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# HOLLERAN

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## St. Mary's County, Maryland

2009 Community Health Needs  
Assessment  
Final Report



# St. Mary's Hospital

*Prepared by  
Holleran  
January 29, 2010*

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## A. BACKGROUND

St. Mary's Hospital undertook a comprehensive community health needs assessment, beginning in early 2009. The purpose of the study was to gather current statistics and qualitative 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.

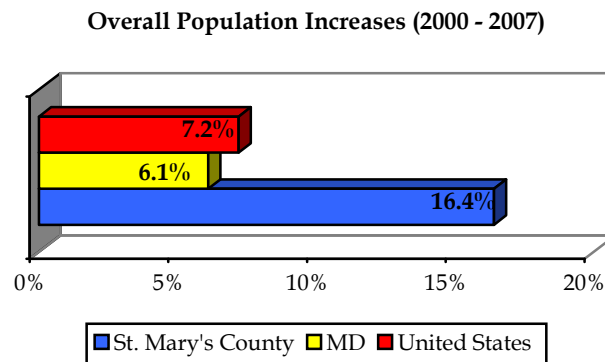
The community health needs assessment was comprised of three research components:

- Secondary Data Profile
- Behavioral Risk Factor Surveillance System (BRFSS) Study
- Focus Groups

This final report document outlines the summary of findings from the various research components, noting historical trends and comparisons, and elaborating upon the qualitative feedback provided during the focus groups and data gathered from hard-to-reach and more vulnerable participants using a shortened survey instrument. The report is broken down into theme-related sections, such as general health status, chronic disease, etc. Each section ends with a "takeaways" section that highlights the key trends and noteworthy findings that warrant further attention.

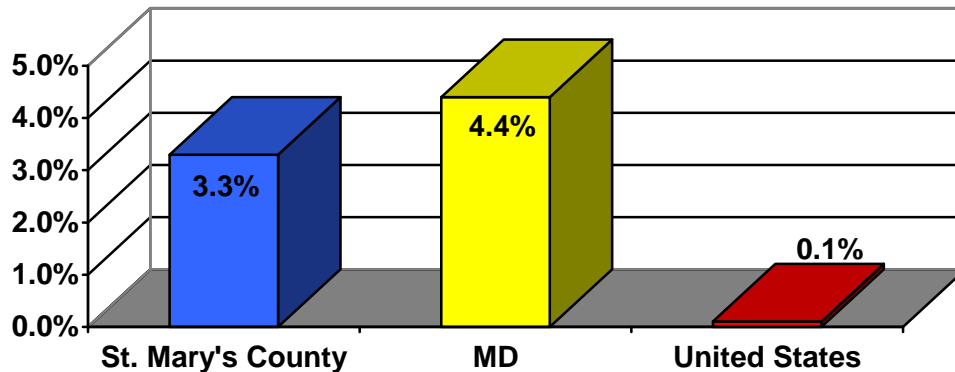
## B. DEMOGRAPHICS

The **population** in St. Mary's County is just over 100,000 with the male to female ratio (49.6% to 50.4%) being very close to the state and national ratios. Between 2000 and 2007, the county saw a 16.4% increase in its population, which is much higher than the increase during the same time period for Maryland and the nation, which experienced increases during the same period of 6.1% and 7.2% respectively. This large increase in population was echoed by at least one focus group member who stated, *"It was just announced that we have the highest birth rate in the state. That is going to have an impact on us."*



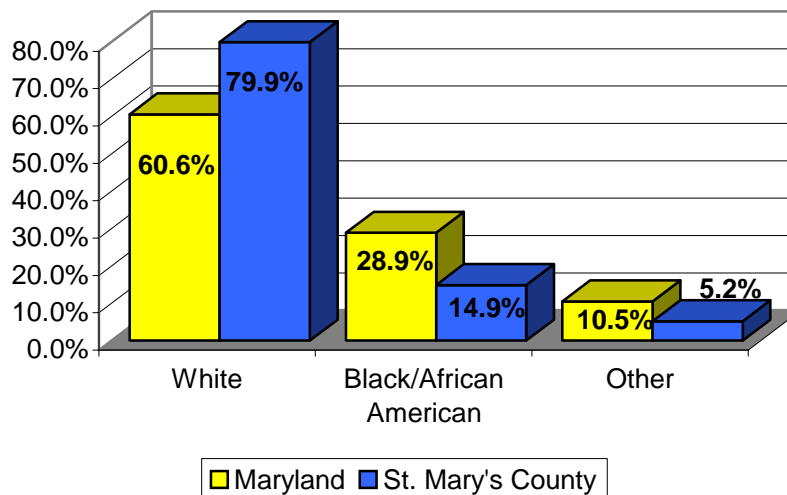
The **65+ age group** in St. Mary's County increased from 2000 to 2007 by 3.3%. The growth in the senior population in St. Mary's County is less than what the growth rate is for seniors in Maryland (4.4%) but greater than the growth rate for seniors across the nation (0.1%).

### Growth Rate of Senior Population (65+)



The **racial breakdown** of St. Mary's County residents is primarily White (79.9%). The next largest population is the Black/ African American race, at 14.9% of the population. These percentages across the largest two races in St. Mary's County are not much different than those of the nation as a whole (73.9% and 12.4%). However, they are quite different than those of Maryland (60.6% and 28.9%) as shown in the chart below.

### Racial Comparison Maryland vs. St. Mary's County



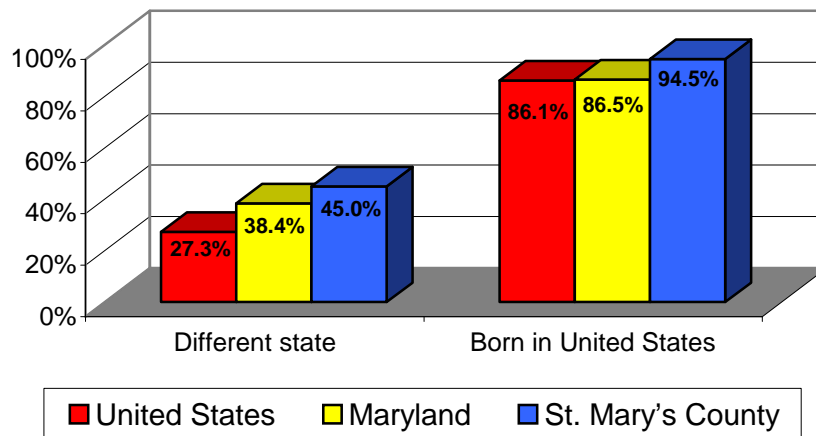
From 2000 to 2007 the proportional distribution across races has not changed appreciably. According to the census bureau the following table shows the proportional changes by race in St. Mary's County.

St Mary's County, MD Racial Distribution	2007	2000	Change (2007-2000)
White	79.9%	81.6%	-1.7%
Black/ African Am.	14.9%	13.9%	1.0%
Am. Indian/ Alaskan	0.4%	0.3%	0.1%
Asian	2.8%	1.8%	1.0%
Native Hawaiian/ Pacific Islander	0.0%	0.1%	-0.1%
Some other race	0.5%	0.6%	-0.1%
Two or more races	1.5%	1.7%	-0.2%

The percentage of the St. Mary's County population that is qualified as **Hispanic or Latino** (2.7%) is lower than both the state and national percentages, which are 6.3% and 15.1% respectively.

Regarding the **place of birth breakdown**, it is interesting to note that 45% of the St. Mary's County population was born in another state. This is above 38.4% for Maryland and 27.3% for the nation. However, 94.5% of St. Mary's Counties' residents were born in the United States, which is a higher rate than that of Maryland (86.5%) and the nation (86.1%). The differences in these statistics are probably due to the military base in St. Mary's County.

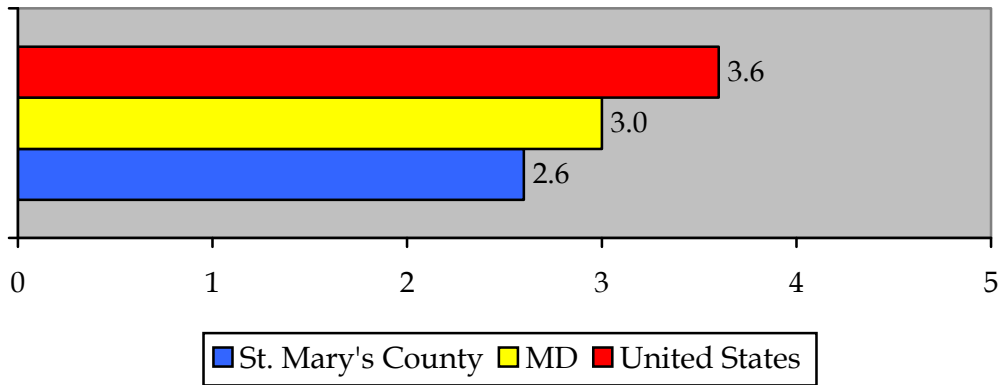
### Place of Birth



The **household statistics** paint a picture of a county comprised primarily of family households and married-couple families. The percentage of households with a female householder and no husband present and the percentage of non-family households is lower in St. Mary's County compared to Maryland and the nation as a whole. The marriage rate in St. Mary's County (6.7 per 1,000) is about the same as the rest of the state of Maryland (6.5 per 1,000), but it is lower than the nation as a whole (7.3 per

1,000). The divorce rate in St. Mary’s County is lower than both the state rate and the national rate as seen below.

