

FY2016 Community Health Needs Assessment



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This document has been produced to benefit the community. Healthy Washington County encourages use of this report for planning purposes and is interested in learning of its utilization. Comments, questions and suggestions are welcome and can be submitted to:

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The FY2016 Community Health Needs Assessment for Washington County, Maryland is available for review at:

- Brook Lane <http://brooklane.org/>
- Healthy Washington County <https://healthywashingtoncounty.com/>
- Meritus Health <http://www.meritushealth.com/>
- Washington County Health Department <http://dhmh.maryland.gov/washhealth>

A printed copy of the report may be obtained upon request to:

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Acknowledgements

While countless individuals have contributed to the success of this community assessment, the Executive Steering Committee would like to thank those who contributed directly to writing and editing the final report:

Amanda Distefano, Cindy Earle, Heather Myers, Julie Lough, Rod MacRae, Mary McPherson, Curt Miller, Allen Twigg, and Susan Walter

INTRODUCTION

Message to the Community

Healthy Washington County is proud to present the 2015 Community Health Needs Assessment report for Washington County, MD. This report includes a comprehensive review and analysis of the data regarding health issues and needs of people living in the Washington County region.

This study was conducted to identify the health strengths, challenges and opportunities unique to our community and to provide useful information to health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses, and consumers who are interested in improving the health status of the general population. The results enable our health systems and other providers to strategically establish priorities, develop interventions and commit resources to improve the health status of our service region.

Improving the health of the community is foundational to the missions of Brook Lane Health Services and Meritus Medical Center and should be an important concern for everyone in the county, individually and collectively. In addition to the education, patient care and program interventions provided through our health systems, we hope the information in this study will encourage additional activities and collaborative efforts to improve the health status of the community over time.

To demonstrate our strong community collaboration, this Community Health Needs Assessment was promoted by Healthy Washington County (HWC). Healthy Washington County is a public and private collaboration purposing to help people in our region better understand their personal health status and how to make positive changes. There is no one entity, organization or group of people who represent HWC. Rather it is the collective concerned community partners who envision providing the means to help individuals achieve their healthiest potential.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative and comparative methods that assess the existence of health issues within a defined community and the health services, gaps and disparities that people may encounter related to those health issues. This CHNA report includes findings, survey results, conclusions and an implementation plan that has been made widely available to the public via Meritus Health, Brook Lane Health Services, Washington County Health Department and Healthy Washington County websites.

The express purpose of the FY2016 CHNA was to complete a comprehensive assessment of the health status and healthcare access needs of residents living in the Washington County healthcare region. The objectives of the assessment include:

- Review the FY2013 health needs and determine what progress has been made
- Identify the current health status of community residents to include baseline data for benchmarking and assessment purposes
- Identify the availability of treatment services, strengths, service gaps and opportunities
- Determine unmet community health needs and target priorities
- Develop a plan to direct community benefit and allocation of resources to meet targeted needs
- Enhance strategic planning for future services
- Meet the CHNA requirements for Brook Lane Health Services and Meritus Medical Center as not-for profit hospitals

Brook Lane Health Services

Brook Lane Health Services is a private, not-for-profit hospital system with a 115-acre main campus near Leitersburg, Maryland. This location has a 57 bed hospital providing short-term psychiatric treatment to people of all ages. The main campus also includes a partial hospitalization program for adults as well as children and adolescents, a special education services school and a group home for children and adolescents. Brook Lane has satellite locations in Hagerstown and Frederick, Maryland, for outpatient treatment. The THRIVE Program in Hagerstown treats children with autism and other mental health issues. Brook Lane has a second Frederick location for another special education services school and partial hospitalization program for children and adolescents. The organization is providing School Based Mental Health Services in all middle and high schools in Washington County, Maryland.

Meritus Medical Center

Meritus Health's replacement hospital, Meritus Medical Center, opened five years ago in Washington County, Md., to provide hospital and health care services to residents of Maryland and the surrounding Tristate region. Single-patient rooms provide 243 licensed beds for acute and rehabilitative patient care. The emergency department serves as a level III trauma center and EMS Base Station as designated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Meritus Wound Center was recently reaccredited with distinction by the Undersea &

Hyperbaric Medical Society, recognizing the center, housing four chambers, as a hyperbaric leader. The certified primary stroke center is a recipient of the American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Gold Plus Performance Achievement Award, the only central or western Maryland hospital program earning this level of recognition. Other recognized and award-winning programs of the hospital include the bariatric surgery program accredited with commendation, the Bronze Mission Lifeline American Heart Association-recognized cardiac catheterization lab and the CARF-accredited inpatient rehabilitation unit.

Meritus Medical Center was built with a corridor link to Robinwood Professional Center. This provides a campus where health care providers, outpatients, visitors and families can move easily from one service area to another. A number of the primary and specialty care practices that make up Meritus Medical Group are based on the main campus, including Meritus Infectious Disease, Meritus Pain Center and the Women's Health Center. Also readily accessible is Meritus Health's John R. Marsh Cancer Center, accredited with commendation by the Commission on Cancer and offering the TrueBeam™ radiotherapy/radiosurgery system; the Meritus Center for Breast Health, recently accredited by the National Accreditation Program for Breast Centers; Meritus Cancer Specialists with a team of fellowship-trained and board certified hematology and oncology physicians; and Meritus Medical Laboratory, accredited by the College of American Pathologists.

Meritus Health is committed to caring for the community and has done so for more than a century. With the addition of Meritus Medical Center, the one-million-square-foot combined campus represents the largest community medical footprint in the state of Maryland.

Unique in Maryland is Meritus Health's administration of a school health program – the only health system in the state to have this kind of partnership. Health services are provided daily at each public school in the county, as well as at school-based health centers in two of the schools where students have the greatest needs.

Executive Steering Committee

An executive steering committee was formed as an advisory group composed of organizations and community leaders who represent the core of healthcare infrastructure in the Washington County region. These individuals provided immeasurable guidance throughout the CHNA process and are committed to continuing collaborative efforts to develop and implement community strategies to improve the health needs that were identified in the assessment.

Allen Twigg, Director Behavioral & Community Health Services, Meritus Medical Center - Chair

Jenny Fleming, Executive Director, HEAL

Janice Howells, School Health Coordinator, Washington County Public Schools

Rod MacRae, Director Health Planning & Strategic Initiatives, Washington County Health Department

Jason McPherson, Executive Director of Strategic Planning, Meritus Medical Center

Barbara Miller, Board of Directors, Meritus Medical Center and Community Member

Curtis Miller, Director of Public Relations, Brook Lane Health Services

Melissa Minotti, Director of Operations Comstock Center, Johns Hopkins University

Kim Murdaugh, Executive Director, Family Healthcare of Hagerstown (FQHC)

Melissa Reabold, Executive Director, United Way of Washington County

Mary Rizk, Executive Director Corporate Communications, Meritus Medical Center

Adam Roberson, Clinical Director, Community Free Clinic

Rick Rock, President, Mental Health Authority (DHMH)

Brad Sell, Executive Director, Community Foundation of Washington County

Mohammad Sohail, M.D., Executive Director, Tristate Health Partners / Meritus (ACO)

Earl Stoner, Health Officer, Washington County Health Department

Brian Stratta, M.D., Medical Director, Meritus Medical Group

Susan Walter, CEO, Tri-State Community Health Center (FQHC)

A full listing of the Executive Steering Committee membership, organization and contact information is included in **Appendix A**.

EXECUTIVE SUMMARY

The FY2016 Community Health Needs Assessment (CHNA) was conducted to identify primary health issues, status and needs and to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results will enable healthcare providers and organizations in our region to strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

In January 2015, in an effort to improve the health of Washington County residents and to align their process with the Maryland State Health Improvement process, the Washington County Health Improvement Coalition (WCHIC) determined that a Community Health Needs Assessment would be completed during 2015 – 2016. The WCHIC commissioned an executive steering committee of key stakeholders to oversee the process. Representatives from Meritus Medical Center, Brook Lane Health Services, the Washington County Health Department, the George W. Comstock Center, and other community organizations were included. The steering committee developed the goals, objectives and timeline to conduct a community health needs assessment and recommend a plan of action to address prioritized health needs.

The research and data analysis of this effort began in spring 2015. The primary service area was defined as Washington County, Maryland. The steering committee began a review of the most recent CHNA (2012), the community health initiatives, and progress improvement. Next, secondary health data from national, state and local sources was reviewed. A subcommittee was then appointed to develop a community survey for the purpose of obtaining direct input regarding the health needs of people living in the primary service area. The survey consisted of thirty (30) questions related to health, status, and behaviors.

The community survey was publicized and widely distributed throughout the county, with an endorsement from Washington County Government and Washington County Public Schools. A representative sample of 1,472 people completed the survey and provided input between June and August, 2015. Upon review of data, the steering committee coordinated three (3) public focus groups to help drill-down specific information on topics including nutrition and physical activity, mental health and substance abuse and seniors health needs. Two (2) focus groups were conducted with the Meritus Medical Center care management department to help identify barriers to accessing healthcare services. One (1) focus group was conducted to obtain specific information about Muslim healthcare needs and one (1) focus interview was conducted to learn more about the health needs of our Latino and Hispanic community members.

Analysis of all the primary data was reviewed and summarized by the steering committee, concluding in September, 2015. On September 29, 2015, the leadership of Healthy Washington County met with members of the Washington County Health Improvement Coalition, Meritus Medical Center, Brook Lane Health Services, other invited community leaders, and members of the public to review the data, findings, needs, and issues identified in the Community Health Needs Assessment process. Upon reviewing all the key data and findings, attendees participated in a prioritization exercise to weight and rank the community's health needs.

The top health priorities identified for Washington County were ranked as:

1. Obesity and physical inactivity
2. Mental health
3. Diabetes
4. Healthy lifestyles (diet and exercise)
5. Substance abuse
6. Heart disease and hypertension
7. Health care affordability
8. Cancer
9. Teen pregnancy
10. Senior care
11. Transportation
12. Dental care costs
13. Availability of specialists
14. Other (poverty)

The Community Health Needs Assessment provides a framework for community action, engagement, and accountability in addressing the health needs of our county's citizens. Its significance as a resource to community organizations is paramount as it prioritizes our health needs and initiatives. The steering committee developed a draft implementation plan of action based on the identified health needs, community strengths, resources, and new initiatives. The plan was reviewed by the Washington County Health Improvement Coalition (WCHIC) as the identified community body responsible for the coordination of resources to address the identified needs and to measure outcomes.

Between January and March 2016, the WCHIC made improvements to the draft action plan including the addition of benchmarks and current performance data. On March 1, 2016 the WCHIC adopted the action plan with a formal recommendation to the respective health system Board of Directors for their approval.

Based on the findings of the CHNA, the Washington County Health Improvement Coalition submitted a recommended implementation strategy in the form of an action plan that addresses the prioritized community health needs. The CHNA Action Plan was adopted by the Brook Lane Health System Board of Directors on March 16, 2016 and the Meritus Health Board of Directors on May 26, 2016. A copy of the health systems' Board approved CHNA FY2016 Action Plan is attached (see **Appendix Q** FY2016 CHNA Action Plan – FINAL).

- Following the approval of the Action Plan, the FY2016 CHNA report was published and made widely available to the public as posted on the following websites: www.brooklane.org, <http://dhmh.maryland.gov/washhealth>, www.healthywashingtoncounty.com, and www.meritushealth.com.

The top health initiatives for Meritus Medical Center will include:

- Reducing obesity and increasing physical activity
- Improving mental health education, access to care and reducing ED visits
- Improving the management of diabetes illness with better access to care and education
- Promoting healthy lifestyles and wellness through balanced diet and exercise
- Improving timely access to substance abuse treatment and reducing overdose deaths
- Reducing heart disease and managing hypertension

The top health initiatives for Brook Lane Health Services will include:

- Improving mental health education, access to care
- Early intervention and provision of mental health services in the public school system
- Increasing community awareness and understanding of mental health issues and decreasing stigma

The top health initiatives for the Washington County Health Improvement Coalition will include:

- Reducing diabetes mortality through prevention, community education, support programs, and improved access to care
- Decreasing behavioral health Emergency Department visits through better care coordination and community education
- Decreasing heart disease and hypertension by addressing lifestyle behaviors such as physical inactivity and smoking cessation
- Improving timely access to substance abuse treatment and reducing overdose deaths

METHODOLOGY

Community Health Needs Assessment Requirements

The Patient Protection and Affordable Care Act (ACA), enacted March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the ACA. The ACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

The steering committee reviewed and followed the requirements for the FY2016 CHNA from 26 CFR Parts 1, 53 and 602, as published by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS) in the Federal Register Vol. 79 No. 250 (December 31, 2014). This CHNA report includes the following:

- The identification of all organizations and persons with which the hospitals collaborated, including their title;
- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods used in assessing the community's health needs;
- A description of how the hospitals took into account input from persons who represented the broad interests of the community served, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by the hospitals;
- A description of information and service gaps that impact the ability to assess the health needs of the community served;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs;
- A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA; and,
- A description of the strategic plan of action developed to collaboratively address prioritized community health needs.

Community Health Needs Assessment and Planning Approach

In January 2015, the Washington County Health Improvement Coalition (WCHIC) announced the intention to conduct a CHNA. A full list of the 2015 WCHIC membership is included in **Appendix B**. Meritus Medical Center and Brook Lane Health Services agreed to work collaboratively through Healthy Washington County to conduct the CHNA, as required of all not-for profit hospitals in accordance with the ACA of 2010 and the final regulations published in the Federal Register by the Internal Revenue Service and the Treasury Department on December 31, 2014 (Federal Register Vol 79, No.250).

The general guidance for conducting a CHNA was obtained from Community Health Rankings and Roadmaps as diagrammed in **Figure 1**.

Figure 1 Community Needs Assessment Cycle



Community Health Needs Assessment Timeline

The WCHIC invited community stakeholders to be involved in the Community Health Needs Assessment Steering Committee. The steering committee met nine times during 2015 to oversee and conduct the CHNA. The key dates and highlights are outlined in Table 1.

Table 1. FY2016 CHNA Timeline and Milestones

Date	Meeting Location	Highlights
January 15, 2015	Washington Co. Health Dept.	Announced that the Washington Co. Health Improvement Coalition and Healthy Washington County would conduct a CHNA during 2015
February, 2015		Executive Steering Committee formed
March 26, 2015	Meritus Medical Center	Defined purpose and scope, CHNA requirements, reviewed SCIP and FY2013 CHNA priorities, defined service area, planned to obtain primary data, developed timeline
April 23, 2015	Meritus Medical Center	PSA demographics, review of secondary data, survey subcommittee appointed
May 15 – 28, 2015	Comstock Center	Designed primary data collection and survey methodology
May 28, 2015	Meritus Medical Center	Approved survey design and methodology, developed strategy for reaching underrepresented groups, incentives
June 10, 2015 - August 3, 2015	Survey	1,472 survey responses collected
July 30, 2015	Meritus Medical Center	Focused interviews regarding Latino population health needs
August 10, 2015	Fletcher Memorial Library	Nutrition and Physical Activity Focus Group conducted
August 12, 2015	Fletcher Memorial Library	Mental Health & Substance Abuse Focus Group conducted
August 21, 2015	Meritus Medical Center	Healthcare Access Focus Group conducted
August 25, 2015	Willamsport Firehall	Seniors Focus Group conducted
August 26, 2015	Western MD Islamic Society	Muslim Focus Group conducted
August 5, 2015 – September 22, 2015	Meritus Medical Center	Data analysis
September 29, 2015	Meritus Medical Center	Public meeting to review all data, findings and rank health need priorities in our community
November 17, 2015	Meritus Medical Center	Adopted the health needs priorities and recommended a draft action plan of implementation strategies
January 5, 2016 and March 1, 2016	Washington Co. Health Dept.	Local Health Improvement Coalition drafted goals, objectives and developed the plan of action
March 16, 2016	Brook Lane Health Services	Brook Lane Board of Directors approved plan of action and implementation
May 26, 2016	Meritus Medical Center	Meritus Board of Directors approved plan of action and implementation

Data Collection

To collect the most relevant information to assess the health needs of our community, the steering committee used qualitative and quantitative methods for data collection and analysis. Qualitative methods asked exploratory questions used in conducting interviews and focus groups. Quantitative data is information that can be displayed numerically. Both primary and secondary data sources were collected during the process.

The steering committee determined that the data collected would be defined by hypothesized needs within the following general categories:

- Environment
- Access to Quality Health Care
- Healthy Lifestyle
- Chronic Disease
- Mental Health
- Substance Abuse
- Healthy Children
- Tobacco Use

The CHNA process included participation and input from key leadership at the Washington County Health Department. As members of the community who have specific knowledge of local health needs and trends, health department leadership were included as members of the steering committee; specifically, the Washington County Health Officer, and the Director of Health Planning & Strategic Initiatives/Public Information Officer.

Secondary Data

Collection and review of secondary data began in February, 2015, and continued through May, 2015. As information was obtained it was reviewed, summarized and analyzed by the steering committee. Principal secondary data sources included use of the Maryland Department of Health and Mental Hygiene (DHMH) State Health Improvement Plan (SHIP) data and resources, the Centers for Disease Control (CDC) data, and Maryland Vital Statistics. The secondary data collection process focused on information specific to Washington County when available. Secondary data includes geographic, population, socio-economic, disease prevalence, health status, and environmental factors:

- Demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com) and the US Census Bureau (www.census.gov)
- Disease and Mental Hygiene incidence and prevalence data obtained from the Maryland Department of Health and Maryland Vital Statistics Administration (<http://dhmh.maryland.gov>)
- The Centers for Disease Control and Prevention (<http://www.cdc.gov>) conducts an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) each year. The BRFSS data is conducted by

telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The health related indicators included in this report include BRFSS data collected by the CDC

<http://www.cdc.gov/brfss/>

- CDC Chronic Disease Calculator, available at <http://cdc.gov/chronicdisease/resources/calculator/index.htm>
- The health related indicators included in this report for Maryland in 2015 are BRFSS data and benchmarks coordinated by the Maryland Department of Health and Mental Hygiene as part of the State's Health Improvement Plan (SHIP) (**see Appendix C**) <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>
- In 1979, the Surgeon General began a program to set goals for a healthier nation. Since then, Healthy People have set 10 year science-based objectives for the purpose of moving the nation toward better health. When applicable, the available Healthy People 2020 goals are included in this report <http://www.healthypeople.gov/2020/default.aspx>
- Selected inpatient and outpatient utilization data on primary care sensitive conditions that were identified as ambulatory care sensitive conditions and indicators of appropriate access to health care were obtained from the Meritus Medical Center and Brook Lane Health services quality data
- Meritus Health Cancer Registry Cases 2010-2014
- Meritus Health 2012 Physician Needs Assessment
- The Meritus/Washington County FY2013 Community Health Needs Assessment
- County Health Rankings, A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org

The steering committee reviewed and summarized the existing secondary data, highlighting the key health drivers, conditions with significant variance from benchmarks and averages, and health disparities.

Primary Data

The primary data collection process included the development of a health needs survey that was designed, approved, and distributed by the steering committee throughout the community.

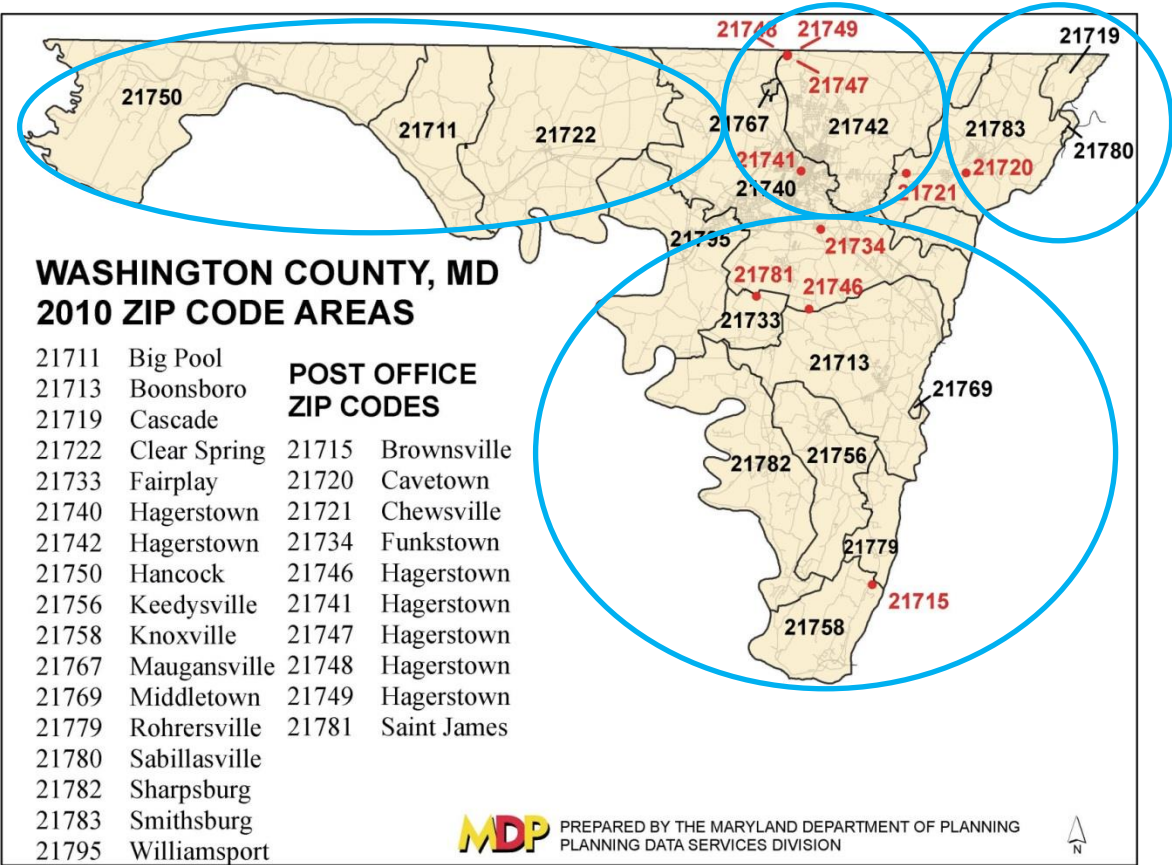
The survey questions were developed based on the Behavioral Risk Factor Surveillance Survey (BRFSS) questions asked in the Meritus Medical Center FY2013 CHNA Survey, and were similar or identical to questions used in national and state Behavioral Risk Factor Surveillance System Surveys (BRFSS). That allowed comparison of our results with data from the most recent BRFSS surveillance information as collected by the Maryland Department of Health and Mental Hygiene and Centers for Disease Control.

In addition, feedback from the membership of the local health improvement coalition was considered in the development of questions designed to obtain more detailed explanations of barriers that prevent people from accessing health care services; finances, transportation, hours of operation, social needs, limitations, etc.

The community survey was written in English (see Appendix D) and translated to Spanish (see Appendix E) and was distributed both electronically via email and websites as well as via written copies. The survey period was open from June 10, 2015, through August 3, 2015.

To help ensure that the true needs of the county were analyzed and understood, the steering committee hypothesized that the geography and the demographics of the county suggested that socio-demographic and health status differences may exist in different sub-regions of the county. As a result of this discussion, Washington County was divided into four quadrants with the plan to sample an equal representation of the population living in each area. This information is most useful in understanding where needs are greatest and gaps in service or disparities might exist. The four regional quadrants are represented in Figure 2.

Figure 2 Survey Sub-region by Zip Code



Survey Results

A representative sample of 1,472 Washington County adults responded and completed the survey questionnaire. The final data yields a margin of error of +/-3% in the response answers.

The survey process was designed to obtain a sample that mirrored the census population, racial/ethnic and socio-demographic components. This was accomplished by coordinating the promotion of the survey county-wide by the health systems and providers, government, school system, social service organizations and the local chamber of commerce.

Focus Groups

To help ensure that key persons with unique knowledge of community needs and health topics were included in the study, a series of targeted focus groups were scheduled, promoted, and conducted in locations that would accommodate under-represented populations and reach community stakeholders.

A series of four community focus groups were conducted to obtain more specific information from persons having expertise, knowledge or interest in the following topics;

- Nutrition and physical activity,
- Mental health and substance abuse,
- Seniors' health issues,
- Muslim health issues.

Two focus groups regarding access to health care were conducted with Meritus Health Care Management employees. Based on direct care experience, these staff members shared unique insights and barriers that patients encounter in the procurement of health care and services within our service region.

A focused interview with Sergio Polonco, editor of Conexiones magazine and Gaby Polonco, founder and president of the Maryland Diversity Center was conducted to learn more about the unique needs of our Hispanic / Latino population and how to best conduct outreach and engage with this growing community population.

Health Needs Prioritization

On September 29, 2015, the leadership of Health Washington County met with members of the Washington County Health Improvement Coalition, Meritus Medical Center, Brook Lane Health Services, and other invited community leaders to publically review the data, findings, needs and issues identified in the Community Health Needs Assessment process. After reviewing all the key data and findings, attendees participated in a directed exercise to rank and prioritize the community's health needs based on the magnitude of the problem, the variance against the benchmark or goals, and the impact on other health needs.

A strategic action plan to address the highest prioritized health needs was adopted by the Brook Lane and Meritus health systems' board of directors. Implementation and outcomes will be monitored by the Washington County Health Improvement Coalition through FY 2019.

COMMUNITY ASSESSMENT

Service Area Definition

At the time that this Community Health Needs Assessment process was conducted, more than 78% of Meritus Medical Center discharges and 60% of Brook Lane Health Services patients resided in a zip code within Washington County, Maryland. While both organizations provide services to people living throughout a 60 mile radius of the quad-state region, the geographic boundaries of Washington County was designated as the Primary Service Area (PSA) for the purposes of the CHNA. Washington County residents served by these health systems make up a representative cross section of the county's population including those considered "medically underserved" as well as populations at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

The majority of patients served by our health systems live in Washington County, MD, which includes the following zip codes outlined in **Table 2**:

Table 2 Washington County, MD Zip Codes

21711	Big Pool	21713	Boonsboro
21719	Cascade	21722	Clear Spring
21733	Fairplay	21740	Hagerstown
21742	Hagerstown	21750	Hancock
21756	Keedysville	21758	Knoxville
21767	Maugansville	21769	Middletown
21779	Rohrersville	21780	Sabillasville
21782	Sharpsburg	21783	Smithsburg

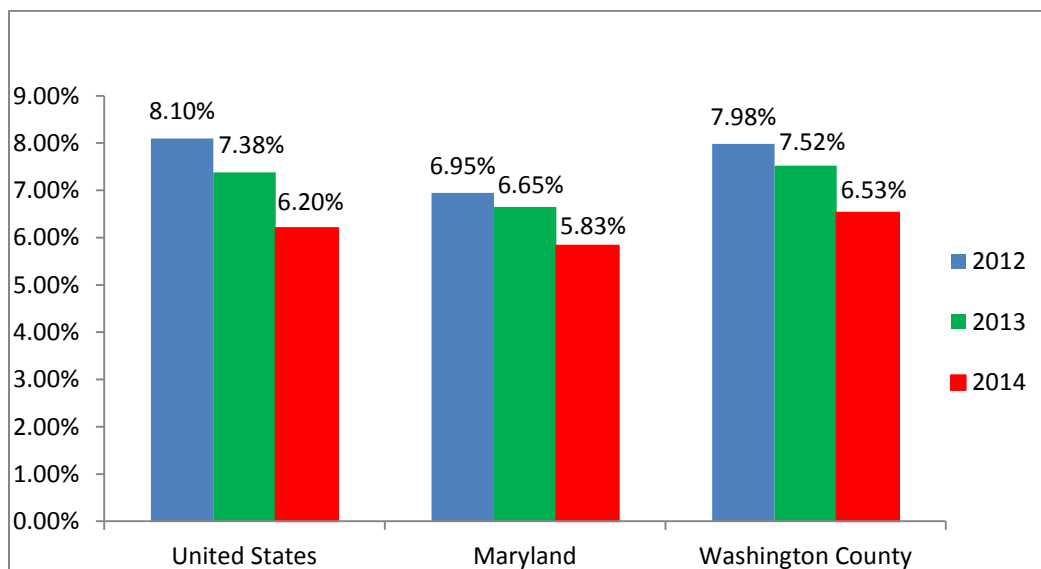
Demographics of the Community We Serve

In 2014, the population of Washington County was estimated to be 149,573. The overall population of Washington County is growing at a slower rate than Maryland overall. The growth rate has remained positive, expanding by 1% since the last CHNA in 2012.

Washington County has less population density (322.1 persons per square mile) compared to the state. The county's residents are somewhat older and has a smaller proportion of the population under age 18 as compared with the state. Over one fifth (20.6%) of the population is over age 60. The median age of persons in Washington County is 40. Washington County is much less diverse than the state of Maryland. The vast majority of the population of Washington County is white (84.8%), representing a much higher percentage of the population compared with the state of Maryland, although there is a growing Hispanic population (4%), particularly in the Hagerstown area.

The education level of Washington County residents continues to increase, but a slightly smaller percentage of the population are high school or college graduates (85.8%) compared with the state average (88.7%). The average travel time to work (at 28.1 minutes) is comparable with the rest of the state. Households in Washington County are slightly smaller compared with the state (2.51 persons per household), and the median household income of \$55,609 is much less than the state average. A higher percentage of persons live in poverty in Washington County (13.7%) than the state.

Figure 3. Average Monthly Unemployment Rates for U.S., State and County 2012 - 2014



Source: U.S. Census Bureau Annual Estimates: April 1, 2010 to July 1, 2014

The local economy carried a higher rate of unemployment and generally lagged in the recovery until 2011 when the percentage change in private nonfarm employment increased 3.9% at a rate higher than the rest of Maryland. For years 2012 – 2014 the rate of unemployment continued to be higher than the state of Maryland but was similar to the U.S. as seen in Figure 3. Overall there is a much smaller percentage of minority-owned (6%) and women owned (26%) firms compared to the state. However, retail sales per capita at \$16,988 is higher than the state average of \$13,429.

Demographics Tables

Unless otherwise noted, the source for all data references is the Annual Estimates of the Resident Population: April 1, 2010, to July 1, 2014, from the U.S. Census Bureau, Population Division.

The population of Washington County is growing at a slower rate than that of Maryland overall, although the estimated population growth is positive as demonstrated in **Table 3**. The county percentage of adults over age 65 is higher than the state while the population under age 18 is comparable.

Table 3: Population Statistics

	Washington County	Maryland
Population, 2014 estimate	149,573	5,976,407
Population, 2010 (April 1) estimates base	147,430	5,773,552
Population, percent change - April 1, 2010 to July 1, 2014	1.5%	3.5%
Population, percent change, April 1, 2010 to July 1, 2011	0.5%	0.9%
Population, 2010	147,430	5,773,552
Persons under 5 years, percent, 2013	5.8%	6.2%
Persons under 18 years, percent, 2013	22.3%	22.7%
Persons 65 years and over, percent, 2013	15.4%	13.4%
Female persons, percent, 2013	48.9%	51.5%

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014 Source: U.S. Census Bureau, Population Division

The population of Washington County at various age subgroup thresholds is illustrated in **Table 4**. The current median age of persons in Washington County is 40, slightly older than 39.7 years observed in 2012. Our community is growing older as a whole.

Table 4: Age Thresholds

	Number	Percent
Median age (years)	40.0 +/- 0.3%	(X)
16 years and over	119,658	80.0
18 years and over	115,620	77.3
60 years and over	30,812	20.6
65 years and over	21,838	14.6
75 years and over	10,470	7.0

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Table 5 illustrates that Washington County continues to be much less racially diverse than the state of Maryland. The majority of the population of Washington County is White at 84.8%, 24% higher than the overall state of Maryland. However, evidence of increased racial and ethnic diversity is seen. The total percentage of White persons has decreased, while those identified as Black, Hispanic or Latin origin living in Washington County has increased since 2012.

Table 5: Race and Ethnicity

	Washington County	Maryland
White persons, percent, 2013	84.8%	60.5%
Black persons, percent, 2013	10.7%	30.1%
American Indian and Alaska Native persons, percent, 2013	0.3%	0.6%
Asian persons, percent, 2013	1.6%	6.1%
Native Hawaiian and Other Pacific Islander persons, percent, 2013	0.1%	0.1%
Persons reporting two or more races, percent, 2013	2.6%	2.6%
Hispanic or Latino, percent, 2013	4.0%	9.0%
White persons not Hispanic, percent, 2013	81.6%	53.3%

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Table 6 represents residency, income and education. There has been a 0.3% increase in languages other than English being spoken at home. High School graduate rates have gained 1.6% and are now only slightly lower than the Maryland average. Washington County continues to have significantly fewer bachelor's degree college graduates at 19.5% compared to the rest of the state (36.8%) with a 0.5% increase over the past three years. Average travel time to work is comparable with the state average.

Table 6: Residency, Income and Education

	Washington County	Maryland
Living in same house 1 year & over, percent, 2009-2013	84.6%	86.7%
Foreign born persons, percent, 2009-2013	4.8%	14.0%
Language other than English spoken at home, percentage age 5+, 2009-2013	7.0%	16.7%
High school graduate or higher, percent of persons age 25+, 2009-2013	85.8%	88.7%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	19.5%	36.8%
Veterans, 2009-2013	12,218	427,068
Mean travel time to work (minutes), workers age 16+, 2009-2013	28.1	32.0

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Table 7 outlines that the households in Washington County are slightly smaller compared with the state, and the median household income is much less in Washington County than the state average as is the per capita money income. A higher percentage of persons live in poverty in Washington County at 13.7% compared with the state, 10.1%.

Table 7: Housing

	Washington County	Maryland
Housing units, 2013	60,804	2,404,012
Occupied housing units, 2013	55,960	-
Homeownership rate, 2009-2013	64.9%	67.6%
Housing units in multi-unit structures, percent, 2009-2013	23.6%	25.4%
Median value of owner-occupied housing units, 2009-2013	\$206,100	\$292,700
Persons per household, 2007-2011	2.51	2.65
Per capita income in the past 12 months (2013 dollars), 2009-2013	\$26,532	\$36,354
Median household income, 2009-2013	\$55,609	\$73,538
Persons in poverty, percent, 2009-2013	13.7%	10.1%

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

As outlined in **Table 8**, the economy of Washington County continues to be challenging, but has improved since the FY2013 assessment. Private non-farm employment is positive and at a higher rate than the state average for years 2011 – 2012. The remaining Business data has not been updated since 2007, so any change is unknown at this time.

Table 8: Business Quick Facts

	Washington County	Maryland
Private nonfarm establishments, 2012	3,433	134,305
Private nonfarm employment, 2012	57,644	2,152,458
Private nonfarm employment, percent change, 2011-2012	3.9%	2.3%
Non-employer establishments, 2012	8,296	442,314
Total number of firms, 2007	11,240	528,112
Black-owned firms, percent, 2007	3.9%	19.3%
American Indian- and Alaska Native-owned firms, percent, 2007	Suppressed	0.6%
Asian-owned firms, percent, 2007	2.1%	6.8%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	Fewer than 25 firms	0.1%
Hispanic-owned firms, percent, 2007	Suppressed	4.9%
Women-owned firms, percent, 2007	26.0%	32.6%
Manufacturers' shipments, 2007 (\$1000)	2,448,692	41,456,097
Merchant wholesaler sales, 2007 (\$1000)	1,265,253	51,276,797
Retail sales, 2007 (\$1000)	2,463,271	75,664,186
Retail sales per capita, 2007	\$16,988	\$13,429
Accommodation and food services sales, 2007 (\$1000)	229,661	10,758,428
Building permits, 2013	351	17,918

Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Tuesday, 31-Mar-2015 17:55:54 EDT

Table 9 indicates that Washington County is has less population density compared to the state.

