



**FY 2009 Community Benefit Narrative**

■ 1) Carroll Hospital Center (CHC) is a private, non-profit 213-bed acute care facility, governed by a community board of directors. In FY 2009, the hospital had 16,178 inpatient admissions and an annual total of more than 315,000 patient encounters for inpatient and outpatient medical care. With 1,763 employees we are the second largest employer in the county.

■ 2) As the only hospital in the county, CHC’s primary service area is the entire county. The hospital does, however, also serve portions of Baltimore and Montgomery counties as well as areas in Northern Pennsylvania.

The general demographics for our primary community (Carroll County) are listed below:

**Geography**

Land area	452 sq. miles (289,280 acres)
Persons per square mile (2008)	387
Land in farms (2002)	147,252 acres
Agricultural Land Preservation farms (1996-2007)	452
Agricultural Land Preservation acres (1996-2007)	51,296

*Sources: Carroll County Department of Planning; US Census Bureau Quickfacts; National Agricultural Statistics Service; MD DHR 2004 FACT PACK; Carroll County Department of Economic Development*

**Population**

Total population estimate (2009)	175,192
Projected population (2010)	182,800

**Race (2008):**

White	157,777	93.2%
African American	6,775	4.0%
Hispanic	3,194	1.9%
Asian/Pacific Islander	2,731	1.6%
Native American	396	.2%

**Age (Projections for 2010):**

0 – 4	10,814
5 – 19	40,584
20 – 44	52,013
45 – 64	51,677
65+	20,812

*Sources: Carroll County Department of Planning, MD State Data Center Carroll County Demographic and Socio-Economic Outlook*

**Family**

Total number of households (2008)	51,663
Average household size (2008)	2.8 persons

Sources: MD State Data Center Carroll County Demographic and Socio-Economic Outlook; 2005 Strengths & Needs Assessment Secondary Family Data Analysis, MD DHMH Vital Statistics

### Economics

Per capita personal income (2007)	\$ 41,147
Median household income (2007)	\$ 78,200
State rank	11th
Households below poverty level (2008)	5,565, 8%
Unemployment rate (2009)	6.5%
Median cost of homes purchased (2008)	\$299,450
Housing units authorized for construction (2007)	312

Sources: MD DHR 2005 Carroll County Snap Shot; Carroll County Department of Economic Development and Solucient

### Business

Private non-farm establishments with paid employees (2007)	4,650
Private non-farm employment (2005)	51,718

Sources: US Census Bureau Quickfacts; National Agricultural Statistics Service; Carroll Commuter Survey (2001)

### Other Significant Demographic Characteristics

According to the most recent MD BRFSS (Maryland Behavioral Risk Factor Surveillance Survey) data report (2008), our community has a high rate of insured residents with 96.3% of residents reporting that they have some level of health insurance. In 2009, of the Carroll County residents that were hospitalized (either at CHC or other hospitals), 2,259 or approximately 10% were Medicaid admissions and 290 or 1% were uninsured.

### ■3) Identification of Community Needs:

Through our community advocacy arm, The Partnership for a Healthier Carroll County, CHC has been involved in numerous health status assessment projects specific to our community. An original Carroll Community Health Assessment in 1997 prioritized eight broad areas where improvement opportunities existed. Later, following successive assessments, that number was expanded to 11. Updates to the original assessment were also completed in 2005 and included two updates, one specific to households without children under the age of 18 and those with children under the age of 18.

Our results were strikingly similar to the leading indicators in the U.S. Government's Healthy People 2010 project. Operating under the guidance of the Surgeon General's Office and the Secretary of the Department of Health and Human Services, Healthy People 2010 is the prevention agenda for the Nation.

In cooperation with our community partners, we seek to make measurable, sustainable, long-term progress...with a couple of quick wins along the way to keep us energized and focused. We gauge our progress related to our effect on the underlying root causes associated with these issues, and again, with and through our many partners, we strive to address root causes.

To track and trend our progress as a community, The Partnership has organized Healthy Carroll Vital Signs - Measures of Community Health. This data is provided by various sources including the Carroll County Health Department and other branches of the Carroll County Government as well as through hospital-based community outreach activities and education. **(Data Charts Attached)** Since not all of the data charts are updated each year, The Partnership developed a dashboard report to track progress and outcomes of key indicators **(Attached)**.

