Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: CalvertHealth Medical Center	◉	○	
Your hospital's ID is: 210039	◉	○	
Your hospital is part of the hospital system called None - Independent Hospital.	◉	○	
The primary hospital community benefit (HCB) Narrative contact at your hospital is Mary Golway.	◉	○	
The primary HCB Narrative contact email address at your hospital is mary.golway@calverthealthmed.org	◉	○	
The primary HCB Financial report contact at your hospital is Rich Pellegrino.	◉	○	
The primary HCB Financial report contact email at your hospital is richard.pellegrino@calverthealthmed.org	◉	○	

Q4. Please select the community health statistics that your hospital uses in its community benefit efforts.

- ☑ Median household income
- ☑ Percentage below federal poverty level (FPL)
- ☑ Percent uninsured
- ☑ Percent with public health insurance
- ☑ Percent with Medicaid
- ☐ Mean travel time to work
- ☑ Percent speaking language other than English at home
- ☑ Race: percent White
- ☑ Race: percent Black
- ☑ Ethnicity: percent Hispanic or Latino
- ☑ Life expectancy
- ☑ Crude death rate
- ☐ Other

Q5. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. The next group of questions asks about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q9. Please select the county or counties located in your hospital's CBSA.

- [ ] Allegany County
- [ ] Anne Arundel County
- [ ] Baltimore City
- [ ] Baltimore County
- [x] Calvert County
- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Charles County
- [ ] Dorchester County
- [ ] Frederick County
- [ ] Garrett County
- [ ] Harford County
- [ ] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [ ] Prince George's County
- [ ] Queen Anne's County
- [ ] Somerset County
- [ ] St. Mary's County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

Q10. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Calvert County ZIP codes located in your hospital's CBSA.

- [x] 20615
- [x] 20629
- [x] 20639
- [x] 20657
- [x] 20676
- [x] 20678
- [x] 20685
- [x] 20688
- [x] 20689
- [x] 20714
- [x] 20732
- [x] 20736
- [x] 20754
- [ ] 20758

Q15. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.

- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.

- [ ] Based on patterns of utilization. Please describe.

- [x] Other. Please describe.

The service area for CalvertHealth is defined as the geographical boundary of Calvert County, MD. CalvertHealth Medical Center is the only hospital in Calvert County

Q35. Provide a link to your hospital's mission statement.

https://www.calverthealthmedicine.org/Mission-Vision-Values

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q39. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

11/11/2023

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

https://www.healthycalvert.org/content/sites/calverthospital/CHNA/2023/CalvertHealth_FY_2023-2025_CHNA_Report_Final.pdf

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

CalvertHealth FY 2023-2025 CHNA Report Final.pdf
5.8MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in the development of your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☐	☐	☐	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Approved Final CHNA
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal Hospital Community Benefit Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Nurse(s)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2023 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2023.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: N/A	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Departments -- Please list the Local Health Departments here: Calvert County Health Department	☑	☑	☑	☐	☐	☐	☑	☐	☐	☑	☑	☑	☑	☑
Local Health Improvement Coalition -- Please list the LHICs here: Community Health Improvement Roundtable	☑	☑	☑	☐	☐	☐	☑	☐	☑	☑	☐	☑	☑	☑
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other State Agencies -- Please list the agencies here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Govt. Organizations -- Please list the organizations here: Calvert County Government	☑	☐	☑	☐	☐	☐	☑	☐	☐	☑	☐	☑	☑	☑
Faith-Based Organizations	☐	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - K-12 -- Please list the schools here: Calvert County Public Schools	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐
School - Colleges, Universities, Professional Schools -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Behavioral Health Organizations -- Please list the organizations here: Local Behavioral Health Authority	☑	☐	☑	☑	☐	☐	☑	☐	☐	☑	☐	☑	☑	☑
Social Service Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Post-Acute Care Facilities -- please list the facilities here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Community/Neighborhood Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- ○ Yes
- ◉ No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

This question was not displayed to the respondent.

Q52. Please provide a link to your hospital's CHNA implementation strategy.

This question was not displayed to the respondent.

Q53. Please upload your hospital's CHNA implementation strategy.

This question was not displayed to the respondent.

Q54. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

CHNA was just completed in Nov. 2023. Will initiate Implementation Strategy beginning in Jan. 2024.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q58. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- (●) Yes
- ( ) No

Q59.
Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q60. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q61. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

CalvertHealth Medical Center's Community Wellness Department has a mobile health unit and many of its programs and initiatives address health disparities in the community. This includes partnerships with the County Office on Aging, local churches, food pantries, the homeless shelter, the library, and Calvert County government to bring services onsite to the marginalized and underserved of the community. The hospital also hosts a weekly farmer's market (April-November), and promotes a partnership in to enroll families in SNAP and WIC programs, and to have matching dollars to be used at the farmer's market. Monthly events promoting health and wellness, offering free screenings and services are held at the market, along with community partners. In 2023, the hospital Case Management Department started screening all patients for Social Determinates of Health. and providing referrals as needed. An internal dashboard has been created to track and report this information.

Q62. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- [x] None
- [ ] Regional Partnership Catalyst Grant Program
- [ ] The Medicare Advantage Partnership Grant Program
- [ ] The COVID-19 Long-Term Care Partnership Grant
- [ ] The COVID-19 Community Vaccination Program
- [ ] The Population Health Workforce Support for Disadvantaged Areas Program
- [ ] Other (Describe) _____

Q63. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q64. Section III - CB Administration

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [x] Yes, by the hospital's staff
- [ ] Yes, by the hospital system's staff
- [ ] Yes, by a third-party auditor
- [ ] No

Q66. Please describe the third party audit process used.

This question was not displayed to the respondent.

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- ○ Yes
- ◉ No

Q68. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ○ Yes
- ◉ No

Q70. Please explain:

Information contained within the community benefit financial spreadsheet is compiled from information approved by submitting departments and previously approved documents. The spreadsheet is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- ○ Yes
- ◉ No

Q72. Please explain:

Information contained within the community benefit financial spreadsheet is compiled from information approved by submitting departments and previously approved documents. The spreadsheet is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- ◉ Yes
- ○ No

Q74. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

Community needs are identified as a strategic objective to ensure needs of the community are met. Community Wellness and Community Outreach programs are planned for in the financial planning process

Q75. If available, please provide a link to your hospital's strategic plan.

Q76. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

☑ Diabetes - Reduce the mean BMI for Maryland residents

• Co-lead the Diabetes Subcommittee of the Community Health Improvement Roundtable with Calvert County Health Department to engage community partners in setting goals and establishing programs to address the health needs of our diabetic population in the community.
• Established goals and action plan for the Diabetes Subcommittee, which include;
o Develop standardized educational materials in English and Spanish for prediabetes and diabetes. This past year, 1 comprehensive educational guide was developed and distributed throughout the county. It addresses diabetes management and prevention, including weight management, diet, exercise, and other resources.
o Plan a 12 month social media campaign to educate the community about various diabetes and prediabetes health topics and resources.

☑ Opioid Use Disorder - Improve overdose mortality

• The CalvertHealth Opioid Stewardship Committee is a multi-agency committee with the goal the ensure that opioids are used safely. Goals of this committee include:
o Increase the use of Medication Assisted Therapy to treat substance use disorder. Provider education was given throughout the county to increase the number of providers that could prescribe MAT. The Medical Center initiated MAT inpatient prescribing this year so that patient therapy would start prior to discharge.
o Increase distribution of Narcan kits by the Medical Center and the Health Department. Added the ability to provide kits and education to inpatients prior to discharge.
o Expand the Peer Recovery Specialist program
o Participate in mobile outreach events to provide community education on substance use and mortality.

☐ Maternal and Child Health - Reduce severe maternal morbidity rate

☐ Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

☐ None of the Above

Q77. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q78. Section IV - Physician Gaps & Subsidies

Q79. (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

Q80. Section V - Financial Assistance Policy (FAP)

Q81. Upload a copy of your hospital's financial assistance policy.

FY23_CALVERT_MEMORIAL_HOSPITAL.pdf
144.9KB
application/pdf

Q82. Provide the link to your hospital's financial assistance policy.

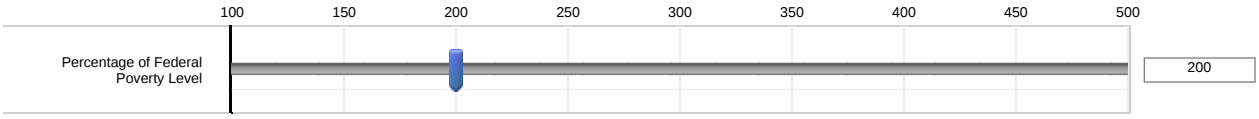
https://www.calverthealthmedicine.org/Financial-Assistance

Q83. Has your FAP changed within the last year? If so, please describe the change.

- (●) No, the FAP has not changed.
- ( ) Yes, the FAP has changed. Please describe: [ ]

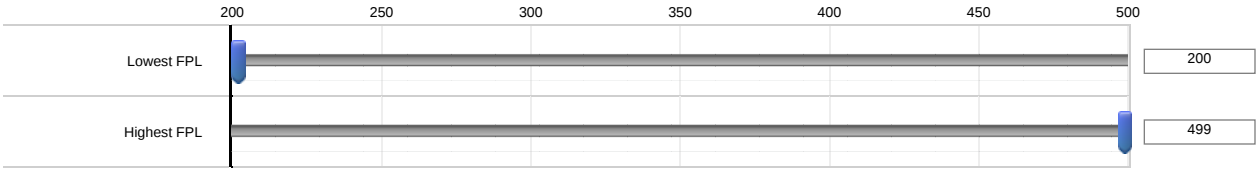
Q84. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



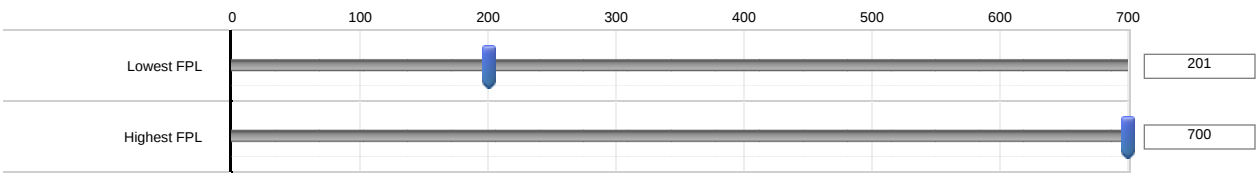
Q85. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

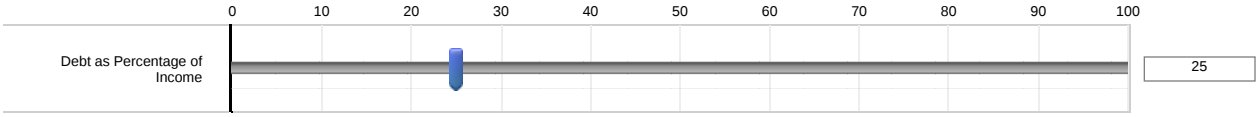


Q86. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.



Q87. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.



Q88. Section VI - Tax Exemptions

Q89. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- [x] Federal corporate income tax
- [x] State corporate income tax
- [x] State sales tax
- [x] Local property tax (real and personal)
- [ ] Other (Describe)

Q90. Summary & Report Submission

Q91.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

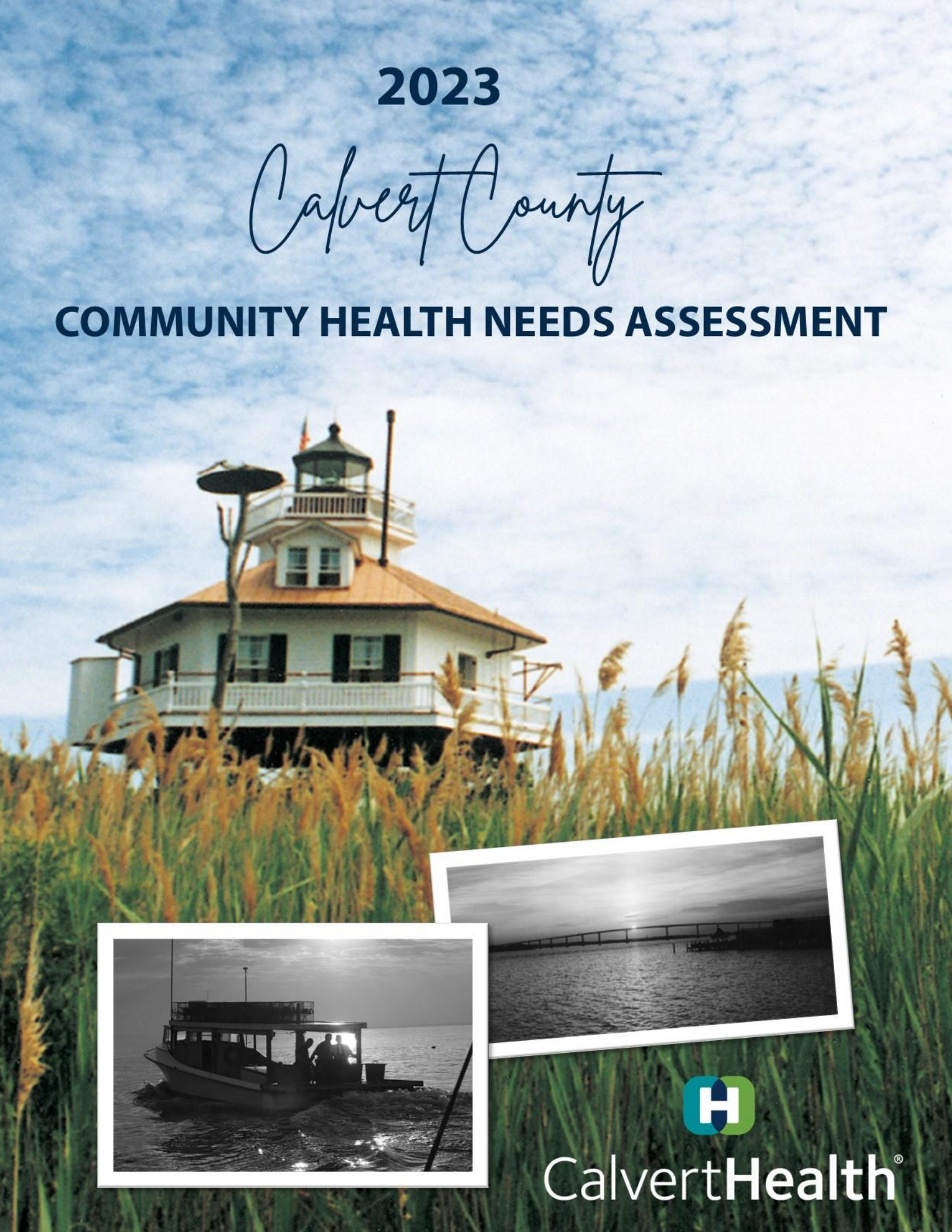
Location: (38.6075, -76.6046)

Source: GeoIP Estimation

2023

Calvert County

COMMUNITY HEALTH NEEDS ASSESSMENT



CalvertHealth®

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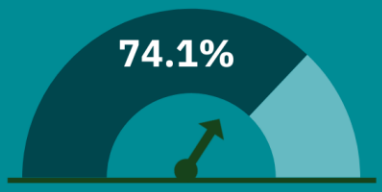
CALVERTHEALTH COMMUNITY HEALTH NEEDS ASSESSMENT

At-a-Glance

94,444
Estimated Population



Identify as White in Calvert County

$121,051
Median Household Income

2.87%
Of families in Calvert County live below the poverty level

DATA COLLECTION METHODS

Secondary Data

Health and Quality of Life topics receiving a score of 1.4 or higher.

Community Survey

CalvertHealth had **814** Community Survey Respondents.

Key Informant Interviews

CalvertHealth conducted **11** Key Informant Interviews with with community members who have a fundamental understanding of public health and represent the broad interests of the community.

PRIORITIZED HEALTH NEEDS

- Cancer
- Diabetes
- Mental Health and Mental Disorders
- Nutrition and Healthy Eating
- Substance Misuse (Alcohol, Drugs and Tobacco Use)

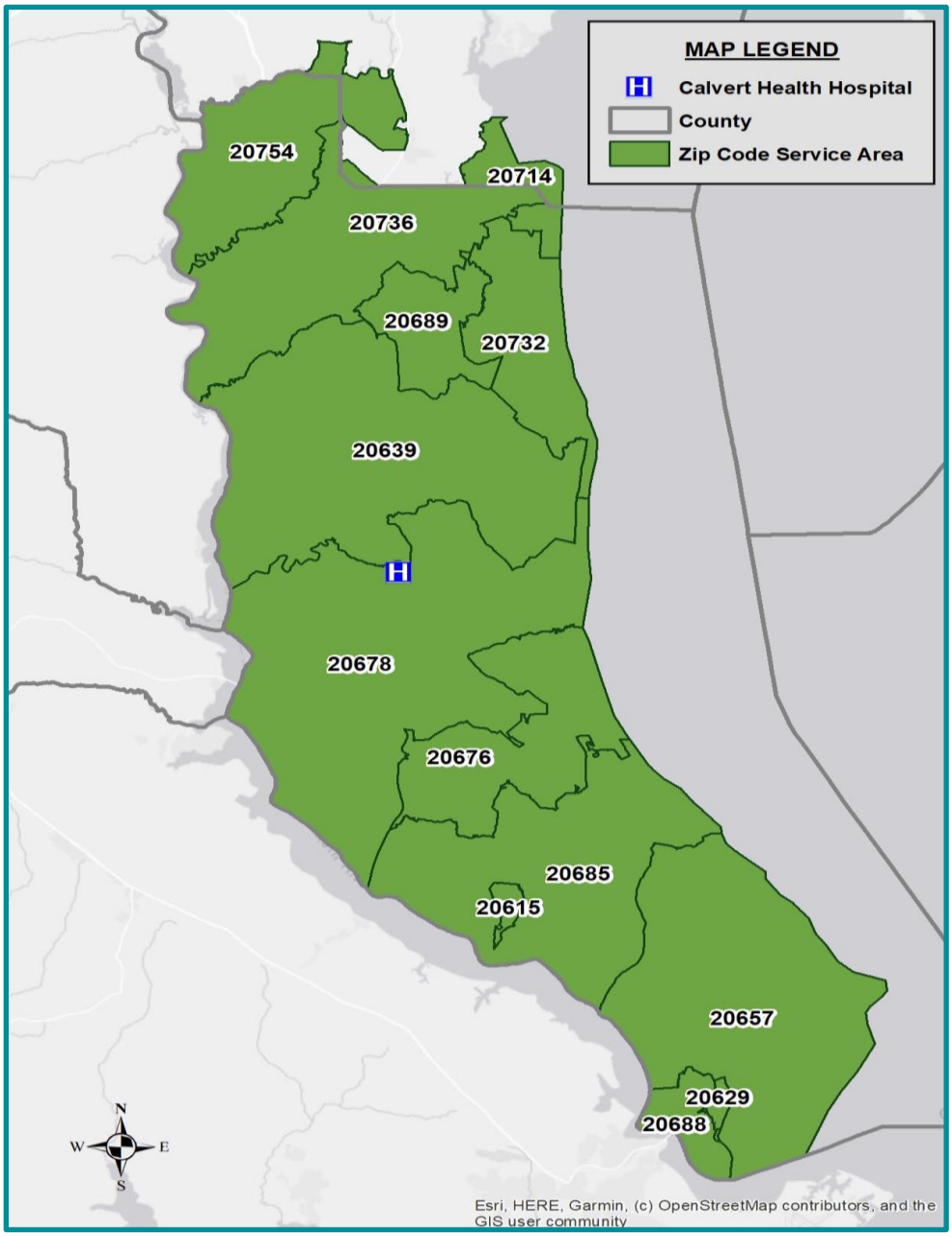
Executive Summary

CalvertHealth is pleased to present its 2023 Community Health Needs Assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and processes used to identify and prioritize significant health needs in CalvertHealth's service area. CalvertHealth partnered with the Conduent Healthy Communities Institute (HCI) to conduct the 2023 CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across CalvertHealth's service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop, and target CalvertHealth initiatives to provide and connect patients with resources to improve these health challenges in the community.

FIGURE 1. CALVERTHEALTH SERVICE AREA



Demographics

Calvert County has a population of approximately 94,444. The age distribution of Calvert County skews older. The racial makeup of Calvert County is somewhat homogenous, with 74.0% of the population identifying as White. Black or African American (12.3%) community members represent the second largest proportion of all races in Calvert County. Families living in North Beach, Sunderland, Chesapeake Beach, Prince Frederick, and Lusby have the highest poverty rates.

Methods for Identifying Community Health Needs

Secondary Data

The secondary data used in this assessment were obtained and analyzed from CalvertHealth's Community Dashboard http://www.healthycalvert.org/. This includes a comprehensive set of more than 240 community health and quality of life indicators covering over twenty topic areas. Indicator values for Calvert County were compared to other counties in Maryland and nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2030 targets, and disparities by age, gender, and race/ethnicity.

Primary Data / Community Input

The needs assessment was further informed by: (1) interviews with community members who have a fundamental understanding of Calvert County's health needs and represent the broad interests of the community, and (2) a community survey distributed throughout Calvert County.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (240 indicators from national and state data sources) and in-depth primary data from community leaders, and organizations that serve the community at large, vulnerable populations, and/or populations with unmet health needs.

Through a synthesis of the primary and secondary data, the following overall top health needs were determined and listed in alphabetical order.

1. Access to Health Care
2. Adolescent Health
3. Cancer
4. Diabetes
5. Mental Health and Mental Disorders
6. Nutrition and Healthy Eating
7. Substance Abuse
8. Women's Health

Disparities

The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed significant community health disparities based on race/ethnicity, with Black and Hispanic populations more negatively impacted than other groups in Calvert County, especially for some of the Community and Economic indicators. Furthermore, the data shows that Black/African American populations face increased chronic health issues like diabetes, hypertension, colorectal cancer, etc., while populations in certain geographic areas experience higher socioeconomic needs and potentially poorer health outcomes.

Prioritized Areas

On August 9, 2023, members from various departments within CalvertHealth, the Calvert County Health Department, and representative members of the community came together in a hybrid session led by consultants from HCI to learn about the significant health needs identified through primary and secondary data analysis. This session was followed by an online scoring exercise for each health topic based on how well they met two criteria. HCI calculated the results to come up with a ranked list of significant health needs. The CalvertHealth and Calvert County Health Department leadership team met on August 31, 2023, to review the ranking while considering the two criteria for prioritization. At this meeting, the following five health areas were identified as priorities to address:

CalvertHealth's Prioritized Health Needs
Cancer
Diabetes
Mental Health & Mental Disorders
Nutrition and Healthy Eating
Substance Misuse

The following two needs were originally identified as top needs, but not included in the prioritized needs:

Adolescent Health

Populations most impacted by the prioritized health needs will be primary targets for interventions in the Implementation Strategy phase of planning. Primary and secondary data sources brought to light indicators of concern in Adolescent Health. These indicators pointed to adolescent population struggles with substance misuse and mental health related issues. Primary data revealed that childhood/adolescent obesity is on the rise and contributed to by low rates of exercise and weight management. Therefore, in identifying Substance Misuse; Mental Health and Mental Disorders; and Exercise, Nutrition and Healthy Eating as priority areas, interventions and outreach will include methods targeting Adolescent Health issues identified in this CHNA.

Health Care Access and Quality

Primary data sources indicated that there is a need for more specialty care and behavioral health services in Calvert County. Health literacy including difficulties navigating the health system, and financial barriers, including difficulties finding affordable providers are a few challenges that key informant interviews and community members pointed out. Therefore, interventions and outreach to address the top 5 priority needs will include considerations to address Health Care Access and Quality issues identified in this CHNA.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Calvert County, MD. The prioritization of the identified significant health needs will guide the community health improvement efforts of CalvertHealth. Following this process, CalvertHealth will

outline how it plans to address the top five prioritized health needs in its Implementation Strategy. CalvertHealth is dedicated to serving Southern Maryland residents by providing exceptional care, promoting wellness, and making a difference in every life we touch.

Introduction

As a not-for-profit, tax-exempt hospital, CalvertHealth is pleased to present its 2023 CHNA report, which provides an overview of the significant community health needs identified in CalvertHealth's primary service area, Calvert County, MD.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across CalvertHealth's service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop, and target CalvertHealth's initiatives to provide and connect patients with resources to improve health challenges in their communities.

This report includes a description of:

- **The community demographics and population served;**
- **The process and methods used to obtain, analyze and synthesize primary and secondary data;**
- **The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;**
- **The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.**

About CalvertHealth

The history of CalvertHealth began in a two-story, frame building in 1919. Over time, as the county grew, so did the hospital – upgrading technology, improving facilities, and expanding services. From these humble beginnings, it has transformed into a top regional healthcare provider, widely respected as a leader of innovative medicine among community hospitals. Today, the health system includes the medical center in Prince Frederick along with an employed physician network, a breast care center, and several joint ventures including a diagnostic imaging center, urgent care facilities throughout the county and a weight management/nutrition program. It is the largest private employer in Calvert County with 1,200 employees. Additionally, CalvertHealth is governed by a community board of directors who volunteer their service. They represent the community and take an active role in the operation of the health system. You can find more information about the health system on CalvertHealth's website: CalvertHealthMedicine.org.

There have been other changes, too. The medical staff has grown to 270 providers, offering more than 40 specialties. Their outstanding care is enhanced by clinical alliances with metropolitan medical centers that bring the region's top experts here to treat area residents close to home. This includes CalvertHealth's partnership with Shepperd Pratt to provide clinical services and leadership to enhance behavioral health programs and services across the CalvertHealth network of care. More recent

advances, like the state-of-the art diagnostic imaging and the new, integrated information system make it possible to provide even better care for our community. The CalvertHealth Mobile Health Center travels to underserved areas of our county – to bring local residents essential primary care and preventive services. And most recently, CalvertHealth added Urology and Metabolic & Bariatric Surgery practices to meet community needs and affiliated with Duke Health to provide the most advanced cancer care and treatment available.

As one of only six independent hospitals in Maryland, CalvertHealth is committed to our community, with a focus on patient-centered care. High-quality and safe patient care is more than a goal, it is our number one priority. That means delivering the best possible care to every person, every time. We are dedicated to improving the way we do things on a continual basis.

For more than a century, our guiding philosophy has been to ensure the services we provide to our patients are of the highest quality. Our people are what make CalvertHealth so special, and this commitment to quality and safety is evidenced by the results of our patient outcomes and the recognition received from Centers for Medicare and Medicaid Services (CMS), The Joint Commission, American Heart Association, and others.

Acknowledgment

The Community Health Improvement Roundtable (CHIR) currently serves as Calvert's Local Health Improvement Coalition and was formed many years ago to strengthen the close partnership CalvertHealth has with the Calvert County Health Department and other community partners who are stakeholders in the health and wellness of Calvert County residents. The CHIR is led by a steering committee comprised of members from CalvertHealth, the Calvert County Health Department and the Local Behavioral Health Authority.

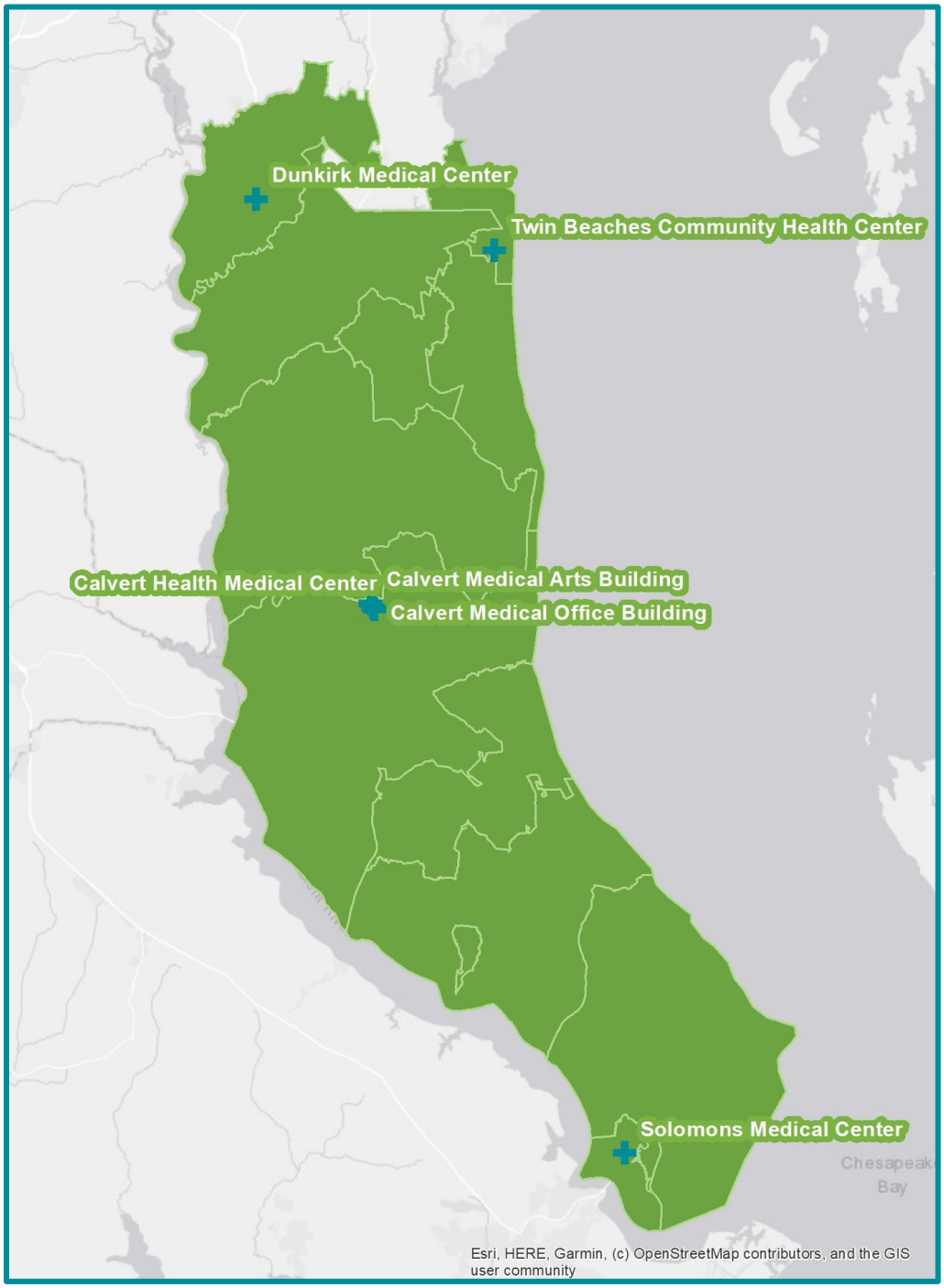
The goal of the CHIR is to improve health outcomes, reduce health disparities, and build a healthy community in Calvert County.

