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Community Health Assessment St. Mary's County, Maryland | July 2015

Prepared by the Healthy St. Mary's Partnership



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INTRODUCTION

Our health and well-being are products of not only the health care we receive and the choices we make, but also the places where we live, learn, work, and play. As the local health improvement coalition, the Healthy St. Mary's Partnership (HSMP) works to identify and address the health needs of the community as a whole. And because working together has a greater impact on health and economic vitality than working alone, HSMP brings together individual community members and organizational partners to improve health in St. Mary's County, Maryland.

From 2013-2014, HSMP launched a formal local health improvement process. This process began with a community health assessment (CHA), using quantitative and qualitative methods to systematically collect and analyze data to understand health within our community. The results of this assessment are compiled in this report and the data will inform community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of a community health improvement plan (CHIP) for St. Mary's County. Once the CHIP (Healthy St. Mary's 2020) is developed, it will be implemented through the collaborative efforts of various community partners and continuously evaluated over the next five years to ensure desired health improvement outcomes are achieved.

METHODOLOGY

A mixed-methods approach was used for the 2015 Community Health Assessment for St. Mary's County. The assessment included a review of quantitative and qualitative data from a variety of state and local sources related to health, interviews with community leaders and organizational staff across a range of sectors, and focus groups with a variety of stakeholders and community residents. Combined, these data sources aimed to provide insight into the health issues facing St. Mary's County and opportunities for addressing these issues.

Secondary Data

Existing data related to population-level health was reviewed to identify and understand the health needs facing St. Mary's County. In addition, data on social and economic factors such as housing, employment, and educational opportunities—the “social determinants of health”—were reviewed to provide context and help identify how these broader social and economic issues affect the prevalence of health issues in St. Mary's.

Data sources include the U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), the Maryland Public Opinion Survey on Opioids (MPOS), the Office of the Chief Medical Examiner, the Maryland Department of Health and Mental Hygiene (DHMH), the St. Mary's County Sheriff's Office (SMCSO), Medstar St. Mary's Hospital

(MSMH), Walden Behavioral Health, the Statewide Maryland Automated Record Tracking (SMART) system, and the Health Services Cost Review Commission (HSCRC). When available and appropriate, St. Mary's County indicators were compared to neighboring Maryland counties (Calvert and Charles), and statewide data for Maryland.

Interviews and Focus Groups

Interviews and focus groups "Community Conversations on Health" were conducted with a wide cross-section of individuals in the county, including representatives from multiple sectors, including: healthcare providers, social services, governmental agencies, community organizations, business leaders, schools, law enforcement and community members. These types of conversations not only collect critical information on the "why" and "how" behind the data, but also identify the current level of readiness and willingness for future action.

In total, 30 interviews, 7 focus groups and 3 follow up surveys were conducted with individuals from across St. Mary's County. Interviews were conducted with individuals representing a range of sectors, including: government officials, community leaders, social service providers, health care providers, educational leaders, and representatives from the law enforcement and justice system. In addition, seven focus groups with a total of 141 individuals were held with a variety of community residents and stakeholders, including: healthcare workers, social service providers, educators, youth, college students, parents, and seniors. A total of 257 individuals participated in the focus groups, interviews and surveys.

Focus group and interview discussions explored the community's perception of health in St. Mary's County, the community's needs and strengths, challenges and successes of addressing these issues, and perceived opportunities to address these needs in the future. Specific questions were asked to delve deeper into topics that had been identified through quantitative data review such as tobacco use, emergency department utilization and the prevalence of chronic disease and behavioral health issues. A semi-structured guide was used across all discussions to ensure consistency in the topics covered.

Limitations

As with all data collection efforts, there are several limitations related to the assessment's methods that should be acknowledged. There is a time lag for many large data surveillance systems such as the BRFSS. Additionally, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors or conditions based on fear of social stigma or misunderstanding the question being asked. Respondents may also be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. Despite these limitations, most of the state or local self-report

behavioral surveys benefit from large sample sizes and repeated administrations, enabling comparison over time. Finally, while the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Strong efforts were made to engage a cross-section of individuals on all sides of this issue; however, it is possible that not all sides of the issue were represented. Therefore findings, while directional and descriptive, should not be interpreted as definitive. The coalition will continue to review new data as it becomes available, engage new partners and community members to expand representation and to evaluate the resulting community health improvement plan to ensure it presents the current needs of St. Mary’s County.

COMMUNITY PROFILE

The health of a community is related to a number of factors, including who lives in the community, and the resources, services, and opportunities available. The sections that follow provide an overview of the social and economic environment of St. Mary’s County. Though factors such as age, income, and education influence the health of individuals, the distribution of these characteristics across the county may also affect overall community health and resources and services available. These social and economic characteristics of individuals and the county are the underlying social determinants of health.

Population Size

According to the U.S. Census, it is estimated that St. Mary’s County had an estimated population of 107,079 residents over the 2009 to 2013 period (Table 1). The population size of St. Mary’s County is intermediate to that of Calvert County (89,332 residents) and Charles County (148,957 residents). Key informants who represent public health and governmental organizations characterized the population size of St. Mary’s County as manageable and fostering a small town feel because it is not too large. As one respondent explained:

“St. Mary’s County is a nice size community in comparison to Baltimore County. It is a manageable size county to govern and provide services for.” – Key Informant

Table 1. Total Population, by State and County, 2009-2013

Geography	Population
Maryland	5,834,299
Calvert County	89,332
Charles County	148,957
St. Mary's County	107,079

DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013

As shown in Table 2, St. Mary’s County has experienced a 22.0% increase in the population over the past 10 years, which is more than double the percent increase in the population throughout Maryland (9.0%) over this period. In addition, this growth in the population in St. Mary’s County is similar to, but higher than the rate of growth experienced by neighboring counties, Calvert County (19.0%) and Charles County (21.6%) from 2000 to 2010.

Table 2. Percent Population Change, by State and County, 2000 and 2010

Geography	2000	2010	% Change
Maryland	5,296,486	5,773,626	9.0%
Calvert County	74,563	88,737	19.0%
Charles County	120,546	146,551	21.6%
St. Mary's County	86,211	105,151	22.0%

DATA SOURCE: US Department of Commerce, Census Bureau, 2000 and 2010

This growth in the population in St. Mary’s County is reflected in residents’ characterizations of social and economic changes in the county over the last two decades that has *“changed the face of the county.”* One respondent described:

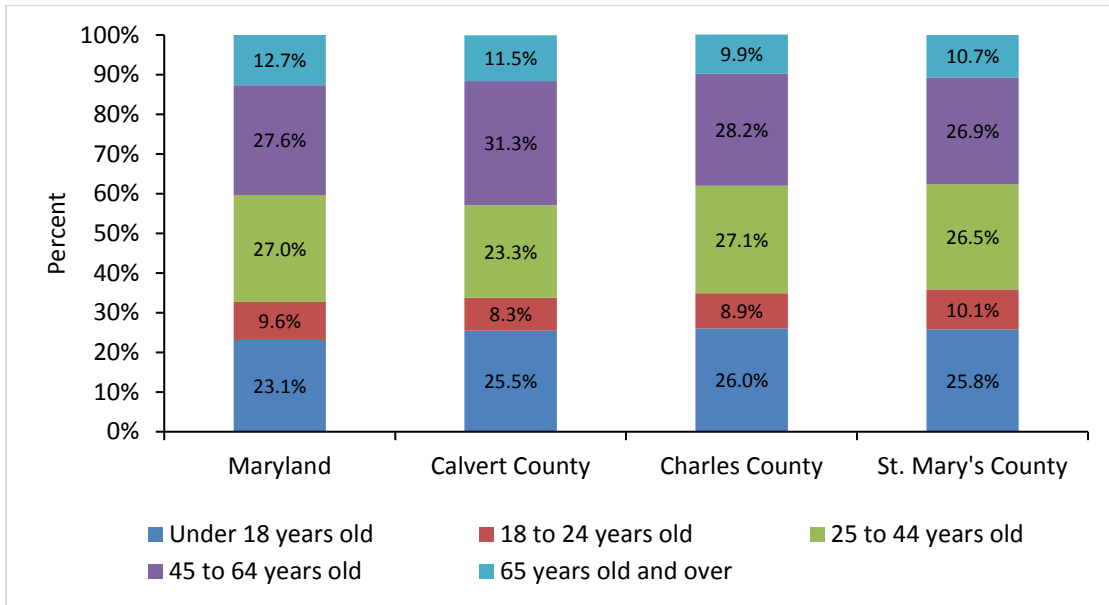
“Over the last 20 years the county has changed dramatically because of the navy... There’s not a huge number of military people, but a huge number of contractors... the population swelled from 80,000 to 110,000 residents.” – Key Informant

Residents attributed this growth to an increase in the number of contractors working at the naval air base, and the movement of families affiliated with the base to the county.

Age, Sex, and Racial/Ethnic Composition of the Population

Compared to neighboring counties, a smaller proportion of residents in St. Mary’s County is 45 to 64 years of age (26.9%; Figure 1). Relative to Calvert and Charles County, St. Mary’s County has the highest proportion of residents ages 18 to 24 years, with one in ten residents being in this age group. Though some residents cited *“a large community of elderly fixed-income”* residents in the county, 10.7% of residents in St. Mary’s County are age 65 or older, a proportion that is smaller than that for the State (12.7%).

Figure 1. Age Distribution, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013

As illustrated in Table 3, half of St. Mary’s County residents identify as female (50.2%) or male (49.8%), similar to the sex distribution in the State and in neighboring counties.

Table 3. Sex Distribution, by State and County, 2009 -2013

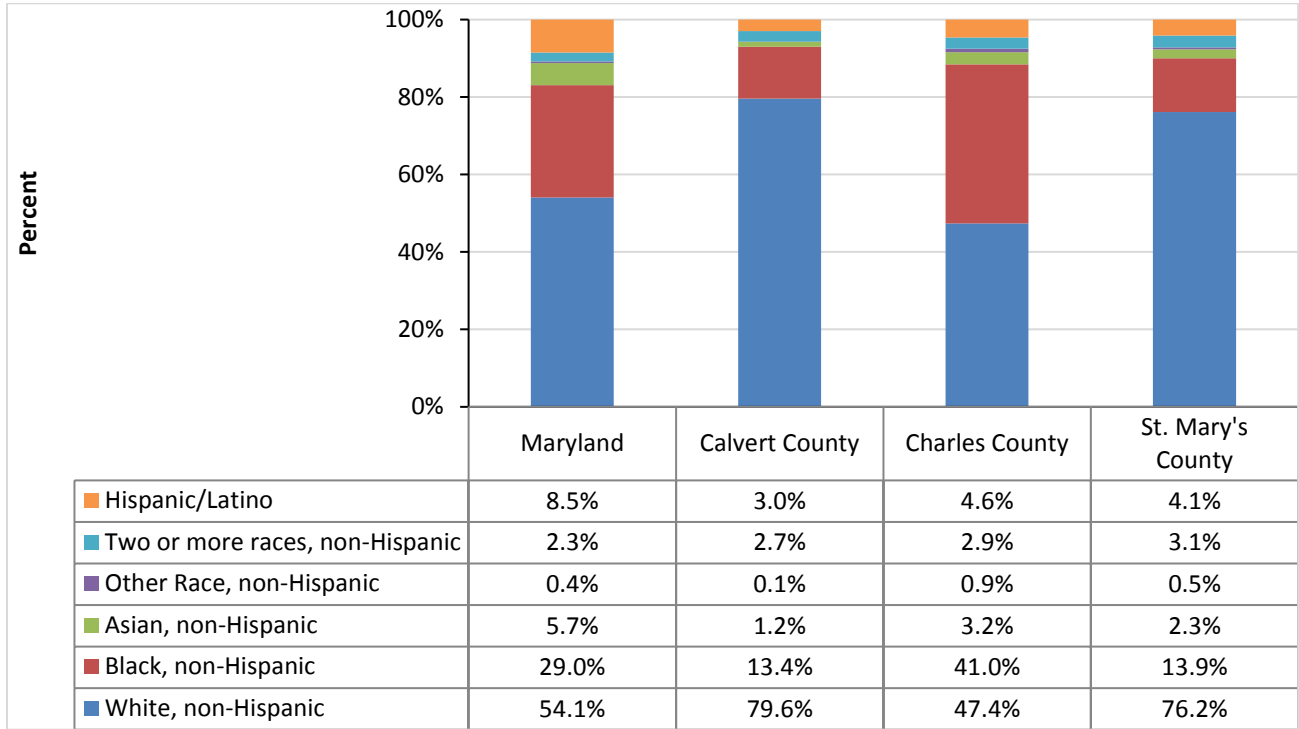
Geography	Male	Female
Maryland	48.4%	51.6%
Calvert County	49.4%	50.6%
Charles County	48.3%	51.7%
St. Mary's County	49.8%	50.2%

DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013

As shown in Figure 2, according to Census estimates 76.2% of St. Mary’s County residents identified as White non-Hispanic, 13.9% as Black non-Hispanic, 2.3% as Asian non-Hispanic, and 4.1% as Hispanic. The proportion of White non-Hispanic residents in St. Mary’s County (76.2%) exceeds that for the State (54.1%). While the percent of Hispanic residents in St. Mary’s County (4.1%) is lower than that for the State (8.5%), a few key informants referenced a growth in the Hispanic population in St. Mary’s County in recent years, explaining that “we have a larger Hispanic population than we ever had.” One service provider explained that as the Hispanic population grows in the county, the Hispanic community may encounter challenges in accessing social and health care services:

“Among our Hispanic population, which is growing, there are some challenges in accessing services. They’re fairly new to the community as an emerging ethnic group. That’s a small portion of our population but they experience access issues.” – Key Informant

Figure 2. Racial and Ethnic Composition, by State and County, 2009-2013

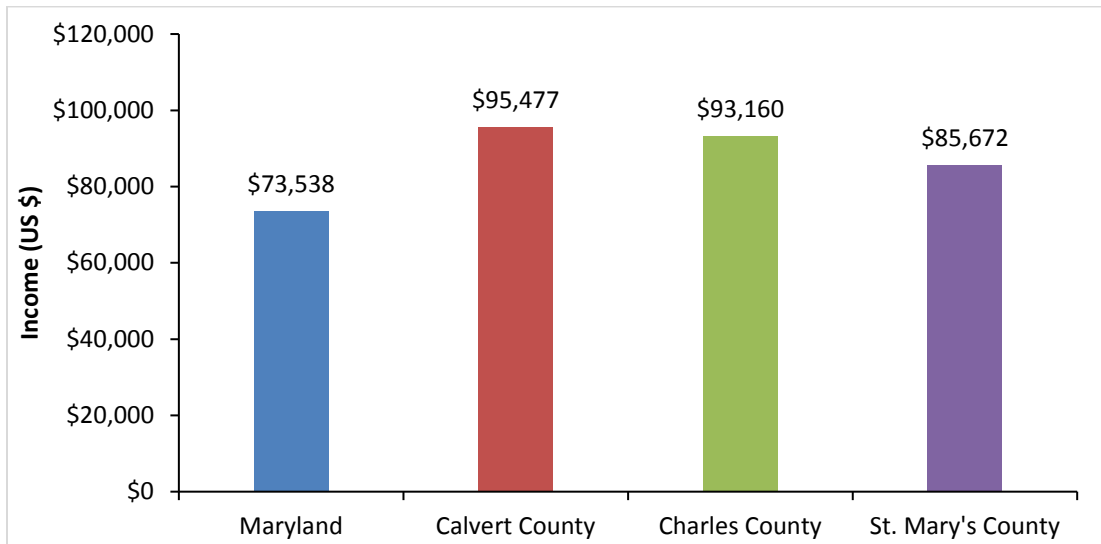


DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013.
 NOTE: White, Black, Asian, and Other include only individuals who identify as one race; Hispanic/Latino include individuals of any race.

Unemployment, Income, and Poverty

As demonstrated in Figure 3, the median household income in St. Mary’s County (\$85,672) is greater than that for the State (\$73,538), but lower than the median household income for neighboring Calvert (\$95,477) and Charles (\$93,160) Counties.

Figure 3. Median Household Income, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013.
NOTE: Household income in the past 12 months.

In contrast to these estimates, one service provider explained that the *“income is pretty high, especially compared to other rural areas.”* St. Mary’s County has been transitioning from a predominantly rural community to one that also includes higher-income residents affiliated with the naval air base.

“It was poor farmer agrarian. Now it’s a naval test center. I think now we have the pocket in Lexington Park where the working poor are. And now we have one of the #1 school districts in the state. So we’ve got a lot of changes in the community.” – Focus Group Participant

Several respondents described the median household income in St. Mary’s County as increasing over the past 20 years. They attributed this increase in income in the predominantly rural county to the migration of higher-income residents who are contractors affiliated with the naval air base. One focus group participant perceived:

“If the base wasn’t here, we wouldn’t have half the population and we wouldn’t have one of the highest median incomes in the country.” – Focus Group Participant

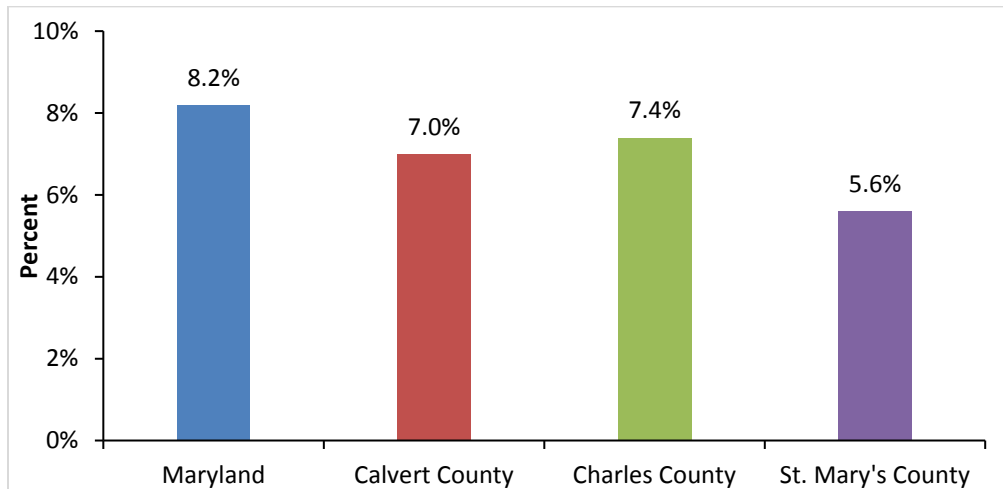
Respondents also described another segment of the population as those with fewer occupational opportunities and lower incomes. They noted that lower-income residents were predominantly employed in the service sector or had ties to the farming industry. As one service provider explained:

“On paper our economic situation looks really good because of the technical jobs associated with the naval base. However, our largest sector with respect to jobs is service. This means that individuals try to live in a community that is more focused on the larger portion – the median income and higher income kind of prices. Rental costs are high. Living costs are high. It’s hard in the service sector and non-base side...” – Key Informant

Several respondents explained that St. Mary’s County residents who are not employed by the base must navigate increases in costs of living associated with an increase in the household income in the area.

Reflecting respondents’ characterizations of employment patterns in the county, as shown in Figure 4, only 5.6% of residents in St. Mary’s County were unemployed over the 2009 to 2013 period, compared to higher unemployment rates for the State (8.2%), Calvert County (7.0%), and Charles County (7.4%; Figure 4). Respondents offered several explanations for the unemployment patterns in the county.

Figure 4. Percent of Unemployed Individuals 16 Years+ in Civilian Labor Force, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013

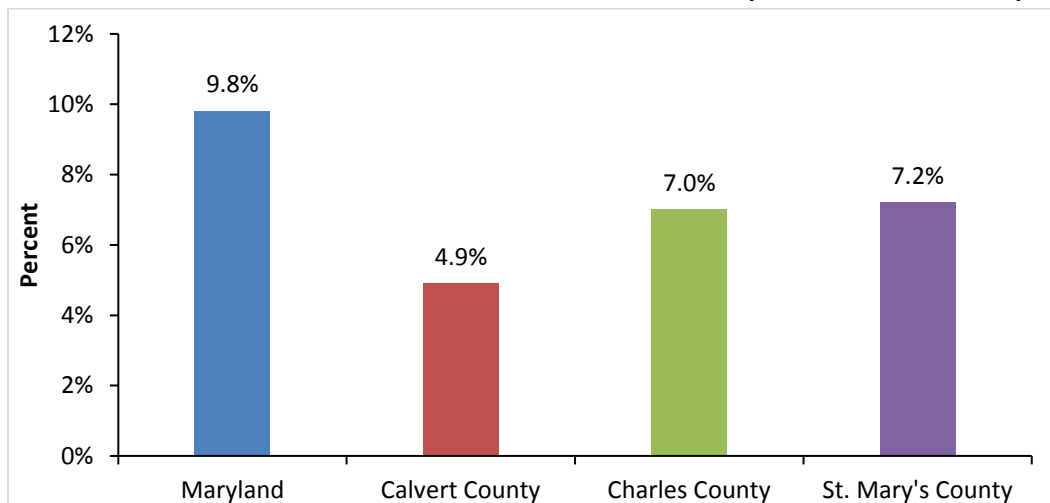
A few key informants explained that the low unemployment rate in the county may be attributed to some residents moving through multiple lower-income jobs. As one service provider perceived, *“There is low unemployment in the county, but people are cycling through some lower skill jobs.”* Additionally, a few key informants and focus group participants characterized a general *“sense of hopelessness”* in the county among lower-income residents. Thus, it is possible that this lower unemployment rate in St. Mary’s County reflects the exit of some residents from the labor force given challenges in obtaining and maintaining jobs in the area. Additionally, several focus group participants described needing to commute to northern

communities to find employment. Reflecting reports from service providers and residents, one focus group participant noted, *“Jobs are tough here. If you don’t work on base it’s hard to find a good paying job.”*

Alternatively, this low unemployment rate may be attributed to the presence of the naval base as a major employer in the area. A few key informants expressed concern over the economic implications if the naval air base were to be closed or reduced, with one noting that people *“stress over if the naval base were to be closed.”* The base is not only a major employer in the county, but also driver of economic growth in St. Mary’s County as it *“brings good business to the county.”*

As shown in Figure 5, the percent of individuals in St. Mary’s County (7.2%) that have incomes below the federal poverty level is lower than that for Maryland (9.8%), but greater than that for neighboring Calvert (4.9%) and Charles (7.0%) Counties.

Figure 5. Percent of All Individuals with Income is Below the Federal Poverty Level, State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013
NOTE: Poverty in the past 12 months

Though the poverty rate in St. Mary’s County is lower than that in the state, several participants noted *“there are lots of poor people.”* Several respondents linked limited employment opportunities that pay a living wage to poverty rates in the county. As one key informant explained:

“There is a lack of jobs that pay a decent wage that you can live on. A large segment of the population is really struggling.” – Key Informant

Several respondents perceived that the prevalence of poverty in the county may be masked by the prosperity of residents affiliated with the naval air base. One key informant described:

“Because of the base St. Mary’s County looks like a prosperous county, yet there are 14,000 people using food stamps.” – Key Informant

One service provider characterized these differences as *“a great divide between those who have and those who don’t.”* Indeed, some residents characterized income dynamics in the county as reflecting income inequalities between those employed by the naval air base and residents with jobs tied to the service economy in the area or to agricultural or marine industries.

