Results of the Rural Health Study Public Hearings

August 7, 2017

Introduction

Senate Bill 707

During the 2016 Legislative Session, Senate Bill 707, Freestanding Medical Facilities- Certificate of Need, Rates and Definition (SB 707), passed into law and was signed by the Governor on May 10, 2016. The main purpose of the legislation is to provide a regulatory pathway for a health system seeking to convert an underutilized hospital to a freestanding emergency medical center, which under Maryland law is referred to as a Freestanding Medical Facility. Prior to passage, the new law sparked considerable debate about health care access challenges for rural communities.

A particular focus of debate was the health care delivery system in the Mid-Eastern Shore area, where a move toward the establishment of a regional health system had sparked uncertainty on the future of several health care facilities. The Legislature took action to ensure that the concerns were not ignored. The General Assembly strengthened the public engagement requirements that a health system must meet before a conversion is approved. The legislation also required the Maryland Health Care Commission (MHCC) to establish a workgroup on rural health care delivery to oversee a study of healthcare delivery in the Mid-Shore region and to develop a plan for meeting the health care needs of the five counties -- Caroline, Dorchester, Kent, Queen Anne's and Talbot.

Mandates of Senate Bill 707

The rural health care study, conducted by the University of Maryland, School of Public Health (UMD SPH), was meant to inform the workgroup and assist the workgroup members in their deliberations on recommendations to the General Assembly on the delivery of health care in a rural setting. There are four major goals of the study. The first is to document the health of the residents on the Mid-Shore. Secondly, the study should identify specific areas most in need of improvement. Thirdly, the study will assess the capacities of the health system of the region. Lastly, the study will propose options for enhancing health and health care delivery in the five counties.

Since understanding health care delivery in the Mid-Shore region from community's perspective was essential to the study, the UMD SPH conducted focus groups and stakeholder interviews to openly discuss issues of health care delivery. The Workgroup was mandated by SB 707 to hold public hearings in all five study counties (Appendix A), to gather information, and to clarify needs. The Workgroup ultimately used information from the UMD SPH report as well as the public hearings to make recommendations to the MHCC and the General Assembly on how to improve the health care delivery system on the Eastern Shore specifically, and in rural communities generally.

This report provides an overview of the public hearings, and what was discussed in terms of health system strengths and challenges in each County. It also describes public input for suggestions or recommendations to improve the health care delivery in the Mid-Shore region. Finally, it describes how the public hearing recommendations align with Workgroup recommendations.

Methods

One public hearing was held in each of the five study counties between May 24th and June 13th, 2017. All of the hearings were held in the evening hours, at a location within the community that was selected by the Health Department. The hearing were publicized in local newspapers, on social media, and

in local libraries and stores.   A list of the dates, times and locations for each county can be seen in the Public Hearing Notice and Request for Community Input (Appendix B).

The public hearings varied in attendance and in the level of participation in in each county. All public hearings had an introductory segment where residents were introduced to state and local officials and members of the research team. Residents were given an agenda and a brief description of the purpose of the public hearing.   Residents were than given the opportunity to comment on issues related to health and health care delivery in their communities. Individuals were also given the opportunity to write or email the MHCC with their comments for several weeks following the public hearing. A summary of each county public hearing can be seen in (Appendices C-G).

Results

Strengths of the Health Care Delivery System

Residents spoke of the ability of communities to work together to get things done; especially in more rural counties (Caroline and Kent) where perhaps they have less public services. In Caroline, Dorchester, and Kent Counties, residents were grateful for school-based medical care. Residents in Caroline County discussed the importance of the community and working together. In the Talbot County public hearing it was mentioned that communities sometimes just need seed money for programs to help take care of vulnerable populations

The Queen Anne's (QA) County Mobile Integrated Community Health was viewed as a significant strength of the QA County health care delivery system by residents of Talbot County. Talbot County residents said that they would like the same kind of mobile program in their county. Talbot County residents also reported that their County Council works really hard to find solutions to health care delivery needs.

One strengths in terms of the health care delivery system that was mentioned in Caroline County was the Park and Recreation program which promotes health and provides activities, and which also provides medical care. School- based medical care was also mentioned as a strength in Dorchester and Kent counties. Kent County residents agreed that the local United Way provided services for seniors and was a significant strength in the health care delivery system. A summary of health System strengths can be seen in Table1.

Table 1. Summary of Rural Health Care Delivery Public Hearings: Health System Strengths

Strengths	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Ability to Partner Locally – (but need seed money)	X		X		X
QA County EMS					X
County Council that works to find solutions					X
Park and Recreation system- promote health and provide activities	X				
School-based medical care	X	X	X		
Local United Way			X		

Weaknesses of the Health Care Delivery System

In every county residents spoke about how difficult it was to find a primary care physician and other health care professionals. Even if they can find a doctor, they still had problems with timely access to care. Offices are far away and close at 5pm (which may be one reason that school-based care was appreciated). In Talbot County, it was mentioned that if residents can't reach their primary care doctor they turn to the emergency department.

The audience heard in 4 of the 5 counties (all but Queen Anne's) that residents don't always have a good view of the hospital. Either they, or their neighbors, go over the bridge for care because the perception is that the hospitals in the Mid-Shore are not as good as the hospitals over the bridge. Some residents said the hospitals have outdated policies and poor quality care. Residents like and trust their doctors, but they complained that the doctors don't really have an affiliation with a specific hospital

Residents of all of the counties mentioned the lack of transportation to the hospital or other health services as being a weakness in the health care delivery system. In Kent County, residents said that they have to wait hours for transportation to go to or from the hospital. This is a problem for both patients and families.

In three counties, it was mentioned that the volunteer status (or very low wages) was a problem for the EMS. Someone in Caroline County said "it's like a training ground… once EMS personnel get the training they need, they move on to counties where they can get better pay."

Additional weaknesses in the health care delivery system that were mentioned in Caroline County include the lack of interstate Medical Assistance payments, and problems coordinating care across agencies (especially transitional care). One resident stated that the poorer counties receive very little help from the State. Some Talbot county residents believe that the health care system is very confusing; especially for elderly residents. Examples of health system weaknesses or challenges can be seen in Table 2.