The CHIR meets quarterly and is tasked with performing the work identified through the CHNA. The CHIR also assists in the oversight of the subcommittees focused on the health priorities noted in the CHNA every 3 years.

Service Area

The service area for CalvertHealth is defined as the geographical boundary of Calvert County, MD. CalvertHealth Medical Center is the only hospital in Calvert County with medical office buildings in Prince Frederick, Dunkirk, Solomons, and Twin Beaches. Although Calvert County is relatively close to Washington D.C., the long and narrow geography of the peninsula results in a rural atmosphere with transportation challenges for residents.

FIGURE 2. CALVERTHEALTH CARE LOCATIONS



Consultants

CalvertHealth commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2023 Community Health Needs Assessment. HCI works with clients across the nation to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health/.

Report authors from HCI Include:

- Era Chaudhry, MPH, MBA, Public Health Consultant
- Gautami Shikhare, MPH, Lead Community Data Analyst
- Dari Goldman, MPH, Senior Project Specialist

Evaluation of Progress Since Prior CHNA

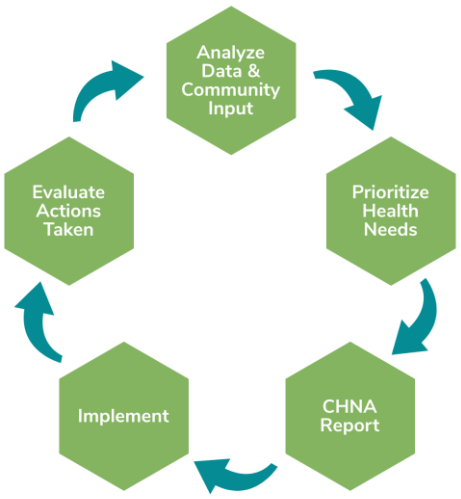
The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

Priority Health Needs from Preceding CHNA

CalvertHealth's priority health areas for years 2020-2023 were:

- Cancer
- Heart Disease & Stroke
- Mental Health & Mental Disorders
- Exercise, Nutrition, & Weight (including Obesity)

FIGURE 3. THE CHNA CYCLE



Highlights of Priority Health Needs Progress

The following section includes notable highlights from a few of the initiatives implemented since the last CHNA to address priority health needs. For a more detailed list of CalvertHealth's initiatives and outcomes, see Appendix E.

Cancer:
To improve early detection of cancer and help reduce the prevalence of cancer in the community, an emphasis was placed on enhancing community education and screenings for skin, breast, lung, and oral cancers. In collaboration with community partners and with the mobile health unit, several events were held in various locations throughout the community.

Heart Disease & Stroke:
CalvertHealth focused on educating the community in understanding what contributes to heart disease and stroke. The Know Your Numbers program was launched in conjunction with the Mobile Health Unit's community outreach. This program consisted of cholesterol and glucose screenings and blood pressure checks. Additionally, the Ask the Pharmacist program was initiated at 3 local senior centers.

Mental Health & Mental Disorders:
A Suicide Awareness & Prevention campaign was launched to promote awareness of suicide risk, and the use of the national suicide and crisis hotline. Many community events with Calvert County Health Department were launched. Lastly, to break the stigma of medication treatment, and focus on teaching medical professionals how to prescribe medications safely, CalvertHealth joined forces with the Local Behavioral Health Authority. Since 2020, 14 training sessions have been held and 5 additional "spokes" have been added to the hub and spoke model of care in the community.

Exercise, Nutrition & Weight (including Obesity):
CalvertHealth developed and implemented several programs, events, promotions, education and awareness campaigns to increase the importance of healthy eating to reduce the onset of associated chronic diseases. It includes utilizing the Office on Aging partnership to offer individualized programs on fitness and nutrition for community members over 50. Furthermore, CalvertHealth collaborates with Calvert County Public Schools to provide resources related to healthy lifestyle and disease prevention in the public schools. Lastly, the Community Health Improvement Roundtable established a Diabetes Subcommittee to review the Maryland Department of Health diabetes action plan and set a 3-year implementation plan for Calvert County.

Community Feedback from Preceding CHNA & Implementation Plan

CalvertHealth's 2020-2023 CHNA and Implementation Plan was made available to the public and open for public comment via the website: www.CalvertHealthMedicine.org/Community-Health-Needs-Assessment. No comments were received on either document at the time this report was written.

Demographics of CalvertHealth Service Area

The demographics of a community significantly impact its health profile. Different races/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

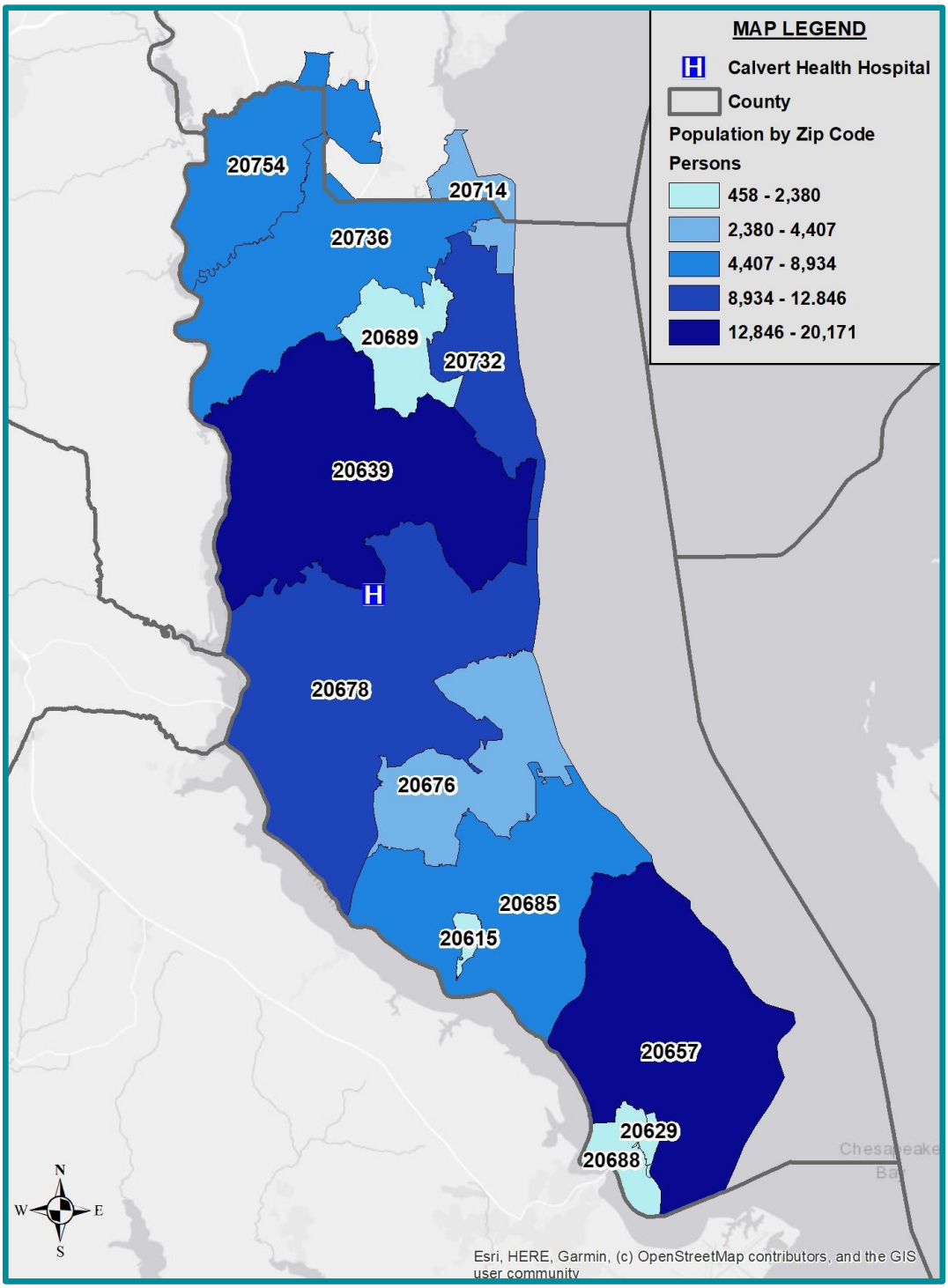
Geography and Data Sources

Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2023 population estimates). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year. Additional demographic data for Calvert County can be explored on the Calvert Hospital community data platform at https://calverthospital.thehcn.net/.

Population

According to Claritas, 2023® population estimates, Calvert County has an estimated population of 94,444 persons. Figure 4 shows the population breakdown for Calvert County by Zip Code.

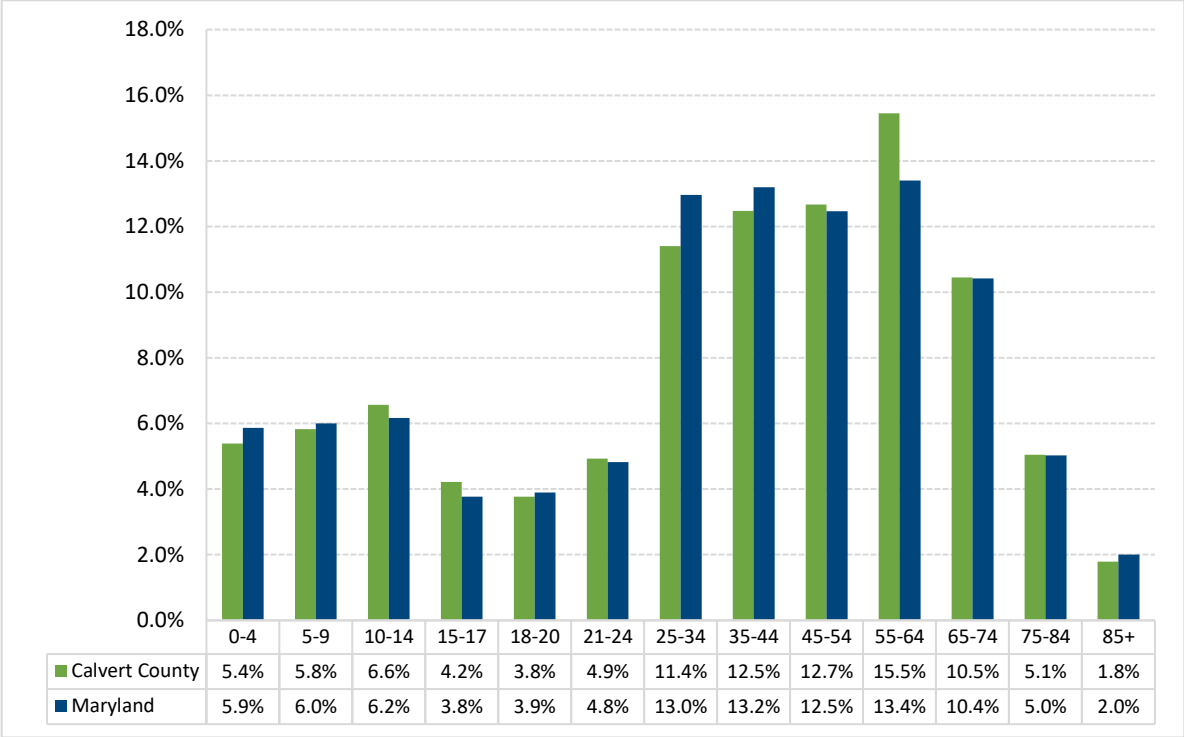
FIGURE 4. CALVERT COUNTY POPULATION DISTRIBUTION BY ZIP CODE



Age

Figure 5 shows the population of Calvert County by age group. Calvert County has a larger population aged 55-64 than Maryland. Most residents in Calvert County are between 25 and 64.

FIGURE 5. PERCENT POPULATION BY AGE: COUNTY AND STATE



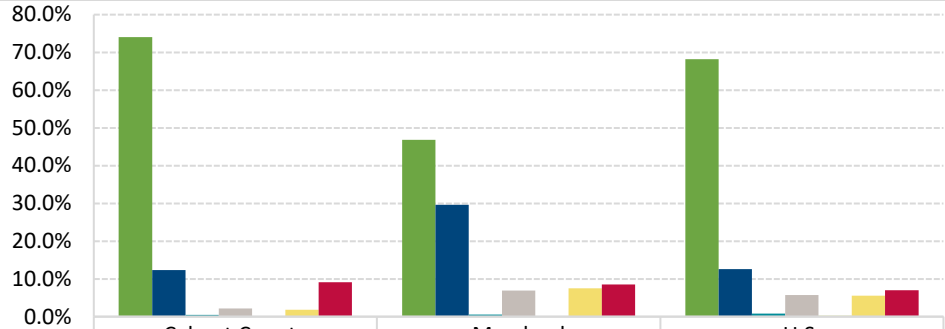
	0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Calvert County	5.4%	5.8%	6.6%	4.2%	3.8%	4.9%	11.4%	12.5%	12.7%	15.5%	10.5%	5.1%	1.8%
Maryland	5.9%	6.0%	6.2%	3.8%	3.9%	4.8%	13.0%	13.2%	12.5%	13.4%	10.4%	5.0%	2.0%

Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of Calvert County shows 74.1% of the population identifying as White, as indicated in Figure 6. The next largest populations are those who identify as Black or African American at 12.3% and 'More than One Race' at 9.1%.

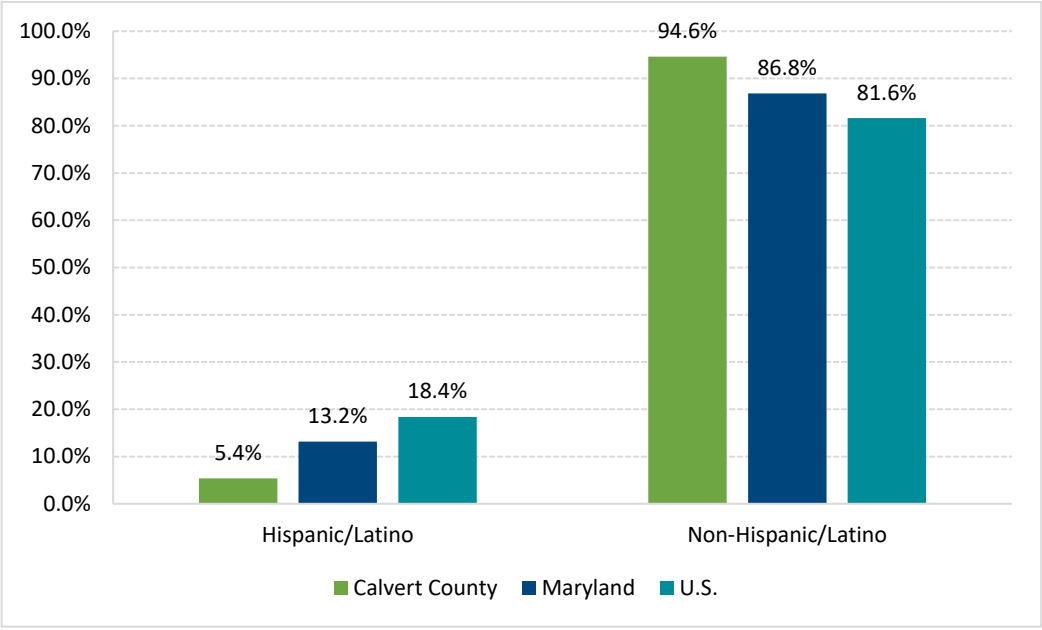
FIGURE 6. CALVERT COUNTY POPULATION BY RACE



	Calvert County	Maryland	U.S.
White or Caucasian	74.1%	46.9%	68.2%
Black or African American	12.3%	29.7%	12.6%
American Indian or Alaska Native	0.5%	0.6%	0.8%
Asian or Asian American	2.2%	6.9%	5.7%
Native Hawaiian or other Pacific Islander	0.1%	0.1%	0.2%
Another race	1.8%	7.5%	5.6%
More than one race	9.1%	8.5%	7.0%

As shown in Figure 7, 5.4% of the population in Calvert County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Maryland and the U.S.

FIGURE 7. POPULATION BY ETHNICITY: COUNTY, STATE AND U.S.



Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the CalvertHealth service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

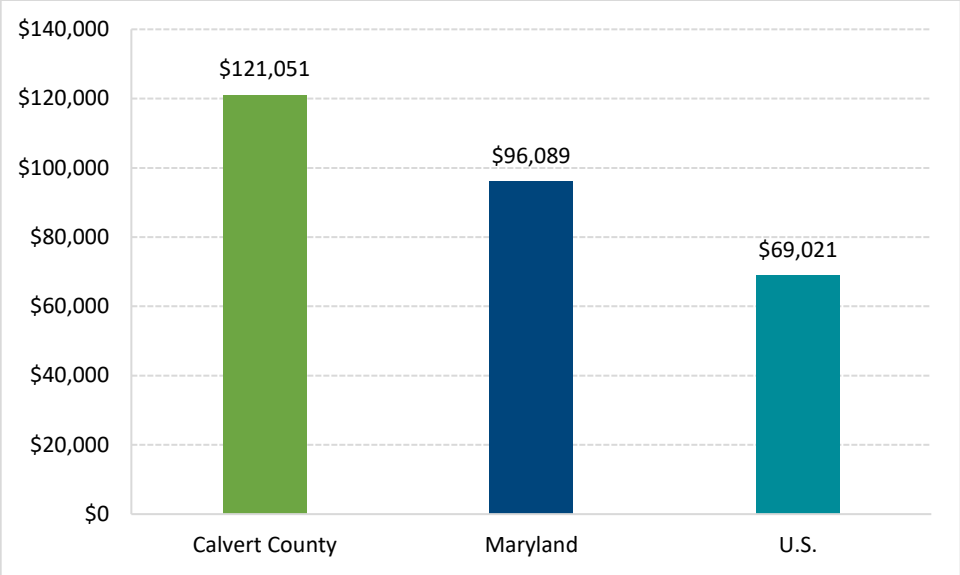
FIGURE 8. HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH DOMAINS

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.

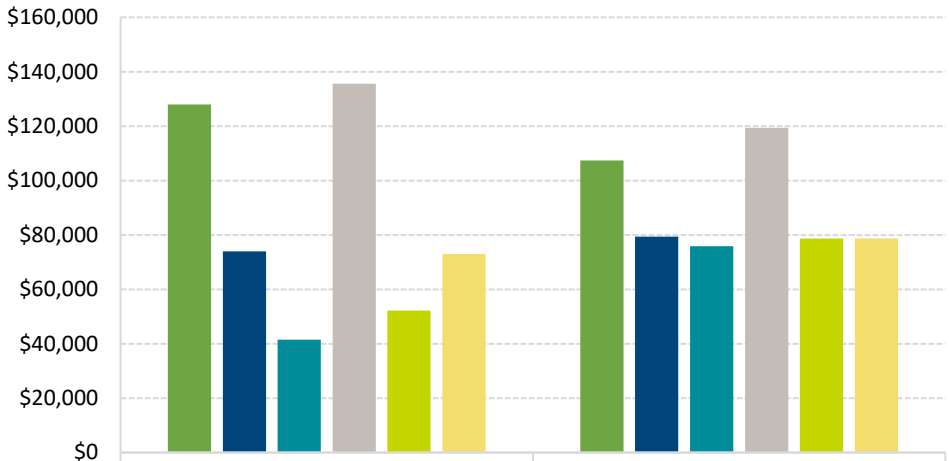
Figure 9 provides the median household income in Calvert County compared to Maryland and the U.S. Calvert County's median household income is $121,051 which is higher than the Maryland state value ($96,089) and U.S. value ($69,021).

FIGURE 9. MEDIAN HOUSEHOLD INCOME



Disparities in median household income exist between racial and ethnic groups within the county. The median household income among residents of the Asian community ($135,625) and White community ($127,976) are above the county's median value of $121,051. As shown in Figure 10, the American Indian/Alaska Native community has the lowest median household income in the county at $41,452.

FIGURE 10. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY: CALVERT COUNTY



	Calvert County	Maryland
White	$127,976	$107,346
Black/African American	$73,922	$79,346
American Indian/Alaskan Native	$41,452	$75,825
Asian	$135,625	$119,314
Native Hawaiian/Pacific Islander	$52,206	$78,616
Some Other Race	$72,965	$78,679

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[1]

Overall, 2.9% of families in Calvert County live below the poverty level, which is lower than both the state value of 5.9% and the national value of 8.9%. The percentage of families living below poverty for each zip code in Calvert County is provided in Table 1.

TABLE 1. FAMILIES IN CALVERT COUNTY LIVING BELOW POVERTY LEVEL BY ZIP CODE

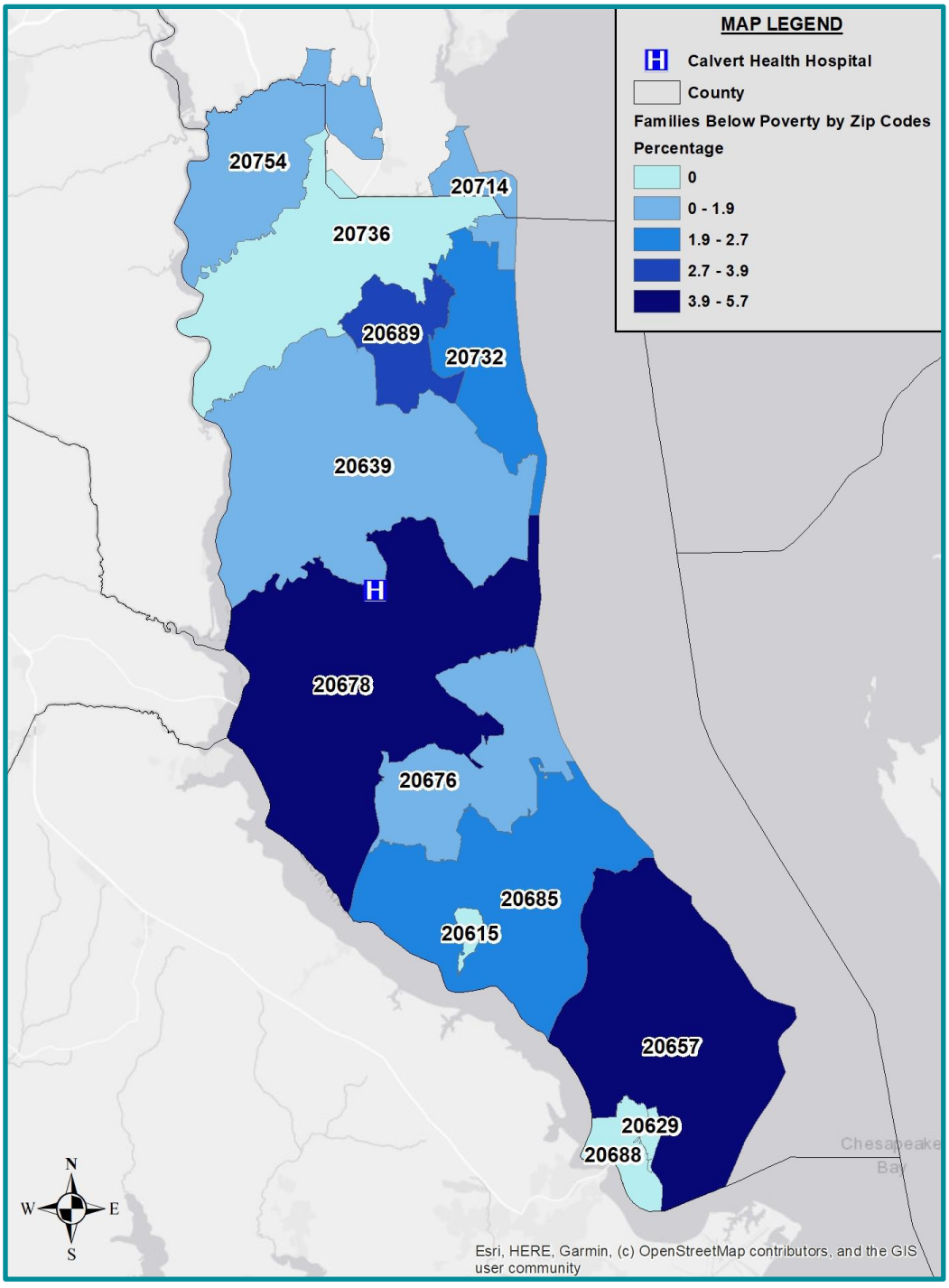
Zip Code	Families Living Below Poverty Level (%)
20714	1.8
20678	5.7
20657	4.9
20688	0
20732	2.7
20689	3.9

[1] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

20629	0
20676	1.9
20685	2.5
20639	1.4
20754	1.3
20736	0
20615	0

Zip codes 20678 and 20657 have the highest percentages of families living below the poverty level at 5.7% and 4.9%, respectively. The map in Figure 11 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level.

FIGURE 11. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



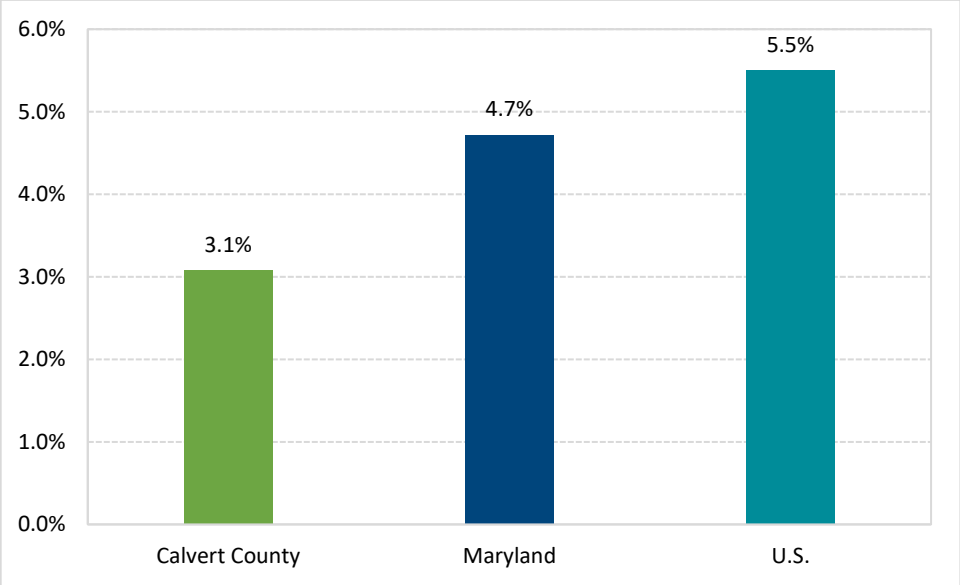
Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[2]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[2] Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[2]

Figure 12 shows the population aged 16 and over who are unemployed. The unemployment rate for Calvert County is 3.1%, which is lower than the state value at 4.7% and the U.S. value at 5.5%.

FIGURE 12. POPULATION 16+ UNEMPLOYED: COUNTY, STATE AND U.S.



Education

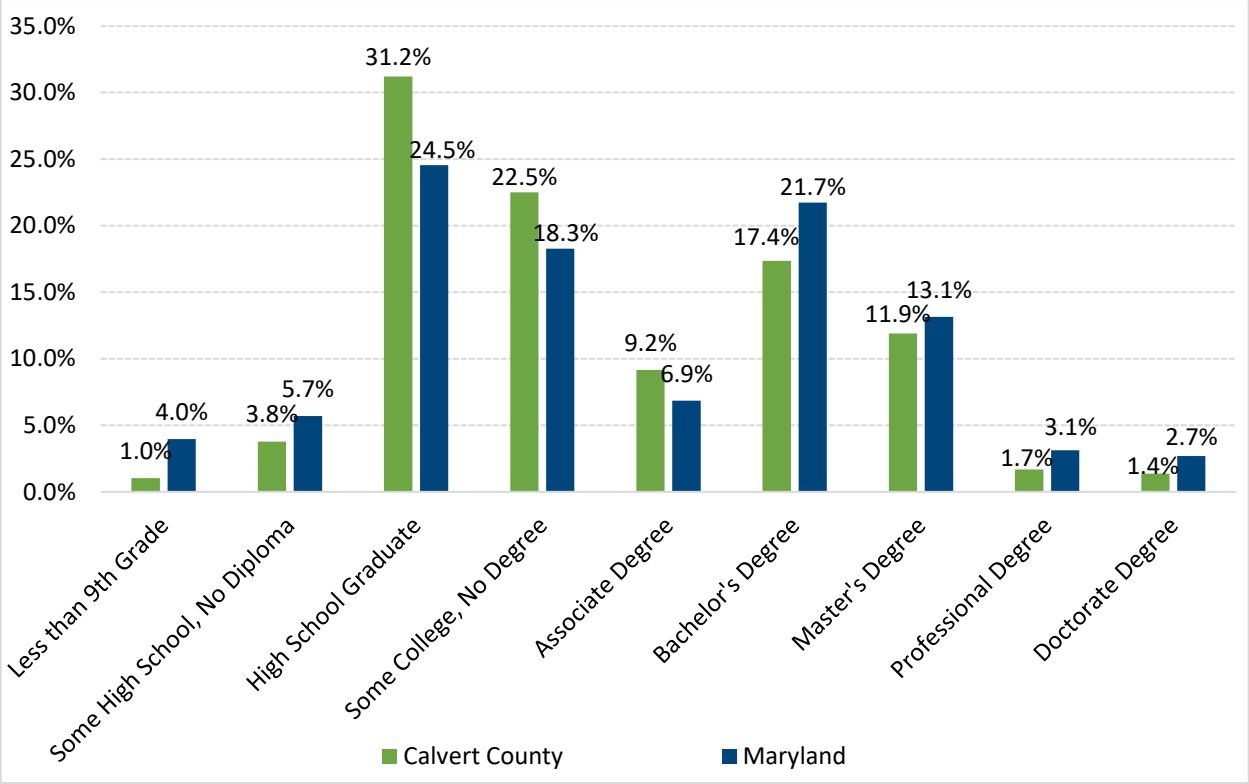
Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[3]

[2] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

[3] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

Figure 13 shows the percentage of the population in Calvert County 25 years or older by educational attainment. Those who have earned a High School Graduate degree represent 31.2% of residents in the county.