Other Assessments used include:

Elder Needs Health Assessment: Completed in February 2008, **(Findings Attached)**

In addition, to keep our finger on the pulse of pertinent issues and continue to be proactive in identifying and creatively meeting the unique needs of our community on an ongoing basis, the hospital has developed and facilitates the following work groups focused on the 11 core health improvement areas identified in our original community health assessment:

### *Hospital/Partnership Work Groups*

<b>Group Name</b>	<b>Purpose</b>
<b>Access to Health Care Work Group</b>	Collaborates with community partners to improve access to health care for the uninsured and underinsured.
<b>American Cancer Society Leadership Council</b> (Cancer Work Group)	Works to reduce cancer incidence and mortality in Carroll County.
<b>Domestic Violence Coordinating Council</b> (Interpersonal Violence Work Group)	Focuses on issues of domestic violence in county. Affiliated with Family and Children's Services of Central Maryland, Carroll County
<b>Elder Health Work Group</b>	Seeks to increase quality and years of healthy life for Carroll Countians over age 65.
<b>Heart Health Improvement Team</b>	Seeks to improve the cardiovascular health and quality of life of adults and children through prevention, detection, and treatment of risk factors.
<b>L.E.A.N. Carroll</b>	Multi-disciplinary hospital/community group working to address childhood obesity in Carroll County through Lifestyle, Education, Activity and Nutrition.
<b>Mental Health Subcommittee</b> of the Behavioral Health and Addictions Advisory Council (Mental Health Work Group)	Supports efforts to improve the mental health of Carroll County residents. A mentally healthy community is indicated by many factors including: low suicide attempt rates, and increased number of county residents whose insurance covers mental health services, an adequate number of out patient services, and a decrease in the stigma associated with mental illness and emotional disturbances.
<b>Prevention &amp; Wellness Partners Work Group</b>	Coordinates projects to improve health outcomes for people in Carroll County as measured by improvement in lifestyle / behavior indicators.
<b>Resource Conservation Coalition</b>	Work group formed to promote health and quality of life for all county residents through a healthier environment and managed growth and development.
<b>School Readiness Team</b> (Positive Youth & Family Development Work Group)	Provides information to parents and community on ways to ensure that children enter school with the skills needed for learning.
<b>Substance Abuse Subcommittee</b> of the Behavioral Health and Addictions Advisory Council (Substance Abuse Wrk Grp)	Focuses on all issues of substance abuse in Carroll County. Produces Substance Abuse Directory (2008 version). Works toward gaps in service that have been identified, including need for a long-term treatment facility for heroin users, lack of space/ capacity for current residential programs, insufficient detox services, inadequate services for adolescents with co-occurring disorders, and a need for more prevention services

### *Additional Partners Utilized in Community Need Assessment*

Group Name	Purpose
<b>Behavioral Health and Addictions Advisory Council</b>	State-appointed local group to evaluate continuum of care in substance abuse and mental health fields in the county.  Serves as a quasi-Board of Directors for the Carroll County Core Services Agency. Also coordinates training programs, programs designed to reduce the stigma associated with psychiatric disorders, and public awareness programs.
<b>Caring Carroll, Inc.</b>	Operates Caring Carroll, a Faith in Action volunteer caregiving program. Helps to meet the non-medical needs of isolated elderly, ill, disabled, or frail Carroll County residents striving to remain independent in their own homes.
<b>Carroll County Local Management Board</b>	Works to improve the lives of children and families in Carroll County. Develops and manages community-based family services.
<b>Mid-Western Region Highway Safety Task Force</b>	Carroll County comprehensive highway traffic safety task force. Funds law enforcement, including overtime for DUI enforcement, aggressive driving, motorcycle, and pedestrian enforcement. Education and awareness programs on young/older driver issues, occupant protection, child passenger safety, bicycle, alcohol, aggressive driving, and more.
<b>Minority Health Council</b>	Group dedicated to improving the health and well-being of minorities in Carroll County by addressing cancer and other health disparities.
<b>Risky Business Planning Committee</b>	Plans annual training / awareness-raising conference in <u>June</u> for providers regarding issues of teen risky behaviors, such as pregnancy, drug use, and suicide.
<b>South Carroll Diversity Roundtable</b>	Seeks to inform, stimulate concern, and promote positive South Carroll Community responses to reduce acts of discrimination.
<b>Tobacco Coalition</b> (Carroll Community Health Tobacco Coalition)	Local health coalition that seeks to decrease tobacco use and exposure to secondhand smoke in Carroll County

■ **4.** Major needs identified. See “Healthy Carroll Vital Signs II Report” and Data Charts **attached**. This document gives detailed explanation, benchmarks, improvement objectives and key strategies for items identified by the initiatives in #3.

