



MedStar Health

MedStar Franklin Square Medical Center • MedStar Georgetown University Hospital
MedStar Good Samaritan Hospital • MedStar Harbor Hospital
MedStar Montgomery Medical Center • MedStar National Rehabilitation Network
MedStar St. Mary's Hospital • MedStar Union Memorial Hospital
MedStar Washington Hospital Center

Community Health Assessment 2012

MedStar St. Mary's Hospital

Full Report

Knowledge and Compassion
Focused on You

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Executive Summary

MedStar Health conducted its first Community Health Assessments (CHA) as a system for each of the nine MedStar hospitals in fiscal year 2012 (July 1, 2011-June 30, 2012). This new systemwide effort was borne out of the need to create a more organized, formal and systematic approach to meeting the needs of underserved communities. This opportunity is especially relevant in light of growing momentum and increased scrutiny around how hospitals are making a measurable contribution to the health of the communities they serve. MedStar Health's CHAs comply with the new Internal Revenue Service (IRS) mandate requiring not-for-profit hospitals to conduct community health needs assessments once every three years.

MedStar Health's approach to the CHA is based on guidelines established by the IRS. The approach also incorporates best practice standards that have been published by nationally recognized leaders in the field, such as the Catholic Health Association,¹ the Association for Community Health Improvement² and the American Public Health Association.³ The CHA allows hospitals to better understand the health needs of vulnerable or underserved populations; and subsequently, develop a plan that will guide future community benefit programming. MedStar Health hospitals will advance their work in the community by deploying community benefit resources to support a documented plan with measurable objectives.

The involvement of local residents, community partners, and stakeholders was a cornerstone of the CHA. Each hospital's assessment was led by an Advisory Task Force (ATF), which was comprised of a diverse group of individuals, including grassroots activists, community residents, faith-based leaders, hospital representatives, public health leaders and other stakeholder organizations, such as representatives from local health departments. ATF members reviewed quantitative and qualitative data and provided recommendations for the hospital's health priorities, specifically as they relate to the needs of underserved and low-income communities.

The findings from extensive data analyses were corroborated by stakeholder and community input. Heart disease was consistently identified as a priority for all of MedStar's acute hospitals. Diabetes and obesity were also high priorities for most hospitals. In addition to heart disease, diabetes and obesity, two of the acute hospitals identified unique priorities based on their needs assessment, coupled with existing goals or efforts with community partners. MedStar St. Mary's Hospital selected substance abuse to align with existing county priorities. MedStar Franklin Square Medical Center identified substance abuse and asthma due to its existing partnership with the Southeastern Network Collaborative and Baltimore County Public Schools. MedStar National Rehabilitation Hospital, MedStar's only free-standing specialty hospital, identified prevention of subsequent stroke among persons who speak Spanish as a primary language as an underserved population in the rehab community.

Each hospital identified a Community Benefit Service Area (CBSA) – a specific community or target population of focus, a very important aspect of the needs assessment. The impact of the hospitals' work in the CBSA will be tracked over time. Implementation strategies were developed and will serve as a roadmap for how the hospital will use its resources and collaborate with strategic partners to address the priorities.

Implementation strategies were endorsed by the hospital's Board of Directors and the Strategic Planning Committee of the MedStar Health Board of Directors. The MedStar Health Board of Directors approved each hospital's implementation strategy on June 20, 2012.

IRS Requirements for Tax Exempt Status:
Community Health Assessments

In 2006, the Internal Revenue Service (IRS) initiated a study that examined the community benefit reporting methodologies of more than 500 not-for-profit hospitals. There were three key findings: 1) there were discrepancies in how hospitals were defining and reporting community benefit; 2) there was no standardized approach in determining how to use community benefit resources to best meet the needs of the community; and 3) some hospitals' community benefit contributions were not commensurate with their tax exempt status.⁴ These findings have informed a national argument for developing more consistent community benefit reporting expectations for all not-for-profit hospitals.

On March 23, 2010, Congress approved the Patient Protection and Affordable Care Act (PPACA). The Act included a Community Health Assessment (CHA) mandate for not-for-profit hospitals. According to the mandate, the CHA must be conducted once every three years and it must include input from persons who represent the broad interests of the community, as well as those with public health expertise. Furthermore, an implementation strategy must be developed by the hospital and approved by its Board of Directors. The implementation strategy must be publicly available within the same tax year the CHA is conducted.⁵

Systemwide Approach to the Community Health Assessment

MedStar Health hospitals conducted their CHAs in accordance with a framework established by the Corporate Community Health Department (CCHD). The CCHD provided project oversight and technical assistance to the hospital throughout the CHA process. The scope of the assessment included: determining key stakeholder roles and responsibilities; establishing data collection and data analyses methodologies; determining a Community Benefit Service Area (CBSA) and developing health priorities, implementation strategies and outcome measures.

Roles and Responsibilities

- *Corporate Community Health Department* - Establish a CHA methodology for all hospitals; identify strategic partners; provide expertise and technical support as needed; ensure that processes, deliverables and deadlines comply with the IRS mandate.
- *Executive Sponsor* – Serve as liaison to the senior leadership team; ensure the hospital's selected priorities are aligned with the strengths of the organization.
- *Hospital Lead* – Serve as internal resource on existing community health programs and services; facilitate and document all activities associated with the assessment.
- *Advisory Task Force* – Review quantitative data; design data collection tool and review findings; recommend the hospital's Community Benefit Service Area and community benefit health priorities. *Task force members included grassroots activists, community residents, faith-based leaders, hospital representatives, public health leaders and other stakeholder organizations, such as representatives from local health departments.*
- *Hospital Boards* – Review and endorse the hospital's Community Benefit Service Area health priorities and implementation strategy.
- *Strategic Planning Committee of the MedStar Health Board* - Review and endorse each hospital's Community Benefit Service Area, health priorities and implementation strategy.
- *MedStar Health Board of Directors*– Approve each hospital's implementation strategy.

Data Collection and Review

Advisory Task Force members analyzed quantitative and qualitative data to identify and confirm health priorities. In an effort to promote consistency in data collection and analysis among all hospitals, MedStar Health partnered with the Healthy Communities Institute (HCI)⁶ and Holleran Consulting.⁷

Quantitative Data

The HCI provided a dynamic web-based platform that included over 130 Community Health indicators pulled from over 40 reputable sources. The platform allowed Advisory Task Force members to identify the most pressing health priorities in their service areas. Members were also able to identify health disparities based on varying health conditions.

HCI data were available by county or city and some measures were available by census tract. If more localized data were available, the CCHD facilitated efforts to ensure they were accessible to Advisory Task Force members. *Baseline data for indicators that were not available, but deemed important by some hospitals, will be determined as a FY13 implementation action step.*

Qualitative Data

MedStar Health engaged Holleran, a public health consulting firm, to help each Advisory Task Force: 1) develop a community input tool; 2) conduct face-to-face community input sessions; 3) analyze findings and undergo a prioritization process; and 4) develop an approach to an implementation strategy.

Each ATF developed a community input survey that was disseminated to the residents and stakeholders of its CBSA. The tool included approximately 30 questions that allowed respondents to rate their perception of the level of importance around issues related to wellness and prevention, access to care and quality of life. Open-ended questions allowed them to offer suggestions on the hospital's role in addressing some of the community's most severe health issues. The majority of respondents completed the survey online. Hard copies were also available and respondents had the option to complete the survey over the phone. The survey was available in Spanish for hospitals that targeted Spanish speaking populations.

Over 900 surveys were completed systemwide. In an effort to capture a snapshot of the respondent population, demographic variables were collected for each respondent and aggregated in the hospital's final report. Variables included race, highest level of education, household annual income and health insurance status.

Face-to-face input sessions were open to residents and stakeholders of the targeted communities. Each hospital's session lasted 90 minutes. During the session, participants were asked the same questions that were included in the community input survey. However, respondents contributed their input through keypad technology, which allowed for more efficient prioritization of health concerns. The session concluded with breakout sessions that allowed participants to engage in guided conversations related to critical issues that impact the health of their community. The dialogue allowed facilitators to identify important trends and issues that would inform the hospital's approach to its implementation strategy.

In addition to face-to-face input sessions for the community at-large, another community input session was held with public health leaders in two jurisdictions where MedStar Health has more than one hospital – Baltimore City and the District of Columbia. There were 23 participants in the session held in the District of Columbia and 7 participants in the Baltimore City session. Participants included representatives from the Department of Health, federally qualified health centers, community clinics, the United Way, the Catholic Health Association, schools of public health and healthcare coalitions.

Local, State and National Health Goals

In addition to reviewing primary and secondary data, Advisory Task Force members reviewed city, state and national health goals. For example, Maryland hospital task force members reviewed the priorities outlined in Maryland's State Health Improvement Process;⁸ Baltimore City task force members reviewed Healthy Baltimore 2015;⁹ and all task force members reviewed Healthy People 2020¹⁰ targets. Awareness of these targets helped task force members understand the context of national, state and local jurisdiction health goals as they prioritized health issues.

As part of the assessment, all MedStar hospitals collaborated with or received input from their local health departments. For example, Baltimore City hospital presidents had a series of meetings with the Baltimore City Health Commissioner to explore opportunities to align the city's lead health priority, heart disease, with hospital activities.

Summary of Systemwide Key Findings

Although Community Health Needs Assessments were specific to each hospital, all hospitals identified heart disease as a key health priority. All MedStar hospitals in Baltimore City and MedStar Georgetown University Hospital and MedStar Washington Hospital Center in the District of Columbia identified diabetes as a priority. Priorities were selected by quantitative data analyses and corroborated by stakeholder and community input.

Key Finding: A high prevalence of heart disease with noteworthy gender and racial disparities in some jurisdictions.

