

**ST. MARY'S COUNTY, MARYLAND
DECEMBER 2020**

COMMUNITY HEALTH ASSESSMENT

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.

As the public health leader for the county, the St. Mary's County Health Department (SMCHD) launched the HSMP in 2013 to be the primary vehicle for engaging community partners in solving public health problems. That same year, HSMP began its first formal local health improvement process. This process began with a [Community Health Assessment](#) (CHA) for the community which informed the development of the first community health improvement plan (CHIP) for St. Mary's County, [Healthy St. Mary's 2020](#). The Healthy St. Mary's 2020 plan outlined systematic efforts for the coalition to address public health needs in St. Mary's County over a five year period, based on the results of the CHA. Since 2015, HSMP has mobilized members through four action teams to address the priority health needs identified through this process.

The local health improvement process repeats every few years to make sure new information is considered. In 2020, HSMP completed a comprehensive CHA using quantitative and qualitative methods to systematically collect and analyze data to better 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 an updated CHIP for St. Mary's County. Once the CHIP (Healthy St. Mary's 2026) is developed, it will be implemented through the collaborative efforts of various community partners and continuously evaluated over the next six years to ensure desired health improvement outcomes are achieved.

Methodology

A mixed-methods approach was used for the 2020 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, key informant interviews, and focus groups with 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 Area Health Resource File, the Maryland Public Opinion Survey on Opioids (MPOS), the Maryland Vital Statistics Administration, the Office of the Chief Medical Examiner, the Uniform Crime Reporting Program, the Maryland Department of Health (MDH), the Centers for Disease Control and Prevention (CDC) WONDER database, Safe Drinking Water Information System (SDWIS), the Environmental Public Health Tracking Network, the University of Maryland Center for Environmental Science, and the Maryland 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.

Primary Data

To expand upon the information gathered from secondary data, HSMP conducted a series of focus groups, key informant interviews, and a town hall meeting hosted jointly with MedStar St. Mary's Hospital (MSMH). Additionally, HSMP incorporated data collected through the MSMH community survey for their federally mandated triennial community health needs assessment. In total, more than 600 community members were engaged during September and October 2020 through these methods.

Due to the novel coronavirus (COVID-19) pandemic, all focus groups, key informant interviews, and the town hall meeting were conducted virtually. These discussions explored the community's perception of health in St. Mary's County, the community's needs and strengths, barriers to being healthy and accessing services in the community, perceived opportunities to address these needs in the future, and questions centered around the COVID-19 pandemic. Facilitators were trained and a structured guide was used across all discussions to ensure consistency in the topics covered. A brief synopsis of the research components are presented below:

Focus Groups

A total of 17 focus groups (including 1 town hall meeting hosted jointly with MSMH) were conducted with individuals from across St. Mary's County. Participants represented a variety of community groups and sectors, including: youth, college students, healthcare workers, educators, active duty military, parents, and seniors. One focus group was conducted in Spanish.

Key Informant Interviews

A total of 15 key informant interviews were conducted with community stakeholders and leaders. Key informants represented a variety of sectors, including public health and healthcare services, local and state government, non-profit and social organizations, agencies serving children and youth, and the business community.

Community Survey

A total of 506 individuals participated in a community survey as part of the MSMH Community Health Needs Assessment. Members of the HSMP Steering Committee participated in the planning task force for this assessment and HSMP partnered with MSMH to promote this survey and increase the reach amongst community members for use in both assessment reports. This survey was conducted primarily online; however, paper copies were available throughout the community as well.

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 under-report 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, town hall meeting, 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 small sample size. Strong efforts were made to engage a cross-section of individuals; however, it is possible that not all perspectives 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 represents the current needs of St. Mary's County.

Community Profile

The health of a community is related to several factors, including who lives in the community, and the resources, services, and opportunities available. Healthy People 2030 defines social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” The following sections provide an overview of demographics as well as several social and economic factors of St. Mary's County.

Population Size

According to the U.S. Census St. Mary's County had an estimated population of 113,510 in 2019 (Table 1). The population size of St. Mary's County is intermediate to that of Calvert County and Charles County. One key informant describes St. Mary's as:

“It's a microcosm of America. Pretty much everything we have here on the spectrum of good to bad is found here in our community - from a major military base to a college and community college, a governmental center, a densely populated area in a zip code with the greatest income inequality. We have expensive houses on the water and subsidized housing.” – Key Informant

Table 1. Total Population, by State and County

Geography	Population
St. Mary's	113,510
Calvert	92,525
Charles	163,257
Maryland	6,045,680

Data Source: U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimates, 2019

As shown in Table 2, St. Mary's County has seen a 31.7% increase in population since 2000. The rate of growth has slowed slightly since 2010 with an 7.9% increase in population between 2010 and 2019. This rate of growth is similar to that of neighboring

counties but higher than the rate of growth in the state of Maryland since 2000. The growth and diversity of the County are explained by a key informant as:

“A rapidly growing rural community with a mixture of federal government DOD employees and farming, agriculture, and watermen.” – Key Informant

Table 2. Percent Population Change, by State and County

Geography	2000	2010	2019	% Change (2000-2019)	% Change (2010-2019)
St. Mary’s	86,211	105,151	113,510	31.7%	7.9%
Calvert	74,563	88,737	92,525	24.1%	4.3%
Charles	120,546	146,551	163,257	35.4%	11.4%
Maryland	5,296,486	5,773,552	6,045,680	14.1%	4.7%

Data Source: U.S. Census Bureau, Decennial Census, 2000 & 2010, and ACS 1-Year Estimates, 2019

Residents attribute much of the growth of the county to Naval Air Station Patuxent River (NAS PAX). Many focus group participants and key informants also noted the transient nature of residents attached to the base. One focus group participant explained:

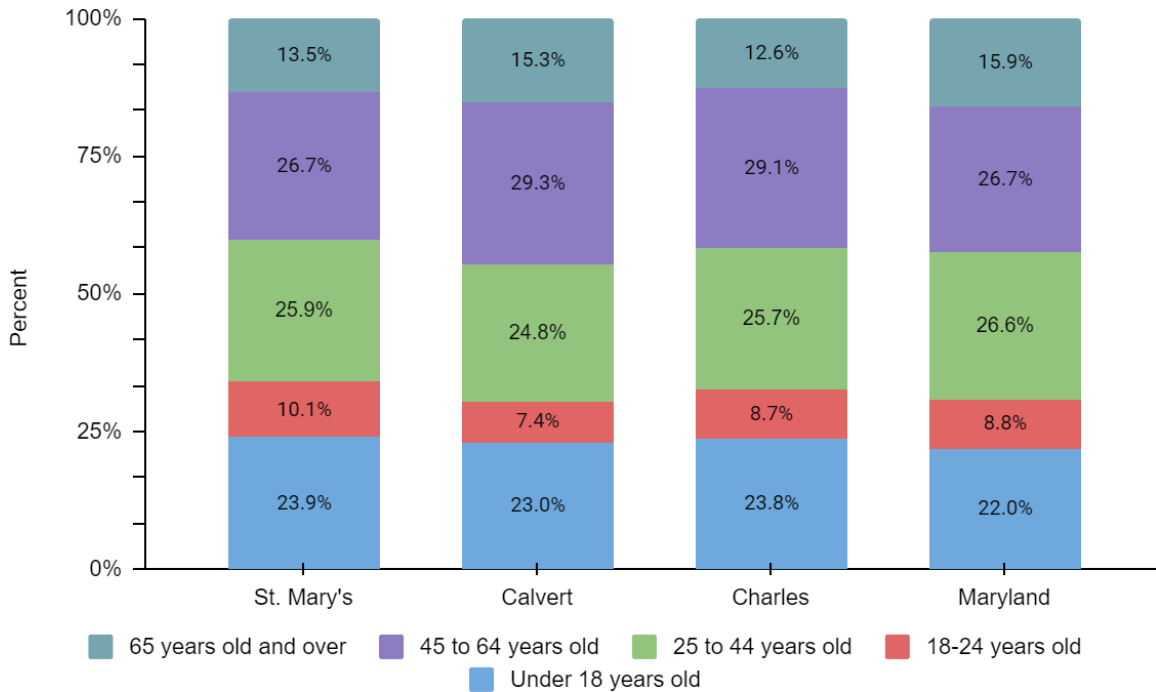
“My neighborhood is incredibly transient. We have had immediate neighbors move every couple of years because they get transferred.” – Focus Group Participant

Age, Sex & 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 (26.7%, Figure 1). Relative to Calvert and Charles County, St. Mary’s County has the highest proportion of residents ages 18 to 24 years (10.1%) and under 18 years old (23.9%). 13.5% of residents in St. Mary’s County are age 65 or older, a proportion that is smaller than that for the State (15.9%). A focus group participant explained:

“There are many young people, but also quite a few elderly.” – Focus Group Participant

Figure 1. Age Distribution, by State and County



Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

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 neighboring counties.

Table 3. Sex Distribution, by State and County

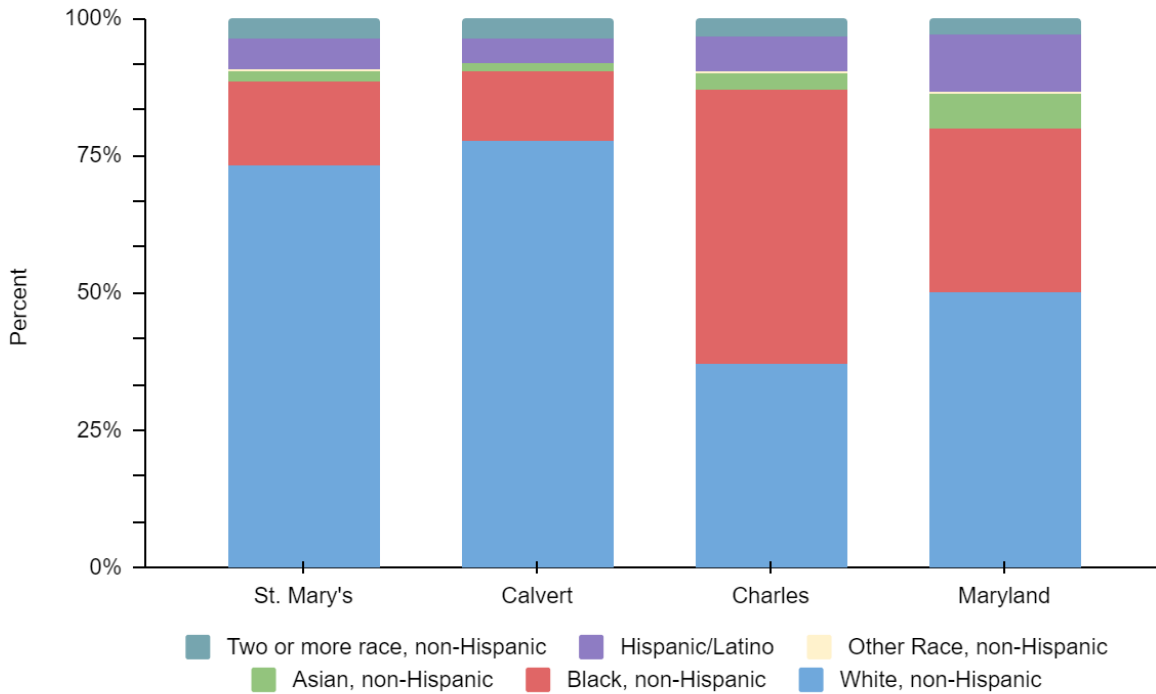
Geography	Male	Female
St. Mary's	49.8%	50.2%
Calvert	49.9%	50.1%
Charles	48.2%	51.8%
Maryland	48.4%	51.6%

Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

As shown in Figure 2, according to Census estimates 73.1% of St. Mary’s County residents identified as White non-Hispanic, 15.4% as Black non-Hispanic, 2.1% as Asian non-Hispanic, and 5.6% as Hispanic. The proportion of White non-Hispanic residents in St. Mary’s County exceeds that of the State. While the percent of Hispanic residents in St. Mary’s County is lower than that for the State, the population has grown

by 59.7% since 2010 (Table 4). It should be noted that the County’s racial and ethnic composition has continued to change. Minority populations are increasing, creating a need for increased availability of translation and interpretation services and culturally appropriate service providers to meet the health needs of the changing population.

Figure 2. Racial and Ethnic Composition, by State and County



	St. Mary's	Calvert	Charles	Maryland
White, non-Hispanic	73.1%	77.5%	37.1%	49.8%
Black, non-Hispanic	15.4%	12.7%	49.7%	29.7%
Asian, non-Hispanic	2.1%	1.6%	3.3%	6.3%
Other Race, non-Hispanic	0.3%	0.2%	0.4%	0.5%
Hispanic/Latino	5.6%	4.4%	6.3%	10.6
Two or more races, non-Hispanic	3.6%	3.6%	3.2%	2.8%

Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

Table 4. Percent Hispanic Population Change, by State and County

Geography	2010	2019	% Change
St. Mary's	3,972	6,342	59.7%
Calvert	2,437	4,069	67.0%
Charles	6,259	10,211	63.1%
Maryland	470,632	643,171	36.7%

Data Source: U.S. Census Bureau, Decennial Census, 2010, and ACS 1-Year Estimates, 2019

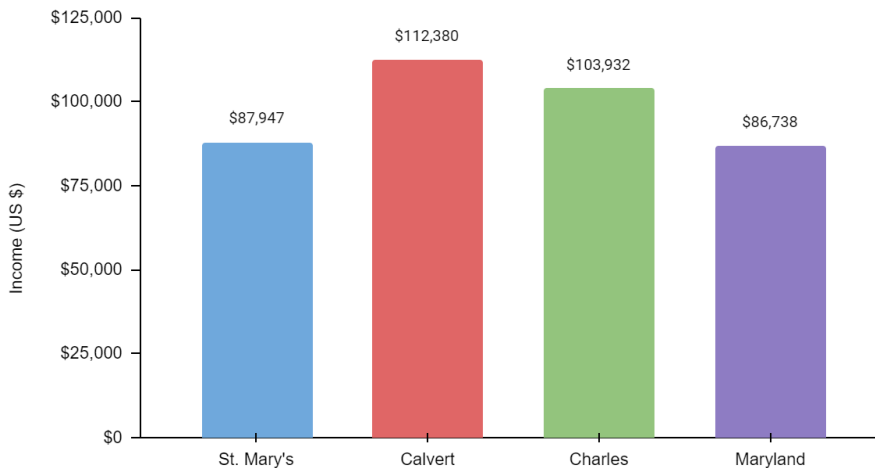
Unemployment, Income & Poverty

As demonstrated in Figure 3, the median household income in St. Mary's County (\$87,947) is greater than that for the State but lower than the median household income for neighboring Calvert and Charles Counties.

Many key informants and focus group participants noted a large disparity between incomes in the county. One key informant noted that this disparity is very apparent in the St. Mary's County Public School (SMCPS) system:

“The students enrolled in SMCPS - 1/3 of students are eligible for free and reduced lunch status. At the same time, we have a substantial presence of families with a substantial income (\$75,000 - \$85,000). You definitely have the haves and have nots in pretty close proximity to each other.” – Key Informant

Figure 3. Median Household Income, by State and County



Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

Participants also noted that much of the income gap is related to the job opportunities associated with the naval base and that those who fall below the median income struggle to navigate increases in costs of living in the area. One focus group participant explained:

“We’re being impacted and influenced by the number of corporate organizations that support the naval base...The county is out of range for those below the median income.” – Focus Group Participant

The Gini Index for St. Mary’s is 0.44 (Table 5) which is higher than that of Calvert and Charles. The Gini Index is a summary measure of income inequality. The coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income).

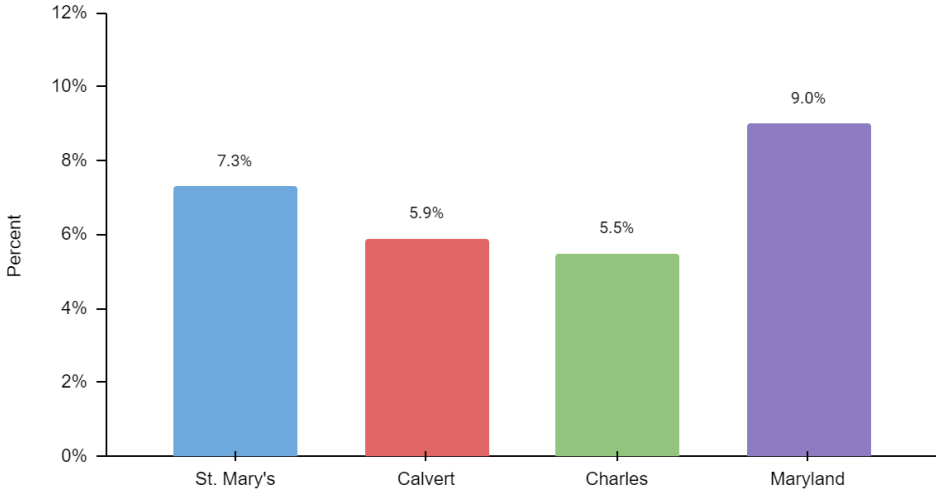
Table 5. Gini Index, by State and County

Geography	Total Gini Coefficient
St. Mary’s	.43
Calvert	.38
Charles	.39
Maryland	.46

Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

As shown in Figure 4, the percent of individuals in St. Mary’s County (7.3%) that have incomes below the federal poverty level is lower than that for Maryland but greater than that for neighboring Calvert and Charles Counties.

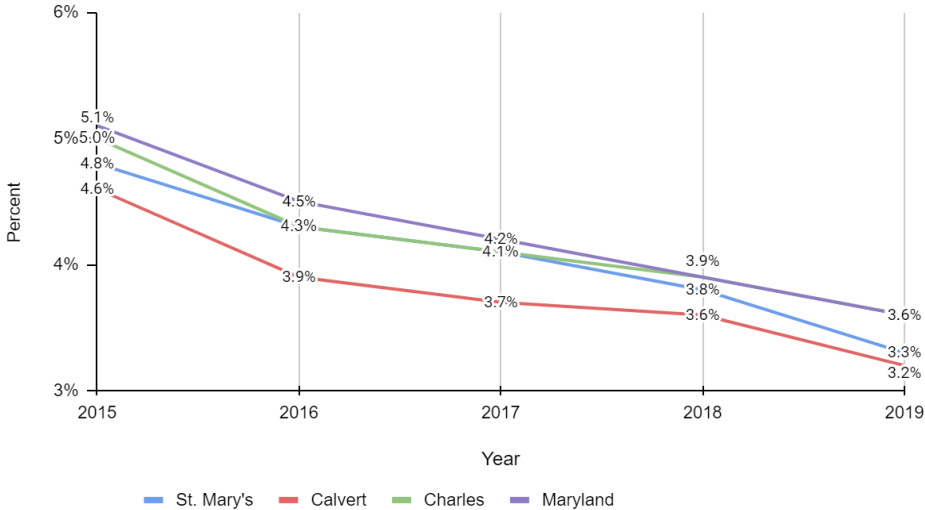
Figure 4. Percent of All Individuals with Income Below the Federal Poverty Level, by State and County



Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

The unemployment rate in St. Mary’s County in 2019 was similar to that of neighboring counties and the state of Maryland. This rate has decreased over the past 5 years (Figure 5). The COVID-19 pandemic has caused a surge of unemployment claims nationwide in 2020. Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Many respondents noted employment issues during the COVID-19 pandemic, with one focus group participant stating, “It was difficult for people to hold down a job, either hours were cut back or they were let go.”

