Institute for Governmental Service & Research
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Schaefer Center for Public Policy
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Sponsored by the Calvert County Community Health Improvement Roundtable

CALVERT COUNTY, MARYLAND
Community Health Assessment

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The initial report was prepared for the Calvert County Community Health Improvement Roundtable by the Institute for Governmental Service and Research at the University of Maryland. The initial report, prepared by Nan Booth and Philip Favero in April 2007, was revised and updated by Jeanne Bilanin in July 2007 to reflect comments from Roundtable members and newly available data. The interviews summarized in the Appendix to the report were conducted by Barbara Hawk.

In November 2007, this report was revised to include data from the Calvert County Community Health Survey, conducted jointly by Roundtable Staff and the Schaefer Center for Public Policy at the University of Baltimore. Data from the survey is identified in the report text. The survey data does not represent a random sample and contains inherent biases. Therefore, survey data cannot be used to derive definitive conclusions. Limitations of the survey are detailed on pages 7-8 of the document. Survey results, however, can be used to identify general areas of concern as sufficient surveys were conducted to be considered broadly representative of the Calvert County population based on 2005 population census estimates.

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Executive Summary of Findings

This 2007 Community Health Assessment is part of an ongoing effort to identify and address current and future community health needs in Calvert County, Maryland. The first health assessment was conducted in 1995 and resulted in the formation of the Calvert County Community Health Improvement Roundtable, a coalition of community health leaders committed to furthering the health and well-being of residents in Calvert County. The last published Community Health Assessment was conducted in 2001 and updated in May, 2005.

Under the auspice of the Community Health Improvement Roundtable, this community health needs assessment captures current data that updates progress on the priority issues identified in 2001.

These issues and the status of improvement by the current assessment are as follows:

Children's and adolescent issues: including alcohol, tobacco, and drug usage; mental health, teen pregnancy, juvenile crime, and after-school programs.

> Alcohol and drug use: Calvert county 10th graders appear to be using tobacco, alcohol and drugs at a slightly lower rate than in 1998. However, 2004 data indicates an increase in use of heroin by 8th graders.
>
> Teen pregnancy: Calvert County birth rates to teens are improving somewhat. Two-thirds of births to adolescents occur in three zip codes in the county. One troubling note is that only 68% of all mothers on Medical Assistance received a prenatal visit in the first trimester.
>
> Juvenile crime: 2005 data shows a significant decline in juvenile arrests. Calvert County has performed exceedingly well by reducing the rate of juvenile arrests for non-violent crimes from 155 in 2000 to 80 in 2005.
>
> Pediatric dental care: The lack of a pediatric dentist or community dental clinic in Calvert County has resulted in inadequate preventative dental care for children, as evidenced in dental health screening results for 3rd graders. This, along with the absence of a county-wide fluoridated water supply, continues to adversely affect children's dental health in Calvert County.
>
> Autism: According to *Achieving School Readiness, 2004,* "… the number of identified students with autism in Calvert County Public Schools rose by 225 percent between 2000 and 2004." That same report provided statistics from the 2001 Community Health Assessment which indicated there were 147 children with autism in the Calvert County Public Schools in 2000. Using these figures it can be estimated that there were approximately 330 children with autism in the public schools in 2004.

Elderly care and end-of-life issues: The elderly population of Calvert County (as measured by numbers of people aged 65 and over) has increased rapidly over the past several decades. The number of residents aged 85+ in Calvert County in 2000 was 664; half of this population lives in a rural area. By 2020, the county is projected to have 1197 individuals aged 85+. The increase in the number of frail elderly places demands on specific services including senior day care, nursing homes, and end of life care.[1]

> Support services for family caregivers: Since 2001, The Calvert County Office on Aging has received funding from the National Family Caregiver Support Program to offer information and

[1] Maryland Department of Aging, *2006 Annual Report*; US Census Projections.

assistance, education, respite, and supplemental services to family caregivers. Due to limited funding, there continues to be a need in this area.

Skilled nursing: Calvert County has three long term care facilities, with 284 beds, providing skilled nursing services as well as one transitional care unit (16 beds). Systemic changes in long term care and skilled nursing services are presently shifting to incorporate short-term rehabilitation, bariatric (obesity) services, specialized dementia units, and in-home skilled services.

Assisted living: The number of smaller assisted living homes has increased slightly, from approximately five in 2001 to eight in 2008. The Medicaid Waiver for Older Adults is now paying for assisted living for eligible participants but funding is very limited and there is a lengthy waiting list to apply for the program. There continues to be a need for affordable assisted living.

End-of-life care: Hospice in Calvert County serves 74 percent of deaths due to cancer and 34 percent of deaths due to other appropriate causes. With the increase in the elderly population hospice care will need to continue to expand to meet the needs for end-of-life care for growing number of seniors living with life-limiting chronic conditions.

Recruitment and retention of healthcare providers: The lack of an adequate number of primary care physicians, as well as specialists, continues to adversely affect Calvert County residents. The community survey indicates that access to local physicians is a problem, particularly with regard to being able to make a timely appointment.

Motor Vehicle Crashes: Traffic safety continues to be a significant cause for concern in Calvert County. In 2005, there were 1190 total crashes, during which 820 persons suffered injuries. Members of the Calvert County Traffic Safety Council continue to dedicate time to identifying problem populations and locations and directing education, enforcement and engineering efforts to reduce the number of fatalities, injuries and crashes on Calvert County roadways.

Mental Health: Since the 2001 survey, mental health services for children and adolescents have increased dramatically. Calvert County Core Service Agency (CSA) developed an In-Home Intervention Program for children and adolescents that provides services to children and families in their home. We have also developed a Crisis Bed Program that serves adolescents from the tri-county region that is located in Calvert County.

On the adult side we have developed an In-Home Intervention Program for adults. In February 2006, Southern Maryland Community Network (SMCN) initiated a supportive employment program, and, in early FY-08, SMCN's program was approved as an evidenced based practice. Calvert County CSA partnered with Calvert County Mental Health Clinic and Calvert Memorial Hospital to implement a hospital diversion program in April 2007.

Obesity: In Calvert County, 59.3 percent of adults were reported as overweight or obese, while in Maryland the figure was 61.1 percent. These percentages also mirror the United States in general, where in 2005, 61.1 percent of adults were found to be overweight or obese (BMI =>2.50).[2]

The 2007 CHA was compiled using secondary data available from state and local public reporting sources as well as information obtained from a general population survey conducted by the Roundtable with the support and guidance of the survey statisticians at the Schaeffer Center for Public Policy in Baltimore.

The review of secondary data revealed much strength in the community health status of Calvert County. Among these achievements are:

[2] See http://ibis.health.utah.gov/indicator/view_numbers/OvrwtObe.UT_US.html

- Decrease in low birth weight babies;
- A 50 % decrease from 1998 in Elevated Blood Lead level (EBL level) among children tested;
- Above the state average in the number of children ready for kindergarten;
- Ranked 3rd in the state for a low rate of indicated child abuse and neglect investigations;
- Records show 99.8 %of children are immunized by the time they enroll in kindergarten;
- Ranked 2nd in the state for the low rate of non-violent juvenile crime arrests;
- Ranked 1st in the state for the low rate of violent juvenile crime arrests;
- High priority placed on youth with substance problems;
- Above the state average in prenatal care visits during first trimester;
- Above the state average in oral health for third graders who were screened;
- Lower portion of Calvert residents with poor health status than state average;
- Very low incidence of AIDS.

The general population survey was completed by 1,418 Calvert County residents. Though it is not a random sample, the survey is broadly representative of the Calvert County population based upon the 2005 census population estimates. Survey data added the following information**:**

- The illnesses/health conditions reported by most survey respondents in Calvert County are high blood pressure and high cholesterol, arthritis and diabetes.
- Over 90% of respondents report having some kind of health insurance. Of those who report not having health insurance, cost is the most significant barrier.
- About a quarter of respondents indicate that they had to go outside Calvert County for medical care. Those who do so primarily seek stroke –related treatment.
- About 30% report that they have been unable to get medical appointments when they wanted them. The most common reason (70% of those not getting appointments) cited for not getting appointments was too long a wait for the appointment. Insurance issues affected about 15% of those not getting appointments.
- Almost half of respondents (48%) report that their physician has never advised them to lose weight. One-quarter (24%) report that they have been advised to lose 10-20 pounds. On the surface, this appears inconsistent with medical estimates of population needs.
- Half of the respondents report physical activity of 30 minutes 3 or more days per week. Only 3% report zero days a week of physical activity.
- About 10 % of respondents report they are responsible for caring for an elderly person. People in the 35 to 50 year old range are more likely to be caregivers. (13.5%)
- In terms of “elderly needs”, some 8% of the over-50 population expressed a need for “senior assisted living” for others.
- Less than 5% of the population expressed a need for “senior services” for themselves, even when age is factored into the responses.
- The majority of respondents say they do not anticipate needing help to stay in their homes in the future. For the over-50 population, “chore services” (18.3%) transportation (14%), and home adaptations (12.3%) are the most anticipated needs.
- 70% of respondents say they are not concerned that a family member may be addicted to something. 16% indicate they fear an addiction to alcohol on the part of a family member.
- About half of respondents say they have never smoked, while 9% say they currently smoke, and 34% say they used to smoke.
- Underage drinking is perceived to be a problem in Calvert County, with over 70% saying it is “very serious problem” or a “somewhat serious problem”.

The secondary data also identified some areas which may warrant additional attention or resources. Among these challenges are:

- A shortage of health care providers;
- A shortage of pediatric dentists;
- The topography of the county poses a transportation challenge;
- Number of confirmed cases of Lyme disease doubled between 2004 and 2006;
- Very high usage of heroin, especially by 8th graders who were surveyed;

- Very high usage of ecstasy, especially among 10th graders who were surveyed;
- Lack of a county-wide fluoridation system poses threats to oral health;
- High cost for licensed day care services;
- Lower than state average use of seat belts;
- Ranked 3rd highest in the state for motorcycle fatalities;
- Ranked 8th highest in the state for alcohol related fatalities;
- Increased number of frail elderly;
- Increased number of domestic violence calls to the Sheriff's Office;
- Ten percent of citizens between 19 and 64 years of age have no health insurance;
- Three zip codes in the county have two thirds of the births to teen mothers;
- High increase of medical assistance mothers in the last year;
- Relatively high percentage of medical assistance mothers not receiving prenatal care during first trimester;
- Dramatic increase in number of children in public schools diagnosed with autism.

Introduction

In 2006 and 2007, the Calvert County Community Health Improvement Roundtable contacted the University of Maryland College Park's Institute for Governmental Service and Research and the University of Baltimore's Schaefer Center for Public Policy for assistance in conducting a community health assessment for Calvert County, Maryland. The purpose of the community assessment was to update the 2001 Community Health Assessment by determining the current status of community health in the county; to project future needs; and to identify areas where there are gaps in services.

During the first phase of the project, members of the Calvert Community Health Improvement Roundtable worked with the Institute of Government to identify local, state, and national data sources. The research team did not collect any new or primary data, verify data accuracy, adjust to make data comparable across years, nor impute for missing or unavailable data. Findings from the data analysis were organized around five broad issues:

- Demographics of Calvert County
- Access to Health Issues
- Maternal and Child Health
- Staying Healthy and Lifestyle Issues
- Populations at Risk

In addition to the analysis, the research team conducted several interviews in the county. The results of the interviews are summarized in the Appendix to this report. Findings from this phase are presented in the following report.

During the second phase of the project, Roundtable staff worked with the Schaefer Center to field a public survey (2007 CHA survey) designed to determine Calvert County's residents' views about their health and the health care system. The results of the 2007 CHA survey are presented here as well.

Survey Methodology

The 2007 CHA survey instrument was created through consultation between Roundtable staff and the Schaefer Center. The survey was designed to be a single page (front and back) instrument that permitted data entry via electronic scanning. Scanning of surveys was conducted by Calvert Memorial Hospital using a software program designed for survey management.

The 2007 CHA survey was fielded between September 5, 2007 and December 4, 2007 using a combination of distribution methods. These included:

- Face to face distribution of approximately 500 surveys at Constellation Energy worksite and the Calvert County Fair (community event).
- Online survey distributed by e-mailed to county government employees.
- Paper surveys provided to ten different churches.
- Paper surveys distributed to Calvert County Inter-agency Council whose members work for agencies that serve at-risk children and families.
- Paper surveys provided to the Calvert County United Way for distribution to 32 of their participating agencies.
- Drop boxes with surveys and business reply envelopes stationed at four public libraries, two county office buildings, the county health department and department of social services, the Calvert Marine Museum, two locations in Calvert Memorial Hospital, two in the Dunkirk Medical Center, one in the Solomons Medical Center, and three at area senior centers.
- Online survey posted on Calvert Memorial Hospital website and publicized through local media.
- Explained project and distributed surveys at a community health forum at the College of Southern Maryland in Prince Frederick.

A total of 1,418 surveys were returned to Calvert Memorial Hospital staff for data entry. Data was forwarded to the Schafer Center for analysis.

Limitations of Survey

The primary limitation with this survey is that it is not based on a random sample of Calvert County residents. Rather, it uses a combination of convenience (handing out surveys to those who happen to be available) and snow-ball sampling (providing surveys to an intermediary who then distributes the survey) techniques over which control is very limited. In a true random survey, the accuracy of the survey can be established and the risk of drawing conclusions from the data can be calculated. If this were a true random sample, the margin of error would be about 2.6 percent at the 95 percent confidence level. As this is not a true random sample, we are unable to definitively establish the accuracy of the survey, nor are we able to eliminate the possibility that other forms of sampling bias intruded. For this reason, it is possible that demographic segments of the population were either under counted or over counted.

The survey is broadly representative of the Calvert County population based upon the 2005 census population estimates. Demographic data is presented in Table 1. Schafer Center analysts adjusted the data to weight the actual survey responses for gender, race/ethnicity, and age. Weighting was used to correct the under-representation of males to bring it in line with census data. It is not uncommon for males to be more reluctant to complete surveys of any type. The final results are in line with population parameters. However, this does not negate the limitations discussed above. In addition to sampling biases, respondents did not always answer questions completely. There is the possibility of non-response bias intruding in some questions.

Representativeness of Final Sample

Age		Ethnicity	
18-34	19.4%	White	80.1%
35-49	27.6%	African American	13.0%
50-64	27.7%	Hispanic	2.0 %
> 65	22%	Other	3.7%
Gender		Length of Residence	
Male	47.7%	Less than one year	3.8%
Female	49.0%	1 to 5 years	11.6%
		5 to 10 years	16.3%
		Over 10 years	65.5%

Note: percentages do not sum to 100 percent as “no answers” are omitted.
All percentages are based on weighted data.

Despite the limitations, the 2007 CHA survey data does provide a reasonable snapshot of the respondents’ view of health issues in Calvert County.

A Profile of Calvert County

Calvert County, Maryland is located in the southern region of the state. Essentially a peninsula, the county is bordered on the east by the Chesapeake Bay and on the west by the Patuxent River. With a long and skinny topography, the county’s “spine” is Maryland Routes 2/4 running from Dunkirk in the north to Solomons Island in the south. This topography presents challenges to both transportation and service delivery that are unique to Calvert County. Traditionally, Calvert County has, along with Charles and St. Mary’s Counties, been considered part of “Southern Maryland.” Calvert also borders Prince George’s County, on the northwest, and Anne Arundel County to the northeast. Anne Arundel and Prince

George's Counties provide jobs or throughways to jobs for Calvert County commuters. Many Calvert residents also travel south to the Patuxent River Naval Air Station in St. Mary's County for employment.

Population Changes: Recent Experiences and Expectations for the Future

Calvert County is located in the outer ring of suburban Washington, DC. The county's rate of population growth led jurisdictions in the State of Maryland from the early 1970s into the early 21st century. During the last several years, however, the rate of population growth in Calvert has declined, both absolutely and relative to the state in general. Nevertheless, population growth has continued, and can be expected to do so in the next decade. Estimates for the period 2000-2005 are that Calvert's population grew from 74,563 in 2000 to 87,925 in 2005 – a growth rate of nearly 18 percent. Components of the increase were 5,368 births, 2,714 deaths, 10,556 internal (U.S.) migrants, and 267 international migrants.[3] Population density increased in the county over the period 1990-2000 from 238.7 to 346.5 people per square mile.[4]

Population projections are for Calvert to grow to 95,700 people in 2010, and to 100,700 people in 2020.[5] Historical and projected population changes, from 1970 to 2020, by selected characteristics, show the future is likely to bring only small population increases for young people, large increases (on a percentage basis) for the elderly, modest growth in the total number of households and in the size of the labor force, and a significant increase in per capita income. All those projected changes are shown in Table 1.

Household Incomes

Calvert County's estimated median household income for 2006 is $87,400. That figure compares favorably with the county's neighbors in Southern Maryland, and to the north and west. Comparable figures for neighboring counties are $78,450 for Charles, $63,200 for St, Mary's, $79,950 for Anne Arundel, and $70,250 for Prince George's County. The estimated median household income, for 2006 for the State of Maryland, is $66,600.[6]

[3] Maryland Department of Planning (MDP), Planning Data Services. The final component of population change over the 2000-2005 time period is "residual," which is estimated as -115.

[4] MDP, Planning Data Services, "1990 and 2000 Population Density per Square Mile for Maryland's Jurisdictions," March 2001.

[5] MDP, "Historical and Projected Total Population for Maryland's Jurisdictions," September 2006.

[6] MDP, "Median Household Income for Maryland's Jurisdictions," June 2007.

Table 1
Demographic and Socio-Economic Outlook:
Calvert County 1980, 1990 and 2000

Population Characteristics	Historical			Projected		
	1980	1990	2000	2005	2010	2020
Total Population	34,638	51,372	74,563	87,500	95,700	100,700
Selected Age Groups:						
0-4	2,703	4,170	5,077	5,570	6,140	6,720
5-19	9,951	11,794	18,723	21,730	22,310	20,400
20-44	12,971	21,333	26,659	29,280	29,090	27,930
45-64	6,142	9,537	17,477	23,020	28,390	30,490
65+	2,871	4,538	6,627	7,910	9,770	15,160
Total Households	10,731	16,986	25,447	30,150	33,425	36,100
Labor Force	15,564	28,047	39,341	46,310	51,590	53,260
Per Capita Income (constant 2000 $)	$19,302	$27,087	$31,285	$34,167	$38,424	$44,398

Source: MDP, Planning Data Services, "Demographic and Socio-Economic Outlook."

Poverty

Despite its relative high household income level, Calvert County is home to people who are living in poverty. The U.S. Census of 2000 revealed 635 families in Calvert had incomes below the poverty level. Table 2 provides data about poverty status, by age, as counted in the 2000 Census. As the table illustrates, the census revealed a relatively high rate of poverty among children and among the elderly as compared to middle aged adults.