FIGURE 13.A. POPULATION 25+ BY EDUCATIONAL ATTAINMENT: CALVERT COUNTY

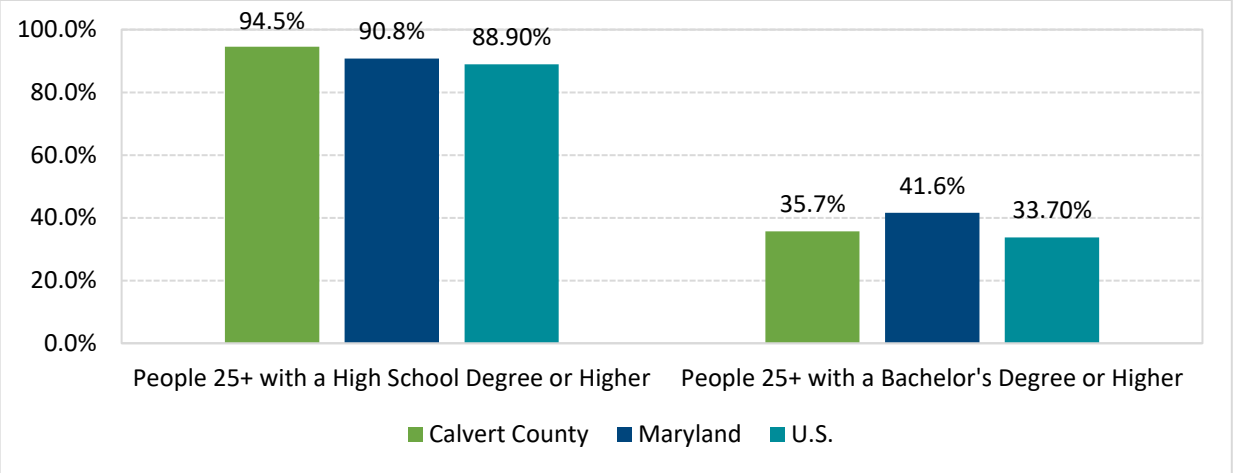


Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[4]

Figure 13.B shows that Calvert County has a slightly higher percentage of residents with a high school degree or higher (94.5%) when compared to the state value (90.8%) and the national value (88.9%). While residents with a bachelor's degree or higher (35.7%) have a lower percentage when compared to the state (41.6%) value.

[4] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health

FIGURE 13.B. POPULATION 25+ BY EDUCATIONAL ATTAINMENT: COUNTY, STATE, AND U.S.

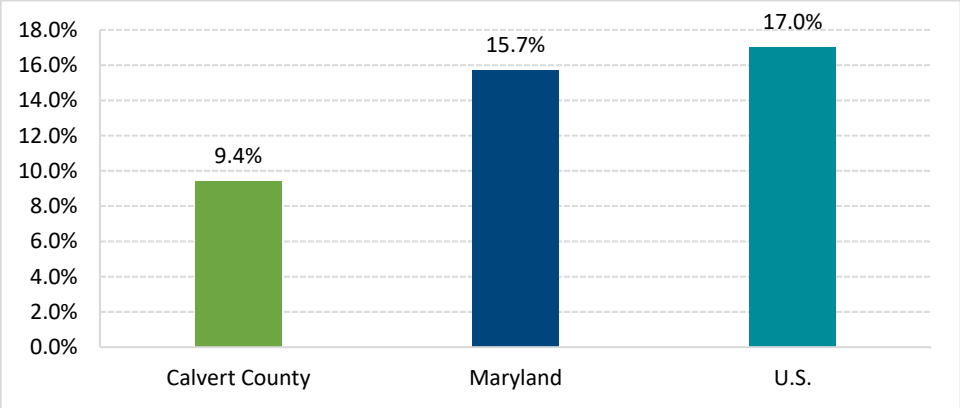


Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[5]

Figure 14 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Calvert County, 9.4% of households were found to have at least one of those problems, which is lower than both the state value (15.7%) and the U.S. value (17.0%).

FIGURE 14. PERCENTAGE OF HOUSES WITH SEVERE HOUSING PROBLEMS: COUNTY, STATE, AND U.S.



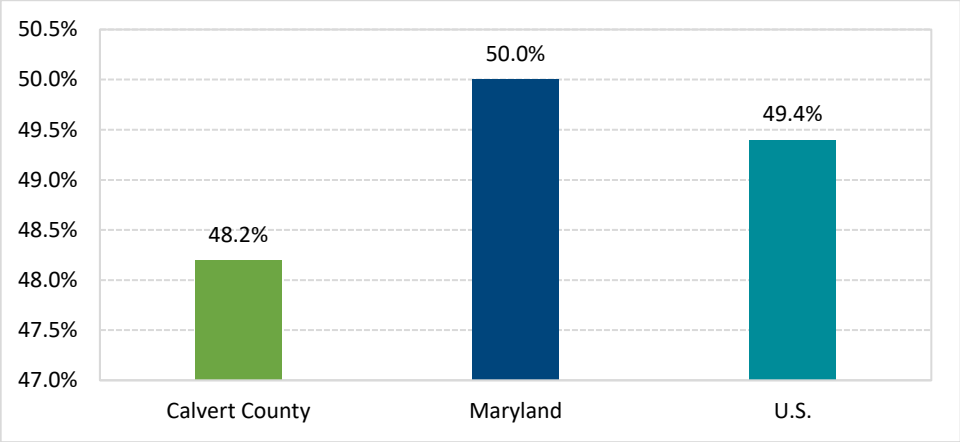
County, State, and U.S. values taken from County Health Rankings (2013-2017)

[5] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[6]

Figure 15 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Calvert County (48.2%) is lower than both state value (50%) and the national value (49.4%).

FIGURE 15. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



County, State, and U.S. values taken from American Community Survey (2016-2020)

Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.[7]

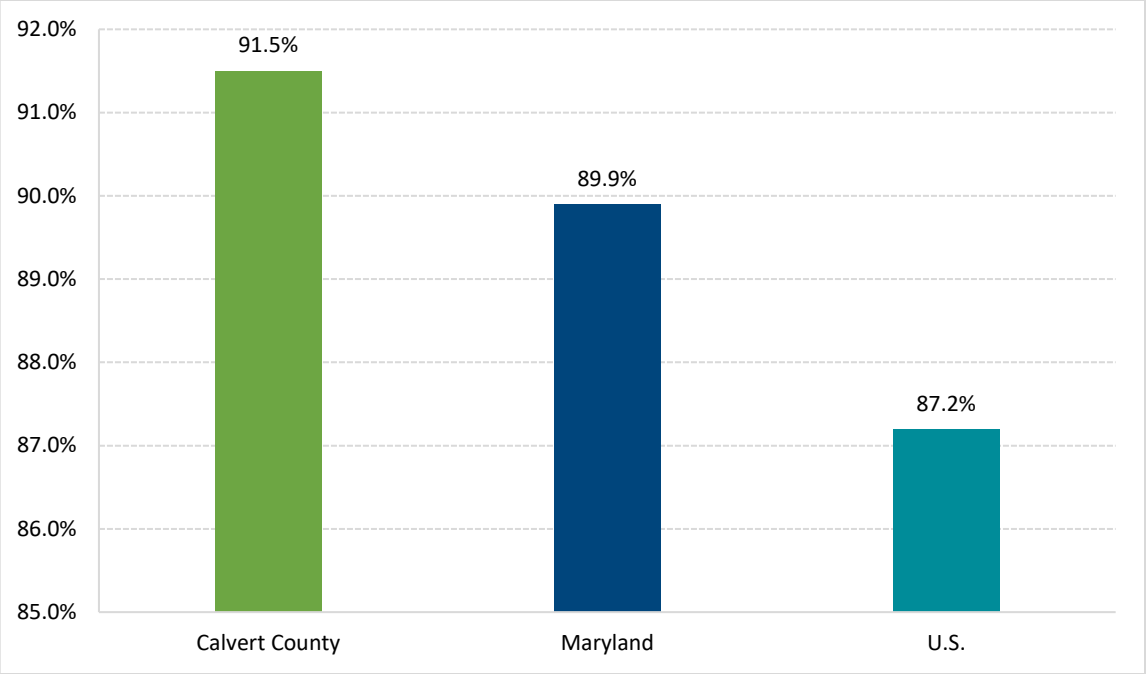
Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[7]

Figure 16 shows the percentage of households that have an internet subscription. The rate in Calvert County, 91.5%, is higher than the state value (89.9%) and the national value (87.2%).

[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

FIGURE 16. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE AND U.S.



Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.[8] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities: Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[9] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 2 identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Calvert County, based on the Index of Disparity.

TABLE 2. INDICATORS WITH SIGNIFICANT RACE, ETHNICITY, OR GENDER DISPARITIES.

Health Indicator	Group(s) Negatively Impacted
Teen Birth Rate: 15-19	Black/African American
Age-Adjusted Death Rate due to Colorectal Cancer	Black/African American
Children Living Below Poverty Level	Black/African American, Hispanic/Latino
People Living Below Poverty Level	Black/African American, Hispanic/Latino, Other Race
Age-Adjusted Hospitalization Rate due to Diabetes	Black/African American
Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	Black/African American
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	Black/African American
Families Living Below Poverty Level	Black/African American
People 65+ Living Below Poverty Level	Black/African American
Age-Adjusted Hospitalization Rate due to Asthma	Black/African American

[8] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

[9] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Age-Adjusted Hospitalization Rate due to Hypertension	Black/African American
Babies with Low Birthweight	Black/African American
Age-Adjusted Hospitalization Rate due to Dehydration	Black/African American

The Index of Disparity analysis for Calvert County reveals that Black/African American, Hispanic/Latino and 'Other Races' populations are disproportionately impacted for some of the Community and Economic indicators, including People Living Below Poverty Level, and Children Living Below Poverty Level. The Black/African American population is shown to be disproportionately impacted in many Age-Adjusted Hospitalization Rate indicators due to dehydration, hypertension, asthma, and diabetes. Furthermore, the Black/African American population is also disproportionately affected when looking at the Teen Birth Rate in the county and Babies with Low Birthweight.

Geographic Disparities

This assessment identified specific zip codes with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, or areas with poorer mental health outcomes. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

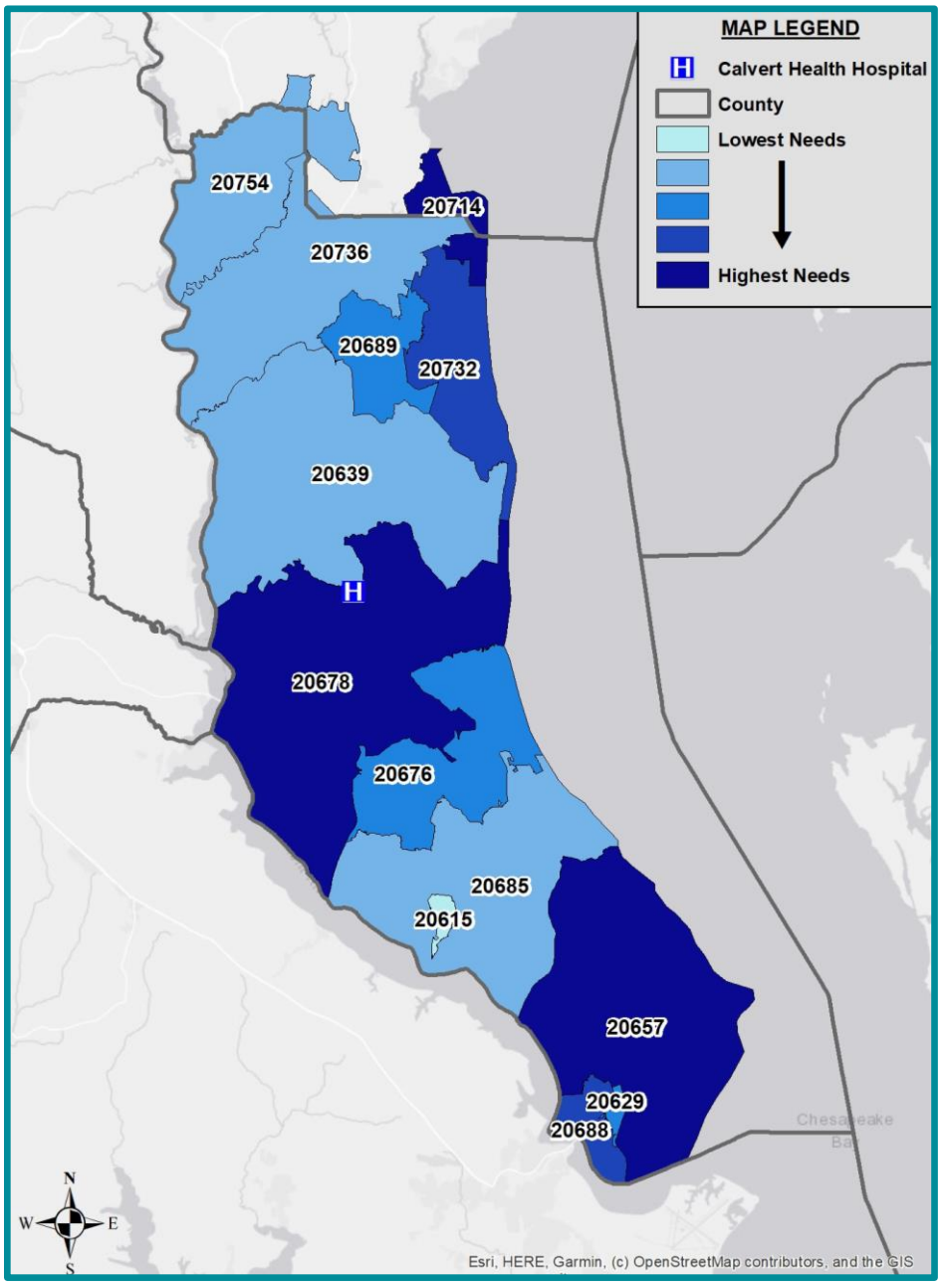
Conduent's Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need. Table 3 provides the index values for each zip code. The map in Figure 17 illustrates the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is zip code 20714 with an index value of 18.4.

TABLE 3. HEALTH EQUITY INDEX VALUES BY ZIP CODE

Zip Code	Index Value
20714	18.4
20678	14.9
20657	13.9
20688	8
20732	7.4
20689	6.5
20629	6.2
20676	5.1
20685	4.5

20639	3.7
20754	3.5
20736	2.8
20615	1.4

FIGURE 17. CALVERT COUNTY HEALTH EQUITY INDEX



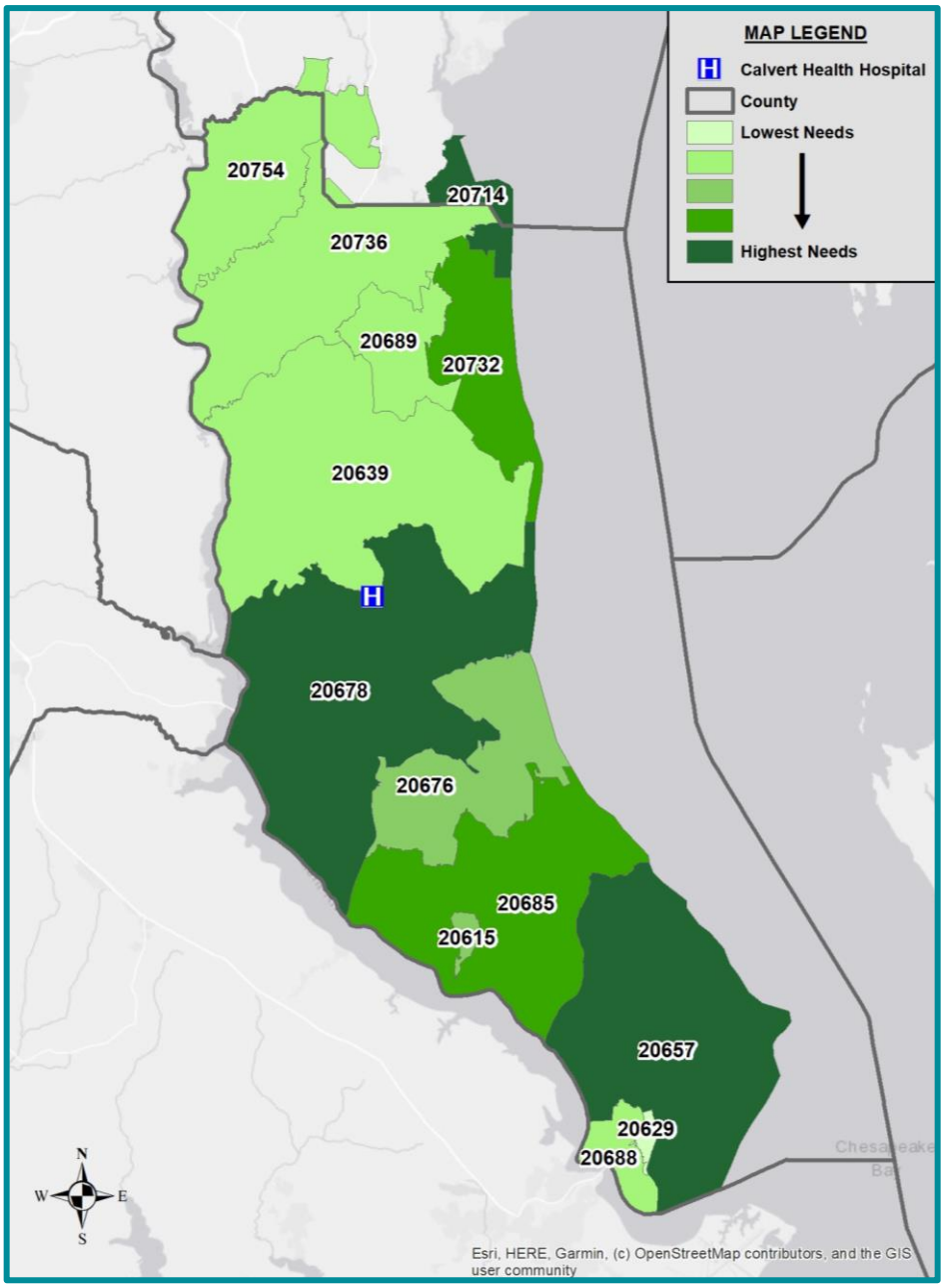
Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need. Table 4 provides the index values for each zip code. The map in Figure 18 illustrates the zip code with the highest level of food insecurity (as indicated by the darkest shades of green) is zip code 20678 with an index value of 27.2.

TABLE 4. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Index Values
20678	27.2
20657	20.3
20714	17.8
20732	11.2
20685	8.7
20676	7.4
20615	5.4
20688	3.6
20639	3.3
20736	3.3
20689	3.0
20754	2.8
20629	1.8

FIGURE 18. CALVERT COUNTY FOOD INSECURITY INDEX



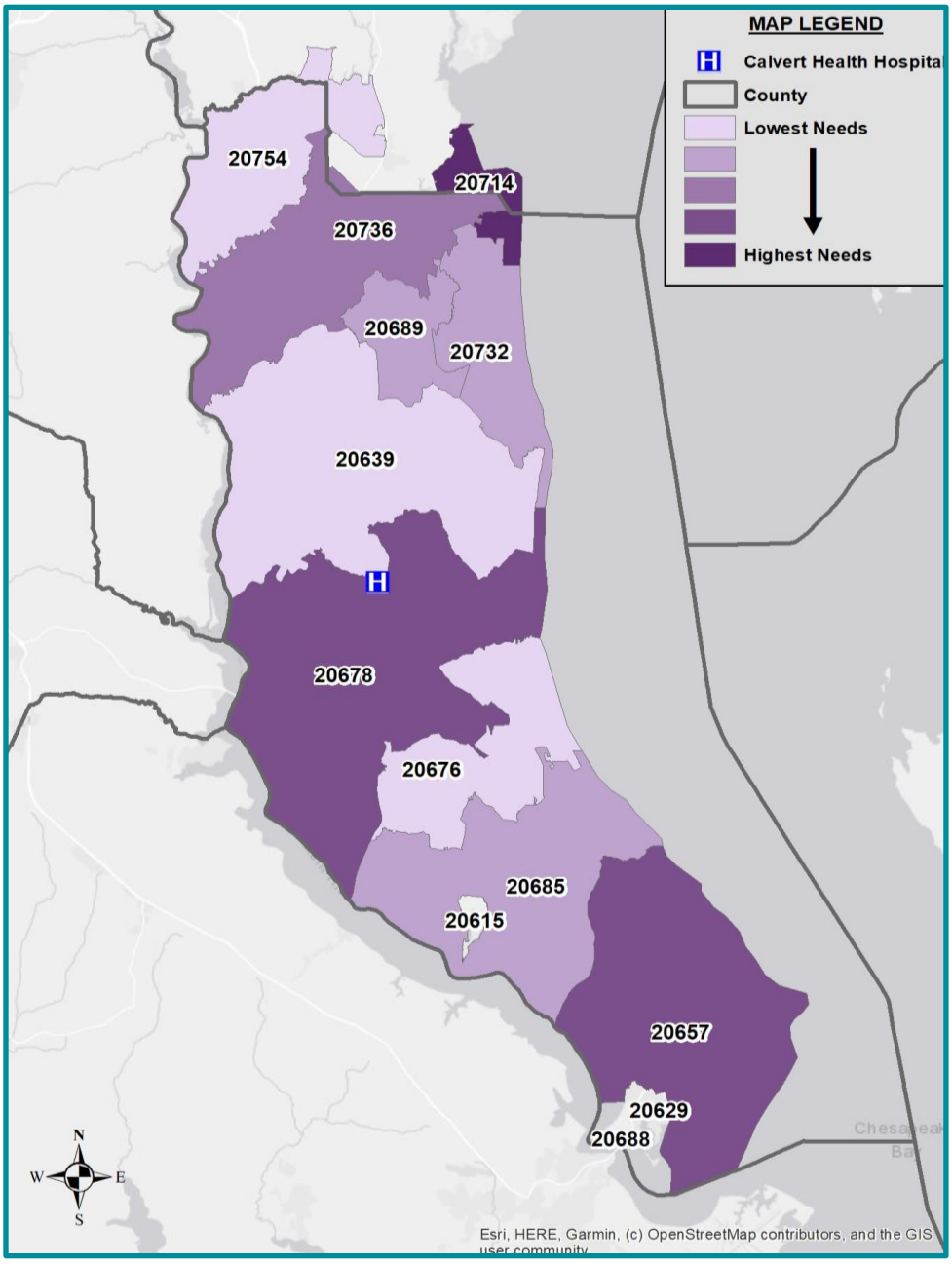
Mental Health Index

Conduent's Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes are ranked based on their index value to identify relative levels of poor mental health outcomes. Table 5 provides the index values for each zip code. The map in Figure 19 illustrates the zip code with the poorest mental health outcome (as indicated by the darkest shades of purple) is zip code 20714 with an index value of 54.5.

TABLE 5. MENTAL HEALTH INDEX VALUES BY ZIP CODE

Zip Code	Index Values
20714	54.5
20678	45.7
20657	40.4
20736	30.4
20689	24.7
20732	21.8
20685	18.5
20676	13.4
20754	12.7
20639	10.1

FIGURE 19. CALVERT COUNTY MENTAL HEALTH INDEX



Future Considerations

While disparities in health outcomes are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities in Calvert County.

Primary and Secondary Data Methodology & Key Findings

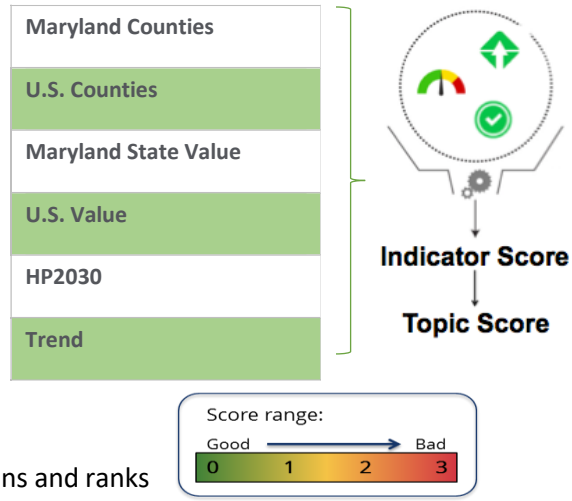
Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then synthesized for a comprehensive overview of the health needs in CalvertHealth's service area.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute (HCI)

Community Dashboard — a web-based community health platform developed by Conduent Community Health Solutions. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 150 community indicators covering over 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

FIGURE 20. SECONDARY DATA SCORING



HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Calvert County value was compared to a distribution of Maryland and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 20. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Calvert County.

TABLE 6. SECONDARY DATA TOPIC SCORING RESULTS

Health and Quality of Life Topics	Score
Diabetes	1.74
Cancer	1.59
Alcohol & Drug Use	1.51
Women's Health	1.50
Adolescent Health	1.46
Mental Health & Mental Disorders	1.44

Table 6 shows the health and quality of life topic scoring results for Calvert County, with Diabetes as the poorest performing topic area with a score of 1.74, followed by Cancer with a score of 1.59. Topics that received a score of 1.40 or higher were considered a significant health need. Five topics scored at or

above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Calvert County community members. Primary data used in this assessment consisted of an online survey, and key informant interviews (KIIs) with community stakeholders. These findings expanded upon information gathered from the secondary data analysis to inform this Calvert County CHNA.

Key Informant Interviews

HCI conducted key informant interviews via phone. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations. Eleven individuals agreed to participate as key informants. Table 7 lists the represented organizations that participated in the interviews:

TABLE 7. KEY INFORMANT ORGANIZATIONS

Key Informant Organizations
Calvert County Government
Calvert County Government Office of Aging
Calvert County Health Department
Calvert County Library
Calvert County Parks and Recreation
Calvert County Sheriff's Department
CalvertHealth
Local Behavioral Health Authority
NAACP
St. John Vianney Catholic Church

The eleven key informant interviews took place between May 8, 2023, and June 15, 2023, via phone. The questions focused on the interviewee's background and organization, biggest perceived health needs and barriers of concern in the community, and the impact of health issues on the populations they serve and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. A list of the questions asked in the key informant interviews can be found in Appendix B.

Key Informant Analysis Results

Notes captured from the key informant interviews were uploaded to the web-based qualitative data analysis tool, Dedoose[10].The transcripts were coded according to common themes in health and social determinants of health. The following are the themes that emerged from the analysis of the transcripts.

Top Health Concerns/Issues	Barriers to Care	Most Negatively Impacted Populations
•Cancer •Diabetes •Healthcare Access and Quality •Mental Health & Mental Disorders •Nutrition & Healthy Eating •Physical Activity (Weight Status, Knowledge and Navigation, Health Behaviors) •Substance Misuse (Alcohol, and Drug Use, Tobacco Use)	•Built Environment/Infrastructure •Food Security/Access/Awareness •Housing •Transportation	•Black/African Americans •Children/adolescents •People experiencing homelessness •People with low Incomes •Older Adults

Community Survey

CalvertHealth gathered community input from an online survey to inform its Community Health Needs Assessment. The survey was conducted across Calvert County. Responses were collected from May 2023 to June 2023. English and Spanish version of the survey were made available. A paper survey was also developed and distributed. The survey consisted of 47 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix B.

Marketing and outreach efforts included distribution of flyers throughout the county and to community partners, social media, and coordinating with Calvert County Health Department to provide copies at local community events. A total of 814 responses were collected, which meets the threshold to be statistically significant for Calvert County.

[10] Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

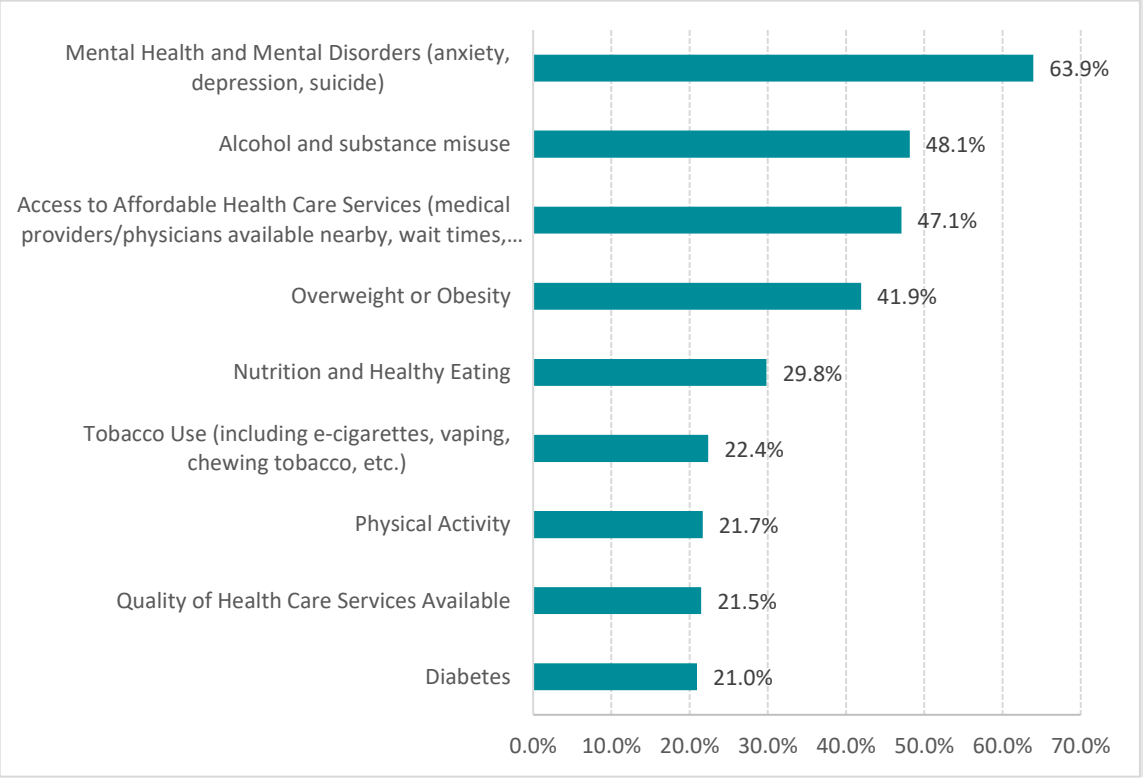
Demographic Profile of Survey Respondents

Survey respondents were more likely to be educated, identify as female, identify as White, identify as Non-Hispanic/Latino, and between 35-64 years old when compared to the actual population estimates reflected in the demographic data for Calvert County. See Appendix C for additional details on the demographic profile of survey respondents.

