

## Calvert Memorial Hospital's Community Health Needs Assessment and Implementation Strategy

In accordance with federal law and regulation, and in alignment with Calvert Memorial Hospital's mission and values, set forth below is our Community Health Needs Assessment written report and Implementation Strategy (the "CHNA Implementation Strategy").

Calvert Memorial Hospital has partnered with numerous community leaders through the Calvert County Community Health Improvement Roundtable (the "Roundtable") to jointly develop the multi-faceted Calvert County Community Health Needs Assessment (the "CHNA"). The Board of Calvert Memorial Hospital has formally adopted this CHNA as its own. The specific members of the Roundtable and their affiliations are listed in Exhibit A along with a list of subcommittees.

In developing this CHNA Implementation Strategy, Calvert Memorial Hospital has followed both the needs identified in the CHNA and the Maryland State Health Improvement Plan ("SHIP") objectives. Summaries of the CHNA and SHIP objectives are set forth below and are followed by the details of this CHNA Implementation Strategy. Copies of the CHNA and SHIP objectives are attached for your reference as Exhibits B & C. Any comments or questions should be addressed to Margaret Fowler, Director of Community Wellness at [mfowler@cmhlink.org](mailto:mfowler@cmhlink.org) or 410-414-4573.

## Summary of CHNA

The Calvert County Community Health Improvement Roundtable identified the following eight priority areas: Adolescent Health, Recruitment and Retention of Primary Care and Specialist Providers, Traffic Safety, Autism, Lyme Disease, Elderly Care and End-of-Life Services, Obesity and Pediatric Dental Care. Using the latest available data, the following changes in demographics and incidence were analyzed for positive and negative changes from the previous update conducted in 2007. The review of secondary data revealed much strength in the community health status of Calvert County. Among these achievements are:

### ➤ **Overall Health Rankings**

- Calvert County ranks sixth in the state out of 24 counties in overall health. This ranking reflects a much lower morbidity level in the county, and better social and economic factors and physical environment. Overall, in terms of health indicators, Calvert County is an excellent place to live.

### ➤ **Adolescent Health**

- Alcohol use among eighth and tenth grade students in Calvert County is trending downward.
- Cigarette use among eighth grade students in Calvert County is trending downward.
- Use of LSD among Calvert County tenth graders has trended downward overtime, and is now very close to the average in the State of Maryland.
- Use of Ecstasy and Designer drugs has decreased over time, and is lower overall than what is observed at the state level.
- Marijuana use has trended downward across all grade levels, and is similar to rates observed at the state level.
- The total number of pregnancies, as well as the population-adjusted rate, has fallen in the younger age (<15-17) and racial groups for Calvert County teens.

### ➤ **Recruitment and Retention of Primary Care and Specialist Providers**

- Successful recruitment of nine physicians (three primary care and six specialists) and dentists has improved the provider population ratios.

### ➤ **Traffic Safety**

- There have been dramatic reductions in the overall rate of traffic fatalities.

### ➤ **Lyme Disease**

- The incidence of Lyme disease has leveled off and is in decline in Calvert County from its peak in 2007.

➤ **Elderly Care and End-of-Life Services**

- Innovative end-of-life care and respite care programs are operational and continue to be developed in the county, including the Burnett-Calvert Hospice House which opened January 2010 and programs which work with providers to identify individuals with life-limiting illness to help coordinate care.

➤ **Obesity**

- There are many programs to educate the population about obesity and to encourage health lifestyles.

➤ **Pediatric Dental Care**

- A grant received from the State Department of Health and Mental Hygiene allowed Calvert Community Dental Care Clinic to open. This clinic provides on and offsite programs which dramatically increased access to dental care in the county.
- The Mobile Dentist/Sealant Program has provided care to many students in the county. The Calvert County Board of Education would like to see this program expand the scope of its services, but will work closely with Calvert Community Dental Care to determine how they may provide these services and create a dental home for these children.

The secondary data also illuminated some areas which may warrant additional attention or resources. Among these challenges are:

➤ **Overall Health Rankings**

- Although Calvert County ranks sixth in the state out of 23 counties and Baltimore City in overall health, this ranking could be improved by decreasing mortality rates in those under the age of 75, decreasing unhealthy behaviors such as smoking and drinking and improving the number of primary care providers available within the county.