Divorce Rate per 1,000 population (2007)



When looking at **housing occupancy**, St. Mary’s County also has fewer vacant housing units compared to statewide and national statistics. The majority (72.6%) is owner occupied, which is a higher percentage than owner-occupied throughout the state (69.9%) and nation (67.2%).

The **income statistics** for St. Mary’s County are quite a bit higher than both the state and national median values. The median household income for St. Mary’s County is \$75,769, whereas the state and national figures are \$68,080 and \$50,740 respectively. However, when looking at male and female earnings (for year-round workers), the gap is much greater than the gender gap in Maryland and the nation. Specifically, the median income for males in St. Mary’s county is \$65,230, and for the females it is \$45,533. This represents close to a \$20,000 difference. The differences in median income between males and females for both Maryland and the United States are both very close to \$10,000. Hence, this gender gap in median income is nearly double in St. Mary’s County.

St. Mary’s County <u>MALE</u> median earnings	St. Mary’s County <u>FEMALE</u> median earnings
<b>\$65,230</b>	<b>\$45,533</b>

When looking at general aggregate **poverty** statistics, St. Mary’s County is lower than Maryland and the United States in terms of percentage of families and people whose income is below the poverty level. However, there are two demographic breakouts

where St. Mary's County has a higher poverty percentage than Maryland and the United States. The two groups are married couples with children under 5 years of age and those people 65 years and over. Both of these groups comprise a society's vulnerable citizens and the fact that they are relatively at a higher poverty rate poses a challenging opportunity for the health and welfare of St. Mary's County. Also, these two demographic breakouts having higher relative rates of poverty against the backdrop of relatively low rates of poverty for St. Mary's County overall seems to be, in part, echoed by one of the focus group participants - *"There is this invisible population in the county because our county-wide statistics often look okay. They are skewed often because of the military population."* This is a reference to the largest employer in St. Mary's County: the Patuxent River Naval Air Station.

### *Takeaways: Demographics*

- ❖ The population in St. Mary's County is growing at a much faster rate than Maryland and the United States.
- ❖ Most households in St. Mary's County are reflective of family households and owner-occupied housing units.
- ❖ The gap in median income between males and females in St. Mary's County is double what the gap is in both Maryland and the United States.
- ❖ Although poverty statistics look very positive for St. Mary's County in general, there are two specific groups that do not fare well relative to Maryland or the nation: married couples with children under five and people 65 and older.

## C. GENERAL HEALTH STATUS

The household survey asked respondents to rate their **general health**, and 84.4% of those surveyed responded that their general health is good, very good or excellent. The figures from the MD and United States BRFSS studies are 87.5% and 83.6% respectively. The percentage of St. Mary's County residents reporting their general health is excellent (14.6%) is significantly lower than the percentage in Maryland (22.8%) and the US (20.5%). This was stated as an area of opportunity for St. Mary's County in the final BRFSS report presented to St. Mary's Hospital on September 1, 2009.

Additionally, St. Mary's County residents (75.8%) are more likely than throughout the state (69.7%) and country (68.4%) to have had a routine checkup in the past year. In terms of demographics, a statistically significant difference exists such that males are less likely to visit a doctor for a routine checkup than females.

Regarding **physical health**, 69.1% of St. Mary's County respondents stated that there were no days during the past 30 days in which their physical health was not good, which is significantly higher than both Maryland (63.0%) and the United States (63.8%). A similar question was asked regarding **mental health**, and 65.5% of St. Mary's County respondents said they had no days in the past month where their mental health was not good. That was above the 63.3% statewide and just under the 65.9% nationally; neither comparison was significantly different. Additionally, St. Mary's County respondents were asked how many days out of the past 30 did poor physical or mental health keep them from doing usual activities. Those responding "no such days" comprised 59.8%, which is similar to Maryland (59.8%) and the nation (59.2%).

There are some interesting demographic breakouts to note regarding physical and mental health. Female respondents are significantly more likely to have 8 or more days with physical health that is not good compared to male respondents. Also, male respondents are significantly more likely to have no days of poor physical or mental health compared to female respondents.

Several of the focus group attendees mentioned that mental health care is an unmet need in St. Mary's County.

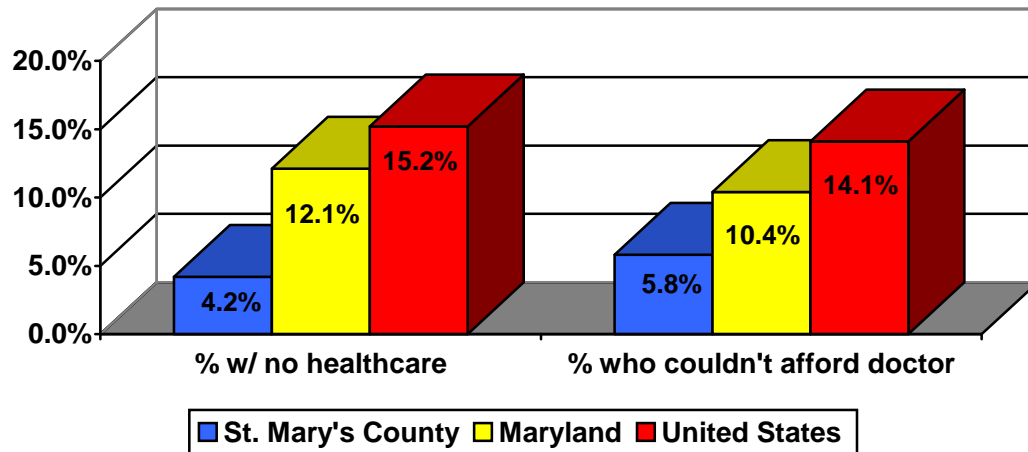
***Takeaways: General Health Status***

- ❖ In general, the health status of St. Mary's County residents is similar to that of Maryland residents and the US as a whole. However, on the rating of excellent health, St. Mary's County residents fall below that of Maryland and US residents.
- ❖ Although St. Mary's County residents are more likely to have regular checkups than Maryland or US residents, men in St. Mary's County are significantly less likely to have had a routine checkup than women.
- ❖ Comparatively speaking, St. Mary's County does well regarding physical health; however, there are no differences between St. Mary's County residents and the comparative groups with respect to mental health.

## D. ACCESS TO CARE

St. Mary's County scores significantly higher than Maryland and US respondents with respect to having healthcare coverage. Nearly 96% of those surveyed in St. Mary's County indicated that they have some kind of health care coverage compared to 87.9% throughout Maryland and 84.8% across the US. Although this healthcare coverage statistic looks excellent, there were some indications from the focus group meetings that the coverage is not always fruitful. For example, several respondents stated that it is a challenge to find physicians that accept their insurance, particularly coverage provided by the Maryland Health Insurance Plan (MHIP). Moreover, when a physician is found that accepts the associated coverage, transportation to the doctor's office can often present a barrier to treatment according to focus group participants. These challenges in finding a doctor may explain why 12.2% of respondents stated that there was a time in the past 12 months that they needed medical care but were unable to be seen by a doctor in a reasonable time frame. Additionally, physician recruitment to practice in St. Mary's County is a challenge mentioned in each focus group including the physician focus group.

Even though there are a few challenges mentioned above in finding physicians for certain populations in St. Mary's County, the percentage of St. Mary's County respondents indicating that they have one person that they think of as their personal doctor is 78.6% which is similar to Maryland (78.4%) but significantly higher than the United States (73.2%). Additionally, St. Mary's County residents reported a significantly lower frequency of times in the previous year when they needed to see a doctor, but could not because of the cost, compared to statewide and national figures. Also, access to medications does not appear to be a challenge because of cost. There were 92.6% of respondents answering "no" when asked whether there was a time in the past 12 months when medication was needed but could not be obtained because of cost. Also, the focus group participants lauded Wal Mart as an excellent, low-cost access point for obtaining prescription drugs. These positive coverage statistics may be due in part to the higher income levels mentioned above in the demographics section.



Further analysis of the access to care issue reveals some significant discrepancies across certain demographic groups. White respondents are more likely to have any kind of health care coverage than Black or African American respondents. Also, females are more likely than males to have been unable to see a doctor in a reasonable time frame to treat an illness than males.

The focus group participants suggested there was a need for improvement at the county Social Services office. The challenge presented was with respect to the re-certification paperwork being lost or not forwarded properly to the medical assistance recipient. One participant stated – *“Our health insurance was dropped because they said they didn’t get our renewal paperwork. They lost it. I took my kids to the doctor and didn’t know I had been dropped, so I was stuck with this bill.”*

***Takeaways: Access to Care***

- ❖ The overall rate for the insured in St. Mary’s County is above statewide and national figures.
- ❖ The number of physicians accepting insurance, especially MHIP is a challenge for St. Mary’s County
- ❖ Physician recruitment is an issue due to the rural atmosphere of St. Mary’s County. The physicians focus group mentioned loan repayment programs as a possible incentive.
- ❖ St. Mary’s County performs quite well in the area of access to prescription drugs and maintaining low-cost options

## E. CHRONIC DISEASE

### *Cancer*

The age-adjusted incidence rate for all types of cancer in St. Mary's County is 443.8 per 100,000. This is below Maryland (477.3) and the United States (469.7). The following table outlines several different types of cancer and where St. Mary's County is more or less healthy than state and/or national rates. If a particular type is not mentioned, that suggests a rate that is similar to what is seen nationally and statewide.

