

Somerset County, Maryland

2017 - 2018

Community Health Needs Assessment

Prepared by:



Somerset County Community Health Needs Assessment

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EXECUTIVE SUMMARY

The Somerset County Health Department and McCready Foundation partnered with the Business Economic and Community Outreach Network (BEACON) to sponsor a Health Needs Assessment in Somerset County, Maryland. The goal of this needs assessment was to identify the health concerns of residents and barriers they encounter in accessing health care.

A mixed method approach was used to assess the needs, identify resources, and identify opportunities for intervention. With assistance from the Somerset County Health Department and the McCready Foundation Inc., the BEACON team conducted in-depth key informant interviews focus groups accessing over 102 opinion leaders. The BEACON team also accessed secondary data and information from public sources to provide the background and context for the in-depth interviews.

The interviews and focus groups were conducted using questions involving the identification, discussion, and/or explanation of health concerns, health trends, and potential methods of prevention or improvement of health concerns in Somerset County.

Based on the interviews and focus groups, poverty, low health literacy, transportation barriers, financial constraints, and lack of insurance coverage emerged as the biggest barriers to accessing health care in Somerset County. In addition, obesity and diabetes were identified as major public health concerns for the county. The study participants discussed the lack of exercise programs and weight loss resources in the community. Most study participants listed the Somerset County Health Department as the best source of healthcare information in the county. Finally, the study participants offered the following recommendations to reduce risk factors and improve health outcomes in Somerset County:

1. Seeking Additional Resources (Primarily funding but also volunteers);
2. Pooling Resources within Somerset County and Regionally;
3. Focusing more on Education, Outreach, and Prevention;
4. Strengthening Partnerships (i.e. Faith and Community Based Organizations);
5. Breaking down silos and allocating funding to patients not the providers;
6. Enhancing Case Management.

INTRODUCTION

Somerset County, one of the 24 jurisdictions of the State of Maryland¹, is located on the Eastern Shore of Maryland, between the Chesapeake Bay and the Atlantic Ocean. The County has an estimated population of about 26,000, with 54% being White, 42% African American, 3.6% Hispanic; 2.4% Multiracial; and 0.9% Asian.²

Somerset County residents have to contend with a number of health needs that exceed the available resources to address them. The County has been ranked 19th out of 24 in length of life based on years of potential life lost before age 75 per 100,000 population. With the highest percentage of children in poverty throughout the state of Maryland (36% under age 18); the highest rate of obesity in Maryland (42% with BMI >30), and a 24.1% smoking rate among adults, the County's health needs are significant. There are over 3,000 residents for each primary care physician in the County putting it last in the State of Maryland.³

This study is an attempt to better quantify and qualify the community health needs in Somerset County, and to identify the limitations, barriers, and gaps that impact health outcomes in the County.

¹ <http://msa.maryland.gov/msa/mdmanual/01glance/html/county.html>

² https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#

³ <http://www.countyhealthrankings.org/app/maryland/2017/rankings/somerset/county/outcomes/overall/snapshot>

STUDY METHODOLOGY

A Community Health Needs Assessment is a method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve public health and reduce inequalities.⁴ These assessments can be used to identify gaps between current health status and those desired, and to categorize such gaps via level of importance and source of influence (environmental, behavior, genetic, or healthcare). Health needs assessments have many benefits, including the development of strategies to address health care needs in the community, strengthened community involvement in decision making, improved communication with agencies and the public in the community, a snapshot of the health needs of an entire community, and better use of resources.

Limitations of a needs assessment are introduced once the method of research is chosen; i.e. quantitative versus qualitative. Quantitative research methods of assessment are objective, number-based, and generalizable. This method is used to test concepts, constructs, and hypothesis of a theory; examples include surveys, structured interviews, observations, and reviews of records or documents for numeric information. Qualitative research methods are subjective, text-based, and less generalizable. Qualitative research is used to formulate a prediction; examples include focus groups, in-depth interviews and brainstorming.⁵

⁴ https://www.k4health.org/sites/default/files/migrated_toolkit_files/Health_Needs_Assessment_A_Practical_Guide.pdf