Community Survey Analysis Results

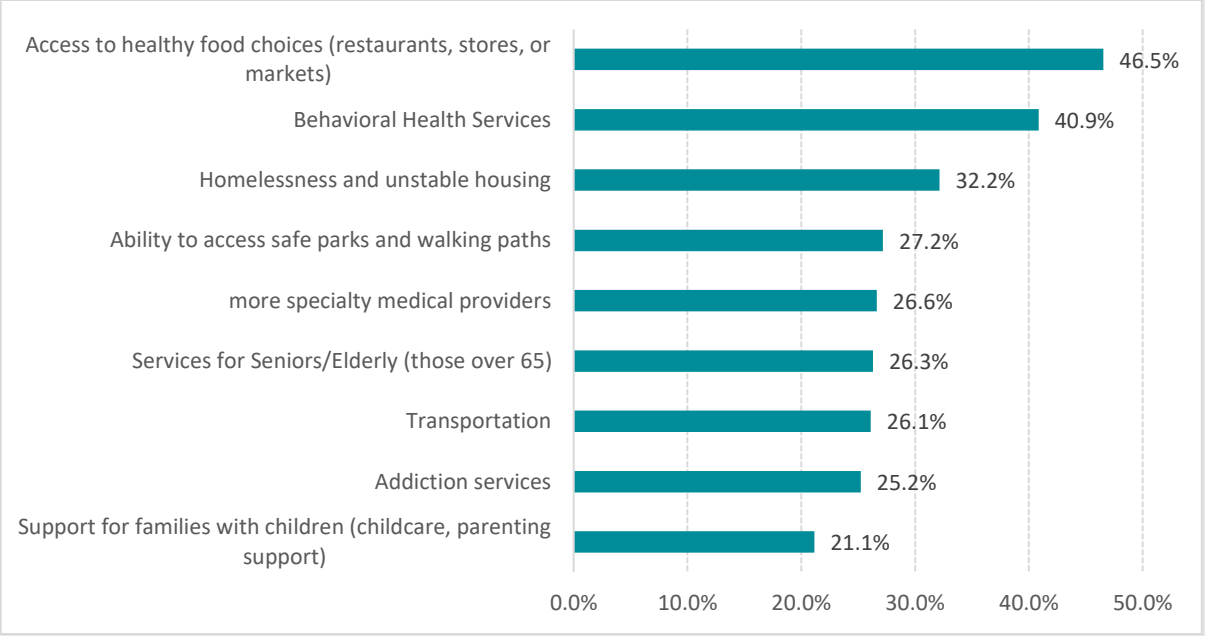
Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 21 and 22 below.

FIGURE 21. MOST IMPORTANT COMMUNITY HEALTH ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 21, the most important community health issues identified by survey respondents were Mental Health and Mental Disorders (63.9% of respondents), Alcohol and Substance Misuse (48.1%), Access to Affordable Health Care Services (47.1%), Overweight or Obesity (41.9%), Nutrition and Healthy Eating (29.8%), Tobacco Use (22.4%), Physical Activity (21.7%), Quality of Healthcare Services Available (21.5%) and Diabetes (21.0%). A health topic was considered to be a significant need if at least 20% of survey respondents identified it as a top health issue.

FIGURE 22. MOST LIKE TO SEE ADDRESSED IN THE COMMUNITY AMONG SURVEY RESPONDENTS



As shown in Figure 22, Access to healthy food choices and Behavioral Health Services were identified by survey respondents as the most pressing quality of life issues that need to be addressed in the community (46.5% and 40.9% of respondents respectively), followed by Homelessness and unstable housing (32.2%), Ability to access safe parks and walking paths (27.2%), and a few other issues. Similar to the health topics, a quality-of-life topic was considered to be a significant need if at least 20% of survey respondents identified it as a pressing issue.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available. The Index of Disparity[2], used to analyze the secondary data, is also limited by data availability. In some instances, there are no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups.

For the primary data, the breadth of findings is dependent upon who was selected to be a key informant. Additionally, the community survey was a convenient sample, which means results may be vulnerable to selection bias and make the findings less generalizable. However, findings did show that the community survey participant sample was representative of the overall demographics of Calvert County.

For all data, efforts were made to include a wide range of secondary data indicators and community member expertise areas.

Identification of Significant Health Needs

Findings from both primary and secondary data sources were analyzed and combined to identify the significant health needs for the community served by CalvertHealth.

Criteria for Significant Health Needs

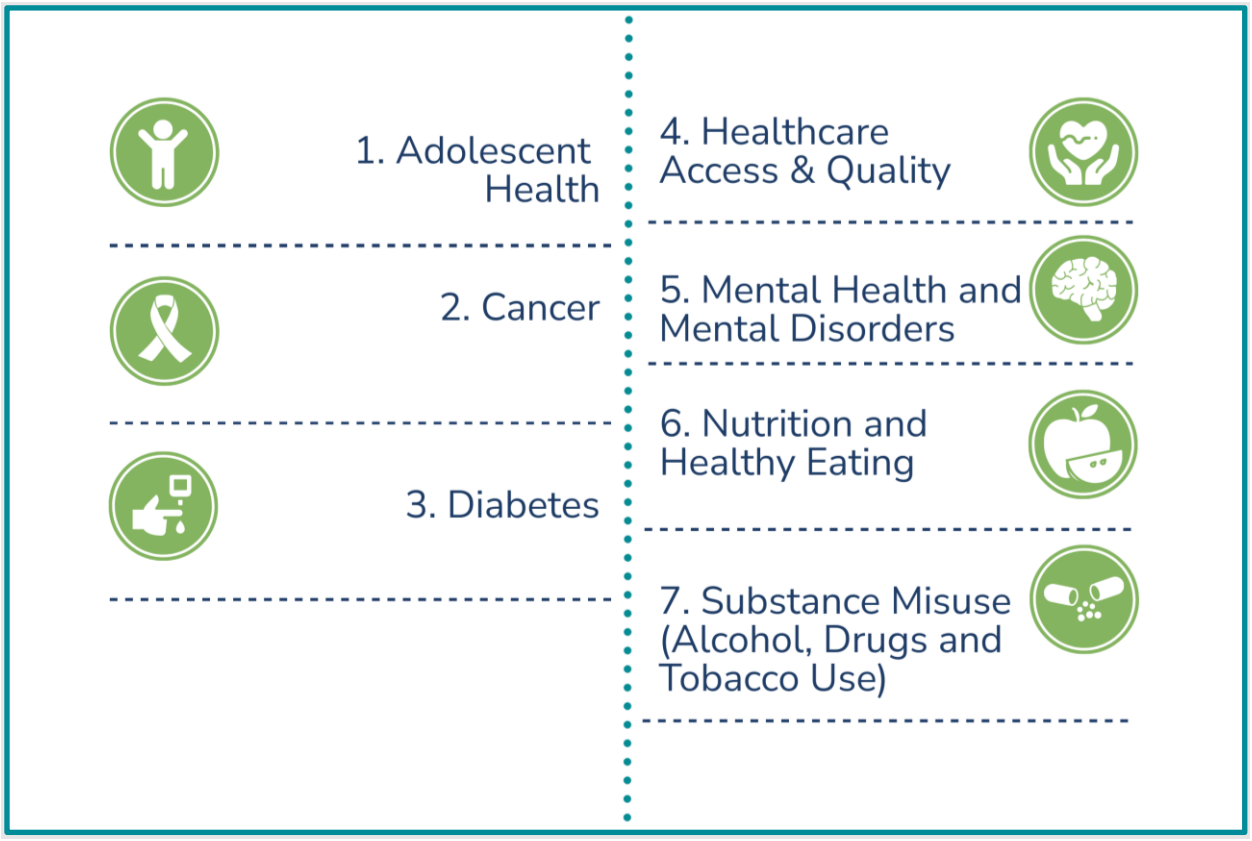
Health needs were determined to be significant if they met certain criteria in at least one of the three data sources: a secondary data score of 1.40 or higher, frequency by which the topic was discussed within/across interviews, and identification as a priority issue by 20% or more of survey respondents. Figure 23 summarizes these criteria.

FIGURE 23. CRITERIA USED TO DETERMINE SIGNIFICANT HEALTH NEEDS

Significant Health Needs

Based on the criteria shown in Figure 23, seven needs emerged as significant. Figure 24 illustrates the final 7 significant health needs, listed in alphabetical order, which were included for prioritization based on the findings of all forms of data collected for the CalvertHealth 2023-2025 CHNA.

FIGURE 24. SIGNIFICANT HEALTH NEEDS



Data Synthesis

To gain a comprehensive understanding of the significant health needs, the findings from all three data sources were analyzed for areas of overlap.

Overlapping Evidence of Need

Table 8 outlines the 7 significant health needs (in alphabetical order) alongside the corresponding data sets that identified the need as significant. Secondary data identified five needs as significant. Discussions with key informant participants identified seven topic areas of greater need, and the community survey identified five needs as significant.

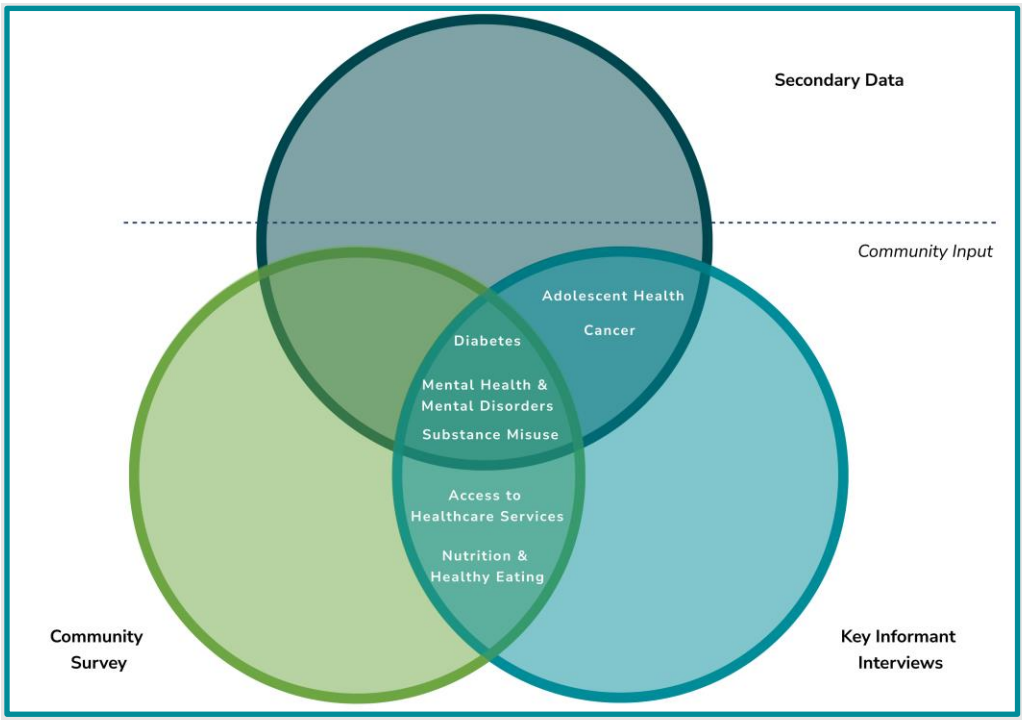
TABLE 8. OVERLAPPING EVIDENCE OF NEED

Health Topics	Data Sources
Adolescent Health	Key Informant Interview, Secondary Data
Cancer	Key Informant Interview, Secondary Data
Diabetes	Community survey, Key Informant Interview, Secondary Data
Health Care Access & Quality	Community Survey, Key Informant Interview
Mental Health and Mental Disorders	Community survey, Key Informant Interview, Secondary Data
Nutrition and Healthy Eating	Community Survey, Key Informant Interview
Substance Misuse (Alcohol, drugs and Tobacco Use)	Community survey, Key Informant Interview, Secondary Data

Significant Needs Identified for CalvertHealth

The Venn Diagram in Figure 25 visually displays the results of the primary and secondary data synthesis. Three topics were considered significant across all 3 data sources – Mental Health & Mental Disorders Substance Misuse, and Diabetes. An additional four topics were considered significant across two data sources. These topics include Cancer, and Adolescent Health which were identified as significant needs through both secondary and key informant informants, and Access to Health Care Services and Nutrition and Healthy Eating which were identified as significant needs through both community survey and key informant interviews. It should be noted, however, that this may be reflective of the strength and limitations of each type of data that was considered in this process.

FIGURE 25. DATA SYNTHESIS RESULTS



Prioritization

To better target activities to address the most pressing health needs in the community, CalvertHealth and community leaders participated in a presentation of data (facilitated by HCI) on significant health needs.

Following the presentation and discussion session, participants were given access to an online link to complete a scoring exercise to rank the significant health needs based on a set of criteria. The process was conducted in a hybrid format, those who were not able to join the meeting in person had the option to attend the meeting online. CalvertHealth brought together a decision-making team to review the scoring results of the significant community needs and determine prioritized health needs based on the same set of criteria used in the scoring exercise.

Participants

Those involved in the process were chosen to represent people with community and clinical knowledge, those who manage services to the underserved, and those who are knowledgeable about the needs assessment process. Prioritization participants included:

- Jeremy Bradford, President, and CEO, CalvertHealth
- Tony Bladen, Chief Operating Officer, CalvertHealth
- Melissa Hall, Chief Nursing Officer, CalvertHealth
- Kara Harrer, Assistant VP of Ancillary Services, CalvertHealth
- Mary Golway, Director Education & Training and Community Wellness, CalvertHealth
- Erin Farley, Community Wellness Manager, CalvertHealth
- Constance Marcum, Community Wellness Coordinator, CalvertHealth
- Dr. Larry Polsky, Health Officer, Calvert County Health Department
- Dr. Michele Folsom-Elder, Supervisor of Community Health, Calvert County Health Department
- Meka Robinson, Supervisor of Health Equity and Minority Health, Calvert County Health Department
- Tammy Halterman, Supervisor of Health Promotions, Calvert County Health Department
- Katie Wandishin, Coordinator, Calvert County Local Behavioral Health Authority
- Ed Sullivan, Division Chief Area Agency on Aging Director, Calvert County Office on Aging
- Julie Mashino, Coordinator, Calvert Family Network
- James Richardson, Division Chief, Calvert County Public Safety
- Jennifer Moreland, Director Community Resources, Calvert County Government

Process

An invitation to participate in the Calvert County data synthesis presentation and prioritization activity was sent out in the weeks preceding the meeting held on Wednesday, August 9, 2023. A total of 18 individuals representing local hospital systems, health department as well as community-based organizations, and nonprofits attended the virtual meeting.

During the August 9 meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the significant health needs shown in Figure 24. A one-page handout called a "Prioritization Cheat Sheet" (see Appendix D) was provided to participants to support the prioritization activity. From there, participants were given time to access an online link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the public health department and hospital. The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the online prioritization activity.

The criteria for prioritization included:

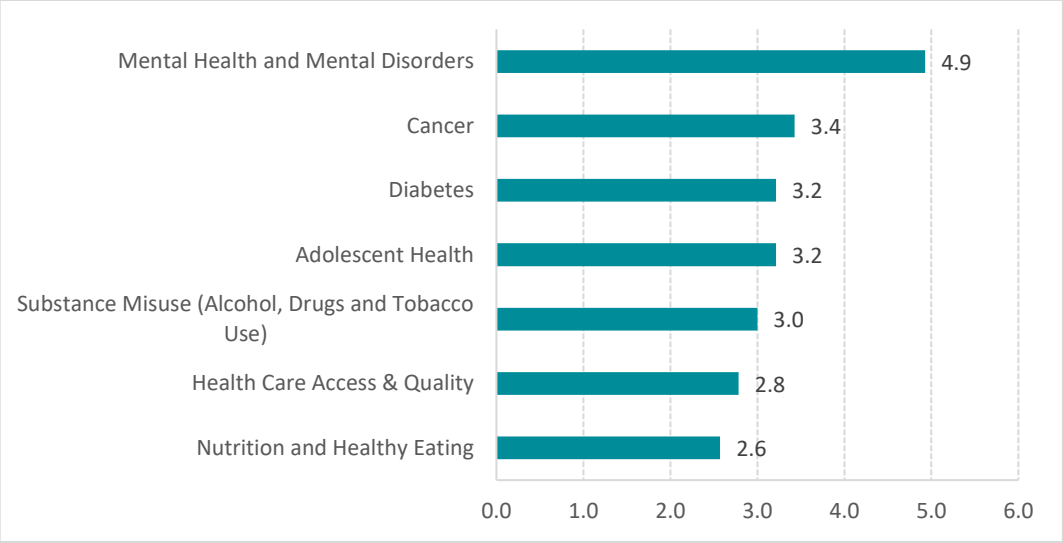
1. **Magnitude of the Issue**
    - How many people in the community are or will be impacted?
    - How does the identified need impact health and quality of life?
    - Has the need changed over time?

2. **Ability to Impact**
    - Can actionable and measurable goals be defined to address health needs? Are those goals achievable in a reasonable period?
    - Does the hospital or health system have the expertise or resources to address the identified health need?
    - Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater need for that topic to be prioritized. For example, participants assigned a score of 1-3 to each topic based on whether the magnitude was (1) least concerning, (2) somewhat concerning or (3) most concerning. Along a similar line, participants assigned a score of 1-3 to each topic based on (1) least ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Figure 26 below.

FIGURE 26. PERCENTAGE OF OVERALL RESULTS OF PRIORITIZATION ACTIVITY



Prioritized Health Needs

Following the prioritization session, CalvertHealth and the Calvert County Health Department brought together a decision-making team that reviewed and discussed the scoring results of the prioritized significant community needs and identified five overall priority areas to be considered for integration into the Implementation Strategy process. These included Cancer, Diabetes, Mental Health and Mental Disorder, Nutrition and Healthy Eating and Substance Misuse. (Figure 27).

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health need for CalvertHealth.

FIGURE 27. CALVERT COUNTY PRIORITIZED HEALTH NEEDS

Prioritized Health Needs

The following section dives deeper into each of the prioritized health needs to understand how findings from primary and secondary data led to the health topic becoming a priority health issue for CalvertHealth. The five health needs are presented in alphabetical order.

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.40 threshold for Calvert County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

The compare to distribution gauge measures how your community is doing compared to other communities in your state, the U.S. or region.	
	This gauge indicates the location is in the best 50% of all the similar location.
	This gauge indicates the community value is in the 50th to 25th percentile of all the similar locations.
	Indicates the community value is in the worst percentile of all the similar location.
The square represents a comparison to a trend over time. The trend looks at how the indicator is doing over multiple time periods.	
	This square shows that the indicator is trending up, with significant change over time, and this is not the ideal direction.
	The indicator is trending down with non-significant change over time , and this is not the ideal direction.
	The indicator is trending down, with significant change over time, and this is the ideal direction.
	The indicator is trending down with non-significant change over time , and this is the ideal direction.
	The indicator is trending up, with significant change over time, and this is the ideal direction.
	The indicator is trending up with non-significant change over time , and this is the ideal direction.

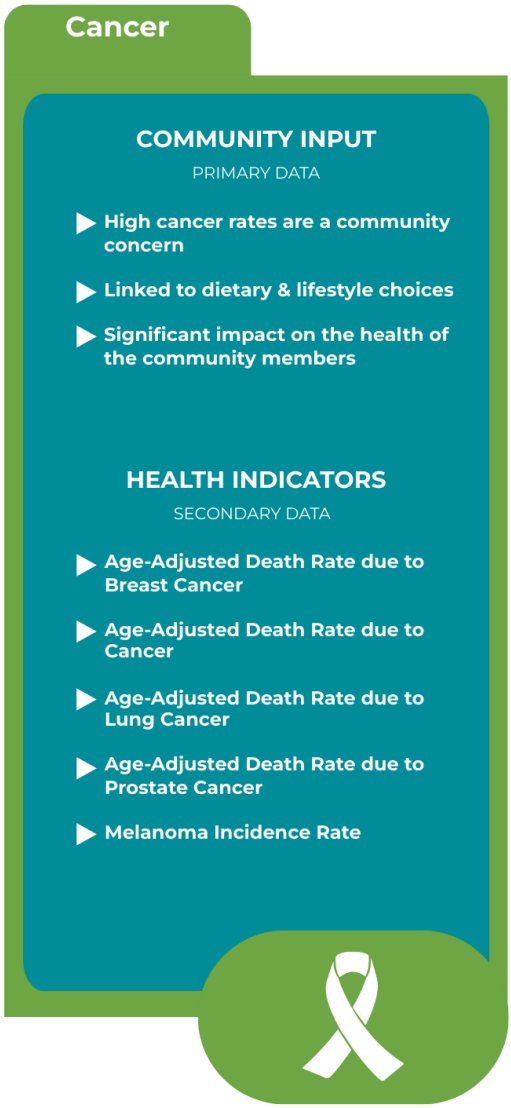
Prioritized Health Topic #1: Cancer

Cancer is the second leading cause of death in the United States.[11] The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States.[12] Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.[13]

Primary Data

Approximately 19.4% of survey respondents selected Cancer as a prevalent issue in the community. Key informant interviews mentioned secondhand smoke-- one of the risk factors in lung cancer-- which they believed is contributing to the higher death rates due to cancer reported in the secondary data. Additionally, key informants mentioned high levels of tobacco use and unhealthy lifestyle choices in the county could contribute to the higher cancer rates.

> It's just striking how many people, who get lung cancer get it through secondhand smoke. Never smoked themselves in their lives, but just happened to pass by or be in the room with smokers putting their own health at risk. That's the number one thing that I see, especially when I see people driving around smoking with other people in the car with them, where they're putting at risk.
> - Key Informant



Secondary Data

From the secondary data scoring results, Cancer ranked 2nd in the data scoring of all topic areas with a score of 1.59. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of

[11] Centers for Disease Control and Prevention. (2019). Leading Cancer Cases and Deaths. Retrieved from https://www.cdc.gov/cancer/dataviz

[12] National Cancer Institute. (2019) Annual Report to the Nation on the Status of Cancer, Featuring Cancer in Men and Women age 20-49 Years. Journal of the National Cancer Institute, 111(12), 1279-1297. https://doi.org/10.1093/jnci/djz106

[13] National Cancer Institute. (2019). Cancer Disparities. Retrieved from https://www.cancer.gov/about-cancer/understanding/disparities

1.40) were categorized as indicators of concern and are listed in Table 10 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 10. DATA SCORING RESULTS

SCORE	CANCER	Units	Calvert County	HP2030	MD	U.S.	MD Counties	U.S. Counties	Trend
2.58	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.6	15.3	21	19.6			
2.42	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	166.2	122.7	148.9	149.4			
2.42	Melanoma Incidence Rate	cases/ 100,000 population	34.6	--	25.1	22.9			
2.11	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	38.6	25.1	33.5	35			
1.84	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21.4	16.9	20.1	18.8		--	
1.79	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.2	8.9	13.2	13.1			
1.79	Cancer: Medicare Population	percent	12	--	12	11			
1.66	Colorectal Cancer Incidence Rate	cases/ 100,000 population	38.2	--	36	37.7			
1.63	Prostate Cancer Incidence Rate	cases/ 100,000 males	119.7	--	132.7	109.9			
1.58	Adults with Cancer	percent	7.3%	--	--	6.5			--
1.58	Mammogram in Past 2 Years: 50-74	percent	72%	80.5	--	78.2			--
1.53	Mammography Screening: Medicare Population	percent	44%	--	45	45			

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Age-Adjusted Death Rate due to Breast Cancer is the top area of concern related to Cancer in Calvert County. Age-Adjusted Death Rate due to Breast Cancer shows the age-adjusted death rate at 25.6 deaths per 100,000 females due to breast cancer and falls in the worst 25% of counties in Maryland and in the U.S. Further, this indicator also shows an increase over time, which is statistically not significant but much higher than the HP2030 target at 15.3 deaths per 100,000 females.

Age-Adjusted Death Rate due to Cancer, Age-Adjusted Death Rate due to Lung Cancer, and Age-Adjusted Death Rate due to Colorectal Cancer show statistically significant decrease in trend of deaths over time, but much higher when compared to the respective HP2030 target. Cancer: (treated among) Medicare Population and Colorectal Cancer Incidence Rate show a decrease in trend of deaths over time which, however, is not significant statistically.

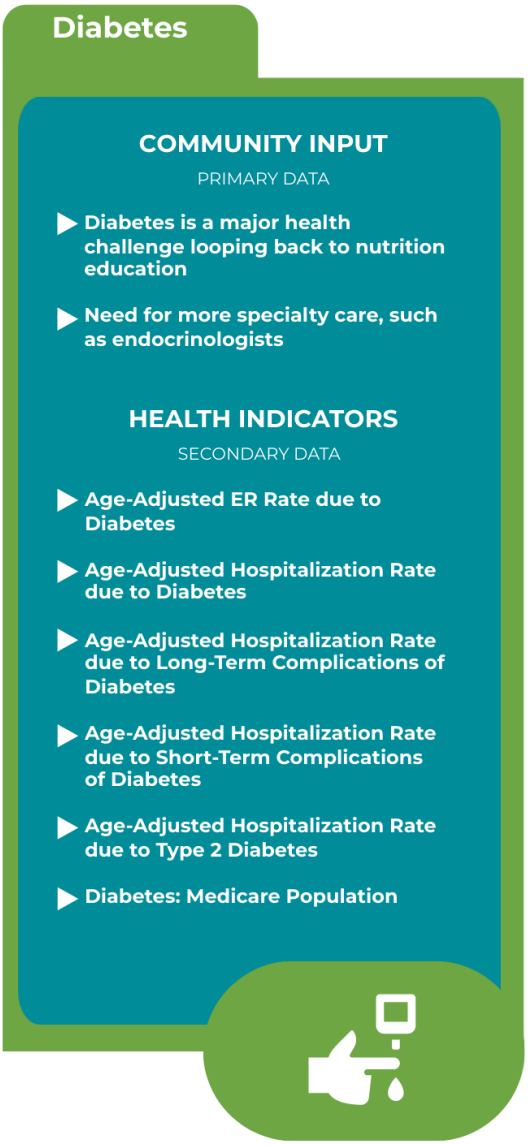
Prioritized Health Topic #2: Diabetes

More than 30 million people in the United States have diabetes, and it is the seventh leading cause of death.[14] Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes do not know they have it. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who do not have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.[15]

Primary Data

Survey respondents selected Diabetes (21%) as one of the important health problems in the community. Qualitative data showed that Black/African populations and people with low socioeconomic status were most affected by this health issue. Additionally, survey respondents chose "chronic disease management services" as a resource needed in the community. Key informants cited barriers regarding spreading awareness around healthy lifestyle and nutrition education as a contributing factor to an increase in Diabetes in the community.

> There are so many people who don't know just the basics of nutrition education and it roots down to children. I speak for the older population, but in schools, they don't teach enough nutrition. And from my observations, and the parents too, you know, it's it kind of trickles down to the children and there's not a lot of resources in the county where you could meet with a dietitian or nutritionist to educate you more on making healthier food choices. And if there are, they're very hard to find. You have to kind of know what you're looking for to find those resources.
> - Key Informant



[14] Centers for Disease Control and Prevention. (2017). National Diabetes Statistics Report, 2017: Estimates of Diabetes and its Burden in the United States. Retrieved from https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

[15] Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes#cit1

Secondary Data

From the secondary data scoring results, Diabetes ranked 1st in the data scoring of all topic areas with a score of 1.74. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.40) were categorized as indicators of concern and are listed in Table 11 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 11. DATA SCORING RESULTS

SCORE	DIABETES	Units	Calvert County	HP2030	MD	U.S.	MD Counties	U.S. Counties	Trend
2.21	Age-Adjusted ER Rate due to Diabetes	ER Visits/ 100,000 population	273.6	--	243.7	--		--	
2.05	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	19.6	--	19.1	--		--	
2.05	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	hospitalizations/ 10,000 population 18+ years	9.1	--	8.9	--		--	
2.05	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	hospitalizations/ 10,000 population 18+ years	7.8	--	7.4	--		--	
1.89	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	12.7	--	13.9	--		--	
1.84	Diabetes: Medicare Population	percent	28	--	27	24			
1.79	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	hospitalizations/ 10,000 population 18+ years	2.7	--	2.7	--		--	
1.58	Adults with Diabetes	percent	9.8	--	9.2	10.6		--	

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Age-Adjusted ER Rate due to Diabetes is the top area of concern for this health need. This indicator shows the emergency room visit rate due to diabetes, at 273.6 per 100,000 population, excluding cases of gestational diabetes. Calvert County has a value that falls in the best 50% of counties in Maryland; however, it also shows a worsening trend over time in the ER rate due to diabetes that is statistically significant. Age-Adjusted Hospitalization Rate due to Diabetes, Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes, Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes, and Age-Adjusted Hospitalization Rate due to Type 2 Diabetes show values for Calvert County that fall in the worse 50% counties in Maryland. These indicators also show an increased trend over time in the hospitalization rate, due to the above causes, which is statistically significant.