Table 9: Geography Quick Facts

	Washington County	Maryland
Land area in square miles, 2010	457.78	9,707.24
Persons per square mile, 2010	322.1	594.8

Source: U.S. Census Bureau: State and County QuickFacts

Poverty is identified as the most important determinant of health worldwide according to James Plumb, MD, MPH of Thomas Jefferson University¹. Estimates of families living at or below the poverty level are provided by the Washington County Department of Social Services (WCDSS). Most recent poverty data was based on 2013 statistics and is summarized in **Table 10**. All families living in Washington County at the poverty level are 13.7% compared to 10.1% of families living in the state of Maryland. National estimates of families living in poverty in the U.S. are 11.7%. The percentage of married families in poverty for Washington County is 3.9% compared to a state of Maryland rate of 2.7%. For families that have only a female head of household the rate of poverty increases to 26.9% in Washington County and 19.3% statewide.

Table 10: Washington County Poverty Status Characteristics

	All Families	Married Families	Female Heads of Households
Number Below Poverty Level	37,646	28,102	6,936
Percent Below Poverty Level	13.7%	3.9%	26.9%
White	7.9%	3.8%	27.2%
Black	25.6%	1.7%	55.1%
Less than High School Education	22.1%	15.2%	38.9%
High School/GED	8.7%	3.4%	29.6%
College (some college, A.A. and higher)	13.2%	4.4%	37.4%

Source: Washington County Department of Social Services, CY 2013

According to WCDSS, from 2010 through 2014 the average number of monthly households receiving Temporary Cash Assistance benefits (TANF) increased by 40% in Washington County, when the state of Maryland average declined 11%. Over the same time period, Washington County households receiving food stamp benefits increased 63%, similar to the state of Maryland increase of 60%. Based on these trends the rate of poverty in Washington County is increasing.

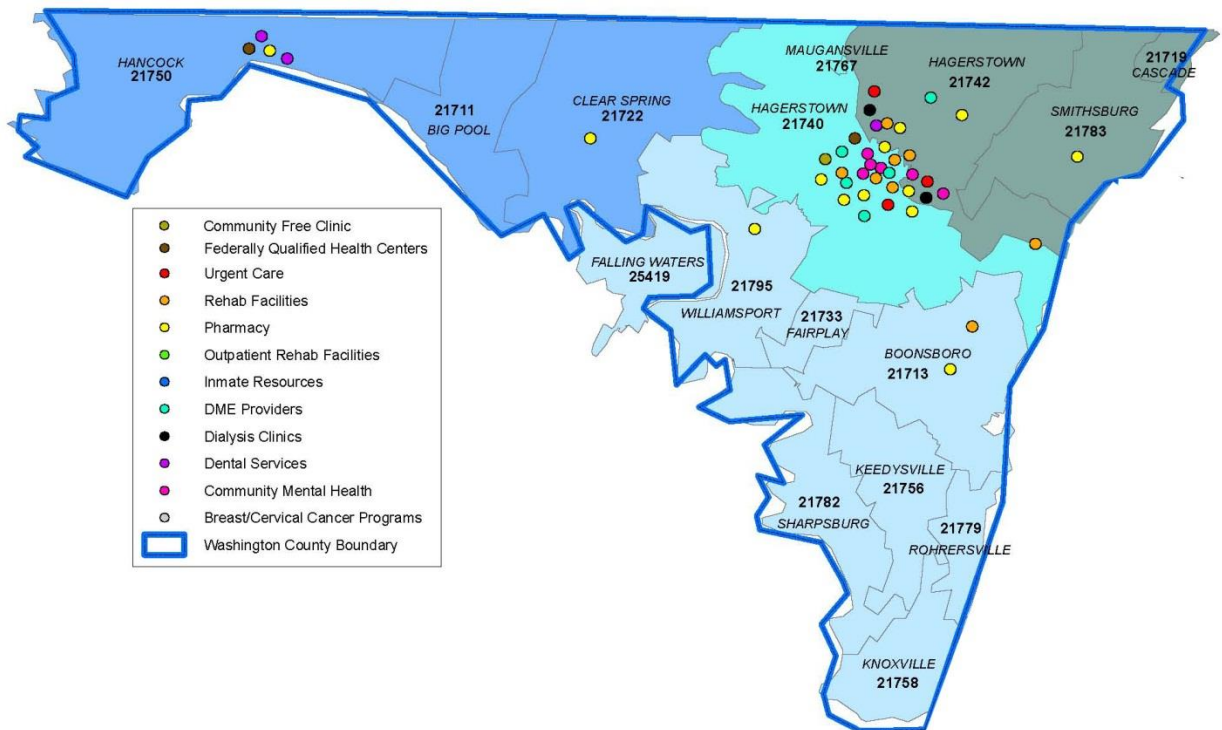
¹ <http://jdc.jefferson.edu/phlink/vol3/iss5/1>

Community Asset Inventory

In order to outline the existing health care facilities and resources within the community that are available to respond to the health needs of the community, the Washington County Health Coalition completed an inventory of community assets and resources in and around Washington County, MD.

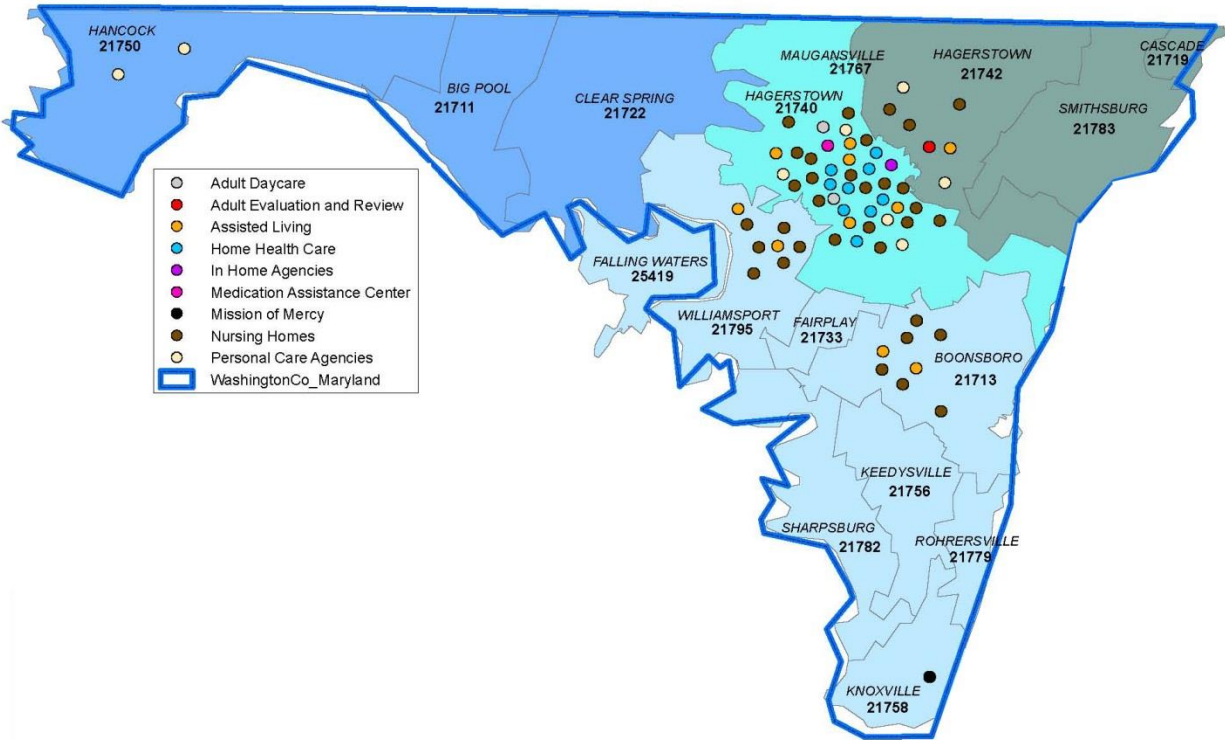
Community resources are categorized into two major areas: Medical Care Services and Senior Services. Medical Services includes, but are not limited to, Urgent Care facilities, Cancer treatment programs, Dental Services, Dialysis Centers, Durable Medical Equipment (DME) providers, Pharmacies, Outpatient Rehab Centers, Rehab Facilities, and Community Mental Health providers. The geographic locations of the Medical Service assets by category are illustrated in **Figure 4**.

Figure 4. Washington County Community Assets: Medical Services



Senior Services include, but are not limited to, Adult Day Care, Assisted Living facilities, Commission on Aging, Evaluation and Review services, Home Health services, Hospice, In-Home Support services, Ambulance, Nursing Facilities, Personal Care Homes, and Medication Assistance. The geographic locations of the Senior Service assets are illustrated in **Figure 5**.

Figure 5: Washington County Community Assets: Senior Services



Asset Inventory

A comprehensive listing of Washington County community health assets and resources are included in **Appendix F**.

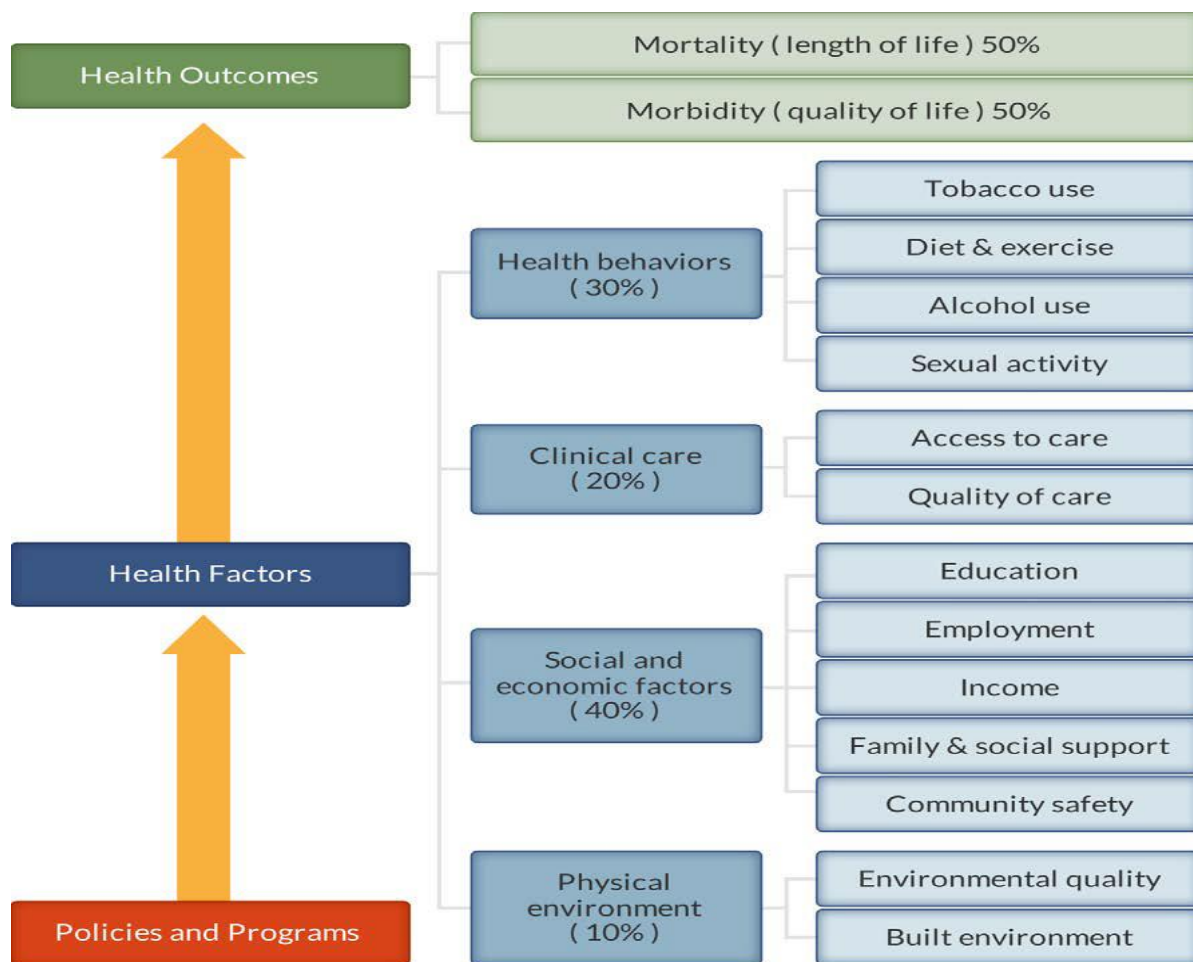
Health Services Gaps

- Timely access to substance abuse treatment when a person desires help; specifically the lack of detoxification or residential treatment levels of care,
- Availability of diet and nutrition consultation believed to be lacking due to poor reimbursement by health insurance,
- A lack of mental health crisis beds or other outpatient levels of supervised care,
- A lack of community case management for all complexities of health needs, mental health substance abuse, physical health,
- Closure of the free dental clinic at the local health department due to loss of funding,
- Adequate transportation to all medical services that can reach all parts of the county.

Community Health Rankings

The County Health Rankings & Roadmaps program is based on a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings is based on a model of population health (see **Figure 6**) that emphasizes the many factors that can help make communities healthier places to live, learn, work and play. It is important to note that only 20% of Health Outcomes are attributed to clinical care, while health behaviors, social, and economic determinants are combined to account for 70% of a community's health ranking.

Figure 6: Community Health Rankings model



County Health Rankings model ©2012 UWPHI

The County Health Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights to provide a good snapshot of how health is influenced by

where we live, learn and work. The standings also provide an excellent overview of a community's health and is used as a starting point for the CHNA assessment.

When comparing 2012 to 2015 standings, Washington County dropped one ranked position due to a decline in Health Outcomes. Subsequently, the overall ranking was reduced one position from 13th to 14th among counties in the state of Maryland (see Table 11).

Table 11. Community Health Rankings Maryland 2012 vs. 2015

Community Health Rankings MARYLAND 2012 vs. 2015									
Rank	Health Outcomes		Rank	Health Factors		Rank	Overall		
	2012	2015		2012	2015		2012	2015	
1	Howard	Montgomery	1	Howard	Howard	1	Montgomery	Montgomery	
2	Montgomery	Howard	2	Montgomery	Montgomery	2	Howard	Howard	
3	Queen Anne's	Frederick	3	Frederick	Frederick	3	Frederick	Frederick	
4	Frederick	Carroll	4	Talbot	Carroll	4	Carroll	Carroll	
5	Carroll	St Mary's	5	Carroll	Talbot	5	Queen Anne's	Queen Anne's	
6	Calvert	Queen Anne's	6	Calvert	Harford	6	Harford	St Mary's	
7	St Mary's	Talbot	7	Anne Arrundel	Calvert	7	Calvert	Harford	
8	Talbot	Anne Arrundel	8	Harford	Anne Arrundel	8	St Mary's	Anne Arrundel	
9	Harford	Calvert	9	Queen Anne's	Queen Anne's	9	Anne Arrunde	Calvert	
10	Anne Arrundel	Harford	10	Baltimore	St Mary's	10	Talbot	Talbot	
11	Charles	Worcester	11	Charles	Charles	11	Baltimore	Charles	
12	Washington	Charles	12	St Mary's	Kent	12	Charles	Garrett	
13	Baltimore	Washington -1	13	Kent	Baltimore	13	Washington	Baltimore	
14	Worcester	Baltimore	14	Garrett	Worcester	14	Garrett	Washington -1	
15	Prince George's	Garrett	15	Worcester	Wicomico	15	Somerset	Allegany	
16	Garrett	Prince George's	16	Washington	Washington	16	Kent	Kent	
17	Kent	Wicomico	17	Prince George's	Garrett	17	Prince George	Somerset	
18	Cecil	Kent	18	Allegany	Allegany	18	Allegany	Dorchester	
19	Wicomico	Dorchester	19	Wicomico	Wicomico	19	Cecil	Prince George's	
20	Caroline	Somerset	20	Cecil	Cecil	20	Caroline	Worcester	
21	Somerset	Allegany	21	Caroline	Caroline	21	Worcester	Wicomico	
22	Dorchester	Cecil	22	Dorchester	Dorchester	22	Wicomico	Cecil	
23	Allegany	Caroline	23	Somerset	Somerset	23	Dorchester	Caroline	
24	Baltimore City	Baltimore City	24	Baltimore City	Baltimore City	24	Baltimore City	Baltimore City	




Source: Robert Wood Johnson Foundation 2015

The full 2015 County Health Rankings Report for Maryland is included as **Appendix G**.

The Community Health Status Indicators (CHSI 2015) is an interactive web application maintained by the Centers for Disease Control (CDC) that produces health profiles for all 3,143 counties in the United States. Each profile includes key indicators of health outcomes, which describe the population health status of a county and factors that have the potential to influence health outcomes, such as health care access and quality, health behaviors, social factors, and the physical environment.

The following Summary Comparison Report provides an “at a glance” summary of how Washington County compares with peer counties on the full set of Primary Indicators (see **Table 12**). Peer county values for each indicator were ranked and then divided into quantiles.

Table 12: CDC Surveillance Dashboard Washington County, MD

	Better 	Moderate 	Worse 
Mortality	Alzheimer’s disease deaths Unintentional injury (including motor vehicle)	Cancer deaths Chronic kidney disease deaths Stroke deaths	Coronary heart disease deaths Diabetes deaths
Morbidity		Adult overall health status Cancer	Adult diabetes Adult obesity Alzheimer’s diseases/dementia Adult asthma Adult depression
Health Care Access and Quality	Cost barrier to care Uninsured	Primary care provider access	Older adult preventable hospitalizations
Health Behaviors		Adult binge drinking Adult smoking Teen births	Adult physical inactivity
Social Factors	High housing costs On time high school graduation	Children in single parent households Poverty Unemployment Violent crime	Inadequate social support
Physical Environment	Housing stress	Access to parks Limited access to healthy food Living near highways	Annual average PM2.5 concentration (fine Particulate Matter affecting air quality)

Source: <http://wwwn.cdc.gov/communityhealth> accessed August, 2015

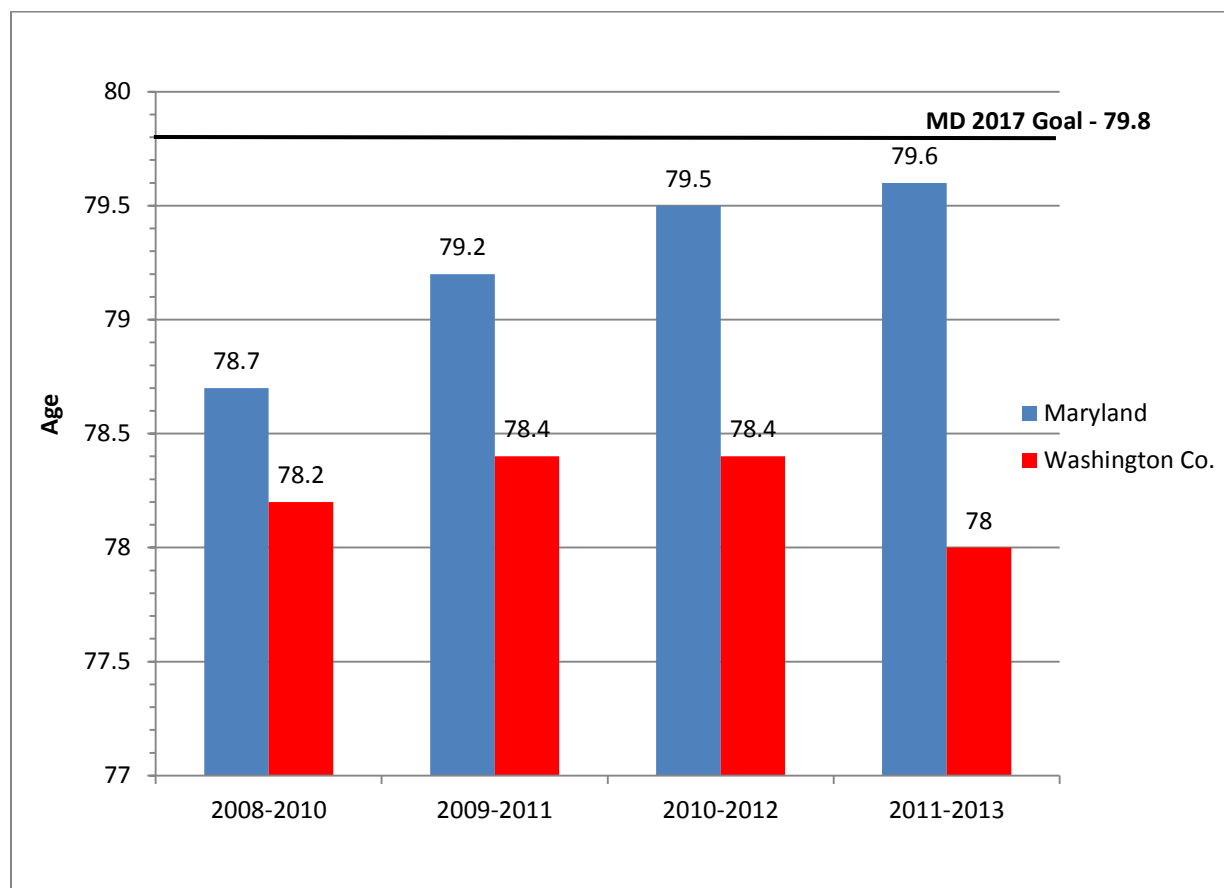
The CDC Summary Comparison validates that Washington County residents experience higher than average rates of heart disease mortality, diabetes rates and mortality, adult depression, adult physical inactivity, seniors being hospitalized with preventable conditions, evidence of inadequate social support, and worsening air quality. Rates of adult smoking, teen pregnancy,

and cancer, along with social determinants of health such as poverty, unemployment, and access to healthy food all fall into an area of caution. Strengths include lower rates of uninsured population, low housing costs, and on-time high school graduation.

Life Expectancy

Previously, life expectancy along with infant mortality and causes of death were seen as a sufficient basis for assessing population health status.² While the quality of life has gained increased importance, overall life expectancy remains an important general indicator. A slight decrease is observed for Washington County while the general Maryland trend has improved. The decline is partially attributed to the aging population in Washington County and higher disease burden and mortality rates as noted in the Community Health Rankings.

Figure 7. Life Expectancy in Maryland and Washington County



Source: Maryland DHMH Vital Statistics Administration 2015

² World Health Organization, *Health Expectancy Indicators*, [http://www.who.int/bulletin/archives/77\(2\)181.pdf](http://www.who.int/bulletin/archives/77(2)181.pdf) (Aug. 9, 2015)

Community Survey

The primary data collection process included the development of a health needs survey that was designed, approved and distributed by the steering committee throughout the community.

The survey was comprised of 30 health needs questions and 6 demographic queries. The health related questions were developed based on the Behavioral Risk Factor Surveillance Survey (BRFSS) questions asked in the Meritus Medical Center FY2013 CHNA Survey, and were similar or identical to questions used in national and state Behavioral Risk Factor Surveillance System Surveys (BRFSS). Survey responses were compared to those collected by the most recent MD Department of Health and Mental Hygiene and CDC's national BRFSS data. This data helped to establish benchmarks, variance, comparison with state and national goals when applicable, and, most importantly, unmet needs.

In addition, feedback from the membership of the Washington County Health Improvement Coalition was considered in the development of the questions that were designed to obtain more detailed explanations of barriers preventing people from accessing timely health care services: finances, transportation, hours of operation, social needs, limitations, etc.

The survey was written in English (**see Appendix C**) and translated to Spanish (**see Appendix D**) and was distributed both electronically via email and websites as well as via written copies.

The survey was opened from June 10, 2015 - August 3, 2015. Private, public, and government organizations worked together to widely publicize and distribute the survey throughout our community. A talking points memo that helped explain the purpose and use of the survey was provided at the points of distribution (**see Appendix H**). The complete survey results and comments are included for reference in **Appendix I**.

The following organizations mailed a survey web-link to their email address lists:

- Brook Lane Health Services,
- Hagerstown/Washington County Chamber of Commerce
- Meritus Medical Center,
- Washington County Government,
- Washington County Public Schools (teachers and parents)

In addition, organizations also posted a link to the CHNA survey and promoted participation on their public websites as detailed in **Table 13**.

Table 13: FY2016 CHNA Survey Promotion

Organization	Website	Date Posted
Big Brothers/Big Sisters	www.bbbswashco.org	June 22, 2015
Brothers Who Care	www.brotherswhocare.org	June 29, 2015
Brook Lane Health Services	www.brooklane.org	June 12, 2015
Community Action Council	www.wccac.org	July 13, 2015
Community Free Clinic	www.cfcwc-md.org	June 22, 2015
H.E.A.L. of Washington Co.	www.healofwashingtoncounty.org	June 29, 2015
Hagerstown-Wash. Co. Chamber of Commerce	www.hagerstown.org	July 1, 2015
Healthy Washington Co.	www.healthywashingtoncounty.com	June 22, 2015
Meritus Health	www.meritushealth.com	June 24, 2015
Herald Mail newspaper article	Meritus Health seeking input for community health-needs assessment - Herald Mail Media: Local ...	July 14, 2015

A printed, paper version of the survey was distributed and made available at the following locations:

- Community Free Clinic (100 copies - delivered 6/24/15)
- Washington County Depart of Social Services (150 copies - delivered 6/24/15)
- MMC Cardiac Rehab (50 - delivered 6/30/15)
- Parish Nursing (100 - delivered 6/29/15)
- Tri-State Community Health Center (100 - delivered 6/25/15)
- Johns Hopkins George Comstock Center (5 - delivered 6/25/15)
- Meritus Home Health (100 –delivered 7/2/15)
- Emergency Department at Meritus Medical Center (50 – delivered 7/14/15)

The survey was officially closed August 3, 2015 and no additional responses were accepted after that date.

To help ensure that the true needs of the county were analyzed and understood, the steering committee hypothesized that the geography and the demographics of the county suggested that socio-demographic and health status differences may exist in different sub-regions of the county. As a result of this discussion, Washington County was divided into four quadrants with the plan to sample an equal representation of the population living in each area.

This info is most useful in better understanding where needs are greatest and gaps in service or disparities might exist. The four regional quadrants are represented in **Figure 8**.

Figure 8. Washington County Sub-regions

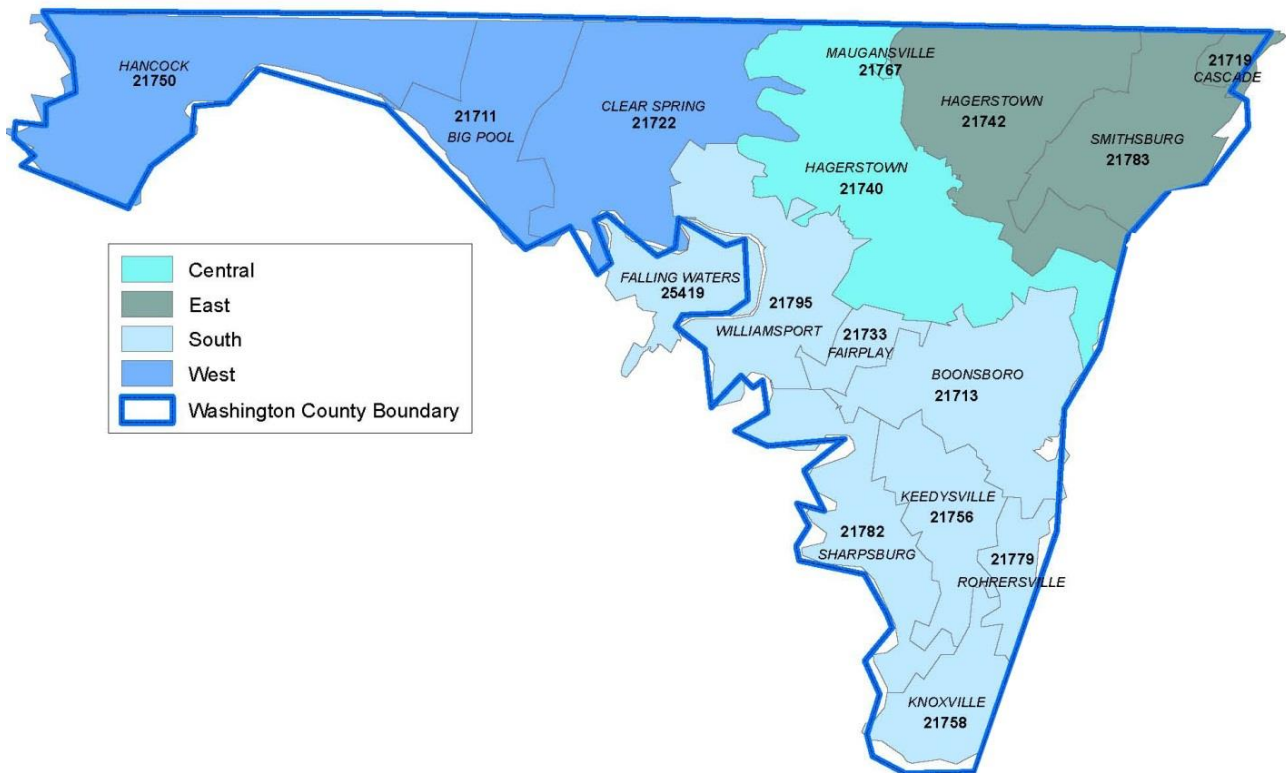


Table 14 outlines the population and changes by zip code for each of the four sub-regions that were surveyed. Most areas demonstrated modest increases in total population with the exception of Hancock and Smithsburg which showed small declines.

Table 14: Sub-regions by Zip Code

Sub-region and Zip Code	City	2000 Pop	2010 Pop	Net change	Percentage of County Population
West		10,228	10,340	+1%	6.9%
21750	Hancock	4,017	3,766	-6.2%	
21711	Big Pool	1,012	1,029		
21722	Clear Spring	5,199	5,545		
South		28,507	33,511	+14.9%	22.3%
21795	Williamsport	8,250	9,233		
21733	Fairplay	1,008	1,163		
21713	Boonsboro	8,033	9,502		
21782	Sharpsburg	3,791	4,097		
21756	Keedysville	2,704	3,612		
21779	Rohrersville	819	983		
21758	Knoxville	3,902	4,921		
East		37,246	44,738	+16.7%	29.7%
21767	Maugansville	576	991		
21742	Hagerstown	24,093	31,444		
21783	Smithsburg	9,423	9,130	-3.1%	
21719	Cascade	1,536	1,548		
21780	Sabillasville	1,618	1,625		
Central/City		56,776	61,859	+8.2%	41.1%
21740	Hagerstown	56,776	61,859		
Total			150,448		

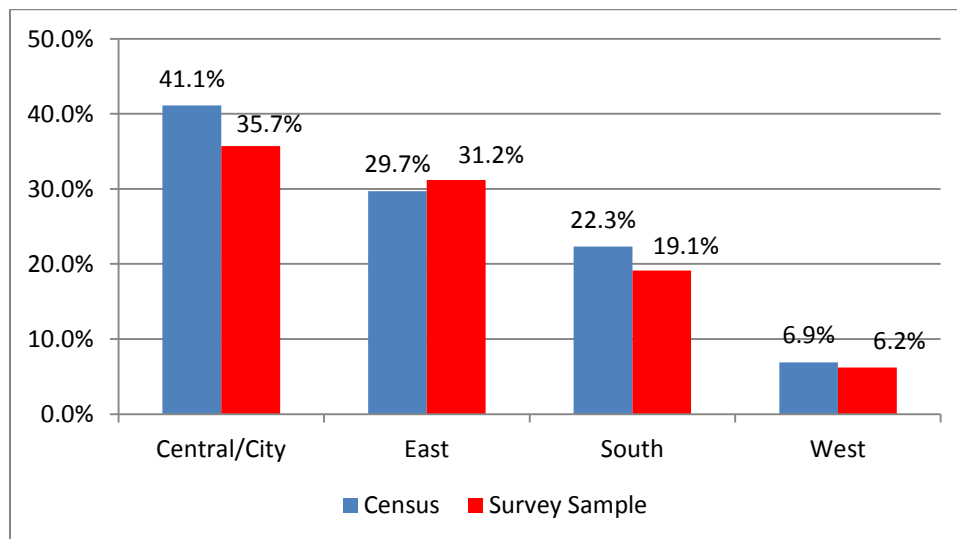
Survey Results

A representative sample of 1,472 Washington County adults responded and completed the survey questionnaire. It is acknowledged that there is always statistical error associated with the act of collecting data from a sample of the population and assuming that the sample truly represents the population. A confidence interval was calculated from the population sample.³

Based on the adult population of ~116,218 in the primary service region with a limit of 99% certainty, the survey sample response of 1,472 provides a +/- 3.3% margin of error. The result tells us that we are confident that the true population response lies within 3.3 percentage points above or below the sampled response. Survey data responses are presented throughout the CHNA report when the data has relevance to specific health issues.

Whenever possible, answers and data from the current CHNA process were compared to the results of the survey conducted three years ago. The sample size of the 2015 survey was significantly larger (1,472) than in 2012 (819). Therefore, the current survey results have slightly greater external validity and generalizability than the survey results from 2012. All data displayed in the **Figures** that follow was sourced directly from survey results unless otherwise noted. An intentional effort was made to ensure that a representative sample of all persons living in the county was provided the opportunity to be surveyed and have input in identifying our community's health needs. Survey responses were obtained from adult participants who represent all four quadrants of the service area. The response rates were proportionally similar to the census population found in each of the four geographic locations as seen in **Figure 9**.

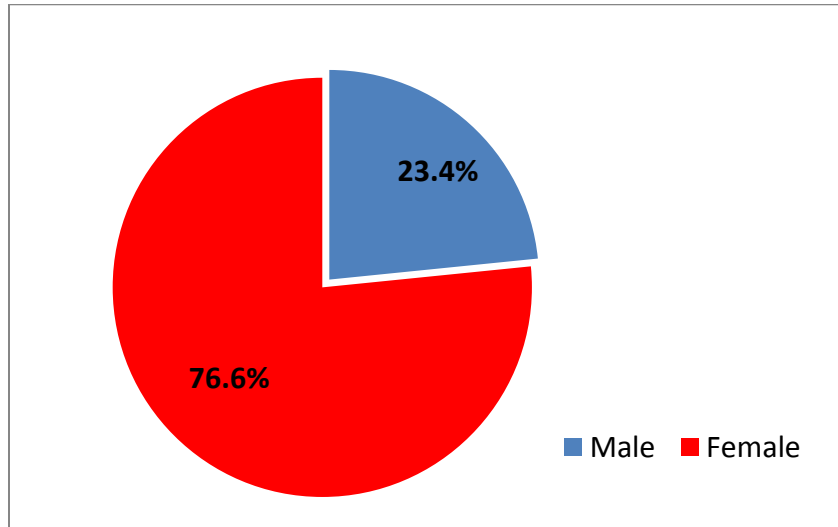
Figure 9. Geographic Census Population vs. Survey Sample



³ <http://www.surveysystem.com/sscalc.htm>

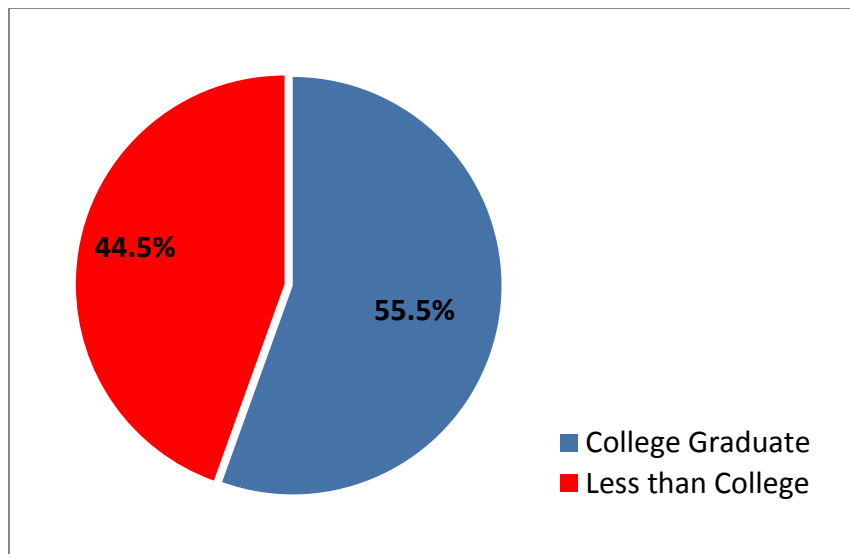
More women than men completed the survey at the rate of greater than 3:1 (**Figure 10**). This rate was slightly more representative than the 2012 survey when the ratio was disproportionately skewed towards being completed by women, 82% to 18% men.