➤ **Adolescent Health**

- There is an upward trend in alcohol and cigarette use in Calvert County 12<sup>th</sup> graders and tenth graders (for cigarettes only), despite decreased use in the state overall during the same period.
- Despite a low rate of heroin use, a potentially troubling increase in heroin use was observed among Calvert County 12<sup>th</sup> graders.
- A much higher birth rate in the African-American population of teens remains a problem.
- Calvert County Health Department data shows that teens are getting pregnant at younger ages.

➤ **Recruitment and Retention of Primary Care and Specialist Providers**

- Continuing challenges to the recruitment and retention of medical providers include: 1) a relatively isolated geographic area, 2) rising housing costs, 3) smaller hospital and 4) many established practices, which are small or solo practices with limited desire to expand.
- There are a significant number of currently active physicians expected to retire in the near future.
- Critical shortages in primary care physicians, most medical specialties, and specific surgical specialties exist today and will get worse by 2015. By 2011, the shortage of physicians in Calvert County was projected to be between 15 and 60.

➤ **Traffic Safety**

- Traffic Safety is a high priority for Calvert County, since many of the injuries and deaths due to traffic crashes are preventable. Multiple programs targeting priority areas are in place. Although alcohol use and crashes are still a problem, the county has seen fatalities decrease steadily since 2006.

➤ **Autism**

- The percentage of children with autism is increasing, both overall and as a percent of children in special education. These increases may be predictive of future needs for adults with autism in the community.

➤ **Elderly Care and End-of- Life Services**

- The rate of growth in the population age 65 and older is much higher in Calvert County than in the state as a whole. This suggests the importance of the current initiative to provide innovative end-of-life and respite care.

➤ **Obesity**

- The percentage of the population classified as overweight or obese is increasing dramatically in Calvert County, at a much greater rate than in the state as a whole.

➤ **Pediatric Dental Care**

- Despite increased access to dental care, there has been an increase in the number of children in need of preventive dental care.

Most of this analysis was done using publicly available data. Currently, at least one and possibly more of the data sources used in this report are becoming more limited for smaller geographic areas such as Calvert County. Although this data will be available at the state level and for larger jurisdictions like Baltimore City and the larger counties, Calvert County health indicators, problems and solutions may differ significantly from these areas. One of the key surveys relied on in this study that is no longer collecting data at the county-level is the Maryland Department of Education's Maryland Adolescent Survey. This survey has been replaced by the Maryland Youth Risk Behavior Survey which is an on-going survey but does not collect data for the smaller counties. The Calvert County Roundtable may consider the possibility of collecting some of this data on its own to provide the ability to continue to observe trends in the health of the school children in particular.

### **Summary of SHIP**

The State of Maryland has recently unveiled its State Health Improvement Plan (SHIP), which focuses attention on 39 measures of six primary content areas: Healthy Babies, Healthy Social Environments, Safe Physical Environments, Infections Diseases, Chronic Diseases and Health Care Access. The Calvert County Community Health Improvement Roundtable is well positioned to take advantage of this initiative since it has been collecting information and planning programs around data driven measures for the past 10 years. The data available through the Department of Health and Mental Hygiene at the county level will allow Calvert County to benchmark improvements, collaborate with the state in meeting the 2014 targets outlined in the SHIP, and share program ideas and experience with other counties. The SHIP will provide additional access to data and tools to enhance Calvert County's long-term efforts to improve the health and well-being of the citizens of Calvert County.

## Summary of interaction between CHNA and SHIP Objectives

### Health Needs Assessment Priority Area #1:

#### **Overall Health Ranking**

Although Calvert County ranks sixth in the state out of 23 counties and Baltimore City in overall health, this ranking could be improved by decreasing mortality rates in those under the age of 75, decreasing unhealthy behaviors such as smoking, drinking and improving the number of primary care providers available within the county.

*Related SHIP Objectives:*

*Objective#25 Rate of Heart Disease Death (-15.9%)*

*#26 Rate of Cancer Death (-6.3%)*

*#32 Adults Who Currently Smoke (-20.1%)*

### Health Needs Assessment Priority Area #2:

#### **Adolescent Health**

There is an upward trend in alcohol and cigarette use in Calvert County twelfth graders and tenth graders (for cigarettes only), despite decreased use in the state overall during the same period.

Despite a low rate of heroin use, a potentially troubling increase in heroin use was observed among Calvert County twelfth graders.

A much higher birth rate in the African-American population of teens remains a problem.

