Union Hospital of Cecil County

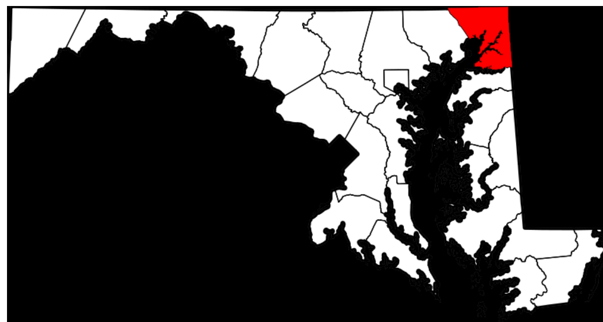
Fiscal Years 2012 – 2013

Jean-Marie Donahoo, MPH-HP
Community Benefits Coordinator
5/30/2013

Introduction
Union Hospital began conducting its Community Health Needs Assessment during the last two quarters of Fiscal Year 2012. The assessment process was completed during the second quarter of Fiscal Year 2013. The information presented in this report explains the processes involved in conducting the Community Health Needs Assessment for Cecil County, the community partners involved in the process, as well as the resulting health need prioritization process that was conducted by Union Hospital. The Community Benefit Implementation Plan is available in a separate report and explains the goals, objectives, strategies and action steps that will address the top three health priorities.

Community Benefit Service Area
Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Cecil County is rural and surrounds the northern portion of the Chesapeake Bay. Figure 1 shows the location (in red) of Cecil County in the state of Maryland.

Figure 1



Union Hospital is the only hospital in Cecil County, thus serving all of Cecil County. Table 1 shows the zip codes and corresponding towns by the primary and secondary service areas served by Union Hospital (defined as the hospital's Community Benefit Service Area). Union Hospital has 116 licensed beds and in Fiscal Year 2012 admitted 6,347 patients.

Table 1

Union Hospital's Primary Service Area	Union Hospital's Secondary Service Area
21921 – Elkton 21922 – Elkton 21901 – North East 21916 – Childs 21920 – Elk Mills 21915 – Chesapeake City 21914 – Charlestown 21911 – Rising Sun 21912 – Warwick	21902 – Perrypoint 21903 – Perryville 21904 – Port Deposit 21917 – Colora 21918 – Conowingo

21913 – Cecilton 21919 – Earleville	

Union Hospital is responsible to meet the needs of a county with a broad landscape. Table 2 provides statistics describing Cecil County's landscape according to its population, economics, health, and social and environmental factors.

Table 2

Population (by sex, race, ethnicity, and average age)	Population: 102,349 persons Sex Male: 50,867 (49.7%) Female: 51,482 (50.3%) Age 0-4: 6,506 (6.36%) 5-9: 6,650 (6.5%) 10-14: 7,136 (6.97%) 15-17: 4,556 (4.45%) 18-20: 4,070 (3.98%) 21-24: 5,287 (5.17%) 25-34: 11,644 (11.38%) 35-44: 13,230 (12.93%) 45-54: 16,269 (15.9%) 55-64: 13,626 (13.1%) 65-74: 8,103 (7.92%) 75-84: 3,810 (3.72%) 85+: 1,462 (1.43%) Median Age: 39 years Race White: 90,261 (88.19%) Black/African American: 6,920 (6.76%) American Indian: 289 (0.28%) Asian: 1,201 (1.17%) Native Pacific Islander: 54 (0.05%) Other: 1,163 (1.14%) 2+ races: 2,461 (2.4%) Ethnicity: Hispanic/Latino: 3,910 (3.82%) Non-Hispanic/Latino: 98,439 (96.18%)