■ **5.** Community Benefit program initiatives are decided upon primarily by the input and work of the following:

- Patients
- The Partnership for a Healthier Carroll County (with our community partners)
- The Learning Center
- The Women’s Place
- The Marketing, Business Development and the hospital’s multidisciplinary Community Benefit Planning and Review Team
- The hospital’s executive team and Board of Directors

■ **6.** In addition to the information provided in the “Healthy Carroll Vital Signs II” and the data provided in the Healthy Carroll Vital Signs Data Charts, the hospital’s work in the areas of disease screening and prevention; wellness initiatives; physician supply; and access to health care, has a significant impact on the needs listed in #4. They include:

- \$5,210,626 in charity care provided to more than 4,865 patients by the hospital.
- Access Carroll, a free clinic offering care to the uninsured of the county, with over 6,340 visits last year.

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- In-home and inpatient Hospice services offered with 20,211 encounters provided last year regardless of a patient's ability to pay.
- Significant investment made to ensure an adequate number of physicians to provide primary care and specialty medical care.
- 
- SAFE program for pediatric and adult victims of sexual assault.
- Free or low-cost screenings for blood pressure, cancer, heart disease, osteoporosis nutrition and vascular abnormalities provided to 1,610 people to help prevent and manage disease and wellness.
- More than 2,524 support group encounters to help people manage diseases like prostate and breast cancer, diabetes, Parkinson's disease, fibromyalgia, Crohn's and Colitis, MS and Lupus.

■ 7. In addition to the evaluations listed in the attached reports, the hospital also surveys program participants, tracks participation in programs/screenings/support groups and stays well-connected to industry and health care trends. A dashboard report also was developed by the Community Benefit Planning and Review Team to monitor progress on key CB Indicators (Draft Attached).

Examples of specific outcomes include:

#### **A. Lose to Win Program**

Description: Twelve-week collaborative community program to promote weight loss and wellness.

Year of Evaluation: Developed in early 2009, our first session was held in the spring of 2009.

Results/Evaluation: As a result of a healthy collaboration between Carroll Hospital Center and its partners in the South Carroll (Eldersburg) area, Martin's Food Market, Merritt Athletic Club and Samsara Salon & Spa, the Lose to Win Wellness Challenge marked its successful completion on May 21. Fourteen participants, 13 females and one male, lost a combined total of 174 pounds during this innovative and rigorous 12-week program that featured:

- Unlimited access to exercise sessions at Merritt Athletic Club
- Weekly group nutritional classes at Martin's Food Market
- Weekly weigh-ins and regular blood pressure checks
- Weekly prize incentives
- Pre- and post-program comprehensive blood profiles

While everyone involved was a big winner, the biggest loser was Christine Hohl who dropped 30.2 pounds, 15.8 percent of her body weight. Christine won a Grand Prize gift basket that included a certificate for a complete personal makeover from Samsara valued at \$300, a \$150 gift certificate to Martin's, free massage and yoga classes at The Women's Place at Carroll Hospital Center and a variety of other goodies.

While the results for the initial program were good, changes were made in the candidate criteria and selection and program format and the second session (held this fall), had even better outcomes:

20 out of 21 people stuck with the 12-week program

The group lost a total 340 pounds

1st place - Lost 14.6% of her body weight

2nd place - Lost 12.6% of his body weight

3rd place - Lost 12.0% of her body weight

Weight loss ranged from 5 to 34 pounds.

Reductions in:

Body Fat - 15 people

Total Cholesterol - 13 people, LDL - 8 people, Triglycerides - 14 people

Three people saw significant reductions in blood sugar and blood sugar control (based on fasting Blood Sugar)

## **B. Best Beginnings Program**

Description: Program to provide women without health insurance access to high-quality prenatal, labor and delivery, and in-hospital newborn care at an affordable cost.

Year of Evaluation: FY 2009

Results/Evaluation: In place since August 2007, the Best Beginnings Program has provided uninsured women with vital prenatal care in addition to in-hospital labor, delivery and newborn care who otherwise would not have access to such services. The program is a joint effort between the hospital and its affiliated physicians who agree to see and care for patients for a nominal fee, ensuring a healthier pregnancy, delivery and newborn.

The program was revamped and renamed in FY 2008 and outreach was done to at risk populations to ensure those individuals were aware of the program. There were a total of 35 patients in FY 2008 and the hospital was able to provide the program to an additional 35 patients in FY 2009. All mothers had successful deliveries with newborns at or over normal birth weight. What's most notable is the increase of women we reached during their first trimester instead of later in their pregnancies, which helped significantly to having both mom and baby healthy throughout the pregnancy and delivery. In FY08 only 16, or 46%, of the 35 women were in their first trimester but in FY09 we were able to enroll 23, or 66%, of the 35 participants in their first trimester when we could more positively affect the pregnancy and delivery.