⁵ http://www.orau.gov/cdcynergy/soc2web/Content/phase05/phase05_step03_deeper_qualitative_and_quantitative.htm

This study combines quantitative and qualitative approaches. In addition to a thorough review of the most recent federal, state, and local data sets pertaining to Somerset County's health needs and health outcomes, the BEACON Team has conducted a series of opinion leader and key stakeholder interviews as well as focus groups with key health care professionals, elected and appointed officials, business and economic development decision makers, emerging community leaders, and other key informants. The process included data collection from 102 unique individuals over a three-month period in the fall of 2017. Such community-based recruiting of key informants is most successful when there is a partnership between the researchers and local community-based organizations such as health departments or hospitals. The BEACON Team is grateful to the support of the study sponsors Somerset County Health Department and the McCready Foundation, Inc. for assisting in recruiting these study participants. These key informants have provided in-depth insights to the BEACON Team in better understanding the data and the outcomes observed through the initial data analysis. The information gathered from the key informants interviewed was organized as follows:

1. *Primary community health needs in Somerset County;*
2. *Somerset County's key health outcomes;*
3. *Health care access, affordability, and inequality issues;*
4. *Key community health trends (improving/worsening);*
5. *Gaps in health needs versus available services;*
6. *Health Literacy Issues.*

ABOUT SOMERSET COUNTY

Somerset County is located on the Eastern Shore of Maryland, surrounded by Wicomico County, MD to the North; Worcester County, MD to the East; Accomack County, VA to the South, and the Chesapeake Bay to the West. It is one of 24 Maryland counties/jurisdictions. The county has a rural designation, as defined by the United States Census Bureau, hosting a population of less than 50,000 residents.⁶ The County includes eleven towns: Chance, Crisfield, Dames Quarter, Deal Island, Eden, Fairmount, Frenchtown, Mount Vernon, Princess Anne, Smith Island, and West Pocomoke.⁷ Somerset County has one hospital, three health care and social assistance clinics, and three nursing and residential care facilities.

Demographics

Somerset County is home to 26,000 residents. Racially, the county is majority white (54%); 43% black; 0.9% Asian, and less than 1% each of Native American and Hawaiian backgrounds. 3.6% of the residents identify themselves as Hispanic/Latino. The median age of the county is 37 years old. In 2016, the Somerset County median household income was just under \$36,000 with 24.3% of the population living in poverty. Housing problems are an issue, with around 24% of all households (highest in Maryland) experiencing one or more of the following challenges: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. A more detailed demographic profile of the County is presented on the following page in Table 1.

⁶ <https://storymaps.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=9e459da9327b4c7e9a1248cb65ad942a>

⁷ http://maryland.hometownlocator.com/counties/cities_cfips_039_c,somerset.cfm

Table 1: Demographic Profile of Somerset County

SOMERSET COUNTY DEMOGRAPHICS	
Population	
Population estimate, July 1, 2016	25,928
Persons under 5 years, percent, July 1, 2016	4.80%
Persons under 18 years, percent, July 1, 2016	17.20%
Persons 65 years and over, percent, July 1, 2016	16.00%
Female persons, percent, July 1, 2016	46.30%
Race and Hispanic Origin	
White alone, percent, July 1, 2016	53.90%
Black or African American alone, percent, July 1, 2016	42.30%
American Indian and Alaska Native alone, percent, July 1, 2016	0.40%
Asian alone, percent, July 1, 2016	0.90%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016	0.10%
Two or More Races, percent, July 1, 2016	2.40%
Hispanic or Latino, percent, July 1, 2016	3.60%
White alone, not Hispanic or Latino, percent, July 1, 2016	51.40%
Population Characteristics	
Veterans, 2012-2016	1,813
Foreign born persons, percent, 2012-2016	5.10%
Housing	
Housing units, July 1, 2016, (V2016)	11,420
Owner-occupied housing unit rate, 2012-2016	64.40%
Median value of owner-occupied housing units, 2012-2016	\$131,800
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,218
Median selected monthly owner costs -without a mortgage, 2012-2016	\$482
Median gross rent, 2012-2016	\$667
Building permits, 2016	25
Families & Living Arrangements	
Households, 2012-2016	8,328
Persons per household, 2012-2016	2.32
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	81.40%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	7.40%

Source: U.S. Census Bureau

Education

In 2017, Somerset County had just under 3,000 students enrolled in K-12 classes.

