

**Allegany County Community Health Needs Assessment**  
Western Maryland Health System and Allegany County Health Department  
November 2011

**Background**

*National Prevention Strategy*

The Patient Protection and Affordable Care Act and the Health Care Education Reconciliation Act (known together as the Affordable Care Act) mandate the development of a National Prevention and Health Promotion Strategy and require non-profit hospitals to conduct a community health needs assessment in conjunction with public health entities.

The vision of the National Prevention Strategy is “Working together to improve the health and quality of life for individuals, families and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.” The goal is to increase the number of Americans who are healthy at every stage of life.

The National Prevention Strategy recognizes that social, economic, and environmental factors all influence health. Many of the strongest predictors of health and wellbeing fall outside of the healthcare setting. State and local government, businesses, community organizations, and community members are encouraged to partner on the Strategy.

*Maryland Health Care Reform Coordinating Council*

The Maryland Health Care Reform Coordinating Council (HCRCC) was created to advise the State government on efficient and effective implementation of federal health care reform. HCRCC directed the Maryland Department of Health and Mental Hygiene to develop a State Health Plan in coordination with hospitals under the Health Services Cost Review Commission.

HCRCC recommended development of interconnected state and local strategic plans to achieve improved health outcomes. Maryland’s Health Improvement Plan 2011-2014 will provide a framework to support improvements in the health of Marylanders and their communities. Improving the health of all Marylanders through population planning requires committed local partnerships that include hospitals, local health departments, community organizations, and the private sector.

*National and State Priorities*

National and State plans include engaging partners, aligning policies and programs, utilizing evidence-based research and best practices, and ensuring accountability. National priorities are: tobacco-free living, preventable drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, reproductive and sexual health, and mental and emotional wellbeing. Maryland vision areas are: reproductive healthcare and birth outcomes, social environments that are safe and support health, physical environments that are safe and

support health, prevent and control infectious disease, prevent and control chronic disease, and all Marylanders receive needed healthcare.

*Allegany County Community Health Needs Assessment*

The community health needs assessment will guide decision making for the community and allow Allegany County to engage effectively with state and federal initiatives. The community health needs assessment will be used to develop a Local Health Improvement Plan.

The Allegany County Health Department and the Western Maryland Health System (WMHS) led community health needs assessment efforts. The Allegany County Health Department works to promote health in Allegany County and WMHS is a Total Patient Revenue hospital and the only hospital in the county, providing a unique opportunity to impact community health. 72.5% of WMHS patients are Allegany County residents.

Management teams from the Allegany County Health Department and WMHS collected and analyzed data from an array of sources to assist in identifying health needs in Allegany County (see Appendix). Criteria to identify the most significant health issues included magnitude, severity compared to target, and level of need for vulnerable populations.

Data were presented to a wide variety of local organizations and community members who gave input and ranked community health priorities (see Community Input). WMHS, Allegany County Health Department, and community partners will develop a Local Health Improvement Plan with evidence-based strategies to address the top 13 health priorities.

| Tasks                                 | Jan-Mar 2011 | Apr-Jun 2011 | July-Sept 2011 | Oct-Dec 2011 | Jan-Mar 2012 | Apr-Jun 2012 | July-Sept 2012 | Oct-Dec 2012 | Jan-Mar 2013 | Apr-Jun 2013 | July-Sept 2013+ |
|---------------------------------------|--------------|--------------|----------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|-----------------|
| Data Collection & Analysis            | →            |              |                |              |              |              |                |              |              |              |                 |
| Presentations & Priorities            |              |              | →              |              |              |              |                |              |              |              |                 |
| Service Line Coordination             |              |              | →              |              |              |              |                |              |              |              |                 |
| Summary of Needs, Gaps & Resources    |              |              |                | →            |              |              |                |              |              |              |                 |
| Priorities, Best Practices & Partners |              |              |                | →            |              |              |                |              |              |              |                 |
| Approve Action Plan & Metrics         |              |              |                |              | →            |              |                |              |              |              |                 |
| Community Benefit Report              |              |              |                | →            |              |              |                |              |              |              |                 |
| Report to Public                      |              |              |                |              |              | →            |                |              |              | →            |                 |
| Implement Plan & Report Quarterly     |              |              |                |              |              |              | →              |              |              |              |                 |
| Update Timeline for Next 3 yr. cycle  |              |              |                |              |              |              |                |              |              |              | →               |

## **Allegheny County Overview**

### *Demographics*

Allegheny County is located in rural Western Maryland and has a population of 72,598. The county is part of the Appalachian region and has low education levels, limited racial diversity, a large elderly population, and low household incomes.

Allegheny County is 50.3% male and 49.7% female. A smaller percent of the population is under 5 years old (4.6%) than in Maryland (6.7%) or the U.S. (6.9%). A larger percent of the population is 65 years and older (18.1%) than in Maryland (11.8%) or the U.S. (12.6%). There is less racial diversity in Allegheny County than in the U.S.; 91.4% of the population is white, 6.2% is black, 1.1% is Hispanic or Latino, and 1.1% is two or more races.

In Allegheny County, the average household size is 2.25. The county has a larger percentage of single parent households (33%) than the U.S. benchmark (20%). Of the grandparents living with their grandchildren under age 18, there is a higher percentage responsible for their grandchildren (54.2%) than in Maryland (36.7%) or the U.S. (33.4%). More households in Allegheny County are without a vehicle (11%) than in the U.S. (9%).

The median household income in Allegheny County is well below the U.S. median (\$36,810 v. \$51,425), and 14.2% of individuals are living below the poverty line compared to 13.5% in the U.S. The unemployment rate is 8.9% in Allegheny County compared to 6.6% in Maryland. The percentage of Allegheny County children living in poverty (19%) is higher than the Maryland rate (10%) and the U.S. benchmark (11%).

While Allegheny County has the same percentage of adults with a high school education as the U.S. (85%), the county has only 15.2% of adults with a bachelor's degree or higher compared to 35.2% in Maryland and 27.5% in the U.S. In addition, 11% of Allegheny County residents age 16 and over are illiterate.

### *Community Needs Index*

Catholic Healthcare West and Thomson Reuters developed the nation's first standardized Community Needs Index (CNI). It identifies the severity of health disparity in every zip code in the U.S. and demonstrates a link between community need, access to care, and preventable hospitalizations. CNI gathers data about the community's socio-economy including barriers related to income, culture/ language, education, insurance, and housing. A score of 1.0 indicates a zip code with the lowest socio-economic barriers and 5.0 represents a zip code with the most socio-economic barriers. The closer to 5 the more community need there is in a zip code. A comparison of CNI scores to hospitalization shows a strong correlation between high need and high use. In fact admission rates for the most highly needy communities are over 60% higher than communities with the lowest need.

In Allegheny County, the area of highest need is 21502 (Cumberland) with a CNI of 3.8. Other high need areas include 21562 (Westernport), 21539 (Lonaconing), and 21532 (Frostburg) all at 3.6. The area with the lowest need is 21557 (Rawlings) with a CNI of 2.2.

## County Health Rankings

Recent population-based health information was received from the University of Wisconsin Population Health Institute through a study funded by the Robert Wood Johnson Foundation. The results show that Allegany County ranks 21st out of 24 Maryland jurisdictions on health outcomes and 20th out of 24 on health factors. Breaking down the health factors, the study shows that Allegany is 18th in health behaviors and social and economic factors, 24th in clinical care, and 8th in physical environment.

## Lifestyle and Environment

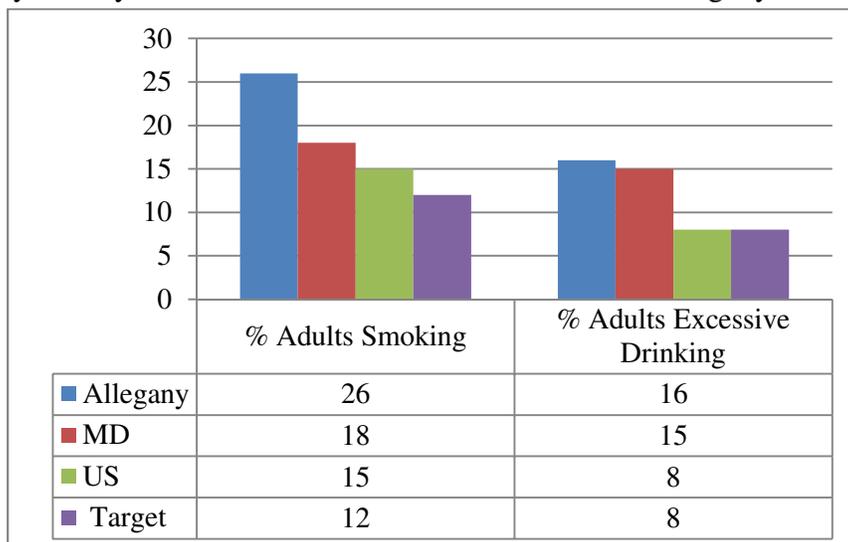
### Health Behaviors

Lifestyle and behavioral risk factors substantially contribute to health. According to the Community Health Status Reports from the U.S. Department of Health and Human Services, half of all deaths can be attributed to these factors. Tobacco use accounts for 19% of all U.S. deaths, poor diet and inactivity account for 14%, alcohol use accounts for 5%, and 12% are related to factors including microbes, toxins, firearms, sexual behavior, motor vehicles and drug use. In Allegany County unhealthy behaviors including tobacco use, substance abuse, and low levels of physical activity contribute to poor health outcomes.

