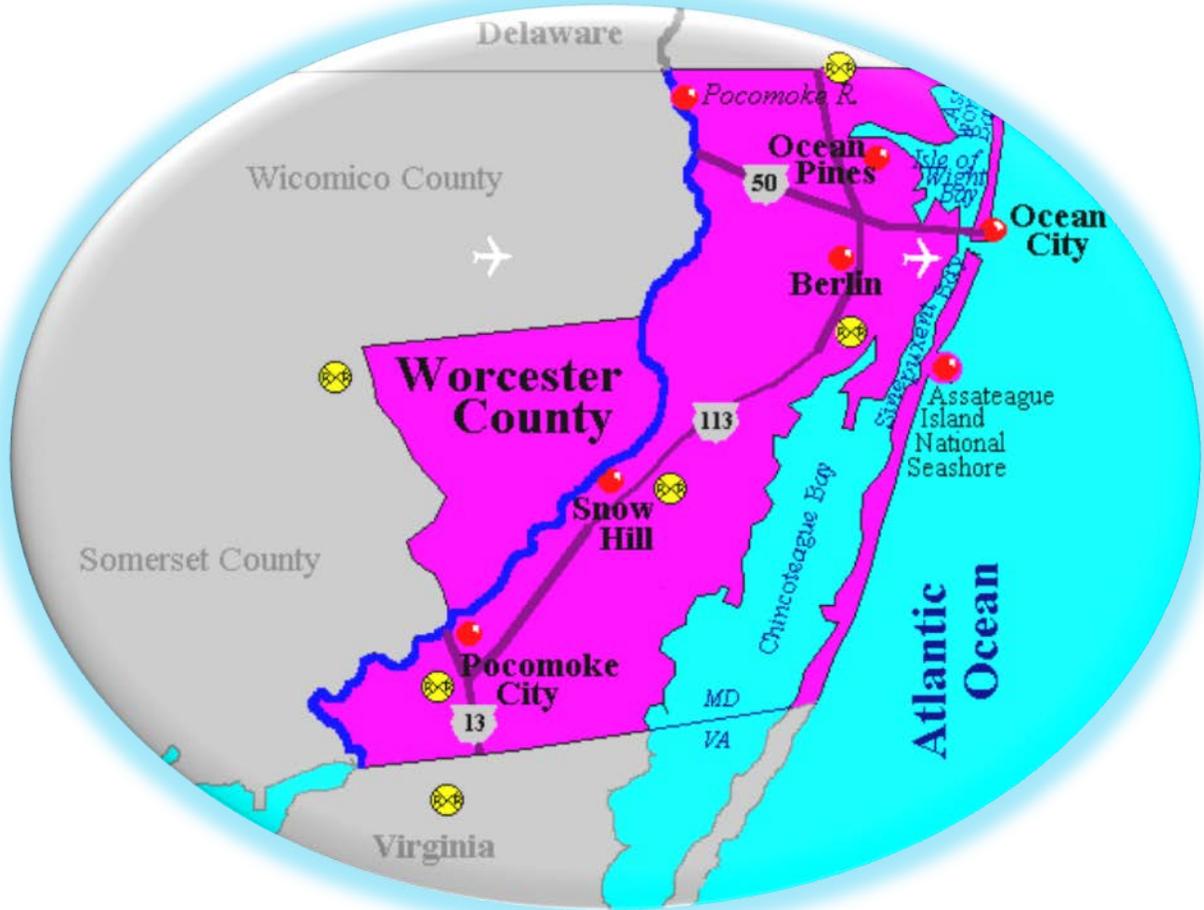




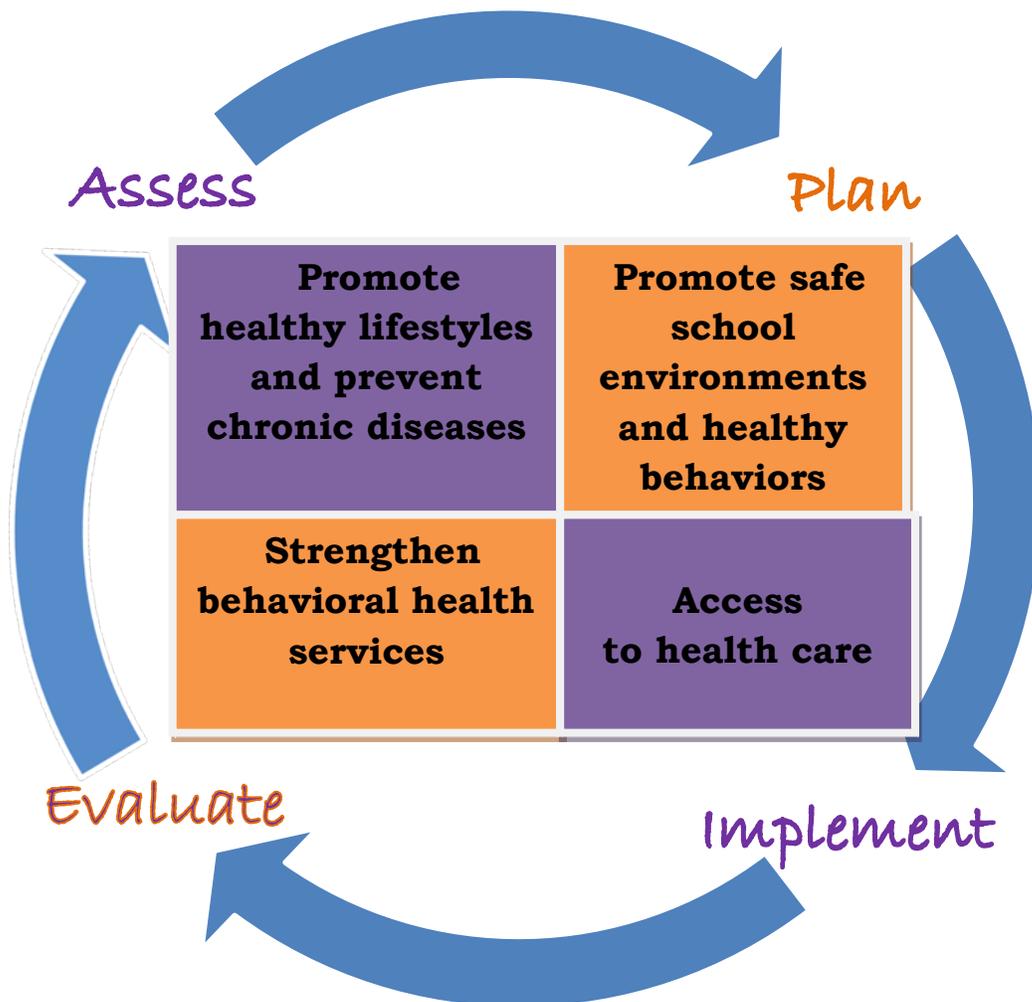
Community Health Improvement Plan 2017-2020



Worcester County, Maryland



Worcester County Community Health Priority Areas





Introduction: Worcester County Community Health Improvement Plan (CHIP) is part of an ongoing community health improvement process and the second completed using the MAPP (Mobilizing for Action through Planning and Partnerships) model. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC).

The plan was developed by the Worcester County Health Department with input from the Health Planning Advisory Council and representatives from community advisory boards which include stakeholders, clinicians, business leaders, advocates, representatives from hospitals, human services and health consumers.

The plan outlines goals, objectives, strategies and activities to improve community health. It focuses on four priority areas that were determined after review of the 2017 Community Health Assessment (CHA). The CHA presents the health status of Worcester County residents through a variety of health indicators.

The purpose of these initiatives and planning efforts is to improve the health of all residents through implementing local action and engaging the community.

Once implemented, the plan will be evaluated on an ongoing basis. Evaluation of each priority area is based on improving specific health indicators noted throughout the document.

The CHIP supports the Worcester County Health Department’s mission to promote the health, well being and safe environment of the county by assessing community needs, developing appropriate public health policy and assuring the provision of needed health services.

