

# **Anne Arundel County, Maryland**

## **2012 Community Health Needs Assessment Final Report**

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**Holleran Consulting  
October 2012**



## Message from the Healthy Anne Arundel Coalition Leadership

Dear Anne Arundel County Community Members:

The Healthy Anne Arundel Coalition is pleased to present this Community Health Needs Assessment to organizations and individuals in Anne Arundel County. The Community Health Needs Assessment was a joint undertaking of the Healthy Anne Arundel Coalition that was led by the Anne Arundel County Department of Health, Anne Arundel Health System, and Baltimore Washington Medical Center.

The Healthy Anne Arundel Coalition's vision is "Healthy People, Healthy County" and our mission is "working together as a community to improve health and wellness of Anne Arundel County residents." This comprehensive needs assessment will guide the Healthy Anne Arundel Coalition in developing and implementing strategies to improve the health status of Anne Arundel County residents.

The Healthy Anne Arundel Coalition hopes that this Community Health Needs Assessment will be useful to health care providers, social service organizations, community and faith based organizations, and individuals. Please use this information to inform and help develop health priorities, funding applications programs, and policies.

The Healthy Anne Arundel Coalition looks forward to working with the Anne Arundel community in our efforts to achieve a healthier Anne Arundel.

Warm regards,

*Jinlene Chan, MD, MPH  
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# **I. Community Health Needs Assessment Background**

The Healthy Anne Arundel Coalition (HAAC), a partnership of public sector agencies, health care providers and payers, community-based partners, the business community and academic institutions, initiated a countywide community health needs assessment (CHNA). The purpose of the assessment was to gather information about the health needs and health behaviors of Anne Arundel County residents. The assessment examined a variety of indicators, including social determinants of health (poverty, housing, education), mortality rates, risky behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease) to name a few.

The CHNA was comprised of a several research components, combining quantitative health information and valuable qualitative feedback from community stakeholders. This multi-faceted approach ensured a profile of the county's health that takes into account various perspectives and data sources. The following list outlines the three research components. Each component is further detailed throughout the document.

1. Secondary Data Profile
2. Key Informant Surveys
3. Focus Groups

The identification of the overall health status of the county's residents will contribute to community health improvement planning efforts. Implementation plans and countywide health improvement plans will be developed to prioritize key community wellness initiatives. Area hospitals, public health agencies, and other HAAC partners will identify activities that will improve upon the less healthy attributes in the county. These activities will be both collective, through coalition efforts, and individual, executed through organization-specific planning.



## II. Secondary Data Profile Overview

### BACKGROUND

One of the initial undertakings of the CHNA was to create a “Secondary Data Profile.” Data is “secondary” as it is information that is gathered from existing resources, such as the United States Census Bureau or Maryland Department of Health and Mental Hygiene. The report integrated not only more traditional statistics on physical health, such as cancer rates or immunization figures, but also demographic and household information. Social determinants such as income and education can significantly impact health status, health behaviors, and health outcomes. Research has shown that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions. This section serves as a brief summary of the key takeaways from the profile. A full report of all of the statistics is available through HAAC. The profile details data covering the following areas:

- Population Statistics
- Household Statistics
- Income Statistics
- Education Statistics
- Mortality Statistics
- Birth Statistics
- Sexually Transmitted Illness Statistics
- Injury & Violence Prevention Statistics
- Communicable Disease Statistics
- Environmental Health Statistics
- Health Insurance Coverage & Health Care Utilization Statistics
- Mental Health Statistics
- Crime Statistics



## KEY THEMES

### *Demographic Statistics*

The population in Anne Arundel County is estimated to be 537,656, a 9.8% increase between 2000 and 2010. The median age in the county is 38.4 years, which is similar to the state overall and the U.S. (MD: 38.0; U.S.: 37.2). Anne Arundel County residents are predominantly White (75.4%). Roughly 15% are Black/African American and approximately 6% are Hispanic/Latino. Compared to Maryland and the U.S. as a whole, the percentage of the population who speaks a language other than English in Anne Arundel County is lower.

There are approximately 211,400 households in Anne Arundel County with few (6.9%) vacant units. This compares favorably to the number of vacant housing units throughout Maryland (11.4%) and the U.S. (10.5%). Anne Arundel County also compares favorably to state and national statistics in the percentage of single-mother households. The median value of homes in Anne Arundel County is \$360,500, about \$40,000 higher than the state median value and nearly double the national value. Household incomes are also higher in Anne Arundel County. The median household income in the county is \$82,386.

Nearly 4% of families live in poverty in Anne Arundel County. This figure increases to 20.1% among single-mother households with children under 18 years old. Racial and ethnic differences are also notable when examining poverty statistics by race. Twelve percent (12%) of Anne Arundel African American's and 15.3% of Hispanic/Latino residents live in poverty. This is compared to 4.6% among the county's White residents.

As of August 2012, 6.8% of the county's population (age 16 and over) was unemployed. This is lower than the Maryland (7.1%) and national (8.1%) figures. On average, Anne Arundel commuters travel 29.2 minutes to their place of employment. Educationally speaking, nine out of ten Anne Arundel adults have a high school diploma or higher degree. Thirty-six percent (36%) have a bachelor's degree or higher. The graduation rates in the county are highest among the Asian residents (93.3%) and lowest for the African American residents (81.1%).



## Health Status Indicators

The overall age-adjusted mortality rate in Anne Arundel County is 774.6 per 100,000, but increases to 801.6 when looking at the African American population in the county. The table below details age-adjusted mortality rates for the top ten leading causes of death in Anne Arundel County with comparisons for Maryland and the United States. As shown in the table, the mortality rates in Anne Arundel County for heart disease, cancer, stroke, diabetes, and influenza/pneumonia are all higher than state and/or national rates.