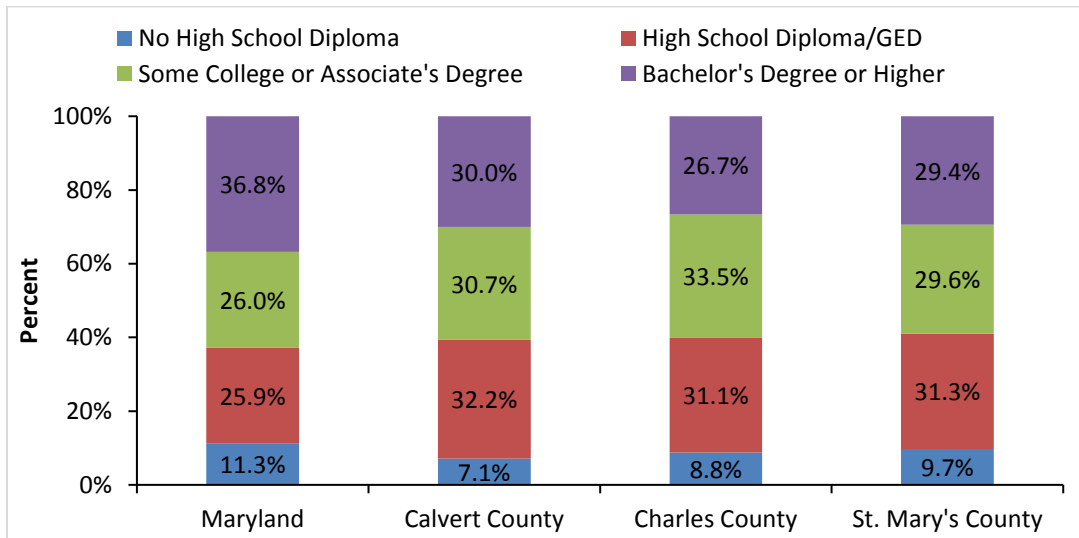
Additionally, respondents described the distribution of poverty in St. Mary’s County as unequal. Lexington Park was cited as an area with a higher poverty rate than other communities due to the affordability of housing in that region and the availability of subsidized housing. As one key informant noted, *“There are pockets of poverty. People think of Lexington Park, but there are other areas of concentrated poverty that get less attention.”* Several respondents perceived that this geographic variation in poverty rates is tied to differences in housing affordability across the county:

“St. Mary’s County has reduced income housing and HUD housing. Because these are in one specific area of our county, it produces a pocket area that draws from other counties. We have a primary area of significant poverty.” – Key Informant

Educational Attainment

As shown in Figure 6, three in ten residents of St. Mary’s County have a bachelor’s degree or higher (29.4%), which is lower than the percent of college-educated residents in the State (36.8%), but on par with that for Calvert County (30.0%), and above that for Charles County (26.7%). Approximately three in ten residents have some college or an Associate’s degree (29.6%) or a high school diploma (31.3%), whereas one in ten residents have no high school diploma (9.7%).

Figure 6. Educational Attainment of Adults 25 Years and Older, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013

As with income disparities, focus group participants and key informants also described disparities in educational attainment among St. Mary’s County residents. Though several key informants characterized St. Mary’s County as “an educated county,” other residents and service providers elaborated that the level of educational attainment in St. Mary’s County has increased over the past several years. As one key informant noted:

“There has been an influx of people with college degrees and young families. Previously there was a less educated population of mainly farmers and watermen.” – Key Informant

Several respondents attributed this increase in the college-educated population in the county to growth of high-tech job opportunities affiliated with the base and the in-migration of new residents to meet these demands. In contrast, focus group participants and some key informants described more limited educational attainment among residents who have generational ties to St. Mary’s County. Indeed, one focus group participant noted that there is *“not great educational attainment of those who have lived in the county for generations.”* Thus, residents with generational ties to St. Mary’s County may be over-represented in less educated segments of the population. Several residents described a *“sense of hopelessness and weakened aspirations”*, especially among long-term residents, in St. Mary’s County.

Additionally, several respondents cited the strong public school system and, *“opportunities for education”* including primary and secondary education and undergraduate training in the area as assets. However, some focus group respondents cited limited higher education opportunities in the county as barriers to educational and occupational advancement for some residents.

Housing and Homelessness

Several focus group participants and key informants cited the high costs of housing in the area as a major challenge and stressor for lower-income residents in the area. As one focus group participant explained:

“Housing here is really expensive. I want to move out because I can’t afford rent.” – Focus Group Participant

Respondents characterized housing availability as catering to higher-income residents *“who come to work on the base, rather than the people who are wait staff at restaurants or clerks in stores.”* Another focus group participant explained that these limited housing options for lower-income residents mean that they have to live in stressful environments:

“If you want something affordable here, you’re going to be living in a more dangerous area. And that puts more stress on people- financial, emotional, environmental.” – Focus Group Participant

Key informants explained that subsidized housing, homeless shelters, social service agencies, and lower income households are concentrated in Lexington Park, near the base, and Leonardtown. A few key informants and focus group participants described a need to improve housing options for the *“large homeless population,”* older residents, and persons with disabilities, citing *“there are very few group homes”* in the area.

As shown in Table 4, one quarter (24.7%) of residents in St. Mary’s County rent their residence, which is below that for the State (30.0%), but above the percent of renters in Calvert (16.2%) and Charles (19.3%) Counties.

Table 4. Percent of Total Population who are Owners and Renters of Housing Units, State and County, 2009-2013

Geography	% Owner	% Renter
Maryland	70.0%	30.0%
Calvert County	83.8%	16.2%
Charles County	80.7%	19.3%
St. Mary’s County	75.3%	24.7%

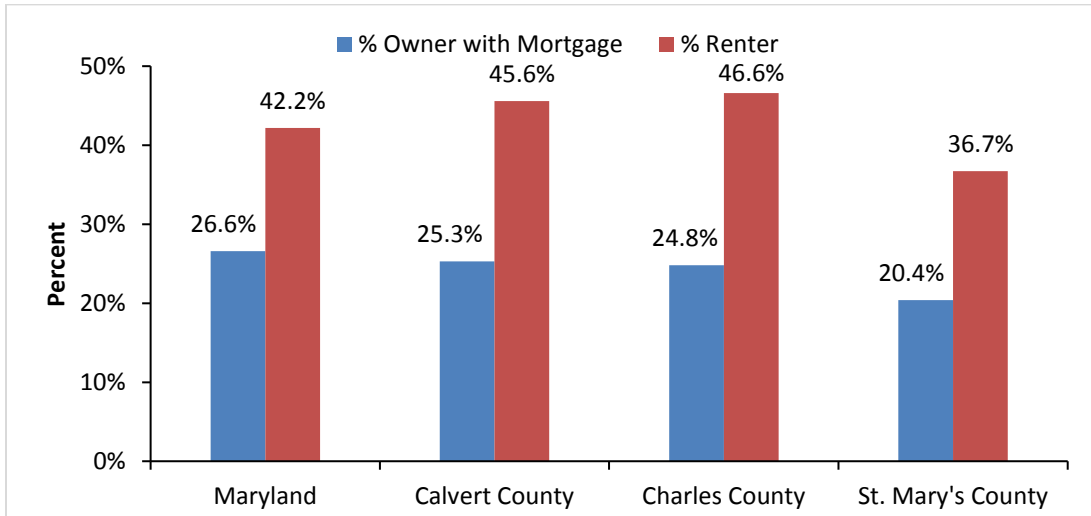
DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013.

NOTE: Owners not specified whether or not with mortgage.

As demonstrated in Figure 7, housing costs account for more than 35% of the household income among 36.7% of renters in St. Mary’s County, compared to only 20.4% of residents who

own their home. Across all geographies presented, housing costs are a larger burden on renters. However, the proportion of housing costs that are 35% or more for renters and owners in St. Mary’s County is less than that for Maryland and Calvert and Charles Counties.

Figure 7. Percent of Housing Costs that are 35% or More of Residents' Household Income, State and County

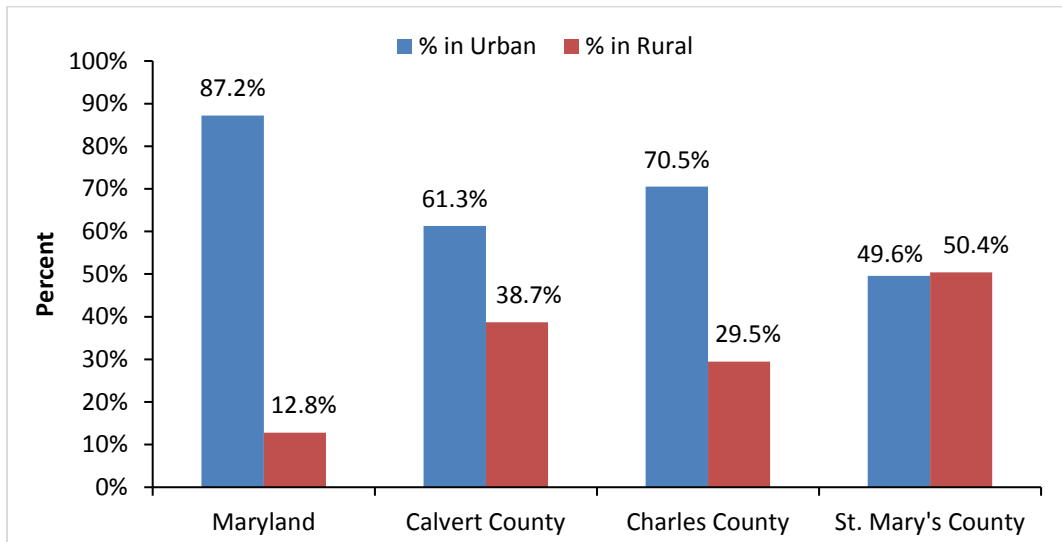


DATA SOURCE: US Department of Commerce, Census Bureau, Community Survey 5-Year Estimates, 2009-2013

Geography and Urbanicity

Respondents characterized St. Mary’s County as historically rural, with a recent growth in suburban areas, creating a mix of suburban and rural areas. Reflecting this variation, one key informant described the county as ranging from “Amish buggies to the newest jets, all in one county.” Substantiating these descriptions of areas of development throughout the county, 50.4% of residents in St. Mary’s County live in areas that are considered rural and 49.6% reside in areas classified as urban (Figure 8). The percent of St. Mary’s County residents that live in rural areas (50.4%) exceeds that of the State (12.8%), Calvert County (38.7%), and Charles County (29.5%).

Figure 8. Percent of Total Population Living in Urban and Rural Areas, by State and County, 2010



DATA SOURCE: US Department of Commerce, Census Bureau, 2010

Several key informants and a few focus group participants explained that St. Mary's County is a peninsula "surrounded by water, where there are only two ways out." A few focus group participants explained that this offers the opportunity for water-based recreational activities and described the county's location on a peninsula as an asset to the community. However, several respondents cited the county's location on a peninsula as a challenge in developing jobs in the area.

Additionally, several key informants emphasized that St. Mary's County's location on a peninsula and rural characteristics pose challenges for recruiting health providers to the county. As one service provider explained:

"There are concerns regarding being a peninsula. Doctors want to be near a city." – Key Informant

Thus, while County leadership recognizes a need to recruit providers to St. Mary's County to address needs, these geographical factors pose a significant barrier.

Younger residents cited the rural characteristics of St. Mary's County and sizable distance to recreational activities as factors that contribute to unhealthy behaviors among youth and young adults. As one resident described:

"People use [drugs] because they're bored. What do people do on the weekend?" – Focus Group Participant

Indeed several young adults mentioned “*you’re driving 30 minutes to do anything*” such as going to a movie theater, mall, or bowling alley.

The location of St. Mary’s County on a peninsula contributes to perceptions of limited or delayed integration with state-level initiatives. As one key informant explained:

“We’re at the end of the peninsula, forgotten about, forgotten in some initiatives.” – Key Informant

Thus, the geographic characteristics of St. Mary’s County contribute to the social and economic environment that underlies health issues among residents in St. Mary’s County. Additionally, the county’s rural and peninsular features affect the policy, social service, and health care service initiatives intending to improve health among residents in St. Mary’s County.

Assets & Community Resources

Participants, specifically service providers, perceived a spirit of collaboration across agencies in St. Mary’s County with respect to service delivery and community planning. As one key informant characterized, “because the community is smaller there is much better communication. There’s a good effort to work together.” Another service provider expressed pride that “*even though there are siloed conditions, on the front line service providers are able to work together.*” Several key informants characterized the spirit of collaboration as a process that is developing. As one key informant explained:

“Our health department is proactive in bringing the community together and taking an integrative approach. This has been in the last 1.5 years. Our agencies are still very much independent of one another and have not come together to act as a united effort. The health department is very helpful in bringing agencies together.” – Key Informant

A few respondents explained that the growth in collaboration is linked with the county health improvement process facilitated by the health department. Others cited recent health events as fostering the development of several community collaborations.

“The open dialogue is here. Bridges have been built between providers and the community. Bridges have been built between health department and sheriff’s department and schools” – Key Informant

Additionally, several key informants cited an effort to reduce duplication between organizations, and a commitment to positive change and building community partnerships as motivations for collaborative processes.

MedStar St. Mary's Hospital (MSMH) was also identified as a vital contributor to local health improvement efforts and collaborative efforts to address health needs. The hospital, which recently celebrated 100 years of service provision in St. Mary's, merged with the MedStar Health system in 2009. This merger offered new opportunities to the community in terms of physician recruitment and improved access to specialty doctors through connections with a larger, integrated health-care system. As a not-for-profit hospital, MedStar St. Mary's earnings are reinvested into the community and into improving patient care. This allows for MSMH to lead and participate in collaborative initiatives for local health improvement.

Assessment participants were also asked to describe community resources in St. Mary's County. These included a *"rich culture"* and organized community events such as concerts or fairs that make the county an attractive place to live and *"a great place to raise a family."*

A few key informants and focus group participants cited the *"great school system"* and local colleges as assets for the county. Several respondents described efforts to incorporate healthy living, such as walking paths and bike trails, into the built environment as an asset. However, these were often reported in newly developed communities within St. Mary's County rather than as improvements to established areas.

In contrast to reports of several recreational opportunities, a few focus group participants characterized St. Mary's County as having limited recreational options. One key informant reflected on these variations in perception:

"There's a lot to do, but there are people who claim there's nothing to do. The variety of people are an asset. I think St. Mary's County has lots of groups of people and activities for them to do." – Key Informant

Several residents characterized the culture and feel of the community as evolving with the social and economics that have unfolded in the county. One key informant characterized this as a *"watering down of native culture and rural feel of the community."*

A list of community programs and resources is included as an appendix to this assessment.

HEALTH PRIORITIES

Access to healthcare care, behavioral health (mental health and substance misuse), obesity and chronic diseases related to behavior and environment (e.g., access to healthy foods and physical activity, tobacco use and exposure to secondhand smoke) were identified as priority health issues in St. Mary's County through this community health needs assessment process. Priorities were chosen according to seriousness of the issue and the ability for the community to make an impact on improvement.

Access to Healthcare

Access to Care in a community is critical to promoting the health of its population. Several factors influence how well residents can access the health care they need, including: Insurance coverage, the cost of services, the presence and availability of providers, access to reliable transportation and the cultural competency of the healthcare workforce.

Insurance Coverage

Estimates for 2013 indicate that 7.8% of St. Mary's County residents did not have health insurance of any type (Table 5). This is lower than the state (10.3%) and national (14.8%) figures. Among County residents under 18 years, 5.2% do not have health insurance of any type. This is higher than the state (4.2%), but lower than the United States (7.3%). The largest portion of uninsured individuals falls within the 18–64 age range. In St. Mary's County, 10.3% of residents in this age group are uninsured. The percentages for Maryland (14.3%) and national (20.6%) are higher. However, having insurance coverage does not always guarantee that individuals can access healthcare. Local respondents identified the issue of poor network adequacy and the added on costs of co-pays, deductibles and prescriptions as barriers. According to the MedStar St. Mary's Hospital Community Benefit Report, 10% of adults in St. Mary's County were unable to afford to see a doctor in the last 12 months.

“Co-pays and deductibles too high for many individuals and families who are struggling financially, even if they have insurance. Costs of taking time off from work to get to the doctor are also a factor for many workers without sick leave or family leave.” – Survey respondent

Table 5. Uninsured residents, St. Mary's Country (SMC), by age

Year	SMC: Total	SMC: <18 years	SMC: 18–64 years
2013	7.8%	5.2%	10.3%
2012	9.0%	7.0%	11.2%

2011	9.0%	5.6%	11.8%
2010	8.1%	4.4%	10.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 3-year estimates

The majority of insured individuals are covered under employer-based policies (Table 6). Estimates for 2013, indicate that 53.2% of St. Mary’s County residents have employer-based health insurance. Coverage by Medicare (11.4%) and Medicaid (11.6%) is lower than what is estimated for Maryland and the United States. The percentage of St. Mary’s County residents covered by Military/Tricare insurance (13.7%), is higher than what is estimated for Maryland (3.6%) and the United States (2.6%).

Table 6. Health insurance by payer source.

Geography	Employer-based	Direct purchase	Military/Tricare	Medicare	Medicaid	VA
U.S.	55.2%	12.5%	2.6%	15.1%	17.2%	2.1%
Maryland	64.6%	12.0%	3.6%	13.6%	14.2%	1.8%
SMC	53.2%	9.7%	13.7%	11.4%	11.6%	2.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 3-year estimates

Healthcare Providers

In addition to ability to pay, the number of providers in a community also influences access to care. According to the CDC, the US national primary care physician to population ratio was 1 per 2,169 residents in 2012. Comparatively, Maryland had a ratio of 1 per 850 residents and St. Mary’s County had a ratio of 1 per 1,346 residents. Survey respondents noted that provider recruitment was particularly challenging in St. Mary’s County, noting the lack of attractive employment opportunities for spouses and distance from urban centers.

“It’s challenging to entice outside professionals to relocate to “remote” St. Mary’s because of the combination of the high cost of living and doing business here, and the perceived distance from known metro areas like D.C. and Baltimore. With no medical school or affiliated teaching institutions, residents and young medical professionals aren’t trained here and don’t become attached to the area.” – Survey respondent

Areas of St. Mary’s County have received designation by the Health Resources and Services Administration (HRSA) as health professional shortage areas (HPSA). The southern portion of the County, including Great Mills, Lexington Park, Park Hall and St. Mary’s City, has a geographic designation as a primary care HPSA, which indicates a primary care provider ratio of less than 1

per 3,500 residents (Health Resources and Services Administration (HRSA, 2014). The entire county has been designated a mental health HPSA. Additionally, the northwestern portion of the County, including the Chaptico and Milestown communities, has been designated a medically underserved area (MUA). An MUA designation indicates that an area has too few primary care providers, high infant mortality, high poverty, or a high elderly population. Focus group participants described the lack of specialty services.

“Health care services are unavailable because there is a limited supply. For example, there are not enough places to receive dental care or pediatric ophthalmology/optometry care” – Focus Group Participant

Many residents and service providers also described an insufficient supply of behavioral health providers in the county to address mental health and substance abuse issues. As one service provider noted:

There are very few psychiatrists, and those that do exist are private. Residents encounter long wait lists and it’s difficult to get in.” – Key Informant

Residents cited St. Mary’s County’s distance from cities, location along the peninsula, and the inability to pay mental health providers a wage that would incentivize them to practice in St. Mary’s County as reasons for the limited supply of and difficulty in recruiting mental health providers. A few residents described telemedicine services, but explained that mental health and substance abuse therapy is more effective through in-person sessions.

Finally, Ambulatory Care Sensitive Conditions (ACSC), conditions for which admissions may be avoided by intervention at the primary care setting, or where early intervention can prevent complications or more severe disease should also be examined as an indicator of healthcare access. Rates of admissions for ACSCs are prevention quality indicators (PQI) used as a measure of the effectiveness and reach of a community’s primary care system. While the measures focus on inpatient admissions, they are typically used to assess engagement and quality in the community setting. Recent trends indicate that discharges for ACSCs among Medicare beneficiaries have been decreasing in St. Mary’s County, Maryland and the United States (Table 7). However, data indicates that rates in St. Mary’s County remain higher than those observed throughout the state and nationally.

Table 7. Discharge rates for ambulatory-care sensitive conditions per 1,000 Medicare beneficiaries

Year	United States	Maryland	St. Mary's County
2009	68	66	103
2010	67	63	79
2011	65	60	81
2012	59	54	74

DATA SOURCE: The Dartmouth Atlas of Health Care

An additional measure of the dynamic between hospital-based care and preventive and primary care in a community is the readmission rates. In general, a hospital readmission occurs when a patient is admitted to a hospital within a specific period after being discharged from an initial hospitalization. In Medicare, this time frame is defined as 30 days, and includes hospital readmissions to any hospital, not just the one which the delivered the initial inpatient care. While the percentage of Medicare 30-day all-cause readmissions has dropped by 5.0 percent in St. Mary's County between 2008 and 2012, it remains higher than what is found in Maryland as a whole and in the United States (Table 8, CMS Medicare Administrative Data).

Table 8: Medicare 30-day readmission (percent), all causes, 2008–2012

Year	United States	Maryland	St. Mary's County
2008	19.3%	22.5%	23.0%
2009	19.3%	22.5%	22.9%
2010	19.2%	21.8%	21.6%
2011	19.1%	21.4%	20.6%
2012	18.6%	20.6%	21.9%

DATA SOURCE: Center for Medicare and Medicaid Services

Transportation

Limited public transportation in this predominantly rural county poses a challenge to accessing goods, services, and healthcare. Based on Census estimates, in St. Mary's County approximately one in ten (12.9%) residents have one vehicle in their household, four in ten (39.4%), residents have two vehicles, and four in ten have three or more vehicles (45.0%; Table). In contrast, 2.7% of residents do not have a vehicle available to their household. Compared to the State, a

smaller proportion of St. Mary’s County residents do not have any vehicles available (Maryland: 4.4%, St. Mary’s County: 2.7%), and a greater proportion of residents have three or more vehicles available (Maryland: 33.4%, St. Mary’s County: 45.0%).