	Language Only English: 89,603 (93.49%) Spanish: 3,494 (3.65%) Asian/Pacific Islander: 762 (0.8%) Indo-European: 1,819 (1.9%) Other: 165 (0.17%) *Data is from 2013 Claritas, Inc.*
Median Household Income	Median household income in Cecil County is $62,660. *Cecil County data is from 2013 Claritas, Inc.*
Household Income below Federal Poverty Guidelines	Of the 27,045 families in Cecil County, 1,923 of them have incomes below the poverty level (7.11%). *Data from 2013 Claritas, Inc.*
Housing Affordability	Data from the 2007-2011 American Community Survey, 5-Year Estimate shows the following: • 65.7% of the population of Cecil County owned a home • 51.2% of renters spent 30% or more of household income on rent. Most renters fall into the age bracket of 65 years of age and older (69.4%), with the next highest percentage as adults over the age of 15-24 years old (68.3%)
Uninsured Population	10.2% of the population in Cecil County was uninsured, compared to 10.4% in Maryland. *Data is from the 2011 American Community Survey.*
Medicaid Recipients	15.3% of the population in Cecil County is enrolled in Medicaid. *Data is from the DHMH FY13 MCO enrollment tables found at: http://chpdm-ehealth.org/ .*
Life Expectancy	From 2008-2010, the life expectancy at birth for Cecil County residents was 76.9 years, which was less than the Maryland baseline (78.7 years from 2008-2010) and the national baseline (78.2 years in 2009). Compared with other counties in Maryland, Cecil County had a lower life expectancy. *Cecil County and Maryland data is from the Maryland DHMH Vital Statistics Administration.*

	National data is from the NCHS Data Brief, No. 64, July 2011.
Mortality Rates	In 2011, the infant mortality rate for all races in Cecil County was 8.8 deaths per 1,000 live births. *Cecil County data is from Maryland Vital Statistics Infant Mortality in Maryland, 2011 report found at http://dhmh.maryland.gov/vsa/SitePages/reports.aspx .* Age-adjusted death rate is also a key measure of mortality. As such, the following disease states contribute to Cecil County mortality: • Chronic lower respiratory diseases: From 2008-2010, there were 62.2 deaths per 100,000 population. • Heart Disease: From 2008-2010, there were 211.5 deaths per 100,000 population. • Cancer: From 2008-2010, there were 208.7 deaths per 100,000 population. *Data for age-adjusted death rates was taken from Match Stats, Charts and Tables for Deaths, found at http://www.matchstats.org/cgi-bin/broker.dll?_SERVICE=MDMATCH&_PROGRAM=match.deaths.sas*
Access to Care	From 2006-2010, the CDC and BRFSS reported that 11.8% of adults did not have a regular source of primary care in Cecil County. In 2011, there were 36.5 primary care providers per 100,000 population in Cecil County. *Rate of primary care providers was taken from the US Health Resources and Services Administration Area Resource File, http://arf.hrsa.gov/.*
Access to Healthy Foods	In 2009 in Cecil County, there were 19.84 grocery stores per 100,000 population. • 15.35% of low-income persons lived more than one mile from a grocery store In 2010 in Cecil County, 10,890 persons were food insecure—10.9% of the population. • In 2009, the main food desert was located in Elkton, Maryland (zip code 21921). *Access to healthy food data was taken from the Community Commons' www.CHNA.org website, under the maps sections built*

	with data pertaining to each statistic given. *Food insecurity data was taken from the Feeding America website, under the Map the Meal Gap tool found here: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx .*
Child Health	Prenatal care: In 2011, 79% of mothers received early prenatal care in Cecil County. Thus, it is estimated that 21% of mothers received late or no prenatal care. All-age birth rate: In 2011, there were 58.5 live births per 1,000 females aged 15-44 years in Cecil County. Teen pregnancy rate: In 2011, there were 32.3 live births per 1,000 females aged 15-19 years in Cecil County. Low birth weight: In 2011, 8.7% of newborns weighed less than 2,500 grams (5 pounds, 8 ounces) in Cecil County. Very low birth weight: In 2011, 1.3% of newborns weighed less than 1,500 grams (3 pounds, 5 ounces) in Cecil County. *Data was taken from Maryland Vital Statistics Adminsitration, 2011, http://dhmh.maryland.gov/vsa/SitePages/reports.aspx.*
Sexually Transmitted Infections	Gonorrhea: In 2011, there were 19.7 cases per 100,000 population in Cecil County. Chlamydia: In 2011, there were 246.8 cases per 100,000 population in Cecil County. *Data was taken from the Maryland Department of Health and Mental Hygiene, 2011, http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/SitePages/sti-data-statistics.aspx.*
HIV Prevalence	In 2010, there were 134.4 cases per 100,000 population in Cecil County.