Washington Hospitals

- *District of Columbia:* The age adjusted death rate due to coronary heart disease is 184.1 per 100,000. Compared to all US counties, this figure falls within the range of the worst quartile. The rate is also significantly higher than the Healthy People 2020 target (100.8/100,000).¹¹ The age adjusted death due to coronary heart disease is significantly higher in Blacks/African Americans (228.1/100,000) compared to Whites (116.0/100,000).¹¹ It is also significantly higher in men (247.2/100,000) than women (140.3/100,000).¹¹
- *St. Mary's County:* The age adjusted death rate due to heart disease is 234.4 per 100,000.¹² Compared to all Maryland counties, this figure falls within the range of the worst quartile.¹²
- *Montgomery County:* 38.7% of Montgomery County residents age 18 and older have high cholesterol. This percentage is higher than the state average and ranks within the 25th to 50th percentile of all Maryland counties. It also exceeds the Healthy People 2020 target (13.5%).¹³

Baltimore City Hospitals

- *Baltimore City:* The age adjusted death rate due to heart disease is 262.9/100,000.¹² Compared to all Maryland counties, this figure falls within the worst quartile.¹² The death rate is significantly higher in men (339.1/100,000) than women (209.9/100,000).¹²
- *Baltimore County:* 33.8% of Baltimore County residents age 18 and older have hypertension.¹³ This percentage is higher than the state average and ranks among the worst quartile of all Maryland counties. It also exceeds the Healthy People 2020 target (26.9%).¹³ The prevalence of hypertension is also higher in Blacks/African American (48%) than Whites (31.7%).¹³
- *Anne Arundel County:* The age adjusted death rate due to heart disease is 196.8 per 100,000. Compared to all Maryland counties, this figure falls within the range of the worst quartile.

Key Finding: A high prevalence of diabetes with noteworthy racial disparities in the District of Columbia and Baltimore City.

District of Columbia

10.9% of District of Columbia residents age 18 and older have been diagnosed with diabetes.¹⁴ Compared to all US states, this percentage is within the worst quartile.¹⁴ The prevalence of diabetes is significantly higher in Blacks/African Americans (17.5%) than Whites (3.6%).¹⁴

Baltimore City

12.9% of Baltimore City residents age 18 and over have diabetes¹³ and the age adjusted death rate due to diabetes in Baltimore City is 31.9/100,000.¹² Compared to all Maryland counties, these figures rank among the worst quartile.¹³ The prevalence of adults with diabetes is higher in Blacks/African Americans (15%) than Whites (9.6%) and the age adjusted death rate in Blacks/African Americans is higher (39.0/100,000) than whites (21.7/100,000).

Heart Disease Statistics

Measure	District of Columbia	St. Mary's County	Montgomery County	Baltimore City	Baltimore County	Anne Arundel County	Healthy People 2020
Age adjusted death rate due to heart disease (per 100,000)	184.1	234.4	131.0	262.9	196.6	198.8	N/A
% of adults with high blood pressure	26.1	24.0	24.5	36.7*	33.8*	28.5*	26.9
% of adults with high cholesterol	34.6*	33.4*	38.7*	36.1*	36.2*	34.9*	13.5

**percentage exceeds Healthy People 2020 goal*

Key findings from surveys and community input sessions

Over 900 surveys were completed throughout region and nine community input sessions were conducted. The following opportunities were consistently identified across the system:

Wellness and Prevention: Respondents expressed an ongoing need for programs and services that address heart disease, overweight/obesity, diabetes and cancer. Efforts to increase awareness of existing wellness and prevention services were also suggested.

Access to Care: Respondents recommended that providers bring health services directly into the communities that need them most. Increasing the accessibility of specialty care providers for the underinsured and uninsured and enhancing access to convenient and affordable transportation for medical visits were also high priorities.

Quality of Life: Respondents suggested comprehensive efforts to improve the quality and safety of neighborhoods to promote physical activity and healthy living. Increasing access to affordable healthy foods was also identified as a need.

Community Benefit Service Areas and Priorities

Community Benefit Service Areas

Each hospital's Advisory Task Force identified a Community Benefit Service Area (CBSA) – which is defined as a geography or target population that will serve as the hospital's priority for future community benefit programming. CBSAs were determined based on the following key considerations: 1) a high density of residents who are low-income or underserved; 2) the CBSA's proximity to the hospital; and 3) an existing presence of effective programs and partnerships.

The CBSA will benefit from an increased or expanded presence of community health services sponsored by the hospital and supported by its partners. Potential best practices will be piloted in the CBSA and existing evidence-based programs will be replicated in other CBSAs throughout the system. Services in the CBSA will include formal and more extensive data collection and tracking of outcomes to demonstrate a change in knowledge, skill, behavior or health status of persons impacted. Demographic variables, such as race/ethnicity, language, culture and insurance status will also be collected. Findings will support efforts to continuously improve services to ensure cultural and linguistic relevance. These efforts will contribute to local and national health disparity goals.

Common Priorities

The terminology used to depict each priority was determined by the hospital's Advisory Task Force and based on what was preferred and resonated most with the community. For example, community members preferred the term "heart disease" over "cardiovascular disease" and some hospitals selected heart disease as a priority, while others selected a risk factor for heart disease as a priority. MedStar Georgetown University Hospital will focus on the reduction of hypertension in its service area and MedStar St. Mary's Hospital will implement activities aimed to reduce the percentage of obese or overweight residents in its service area. The majority of acute hospitals identified diabetes as a priority. While the terminology may be unique, many of the educational and preventive activities for heart disease, diabetes, obesity and hypertension are interrelated.

Unique Priorities

Quantitative and qualitative findings, coupled with pre-existing partnerships allowed some hospitals to identify unique priorities. MedStar St. Mary's Hospital selected substance abuse based on quantitative data and alignment with a pre-determined county priority. MedStar Franklin Square Medical Center selected substance abuse and asthma due to a pre-existing partnership with the Southeastern Network Collaborative and Baltimore County Public Schools, respectively. MedStar National Rehabilitation Hospital identified prevention of recurrent stroke among persons who speak Spanish as a primary language as a unique and underserved population in the rehab community.

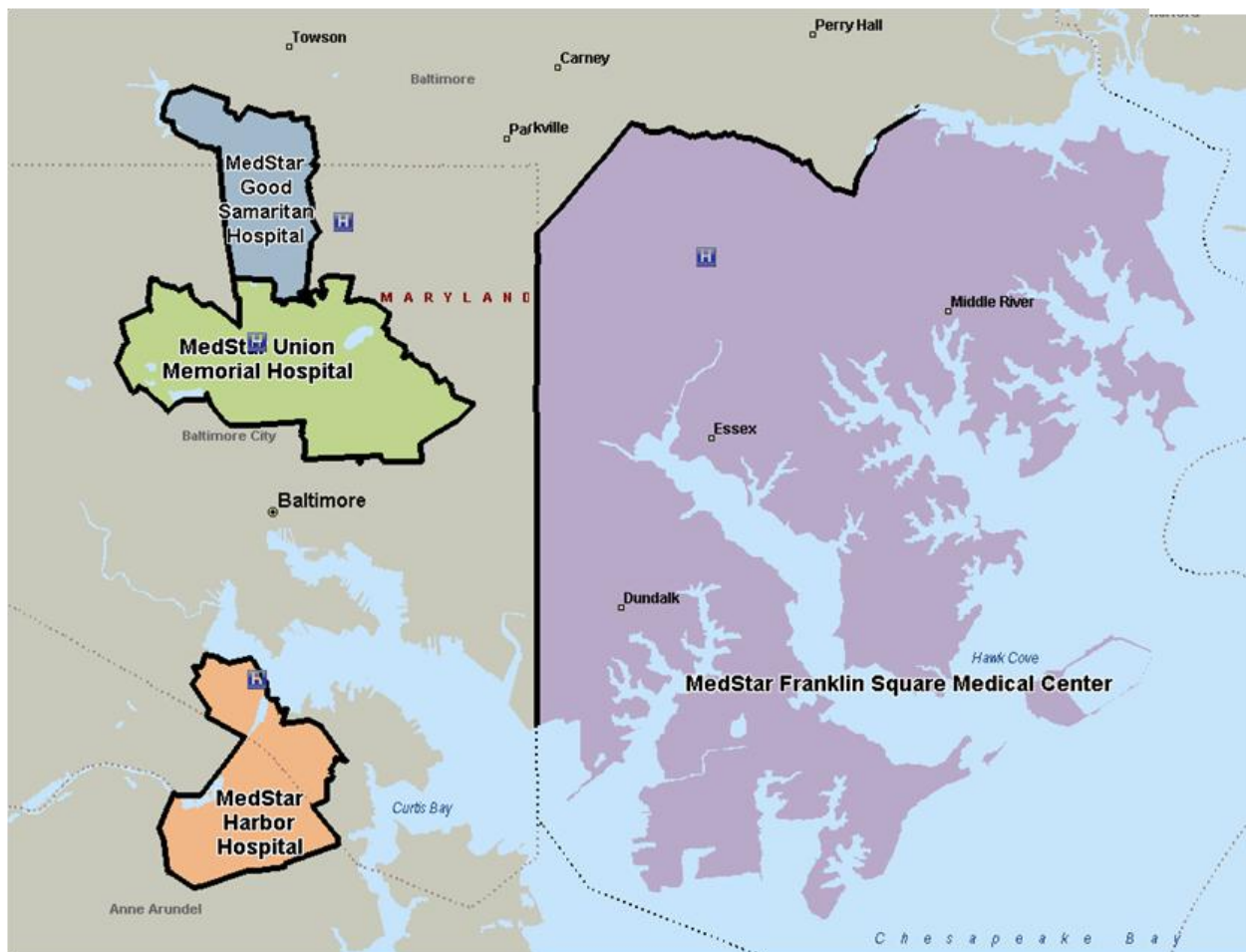
Services Provided Outside of the CBSA

MedStar hospitals have a history of contributing to the health of the region by providing services outside of their CBSAs. These programs and services address health awareness, education, early detection and prevention of disease. Hospitals will continue to maintain a presence in these areas; however, the CBSA will serve as the population of focus. Activities within the CBSA will be evaluated or refocused for more rigorous outcomes tracking. Promising practices will be piloted and evidence-based programs will be replicated in the CBSA.