Table 9. Number of Available Vehicles for Individuals 16 Years and Older Per Household, State and County

Geography	No Vehicle	One Vehicle	Two Vehicles	Three+ Vehicles
Maryland	4.4%	21.5%	40.7%	33.4%
Calvert County	1.2%	10.7%	33.9%	54.1%
Charles County	1.5%	14.4%	38.6%	45.5%
St. Mary's County	2.7%	12.9%	39.4%	45.0%

DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

Respondents characterized public transportation in the county as limited, an unreliable mode of transit, and one that takes significant time to utilize. These challenges are linked to St. Mary’s County being a predominantly rural community. As one key informant explained,

“Transportation is terrible here. You have to wait for a bus for a long time. If you have to use public transportation you are at a disadvantage. You have to find wheels here.” – Key Informant

Indeed, one key informant explained that the public transit system involves a *“minibus and runs on limited schedules to limited places.”* Several focus group participants and key informants characterized the lack of transportation as affecting certain segments of the population, such as lower-income, youth and elderly residents. Additionally, some respondents explained that public transit options served a limited number of communities in the county. As one resident explained:

“If you live in Ridge or Clements, you’re off the beaten path as far as transportation is concerned.” – Focus Group Participant

A few service providers and residents linked the limited public transit locally and between counties as a barrier to accessing healthcare services. One service provider noted:

“A challenge to getting treatment elsewhere is the transportation system. And kids have to have their parents drive them out of the county.” – Key Informant

Indeed, residents explained that limited public transit compounded the difficulties of accessing healthcare services within or outside of St. Mary’s County.

As shown in Table , based on Census estimates 84.4% of St. Mary’s County residents drove a vehicle alone to work, followed by 7.9% of residents who carpoled, 3.6% who used another method of transportation, 2.1% who used public transit, and 2.0% who walked to work. The proportion of St. Mary’s County (84.4%) residents who drove a vehicle alone to work exceeded that for Maryland (73.5%), Charles County (78.3%), and Calvert County (80.8%). This pattern may be attributed to the relatively rural landscape in the area, location of St. Mary’s County on a peninsula, and the limited public transportation infrastructure.

Table 10. Means of Transportation to Work for Individuals 16 Years and Older, by State and County, 2009-2013

Geography	Car, Truck, or Van (Alone)	Car, Truck, or Van (Carpool)	Public Transit (Excluding Taxis)	Walk	Other
Maryland	73.5%	10.0%	8.9%	2.4%	5.3%
Calvert County	80.8%	10.4%	3.2%	0.8%	4.8%
Charles County	78.3%	11.0%	6.5%	0.9%	3.4%
St. Mary's County	84.4%	7.9%	2.1%	2.0%	3.6%

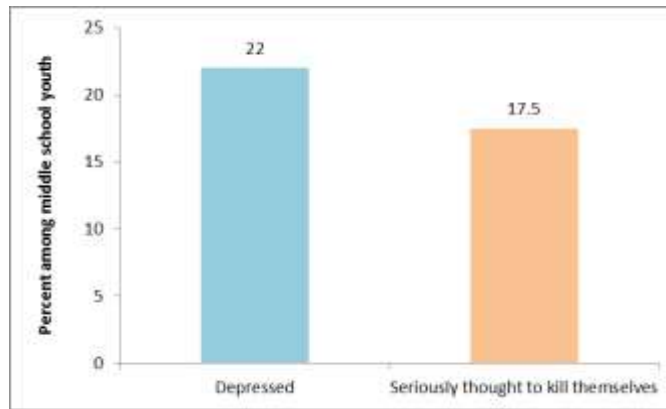
DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013. NOTE: Other includes by bicycle, taxi, motorcycle, other means, or worked at home.

Behavioral Health

Social and mental factors and conditions influence or reflect overall health status and quality of life, both for the individual and the community as a whole. Additionally, mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community. According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS) adults in St. Mary’s indicated that they have had an average of 2.9 mentally unhealthy days in the past 30 days. As a whole, adults in Maryland indicate that they have had an average of 3.2 mentally unhealthy days in the past 30 days, while adults in the United States reported 3.8 days.

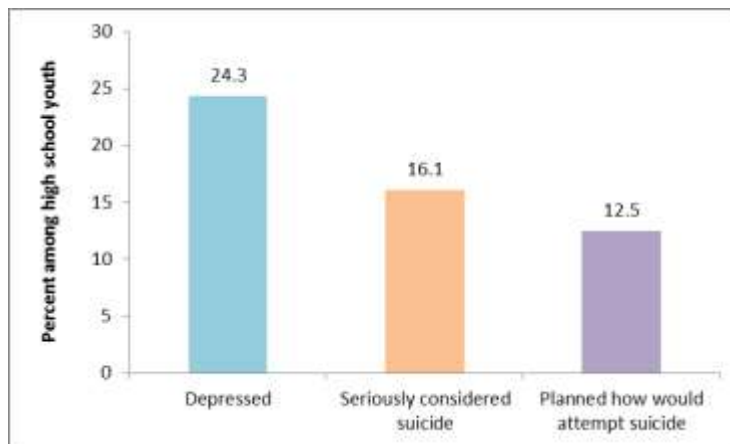
A survey of local middle school youth showed that 22% of the students reported having been depressed during the past year and 17.5% having had suicidal thoughts (Figure 9). This trend remained the same among high school youth with 24.3% of the students reporting having been depressed during the past year and 16.1% having seriously considered attempting suicide (Figure 10).

Figure 9. Depression and suicide thoughts among middle school youth in St Mary's County, 2013



DATA SOURCE: Maryland Youth Risk Behavior Survey 2013

Figure 10. Depression and suicide thoughts among high school youth in St Mary's County, 2013

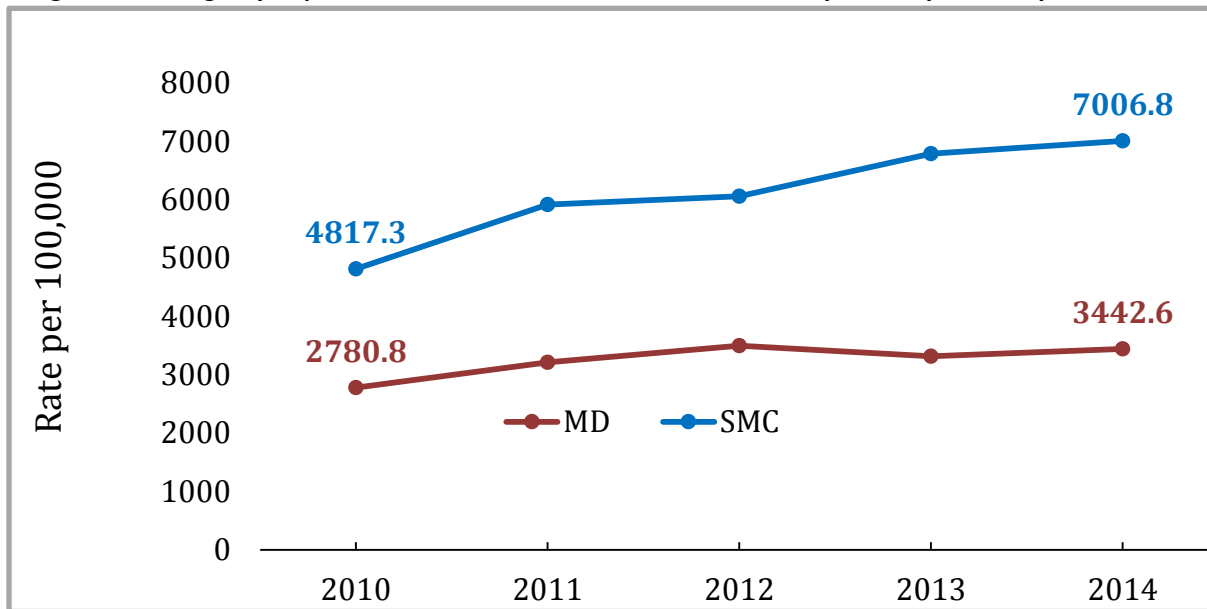


DATA SOURCE: Maryland Youth Risk Behavior Survey 2013

Mental health problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. Such conditions include adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders.

In 2014, the rate of emergency department visits for mental health conditions in St Mary's County was 7006.8 visits per 100,000 population (Figure 11). This was a 45.5% increase from 2010 - a much faster increase than was seen for the state of Maryland (23.8%) over the same period. This reflects a trend of increased use of the emergency department for mental health services in the County.

Figure 11. Emergency Department visits for mental conditions in St Mary's County and Maryland, 2010-2014.



DATA SOURCE: Maryland State Health Improvement Process (SHIP)

Substance Use

Most respondents perceived substance abuse as a prevalent issue in St. Mary's County, which is reflected in quantitative data. Focus group participants and key informants were asked to identify the pressing health issues in the county. Often, respondents cited substance misuse and abuse as major health concerns in the area. One focus group participant explained that it *"feels like everyone here is using,"* reflecting perceptions that substance abuse is highly prevalent. Key informants and focus group participants described a general sense that substances are very visible, as one focus group participant explained, *"It's big. You can't go anywhere without seeing someone who's high or drunk."*

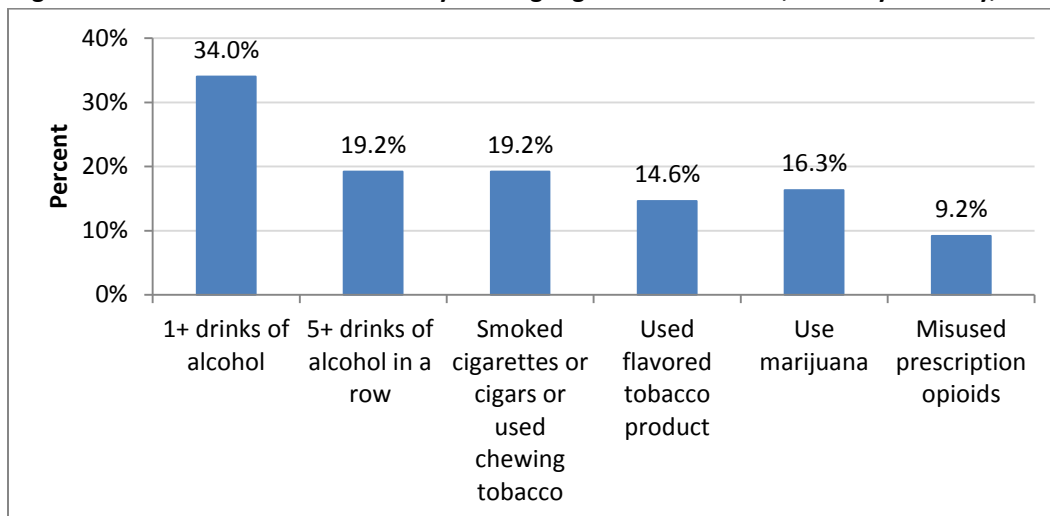
Residents characterized alcohol as the most prevalent substance that is used and abused, followed by tobacco. Respondents across the treatment and recovery community, law enforcement, and public health institutions described an increase in opioid misuse and abuse in the area as a major concern. While residents and a few service providers perceived opioid misuse as being *"out of control,"* several service providers emphasized that opioid misuse and abuse are increasingly prevalent, but alcohol and tobacco remain among the most abused substances in the county.

Some residents and service providers tempered this sense of substance use being a new phenomenon in St. Mary's County. For example, one service provider explained, *"There's always been drugs and alcohol in this community, so it's always been around."* Another resident in recovery explained, *"When I came here as a teenager, we didn't have heroin, but the other*

stuff was here. It's just not hidden anymore." Thus, increased awareness and shifts in substance abuse patterns may contribute to perceptions of increases in substance abuse in the county.

These qualitative reports are reflected in quantitative data. Among high school students surveyed as part of the Youth Risk Behavior Survey in 2013, alcohol and tobacco are the most prevalent substances that students reported misusing or abusing in the past 30 days (Figure). Over that period, three in ten (34.0%) high school students reported having one or more alcoholic beverage, two in ten (19.2%) reported drinking five or more drinks in a row, and two in ten (19.2%) smoked cigarettes. Additionally, 16.3% of high school students reported that they used marijuana in the past 30 days and 14.6% reported using flavored tobacco in the past 30 days. One in ten high school students reported misusing prescription drugs over this same period. Current (past 30 day) heroin use is not asked about in the YRBS, but lifetime use will be discussed later in the report.

Figure 12. Substance Use in Past 30 Days among High School Students, St. Mary's County, 2013



DATA SOURCE: 2013 Youth Risk Behavior Survey

Alcohol, Tobacco and Marijuana Use

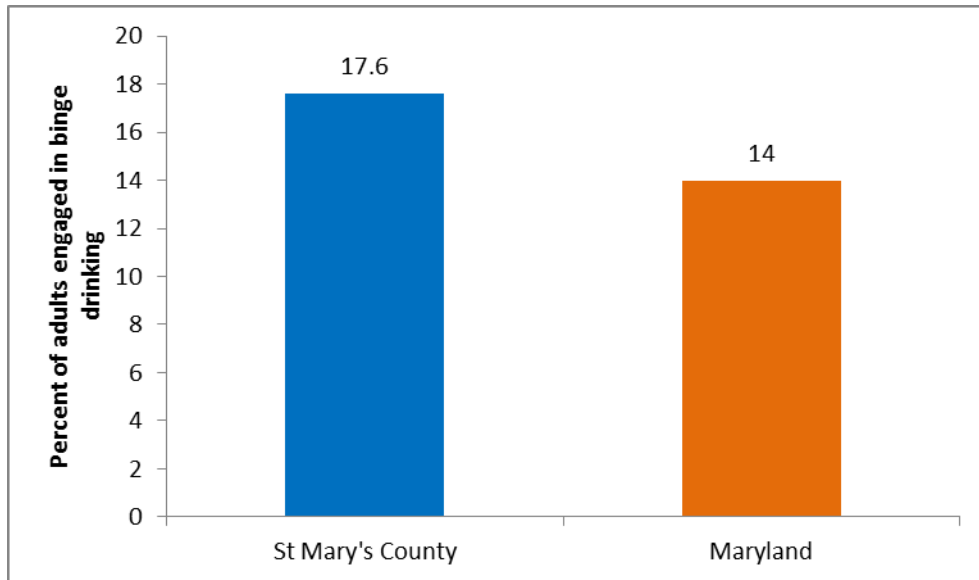
Alcohol, tobacco, and marijuana are perceived as commonly used and socially acceptable substances in St. Mary's County. Service providers and focus group participants characterized alcohol as *"the main drug of choice in the area"* and *"part of the St. Mary's County culture."* Indeed, several participants cited estimates that St. Mary's County has high alcohol consumption rates relative to other counties.

Respondents also attributed high levels of alcohol abuse in St. Mary's County to *"a strong cultural history around the watermen and the farmers. It was their entertainment."* Thus,

historical, social, and policy factors contribute to perceived acceptance of alcohol use and abuse in the county.

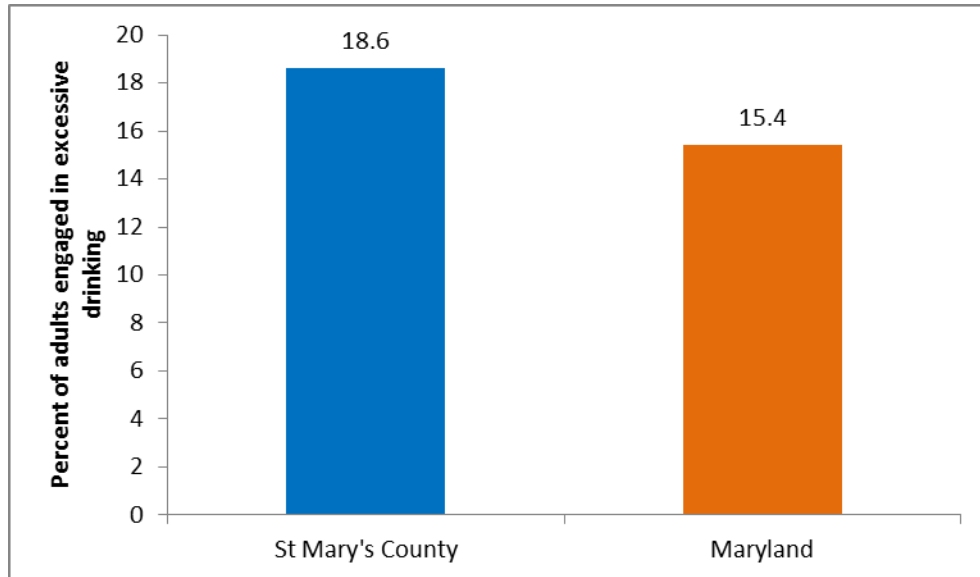
Binge drinking is defined as having 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions during the previous 30 days. Binge drinking among adults in St Mary's County was higher than the average for the state during the period 2006-2012 (Figure 13, Maryland State Health Improvement Process (SHIP)). A similar trend was also noted for excessive drinking (Figure 14), Maryland State Health Improvement Process (SHIP). Excessive drinking is defined as either chronic high alcohol consumption (drinking more than two drinks per day on average (for men) or more than one drink per day on average (for women) or binge drinking.

Figure 13: Percentage of adults in MD and St. Mary's County who engaged in binge-drinking, 2006-2012.



DATA SOURCE: Maryland State Health Improvement Process (SHIP)

Figure 14: Percentage of adults in MD and St. Mary's County who engaged in excessive drinking during the period, 2006-2012.

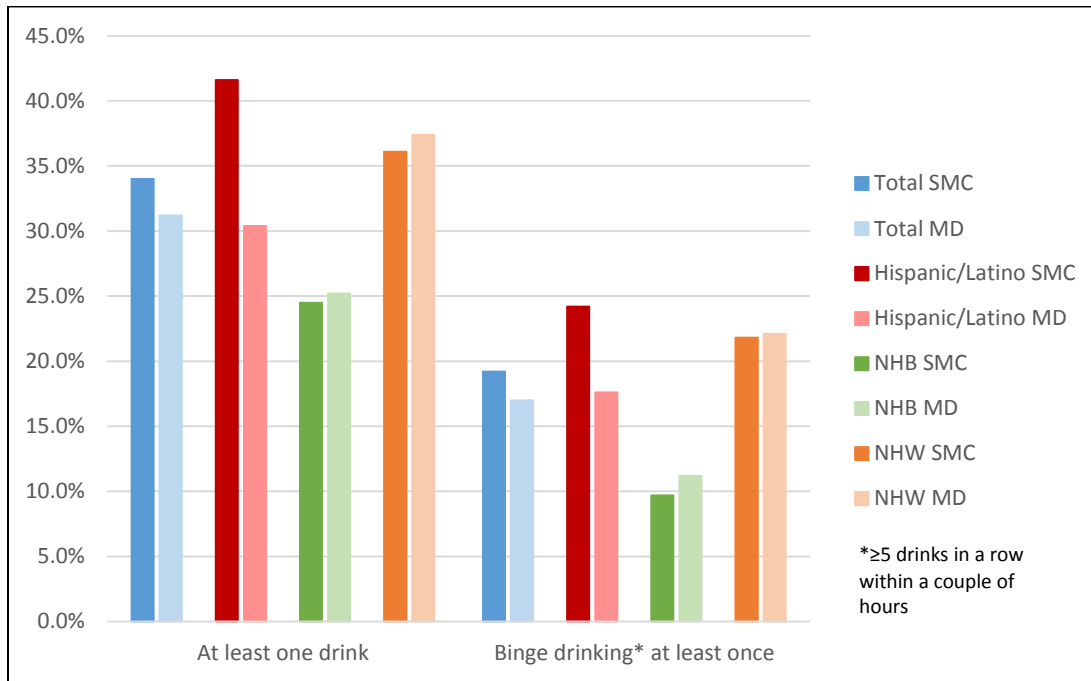


DATA SOURCE: Maryland State Health Improvement Process (SHIP)

Several key informants and residents described a social acceptance of alcohol abuse and a sense that *“it was okay to drink”* for residents regardless of whether they were of legal age. Respondents cited these as factors that contribute to early initiation of alcohol use and alcohol abuse among residents. Others noted a susceptibility to peer pressure among teenagers as contributing to alcohol misuse and abuse among youth. One focus group participant explained, *“Among teenagers, drinking alcohol is something they need to do to be popular.”*

Overall, slightly greater percentages of St. Mary's County high school students reported having at least one drink (34.0%) and binge drinking at least once (19.2%) during the 30 days before being surveyed than all Maryland high school students (31.2% and 17.0%, respectively, Figure 15). There were significant racial/ethnic disparities in current alcohol use among St. Mary's County high school students. Compared with Maryland Hispanic/Latino high school students, a significantly greater percentage (41.6%) of St. Mary's County Hispanic/Latino students reported having at least one drink during the 30 days before being surveyed. Within St. Mary's County, both Hispanic/Latino (41.6%) and non-Hispanic White students (36.1%) reported significantly more frequency of having at least one drink and binge drinking during the past 30 days than non-Hispanic Black students (24.5%).

Figure 15. Current (during past 30 days) alcohol use among youth, St. Mary’s County and Maryland, 2013.



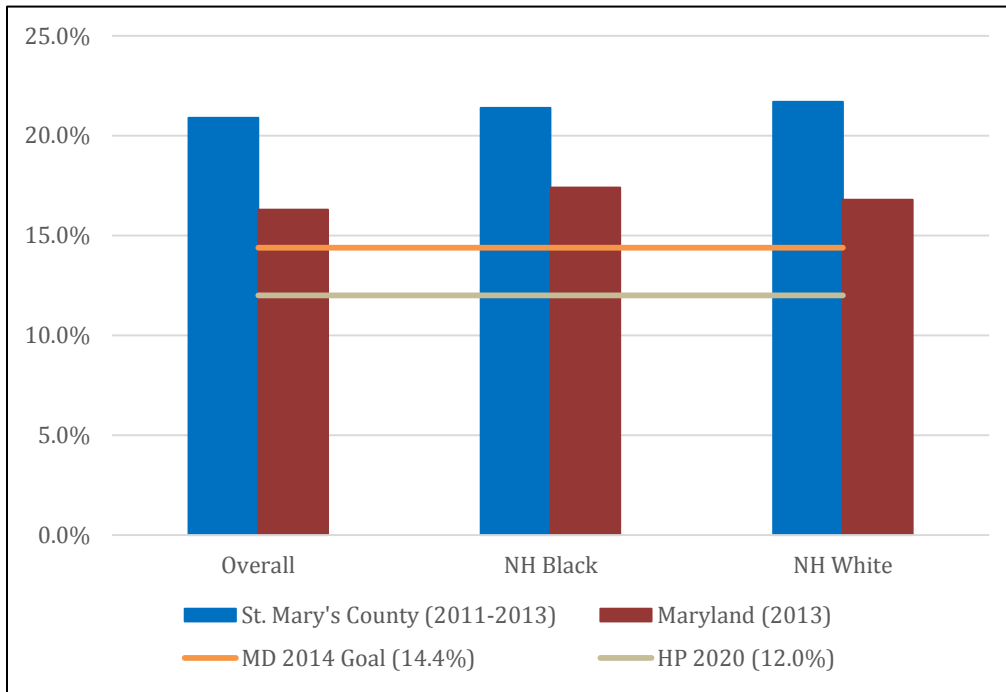
DATA SOURCE: Maryland Youth Risk Behavior Survey, 2013

Tobacco also emerged as one of the most commonly abused substances among residents in St. Mary’s County. Some key informants linked the cultural acceptance and high prevalence of tobacco use in the County to the historical presence of local tobacco farms that were recently purchased.

