.4%).
- 2.8% of stroke visits were for patients who reported their race to be Other, which is much lower than 8.4% of all FMH patients.



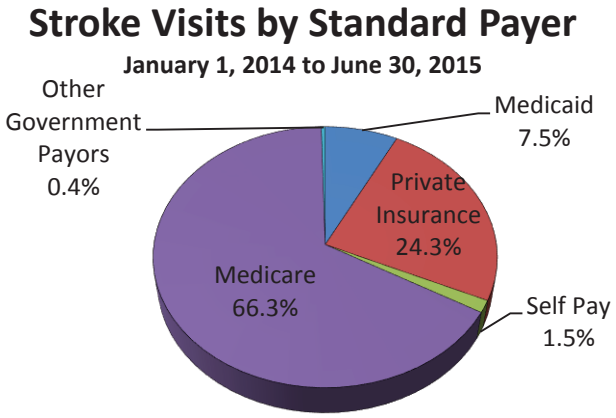
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 2.6% of stroke visits at FMH are with patients who self-identify as Hispanic. This is lower than the percentage of all FMH patients who self-identify as Hispanic (8.1%).



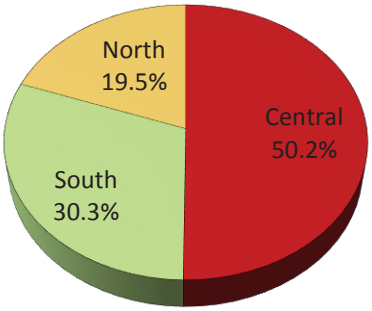
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Two-thirds (66.3%) of all stroke visits at FMH were paid by Medicare, which is almost three times more than the percentage of all FMH visits paid by Medicare (23.0%).
- 7.5% of all stroke visits at FMH were paid by Medicaid, which is much less than the percentage of all FMH visits paid by Medicaid (26.5%).
- Less than a quarter (24.3%) of all stroke visits at FMH were paid for with private insurance, which is much less than the percentage of all FMH visits paid with private insurance (40%).
- The percentage of stroke visits at FMH that were not paid for with any form of insurance (self-pay, 1.5%) was much less than all FMH patients (7.7%).



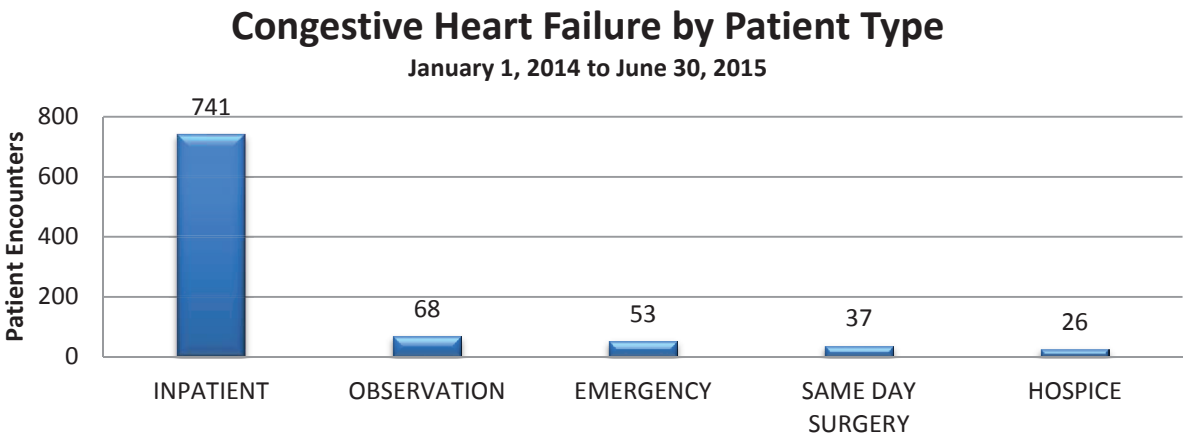
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Fewer patients came from the central region of the county for stroke care, 50.2% compared to the 61.8% of all FMH visits.
- More patients came from the southern part of the county (30.3% compared to 24% of all FMH visits), and from the northern part of the county (19.5% compared to 14.2% of all FMH visits).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 0.8% (925) of all patient visits from January 2014 to June 2015 had a primary diagnosis of congestive heart failure.



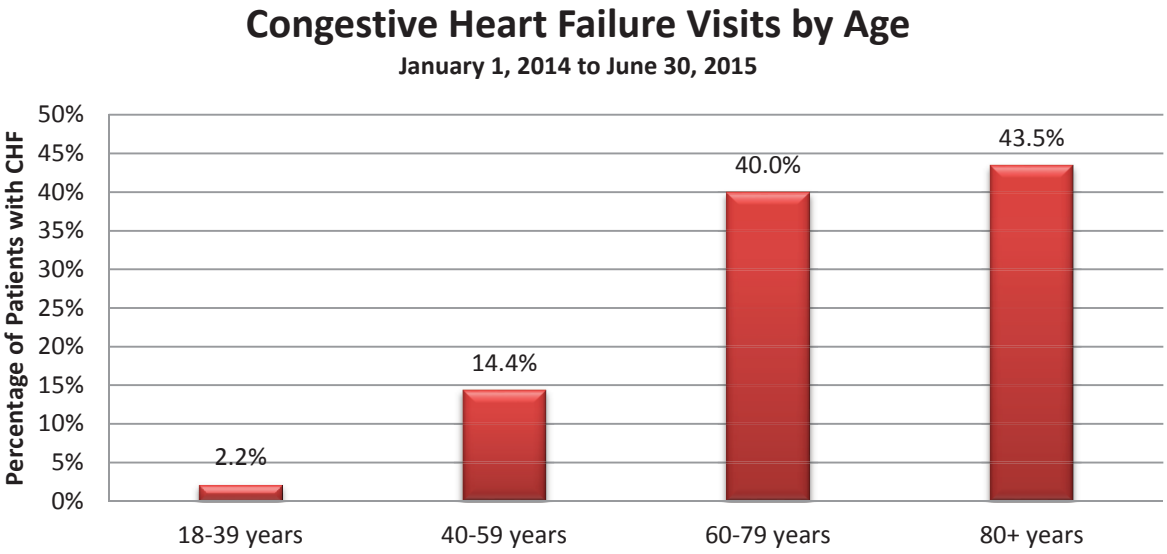
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 36.5% of congestive heart failure visits have a principle diagnosis of Congestive Heart Failure, Not Otherwise Specified.

Principal Diagnosis - 4 Digit (Top 10)	Cases
Failure, Congestive Heart, Not Otherwise Specified	338
Failure, Diastolic Heart	251
Failure, Systolic Heart	244
Failure, Combined Systolic/Diastolic Heart	26
Hypertension Heart/Renal Disease, Not Otherwise Specified	25
Hypertensive Heart Disease, Not Otherwise Specified	13
Benign Hypertension Heart/Renal Disease	12
Mal Hypertensive Heart Disease	8
Mal Hypertensive Heart/Renal Disease	8
Total	925

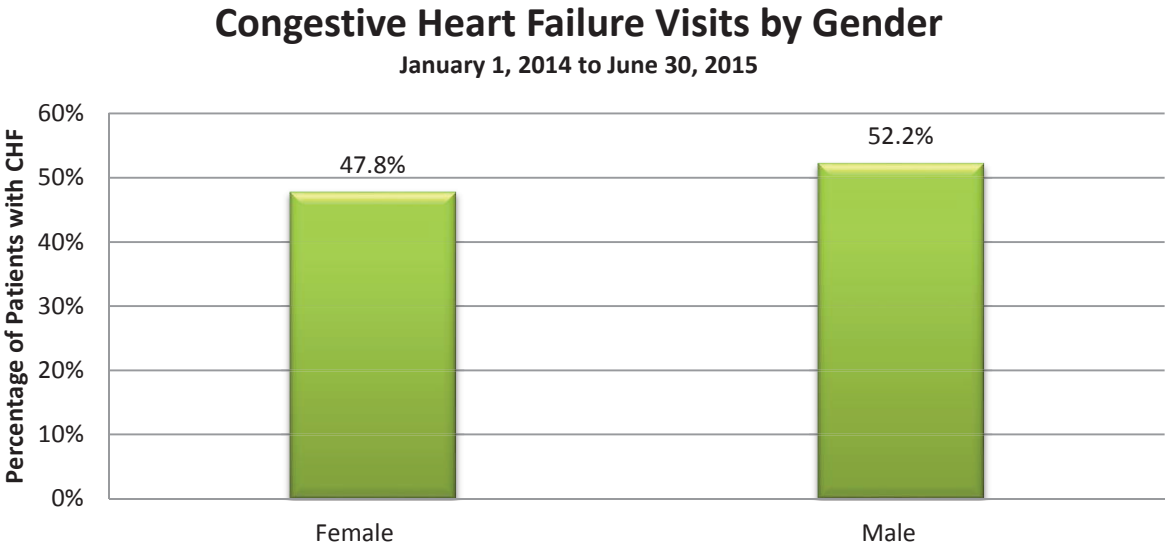
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Four out of five congestive heart failure visits are for patients 60 years and older.
- Less than two out of ten congestive heart failure visits are for a patient between 40-59 years.



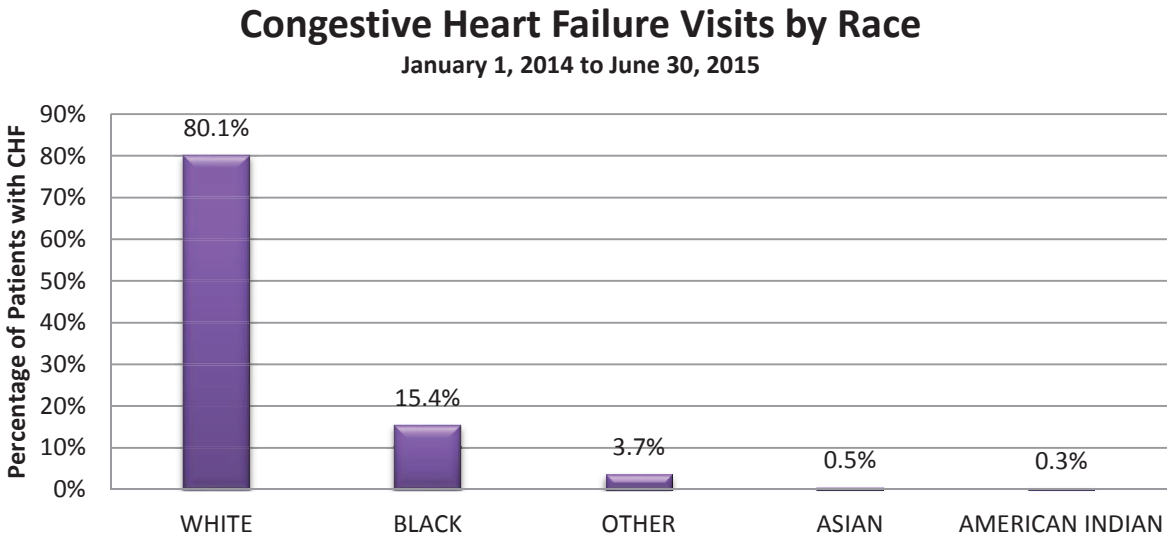
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Slightly more men sought congestive heart failure care at FMH (52.2%) than women (47.8%).
- Slightly more men sought congestive heart failure care (52.2%) than for all visits at FMH (42.3%).



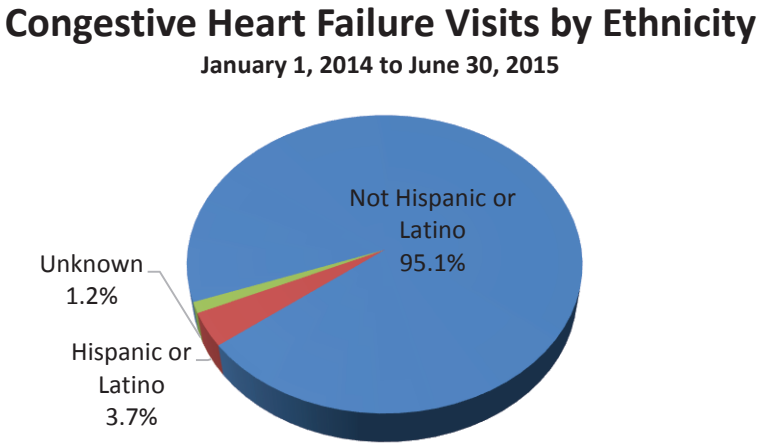
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Eight out of ten patients seeking care for congestive heart failure are White (80.1%), which is higher than the percentage of all FMH patients who are White (74.3%).
- 15.4% of congestive heart failure visits were for Black patients, which the same percentage as all FMH patients who are Black (15.4%).
- 3.7% of congestive heart failure visits were for patients who reported their race to be Other, which is much lower than 8.4% of all FMH patients.



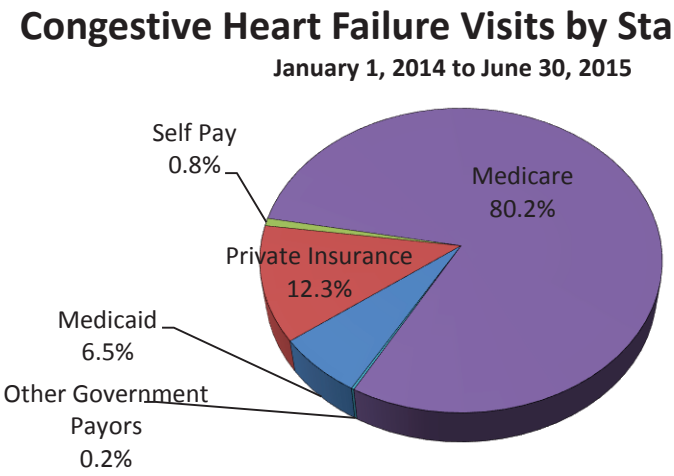
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 3.7% of congestive heart failure visits at FMH are with patients who self-identify as Hispanic. This is lower than the percentage of all FMH patients who self-identify as Hispanic (8.1%).



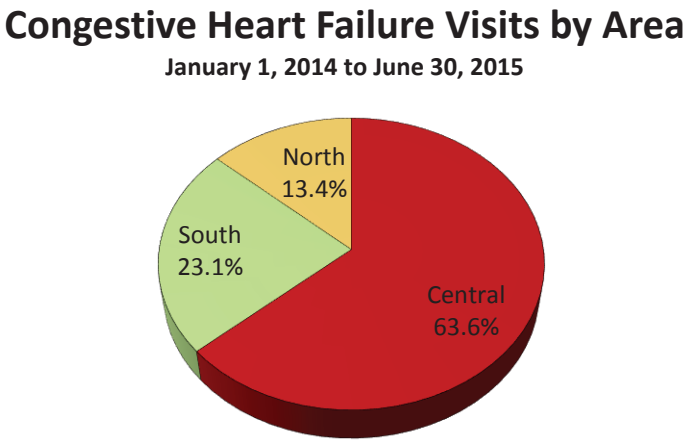
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Eight out of ten (80.2%) of all congestive heart failure visits at FMH were paid by Medicare, which is more than three times the percentage of all FMH visits paid by Medicare (23.0%).
- 6.5% of all congestive heart failure visits at FMH were paid by Medicaid, which is much less than the percentage of all FMH visits paid by Medicaid (26.5%).
- 12.3% of all congestive heart failure visits at FMH were paid for with private insurance, which is much less than the percentage of all FMH visits paid with private insurance (40%).
- The percentage of congestive heart failure visits at FMH that were not paid for with any form of insurance (self-pay, 0.8%) was much less than all FMH patients (7.7%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Patients seeking congestive heart failure care are from the same areas of the county as all patients seeking care at FMH.



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

Physical Activity and Weight

OVERVIEW:

More than 80 percent of adults nationwide do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents nationwide do not do enough aerobic physical activity to meet the guidelines for youth. Working together to meet Healthy People 2020 targets via a multidisciplinary approach is critical to increasing the levels of physical activity and improving health in the United States.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger. All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

Why Are Physical Activity and Weight Important?

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of:

- Early death
- Stroke
- Type 2 diabetes
- Falls
- Coronary heart disease
- High blood pressure
- Breast and colon cancer
- Depression

Among children and adolescents, physical activity can:

- Improve bone health.
- Improve cardiorespiratory and muscular fitness.
- Decrease levels of body fat.
- Reduce symptoms of depression.

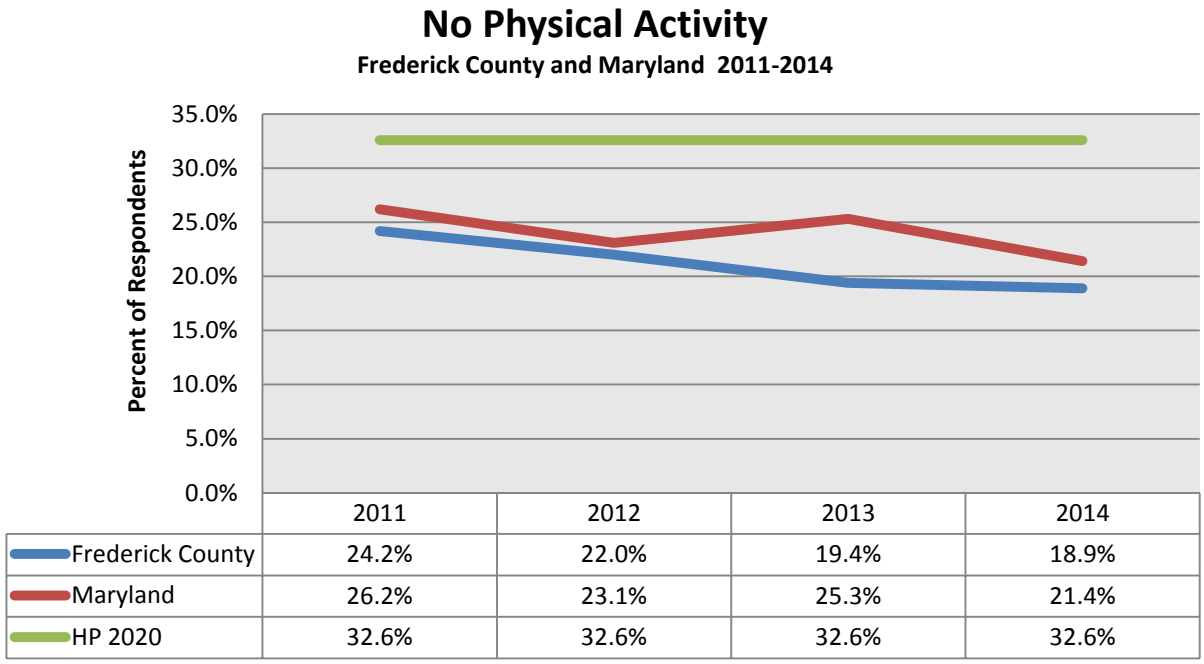
For people who are inactive, even small increases in physical activity are associated with health benefits. The social and physical factors affecting diet and physical activity may also have an impact on weight. Obesity is a problem throughout the population.

-Healthy People 2020

HIGHLIGHTS:

- The percent of Frederick County residents who engage in no physical activity continues to decrease from 24.2% in 2011 to 18.9% in 2014.
- The percentage of Frederick County adults who are overweight has increased from 33.5% in 2011 to 39.3% in 2014, and is now higher than Maryland (35.3%).
- The percentage of Frederick County adults who are obese has increased from 25.5% in 2011 to 28.7% in 2014.

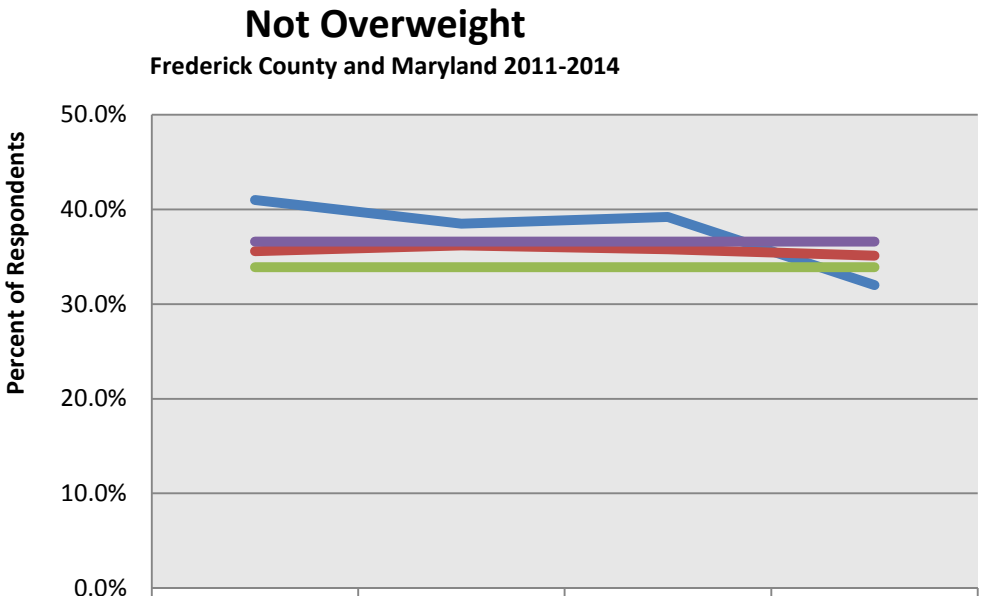
- The percent of Frederick County residents who engage in no physical activity continues to decrease from 24.2% in 2011 to 18.9% in 2014.
- The percent of Frederick County residents who engage in no physical activity continues to be lower than Maryland.
- **Frederick County has consistently met the Healthy People 2020 Goal to reduce the proportion of adults who engage in no leisure time physical activity to less than 32.6%.**



	2011	2012	2013	2014
Frederick County	24.2%	22.0%	19.4%	18.9%
Maryland	26.2%	23.1%	25.3%	21.4%
HP 2020	32.6%	32.6%	32.6%	32.6%

Source: BRFSS Data, Question: PHYSICAL ACTIVITY: HAD ANY LEISURE TIME PHYSICAL ACTIVITIES SUCH AS RUNNING OR WALKING FOR EXERCISE DURING THE LAST 30 DAYS. Healthy People 2020 Goal PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity to 32.6%.

- The percentage of Frederick County adults who are not overweight has decreased from 41% in 2011 to 32% in 2014, and is now lower than Maryland (35.1%).
- **Frederick County is not meeting the Maryland SHIP 2017 Goal to increase the proportion of adults who are at a healthy weight to 36.6%.**
- **Frederick County is not meeting the Healthy People 2020 Goal to increase the proportion of adults who are at a healthy weight to 33.9%.**

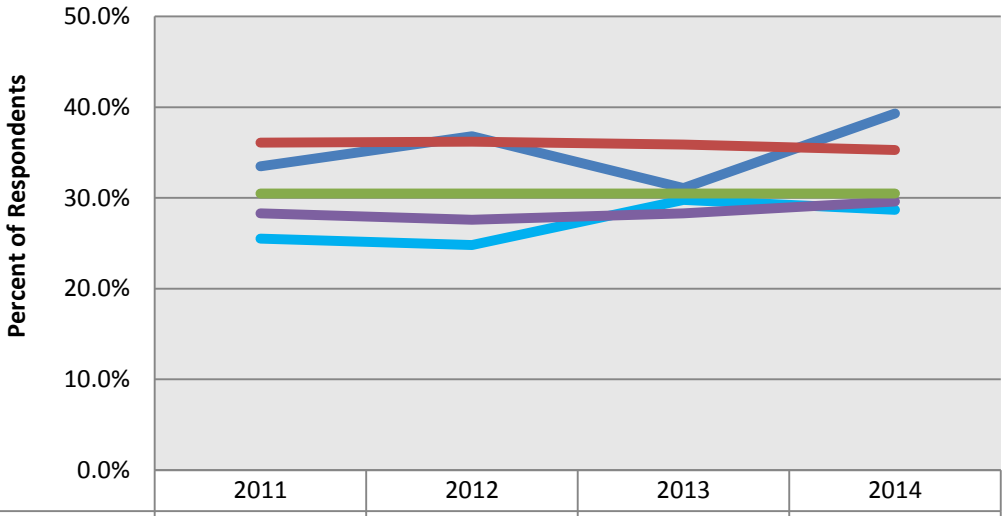


	2011	2012	2013	2014
FC Not Overweight	41.0%	38.5%	39.2%	32.0%
MD Not Overweight	35.6%	36.2%	35.8%	35.1%
HP2020 Increase Healthy	33.9%	33.9%	33.9%	33.9%
MD SHIP 2017	36.6%	36.6%	36.6%	36.6%

Source: BRFSS Data, Question: WEIGHT CONTROL: WEIGHT CLASSIFICATIONS BASED ON BODY MASS INDEX (BMI)

Maryland SHIP 2017 Goal 10: Increase the percent of adults who are at a healthy weight. HP2020 objective NW-8: Increase the proportion of adults who are at a healthy weight to 33.9%

- The percentage of Frederick County adults who are overweight has increased from 33.5% in 2011 to 39.3% in 2014, and is now higher than Maryland (35.3%).
- The percentage of Frederick County adults who are obese has increased from 25.5% in 2011 to 28.7% in 2014, and is now slightly lower than Maryland (29.6%).
- **Frederick County continues to meet the Healthy People 2020 Goal to reduce the proportion of adults who are obese to 30.5%.**



	2011	2012	2013	2014
FC Overweight	33.5%	36.8%	31.1%	39.3%
MD Overweight	36.1%	36.2%	35.9%	35.3%
FC Obese	25.5%	24.8%	29.8%	28.7%
MD Obese	28.3%	27.6%	28.3%	29.6%
HP2020 Reduce Obese	30.5%	30.5%	30.5%	30.5%

Source: BRFSS Data, Question: WEIGHT CONTROL: WEIGHT CLASSIFICATIONS BASED ON BODY MASS INDEX (BMI)
HP2020 objective NW-9: Reduce the proportion of adults who are obese to 30.5%

From a pre-populated list, we asked respondents to acknowledge the health conditions and/or disease that they had been diagnosed with. Thirty percent of the population reported being hypertensive (i.e., having high blood pressure). Additionally, allergies (25.5%) and high cholesterol (22.2%) were among the top three reported conditions and/or diseases. Other chronic disease risk factors that were reported by the survey population included pain (15.3%), diabetes (13.9%) and heart disease (6%).

Percentage of the Sample with a Chronic disease or condition		
	#	%
High Blood Pressure	145	30.0
Allergies	123	25.5
High Cholesterol	107	22.2
Pain	74	15.3
Diabetes	67	13.9
Heart Disease/Heart Attack/Heart Failure	29	6.0

When asked about health problems in county residents in general, weight, physical activity, and eating properly ranked highest, but many other chronic disease risk factors were also identified.

Perceptions of Overall County Health Priorities	%
Weight (Overweight/Obesity)	70.4
Physical Activity	64.4
Eating Properly	60.7
Cardiovascular Disease/Diabetes	53.6
Diabetes	53.0
Asthma/Respiratory Problems	41.7

Forty-seven percent of respondents reported very little to some exercise (less than 10 -15 minutes per day). Additionally, 25.3% reported exercising for duration of 30 minutes each time they exercised.

When participants were asked if they believed they were a healthy weight, 45.8% of respondents reported yes, while 48.4% reported that they were not. When Body Mass Index (BMI) was calculated from self-reported height and weight, 18.8% were found to be overweight and 33.3% obese.

Eight-two (82.4%) percent of respondents report consuming less than the recommended amount of servings each day. Only 15.1% report consuming the recommended 5+ servings per day.

In regards to healthy lifestyle habits, consumption of fruits and vegetables differed by income (answered "3-4 fruits/veggies per day": 0-24K [28.9%], 25-49K [51.4%], 50-75K [51.4%], 75K+ [36.5%]).

Consumption of fruits and vegetables also differed significantly by ethnicity, as non-Hispanics were more likely to report consuming five or more vegetables per day than Hispanics (16.6% vs. 8.3%). Similarly Hispanics were more likely to report only consuming 1-2 servings of fruits and vegetables per day (58.3% vs. 38.8%). Differences also existed with reported number of days exercising (46.7% vs. 26.3%), Hispanics were more likely to report engaging in none to very little exercise.

Focus Groups

The Spanish Speaking Residents Focus Group identified obesity as a health priority, and stated that more follow up care is needed for individuals with chronic diseases like diabetes and high blood pressure.

Chronic pain management was mentioned as a health priority by the FMH Providers Focus Group.

> "We've entered into this program… where we're working with some faith based organizations and other civic clubs to try to educate some lay health educators to help people in their community learn more about how to self-manage their chronic disease and to help facilitate [fewer] emergency room [visits] because they know where to access resources."
>
> -FMH Providers Focus Group

Addressing the Need

Frederick Memorial Hospital

Diabetes is a chronic disease that impacts many residents of the Frederick community and has tremendous long term impacts on the morbidity and mortality of those with the disease. Frederick Memorial Hospital offers care for those with diabetes across the continuum of care and the stages of the disease.

MHP Endocrine & Thyroid Specialists is a Monocacy Health Partners physician practice with 4 endocrinologists and 2 nurse practitioners providing evaluation and management services for patients with diabetes and other endocrine disorders. The practice was established in 2014 in response to the need for more endocrinologists in the Frederick community. Patients were unable to get into see specialists for months and were traveling out of the community to gain access to care. When the private practice endocrinologists in the community declined to expand their practices Monocacy Health Partners and FMH opened this service. MHP Endocrine & Thyroid Specialists also staffs one of the nurse practitioners in the hospital to provide consultations and medication management services for patients in the hospital.

FMH Center for Diabetes & Nutrition Services is the outpatient program offering several services for the residents of the Frederick area with diabetes and obesity. The program is accredited by the American Diabetes Association and offers a 10 hour Diabetes Self-Management Education Program with the focus on empowering attendees with the information to manage diabetes to minimize the long term impacts of the disease. Individual diabetes education is also offered and nutritional counseling. The Center also offers support groups for Type 1 and Type 2 diabetes and is developing a program for 2016 that focuses on pre-diabetes.

FMH Inpatient Diabetes offers diabetes education in the inpatient environment for those with a new diagnosis of diabetes or those with difficulty controlling the disease resulting in admission to the hospital or complicating their health while in the hospital for other issues.

In addition to the above, the staff from these three programs also provide diabetes screening, education services and prevention education to health fairs, community events, workplace settings and others.

ProMotion Fitness +
The FMH ProMotion Fitness+ program is a medically supervised fitness program that helps special populations promote health, improve physical fitness and enhance the quality of their life through exercise and education. The ProMotion Fitness+ program is recommended for people with health concerns such as high blood pressure, heart disease, diabetes, lung disease, circulatory problems and weight issues. The staff at ProMotion Fitness+ consists of registered nurses and degreed exercise physiologists trained and certified in BLS and Advanced Cardiac Life Support. The staff prepares an individualized exercise program for each participant and monitors the exercise routine. Included in this program is regular blood pressure readings, glucose measurement (as needed), exercise prescription, one-on-one assistance from our staff (as needed) and regular feedback and communication with physicians.

FMH CARe Clinic
This formal clinic began February 2016, initially focusing on high risk patients with heart failure or COPD who need assistance with the transition between their hospital stay and their follow-up with their health care provider. The goal is to allow the patient to stay healthy and home and reduce the need for hospital readmission. A multidisciplinary team approach with a nurse practitioner, social worker, care transitions nurse and pharmacist, to help people better navigate their complex health needs, education and reinforce their medical treatment plan. The clinic is not a substitute for a primary care doctor or specialist, but rather a resource to help transition the patient until they are able to see their provider for follow up care. The long term goal of this program is to expand the offerings to patients facing other co-morbidities who are high risk for readmission.

Interventional Cardiology Program
FMH offers 24/7 emergency interventional cardiology for patients suffering a heart attack. Outcomes are significantly improved for patients who receive intervention as quickly as possible. Offering interventional cardiology in Frederick County eliminates the need to transfer the patient to a tertiary center and allows for earlier intervention.

Elective Heart Catheterization:

- Allows for diagnostic and elective intervention for patients experiencing symptoms of heart disease, but not actively having a heart attack, but rather preventing the risk of heart attack in the future.

Cardiac Rehabilitation
An outpatient hospital-based program specifically designed for patients who have experienced a recent cardiac event. In incorporates medically monitored exercise and education focused on risk factor reduction.

FMH Chest Pain Center and FMH Primary Stroke Center
The Maryland Institute of Emergency Medical Service Systems, (MIEMSS) has designated FMH as a **Primary Stroke Center** and a multiple quality achievement award hospital since 2009. The Chest Center is a 24/7 observation unit that evaluates low-risk chest pain patients in accordance with the Society of Cardiovascular Patient Care (SCPC), American College of Cardiology (ACC), and American Heart Association (AHA) guidelines. The FMH Chest Pain Center has been recognized as an accredited Chest Pain Center with PCI since 2012 from the Society of Cardiovascular Patient Care, their highest honor. Frederick County residents no longer have to be transported to neighboring facilities to receive acute stroke care, nor to have their low-risk chest pain evaluated. A program with the highest level of preparedness and state recognition is now available in Frederick County at Frederick Memorial Hospital. The FMH Stroke Program provides stroke training to Frederick County Emergency Medical Services to ensure that first-responders are aware of stroke signs and symptoms and also the most current treatments. The cooperation between these two entities enables the patient to have the best care possible at every stage of treatment.

The Stroke Program also offers free stroke workshops to the citizens of Frederick County. The stroke workshops increase awareness and provide details on stroke care and prevention. Attendees are given information on risk

factors and steps they can take right away to change their own risk for stroke. At the conclusion of the workshop, attendees are able to name and identify stroke signs and symptoms and know what to do in case they, or someone they know, are having a stroke. The Director of the FMH Stroke Center of Excellence has presented information and educational materials about stroke and stroke prevention:

FMH Pulmonary Rehabilitation
An outpatient hospital-based program specifically designed for patients with COPD or other related chronic lung conditions. It combines medically monitored exercise, and education specific to teaching how to control symptoms, and improve their activities of daily living.

Other Community Outreach:
FMH has a community benefits committee that uses the findings from the community health needs assessment and deploys resources to the community in regards to outreach and education. These are summarized annually in the community benefits report. Some of these included:

- Frederick County Health Fair: FMH partnered in 2014 and 2015 with the Asian American Center of Frederick to offer health education, vaccination, and screenings to the residents of Frederick County and surrounding areas, with emphasis on underserved and underinsured populations who may not have access to care. FMH offered flu vaccinations, glucose/cholesterol screenings, bone density screenings, women's health education, pediatric asthma and chronic disease prevention education and counseling.
- Women's Heart Event: Annually holds an interactive event for 200+ residents of Frederick County, with mission to raise awareness and education in regards to women and heart disease.

Bridges Lay Health Educator Program
FMH established Bridges and the Lay Health Educator Program in response to feedback obtained during the 2012 Community Health Needs Assessment indicating that more FMH sponsored programs and seminars needed to be conducted in the community and that the multicultural community wanted and needed to be engaged in the national work to improve health and the overall quality of life for our citizens. This focused new efforts to connect networks and build partnerships that collaborate to close the gap on health disparities, decrease the incidence of chronic disease and preventable illness, and build a healthier Frederick.

