

# 2018 Charles County Community Health Needs Assessment Report



UNIVERSITY *of* MARYLAND  
CHARLES REGIONAL MEDICAL CENTER

**Commissioned by the  
University of Maryland Charles Regional Medical Center**

# Charles County Health Needs Assessment Executive Summary

From July 2017 to March 2018, the University of Maryland Charles Regional Medical Center undertook a comprehensive assessment of the health needs of Charles County, Maryland.

To provide a comprehensive assessment of the health needs of the county, a five-method plan was developed which included five sources of data: a long online survey of Charles County residents' perceptions of health and health behaviors, a short paper survey on health perceptions throughout the county, five focus groups with community leaders, citizens and stakeholders, nine key informant interviews on behavioral health, and a quantitative data analysis of secondary published data.

Data collection occurred between July 2017 and February 2018.

The use of the multiple data collection methods strengthened the validity of the findings and ensured that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome.

Five focus groups were performed throughout the county between July 2017 and February 2018. The focus group topics included: chronic disease-specific health, county leadership, youth through the school nurses, reproductive and infant health, and access to care. Approximately 128 people participated in the county focus groups.

The biggest issues to emerge from the focus groups included:

- Physician recruitment, retention, and reimbursement
- Mental health resources and services
- Substance use disorders
- Social determinants of health, including transportation and access to care
- Chronic disease prevention and management
- Obesity/overweight, specifically among children

846 Charles County residents completed the 27-question online survey that was created using Survey Monkey. The link to the survey was available on the University of Maryland Charles Regional Medical Center website and the Charles County Department of Health website. The first section of the survey asked participants about their perception of health and health services within the county. The second section asked them about their health behaviors, in order to determine their risk for the development of certain health conditions.

Most of the respondents were from Charles County (77%). The second largest percentage was from St. Mary's County (12%). Only 7% reported living outside of Southern Maryland (Charles, Calvert,

St. Mary's or Prince George's). Approximately 71% of the respondents were between the ages of 35 and 64 years. The highest percentage was in the 55- to 64-year age group (25%). The overwhelming majority of the respondents were female (80%). Minorities made up 23% of the total 2018 survey population. African Americans comprised 17% of the respondents. Approximately 4% of the survey respondents identified as Hispanic. This is similar to the Charles County's overall Hispanic population of 5%.

The survey participants were a highly educated group with 89.97% reporting having had any amount of college education. Just over half of the group had completed an undergraduate degree or higher (50.42%). Most of the participants were employed and working full-time. The most common response was a household income of \$60,000-\$120,000 per year (39.39%). Individuals with a household income less than \$60,000 made up one-quarter of the 2018 survey.

Nearly all of the survey participants (97.59%) reported having health insurance. The majority of the participants also reported having dental insurance (85.92%) though this percentage is smaller than those reporting health insurance. Many of the respondents also had vision insurance (72.68%). Only 1.56% of the survey population reported having no type of insurance.

The biggest health problems that surfaced from the online survey included obesity, drug use, tobacco use, alcohol use and affordable housing.

The protective health behaviors that Charles County residents were displaying included always wearing a seat belt, washing hands after using bathroom or making food, practicing safe sex, getting a flu shot, refraining from smoking and drinking alcoholic drinks.

Some risk factors that Charles County residents possessed that may lead to chronic disease included not participating in physical activity each day, not eating enough fruits and vegetables, not performing self-exams for cancer, not getting enough sleep at night, not using sunscreen regularly and not taking a vitamin daily.

The online survey participants were also asked about access to health care. 84.76% have had a routine doctor's visit in the past 12 months. 94.2% receive their routine health care in a physician's office. 70.54% were able to see a doctor when needed. If they were unable to see the doctor when needed, the most common reasons were that there were no available appointments (34.11%) or that it was too expensive and they could not afford it (5.74%).

75.48% travel outside of Charles County for medical care at some point. Only 10% reported that they always travel outside the county for care. The most common medical services that people receive outside of Charles County are specialist doctor appointments (58.61%), primary care doctor appointments (24.44%), hospitalizations (20.11%), and dental appointments (18.53%). The most common responses for traveling outside the county were that the services were not available in Charles County (21.78%) and the quality of care was better elsewhere (39.26%).

A short four-question survey was distributed throughout the county regarding perceptions of health within the county. A total of 1,317 short surveys were completed. Ongoing survey collection was conducted at the Charles County Department of Health's Nursing, Substance Abuse, and Mental Health clinics; the University of Maryland Charles Regional Medical Center's Urgent Care, Primary Care, and OBGYN clinics and Cardiac Rehabilitation Program; the Center for Children; Health Partners, Inc; the Western County Community Health Center; Lifelong Learning Center; University of Maryland Extension Office; White Plains Primary Care; Charles County Government; Lifestyles of Maryland Inc.; Charles County Department of Aging; and Cambridge Pediatrics.