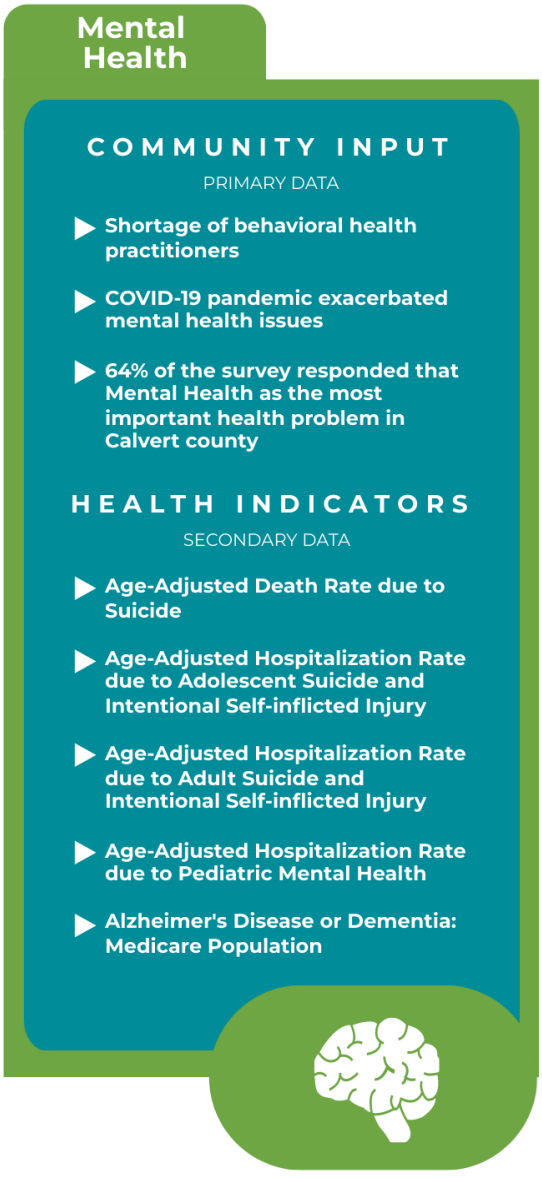
Prioritized Health Topic #3: Mental Health & Mental Disorders

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime.[16] Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. Estimates suggest that only half of all people with mental disorders get the treatment they need.[17]

Primary Data

Mental Health and Mental Disorders was selected by 64% of survey respondents as a health issue in the community. All key informants spoke of mental health issues in the community, the need for more services including behavioral health practitioners, and specifically expressed concern for school-aged children, people with low income and older adults. Key informants stated that COVID-19 pandemic exacerbated mental health problems in the community.

"More Mental Health and Behavioral Health Services" was noted as the most needed resource for the community (as selected by 41% of survey respondents). Additionally, 32% of survey respondents responded that during the past 30 days their mental health was not good between 1-5 days. Key informants and survey respondents expressed concern about the long waits to access mental health services.



> With kids right now, there is not a provider accepting new children for therapy in Calvert County because there are not enough therapists to serve them. Everybody's full and has wait lists. That's concerning, because with kids, if you leave something to linger, it can actually get big enough to become a problem, as opposed to nipping it when someone's young and getting them right into short term treatment, they can sort of help them to meet their needs.
> - Key Informant

[16] Centers for Disease Control and Prevention. (2018). Mental Health: Data and Publications. Retrieved from https://www.cdc.gov/mentalhealth/data_publications/index.htm

[17] National Institutes of Mental Health. (2018). Statistics. Retrieved from https://www.nimh.nih.gov/health/statistics/index.shtml

Secondary Data

From the secondary data scoring results, Mental Health and Mental Disorders ranked 6th in the data scoring of all topic areas with a score of 1.44. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.40) were categorized as indicators of concern and are listed in Table 12 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 12. DATA SCORING RESULTS

SCORE	MENTAL HEALTH AND MENTAL DISORDERS	Units	Calvert County	HP2030	MD	U.S.	MD Counties	U.S. Counties	Trend
2.50	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	16.5	12.8	9.2	12.7	--	--	
2.11	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	hospitalizations/ 10,000 population aged 10-17	23.7	--	16.2	--		--	
2.05	Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury	hospitalizations/ 10,000 population 18+ years	43.8	--	43.2	--		--	
1.68	Alzheimer's Disease or Dementia: Medicare Population	percent	7	--	7	6			
1.58	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	hospitalizations/ 10,000 population under 18 years	13.3	--	9.6	--		--	

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The indicator under the Mental Health and Mental Disorders topic with the greatest room for improvement is Age-Adjusted Death Rate due to Suicide. This indicator shows 16.5 deaths per 100,000 population due to suicide in Calvert County which is higher than the HP2030 target at 12.8 deaths per 100,000 population. Further the indicator depicts an increased trend in death rates over time which however is statistically not significant. The next indicators of interest are Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury, Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury, and Alzheimer's Disease or Dementia: Medicare Population. These indicators too show an increased trend in death rates over time in Calvert County.

Prioritized Health Topic #4: Nutrition and Healthy Eating

Many people in the United States do not eat a healthy diet. Some people do not have the information they need to choose healthy foods. Other people do not have access to healthy foods or cannot afford to buy enough food.[18]

Primary Data

The survey results show Overweight/Obesity (42%) and Nutrition and Health Eating (30%) as one of the top health challenges survey respondents personally experience. Key informants noted lack of healthy lifestyle opportunities, lack of healthy affordable food, and poor health literacy as contributors to the higher obesity rates in their community. Black/African Americans, people at the lower end of the socioeconomic scale, people experiencing homelessness and those who depend on the food pantry are the populations that are most affected in the community.

> "I think a major push is to help people at the food pantry. There are four food pantries in the county. So not just providing the food, but providing nutritious food, but providing nutritious health information."
> - Key Informant

Secondary Data

From the secondary data scoring results, Weight Status and Physical Activity ranked 8th and 13th in the data scoring of all topic areas with a score of 1.35 and 1.22 respectively. Further analysis was done to identify specific indicators of concern under the prioritized health topic Nutrition and Healthy Eating. Those indicators with high data scores are listed in Table 13 below. See Appendix A for the full list of indicators categorized within this topic.

[18] Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating#cit1

TABLE 13. DATA SCORING RESULTS

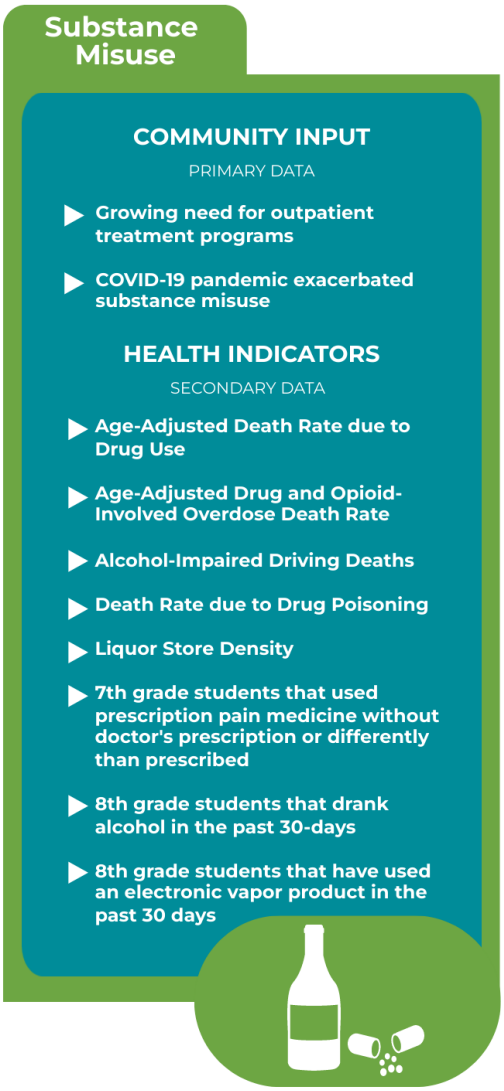
SCORE	NUTRITION AND HEALTHY EATING	Units	Calvert County	HP2030	MD	U.S.	MD Counties	U.S. Counties	Trend
1.89	Adults with a Healthy Weight	percent	32.9	--	35.1	35.2		--	
1.50	Access to Exercise Opportunities	percent	81.8	--	92.1	84			--
1.29	Adults Engaging in Regular Physical Activity	percent	49.9	29.7	51.8	23.2		--	
1.29	Adults Who Are Obese	percent	31.2	--	33.8	31.9		--	
1.26	Adults who are Overweight or Obese	percent	31.2	--	33.8	67.1		--	

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

A lack of access to healthy foods is often a significant barrier to healthy eating habits. Along with access to healthy food, regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Adults with a Healthy Weight is the top area of concern related to Nutrition and Healthy Eating. The percentage of adults with a healthy weight is an indicator of the overall health and lifestyle of a community. This indicator shows the percentage of adults with a BMI of less than 25 kg/m2. Calvert County falls in the worst 50% counties in Maryland. Furthermore, indicators like Access to Exercise Opportunities, Adults Engaging in Regular Physical Activity, Adults Who Are Obese, and Adults who are Overweight or Obese have values for Calvert County that make it fall in the worst 50% counties in Maryland.

Prioritized Health Topic #5: Substance Misuse

Substance use disorders can involve illicit drugs, prescription drugs or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.



Primary Data

Substance Misuse was another top health need identified by key informants and community survey participants in this CHNA process. 48.1% of survey respondents selected alcohol and substance misuse as the most important health problems in the community. Additionally, 25.2% of survey respondents expressed that there is need for more addiction services in Calvert County. The key informant interview raised the growing need for more outpatient treatment programs in their community. Key informants and survey respondents expressed concern about the long waits to access alcohol/substance use treatment services.

> "I would say that is also sort of an epidemic-sized problem as far as overdoses and death we experience here in the county as well."
> - Key Informant

Secondary Data

From the secondary data scoring results, Alcohol & Drug Use which ranked 3rd in the data scoring of all topic areas with a score of 1.51 is used to form the prioritized topic Substance Misuse. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.40) were categorized as indicators of concern and are listed in Table 14 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 14. DATA SCORING RESULTS

SCORE	SUBSTANCE MISUSE	Units	Calvert County	HP2030	MD	U.S.	MD Counties	U.S. Counties	Trend
2.61	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	36.9	--	30.9	20.3	--	--	

2.42	Liquor Store Density	stores/ 100,000 population	22.6	--	20	10.5			
2.13	8th grade students that drank alcohol in the past 30-days	percent	12.7	--	8.9	--	--	--	--
1.97	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	41.7	--	39.9	23.5			--
1.95	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	29.6	--	28.3	27			
1.95	Death Rate due to Drug Poisoning	deaths/ 100,000 population	38.5	--	41.1	23			

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Drug abuse and its related problems are among society's most pervasive health and social concerns. Causes of drug-induced deaths include dependent and non-dependent use of drugs (both legal and illegal use) and poisoning from medically prescribed drugs. Age-Adjusted Death Rate due to Drug Use is the top area of concern related to Substance Misuse. This indicator shows the age-adjusted death rate per 100,000 population due to drug use. Calvert County shows a worsening trend over time in the death rate due to drug use that is statistically significant. Liquor Store Density shows the number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits. Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics such as poverty and age of residents. Moreover, Calvert County falls in worst 50% of counties in Maryland and worst 25% of all counties in the U.S.

Further, 8th grade students that drank alcohol in the past 30-days, Age-Adjusted Drug and Opioid-Involved Overdose Death Rate, Alcohol-Impaired Driving Deaths, and Death Rate due to Drug Poisoning other indicators of concern related to Substance Misuse.

Non-Prioritized Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. CalvertHealth did not elect to explicitly prioritize these topics. However, they are related to the selected priority areas and will be interwoven in the forthcoming Implementation Strategy and in future work addressing health needs through strategic partnerships with community partners.

Key themes from community input are included for each non-prioritized health need along with the secondary data warning indicators, which reveal where Calvert County performs worse than the state of Maryland.

Non-Prioritized Health Need #1: Adolescent Health

> I think kids have had a really tough time the past couple of years and because we don't have enough workforce to meet their behavioral health needs, I think that puts them in a particularly vulnerable position right now and they are kids, so they're always vulnerable.
> - Key Informant

Non-Prioritized Health Need #2: Health Care Access and Quality

> There's a knowledge gap in knowing about resources and how to access the system to get those resources is difficult. Many of the people who have challenges are not reading the newspapers, and they're not online looking for things that can help their needs that they have. So I think there has to be outreach to those individuals to proactively try and inform people of available services. There's a lot of frustration involved because it takes time and effort to access resources and many people either don't have the patience or don't have the sophistication that they need to know how to get into the system, navigate a system, and to get where they need to be. So it's difficult for them from many aspects.
>
> - Key Informant

Healthcare Access & Quality

COMMUNITY INPUT

PRIMARY DATA

- **Top concern in qualitative data**
- **47% of survey respondents believe that Healthcare Access is an important health problem in Calvert County**
- **Lack of access to specialty care like gastroenterologists, physical therapists, urologists, and endocrinologists (have togo out of the county to access care)**
- **Need for behavioral health services**
- **Difficulty navigating the health system due to a lack of health literacy**
- **Financial barriers**
- **Populations most affected: Older adults, people without a private vehicle, homebound individuals**

Other Findings

Critical components in assessing the needs of a community are identifying barriers to and disparities in health care. Additionally, the identification of barriers and disparities will help inform and focus strategies for addressing the prioritized health needs for CalvertHealth's service area. The following section identifies barriers and disparities as they pertain to Calvert County.

Barriers to Care

Community health barriers for CalvertHealth's service area were identified as part of the primary data collection. Key informants and community survey respondents were asked to identify any barriers to healthcare observed or experienced in the community.

Transportation

The geography of Calvert County, with its long, narrow peninsula and one main thoroughfare running north to south, results in increased transportation issues. The limited number of large roads or highways and the spread of the population throughout the rural county create difficulties for many of those in need of care. Just over 26% of survey respondents selected public transportation as a social determinant of health that they would like to address in the community. Furthermore, key informants reported public transportation as the biggest barrier to accessing services for those needing assistance such as older adults and families with children. They further explained that limited existing public transportation is exacerbated by the size and spread of the county across its long and narrow peninsula.

Cost, Wait Times, Literacy

For the community survey respondents that did not receive the care they needed, 46% noted wait time for services as an issue, while 29% selected lack of proximity with the provider as a barrier to seeking the care they needed. Key informants were concerned that low-income community members do not have access to affordable healthcare providers. Key informants added that even when health insurance is available, health literacy issues make seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations.

The economic secondary data further supports the primary data findings around cost and access. The median household income of Calvert County is $121,051, which is about $25,000 higher than the Maryland state value. However, there is a disparity in median household income for Black/African American residents ($91,790).

Conclusion

This Community Health Needs Assessment (CHNA), conducted for CalvertHealth, used a comprehensive set of secondary and primary data to determine the seven significant health needs in Calvert County. The prioritization process identified five top health needs: Adolescent Health, Cancer, Diabetes, Health Care Access & Quality, Mental Health and Mental Disorders, Nutrition and Healthy Eating, and Substance Misuse (Alcohol, Drugs and Tobacco Use).

The findings in this report will be used to guide the development of CalvertHealth's Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Please send any feedback and comments about this CHNA to:
community.wellness@calverthealthmed.org with "CHNA Comments" in the subject line.
Feedback received will be incorporated into the next CHNA process.

Appendices

Calvert County Community Health Needs Assessment 2023

Appendix A. Secondary Data Methodology and Data Scoring Tables

Secondary Data Sources

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods. The following is a list of secondary sources used in Calvert County's Community Health Assessment:

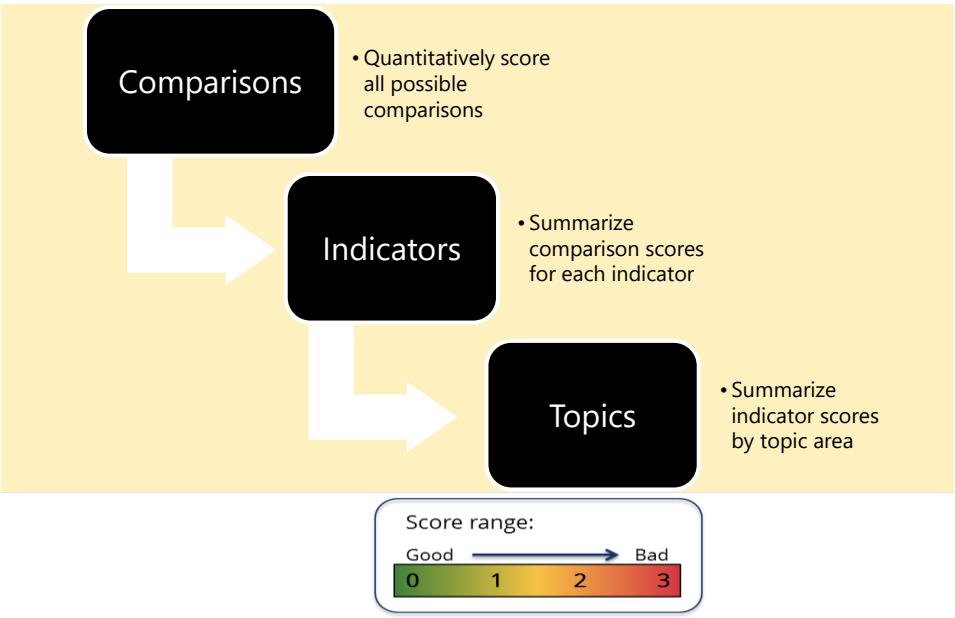
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC - PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	County Health Rankings
9	Feeding America
10	Healthy Communities Institute
11	Maryland Behavioral Risk Factor Surveillance System
12	Maryland Department of Health
13	Maryland Department of the Environment
14	Maryland Governor's Office for Children
15	Maryland Governor's Office of Crime Control & Prevention
16	Maryland State Board of Elections
17	Maryland State Department of Education
18	Maryland Youth Risk Behavior Survey
19	Maryland Youth Tobacco Survey
20	National Cancer Institute
21	National Center for Education Statistics
22	National Environmental Public Health Tracking Network
23	The Dartmouth Atlas of Health Care
24	The Maryland Health Services Cost Review Commission
25	U.S. Bureau of Labor Statistics

26	U.S. Census - County Business Patterns
27	U.S. Census Bureau - Small Area Health Insurance Estimates
28	U.S. Environmental Protection Agency
29	United For ALICE

Data Scoring

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Calvert County value was compared to a distribution of Maryland and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown below. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic area.

DATA SCORING IS DONE IN THREE STAGES:



Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Calvert County. The indicators used in the secondary data analysis for Calvert County can also be accessed on the Healthy Calvert Community Data Platform.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Healthy Calvert Community Data Platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all comparison scores included. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for the Geauga County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the Disparity and Health Equity section of this report.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds ® Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Results for the Calvert County Health Equity Index can be found in the Disparities and Health Equity section of this report.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which

is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Results for the Calvert County Food Insecurity Index can be found in the Disparities and Health Equity section of this report.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Results for the Calvert County Mental Health Index can be found in the Disparities and Health Equity section of this report.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population and do not represent the health or socioeconomic need much greater for some subpopulations. Moreover, many of the secondary data indicators included in the

findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or Ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

DATA SCORING RESULTS

The following tables list each indicator by topic area for Calvert County as of June 2023. Source keys are listed under Secondary Data Sources section of this report.

Calvert County Secondary Data Scoring Results

SCORE	ADOLESCENT HEALTH	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.26	Adolescents who have had a Routine Checkup: Medicaid Population	*percent*	44.6		54.6		*2017*	12
2.13	8th grade students that drank alcohol in the past 30-days	*percent*	12.7		8.9		*2021*	18
2.11	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	*hospitalizations/ 10,000 population aged 10-17*	23.7		16.2		*2019-2021*	24
1.87	8th grade students that have used an electronic vapor product in the past 30 days	*percent*	7.2		3.3		*2021*	18
1.82	7th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	11.3		12.3		*2021*	18
1.74	11th grade students that have tried marijuana in their lifetime	*percent*	38		34.5		*2018*	18

1.74	12th grade students that have used an electronic vapor product in the past 30 days	*percent*	21.8		19.4		*2021*	18
1.74	12th grade students that used an electronic vapor product to smoke marijuana products	*percent*	24.7		21.6		*2021*	18
1.74	6th grade students that have tried marijuana in their lifetime	*percent*	2.9		2.6		*2018*	18
1.74	7th grade students that drank alcohol in the past 30-days	*percent*	8.8		6.3		*2021*	18
1.74	9th grade students that have used an electronic vapor product in the past 30 days	*percent*	11.1		9.6		*2021*	18
1.71	6th grade students that have used an electronic vapor product	*percent*	11.9		11.4		*2021*	18
1.71	6th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*Percent (%)*	10.3		9.9		*2021*	18
1.71	7th grade students that have used an electronic vapor product	*percent*	15.1		14.6		*2021*	18
1.61	12th grade students that binge drank alcohol in the past 30 days	*percent*	24.4		16.1		*2021*	18
1.61	7th grade students that have used an electronic	*percent*	3.3		2.4		*2021*	18

	vapor product in the past 30 days							
1.58	10th grade students that have used an electronic vapor product	*percent*	31.1		30.5		*2021*	18
1.58	10th grade students that have used an electronic vapor product in the past 30 days	*percent*	14		13.2		*2021*	18
1.58	10th grade students that used an electronic vapor product to smoke marijuana products	*percent*	12.7		11.7		*2021*	18
1.58	12th grade students that have tried marijuana in their lifetime	*percent*	43.7		43.3		*2018*	18
1.58	12th grade students that have used an electronic vapor product	*percent*	44.4		40.9		*2021*	18
1.58	8th grade students that have tried marijuana in their lifetime	*percent*	11.3		11		*2018*	18
1.58	9th grade students that drank alcohol in the past 30-days	*percent*	10.7		10.6		*2021*	18
1.58	9th grade students that used an electronic vapor product to smoke marijuana products	*percent*	6.8		6.3		*2021*	18
1.55	8th grade students that have used an electronic vapor product	*percent*	19		20.4		*2021*	18
1.45	10th grade students that drank alcohol in the past 30-days	*percent*	17.2		16.2		*2021*	18

1.42	10th grade students that have tried marijuana in their lifetime	*percent*	28.7		29.4		*2018*	18
1.42	11th grade students that have used an electronic vapor product in the past 30 days	*percent*	16.5		17.1		*2021*	18
1.42	9th grade students that have tried marijuana in their lifetime	*percent*	16.8		18.3		*2018*	18
1.42	9th grade students that have used an electronic vapor product	*percent*	22.4		23.9		*2021*	18
1.39	8th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	10.2		12.2		*2021*	18
1.39	9th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	12.2		14.2		*2021*	18
1.34	10th grade students that binge drank alcohol in the past 30 days	*percent*	8.2		7.2		*2021*	18
1.34	12th grade students that drank alcohol in the past 30-days	*percent*	33.6		29		*2021*	18
1.29	11th grade students that binge drank alcohol in the past 30 days	*percent*	12.7		12.7		*2021*	18
1.29	11th grade students that drank alcohol in the past 30-days	*percent*	23.1		23.2		*2021*	18

1.29	11th grade students that have used an electronic vapor product	*percent*	35.6		35.7		*2021*	18
1.29	12th grade students that used marijuana in the past 30 days	*percent*	21.9		22.4		*2021*	18
1.29	6th grade students that drank alcohol in the past 30-days	*percent*	4.7		5.1		*2021*	18
1.29	6th grade students that have used an electronic vapor product in the past 30 days	*percent*	2.4		2.4		*2021*	18
1.26	11th grade students that used an electronic vapor product to smoke marijuana products	*percent*	13.5		17.2		*2021*	18
1.26	7th grade students that have tried marijuana in their lifetime	*percent*	3.3		5.7		*2018*	18
1.26	9th grade students that used marijuana in the past 30 days	*percent*	6.1		8.2		*2021*	18
1.26	Teens who Smoke Cigarettes: High School Students	*percent*	5.8		5		*2018*	19
1.13	10th grade students that used marijuana in the past 30 days	*percent*	9.6		12.7		*2021*	18
1.13	10th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	12.2		14.4		*2021*	18

1.13	11th grade students that used marijuana in the past 30 days	*percent*	14.6		18.2		*2021*	18
1.13	11th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	11.8		14.5		*2021*	18
1.13	9th grade students that binge drank alcohol in the past 30 days	*percent*	3.5		3.9		*2021*	18
0.95	Adolescents who are Obese	*percent*	11.3		12.6		*2016*	12
0.87	12th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	10.8		14.6		*2021*	18
0.84	Adolescents who Use Tobacco	*percent*	16.6		23		*2016*	12
0.50	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	6.6		13	15	*2020*	12

SCORE	ALCOHOL & DRUG USE	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.61	Age-Adjusted Death Rate due to Drug Use	*deaths/ 100,000 population*	36.9		30.9	20.3	*2015-2017*	12
2.42	Liquor Store Density	*stores/ 100,000 population*	22.6		20	10.5	*2020*	26
2.13	8th grade students that drank alcohol in the past 30-days	*percent*	12.7		8.9		*2021*	18

1.97	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	41.7		39.9	23.5	*2018-2020*	6
1.95	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	29.6		28.3	27	*2016-2020*	8
1.95	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	38.5		41.1	23	*2018-2020*	8
1.87	8th grade students that have used an electronic vapor product in the past 30 days	*percent*	7.2		3.3		*2021*	18
1.82	7th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	11.3		12.3		*2021*	18
1.74	11th grade students that have tried marijuana in their lifetime	*percent*	38		34.5		*2018*	18
1.74	12th grade students that have used an electronic vapor product in the past 30 days	*percent*	21.8		19.4		*2021*	18
1.74	12th grade students that used an electronic vapor product to smoke marijuana products	*percent*	24.7		21.6		*2021*	18
1.74	6th grade students that have tried marijuana in their lifetime	*percent*	2.9		2.6		*2018*	18
1.74	7th grade students that drank alcohol in the past 30-days	*percent*	8.8		6.3		*2021*	18

1.74	9th grade students that have used an electronic vapor product in the past 30 days	*percent*	11.1		9.6		*2021*	18
1.74	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	*hospitalizations/ 10,000 population 18+ years*	14.1		17.2		*2019-2021*	24
1.71	6th grade students that have used an electronic vapor product	*percent*	11.9		11.4		*2021*	18
1.71	6th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*Percent (%)*	10.3		9.9		*2021*	18
1.71	7th grade students that have used an electronic vapor product	*percent*	15.1		14.6		*2021*	18
1.61	12th grade students that binge drank alcohol in the past 30 days	*percent*	24.4		16.1		*2021*	18
1.61	7th grade students that have used an electronic vapor product in the past 30 days	*percent*	3.3		2.4		*2021*	18
1.58	10th grade students that have used an electronic vapor product	*percent*	31.1		30.5		*2021*	18
1.58	10th grade students that have used an electronic vapor product in the past 30 days	*percent*	14		13.2		*2021*	18
1.58	10th grade students that used an electronic vapor	*percent*	12.7		11.7		*2021*	18

	product to smoke marijuana products							
1.58	12th grade students that have tried marijuana in their lifetime	*percent*	43.7		43.3		*2018*	18
1.58	12th grade students that have used an electronic vapor product	*percent*	44.4		40.9		*2021*	18
1.58	8th grade students that have tried marijuana in their lifetime	*percent*	11.3		11		*2018*	18
1.58	9th grade students that drank alcohol in the past 30-days	*percent*	10.7		10.6		*2021*	18
1.58	9th grade students that used an electronic vapor product to smoke marijuana products	*percent*	6.8		6.3		*2021*	18
1.55	8th grade students that have used an electronic vapor product	*percent*	19		20.4		*2021*	18
1.45	10th grade students that drank alcohol in the past 30-days	*percent*	17.2		16.2		*2021*	18
1.42	10th grade students that have tried marijuana in their lifetime	*percent*	28.7		29.4		*2018*	18
1.42	11th grade students that have used an electronic vapor product in the past 30 days	*percent*	16.5		17.1		*2021*	18
1.42	9th grade students that have tried marijuana in their lifetime	*percent*	16.8		18.3		*2018*	18

1.42	9th grade students that have used an electronic vapor product	*percent*	22.4		23.9		*2021*	18
1.39	8th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	10.2		12.2		*2021*	18
1.39	9th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	12.2		14.2		*2021*	18
1.34	10th grade students that binge drank alcohol in the past 30 days	*percent*	8.2		7.2		*2021*	18
1.34	12th grade students that drank alcohol in the past 30-days	*percent*	33.6		29		*2021*	18
1.29	11th grade students that binge drank alcohol in the past 30 days	*percent*	12.7		12.7		*2021*	18
1.29	11th grade students that drank alcohol in the past 30-days	*percent*	23.1		23.2		*2021*	18
1.29	11th grade students that have used an electronic vapor product	*percent*	35.6		35.7		*2021*	18
1.29	12th grade students that used marijuana in the past 30 days	*percent*	21.9		22.4		*2021*	18
1.29	6th grade students that drank alcohol in the past 30-days	*percent*	4.7		5.1		*2021*	18

1.29	6th grade students that have used an electronic vapor product in the past 30 days	*percent*	2.4		2.4		*2021*	18
1.26	11th grade students that used an electronic vapor product to smoke marijuana products	*percent*	13.5		17.2		*2021*	18
1.26	7th grade students that have tried marijuana in their lifetime	*percent*	3.3		5.7		*2018*	18
1.26	9th grade students that used marijuana in the past 30 days	*percent*	6.1		8.2		*2021*	18
1.21	Age-Adjusted Hospitalization Rate due to Opioid Use	*hospitalizations/ 10,000 population 18+ years*	2.6		4		*2019-2021*	24
1.13	10th grade students that used marijuana in the past 30 days	*percent*	9.6		12.7		*2021*	18
1.13	10th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	12.2		14.4		*2021*	18
1.13	11th grade students that used marijuana in the past 30 days	*percent*	14.6		18.2		*2021*	18
1.13	11th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	11.8		14.5		*2021*	18

1.13	9th grade students that binge drank alcohol in the past 30 days	*percent*	3.5		3.9		*2021*	18
1.05	Age-Adjusted Hospitalization Rate due to Substance Use	*hospitalizations/ 10,000 population 18+ years*	3.8		5.9		*2019-2021*	24
0.97	Age-Adjusted ER Rate due to Alcohol/Substance Abuse	*ER visits/ 100,000 population*	1281.1		2017		*2017*	12
0.87	12th grade students that used prescription pain medicine without doctor's prescription or differently than prescribed	*percent*	10.8		14.6		*2021*	18
0.71	Adults who Binge Drink	*percent*	12.4		13.2	15.7	*2020*	11

SCORE	CANCER	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.58	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	25.6	15.3	21	19.6	*2016-2020*	20
2.42	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	166.2	122.7	148.9	149.4	*2016-2020*	20
2.42	Melanoma Incidence Rate	*cases/ 100,000 population*	34.6		25.1	22.9	*2015-2019*	20
2.11	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	38.6	25.1	33.5	35	*2016-2020*	20
1.84	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	21.4	16.9	20.1	18.8	*2016-2020*	20
1.79	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14.2	8.9	13.2	13.1	*2016-2020*	20
1.79	Cancer: Medicare Population	*percent*	12		12	11	*2021*	7