Figure 10. Question 32. What is your gender?



The majority of participants in the 2015 survey were college graduates (55.5%) seen in **Figure 11**. The college completion rate among adults taking the 2015 survey is higher than the rate of colleges graduates found in the general population (19.5%). College graduates also represent a higher rate than those who responded three years ago (29.8%).

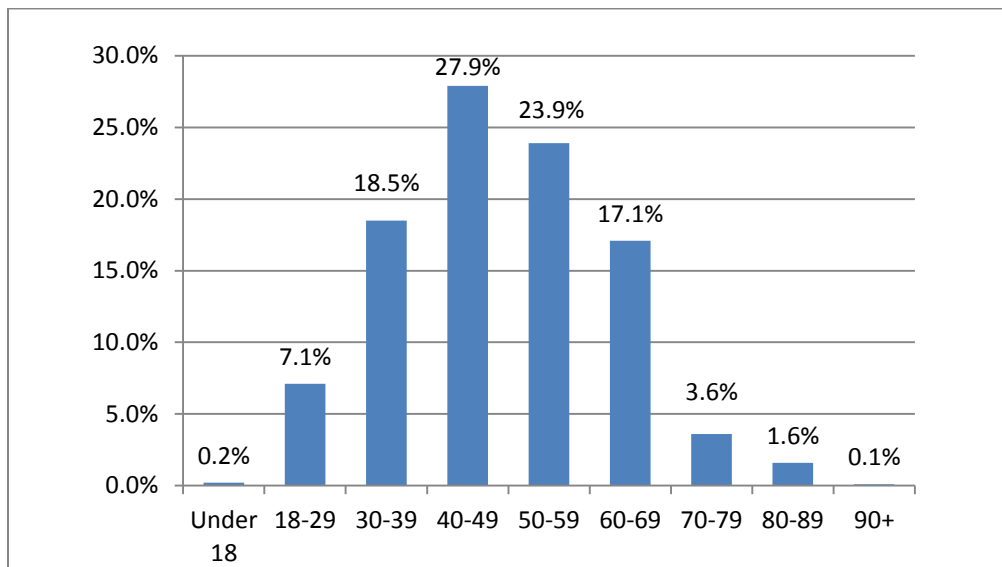
Figure 11. Question 34. What is your highest level of education?



We acknowledge that a greater percentage of women and college graduates represent the greatest opportunity for bias to have occurred in the survey response data. However, the answers provided by participants were for the most part consistent with health status findings in the secondary data.

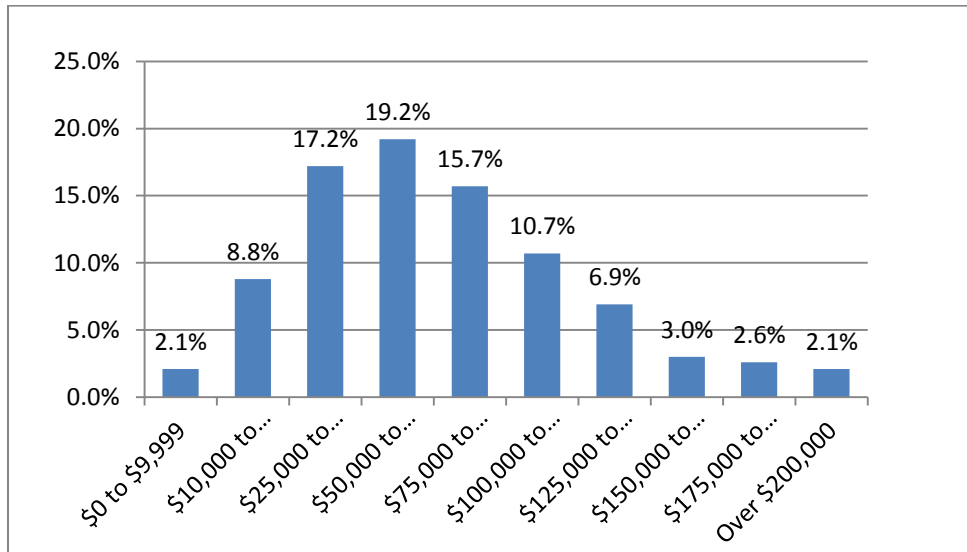
It was determined that the largest response came from persons ages 40 – 49 (27.9%), consistent with the mean age of 41 for Washington County adults. A majority of respondents were over the age of 40 (74.2%), similar to adult age demographics. The total responses by age group results form a bell-shaped distribution that closely mirrors the Washington County population census data (**Figure 12**).

Figure 12. Question 33. What is your age?



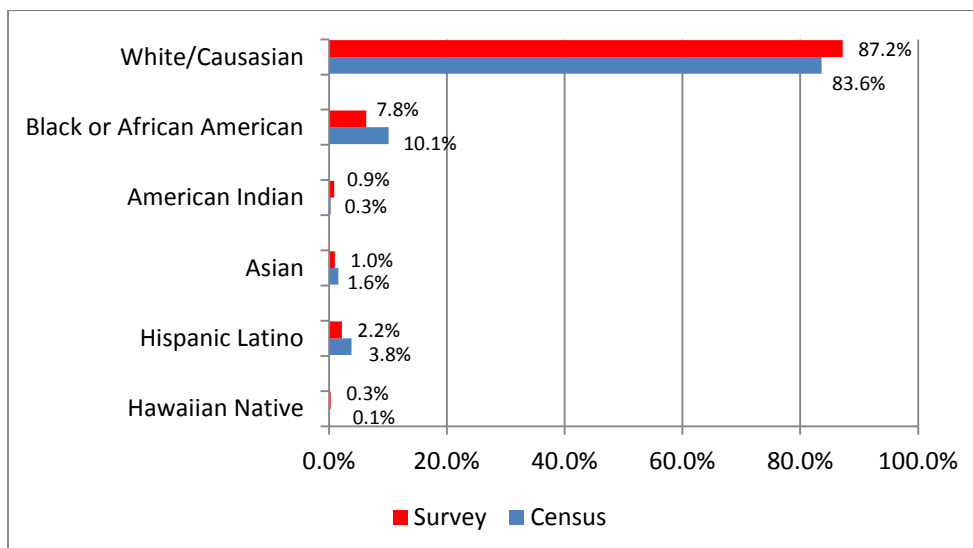
The total household income also indicated a similar distribution to that found in the Washington County census data with the modal income bracket of \$50,000 – \$74,999 being similar to the median household income of \$55,609 (2013). The 10.9% of survey respondents with a total annual household income of less than \$25,000 is within the margin of error compared to the county’s 13.7% poverty rate. The slightly higher distribution of household incomes over \$75,000 is consistent with the higher rate of college education. These responses are seen in **Figure 13**. Also of note, 145 participants or 11.7% chose to not provide a response to this question.

Figure 13. Question 35. How much total combined money did all members of your HOUSEHOLD earn last year?



Based on all primary responses and comparison with secondary health status, we concluded that health risks and disease processes exist among all Washington County cohorts, without regard to age, gender, education or income. This suggests that future risk and trajectory for chronic illness is higher for all persons if no lifestyle changes are made. The survey sample is well within the margin of error and is highly consistent with the racial and ethnic population distribution in Washington County as a whole (see **Figure 14**). The data review found disparities among Black adults with regard to hypertension, diabetes and respiratory disease treatment.

Figure 14. Question 36. What is your race/ethnicity?



Health Status Indicators and Data

Health indicators are quantifiable characteristics used as supporting evidence to describe and define the health of a given population. The World Health Organization (WHO) defines health needs as “objectively determined deficiencies in health that require health care, from promotion to palliation.”⁴ Whenever possible, standardized health indicators for Washington County were used to provide us with comparison and benchmarks to the prior FY2013 CHNA results, county, state, national averages, and Healthy People 2020 targets. Both primary and secondary data sources were used. Participant responses from the community survey were included with relevant health indicators for ease of readability and understanding.

The health indicators selected include:

Environment

Access to Quality Health Care

Healthy Lifestyle

Chronic Disease

Mental Health

Substance Abuse

Healthy Children

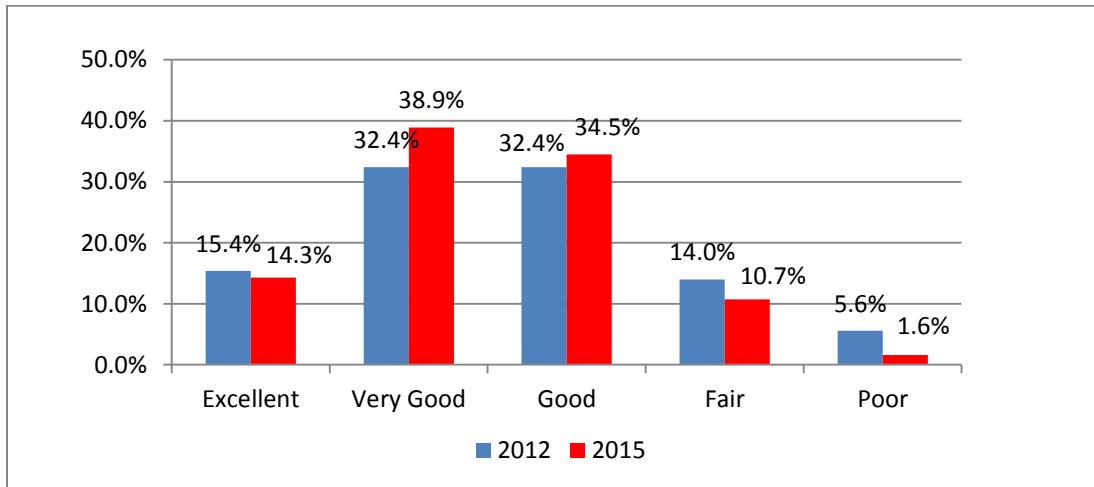
Tobacco Use

⁴ *Expert Committee on Health Statistics. Fourteenth Report.* Geneva, World Health Organization, 1971. WHO Technical Report Series No. 472, pp 21-22.

Environment

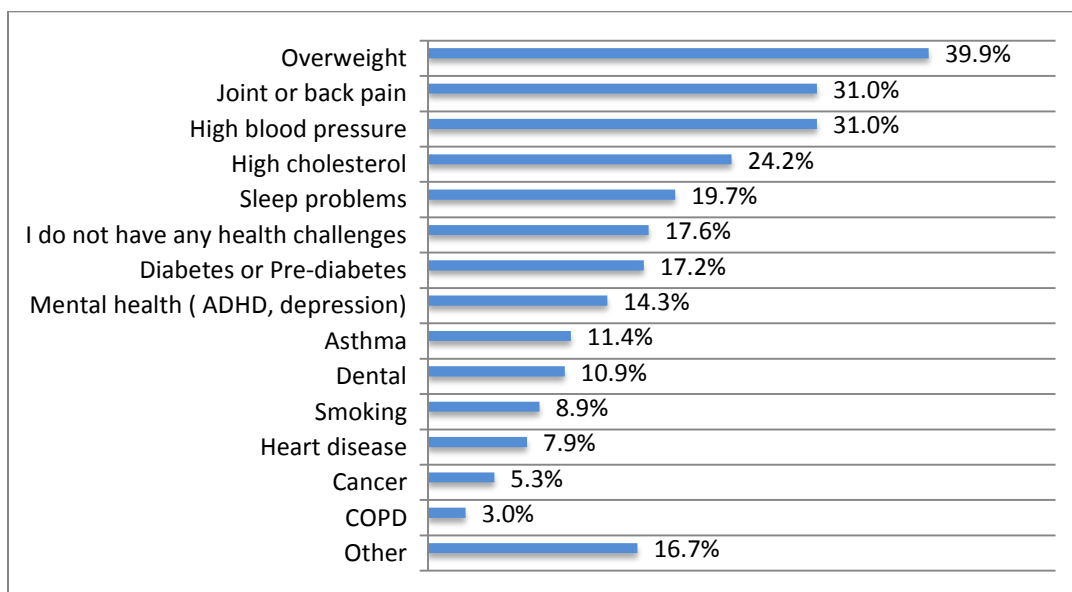
Regarding overall health survey participants were asked to rate their personal health. For the 2015 survey, 12.3% rated their health as fair or poor, compared to 19.6% in 2012 (improved 7.3%). The sample size of the 2015 survey was significantly larger than in 2012 (1,472 vs. 819).

Figure 15. Question 2. In general, how would you rate your overall health?



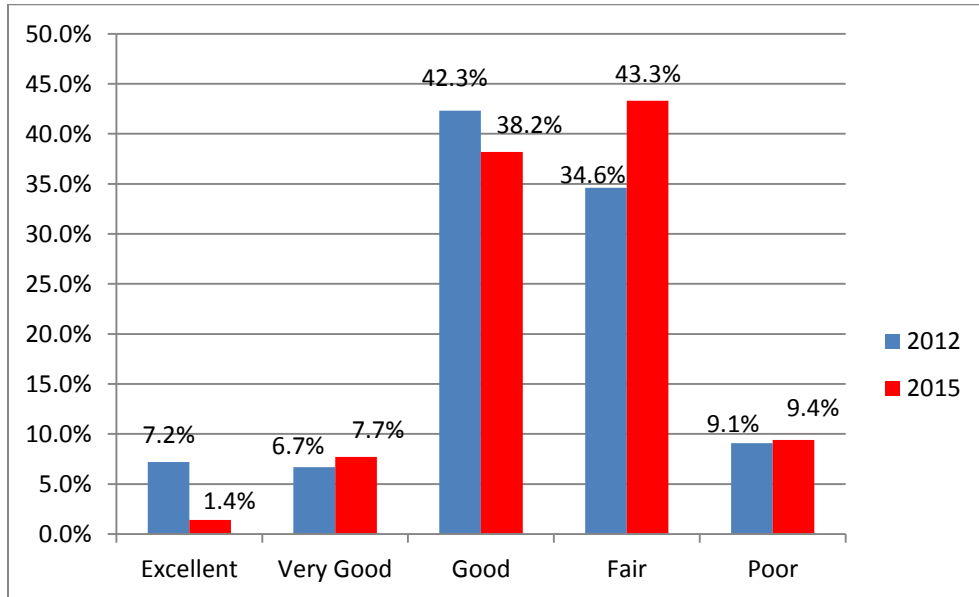
Survey participants were asked to identify all the health concerns that they face. The most frequent health concerns reported include being overweight (39.9%), joint or back pain (31%), high blood pressure (31%), high cholesterol (24.2%), sleep problems (19.7%), diabetes (17.2%), mental health (14.3%), and asthma (11.4%). Other areas of concern include dental, smoking, heart disease, cancer, and COPD.

Figure 16. Question 3. Please select all health concerns that you face



Q4. When asked to rate the health status of the community, of 52.7% of respondents rated the status as “fair” or “poor.” These answers were 9% higher than when the question was asked in 2012.

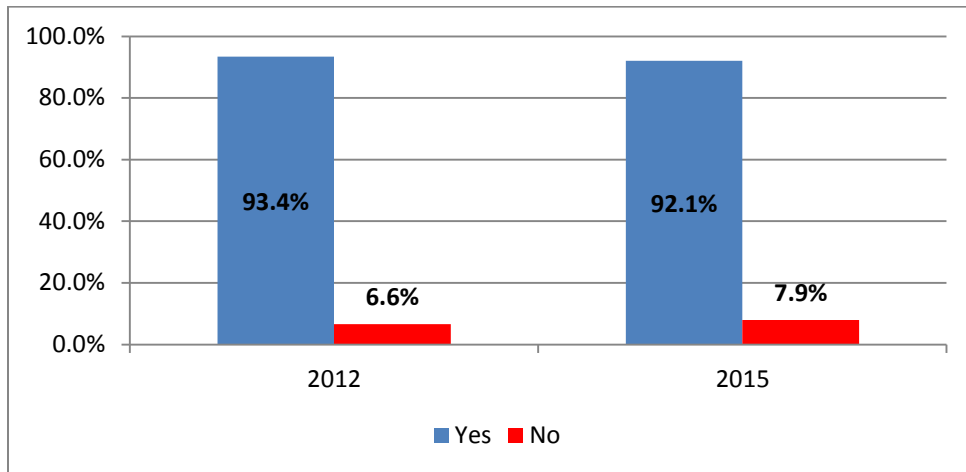
Figure 17. Question 4. Overall how would you rate the health status of the community?



Access to Quality Health Care

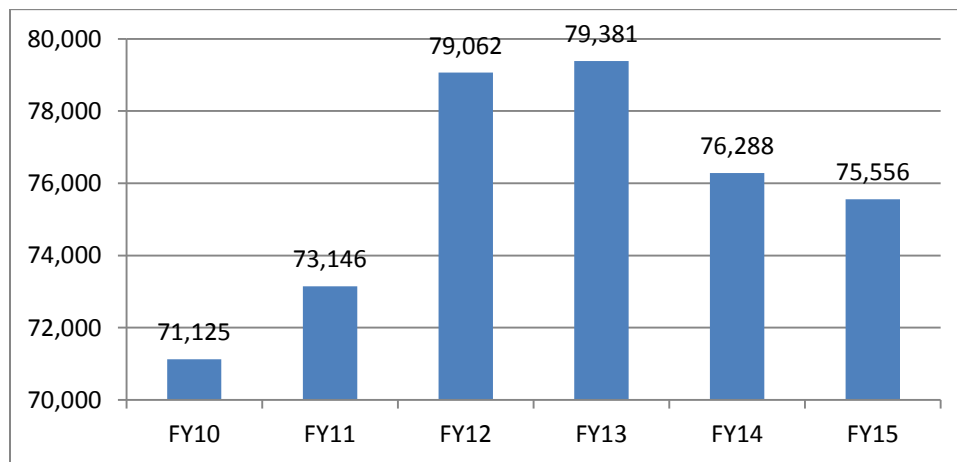
A majority of participants, 92.1%, have a regular healthcare provider. There is a slight increase in persons who report not having a regular healthcare provider, 7.9% (2015), compared to the last community survey, 6.6% (2012). It was expected that more persons having health insurance would translate to more people having a regular healthcare provider.

Figure 18. Question 27. Do you have a regular healthcare provider?



Early on, the steering committee identified the desire to better understand what factors prevent people in our community from accessing health services. When asked “what issues prevent you from receiving care when needed?” the top responses were “cost” (21.4%) and the inability to afford co-pays or deductibles (12.9%). Although the Emergency Department (ED) offers immediate 24 hour, 7 days per week access to medical treatment without requiring payment or co-pay at the time of service, overall utilization has decreased 4.4% since 2012.

Figure 19. Total ED Visits



Source: Meritus Medical Center Emergency Department 2015

The majority of survey participants report going to their doctor’s office for routine health care (80.9%). The Community Free Clinic (7.5%), Urgent Care (2.3%), Family Healthcare of Hagerstown (1.5%), and Tri-State Community Health Center (1.3%) were other frequently identified health providers.

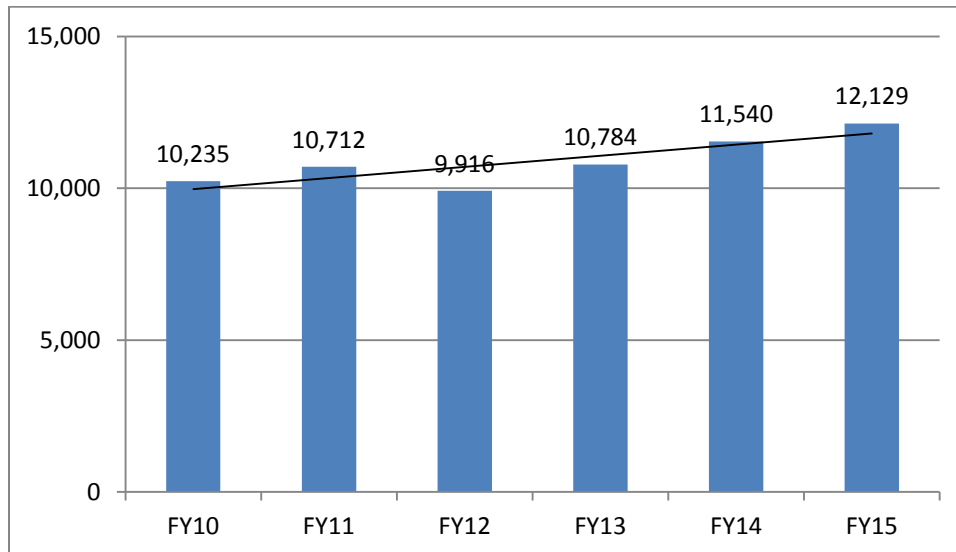
For the treatment of immediate medical needs, survey respondents would most often seek care at one of the Urgent Care providers in Washington County (46.4%) versus the Emergency Room (34.7%) as illustrated in **Table 15**.

Table 15. Question 6. If you experienced an immediate medical need where would you go?

Answer Options	Response Percent
Emergency Room	34.7%
Urgent Care	46.4%
Doctor's Office	15.3%
Health Department	0.1%
Other Clinic	0.3%
I would not seek health care	0.7%
Other	2.5%

While total ED visits have trended down, people who come to the ED present with more acute care symptoms that result in the need for hospitalization at an increased rate.

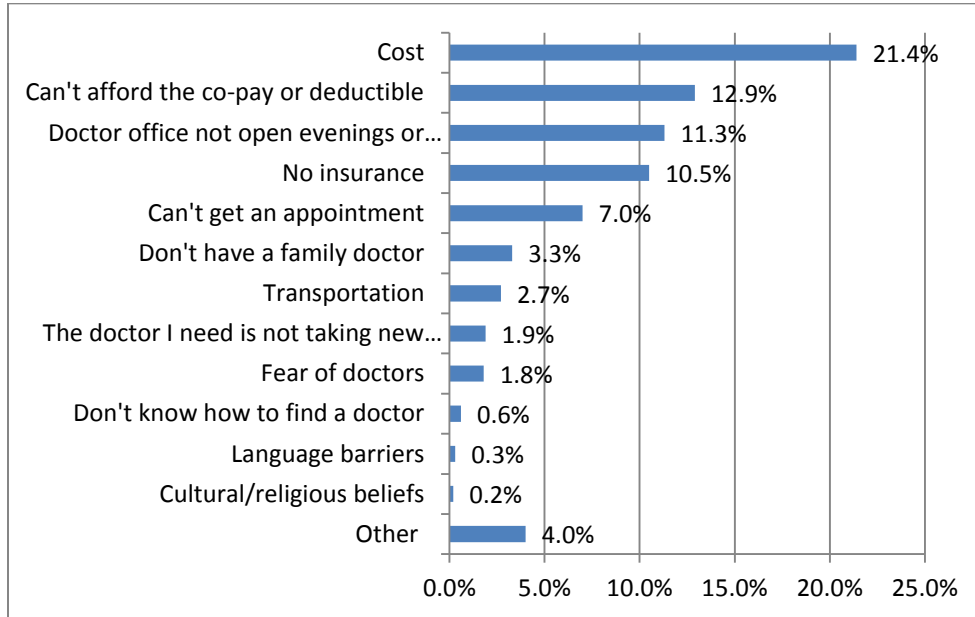
Figure 20. ER to Inpatient Trend



Source: Meritus Medical Center Emergency Department data 2015

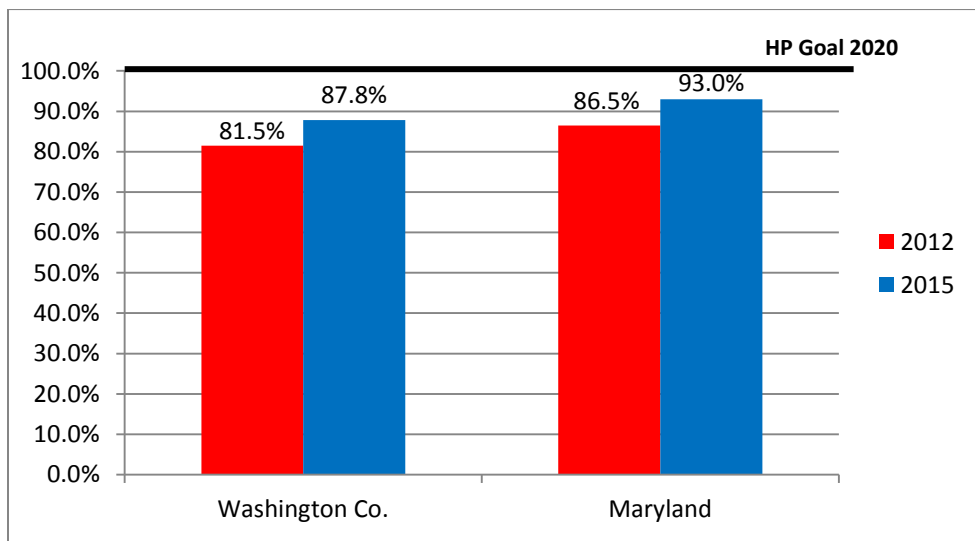
Economic factors are consistently identified as significant barriers to accessing timely healthcare services and treatment.

Figure 21. Question 7. Are there any issues that stop you from getting care when you need it?



A significant change in the percentage of insured adults occurred between 2012 and 2015. In 2012, 18.5% of our survey sample reported being uninsured. This percentage dropped to 12.2%; a percentage consistent with the Maryland Health Exchange estimate of uninsured for Washington County at 11.5%.⁵

Figure 22. Have Health Insurance



⁵ Maryland Health Connection (2015). *Enrollment Report* (Feb. 15, 2015). (see Appendix J)

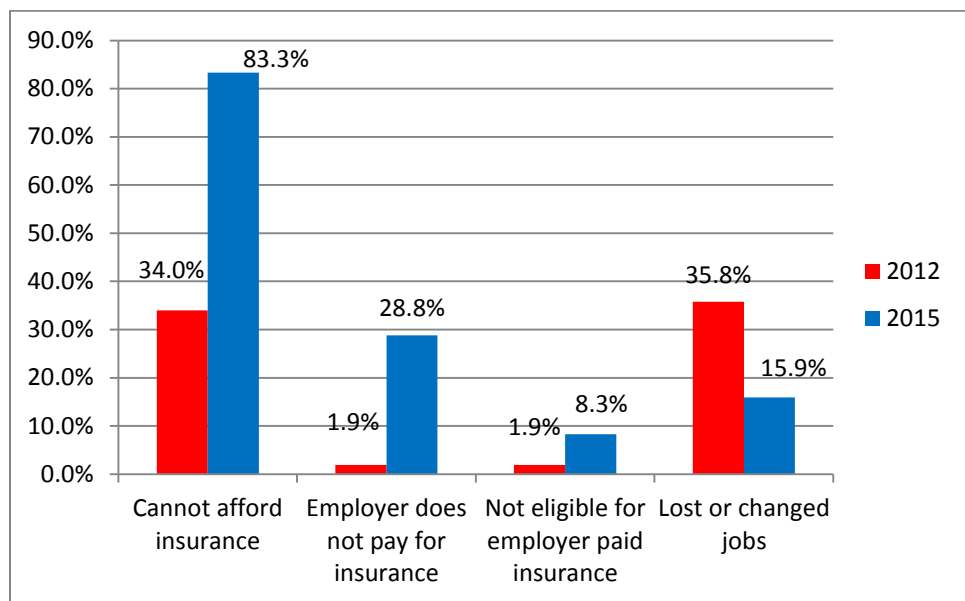
In our survey sample, 72.2% of respondents reported that their employer helped pay for health insurance coverage with 17.7% receiving partial or complete assistance from the government for health coverage. Individuals who receive no financial assistance and pay for total cost out of pocket equated to 7.1% of respondents.

Table 16. Question 28. Who helps pay for your health insurance?

Answer Options	Response Percent	Response Count
Employer	72.2%	805
Group other than employer	2.7%	30
Government (Medicare, Medicaid or ACA Exchange)	17.7%	197
I pay for 100% of expense	7.1%	79
Other (please specify)	6.2%	69

Although more people are now insured than three years ago (+6.3%), the survey reason most often cited for not carrying insurance in 2015 was “cannot afford coverage.” The sample of persons who are unable to afford insurance increased significantly (+49.3%) between 2012 to 2015. Another significant change reported was a 28.8% increase in the employer not helping to pay for insurance. The reason for not carrying health insurance due to a lost or changed job was lower by 19.9%. This is consistent with the reduced rate of unemployment in Washington County that has decreased since 2012.

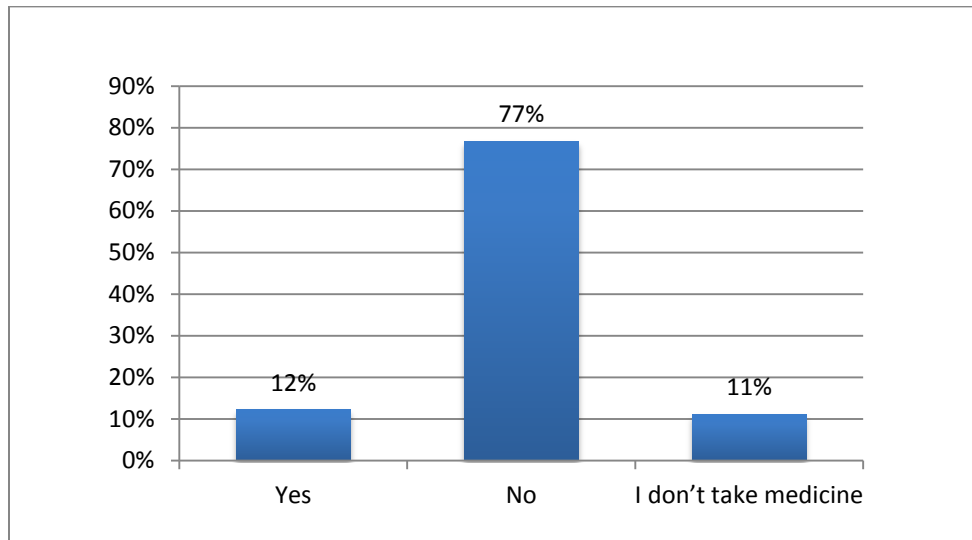
Figure 23. Question 29. Reason No Health Insurance



Despite the fact that a greater number of adults are now insured, 12% of respondents have gone without prescribed medication in the past year because they could not afford it. This

result also demonstrates a small increase from 2012; only 10.5% of survey respondents reported that they had gone without medication due to cost. Simply having health insurance coverage does not guarantee access to prescribed medications as plans vary greatly in covered benefits.

Figure 24. Question 8. In the past 12 months, have you gone without medicine or not taken medicine as prescribed because you could not afford it?



Survey questions did not assess the level of health coverage, co-pays or deductibles. The Community Free Clinic has identified a trend of formerly uninsured persons who have obtained an affordable health insurance plan but often must meet large deductibles and/or co-pays. Whether or not these deductibles and co-pays pose a new barrier to accessing basic care and specialist treatment is unknown.

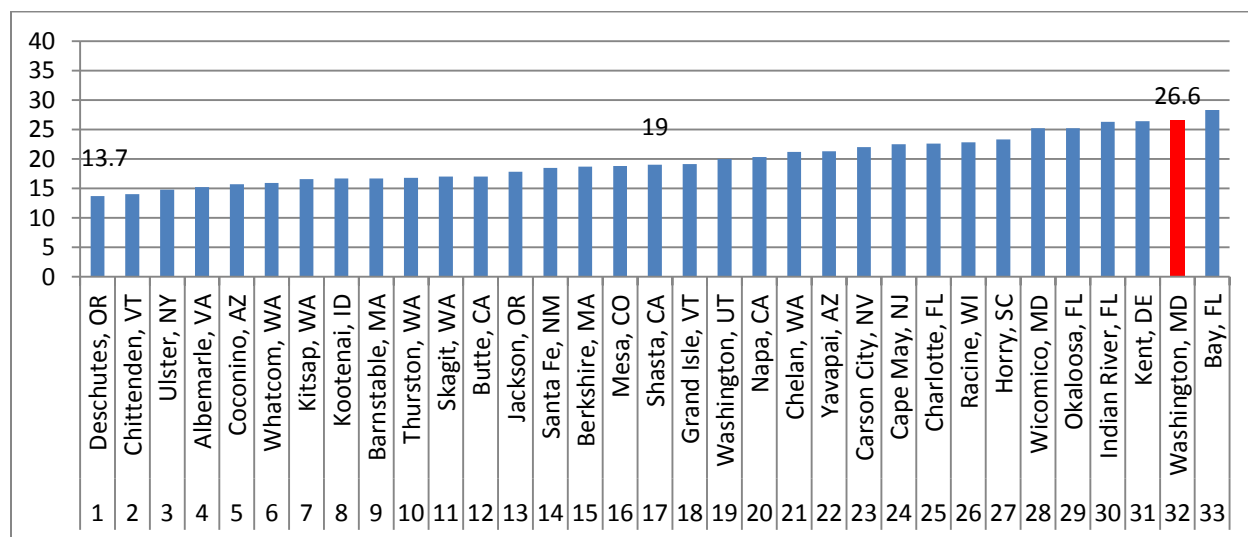
Healthy Lifestyle

According to Healthy People 2020 daily physical activity, maintaining a healthy body weight and good nutrition are essential components of good health and well-being. Maintaining a healthy lifestyle can help to decrease an individual’s risk of developing serious health conditions such as high blood pressure, diabetes, heart disease, stroke or cancer.⁶

Physical activity

An important health indicator is level of daily physical activity. The CDC 2014 guidelines recommend that adults ages 18 - 64 need at least 2 ½ hours of moderate intensity physical activity (brisk walking) each week.⁷ Of concern, Washington County adults ranked next to last for adult physical **inactivity** when compared with 33 “like communities” (based on economic, education, social demographic factors). This question is based on surveillance data asking adults if they have taken a walk for exercise (or the equivalent) in the past 30 days. Twenty-six point six percent (26.6%) of the sample responded that they had not.