“St. Mary’s County used to have tobacco farms. If you didn’t work the water, you worked in tobacco, or you did both. But then about 20 years ago there was a sell-off. They paid people not to grow tobacco.” – Focus group participant

Overall, the percentage of St. Mary’s County adults (20.9%) who reported current smoking (i.e., smoking cigarettes some days or every day) is greater than that observed statewide (16.3%) and exceeds the statewide 2014 goal (14.4%) as well as the Healthy People 2020 target of 12.0% (Figure 22, Maryland State Health Improvement Process (SHIP) and Maryland Behavioral Risk Factor Surveillance System (BRFSS)). Similar patterns were observed among St. Mary’s County non-Hispanic Black (NH Black) and non-Hispanic White (NH White) adults.

Figure 16. Current Cigarette Use Among Adults, St. Mary's County (2011-2013) and Maryland (2013).



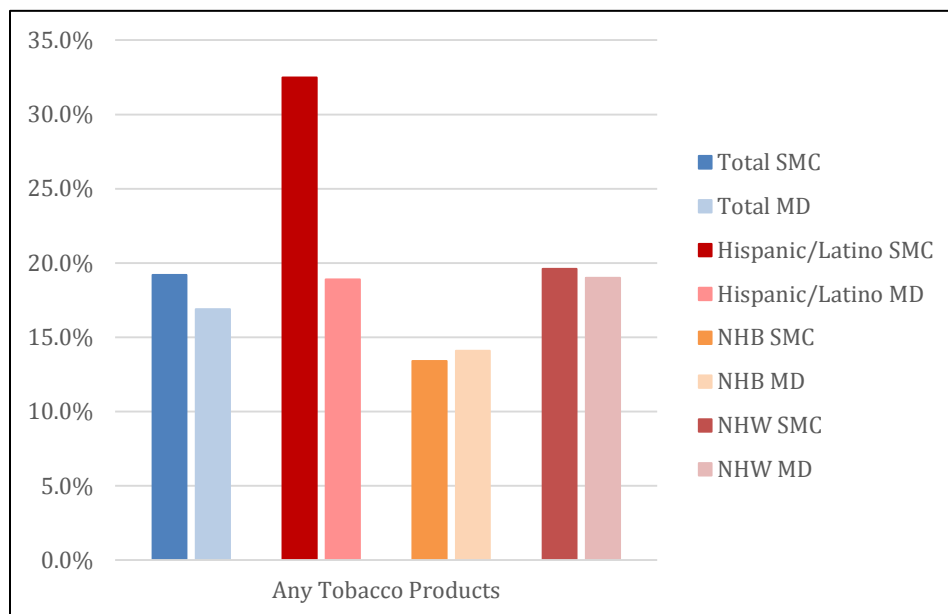
DATA SOURCE: Maryland State Health Improvement Process (SHIP) website. <http://dhmh.maryland.gov/ship>; Maryland Behavioral Risk Factor Surveillance System (BRFSS).

Several service providers and residents in recovery explained that while opioids have received much attention and concern recently, the high prevalence of tobacco use in the area and use of tobacco as a gateway drug to opioids cannot be overlooked in understanding and addressing substance abuse patterns in the county. As one key informant described:

“Our rates of tobacco use are significantly higher than some other counties in the state. We talk about substance abuse and everyone pops over to the big drugs and forgets about tobacco and forgets about the roles of that. You’re getting the nicotine, which is changing brain chemistry to make it more likely that you will use other drugs.” – Key Informant

Overall, the percentage of St. Mary’s County high school students reporting current use (i.e., during the 30 days before being surveyed) of any tobacco products is similar to that for Maryland high school students as a whole (St. Mary’s County: 19.2%, Maryland: 16.9%, Figure 17). There were significant racial/ethnic disparities in current tobacco use among St. Mary’s County high school students. The percentage of St. Mary’s County Hispanic/Latino students (32.5%) reporting current tobacco use is significantly greater than that for Maryland Hispanic/Latino students (18.9%) and those for other racial/ethnic groups of students within St. Mary’s County (non-Hispanic Black: 13.4%, non-Hispanic White: 19.6%).

Figure 17. Current (during past 30 days) tobacco use among youth, St. Mary’s County and Maryland, 2013



DATA SOURCE: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey

In addition to cigarettes, vapor pens emerged as an increasingly prevalent smoking practice among young people in St. Mary’s County, as reported by a handful of focus group participants. As one youth focus group participant explained, *“People our generation don’t smoke tobacco so much, but hooka and vape pens are getting more popular.”* One focus group participant explained that users are uncertain about the health risks of vapor pens, but perceive them to have fewer risks than traditional cigarettes:

“We don’t know what’s in vape pens, but I don’t think they have nicotine. So aren’t they better than cigarettes?” – Focus Group Participant

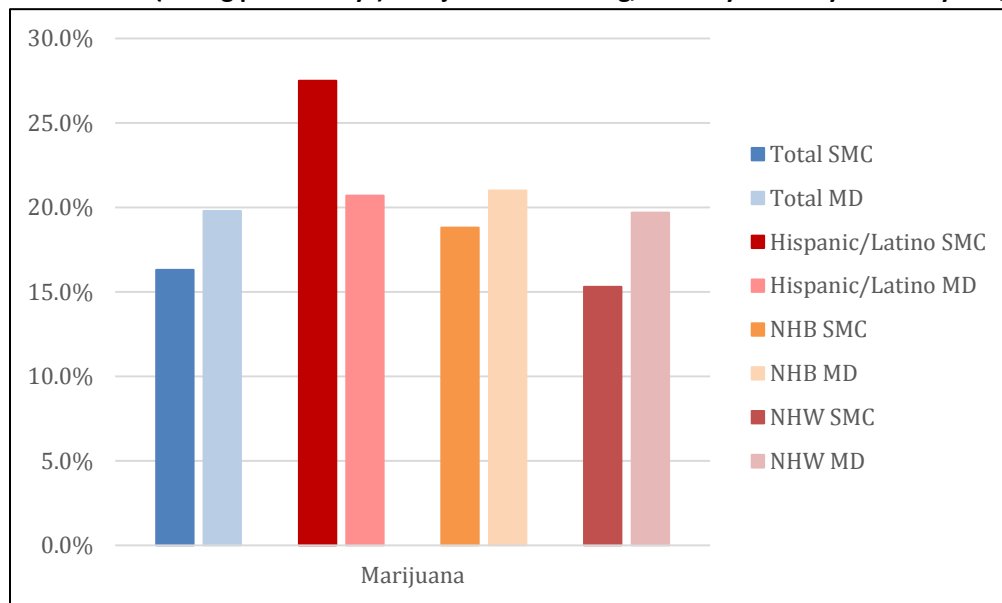
Several youth focus group participants explained that vapor pen use is so common that students are smoking in the school bathrooms.

Respondents also described greater social acceptance of marijuana use following marijuana decriminalization policies across the country as a contributing factor to the prevalence of marijuana use in St. Mary’s County. One key informant warned that the decriminalization of marijuana would enhance the difficulty of measuring the prevalence of marijuana use among younger residents:

“It’s going to be harder to determine the extent of problems with juvenile marijuana use. If they’re not being forced to interact with authorities, we won’t have as good of data in terms of severity and cost.” – Key informant

The reported current marijuana use (i.e., during the 30 days before being surveyed) is significantly lower among St. Mary’s County (16.3%) than Maryland (19.8%) high school students (Figure 18). Within St. Mary’s County, the percentage of Hispanic/Latino students (27.5%) reporting current marijuana use is significantly greater than that for non-Hispanic White students (15.3%).

Figure 18. Current (during past 30 days) marijuana use among, St. Mary’s County and Maryland, 2013.

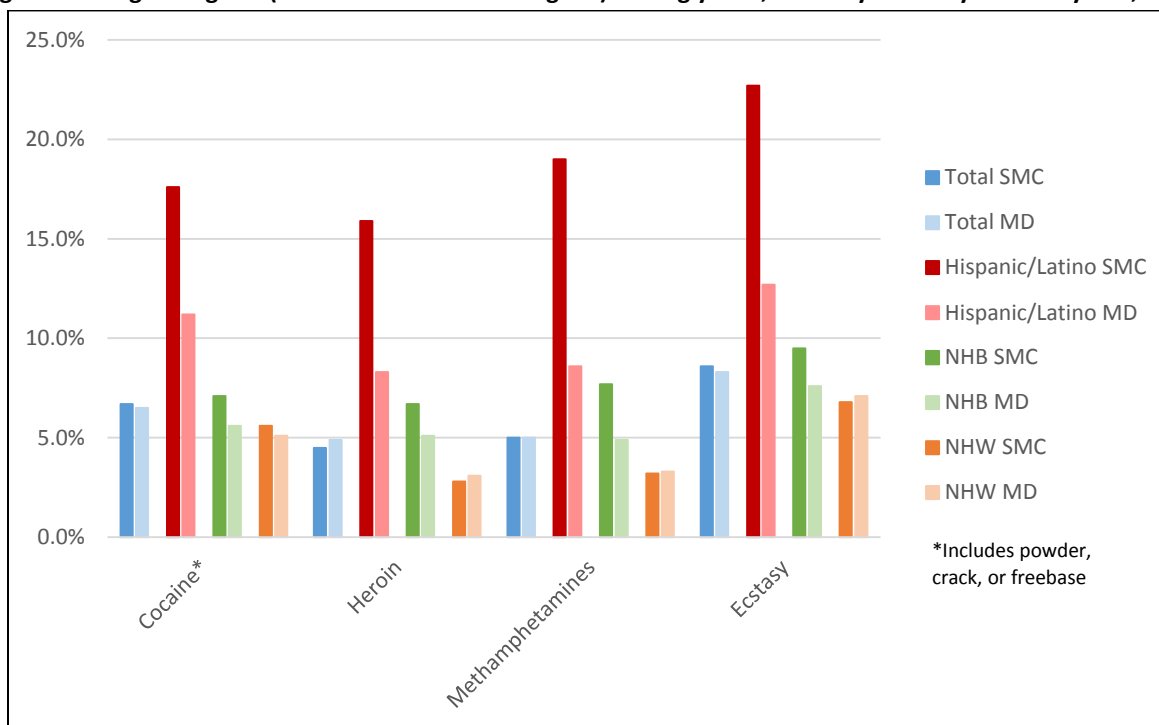


DATA SOURCE: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey

Use of Illicit Drugs & Opioids

The percentages of St. Mary’s County high school students reporting history (i.e., one or more times during their lives) of cocaine, heroin, methamphetamine, or ecstasy use are similar to those for high school students throughout Maryland (Figure 19). However, substantially greater percentages (by two- to six-fold) of St. Mary’s County Hispanic/Latino high school students reported history of cocaine (17.6%), heroin (15.9%), methamphetamine (19.0%), or ecstasy (22.7%) use than Hispanic/Latino students statewide and other racial/ethnic groups of students within St. Mary’s County.

Figure 19. Illegal drug use (one or more times during life) among youth, St. Mary’s County and Maryland, 2013



DATA SOURCE: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey.

Opioid use and abuse is perceived as an increasingly prevalent health concern in St. Mary’s County. However, perceptions differ for residents relative to treatment and other service providers. There is a perception that everybody is using heroin, but use is not showing up in treatment or police statistics. Several respondents explained that the prevalence of opioid misuse and abuse has escalated in recent years in St. Mary’s County. As one key informant described, *“I’ve definitely noticed there’s been a rise in prescription medication misuse. There is lots of prescription pain killer abuse.”* Multiple respondents, namely residents, characterized opioid use as *“out of control,” “off the charts,”* or an *“epidemic”* relative to previous periods. As one focus group participant stated, *“Opioid use is out of control around here. There are a lot of people addicted in this area.”*

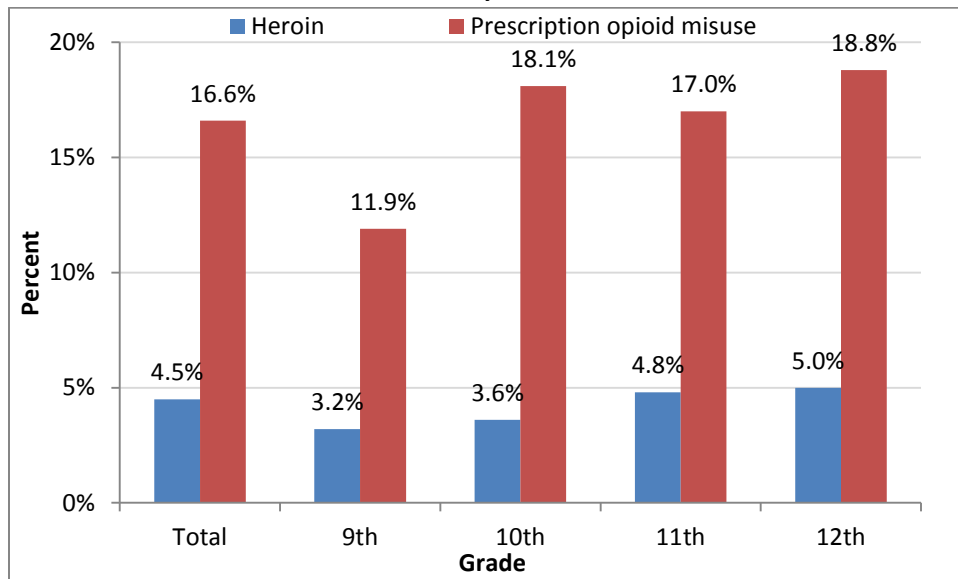
Statistics from treatment providers and law enforcement agencies document an increase in opioid use in St. Mary’s County, but these statistics indicate that the increase is not of the magnitude reported by residents. As will be discussed later in this section, treatment admissions for prescription opiates and heroin have increased since 2007 but declined in the past few years.

One focus group participant characterized this gap between residents’ perceptions and data to which County leadership refer:

“The police officers say it’s not been that many deaths that show up in the stats, but there are so many people I know who use. There are lots of people strung out on pills. It’s unreal. They’re not dead yet, and they’re not in treatment, so they don’t show up in the statistics.” – Focus Group Participant

Youth Risk Behavior Survey data show that opioid use among St. Mary’s County public high school students is low. As illustrated in Figure , 9.2% of high school students surveyed in 2013 indicated that they had misused a prescription painkiller in the past 30 days. As shown in Figure , below, 4.5% of high school students reported using heroin in their lifetime, compared to 16.6% of high school students who reported misusing prescription painkillers in their lifetime. Student reports of heroin use increased slightly with increasing grade in high school. Reported lifetime heroin use ranged from 3.2% among 9th grade students to 5.0% among 12th grade students. Prescription painkiller misuse also increased with increasing grade. However, this increase across grades was of a greater magnitude than the increase in reports of heroin use. Specifically, 11.9% of 9th graders reported lifetime misuse of prescription painkillers, compared to 18.8% of 12th graders. These numbers are higher among Hispanic high school students, but these students represent a small percentage of the population.

Figure 20. Lifetime Use of Heroin or Misuse of Prescription Pain Killers among High School Students, St. Mary's County, 2013

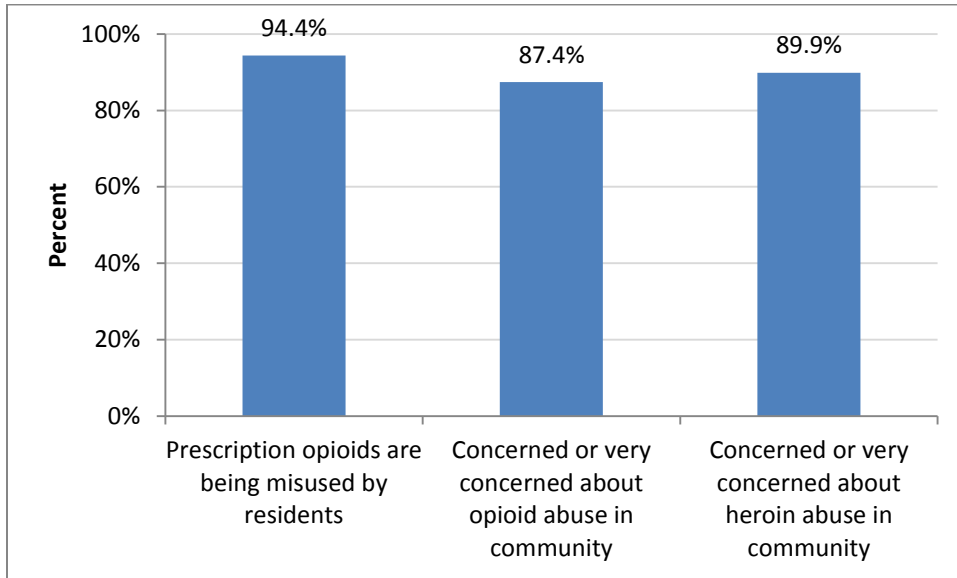


DATA SOURCE: 2013 Youth Risk Behavior Survey

The Maryland Public Opinion Survey on Opioids (MPOS) indicates that in 2015 94.4% of St. Mary’s County respondents believed that prescription opioids are being misused by County residents (Figure). Further, and 87.4% of MPOS respondents were concerned or very

concerned about opioid abuse in general. Nine in ten (89.9%) of respondents were concerned or very concerned about heroin use in general.

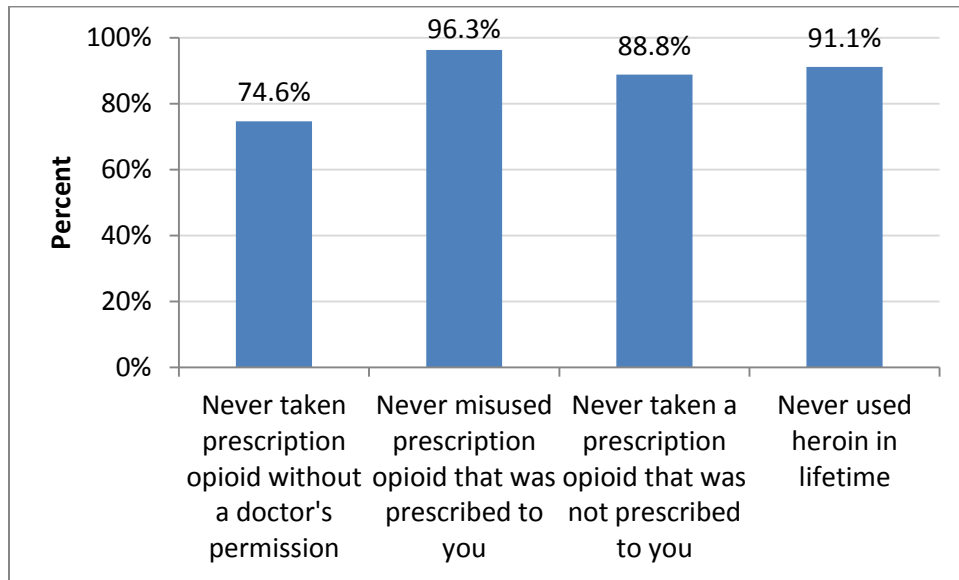
Figure 21. Residents' Perceptions of Opioid Misuse or Abuse, St. Mary's County, 2015



DATA SOURCE: Maryland Public Opinion Survey on Opioids, 2015

However, as shown in Figure , the MPOS self-report data suggests that opioid use is not common among St. Mary's County residents. The MPOS indicates 74.6% of residents reported that they have never taken a prescription opioid without a doctor's permission, 96.3% have never misused a prescription opioid that was prescribed by them, and 88.8% have never taken a prescription opioid that was not prescribed to them. Additionally, 91.1% of respondents reported that they have never used heroin in their lifetime.

Figure 22. Opioid Use among Adults, St. Mary's County, 2015



DATA SOURCE: Maryland Public Opinion Survey on Opioids, 2015

Some key informants perceived that residents' reporting of increases in opioid abuse may be linked with greater awareness among residents of substance abuse issues in the county. As one service provider explained:

"We have had forums to educate people about opioid use. The more we educate people, the more it seems like it's a bigger problem. I do think we're out there getting more opportunities to get training and be aware of opioid misuse and abuse." – Focus Group Participant

Indeed, several key informants mentioned the drug summit as a turning point in community awareness and prioritization of opioid misuse.

Further, treatment providers and County leadership representing law enforcement, educational, and public health institutions described the prevalence and increase in opioid use and abuse in St. Mary's County as a local pattern that reflects national trends. As one key informant explained:

"What we are seeing on some level is what's happening nationally. If heroin is increasing nationally, you're going to see it locally." – Key Informant

Many respondents perceived that substance use and abuse and mental health issues are co-occurring. Indeed, one key informant's explanation that "mental health is leading to substance abuse" was a common theme that emerged across interviews and focus groups. Several

respondents characterized substance use as a way to “self-medicate” as they coped with mental health issues. In addition to traumas and adverse childhood experiences affecting mental health and risk of substance abuse, residents also cited stressors of day-to-day life, economic hardship, and underlying mental health conditions as factors that contribute to use of alcohol, marijuana, or opioids as a form of self-medication.

Behavioral Health Consequences and Mortality

Mental health can contribute significantly to mortality. Homicides, suicides and death induced by alcohol and drugs can all result from mental health conditions. The following table summarizes death rates due homicide, suicide, alcohol and drugs (Table 11). Whereas, compared to the state of Maryland, the rate (per 100,000 population) of alcohol-induced deaths was lower in the St Mary’s County (9.5 versus 13.7), the rates were higher than the state of Maryland for suicide (11.9 versus 9.3) and drug-induced deaths (6.6 versus 4.5).

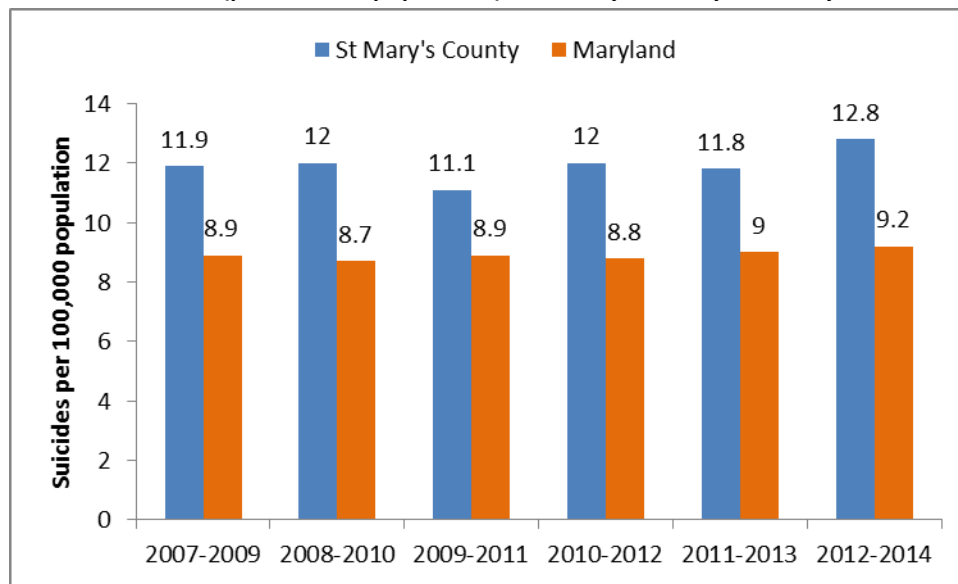
Table 11. Age-adjusted mortality per 100,000 population from selected causes, 2011–2013: United States, Maryland and St. Mary’s County

	United States	Maryland	St. Mary’s County
Homicide	5.3	7.2	*
Suicide	12.5	9.3	11.9
Alcohol-induced	14.1	13.7	9.5
Drug-induced	8.0	4.5	6.6

DATA SOURCE: CDC Wonder - <https://wonder.cdc.gov>, *unstable rate

Mental disorders and/or substance abuse have been found in the great majority of people who have died by suicide. The trend, overtime, for deaths due to suicide is shown in Figure 23. Suicide rates in St Mary’s County have consistently remained higher than the average in Maryland.

