

Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 5 - Chronic Disease

Chronic Disease-Obesity

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Objectives: Increase the proportion of adults who are at a healthy weight. (35.7%***)

Reduce the proportion of children who are considered obese.(11.3%***)

Healthy People 2020 Goal: NWS-9: Reduce the proportion of adults who are obese.

A. **NWS-10** Reduce the proportion of children and adolescents who are considered obese.(30.6% or 10% improvement**)

NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older.(0.9 cup equivalents per 1,000 calories of fruit**)

NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older. (1.1 cup equivalents per 1,000 calories of vegetables**)

PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.(47.9 % or 10% improvement**)

Problem Statement			Objective	Strategies	Plan of Action	Target Objective by 2014
Problem	But why?	But why here?				
<p>Obesity</p> <p>A.Only 29.4% CC adults at healthy weight compared to 34% of MD adults at healthy weight as measured by BMI (2010 Maryland BRFSS).</p> <p>B.13.3% of Charles County children age 13 to 18 are</p>	<p>70.6% of Charles County adults are obese (66% of Maryland adults are obese)(2010 Maryland MRFSS)</p>	<p>Over 2/3 of adults are either overweight or obese (2010 Maryland BRFSS)</p> <p>Poor nutrition Only 80.6% of CC adults are eating less than 5 servings of fruits and vegetables each day (2010)</p> <p>Among MD children aged 2-5 years, 18% were overweight and</p>	<p>Increase the percent of adults who are at a healthy BMI</p> <p>Decrease the percent of children and adolescents who are obese.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Increase the percent of adults who are at a healthy BMI from 29.4 to 30.4(<25)</p> <p>B.Decrease the percent of children and adolescents who are obese from 13.2 to 11.2 .</p>

<p>obese compared to 11.2% Maryland children age 13 to 18 are obese. (2006 MYBS)</p>		<p>15% were obese (2006 WIC data)</p> <p>Lack of physical activity 51.9% of CC adults did not meet the HP 2010 objectives for moderate and vigorous physical activity each day (2010 BRFSS)</p> <p>Lack of knowledge of BMI.</p>	<p>Increase the percent of CC adults who meet vigorous physical activity.</p>			
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*Charles County Health Indicators based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 5 - Chronic Disease

Chronic Disease-Diabetes

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Objective: Reduce diabetes-related emergency department visits.(330 pr 100,000 ***)

Healthy People 2020 Goal: D-1: Reduce the annual number of new cases of diagnosed diabetes in the population. (7.2 new cases per 1,000 population aged 18 to 84 years or 10% improvement**)

D-3: Reduce the diabetes death rate. (65.8 deaths per 100,000 population or 10% improvement**)

Problem Statement			Target Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Diabetes Mortality</p> <p>A.The death rate for people in Charles County with diabetes mellitus 34.1 per 100,000 people. This is highest among the other So MD counties and higher than the state average (2009 MD Vital Statistics Report).</p> <p>B.Approximately 7.4% of CC adults report having diabetes (2010 MD BRFSS).</p>	<p>People with diabetes are 5x more likely to have heart disease, 7x more likely to have hypertension and 3.5x to have elevated cholesterol (2009 MD BRFSS).</p>	<p>Overweight and obesity is a contributing factor to diabetes and CC has a high rate of obesity and overweight (2/3 of the adult population).</p> <p>Low physical activity rates in CC (see Obesity). Poor eating habits (see Obesity)</p> <p>Lack of knowledge in diabetes prevention, lifestyle changes and diabetes self care.</p> <p>Lack of education programs for diabetes in the county. Primary care providers not sufficiently managing patients with diabetes.</p>	<p>Reduce the death rate from diabetes in Charles County.</p> <p>Reduce the prevalence of diabetes in Charles County.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the death rate from diabetes in Charles County by 2 % or to 33.4 deaths per 100,000.</p> <p>B.Reduce the prevalence of diabetes in Charles County by 2% or to 5.4% .</p>

		Lack of access to primary care and specialty physicians.				
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*Charles County health indicators
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Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 5 - Chronic Disease

Chronic Disease-Heart Disease Mortality

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Goal: Reduce deaths from heart disease. *(173.3 pr 100,000***)*

Healthy People 2020 Goal: HDS-2: Reduce coronary heart disease deaths. *(100.8 deaths per 100,000 population or 20% improvement**)*

