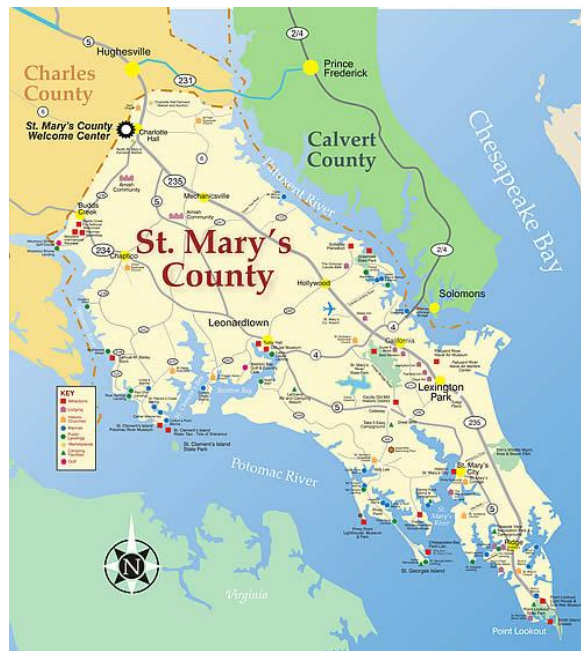


St. Mary's County, Maryland

2010 Community Health Improvement Plan



Sponsored by:



Prepared by:
HOLLERAN

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TABLE OF CONTENTS

Executive Summary.....	3
St. Mary's County Assets & Strengths.....	5
Health Priorities & Goals.....	
Obesity.....	7
Infant and Child Death Rates.....	10
Healthcare Practitioner Shortages.....	12
Childhood Sexual Abuse.....	14
Tobacco Use.....	16
The Path Ahead.....	18
Community Health Partners & Contributors.....	19

Executive Summary

In early 2009, St. Mary's Hospital initiated a comprehensive community health needs assessment with participation from key county agencies, residents, healthcare organizations and providers. The purpose of the study was to gather current statistics and feedback on the key health issues facing county residents. St. Mary's Hospital contracted with Holleran, a Lancaster, Pennsylvania-based research firm, to execute the various research components.

The community health assessment data was both quantitative and qualitative. Input was gathered through focus groups with physicians, county residents, and area professionals as well as a 1,100 respondent telephone survey. Face-to-face interviews with area residents provided additional health-related data to supplement the telephone survey. Information from a secondary data profile detailing the county's demographic trends, mortality and morbidity rates as well as other quality of life measures yielded additional quantitative information. A team of health care professionals, social service agencies, public health representatives, and other local organizations examined the resulting data. A subcommittee from these organizations participated in a strategic planning process and prioritization exercise, which resulted in five strategic issues as health priorities. The issues were not only selected based on the seriousness of the issue, but also on the ability for the community to make an impact at improving the condition. The five issues, all of equal importance, are as follows:

- *Obesity*
 - *Infant and child death rates*
- *Healthcare practitioner shortages*
 - *Childhood sexual abuse*
 - *Tobacco use*

According to estimates from the Centers for Disease Control and Prevention, eliminating three major risk behaviors for chronic diseases (poor diet, physical inactivity, and smoking) would prevent:

- 80 percent of heart disease and stroke
- 80 percent of Type II diabetes
- 40 percent of cancers

The following plan is inclusive of these key behaviors (poor diet, physical inactivity, and smoking) and their resulting health issues. The overarching goal of the community plan is to address the root causes of disease and illness, leading to greater prevention and healthy lifestyle choices.

Goals and objectives relating to these issues as well as suggested strategies comprise the current document entitled St. Mary's County Community Health Improvement Plan (CHIP). The next step in the process is an anticipated community-wide action cycle during which the strategies deemed most promising will be implemented. The CHIP process is aimed at facilitating community engagement to achieve an optimal and equitable level of health among all of St. Mary's County residents. Residents and community groups are encouraged to join the CHIP process as it enters the implementation phase. For more information, please call Health Connections at 301-475-6019 or visit the St. Mary's Hospital website, www.smhwecare.com.

St. Mary's County Assets & Strengths

In an attempt to take a global view of the community, its strengths and areas of opportunity, it is important to identify the community assets and strengths that were identified through the assessment. Many communities take a strengths-based approach to addressing areas needing improvement. This method allows communities to fully understand its assets and develop ways to utilize those strengths and improve upon unhealthy areas.