The Lay Health Educator (LHE) Program is designed to prepare volunteers from multicultural communities to start or energize health programs in the places that they live, work, worship and gather. There is no charge to the organization or volunteer. Participants are recommended through Faith Based Organizations or other cultural and community organizations to take the 10 week, 30 hour course. Subjects, which were selected based on the Community Health Needs Assessment, Focus Groups with target communities, clinical staff, hospital data and patient feedback pointed to these topics:

- Advanced Directives
- Cancer
- COPD
- Dementia/Alzheimer
- Depression/Mental Health/Addiction
- Diabetes
- Heart Disease
- HIV/STD's/HPV
- Hospice Care/End of Life
- Medication Management
- Men's/Women's Health
- Navigating the Healthcare System
- Nutrition
- Oral Health
- Obstructive Sleep Apnea
- Stroke
- Talking to Your Doctor

Instructors are drawn from the hospital's physicians, other professional staff, nursing educators, advocacy groups and community physicians. The exchange of learning at this level is important – what the participants talk about in class, especially about barriers to access, their experiences in doctors' offices, and their comfort level with the

communication between physician and patient leave a lasting impression on everyone including the "expert." Each LHE leaves with binders, totes and electronic versions of the materials that they can edit to match the audiences culture, beliefs, language, gender or tolerance for graphic images.

To date, 29 people have completed the program and community educational sessions are growing in formal, informal, and one on one formats. "Boys Night Out" now features discussion on men's health issues, and the Deaf Seniors group for Frederick County now receives their health education in American Sign Language. More families are holding "The Conversation" and tackling tough topics because of a chance mention of it in the monthly bulletin.

To keep track of activity from which metrics will develop, the program's coordinator regularly receives updates and phone calls about new ventures or the need for hospital resources. Sponsoring organizations may feature the Bridges "Partner" Badge on their website or banners to indicate membership in this growing network. Metrics are being tested and defined, but evaluations and feedback from the LHE's and Organizations has been extremely positive. New topics are added and the curriculum is adjusted after each cohort evaluates the content. To keep LHE's up to date and in line with the community needs, a continuing education program has been developed and all LHE's return for a "reunion" of sorts, and as a result new network relationships form.

The program has been so successful that other organizations with health outreach missions are contacting FRHS to provide the "101" level education for their community health workers, AmeriCorps volunteers, and Retired Senior Volunteer Program members. One significant outcome is that people are reaching across their racial, religious, and ethnic lines to build new bridges toward better health; more significantly, they are now being integrated into other hospital programs that benefit from consumer involvement so that their diverse perspectives can be called upon in building the future of healthcare.

Frederick Memorial Hospital has actively pursued other key community based partnerships to address the health, wellness and social determinates of health needs for high risk/vulnerable populations living in Frederick County. Focused on targeted community based interventions and coordination across the continuum to reduce unnecessary hospital utilization and improve access to appropriate community based services. Existing partnerships include:

1. Mission of Mercy:

    a. The Mission of Mercy provides primary care services to low and under insured individuals via a mobile health clinic model. Frederick Memorial and the Mission of Mercy entered into an MOU which provides a mechanism for hospital patients to be scheduled for follow up care, as well as ensure a warm hand off between care providers occurs. The goal of which I to increase the likelihood patients engage in follow up care as they now have a scheduled appointment versus waiting in line on the usual first come first serve service model. An estimated 160 patients have received care thru this shared patient transition of care model.

2. The Coordinating Center:

    a. Frederick Memorial engaged with The Coordinating Center in July 2015 to provide intensive community based care management services to the highest risk and most vulnerable patient populations, including homeless individuals, ESRD patients and individuals with chronic conditions and poor health literacy. Thru the use of a health coach/advocate model The Coordinating Center has successfully engaged an estimated 280 individuals. These health coaches meet the patient in their home, the library, homeless shelter, etc. offer services and supports to increase health literacy, access services to address social determinates of health including, housing, hunger, employment, health care, etc. The patients engaged by The Coordinating Center have readmission rate of approximately 17%.

3. Capital Coordinated Medicine:

    a. Many patients are challenged by medical or physical situations that limit their ability to access routine primary care services, thus waiting until situation exacerbate to the point of requiring a 911 call leading to emergency room visits and or hospitalization. Frederick Memorial engaged in a partnership with Capital Coordinated Medicine to provide home based primary care to Medicare beneficiaries. Capital Coordinated Medicine receives referrals from hospital discharge planners, Department of Aging, Department of Social Services and other social and health care professions with the consent of the patient. A provider from Capital Coordinated Medicine initiates in home primary care, doing so on a short or long term basis. The provider is responsible for medical management and partners with care management or other social support agencies.

In addition Frederick Memorial is actively working to implement the following key partnerships and or programs:

1. In partnership with the Asian American Center Frederick Memorial Hospital will launch a Community Health Worker pilot to support patients and their families navigating and accessing community services, providing advocacy, and coaching to promote improved overall health and wellbeing. The CHW will support providers through an integrated approach to care management and community outreach. As a priority, activities will promote, maintain, and improve the health of patients and their family. Community Health Workers come from the communities they serve, working at the grassroots level building trust and vital relationships which make them effective culture brokers between their own communities and systems of care

2. Frederick Memorial is working closely with the Frederick County Health Department to ensure coordination of efforts around chronic disease management programs and engagement of high risk individuals is coordinated in a manner that reduces duplication of effort, provides a standardization of tools and resources and optimizes the reach of such programs. As an example of this effort we are working to develop a shared tool to identify high risk individuals and will actively train hospital staff using the same Certified Health Coach training as used by the health department. Additionally, we are working to engage EMS personnel in the dialogue with plans to develop a paramedicine program to further reach high risk individuals and assist in appropriate access of health, medical and social services.

Identified Need	To provide intensive care management services to individuals with chronic conditions, no/limited access to care, and or those challenged to meet social determinates of health in order to reduce unnecessary hospital utilization and improve population health. Intensive community based care management provides infrastructure to support some of the most chronically ill, fragile and social complex patient populations. One of the main reasons for hospital re-admission is the fact that discharged patients have historically received little or no guidance relative to follow-up visits with physicians, filling and taking their prescribed medications, making appointments for rehabilitation, etc. Patients identified as high ED utilizers, and/or patients returning to the hospital within 30 days of discharge, meet with either an RN or Social Work case management in an effort to understand why a patient has returned after discharge and or has frequent visits to the emergency room. The results overwhelmingly supported the need to establish a plan for access to; medications, follow up physician appointments, transportation, housing, employment and other medical/social support in the community, including but not limited to state and federal entitlement programs.

Hospital Initiative	Care Transitions
Number of people affected	Seek to identify those with chronic conditions and overutilization of ED
Number of people reached	2994
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	In 2015, 2994 patients received home/community passed interventions from our Care Transitions team, which includes RNs, social workers, pharmacist, an NP and a coordinator. Through the work of our Care Transitions team patients receive more focused disease management education, and intensive transition planning, which often includes financial support for medications follow up physician appointments, transportation and various other medical and social support services in the community. As the team works closely with patients who have been identified as high risk for readmission a great deal of time and energy is spent working with patients and caregivers to establish a post discharge plan. Over the past 12 months the work of this team has expanded to include referrals from community based providers before hospitalization is necessary. Collaborative partnerships have established with the community to ensure services are provided and appropriate charges covered by the Care Transitions Program.
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Walgreens, Whitesell's pharmacy, Department of Aging, Frederick County Health Department, assisted living facilities, local skilled nursing facilities, community primary care and specialty practices, FMH Immediate Care, Hospice of Frederick County, homecare, Right at Home, DaVita Dialysis Centers, Way Station Inc., Mental Health Association
How were the outcomes evaluated?	The effectiveness of the interventions is evaluated thru our readmission and ED recidivism rates, which year over year continue to improve. Additionally, success is measured thru our patient satisfaction with the discharge process, which almost simultaneously with the program patient satisfaction moved from the "78th" percentile to the 88th and has not dropped since.
Outcome (Include process and impact measures)	FMH's HSCRC measured readmission rate stays relatively consistent between 11.3 and 11.6%, which is among the lowest in the state.
Continuation of Initiative	The Care Transitions initiative is ongoing with no end date.
A. Cost of Initiative for current fiscal year	The entire cost of the program, including salaries is: $1,108,426 $143,608 was spent providing post-acute services to meet individual patient needs

Frederick County Health Department

The Frederick County Health Department Preventive Health program addresses the management of chronic diseases, which include hypertension (high blood pressure) and diabetes. The goal is to prevent and reduce the burden of health problems resulting from these conditions and, ultimately, to improve the well-being of Frederick County residents. Efforts to accomplish this include a current health systems grant project in partnership with Frederick Regional Healthcare System and a primary care practice that focuses on engaging primary care practice patients in the self-management of their hypertension and/or diabetes and engaging the practice staff and community in developing processes and interventions to support this. An example of this is the recent development of a community support group for residents diagnosed with diabetes or at risk for diabetes.

The Preventive Health program is also in the process of developing a chronic disease self-management program at the Health Department, titled "I'm Living Healthy," centered on assisting clients with diabetes and hypertension in improving blood sugar and blood pressure control, in addition to preventing these conditions by working with those residents who are at risk. Collaborating with the Frederick Regional Healthcare System in the development of chronic disease assessment and educational tools and patient linkage to community resources and partnering with the Fire & Rescue Services in offering regular blood pressure and blood sugar checks to county residents are examples of making this program a community-wide approach to chronic disease prevention and management.

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MATERNAL, INFANT, CHILD HEALTH

OVERVIEW:

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The goals of the Maternal, Infant, and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.

Why Are Maternal, Infant, and Child Health Important?

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- Hypertension and heart disease
- Diabetes
- Depression
- Genetic conditions
- Sexually transmitted diseases (STDs)
- Tobacco use and alcohol abuse
- Inadequate nutrition
- Unhealthy weight

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

-Healthy People 2020

HIGHLIGHTS:

- Frederick County's infant mortality rate decreased from 4.8 deaths per 1,000 live births in 2013 to 3.6 in 2014, and remains consistently lower than the Maryland infant mortality rate.
- Frederick County's low birth weight percentage increased slightly from 7.4% of births in 2013 to 7.5% in 2014, but remains consistently lower than the Maryland low birth weight. There is disparity, particularly in the Black Non-Hispanic population
- The percentage of preterm births in Frederick County decreased from 9.7% in 2013 to 9.2 in 2014, and remains lower than the Maryland percentage.
- The percentage of pregnant women in Frederick County who have received early prenatal care remains consistently higher than the Maryland percentage. There is disparity, particularly in the Hispanic population.
- The percentage of births delivered by cesarean section has remained consistent in Maryland and Frederick County from 2010 to 2014, and slightly lower in Frederick County than Maryland.
- The percent of births by c-section is 25% higher for Frederick County Blacks than Whites in 2014.

Infant Mortality

- Frederick County's infant mortality rate decreased from 4.8 deaths per 1,000 live births in 2013 to 3.6 in 2014, and remains consistently lower than the Maryland infant mortality rate.
- **Frederick County has met the Healthy People 2020 Goal and the Maryland SHIP 2017 Goal.**

Infant Mortality (per 1,000 live births)

2014	Frederick County	Maryland	HP 2020	Meet HP 2020	SHIP 2017	Meet SHIP
All races	3.6	6.5		Yes		Yes
White	4.4	4.2	↓ 6.0	Yes	↓ 6.3	Yes
Black	*	10.6		Not Calc.		Not Calc.

*Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH; Healthy People 2020 MICH-1.3: Reduce rate of infant deaths to 6.0 deaths per 1,000 live births. Maryland SHIP 2017 Goal 1: Reduce rate of infant deaths to 6.3 deaths per 1,000 live births. *Rates based on <5 deaths are not presented since rates based on small numbers are statistically unreliable.*

Low Birth Weight

- Frederick County's low birth weight percentage increased slightly from 7.4% of births in 2013 to 7.5% in 2014, but remains consistently lower than the Maryland low birth weight.
- A racial breakdown of low birth weight shows disparity, particularly in the Black Non-Hispanic population, which saw a decrease from 12.3% in 2013 to 10.5% in 2014 in Frederick County.
- **Overall for all races, Frederick County has met the Healthy People 2020 Goal and the Maryland SHIP 2017 Goal, but the Frederick County Black and Hispanic populations do not meet either goal.**

Low Birth Weight (less than 2500 grams or 5.5 pounds at birth)

2014	Frederick County	Maryland	HP 2020	Meet HP 2020	SHIP 2017	Meet SHIP
All races	7.5%	8.6%		Yes		Yes
White Non-Hispanic	6.5%	6.6%		Yes		Yes
Black Non-Hispanic	10.5%	12.1%	↓ 7.8%	No	↓ 8%	No
Asian/Pacific Islander	7.8%	8.1%		Yes		Yes
Hispanic	9.4%	7.3%		No		No

*Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH; Healthy People 2020 MICH-8.1: Reduce low birth weight births to 7.8% of births; Maryland SHIP 2017 Goal 2: Reduce low birth weight births to 8% of births. *Rates based on <5 deaths are not presented since rates based on small numbers are statistically unreliable.*

Preterm Birth

- The percentage of preterm births in Frederick County decreased from 9.7% in 2013 to 9.2 in 2014, and remains lower than the Maryland percentage.
- **Frederick County has met the Healthy People 2020 Goal, but has not yet met the new March of Dimes 2020 Goal.**

Preterm birth (live births less than 37 weeks gestation).

2014	Frederick County	Maryland	HP2020	March of Dimes
All races	9.2%	10.1%	11.4%	8.1%

Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH; Healthy People 2020 MICH-9.1: Reduce total preterm births to 11.4%; March of Dimes at http://www.marchofdimes.org/materials/premature-birth-report-card-united-states.pdf.

**Rates based on <5 deaths are not presented since rates based on small numbers are statistically unreliable.*

Early Prenatal Care

- The percentage of pregnant women in Frederick County who have received early prenatal care remains consistently higher than the Maryland percentage. A closer look at early prenatal care shows racial disparity, particularly in the Hispanic population which is 22% lower than the White population, and the Black population which is 21% lower than the White population.
- **Overall for all races and for the White populations, Frederick County has met the Healthy People 2020 Goal, but the Frederick County Black, Asian/Pacific Islander and Hispanic populations do not meet this goal.**
- **Overall for all races and for the White, and Asian/Pacific Islander populations, Frederick County has meet the Maryland SHIP 2017 Goal, but the Frederick County Black and Hispanic populations do not meet this goal.**

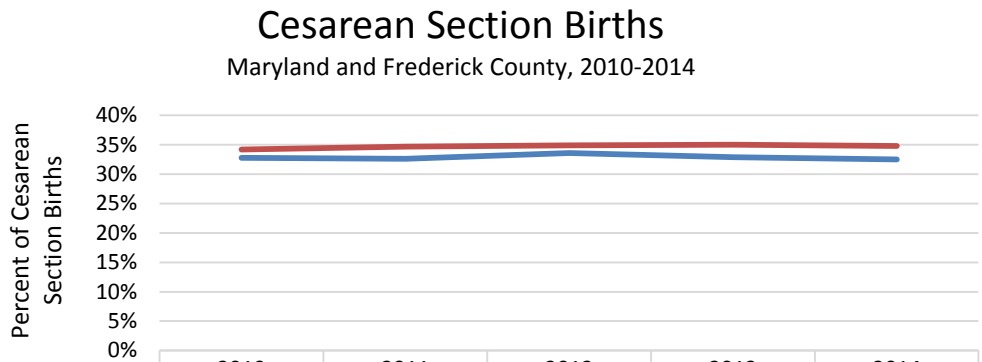
Early Prenatal Care (begins in 1st trimester of pregnancy)

2014	Frederick County	Maryland	HP 2020	Meet HP 2020	SHIP 2017	Meet SHIP
All races	78.3%	66.6%		Yes		Yes
White Non-Hispanic	81.1%	77.4%		Yes		Yes
Black Non-Hispanic	64.0%	58.3%	↑ 77.9%	No	↑66.9%	No
Asian/Pacific Islander	68.7%	69.0%		No		Yes
Hispanic	62.9%	49.7%		No		No

*Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH; Healthy People 2020 MICH-10.1: Increase the proportion of pregnant women who receive prenatal care beginning in first trimester to 77.9; Maryland SHIP 2017 Goal 5: Increase the percent of pregnancies starting care in the 1st trimester to 66.9%. *Rates based on <5 deaths are not presented since rates based on small numbers are statistically unreliable.*

Cesarean Section Births

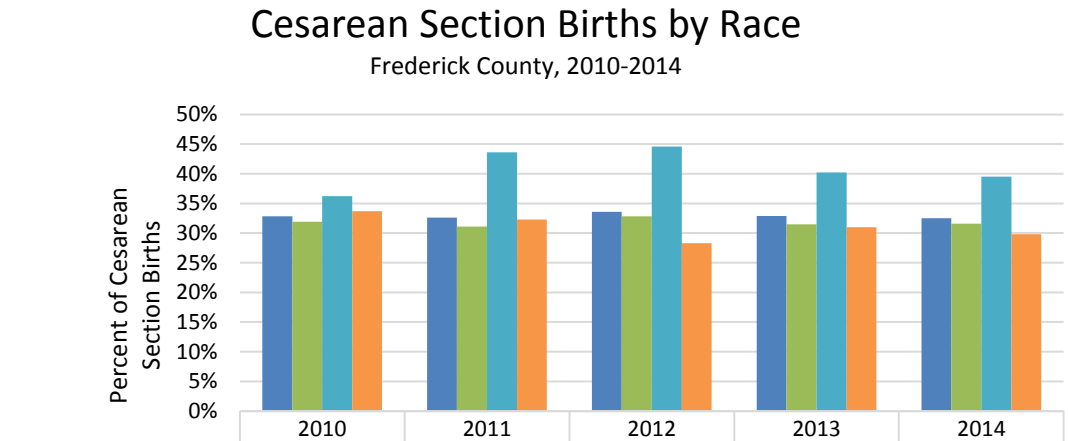
- The percentage of births delivered by cesarean section has remained consistent in Maryland and Frederick County from 2010 to 2014.
- The percent of births by c-section in Frederick County remains slightly lower than Maryland.



	2010	2011	2012	2013	2014
FC All Births	32.8%	32.6%	33.6%	32.9%	32.5%
MD All Births	34.2%	34.7%	34.9%	35.0%	34.8%

Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH

- The percent of births by c-section is 25% higher for Blacks in Frederick County (39.5%) than for Whites (31.6%) in 2014.



	2010	2011	2012	2013	2014
All births	32.8%	32.6%	33.6%	32.9%	32.5%
White, Non-Hispanic	31.9%	31.1%	32.8%	31.5%	31.6%
Black, Non-Hispanic	36.2%	43.6%	44.6%	40.2%	39.5%
Hispanic	33.7%	32.3%	28.3%	31.0%	29.8%

Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH

Frederick Memorial Hospital

The FMH Auxiliary Prenatal Center

The FMH Auxiliary Prenatal Center (PNC) provides prenatal care for women with no insurance - or with Medical Assistance who are unable to obtain care from private practice providers. Many of the women in the Prenatal Center are high-risk patients, and many of the women present with medical conditions of which they may be unaware, that pose significant risk to full-term healthy fetal development. The FMH Auxiliary Prenatal Center staff members consist of certified nurse midwives, a Spanish certified interpreter, and two bilingual staff members who perform the duties of medical assistant, scheduler, and registrar. The Medical Director, Dr. Jie Gao, is a local obstetrician who reviews high risk cases weekly with the CNM. In addition, FMH contracts with Mid Maryland Perinatology Associates and patients are referred for Maternal-Fetal-Medicine consults as appropriate. The implementation of early prenatal care in the PNC allows uninsured or underinsured patients who live in Frederick County to receive early interventions for underlying conditions before they adversely affect the course of the pregnancy.

Patients in the FMH Auxiliary Prenatal Center are either self-referred or referred by Frederick County Health Department (FCHD), Frederick County Mission of Mercy, private physicians, or other community groups.

PNC quality outcome metrics are reported to The Frederick County Office for Children and Families, Health-E Kids Program. The table below demonstrates how the Access to Prenatal Care yields improvement in outcomes for maternity patients and newborns.

PNC outcomes for Fiscal Year 2015

Service Quantity *(Please indicate the quarter total and cumulative total in each cell, when applicable)*	1st Quarter (Due Oct. 8th)	2nd Quarter (Due Jan. 14th)	3rd Quarter (Due April 8th)	4th Quarter (Due July 8th)
# of pregnant women receiving prenatal care:	75	133	131	136
# of newly enrolled pregnant women receiving prenatal care:	65	68	82	57
# of prenatal care visits	740	715	619	674
Service Quality *(Please indicate the quarter total and cumulative total in each cell, when applicable)*	1st Quarter (Due Oct. 8th)	2nd Quarter (Due Jan. 14th)	3rd Quarter (Due April 8th)	4th Quarter (Due July 8th)
# and % of pregnant women indicating satisfaction with the prenatal services they received this quarter	# 16 98%	# 17 97.17%	# 19 95 %	# 19 91%
Impact *(Please indicate the quarter total and cumulative total in each cell, when applicable)*	1st Quarter (Due Oct. 8th)	2nd Quarter (Due Jan. 14th)	3rd Quarter (Due April 8th)	4th Quarter (Due July 8th)
# and % of pregnant women receiving at least 8 prenatal care visits through FMH/Health-E Kids who deliver babies of healthy birth weight (2500 grams or above) this quarter.	# 52 96%	# 49 100%	# 36 95 %	# 39 95%

Frederick County Health Department

Community Health Services Maternal Child Health Program

The Maternal Child Health Program (MCH) promotes and improves the health of mothers and children through Special Delivery and WIC (Women, Infants & Children). The Special Delivery Program provides education and support for pregnant women, new moms, and infants; home visits; connections to care; Cribs for Kids (for eligible families); teen childbirth classes; and lead poisoning prevention advice. The WIC - Women, Infants, and Children Program Provides help for pregnant women, breastfeeding and new moms; infants, and children (under 5); nutritious foods; health screening; healthy eating and exercise Tips; and breastfeeding support. The MCH Program also leads the Frederick County Fetal Infant Mortality Review Committee and the Frederick County Child Fatality Review Committee.

Go to Summary Table for Maternal, Infant, Child Health **Data**
Go back to Table of Contents

OVERVIEW:

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.

Mental illness is the term that refers collectively to all diagnosable mental disorders.

Why Is Mental Health Important?

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery

Understanding Mental Health

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify:

- Risk factors, which predispose individuals to mental illness
- Protective factors, which protect them from developing mental disorders

Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies.

Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress.

-Healthy People 2020

HIGHLIGHTS:

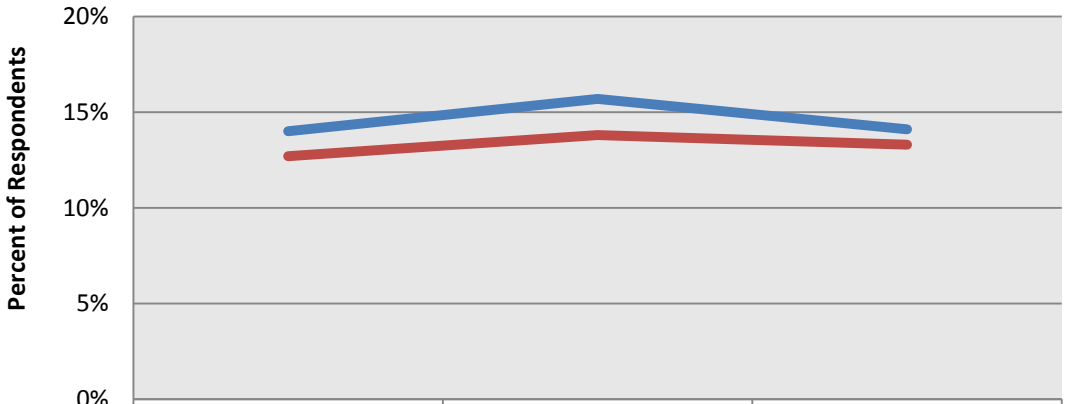
- One in ten Frederick County adults reported having 8-29 days in the past 30 days when their mental health was not good. This is an increase from 7.9% in 2011.
- At Frederick Memorial Hospital, 70% of patients admitted for a mental health diagnosis have a substance abuse diagnosis.
- Mental Health is a concern across all age groups, however the highest volume seeking care at FMH between the ages of 18-39 at 41.99% of the Mental Health Encounters.
- More than one third (38.7%) of mental health visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).

Frederick County Data

- The percent of Frederick County adults reporting that they have an anxiety disorder has remained consistent from 2012 (14%) to 2014 (14.1%).
- Frederick County adults report having an anxiety disorder at a slightly higher percentage than Maryland adults, 14.1% in Frederick County and 13.3% in Maryland in 2014.

Anxiety Disorder

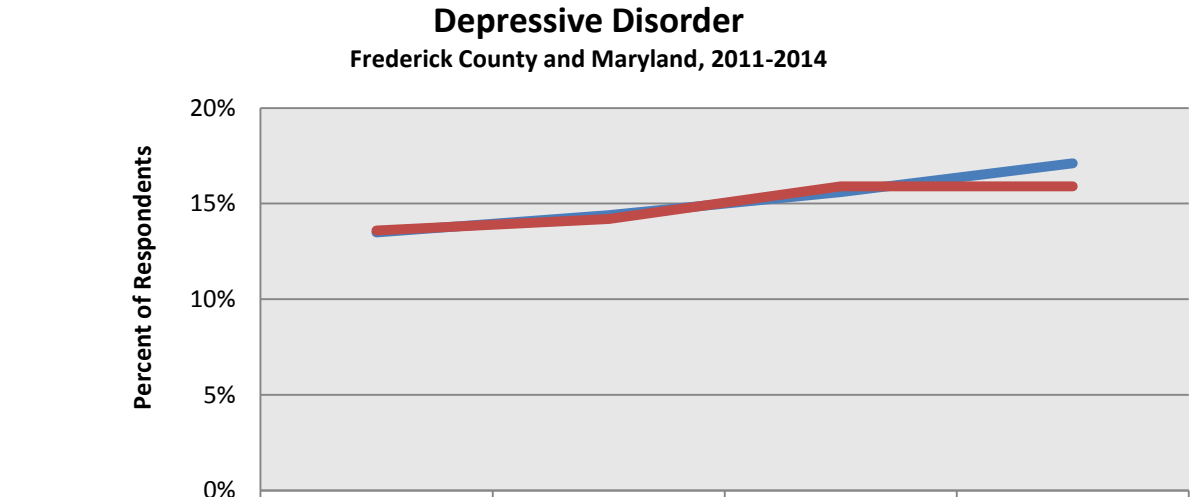
Frederick County and Maryland, 2012-2014



	2012	2013	2014
Frederick County	14.0%	15.7%	14.1%
Maryland	12.7%	13.8%	13.3%

Source: BRFSS Data, Question: ANXIETY DEPRESSION: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD AN ANXIETY DISORDER (INCLUDING ACUTE STRESS, ANXIETY, OBSESSIVE-COMPULSIVE, PANIC, PHOBIA, PTSD, OR SOCIAL ANXIETY)?

- The percent of Frederick County adults reporting that they have a depressive disorder diagnosed by a doctor has risen slightly from 2012 (13.5%) to 2014 (17.1%).
- Frederick County adults report having a depressive disorder diagnosed by a doctor at a slightly higher percentage than Maryland adults, 17.1% in Frederick County and 15.9% in Maryland in 2014.



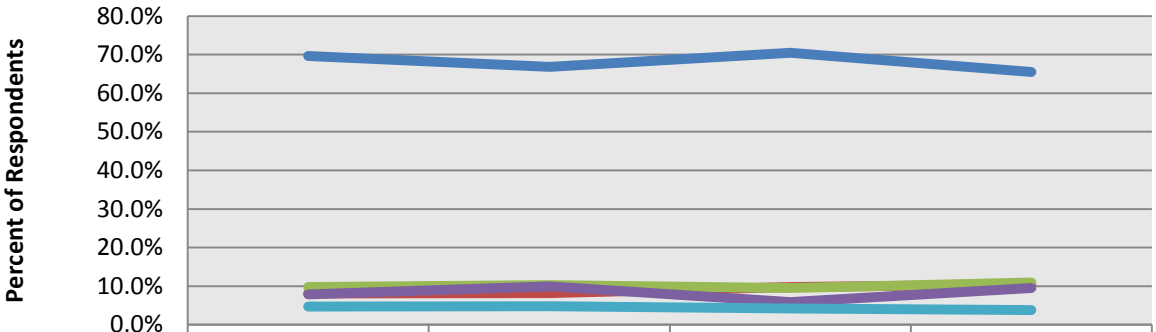
	2011	2012	2013	2014
Frederick County	13.5%	14.4%	15.6%	17.1%
Maryland	13.6%	14.2%	15.9%	15.9%

Source: BRFSS Data, Question: ANXIETY DEPRESSION: HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A DEPRESSIVE DISORDER (INCLUDING DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION)?

- In 2014, approximately two-thirds of Frederick County adults (65.5%) reported that they have not had any days in which their mental health was not good in the past 30 days. This is slightly lower than the 69.6% reported in 2011.
- Two in ten Frederick County adults reported having 1-2 days (10.4%) or 3-7 days (10.9%) a month when their mental health was not good in 2014.
- The percentage of Frederick County adults reporting 1-2 days when their mental health was not good increased slightly from 8.1% in 2011 to 10.4% in 2014.
- 9.5% of Frederick County adults reported having 8-29 days in the past 30 days when their mental health was not good. This is an increase from 7.9% in 2011.
- Less than 4% of Frederick County adults reported 30+ days when their mental health was not good (3.8% in 2014), and this has decreased slightly from 4.7% in 2011.

Days Mental Health Not Good

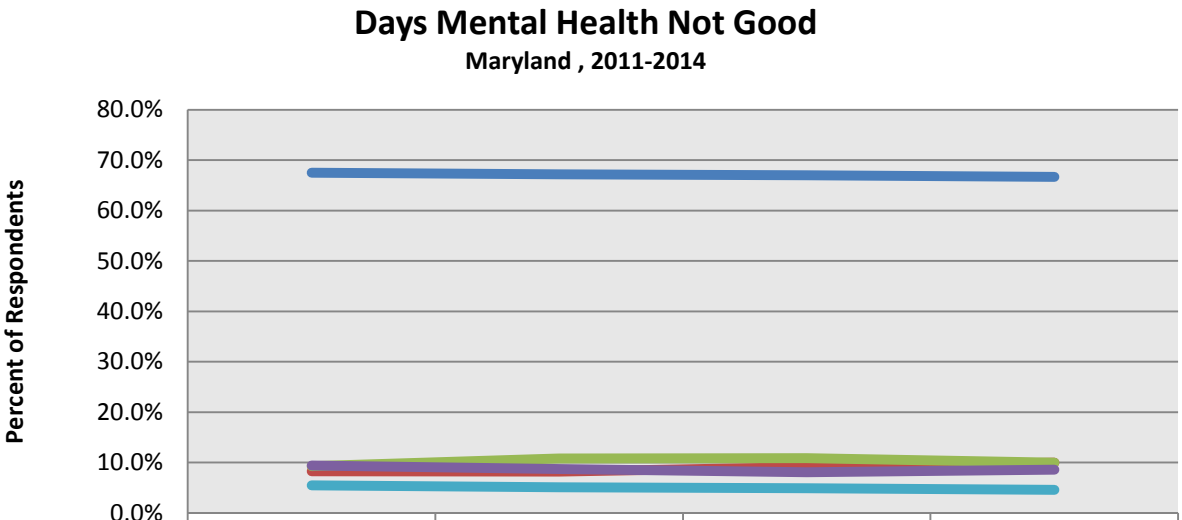
Frederick County, 2011-2014



	2011	2012	2013	2014
None	69.6%	66.8%	70.5%	65.5%
1-2 Days	8.1%	8.2%	9.8%	10.4%
3-7 Days	9.8%	10.3%	9.5%	10.9%
8-29 Days	7.9%	9.9%	5.9%	9.5%
30 Days	4.7%	4.8%	4.2%	3.8%

Source: BRFSS Data, Question: HEALTH STATUS: NUMBER OF DAYS MENTAL HEALTH NOT GOOD IN PAST 30 DAYS

- Overall, slightly more Frederick County adults report having days when their mental health was not good compared to Maryland.



	2011	2012	2013	2014
None	67.5%	67.2%	67.0%	66.7%
1-2 Days	8.3%	8.2%	9.1%	10.0%
3-7 Days	9.3%	10.8%	10.9%	10.0%
8-29 Days	9.4%	8.7%	8.1%	8.6%
30 Days	5.5%	5.1%	4.9%	4.6%

Source: BRFSS Data, Question: HEALTH STATUS: NUMBER OF DAYS MENTAL HEALTH NOT GOOD IN PAST 30 DAYS

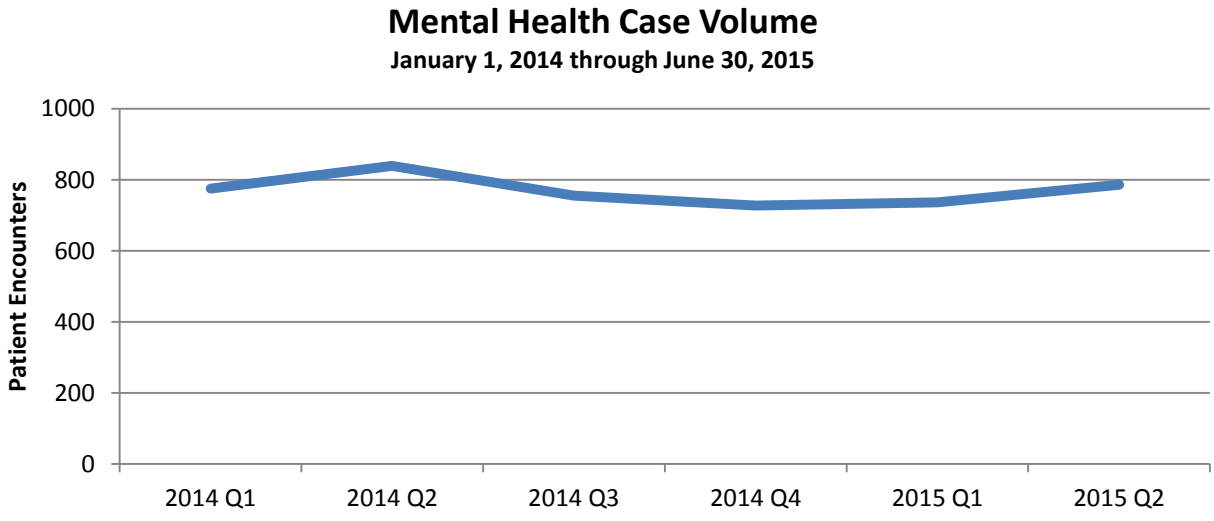
Input from the front line: Behavioral Health Team

Overall, there has been a rise in demand for inpatient behavioral health admissions.

Patients are seeking care in the ED (the highest cost of care) because they have nowhere else to go.