Table 1. Top 10 Leading Causes of Death per 100,000, All Ages (2008-2010)

	U.S. <sup>a</sup>	Maryland	Anne Arundel	Healthy People 2020 Goal
<b>The following are the top 10 leading causes of death in ranking order of the United States.</b>				
Heart Disease	178.5	193.0	191.6	100.8
Malignant Neoplasms (Cancer)	172.5	176.8	182.2	160.6
Chronic Lower Respiratory Disease	42.1	35.9	40.3	N/A
Cerebrovascular Disease (Stroke)	39.0	40.1	41.4	33.8
Unintentional Injuries (Accidents)	37.1	24.9	21.8	36.0
Alzheimer's Disease	25.0	17.7	14.6	N/A
Diabetes Mellitus	20.8	20.8	22.0	N/A
Nephritis/Nephrosis/ Nephrotic Syndrome (Kidney Disease)	15.3	13.8	11.7	N/A
Influenza/Pneumonia	15.1	17.3	18.0	N/A
Intentional Self-Harm (Suicide)	11.9	8.8	9.5	10.2

Sources: Center for Disease Control and Prevention, 2010

Maryland Department of Health and Mental Hygiene, 2008-2010

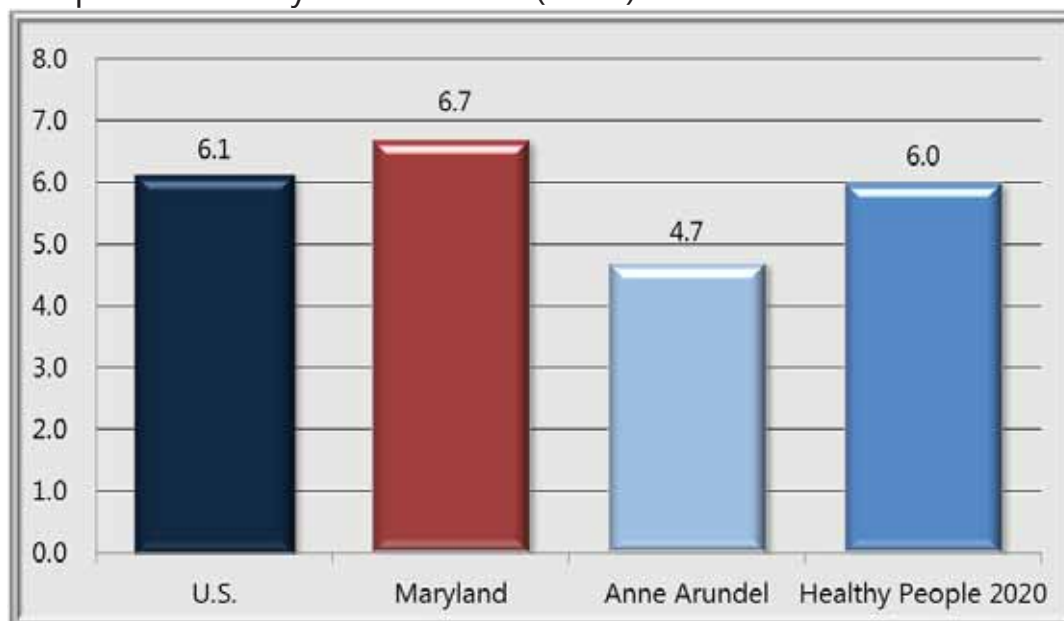
<sup>a</sup> US Statistics represent 2010 data





While the overall mortality rates are elevated in Anne Arundel, the infant mortality rate per 1,000 live births is lower than the Maryland and U.S. figures. The birth rate in the county is fairly equitable to state and national rates, but the teen birth rate is notably lower than the Maryland and U.S. figures (AA: 25.8; MD: 27.2; U.S.: 34.3). The percentage of low and very low birth weight babies in Anne Arundel County is also lower than the Maryland percentage. Seven out of ten expecting mothers in Anne Arundel County receive prenatal care in the first trimester, 98.9% do not use alcohol during pregnancy, and 93.2% do not smoke during pregnancy.

Figure 1. Infant Mortality Rate per 1,000 live births, Anne Arundel compared to Maryland and U.S. (2010)



Sources: Center for Disease Control and Prevention, 2010  
Maryland Department of Health and Mental Hygiene, 2010

Sexually transmitted illnesses, such as chlamydia and syphilis, are also less likely in Anne Arundel County than statewide and nationally. In addition, communicable disease statistics (hepatitis, tuberculosis) are lower in the county than throughout the state and nation.





Anne Arundel County has a higher overall incidence and mortality rate for cancer when compared to both the U.S. and Maryland. Specifically, incidence and mortality rates for lung and bronchus cancer and melanoma are higher in Anne Arundel than in the U.S. and Maryland. On a positive note, incidence rates for colorectal and prostate cancers are lower in Anne Arundel than the state and nation.