HDS-22: Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Heart Disease Mortality</p> <p>Heart disease is the leading cause of death in both Charles County and Maryland accounting for 25% of all deaths (2009 MD Vital Statistics Report).</p> <p>A. The 2007-2009 Charles County age-adjusted heart disease death rate was 228.5 per 100,000, higher than the MD heart disease death rate of 196.8 (2009 MD Vital Statistics Report).</p>	<p>An estimated 4.1% of CC adults have reported ever having had a heart attack (2010 MD BRFSS)</p> <p>An estimated 4.6% of CC adults report having angina or coronary heart disease (2010 MD BRFSS).</p>	<p>Overweight, obesity and diabetes are contributing factors to heart disease incidence and mortality.</p> <p>Low physical activity rates in CC. * 2x as many Charles County residents reported having had a heart attack if they also reported that they do not meet Healthy People objectives for moderate and vigorous physical activity (6.2%) (2010 MD BRFSS)</p> <p>Poor eating habits (see Obesity)</p> <p>Lack of knowledge in</p>	<p>Reduce the number of deaths from heart disease in Charles County.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the number of deaths from heart disease in Charles County from 228.5 per 100,000 to 211 per 100,000 or 7.5% improvement.</p>

		<p>heart disease prevention, and lifestyle changes. 12x as many Charles County residents reported having had a heart attack if they also reported having high blood pressure (12.2%) (MD BRFSS)</p> <p>2x as many Charles County residents reported having had a heart attack if they also reported having high cholesterol (7.65%) (MD BRFSS)</p>				
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Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 5 - Chronic Disease

Chronic Disease-Cancer

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Goal: Reduce the overall cancer death rate. *(169.2 pr 100,000***)*

Reduce cigarette smoking among adults. *(14.6%***)*

Reduce tobacco use among adolescents. *(22.3%***)*

Healthy People 2020 Goal: C-1: Reduce the overall cancer death rate. *(160.6 deaths per 100,000 population or 10% improvement**)*

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Cancer</p> <p>2007-2009 Charles County's age adjusted death rate from cancer is 199.3 per 100,00 which is higher than the state and nation (2009 MD Vital Statistics Report)</p> <p>A.Charles Co. had a higher mortality rate (197.3) than the state (186.9) per 100,000 population. (2006 CRF Cancer Report)</p> <p>B.Charles Co. had a higher incidence rate for cancer (468.9) than the state</p>	<p>Cancer is the second leading cause of death in Charles County (2009 MD Vital Statistics Report)</p> <p>209 deaths were due to cancer in 2009 (2009 MD Vital Statistics Report)</p> <p>03-07 CC colorectal cancer incidence was 60.3 vs. 46.4 for MD, and 02-06 CC colorectal cancer mortality was 29.4 vs. 19.3 for MD. 03-07 CC</p>	<p>A lack of access to healthcare providers for early detection.</p> <p>Lack of knowledge and misconception of screening procedures and cultural beliefs hinder access.</p> <p>Cigar smoking by under-age youth in Charles County rose from 10.4% in 2000 to 11.7% in 2008 (CRF 2008 Behaviors in Tobacco Use Report).</p> <p>The Charles County adult</p>	<p>Reduce the number of deaths caused by cancer in Charles County.</p> <p>Reduce the incidence of cancer in Charles County.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the number of deaths caused by cancer in Charles County from 199.3 to 190.8 per 100,000 or by 4.3% .</p> <p>B.Reduce the incidence of cancer in Charles County from 468.9 to 455.3 per 100,000 or by 2.9%.</p>

<p>average of (455.3) per 100,000 population. (2007 CRF Cancer Report)</p>	<p>Black colorectal cancer incidence was 64.3 vs. 58.2 for CC Whites. 02-06 CC colorectal cancer mortality for Blacks was 34.9 vs. 28.1 for CC Whites.</p> <p>03-07 CC prostate cancer incidence was 168.5 vs. 157.6 for MD (2007 CRF Cancer Report). 03-07 CC prostate cancer incidence for Blacks was 219.3 vs. 146.9 for CC Whites. 02-06 CC prostate cancer mortality for Blacks was 50.2 vs. 26.3 for CC Whites (2006-07 CRF Cancer Reports).</p>	<p>cigar use percentage was much higher than the state percentage of 4.0% (CRF 2008 Behaviors in Tobacco Use Report).</p> <p>2008 Charles County youth cigarette smoking is still slightly above the MD rate 11.2% vs. 10.2% (CRF 2008 Behaviors in Tobacco Use Report).</p> <p>Only 56.1% of men 40+ years have had a PSA in the last 2 years. 35.1% have never had a PSA (2010 MD BRFSS).</p> <p>Only 64% of men 40+ have had a DRE in the past 2 years. 21.1% have never had a DRE (2010 MD BRFSS).</p>				
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*Charles County Health Indicators
**Healthy People 2020 Objective Topic Areas
*** SHIP Target Objectives for 2014

Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 6 – Healthcare Access

Access to Health

Goal: Ensure that all Charles county residence have access to health care

Maryland Vision Area 6 Goal: Increase the proportion of persons with health insurance. (92.8%***)

Healthy People 2020 Goal: AHS-1: Increase the proportion of persons with health insurance.(100%**)

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Access to Healthcare</p> <p>A.1 in 10 Charles County residents reported there was a time when they could not afford care (2010 MD BRFSS).</p> <p>B.56% of Charles County residents reported that they received treatment out of the county (2010 MD BRFSS). Southern Maryland had the highest percentage of physician shortages than any other regions of Maryland (89.9%) (2007 Physician</p>	<p>2009 CPS Charles County health uninsurance estimate: 9.4%. This is higher than the 2008 health uninsurance rate of 6.4%.</p> <p>The increase in the health uninsurance rate from 2008 to 2009 is statistically significant to a 90% confidence level.</p> <p>2010 BRFSS estimates that 7.7% of CC residents and 10.9% of MD residents do not have any health insurance coverage.</p> <p>There are 6 medically underserved areas in</p>	<p>81.5% travel outside of Charles County for medical care at some point (2010 MD BRFSS)</p> <p>According to the 2007 Maryland Physician workforce study, the Southern Maryland region has a physician shortage primary care, cardiology, dermatology, endocrinology, gastroenterology, hematology, oncology, infectious disease,</p>	<p>Increase the proportion of persons with healthcare in CC.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the proportion of uninsured to the 2008 level of 6.4%.</p> <p>B.Increase primary care and specialty physicians in CC by 7 providers.</p>

Workforce Study).	<p>Charles County designated by the federal govt:</p> <p>Brandywine Allens Fresh Thompkinsville Hughsville Barbury Nanjemoy (2011 HPSA designation)</p> <p>High increase in healthcare costs and insurance.</p> <p>Lack of professional workforce.</p>	<p>nephrology, psychiatry, pulmonary medicine, rheumatology, anesthesiology, diagnostic radiology, emergency medicine, pathology, physical medicine, radiation oncology, general surgery, neurosurgery, obstetrics, gynecology, orthopedic surgery, otolaryngology, plastic surgery, thoracic and vascular surgery. Southern Maryland has a borderline physician shortage for ophthalmology surgery and urology surgery.</p>				
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**Healthy People 2020 Objective Topic Areas
 *** SHIP Target Objectives for 2014

Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 6 - Healthcare Access

Dental Health Services

Goal: Ensure the communities have access to oral health prevention in Charles County

Maryland Vision Area 6 Goal: Increase the proportion of low income children and adolescents who receive dental care. (56.3%***)

Healthy People 2020 Goal: OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.(29.4% or 10% improvement**)

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
Dental Health A. Of the children (ages 4-20) enrolled in a Medicaid MCO greater than 320 days only 53.4% received preventive dental service in the past year. (FHA FY2009)(Maryland SHIP DATA)	There has been a shortage of dentists in Charles County in the past. There is a shortage of dentists who accept Healthchoice dental insurance. Low income households cannot afford adequate dental care in Charles County.	Charles County has been identified as a federally designated dental health shortage area. As per the Charles County MCHP program data, the recipients of Medicaid services include 10,076 children and 6,737 adults and unaccountable children becoming uninsured resulting from parental loss of jobs and reduced wages. As per 2007 <i>Maryland Kids Count</i> there are 8.1% of children below 19 years remaining uninsured representing	Increase the number of Charles County residents having access to dental care.	Provide information Enhance skills Provide support Enhance access/reduce barriers Change consequences Change Physical design Modify/change policies	See Action Plan	A. Increase the proportion of Medicaid children and adolescents who received any dental care in the past year services from 53.4 to 56.3%.