### Tobacco and Alcohol Use

The Healthy People 2020 goal for adult smoking is 12% or less. In Allegany County, 26% of adults smoke, a larger percentage than in Maryland (18%) and well above the U.S. benchmark (15%). According to the Centers for Disease Control and Prevention, the highest smoking rates are found among vulnerable populations, including people with lower levels of educational attainment. In the U.S. in 2008, 41% of people with a General Education Development certificate smoked cigarettes, compared to 6% of people with a graduate degree.

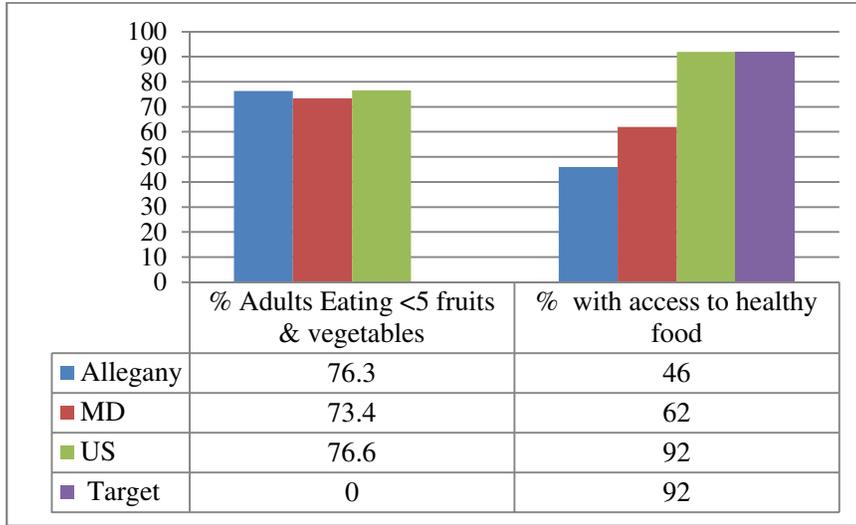
The U.S. benchmark for excessive drinking is 8% and 16% of adults drink excessively in Allegany County. 13.1% of fatal motor vehicle crashes in Allegany County are alcohol related.



County Health Ranking 2011 (University of Wisconsin)

*Food Choices and Access*

76.3% of Allegany County adults report eating fewer than five servings of fruits and vegetables a day compared to 73.4% in Maryland and 76.6% in the U.S. The U.S. benchmark is for 92% of the population to have access to healthy foods but in Allegany County, only 46% of residents have access to healthy foods. The large number of households without vehicles and limited public transportation options also hinder access to healthy foods in Allegany County. Low-income rural areas are more often affected by limited access to healthy foods than higher-income communities.

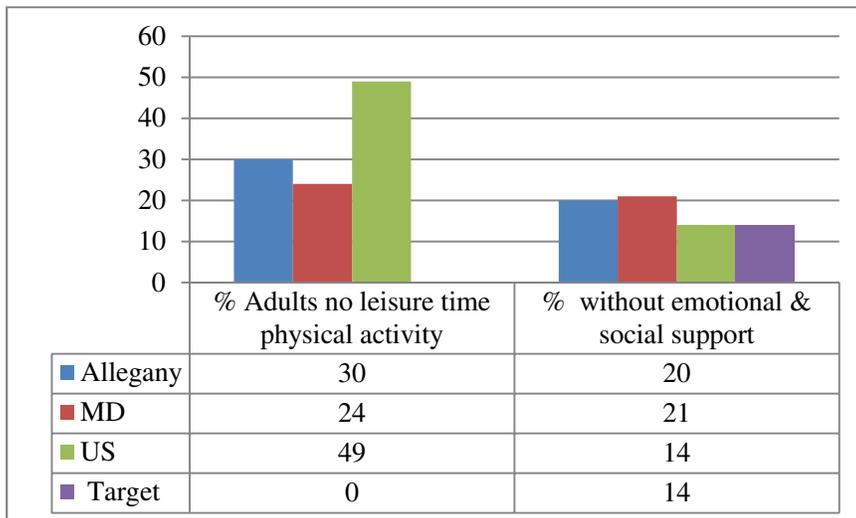


County Health Ranking 2011 (University of Wisconsin) and Health Indicator Warehouse

*Physical Activity and Social Support*

In Allegany County, 30% of adults are not engaging in any leisure time physical activity, compared to 24% of adults in Maryland and 49% of adults in the U.S. Allegany County has more than 19 recreational facilities per 100,000 population, above the U.S. benchmark of 17.

20% of adults in Allegany County are without social and emotional support compared to the U.S. benchmark of 14%.

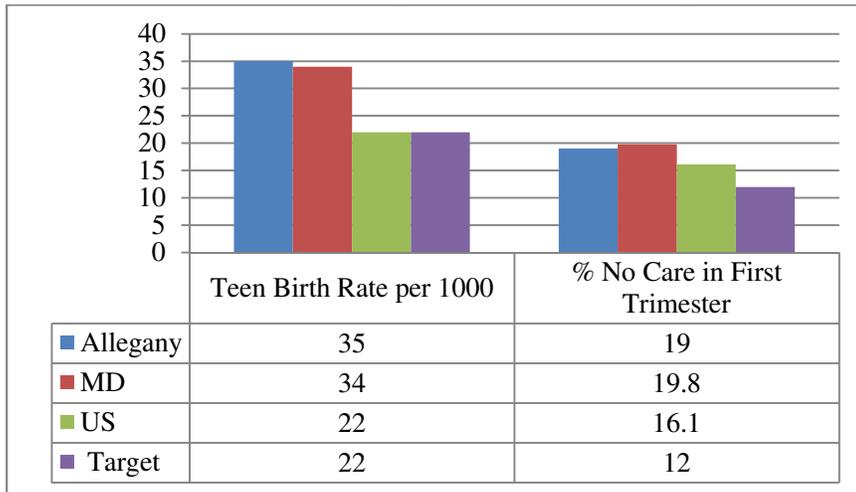


County Health Ranking 2011 (University of Wisconsin)

## Health Needs and Disease Status

### *Birth Measures*

The teen birth rate in Allegany County (35 per 1,000 births) is above the Maryland rate (34 per 1,000) and U.S. benchmark (22 per 1,000). Allegany County has a high percentage of unmarried women giving birth at 42.7%. In Allegany County, 19% of mothers do not receive prenatal care in the first trimester compared to 19.8% in Maryland and 16.1% in the U.S.

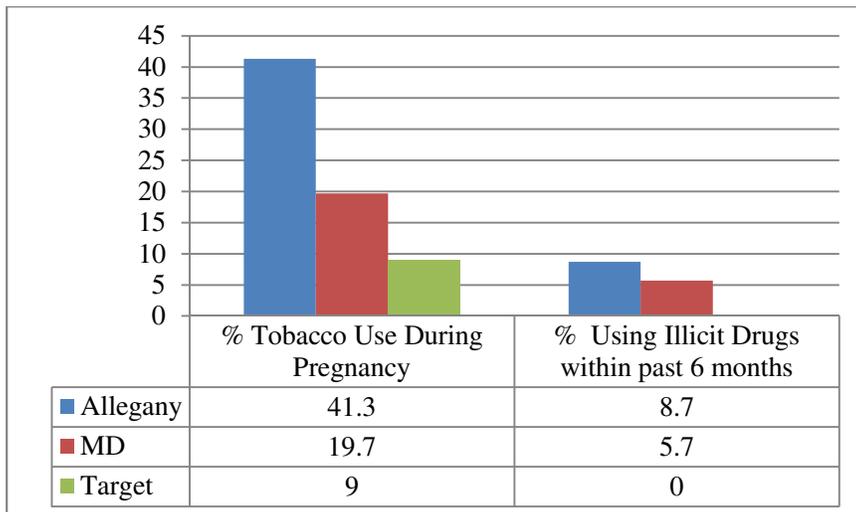


Kids Count 2005-2011 and Maryland Vital Statistics

### *Tobacco and Drug Use during Pregnancy*

In Allegany County, 41.3% of Medicaid eligible pregnant women report using tobacco during pregnancy. This is more than double the Maryland rate (19.7%) and well above the target level of less than 9%.

In Allegany County, 8.7% of Medicaid eligible pregnant women report using illicit drugs during pregnancy compared to 5.7% in Maryland. In 2010, of the 1,058 deliveries at Western Maryland Health System, 102 infants (9.6%) were drug exposed and 25 (2.4%) were drug addicted.

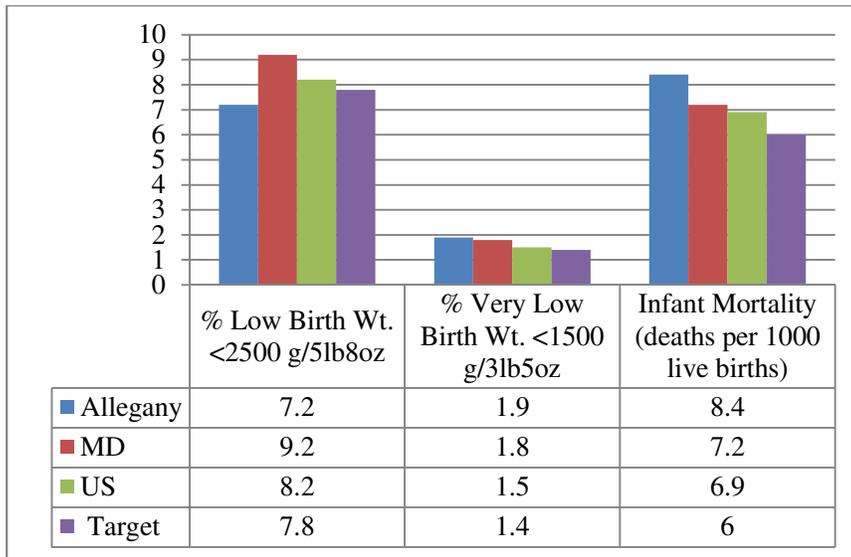


Maryland Prenatal Risk Assessment FY10

*Birth Weight and Infant Mortality*

In Allegany County, 7.2% of infants are considered low birth weight, weighing less than 2500 grams. This is lower than the Maryland (9.2%) and U.S. (8.2%) rates. However, 1.9% of infants in Allegany County are very low birth weight at less than 1500 grams. This is higher than the Maryland (1.8%) and U.S. (1.5%) rates.