1.66	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	38.2		36	37.7	*2015-2019*	20
1.63	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	119.7		132.7	109.9	*2015-2019*	20
1.58	Adults with Cancer	*percent*	7.3			6.5	*2020*	5
1.58	Mammogram in Past 2 Years: 50-74	*percent*	72	80.5		78.2	*2020*	5
1.53	Mammography Screening: Medicare Population	*percent*	44		45	45	*2021*	7
1.42	Colon Cancer Screening: USPSTF Recommendation	*percent*	73.5			72.4	*2020*	5
1.37	Breast Cancer Incidence Rate	*cases/ 100,000 females*	129.4		133.6	128.1	*2015-2019*	20
1.18	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	*percent*	79.9		75.7		*2018*	11
1.18	Pap Test in Past 3 Years	*percent*	75		70.3		*2018*	11
1.16	Mammogram in Past 2 Years: 50+	*percent*	25.3		18.2		*2020*	11
1.11	Cervical Cancer Screening: 21-65	*Percent*	84.7			82.8	*2020*	5
1.05	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	54.3		53.9	56.3	*2015-2019*	20
1.05	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.6		11.2	12	*2015-2019*	20
0.89	All Cancer Incidence Rate	*cases/ 100,000 population*	444.7		454.1	449.4	*2015-2019*	20

SCORE	CHILDREN'S HEALTH	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.74	Children who Visited a Dentist	*Percent*	58.6		63.7		*2017*	12

1.58	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	*hospitalizations/ 10,000 population under 18 years*	13.3		9.6		*2019-2021*	24
1.18	Child Abuse Rate	*cases/ 1,000 children*	4.4		5.7		*2018*	14
1.13	Children with Health Insurance	*percent*	97.7		95.7	94.6	*2021*	1
0.87	Food Insecure Children Likely Ineligible for Assistance	*percent*	21		32	29	*2020*	9
0.79	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*hospitalizations/ 10,000 population under 18 years*	2.6		4.4		*2019-2021*	24
0.79	Child Care Centers	*per 1,000 population under age 5*	8.4		6.2	7	*2022*	8
0.74	Blood Lead Levels in Children	*percent*	0.1		0.2		*2020*	13
0.55	Child Food Insecurity Rate	*percent*	5.4		12.5	16.1	*2020*	9

SCORE	COMMUNITY	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.58	Social Associations	*membership associations/ 10,000 population*	6		8.9	9.1	*2020*	8
2.32	Mean Travel Time to Work	*minutes*	40.7		32.5	26.8	*2017-2021*	2
2.32	Solo Drivers with a Long Commute	*percent*	61.2		49.6	37	*2017-2021*	8
2.05	Workers Commuting by Public Transportation	*percent*	2	5.3	6.4	4.2	*2017-2021*	2

1.95	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	29.6		28.3	27	*2016-2020*	8
1.89	People 65+ Living Alone (Count)	*people*	2911				*2017-2021*	2
1.68	Workers who Drive Alone to Work	*percent*	78.8		69.8	73.2	*2017-2021*	2
1.42	Violent Crime Rate	*crimes/ 100,000 population*	151.2		412.2		*2020*	15
1.18	Child Abuse Rate	*cases/ 1,000 children*	4.4		5.7		*2018*	14
1.11	Domestic Violence Offense Rate	*offenses/ 100,000 population*	448.1		537.1		*2017*	12
1.05	Households with One or More Types of Computing Devices	*percent*	94.5		94.6	93.1	*2017-2021*	2
0.95	People 25+ with a Bachelor's Degree or Higher	*percent*	35.7		41.6	33.7	*2017-2021*	2
0.95	Persons with Health Insurance	*percent*	96.1	92.4	93.3		*2020*	27
0.79	Voter Registration	*percent*	96.1		87.5		*2020*	16
0.74	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	9.2	10.7	11.7	11.2	*2015-2017*	6
0.55	Children Living Below Poverty Level	*percent*	5.2		11.9	17	*2017-2021*	2
0.55	Youth not in School or Working	*percent*	3.6		6	6.9	*2017-2021*	2
0.47	Households with an Internet Subscription	*percent*	91.5		89.9	87.2	*2017-2021*	2
0.47	Persons with an Internet Subscription	*percent*	94.9		92.4	89.9	*2017-2021*	2

0.42	Households without a Vehicle	*percent*	2.9		8.7	8.3	*2017-2021*	2
0.32	Per Capita Income	*dollars*	50496		45915	37638	*2017-2021*	2
0.16	Homeownership	*percent*	78.7		61.3	57.4	*2017-2021*	2
0.16	Median Household Income	*dollars*	120295		91431	69021	*2017-2021*	2
0.16	People Living Below Poverty Level	*percent*	4.3	8	9.2	12.6	*2017-2021*	2
0.16	Single-Parent Households	*percent*	15.6		26.2	25.1	*2017-2021*	2

SCORE	DIABETES	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.21	Age-Adjusted ER Rate due to Diabetes	*ER Visits/ 100,000 population*	273.6		243.7		*2017*	12
2.05	Age-Adjusted Hospitalization Rate due to Diabetes	*hospitalizations/ 10,000 population 18+ years*	19.6		19.1		*2019-2021*	24
2.05	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	*hospitalizations/ 10,000 population 18+ years*	9.1		8.9		*2019-2021*	24
2.05	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	*hospitalizations/ 10,000 population 18+ years*	7.8		7.4		*2019-2021*	24
1.89	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	*hospitalizations/ 10,000 population 18+ years*	12.7		13.9		*2019-2021*	24
1.84	Diabetes: Medicare Population	*percent*	28		27	24	*2021*	7

1.79	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	*hospitalizations/ 10,000 population 18+ years*	2.7		2.7		*2019-2021*	24
1.58	Adults with Diabetes	*percent*	9.8		9.2	10.6	*2020*	11
1.50	Adults with Prediabetes	*percent*	13		13.5		*2020*	11
1.39	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	21.2		21.4	22.6	*2018-2020*	12
0.74	Diabetic Monitoring: Medicare Population	*percent*	91.4		87.4	87.5	*2019*	23

SCORE	ECONOMY	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.63	Households that are Below the Federal Poverty Level	*percent*	33.2		9		*2018*	29
1.47	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	28.5		30		*2018*	29
1.47	Renters Spending 30% or More of Household Income on Rent	*percent*	48.2	25.5	50	49.4	*2017-2021*	2
1.42	Affordable Housing	*percent*	49.5		48.1		*2016*	12
1.37	Size of Labor Force	*persons*	49528				*February 2023*	25
1.18	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	66.8		61		*2018*	29
1.11	People 65+ Living Below Poverty Level (Count)	*people*	371				*2017-2021*	2
0.95	Adults with Disability Living in Poverty (5-year)	*percent*	11.5		21	24.9	*2017-2021*	2
0.89	Overcrowded Households	*percent*	0.7		2.3		*2017-2021*	2

0.89	People Living 300% Above Poverty Level	*percent*	77.9		66.3		*2021*	1
0.87	Food Insecure Children Likely Ineligible for Assistance	*percent*	21		32	29	*2020*	9
0.68	Students Eligible for the Free Lunch Program	*percent*	19.2		38	37.3	*2021-2022*	21
0.58	Households with Cash Public Assistance Income	*percent*	1.8		2.5	2.6	*2017-2021*	2
0.55	Child Food Insecurity Rate	*percent*	5.4		12.5	16.1	*2020*	9
0.55	Children Living Below Poverty Level	*percent*	5.2		11.9	17	*2017-2021*	2
0.55	Food Insecurity Rate	*percent*	7.2		9	11.8	*2020*	9
0.55	Income Inequality		0.4		0.5	0.5	*2017-2021*	2
0.55	Unemployed Workers in Civilian Labor Force	*percent*	2.7		3.1	3.9	*February 2023*	25
0.55	Youth not in School or Working	*percent*	3.6		6	6.9	*2017-2021*	2
0.42	Families Living Below Poverty Level	*percent*	2.8		6.2	8.9	*2017-2021*	2
0.42	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	18.1	25.5	26.1	27.4	*2021*	1
0.42	People Living 200% Above Poverty Level	*percent*	88.9		79.1	70.8	*2017-2021*	2
0.32	Per Capita Income	*dollars*	50496		45915	37638	*2017-2021*	2
0.16	Homeownership	*percent*	78.7		61.3	57.4	*2017-2021*	2
0.16	Median Household Income	*dollars*	120295		91431	69021	*2017-2021*	2
0.16	People 65+ Living Below Poverty Level	*percent*	2.7		8	9.6	*2017-2021*	2
0.16	People Living Below Poverty Level	*percent*	4.3	8	9.2	12.6	*2017-2021*	2
0.16	Severe Housing Problems	*percent*	9.4		15.7	17	*2015-2019*	8

SCORE	EDUCATION	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.16	Student-to-Teacher Ratio	*students/ teacher*	15.6		14.1	15.5	*2021-2022*	21
1.95	School Readiness at Kindergarten Entry	*percent*	37		40		*2021-2022*	17
1.11	High School Graduation	*percent*	94.7	90.7	87.2		*2021*	17
1.03	3rd Grade Students Proficient in Math	*percent*	58.3		42.5		*2019*	4
0.95	People 25+ with a Bachelor's Degree or Higher	*percent*	35.7		41.6	33.7	*2017-2021*	2
0.89	8th Grade Students Proficient in Math	*percent*	22.5		12.5		*2019*	4
0.79	Child Care Centers	*per 1,000 population under age 5*	8.4		6.2	7	*2022*	8
0.63	3rd Grade Students Proficient in Reading	*percent*	56.5		41.2		*2019*	4
0.63	8th Grade Students Proficient in Reading	*percent*	63.8		45.1		*2019*	4

SCORE	ENVIRONMENTAL HEALTH	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.42	Liquor Store Density	*stores/ 100,000 population*	22.6		20	10.5	*2020*	26
1.89	Adults with Asthma	*percent*	15.4		13.5	14.2	*2020*	11
1.63	Number of Extreme Heat Days	*days*	19				*2021*	22
1.63	Number of Extreme Heat Events	*events*	14				*2021*	22
1.53	Age-Adjusted ER Rate due to Asthma	*ER visits/ 10,000 population*	56.6		68.4		*2017*	12

1.50	Access to Exercise Opportunities	*percent*	81.8		92.1	84	*2023*	8
1.42	Adults with Current Asthma	*percent*	9.7			9.2	*2020*	5
1.37	Number of Extreme Precipitation Days	*days*	21				*2021*	22
1.37	PBT Released	*pounds*	0.9				*2017*	28
1.37	Recognized Carcinogens Released into Air	*pounds*	0.9				*2018*	28
1.37	Weeks of Moderate Drought or Worse	*weeks per year*	0				*2021*	22
1.05	Annual Ozone Air Quality	*grade*	B				*2018-2020*	3
1.00	Asthma: Medicare Population	*percent*	6		7	6	*2021*	7
0.89	Overcrowded Households	*percent*	0.7		2.3		*2017-2021*	2
0.84	Food Environment Index		8.8		8.7	7	*2023*	8
0.79	Age-Adjusted Hospitalization Rate due to Asthma	*hospitalizations/ 10,000 population*	1.8		3.3		*2019-2021*	24
0.79	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*hospitalizations/ 10,000 population under 18 years*	2.6		4.4		*2019-2021*	24
0.74	Blood Lead Levels in Children	*percent*	0.1		0.2		*2020*	13
0.63	Age-Adjusted Hospitalization Rate due to Adult Asthma	*hospitalizations/ 10,000 population 18+ years*	1.5		2.9		*2019-2021*	24
0.16	Severe Housing Problems	*percent*	9.4		15.7	17	*2015-2019*	8

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.26	Adolescents who have had a Routine Checkup: Medicaid Population	*percent*	44.6		54.6		*2017*	12

1.87	Primary Care Provider Rate	*providers/ 100,000 population*	48.3		88.2		*2020*	8
1.76	Dentist Rate	*dentists/ 100,000 population*	52.2		79.5		*2021*	8
1.74	Children who Visited a Dentist	*percent*	58.6		63.7		*2017*	12
1.58	Adults who have had a Routine Checkup	*percent*	76.2			74.7	*2020*	5
1.50	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	82		129.1		*2022*	8
1.34	Mental Health Provider Rate	*providers/ 100,000 population*	215.1		317.9		*2022*	8
1.58	Adults who have had a Routine Checkup	*percent*	76.2			74.7	*2020*	5
1.26	Adults Unable to Afford to See a Doctor	*percent*	8.9		9.2	9.8	*2020*	11
1.13	Children with Health Insurance	*percent*	97.7		95.7	94.6	*2021*	1
1.11	Adults with Health Insurance	*percent*	96.2		91.8	87.8	*2021*	1
0.95	Persons with Health Insurance	*percent*	96.1	92.4	93.3		*2020*	27
0.89	Uninsured Emergency Department Visits	*percent*	4.6		8.6		*2017*	12
0.82	Adults who Visited a Dentist	*percent*	73.3		65.3	66.7	*2020*	11
0.79	Adults without Health Insurance	*percent*	9.3			15.3	*2020*	5
0.79	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2409		2515	2686	*2021*	7

SCORE	HEART DISEASE & STROKE	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.05	Age-Adjusted ER Rate due to Hypertension	*ER Visits/ 100,000 population*	359.2		351.2		*2017*	12
1.82	Age-Adjusted Hospitalization Rate due to Heart Failure	*hospitalizations/ 10,000 population 18+ years*	30.8		28.8		*2019-2021*	24
1.79	Hyperlipidemia: Medicare Population	*percent*	67		67	63	*2021*	7
1.79	Hypertension: Medicare Population	*percent*	70		68	65	*2021*	7
1.68	Ischemic Heart Disease: Medicare Population	*percent*	22		20	21	*2021*	7
1.58	High Cholesterol Prevalence: Adults 18+	*percent*	34.9			33.6	*2019*	5
1.53	Heart Failure: Medicare Population	*percent*	11		9	11	*2021*	7
1.47	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	43.3		43.3		*2020*	22
1.42	Adults who Have Taken Medications for High Blood Pressure	*percent*	77.8			76.2	*2019*	5
1.34	Atrial Fibrillation: Medicare Population	*percent*	14		13	14	*2021*	7
1.16	Stroke: Medicare Population	*percent*	6		7	6	*2021*	7
1.11	Adults who Experienced Coronary Heart Disease	*percent*	5.8			6.4	*2020*	5
1.11	Cholesterol Test History	*percent*	89.4			87.6	*2019*	5
1.03	Age-Adjusted Hospitalization Rate due to Heart Attack	*hospitalizations/ 10,000 population 35+ years*	18.7		23.9		*2014*	22
0.97	High Blood Pressure Prevalence	*percent*	30.9	42.6	32.2	32.3	*2019*	11

0.97	High Cholesterol Prevalence	*percent*	28.9		31.3	33.1	*2019*	11
0.89	Age-Adjusted Hospitalization Rate due to Acute Myocardial Infarction	*hospitalizations/ 10,000 population 18+ years*	11.3		14.4		*2019-2021*	24
0.89	Age-Adjusted Hospitalization Rate due to Hypertension	*hospitalizations/ 10,000 population 18+ years*	1.9		4.5		*2019-2021*	24
0.79	Adults who Experienced a Stroke	*percent*	2.8			3.2	*2020*	5
0.79	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	31.1	33.4	42.5	37.6	*2018-2020*	12
0.47	Age-Adjusted Death Rate due to Heart Disease	*deaths/ 100,000 population*	142.6		168.3		*2018-2020*	12

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.58	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	12.5		1.8	1.7	*March 3, 2023*	10
1.95	Adults with Influenza Vaccination	*percent*	38.4		41.7		*2014*	12
1.45	Adults 65+ with Pneumonia Vaccination	*percent*	76.4		76.6	73.3	*2019*	11
1.42	Pneumonia Vaccinations: Medicare Population	*percent*	7		6	19	*2021*	7
1.32	HIV Diagnosis Rate	*cases/ 100,000 population*	6.5		20.4		*2017*	12
1.24	Tuberculosis Incidence Rate	*cases/ 100,000 population*	2.2	1.4	3.5	2.8	*2018*	12
1.11	Adults 65+ with Influenza Vaccination	*percent*	70.4		68.7	64	*2019*	11
1.08	Gonorrhea Incidence Rate	*cases/ 100,000 population*	74.3		170.3	179.1	*2018*	12

1.08	Syphilis Incidence Rate	*cases/ 100,000 population*	3.3		12.2	10.8	*2018*	12
1.05	Persons Fully Vaccinated Against COVID-19	*percent*	73.9				*March 3, 2023*	6
1.03	Age-Adjusted Hospitalization Rate due to Hepatitis	*hospitalizations/ 10,000 population 18+ years*	0.6		1.1		*2019-2021*	24
1.03	Flu Vaccinations: Medicare Population	*percent*	53		53	37	*2021*	7
1.03	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	11.9	11.5	16.5		*2019*	12
0.89	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*hospitalizations/ 10,000 population 18+ years*	2.1		3		*2019-2021*	24
0.89	Overcrowded Households	*percent*	0.7		2.3		*2017-2021*	2
0.63	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	*hospitalizations/ 10,000 population 18+ years*	8.3		9.9		*2019-2021*	24
0.63	Chlamydia Incidence Rate	*cases/ 100,000 population*	294		586.3	539.9	*2018*	12
0.39	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	7.8		16	15.2	*2012-2014*	12
0.16	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	3.6		6.4	11	*March 3, 2023*	10

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.58	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	12.5		1.8	1.7	*March 3, 2023*	10
1.95	Adults with Influenza Vaccination	*percent*	38.4		41.7		*2014*	12
1.45	Adults 65+ with Pneumonia Vaccination	*percent*	76.4		76.6	73.3	*2019*	11

1.42	Pneumonia Vaccinations: Medicare Population	*percent*	7		6	19	*2021*	7
1.32	HIV Diagnosis Rate	*cases/ 100,000 population*	6.5		20.4		*2017*	12
1.24	Tuberculosis Incidence Rate	*cases/ 100,000 population*	2.2	1.4	3.5	2.8	*2018*	12
1.11	Adults 65+ with Influenza Vaccination	*percent*	70.4		68.7	64	*2019*	11
1.08	Gonorrhea Incidence Rate	*cases/ 100,000 population*	74.3		170.3	179.1	*2018*	12
1.08	Syphilis Incidence Rate	*cases/ 100,000 population*	3.3		12.2	10.8	*2018*	12
1.05	Persons Fully Vaccinated Against COVID-19	*percent*	73.9				*March 3, 2023*	6
1.03	Age-Adjusted Hospitalization Rate due to Hepatitis	*hospitalizations/ 10,000 population 18+ years*	0.6		1.1		*2019-2021*	24
1.03	Flu Vaccinations: Medicare Population	*percent*	53		53	37	*2021*	7
1.03	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	11.9	11.5	16.5		*2019*	12
0.89	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*hospitalizations/ 10,000 population 18+ years*	2.1		3		*2019-2021*	24
0.89	Overcrowded Households	*percent*	0.7		2.3		*2017-2021*	2
0.63	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	*hospitalizations/ 10,000 population 18+ years*	8.3		9.9		*2019-2021*	24
0.63	Chlamydia Incidence Rate	*cases/ 100,000 population*	294		586.3	539.9	*2018*	12
0.39	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	7.8		16	15.2	*2012-2014*	12

0.16	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	3.6		6.4	11	*March 3, 2023*	10

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.50	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	16.5	12.8	9.2	12.7	*2012-2014*	12
2.11	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	*hospitalizations/ 10,000 population aged 10-17*	23.7		16.2		*2019-2021*	24
2.05	Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury	*hospitalizations/ 10,000 population 18+ years*	43.8		43.2		*2019-2021*	24
1.68	Alzheimer's Disease or Dementia: Medicare Population	*percent*	7		7	6	*2021*	7
1.58	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	*hospitalizations/ 10,000 population under 18 years*	13.3		9.6		*2019-2021*	24
1.34	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	*hospitalizations/ 100,000 population*	436.9		515.5		*2017*	12
1.34	Mental Health Provider Rate	*providers/ 100,000 population*	215.1		317.9		*2022*	8
1.11	Adults Ever Diagnosed with Depression	*percent*	18.2			18.4	*2020*	5
1.11	Age-Adjusted ER Rate due to Mental Health	*ER Visits/ 100,000 population*	2999.1		4291.5		*2017*	12
1.05	Age-Adjusted Hospitalization Rate due to Adult Mental Health	*hospitalizations/ 10,000 population 18+ years*	41.2		52.6		*2019-2021*	24

1.05	Self-Reported Good Mental Health	*percent*	74.6		70.2		*2019*	11
0.97	Self-Reported General Health Assessment: Good or Better	*percent*	92.2		89.4	86.7	*2020*	11
0.89	Depression: Medicare Population	*percent*	15		16	16	*2021*	7

SCORE	OLDER ADULTS	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.89	People 65+ Living Alone (Count)	*people*	2911				*2017-2021*	2
1.84	Diabetes: Medicare Population	*percent*	28		27	24	*2021*	7
1.79	Cancer: Medicare Population	*percent*	12		12	11	*2021*	7
1.79	Hyperlipidemia: Medicare Population	*percent*	67		67	63	*2021*	7
1.79	Hypertension: Medicare Population	*percent*	70		68	65	*2021*	7
1.74	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	308.7		487.6		*2019-2021*	24
1.68	Alzheimer's Disease or Dementia: Medicare Population	*percent*	7		7	6	*2021*	7
1.68	COPD: Medicare Population	*percent*	12		10	11	*2021*	7
1.68	Ischemic Heart Disease: Medicare Population	*percent*	22		20	21	*2021*	7
1.68	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	36		34	34	*2021*	7
1.63	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	119.7		132.7	109.9	*2015-2019*	20

1.53	Heart Failure: Medicare Population	*percent*	11		9	11	*2021*	7
1.53	Mammography Screening: Medicare Population	*percent*	44		45	45	*2021*	7
1.45	Adults 65+ with Pneumonia Vaccination	*percent*	76.4		76.6	73.3	*2019*	11
1.34	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias	*hospitalizations/ 100,000 population*	436.9		515.5		*2017*	12
1.34	Atrial Fibrillation: Medicare Population	*percent*	14		13	14	*2021*	7
1.26	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	46.1			43.7	*2020*	5
1.18	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	100		282.6		*2019-2021*	24
1.16	Stroke: Medicare Population	*percent*	6		7	6	*2021*	7
1.11	Adults 65+ with Influenza Vaccination	*percent*	70.4		68.7	64	*2019*	11
1.11	People 65+ Living Below Poverty Level (Count)	*people*	371				*2017-2021*	2
1.05	Chronic Kidney Disease: Medicare Population	*percent*	16		16	17	*2021*	7
1.00	Asthma: Medicare Population	*percent*	6		7	6	*2021*	7
0.95	Adults 65+ with Total Tooth Loss	*percent*	7.5			13.4	*2020*	5
0.89	Depression: Medicare Population	*percent*	15		16	16	*2021*	7
0.84	Osteoporosis: Medicare Population	*percent*	8		10	11	*2021*	7
0.79	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	44.7			37.9	*2020*	5

0.74	Diabetic Monitoring: Medicare Population	*percent*	91.4		87.4	87.5	*2019*	23
0.16	People 65+ Living Below Poverty Level	*percent*	2.7		8	9.6	*2017-2021*	2

SCORE	ORAL HEALTH	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.76	Dentist Rate	*dentists/ 100,000 population*	52.2		79.5		*2021*	8
1.74	Children who Visited a Dentist	*percent*	58.6		63.7		*2017*	12
1.05	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.6		11.2	12	*2015-2019*	20
0.95	Adults 65+ with Total Tooth Loss	*percent*	7.5			13.4	*2020*	5
0.95	Adults with No Tooth Extractions	*percent*	66.2		63.6	59.8	*2020*	11
0.95	Age-Adjusted ER Visit Rate due to Dental Problems	*ER Visits/ 100,000 population*	370.6		362.7		*2017*	12
0.82	Adults who Visited a Dentist	*percent*	73.3		65.3	66.7	*2020*	11

SCORE	OTHER CONDITIONS	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.37	Age-Adjusted Hospitalization Rate due to Dehydration	*hospitalizations/ 10,000 population 18+ years*	12.7		10		*2019-2021*	24
1.74	Adults with Arthritis	*percent*	28.2			24.2	*2020*	5
1.68	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	36		34	34	*2021*	7
1.11	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	*hospitalizations/ 10,000 population 18+ years*	7.8		8.4		*2019-2021*	24

1.05	Chronic Kidney Disease: Medicare Population	*percent*	16		16	17	*2021*	7
0.84	Osteoporosis: Medicare Population	*percent*	8		10	11	*2021*	7
0.79	Adults with Kidney Disease	*percent*	2.7			3	*2020*	5

SCORE	PHYSICAL ACTIVITY	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.50	Access to Exercise Opportunities	*percent*	81.8		92.1	84	*2023*	8
1.29	Adults Engaging in Regular Physical Activity	*percent*	49.9	29.7	51.8	23.2	*2019*	11
1.29	Adults Who Are Obese	*percent*	31.2		33.8	31.9	*2020*	11
1.26	Adults who are Overweight or Obese	*percent*	31.2		33.8	67.1	*2020*	11
1.05	Adults 20+ who are Sedentary	*percent*	18.3				*2020*	6
0.95	Adolescents who are Obese	*percent*	11.3		12.6		*2016*	12

SCORE	PREVENTION & SAFETY	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.95	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	38.5		41.1	23	*2018-2020*	8
1.89	Age-Adjusted Hospitalization Rate due to Unintentional Falls	*hospitalizations/ 10,000 population 18+ years*	37.3		38.9		*2019-2021*	24
1.74	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	308.7		487.6		*2019-2021*	24
1.24	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	43.4	43.2	44.4	51.6	*2018-2020*	12

1.18	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	100		282.6		*2019-2021*	24
0.74	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	9.2	10.7	11.7	11.2	*2015-2017*	6
0.16	Severe Housing Problems	*percent*	9.4		15.7	17	*2015-2019*	8

SCORE	RESPIRATORY DISEASES	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.58	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	12.5		1.8	1.7	*March 3, 2023*	10
2.11	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	38.6	25.1	33.5	35	*2016-2020*	20
1.95	Adults with Influenza Vaccination	*percent*	38.4		41.7		*2014*	12
1.89	Adults with Asthma	*percent*	15.4		13.5	14.2	*2020*	11
1.68	COPD: Medicare Population	*percent*	12		10	11	*2021*	7
1.55	Adults who Smoke	*percent*	14.6	6.1	11.3	15.5	*2020*	11
1.53	Age-Adjusted ER Rate due to Asthma	*ER visits/ 10,000 population*	56.6		68.4		*2017*	12
1.45	Adults 65+ with Pneumonia Vaccination	*percent*	76.4		76.6	73.3	*2019*	11
1.42	Adults with Current Asthma	*percent*	9.7			9.2	*2020*	5
1.26	Teens who Smoke Cigarettes: High School Students	*percent*	5.8		5		*2018*	19
1.24	Tuberculosis Incidence Rate	*cases/ 100,000 population*	2.2	1.4	3.5	2.8	*2018*	12
1.11	Adults 65+ with Influenza Vaccination	*percent*	70.4		68.7	64	*2019*	11
1.11	Adults with COPD	*Percent of adults*	5.9			6.4	*2020*	5
1.05	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	54.3		53.9	56.3	*2015-2019*	20
1.00	Asthma: Medicare Population	*percent*	6		7	6	*2021*	7

0.95	Age-Adjusted Hospitalization Rate due to COPD	*hospitalizations/ 10,000 population 18+ years*	11.3		12.6		*2019-2021*	24
0.89	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*hospitalizations/ 10,000 population 18+ years*	2.1		3		*2019-2021*	24
0.84	Adolescents who Use Tobacco	*percent*	16.6		23		*2016*	12
0.79	Age-Adjusted Hospitalization Rate due to Asthma	*hospitalizations/ 10,000 population*	1.8		3.3		*2019-2021*	24
0.79	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*hospitalizations/ 10,000 population under 18 years*	2.6		4.4		*2019-2021*	24
0.63	Age-Adjusted Hospitalization Rate due to Adult Asthma	*hospitalizations/ 10,000 population 18+ years*	1.5		2.9		*2019-2021*	24
0.63	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	*hospitalizations/ 10,000 population 18+ years*	8.3		9.9		*2019-2021*	24
0.39	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	21.9		27.7	38.1	*2018-2020*	12
0.39	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	7.8		16	15.2	*2012-2014*	12
0.16	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	3.6		6.4	11	*March 3, 2023*	10

SCORE	**SEXUALLY TRANSMITTED INFECTIONS**	**UNITS**	**CALVERT COUNTY**	**HP2030**	**MD**	**U.S.**	**MEASUREMENT PERIOD**	**Source**
1.32	HIV Diagnosis Rate	*cases/ 100,000 population*	6.5		20.4		*2017*	12
1.08	Gonorrhea Incidence Rate	*cases/ 100,000 population*	74.3		170.3	179.1	*2018*	12

1.08	Syphilis Incidence Rate	*cases/ 100,000 population*	3.3		12.2	10.8	*2018*	12
0.63	Chlamydia Incidence Rate	*cases/ 100,000 population*	294		586.3	539.9	*2018*	12

SCORE	TOBACCO USE	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.55	Adults who Smoke	*percent*	14.6	6.1	11.3	15.5	*2020*	11
1.26	Teens who Smoke Cigarettes: High School Students	*percent*	5.8		5		*2018*	19
1.05	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	54.3		53.9	56.3	*2015-2019*	20
0.84	Adolescents who Use Tobacco	*percent*	16.6		23		*2016*	12

SCORE	WEIGHT STATUS	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.89	Adults with a Healthy Weight	*percent*	32.9		35.1	35.2	*2014*	12
1.29	Adults Who Are Obese	*percent*	31.2		33.8	31.9	*2020*	11
1.26	Adults who are Overweight or Obese	*percent*	31.2		33.8	67.1	*2020*	11
0.95	Adolescents who are Obese	*percent*	11.3		12.6		*2016*	12

SCORE	WELLNESS & LIFESTYLE	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
1.82	Insufficient Sleep	*percent*	34.9	31.4	34.1	33	*2020*	8
1.11	Average Life Expectancy	*years*	79.4		78.6		*2018-2020*	12
1.05	Self-Reported Good Physical Health	*percent*	79		76.4		*2019*	11
0.97	High Blood Pressure Prevalence	*percent*	30.9	42.6	32.2	32.3	*2019*	11

0.97	Self-Reported General Health Assessment: Good or Better	*percent*	92.2		89.4	86.7	*2020*	11
0.79	Self-Reported General Health Assessment: Poor or Fair	*percent*	10.8			14.5	*2020*	5
0.74	Life Expectancy	*years*	79.5		78.6	78.5	*2018-2020*	8

SCORE	WOMEN'S HEALTH	UNITS	CALVERT COUNTY	HP2030	MD	U.S.	MEASUREMENT PERIOD	Source
2.58	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	25.6	15.3	21	19.6	*2016-2020*	20
1.58	Mammogram in Past 2 Years: 50-74	*percent*	72	80.5		78.2	*2020*	5
1.53	Mammography Screening: Medicare Population	*percent*	44		45	45	*2021*	7
1.37	Breast Cancer Incidence Rate	*cases/ 100,000 females*	129.4		133.6	128.1	*2015-2019*	20
1.18	Pap Test in Past 3 Years	*percent*	75		70.3		*2018*	11
1.16	Mammogram in Past 2 Years: 50+	*percent*	25.3		18.2		*2020*	11
1.11	Cervical Cancer Screening: 21-65	*Percent*	84.7			82.8	*2020*	5

The following table lists scores for topic areas for Calvert County as of June 2023.