The hospital plans to continue to monitor the above and also investigate other effective measures to report and track outcomes in FY 10.

■ **8. Gaps in Care:** Like most hospitals, Carroll Hospital Center is challenged to provide care to an ever-increasing number of uninsured patients. Last fiscal year, more than 2,500 patients received some form of charity care/financial assistance from the hospital, totaling \$5,210,626. Assistance ranged from emergency, inpatient and outpatient care and testing that was written off, to care provided in our free outpatient clinic, Access Carroll.

While Carroll Hospital Center cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the Emergency Department (ED), where many uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge not only to the hospital, but to physicians providing care in the hospital and in the ED. Due in part to a lack of, or minimal reimbursement, it has become increasingly difficult to find specialists to provide on-call services for the ED around-the-clock. The more serious issue is that this trend affects not only our uninsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the uninsured population and the accompanying increased potential for malpractice claims also have contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties including, orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There has also been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital Center has continued two major, costly initiatives to address the gap proactively. First, the hospital contracts with ten medical specialties to ensure 24/7 coverage in the ED. Those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. Implemented in January 2006, in FY09, the expense to pay physicians for ED call has cost the hospital nearly \$689,198.

Additionally, the growing volumes of uninsured patients has caused the hospital to recently institute an additional policy which allows physicians who see patients without a payment source in the ED to be reimbursed for physician services by the hospital at current Medicare rates. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital.

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a health care facility that cares for uninsured people in the area. Many Carroll Hospital Center affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY09, Access Carroll had 6,340 patient visits, up 18% from

FY 08, with the number of individual patients served up 36%, from 2,048 in FY08 to 2,818 in FY09. Access Carroll also has distributed nearly \$470,553 in free medications to its clients. This clinic will hopefully continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so health conditions don't worsen due to their inability to pay for services. In only its third full year, Access Carroll has been very successful in helping its patients manage chronic diseases including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues.

As the population continues to grow, demand for physicians continues to increase in virtually all specialties while the supply of physicians continues to decrease. The trend is leaving hospitals faced with significant challenges in recruiting and retaining the number of physicians required to continue to provide adequate health care access for all patients. In FY 09, \$3.7 million was spent in recruiting and retaining physicians.

A shortage of primary or specialty providers has perhaps posed the most significant challenges in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia and pediatric, critical and general medical care have the access they need once admitted to the hospital.

Equally as important, is access to physicians on an outpatient basis, not just for the uninsured, but for all patients in our growing community. To ensure our community has access to quality physicians, Carroll Hospital Center continually monitors statistically calculated need by developing a comprehensive medical staff development plan based on the health care needs of our medical service area. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Just over \$6 million was spent in various physician subsidies in FY 2009.

## APPENDIX 1



### **FY 2009 Community Benefit CHARITY CARE – Financial Assistance**

Carroll Hospital Center (CHC) has a number of programs to assist patients with their payment obligations. First, we provide a Medicaid enrollment service to patients who qualify for medical assistance. This service assists patients with paperwork and will even provide transportation if needed. This past year, CHC successfully enrolled 530 patients in the state's medical assistance program. In addition, the hospital held a free enrollment session for "Cover the Uninsured Day" for uninsured community members to come in to see if they qualified for medical or financial assistance.

For patients who do not qualify for Medicaid coverage, CHC has an in-house financial assistance program. Our eligibility standards are more lenient than even those proposed by the Maryland Hospital Association guidelines. We write off 100% of the bill for patients whose income is below 300% of the federal poverty guidelines (FPG) and write off a portion of the bill for patients whose income is between 301%-375% of the FPG.

When patients express their inability to pay for services, our staff works to find the best possible option for them by discussing in detail their situation. The family is involved in those conversations to the extent the patient feels comfortable.

The hospital also posts a summary of its policy informing patients of the availability of Financial Assistance, in all registration and intake areas for all patients to see. In addition, it is included in the hospital's patient handbook located in each patient room.



