Frederick Health
Community Health Needs Assessment
Implementation Strategy
FY 2023-2025

Introduction

Frederick Health is a sole community provider, and therefore plays a critical role in delivering health care services and community benefit to Frederick County residents. This implementation strategy describes how Frederick Health will address significant community health needs identified in the 2022 Community Health Needs Assessment (CHNA) conducted by the Frederick County Health Care Coalition. This commitment is part of Frederick Health meeting the requirements of serving as a nonprofit hospital, and articulates how the system is providing community benefit in alignment with reporting requirements for the Maryland Health Service Cost Review Commission (HSCRC).

This document delineates Frederick Health's intended actions to address the identified priority health needs from the CHNA, and also those needs that will not be addressed. Frederick Health will review progress against the action plan on a periodic basis, and amend this implementation strategy if necessary. Certain community health needs may become more pronounced during the next three years and merit revisions to the described strategic initiatives. Alternatively, other organizations may decide to increase resources devoted to addressing one or more of the significant community health needs, and as a result Frederick Health may amend its strategies and focus on other identified needs.

Significant Health Needs Identified in the CHNA

The 2022 CHNA identified a number of significant health needs in the community through a Prioritization Matrix which assessed Frederick County health data, responses to the CHNA survey, alignment with Healthy People 2030 and the Statewide Integrated Health Improvement Strategy (SIHIS) and existing health disparity data. The top eleven identified health needs by this matrix were as follows:

- Lack of Physical Activity
- Obesity (Adults and Adolescents)
- Hypertension
- Binge Drinking
- Lack of Early Prenatal Care
- Tobacco Use (Current Adult Smoker & Current Cigarette Use by Adolescents)
- Adverse Childhood Experiences (ACEs in adolescents) (1+)
- Breast Cancer (Incidence)
- Type 2 Diabetes
- Mental Health (8-30 days not good/month)
- Overdose Deaths

These eleven priorities were then presented to the Frederick County Health Care Coalition Board which completed a Readiness Assessment based on subject matter expert presentations, rankings from the Prioritization Matrix and facts sheets on each priority. As a result of the Readiness Assessment, the following five priorities were identified and presented at a Public

Input Session on January 19, 2022:

- Type 2 Diabetes
- Adverse Childhood Experiences
- Lack of Early Prenatal Care
- Obesity (Adults and Adolescents)
- Mental Health

Following the event, results from the Readiness Assessment and the Public Input Summit were synthesized in a strategy grid designed to visually illustrate the feasibility of successfully impacting the priorities over the next three years, the socio-ecological level of impact of each priority and the amount of community interest in each priority. The three local health improvement process (LHIP) priorities are as follows:

- Adverse Childhood Experiences
- Type 2 Diabetes
- Mental Health

Significant Health Needs Frederick Health Will Address

LHIP Priority #1 : Reducing the incidence and providing treatment & intervention for Adverse Childhood Experiences (ACEs)

LHIP Goals: Goal 1: **Awareness** – All sectors of Frederick County (including but not limited to healthcare, government, judicial and law enforcement, education, childcare, housing, employment, business, civic and faith-based groups, and parent networks) will recognize the impact of trauma on health from preconception onward and provide or support services for raising healthy children in safe, stable, nurturing environments.

Goal 2: **Prevention** – All Frederick County residents have access to evidence-based or research-informed programs, resources, information, and skills to raise healthy children in safe, stable, and nurturing environments.

Goal 3: **Treatment & Intervention** – An equitable community-wide system of trauma-informed care provides accessible evidence-based treatments from trained, knowledgeable, and culturally literate specialists in adequate supply.

Objective: Using survey baseline measurement and evidence-based resources, continue to support and increase awareness of childhood trauma and its lifelong effect on the individual in the health community and to diminish the prevalence of childhood trauma by providing early intervention measures.

Background: Adverse Childhood Experiences (ACEs) are traumatic incidents in a child's life that cause toxic stress--especially abuse, neglect, and exposure to violence. Without healthy support from adults, toxic stress can overwhelm a child's ability to cope when exposure to adversity happens, increasing the risk of negative physical and mental health outcomes. In Frederick County, 52, 578 adults or 27.2% of respondents to a 2015 survey[1] reported three or more ACEs; multiple ACEs increases risk for negative behavioral and mental outcomes, chronic disease, and premature death.