The following points outline some of the positive findings identified through the assessment. "Positive" is defined as areas where the county statistics are more favorable than comparable regional, state, and national statistics. It should be noted that the list is not fully inclusive of all quality of life and health issues, but the most prominent statistics and feedback outlined in the report.

- In general, residents of the county feel that it is a safe place to live and raise a family. This is evidenced not only by resident feedback from the focus groups, but also in the low crime rate compared to statewide averages.
- Breast Cancer and Prostate Cancer rates are below state and national rates.
- Female breast cancer screenings are favorable, with nearly 98% of females 50+ having had a mammogram. This exceeds state and national percentages. Similar figures are seen for the proportion having pap tests.
- Communicable disease rates in the county are well below state and national rates (i.e. sexually transmitted infections).
- While some exceptions exist among certain minority groups and geographic areas of the county, in general, residents living in St. Mary's County have a higher likelihood of obtaining regular dental health care (cleanings, visits to dentist).
- The St. Mary's County divorce rate is below the national rate of divorce.

- High school students in the county are much less likely to drop out of school compared to their peers statewide and nationally.
- Overall, the age-adjusted death rate in the county due to accidents is below the national statistics.
- Deaths due to complications from Alzheimer’s Disease are also fewer in St. Mary’s County when compared to state and national rates.



Health Priorities & Goals

OBESITY

Countless health research studies support the link between obesity and chronic diseases such as heart disease, diabetes, and cancer, all leading causes of death nationally and in St. Mary's County. Diabetes rates and the death rate for diseases of the heart in St. Mary's County are above Maryland and national figures.

OBESITY & OVERWEIGHT ARE TOGETHER ARE THE SECOND LEADING CAUSE OF PREVENTABLE DEATH IN THE U. S.

AN ESTIMATED 300,000 DEATHS PER YEAR ARE DUE TO THE OBESITY EPIDEMIC.

TODAY, OBESE CHILDREN ARE MUCH MORE LIKELY TO DEVELOP TYPE 2 DIABETES THAN EVER.

MEDICAL COSTS ATTRIBUTED TO OVERWEIGHT & OBESITY EXCEEDS \$92 BILLION.

According to a survey of approximately 1,100 county residents, roughly 6 out of 10 St. Mary's County adults are either overweight or obese. That translates into roughly 60,000 adults throughout the county. The Healthy People 2010 goal is the exact opposite: 60% neither overweight nor obese. A more detailed examination of the data reveals a significantly higher level of obesity among males and African American residents in the county. Resident input from the focus groups support concerns with the increasing

obesity issues among both adults and children in the county. Discussions about nutrition and physical activity elicited a great deal of feedback. Numerous barriers to healthy eating and regular physical activity were cited, including the high cost of healthy foods and access to physical activity venues. Depending on the area of the county, anywhere between 24% and 33% of the residents report occasions in the previous year where they were worried or stressed about having enough money to buy nutritious meals.

“If you can’t get to the grocery store to buy food and if you don’t have a garden in your back yard, you’re not going to eat.” ~Focus Group Participant

While the majority of those participating in the telephone survey (80%) noted some form of physical activity, this number is elevated by the higher activity levels among the military personnel in the area. Among those employed in the county, nearly 67% work in sedentary jobs where they are mostly sitting or standing. Not surprisingly, the St. Mary’s County residents who are overweight or obese are also less likely to engage in regular moderate or vigorous physical activity.

The following outlines the goal and objectives for addressing the obesity issue in St. Mary’s County.

Goal Statement

- Increase the number of adults with a BMI of 24 or below by 5%, as reported in the St. Mary’s County BRFSS, by 2015.

Outcome objectives/measures

- **Objective 1:** Investigate and recommend a strategy to develop a Healthy St. Mary's County Coalition to address awareness, prevention, and targeted interventions to increase the number of individuals in St. Mary's County with a healthy BMI by November 2010. Strategies for establishing a Healthy St. Mary's Coalition completed by April 2011.
- **Objective 2:** Develop an obesity reduction plan for Healthy St. Mary's County Coalition. Recruit and orient coalition members by September 2011.
- **Objective 3:** Members of Healthy St. Mary's Coalition will develop an action plan with measurable outcomes around obesity awareness, prevention, and interventions by February 2012. The Coalition will begin quarterly reporting to CHAC beginning November 2011.



INFANT & CHILD DEATH RATES

Infant mortality is defined as the number of infant deaths (one year of age or younger) per 1,000 live births. It is also referred to as the infant death rate. While infant mortality rates are significantly higher in developing countries, vast differences in infant mortality rates in modernized countries is increasingly gaining attention.