Process: This health improvement plan is the second community-driven plan developed over the period of April-September 2017, using the MAPP process.

The MAPP model uses four assessments to assess the current health status of the community, identify needs, and create a comprehensive community health improvement plan. These assessments include the Community Health Status Assessment, the Community Themes and Strengths Assessment, the Forces of Change Assessment and the Local Public Health System Assessment.



This current plan is based on information gathered through three of the four MAPP assessments. For logistic reasons the MAPP Core Team decided not to conduct the Local Public Health System Assessment this time.

Following the assessment process, the MAPP core group reviewed both the qualitative and quantitative data and identified a list of the most important issues facing the community. Then the list was shared with larger groups of community partners and key stakeholders and four priority areas were selected using a multi-voting process. To address the selected priority areas, small workgroups were convened around each of the four priority health issues. Then, after robust discussion each workgroup developed goals, objectives and strategies for their specific priority area.

**Worcester County 2017-2020
Community Health Improvement Plan
Priorities and Goals**

Priority area I: Promote healthy lifestyles and prevent chronic diseases

Goal 1	Promote early detection and prevention of chronic health conditions
Goal 2	Promote and support healthy lifestyles in the community

Priority area II: Strengthen behavioral health services

Goal 1	Promote coordinated substance use disorder and mental health services
Goal 2	Expand evidence based substance use disorder treatment

Priority area III: Promote safe school environments and healthy behaviors

Goal 1	Reduce bullying in school
Goal 2	Reduce obesity among Worcester County high school students
Goal 3	Prevent and reduce substance use among middle and high school students

Priority area IV: Access to health care

Goal 1	Improve access to health care
Goal 2	Improve public awareness of health services



Priority I: Promote healthy lifestyles and prevent chronic diseases

Background: During 2012-2014, chronic disease accounted for 7 of the 10 leading causes of death in Worcester County. Heart disease continued to be the number one cause of death in Worcester County. In 2012-2014, 32 percent of all deaths were attributed to heart disease, stroke, and other cardiovascular diseases. That’s about one in every three deaths in the county.

The leading modifiable risk factors for heart disease and stroke such as; high blood pressure, high cholesterol, diabetes, physical inactivity, and obesity are highly prevalent among Worcester county residents in comparison to the overall state. More than 65 percent of Worcester adults are either overweight or obese (Table 1). In 2016 Worcester County community survey respondents identified chronic disease as the most important health issues in their community next to drug and alcohol use.

To address these health concerns the community health need assessment partners selected *prevention of chronic diseases through lifestyle risk factor modification* as a priority issue for the county.

Studies have shown that leading a healthy lifestyle with physical activity and a healthy diet, can reduce one’s risk for chronic diseases like diabetes, high blood pressure, high cholesterol, poor health status and premature death.

(www.cdc.gov/features/preventionstrategy).

Table.1 Health Condition/Risk Factor	Worcester	Maryland
Overweight	36.5% (2012-2014)	35.8% (2012-2014)
Obese	31.7% (2012-2014)	28.5% (2012-2014)
No leisure time physical activities/exercises in the last 30 days	27.4% (2012-2014)	23.2% (2012-2014)
Total Serving Fruits /Vegetables Per Day (less than 5 times per day)	85.0% (2011-2013)	83.1% (2011-2013)
High Blood Pressure	36.7% (2011-2013)	32.8% (2011-2013)
High Cholesterol	44.5% (2011-2013)	36.2% (2011-2013)
Diabetes	16.7% (2012-2014)	10.2% (2012-2014)

Source: BRFSS

Goal I.1: Promote early detection and prevention of chronic health conditions

- Objective I.1.1.** By 2020, reduce the prevalence of diabetes among adults by 10 % (*Baseline 16.7%, BRFSS 2012-2014*)
- Objective I.1.2.** By 2020, Increase the number of people continuing Lifestyle Balance post-core program to 50% (*Baseline: 25%*)
- Objective I.1.3.** By 2020, initiate six CDC pilot hypertension projects with three pharmacists and three dental providers (*Baseline: 0*)
- Objective I.1.4.** By 2020, initiate 12 community hypertension screening programs provided by the WCHD (*Baseline: 0*)