	Data was taken from the Maryland Department of Health and Mental Hygiene, 2010, http://phpa.dhmh.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx.
Tuberculosis Incidence	From 2007-2011, there were 0.8 cases per 100,000 population in Cecil County. *Data was taken from the Maryland Department of Health and Mental Hygiene, 2007-2011, http://phpa.dhmh.maryland.gov/OIDPCS/CTBCP/SitePages/statistics.aspx.*
Education	According to 2012 data from the Maryland State Department of Education, 84.1% of students in Cecil County graduated high school within 4 years of their first enrollment in 9th grade. Data from the 2006-2010 American Community Survey, 5-Year Estimate, shows that 13.31% of Cecil County adults aged 25 and older had no high diploma or equivalency and 36% of this population resided in Elkton, Maryland.
Transportation	Data from the 2007-2011 American Community Survey, 5-Year Estimate, showed the following: • 5.1% of Cecil County households did not have a vehicle • 1.2% of Cecil County took public transportation.
Violent Crime	In 2011, 567.3 crimes were committed per 100,000 population in Cecil County. *Data was taken from the Maryland Governor's Office of Crime Control and Prevention, 2011, http://www.goccp.maryland.gov/msac/crime-statistics.php*
Child Abuse	In 2008, 6.7 cases of child abuse were investigated per 1000 children in Cecil County. *Data was taken from the Maryland Governor's Office for Children, 2008, http://goc.maryland.gov/*
Environmental Hazards	According to AIRNow's data for the date of 5/21/13, Cecil County's level of particle matter measured is moderate (value: 67). Annual particle pollution data from 2009-2011 was measured at a grade of 3 by the EPA and the American Lung Association which indicates that Cecil

	County has an average particle pollution grade. It would be ideal to move toward a grade of 1. *Data for daily particle pollution was taken from AIRNow, http://airnow.gov/index.cfm?action=airnow.local_city&cityid=78* *Data for annual particle pollution was taken from State of the Air, American Lung Association, http://www.stateoftheair.org/2013/states/maryland/*

Health improvement is a key factor in the assessment of any community. Therefore in addition to identifying general health factors that contribute to defining the health landscape of Cecil County, risk factor behaviors must also be a part of the analysis of the health landscape. Table 3 identifies and describes a number of health risk factor behaviors that not only produce poor health outcomes but also present potential health risks to population health.

Table 3

Risk Factor Behavior	Potential Health Risk(s)
Tobacco use In 2011, 23.9% of adults in Cecil County smoked. *Data was taken from Maryland's Behavioral Risk Factor Surveillance System, 2011.* In 2011, 20.5% of youth in Cecil County smoked. *Data was taken from the Maryland Youth Tobacco Survey, 2010.*	Respiratory health is an important aspect of human health. Uncongested airways, deep breath capacity, and normal breath sounds in the lungs are all important factors contributing to good respiratory health. Tobacco use destroys lung capacity, increases risk for upper and lower respiratory infections, and exacerbates asthma symptoms. Even exposure to second- and third-hand smoke can increase the likelihood of developing or exacerbating respiratory health issues.
High blood pressure In 2011, 35.2% of adults in Cecil County had high blood pressure. **High cholesterol** In 2011, 45.5% of adults in Cecil County had high cholesterol *Data was taken from Maryland's Behavioral Risk Factor Surveillance System, 2011.*	High blood pressure and high cholesterol are risk factors that contribute to the high incidence and prevalence of heart disease and stroke in Cecil County. From 2009-2011, data from the Department of Health and Mental Hygiene (DHMH) showed that the age-adjusted death rate for heart disease in Cecil County was 199.7 deaths per 100,000 population. DHMH also showed that from 2009-2011, 39.9 deaths per 100,000 population occurred for stroke patients.

