

Welcome to the Partnerships for a Healthier Charles County

May 19, 2021 Virtual Meeting



Ways to help our meeting go smoothly

- *Please mute your phones or computers if you are not speaking to the group. This will limit the background noise.*
- *Put your questions into the chat box.*
- *Send all agency updates and announcements by email to Kim Johnson at kjohnson@maryland.gov. We will make sure that they are sent out to all PHCC members after the meeting along with the presentation slides.*

May 19th Meeting Agenda

- 1. **Charles County Community Health Needs Assessment Report Overview**, Amber Starn, Epidemiologist, Charles County Department of Health*
- 2. **Health Prioritization Process and the Health Improvement Plan**: Cristalle Madray, Community Benefits Coordinator, University of Maryland Charles Regional Medical Center*
- 3. **Development of Team Action Plans**: Meeting Dates and Information from Team Leaders*
- 4. **Brief Introduction to the Overdose Data to Action (OD2A) Project**: Dawn Banks, OD2A Coordinator, Charles County Department of Health*
- 5. Updates from the floor*



UNIVERSITY *of* MARYLAND
CHARLES REGIONAL
MEDICAL CENTER

FY2021 Community Health Needs Assessment

Presentation for the Partnerships for a Healthier Charles County
May 19, 2021

Charles County Health Improvement Plan

FY 19-21 Outcomes

- 8 measurable health objectives
- 3 objectives reached their anticipated goals:
- Adults at a healthy weight went up, Preventable hospital stay rate down, Provider recruitment exceeded goal, 5 objectives saw no improvement.
- Mental health ED visit rate went up, addictions related ED visit rate went up, childhood obesity went up, diabetes ED visit rate went up, hypertension went up

38% of our previous health objectives met this goal from FY19 to FY21.

Charles County Health Needs Assessment *2021*

Highlights:

- A comprehensive needs assessment was conducted from July 1, 2020 to March 2021.
- Five different sources of data were used:
 - A long online survey on health perception and behavior
 - A short paper survey on health status
 - 1 focus group with community leaders and healthcare providers
 - Key informant interviews with community leaders, key stakeholders, healthcare providers
 - A quantitative data analysis of secondary, published data. Data collection occurred between July-December 2020

Charles County Health Needs Assessment

2021

Survey Summary:

- 561 Charles County residents completed the 27 question online survey
- A short 4 question survey was distributed throughout the county regarding perceptions of health within the county. A total of 755 short surveys were completed
- The short survey represents a diverse, representative cross-section of Charles County residents

2021 Charles County Community Health Needs Assessment

Focus Group Highlights

The biggest issues to emerge from the focus groups included:

- Mental health resources and services
- Substance Use Disorders
- Transportation
- Chronic Disease Management
- Obesity/Overweight
- COVID-19

2021 Charles County Health Needs Assessment

Key Informant Interviews

- 51 key informant interviews were completed in place of in-person focus groups due to COVID-19

The health issues highlighted in the key informant interviewed included:

- Behavioral Health
- Obesity
- Access to Care
- Chronic disease (diabetes, cancer, hypertension, heart disease, CHF, COPD)
- Social determinants of health (health literacy, age, income, access to healthy food, lack of trust with healthcare system, race)

2021 Charles County Health Needs Assessment

Long Survey Results

- 561 Charles County residents completed the 27 question online survey that was created using Survey Monkey. Survey respondents represented a diverse sampling of the county population.
- The biggest health problems that surfaced from the online survey included:
 - Obesity
 - Drug use
 - Infectious Diseases
 - Social determinants of health (affordable housing, crime)
 - Alcohol use

2021 Charles County Health Needs Assessment

Survey Results:

- A short 4 question survey was distributed throughout the county regarding perceptions of health within the county. A total of **755 short surveys** were completed.
- The biggest health problems identified by the short community survey included:
 - Obesity
 - Drug and alcohol use
 - Mental Health
 - Diabetes
 - High Blood Pressure/Stroke
- 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 was lack of health insurance (35.4%) and care is too expensive/can't afford it (47.4%)

Charles County Health Needs Assessment

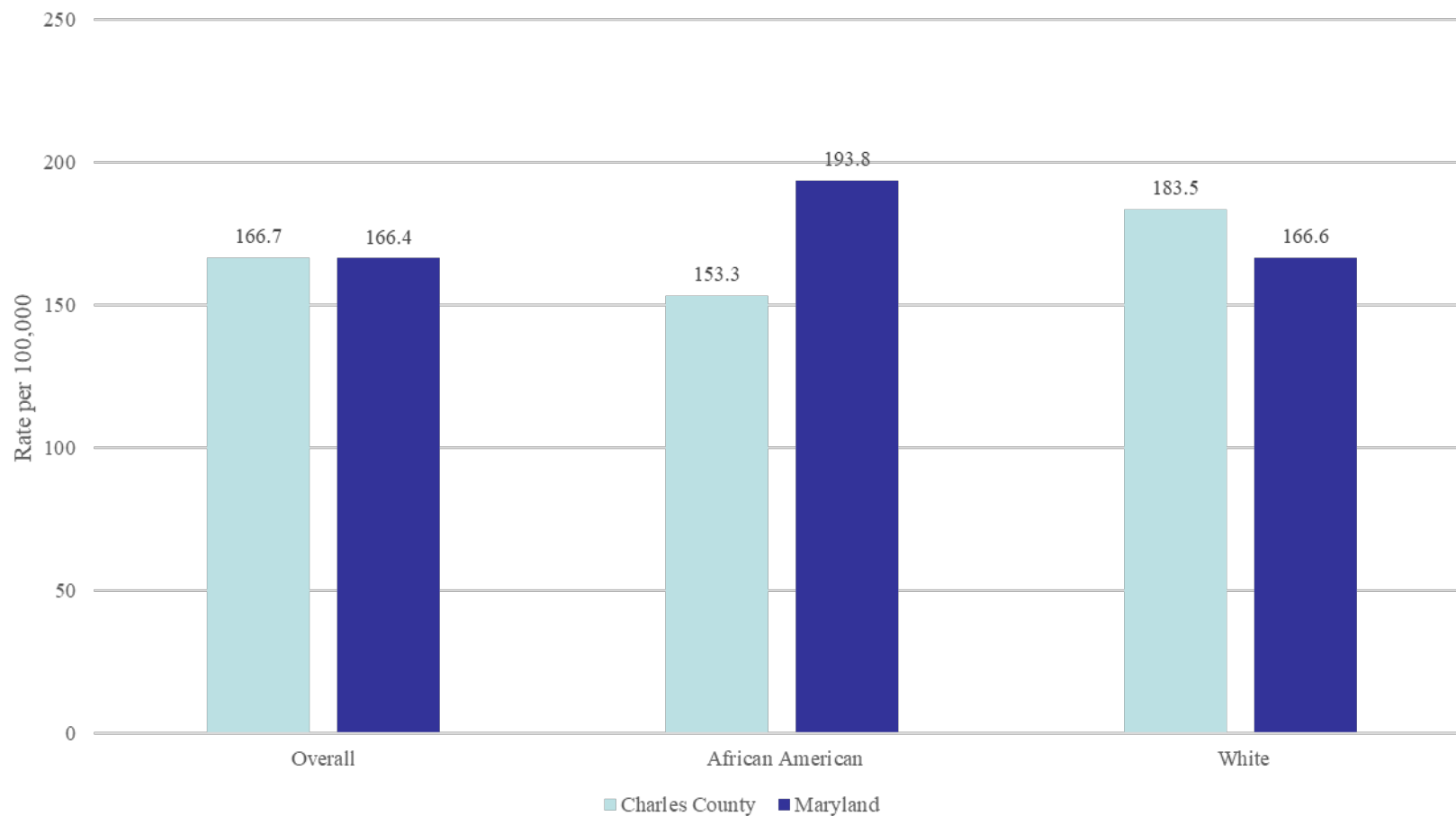
2021

Quantitative Analysis:

- Quantitative data was analyzed for:
 - Mortality, population/demographic data, natality, infant mortality, social determinants of health, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, osteoporosis, 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.

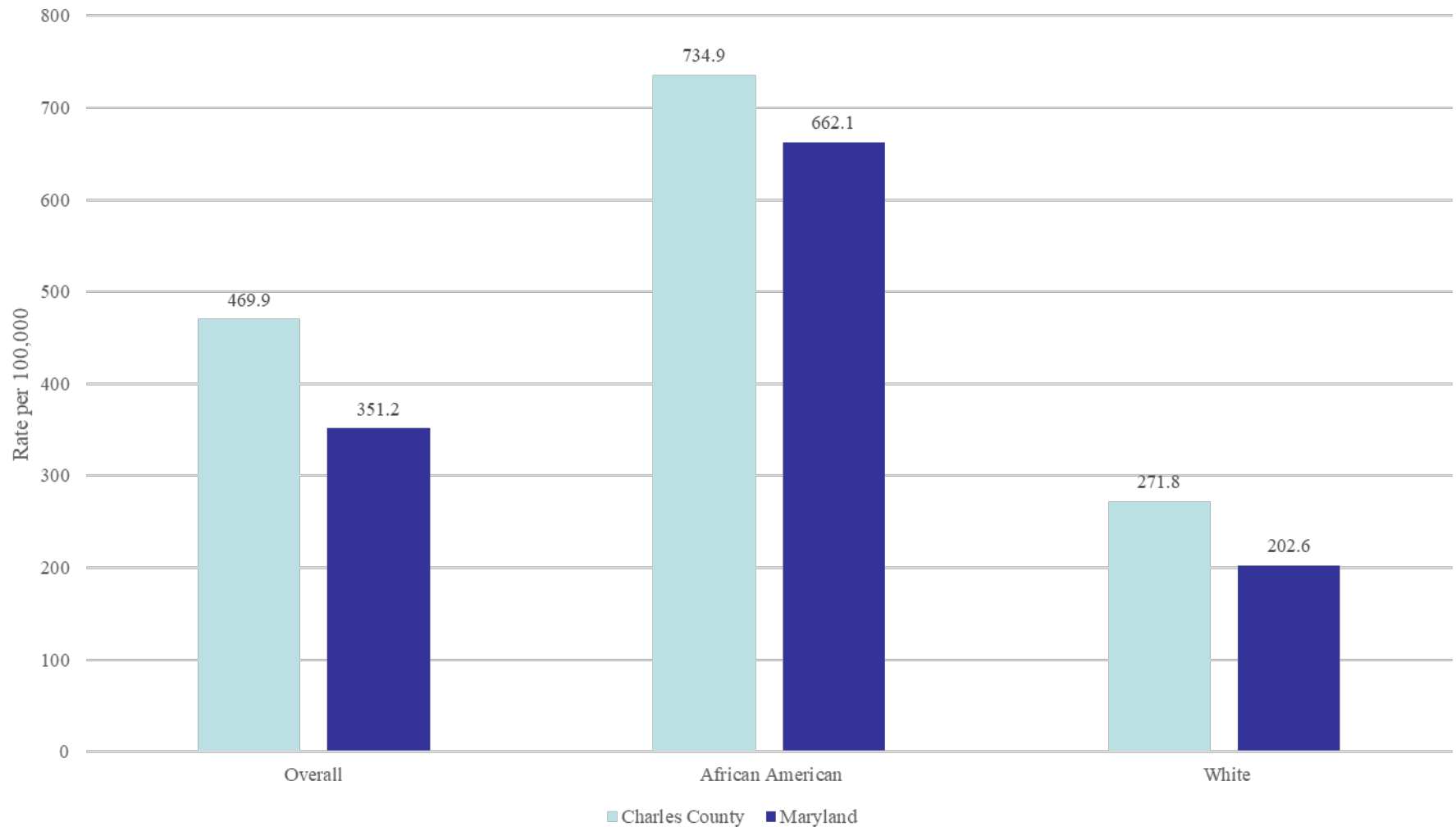
Heart Disease

2015-2017 3-Year Average Heart Disease Mortality Rates for Charles County and Maryland