Approximately 450 of these students were in Pre-K and Kindergarten; 1,135 of them were in elementary school; 625 in Middle school, and 730 in high school. The County has two Head Start Centers (Princess Anne and Crisfield) and one private school (Holly Grove Christian).

Overall, 80.5% of the County's population are high school graduates or higher. College graduates with Bachelor's degrees or higher comprise about 15% of the County population.

Economy

In 2017, Somerset County had a total labor income of \$415 million. The Median household income in the County is \$35,154 and the Average household income is \$49,530. At \$16,631, Somerset County's per capita income is the lowest in the State of Maryland.

Somerset County has a civilian labor force of 9,234 with 8,586 of them employed and 648 unemployed. The unemployment rate is 7% which is the highest in the State of Maryland (almost 3% higher than the state average). Close to half of County residents commute outside the County for work. A list of the major employers in the County can be seen on the following page, in Table 2.

Please note that this list excludes post offices, state and local governments, national retail and national foodservice establishments. In fact, there are close to 3,000 federal, state, and local government employees working in 43 government establishments in Somerset County, making public service jobs the largest employment category. Median hourly wages in Somerset County range from the minimum wage up to \$39.85 per hour depending on education, experience and employment sector. However, in most categories, these median wages put the County at the bottom in the State of Maryland.

Table 2: Major Employers in Somerset County

Employer	Product/Service	Employment
University of Maryland Eastern Shore (UMES)	Higher education	930
Sysco Eastern Maryland	Food products distribution	450
Somerset Community Services	Services for the disabled	425
McCready Health	Medical services	300
Aurora Sr. Living of Manokin	Nursing care	175
Sherwin Williams / Rubberset	Paint brushes	150
Southern Connection Seafood**	Seafood processing, distribution	130
Three Lower Counties	Medical services	105

Source: Maryland Department of Commerce

Housing and Transportation

Somerset County has close to 8,500 occupied housing units of which 64.8% are owner occupied. Over 2,500 units are either currently vacant or abandoned. The median value of owner occupied housing units is slightly over \$130,000 with a median mortgage amount of \$736. The median non-mortgage owner costs are over \$480. The median gross rent is \$667.

Somerset County is served by US Route 13, a major North-South artery and a speed limited railroad for freight. The County has access to water transportation via the Ports of Salisbury and Baltimore. In addition, the Crisfield Harbor serves smaller vessels. Scheduled air service available at Salisbury-Ocean City Wicomico Regional Airport, 16 miles from Princess Anne; Crisfield Airport has one 2500' x 75' paved, lighted runway, and one 3350' x 100' grass

runway. Transit services are provided by Shore Transit, a regional public transportation system.

Crime, Safety, and Disaster Preparedness

Violent crime in Somerset County is relatively low at under 280 per 100,000 population. However, property crime rates are above state averages at close to 1,500 per 100,000 population.

The Somerset County Department of Emergency Services has the mission of coordinating the resources necessary to respond to an emergency. On a daily basis, this occurs through the 9-1-1 Emergency Communications Center. For large scale events the Emergency Operations Center coordinates emergency management services. This agency is the lead agency in the County for emergency management planning, response, mitigation and recovery. This office is responsible for the Emergency Operations Center, the County Emergency Operations Center, the County Emergency Operations Plan, and the Hazardous Materials Regulatory Program.

Other Societal and Geographic Factors

Based on its demographic, education, economic, and workforce profiles, Somerset County ranks at the bottom 5% of U.S. counties. In addition, proximity to Worcester County with Ocean City and Wicomico County with Salisbury means that a large number of the higher income workers in the County live in these two contiguous counties, creating a leakage of

the economic impact on their earnings. This, in turn, exacerbates the resource limitations in the County for dealing with residents' needs, including healthcare.