St. Mary's County Favorable	St. Mary's County Less Healthy
Female Breast Prostate	Colorectal Lung and Bronchus Melanoma of the skin Oral

The **colorectal cancer** incidence rate in St. Mary's County is 66.2 per 100,000 compared to 53.3 throughout Maryland and 52.0 in the United States. Additionally, the death rate for colorectal cancer is higher in St. Mary's County (25.9) versus both statewide (21.7) and nationally (20.1). On a positive note, respondents to the survey in St. Mary's County were significantly more likely to have had a sigmoidoscopy or colonoscopy than respondents across Maryland or the United States.

**Lung cancer** rates stand out as a problem in St. Mary's County. The lung and bronchus cancer incident rate is 73.2 per 100,000 in St. Mary's County; whereas the rate is 68.7 for Maryland and 60.8 for the United States. The same source shows that the lung and bronchus cancer death rate of 56.9 per 100,000 for St. Mary's County is more in line with the state and national rates. There is awareness of the prevalence of lung and bronchus cancer incident and death rates in St. Mary's County as lung cancer and smoking were specific health related issues raised in several of the focus groups.

**Melanoma of the skin** is also showing as a health risk for St. Mary's County. Both the incident and death rates for St. Mary's County are higher than comparison figures for the state and nation. In fact, at 4.1 per 100,000, the melanoma death rate for St. Mary's County is 58% higher than the rate of 2.6 for both Maryland and the United States. One possible explanation for the higher rate of skin cancer in St. Mary's County could be the higher proportion of outdoor-oriented occupations such as construction, maintenance, etc. These professions are subject to the weather and more hours in the

direct sunlight. Nearly 13% of St. Mary's County occupations perform these types of duties, compared to 9.0% statewide and 9.7% across the United States.

**Oral cancer** in St. Mary's County shows a higher incident rate (14.4) than statistics for Maryland (10.6) and the United States (10.4); however, there were too few deaths for the MD Department of Health and Mental Hygiene to produce a rate statistic.

### *Cardiovascular Health*

"Diseases of the heart" is the number one cause of death among St. Mary's County residents, which is also the case across the country. The age-adjusted death rate per 100,000 is 229.4 for St. Mary's County, compared to a lower rate throughout the state (205.7) and an even lower rate across the country (200.2). When asked if they had ever been told that they have had a **heart attack**, 4.3% of St. Mary's County respondents indicated they had. This is similar to state and national figures. St. Mary's County is also similar to state and national figures in the percentage (4.1%) that have had **angina or coronary heart disease**. As far as **stroke** is concerned, 3.6% of St. Mary's County respondents stated that a health professional has told them they've had a stroke; this figure is not statistically different from the state and national figures. Additionally, there were no significant differences regarding cardiovascular disease prevalence among St. Mary's County respondents in terms of racial or gender comparisons. Prevalence of high cholesterol may be a challenge in St. Mary's County. According to the data gathered during Holleran's secondary data profiling, among respondents who have had their cholesterol level checked, 41.7% stated that they had been told by a health professional that they have high cholesterol. This is higher than data for Maryland (36.9%) and the United States (37.6%).

### *Diabetes*

The age-adjusted death rate for diabetes mellitus in St. Mary's County is 29.0 per 100,000, which is higher than state and national rates, 24.5 and 23.3 respectively. Similarly, when asked on the household survey, those who indicated they had diabetes in St. Mary's County (10.3%) represented a higher proportion than those at the state (8.7%) and national level (8.8%). St. Mary's County respondents who have diabetes, compared to national figures, are checking their blood sugar levels more often (71.2% daily versus 64.1%) and are more likely taking insulin (33.0% versus 27.8%).

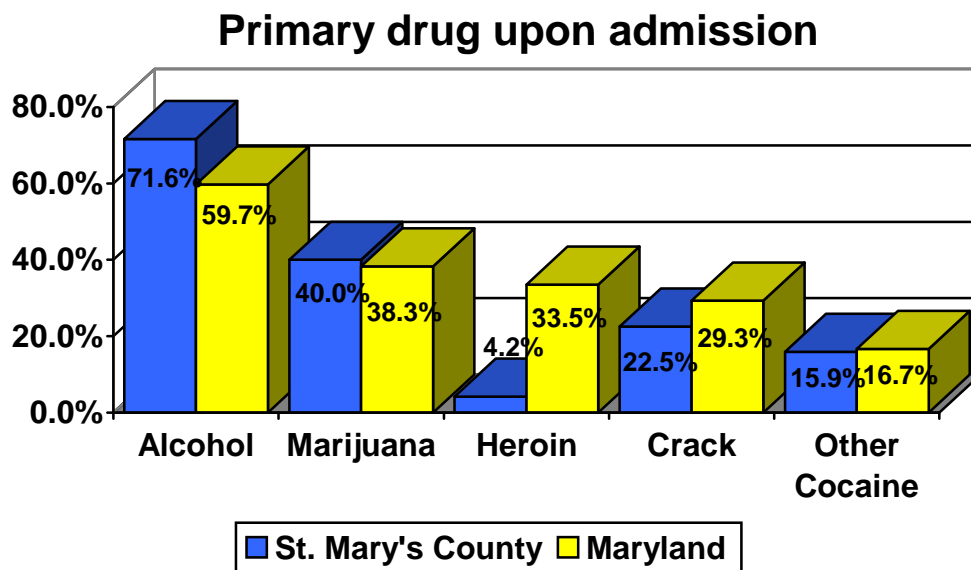
### *Takeaways: Chronic Disease*

- ❖ Female breast and prostate cancer incidence rates for St. Mary's County are below state and national rates.
- ❖ Colorectal, lung, skin, and oral cancers all show incident rates that are higher for St. Mary's County than statewide and throughout the U.S.
- ❖ Diseases of the heart are not only the number one cause of death in St. Mary's County, but the rate of death is above state and national rates.
- ❖ Comparatively speaking, there is a higher percentage of St. Mary's County respondents stating they have high cholesterol.
- ❖ St. Mary's County has a higher diabetes related death rate. However, those respondents with diabetes appear are more proactive with checking sugar levels and taking insulin than respondents across Maryland and the country as a whole.

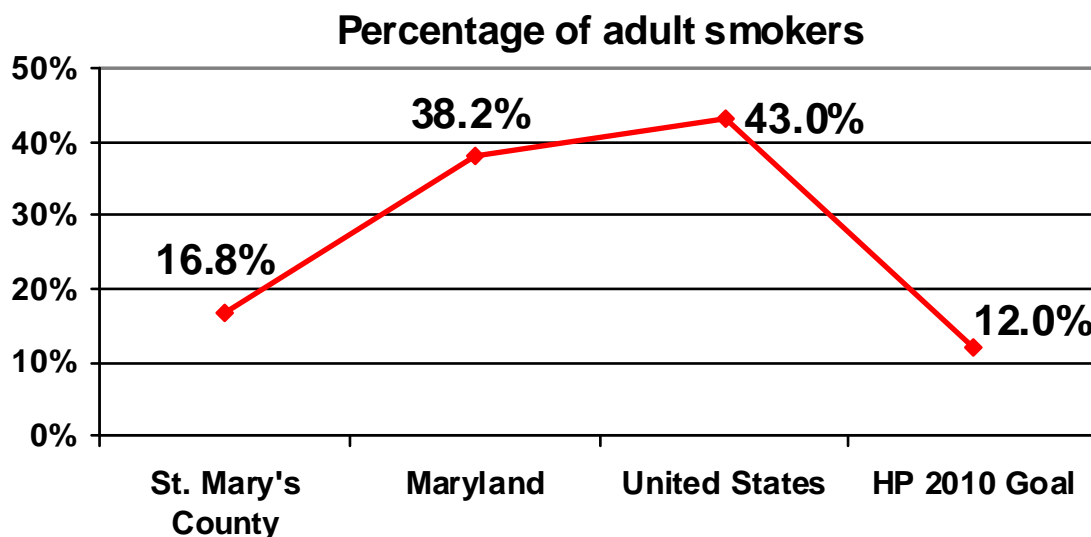
## F. RISKY BEHAVIOR

### *Substance Abuse*

In 2006, there were a total of 1,141 **drug and alcohol treatment admissions** among St. Mary's County residents; this represents a 15.6% increase over 2005. The primary drug upon admission was alcohol (71.6% of admissions) compared to 59.7% of admissions statewide. The following chart shows admission percentages by substance. Of special note is the very small percentage attributed to heroin.



Approximately 17% of St. Mary's County respondents smoke **cigarettes** some days or every day. This is below the 38.2% reported recently by Maryland respondents and also below 43.0% across the US. Among this group of St. Mary's County smokers, 58.6% reported that they tried to stop smoking at some point in the previous year. This is similar to the percentage statewide and nationally who have attempted to quit smoking. Interestingly, Asian respondents responded with a higher likelihood of smoking tobacco than Caucasian respondents.