The physical and mental health of a newborn child and their mother lays the groundwork for all future experiences. Early identification of health conditions among infants and mothers can prevent death or disability and enable children to reach their full potential.

Activity	Target Date	Anticipated Impact or Result
Promote trainings and workshops, providing CMEs and CEUs as able, in partnership with the ACEs workgroup hosts, to employees and medical staff who provide care to the maternal/child health population and families. Assist with the development of applications, supporting materials, and evaluations to meet the needed	Annually through June 2025	80% of targeted employees and medical staff complete training as evidenced successful completion of a post-test.

[1] 2015 Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Activity	Target Date	Anticipated Impact or Result
deadlines and requirements.		
Planning and Implementation of Family Connects universal home visiting program through Frederick Health Home Health Services and in collaboration with Women and Children's Services.	Implementation January 2023	• Sixty percent participation in FY23 and FY24. • Sixty-five percent participation in FY25.
Frederick Health will collaborate with ACEs Workgroup in outreach to pediatric providers to evaluate knowledge of ACEs, resiliency, and effective prevention activities.	June 2023	Number of surveys returned will provide a baseline measurement of awareness of ACEs, resiliency, and prevention activities.
Based on survey results, participate in the development of a plan for providing customized training and technical support to behavioral health treatment providers, para-professionals, and CHWs to increase expertise in evidence based, trauma informed behavioral health practices, especially EMDR, CPP, TF-CBT and PCIT.	June 2023	Plan developed.

Evidence Based Sources:

https://health.maryland.gov/phpa/ccdpc/Reports/Pages/brfss.aspx
http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx
https://www.cdc.gov/violenceprevention/aces/about.html
https://www.healthypeople.gov/
https://pophealth.health.maryland.gov/Pages/SHIP.aspx
https://www.ccfhnc.org/programs/family-connects-durham

Resources Required: Staff participation in the LHIP group; funding for CME programming, educational program development and operational expenses related to Family Connects, Behavioral Health trainings.

Alignment with State and National Priorities

Healthy People 2030	State Health Improvement Process (SHIP) and Statewide Integrated Health Improvement Strategy (SIHIS)
MICH-02 Reduce the rate of infant deaths within the first year of life IVP-15 Reduce child abuse and neglect deaths IVP-16 Reduce nonfatal child abuse and neglect IVP-D03 Reduce the number of young adults who report 3 or more adverse childhood experiences	Infant Death Rate - This indicator shows the infant mortality rate per 1,000 live births. (SHIP) Child maltreatment rate - This indicator shows the rate of children who are maltreated per 1,000 population under the age of 18. (SHIP) Severe Maternal Morbidity rate – this indicator shows the SMM rate per 10,000 delivery hospitalizations (SIHIS)

Partnerships Required: Frederick County Health Department, Frederick County Public Schools, Child Advocacy Center, Mental Health Association and Frederick County Health Care Coalition.

LHIP Priority #2 : Awareness of what Pre-Diabetes and Diabetes Is

LHIP Goal: Increase awareness and understanding among Frederick County residents about what pre-diabetes and diabetes is, what their individual risk is and how risks can be modified. Implement an intentional, targeted approach for identified populations experiencing a health disparity to increase the detection of undiagnosed T2D/prediabetes.

Objective: Increase the number of individuals from priority populations that know what pre-diabetes is.

Background: Diabetes is a chronic disease that continues to increase in prevalence. This increase is largely linked to obesity rates, poor dietary habits, and ethnic origins. 13% of adults in the United States have Diabetes (34 million). 21% of them do not know. In Frederick County 9.0% of adults have Diabetes (18,806).

35% of adults in the United States have pre-diabetes. 85% of them do not know. It is a disease that is often undiagnosed until complications arise requiring hospitalization.
In Maryland, diabetes is now the sixth leading cause of death.

Activity	Target Date	Anticipated Impact or Result
Conduct at least 2 listening sessions to understand how best to reach identified priority populations (locations, methods, etc.).	October 2022	These sessions will help guide how and what education is provided to what population.

