ALLEGANY COUNTY HEALTH PLANNING COALITION

Local Health Action Plan

DRAFT 2-13-12

Priority #6: *Screening*

Baseline and Goal for 2014:

	County Baseline	MD 2014 Goal	Local 2014 Goal	Source
Rate of ED visits for hypertension per 100,000	246.4	225.0	233.5*	SHIP #28 Reduce # Hypertension related ED visits
Rate of ED visits for diabetes per 100,000	456.8	330	439.6*	SHIP #27 Reduce # ED visits related to diabetes

*Based on the % difference between the state baseline and the state 2014 goal

Strategies:

A. Improve delivery of clinical prevention services consistent with USPSTF recommendations
B. Support self management programs for diabetes and other chronic diseases as needed

Actions

Strategy A: Improve delivery of clinical prevention services consistent with USPSTF recommendations			
ACTION	WHO	WHEN	MEASURES
1. Develop and implement an education campaign regarding consistent screening recommendations for both providers and consumers (to include STI)	Medical staff, ACHD, WMHS, ACS, Providers; Tristate CHC,AHEC	Phase 1-2	ECW-# screened for lipid and blood pressure # STI Cases
2. Promote where screenings are available and address environmental barriers to participation	Medical staff, ACHD, WMHS, ACS, Providers, Tristate CHC	Phase 2-3	List of resources and barriers addressed

Strategy B: Support self management programs for diabetes and other chronic diseases as needed			
ACTION	WHO	WHEN	MEASURES
1. Promote and expand diabetes self management program at WMHS	WMHS, Providers, ACHD-WIC, Parish Nurses, Comm Partners, TSCHC, AHEC, Chamber	Phase2-3	# participants in program, increasing over time
2. Identify other self management programs that are feasible in the area	WMHS, ACHD, AHEC, Tristate CHC	Phase 2-3, 4-5	# initiated programs
3. Seek options to assist underserved populations with affordable testing, medical supplies and healthy food	WMHS, ACHD, AHEC, Tristate CHC, Food Bank, HRDC, Family Junction, Hope Station, Associated Charities	Phase 2-3,6	# low income persons assisted # persons requesting assistance