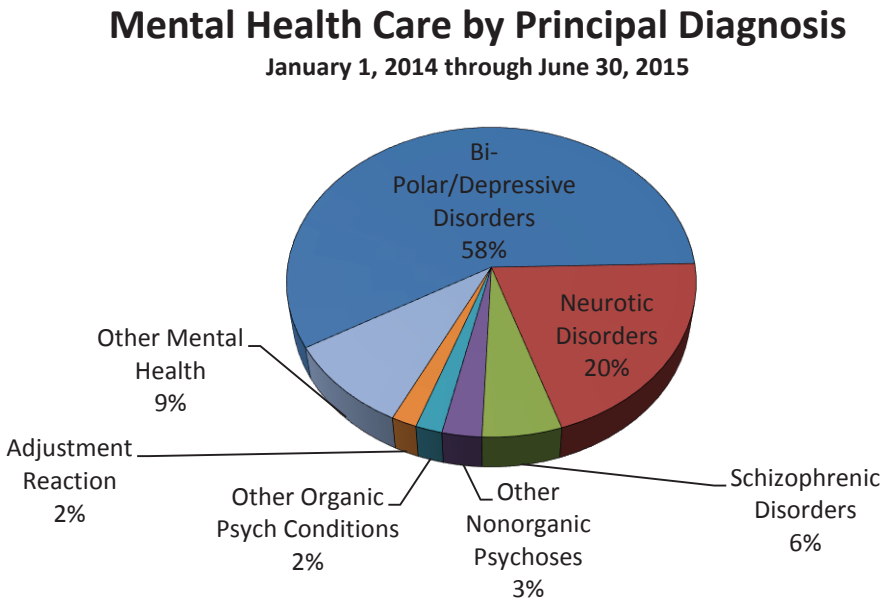
- Most outpatient treatment centers only admit new patients Monday through Friday
- Private centers limit to certain insurances
- There is only one facility for child-adolescent beds in Western Maryland.
- This causes an increased length of stay in the ED, a non-ideal setting for pediatric patients.

- 4% (4,618) of all patient visits from January 2014 to June 2015 were related to a primary diagnosis of mental health.
- At Frederick Memorial Hospital, 70% of patients admitted for a mental health diagnosis have a substance abuse diagnosis.
- Incidence of patients seeking care for a primary mental health diagnosis remains a consistent concern, at approximately 3000 encounters per year.
- Mental Health data presented does not include those seeking care for substance abuse. Substance abuse data can be found in here.



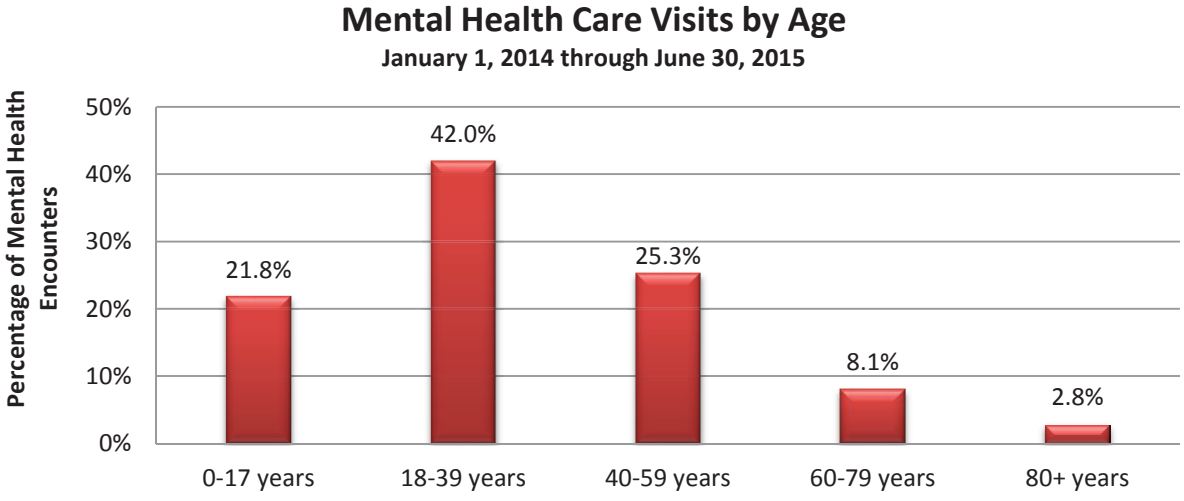
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Over half (58%) of patients seeking care for a primary mental health diagnosis are specific to Bi-Polar or Depressive Disorders (ICD9 codes 296-296.99, 311).
- One in five patients seeking mental health care at FMH has a primary mental health diagnosis of Neurotic disorders (20%), which includes ICD 9 codes (300-300.9).



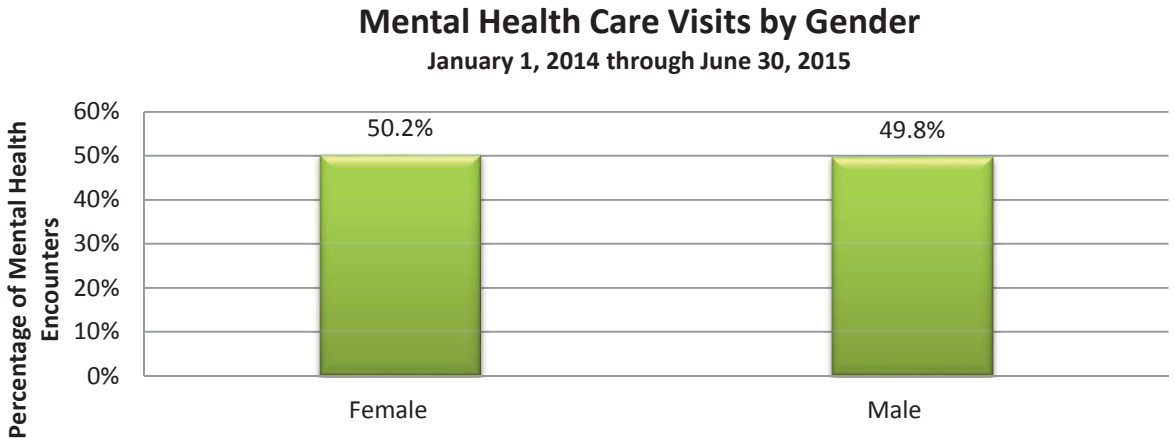
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Mental Health is a concern across all age groups; however the highest volume seeking care at FMH occurs between the ages of 18-39 at 42% of the Mental Health Encounters.



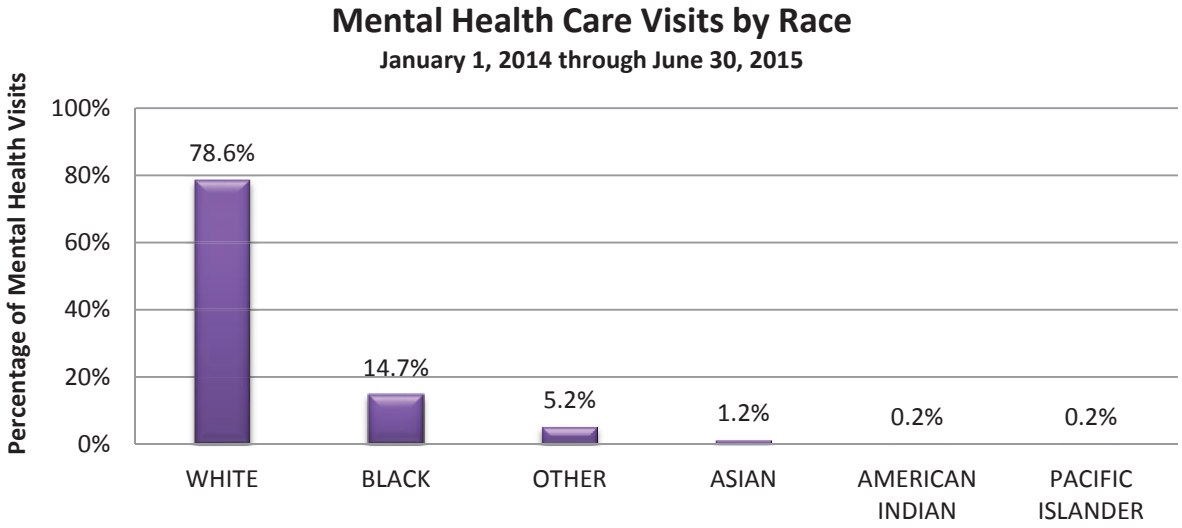
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Both males and females are equally seeking mental health care at FMH, matching Frederick County demographics.



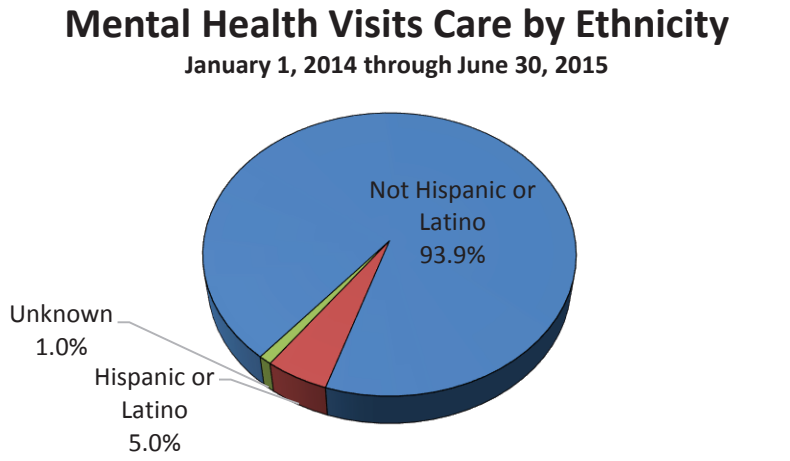
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- More than three-quarters (78.6%) of people seeking mental health care at FMH are White, is higher than the percentage of all FMH patients who are White (74.3%).
- The percentage of Blacks seeking mental health care at FMH (14.7%) is approximately the same as the percentage of Blacks seeking care at FMH for any reason (15.4%).



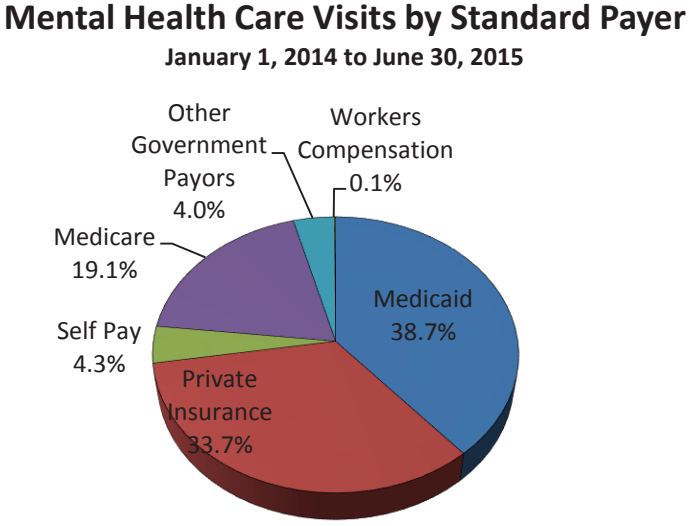
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 5% of patients seeking mental health care at FMH self-identify as Hispanic. This is lower than the percentage of all FMH patients who self-identify as Hispanic (8.1%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- More than one third (38.7%) of mental health visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- One third (33.7%) of mental health visits at FMH were paid with private insurance, which is slightly lower than all FMH visits (40%).
- A lower percentage of mental health care visits were not paid by insurance (self-pay), 4.3% compared to 7.7% for all visits.
- More mental health visits were paid for by other government payers, 4.0% compared to 2.2% for all visits.



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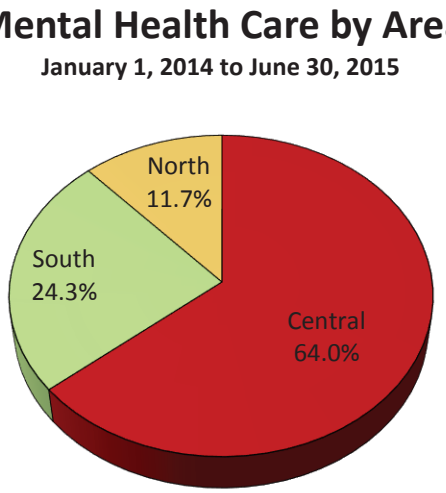

Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

Input from the front line: Behavioral Health Team

Opportunities for Addressing Capacity

Need for more admission alternatives in the community

- Front care providers
  - More Crisis Beds – alternative to in-patient hospitalization, when appropriate, or as a step-down from an in-patient psychiatric unit when the individual needs continued clinical support post-discharge.
- Access points
  - Services that accept new patients on the weekends, case managers to provide a touch point for patients who need to stay connected
- Programming
  - Example: Structured services to keep patients engaged and active, such as Partial Hospitalization Programs

From a pre-populated list, we asked respondents to acknowledge the health conditions and/or diseases that they had been diagnosed with. Approximately one in five survey respondents reported anxiety (19.9%), depression (18.8%), and stress (17.2%). While only 5% of respondents reported mental illness, over half (53.2%) of all respondents identified mental health as a health problem in county residents in general.

Percentage of the Sample with a Chronic Disease or Condition		
	#	%
Anxiety	96	19.9
Depression	91	18.8
Stress	83	17.2
Mental Illness	24	5

Survey participants were also asked to consider the time during the past 30 day that included various physical and mental symptoms. These data reflect those that report that they "Strongly Agree" or "Agree" to the following symptoms: pain which prevents usual activities (12.7%), worried or tense (14.1%), and healthy/energetic (38.3% vs. 31.5%) which reported little to none of the time feeling healthy/energetic).

Physical & Mental Health Previous 30 days	
DURING THE PAST 30 DAYs, HOW OFTEN DID YOU FEEL…	*%*
Pain that made it hard for you to do your usual activities	12.7
Sad, blue, or depressed?	10.7
Worried, tense, or anxious?	14.1
Very healthy and full of energy?"	38.3
ABOUT HOW OFTEN DURING THE PAST 30 DAYS DID YOU FEEL …	
Nervous?	11.2
Hopeless?	7.9
Restless or fidget?	8.6
So depressed that nothing could cheer you up?	5.8
Everything was an effort?	10
Worthless?	5.6
A mental health condition or emotional problem keep you from work or other usual activities?	7.4

The following survey participant answers on were found to be statistically significantly different by income: feelings of sadness, worried "all or most of the time", nervousness "all or most of the time", depression, hopelessness, restlessness/fidgety, everything was an effort, feelings of worthlessness, and mental health prevented other activities "all or most of the time".

The racial groups did not differ on experiencing pain or mental health needs in the previous 30 days. However, of those that experienced pain or a mental health need in the previous 30 days, there was a statistically significant difference in who sought care for their needs:

- White - 68.1%
- Black - 18.1%
- Asian -5.6%
- Native Hawaii/Pacific Islander - 1.4%
- American Indian/Alaskan Native - 5.6%
- Don't Know 1.4%

Survey participants 65 and older were more likely than those under 65 to report that they in the previous 30 days felt "sad" none of the time (66.7% vs. 45.9%), "worried" a little or none of the time (80.9% vs. 52.4%) "healthy and full of energy" all or most of the time (62.8% vs. 38.4%), felt "nervous" none of the time (72.3% vs. 41.2%), felt "hopeless" none of the time (92.4% vs. 62.3%), felt "fidgety" none of the time (74.2% vs. 54.9%), felt that everything took "effort" none of the time (87.9% vs. 59.6%).

When survey participants were asked about their mental health in the past thirty days, several questions showed a significance by income category. These included feelings of sadness (answered "all or most of the time": 0-24K [23.0%], 25-49K [10.9%], 50-75K [4.0%], 75K+ [5.4%]), worried (answered "all or most of the time": 0-24K [29.1%], 25-49K [14.7%], 50-75K [9.4%], 75K+ [8.1%]), nervousness (answered "all or most of the time": 0-24K [25.8%], 25-49K [7.7%], 50-75K [10.8%], 75K+ [5.7%]), depression (answered "all or most of the time": 0-24K [15.5%], 25-49K [1.6%], 50-75K [1.5%], 75K+ [3.8%]), hopelessness (answered "all or most of the time": 0-24K [20.4%], 25-49K [6%], 50-75K [3.1%], 75K+ [3.8%]) and restlessness/fidgety (answered "all or most of the time": 0-24K [21%], 25-49K [6.3%], 50-75K [4.8%], 75K+ [3.2%]), everything was an effort (answered "all or most of the time": 0-24K [24.6%], 25-49K [3.2%], 50-75K [9.4%], 75K+ [4.4%]), feelings of worthlessness (answered "all or of the time": 0-24K [15.7%], 25-49K [1.6%], 50-75K [3.2%], 75K+ [2.6%]), and mental health prevented other activities (answered "all or most of the time": 0-24K [16.8%], 25-49K [4.8%], 50-75K [9.4%], 75K+ [5.1%]).

The racial groups did not differ on experiencing pain or mental health needs in the previous 30 days. However, of those that experienced pain or a mental health need in the previous 30 days, there were difference in who sought care for their needs ((answered "yes" W [68.1%], B [18.1%], A [5.6%], NHPI [1.4%], AIAN [5.6%], DK [1.4%]).

Focus Groups

The FMH Providers, FMH Lay Health Educators, Brunswick Providers, Spanish Speaking Residents, and Homeless Focus Groups all identified mental health services, including behavioral health, and child and adolescent psychiatric care, as health priorities for the community.

> "Right now the most important thing for us is mental health."
>
> -Spanish Speaking Residents Focus Group

> "But the problem…is…that…just about the time you get comfortable with somebody [a mental health counselor] … they are gone…and that's discouraging."
>
> -Homeless Individuals Focus Group

Addressing the Need

Frederick Memorial Hospital Behavioral Health

Today an estimated 22.1% of adults in America - about one in five - suffer from a diagnosable mental disorder in any given year. In addition, four of the ten leading causes of disability are mental disorders. While Frederick County's rate of emergency department visits related to behavioral health per 100,000/population is less than the Maryland Healthy Communities target of 5,028, it remains a significant – and growing - problem in the county. The Frederick County figure for 2010 was 3725 per 100,000/population. In 2011 the figure grew to 4422. That is an increase of 84% per 100,000/population.

Frederick Memorial Hospital provides behavioral health care to patients who come to the hospital for help. Because we are hospital-based, we offer a full continuum of services. Our highly specialized team consists of board certified psychiatrists, clinical nurses, mental health associates, clinical nurse specialists, physical therapists, occupational therapists and clinical social workers and clinical counselors.

Frederick Memorial Hospital now actively partners with professional community providers as well as peer recovery support providers. Representatives from Alcoholics Anonymous now provide AA services inside the BHU twice weekly. On-Our-Own, a local peer recovery support group for mental illness now provides their services inside the BHU weekly, in an effort to diversify the treatment and support options available to our consumers. The Frederick County Health Department, Adult Substance Abuse Services now has an embedded peer recovery support specialist who works inside the hospital with patients at all levels of need and in any location throughout the hospital (Emergency, Inpatient Medical, and Inpatient Behavioral Health). Finally,

providers from our co-owned outpatient full service psychiatric practice, Behavioral Health Partners (BHP) provide specially groups for individuals living with bipolar-spectrum disorders weekly. FMH also partners actively with the largest Psychiatric Residential and Rehabilitation Provider in our community, Way Station, Inc. to coordinate care for the population if individuals living with chronic, pervasive mental illnesses. New relationships with outpatient and residential providers are always being pursued in order to foster more effective and enduring outcomes following acute inpatient psychiatric care.

Addressing the community's behavioral health needs is an important and urgently needed facet of care that is missing in Frederick County. While FMH recognizes this issue must be addressed moving forward, the organization will not be able to respond in the near term because of facility constraints and the lack of the infrastructure necessary to sustain the kinds of programs that would make an impact in this area. Until we are given permission by the HSCRC to expand inpatient bed capacity, and the economic environment is such that funds will be available for the necessary construction, FMH will continue to participate in the County's ongoing needs assessment process, and support with in-kind services and dollars those agencies better positioned to immediately manage the near crisis conditions our community is currently experiencing.

Frederick Memorial Hospital has actively pursued other key community based partnerships to address the health, wellness and social determinates of health needs for high risk/vulnerable populations living in Frederick County. Focused on targeted community based interventions and coordination across the continuum to reduce unnecessary hospital utilization and improve access to appropriate community based services. An existing partnership in mental health care is the Mental Health Association walk-in clinic:

- $30,000 in support to ensure operations continue in order to provide access to a crisis counselor 7 days a week. A process has been established thru which patients discharged from the hospital can be scheduled for a follow up visit to ensure ongoing support and connectivity to mental health services.

An estimated 105 patients in FY 15 and the thru the first quarter of FY 16 reported they would have sought services in the emergency room if they had not had access to walk-in clinic services.

Frederick County Health Department

For information about the LHIP Behavioral Health Workgroup, see the Action Plan.

Outpatient Mental Health Clinic

The Behavioral Health Services Division of the Frederick County Health Department works to create and manage a comprehensive, accessible, culturally sensitive system of publicly funded services for individuals who have psychiatric and/or substance use disorders. Services are provided in a variety of settings to include the Health Department, Frederick County school system, the local detention center and in homes. The Behavioral Health Services outpatient mental health clinic provides medication management and psychotherapy services for both adults and children. Clinicians promote recovery and resilience by supporting a consumer and family-driven care continuum.

Mental Health Association

The Mental Health Association of Frederick County has served the community as a private, non-profit organization since 1965. The Mental Health Association works to build a strong foundation of emotional wellness for the whole community by ***preparing resilient children***—kids with the mental and emotional strength to face life's challenges. Second, we work to ***secure vulnerable families*** by ensuring safe environments and supportive relationships for children in troubled situations. We are also available when suicidal thoughts, incidents of abuse, and other life-changing crises come up—to stand with you and ***face these crises together.***

We carry out this work through the programs and activities listed below.

- **24-Hour Call Center** offers information and referral, support and crisis intervention; entry point for mobile crisis and walk-in services. Trained and caring staff and volunteers handle more than 40,000 calls to the call center last year.
- **Counseling Services** offers professional outpatient therapy services to all ages on a sliding fee basis, regardless of an individual's inability to pay. Counseling Services also acts as a training practicum for Master's and Doctorate level counseling, psychology, and social work students in their advance year(s) of graduate level work.
- **Walk-in Behavioral Health** provides free, immediate, face-to-face support for anyone experiencing a non-life-threatening emotional, mental, family, or relationship crisis. A Crisis Specialist and the client discuss current concerns, develop a plan that includes connection with community supports, and schedule follow-up contact to ensure connection to community resources.
- **Healthy Families** provides evidenced-based, intensive, in-home case management supporting first-time parents and infants to age five.
- **Survivors of Suicide Support Group** is a monthly support group for adults who have lost loved ones to suicide, facilitated by a trained facilitator.
- **Systems Navigation** assists families who have children with multiple or intensive needs, helping the family navigate the complex systems of care.
- **Telephone Reassurance** offers scheduled, outgoing calls to the homebound and elderly who are isolated and prone to depression.
- **Suicide Prevention/Intervention Training** helps people learn to be suicide alert and to intervene when someone has thoughts of suicide.
- **Mental Health First Aid** is an 8-hour training which educates non-mental health professionals on skills they can use to identify and help someone who is experiencing a mental health problem or crisis.

- **Partnership for Emotionally Resilient Kids** (PERKS) helps to develop resilient children, ages birth through five years old, by offering on-site assistance to child care providers and parents.
- **Child Care Choices** provides training, continuing education, technical assistance, and resources for early childhood providers.
- **Court Appointed Special Advocates (CASA)** volunteers represent the best interests of foster children in the court system, advocating for them to have safe, permanent homes.
- **Parent Coaching** offers in-home or center-based one-on-one coaching for parents.
- **Supervised Visitation/Monitored Transfer** provides a safe, neutral location for a parent and child to develop, renew, or sustain a healthy familial relationship in cases where a parent has been abusive or otherwise unable to be with a child unsupervised.

The Mental Health Association has received start-up grant funding from the CHRC to establish a walk-in behavioral health service in Frederick County. The Frederick Regional Health System will work in concert with the Frederick County Health Department, the Frederick County Health Care Coalition, and the Mental Health Association to support this effort.

Way Station of Frederick County
Way Station is a private, non-profit behavioral health organization that provides a broad range of services in a variety of settings to meet the needs of children, adolescents, adults, and families. Headquartered in Frederick, Maryland, Way Station has programs in four counties in Maryland and employs about 400 employees. In 2011, Way Station served more than 3,000 individuals.

Way Station has developed a broad range of care for children, adolescents, adults, and families with behavioral health needs and support in the area of employment. Way Station offers the following programs in Frederick County, Maryland: Child and Adolescent Programs, Community Employment Programs, Day Psychiatric Rehabilitation Program, Intellectual Disabilities programs, Mobile Crisis Program, Mobile Treatment Program, Residential Crisis Program, Residential Rehabilitation Programs, Supported Housing Program, Veterans Programs.

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OVERVIEW:

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems.

However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral health care is associated with factors such as education level, income, race, and ethnicity.

Why Is Oral Health Important?

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans.

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

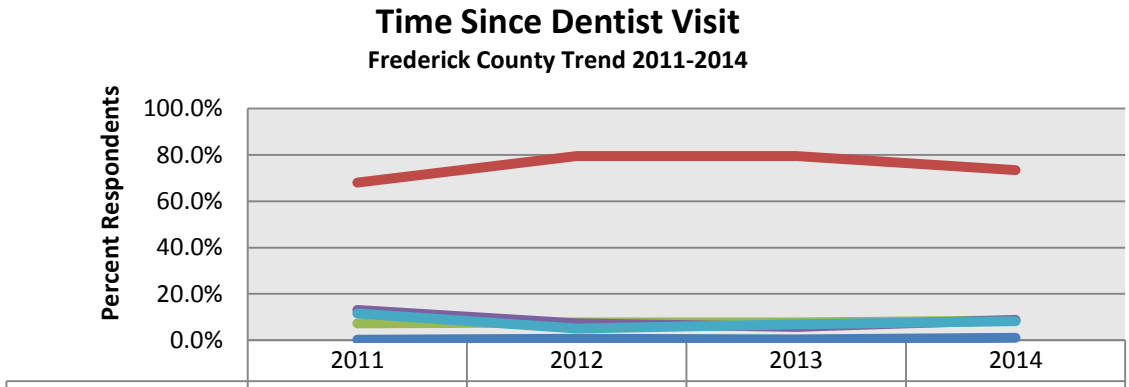
There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

-Healthy People 2020

HIGHLIGHTS:

- In 2013, more than 3 out of 4 Frederick County adults (78.2%) reported that they had their teeth cleaned in the last 1-2 years, but by 2014 the number of adults who reported visiting a dentist for any reason in the prior year fell to less than 3 out of 4 adults (73.5%).
- From 2011 to 2013, the number of Frederick County adults reporting that they had a dental problem but did not visit a dentist decreased from 4 out of 30 adults to less than 3 out of 30 adults (13.5% to 9.6%). During that same time period, the number increased for Maryland adults.
- In 2013, of the adults who reported they did not see a dentist, 3 out of 5 gave as a reason that it would cost too much and 1 in 5 reported that they did not have the time. Fewer adults reported transportation as the reason.
- One of the most preventable reasons that patients visit the emergency department at Frederick Memorial Hospital is for urgent dental care, primarily for dental caries or cavities. The majority of the patients did not have insurance or had Medicaid medical insurance which means that they have low incomes and are more likely to not have adequate affordable dental insurance coverage.

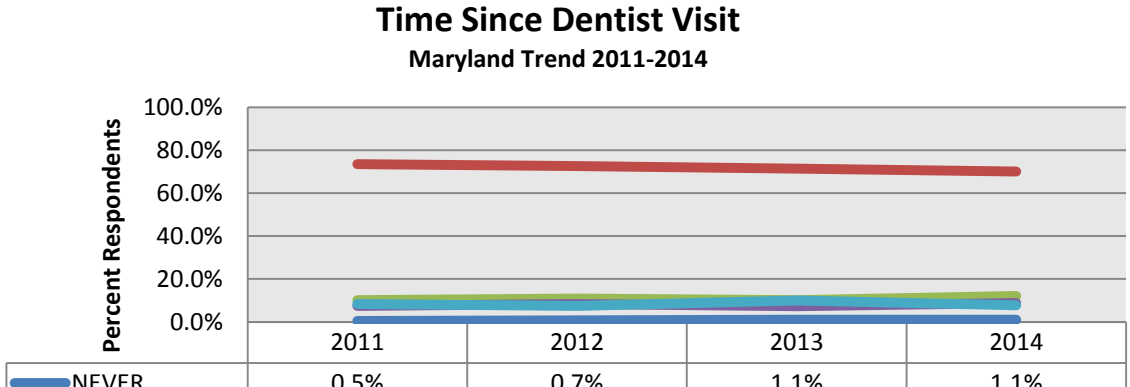
- In 2014, 73.5% of Frederick County adults have visited a dentist in the past year for any reason.
- This decreased from the previous high of 79.5% in 2013.
- **Frederick County has exceeded the Healthy People 2020 goal of 49% of the population using the oral health care system in the past year.**



	2011	2012	2013	2014
NEVER	0.2%	0.6%	0.3%	1.0%
< 1 YEAR	68.0%	79.5%	79.6%	73.5%
1 - < 2 YEARS	7.3%	7.7%	7.6%	8.5%
2 TO < 5 YEARS	13.1%	7.2%	5.7%	8.8%
>= 5 YEARS	11.5%	5.0%	6.8%	8.2%

Source: BRFSS Data, Question: ORAL HEALTH: HOW LONG SINCE LAST VISITED A DENTIST FOR ANY REASON? Healthy People 2020 OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year to 49%.

- In 2014, more Frederick County adults (73.5%) reported seeing a dentist in the last year than Maryland adults (70.2%)



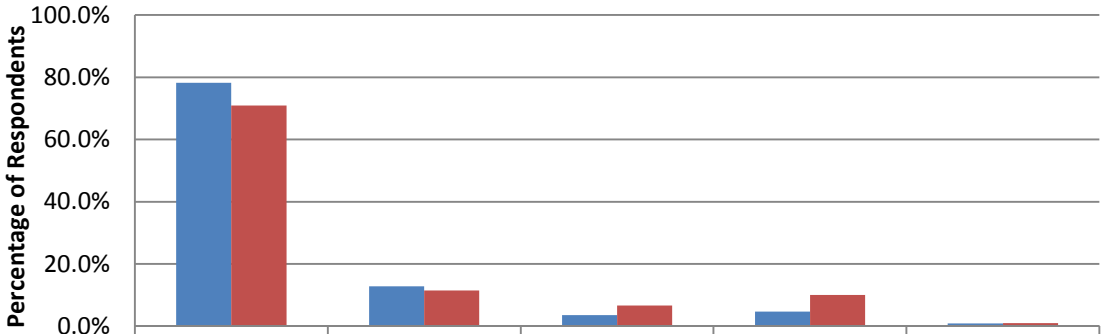
	2011	2012	2013	2014
NEVER	0.5%	0.7%	1.1%	1.1%
< 1 YEAR	73.6%	72.7%	71.4%	70.2%
1 - < 2 YEARS	10.2%	10.9%	10.2%	12.1%
2 TO < 5 YEARS	7.5%	8.3%	7.3%	8.8%
>= 5 YEARS	8.3%	7.4%	10.0%	7.8%

Source: BRFSS Data, Question: ORAL HEALTH: HOW LONG SINCE LAST VISITED A DENTIST FOR ANY REASON?

- In 2013, more than three-quarters of Frederick County adults (78.2%) reported that they had their teeth cleaned in the last 1-2 years, compared to 70.9% of Marylanders.
- The percentage of Frederick County adults reporting that they had their teeth cleaned in the last 1-2 years increased in 2013 (78.2%) from 2011 (68.9%).

Time Since Teeth Cleaning

Frederick County and Maryland, 2013



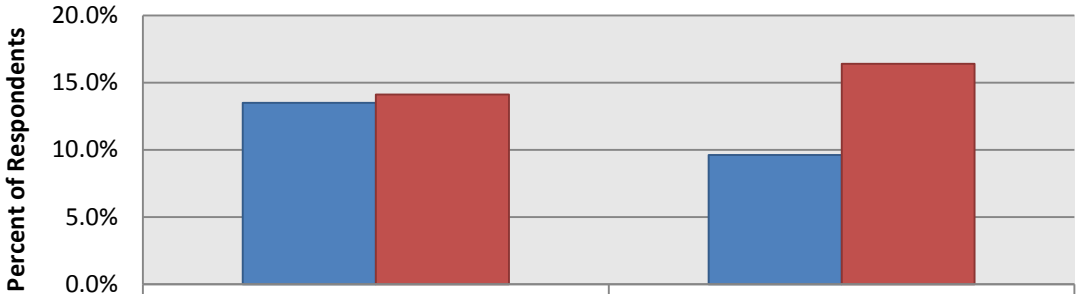
	< 1 YEAR	1 - < 2 YEARS	2 TO < 5 YEARS	>= 5 YEARS	NEVER
Frederick County	78.2%	12.8%	3.5%	4.7%	0.8%
Maryland	70.9%	11.5%	6.6%	10.0%	1.0%

Source: BRFSS Data, Question: ORAL HEALTH: HOW LONG SINCE LAST TEETH CLEANING?

- From 2011 to 2013, the percentage of Frederick County adults reporting that they had a dental problem but did not visit a dentist decreased from 13.5% to 9.6%.
- The percentage of Maryland adults reporting that they had a dental problem but did not visit a dentist increased during the same time period, from 14.1% in 2011 to 16.4% in 2013.

Had Dental Problem without Visiting Dentist

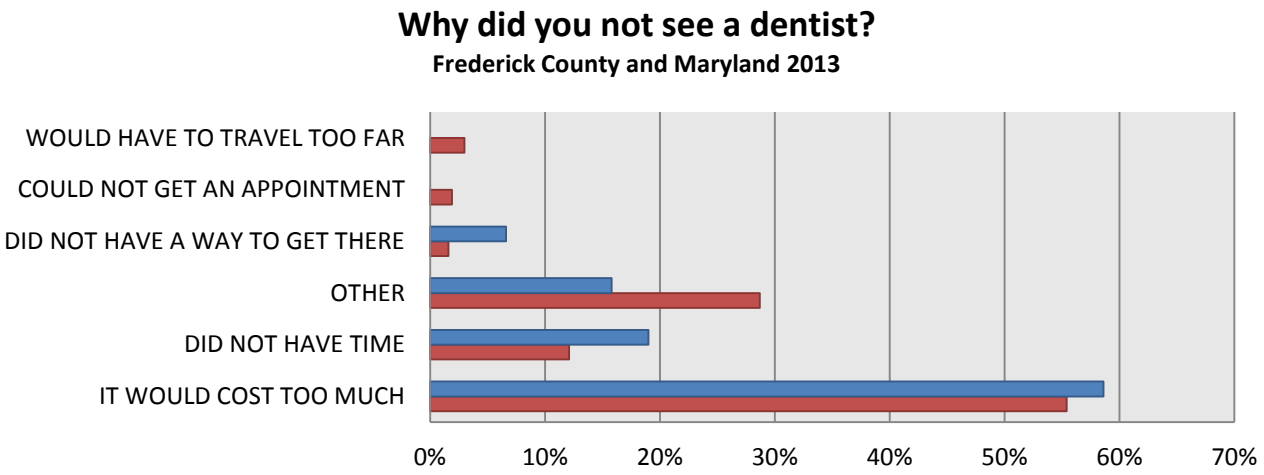
Frederick County and Maryland, 2011 and 2013



	2011	2013
Frederick County	13.5%	9.6%
Maryland	14.1%	16.4%

Source: BRFSS Data, Question: ORAL HEALTH COST: DURING THE LAST 12 MONTHS, HAVE YOU HAD A DENTAL PROBLEM WHICH YOU WOULD HAVE LIKED TO SEE A DENTIST ABOUT BUT YOU DID NOT SEE THE DENTIST?