Figure 25. Adult Physical Inactivity in the Past 30 Days



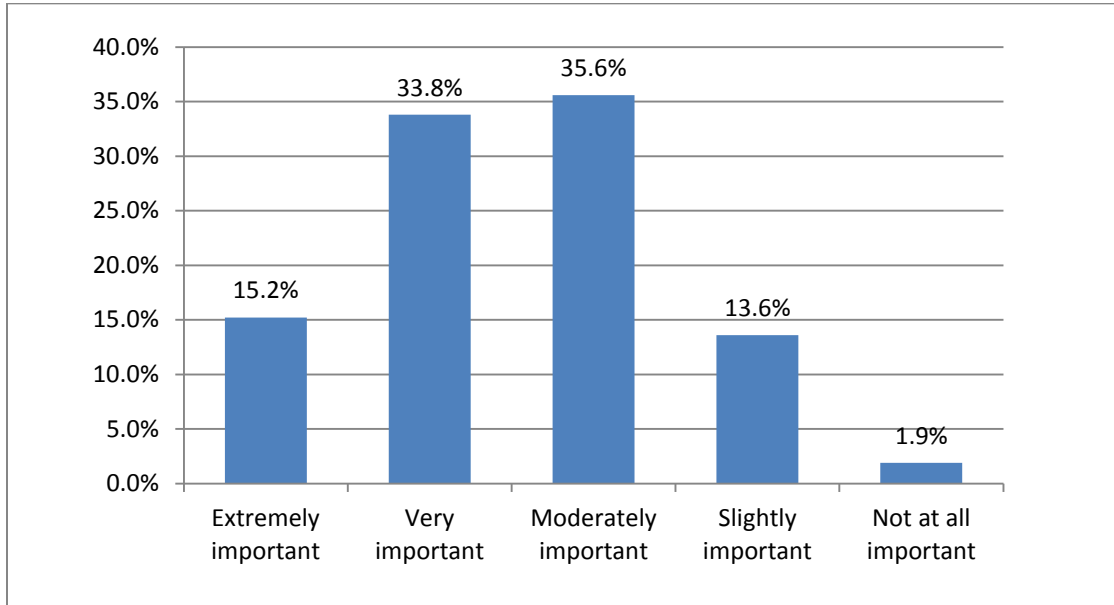
Source: <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MD/Washington/120>

⁶ Healthy People 2020, www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity accessed 08/26/2015

⁷ Centers for Disease Control and Prevention, www.cdc.gov/physicalactivity/basics/adults/index.htm accessed 08/26/15

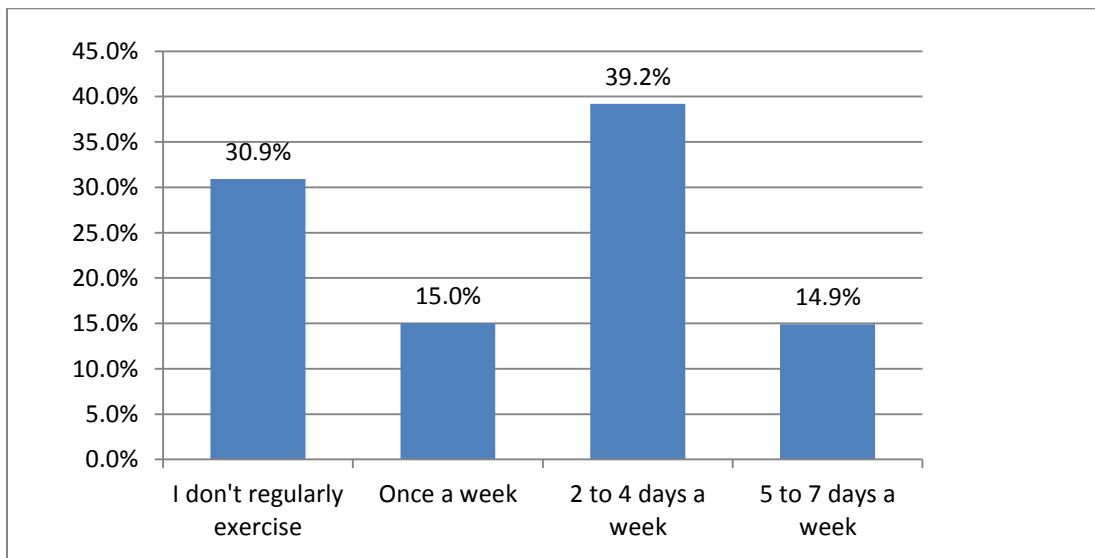
The survey identified that *exercise* was only “*slightly*” or “*not at all important*” among 15.5% of respondents.

Figure 26. Question 24. How important is exercise to you?



In addition, 30.9% of survey responses indicated that they do not regularly exercise.

Figure 27. Question 25. In a typical week, how many days do you exercise?



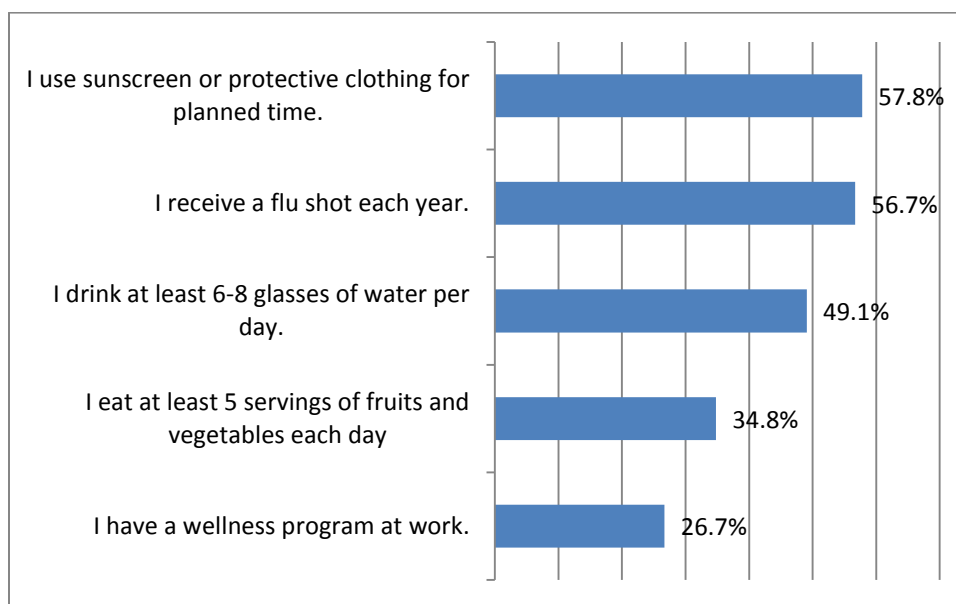
Those who do exercise choose walking as the far most popular exercise (83.3%) followed by lifting weights (17%), running (12.9%), and swimming (11.4%). Another form of exercise gaining popularity is yoga (7.3%) and aerobics.

The CHNA community survey identified behaviors associated with preventative care and wellness. Well over half of respondents identified using sunscreen or protection from prolonged exposure. Adult persons reported having received a flu shot at a rate of 56.7% which exceeds the current national rate of 43.6%.⁸

The average, healthy adult living in a temperate climate needs about 13 cups of water for men and 9 cups for women on a daily basis according to the Institute of Medicine.⁹ The popular advice to drink eight glasses of water daily is not evidenced-based, but is a rough equivalent for adequate intake. Nearly half of respondents (49.1%) reported drinking six to eight glasses of water daily. Just over one third of respondents (34.8%) also reported eating *at least* five servings of fruit and vegetables daily.

A workplace health program is a health promotion activity or organization-wide policy designed to support healthy behaviors and improve health outcomes while at work. With rising costs in health care coverage, employers have a vested interest in the health of their employees. The RAND Employer Survey (2013) suggests that, nationally, about 50% of all employers with 50 or more employees offer a wellness program.¹⁰ Only 26.7% of respondents identified having a wellness program offered in their workplace currently.

Figure 28. Question 22. All statements that apply to you (healthy behaviors)



⁸ CDC, Seasonal Flu Vaccination Coverage, 2014 – 2015; www.cdc.gov/flu

⁹ The Mayo Clinic, www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/water/art-20044256?pg=1, accessed 09/08/2015.

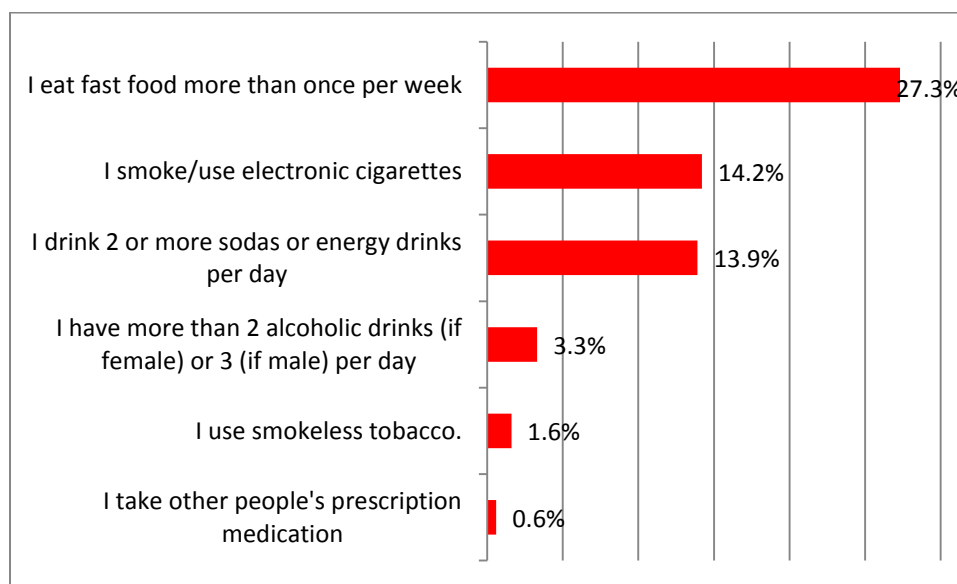
¹⁰ DOL Workplace Wellness <http://www.dol.gov/ebsa/pdf/workplacewellnessstudyfinal.pdf>, accessed 09/08/2015.

The CHNA community survey identified behaviors associated with an increased risk to health and wellness. The 2013 Gallup Consumption poll found that 19% of Americans eat fast food more than once per week¹¹, compared to the higher Washington County rate of 27.3%.

Smoking, electronic cigarettes and smokeless tobacco use was reported at a combined total of 15.8%. The most recent Maryland SHIP surveillance data reports the value as 20%, slightly above the margin of error. Unregulated E-cigarettes and “vaping” are electronic nicotine delivery systems that are gaining in popularity, but have still largely unknown public and individual health effects.

Nearly 14% of surveyed adults report drinking more than two soda or energy drinks daily. These drinks include high caloric values derived from sugar, ranging from 39g to 110g. The U.S. Food and Drug Administration (FDA) limits the amount of caffeine in soda to no more than 71 milligrams per 12-ounce serving. Unregulated energy drinks are advertised as “energy boosting” and include not only high levels of caffeine and sugars but also other stimulants such as guarana, green tea, yohimbine, vinpocetine, 5-hydroxyl tryptophan methylphenylethylamine (5-HTP) and ginseng. When multiple stimulants are mixed into a single beverage, research suggests that the additive effects of all of these stimulants pose additional health risks, including an increase in blood pressure and cardiac dysrhythmia.¹²

Figure 29. Question 22. Please choose ALL statements that apply to you.



¹¹ Gallup Consumption Poll, 2013; <http://www.gallup.com/poll/163868/fast-food-major-part-diet.aspx> , accessed 09/12/2015.

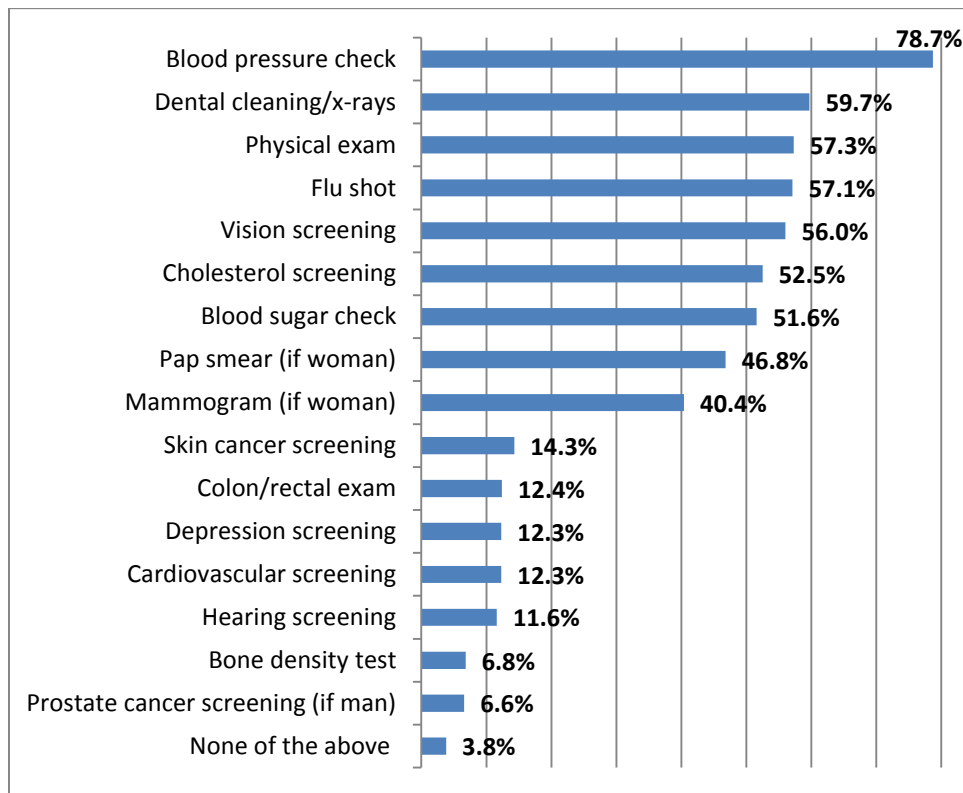
¹² American Heart Association, 2013; <http://newsroom.heart.org/news/energy-drinks-may-increase-blood-pressure-disturb-heart-rhythm> accessed 09/12/2015.

Survey participants demonstrated higher rates of preventative care and wellness than the average for blood pressure checks (78.7%), dental cleaning and X-rays (59.7%), annual physical exam or wellness visit (57.3%) and vision screening (56%). The responses of adults receiving an annual flu shot at 57.1% is approaching the MD state goal of 61.5%

There is evidence for moderate compliance for cholesterol screening (52.5%), blood sugar check (51.6%), pap smear (46.8%), and mammograms (40.4%) for women.

Areas of opportunity include skin cancer screening (14.3%), colon rectal exam (12.4%), and prostate screening for men (6.6%). The U.S. Preventative Services Task Force has recommended depression screening for all adults. Our survey reports only 12.3% of respondents had depression screening in the past 12 months. Also, 3.8% of survey respondents reported having no preventative or wellness care in the past year.

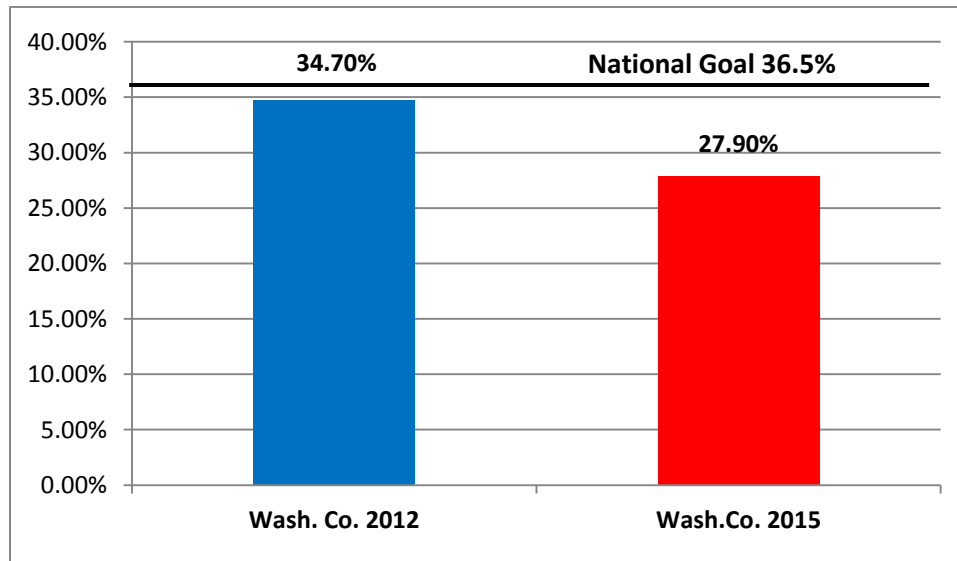
Figure 30. Question 23. Which of the following preventive procedures have you had in the past 12 months?



Overweight

Higher rates of physical inactivity and a lack of exercise result in a higher frequency of adults who are overweight and obese in our community. There is observed to be a 6.8% **decrease** in the percentage of adults who are determined to be at a **healthy weight** from 2012 to 2015.

Figure 31. Adults at Healthy Weight



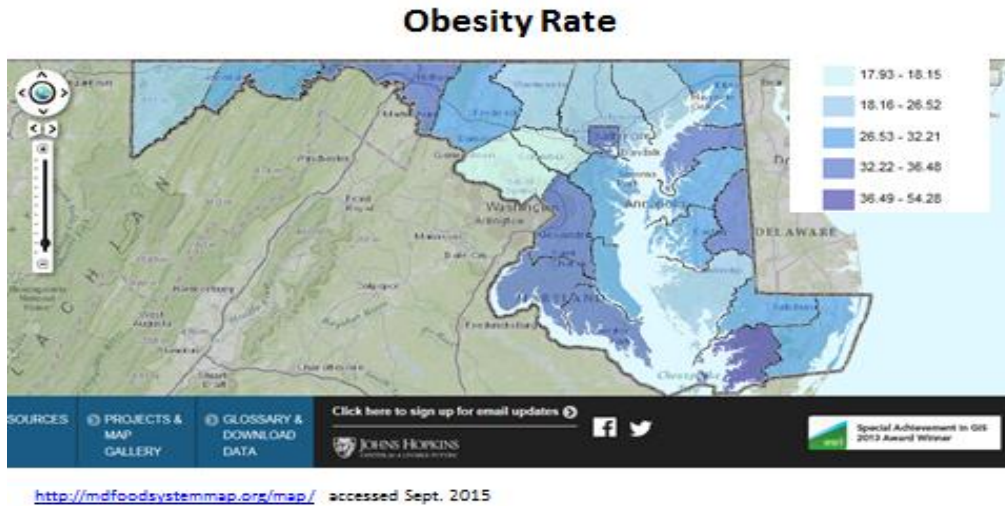
Source: Centers for Disease Control BRFSS 2015

While there is a nationwide trend for adults becoming increasingly overweight and obese, the decline in adults who maintain a healthy weight in our community is alarming. The lagging data that is made available in 2015 shows a significant downward trend from three years ago. Also of concern is the fact that the county's "adults at a healthy weight" population who maintain a healthy weight has dropped to 27.9% well below the national goal of 36.5 %.

As fewer adults maintain a healthy weight, we continue to see an increase in the rate of obesity, as determined by body mass index (BMI). The Maryland Food System Map Project (MFSMP) was developed by the **Johns Hopkins Center for a Livable Future**¹³ in the **Bloomberg School of Public Health**. They created an interactive mapping tool and database to examine the current landscape of Maryland's food system and health related indicators. The MFSMP tool indicates that the range of the Washington County obesity rate is between 32.22% – 36.48%.

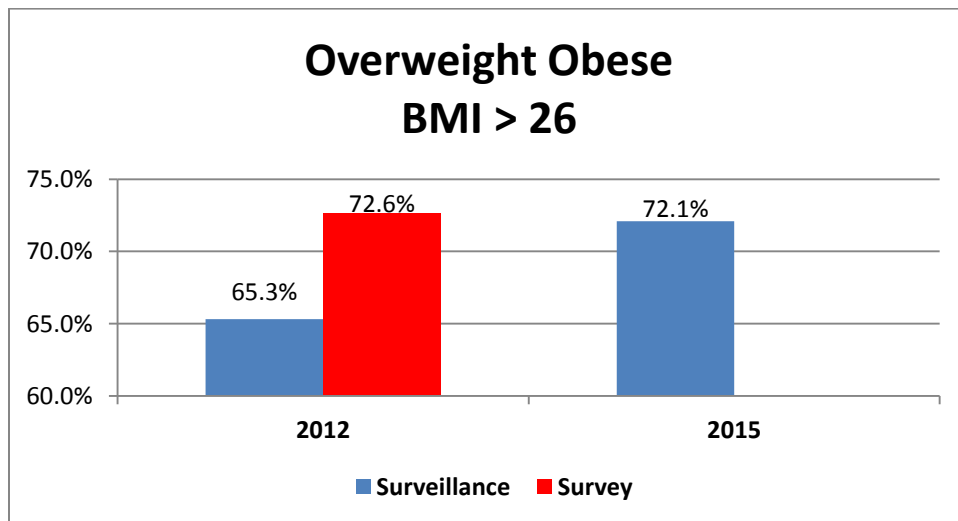
¹³<http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/>

Figure 32. Obesity Rate



The 2015 Maryland SHIP indicator marks the obesity rate at 33.75% for Washington County adults. Both the MFSMP and SHIP indicators link to the CDC surveillance data as a primary source. The 72.6% persons who are overweight or obese, derived from 2012 BMI calculations confirm similar rates of overweight and obesity as measured in surveillance data 72.1%.

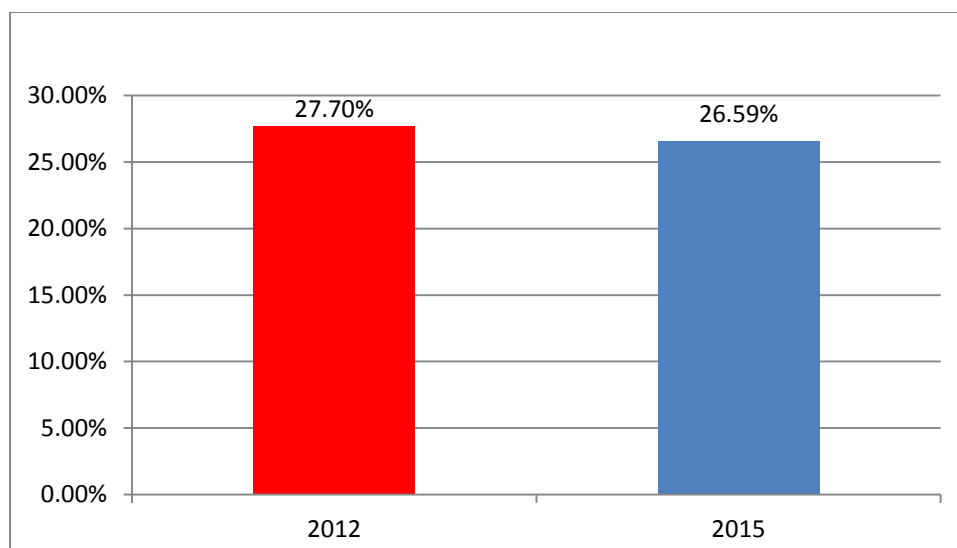
Figure 33. Overweight Obese



Dental

Good oral and dental health is a worthy goal in and of itself as it presents someone with a healthy smile, good breath and keeps teeth healthier over the lifespan. Recent research suggests that there may be an association between oral gum infections and poorly controlled diabetes, cardiovascular disease and preterm birth¹⁴. Preventative care that includes cleaning every six months helps to maintain good dental hygiene. More than 26% of survey respondents report having not received any dental care over the past year, similar to MD BRFSS data of 27.7%

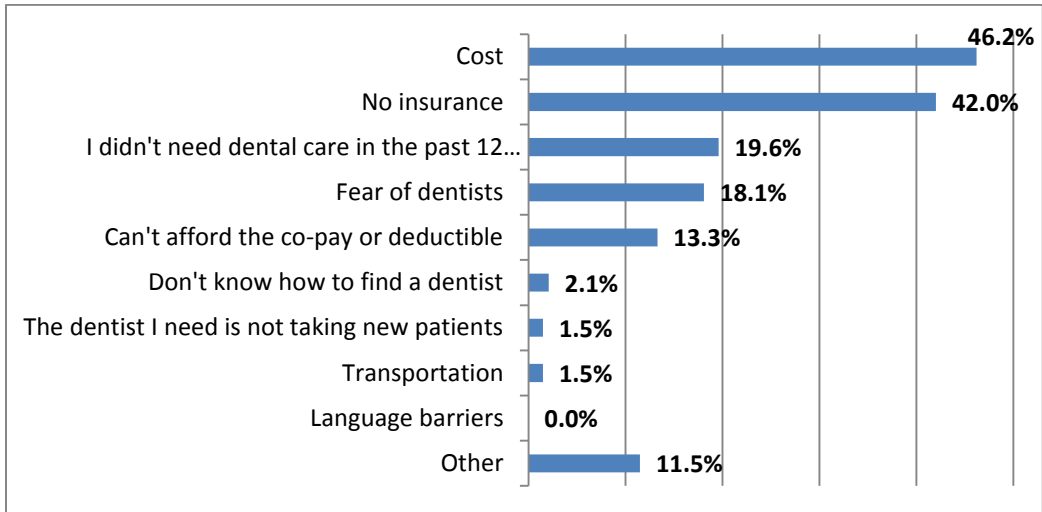
Figure 34. Question 20. In the past 12 months did you receive dental care? Answered “NO”



Economic considerations including cost and a lack of insurance are again identified as the primary barriers to having not received dental care (88.2%) (see Figure 35). Maryland BRFSS data indicates that 12.7% of Washington County did not access dental care specifically because of cost. Of note, 19.6% of respondents reported not “needing” dental care in the past 12 months suggesting a lack of knowledge regarding the recommended routine cleaning every six months for good dental hygiene and preventative health.

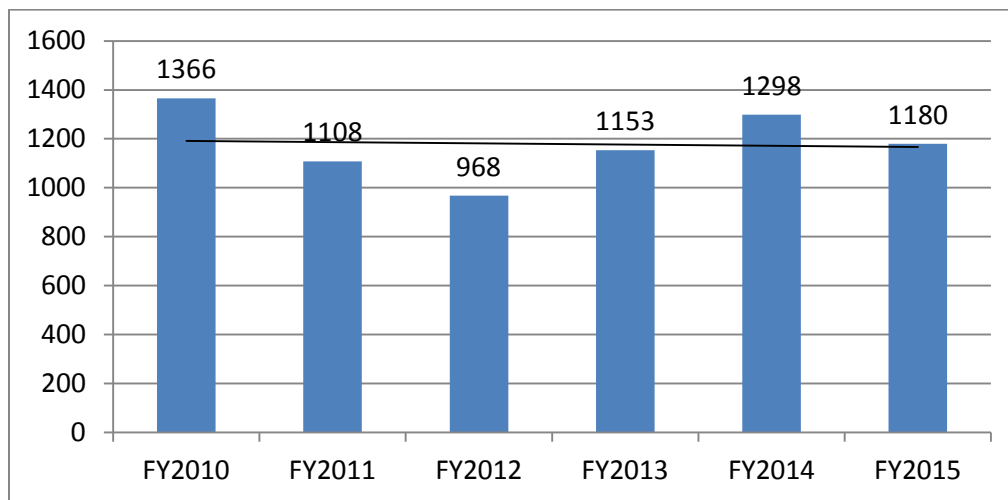
¹⁴ Oral health: A window to your overall health; <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>

Figure 35. Question 21. If no, why have you not received dental care?



When people are experiencing dental pain and cannot obtain immediate help through an outpatient office or cannot afford to see a dentist they most often resort to visiting the ED. The trend indicates use of the ED for emergency dental care has remained mostly flat over six years.

Figure 36. Meritus ED Avoidable Condition: Dental



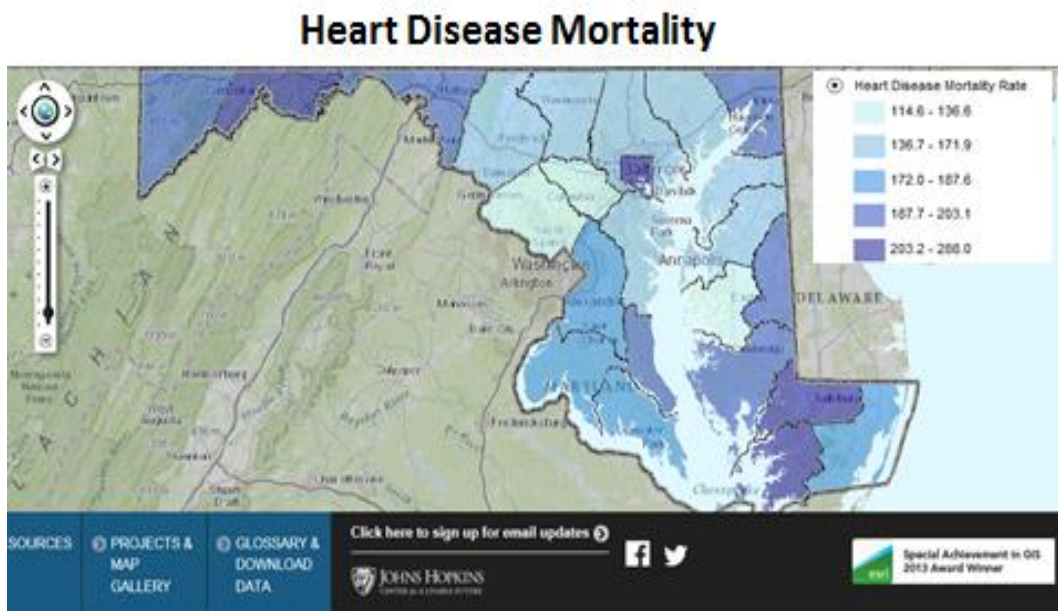
During 2015, the Washington County Health Department announced plans to close the free dental clinic due to elimination of state funding. The clinic served ~500 persons. Family Healthcare of Hagerstown (FQHC) provides adult and child dental services that include an office practice and mobile dental services that target Washington County Public Schools and Hagerstown neighborhoods. A sliding-scale fee program is available. Expanding dental services for county residents are dependent on the receipt of additional grant funds.

Chronic Disease

Heart disease and hypertension

In 2014, Maryland Vital Statistics confirmed that heart disease remains the leading cause of death in the state of Maryland. At the rate of 196.1 per 100,000 lives, Washington County ranks as the 10th highest county for heart disease death in Maryland. The Maryland Food System Map (MFSMP) tool compares county rates with a range of 187.7 – 203.1 for Washington County.

Figure 37. Heart Disease Mortality

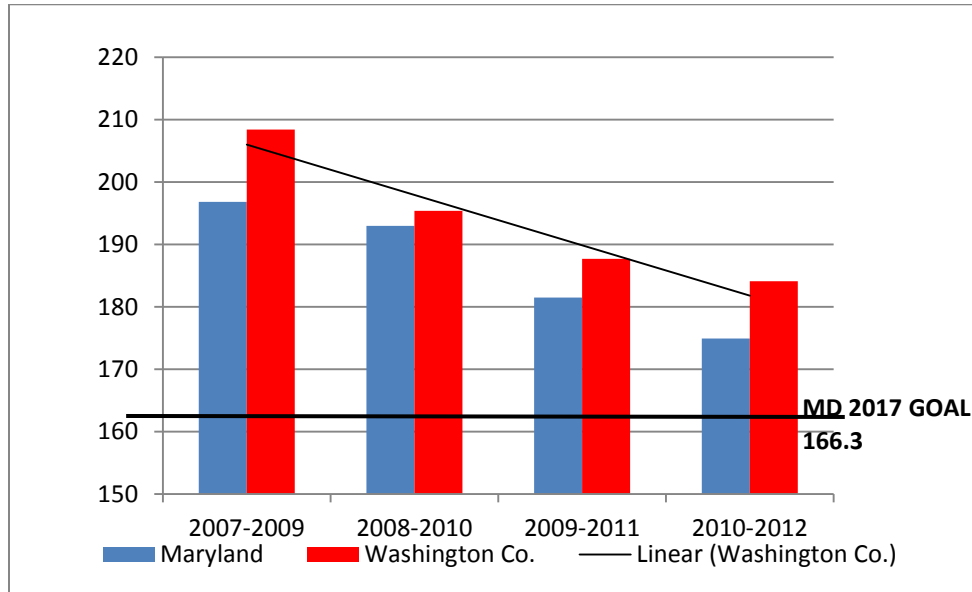


<http://mdfoodsystemmap.org/map/> accessed Sept. 2015

In 2012, the overall rate of heart disease mortality was measured at 208.4 per 100,000. The current rate of 196.1 per 100,000 demonstrates a significant decline of 12.3. While the downward trend is very positive, it is noted that the state of Maryland is also decreasing the

overall rate of heart disease mortality at a faster rate than Washington County. The Maryland 2017 goal of 166.3 is not obtainable for Washington County, however the progress that is demonstrated by the decreased mortality rate should not be understated.

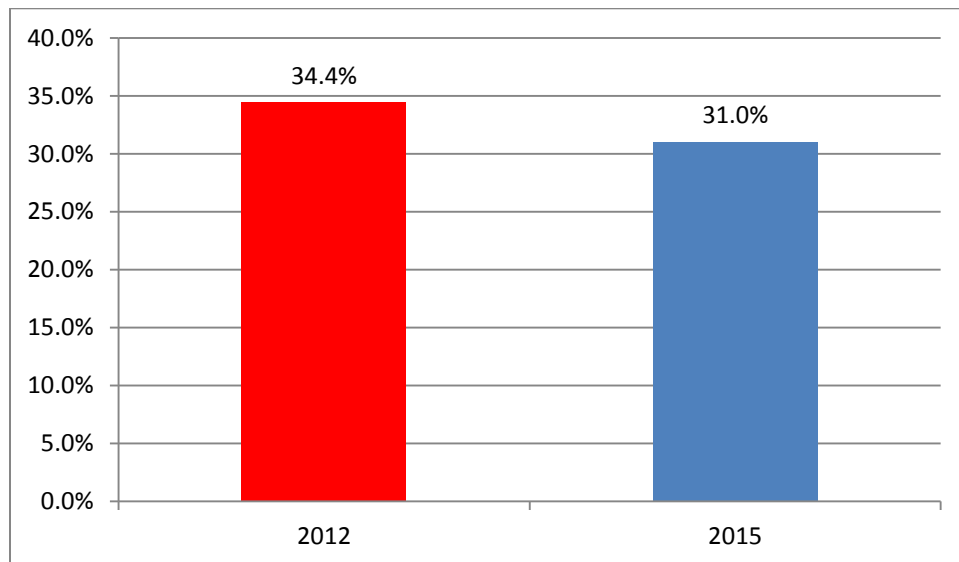
Figure 38. Heart Disease Mortality Trend



Source: Maryland DHMH Vital Statistics Administration 2015

Survey responses for people who had been told that they have hypertension decreased from 34.4% in 2012 to 31% in 2015, a positive change of 3.4%.

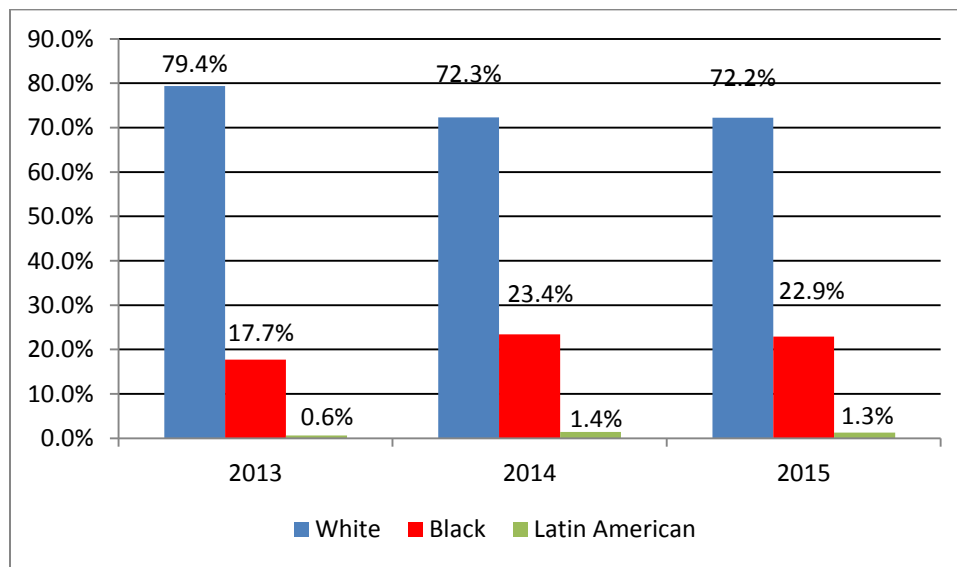
Figure 39. Have you ever been told that you have hypertension?