Calvert County Secondary Data Scoring Result- Health Topics and Quality of Life Topics:

Health and Quality of Life Topics	Score
Diabetes	1.74
Cancer	1.59
Alcohol & Drug Use	1.51
Women's Health	1.50
Adolescent Health	1.46
Mental Health & Mental Disorders	1.44
Other Conditions	1.37
Weight Status	1.35
Health Care Access & Quality	1.34
Older Adults	1.33
Prevention & Safety	1.27
Heart Disease & Stroke	1.27
Physical Activity	1.22
Environmental Health	1.22
Respiratory Diseases	1.18
Tobacco Use	1.18
Oral Health	1.17
Education	1.13
Immunizations & Infectious Diseases	1.10
Maternal, Fetal & Infant Health	1.07
Wellness & Lifestyle	1.06
Community	1.06
Children's Health	1.04
Sexually Transmitted Infections	1.03
Economy	0.72

Appendix B: Community Input Assessment Tools

Community Survey

2023 Community Health Survey

Welcome to the 2023 CalvertHealth community health survey. Our mission is to provide all residents of Calvert County with awareness, resources, and equal access to healthcare programs and services available in the Calvert County community. The information collected in this survey will allow community organizations across your county to better understand the health needs in your community.

REMINDER: You must be 18 or older to complete this survey. We estimate that it will take 10 minutes to complete. Survey results will be published on healthycalvert.org to address health priorities over the next 3 years. The responses that you provide will remain anonymous and not be attributed to you personally in any way. Your participation in this survey is completely voluntary. However, you must complete the entire survey and click the DONE button for your responses to be recorded. If you have any questions, please contact 410-535-8233 or Community.Wellness@calverthealthmed.org. Thank you very much for your input and your time!

1. Is Calvert County your primary county of residence or employment?
   - ○ Yes
   - ○ No

2. What zip code do you live or work in?

   - ○ 20610
   - ○ 20615
   - ○ 20629
   - ○ 20639
   - ○ 20657
   - ○ 20676
   - ○ 20678
   - ○ 20685
   - ○ 20688
   - ○ 20689
   - ○ 20714
   - ○ 20732
   - ○ 20736
   - ○ 20754
   - ○ Other (please specify)

3. * What is your age? Select one.

   - ○ Under 18
   - ○ 18-20
   - ○ 21-24
   - ○ 25-34
   - ○ 35-44
   - ○ 45-54
   - ○ 55-64
   - ○ 65-74
   - ○ 75-84
   - ○ 85 or older
   - ○ Prefer not to answer

In this survey, "community" refers to the major areas where you live, shop, play, work, and get services.

4. How would you rate your community as a healthy place to live? Select one.
   - ○ Very Healthy
   - ○ Healthy
   - ○ Somewhat Healthy
   - ○ Unhealthy
   - ○ Very Unhealthy

5. *Select what you believe are the most important "health problems" in your community? (Those problems that have the greatest impact on overall community health.) **SELECT AT LEAST 3.**
   - ☐ Access to Affordable Health Care Services (medical providers/physicians available nearby, wait times, services available nearby, takes insurance)
   - ☐ Alcohol and substance misuse
   - ☐ Auto-Immune Diseases (multiple sclerosis, Crohn's disease, etc.)
   - ☐ Cancer Screenings (breast, colon, skin)
   - ☐ Cancer diagnosis and treatment
   - Children's Health (1-10 years)
   - ☐ Chronic Pain
   - ☐ Diabetes
   - ☐ Family planning services (birth control, fertility)
   - ☐ Heart Disease and Stroke
   - ☐ Injury and Violence
   - ☐ Maternal and Infant (up to 1 year old) Health
   - ☐ Men's Health (ex., prostate exam, prostate health)
   - ☐ Other (please specify)

     _____
   - ☐ Mental Health and Mental Disorders (anxiety, depression, suicide)
   - ☐ Nutrition and Healthy Eating
   - ☐ Older Adults (hearing/vision loss, arthritis, etc.)
   - ☐ Oral Health and Access to Dentistry Services (insurance coverage, dentists available nearby)
   - ☐ Health care access for those living with disabilities
   - ☐ Physical Activity
   - ☐ Quality of Health Care Services Available
   - ☐ Respiratory/Lung Diseases (asthma, COPD, etc.)
   - ☐ Sexually transmitted diseases/infections (STDs/STIs)
   - ☐ Teen and Adolescent Health (11-18 years old)
   - ☐ Tobacco Use (including e-cigarettes, vaping, chewing tobacco, etc.)
   - ☐ Overweight or Obesity
   - ☐ Women's Health (ex. mammogram, pap exam)

6. *Your personal health and wellness is important to us. Which of the following areas would you most like to see addressed in your community? **SELECT AT LEAST 3.**

- ☐ Access to higher education (2-year or 4-year degrees)
- ☐ Access to healthy food choices (restaurants, stores, or markets)
- ☐ Accessibility for those living with disabilities
- ☐ Addiction services
- ☐ Air and water quality
- ☐ Ability to access safe parks and walking paths
- ☐ Behavioral Health Services
- ☐ Bike lanes
- ☐ Crime and Crime Prevention (robberies, shootings, other violent crimes)
- ☐ Discrimination or inequity based on race/ethnicity, gender, age, sexual orientation
- ☐ Domestic/Interpersonal Violence and Abuse (intimate or domestic partner, family, or child abuse)
- ☐ Economy and job availability
- ☐ Other (please specify)

  _____

- ☐ Education and schools (Pre-K to 12th grade)
- ☐ Emergency Preparedness
- ☐ Equity in provision of health care
- ☐ Inequity in jobs, health, housing, etc., for underserved populations
- ☐ Food insecurity or hunger
- ☐ Homelessness and unstable housing
- ☐ Injury Prevention (traffic safety, drownings, bicycling and pedestrian accidents)
- ☐ More specialty medical providers
- ☐ Neighborhood Safety
- ☐ Persons who've experienced physical and/or emotional trauma
- ☐ Safe housing
- ☐ Services for Seniors/Elderly (those over 65)
- ☐ Social isolation/feeling lonely
- ☐ Suicide
- ☐ Support for families with children (childcare, parenting support)
- ☐ Transportation

7. *Below are some statements about health care services in your community. Please rate how much you agree or disagree with each statement. Select an option for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are good quality health care services in my community.	○	○	○	○	○
There are affordable health care services in my community.	○	○	○	○	○
I am connected to a primary care provider or health clinic that I am happy with.	○	○	○	○	○
I am connected to a specialty care provider or specialty clinic that I am happy with. (Choose to feel neutral if it's not applicable)	○	○	○	○	○
I can access the health care services (both routine and specialist care) that I need within a reasonable time frame and distance from my home or work.	○	○	○	○	○
I feel like I can advocate for my health care (I feel heard and seen by my health care provider).	○	○	○	○	○
I know where to find the health care resources or information I need when I need them.	○	○	○	○	○
Individuals in my community can access healthcare services regardless of race, gender, sexual orientation, immigration status, etc.	○	○	○	○	○

8. Where do you get most of your health information? **Select all that apply.**

- ☐ Community organization/agency
- ☐ Doctor or healthcare provider
- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ TikTok
- ☐ Other (please specify)

- ☐ YouTube
- ☐ Family or friends
- ☐ Health Department
- ☐ Hospital
- ☐ Internet (such as CDC website)
- ☐ Library

- ☐ Newspaper/Magazine
- ☐ Radio
- ☐ Church or church group
- ☐ School or college
- ☐ TV
- ☐ Workplace

9. How would you rate your own personal health in the past 12 months? **Select one.**
   - o Very Healthy
   - o Healthy
   - o Somewhat Healthy
   - o Unhealthy
   - o Very Unhealthy

10. Do you currently have a health insurance plan/health coverage? **Select one.**
   - o Yes – PLEASE ANSWER Q11
   - o No – SKIP to Q12
   - o I don't know – SKIP to Q12

11. Which type(s) of health plan(s) do you use to pay for your health care services? **Select all that apply.**
   - ☐ Medicaid
   - ☐ Medicare
   - ☐ Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent
   - ☐ Insurance through the Health Insurance Marketplace /Affordable Care Act (ACA)
   - ☐ Private Insurance I pay for myself (HMO/PPO)
   - ☐ Other (please specify)

   ☐ Indian Health Services
   ☐ Military/Veteran's Administration
   ☐ COBRA
   ☐ I pay out of pocket/cash

12. About how long has it been since you last visited a doctor for a routine checkup? **Select one.**
   - o Within the past year (anytime less than 12 months ago)
   - o Within the past 2 years (1 year but less than 2 years ago)
   - o Within the past 5 years (2 years but less than 5 years ago)
   - o 5 or more years ago
   - o Don't know/Not sure
   - o Never
   - o Prefer not to answer

13. * In the past 12 months, was there a time that you needed health care services but did not get the care that you needed? **Select one.**
   - o Yes – PLEASE ANSWER Q14
   - o No, I got the services that I needed – SKIP TO Q15
   - o Does not apply, I did not need health care services in the past year – SKIP TO Q15

14. Select the top reason(s) that you did not receive the health care services that you needed in the past 12 months. **Select all that apply.**

- ☐ Cost - too expensive/can't pay
- ☐ No insurance
- ☐ Insurance not accepted
- ☐ Lack of personal transportation
- ☐ Lack of transportation due to bus schedule and/or drop-off location
- ☐ Hours of operation did not fit my work schedule
- ☐ Childcare was not available
- ☐ Wait is too long
- ☐ Other (please specify)

- ☐ No provider is nearby
- ☐ I did not know where to go
- ☐ Office/service/program has limited access
- ☐ Language barrier
- ☐ Cultural/religious reasons
- ☐ Lack of trust in healthcare services and/or providers
- ☐ Previous negative experience receiving care or services
- ☐ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs

15. *In the past 12 months, was there a time that you needed dental or oral health services but did not get the care that you needed? **Select one.**
    - Yes – PLEASE ANSWER Q16
    - No, I got the services that I needed – SKIP TO Q17
    - Does not apply, I did not need dental/oral health services in the past year – SKIP TO Q17

16. Select the top reason(s) that you did not receive the dental or oral health services that you needed in the past 12 months. **Select all that apply.**

- ☐ Cost - too expensive/can't pay
- ☐ No insurance
- ☐ Insurance not accepted
- ☐ Lack of personal transportation
- ☐ Lack of transportation due to bus schedule and/or drop-off location
- ☐ Hours of operation did not fit my work schedule
- ☐ Childcare was not available
- ☐ Wait is too long
- ☐ No provider is nearby
- ☐ I did not know where to go
- ☐ Other (please specify)
- ☐ I did not pursue services
- ☐ Office/service/program has limited access
- ☐ Language barrier
- ☐ Cultural/religious reasons
- ☐ Lack of trust in healthcare services and/or providers
- ☐ Previous negative experience receiving care or services
- ☐ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs

17. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
    - 1-5
    - 6-10
    - 10-15
    - 15 or more days
    - None
    - Don't know/Not sure
    - Prefer not to answer

18. *In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services? **Select one.**
    - Yes – PLEASE ANSWER Q19
    - No, I got the services that I needed – SKIP TO Q20
    - Does not apply, I did not need services in the past year – SKIP TO Q20

19. Select the top reason(s) that you did not receive mental health services or alcohol/substance use treatment. **Select all that apply.**

- ☐ Cost - too expensive/can't pay
- ☐ No insurance
- ☐ Insurance not accepted
- ☐ Lack of personal transportation
- ☐ Lack of transportation due to bus schedule and/or drop-off location
- ☐ Hours of operation did not fit my work schedule
- ☐ Childcare was not available
- ☐ Wait is too long
- ☐ Other (please specify)

- ☐ No provider is nearby
- ☐ I did not know where to go
- ☐ Office/service/program has limited access
- ☐ Language barrier
- ☐ Cultural/religious reasons
- ☐ Lack of trust in healthcare services and/or providers
- ☐ Previous negative experience receiving care or services
- ☐ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs

20. * In the past 12 months, did you go to a hospital Emergency Department (ED)? **Select one.**
    - o Yes – PLEASE ANSWER Q21
    - o No, I have not gone to the hospital ED – SKIP TO Q22

21. What were the main reasons you went to the Emergency Department (ED) instead of a provider's office or clinic? **Select all that apply.**

- ☐ After clinic hours/weekend
- ☐ I don't have a regular medical provider/clinic
- ☐ I don't have health insurance
- ☐ I feel more comfortable accessing my care in the ED instead of at an office or clinic
- ☐ Concerns about cost or co-pays
- ☐ Other (please specify)

- ☐ Emergency/Life-threatening situation
- ☐ Long wait for an appointment with my regular provider
- ☐ Food, shelter, or other more important resources
- ☐ My doctor (or another provider) told me to go

22. *In the past 12 months, did you use nicotine products?
    - o Yes – PLEASE ANSWER Q23
    - o No, I do not use nicotine products – SKIP TO Q24

23. Which one of the following ways did you use nicotine products?
    - ☐ Cigarettes or cigars
    - ☐ E-cigarettes
    - ☐ Water pipes (hookahs)
    - ☐ Chew tobacco
    - ☐ Vape pens
    - ☐ Mix nicotine product with Marijuana

24. * Below are some statements about employment and education in your community. Please rate how much you agree or disagree with each statement. Select an option for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are plenty of jobs available for those who are over 18 years old	○	○	○	○	○
There are plenty of jobs available for those who are 14 to 18 years old	○	○	○	○	○
There are job training or employment resources for those who need them	○	○	○	○	○
There are resources for individuals in my community to start a business (financing, training, real estate, etc.)	○	○	○	○	○
Childcare (daycare/pre-school) resources are affordable and available for those who need them	○	○	○	○	○
The K-12 schools in my community are well funded and provide good quality education	○	○	○	○	○
Our local University/Community College provides quality education at an affordable cost	○	○	○	○	○

25. *Which is your current employment status? **Select one.**

- ○ Employed, working full-time – SKIP TO Q27
- ○ Employed, working part-time – SKIP TO Q27
- ○ Not working by choice – SKIP TO Q27
- ○ Full time student, not working – SKIP TO Q27
- ○ Retired – SKIP TO Q27
- ○ Out of work, looking for work – PLEASE ANSWER Q26
- ○ Out of work, but NOT currently looking for work – PLEASE ANSWER Q26
- ○ Unable to work – PLEASE ANSWER Q26

26. Do any of the following reasons make it difficult for you to find or keep a job? **Select any that apply.**

- ☐ Attending school
- ☐ Available jobs do not pay a wage that allows me to care for myself and my family
- ☐ Cannot find childcare
- ☐ Cost of childcare is too high
- ☐ Care giver for a family member
- ☐ Full-time work is too much
- ☐ Other (please specify)
- ☐ Part-time work is not enough
- ☐ Furloughed or temporarily unemployed
- ☐ Shifts do not work with my schedule
- ☐ Lack of transportation
- ☐ Positive drug test/drug screen
- ☐ Do not meet immunization requirements
- ☐ Criminal history
- ☐ Have not received my high school diploma or GED
- ☐ Medical problems or Chronic Conditions
- ☐ Physically disabled
- ☐ I did not have a fair chance to get a job

27. What transportation do you use most often to go places? **Select one.**

- ○ Drive my own car
- ○ Hitchhike
- ○ Walk
- ○ Ride a bicycle
- ○ Ride a motorcycle or scooter
- ○ Take a bus
- ○ Take a taxi or ride share service (Uber/Lyft)
- ○ Use medical transportation/specialty van transport
- ○ Use senior transportation
- ○ Someone drives me
- ○ Other (please specify)

28. *Does your current housing situation meet your needs? **Select one.**
    - Yes – SKIP TO Q30
    - No – PLEASE ANSWER Q29

29. What issues do you have with your current housing situation? **Select all that apply.**
    - ☐ Eviction concerns (prior, current, or potential)
    - ☐ Current housing is temporary, need permanent housing
    - ☐ Living on the street/car/tent/temporary shelter
    - ☐ Mortgage is too expensive
    - ☐ Need assisted living or long-term care
    - ☐ Rent/facility is too expensive
    - ☐ Other (please specify)
    - ☐ Too far from town/services
    - ☐ Too run down or unhealthy environment (ex. mold, lead)
    - ☐ Too small /crowded; problems with other people
    - ☐ Unsafe, high crime
    - ☐ None of the above

30. *Below are some statements about access to food and resources in your community. Please rate how much you agree or disagree with each statement. Select an option for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I can prepare my own food	○	○	○	○	○
I can get to a grocery store when I need food or other household supplies	○	○	○	○	○
Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores or farmer's markets	○	○	○	○	○
In my neighborhood it is easy to access fresh food or grow/harvest and eat fresh food from a home garden	○	○	○	○	○
Local restaurants serve health food options	○	○	○	○	○
We have good parks and recreational	○	○	○	○	○

facilities					
There are good sidewalks or trails for walking safely	○	○	○	○	○
It is easy for people to get around regardless of abilities	○	○	○	○	○
Air and water quality are safe in my community	○	○	○	○	○

31. It is recommended that everyone spends at least 30 minutes per day, 5 days a week, exercising. What are some reasons or barriers you find in meeting this recommendation? **Select all that apply.**

- ☐ I exercise at least 30 mins/5 days a week
- ☐ I have trouble sticking to an exercise plan
- ☐ Cost
- ☐ Safe place to exercise (sidewalk or concerned about crime)
- ☐ Someone to exercise with
- ☐ Do not enjoy exercising
- ☐ Not sure how to get started
- ☐ Did not know that was the recommendation
- ☐ Too busy
- ☐ I have trouble sticking to an exercise plan
- ☐ Other (please specify)

32. It is recommended that everyone eats at least 5 servings of fruit and vegetables per day. What are some reasons or barriers you find in meeting this recommendation? **Select all that apply.**

- ☐ I eat at least 5 servings of fruit and vegetables/day
- ☐ Cost
- ☐ Don't like the taste
- ☐ I never think about it
- ☐ I did not know that was the recommendation
- ☐ Stores that carry fresh fruits and vegetables are too far away
- ☐ Where I shop has a poor selection
- ☐ Other (please specify)

33. In the past 12 months, did you worry about whether your food would run out before you got money to buy more? **Select one.**

- ○ Often
- ○ Sometimes
- ○ Never

34. In the past 12 months, was there a time when the food that you bought just did not last, and you did not have money to get more? **Select one.**
    - ○ Often
    - ○ Sometimes
    - ○ Never

35. In the past 12 months, did you or someone living with you receive emergency food from a church, a food pantry, food bank, or eat in a soup kitchen? **Select one.**
    - ○ Often
    - ○ Sometimes
    - ○ Never

36. We know the COVID-19 pandemic is challenging in many ways. Please select from the following list the issues that are the biggest challenges that still exist due to the COVID-19 pandemic for your family/household right now. **Select all that apply.**
    - ☐ Access to basic medical care
    - ☐ Access to emergency medical services
    - ☐ Access to prescription medications
    - ☐ A shortage of food
    - ☐ A shortage of healthy food
    - ☐ Experience housing challenges or homelessness
    - ☐ Feeling alone/isolated, not being able to socialize with other people
    - ☐ None of the above
    - ☐ Other (please specify)

    - ☐ Feeling nervous, anxious, or on edge
    - ☐ Household members not getting along
    - ☐ Household member(s) have or have had COVID- 19 or COVID-like symptoms (fever, shortness of breath, dry cough)
    - ☐ Not knowing when the pandemic will end/not be feeling in control
    - ☐ Options for childcare services/lack of childcare support
    - ☐ Unable to find work

Please answer a few questions about yourself.

37. To which gender identity do you most identify? **Select one.**
    - Female
    - Male
    - Transgender Female/Male-to-Female
    - Transgender Male/Female-to-Male
    - Non-binary
    - Prefer not to answer
    - Other (if you feel comfortable doing so, please indicate what other gender identity you most identify with)

38. Which of the following best describes you? **Select one.**
    - American Indian or Alaskan Native
    - Asian or Asian American
    - Black or African American
    - Native Hawaiian or Pacific Islander
    - White or Caucasian
    - Two or more races
    - Some other race
    - Prefer not to answer
    - Other (please specify)

39. Are you of Hispanic or Latino origin or descent? **Select one.**
    - Hispanic/Latino/Latinx
    - Non-Hispanic/Latino/Latinx
    - Prefer not to answer

40. What is the highest level of education you have completed? **Select one.**
    - Did not attend school
    - Less than 9th Grade
    - Some High School, No Diploma
    - High School Graduate, Diploma or the equivalent (GED)
    - Associate degree
    - Bachelor's Degree
    - Master's Degree
    - Professional Degree
    - Doctorate Degree

41. How much total combined money did all members of your household earn in the previous year? **Select one.**
    - Less than $15,000
    - $15,000 to $24,999
    - $25,000 to $34,999
    - $35,000 to $49,999
    - $50,000 to $74,999
    - $75,000 to $99,999
    - $100,000 to $124,999
    - $125,000 to $149,999
    - $150,000 or more
    - Prefer not to answer

42. What language do you mainly speak at home? **Select one.**
    - English
    - Spanish
    - Asian / Pacific Islander Language
    - Indo-European Language
    - Other (please specify)

43. Do you have a disability?
    - No
    - Yes (please specify)

44. Do you identify with any of the following statements? **Select all that apply.**

- ☐ I am active-duty Military I am retired Military
- ☐ I am a Veteran
- ☐ I do not identify with any of these

45. Including yourself, how many people currently live with you?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ more than 6 (please specify number)

The final question is about Adverse Childhood Experiences, also known as ACEs, which are problems that occurred during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic, and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them. For this question, please think back to the time BEFORE you were 18 years of age.

46. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. **(Choose all that apply)**

- ☐ Lived with anyone who was depressed, mentally ill, or suicidal
- ☐ Lived with anyone who had a substance use disorder including alcohol
- ☐ Lived with anyone who had a substance use disorder including usage of illegal street drugs or prescription medications
- ☐ Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility
- ☐ Parents were separated or divorced
- ☐ Parents or adults experienced physical harm (slap, hit, kick, etc.)
- ☐ Parent or adult physically harmed you (slap, hit, kick, etc.)
- ☐ Parent or adult verbally harmed you (swear, insult, or put down)
- ☐ Adult or anyone at least 5 years older touched you sexually
- ☐ Adult or anyone at least 5 years older made you touch them sexually
- ☐ Adult or anyone at least 5 years older forced you to have sex
- ☐ Other (please specify)
- ☐ None of the above

47. Do you have any suggestions for improving the health of the people of Calvert County?

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

Key Informant Interview Guide

1. To begin, could you please tell us a little about the organization you work for and the geographic location and population it serves?

2. In an ideal world, what do you envision as a healthy community?

3. We would appreciate your perspective on the current health needs of people living in Calvert County. When thinking of community health, what are the top health areas that need improvement in your community?

4. What do you think are the leading factors that contribute to these health areas that need improvement?

5. Which groups (or populations) in your community seem to struggle the most with the health issues that you've identified?

6. What real or perceived barriers or challenges might prevent someone in the community from accessing health care or social services?

7. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?

8. Is there anything additional that should be considered for assessing the needs of the community?

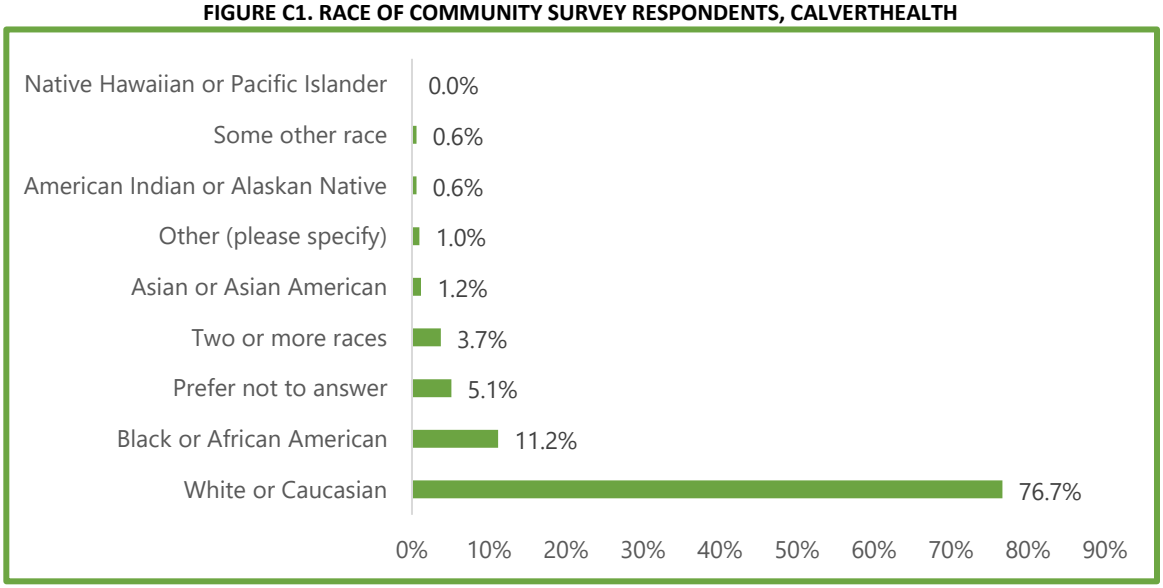
Appendix C: Community Survey Demographics

The following charts and graphs illustrate the demographics of community survey respondents residing in Calvert County.

Race

As shown in Figure C1, White community members comprised the largest percentage of survey respondents at 76.7%. Black/African American community members comprised the second largest percentage of survey respondents a 11.2%.

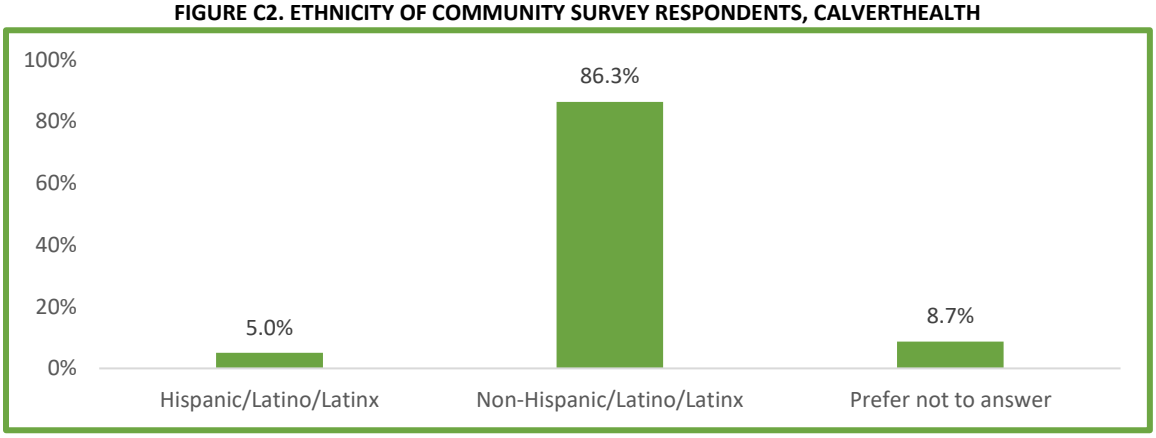
FIGURE C1. RACE OF COMMUNITY SURVEY RESPONDENTS, CALVERTHEALTH



Ethnicity

Figure C2 shows that 5.0% of survey respondents identified as Hispanic/Latino.

