Cecil County Community Health Advisory Committee Meeting
July 21, 2022

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Agenda

- Welcome and Introductions
- Community Health Needs Assessment (CHNA) Findings & Selection of Health Priorities
- COVID-19 & Monkeypox Updates
- Task Force & Community Updates
Community Health Needs Assessment Findings & Selection of Health Priorities
Community Health Needs Assessment (CHNA)- Purpose:

- Examination of the health status of Cecil County residents to identify key health issues and assets available to address health issues.

- Provides the basis for the development of a Community Health Improvement Plan (CHIP).
  - This 3-year plan includes health priorities for the County and strategies to address health priorities.

- Cecil County’s 2022 CHNA can be accessed at: [https://www.uhcc.com/about-us/community-benefit/reports/](https://www.uhcc.com/about-us/community-benefit/reports/) and [https://cecilcountyhealth.org/resources/health-advisory-committee/](https://cecilcountyhealth.org/resources/health-advisory-committee/)
Benefits of the CHNA & CHIP

- Comprehensive health information
- Justification of resource allocation
- Coordination and collaboration
- Strengthened partnerships
- Identified strengths and weaknesses
- Benchmark and baseline data for performance improvement
Community Health Needs Assessment - Methods

- Review of Secondary Data
  - U.S. Census, MD Vital Statistics, MD SHIP, MD BRFSS, MD YRBS, Social Vulnerability Index, County Health Rankings, etc...
- Community Meetings (6 online meetings)
- Key Stakeholder Interviews
- Community Health Survey (544 respondents)
Community Health Needs Assessment-Key Findings

- Analysis of quantitative and qualitative data, with an overarching focus on advancing health equity identified the following as significant health needs:
  - Access to health services
  - Cancer
  - Childhood trauma/Adverse Childhood Experiences (ACEs)
  - LGBTQ+ health disparities
  - Mental health
  - Nutrition, obesity, and physical inactivity
  - Smoking, tobacco, and vape product use
  - Substance use disorders
Access to Health Services

• Accessing health care services is challenging for some members of the community, particularly low-income people, racial and ethnic minorities, those with limited English language ability, uninsured and underinsured persons, and the LGBTQ+ community. Barriers to accessing care and services are numerous and inter-related.

• In Cecil County the per-capita supply of primary care, dental health, and mental health professionals is low compared to national averages.
  □ Cecil County has been designated as a Health Professional Shortage Area (HPSA) for mental health.

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<th>Indicator</th>
<th>Cecil County</th>
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<th>U.S.</th>
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<td>Dentists</td>
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<td>Mental health providers</td>
<td>461:1</td>
<td>364:1</td>
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Source: County Health Rankings, 2021
Access to Health Services

- Stakeholders and community residents confirmed that mental health providers are in short supply and high demand.
  - Cost, copayments, and challenges in navigating provider networks and insurance benefits across state lines were mentioned as contributing factors. Access to mental health services for children and adolescents is particularly challenging.

- Transportation barriers are significant in the county.
  - Stakeholders and survey respondents described a lack of public and private transportation options.

- Poverty rates for Black (15.8%) and for Hispanic populations (18.1%) are above the overall Cecil County average (9.5%). Stakeholders emphasized that access to health services is most challenging for those with limited financial resources and transportation options.

- The 65+ population is projected to grow 43.1 percent between 2020 and 2030 compared to 8.5 percent for Cecil County as a whole.
Cancer

- Cancer rates in Cecil County are above Maryland and U.S. averages (age adjusted rates per 100,000 of 525, 453, and 449 respectively have been reported for 2014-2018). Cecil County rates have been above the U.S. average for the following cancer types:
  - Bladder
  - Cervix
  - Colon and rectum
  - Corpus and uterus, NOS
  - Esophagus
  - Kidney and renal pelvis
  - Liver and bile duct
  - Lung and bronchus
  - Melanoma of the skin
  - Non-Hodgkin lymphoma
  - Oral cavity and pharynx
  - Ovary
  - Prostate

- Cecil County has a particularly high (age-adjusted) rate of lung and bronchus cancer mortality (87.1 per 100,000 – more than 50 percent above the U.S. average of 57.3 per 100,000).
  - Source: Centers for Disease Control and Prevention, 2020.
Childhood Trauma/Adverse Childhood Experiences (ACEs)

• The CDC defines adverse childhood experiences, or ACEs, as potentially traumatic events that occur in childhood (0-17 years).
  ▫ These may include experiencing violence, abuse, or neglect, witnessing violence in the home, and/or having a family member attempt or die by suicide.
  ▫ ACEs also can include other aspects of the child’s environment that undermine a sense of safety, such as substance use or mental health problems in the home, or instability due to parental separation or a household member being in jail or prison.

