

# Community Health Assessment Update | July 2018 St. Mary's County, Maryland



## INTRODUCTION

In 2015, the Healthy St. Mary's Partnership (HSMP) completed a Community Health Assessment to understand the health needs in our community. The results of this assessment informed community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of our community health improvement plan (Healthy St. Mary's 2020) for St. Mary's County.

While we plan to follow a five-year cycle for comprehensive Community Health Assessment, the availability of new data presented the opportunity for an update. While we are publishing this report as an update to our 2015 Community Health Assessment, we did not select new priority health issues. The data outlined in this report supports the current health priorities of: Access to Care, Behavioral Health, Healthy Eating & Active Living and Tobacco Free Living. The next Community Health Assessment cycle in 2020 will lead to review and selection of new priority health issues in 2021. We hope this data update proves useful to our members and organizational partners as they continue implementing strategies to improve the health of St. Mary's County.

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## NEW DATA

Since our 2015 Community Health Assessment was completed, several reports pertaining to the health in our community have been published. These reports include the following:

- [2018 MedStar St. Mary's Hospital Community Health Needs Assessment](#)
- [2018 Maryland Rural Health Plan](#)
- 2018 Hispanic Health Needs Assessment
- [2017 Gap Analysis for St. Mary's County](#)
- 2017 Community Youth Mapping (CYM) Project for St. Mary's County
- [2016 United Way ALICE \(Asset Limited, Income Constrained, Employed\) Report, MD](#)
- [2016 Youth Risk behavior Survey \(YRBS\)](#)

## FINDINGS FROM RECENT ASSESSMENTS

Here below are the key findings of assessments conducted in St Mary's County by different entities and at various times following the Healthy St Mary's Partnership Community Health Needs assessment of 2015).

### [2018 MedStar St. Mary's Hospital Community Health Needs Assessment \(CHNA\)](#)

The 2018 Medstar St Mary's hospital Community Health Assessment (CHA) was informed by data from the following sources: quantitative secondary population-level data, hospital healthcare utilization data, charity care data (a proxy for economic status), a CHNA community survey and qualitative community group input sessions. The CHNA Survey administered by the hospital included "Open and closed-ended questions about healthcare access, health equity, health condition concerns, social determinants and community strengths and assets".

"Community group Input Sessions involved guided discussions with a diverse group of community stakeholders on topics such as those related to community health and wellness, access to care and services and the social determinants of health. Community stakeholders included residents and organizations, civic and faith-based leaders, public health officials and government agencies and hospital leadership. A majority of the survey respondents were community residents.

Although the survey report is not specific to St Mary's County, but rather an average of all MedStar communities, it nevertheless includes the county in its findings. The summary of the specific findings included the following:

1. Health and wellness - The top health problems identified were alcohol and drug addiction (54%), diabetes (37%), heart disease (29%), mental health conditions (29%), overweight/obesity (26%), cancer (24%) and smoking/tobacco use (17%).
2. Access to care and services – Top areas of need included greater access to affordable housing (38%), better jobs (27%), affordable child care (27%), more mental health services (27%), substance abuse services (25%), and affordable healthy food options (25%).

3. Social determinants of health – The top social issues contributing to health included housing problems/homelessness (29%), inadequate affordable child care (26%), lack of job opportunities (24%), poverty (21%), neighborhood safety/street violence (20%), transportation problems (17%), and limited access to healthy food (16%).

Qualitative community groups input sessions identified similar needs as did the community survey. Additionally, the following were also identified: the continued need for prevention and management programs and services focused on chronic disease (particularly in drug and alcohol addiction, mental health conditions, diabetes, heart disease, obesity and cancer); a lack of awareness of the health-related resources available in the community and how to access existing wellness, prevention and management services; and a need for increased social needs services.

### [2018 Maryland Rural Health Plan](#)

The Maryland Rural Health Plan examines the rural health care needs of Maryland. The plan is a result of a “collaboration between the Maryland Rural Health Association (MRHA); the Maryland State Office of Rural Health; the Rural Maryland Council; and the Robert Wood Johnson Foundation”. The Maryland Rural Health Plan was informed by “examination of existing county health plans, Community Health Needs Assessments, State Health Improvement Process (SHIP) data, results from a state appointed study on Maryland’s Eastern Shore, and feedback from citizens and health care professionals in each of Maryland’s rural counties to understand the state of rural health”. “Findings were collated for the state, with county profiles highlighting their specific results”. The resulting general areas of need identified for rural counties (including St Mary’s County) in Maryland were:

1. Access to care – need to “reduce barriers, remove gaps, and increase access to quality health care” – in particular “access to general practitioners, specialists, behavioral health and oral health providers, as well as urgent care and emergency facilities”.
2. Sustainable funding mechanisms for health care services particularly for hospitals, federally qualified health centers, and emergency medical services.
3. Care coordination to “link health care consumers to services and improve coordination and collaboration between health care providers” (“such as increasing knowledge of services between health care entities”).
4. Chronic disease prevention and management to reduce the incidence of new chronic diseases and increase ability for people to manage their conditions. Specific needs include “health program locations and costs, lack of assistance for programs from Medicaid and Medicare, and sliding scale fees for vulnerable populations”.
5. Health literacy and health insurance literacy especially “the ability to understand health information and health insurance information, as well as transforming facilities/organizations to be easier for both health care professionals and consumers to navigate”.
6. Outreach and education especially the “lack of awareness, knowledge, and accessibility of some of the outreach and education efforts in the community”.