Table 2
Poverty Status in Calvert County by Age (1999)

Age Cohorts	Below Poverty Level	Above Poverty Level	Total for Whom Poverty Status Determined	Percent Below Poverty Level
0-5	243	4,690	4,933	4.9
5	55	1,142	1,197	4.6
6-11	527	7,468	7,995	6.6
12-17	354	7,392	7,746	4.6
18-64	1,696	44,013	45,709	3.7
65-74	182	3,570	3,752	4.9
75+	176	2,391	2,567	6.9

Source: MDP, Planning Data Services, 2000 Census Population and Housing - Summary File 3.

Housing

Although Calvert County has continued its historic pattern of population growth, the rate of such growth is slowing relative to other jurisdictions in the state. This change is illustrated by numbers of new housing units and by sales values. New housing units authorized for construction in the fourth quarter of the years 2000-2006 reveal that such authorizations have fallen in Calvert County, from 203 total units in 2000 to 57 total units in 2006. Comparable authorized units in neighboring counties and for the State of Maryland (as shown in Table 3) do not show a similar decline. Likewise, again illustrated in Table 3, median sales prices for single-family homes in Maryland, over the period 2002-2004, reveal a relatively slow increase in Calvert County in comparison to neighboring jurisdictions.

Table 3
Housing Construction and Sales Values

	New Units Authorized Fourth Quarter 2000	New Units Authorized Fourth Quarter 2006	Percent Change in Median Sales Value
Selected Jurisdictions	Total Units	Total Units	Single-Family 2002-4
State of Maryland	6,618	5,971	
Anne Arundel	662	346	+44.7
Calvert	203	57	+35.1
Charles	277	313	+52.0
Prince George's	734	601	+35.9
St. Mary's	100	122	+41.2

Sources: MDP, Data and Product Development, "Table 2. New Housing Units Authorized for Construction Fourth Quarter: 2006; 2005; 2004; 2003; 2002; 2001; and 2000" based on data from U.S. Census Bureau; MDP, MD Property View 2002, 2003 & 2004 Sales Extract, "Percent Change in Median Sales Value of Single-Family Homes 2002-2004."

Profile Summary

The general profile of Calvert County in 2007 is that of a county continuing to increase its population at a significant pace, but with a growth rate that is declining relative to neighboring jurisdictions. Although the portion of the population that is elderly is not large, the number of people 75 years and older is expected to double by 2020. Calvert households have high levels of income, even by Maryland standards, and incomes are expected to increase. Nonetheless, the county is not without its poor people – particularly among children and the elderly. As reflects its relatively high household incomes and a declining population growth rate, when Calvert is compared to neighboring counties, the median sales value of homes in Calvert is high, but is growing more slowly than values in the county's neighboring jurisdictions.

General Health Issues

Two perspectives on general health issues are people's self perception of their health and objective reports on causes of death. Both perspectives are provided below, beginning with the result of a survey of people's self perceptions of their health status.

Health Status

Indicators of health status stem from the Behavioral Risk Factor Surveillance System (BRFSS), an annual survey of adults 18 years and older. State health departments conduct the survey with oversight provided by the Center for Disease Control. As shown in Table 4, in responding to the question "How is your health in general?" Calvert County residents provided answers similar to the state in general. The exception was that a much lower portion of Calvert residents said their health was "poor."

Table 4
How is your health in general?

Jurisdiction		Excellent	Very Good	Good	Fair	Poor	Total
Calvert County	Number	49	83	60	21	4	217
	Percent	22.6	38.2	27.6	9.7	1.8	100.0
All Maryland Counties	Number	1,920	3,092	2,419	820	342	8,593
	Percent	22.3	36.0	28.2	9.5	4.0	100.0

Source: *Maryland BRFSS,* 2005. (Percentages in the table were corrected from the original.)

Causes of Death

As revealed in Table 5, in 2005 the rates for the "six leading causes" of death in Calvert County differ from the State of Maryland and from neighboring jurisdictions.[7] When compared to the state and to neighbors, in 2005 Calvert had the highest death rate for malignant neoplasms (cancer), and the lowest rate for cerebro-vascular disease and diabetes mellitus.
Annual death rates for the prior year of 2004 reveal, however, that Calvert's death rate for cancer was lower (at 163.1) than rates for Maryland (182.5), St. Mary's (186.5), Anne Arundel (177.0), and Charles (163.5). In 2004, Prince George's County had the lowest rate for cancer, at 140.0. In 2004, Calvert County had (as in 2005) the lowest death rate among the comparative jurisdictions for diabetes mellitus.[8]

In 2003, Calvert County had a lower death rate for cancer than did the State of Maryland (176.0 vs. 186.1), but a higher rate than Anne Arundel (174.7), Charles (176.0), and St. Mary's (167.1). Prince George's had the lowest death rate among the comparative jurisdictions as the result of cancer (144.0). Concerning diabetes mellitus, in 2003 Calvert had (as in the two years that followed) the lowest death rate (fewer than 20 deaths) when compared to the State of Maryland (26.2), Anne Arundel (26.4), Charles (23.3), Prince George's (24.4) and St. Mary's (22.6).[9]

[7] *Maryland Vital Statistics Annual Report, 2005*. Death rates are per 100,000 people. The 7-10 leading causes of death, state-wide, are Influenza and Pneumonia, Septicemia, Alzheimer's disease, and Nephritis, Nephrotic Syndrome and Nephrosis. For those causes, however, Calvert County death rates were not calculated because there were fewer than 20 deaths, per cause, for the year.
[8] *Maryland Vital Statistics Annual Report, 2004.*

[9] *Maryland Vital Statistics Annual Report, 2003*.

Table 5
Death Rates per 100,000 for the Six Leading Causes for Selected Jurisdictions, Maryland 2005

Jurisdiction	All Causes of Death	Diseases of the Heart	Malignant Neoplasms	Cerebro-Vascular Disease	Chronic Lower Respiratory Diseases	Diabetes Mellitus	Accidents
Maryland	781.7	206.5	184.8	44.0	33.7	24.7	24.3
Anne Arundel	717.4	181.3	179.7	41.7	35.0	24.7	20.9
Calvert	689.2	193.3	189.9	30.7	42.1	***	27.3
Charles	616.6	131.8	171.4	33.9	26.7	23.1	33.1
Prince George's	605.0	153.5	142.2	30.8	17.5	23.6	28.0
St. Mary's	703.5	189.6	176.1	50.8	29.0	25.9	28.0

Source: *Maryland Vital Statistics Annual Report, 2005*.

These comparisons of death rates by cause over the last three years for which data are available provide a mixed picture, except to report that Calvert County's death rate for diabetes mellitus has been consistently low relative to the State of Maryland and neighboring jurisdictions. The broader picture is clearer, however: the two leading causes of death – heart disease and cancer – are exceptionally lethal and are determined, in part, by personal behavior and environmental factors. This holds true for Calvert County, the State of Maryland, and all the neighboring jurisdictions.

Heart Disease

Heart disease is the leading cause of death in Maryland and in all the State's counties, Calvert included. The Centers of Disease Control and Prevention and the National Center for Chronic Disease Prevention and Health Promotion reported in 2005 that the age-adjusted death rate for heart disease in Maryland for the period 1996-2000 was 519 per 100,000 people for ages 35 and over. The largest proportion of deaths from heart disease (about 70 percent) results from coronary heart disease, which is largely preventable by healthy children and adults making behavioral changes. Behaviors that reduce the risk factor for coronary heart disease are to abstain from smoking, eat healthy, be physically active, reduce obesity, and limit consumption of alcohol.

Cancer

The second leading case of death in Maryland and Calvert County is cancer. Maryland has a relatively high rate of cancer when compared with other states. Lung cancer is the cause of the majority of cancer deaths in Maryland and results primarily from cigarette smoking.

Self-reported Incidence of Disease from 2007 CHA Survey

The 2007CHA survey conducted in phase two asked respondents to detail their health conditions. The list of options included a number of health conditions for which data was not otherwise available. Figure 1 shows the distribution of responses for various kinds of diseases as self reported by survey participants. Both the distribution in the general population and the distribution in the over 50 population are shown. The most common self reported illnesses are high blood pressure and high cholesterol, each of which is reported by about half the respondents with higher incidences in the older population. Arthritis and diabetes are the next most commonly reported ailments, affecting about a quarter of the sample. Again, both of these are more prevalent in the older population. Table 6 shows the incidence of illnesses broken down by demographic sub-groups.

For the most part, incidences of reported disease increase with age. The exceptions to this general rule are congestive heart failure (which appears about equally distributed across age groups), and depression (where younger respondents are more likely to report they suffer from depression). Lyme Disease and Hepatitis C are also more evenly distributed across age groups.

Compared to men, women are more likely to report asthma (17.4%), arthritis (24.2%), and depression (16.4%), while men are more likely to report high cholesterol (34.8%). For the remaining diseases, the sample differences are too small to suggest population differences. African Americans were more likely to report diabetes (20.0%) and high blood pressure (45.7%) compared to Whites and "Others." Ethnic differences are small for other diseases.

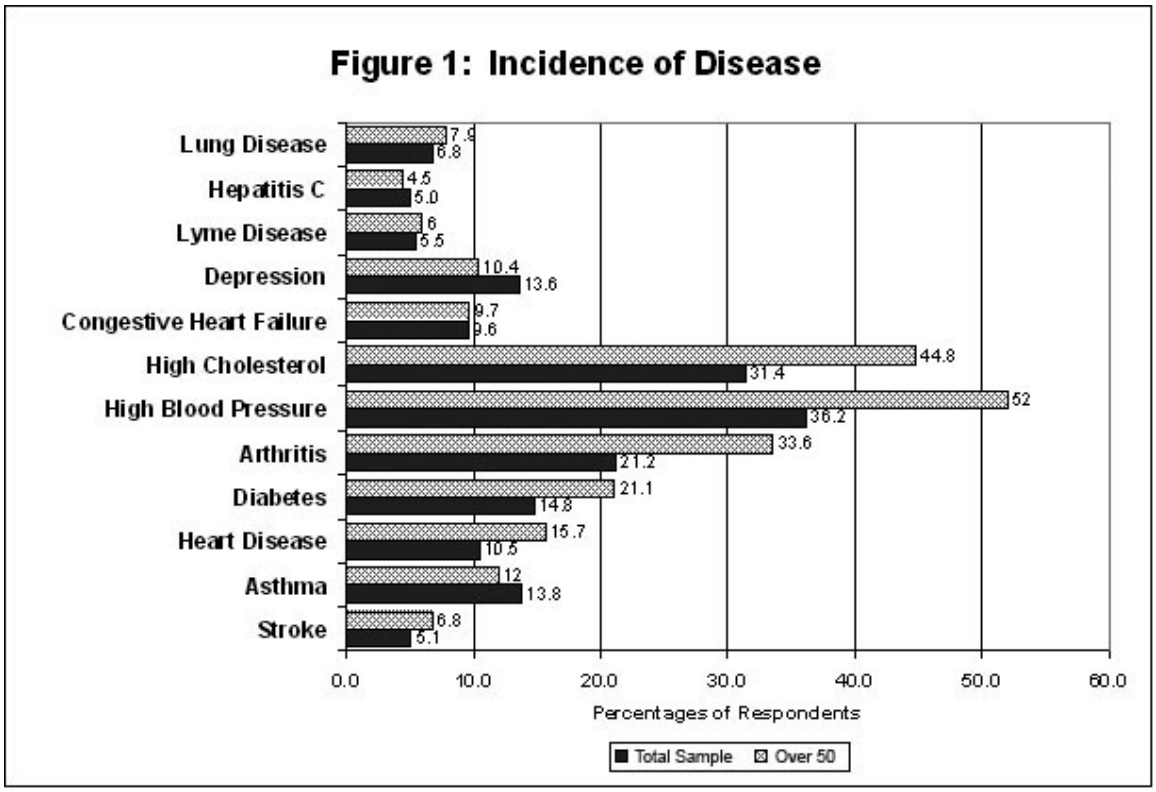

Table 6: Percentage of Disease by Demographics From Survey Data									
	Age				Gender		Race/Ethnicity		
	18-30	31-49	50-64	> 64	Male	Female	White	Af-Am	Other
Stroke	3.3%	3.1%	5.1%	8.9%	4.9%	5.3%	5.3%	3.8%	5.0%
Asthma	17.8%	14.8%	11.6%	12.5%	10.3%	17.4%	13.5%	16.2%	10.0%
Coronary Heart Disease	4.3%	5.1%	10.6%	22.4%	11.6%	9.3%	10.9%	9.7%	10.0%
Diabetes	6.9%	8.1%	15.7%	27.8%	16.2%	13.1%	14.2%	20.0%	10.0%
Arthritis	5.8%	10.7%	25.3%	44.1%	17.8%	24.2%	22.3%	18.4%	12.3%
High Blood Pressure	12.0%	23.0%	43.4%	62.9%	35.6%	35.7%	35.7%	45.7%	22.5%
High Cholesterol	5.8%	26.0%	40.8%	49.8%	34.8%	28.0%	32.7%	27.6%	24.7%
Congestive Heart Failure	9.8%	8.4%	8.1%	11.8%	8.2%	10.7%	9.5%	11.4%	8.8%
Depression	18.8%	16.3%	12.2%	8.3%	10.6%	16.4%	14.2%	12.0%	11.1%
Lyme Disease	5.8%	3.8%	5.6%	6.7%	4.9%	6.2%	5.4%	6.5%	6.2%
Hepatitis C	4.7%	5.3%	4.8%	3.8%	5.2%	5.2%	5.1%	6.0%	1.3%
Lung Disease	4.7%	6.1%	5.6%	10.9%	6.2%	7.3%	7.0%	7.6%	5.0%

Access to Health Services

Physician and Dentist Availability

The Health Resources and Services Administration of the U.S. Department of Health and Human Services designates communities that suffer from a shortage of healthcare providers as "designated health professional shortage areas" (HPSA). In 2001, Calvert County was added to the list of U.S. jurisdictions with health manpower shortages. The HPSA designation continues today.[10]

A 2004 report to the General Assembly on dental care access under Health Choice (the service delivery system for most children and non-elderly adults enrolled in Medicaid and the Maryland Children's Health program) identified 21 dentists in Southern Maryland participating in Health Choice. This statistic was an increase of 5 percent or 1 dentist from the 2003 statistic. In Calvert County, however, there was no participating pediatric dentist in 2004. Dentists also provide services to Medicaid enrollees through community health clinics. As of 2004, there were no community clinic dental providers in Calvert County.[11]

[10] See http://hpsafind.hrsa.gov/HPSASearch.aspx.

[11] See also "Oral Health among Children" in the "Maternal and Child Health" chapter of this report.

In a FY 2007 Program Evaluation of the Maryland Children's Health Program, it was reported that "the Calvert County Health Choice target population is at risk for dental problems due to the ongoing lack of dental providers for this population. Local providers continue to express difficulty in negotiating reasonable fees and in overall communication with dental MCO's [Managed Care Organizations]."[12]

Mental Health

Since the 2001 survey, mental health services for children and adolescents have increased dramatically. Calvert County Core Service Agency (CSA) developed an In-Home Intervention Program for children and adolescents that provides services to children and families in their home. We have also developed a Crisis Bed Program that serves adolescents from the tri-county region that is located in Calvert County. This program is funded through a cooperative agreement between the CSA, Department of Juvenile Services and the Department of Social Services. The school based mental health program for children and adolescents continues to grow.

On the adult side we have developed an In-Home Intervention Program for adults. This is an intensive program that serves adults who have had difficulty succeeding in other mental health interventions.

In February 2006, Southern Maryland Community Network (SMCN) initiated a supportive employment program, and, in early FY-08, SMCN's program was approved as an evidenced based practice. The supportive employment program has been incredibly successful in obtaining employment for a significant number of consumers, to the point that additional staff has been hired. SMCN has accessed a variety of employers in an effort to obtain employment for their consumers, i.e. Safeway, Staples Office Supply, a Veterinarian's office and restaurants, and to date many of the consumers have obtained and maintained their jobs for more than six months.

Calvert County CSA partnered with Calvert County Mental Health Clinic and Calvert Memorial Hospital to implement a hospital diversion program in April 2007. Individuals appearing at CMH's ED in need of psychiatric services, if appropriate, may be diverted to the Calvert County MHC for immediate services. The MHC sets aside psychiatric appointment times that can only be scheduled for patients from CMH ED. We have had approximately an 80% utilization rate for this service. We served approximately 60 individuals through this service.

Health Plans

SCHIP

In *Child Health USA 2005*, it was estimated that 111,488 Maryland children are enrolled in the State's Children's Health Insurance Program (SCHIP). In Calvert County, there are currently approximately 5,000 children under age 19 and 300 pregnant women who are underinsured and/or uninsured through private sector insurance. Maryland implemented the Maryland Children's Health Program (MCHP) to provide health coverage to low income, uninsured children and pregnant women. Local health departments are mandated by the state to administer this program.[13]

Medical Assistance

In Calvert County, 6,878 citizens were enrolled in the Medical Assistance Program as of June 2004. According to the Calvert County Core Service Agency February 2006 report, the county's enrollment in Medical Assistance eligible mental health services has increased by 18 percent since FY 2001.

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[12] MCHP 2007 Evaluation.

[13] Ibid.