Figure 23. Suicide rates (per 100, 000 population) in St Mary's County and Maryland, 2007-2014.

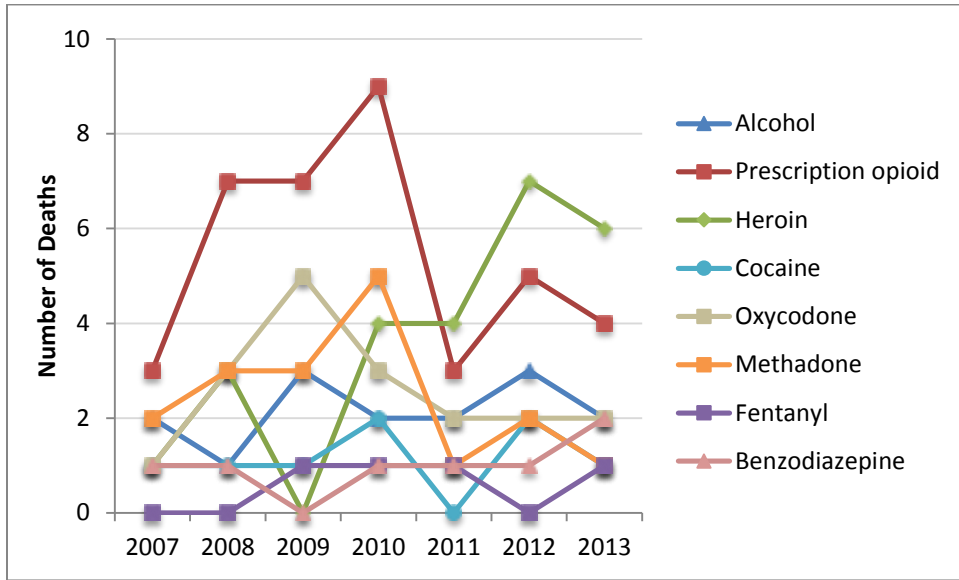


Source: Maryland State Health Improvement Process (SHIP)

Overdose Deaths

As shown in Figure , mortality data from the Office of the Chief Medical Examiner indicate that prescription opioid intoxication deaths in St. Mary's County have been decreasing since 2010. Additionally, the number of prescription opioid-related deaths in St. Mary's County is lower compared to neighboring counties (Calvert and Charles) during that period (not shown). Heroin-related intoxication deaths in St. Mary's County rose from 2009 to 2012, but have decreased between 2012 and 2014. Again, St. Mary's County has the lowest number of heroin-related intoxication deaths in 2014 compared to Calvert and Charles Counties (not shown). Whereas methadone and oxycodone contributed to a large proportion of overdose-related deaths in 2009 and 2010, in 2013 they joined alcohol, cocaine, fentanyl, and benzodiazepine as the least common substances attributed to overdose deaths.

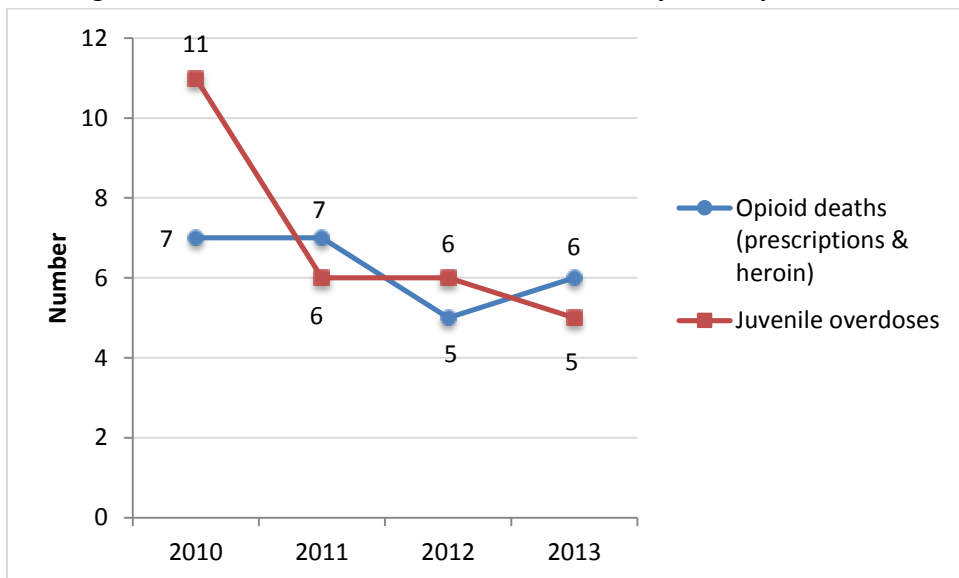
Figure 24. Number of Deaths Due to Overdose, by Substance, St. Mary's County, 2007-2013



DATA SOURCE: Office of the Chief Medical Examiner, 2007-2013

Quantitative data from the St. Mary's County Sheriff's Office indicate that opioid deaths and juvenile overdoses declined over the 2010 to 2013 period (Figure). In particular, fatal overdoses from opioids decreased from 2010 to 2013. From 2010 to 2013, St. Mary's County has seen a decrease in the number of juvenile opioid overdoses from 2010 to 2013.

Figure 25. Number of Deaths and Overdoses, St. Mary's County, 2010-2013

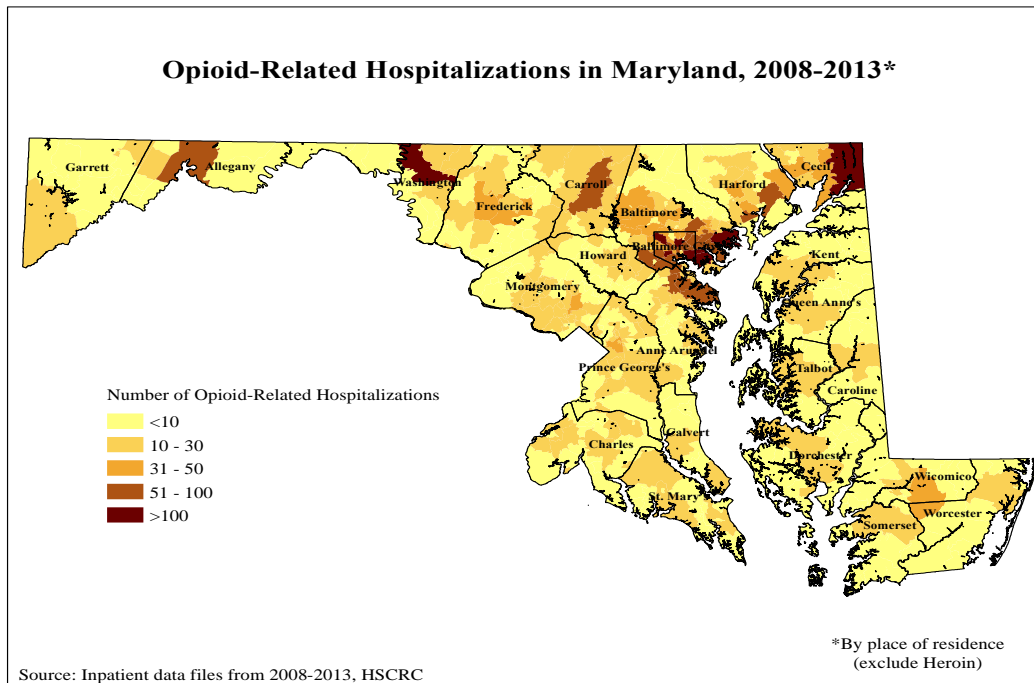


DATA SOURCE: St. Mary's County Sheriff's Office, 2010-2013

Hospitalizations and Treatment for Substance Abuse

Opioid-related hospitalizations are largely distributed throughout St. Mary's County (Figure 26). Though the distribution of these hospitalizations is more diffuse in St. Mary's County than in neighboring counties, the number of opioid-related hospitalizations in the county is lower than that for other counties across Maryland.

Figure 26. Number of Opioid-Related Hospitalizations (Excluding Heroin), Maryland, 2008-2013



DATA SOURCE: Health Services Cost Review Commission (HSCRC), 2008-2013

Reflecting some service providers' descriptions of a low prevalence of heroin use evidenced by treatment data, from 2008 to 2013 there were fewer than 5 heroin-related hospitalizations in most regions of St. Mary's County.

Additional hospitalization and emergency department data from the Health Services Cost Review Commission (HSCRC) indicate that opioid-related hospitalizations and emergency department (ED) visits have increased slightly but steadily in St. Mary's County from 2008 to 2012. Opioid-related hospitalizations and ED visits were nearly three times higher among Whites compared to Blacks, and higher among men than women. Data for other races and ethnicities were not available.

Other sources of quantitative data reinforce the differing perceptions of the severity and magnitude of opioid misuse in St. Mary's County. As hospitalization data offer one snapshot of the prevalence of substance use among residents of St. Mary's County, enrollment in substance

use treatment programs indicates that the prevalence of substance use is higher than that captured solely by hospitalization estimates.

In terms of treatment, St. Mary’s County data from SMART show that oxycodone has consistently been the most common substance among opioid-related admissions. The number of admissions for oxycodone increased three-fold from 2007 to 2012, but has since decreased. In comparison to oxycodone, heroin accounts for less than half as many treatment admissions in St. Mary’s County. The number of heroin-related admissions has risen in the past years (2007-2012), but decreased in 2014.

As shown in Table , from 2012 to 2014 the most common substances for which residents were admitted to treatment centers included alcohol, oxycodone, and marijuana. In 2014, prescription opioids comprised 22.2% of treatment admissions among St. Mary’s County residents, and heroin constituted 14.1% of admissions.

Table 12. Number and Percent of Residents Admitted to Reporting Maryland Substance-Related Disorder Treatment Programs, among St. Mary's County Residents, 2012-2014

Primary Substance Problem	Fiscal Year of Admission					
	2012		2013		2014	
	N	%	N	%	N	%
Alcohol	471	41.0	389	38.7	137	38.0
Crack	57	5.0	32	3.2	9	2.5
Other Cocaine	34	3.0	33	3.3	6	1.7
Marijuana	242	21.1	212	21.1	60	16.6
Heroin	82	7.1	100	9.9	51	14.1
Non-Rx Methadone	7	0.6	6	0.6	3	0.8
Oxycodone	216	18.8	188	18.7	70	19.4
Codeine	6	0.5	2	0.2	1	0.3
Hydrocodone (Vicodin)	12	1.0	10	1.0	7	1.9
Hydromorphone (Dilaudid)	3	0.3	2	0.2	2	0.6
Propoxyphene	0	0.0	1	0.1	0	0.0
PCP	3	0.3	2	0.2	1	0.3
Hallucinogens	1	0.1	2	0.2	0	0.0
Other Amphetamines	3	0.3	2	0.2	0	0.0
Stimulants	0	0.0	5	0.5	2	0.6
Alprazolam (Xanax)	8	0.7	8	0.8	3	0.8
Clonazepam (Klonopin, Rivotril)	0	0.0	2	0.2	1	0.3
Inhalants	0	0.0	0	0.0	1	0.3
Over the Counter	1	0.1	2	0.2	2	0.6
Synthetic Cannabinoids	0	0.0	4	0.4	3	0.8
Other	3	0.3	4	0.4	2	0.6

Total	1149	100.0	1006	100.0	361	100.0
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DATA SOURCE: SMART, 2012-2014

Treatment admission data from Maryland indicate that approximately 70% of heroin admissions to treatment centers in 2012 to 2014 were among St. Mary’s County residents aged 30 or younger (Table).

Table 13. Number and Percent of St. Mary's County Residents with Prescription Opioid Problems Admitted to Reporting Maryland Substance-Related Disorder Treatment, 2012-2014

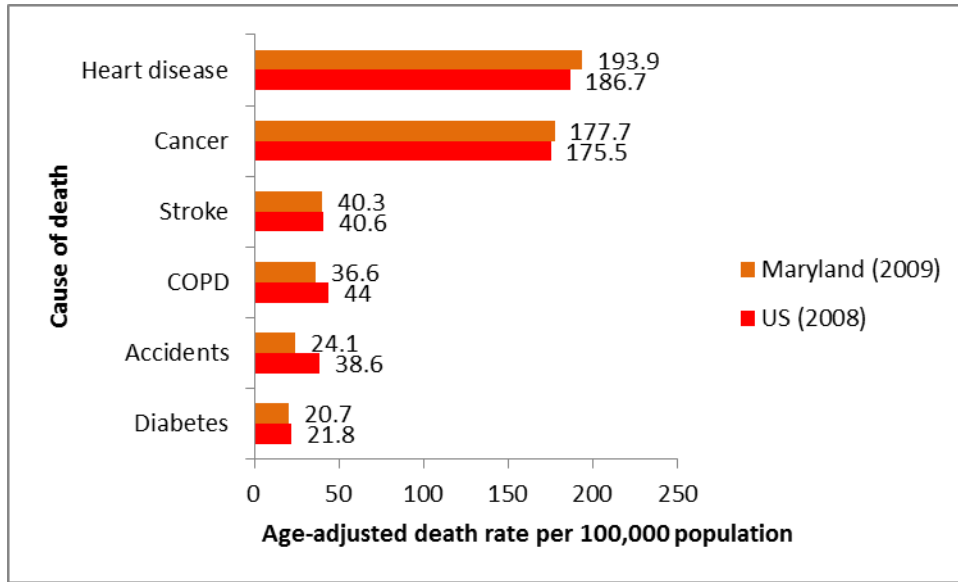
Admission Measure	Fiscal Year of Admission					
	2012		2013		2014	
Age at Admission	N	%	N	%	N	%
Under 18	7	1.9	5	1.4	2	1.6
18 to 20	45	12.4	34	9.4	9	7.0
21 to 25	115	31.6	106	29.2	41	31.8
26 to 30	86	23.6	97	26.7	39	30.2
31 to 40	63	17.3	81	22.3	25	19.4
41 to 50	29	8.0	26	7.2	10	7.8
51 to 60	17	4.7	14	3.9	3	2.3
Over 60	2	0.5	0	0.0	0	0.0
Total	364	100.0	363	100.0	129	100.0

DATA SOURCE: SMART, 2012-2014.

Chronic Disease

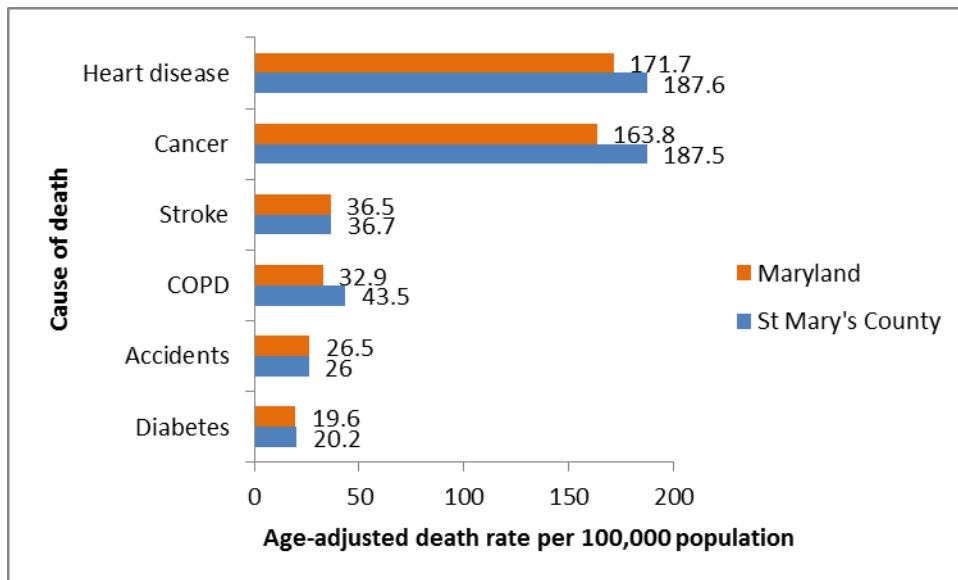
Chronic illnesses (including heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD) and diabetes) and accidents are the leading causes of death in Maryland and the USA (Figure 27). In 2011-2013 period, the leading causes of death in St Mary’s County and in the state of Maryland included these chronic conditions (heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD) and diabetes) in addition to accidents (Figure 28 and 29).

Figure 27. Leading causes of death in Maryland and the United States, 2008-2009.



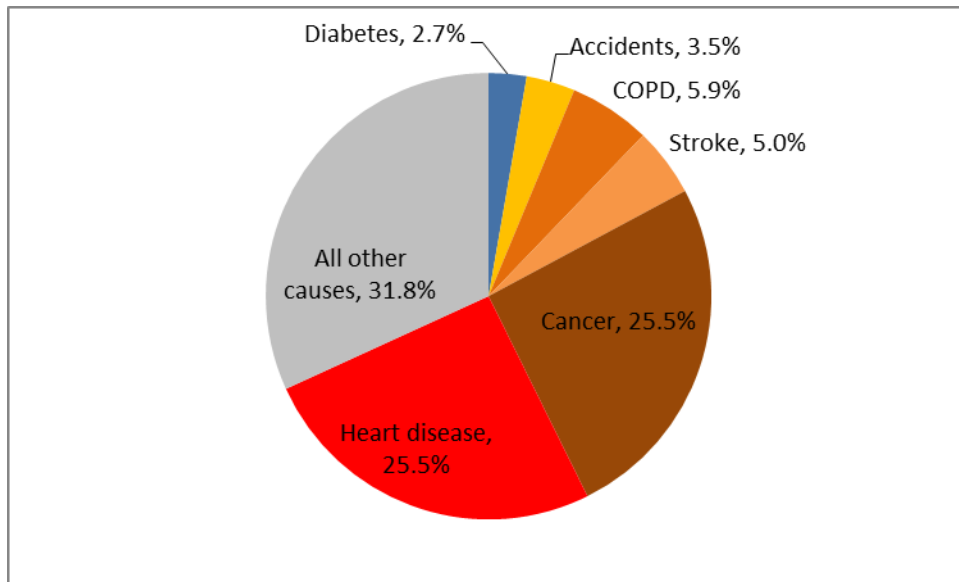
DATA SOURCE: Maryland Department of Health & Mental Hygiene, Family Health Administration, Office of Chronic Disease Prevention.

Figure 28. Leading causes of death in St Mary’s County and Maryland, 2011-2013.



DATA SOURCE: Maryland vital statistics annual report 2013.

Figure 29. Causes of death, St. Mary's County, 2013

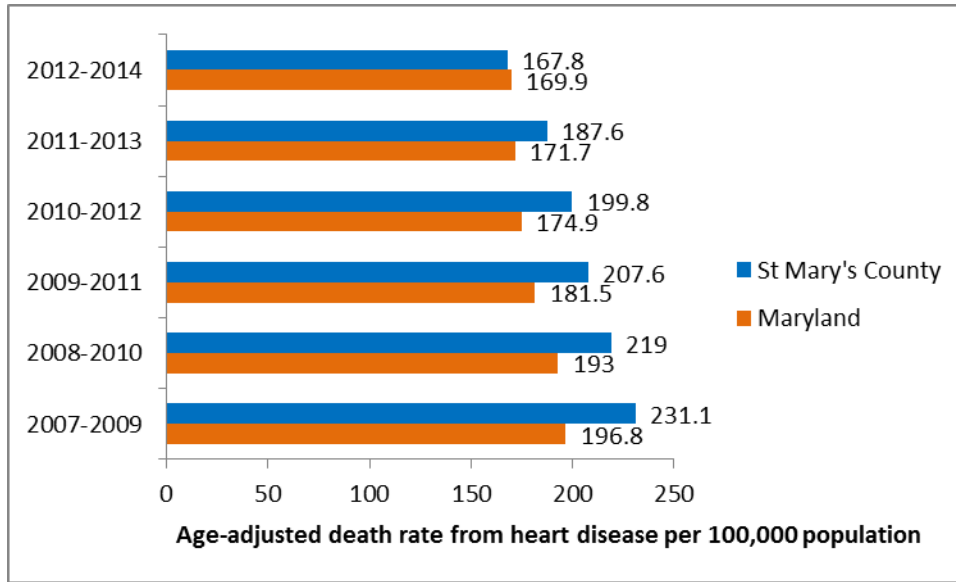


DATA SOURCE: Maryland Department of Health & Mental Hygiene, Vital Statistics Administration
Maryland Vital Statistics Annual Report

Heart Disease

Heart disease is the leading cause of death in St Mary's County and in the state of Maryland accounting for 25% of all deaths. Death rates from heart disease in St Mary's County have been falling following the pattern of the state although rates, in the preceding years up to 2013, in the County had consistently been higher than the state of Maryland rates (Figure 30). By 2014 the County rates were slightly less than those for the state (167.8 versus 169.9 deaths per 100,000 population in the County and State, respectively).

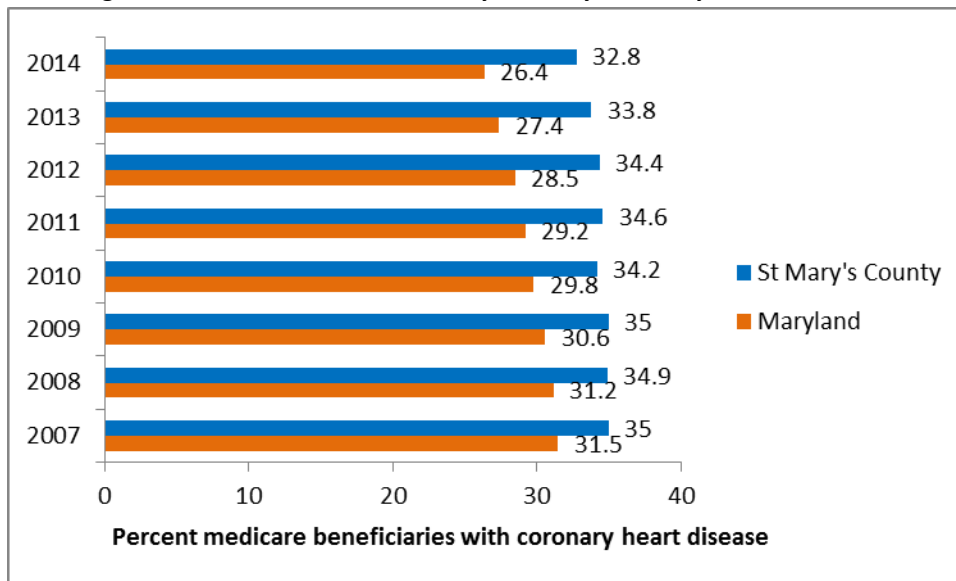
Figure 30. Death rate from heart diseases in Maryland and St Mary's County, 2007-2014.