		<p>approximately 3,000+ children needing free dental service.</p> <p>Among Maryland jurisdiction, CC had the lowest percentage of HealthChoice child both calendar year 2005 and 2006.</p> <p>In FY 2006, CC had one dentist who billed at least \$10,000 to HealthChoice, Calvert County had 4 dentists and St. Mary's County had 9 dentists.</p>				
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**Healthy People 2020 Objective Topic Areas

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Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 2- Healthy Social Environment

Maryland State Health Plan Vision Area 5 - Chronic Disease

Mental Health Services

Goal: Provide Mental health services for all Charles County residents

Maryland Vision Area 2 Goal: Reduce the suicide rate. *(9.1 pr 100,000***)*

Maryland Vision Area 5 Goal: Reduce the number of emergency department visits related to behavioral health conditions. *(1,146 pr 100,00***)*

Healthy People 2020 Goal: MHMD-9: Increase the proportion of adults with mental disorders who receive treatment. *(64.6% or 10% improvement**)*

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Mental Health</p> <p>A. 12% of Charles County BRFSS respondents reported that they have been diagnosed with an anxiety disorder (2009 MD BRFSS)</p> <p>B. 14% of Charles County BRFSS respondents reported that they have been diagnosed with depression (2009 MD BRFSS)</p> <p>C. Charles County's rate of suicide for 100,000 of</p>	<p>Charles County has been identified as a federally underserved mental health service area (2011 HPSA designation).</p> <p>According to the 2007 Physician Workforce Study, the Southern Maryland region has an inadequate supply of psychiatrists. The region has the lowest number of psychiatrists than any other region in MD.</p> <p>5% reported they felt tired or had little</p>	<p>Limited number of outpatient mental health treatment centers in Charles County</p> <p>Shortage of inpatient mental health facilities in CC and no inpatient beds available in the county.</p> <p>Extensive wait time for psychiatric appointments.</p> <p>Charles County has been identified as a federally underserved mental health service area.</p> <p>More people are being</p>	<p>Provide access to treatment for adults with mental disorders in Charles County.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the number of people reporting having an anxiety disorder to 10.8%. (10% reduction)</p> <p>B.Reduce the number of people reporting having depression to 12.6%.</p> <p>C.Reduce the rate of suicide 12.2 to 9.1 per 100,000</p>

<p>population is 12.2.</p>	<p>energy at least once during the past 2 weeks (2009 MD BRFSS).</p> <p>Nearly one third of residents surveyed reported that they had little interest or pleasure doing things at least once in 2 weeks (2009 MD BRFSS).</p> <p>Suicide rate is higher than the state-9.6 and the national rate-11.3.</p>	<p>seen in the local emergency department for psychiatric reasons which may be due to economic stressors.</p> <p>No inpatient psychiatric unit a Civista Medical System.</p> <p>Limited number of residential and crisis beds in Charles County for mental health treatment.</p>				<p>population.</p>
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Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 4 – Infectious Diseases

Prevention & Control Infectious Disease

Goal: Prevent and control the spread of Chlamydia, Gonorrhea and Syphilis in Charles County

Maryland Vision Area 4 Goal: Reduce Chlamydia trachomatis infections among young people. (2,025 pr 100,000***)

Healthy People 2020 Goal: STD–1: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.(10% improvement or 6.7 % reduction)

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Sexually Transmitted Diseases</p> <p>Prevalence of Chlamydia is 5 times greater among blacks in Charles County than their white counterparts. *</p>	<p>Current cases of Chlamydia trachomatis infection for the state of Maryland is 439.1 cases per 100,000 (2008 STD Program Data)</p>	<p>Perception of low risk associated with heterosexual sexual behaviors.</p> <p>Limited access to care for STD treatment</p> <p>Chlamydia cases reported in Charles County by race: White – 109.5 Black – 569.6</p> <p>Charles County Chlamydia incidence rate for individuals ages 15-19 years was more than 800 per 100,000. (2008 STD Program data)</p>	<p>Reduce the number of blacks having an STD in Charles County.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>Reduce the number of reported Chlamydia infections among blacks by 10% or by 50 cases.</p>

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Charles County Community health Improvement Plan

Maryland State Health Plan Vision Area 2 – Healthy Social Environment

Maryland State Health Plan Vision Area 5 - Chronic Disease

Substance Abuse Services

Goal: Provide drug and alcohol prevention services to all Charles County residents

Maryland Vision Area 5 Goal: Reduce drug-induced deaths. (12.4 pr 100,000*)**

Healthy People 2020 Goals: SA–13.2 Reduce the proportion of adolescents reporting use of marijuana during the past 30 days (16.5% or 10% improvement)**