The Washington County rate of Emergency Department visits for hypertension is 182.4 per 100,000, an *increase* of 12.1 from the 2012 SHIP data (170.3 per 100,000). While the prevalence of hypertension is observed to be decreasing, ED visits for unmanaged hypertension have trended upward.

The discrepancy is partially explained by an increasingly higher rate of ED visits for hypertension among the Black population, a clear health disparity. Over three years the number of ED visits for hypertension has increased by 5.2%. In 2015, the 22.9% ED presentation for hypertension among Blacks was proportionally 2.1 times greater per capita. There is a need to better understand the underlying causes of this disparity; access to primary care, medications, screening, as well as social determinants of health.

Figure 40. Hypertension in the Emergency Department

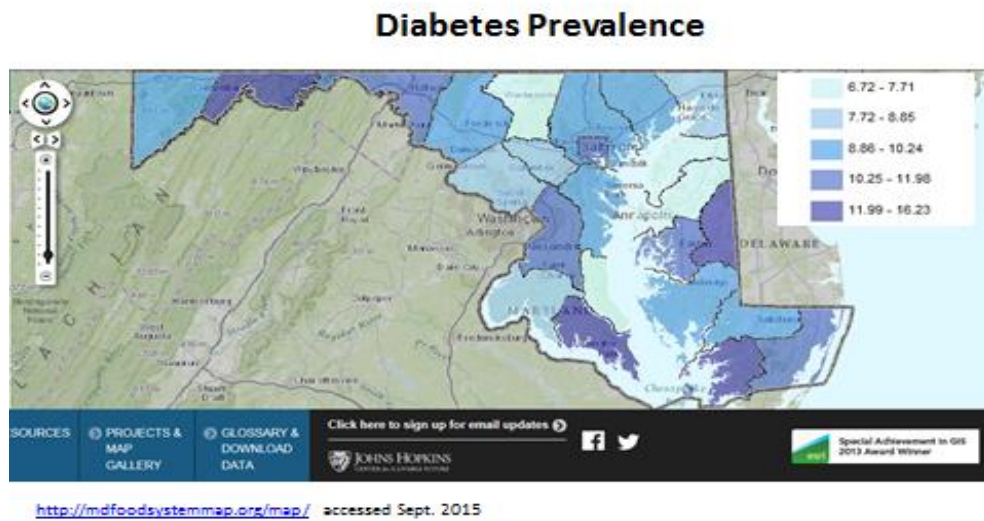


Source: Meritus Medical Center Emergency Department 2015

Diabetes

The most recent BRFSS data available identifies the rate of diabetes among adults in Washington County as 14.83%, ranking the county as the 4th highest in the state of Maryland. The Maryland Food System Map (MFSMP) tool compares county rates across the state.

Figure 41. Diabetes Prevalence



The most recent rate of Emergency Department visits for diabetes in Washington County is reported as 187.9 per 100,000 by the MD State Health Improvement (SHIP) surveillance (**Table 17**). The ED rates are generally lower than the state of Maryland average and very close to achieving the MD 2017 goal of 186.3 or less.

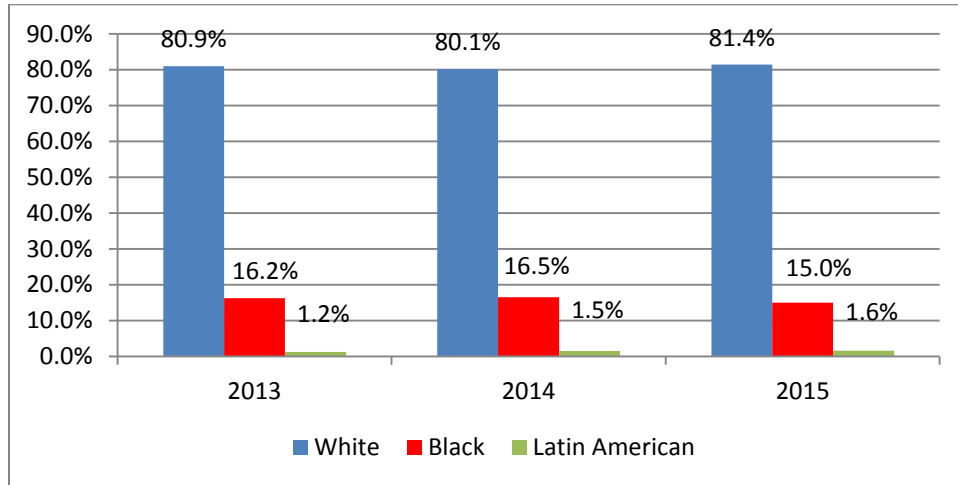
Table 17. Diabetes Emergency Department Rates

Area	2010	2011	2012	2013	2014
Maryland	177.3	180.9	194.8	192.1	204.0
Washington County	168.6	182.6	208.9	181.5	187.9

Source: Maryland State Health Improvement Plan, 2014

Internal Meritus Health data for diabetic ED visits indicate that rates have remained flat over the past three years. However, there is a disparity noted among the Black population presenting at a rate of 1.49 times higher per capita.

Figure 42. Diabetes in the Emergency Department



Source: Meritus Health Emergency Room data 2013 - 2015

Of significant concern, the rate of diabetes mortality is 34.3 per 100,000 persons, the second highest mortality rate in the state of Maryland, followed only by Baltimore City.

Figure 43. Diabetes Mortality



Of additional concern, Washington County’s diabetes mortality rate was the second highest when compared to 33 “like communities” (based on economic, education, and socio-demographic factors).¹⁵ This result is based on vital statistics data maintained by the CDC.

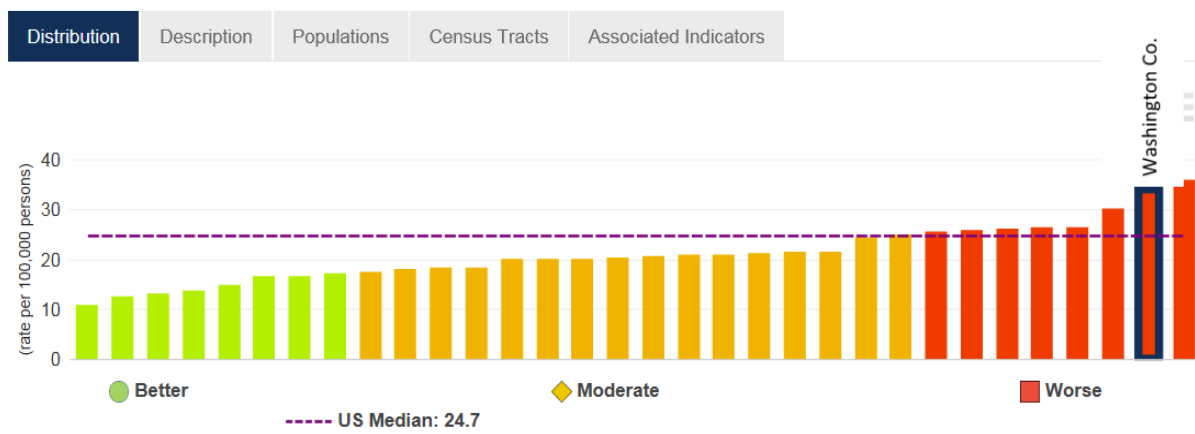
Figure 44. Diabetes Deaths Comparison

Mortality

Diabetes deaths (rate per 100,000 persons)

The age adjusted diabetes death rate for Washington County, MD is:

34.3 (per 100,000)

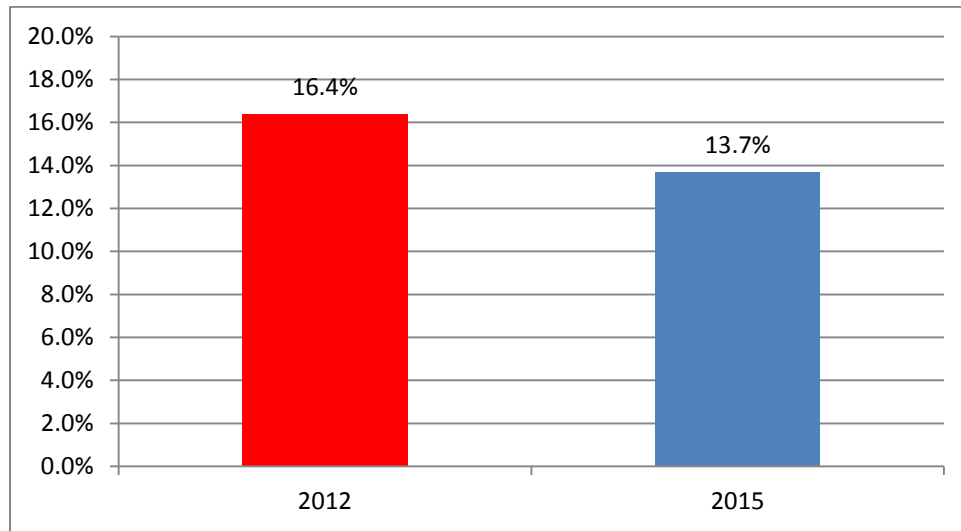


Source: <http://www.cdc.gov/CommunityHealth/profile/currentprofile/MD/Washington/120>

When asked “have you ever been told by a health professional that you have diabetes?” the survey respondents answered in the affirmative 13.7% of the time, similar to the state’s projected prevalence rate of 14.8% for Washington County. The 13.7% response was slightly lower than the community survey response of 16.4% from 2012 (see **Figure 45**). The conclusion is that sampling error from 2012 is a more likely explanation than the actual prevalence declining over the subsequent three years.

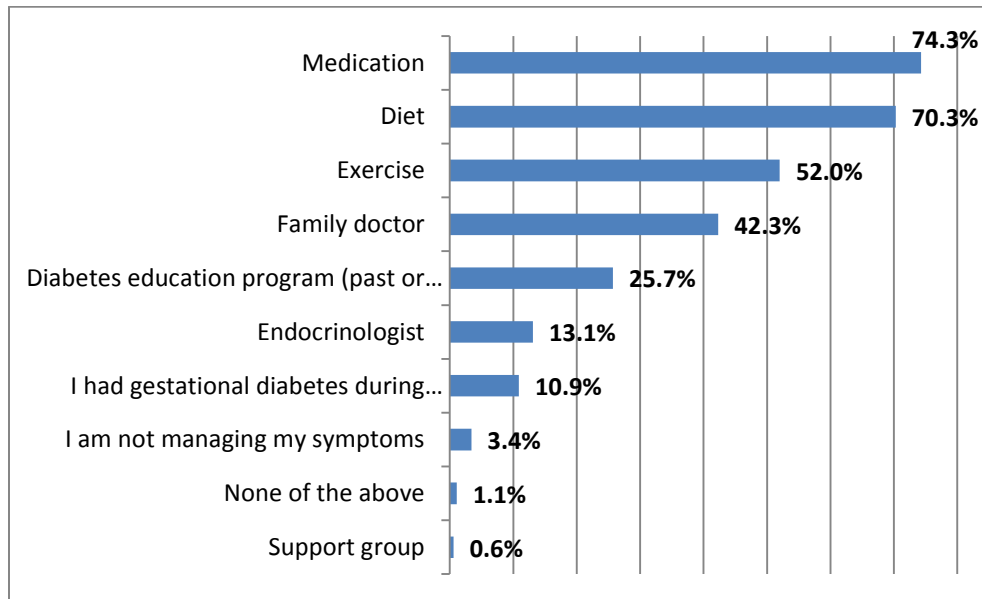
¹⁵ Centers for Disease Control and Prevention, www.cdc.gov/physicalactivity/basics/adults/index.htm, accessed 08/26/15.

Figure 45. Question 11. Have you ever been told by a health professional that you have diabetes?



Most respondents indicated management of diabetes with medication (74.3%), diet (70.3%) and exercise (52%). Also, 25.7% reported receiving diabetes education, more than 2012 (6%).

Figure 46. Question 12. If yes for diabetes, how are you managing your symptoms?



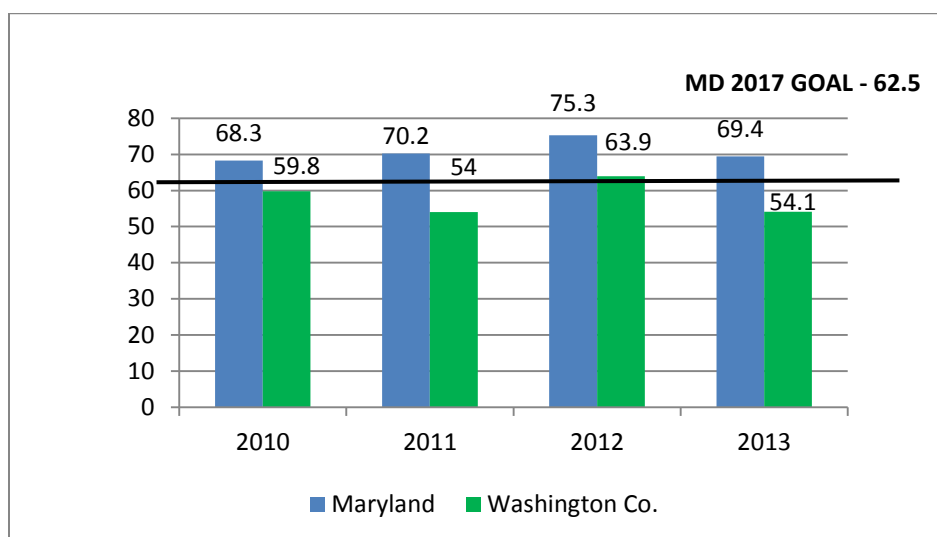
Given the higher than average rates for being overweight and obese in our community, residents are at higher risk for pre-diabetes and developing diabetes in the future. The survey asked for interest in learning how to prevent diabetes of which 34.7% responded “yes” they would be interested.

Respiratory

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens.¹⁶ Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Washington County Emergency Department visits for asthma are consistently below the state average and in 2013 exceeded the Maryland 2017 goal by 8.4.

Figure 47. Asthma Emergency Department Visits

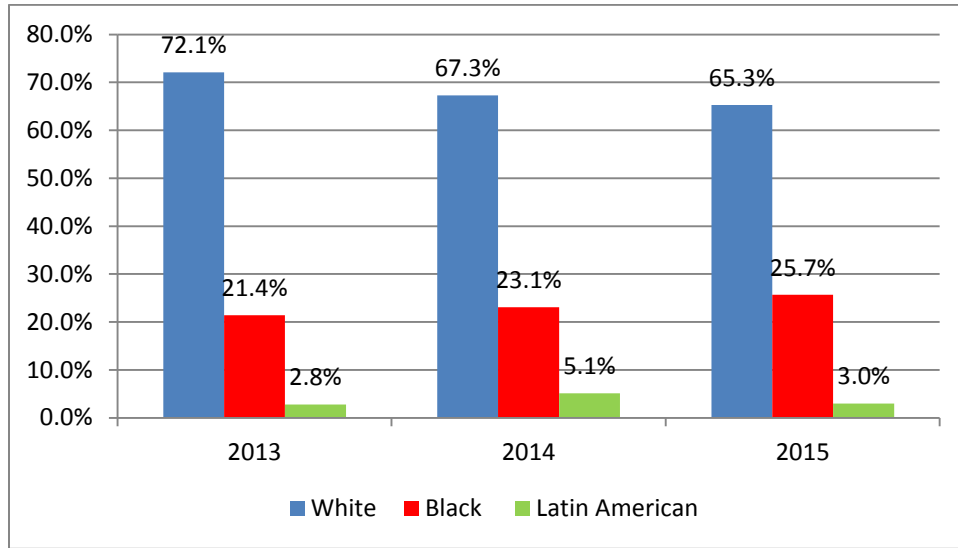


Source: Maryland DHMH Vital Statistics Administration 2015

When specific Meritus Health Emergency Department (ED) visits for asthma symptoms are categorized by race (see **Figure 48**), a three year trend demonstrates an average decline of 3.4% annually among white persons. However there is noted to be a 2.2% increase in ED visits for asthma symptoms among black persons. The rate among the Latino population shows some fluctuation but is relatively flat during the three year time period.

¹⁶ Centers for Disease Control and Prevention. National surveillance – United States. MMWR 2007.

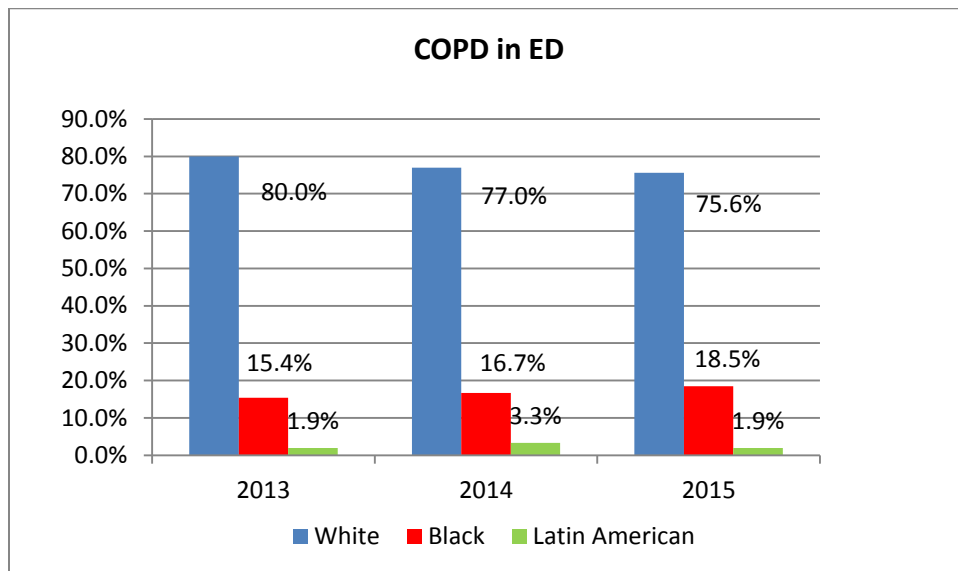
Figure 48. Asthma in Emergency Department



Source: Meritus Health Emergency Department data 2013 - 2015

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases. Treatment can lessen symptoms and improve quality of life for those with COPD. When ED rates for COPD symptoms are categorized by race, an annual pattern similar to asthma emerges; a slight decrease among whites (-2.2%), a slight increase among blacks (+1.6%), and flat for Latinos (<1% variation).

Figure 49. COPD in Emergency Department

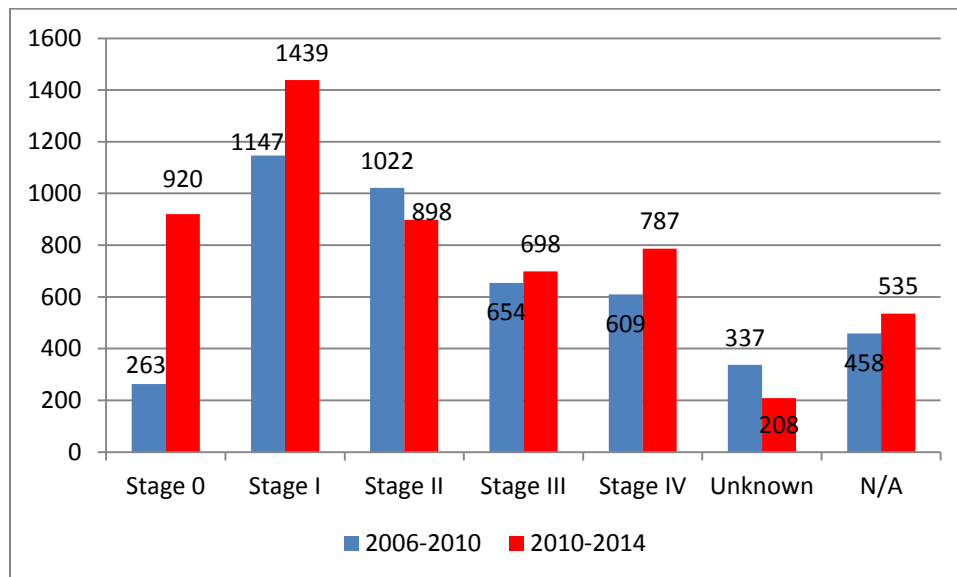


Source: Meritus Health Emergency Department data 2013 - 2015

Cancer

Cancer continues to be the second leading cause of death for Washington County residents (23%).¹⁷ While a higher number of cancers are being diagnosed in years 2010-2014 than the prior four year period 2006-2010, the majority are being identified earlier in Stage 0 (+857) and Stage I (+292). There were 124 fewer people diagnosed with Stage II in 2010-2014. Stage III cancers were similar for both periods and Stage IV had +178 cases in the most recent time period. It is positive that diagnoses are occurring in earlier stages, allowing for timely intervention and in many cases improved prognosis and survivability.

Figure 50. Meritus Medical Center Cancer Cases

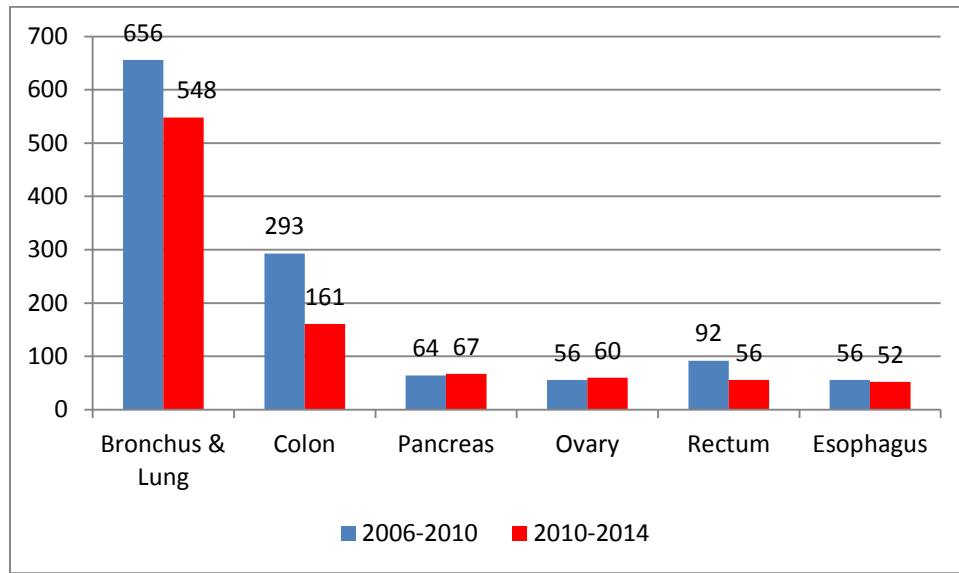


Source: Meritus Health, John R. Marsh Cancer Registry 2015

Disease sites with a larger volume of Stage III and IV cancers demonstrate significant reductions in bronchus & lung, colon and rectum cancers for years 2010-2014 compared to the prior four year period, 2006-2010. The John R Marsh Cancer Center is using a low-dose CT screening protocol for earlier detection of lung cancer. The sites including pancreas, ovaries and esophagus were similar for both periods (see Figure 51).

¹⁷ Maryland DHMH Vital Statistics Administration, 2015.

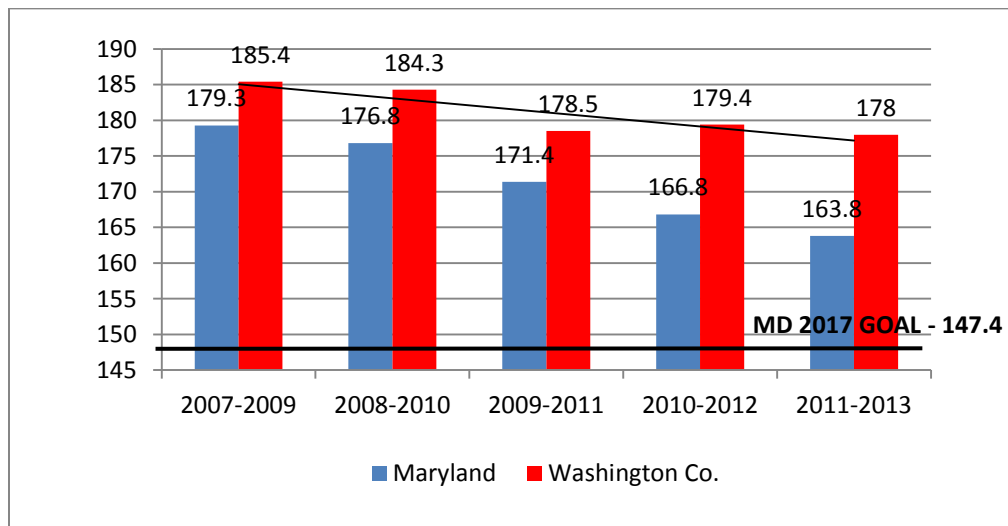
Figure 51. Meritus Medical Center Cancer Disease Sites with Larger Volume of Stage 3 or 4



Source: Meritus Health, John R. Marsh Cancer Registry 2015

Meritus Medical Center has made a significant investment in the expansion of cancer services over the past two years to include an accredited Center for Breast Health program, adding three surgeons, and a navigator to help guide patients through treatment.

Figure 52. Cancer Mortality



Source: Maryland DHMH Vital Statistics Administration 2015

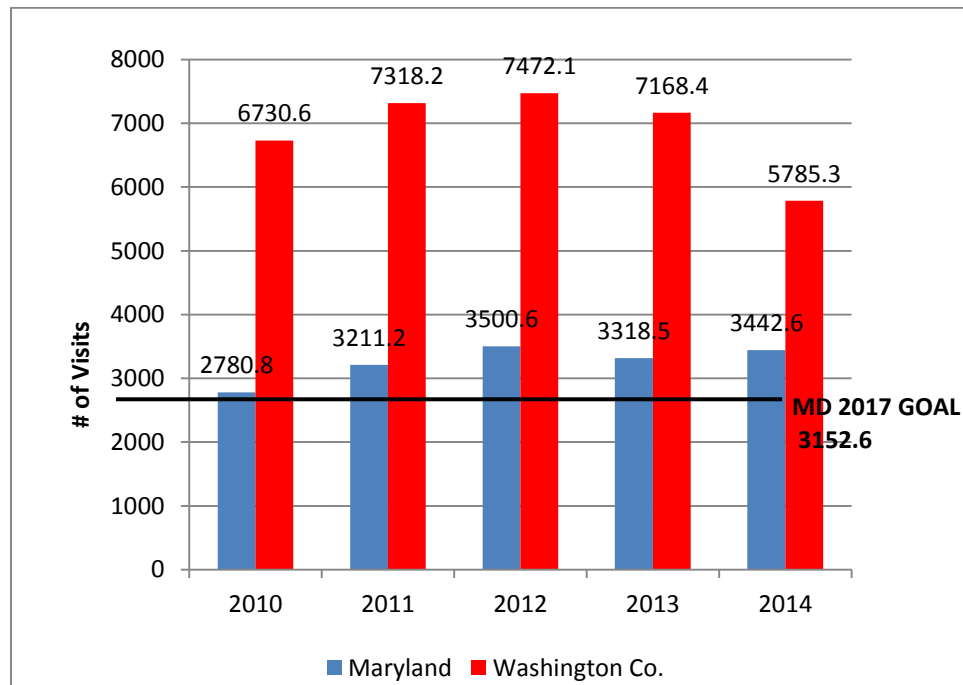
Leadership from the John R Marsh Cancer Center at Meritus Medical Center has identified the following common needs for the patients they serve including:

- Transportation issues,
- Emergency support for co-pays/deductibles,
- Out of pocket prescription medications not related to chemotherapy treatment,
- Durable medical equipment related items,
- Resources to help with life needs (rent, utilities, car payments) due to inability to work.

Mental Health

One in four adults or approximately 61.5 million Americans experiences diagnosable mental health symptoms in a given year.¹⁸ One in 17, or about 13.6 million, lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder.¹⁹ Annually, Washington County continues to experience nearly double the number of Emergency Department (ED) visits for mental health and crisis services (6,895) than the state of Maryland average (3,251).

Figure 53. Mental Health Emergency Department Visits



Source: Maryland DHMH Vital Statistics Administration 2015

Maryland had received federal Medicaid matching funds for inpatient treatment in three private Institutes for Mental Disorders (IMDs) including Brook Lane Health Services. Funding ended abruptly in 2015 and a waiver amendment requesting reinstatement for the IMD mental health component of was not approved by CMS. The net result is fewer inpatient beds are currently funded in Maryland specialty facilities, decreasing access to much needed acute care for persons with mental illness. When funding is diminished general hospitals become the

¹⁸ National Institutes of Health, National Institute of Mental Health. (n.d.). Statistics: Any Disorder Among Adults. Retrieved November 25, 2015, from http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml

¹⁹ Ibid.

default safety net. It is anticipated that the loss of the waiver will increase the length of time patients will stay in the ED awaiting a placement.

Increased ED utilization is associated with an inability to receive mental health treatment on an outpatient basis. At the time of this report the wait time for a new patient to see a psychiatrist averaged five weeks. The Physician Needs Assessment from 2012 identified the largest specialty physician service gap as psychiatry, 18.8 (see page 91). The recruitment of new psychiatrists to the area has been challenging and is an identified need by some outpatient services. Outpatient programs have begun hiring Nurse Practitioners and Physician Assistants to help meet increased demand for medication evaluation and management.

There is evidence that patients in crisis seek out treatment intervention in local Emergency Departments when an outpatient appointment is not readily available. The primary diagnoses for behavioral health ED visits include mood, anxiety and substance-related disorders (Table 18).

Table 18. Behavioral Health Emergency Department Visits by Diagnostic Category

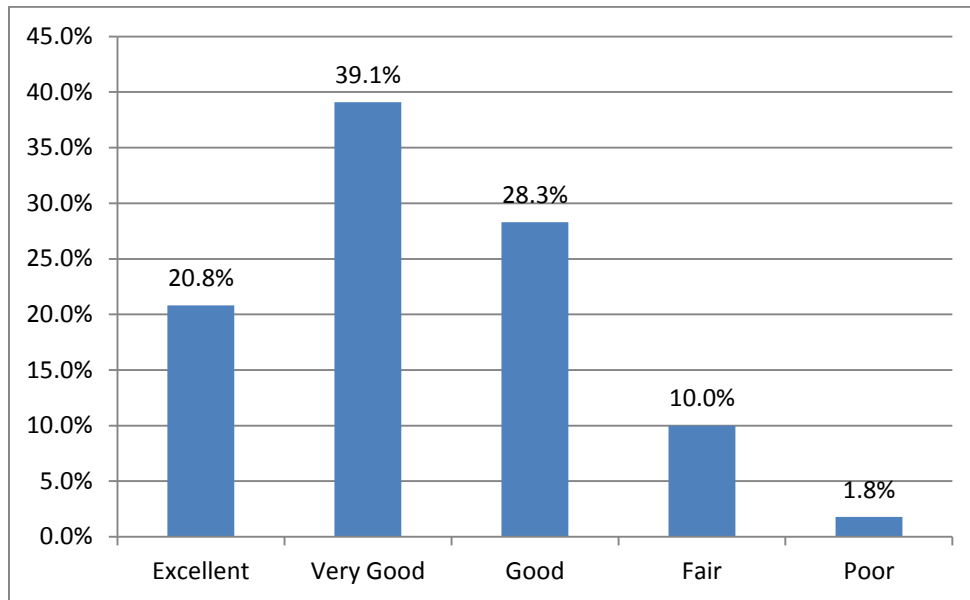
Diagnosis	Meritus ED	State Average
Mood	28.3%	27.9%
Alcohol-related	24.0%	23.8%
Anxiety	17.1%	15%
Substance-related	11.1%	11.1%
Psychosis	3.5%	7.9%
Delerium/Dementia	3.3%	3.1%
Adjustment Disorder	4.4%	2.5%
Attention Deficit	3.7%	2.1%
Other	4.6%	5.6%

Source: HSCRC Maryland CY2014

Survey participants demonstrated a range of responses when rating their overall mental and emotional health. While the majority of respondents indicated that it was good to excellent (88.2%), 11.8% rated their mental health as “fair” or “poor” (see Figure 54). This is a slightly higher rate than the national rate of 9% for mental illness and 5.9% for serious mental illness.²⁰

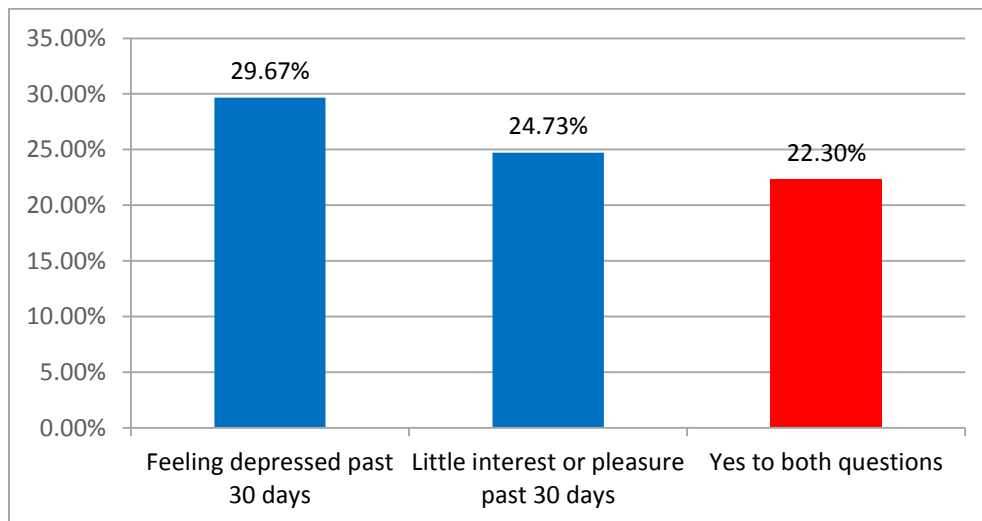
²⁰ National Institutes of Health, National Institute of Mental Health. (n.d.). Statistics: Any Disorder Among Adults. Retrieved November 25, 2015, from http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml

Figure 54. Question 16. In general, how would you rate your overall mental or emotional health?



Two subsequent survey questions were asked, based on the PH-Q2 depression screening tool:

Figure 55. Questions 17 and 18. Based on PHQ-2 depression rating scale



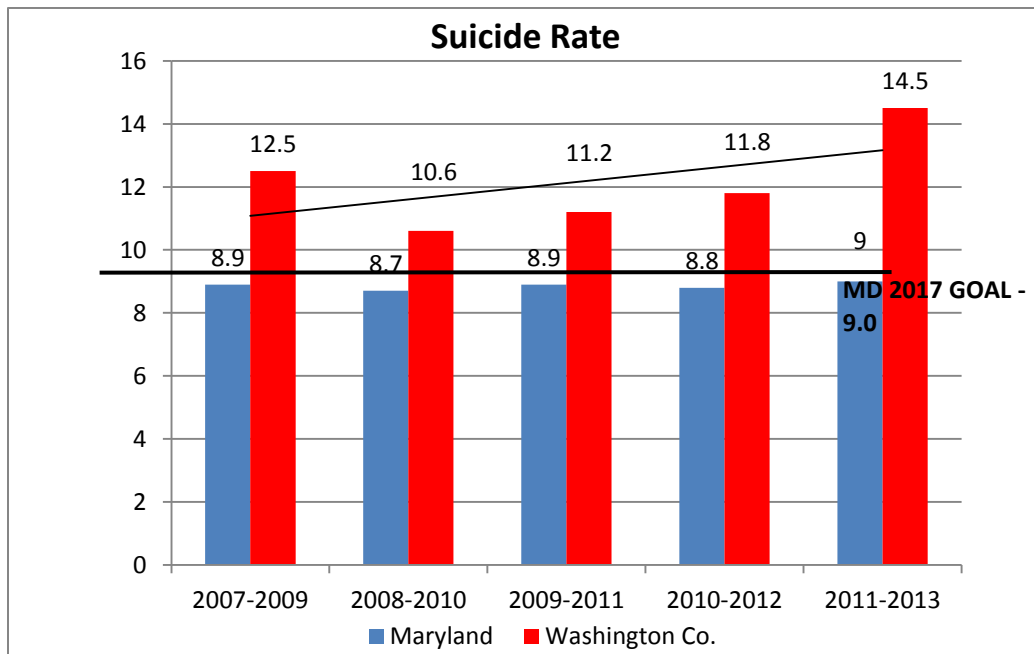
The questions were stated as:

1. During the past month have you often been bothered by feeling down, depressed or hopeless? 29.67% answered “yes”,
2. During the past month have you often been bothered by little interest or pleasure in doing things? 24.7% answered “yes”.