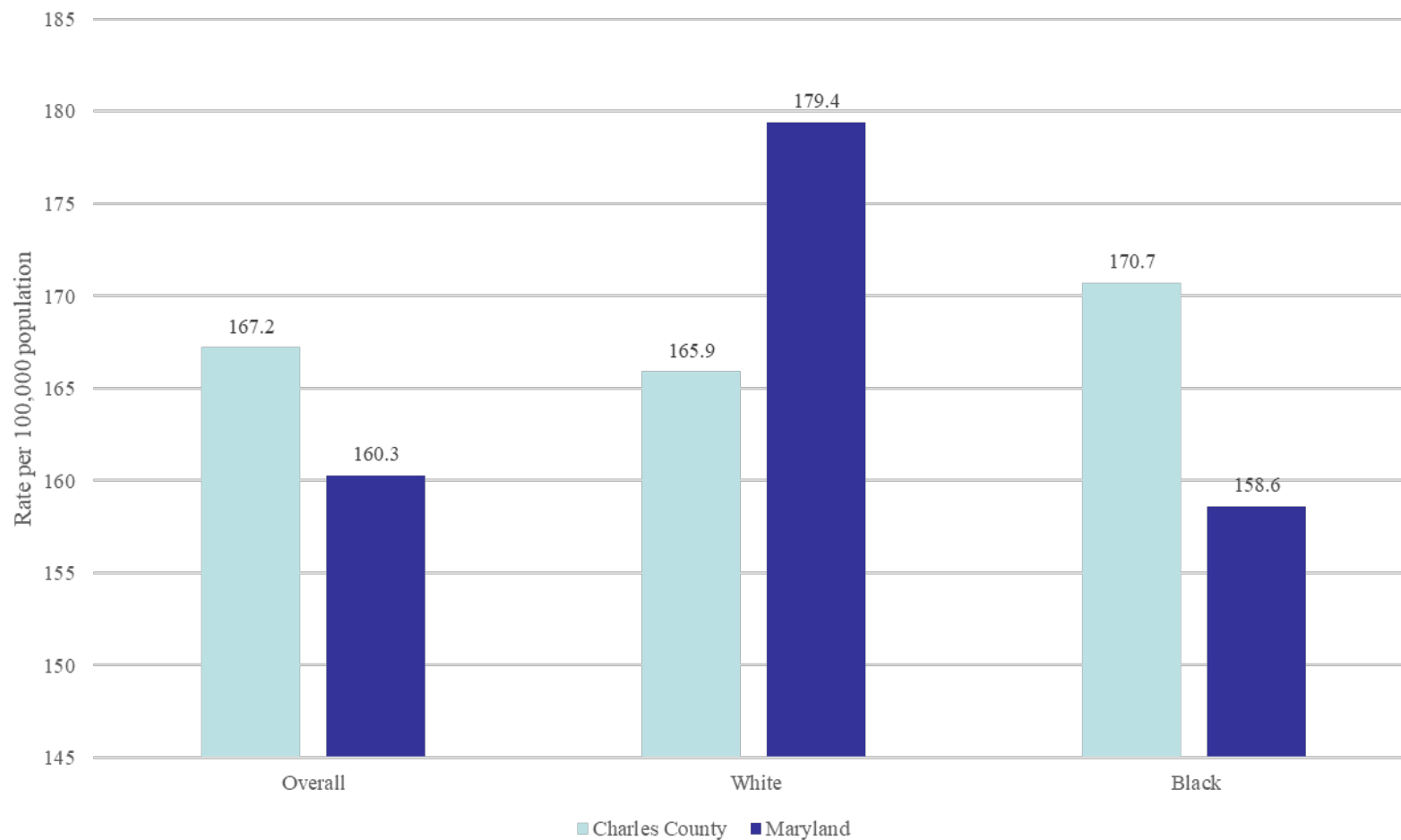
Hypertension

2017 Hypertension-Related Emergency Department Visit Rates per 100,000 for Charles County and Maryland



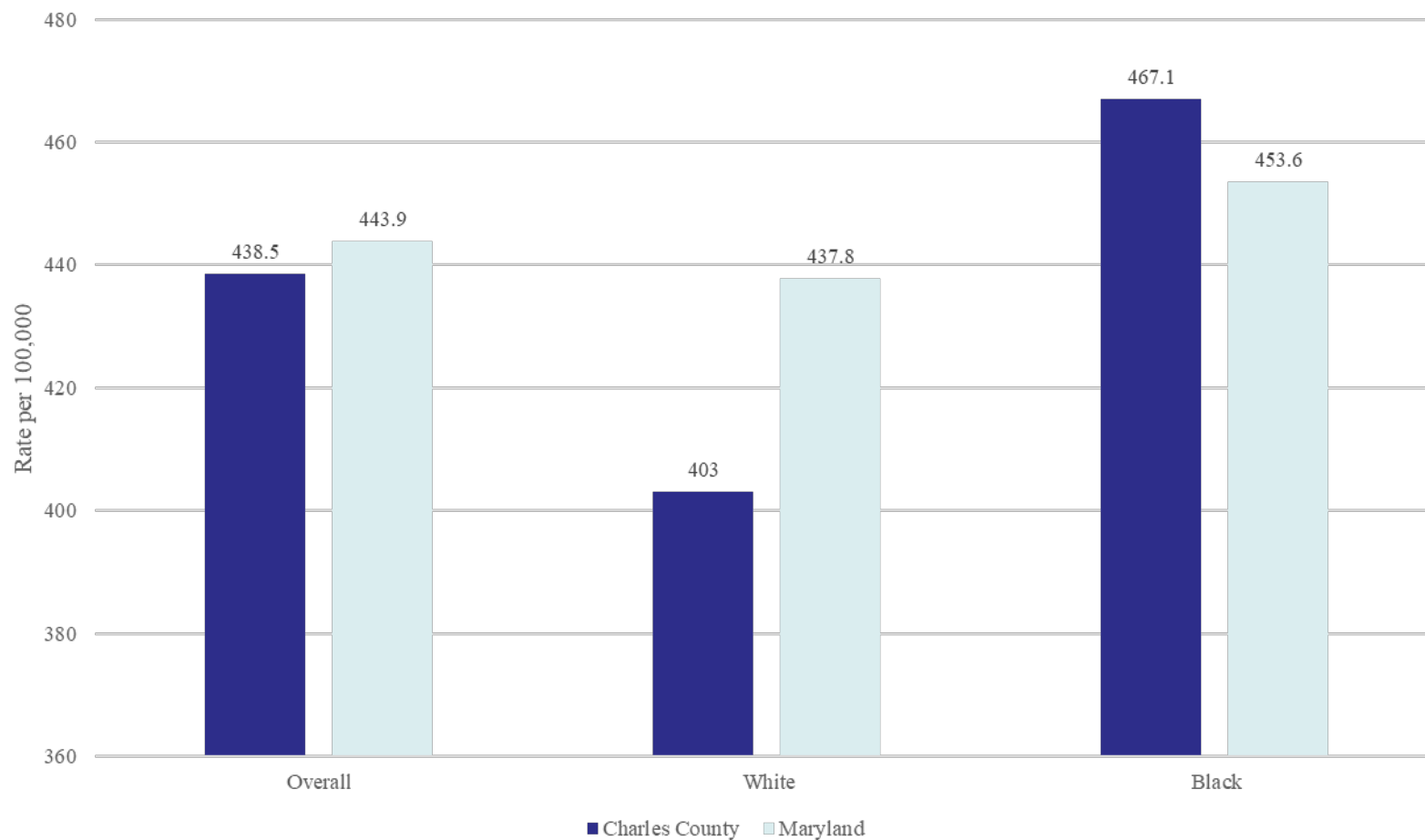
Cancer

2012-2016 Charles County and Maryland All Cause Cancer Mortality Rates by Race



Cancer

2012-2016 Charles County and Maryland All Cause Cancer Incidence Rates by Race

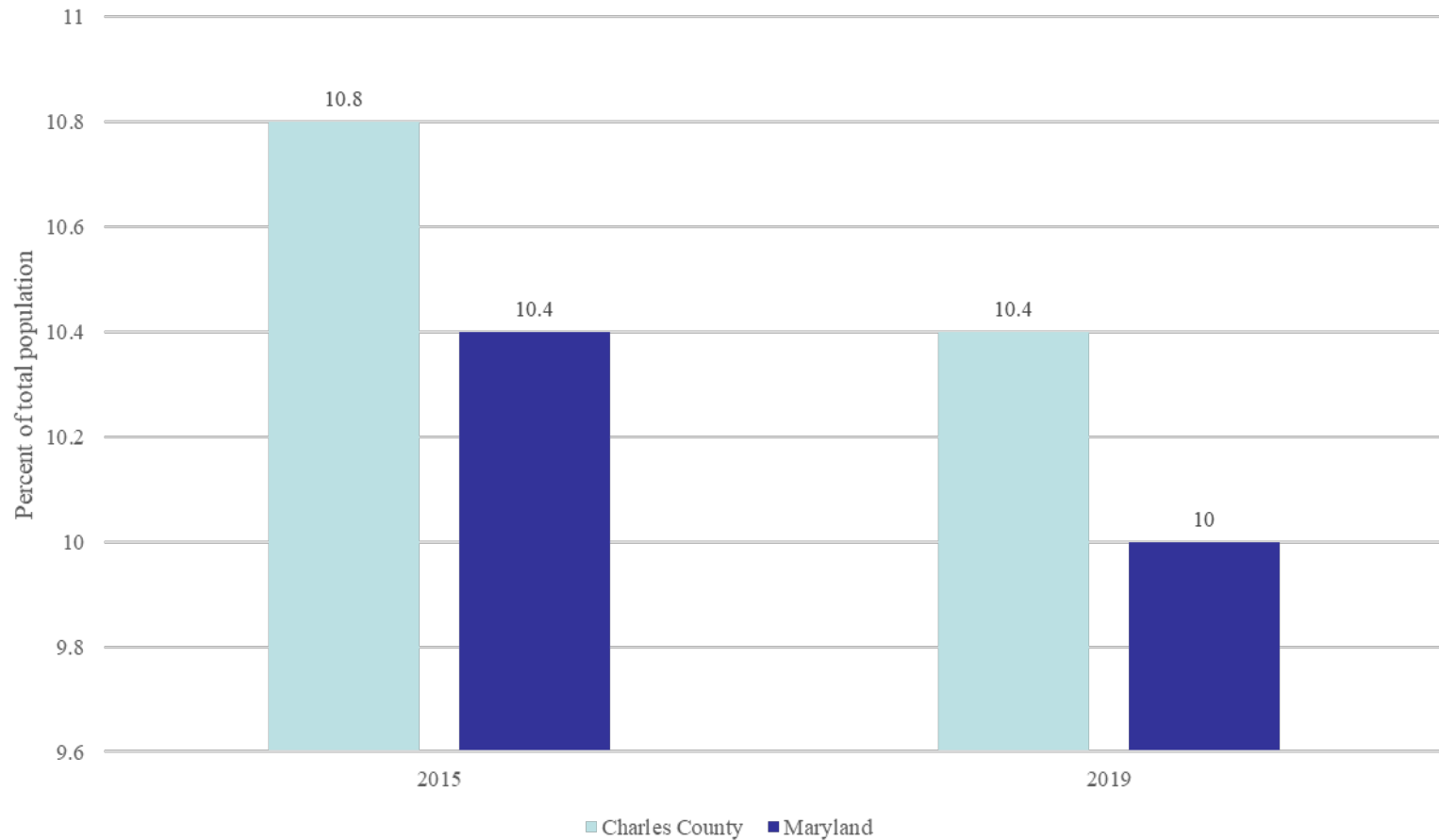


Cancer

- Highest incidence rate for any site: Prostate Cancer, 143.1
- Highest mortality rate for any site: Lung Cancer, 39.8
- Site with the largest disparity between the Charles County rate and the Maryland rate for incidence: Prostate Cancer, 143.1 vs. 120.3
- Site with the largest disparity between the Charles County rate and the Maryland rate for mortality: Breast Cancer, 25.6 vs. 22.2
- Site with the largest disparity between Charles County Whites and Charles County Blacks for incidence: Prostate Cancer, 115.5 vs. 194.3
- Site with the largest disparity between Charles County Whites and Charles County Blacks for mortality: Prostate Cancer, 17.9 vs. 34.9