Table 2. Cancer Incidence Rates per 100,000 by Site and Gender (2005-2009)

	<b>U.S.</b>	<b>Maryland</b>	<b>Anne Arundel</b>
<b>Breast (Female only)</b>	<b>124.3</b>	<b>123.0</b>	<b>121.7</b>
<b>Colorectal</b>	<b>46.3</b>	<b>41.9</b>	<b>39.7</b>
Male	54.0	48.5	46.8
Female	40.2	36.9	33.9
<b>Lung and bronchus</b>	<b>62.6</b>	<b>63.3</b>	<b>72.5</b>
Male	76.4	75.1	81.8
Female	52.7	54.8	65.3
<b>Melanoma of the skin</b>	<b>21.0</b>	<b>20.8</b>	<b>30.7</b>
<b>Prostate</b>	<b>154.8</b>	<b>155.1</b>	<b>148.5</b>
<b>Cervical</b>	<b>N/A</b>	<b>6.9</b>	<b>6.7</b>
<b>All Sites</b>	<b>465.2</b>	<b>450.8</b>	<b>472.5</b>

Sources: Maryland Department of Health and Mental Hygiene, 2012  
National Cancer Institute, 2005 - 2009

Table 3. Cancer Mortality Rates per 100,000 by Site and Gender (2005-2009)

	<b>U.S.</b>	<b>Maryland</b>	<b>Anne Arundel</b>
<b>Breast (Female only)</b>	<b>23.0</b>	<b>24.7</b>	<b>24.1</b>
<b>Colorectal</b>	<b>16.7</b>	<b>17.5</b>	<b>16.8</b>
Male	20.2	21.6	20.9
Female	14.1	14.5	13.3
<b>Lung and bronchus</b>	<b>50.6</b>	<b>51.1</b>	<b>61.9</b>
Male	65.7	64.6	75.4
Female	39.6	41.5	51.9
<b>Melanoma of the skin</b>	<b>2.7</b>	<b>2.7</b>	<b>4.1</b>
<b>Prostate</b>	<b>23.6</b>	<b>25.5</b>	<b>24.1</b>
<b>Cervical</b>	<b>N/A</b>	<b>2.3</b>	<b>1.8</b>
<b>All Sites</b>	<b>178.7</b>	<b>182.4</b>	<b>195.5</b>

Sources: Maryland Department of Health and Mental Hygiene, 2012  
National Cancer Institute, 2005 - 2009

Overall, adults in Anne Arundel County are more likely than the U.S. population to have the recommended cancer screenings, such as mammograms, colonoscopies and PSA (Prostate Specific Antigen) tests. In a number of instances, however, fewer Anne Arundel County residents are having these tests than throughout Maryland as a whole.

It is estimated that 29.6% of Anne Arundel County adults are obese and another 38.3% are overweight. Anne Arundel County has fewer adults who are at a healthy weight (AA: 32.1%; MD: 34%; U.S.: 35.5%). Roughly 19% of adults in the county do not exercise on a regular basis. When tracking tobacco and alcohol use, 15.3% of Anne Arundel County adults are current smokers and nearly 20% reported binge drinking in the previous month. Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion. While tobacco figures are equal to the state figures and below national statistics, alcohol use in the county exceeds both the Maryland and U.S. percentages.

Health insurance coverage can have a significant influence on health outcomes. Overall, Anne Arundel County has more individuals with health insurance (91.6%) than both the state of Maryland (88.7%) and the nation (85.0%). However, there are significant disparities by race/ethnicity. Nearly 30% of Hispanic/Latino individuals lack health insurance coverage compared to 7.4% among White residents and 9.4% among African American residents in the county. The percentage of uninsured in Anne Arundel County is not surprisingly inversely related to income, with the higher rates of uninsured among the lower income populations. Roughly 5% of households making \$100,000 or more have uninsured individuals compared to 15.3% among households with incomes below \$25,000.

Table 4. Health Insurance Coverage (2008-2010)

	U.S.		Maryland		Anne Arundel	
	n	%	n	%	n	%
<b>With health insurance coverage</b>	<b>256,133,473</b>	<b>85.0</b>	<b>4,997,690</b>	<b>88.7</b>	<b>467,272</b>	<b>91.6</b>
With private coverage	203,992,595	67.7	4,274,919	75.9	422,778	82.9
With public coverage	86,063,581	28.5	1,360,626	24.2	107,666	21.1
No health insurance coverage	45,368,299	15.0	634,189	11.3	42,712	8.4

Source: U.S. Census Bureau, ACS estimates, 2008-2010

Access to health care is also often aligned with physician density rates. According to the County Health Rankings, the patient to primary care physician ratio in Anne Arundel (954:1) is worse than in Maryland (713:1) and the U.S. benchmark (631:1) meaning that more individuals are seeking care from fewer providers. When primary care physicians are not fully accessible or available, the Emergency Department (ED) is often utilized as a source of primary care.



In 2010, 175,881 ED visits were made by Anne Arundel County residents (excluding those already under medical supervision in nursing homes, chronic hospitals, and other medical institutions). Table 5 details crude rates by gender and race for specific afflictions requiring an emergency department visit and reveals striking differences of ED use by gender and race across a variety of health issues. African-American females have a much higher rate of emergency department visits than any other group. In contrast, with the exception of diabetes, White males have the lowest emergency department visit rates.

Table 5. Select Emergency Department Visit Rates per 100,000 by Gender, Race in Anne Arundel (2010)

	Female	Male
<b>Diabetes</b>		
White	134.0	156.2
African-American	526.8	495.2
<b>Hypertension</b>		
White	144.8	89.0
African-American	580.5	401.6
<b>Chest Pain</b>		
White	1,367.2	1,148.6
African-American	2,846.4	1,879.9
<b>COPD</b>		
White	332.6	208.9
African-American	839.2	497.7
<b>Asthma</b>		
White	360.5	277.6
African-American	1,904.6	1,855.3

Sources: Maryland Health Services Cost Review Commission, 2010  
Anne Arundel Department of Health, 2010

In 2010, hospital charges for ED Visits made by Anne Arundel County residents totaled \$98,418,156.77 with an average charge of \$559.57 per visit. Private insurance made up the highest proportion of payments (34.7%) followed by Medicaid, which accounted for 26.9% of the payments. An additional 19% was self-pay/charity care. This likely reflects the uninsured population in the county. When examining the percent of hospitalizations by primary payer, Medicare tops with 45.4%. Private insurance is second with 32.6% of the hospitalizations and 13.2% self-pay/charity care.