Table 2. Health System Weaknesses/Challenges

Weaknesses	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Difficult to find PCP/ other HC prof.	X	X	X	X not in network	X
Lack of timely access to care	X long drive, no hospital available	X	X		X
PCP offices close at 5pm	X				X
If residents cannot reach PCP they go to ED					X
Resident's view of hospital-(poor quality/outdated)	X	X	X		X
Residents place trust in PCP with no hospital affiliation					X
Residents are confused by the health system					X
Lack of appropriate public transportation to hospital/services	X	X	X	X	X

Poor Counties receive little help from State	X				
Volunteer EMS/Low wages	X	X	X		
Lack of interstate MA payment	X				
Problems coordinating care	X				

Recommendations/Potential Solutions Discussed by Residents in the Mid-Shore Region

Recommendations made in four of the five Counties

The communities made fifteen general recommendations through the public hearing process. Three of the recommendations were mentioned in four of the five study counties. In Dorchester, Kent, Queen Anne's, and Talbot Counties, residents said there is a need for community members to have an input into health care decisions and in the strategic direction of the health care system. From the community's perspective, resident input is essential for improving healthcare quality. In addition, residents understand priorities when planning for change better that state officials.

It was mentioned in Caroline, Dorchester, Queen Anne's, and Talbot Counties that there is a significant need in the Mid-Shore region for additional behavioral health care, services, supports and healthcare professionals. Residents recognize that there is an opioid epidemic in the region and throughout the State. In addition, there is a need to address alcohol abuse and other drug use. It was suggested that the state take social determinants of health into consideration when addressing behavioral health. In Dorchester County, residents said there is a critical need for detox beds.

There is a need for health care specialists throughout the Mid-Shore region. Residents in Caroline, Dorchester, Kent, and Queen Anne's Counties noted that they do not need specialists on a full- time basis, but they would like to have access to specialists. In Dorchester County, residents said there is a need for OB, pediatric and geriatric specialists as well as for child psychologists. Kent County mentioned the need for orthopedic specialists, OB, cancer specialists, and psychiatric professionals. Psychiatric professionals were also mentioned in Queen Anne's County public hearing.

Recommendations made in three of the five Counties

The following four recommendations were each mentioned in three of the five county public hearings. Residents in Dorchester, Queen Anne's and Talbot Counties mentioned that the Mid-Shore region is in need of increased health literacy and community-based education. There is especially a need for education about chronic illnesses and how the health system works.

In Caroline, Dorchester, and Talbot Counties, residents said that there is a need for better communication/translational services and cultural competency). Residents expressed the need for better communication and outreach; especially for senior citizens. It was suggested that question and answer forums may be a good way to communicate. Translational services are needed for the growing immigrant population in the Mid-Shore region. In Talbot County, the immigrant population was referred to as "voiceless" in terms of their health care and health care access. Communities are in need of culturally and linguistically appropriate services.

There is a need throughout the Mid-Shore region for mobile health care and/or telehealth. This was discussed in the public hearings in Dorchester, Kent, Queen Anne's Counties. Mobile health care and telehealth are both a means to bring health care to the community. This would be helpful in bringing care to

individuals with chronic conditions, and as a way to decrease hospitalizations or trips to the emergency department. It was mentioned that using mobile health care is less stressful for patients.

In three of the county public hearings, there was a discussion about what a rural hospital should look like or what services should be included. In Kent County, residents believe that inpatient services and emergency services are definitely needed. Residents that attended the Dorchester County public hearing stated that an outpatient facility with 72 hour observation capability is sufficient. Individuals that require higher levels of care should go to a different facility with greater support capabilities. In Caroline County, residents stated that they did not expect a hospital to be built in their county. However, they would like to have a Freestanding Medical Facility (FMF) with observation beds.

Recommendations for increasing the number of physicians/workforce as well as how to reduce the workforce that is needed

Finally, the Workgroup heard suggestions of how to increase the number of physicians and other workforce as well as how to reduce the workforce that is needed. Residents in Caroline and Talbot Counties suggested that the State should establish a rural residency. The residency program should focus on primary care since there is a significant shortage of PCPs. The program should be located on the Eastern Shore since many physicians stay within 50 miles of where they do their residency. In addition to a rural residency, the Mid-Shore region needs a nurse practitioner program and an EMS program at Chesapeake College. This was recommended by residents in Kent and Talbot Counties who also suggested that there is a need for Community Health Workers (CHW) in the region. These workers know the community and can act as patient advocates as well as help individuals navigate the health care system. CHW can be used in many settings and should be used for behavioral health care services. One resident in Kent County said that we should focus on wellness rather than illness. We need to concentrate on the "total person", and spend more money on the prevention of chronic diseases. By doing this, we can reduce the number of health care workers that are needed in the region.

Additional recommendations made by community members during the public hearings and the rationale included: limiting competition by unregulated services, since unregulated services create "access to care" issues and interfere with sustainability of community-based interventions (Queen Anne's County); fixing insurance issues because health insurance plans are no longer affordable and do not have flexible plans (Queen Anne's County); letting only licensed brokers sell health insurance; integrating electronic health records and expanding CRISP since technology on the Eastern Shore is not consistent, and electronic health records deliver the right information to the right place providing safer, timelier, patient-centered care (Talbot County); and integrating dental services with other primary care (Talbot County. A full list of recommendations as well as the public hearing in which it was discussed can be seen in Table 3.

Table 3. Needs and/or Recommendations

Needs and/or Suggestions	Caroline County	Dorchester County	Kent County	Queen Anne's County	Talbot County
Rural Residency Need PCPs (also NP program at Chesapeake College)	**X**				**X**
Need Specialists (Need behavioral health-in Schools) OB/ cardiology	**X**	**X OB, pediatric, geriatric**	**X Orthopedic, OB, Cancer specialists**	**X Psych.**	

		specialists, child psychologists	Psych.		
Need for CHW/ Need patient advocates/ navigators			**X**		**X**
Need for increased health literacy/community-based education		**X**		**X**	**X**
Focus on wellness rather than illness		**X** **Chronic disease prevention** **Focus on population health**	**X**		
Need for increased communication- (Q&A forums, CLAS, translational services)	**X**	**X**			**X**
Fix Insurance issues (only licensed brokers, make affordable, flexible plans				**X**	
Need resident's input into health care discussions		**X**	**X**	**X**	**X**
Need mobile health care/ telehealth		**X**	**X**	**X**	
Need good hospital mgmt.					**X**
Limit competition by unregulated services				**X**	**X**
Behavioral health services	**X**	**X**		**X**	**X**
Integrated EHR/expansion of CRISP					**X**
Facility designation	**X** **FMF with obs beds**	**X** **Outpatient/ one-stop-shop** **72 hour observation capability**	**Some Inpt. Care / Emergency services**		

How public hearing recommendations align with Workgroup recommendations

Eleven of the fifteen recommendations mentioned in the public hearings were also recommendations (or a part of one of the recommendations) made by the Rural Health Advisory Groups and considered by the full Workgroup. The public hearings suggest that generally speaking, residents in the Mid-Shore region recognize that health care systems need to accommodate culturally diverse populations, and the growing number of vulnerable residents including elders with chronic health conditions. The residents also feel that we must address social determinants of health when making recommendations for improving the health care delivery system. Residents support an integrated care delivery system across a continuum of care with services as close to home as possible.