SA–14.1 Reduce the proportion of students engaging in binge drinking during the past 2 weeks(22.7% or 10% improvement)**

Problem Statement			Objective	Strategies	Plan of Action	Target Objective by 2014
Problem	But why?	But why here?				
Substance Abuse A. Underage drinking In 2007, 69% of 12 th graders in CC abused alcohol. B. Binge drinking 48% of 12 th graders in CC had 5 drinks at 1 setting (2007 MD Adolescent Survey). C. Marijuana usage In 2007, 35.6% of 12 th	2007 Maryland Adolescent Survey found that 12.1% of 6 th graders, 30.6% of 8 th graders, 60% of 10 th graders, and 69.1% of 12 th graders had consumed any form of alcohol in their life. It also found that by 12 th grade, 35.6% had tried marijuana, 35.4% had	Charles county reported 493.0 per 100,000 cases of marijuana funded treatment admissions (2010, DHMH) 253.7 per 100,000 cocaine related state funded treatment admissions (2010,	Reduce the number of adolescents and adults who use alcohol, tobacco and marijuana in Charles County.	Provide information Enhance skills Provide support Enhance access/reduce barriers Change consequences Change Physical design	See Action Plan	A. Reduce the number underage 12 th graders using alcohol to 62.1%. B. Reduce the number of 12 th graders having 5 or more drinks at one setting to 43.2%. C. Reduce the number of 12 th graders who

<p>graders in CC reported using marijuana. (2007 MAS data)</p>	<p>tried cigarettes, and 37.7% had tried other drugs besides alcohol and tobacco. 26.6% of those 12th graders also reported binge drinking in the past month.</p> <p>The 2010 CORE Alcohol and Drug Survey completed at all CSM locations found that half of the students reported consuming alcohol in the past 30 days. 31.2% of the CSM students reported having binge drank in the past month. 50.3% of underage students reported consuming alcohol in the past 30 days. 26% reported using tobacco in the last 30 days. The most frequently reported illegal substance used by CSM was marijuana (14%). 25% of CSM students reported using an illegal drug in the past 12 months.</p> <p>According to the 2006-2008 National Survey on Drug Use and Health, 51% of</p>	<p>DHMH)</p> <p>Focus groups were conducted throughout the county in spring 2011. Responses from the prevention and treatment professionals included: boredom, even though there are lots of activities, lack of transportation to organized activities</p> <p>They are drinking beer, high alcohol content liquor, flavored vodkas, and other flavored alcohol. They like liquor, especially the stronger ones that can be diluted in another drink. They are using vodka/hard liquor mixed with anything.</p> <p>Teens are drinking to get a buzz but still “appear sober.”</p> <p>Binge drinking is not as big a problem except after a big event, such as homecoming and prom dances. They have after parties. Some pre-parties, but</p>		<p>Modify/change policies</p>		<p>ever used marijuana to 32%.</p>
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	<p>Southern Maryland adults admitted to using alcohol in the past month, 5.88% had used illicit drugs in the past month, 8.35% had been dependent upon or abused illicit drugs or alcohol in the past year, 4.14% had used marijuana in the past month, 2.13% had used cocaine in the past year, and 24.35% had used cigarettes in the past month.</p>	<p>they are more likely to get caught. They have limo parties. They used to be after football games.</p> <p>Drinking is something new that they aren't allowed to do.</p> <p>Transportation is a major issue.</p> <p>Teens are not impacted by the media as generations before them.</p>				
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**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Charles County Community Health Improvement Plan Maryland State Health Plan Vision Area 3 - Safe Physical Environments

Accident & Injury Prevention

Goal: Reduce the rate of fall related deaths and injuries in Charles County

Maryland Vision Area 3 Goal: Decrease fall-related deaths. (6.9 pr 100,000***)

Maryland Vision Area 2 Goal: Decrease the rate of alcohol-impaired driving fatalities.(.0.27 pr 100,000VMT***)

Healthy People 2020 Goals: IVP-11: Reduce unintentional injury deaths.(36 deaths per 100,000 per 100,000)

IVP-12: Reduce nonfatal unintentional injuries.(8,297.4 injuries per 100,000 population)

OA-11 Reduce the rate of emergency department visits due to falls among older adults.(4,711.6 emergency department visits per 100,000 due to falls among older adults** or 10% improvement)