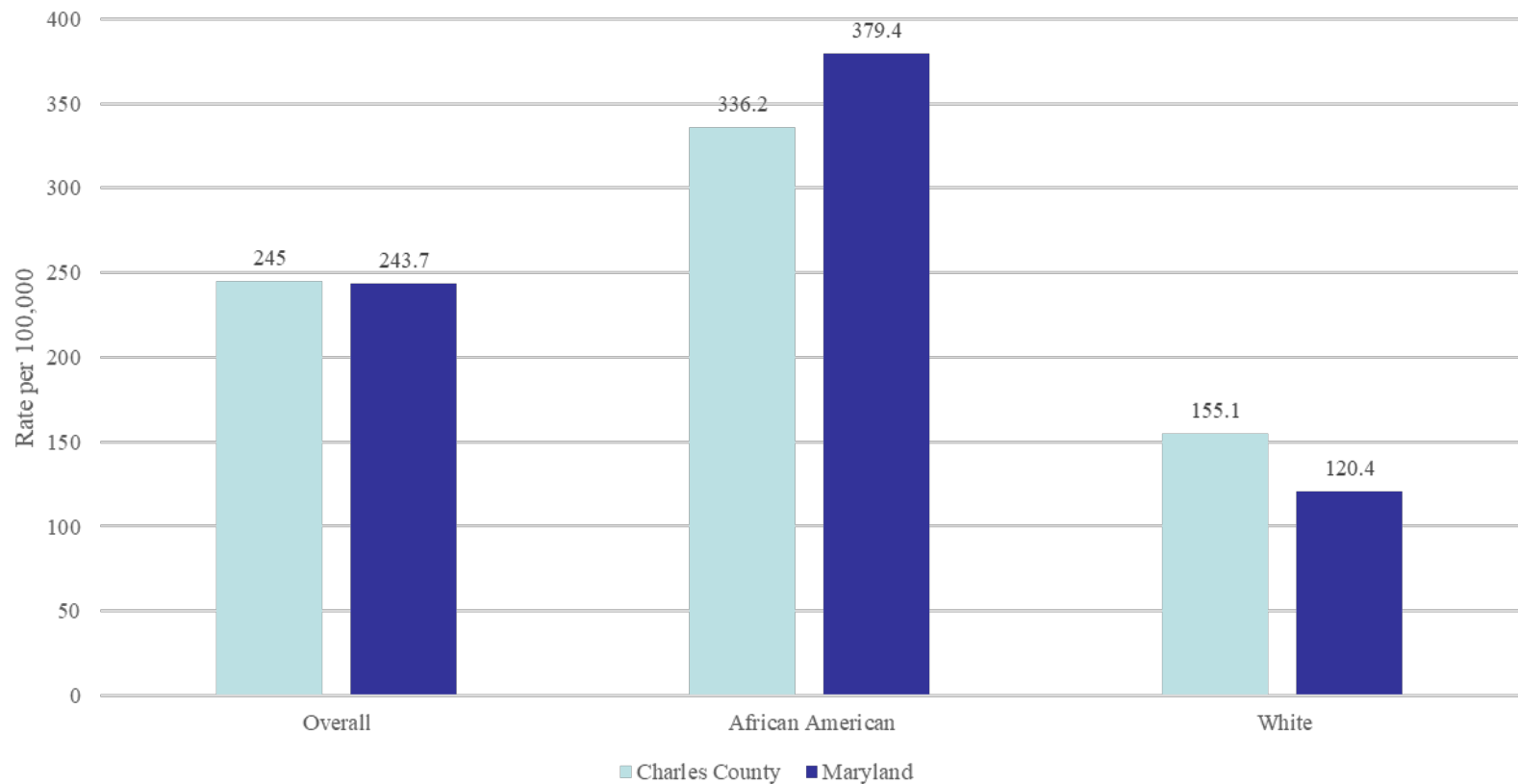
Diabetes Prevalence

2015 and 2019 Comparison of Diabetes Prevalence, Charles County and Maryland

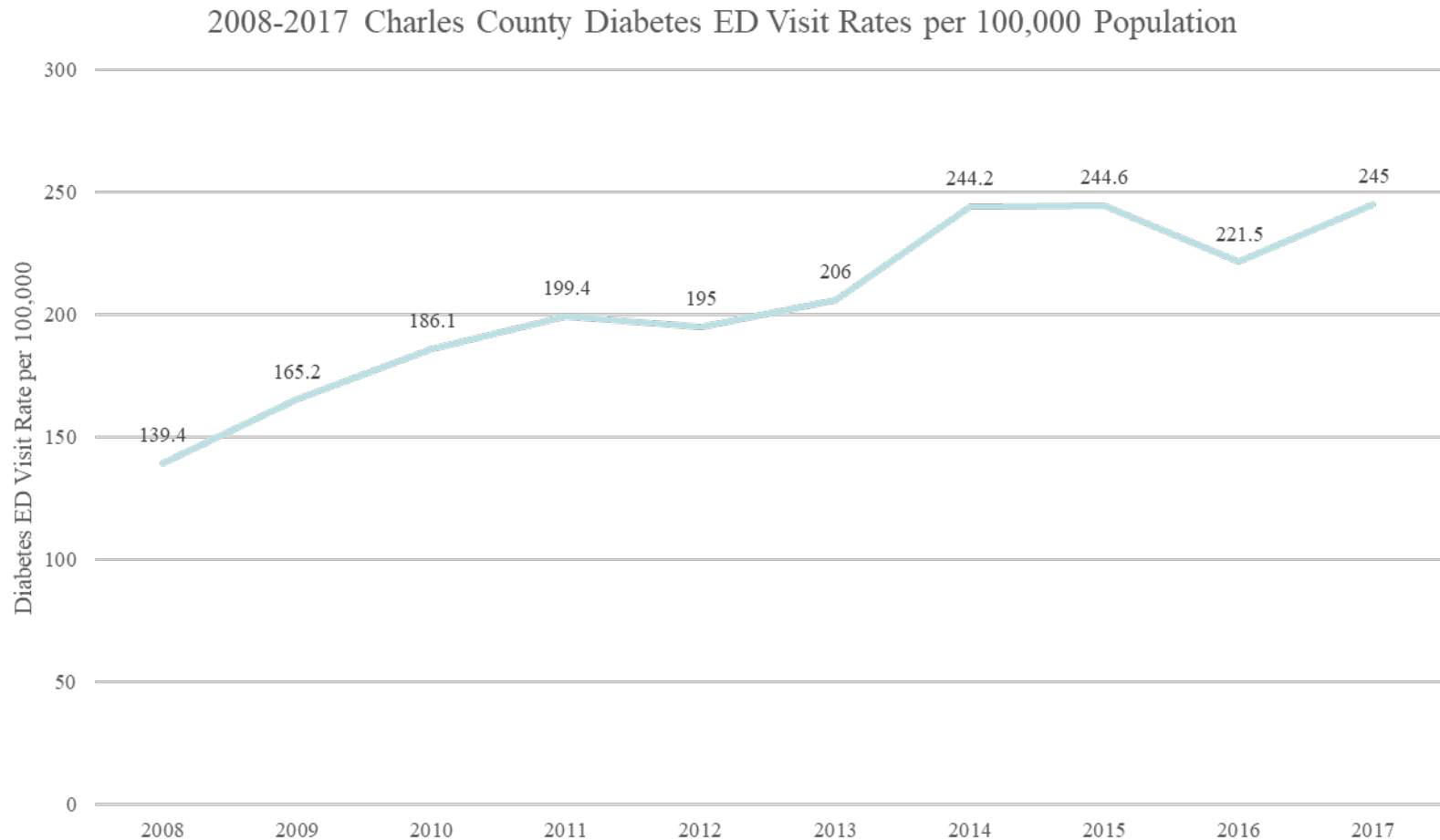


Diabetes Emergency Department Visit Rates

2017 Diabetes Emergency Department Visit Rates per 100,000, Charles County and Maryland

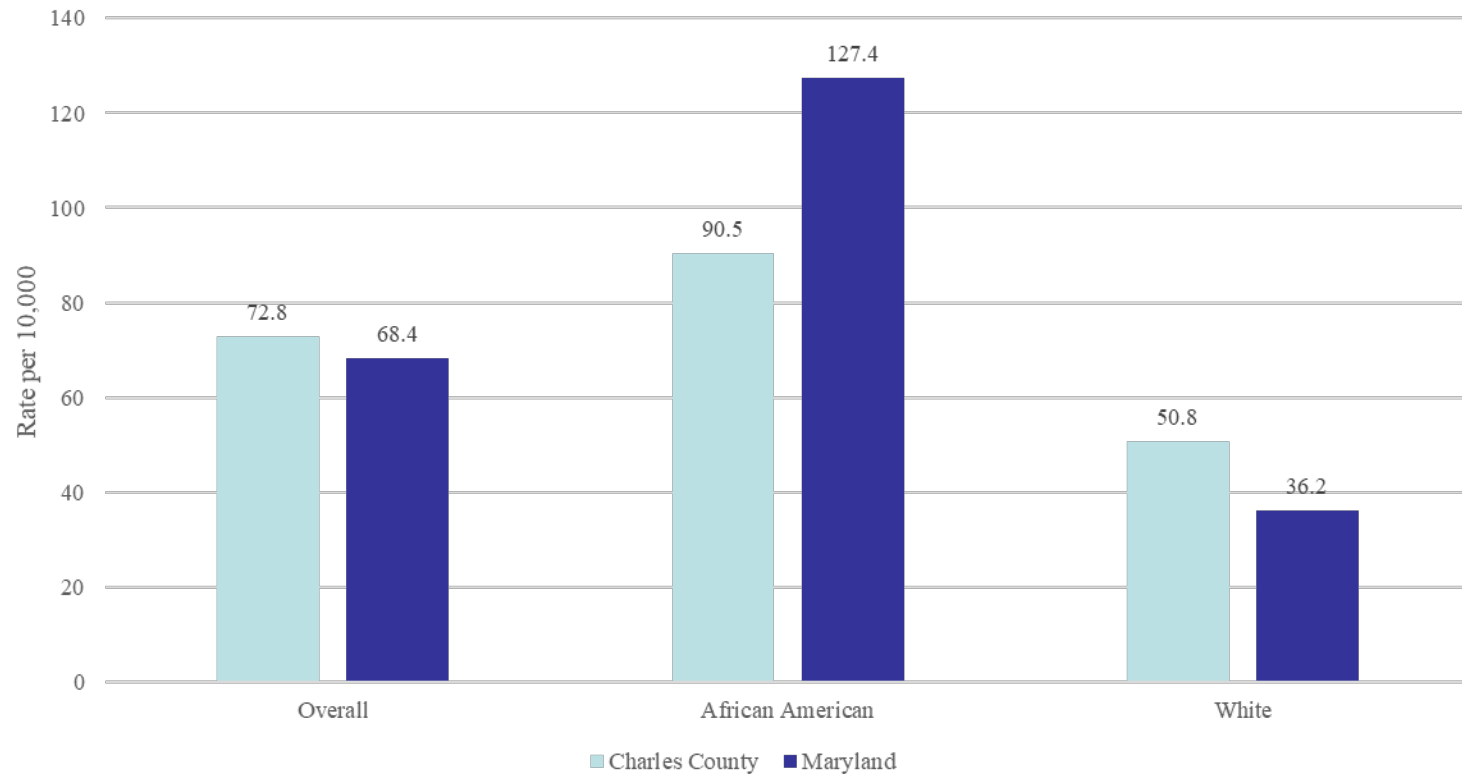


Diabetes ED Visit Rate Trends



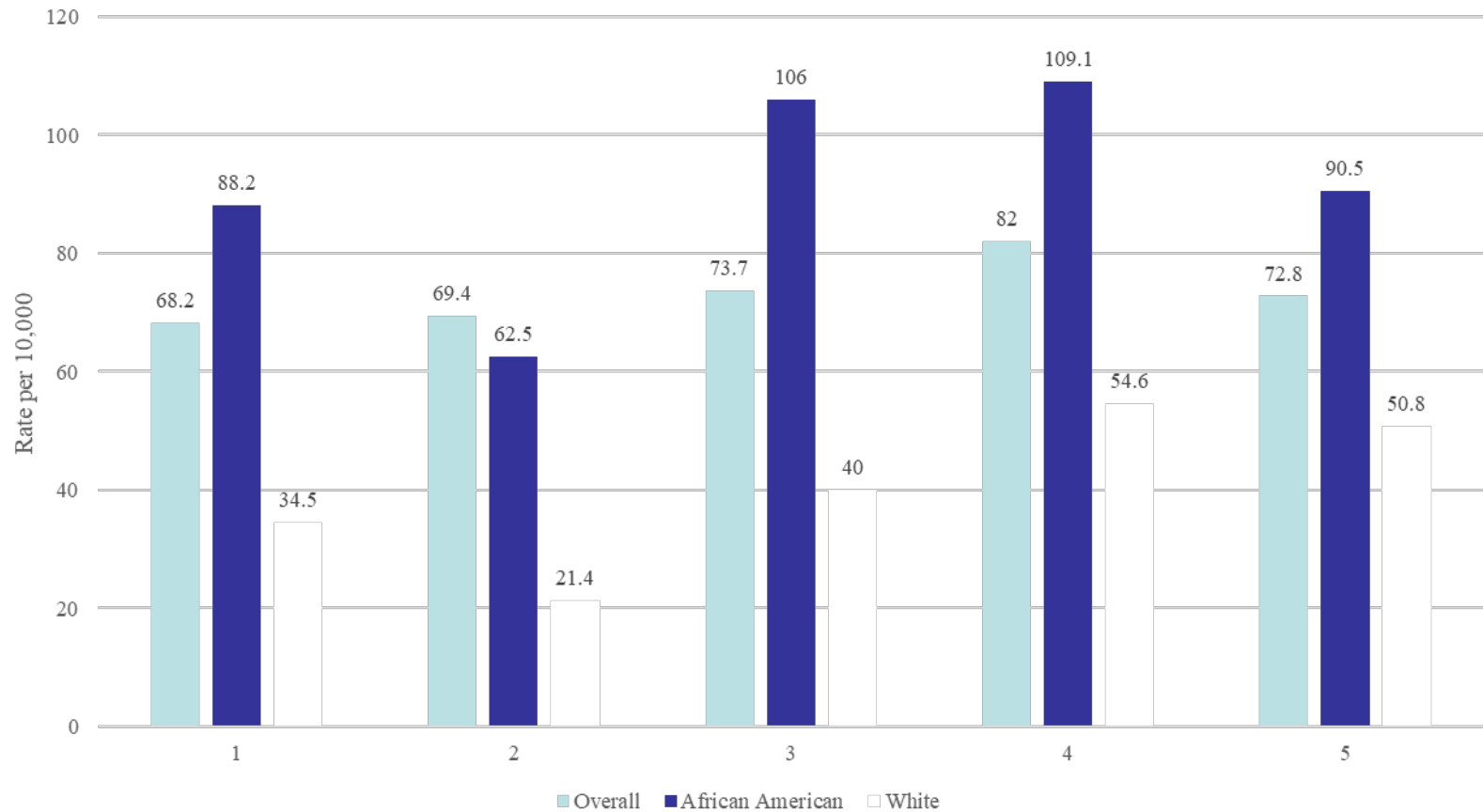
Asthma ED Visit Rates

2017 Asthma Emergency Department Visit Rate per 10,000, Charles County vs. Maryland



Asthma ED Visits by Race

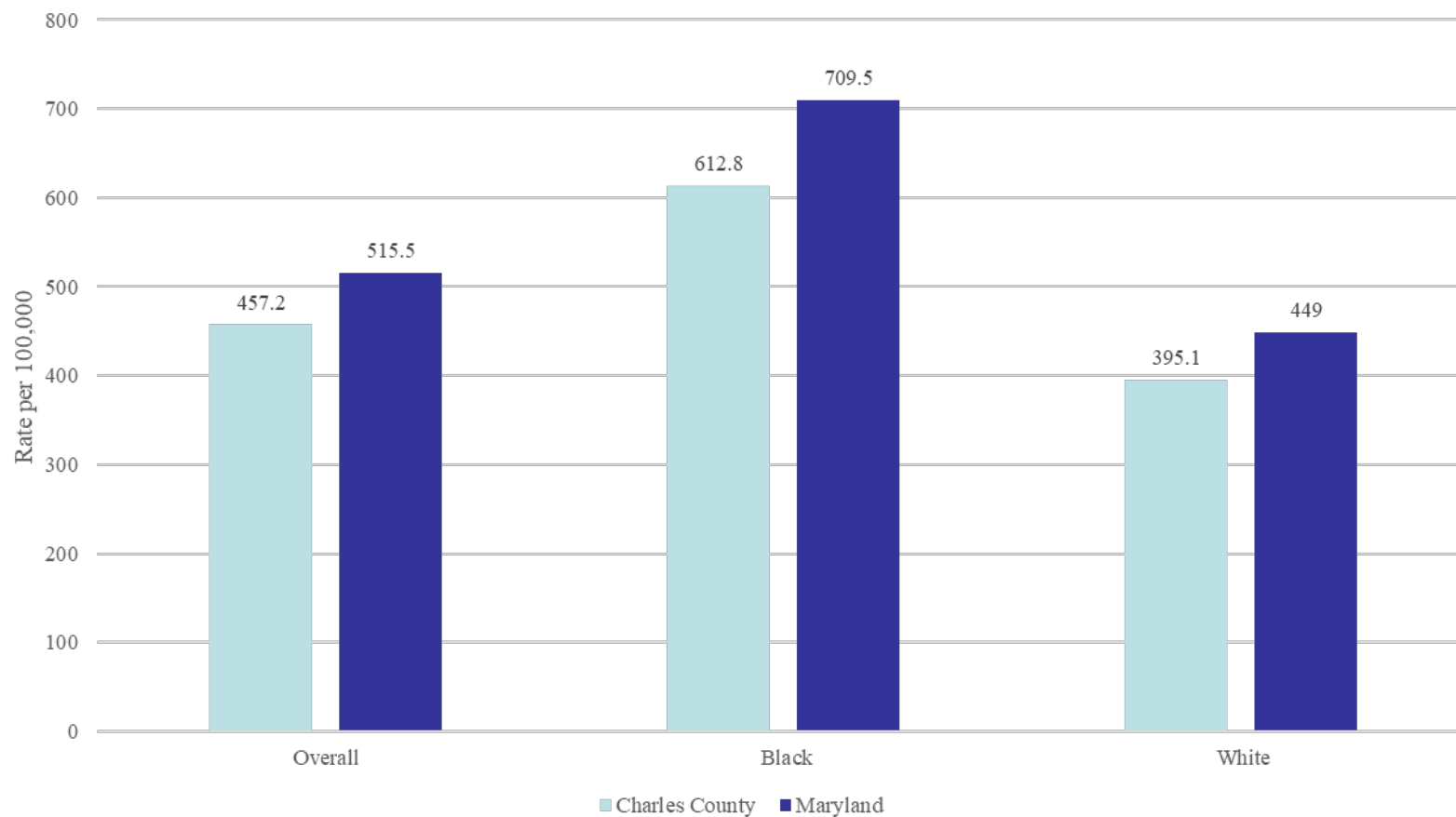
2013-2017 Charles County Asthma-Related Emergency Department Visit Rates by Race