In 2009, there were approximately 2,900 hospitalizations for mental health disorders among Anne Arundel County residents. The percentage is slightly higher among males, comprising 51.7% of hospitalizations compared to county females at 48.3%. Statewide, the males are a higher proportion of the admissions as well. Nearly 77% of the admissions among county residents are White and 16.9% African American. Hospitalizations for mental health disorders in Anne Arundel County are most likely to occur between the ages of 45 and 59, comprising more than 30% of hospitalizations. Admissions among those 65 years and older account for 13.5% of the hospitalizations. This is higher than the 10.5% for Maryland as a whole.



Lastly, crime statistics for the county reveal that there is a lower violent crime rate in Anne Arundel County compared to statewide and nationally (AA: 3.6; MD: 5.5; U.S. 4.0).

## FINAL THOUGHTS

In general, the secondary data for Anne Arundel County reveals higher socioeconomic groups with more favorable income, education levels, and housing. However, there are clearly health inequities across select racial, ethnic, and income groups. Injury and violence statistics are favorable in the county as well as communicable disease rates and sexually transmitted illnesses. The majority of Anne Arundel County residents have health insurance coverage and are generally more likely to seek preventive care such as PSA tests and colonoscopies.

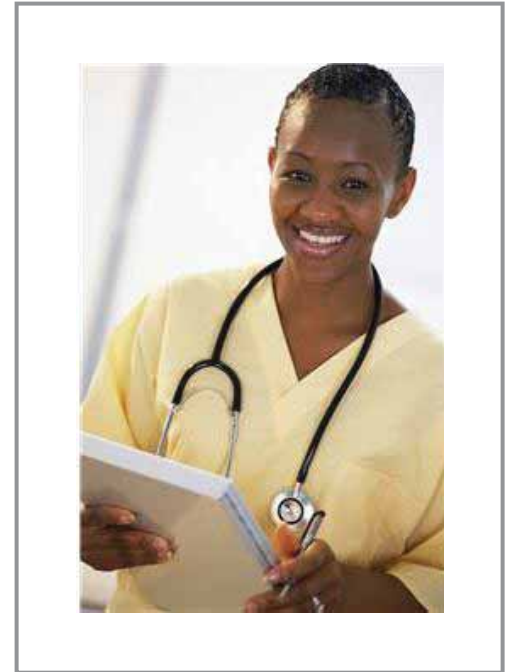
Conversely, overall county mortality rates are higher in Anne Arundel County. Mortality rates for heart disease, cancer, stroke, diabetes, and influenza/pneumonia are also higher in Anne Arundel County compared to Maryland and the U.S. as a whole. The obesity and overweight statistics are not favorable in the county when compared to state and national figures and the incidence of alcohol use and binge drinking is higher in Anne Arundel County than the rest of the state and nation.

### III. Key Informant Interviews Overview

#### BACKGROUND

A survey was conducted among Anne Arundel County “Key Informants.” Key informants were defined as area health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations and other area authorities. Holleran staff worked closely with HAAC partners to identify prospective participants and to develop the online Key Informant Survey Tool. The questionnaire focused on gathering quantitative and qualitative feedback regarding perceptions of community needs and strengths across three primary domains:

1. Key Health Issues
2. Health Care Access
3. Community Aspirations & Capacity



The online survey garnered 121 completed surveys, collected between July and August 2012. It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature. Results reflect the perceptions of a portion of the county’s community leaders, but may not necessarily represent all community representatives within Anne Arundel County. As with the Secondary Data Profile, the full version of the Key Informant report can be obtained through HAAC.

#### KEY THEMES

##### *Key Health Issues*

The survey respondents were initially asked to provide feedback on the health issues that they perceived to be the most significant, or concerning, for Anne Arundel County. The key informants were given a list of potential response options, ranging from cancer to substance abuse to unintentional injuries. Respondents ranked the key health issues from 1 to 5, with 1 being the most significant. Additionally, survey respondents were allowed to share other health issues they deemed highly important that were not included on the list.

As shown in Table 6, the five issues that were most frequently selected were Obesity/ Overweight, Cancer, Diabetes, Substance Abuse/Alcohol Abuse, and Heart Disease. Approximately 84% of key informants ranked Obesity/ Overweight as one of the top five health concerns in Anne Arundel County.

Table 6. Ranking of Key Health Issues

	Health Issues:	Percent of respondents selecting issue among top 5
1	Obesity/ Overweight	84.3%
2	Cancer	66.1%
3	Diabetes	64.5%
4	Substance Abuse/Alcohol Abuse	63.6%
5	Heart Disease	58.7%
6	Mental Health/Mental Illness/Suicide	53.7%
7	Tobacco	31.4%
8	Maternal/Infant Health	29.8%
9	Dental Health	13.2%
10	Sexually Transmitted Diseases	12.4%
11	Unintentional Injuries (Car crashes, falls)	9.9%
12	Stroke	8.3%

The area key informants were also asked to elaborate on their ratings and to provide comments on the various health issues. A number of the supporting comments are included below to substantiate the ratings that were given.

### Quotes

- *"Obesity affects other diseases such as diabetes, heart issues, stroke, etc."*
- *"Lifestyle problems need more attention."*
- *"Obesity affects all incomes, ethnicities, genders and ages."*
- *"Cancer rates in Maryland and Anne Arundel County are higher than expected without known cause. We should be investigating the increased risk further."*
- *"The rate of diabetes is rising. Many patients with a new diabetes diagnosis do not have diabetes in their family history."*
- *"There are a wide variety of individuals in Anne Arundel County who are not receiving treatment for their abuse. Dependence issues affect other issues such as health, employment and crime."*
- *"Drugs have become too pervasive and are responsible for secondary illnesses."*

## Health Care Access

Health care access was an area of prominent focus on the survey. The key informants were asked to share their perceptions on the availability of various general and specialty health services. Additional questions were also asked about potential access barriers such as transportation and the availability of bilingual providers in Anne Arundel County.