**Department:** FINANCE  
**Subject:** FINANCIAL ASSISTANCE APPLICATION  
**Effective Date:** January 01, 2005  
**Revised:** November 18, 2009

## I. Purpose

This policy describes the options for patients that are uninsured or underinsured. The Financial Assistance policy is designed to assist individuals who qualify for less than full coverage under Federal Medical Assistance and State or local programs, but whose patient balances exceed their own ability to pay. While flexibility in applying guidelines to an individual patient's situation is clearly needed, certain objective criteria are essential to assure consistency in the implementation of the program. Financial information will be documented on the Maryland State Uniform Financial Assistance Application. (Exhibit A)

## Policy Statement/Philosophy

It is the policy of the Carroll Hospital Center, Carroll Home Care, and Carroll Hospice, to adhere to its obligation to the communities we serve to provide medically necessary care to individuals who are unable to pay for medical services without discrimination on the grounds of race, color, sex, national origin or creed.

## III. Procedures

The following criteria is used to determine if services are eligible for Financial Assistance:

- A. All services considered medically necessary are covered under the Program for patients living in the primary or secondary service area of the Carroll Hospital Center, and for patients referred by a physician affiliated with the hospital.
- B. For non-United States citizens, services that can be postponed without harm to the patient or that are not medically necessary are not covered under the program.
- C. Applicants with medical expenses >\$1,500 who meet eligibility criteria for Federal Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. If eligibility criteria according to Hospital Support Services, (age 21 – 64, not disabled and no children), is not met, the Medicaid application process is omitted and the Financial Assistance application is started. The Hospital Support Services representative will submit a letter stating the patient is considered not to be a medical assistance candidate.
- D. Patients with medical expenses <\$1,500 are strongly encouraged to file for Federal Medical Assistance. However, the Medicaid application is omitted if the patient is non-compliant and the Financial Assistance application is started.
- E. The following criteria is used to determine financial eligibility for financial assistance:
  - i. Eligibility will be based on gross household income plus liquid assets. Gross income is defined as wages and salaries from all sources before deductions. Liquid assets are defined as cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc.

- ii. Household Income - All wages and salaries within the household such as social security, veteran's benefits, pension plans, unemployment and workers compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest and dividends or other regular support from any person living in the home.
  - iii. Assets - The availability of liquid assets plus annual income will be considered up to 375% of the current poverty guidelines published in the Federal Register.
  - iv. Expenses are collected and taken in consideration for analysis purposes.
  - v. Proof of Income - For each employed house hold member, submit one of the following with the application:
    - Pay stubs for the previous four weeks
    - Employer certification of income
    - Most recent State and Federal tax returns
  - vi. For each household member receiving unearned income, submit the following if applicable:
    - Proof of Social Security Benefits
    - Proof of Disability Benefits
    - Proof of Retirement/Pension Benefits
    - Proof of Unemployment Benefits
    - Proof of Veterans Benefits
    - Proof of Child Support
    - Proof Alimony
    - Rental property income
  - vii. Other required documents
    - Applicants claiming zero income must supply proof of how their living expenses are paid
    - The current and previous savings and bank statements
    - Statements of certificates of deposit, stocks, bonds, and money market funds
- F. Certain unique cases not meeting the above criteria may on a case-by-case basis be approved by the Director of Patient Financial Services or appointed designee. Consideration will be given to the possible impairment or improvement of the future income potential, as well as cases considered to be catastrophic, which may or may not change the outcome of the application.
- G. Homeless – Patient's declaring a homeless status which is later verified by the Manager is consistent with what the patient is stating, may be eligible for financial assistance.
- H. Deceased – If an estate does not exist or has been exhausted, financial assistance is offered.
- The following criteria is used to approve or deny the application:
- A. Combined gross income in relation to the number of family members is 300% of the poverty guidelines. Applicant will be eligible for 100% Financial Assistance (Exhibit B)