Appendix A

Mandates of Senate Bill 707 for Public Hearings on Rural Health Delivery

"The workgroup shall: hold public hearings to gain community input regarding the health care needs in the five study counties"

"The study required under subsection (e) (1) of this section shall: take into account the input gained through the public hearings held by the workgroup"

Appendix B

Maryland Health Care Commission (MHCC)
Public Hearing Notice and Request for Community Input

Health Care Delivery on the Mid-Eastern Shore and Other Rural Areas in Maryland

The purpose of the public hearings is to gather input from residents about health and health care in their communities. The Rural Health Care Delivery Work Group will use community input from these hearings to develop an approach to improve health and well-being for the Mid-Shore and other rural communities in Maryland. Members of the Rural Health Work Group, staff of MHCC, and our research team will attend the hearings.

Public Hearing Structure

When speaking, please introduce yourself and limit your comments to no more than 3 minutes.

Agenda

Welcome – Hearing Officer

Summary of the Work Group charge and Study structure – MHCC Staff

Comments by community residents (100 minutes).

Please address the following issues in your comments:

- **Community health strengths**
  - What contributes to health and well-being in your community?
    - Identify any programs or services that work well to support health and well-being
- **Health challenges faced by the community**
  - What are some of the challenges that your community faces in being healthy?
    - E.g. access to care, workforce, transportation, insurance coverage, wellness programs, behavioral health, economic challenges, etc.
- **Identify what is important to you for community health**
  - If you had to pick one issue that would improve the health and well-being of your community, which issue would you address?
  - What change/improvement would have the greatest impact in improving the health of your community?

Conclusion and wrap up (5 minutes) -- Hearing Officer

Locations and Times

Public hearings will be held in each of the Mid-Shore counties at the following location, date and time:

County	Date (2017)	Time	Location
Kent County	Wednesday May 24th	6:00pm – 8:00pm	Washington College, Norman James Theatre Smith Hall 300 Washington Avenue, Chestertown, MD 21620
Dorchester County	Thursday, June 1st	6:00pm-8:00pm	Hurlock Volunteer Fire Department 300 Charles Street Hurlock, MD 21643
Queen Anne's County	Tuesday, June 6th	6:00pm – 8:00pm	Queen Anne's County Complex Planning Commission Room 110 Vincit Street Centreville, MD 21617
Talbot County	Monday, June 12th	6:30pm - 8:30pm	Talbot County Community Center Wye Oak Room 10028 Ocean Gateway Easton, Maryland
Caroline County	Tuesday, June 13th	6:30pm-8:30pm	Denton Elementary School 300 Sharp Road Denton, Maryland

There is no registration for these hearings. Residents seeking to speak at the hearings may contact MHCC. Residents can also provide written comments to MHCC staff by email or mail up to two weeks following the public hearings.

MHCC Contact Information

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215
410.764.3284

Erin Dorrien, Chief, Government & Public Affairs
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Resources

Additional information and resources are posted to the Maryland Health Care Commission website (http://mhcc.maryland.gov/) under the MHCC quick

Appendix C: Kent County Rural Health Public Hearing

Draft Summary of Kent County Public Hearing

Rural Health Care Delivery
May 24, 2017 (6:00-8:00pm)

The Kent County Public Hearing on Rural Health Care Delivery, (held at Washington College in Chestertown, Maryland) began at 6:00pm. There were approximately 125 County residents and others in attendance. Kathy Ruben from the Maryland Health Care Commission (MHCC) greeted the attendees and asked individuals to sign up if they wished to speak about health care delivery in the Mid-Shore region. Individuals were to be called to the front of the theatre to speak in order of their signing. She then introduced Maryland Senator Stephen Hershey and Delegate Jay Jacobs, who welcomed everyone to the public hearing and discussed the importance of health care delivery in the Mid-Shore region.

Background Information and Introductions

Mr. Ben Steffen, Executive Director of the MHCC gave a brief overview of Maryland Senate Bill 707 which was passed into law during the 2016 legislative session. The main purpose of the legislation was to provide an exemption process from Certificate of Need for a health system seeking to convert an underutilized hospital to a freestanding emergency center (called a freestanding medical facility (FMF) in Maryland). However, the new law sparked considerable debate, and highlighted many health care challenges for rural areas of the state, particularly the Mid-Eastern Shore region.

In response to ongoing debate, the Maryland Legislature delayed the conversion of the University of Maryland Shore Medical Center at Chestertown to an FMF, and required the MHCC to establish a workgroup on rural health care delivery. This workgroup is to oversee a study of healthcare delivery in the region. The study is to include information gathered from public hearings, interviews, and focus groups. Mr. Steffen explained that the research is being conducted by the University of Maryland School of Public Health and the Walsh Center for Rural Health Analysis. Information gathered by the research team is to be used by the workgroup to develop a plan for meeting the health care needs in the Mid-Shore region as well as the needs in other rural areas in Maryland.

Mr. Steffen then introduced members of the Rural Health Care Delivery Study research team, MHCC staff, and individuals on the workgroup who were present including: Health Officer Dr.Leland Spencer (Kent County), Dr. Joseph Ciotola (Queen Anne's County Health Officer and Workgoup Co-chair), Deborah Mizeur (Workgroup Co-chair and owner of Apotheosis Herbs), and Garret Falcone (Executive Director of Heron Point Senior Living Community in Chestertown). Mr.

Steffen then explained the structure of the public hearing and approximate time limit for each resident wishing to speak at the hearing.

Comments by the Public

The first member of the public to speak at the hearing was Dr. Carl Gallegos, Chair of the Board of Directors of the Chester River Health Foundation. Dr. Gallegos, a long-time resident of Kent County said that it is important to have representation by the public to determine the health care delivery issues in the region, and to help find solutions to decrease some of the deficiencies. He said the presence of the UM Shore Medical Center is important to Kent County.

The next speaker, Mr. Bryan Matthews, who works for the KRM Development Corporation, also emphasized the importance of UM Shore Medical Center to Kent County as he described its economic importance. Mr. Matthews told the audience that some of the questions that businesses ask him as they consider moving to the region are: "How are the schools?" "What is the availability of the workforce?" and "How is the hospital?" He said that the area cannot attract new businesses without a quality hospital. He also said that until some of the issues are resolved about the future of the hospital, it will not be considered a quality hospital.