Table 7 details the survey ratings on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). While all of the potential access to care barriers were identified as problem areas in Anne Arundel County, a number of differences were found. In general, the key informants rated access to primary care services as the most available in the county (average rating of 3.18). The area of greatest concern with respect to accessibility and availability was the number of bilingual health care providers. Very few survey respondents agreed that there is a sufficient number of bilingual providers in the county. The number of providers who accept Medicaid or other forms of medical assistance was rated the next lowest, followed by access to dental care.

Table 7. Mean Responses & Corresponding Scale for Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
The majority of residents in Anne Arundel County are able to access a primary care provider (Family Doctor, Pediatrician, General Practitioner)	3.18	Neither agree nor disagree
The majority of residents in Anne Arundel County are able to access a medical specialist (Cardiologist, Dermatologist, Neurologist, etc.)	2.71	Disagree
The majority of residents in Anne Arundel County are able to access a dentist when needed.	2.54	Disagree
Transportation for medical appointments is available to the majority of residents in Anne Arundel County.	2.64	Disagree
There are a sufficient number of providers accepting Medicaid or other forms of medical assistance in Anne Arundel County.	2.53	Disagree
There are a sufficient number of bilingual providers in Anne Arundel County.	2.18	Disagree

After rating each of these factors, respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in Anne Arundel County. Responses were analyzed for themes and categorized into groups as seen in Table 8. Many respondents indicated the need for increased awareness, education, prevention, and outreach to inform the community about existing programs and services. Specific resources and comments are also included below by category.



Table 8. Content Analysis of Comments Regarding Resources Needed to Improve Access to Health Care

Resources Needed by Category:	Number of Mentions
Awareness/Education/Prevention/Outreach	51
Affordable Health Insurance & Health Care Services	42
Transportation	38
Mental Health/Substance Abuse Services	37
Medicaid/Medicare/Medical Assistance/PAC Enrollment & Providers	24
Affordable Dental Care	17
More Providers (Primary Care and Specialists)	15
Bilingual/Culturally Sensitive Programs	12

A number of the key qualitative themes and suggestions are provided below.

### Suggestions to Improve Access

- *Educational programs for parents and children in regards to nutrition/wellness*
- *Individual, family and community navigators who are culturally competent and sensitive to reach communities with the least access to care, provide them with information and link them to care*
- *Mobile units that provide preventive care and health education as well as education in navigating the health care system in communities*
- *Affordable, accessible medical care for all Anne Arundel County residents*
- *Walk-in health clinics/Community health clinics*
- *Sliding scale medical services for lower middle class who "fall through the cracks"*
- *Improve public transportation, especially from Annapolis south and west*
- *Transportation is needed for rural areas in Anne Arundel County, none is available*
- *MA Transportation has many restrictions that make it difficult for patients to access care*
- *Free/low-cost mental health and substance abuse services*
- *Bilingual services for mental health/substance abuse*
- *More adult and adolescent psychiatrists*
- *Mental health services for children, Medicaid recipients and uninsured*
- *Simplify application/enrollment for Medicaid/Medical Assistance*
- *Expand Medicaid eligibility and provide information, resources and staff to reach communities who are eligible and do not know it or do not know how to navigate a very complex clinical and public health system*
- *Affordable dental care services/providers/insurance*
- *Out-of-pocket costs for dental care are too high for most working class Need for all to be able to access specialty care*
- *Improvement of payment/reimbursement to physicians for Medicaid/MA*
- *More specialty providers to allow for more timely appointments*
- *Hispanic resources*
- *Preventive programs for Hispanic youth and alcohol/drugs*

## Barriers to Health Care

In addition to discussing access to care, survey questions probed further into what barriers to accessing care are most prominent in Anne Arundel County. The barriers assessed included health insurance coverage, the consumer's ability to effectively navigate the health care system, out-of-pocket, expenses, transportation, and the priority of meeting basic survival needs (food shelter) versus addressing health care needs. Table 9 details the percentage of key informants who selected that item among the top five most significant barriers in Anne Arundel County.

Table 9. Ranking of Barriers to Accessing Health Care

	Barriers:	Percent of respondents selecting barrier among top 5
1	Lack of Health Insurance Coverage	81.8%
2	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	78.5%
3	Inability to Navigate Health Care System	76.9%
4	Lack of Transportation	56.2%
5	Availability of Providers/Appointments	52.1%
6	Basic Needs Not Met (Food/Shelter)	45.5%
7	Time Limitations (Long Wait Times, Limited Office Hours, Taking Time Off Work)	43.0%
8	Language/Cultural Barriers	28.1%
9	Lack of Trust	19.8%
10	Lack of Child Care	13.2%

As shown in Table 9, the five barriers that were most frequently selected were Lack of Health Insurance Coverage, Inability to Pay Out of Pocket Expenses, Inability to Navigate Health Care System, Lack of Transportation, and Availability of Providers/Appointments. Nearly 82% of key informants ranked Lack of Health Insurance Coverage as one of the top five barriers in Anne Arundel County. Additional noted barriers, outside of the categories provided on the survey, included a lack of education among county residents and too little awareness regarding the availability of programs and services.

When asked if there were specific populations in Anne Arundel County that are not being adequately served by the health care system, nearly 80% of the survey respondents stated "yes." When asked to identify the specific populations not being adequately served, the largest proportion noted the low-income, uninsured and "working poor." Several key informants mentioned that there are residents who "fall through the cracks" because they make too much money to qualify for assistance, but do not have the funds for health care or health insurance. The second most noted underserved group was the Hispanic/Latino population, followed by individuals in Anne Arundel County who have a mental illness or mental health issues.