The respondents who answered both questions “yes” totaled 22.3%. Affirmative answers to these screening questions suggest the need for further evaluation of depressive symptoms (not designed as a diagnostic instrument).

The rate of suicide per 100,000 persons in Washington County increased 12.5% between the years 2005 – 2013, while in the state of Maryland the annualized rate during the same time period remained flat at nine (9).²¹ Since 2008, the suicide rate in Washington County has increased annually and has been higher than both the state of Maryland average and the MD2017 goal of 9 (see Figure 56).

Figure 56. Suicide Rate

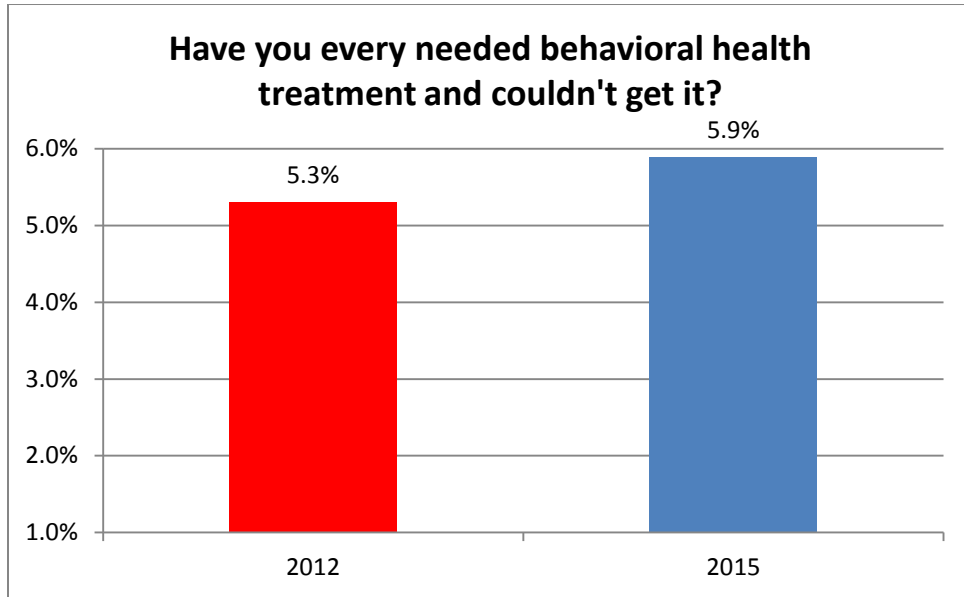


Source: Maryland DHMH Vital Statistics Administration 2015

A small percentage of survey respondents indicated that they were unable to obtain mental health or substance abuse treatment when they needed it, 5.9%. This is essentially the same percentage that answered the question in 2012 (see Figure 57).

²¹ Maryland DHMH Vital Statistics, 2015

Figure 57. Question 19. Have you ever needed mental health or substance abuse treatment and couldn't get it?



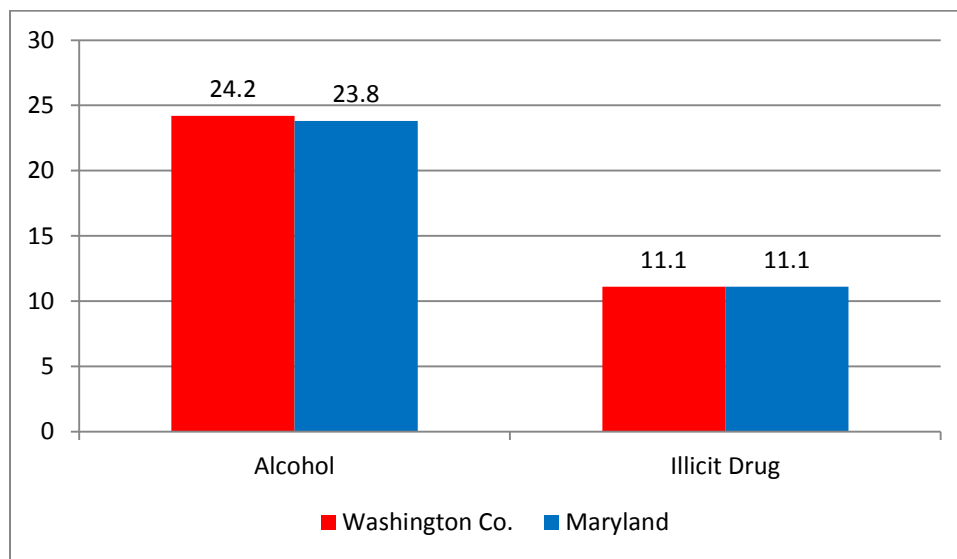
Despite more Washington County residents being insured between 2012 – 2015, the surveyed rate of persons who couldn't get behavioral health treatment when needed fell within the margin of error and was essentially unchanged (5.3% vs. 5.9%). The result is at least partially attributed to the shortage of psychiatrists and their ability to schedule new patient appointments promptly.

Substance Abuse

Overall, illicit drug use in the United States has been increasing. In 2013, an estimated 24.6 million Americans aged 12 or older—9.4 percent of the population—had used an illicit drug in the past month. This number is up from 8.3 percent in 2002.²² The increase mostly reflects a recent rise in use of marijuana, the most commonly used illicit drug.

The use of alcohol, illicit substances, and prescription drugs has increased in Washington County over the past three years. However, when compared with the state of Maryland averages, Washington County is consistent with what is seen throughout the rest of the state.

Figure 58. Alcohol and Illicit Substance Abuse



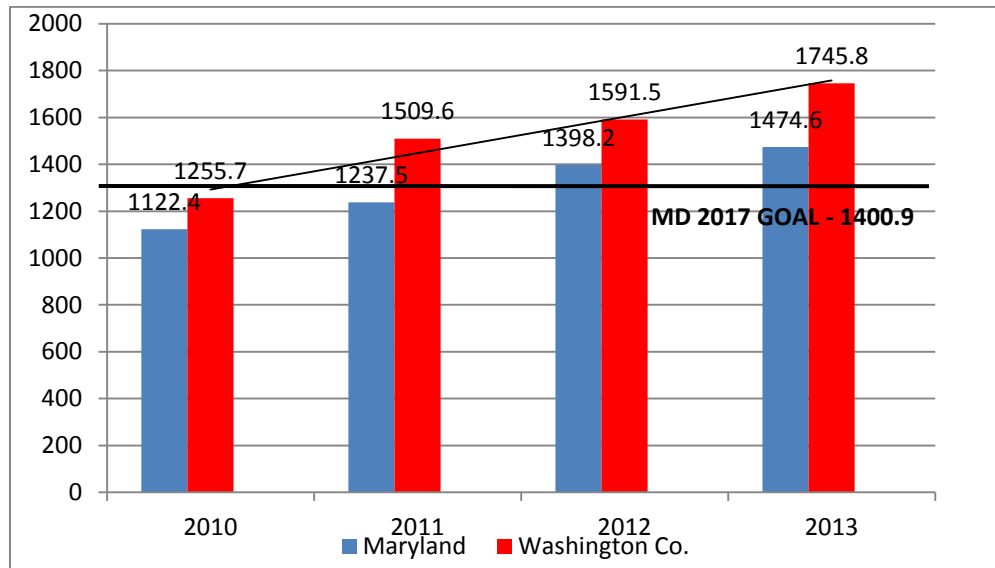
Source: National Survey on Drug Use and Health, 2014 (Appendix K)

Alcohol related disorders are 24% in Washington County compared to 23.8% for the state of Maryland. Overall substance abuse related disorders treated in the health systems are 11.1% for Washington County compared to 11.1% seen at the Maryland state average.

Despite alcohol and illicit drug disorder rates being very similar between Washington County and the state of Maryland, locally we have experienced a sharp increase in Emergency Department visits for addictions treatment between 2010 and 2013 (see Figure 59). One key driver has been an increase in opioid related overdose and fatalities since 2010.

²² Source: National Institute on Drug Abuse, June 2015
<https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

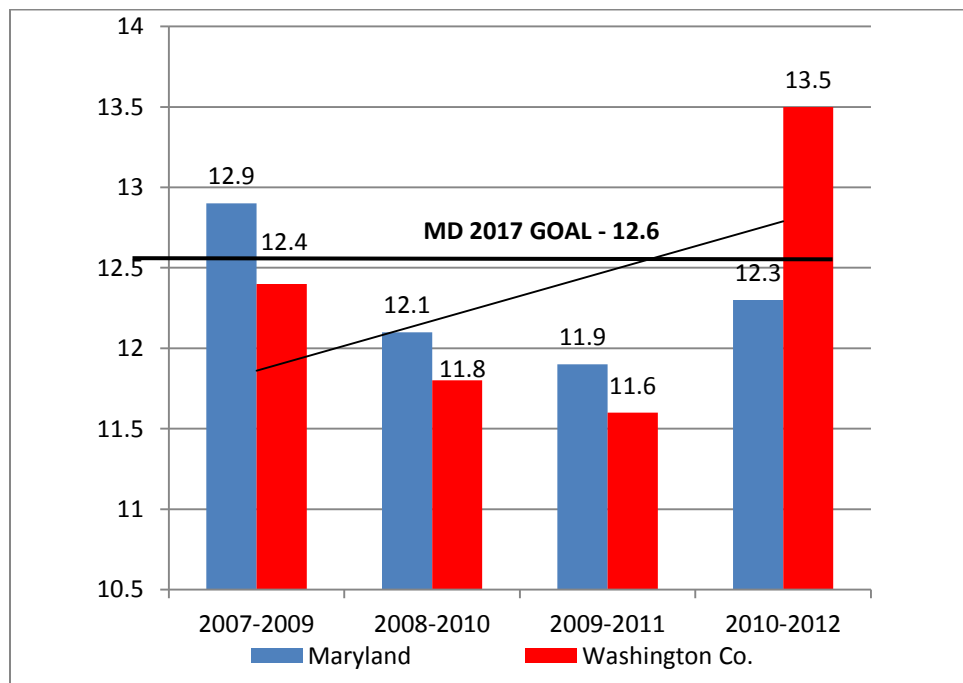
Figure 59. Meritus Addictions Emergency Department Visits



Source: Maryland DHMH Vital Statistics Administration 2015

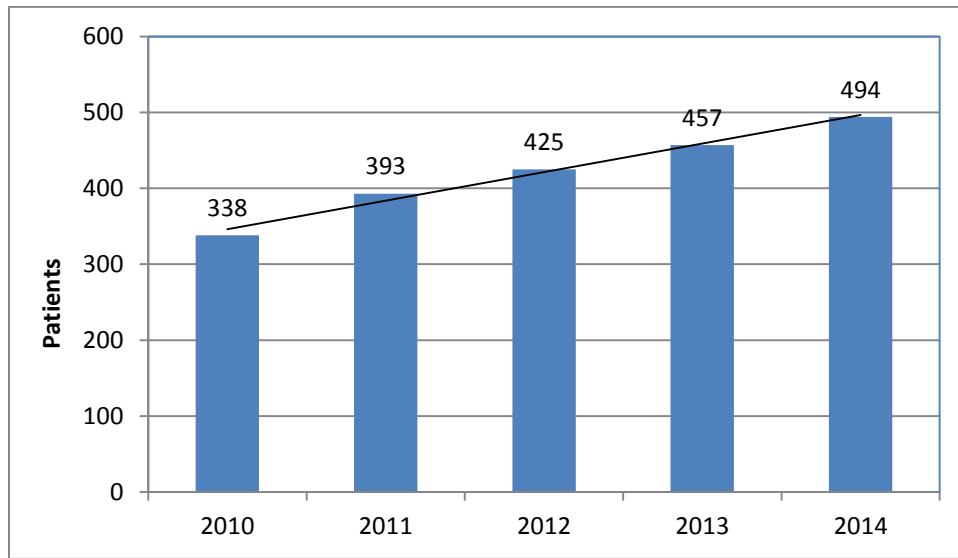
Between 2010 and 2012, drug induced rates of death increased significantly in Washington County which in prior years had remained lower than the state of Maryland average. The current trend is continuing to increase based on local data for years 2014 - 2015

Figure 60. Drug Induced Death Rate



Source: Maryland DHMH Vital Statistics Administration 2015

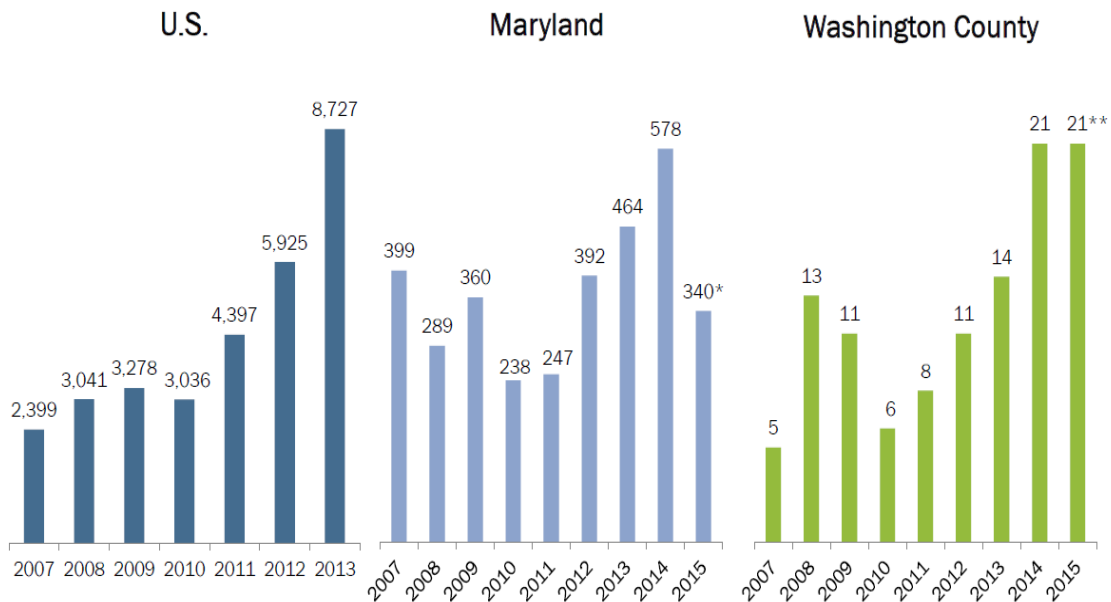
Figure 61. Meritus Health ED Crisis Assessments with Opiate Use and Mental Health Symptoms



Source: Meritus Health Emergency Department data 2010 - 2014

Since 2010 there is an increased trend for people presenting for crisis assessment in the ED with opiates (see **Figure 61**). An increase in heroin use and overdose fatalities is a national trend being experienced by the state of Maryland, as well as Washington County (see **Figure 62**).

Figure 62. Increased Rate of Heroin Related Deaths



*Data through the second quarter of 2015

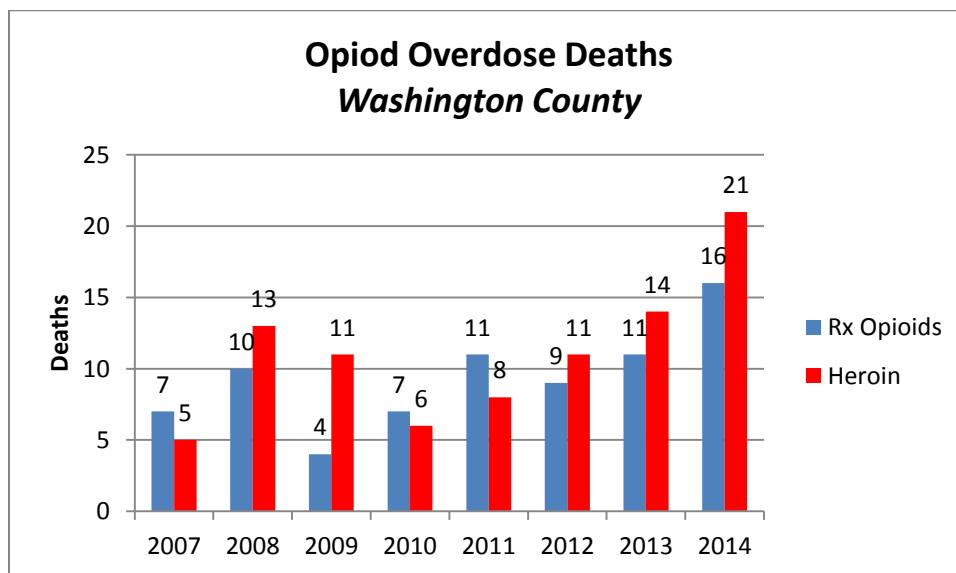
**Data through November 2015

Data not available for U.S. heroin-related deaths in 2014-2015

Sources: *Drug and Alcohol-Related Intoxication Deaths in Maryland, 2014* (include deaths confirmed or suspected to be related to recent heroin use)

Opioid based medications and illicit drugs such as heroin are more readily available which has resulted in an increased number of overdose fatalities in Washington County year after year from 2010 to 2014.

Figure 63. Opioid Overdose Deaths in Washington County



Source: Washington County Drug Overdose Task Force 2015

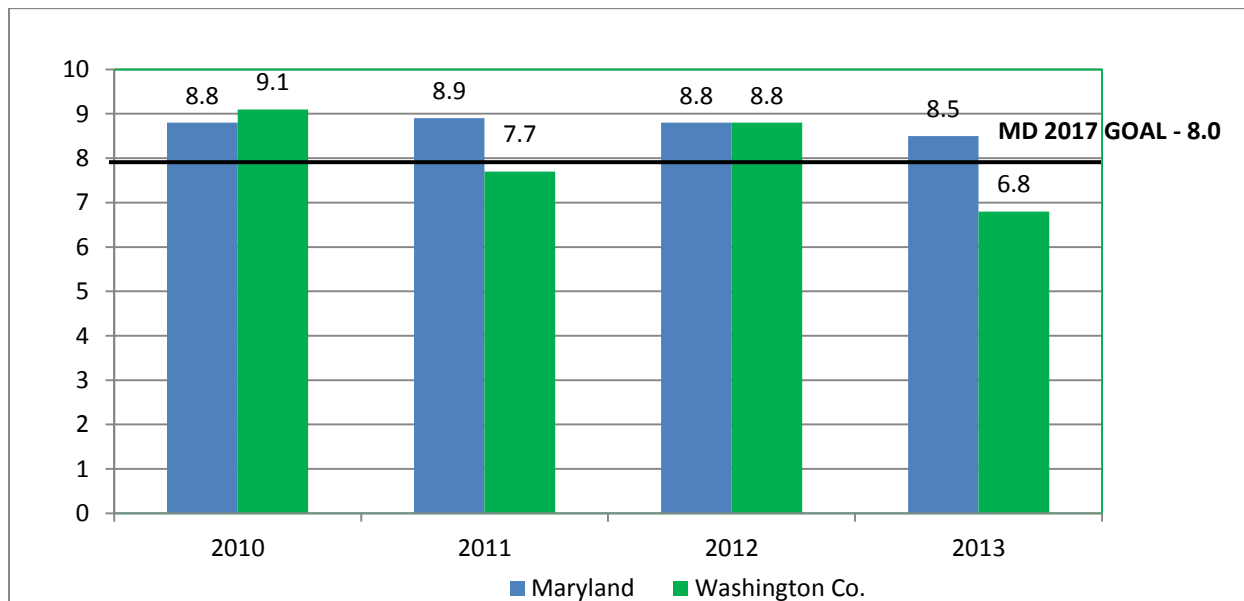
Local trends that have been identified by the Washington County Overdose Task Force include:

1. Existing health conditions prior to/in conjunction with substance abuse.
2. Prior visits to emergency department.
3. History of traumatic event(s), e.g., abuse, death in family, etc.
4. Lack of system communication.
5. When last observed, decedents were snoring/gurgling/nodding off, which could have been indicators of overdose.
6. Utilization of outlying areas, e.g., Baltimore, West Virginia, to obtain drugs.
7. Multi-treatment attempts/did not complete treatment plans.
8. Prior criminal history/repeat offenders.
9. Department of Social Services' involvement; received assistance, especially food stamps and medical assistance.

Healthy Children

One strategy to help prevent chronic disease is early intervention and promotion of healthy lifestyles with children. Healthy children start with good pre-natal care of the mother as measured by the outcome of infants at low birth weight. In the past three year measurement period Washington County has performed better than the state average for infants at a healthy birth weight. In 2011 and 2013, Washington County exceeded the Maryland target rate of 8.0.

Figure 64. Infants at Low Birth Weight

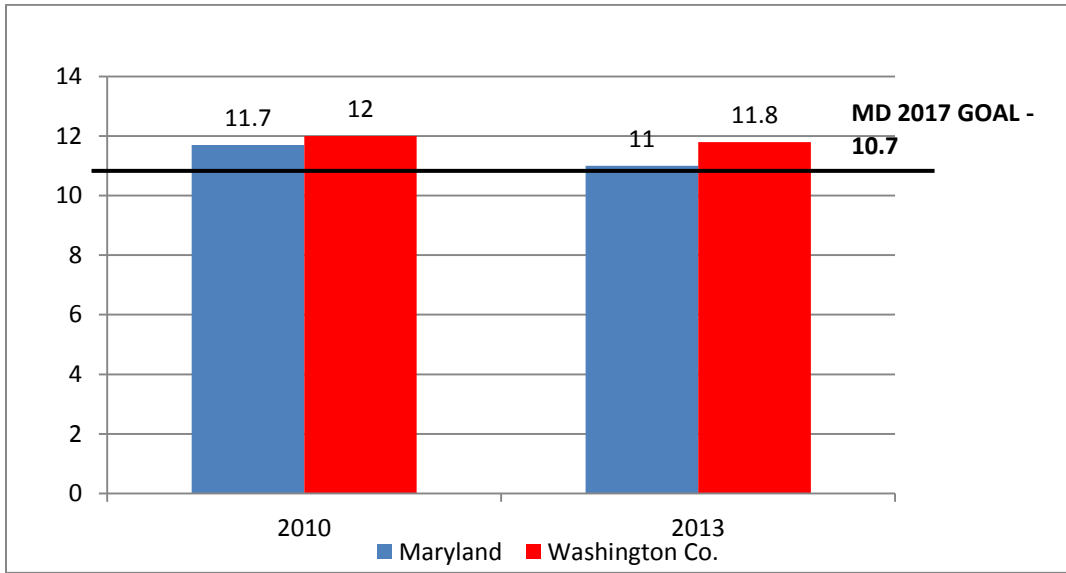


Source: Maryland DHMH Vital Statistics Administration 2015

The Obesity Rate in Children indicator shows the percentage of children and adolescents who are obese. In the last 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, it has tripled. Obesity is a risk factor in the development of life-threatening chronic disease including hypertension, Type II diabetes, heart disease and some cancers.

Decreasing the rate of obesity in children and teens continues to be a leading State Health Improvement Plan indicator. The rate of obesity for Washington County children has trended slightly higher than the state average for the past three-year surveillance period, 2010 – 2013 (see Figure 65). Efforts to decrease the rate of childhood obesity are being pursued by through a community collaboration that includes the Washington County Public Schools, H.E.A.L., and Meritus Health through both School Nursing and the Coordinated Approach to Child Health (CATCH) strategies.

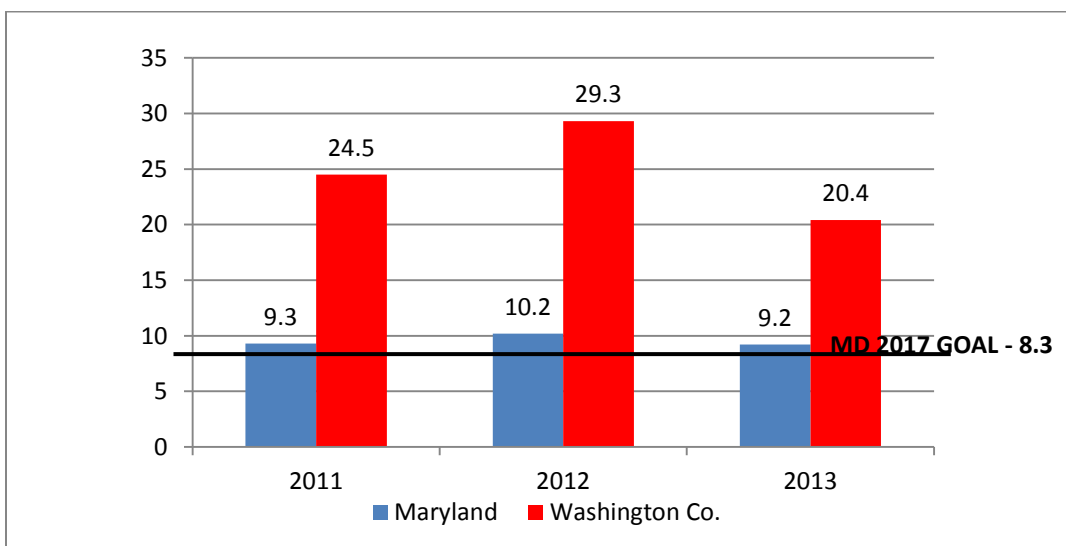
Figure 65. Obesity Rate in Children



Source: Maryland DHMH Vital Statistics Administration 2015

The Child Maltreatment indicator shows the rate of children who are maltreated per 1,000 population under the age of 18. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children. The child maltreatment rate in Washington County is 20.4 continues to occur at rates that are much higher than the state average despite robust family programming and prevention.

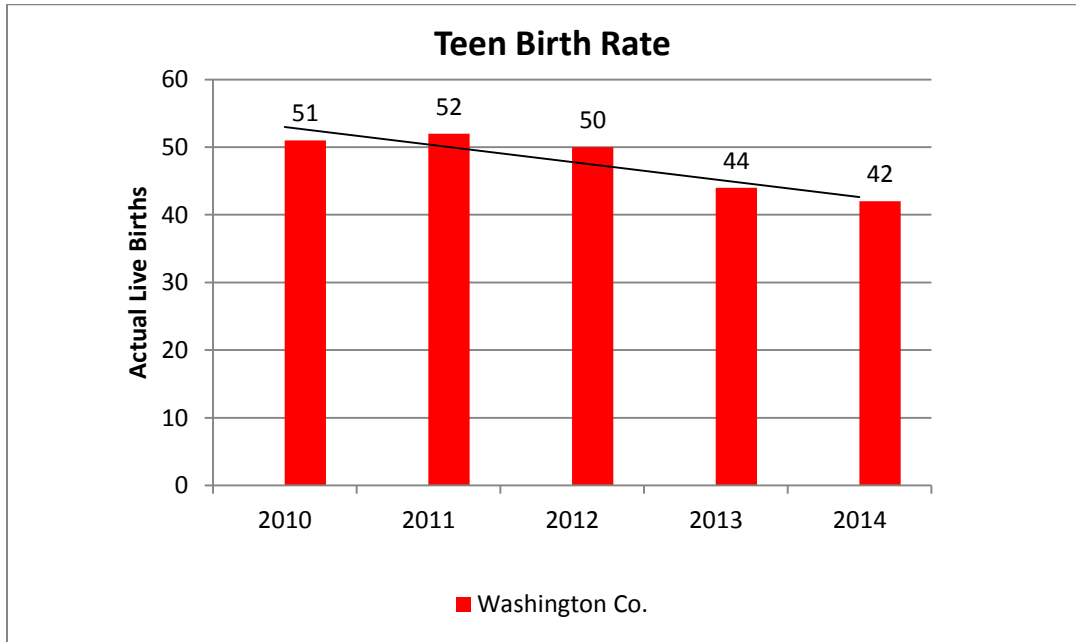
Figure 66. Child Maltreatment



Source: Maryland DHMH Vital Statistics Administration 2015

During the FY2013 CHNA the teen birth rate in Washington County was identified as one of the top five health priorities. Since that time the teen birth rate has trended in the right direction and continues to decline.

Figure 67. Teen Birth Rate



Source: Maryland DHMH Vital Statistics Administration 2015

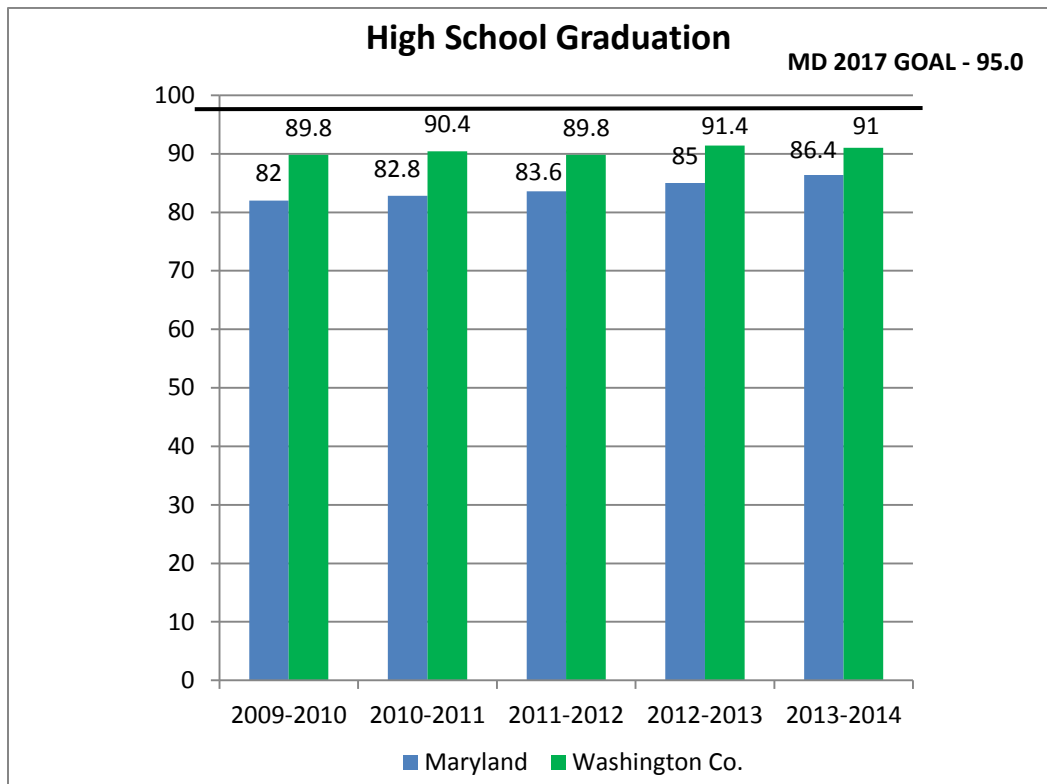
The teen birth indicator that is calculated using the rate of births to teens ages 15-19 years (per 1,000 population) demonstrates Washington County's most recent rate at 28.2 (2013 data).²³ Teen pregnancy is linked to a host of social problems such as poverty, lack of overall child well-being, out-of-wedlock births, lack of responsible fatherhood, health issues, school failure, child abuse and neglect and at-risk behaviors. Although the rate is improving overall, Washington County ranks 5th highest county in the state following Garrett (29.6), Dorchester (33.1), Somerset (39.9) and Baltimore City (43.4).²⁴

²³ Maryland DHMH Vital Statistics Administration, 2015. <http://dhmh.maryland.gov/ship/Pages/home.aspx>, accessed November 25, 2015.

²⁴ Ibid.

The High School Graduation Rate indicator shows the percentage of students who graduate high school in four years. Completion of high school is one of the strongest predictors of health in later life. People who graduate from high school are more likely to have better health outcomes, regularly visit doctors, and live longer than those without high school diplomas. Washington County students consistently graduate at a higher rate (91%) than the average for the state of Maryland (86.4%). The current rate of graduation exceeds the Healthy People 2020 national goal rate of 82.4% and is identified as an environmental strength for our community.

Figure 68. High School Graduation Rate



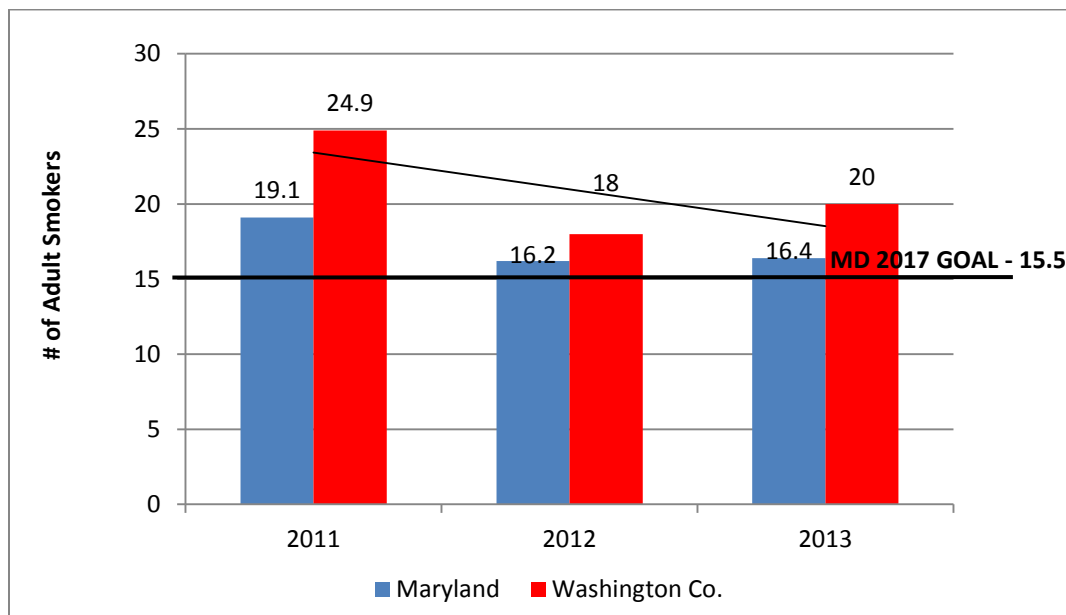
Source: Maryland DHMH Vital Statistics Administration 2015

Tobacco Use

Smoking, electronic cigarettes and smokeless tobacco use was reported in the survey at a combined total of 15.8%. The most recent Maryland SHIP surveillance data reports the value as 20% among adults, slightly higher than the survey's margin of error. Adult tobacco use is declining in Washington County but remains well above the state average and is far short of the Maryland 2017 goal of 15.5%

Unregulated E-cigarettes and “vaping” are electronic nicotine delivery systems that are gaining in popularity, but have still largely unknown public and individual health effects.