Ms. Jane Hukill, a volunteer at UM Shore Medical Center, brought up the issue of transportation in the region. As a hospital volunteer, Ms. Hukill said she often sees how long people must wait in order to get transportation to or from the hospital. She asked if there were funding issues that prevented additional transportation options. Mr. Steffen assured Ms. Hukill that the Work Group is looking at transportation in the Mid-Shore region along with the MTA. He then discussed some of the gains that Maryland has had in terms of rural health care delivery in the last few years including changes in the hospital reimbursement system and Medicaid expansion.

Ms. Leslie Price was the next speaker at the public hearing. She spoke on behalf of retirees in the Mid-Shore region; about the problems caused by having to travel long distances to health care. She said that this is especially problematic for families who want to support elders when they are hospitalized. If there were no inpatient beds in Chestertown, families would have to travel very far to support their loved ones.

Nancy Carter spoke next. She first thanked Senator Hershey and Delegate Jacobs for their ongoing support in trying to make health care delivery better on the Eastern Shore. She agreed with Ms. Price about the problem associated with traveling long distances to health care facilities. She noted that another issue in the Mid-Shore region is the lack of ability to recruit and retain health care professionals.

Mr. Zane Carter said that extremes in the age demographics in the region compound the transportation issues. He noted that many residents are very young (under age 20) or older (over age 50). Mr. Carter told the group that a large percentage of the school age children are from

single families. Visiting a parent that is hospitalized would be extremely difficult if there were no hospital in Kent County with inpatient care.

Ms. Frances Miller said that the distance to a hospital can have severe consequences in a life or death situation. She shared several family stories to emphasize this point. Ms. Miller's grandson, who was a college student, was sickened by meningitis. Even though he was only 11 minutes from a hospital, the doctors were not able to save his legs due to the severity of his illness. Had he been further away, he would have died as did her sister who had a medical emergency but was a long distance from emergency care. Thus, she stated "distance can be a killer".

Bob Coleman, a volunteer EMT in the County was the next resident to speak. He described the 911 call process to the audience. From the time someone calls 911, until the patient arrives at the hospital and starts to receive treatment, can be longer than two hours. He said that if a patient has to be transported to Easton or Annapolis, it can be an additional hour until treatment; even with the lights and sirens on. In addition, Mr. Coleman mentioned that the EMTs in Kent County are all volunteers. Since Kent County has a low density population, it is a challenge to find volunteers.   This puts a strain on the individuals who do volunteer. He said that they have asked for money in the past to pay EMTs, but they still depend on volunteers to transport the 1,800 alerts they get per year. He asked individuals in the audience to consider volunteering. Mr. Coleman ended his talk by asking the MHCC to consider that the UM Shore Medical Center is "our hospital". He said that individuals (especially seniors) should not be taken away from their families and support system to go to a hospital in Easton.

Ms. Kay MacIntosh from Chestertown, presented three different perspectives of rural health care delivery on the Eastern Shore at the public hearing. She spoke as a resident of Kent County, as a member of the Rural Health Care Delivery Work Group, and as an economic coordinator. She told the audience that she was somewhat suspicious of the motives of the Rural Health Work Group when she was first asked to be a member. However, she wanted it to go on record as saying that after hearing the Work Group proceedings, and seeing the work that was being done to improve rural health care in the Mid-Shore region and other rural areas in the state, she is very encouraged. She said that the community should have confidence in the Work Group.

Ms. MacIntosh then described improvements within the County that will be good for the economy, as well as some of the initiatives that will improve health care delivery. She said that the new campus of the Dixon Valve and Coupling Company, a large manufacturing company with its headquarters in Chestertown, should be amazing. She noted that the Kent County schools are making progress, and there is a new non-profit wellness company in the County (the Chester River Wellness Alliance). Ms. MacIntosh ended her talk by telling the audience that the hospital is very important to the community. She sent a message out to the community telling residents that they can either impede initiatives to improve health care delivery, or they can partner with organizations and the hospital to provide more integrated services.

The next speaker at the public hearing was Mr. Glenn Wilson. Mr. Wilson said that he wears three hats within the community. He is a resident, a business leader, and as the chair of the local United Way. As a resident, he is concerned about health professional shortages. Mr. Wilson noted that the nurses at the hospital are overworked. He said that it is nice if there is a family member who can look after someone who is hospitalized. However, residents may end up at a hospital in Easton, Annapolis, or Christiana, Delaware which would prevent this. Mr. Wilson informed the audience that he is the President of the Chesapeake Bank in Chestertown. As the bank President, he is very concerned that the town will "wither" if there are no longer inpatient beds available at the hospital. He said that people routinely ask him about health care in Chestertown. Finally, he told the residents that the United Way provides for critical needs of seniors in the area. As the United Way Chair, Mr. Wilson said that he is worried about the demands that will placed on the organization if inpatient beds decrease. The area has many seniors, and there is concern that the affluent residents will leave the area should this happen.

Kevin Bryan, an 80 year old professor at Washington College, agreed with Mr. Wilson's statement. He said that he was recently hospitalized and has only been out of the hospital for two days. He said that although the hospital is wonderful, he would probably not stay in the Chestertown area if there is no longer a viable hospital present. He informed the audience that he is concerned about the access to health care for many underserved residents.

Mr. Al Hammond, the next speaker at the public hearing, told the audience that he had a good perspective of rural health care delivery since he had run a health care system in rural India. He has also been an advisor to other health care systems. He said our current health care system is built to deal with illness, but we should spend money on wellness and the prevention of chronic diseases. Mr. Hammond commented that the idea is to focus on the total person. Mr. Hammond talked about new models of care delivery such as mobile health and on-line health care delivery, noting that if someone comes to your home, you are less likely to need to go to the hospital. He remarked that using mobile health care is also less stressful. He spoke of the advantages of Alexa (Amazon Echo device) as a health companion. Individuals can ask Alexa about medications, or can have Alexa call an ambulance. Mr. Hammond is a proponent of Community Health Workers. He said that in India, village health workers are often used very effectively.

Mr. Bob Parks, the Executive Director of Horizons of Kent County, said that he is all for economic development and new models of care delivery. However, he is most concerned with health care access for underserved and underprivileged individuals in the community. He said that there are a number of families that are below the poverty line; many are single parent homes. These families have many medical issues and few options for care.

Adam Brown, another EMS volunteers in the County, discussed transportation issues when there is a severe emergency and two ambulances are out. There may be times when none are available. He emphasized that the EMS in Kent County has all volunteers. Although they fight

for funding grants, Mr. Brown said that everyone is fighting for the same thing. He told the audience that they need volunteers and need EMS equipment in the County.