Uninsured

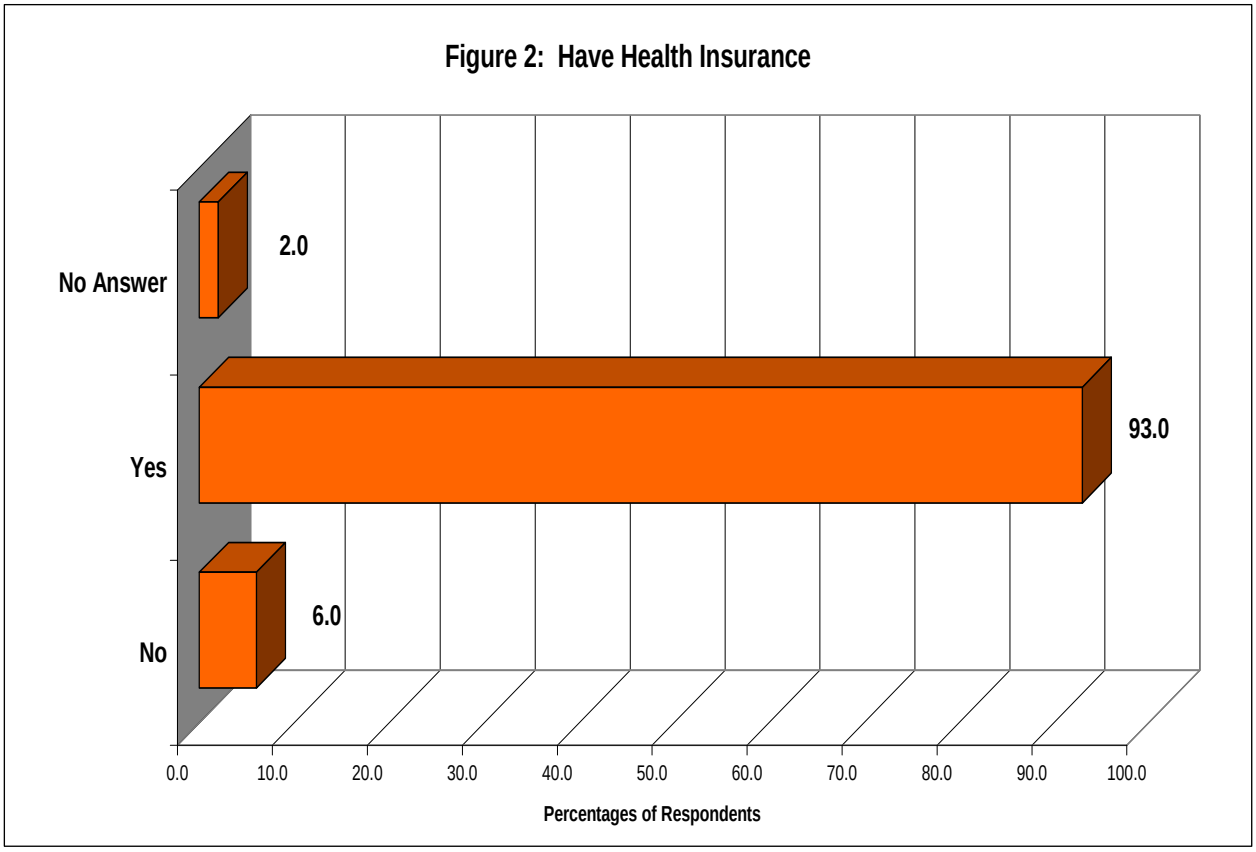
The Maryland Health Care Commission (MHCC) estimates that there are 740,000 Marylanders who do not have public or private insurance. They estimate that the number of non-elderly uninsured rose to about 15 percent by 2003. MHCC identified several trends in their statewide data which help illuminate the situation:

- An increase of uninsured among the low income and near poor (101-200 percent of poverty level)
- Hispanic and African-American Marylanders are over represented in the population of uninsured;
- Seventy-four percent of the non-elderly uninsured report at least one full time worker;
- Forty-one percent of the uninsured are college educated;
- Thirty-eight percent have income above $43,500 (300 percent of the FPL);
- Twenty-nine percent are employed in companies with 10 or fewer employees;
- Forty percent are between the ages of 19 and 34.

After adjusting for Medicare eligibility and MCHP eligibility, the Maryland Health Care Commission in 2006 estimated that there were 54,782 adjusted eligible adults between ages 19 and 64 in Calvert County. Of these adults, 5,862 (or 10.7 percent) are uninsured.

Uninsured Questions from 2007 CHA survey

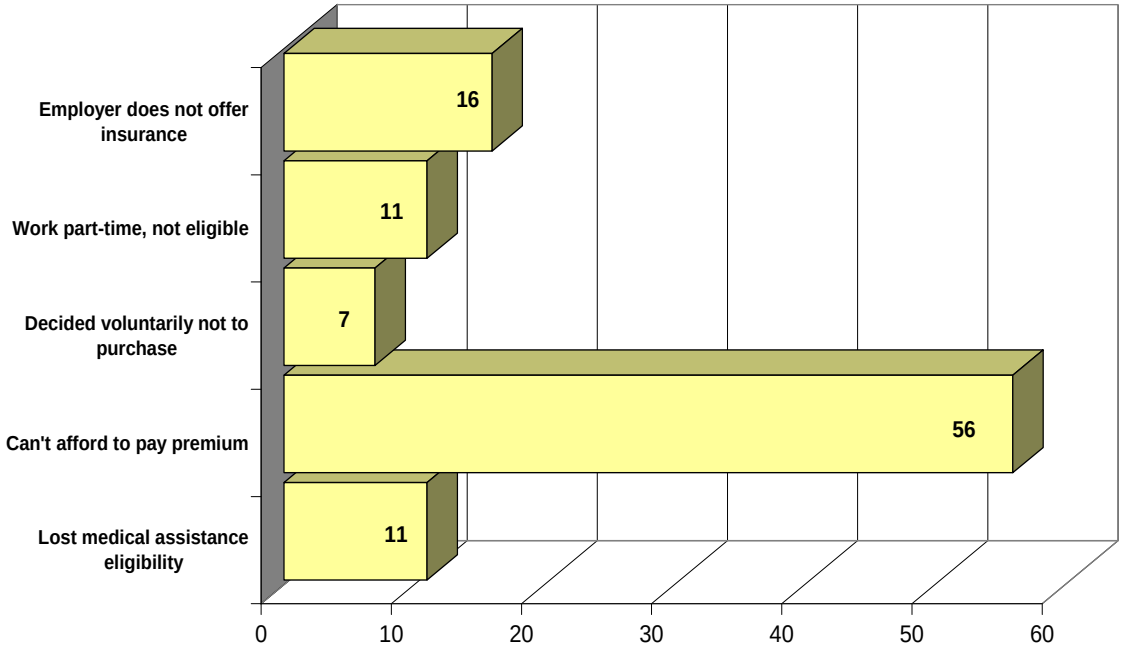
The 2007 CHA survey asked several questions about insurance. The results are shown in Figure 2. About 93 percent of respondents reported having health insurance of some type. Only six percent reported having no insurance. This compares to the state of 10.7 percent as uninsured in Calvert County (cited above). Lack of insurance is somewhat more pronounced among younger respondents and



minorities. Almost 14 percent of respondents under 30 reported having no insurance, compared to 5 percent less of the remaining age groups. Nine percent of African-American respondents reported no heath insurance, and 10 percent of other groups (aggregated) reported having no insurance.

The reasons respondents gave for not having insurance are shown in Figure 3. The dominant reason respondents reported for not having health insurance, was cost with 56 percent of those without health insurance reporting they could not afford it. As Figure 3 represents only the responses to the 6 percent with no insurance, further analysis by demographics would be misleading.

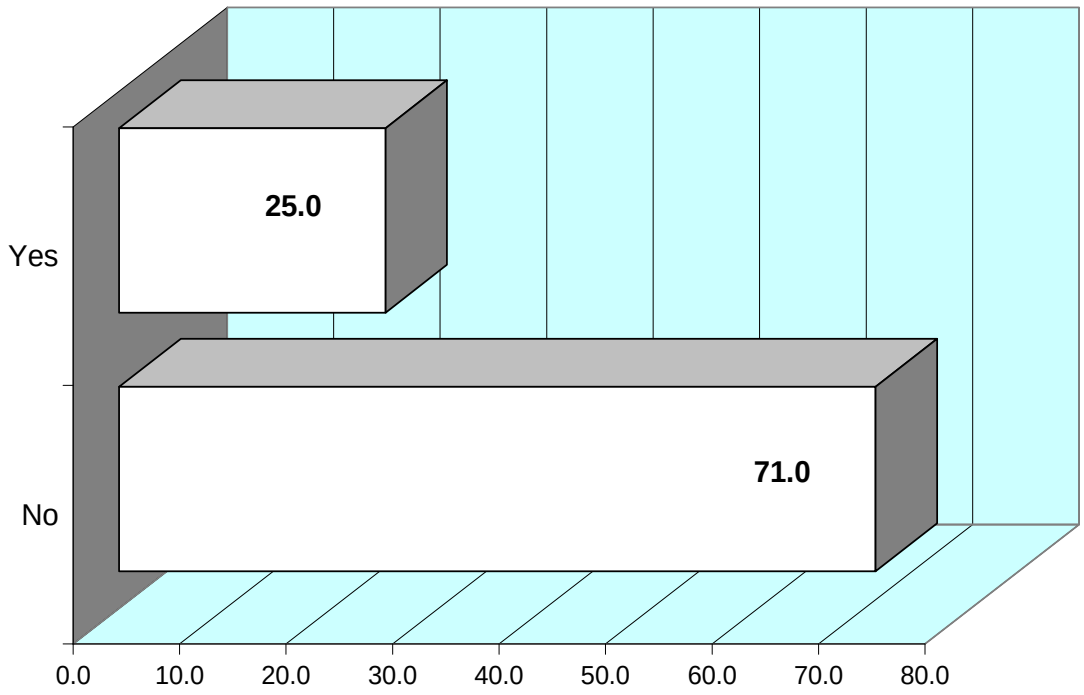
Figure 3: Why No Insurance



Other Issues with Access to Heath Care

Related to availability of medical care is the question of whether or not people have to travel outside of Calvert County to find medical care. Figure 4 shows that 25 percent of CHA survey respondents reported that they had to go outside of Calvert County to get an appointment.

Figure 4: Ever Go Outside Calvert For Appointment

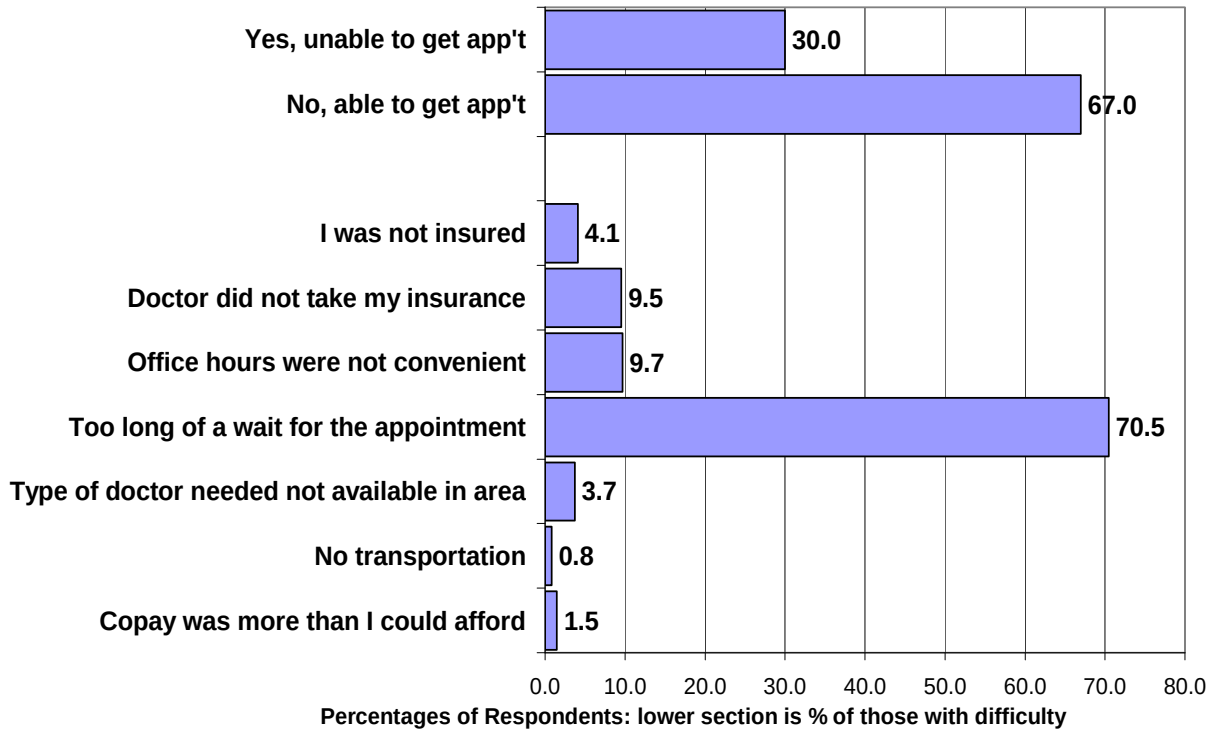


The 2007 CHA survey also asked for the specific reason respondents had to leave Calvert County for health care. Seventy two respondents (5 percent of total returns) indicated that stroke was the primary reason for going outside Calvert County. No other conditions were volunteered.

The next question asked directly about getting appointments in Calvert County. Figure 5 show that 30 percent of respondents say that there have been times when they could not get an appointment when they needed one.

Those reporting they were unable to get an appointment were asked why. The lower part of Figure 5 shows the proportion of those not able to get an appointment responding to each reason. By far the most prevalent reason was “too long a wait for an appointment” with 70 percent saying this was primary reason. Only 4 percent suggested that availability of the right kind of physician was an issue, and less than one percent said transportation was a problem. About 10 percent cited some issue with their insurance, and about 10 percent said office hours were inconvenient. Taken

Figure 5: Experience with Getting Appointments



together, insurance related barriers to getting appointments accounted for some 15 percent of those not able to get appointments when desired. These reasons include no insurance, doctor not accepting insurance, and co-pay issues.

Transportation

It is recognized that Calvert County's unique topography presents a transportation challenge. Coupled with the topography is the high percentage, (over 60 percent) of the labor force that commutes outside the County to work. According to *the 2006 Annual Commuter Survey* conducted by the Calvert County Department of Economic Development, one third of commuters work in the District of Columbia and over a fourth work in Prince George's County. The other two major sources of employment were St. Mary's County (13.3 percent) and Northern Virginia (11.3 percent). The use of the major highway, MD 4, during peak traffic periods creates significant traffic congestion. Of the commuters surveyed, 82 percent indicated they would prefer to work in Calvert County.

The Regional Transportation Coordination Committee (RTCC) is charged to "provide a forum for the senior and disabled community's transportation needs" for Southern Maryland. To accomplish this mission, the RTCC along with The Tri-County Council for Southern Maryland are working with the Easter Seals Foundation through a Mobility Planning Services grant. The goal of the program is to "improve regional transportation so that it will be more accessible to all Southern Maryland residents."[14]

[14] Tri-County Council for Southern Maryland, http://www.tccsmd.org.

Internal transportation systems in the county continue to be a blend of private automobiles, a county operated bus system, limited taxi service, and specialized transportation provided by various public and private agencies.

Maternal and Child Health

Prenatal Risk Assessment among Medical Assistance Mothers

The Maryland Department of Health and Mental Hygiene compiles prenatal risk assessment data for Medical Assistance mothers. The information is collected during the first prenatal visit. The *FY 2005 and FY 2006 Comparison Report: Maryland Prenatal Risk Assessments* for Calvert County shows an increase of 26.3 percent in the number of Medical Assistance women over a one-year period. Table 7 compares school participation, drug use, sexually transmitted diseases, and uterine irritability for Medical Assistance mothers in FY 2000, FY 2005, and FY 2006.

Table 7
Prenatal Risk Assessment among Medical Assistance Mothers: Selected Factor Comparison for FY 2000, FY 2005 and FY 2006

	FY 2000	FY 2005	FY 2006
Number of Medical Assistance mothers	206 (100%)	292 (100%)	369 (100%)
Currently in school	20 (9.7%)	32 (10.6%)	32 (8.7%)
Sexually transmitted diseases	21 (10.1%)	18 (6.2%)	33 (8.9%)
Drug Use	6 (2.9%)	17 (5.8%)	24 (6.5%)
Uterine irritability	6 (2.9%)	14 (4.8%)	13 (3.5%)

Source: *FY 2005 and FY 2006 Comparison Report: Maryland Prenatal Risk Assessments.*

Prenatal Care

Early prenatal care is an important factor in the health of a baby and mother. The following table shows a decrease between FY 2005 and FY 2006 in the percentage of women seeking prenatal care during their first trimester. In FY 2006, Calvert County had 1,001 births. Of these births, 87.4 percent of the Calvert County mothers received prenatal care in the first trimester of their pregnancy, compared to 80 percent of the mothers in Maryland. A less favorable statistic is for the Medical Assistance mothers in Calvert County. According to the *Prenatal Risk Assessment among Medical Assistance Mothers FY 2006* data, 68 percent of Medical Assistance women had their first prenatal visit in their first trimester.

Table 8
Time of First Prenatal Visit for Medical Assistance Mothers: Comparison for FY 2005 and FY 2006

	FY 2005		FY 2006	
	Number	%	Number	%
1st Trimester	221	75.7	254	68.3
2nd Trimester	41	14.0	69	18.7
3rd Trimester	12	5.4	1	.003
Missing	18	6.2	33	8.9
Total	292	100.0	369	100.0

Source: Prenatal Risk Assessment among Medical Assistance Mothers FY 2006.

Low Birth Weight Babies

Infant survival, health, and overall development are often associated with infant birth weight. According to the *National Vital Statistics*, the percentage of babies in the United States born with low birth weights (LBW) increased from 7.6 percent in 1999 to 8.2 percent in 2005. This statistic reflects a disturbing national trend where low birth rates have increased by 20 percent since the mid 1980's. In Maryland, the percentage of babies born with LBW increased slightly from 9.1 percent in 1999 to 9.2 percent in 2005. With only 5.8 percent of babies born with a low birth weight, Calvert County babies appear to be doing significantly better than the state as a whole. Data from the *Maryland Vital Statistics* show that the number and percentage of low birth weight babies in Calvert County in 2005 were at their lowest levels since 1999.

Infant Death, Neonatal Deaths and Mortality Rate

Infant mortality is often "associated with family access to health care and prenatal, family, and environmental risks to a child's health start." Nationally, the infant mortality rate has dramatically declined from 9.2 deaths per 1,000 deliveries in 1998 to 7.0 in 2002. Maryland has followed this positive trend by decreasing its infant mortality death rate from 8.6 deaths per 1,000 deliveries in 1998 to 7.3 in 2005. *Maryland Vital Statistics* show a range of infant mortality rates, from a low of 3.1 in Carroll County to a high of 11.3 in Baltimore City (with several counties missing data). Although Calvert's infant mortality rate of 5.2 deaths per 1,000 deliveries in 2005 shows an increase from 4.2 in 1998, the rate is still much lower than the Maryland and national statistics.

Other indicators of maternal and infant health are the numbers of neonatal deaths and the neonatal death rate. In 2005, the Maryland neonatal mortality rate was 5.3 per deliveries, with a range from 2.8 in Washington County to 7.0 in Charles County. In 1998, Calvert County's neonatal mortality rate per 1000 births was 4.3 percent. This rate increased to 5.0 in 2005. Births to teenage mothers are described in the "Populations at Risk" chapter of this report.