Appropriate individuals from the workgroup will attend Health Literacy training. Including a marketing and communications representative is key to this training to ensure relevancy and impact for our priority populations.	November 2022	Create/adapt education and resource materials that are culturally competent and appropriate from a health literacy perspective. Including non-print materials.
Launch a County pre-diabetes/diabetes awareness media campaign to reach identified priority populations	November 2022	Initial launch will take place during Diabetes awareness month to kick off 3-year initiative. Will start with methods identified during listening sessions.
Educate community providers about local disparity data, cultural barriers/bias and local referral process and preventive program and treatment options.	June 2023	Conduct four continuing medical education (CME) programs for community providers
Engage providers, clinics, and other health institutions/programs to disseminate pre-diabetes/diabetes awareness materials	June 2023	Visit all practices in person
Engage community-based organizations to disseminate pre-diabetes/diabetes awareness materials to priority populations	June 2023	Visit all major community-based organizations in person
Integrate pre-diabetes and diabetes education at all community events.	November 2022	Increase the number of Frederick County residents educated about pre-diabetes and diabetes.
Conduct a minimum of four events per year on what pre-diabetes and diabetes is, what are the risk factors, and how can risk factors be modified. Focus on communities that represent identified priority populations.	June 2023	Increased community knowledge of the risk of hypertension as evidenced by increase of pre/post assessment by 100% of attendees.

Evidence Based Sources:

https://nationaldppcsc.cdc.gov/s/
http://health.frederickcountymd.gov/CHNA2022
Diabetes Action Plan (maryland.gov)

Resources Required: Funding for staff participation in events; funding for education material production and maintenance; staff to provide education for providers, community based organizations, and county residents; venues for listening sessions and educational events.

Alignment with State and National Priorities

Healthy People 2030	Statewide Integrated Health Improvement Strategy (SIHIS)
D- 02 Reduce the proportion of adults who don't know they have prediabetes D- D01 Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs	Domain 3 – Total Population Health Diabetes Reduce the mean Body Mass Index (BMI) for adult Maryland residents

Partnerships Required: Mission of Mercy, City of Frederick Department of Housing & Human Services, Frederick County Health Department, Love for Lochlin Foundation, Centro Hispano, YMCA and Frederick County Public Schools.

LHIP Priority #2 : Pre-Diabetes Risk Screening

LHIP Goal: Increase screening for pre-diabetes risk, especially in identified priority populations, to reduce the incidence of diabetes.

Objective: Increase the number of individuals screened for pre-diabetes; engage providers and community-based organizations at awareness events; and increase the number of individuals navigated to lifestyle change programs, such as the National Diabetes Prevention Program (DPP), if they are identified at risk. Ensure individuals have the tools (wrap-around services) to be successful in making lifestyle modifications.

Background: Pre-diabetes is reversible. Individuals can prevent or delay pre-diabetes from progressing to diabetes with very simple, proven lifestyle changes and supports. But the first step is individuals being aware that they are at risk.

The National Diabetes Prevention Program was created in 2010. Evidenced based program focuses on modifiable lifestyle behaviors of healthy eating and physical activity. The research shows that individuals who actively/successfully participate in such a lifestyle change program can reduce their risk of developing type 2 diabetes by 58%. For individuals 60 years of age and older that increases to 71%.

Activity	Target Date	Anticipated Impact or Result
Host or participate in community events to conduct screening and resource navigation.	June 2023	• Participate in at least 1 screening event per month • Target at least 600

Activity	Target Date	Anticipated Impact or Result
		individuals screened
Increase the number of individuals diagnosed with pre-diabetes that are connected to lifestyle change programs.	December 2022 December 2022 December 2023	• 331 • 662 • 1324
Increase the number of individuals knowledgeable about healthy food preparation by conducting health cooking/meal prep classes for families.	June 2023	12 cooking classes
Increase the number of individuals educated about affordable food options.	June 2023	Conduct at least 1 grocery store tour per quarter
Increase opportunities available to engage in physical activity in safe locations.	June 2023	Conduct at least 1 5k to include a fun run and walking options

Evidence Based Sources:

https://nationaldppcsc.cdc.gov/s/
http://health.frederickcountymd.gov/CHNA2022
Diabetes Action Plan (maryland.gov)

Resources Required: Funding for staff to participate in community events, staff to facilitate DPP workshops, staff to process referrals and help connect individuals with financial resources, staff to facilitate grocery store tours, materials and equipment for workshops.

Alignment with State and National Priorities:

Healthy People 2030	Statewide Integrated Health Improvement Strategy (SIHIS)
D-02 Reduce the proportion of adults who don't know they have prediabetes D-D01 Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs	Domain 3 – Total Population Health Diabetes Reduce the mean Body Mass Index (BMI) for adult Maryland residents

Partnerships Required: *LiveWell Frederick*, Frederick County Public Schools and School Health Council, Farm to School Network, Food Security Network, Local Food Banks, Local Pediatricians, YMCA, United Way, The Boys and Girls Club, and Frederick County Government Departments including Health, Public Library, Parks and Recreation, and University of Maryland Extension Service, Mission of Mercy and the Love for Lochlin Foundation.