- B. If combined gross income is more than 300% of the poverty guideline - applicant may be eligible for Financial Assistance with a resource based on a sliding scale.
- C. Financial Assistance eligibility decisions can be made at any time during the revenue cycle as pertinent information becomes available. If the financial information is not available a financial assessment can be completed through other avenues such as credit reports, debt and asset reviews, and referrals from the Medical Assistance Eligibility Company and Collection Agency. If the determination is made that there is a low probability of collections, the account can be approved for Financial Assistance. This write off is account specific, therefore, cannot be applied to other open accounts.
- D. Patients referred to Carroll Home Care or Carroll Hospice from the Carroll Hospital Center will automatically qualify based on the application approved by the hospital. Patients referred from an outside source will follow the same application.
- E. The completed and signed application is forwarded to the Patient Accounting Manager to enter the write off to transaction code 1035. Specific accounts approved through other avenues are written off to transaction code 1094 in an active AR status. Home Care and Hospice accounts are written off to a Financial Assistance classification.
- F. Applications are stored for 7 years.
- G. All applicants are notified of probable eligibility within two (2) business days by the Manager after a request for financial assistance.
- H. Self Pay accounts are handled as follows:
  - i. The Financial Counselor will present all Inpatient self pay patients with the application if unable to pay monthly installments. All accounts must be referred to Medical Assistance Advocacy if the initial financial screening indicates the possibility of eligibility.
  - ii. All outpatient accounts with a combined total of \$1,500 are referred to Medical Assistance Advocacy and are given the Financial Assistance Application if the installment plan payments cannot be met.
  - iii. All accounts are reviewed for grant eligibility (i.e. Maryland treatment fund for cancer diagnosis, children's fund for patients though the age of 18).
  - iv. If assistance is requested with deceased patients, a verification of an existing estate is completed. If no estate can be found, financial assistance is applied.
  - v. Assistance with MHIP applications is given for Maryland residents who are unable to get medical insurance coverage and have one of the 60 qualifying health conditions listed in the MHIP manual.
  - vi. All applications are pursued to completion; including patients referred to Medical Assistance Advocacy with one follow-up letter and one phone call.
  - vii. Requests for financial assistance received after services are referred to the Financial Counselor for processing.

- viii. Open accounts with dates of service prior to the time of the approved application, and accounts with dates of service up to 6 months after the approved application are eligible for Financial Assistance if there has been no change in status. Bad debt accounts will be returned to active AR prior to write off.
  
- ix. Applications must be completed and returned to the Financial Counselor within 15 days of receipt. All uncooperative applicants will be transferred to self-pay unless Medical Assistance is pending.
  
- x. The Financial Counselor will call the patient a minimum of two times, and send 1 reminder letter within the 15 day period to obtain information.
  
- xi. The Financial Counselor will mail the appropriate letter confirming the approval or non-approval.
  
- xii. Payments received before, during, or after the completion of the Financial Assistance application will not be refunded. The amount of the approved write off will be reduced by the amount of payments received.
  
- xiii. All completed Financial Assistance applications will be reviewed and the patient notified of the decision within two business days of receipt.

Submitted By: Janice Napieralski Date:  
Director, Patient  
Financial Services

Administrative Approvals: Kevin Kelbly Date:  
Senior Vice  
President of Finance

Leslie Simmons Date:  
Chief Operating  
Office & Senior  
Vice President  
PCS

**Exhibit A**

**Maryland State Uniform Financial Assistance Application**

**Information about You**

Name \_\_\_\_\_  
          First                                  Middle                                  Last

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Marital Status: Single Married  
Separated

US Citizen: Yes No      Permanent Resident:      Yes      No

Home Address \_\_\_\_\_ Phone  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City                                    State                                    Zip code                                    Country

Employer Name \_\_\_\_\_ Phone  
\_\_\_\_\_

Work Address \_\_\_\_\_  
                  City                                    State                                    Zip code

Household members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you applied for Medical Assistance      Yes      No

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If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance? Yes No

Carroll Hospital Center  
200 Memorial Avenue  
Westminster, MD 21157

**I. Family Income**

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____
<b>Total</b>	_____

**II. Liquid Assets**

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
<b>Total</b>	_____

**III. Other Assets**

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value
_____		
Automobile	Make _____ Year _____	Approximate value
_____		
Additional vehicle	Make _____ Year _____	Approximate value
_____		
Additional vehicle	Make _____ Year _____	Approximate value
_____		
Other property		Approximate value
_____		
<b>Total</b>		

**IV. Monthly Expenses**

	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____

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 Car insurance \_\_\_\_\_  
 Health insurance \_\_\_\_\_  
 Other medical expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_

**Total** \_\_\_\_\_

Do you have any other unpaid medical bills?      Yes    No  
 For what service? \_\_\_\_\_  
 If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship to Patient

**EXHIBIT B**

<b>The 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>			
<b>Persons in family</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$10,830	\$13,530	\$12,460
2	\$14,570	\$18,210	\$16,760
3	\$18,310	\$22,890	\$21,060
4	\$22,050	\$27,570	\$25,360
5	\$25,790	\$32,250	\$29,660
6	\$29,530	\$36,930	\$33,960
7	\$33,270	\$41,610	\$38,260
8	\$37,010	\$46,290	\$42,560
For families with more than 8 persons, add \$3,740 for each additional person.			