Child Death Rate

Child death rate is a population-based rate of the number of deaths resulting from all causes per 100,000 children between the ages of one and fourteen. From 2000 to 2005, the child death rate in Maryland dropped by 25 percent. For the five-year period 2001-2005, the Maryland child death rate was 19.4 percent. Within jurisdictions, the child death rate during 2001-2005 varied from a low of 11.7 percent in Montgomery County to a high of 33.4 percent in Baltimore City. Calvert County ranks 12th in the state, with a child death rate in the five-year period, 2001-2005 of 19.3 percent, a decrease from 24.4 percent in the period 1996-2000.[15]

Testing for Lead Poisoning

Blood lead testing ensures that poisoned children are identified and interventions are done to decrease harm to the children. According to the *Maryland Department of the Environment's Lead Poisoning Program*, there has been a steady decline over the past decade in childhood lead exposure in Maryland. Among children from birth to 72 months of age who were tested in the state in 2005, the incidence of elevated blood level (EBL) ranged from 0.02 percent in Howard County to 3.0 percent in Baltimore City. In Calvert County, 11.4 percent or 753 children were tested. Of those tested, six children were found to have EBL an incidence rate of 0.8 percent. The Calvert County statistic of EBL incidence represents a decrease of 50 percent since 1998.

[15] Maryland KIDS COUNT Partnership*, Maryland KIDS COUNT 2007 Data: Healthy Children, 2007*.

Oral Health among Children

Research findings in the "*Survey of the Oral Health Status of Maryland School Children 2000-2001"* identified certain factors which contribute toward tooth decay. Among these factors are:

- Fifty-eight percent of children without dental insurance had untreated decay compared with 28 percent of children with private dental insurance;
- Hispanic children had significantly more untreated decay than Caucasian children;
- Caucasian children were significantly more likely to have dental sealants than African American children;
- Children who were eligible for free lunch or reduced lunch had significantly more untreated decay than those who were ineligible;
- Children who came from families with less than a high school education were significantly more likely to have untreated decay than those who came from families with more education;
- Children who were eligible for free or reduced lunch were 50 percent less likely to have a dental sealant than children who where not eligible.

Although these findings are not county specific, they may help to focus attention on at-risk children in Calvert County.

According to "*The Oral Health of Children: A Portrait of States and the Nation 2005*", seventy-two percent of the nation's children, age 1 through 17, received preventive health care in the last twelve months and 68.5 percent of children's teeth were in very good or excellent condition. With nearly 74 percent of Maryland children receiving preventive health care in the last year and nearly 75 percent having very good to excellent teeth, Maryland statistics compare favorably with the national statistics.

The Calvert County Public Schools, in conjunction with the Calvert County Dental Soceity, screen third graders for dental health. The screening is voluntary, and over the last five years between 14 percent and 19 percent of children refused screening. It is impossible to conclude from the data the status of the oral health of the children who were not screened, but previous experience with testing indicates that dental disease may be over-represented among the children who were not screened.

The screening rates each child on their oral health using the following four categories:

Category I: Good dental health at this time;
Category 2: Good but in need of preventive care to prevent future problems;
Category 3: Dental disease or problems observed; needs help soon;
Category 4: Severe dental disease or problems observed.

Table 9 indicates that 77 percent of Calvert County's third graders had good to excellent oral health. If the third graders' oral health is indicative of Calvert County children as a whole, it appears that Calvert County children's oral health is slightly better than the state and considerably better than the nation. The percentage of third graders in 2006-2007 with moderate or severe dental disease was 22.6 percent. This figure has ranged from a high of 30 percent in 2002-2003 to a low of 18 percent in 2004-2005. Further analysis of this data is needed to know if some schools are overly represented in Category 3 and Category 4.

Table 9
Calvert County Third Grade Dental Screening
Comparison by School Year and Rating

	2002-2003		2003-2004		2004-2005		2005-2006		2006-2007	
Children screened	**868**		**951**		**1227**		**1215**		**1117**	
Rating	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Category I	354	44	239	33	421	44	337	34	299	34
Category 2	250	29	303	42	368	38	351	35	382	43
Category 3	233	27	151	21	151	16	271	27	164	18.6
Category 4	22	3	28	4	22	2	35	3.5	36	4

Source: Calvert County Public Schools.

Another important factor in oral health is community water fluoridation. According to the *Surgeon General's 2004 statement*, "community water fluoridation" continues to be the most cost-effective, equitable and safe means to provide protection from tooth decay in a community. Factors that may contribute to dental problems are that many residents have private wells, and others are served by relatively small water systems that do not fluoridate.

Immunizations

In a 2004 survey finding, the *Center for Disease Control* estimated that 83 percent of children 19 to 35 months of age were immunized. That same study estimated that 81 percent of Maryland children of the same age were immunized. In 2001, the *Community Health Assessment* found 84 percent of Calvert County children were immunized by age 2. This percentage represented an 18 percent increase from 1990. The "Annual Report of School Immunization Status" for November 2006 indicated that only one child out of 561 kindergarteners did not have immunization records at the time of enrollment in school. All new children who enrolled in grades 1 through 12 had their immunization records.

Kindergarten Readiness

The *2006 Kids Count Data Book* is a national and state-by-state effort to track the status of children in the United States across twenty six indicators. Among these indicators are those described at the beginning of this section -- low birth weight babies, infant mortality, and child death rate. Another important indicator of child health is kindergarten readiness which reflects the composite score from the Work Sampling System (WSS). The assessment provides an evaluation of kindergarten students in terms of their social, physical, linguistic, and cognitive skills. In 2004, 58 percent of Maryland children entering kindergarten were ready according to their WSS assessment, with a range of 42 percent in Caroline County to 85 percent in Somerset. Calvert County ranked 10th in the state with 68 percent of children showing kindergarten readiness. A 2004 Calvert County report, *Achieving School Readiness*, indicated wide gaps in readiness among certain demographic categories. These include a 26 percent gap between low and middle income children, a 22 percent gap between children receiving special education services and those who do not receive special education services, and a 12 percent gap between children who are African American and their White peers.

Children with Asthma Problems

Approximately 8 percent of children under 18 in the United States were classified as having asthma problems in the *2006 Kids Count Data Book*. A child was classified as having an asthma problem if parents reported that a doctor or health professional had ever told them that their child has asthma, the child still has asthma, and the child experienced one or more of the following: used medication for asthma in the last year; had moderate to severe difficulties due to asthma; had an asthma attack in the past year; and/or had been hospitalized for asthma in the past year. Among States, the percentages

ranged from a low of 5 percent in Idaho to a high of 11 percent in Delaware. Maryland was ranked 33 with a 9 percent of children under 18 having asthma problems with a low of 8 percent for higher income children and a high of 13 percent for lower income children. Unfortunately, this data set did not include county specific statistics. There is, however, another source with county data on school age children. The Maryland State Department of Education's *Annual School Health Services Survey* indicated 877 public school students in Calvert County had asthma diagnoses in the fall of 2006. This number represents 5 percent of the 17,500 students in Calvert County Public Schools in December 2006.

Other Chronic Health Conditions

In addition to asthma, the Maryland State Department of Education's *Annual School Health Services Survey* reported several chronic health conditions in the fall of 2006 among school aged children in Calvert County. These include:

ADHD	529
Heart Disease	115
Seizure Disorder	72
Anaphylaxis	62
Diabetes	40
Other chronic conditions	350

One hundred ninety-one students had mental health diagnoses. The top three mental health diagnoses were bipolar, depression, and anxiety. The *Survey* also indicated 643 individual students received medications in school.

Children with Autism

The number of children diagnosed with autism has increased dramatically over the last five years. According to the Center for Disease Control, at least 300,000 children (a rate of 5.6 per 1000 school aged children between 4 and 17 years) had a parent-reported diagnosis of autism. The Maryland Department of Education reported a 13 percent increase in children with an autism diagnosis, a rate of 1 in every 165 school age children. Currently in the Maryland public school system there are 5,288 children with an autism diagnosis, an increase from 3,488 in 2002. According to *Achieving School Readiness, 2004,* "… the number of identified students with autism in Calvert County Public Schools rose by 225 percent between 2000 and 2004." That same report provided statistics from the 2001 Community Health Assessment which indicated there were 147 children with autism in the Calvert County Public Schools in 2000. Using these figures it can be estimated that there were approximately 330 children with autism in the public schools in 2004.

Child Care

It is projected that by 2010 Calvert County will have 6,140 children under five years of age. This figure represents a 15 percent increase from 2000. According to the *Maryland Child Care Resource Network* there are currently 198 licensed family providers and 37 licensed day care centers with a total capacity for 2,762 children. It is unclear from the data if this number of licensed providers is sufficient to care for all children needing child care. What is clear from the Network's data is that licensed child care may be beyond the grasp of many families. The average cost of child care provided by a licensed provider in Calvert is $13,954. Within the state, costs vary from a low of $8,554 in Garrett County to a high of $18,594 in Howard County.

Staying Healthy and Quality of Life
Individual Behavior, Environment, and Prevention

Staying healthy and maintaining or improving people's quality of life is a complex and multi-faceted issue. Provided below are various data sets, that provide insights about that issue as it exists in Calvert County. The data sets include: preventive care; a partial perspective on infectious diseases; and data about obesity, the elderly, the homeless, vehicular accidents, injury-related emergency department visits, hospitalizations, and deaths.

Preventive Care

Routine visits to doctors (which provide opportunities for early detection of health problems) are an important behavior factor for staying healthy. BRFSS survey results provide an insight about how frequently Calvert County citizens make routine visits to doctors, as compared with citizens of the State of Maryland in total. As shown in Table 10, responses to the question "How long has it been since you last visited a doctor for a routine checkup?" reveal more than three-fourths of people surveyed in Calvert County have seen a doctor for a routine visit within the last year. Additionally, however, relative to Maryland in general, more survey respondents in Calvert County have not seen a doctor for a routine visit for more than five years.

Table 10
How Long Since Last Visited a Doctor for a Routine Checkup?

Jurisdiction		Never Went	< 1 Year	1 to <2 Years	2 to <5 Years	>=5 Years	Total
Calvert County	Number	1	162	21	18	11	213
	Percent	0.5	76.6	9.4	8.1	5.3	100.0
All Maryland Counties	Number	51	6,379	1,096	576	441	8,543
	Percent	0.6	72.7	14.1	7.7	4.9	100.0

Source: *Maryland BRFSS,* 2005.

Auto Immune Deficiency (AIDS)

According to the Maryland AIDS Administration, Maryland ranked 9th in the United States in 2004 in cumulative number of AIDS cases (27,500 through 2004) and 4th in AIDS incidence rate (26.1 cases per 100,000 population during 2004). In FY 2006, 1,458 cases were reported. Calvert County has a very low incidence of AIDS. In FY 2006, only one case was reported; in the previous two fiscal years, only two cases were reported.

Other Infectious Diseases

The Calvert County Department of Health reports infectious diseases. Table 11 compares the incidence of confirmed infectious diseases in Calvert County and Maryland over 2004, 2005, and 2006. In most cases, there is a downward trend in the incidents of disease in the county and in many cases there is an absence of a specific disease. Lyme disease is the exception, where the number of confirmed cases in

the county has doubled between 2004 and 2006. During this same period, the number of confirmed cases in the state increased by 62.5 percent.

Table 11
Confirmed Infectious Diseases:
Comparison of Maryland and Calvert County (2004, 2005 and 2006)

	2004		2005		2006	
Diseases	**Calvert**	**Maryland**	**Calvert**	**Maryland**	**Calvert**	**Maryland**
CHLAMYDIA	179	13,301	181	11928	163	17718
GC	16	4,359	38	3,558	17	6466
HEP A	2	103	1	82	0	68
HEP B	16	2,998	14	4138	17	1,792
HEP C	14	7,119	25	7324	68	6,097
HEP UNDET	0	2	0	1	0	73
LYME DISEASE	37	891	54	1,235	74	1448
MEASLES	0	1	0	0	0	2
MENING INFE	23	1024	10	959	21	727
MENING INV	0	11	0	19	1	17
MUMPS	0	2	0	5	2	11
RABIES (HUM)	0	0	0	0	0	0
RUBELLA	0	1	0	1	0	0
CONG RUG	0	0	0	0	0	0
SAES	0	0	0	0	0	0
STREP PNEU	7	523	2	578	1	606
P&S SYPHILLIS	1	171	1	118	0	295
TB	1	314	3	283	0	253
VARICELLA	0	2	0	1	0	17

Source: Calvert County Health Department.

Heath Conditions

Obesity

Time series data for the U.S. indicate that obesity, which correlates with health problems such as coronary heart disease, hypertension, and type-2 diabetes, is on the rise in America.[16] Data for Calvert County, as shown in Table 12, are for a single year, 2005, but provide a comparison to data for the same year from the State of Maryland in general. The data are from the *Maryland BRFSS* survey, so are drawn from individuals aged 18 and older. Table 11 indicates that percentages for obesity are not significantly different between the county and state. In Calvert County, 59.3 percent of adults were reported as overweight or obese, while in Maryland the figure was 61.1 percent. These percentages also mirror the United States in general, where in 2005, 61.1 percent of adults were found to be overweight or obese (BMI =>2.50).[17]

[16] According to Walter Willet, chair of the Department of Nutrition at Harvard University, the epidemic emerged in the mid-1980s, when it sprouted in the Midwest, then quickly affected the rest of the country. See *Harvard Public Health Now*, July 11, 2003 at http://www.hsph.harvard.edu/now/jul11/

[17] See http://ibis.health.utah.gov/indicator/view_numbers/OvrwtObe.UT_US.html

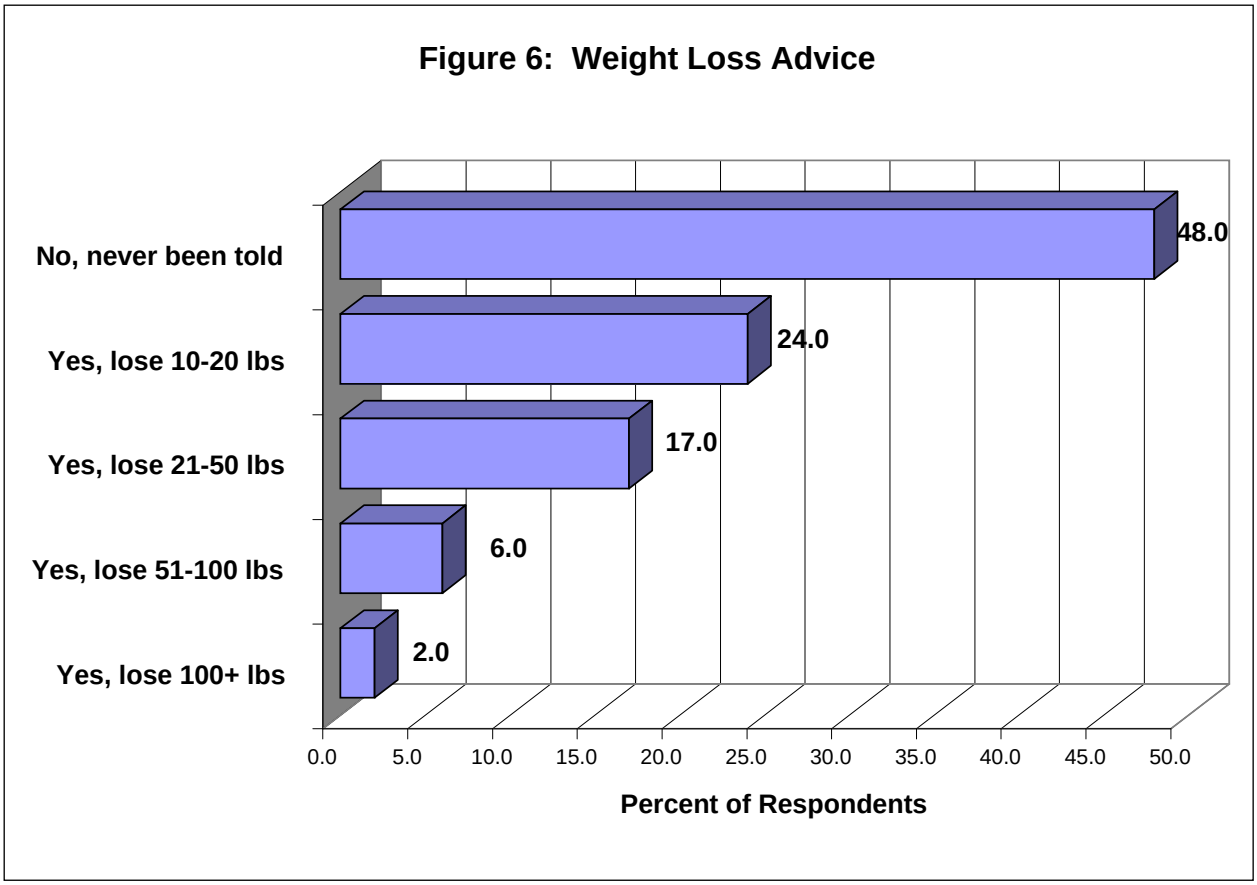
Table 12
Weight Classifications Based on Body Mass Index (BMI)

Jurisdiction		Not Overweight/ Obese (BMI<=24.9)	Overweight (BMI 25.0-29.9)	Obese (BMI 30.0 and Above)	Subtotal: (Overweight plus Obese)	Total
Calvert County	Number	85	72	53		210
	Percent	40.6	32.7	26.6	(59.3)	100.0
All Maryland Counties	Number	3,173	2,989	2,042		8,204
	Percent	38.9	36.7	24.4	(61.1)	100.0

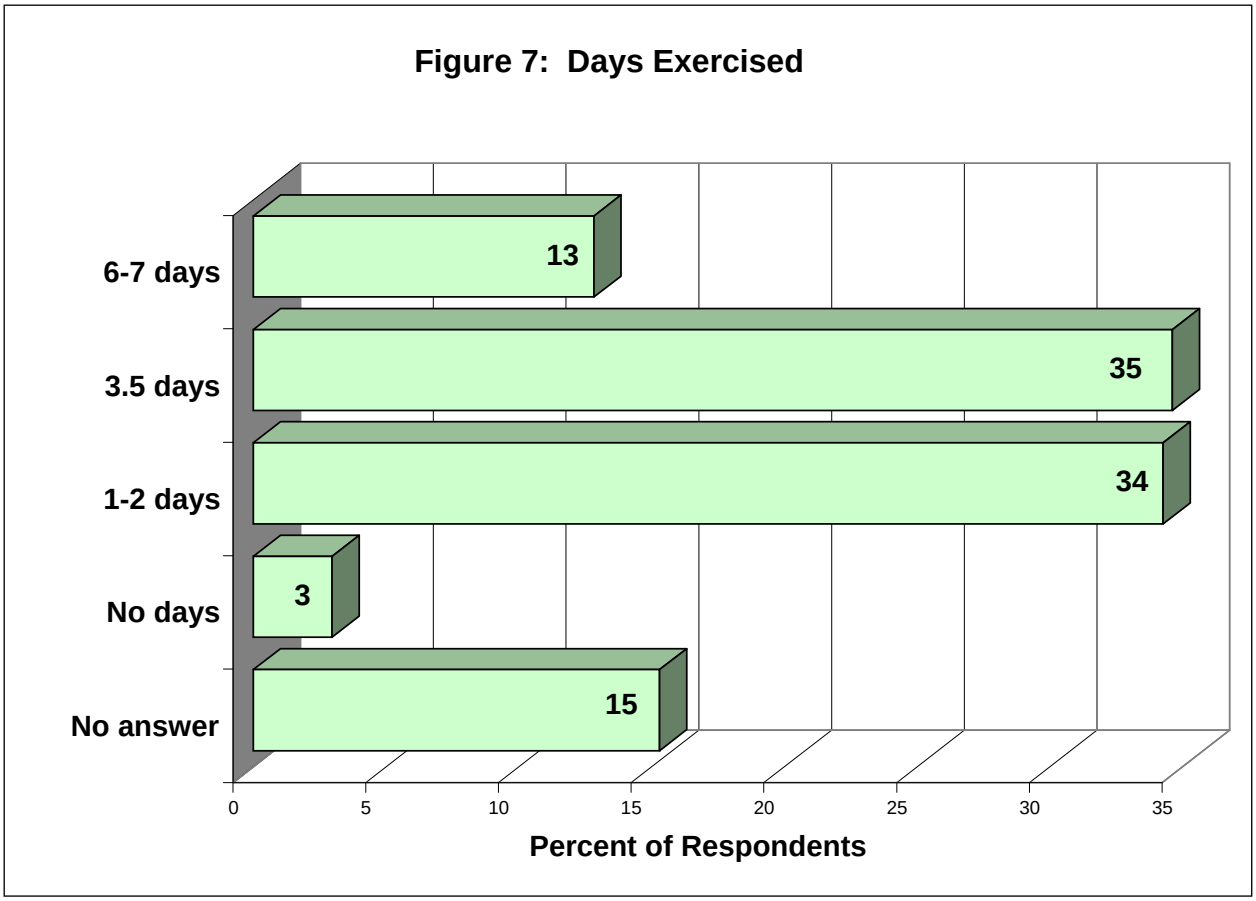
Source: *Maryland BRFSS,* 2005.