LHIP Priority #2 : Improve Diabetes Management

LHIP Goal: Improve the successful management of individuals diagnosed with diabetes, especially those within identified priority populations.

Objective: Decrease the volume of avoidable acute care utilization for individuals diagnosed with diabetes.

Background: It is estimated that $4.9 billion is spent annually in Maryland to treat those with pre-diabetes and Diabetes. The American Diabetes Association's approach to improving the care for diabetic patients includes four recommendations:

- "A patient-centered communication style that incorporates patient preferences, assesses literacy, and numeracy, and addresses cultural barriers to care should be used"
- "Treatment decisions should be timely and based on evidenced-based guidelines that are tailored to individual patient preferences, prognoses, and comorbidities."
- "Care should be aligned with components of the Chronic Care Model to ensure productive interactions between a prepared proactive practice team and an informed activated patient."
- "When feasible, care systems should support team-based care, community involvement, patient registries, and decisions support tools to meet patient needs."

Activity	Target Date	Anticipated Impact or Result
Educate community providers on current best practices for diabetes management, local disparity data cultural barriers/bias, and local process for education and treatment options.	June 2023	Conduct four continuing medical education (CME) programs for community providers.
Reduce the number of care gaps associated with diabetes in targeted populations	June 2023	Positive trend for both FHMG practices and community practices noted each reporting period.
Increase the percentage of individuals connected to primary care providers, regardless of insurance status (especially those from identified priority populations).	June 2023	• Implement a process for unassigned patients discharging from FHH to be connected to primary care. • Implement a process for unassigned patients identified at community events to be connected to primary care.
Increase the number of individuals engaged in Diabetes Self-Management Training program.	2022 2024 2025	• 250 • 980 • 1500
Reduce avoidable acute care utilization for diabetic patients.	December 2025	5% reduction in PQI93 Outcome ratio

Evidence Based Sources:

https://nationaldppcsc.cdc.gov/s/
http://health.frederickcountymd.gov/CHNA2022
Diabetes Action Plan (maryland.gov)

Resources Required: Funding for staff to perform Diabetic Self-Management Training (DSMT) services, process prior authorizations, and process claims. Funding for staff to assist patients with financial assistance navigation. Physical space for classes and resources to cover the cost of educational modules.

Alignment with State and National Priorities:

Healthy People 2030	Statewide Integrated Health Improvement Strategy (SIHIS)
D- 03 Reduce the proportion of adults with diabetes who have an A1c value above 9 percent D- 06 Increase the proportion of people with diabetes who get formal diabetes education D- 08 Reduce the rate of foot and leg amputations in adults with diabetes MPS- D02 Reduce emergency department visits for insulin overdoses OA- 05 Reduce the rate of Frederick Health admissions for diabetes among older adults V- 04 Reduce vision loss from diabetic retinopathy	Domain 1 – Frederick Health Quality Reduce avoidable admissions and readmissions Domain 2 -Care Transformation Across the System Increase the amount of Medicare TCOC or number of Medicare beneficiaries under Care Transformation Initiatives (CTIs), Care Redesign Program, or successor payment model Improve care coordination for patients with chronic conditions Domain 3 – Total Population Health Diabetes Reduce the mean Body Mass Index (BMI) for adult Maryland residents

Partnerships Required:

Mission of Mercy, City of Frederick Department of Housing & Human Services, Frederick County Health Department, Community Providers and Community Pharmacists.

LHIP Priority #3 : Targeting Mental Health Needs – Suicide Prevention

LHIP Goal: Reduce the number of people that die by suicide in Frederick County.

Objective: Establish a suicide prevention coalition composed of key community stakeholders that are invested in continuing suicide prevention work beyond the LHIP cycle.

Background: Suicide is everyone's business. The COVID-19 pandemic has increased the frequency and severity of mental health concerns that contribute to suicide risk. Rural areas of Frederick County experience a disproportionate rate of death by suicide with a firearm. Specific populations in Frederick County are at greater risk of suicide: veterans, first responders, members of the LGBTQ community, youth, and senior citizens.