Additionally, social determinants of health were of high importance to many communities. “Social determinants include affordable housing, access to affordable and healthy food, and social support for those seeking health care”. “Rural Maryland counties identified the following as their most concerning health conditions: obesity, diabetes, heart disease, behavioral health, and cancer”.

For St Mary’s County, specific report findings on barriers and service gaps included overbooked providers and wait times, lack of specialists, cultural barriers, transportation, health insurance (qualification and network costs, etc.) and language.

### 2018 Hispanic Health Needs Survey

The survey was conducted in July 2018. The leading health problems in the Hispanic Community in St. Mary’s County included (listed in order from the most frequently mentioned condition): diabetes/high blood sugar (64.6%), alcohol/drug addiction (41.7%), overweight/obesity (39.6%), heart disease/high blood pressure (37.5%), oral health (33.3%), teen pregnancy (22.9%), cancer (22.9%), and smoking/tobacco use (20.8%). A sizeable portion of the community (34%) do not get routine health care and when care is sought it is mainly from the doctor’s office (41.5%), the health department (34%) or the emergency department (17%).

The following main issues were identified as factors affecting health in the Hispanic Community in St. Mary’s County included (listed in order from the most frequently mentioned factor): availability/access to doctor’s office, affordable child care, racial/ethnic discrimination, poverty, transportation problems, availability/access to health insurance, lack of job opportunities, and domestic violence.

Barriers to health care identified among the Hispanic Community in St. Mary’s County were “cost too expensive/can’t pay” (86%), no insurance (82.5%), language barrier (54.4%), insurance not accepted (35.1%), lack of transportation (24.6%), and “had to wait too long for an appointment” (21.1%).

### 2017 St Mary’s County Community Services Gap Analysis

The purpose of the gap analysis was “to identify the “unmet demands for community services in the County” to “necessitate strategic investments of additional resources”. The following steps were followed to obtain the data that informed the report:

- current reports and available data were reviewed to provide a preliminary assessment on gaps in data across sectors
- the resultant preliminary data was presented to community stakeholders
- a follow up survey was conducted to identify and hone in on top priorities
- analyzed survey results and data; a window shield tour was conducted and
- finally a community listening session was conducted before creating recommendations.

Findings from the community survey indicated top leading gaps to be in “mental health/counseling (49%), affordable housing (47%), and reliable transportation (37%)”. Others included needs for good paying jobs and livable wages (35%); services for low-income residents

(32%); affordable childcare options (24%), after school activities and programs (23%), programs to decrease homelessness (23%), and workforce development (21%).

Themes that came out of the listening session identified gaps in affordable housing, transportation, access to healthcare and social services, shortage of prescribing behavioral health providers, workforce development programs to create employable workforce; employment, opportunities for exercise.

### 2017 Community Youth Mapping (CYM) Project for St. Mary's County

The Community Youth Mapping (CYM) Project was setup to “collect data about resources for young people and their families in a targeted area of St. Mary's County”. The aim was to “engage the community in an active discussion and to provide evidence for identifying priorities and investing more resources in young people”.

Over a period of six-weeks starting in July 2017, local youth ages 15-19 (the "Youth Mappers") administered 260 "place-based surveys" by going door-to-door to businesses and organizations throughout Great Mills, Lexington Park, Park Hall, and California. They also completed 600 "people surveys" with local residents found in front of stores like Giant or Shoppers, the Farmer's Market, and the Library.

The collected data enabled following four questions, about the circumscribed geographic area, to be answered:

- “(1) What does the County offer, in the way of activities and programs and support, for young people and their families?
- (2) What is missing? What is the difference between what we might expect in a healthy, supportive community and what we find we have?
- (3) What are the obstacles that prevent youth and families from accessing what we currently offer—and would presumably impede access for any additional resources?
- (4) What are priorities for investment in youth and families?”

Data collected indicated that there is a shortage/inadequate opportunities for young people and their families in various areas namely:

*Art and music* – Opportunities are “inadequate and diminished from years past”

*Employment and job readiness* (including shadowing, internships, and volunteerism) – “Young people face the classic "Catch-22": to get a job, you need experience; but to get experience, you need a job.”