2007 CHA survey respondents were asked if they had ever been advised by their physicians to lose weight. Nearly half of respondents replied negatively: they had not been so advised. About 25 percent reported that they had been advised to lose 10-20 pounds, and 17 percent said they had been advised to lose 21 to 50 pounds. Eight percent (8 percent) had been advised to lose over 50 pounds.

Those over 50 years old are more likely to report having been given weight loss advice. Given the attention being paid to obesity and preventative health issues in the medical community, the results here seem to be unclear as to whether respondents under-report the advice of health care professionals or health care professionals are not giving the advice.



A follow up question asked about exercise. Note the question did not refer to formal exercise but to any physical activity lasting 30 minutes or longer. Only three percent of respondents indicated that they did this level of activity on no days. Thirty four percent say 1 to 2 days per week and 35 percent said 3-5 days a week. Thirteen percent said they did this level of activity on 6 or more days per week. Interestingly, there are virtually no differences between population subgroups on the frequency of exercise or on the likelihood that they have been advised to lose weight.



Elderly Issues

People in the United States are living longer because of better nutrition and medical care. In 1900, the average US citizen lived 47 years; today's life longevity is nearly 77 years. By 2020, Calvert County is expected to have over 26,000 residents over 60 years of age. We used to think of 60 year olds as old; now we look at them as Baby Boomers. There is a growing awareness that older adults' needs differ during stages of aging, and that a cookie-cutter approach to senior programs does not work. Of particular concern are the frail elderly, who are in need of greater personal assistance, transportation, financial assistance, medical care, and emotional support. Individuals 85 or over often fit within the category of frail elderly. In Maryland, individuals 85+ are the fastest growing population in the state. It is expected that the number of 85 + individuals will double by the year 2020.

The elderly population of Calvert County (as measured by numbers of people aged 65 and over) has increased rapidly over the past several decades. Table 13 provides census data from 1970 to 2000 for five-year groupings of the county's elderly. As the table indicates, growth among all subgroups of the elderly has been increasing rapidly, but the greatest rate of growth is among the most elderly group, aged 85+.

Table 13
The Elderly Population of Calvert County (1970-2000)

	Ages				
Census Year	**65-69**	**70-74**	**75-79**	**80-84**	**85+**
1970	740	518	299	173	142
1980	1,076	839	472	281	203
1990	1,679	1,196	833	493	320
2000	1,985	1,694	1,363	921	664

Source: MDP, Planning Data Service, "Population by Age and Sex for Maryland's Jurisdictions-1970-2000," January 2003.

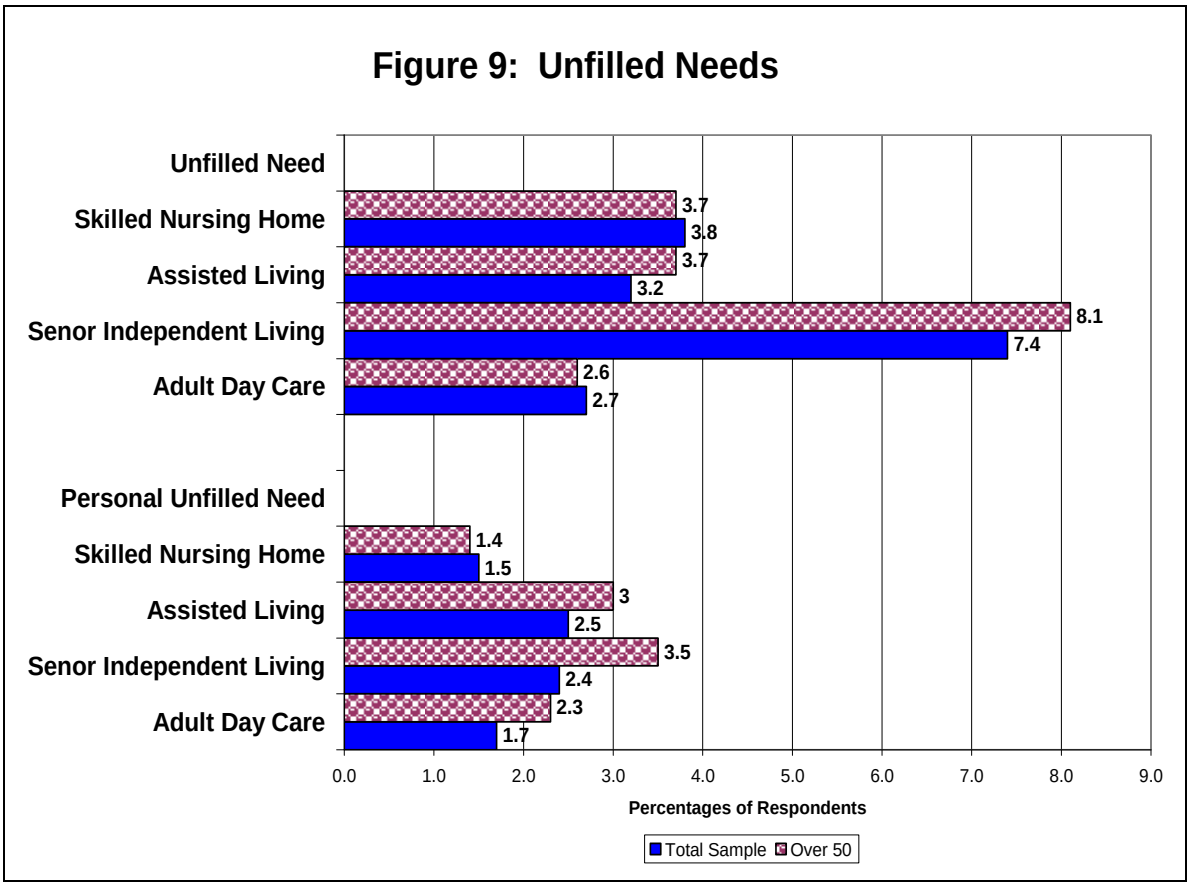
The number of 85+ residents in Calvert County in 2000 was 664; half of this population lives in a rural area. By 2020, the county is projected to have 1197 individuals aged 85+. The increase in the number of frail elderly places demands on specific services including senior day care, nursing homes, and end of life care.[18]

Caring for the Elderly

A number of 2007 CHA survey questions asked respondents about their responsibilities in caring for elderly (over 60 years old) family or friends. In the aggregate, 9.3 percent of respondents reported that they were caring for an elderly person. Figure 8 breaks out the responses by age. About 13 percent of those caring for an elderly person is between 35-49 years old. The lowest concentration is among the young cohort, those 18-34 years old. There were no significant differences based on gender or ethnic group on this question.

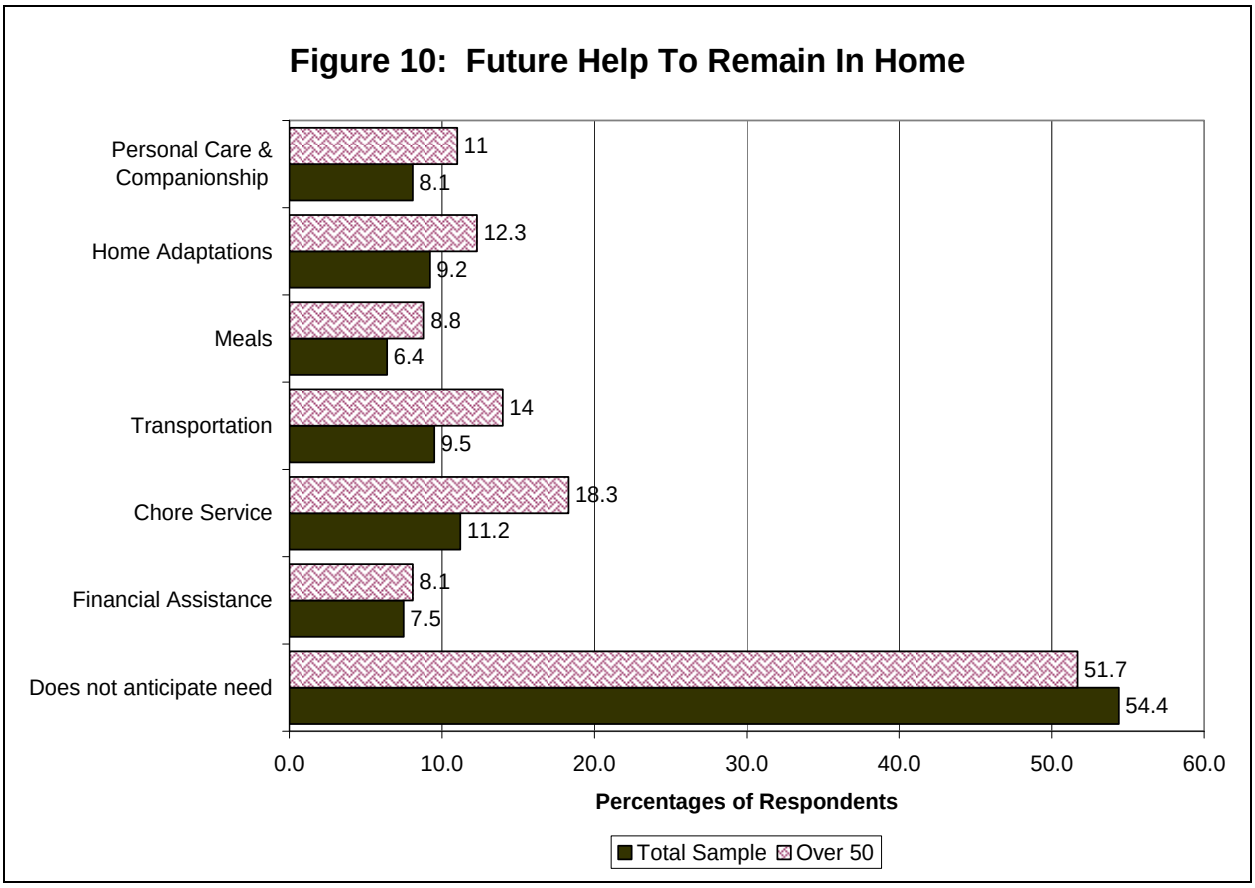
Another series of questions asked about needs to either assist with helping an elderly person, or unfilled needs for the respondent. Figure 9 shows responses for the question broken out by age. Note that the percentages among the general population are fairly low. The greatest need would appear to be "Senior Independent Living" facilities, with eight percent (8%) of those over 50 indicating that need. Less than four percent of the population expressed a need for the remaining items.

[18] Maryland Department of Aging, *2006 Annual Report*; US Census Projections.



Similar patterns emerge for "personal unfilled needs." Figure 9 shows that only 1 to 4 percent of the population indicating that this is a need they are currently experiencing. Note that for both these questions, differences by age, ethnicity, or sex were very small.

Figure 10 shows responses to a question about help the respondent may need to stay in their home in the future. Around half of those responding indicated they did not anticipate needing help in the future (5-10 years). Of those indicating some kind of need, older respondents (over 50 years) were somewhat more likely to indicate they would need help in the future. Each of the items generated approximately the same level of need: eleven to eighteen percent of the population indicated a future (5-10 years) need for the following: assistance with physical difficulties – transportation, home modifications, and chore services – were the most likely needs. Financial assistance was indicated by about 8 percent of respondents. There were only minor differences between age, gender or ethnic groups.



Homelessness

Stable housing conditions are critical factors in citizens' well-being; without them, families and individuals have great difficulty maintaining necessities like nutrition, education, employment, and health. A January *2007 report from the National Alliance to End Homelessness* estimates 8,000 people are homeless in Maryland. It is hard (if not impossible) to obtain the exact number of homeless people at any given time. Usually, the number cited reflects the actual number of individuals residing in shelters. Homeless individuals and families who do not go to shelters are not counted. "Bed-night," (defined as a night during which a shelter bed is filled by a person) is considered to be the most accurate unit of measure for homeless shelter use. Table 14 provides data for fiscal year 2005 for bed-nights provided by Calvert County, neighboring jurisdictions, and the State of Maryland.

Maryland Department of Human Resources data also indicate occasions when people are refused shelter or motel placements. Such "turn-away occasions" totaled 243 in Calvert County in FY 2005, a decline of 45 occasions from the previous year. Comparable turn-away occasions for other jurisdictions in FY 2005 were Anne Arundel (1,668), Charles (3,075), Prince George's (512), St. Mary's (0), and the State of Maryland (38,679).

Table 14
Bed-nights Provided by Selected Jurisdictions (FY 2005)

Jurisdiction	Emergency Shelter	Transitional Shelter	Motel Placements	Total Bed-nights	Change from FY 2004
Anne Arundel	36,545	42,451	380	79,376	-2,854
Calvert	8,622	5,854	43	14,519	-55
Charles	7, 463	15,757	10	23,230	+4,170
Prince George's	72,581	90,076	715	163,372	+1,555
St. Mary's	9,125	20,520	5,274	34,919	+27,902
State of Maryland	666,657	1,125,951	38,517	1,831,125	+85,716

Source: Maryland Department of Human Resources, *Annual Report on Homelessness Services FY 2005.*

Tables 15, 16 and 17 provide data on the breakdown of homeless people served in Calvert County during FY 2005, as indicated by the Maryland Department of Human Resources. Table 15 provides an age breakdown, Table 16 provides a gender breakdown for adults, and Table 17 provides a breakdown according to ethnicity.

Table 15
Age Breakdown of Homeless, Calvert County (FY 2005)

Jurisdiction	0-17	18-30	31-60	61 +
Calvert	109	82	193	11

Source: Maryland Department of Human Resources, *Annual Report on Homelessness Services FY 2005.*

Table 16
Gender of Adults of Homeless, Calvert County (FY 2005)

Jurisdiction	Men	Women	% Men	% Women
Calvert	119	166	42%	58%

Source: Maryland Department of Human Resources, *Annual Report on Homelessness Services FY 2005.*

Table 17
Ethnicity of Homeless, Calvert County (FY 2005)

Jurisdiction	White	African American	Hispanic	Other	Unknown
Calvert	230	119	8	10	9

Source: Maryland Department of Human Resources, *Annual Report on Homelessness Services FY 2005.*

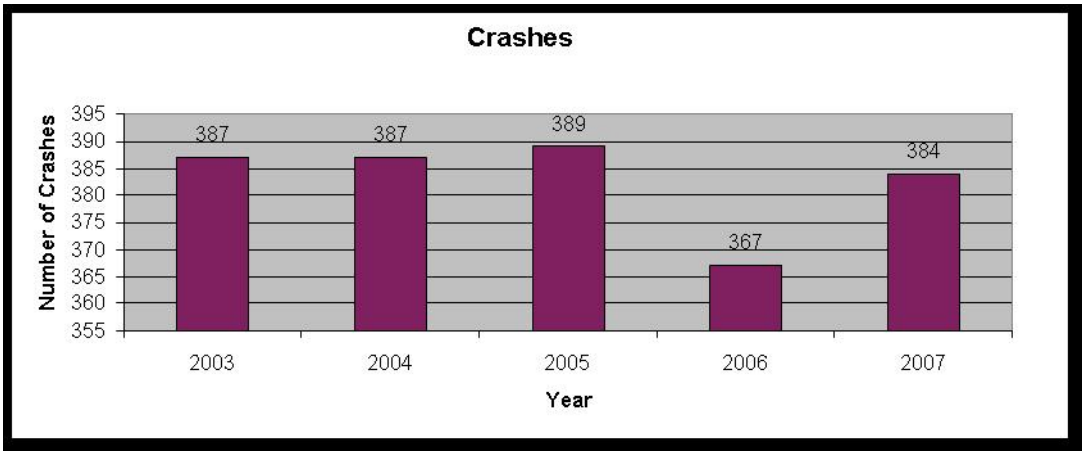
According to the Calvert County Department of Community Resources' *Survey of Services to Homeless,* 97 percent of households receiving assistance cited a Calvert County address, indicating they were county residents. The main reasons given for homelessness were mental illness, lack of money, affordable housing, disability, and substance abuse. Most frequently requested services were food, referrals, shelter, clothing, and medical prescriptions.