Strategies:

- Provide “Lifestyle Balance” Diabetes Prevention Program (DPP) sessions
- Improve the referral process for Lifestyle Balance from providers (health care, physical therapy, behavioral health)
- Conduct social marketing for Lifestyle Balance Program
- Provide incentives in post core sessions with aim for whole year participation. (The Lifestyle Balance program is a year-long that includes 16 weekly, in-person core sessions and six monthly post-core sessions)
- Send email reminders or make phone calls to all participants prior to each post core session to encourage attendance
- Enhance and disseminate educational materials related to pre-diabetes and diabetes prevention
- Improve number of lifestyle program participants screened for prediabetes
- Incorporate exercise as part of Lifestyle Balance post-core classes
- Acquire more grant funding for future healthy lifestyle programming
- Consider fee for service and Medicare/Medicaid reimbursement models for Diabetes Prevention Program sustainability
- Coordinate a hypertension education health communications campaign.
- Work with partners to increase community-based blood pressure screenings
- Implement blood pressure screening in dental care centers and pharmacies

Goal 2: Promote and support healthy lifestyles in the communities to reduce risk of chronic disease

- Objective I.2.1.** Increase number of businesses or organizations enrolled into Healthiest Maryland Businesses program per year by 45% (Baseline: 20)
- Objective I.2.2.** Increase number of community gardens providing free access to fresh fruits and vegetables in underserved, neighborhoods to 5 (Baseline: 3)
- Objective I.2.3.** Develop a community plan for enhancing current community garden initiatives
- Objective I.2.4.** Implement 5 awareness campaigns a year to promote access to safe places for physical activity (walking and biking)

Strategies:

- Create a list of existing walks and tours, disseminate information about activities open to the public and identify stakeholders to develop and lead new walking tours
- Launch virtual walking tours of Worcester County Parks and other locations
- Partner with Town of Berlin on the project Walkable Bikable Berlin.
- Collaborate on Berlin Falls Park project
- Partner with other agencies on physical activity programs-YMCA, Town of OC, and Snow Hill
- Provide outreach/awareness activities targeted to educate the community on recreation/fitness opportunities in Worcester County, including Just Walk Fun Walks
- Regularly disseminate educational materials related to healthy vs. unhealthy food information
- Conduct Grocery Store Tours quarterly
- Promote and integrate community garden initiatives
- Examine models and identify sites for new community gardens
- Establish partnerships with master gardeners and University Extension Service to support gardening efforts
- Connect existing and future gardens to food security organizations

- Create and disseminate list of community gardens
- Use “Nutrition Tips & Exercise Bits” video series to highlight produce from a community garden
- Explore and collaborate with libraries and civic organizations including Kiwanis, Lions Club, and Auxiliaries to provide financial support for public family activities
- Provide quarterly messaging via video, website, brochure, poster, or other means to reach community
- Provide mini grant funding through Healthiest Maryland Businesses initiative

Community Partners:

- WCHD Prevention Unit
- Local providers
- Maryland Department of Health
- YMCA
- Parks and recreation – water trails
- Tri County Diabetes Alliance
- Atlantic Club
- 4H extension program, & STEM program
- Diakonia
- Berlin multipurpose center
- Worcester County Recreation Center
- Maryland Lower Shore Land Trust
- Board of Education and all local schools
- Worcester County Library
- Worcester County Government
- Snow Hill Ministerial Association
- Worcester County Food Pantries
- Assateague Coastal Trust
- Commission on Aging

Priority II: Strengthen Behavioral Health Services

Background: Behavioral health: “Behavioral health” is a general term “used to refer to both mental health and substance use” (SAMHSA-HRSA [2015]). Behavioral health services include, but are not limited to counseling or psychotherapy, psychiatry and psychotropic medication evaluation and management, crisis intervention and emergency services, consultation, and outreach, prevention and referral services.

In 2016, Worcester County community survey respondents identified drug and alcohol use, chronic disease and mental health disorders as the top three important health issues in their community.