Consumption of fruits and vegetables In 2010, only 16.4% of adults in Cecil County consumed fruits and vegetables, five or more times a day. **Moderate physical activity** In 2010, 30.2% of adults aged 18 years or older in Cecil County participated in at least 30 minutes of moderate physical activity per day, on a five day per week regimen. **Regular physical activity** In 2011, 55% of adults 18 years or older in Cecil County participated in at least 150 minutes of physical activity per week or 75 minutes of vigorous physical activity per week. *Data was taken from Maryland's Behavioral Risk Factor Surveillance System.*	In 2011, data from the Maryland Behavioral Risk Factor Surveillance System showed that 31.4% of adults 18 years or older in Cecil County had a body mass index (BMI) greater than or equal to 30. From 2009-2011, data from the Food Environment Atlas (in Cecil County) from the US Department of Agriculture showed that 16.7% of children aged 2-4 years, living in households with incomes less than 200% of the FPL, were obese. A healthy diet and active lifestyle can reduce the risk of obesity in the population. However, lack thereof can lead to not only obesity, but can exacerbate symptoms characteristic of heart disease, stroke, diabetes, and hypertension.

Union Hospital considered all of this data during the conduction of the Community Health Needs Assessment. Each item of risk factor data was also integral to crafting the Community Benefit Implementation Plan for Cecil County.

Conducting the Community Health Needs Assessment

Conducting the Community Health Needs Assessment (CHNA) was a collaborative effort between Union Hospital of Cecil County and the Cecil County Health Department. Union Hospital's Community Benefits Coordinator met with Cecil County Health Department's Public Health Officer, Deputy Public Health Officer, and Epidemiologist to conduct the Community Health Needs Assessment. This team facilitated a series of meetings with both community leaders and community residents to gain first-hand knowledge of important health needs in Cecil County. The CHNA process began in January 2012 (during the 3rd quarter of Fiscal Year 2012). Secondary data was analyzed and used in conjunction with all community meetings as part of the supporting data platform. Use of secondary data was also integral to the health needs prioritization process conducted by Union Hospital.

Input from community partners engaged in Cecil County's Local Health Improvement Coalition meetings was included to further verify and support conduction of the CHNA. The community partners consulted were as follows:

- American Cancer Society
- Cecil College
- Cecil County Commissioners
- Cecil County Department of Emergency Services
- Cecil County Department of Juvenile Services

- Cecil County Department of Social Services
- Cecil County Health Department
- Cecil County Liquor Board
- Cecil County Local Management Board
- Cecil County Parks and Recreational Services
- Cecil County Public Schools
- Cecil County Sheriff's Office
- Elkton Housing Authority
- Johns Hopkins Health Care
- Maryland State Delegation
- Maryland State Senate
- Private health care providers
- Project Crossroad
- Union Hospital employed providers, staff, and executive management
- University of Maryland Statewide Health Network
- Upper Bay Counseling and Support Services
- West Cecil health Center (FQHC)
- YMCA

The Local Health Improvement Coalition was surveyed to determine which health needs were prominent in Cecil County. Data gathered from the survey reflected concerns related to prescription drug and substance abuse, mental health access, child abuse, and childhood obesity.

Four focus groups were also conducted with community residents. These focus groups included residents from Elkton, Charlestown, North East, Chesapeake City, Cecilton, Perryville, Rising Sun, and Port Deposit. Focus group participants included young adults, senior citizens, members from various local community organizations and churches, homemakers, small business owners, life coaches, retirees, and community organizers. The focus groups were facilitated/moderated by Union Hospital's Community Benefits Coordinator and Cecil County Health Department's Public Health Officer. The health department's epidemiologist provided technical support and transcription of meeting notes.

Each focus group session began with a description of the CHNA. Participants were then presented with data gathered from the Local Health Improvement Coalition survey meetings and other secondary heath data. After review of the data, participants were asked to respond based on their own personal understanding of health in their communities and what needed to be done to address identified health needs. Table 4 shows the different health needs identified per focus group.