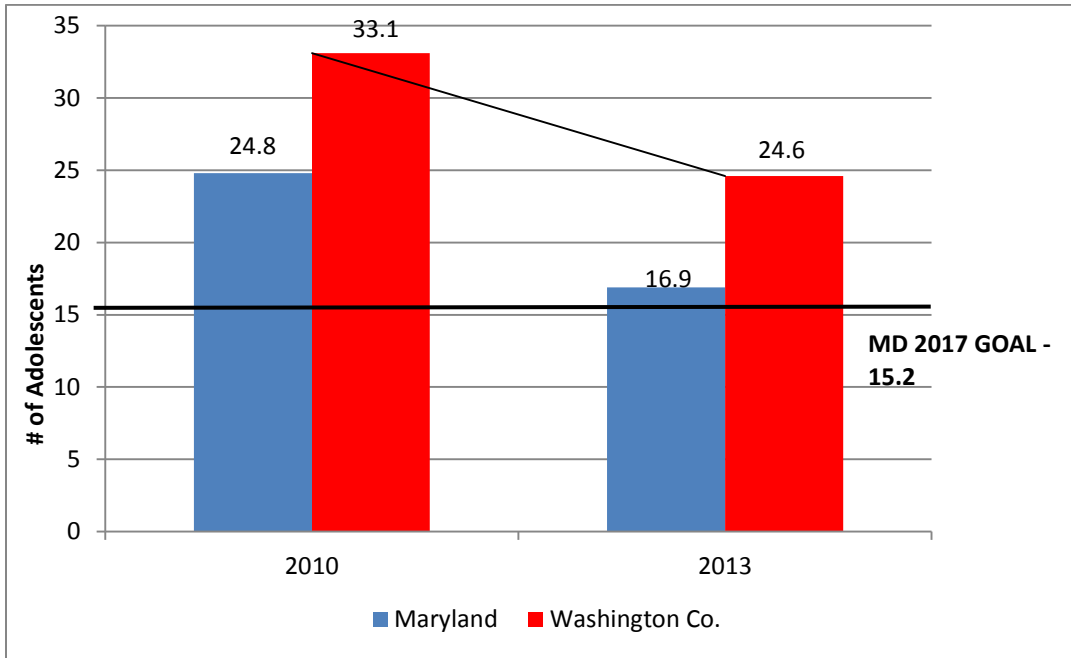
Figure 69. Adult Tobacco Use



Source: Maryland DHMH Vital Statistics Administration 2015

There is a decreased rate of tobacco use among adolescents in Washington County from 2010 (-8.5%), however the rate of 24.6% remains much higher than the overall state average of 16.9% and far short of the Maryland state goal to reduce to 15.2% by 2017 (see Figure 70). The decrease in rate of tobacco use amongst adolescents corresponds to the increased surveillance and monitoring of retailers that sell tobacco products to adolescents without checking identification. The Washington County Tobacco Coalition has been educating retailers about the importance of abiding by this law.

Figure 70. Adolescent Tobacco Use



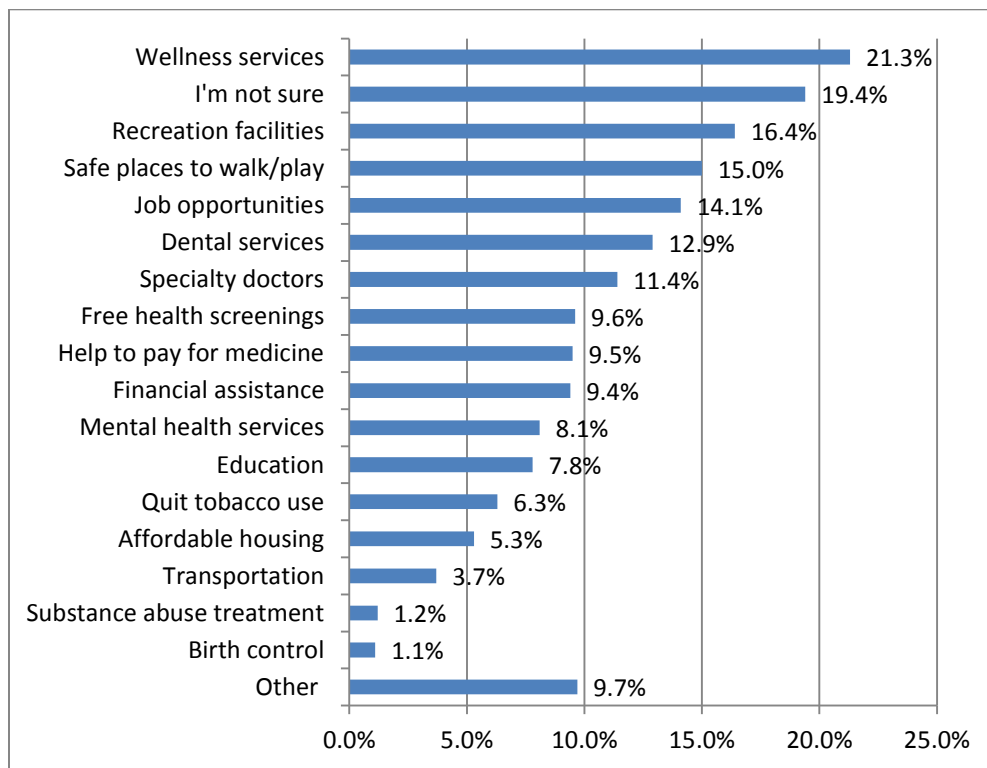
Source: Maryland DHMH Vital Statistics Administration 2015

Health Needs

As the burden of chronic disease and complex care consumes the majority of healthcare resources, we often do not give adequate time or attention to the wellness and preventative health measures available in helping prevent chronic illness. Survey participants were asked to identify the top three needs that would help to improve the health of their family. It is believed that people would respond to this question based on personal and family experiences.

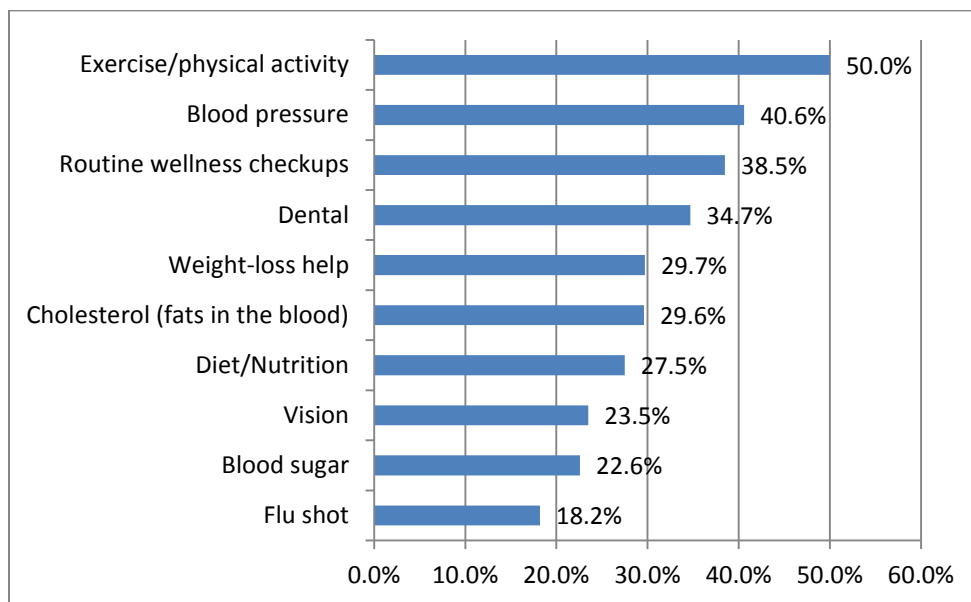
The top priority to improve health was identified as wellness services (21.3%). While general, it is understood that some participants are looking for opportunities and activities that promote health and well-being. Interestingly, the second most popular answer was “I don’t know” suggesting that people are looking, but do not have the answers themselves. Health professionals need to provide the expertise and guidance to help fill this knowledge deficit. Recreational facilities and safe places to walk and play were the 3rd and 4th most popular choices.

Figure 71. Question 9. What is the MOST needed to improve the health of your family? (Check up to 3)



Along with identified needs to maintain familial health, the next survey question inquired as to what type of health screenings or services were needed to promote health. Fifty percent (50%) of respondents readily identified the need for exercise and or physical activity. The question was not specific as to the type of exercise.

Figure 72. Question 10. What types of health screenings and/or services are needed to keep you and your family health? (Check up to six)

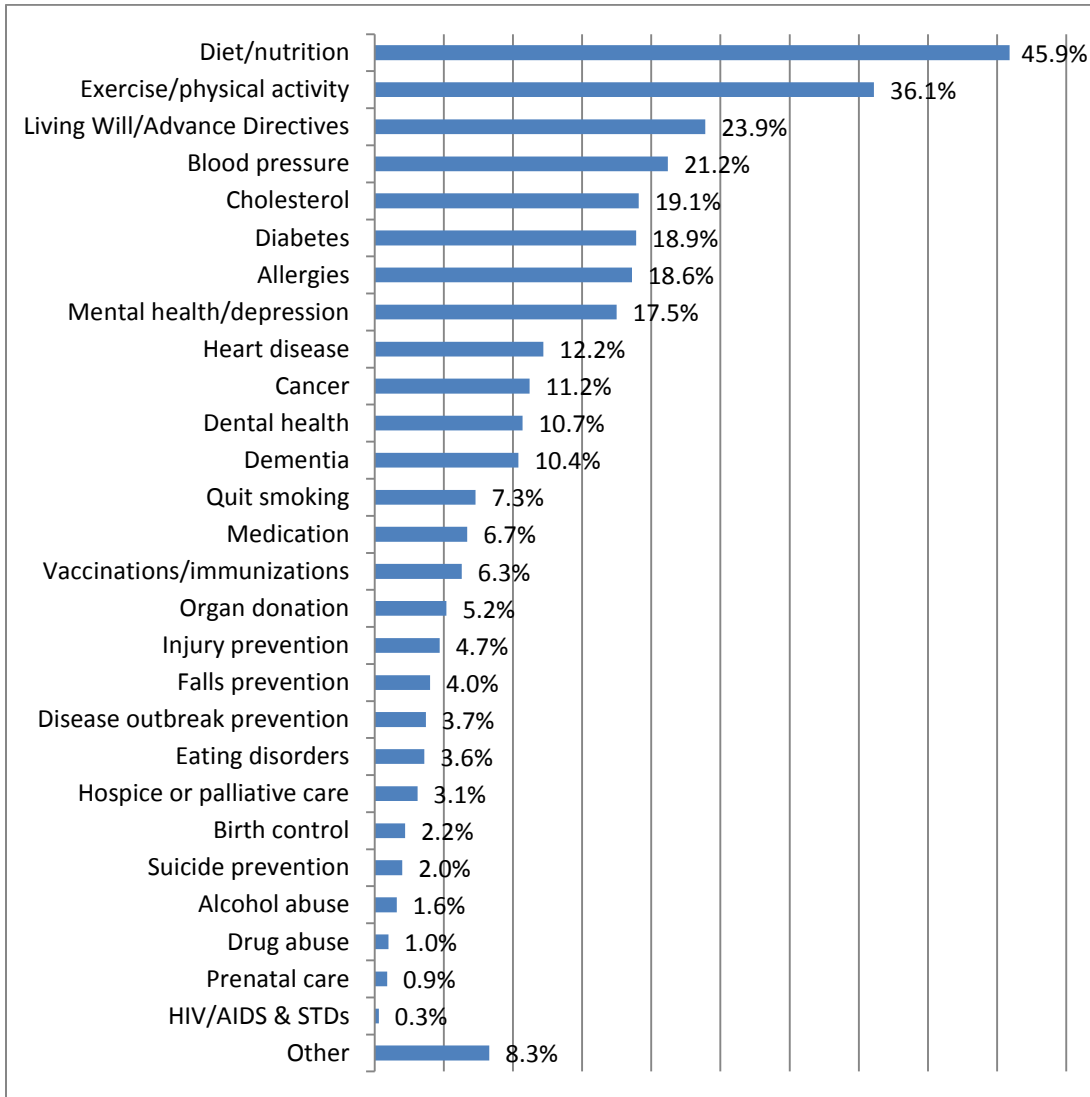


The second most popular answer was “blood pressure” to comprise nearly 41% of survey responses. The need for routine wellness checkups at 38.5% had not been identified previously. Dental service needs were thematic throughout survey responses for about one third of participants. As previously discussed the lack of dental insurance or the ability to pay for services was identified as a primary barrier to accessing dental care. The need for help losing weight and lowering cholesterol were tied as the 5th most desired health services at 30%.

Making healthy lifestyle changes are a process that takes time. Having the necessary information can help people who are contemplating the need for change to become engaged. It is important to understand what health issues people in our community are interested in and need more information about.

When asked, the most popular survey response was the need for information about diet and nutrition 45.9%. The second choice was exercise and physical activity 36.1%. Perhaps most interesting was the 3rd most popular response of needing more information about Advance Directives and Living Wills, 23.9%. As our community is aging the need to better understand how decisions are made to live well and make end of life care desires known, is paramount. All of the responses are included below (**see Figure 73**).

Figure 73. Question 14. What health issues do you need more information about? (check up to six)

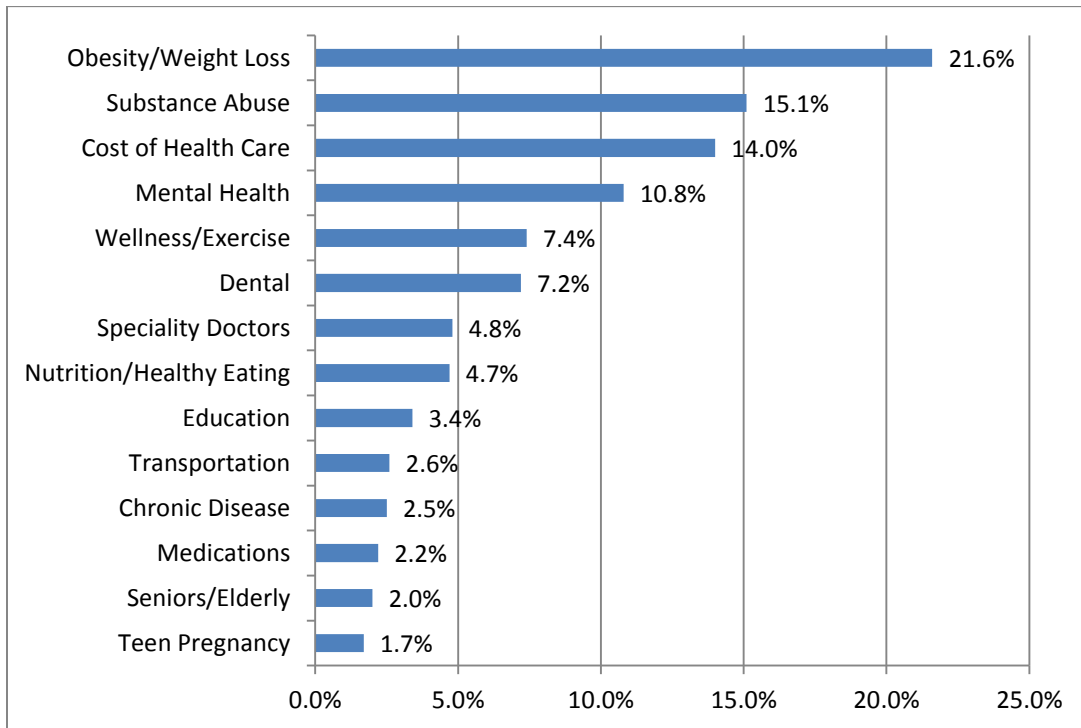


One challenge for health providers and knowledge experts is to better understand how people in our community desire to receive and learn about health information. The majority of survey respondents reported that they receive health information from their physician or health professional (82.7%), that they do research using the internet (60%) and that other sources for health information is most frequently sought from family or friends (19.8%), newspapers and magazines (17.9%), the pharmacy (17.6%) and the hospital (10%).

All participants were asked “What is the biggest unmet health need in Washington County?” as an open-ended question with the opportunity for free text response. Answers were summarized and grouped into like categories. Survey responses identified the top five health needs in Washington County as:

1. Obesity and the need for weight loss (21.6%),
2. Substance abuse treatment (15.1%),
3. The cost of health care (14%),
4. Mental health treatment (10.8%) and
5. Dental care (7.2%).

Figure 74. Question 30. What is the biggest unmet health need in Washington County?



Ambulatory Sensitive Conditions

Ambulatory Sensitive Conditions (ASCs) are health conditions for which quality outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.²⁵ Even though these indicators are based on hospital data, they provide insight into the quality of the health care system outside the hospital setting.

Although other factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can result in hospitalization, the ASCs provide a window into the community for assessing quality of health services and identifying unmet community healthcare needs.²⁶ Using raw data that combines both Emergency Department and Inpatient total visits, **Table 19** summarizes the ASCs for Meritus Medical Center to demonstrate pattern or trend for the past three years. While some of the changes are small, the Ambulatory Sensitive Conditions highlighted below in red are trending in the wrong direction for three consecutive years. Full ASC data is included in **Appendix L**.

Table 19. Ambulatory Sensitive Conditions

Ambulatory Sensitive Conditions			
Diagnoses	FY13	FY14	FY15
Failure to Thrive	2	-	5
Dental Conditions	1,156	1,308	1,187
Vaccine Preventable Conditions	15	16	8
Nutritional Deficiency	54	60	73
Dehydration	2,542	2,725	2,989
Iron Deficiency	792	722	746
Heart Failure	455	466	473
COPD	1,820	1,496	1,506
Diabetes	481	539	553
Asthma	1,161	943	899
Bacterial Pneumonia	1,639	1,243	1,293
Hypertension	344	350	371
Cellulitis	1,667	1,755	1,666
Convulsions	389	447	413
Angina	14	17	22
Cancer of Cervix	3	2	6
Gastroenteritis	514	564	541

²⁵ DHHS Agency for Healthcare Research and Quality. (October 2001). Hospital Admission for Ambulatory Care Sensitive Conditions. <http://www.ahrq.gov/downloads/pub/ahrqqi/pqiguide.pdf>

²⁶ Ibid.

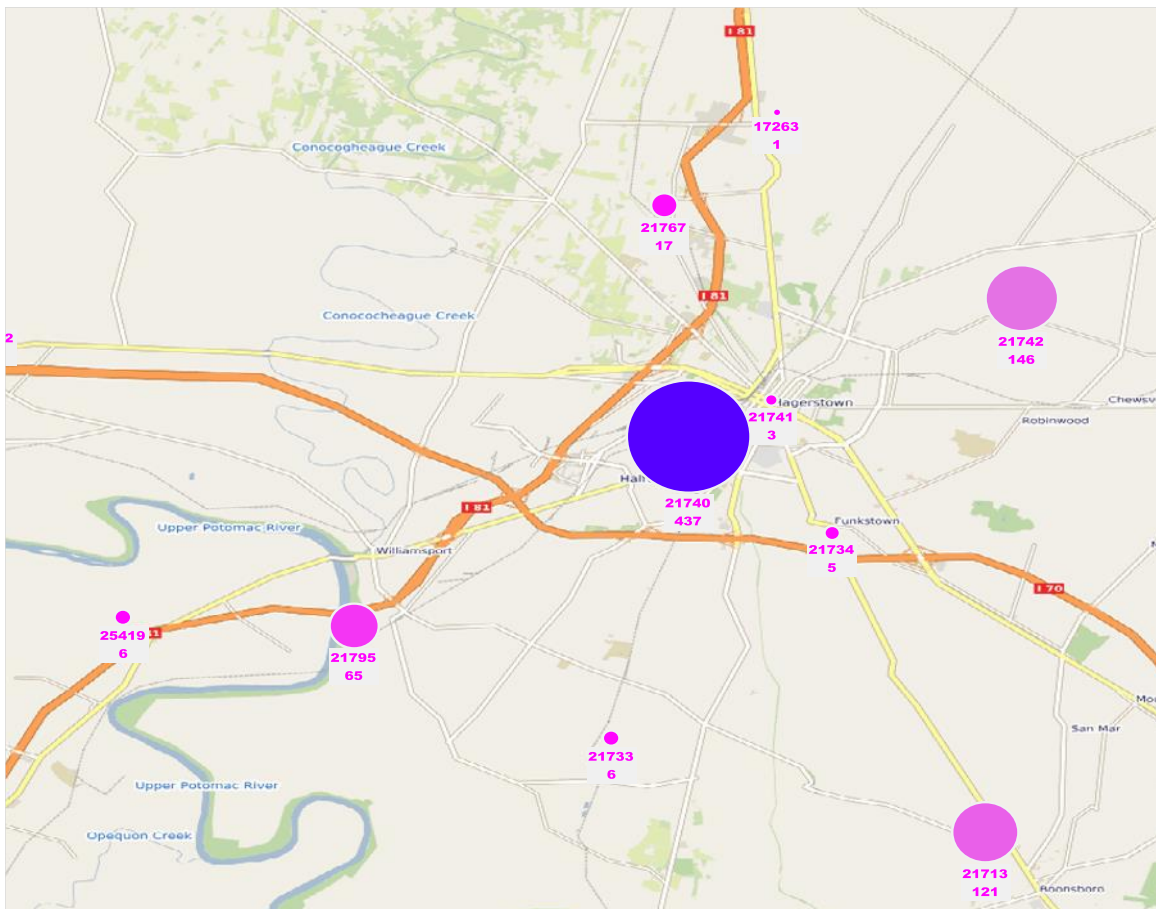
Hypoglycemia	16	13	11
Pelvic Inflammatory Disease	58	45	41
Kidney/Urinary Infection	1,505	1,583	1,549
Severe Ear, Nose, Throat Infection	2,564	2,121	2,485
Grand Mal & Other Epileptic Conditions	224	219	264
Pulmonary Tuberculosis	-	1	1
Skin Grafts with Cellulitis	47	74	48
Mental, Behavioral, Neurodevelopmental Disorder	4,334	4,614	4,684
Stroke	388	411	461

Source: Meritus Medical Center data, 2015

Hospital Utilization

Since the advent of the Affordable Care Act (ACA) and the Hospital Readmissions Reduction Program (HRRP), hospitals have focused on strategies to reduce readmissions as an important measure of quality and reduced health care spending. Centers for Medicare and Medicaid Services (CMS) report the national readmission rate fell to 17.5% in 2013, after holding steady at 19.5% for many years.²⁷ While not all readmissions can or should be prevented, the rate of avoidable admissions is a good quality indicator for community health systems.

Figure 75. Hot Spots Map Zip Code 21740



Source: Meritus Health Meditech Data, July 2015 – January 2016

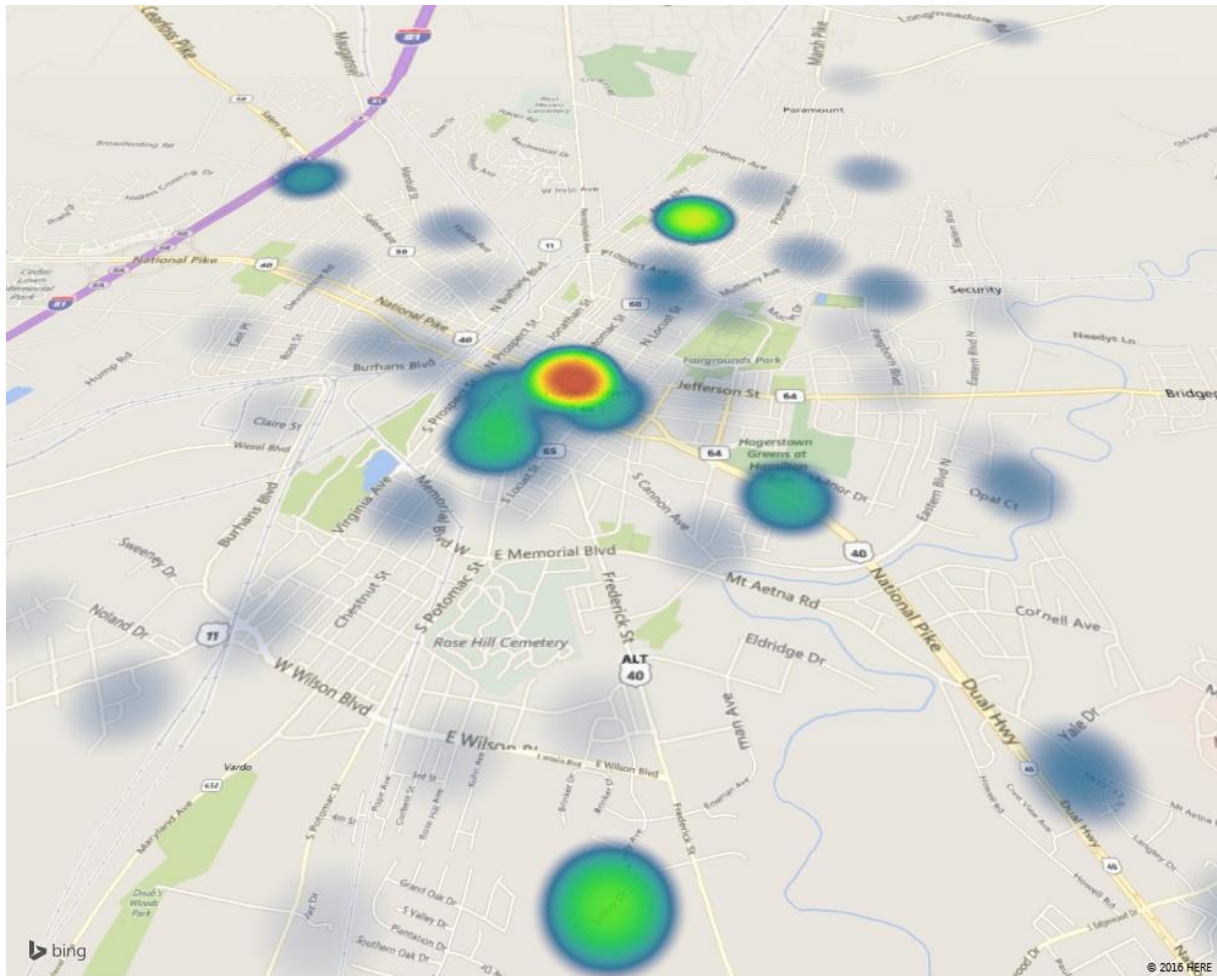
There are multiple determinants that increase the risk of readmission including sociodemographic factors, such as poverty, unemployment and lack of access to services in the community that support post hospitalization recovery.

²⁷ U.S. Department of Health and Human Services. (7 May 2014). New HHS Data Shows Major Strides Made in Patient Safety, Leading to Improved Care and Savings. <http://innovation.cms.gov/Files/reports/patient-safety-results.pdf>

Meritus Medical Center utilization data was used to map the geographic location of county residents who required more than one hospitalization for health conditions within a thirty day period. The “hot spots” map above includes the number of hospital readmissions by zip code over a seven month period, July 2015 – January 2016 (see **Figure 76**). The largest county residential cluster groups include the Hagerstown zip codes 21740 (437 revisits) and 21742 (148 revisits) and Boonsboro 21713 (121 revisits). These areas are correlated with the most populated areas of Washington County.

The top ten patient health conditions for readmissions during this time period include pulmonary (81), gastroenterology (59), infectious disease (36), cardiology (35), general surgery (30), nephrology (28), neurology (25), endocrinology (16), neonatology (12) and diabetes (10).

Figure 76. Primary Readmissions Heat Map 21740



Source: Meritus Health Meditech Data, July 2015 – January 2016

The mapping exercise can be narrowed to more specific addresses (not included in this report) that help determine the location of neighborhoods. It can become evident that some

neighborhoods have greater social determinants that directly contribute to health conditions, revealing additional needs. The Primary Readmissions Heat Map (**Figure 76**) demonstrates that greatest concentration of people who have required readmission to the hospital reside in the central downtown Hagerstown neighborhood with a perimeter that extends from Mulberry Street to Prospect Street (East to West) and North Avenue to Lee Street (North to South). A close-up of the most concentrated area of residents having a hospital readmission is included in **Figure 77**. Other “hot spots” in the community include Kenly Square, Manor Drive, The Terrace and Oak Hill Avenue neighborhoods. Helping to ensure that outreach treatment services, follow-up post hospital discharge and supportive care coordination is provided to people living in these neighborhoods will help decrease the likelihood of future readmissions.

Figure 77. Close-up of Primary Readmissions Heat Map 21740



Source: Meritus Health Meditech Data, July 2015 – January 2016

Social Determinants Data Summary *(Compiled from Community Commons 10/19/2015)*²⁸

Community Commons provides a public website with access to meaningful data layers that allow thorough exploration of a local community, designed to inspire change and point to improvements and solutions. Community Commons (CC) is poised to provide ongoing access to thousands of meaningful data layers that will allow mapping and reporting in the future. For this assessment we used CC as the secondary data source of social determinants for Washington County. The Healthy People 2020 definition for social determinants of health are “conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” All social determinants data and sources are included in **Appendix M**.

Significant findings:

- 18.63% of children in Washington County live below 100% Federal Poverty Level (FPL) compared to the state at 12.89%
- 13.7% of Washington Co. population live below 100% FPL compared to state at 9.4%
- 76.7% of adults in Washington Co. have inadequate fruit/vegetable consumption compared to the state at 72.4%
- Low income population with low food access in Washington Co. is 7.61% compared to state at 3.24%
- Population of Washington Co. living with low food access (food desert) is 34% compared to state at 22.55%
- Population currently smoking cigarettes in Washington Co. at 21.2% compared to state at 15.4%
- Former or current smokers in Washington Co. at 47.42% compared to state at 40.7%
- Population who has attempted to quit smoking in Washington Co. at 52.2% compared to state at 58.31

²⁸ <http://www.communitycommons.org/> accessed 10/19/2015

Physician Needs

As required under HG§19-303, Meritus Health provided a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Washington County has very limited Health Professional Shortage Areas (HPSAs) status for Primary Care and Mental Health. These designations are specifically assigned to the two Federally Qualified Health Center facilities, one in downtown Hagerstown and the other in Hancock. The entire county is designated as a HPSA for Medical Assistance patients requiring dental care.

Specific benchmarking was completed by an outside vendor in the form of a Physician Community Needs Assessment. This documented physician demand, physician assets and defined the gaps in this community. The document was prepared to support physician recruitment needs and complies with Stark III. The most recent Assessment was conducted in 4th quarter of 2011. The next Assessment will be conducted in 4th quarter of 2015.

For purposes of the Health Services Cost Review Commission, Community Benefit Report FY2015, Meritus Health considered the defined Total Service Area (23 zip codes in Maryland, 8 zip codes in Pennsylvania and 6 zip codes in West Virginia).

The largest assessment gaps were identified in Primary Care. A gap of 84.6 internists, pediatricians, family medicine specialists, OB/GYN, and geriatricians were identified.

In FY 2015, the following primary care providers were added as employees of Meritus Health:

- Obstetrics/Gynecological (OB/GYN): 2 Full Time Employee (FTE)
- Family Medicine: 9 FTE
- Internal Medicine (IM)/Pediatrics: 1 FTE

The next largest gaps identified occur in the following practice specialties:

<u>Specialists:</u>	<u>Gap:</u>
Cardio-thoracic Surgery	12.7
General Surgery	16.3
Psychiatry	18.8
Urology	5.7
Orthopedics	7.4

In FY 2015, the following primary care providers were added as employees of Meritus Health:

- OB/GYN: 2FTE
- Family Medicine: 9FTE

- IM/Pediatrics: 1 FTE

In FY 2015, providers in the following specialty providers were added:

- Oncology: 2 FTE
- General Surgery: 1 FTE

According to the County Health Ratings published by Robert Wood Johnson Foundation, Washington County, MD, scores below national benchmarks on 27 out of 30 categories. The ratio for Primary Care Physicians to patients is 1:1,658, 64% worse than the National Benchmark of 1:1,067. The surrounding counties in Pennsylvania and West Virginia, which are part of the Total Service Area, are similarly ranked, but the ratio of physician/patient is significantly worse than in this county.

Referral staff reported no difficulties in obtaining appointments for uninsured or Medicaid patients who are seeking care in a Meritus Health owned specialty practice such as Gastroenterology, Endocrinology or OB/GYN. Psychiatry services are also available through both the Meritus Health outpatient practice and through local mental health resources. One private cardiology practice accepts uninsured/Medicaid patients with minimal down payment and a payment plan.

The most difficult specialty for patient access is orthopedics where high down payments are required. Other specialty services with limited access, reported by the local FQHC are Dermatology, Allergy/Asthma, Neurology, Neuro-surgery, Urology, Pulmonology and Otolaryngology.

As a sole community provider, Meritus Medical Center must provide around the clock care in the Emergency Department. It has become increasingly difficult to insure 24/7 specialist coverage for the ED in the current environment of decreased physician reimbursement and increasing volume. Therefore, Meritus Medical Center pays on-call fees for Emergency Specialist Call to insure adequate physician coverage in the Emergency Department. The specialties contracted to provide Emergency Specialist Call include: Cardiology, Critical Care, ENT, Eye, GI, General Surgery, Interventional Cardiologist, Neurology, Neurosurgery, Ortho, Pediatrics, Plastics, and Urology.

In addition, Meritus Medical Center subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.

Focus Groups and Interviews

While the community survey process obtained an excellent representative sample of the Washington County community, we wanted to ensure that input was obtained directly from members of the public as well as persons representing under-served populations and those parts of the community with identified health disparities. In an effort to obtain in-depth feedback related to the biggest challenges and assets in the community are, a series of focus groups and interviews were conducted from July 29, 2015, to August 26, 2015. An outline of the groups and interview timeline is included in **Table 20**.

Table 20: Community Health Focus Groups & Interviews

Focus Group Topic	Persons	Location	Date
Barriers to accessing healthcare	Care Management Staff	Meritus Medical Center	July 29, 2015, and August 21, 2015
Maryland Diversity Center interview (Hispanic populations)	Gabby and Sergio Polanco	Meritus Medical Center	July 30, 2015
Nutrition and Physical Activity	Public, underinsured	Washington Co. Free Library Hagerstown, MD	August 10, 2015
Mental Health & Substance Abuse	Public, underinsured	Washington Co. Free Library Hagerstown, MD	August 12, 2015
Seniors	Public, older adults	Williamsport Fire Hall Williamsport, MD	August 25, 2015
Western MD Islamic Society	Muslim faith community	Hagerstown Mosque	August 26, 2015

Focus Group: Barriers to Accessing Healthcare

Two focus groups were conducted with Meritus Health Inpatient and Outpatient Care Managers on July 29, 2015, and August 21, 2015. These staff shared unique insights regarding real barriers that are commonly encountered in the coordination of health care and services for actual patients in the service area. A full summary of the focus group and questions are included in **Appendix N**.

If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?

- Transportation is a barrier for folks to get to their medical appointments; this group includes both the insured and uninsured population (rated 9.5/10 as problematic).
- Medicare patients trying to get to dialysis is an issue.
- The County Commuter (public transport) has changed their process and you have to live on a fixed route. There are limitations for folks who are chronically ill and can't get to a bus stop.
- Medical transport service has a four month waiting list for the Medicaid program.
- Community Free Clinic is a good resource to community for those in walking distance.
- Private transport and taxis are a costly option.

What are the biggest health problems that we see in our community?

- Chronic Pain: the issue includes both the volume of patients and lack of resources available. Long term chronic pain scripts are not permitted. The current Outpatient Pain Specialist does not take uninsured patients. Having a pain specialist within the hospital is an identified need.
- Diabetes: poor management, a lack of education regarding the disease process and how changes in diet and exercise can be helpful, cost of medication, challenge is people don't feel bad in the moment – until they have a catastrophe, “let's fix it” versus preventing it in the first place.
- Addictions/substance abuse:
 - Babies being born to addicted mothers.
 - Heroin, opioid, and methadone withdrawal.
 - Illegal and legal narcotics are readily available.
 - Drug overdoses including heroin and “spice” are increasing.
 - Need for faster, more timely linkage with treatment.
- Mental Health: long waits for new patient psychiatry, not enough psychiatrists, seen as a growing problem.
- COPD

- Dental needs: the Health Department lost funding for their clinic (about 500 patients). Family Healthcare of Hagerstown (FQHC) is providing dental care – capacity is not known.