Figure 5. Unemployment Rate (Annual), by State and County

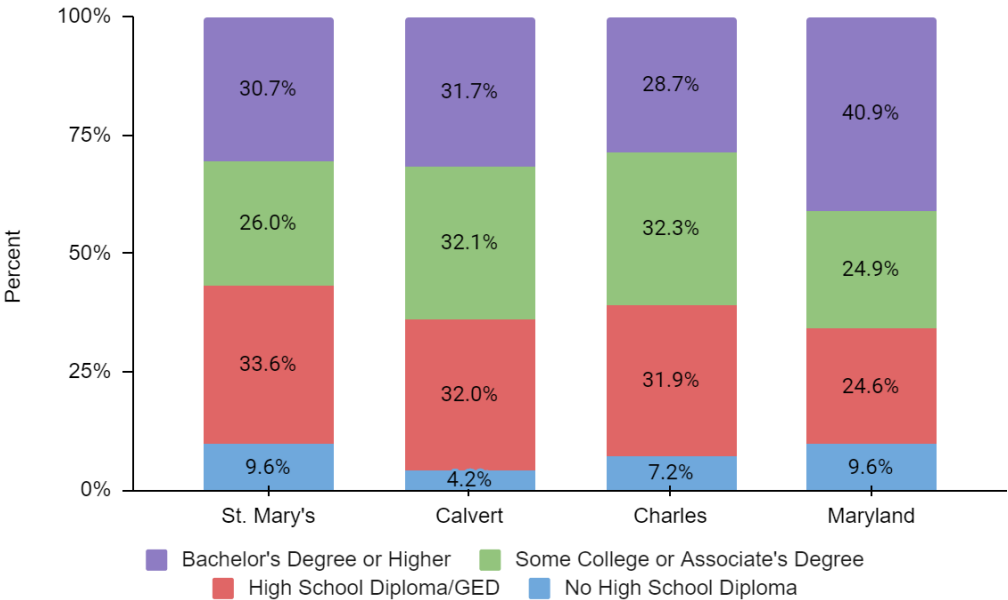


Data Source: Bureau of Labor Statistics, U.S. Department of Labor

Educational Attainment

As shown in Figure 6, nearly one-third of St. Mary’s County residents aged 25 and over have a bachelor’s degree or higher (30.7%), which is lower than the percentage of college-educated residents in the State, but on par with that for Calvert County, and above that for Charles County. 26% of residents have some college or an Associate’s degree and 33.6% have a high school diploma, whereas one in ten residents have no high school diploma (9.6%).

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



Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

As with income disparities, focus group participants and key informants also described disparities in educational attainment among St. Mary’s County residents. Respondents also noted the educational opportunities in the county including specialized training at the high school level, higher education facilities, vocational training, and education surrounding the local history as “the birthplace of Maryland.” As one Key Informant described:

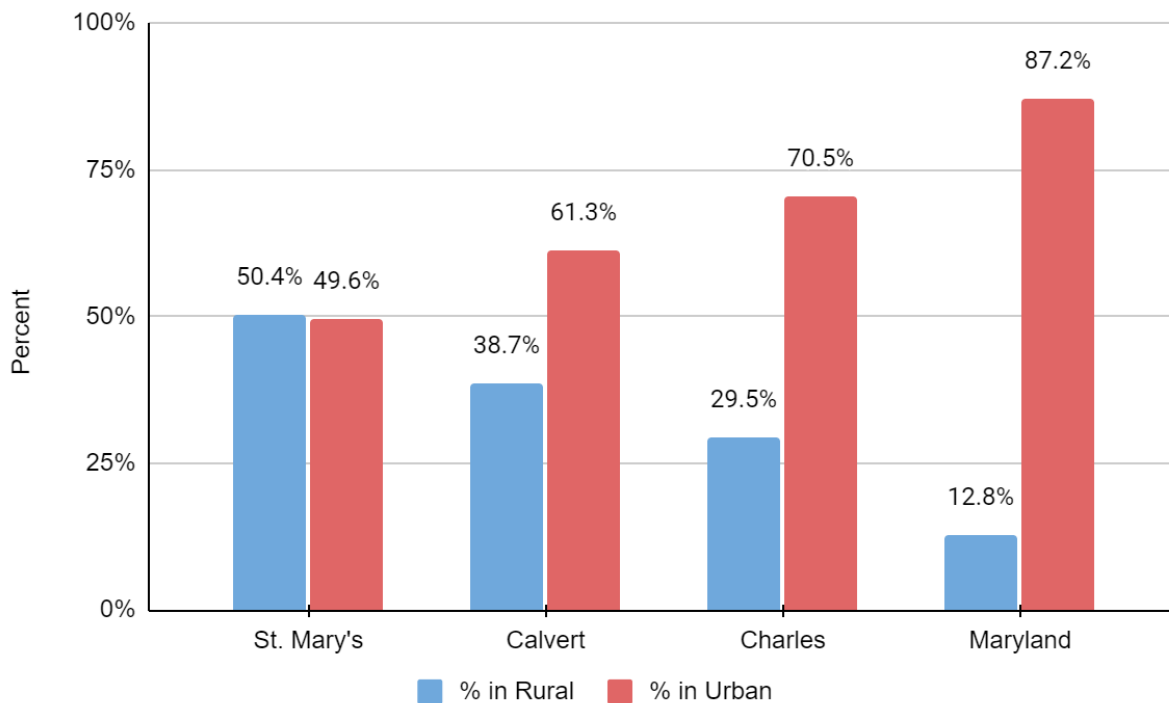
“We have people with very specialized technical degrees and years of formal education and those who have been educated through experience and life and they all have valuable roles to play in our community and valuable lessons to teach others in our community. We have a unique situation - we’ve got a few different higher education facilities that provide some unique opportunities for our residents that many counties our size don’t have.” – Key Informant

Geography & Urbanicity

St. Mary's County is described as historically rural but now boasts "many diverse regions. Regional differences ranging from really rural areas to more suburban areas and light urban areas." Supporting this, 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 7). 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%). One focus group participant explained:

"I don't think calling St. Mary's rural is really appropriate anymore. I would call us a small agricultural county with an abundance of technology. We are a mix." –
Focus Group Participant

Figure 7. Percent of Total Population Living in Urban and Rural Areas, by State and County



Data Source: U.S. Census Bureau, Decennial Census, 2010

St. Mary's County is the second largest county in Maryland by area. It is located on a peninsula that offers many water-based recreational opportunities as well as a rich maritime history. St. Mary's County is also close enough in proximity to Washington, D.C. and Baltimore that residents can commute to both major cities and access the cities for employment, cultural and recreational purposes.

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 available to residents in St. Mary's County.

Assets & Community Resources

Participants noted a sense of community and spirit of collaboration across St. Mary's County. A focus group participant described *"the one thing we have going for us - the way that organizations and agencies work together. Organizations really cooperate here."* Another key informant explained the benefit of this collaboration in the county:

"We've always had a 'neighbors helping neighbors' approach here, it's been that way for centuries. We're more realizing the benefit of our community infrastructure and how that is so important to that neighbor's spirit. As we recognize that more and more and the groups/organizations feel enabled to work together on behalf of our residents - we realize the benefit of that. We realize the benefit of growth in those sectors and the benefit of all the services and the partnership that they deploy to leverage different resources." – Key Informant

Several participants noted that the county boasts many healthcare assets including MedStar St. Mary's Hospital, the St. Mary's County Health Department, and Pyramid Walden among others. In contrast, some participants noted that resources are not accessible for all residents due to location and cost. One focus group participant noted, *"People need equitable resources to be able to live their best lives."* One key informant explained:

"I think that St. Mary's County is a very lucky county in terms of we have our challenges, but in terms of resources, we have a lot of positive things. It's not perfect, but it's a good work in progress." – Key Informant

Participants spoke on the recreational opportunities in the county, noting that we have several state and county-run parks for residents to take advantage of. Several participants characterized St. Mary's County as having limited social opportunities, especially for our younger population. Cost, location, and lack of advertising of available recreational opportunities were cited as barriers for residents. One participant noted that *"there are activities, but they're so far away from each other."* Another key informant explained:

“SMC has struggled with options for teenagers: there’s no bowling alley, no community center. If you have the resources you can play sports and travel about. If not, there isn’t a great deal for young people to do.” – Key Informant

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

Health Priorities

Behavioral Health (mental health and substance use), chronic disease, environmental health, and violence, injury, and trauma were identified as priority health issues in St. Mary’s County through this community health needs assessment process. Additionally, the topics of access to care, health equity, and the COVID-19 pandemic were commonly discussed during the assessment and are examined within each priority as appropriate. Priorities were chosen according to the seriousness of the issue and the ability for the community to make an impact on improvement.

Behavioral Health

Behavioral health is a key part of a person’s overall health. Behavioral health conditions include mental and substance use disorders. Behavioral Health issues across all age groups and the lack of access to supports and service providers were major concerns for participants throughout the assessment. When asked what health issues affect our community the most in MSMH’s community survey, 63.4% of respondents identified addiction/substance use, and 54.3% identified mental health including depression, suicide, post traumatic stress disorder (PTSD), and trauma. One key informant explained:

“Drugs and alcohol addiction and mental health are hand in hand. That’s what we deal with predominantly all day long - people in crisis.” – Key Informant

Mental Health

Mental health and physical health are closely connected. One focus group participant emphasized, *“people often don’t understand that mental health is health.”* Another focus group participant explained that sometimes a person’s *“mental health is so severe that they aren’t taking care of their physical health.”*

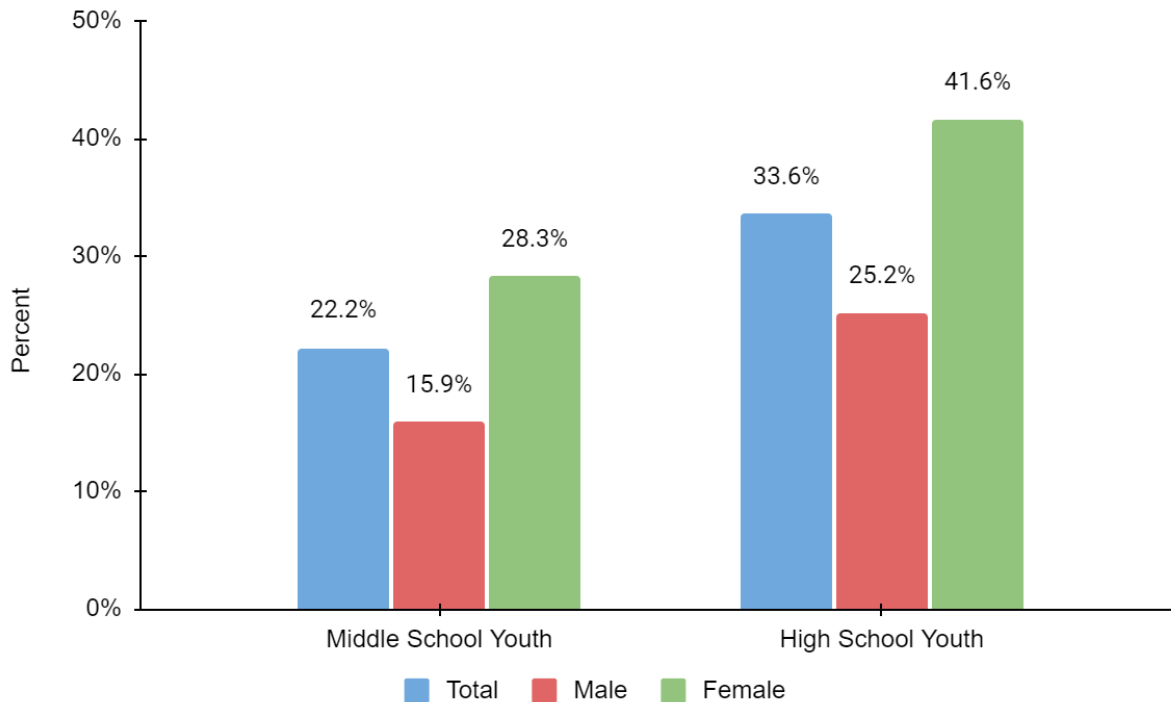
According to the BRFSS (2017), adults in St. Mary’s indicated that they have had an average of 3.6 mentally unhealthy days in the past 30 days. As a whole, adults in

Maryland indicate that they have had an average of 3.8 mentally unhealthy days in the past 30 days, while adults in the United States reported 4.0 days.

The rate of emergency department visits related to mental health conditions (per 100,000) in St. Mary's County in 2017 was 6,173.1 [Maryland State Health Improvement Process (MD SHIP)]; Maryland HSCRC, Research Level Statewide Outpatient Data Files). This rate is higher than that of neighboring Calvert (2,999.1) and Charles (2,817.6) counties as well as the state average (4,291.5).

A survey of local middle school youth showed that 22.2% of the students and 28.3% of female students reported feeling so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities in the past year (Figure 8). This trend remained the same among high school youth with 33.6% of the students and 41.6% of female students. Higher percentages of gay, lesbian, and bisexual high school students in St. Mary's County reported feeling so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities in the past year (63.7%) than their heterosexual peers (28.8%).

Figure 8. Reports of Feeling So Sad or Hopeless Almost Every Day for 2 Weeks or More in a Row That They Stopped Doing Some Usual Activities in the Past Year Among Middle School and High School Youth in St. Mary's County, by Gender



Data Source: Maryland Youth Risk Behavior Survey (YRBS), 2018

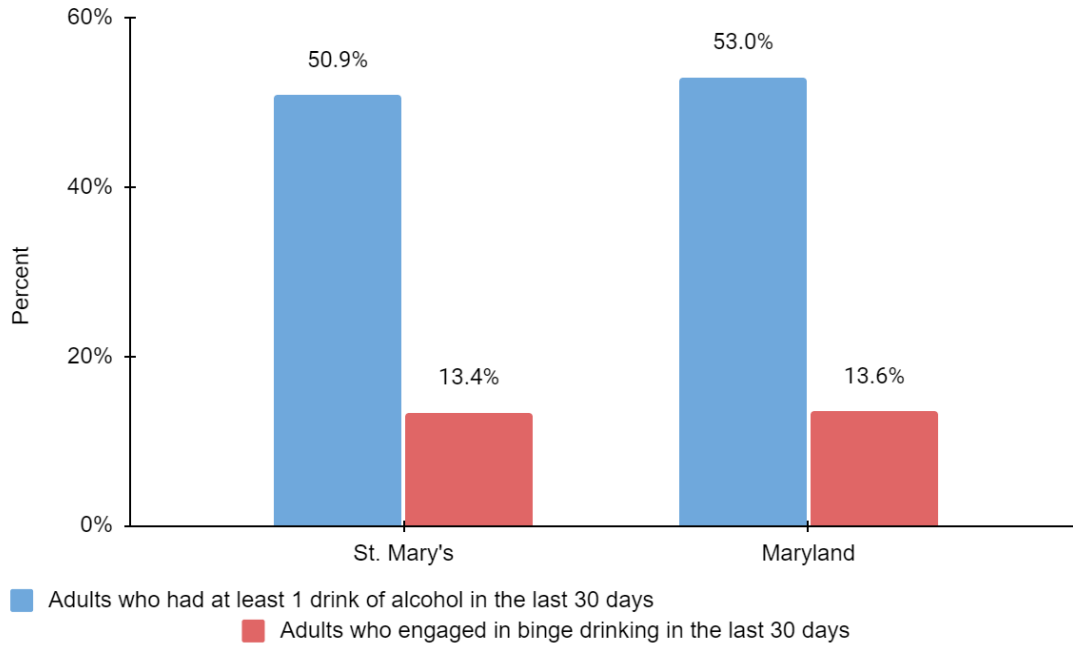
Substance Use

When asked to identify the major-health related problems in St. Mary's County, key informants and focus group participants often cited substance use including illicit drugs and alcohol. One key informant stated that *"Opioid and drug and alcohol abuse we still face significant challenges with."* Focus group participants often described that substances are very visible in the county, noting the number of liquor stores available as well as finding syringes on the ground in the community. One focus group participant explained, *"depending on the area of St. Mary's County you're in it's not uncommon to see someone wandering around high."*

When asked to identify the most important issues that affect the quality of life in our community, substance use/addiction was the most identified issue by respondents to the MSMH community survey (identified by 53% of respondents). Similarly, addiction was the number 1 response of respondents (63.6%) when asked to identify social justice issues that affect our community the most.