Table 4

Focus Group	**Health Needs Identified**
Elkton Focus Group	Substance abuse

	Mental health care access Homelessness Smoking Nutrition Lung cancer
Chesapeake City Focus Group	Geriatric care improvements Medical transportation access Cancer Tobacco use Substance abuse Obesity Mental health care access General access to health care for residents that live below the C & D Canal
Perryville Focus Group	Cancer Smoking Obesity Access to healthier foods Mental health care access Child neglect Substance abuse
Rising Sun Focus Group	Mental health care access Suicide prevention Cancer Obesity Diabetes Prescription drug abuse Health communication improvements Addressing health disparities

Data from the focus groups was analyzed, compared to secondary health data from local, state and national sources, and presented to Union Hospital's internal Community Benefits workgroup to complete the health needs prioritization process.

Prioritizing the Health Needs

Secondary health data provided by Healthy Communities Institute for Cecil County from a variety of local, state and national sources was analyzed according to health indicators identified as high risk for the Cecil County population.

Union Hospital's internal Community Benefits workgroup was established to monitor the progression of Community Benefits planning and reporting activities. It was also established to

set the framework for accountability and transparency both internally and externally to the hospital. The workgroup's main role during the CHNA was to help prioritize health needs identified from both the community and the analysis of secondary health data sources. The final prioritization of health needs was based on the following criteria:

- **Size.** The number of persons affected by the health need (incidence and prevalence).
- **Seriousness.** Level of severity as indicated by morbidity and mortality rates and economic and/or social impact.
- **Economic Feasibility.** Costs of internal resources and potential costs of external resources.
- **Potential for Impact.** Could the hospital make an important contribution? Did it have the expertise, time, and resources for planning, implementation of programs/activities, and evaluation of all initiatives?
- **Availability of Community Assets.** Were there programs already in existence that were addressing the identified health needs?
- **Probability of Success.** What was the likelihood of achieving objectives and goals created for a Community Benefit Implementation Plan?
- **Value.** Subjective measures that indicated importance.

After careful consideration of all data and prioritization criteria, the internal Community Benefits workgroup chose the following top three ranked health priorities for Cecil County:

1) Respiratory health;
2) Heart disease; and
3) Obesity.

Union Hospital will address these health priorities through the Community Benefit Implementation Plan over the next three fiscal years.

Health Needs Identified But Not Addressed

The CHNA revealed several health needs that were not selected for prioritization by Union Hospital. Table 5 shows which needs were identified and why they were not chosen for prioritization.

Table 5

Health Needs Not Included	Reasons Health Needs were not Prioritized
Local Health Improvement Coalition health needs: • **Prescription drug abuse** • **Substance abuse** • **Mental health access to treatment** • **Child neglect**	These health needs were not prioritized because the Local Health Improvement Coalition was able to produce a community health action plan to address them. Member organizations in the coalition are currently working together to incorporate strategies to address these health needs, as well as achieve measurable outcomes. Union Hospital is represented on the coalition and is currently

	working in partnership with several community partners on all of these health needs.
Suicide prevention	Union Hospital responds to suicidal tendencies exhibited by patients on an inpatient level. However, more work is being done to address these patients in their home by working in partnership with Mobile Health Crisis, a team of mental health professionals dedicated to addressing crisis onsite in the patient's home.
Homelessness	The Elkton Alliance (Chamber of Commerce) has developed a coalition to better identify and address the health and social needs of the homeless population in Cecil County. Union Hospital staff actively participates on this coalition.
Access to care	Addressing access to care issues, including transportation needs, is a mission driven concern for Union Hospital, and is addressed on a daily basis. Other health based organizations in Cecil County also work to provide adequate access to care (i.e., the Cecil County Health Department, School-based Health Centers in Bainbridge and Gilpin Elementary Schools, and West Cecil Health Center, a Federally Qualified Health Center).
Access to healthy foods	Access to healthy foods could be included in strategies to reduce obesity, which is a priority health need for both Union Hospital and the Local Health Improvement Coalition's community health action plan. Promotion of healthy food access can also be promoted in the workplace, at school, and at home.
Access to medical transportation	The Cecil County Health Department offers medical transportation for individuals with insurance that covers it. Also, some private organizations offer medical transport according to both insurance coverage and local need. Union Hospital does not have transport vehicles nor the capital to start and