During 2012-2014, 17.7 percent of adults 18 or older reported they had been told by a doctor that they had a depressive disorder (lifetime diagnosis of depression). The rate is 13 percent higher than the 2011-2013 rates (15.6%). During the same time, the rate for Emergency Department (ED) visits due to mental health conditions also increased by 17 percent. In general between 2008-2014, the rate for ED visits due to mental health conditions tripled from 2412.2 per 100,000 population in 2008 to 7509.3 per 100,000 population in 2014.

According to the Maryland Department of Health, the number of drug-and alcohol-related intoxication deaths occurring in Maryland increased in 2016 for the sixth year in a row. In Worcester, the number of drug-and alcohol-related intoxication deaths increased by 75 percent between 2015 and 2016, and quadrupled since 2013.

After reviewing the data and community concerns, community partners identified the need for strengthening and improving existing behavioral health services in the county.

Goal II.1: Promote coordinated substance use disorder and mental health services

Objective II.1.1. WCHD will hold at least three events per year to provide support to new and existing mental health and substance use treatment providers

Objective II.1.2. Execute at least one initiative or activity per year with various organizations to improve and increase recovery resources and services

Objective II.1.3. Develop mechanism for direct referral and referral tracking, for referrals from local hospitals, Primary Care Physicians (PCPs) and other healthcare providers

Objective II.1.4. WCHD will hold monthly collaborative meetings with hospital to review behavioral health services, referral process, and provide guidance on information sharing

Objective II.1.5. Provide warm handoffs to support “211” access to care initiative

Strategies:

- Provide trainings to Behavioral Health Stakeholders and Providers
- Provide awards and recognitions to support providers
- Meet with interested providers to determine how WCHD can support community behavioral health efforts
- Create workgroup to complete plan which is to include feasibility of job training placement programs (supportive employment.
- Work with state human resources to hire more peer specialists
- Utilize case management and peer support specialists in the emergency department, jail, and in provider agencies
- Improve current employee advancement strategies for staff retention
- Work with community partners including Senior Policy Group, Opioid Intervention Team and Atlantic General Hospital to implement heroin/opioid community response plan
- Expedite appointments, especially high risk patients at the WCHD
- Create, access and monitor the performance of the referral system
- Hold at least one collaborative meeting per year with hospitals to review BH services, referral process, and provide guidance on information sharing

Goal II.2: Expand evidence based substance use disorder treatment (therapy, MAT, peer support, etc.)

Objective II.2.1. Implement best practices in substance use disorder treatment.

Objective II.2.2. Investigate feasibility and appropriateness of Vivitrol program

Strategies:

- Convene team to review Medication-Assisted Treatment (MAT)/substance use disorder treatment best practices and clarify MAT goals, philosophy, and mission statement
- Review MAT/Prescription Drug Monitoring Program (PDMP) data to determine Vivitrol need.

Community Partners:

- Mental Health Advisory Council
- Drug Alcohol Council
- Opioid Intervention Center
- Senior Policy Group
- Opioid Overdose Community Center
- Behavioral Health Administration
- Atlantic General Hospital
- Office of Human Resources
- Hudson Health
- Community Partners
- Core Service Agency / Local Addictions Authority
- BH advisory committee
- County Jail
- Peninsula Regional Medical Center



Priority III: Promote safe school environment and healthy behaviors among adolescents

Background: Schools are a critical part of the social environment that shapes young people. Preventable health risk behaviors are often established during adolescence, and continue into adulthood, contributing to the leading causes of death, disability, and social problems.

According to the 2014 Maryland Youth Risk Behavior Survey(YRBS), Worcester was ranked in the top three among 24 Maryland counties with the highest percentage of middle and high school students who:

High School

- Bullied on school property
- Currently used marijuana
- Rode in a car with a driver who had been drinking alcohol
- Did not attend physical education classes at least once a week
- Drank alcohol or used drugs at last sexual intercourse.