DATA SOURCE: Maryland State Health Improvement Process (SHIP).

The most common heart disease in the United States is ischemic heart disease (coronary heart/artery disease, CHD). The percent of CHD in St Mary's County has over the years been consistently higher than the State of Maryland average (Figure 31). Nevertheless the prevalence has been falling and by 2014 it was 32.8% compared with the state of Maryland average of 26.4% in the same year.

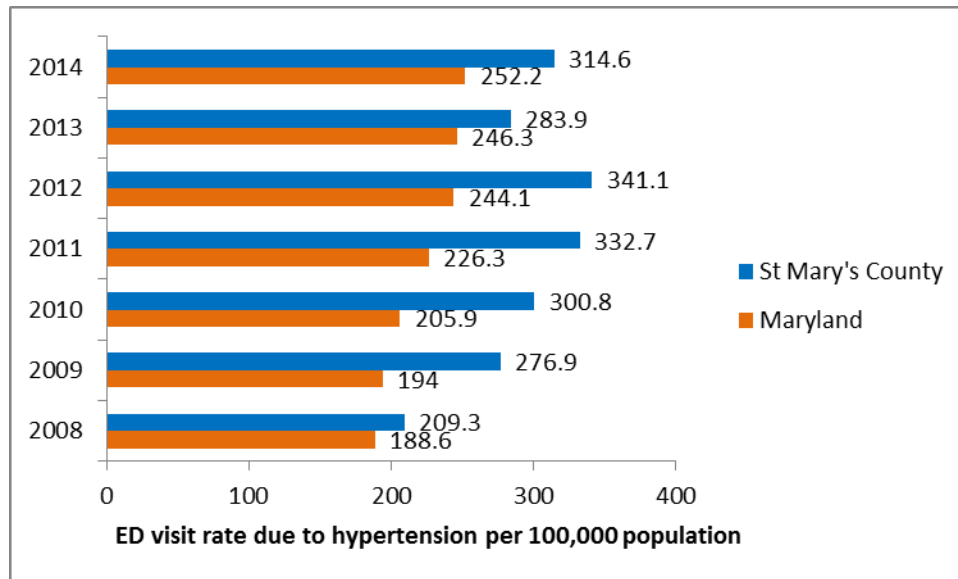
Figure 31. Prevalence (percent) of coronary heart disease (coronary artery disease or ischemic heart disease) among Medicare beneficiaries in St Mary's County and Maryland and, 2007-2014.



DATA SOURCE: Chronic Condition Data Warehouse (CCW), Centers for Medicare and Medicaid Services (CMS)

Closely related to cardiovascular disease is hypertension (high blood pressure) whose control can prevent heart disease and stroke. These 2 conditions contribute about 30% of all deaths in Maryland. St Mary’s County has had consistently higher (than the state) rates of emergency department visits for primary diagnosis of hypertension in Maryland (Figure 32).

Figure 32. Emergency department visit rate due to hypertension in Maryland and St Mary’s County, 2008-2014.



DATA SOURCE: Maryland State Health Improvement Process (SHIP)

Cancer

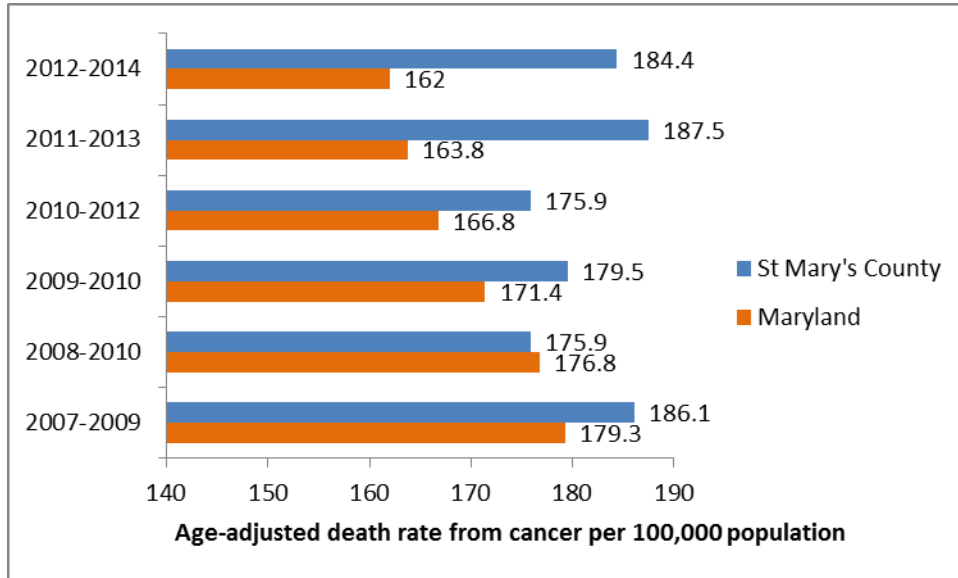
Cancer is the 2nd leading cause of death (after heart disease) in the state of Maryland. Maryland’s age adjusted cancer mortality rate is higher than the US cancer mortality rate. Whereas the death rates due to cancer in the state of Maryland have been going down, the rates in St Mary’s County have been consistently higher than the State of Maryland rates from 2010-2014 (Figure 33). The St Mary’s County and state of Maryland rates in 2014 were 184.4 and 162 per 100,000 population, respectively.

About 55% of the cancer deaths, in St Mary’s County in 2013, were due to the following main cancers: cancer of the lung (28% of all cancer deaths), pancreas, colorectum, breast, and the prostate (Figure 34). The percentages due to lung cancer and pancreatic cancer were higher than the corresponding average values for the state of Maryland (Figures 35-37).

Lung cancer death rates for St Mary’s County versus those of the state of Maryland, for the 2008-2012 period, were 53.8 versus 46.4 deaths per 100,000 population, respectively (Figure 36). Death rates from pancreatic cancer, for the 2009-2013 period, were 12.6 versus 11.6

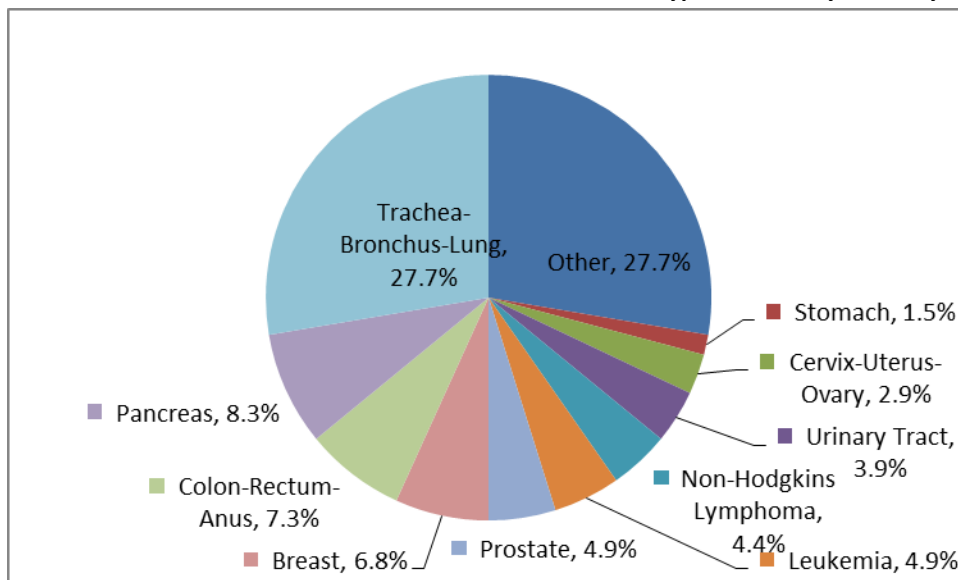
deaths per 100,000 population, for St Mary’s County and state of Maryland respectively (Figure 37).

Figure 33. Death rates from cancer in St Mary’s County and Maryland, 2007-2014.



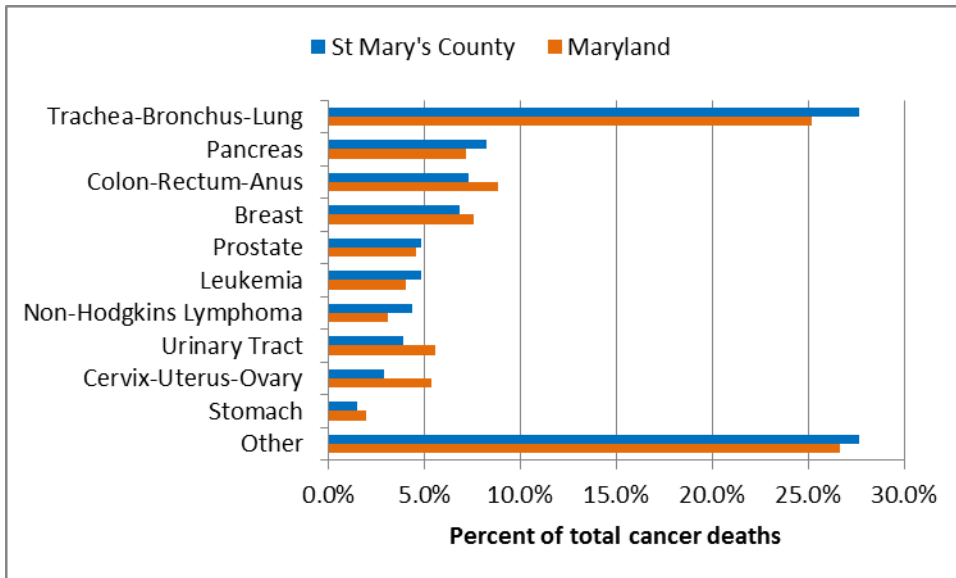
DATA SOURCE: Maryland State Health Improvement Process (SHIP).

Figure 34. Percent of cancer deaths due to the different cancer types in St Mary’s County, 2013.



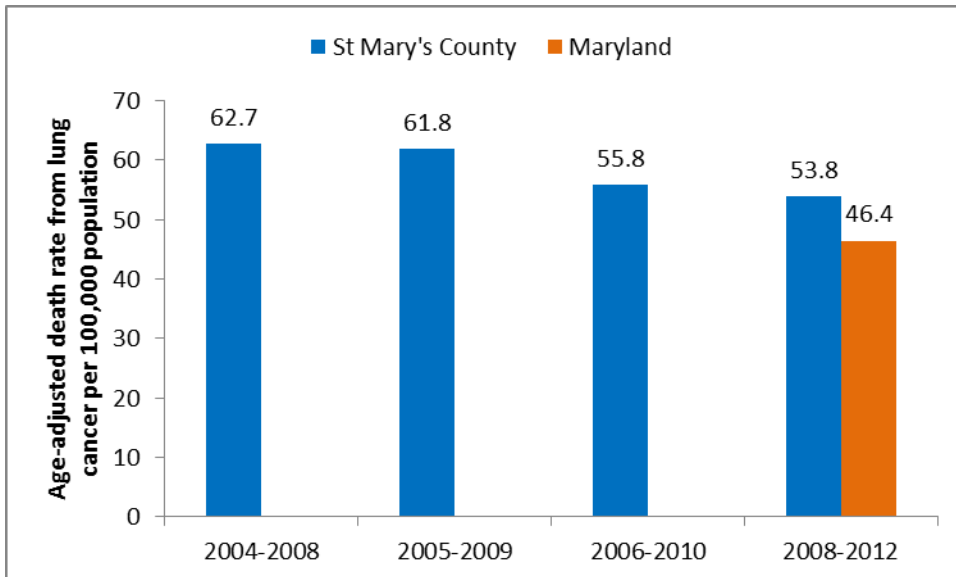
DATA SOURCE: Maryland State Health Improvement Process (SHIP) & Maryland DHMH Vital Statistics Administration (VSA)

Figure 35. Percent of cancer deaths due to the different cancer types in St Mary's County and Maryland, 2013.



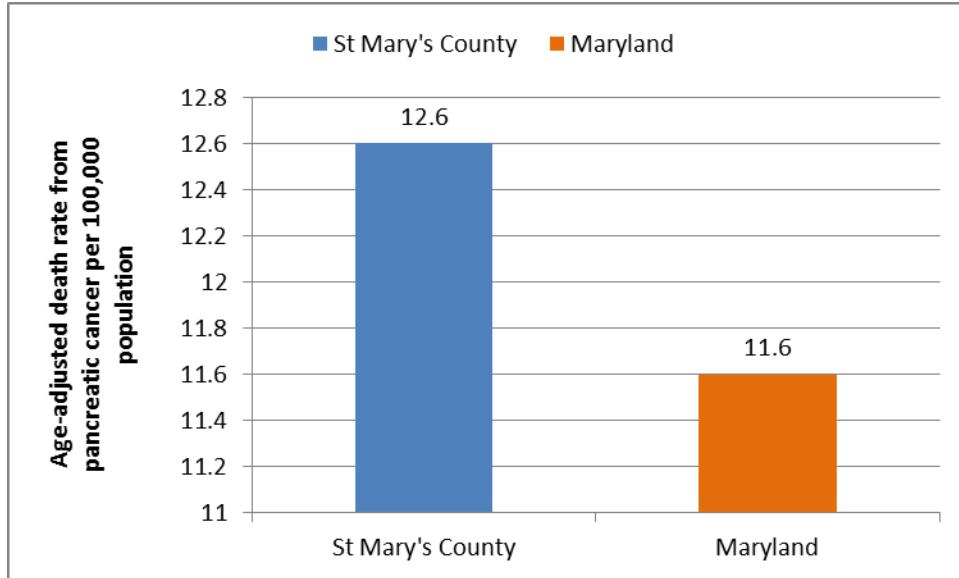
DATA SOURCE: Maryland State Health Improvement Process (SHIP) & Maryland DHMH Vital Statistics Administration (VSA)

Figure 36. Death rates from lung cancer in St Mary's County and Maryland, 2004-2012.



DATA SOURCE: Maryland State Health Improvement Process (SHIP)

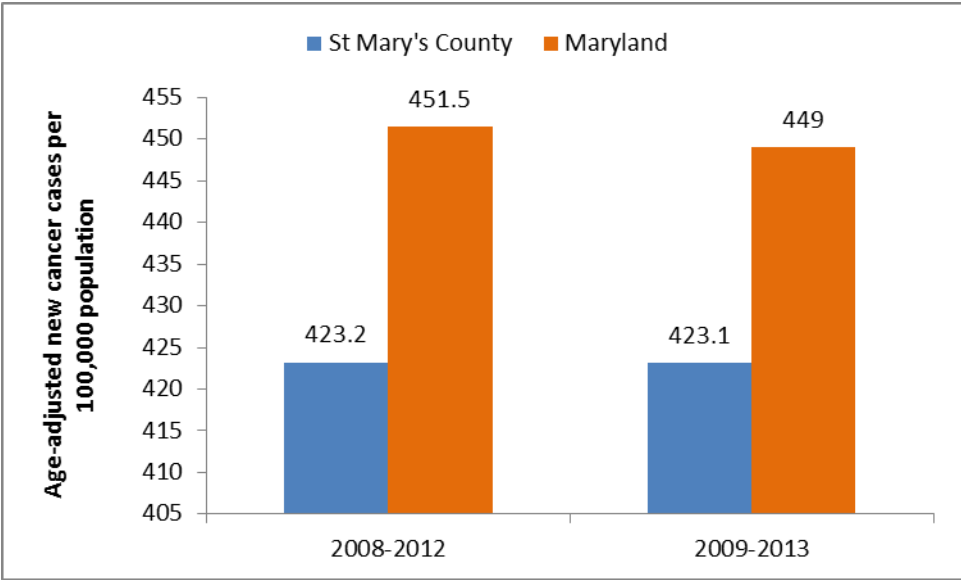
Figure 37. Death rates from pancreatic cancer in St Mary's County and Maryland, 2009-2013 period.



DATA SOURCE: National Cancer Institute's SEER (Surveillance, Epidemiology, and End Result Program)

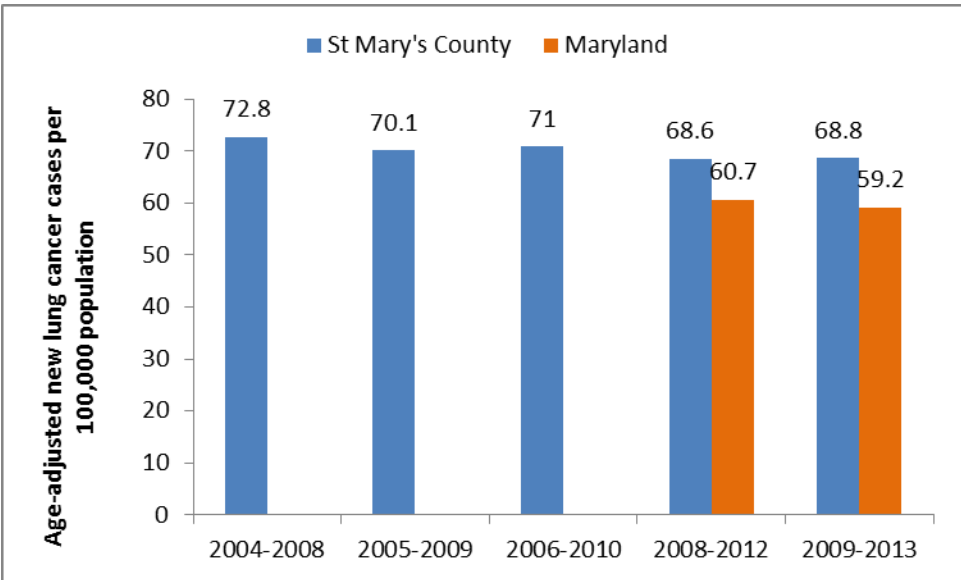
The number of people who get cancer every year is called the cancer incidence. Although the cancer incidence rate in St Mary's County is lower compared to the average for the state of Maryland (Figure 38), incidence rate, compared to the state of Maryland average, for specific cancers seems to vary. The main cancers where the incidence rate (the number of people getting new cancers) for St Mary's County is higher than the state of Maryland are lung (Figure 39) and pancreatic (Figure 40) and cervical (Figure 41) cancers. The incidence rates for the other major cancers (colorectal, breast, prostate, Non-Hodgkin's lymphoma and leukemia) in St Mary's County are lower than the averages for the state of Maryland (Figures 42-46).

Figure 38. Age-adjusted cancer incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2008-2013 period.



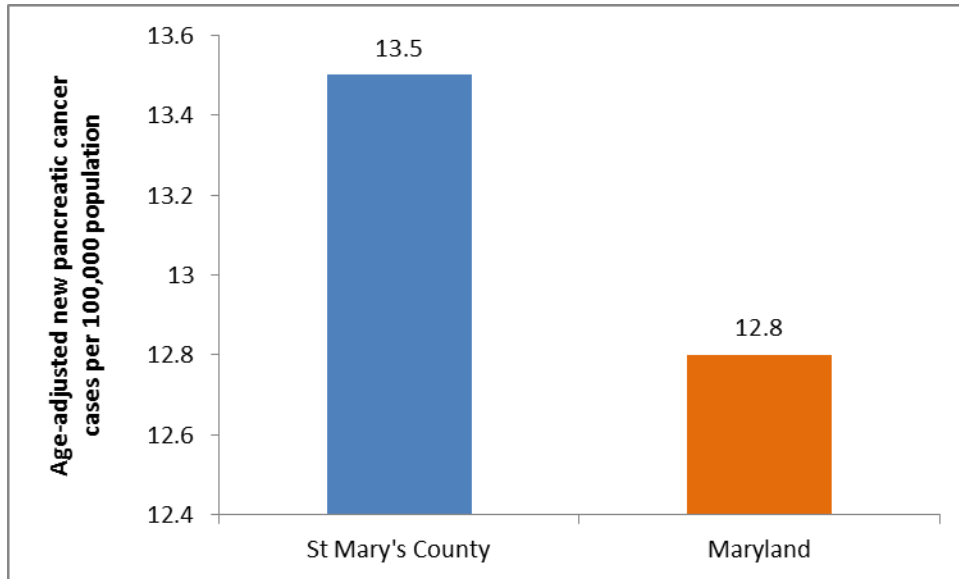
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 39. Age-adjusted lung cancer incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2004-2013 period.



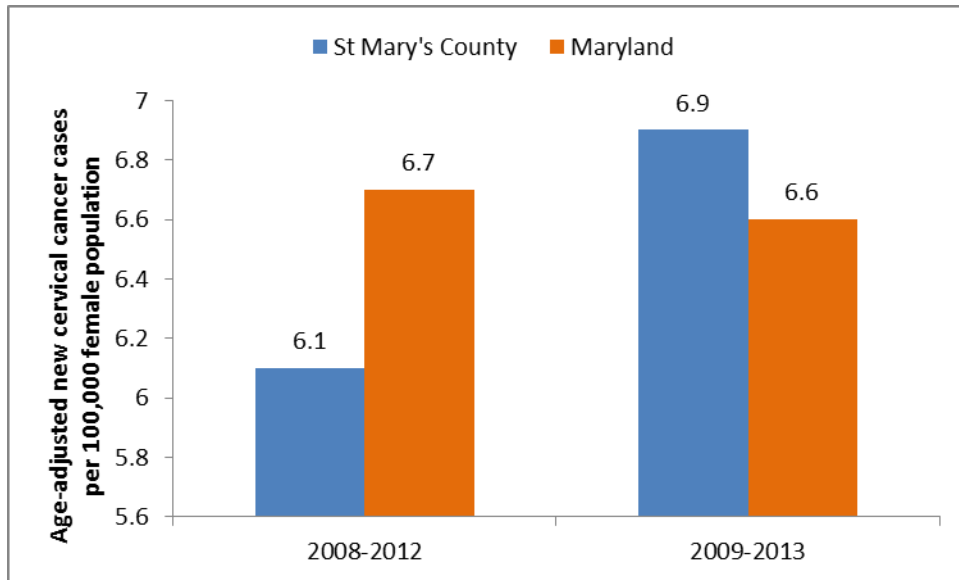
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 40. Age-adjusted pancreatic cancer incidence rate (per 100,000 population) in St Mary's County and Maryland, 2009-2013 period.