Juvenile Asthma Prevalence

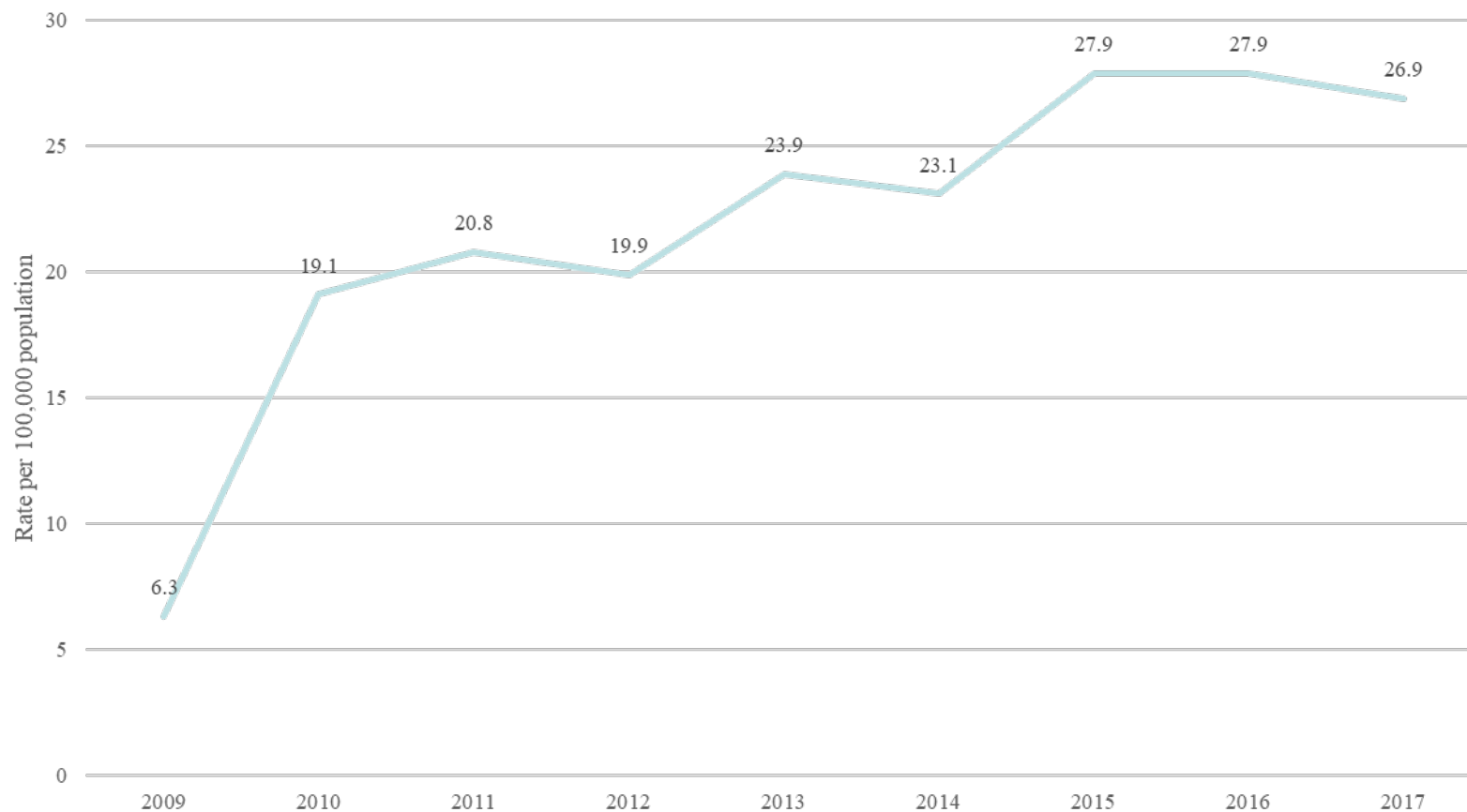
2018-2019 Middle and High School Asthma Prevalence	Middle School	High School
Charles County	21.5%	29.2%
Maryland	21.0%	25.9%