The infant mortality rate in Allegany County is 8.4 per 1,000 live births, higher than both the Maryland (7.2) and U.S. (6.9) rates.

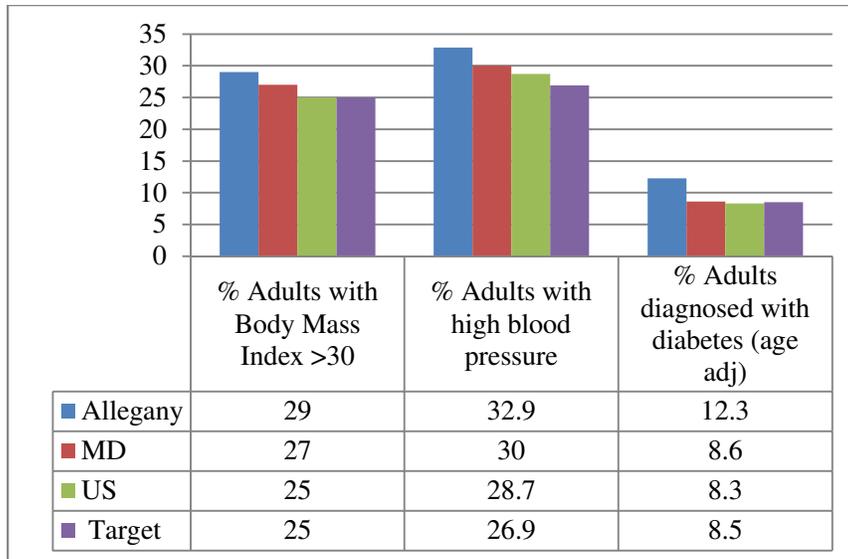


Kids Count 2005-2011 and Maryland Vital Statistics

*Chronic Disease Risk Factors*

The Centers for Disease Control and Prevention (CDC) define obesity as adults with a body mass index of 30 or above. By this measure, 29% of Allegany County adults are obese compared to 27% of Maryland adults and the U.S. benchmark of 25%. Obesity is associated with increased risk of heart disease, stroke, type 2 diabetes, and certain types of cancer.

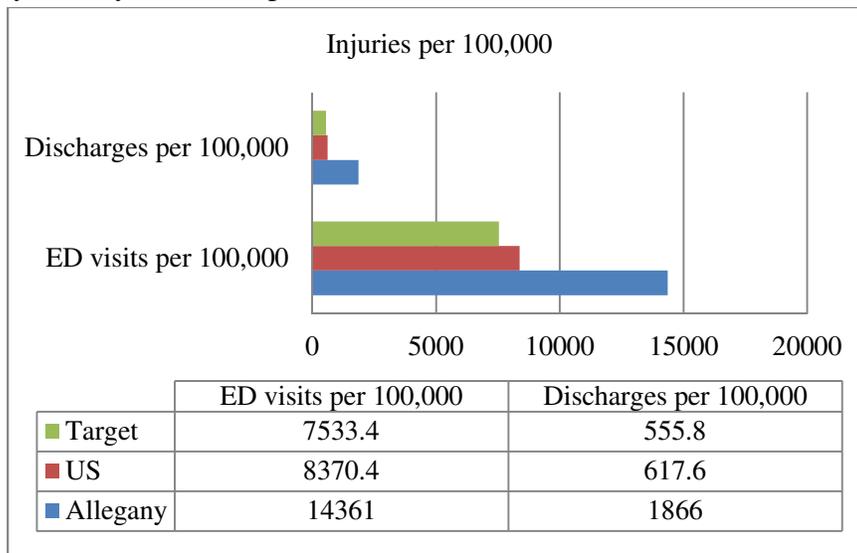
Allegany County has a higher percentage of adults with high blood pressure (32.9%) than Maryland (30%) and the U.S. (28.7%). In addition, a higher percentage of Allegany County adults have been diagnosed with diabetes (12.3%) than in Maryland (8.6%) or the U.S. (8.3%).



County Health Ranking, 2008 CDC Trends, and Community Health Status Indicators

### Injuries

The Healthy People 2020 goal for injury-related emergency department visits is 7533.4 per 100,000 population and Allegany County has 14,361 injury-related emergency department visits per 100,000. The target for injury-related hospital discharges is 555.8 per 100,000 and Allegany County has 1,866 per 100,000.



DHMH Injuries 2005-2008

### Behavioral Health

In Allegany County, there is a 6% prevalence of mental disorders in adults and 13% prevalence among children ages 13-18. During the first three quarters of fiscal year 2011, mental disorders have grown to be the fourth largest category of hospital admissions at Western Maryland Health System, accounting for 8.01% of admissions. From 2001- 2005, there were 903 hospital discharges per 100,000 for substance abuse. In the past year, severe depression was the

sixth most prevalent reason for hospital admission. High rates of depression are found among adults 65 and older. In the U.S. in 2006, 18% of women 65 and older and 10% of men 65 and older reported depressive symptoms. People who report depressive symptoms often experience higher rates of physical illness and higher health care resource utilization.

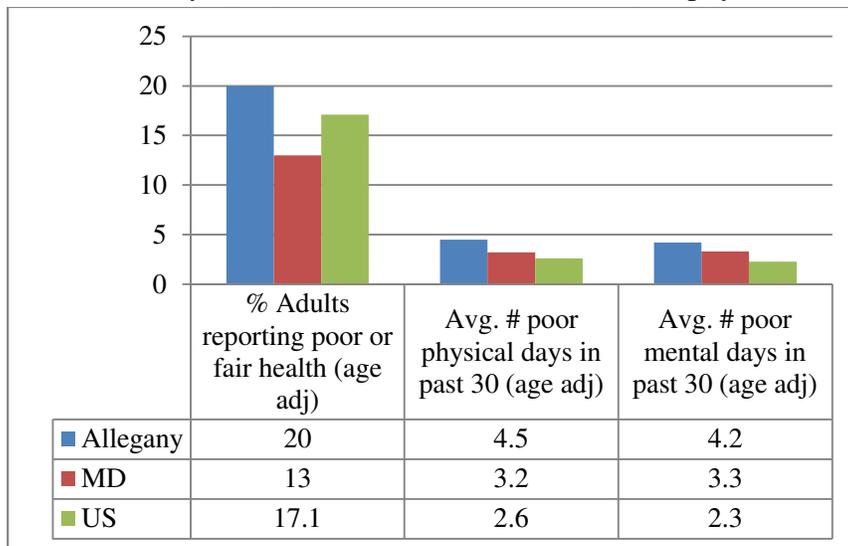
*Dental Health*

In Allegany County, 15.8% of residents report that they have not had a dental visit in the past five years. 12.4% of Allegany County adults have lost all of their permanent teeth compared to 3.4% of Maryland adults. It was only within the past ten years that most of the Allegany County public water systems were fluoridated, which has contributed to poor oral health in the County.

Tooth loss is associated with age and income. In the U.S., 42% of adults ages 65 and older with incomes below the poverty line reported no natural teeth. Low-income adults without dental coverage are most likely to seek care in the WMHS emergency department for dental pain.

*Self-Reported Health Status*

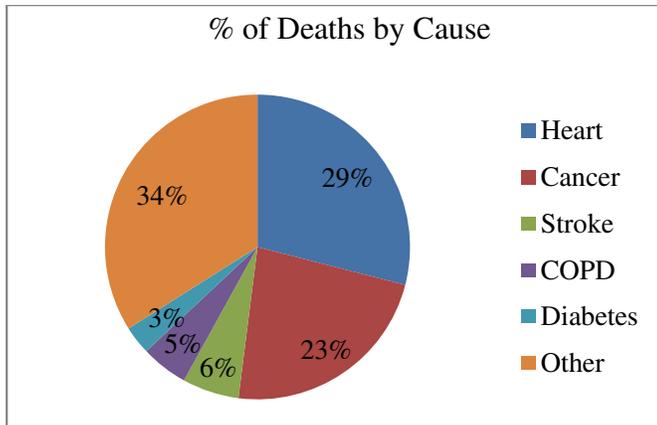
20% of Allegany County adults report that they are in poor or fair health compared to 13% of Maryland adults and 17.1% of U.S. adults. When asked about their health in the past 30 days, Allegany County adults report a higher of number of poor physical health days (4.5) and poor mental health days (4.2) than the U.S. benchmarks (2.6 physical, 2.3 mental).