The community was also surveyed at large events such as Mission of Mercy, Charles County Community Resource Day, the Charles County Fair, the Cancer Walk in Indian Head, and the Living Well with Chronic Conditions self-management classes.

The biggest health problems identified by the short community survey included: obesity, drug and alcohol use, smoking and tobacco use, diabetes and cancer.

The short survey also identified factors that prevent people from receiving the health care that they need. The most commonly cited barriers to needed health care were “lack of health insurance” (43%) and care is “too expensive/can’t afford it” (57%). Under “Other,” several people explained that they do not have dental or vision insurance to cover those needed services, high deductibles/co-pays, services were not covered by their insurance, and language barriers.

Short survey participants were asked if sufficient services are available to address the health conditions in Charles County. Many of the respondents answered that they did not know or they left it blank. This leads us to believe that additional outreach and awareness campaigns are needed to educate people on available services in Charles County.

The greatest number of respondents believes that there are many services available in Charles County in regard to drug use. This was followed closely by services for high blood pressure. The greatest number of respondents believes that there are some services available in Charles County in regard to mental health. This was followed closely by services for drug use. The greatest number of respondents believes that there are no services available in Charles County for dental health.

Quantitative data was analyzed for various health topics including: mortality, population and demographic data, natality, infant mortality, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, arthritis, dementia/Alzheimer’s disease, communicable disease, environmental health, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance use, disabilities, and tobacco use.

Cumulative analysis of all quantitative and qualitative data was used to prioritize the top health needs of Charles County. The priorities were chosen by the Partnerships for a Healthier Charles County’s Steering Committee and Subcommittee leaders using the Hanlon Method, a National Association of City and County Health Officials’ recommended means for health prioritization. This method objectively scores health conditions based on the size of the problem, seriousness of the problem and the effectiveness of available interventions. The health priorities chosen include:

### **1. Chronic Disease Prevention and Management**

- Major cardiovascular disease (heart disease, hypertension and stroke)
- Obesity and overweight
- Diabetes mellitus

### **2. Behavioral Health**

- Substance use disorders
- Mental health

### **3. Access to Care**

The current assessment findings are an update from the 2015 community health needs assessment report and health improvement plan. 56% of the objectives outlined in the Charles County Health Improvement Plan reached their anticipated goals in the given time frame.

Thanks to the work of the Partnerships for a Healthier Charles County and its teams, the Charles County Health Improvement Plan objectives have been met for:

- Mental health emergency department visit rate decreased
- Addictions-related emergency department visit rate decreased
- Preventable hospital stay rate decreased
- Number of county providers increased
- Colon and rectal cancer mortality rate decreased

Charles County Health Improvement Plan objectives that were not met include:

- Diabetes emergency department visit rate increased
- Percentage of adults at a healthy weight decreased
- Childhood obesity percentage increased
- Hypertension emergency department visit rate increased

The data from this community health needs assessment was used to develop the next Charles County health improvement plan and subsequent action plans. They provide the county with measurable outcomes and benchmarks for three-year program implementation.

# Charles County Health Improvement Plan

## Long-Term Objectives FY 2019-2021

### Priority One: Chronic Disease Prevention and Management

#### *Obesity*

1. Maintain the percentage of Charles County adults who are at a healthy weight at 23.1% (combat yearly increases). Source: 2015 Maryland BRFSS
2. Decrease the percentage of Charles County 13- to 18-year olds who are obese from 13.0% to 12.0% (1% reduction). Source: 2016 Maryland YRBS

#### *Diabetes*

1. Reduce the Charles County diabetes emergency department visit rate from 244.2 per 100,000 to the Maryland rate of 241.8 per 100,000 (1% reduction). Source: 2014 Maryland HSCRC data from SHIP website

#### *Major Cardiovascular Disease*

1. Reduce the Charles County hypertension emergency department visit rate from 347.7 per 100,000 to 344.3 per 100,000 (1% reduction). Source: 2014 Maryland HSCRC data from SHIP website

### Priority Two: Behavioral Health

#### *Mental Health*

1. Reduce the Charles County mental health emergency department visit rate from 2346.9 per 100,000 to 2323.4 per 100,000 (1% reduction). Source: 2014 Maryland HSCRC data from SHIP website

#### *Substance Use Disorders*

1. Reduce the Charles County addictions-related emergency department visit rate from 991.9 per 100,000 to 982 per 100,000 (1% reduction). Source: 2014 Maryland HSCRC data from SHIP website

### Priority Three: Access to Care

#### *Physician Recruitment and Retention*

1. Increase the number of Charles County providers by five.

#### *Unnecessary Hospital Utilization*

1. Reduce the Charles County preventable hospital stay rate from 55 per 1000 Medicare enrollees to 52.3 (5% reduction) per 1000 Medicare enrollees. Source: County Health Rankings