Calvert County Health Department data shows that teens are getting pregnant at younger ages.

*Related SHIP Objective:*

*#33 Percentage High School Students Using Tobacco Products in the Past Month (-4.0%)*

### Health Needs Assessment Priority Area #3:

#### **Recruitment and Retention of Primary Care and Specialist Providers**

Continuing challenges to the recruitment and retention of medical providers include: 1) a relatively isolated geographic area, 2) rising housing costs, 3) smaller hospital and 4) many established practices, which are small or solo practices with limited desire to expand. There are a significant number of active physicians, most medical specialties, and specific surgical specialties exist today and will get worse by 2015. By 2011, the shortage of physicians in Calvert was projected to be between 15 and 60.

*Related SHIP Objective:*

*#1 Increase life expectancy in Maryland (0.5%)*

#### **Health Needs Assessment Priority Area #4:**

##### **Traffic Safety**

Traffic Safety is a high priority for Calvert County, since many of the injuries and deaths due to traffic crashes are preventable. Multiple programs targeting priority areas are in place. Although alcohol use and crashes are still a problem, the county has seen fatalities decrease steadily since 2006.

*Related SHIP Objective:*

*#9 Rate of Deaths associated with fatal crashes where driver had alcohol (no data for Calvert)*

#### **Health Needs Assessment Priority Area #5:**

##### **Autism**

The percentage of children with autism is increasing, both overall and as a percent of children in special education. These increases may be predictive of future needs for adults with autism in the community.

*No Related SHIP Objective*

#### **Health Needs Assessment Priority Area #6:**

##### **Elderly Care and End-of-Life Services**

The rate of growth in the population age 65 and older is much higher in Calvert County than in the state as a whole. This suggests the importance of the current initiative to provide innovative end-of-life and respite care.

*No Related SHIP Objective*

#### **Health Needs Assessment Priority Area #7:**

##### **Obesity**

Despite the number of programs to address obesity the number of adults who are overweight or obese continues to rise.

*Related SHIP Objective:*

*#30 Adults at Healthy Weight (-10.9%)*

#### **Health Needs Assessment Priority Area #8:**

##### **Pediatric Dental Care**

Despite increased access to dental care there has been an increase in the number of children in need of preventative dental care.

*Related SHIP Objective:*

*#38 Percentage of children enrolled in Medicaid that received dental service in the past year. (59.6%)*

In addition, to the eight priority areas identified in the Community Health Needs Assessment there were several disparity issues identified with the SHIP data. Listed below are the identified disparity priority areas for Calvert County:

**Disparity Issue Identified with SHIP**

Objective #3 Reduce low birth weight (LBW) and very low birth weight (VLBW)

White 6.5%                      Black 11.2%

Objective #7 Reduce asthma related ED visits.

White 36.9                      Black 144.4 (rate per 100,000)

Objective #27 Reduce diabetes related ED visits.

White 174.4                      Black 821.5 (rate per 100,000)

Objective #28 Reduce hypertension related ED visits.

White 124.6                      Black 603.5 (rate per 100,000)

Objective #39 Reduce the proportion of individuals who are unable to afford to obtain medical care, dental or prescriptions.