County Health Ranking 2011 (University of Wisconsin)

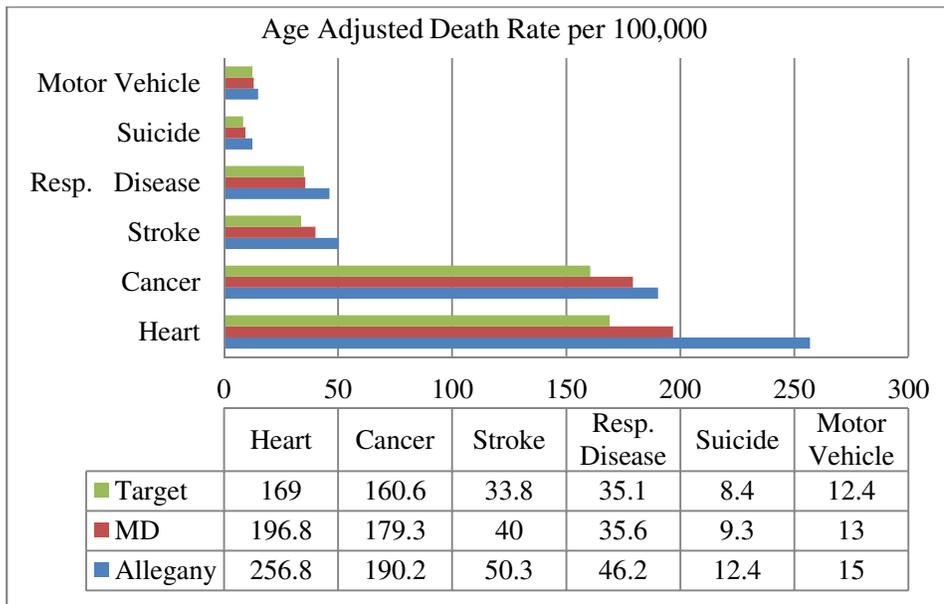
*Death Rates*

In Allegany County, heart disease, cancer, stroke, and chronic respiratory disease are the leading causes of death accounting for 63% of deaths.



Maryland Vital Statistics & BRFSS 2009

Age-adjusted death rates (rate per 100,000) for heart disease, cancer, stroke, chronic respiratory disease, suicide, and motor vehicle crashes are higher in Allegany County than in Maryland.



Maryland Vital Statistics 2007-2009

Because the racial minority population is so small in Allegany County, death rates and leading causes of death cannot be calculated by racial and ethnic groups. Deaths among minority populations reflect what is seen in the overall County population.

The incidence rate for all types of cancer in Allegany County is 470.6 per 100,000 population compared to 464.5 per 100,000 in the U.S. Allegany County death rates for lung and bronchus cancer (females) and non-Hodgkin lymphoma (males) are rising and are similar to U.S. rates. Lung and bronchus cancer deaths among males are above the U.S rate and are remaining stable. Deaths due to non-Hodgkin lymphoma in females and prostate cancer in males are similar to U.S. rates and are stable. Allegany county deaths due to breast cancer and colorectal cancer are decreasing along with U.S. rates.

*Emergency Department Visits*

In 2010, the top ten emergency department diagnoses at the Western Maryland Health System (WMHS) were:

- |                             |                                  |
|-----------------------------|----------------------------------|
| 1. Chest Pain               | 6. Noninfectious Gastroenteritis |
| 2. Abdominal Pain           | 7. Head Injury                   |
| 3. Urinary Tract Infections | 8. Otitis Media (Ear Infection)  |
| 4. Acute Bronchitis         | 9. Sprain of Neck                |
| 5. Sprain of Ankle          | 10. Headache                     |

*Hospital Admissions*

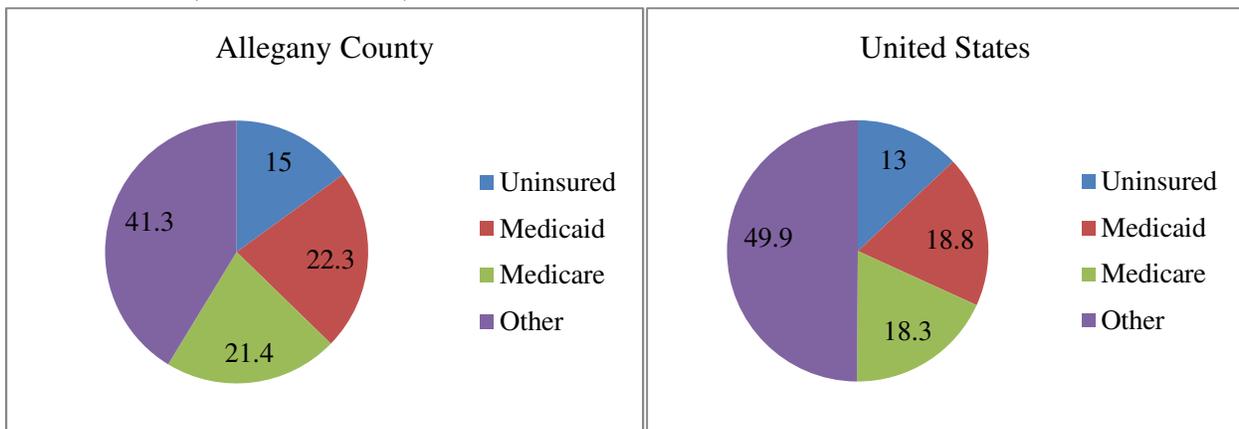
From July 2010 to April 2011, the most prevalent diagnoses for admission to WMHS were:

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 1. Natural Birth                  | 7. Osteoarthritis                  |
| 2. Coronary Atherosclerosis       | 8. Cesarean Birth                  |
| 3. Pneumonia                      | 9. Chest Pain                      |
| 4. Rehabilitation Process         | 10. Atrial Fibrillation            |
| 5. Obstructive Chronic Bronchitis | 11. Acute Chronic Systolic Failure |
| 6. Recurring Depressive Disorder  | 12. Septicemia                     |

**Access to Care**

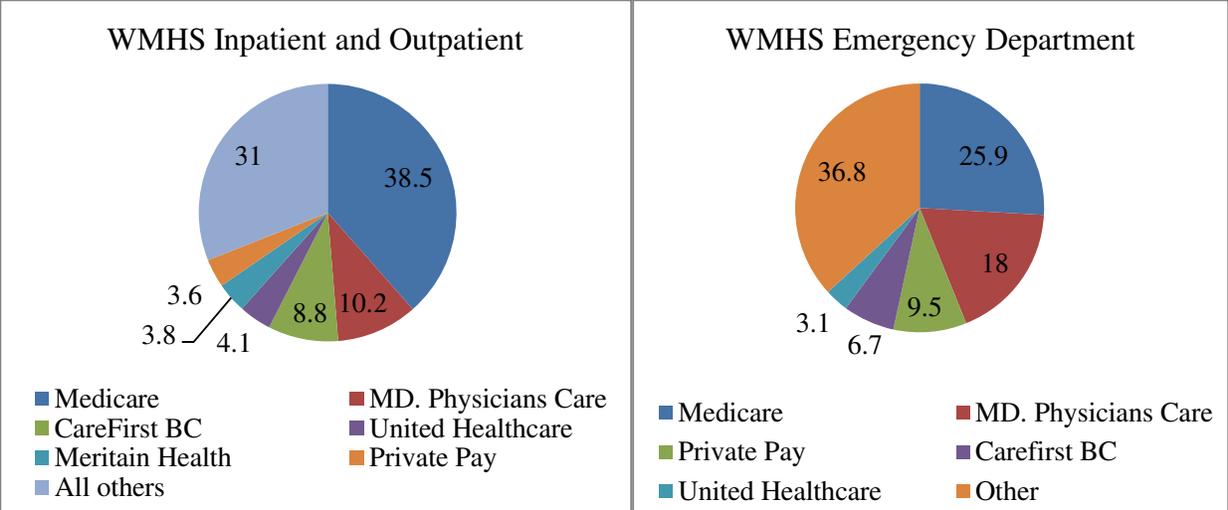
*Payor Mix*

Allegheny County has a larger percent of uninsured residents (15%) than the U.S. benchmark (13%). The county also has more people with Medical Assistance (22.3% v. 18.8%) and Medicare (21.4% v. 18.3%).



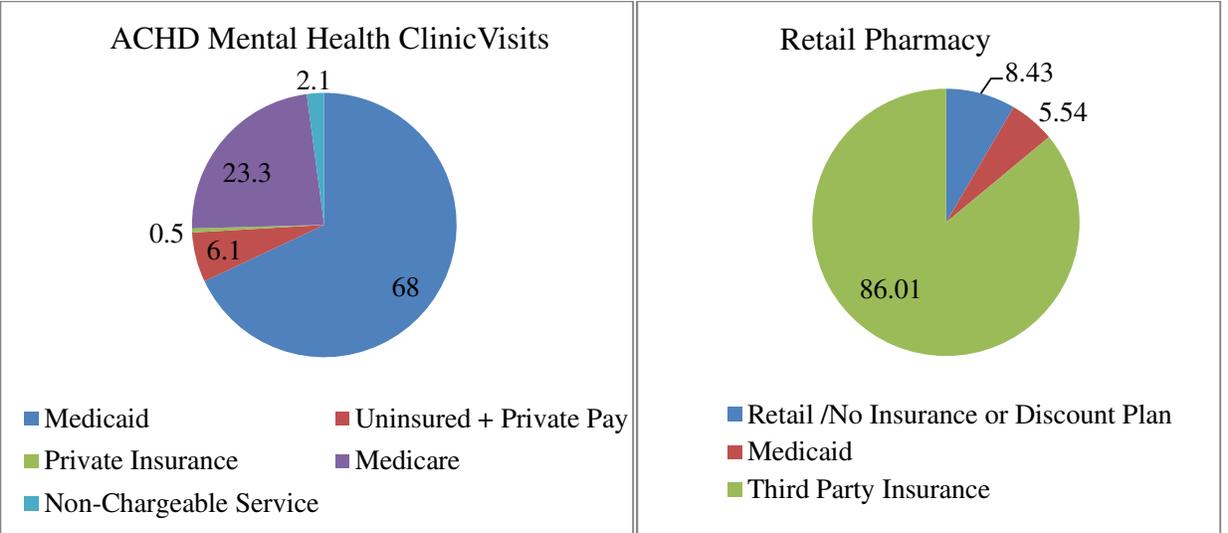
2011 County Health Ranking & Community Health Status Indicators

At Western Maryland Health System in 2010, 38.5% of patients receiving inpatient or outpatient treatment and 25.9% of emergency department patients had Medicare. 10.2% of patients receiving inpatient and outpatient treatment and 18% of emergency department patients were covered by Maryland Physicians Care, a Medical Assistance Managed Care Organization.