Activity	Target Date	Anticipated Impact or Result
Establish a suicide prevention coalition composed of key community stakeholders invested in continuing suicide prevention work beyond the LHIP cycle. • Frederick Health will participate on the Suicide Prevention Coalition • FH will participate in completing an agenda and scheduling a date/time for the first meeting of the coalition	June 2023 April 2023 May 2023	• FH representative attends at least 80% of the meetings • FH representative will participate in completion of agenda and attend the first meeting of the coalition

Evidence Based Sources:

https://www.samhsa.gov/
https://www.cdc.gov/mentalhealth/index.htm
https://www.healthypeople.gov/

Resources Required: Operational expenses related to Suicide Prevention Coalition meetings and activities.

Alignment with State and National Priorities

Healthy People 2030	Statewide Integrated Health Improvement Strategy (SIHIS)
OHM- 1 Overall well-being MHMD-01 Reduce the suicide rate	Domain 3 – Reduce the suicide rate

Partnerships Required: Frederick County Health Department, Mental Health Association, and Frederick County Health Care Coalition.

LHIP Priority #3 : Targeting Mental Health Needs – Community Engagement

LHIP Goal: Reduce stigma about mental health issues and services.

Objective: More Frederick County Residents are aware that mental health is health and support the use of mental health services for themselves and others.

Background: Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood[2]. 17% of community members struggle with mental health at least half the time in a typical month according to results from the 2021 Frederick County CHNA. Mental health issues may manifest as behavioral issues such as including substance use and suicidal ideation. In Frederick County 36 people died of drugs/alcohol and 29 from suicide in 2020[3], both of which are below the Healthy People 2030 goal[4] but are preventable, unnecessary deaths.

Activity	Target Date	Anticipated Impact or Result
Collaborate with LHIP in a sustainable campaign that reduces mental health stigma by educating organizations and the public about the importance and normalcy of mental health needs and services.	June 2025	FH will have at least one representative at 90% of the meetings of the community engagement subgroup of the mental health LHIP workgroup.
Provide education from the anti-stigma campaign to staff, both as employees and healthcare workers, and to patients to reduce mental health stigma.	May 2023	Identify a person to be the 'champion' or point person for bringing the anti-stigma campaign to FH staff and patients. That person will log at least 4 contacts per year with committee.
Information / ideas to reduce stigma will be shared in a variety of formats and more than once a year.	June 2024 – June 2025	FH Champion will log delivery of at least 2 educational sessions for staff and at least 2 shares of information in any reasonable medium with staff and at least 2 with patients.

Evidence Based Sources:

https://www.samhsa.gov/
https://www.cdc.gov/mentalhealth/index.htm

[2] CDC- Centers for Disease Control
[3] Frederick County LBHA https://health.frederickcountymd.gov/DocumentCenter/View/6953/DATA-AND-PLANNING-with-Analysis-5-26-21
[4] Healthy People 2030 – suicide rate goal = 12.8 per 100,000 and overdose rate goal = 20.7 per 100,000

https://www.healthypeople.gov/

Resources Required: Funding for staff participation in anti-stigma campaign discussions and implementation, operational expenses related to outpatient addictions treatment in the emergency department and post-partum support group.

Alignment with State and National Priorities:

Healthy People 2030	Statewide Integrated Health Improvement Strategy (SIHIS)
MHMD-03 Increase the proportion of children with mental health problems who get treatment MHMD-04 Increase the proportion of adults with serious mental illness who get treatment MHMD-05 Increase the proportion of adults with depression who get treatment MHMD-06 Increase the proportion of adolescents with depression who get treatment MHMD-07 Increase the proportion of people with substance use and mental health disorders who get treatment for both MHMD-D01 Increase the number of children and adolescents with serious emotional disturbance who get treatment MHMD-R01 Increase the proportion of homeless adults with mental health problems who get mental health services AH-D02 Increase the proportion of children and adolescents with symptoms of trauma who get treatment EMC-D04 Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression SU-01 Increase the proportion of people with a substance use disorder who got treatment in the past year	Domain 3 – Reduce the suicide rate

Partnerships Required: Frederick County Health Department, Mental Health Association, and Frederick County Health Care Coalition.

LHIP Priority #3 : Workforce Development/Capacity Building for Mental Health Service Providers

LHIP Goal: Frederick County residents will be able to access the full continuum of culturally competent, trauma-informed, high quality mental health treatment services in a timely manner, through an increased capacity of mental health professionals and other trained support persons (i.e., Recovery Coaches, Community Health Outreach Workers) who can offer services.