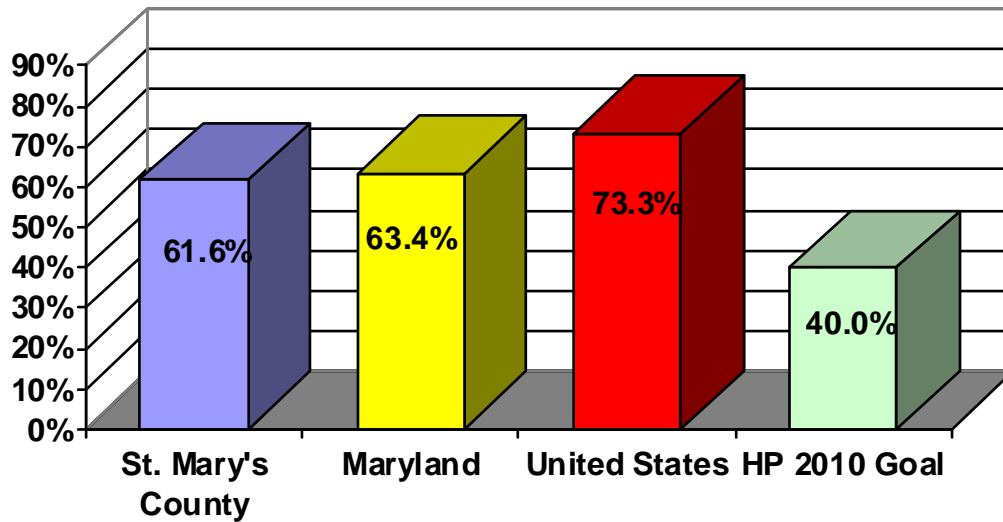


**Alcohol use** among St. Mary's County adults appears to be quite high. Among those respondents who had at least one drink in the last 30 days, 62.2% of those from St. Mary's County had at least one drink per week. Comparable statistics for Maryland and the US are 55.9% and 57.4% respectively. Also, among St. Mary's County respondents who had at least one drink in the last 30 days, 31.1% drank 3 or more drinks on the days they drank versus 23.9% throughout Maryland and 29.9% across the United States

### *Obesity*

The percentage of overweight and obese residents in St. Mary's County is similar to the state, but lower than national figures, with approximately 62% of residents in these two categories. While these are in-line with the state percentage, this translates into approximately 62,000 adults in St. Mary's County who are overweight or obese. The Health People 2010 goal is to have only 40% of the population overweight or obese. Female respondents are significantly more likely to be of "normal" weight than male respondents. When looking at race, Asian and other respondents are more likely to be of "normal" weight than African American respondents. Also, other respondents are more likely to be of "normal" weight than Caucasian respondents.

**Percentage of obese & overweight adults**



To further explore the above weight issues, the household survey asked questions regarding **exercise** and activity levels. Of adults surveyed, 81% reported that they participated in exercise in the previous month. That is higher than the 76% statewide and 74.5% nationally. Respondents who are Caucasian are significantly more likely to have participated in physical activities or exercise than African American respondents.

### *Communicable Disease*

From 2005 through 2007, there has only been one reported case of **syphilis** in St. Mary's County, which occurred in 2005. Of course this gives a 2007 rate of 0 per 100,000 compared to the state and national rates of 6.1 and 3.8 respectively.

Over the same period, there have been 179 reported cases of **gonorrhea** in St. Mary's County; the rate for 2007 is 42.9 per 100,000 compared to 120.5 for the state and 118.9 for the nation.

From 2005 through 2007, there have been 646 reported cases of **chlamydia** in St. Mary's County; the rate for 2007 is 213.5 per 100,000 compared to 412.2 statewide and 370.2 nationally.

Approximately 41% of St. Mary's County adults under the age of 65 have been tested for HIV. This is below the 48.8% tested statewide. In St. Mary's County, the largest proportion of testing (46.3%) occurs with the private doctor or HMO. The preponderance of the remaining tests (35.2%) occurs at a clinic or hospital.

Between 2001 and 2005, there have been 15 reported AIDS cases in St. Mary's County compared to 8,209 across Maryland. Using recent population numbers, St. Mary's incident rate for AIDS would be approximately 1/10<sup>th</sup> that of Maryland as a whole.

### *Takeaways: Risky Behaviors*

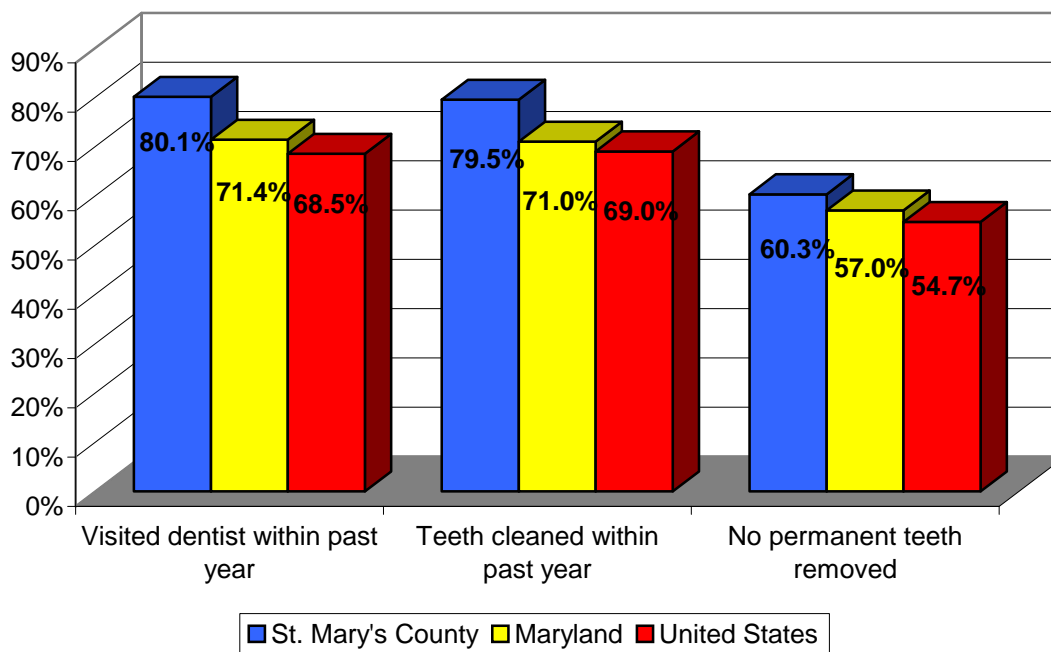
- ❖ Alcohol is predominately the primary drug upon admission to a substance abuse facility.
- ❖ The percentage of adults in St. Mary's County who smoke is smaller compared to state and national figures. However, steps still need to be taken to reach the HP 2010 Goal of 12%.
- ❖ Statistics showing the recurrence and quantity of drinking in St. Mary's County is higher compared to associated statistics across Maryland and the United States.
- ❖ Sixty-two percent (62%) of St. Mary's County adults are overweight or obese, a figure similar to Maryland but approximately 11 percentage points below the US.
- ❖ St. Mary's County residents are more likely to exercise than those throughout MD and the country, with Caucasian respondents more likely to exercise than African Americans.
- ❖ St. Mary's County rates are more favorable than statewide rates for sexually transmitted diseases.

## G. ORAL HEALTH

One of the concerns among focus group participants is the oral health care in St. Mary's County. As stated in the focus groups report, some stories were shared of strict policies among some practices where if you cancel an appointment once, they do not allow you to return as a patient. A few attendees also stated that most women wait until they are pregnant to get their oral health needs taken care of as dental care is covered if you are pregnant. There was also mention that finding dentists that take their insurance is a struggle.

Approximately 80% of St. Mary's County adults had a dental visit in the past year. A similar percentage, 79.5%, had their teeth cleaned in the previous year. These are much higher statistics compared to the state and national percentages. Additionally, respondents from St. Mary's County (60.3%) are more likely to have had no permanent teeth removed compared to the associated state (57%) and national (54.7%) percentages.

**Select Oral Health Indicators**



### *Takeaways: Oral Health*

- ❖ Lack of dentists in St. Mary's County, along with strict policies, were mentioned as challenges concerning oral health.
- ❖ Overall, St. Mary's County respondents are just as likely as those throughout the country to have had their teeth cleaned in the past year.