Vehicular Accidents

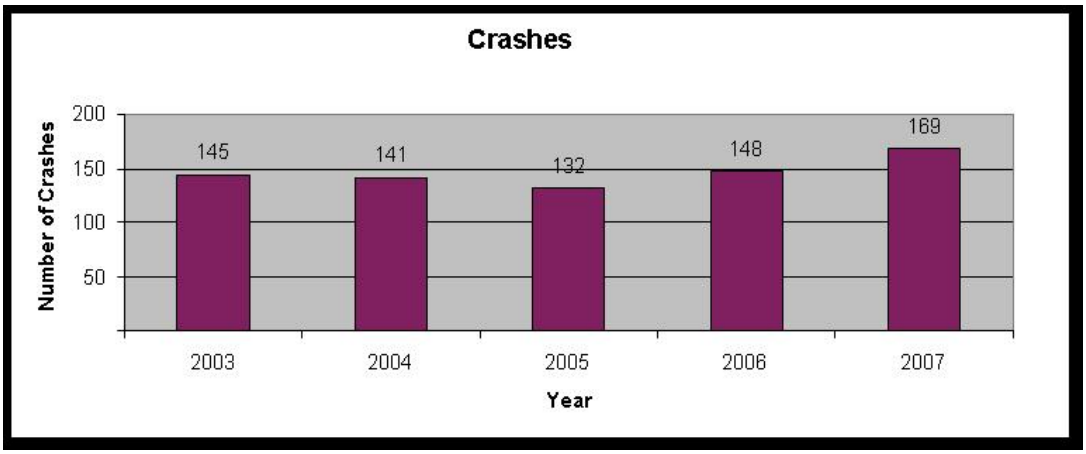
Motor vehicle accidents are a significant cause of death in the U.S. According to the National Highway Traffic Safety Administration (NHTSA), in 2005 vehicular crashes were the leading cause of death for the age group 3 through 6 and 8 through 34.[19] Data for Calvert County indicate the following[20]:

[19] NHTSA, http://www.nhtsa.dot.gov/
[20] National Study Center for Trauma and EMS, http://medschool.umaryland.edu/nscfortrauma/traffic.asp

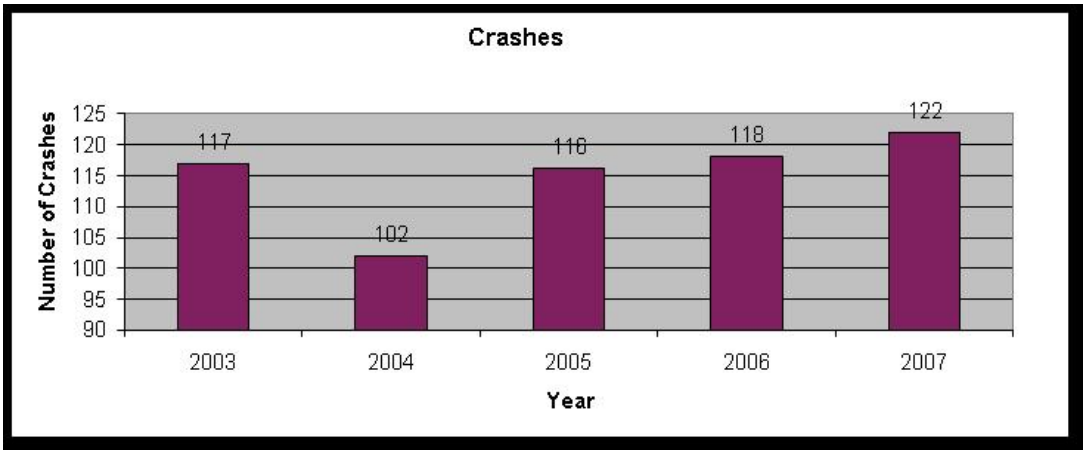
- Calvert County has a very high percentage (29%) of young drivers aged 16 – 20 listed as the at-fault driver in total crashes, when compared to the rest of Maryland (17.5%). In addition, young drivers are over-represented in aggressive (35.8%), inattentive (30.8%) and impaired driver (17.7%) program areas as well. Calvert County's young driver fatal crash VMT is 3.21 exceeds the statewide VMT standard of 1.37%. The Young Drivers Program area was selected as the Southern Maryland region's top traffic Safety priority through 2010.



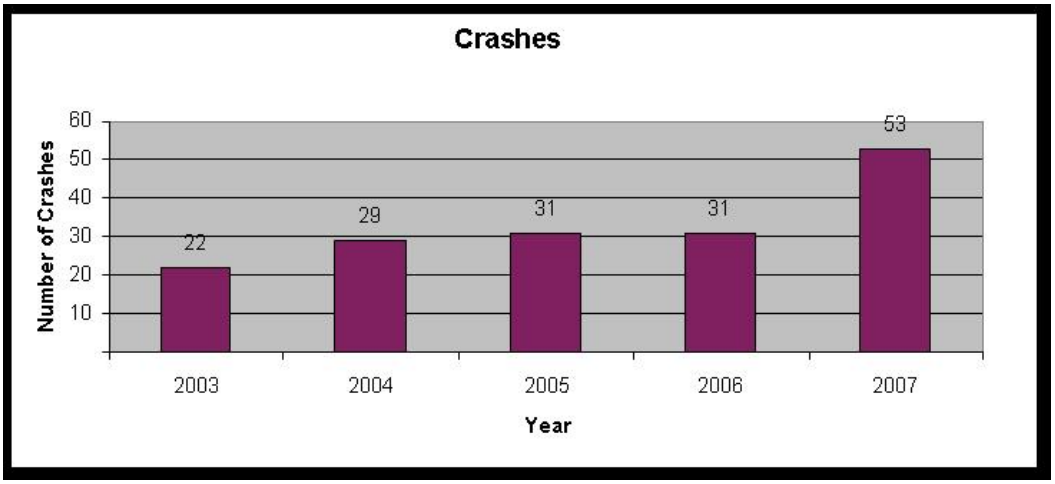
- Calvert County continues to have one of the highest alcohol-related fatality rates per VMT (Vehicle Miles Traveled) in the state, and is consistently listed in the highest ten counties for fatal crashes. Calvert's fatality rate was also seventh highest in the state for calendar year 2007, per 100,000 in population. In addition, alcohol-related total crashes increased from 132 in 2005 to 169 in 2007 (as shown below), with 34% of impaired drivers between the ages of 16 to 24 years of age. The county's impaired driving fatal VMT rate is 2.65, which exceed the statewide rate of 1.37.



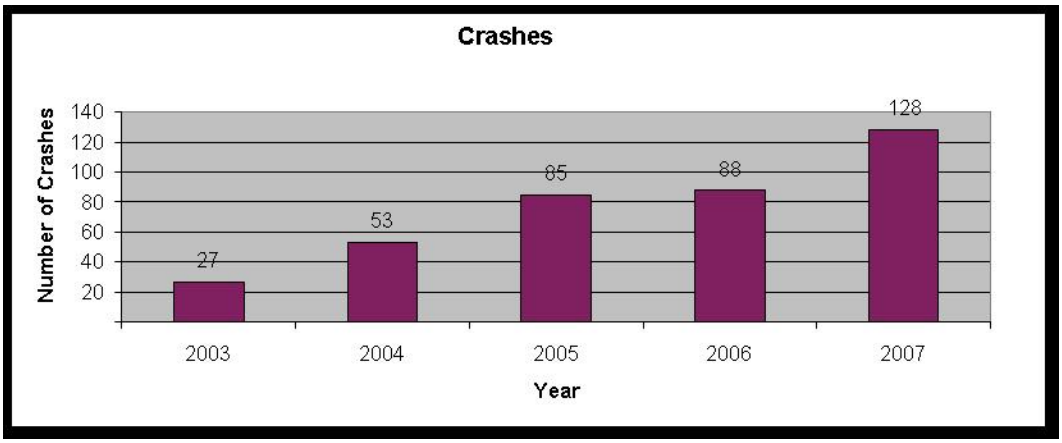
- Calvert County continues to be overrepresented in older driver fatal crashes (over age 59). The older driver fatal crash VMT is 3.19, compared to a statewide VMT rate of 1.37. The county was listed as the fourth highest county per VMT for older driver fatal crashes in 2006. On average, 54.8% of older driver crashes result in injury (51.7%) or fatalities (3.1%).



- Calvert County continues to be overrepresented in motorcycle crashes per VMT. Total motorcycle crashes increased from 53 in 2005 to 73 in 2007. In addition, a review of 2003 – 2007 data determined that 77% of all Calvert County motorcycle crashes result in injuries, with an additional 7.8% resulting in a fatality.



- Calvert County was listed in the top third (#8) of counties overrepresented per VMT in Aggressive driving-involved crashes in 2005. The county's aggressive driving fatal crash VMT is 2.15, which exceeds the statewide fatal crash VMT of 1.37. In addition, due to a statewide change in reporting standards, the number of aggressive driving crashes increased significantly in 2007, as shown below.



- During the 2008 National "Click it or Ticket mobilization, Calvert County's observed safety belt usage rate was 89.5 percent, up nearly 5% from 2006. Statewide, the statistic was 93.3 percent, and across the U.S., the observed rate of seat-belt use was 83 percent. During the five year period of 2003-2007, while 3% of Calvert County drivers in all crashes were reported as unrestrained, 30% of drivers involved in fatal crashes were not using their seat belts. During the same five-year period, 7.9% of other occupants were unrestrained in all crashes, while 47.1% of those involved in fatal crashes were not using their seat belts.

Table 18
Number of Injury Related ED Visits and Hospitalizations in 2005
By Cause of Injury and Age in Calvert County

Service Type	Cause of Injury	Total	Age (years)									
			0 - 4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
ED Visits	All	9,353	665	1,539	2,018	1,242	1,559	1,082	582	291	251	124
	Fall	2,270	275	435	256	214	273	261	181	126	152	97
	Struck By/ Against	1,706	115	473	492	182	210	124	74	22	11	#
	Motor Vehicle Traffic	1,292	41	77	407	215	256	157	84	36	15	#
	Other/ Unspecified	1,272	93	152	251	187	248	178	72	42	36	13
	Over-exertion	1,024	19	125	211	177	248	156	55	18	14	#
Hospitali-zations	All	639	10	7	79	60	88	101	83	63	89	59
	Fall	202	#	#	8	#	16	20	21	32	49	44
	Other/ Unspecified	121	#	#	#	11	12	22	26	12	26	6
	Motor Vehicle Traffic	112	0	0	35	14	19	18	11	8	#	#
	Poisoning	94	#	0	17	16	16	22	8	7	#	#
	Natural Environment	34	#	0	#	#	8	10	6	#	#	#

Source: Calvert County Health Department.

Injury-related Emergency Department Visits, Hospitalizations, and Death

Numbers of injury-related emergency department (ED) visits and hospitalizations by age groups for 2005 are illustrated in Table 18. The table also provides numbers for the five most-frequent cases of injury for both types of service.

Some salient features of Table 18 follow:

- Falls are the leading cause of injuries for both ED visits and hospitalization.
- The severity of injuries caused by falls becomes increasingly serious as people age.
- Motor-vehicle related injuries jump when young people gain access to drivers' licenses and to vehicles.
- People injured by being struck are relatively more likely to require ED services than they are hospitalization.
- People whose injuries are related to poisoning and to the natural environment are relatively more likely to require hospitalization than they are ED services.

- Cut/pierce injuries were much more likely to lead to ED visits for males than they were for females (589 vs. 282). It should be noted also that many more cut/pierce injuries requiring ED visits were unintentional, than they were the result of assault (843 vs. 14).

When gender is factored into ED visits and hospitalizations (using data from 2005 that were provided by the Calvert County Health Department) the following are striking:

- Males were more likely to make ED visits than females (5,194 vs. 4,204), but less likely to require hospitalization (317 vs. 322).
- Similarly, males were much more likely than females to make ED visits for struck by/against injuries (1,152 vs. 554) and to require hospitalization (16 vs. 6). Many more struck by/against injuries that required ED visits were unintentional (1,516) than assault (179).
- Females required more ED services from fall-related injuries than did males (1,208 vs. 1,062) and were also more likely to be hospitalized (123 vs. 79).
- Females were more likely than males to make ED visits for motor-vehicle traffic injuries (693 vs. 599), but less likely to be hospitalized (45 vs. 67).
- For injuries stemming from poisoning, ED visits were virtually the same for females and males (38 and 39), but females were more likely to require hospitalization (54 vs. 40).
- Males were more likely than females to make injury-related ED visits as the result of assault than were females (155 vs. 100).

Table 19 provides numbers for 2005 of injury-related deaths. Shown are deaths by cause, gender, and race. Striking are the numbers of deaths caused by motor vehicle injuries, which cut across gender and racial lines.

Table 19
Number of Injury-related Deaths by Cause of Injury, Gender, and Race

Cause of Injury	Total	Gender		Race		
		Male	Female	White	Black	Other
ALL	42	26	16	34	6	2
Cut/pierce	1	1	0	1	0	0
Drowning	2	2	0	2	0	0
Fall	5	2	3	5	0	0
Firearm	6	4	2	4	2	0
Motor Vehicle Traffic	14	10	4	11	3	0
Land Transport, Other	1	1	0	1	0	0
Natural/Environment	1	1	0	1	0	0
Poisoning	5	2	3	4	0	1
Struck by/against	1	0	1	1	0	0
Suffocation	4	3	1	2	1	1
Other/unspecified	2	0	2	2	0	0

Source: *Calvert County Health Department*

Populations at Risk

Adolescent Alcohol and Substance Abuse

Alcohol and substance abuse pose major health risks to youth and adults. Data from the *Outlook and Outcomes 2005 Annual Report of the Maryland Alcohol and Drug Abuse Administration* indicate 78,529 Marylanders were admitted to residential treatment in FY 2005. In Calvert County, 1,228 residents received treatment. This figure is nearly the same as in 2002, where 1,228 residents were treated. The report identified several positive resources in the county including:

- The sharing of resources in the tri-county area;
- Jail-based treatment programs for incarcerated populations in Calvert County;
- Placing priority on youth with substance problems.

Among the challenges facing the county is the need to expand existing programs to keep up with the growing population in the middle and high schools.

Because of the importance of alcohol and substance abuse among youth, every two years the Maryland State Department of Education (MSDE) surveys 6th, 8th, 10th and 12 graders on alcohol, tobacco and illicit drug use. In Calvert County 1,633 teens participated in the *2004 Maryland Adolescent Survey.* The following tables compare usage in Calvert County by teens over the last 30 days to usage in Maryland and the nation. When possible, comparisons are made to data from the *1998 Maryland Adolescent Survey* which was used in the 2001 Calvert County Community Health Assessment. Cigarette usage is presented under a separate topic – Smoking Cigarettes.

Alcohol Use

Nearly half (48 percent) of the nation's 12th graders surveyed indicated they had used some form of alcohol in the last 30 days. Maryland teens' usage was slightly lower at 44 percent. Nearly 45 percent of Calvert 12 graders indicated they had used some form of alcohol in the last 30 days. Table 20 presents findings on beer/wine and liquor usage in the last 30 days. In all cases, Calvert County's usage is slightly higher than the state as a whole. A review of the 1998 survey to the 2004 data shows alcohol usage among Calvert teens remains relatively stable.

Table 20
Calvert and Maryland Wine/Beer and Alcohol Use by Grade:
Usage in the last 30 days by Percentage

	Calvert %		Maryland %	
	Beer/Wine	**Liquor**	**Beer/Wine**	**Liquor**
8th Grade	15.7	12.3	14.2	9.8
10th Grade	31.1	29.2	26.3	24.6
12th Grade	41.8	39.1	38.5	36.1

Source: MSDE, *2004 Maryland Adolescent Survey.*

Marijuana Use (Pot, Grass, Hashish)

Generally, Maryland as a whole mirrors the nation's usage of marijuana by teens. With the exception of the 10th grade data, Table 21 shows Calvert teens' usage appears consistent with the rest of the state and nation. The 2004 survey data also reflects a reduction in marijuana usage among teens over the last decade. For example, the 1998 survey indicated 22.6 percent of 10th graders used marijuana in the last 30 days compared to 15.4 percent in the 2004 survey**.**

Table 21
Calvert, Maryland and National Marijuana Use by Grade:
Usage in the last 30 days by Percentage

	Calvert %	Maryland %	National %
8th Grade	6.9	6.4	6.4
10th Grade	18.2	15.6	15.9
12th Grade	20.7	21.9	19.9

Source: MSDE, *2004 Maryland Adolescent Survey.*

Heroin Use

On a national level, heroin usage is very low among teens. Usage in Calvert and Maryland as a whole is higher than national usage. Of particular concern for Calvert County is the data for 8th graders in Table 22 which reflects twice the state usage and three times the national usage. The Calvert statistics for 10th and 12th grades indicate a downward trend from the 1998 survey data where 2.9 percent of the 10th graders used heroin in the last 30 days.

Table 22
Calvert, Maryland and National Heroin Use by Grade:
Usage in the last 30 days by Percentage

	Calvert %	Maryland %	National %
8th Grade	1.6	0.8	0.5
10th Grade	0.8	1.1	0.5
12th Grade	0.7	1.5	0.5

Source: MSDE, *2004 Maryland Adolescent Survey.*

Ecstasy Use (MDMA, Designer Drugs)

With the exception of 8th graders, Calvert and Maryland teens' usage of ecstasy is considerably higher than their national peers. Most alarmingly for the county, Table 23 shows usage by 10th graders is more than twice the state usage and five times the national usage.

Table 23
Calvert, Maryland and National Ecstasy Usage by Grade:
Usage over the last 30 days by percentage

	Calvert %	Maryland %	National %
8th Grade	0.8	1.2	0.8
10th Grade	4.2	1.9	0.8
12th Grade	2.9	2.7	1.2

Source: MSDE, *2004 Maryland Adolescent Survey.*

LSD Usage

The 2001 Calvert County Community Health Assessment findings presented a sobering picture of LSD usage among teens. A look at the 2004 Maryland Adolescent Survey data in Table 24 shows a dramatic reduction in LSD usage among Calvert teens. While the Calvert statistics are still high, the data reflect the positive downward trend in the state.