2017 Alzheimer's and Other Dementia Related Hospitalization Rates by Race, Charles County and Maryland

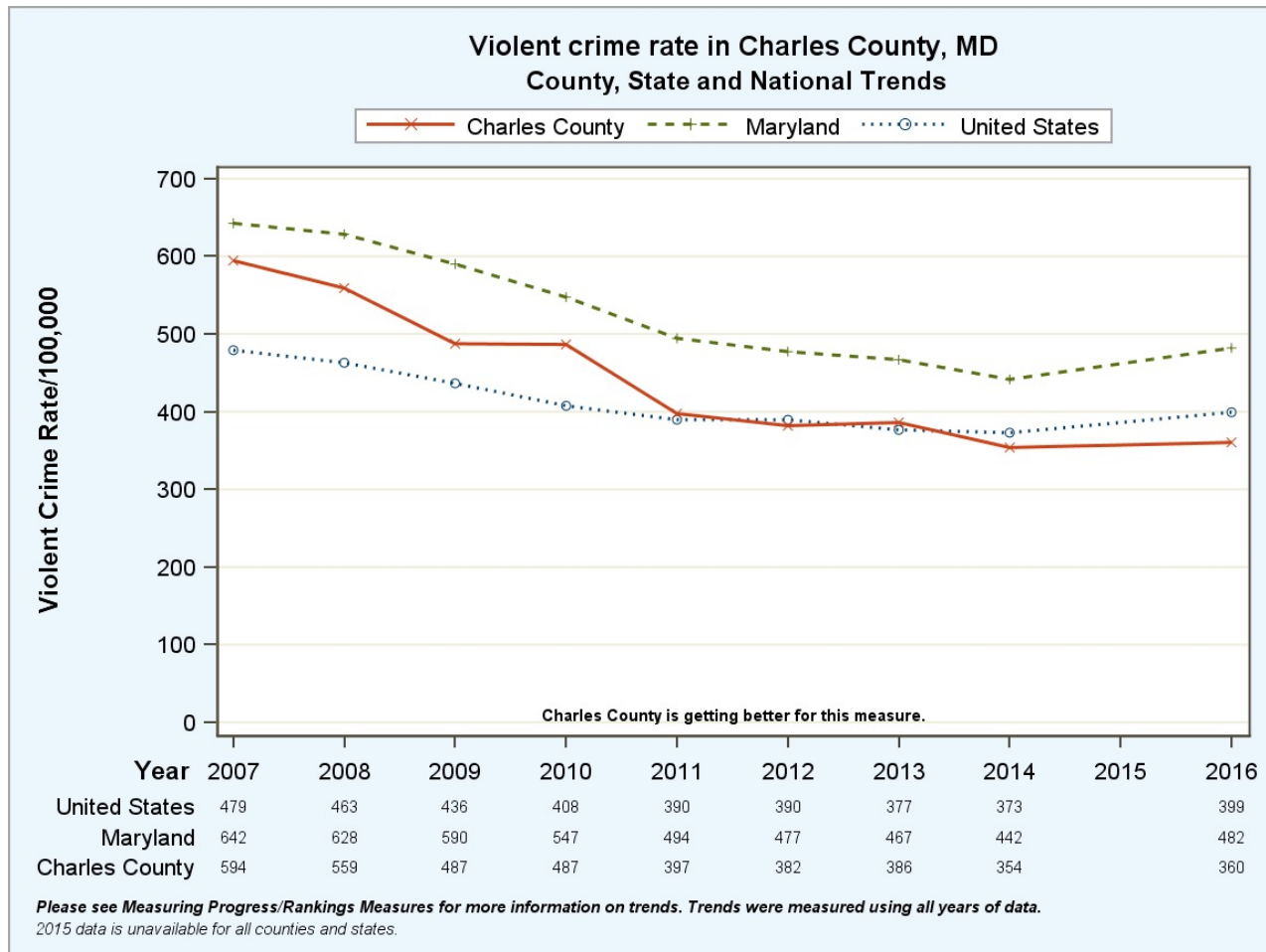


Injury

Charles County Pedestrian Injury Rate on Public Roads, 2009-2017

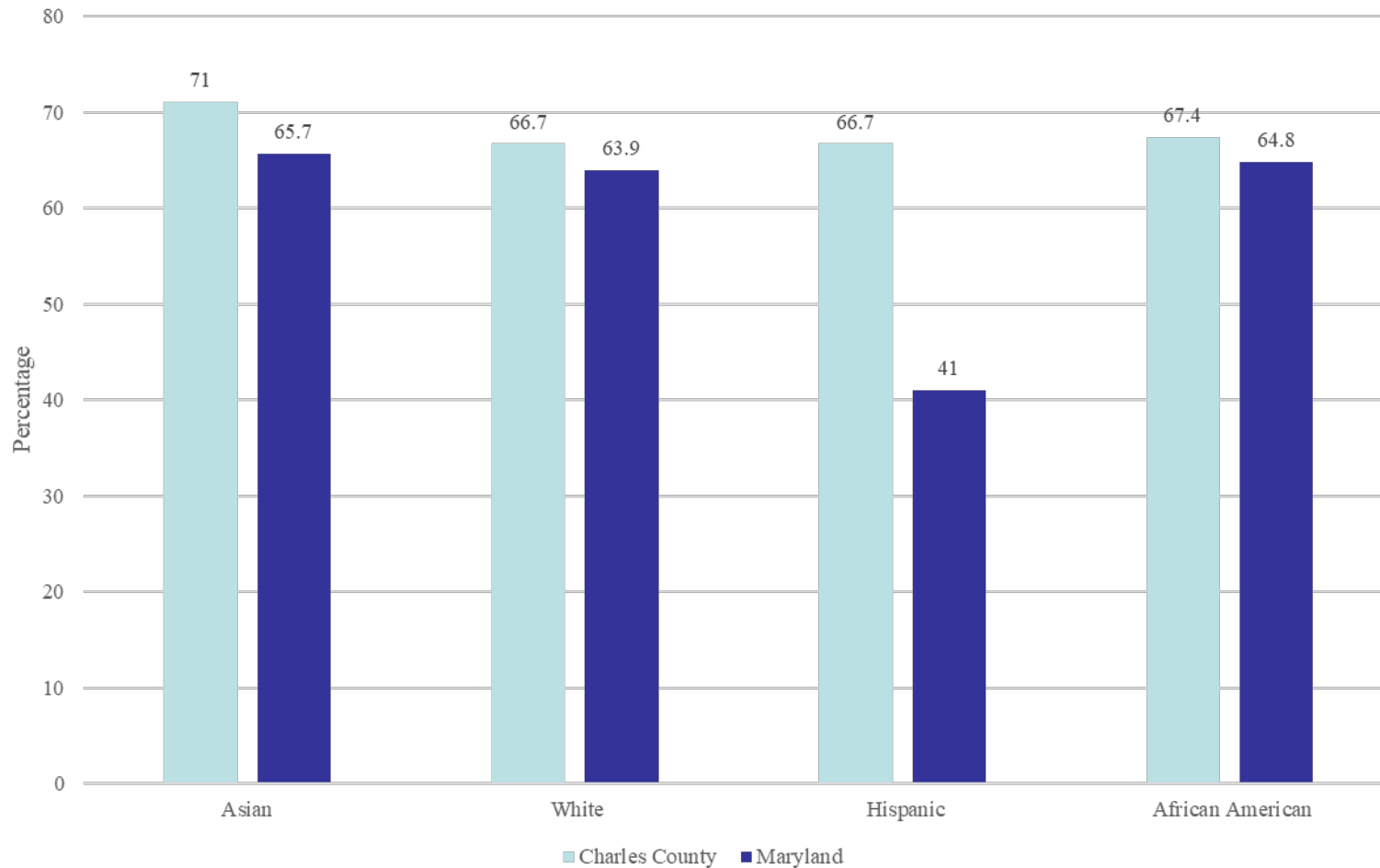


Violence and Injury Prevention

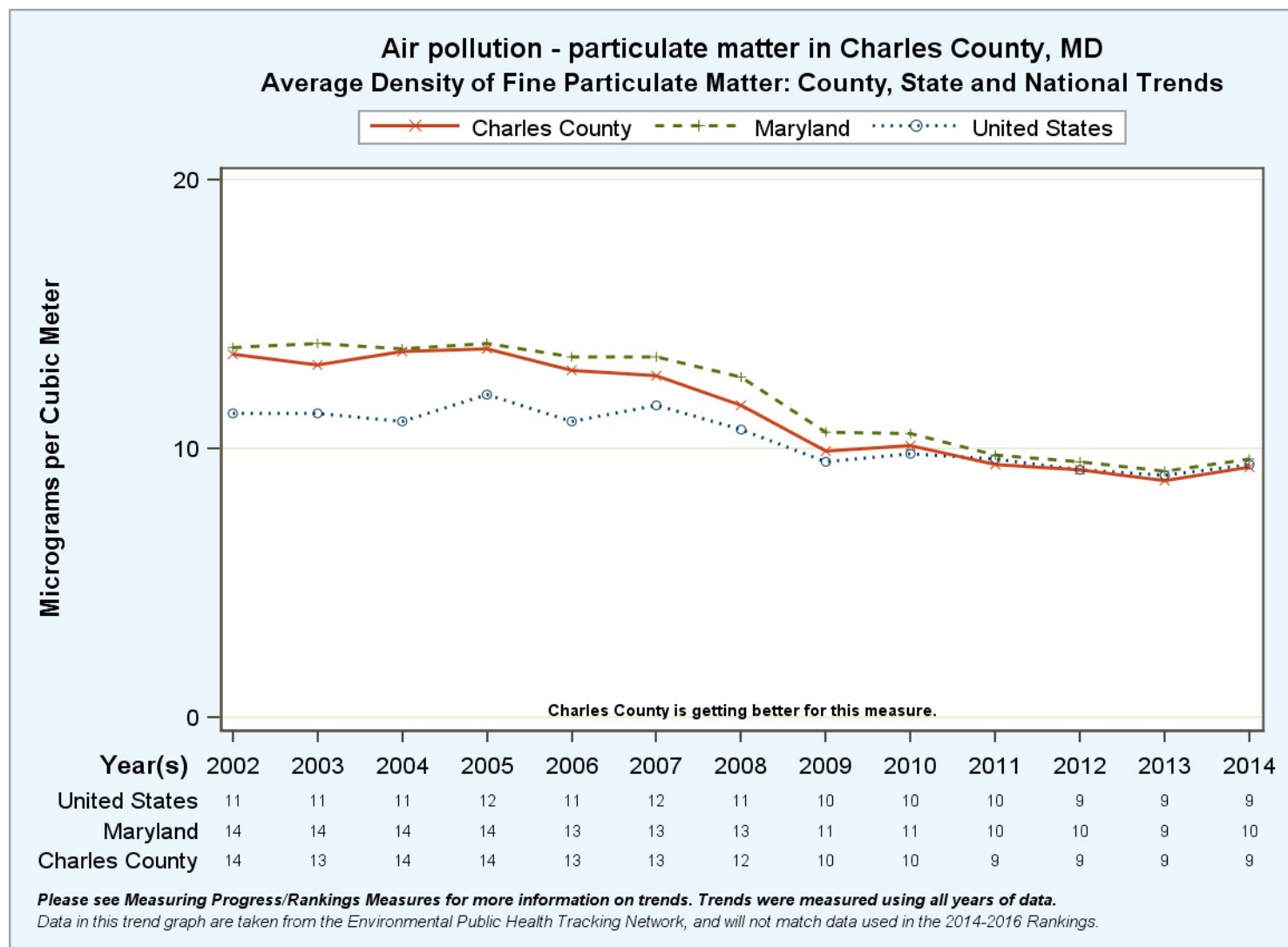


Environmental health

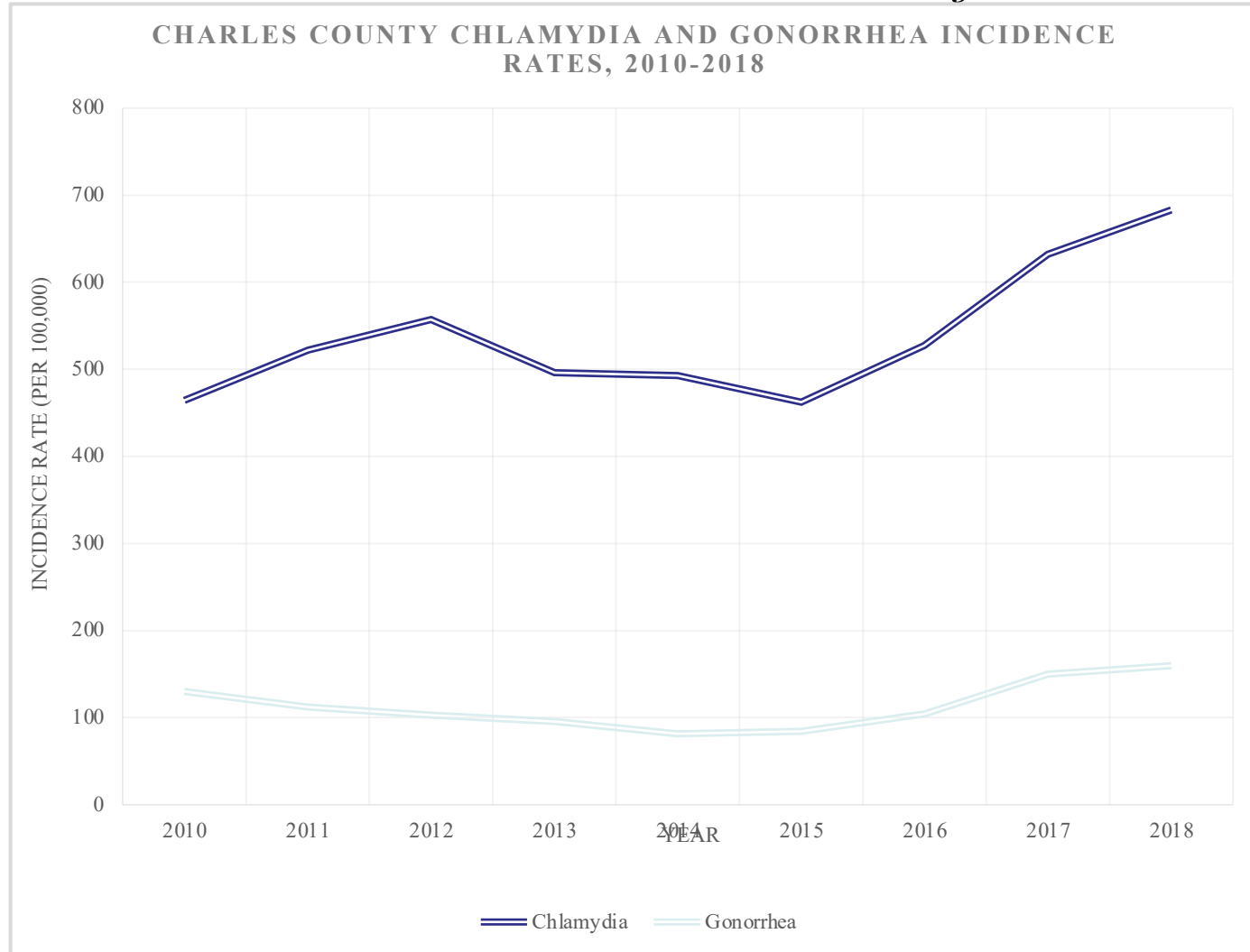
2017 Charles County Blood Lead Screening Percentages for Children



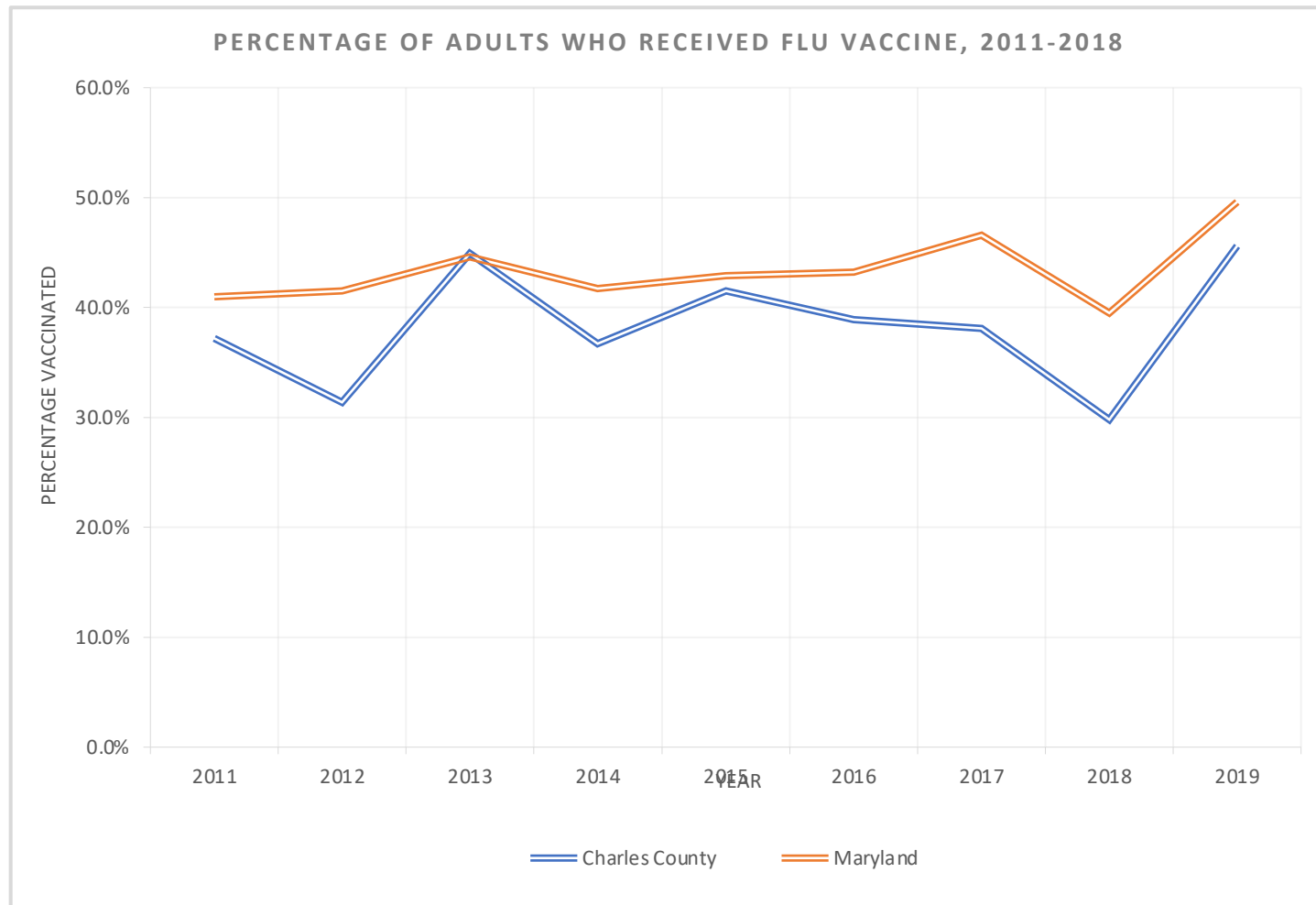
Environmental Health



Infectious Disease



Infectious Disease



COVID-19

Charles County 7-day Average COVID-19 Case Rate per 100,000
March 23, 2020-May 16, 2021



Childhood Obesity

The 2018 Maryland Youth Risk Behavior Survey (YRBS) found that Charles County high school students have a 14.6% obesity prevalence and a 16.3% overweight prevalence.

In Charles County, high school males were more likely to be obese than high school females.

The prevalence of obesity was highest in 10th and 12th grades.

High school students of multiple races had a higher prevalence of obesity than any other racial or ethnic group.

Adult Obesity

BMI Status: Charles County	Healthy Weight	Overweigh t or Obese	Overweight	Obese
2019	28.2%	71.9%	28.4%	43.5%
Previous CHNA	23.1%	76.9%	44.9%	32.0%

2019 Maryland BRFSS data estimates that over two-thirds of Charles County adults are either overweight or obese (71.9%). This percentage is a decrease from the 76.9% reported in the previous needs assessment report. Obesity prevalence was determined by weighting Charles County BRFSS BMI responses to reflect the county population. 2019 results found that 43.5% of Charles County adults are obese; and 28.4% are overweight. The Charles County obesity prevalence is higher than the Maryland state average obesity prevalence (43.5% vs. 32.2%). The Charles County overweight prevalence is lower than the Maryland state average overweight prevalence (28.4% vs. 34.4%).

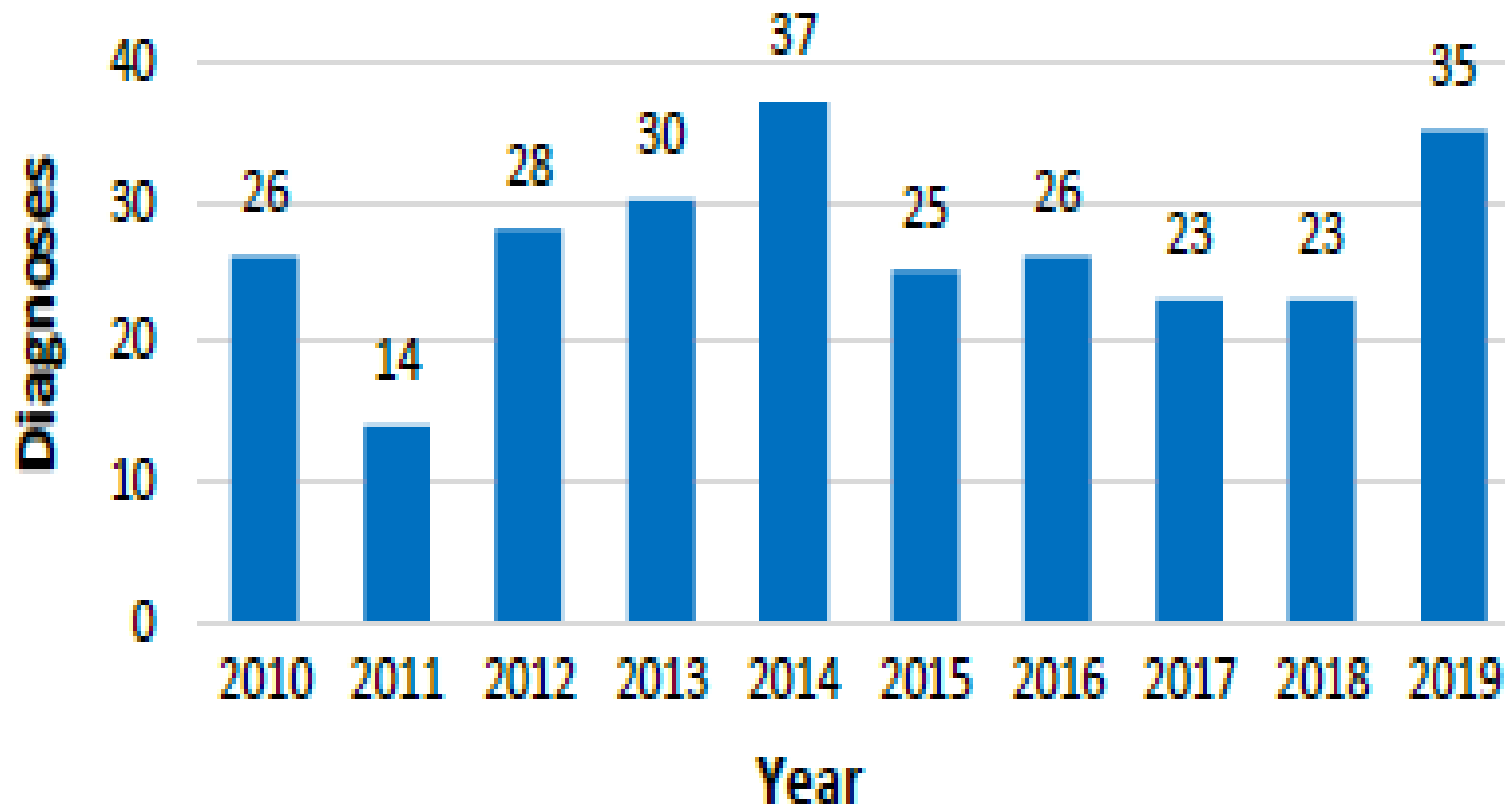
Physical Activity

Leisure Time Physical Activity 2019 BRFSS	Yes, leisure time physical activity	No leisure time physical activity
Charles County	77.4%	22.6%
Maryland	76.6%	23.4%

Fruit and Vegetable Intake

Daily Fruit and Vegetable Consumption, 2019 BRFSS	Percent who consume at least 1 fruit per day	Percent who consume at least 1 vegetable per day
Charles County	58.1%	83.5%
Maryland	62.8%	78.7%

HIV Diagnoses by Year, 2010-2019



Adult Tobacco

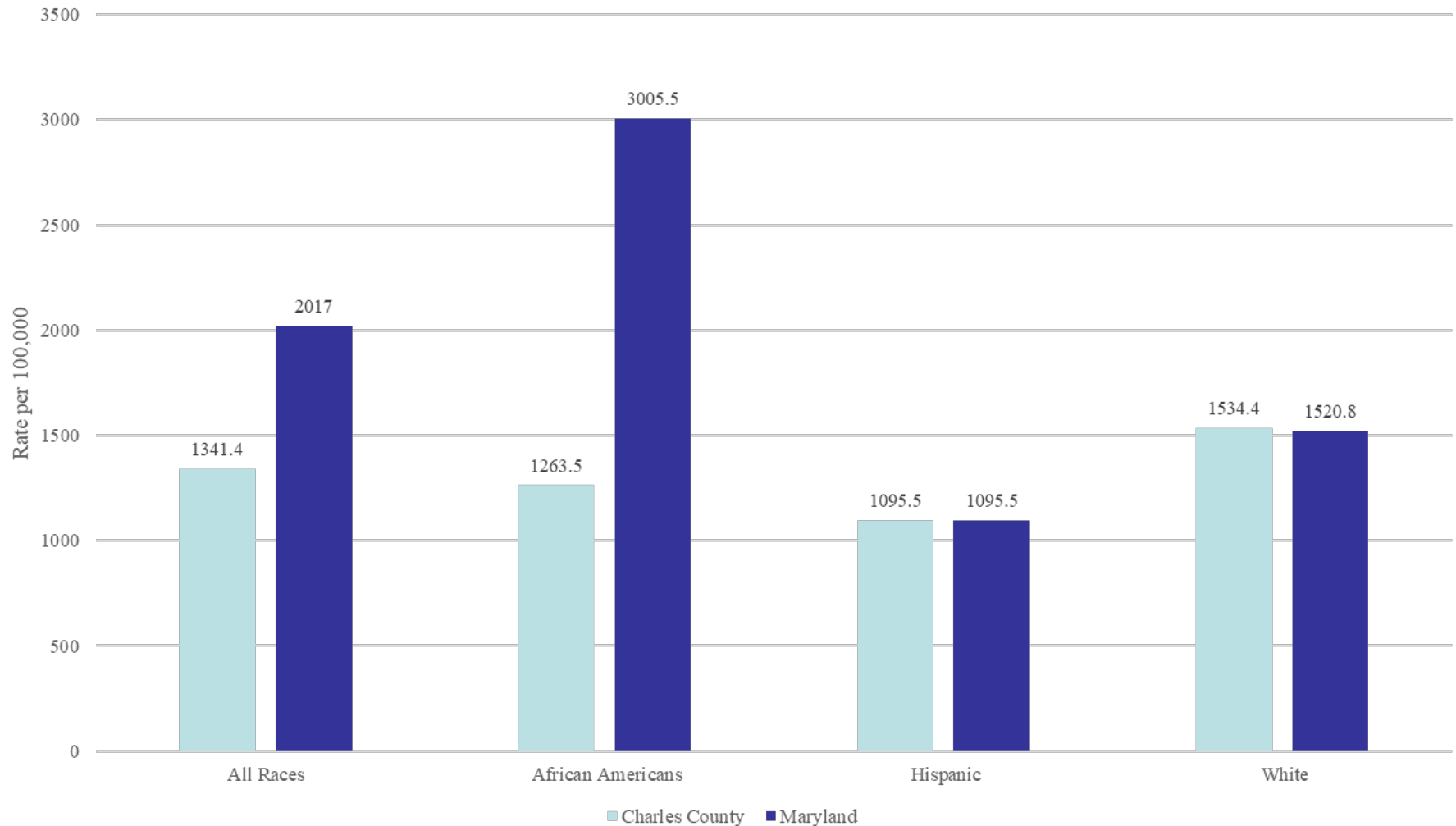
- In 2018, approximately 18.4% of Charles County residents reported use of any tobacco product. This is similar to the Maryland percentage of 18.2% of Maryland residents who use any tobacco product.
- Charles County has seen a decrease in tobacco product usage from 20.5% in 2012 to 18.4% in 2018. This same trend was seen on a state level.
- Use of cigarettes in Charles County has decreased significantly from 19.3% in 2012 to 12.4% in 2018. The 2018 cigarette percentage for Charles County is similar to the Maryland percentage of 12.5%.
- Males are more likely to report tobacco use than females.