Debra Woodruff-Copper, from the Rock Hall Wellness Center who is also a Nurse Educator noted that some underprivileged individuals in the County need glasses or dentures. She knew of one woman who is a brittle diabetic that had to go to the hospital to get her blood sugar checked. She noted that some people in Easton have to wait up to two and a half months just to get wellness care or they have to travel across the bridge.

Rodney Lester from Rock Hall said that although Kent County is beautiful, it is very isolated. However, he said it should at least have some minimum health care available. He told the audience that if there were no emergency care in the County he probably would have died, since he had contracted an unusual bacteria which caused his blood pressure to drop and he would not have made it to Easton.

Ms. Mumford, a hospital volunteer who used to work in the maternity ward, informed the residents that there is no longer a maternity ward at the hospital. She said that one woman who works at the local library went into labor and had to travel to Easton. Her husband had to deliver the baby on the way and the baby died. She said that without a maternity ward in the hospital, there will be no young families moving to the County. This in turn will cause the schools to close.

Additional Health Care Concerns

Following the round of speakers at the public hearing, Mr. Steffen asked the audience if there were other concerns or issues they wanted to present. Residents expressed concern over the lack of medical specialists in the region. Mr. Steffen asked what type of specialists were needed. He received many replies including: orthopedic specialists, cardiologists, obstetricians, cancer specialists, psychiatrists and others. Additional concerns that had previously been addressed included concerns about volunteer EMS services, transportation, workforce shortages, and the status of the County hospital.

Summary of Public Hearing

Residents believe that the University of Maryland Shore Medical Center is very important to Kent County in terms of providing timely access to health care and providing economic stability to the region. Residents also believe that eliminating inpatient care at the hospital would force patients to travel greater distances, eliminating important family support systems for vulnerable populations and increasing stress on the already strained volunteer EMS system. It would also place greater demand on other social services organizations who care for vulnerable individuals. Resident recommendations for improving the health care delivery system in Kent County included: maintaining some minimum level of care and inpatient services at the hospital, having residents provide support and possibly partner with the health care system, and the use of mobile health care, on-line care, and Community Health Workers. Health care should focus on resident wellness.

Appendix D: Dorchester County Rural Health Public Hearing

Draft Summary of Dorchester County Public Hearing

Rural Health Care Delivery

June 1, 2017 (6:00-8:00pm)

The Dorchester County Public Hearing on Rural Health Care Delivery, (held at The Hurlock Volunteer Fire Department in Hurlock, Maryland) began at 6:00pm. Kathy Ruben from the Maryland Health Care Commission (MHCC) greeted the attendees and asked individuals to please sign into the hearing. She explained the purpose of the public hearing and asked if anyone wished to speak about health care delivery in the Mid-Shore region. While the residents that were present did not want to speak about their own experiences with health care in the area, they said they were very interested in hearing about some of the issues of concern in the region.

Several of the public health professionals and elected public officials present at the hearing complied with the residents' request. Roger Harrell, the Health Officer for Dorchester County greeted the residents, and explained that the Maryland Legislature required the MHCC to establish a workgroup on rural health care delivery. He said that the Rural Health Study is being conducted by the University of Maryland School of Public Health and not by the UM Shore Health System.

Background Information and Introductions

Mr. Ben Steffen, the Executive Director of the MHCC introduced several members of the State Legislature and told the audience that he can appreciate some of the rural issues since he grew up in Iowa (on the Minnesota border) which was very rural. Mr. Steffen, then gave a brief overview of Maryland Senate Bill 707 which was passed into law during the 2016 legislative session. The main purpose of the legislation was to provide an exemption process from Certificate of Need for a health system seeking to convert an underutilized hospital to a freestanding emergency center (called a freestanding medical facility (FMF) in Maryland). Mr. Steffen discussed the loss of acute care facilities in rural regions and the need for new models of health care delivery. This may include ambulatory campuses with greater observation capabilities (up to 72 hours). Mr. Steffen then shared his vision for an ambulatory model.

Maryland Delegate, Sheree Sample-Hughes told the group that it is important for communities to have input on new models of health care delivery. Senator Thomas Middleton agreed. He discussed the Work Groups efforts to come up with recommendations for policy changes for the new model of care. Senator Middleton told the community residents that the

Work Group was divided into four Advisory Groups to examine transportation issues, care for vulnerable populations, the economic impact of care delivery, and health care workforce shortages. He then introduced the Work Group Co-Chairs, Dr. Joseph Ciotola and Ms. Deborah Mizeur.

Group Discussion

Dr. Ciotola shared his background in healthcare with the audience. He said that he had been in private practice for over 30 years. In an effort to start a group conversation, he asked the audience several questions about their experiences with the health care system. Dr. Ciotola asked "How many of you have primary care?" Most people in the room raised their hand. He then asked "how many have a problem getting an appointment?" People indicated that they could usually get an appointment within a few days. Additional questions included: Who has had to take a trip in an ambulance to the emergency room? How many people have seen a nurse practitioner or a physician's assistant for their primary care? How comfortable are you in seeing these health care professionals (in place of a primary care physician)? Individuals expressed that they were comfortable seeing health care professionals other than a physician. One woman, who is a school nurse, reminded the group that there is also wellness in the schools. Dr. Ciotola said that this is often very effective and the parents do not have to take off from work.

Health System Deficits

Health Professional Workforce

Dr. Ciotola then asked the audience what they felt was the biggest deficit in the area health care system. The most significant area of concern was the lack of competent physicians and other health care professionals. Someone replied that the fact that there were no obstetricians or pediatric physicians was a problem. There is also a lack of geriatric specialists and nursing homes for the aging population. The few physicians that are in the area are not in the insurance network, or the physicians themselves are aging and may not be in practice in a few years. There is a need for behavioral health professionals in the County especially in terms of child psychologists (and a need for detox beds). Another resident said that finding a competent doctor was an issue. She said that she went eight years before being diagnosed with Lyme disease. Rebecca White said that she goes across the bridge for her health care. She noted that the reputation of the health care system in the Mid-Shore is questionable. Someone mentioned the need for physician training (including AHEC training) for both primary care physicians and specialists.

Dr. Ciotola asked the audience about their thoughts on telehealth. He mentioned electronic grand rounds as a means to provide continuing education to physicians. Susan Johnson, the VP of Quality and Population Health for Choptank Health, mentioned the problem of connectivity for telehealth. Dorchester County Councilman, Rick Price, agreed that this would not work in all areas of the County. Maryland State Senator, Addie Eckardt, said that this may also be

cost prohibitive. In addition, older individuals in the County want face to face interactions with their physicians.