Overview of Community Health Needs in Somerset County

In 2017, Somerset County was ranked 22nd out of 24 in health outcomes and 23rd in health risks. Some of the key statistics for the County were:

Factor	Somerset	Maryland
Poor or fair health	20% of the Population	13% of the population
Poor physical health days	4.5	3.5
Poor mental health days	4.2	3.4
Low birthweight	8% of births	9% of births
Premature age-adjusted mortality	430	320
Child mortality	130	50
Infant mortality	9 per 1000 Live Births	7 per 1000 Live Births
Frequent physical distress	14% of the population	11% of the population
Frequent mental distress	13% of the population	11% of the population
Diabetes prevalence	14% of the population	10% of the population
HIV prevalence	634 per 100,000 pop.	641 per 100,000 pop.

Source: <http://www.countyhealthrankings.org> – A Robert Wood Johnson Foundation Program

In addition, the Maryland Department of Health's Office of Minority Health and Health Disparities has identified ten of fifteen elevated indicators for health disparities including percent of families in poverty, substance abuse treatment rate, teen birth rate, and Medicaid enrollment rate. 11% of the population under age 65 in Somerset County is uninsured. The county holds an unemployment rate of 6.1% as of August 2017. There were 20% of families and people whose income were below the poverty line in 2015.⁸

⁸ <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Access to Healthcare in Somerset County

In addition to the offerings of the Somerset County Health Department (See: <https://somersethealth.org/> for a comprehensive listing), the McCready Health organization offers the following services:

- 24 Hour emergency services at McCready Hospital;
- Immediate care/lab & imaging services at Princess Anne;
- A behavioral health addictions program and a NA support group;
- Assisted living & nursing home/skilled nursing (including rehab and wound care);
- Medical-surgical care;
- PT, OT, and Speech Therapy;
- Pulmonary Rehab;
- Pain Clinic, and
- A free or \$5 flu shots service each season.

McCready has providers in internal medicine, occupational health and surgery (full-time); pediatrics, cardiology, gynecology and podiatry (by appointment or set days per week or month). There is also a PA and/or LPN who goes to Smith Island two times a month to see patients.

In spite of these offerings, virtually all study participants ranked access to healthcare in the County as one of their top three critical concerns. Many have also noted that the proximity of Wicomico County with a much higher concentration of healthcare facilities as a positive factor. However, these same respondents agreed that to a rural population with economic, workforce, and transportation challenges, this proximity may not be the optimal solution.

Limited number of physicians, clinics, offices, urgent care centers, and the sparsely populated rural nature of the County (transportation barriers) were also mentioned as access challenges.

Healthcare Affordability in Somerset County

In Somerset County, 13% of adults are without health insurance, compared to 11% in Maryland as a whole. In children, these rates are 4% for the County compared to 3% in the State. The older residents with access to Medicare, the low-income residents with access to Medicare and other affordable options, and a large number of government employees in the County with employer subsidized health insurance prevent these percentages from being worse than they are. However, affordability of wellness and nutrition programs, medication, co-pays, and other out-of-pocket costs make this issue a growing problem for County residents. When combined with low access to and/or low availability of services, Somerset County's low rankings are easier to understand.

Nature and Scope of Healthcare Services in the County

During the key-informant interviews, the lack of an adequate number of healthcare facilities and professionals in the County was a very common reason given for the troublesome health outcomes. In addition, about one in three key informants identified the limited scope of services in existing facilities as a cause for concern. These respondents linked the low numbers and limited scopes to the lack of resources and the nature of a sparsely populated

region where it is not easy to reach a critical mass of clients to absorb the high cost of these services. Some key service statistics are:

Factor	Somerset	Maryland
Primary care physicians	3,230:1	1,130:1
Dentists	740:1	1,350:1
Mental health providers	500:1	490:01:00
Preventable hospital stays	55	46
Diabetes monitoring	84% (65-75 Yr. Old)	85% (65-75 Yr. Old)
Mammography screening	67% (67-69 Yr. Old)	64% (67-69 Yr. Old)

Source: <http://www.countyhealthrankings.org> – A Robert Wood Johnson Foundation Program