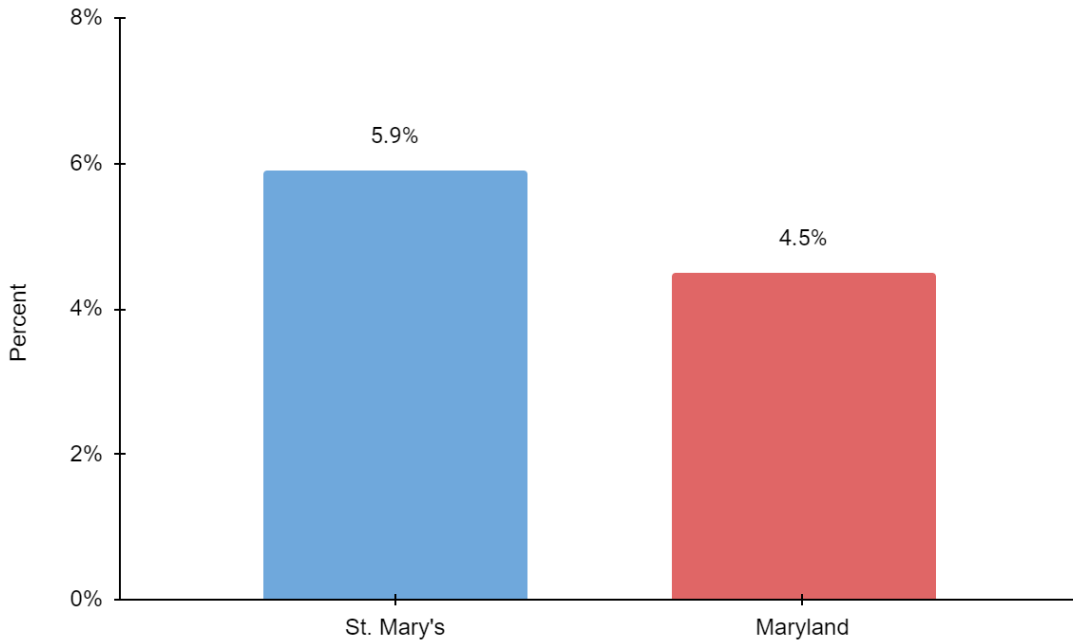
Among high school students surveyed as part of the YRBS in 2018, 30% of students currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey) and 17.2% reported binge drinking on at least 1 day in the same period. Binge drinking is defined as having 5 or more drinks for men or 4 or more drinks for women within a couple of hours. In St. Mary's County, 50.9% of adults have had at least one drink of alcohol and 13.4% engaged in binge-drinking in the past 30 days, which are slightly lower than the averages for Maryland (Figure 9). The rate for adult residents meeting the criteria to be considered a heavy (chronic) drinker - adult men having more than 14 drinks per week and adult women having more than 7 drinks per week - is slightly higher than the average for the state (Figure 10).

Figure 9. Percent of Adults Who Had At Least 1 Drink of Alcohol in the Last 30 Days and Percent of Adults Who Engaged in Binge Drinking in the Past 30 Days in St. Mary's County and Maryland



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Figure 10. Percent of Adults Who Are Heavy (Chronic) Drinkers in St. Mary's County and Maryland

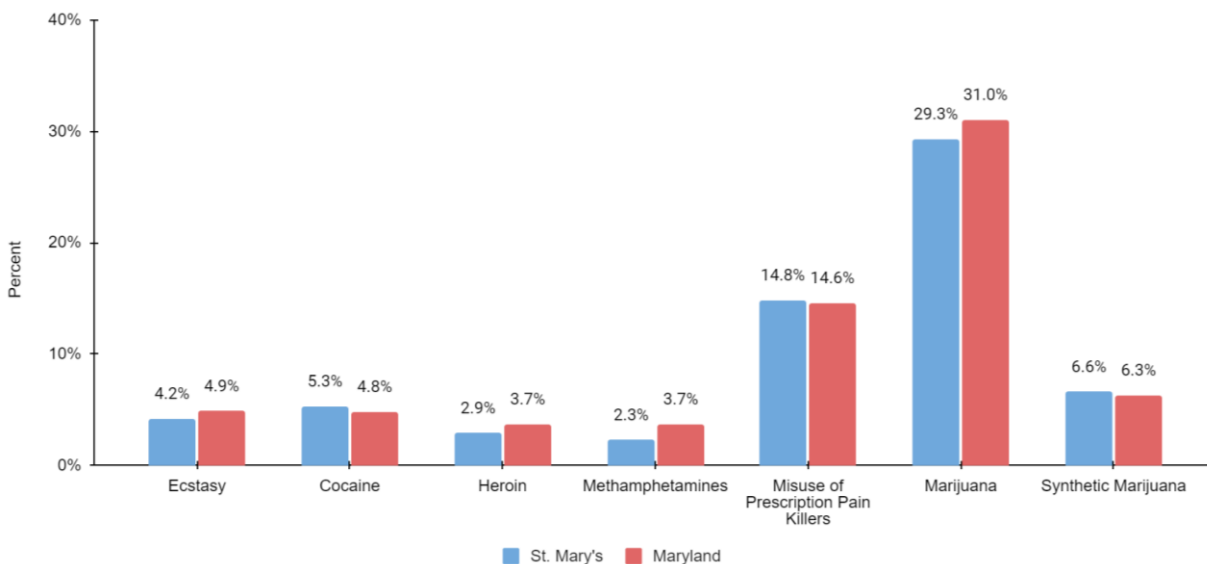


Data Source: BRFSS, 2018

Respondents also described marijuana use in St. Mary’s County, especially amongst younger residents (high school and college). One college-aged focus group participant described “I feel like marijuana is the biggest drug problem. You can smell it coming out of the woods around campus.” The reported current marijuana use (i.e., during the 30 days before being surveyed) among St. Mary’s County high school students (17.3%) is similar to that for Maryland (17.6%).

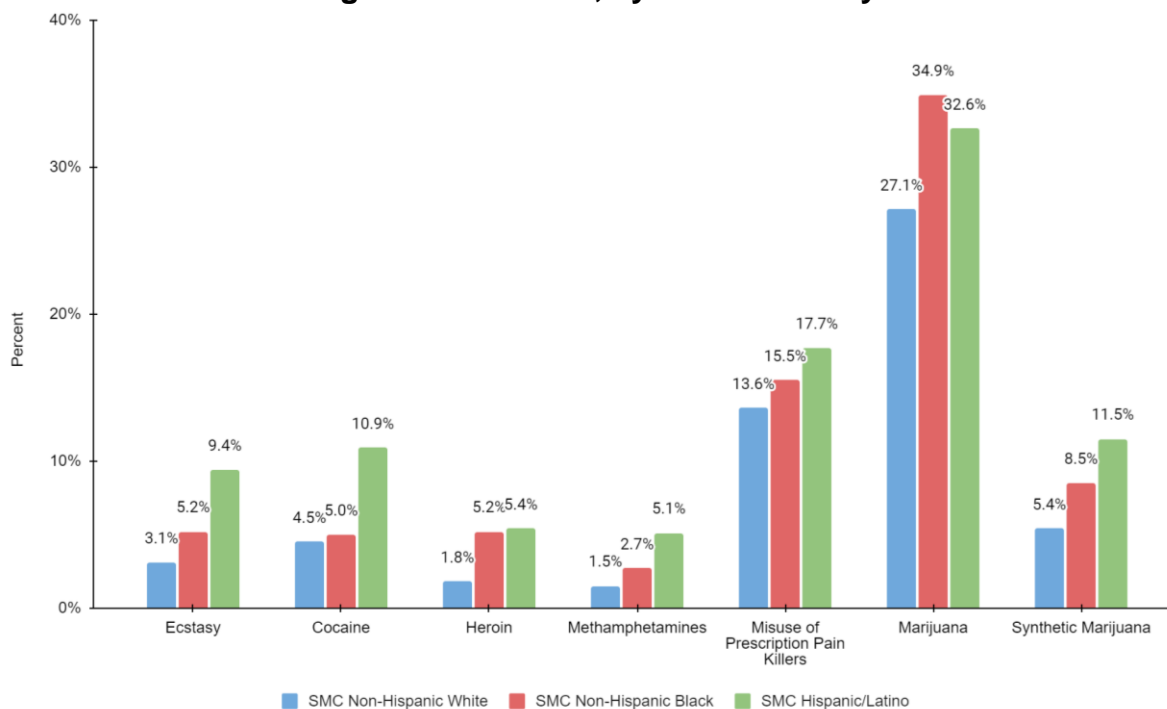
The percentages of St. Mary’s County high school students reporting a history (i.e., one or more times during their lives) of marijuana, synthetic marijuana, cocaine, heroin, methamphetamine, or ecstasy use are similar to those for high school students throughout Maryland (Figure 11). 14.8% of high school students indicated that they had misused a prescription painkiller in the past 30 days which is also similar to the average statewide. Higher percentages of St. Mary’s County Hispanic/Latino high school students reported a history of synthetic marijuana, cocaine, heroin, methamphetamine, or ecstasy and prescription drug misuse use than Hispanic/Latino students statewide and other racial/ethnic groups of students within St. Mary’s County (Figure 12). A higher percentage of St. Mary’s County Non-Hispanic Black high school students reported a history of marijuana use than Non-Hispanic Black students statewide and other racial/ethnic groups of students within St. Mary’s County.

Figure 11. Drug Use (One or More Times During Life) Among Youth in St. Mary’s County and Maryland



Data Source: YRBS, 2018

Figure 12. Drug Use (One or More Times During Life) Among St. Mary’s County High School Youth, by Race/Ethnicity



Data Source: YRBS, 2018

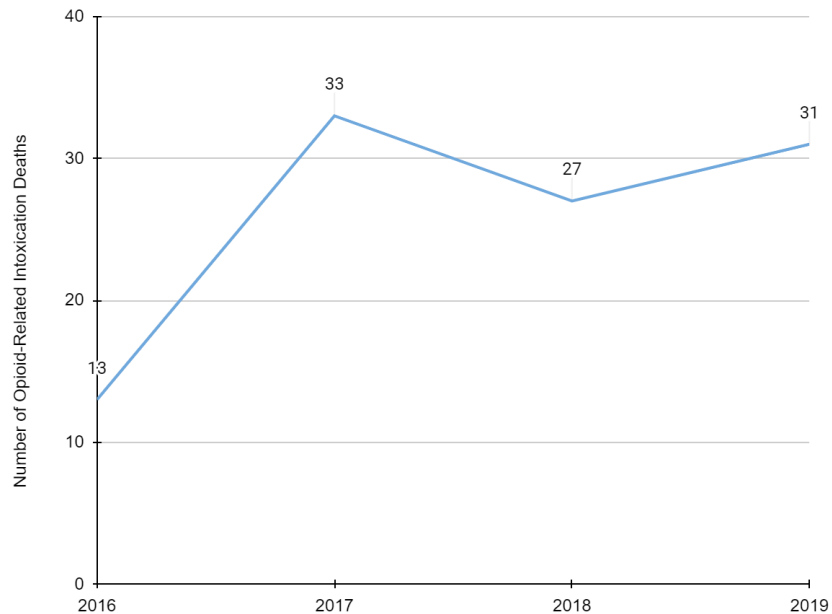
On March 1, 2017, Governor Larry Hogan signed an Executive Order declaring a State of Emergency in response to the heroin, opioid, and fentanyl crisis ravaging communities in Maryland and across the country. Since that declaration, St. Mary’s County has published two Opioid Crisis Response Plans outlining strategies to address the opioid epidemic. One objective of these plans was to reduce inappropriate or unnecessary opioid prescribing and dispensing. One key informant discussed the progress towards this objective as well as persisting challenges, stating:

“I think there has been significant progress made in terms of opioid prescribing. They prescribe lower amounts of opioids, but I think there are still many illicit drugs out there such as fentanyl that we do not have control over.” – Key Informant

Focus group participants and key informants also noted the progress that has been made over recent years while addressing the opioid crisis. Many noted that the St. Mary’s County Health Department launched the Harm Reduction Program in Lexington Park, which has made a positive impact on the community. One key informant noted that despite all of the work being done, “*drug abuse – these cases are seen every day in the courts.*”

As shown in Figure 13, mortality data from the Office of the Chief Medical Examiner indicates that opioid intoxication deaths in St. Mary’s County increased significantly from 2016 to 2017 and remained high in 2018 and 2019. Additionally, the number of opioid-related deaths in St. Mary’s County in 2018 and 2019 were higher compared to neighboring counties (Calvert and Charles) during that period (not shown).

Figure 13. Number of Deaths Due to Overdose in St. Mary’s County



Data Source: Maryland Office of the Chief Medical Examiner, 2016-2019

Substance use disorders are also causing issues for hospital emergency departments. The rate of emergency department visits related to substance use disorders in St. Mary’s County in 2017 was 1,471.3 (MD SHIP, Maryland HSCRC).

Behavioral Health & Access to Care

The U.S. Health Resources and Services Administration (HRSA) has designated all of St. Mary’s County a Health Professional Shortage Area (HPSA) for mental health. The ratio of population to mental health providers is 870:1. Several focus group participants and key informants noted that “access to care issues - particularly for mental health/substance use services” are a major concern in St. Mary’s. One key informant explained:

“The lack of behavioral health services is a concern. The county, traditionally, has not been able to attract mental health professionals/psychiatrists. Behavioral services for the homeless and children need to be built upon. There are some resources for substance abuse that the county should be proud of.” – Key Informant

Youth mental health services are noted as a need in our county. MedStar St. Mary's Hospital does not have adolescent mental health services. All adolescents must be transferred to a hospital outside of the county. Respondents also noted the need for local detox programs and crisis services. Several respondents cited providers with waiting lists, insurance coverage, and lack of awareness of resources as barriers in accessing behavioral health services. One focus group participant described:

*“The community supports are so lacking. I want to see the system improved. We need better time management. Waiting for two months to address a mental health issue won't do, you wouldn't wait 2 months to start chemo for cancer.” –
Focus Group Participant*

Behavioral Health & Health Equity

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health equity as the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders. One focus group participant brought light to behavioral health equity in St. Mary's County, explaining:

*“We need affordable access to healthcare including mental health care and substance abuse care in locations that are equitable for the entire community.” –
Focus Group Participant*

A key theme among respondents was that there is a lack of bilingual resources and providers in St. Mary's County. One participant in the Spanish language focus group noted that many community members seek services outside of the county because *“the stigma of discrimination makes it difficult for some to be trustworthy of those that do not speak the same language.”*

Behavioral Health & COVID-19

The COVID-19 pandemic has had a great impact on the mental health of St. Mary's County residents. Mental health was the number one impact of the COVID-19 pandemic noted by focus group participants and key informants. One focus group participant noted, *“there is increased stress and strain on mental health.”* Respondents cited the increased isolation and adapting to the many life changes such as wearing masks, teleworking, virtual school, and concern of getting infected as contributing factors.

Respondents also noted an effect on substance use throughout the COVID-19 pandemic. Several respondents spoke about an increase in alcohol consumption. One focus group participant explained:

“Relapse has been an issue. I’m teleworking and we’re supposed to stay in the house. Isolation is the worst thing for an alcoholic.” – Focus Group Participant

One positive impact of the COVID-19 pandemic has been the increased availability of telehealth and virtual groups for behavioral health services. The St. Mary’s County Health Department released a [Local Resource Guide: Telehealth Services for Mental Health, Substance Use, Crisis & Recovery Support](#). One focus group participant stated:

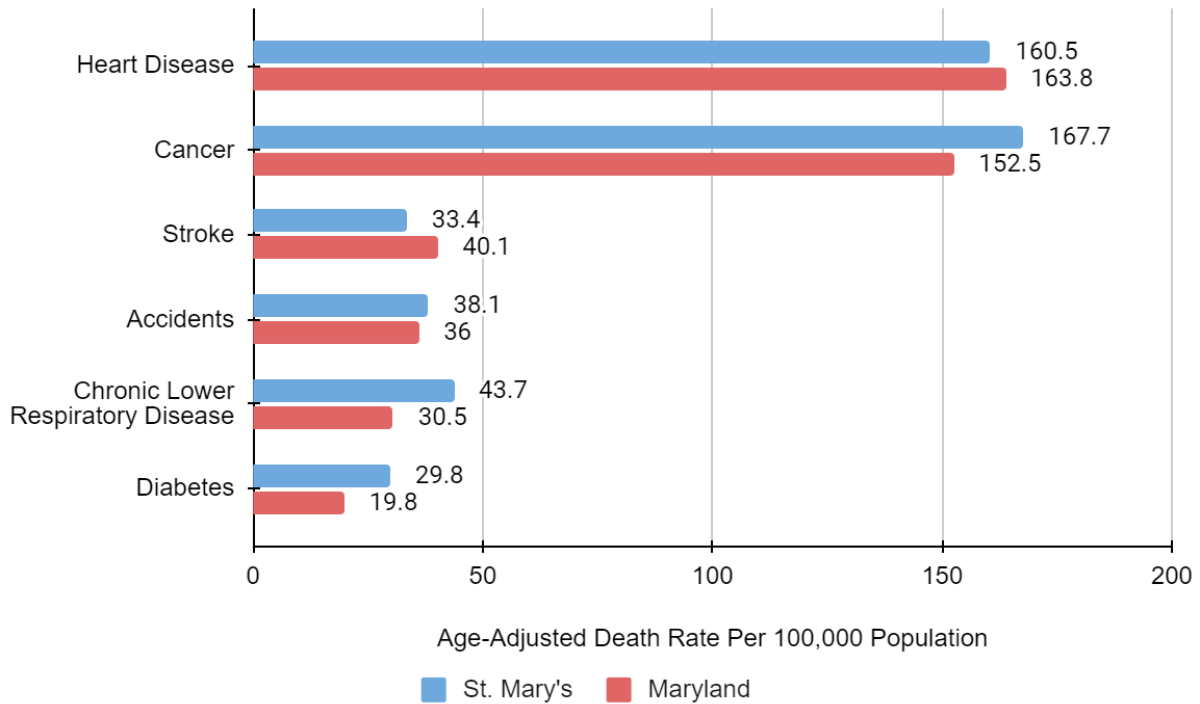
“I think it’s opened some doors in healthcare. I can do my psych appointments over the phone. Zoom and BlueJeans have made things a lot easier especially for someone in my condition who has a walker. Video options are convenient. I’m busy so it’s nice to have the option to join virtually.” – Focus Group Participant

Chronic Disease

A chronic condition is a health condition or disease that is long-term and affects a person’s quality of life over time. Chronic illnesses included heart disease, cancer, stroke, lung diseases such as asthma and Chronic Obstructive Pulmonary Disease (COPD), and diabetes. In the 2016-2018 period, the leading causes of death in St Mary’s County and the state of Maryland included these chronic conditions (heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD) and diabetes) in addition to accidents (Figure 14). Many chronic diseases are caused by a shortlist of risk behaviors including unhealthy eating, inactive living, and tobacco use. One key informant discussed the importance of chronic disease prevention and their risk factors in St. Mary’s County, stating:

“When you look at the top causes of death and what are the financial strains on our workforce and community - chronic diseases. We are super focused on healthy eating, active living, and prevention and control of tobacco products including vaping.” – Key Informant

Figure 14. Leading Causes of Death in St. Mary’s County and Maryland, 2016-2018

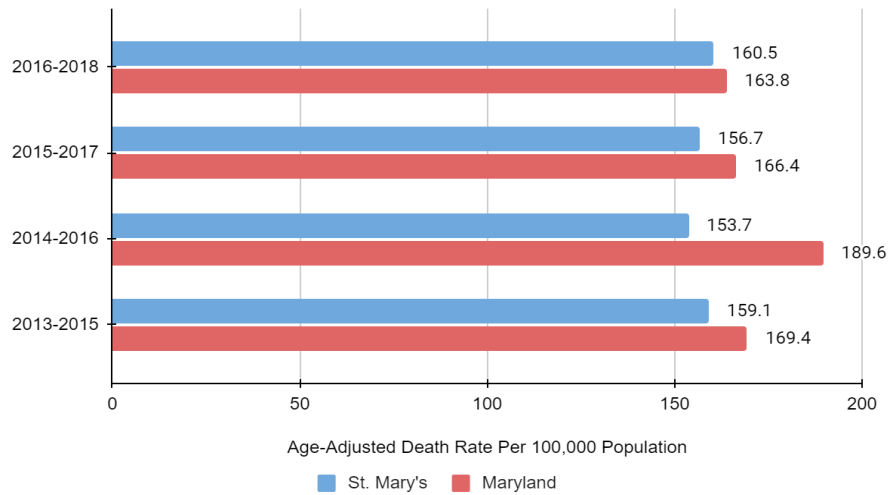


Data Source: Maryland Vital Statistics Annual Report, 2018

Heart Disease

Heart disease is the second leading cause of death in St. Mary’s County and the leading cause of death in the state of Maryland accounting for 20% of all deaths. Death rates from heart disease in St. Mary’s County had been falling, however, there was a trend upwards in 2017 and 2018. Rates have consistently been lower than the state of Maryland rates (Figure 15). 27.3% of MSMH’s community survey respondents identified heart disease and stroke as a health problem that affects our community the most.