Western Maryland Health System

The majority of visits to the Allegany County Health Department mental health clinic are covered by Medicaid (68%) and Medicare (23.3%). 86% of retail pharmacy costs are covered by third party insurance.



Allegany County Health Department Mental Health Clinic Report 2010 and PharmaCare Network 2010

*Providers*

Allegany County is a designated health professional shortage area (HPSA) for primary care for low-income populations, mental health care for Medical Assistance populations, and dental care for low-income populations.

The top provider needs in Allegany County are primary care and psychiatry. According to the County Health Rankings, the U.S. benchmark is to have one primary care provider for every 631 people and Allegany County has one primary care provider for every 1,023 people. In Maryland, there is one mental health provider for every 1,617 people, but in Allegany County there is one mental health provider for every 2,271 people.

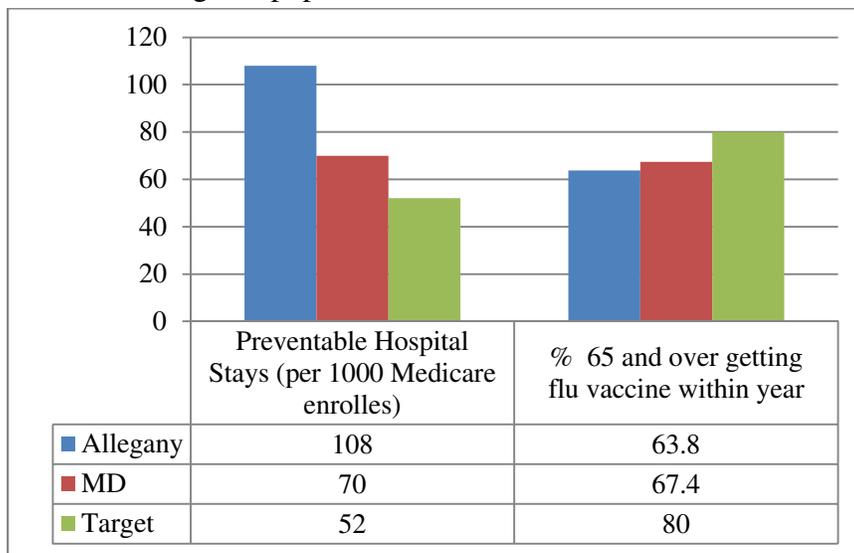
Allegany County also needs specialty providers including medical oncology, gastroenterology, vascular surgery, and urology, as well as dentists willing to provide care for adults with no insurance or Medical Assistance.

## Utilization and Barriers to Care

### *Preventable Hospital Stays and Preventive Services*

Preventable hospital stays among Medicare enrollees (hospital utilization rates for ambulatory care sensitive conditions) are 108 per 1,000 in Allegany County, more than double the U.S. benchmark of 52 per 1,000.

For preventive services, the U.S. benchmark is for 74% of female Medicare enrollees to receive a mammogram screening and Allegany County is at 74%. The Healthy People 2020 target is for 93% of females ages 18 and over to have a pap smear but currently Allegany County is at 81% of females. The U.S. benchmark is for 89% of diabetic Medicare enrollees to receive HbA1c screening and Allegany County is at 85%. The target is to have 80% of adults ages 65 and over vaccinated for the flu within the past 12 months and Allegany County has a 63.8% vaccination rate among this population.



County Health Rankings 2011

### *Barriers to Care and Factors that Contribute to Poor Health*

High rates of poverty are a major contributor to poor health status in Allegany County. According to the Centers for Disease Control and Prevention, there is a direct correlation between lower income and higher rates of premature mortality in the U.S. In a 2008 study for the Appalachian Regional Commission, it was found that poverty and percentage of people without health insurance consistently defined localized areas that suffered the highest rates of premature mortality. The median household income in Allegany County is well below the U.S. median and 14.2% of residents and 19% of children are living below the poverty line.

Social determinants associated with poverty including limited transportation, unstable/unsafe housing, and limited access to healthy foods affect health outcomes in Allegany

County. Healthy People 2020, the evidence-based 10-year agenda for improving the nation's health, recognizes that addressing social determinants is vital to improving health. To improve health outcomes, Healthy People 2020 indicates that we must address socioeconomic conditions, transportation options, and resources to meet daily needs (e.g., safe housing, local food markets).

In Allegany County, 11% of households are without vehicles and transportation represents a barrier to care. 25% of respondents to a 2011 community survey reported missing health and human service appointments due to lack of transportation. Some transportation services are available including fixed routes and demand response services from Allegany County Transit. Half fares are available for those with Medicare, disabled, or senior citizen cards. Demand Response is an ADA service. ADA service is limited to individuals with disabilities who are unable to ride accessible, fixed route bus service because of disability. Seniors ages 65 and older are provided with curb to curb transportation within the service area. To be eligible for ADA service, one must live less than .75 miles from a bus route.

Allegany County has an Appalachian culture that is characterized by valuing self-reliance and distrusting outsiders and formalized medical systems. The Appalachian culture can represent a barrier to care, especially for preventive health services.

Health literacy is another significant barrier in Allegany County. According to the National Action Plan to Improve Health Literacy, nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities and in the community. According to research from the U.S. Department of Education only 12% of English speaking adults in the U.S. have proficient health literacy skills, and poor health literacy disproportionately impacts lower socioeconomic groups.

## **Strengths and Resources**

Strong partnerships exist in Allegany County that assist in addressing community health needs. Organizations are working together to implement a variety of strategies. Western Maryland Health System provides community health and wellness, clinical prevention, care coordination, home care, and provider recruitment. As a Total Patient Revenue hospital it has a vested interest in population health and prevention. The Allegany County Health Department provides screening and prevention programs, family planning, WIC, inpatient and outpatient behavioral health services, mental health care management, dental services, and food and water protection. Many workgroups bring a variety of partners together to address specific needs in the community. Examples include: Making Healthy Choices Easy (obesity and healthy living), Community Wellness Coalition (integrated wellness), Workgroup on Access to Care and Community Access Program (uninsured and underinsured), Mountain Health Alliance (adult dental care), and Garrett Allegany Health Workforce Development Network (provider recruitment and development).

In addition to existing partnerships and a culture of collaboration, Allegany has other resources that assist in promoting community health. Allegany County has excellent air quality, a large number of recreational facilities, and a hospital that is larger and provides more services than in many other rural areas. Allegany College of Maryland and Frostburg State University

train local health care providers in nursing, psychology, dental hygiene, radiologic technology, respiratory therapy, and other areas and support continuing education for health care professionals. The Western Maryland Area Health Education Center (AHEC) facilitates continuing education and training for health professionals, conducts health workforce development activities, and promotes interdisciplinary health practice. Allegany County also has a county government that recognizes the area's health needs and supports public health.

## **Community Input**

Through extensive data collection and analysis, 13 health priorities were selected based on magnitude, severity compared to target, and level of need for vulnerable populations. The 13 priorities were: tobacco cessation (especially during pregnancy); emotional and mental health (suicide rate and self-diagnosed depression); prenatal care – healthy start; access to care and providers; health literacy; screening and prevention (diabetes, hypertension, cancer); substance abuse (alcohol and drugs); obesity; immunization (flu); heart disease and stroke; cancer; chronic respiratory disease; dental.

From June 2011 to October 2011, WMHS and the Allegany County Health Department met with more than 20 organizations and community groups to present community health data and gather input on community health needs. The groups included:

- WMHS Board of Directors and Community Advisory Board
- Workgroup on Access to Care
- Local Drug and Alcohol Abuse Council
- Local Management Board
- Community Wellness Coalition
- Western Maryland Area Health Education Center (AHEC) Board
- School Health Council
- Mental Health Advisory Board
- Board of Health
- Cumberland Ministerial Association
- County United Way
- Cumberland Housing Rental Advisory Board
- Neighborhood Advisory Commission
- Community Trust Foundation
- Faculty and Allied Health Students at Allegany College of Maryland
- Community Forum (open to the public)

Many of these groups include a number of organizations. For example, the Local Drug and Alcohol Abuse Council involves representatives from Department of Social Services, Department of Juvenile Services, Regional Parole and Probation, State's Attorney, District Public Defender, County Sheriff, Administrative Judge of Circuit Court, substance abuse provider, consumer of addictions treatment, Allegany County Health Department, Maryland State Police, Board of Education, Frostburg State University, Allegany College of Maryland,

Allegany Radio Corporation, Salvation Army, Chessie Federal Credit Union, Community Unity in Action, Affected Newborn Program, and a youth representative.

Participants in the community group meetings and public forum were asked to provide input on the 13 health priorities. The option to identify additional needs was made available, but none were suggested. Participants were asked to select the top 5 priorities in rank order, taking into consideration: community capacity to act on the issue (funding, politics, culture), feasibility of having a measurable impact on the issue, community resources already focused on the issue, and whether or not the issue is a root cause of other problems. A nominal group ranking process was used to combine the various rankings from the groups into a final list of priorities.