Healthcare Literacy

While most of the respondents listed low health literacy as a contributing factor to Somerset County's low health outcome and risk factor rankings, they also acknowledged the efforts of the County's Health Department in improving residents' access to health information. In addition, the collaborative efforts of the Health Department and of MrCready Health with the County's public schools, faith and community based organizations, and with various government agencies operating in the County were cited as key strategies for increasing health literacy. There was consensus that such activities suffer from fairly significant resource limitations. Without adequate outreach and education, the community health literacy levels are bound to remain low and, consequently, the various health risk factors are bound to be negatively impacted. Some of the key risk factors that

these health literacy outreach/education activities target (to build awareness and to reduce risks) were identified as follows:

Factor	Somerset	Maryland
Adult smoking	20%	15%
Adult obesity	42%	29%
Food environment index	5.6	8.2
Physical inactivity	31%	22%
Access to exercise opportunities	13%	93%
Excessive drinking	16%	16%
Alcohol-impaired driving deaths	20%	33%
Sexually transmitted infections	570.9	462.6
Teen births	29	25
Food insecurity	20%	13%
Limited access to healthy foods	11%	3%
Drug overdose deaths	18	18
Motor vehicle crash deaths	9	9
Insufficient sleep	43%	39%

Behavioral Health, Alcohol and Substance Abuse, and Alzheimer's/Dementia

There are four Behavioral Health Providers, one Recovery & Re-entry Center, and zero treatment beds in Somerset County. Dementia patients and their caregivers can be referred to an agency in Cambridge, MD that provides Dementia respite care. The local Area Agency on Aging (MAC) does not accept dementia patients due to risk of "walking off"; also clients need to toilet independently to attend. Adult Medical Day Care may be a resource to some; but the nearest facility is in Salisbury, MD and comes with a cost for some. There are currently no local support groups. McCready hospital has treated 164 patients with a primary or secondary diagnosis of dementia in the latest six month period.

Most of the key informants interviewed (78 out of 102) expressly linked the major behavioral health issues in Somerset County first to substance and alcohol abuse and secondarily to aging related depression and dementia concerns. Other issues voiced by the respondents included lack of counseling for kids and young adults. When asked what prevention measures are appropriate to these behavioral health problems, respondents gave mixed opinions. Access and affordability, stigma, lack of awareness of services available were all listed as major concerns. Some of the concerns include Excessive Drinking Prevalence. For Somerset County, this number has gone from around 10% of the population in 2015 to over 16% of the population in 2017. Deaths in Somerset County attributable to substance abuse, while low, are on the rise. In 2016 the Maryland Department of Health reported that Age Adjusted Death Rates for Total Unintentional Intoxication Deaths in Somerset County had reached 16.9 per 100,000 population, putting the county in the middle of the 24 jurisdictions of Maryland. Overall, approximately 24% of Somerset residents have Anxiety related conditions. On a slightly positive note, Alzheimer's and other dementia related conditions afflict approximately 2% of Somerset County residents which puts the County towards the bottom of Maryland jurisdictions.

Tobacco Cessation

The key informants have noted that Somerset County's tobacco cessation efforts have been effective. However, they also acknowledge that the County's smoking rate of 20% is 50% higher than that of the Maryland average. Diminishing resources, language barriers, and access to cessation services were identified as barriers to further success.

Diet and Obesity

The adult obesity rate in Somerset County is over 42%. This rate is nearly 50% higher than the Maryland rate. One of the reasons for this is the low Food Environment Index number in the county. The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1. Limited access to healthy foods -- estimates the percentage of the population that is low income (200% of the federal poverty threshold) for the family size) and does not live close to a grocery store (more than 10 miles).
2. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

The Food Environment in Somerset County is rated at 32% below the state average. In addition, almost a third of county residents do not get adequate physical exercise, exacerbating the obesity problem. Combined, these factors lead to increased negative health outcomes through Cardio Vascular Diseases, Diabetes, Cancer, Joint Disease, and other conditions (which are discussed further in the following sections).

Cardio Vascular Diseases

The Maryland Department of Health estimates Age Adjusted Cardio Vascular Mortality per 100,000 population in Somerset County is close to 300 and increasing while this same ratio for the state as a whole is under 200 and falling. The study participants attribute the high

numbers to (in descending order) obesity, lack of exercise, diabetes, health literacy, and access issues.