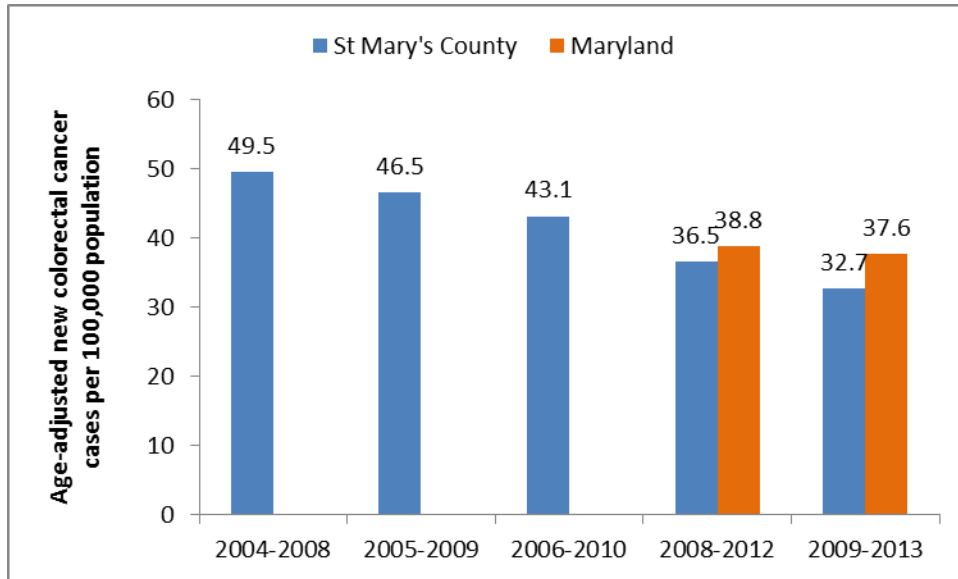
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 41. Age-adjusted cervical cancer incidence rate (per 100,000 female population) in St Mary's County and Maryland, 2008-2013 period.



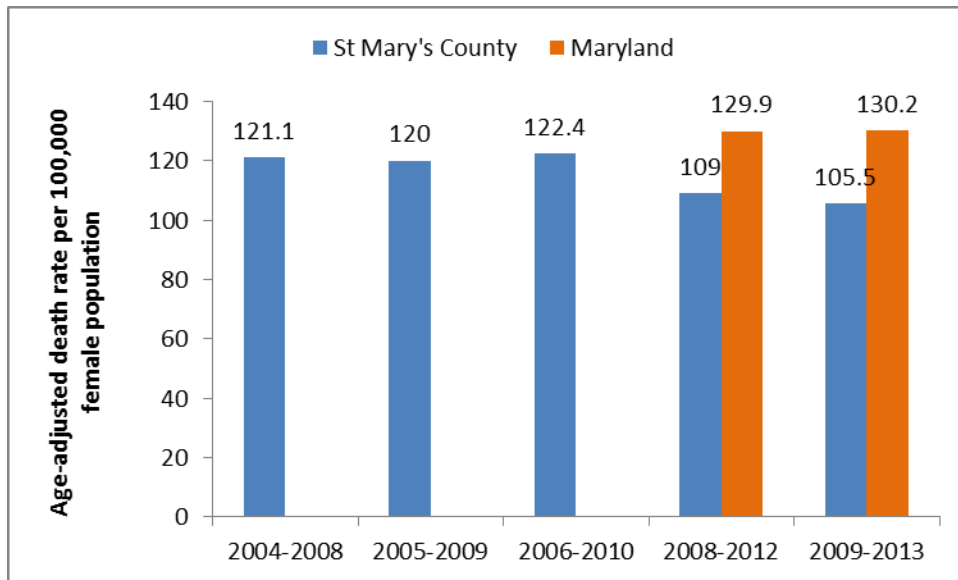
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 42. Age-adjusted colorectal cancer incidence rate (per 100,000 population) in St Mary's County and Maryland, 2004-2013 period.



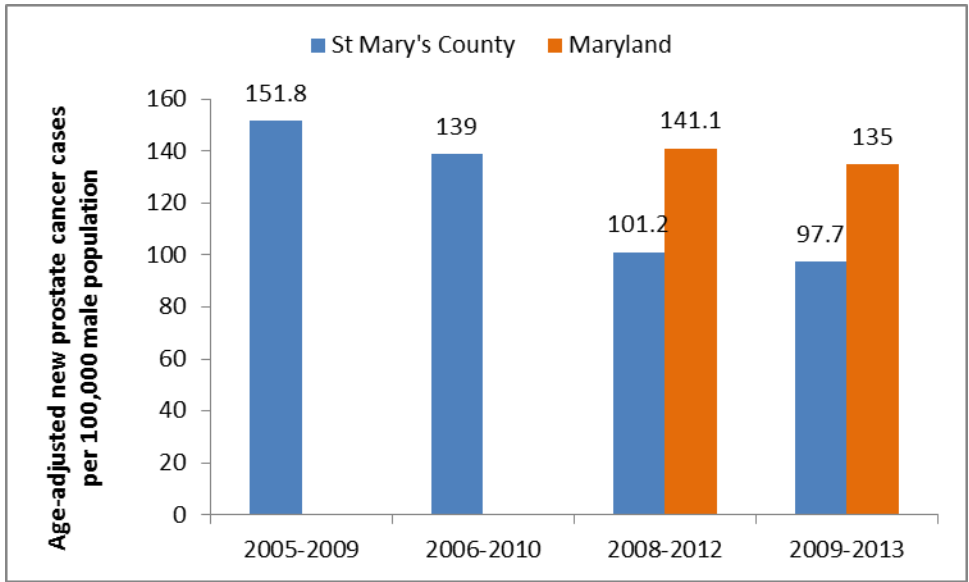
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 43. Age-adjusted breast cancer incidence rate (per 100,000 female population) in St Mary's County and Maryland, 2004-2013 period.



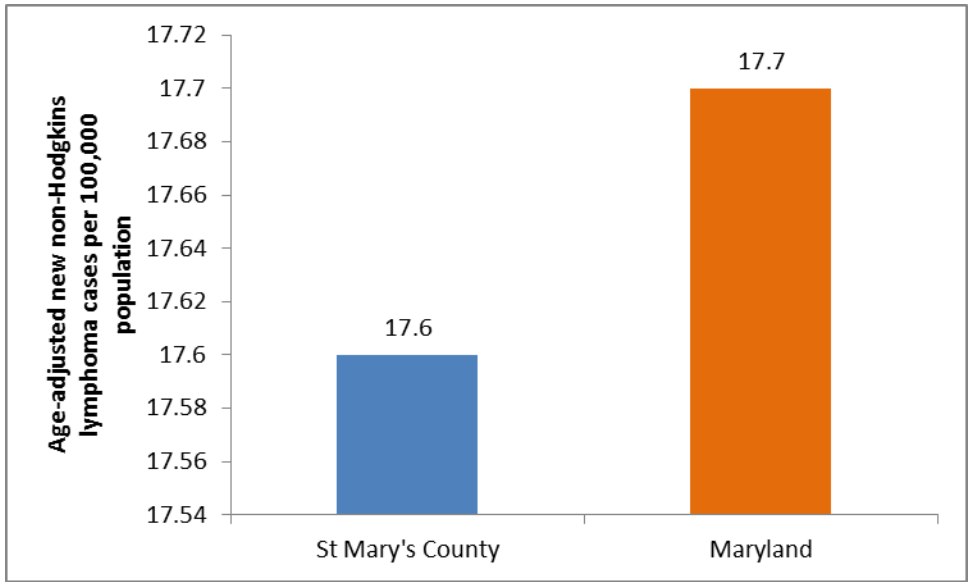
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 44. Age-adjusted prostate cancer incidence rate (per 100,000 male population) in St Mary's County and Maryland, 2005-2013 period.



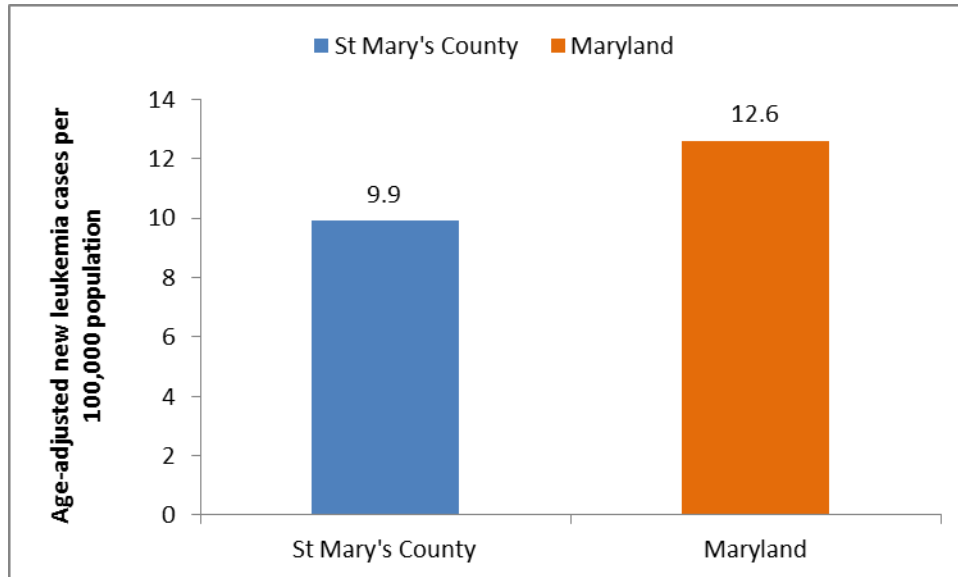
DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 45. Age-adjusted Non-Hodgkin's lymphoma incidence rate (per 100,000 population) in St Mary's County and Maryland, 2009-2013 period.



DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Figure 46. Age-adjusted leukemia incidence rate (per 100,000 population) in St Mary's County and Maryland, 2009-2013 period.

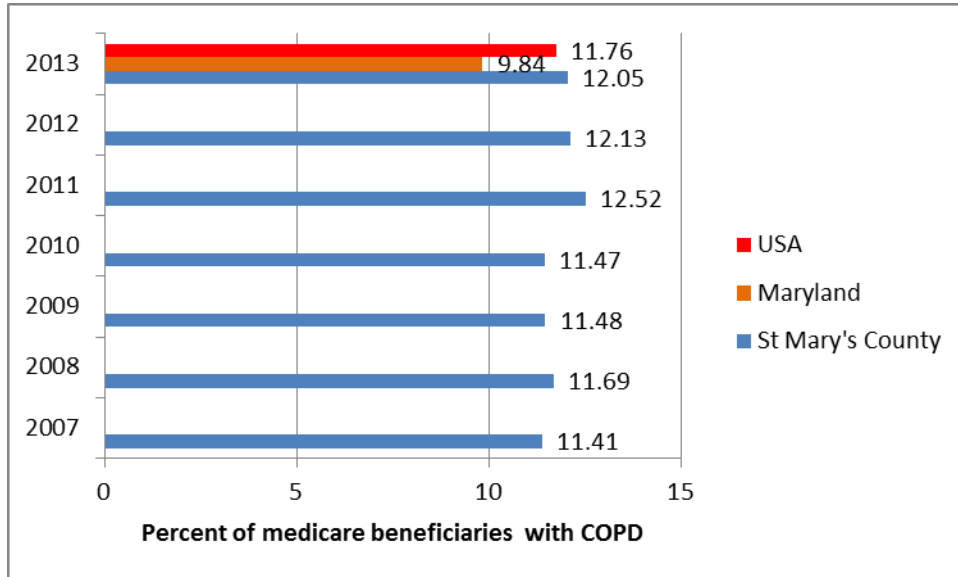


DATA SOURCE: CDC, SEER[<http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html>] and Maryland State Health Improvement Process (SHIP)

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. Chronic lower respiratory disease, primarily COPD, was the 3rd leading cause of death in the United States in 2011. In 2013 COPD was the 3rd leading cause of death in the St Mary's County but 4th in the state of Maryland (Maryland vital statistics annual report 2013). The percentage of Medicare beneficiaries who have COPD may be used as an indicator of COPD prevalence in a community. The percent of Medicare beneficiaries with COPD has remained steady at around 12% over the years in St Mary's County (Figure 47). This is slightly above the state of Maryland which in 2013 was about 10%.

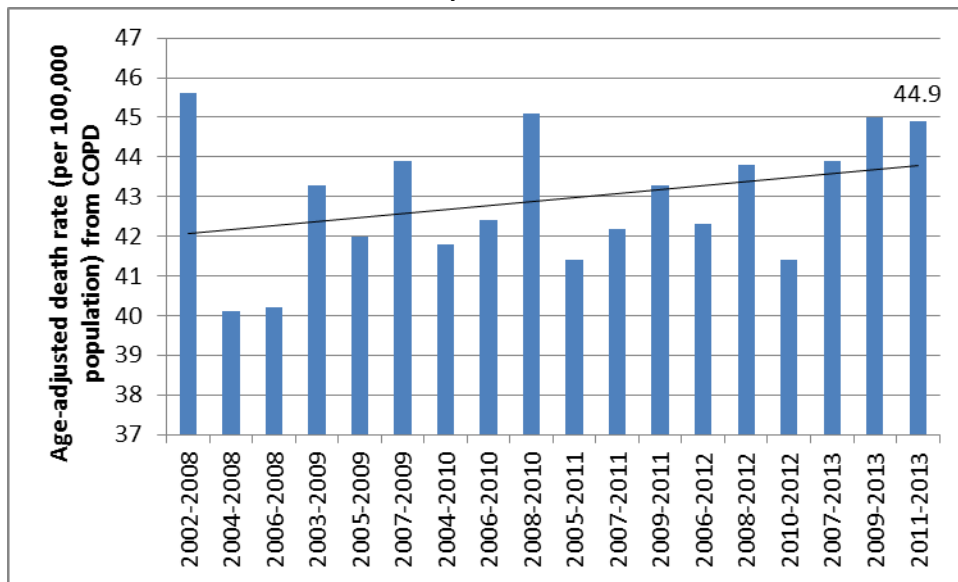
Figure 47. Percentage of Medicare beneficiaries who have chronic obstructive pulmonary disease in St Mary's County, Maryland and US, 2007-2013.



DATA SOURCE: Maryland State Health Improvement Process (SHIP)

Death rates from COPD and other chronic lower respiratory diseases have remained high (between 40-45 deaths per 100,000 population) with a slight upward trend over the years (Figure 48). By 2013 the rate was 44.9 which was higher than the Maryland rate of 32.4 deaths per 100,000 population.

Figure 48. Chronic lower respiratory disease age-adjusted death rate (per 100,000 population) in St Mary's County, 2002-2013.



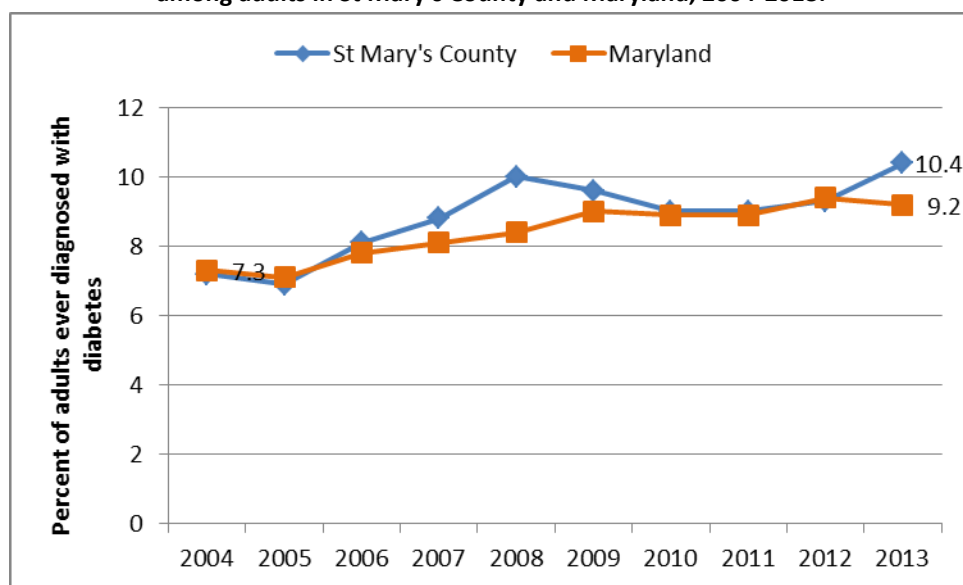
DATA SOURCE: Maryland State Health Improvement Process (SHIP)

Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Diabetes is the 6th leading cause of death in St Mary's County and in the state of Maryland. The prevalence (percentage of adults that have ever been diagnosed with diabetes) in St Mary's County has been growing from 7.2% in 2004 and it was 10.4% in 2013 (Figure 49). This perhaps a reflection of the increasing number of new cases that diagnosed every year (Figure 50).

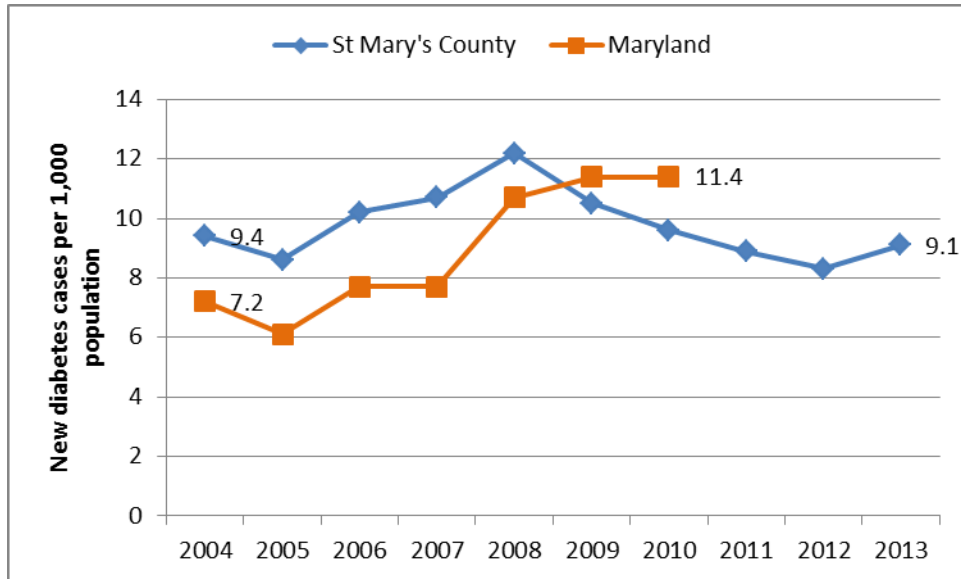
Emergency Department visit rates due to diabetes in St Mary's County, from 2009-2014, have consistently been higher than those for the state of Maryland (Figure 51). Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled.

Figure 49. Diabetes age-adjusted prevalence (percentage of adults that have ever been diagnosed with diabetes) among adults in St Mary's County and Maryland, 2004-2013.



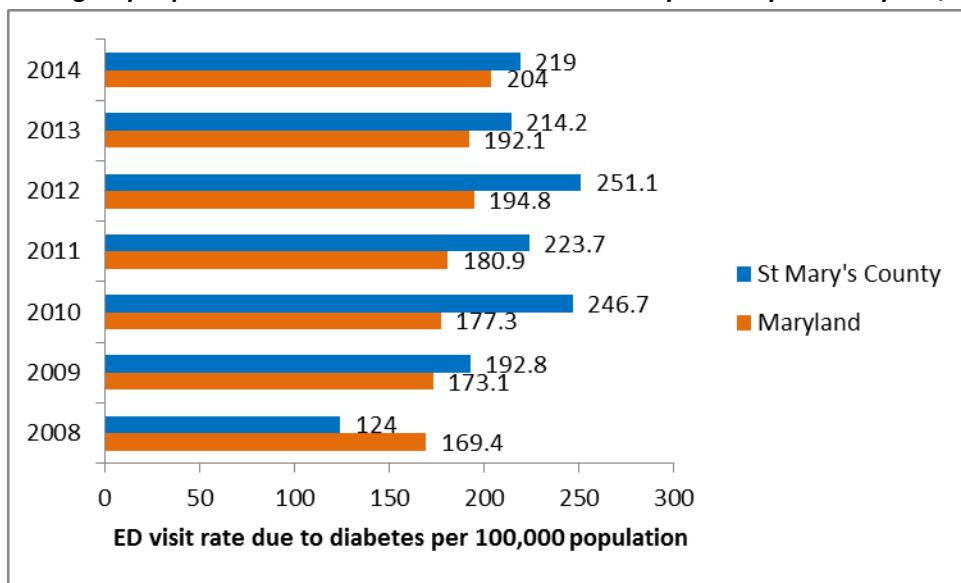
DATA SOURCE: Maryland State Health Improvement Process (SHIP) and Department of Health and Human Services: Centers for Disease Control and Prevention. Diabetes Interactive Atlas Web site <http://www.cdc.gov/diabetes/atlas/>

Figure 50. Diabetes age-adjusted incidence (new cases of diabetes per 1,000 adult population) among adults in St Mary's County and Maryland 2004-2013.



DATA SOURCE: Maryland State Health Improvement Process (SHIP) and Department of Health and Human Services: Centers for Disease Control and Prevention. Diabetes Interactive Atlas Web site <http://www.cdc.gov/diabetes/atlas/>

Figure 51. Emergency department visit rate due to diabetes in St Mary's County and Maryland, 2008-2014.



DATA SOURCE: Maryland State Health Improvement Process (SHIP).

Health Behaviors & Indicators

A healthy lifestyle involves many choices, including choosing a healthy diet. According to the Dietary Guidelines for Americans 2010, a healthy eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products

- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars
- Stays within daily calorie needs

Nutrition

Estimates show that 73.8 percent of St. Mary's County adults report eating fewer than 5 servings of fruits/vegetables per day (Health Indicators Warehouse). The 2013 Maryland Youth Risk Behavior Survey indicates that only one in five (19.2 percent) St. Mary's County high school students reported eating fruits and vegetables five or more times per day during the week prior to being surveyed. This statistic was similar to the overall percentage for Maryland high school students (20.1 percent). Also within St. Mary's County, greater percentages of Hispanic/Latino (23.3%) and Non-Hispanic Black (25.9%) students, compared with Non-Hispanic White (17.4%) students, reported fruit and vegetable consumption (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013).

Sugar-sweetened beverages (SSBs) are the largest source of added sugar and a significant contributor of calories in the U.S. diet. SSBs also tend to have few other nutrients. In 2013, 20.7 percent of St. Mary's County high school students reported drinking a can, bottle, or glass of soda one or more times per day during the week prior to being surveyed. This statistic is slightly higher than the overall percentage for Maryland high school students (18.0 percent).

Within St. Mary's County, greater percentages of Hispanic/Latino (25.8 percent) and Non-Hispanic Black (26.9 percent) students, compared with Non-Hispanic White (19.5 percent) students reported soda consumption (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

Physical Activity

For the aggregate three-year period of 2011-2013, the percentage of physically active adults in St. Mary's County (53.5 percent) was greater than what was reported for Maryland in 2013 (48.0 percent), the Maryland 2014 goal (49.8 percent), and the Healthy People 2020 target (47.9 percent). These patterns were similar for St. Mary's County's Non-Hispanic White (52.4 percent) and Non-Hispanic Black (57.4 percent) adults. Physically active is defined as engaging in at least 150 minutes of moderate physical activity or least 75 minutes of vigorous physical activity per week (Maryland State Health Improvement Process (SHIP) website, Maryland Behavioral Risk Factor Surveillance System).