### **Community Health Priorities**

The following community health priorities were chosen (ranked from most to least important) and will serve as the basis for the Local Health Improvement Plan:

1. Tobacco Cessation (especially during pregnancy)
2. Obesity
3. Access to Care and Providers
4. Emotional and Mental Health (suicide rate and self-diagnosed depression)
5. Substance Abuse (alcohol and drugs)
6. Screening and Prevention (diabetes, hypertension, cancer)
7. Heart Disease and Stroke
8. Health Literacy
9. Healthy Start (prenatal care)
10. Dental
11. Cancer
12. Immunizations (flu)
13. Chronic Respiratory Disease

Building on a long history of collaboration and strong partnerships, Allegany County organizations will work together to develop the Local Health Improvement Plan and ensure successful implementation to improve the health of our community.

## Appendix

### A. Demographics – Community Characteristics

| Measure  | US                                     | MD                                       | Target | Allegany MD                            | Source # |
|--|--|--|--------|--|----------|
| <b>Social Characteristics</b>  |  |  |        |  |          |
| Average Household Size   | 2.6                                    | 2.63                                     |        | 2.25                                   | 1        |
| Number of Households/% family households   | 112.6m<br>(67)                         | 21m<br>(67)                              |        | 29,000<br>(61)                         | 1        |
| Single Parent Household  | 20 (bench)                             | 32                                       |        | 33                                     | 3        |
| Number Grandparents living with own grandchildren under 18 yrs and % responsible | 6.2m<br>(33.4)                         | 122,482<br>(36.7)                        |        | 1084<br>(54.2)                         | 1        |
| Population 25 years and over   | 197m                                   | 3.7m                                     |        | 48,681                                 | 1        |
| % High school graduate or higher   | 84.6                                   | 87.5                                     |        | 85.2                                   | 1        |
| % of 9 <sup>th</sup> grade cohort graduating in 4 years                          | 92 (bench)                             | 80                                       |        | 85                                     | 3        |
| % Dropout (age 25+ not graduated/in high school)                                 | 15                                     | 12                                       | 0      | 15                                     | 1        |
| % Bachelor's degree or higher  | 27.5                                   | 35.2                                     |        | 15.2                                   | 1        |
| % Civilian Veterans (civilian 18 yrs and over)                                   | 10.1                                   | 10.9                                     |        | 13.5                                   | 1        |
| % Foreign Born   | 12.4                                   | 12.3                                     |        | 1.3                                    | 1        |
| % Speak a Language Other than English at home                                    | 19.6                                   | 14.9                                     |        | 3.6                                    | 1        |
| % Languages spoken other than English  | Spanish 62<br>Other 38                 | Spanish 39<br>Other 61                   |        | Spanish 44<br>Other 55                 | 1        |
| % Population 16 and over Illiterate  |  | 11.2                                     |        | 11.3                                   | 3        |
| % Population not proficient in English   |  | 6  |        | 1                                      | 3        |
| <b>Economic Characteristics</b>  |  |  |        |  |          |
| % In Labor Force (16 yrs and over)   | 65                                     | 69.4                                     |        | 54.5                                   | 1        |
| Unemployment (16 yrs and over seeking work)                                      |  | 6.6(Labor<br>April 11)                   |        | 8.5<br>8.9                             | 3        |
| Median household income (2009 inflation adj \$)                                  | 51,425                                 | 69,475                                   |        | 36,810                                 | 1        |
| % Families below poverty level   | 9.9                                    | 5.5                                      |        | 9.5                                    | 1        |
| % Individuals below poverty level  | 13.5                                   | 8.2                                      |        | 14.2                                   | 1        |
| % Children enrolled in public schools eligible for free lunch                    | 19.4m<br>(USDA)                        | 33                                       |        | 36                                     | 3,5      |
| % Children below poverty level   | 11 (bench)                             | 10                                       |        | 19                                     | 3        |
| <b>Employment</b>  |  |  |        |  |          |
| % Leading Industries   | 22<br>ED,Health,<br>SocA.<br>12 Retail | 22<br>ED,Health,<br>SocA.<br>14 Prof,Sci |        | 25<br>ED,Health,<br>SocA.<br>12 Retail | 1        |
| % Private wage and salary worker   | 79                                     | 73                                       |        | 75                                     | 1        |
| % Government worker  | 15                                     | 22                                       |        | 20                                     | 1        |
| % Self employed  | 7                                      | 5  |        | 5                                      | 1        |
| <b>Travel to Work</b>  |  |  |        |  |          |
| Mean travel time to work in minutes  | 25.2                                   | 31.1                                     |        | 21.4                                   | 1        |
| % Drive alone  | 76                                     | 73                                       |        | 81                                     | 1        |
| % Carpool  | 11                                     | 11                                       |        | 10                                     | 1        |
| % Public Transportation  | 5                                      | 9  |        | 1                                      | 1        |
| % Other  | 5                                      | 4  |        | 6                                      | 1        |
| % Work at Home   | 4                                      | 4  |        | 2                                      | 1        |
| <b>Other income sources</b>  |  |  |        |  |          |
| % Households receiving retirement income other than social security              | 17                                     | 20                                       |        | 25                                     | 1        |
| % Households receiving Social Security   | 27                                     | 24                                       |        | 38                                     | 1        |

| <b>Housing Characteristics</b>   |       |       |   |        |     |
|--|-------|-------|---|--------|-----|
| % Owner Occupied Housing Units   | 66.9  | 69.6  |   | 70.5   | 1   |
| % Renter Occupied Housing Units  | 33.1  | 30.4  |   | 29.5   | 1   |
| % Vacant Housing Units   | 11.8  | 9.5   |   | 12.7   | 1   |
| % Single Unit Structures   | 67    | 73    |   | 76     | 1   |
| % Multi Unit Structures  | 26    | 25    |   | 20     | 1   |
| % Mobile Home  | 7     | 2     |   | 4      | 1   |
| % Built since 1990   | 26    | 24    |   | 11     | 1   |
| % Houses without Telephones  | 4     | 3.2   |   | 5      | 1   |
| Houses without access to Vehicles                                      | 9     | 9.1   |   | 11     | 1   |
| % Total occupants paying high housing costs (<30% income)/renters only | 30/50 | 37/49 |   | 27/43  | 3/1 |
| % Houses lacking complete plumbing facilities                          | 0.5   | 0.3   |   | 0.3    | 1   |
| % Houses without complete kitchen facilities                           | 0.7   | 0.4   |   | 0.9    | 1   |
| <b>Demographic Estimates</b>   |       |       |   |        |     |
| Total Population   |       |       |   | 72,598 | 1   |
| % Male   | 49.3  | 48.4  |   | 50.3   | 1   |
| % Female   | 50.7  | 51.6  |   | 49.7   | 1   |
| Median Age   | 36.5  | 37.3  |   | 40.5   | 1   |
| % Under 5 years  | 6.9   | 6.7   |   | 4.6    | 1   |
| % 18 years and over  | 75.4  | 75.8  |   | 81.3   | 1   |
| % 65 years and over  | 12.6  | 11.8  |   | 18.1   | 1   |
| % White  | 74.5  | 60.9  |   | 91.4   | 1   |
| % Black or African American  | 12.4  | 28.8  |   | 6.2    | 1   |
| % American Indian & Alaska Native                                      | 0.8   | 0.3   |   | 0.2    | 1   |
| % Asian  | 4.4   | 4.9   |   | 0.6    | 1   |
| % Pacific Islander   | 0.1   | 0.1   |   | 0      | 1   |
| % Other  | 5.6   | 3     |   | 0.5    | 1   |
| % Two or more races  | 2.2   | 2     |   | 1.1    | 1   |
| % Hispanic or Latino (of any race)                                     | 15.1  | 6.6   |   | 1.1    | 1   |
| Population Density (people per sq. mile)                               | 44    |       |   | 170    | 2   |
| % Population living in rural area                                      |       | 14    |   | 26     | 3   |
| Gini coefficient household income inequality 2005-07                   |       | 43.8  | 0 | 43.4   | 36  |

m = million

bench = U.S. benchmark

## B. Health Needs and Disease Status

| Measure  | US                   | MD                 | Target | Allegany MD    | Source # |
|--|----------------------|--------------------|--------|----------------|----------|
| Average Life Expectancy median                                     | 76.5<br>77.9(CDC 07) |                    |        | 76.3 (77.4)    | 9        |
| Deaths per 100,000 population all causes median                    | 1136.9               | 768.4<br>(VS07-09) |        | 890.8<br>853.6 | 2        |
| % Poor or Fair Reported Health Status Adults – Age Adjusted        | 17.1                 | 13                 |        | 20             | 3        |
| Poor physical health days-Avg # reported past 30 days age adjusted | 2.6(bench)           | 3.2                |        | 4.5            | 3        |
| Poor mental health days -Avg # reported past 30 days age adjusted  | 2.3(bench)           | 3.3                |        | 4.2            | 3        |
| Adults report BMI>30 %   | 25(bench)            | 27                 |        | 29             | 3        |
| % Adults 20 years and over diagnosed with diabetes age adjusted    | 8.3                  | 8.6<br>9-'09       | 8.5    | 12.3           | 21       |