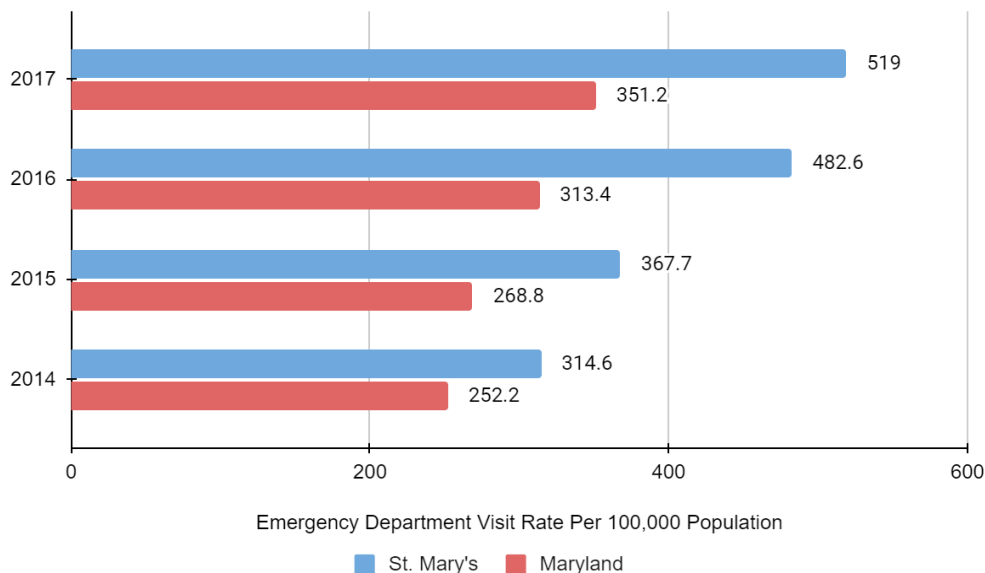
Figure 15. Death Rate from Heart Diseases in St. Mary's County and Maryland



Data Source: Maryland Vital Statistics Annual Report, 2015-2018

Closely related to cardiovascular disease is hypertension (high blood pressure) whose control can prevent heart disease and stroke. 37.4% of MSMH's community survey respondents identified high blood pressure as a health problem that affects our community the most. These 2 conditions contribute about 29% of all deaths in Maryland and 25% of deaths in St. Mary's County. St. Mary's County has had consistently higher rates of emergency department visits for primary diagnosis of hypertension than the state (Figure 16).

Figure 16. Emergency Department Visit Rate Due to Hypertension in St. Mary's County and Maryland

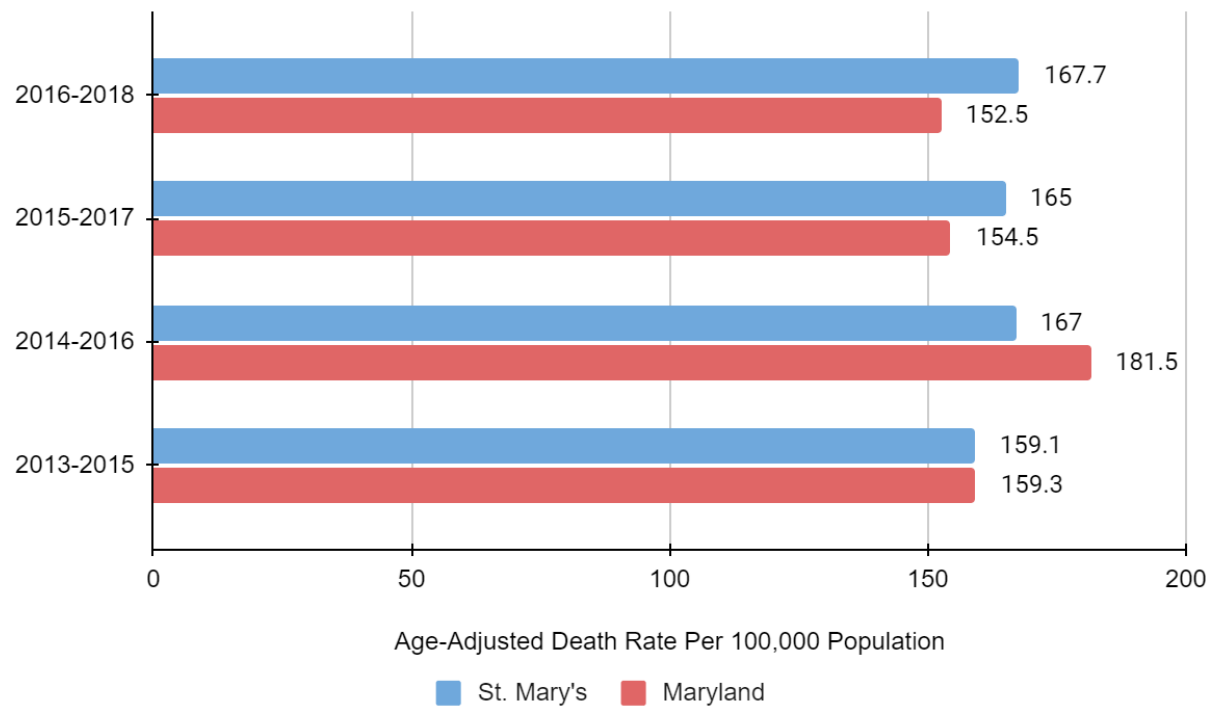


Data Source: Maryland State Health Improvement Process (MD SHIP); HSCRC, Research Level Statewide Outpatient Data Files

Cancer

Cancer is the leading cause of death in St. Mary's County and the second leading cause of death in Maryland. In the MSMH community needs survey, cancer was identified as one of the top 5 health problems that affect our community the most. Whereas the death rates due to cancer in the state of Maryland have been going down (aside from an uptick in 2016), the rates in St. Mary's County have been consistently higher than the State of Maryland rates and have remained fairly constant (Figure 17).

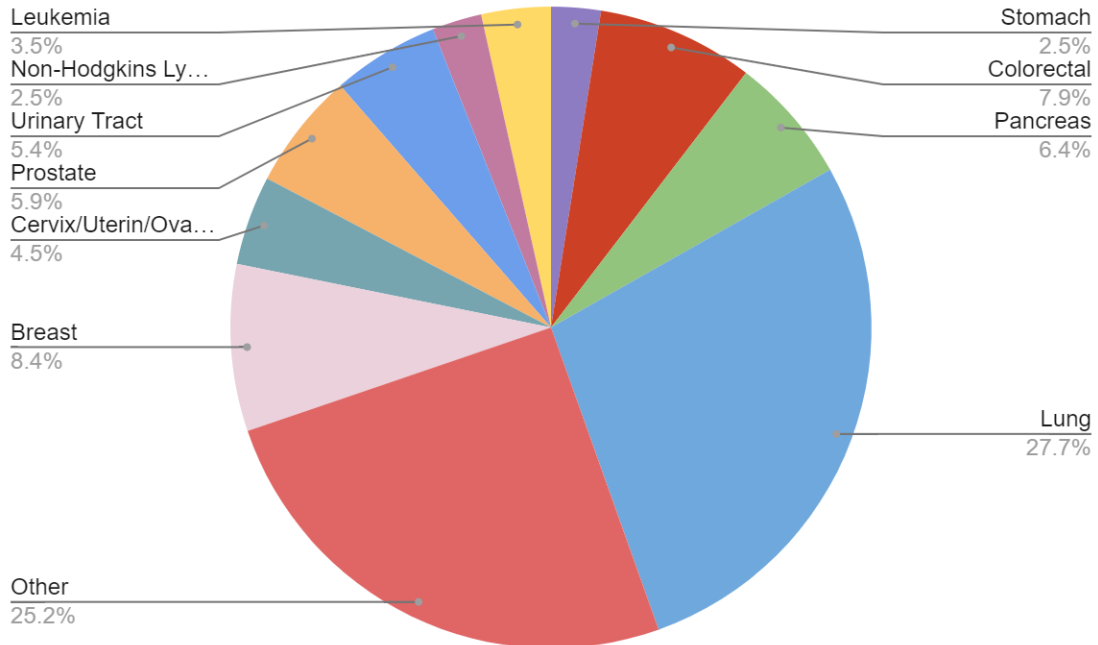
Figure 17. Death Rate From Cancer in St. Mary's County and Maryland



Data Source: Maryland Vital Statistics Annual Report, 2015-2018

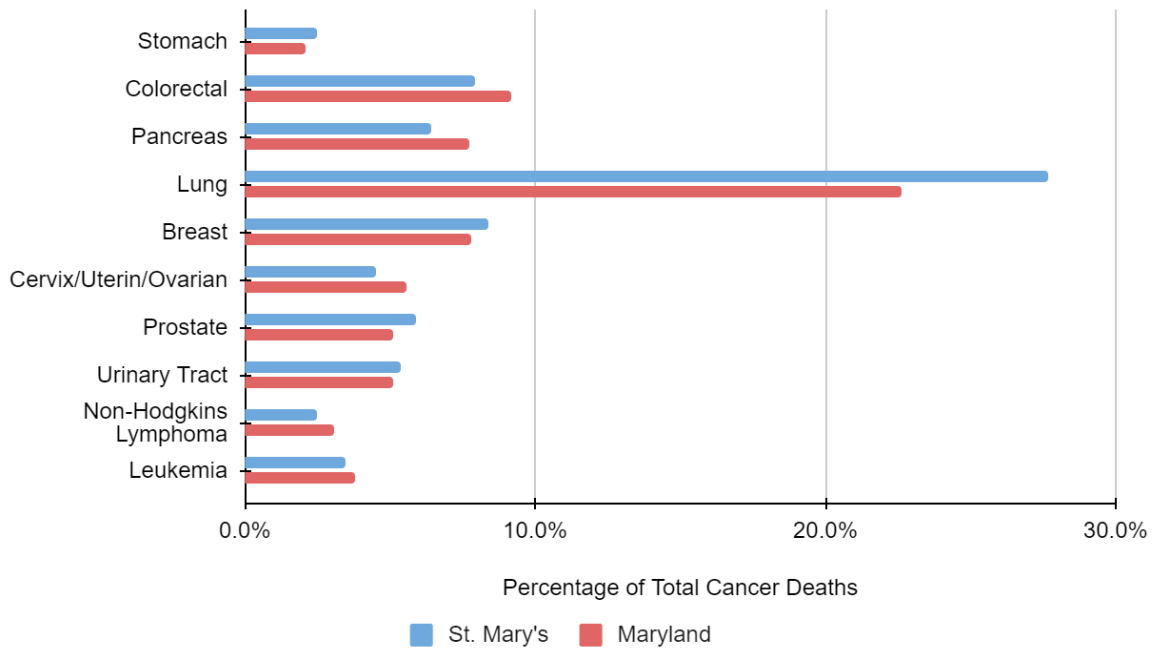
About 56% of the cancer deaths, in St. Mary's County in 2018, were due to the following main cancers: cancer of the lung, pancreas, colorectum, breast, and the prostate (Figure 18). The percentage due to lung cancer was higher than the corresponding average values for the state of Maryland (Figure 19).

Figure 18. Percent of Cancer Deaths Due to the Different Cancer Types in St. Mary's County



Data Source: Maryland Vital Statistics Annual Report, 2018

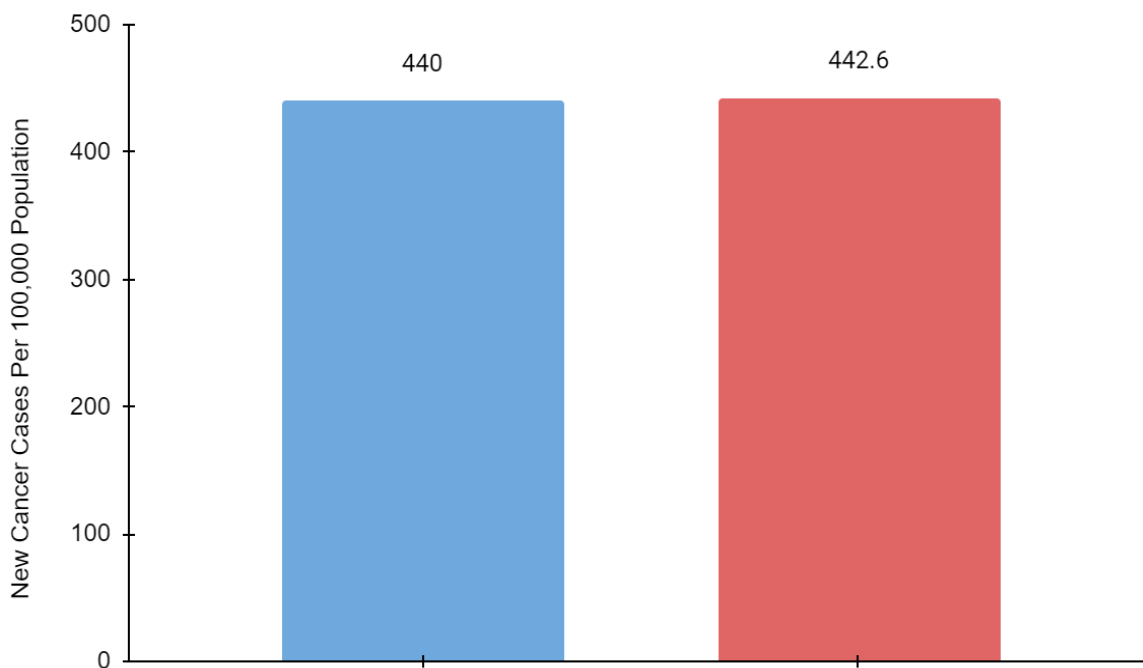
Figure 19. Percent of Cancer Deaths Due to the Different Cancer Types in St. Mary's County and Maryland



Data Source: Maryland Vital Statistics Annual Report, 2018

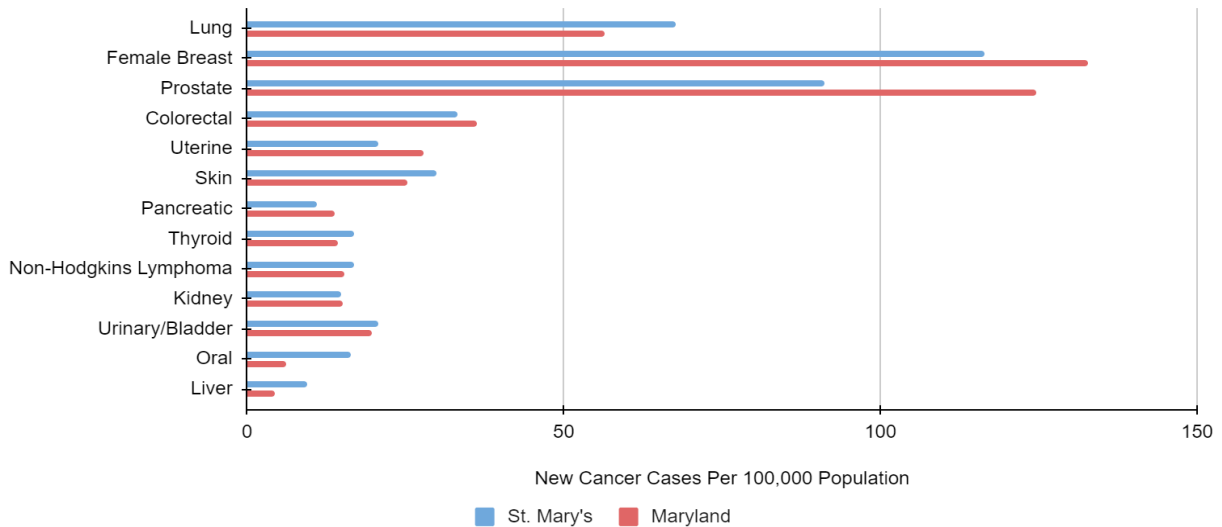
The number of people who get cancer every year is called the cancer incidence. The cancer incidence rate in St. Mary's County is similar to the rate for the state of Maryland (Figure 20). The incidence rate for specific cancers compared to the state of Maryland seems to vary (Figure 21). The main cancers where the incidence rate for St. Mary's County is higher than the state of Maryland are lung, skin, thyroid, Non-Hodgkin's lymphoma, liver, and oral. The incidence rates for the other major cancers (colorectal, breast, prostate, uterine, pancreatic, and kidney) in St. Mary's County are lower than the averages for the state of Maryland.