Is being overweight and obese a problem in Washington County? Why? Yes, an identified problem.

- Overweight and obesity is a continued problem through all Washington County.
- Belief that patient population is one of the heaviest in the state.
- Weight can decrease mobility and prevent use of public transportation.
- Back Pack for Kids program is beneficial for children, and some families are dependent on this food supply.
- Availability of more dietary counseling is needed.
- Access to healthy and affordable food program is needed.
- Greater community awareness of programs and resources that exist is needed.
- Education and getting people connected is key factor.
- A dietitian is available at Capital Women’s Care.
- Belief that some insurances are starting to pay for diet and nutrition counseling.

If you had one suggestion on what could be done to improve the health of the community, what would it be?

- Improve awareness of what resources are available in the community.
- The community has things in place but need to get the word out to people.
- Use community health nurses to do monthly wellness checks at the local library.
- Suggestion to physically meet the people in a neutral and public place and provide staff and resources to answer questions.
- Provide mobile medical care in the community – take care to where patients are.
- Use faith communities for coordination and outreach to non-church members.

Focus Group: Nutrition and Physical Activity

On August 10, 2015, a public focus group on nutrition and physical activity was conducted at the Washington County Free Library, located near the center of the 21740 zip code. The focus group event was promoted in the newspaper, and with flyers at local providers and services. The focus group was facilitated by Pam Peitz, RN and Cathy Ware, RN. Six (6) persons attended.

Why don't people eat a better diet?

- Fast food is low cost and unhealthy.
- Healthy foods are more expensive.
- Lack of time to prepare healthy meals.
- People lack the knowledge needed to eat right.
- Offered large portion sizes when eating out.

Why don't people exercise?

- Lack of time.
- A general lack of motivation to exercise or make changes.
- Too much time spent on screens and electronics.
- Lack of transportation.
- Physical illness, disability, obesity are deterrents.
- Perceived lack of options.

Barriers to a healthy diet and physical activity were identified as:

- Lack of motivation to make changes.
- Dietary counseling is not a covered insurance benefit.
- No medical weight loss services.
- Nothing in our community encourages healthy diet and exercise.
- Social determinants including low income and poverty.
- Information overload; great conflicting information on what is good or bad for your health.

Focus Group: Mental Health and Substance Abuse

On August 12, 2015, a public focus group was held at the Washington County Free Library with the designated topic of mental health and substance abuse. The focus group event was promoted in the newspaper, through announcements by the Mental Health Authority DHMH Core Service Agency and with flyers at local providers and services. The focus group was facilitated by Sara Smith, LCSW-C and Patti Cooper, LCSW-C. Twenty (20) persons attended.

Key input from focus group participants included:

- “Behavioral Health” was variously described as the state merger of medical, psychiatric and addictions issues, how people interact in social settings and by themselves, the way one functions and learns on a daily basis, and “everything”.
- Behavioral health issues are problematic in Washington County because of misinformation, judgmental attitudes and stigma, lack of out-reach, misunderstanding by professionals, providers not taking the time to listen, patients not following through or keeping appointments, long waiting lists for treatment, criminal problem vs. health issue.

The focus group output has been divided between mental health and substance abuse as the group expressed that the problems and solutions are somewhat different for each.

Mental Health

Types of **mental health** issues seen include:

- Adults: Trust issues, anger issues, hopelessness, stress, some people “don’t think they have a problem”, mood swings, anxiety, isolation, acting out, caught in negative thoughts, stigma downtown, discrimination on the job.
- Youth: Need for respite care, “multiple personalities”, discipline issues, parenting issues, destructive, disrespectful, “problems with school system pushing the kids through,” medications, no unity in the family, handling kids with behavioral issues.

Key Quotes:

- *“They want to shove us away in a facility.”*
- *“If people don’t have to deal with these issues, they don’t want to know.”*
- *“It’s denial. No one wants to admit they have a mental health problem.”*

Barriers to mental health care:

- Lack of access to psychiatry for new patients, long wait times for appointments.
- Socio-economic factors including cost and specialist co-pays.
- Some primary care providers minimize.
- Stigma and denial.

Substance Abuse

Types of **substance abuse** or addiction issues seen include:

- Adults: “Everything”, heroin, spice, crack, alcohol, “pills,” narcotics, alcohol.
- Youth: spice, “same as adults,” “weed,” alcohol.

Key Quotes:

- *“Denial - no one from the ‘normal’ population wants to admit that they have addiction or mental health problems.”*
- *“Drugs are everywhere!”*
- *“Not enough substance abuse programs.”*
- *“We don’t have enough services.”*
- *“The help’s not there when you’re ready to get it.”*
- *“Not being informed on family member’s treatment.”*

Barriers to substance abuse treatment:

- Lack of substance abuse treatment options.
- Lack of pain management help.
- Addictions problems are stigmatized as a “criminal” problem rather than a health issue.
- Treatment is not available when needed.
- No addiction counselor at the hospital.
- No local detox services available.
- Transportation issues to outpatient providers.
- No central resource to obtain help and information.

Focus Group: Seniors

On August 25, 2015, a group of 85 seniors over the age of 55 participated in a focus group conducted at the Williamsport Fire Hall in Williamsport, MD. The purpose of the group was to increase understanding of health access and issues and challenges that are faced by older adults living in our community.

Key input from the focus group included:

- Delays in healthcare were identified as physicians not accepting new patients, wait times and no call backs.
- 24% of participants indicated that they use the ED for non-emergent issues if a primary care appointment is not immediately available.
- Suggestion to provide routine care through mobile health units – bring care to them instead of traveling.

When asked why being overweight and obesity are a problem in Washington County, the responses included:

- Access to cheap fast food.
- Lower incomes tend to eat less healthy foods.
- Fried foods are inexpensive and taste good.
- Lack of exercise.
- People do not know when to stop eating, food buffets.
- Too much “screen time” limits physical activity.

Why aren't people better informed of the healthcare services that are available in Washington County?

- Not enough information in the newspapers.
- People don't read.
- Low attendance at the Senior Center.

The group identified the following sources for receiving health information: Health Matters radio program, health fairs, parish nurses and church, library, 55 UP group. Some suggestions for formats to receive health information include physician newsletters (not on-line version) and making health information available at places where seniors gather like the mall, grocery stores or church and the library. The group agreed that health programming would be best attended if offered in late morning to early afternoon timeframe.

Focus Group: Western MD Islamic Society

On August 26, 2015 a focus group was conducted with the Western MD Islamic Society at the local mosque. The area of focus was included as one of the growing minority groups in Washington County that is multi-cultural, representing diverse ethnic people groups. Thirteen people attended.

In general, similar challenges are faced when accessing healthcare: not a problem if you are insured or have financial means, may go to the ED when outpatient care is not immediately available, part of human nature to put off healthcare until you are sick.

When asked if there are any challenges or barriers that a Muslim might encounter when accessing healthcare, responses included:

- Some young people or those that are busy working don't access healthcare because they are too busy or don't feel the need.
- There is a lot of cultural diversity among the Muslim community – from Pakistan, Russia, Kosovo, Bosnia, Philippines, Middle East, Africa.
- Cultural issues may be a problem in accessing healthcare, but not related to being Muslim.
- There always seems to be someone that speaks English or broken English (patient or family member), enough to communicate.
- When we voice our special needs (gender care issues), they have always been accommodated. We must be encouraged to speak up.

When asked if mental health and or substance abuse issues are a problem with Muslims? Why, or why not?

- Mental health issues: there is a stigma and many won't talk about it. May resist diagnosis. Culturally, we are reluctant to admit. Can go undiagnosed. May not be a higher prevalence in the Muslim community, but certainly a reluctance to get care.
- As a culture we need to understand that mental illness is a sickness, just like any other. This is not just with Muslims – Protestants too. This is very important.
- Substance abuse is less – very little drugs, very little smoking.

**In your opinion, are overweight and obesity issues a problem in the Muslim community?
Why, or why not?**

- Obesity is less – less prevalent with immigrants because they are very active and hard working in most cases.
- At same time, immigrants are reluctant to acknowledge illness and make time to see physician.

In general it was felt that if there are language barriers, people are less likely to interact with the health care community overall. Some unique suggestions for outreach were made including:

- Distribution of approved health literature at the mosque on Fridays.
- Offer short, informative talks or presentation to the group after Friday prayers (2:15 pm).

Focused Interview: Hispanic and Latino community

A focused interview was conducted July 30, 2015, with Sergio Polonco, editor of **Conexiones** magazine and Gaby Polonco, founder and president of the Maryland Diversity Center.

Conexiones is a bilingual diversity magazine that promotes cultural competence and leadership through cross-cultural partnerships, events, advertising and outreach. The Maryland Diversity Center was established to link, engage and support all cultures, backgrounds, race, world views, ages and beliefs. Its mission is to work to promote and support diversity awareness through cultural, educational, recreational, artistic and social programs and leadership.

The purpose of the interview was to discuss barriers to accessing health care services among the Hispanic and Latino population in Washington County and identify strategies for future collaboration and outreach.

While the 2014 American College survey estimates the Latino/Hispanic population to be ~3.9% in Washington County, the utilization of hospital services at Meritus Medical Center is less than 2% (FY2015). Ms. Polonco informs that Hispanic persons seeking non-emergent services will voluntarily travel to the facility located in Frederick County (approximately 35 miles from Hagerstown, MD) due to the fact that “in-person” translation services are currently unavailable at the Meritus Medical Center.

Other barriers to accessing healthcare for the Hispanic community include a lack of awareness of resources and opportunities for seniors. This can extend to barriers in obtaining treatment and support for seniors with Alzheimer’s dementia, an disorder not well understood by family members. In general, other Hispanic family members most often become the health caretakers.

Some of the needs identified include pregnant mothers in need of prenatal care and opportunities for child care. HIV and testing are not well understood due to a cultural taboo of discussing sex, disease transmission and family planning. In addition, parents need education about illicit drugs, especially spice, and how best to help have a conversation to warn and educate their children on the dangers of drug use.

The Poloncos advocate for the need to increase educational outreach to the Hispanic population through non-traditional campaigns such as fairs providing not only health education but a celebration of the culture and community accompanied by music, food and vendors. Some of the efforts need to begin by building trust through relationships. It was suggested that local grocers who specialize in the sale of ethnic foods would present an excellent opportunity for alliance in the distribution of health education information. The need to include all grocers is important due to a strict alliance and loyalty of their customers; people will choose to shop

exclusively at a sole grocer. In addition, the increased circulation of the bi-lingual Conexiones magazine presents a ready format from a trusted source that could highlight specific healthtopics and education that will reach a wide target audience.

CONCLUSIONS

Findings

- The leading causes of death among adults in Washington County are heart disease, 25% and cancer, 23%.
- The most frequent health concerns reported include being overweight (39.9%), joint or back pain (31%), high blood pressure (31%), high cholesterol (24.2%), sleep problems (19.7%), diabetes (17.2%), mental health (14.3%), and asthma (11.4%).
- Other areas of concern include dental, smoking, heart disease, cancer, and Chronic Obstructive Pulmonary Disease (COPD).
- Only 20% of health outcomes are attributed to the quality of clinical care provided.
- When combined, health behaviors (30%), social, and economic determinants (40%) account for 70% of the community's health ranking.
- A majority of residents view the health status of people living in Washington County as "fair" or "poor" (52.7%).
- The primary barriers to accessing health care include the cost of care and an inability to afford co-pays and health insurance deductibles.
- The majority of Washington County residents have health insurance (87.8%) largely subsidized by their employer (72.2%) or government (17.7%).
- Approximately 12.2% of Washington County residents do not have health insurance.
- About 12% of residents report being unable to afford prescription medications.
- Washington County adults ranked next to last for adult physical inactivity when compared with 33 "like communities."
- More than 72% of the adult population is overweight or obese.
- There was a 6.8% decrease in the percentage of persons at a healthy weight over the past 3 years.
- More than 26% of adults received no dental care in the past 12 months due to cost or the lack of insurance coverage.
- Both the rate of heart disease mortality and high blood pressure decreased more than 3% over the past 3 years in Washington County, but at a slower rate than the rest of Maryland.
- While diabetes prevalence is similar to the rest of the state, Washington County has the second highest rate of diabetes mortality (following Baltimore City).
- Given the higher than average rates for physical inactivity, and being overweight and obese in our community, residents are at higher risk for pre-diabetes and developing diabetes in the future.

- There are higher rates of readmission to the hospital for Congestive Heart Failure (CHF) and COPD than other chronic health disorders.
- There is a health disparity among the Black population observed in a higher rate of Emergency Department visits for chronic health issues including diabetes, respiratory illness and hypertension.
- While a higher number of cancer cases are being diagnosed, they are being identified at a much greater rate in stages I and II which often result in improved prognosis and outcomes.
- Washington County experiences nearly twice the number of Emergency Department visits for mental health and crisis services (6,895) than the state of Maryland average (3,251).
- Fewer inpatient beds are currently funded in Maryland specialty facilities, decreasing access to much needed acute care for persons with mental illness.
- A slightly higher rate of response consistent with depression are present in the screening data among survey respondents (22.3%) than compared with the average (20%).
- Over four years the rate of suicide has increased in Washington County while the state average has remained flat.
- There is a strong, increased trend for positive opioid drug screen among patients presenting in the Emergency Department for mental health crises.
- There is a steady increase of drug overdose attributed to heroin and opioids over the past five years, at a rate that is slightly higher than the state of Maryland average.
- The childhood rate of obesity has not changed in the past three years and is only slightly higher than the state average.
- For Washington County, the rate of child abuse and maltreatment is more than twice the state rate.
- The rate of teenage pregnancy is trending down in a positive direction, however remains higher than the rest of the state.
- Rates of tobacco use among adults and adolescents have decreased slightly in the county and remain above state of Maryland averages.
- When asked what information is needed for health, people most desire information about diet and nutrition 45.9%, exercise and physical activity 36.1%, Advance Directives and living wills, 23.9%, blood pressure 21.2%, cholesterol 19.1%, diabetes 18.9%, and mental health and depression 17.5%.
- The services needed to most improve health were identified as wellness services, recreation facilities, safe places to walk and play, job opportunities and affordable dental services.

- Survey responses identified the top five health needs in Washington County as: obesity and the need for weight loss (21.6%), substance abuse treatment (15.1%), reduce the cost of health care (14%), increase mental health treatment services (10.8%) and provide affordable dental care (7.2%).
- There is a clear correlation between health, wellness and the rate of poverty which is higher in Washington County (13.7%) than is found in the state of Maryland (9.4%).
- 76.7% of adults in Washington Co. have inadequate fruit/vegetable consumption compared to the state at 72.4%.
- Low income population with low food access in Washington Co. is 7.61% compared to state at 3.24%.
- Population of Washington Co. living with low food access (food desert) is 34% compared to state at 22.55%.
- Transportation to outpatient medical service is identified as a barrier for patient populations who are diagnosed with chronic health illnesses and do not have independent transport.

Health Service Gaps

- The availability of diet, nutrition and weight loss consultation is lacking due to poor reimbursement by health insurance.
- There are delays stretching an average of 35 days for a new patient to be seen by a psychiatrist.
- There is a shortage of primary care and psychiatry availability in Washington County.
- There are no mental health crisis beds in the county.
- There is a delay to timely access for substance abuse treatment when a person desires help; specifically the lack of detoxification services or ability to be admitted for inpatient/residential treatment levels of care.
- There are no readily accessible health care services in neighborhoods identified to have a higher rate of health disparities.
- There is a lack of community case management for all complexities of health needs; physical health, mental health, and substance abuse.
- Closure of the free dental clinic at the local health department due to loss of funding will reduce the availability of affordable dental care.
- There is inadequate, affordable transportation to medical services that can reach persons living in all parts of the county.

Strategies

- Community partnerships and collaboration will be needed to efficiently and effectively address the health and social needs of our community.
- Partnerships of health care organizations and community agencies must work across sectors to address housing, transportation, food insecurity, and child development in both practice and policy.
- One of the biggest opportunities is to work with persons who are determined to be “at risk” for chronic health disorders to make the lifestyle changes necessary to prevent them from developing illness.
- Joint initiatives should be targeted at early intervention to work closely with the school-aged children to develop healthy lifestyles; nutrition, physical activity, healthy relationships.
- There are opportunities to help meet social service needs with a community-based care coordination strategy to improve outcomes and lower costs; examples include community care management based in the Primary Care Practice, incorporation of Accountable Care Organization strategies, and inclusion of community health workers to bridge services in patient homes.
- Focus on eliminating barriers to health access to reduce unnecessary Emergency Department utilization.
- Improve understanding and elimination of social determinants related to unnecessary hospital readmissions.
- Provide increased access to health screenings, mobile treatment and educational programs in neighborhoods where disparities exist.
- Include harm reduction education and initiatives to reduce overdose fatalities.
- Leverage health provider expertise to help provide employers the necessary resources to implement wellness initiatives in the workplace.
- Specific initiatives should include specific, measurable, attainable goals that are time-bound and monitored through an objective body such as the local health improvement coalition.
- A periodic review of progress and goal attainment will strengthen accountability and encourage collaborative work.

HEALTH NEEDS PRIORITIZATION

On September 29, 2015, the leadership of Healthy Washington County met with members of the Washington County Health Improvement Coalition, Meritus Medical Center, Brook Lane Health Services and other invited community leaders to publically review the data, findings, needs and issues identified in the Community Health Needs Assessment process. A directed exercise was completed to prioritize and weight the health needs issues in order to begin the process of formulating potential intervention strategies into a comprehensive action plan. The meeting was facilitated by Allen Twigg, Director of Behavioral and Community Services of Meritus Medical Center; Curtis Miller, Director Public Relations of Brook Lane Health Services; and Kristen Cochran, Manager Strategic Planning of Meritus Medical Center. Upon reviewing all the key data and findings, attendees participated in a prioritization exercise using the criteria listed in **Table 21** to evaluate the community’s health needs:

Table 21. Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium	High (10)
1. Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected and/or risk for epidemic	Moderate numbers/ % of people affected and/or risk for epidemic	High numbers/ % of people affected and/or risk for epidemic
2. Variance against benchmark or goals	This would include variance with selected benchmarks, state standards or state data, Healthy People 2010 goals and/or other prevention agenda standard or state data	Local / regional rates meet or exceed the goal or standard	Local/ regional rates are somewhat worse than the goal or standard	Local/ regional rates are significantly worse than the goal or standard
3. Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes or other conditions

We used the Dotmocracy Method, an established facilitation method for collecting and recognizing levels of agreement among groups of people, to help rank and prioritize the community’s most urgent health needs. This tool makes group decision making an easier and faster process, especially for big groups. The participants completed the prioritization exercise to rate/rank the issues based on the various criteria during the September 29, 2015, session. A summary of all prioritized data is included for reference (see **Table 21**).

Table 22. Prioritization Data

PRIORITIZATION DATA								
Category	WEIGHT	Card Rank (49 Total)	Priority	Low 1 15%	Medium 2 15%	High 3 15%	Calculated Score	Rank
Obesity/Weight Loss	78%	38	Magnitude	0	0	38	76.75	1
			Variance	0	1	37		
			Impact	0	6	32		
				0	7	107		
Mental Health	73%	36	Magnitude	0	7	31	68.70	2
			Variance	0	8	30		
			Impact	0	1	37		
				0	16	98		
Diabetes	33%	16	Magnitude	0	1	37	59.65	3
			Variance	0	2	36		
			Impact	0	0	38		
				0	3	111		
Healthy Lifestyle (Diet and Exercise)	33%	16	Magnitude	0	5	35	59.50	4
			Variance	0	4	34		
			Impact	0	1	37		
				0	10	106		
Substance Abuse	41%	20	Magnitude	0	23	15	54.65	5
			Variance	0	21	17		
			Impact	0	7	31		
				0	51	63		
Heart Disease and Hypertension	0%	0	Magnitude	0	18	21	45.45	6
			Variance	0	21	18		
			Impact	0	9	30		
				0	48	69		
Healthcare Costs	8%	4	Magnitude	0	30	8	38.95	7
			Variance	15	23	0		
			Impact	0	14	24		
				15	67	32		
Cancer	0%	0	Magnitude	1	34	4	38.40	8
			Variance	2	34	3		
			Impact	0	21	18		
				3	89	25		
Teen Pregnancy	4%	2	Magnitude	8	27	3	37.55	9
			Variance	1	28	9		
			Impact	5	16	17		
				14	71	29		
Senior/Elderly Care	8%	4	Magnitude	0	29	9	37.30	10
			Variance	16	19	3		
			Impact	0	28	10		
				16	76	22		
Transportation	4%	2	Magnitude	7	23	8	36.20	11
			Variance	7	30	1		
			Impact	5	17	16		
				19	70	25		
Dental Care Costs	8%	4	Magnitude	11	19	8	35.50	12
			Variance	10	26	2		
			Impact	4	25	9		
				25	70	19		

PRIORITIZATION DATA								
Category	WEIGHT	Card Rank (49 Total)	Priority	Low 1 15%	Medium 2 15%	High 3 15%	Calculated Score	Rank
Speciality Physicians	0%	0	Magnitude	11	26	2	30.45	13

PRIORITIZATION DATA								
Category	WEIGHT	Card Rank (49 Total)	Priority	Low 1 15%	Medium 2 15%	High 3 15%	Calculated Score	Rank
Speciality Physicians	0%	0	Magnitude	11	26	2	30.45	13
			Variance	21	18	0		
			Impact	8	24	7		
				40	68	9		
Other	2%	1 143	poverty			1	1.35	
						1		
						1		
						3		
Nutrition/Healthy Eating Combined with Healthy Lifestyle	10%	5	Magnitude	0	2	38	X	X
			Variance	0	15	25		
			Impact	0	0	40		
				0	17	103		

The top health priorities identified for Washington County were ranked as:

1. Obesity and physical inactivity
2. Mental health
3. Diabetes
4. Healthy lifestyles (diet and exercise)
5. Substance abuse
6. Heart disease and hypertension
7. Health care affordability
8. Cancer
9. Teen pregnancy
10. Senior care
11. Transportation
12. Dental care costs
13. Availability of specialists
14. Other (poverty)

The top health initiatives for Meritus Medical Center will include:

- Reducing obesity and increasing physical activity.
- Improving mental health education, access to care and reducing ED visits.
- Improving the management of diabetes illness with better access to care and education.
- Promoting healthy lifestyles and wellness through balanced diet and exercise.
- Improving timely access to substance abuse treatment and reducing overdose deaths.
- Reducing heart disease and managing hypertension.

The top health initiatives for Brook Lane Health Services will include:

- Improving mental health education and access to care.
- Early intervention and provision of mental health services in the public school system.
- Increasing community awareness and understanding of mental health issues and decreasing stigma.

The top health initiatives for the Washington County Health Improvement Coalition will include:

- Reducing diabetes mortality through prevention, community education, support programs and improved access to care.
- Decreasing behavioral health Emergency Department visits through better care coordination and community education.
- Decreasing heart disease and hypertension by addressing lifestyle behaviors such as physical inactivity and smoking cessation.
- Improving timely access to substance abuse treatment and reducing overdose deaths.

PLANNING AND IMPLEMENTATION STRATEGIES

The Community Health Needs Assessment provides a framework for community action, engagement, and accountability in addressing the health needs of our county's citizens. Its significance as a resource to community organizations is paramount as it prioritizes our health needs and initiatives. The steering committee developed a draft implementation plan of action based on the identified health needs, community strengths, resources and new initiatives. The plan was reviewed by the Washington County Health Improvement Coalition (WCHIC) as the identified community body responsible for the coordination of resources to address the identified needs and to measure outcomes. An inventory of strengths and resources is being developed as offered by each of the member organizations of the WCHIC (**see Appendix O**).

Health Needs Priorities

Obesity is a major health concern and rates are equal to or above the state average. Many community organizations are working together in Washington County to promote **healthier eating and prevent obesity**. Access to healthy foods through strategically placed farmer's markets (that accept food stamps); promoting healthy food and beverage choices in vending machines, the school backpack program and the hospital cafeteria; building more green space and community gardens; developing and executing a comprehensive county plan to implement walking and biking trails; and expanding sports activities are all strategies being used to slow the increase in the obesity rate. An additional 2016 strategy that is being focused on is **improving diet and increasing exercise in children** in order to decrease obesity and its impact on the development of type 2 diabetes.

The Coordinated Approach to Child Health (CATCH) is an evidenced-based program that focuses on educating children to **make healthy choices** in the prevention of childhood obesity. A research study of CATCH in El Paso, Texas, showed a significant 11% difference between treatment and control children in **preventing the onset of overweight and obesity**.²⁹ In Travis County, Texas, implementation of CATCH led to a significant 9% difference in 4th grade overweight and obesity.³⁰ The program consists of lessons regarding healthy foods and physical activity that are led by a teacher in preschools, private and afterschool programs throughout the county. The Community Outreach Coordinator acts as the resource for support and training to organizations that are interested in implementing it..

Meritus Community Health Education, H.E.A.L., the Washington County Health Department, and the Washington County Public Schools are working collaboratively to **promote the Healthy**

²⁹ <http://catchinfo.org/>

³⁰ Ibid

Schools initiative within the public school system. This takes a large commitment by school administrators, staff, wellness committees, boards, parents and other community key stakeholders working in unison to champion healthy eating and physical activity throughout the school day. Promoting the fact that **better physical fitness and nutrition is correlated with better academic achievement** is a key message shared with school administrators during these wellness discussions with school personnel. Currently forty-four schools have expressed interest in this initiative. If successful, systems to **improve diet, increase exercise and decrease obesity** will be in place for our children from preschool age through high school. The program will help to establish healthy lifestyle behaviors at an early age. These programs have a demonstrated track record in **helping prevent childhood obesity** and extend the impact of **shaping healthy behavior to school personnel and parents**.

A significant community initiative to **promote physical activity and decrease obesity, cardiac disease and prevent or better manage diabetes** which includes a major workplace wellness initiative that has been launched by Healthy Washington County, a collaboration with the Herald-Mail, HEAL, Meritus Health, Washington County Public Schools and the Washington County / Hagerstown Chamber of Commerce. The goal of Healthy Washington County is to educate as many adults in the region as possible about the importance of **understanding your own personal health numbers** and what they mean for your **overall health status**. **Workplace wellness initiatives** encourage making incremental **healthy lifestyle changes** and behaviors promoted in the workplace. Sponsored events are offered, designed to promote physical activity at all levels from beginners to experienced athletes. Events include community cycle activities, walking, dancing, runs and transforming the workplace to promote healthier environments. In some workplaces, special discounts and offers to **promote sustained physical activity** will be made available such as discounted gym memberships, pedometers.

Health screening events are being planned and promoted to include blood pressure and Body Mass Index screenings, and the opportunity to interact with a health professional to obtain educational information and have questions answered confidentially, in-person. Bringing events to where people live is determined to be a key for outreach, especially among communities which demonstrate the presence of health disparities. To **increase access** to these events, plans will include **holding events in local neighborhoods** and work sites. Many of the **workplace initiatives** will also accommodate shift workers.

To **promote mental health awareness and help decrease stigma**, lunch and learns are facilitated by Behavioral Health Specialists on a monthly basis addressing various topics. Yoga, meditation classes, and other **stress reduction programs** are being planned and made available. Future Mental Health First Aid training and depression screenings in the community are being planned with Brook Lane Health Services. A strategy to **increase clinical integration of**

behavioral health professionals within primary care practices is being piloted. Community Health Education is also involved in supporting a grant initiative to promote mental health access and awareness throughout the tri-county region.

The Washington County Overdose Task Force is planning proactive measures to **reduce the number of drug overdose fatalities**. The training and resources including harm-reduction measures will be provided at local points of entry in the community including Meritus Medical Center Emergency Department and medical staff. An additional community task force is proposed to inventory the **current levels and types of substance abuse treatment providers and programs**. The group will **identify the service gaps** believed to be access to detoxification, ambulatory detoxification, buprenorphine maintenance and access to longer term treatment and rehabilitation. Also, educational activities are being planned to **improve provider understanding of opioid dependence, pain management and harm prevention measures** including Naloxone prescriptions for emergency administration.

Currently, the Meritus Health System offers three levels of classes for the community and their employees that address **diabetes self-management**. The Endocrinology Center offers clinically-oriented classes taught by certified diabetes educators for newly diagnosed diabetics. Through a partnership with Commission on Aging, the evidenced-based self-management class developed at Stanford University entitled **Living Well with Diabetes** is being planned and offered throughout the community. This six week course is for non-compliant diabetics or those with type II diabetes. The third course is The **Diabetes Prevention Program** and is an evidence-based year-long program developed by the CDC for those identified as having prediabetes. A system has been put into place for physicians, health coaches and wellness health educators to work together to support employees who have been diagnosed through this year's health risk assessment as being pre-diabetic. The Diabetes Prevention Program, offered in partnership with the Washington County Health Department, targets those persons who are "pre-diabetic" or are at risk. The program's purpose is to **prevent the development of Type II diabetes** by **making behavioral change** by focusing on proper **weight management and daily exercise**.

Unmet Priorities

At the conclusion of the CHNA data assessment it was recognized that many more needs were identified and exist than can be successfully met by the hospitals alone due to limited, finite resources. Some of the health needs not made a priority for the health systems to directly address at this time include access to affordable health care, cancer treatment, access to dental care, teen pregnancy, and senior care. Because these needs were not ranked among the "highest priorities" does not mean that resources will not be allocated and directed to meeting needs. Our community providers are using the results of the CHNA to help target these unmet

needs based on strengths, expertise and resources of individual organizations, and where interests are shared, new collaborative relationships between organizations will be formed.

The local WCHIC is using the CHNA to **address access to affordable healthcare issues** and a **lack of health insurance** by providing locations for the MD Health Exchange Navigators to reach uninsured persons. Both Brook Lane Health Services and Meritus Medical Center have a **financial assistance policy** for persons deemed unable to afford the cost of care. The county is fortunate to have two Federally Qualified Health Centers located in Hancock and Hagerstown, MD, both of which are committed to **providing quality healthcare services on a sliding-scale basis**. The Community Free Clinic located in Hagerstown provides **quality, comprehensive outpatient health care services, free of cost**, to all Washington County residents who are **uninsured**.

Cancer continues to be a leading cause of death for Washington County residents. Meritus Medical Center has made a **significant investment in the expansion of cancer services** over the past two years and continues a strategic plan to further develop services. New programs include:

- Establishing the Center for Breast Health; adding 3 surgeons and 1 nurse practitioner, an RN clinical breast navigator to support patients from biopsy through surgery. The program received National Accreditation Program for Breast Centers (NAPBC) in the Fall of 2015,
- Developed lung CT low dose screening program with a lung navigator to identify lung cancer at an earlier stage,
- Provides lung nodule surveillance for non-cancer patients,
- Developed a High Risk Assessment Program and Genetic testing program for patients at risk,
- Added nutritional consultation for moderate and high risk assessed cancer patients.

To **help reduce teen pregnancy** The Community Free Clinic provides “services for Today’s Teens”, a program operated by the Clinic for Washington County teens ages 13-19. Teens may present to the Clinic without appointment to **receive strictly free and confidential services** including **contraception, STI testing, HIV testing, pregnancy testing, counseling, educational information and appropriate referrals** to other community resources. The program offers honest conversation around lifestyles, behavioral concerns and seeks to answer questions. Substance abuse, assault, violence and general safety are also addressed at each visit.

Hagerstown Family Healthcare FQHC (formerly Walnut Street Clinic) has expanded access to **dental care** to persons in Washington County since relocating to a new facility on Cleveland

Avenue. The Family Healthcare Dental Practice provides comprehensive dental care to children and adults. They provide a pediatric dentist who specializes in the dental needs of children of all ages, as well as special needs patients. The Healthy Smiles in Motion mobile dental program provides dental care to students of Washington County Public Schools on-site at their home schools. Findings from the FY2016 CHNA will be used to support grant procurement for future dental care funding.

Other identified CHNA health needs are being addressed by the Strategic Community Impact Council (SCIP), a collaboration of diverse community providers, leaders and volunteers who are targeting needs through eleven different work committees: Education, Arts, Culture and Tourism, Jobs and Economic Development, Health and Well-Being, Family Safety, Older Adults, Transportation, Public Safety, Disability, Self Sufficiency and Civic Engagement.

Meritus Medical Center has established an internal Community Health Team that routinely meets to **assess how the organization is making progress on the goals and meeting CHNA needs**. The Action Plan includes collaborative efforts between Meritus Medical Center and the local Washington County Health Improvement Coalition to guide county wide community health initiatives to meet needs and improve the overall health of people living in the region. The plan is being reviewed periodically to measure progress towards goal achievement and modify action steps as needed. As resources become available and can be allocated, the action plan will incorporate additional needs and goals.

Measurement

Healthy Washington County and the local Washington County Health Improvement Coalition will work collaboratively with our community partners to efficiently direct resources to help meet the identified community health needs. As the community goals and objectives have been established, the WCHIC will be the conduit to monitor and measure progress on a quarterly basis. The CHNA FY2016 Action Plan serves as the starting point of a community dashboard that will help demonstrate achievements and outcomes. As new needs or barriers are encountered, the leadership of the WCHIC will work to make needs known and identify possible solutions. An annual summary will be completed and publicized as a means of promoting transparency and accountability.

Board Approval of Action Plan

Between January and March, 2016, the WCHIC made improvements to the draft action plan including the addition of benchmarks and current performance data. On March 1, 2016 the WCHIC adopted the draft action plan with a formal recommendation to the respective health system board of directors for their approval (see **Appendix P** 2016 CHNA Action Plan - DRAFT).

Based on the findings of the CHNA, the Washington County Health Improvement Coalition submitted a recommended implementation strategy in the form of an action plan that addresses the prioritized community health needs. The CHNA Action Plan was adopted by the Brook Lane Health System Board of Directors on March 16, 2016 and the Meritus Health Board of Directors on May 26, 2016. A copy of the health systems' Board approved CHNA FY2016 Action Plan is attached (see **Appendix Q** 2016 CHNA Action Plan – FINAL).

Following the approval of the Action Plan, the FY2016 CHNA report was published and made widely available to the public as posted on the following websites: www.brooklane.org, www.healthywashingtoncounty.com, www.meritushealth.com and www.dhmf.maryland.gov/washhealth .

The CHNA process has been included in Brook Lane Health Services and Meritus Medical Center's strategic planning processes. As we reach the FY2019 planning period, a comprehensive review of the progress that has been made towards meeting these prioritized health needs will be taken into account as we prepare to conduct the next community health needs assessment.

REFERENCES

Appendices

- A. FY2016 Community Health Needs Assessment Executive Steering Committee Members
- B. 2015 Washington County Health Improvement Coalition Members
- C. 2015 MD SHIP Measures Washington County
- D. FY2016 CHNA Survey – English
- E. FY2016 CHNA Survey – Spanish
- F. Washington County Community Health Assets and Resources
- G. 2015 Community Health Rankings Maryland RWJ
- H. Survey Talking Points
- I. FY2016 CHNA Survey Results and Comments
- J. MD Health Exchange Enrollment Report Feb 2015
- K. National Survey Drug Use and Health 2014
- L. Meritus Ambulatory Sensitive Conditions
- M. Social Determinants
- N. Focus Group Summary
- O. Community Partners Inventory
- P. FY2016 CHNA Action Plan – DRAFT
- Q. FY2016 CHNA Action Plan - FINAL

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