Middle School

- Bullied on school property
- Bullied electronically
- Rode in a car with a driver who had been drinking alcohol
- Currently smoke cigarettes
- Currently drink alcohol
- Ever drank alcohol

According to the same report, Worcester also ranks in the top ten for the percentage of high school students who were obese and overweight. In 2014, 13.5 percent of high school students were obese, and an additional 16.0 percent were overweight. The highest obesity rates were seen among black students (22.5%) compared to white students (10.5%) and among male students (17.5%) compared to female students (9.6%).

The percentage of high school students who attended physical education classes on all five school days decreased from 20.3% in 2013 to 15.1% in 2014. The *Healthy People 2020* target is to increase the proportion of adolescents who participate in daily school physical education to 36.6%.

Because of these high rates of risk behavior among Worcester students, the county included promoting healthy and safe school environment as one of the top health priorities over the next three years.

Goal III.1 Reduce bullying in school

Objective III.1.1. By 2020 reduce the percentage of middle and high school students who were bullied on school property by 10%.
(Baseline: Middle school students 50.3% & High school students 24.2%, YRBS 2014)

Objective III.1.2. By 2020 reduce the percentage of middle and high school students who were electronically bullied by 10% *(Baseline: Middle school students 27.4% & High school students 16.2%, YRBS 2014)*

Objective III.1.3. Implement anonymous bullying reporting systems in at least one school per year

Strategies:

- Offer anonymous reporting opportunities to students
- Increase participation of “Say it Straight” anti-bullying curriculum in middle and high schools
- Implement a community anti-bullying campaign on social media targeting middle and high school youth
- Engage youth peer groups and youth councils (Student Against Destructive Decisions (SADD), Worcester County Youth Council, student councils, etc.) to develop and implement youth-driven strategies and messaging for their peers
- Continue YRBS Taskforce dialogue about benefits of implementing anonymous reporting systems
- Implement YRBS Taskforce recommendations
- Search for funding streams to support anti-bullying efforts
- Collaborate with community partners for funding and sustainability (e.g. JKMF)

Goal III.2: Reduce obesity among Worcester County high school students

Objective III.2.1 By 2020 increase the percentage of high school students who are physically active at least 60 minutes per day on 5 or more days a week by 6% *(Baseline 42.5%, YRBS 2014)*

Objective III.2.2. By 2020 reduce the proportion of high school students who are considered obese by 10% (*Baseline 13.5%, YRBS 2014*)

Objective III.2.3. By 2020 reduce the black-white gap in obesity rate by 2.0 percentage point (*Baseline 12 percentage point, YRBS 2014*)

Strategies:

- Target special high risk youth populations (males, African-Americans) in relation to healthy eating and physical activity with social marketing messaging
- Collaborate with partners such as YMCA, Worcester County Parks and Recreation, Ocean Pines Association, and state parks to promote free physical activity for youth
- Promote use of scholarships for youth activities with YMCA and Recreation centers
- Engage youth peer groups and youth councils (SADD, Worcester County Youth Council, student councils, etc.) to promote healthy habits with peers
- Collaborate with youth serving organizations to utilize dietician support and University of Maryland Agricultural Extension/4H Clubs for healthy meal preparation
- Coordinate after school programs (Berlin, Worcester Youth & Family Counseling Services (WYFCS), etc.)
- Establish “Fuel up to play 60” program
- Explore opportunities for fitness tips to be included in public schools communications such as morning announcements, in newsletters, and through social media outlets with educational partners
- Collaborate with Worcester County Public Schools to provide nutrition education programming
- Collaborate with Worcester County Public Schools to review school wellness policy

Goal III.3: Prevent and reduce substance use among middle and high school students

Objective III.3.1. By 2020 reduce the percentage of middle and high school students reporting ever using alcohol by 5% (*Baseline:*

Middle school students 24.7% & High school students 58.7%, YRBS 2014)

Objective III.3.2. By 2020 reduce the percentage of middle and high school students who ever used electronic vapor products by 5%. (*Baseline: Middle school students 18.1% & High school students 43.1%, YRBS 2014)*)

Objective III.3.3. By 2020 reduce the percentage of middle and high school students who ever used marijuana by 5% (*Baseline: Middle school students 10.6% & High school students 37.5%, YRBS 2014)*)