Figure 20. Cancer Incidence Rate (Per 100,000 Population) in St. Mary's County and Maryland, 2013-2017



Data Source: Centers for Disease Control and Prevention and National Cancer Institute, U.S. Cancer Statistics Data Visualizations Tool

Figure 21. Cancer Incidence Rate (Per 100,000 Population) Due to the Different Cancer Types in St. Mary's County, 2013-2017



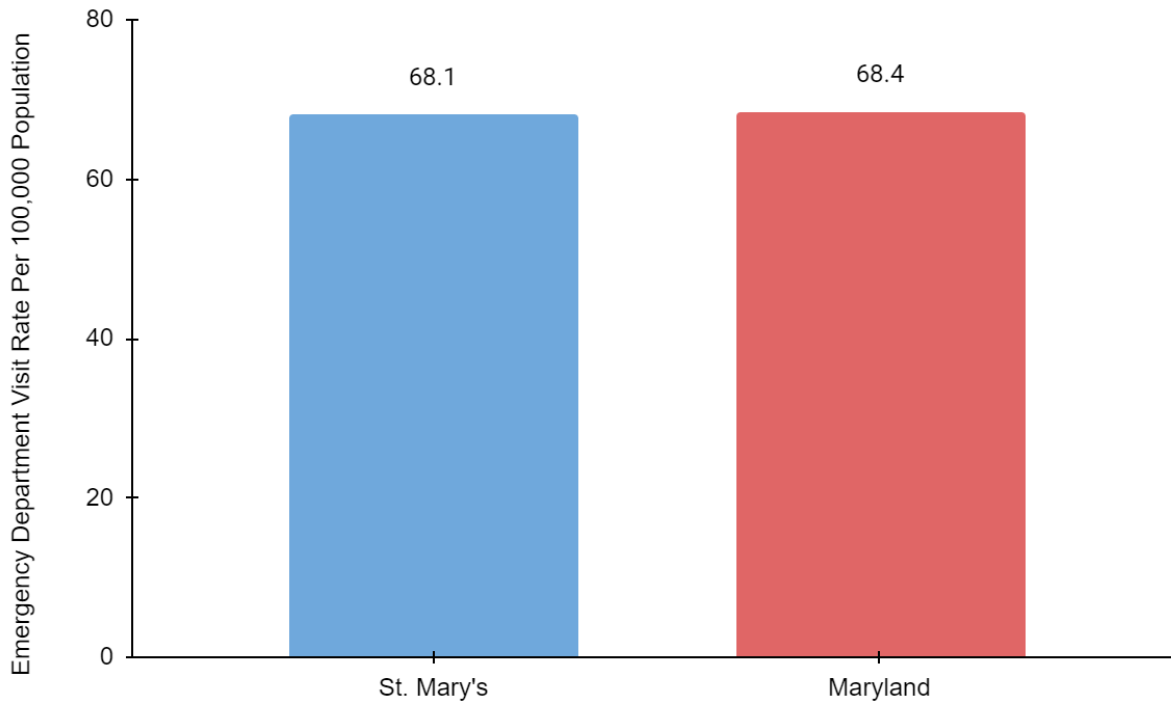
Data Source: Centers for Disease Control and Prevention and National Cancer Institute, U.S. Cancer Statistics Data Visualizations Tool

Lung Diseases

Chronic Lower Respiratory Disease (CLRD) refers to a group of diseases that are characterized by shortness of breath caused by airway obstruction - it includes emphysema, chronic bronchitis, and asthma. CLRD was the 5th leading cause of death in the United States in 2017. In 2018, CLRD was the 3rd leading cause of death in St. Mary's County but 5th in the state of Maryland (Maryland vital statistics annual report 2018).

The percentage of adults aged 18 and older in St. Mary's County who self-reported being told that they currently have asthma is 7.1% which is lower than the state average of 9%. The rate of emergency department visits due to asthma, however, is similar to that for the state (Figure 22).

Figure 22. Emergency Department Visit Rate Due to Asthma in St. Mary's County and Maryland



Data Source: MD SHIP; HSCRC, Research Level Statewide Outpatient Data Files

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. 51.2% of respondents to the MSMH community survey identified diabetes as a health problem that affects our community the most. While diabetes is the 6th leading cause of death in both St. Mary's County and the state of Maryland, the death rate due to diabetes in St. Mary's County (29.8) is higher than the state rate (19.8). The prevalence of diabetes (percentage of adults that have ever been diagnosed with diabetes) in St. Mary's County has remained mostly constant from 2015 to 2018 (Figure 23). The number of new cases that are diagnosed every year has risen slightly (Figure 24). A higher percentage of St. Mary's County Non-Hispanic Black residents reported ever being diagnosed with diabetes (23%) than Non-Hispanic White residents (9.4%).

Figure 23. Diabetes Age-Adjusted Prevalence (Percentage of Adults That Have Ever Been Diagnosed With Diabetes) Among Adults in St. Mary's County and Maryland

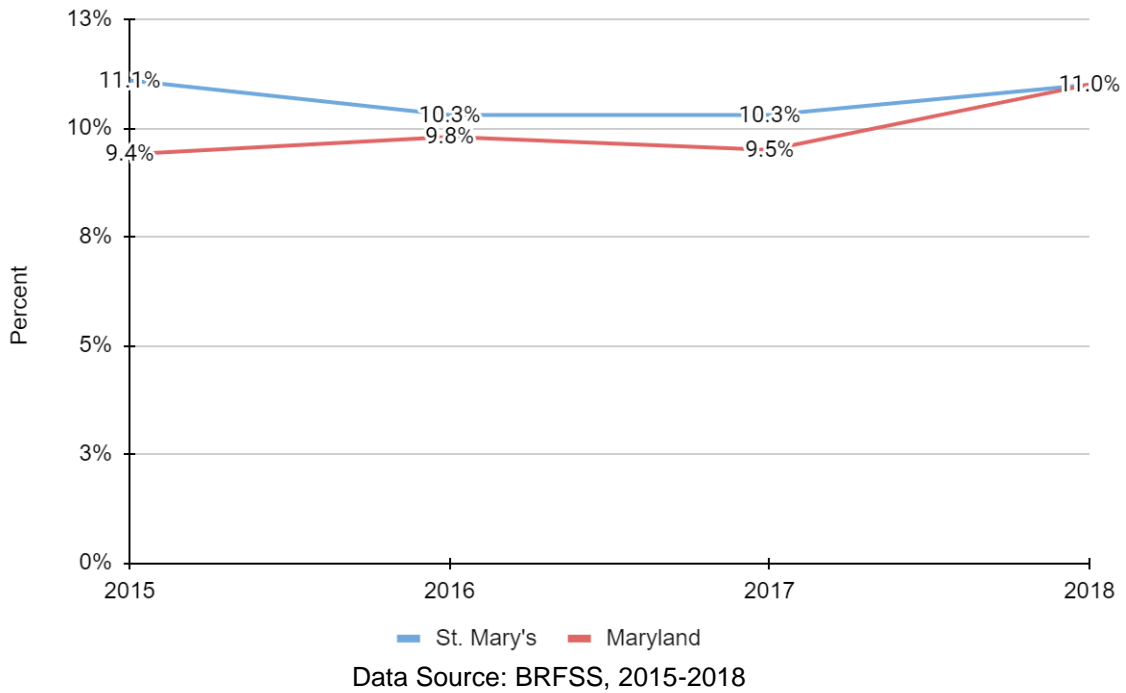
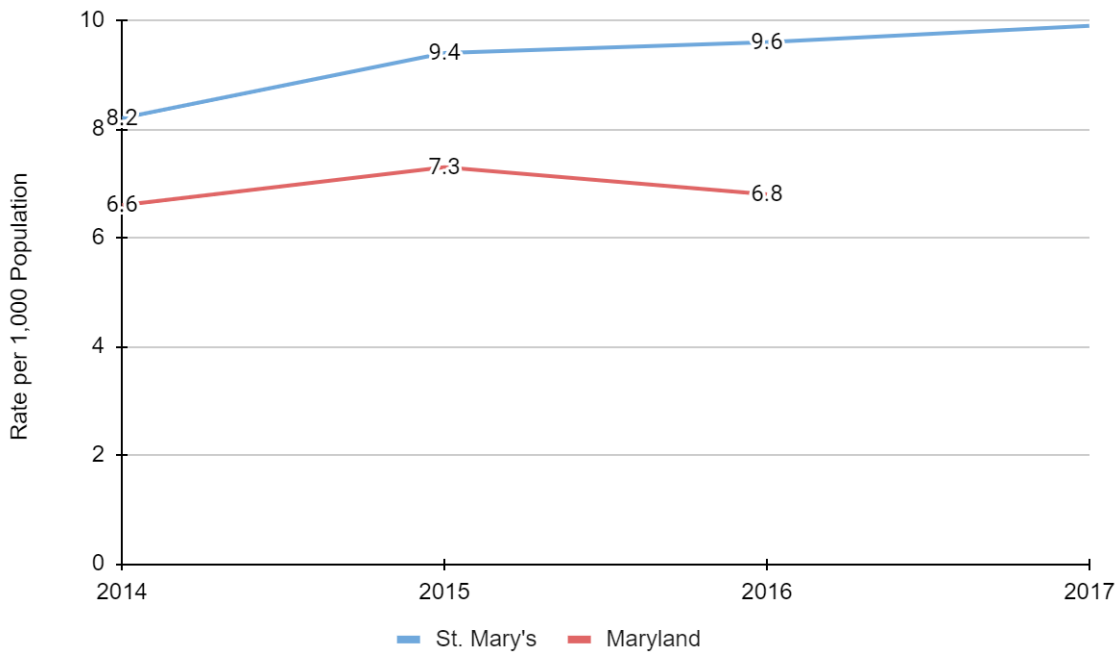
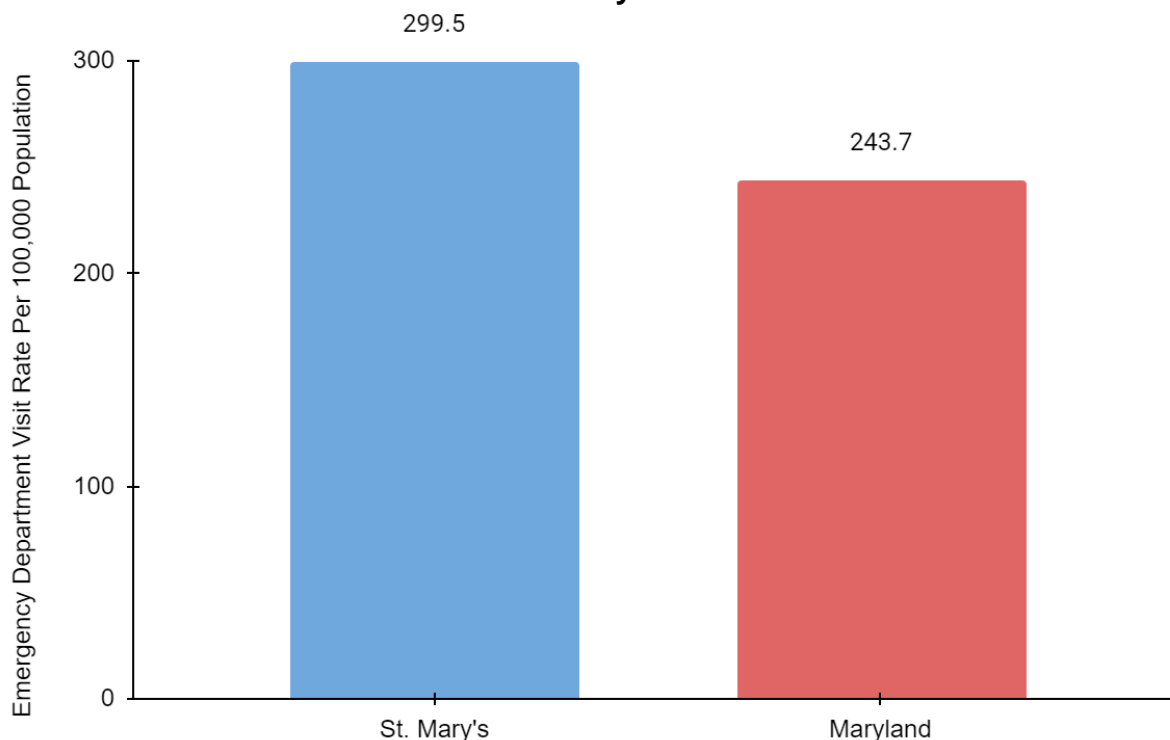


Figure 24. Diabetes Age-Adjusted Incidence (New Cases of Diabetes Per 1,000 Adult Population) Among Adults in St. Mary's County and Maryland



Emergency Department visit rates due to diabetes in St. Mary's County, from 2014-2017, have consistently been higher than those for the state of Maryland (Figure 25). Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled.

Figure 25. Emergency Department Visit Rate Due to Diabetes in St. Mary's County and Maryland



Data Source: MD SHIP; HSCRC, Research Level Statewide Outpatient Data Files

Health Behaviors & Indicators

Many chronic diseases are caused by a shortlist of risk behaviors including tobacco use and exposure to secondhand smoke, poor nutrition, and physical inactivity. Several of these risk behaviors were identified in the MSMH community survey as well as by focus group participants and key informants as health problems in St. Mary's County.

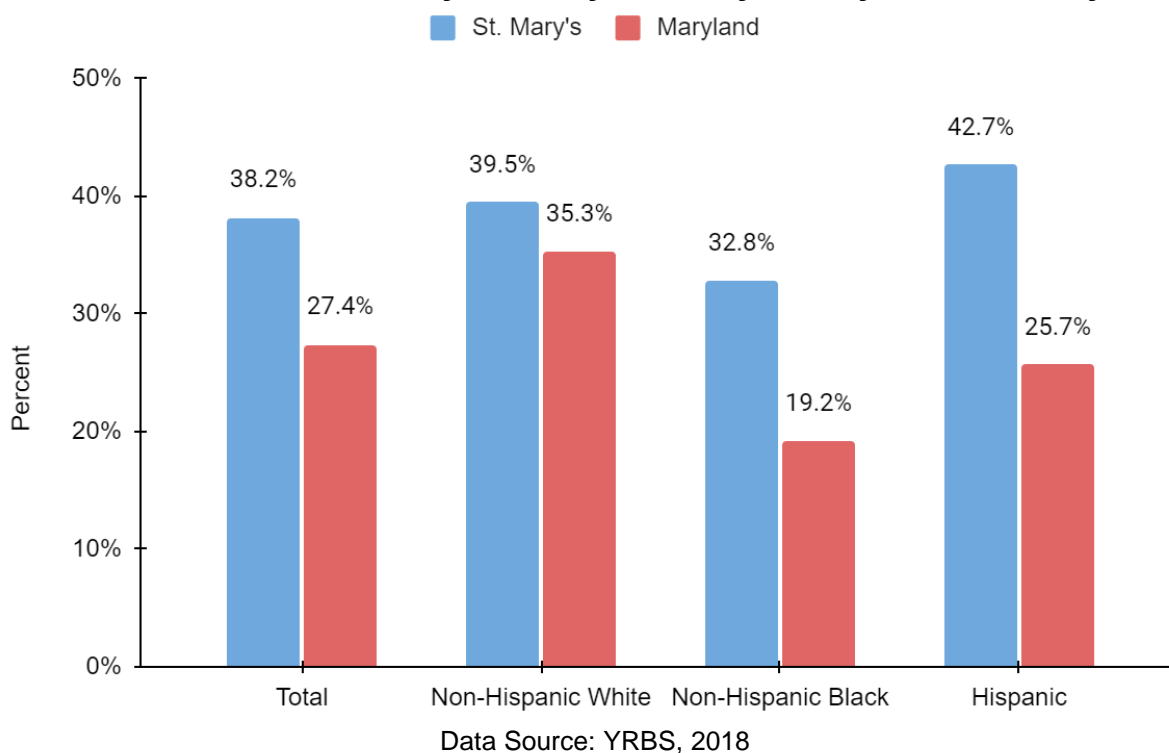
Tobacco

Approximately 1 in 5 respondents to MSMH's community survey identified smoking, vaping, and tobacco use as a health problem in St. Mary's County. Several focus group participants and key informants mentioned tobacco use, specifically vaping, is very common amongst high school and college-aged community members. One focus group participant stated they were *"constantly amazed at the number of people who still use tobacco. People are buying cigarettes and kids are vaping. This is a concern."*

Overall, the percentage of St. Mary’s County adults (17.4%) who reported current smoking is greater than that observed statewide (12.7%) and nationally (16.0%) and exceeds the Healthy People 2020 target of 12.0% .

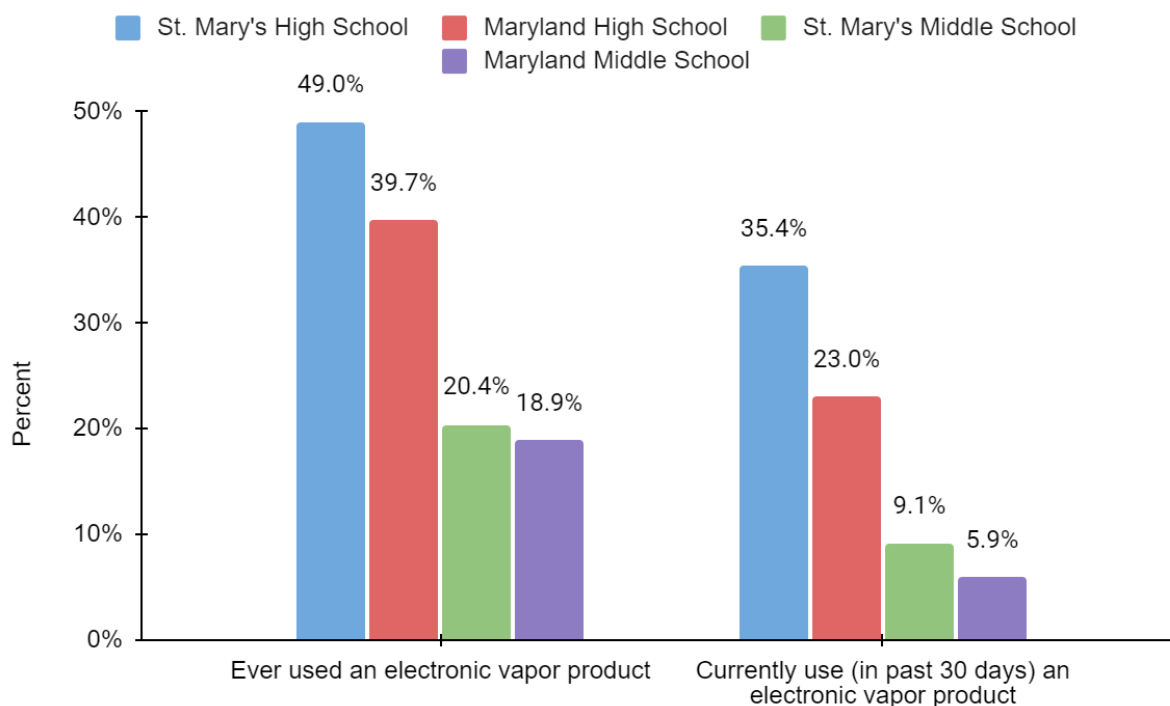
Overall, the percentage of St. Mary’s County high school students reporting current use (i.e., during the 30 days before being surveyed) of any tobacco products (cigarettes, cigars, smokeless tobacco, or electronic vapor products) is higher than that for Maryland high school students as a whole (Figure 26). The percentage of St. Mary’s County Hispanic/Latino students reporting current tobacco use is greater than that for Maryland Hispanic/Latino students and those for other racial/ethnic groups of students within St. Mary’s County.