Overwhelmingly, the survey respondents felt that the uninsured and underinsured in Anne Arundel County go to the hospital emergency department for care. Roughly 84% of the professionals gave this as their answer when asked about this population's utilization patterns. Health clinics were noted by 7.4% of the respondents, a distant second for where the uninsured in Anne Arundel County seek care.

## **Community Aspirations & Capacity**

The final section of the survey focused on the current status of the community's health and well-being initiatives, recommendations for improving the health of the community, and ways to encourage and support community involvement around health issues. The initial question asked for feedback about what is being done well in Anne Arundel County in terms of health and well-being. There was a plethora of different responses, but several common themes emerged from the comments. The Healthy Anne Arundel Coalition, Anne Arundel County Department of Health, and two local hospitals (Anne Arundel Health System, Baltimore Washington Medical Center) were regarded as important resources in the community. Informants felt that community health centers and clinics in Anne Arundel County are doing a good job as well. Respondents were pleased with the community's increased awareness for healthy living and emphasis on prevention. In addition, the following specific programs were mentioned as contributing to local community health efforts: Stork's Nest, Healthy Start, REACH, PAC, and Learn to Live. Overall, there were many positive comments about programs in the community; however, it is important to note that some informants felt that not enough was being done and that there was still a lot of work needed to improve community health.

### **Select Comments regarding What is Being Done Well:**

- *"Health Department and hospitals leading the Healthy Anne Arundel initiative."*
- *"Increased collaboration between public and private sector through the Healthy Anne Arundel Coalition."*
- *"Excellent hospitals and medical professionals located here."*
- *"Anne Arundel County Public Schools are doing a fantastic job within their system to improve the health of the students and staff - their efforts need to be leveraged."*
- *"Expanding farmer's markets and local produce access school's system summer feeding programs."*
- *"The Department of Aging offers a lot of resources."*
- *"Anne Arundel County has unique programs like REACH to provide access to medical care to uninsured and uninsurable. There are good community health centers that provide services for a very low fee."*
- *"New effort to help those with mental health/ co-occurring disorders."*
- *"Efforts toward integration of services and improvement of access."*
- *"Good immunization programs."*

When asked about the recommendations or suggestions they had for improved health and quality of life in Anne Arundel County, several major themes emerged.

- Need for healthier lifestyles and education regarding lifestyle choices
- Need for improved access to care
- Need for enhanced mental health and substance abuse services
- Need for greater communication/community outreach

Key informants were also given a list of potential ways to encourage community involvement and support around local health issues and asked to select all that were viable options. The top recommendations for increasing involvement were:

- Increased Communication/Awareness
- More Community Outreach
- Increased Partnerships/Collaboration

## **FINAL THOUGHTS**

The key informants in Anne Arundel County were transparent and helpful in their feedback. Clearly, professionals in the county feel that there are a number of assets to build upon, but that additional work is needed. Primary concerns include chronic disease management and improvement, mental health issues, too little awareness of services, and the ongoing need for collaborative work across agencies and county partners. Anne Arundel County is seen as a diverse, largely populated county with diverse and growing needs, especially among the non-English speaking populations. Many suggestions were made to enhance existing services and create additional ones to meet these demands. This will not only require collaborative efforts among more traditional partners, but should also be inclusive of those organizations and agencies that are not always involved in traditional health care, including schools, businesses, and patients themselves.

The survey revealed that there is much respect and appreciation for the Healthy Anne Arundel Coalition and ongoing work is encouraged.

## IV. Focus Groups Overview

### BACKGROUND

A total of five focus groups were held at various locations throughout Anne Arundel County in August and September 2012. Focus group topics addressed Mental & Behavioral Health, Access to Health Care, and Nutrition & Physical Activity. Each session lasted approximately two hours and was facilitated by trained staff from Holleran.

Participants were recruited through local health and human service organizations and public news releases. In exchange for their participation, attendees were given a \$50 gift card at the completion of the focus group. Participants in the Mental & Behavioral Health Focus Group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The four other focus groups included individuals from the general population in Anne Arundel County.

In total, 55 people participated across the five focus groups held in August and September 2012. Approximately 69% were female and 31% were male. Nearly 53% were White/Caucasian, and approximately 42% were Black/African American. It should be noted that the proportion of females and Blacks/African Americans was higher in the focus groups than the overall population in Anne Arundel County. Participants came from a variety of ZIP Codes throughout Anne Arundel County. The largest proportion came from 21061, 21401, 21144, 21060, and 21403.

Discussion guides, developed in consultation with HAAC, were used to prompt discussion and guide the facilitation. It is important to note that the results reflect the perceptions of a limited number of community members and may not necessarily represent all community members in Anne Arundel County. A detailed summary report of the Focus Group Discussions can be obtained through HAAC.



## KEY THEMES

### *Access to Health Care & Key Health Issues*

Participants indicated that lack of insurance coverage and inability to pay were major barriers to accessing health care services in the community. Some individuals in the community are not offered health insurance through their jobs while others are unable to afford the health insurance that is offered. Co-pays, deductibles, and prescription costs also present challenges in accessing health care. One participant explained that, "There are limited services for people with limited income." Another commented that, "If you are on a fixed income and can't afford to pay, you are stuck. You can't get help." The group discussed how the economic downturn has further complicated access to health care issues. Participants also expressed frustration with trying to understand what their health insurance covers and finding a doctor who accepts their insurance.