IN 2005, AFRICAN AMERICANS HAD 2.3 TIMES THE INFANT MORTALITY RATES OF NON-HISPANIC WHITES.

AFRICAN AMERICAN MOTHERS ARE 2.5 TIMES AS LIKELY AS NON-HISPANIC WHITE MOTHERS TO BEGIN PRENATAL CARE IN THE 3RD TRIMESTER OR TO RECEIVE NO PRENATAL CARE AT ALL.

CHILDREN IN ST. MARY'S COUNTY COMPRISE 30% OF THE COUNTY'S POPULATION.

The 2007 infant mortality rate per 1,000 live births in St. Mary's County (10.9) was above the Maryland rate (8.0) and the Healthy People 2010 goal (4.5). The Maryland rate was the 11th highest rate among all states in 2007, and Mississippi was the highest at 10.74. Hence, St. Mary's County has a rate above the highest state rate in the country. The neonatal mortality rate in St. Mary's County (8.1) is also above the state rate of 5.8. Concerns were voiced across the various community focus groups regarding the high number of deaths among infants and children. The infant death rate for African Americans in St. Mary's County is 33.3 (per 1,000 live births), nearly five times the rate for White Non-Hispanic infants (rate of 4.6 per 1,000).

Unfortunately childhood death rates among children ages 1-4 years are also elevated. The 2007 child death rate for St. Mary's County was 41.2 per 100,000, which is higher than the Maryland rate of 25.9. The United States rate is just over 30 per 100,000. Among all states, Connecticut has the

lowest child death rate (19.6) and Wyoming has the highest rate (53.7). Throughout Maryland and nationally, the most common cause of childhood death is accidents.

The following outlines the goal and objectives for addressing the high infant and childhood death rates in St. Mary's County.

Goal Statement

- Reduce St. Mary's County infant and child death rates to below the State of Maryland's infant and child death rate by 2015.

Outcome objectives/measures

- **Objective 1:** St. Mary's County Health Department will retrospectively review infant and child deaths (1 to 4 years of age) from 2005 through 2009 to identify any common causes that need to be addressed and establish baseline for future comparisons by September 2010.
- **Objective 2:** St Mary's County Health Department will establish an Infant and Child Fatality Review Team to meet quarterly and perform concurrent reviews of infant and child deaths (1 to 4 years of age) beginning June 2010. A member of the Infant and Child Review Team will report trends quarterly to CHAC beginning September 2010.
- **Objective 3:** At the end of each year, the review teams will compare infant and child death rates (1 to 4 years of age) to Maryland State rates. If indicated, the review board will develop a plan to reduce infant and child rates in St. Mary's County by first quarter of 2011.



HEALTHCARE PRACTITIONER SHORTAGES

Without a doubt, one of the most significant healthcare concerns voiced during the community focus groups was the shortage of primary care providers, particularly those who accept Medical Assistance. St. Mary's County is also perceived to be lacking in the number of specialists available to residents, causing residents to either travel outside of the county or go without care at all. Not only are residents and area professionals concerned about these shortages, but area physicians are as well. The physicians who participated in the community focus groups shared that the lack of specialists interferes with their ability to effectively treat and provide for their patients.

ACCORDING TO THE MARYLAND STATE MEDICAL SOCIETY, MARYLAND IS 16% BELOW THE NATIONAL AVERAGE FOR THE NUMBER OF PHYSICIANS AVAILABLE FOR CLINICAL PRACTICE.

THE SHORTAGE OF PHYSICIANS HAS MOST AFFECTED SOUTHERN MARYLAND, WESTERN MARYLAND, AND THE EASTERN SHORE.

A MARYLAND PHYSICIAN WORKFORCE STUDY REVEALED AN 86.2% PHYSICIAN SHORTAGE IN SOUTHERN MARYLAND.

One of the reasons for these shortages throughout Maryland is an aging workforce with 33.4 percent of physicians over age 55. Specific to St. Mary's County, physicians noted that one of the greatest barriers to recruiting practitioners is finding applicants who are willing to live in a rural area. Specific specialist shortages that were most commonly mentioned in the focus groups include:

- Endocrinologists
- Geriatricians
- Mental health practitioners
- Nephrologists
- Neurologists
- Optometrists
- Orthopedists
- Pediatricians
- Rheumatologists
- Urologists