Cancer

The National Cancer Institute estimates that in 2017, the Somerset County Cancer deaths will be under 500 per 100,000 population. The good news is that this number reflects a downward trend of about 5% over the past five years. The age adjusted incidence rate per 100,000 population for some major cancer types are as follows:

Cancer Type	Somerset	Maryland
Lung	97.6	56.4
Colorectal	60.2	35.8
Breast	40.7	125.0
Prostate	117.3	112.0
Melanoma	18.9	20.7

Just as in the case for Cardio Vascular Diseases, the study participants attribute these incidence rates to obesity, lack of exercise, health literacy, and access issues.

Diabetes

According to the data compiled by Dartmouth College for all U.S. jurisdictions, Somerset County had just under 700 patients between the ages of 65 and 75 that received treatment for diabetes. About 30% of these patients were African-American. In 2016, these patients were given over 350 eye exams, just under 500 hemoglobin tests, and over 450 lipid tests as

part of their diabetes care. All these numbers were growing at a slightly higher rate than the population growth in this age group. The difference, however, was not statistically significant. The study participants list (in descending order) obesity, lack of exercise, health literacy, and access issues as factors that contribute to the incidence of diabetes and related ailments in Somerset County. They also list the high (estimated) number of undiagnosed cases as well as the high number of pre-diabetes cases as major concerns.

Infectious Diseases and Immunization

According to the data compiled by the Maryland Department of Health, Tuberculosis Incidence rates per 100,000 in Somerset County was 3.8 compared to 4.9 in Maryland as a whole. For Chlamydia, the Somerset rate was 835.6 compared to 437.9 in Maryland. For Gonorrhea, the Somerset rate was 115.0 compared to 118.3 in Maryland. A particularly bright spot was the rate for HIV/AIDS cases in Somerset at 17.7 versus 46.6 in Maryland.

On the immunization front, based on data from County Health Rankings, a Robert Wood Johnson Foundation Program, Somerset County rates were similar to or even better than those for other jurisdictions in Maryland. For example, the average % of Kindergarten Students Immunized in Somerset County was 100.0 compared to 99.3% in Maryland. Adults Receiving Flu Shots in Somerset County were 37.4% of the population compared to 38.5% in Maryland. Finally, adults receiving Pneumonia Shots were 29.5% of the County population compared to 24.7 in Maryland.

Maternal and Child Health

The key informants taking part in this needs assessment rated Somerset County's Maternal and Child Health services as being adequate and praised the County Health Departments outreach and partnership efforts. However, slightly more than half of the participants were concerned about the limited resources available for education, outreach and prevention efforts. In addition, about a third of the participants were concerned that health literacy issues and language barriers were adding to these problems.

Environmental Health

The bulk of the environmental health services in the county are provided by the Somerset County Health Department. These include reviews, approvals, and inspections of private septic systems and wells; testing well waters; reviewing and approving commercial development and subdivisions; licensing and inspecting food service facilities (restaurants, grocery stores, bars, mobile food trucks, food services at fairs & events, and bed and breakfasts); licensing and inspecting public swimming pools to monitor health and safety conditions; conducting Rabies investigations and offering vaccination clinics; approving burn permits, and land plat reviews. About a third of the key informants participating in this community health assessment listed agriculture as a concern for environmental health. Water and air pollution were listed as being linked to agriculture. However, the participants also recognized the progress that was made on these issues over the past 20 years.

Oral Health

According to the Maryland Department of Health, more than half of Somerset County residents have not seen an oral health professional in the past 12 months. This is compared to slightly over a quarter of the residents of the State of Maryland. About a fifth of the study participants were concerned about the link between bad oral health and other diseases such as Cardio Vascular ailments. It should also be noted that the lack of adequate dental care offerings (Chesapeake Health plus three solo practitioners) in the county was mentioned by half of the participants. McCready hospital has treated 111 patients in the most recent six months with a primary dental diagnosis.