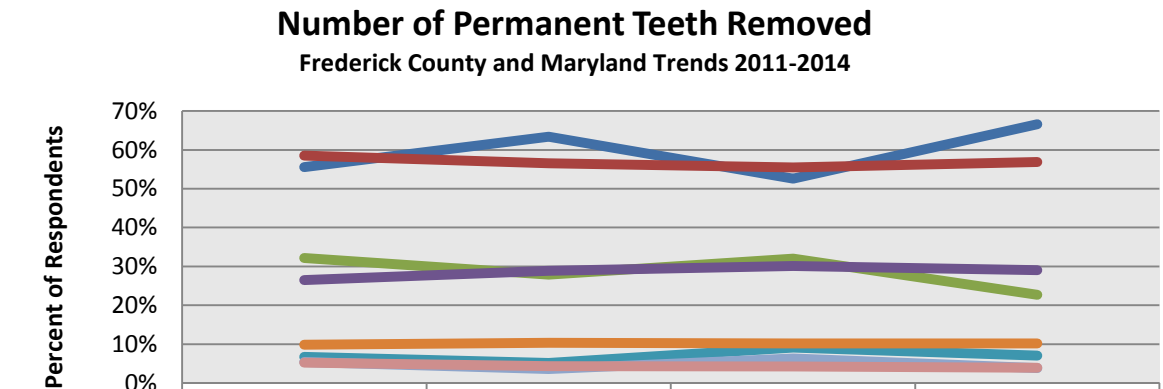
- In 2013, more than half (59%) of Frederick County adults reported that they did not see a dentist because it would cost too much. This was the most common reason given for not seeing a dentist.
- Almost 1 in 5 Frederick County adults (19%) reported that they did not see a dentist because they did not have the time, compared to 12% Maryland adults reporting the same reason.
- Transportation issues (not having a way to get to a dentist) were given as a reason why 7% of Frederick County adults did not see a dentist, which was higher than the 2% of Maryland adults who gave the same reason.



	IT WOULD COST TOO MUCH	DID NOT HAVE TIME	OTHER	DID NOT HAVE A WAY TO GET THERE	COULD NOT GET AN APPOINTMENT	WOULD HAVE TO TRAVEL TOO FAR
Frederick County	59%	19%	16%	7%	0%	0%
Maryland	55%	12%	29%	2%	2%	3%

Source: BRFSS Data, Question: ORAL HEALTH: HOW LONG SINCE LAST TEETH CLEANING?

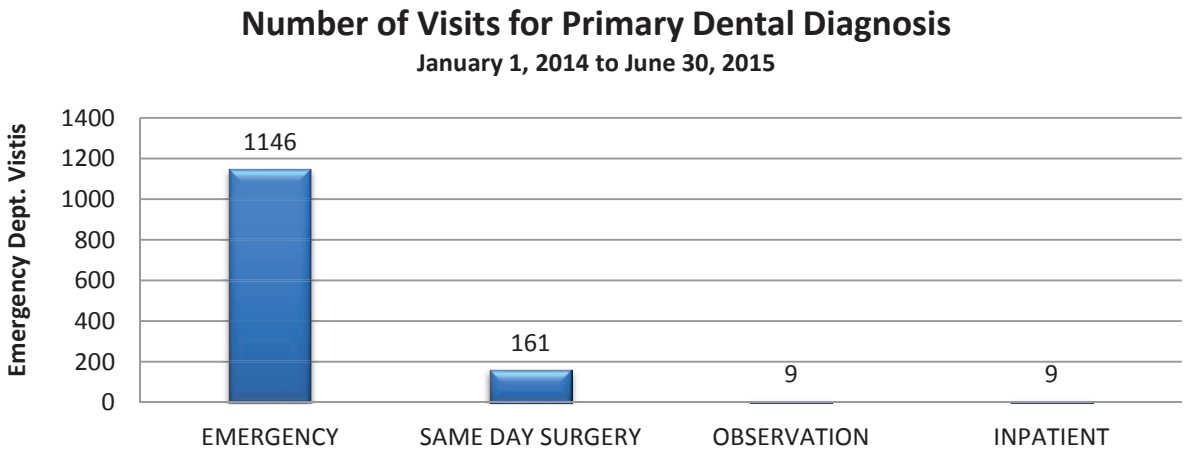
- The percentage of Frederick County adults who reported that they have had no permanent teeth removed as increased from 55.6% in 2011 to 66.6% in 2014, while the percentage stayed roughly the same for Maryland adults (58.5% in 2011 and 56.9% in 2014).
- The percentage of Frederick County adults who reported that they have had 1-5 permanent teeth removed has decreased from 32.2% in 2011 to 22.7% in 2014, while the percentage of Maryland adults has increased slightly from 26.5% in 2011 to 29% in 2014.
- The percentage of adults in Frederick County and Maryland who reported that they have had six or more permanent teeth removed has stayed roughly the same from 2011 to 2014, with Frederick County percentages remaining lower than Maryland (Frederick County: 6.7% in 2011 and 7% in 2014; Maryland: 9.8% in 2011 and 10.2% in 2014).
- There was a slight decrease in the percentage of both Frederick County and Maryland adults reporting that they have had all their permanent teeth removed with Frederick County matching Maryland values (Frederick County: 5.4% in 2011 and 3.8% in 2014; Maryland: 5.2% in 2011 and 3.9% in 2014).



	2011	2012	2013	2014
FC None	55.6%	63.4%	52.6%	66.6%
MD None	58.5%	56.6%	55.5%	56.9%
FC 1-5	32.2%	27.9%	32.0%	22.7%
MD 1-5	26.5%	28.9%	30.1%	29.0%
FC 6+	6.7%	5.1%	9.1%	7.0%
MD 6+	9.8%	10.3%	10.2%	10.2%
FC All	5.4%	3.6%	6.3%	3.8%
MD All	5.2%	4.3%	4.2%	3.9%

Source: BRFSS Data, Question: ORAL HEALTH: HOW LONG SINCE LAST TEETH CLEANING?

- 1% (1,325) of all patient visits from January 2014 to June 2015 had a primary dental diagnosis.
- One of the most preventable reasons that patients visit the emergency department at Frederick Memorial Hospital is for urgent dental care.



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

Input from the front line: Emergency Department Medical Director

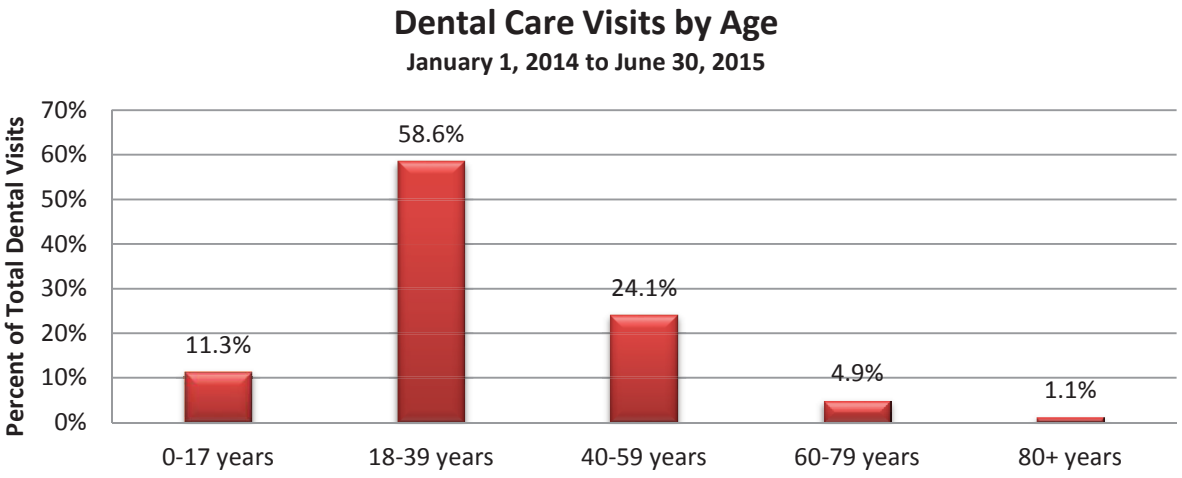
Dental caries is by far the most common presentation. Then it is dental (periapical) abscess, facial cellulitis but these are secondary to caries as well.

- Patients seeking care for a primary diagnosis for dental care are for urgent needs primarily due to dental caries, dental periapical abscess, or complications related.

Principal Diagnosis - 4 Digit (Top 10)	Cases
DISORDER, DENTAL NOS	406
DENTAL CARIES	389
ABSCESS, PERIAPICAL W/O SINUS	259
PERIODONTITIS, ACUTE PULPAL APICAL	103
TEMPOROMANDIBULAR JT DIS	62
DISTURBANCE, TOOTH ERUPTION	25
SYNDROME, TEETHING	16
CHRONIC GINGIVITIS	14
DISEASE, PERIODONTAL NEC	10
DISORDER, DENTAL NEC	10
Total	**1294**

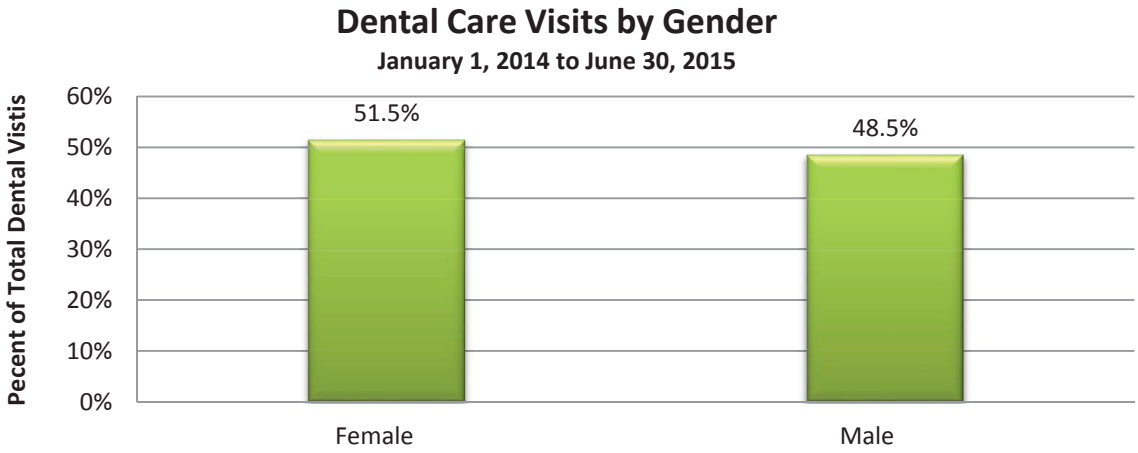
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- More than half of urgent dental care visits at FMH (58.6%) are for patients between 18-39 years.



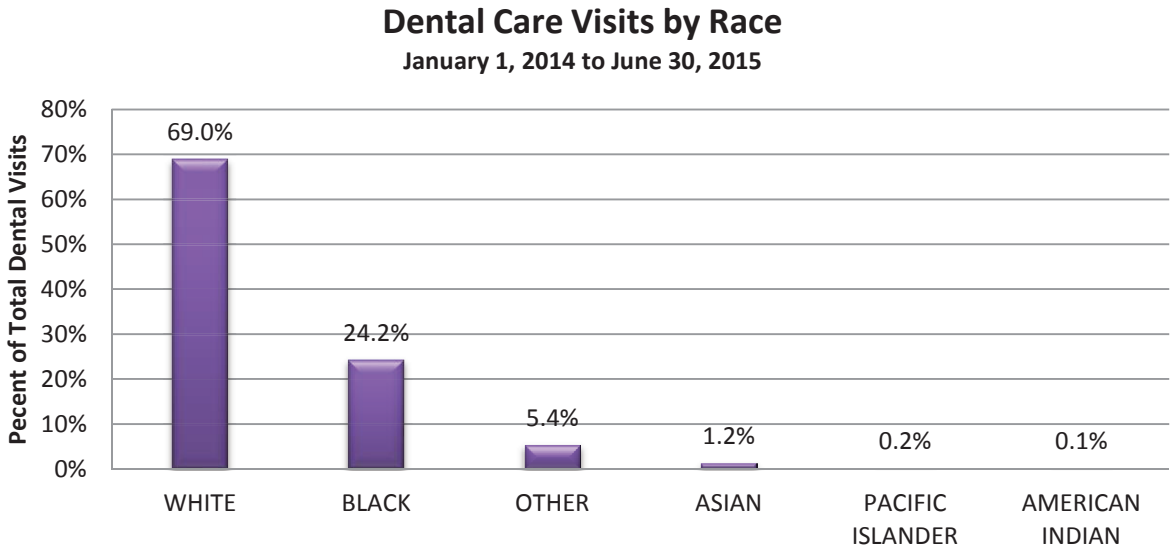
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Approximately the same percentages of men and women seek urgent dental care at FMH.
- Slightly more men sought dental care (48.5%) than for all visits at FMH (42.3%).



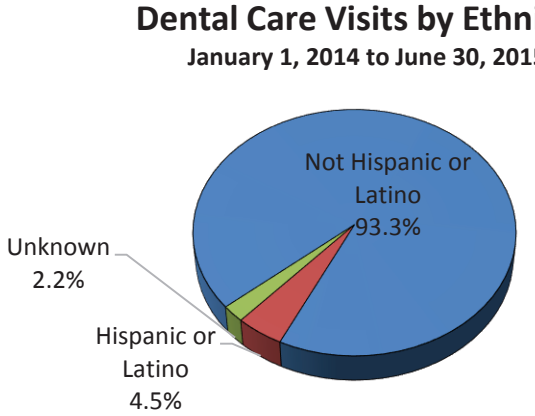
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Almost a quarter (24.2%) of patients seeking dental care at FMH are Black, which is higher than the percentage of all FMH patients who are Black (15.4%).



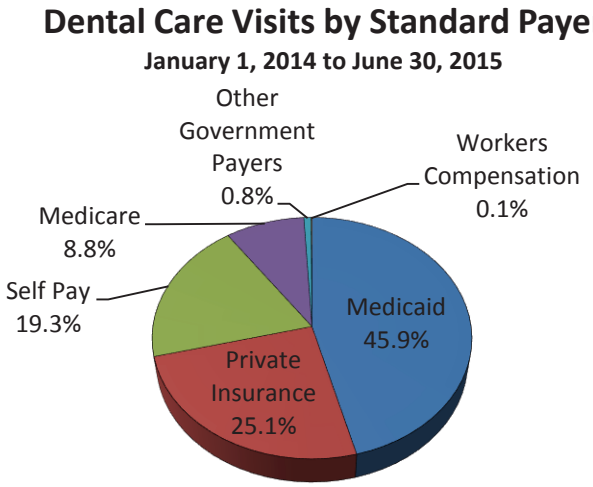
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 4.5% of patients seeking dental care at FMH self-identify as Hispanic. This is lower than the percentage of all FMH patients who self-identify as Hispanic (8.1%).



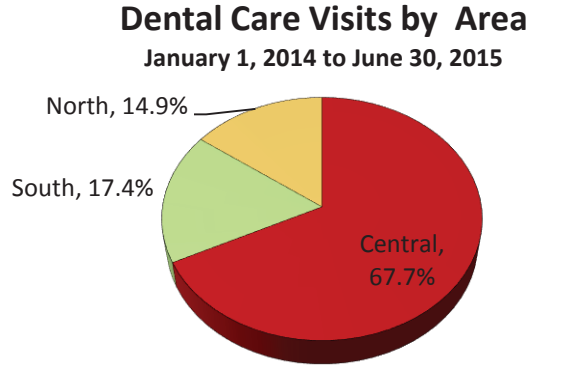
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Payer information is collected in regards to health benefits. This does not indicate that the patient has dental coverage as part their health plan.
- Almost half (45.9%) of all dental care visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- A quarter (25.1%) of all dental care visits at FMH were paid for with private insurance, which is less than the percentage of all FMH visits paid with private insurance (40%).
- Almost one in five patients seeking dental care at FMH did not pay with any form of insurance (self-pay, 19.3%), which is more than twice as high as all FMH patients (7.7%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- A greater percentage of Frederick Memorial Hospital's dental patients came from the central region of the county (67.7% compared to the 61.8% of all FMH patients).
- The percentage of Frederick Memorial Hospital's dental patients from the southern region of the county was lower than expected compared to all FMH patients (17.4% compared to 24%).



Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

Survey Data

28% of those surveyed reported that cost prevented receipt of dental services all or most of the time. Cost also prevented care for at least one family member with respondents reporting all or most of the time that cost prevented getting dental care (20.5%) for a family member.

Half of all people surveyed rated oral health as a personal health priority (49.9%) and 47.7% identified oral health as a health problem of county residents in general.

Survey respondents less than 64 years of age were more likely to report worrying about dental care for themselves and for their family compared to those over 65 years of age.

Survey respondents who had completed high school or less education reported that cost impacted dental care for themselves and for their family compared to those who completed some college or more education.

Focus Groups

The FMH Providers, FMH Lay Health Educators, and Spanish Speaking Residents Focus Groups all identified dental care as a health priority for the community.

Addressing the Need

Frederick Memorial Hospital

Monocacy Health Partners Dental Clinic (Part of Frederick Regional Health System)
Effective June 2016, in efforts to reduce unnecessary health care expenditure and over utilization of high cost hospital/emergency department (ED) resources, it is necessary to explore innovative and collaborative approaches to achieve the right care, in the right place at the right time for our community. Patients seeking access for urgent dental care, has been identified as one of the primary diagnoses, that could be diverted to less expensive, more appropriate care settings. Despite the local efforts towards improving access to adult dental care, ED utilization at FMH for dental diagnosis has increased over the past three years.

Frederick Memorial Hospital (FMH) and University of Maryland Dental School (UMD) intend to open a dental clinic directly across the street from the FMH ED. FMH will provide the facility and operational expenses. UMD has agreed to use the FMH/UMD dental clinic as a rotational practicum site for their students. UMD will provide faculty oversight of the students. Local dentists and oral surgeons will be recruited to UMD faculty to support oversight of the clinic. The intent is to approach the project in two phases. It will begin with three operatories, functioning five days per week, with primary focus on urgent care. The second phase will expand to six operatories that will allow restorative and preventive care in addition to urgent care. The phasing of this project will depend on funding and community support.

A collaborative workgroup comprised of FMH ED, FMH Care Coordination, UMD Faculty/local providers, members of the Frederick County Health Improvement Plan's Dental Work Group, and other community stakeholders will establish best practice approaches to identify patients who are appropriate for diversion from the emergency department to the dental clinic.

Frederick County Health Department

Children's Dental Services
Services are for children ages 1-18 years, including children with special needs. Services include complete examination, cleaning, x-rays, fluoride treatment, fillings, uncomplicated extractions, sealants and oral health education. Medicaid is accepted and there is also a sliding fee scale based upon the Federal Poverty Level for children with no insurance. There is currently no waiting list in Frederick for children with Medicaid insurance and children with no insurance to access comprehensive quality services.

Community Outreach
We provide oral examination and oral health education for children enrolled in the YMCA of Frederick County Head Start Program; oral screening and fluoride varnish application for children in schools served by the Frederick Community Action Agency's School Based Health Center; and oral health education for interested groups serving children throughout Frederick County.

Gray Area Access
No adult services are provided by the Dental Program. However, we do offer a Gray Area Access voucher for adults with limited income and no dental insurance. Local oral surgeons volunteer to provide dental services in their offices at reduced fees. Please contact us for details.

For information about the LHIP Affordable Dental Care Workgroup, see the Action Plan.

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SEXUALLY TRANSMITTED DISEASES (STDS)

OVERVIEW:

Sexually Transmitted Diseases (STDs) refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health.

Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as:

- Reproductive health problems
- Fetal and perinatal health problems
- Cancer
- Facilitation of the sexual transmission of HIV infection

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 out of 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 20 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as $16 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.

The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors.

HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50 percent of new HIV infections occur as a result of the 21 percent of people who have HIV but do not know it.

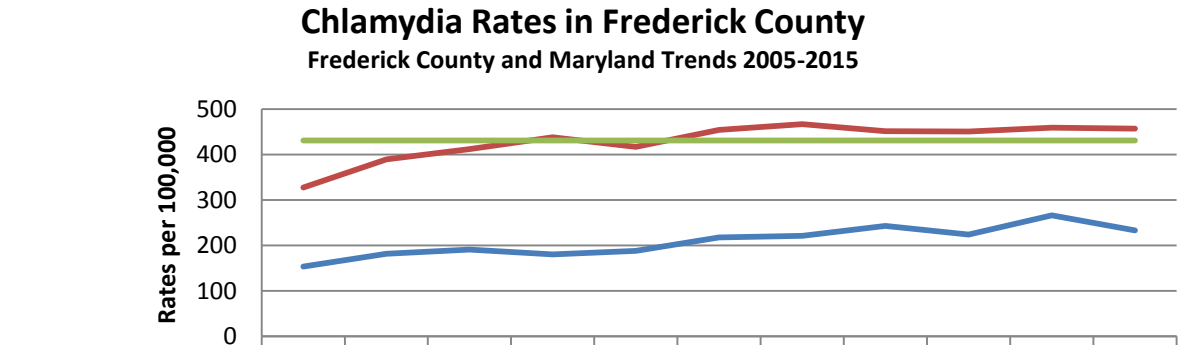
-Healthy People 2020

HIGHLIGHTS:

- Rates of chlamydia in Frederick County continue to rise but remain lower than Maryland. In 2014, the rate was 265.8 per 100,000 which was an increase of 73% from 2005.
- Rates of gonorrhea in Frederick County continue to rise but remain lower than Maryland. In 2014, the rate was 36.2 per 100,000 which was an increase of 33% from 2005.
- In 2014, there were 302 adults or adolescents living with HIV/AIDS in Frederick County.
- More than half of HIV cases were diagnosed when they are 24-44 years old.
- The percent of Frederick County HIV cases diagnosed at 24-44 years has decreased 18% from, 72.1% in 2005 to 59.3% in 2014.
- 45-64 is the fastest growing age group for age at HIV diagnosis, and has increased 84% from 11.5% in 2005 to 21.2% in 2014.
- Sexual contact is the most frequent exposure for contracting HIV, with 44% of living Frederick County HIV cases having contracted HIV as men having sex with men, and 40% having contracted HIV through heterosexual contact.
- 14% of HIV cases in Frederick County were due to intravenous drug exposure in 2014, which is a 22% decrease from 17.4% in 2005.
- One third (33.8%) of living HIV/AIDS cases in Frederick County were Black, non-Hispanics in 2014. This is three times higher than the percent of Blacks in Frederick County (9.4%).
- Almost one in five (17.5%) of living HIV/AIDS cases in Frederick County were Hispanic in 2014, which is twice as high as the Hispanic population in Frederick County (8.4%).
- Rates of syphilis in Frederick County remain lower than Maryland but continue to rise. In 2014, the rate was 1.2 per 100,000 which was four times higher than the 2005 rate.

Chlamydia

- Rates of chlamydia in Frederick County continue to rise overall. In 2015, the rate was 232.7 per 100,000 which was an increase of 52% from 2005.
- Frederick County continues to have lower chlamydia rates than Maryland.
- Frederick County continues to meet the Maryland SHIP goal of reducing chlamydia to 431 per 100,000.

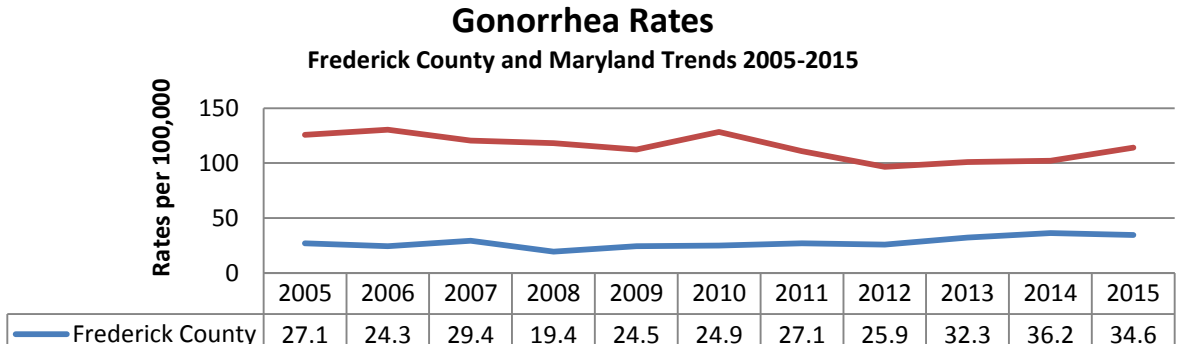


	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Frederick County	153.3	181.5	190.9	180.3	187.6	217.7	221.0	242.6	223.9	265.8	232.7
Maryland	326.9	389.2	412.0	437.9	416.7	453.7	466.9	450.9	450.7	458.9	457.0
SHIP Target	431.0	431.0	431.0	431.0	431.0	431.0	431.0	431.0	431.0	431.0	431.0

Source: Maryland Department of Health and Mental Hygiene, Center for Sexually Transmitted Infection Prevention (CSTIP) http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/Pages/STI-Data-Statistics.aspx*. Maryland SHIP 2017 Goal 15: Reduce chlamydia infection rate to 431%.*

Gonorrhea

- Rates of gonorrhea in Frederick County continue to rise overall. In 2015, the rate was 34.6 per 100,000 which was an increase of 28% from 2005.
- Frederick County continues to have lower gonorrhea rates than Maryland.

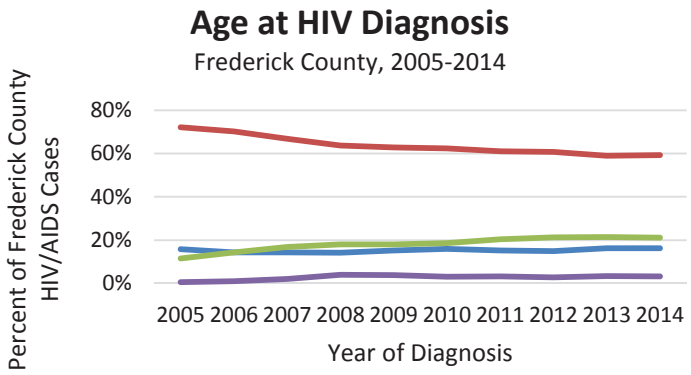


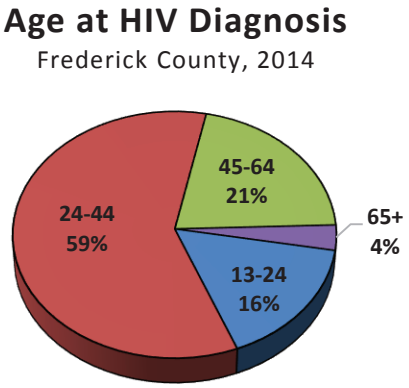
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Frederick County	27.1	24.3	29.4	19.4	24.5	24.9	27.1	25.9	32.3	36.2	34.6
Maryland	125.8	130.5	120.5	118.3	112.2	128.4	110.8	96.6	101.0	102.2	114.2

Source: Maryland Department of Health and Mental Hygiene, Center for Sexually Transmitted Infection Prevention (CSTIP) http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/Pages/STI-Data-Statistics.aspx

HIV

- Approximately 15 new cases of HIV are diagnosed in Frederick County each year.
- In 2014, there were 302 adults or adolescents living with HIV/AIDS in Frederick County.
- In 2014, 61.6% of living adult/adolescent HIV cases in Frederick County were men and 38.4% were women.
- More than half of HIV cases were diagnosed when they are 24-44 years old.
- The percent of Frederick County HIV cases diagnosed at 24-44 years has decreased 18% from, 72.1% in 2005 to 59.3% in 2014.
- 45-64 is the fastest growing age group for age at HIV diagnosis, and has increased 84% from 11.5% in 2005 to 21.2% in 2014.

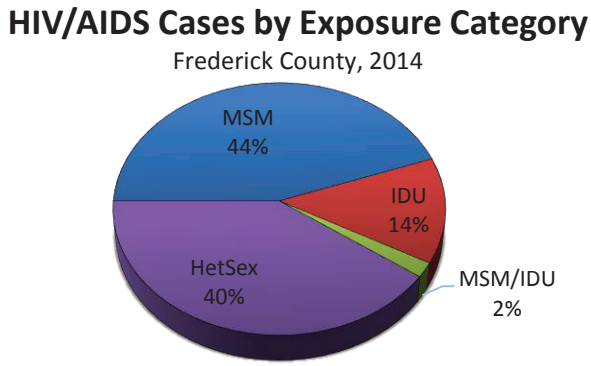




Note: Total Living Adult/Adolescent HIV Cases (the Sum of the Total Living HIV Cases Without AIDS and the Total Living HIV Cases with AIDS) by Age at Diagnosis in Frederick County, Alive on 12/31 of Each Year of Diagnosis.

Source: Maryland Department of Health and Mental Hygiene, Center for HIV Surveillance, Epidemiology and Evaluation. http://phpa.dhmh.maryland.gov/oideor/chse

- Sexual contact is the most frequent exposure for contracting HIV, with 44% of living Frederick County HIV cases having contracted HIV as men having sex with men, and 40% having contracted HIV through heterosexual contact.
- 14% of HIV cases in Frederick County were due to intravenous drug exposure in 2014, which is a 22% decrease from 17.4% in 2005.



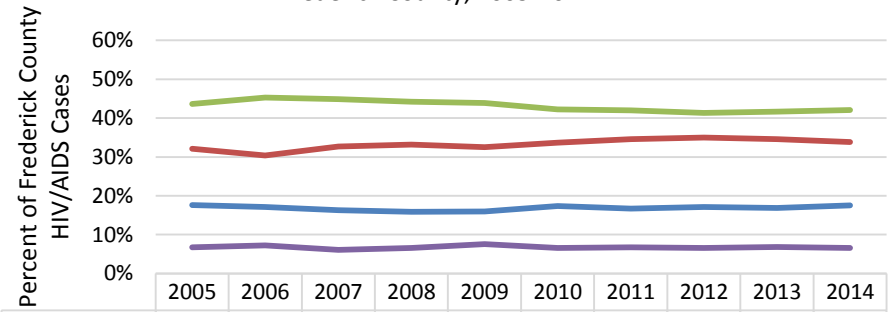
Definitions:
MSM=men who have sex with men;
IDU= intravenous drug user;
HetSex=heterosexual sex between a man and woman.

Source: Maryland Department of Health and Mental Hygiene, Center for HIV Surveillance, Epidemiology and Evaluation. http://phpa.dhmh.maryland.gov/oideor/chse

- One third (33.8%) of living HIV/AIDS cases in Frederick County were Black, non-Hispanics in 2014. This is three times higher than the percent of Blacks in Frederick County (9.4%).
- Almost one in five (17.5%) of living HIV/AIDS cases in Frederick County were Hispanic in 2014, which is twice as high as the Hispanic population in Frederick County (8.4%).

HIV/AIDS Cases by Race/Ethnicity

Frederick County, 2005-2014



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Hispanic	17.6%	17.1%	16.3%	15.9%	16.0%	17.4%	16.7%	17.1%	16.9%	17.5%
Black*	32.1%	30.4%	32.7%	33.2%	32.5%	33.7%	34.6%	35.0%	34.6%	33.8%
White*	43.6%	45.3%	44.9%	44.2%	43.9%	42.2%	42.0%	41.3%	41.7%	42.1%
Other*	6.7%	7.2%	6.1%	6.6%	7.6%	6.6%	6.7%	6.6%	6.8%	6.6%

**Non-Hispanic. Note: Total Living Adult/Adolescent HIV Cases (the Sum of the Total Living HIV Cases Without AIDS and the Total Living HIV Cases with AIDS) by Age at Diagnosis in Frederick County, Alive on 12/31 of Each Year of Diagnosis.*

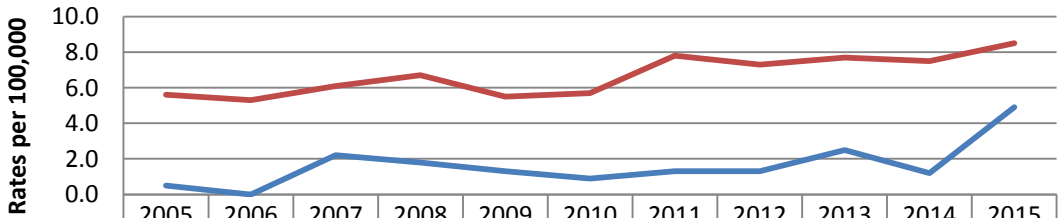
Source: Maryland Department of Health and Mental Hygiene, Center for HIV Surveillance, Epidemiology and Evaluation. http://phpa.dhmh.maryland.gov/oideor/chse

Syphilis

- Rates of syphilis in Frederick County are low but continue to rise. In 2015, the rate was 4.9 per 100,000 which was almost ten times higher than the 2005 rate.
- Frederick County continues to have lower syphilis rates than Maryland.

Primary and Secondary Syphilis Rates

Frederick County and Maryland Trends 2005-2015



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Frederick County	0.5	0.0	2.2	1.8	1.3	0.9	1.3	1.3	2.5	1.2	4.9
Maryland	5.6	5.3	6.1	6.7	5.5	5.7	7.8	7.3	7.7	7.5	8.5

Source: Maryland Department of Health and Mental Hygiene, Center for Sexually Transmitted Infection Prevention (CSTIP)
http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/Pages/STI-Data-Statistics.aspx

Survey Data

Nineteen (19%) of survey participants reported that sexually transmitted diseases/infections were a personal health priority, and 42.2% reported that sexually transmitted diseases are an overall county health priority. Minorities (all except White) were more likely to strongly agree that sexually transmitted diseases were a health priority (15.4% vs. 8.2%). People were also more likely to be concerned about sexually transmitted diseases if they were uninsured (39.1% compared to 20.1% insured) or made less than $50,000 (0-24K [31.3%], 25-49K [32.2%], 50-75K [12.7%], 75K+ [15.8%]).

Half (50.3%) of survey participants reported having received an HIV test in the previous five years versus 46.2% who have not. Survey participants who reported income between $25,000-$49,999 were less likely to have had HIV testing (answered "no": 0-24K [41.7%], 25-49K [63.5%], 50-75K [50.7%], 75K+ [47.8%]). Likewise, survey participants with less education (high school or less, 60.6%) were less likely to have had a HIV test compared to the higher education group (some college or more, 49.3%).