Overview of Individual Hospital Community Benefit Service Areas and Health Priorities

Baltimore Hospitals

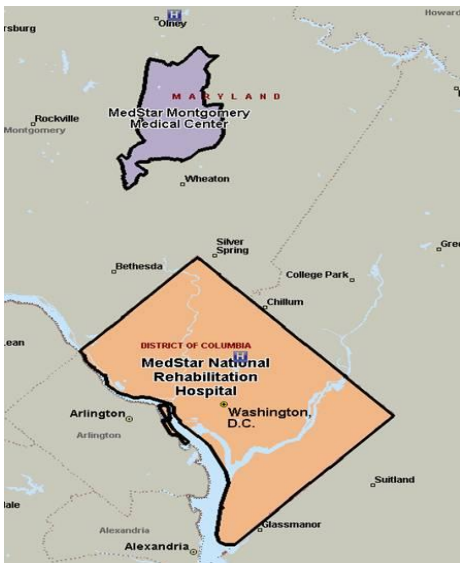
	MedStar Franklin Square Medical Center	MedStar Good Samaritan Hospital	MedStar Harbor Hospital	MedStar Union Memorial Hospital
Heart Disease	X	X	X	X
Diabetes		X	X	X
Substance Abuse	X			
Asthma	X			
Community Benefit Service Area	Southeast Baltimore County	Greater Govans	Cherry Hill / Brooklyn Park	North Central Baltimore City



Washington Hospitals

	MedStar Georgetown University Hospital	MedStar Montgomery Medical Center	MedStar National Rehabilitation Hospital	MedStar St. Mary's Hospital	MedStar Washington Hospital Center
Heart Disease	X	X		X	X
Diabetes	X			X	X
Obesity	X			X	X
Substance Abuse				X	
Stroke			X	X	
Community Benefit Service Area	Ward 6	Aspen Hill / Bel Pre	Spanish speaking stroke survivors and their caregivers	St. Mary's County with emphasis on Lexington Park	Ward 5

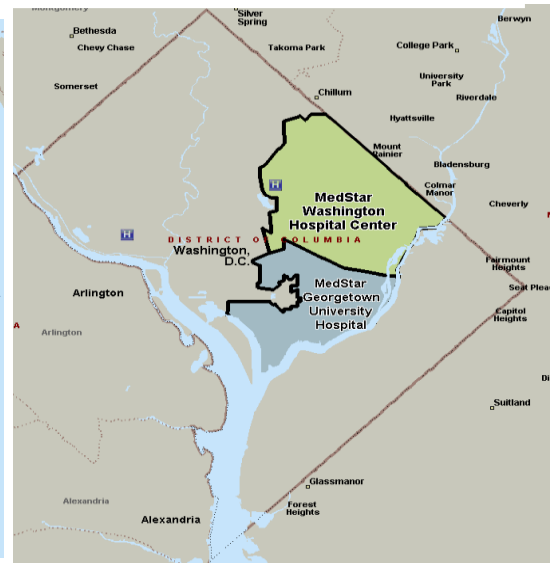
MedStar Montgomery Medical Center
MedStar National Rehabilitation Hospital



MedStar St. Mary's Hospital



MedStar Georgetown University Hospital
MedStar Washington Hospital Center



Implementation Strategy Approach

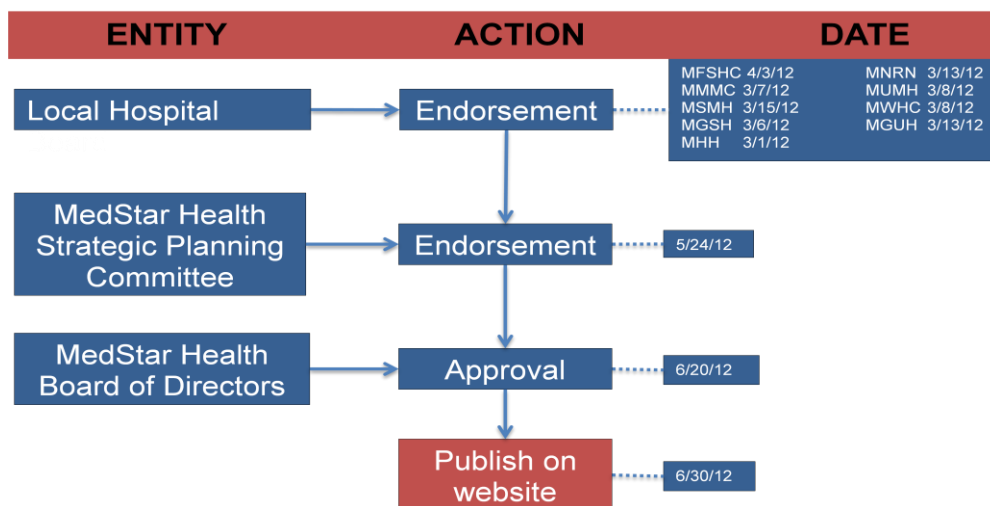
The Implementation Strategy serves as a roadmap for how community benefit resources will address the health priorities and contribute to the health of the communities served. In an effort to improve outcomes and measure progress over time, the activities are few and focused. The programming component of the Implementation Strategy is based on:

- Including specific short- and long-term measurable outcomes.
- Refining or expanding existing programs and services that are aligned with health priorities.
- Sustaining, enhancing or identifying new partners.
- Focusing on the expansion of services directly into communities of need.
- Identifying and testing promising practices for replication throughout the system.
- Developing common programming to support heart disease, the system priority.
- Leveraging expertise throughout the system.
- Sharing and using existing human and operating resources to support priorities.

The activities documented in the Implementation Strategy will undergo extensive evaluation. Process evaluations will support continuous quality improvement efforts to enhance how the activity is delivered and outcome evaluations will assess for a change in knowledge, skill or health status among persons impacted. In an effort to support local and national health disparity goals, mechanisms for more robust demographic data collection will be established. Examples include but are not limited to: race/ethnicity, primary language, culture and religious affiliation.

Each hospital’s Implementation Strategy was written by the Hospital Lead and supported by the Executive Sponsor. The strategy was endorsed by the hospital’s Board of Directors and the MedStar Health Board of Directors’ Strategic Planning Committee, and approved by the MedStar Health Board of Directors.

IMPLEMENTATION STRATEGY ENDORSEMENT AND APPROVAL PROCESS



Institutionalizing Performance

Corporate Community Health Department (CCHD)

The CCHD Department will provide systemwide leadership to optimize the outcomes of the hospital's implementation strategy. The Department will manage the activities of a Community Benefit Workgroup, identify a common platform for tracking and measuring performance, and identify new partners and sustain relationships with existing partners who support a systemwide strategy. The Department will also work with Hospital Leads to support the execution of implementation strategies and convene groups to support the replication of evidence-based programs across the system.

- **Community Benefit Workgroup**
The Community Benefit Workgroup is comprised of Hospital Leads and other internal community health associates. The workgroup convenes quarterly and meetings are designed to promote information exchange, disseminate new guidelines and performance measures, ensure consistency in documentation and data collection, and advance the knowledge, skills and abilities of individual team members.
- **Tracking and Measurement**
The Corporate Community Health Department will identify, develop and implement a common platform for documenting demographics and change in knowledge, skills or health status of persons impacted. The department will provide guidelines and provide technical support to promote consistency across all hospitals.
- **Partnerships**
Heart disease is a systemwide priority for MedStar Health. Activities to prevent heart disease and promote healthy living among persons with heart disease are included in each hospital's implementation strategy. The CCHD Department will lead efforts to cultivate partnerships that will expand the hospitals' capacity to contribute to the reduction of heart disease in vulnerable populations. The CCHD will also explore opportunities to expand MedStar Health's partnership with the Department of Health and Human Services as a member of the Million Hearts Campaign.

Hospital Leadership

Senior leaders who oversee the hospital's community benefit activities will support efforts to identify resources that can be allocated or reorganized to support the priorities and activities documented in the implementation strategy. Hospital leaders will also identify and support opportunities to integrate community benefit activities with the relevant requirements of each hospital's accreditation or certification programs.

Advisory Task Force, Board Leadership and Community Updates

Annual updates on the progress of the implementation strategy will be provided to the hospital's Advisory Task Force, the Board of Directors and the MedStar Health Strategic Planning Committee. Updates will also be available to the community and stakeholders through the MedStar Health corporate website.

Resources

- 1 [http://www.chausa.org/Assessing and Addressing Community Health Needs.aspx](http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx)
- 2 <http://www.communityhlth.org/>
- 3 <http://www.apha.org/>
- 4 <http://www.irs.gov/pub/irs-tege/frepthosproj.pdf>
- 5 <http://housedocs.house.gov/energycommerce/ppacacon.pdf>
- 6 <http://www.healthycommunitiesinstitute.com/>
- 7 <http://www.holleraconsult.com/>
- 8 <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>
- 9 <http://www.baltimorehealth.org/healthybaltimore2015.html>
- 10 <http://www.healthypeople.gov/2020/default.aspx>
- 11 <http://wonder.cdc.gov/ucd-icd10.html>
- 12 <http://www.dhmh.state.md.us/>
- 13 <http://www.marylandbrfss.org/>
- 14 <http://apps.nccd.cdc.gov/brfss/>

*For more information on MedStar Health's Community Health Assessment, please contact the
Corporate Community Health Department
410-772-6693 or Jessica.Roach@medstar.net*

**MedStar St. Mary's Hospital
Community Health Assessment FY2012**

1. Define the hospital's Community Benefit Service Area (CBSA) and identify the hospital's community benefit priorities.

MedStar St. Mary's Hospital's Community Benefit Service Area includes the 105,000 residents of St. Mary's County, Maryland, with a focus on the Lexington Park community (ZIP code 20653). The Lexington Park community was selected due to a high density of low-income residents. Based on quantitative and qualitative findings, obesity, substance abuse (tobacco and alcohol), access to care for the uninsured, and healthcare provider shortages have been identified as the hospital's community benefit priorities.