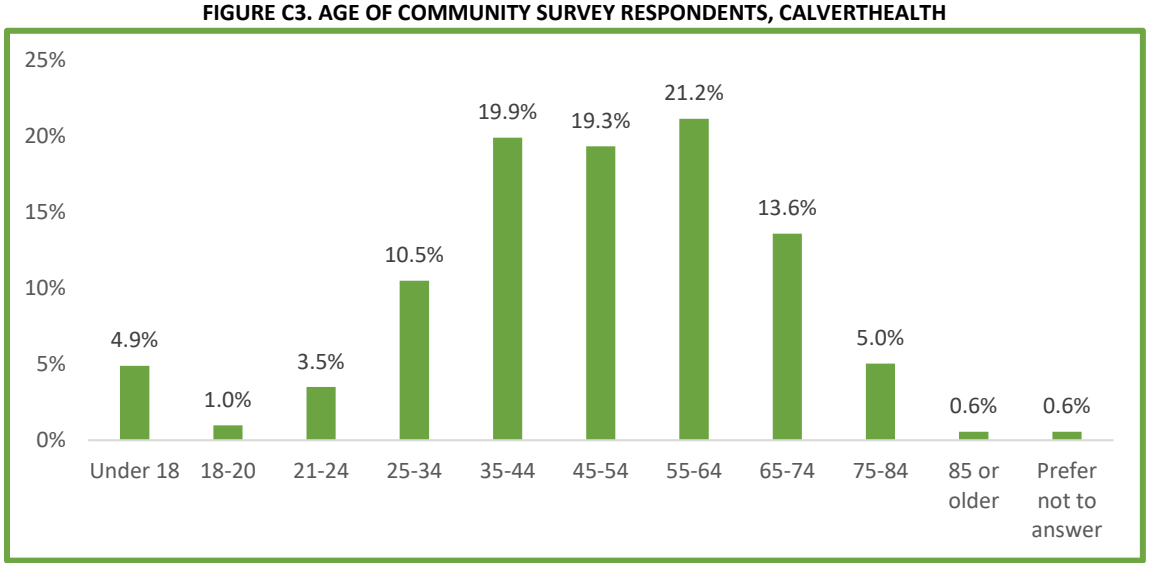
FIGURE C2. ETHNICITY OF COMMUNITY SURVEY RESPONDENTS, CALVERTHEALTH



Age

Figure C3 shows the age breakdown of survey respondents. The 35-64 age group comprised the largest portion of survey respondents, 60.4%

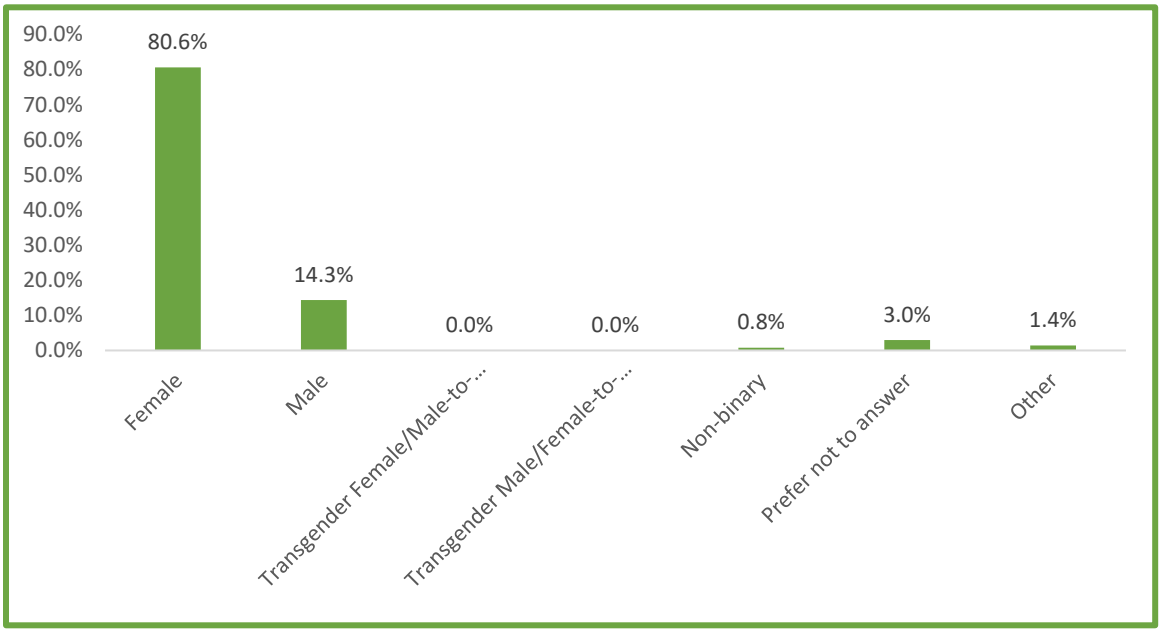
FIGURE C3. AGE OF COMMUNITY SURVEY RESPONDENTS, CALVERTHEALTH



Gender Identity

Survey respondents skewed female, with 80.6% of survey respondents identifying as female and 14.3% identifying as male, as shown in Figure C4.

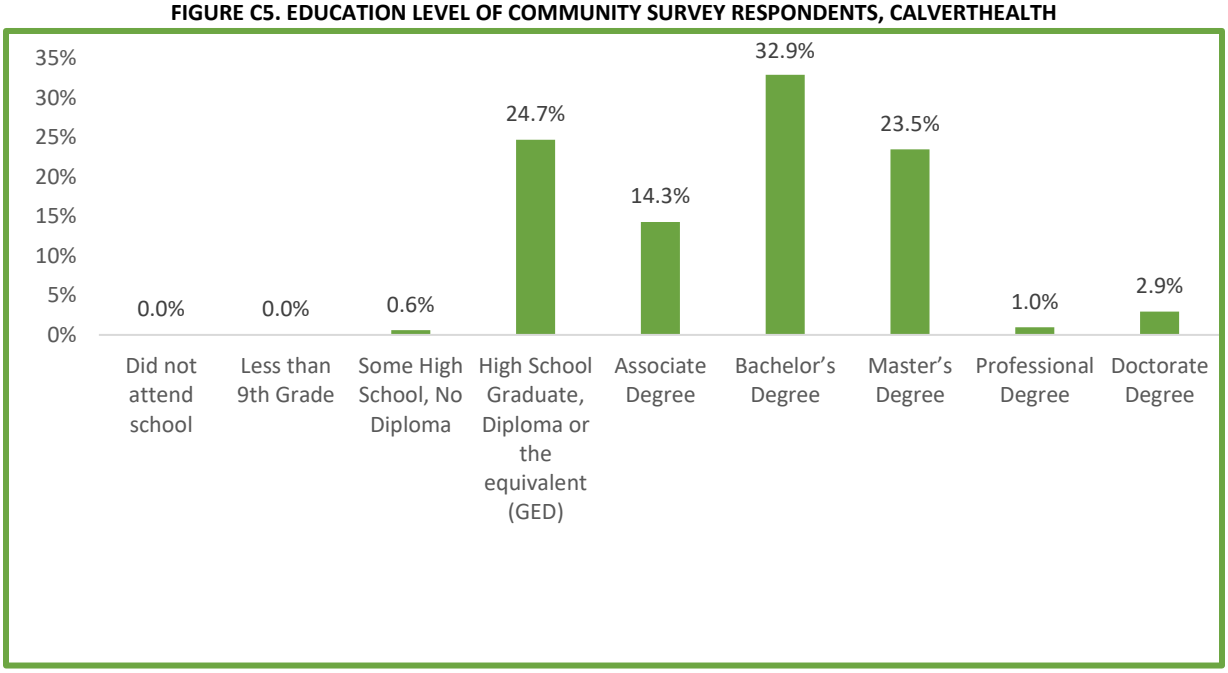
FIGURE C4. GENDER IDENTITY OF COMMUNITY SURVEY RESPONDENTS, CALVERTHEALTH



Education

As shown in Figure C5, 32.9% of survey respondents have a bachelor's degree or higher.

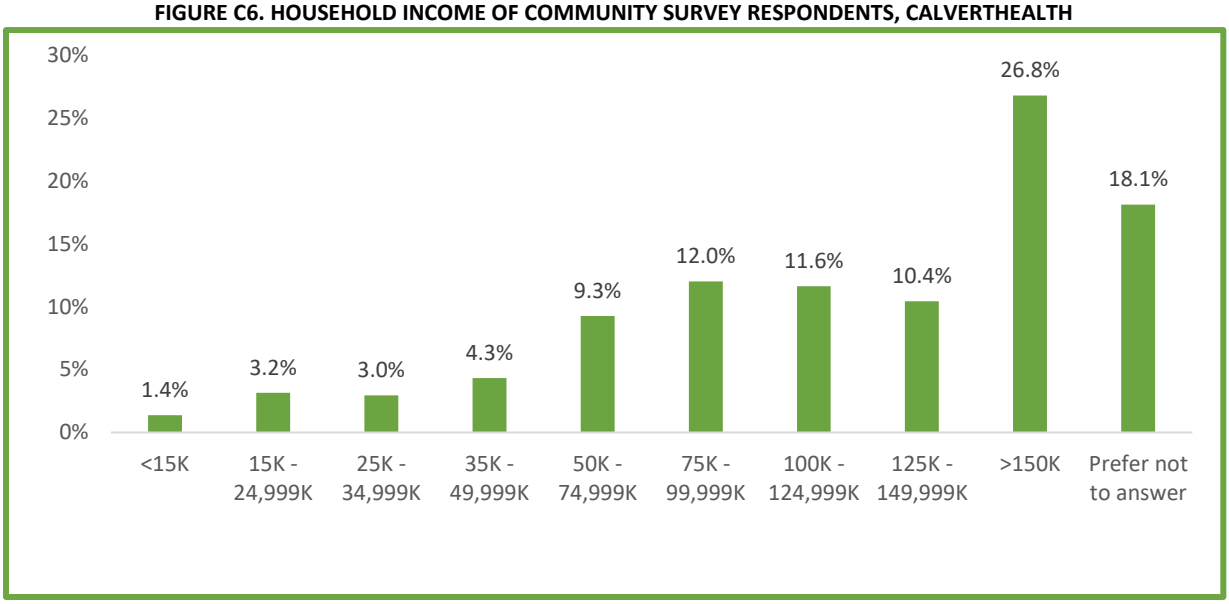
FIGURE C5. EDUCATION LEVEL OF COMMUNITY SURVEY RESPONDENTS, CALVERTHEALTH



Income

Figure C6 shows the household income of community survey respondents. More than $150,000 income bracket made up the largest proportion of survey respondents at 26.8%.

FIGURE C6. HOUSEHOLD INCOME OF COMMUNITY SURVEY RESPONDENTS, CALVERTHEALTH



Appendix D. Prioritization Toolkit

The handout shown below was provided to participants to support the virtual prioritization activity. The actual prioritization process was completed online using a web-based survey tool.

Considerations: MAGNITUDE

How many people in the community are or will be impacted?

How does the identified need impact health and quality of life?

Considerations: ABILITY TO IMPACT

Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?

Does the hospital or health system have the expertise or resources to address the identified health need?

*THE HEALTH NEEDS IN THE TABLE BELOW ARE LISTED IN ALPHABETICAL ORDER (NOT BY ORDER OF IMPORTANCE)

Health Need*	Magnitude of the Issue Assign a score of 1 to 3: 1 – Least Concerning 2 – Somewhat Concerning 3 – Most Concerning	Ability to Impact Assign a score of 1 to 3: 1 – Least Ability to Impact 2 – Some Ability to Impact 3 – Most Ability to Impact
Adolescent Health		
Cancer		
Diabetes		
Health Care Access & Quality		
Mental Health and Mental Disorders		
Nutrition and Healthy Eating		
Substance Misuse (Alcohol, Drugs, and Tobacco Use)		

Appendix E. CalvertHealth Impact Report

FY 2020-2023 CHNA Implementation Plan Outcomes

Priority Health Need #1: Cancer

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer	• Community Events/Health Fairs, Mobile Health Unit that include cancer screening opportunities	Y	In the Fall of 2022, CalvertHealth Medical Center formed a partnership with Duke Health. As an affiliate with Duke Health Cancer Network, we have the opportunity to better serve our community's cancer care needs. Skin Cancer Screenings were **HELD** at 5 Health Expos. Total Screenings performed: 2021: 28 screenings – 9 referrals 2022: 56 screenings – 0 referrals 2023: 50 screenings – 8 referrals Total Skin Cancer Screenings: 134 Total Skin Cancer Referrals: 17 Skin Scanner was available at various community events to show skin damage and promote cancer prevention, education, and sun safety. 2 CME opportunities for providers in the past three years Provided Tobacco and Cancer education and awareness to students among the public and private schools of Calvert County. Calvert County Sheriff's Office completed tobacco enforcement compliance checks among the businesses within the community. Calvert County Health Department provided adult focused tobacco cessation classes for residents of the community.

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
			Established a cancer and tobacco page on Healthy Calvert. A new urologist hired for prostate cancer screening. CCHD partnership with NAACP and AKA/Omega Pi OMEGA/Adolescent Clubhouse/food pantries/Carol Western Church for education about tobacco use and sequelae. Patch grant allowed collaboration w/ daycare entities, pediatricians' offices, and hippy health families (via the community baby shower) to promote messaging against secondhand smoke exposure and risks.
Cancer	• Oral screenings and education on HPV infection prevention, and related risk for cervical cancers for patients at the Calvert Community Dental Clinic	Y	Dental Clinic Numbers, Prior to closure in 2023 2021: 460 patients seen 2022: 193 patients seen No dental screenings performed in FY 2023 due to dental closure. Dental screenings were also held at 4 Health Expos. The exact number of participants was not recorded. Oral Cancer, Hygiene, and HPV Education was provided at the 4 high schools to the health and PE students. Also, at the Career and Tech. Academy to all the students.
Cancer	• Develop cancer screening "scorecard" tool for community members detailing recommended screenings and preventative care, and including information	Y	The Cancer and Tobacco Coalition created a palm card with recommended cancer screenings and how to access free and low-cost options.

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
	on how to access free and low-cost screenings		
Cancer	• Expand Tobacco Road Show (TRS) program to educate children of risks and health impact of tobacco use, including smoking and vaping	Y	Tobacco Roadshow was implemented at all Calvert County Middle Schools, including Calverton Private School and the Virtual Academy. Parent Letters were initiated for students to discuss what they learned at home. 45% of letters were returned and signed and 1140 Middle School Students attended the Tobacco Roadshow. Tobacco Roadshow was also expanded to a second program in the high schools that was evidence-based and focused on Marijuana/THC and Vaping. 1208 High School PE/Health students attended the education. CCHD continues smoking cessation classes at least 6 times per year. Implementation of anti-vaping class for youth caught vaping in schools or from community referrals. Anti-vaping school groups were created in three high schools. Tobacco and marijuana messaging at high school lunch and learn series in 2022-2023 school year. Smoke free youth day implemented at the Calvert County Fair with 2022 and 2023 fairs completely smoke free

Priority Health Needs #2: Heart Disease & Stroke

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Heart Disease & Stroke	• Establish "know your numbers" campaign	Y	Know your Numbers Program was initiated and consists of cholesterol & glucose screening and blood pressure checks. The program was campaigned and successful at local food pantries, community events, health fairs, and senior centers. 2021: 274 Total Screenings – 0 Documented Referrals 2022: 507 Total Screenings – 2 Documented Referrals 2023: 672 Total Screenings – 17 Documented Referrals Three Year Total Screenings: 1,453 Three Year Total Documented Referrals:19 CCHD added Heart Healthy Ambassador Program for Hypertension in 2022 CalvertHealth Medical Center accredited in 2020 as a stroke center by the Maryland Institute for Emergency Medical Services Systems (MIEMSS).
Heart Disease & Stroke	• Expand Mobile Health Unit services to include cholesterol screening	Y	Mobile Health Unit services offered to participating churches to provide cholesterol and blood pressure screenings.
Heart Disease & Stroke	• Increase pharmacist's involvement in the Ask-the-Expert program on the Mobile Health Unit, and at Senior Centers	Y	Ask the Pharmacist was initiated at the 3 local senior centers. The pharmacist rotates its monthly visit to each senior center to consist of 1 visit per quarter at each center.
Heart Disease & Stroke	• Engage Health Ministry Network to bring heart disease and stroke education to their	Y	Various education by guest speakers was provided to the health ministry team during meetings. Partnership with Suburban Hospital to train and

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
	parishioners, and to expand reach to minority population of Calvert County		provide blood pressure kits to participating parishes. The Health Ministry Network provided blood pressure education and screenings at three locations within Calvert County. 2021: 2 screenings – 17 encounters 2022: 25 screenings – 300 encounters 2023: 24 screenings – 279 encounters

Priority Health Needs #3: Mental Health & Mental Disorders

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health & Mental Disorders	• Initiate Town Hall meeting in high schools to address mental health	Y	Two Town Hall meetings occurred to address smoking, vaping, and mental health. The first Town Hall took place on May 5, 2021, serving all Calvert County Public Schools, with 21 attendees. The second town hall took place on December 9, 2022, at Patuxent High School, with 41 attendees.
Mental Health & Mental Disorders	• Increase availability, accessibility, and awareness of community hotline numbers available for crisis situations	Y	Suicide Awareness & Prevention campaign launched to promote local and national resources for suicide prevention, and to promote the use of the suicide & crisis hotline.
Mental Health & Mental Disorders	• Collaborate with Health Ministry Network and Calvert Hospice to	N	Local Hospice organization was bought by a larger company. There were some leadership changes

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
	bring bereavement programs to local faith communities		and restructuring, which impacted collaboration on a local level.
Mental Health & Mental Disorders	• Community Awareness events with CHMC and Calvert County Health Department	Y	1. Annual "Light Calvert Purple" for overdose awareness. CHIR community partners (including CHMC and CCHD) participated in having lighted displays and in distributing the purple lights. 2400 lightbulb strands were distributed in 2021 & 2022, and 1400 lightbulb strands in 2023. 2. CHMC hosted 2 community education events to educate the public on how to understand and access behavioral health community resources. A total of 14 participants from 5 different agencies. Provided 4 Community Conversations events to address substance use disorders with face to face and remote call-in options. 3. CalvertHealth, Calvert County Health Department, and other community partners, participated in the following events: - Shatter The Stigma 5K - Chalk The Walk - Recovery Fest
Mental Health & Mental Disorders	• Collaborate with community providers to increase the number that are trained to provide Medication Assisted Therapy (now called Medication for Opioid Use Disorder – MOUD)	Y	Collaborated with the Local Behavioral Health Authority (LBHA) to address MOUD, break the stigma of medication treatment, and focus on teaching medical professionals how to prescribe these medications safely. 14 training sessions have been held since 2020, and 5 additional "spokes" have been added to the hub and spoke model of care in the community.

Priority Health Need #4: Exercise Nutrition & Weight (including Obesity)

Priority Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Exercise, Nutrition & Weight (including Obesity)	• Initiate new programs targeting diabetic and stroke patients to increase physical activity and improve quality of life.	N	COVID pandemic caused us not to pursue an additional exercise program, since we were not bringing people onsite. Once existing programs resumed, we were limited in the number of people we could accommodate.
Exercise, Nutrition & Weight (including Obesity)	• Utilize Office on Aging partnership to offer individualized programs on fitness and nutrition for community members over 50	Y	Fit Friday and Ask the Nurse program initiated at each senior center monthly. Nurses provide a monthly education based on our monthly health theme at each senior center to include health prevention behaviors.
Exercise, Nutrition & Weight (including Obesity)	• Collaborate with Calvert County Public Schools to provide resources related to healthy lifestyle and disease prevention in the public schools	Y	Health Fairs for PE/Health students in all 4 high schools, the CTA, and 1 private school were implemented and successful. Lunch and learns were implemented to teach about a health topic at each of the 4 high schools. CHMC and CCHD hosted tables outside of the café to educate teens on topics, such as vaping, marijuana, diabetes, mental health and more.
Exercise, Nutrition & Weight (including Obesity)	• Provide events, promotions, education, or awareness campaigns around a different theme each month throughout the calendar year	Y	Monthly Health Focus for all 12 months of the year was created and used to provide education for a variety of community groups, health ministry newsletters, education for staff, and more.
Exercise, Nutrition & Weight	• Establish Diabetes subcommittee of Community Health Improvement	Y	CCHD continued Diabetes Prevention Program and Living Well with Diabetes.

(including Obesity)	Roundtable to review MDH action plan and set 3-year implementation plan for Calvert County		Diabetes Prevention Program launched at Solomons. Started online social media campaign to educate community about diabetes risks. Created diabetes pamphlet for distribution to the community. Created interactive google map of physical activity and roadside farmer's stands for community use. ADA Diabetes Risk Assessment Promotion to community – 820 responses from the community Diabetes Expo participation by subcommittee? Highway To Health with diabetes screening and rapid a1c

CALVERT HEALTH SYSTEM
PRINCE FREDERICK, MARYLAND 20678

Policy Name: Financial Assistance
Policy Number: BD-09
Category: □ Clinical ✓ non-Clinical
Review Responsibility: Director, Patient Financial Services
Vice President, Finance/CFO
Approved By: Chairman, Board of Directors
President & CEO
Vice President, Finance/CFO
Effective Date: 07/01/2019
Review/Revision Dates: 7/93, 6/96, 4/99, 8/02, 8/03, 10/04, 1/08, 8/09, 4/11, 4/14, 11/15, 2/17, 5/19,1/20, 11/20, 12/20, 9/22, 6/23
Associated Documents/Policies:

I. PURPOSE:

The purpose of this policy is to determine when financial assistance will be offered to a patient based upon the patient's ability to obtain assistance through state and local agencies and the patient's ability to pay. This policy will assist Calvert Health System (CHS) in managing its resources responsibly and ensure that it provides the appropriate level of financial assistance to the greatest number of persons in need.

II. SCOPE:

This policy applies to all patients of CHS for all medically necessary services ordered by a physician. Hospital employed providers or those employed of a single member LLC where the hospital holds membership; and or employed providers of a legal entity established as a partnership with the CHS maintains a capital or profit interest in its existence will adhere to policy.

III. DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billed (AGB) – The CHS determination of AGB will be the allowed amounts as determined by Medicare, including the patient responsibility of the total.

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from the Hospital's Financial Assistance Policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the United States Census Bureau's definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their individual income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Noncash benefits (such as food stamps and housing subsidies) do not count.
- Determined on a before-tax basis.
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

IV. POLICY & PROCEDURE:

Policy:

CHS is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their

individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, CHS strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CHS's procedures for obtaining financial assistance or other forms of payment or assistance, and to contribute to the cost of their care based upon their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow CHS to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of financial assistance.

Procedure:

A. Services Eligible Under this Policy: For purposes of this policy, financial assistance or "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical service provided in an emergency room setting.
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
3. Non-elective and non-emergency services.
4. Medically necessary services, evaluated on a case-by-case basis, at CHS's discretion.

B. Eligibility for Financial Assistance ("Charity Care"): Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. The hospital will make a determination of probable eligibility within 2 business days following a patient's request for charity care

services, application for medical assistance, or both. Patients with insurance are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities as long as they demonstrate financial need that meet the policy requirements as outlined in this Policy.

C. Determination of Financial Need:

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and will
   a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. The application form is the Maryland State Uniform Financial Assistance Application.
   b. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
   c. Include reasonable efforts by CHS to explore appropriate alternative sources of payment and coverage from public and private payment programs.
   d. Take into account the patient's available assets, and all other financial resources available to the patient; and
   e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 12 months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

3. The Financial Counselor or designee shall attempt to interview all identified self-pay inpatients. The Financial Counselor shall make an initial assessment of eligibility for public/private assistance, or if it is determined that the patient would not meet the criteria for public assistance and the patient has a financial need, then financial assistance may be considered.

4. If a patient may potentially meet criteria to obtain assistance with their medical bills through appropriate agencies, the patient has the following responsibilities:

   1) Apply for assistance.
   2) Keep all necessary appointments.
   3) Provide the appropriate agency with all required documentation.
   4) Patients should simultaneously apply for any need base program that can potentially provide financial sponsorship.

5. Patients must provide all required documentation to support their Financial Assistance Application in order to prove financial need. Exhibit A displays the list of documentation to support the determination of need for financial assistance. Patients requesting financial assistance may be required to consent to release of the patient's credit report to validate financial need. The Financial Counselor should review the completed financial assistance application and complete a checklist of required information and forward this documentation request to the patient. The hospital encourages the financial assistance applicant to provide all requested supporting documentation to prove financial need within ten business days of completing the Financial Assistance Application; otherwise, normal collection processes will be followed. In general, CHS will use the patient's three most current months of income to determine annual income.

6. Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information; b) the patient refuses to be screened for other assistance programs even though it is likely that they would be covered by other assistance programs, and c) the patient falsifies the financial assistance application.

7. Upon receipt of the financial assistance application, along with all required documentation, the Financial Counselor will review the completed application against the following financial assistance guidelines:

   a. If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Manager of Financial Services, although the account should be reviewed to determine if it would potentially qualify under the catastrophic illness or medical indigence exception to this Policy's income levels. A letter will be sent to all patients who fail to meet

the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.

b. If the patient is under scale but has net assets of $14,000 or greater, then the request for charity will be reviewed on an individual basis by the Director of Revenue Cycle to determine if financial assistance will be provided. The patient may be required to spend down to $14,000 of net assets in order to qualify for financial assistance. CHS will exclude certain retirement accounts such as 401k to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred compensation plans.

c. Once the patient has provided the required documentation to prove financial need, the Financial Counselor should review and evaluate the financial assistance application against the above guidelines and make a determination whether to request approval or to deny the application. If the Financial Counselor or designee believes the application meets the above guidelines, the Financial Counselor should sign the application on the line: "Request for Approval of the Financial Assistance Application" and forward the completed application and all supporting documentation to the following individuals as appropriate:

    i. Manager ($100.00 to $999.99)
    ii. Director of Revenue Cycle ($1000.00 to $9,999.99)
    iii. Vice President of Finance ($10,000 to $24,999.99)
    iv. Vice President of Finance & President & CEO ($25,000 and over)

d. Once administrative approval of the charity adjustment is obtained, the approved application and all supporting documentation are forwarded to the Manager of Financial Services who makes the actual adjustment. Patients will receive written notification when the application is approved, denied, or pended for additional documentation.

e. Financial assistance approval will be applicable for accounts one (1) year from the application date and accounts (including bad debt) six (6) months prior to application date.

8. CHS's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and CHS shall notify the patient or applicant in writing once a determination has been made on a financial assistance application. Patients who disagree with the hospital's determination have the right to appeal. The appeal must be filed within 15 days of the determination and the appeal will be reviewed by the Director of Revenue Cycle. The patient will be notified in writing of the final determination.

9. The services and companies listed below are not billed by the hospital. It outlines which entities will accept and abide by our decision to provide financial assistance.

   a. Emergency Room Physicians (Alteon Health) – Accept
   b. American Radiology – Accept
   c. Hospitalist Services – Accept
   d. North American Partners in Anesthesia – Accept
   e. Quest Diagnostics – Does Not Accept
   f. All American Ambulance – Does Not Accept
   g. Pathology – Does Not Accept
   h. Grace Care, LLC – Does Not Accept
   i. Lab Corp – Does Not Accept

D. Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Calvert Health System could use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumed circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined based on individual life circumstances that may include:

1. State funded prescription programs
2. Homeless or received care from a homeless shelter
3. Participation in Women, Infants, & Children (WIC) Program
4. Households with children in the free or reduced lunch program

5. Patient is deceased with no estate
6. Low income/subsidized housing is provided as a valid address
7. Low-income-household energy assistance program
8. Supplemental Nutritional Assistance Program (SNAP)
9. Primary Adult Care Program (PAC), until such time as inpatient benefits are added to the PAC benefit package
10. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
11. Patient is active with any other needs-based program where the financial requirements regarding the federal poverty level match or exceed CalvertHealth System's Financial Policy income threshold.

Calvert Health System may utilize technology to identify patient populations presumed as eligible for financial assistance that may not complete the application process. Financial data mining software may be used to establish proof of eligibility to support 100% discounting of a specific date of service. In these instances, guarantors will be encouraged to complete a financial assistance.

E. Patient Financial Assistance Guidelines: Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services on a sliding fee scale (i.e., percentage of charges discount).
3. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of CHS. Typically, in these cases the outstanding medical bill is subtracted from the estimated annual income to determine any spend-down amount that meets a corresponding financial assistance discount level.
4. Patients whose family income exceeds 501% of the FPL may be considered for medical hardship on a case-by-case basis with additional financial and medical required information.

Example:

Financial Assistance Sliding Scale Free and Discounted Care	
Federal Poverty Level Percentages	% of Discount
0 – 200%	100% Free Care
201 – 250%	80% - Patient pays 20% of bill
251 – 300%	60% - Patient pays 40% of bill
301 – 350%	40% - Patient pays 60% of bill
351 – 400%	20% - Patient pays 80% of bill
401-500%	10% - Patient pays 90% of bill
Above 501%	Medical Hardship Consideration

5. The Health Services and Cost Review Commission (HSCRC) establish CHS's fees and charges. Any patient share amounts for partial Financial Assistance approvals will be limited to the amounts generally billed (AGB) as determined by the commission.

Example:

Gross Charges	Medicare Allowed Amount (AGB)	Sliding Scale Award	Total Financial Assistance Granted	Patient's Share
$100.00	$94.00	60%	$56.40	**$37.60**
Sliding scale determines each patient's share.				

F. Communication of the Financial Assistance Program to Patients and the Public: Notification about the availability of financial assistance from CHS, which shall include a contact number, shall be disseminated by CHS by various means, which shall include, but are not limited to, the publication of notices in patient bills, the Emergency Department, admitting and registration departments, and patient financial services offices. Information shall be included on the hospital's website and in the Patient Handbook. In addition, notification of the Hospital's financial assistance program is also provided to each patient through a plain language summary provided each patient at the time of registration. Such information shall be provided in the primary languages spoken by the population serviced by CHS. Referral of patients for financial assistance may be made by any member of the CHS staff or medical

staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

G. **Patients Qualifying for Assistance Unable to Pay Insurance Premiums** may be referred to the CHS Foundation for potential programs that sponsor payment of premiums for indigent guarantors on a case-by-case basis. The Foundation will determine any eligibility requirements for grants, matching the patient's needs with the appropriate program. Sponsorship for premium payments includes COBRA, Affordable Care Act and specific programs tailored to specific health care specialties to assist patients with financing the cost of their care.

H. **Relationship to Collection Policies:** CHS's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHS, and a patient's good faith effort to comply with his or her payment agreements with CHS. During the financial assistance application process, the hospital will not send unpaid bills to outside collection agencies if the patient cooperates with the application process.

I. **Regulatory Requirements:** In implementing this Policy, CHS shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

J. **Contact Information to Apply:** Please contact our Patient Financial Services Department at 410-535-8248 for assistance with the application process. Written correspondence should be forwarded to 100 Hospital Road, Prince Frederick, MD, 20678.

Exhibit A

Documentation Requirements

Verification of Income:

- Copy of last year's Federal Tax Return
- Copies of last three (3) pay stubs
- Copy of latest W (2) form
- Written verification of wages from employer
- Copy of Social Security award letter
- Copy of Unemployment Compensation payments
- Pension income
- Alimony/Child Support payments
- Dividend, Interest, and Rental Income
- Business income or self-employment income
- Written verification from a governmental agency attesting to the patient's income status
- Copy of last two bank statements

Size of family unit:

- Copy of last year's Federal Tax Return
- Letter from school

Patient should list on the financial assistance application all assets including:

- Real property (house, land, etc.)
- Personal property (automobile, motorcycle, boat, etc.)
- Financial assets (checking, savings, money market, CDs, etc.)

Patient should list on the financial assistance application all significant liabilities:

- Mortgage
- Car loan
- Credit card debt
- Personal loan