Youth Tobacco

- 10.8% of Charles County middle school students reported use of any tobacco product in 2018.
- The 2018 Charles County middle school tobacco use percentage is above the Maryland state average percentage (10.8% vs. 9.0%).
- Cigarette usage (3.1% to 1.7%) and cigar usage (3.0% to 2.5%) have decreased in Charles County middle school students.
- 23.3% of Charles County high school students reported using any type of tobacco product in 2018.
- The Charles County tobacco use percentage of 23.3% in 2018 is lower than the state percentage of 27.4%.
- Charles County high school students have reported less use of cigarettes and cigars from 2013 to 2018.
- The reported use of ESD's among Charles County high school students decreased from 23.1% in 2014 to 17.7% in 2018.

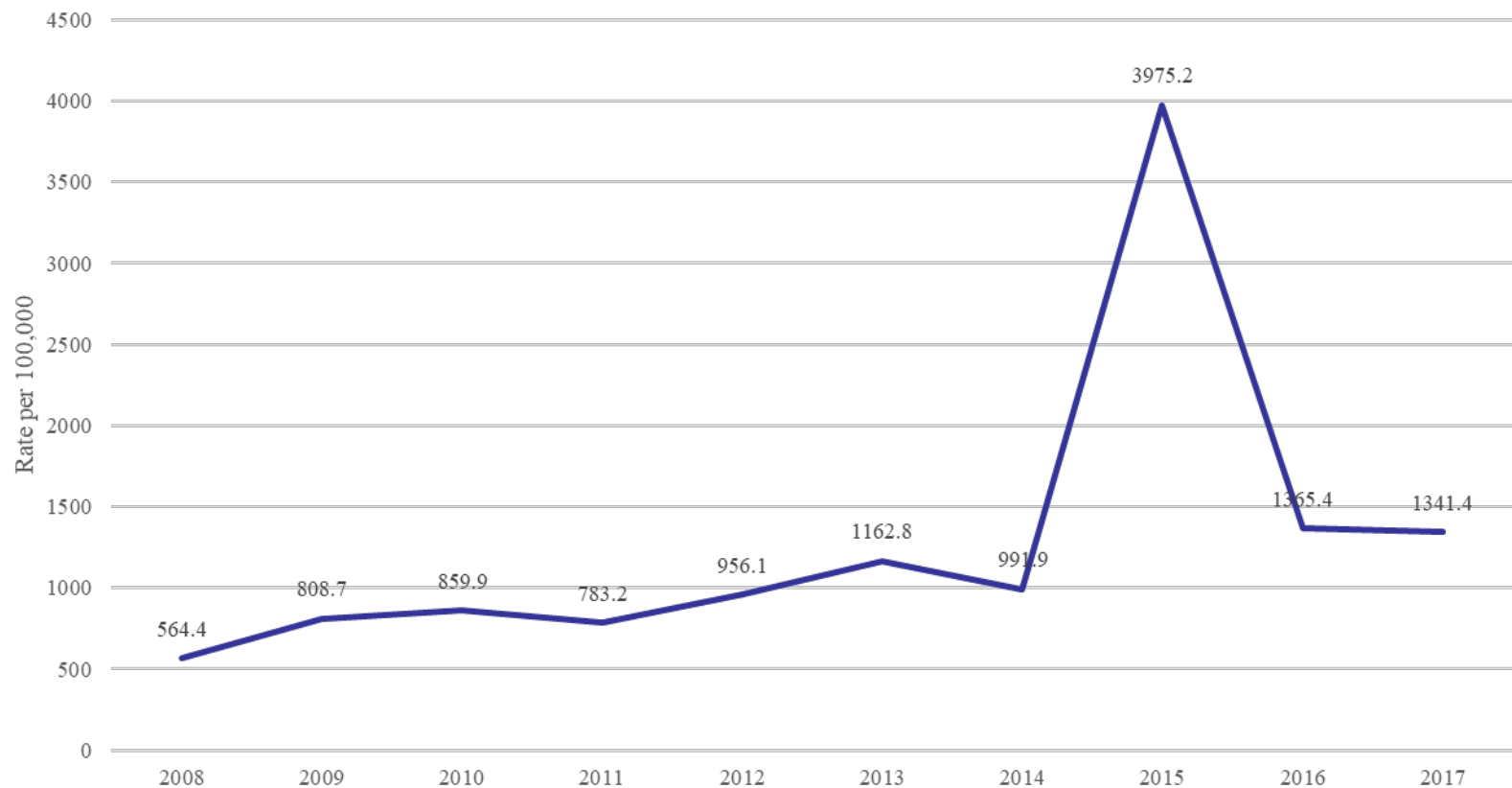
Substance Use Disorders

2017 Addictions-Related Conditions Emergency Department Visit Rates for Charles County and Maryland



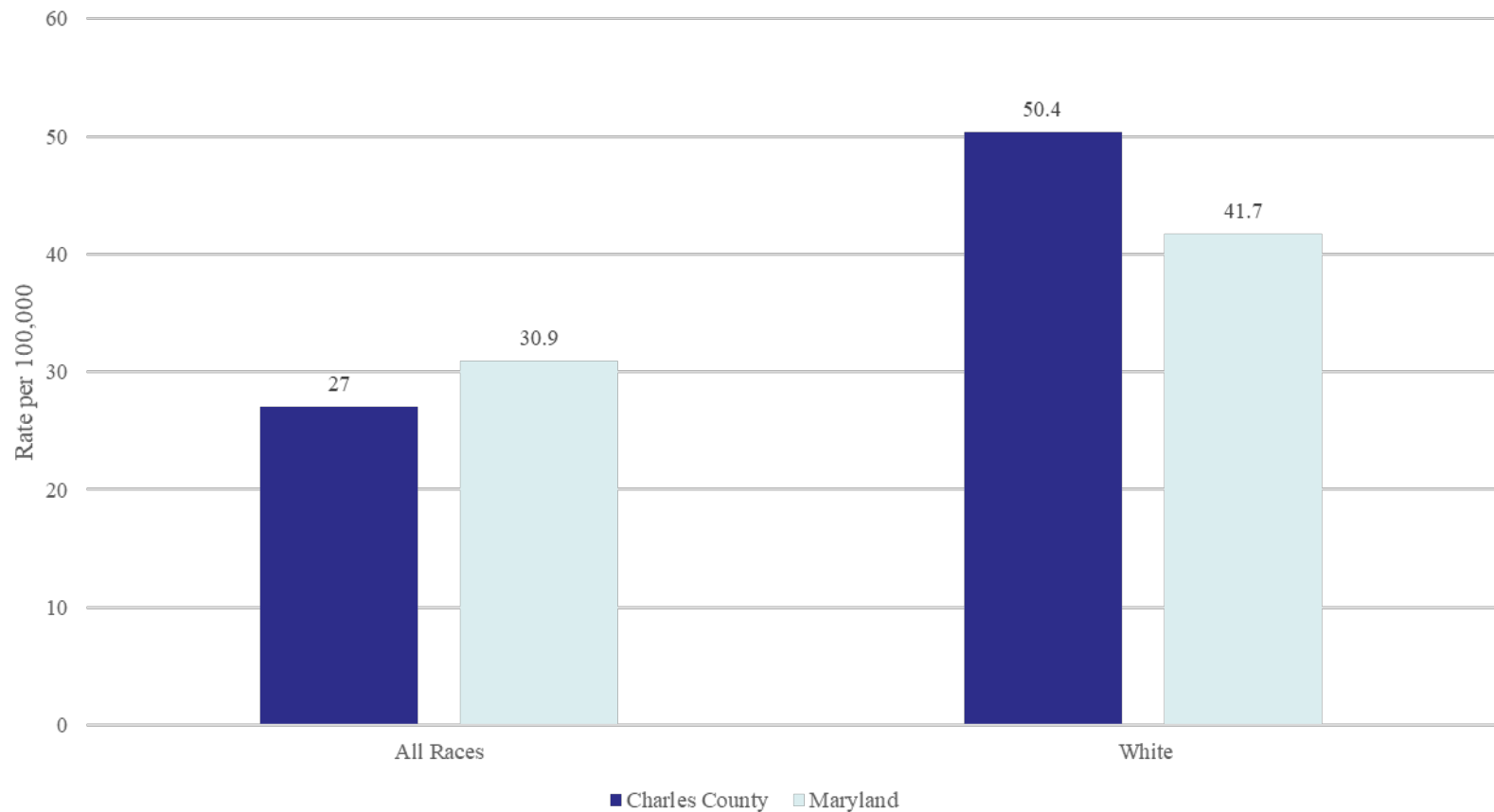
Substance Use

2008-2017 Charles County Addictions-related Conditions Emergency Department Visit Rates