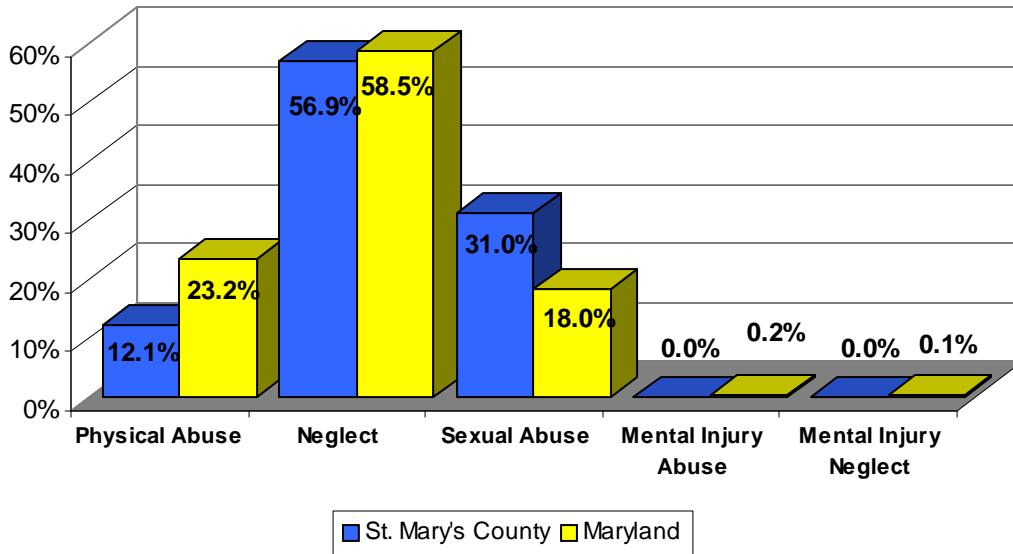
## H. CHILDREN'S HEALTH

Children in St. Mary's County comprise approximately 30% of the 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 11<sup>th</sup> highest rate among all states in 2007, and Mississippi was the highest at 10.74. Hence, St. Mary's County had a rate above the highest state rate in the country. The neonatal rate in St. Mary's County (8.1) is also above the state rate of 5.8. However, both the fetal and perinatal mortality rates in St. Mary's County are lower than the rates for Maryland. The Human Services Council focus group made mention of the comparably higher neonatal mortality rate being a specific health issue for St. Mary's County.

Also, the 2007 **child death rate** (ages 1-4) for St. Mary's County was 41.2 per 100,000, which is higher than then Maryland rate of 25.9. Also, 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).

When looking at **abuse and neglect** from July 2004 to June 2005, 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. 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. The distributions are shown in the chart below.

### Abuse/Neglect (July 2004 - June 2005)



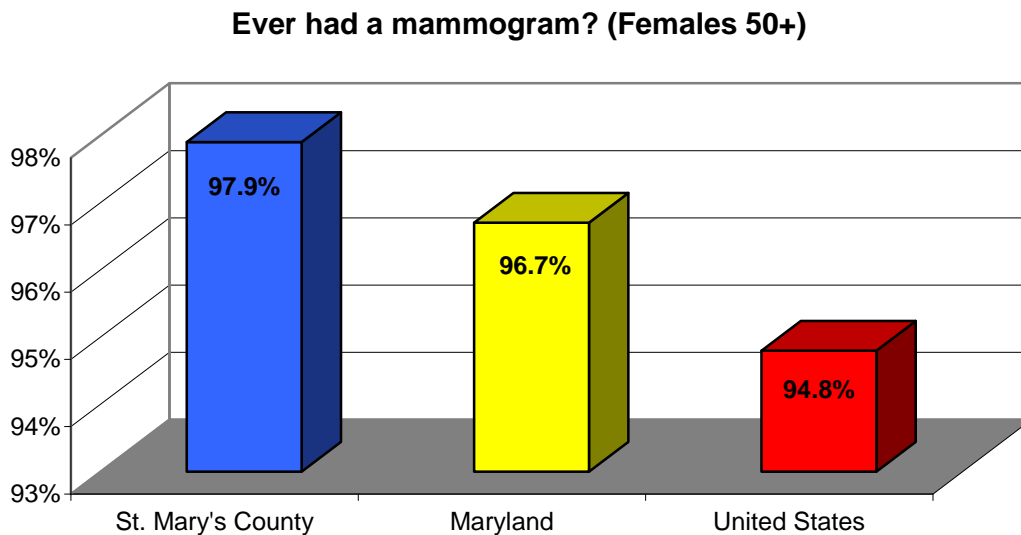
Focus group participants addressed issues of concern for children. The focus group report states, “Additional child-related health issues that were mentioned include childhood asthma, allergies, and skin conditions (eczema and psoriasis). Several community participants explained that they feel there are low birth weight issues in the county because of the large number of mothers who smoke throughout their pregnancy. This is also suspected to be the cause of the childhood asthma rates and respiratory problems among the county’s young population.” Moreover, the Human Services Council focus group participants mentioned the presence of childhood respiratory problems such as asthma and allergies as specific health issues in St. Mary’s County. The household survey also showed the seriousness of the childhood asthma issue in St. Mary’s County. Respondents who were previously told by a health professional that their child had asthma were asked whether their child still has asthma. The percentage of St. Mary’s County respondents (86.2%) answering “yes” to this question is significantly higher than those across Maryland (70.9%) and US (65.2%) respondents. Another child related issue addressed on the household survey is prevention of the spread of the Human Papilloma Virus (HPV). Of the St. Mary’s County respondents who have female children between the ages of 9 and 17, 24.4% stated that their child(ren) has(have) had the HPV vaccination, compared to 25.3% nationally. Of the St. Mary’s County respondents with female children between 9 and 17 years of age who had the HPV vaccine, 78.3% had all shots, which is significantly more than the national figure of 48.1%.

### *Takeaways: Children's Health*

- ❖ The infant mortality and child death rates for St. Mary's County are higher than the state and national figures. In fact, at 10.9, St. Mary's County's infant mortality rate was higher than any state's rate throughout the country.
- ❖ Compared to Maryland statistics, St. Mary's County has a higher share of its validated child abuse/neglect cases attributed to sexual abuse and a lower share to physical abuse.
- ❖ Childhood asthma and allergies are of concern to the community, and one possible remedy would be a focus on smoking cessation among expecting mothers.

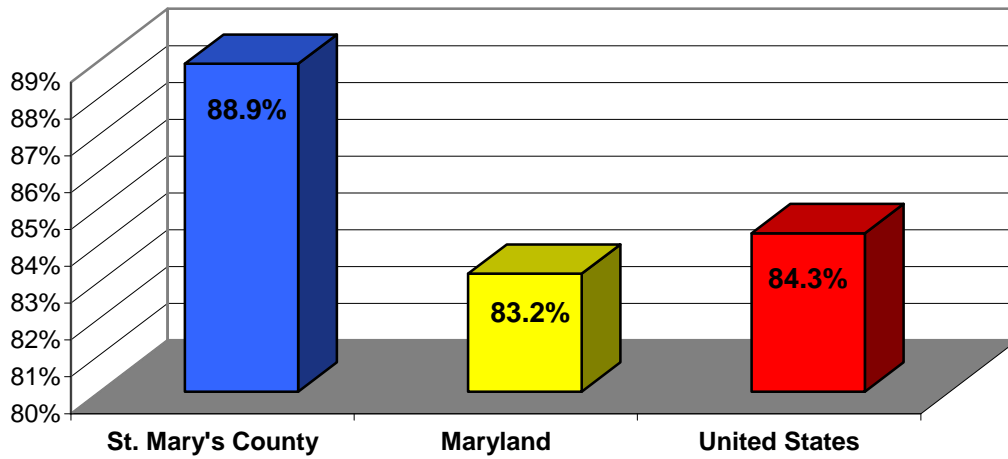
# I. WOMEN'S HEALTH

A series of questions on the community survey inquired about mammograms and pap tests. Approximately 68% of St. Mary's County female respondents claimed to have had a mammogram, compared to 64.2% of Maryland females and 65.3% of females across the country. Of those females who are 50 and older, 97.9% of St. Mary's County respondents claimed to have had a mammogram; this is compared to 96.7% for Maryland and 94.8% nationally.



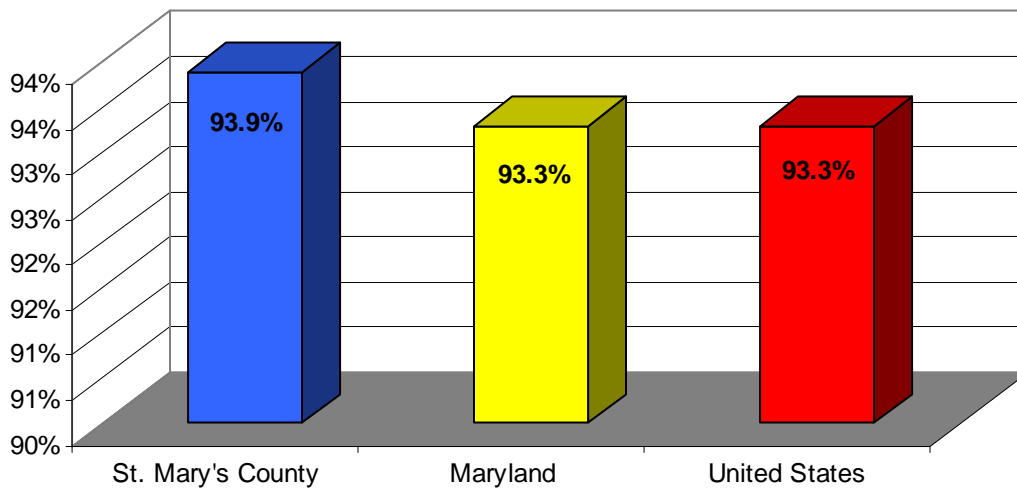
The same women 50 or more years of age were asked how long it had been since their last mammogram. The percentage that answered up to two years in St. Mary's County is 88.9% versus 83.2% in Maryland and 84.3% across the United States.