2. Provide a description of the CBSA.

According to 2010 US census data, St. Mary's County has a population of 105,000 citizens. The population increased by 22% from the 2000 to the 2010 census, making St. Mary's one of the fastest growing jurisdictions in Maryland. St. Mary's is a federally designated rural area. The census designated place (CDP) of greatest concern to public health officials is Lexington Park, which has the greatest number of residents living at or below the federal poverty level (16.7%), with the highest percentage of minorities (32% African American and 7.4% Hispanic) living with health, social and economic inequities. Additionally, according to the 2011 County Health Ranking Report, there are an estimated 12,150 adults (15%) in St. Mary's County who are uninsured and 8.5% of resident's county-wide are living at or below the federal poverty level.

The Health Resources and Services Administration (HRSA) designated the southern portion of the county as a Health Professional Shortage Area (HPSA) and Dental and Mental Health HPSA county-wide. The county averages 1,723 citizens per one physician, more than double the state and national averages (713:1 and 631:1, respectively). As the only hospital in St. Mary's County, MedStar St. Mary's Emergency Department (ED) saw 51,624 patients in 2010 out of a total population of 105,000 residents, which represents a more than 50% increase in utilization since 2000.

Obesity is a severe issue in this jurisdiction, where 72% of adults are either overweight or obese according to the 2010 Maryland Behavioral Risk Factor Surveillance System (BRFSS). The percentage of St. Mary's County adults who report being obese is even higher within the African American population, where 45.6% of adults report a Body Mass Index (BMI) above 30, which is significantly higher than that of Caucasian adults (26%). This health inequity has been recognized by the Maryland Department of Health and Mental Hygiene (DHMH), which identified the obesity prevalence in St. Mary's County as a racial disparity. The epidemic of obesity has spread to our youth, where self-reported data from the Maryland Youth Tobacco Survey show that 16.7% of public school children over 11 years old in St. Mary's were overweight and 10.8% were obese in 2008. Direct measurements from the 2009 Maryland Pediatric Nutrition Surveillance Survey suggest that 35.1% of low-income preschoolers (2-4 years old) in St. Mary's were overweight or obese.

Major co-morbidities of obesity are also prevalent in St. Mary's County, with cancer and stroke mortality placing in the bottom quartile in both categories according to the 2010 Primary Care Needs Assessment (DHMH), which also placed a disparity designation for heart disease mortality. According to the 2009 Maryland BRFSS, 8.7% of the adults in St.

Mary's County have diabetes. Furthermore, DHMH identified diabetes prevalence as a high racial disparity condition in the county. Tobacco use is also a highly concerning issue in the eyes of local public health officials, where the percentage of adult smokers stands at 21%, one of the highest rates of usage in the state. Health inequity was also captured in the county's 2009 Community Health Needs Assessment, where 50% of low-income, minority adults self-reported tobacco use versus 13% for Caucasian adults. Moreover, lung cancer is the second leading cancer diagnosis in St. Mary's County, reflecting the high rates of tobacco use within our rural community (MedStar St. Mary's Hospital 2010 Cancer Report).

Substance abuse has also become a health priority in St. Mary's County, where 19% of adults report binge or excessive drinking in the past 30 days (County Health Ranking Report). Additionally, data from a 2010 Community Needs Assessment found a 50% smoking rate in the low income population living in the Lexington Park area.

3. Identify community health assessment program partners and their expertise or contribution to the process.

Holleran is a public health research and consulting firm with 20 years of experience in conducting community health assessments. The firm provided the following support: 1) assisted in the development of a community health assessment survey tool; 2) facilitated the community health assessment face-to-face group session; and 3) facilitated an implementation planning session.

The **Healthy Communities Institute** provided quantitative data based on 129 community health indicators by county. Using a dashboard methodology, the web-based portal supported the hospital's prioritization process.

4. State who was involved in the decision-making process.

The Advisory Task Force reviewed local secondary data, coupled with state and federal community health goals. Task Force members also reviewed the hospital's operating plan, the outcomes of prior community health assessments, as well as current community benefit programs and services. In partnership with Holleran, the team developed and helped disseminate a community health assessment tool around three key areas: 1) wellness and prevention; 2) access to care; and 3) quality of life.

In addition to quantitative and qualitative findings, the Task Force considered the hospital's capabilities as well as local, regional and state health goals. Based on findings, the Task Force made a recommendation on the priorities. The priorities were approved by the hospital's president, endorsed by the hospital board of directors, endorsed by the MedStar Health Board of Directors' Strategic Planning Committee and approved by the MedStar Health Board of Directors.

Advisory Task Force Membership

Name	Title/Hospital Affiliation	Organization
Joan Gelrud	Vice President	MedStar St. Mary's Hospital
Lori Werrell	Director, Health Connections	MedStar St. Mary's Hospital
Mary Leigh Harless	Board Member	MedStar St. Mary's Hospital
Lewie Aldridge	Board Member	MedStar St. Mary's Hospital
Linda Dudderar	Board Member	MedStar St. Mary's Hospital
Tim Storch	Board Member	MedStar St. Mary's Hospital
Barbara Thompson	Board Member	MedStar St. Mary's Hospital
Paul Barber	Board Member	MedStar St. Mary's Hospital
Jane H. Sypher	Board Member	MedStar St. Mary's Hospital
Dr. A.D. Shah	Physician, Chief of Staff	MedStar St. Mary's Hospital
Dr. Harold Lee	Physician, Medical Staff Representative to Board	MedStar St. Mary's Hospital
Donald Sirk	Director of IT; Representative to Board	MedStar St. Mary's Hospital
Christine Wray	President and CEO	MedStar St. Mary's Hospital
Joan Gelrud	VP	MedStar St. Mary's Hospital
Mary Lou Watson	VP, CNO	MedStar St. Mary's Hospital
Dr. Steve Michaels	VPMA	MedStar St. Mary's Hospital
Mark Boucot	VP	MedStar St. Mary's Hospital
Ric Braam	VP, CFO	MedStar St. Mary's Hospital
Holly Meyers	Director Marketing and Public Relations	MedStar St. Mary's Hospital

5. Justify why the hospital selected its community benefit priorities.

a) Obesity – (as risk factor for Heart Disease)	
Quantitative Evidence	<ul style="list-style-type: none"> • 26.9% of adults are obese, which is just below state average of 27.9% (MD BRFSS, 2010) • 16.5 % of low income preschoolers are obese (MD BRFSS, 2011) • 29.5% of adults report 30 minutes of moderate physical activity for 5 days per week • St. Mary's ranked 24th out of 24 state jurisdictions for moderate physical activity
Qualitative Evidence	<ul style="list-style-type: none"> • Obesity was identified as the second most concerning area of need in the community input session • 77.3% (n=154) of Community Input Survey respondents rated obesity either "Severe" or "Very Severe" in the CBSA
Hospital Strengths	MedStar St. Mary's Hospital is the lead for the obesity goal defined in the 2010 Community Health Improvement Plan for St Mary's County and leads the <i>Fit and Healthy St Mary's Obesity Coalition</i> .
Alignment with local, regional, state or national health goals	<p>Maryland State Health Improvement Plant (SHIP) St. Mary's Community Health Improvement Plan (CHIP) NWS-8: Increase the proportion of adults who are at a healthy weight NWS-9: Reduce the proportion of adults who are obese NWS-10: Reduce the proportion of children and adolescents who are considered obese</p>
Other justification	Obesity is a co-morbidity to many chronic conditions. Reducing obesity may also create a reduction in the incidence and severity of other chronic conditions, such as heart disease and diabetes.

b) Access to care for the uninsured and underinsured	
Quantitative Evidence	<ul style="list-style-type: none"> • 12.1% of adults report that they are unable to afford to see a doctor (MD BRFSS, 2010) • 13.7% of adults are uninsured (Census 2010) • Southern half of county is designated as a Health Professions Shortage Area (HPSA).
Qualitative Evidence	<p>The two areas garnering the lowest levels of agreement were “There is sufficient access to health care services for the uninsured” and “There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance.” These two items averaged ratings of 2.3 and 2.4 respectively.</p> <p>With respect to challenges, the overuse and misuse of the Emergency Department services was discussed at length during the community input session. While the hospital was applauded as being a safety-net provider with its Emergency Department, this over-extension of the ED is perceived as a significant challenge. More and more individuals utilize the Emergency Department at the hospital for their primary care needs, which may reduce continuity of care while driving up health care costs and reducing resources for those with emergencies. The lack of services for the un- and under-insured in the county is blamed for this use of the Emergency Department. The second most commonly noted barrier was a lack of health insurance for a number of residents in the county. For those who have some form of Medical Assistance, the barriers are just as significant. It was generally perceived that the county has medical services available, but that they are only available to those with private insurance. The residents who are supported by the public system become frustrated with too few providers and long waiting periods for appointments. There are also significant concerns within the public about how to effectively navigate this system.</p>
Hospital Strengths	<p>As the trusted leader in health care, MedStar St Mary's has provided the Get Connected to Health program since 2008 and will be expanding this primary care service for the uninsured to a full time practice with a mid-level clinician as a part of this community health improvement plan.</p>
Alignment with local, regional, state or national health goals	<p>Healthy People 2020 goal AHS-5: Increase the proportion of persons who have a specific source of ongoing care</p>