Objective: Increase the number of providers in the mental health field. Reduce the lengthy local provider wait lists and wait times for initial mental health prescriber appointments in order for mental health treatment slots to be available regardless of insurance status at the time an individual seeks services as well as individuals having reliable access to services in their native language, either directly or by a certified interpreter.

Background: There is a lack of licensed clinicians and prescribers employed in mental health service agencies. There is insufficient access to mental health treatment services for all populations, regardless of insurance status; however, this lack of access is more pronounced in those who are uninsured, underinsured, and/or speak languages other than English (especially Spanish and ASL).

Activity	Target Date	Anticipated Impact or Result
Develop a process with current local providers to create time slots for on demand treatment. Assess capacity/ability of local mental health providers to provide services to a culturally diverse population.	June 2024	Frederick Health will implement having a Behavioral Health NP available to see patients in crisis at the Comprehensive Care Clinic to assist with medication management and bridging those services to local mental health providers in the community when available.
Provide opportunities for Community Health Worker and Peer Recovery Support Specialist expansion for mental health providers to help alleviate barriers to care and social determinants of health.	June 2025	Frederick Health will deploy FH employed Community Health Workers that specialize in behavioral health to assist with referrals from Community mental health providers
Explore use of CHWs or other trained healthcare workers being certified as interpreters to serve agencies across the county.	December 2023	Frederick Health will cover the testing cost for interpreter medical certification for FH CHW's that are bilingual.

Activity	Target Date	Anticipated Impact or Result
Determine which agencies are enrolled in HRSA programs currently and explore paid internships with local providers (what would duties look like, funding)	June 2025	Frederick Health will develop and offer paid internships for current employees to advance their career in mental health field.

Evidence Based Sources:

https://www.samhsa.gov/
https://www.cdc.gov/mentalhealth/index.htm
https://www.healthypeople.gov/

Resources Required: Funding for new positions, funding staff participation and funding for costs associated with interpreting testing and internships.

Alignment with State and National Priorities:

Healthy People 2030	Statewide Integrated Health Improvement Strategy (SIHIS)
MHMD-01 Reduce the suicide rate MHMD-02 Reduce suicide attempts by adolescents MHMD-03 Increase the proportion of children with mental health problems who get treatment MHMD-04 Increase the proportion of adults with serious mental illness who get treatment MHMD-05 Increase the proportion of adults with depression who get treatment MHMD-06 Increase the proportion of adolescents with depression who get treatment MHMD-07 Increase the proportion of people with substance use and mental health disorders who get treatment for both MHMD-D01 Increase the number of children and adolescents with serious emotional disturbance who get treatment	Domain 3 – Reduce the suicide rate

MHMD-R01 Increase the proportion of homeless adults with mental health problems who get mental health services

AH-D02 Increase the proportion of children and adolescents with symptoms of trauma who get treatment

EMC-D04 Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression

SU-01 Increase the proportion of people with a substance use disorder who got treatment in the past year

Partnerships Required:

Frederick County Health Department, Mental Health Association, Frederick County Health Care Coalition, and Asian American Center of Frederick County.

Needs Frederick Health Will Not Address

The mission of Frederick Health is to positively impact the well-being of every individual in Frederick County. This implementation strategy does not include specific plans to address lack of physical activity, obesity, hypertension, binge drinking, lack of early prenatal care, tobacco use, breast cancer and overdose deaths which were identified as significant community health needs in the 2022 CHNA. These health issues were not selected as health priorities in the Local Health Improvement Plan, which is the community-wide action plan associated with the CHNA.

However, Frederick Health does provide diagnosis and treatment of patients who are pregnant and/or are diagnosed with obesity, hypertension, binge drinking, tobacco use, and breast cancer. In addition, Frederick Health currently conducts a smoker secession program and promotes increased physical activity for community members as part of the LiveWell Frederick initiative. As an active member of the Frederick County Health Care Coalition, Frederick Health will continue to work with community partners to address the health needs of our residents whenever that is possible.

Implementation Strategy Adoption

This implementation strategy was adopted by the Quality Committee of the Frederick Health Board of Trustees on October 14, 2022.

Daryl Boffman, Secretary FH Board of Trustees
Chair, Board Quality Committee

Date