*Learning and growing opportunities* (including childcare, camps, education & training, mentoring, tutoring, and financial assistance) are not nearly enough: daycare is very expensive often due to issues of location or lack of access to transportation. Mentoring and tutoring facilities outside regular school are inadequate. Information on financial support, if it exists, most young people, family members, or mentors have little idea of where to look.

*Support services* for youth and their families including for people with disabilities, out-of-school youth (typically those who have dropped out of school), behavioral and mental health, and Job Searching) – There are not many programs available that focus on people with disabilities. “There was little indication of purposeful support for out-of-school youth—other than the Tri-County Youth Services Bureau and JobSource if youth and mentors were aware of them and prepared to take advantage of it”. Additionally, not many young people know about the GED program at the College of Southern Maryland, or have the support to apply, and need to figure out transportation issues to access the program. Information on services for behavioral health issues (such as provided by Walden, Tri-County Youth Services Bureau) is not widely available.

*Transportation* – Although many youth were “enthusiastic for opportunities to get out, connect with people, and gain new experiences” transportation was widely recognized as a “major obstacle for young people wanting to access existing resources”.

*Places to go or to "hang out"* (outdoors and indoors: to meet, party, picnic, play music, play games, etc.) – “Existing spaces are not enough to meet all the aspects of youth development: Young people need more physical spaces where they can meet, work together on a project, play games, make music, get exercise, and relax. They need indoor spaces both when it is cold in winter and blisteringly hot in summer. They need ways to get away from isolation and boredom at home; ways to connect with peers and adults; ways to enhance their skills and feed their talents; and ways to grow and mature.”

In summary, the survey identified the following as obstacles to accessing youth and family-related resources (such as sports and fitness, get-together spaces, support services, employment and job-readiness, learning and growing opportunities): Cost (79%); transportation issues (75%), limited availability (63%) and limited information (59%) regarding support for academics, a wide range of skills and talents, academic proficiency, and entering the workforce.

[2016 United Way ALICE \(Asset Limited, Income Constrained, Employed\) Report, MD](#)  
ALICE (Asset Limited, Income Constrained, Employed) persons or households are those that earn more than the US poverty level but less than the basic cost of living for the county (the ALICE threshold). In 2014, of all the households in St Mary’s County, 7% were below the US poverty level and another 25% are above the poverty level but below the ALICE threshold for the county. About 49% of renter-occupied units are occupied by these households below the ALICE threshold. Also 46% of households that occupy rented housing units pay more 30% of their income for the housing. The report identified *a shortage of about 1500 units in rental stock of affordable housing* available to all households who are below the ALICE threshold in St Mary’s County.

## 2016 Youth Risk Behavior Survey (YRBS)

The “Youth Risk Behavior Survey” (YRBS), for middle and high school youth, is administered every 2 years by CDC and the State of Maryland. The 2016 Youth Risk Behavior Survey (YRBS), for high schools, was completed by 2,091 students in 3 public, charter, and vocational high schools in Saint Mary's County.

Findings of the survey indicated worsening of the following risk behaviors in high school youth in St Mary’s County:

*Bullying* – About 20% of youth experienced bullying on school property and 16% of the students reported having experienced electronic bullying (counting being bullied through texting, Instagram, Facebook, or other social media) during the 12 months before the survey.

*Behavioral health* – The percentage of youth who reported being depressed (having felt sad or hopeless for almost every day for  $\geq 2$  weeks in a row so that they stopped doing some usual activities ever during the 12 months before the survey) increased to 30%. About 17% seriously considered attempting suicide. About 16% of the students reported that they do not have an adult outside school whom they could talk to on things that are important to them.

*Tobacco products use and access* – There is continued access to tobacco products for underage youth by buying (14%) and 16% of students use tobacco products

*Alcohol use* – About 33% youth surveyed drink alcohol and 17% are binge drinkers

*Drug use* - 18% use marijuana, 7% use drugs such as cocaine, and 24% of students reported to have had drugs access on school property

*Overweight /obesity* – About 14% of youth are overweight and 13% obese

*Unhealthy eating and physical inactivity* – slight decrease (down to 51%) of those who ate fruit/drank fruit juice at least 1 per day, and a decrease (down to 58%) of those who ate vegetables at least 1 per day. Only 37% of students are physically active (for at least 60 minutes per day) on 5 or more days in a week. About 20% of the students are not active (for at least 60 minutes per day) even on 1 day in a week. Whereas watching TV (for 3 or more hours per school day) is down to 22% of the students, watching TV playing video games (for 3 or more hours per school day) is increased to 37%. Only 28% of the students attend PE classes daily on all 5 days of the school week

## CONCLUSION

The various assessments seem to indicate similar issues affecting health in the community as those shown in the Healthy St Mary’s Partnership Community Health Needs Assessment of 2015 on which the current Community Health Improvement Plan (CHIP) for St Mary’s County is



based. At this point Healthy St Mary's Partnership (HSMP) will continue to pursue the same goals for Healthy 2020.