|   |            |                |            |                            |      |
|---|------------|----------------|------------|----------------------------|------|
| % Adults with high blood pressure   | 28.7       | 30             | 26.9       | 32.9                       | 2    |
| % Tooth loss-all permanent teeth  |            |                |            | 12.4                       | 10   |
| <b>Birth Measures</b>   |            |                |            |                            |      |
| % Low Birth Wt (<2500 g)  | 8.2        | 9.2            | 7.8        | 7.2                        | 5    |
| % Very Low Birth Wt (<1500 g)   | 1.5        | 1.8            | 1.4        | 1.9                        | 2    |
| % Premature Births (<37 weeks)  | 12.7       |                |            | 12.1                       | 2,22 |
| Teen Birth Rate per 1000  | 22 (bench) | 34             |            | 35                         | 5    |
| % Births to Women age 40-54   | 2.7        |                |            | 1.7                        | 2    |
| % Births to Unmarried Women   | 36.9       |                |            | 42.7                       | 2    |
| % No Care in First Trimester  | 16.1       | 19.8           | <12        | 19                         | 5    |
| # Prenatal Risks Asst. Received for Medicaid eligible pregnant women  |            | 15938          |            | 414                        | 26   |
| -% Using illicit drugs within past 6 months   |            | 5.7            | 0 (HP)     | 8.7                        | 26   |
| -% Current or history of Mental health issues   |            | 8.9            |            | 18.1                       | 26   |
| -% Tobacco use during pregnancy   |            | 19.7           | <9         | 41.3                       | 26   |
| <b>Infant Mortality (deaths per 1000 live births)</b>   |            |                |            |                            |      |
| Infant Mortality  | 6.9        | 7.2            | 6          | 8.4                        | 5,9  |
| White/ Non Hispanic Infant Mortality  | 5.8        |                |            | 9                          | 2    |
| Black/Non Hispanic Infant Mortality   | 13.6       |                |            | Nrf=<500 births + 5 events | 2    |
| Hispanic Infant Mortality   | 5.6        |                |            | Nrf                        | 2    |
| Neonatal Infant Mortality-<28 days  | 4.5        |                | 4.1 (HP)   | 6                          | 2    |
| Post Neonatal Infant Mortality  | 2.3        |                | 2 (HP)     | 3.4                        | 2    |
| <b>Mortality</b> (premature death years of potential life lost before age 75, per 100,000population age adjusted) | 5564       | 7535           |            | 8073                       | 3    |
| <b>Death Measures (age adjusted per 100,000)</b>  |            |                |            |                            |      |
| Heart Disease   | 126.0      | 201.3<br>196.8 | 169        | 258.9<br>256.5             | 9    |
| Cancer  | 178.4      | 182.6<br>179.3 | 160.6      | 186.8<br>190.2             | 9    |
| Stroke  | 42.2       | 41.3 40        | 33.8 (HP)  | 52.7<br>50.3               | 9    |
| Chronic Respiratory Disease   | 40.8       | 34.9<br>35.6   | 35.1       | 52.4<br>46.2               | 9    |
| Accidents   |            | 25.8<br>25.3   |            | 29.4<br>35.5               | 9    |
| Diabetes  |            | 22.4<br>21.8   |            | <20 deaths                 | 9    |
| Flu & Pneumonia   |            | 18.7<br>17.8   |            | <20 deaths                 | 9    |
| Septicemia  |            | 17.3<br>17.4   |            | 20.3<br>20.7               | 9    |
| Alzheimers  |            | 17.1<br>16.9   |            | <20 deaths<br>17           | 9    |
| Nephritis   |            | 13.5           |            | <20 deaths                 | 9    |
| Substance Abuse   | 12.6       |                | 11.3 (HP)  | 16.5                       | 23   |
| Suicide   | 10.9       | 9.3            | 8.4 (SHIP) | 12.4                       | 2    |
| Motor Vehicle Crash Deaths per 100,000 population   | 12 (bench) | 13             | 12.4 (HP)  | 15                         | 3    |
| Injuries (MD 63)not age adjusted  |            |                |            | 69                         | 24   |
| Unintentional Injury Mortality (No MVA) per 100,000 pop. Age adj. 1996-2005                                       | 40         |                | 36         | 12.70                      | 36   |
| <b>Cancer Rates</b>   |            |                |            |                            |      |

|   |            |       |           |                    |    |
|---|------------|-------|-----------|--------------------|----|
| Incidence Rate, all cancer-cases per 100,000 population per year)         | 464.5      | 460.9 |           | 470.6              | 8  |
| Incidence Rate all cancers, ages<20 cases per 100,000 population per year | 16.9       | 14.4  |           | Less than 16 cases | 8  |
| <b>Mental Health Prevalence</b>   |            |       |           |                    |    |
| Children  |            |       |           | 709/5456           | 11 |
| Adults  |            |       |           | 3558/59297         | 11 |
| <b>Infectious Diseases-National Notifiable (# cases reported)</b>         |            |       |           |                    |    |
| E-coli  |            |       |           | 1                  | 2  |
| Salmonella  |            |       |           | 52                 | 2  |
| Shigella  |            |       |           | 2                  | 2  |
| Screened positive for HIV per 100,000 population                          |            |       |           | 194                | 3  |
| Haemophilus Influenzae B (<5yrsold)                                       | 0.3        |       | .27 (HP)  | 7                  | 2  |
| Hepatitis A   |            |       |           | 2                  | 2  |
| Hepatitis B   | .06        |       | 0 (HP)    | 5                  | 2  |
| Measles   | 115        |       | 30 (HP)   | 0                  | 2  |
| Pertussis   | 2777       |       | 2500 (HP) | 13                 | 2  |
| Congenital Rubella Syndrome   | 0          |       | 0 (HP)    | 0                  | 2  |
| Syphilis  |            |       |           | 2                  |    |
| STI- Chlamydia rate per 100,000 population                                | 83 (bench) | 439   | 365       | 241                | 3  |

HP = Healthy People 2020

SHIP = Maryland State Health Improvement Process

### C. Access to Care – Payors and Providers

| Measure  | US            | MD     | Target | Allegany MD        | Source # |
|--|---------------|--------|--------|--------------------|----------|
| Uninsured individuals under age 65                                     | 13(bench)     | 17     | 0      | 15                 | 3        |
| % Uninsured children   |               |        |        | 6.7                | 5        |
| Medicare beneficiaries –elderly  |               |        |        | 12815              | 2        |
| Medicare beneficiaries – disabled                                      |               |        |        | 2511               | 2        |
| % Medicare   | 18.3          |        |        | 21.4               |          |
| Medicaid beneficiaries   | 18.8          |        |        | 16180              | 2        |
| % Receiving Medical Assistance 2008                                    |               |        |        | 22.3               | 32       |
| Population to Primary Care Provider ratio                              | 631:1 (bench) | 713:1  |        | 1023:1             | 3        |
| Mental Health Providers ratio of population to mental health providers |               | 1617:1 |        | 2271:1             | 3        |
| % Residents without dental visit in past 5 years                       |               |        |        | 15.8               | 10       |
| % Medical Asst. Patients served by Public Mental Health system         |               | 14.1   |        | 18.8               | 28       |
| Health Professional Shortage Area* – Primary Care                      |               |        |        | LI,P               | 45       |
| Dental HPSA  |               |        |        | LI, P (MA pending) | 45       |
| Mental Health HPSA   |               |        |        | P, MA              | 45       |
| <b>Providers per 100,000 population</b>                                |               |        |        |                    |          |
| Primary Care   | 54.6          |        |        | 71.6               | 44       |
| General Surgeon  | 4.9           |        |        | 9.6                | 44       |
| Psychiatrists  | 0             |        |        | 12.4               | 44       |
| Specialists  | 31.7          |        |        | 168.1              | 44       |
| Total Physicans  | 87.6          |        |        | 239.7              | 44       |
| Dentists   | 33            |        |        | 59.2               | 44       |

LI = low income, P = correctional institutions, HC = health ctr/FQHC, C = county, MA = Medical Assistance

## D. Lifestyle Choices and Environment

| Measure  | US         | MD   | Target   | Allegany MD | Source # |
|--|------------|------|----------|-------------|----------|
| <b>Health Behaviors</b>  |            |      |          |             |          |
| % Adults report smoking (100 +cigarettes)  | 15(bench)  | 18   | 12 (HP)  | 26          | 3        |
| Excessive Drinking (Binge & Heavy)   | 8 (bench)  | 15   |          | 16          | 3        |
| % Adults report Binge Drinking past 30 days  |            | 13   |          | 15          | 3        |
| % Adults aged 20 and over reporting no leisure time physical activity                              | 49         | 24   |          | 30          | 3        |
| <b>Socio-economic factors</b>  |            |      |          |             |          |
| % Adults without Social/emotional Support  | 14(bench)  | 21   | 12       | 20          | 3        |
| Violent Crime Rate per 100,000 population  | 100(bench) | 649  |          | 360         | 3        |
| Juvenile Arrest Relative Index rate  |            |      |          | 3.8         | 5        |
| Juvenile Drug Arrest # (%-Marijuana)   |            |      |          | 68 (73.5)   | 25       |
| Adult Drug Arrest # (%-Marijuana)  |            |      |          | 610(63.4)   | 25       |
| <b>Physical Environment</b>  |            |      |          |             |          |
| Air Pollution- annual number of unhealthy air quality days due to fine particulate matter or ozone |            | 4/16 |          | 0/0         | 3        |
| Access to healthy foods  | 92 (bench) | 62   |          | 46          | 3        |
| % Adults report eating fewer than 5 fruits & vegetables per day 2007                               | 76.6       | 73.4 |          | 76.3        | 36       |
| Access to recreational facilities rate facilities per 100,000 population                           | 17 (bench) | 12   |          | 19          | 3        |
| Liquor store density –number per 100,000 population  |            | 20   |          | 18          | 3        |
| Toxic chemicals released annually pounds   |            |      |          | 2466905     | 2        |
| New Wells: Number Fecal Contamination  |            |      |          | 65:0        | 20       |
| Number people treated with post exposure prophylaxis Rabies  |            |      |          | 67          | 20       |
| Food Bourne Disease –Number Outbreaks  |            |      |          | 1           | 20       |
| Water Bourne Disease –Number Outbreaks   | 7          |      | 2        | 0           | 20       |
| % Children 0-72 months tested Blood Lead Level   |            |      | 0.9 (HP) | 27.4        | 20       |
| % Children with Elevated Blood Level   |            |      |          | 1.1         | 20       |
| Alcohol Related crashes % of total (fatal)   |            |      |          | 13.1 (0)    | 25       |
| Domestic Violence 2009 #offenses (deaths)  |            |      |          | 306 (0)     | 35       |
| <b>Well Being Index (Rank of 436 Congressional districts)</b>                                      |            |      |          |             |          |
| Overall Rank   |            |      |          | 99          | 33       |
| Life Evaluation  |            |      |          | 132         | 33       |
| Emotional Health   |            |      |          | 264         | 33       |
| Physical Health  |            |      |          | 206         | 33       |
| Healthy Behavior   |            |      |          | 200         | 33       |
| Work Environment   |            |      |          | 42          | 33       |
| Basic Access   |            |      |          | 93          | 33       |