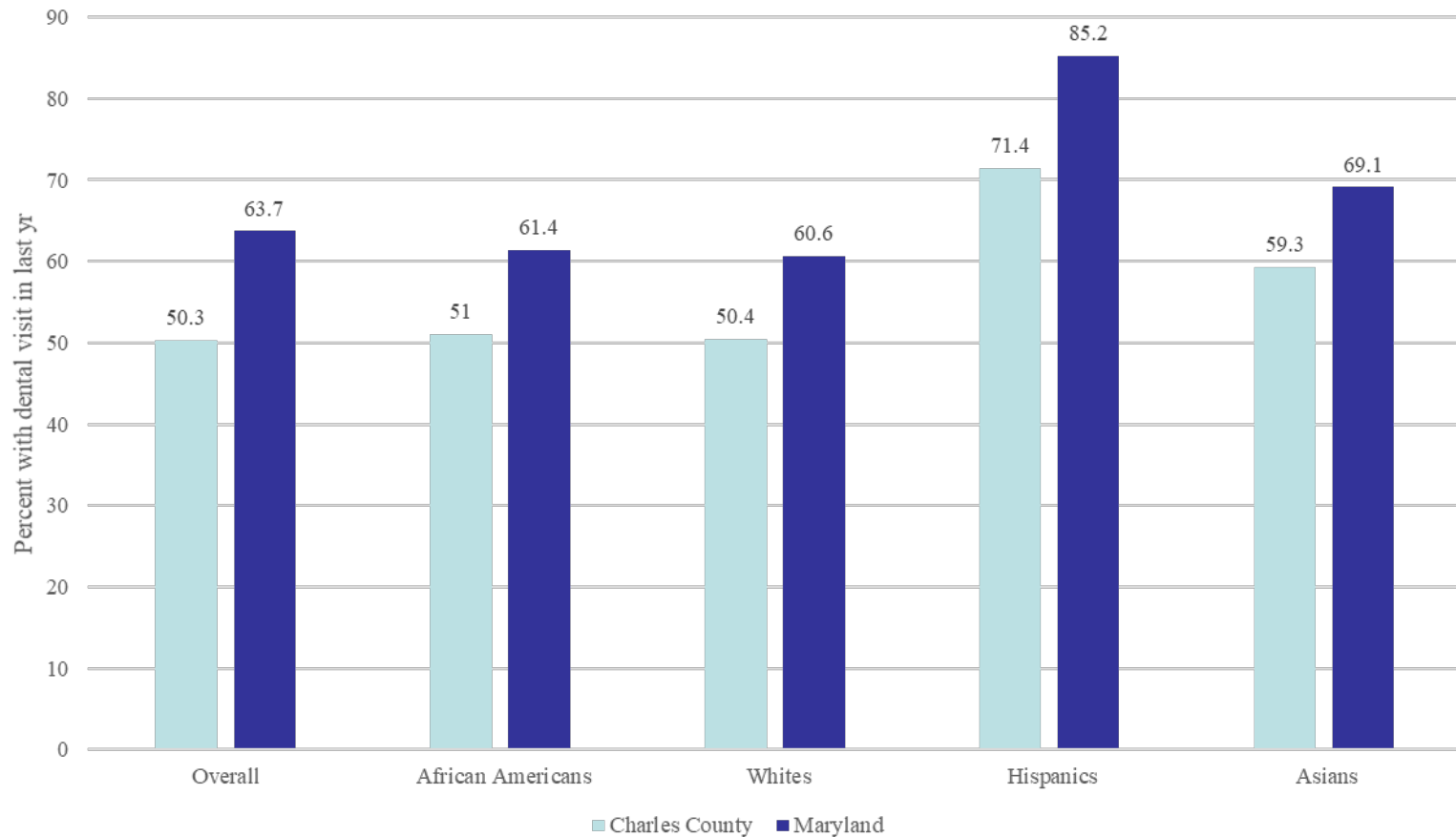
Substance Use

2015-2017 Drug-Induced Death Rates by Race for Charles County and Maryland



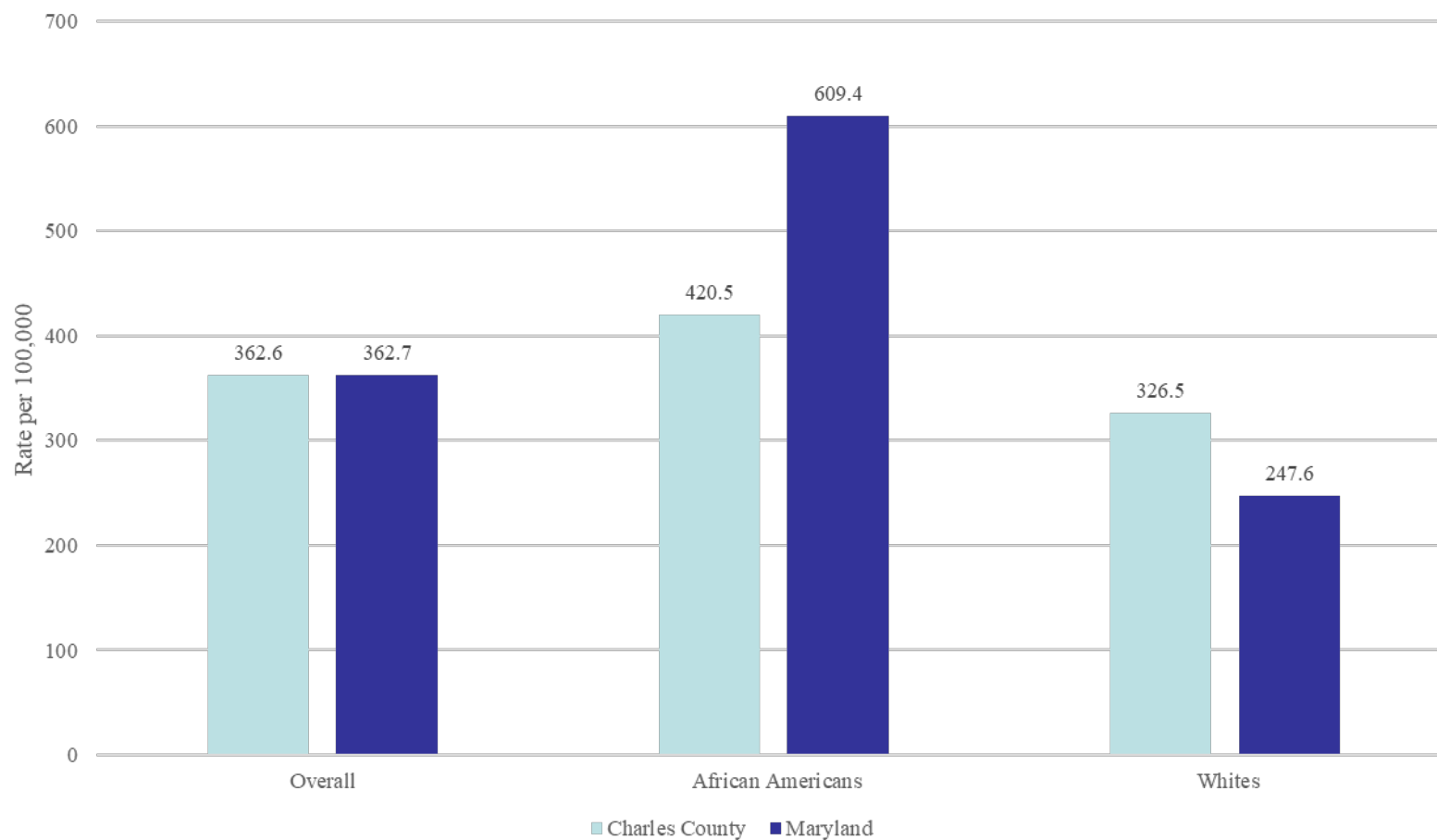
Dental Health

2017 Percentages of children who have received a dental visit in the last year by race, Charles County and Maryland



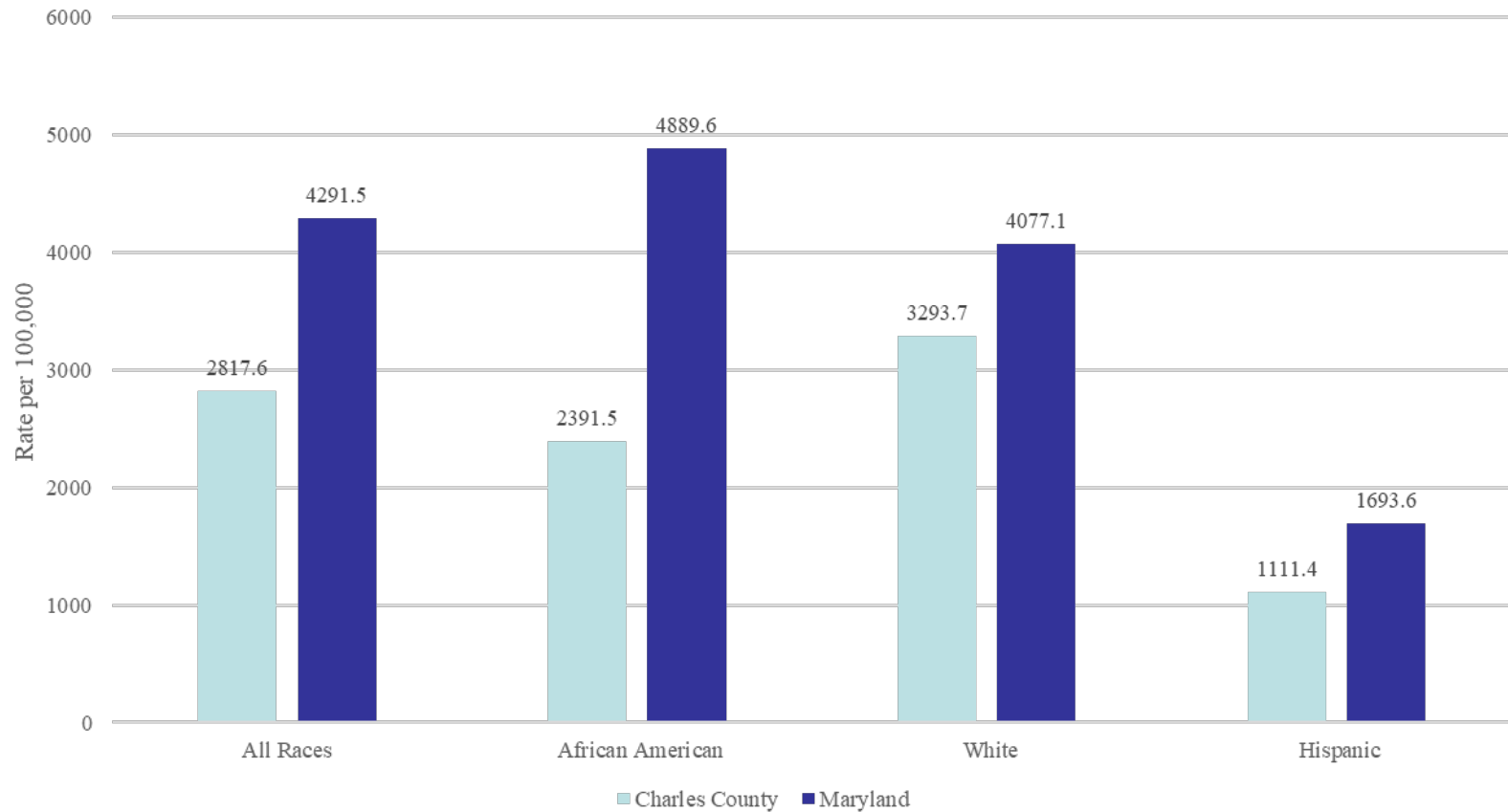
Dental health

2017 Emergency Department Visit Rates for Dental Care by Race, Charles County and Maryland



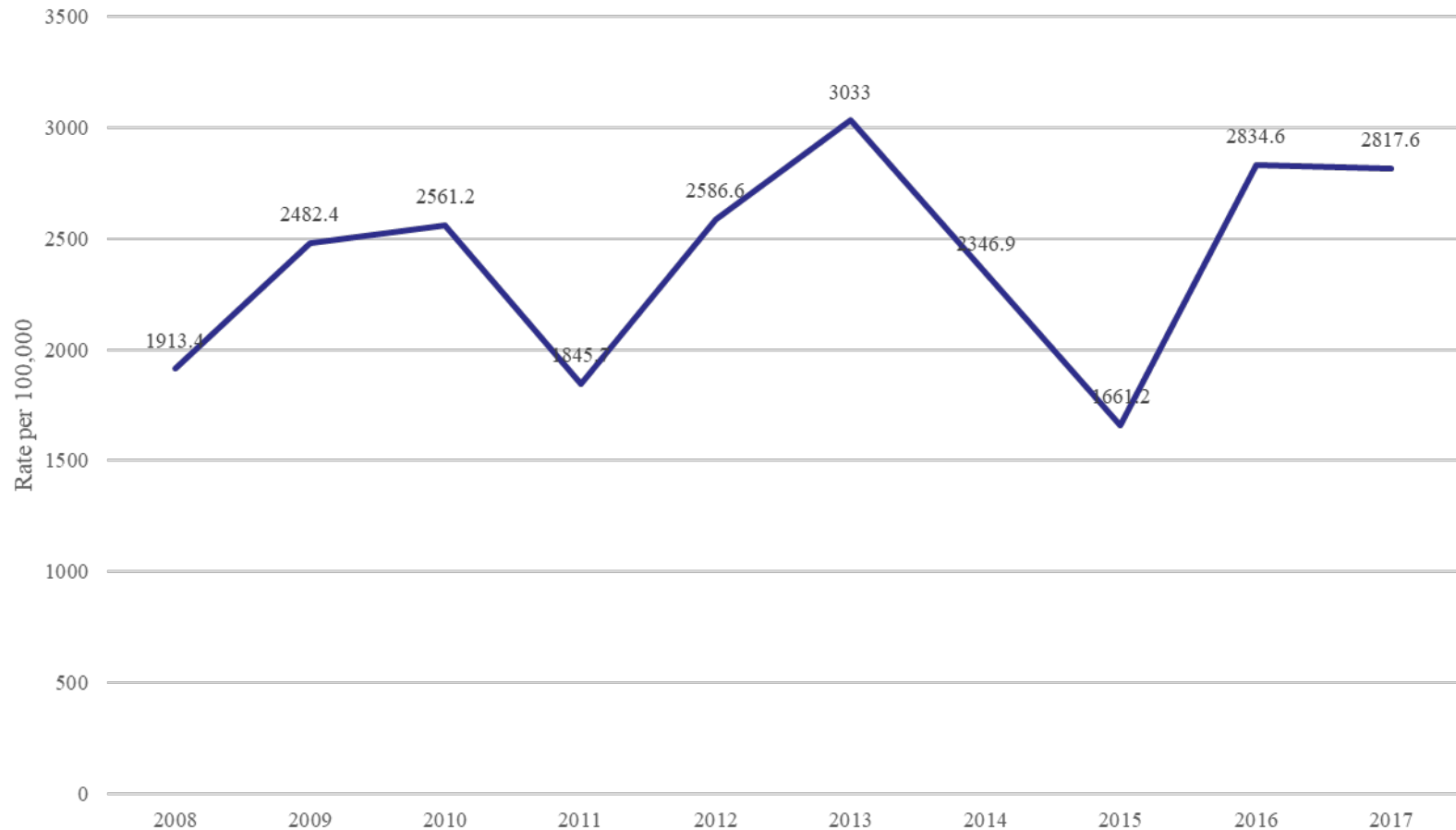
Mental Health

2017 Mental Health Related Emergency Department Visit Rates by Race, Charles County and Maryland

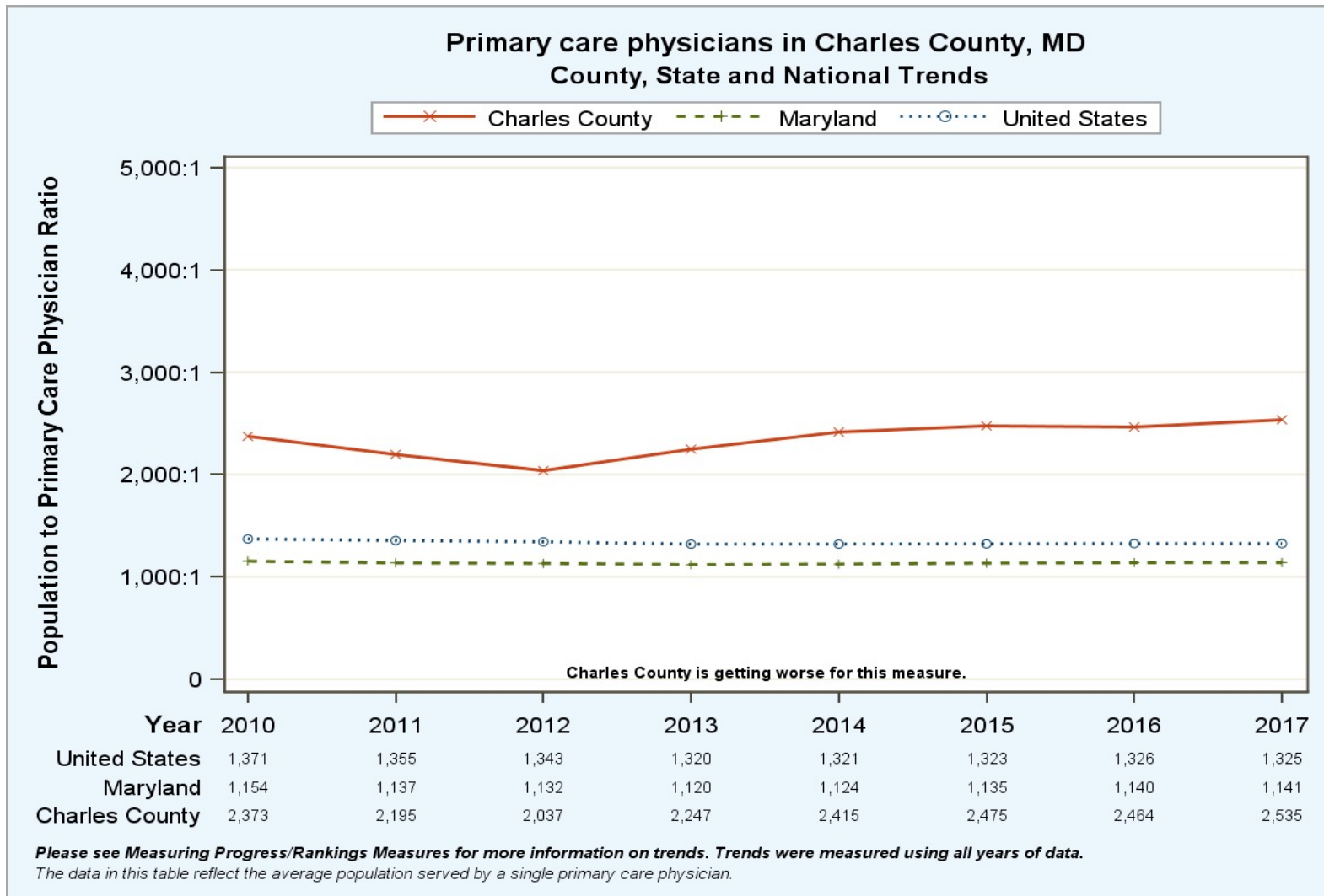


Mental Health

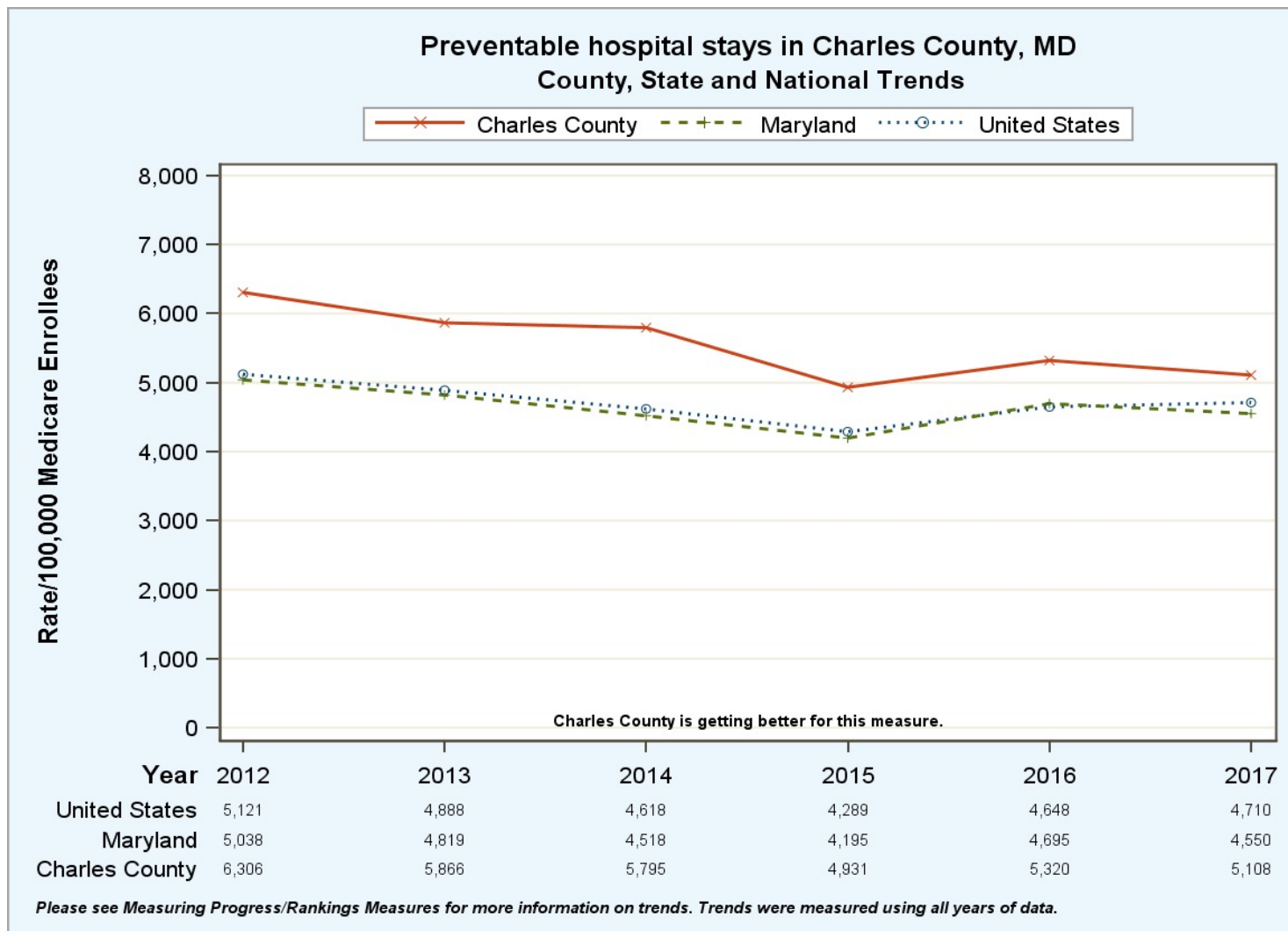
2008-2017 Charles County Mental Health Related Emergency Department Visit Rates
per 100,000



Access to Care

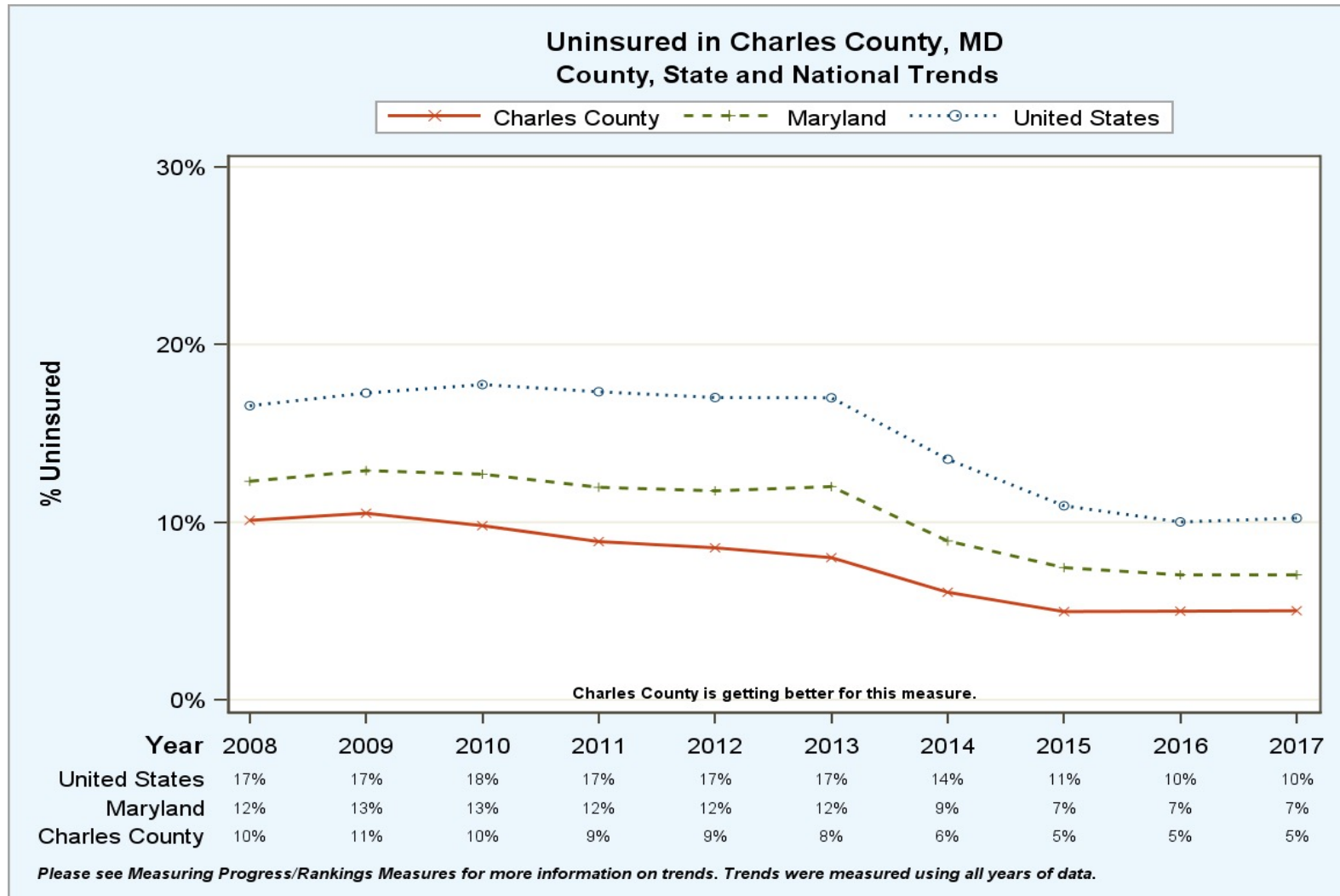


Access to Care



Access to Care

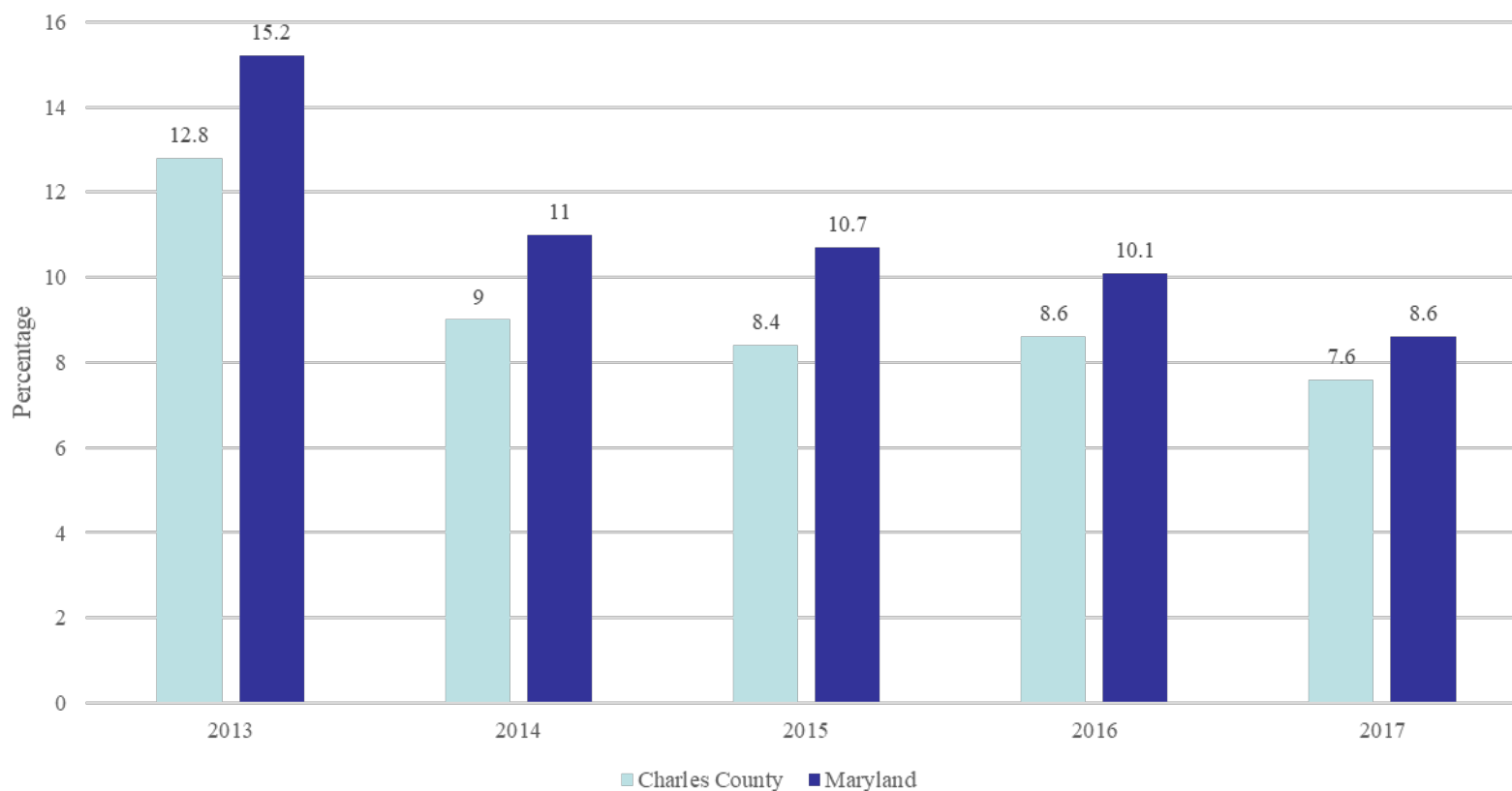
Charles County Uninsured



Access to Care

Charles County Uninsured ED Visits

2013-2017 Percentage of People Seeking Care at the Emergency Department who are Uninsured, Charles County and Maryland



2021 County Health Improvement Plan

Charles County Health Priorities:

- 1. Disease Prevention and Management
 - Major Cardiovascular Disease (Heart Disease, Hypertension, and Stroke)
 - Obesity and Overweight
 - Diabetes Prevalence
 - Infectious Diseases
- 2. Behavioral Health
 - Substance Use Disorders
 - Mental Health
- 3. Access to Care
 - Provider Recruitment and Retention, emphasis on Mental Health and Primary Care
 - Unnecessary Hospital and Emergency Department Utilization
 - Social Determinants of Health (transportation, health literacy)

Charles County Health Improvement Plan

Long Term Objectives FY 2022-2024

Priority One: Disease Prevention and Management

- *Obesity:*

1. Increase the percentage of Charles County adults who are at a healthy weight from 28.2% to 29.6% (5% increase). Source: Maryland Behavioral Risk Factor Surveillance System
2. Maintain the percentage of Charles County high school students who are obese at 14.6% (combat yearly increases). Source: Maryland Youth Risk Behavior Survey

- *Diabetes:*

1. Reduce the Charles County diabetes emergency department visit rate from 245 per 100,000 to the Maryland rate of 232.75 per 100,000 (5% reduction). Source: Maryland HSCRC data from SHIP website

Charles County Health Improvement Plan

Long Term Objectives FY 2022-2024

Priority One: Chronic Disease Prevention and Management (Cont.)

- *Major Cardiovascular Disease:*