Communication

While some of the community members present felt they have a voice in the health system, others expressed concern over the lack of communication. Mr. Jack Lewis, from the Hurlock Citizens and Seniors Association said that there has to be better communication with the public about health care issues. Mr. Price said that communication may depend on the issue at hand. He said that he has had conversations with Roger Harrell about the hospital conversion. He also expressed gratitude that the Dorchester public hearing was held in Hurlock. Individuals in this area use four different hospitals including Delaware hospitals.

Lack of Adequate Public Transportation

The lack of adequate public transportation was also mentioned as a deficit, as was the fact that the EMS were all unpaid volunteers. EMS often make transport decisions among the hospitals. It was noted that if a hospital were to close, this would impact EMS across the Mid-Shore region.

Recommendations

Dr. Ciotola told the residents that the Work Group was looking into all of these issues through Advisory Groups, whose members have been making recommendations for improvements. He discussed some of the recommendations such as scholarships that incentivize students that serve in rural designated jurisdictions for physicians, RN/NP, PAs, EMT/Paramedics and dental professionals. The group discussed additional ideas to improve the health care delivery in the area including: outpatient “one-stop-shop” care, chronic disease prevention, mobile integrated care, and changing from an illness focus to a wellness focus (especially in schools). Ms. Johnson reminded the audience about the need to address some of the social determinants of health including food, housing and security. Improving health literacy is also important. Some of the concerns are the cost and feasibility of various recommendations. These recommendations will be brought before the larger Work Group and eventually before the General Assembly. The public hearing adjourned at approximately 8:00pm.

Appendix E: Queen Anne's County Rural Health Public Hearing

Appendix F: Talbot County Rural Health Public Hearing

Talbot County Rural Health Public Hearing
Draft Summary June 12, 2017

Talbot County Community Center
Wye Oak Room
10028 Ocean Gateway
Easton, Maryland

The Talbot County public hearing on rural health delivery began at approximately 6:30pm on Monday June 12, 2017 at the Talbot County Community Center, in Easton, Maryland. Maryland State Senators Adelaide Eckardt and Stephen Hershey were introduced. Senator Hershey welcomed everyone and thanked them for being present. Senator Eckardt briefly discussed the limited access to health care services and limited resources for health care in the Mid-Eastern Shore area.

Ben Steffen, Executive Director of the Maryland Health Care Commission, introduced the Co-chairs of the Rural Health Workgroup, Dr. Joseph Ciotola and Ms. Deborah Mizeur, as well as other members of the Workgroup that were present.   He provided some background information on Senate Bill 707 in 2016, and the charges of the Rural Health Care Delivery Workgroup.   Mr. Steffen discussed the evolution of the health care system in Maryland and the decline in hospital inpatient beds throughout the state. Several hospitals are considering converting to a Freestanding Medical Facility. Mr. Steffen then explained the intent of today's public hearing. He asked everyone to participate in sharing their healthcare experiences, and to highlight the strengths and weaknesses of the healthcare system in the Mid-shore.

Resident Public Hearing Participation

Need for a Rural Residency and Use of Community Health Workers

Mr. Jake Frego expressed thanks to the Delegation for their participation. He believes the Easton health system's biggest strength is their ability to partner locally. He said that without partnering we would not be able to do what we do every day. Two healthcare issues were raised by Mr. Frego, the need for the development of a rural residency program on the Eastern Shore and the need for a statewide framework for inclusion and implementation of Community Health Workers.

Mr. Frego pointed out to the audience that to evidence shows that about 80% of physicians stay within 50 miles of where they do their residency.   Therefore a residency program on the Eastern Shore (and perhaps one in Western Maryland) may help reduce the shortage in health care providers in these areas. Mr. Frego is also an advocate for Community Health Workers. He called for legislation to recognize the position, creation of a standard training program, and providing funding. He noted that Community Health Workers can work in so many different settings: penal, primary care, hospitals, behavior health, etc. They could work to fill in gaps in the current health care system.

Difficulty Finding a Primary Care Physician

Kathy Jones a registered nurse and community advocate discussed her difficulty obtaining a primary care provider (PCP) when she moved to the Mid-Shore area. There was a three month waiting period, during which time had to go to an urgent care center. She mentioned that many residents are poor, older, and are not getting the care they need for their chronic conditions because of lack of timely access to care. The closest doctor to Tilghman Island is in St. Michaels, a 30-min drive, where offices close at 5PM.

Ron Engle, from the Easton Town Council, also discussed the difficulty finding a primary care physician. It took him two years to find a PCP, but he stated that the only reason he found one was because he was on a government task force and was referred to someone by another task force member. Mr. Engle also brought up the quality of care at Shore Health, explaining that people joke about getting in an ambulance and requesting to go to Anne Arundel. He further explained that locally, people have no confidence about the level of care in town, which is further fueled by their local trusted physicians having no affiliation with Shore Health.

Increase Communication and Health Literacy

Judy Gaston, a registered nurse in an oral health clinic in Dorchester noted that residents are confused by the health system. She highlighted the need for community-based education to increase heath literacy. She mentioned the changes in the health care system have not been made widely known. This is especially important as many residents are older and have grown up in a loyalty based system, where you have the same physician for years. They believe that if you cannot see your doctor you go to the ER. What the residents do know about the changes in the health care system, they learn from editorials and unchecked sources. They want to hear from trusted and local sources such as through Q & A forums, dual editorial columns, mass patient education, and community education.

Ms. Gaston said that health care is changing without proper education and communication. A suggested topic to be communicated to the public is the difference between a hospitalist, EMS and a PCP. Topics should range through all services, including mental health care and dental care, as well as the need for socialization. Ms. Gaston would really like to see the population involved in the discussion, but would also appreciate the existence of senior advocates in the system to help people understand their treatment plans and suggest to them that they get a second opinion. She highlighted a strength in Queen Anne's County, which is EMS personnel who check on patients and even provide some diabetic assistance. She would like to see something like that implemented locally.

Another resident who is a new nurse that graduated from Chesapeake College, advocated for community health education. She works in Easton, and is saddened when she hears how people delay their care because they didn't want to come to Easton. She recently had a patient wait 24 hours with right side weakness because physical ailments usually fix themselves. The weakness was from a stroke. They didn't seek immediate attention because they'd rather not deal with Shore Health at Easton.