• ACEs can have long-term, negative effects on health, wellbeing, and future life opportunities such as education and employment. They also can increase the risk of injury, STIs, maternal and child health problems, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.
Childhood Trauma/Adverse Childhood Experiences (ACEs)

Prevalence of ACEs among Adults, 2018

LGBTQ+ Health Disparities

- Research suggests that LGBTQ+ individuals face health inequities due to social stigma, discrimination, and denial of civil rights.
- In Cecil County, LGBTQ+ youth are more than twice as likely to be bullied and threatened with a weapon on school property compared to youth who identify as straight (18.9% vs. 6.0%). LGBTQ+ youth also are much more likely to engage in high-risk behaviors such as tobacco, alcohol, and other drug use and to report significantly lower rates of physical activity.
  - Source 2019 Youth Risk Behavior Survey.

- Community health survey respondents identified the LGBTQ+ community as an underserved population for health needs.

- West Cecil Health Center reported historical challenges with the queer community accessing care due to stigma and long-standing, underlying discrimination.
Mental Health

- In 2018, the number of mentally unhealthy days in the county (in the last 30 days) was 4.5. This compares to 3.7 in Maryland and 4.1 in the U.S.
  - CDC data indicate particularly high rates of “mental health not good” in Elkton and North East.
  - Source: County Health Rankings, 2021.
- Almost half (46%) of survey respondents identified mental health as a top three significant community health issue in Cecil County.
- Community meeting participants and interviewees stressed the residents have problems accessing mental health services, getting timely appointments, and establishing ongoing care. Mental health services for children and adolescents are in short supply.
  - Stigma, childhood trauma, substance use, and the impact of the COVID-19 pandemic were noted as contributing factors.
- According to 2019 Youth Risk Behavioral Surveillance System (YRBSS) data 34.4% of youth and reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities and 18.0% of youth reported seriously considering suicide in the past year.
  - Significantly higher for LGBTQ+ youth (66.3% & 43.8% respectively)
Nutrition, Obesity and Physical Inactivity

• According to County Health Rankings for 2021, the following Cecil County indicators benchmark unfavorably compared to MD and the US.
  ▫ Adults with body mass index (BMI) greater than 30 (36% vs. 32% in MD)
  ▫ Percentage of adults reporting no leisure-time physical activity (28% vs. 22% in MD)
  ▫ Percentage of adults with access to locations for physical activity (81% vs. 93% in MD)
• 2019 Youth Risk Behavioral Surveillance System (YRBSS) data also show that fruit and vegetable consumption is comparatively low for Cecil County youth.
  ▫ Did not eat fruit or drink 100% fruit juice in past week (9.8% vs. 6.3% in US)
  ▫ Did not eat vegetables in past week (8.0% vs. 7.9% in US)
• Stakeholders and providers noted the high prevalence of chronic conditions associated with poor nutrition, obesity, and physical inactivity such as diabetes, hypertension, and heart disease.
Smoking, Tobacco and Vape Product Use

- Adult smoking rates are higher in Cecil County (18.6%) than in Maryland (12.6%) and the U.S. (17.0%).
  - Source: County Health Rankings, 2021
- Youth tobacco/nicotine use also compares unfavorably in Cecil County compared to national averages. The following indicators for youth have been above U.S. averages:
  - Currently smoke cigarettes (6.6% vs. 6.0%)
  - Currently frequently smoke cigarettes (1.7% vs. 1.3%)
  - Ever used a vape product (54.0% vs. 50.1%)
  - Currently use smokeless tobacco (6.1% vs. 3.8%)

- The percent of Cecil County youth that currently use smokeless tobacco is more than 50 percent above the U.S. average.
Substance Use Disorders

- The drug overdose death rate per 100,000 population (age-adjusted) was significantly higher in Cecil County (74.1) than in Maryland (39.4) and the U.S. (24.0) from 2016-2020.
  - The drug overdose death rate in Cecil County more than doubled between 2016 and 2020.
- Binge drinking rates have been higher than U.S. averages in several Cecil County ZIP Codes, including 21904, 21911, 21921, 21901, and 21917.
- For Cecil County’s youth population, the following measures have compared unfavorably to U.S. averages:
  - Currently drink alcohol (33.1% vs. 29.2%)
  - Current binge drinking (19.1% vs. 13.7%)
  - Currently use marijuana (23.3% vs. 21.7%)
  - Ever used heroin (2.5% vs. 1.8%)
  - Ever used methamphetamines (2.7% vs. 2.1%)
- Most community health survey respondents (61%) identified substance use as a top three significant community health issue in Cecil County. Respondents also identified “community members dealing with substance use disorders” as an underserved population.
- Interviewees and community meetings participants identified substance use as a top health concern. Stigma and the lack of available and affordable treatment options have contributed to this significant community health need.
Community Health Needs Assessment-Selection of Health Priorities