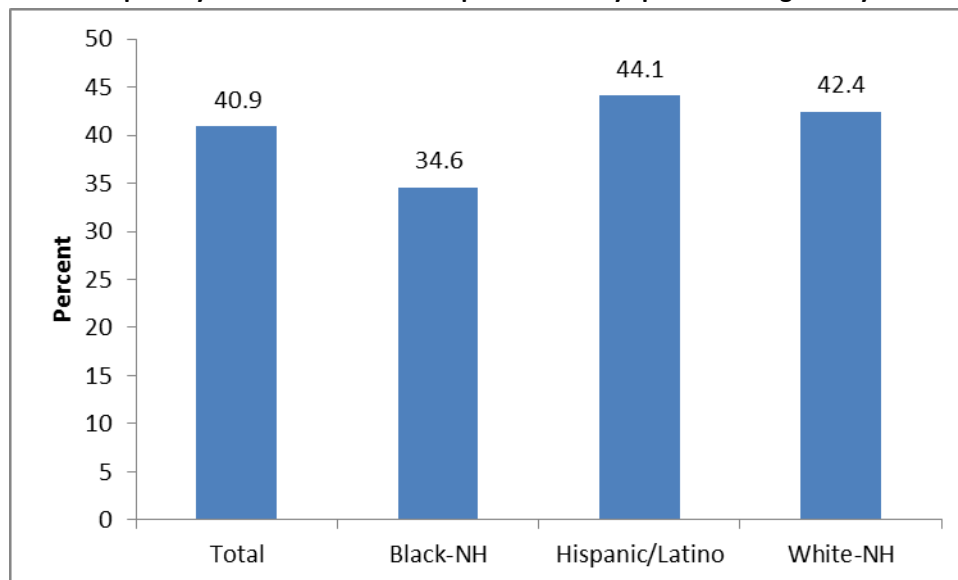
Both Key informants and focus group participants cited the build environment as a barrier to engaging in physical activity.

“We have lived in St. Mary's County now for a year and a half, specifically Golden Beach. I am finding that I am less and less active, just because the physical environment here is so different than where I moved from in Alexandria. There isn't anything within walking distance of my house except for other houses, so I end up driving absolutely everywhere absolutely all the time. The nearest coffee shop is six miles from me, for example.” – Key Informant

“I can't really walk around my neighborhood much, even if I was inclined to, because there aren't any paths or sidewalks, and unfortunately nowadays people use their phones while driving so I can't count on someone seeing me if I'm walking on the road..” – Focus Group Participant

In 2013, 40.9 percent of St. Mary's County high school students reported being physically active for a total of at least 60 minutes per day on five or more of the seven days prior to being surveyed (Figure 52). This statistic is nearly equivalent to the overall percentage for Maryland high school students (40.1 percent). Within St. Mary's County, greater percentages of Hispanic/Latino (44.1 percent) and Non-Hispanic White (42.4 percent) students, compared with Non-Hispanic Black (34.6 percent) students, reported being physically active (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

Figure 52. Percentage of St. Mary's County High School Students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days prior to being surveyed in 2013



DATA SOURCE: Maryland State Health Improvement Process (SHIP) website, Maryland Behavioral Risk Factor Surveillance System

Focus group participants expressed concerns about perceived “norms” of inactivity among youth.

“Kids are different these days. They don’t just go outside and play anymore.” – Focus Group Participant

Access to and use of recreational facilities is associated with positive health outcomes. Recent data indicate that 57 percent of St. Mary’s County residents have adequate access to parks or recreational facilities for physical activity (County Health Rankings). This percentage is substantially lower than that for the overall Maryland population (91 percent). Adequate access is defined as living in a census block within a half mile of a park, or living within one mile (in urban areas) or three miles (in rural areas) of a recreational facility. Access to parks and trails were identified as needs in both focus group discussions and key informant interviews.

“I can’t walk with my kids to the park, we have to get in the car and drive there and that isn’t always easy for us.” – Key Informant

“Additional parks and trails would be an important step to encourage people to exercise more.” – Focus Group Participant

Screen time

In 2013, 31.3 percent of St. Mary’s County high school students reported watching three or more hours of television on an average school day (Figure X). This statistic is consistent with the overall percentage for Maryland high school students, 31.4 percent. Within St. Mary’s County, significantly more Non-Hispanic Black students (49.8 percent) reported this level of television viewing. The percentage of Non-Hispanic Black students reporting this behavior was over 1.5 times greater than that for Hispanic/Latino Students and nearly two times greater than that for Non-Hispanic White students (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey). One key informant suggested that the prevalence of technology may be impacting community participation in activities.

“Every home in the county has a TV, and most people these days have a cell phone. It’s the new normal for kids and adults to constantly be looking at some kind of screen. The growth of technology and its importance in everyday life makes it harder and harder to engage people in other activities” – Key Informant

Figure 53: Television viewing, 3+ hours per school day St. Mary's County High School Students, 2013

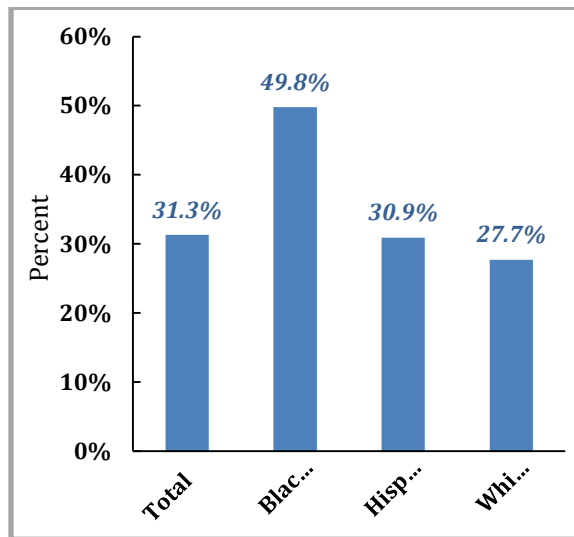
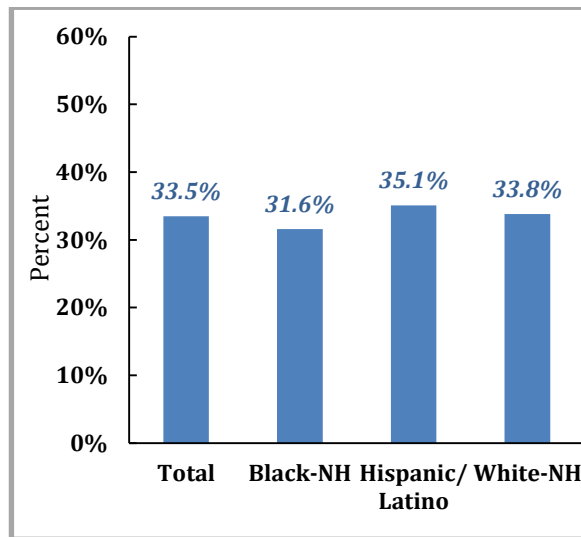


Figure 54: Gaming and non-school computer use, 3+ per day. St. Mary's County High School Students, 2013



In 2013, 33.5 percent of St. Mary's County high school students reported three or more hours of video/computer gaming or non-school related computer use on an average school day (Figure 13). This statistic was lower than the overall percentage for Maryland high school students, 36.3 percent. Among St. Mary's County high school students, no significant racial/ethnic differences in video gaming or computer use were observed (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

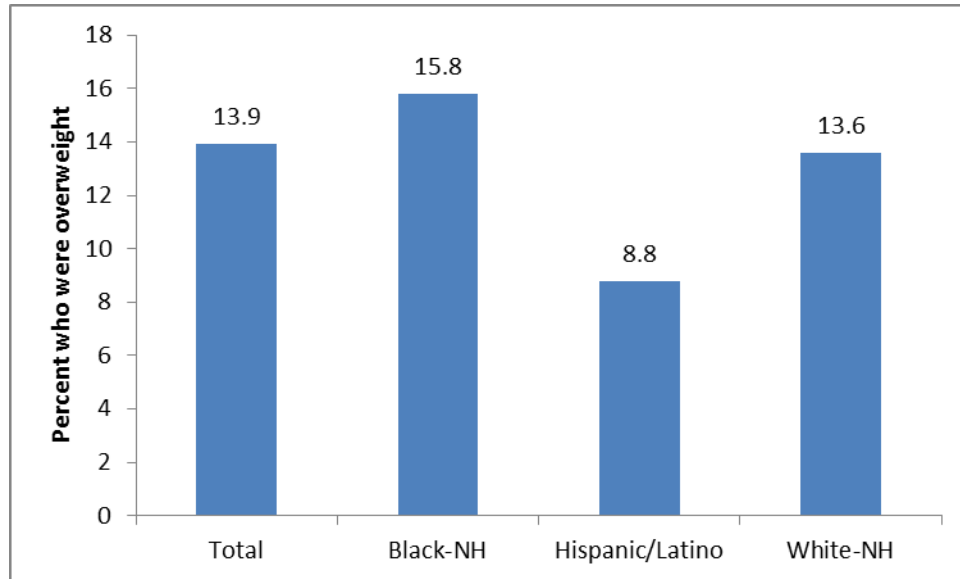
Weight

For the three-year period from 2011–2013, the percentage of St. Mary's County adults who reported a healthy weight (33.2 percent) was slightly lower than the 2013 Maryland statistic (35.9 percent), the Maryland 2014 goal (35.7 percent), and the Healthy People 2020 target (33.9 percent). Healthy weight is defined as a body mass index (BMI) of less than 25 kg/m². Within the County, the percentage of Non-Hispanic White adults (36.4%) who reported a healthy weight was nearly double that for Non-Hispanic Black adults (19.9%) (Maryland State Health Improvement Process (SHIP) website, Maryland Behavioral Risk Factor Surveillance System (BRFSS)).

In 2013, 13.9 percent of St. Mary's County high school students were classified as overweight (based on self-reported height and weight) (Figure 14). This statistic was lower than the overall percentage for Maryland high school students (14.8 percent). Within St. Mary's County, the percentages of Non-Hispanic Black (15.8 percent) and Non-Hispanic White (13.6 percent) students who were classified as overweight were greater than that for Hispanic/Latino students

(8.8 percent). Overweight is defined as a BMI at or above the 85th percentile but below the 95th percentile by age and sex (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

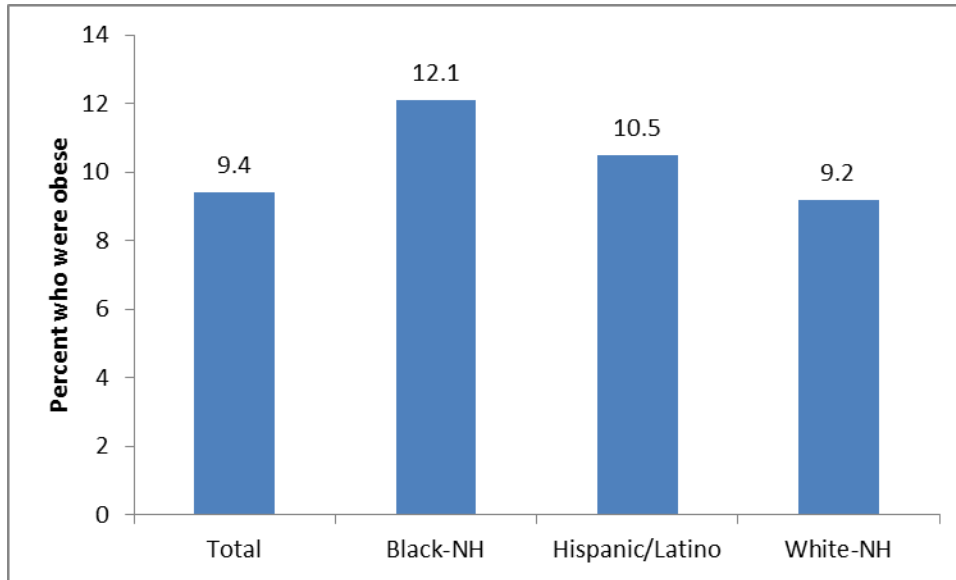
Figure 55: Percentage of St. Mary's County High School Students who were considered overweight in 2013.



DATA SOURCE: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey

In 2013, 9.4 percent of St. Mary's County high school students were classified as obese (based on self-reported height and weight) (Figure 15). This statistic was lower than the overall percentage for Maryland high school students (11.0 percent). Within St. Mary's County, the percentages of Non-Hispanic White (9.2 percent), Non-Hispanic Black (12.1 percent), and Hispanic/Latino (10.5 percent) students who were classified as obese were not significantly different. Obese is defined as a BMI at or above the 95th percentile by age and sex (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

Figure 56. Percentage of St. Mary's County High School Students who were considered obese in 2013.



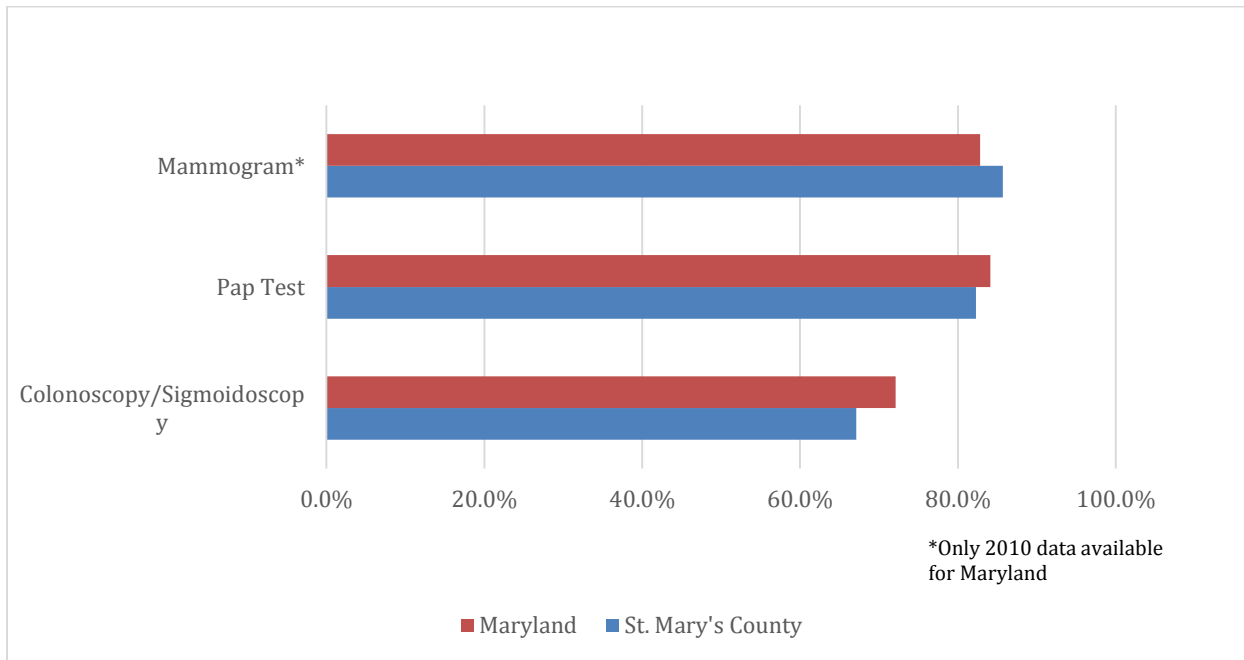
DATA SOURCE: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey - website.
<http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>

Health Screenings

The five-year incidence and mortality data for the seven specific cancers that are targeted under the Maryland Cigarette Restitution Fund's Program's Cancer Prevention, Education, Screening and Treatment Program are shown in Table 10. During the five-year period of 2007-2011, the highest incidence rates among St. Mary's County residents were observed for prostate (120.2 cases per 100,000 men), breast (116.0 cases per 100,000 women), and lung/bronchus (69.7 cases per 100,000 persons) cancers. Within St. Mary's County, the five-year mortality rate was greatest for lung/bronchus cancer (54.0 deaths per 100,000 persons). This rate was slightly higher than that observed statewide (47.7 deaths per 100,000 persons).

The rate of screenings for breast, cervical and colon cancer are shown in Figure 16. For the three-year period of 2008-2010, a large majority (85.7%) of female St. Mary's County residents, aged 50 years or older, reported having a mammogram in the two years prior to being surveyed. This figure is slightly higher than the statewide percentage (82.8%) in 2010. During the three-year period of 2008-2010, compared with the statewide statistic (84.1%), a slightly lower percentage (82.3%) of female St. Mary's County residents (aged 18 years or older) reported having a Pap test in the three years before being surveyed. During the same three-year period, the percentage of adults (aged 50 years or older) who reported ever having had a sigmoidoscopy or colonoscopy was lower in St. Mary's County (67.1%) than for Maryland as whole (72.1%).

Figure 57. Cancer screenings, St. Mary's County and Maryland, 2008-2010



DATA SOURCE: Maryland State Health Improvement Process (SHIP). *Mammogram: Percentage of women aged 50+ years who reported having a mammogram in the past 2 years *Pap Test: Percentage of women aged 18+ years who reported having a Pap test in the past 3 years *Colonoscopy/Sigmoidoscopy: Percentage of adults aged 50+ years who reported ever having a colonoscopy or sigmoidoscopy.

CONCLUSION

This community health assessment summarizes both quantitative public health data and qualitative input from residents and partners. The results will inform community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of a community health improvement plan (CHIP) for St. Mary's County. Once the CHIP (Healthy St. Mary's 2020) is developed, it will be implemented through the collaborative efforts of various community partners and continuously evaluated over the next five years to ensure desired health improvement outcomes are achieved. Additional information and links to data sources can be found at <http://healthystmarys.com/community-health-needs-assessment/>.

APPENDIX: COMMUNITY PROGRAMS & RESOURCES

The following list describes the assets and resources that can be mobilized and employed to address health issues in St. Mary's County.

Health Need/Topic	Resource or Program	Provider or Partner
Access to Care	Emergency Services	MedStar St. Mary's Hospital, St. Mary's County Volunteer Fire Departments and Rescue Squads, urgent care providers
Access to Care	Healthcare Services	Primary care providers, specialty care providers, clinical services, St. Mary's County Health Department
Access to Care	Health Enterprise Zone (HEZ) grant funded initiatives (e.g., healthcare transportation route, mobile healthcare unit, community health workers, etc.)	MedStar St. Mary's Hospital
Access to Care/ Chronic Disease Prevention & Control	Health Connections community benefit outreach programs (chronic disease prevention & control programs, community health fairs, outreach work, etc.)	MedStar St. Mary's Hospital
Access to Care	Education and enrollment efforts for expanded Medicaid and Qualified Health Products in compliance with the Affordable Care Act	Connect Southern Maryland, St. Mary's County Health Department, Department of Social Services, Accountable Care Coalition of Maryland
Access to Care/ Chronic Disease Prevention & Control	Minority Outreach & Technical Assistance (MOTA) programs to support health needs of minority citizens and military families	Minority Outreach Coalition
Access to Care/ Chronic Disease Prevention & Control	Clinical services offered with a sliding scale fee schedule	St. Mary's County Health Department
Access to Care	Transportation support services	St. Mary's County Health Department, MedStar St. Mary's Hospital, Emergency Medical Services, AAA Transport, St. Mary's Transit System
Access to Care	Assistance programs to subsidize costs of medical services, supplies and prescriptions	Health Share, St. Mary's County Health Department, MedStar St. Mary's Hospital
Access to Care	Resource Coordination Program for the developmentally disabled	St. Mary's County Health Department

Health Need/Topic	Resource or Program	Provider or Partner
Access to Care/ Chronic Disease Prevention & Control	Healthy Start Program	St. Mary's County Health Department
Access to Care	Wrapping Arms Round Many (WARM), winter emergency sheltering program for the homeless	Local faith-based organizations, St. Mary's County Public Schools, Department of Aging and Human Services, Department of Social Services, Walden Behavioral Health, Three Oaks Center, St. Mary's County Sheriff's Office, MedStar St. Mary's Hospital, St. Mary's County Library, St. Mary's County Health Department
Access to Care/ Chronic Disease Prevention & Control	Community information sessions & programming	St. Mary's County Library, Minority Outreach Coalition, St. Mary's County Health Department, St. Mary's County Public Schools, MedStar St. Mary's Hospital, University of Maryland Extension
Access to Care/ Chronic Disease Prevention & Control	Infant and Toddler Early Intervention Program	St. Mary's County Health Department
Access to Care/Chronic Disease Prevention & Control/Behavioral Health	Local support groups (e.g., chronic disease, substance abuse, grief, etc.)	MedStar St. Mary's Hospital, St. Mary's County Health Department, Walden Behavioral health, On Our Own of St. Mary's, National Alliance on Mental Illness of Southern Maryland, Fleet & Family Support Center Naval Air Station Patuxent River, Parents Affected By Addiction (PABA), Trico Clinical Services
Chronic Disease Prevention & Control	Healthiest Maryland Businesses Program	Maryland Department of Health and Mental Hygiene
Chronic Disease Prevention & Control	Women, Infants, Children (WIC) Program	St. Mary's County Health Department, Department of Social Services
Chronic Disease Prevention & Control	Baby friendly hospital initiatives	MedStar St. Mary's Hospital
Chronic Disease Prevention & Control	Community planning & policy development	Department of Land Use & Growth Management, Commissioners of St. Mary's County, Potomac Region Maryland Highway Safety Program
Chronic Disease Prevention & Control	Maryland State Parks (5+)	Department of Natural Resources

Health Need/Topic	Resource or Program	Provider or Partner
Chronic Disease Prevention & Control	St. Mary's County parks and facilities (20+)	St. Mary's County Recreation & Parks
Chronic Disease Prevention & Control	St. Mary's County Recreation Programs (e.g., sports, aquatics, summer camps, therapeutic programs, Paralympics, events, etc.)	St. Mary's County Recreation & Parks, Town of Leonardtown
Chronic Disease Prevention & Control	Chronic disease self-management programs	MedStar St. Mary's Hospital
Chronic Disease Prevention & Control	Lactation Support Services	MedStar St. Mary's Hospital
Chronic Disease Prevention & Control	National Diabetes Prevention program	MedStar St. Mary's Hospital
Behavioral Health	Programs to reduce underage and binge drinking	Community Alcohol Coalition, DARE (Drug Abuse Resistance Education) program, CMCA (Community Mobilizing Change for Alcohol) initiatives
Behavioral Health	Prevention Programs	Department of Aging and Human Services, St. Mary's County Public Schools, MedStar St. Mary's Hospital
Behavioral Health	Treatment Services	Walden Behavioral Health, Pathways Inc., Board of Childcare, Adult Recovery Court and Juvenile Drug Court, private providers, St. Mary's County Detention Center, St. Mary's County Public Schools, Center for Children, Fleet & Family Support Center Naval Air Station Patuxent River, Trico Clinical Services
Behavioral Health	Crisis Services	Walden Behavioral Health, MedStar St. Mary's Hospital
Behavioral Health	Incident reporting, law/policy enforcement & compliance checks	St. Mary's County Sheriff's Office, St. Mary's County Public Schools
Behavioral Health	Medication Collection & Disposal	St. Mary's County Sheriff's Office, Department of Aging & Human Services
Behavioral Health	Parent education, classes and resources	Department of Aging & Human Services, St. Mary's County Public Schools, Judy Center, The Promise Center, Walden Behavioral Health