The Health Care System

Dirck Bartlett, from the Talbot County Council addressed one of the reasons for the lack of confidence and perceived inferior quality of the current hospital in Talbot. Mr. Bartlett said the hospital is over 100 years old and very outdated. He then explained how the Talbot County Council has been working hard to find a solution and recently purchased 60 acres of land to build a new hospital and other medical

facilities to create a medical campus. Hopefully, this new facility will be able to provide the high-quality care that is expected. The hospital will be the landlord so they will be able to earn revenue from leasing out locations on the campus to the other medical providers. He explained his concern that the campus will fail if we regionalize or break up the hospital system into small pieces. He further explained how Chesapeake College will be a training facility for nurses and EMS workers. His main point was that Talbot has been very deliberate in their investments, but they have many concerns how some new recommendations may affect their strategic plans.

John Ford, President of the Easton Town Council, briefly mentioned that if the right management of the hospital wasn't here, that would undermine the County Council's work. He emphasized the importance of the Easton hospital, how it is at the economic core of the community, no matter its reputation and current standing.

Cory Pack from the Talbot County Council discussed the burden of competitors providing unregulated services in a service area of an existing hospital. Shore Health has a 2% profit margin and this year they will be about ½ cent short. He noted that the hospital is the backbone of the community. He suggested the need to find a way to look at existing service areas and profit margins to limit competition of unregulated services.

Mr. Pack called for a deeper look at the disparities in billing and how doctors are recouping their cost. He expressed thanks for the pavilion that Shore Health is building. Shore Health is trying to address community needs, he said, but it takes time, especially under a changing system. Another way Shore Health has addressed community concerns is by forming a partnership with Care One to provide other outpatient services.

Need for Culturally and Linguistically Appropriate Services

Matthew Peters from the Chesapeake Multicultural Resource Center explained how the local immigrant population is growing and remains "voiceless" in the community. The Chesapeake Multi-Cultural Resource Center is collaborating with the Health Department, Choptank Health and the school system to ensure this population has equitable access to quality services. In the last nine months, the Center has put together a "Culturally and Linguistically Appropriate Services" (CLAS) committee and training program. They just started this training at the Talbot County schools. The Resource Center brought together translators across counties to leverage partners to better provide translational services for hospitals, educational institutions, and bank services.

The Center is looking for ways to correct current and future mistakes in order to save money and administrative staff time. Mr. Peters gave an example of the time it takes to correct a birth certificate, instead of clarifying information with the birth mother at the time of application. He suggested the Rural Health Work Group also look for ways to educate immigrants about the following: the role of EMS (how EMS will "take you" but they aren't taking you away,—they aren't immigration services even though they have sirens, etc.), urgent care services, FQHC's (and how these are safe locations), and why you get three bills from a hospital. Mr. Peters said there is a need for community health workers, and for behavioral health and addiction service workers who are really trained in CLAS. There are currently no language services for the treatment of alcoholism. Mr. Peters believes that If Talbot County continues to put it off obtaining these services because they don't have money, then the community will suffer the financial consequences later.

There was a call for additional speakers at the public hearing and then Mr. Steffen opened the floor for questions to the commission, the workgroup. He said we would like to hear about other challenges not discussed.

The first topic discussed was the lack of an integrated electronic health records (EHR) system accessible by all providers. Technology on the Eastern Shore is not consistent, or compatible among emergency departments. Some education about the Chesapeake Regional Information System for Patients (CRISP) was provided, which highlighted the need to inform consumers about the resource. CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. Health information exchange allows clinical information to move electronically among disparate health information systems. The goal of the HIE is to deliver the right health information to the right place at the right time - providing safer, timelier, efficient, effective, equitable, patient centered care. Susan Johnson, VP of Quality and Population Health at Choptank Health (and member of the Rural Health Work Group), noted that the idea is to have CRISP available in the hospitals and then be made available to primary care physicians. Mr. Steffen discussed the recent 30 billion investment in EHR.

The next topic of conversation was difficulty in accessing primary care physicians. Another resident shared a story about people sitting on a waiting list to get a PCP for months to years and the difficulty in scheduling a visit once they were a patient. She said that residents often have to go to the ER rather than wait. Ms. Johnson wanted everyone to know that they can receive care and obtain a PCP at Choptank (not just Medicaid patients). Mr. Steffen explained a variety of PCP models around the country, mostly for immediate access. Maryland is rolling out an open access model for Medicare. Difficulty in accessing specialty care was only mentioned for behavioral health services.

Regionalization was discussed as the prospect of building acute care hospitals in other Counties is unlikely. The opinions varied in the room. Most people support the new regional hospital and medical campus that Talbot has invested in. Other counties have supported this hospital at their own expense, but with tradeoffs. For example, Caroline County supported the hospital for 2 additional ambulances. A suggestion was made by the residents that outpatient care should be provided more locally, but traumatic care should be provided in the new hospital. Other suggestions for improving access to health care included further support for an improved public transportation system to get people to and from the new medical campus, and the development of a nurse practitioner program at Chesapeake College. The Talbot County rural health public hearing ended at approximately 8:30pm.

Appendix G: Caroline County Rural Health Public Hearing

Rural Health Public Hearing Draft Summary
June 13, 2017
Denton Elementary School
300 Sharp Road
Denton, Maryland

The Caroline County public hearing on rural health delivery began at approximately 6:30pm on Tuesday June 13, 2017 at the Denton Elementary School in Denton, Maryland. Maryland State Senator Adelaide Eckardt, Delegate Jeff Ghrist, and Caroline County Health Officer Scott Leroy welcomed everyone and thanked them for being present. Senator Eckardt briefly discussed limited access to health care in the Mid-Eastern Shore area.

Ben Steffen, Executive Director of the Maryland Health Care Commission, also welcomed and thanked everyone for their attendance. He provided some background information on Senate Bill 707 in 2016, and the charges of the Rural Health Care Delivery Workgroup. He then recognized the Co-chairs of the Workgroup, Dr. Joseph Ciotola and Ms. Deborah Mizeur, and explained the intent of today's public hearing. He asked everyone to participate in sharing their healthcare experiences, and to highlight the strengths and weaknesses of the healthcare system in the Mid-shore.

Health Care Access Difficulties in Caroline County

The first speaker of the evening was Ryan Todd, from the Caroline County Department of Emergency Services. Mr. Todd pointed out several weaknesses in the health care delivery system in Caroline County. Caroline County is one of the poorest Counties in Maryland, and it receives the least help from the State. Caroline County is the only county without a hospital or free standing medical center. In addition, the geography of the County makes access to health care facilities difficult. Caroline County is long and narrow, and it's bisected by the Choptank River. Mr. Todd told the audience that it takes 45-50 minutes to drive from one end of the County to the other, and the river limits access on transportation routes.