• CHAC members will vote on their top three health priorities to be addressed over the next 3 years.
  ▫ Members will have a chance to vote at this meeting and a link will be sent out to those not in attendance.
  ▫ Voting will remain open until July 29.
• If more than 3 health priorities are selected by at least 25% of CHAC members, priorities will be scored using the Hanlon Method to determine the final three priorities to include in the CHIP.
• To vote please go to: https://www.surveymonkey.com/r/CecilCountyCHIPPriorities
Community Health Needs Assessment - Selection of Health Priorities

- Members should vote on health priorities based on:
  - **Size**: Number of persons affected, considering variance from benchmark data and targets.
  - **Seriousness**: Degree to which the problem leads to death, disability, and impairs one’s quality of life.
  - **Trends**: Whether the health problem is getting better or worse in the community over time.
  - **Equity**: Degree to which specific groups are affected by a problem.
  - **Intervention**: Any existing multi-level public health strategies proven to be effective in addressing the problem.
  - **Feasibility**: Ability of organization or individuals to reasonably combat the problem given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
  - **Value**: The importance of the problem to the community (based on Community Health Survey results).
  - **Consequences of Inaction**: Risks associated with exacerbation of problem if not addressed at the earliest opportunity.
  - **Social Determinant/ Root Cause**: Whether a problem is a root cause or social determinant of health that impacts one or more health issues.
Community Health Needs Assessment-Next Steps

- Once priorities are finalized an email will be sent out to CHAC members announcing the final priorities and you will be invited to participate in work groups to develop a strategic plan to address prioritized health issues.
- We anticipate finalizing the CHIP by September 30, 2022.
COVID-19 Update
7-Day Case Rate

7 Day Moving Average Case Rate per 100K by Jurisdiction

Cecil
Positivity Rate

Daily Positivity Percentage by Jurisdiction

- Statewide: 10.42%
- Cecil: 14.79%
Vaccination & Testing

• COVID-19 vaccines are now available for everyone ages 6 months of age and older.
  ▫ Children 6 months through 5 years of age should receive a COVID-19 vaccine.
• Visit https://cecilcountyhealth.org/ or call (410)-996-1005 to make an appointment.
• Booster shots
  ▫ Everyone ages 5 years and older should get 1 booster after completing their COVID-19 vaccine primary series, if eligible.
  ▫ Adults ages 50 years and older and some people ages 12 years and older who are moderately or severely immunocompromised should receive a 2nd booster.
• As of July 15, 81% of Cecil County residents ages 12 and older have received at least one dose and 67.5% are fully vaccinated.
  ▫ Significantly lower vaccination rates among children ages 5-11 and 6 mo.- 4.
• The Health Department continues to offer rapid and at-home PCR tests. Call (410)-996-1005 for kits.
Monkeypox Update
Overview

• MDH and CCHD are closely tracking the global outbreak of monkeypox.
• Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus is part of the same family of viruses as smallpox. Monkeypox symptoms are similar to smallpox symptoms, but milder; and monkeypox is rarely fatal.
• As of July 20, there have been 2322 cases in the United States, including 55 in Maryland.
• While monkeypox cases are increasing, the general population is currently at low risk of contracting the disease.
Symptoms

Symptoms of monkeypox can include:

- Fever
- Headache
- Muscle aches and backache
- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.
- Swollen lymph nodes
- Chills
- Exhaustion

The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.
Transmission

The virus can spread from person-to-person through:

- direct contact with the infectious rash, scabs, or body fluids
- respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
- pregnant people can spread the virus to their fetus through the placenta
Prevention & Treatment

Take the following steps to prevent getting monkeypox:

- Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
- Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer.

If you are sick with monkeypox:

- Isolate at home
- If you have an active rash or other symptoms, stay in a separate room when possible

Vaccination:

- CDC recommends vaccination for people who have been exposed to monkeypox and people who are at higher risk of being exposed to monkeypox.

Treatment:

- There are no treatments specifically for monkeypox. Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems.
Task Force & Community Updates