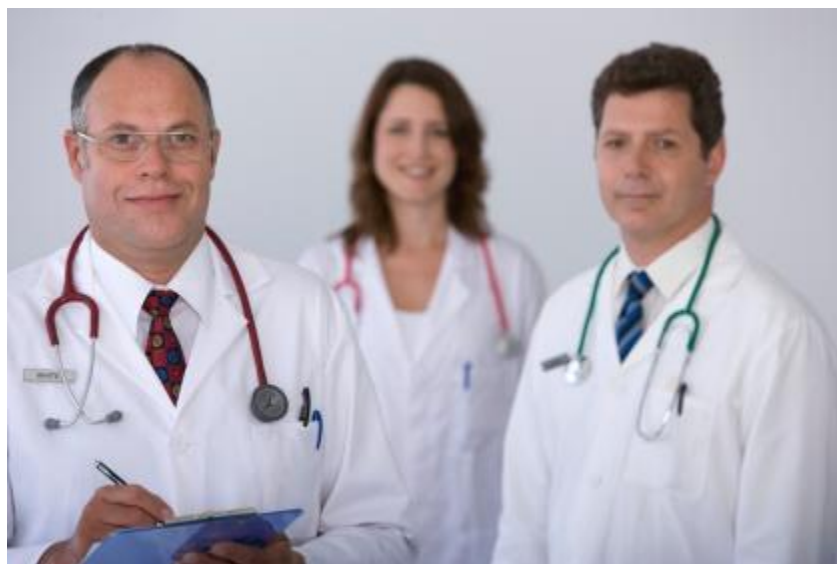
The following outlines the goal and objectives for addressing the shortage of healthcare practitioners in St. Mary's County.

Goal Statement

- To increase the number of available primary care physicians, specialists, and dental care providers in St. Mary's County by 2015.

Outcome objectives/measures

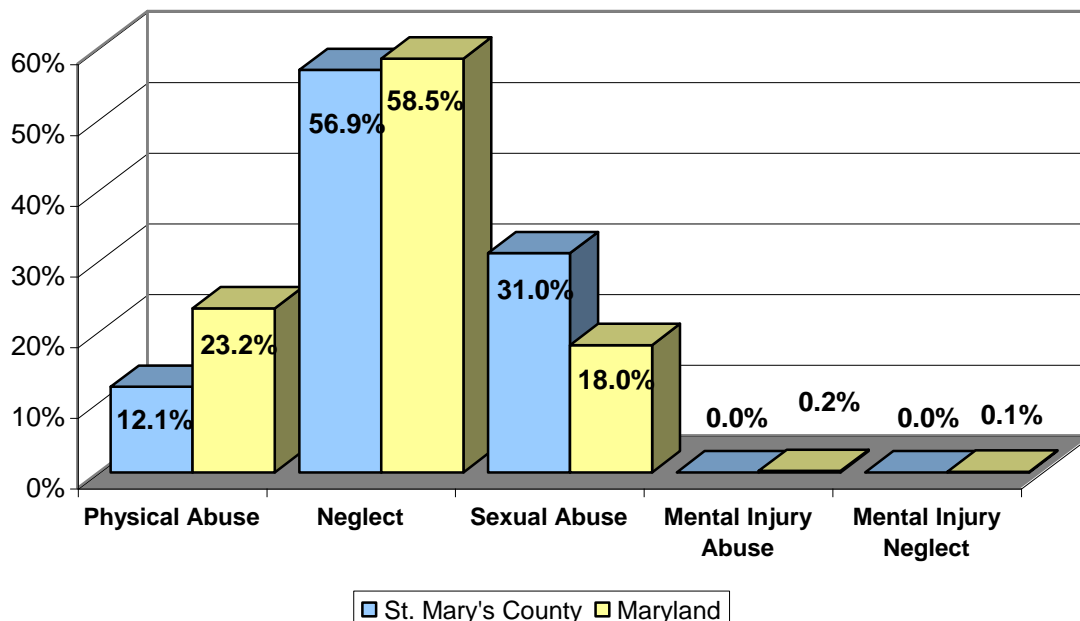
- **Objective 1:** Support the efforts of St. Mary's Hospital in its attempts to recruit physicians to St. Mary's County to improve access to health care in St. Mary's County by supporting requests for funding and program development, and support hospital initiatives to improve the recruitment process.
- **Objective 2:** Report number of new physicians recruited to St. Mary's County each year at the August and February Community Health Advisory Committee meeting.



CHILDHOOD SEXUAL ABUSE

The most recent childhood abuse and neglect statistics (2004-2005), detail that St. Mary's County had 401 investigations and 58 validated cases. The statistics across Maryland over the same time frame were 10,751 investigations and 6,196 validated cases. The noteworthy finding is revealed when comparing St. Mary's County and Maryland in terms of the distribution of validated cases across type. A disproportionately lower share of St. Mary's County cases were physical abuse and a disproportionately higher share were sexual abuse.