Objective III.3.4. By 2020 reduce the percentage of middle and high school students who report taking a prescription pain medicine without a doctor's prescription or differently than prescribed by 3 % (*Baseline: Middle school students 6.4% & High school students 16.6%, YRBS 2014)*)

Strategies:

- Promote youth developed and produced messaging regarding dangers of vaping and why they don't vape to peers via social media and youth groups
- Provide evidence-based curriculum or after school program for youth that focuses on healthy decisions and youth goals
- Support parent engagement with youth and evidence-based interventions including therapeutic and educational interventions
- Provide skill based education for parents especially during middle school to focus communication regarding perception of harms and risks from substance abuse
- Implement youth driven extracurricular activities and projects which focus on increasing student communication, peer support and anti-destructive decision projects. Support SADD and Youth Council groups and projects
- Provide outreach and community partner engagement to encourage medications to be hidden/locked, safely disposed in drop boxes
- Train pediatricians on utilizing Screening Brief Intervention and Referral Treatment (SBIRT) for pre-teen and teen patients
- Implement social marketing campaign on positive decision making

- Collaborate with and inform intramural/travel sports teams about opioids and pain management options

Community Partners

- Worcester County Board of Education
- Worcester County Public Schools
- Worcester County Health Department – Prevention Services and Behavioral Health Unit
- Youth Council
- Students against Destructive Decisions
- YRBS Taskforce
- Worcester Youth & Family Counseling Services (WYFCS)
- UMD – Agricultural Extension Office
- Board of Education
- Alcohol & Other Drug (AOD) Council
- Worcester County Local Health Improvement Coalition

Priority IV: Access to Health Care

Background: Access to health care continues to be one of the main health issues in Worcester County. Barriers to health care include: high cost, lack of insurance coverage, lack of available services and transportation. In the 2016 community survey, participants were asked about their challenges to getting medical care. More than forty percent of respondents (44%) cited health care cost as the top challenge in their community. Over 20 percent of respondents cited not having their doctor of choice and healthcare facility in the area as barriers in getting the medical care they need. Also 20 percent of respondents reported that they did not seek the medical care they needed in the past 12 months.

Worcester County is a dental, mental health, and primary medical care provider, Health Professional Shortage Area (HPSA). As of 2016, the full-time-equivalent (FTE) primary care physician ratio in Worcester County is 1:1,667 which is less than the state value (1:1,534). This shortage may cause limited

access to health care, longer wait times for patients, and overuse of emergency systems of care.

Goal IV.1: Improve access to health care

Objective IV.1.1. By the year 2020, decrease the percentage of uninsured adults to 5% (*Baseline 5.6%, BRFSS 2012-2014*)

Objective IV.1.2. By the year 2020, reduce percentage of adults residents that report some difficulties or delays in obtaining needed medical services to 23.7% (*Baseline 25%, BRFSS 2014*)

Objective IV.1.3. In partnership with higher education institutions, develop strategies for expansion of Community Health Outreach Worker (CHOW) or health navigator programs

Strategies:

- Monitor health insurance changes and implement efforts to maintain current levels of insurance enrollment
- Advocate for policies that make health insurance affordable and available
- Enhance referral of uninsured patient to Insurance Assistance Program
- Educate people on how to use health insurance/access services, know what coverage means, and provide literacy materials
- Collaborate with local providers to reach and enroll uninsured patients in the community they serve
- Target outreach and enrollment efforts to harder to reach communities
- Expand telemedicine, care coordination services and multipurpose health services complex strategies
- Increase use of same day/urgent care behavioral health services and 211

Goal IV.2 Improve public awareness of health services using traditional and technological means

Objective IV.2.1. Implement annual public awareness campaign focused on health services available in the tri-county area

Objective IV.2.1. Increase the number of people aware of available health services measured by key websites traffic numbers
(Baseline: to be determined 2017)

Strategies:

- Develop and disseminate information/materials on health services availability including resource directories, public advertising and toll free numbers
- Inform and educate the public how to use health services and how to get assistance with different health issues
- Conduct outreach /social media activities to increase public awareness
- Monitor key health related websites activities
- Use the annual Public Health Conference as educational forum
- Update the WCHD service directory and make copies available to public

Community Partners

- Maryland Association of County Health Officers (MACHO)
- Maryland Children's Health Program (MCHP)
- Lower Shore Health Insurance Assistance Program (LSHIAP)
- Worcester County Health Department
- Atlantic General Hospital
- Federally Qualified Health Center (FQHC)
- Social Services and coordination steering committee
- WCHD resources coordination services committee
- Wor-Wic Community College, University of Maryland Eastern Shore (UMES), Salisbury University (SU)

The Worcester County Health Department and MAPP team members will provide leadership and support to implement the CHIP with community engagement and input as key factors.

The CHIP is a living document that will be implemented and monitored over a three year period and continuously revised based on evaluation results and feedback from our community partners and community members.



Community Partners

Alcohol & Other Drug (AOD) Council
Assateague Coastal Trust
Atlantic Club
Atlantic General Hospital
Behavioral Health Administration
Berlin multipurpose center
BH advisory committee
Commission on Aging
Community Partners
Core Service Agency / Local Addictions Authority
County Jail
Diakonia
Drug Alcohol Council
Federally Qualified Health Center (FQHC)
Hudson Health
4H extension program & STEM program
Local providers
Lower Shore Health Insurance Assistance Program (LSHIAP)
Maryland Association of County Health Officers (MACHO)
Maryland Children's Health Program (MCHP)
Maryland Department of Health
Maryland Lower Shore Land Trust
Mental Health Advisory Council
Office of Human Resources
Parks and recreation – water trails
Peninsula Regional Medical Center
Senior Policy Group
Snow Hill Ministerial Association
Social Services and coordination steering committee



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Worcester County Health Department – Prevention Services and
Behavioral Health Unit
Worcester County Library
Worcester County Local Health Improvement Coalition
Worcester County Public Schools
Worcester Youth & Family Counseling Services (WYFCS)
Wor–Wic Community College, University of Maryland Eastern Shore
(UMES)
Salisbury University (SU)
YMCA
Youth Council
YRBS Taskforce



Acronyms

ADAA: Alcohol and Drug Abuse Administration
AOD: Alcohol & Other Drugs
AFSP: American Foundation for Suicide Prevention
AGH: Atlantic General Hospital
BH: Behavioral Health
BHA: Behavioral Health Administration
BRFSS: Behavioral Risk Factor Surveillance Survey
CDC: Centers for Disease Control
CHRC: Community Health Resource Commission
CHIP: Community Health Improvement Plan
CHA: Community Health Assessment
CIT: Crisis Intervention Team
CHOW: Community Health Outreach Worker
CRT: Crisis Response Team
CSA: Core Service Agency
DAC: Drug and Alcohol Council
ED: Emergency Department
FTE: Full-Time Equivalent
FQHC: Federally Qualified Health Center
HPSA: Health Professional Shortage Area
HRSA: Health Resource Service Administration
LHIC: Local Health Improvement Coalition
LSHIAP: Lower Shore Health Insurance Assistance Program
MAT: Medication-Assistant Treatment
MAPP: Mobilizing Action through Planning & Partnerships
MACHO: Maryland Association of County Health Officers
MCHP: Maryland Children’s Health Program
NACCHO: National Association of County and City Health Officials
NAMI: National Alliance on Mental Illness



NOC: Network of Care

PCP: Primary Care Physician

PDMP: Prescription Drug Monitoring System

PHAB: Public Health Accreditation Board

PRMC: Peninsula Regional Medical Center

SAMHSA: Substance Abuse & Mental Health Services Administration

SBIRT: Screening, Brief Intervention & Referral to Treatment

SADD: Student against Destructive Decisions

UMES: University of Maryland Eastern Shore

UMD: University of Maryland

WCHD: Worcester County Health Department

YRBS: Youth Risk Behavior Survey

WYFC: Worcester Youth & Family Counseling