Figure 26. Current (During Past 30 Days) Use of Any Tobacco Product by High School Youth in St. Mary’s County and Maryland, by Race/Ethnicity



Electronic vapor products have emerged as an increasingly prevalent smoking practice among young people in St. Mary’s County. 49% of St. Mary’s County high school students and 20.4% of St. Mary’s County middle school students report that they have tried using an electronic vapor product at least once. 35.4% of St. Mary’s County high school students and 9.1% of St. Mary’s County middle school students report current use of electronic vapor products. These rates are higher than that for Maryland high school and middle school students as a whole (Figure 27).

Figure 27. Electronic Vapor Product Use by Youth in St. Mary's County and Maryland

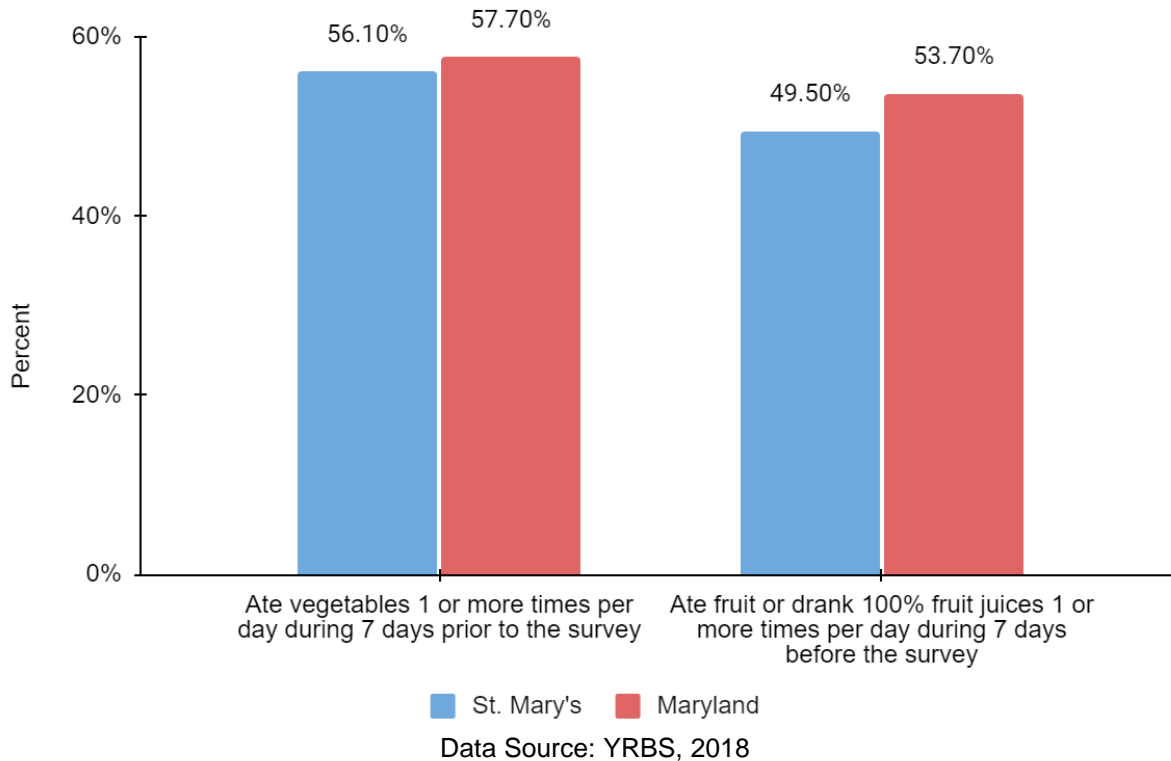


Data Source: YRBS, 2018

Nutrition

The 2018 Maryland Youth Risk Behavior Survey indicates that 56.1% of St. Mary's County high school students reported eating vegetables one or more times per day during the 7 days prior to the survey and 49.5% reported eating fruit or drinking 100% fruit juices one or more times per day during the 7 days prior to the survey. These statistics are similar to the overall percentage for Maryland high school students for vegetable consumption but lower than the state percentage for fruit or 100% fruit juice consumption (Figure 28).

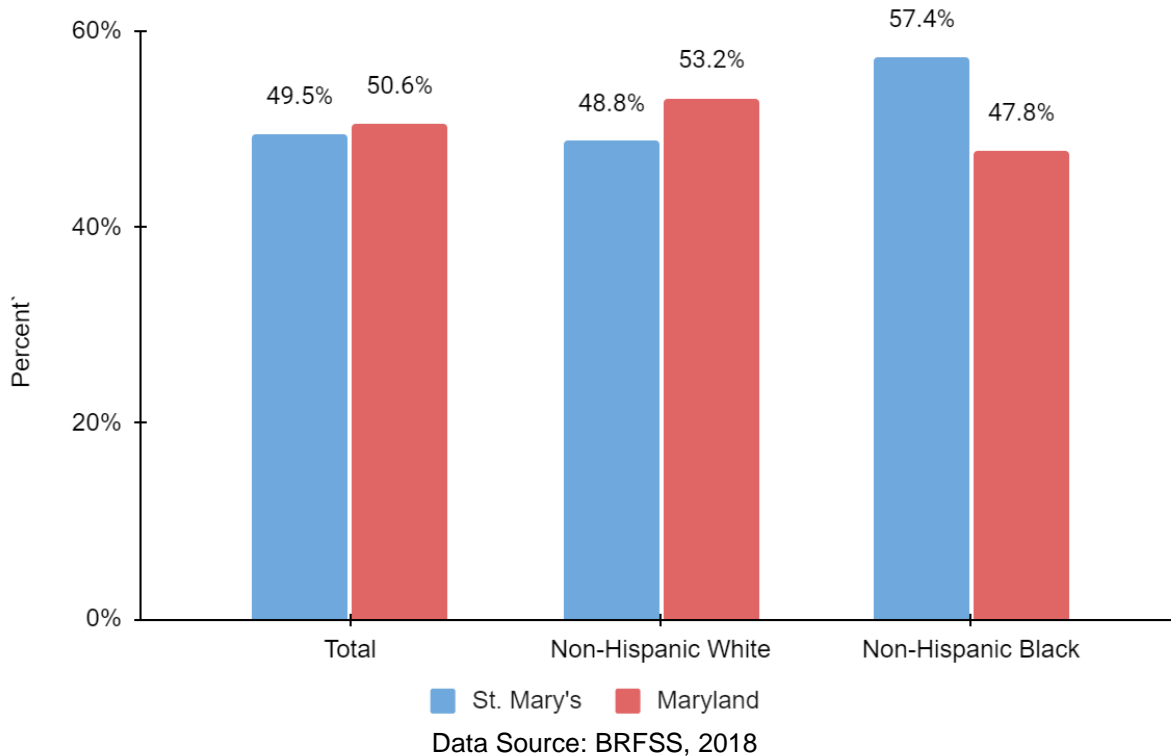
Figure 28. Fruit and Vegetable Consumption by High School Youth in St. Mary's County and Maryland



Physical Activity

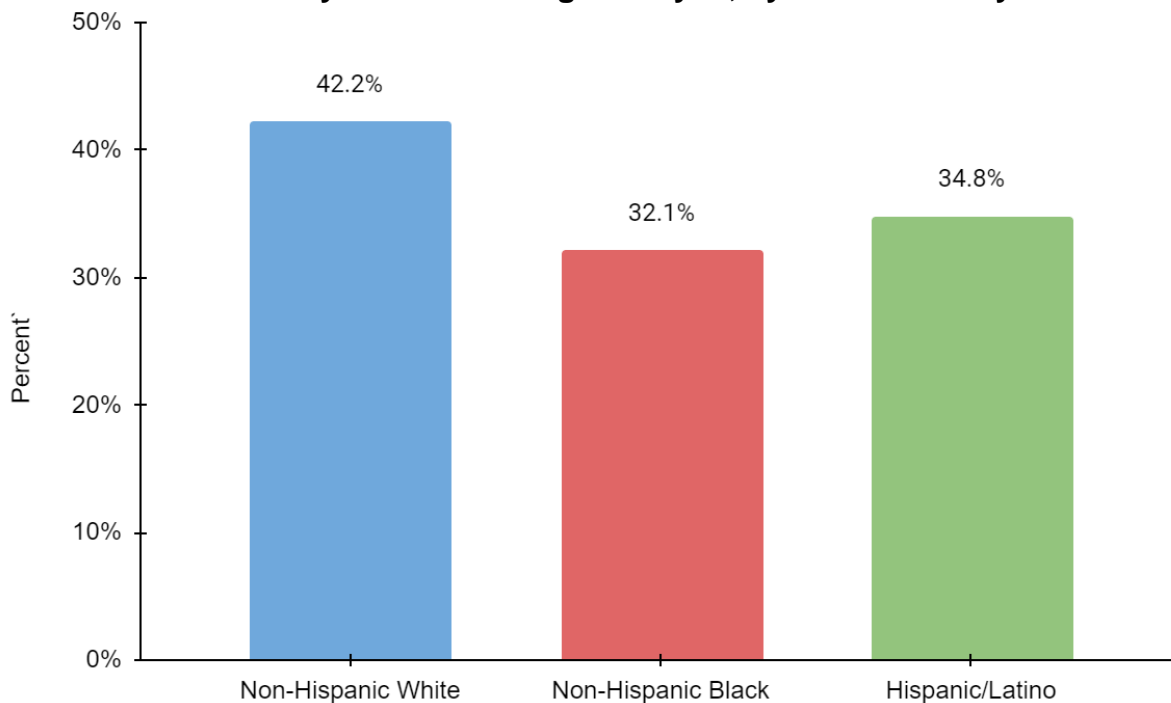
In 2017, the percentage of physically active adults in St. Mary's County (49.5%) was slightly lower than what was reported for Maryland (50.6%). The average for St. Mary's County's Non-Hispanic White was lower than the state average while the average for Non-Hispanic Black adults was slightly higher than the state (Figure 29). Physically active is defined as engaging in at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous physical activity per week.

Figure 29. Percent of Adults Who Are Physically Active in St. Mary's County and Maryland, by Race/Ethnicity



In 2018, 39.2% 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. This statistic is higher than the overall percentage for Maryland high school students (36.5%). Within St. Mary's County, greater percentages of male students compared to female students and a greater percentage of Non-Hispanic White students, compared with Non-Hispanic Black and Hispanic/Latino students, reported being physically active (Figure 30).

Figure 30. Percent of St. Mary’s County High School Youth 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, by Race/Ethnicity



Data Source: YRBS, 2018

Access to and use of recreational facilities is associated with positive health outcomes. Recent data indicate that 77% of St. Mary’s County residents have adequate access to exercise opportunities (County Health Rankings). This percentage is substantially lower than that for the overall Maryland population (91%). 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, trails, and gyms were identified as needs in both focus group discussions and key informant interviews.

Weight

More than half of respondents to the MSMH community survey identified overweight/obesity as a health problem that affects our community the most. In 2019, the percentage of St. Mary’s County adults who were not overweight or obese (25.4) was lower than the Maryland statistic (32.6%). Within the County, the percentage of Non-Hispanic White adults (48.8%) who reported a healthy weight was lower than Non-Hispanic Black adults (57.4%) (BRFSS).

In 2018, 16.2% of St. Mary’s County high school students were classified as overweight. This statistic was higher than the overall percentage for Maryland high school students

(15.7%). Within St. Mary's County, the percentages of Non-Hispanic Black (15.8%) and Non-Hispanic White (15.3%) students who were classified as overweight were lower than that for Hispanic/Latino students (21.3%). 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, Prevention and Health Promotion Administration, 2018 Maryland Youth Risk Behavior Survey).

In 2018, 14% of St. Mary's County high school students were classified as obese. This statistic was higher than the overall percentage for Maryland high school students (12.8%). Within St. Mary's County, the percentage of Non-Hispanic Black students (20.2%) who were classified as obese was greater than that for Non-Hispanic White (12.2%) and Hispanic/Latino (13.6%) students. Obese is defined as a BMI at or above the 95th percentile by age and sex (Maryland Department of Health, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

Chronic Disease & Access to Care

Access to quality healthcare and preventive services can help prevent disease or catch it early, reduce risk factors, and manage complications. Focus group participants and key informants noted many barriers in access to care for chronic disease prevention and control.

Estimates for 2018 indicate that 5.8% of St. Mary's County residents did not have health insurance of any type. This is lower than the state (6.5%) and national (9.4%) figures. Having insurance coverage does not always guarantee that individuals can access healthcare. Local respondents identified the issue of poor network adequacy and the costs of co-pays, deductibles, and prescriptions as barriers. 74.7% of MSMH's community survey respondents identified cost and more than one-third (37.2%) identified finding a doctor who accepts their insurance as the most common reasons that people in our community do not get health care when they need it.

In addition to the 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 1,330 residents in 2017. Comparatively, Maryland had a ratio of 1 per 1,140 residents and St. Mary's County had a ratio of 1 per 2,500 residents. In 2018, 76.7% of adults in St. Mary's County reported having one person they think of as their personal doctor or healthcare provider and 74.7% had a routine checkup in the past year. One focus group participant stated: "*We aren't meeting the basic needs with the providers we have.*" Several focus group participants and key informants noted that St. Mary's County has a high turnover of primary care physicians. One key informant stated:

*“Looking at the physician cohort in the county, we’re going to start losing people to retirement and we don’t have the replacements down here that we need.”–
Key Informant*

Areas of St. Mary’s County have received designation by the 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 (HRSA, 2017). 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.

Many respondents noted a lack of specialists in St. Mary’s County. One focus group participant explained that *“we have limited specialists. There will be one for the county and they have limited appointments.”* Many focus group participants noted that they travel out of the county, often to Baltimore or DC, to see a specialist. The wait time for appointments was noted for specialists as well as primary care providers. More than half of MSMH’s community survey respondents identified having to wait too long for an appointment as one of the most common reasons people in the County do not get health care when they need it. One focus group participant explained:

“It’s so easy to just give up when you’re trying to find medical care and you’re calling office after office and they’re saying they can’t see you because they don’t have the appointments available. I wonder how many people here get sicker than they need to be because they don’t have access to appointments they need when they need them.”– Focus Group Participant

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 measures 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. Data indicates that discharge rates for ambulatory-care sensitive conditions per 1,000 Medicare beneficiaries in St. Mary’s County (57.8) remain higher than those observed throughout the state (46.7) and nationally (49.4).

Chronic Disease & Health Equity

Key Informants and focus group participants noted several health inequities in St. Mary's County that affect chronic disease prevention and control including health literacy, access to bilingual providers, and access to healthy food and opportunities for physical activity.

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. For example, health literacy includes the ability to understand instructions on prescription drug bottles, medical education brochures, doctor's directions, and consent forms. It also includes the ability to negotiate complex health care systems. One focus group participant explained:

“You know when you're in the hospital and you're discharged and get follow up care instructions - it's like we forget that people need help with these instructions...people get lost in the shuffle when they don't know how to navigate the system.” – Focus Group Participant

Several focus group participants noted that there is a lack of bilingual resources and providers in St. Mary's County. This was greatly expressed among participants in our Spanish language focus group. Many organizations and providers offer translation services via Language Line or a translator; however, one focus group participant explained:

“The stigma of discrimination makes it difficult for some to be trustworthy of those that do not speak the same language.” – Focus Group Participant

Health inequities related to access to healthy food and physical activities were mentioned frequently during focus groups and key informant interviews. Respondents stated that much of these inequities were related to the income gap among St. Mary's County residents. It was noted that gym memberships are expensive and that many activities offered through Recreation & Parks cost money and scholarships are limited. One focus group participant explained:

“I think among our lower-income portions of the community there's a barrier to good food - healthy, real food. It costs more and is not as easily accessible.” – Focus Group Participant

Chronic Disease & COVID-19

As more research is being done, there is an increasing amount of evidence that underlying medical conditions including chronic diseases, obesity, and smoking increase an individual's risk for severe illness from the virus that causes COVID-19. There is also research being done on the long-term health effects of COVID-19 - this is a concern that was expressed by many focus group participants. One focus group participant stated that she is worried about *“comorbidities that show up later and people becoming chronically ill.”*

Several respondents noted that the COVID-19 pandemic has caused a decrease in physical activity among community members noting that gyms and public recreation facilities were closed for a significant period and that even after things reopened there were still restrictions or people did not feel comfortable with the potential exposure.

The COVID-19 pandemic also affected health care access and preventive care appointments. Nationwide there was a decrease in children receiving their routine immunizations. In Maryland, the overall number of vaccine doses administered to children ages 0-18 in March 2020 compared with March 2019 was down 27 percent; comparing April 2020 to April 2019, the number of doses was down by 56 percent. One focus group participant noted that people were *“putting off the important doctor’s appointments for fear of getting COVID.”*

Environmental Health

Maintaining a healthy environment is key to increasing quality of life and years of healthy life. Environmental health includes factors in the natural environment such as air quality, water quality, and exposure to toxic substances as well as the built environment, including transportation, access to healthy food, and all of the physical parts of where people live, work, and play. One key informant noted that *“food safety, the health of the [Chesapeake] Bay, and septic systems - all of these are major health factors for our community.”* Another key informant explained:

“I think we need to continue looking into environmental health. We’re a water community and a community with agriculture and innovation. We need to pay attention to the impact of air quality, water quality, and all kinds of environmental health impacts on chronic disease.” – Key Informant

Water Quality

St. Mary’s County is located on a peninsula surrounded by the Potomac River, Patuxent River, and the Chesapeake Bay. The health of these bodies of water, as well as

drinking water quality for communities in St. Mary's County, are important factors of environmental health. Since 2010, 12 water systems in St. Mary's County have had violations of the Safe Drinking Water Act. This has impacted nearly 30,000 residents in St. Mary's County. According to the 2019 State of the Bay Report Card, overall Bay Health scored a 44% (C-). This is a decrease for the second year in a row. Both the Patuxent and Potomac rivers scored below the average with the Patuxent River as the lowest ranking region. Contamination of recreational and drinking water can cause mild to severe illness. One key informant stated:

"We are trying to make sure that the waters we use are clean. Oxygen levels, algae levels, and the oyster population all control our health population." – Key Informant

Per- and polyfluoroalkyl substances (PFAS) are a group of man-made chemicals that have been used in a variety of industries since the 1940s. These chemicals do not break down easily in the environment and the human body and can accumulate over time. PFAS are being researched by the U.S. Environmental Protection Agency (EPA) and Maryland Department of the Environment in order to establish drinking water standards and maximum contaminant levels. The EPA has designated a 70ppt Lifetime Health Advisory which assumes exposure over a 70 year lifespan. One key informant stated, "PFAS is something that is newer and we're still trying to determine well testing to make sure everything is safe." PFAS have been documented in the shallow groundwater on NAS PAX. All drinking water supplies on NAS PAX and Webster Field Annex, as well as the public water supply in the surrounding area of NAS PAX, have been tested for PFAS with no detection found. Public water supplies in St. Mary's County sampled for PFAS between 2012 and 2015 all yielded results below the EPA Health Advisory Level (Unregulated Monitoring Contaminants Monitoring Report). In 2020, the Maryland Department of the Environment (MDE) also conducted a pilot study on St. Mary's River testing waters and oysters for PFAS. The study concluded that PFAS are present in tidal waters of the St. Mary's River and the Patuxent River at concentrations significantly below risk-based recreational use screening criteria and oyster consumption site-specific screening criteria.