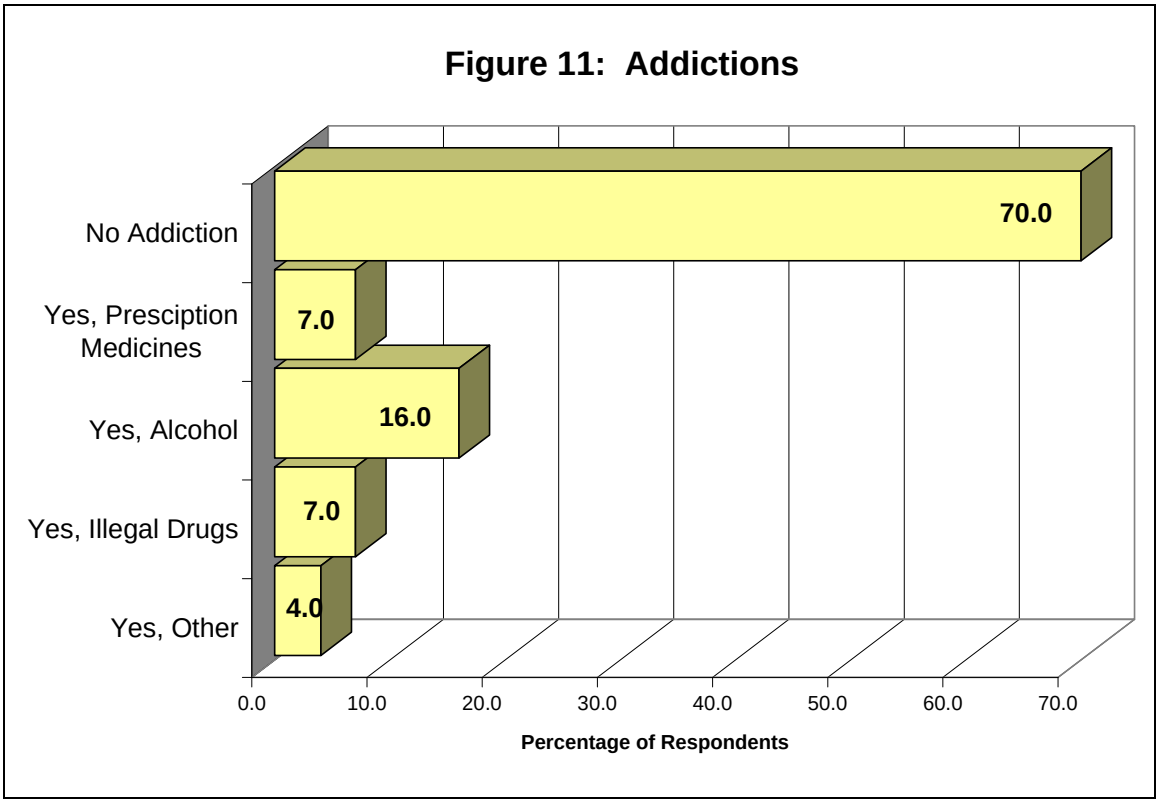
Table 24
Calvert and Maryland LSD Usage by Year:
Usage over the last 30 days by 10th graders

	Calvert %	Maryland %
1994	11.6	7.5
1998	12.9	5.0
2004	3.0	1.7

Source: MSDE, *2004 Maryland Adolescent Survey.*

Data from 2007 CHA Survey

The survey asked respondents whether or not they were concerned that a family member had an addiction and, if affirmative, to what they were addicted.



Seventy percent (70%) of respondents indicated they did not suspect a family member of having an addiction. As to what kind of addiction, the most common response was to alcohol with some 16 percent saying yes. Illegal drugs and prescription drugs were equally indicated by 7 percent of respondents. Other, not identified, addictions accounted for 4 percent of respondents. There were minor variations among population subgroups. The most significant differences were among African-American respondents, where 17 percent said they thought a family member may be addicted to illegal drugs, and 23 percent said the same for alcohol.

Cigarette Smokers

The *2005 Behavioral Risk Factor Surveillance Survey* data show slight gains in the United States over the last five years in the number of individuals who have never smoked. Maryland statistics are slightly better than the nation as a whole. Calvert County statistics were not available (See Table 25).

Table 25
Maryland and National Smoking Comparison, 2000 and 2005

	2000				2005			
	Smoke Daily	**Smoke Some days**	**Former Smoker**	**Never Smoked**	**Smoke Daily**	**Smoke Some Days**	**Former Smoker**	**Never Smoked**
Nation	17.7	5.1	24.3	52.3	15.3	5.3	24.8	54.0
Maryland	15.2	5.3	23.5	56.0	13.4	5.5	22.9	58.3

Source: *Maryland BRFSS*, 2005.

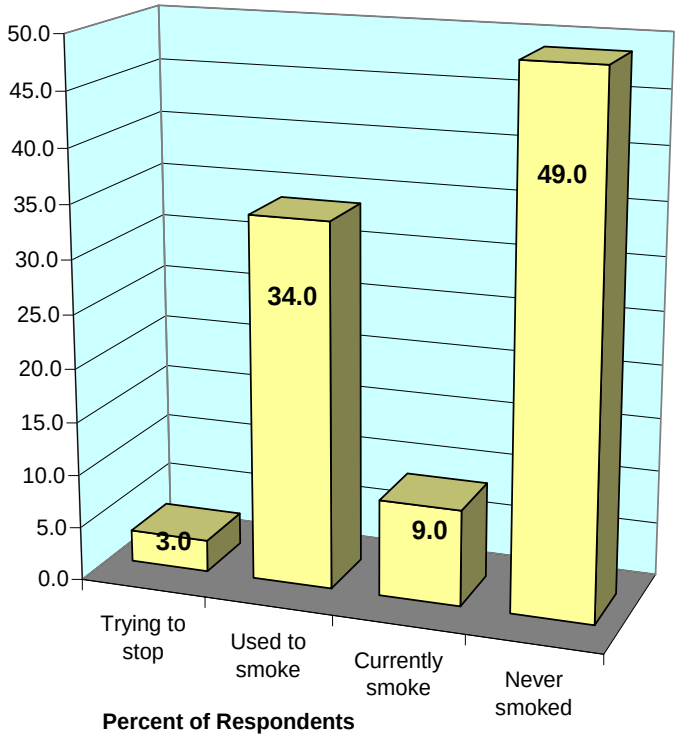
Because of the addictive nature of nicotine, it is especially important to encourage young people not to smoke. According to the *2004 Maryland Adolescent Survey*, Maryland teens' usage of cigarettes in the last 30 days was considerably less than the nation as a whole. The Calvert teens' usage of cigarettes was higher than Maryland at all grade levels, but lower than the national usage, except for 8th grade. The county data reflect great strides in reducing cigarette usage among teens. For example, in a similar survey in 1998, nearly 30 percent of 10th graders used cigarettes in the last 30 days compared to 13.9 percent in 2004 (See Table 26).

Table 26
Calvert, Maryland and National Cigarette Use By Grade:
Usage in the last 30 days by Percentage

	Calvert %	Maryland %	National %
8th Grade	9.3	5.9	9.2
10th Grade	13.9	11.2	16.0
12th Grade	22.6	19.8	25.0

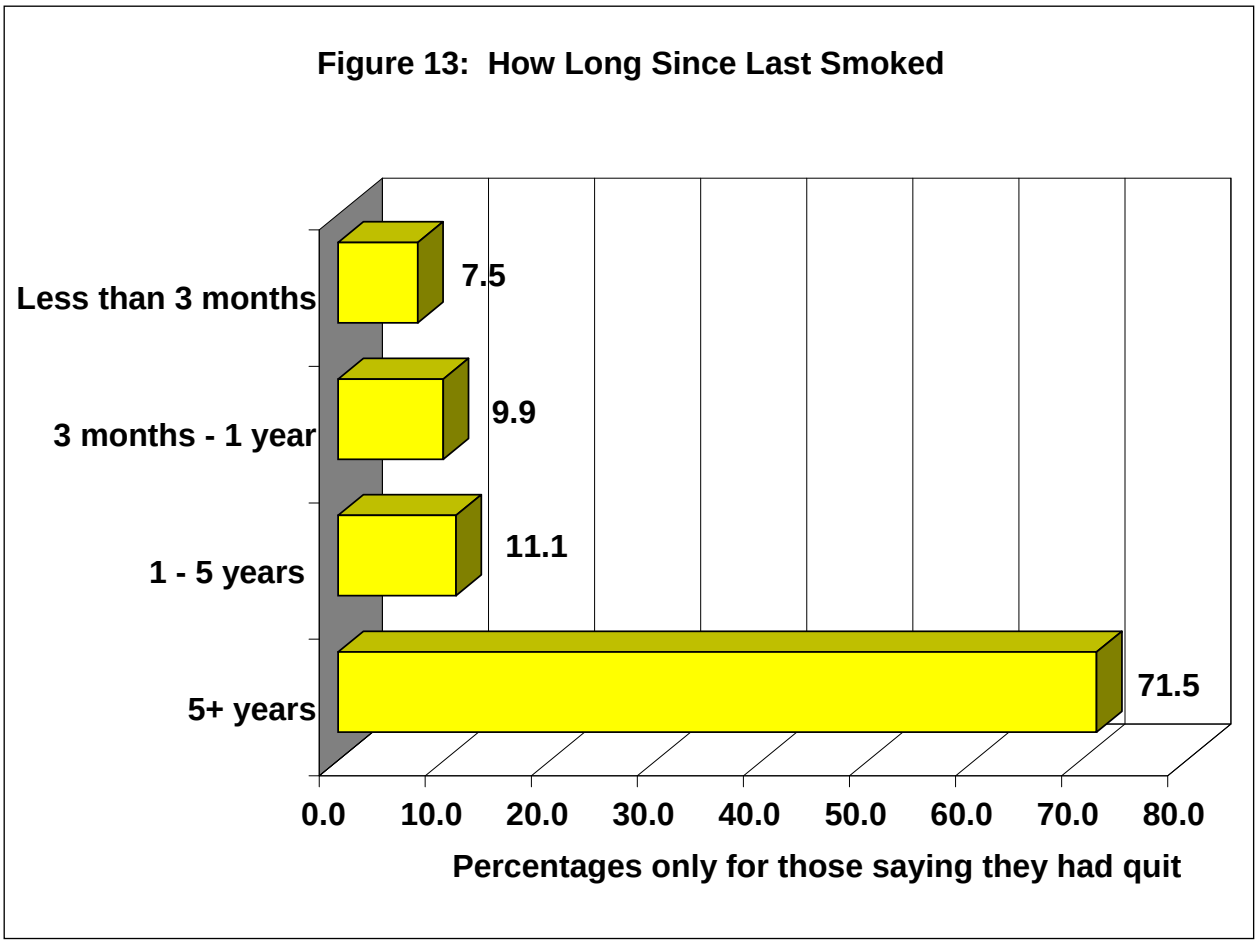
Source: MSDE, *2004 Maryland Adolescent Survey*.

Figure 12: Cigarette Smoking



The 2007 CHA survey asked a similar question about smoking. The results are in line with the data presented in Table 25. Nine percent (9%) of survey respondents indicated they currently smoke, compared to about 13 percent for Maryland as a whole. Forty-nine percent (49%) said they never smoked, compared to about 58 percent for Maryland. Thirty four percent (34%) indicated they used to smoke.

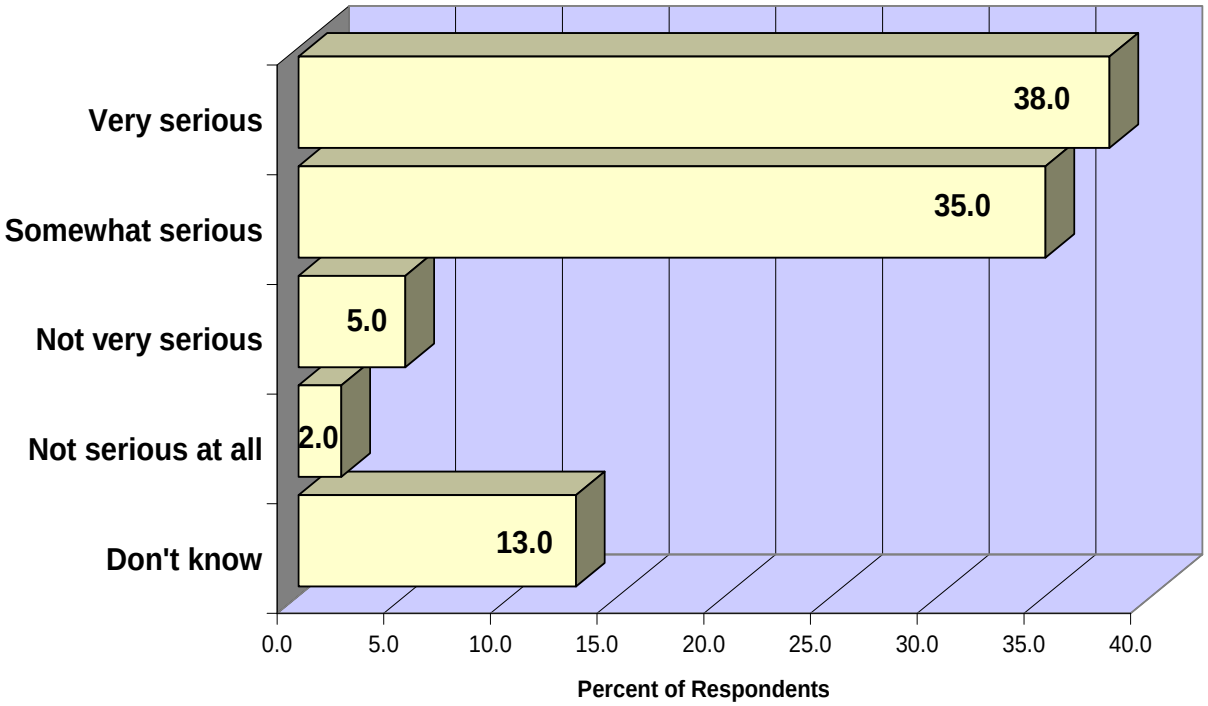
For those who used to smoke, a follow-up question concerning the length of time since they stopped smoking was asked. Figure 13 shows that 71.5 percent say that it has been five years or more since they smoked. As would be expected, the older the repondent, the more likely they would say five years or more. About 17 percent say they last smoked a cigarette a year ago or less.



Underage Drinking

The 2007 CHA survey asked respondents about the problem of underage drinking in Calvert County. Note that this asks about the perception of the problem rather than behavior related to the problem. A majority of Calvert County residents think underage drinking is either a “very serious problem” (38 percent) or a “somewhat serious problem” (35 percent). Only 7 percent say otherwise, although 13 percent of respondents answered “don’t know” to the question.

Figure 14: Problem of Underage Drinking



This question shows there were some significant differences between population subgroups. The breakdowns are shown in Table 27. Respondents in the 50-64 age groups are more likely to judge the problem as" very serious" while those in 35-49 age group are more likely to say "serious". Presumably, this reflects parents with children living at home. African Americans and "other" categories are more likely to say "very serious" as well (58 percent of African Americans compared to 38 percent of whites). The youngest age group (18-34 years) has the highest proportion saying either "not very serious" (12.8 percent) or "not at all serious" (6/8 percent). Note, however, that a majority of those between 18 and 34 years old still consider underage drinking to be a very serious or somewhat serious problem. Females are more likely to see underage drinking as problem a well.

Table 27: Perception of Problem of Underage Drinking From Survey Data

	Age				Gender		Race/Ethnicity		
	18-34	35-49	50-64	> 64	Male	Female	White	Af-Am	Other
Very Serious	36.4%	38.9%	48.1%	34.8%	36.3%	44.3%	37.8%	57.9%	52.6%
Somewhat Serious	30.8%	45.1%	38.8%	31.1%	39.3%	35.7%	39.8%	23.2%	26.3%
Not very serious	12.8%	5.4%	2.7%	4.4%	8.0%	3.4%	5.7%	4.3%	10.5%
Not at all serious	6.8%	0.5%	1.1%	2.7%	3.3%	1.4%	2.2%	2.4%	0.0%
Data does not sum to 100% as "don't knows" omitted									

Births to Teens

Research indicates teenage mothers are "more likely to drop out of high school, experience unemployment, or, if employed, earn lower wages than women who begin childbearing after age 20. Children born to teen mothers face increased risks of low birth weights, developmental problems, and poverty."[21] Preliminary 2005 data from the Center for Disease Control and Prevention's National Center for Health indicate the national rate of births to mothers ages 15 to 17 is 40.4 births per 1,000 females in this age group. This statistic represents a 35 percent national drop from the peak rate of 61.8 births per 1,000 females ages 15 to 17 in 1961. Maryland statistics portray a similar downward trend in births to teens. According to a report of the Maryland KIDS COUNT Partnership, Maryland's teen birth rate has fallen 23 percent since 2000 to a rate of 31.8 in 2005, considerably lower than the national average.[22] Rates in Maryland in 2005 ranged from a low of 14.0 in Howard County to a high of 66.2 in Baltimore City. Calvert County ranked 5th best in the state, with a teen birth rate of 22.3 births per 1,000 teens ages 15 to 17.

The actual number of births to adolescents is another way to look at this issue. The *Maryland Vital Statistics Profile 2005* indicates there were 1,001 live births to adolescents ages 10 to 17 in Maryland. Of the 960 live births in Calvert County in 2005, 27 were to adolescents. Between 1999 and 2005 the number of births to adolescents has varied from a low of 16 to a high of 28. It is important to take into account that during this same period, the number of teens in the county also increased.

In *Trends & Issues in Adolescent Risk Behavior 2005*, the Calvert County Family Network reports data which showed two thirds of births to adolescents in the county occurred in three zip codes. The type of information in Table 28 can be useful in targeting services to youth.

Table 28
Births in Calvert County to Adolescents (10-17)
By Zip Code (1999 – 2004)

Zip Code	Township	Total number of births at CMH 1999 - 2004	% of total teen births in county	Average yearly crude birth rate.
20657	Lusby	30	30.9	.331
20678	Prince Frederick	20	20.6	.433
20685	Calvert/Long Beach/St. Leonard	15	15.5	.537

Source: Calvert County Family Network, *Trends & Issues in Adolescent Risk Behavior, 2005.*

Juvenile Arrests

Risk factors associated with juvenile delinquency include poverty, family violence, inadequate supervision, and lack of educational and job training opportunities. Juvenile arrests are usually divided into two broad categories: violent offense arrests and nonviolent offense arrests. Violent crimes are considered "crimes against the person," such as murder, forcible rape, and aggravated assault, while nonviolent crimes involve property only. Examples of nonviolent crimes are breaking and entering, larceny/theft, and motor vehicle theft. In reviewing juvenile arrest statistics, it is important to consider that the number of incidents may include repeated arrests of the same individual within a given year. Law enforcement practices across jurisdictions may vary widely, as well.
According to the Maryland KIDS COUNT Partnership, Maryland's juvenile arrest rate for non-violent crimes has been declining steadily since 2000 to a rate of 162.4 arrests per 10,000 youth in 2005.

[21] State of Maryland Children's Cabinet and Governor's Office for Children, *Maryland Results for Child Well-Being*, 2007, p. 18.
[22] Maryland KIDS COUNT Partnership, *Maryland Kids Count 2007 Data: Stable and Economically Independent Families*, 2007.

