



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

Narrative and Implementation Strategy

Knowledge and Compassion
Focused on You

Table of Contents

Narrative 3
Implementation Strategy14

Narrative

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.
----------------------------	---

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: 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		

MedStar St. Mary's Hospital

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	