1. Reduce the Charles County hypertension emergency department visit rate from 469.9 per 100,000 to 446.4 per 100,000 (5% reduction) Source: Maryland HSCRC data from SHIP website

- *Infectious Diseases:*

1. Increase the percentage of Charles County residents who receive a flu vaccination from 45.6% to the Maryland percentage of 49.6%. Source: County Health Rankings

Charles County Health Improvement Plan

Long Term Objectives FY 2022-2024

Priority Two: Behavioral Health

- *Mental Health:*

1. Reduce the Charles County mental health emergency department visit rate from 2817.6 per 100,000 to 2676.7 per 100,000 (5% reduction). Source: Maryland HSCRC data from SHIP website

- *Substance Use Disorders:*

1. Reduce the Charles County drug-induced death rate from 27 per 100,000 to 25 per 100,000. Source: County Health Rankings

Charles County Health Improvement Plan

Long Term Objectives FY 2022-2024

Priority Three: Access to Care

- *Physician Recruitment and Retention:*

1. Establish 3 medical practices within Charles County that will provide health care to the underserved population, with particular emphasis on mental health/psychiatry and primary care. Source: County Health Rankings

- *Unnecessary Hospital and Emergency Department Utilization:*

2. Reduce the Charles County preventable hospital stay rate from 5108 per 100,000 Medicare enrollees to 4852.6 (5% reduction) per 100,000 Medicare enrollees. Source: County Health Rankings

- *Social Determinants of Health*

3. Decrease the percentage of Charles County residents who report that they were unable to see a doctor in the past 12 months due to cost from 8.6% to 8.2% (5% reduction). Source: Maryland Behavioral Risk Factor Surveillance System

Team Action Plans

- Comments from the Team Leaders
- Access to Care Team meeting: June 9th from 930-11. Email Mary Hannah at mhannah@umm.edu if you need the meeting invite.
- Disease Prevention and Management Team meeting: June 3rd 11-1. Email Angela Deal at angela.deal@maryland.gov for meeting invite.
- Behavioral Health Team meeting: Details to follow in the near future

Overdose Data to Action (OD2A) Introduction

- Dawn Banks, Charles County Department of Health

Closing Remarks

Remaining 2021 Meeting Dates:

- September 15th
- December 8th
- Send all agency updates and announcements by email to Kim Johnson at kjohnson@maryland.gov. We will make sure that they are sent out to all PHCC members
- Thank you all for your participation. We value each of you and your contributions to the Partnerships for a Healthier Charles County.