### Up to 2 years since last mammogram (Females 50+)

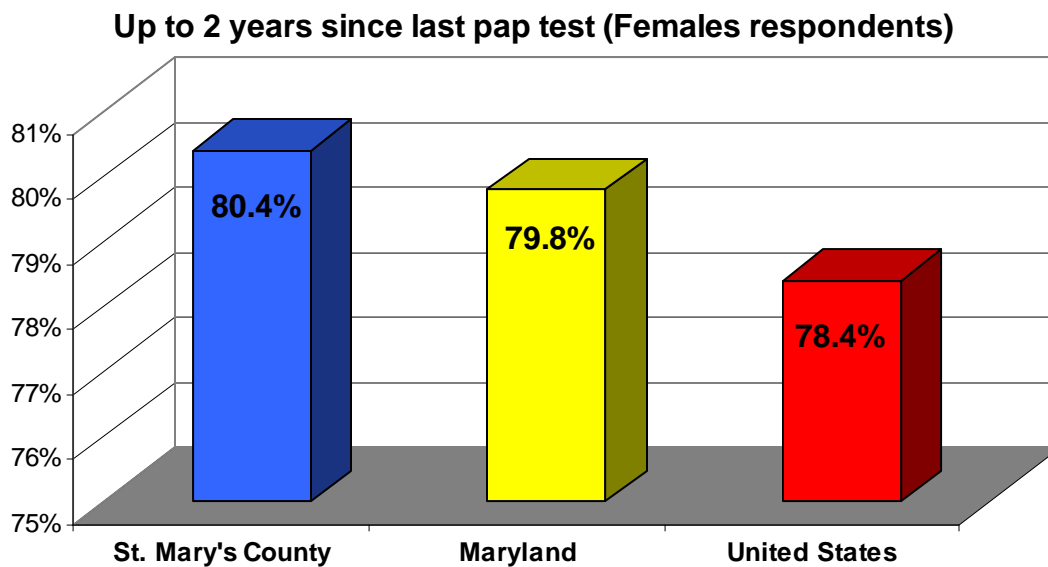


When looking at the proportion of women that has had a **pap test**, 93.9% countywide have had the test, consistent with the 93.3% statewide and 93.3% nationally.

### Ever had a pap test? (Females respondents)



The women respondents were asked how long it had been since their last pap test, and the county results were similar to the comparative statistics. The percentage that answered up to two years in St. Mary's County is 80.4% versus 79.8% in Maryland and 78.4% across the United States.



Of special note is that Caucasian respondents are significantly more likely to have had a mammogram compared to Asian respondents. Additionally, African Americans, Caucasians, and Others are significantly more likely to have had a pap test compared to Asian respondents.

### *Takeaways: Women's Health*

- ❖ For St. Mary's County overall, the percentage of women having mammograms and pap tests is above state and national percentages.
- ❖ The Asian female population appears most at risk for a lack of preventive care (mammograms and pap tests).

## J. SOCIAL DETERMINANTS OF HEALTH

Across all crimes, St. Mary's County's rate is 2,665.9 per 100,000 residents, which is 65% of the overall crime rate in Maryland (4,073.4). When looking at the individual crime types, St. Mary's County has a lower rate than what is seen in Maryland for each type.

There were several questions asked of household survey respondents that do not have state and national BRFSS comparisons. Seventy-eight percent of respondents own their home. Of those that own or rent their home, close to 10% say they usually or always worried or stressed about having enough money to pay their mortgage or rent. Also, 5.7% of respondents say they are usually or always worried or stressed about having enough money to buy nutritious meals. During one of the resident focus group sessions concerning obesity, participants mentioned that lack of sufficient finances can present a barrier to proper nutrition as nutritious foods cost a lot more.

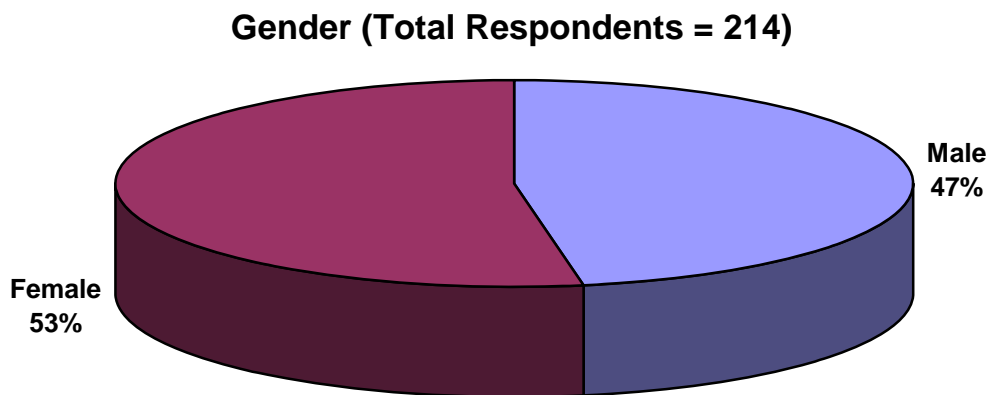
Time spent at work, for those who are employed for wages or self-employed, is another factor included on the household survey. Close to 29% of respondents said they work 41 to 60 hours per week, and 3.2% said they work 61 to 95 hours.

### ***Takeaways: Crime & Social Context Issues***

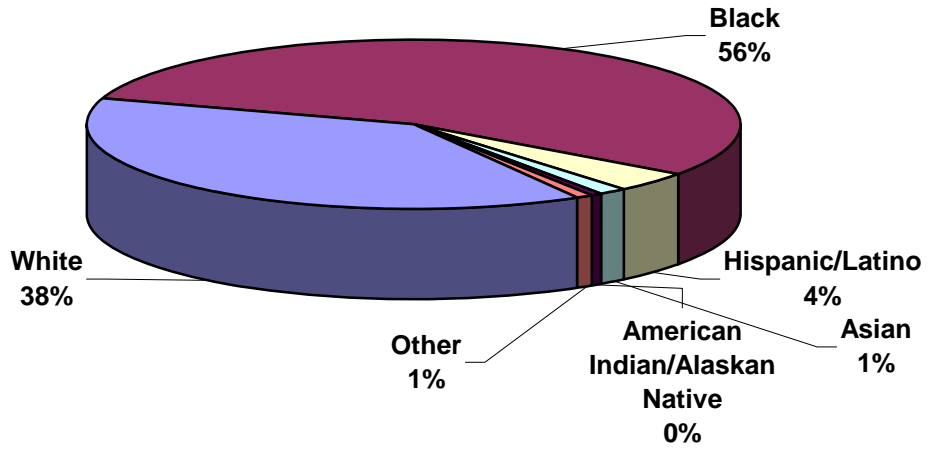
- ❖ The overall crime rate in St. Mary's County is favorable against Maryland rates.
- ❖ Most St. Mary's County residents are likely to feel safe in their neighborhoods.

## K. VULNERABLE GROUP STUDY

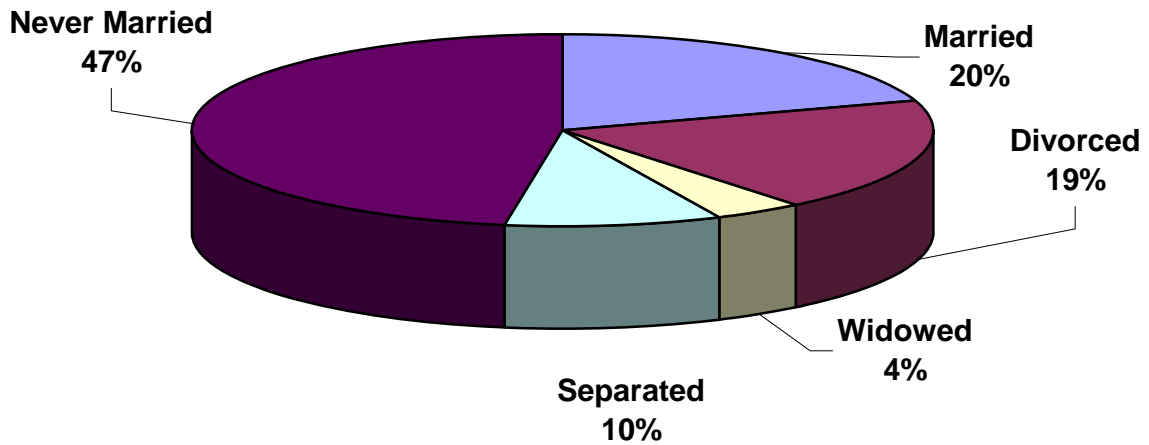
It has been mentioned that the positive statistics across St. Mary's County may be hiding the special needs required in the more vulnerable population. In order to capture the voice of the more vulnerable group, a data collection effort was spearheaded by St. Mary's Hospital. Much of the focus was in the Lexington Park area of the county. Survey questions were asked of 214 individuals in homeless shelters, libraries, service agencies, etc.; and some selected summaries of these data will be included in this section to highlight this group's issues. Some basic demographics of this group are as follows:



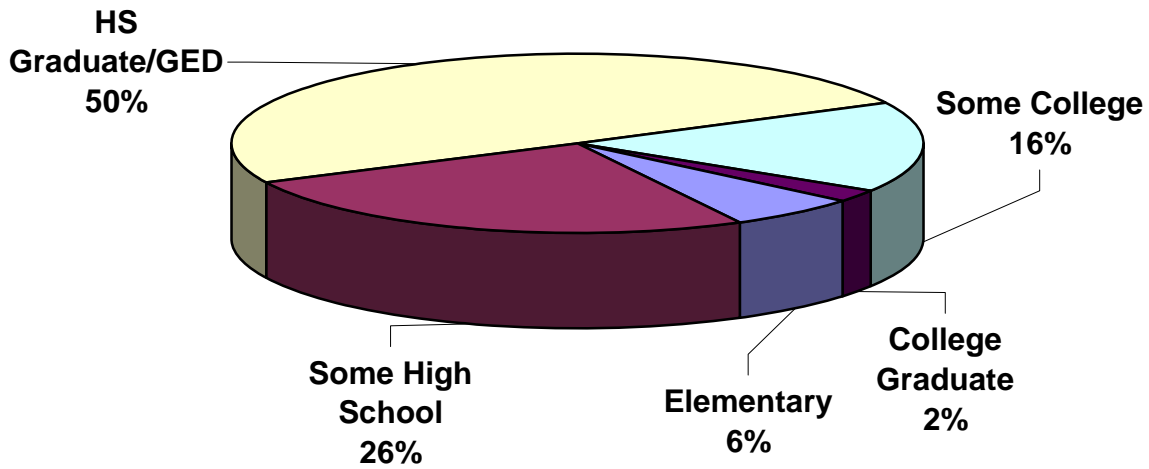
**Race (Total Respondents = 214)**



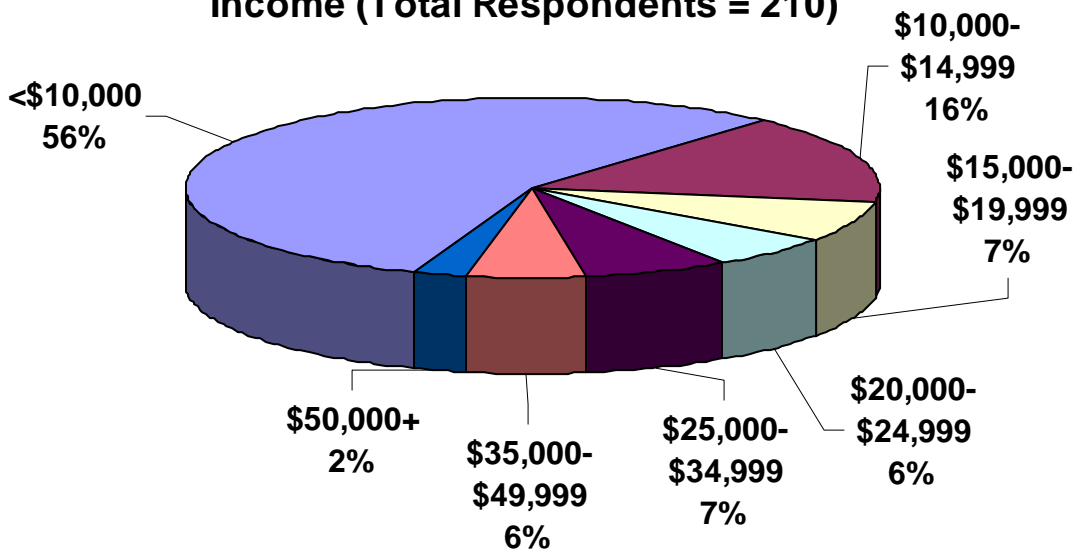
**Marital Status (Total Respondents = 209)**



### Education Level (Total Respondents = 214)

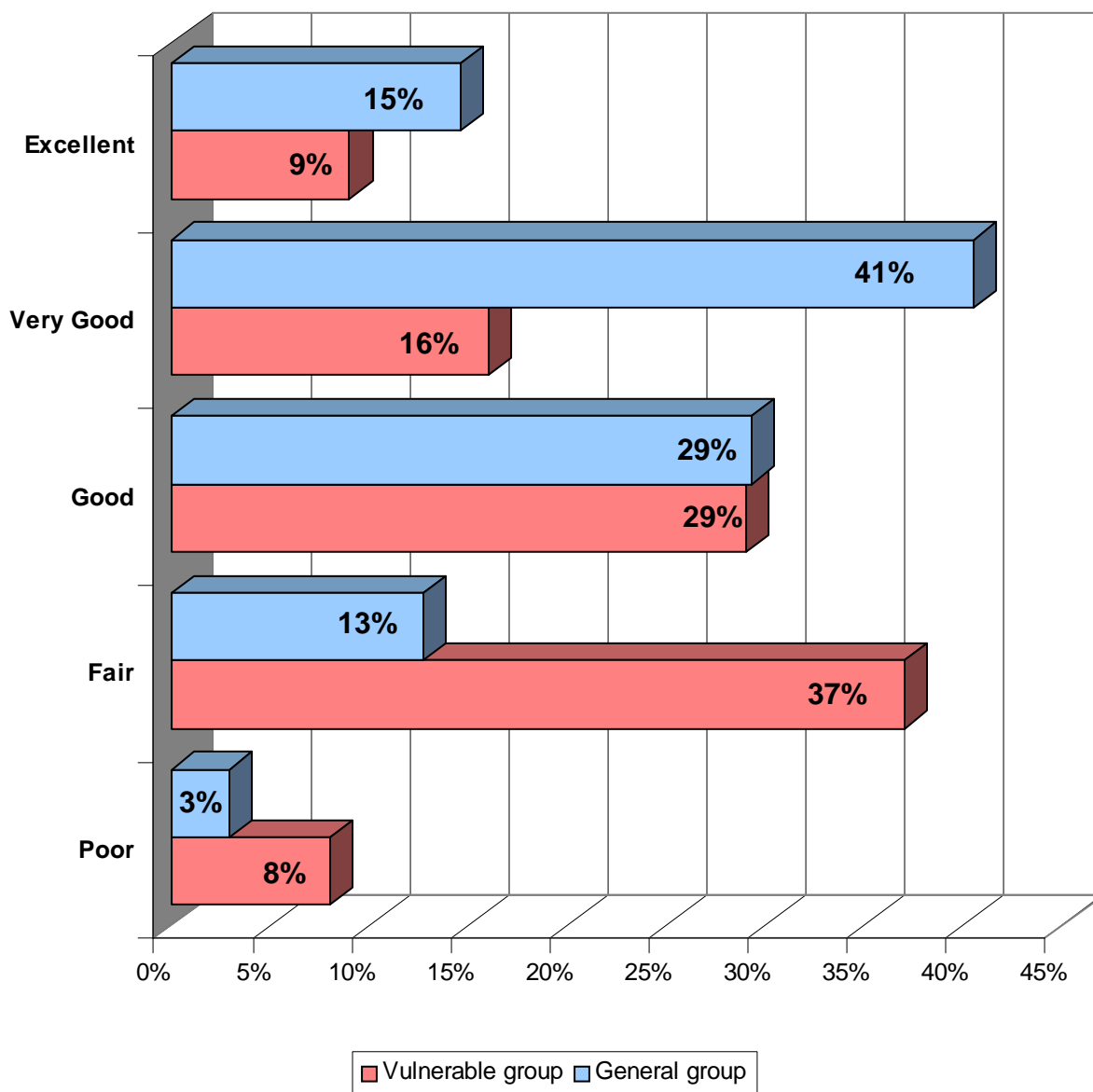


### Income (Total Respondents = 210)



For the “how is your general health” question, the comparison between the two respondent groups is contained in the chart below. The “good” response garnered the same percentage of respondents across groups. However, there are extreme differences between groups for the “fair” and “very good” responses.

### "Would you say your overall health is..." (Group Comparisons)



Thirty-nine percent (39%) of the vulnerable group of respondents does not have any kind of health insurance, and 35% is on medical assistance. If these respondents have children, only 34% are on Maryland’s Children’s Health Program. Of the respondents, 49% could not see a doctor in the past 12 months when they needed to due to cost, and of those 58% sought treatment in an emergency room. These statistics are vastly different than the general St. Mary’s County statistics from the household survey.