**SOURCE:** *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201

## Income Scale for CHC Financial Assistance Program

Based on 2009 Federal Poverty Guidelines

<b>Family Size</b>	<b>FPG</b>	<b>Income Level 300%</b>	<b>75% Reduction</b>	<b>50% Reduction</b>	<b>25% Reduction</b>
<b>1</b>	<b>\$10,830</b>	<b>\$32,490</b>	<b>\$35,198</b>	<b>\$37,905</b>	<b>\$40,613</b>
<b>2</b>	<b>\$14,570</b>	<b>\$43,710</b>	<b>\$47,353</b>	<b>\$50,995</b>	<b>\$54,638</b>
<b>3</b>	<b>\$18,310</b>	<b>\$54,930</b>	<b>\$59,508</b>	<b>\$64,085</b>	<b>\$68,663</b>
<b>4</b>	<b>\$22,050</b>	<b>\$66,150</b>	<b>\$71,663</b>	<b>\$77,175</b>	<b>\$82,688</b>
<b>5</b>	<b>\$25,790</b>	<b>\$77,370</b>	<b>\$83,818</b>	<b>\$90,265</b>	<b>\$96,713</b>
<b>6</b>	<b>\$29,530</b>	<b>\$88,590</b>	<b>\$95,973</b>	<b>\$103,355</b>	<b>\$110,738</b>
<b>7</b>	<b>\$33,270</b>	<b>\$99,810</b>	<b>\$108,128</b>	<b>\$116,445</b>	<b>\$124,763</b>
<b>8</b>	<b>\$37,010</b>	<b>\$111,030</b>	<b>\$120,283</b>	<b>\$129,535</b>	<b>\$138,788</b>



## **VISION, MISSION, VALUES - DESCRIPTION**

In 2007, as Carroll Hospital Center embarked on our “Journey to Excellence,” a committee was formed to revitalize our mission and vision. The process resulted in two powerful statements that perfectly complemented our existing SPIRIT values (Service, Performance, Innovation, Respect, Integrity and Teamwork) and also fit well into our new business initiatives and six Pillars of Excellence (Service, Quality, Financial, People, Growth and Community). Our goal was to have the new vision and mission statements become as ingrained in our organizational philosophy as our SPIRIT values have been for nearly a decade.

We worked diligently and thoughtfully to craft statements that would recognize our history and form the foundation for all we do into the future. To reflect the tremendous changes in health care over the years, we placed special emphasis on words like quality, community, commitment and good health through all stages of life.

Our vision, mission and values serve as our compass, especially in today’s world where decision-making can be complicated. We hope the statements instill hospital leadership and associates with a sense of responsibility to give the community what it needs and deserves. The spectrum of our services reaches far beyond the Emergency Department. It’s offering advanced inpatient and outpatient services and being a community resource in a variety of ways. The mission and vision are essential help keep the organization focused as we continue to meet the health care needs of the communities we serve.

Our vision, mission and values (as shown in Appendix 4) are proudly displayed throughout the hospital in every department and public area.

## APPENDIX 4

### VISION, MISSION, VALUES

#### OUR ACTIONS AND DECISIONS ARE GUIDED BY THESE VALUES.

**SERVICE...** exceed customer expectations.

**PERFORMANCE...** deliver efficient, high quality service and achieve excellence in all we do.

**INNOVATION...** take the initiative to make it better.

**RESPECT...** honor the dignity and worth of all.

**INTEGRITY...** uphold the highest standards of ethics and honesty.

**TEAMWORK...** work together, win together.

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#### MISSION

Our communities expect and deserve superior medical treatment, compassionate care, and expert guidance in maintaining their health and well-being. At Carroll Hospital Center, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

#### VISION

Founded by and for our communities, Carroll Hospital Center will help people maintain the highest attainable level of good health throughout their lives. We strive to be the best place to work, practice medicine and receive care. Our commitment is to be the hospital of choice.