Abuse/Neglect (July 2004 - June 2005)



Concerns were voiced not only about the impacts of sexual abuse in children, but also the adult effects of childhood abuse. Adult survivors of abuse face additional challenges such as anxiety and depression and may become offenders themselves. Key agencies involved in the assessment

plan to further investigate the patterns revealed in the statistics and explore partnership opportunities with experts in this field.

The following outlines the goal and objectives for addressing childhood sexual abuse in St. Mary's County.

Goal Statement

Decrease the number of cases of child sexual abuse in St. Mary's County.

Outcome objectives/measures

- **Objective 1:** Establish quarterly reporting of child abuse cases in St. Mary's County by the St. Mary's Child Advocacy Center to the CHAC. Stratify data to help identify areas needing education on the prevention of child abuse by November 2010.
- **Objective 2:** Identify current coalition partners and community child abuse prevention strategies by March 2011.
- **Objective 3:** Implement at least one child abuse prevention program countywide or locations specific as indicated by data trends with measurable outcomes by September 2011.



TOBACCO USE

Roughly 13% of adults in St. Mary's county are regular smokers. This number escalates to a staggering 50% in select parts of the county, including the Lexington Park area. The 50% rate was revealed in the face-to-face interviews conducted with low-income, under- and uninsured residents of the county.

OBESITY & OVERWEIGHT ARE TOGETHER ARE THE SECOND LEADING CAUSE OF PREVENTABLE DEATH ONLY SECOND TO TOBACCO USE.

EVERY YEAR 1,000,000 FIRES ARE STARTED BY CHILDREN USING CIGARETTE LIGHTERS.

THE RISK OF LUNG CANCER IN NON-SMOKERS EXPOSED TO SECOND-HAND SMOKE IS INCREASED BY 20%-30%.

The qualitative feedback obtained from the community discussion groups identified a collective level of concern regarding the levels of smoking. One focus group participant suggested a connection between increasing respiratory problems among the county's children and parents who smoke.

Many studies have also suggested a connection between smoking and coronary artery disease. A person's risk of high blood pressure and a heart attack increases with the number of cigarettes he or she smokes and the length of the smoking behavior. The focus group participants clearly stated that the "hidden" diseases such as high blood pressure are rarely on their radar.

“If nothing is obviously breaking down, I wait because I don’t have the money. For all I know, I could have high cholesterol or high blood pressure. All that stuff isn’t visible.” ~Focus Group Participant

The following outlines the goal and objectives for addressing tobacco prevention and cessation in St. Mary’s County.

Goal Statement

Provide smoking cessation resources to the low-income populations in the Lexington Park area.

Outcome objectives/measures

- **Objective 1:** Recruit and train facilitators for smoking cessation programs.
- **Objective 2:** Offer a minimum of two smoking cessation classes and more resources for the low-income population in Lexington Park each year reaching at least 20 individuals with 40% of participants completing the classes by June 2011. Participants will be contacted three and six months after the program to evaluate the effectiveness of the class and smoking cessation. Measure outcomes using CDC guidelines. St. Mary’s County Cancer coalition to report results quarterly to CHAC.
- **Objective 3:** Implement a smoking cessation social marketing campaign targeted to the low-income population by November 2011.



The Path Ahead

By definition the CHIP process is a cyclical progression toward community health improvement. With the completion of the Community Health Improvement Plan, participants will move to the action phase. This part of the cycle consists of planning, implementing and evaluating initiatives and interventions to reach measurable objectives. Success will come from a community-owned process and a commitment to collective goals.

Throughout the action cycle, progress will be assessed and tactics shifted depending on what practices are going to yield the most significant results. It is important to develop programs and outcomes that are measurable and easily tracked. It is better to set realistic, simple goals rather than difficult, complex ones. It is important to also have early successes to maintain commitment and momentum.

A typical action cycle based on a Community Health Improvement Plan spans 3-5 years. Keeping the issues at the forefront and a regular review of the CHIP will increase the likelihood of success. While a change in outcomes is ideal, most participants find that the power of community and collaboration are some of the most significant and powerful benefits. It is anticipated that those involved will walk away with an appreciation of being involved in something greater than themselves.

Community Health Partners & Contributors

We would like to thank all the residents of St. Mary's county who participated by taking the survey or attending a focus group. We would also like to thank the St. Mary's Hospital Medical Staff for contributing through focus groups and questionnaires. Additional recognition goes out to the following organizations and individuals.

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