Addressing the Need

The Frederick County Health Department (FCHD) privatized the provision of sexually transmitted infection (STI) services in 2010 utilizing a competitive bid award process. The FCHD reimburses the vendor for STI services in accordance with state guidelines for persons who are under 21 years of age and for others who are seeking confidential services and treatment. Health education is a required component of the services and services must meet specified time and quality measures with the objective of reducing the risk of complications from an infection and reducing the potential for the infection to be transmitted or spread to others.

The Frederick County Health Department employs a Disease Intervention Specialist who conducts field investigations to locate, notify, and refer identified at-risk community members for appropriate medical evaluation and recommended treatment services as deemed necessary, through the provision of early intervention, case management, and disease investigation services related to STIs and HIV. Case management and disease intervention activities include a process of identifying and evaluating affected persons, initiating client-centered counseling, eliciting information to facilitate partner management, developing client-specific risk reduction plans, and evaluating persons exposed to or at increased risk for STIs and HIV. This position works collaboratively with health department and private health care providers, other disease intervention staff throughout the state, and community partners, to ensure the proper management and delivery of effective and timely intervention services for clients and their respective at-risk social network.

Go to Summary Table for Sexually Transmitted Diseases **Data**
Go back to Table of Contents

OVERVIEW

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Why Is Substance Abuse Important?

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Domestic violence
- Motor vehicle crashes
- Crime
- Human immunodeficiency virus/) acquired immunodeficiency syndrome (HIV/AIDS
- Other sexually transmitted diseases (STDs)
- Child abuse
- Physical fights
- Homicide
- Suicide

Understanding Substance Abuse

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

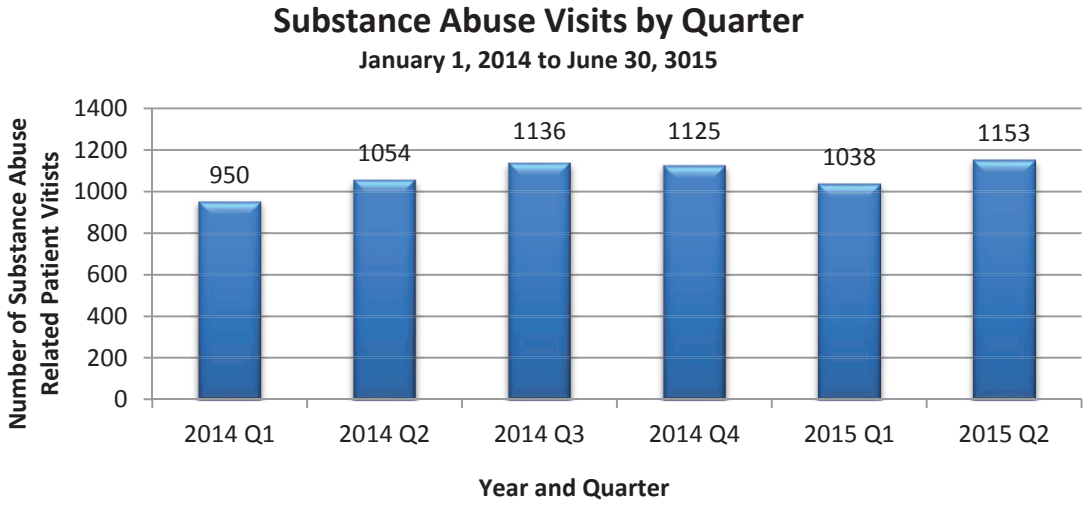
-Healthy People 2020

HIGHLIGHTS:

- 5% (6,456) of all patient visits from January 2014 to June 2015 were related to substance abuse.
- Substance abuse visits to FMH have increased 17.6% from 2014 Q1 to 2015 Q2.
- One in five substance abuse visits are opioid related and almost two-thirds are alcohol related.
- 40.96% are between 18-39 years and 43.61% are between 40-59 years and one in ten people seeking substance abuse care are between 60-79 years old.
- 80% of people seeking substance abuse care at FMH are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- 42.9% of visits for substance abuse care at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).

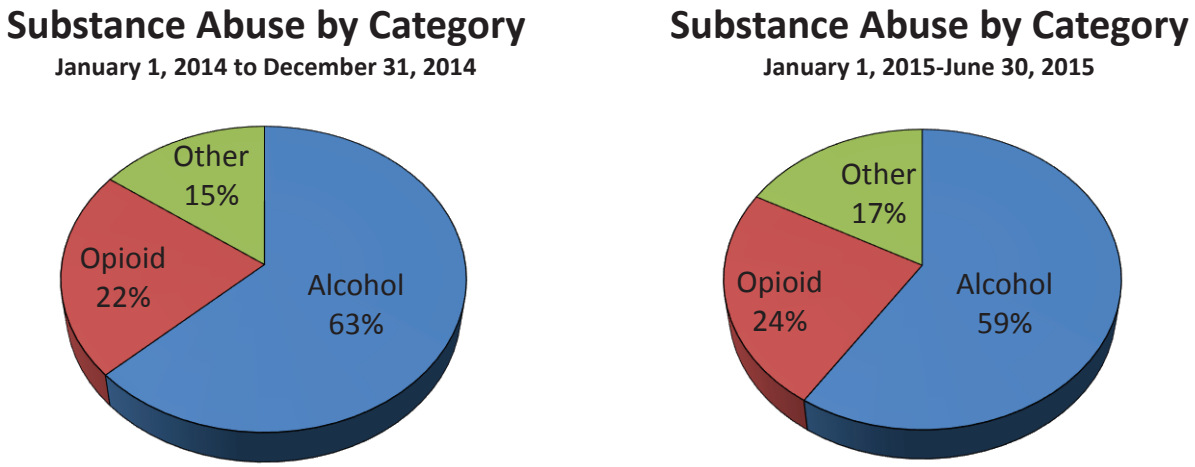
Frederick Memorial Hospital Data

- 5% (6,456) of all patient visits from January 2014 to June 2015 were related to substance abuse.
- Substance abuse visits to FMH have increased 17.6% from 2014 Q1 to 2015 Q2.
- When comparing Q1 in 2014 to Q1 in 2015, substance abuse visits increased 8.5%.
- One in five substance abuse visits are opioid related and almost two-thirds are alcohol related.



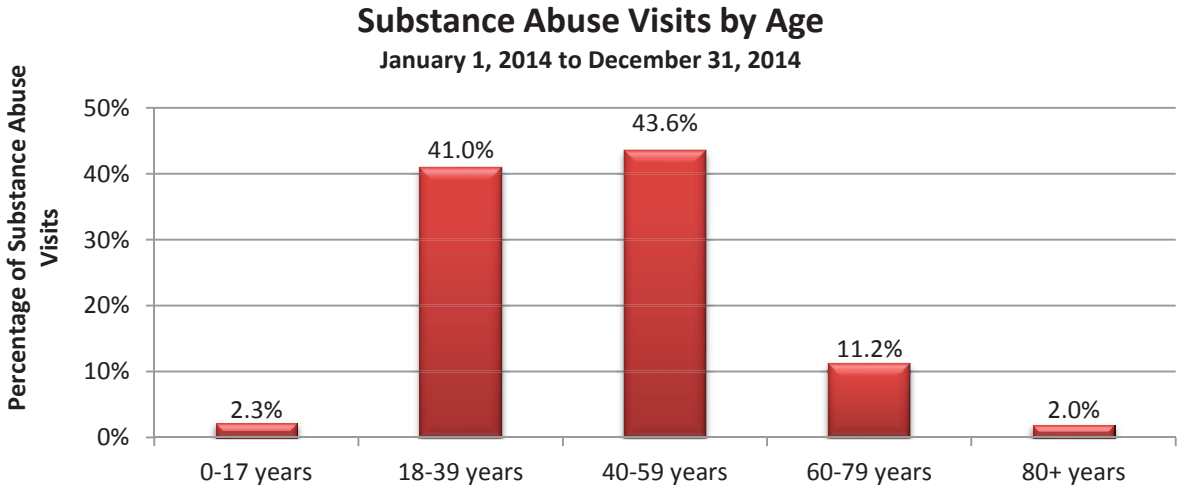
Source: Frederick Memorial Hospital primary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Alcohol abuse followed by opioid abuse are the top two reasons for patients seeking care at Frederick Memorial Hospital for substance abuse.
- The category of "Other" accounts for a smaller number of substances such as cannabis, cocaine, unspecified hypnotic, psychogenic, and anxiolytics.
- Many patients may present with more than one substance. For example, if the patient was treated for Alcohol and Opioid abuse both substances are represented in the data below.



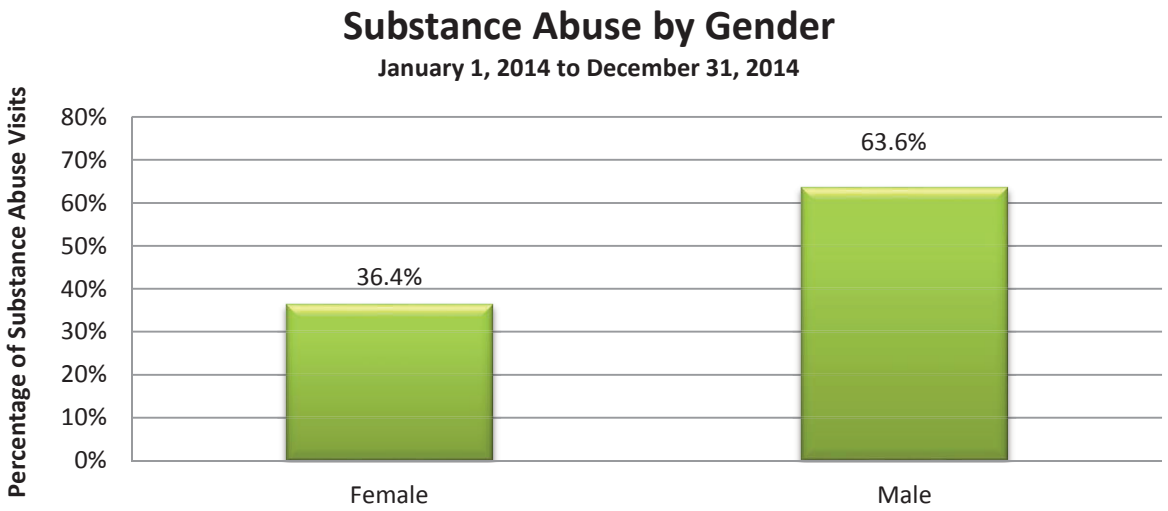
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014 (left graph) and January 1, 2015 to June 30, 2015 (right graph).

- Over 80% of people seeking care for substance abuse at FMH are between 18-59 years old.
- 40.96% are between 18-39 years and 43.61% are between 40-59 years.
- One in ten people seeking substance abuse care are between 60-79 years old.



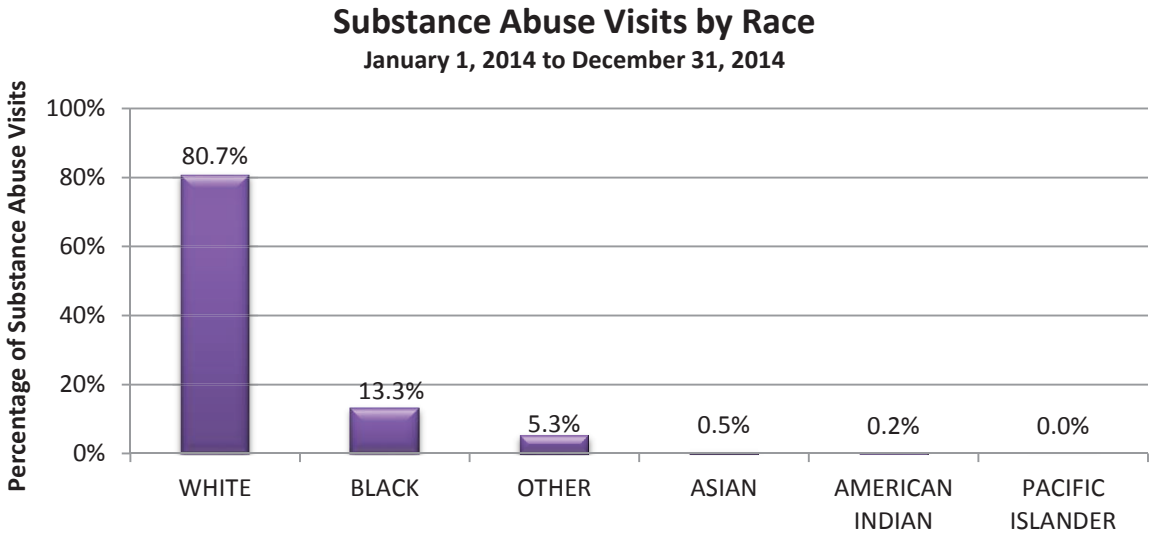
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- Almost two thirds (63.6%) of people visiting the FMH Emergency Department for substance abuse reasons were men, compared to 36.4% women.
- A higher percentage of men (63.6%) seek substance abuse care at FMH than women when compared to all patients at FMH (57.6% female, 42.3% male).



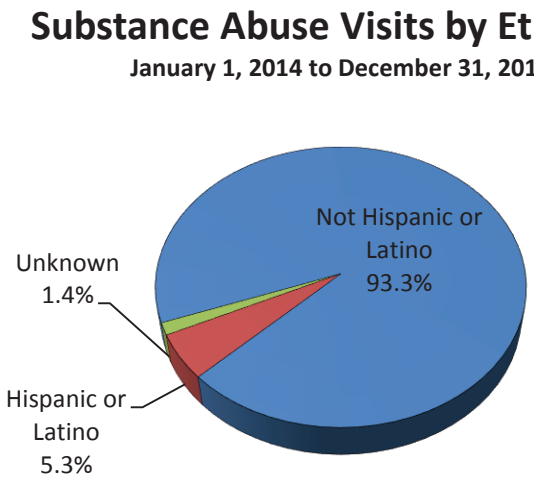
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- 80% of people seeking substance abuse care at FMH are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- A slightly lower percent of Blacks are seeking substance abuse care at FMH (13.3%) than compared to the percentage of all FMH patients who are Black (15.4%).
- A lower percent of Asians are seeking substance abuse care at FMH (0.5%) than compared to the percentage of all FMH patients who are Asian (1.7%).



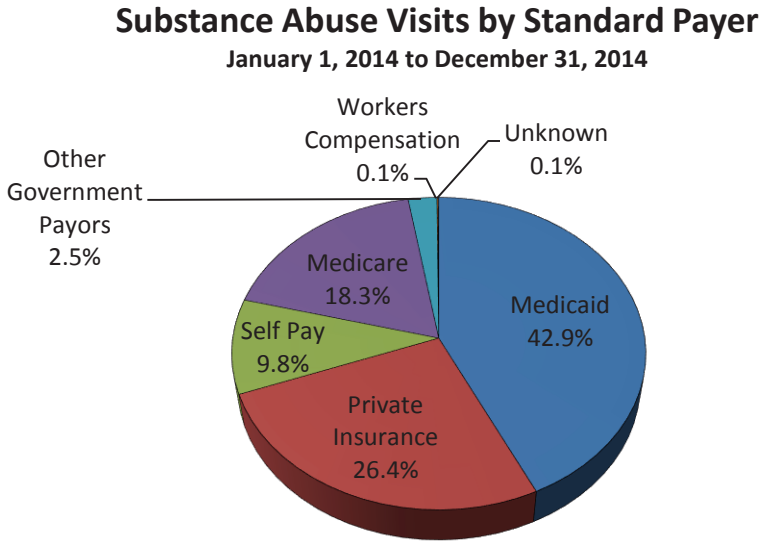
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- 5.3% of the patients seeking substance abuse care at FMH self-identify as Hispanic, compared to 8.1% of all FMH patients who are Hispanic.



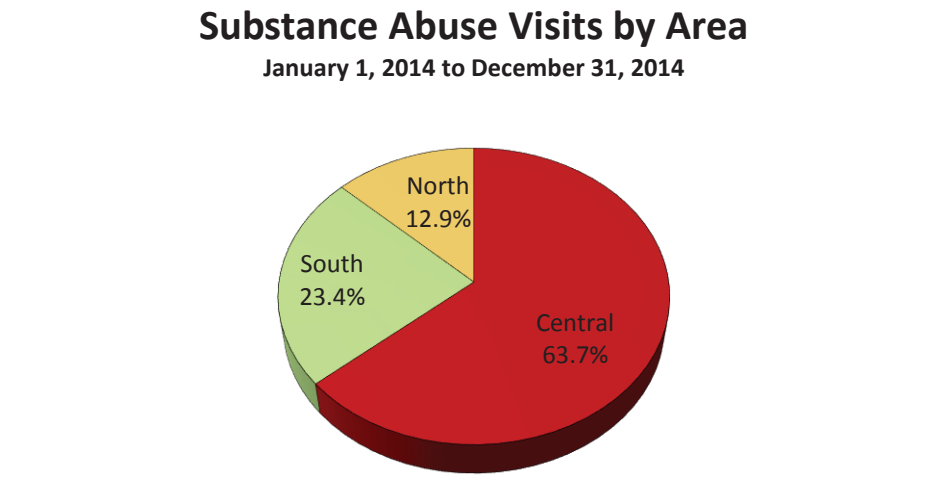
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- 42.9% of visits for substance abuse care at FMH were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- Approximately one quarter (26.4%) of visits for substance abuse care at FMH were paid for with private insurance, which is lower than all FMH visits (40%).
- Almost one in ten visits for substance abuse care at FMH were not paid for with any form of insurance (self-pay 9.8%), which is higher than all FMH visits (7.7%).



Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- Patients seeking substance abuse services are from the same areas of the county as all patients seeking care at FMH.



Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

Alcohol

HIGHLIGHTS:

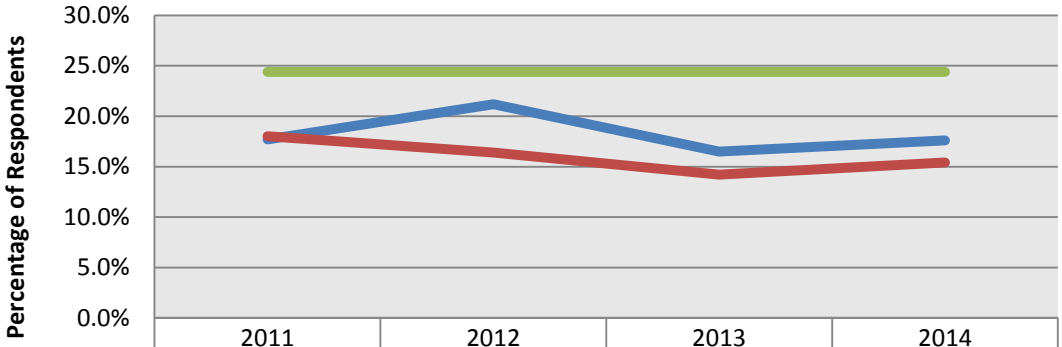
- The percentage of Frederick County adults who reported chronic drinking has decreased slightly from 5.7% in 2001 to 4.2% in 2014.
- 3% (4,003) of all patient visits from January 2014 to June 2015 were related to alcohol abuse.
- Alcohol abuse visits to FMH have increased 13% from 2014 Q1 to 2015 Q2.
- 82.2% of people seeking alcohol abuse care at FMH are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- More than one third (43.8%) of all alcohol abuse visits were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).

Frederick County Data

- Binge drinking in Frederick County has remained relatively constant with 17.6% of adults saying they were a binge drinker in the past month in 2014, compared to 17.7% in 2011.
- Frederick County maintains a slightly higher rate of binge drinking than Maryland.
- **Frederick County is well below the Health People 2020 objective of 24.4%.**

Binge Drinking

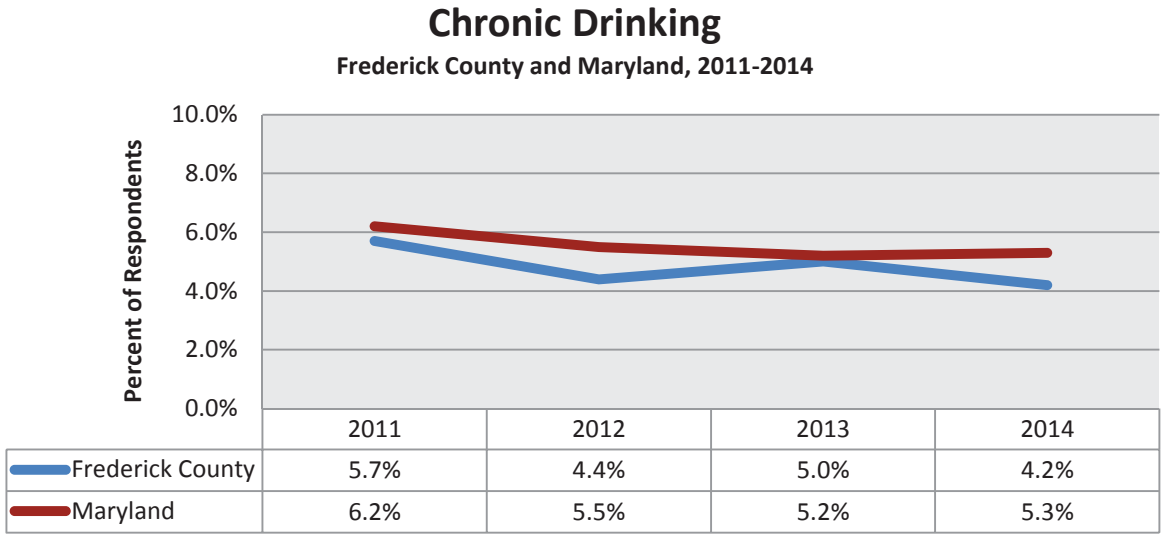
Frederick County and Maryland, 2011-2014



	2011	2012	2013	2014
Frederick County	17.7%	21.2%	16.5%	17.6%
Maryland	18.0%	16.4%	14.2%	15.4%
HP 2020	24.4%	24.4%	24.4%	24.4%

Source: BRFSS Data, Question: ALCOHOL: BINGE DRINKERS (MALES HAVING FIVE OR MORE AND FEMALES HAVING FOUR OR MORE DRINKS ON ONE OCCASION IN THE PAST MONTH, Healthy People 2020 objective SA-14.3: Reduce the proportion of persons engaging in binge drinking during the past 30 days – adults age 18 years and older – to 24.4%.

- The percentage of Frederick County adults who reported chronic drinking has decreased slightly from 5.7% in 2001 to 4.2% in 2014.
- Frederick County maintains a slightly lower rate of chronic drinking than Maryland.

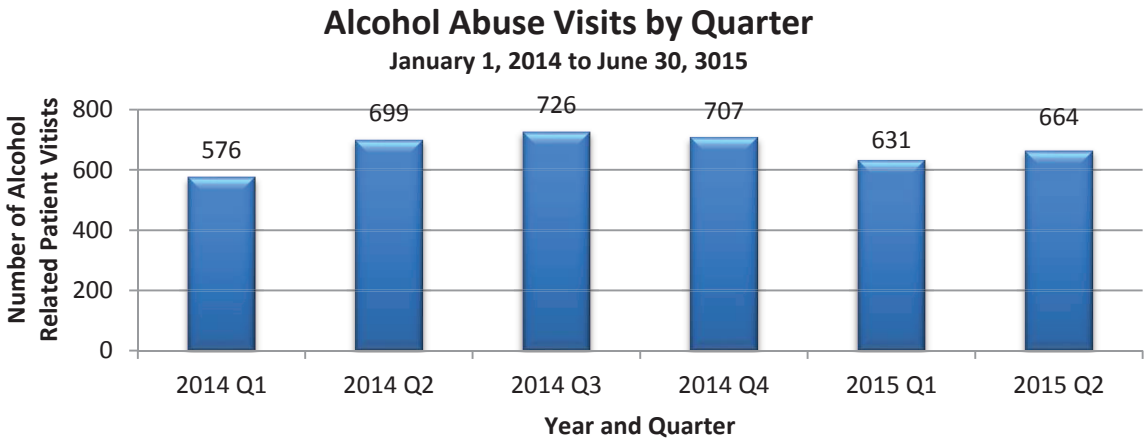


	2011	2012	2013	2014
Frederick County	5.7%	4.4%	5.0%	4.2%
Maryland	6.2%	5.5%	5.2%	5.3%

Source: BRFSS Data, Question: ALCOHOL: CHRONIC DRINKING-MEN HAVING MORE THAN 2 DRINKS AND FEMALES 1 DRINK PER DAY

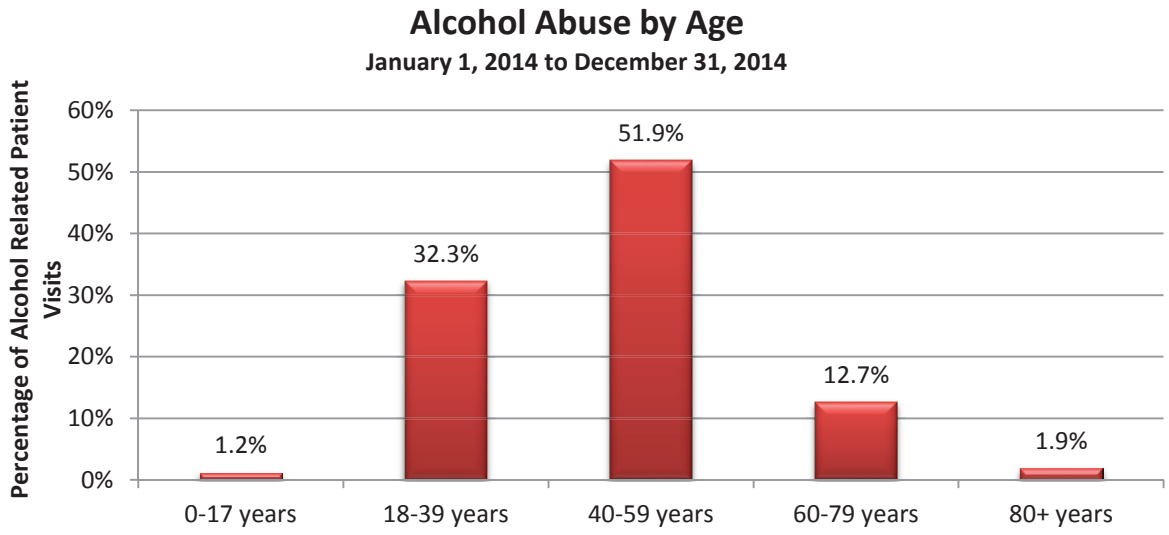
Frederick Memorial Hospital Data

- 3% (4,003) of all patient visits from January 2014 to June 2015 were related to alcohol abuse.
- Alcohol abuse visits to FMH have increased 13% from 2014 Q1 to 2015 Q2.
- When comparing Q1 in 2014 to Q1 in 2015, alcohol abuse visits increased 8.7%.



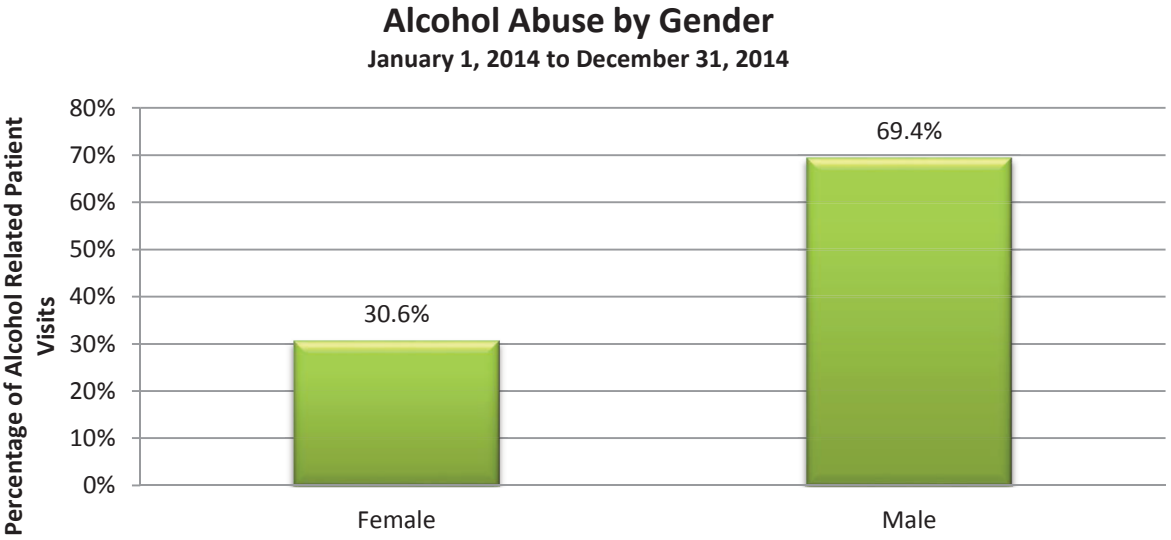
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Over half of patients seeking care at FMH for alcohol abuse are between 40-59 years old.
- This has been consistent for January – June 2015.



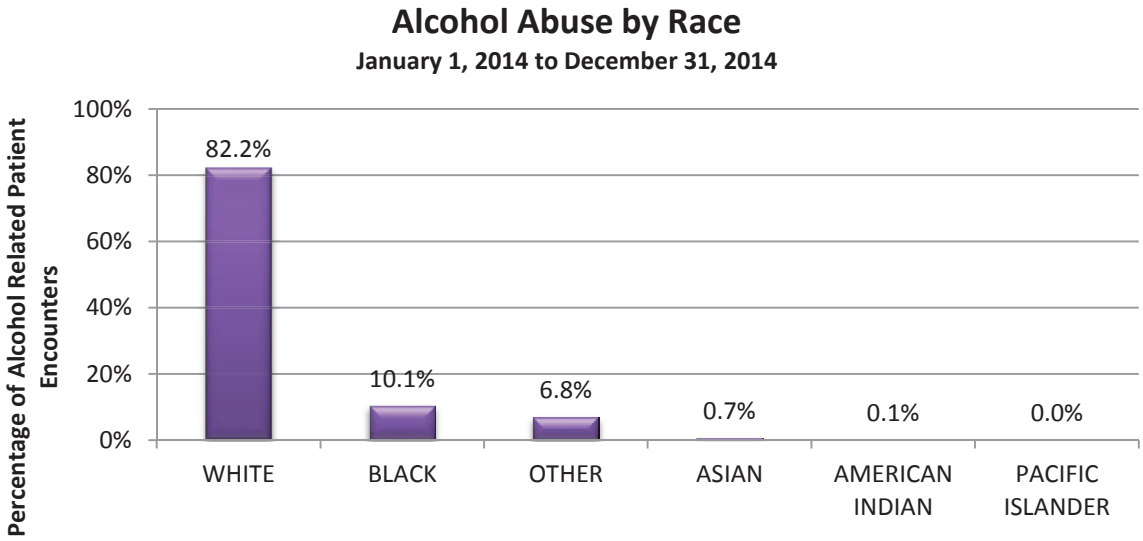
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- More than twice as many men seek care at FMH for alcohol abuse than women.
- A much higher percentage of men (69.39%) seek alcohol abuse care at FMH than women when compared to all patients at FMH (57.6% female, 42.3% male).
- This has been consistent for January – June 2015.



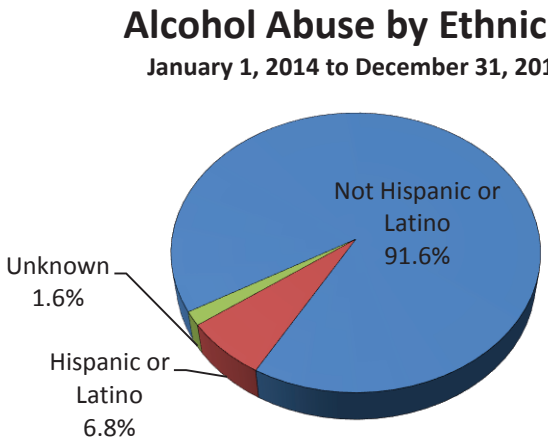
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- 82.2% of people seeking alcohol abuse care at FMH are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- The percent of Blacks seeking alcohol abuse care at FMH (10.1%) is lower than the percentage of all FMH patients who are Black (15.4%).
- A lower percent of Asians are seeking alcohol abuse care at FMH (0.7%) than compared to the percentage of all FMH patients who are Asian (1.7%).
- This has been consistent for January – June 2015.



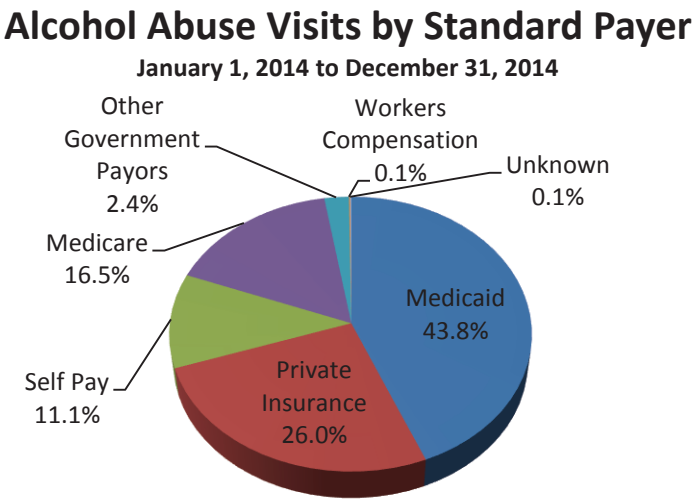
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- 6.8% of FMH patients seeking alcohol abuse care identified as Hispanic, which is slightly lower than the percentage of all FMH patients who are Hispanic (8.1%).
- This has been consistent for January – June 2015.



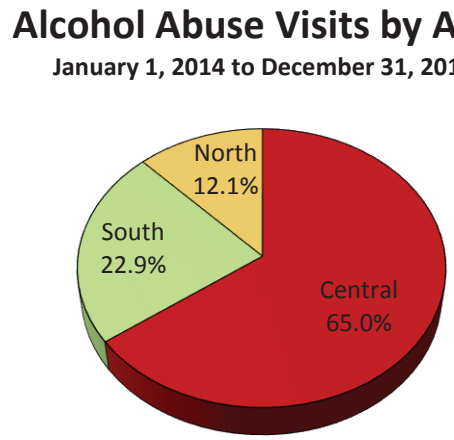
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- More than one third (43.8%) of all alcohol abuse visits were paid by Medicaid, which is higher than the percentage of all FMH visits paid by Medicaid (26.5%).
- One quarter (26%) of alcohol abuse visits were paid by private insurance, which is less than the percentage of all FMH visits paid with private insurance (40%).
- More than one in ten visits for alcohol abuse care at FMH were not paid for with any form of insurance (self-pay 11.1%), which is higher than all FMH visits (7.7%).
- This has been consistent for January – June 2015.



Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- Patients seeking alcohol abuse care are from the same areas of the county as all patients seeking care at FMH.
- This has been consistent for January – June 2015.



Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

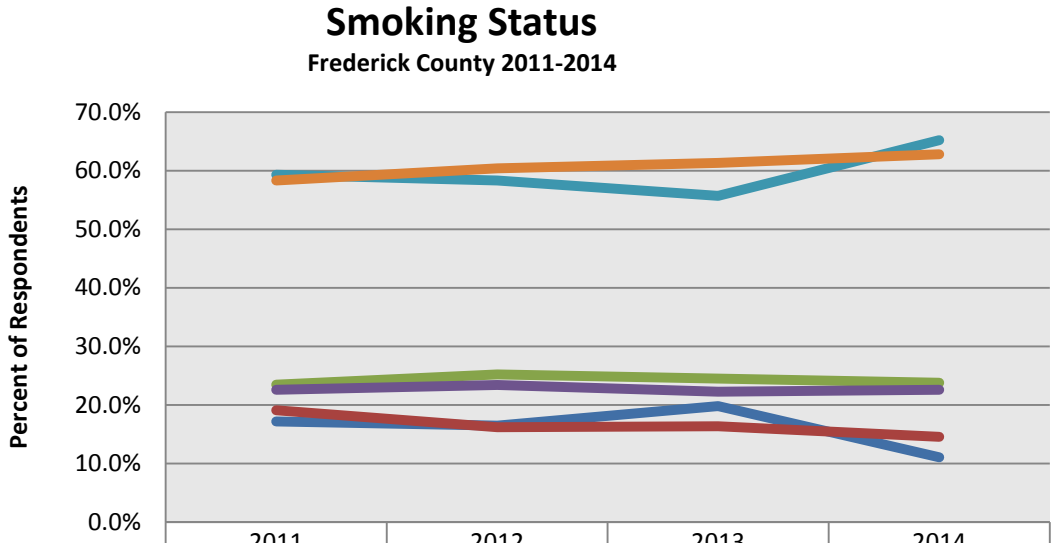
Tobacco

HIGHLIGHTS:

- The percentage of current smokers in Frederick County has decreased from 17.2% in 2011 to 11.1% in 2014.
- Almost half (49.56%) of patients in psychiatric care reporting tobacco use.
- The percentage of female FMH patients who reported tobacco use (48.5%) is almost the same as male FMH patients (51.5%).
- 81.3% of FMH patients reporting tobacco use are White, which is higher than the percentage of all FMH patients who are White (74.3%).

Frederick County Data

- The percentage of current smokers in Frederick County has decreased from 17.2% in 2011 to 11.1% in 2014.
- The percentage of current smokers in Frederick County is lower in 2014 (11.1%) than in Maryland (14.6%).
- Almost one third of adults in Frederick County report being a former smoker (23.8% in 2014). This is consistently slightly higher in Frederick County than in Maryland.
- 65.2% of Frederick County adults have never smoked, which is higher than Maryland 62.8% in 2014).
- **Frederick County is currently meeting both the Maryland SHIP 2017 Goal and the Healthy People 2020 Goal for current smokers.**

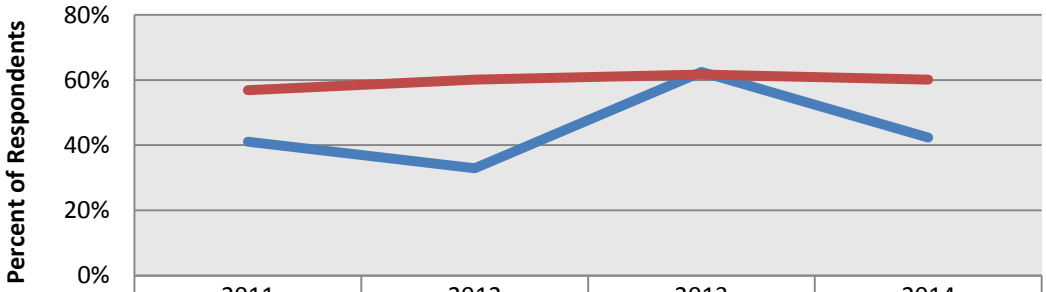


	2011	2012	2013	2014
FC Current	17.2%	16.5%	19.8%	11.1%
MD Current	19.1%	16.2%	16.4%	14.6%
FC Former	23.5%	25.2%	24.5%	23.8%
MD Former	22.6%	23.4%	22.3%	22.6%
FC Never Smoked	59.3%	58.3%	55.7%	65.2%
MD Never Smoked	58.3%	60.4%	61.3%	62.8%

Source: BRFSS Data, Question: TOBACCO: SMOKING STATUS. Maryland SHIP 2017 Goal 12: Reduce the % of adults who are current smokers to 15.5%. HP2020 TU-1.1: Reduce cigarette smoking by adults to 12%

- Fewer Frederick County adults (42.3%) report trying to quit smoking in the last 12 months compared to Maryland adults (60.1%) in 2014.

Tried to Quit in Last 12 Months
Frederick County and Maryland, 2011-2014

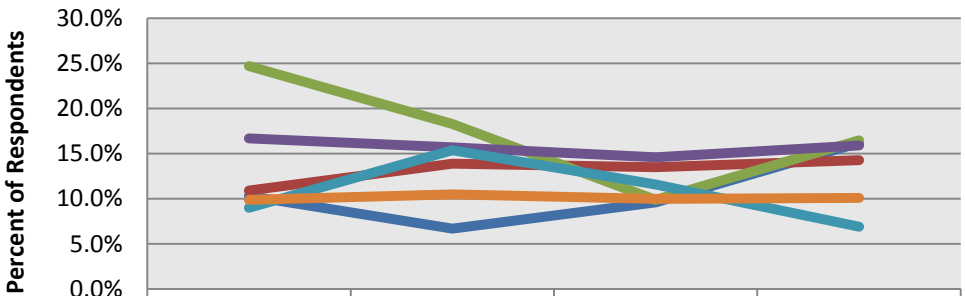


	2011	2012	2013	2014
Frederick County	41.1%	32.9%	62.5%	42.3%
Maryland	56.9%	60.1%	61.7%	60.1%

Source: BRFSS Data, Question: DURING THE LAST 12 MONTHS, HAVE YOU STOPPED SMOKING FOR 1 DAY OR LONGER BECAUSE TRYING TO QUIT SMOKING?

- 16.2% of Frederick County adults reported smoking cigarettes regularly in the last year, slightly higher than Maryland (14.3%) in 2014.
- The percent of Frederick County adults smoking cigarettes regularly in the last one to five years has decreased from 24.7% in 2011 to 16.5% in 2014. It is slightly higher than Maryland (15.9%).
- In 2014, 60.3% of Frederick County adults reported that it has been more than 10 years since they last smoked regularly, which is up from 55.8% in 2011 and is approximately the same in Maryland (59.6% in 2014). (Values not represented in graph.)

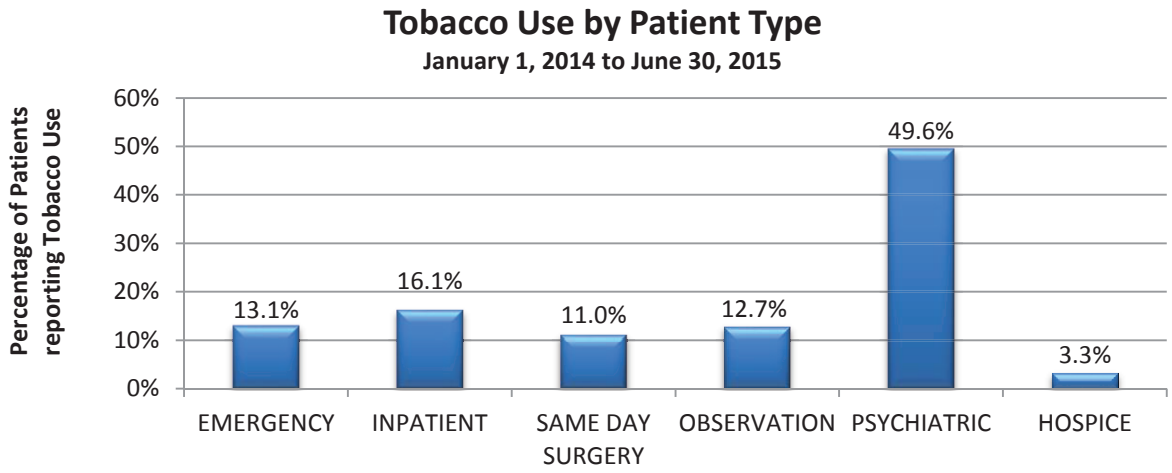
How Long Since Last Smoked Cigarettes Regularly
Frederick County and Maryland, 2011-2014



	2011	2012	2013	2014
FC < 1 YEAR	10.3%	6.7%	9.6%	16.2%
MD < 1 YEAR	10.9%	13.9%	13.5%	14.3%
FC 1 TO < 5 YEARS	24.7%	18.3%	9.9%	16.5%
MD 1 TO < 5 YEARS	16.7%	15.7%	14.6%	15.9%
FC 5 TO < 10 YEARS	9.0%	15.4%	11.6%	6.9%
MD 5 TO < 10 YEARS	9.9%	10.5%	10.0%	10.1%

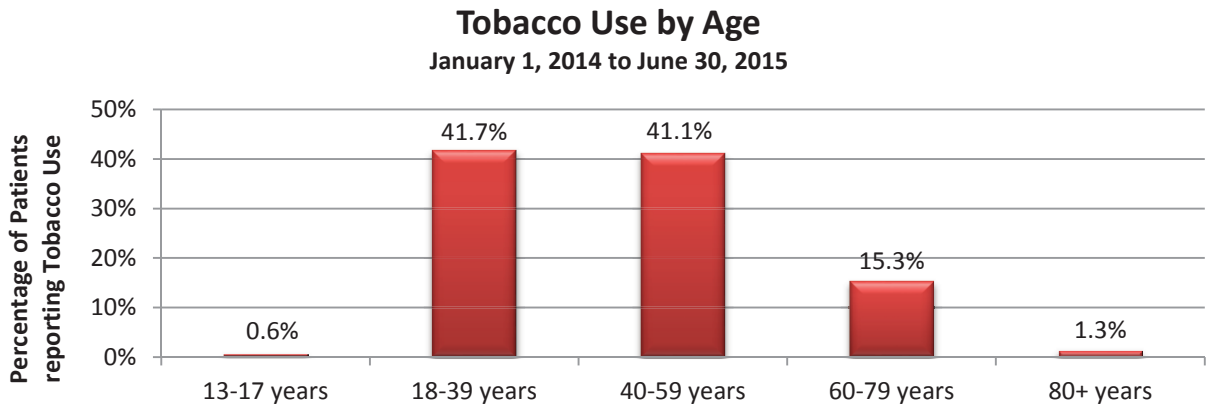
Source: BRFSS Data, Question: TOBACCO: HOW LONG HAS IT BEEN SINCE YOU LAST SMOKED CIGARETTES REGULARLY?

- 12% (14,116) of patient visits at FMH from January 2014 to June 2015 were with patients reporting current tobacco use.
- The provider asks the patient about current tobacco use and documents in the medical record. That documentation is then coded. The tobacco use code captures any tobacco/nicotine method of delivery (i.e. chewing, smokeless, e-cigs, etc.); not just smoking. Therefore the data reflects those patients coded with tobacco use.
- 13.77% (16,661/120,966) of the patients seen at FMH between January 1, 2014 and June 30, 2015 have documented tobacco use.
- Almost half (49.56%) of patients in psychiatric care report tobacco use.



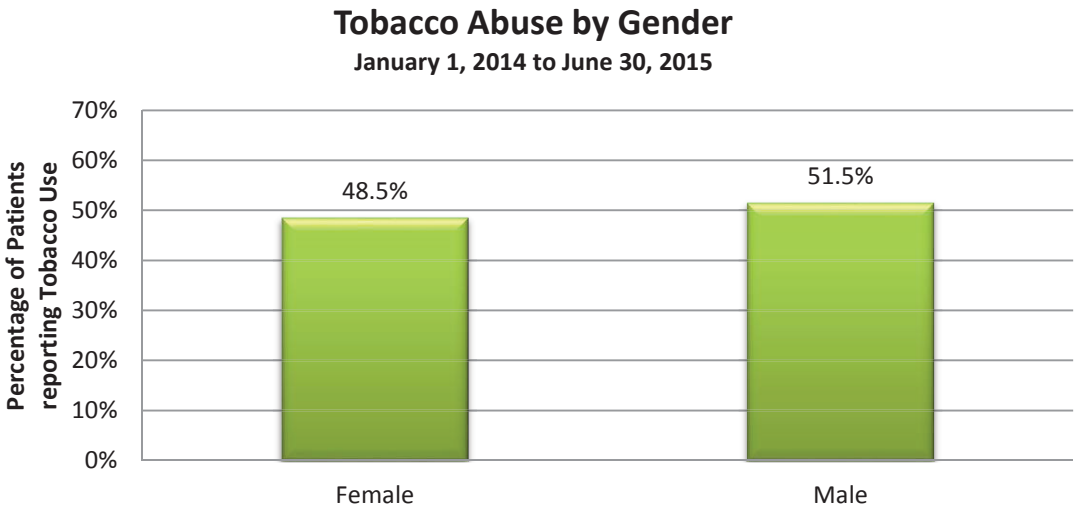
Source: Frederick Memorial Hospital medical records for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Over 80% of patients seeking care at FMH who reported tobacco use are between 18-59 years old.



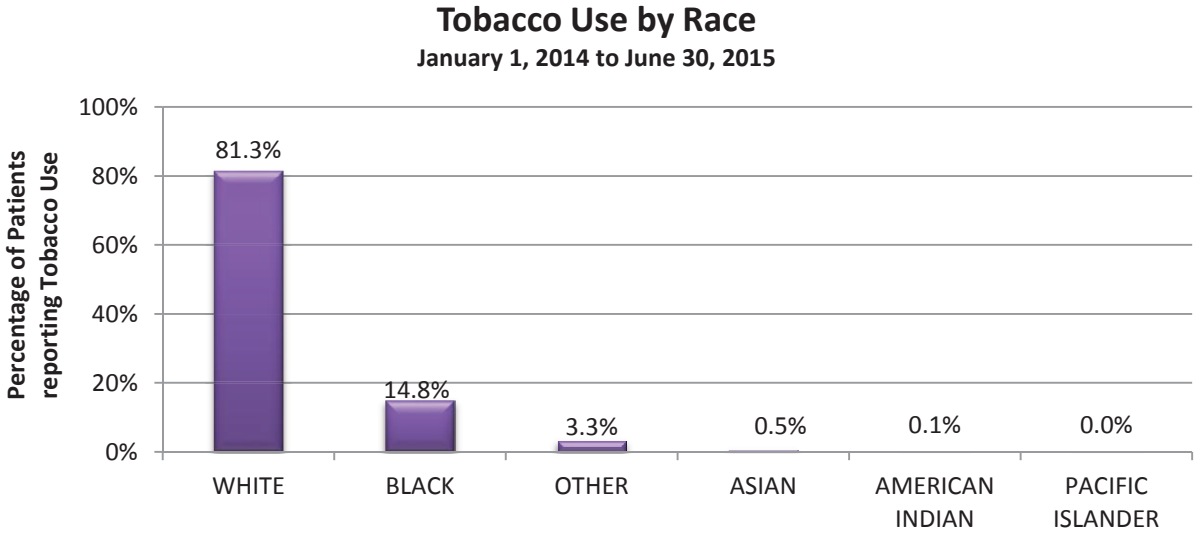
Source: Frederick Memorial Hospital medical records for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- The percentage of female FMH patients who reported tobacco use (48.5%) is almost the same as male FMH patients (51.5%).



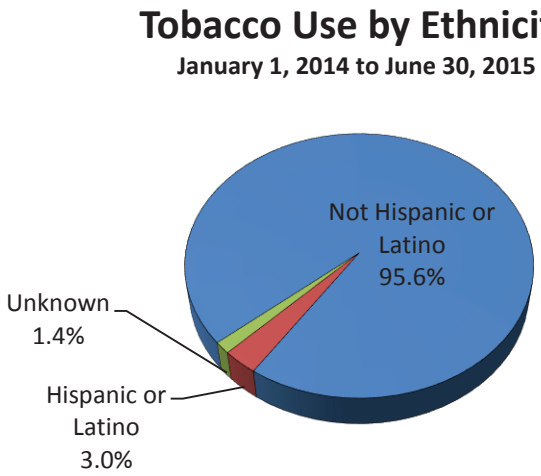
Source: Frederick Memorial Hospital medical records for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 81.3% of FMH patients reporting tobacco use are White, which is higher than the percentage of all FMH patients who are White (74.3%).
- The percent of Black patients at FMH reporting tobacco use (14.8%) is almost the same as the percentage of all FMH patients who are Black (15.4%).



Source: Frederick Memorial Hospital medical records for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 3.0% of FMH patients reporting tobacco use identified as Hispanic, which is less than half of the percentage of all FMH patients who are Hispanic (8.1%)



Source: Frederick Memorial Hospital medical records for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

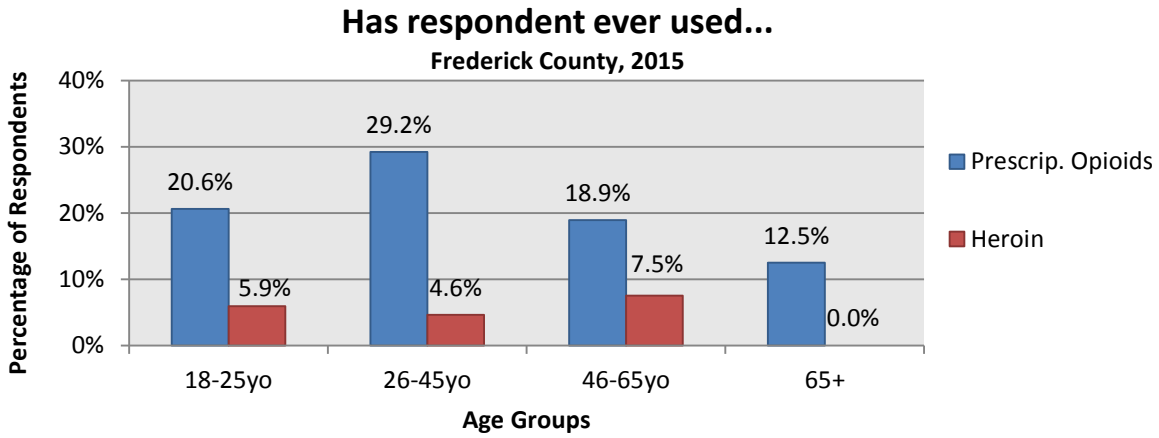
Opioids

HIGHLIGHTS:

- Almost 30% of Frederick County 26-45 year olds reported ever having taken prescription opioids without a doctor's permission, the highest of any age group.
- 9.4% of respondents reported first using prescription opioids without a prescription when they were 18-25 years old.
- Opioid abuse visits to FMH have increased 20% from 2014 Q1 to 2015 Q2.
- Over half of patients seeking care at FMH for opioid abuse at between 18-39 years old.
- 87.6% of people seeking care at FMH for opioid abuse are White, which is much higher than the Frederick County demographic (75.7%).
- Almost half (47.0%) of opioid abuse visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH patients paying with Medicaid (26.5%).

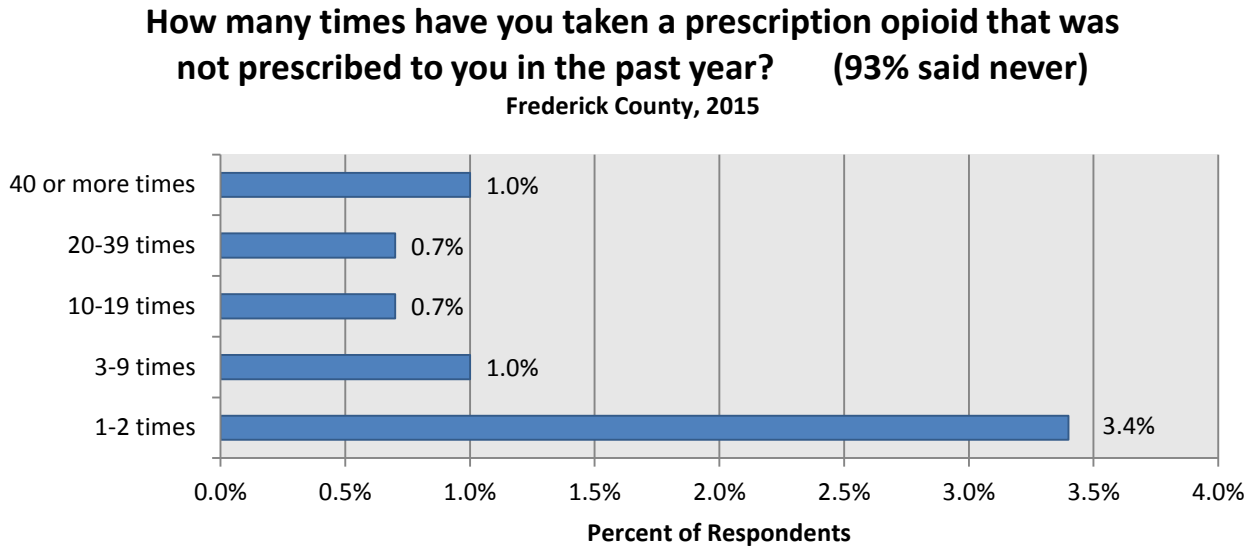
Frederick County Data

- Almost 30% of Frederick County 26-45 year olds reported ever having taken prescription opioids without a doctor's permission, the highest of any age group.
- 11.8% of Frederick County 18-25 year olds reported taking prescription opioids without a doctor's permission in the past year, and 22.3% of Frederick County 26-45 year olds reported taking them over a year ago. (Values not reported in graph.)



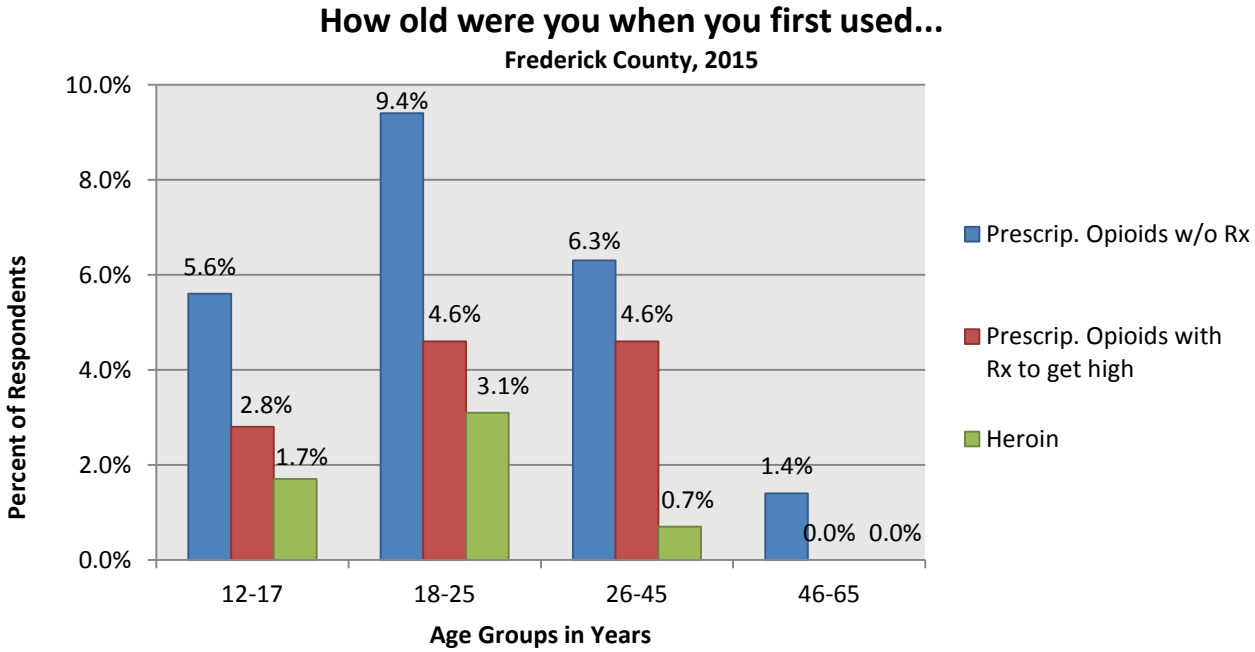
Maryland Opiate Public Opinion Survey, 2015

- 3.4% of respondents reported taking prescription opioids that were not prescribed to them 1-2 times in the past year.



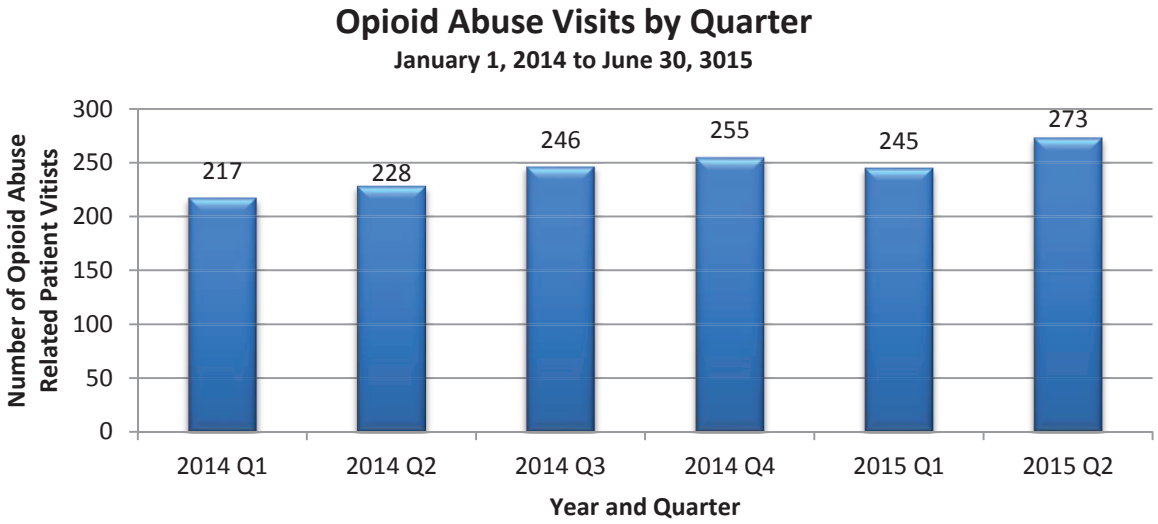
Maryland Opiate Public Opinion Survey, 2015

- 9.4% of respondents reported first using prescription opioids without a prescription when they were 18-25 years old.
- 4.6% of respondents reported using prescription opioids with a prescription to get high for the first time when they were 18-25 years old, and another 4.6% said they were 26-45 years old.
- 3% of respondents reported their first use of heroin when they were 18-25 years old.



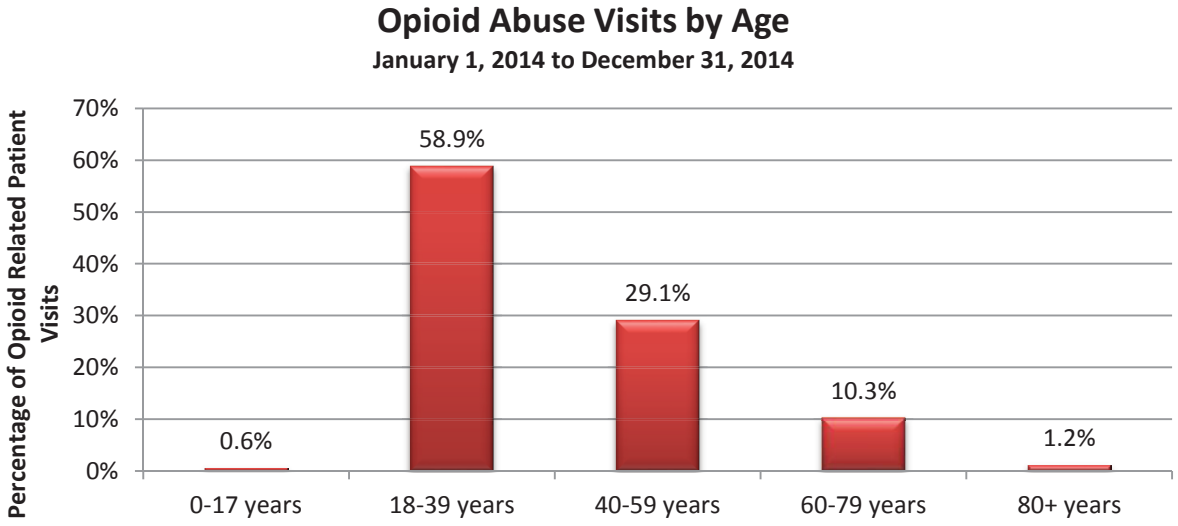
Maryland Opiate Public Opinion Survey, 2015. RX=prescription.

- 1% (1,464) of all patient visits from January 2014 to June 2015 were related to opioid abuse.
- Opioid abuse visits to FMH have increased 20% from 2014 Q1 to 2015 Q2.
- When comparing Q1 in 2014 to Q1 in 2015, opioid abuse visits increased 11%.



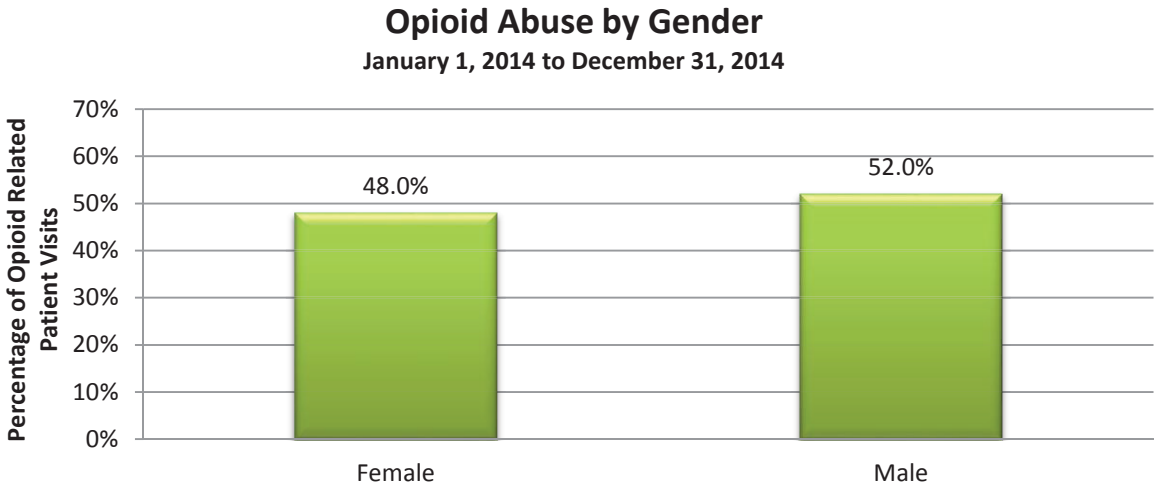
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- Over half of patients seeking care at FMH for opioid abuse are between 18-39 years old.
- This has been consistent for January – June 2015.



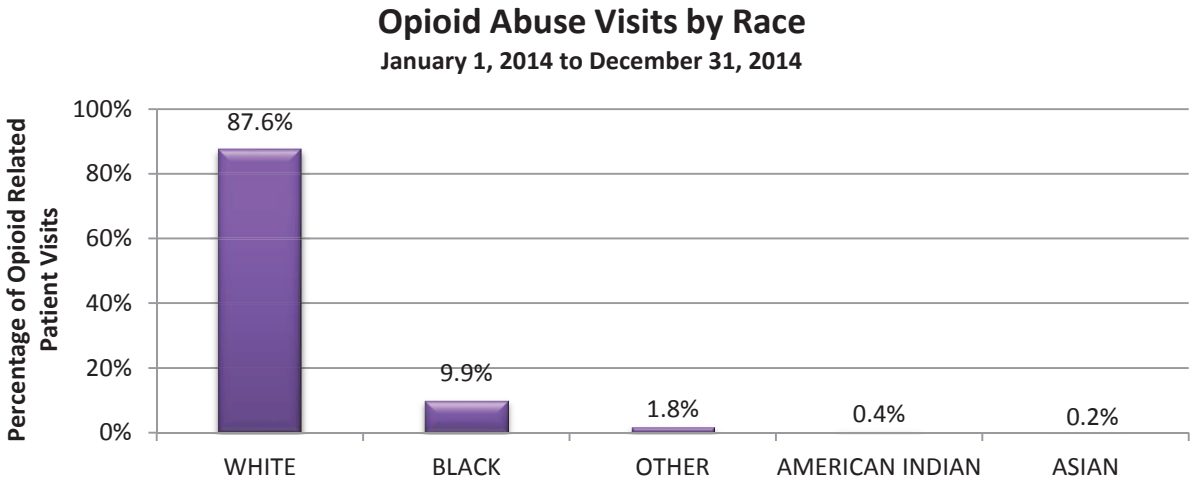
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- Approximately the same amount of men and women seek opioid abuse care at FMH.
- More men sought opioid abuse care (52%) than for all visits at FMH (42.3%).



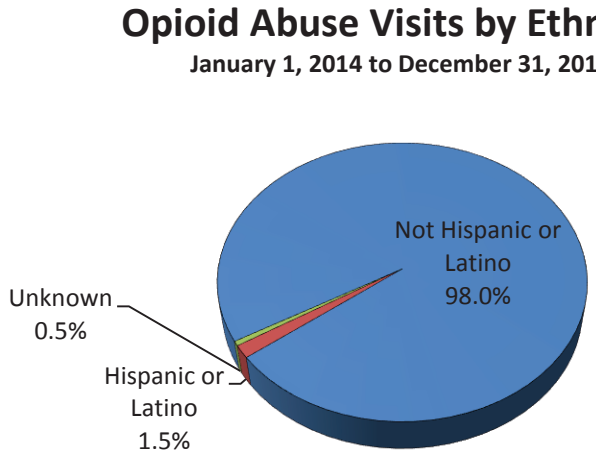
Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through June 30, 2015.

- 87.6% of people seeking care at FMH for opioid abuse are White, which is much higher than the Frederick County demographic (75.7%).
- The percent of Blacks seeking opioid abuse care at FMH (9.9%) matches the Frederick County demographic (9.4%).
- The percent of Blacks seeking opioid abuse care has decreased slightly to 6.7% in January – June 2015.



Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- The percent of Hispanics seeking opioid abuse care at FMH in 2014 was much lower than Frederick County demographics, 1.5% Hispanic patients compared to 8.4% Hispanics in the county.
- The percent of Hispanics seeking opioid abuse care at FMH increased to 2.5% in the first half of 2015, compared to 1.5% in 2014.