*"I know people who  
lost their jobs and  
lost their insurance.  
They have health  
issues, but they put  
off seeking help  
because they can't  
afford it."*

-Focus Group Participant

Transportation is also a barrier in accessing health care. Participants talked about how the system is fragmented and not easily accessible throughout the county. In some cases, people forgo health care because of lack of transportation. One participant explained, "I don't live on the MTA service route so I can't access public transportation. I was able to get some transportation from the Office of Aging, but it was limited to certain hours and certain days." Another participant commented, "Transportation is a big problem. Not only do people have difficulty getting to the doctor; they also have difficulty getting to the pharmacy to get their prescription." There is a transportation service for people with Medical Assistance, but participants stated that it is difficult to use and not always reliable.

Participants also discussed the need for access to affordable dental care. One participant stated that, "A lot of people do not take care of their dental health, including me. Dental health is so expensive. I can't afford it." Participants explained that there are a few lost-cost dental care providers, but that there is a waiting list and a lack of awareness of the programs.

Participants mentioned that language can also be a barrier for some people in the county. They expressed concern that children sometimes have to translate and interpret for their non-English speaking parents. In addition, some Latino/Hispanic residents are reluctant to seek health care because of documentation/immigration issues.



When asked where uninsured and underinsured individuals go for health care, participants indicated that uninsured residents often utilize the Emergency Department for primary health care because the Emergency Department will not turn them away. They stated that some uninsured residents also go to medical clinics, but they explained that many people are not aware that the clinics exist.

When asked about major health issues facing the Anne Arundel community, participants identified the following issues:

- Obesity/Overweight
- Cancer
- Diabetes
- Hypertension & Heart Disease
- Environmental Health Concerns
- Mental & Behavioral Health/Substance Abuse
- Caregiver & Aging Issues

### ***Nutrition & Physical Activity***

Obesity/Overweight was discussed in detail as a major health issue and as a factor contributing to other key health issues. One participant stated, "The majority of people are overweight. This is a real crisis. There needs to be more education." Attendees were especially concerned with childhood obesity.

When asked what challenges people in the community face in trying to stay physically fit and eat healthier, participants suggested the following common challenges:

- Cost
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Stress/Depression
- Television/Video Games

Several participants indicated that cost is a barrier to eating well. Attendees also talked about people not having the time or the skills to cook healthy meals. The group also discussed how cultural beliefs can influence weight issues. For example, one participant explained that sometimes African-Americans associate weight with beauty and wealth. Participants discussed the need for more physical activity among children. One participant said, "When I was a child, we walked everywhere, and I don't think the younger generation gets exercise." Participants stated the need for free/low-cost exercise and recreation programs.



## Awareness of Services

Participants repeatedly stated that people in the community are not aware of the health care services and options that are available to them. This theme arose throughout the focus group discussions. One participant stated, "Communication and awareness are major issues. Just because it's there that doesn't mean people know it's there." Another commented, "Help is usually available, but you have to know the right questions to ask."

*"The information needs to be centralized and the information they have needs to be the same. You call one person and they tell you one thing and you call another person and they tell you something completely different. You get the run around and you get frustrated."*

-Focus Group Participant

When asked where people generally get health information, participants indicated that they get information from newspapers, magazines, hospital newsletters, flyers, brochures, church bulletins, church leaders, and doctors' offices. School systems, libraries, health department, and community agencies were also mentioned as resources for information. In some cases, they learn about programs and services through word of mouth from friends, family, and neighbors.

When asked what Anne Arundel could do to improve health and quality of life in the community, participants emphasized the need to improve communication and awareness about existing services. They suggested more cooperation, collaboration, and information sharing between community-based organizations. Participants suggested that agencies should work together to coordinated referrals and promote information about available programs.

Overall, participants saw the need for more community outreach and health education. "I would love to see more health mobiles and community health days where people can get information, health screenings, and referrals to services." In addition, participants suggested the following to improve community health:

- Health fairs
- Health workshops
- Nutrition & Exercise programs
- Chronic Disease Management programs
- Transportation assistance
- Prescription Assistance Programs/Prescription Exchange Programs

## Mental & Behavioral Health

As stated earlier, participants in the Mental & Behavioral Health Focus Group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The participants brought a wealth of insight from their own firsthand experience as they all have worked to navigate the mental and/or behavioral health arena in Anne Arundel County. To begin the discussion, the group was asked to define what mental health and behavioral health meant to them. The majority of the group defined mental health as the ability to think clearly, but discussions quickly ensued regarding perceptions and education of mental illness.

One participant stated it this way, "I prefer psychological disability, because I don't really feel as though I am ill." While one member felt behavioral health and mental health were the same, the majority of the group defined behavioral health as acting a certain way and associated it with behaviors such as smoking, drinking, and substance abuse. The group also discussed that while they felt mental and behavioral health were separate issues, they can be intertwined.

Each participant responded with quick affirmation when asked if mental and behavioral health issues are problems in Anne Arundel County. They were also in agreement when one member stated, "I don't think it is specific to Anne Arundel. They talk about the health system being broken, but the mental health system is completely broken."

The overarching theme as the discussion led into the community's attitude towards mental health was one laced with words such as stigma and lack of acceptance. The group spoke of mental illness as being perceived as a "weakness or a character flaw" or as a "them versus us" mentality. In addition, they expressed their frustration with the public who generalized that people with mental health conditions were more violent in nature.

*"Mental health brings up a whole lot of issues. It's a shame it's been treated so separately from physical health. I feel as though primary health providers are often misinformed, as is the public."*

-Focus Group Participant



The group spoke of a fragmented system as they expressed their thoughts on where people go for mental and behavioral health services. Participants explained that part of the problem was that people don't know where to go. Other barriers to accessing mental health and/or addiction services that were mentioned included lack of insurance and waiting long periods of time to receive available appointments. One participant emphasized that, "People can't wait 6 months to be seen." Another participant said, "People can sometimes get help when they have insurance, however if you don't have insurance, it's basically impossible. However, access is still a major issue for those with and without insurance."