Other justification	People with a usual source of care are more likely to obtain routine checkups and screenings, and are more likely to know where to go for treatment in acute situations. Not having a usual source of care or a usual place to go to when sick or in need of health advice can cause a delay in necessary care, leading to increased risk of complications.
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c) Health Care Provider Shortage	
Quantitative Evidence	<ul style="list-style-type: none"> • 14.4% of adults report not having had a routine checkup. • The county averages 1,723 citizens per one physician, more than double the state and national averages (713:1 and 631:1, respectively) • As the only hospital in St. Mary's County, MedStar St. Mary's Emergency Department (ED) saw 51,624 patients in 2010 out of a total population of 105,000 residents, which represents a more than 50% increase in utilization since 2000. • Southern Maryland has physician-to-population ratios below the HRSA benchmark for all types of physicians.
Qualitative Evidence	<p>The two areas garnering the lowest levels of agreement on the Community Input survey were "There is sufficient access to health care services for the uninsured" and "There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance." These two items averaged ratings of 2.3 and 2.4, respectively.</p>
Hospital Strengths	<p>MedStar St. Mary's is committed to improving the physician shortage in St. Mary's County through recruitment and bringing in specialists from our sister hospitals to help meet community need, as well as working with community partners to bring an FQHC and after hours primary care services to Lexington Park.</p>
Alignment with local, regional, state or national health goals	<ul style="list-style-type: none"> • Southern Maryland region has the most severe physician shortage in the state • Healthy People 2020 goals <ul style="list-style-type: none"> AHS-4 - (Developmental) Increase the number of practicing primary care providers AHS-3 - Increase the proportion of persons with a usual primary care provider
Other justification	<p>People with a usual source for care are more likely to obtain routine checkups and screenings, and are more likely to know where to go for treatment in acute situations. Not having a usual source of care or a usual place to go to when sick or in need of health advice can cause a delay in necessary care, leading to increased risk of complications.</p>

d) Substance Abuse	
Quantitative Evidence	<ul style="list-style-type: none"> • 16.9% of adults report binge drinking at least once during the 30 days prior to the survey. (Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion) (MD BRFSS, 2010). • Percentage of alcohol related treatment admissions of residents under 21 is higher than state average as reported in (State of Maryland Automated Tracking, 2010).
Qualitative Evidence	<ul style="list-style-type: none"> • Community Input Survey respondents rated substance abuse the most severe issue throughout the county (average rating of 4.3). • 89.3% (n=28) of Community Input Survey respondents rated substance abuse either "Severe" or "Very Severe" in the CBSA
Hospital Strengths	Maryland Strategic Prevention Framework grant and the Prevention Services block grant recipient to implement strategies to reduce under-age drinking, binge drinking and alcohol-related crashes in youth and young adults
Alignment with local, regional, state or national health goals	<p>SA-2: Increase the proportion of adolescents never using substances</p> <p>SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages</p>
Other justification	MSMH is part of a grant with Walden Sierra, Inc from the Community Health Resource Commission (CHRC) to provide primary care services to their behavioral health/substance abuse clients for the next two years

6. Does the hospital currently have community benefit activities that support other key health needs that were identified as important in the Community Health Assessment?

Condition / Issue		Classification	Name of Program / Description of Service	Key Partner
Cancer	Age-adjusted death rate due to prostate cancer	Wellness & Education	Cancer Awareness Day – twice annually June is Men's Health Month on the mobile outreach unit, with focus on prostate cancer education	Local urologist American Cancer Society
	Age-adjusted death rate due to lung cancer	Wellness & Education	Spiral CT screening for early detection of Lung Cancer	MedStar Initiative
Cardiovascular	Age-adjusted death rate due to heart disease	Wellness & Education	Free Blood Pressure Screenings Living Well with CHF STEMI initiative	Libraries, McKay's grocery stores, Senior Centers, American Legion, Ridge Market
	Age-adjusted death rate due to cerebrovascular disease (stroke)	Wellness & Education	Stroke Survivors group- monthly support group Stroke Fair – annual stroke awareness event Stroke Focus group – annually focus group event Certified Stroke Center	Rescue Squads

7. List other health priorities that were identified in the CHNA and describe why the hospital did not select them.

Condition / Issue	Classification	Provide statistic and source	Explanation
Transportation	Access to Care	41.8% (n=153) of Community Input Survey respondents either “disagreed” or “strongly disagreed” they have access to transportation for medical appointments	Human Services Council of St. Mary's County mobilizing resources to address this identified need.
Mental / Behavioral Illness	Access to Care	61.1% (n=154) of Community Input Survey respondents rated mental/behavioral illness as either “Severe” or “Very Severe” in the CBSA	Walden Sierra and NAMI are partners who lead
Colon Cancer Screening	Wellness & Prevention	The current prevalence of colon cancer in St. Mary's County is 64.1% (MD BRFSS)	Health Department is lead
Pap Test History	Wellness & Prevention	84.2% of women in St. Mary's County have ever had a Pap Smear Maryland Behavioral Risk Factor Surveillance System	Health Department is lead
Infant Mortality Rate	Wellness & Prevention	Current infant mortality rate in St. Mary's County is 7.6 deaths/1,000 live births- (MD DHMH)	Health Department is lead
Mean Travel Time to Work	Quality of Life	The average commute time in St. Mary's County is 29.7 minutes (American Community Survey)	MSMH does not have the expertise or infrastructure to serve as a lead around this area of need.
Workers who drive alone to work	Quality of Life	82.1% of workers in St. Mary's County drive to work alone (American Community Survey)	MSMH does not have the expertise or infrastructure to serve as a lead around this area of need.
SNAP certified stores	Quality of Life	0.4 stores/1,000 population (USDA Food Environment Atlas)	MSMH does not have the expertise or infrastructure to serve as a lead around this area of need.
Student to Teacher ratio	Quality of Life	16.4 students/teacher (NCES)	School system is lead

8. Describe how the hospital will institutionalize community benefit programming to support the Implementation Strategy?

The hospital's Implementation Strategy serves as a roadmap for how community benefit resources will be deployed and how outcomes will be reported. The Community Benefit Hospital Lead will oversee planning, programming, monitoring, and evaluation of outcomes. The Executive sponsor will support institutional efforts to re-organize or reallocate resources as needed. Annual progress updates will be provided to Advisory Task Force members and the hospital's Board of Directors. The progress report will also be publicly accessible via the hospital's website.

The MedStar Health Corporate Community Health Department (CCHD) will provide system-wide coordination and oversight of community benefit programming. The CCHD will oversee the agenda of the Community Benefit Workgroup, which is comprised of Community Benefit Hospital Leads and other community health professionals across the system. The purpose of the workgroup is to share best practices and promote consistency around data collection, tracking, and reporting that is consistent with internal policies and state and federal guidelines.

The CCHD will provide the MedStar Health Board of Director's Strategic Planning Committee with annual updates on the hospital's progress towards the goals documented in the Implementation Strategy.

Resources

- Maryland Behavioral Risk Factor Surveillance System - <http://www.marylandbrfss.org/>
- Maryland State Health Improvement Plan data
- Healthy people 2020 - <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
- County Health Ranking Report - <http://www.countyhealthrankings.org/maryland/st-marys>
- U.S. Department of Agriculture - Food Environment Atlas
- 2010 US Census
- Health Resources and Services Administration - <http://hpsafind.hrsa.gov/HPSASearch.aspx>
- 2010 Primary Care Needs Assessment: Maryland Department of Health and Mental Hygiene - <http://fha.maryland.gov/pdf/ohpp/PCO-NeedsAssessment.pdf>
- MedStar St. Mary's Hospital 2010 Cancer Report
- MHCC Extramural Report: Maryland Physician Workforce Study - http://mhcc.maryland.gov/workforce/physician_workforce_study_20110513.pdf
- National Center for Education Statistics - <http://nces.ed.gov/ccd/bat/>

Implementation Strategy

Community Need: Obesity/Overweight

Goal Statement: To increase the number of individuals with a healthy body mass index (BMI)

Target Population: St. Mary's County Residents

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	Coalition Chairman and members United Way MedStar	Lead Fit & Healthy St. Mary's Coalition (continuous)	Monthly coalition meetings with 25+ participating businesses and organizations	Implement one new program or demonstration project each year	Decrease by 5% the number of adults who report being overweight or obese by 2015 ²	Fit and Healthy St. Mary's Coalition	Director, Health Connections Fit & Healthy St. Mary's Coalition
2	St. Mary's Hospital Grants Coordinator	Create demonstration projects to determine meaningful interventions for this community	Steps to a Fit and Healthy You program in various populations- general, elderly and low-income	Evaluate effectiveness and determine expansion	Increase by 5% the number of adults who report at least 30 minutes of physical activity at least 5 days a week by 2015	Community Health Advisory Committee	MedStar St. Mary's Grants Coordinator
3		Organize and execute the annual St. Mary's Health and Fitness Expo (annual one-day event)	Distribute letters and sponsorship information to 50 local health and fitness businesses and organizations Place advertisements in multiple print, television, and social media settings ⁴	Engage 20 businesses and organizations Attract 200 community participants Raise \$2,500 in sponsorships to support annual expo	Involve 3 more businesses and organizations each year Increase attendance by 50 persons each year Raise an additional \$500 each year	Fit and Healthy St. Mary's Coalition	Director, Health Connections Fit & Healthy St. Mary's Coalition MedStar St. Mary's Grants Coordinator

MedStar St. Mary's Hospital

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
4	Health Department Environmental Staff MedStar St. Mary's Hospital, Director of Health Connections	St. Mary's Healthy Stores (CTG 2012 – 2015)	Work with Johns Hopkins Bloomberg School of Public Health Center for Human Nutrition to identify local stores	Engage one store per year to be part of this program	Decrease by 5% the number of adults who report being overweight or obese by 2015 ²	St. Mary's County Health Department MedStar St. Mary's Hospital, Health Connections	Health Department Director of Nursing Environmental Services Supervisor
	Grants Coordinator Community Health Educator Nutritionist	Include information about Physical Activity and Nutrition in Workplace Wellness Initiatives	Increase number of Worksites with Physical Activity and Nutrition Guidelines	Engage 5 businesses	Increase by 5% the number of adults who report at least 30 minutes of physical activity at least 5 days a week by 2015	Johns Hopkins Bloomberg School of Public Health Center for Human Nutrition	Director, Health Connections MedStar St. Mary's Grants Coordinator
5	Fit and Healthy St Mary's Coalition members	Promote a healthier physical environment for residents in St. Mary's County by advocating to local public officials and private community developers for healthy and safe community design, creation and maintenance of local parks, trails and recreation areas and through promotion of healthful and safe physical activities within the community	Develop annual policy recommendations for distribution to the Board of County Commissioners and other relevant stakeholders responsible for the physical environment of St. Mary's County Report data and information related to obesity rates within St. Mary's County to the CHAC, media and other relevant stakeholders responsible for the physical environment of St. Mary's County	Annual public communications campaign on necessary environmental strategies and policy changes to combat obesity in St. Mary's County		Fit and Healthy St Mary's Coalition members Community Health Advisory Committee (CHAC) St. Mary's Board of County Commissioners (BOCC) MedStar St. Mary's Hospital	MedStar St. Mary's outpatient Nutritionist

MedStar St. Mary's Hospital

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
6	MedStar St. Mary's Hospital, Director of Health Connections Medstar Washington Hospital Center Support Staff Nutritionist	Implement bariatric surgery support programs with MedStar Washington Hospital Center as indicated by Bariatric Surgery Center	Hold discussions with MedStar Washington Hospital Center and Bariatric Surgery Center to discuss	Continue support group, MedFit and MNT services that meet qualifications for MedStar Washington Hospital Center and Bariatric Surgery Center	Provide all possible non-surgical pre and post surgical services at MSMH necessary to be a candidate for bariatric surgery at MWHC	MedStar St. Mary's Hospital, Health Connections MedStar Washington Hospital Center	MedStar St Mary's Hospital Vice President MedStar St Mary's Hospital Director of Health Connections

¹ As of April 2012, 28 business and organizations are member of the coalition.