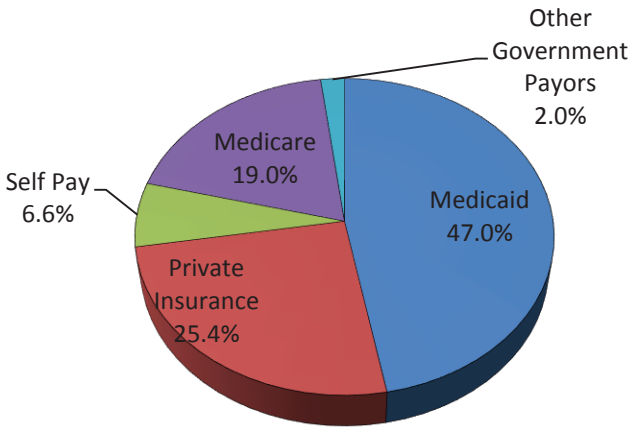


Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- Almost half (47.0%) of opioid abuse visits at FMH were paid by Medicaid, which is higher than the percentage of all FMH patients paying with Medicaid (26.5%).
- One quarter (25.4%) of visits to FMH for opioid abuse were paid for with private insurance, compared with 40% of all FMH patients.
    - The percent of patients seeking care for opioid abuse with Managed Care as a payer decreased further to 22.6% in the first half of 2015.
- Slightly fewer visits for opioid abuse were paid for without any insurance (self-pay), 6.6% compared to 7.7% for all patients.

Opioid Abuse by Standard Payer

January 1, 2014 to December 31, 2014

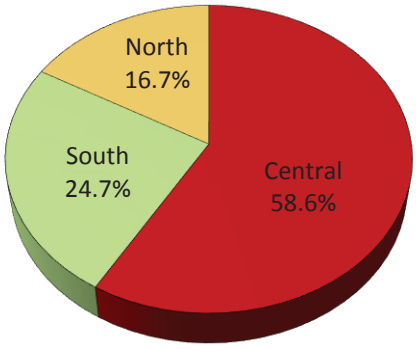


Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

- Patients seeking care at FMH for opioid abuse are from the same areas of the county as all patients seeking care at FMH.
- This has been consistent for January – June 2015.

Opioid Abuse by Area

January 1, 2014 to December 31, 2014



Source: Frederick Memorial Hospital primary and secondary diagnosis codes for all Emergency Department, Observation and Inpatient Admissions, January 1, 2014 through December 31, 2014.

Overdose Deaths

HIGHLIGHTS:

- Heroin deaths increased 24% in Frederick County, rising from 21 deaths per 100,000 in 2013 to 26 in 2014. Prescription opioid-related deaths have continued to decrease from the peak of 21 deaths per 100,000 in 2011. Overdose death rates in Frederick County were higher than Maryland for heroin and alcohol, but lower for prescription opioids in 2014.
- The overdose death rates in Frederick County for heroin, prescription opioids, alcohol, benzodiazepines and cocaine have all increased from 2011 to 2014.
- The overdose death rate for heroin in Frederick County has more than tripled from 3.5 deaths per 100,000 in 2007 to 10.7 deaths per 100,000 in 2014, with the most significant increases seen since 2012.
- The overdose death rate in Frederick County for alcohol has doubled from 2.2 deaths per 100,000 in 2011 to 4.9 deaths per 100,000 in 2014.
- The overdose death rate in Frederick County for heroin (10.7 deaths per 100,000) is higher than in Maryland (9.7 deaths per 100,000) in 2014.

Frederick County Data

- Heroin deaths increased 24% in Frederick County, rising from 21 deaths in 2013 to 26 deaths in 2014. Alcohol-related deaths have also increased in Frederick County, while prescription opioid-related deaths have continued to decrease from the peak of 21 in 2011. Overdose death rates in Frederick County were higher than Maryland for heroin and alcohol, but lower for prescription opioids in 2014.

Overdose Deaths in Frederick County and Maryland, 2014

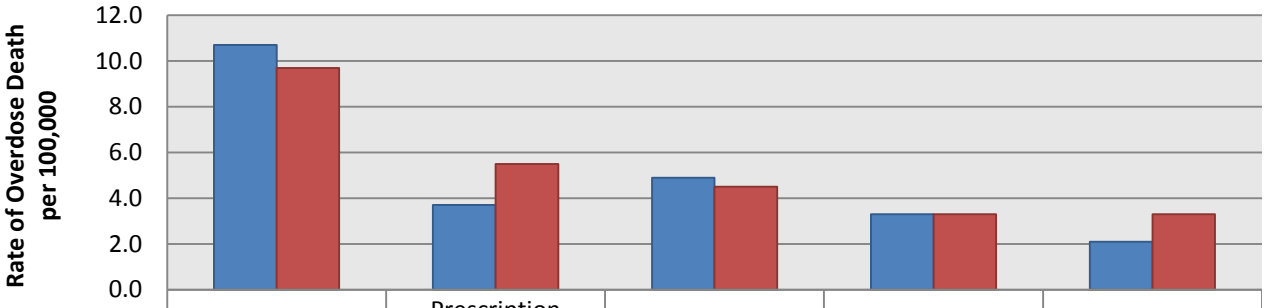
Indicator	Frederick County	Maryland
Total Overdose Deaths (2014)	60	1039
Heroin Deaths	26	578
Prescrip. Opioid Deaths	9	329
Alcohol Deaths	12	270
Cocaine	8	198
Benzodiazepine	5	103

Source: Drug and Alcohol Intoxication Deaths in Maryland, 2014.

- The highest rate of overdose deaths in Frederick County in 2014 is due to heroin. The heroin overdose death rate in Frederick County (10.7 deaths per 100,000) is higher than in Maryland (9.7 deaths per 100,000).
- Alcohol is the second highest overdose death rate in Frederick County at 4.9 overdose deaths per 100,000, which is slightly higher than Maryland (4.5 deaths per 100,000).

Rates of Overdose Deaths by Substance

Frederick County and Maryland, 2014



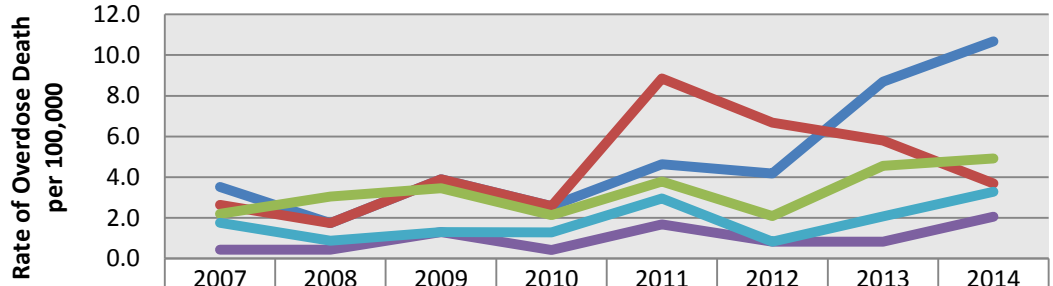
	Heroin	Prescription opioids	Alcohol	Cocaine	Benzodiazepines
Frederick	10.7	3.7	4.9	3.3	2.1
Maryland	9.7	5.5	4.5	3.3	3.3

Source: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2014. Rates calculated based on populations from U.S. Census Bureau: State and County Quick Facts; 2014 Population Estimates.

- The overdose death rates in Frederick County for heroin, prescription opioids, alcohol, benzodiazepines and cocaine have all increased from 2011 to 2014.
- The overdose death rate for heroin in Frederick County has more than tripled from 3.5 deaths per 100,000 in 2007 to 10.7 deaths per 100,000 in 2014, with the most significant increases seen since 2012.
- Overdose deaths due to prescription opioids in Frederick County peaked in 2011 at 8.8 deaths per 100,000 and have been declining down to 3.7 deaths per 100,000 in 2014.
- The overdose death rate in Frederick County for alcohol has doubled from 2.2 deaths per 100,000 in 2011 to 4.9 deaths per 100,000 in 2014.
- The overdose death rate in Frederick County for benzodiazepines has more than quadrupled from 0.4 deaths per 100,000 in 2011 but remains low at 2.1 deaths per 100,000 in 2014.
- The overdose death rate in Frederick County for cocaine has almost doubled from 1.8 deaths per 100,000 in 2011 but remains low at 3.3 deaths per 100,000 in 2014.

Rates of Overdose Deaths by Substance

Frederick County, 2007-2014



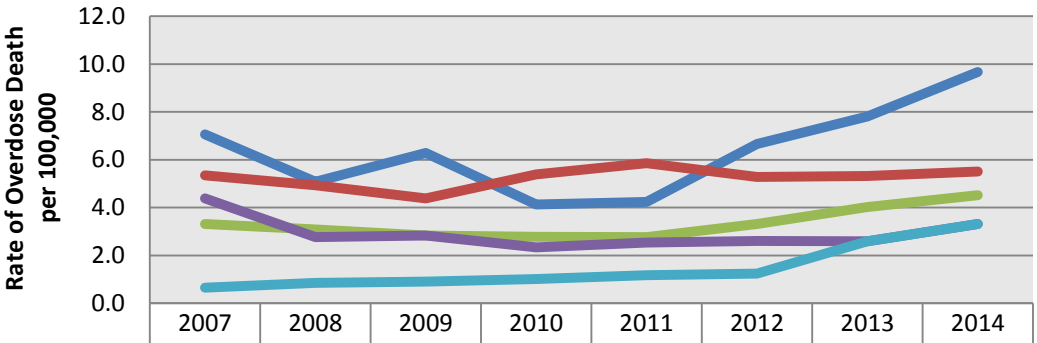
	2007	2008	2009	2010	2011	2012	2013	2014
Heroin	3.5	1.7	3.9	2.6	4.6	4.2	8.7	10.7
Prescription opioids	2.6	1.7	3.9	2.6	8.8	6.7	5.8	3.7
Alcohol	2.2	3.1	3.5	2.1	3.8	2.1	4.6	4.9
Benzodiazepines	0.4	0.4	1.3	0.4	1.7	0.8	0.8	2.1
Cocaine	1.8	0.9	1.3	1.3	2.9	0.8	2.1	3.3

Source: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2014. Rates calculated based on populations from U.S. Census Bureau: State and County Quick Facts; 2014 Population Estimates.

- The overdose death rate in Frederick County for heroin (10.7 deaths per 100,000) is higher than in Maryland (9.7 deaths per 100,000) in 2014.
- The overdose death rates for prescription opioids and benzodiazepines are lower in Frederick County than in Maryland as of 2014.
- The overdose death rates for alcohol and cocaine are similar in Frederick County and Maryland.

Rates of Overdose Deaths by Substance

Maryland, 2007-2014



	2007	2008	2009	2010	2011	2012	2013	2014
Heroin	7.1	5.1	6.3	4.1	4.2	6.7	7.8	9.7
Prescription opioids	5.3	4.9	4.4	5.4	5.9	5.3	5.3	5.5
Alcohol	3.3	3.1	2.8	2.8	2.8	3.3	4.0	4.5
Benzodiazepines	4.4	2.8	2.8	2.3	2.5	2.6	2.6	3.3
Cocaine	0.7	0.8	0.9	1.0	1.2	1.2	2.6	3.3

Source: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2007-2014. Rates calculated based on populations from U.S. Census Bureau: State and County Quick Facts

Survey Data

From a pre-populated list, we asked respondents to acknowledge the health conditions and/or diseases that they had been diagnosed with. While only 6.4% of survey respondents self-identified as having alcoholism, drinking, or drug abuse issues, over half (56.6%) of all respondents identified drug use/abuse as a health problem in county residents in general. Smoking cessation was also identified as a health problem (49%)

Focus Groups

The FMH Providers, FMH Lay Health Educators, and Homeless Focus Groups all identified substance abuse as a health priority for the community.

Addressing the Need

Frederick Memorial Hospital

Tobacco continues to be the leading cause of preventable disease and death in the United States. Smoking harms nearly every organ of the body and generally diminishes the health of smokers. Quitting smoking has immediate as well as long term effects. People who stop smoking greatly reduce the risk of dying prematurely and lower their risk of heart disease, stroke, lung disease and other health conditions. Frederick Memorial Hospital's Community Outreach Program promotes a healthier community by offering both intermediate and intensive smoking cessation counseling as a service to the community. Smoking cessation facilitators provided information, resources and tools to treat tobacco use and dependence.

FMH's Smoking Cessation Facilitators are active with the Local Tobacco Coalition which strives to reduce tobacco use in Frederick County through education and information. The FMH Smoking Cessation Facilitators support efforts throughout the Frederick County community to prevent chronic lung disease by encouraging teens to not smoke cigarettes and to educate the public about the dangers of exposure to secondhand smoke. We will continue to work with the Frederick County Health Department to monitor the success of our efforts as measured by the reduction of tobacco use within the community.

FMH offers the American Lung Association's Freedom from Smoking Program and provides the Association with statistical results of the cessation program. Success is measured by the number of participants entering the program as smokers and those who have kick the habit at the end of the program. The FMH Community Outreach Program provides a wonderful opportunity to make a difference in the lung health of many individuals.

Frederick Memorial Hospital now actively partners with professional community providers as well as peer recovery support providers. Representatives from Alcoholics Anonymous now provide AA services inside the BHU twice weekly. On-Our-Own, a local peer recovery support group for mental illness now provides their services inside the BHU weekly, in an effort to diversify the treatment and support options available to our consumers. The Frederick County Health Department, Adult Substance Abuse Services now has an embedded

peer recovery support specialist who works inside the hospital with patients at all levels of need and in any location throughout the hospital (Emergency, Inpatient Medical, and Inpatient Behavioral Health). Finally, providers from our co-owned outpatient full service psychiatric practice, Behavioral Health Partners (BHP) provide specially groups for individuals living with bipolar-spectrum disorders weekly. FMH also partners actively with the largest Psychiatric Residential and Rehabilitation Provider in our community, Way Station, Inc. to coordinate care for the population of individuals living with chronic, pervasive mental illnesses. New relationships with outpatient and residential providers are always being pursued in order to foster more effective and enduring outcomes following acute inpatient psychiatric care.

To address the urgency of the statistically high positive correlation between mental illness and substance abuse, Behavioral Health Services is partnering with our in-house pharmacy as well as local and national chain pharmacies to have rescue medications (such as Naloxone), long-acting injectable medications to treat cravings associated with alcoholism and opioid addictions (Naltrexone), and a specialized medication (Suboxone) specifically for the treatment of opioid and heroin addictions on hand and readily available. Additionally, FMH is in the process of beginning to discharge all individuals who have been treated for opioid and /or heroin use concerns with an actual supply of the rescue medication, Naloxone, along with the necessary training for friends and family to administer this medication safely and appropriately. Frederick Memorial is actively exploring the possibility of opening a clinic specifically to treat heroin and opioid substance users. Additionally, FRHS maintains excellent referral relationships with the local health department and community substance abuse providers. The local health department has embedded a Peer Recovery Support Specialist into the hospital who is able to interact with patients at any level of care (Emergency Department, medical admissions, psychiatric admissions) and begin engaging these patients in a recovery process.

Frederick County Health Department

For information about the LHIP Behavioral Health Workgroup, see the Action Plan.

Kids Like Us Program
The Kids Like Us Program is a cutting edge prevention program for youth living in homes where there is caregiver substance abuse. The program is provided in 20 Frederick County Public Schools: 12 elementary schools, seven middle schools and one high school. This program is currently conducting a longitudinal study to examine outcomes and meet national criteria for being an evidence based practice. A recent grant award will permit expansion of this program to 8 additional schools.

Peer Recovery Supports
In May 2015, the Frederick County Health Department embedded a certified peer recovery support specialist (PRSS) in the FMH Behavioral Health Unit and ED. As of January, 2016, this peer has connected approximately 200 individuals to community supports. Supports include inpatient and outpatient clinical treatment for substance use and mental health issues, recovery center supports, primary care services, faith based supports, self help groups, and vocational services. The Health Department was recently awarded (March 2016) funding to expand the peer specialist services to the Frederick County Adult Detention Center, the Division of Parole and Probation, and Drug Treatment Court. This peer will provide naloxone/overdose response training in the Detention Center.

The Health Department is entering into an MOU with the Frederick Police Department and the local 211 call center to start a pilot program to utilize peer recovery coaches at crucial points of contact: when drug related warrants are served, during ongoing community policing contact and after central booking. The peer recovery coaches will be "on call" to reach out and contact the individual referred by the police department to assist them with connection to treatment and recovery services. The Mental Health Association/211 call center will serve as the central dispatch. Additionally, the Health Department is partnering with the Mental Health Association Call

Center (211) to provide staff training in addictions and to increase staffing time at the call center to handle the additional load of calls that will come as the police utilize the call center as the dispatch for peers. Additionally, the partnership with the Mental Health Association Behavioral Health Walk In crisis center will be expanded – utilizing peer recovery support specialists (PRSS) and ensuring that those who are eligible for state funded services are connected.

The Health Department completed 9 CCAR (Connecticut Community for Addiction Recovery) Recovery Coach Academy – training a total of 125 people in Frederick County to be peers.

Treatment Expansion in the Adult Detention Center
Starting July 1, 2016, the Health Department will expand the clinical Substance Abuse treatment program to the Work Release Program of Adult Detention Center. This will allow The Health Department to reduce the waiting list for services for those who are incarcerated.

Overdose Prevention and Response
The public health awareness and education activities of the Frederick County Health Department Behavioral Health Services Division under the Local Health Improvement Plan include the completion of several objectives related to a goal of reducing overdose deaths – Objective 1: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone by providing 75% of identified professionals Overdose Prevention toolkits; Objective 2: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone by providing 50% of the identified professional in-person training about Overdose Prevention and related topics; Objective 3: Provide education about overdose, local resources and support to community residents at 10 community events targeting high risk areas as identified by OD death data; and Objective 4: Establish a coalition of stakeholders tasked with identifying and implementing interventions. Additionally, the Behavioral Health Services division of the Frederick County Health Department in the last 2 years trained 732 people in the use of naloxone including the Frederick Police Department, the Frederick County Sherriff's Office, the Thurmont Police Department, clinical community providers, recovery house providers, 211/Mental Health Association staff, Frederick Community Action Agency staff, Way Station, Inc. staff, and community residents. Additionally they partnered with advocacy organizations such as Project Hope to bring naloxone trainings to rural parts of the county and reach those who have limited access to transportation. The Health Department provides the administrative support for the Local Fatality Overdose Review Team established in the last 2 years to identify opportunities for system improvements to reduce the potential for future deaths. The Frederick County Health Department conducted several activities related to drug disposal - supported Drug Take Back Days with the most recent one bringing in 1,2,64 pounds of medication; developed and implemented an awareness campaign partnering with 18 pharmacies; and participated in 4 large community-wide drug awareness events in 2015.

Go to Summary Table for Substance Abuse **Data**
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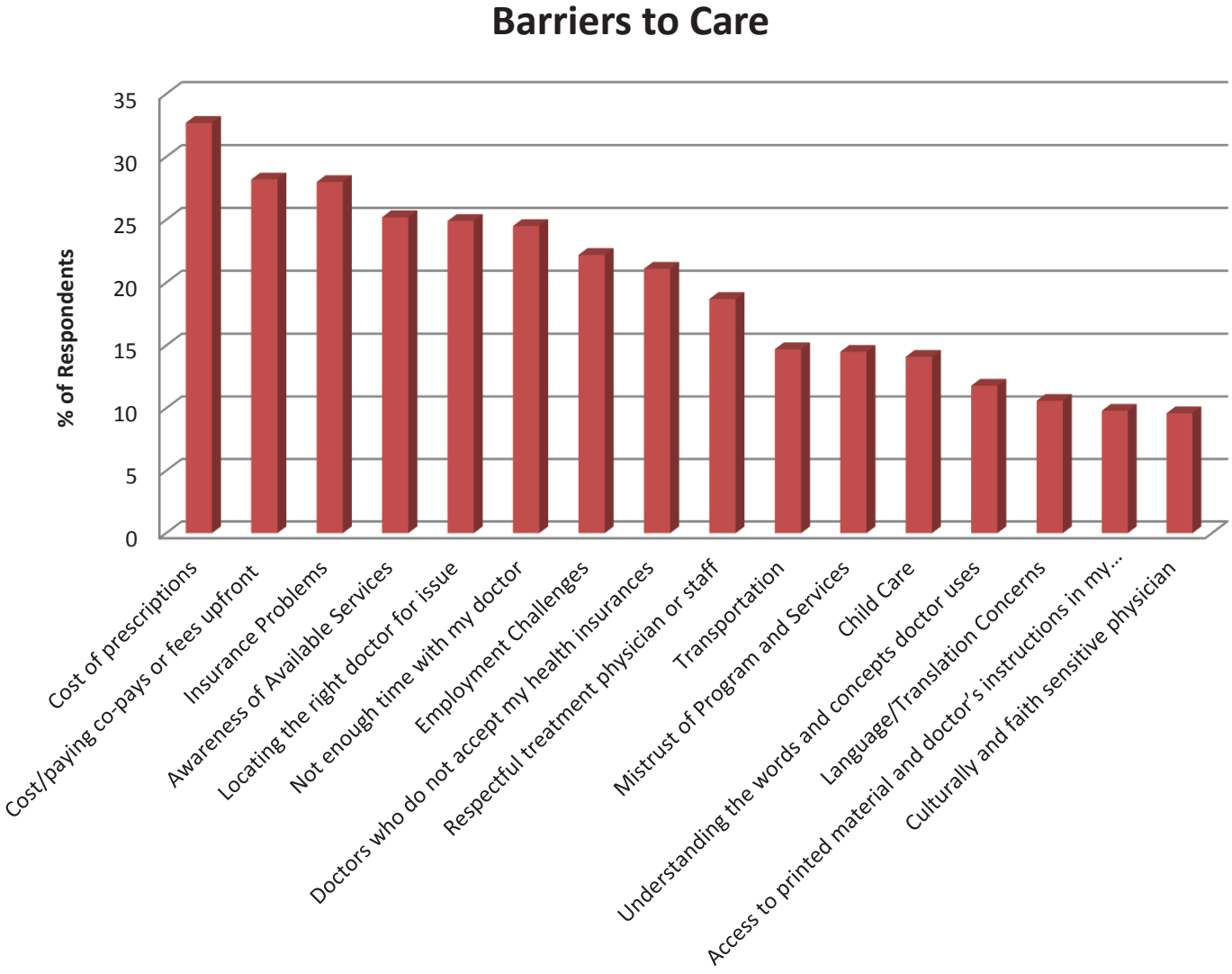
Survey Data

Frederick County residents were asked to acknowledge personal barriers that they experienced in obtaining health care. These data reflect a few of the factors that participants report that they "Strongly Agree" or "Agree" to the following: Cost of prescriptions (32.7%), cost/paying co-pays or fees upfront (28.2%), insurance problems (28%), awareness of available services (25.2%), locating the right doctor for health issue (24.9%), not enough time with my doctor (24.5%), employment challenges (22.2%), doctors who do not accept my health insurance (21.1%), and employment challenges (22.2%), doctors who do not accept my health insurance (21.1%), and respectful treatment by physician and staff (18.7%).



Source: George Washington University Milken Institute School of Public Health Survey Report on Frederick County, 2015.

Barriers to Care by Age

When asked about whether cost impacted health care for themselves or their family, survey participants under 64 years of age were more likely that survey participants over 65 years to report that cost impacts their personal medication costs (21.2% vs. 7.9%), medication for others in their family (19.0% vs. 7.8%), health care for their family (29.7% vs. 9.7%), "all of the time". Those under 64 years of age were also more likely to report worry about paying for medication for themselves (22.8% vs. 9.3%) and paying for medication for family (20.8% vs. 5.6%), all or most of the time. When asked whether county resources were adequate to meet their health needs, participants over the age of 65 were more likely to strongly agree and agree (77.6% vs. 53.6%), similarly for whether county services were able to address their needs (65.2% vs. 50.5%), and access to those services (81.3% vs. 58%).

Residents 64 and under were more likely to strongly agree or agree that insurance (34.8% vs. 5.9%), employment issues (27.3% vs. 3%), locating care (17.3% vs. 0%), awareness of available services (30.7% vs. 15.1%), costs (33.4% vs. 8.8%), doctors accepting insurance plan (25.8% vs. 8.8%), problem locating the right doctor (30.4% vs. 10.5%), treatment by providers and staff (23.1% vs. 4.5%), costs of prescriptions (39.5% vs. 18.2%) were all personal barriers to health or health care. There was a trend toward significance with residents under 64 were more likely strongly agree or agree that transportation was a personal barrier to health and/or health care (18.4% vs. 4.5%).

Barriers to Care by Income

Another barrier to care is access to translating or interpreting services. Survey responses differed by income category when it came to having access to interpreting or translating services (answered "always": 0-24K [11.5%], 25-49K [6.2%], 50-75K [4.9%], 75K+ [1.4%]).

Cost reportedly prevented some residents from receiving care in the following areas; health care for oneself (answered "all of the time": 0-24K [24.4%], 25-49K [12.2%], 50-75K [11.4%], 75K+ [3.0%]), dental care for oneself (answered "all of the time": 0-24K [35.1%], 25-49K [17.8%], 50-75K [13.0%], 75K+ [5.4%]), health care for family (answered "all of the time": 0-24K [22.3%], 25-49K [11.3%], 50-75K [10.3%], 75K+ [3.6%]), dental care for family (answered "all of the time": 0-24K [26.2%], 25-49K [11.4%], 50-75K [17.9%], 75K+ [5.4%])), paying for medication for yourself (answered "all of the time": 0-24K [26.8%], 25-49K [13.5%], 50-75K [13.0%], 75K+ [4.8%])), and paying for medication for family (answered "all of the time": 0-24K [22.7%], 25-49K [10%], 50-75K [7.4%], 75K+ [4.2%]).

Differences were observed by those asked whether county resources were enough to meet their needs (answered "strongly agree or agree": 0-24K [47.4%], 25-49K [55.7%], 50-75K [53.6%], 75K+ [66.5%]) and when asked if they felt that they had enough access to needed programs and services (answered "strongly agree or agree": 0-24K [48%], 25-49K [58.2%], 50-75K [54.9%], 75K+ [76.5%]). Residents were also asked whether their health needs were unique, differences were observed by income (answered "strongly agree to agree": 0-24K [30.7%], 25-49K [16.2%], 50-75K [14.5%], 75K+ [11.6%]).

Personal barriers to obtaining health that showed significant differences included transportation (answered "strongly agree": 0-24K [20.8%], 25-49K [10.1%], 50-75K [1.5%], 75K+ [3.1%]), insurance (answered "strongly agree": 0-24K [34.1%], 25-49K [14.3%], 50-75K [16.2%], 75K+ [3.1%]), employment (answered "strongly agree": 0-24K [28.6%], 25-49K [7.2%], 50-75K [9.0%], 75K+ [3.7%]), locating care (answered "strongly agree": 0-24K [16.8%], 25-49K [1.5%], 50-75K [9.1%], 75K+ [2.5%]), awareness (answered "strongly agree": 0-24K [26.7%], 25-49K [13.2%], 50-75K [6.3%], 75K+ [2.5%]), mistrust (answered "strongly agree": 0-24K [14.4%], 25-49K [4.5%], 50-75K [6.2%], 75K+ [1.9%]), finding provider who can communicate in my language (answered "strongly agree": 0-24K [14.9%], 25-49K [7.4%], 50-75K [6.0%], 75K+ [.6%]), access to health related print material in my language (answered "strongly agree": 0-24K [13.1%], 25-49K [0%], 50-75K [7.6%], 75K+ [0.6%]), cost (answered "strongly agree": 0-24K [24.6%], 25-49K [14.7%], 50-75K [25.4%], 75K+ [14.9%]), understanding doctor (answered "strongly agree": 0-24K [15.4%], 25-49K [2.9%], 50-75K [7.5%], 75K+ [0.6%]), providers not accepting insurance

(answered "strongly agree": 0-24K [21.6%], 25-49K [7.5%], 50-75K [12.1%], 75K+ [5.6%]), not enough time with provider (answered "strongly agree": 0-24K [20.0%], 25-49K [4.5%], 50-75K [4.5%], 75K+ [2.2%]), finding the right doctor (answered "strongly agree": 0-24K [22.1%], 25-49K [8.7%], 50-75K [12.1%], 75K+ [5.0%]), poor treatment by providers (answered "strongly agree": 0-24K [18.2%], 25-49K [4.5%], 50-75K [7.5%], 75K+ [4.3%]), finding a provider that respects cultural and religious beliefs (answered "strongly agree": 0-24K [12.3%], 25-49K [3.0%], 50-75K [4.5%], 75K+ [1.3%]), and cost of medications (answered "strongly agree": 0-24K [31.1%], 25-49K [17.6%], 50-75K [23.9%], 75K+ [8.1%]).

Differences in significance also appeared in questions about race. When asked whether they thought their experiences seeking care was the same, worse, or better than others based on race, groups differed by income (answered "better": 0-24K [23.5%], 25-49K [13.7%], 50-75K [21.4%], 75K+ [33%]). Residents were also asked if they felt upset due to treatment received that was perceived to be based on race (answered "yes": 0-24K [18.9%], 25-49K [9.5%], 50-75K [12.7%], 75K+ [7.7%]), whether their race was well represented among providers provider's race (answered "strongly agree": 0-24K [46.6%], 25-49K [60.3%], 50-75K [50.7%], 75K+ [64.5%]), and whether having a racially concordant provider would improve communication in the patient-provider interaction (answered "yes": 0-24K [32.3%], 25-49K [19.4%], 50-75K [20%], 75K+ [21.2%]).

Barriers to Care by Race

A number of the survey responses were compared by racial category (White [W], Black/African American [B], Asian [A], Native Hawaii/Pacific Islander [NHPI], American Indian/Alaskan Native [AIAN], Don't Know [DK].

Survey participants were asked if cost had ever impacted care for themselves or a family member. The groups differed on the majority of these factors where cost prevented healthcare for themselves (answered "all of the time" W [58.3%], B [33.3%], A [2.1%], NHPI [0%], AIAN [0%], DK [6.3%]); dental care for themselves (answered "all of the time" W [62.7%], B [28.4%], A [0%], NHPI [0%], AIAN [1.5%], DK [7.5%]); health care for a family member (answered "all of the time" W [56.8%], B [36.4%], A [0%], NHPI [0%], AIAN [0%], DK [6.8%]); paying for medication for themselves (answered "all of the time" W [61.8%], B [29.1%], A [0%], NHPI [0%], AIAN [1.8%], DK [7.3%]), and paying for medication for a family member (answered "all of the time" W [60.5%], B [32.6%], A [0%], NHPI [0%], AIAN [0%], DK [7.0%]).

Several barriers had significant differences by racial group: Awareness of available services (answered "strongly agree" W [47.6%], B [33.3%], A [2.4%], NHPI [0%], AIAN [4.8%], DK [11.9%]), mistrust of programs and services (answered "strongly agree" W [60.0%], B [25.%], A [10.%], NHPI [0%], AIAN [5.0%], DK [0%]), finding services with a way to communicate (answered "strongly agree" W [68.2%], B [22.7%], A [0%], NHPI [0%], AIAN [0%], DK [9.1%]), and access to printed material and doctor's instructions in my language (answered "strongly agree" W [66.7%], B [33.3%], A [0%], NHPI [0%], AIAN [0%], DK [0%]).

Survey participants were also asked a few questions on the role of race in their health care. There were significant differences with regard to whether they felt that their race impacted their care (answered "yes" W [43.1%], B [45.1%], A [2.0%], NHPI [3.9%], AIAN [5.9%], DK [0%]), that their racial group was well represented among available providers (answered "no" W [52.1%], B [34.3%], A [7.1%], NHPI [1.4%], AIAN [2.1%], DK [1.9%]), and whether having a race concordant provider would positively impact their care and communication with their provider (answered "yes" W [50.5%], B [35.8%], A [1.1%], NHPI [2.1%], AIAN [4.2%], DK [6.3%]).

Barriers to Care by Education

Several interesting patterns emerged when the data was analyzed by comparing differences between those who had completed high school or less versus those who completed at least some college or more. Lower education residents (were more likely to "strongly agree or agree" that the following were barriers; transportation (31.8% vs. 10.7%), insurance (44.0% vs. 25.1%), employment (39.5% vs. 18.8%), locating care (30.0% vs. 10.7%), awareness of available services (41.3% vs. 23.6%), mistrust of programs and services (28.6% vs. 12%), finding services where they communicate in specific language (25.7% vs. 6.5%), access to materials in specific language (25.5% vs. 5.3%), costs (42.9% vs. 26.5%), understanding their provide (26.6% vs. 8.3%), not enough time with provider (37.5% vs. 22.9%), finding the right doctor (38.1% vs. 23.2%), finding a provider that respects cultural or religious needs (21.6% vs. 6.8%). There was a trend toward significance with programs and services not accepting insurance as a barrier (33.9% vs. 19.9%).

When asked about need/use of an interpreter or translator for medical visits, the lower education group was more likely to acknowledge always or sometimes needing these services compared to the higher education group (16.6% vs. 7.2%). Similarly, there were differences observed in ability to understand discharge instructions, with the lower education group being less likely to "always" understand their doctor's instructions (67.2% vs. 82.9%).

The lower education group was more likely to report that cost impacting health care "all of the time" including health care for themselves (26.0% vs. 6.4%), dental care for themselves (26.8% vs. 13.0%), health care for their family (23.2% vs. 6.3%), dental care of their family all or most of the time (39% vs. 13.6%), paying for medication for themselves all or most of the time (39.2% vs. 14.8%), and paying for mediation for their family all or most of the time (37.4% vs. 11.3%). Additionally, the lower education group were more likely to report that they in the previous 30 days felt "healthy and full of energy" some of the time (30.9% vs. 20.1%), less likely to report no feelings of helplessness (57.8% vs. 71.3%), and more like to report feeling depressed all of the time (7.1% vs. 2.5%), and feeling worthless all of the time (7.2% vs. 2.6%).

Barriers by Insurance Status

Several interesting patterns emerged when the data was analyzed by comparing differences between insured and uninsured residents.

The survey also asked about barriers to care. Uninsured residents were more likely to "strongly agree or agree" that the following were barriers; transportation (43.5% vs. 12.4%), insurance (82.0% vs. 22.9%), employment (62.7% vs. 18.8%), locating care (43.5% vs. 12%), awareness of available services (63.8% vs. 23.5%), mistrust of programs and services (45.5% vs. 12.4%), finding services where they communicate in specific language (41.7% vs. 7.3%), access to materials in specific language (37.5% vs. 6.7%), costs (67.4% vs. 26.2%), understanding their provide (32.6% vs. 10.2%), finding someone who accepts health insurance (39.2% vs. 21.3%), not enough time with provider (46.8% vs. 24.1%), finding the right doctor (47.9% vs. 24.3%), treatment (e.g., personal interactions by staff and providers (37% vs. 18.5%), finding a provider that respects cultural or religious needs (27.7% vs. 8.1%), and cost of medications (71.1% vs. 31.8%).

When asked about need/use of an interpreter or translator for medical visits, the uninsured group was more likely to acknowledge "always or sometimes" needing these services compared to the insured group (30.7% vs. 6.1%). Similarly, there were differences observed in ability to understand discharge instructions, with the lower education group being less likely to "always" understand their doctor's instructions (82.1% vs. 96.0%) and to "always" understand discharge instructions (57.1% vs. 81.7%).