Problem Statement			Objective	Strategies	Plan of Action	Target Objective by 2014
Problem	But why?	But why here?				
<p>Accidents/Injuries</p> <p>Accidents are the 4th leading cause of death for Charles County residents. Charles County had one of the highest injury-related death rates for the state of Maryland (9th out of 24 jurisdictions) (2009 MD Vital Statistics Report and 2008 Injuries in Maryland report).</p> <p>A.Falls are leading cause of hospitalization in CC.289.1 per 100,000 (2008 Injuries in Maryland report).</p>	<p>Individuals 85 yrs. and above accounted for 72% of fall related ED visits (2008 Injuries in Maryland report)</p> <p>individuals 75-84 yrs accounted for 57% of fall related ED visits (2008 Injuries in Maryland report)</p> <p>individuals 65-74 yrs of age accounted for 40% of fall related ED visits(2008 Injuries in Maryland report)</p>	<p>There were 98 injury-related deaths in Charles County for 2008(2008 Injuries in Maryland report).</p> <p>Those deaths account for 2.0% of the total Maryland injury-related deaths for the year (2008 Injuries in Maryland report).</p>	<p>Reduce the number of accidental deaths in Charles County.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the number of hospitalizations due to falls by the elderly population in Charles County from 289.1 to 259 per 100,000.</p> <p>B.Reduce the number of hospitalizations due to motor vehicle incidence in Charles County from 99.5 to 89.5 per 100,000.</p>

<p>B.Motor vehicle incidence is the second leading cause of injuries at 99.5 per 100,000 (2008 Injuries in Maryland report).</p>						
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*** SHIP Target Objectives for 2014

Charles County Community Health Improvement Plan

Maryland State Health Plan Vision Area 1- Healthy Babies

Healthy Babies

Goal: Increase the number of healthy babies born in Charles County

Maryland Vision Area 1 Goal: Reduce the infant death rate. (6.6 per 1,000 live births***)

Healthy People 2020 Goals: IVP-11: Reduce the rate of fetal and infant deaths. (5.9 perinatal deaths per 1,000 live births**)

Problem Statement			Objective	Strategies	Plan of Action	Target Objective 2014
Problem	But why?	But why here?				
<p>Infant Mortality</p> <p>A. Infant mortality rate in Charles County is 7.4 per 1,000 live births (VSA 2007-2009)</p> <p>B. Infant mortality rate for black population is more than two times that of the white population. (infant mortality rate per 1,000 live birth for white/NH 4.7 for blacks 10.4, overall 7.4) 2007-2009 VSA</p>	<p>Smoking during pregnancy</p> <p>Access to healthcare</p>	<p>Charles county's percentage of low birth weight is 9.6% compared to the state which is 9.2%</p> <p>Charles County's percentage of births where the mother received first trimester prenatal care is 75.4% compared to the state which is 80.2%</p>	<p>Reduce the infant death rate.</p>	<p>Provide information</p> <p>Enhance skills</p> <p>Provide support</p> <p>Enhance access/reduce barriers</p> <p>Change consequences</p> <p>Change Physical design</p> <p>Modify/change policies</p>	<p>See Action Plan</p>	<p>A.Reduce the infant death rate from 7.4 per 1,000live births to 6.6 deaths per live births. (MD SHIP target 2014)</p> <p>B.Reduce infant death rate from 10.4 for blacks to 6.6 per 1,000.</p>

*Charles County health indicators based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Defining the Seven Strategies for Community Change

Using all strategies increases the likelihood that a comprehensive change will occur. The first three strategies are individual strategies. Typically, they are too weak to impact the problem overall, but are necessary if there is limited knowledge or denial of the problem and they help to bring a community together around a problem. The last four are environmental strategies.

1. **Providing Information** - Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
2. **Enhancing Skills** - Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. **Providing Support** - Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs). Providing alternative activities and use of intervention services, referrals for services, support groups, youth clubs, parenting groups.)s
4. **Enhancing Access/Reducing Barriers** - Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. **Changing Consequences (Incentives/Disincentives)** - Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. **Physical Design** - Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. **Modifying/Changing Policies** - Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Community Anti-Drug Coalitions of America (CADCA)'s National Coalition Institute <http://www.cadca.org/files/SevenStrategies4CommunityChange.pdf> adapted from The University of Kansas Work Group on Health Promotion and Community Development—a World Health Organization Collaborate Centre- identified seven strategies that can bring about community change.