² According to the latest figures (2010), the obesity/overweight prevalence in adults is 68.2 overweight or obese adults. When the coalition started in 2009, the prevalence was 74% (Maryland BRFSS).

³ I.e., weight management, nutrition, exercise, heart health, diabetes

⁴ I.e., Healthy Living, Channel 10, MSMH Facebook page, Hospital website

MedStar St. Mary's Hospital

Community Need: Childhood Obesity/Overweight

Goal Statement: To increase the number of children with a healthy body mass index (BMI)

Target Population: Title I Elementary School Children

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	St. Mary's County Public Schools Staff MedStar St. Mary's Hospital Community Health Educator University of Maryland Extension Staff	As part of Healthier US Schools Challenge (HUSSC) (CTG 2012 – 2015): Work with Title I Elementary Schools and associated Early Childhood Development Centers to achieve USDA Healthier Schools Challenge award	Meet monthly with teams from each school Assist in the production of the application	A minimum of 3 Title I Elementary Schools and associated Early Childhood Development Centers will be engaged in the HUSSC process in 2012. (Additional schools will be added to the program as interest and resources allow)	A minimum of 3 Title I Elementary Schools and associated Early Childhood Development Centers will meet HUSSC standards by 2015 Increase the percentage of children with a healthy BMI (≤ 24) in Title I Elementary Schools and associated Early Childhood Development Centers by 3% by 2015 ¹ Reduce preschool obesity rate by 3% by 2015	St. Mary's County Public Schools MedStar St. Mary's Hospital University of Maryland Extension (UME)	Director, Health Connections
2		Regular participation in the School Health Council	Serve as a resource for teams	A minimum of 10 centers/homes will take the quiz in the first year			
3		Hold trainings for early care and educations centers/homes on physical activity and nutrition	Let's Move Child Care checklist quiz				

¹ Baseline will be established in 2013 using internal school data

MedStar St. Mary's Hospital

Community Need: Substance Abuse (Tobacco use and Binge Drinking)

Goal Statement: Decrease the number of residents who use tobacco products and decrease the number of resident exposed to second-hand smoke

Target Population: St. Mary's County residents, with a particular focus on Lexington Park residents

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	Health Department Community Health Educators MedStar St. Mary's Hospital Community Health Educators, Operations Specialist and Grants Coordinator	Implement a Smoke-free Workplace Program	Tobacco educator to approach businesses and explain program	Engage 10 businesses annually to implement smoke-free workplace policies and provide tobacco cessation programming and support	Reduce tobacco use by 2% in St. Mary's County by 2015	St. Mary's County Health Department MedStar St. Mary's Hospital Community Health Coalition	Health Department Director of Nursing Director, Health Connections
2	Healthiest Maryland Institute	Execute annual Great American Smoke-out Event	Event in Lexington Park in November	Reduce exposure to second hand smoke among all St. Mary's County residents	Reduce exposure to second hand smoke among all St. Mary's County residents		
3		Support the local Health Department Smoking Cessation Program	Provide nurse for 10 week smoking classes	Focus on Lexington Park (low-income communities) with smoking-cessation education			
4		Institute Youth Cigar Use Awareness	Social Marketing Campaign	Increase awareness of youth cigar use	Decrease youth cigar use by 5%		
5		Advocate for Smoke-Free Outdoor Areas	Develop annual policy recommendations for distribution to the Board of County Commissioners and other relevant stakeholders responsible for the physical environment of St. Mary's County	Reduce exposure to second hand smoke among all St. Mary's County residents	Reduce exposure to second hand smoke among all St. Mary's County residents		

MedStar St. Mary's Hospital

Community Need: Substance Abuse (Tobacco use and Binge Drinking)

Goal Statement: Decrease youth alcohol use and binge drinking in St. Mary's County

Target Population: St. Mary's County residents

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	<p>MedStar St. Mary's Hospital, Director of Health Connections</p> <p>Maryland Strategic Prevention Framework Coordinator</p> <p>Department of Aging and Human Services, Prevention Coordinator</p> <p>MSPF, Local Program Evaluator</p> <p>University of Maryland (UMD), Program Evaluators</p> <p>Alcohol & Drug Abuse Administration, MSPF Program Coordinators</p>	<p>Build comprehensive evidence-based strategies in St. Mary's County to address the issues of underage drinking and binge drinking</p>	<p>Develop and lead the Community Alcohol Coalition (CAC) to implement the Maryland Strategic Prevention Framework (MSPF) process in St. Mary's County</p>	<p>MSPF Steps 1-3 by July 2012</p> <p>1) Execute a Community Health Needs Assessment</p> <p>2) Build Community Coalition Capacity</p> <p>3) Develop a Strategic Plan</p> <p>4) Implement the Strategic Plan</p> <p>The strategic plan will be created, approved and implemented by the CAC in FY'13.</p>	<p>Reduce the number of youth, ages 12-20, reporting past month alcohol use by 2016</p> <p>Reduce the number of young persons, ages 18-25, reporting past month binge drinking by 2016</p>	<p>MedStar St. Mary's Hospital</p> <p>St. Mary's County Department of Aging and Human Services</p> <p>University of Maryland</p> <p>Maryland Alcohol & Drug Abuse Administration</p>	<p>Director, Health Connections</p> <p>MSPF Coordinator</p> <p>Prevention Coordinator</p> <p>Local Program Evaluator</p> <p>UMD, PhD-Lead Evaluator</p> <p>ADAA MSPF Program Coordinator</p>

Community Need: Access to care for the uninsured/underinsured

Goal Statement: **Goal Statement:** To increase availability of services for the uninsured and underinsured in St. Mary's County.

Target Population: Uninsured/Underinsured residents

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	MedStar St Mary's, Director of Health Connections MedStar St Mary's VP MedStar St Mary's Health Connections Medical Director Nurse Practitioner Nurse Case Manager	Expand the Get Connected to Health Program to fulltime primary care practice	Implement grant with Walden Sierra Inc. Implement CareFirst grant Implement ARR strategy to reduce readmissions in vulnerable populations	Expand days of service from 1 to 4 in FY13	Patient visits increased from 600 to 2400 per year	Walden Sierra, Inc. CareFirst Health Share Community Health Advisory Committee	Director, Health Connections Medical Director, Health Connections
2	MSMH, Director of Health Connections MSMH, Operations Specialist Health Connections Health Educators	Increase outreach events in Lexington Park specific to disparities in Asthma, Diabetes and High Blood Pressure related ER visits identified in State Health Improvement Plan	Provide one outreach event to support self management education and/or screening for Asthma, Diabetes, High Blood pressure	Increase awareness of disparities through outreach programs Implement Million Hearts campaign	Reduce disparities as measured by the Maryland SHIP data		Director, Health Connections
3		Increase education for Prostate Cancer targeting African American Males	Provide 2 additional programs for prostate cancer		Reduce Prostate Cancer mortality in St Mary's County		

Community Need: Availability of healthcare specialists

Goal Statement: To increase the number of available primary care providers and specialists in St. Mary's County.

Target Population: Citizens of St Mary's County

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	MedStar St Mary's, Director of Health Connections MedStar St Mary's VP MedStar St Mary's Health Connections Medical Director	Create Community Health Center	Work with partners to develop a clinic in the Lexington Park area Coordinate with other community specialists and mental health providers to utilize clinic for other services	Secure funding for Community Health Center	Completion and opening of Community Health Center in Lexington Park by FY15 Increase primary care access in underserved population in Lexington Park		MSMH VP Director, Health Connections
2		Recruit primary care providers to the service area	Identify the needed primary care physicians and recruit new physicians from medical training programs within MedStar	Continue to provide rural residency electives with primary care program at MFSC	Become ACGME site for primary care rural residency slots being developed within MedStar Academic Affairs.	MedStar Health MedStar Physician Partners	MSMH Administration
3		Provide rotating sub-specialists in Pediatrics	Utilize new Outpatient Pavilion and Specialty Physicians offices to offer these services for community	Begin Peds Cardiology in Spring of 2012, expand Peds Endocrinology in Summer 2012	Bring additional specialists from Georgetown Pediatrics to the Specialty Physicians offices	MGUH Children's National Medical Center	
4		Open Wound Care Center	Utilize existing space on hospital campus to provide hyperbaric oxygen chambers and wound care center for outpatient treatment	Open Center in Summer 2012	Increase business by 5% each year		

MedStar St. Mary's Hospital

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
5	MedStar St Mary's, Director of Health Connections MedStar St Mary's VP MedStar St Mary's Health Connections Medical Director	Explore further opportunities for specialty physicians and services affiliated through the MedStar System to initiate programs in the Specialty Physicians at St Mary's suite in the Pavilion		Ongoing discussion with sister hospitals	Expansion of service line and new physician recruited	MWHC, MGUH, MPP	

Appendix: Community Input Results

Background and Methodology

Beginning in October 2011, staff from MedStar Health and St. Mary's Hospital partnered with Holleran to develop a questionnaire to gather feedback from community members. The purpose of the questionnaire was to garner feedback during "Community Input Sessions" and to distribute the questionnaire in the community via online and written data collection methodologies. Community members were also given the opportunity to complete the questionnaire over the telephone. The content of the questionnaire focused on perceptions of community needs and strengths across four key domains:

1. Access to healthcare services
2. Key health issues prominent in the community
3. Perceived quality of life
4. Availability of wellness and prevention initiatives

The hospital identified key individuals to serve on the "Advisory Task Force." The purpose of the task force is to guide the efforts of the community assessment work and to serve as advisors with the hospital's community benefit planning. Holleran staff worked with the St. Mary's Hospital Advisory Task Force members to supplement core questions identified by MedStar Health with additional questions that were customized to their hospital's services and their specific community's needs.