When asked about whether cost has ever impacted receiving health care for themselves or a family member, groups differed significantly. The uninsured group was more likely to report that cost impacting health care "all

of the time" including health care for themselves (33.9% vs. 8.5%), dental care for themselves (43.9% vs. 13.0%), health care for their family (35.7% vs. 7.3%), dental care of their family all or most of the time (53.7% vs. 17.1%), paying for medication for themselves all or most of the time (57.2% vs. 15.7%), and paying for mediation for their family all or most of the time (54.7% vs. 13%). Additionally, uninsured group were more likely to report that they in the previous 30 days felt sad "all or most of the time" (18% vs. 11.2%), hopeless "all or most of the time" (15.7% vs. 7.8%), fidgety "some to all of the time" (38.5% vs. 20.2%), required effort "some to all of the time" (34.7% vs. 18.8%), feeling worthless "some to all of the time" (27.7% vs. 11.3%).

When asked whether their health needs were being met by Frederick County services, insured residents were more likely to "strongly agree or agree" that their needs were being met (59.8% vs. 42.15%). When asked whether services are adequate to address their issues, uninsured resident were more likely to "strongly disagree or disagree" (24.1% vs. 10.8%), enough access to services (32% vs. 13.1%). When asked whether they had unique health problems (37% vs. 15.1%), uninsured residents were more likely to strongly agree and agree.

The uninsured were more likely to report feeling that they received "worse" care based on their race (15.8% vs. 4.9%). Uninsured residents also were more likely to report that having a race concordant provider would positively impact their care and communication with their provider (42.9% vs. 20.4%).

Focus Groups

> "…there's a lot of resources, but I think that the barrier is the communication is getting that information down at the lowest level."
>
> -FMH Lay Health Educators Focus Group

MAJOR FINDINGS- Common Themes

Each group identified the most critical issues related to their community of interest. Though discussions focused on a set of given topics, there were some common issues that were identified by many of the groups. At times there was agreement among different focus groups, while in some areas there were conflicts.

The following themes were identified by most of the focus groups:

- Every focus group overwhelmingly enjoyed that the county is rural, but with access to a lot of things, and the close proximity to major metropolitan areas. Most groups noted that for specialty and subspecialty care, they often had to travel outside of Frederick County.
- In terms of health behavior, many residents have seen the same primary care physician for their entire lives. However, there are some residents who utilize the emergency department for pediatric care due to the long wait to see pediatricians in the county. Medical management for the elderly population is also a major issue.
- Many groups noted that they were fortunate to lack huge health needs. However, another group reported individuals experiencing renal failure as a result of poorly managed hypertension and diabetes. Another issue discussed was the high volume of young people and children admitted to the hospital.

- Health priorities discussed by nearly every focus group included increasing resources for mental health, especially for adolescents and young children. Other areas of need included substance abuse, dental care, and management of chronic pain.
- Every focus group cited transportation as a perceived barrier to care. Though the County provides a transit service to shuttle patients to and from physicians' appointments, most groups reported confusion about the registration process or the length of time patients to waited to be picked up after their appointment. Many groups also noted a shortage of primary care providers within the county and a lack of specialists within the county. Another barrier to care is the poorly coordinated Electronic Medical Records system throughout the county and a shortage of foreign language interpreters for patients.
- Several focus groups discussed health insurance as an issue for many residents in Frederick County. This population includes individuals whose household income is too great for eligibility for Medicaid but cannot afford insurance through an employer or the state marketplace. Other issues included lack of awareness of the role of the Frederick County Health Department and the resources it provides.
- Some solutions included better communication about the health resources and services available in the county and better coordination among community organizations in disseminating the information. Additionally, they recommended having healthcare providers improve their communication skills with patients.
- Focus group participants also spoke of having more stable and affordable housing accommodations for the elderly living alone, low-income families, and homeless.
- In spite of the various barriers to care and health priorities mentioned, many members of the focus groups felt that the County completely met their health needs and would be satisfied with care from fellow providers.

> "I mean, our end of the county still has a lot of rural road and populations. It's not like you're on the bus route and you can hop [on] the bus to the pharmacy."
>
> -Brunswick Providers Focus Group

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CONCLUSIONS AND NEXT STEPS

Since the first comprehensive community health assessment was compiled in 2007, the Frederick County Health Department and Frederick Memorial Hospital have made intentional investments in prevention and health services in response to the findings in the assessments.

The data presented in this assessment will be used as a starting point for a Local Health Improvement Plan (LHIP) in the coming months. Community members and organizations will be invited to participate in a review of this data and will work together to determine priorities for local health improvement. Following the establishment of the priorities, community workgroups will be formed to develop goals and objectives for the priories, which will provide direction for the actions to be taken in the next several years to continue improving the health of Frederick County residents.

APPENDIX 1: SUMMARY TABLE OF FREDERICK COUNTY DATA

Death			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP 2017**	**Meet SHIP**
Mortality Rates (per 100,000)						
All Causes of Death (2012-2014)	↘ 665.9	701.1				
Diseases of the Heart	↘ 166.5	169.9			↓166.3	No
Malignant Neoplasms	↘ 151.3	162.0	↓161.4	Yes	↓147.4	No
Cerebrovascular Disease	↘ 36.1	36.3				
Chronic Lower Respiratory Disease	↘ 35.8	31.1				
Accidents	↗ 23.6	26.6				
Influenza and Pneumonia	↘ 18.1	16.0				
Alzheimer's Disease	↘ 13.8	14.3				
Diabetes Mellitus	↗ 13.5	19.2	↓66.6	Yes		
Septicemia	↘ 10.4	14.9				
Intentional Self- Harm/ Suicide	↗ 10.2	9.2	↓10.2	Yes	↓9.0	No
Nephritis, Nephrosis, and Neprotic Syndrome	↗ 8.1	11.3				
Assault/ Homicide	*	7.0				
HIV	*	3.4				

*Age-adjusted death rates not calculated for jurisdictions or regions with fewer than 20 deaths per category
**Grayed out boxes indicate no matching goal.

Legend for arrows:

↗	Increasing number shows improvement from last report period (number is going up and it's a good thing)
↘	Decreasing number shows improvement from last report period (number is going down and it's a good thing)
→	Number has stayed consistent from last report period
↗	Increasing number shows worsening from last report period (number is going up and it's an area for improvement)
↘	Decreasing number shows worsening from last report period (number is going down and it's an area for improvement)
↑	Goal is to increase indicator to the number given
↓	Goal is to decrease indicator to the number given

Note: indicate arrows are provided to give a general direction of trend and do not indicate the degree to which values have increased or decreased from the previous report period.

Cancer			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP 2017**	**Meet SHIP**
Cancer Mortality Rates (per 100,000)						
All Cancers (2011)	↗ 154.9	165.7		Yes		No
Male	↗ 200.1	199.4		No		No
Female	↘ 123.0	143.3	↓ 161.4	Yes	↓147.4	Yes
White	↗ 151.4	161.3		Yes		No
Black	↗ 242.3	190.0		No		No
Lung and Bronchus Cancer Mortality (2007-2011)	↘ 46.9	47.7		No		
Male	↘ 60.1	59.5		No		
Female	↘ 36.9	39.4	↓ 45.5	Yes		
White	↘ 47.1	48.9		No		
Black	↘ 52.8	49.0		No		
Colorectal Cancer Mortality (2007-2011)	→ 17.0	16.0		No		
Male	↗ 21.2	20.0	↓ 14.5	No		
Female	↘ 13.5	13.2		Yes		
Breast Cancer Mortality (2007-2011, Female only)	↘ 22.9	24.0	↓ 20.7	No		
Prostate Cancer Mortality (2007-2011)	↗ 22.7	24.6	↓ 21.8	No		
Melanoma Cancer Mortality (2007-2011)	↘ 3.5	2.6	↓ 2.4	No		

Cancer Incidence and Mortality Rates are per 100,000 and are age-adjusted to 2000 US standard population.
*Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures
**Grayed out boxes indicate no matching goal.

Legend for arrows:

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Cancer			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Cancer Incidence Rates (2007-2011)						
All Cancers (2011)	↘ 422.6	440.7				
Male	↘ 458.7	489.9				
Female	↗ 392.5	407.3				
White	↘ 417.9	444.1				
Black	↗ 495.7	437.7				
Lung and Bronchus Cancer Incidence (2007-2011)	↘ 57.4	59.9				
Male	↘ 68.8	69.9				
Female	↘ 49.2	52.8				
White	↘ 58.2	61.8				
Black	↘ 66.7	58.2				
Colorectal Cancer Incidence (2007-2011)	↘ 47.0	39.3				
Male	↗ 57.5	45.1				
Female	↘ 38.4	34.8				
White	↘ 47.1	37.9				
Black	↗ 47.9	43.3				

Cancer Incidence and Mortality Rates are per 100,000 and are age-adjusted to 2000 US standard population.
*Rates based on case counts of 1-19 are suppressed per DHMH/MCR Data Use Policy and Procedures
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Cancer			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Breast Cancer Incidence (2007-2011, Female only)	↗ 122.2	127.8				
White	↗ 122.4	127.9				
Black	↗ 102.7	125.0				
Prostate Cancer Incidence (2007-2011)	↘ 128.2	148.7				
White	↘ 121.0	129.3				
Black	↗ 206.8	206.8				
Cervical Cancer Incidence (2007-2011)	↘ 5.7	6.7				
Oral Cancer Incidence (2007-2011)	↘ 9.5	10.1				
Male	↘ 14.6	15.5				
Female	↘ 5.0	5.6				
White	↘ 9.9	11.0				
Black	*	7.8				
Melanoma Cancer Incidence (2007-2011)	↘ 22.2	21.0				
Male	↗ 29.2	27.5				
Female	↘ 17.0	16.5				
White	→ 24.1	29.1				
Black	*	1.1				

Cancer Incidence and Mortality Rates are per 100,000 and are age-adjusted to 2000 US standard population.
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Cancer			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Mammogram in Past 2 Years (2014)						
No	↗ 17.6%	14.4%				
Yes	↗ 80.2%	82.0%	↑81.1	No		
Never Had	↘ 2.1%	3.6%				
Pap Smear in Last 3 Years (2014)						
No	↗ 12.2%	10.3%				
Yes	↗ 83.4%	79.8%				
Never Had	↘ 4.4%	10.0%				
How Long Since Last Sigmoidoscopy/Colonoscopy (2014)						
<1 Year	↗ 17.7%	17.7%				
1-<2 Years	↗ 14.5%	14.3%				
2-<3 Years	↘ 9.2%	10.3%				
3-<5 Years	↘ 13.2%	16.7%				
5-10 Years	↗ 12.7%	10.7%				
≥10 Years	↘ 4.5%	3.1%				
Never Had	↗ 28.0%	27.2%				

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Chronic Disease Risk Factors			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Arthritis (2014)	↗ 24.7%	25.6%				
Arthritis Affecting Work (2013)	↘ 26.3%	29.8%				
Adult Still Has Asthma (2014)	↗ 9.8%	8.5%				
Adult No longer Has Asthma (2014)	↗ 4.1%	4.7%				
Child Still Has Asthma (2013)	↗ 10.7%	11.6%				
Child No Longer Has Asthma (2013)	↘ 4.4%	4.2%				
Chronic Obstructive Pulmonary Disorder (2014)	↗ 5.4%	5.4%				
Diabetes (2014) excluding pregnancy	↘ 8.2%	10.0%				
All Heart Disease Death Rates (2011-2013) per 100,000, 35+ years	↗ 326.6	333.9	↓103.4	No		
Male	↗ 421.0	420.2		No		
Female	↗ 255.7	269.1		No		
Black	↘ 322.8	389.6		No		
White	↗ 335.1	331.2		No		
Hispanic	↘ 115.3	131.7		No		
Asian and Pacific Islander	↘ 119.4	147.0		No		

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Chronic Disease Risk Factors			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Stroke Death Rates (2011-2013) per 100,000, 35+ years	↘ 73.9	71.4	↓34.8	No		
Male	↘ 63.2	71.3		No		
Female	↗ 77.6	70.1		No		
Black	↘ 99.2	88.1		No		
White	↗ 74.2	67.0		No		
Hispanic	↘ 33.2	41.5		Yes		
Asian and Pacific Islander	↘ 27.9	47.9		Yes		
Hypertension Death Rates (2011-2013) per 100,000, 35+ years	↘ 212.5	228.2				
Male	↘ 235.9	261.3				
Female	↘ 188.3	199.9				
Black	↘ 308.9	331.6				
White	↘ 212.3	204.8				
Hispanic	↘ 72.3	106.8				
Asian and Pacific Islander	↗ 87.9	114.7				
Hypertension (2013)	↗ 27.9%	33.6%	↓26.9%	No		
High Cholesterol (2013)	↗ 36.8%	37.0%	↓13.5%	No		
Physical Inactivity (2014)	↘ 18.9%	21.4%	↓ 32.6%	Yes		
Not Overweight (2014)	↘ 32.0%	35.1%	↑ 33.9%	No	↑36.6%	No
Overweight (2014)	↗ 39.3%	35.3%				
Obese (2014)	↘ 28.7%	29.63%	↓ 30.5%	Yes		

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Maternal, Infant, Child Health			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP 2017**	**Meet SHIP**
Infant Mortality (2014, per 1,000)	↘ 3.6	6.5	↓ 6.0	Yes	↓ 6.3	Yes
White	↗ 4.4	4.2		Yes		Yes
Black	*	10.6		Not Calc.		Not Calc.
Low Birth Weight (2014)	↗ 7.5%	8.6%	↓ 7.8%	Yes	↓ 8%	Yes
White Non-Hispanic	↘ 6.5%	6.6%		Yes		Yes
Black Non-Hispanic	↘ 10.5%	12.1%		No		No
Asian/Pacific Islander	↗ 7.8%	8.1%		Yes		Yes
Hispanic	↗ 9.4%	7.3%		No		No
Preterm Birth (2014)	↘ 9.2%	10.1%	↓ 11.4%	Yes		
Early Prenatal Care (2014)	↗ 78.3%	66.6%	↑ 77.9%	Yes	↑66.9%	Yes
White Non-Hispanic	↗ 81.1%	77.4%		Yes		Yes
Black Non-Hispanic	↘ 64.0%	58.3%		No		No
Asian/Pacific Islander	↘ 68.7%	69.0%		No		Yes
Hispanic	↗ 62.9%	49.7%		No		No
Cesarean Section Births (2014)	→ 32.5%	34.8%				
White, Non-Hispanic	→ 31.6%	32.8%				
Black, Non-Hispanic	→ 39.5%	39.2%				
Hispanic	→ 29.8%	31.2%				

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Mental Health			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Anxiety Disorder (2014)	↘ 14.1%	13.3%				
Depressive Disorder (2014)	↗ 17.1%	15.9%				
Days Mental Health Not Good						
None	↘ 70.5%	67.0%				
1-2 Days	↗ 9.8%	9.1%				
3-7 Days	↗ 9.5%	10.9%				
8-29 Days	↗ 5.9%	8.1%				
30 Days	↘ 4.2%	4.9%				

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Oral Health			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Visit Dentist (2014)						
Never	↗ 1.0%	1.1%				
<1 Year	↘ 73.5%	70.2%	↑49%	Yes		
1-<2 Years	↗ 8.5%	12.1%				
2-<5 Years	↗ 8.5%	8.8%				
≥5 Years	↗ 8.2%	7.8%				
Time Since Teeth Cleaning (2013)						
<1 Year	↗ 78.2%	70.9%				
1-<2 Years	↘ 12.8%	11.5%				
2-<5 Years	↘ 3.5%	6.6%				
≥5 Years	↘ 4.7%	10.0%				
Never	↗ 0.8%	1.0%				
Had Dental Problem Without Visiting Dentist (2013)	↘ 9.6%	16.4%				
Why Did You Not See a Dentist? (2013)						
It Would Cost Too Much	59%	55%				
Did Not Have Time	19%	12%				
Did Not Have A Way To Get There	7%	2%				
Could Not Get Appointment	0%	2%				
Would Have To Travel Too Far	0%	3%				
Other	16%	29%				
Number of Permanent Teeth Removed (2014)						
None	↗ 66.6%	56.9%				
1-5	↘ 22.7%	29.0%				
6+	↘ 7.0%	10.2%				
All	↘ 3.8%	3.9%				

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Sexually Transmitted Diseases			Is Frederick County Meeting These GOALS?			
Indicator (2015)	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Chlamydia Infection Rate (per 100,000)	↘ 232.7	457.0			↓ 431.0	Yes
Gonorrhea Infection Rate (per 100,000)	↘ 34.6	114.2				
HIV Adults/Adolescent Living Cases (2014)	302					
Male HIV Cases	61.6%					
Female HIV Cases	38.4%					
13-24 years old at HIV Diagnosis	16%					
24-44 years old at HIV Diagnosis	59%					
45-64 years old at HIV Diagnosis	21%					
65+ years old at HIV Diagnosis	4%					
MSM Exposure	44%					
HetSex Exposure	40%					
IDU Exposure	14%					
MSM/IDU Exposure	2%					
Hispanic	17.5%					
Black, Non-Hispanic	33.8%					
White, Non-Hispanic	42.1%					
Other, Non-Hispanic	6.6%					
Syphilis Infection Rate (per 100,000)	↗ 4.9	8.5				

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Substance Abuse			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
Binge Drinking (2014)	↗ 17.6%	15.4%	↓24.2%	Yes		
Chronic Drinking (2014)	↘ 4.2%	5.3%				
Smoking Status (2014)						
Current (Some days + Every day)	↘ 11.1%	14.6%	↓ 12.0%	Yes	↓ 15.5%	Yes
Former	↘ 23.8%	22.6%				
Never Smoked	↗ 65.2%	62.8%				
Tried to Quit Smoking (2014)	↘ 42.3%	60.1%				
Smoked Cigarettes Regularly in Last Year (2014)	↗ 16.2%	14.3%				
Smoked Cigarettes Regularly in Last 1-5 Years (2014)	↗ 16.5%	15.9%				
Smoked Cigarettes Regularly in Last 5-10 Years (2014)	↘ 6.9%	10.1%				
Ever Used Prescription Opioids (2015)						
18-25 year old	20.6%					
26-45 year old	29.2%					
46-65 year old	18.9%					
65+ year old	12.5%					
Ever Used Heroin (2015)						
18-25 year old	5.9%					
26-45 year old	4.6%					
46-65 year old	7.5%					
65+ year old	0.0%					

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Substance Abuse			Is Frederick County Meeting These GOALS?			
Indicator	**Frederick County**	**MD Data**	**HP 2020**	**Meet HP 2020**	**SHIP**	**Meet SHIP**
How Many Time Taken Prescription Opioids Not Prescribed to You in Last Year (2015)						
Never	93%					
1-2 times	3.4%					
3-9 time	1.0%					
10-19 times	0.7%					
20-39 times	0.7%					
40 or more times	1.0%					
Age of First Prescription Opioid Use Without a Prescription (2015)						
12-17 years old	5.6%					
18-25 years old	9.4%					
26-45 years old	6.3%					
46-65 years old	1.4%					
Age of First Prescription Opioid Use to Get High (2015)						
12-17 years old	2.8%					
18-25 years old	4.6%					
26-45 years old	4.6%					
46-65 years old	0.0%					
Age of First Heroin Use (2015)						
12-17 years old	1.7%					
18-25 years old	3.1%					
26-45 years old	0.7%					
46-65 years old	0.0%					
Total Overdose Deaths (2014)	↗ 42	1039				
Heroin Deaths	↗ 26	578				
Prescrip. Opioid Deaths	↘ 9	329				
Alcohol Deaths	↗ 12	270				
Cocaine	↗ 8	198				
Benzodiazepine	↗ 5	103				
Rates of Overdose Death by Substance (2014) per 100,000						
Heroin Deaths	↗ 10.7	9.7				
Prescrip. Opioid Deaths	↘ 3.7	5.5				
Alcohol Deaths	↗ 4.9	4.5				
Cocaine	↗ 3.3	3.3				
Benzodiazepine	↗ 2.1	3.3				

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APPENDIX 2: SUMMARY TABLE OF FREDERICK MEMORIAL HOSPITAL DATA

Frederick Memorial Hospital Patient Visit Data by Age

Topic	Measure	0-17 years	18-39 years	40-59 years	60-79 years	80+ years
	All FMH Visits	19.8%	29.7%	25.0%	17.8%	7.7%
Chronic Disease	Asthma Visits	**43.9%**	19.8%	22.5%	9.8%	4.0%
Chronic Disease	COPD Visits	2.7%	17.4%	**32.1%**	**35.4%**	**12.4%**
Chronic Disease	Diabetes Visits	0.8%	8.9%	**31.7%**	**43.5%**	**15.1%**
Chronic Disease	Stroke Visits		2.6%	19.9%	**43.2%**	**34.4%**
Chronic Disease	Congestive Heart Failure Visits		2.2%	14.4%	**40.0%**	**43.5%**
Mental Health	Mental Health Visits	21.8%	**42.0%**	25.3%	8.1%	2.8%
Oral Health	Dental Visits	11.3%	**58.6%**	24.1%	4.9%	1.1%
Substance Abuse	All Substance Abuse Visits	2.3%	**41.0%**	**43.6%**	11.2%	2.0%
Substance Abuse	Alcohol Abuse Visits	1.2%	32.3%	**51.9%**	12.7%	1.9%
Substance Abuse	Tobacco Use in FMH Patients	0.6%	**41.7%**	**41.1%**	15.3%	1.3%
Substance Abuse	Opioid Abuse Visits	0.6%	**58.9%**	29.1%	10.3%	1.2%

Bolded values are more than 20% higher than all FMH visits.

Frederick Memorial Hospital Patient Visit Data by Gender

Topic	Measure	Female	Male
	All FMH Visits	57.6%	42.3%
Chronic Disease	Asthma Visits	52.2%	47.8%
Chronic Disease	COPD Visits	57.9%	42.1%
Chronic Disease	Diabetes Visits	52.8%	47.2%
Chronic Disease	Stroke Visits	55.1%	44.9%
Chronic Disease	Congestive Heart Failure Visits	47.8%	52.2%
Mental Health	Mental Health Visits	50.2%	49.8%
Oral Health	Dental Visits	51.5%	48.5%
Substance Abuse	All Substance Abuse Visits	36.4%	**63.6%**
Substance Abuse	Alcohol Abuse Visits	30.6%	**69.4%**
Substance Abuse	Tobacco Use in FMH Patients	48.5%	51.5%
Substance Abuse	Opioid Abuse Visits	48.0%	52.0%

Bolded values are more than 20% higher than all FMH visits.

Frederick Memorial Hospital Patient Visit Data by Race

Topic	Measure	White	Black	Other	Asian	American Indian	Pacific Islander
	All FMH Visits	74.3%	15.4%	8.4%	1.7%	0.2%	0.1%
Chronic Disease	Asthma Visits	58.9%	**26.9%**	**12.2%**	1.8%	0.1%	
Chronic Disease	COPD Visits	80.0%	15.5%	3.6%	0.7%	0.1%	
Chronic Disease	Diabetes Visits	78.5%	15.2%	4.1%	1.7%	0.5%	
Chronic Disease	Stroke Visits	88.6%	7.5%	2.8%	0.7%	0.2%	0.2%
Chronic Disease	Congestive Heart Failure Visits	80.1%	15.4%	3.7%	0.5%	0.3%	
Mental Health	Mental Health Visits	78.6%	14.7%	5.2%	1.2%	0.2%	0.2%
Oral Health	Dental Visits	59.0%	**24.2%**	5.4%	1.2%	0.2%	0.1%
Substance Abuse	All Substance Abuse Visits	80.7%	13.3%	5.3%	0.5%	0.2%	
Substance Abuse	Alcohol Abuse Visits	82.2%	10.1%	6.8%	0.7%	0.1%	
Substance Abuse	Tobacco Use in FMH Patients	81.3%	14.8%	3.3%	0.5%	0.1%	
Substance Abuse	Opioid Abuse Visits	87.6%	9.9%	1.8%	0.4%	0.2%	

Bolded values are more than 20% higher than all FMH visits.

Frederick Memorial Hospital Patient Visit Data by Ethnicity

Topic	Measure	Not Hispanic	Hispanic	Unknown
	All FMH Visits	89.6%	8.1%	2.3%
Chronic Disease	Asthma Visits	85.5%	**12.4%**	2.2%
Chronic Disease	COPD Visits	95.2%	3.2%	1.6%
Chronic Disease	Diabetes Visits	94.2%	3.7%	2.2%
Chronic Disease	Stroke Visits	95.6%	2.6%	1.8%
Chronic Disease	Congestive Heart Failure Visits	95.1%	3.7%	1.2%
Mental Health	Mental Health Visits	93.9%	5.0%	1.0%
Oral Health	Dental Visits	93.3%	4.5%	2.2%
Substance Abuse	All Substance Abuse Visits	93.3%	5.3%	1.4%
Substance Abuse	Alcohol Abuse Visits	91.6%	6.8%	1.6%
Substance Abuse	Tobacco Use in FMH Patients	95.6%	3.0%	1.4%
Substance Abuse	Opioid Abuse Visits	98.0%	1.5%	0.5%

Bolded values are more than 20% higher than all FMH visits.

Frederick Memorial Hospital Patient Visit Data by Payer Status

Topic	Measure	Medicaid	Private Insurance	Self-Pay	Medicare	Other Gov't Payors	Workers Comp
	All FMH Visits	26.5%	40.0%	7.7%	23.0%	2.2%	0.6%
Chronic Disease	Asthma Visits	**41.3%**	35.2%	6.8%	14.9%	1.8%	
Chronic Disease	COPD Visits	25.5%	23.1%	7.6%	**42.6%**	1.1%	
Chronic Disease	Stroke Visits	7.5%	24.3%	1.5%	**66.3%**	0.4%	
Chronic Disease	Congestive Heart Failure Visits	6.5%	12.3%	0.8%	**80.2%**	0.2%	
Mental Health	Mental Health Visits	**38.7%**	33.7%	4.3%	19.1%	**4.0%**	0.1%
Oral Health	Dental Visits	**45.9%**	25.1%	**19.3%**	8.8%	0.8%	0.1%
Substance Abuse	All Substance Abuse Visits	**42.9%**	26.4%	**9.8%**	18.3%	2.5%	0.1%
Substance Abuse	Alcohol Abuse Visits	**43.8%**	26.0%	**11.1%**	16.5%	2.4%	0.1%
Substance Abuse	Opioid Abuse Visits	**47.0%**	25.4%	6.6%	19.0%	2.0%	

Bolded values are more than 20% higher than all FMH visits.

Frederick Memorial Hospital Patient Visit Data by Patient Location in County

Topic	Measure	North	Central	South
	All FMH Visits	14.2%	61.8%	24.0%
Chronic Disease	Asthma Visits	14.4%	67.2%	18.4%
Chronic Disease	COPD Visits	**15.9%**	62.7%	21.4%
Chronic Disease	Stroke Visits	**19.5%**	50.2%	**30.3%**
Chronic Disease	Congestive Heart Failure Visits	13.4%	63.6%	23.1%
Mental Health	Mental Health Visits	11.7%	64.0%	24.3%
Oral Health	Dental Visits	14.9%	67.7%	17.4%
Substance Abuse	All Substance Abuse Visits	12.9%	63.7%	23.4%
Substance Abuse	Alcohol Abuse Visits	12.1%	65.0%	22.9%
Substance Abuse	Opioid Abuse Visits	16.7%	58.6%	24.7%

Bolded values are more than 20% higher than all FMH visits.

APPENDIX 3: MARYLAND SHIP GOALS INCLUDED IN THIS ASSESSMENT

	Measure	MD SHIP Goal	Frederick County Value	Frederick County Year	Did FC Meet Goal?
1	Reduce infant mortality rate (per 1,000)	6.3	3.6	2014	Yes
2	Reduce the percent of low birth weight births	8.0%	7.5%	2014	Yes
5	Increase the percent of pregnancies starting care in the 1st trimester	66.9%	78.3%	2014	Yes
10	Increase the percent of adults who are at a healthy weight	36.6%	32.0%	2014	No
12	Reduce the percent of adults who are current smokers	15.5%	11.1%	2014	Yes
15	Reduce chlamydia infection rate (per 100,000)	431	265.8	2014	Yes
18	Reduce suicide rate (per 100,000)	9.0	10.2	2012-2014	No
28	Reduce heart disease mortality (per 100,000)	166.3	166.5	2012-2014	No
29	Reduce cancer mortality (per 100,000)	147.4	151.3	2012-2014	No

http://dhmh.maryland.gov/SHIP/Pages/home.aspx

APPENDIX 4: HEALTHY PEOPLE 2020 GOALS INCLUDED IN THIS ASSESSMENT

	Measure	HP2020 Goal	Frederick County Value	Frederick County Year	Did FC Meet Goal?
C-1	Reduce the overall cancer death rate to 161.4 deaths per 100,000 population.	161.4	151.3	2011	Yes
C-2	Reduce the lung and bronchus cancer death rate to 45.5 deaths per 100,000 population.	45.5	46.9	2011	No
C-3	Reduce the female breast cancer death rate to 20.7 deaths per 100,000 population.	20.7	22.9	2011	No
C-5	Reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population.	14.5	17.0	2011	No
C-7	Reduce the prostate cancer death rate to 21.8 deaths per 100,000 population.	21.8	22.7	2011	No
C-8	Reduce the melanoma cancer death rate to 2.4 deaths per 100,000 population.	2.4	3.5	2011	No
D-3	Reduce diabetes death rate to 66.6 deaths per 100,000 population.	66.6	13.5	2012-2014	Yes
HDS-2	Reduce coronary heart disease deaths to 103.4 deaths per 100,000 population	103.4	326.6	2011-2013	No
HDS-3	Reduce stroke deaths to 34.8 deaths per 100,000 population	34.8	73.9	2011-2013	No
HDS-5	Reduce the proportion of persons in the population with hypertension to 26.9%.	26.9%	27.9%	2013	No
HDS-7	Reduce the proportion of adults with high total blood cholesterol levels to 13.5%.	13.5%	36.8%	2013	No
MHMD-1	Reduce the suicide rate to 10.2 suicides per 100,000 population	10.2	10.2	2012-2014	Yes
MICH-1.3	Reduce rate of infant deaths to 6.0 deaths per 1,000 live births	6.0	3.6	2014	Yes
MICH-8.1	Reduce low birth weight births to 7.8% of births	7.8%	7.5%	2014	Yes
MICH-9.1	Reduce total preterm births to 11.4% of live births	11.4%	9.2%	2014	Yes
MICH-10.1	Increase the proportion of pregnant women who receive early and adequate prenatal care to 77.9%	77.9%	78.3%	2014	Yes
NW-8	Increase the proportion of adults who are at a healthy weight to 33.9%	33.9%	32.0%	2014	Yes
NW-9	Reduce the proportion of adults who are obese to 30.5%	30.5%	28.7%	2014	Yes

Healthy People 2020 Goals Included in this Assessment, continued

	Measure	HP2020 Goal	Frederick County Value	Frederick County Year	Did FC Meet Goal?
OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year to 49%	49.0%	73.5%	2014	Yes
PA-1	Reduce the proportion of adults who engage in no leisure-time physical activity to 32.6%.	32.6%	18.9%	2014	Yes
SA-14.3	Reduce the proportion of persons engaging in binge drinking during the past 30 days – adults age 18 years and older – to 24.4%.	24.2%	17.6%	2014	Yes
TU-1.1	Reduce cigarette smoking by adults to 12%	12.0%	11.1%	2014	Yes

http://www.healthypeople.gov/2020/topics-objectives

APPENDIX 5: HEALTHY PEOPLE 2020 GOALS INCLUDED IN THIS ASSESSMENT

The following is a list of some Frederick County Health Assets. This list is not exhaustive. Please follow the links provided for updated information. Some Community Assets are listed in the "Addressing the Need" sections of each topic.

Physical Activity

Frederick County Department of Parks and Recreation offer a variety of locations and activities throughout the county to allow residents to get more active. Many activities are free and financial assistance is available based on family income. The most recent Activity Guide can be found here: http://recreater.com/421/Recreater-Brochure

The Frederick County Health Department and the Frederick County Child Health Partnership have come together to encourage residents to make healthy lifestyle choices. Information about nutrition, health topics, and walking trails can be found here: https://md-frederickcountyhealth.civicplus.com/148/Commit-to-Be-Fit

Mental Health

Guide to Mental Health Community Support Services

The Guide to Mental Health and Community Support Services lists hundreds of local health and human service related resources in Frederick, Washington, and Carroll Counties. This is one of most comprehensive referral tool lists licensed mental health professionals, behavioral health facilities, group practices, extensive community support and emergency services, and a general services section in Spanish.

Featured community service categories in the Guide to Mental Health and Community Support Services are as follows: 24-Hour hotlines, mental health services, substance abuse services, consumer information and advocacy, developmental disabilities, employment and vocational rehabilitation, family and children's services, health care services, AIDS services, in-home/respite care, housing and emergency services, law enforcement and legal assistance, senior services, and support groups. For more information, go to: https://fcmha.org/how-we-help/supporting-the-whole-community

Dental Resources (for Adults, updated 10/26/2015)

ACCEPTING MEDICAL ASSISTANCE

Opal Ridge Dental	1700 Kingfisher Dr, Ste 11 • Frederick, MD 21701	301-501-5600
Dr. Rafael Acosta	110 Baughmans Ln, Ste 140 • Frederick, MD 21702	301-305-2102
Dr. Atul Purohit	801 Toll House Ave • Frederick, MD 21701	301-662-0131
Family Dentistry of Buckeystown Pike	5732 Buckeystown Pike, Ste 26 • Frederick, MD 21704	301-695-0909
Frederick Community Dental	1100 West Patrick St, Unit N • Frederick, MD 21702	240-457-4246
Dental Services of Frederick (Only Accepts MD Physicians Care)	198 Thomas Johnson Dr, Ste 203 • Frederick, MD 21702	301-620-1117
Monocacy Health Partners Dental Clinic (Part of Frederick Regional Health System)	516 Trail Avenue, Ste B • Frederick MD 21701 (opening April 2016)	240-566-7005

OFFICES OFFERING DISCOUNTS AND SPECIALS FOR NEW PATIENTS W/O INSURANCE
(Call their offices for more details.)

Opal Ridge Dental	1700 Kingfisher Dr, Ste 11 • Frederick, MD 21701	301-501-5600
Bright Now Dental	68 Thomas Johnson Dr • Frederick, MD 21702	301-620-9090
Dental One Assoc.	45 Thomas Johnson Dr • Frederick, MD 21702	301-862-6783

RELIGIOUS COALITION'S DENTICAID PROGRAM
Will help clients one time per year to get out of pain; will set up appt with local dentist and pay for one treatment if they qualify for this program. When calling, ask to speak to someone about the Denticaid program.
301-631-2670

GRAY AREA VOUCHER FROM HEALTH DEPT
Discount program offered by local participating Oral Surgeons for clients that do not have dental insurance and are low income to receive a discount on extractions. They have agreed to discount their fees by 25% - 50%. Call the Health Dept Dental Clinic at 301-600-1041 for more details and a list of participating oral surgeons.

APPENDIX 6: GEORGE WASHINGTON UNIVERSITY SURVEY REPORT

The George Washington University Milken Institute School of Public Health Survey Report can be read in its entirety here: http://health.frederickcountymd.gov/DocumentCenter/View/1447.

The survey used for this project can be seen here: http://health.frederickcountymd.gov/DocumentCenter/View/1469