White 8.8%                      Black 21.4%

*SHIP Target Objectives:*

*Objective #32: Reduce Tobacco Use by Adults (-20%)*

*Objective #33: Reduce the proportion of Youth who Use Tobacco (-4.0%)*

*Objective #25: Reduce Rate of Heart Disease Deaths (-15.9%)*

*Objective #30: Increase the proportion of Adults at a Healthy Weight (-10.9%)*

*Objective #26: Reduce Rate of Cancer Deaths (-6.3%)*

*Objectives # 3, #27, #28, #39- Disparity Issues*

## CHNA Implementation Strategy

CMH Priority Ranking	Identified Needs with CHNA ranking	Related SHIP Objective	CMH Related Operating Plan Objective	Strategies/Rationale for non-participation
1	#1 Overall Health	#25 Rate Of Heart Disease Death #26 Rate of Cancer Death #32 Adults who currently smoke	Participate in SHIP Action Plan Priority Area #1 – Smoking Priority Area #3 – Heart Disease Death Rates Priority Area #4 – Cancer Death Rates	Smoking: a. Identify and eliminate tobacco use related disparities. b. Promote quitting among adults Heart Disease/Cancer Death Rates: a. Offer free and low cost screening b. Provide community education programs
2	Disparity Issues (not identified in CHNA)	Disparity issues: #3 low birth weight and very low birth weight babies #7 asthma related ED visits #27 diabetes related ED visits #28 hypertension related ED visits #39 inability of individuals to afford medical care, dental care or prescriptions.	Participate in SHIP Action Plan to address healthcare disparities	a. Offer Free Screenings b. Provide community education programs c. Analyze data and develop outreach program for low birth weight babies d. Provide access to medical, dental and low cost prescription programs e. Provide healthy lifestyle programs through Calvert CAN (see Obesity focus area)
3	#8 Pediatric Dental Care	#38 Percentage of Children enrolled in Medicaid that received dental service in the past year	Improve the health and quality of life of the community.  Continue Calvert Community Dental Care Clinic to serve the uninsured and underinsured in Calvert County	a. Continue to work with Judy Center, Head Start and Board of Education to provide preventative exams, sealants, fluoride treatments and basic restorative care to children enrolled in Medicaid. b. Offer at least two “targeted dental clinical weekend days” for children’s preventative exams. c. Continue to work with Office on Oral Health for grant funding to supplement revenue d. Continue to work with area dentists and the UMMS dental school to provide reasonably priced clinical dental services
4	#3 Recruitment and Retention of Primary Care and Specialist Providers	#1 Increase life expectancy in Maryland	Evaluate opportunities to more closely align with community based physicians.  Assess track record of affiliation models implemented	a. Expanding # of primary care providers in Calvert Physician Associates, CMH’s employed physician network b. Continue efforts to support independent primary care providers in accessing electronic medical record technology and recruitment of new providers
5	#7 Obesity	#30 Adults at Healthy Weight	Participate in SHIP Action Plan Priority Area #2 – Obesity	a. Increase physical activity and healthy eating in adults and kids b. Engage the community in the Calvert CAN: Eat Right, Move More campaign c. Increase lifestyle interventions for people with chronic diseases
6	#6 Elderly Care and End-of-Life Services	None	Improve utilization of palliative care services for patients with chronic conditions	a. Strengthen relationship with hospice leadership b. Provide staff and physician education c. Revise order sets and protocols d. Assess barriers/resistance to palliative and en-of-life protocols
7	#2 Adolescent Health	#33 Percentage of High School Students using tobacco products in the past month	Participate in SHIP Action Plan Priority Area #1 – Smoking	Smoking: c. Reduce proportion of young using any tobacco product
8	#4 Traffic Safety	#9 Rate of Deaths associated with fatal crashes where driver had alcohol	None	Not in CMH core mission or skill set
9	#5 Autism	None	None	Inadequate resources/skill set at CMH

## EXHIBIT A

### Community Health Improvement Roundtable

#### Roundtable Membership:

Babs Bucheister  
Calvert County Health Department

Sean Crosby  
Dept of Social Services

Candice D'Agostino  
Calvert Alliance against Substance Abuse

Fr Peter Daley  
St John Vianney Catholic Church

Raymon Noble, MD  
Calvert Hospice

Margaret Fowler  
Calvert Memorial Hospital

Harriet Yaffe  
The Arc of Southern Maryland

Maureen Hoffman  
Community Resources Director

Debbie Jennings  
Calvert County Traffic Safety Council

Keri Lipperini  
Office on Aging

Vacancy  
Department of Juvenile Services

Lisa Laschalt  
Calvert County Health Department Food and Community Protection

Donna Nichols  
Calvert County Public Schools

Health Office  
Calvert County Health Department

Kasia Sweeney  
Calvert Memorial Hospital

John Mitchell  
Calvert County Core Service Agency

James Xinis  
Calvert Memorial Hospital

Roundtable Subcommittees:

Health Impact Council – Jennifer Mooreland

Objective #30 Adults at a Healthy Weight

Cancer/Tobacco Coalition – Tammy Halterman

Objective #32 Adults who Currently Smoke

Objective #25 Reduce overall Cancer Death Rate

Health Ministry Network – Mary Bahen

Objective #27 Reduce ER visits related to Diabetes

Objective #28 Reduce ER visits related to Hypertension

Oral Health Task Force – Susan Hey

Objective #36 Percentage of Children Enrolled in Medicaid that  
received a dental service in the past year

Improved Pregnancy Outcomes Program – Holly Dooley

Objective #3 Low Birth Weight and Very Low Birth Weight Babies