On Wednesday, November 16, the Community Input Session was held. Twenty-nine individuals from the surrounding community offered feedback via the questionnaire. Representatives from St. Mary's Hospital and the Advisory Task Force were also in attendance at the session, but did not respond to the questionnaire.

Holleran facilitated the St. Mary's Hospital Community Input Session, which lasted approximately 90 minutes. The session was organized into a gathering of quantitative feedback via a wireless keypad technology and roundtable discussion groups aimed at stimulating qualitative feedback to the open-ended questions. In addition to the onsite Community Input Session, the hospital gathered 126 additional completed surveys via online and written survey distribution. It is important to note that the number of completed surveys and limitations to the random sampling yield results that are directional in nature and may not necessarily represent the entire population within the hospital's service area.

The following report is a compilation of the responses from all community members, both those in attendance at the onsite meeting and those who completed the survey outside of the meeting. This summary, in conjunction with secondary data from Healthy Communities Institute, will serve as the foundation for St. Mary's Hospital's Implementation Planning and community benefit activities.

Overview of Quantitative Results

Respondent Demographics

A total of 155 individuals responded to the questionnaire, 29 during the Community Input Sessions and an additional 126 following the input session (online and written responses). The largest proportion (37.3%) were residents in the community and an additional 9.5% represented area professionals and community leaders. Nearly eight out of ten were White and roughly 49% reported having a college degree or higher. The age groups were fairly evenly represented, with the 45-54 year old demographic group representing the largest proportion in the sample (34.2%). With respect to household income, 19.7% of the sample reported an income less than \$25,000 and 33.6% reported a household income of \$100,000 or greater. When asked about health insurance coverage, 13.5% indicated they do not currently have health insurance and an additional 2.4% have Medicaid for their coverage.

Access to health services

The initial set of questions focused on access to area healthcare and health services. Individuals were asked to respond to a series of statements whereby they agreed or disagreed with the corresponding statement (1=strongly disagree; 5=strongly agree). It is safe to conclude that all questionnaire respondents perceive there to be access issues across the majority of the items in this section of the questionnaire. The highest rated item (average of 3.4) was for access to dental care. The ability of residents to access a primary care physician was the second highest rated item, with a 3.1 average rating. All other items average below a three on the five-point scale. The two areas garnering the lowest levels of agreement were “There is sufficient access to health care services for the uninsured” and “There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance.” These two items averaged ratings of 2.3 and 2.4 respectively.

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:		
Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care physician or other health care provider (family doctor; general practitioner; internist; pediatrician).	3.1	Neutral
Residents in the area are able to access a medical specialist (oncologist, cardiologist).	2.9	Neutral
Residents in the area are able to access a dentist when needed.	3.4	Neutral
The majority of residents use the emergency department appropriately, i.e., not as a key source of primary care.	2.9	Neutral
Residents in the area have access to transportation for medical appointments.	2.7	Neutral
There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance.	2.4	Disagree
There is sufficient access to health care services for veterans in St. Mary's County.	2.8	Neutral
There is sufficient access to health care services for the uninsured in St. Mary's County.	2.3	Disagree

It is interesting to note the number of individuals who responded “don’t know” to certain items in this section of the questionnaire. Specifically, nearly 25% responded that they do not know if there are enough services in the county for the uninsured that they do not know if there are enough physicians in the county who accept Medicaid or other forms of medical assistance. Roughly 30% stated they are not aware if there are sufficient health care services for veterans, and nearly 18% do not know if the majority of individuals utilize the emergency department in an appropriate way. This large proportion of individuals without knowledge to answer these questions suggests a significant disconnect between reality and the number of people in the community who are aware of the existence of access to care issues.

Key Health Issues

Again, individuals were asked to respond on a scale of 1 through 5 to identify the health issues they perceived as the most severe in the community (5=very severe; 1=not at all severe). It should be noted that all of the issues were rated as having some degree of severity. Therefore, it is recommended that the results be examined in a relative fashion to one another. The table below outlines the average ratings on the 1 through 5 scale.

On a scale of 1 (not at all severe) through 5 (very severe), please rate how severe you believe the following are in your community:

Factor	Mean Response	Corresponding Scale Response
Diabetes	3.6	Severe
Cancer	3.7	Severe
Heart Disease	3.6	Severe
Stroke	3.4	Neutral
Obesity	4.1	Severe
Substance Abuse	4.3	Severe
Mental/Behavioral Illness	3.8	Severe
Asthma	3.4	Neutral

Substance abuse with the issue rated as the most severe throughout the county (average rating of 4.3). Nearly 90% of the responses rated substance abuse in St. Mary’s County as “severe” or “very severe.” Substance abuse was closely followed by obesity concerns throughout the county (average rating of 4.1). All other issues averaged ratings between a three and a four on the five-point scale. There were two health issues that were rated the lowest on the list, in terms of severity. They include asthma and stroke, with both garnering average ratings of 3.4. The majority of the respondents on the questionnaire provided ratings for this section, with few very “don’t know” responses.

Wellness & Prevention

The awareness of and availability of area wellness and prevention services was assessed as well. Questions were asked about the availability of smoking cessation programs and services, weight management services, substance abuse prevention and treatment, and cancer screenings among others. The table below outlines the average 1 through 5 ratings for each item (1=strongly disagree; 5=strongly agree). All items averaged a rating between a three and a four on the five-point scale.

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:		
Factor	Mean Response	Corresponding Scale Response
Health prevention and wellness are promoted well in St. Mary's county.	3.5	Agree
Smoking cessation programs/support are available in St. Mary's County.	3.9	Agree
Diabetes prevention/education and control/support programs are available in St. Mary's County.	3.7	Agree
Cancer screening programs (mammography, prostate exams) are available in St. Mary's County.	3.8	Agree
Overweight prevention/education programs are available in St. Mary's County.	3.0	Neutral
Cardiovascular disease prevention/education programs are available in St. Mary's County.	3.4	Neutral
Substance abuse prevention/education and treatment programs are available in St. Mary's County.	3.5	Agree
Mental health prevention and treatment programs are available in St. Mary's County.	3.0	Neutral

The community's rating for the availability of smoking cessation programs and support was the highest (average of 3.9). It is also interesting to point out that this question also garnered the highest percentage of individuals responding "don't know" to the availability of these types of programs. The availability of cancer screenings was rated a close second (average of 3.8). The two wellness and prevention services that were rated the lowest in terms of availability are overweight prevention/education programs and mental health prevention and treatment programs, with both receiving average ratings of 3.0. It is noteworthy to point out that obesity was also previously rated as the second most severe health issue in the county. Similar to the rating for smoking cessation, there were a large proportion of respondents answering "don't know" to the availability of overweight prevention/education programs in the county. Roughly 21% of the questionnaire respondents stated they did not know enough to answer that question.

Quality of Life

The questionnaire was not limited to simply the clinical aspects of community health, but also garnered feedback on a number of the known social determinants of health, such as environmental factors, housing, and neighborhood factors. Similar to other sections on the questionnaire, individuals responded on a 1 through 5 scale with 1=very poor and 5=excellent.

St. Mary's County was rated a favorable 4.1 for the degree to which residents have access to fresh produce and other healthy foods. Given the rural areas the cover a large portion of the county, this may not likely be a surprise. Recreational activities and water quality were also rated highly, with average ratings of 3.7 and 3.6 respectively. Water quality, however, is one area where there appears to be a lack of awareness, as nearly 20% of respondents stated "don't know" to this question. The area rated where the county fared the worst was its housing. This assessed the county's availability of affordable and adequate housing. This item averaged a rating of 2.9 on the five-point scale.

On a scale of 1 (very poor) through 5 (excellent), please rate the quality of each in the community:

Factor	Mean Response	Corresponding Scale Response
Recreational activities	3.7	Good
Fresh produce and other healthy foods	4.1	Good
Water	3.6	Good
Housing (affordable, in good condition)	2.9	Fair
Road/traffic conditions	3.1	Fair

Qualitative Results

The qualitative results represent the feedback garnered from the roundtable discussions at the Community Input Session as well as responses from the open-ended questions on the online and written surveys.

Successes and challenges of St. Mary's Hospital in addressing community health

When asked what are some successes and challenges of St. Mary's Hospital in addressing community health, participants felt that the hospital has very successful outreach and partnership efforts with the county public health department. However, they felt that there were missed opportunities to apply for grants and receive federal funding for community health programs (e.g. Centers for Medicare and Medicaid Services-CMS). It was perceived that increased collaboration from the hospital could assist in pursuing some of these grant opportunities. Given the large number of grants focused on prevention activities, it was perceived that there is a need for skilled grant writers with time specifically devoted to researching and applying for these grants.