Air Quality

Poor air quality can contribute to respiratory issues and overall poor health. The average daily air particulate matter (in micrograms per cubic meter) for St. Mary's County in 2014 was 9.0 which is slightly below the state average of 9.6 (County Health Rankings & Roadmaps, CDC's National Environmental Public Health Tracking Network). The respiratory hazard index score for all St. Mary's County census tracts are below 0.42. This score represents the potential for noncancer adverse health effects,

where scores less than 1.0 indicate adverse health effects are unlikely and scores of 1.0 or more indicate a potential for adverse health effects (EPA’s National Air Toxics Assessment, 2014).

Housing

Housing quality, cost, and stability can significantly influence health. Several focus group participants and key informants cited housing as a barrier to being healthy in St. Mary’s County. One focus group participant explained:

“Housing is another health issue. There isn’t affordable housing for young people, those in transition, or lower-income workers. Housing is security.” – Focus Group Participant

As shown in Table 6, 27.7% of residents in St. Mary’s County rent their residence, which is below that for the State, but above the percent of renters in Calvert and Charles Counties.

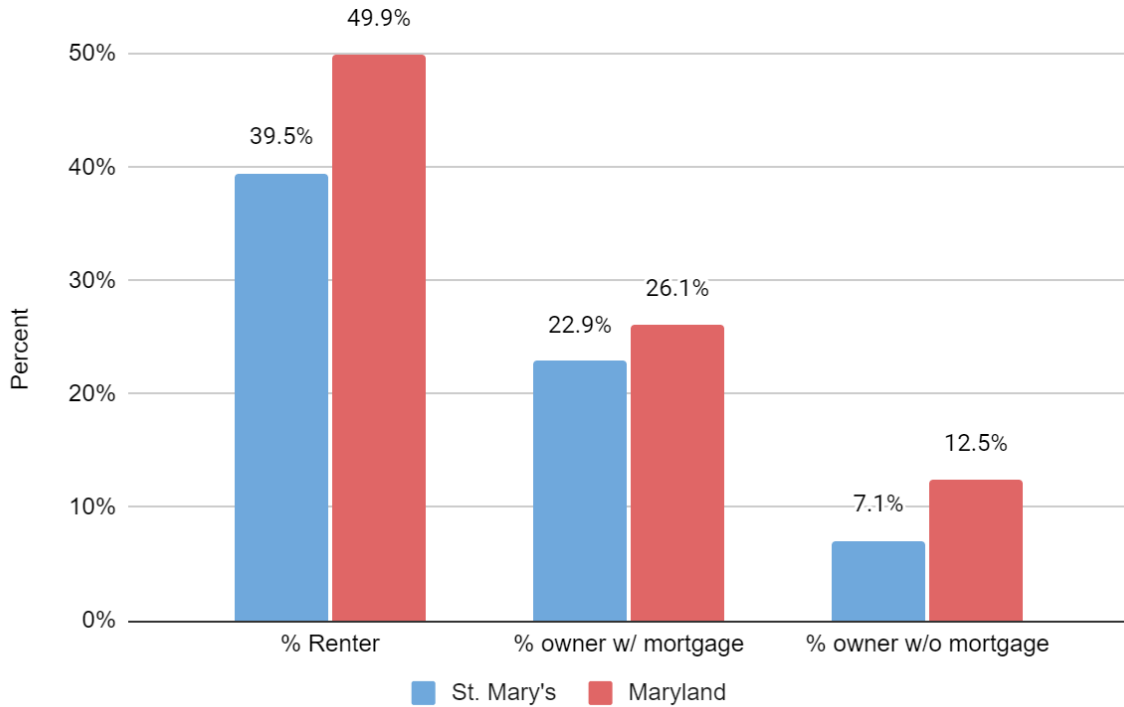
Table 6. Percent of Total Population Who Are Owners and Renters of Housing Units, by State and County

	% Renters	% Owners
St. Mary’s	27.7%	72.3%
Calvert	13.6%	86.4%
Charles	22.3%	77.7%
Maryland	33.2%	66.8%

Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

Respondents noted that the high cost of housing in the county is a challenge and stressor for lower-income residents. The US Department of Housing and Urban Development defines cost-burdened families as those who pay more than 30 percent of their income for housing and may have difficulty affording necessities such as food, clothing, transportation, and medical care. As shown in Figure 31, 39.5% of renters in St. Mary’s County are cost-burdened, compared to only 18.8% of residents who own their homes.

Figure 31. Percent of Households that are Cost Burdened in St. Mary's County and Maryland, by Housing Tenure



Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

An occupied housing unit is considered to have severe housing problems when at least one of the following conditions are met: housing unit lacks complete plumbing facilities, housing unit lacks complete kitchen facilities, the household is overcrowded, or the household is severely cost-burdened. For the time of 2013-2018, 28.2% of households in St. Mary's County were considered to have severe housing problems, which is slightly lower than the state average of 32.2%.

Transportation and Walkable/Rideable Streets

Limited public transportation in St. Mary's County poses a challenge to accessing goods, services, and healthcare. Based on Census estimates, in St. Mary's County approximately one-fourth of residents have one vehicle in their household, four in ten have two vehicles, and three in ten have three or more vehicles (Table 7). In contrast, 7.4% 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, and a greater proportion of residents have two or more vehicles available.

Table 7. Number of Available Vehicles for Individuals 16 Years and Older Per Household, by State and County

	No Vehicle	1 Vehicle	2 Vehicles	3+ Vehicles
St. Mary's	7.4%	24.3%	36.5%	31.8%
Calvert	3.1%	22.1%	35.7%	39.0%
Charles	3.0%	27.1%	38.6%	31.4%
Maryland	9.1%	32.4%	36.1%	22.4%

Data Source: U.S. Census Bureau, ACS 1-Year Estimates, 2019

Respondents noted that public transportation has improved over recent years, however, it is still limited and causes issues for residents. One focus group participant stated that transportation *“is such a big issue that I want to scream it from the rooftops.”*

Respondents noted that community members need to dedicate several hours to get to and from appointments on public transportation due to the bus schedules and that they cannot afford to take that amount of time off from work. One key informant explained:

“Transportation issues that we have are not as bad as they used to be. The issue is how long it takes to get there on public transportation.” – Key Informant

Several key informants and focus group participants noted that opportunities and services in the County are limited if you do not have a vehicle. Respondents cited that streets are not safe for walking or riding a bike and that St. Mary's County needs more sidewalks and neighborhoods that are well lit to promote exercising and alternative transportation methods. One focus group participant explained:

“Walking isn't safe down here and neither is riding a bike. There aren't a lot of opportunities of something to do here without getting in your car to go there.” – Focus Group Participant

Access to Healthy Food

There are three census tracts in St. Mary's County that are considered food deserts (census tracts 8758.01, 8759.02, and 8760.01). A food desert is a census tract that is considered low income and where a substantial number of residents have low access to a supermarket or large grocery store. Many key informants and focus group participants noted that access to healthy food in St. Mary's County is a barrier to being healthy and making healthy choices. One focus group participant stated that *“there's a greater ratio*

of fast food to grocery stores - especially in Great Mills.” Another focus group participant explained:

“It’s hard for people to be healthy when there isn’t a grocery store within walking distance. If you shop at 7-11 then you’re going to get unhealthy food or you’re going to go get fast food.” – Focus Group Participant

Environmental Health & Access to Care

Environmental barriers, such as access to transportation and the location of services relative to residents’ homes, play a large role in access to care. 34.8% of respondents to MSMH’s community survey cited lack of or limited transportation as one of the most common reasons people in St. Mary’s County do not get health care when they need it. Focus group participants and key informants agree with this. College-aged focus group participants noted that they have a great resource in the wellness center on campus but *“going off-campus for medical needs is very frustrating”* due to the need for a vehicle. One participant explained:

*“Going off-campus, the urgent cares are very far and the hospital is even farther.”
– Focus Group Participant*

Approximately 1 in 5 respondents to MSMH’s community survey noted that there is no Doctor in their community. Key informants and focus group participants noted that the location of primary care providers, specialists, behavioral health providers, and dentists does not make them easily accessible to community members. One key informant noted that if you are *“down in Ridge, what is the closest location to a Doctor you can get? Access to a physical location to get treatment is a problem.”* Respondents noted that St. Mary’s County could benefit from mobile clinics, increased access to telehealth, and school-based health centers. One key informant explained:

“East Run Medical Center was put in across from Great Mills High School which has increased access in Lexington Park, but the northern part of the county doesn’t have as many options. We’re opening school-based health centers to try to close some of this gap.” – Key Informant

Environmental Health & Health Equity

Food equity is defined as when all people have the ability and opportunity to grow and to consume healthful, affordable, and culturally significant foods. Focus group participants and key informants indicated that in St. Mary’s County, not all residents have equal access to healthful foods. Respondents noted that there is a cost barrier to eating healthy stating that *“you have to have money to eat healthy. Real fruits and*

vegetables go bad quickly so you have to buy more - it's expensive.” It was also noted that there is an abundance of fast-food restaurants available within walking distance of neighborhoods, whereas the farmers’ markets and grocery stores require a vehicle to get to. One key informant explained:

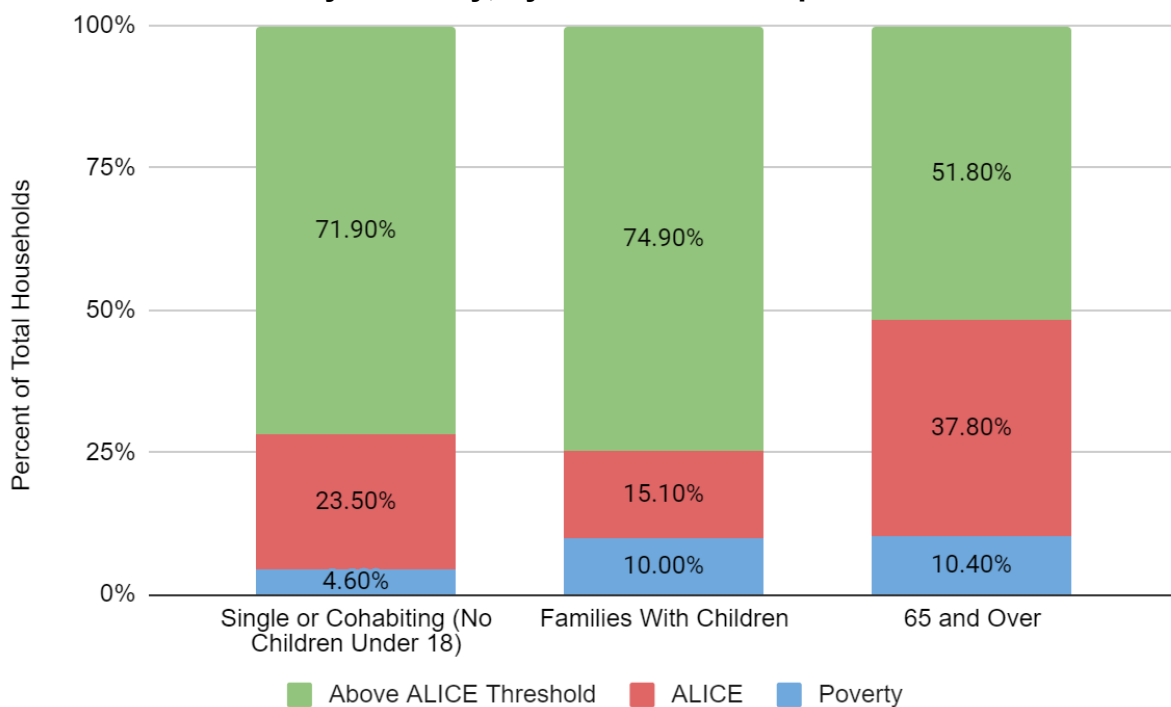
“There is a lack of healthy food options. It’s more convenient for [residents] to access fast food, gas stations, convenience stores, and liquor and tobacco than a grocery store with healthy vegetables.” – Key Informant

Transportation is a main factor influencing health equity. Availability of transportation allows access to health care, healthful foods, recreational and physical exercise facilities, employment, and many other factors that contribute to a person’s overall health. As of June 2020, public transportation in St. Mary’s County offered fourteen different routes; however, only six of these routes run on Saturday and only two run on Sunday. 1.8% of workers aged 16 years or older in St. Mary’s County utilize public transportation to get to work (2018 American Community Survey). One key informant explained:

“Again it goes back to the haves and the have-nots. For some people it’s very easy to access healthcare - they have a car. A lot of students live in households that do not have transportation.” – Key Informant

Housing is another factor influencing health equity. Severe housing problems and homelessness are barriers to good health. One focus group participant noted that if a person is *“worried about rent and working when do they have time to think about health other than in an emergency.”* ALICE, an acronym for Asset Limited, Income Constrained, Employed, is the United Way’s way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget. According to the 2020 ALICE report, in 2018 31% of households in St. Mary’s County were below the ALICE threshold (7% households in poverty and 24% ALICE households). The percent of senior households below the ALICE threshold was greater than that of single or cohabiting households with no children under 18 and households of families with children (Figure 32). The percentage of households below the ALICE threshold also varied by region within the County (Table 8, Figure 33).

Figure 32. Percent of Households Below the Poverty and ALICE Thresholds in St. Mary's County, by Household Composition



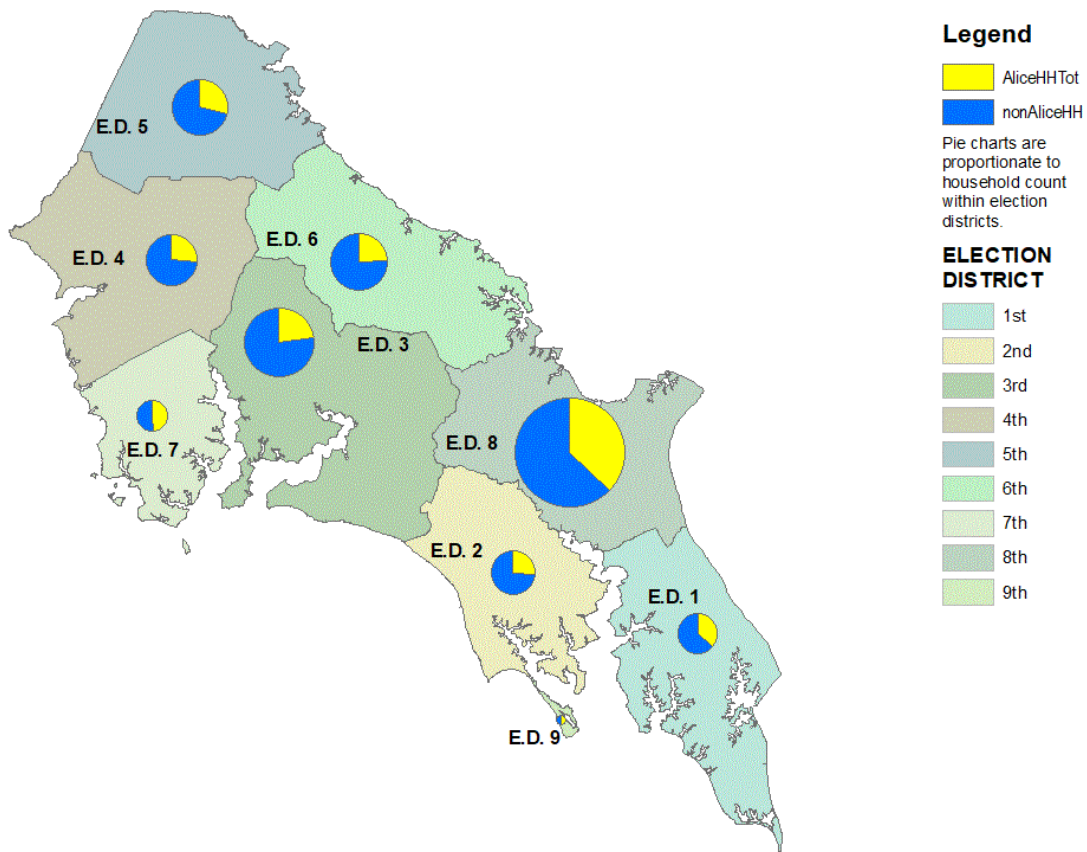
Data Source: United for ALICE Research Center, 2018 County Profiles

Table 8. Percent of Households Below the ALICE Threshold in St. Mary's County, by Subdivision

	Total Households	% Below ALICE Threshold
District 1, St. Inigoes	2,070	36%
District 2, Valley Lee	2,611	26%
District 3, Leonardtown	6,289	23%
District 4, Chaptico	3,477	26%
District 5, Mechanicsville	4,069	29%
District 6, Patuxent	4,408	24%
District 7, Milestown	1,279	49%
District 8, Bay	16,010	37%
District 9, St. George Island	119	49%

Data Source: United for ALICE Research Center, 2018 County Profiles

Figure 33. Percent of Households Below the ALICE Threshold in St. Mary's County, by Election District



Data Source: United for ALICE Research Center, 2018 County Profiles

According to the 2020 Point in Time Survey, there were 399 homeless individuals in Southern Maryland (Calvert, Charles, and St. Mary's Counties). Of this population, 152 were unsheltered and 247 were sheltered. This was an increase from the 2019 survey (306 individuals), but the population was still down compared to 2018 (492 individuals) and a high of 1,141 in 2014 (Southern Maryland Continuum of Care Point in Time Survey). One focus group participant stated:

“If I’m homeless that comes first, not my diabetes. If I’m worried about making rent I’m not worried about this toothache.” – Focus Group Participant