## E. Continuum of Care and Utilization

| Measure   | US   | MD | Target  | Allegany MD | Source # |
|---|------|----|---------|-------------|----------|
| <b>Adult Preventive Services</b>                        |      |    |         |             |          |
| % Pap Smears age 18 and over                            | 84.5 |    | 93 (HP) | 81.6        | 2        |
| % Female Medicare enrollees receive Mammogram screening | 74   | 64 |         | 74          | 3        |
| Sigmoidoscopy 50+                                       | 42.3 |    |         | 44.6        | 2        |

|  |        |      |            |        |    |
|--|--------|------|------------|--------|----|
| % Pneumonia vaccine 65+ 2003-09  |        |      |            | 62     | 36 |
| % Flu vaccine 65+ in past 12 months 2003-09  | 90     | 67.4 | 80         | 63.8   | 36 |
| % Diabetic Medicare enrollees that receive HbA1c screening   | 89     | 81   |            | 85     | 3  |
| Preventable Hospital Stays - hospitalization rate for ambulatory care sensitive conditions per 1000 Medicare enrollees | 52     | 70   |            | 108    | 3  |
| <b>Alcohol and Drug Abuse</b>  |        |      |            |        |    |
| Visits Methadone   |        |      |            | 20300  | 23 |
| Admissions for Alcohol & Drug Abuse  |        |      |            | 1463   | 23 |
| Hospital Discharges substance abuse rate per 100,000   |        |      |            | 903    | 23 |
| <b>Injuries</b>  |        |      |            |        |    |
| ED visits per 100,000  | 8370.4 |      | 7533.4 (H) | 14361  | 24 |
| ED visits age 0-14   |        |      |            | 1951   | 24 |
| ED Visits age 65+  |        |      |            | 1318   | 24 |
| Hospital discharges per 100,000  | 617.6  |      | 555.8 (H)  | 1866   | 24 |
| <b>Mental Health Clinic</b>  |        |      |            |        |    |
| Medicaid Visits  |        |      |            | 15601  | 11 |
| Grey Area PP   |        |      |            | 1413   | 11 |
| Non-Grey PP  |        |      |            | 109    | 11 |
| Medicare/Private Ins.  |        |      |            | 5335   | 11 |
| Non chargeable Svs   |        |      |            | 473    | 11 |
| <b>WMHS Patients</b>   |        |      |            |        |    |
| Inpatient #  |        |      |            | 11814  | 12 |
| Outpatient #   |        |      |            | 190351 | 12 |
| % of Total IP & OP   |        |      |            | 72.51  | 12 |

## F. Sources

| Code | Source   | Timeframe  |
|------|--|--|
| 1.   | American Community Survey/ Census 2010 Data  | 2005-2009 5 year estimates   |
| 2.   | Community Health Status Indicators (DHHS)  | 2009 Report –using data sources 2001-2009  |
| 3.   | County Health Rankings (University of Wisconsin)   | 2011 Report- Data elements have varied timeframes  |
| 4.   | Data Resource Center for Child and Adolescent Health   | 2007 National Survey of Children's Health-State level only                               |
| 5.   | KIDS COUNT (Annie E Casey Foundation) County Profiles  | Most recent 5 years varies 2005-2011   |
| 6.   | Community Need Index (Catholic Healthcare West)<br>Standardized index -severity of health disparity by zip code based on income,language/culture,education, insurance & housing. | 2011- support data elements proprietary to Thomson Reuters                               |
| 7.   | AgingStats.Gov<br>Trends in Population, Economics, Health Status & Risks, Health Care-US Older Americans   | 2010 Report using various data & trend periods   |
| 8.   | NCI-State Cancer Profiles<br>(Incidence Rate by State & County, Death Rate)  | Rate Period 2003-2007, as reported to CDC Cancer Registry (NCPR-CSS) Nov. 2009-Jan. 2010 |
| 9.   | MD Vital Statistics  | 2006-08 (2009 report unavailable)<br>Birth data 2009                                     |
| 10.  | MD Behavioral Risk Factor Surveillance Survey (Dental Care-Allegany County)  | 2006 & 2008  |
| 11.  | ACHD Program & Clinic Report-Mental Health Clinic Utilization<br>*NIMH & NCHS-Mental Health prevalence   | 2008-2010<br>*2009   |
| 12.  | Demographics from WMHS Strategic Plan (Finance)  | 2010   |

|     |   |  |
|-----|---|--|
| 13. | Physician Needs Assessment-WMHS Foundation  | 2011   |
| 14. | On Call Coverage Utilization  | 2010 anecdotal   |
| 15. | Most Prevalent Diagnoses in ED (WMHS IT)  | CY2010   |
| 16. | Payor Mix<br>(Payor Mix for WMHS and ED only-by Ins Group IP,OP & combined and the same by just payor mix)                    | CY2010   |
| 17. | Workforce Development Network Baseline Assessment (Western Maryland AHEC)   | 2011   |
| 18. | Patient Satisfaction (HCAHPS, OP Survey, HomeCare CAHPS, Patient Satisfaction Team Plan)                                      | FY10 (July 1, 2009-June 30, 2010)  |
| 19. | Patient Feedback<br>(Dept Comparison Report, Volume Complaint Type)   | CY2010 (Jan-Dec)   |
| 20. | ACHC Environmental Health Report-Rabies, New Wells<br>MDE-Lead Poisoning Annual Report,<br>DHMH Water & Food Bourne Illnesses | CY2007-10 Allegany County<br>CY2006,2008, 2009<br>CY2008-10                                    |
| 21. | CDC-County/State Data & Trends<br>Diabetes Diagnosed, Physical Inactivity, Obesity  | 2008   |
| 22. | Diversitydata.org   | US Census Bureau 2000 & 2010,<br>MSA-Cumberland, MD  |
| 23. | ACHD Clinic Records and Report- Alcohol & Substance Abuse<br>(utilization, ED visits, arrests, etc)                           | 2008-10 Allegany County<br>2001-05 Need for Substance Abuse<br>Treatment-Maryland Final Report |
| 24. | DHMH Injuries (ED visits, discharges & death rates)   | 2005-08 Allegany County  |
| 25. | CESAR-Uniform Crime Report MSP (drug arrests and alcohol related crashes)   | 2001-05 (2009 crashes) Allegany County   |
| 26. | ACHD Perinatal Substance Abuse Intervention Program<br>DHMH Division of Outreach & Care Admin. MD Prenatal Risk Asst.         | FY10 and FY11 Mid-Year Reports<br>FY08-10 Allegany County                                      |
| 27. | DHMH Tobacco Use Prevention & Cessation Program-prevalence  | 2000, 2002, 2006, 2008   |
| 28. | ACHD Mental Health Systems Office FY12-14 Plan  | FY08-10 Allegany County  |
| 29. | Allegany County Transit –Fares, Routes, Benefits  | 2010   |
| 30. | Local Findings-Community Strategies & Measurements to Prevent Obesity in US (various data sources)                            | Report 2010  |
| 31. | Cumberland CDBG Consolidated Plan (2005-09)   | 2005   |
| 32. | WMHS Community Benefit Report -Narrative  | FY 10  |
| 33. | Gallup- Healthways Well Being Index Congressional Districts   | CY 2010  |
| 34. | WMHS Inpatient Admissions (# patients, costs, % , by code groups)   | FY10 & 11 thru 4-15  |
| 35. | Maryland Network Against Domestic Violence Crime Report   | FY10 MD only   |
| 36. | Health Indicator Warehouse via HealthyPeople.gov  | Dates vary with source   |
| 37. | Inpatient Characteristics & Payor   | FY10 & Fy11 YTD  |
| 38. | Nursing Vacancy Rate-Board Dashboard Human Resources  | FY10   |
| 39. | Outmigration of Patients by Service Line  | CY2008   |
| 40. | National Plan to Improve Health Literacy  | 2011 Report  |
| 41. | Birth Data WMHS   | CY10   |
| 42. | PharmaCare Network Top Rx and Payers  | CY10   |
| 43. | Burden of Chronic Disease (MD Vital Statistics & BRFSS)   | 2009 Allegany County   |
| 44. | HRSA Area Resource File (Provider data from AMA 2007)   | 2008   |
| 45. | HRSA Shortage Designation   | 2011   |
| 46. | ED use for Dental Reasons (WMHS)  | FY10   |
| 47. | Transportation Survey (ACHD, WMHS-ED & TSCHC)   | July 2011  |