St. Mary's Hospital's affiliation and partnership with MedStar was perceived as favorable. The ability to draw increased resources and expertise and to attract more health care providers was seen as a significant benefit with this affiliation. This was not only stated as a benefit for the hospital itself, but for the community. St. Mary's Hospital is seen as better able to address community needs and demands as a result of this affiliation. Specifically, successes were mentioned with respect to the services available for cardiovascular and pulmonary treatment and rehabilitation. Mentions were also given to success with pediatric ENT (ear, nose and throat) services.

St. Mary's Hospital was also lauded for its Health Connections outreach. This was perceived as quite successful in the community, with the only drawback being the need for more of its kind and more providers to staff the mobile services. The mobile unit was applauded for its work and outreach in the community. Additional noted successes included the cancer care services provided by the hospital, Health Share, laboratory and imaging services, and obstetric care.

With respect to challenges, the overuse and misuse of the emergency room services was discussed at length during the community input session. While the hospital was applauded as being a safety-net provider with its emergency room, this over-extension of the emergency department is perceived as a significant challenge. More and more individuals utilize the emergency room at the hospital for their primary care, which generally results in a lack of continuity of care. The lack of services for the un- and under-insured in the county is blamed for this use of the emergency room.

It is perceived that a number of the individuals who are accessing services in the emergency room, especially those who are so-called "frequent fliers," are county residents with mental health issues. The lack of mental health providers in the county and too few support systems for these individuals results in a burden for other providers, including the hospital.

Other challenges noted include limited availability of community health programs outside of the hospital environment, including prevention services and education. Participants expressed a need for programs to be moved into their communities, with sensitivity to time scheduling and transportation challenges. It was suggested that the health department fill in more of these gaps, but individuals acknowledged that budget constraints make this difficult for the agency.

According to participants from the community input session, there is a perception that healthcare services are superior outside of St. Mary's County. Many shared that there is not an abundance of health care providers and specialists in the local area and that residents feel that they need to travel to receive the highest quality healthcare. The lack of specialists and long wait time to schedule appointments for those who are within the county, were seen as prominent challenges. Specifically, suggestions were made to staff pediatric cardiologists and providers for the mobile services.

Suggestions to improve the quality of life in the community

Transportation was noted as one of the greatest challenges to quality of life in the county as it relates to health care access. Many expressed that although they have health insurance and are not among the uninsured, they are unable to get to the hospital or to other providers because of a lack of transportation. Again, the mobile outreach was noted as helpful, but the need for even more mobile services does not go unnoticed. There were a few mentions of the need for door-to-door transportation for individuals with mobility challenges.

Too few mental health services came up again in this section of the questionnaire. In addition to having too few mental health providers, the need for a greater diversity of providers devoted to mental health treatment was noted. Specifically, individuals mentioned nurse practitioners, physician's assistants, and pediatric specialists. As one individual stated, the mental health patients in St. Mary's County are the "forgotten ones" and are severely underserved. It is important to note that for the most part, it is perceived that private-pay or insured consumers of mental health services are adequately covered. Those who are supported through medical assistance are most lacking in mental health services.

Other suggestions that session participants had for area hospitals and public health agencies was to improve the quality of life in the community included provide home visitation programs. There is a particular need for visitation to new mothers, and programs like Healthy Families and Healthy Start. Suggestions were also made to offer more education in schools regarding healthy living and more free community education seminars.

Participants indicated that there is a need for an adequate number of quality doctors, access to health care, and the following services:

- Home healthcare
- In-home elder care
- Services for individuals with disabilities
- Medical assistance/clinics - clinic services provided to the local community by partnering with local facilities
- Financial assistance
- Public transportation – current transportation services need to be expanded, publicized, cross county lines, and have decreased wait time
- Plastic surgery

It was noted that there is a need to address the cuts in funding for public health services, and there are opportunities to improve strategic partnerships, for example, with faith-based organizations and the veteran population (ex. CBOC). Participants cited a need for more staff at the county human services department.

Most significant healthcare access barriers in St. Mary's County

Again, the number one noted barrier to healthcare access in the county was a lack of transportation services. This was noted among the attendees at the community input session, but also from the respondents to the online and written surveys. A few individuals even noted that transportation to the hospital via emergency ambulance services is not as timely as it should be. Some questioned the average response times in certain parts of the county.

The second most commonly noted barrier was a lack of healthcare insurance for a number of residents in the county. For those that have some form of medical assistance, the barriers are just as significant. It was generally perceived that the county has medical services available, but that they are largely available to those with private insurance. The residents who are supported by the public system become frustrated with too few providers and long waiting periods for appointments. There are also significant concerns within the public about how to effectively navigate this system. Residents who are on medical assistance find it difficult to know what providers do and do not accept their insurance as listings are not kept up-to-date. The public health system (providers, social and human service providers) are perceived to be maxed out and over-burdened. The staff turnover in these positions is perceived to be high, attributed to staff burnout.

During the community input session, a lack of oral health prevention services was noted as well as the high cost of dental insurance. This did not come up as a pronounced issue in the online and written survey responses.

Once again, access to specialty providers was noted as a significant barrier. Mental health providers, specifically psychiatrists, are too few in the county as well as a lack of pediatric specialists. Several respondents to the online and written surveys listed Shah Associates as a healthcare barrier in St. Mary's County, although their responses were not elaborated upon. It is not known what was mentioned by this listing as a barrier.

Populations not being adequately served by healthcare system

The final items on the questionnaire asked for individuals to provide feedback on any populations or groups that might not be adequately served by the healthcare system in St. Mary's County. Not surprisingly, and consistent with what was heard throughout the questionnaire, the low income, uninsured, and under-insured were noted as the most in need. It is noteworthy to mention that income barriers are perceived to exist with many residents in the county, not just the uninsured. Increasingly, those with insurance struggle to pay premiums, co-pays, and deductibles.

The second population that was deemed as the most underserved was the mental health consumer group. Not only were the individuals with a mental illness mentioned as being underserved, but also their families. Individuals noted the comorbidity of mental illness with many other health issues, such as substance abuse. If individuals are being seen by a provider for their treatment, it is not likely a psychiatrist or similar specialist. Again, it is important to note that the target group referenced is those supported through medical assistance and not necessarily those with private insurance.

Other populations that were mentioned in either the community input session or in the online/written questionnaire include the following:

- Individuals lacking transportation
- The elderly, particularly those living in remote areas of the county
- Children in need of mental health and other medical specialist services – even those children with insurance suffer long wait times due to lack of available services
- New mothers and expecting mothers (prenatal care, how to effectively parent and care for a newborn)
- Non-English speaking residents in the county (too few bilingual providers)
- Veterans

Concluding Thoughts

Some clear patterns emerged from the community input session and completion of the online and written questionnaires. Transportation barriers and mental health issues are perceived to be the highest priority needs in St. Mary's County. Specifically, concerns are most pronounced for those who have no insurance or are under-insured. For those struggling with transportation issues, those barriers seem to exist even for those with health insurance coverage. With respect to mental health issues, the lack of psychiatrists and individuals with specific training in the treatment of mental illness is the core of many of the concerns. The lack of mental health professionals is most notable for those without health insurance or with medical assistance. Children with mental health needs are also perceived to be a priority group in significant need of services.

Related to mental health issues is the concern about substance abuse problems in the county. This was identified as one of the most severe health issues in the county. Again, this may be aligned with the lack of mental health services in the county.

Obesity and weight issues were ranked a quite severe as well. While questionnaire respondents rated the severity of this issue as high, it is important to point out that the awareness of existing services to address and prevent weight issues is lacking. Quite a few individuals responded that they were not aware of county services to prevent unhealthy weight, promote nutritional eating and healthy lifestyles, and address obesity issues.

As next steps, it is suggested that St. Mary's Hospital and its Advisory Task Force examine the key health priorities and barriers, evaluate the scope of these issues and determine its greatest ability to impact for change.

Questionnaire

ACCESS TO CARE/SERVICES

1. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:

Strongly disagree ← → Strongly agree

HEALTHCARE	
a) Residents in the area are able to access a primary care physician or other health care provider (family doctor; general practitioner; internist; pediatrician)..	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
b) Residents in the area are able to access a medical specialist (oncologist, cardiologist).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
c) Residents in the area are able to access a dentist when needed.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
d) The majority of residents use the ED appropriately, i.e., not as a key source of primary care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
e) Residents in the area have access to transportation for medical appointments.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
f) There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
g) There is sufficient access to health care services for veterans in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
h) There is sufficient access to health care services for the uninsured in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know

KEY HEALTH ISSUES

2. On a scale of 1 (not at all severe) through 5 (very severe), please rate how critical you believe the following are in your community:

Not at all severe ← → Very severe

a) Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) Heart Disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e) Obesity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) Substance Abuse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g) Mental Illness/Behavioral Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h) Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

WELLNESS & PREVENTION

3. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:

	Strongly disagree ← → Strongly agree
a) Health prevention and wellness are promoted well in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
b) Smoking cessation programs/support is available St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
c) Diabetes prevention/education and control/support programs are available St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
d) Cancer screening programs (mammography, prostate) are available in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
e) Overweight prevention/education programs are available in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
f) Cardiovascular disease prevention / education programs are available in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
g) Substance Abuse prevention/ education and treatment programs are available in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
h) Mental health prevention and treatment programs are available in St. Mary's County.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know

QUALITY OF LIFE

4. On a scale of 1 (very poor) through 5 (excellent), please rate the quality of each in the community.

Very poor ← → Excellent

NEIGHBORHOOD/ENVIRONMENT	
a) Availability of recreational activities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
b) Availability of fresh produce and other healthy foods	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
c) Water quality	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
d) Quality of housing (affordable, in good condition)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
e) Road/traffic conditions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know

ROUNDTABLE DISCUSSION QUESTIONS
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1. What are some successes and challenges of St. Mary's Hospital in addressing Community health?
2. What specific suggestions do you have for area hospitals and public health agencies to improve the quality of life in the community?
3. What are the most significant healthcare access barriers in St. Mary's County?
4. What specific populations in St. Mary's County do you feel are not being adequately served by the healthcare system?