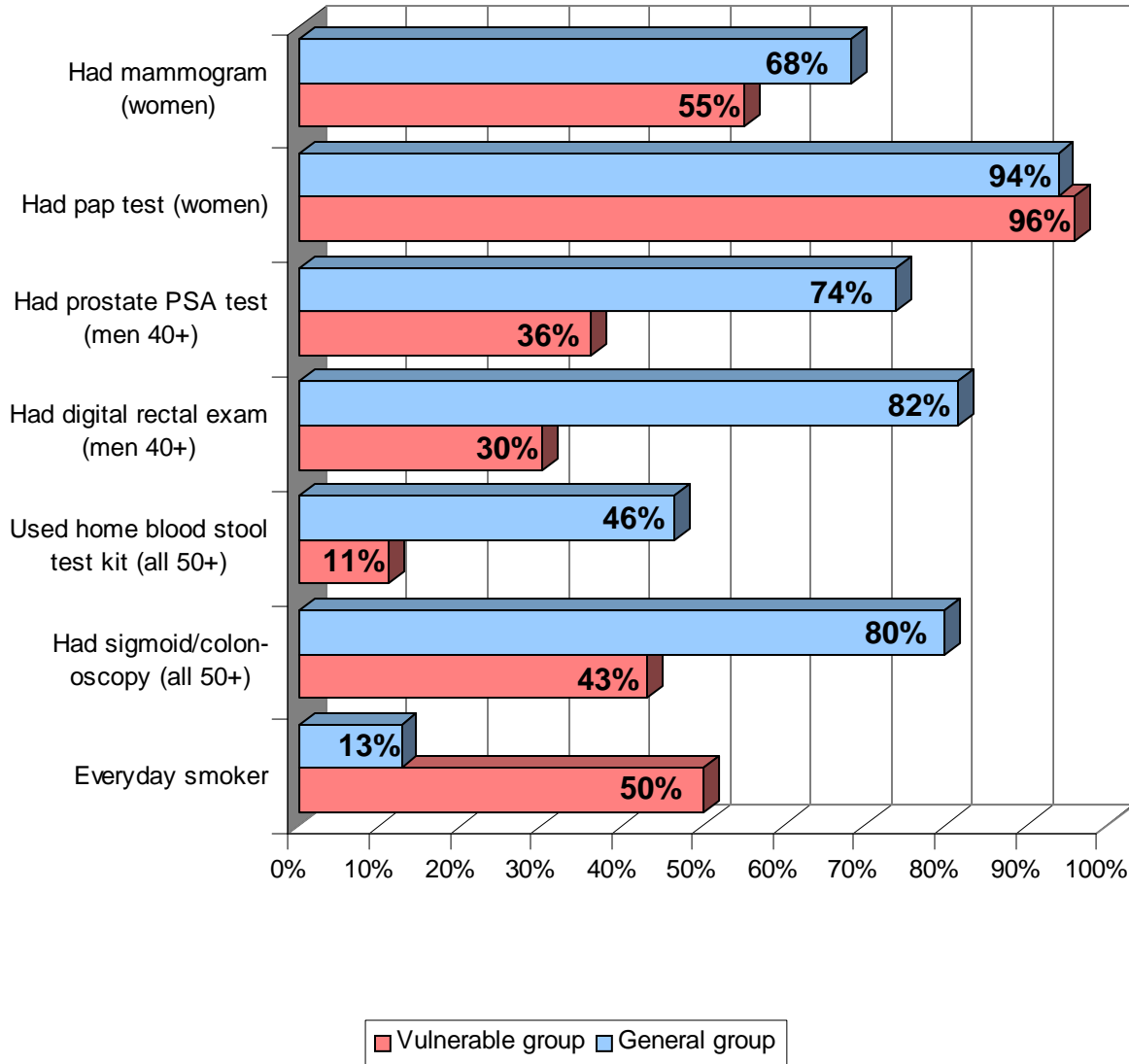
Another significantly different statistic for this vulnerable group is in regard to prescription medication; 48% stated that they could not obtain needed medication over the past 12 months due to cost, compared to 7.4% across St. Mary's County in general.

A big difference also exists in the area of oral health. For the question asking how long it had been since the last visit to a dentist or dental clinic for any reason, 36% of the vulnerable group said 5 or more years ago, compared to 5.6% for the St. Mary's County general respondent group.

As far as heart disease and diabetes comparisons, there really is not a sizeable difference between the two groups when it comes to diabetes prevalence or whether or not a doctor has told them they've had a heart attack or stroke. There is a slight difference when it comes to whether a doctor or other health professional has told them they have angina or coronary heart disease; 13% of the vulnerable group gave an affirmative response compared to 4.1% of the general county group. Also, there is a higher percentage in the vulnerable group compared to the general group with respect to whether a doctor or health professional has told them that they have high blood pressure (40% versus 30.8%). Regarding the same question on high cholesterol, the comparison is reversed, with the vulnerable group having a lower percentage that were told by a professional they had high blood cholesterol levels (27% versus 42.9%).

Below is a chart to compare percentage between the vulnerable group and the general group of respondents regarding issues of cancer prevention activities and smoking. The statistics for cancer prevention in women in the vulnerable group are much more closely aligned with the general respondents than are the male statistics. Also, the everyday cigarette-smoking statistic is quite alarming for the vulnerable group.

### Cancer Prevention and Smoking Stats (Group Comparisons)



There were several questions asked of the vulnerable group of respondents regarding the health of children. When asked whether they had a child with asthma, 15% of the vulnerable group respondents said they did, compared to 22% of the general household survey respondents. Respondents were also asked whether they had a female child between the ages of 9 and 17; the comparison shows that 12% of the vulnerable group and 35% of the general group stated they have such a child. When asked whether their female child between 9 and 17 years of age had ever had the HPV vaccination, 36% of the vulnerable group and 24.4% of the general group said she had.

### *Takeaways: Vulnerable Group Study*

- ❖ The hard-to-reach/vulnerable group respondents were much less likely to rate their overall health as very good or excellent.
- ❖ A much higher percentage of the vulnerable group is without healthcare coverage, and this group finds it quite difficult to see a doctor due to financial problems.
- ❖ Lack of financial resources also make it much more difficult for the vulnerable group to obtain necessary medication.
- ❖ Increasing the regularity of dental visits for the vulnerable group is an area of opportunity for St. Mary's County.
- ❖ Regarding cancer prevention, there are extreme differences among the respondent groups with regard to prostate and colorectal cancer testing.
- ❖ A much higher percentage of the vulnerable group is comprised of everyday cigarette smokers (50% versus 13%).
- ❖ Interestingly, 36% of the vulnerable group and 24.4% of the general group said their daughter between the ages of 9 and 17 had the HPV vaccination.

# CONCLUSIONS & NEXT STEPS

The following issues appear to be the greatest areas of opportunity and areas worthy of further examination in St. Mary's County.

- The **population growth** in St. Mary's County appears to be putting a strain on the various systems, especially the county social services office. Avenues should be pursued to evaluate alternative options so residents do not need to go outside of the county.
- While access to healthcare insurance coverage is not an overall issue, finding doctors that accept the state insurance coverage can prove to be a difficult endeavor. Lists should be kept up-to-date and communicated with the community on a regular basis. Additionally, state and county officials should work closely with insurance companies to bring on doctors to accept coverage plans, especially public medical assistance plans
- Transportation is a major barrier to obtaining the proper levels of care. Since instituting public transportation may be costly for the community, there are other options such as more regular preventative touch points via a traveling van or fire halls, etc.
- Physician recruitment is another major issue mention several times in the focus groups. The physician focus group participants mentioned that the best way to draw more physicians is to offer a loan repayment program. They also mentioned providing meaningful education about the quality of life available in St. Mary's County.
- There is a significant discrepancy between male and female median incomes in St. Mary's County.
- General preventive healthcare (regular checkups, etc.) is a definite area of opportunity with the vulnerable group in the county.
- **Colorectal, lung, oral, and skin cancers** occur more frequently in St. Mary's County.
- **Diseases of the heart** is the number one cause of death among St. Mary's County adults. These death rate attributable to these diseases is higher than that of the state or country.
- Comparatively speaking, there is a higher percentage of St. Mary's County respondents stating they have **high cholesterol**.

- The percentage of **drug and alcohol treatment admissions** attributed to alcohol is high.
- Approximately 17% of St. Mary's County respondents **smoke cigarettes** some days or every day. This is below the Maryland respondents and statistics across the US. However, the vulnerable group had a much higher percentage of smokers. Perhaps some special cessation program targeted at this hard-to-reach population would be fruitful.
- St. Mary's County shows good statistics when it comes to **obesity** and **overweight** occurrence. There were also good statistics regarding exercise level. There is still room for improvement to obtain the HP 2010 Goal for the percentage of obese and overweight persons.
- The **infant mortality rate** is above the state and national rates and represents one of the greatest areas of opportunity across the general population in St. Mary's County.
- Childhood asthma rates are quite a bit higher than state and national percentages and present an area for continued exploration.
- There are many opportunities for improvement among the vulnerable population in St. Mary's County. To name a few standout areas – increasing community touch points for prevention and targeted smoking cessation programs.

The above is not intended to be an exclusive list, but provides an overview of the areas of overlap across the various research components. Some statistics can be open to interpretation and do not clearly fall into the strength or opportunity categories.

#### *Next steps*

When considering next steps, St. Mary's Hospital is encouraged to prioritize the key areas of opportunity. While it would be ideal to be able to focus resources on all of the opportunity areas, this approach is not realistic or feasible. Community leaders should note areas of improvement over previous assessments as well. It is recommended that four to six areas be identified and integrated into a comprehensive community health improvement plan. This plan will not only outline the key strategic issues, but will also outline goals and intervention strategies associated with each key issue.

It is also recommended that St. Mary's Hospital have a communication message for sharing study results with its partners, key county agencies, individuals and groups who participated in the various assessments, and the community at large. This communication campaign not only provides a venue for sharing important countywide information, but also rallies additional support for various initiatives.

Lastly, when evaluating successes and outcomes related to interventions put in place, Holleran recommends having concrete plans for tracking progress during the action cycle. Most organizations repeat such an assessment approximately every five years.