Ranked 2nd lowest in the state, Calvert County has performed exceedingly well by reducing the rate of juvenile arrests for non-violent crimes from 155.0 in 2000 to 79.9 in 2005.[23]

At the state and national levels, juvenile violent offense rates also have steadily declined. In Maryland, the 2005 rate of 49.3 violent crime arrests per 10,000 youth ages 10 to 17 represents a 9 percent decrease from the 2000 rate of 54.0. Calvert County had the lowest rate in the state with 13.6 violent crime arrests per 10,000 youth, a decrease of 83 percent from the 2000 rate of 82.2 violent crime arrests per 10,000 youth.[24]

Domestic Violence and Sexual Assault

Violence in the home is often associated with a youth's increased risk for juvenile delinquency, as well as mistreatment of their own children when they become adults. It is a generally accepted fact that the number of people served in domestic violence programs represents only a portion of those actually affected by domestic violence. The U.S. Department of Justice estimates that about 25 percent of domestic violence assaults are actually reported to the police.[25] Also, counties with more services for victims of domestic violence and sexual assault may have higher numbers of people served than counties with fewer services.

According to the *Maryland Network Against Domestic Violence,* there were a total of 21,965 domestic violent crimes reported by law enforcement agencies during the 2005 calendar year. The majority of victims (76 percent) were female. Non-aggravated assaults accounted for 77 percent of all domestic violent crimes. The use of alcohol, drugs or both by either the perpetrator or the victim was reported in 27 percent of the documented domestic violence incidents. The majority of victims (61 percent) were between 25 and 44 years of age.[26]

Between 2005 and 2006, the Sheriff's Office reported a 13 percent increase in the number of calls for assistance in domestic violence incidents. According to the Maryland *Uniform Crime Report*, the actual number of domestic violence crimes in Calvert County decreased by 4 percent.[27] The discrepancy in the two sets of numbers in Table 29 occurs because not every call for service results in a criminal charge.

Table 29
Domestic Violence Incidents in Calvert County
Comparison between 2005 and 2006

Reporting Source/ Measure	2005	2006
Calvert County Sheriff's Office/ Calls for Service	975	1,103
Maryland Stat Police/ Domestic Violence Crimes	373	359

Source: Calvert County Sheriff's Office; Maryland State Police, *Crime in Maryland: 2006 Uniform Crime Report*, 2007, p. 60.

[23] Maryland KIDS COUNT Partnership, *Maryland KIDS COUNT 2007 Data: Kids Safe in Their Families and Communities,* 2007.

[24] Ibid.

[25] Maryland Network Against Domestic Violence, http://www.mnadv.org/DV_Stats/ucr_stats.html.

[26] Ibid.

[27] Maryland State Police, *Crime in Maryland: 2006 Uniform Crime Report*, 2007, p. 60.

From 2001 through 2006, Calvert County had 8 individuals killed as a result of domestic violence.[28] In FY 2006, there were 63 deaths in Maryland related to domestic violence; during this same period, Calvert County reported one death due to domestic violence.[29]

Child Abuse and Neglect

Child Abuse and Neglect is the rate of indicated child abuse and neglect investigations per 1,000 children aged 0 to 18 years. An indicated finding means there is credible evidence which has not been satisfactorily refuted, that abuse, neglect, or sexual abuse did occur. It is important to note that the number of investigations is not a true occurrence of child abuse, as often such abuse is not reported. In interpreting the data, one should also consider that regulations and investigations in jurisdictions may vary.

Having said this, it is still good to see in Table 30 that the rate of indicated child abuse and neglect in Maryland has reduced from 6.0 per 1,000 children under 18 in 1995 to a rate of 4.4 in 2005. Ranked 3rd in the state, Calvert County has a very strong showing, with a rate of 2.2 in 2005.

Table 30
Indicated Child Abuse and Neglect Investigations per 1,000 Children Under 18: Maryland and Calvert County Comparison for 1995 and 2005

	1995		2005	
	Rate	**Investigations**	**Rate**	**Investigations**
Maryland	6.0	7,656	4.4	6,196
Calvert	3.8	71	2.2	51

Source: Maryland KIDS COUNT Partnership, *Maryland KIDS COUNT 2006 Data: Children Safe in Their Families and Communities*.

Despite its population increase, Calvert County has been able to reduce the actual number of indicated child abuse and neglect investigations from 71 in 1995 to 51 in 2005.

[28] Maryland Network Against Domestic Violence, http://www.mnadv.org/DV_Stats/dv_stats.html.

[29] Ibid.

Conclusions

The 2007 Community Health Assessment secondary data continues to show in most areas Calvert County's health indicators equal or, exceed state averages. In areas where Calvert scored lower than state average, we continue to make progress in the right direction. In addition, a Community Health Survey was used to collect information in areas where there was either no current data available or data to help qualify existing data. See Appendix C for copy of survey.

This assessment gives us the ability to continue to measure our accomplishments over the last 12 years as well as heighten our awareness of those areas that still need attention. See Appendix B.

Collectively the secondary data and the survey information was used to develop an action plan for the community Health Improvement Roundtable. Listed below are the focus areas for the next three to five years:

- Children's and adolescent issues
- Elderly care and end-of-life issues
- Recruitment and retention of healthcare providers
- Motor Vehicle Crashes
- Mental Health
- Obesity
- Lyme

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Maryland Health Care Commission

Maryland KIDS COUNT Partnership

Maryland Network Against Domestic Violence

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Calvert County Dental Study Group

Calvert County Department of Economic Development

Calvert County Department of Planning and Zoning

Calvert County Family Network, *Trends & Issues in Adolescent Risk Behavior 2005*

Calvert County Health Department.

Calvert County Health Department, *Ahlers Report*

Calvert County Department of Community Resources, *Calvert County Homeless Survey*, 2005

Regional Transportation Coordination Committee (RTCC)

Appendix A
Interviews of Key Community Leaders

As a part of the 2007 update for the Calvert County Community Health Improvement Roundtable, key community leaders were identified and interviewed by a member of the research team from the University of Maryland, Institute for Governmental Service and Research. Interviews were conducted on May 2, May 17, May 22, and June 1, 2007 in Prince Frederick, and focused on the impressions/opinions about the general health of citizens in the county. Using a strategic planning approach, the community leaders were asked to identify the strengths and weaknesses of the current health system in Calvert County and, looking to the future, the opportunities and threats to that system in the next five years. The community leaders interviewed were:

- County Commissioner Wilson Parran
- Dr. David Rogers, Calvert Health Officer
- Rev. and Mrs. Robert L. Conway
- Superintendent Jack Smith and Executive Director of Operations, Deborah Pulley, Calvert County Board of Education
- Carolyn Mohler, Aging Services Director, Office on Aging
- James Xinis, Chief Executive Officer, Calvert Memorial Hospital

Current Strengths

Good coordination between health agencies, both public and private
Excellent hospital facility, growing in strength and diversity of service
Good pediatric and pre-natal care
High quality public health agency with diverse and successful programs
Outreach services located in the public schools, e.g., nursing, mental health, drug counseling
Education programs geared toward preventive care, e.g., nutrition, exercise, life style
Wellness Centers
Programs for special needs, e.g., Drug Court, domestic violence victims, health care solutions

Current Weaknesses

Behavioral issues, e.g., smoking, obesity, lack of exercise, drug and alcohol abuse
Financial needs impede seeking preventive health care, both physical and dental
Few dentists who will accept children and/or Medicaid patients
Few means of communicating with citizens to promote health issues
Cost of medical insurance
Increase in homeless citizens, especially families
Shortage of nurses
Lack of medical specialists and lack of primary care physicians
Transportation for medical appointments
“Old school values” impact obtaining preventive medical care

Future Opportunities

Improved and new vaccines
Even more interagency coordination and cooperation
Improved medical and dental access to all population groups
Expanded hospital programs/services
Improved geriatric services geared toward aging population
Improved transportation network
Additional assisted living facilities
State assistance to develop uninsured/under-insured pool for coverage

Future Threats

Major health event, such as pandemic flu
Continuing lifestyle issues that impact good health
Increased cost for insurance coverage and the costs of prescription drugs
For employers, the increase in cost for health insurance for employees/retirees
Environmental concerns
Commuting to employment outside the county; impacts time, families, air pollution
Constraints on state and local government budgets to address health issues
Increased numbers of autistic children
Increased demand and need for nursing home/assisted living facilities

Even though the sample size of eight individuals was very small, there were recurrent themes throughout the interviews: Calvert Memorial Hospital got high marks from all the community leaders and the excellent interagency cooperation was mentioned favorably. This seems to be an excellent foundation for the future of the health system in Calvert County, and can serve as both a source of pride for the community as well as the means to address many of the health issues raised by the secondary data analysis and interviews.

Appendix B
Summary of Progress

During the health assessment process from 1995 and 2001, the Community Health Improvement Roundtable identified specific areas for improvement. This summary of progress provides information about accomplishments in some of the identified areas of need.

In 1995, it was identified that an increase in the number of school nurses was needed. During the 2007 health assessment process, it was determined that all Calvert County Public Schools now have school nurses.

In 1995, there was also a recommendation to develop a community recreation & fitness center. There are now programs in place including the Northeast Community Center in Chesapeake Beach, fitness equipment and programs at senior centers and various Boys & Girls Clubs around the county. In 2001, the Roundtable concurred with the need for an indoor pool in the county which could be used rehabilitation or therapeutic purposes. There now is an expected opening of an indoor community pool in Prince Frederick in April of 2010.

In 2001, the level of automobile accidents due to increased traffic on roadways indicated a need for enhancing educational programs in this area. Despite a number of recent initiatives including a "Drivecam" program, red lights cameras and other safety programs, traffic safety continues to be a significant cause for concern in Calvert County. Members of Calvert County Traffic Safety Council continue to dedicate time to identifying problems and directing education, enforcement and engineering efforts to reduce the number of fatalities, injuries and crashes on Calvert County roadways.

The 2001, community health assessment showed a need to increase the number of dentists serving children on Medicaid in the county. In 2007, the continued lack of a pediatric dentist or community dental clinic in Calvert County has resulted in inadequate preventative dental care for children, as is shown in the dental health survey results for 3rd graders. This along with the absence of a county-wide fluoridated water supply continues to adversely affect children's dental health in Calvert County. Fortunately, in 2009 a dental grant from the State of Maryland, Department of Health and Mental Hygiene, Office of Oral Health will provide our county with a traveling dental clinic to serve the needs of adults and children from low income families that are uninsured and Medicaid participants.

In 2001, the Roundtable indicated the need to develop strategies designed to increase the number of primary care physicians and pertinent specialists within the county. In 2007, this need still exists and continues to adversely affect the residents of this county, particularly with regard to being able to make a timely appointment.

In 1995, the need for a community resource for medical and health services was identified. There are now resources available through the Calvert Memorial Hospital website, Calvert County Health Department Network of Care as well as referral resource guides at the libraries.

In 1995, it was identified that chronic drinking of alcohol was an issue. In 2001 statistics indicated alcohol and drug use was higher in Calvert County 10th graders than the state. According to the 2007 assessment, Calvert County 10th graders are now using drugs and alcohol at a slightly lower rate than 1998, however 2004 data indicates an increase in use of heroin by 8th graders.

In 2001, the community health assessment identified Calvert's senior population will be the fastest growing in the state. Substantial growth in this population will require a greater emphasis on relevant services. As of 2007, services continue to expand to try and meet the demand, however as more seniors will be cared for by younger family members, support services for caregivers will need to be more robust as the aging population grows.

In 2001, the BRFSS data suggested that roughly 10 percent of the county's population was without health coverage within a 12 month time frame of that survey. The 2007 survey validated that 10.7 percent of the population was still without health insurance and that the problem was most prevalent among younger residents and minorities. Cost was the most significant factor in preventing residents from obtaining health insurance. Through the establishment of Calvert Healthcare Solutions, there is a continued effort to expand services and programs to uninsured residents.

The 2007 assessment showed that 59.3 percent of adults in Calvert County were reported as overweight or obese, which is below the Maryland and United States percentage of 61.1 percent. The number of confirmed cases of Lyme disease has doubled between 2004 and 2006. These and other key findings from the 2007 assessment are targeted to be addressed in the 2007 Community Health Improvement Roundtable Action Plan.

Appendix C

Calvert County Community Health Survey(8/2007)

Thank you for taking a few minutes to help the Calvert County Community Health Roundtable assess health needs in Calvert County. The results will be used to plan future health services. All of your answers are completely confidential and you cannot be identified in any way.

This survey must be SCANNED!

Please place a ✓ or X in the boxes provided. THANK YOU!

1 What is the zip code where you live:

☐ 20610 ☐ 20629 ☐ 20657 ☐ 20678 ☐ 20688 ☐ 20714 ☐ 20736 ☐ 20758
☐ 20615 ☐ 20639 ☐ 20676 ☐ 20685 ☐ 20689 ☐ 20732 ☐ 20754 ☐ Other

2 Your Age: ☐ 18-34 ☐ 35-49 ☐ 50-64 ☐ 65 and over

3 Your Gender: ☐ Male ☐ Female

4 Your Race/Ethnicity:

☐ Caucasian, Non-Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native
☐ African American, Non-Hispanic ☐ Hispanic ☐ Other

5 How long have you lived in Calvert County? ☐ Less than 1 year ☐ 1-4 years ☐ 5-10 years ☐ 10+ years

6 Do you have health insurance? ☐ Yes ☐ No

7 If you do not have health insurance, what is the main reason why?

☐ Employer does not offer insurance ☐ Insurance refused coverage ☐ Can't afford to pay premium
☐ Work part-time, not eligible ☐ Decided voluntarily not to purchase ☐ Lost medical assistance eligibility

8 Was there a time during the last 12 months when you tried to get an appointment with a doctor in Calvert County, but could not get the appointment when you needed it? ☐ Yes ☐ No

9 If you answered YES to the question above, what was the main reason you could not get an appointment when you needed one?

☐ I was not insured ☐ Type of doctor needed not available in area
☐ Doctor did not take my insurance ☐ No transportation
☐ Office hours were not convenient ☐ Copay was more than I could afford
☐ Too long of a wait for the appointment

10 In the last 12 months, have you had to go outside Calvert County to get medical care because the care you needed was not available in Calvert County? ☐ Yes ☐ No

11 For what specific type of medical care did you have to go outside the county?

12 Have you ever been told by a doctor or other health professional that you have any of the conditions listed below? (Check all that apply)

☐ Stroke ☐ Diabetes ☐ High cholesterol ☐ Lyme disease
☐ Asthma ☐ Arthritis ☐ Congestive heart failure ☐ Hepatitis C
☐ Coronary heart disease ☐ High blood pressure ☐ Depression ☐ Lung disease

13 Have you ever been told by a doctor or other health professional that you need to lose weight?

☐ No, never been told ☐ Yes, lose 10-20 lbs ☐ Yes, lose 21-50 lbs ☐ Yes, lose 51-100 lbs ☐ Yes, lose 100+ lbs

14 How many days per week do you take part in at least 30 minutes of any physical activity?

☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-7

PLEASE TURN THE PAGE FOR ADDITIONAL QUESTIONS

15 **Do you now or have you ever smoked cigarettes?** ☐ Never smoked ☐ Currently smoke ☐ Used to smoke ☐ Trying to stop

16 **If you have quit, how long has it been since you last smoked a cigarette?**

☐ Less than 3 months ☐ 3 months - 1 year ☐ 1 - 5 years ☐ 5+ years

17 **How serious a problem do you think underage drinking of alcohol is in Calvert County?**

☐ Very serious ☐ Somewhat serious ☐ Not very serious ☐ Not serious at all ☐ Don't know

18 **Are you concerned that a family member has an addiction?**

☐ No ☐ Yes, prescription medications ☐ Yes, illegal drugs ☐ Yes, alcohol ☐ Yes, other

19 **Are you currently caring for an elderly Calvert County resident either in your home or in that person's home?**

☐ Yes ☐ No

20 **Do you currently have an unfilled need for any of the following services for the person you are caring for: (Check all that apply)**

☐ Adult day care ☐ Senior independent living ☐ Assisted living ☐ Skilled nursing home

21 **Do you currenlty have an unfilled need for any of the following services for yourself: (Check all that apply)**

☐ Adult day care ☐ Senior independent living ☐ Assisted living ☐ Skilled nursing home

22 **What kinds of help do you think you might need to remain in your home within the next 5/10 years because of aging or health issues?**

☐ Personal care & companionship ☐ Meals ☐ Chore service ☐ I don't anticipate needing help
☐ Home adaptations ☐ Transportation ☐ Financial assistance

23 **When was the last time you or a family member used Calvert Memorial Hospital in Prince Frederick for healthcare services?**

☐ less than 6 months ☐ 1-5 years ago ☐ Never used Calvert Memorial Hospital
☐ 6 months-1 year ago ☐ More than 5 years ago

24 **Which, if any, of the following did you or your family members use (Check all that apply)**

☐ Inpatient (overnight) ☐ Outpatient (Not overnight) ☐ Emergency Department ☐ Never used services

25 **The following questions refer to your perception of Calvert Memorial Hospital in Prince Frederick. Based upon what you know about the hospital, please rate the following:**

	Excellent	Very Good	Average	Below Average	Poor	Don't Know
Quality of nursing care	☐	☐	☐	☐	☐	☐
Quality of medical staff (doctors)	☐	☐	☐	☐	☐	☐
Helpfulness of the staff	☐	☐	☐	☐	☐	☐
Sophistication of technology	☐	☐	☐	☐	☐	☐
Quality of care in the Emergency Department	☐	☐	☐	☐	☐	☐

26 **Compared to 5 years ago, how would you rate the overall reputation of Calvert Memorial Hospital? Would you say it is:**

☐ A lot better ☐ Somewhat better ☐ About the same ☐ Worse ☐ Much worse ☐ Don't know

27 **Please rank the following items in terms of what is most important to you when it comes to choosing a hospital:**

	Most Important	Very Important	Important	Somewhat Important	Least Important
Reputation for quality of care	☐	☐	☐	☐	☐
Availability of latest technology	☐	☐	☐	☐	☐
Friendly and courteous staff	☐	☐	☐	☐	☐
Facilities are modern and up-to-date	☐	☐	☐	☐	☐
Has a wide variety of medical specialties available	☐	☐	☐	☐	☐
Reputation of physicians	☐	☐	☐	☐	☐

28 **Based on your answers above, how would you rate Calvert Memorial Hospital?**

☐ Excellent ☐ Very good ☐ Average ☐ Below average ☐ Poor ☐ Don't know

29 **How do you typically get information about Calvert Memorial Hospital? (Check all that apply)**

☐ Newspaper ☐ Direct mail ☐ Advertising ☐ Never gotten information about the hospital
☐ CMH website ☐ My doctor ☐ Other people

2008 Calvert County Community Health Improvement Roundtable Members

Calvert Alliance Against Substance Abuse

Calvert County Clergy

Calvert County Department of Community Resources

Calvert County Health Department

Calvert County Office on Aging

Calvert County Public Schools

Calvert County Traffic Safety Council

Calvert Hospice

Calvert Memorial Hospital

Department of Juvenile Services

Department of Social Services

The Arc of Southern Maryland