*"I've been in treatment for more than 8 years, but I just found out about a program 3 months ago that could have helped me."*

-Focus Group Participant

When asked to offer suggestions to improve mental health and behavioral health services, the group offered a variety of recommendations. Several members suggested increasing the available number of crisis beds in the county. There was a desire to see a respite program in Anne Arundel County that could serve as a supportive transition for people who are ready to be discharged from the hospital but are not ready to be back in their home environment. Participants also recommended that training for personnel at each of the County's emergency rooms was needed and suggested that it could be based upon best practices from other ER crisis units. Additional suggestions were made regarding ways to promote programs and increase awareness. Overall, participants felt that better coordination, communication, and referral systems among providers would help residents navigate the mental/behavioral health system.

## FINAL THOUGHTS

Based on the feedback from the focus group participants, access to health care, awareness of available resources, obesity, and mental and behavioral health are important issues in Anne Arundel County. Across the focus groups, several themes appeared as areas of opportunity within Anne Arundel.

- Lack of affordable medical and dental services
- Need for coordinated mental and behavioral health services
- Transportation barriers
- Lack of coordination among programs and providers
- Lack of community awareness of available programs and resources
- Need for health education and wellness programs

The focus group participants were grateful for the opportunity to share their thoughts and experiences, and at the end of the sessions, many expressed support for community-wide efforts to improve health in Anne Arundel County.

## **V. Overall Assessment Findings & Conclusions**

While each of the research components for the Community Health Needs Assessment yield different perspectives and information, a number of clear patterns emerged.

### ***Obesity/Overweight***

The percentage of obese and overweight adults in Anne Arundel County is nearly 68%. This is above the percentage for Maryland and the U.S. Key informants rated weight problems as the number one health issue for Anne Arundel County and focus group participants agreed it is a crisis of significant concern. The connection with chronic disease prevention and management (diabetes, heart disease) was noted by all those surveyed. Concerns were voiced regarding barriers to eating well and integrating healthy lifestyle options into daily routines. Specifically, the availability of healthy food options and recreational opportunities are often limited to those with financial means.

### ***Cancer***

The overall, age-adjusted mortality rate for cancers in Anne Arundel County exceeds state and national figures. Specifically, incidence and mortality rates for lung and bronchus cancer and melanoma are higher in Anne Arundel County than in the U.S. and Maryland. Additionally, the key informants that were surveyed noted cancer as one of their primary health concerns for the county. Focus group participants also stated that they feel cancer is a significant health concern for Anne Arundel County residents.

### ***Mental Health & Substance Abuse***

The suicide rate in Anne Arundel County is 9.5 per 100,000, which is above the state rate of 8.8. There were more than 2,900 hospitalizations for mental health disorders among Anne Arundel County residents. The percentage of adults in the county who consume alcohol on a regular basis and who binge drink, far exceeds the state and national figures. Focus group participants stated frustration with navigating the system, too many barriers to accessing treatment, especially for the under- and uninsured, and ongoing challenges with stigma.

### ***Chronic Illness (Heart Disease, Diabetes)***

Mortality rates for heart disease and diabetes in Anne Arundel County exceed the state and national rates. The connection between an unhealthy weight and these health problems is of great concern. The area professionals who were surveyed rated diabetes as the third most significant health issue in the county and heart disease was rated as the fifth greatest concern. The rapid growth in the percentage of individuals with diabetes is alarming to county providers as well as the proportion of those undiagnosed with diabetes and other risk factors (high blood pressure, high cholesterol, etc.). Suggestions were made to continue education and outreach efforts to advance the public's knowledge of these warning signs and how to prevent the onset of these illnesses.

### ***Services for Uninsured and Under-Insured***

Anne Arundel County is not unique in the increasing need for health care services for the uninsured and under-insured. This relates to ongoing need for primary care services, oral health care, mental health and substance abuse treatment, and even basic needs such as housing and transportation. Significant barriers exist for this population, even outside of financial ones. These barriers include language barriers and a perceived shortage of providers with cultural competencies to treat the growing diversity of the Anne Arundel County population. These sentiments were echoed by both the key informants and focus group participants. While overall Anne Arundel County appears wealthier and better educated than other counties, there are clearly pockets of impoverished and needy residents who are in great need of health care and social services.

### ***Awareness of Services***

Repeatedly, the experts that were surveyed and the residents who participated in the focus groups stated that there is a general lack of awareness of what services exist in the county. Specifically, there appears to be opportunities to increase awareness of the mental health service options and health care options for the uninsured and underinsured. It was stated that the awareness has significant impacts on navigating the system of services, which is quite daunting for those in need. Recommendations were made to continue the collaborative work of the coalition and that ongoing integration and sharing across providers and agencies is paramount.

### ***Health Inequities by Race/Ethnicity***

The mortality rate for the African American residents in Anne Arundel County is 801.6 compared to 766.5 among the White residents in the county. The poverty rates in the county are also significantly higher for the African American and Hispanic/Latino residents compared to the White Anne Arundel residents. When asked what populations are being underserved in the county, area professionals stated that the Hispanic/Latino population is among the most neglected. Too few bilingual professionals exist and there is a general lack of trust among some populations towards the health care system. The need to engage professionals with these racial/ethnic backgrounds is significant.

## **FINAL THOUGHTS**

In closing, there are many strengths within Anne Arundel County, but the overall wealth and perceived affluence does not mitigate significant health challenges in the county. There are several health problems that hit all groups regardless of race or income, such as obesity, heart disease, and diabetes. In turn, there are a number of health inequities that align with economic and social limitations. Anne Arundel County has many assets and existing collaborations to continue to build upon. The passion and commitment among providers and county residents is apparent.