The EMS system in Caroline County has 4 ambulances and volunteer workers, who transport patients to 8 different hospitals in the Mid-Shore region. Mr. Todd noted that 93% of transports are handled by professional EMS staff. While other counties have their hospital as a hub for patient health care, every transport in Caroline County is out of the County; including to Delaware (about 24% of patients). Some patients that are transported to Delaware aren't covered by their Medical Assistance.

The Need for Emergency and Primary Care

Mr. Todd told the audience that Caroline County may never have a hospital within its borders, but "hopefully one day we can have a free-standing medical facility (FMF), with more than just urgent care". He noted that the FMF should have observation beds, and the ability to make the determination of further transport or discharge. Mr. Todd said that specialty care is hard to find in the Mid-shore region. Although

Choptank Health has done an excellent job in growing primary care, they need to continue to grow because the need for primary care isn't met yet.

Need for Transportation Alternatives and Coordinated Care

The local EMS system in Caroline County handles approximately 5,500 911 calls per year with 4 ambulances. There are no taxis, Uber service, or other public means of transportation. Therefore, the staff must accomplish a lot in terms of transportation with limited resources. Mr. Todd noted that it would be challenging to implement EMS Mobile Integrated Health Services in Caroline County as the EMS fleet has very limited resources, including time. In addition, the local system cannot compete with wages in other counties, so Caroline County has problems recruiting and retaining EMS professionals. Therefore, Caroline County has become more of a "training ground" now.

Finally, Mr. Todd mentioned that there are a lot of social service agencies in Caroline County, but they have problems coordinating care. The County Health Department, Choptank Health and Shore Health have programs, but they aren't working together, or working with local organizations to eliminate duplication of services. He said that the Health Department and Health Officer should be more of a spearhead.

Behavioral Health Care Delivery in the Schools

The second speaker of the evening, was Mr. Derek Simmons from the Caroline County Public School System. The main idea he presented was the need for mental and behavioral health services for adolescents. He discussed the impact from childhood through adulthood, of adverse childhood exposures, low well visits, and limited behavioral health access. Mr. Simmons explained that the effect we see now is the opioid epidemic. Although unemployment has decreased, the poverty rate is increasing, the cost of rent is increasing, and there is a dramatic decrease in car ownership.

The school system and the local health department have teamed up to provide access to behavioral health services on a fee-for-service basis. However, it is very hard to recruit and retain behavioral health specialist. Mr. Simmons stressed that the community has done a good job leveraging partnerships, but the residents cannot afford additional taxes to implement a new system. Instead, seed money would be useful, and larger partnerships are needed to improve the behavioral health system in schools and provide early intervention. Mr. Simmons said the key take away in Caroline County is that there must be more behavioral health services for adolescents. Mr. Steffen asked how this could be funded, to which Mr. Simmons replied "fee for services".

Sue Simmons reminded the audience that environment, including the built environment, matters to our health. Stress and trauma lead to individuals trying to disengage which leads to opioid addiction. She said that one of the strengths of the County is forming partnerships and collaborating even though there are limited financial resources. She gave examples such as Parks and Recreation- how they host after school programs and feed children dinner. They also host educational events during the year that teach children about health and how to bring healthy habits home. The issue she discussed was the need to support local jugglers- those that work 2-3 part time jobs and cannot afford health insurance. Those part-time positions are sometimes all organizations can afford, so we need them, but we need to take care of them too.

Services for Non-English Speaking Individuals

Mr. David Rosario, from the Migrant Program highlighted the need for more primary care as every dollar that is spent on primary care results in eight dollars savings in ER. He also expressed the need for more language services. He explained the day-to-day difficulty those that speak anything other than English have, especially when it comes to receiving services.

Women's Health Care

Ms. Rachel Barry discussed the difficulty of accessing specialty care in the area. She explained how she had a caesarean section for her first child in Easton. Due to outdated policies, she was told that her second child would also have to be delivered by a C-section if she gave birth at Easton, so she gave birth at the Anne Arundel Medical Center. Her second child was born with a clef lip and palette, which now requires many appointments and specialty appointments over the bridge and in Baltimore. This means a lot of time off work, miles on her car, and additional expenses with gas and tolls. She mentioned that she loves her local primary care doctor and local pediatrician at Bay Medical in Easton.

Ms. Tina George evaluated the health care delivery system from multiple perspectives. She recently became an EMT, but has also been a home health aide, and Medical Assistance driver with the health department. She also lost a child to heroin. He was medicated as a child and aged out of the program, after which he turned to street drugs for self-medication. She commented on the existence of an inmate transportation program but the lack of transportation services for those with Medicare, and the reliance on the neighbor helping neighbor program. She said that older residents end up dying at home and 911 and urgent care monopolize EMT services for transportation. She highlighted two strengths in the community, 1) the school-based medical services provide a wonderful accessible services. 2) Parks and Rec is a great resource in the community. This weekend, her kids learned about eating healthy and learned how to bring that information home.

Ms. Stacy Gardener, a substitute teacher, IA, and now with parks and recreation mentioned how being an "outsider" in the community is difficult because everything and everyone operates in tight knit circles. During her career, she noticed that children pattern their behavior after adults. If children have never seen parents be active or seek help for mental health or physical health, they won't either and the stigma continues. She has Tricare and must go across the bridge for services. Her children could not get school -based health services because of the fee-for-service mechanism, so she has to pick them up, take time off, and go over the bridge. She stressed the need to make resources available for the whole population, not just local and "true" shore residents.

Ms. Angela Price stressed the need more adolescent mental health care and explained that if you want timely services you go to Delaware. Many of the local counselors are her grandparent's age and don't relate to adolescents. Many local mental health providers don't take private health insurance. Specialty care is hard to get. For example, the pediatric cardiologist comes once a month. She also expressed frustration that there is no public transportation and that the local urgent care center shuts down too early. However, she mentioned that she was happy the facility existed. She also praised the parks and recreation program, 4H, and the after-school program.

Mr. Steffen thanked the audience for their comments, and told everyone that we need to think more regionally when it comes to health care delivery. He noted that there were consistent issues throughout the Mid-Shore area, including the lack of behavioral health and other specialists, as well as difficulties for residents with health insurance other than Medicaid to get health services.

Dr. Ciotola gave the closing remarks and said there were topics that were not discussed such as palliative and hospice care. He noted that at the other end of the spectrum, it is difficult to obtain OB and early childhood care. Finally, he commended the efforts of the local Parks and Recreation program and Choptank to provide wellness programs, and said we have to examine wellness programs. The meeting ended at approximately 8:30pm.