Environmental Health & COVID-19

The economic impact of the COVID-19 pandemic has emphasized the impacts of environmental health on a person's overall health. There is an emphasis on prevention

of the spread of COVID-19 in the environment with frequent sanitizing of surfaces, hand washing, the wearing of masks, and social distancing. There is also research being done on the potential relationship between air pollution and COVID-19 outcomes. Key informants and focus group participants also noted that there have been economic impacts in the environmental health of the community relating to the COVID-19 pandemic. These impacts include individuals losing their jobs, housing problems, broadband access, and access to healthy food. One focus group participant noted that *“families have had to move into smaller quarters or move in with other family members to afford living expenses.”* Another participant explained:

“Economically it’s seriously affecting the county - especially with the low and middle-income families. The food supply for these families has been impacted.”
– Focus Group participant

Violence, Injury, and Trauma

Community violence, domestic violence, unintentional and intentional injuries, Adverse Childhood Experiences (ACEs), and the trauma associated with these factors can affect a person’s health and well-being. One key informant emphasized the need to address these issues to improve health in St. Mary’s County, stating:

“I think as a community we have not adequately recognized violence, injury, and trauma. Those all together play a role in the health of our community. It affects so many other areas of wellbeing.” – Key Informant

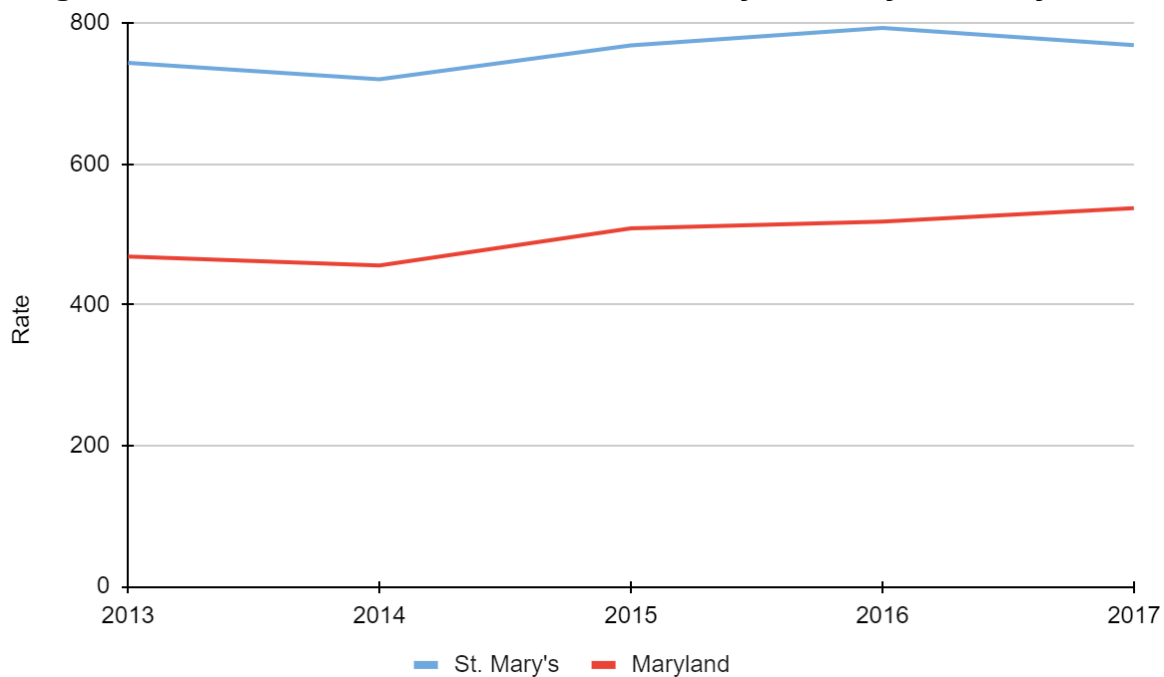
Violence

Many participants noted an increase in violence in St. Mary’s County. In 2019, there were 231 violent crimes in St. Mary’s County (Uniform Crime Reporting Program). Violent crimes include homicide, robbery, rape, and aggravated assault. The rate of violent crimes (per 100,000 population) in Maryland for 2019 was 454.1. The annual average rate of violent crimes (per 100,000 population) in St. Mary’s from 2014 and 2016 was 221 compared to the state average of 459 (County Health Rankings & Roadmaps, Uniform Crime Reporting Program). Respondents noted that this violence prevents community members from going outside in their neighborhoods stating *“crime and violence are a problem. It makes it hard to get out for walks if your neighborhood is unsafe.”* One focus group participant explained further:

“I wake up, go for a run, and I feel safe in my neighborhood...There’s a lot of places in our community I would not exercise outside in.” – Focus Group Participant

13% of MSMH community survey respondents identified domestic violence as one of the most important issues that affect quality of life in St. Mary's County. The rate of domestic violence in St. Mary's County (per 100,000 population) in 2017 was 768.6 compared to the state rate of 537.1. The rate in St. Mary's County has remained fairly constant since 2013 (Figure 34). The child maltreatment rate, which includes child abuse and neglect, in St. Mary's County in 2017 was 4.2 compared to the state rate of 7.1. In 2020, the St. Mary's County Commission for Women conducted a survey on interpersonal relationships among youth in St. Mary's County. Of the 166 survey respondents, 38.6% stated that they had been threatened by a partner, 60.2% stated that they knew someone who had been threatened by a partner, and 60.2% stated that they knew someone who had been physically hurt by a partner.

Figure 34. Rate of Domestic Violence in St. Mary's County and Maryland



Data Source: MD SHIP, The Maryland Uniform Crime Reporting Program, 2013-2017

Injury

A survey of local middle school youth showed that 19.4% of the students reported having had suicidal thoughts in the past year. 20.8% of high school students reported having seriously considered attempting suicide and 16.4% reported they had made a plan about how they would attempt suicide in the past year. Higher percentages of gay, lesbian, or bisexual high school students in St. Mary's County reported having seriously considered attempting suicide (50.8%) and reported they had made a plan about how they would attempt suicide in the past year (40.7%) than their heterosexual peers

(16.1% and 12.5%). The suicide rate (per 100,000 population) in St. Mary's County from 2014 - 2018 was 11 compared to the state rate of 10.

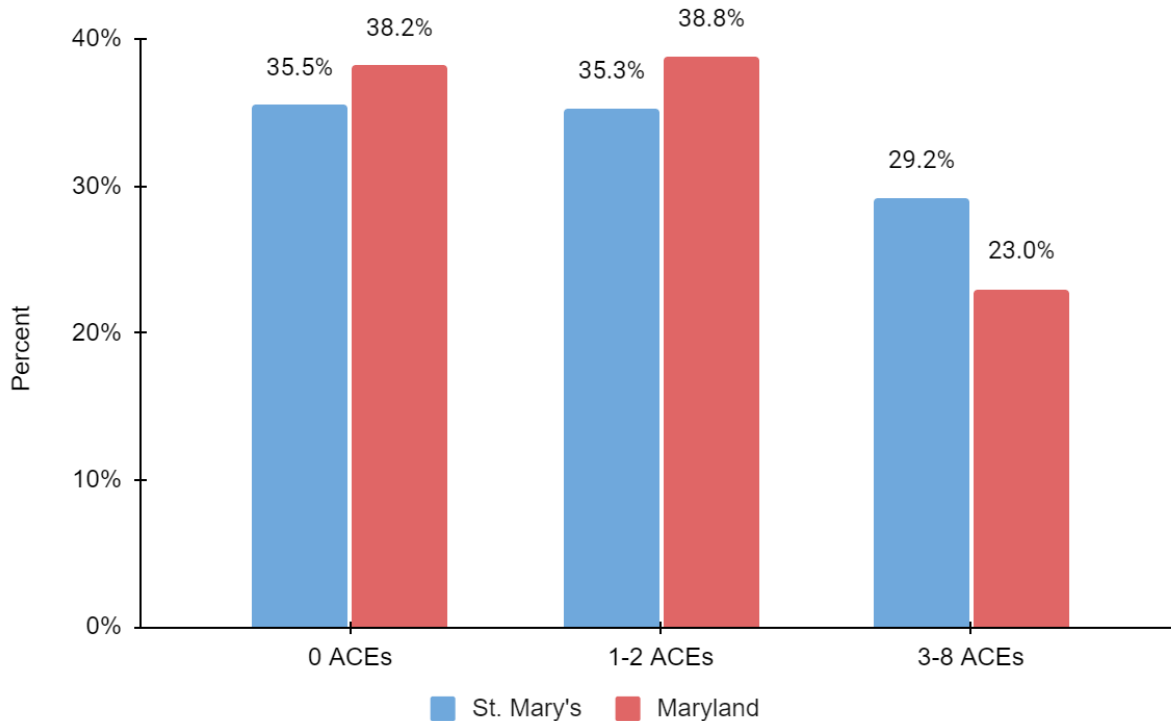
In 2018, accidents were the fourth leading cause of death in St. Mary's County and Maryland and the leading cause of death in individuals aged 1-44 in Maryland. 30.2% of these accidental deaths were related to motor vehicle accidents. Unintentional injuries include injuries incurred from motor vehicle crashes and falls. The hospitalization rate due to unintentional falls in Maryland in 2018 was 35.4 (HSCRC).

Trauma

Adverse Childhood Experiences (ACEs), such as experiencing abuse, neglect and witnessing household dysfunction, violence, and substance use can lead to long-term effects such as the adult onset of chronic diseases, depression and other mental illness, violence and being a victim of violence, as well as financial and social problems. A person's ACEs score tallies the number of adversities they experienced during childhood.

In St. Mary's County, 64.5% of adults over the age of 18 stated that they had experienced at least 1 childhood adversity and 23% stated that they had experienced at least 3 childhood adversities (Figure 35). The top 4 ACEs identified by St. Mary's County residents were emotional abuse (41.7%), having a household member with Substance Use Disorder (31%), having divorced or separated parents (28.2%), and physical abuse (20.7%).

Figure 35. Prevalence of Adverse Childhood Experiences (ACEs) Among Adults in St. Mary's County and Maryland



Data Source: Adverse Childhood Experiences (ACEs) in Maryland: Data from the 2018 Maryland BRFSS

Violence, Injury, and Trauma & Access to Care

Access to health services, such as systems created for injury-related care, emergency services, crisis intervention, and mental health care, can reduce the long-term consequences of violence, injury, and trauma. The closest adult trauma center to St. Mary's County is the Prince George's Hospital Center (a Level II Trauma Center) and the Primary Adult Resource Center (PARC) for Maryland is the R Adams Cowley Shock Trauma Center in Baltimore. Key informants and focus group participants noted the need for these services. One key informant detailed the strain on St. Mary's County Emergency Response Services as they are *"built on the backs of volunteers. They're getting older, and we cannot replace them."* Another focus group participant added that *"we need a trained crisis intervention person going out with the police on mental health calls."*

Services specifically for youth were mentioned among respondents. The closest pediatric trauma centers are the Johns Hopkins Children's Center in Baltimore and the Children's National Medical Center in Washington, D.C. In 2019, the St. Mary's County Health Department received funding to place Behavioral Health Clinicians in each of the SMCPS high schools, middle schools, and Fairlead Academies. Despite this,

respondents noted a lack of mental health services for youth in St. Mary's County. One key informant explained:

“A major problem in our county is suicidal youth and the negative influences on our teenagers with drugs and social media. They need more mental health resources in the school district - it needs to be a priority...youth in our community don't have an outlet for their personal issues. There's a need for mentorship, after school programs, and learning center programs to keep our school-grade children off the streets and safe.” – Key Informant

Violence, Injury, and Trauma & Health Equity

A person's risk of violence, injury, and trauma may be impacted by many social, personal, economic, and environmental factors. One key informant noted that with *“violence, injury, and trauma there may be disparities. There's a lot that needs to be looked into on this. We need more data points.”* Respondents noted that much of the community violence is located in lower-income portions of the County. The risk of experiencing violence varies significantly by race and ethnicity. In Maryland, death rates due to homicide were highest amongst Non-Hispanic Black males (44.1); death rates due to homicide for all other genders, races, and ethnicities were below 7 with the second-highest rate being among Hispanic males (6.1).

Violence, Injury, and Trauma & COVID-19

Throughout the COVID-19 pandemic, Maryland has gone from a Stay at Home Order announced in March to a Safer at Home Advisory in May. These infection prevention practices emphasized the impact of domestic violence. One focus group participant stated that they were *“worried about domestic abuse from spousal abuse to child abuse. Because kids aren't going to school they may not be identified. For some kids, being stuck at home with their parents full time is the last thing they want.”* Nationwide there has been an increase in domestic violence reports since the beginning of the pandemic. Focus group participants and key informants also noted an increase in community violence during the COVID-19 pandemic. Participants cited the increased amount of stress, both economic and emotional, as potential reasons for this increase. One focus group participant feels the *“spike in crime will continue until the economy is back on track. People will do what they have to do to survive.”*

Respondents also noted a concern about intentional injuries, such as suicide, during the COVID-19 pandemic. Social isolation and financial struggles were among the reasons that respondents were concerned about. One focus group participant explained:

“People are really struggling with depression...Suicides and depression rates are up because people can’t go to their job and be financially stable.” – Focus Group Participant

Conclusion

This community health assessment summarizes both quantitative public health data and qualitative input from residents and partners. Using the information from this assessment, the Healthy St. Mary’s Partnership will engage community members and organizational partners in a comprehensive strategic planning process to develop an updated community health improvement plan for St. Mary’s County, *Healthy St. Marys 2026*. Once developed, the *Healthy St. Mary’s 2026* plan will be implemented through the collaborative efforts of various community partners and continuously evaluated over the next six years to ensure desired health improvement outcomes are achieved.

Additional information and links to data sources can be found at www.healthystmarys.com/health-improvement-process.

Appendix: Community Assets & Resources

Physical Space

- Chesapeake Bay
- Historic St. Mary's City
- Leonardtown Wharf
- Maryland State Parks
- Patuxent River
- Potomac River
- Sotterley Plantation
- St. Mary's County Fairgrounds
- St. Mary's County Parks
- Three Notch Trail

Community Institutions

- CareNet Pregnancy Center
- Center for Children
- Center for Family Advocacy
- College of Southern Maryland
- East Run Medical Center
- MedStar St. Mary's Hospital (MSMH)
 - Grace Anne Dorney Pulmonary & Cardiac Rehabilitation Center
 - Health Connections
 - MSMH Behavioral Health Services
- Naval Air Station Patuxent River
 - Naval Health Clinic, Patuxent River
- Private Schools
 - King's Christian Academy
 - St. Mary's Ryken
- Senior Centers
- St. Mary's College of Maryland
- St. Mary's County Detention Center
- St. Mary's County Health Department
 - Cancer Screening Programs
 - Environmental Health Division
 - Harm Reduction Program
 - Health Clinic
 - Behavioral Health Division
 - Strong Beginnings
- St. Mary's County Libraries (Charlotte Hall, Leonardtown, and Lexington Park)
- St. Mary's County Public Schools
 - FLOW Mentoring
 - Head Start
 - Judy Center
- University System of Maryland at Southern Maryland

Organizations and Agencies

- American Foundation for Suicide Prevention (AFSP)
- American Legion
- American Red Cross
- Boy Scouts of America
- Caregiver Services
- Catholic Charities
- Commission on the Environment
- Community Alcohol Coalition
- Elks Lodge 2092
- Faith-based Organizations
- Feed St. Mary's
- Girl Scouts of the USA
- Greater Baden Medical Center
- Habitat for Humanity
- Health Partners, Inc
- Homelessness Prevention Board
- Housing Authority of St. Mary's County
- Leadership Southern Maryland
- Lion's Club
- Maryland Coalition of Families
- Maryland MENTOR
- Maryland State Police
- Metropolitan Commission
- Minority Outreach Coalition
- National Institute of Citizen Anti-drug Policy (NICAP)
- Navy-Marine Corps Relief Society (NMCRS)
- Optimist Club
- Parents Affected by Addiction (PABA)
- PFLAG Leonardtown
- Rotary Club
- Salvation Army
- Southern Maryland Community Network
- Southern Maryland Consortium of Care
- Southern Maryland Prevention Link
- St. Mary's County Commission for Women
- St. Mary's County Government
 - Aging & Human Resources
 - Land Use & Growth Management
 - Public Works & Transportation
 - Recreation and Parks
- St. Mary's County Health Department
- St. Mary's County Homeless Prevention Board
- St. Mary's County NAACP
- St. Mary's County Sheriff's Office
- Tri-County Council of Southern Maryland

- Tri-County Youth Services Bureau
- Unified Committee for Afro-American Contributions
- United Way of St. Mary's County
- University of Maryland Extension
- VFW

Services/Programs

- Alcoholics Anonymous and Narcotics Anonymous
- The Arc of Southern Maryland
- Behavioral Health Providers***
- Community Mediation of St. Mary's County
- Dental Providers
- Food Pantries/Soup Kitchen
- Fresenius Kidney Care
- Green & Healthy Homes Initiative
- HealthShare
- Healthiest Maryland Businesses
- Home Health Agencies***
- Hospice of St. Mary's
- Job Source
- LifeStyles of Maryland
- Literacy Council of St. Mary's
- Meals on Wheels
- MedStar Shah Medical Group
- Mission of Mercy
- The Mission
- Naval Health Clinic, Patuxent River
- Nursing Homes
- On Our Own of St. Mary's County
- Pathways
- Primary Care Providers
- Project Chesapeake
- Promise Resource Center
- Pyramid Walden
 - Beacon of Hope Recovery and Wellness Center
 - The Cove
 - Walden California
 - Walden Charlotte Hall
- Seedco/Maryland Health Connection
- Southern Maryland Continuum of Care Program
- St. Mary's County Adult Medical Day Care
- St. Mary's County Court Programs
 - Drug Court
 - Family Court
 - Teen Court
- St. Mary's County Department of Emergency Services

- Volunteer Fire and Rescue Squads
- St. Mary's County Department of Social Services
- St. Mary's Transit System (STS)
- Three Oaks Center
- Youth Mentoring Programs
- VA Community Based Outpatient Clinics (Lexington Park & Charlotte Hall)
- WARM Program
- WIC
- Wheels 2 Wellness Program
- Youth Advisory Committee

Local Economy

- Farmers' Markets
- St. Mary's County Chamber of Commerce
- St. Mary's County Department of Economic Development
- Banks
- Local Restaurants and Businesses
- Visit St. Mary's

Individuals

- Amish Community
- Active Duty Military
- College Students
- Commissioners of Leonardtown
- Commissioners of St. Mary's County
- Farmers
- Parents
- Veterans
- Watermen
- Youth