	maintain such an endeavor. Resource allocation is better served by collaborating with other entities that have vehicles or bringing issues of access to the local government to advocate for better public transportation.
Geriatric care improvements	Geriatric care improvements reflect concerns related to falls, isolation, depression, improper diet and poor chronic disease management. Incidentally, the Cecil County Health Department and several local community organizations have programs tailored to addressing, depression, isolation, chronic disease management and falls prevention. Union Hospital also works on chronic disease management among the elderly and falls prevention.
Diabetes	Prevention of and awareness around diabetes is already incorporated in many of the nutrition education programs and activities that Union Hospital provides in the community. Diabetes care, management, and awareness are also integral parts of activities being considered for the 2nd and 3rd health priorities of heart disease and obesity in the Community Benefit Implementation Plan.
Cancer	Union Hospital already provides free cancer screenings for the community and is continuously working on new ways to screen and identify symptoms for various cancers. Union Hospital staff also collaborates with community partners and agencies to bring access to cancer care to the community.
Health communication improvements	Efforts to improve health communication are a constant task for Union Hospital and all community organizations. It does not go unnoticed.
Addressing disparities in health care	Health disparities have been identified where applicable in the Local Health Improvement Coalition's community health action plan.

	Union Hospital actively seeks to reduce health disparities both in its daily functioning and in partnership with Cecil County's Local Health Improvement Coalition.

Conclusion

Conducting the Community Health Needs Assessment was a large undertaking that presented several challenges but also helped to create an understanding of both the overwhelming amount of health needs in the community and the ways in which Union Hospital can work with community partners to draw out those needs and better address them. The information below discusses the importance of accountability and transparency in reporting Community Benefits, lessons learned in the process of conducting the Community Health Needs Assessment, and how the Community Benefit Implementation Plan will provide the necessary infrastructure to effectively monitor Union Hospital's progression of impact in addressing the prioritized health needs for Cecil County.

Accountability and transparency

Reporting Community Benefits provides accountability to the community and strategic and goal-oriented transparency for stakeholders, Union Hospital's Board of Directors, community partners, and regulating bodies. It is vital that Union Hospital continue to provide a transparent reporting platform for all aspects of Community Benefits to hold the organization accountable to everyone.

Accountability and transparency help Union Hospital meet the compliance factors of Community Benefits reporting, but they also help to:

- Garner community support by highlighting the ongoing health improvement activities taking place in the community;
- Foster a collaborative spirit among stakeholders that paves the way for partnerships and best practices; and
- Facilitate community dialogue around good health practices, the importance of creating and sustaining access to health care services, and understanding what health improvement means to a community.

Lessons learned

Union Hospital is one facility responsible for serving an entire county. Because of this, it was challenging to draw together community residents into comprehensive, and representative, open forums. Future Community Health Needs Assessments may incorporate focus groups with specific population groups to gain feedback that may pertain to needs within these groups. Moving forward, it will continue to be a best practice to incorporate comprehensive primary and secondary data sources to support the identification, selection and prioritization of health needs in the community.

Future monitoring and identification of health needs
The Community Benefit Implementation Plan will provide a solid platform for establishing an evaluative infrastructure for the future monitoring of identified health needs in Cecil County. Union Hospital's Community Benefits Coordinator has pulled together a cohesive implementation planning team, also known as the internal Community Benefits workgroup. This workgroup includes Union Hospital representation from case management, dietary and nutrition, inpatient and outpatient nursing, stroke and special programs, and executive management. Cecil County Health Department staff from the division of health promotions and the Deputy Health Officer is also a part of the internal Community Benefits workgroup. These experts have helped craft the strategies to address the health needs that were identified by the Community Health Needs Assessment and are integral to the design of the implementation process. The Implementation planning team is ready to continue to monitor the effectiveness of the Community Benefit Implementation Plan and submit impact summaries each year to the IRS on progress of strategies and objectives for each priority health need.