SNFs, Extended Care Organizations, and End-of-Life Care

The key informants taking part in this needs assessment praised the activities of the two Skilled Nursing Facilities in the County (Princess Anne and Crisfield) but also noted the growing need for elder care and memory care beds. They also discussed the lack of resources, long-term care insurance coverage and access/affordability barriers to such care in the county. The participants also praised the outreach efforts of Coastal Hospice in Somerset County. They noted that in the sparsely populated rural Somerset County, it may not be economically viable to have a stand-alone end-of-life facility. Finally, Adult Evaluation services (AERS) of the Somerset County Health Department was listed as a valuable service. AERS provides assistance to aged and functionally disabled adults who are at risk of institutionalization. AERS staff conducts a comprehensive evaluation to identify services available to help the individual to remain in the community, or in the least

restrictive environment, while functioning at the highest possible level of independence and personal well-being (See: <https://somersethealth.org/programs/community-health-nursing/aers-adult-evaluation-review/>).

Care Giver Needs

As the population of Somerset County ages, it is increasingly becoming common for family members to become primary care givers to their aging relatives. Frequently, these care givers are having to withdraw from the workforce, putting additional burdens on the households involved. The key informants taking part in this needs assessment noted that the lack of respite care, limited options for training care givers, and difficulties in securing adult medical and non-medical day care issues as additional concerns.

Conclusions and Recommendations

The findings discussed in this report have been summarized in a dashboard format in APPENDIX A (Somerset County Community Health Needs Dashboard). The dashboard provides a composite score (from 1 Low to 5 High) for each factor and color codes the trend for each factor. Finally, a comparison with Maryland averages is made for each factor, also color coded. County Scores and Trends are based on the key informant interview findings. Comparisons with Maryland outcomes were determined on the basis of these interview findings as well as the data from the 2017 County Health Rankings for Maryland (http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_MD.pdf).

The key informants taking part in this needs assessment listed the rural nature of Somerset County, the low population density, poverty, low educational outcomes, lack of adequate healthcare services and professionals, and low health literacy as the major challenges. They praised the efforts of the County Health Department and the McCready Health organization against this background high risk factors and low outcomes. When asked for recommendations for improvement, the participants listed the following solutions:

1. Seeking Additional Resources (Primarily funding but also volunteers);
2. Pooling Resources within Somerset County and Regionally;
3. Focusing more on Education, Outreach, and Prevention;
4. Strengthening Partnerships (i.e. Faith and Community Based Organizations);
5. Breaking down silos and allocating funding to patients not the providers;
6. Enhancing Case Management.

These solutions (in descending order of emphasis) were compiled from respondent comments provided on open ended questions.

APPENDIX A - Somerset County Community Health Needs Dashboard

FACTOR	Somerset County Score 5 HIGH ... 1 LOW	Trend WORSE FLAT BETTER	Compared to MD
			WORSE SAME BETTER
Overall County Health Outcomes	1.25	WORSE	WORSE
Access to Healthcare	2.11	BETTER	WORSE
Healthcare Affordability	2.21	FLAT	WORSE
Nature and Scope of Healthcare Services	1.94	FLAT	WORSE
Healthcare Literacy	1.78	FLAT	WORSE
Behavioral Health,	2.08	WORSE	WORSE
Alcohol Abuse	1.34	WORSE	WORSE
Drug Abuse	1.11	WORSE	SAME
Tobacco Addiction	1.75	FLAT	WORSE
Nutrition	1.67	FLAT	WORSE
Obesity	1.70	WORSE	WORSE
Cardio Vascular Diseases	1.39	WORSE	WORSE
Cancer	1.02	WORSE	WORSE
Diabetes	1.38	WORSE	WORSE
Infectious Diseases	2.60	BETTER	SAME
Immunization	4.00	BETTER	BETTER
Maternal and Child Health	3.78	BETTER	SAME
Environmental Health	3.51	BETTER	SAME
Oral Health	1.25	WORSE	WORSE
SNFs, Extended Care Organizations	4.00	FLAT	WORSE
Palliative Care	2.60	FLAT	WORSE
End-of-Life Care	2.60	FLAT	WORSE
Care Giver Needs	1.25	FLAT	SAME

NOTE: County Scores and Trends are based on the key informant interview findings. Comparisons with Maryland outcomes were determined on the basis of these interview findings as well as the data from the 2017 County Health Rankings for Maryland (http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_MD.pdf).