# Community Benefit Trending Report

# DRAFT



## Priority Community Benefit Indicators

1. Emphasis on Disproportionate Unmet Health Needs	FY 2009 Data	FY 2010	FY 2011
a. Total # of ED Behavioral Health assessments	2518		
b. Total # of Behavioral Health admissions via financial assistance*	5		
c. Total # ED uninsured / MA encounters	13,900		
d. Total # patients enrolled in Best Beginnings	35		
e. Total # Financial Assistance full applications	390		
f. Total # patients enrolled in MA via our assistance	530		
g. Total # of Access Carroll patients receiving lab procedures	1864		
h. Total # of free Imaging procedures to Access Carroll	49		
i. Total # of patient visits at Access Carroll	6,340		
j. Total # of <b>Prescriptions Provided (Broader)</b>			
2. Emphasis on Primary Prevention	FY 2009 Data	FY 2010	FY 2011
a. Total # of Patients self identifying as a smoker on admission	2,645		
b. Total # inpatients using Nicotine Replacement Protocols			
c. Total # CHC worksite wellness program enrollees per calendar year**	569		
d. Total # children/adult participants in all weight reduction programs	19		
e. Total # educational encounters re: skin cancer prevention	1273		
f. Total # of person screened for High Blood Pressure	1,902		
g. Total # of participants at TWP/TLC Chronic Disease Prevention programs			
3. Incorporates Collaborative Governance	FY 2009 Data	FY 2010	FY 2011
a. % of the partnership's annual Vital Signs trending toward target	15 of 25		
b. Total # of community partners (agencies) actively involved with CHIA efforts	355		
c. Total # of students utilizing CHC as clinical rotation site annually	568		
4. Demonstrates Community Capacity Building	FY 2009 Data	FY 2010	FY 2011
a. Total # of scholarship awarded to community students	5		
b. Total # of donations to support community organization's events			
c. Total # of seats on various community boards held by CHC leaders			
d. Total # of event sponsorship donations			
e. Total # of community events CHC participates in with educational content			
f. Total # of shadow students annually	116		
5. Demonstrates Seamless Continuum of Care Building	FY 2009 Data	FY 2010	FY 2011
a. Total # of Health Access call center encounters			
b. Total # of educational materials provided by The Women's Place			
c. Total # of bereavement cases managed by Carroll Hospice	1,079		
d. Total # of support groups (not sessions) provided	17 + 6		
e. Total # of visits by hospital employed doctors including hospitalists			
f. Total # of support group attendees	3,009 + 355		

\*Inpatient, PHP, any kind of assistance

\*\* Associates/screenings

## Carroll Hospital Center/Partnership for a Healthier Carroll County Elder Needs Health Assessment 2008

### Sample Selection

A total of 672 households responded to the survey, however 79 of the sampled households were not actual Carroll County residents (but were sampled due to cross-county zip codes). These households were filtered out giving a sample size of 593 households.

Surveys were also divided into 3 categories; those received the survey in the mail (consisting of 411 households) and those who received it in some other means (182 households). The surveys sent out in the mail are closer to achieving a random sample, so by separating respondents into these two categories any bias from the sample population that answered the survey through other methods will be apparent.

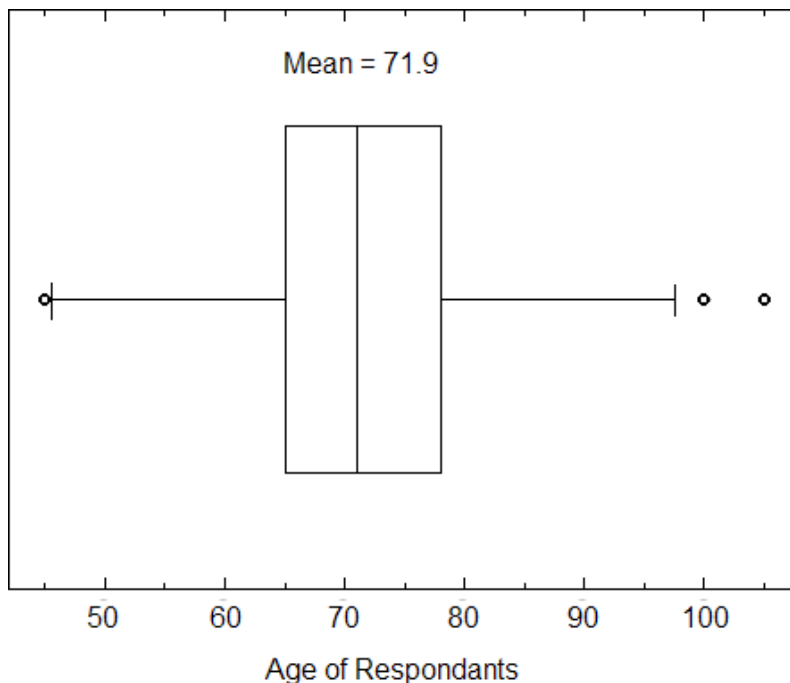
### Demographic Information

#### Gender

	In the Mail	Other	Total	Census
Male	61.3%	22.9%	49.7%	*49.4%
Female	38.7%	76.5%	50.3%	*50.6%

\*Census data based on 2006 census of Carroll County

#### Age

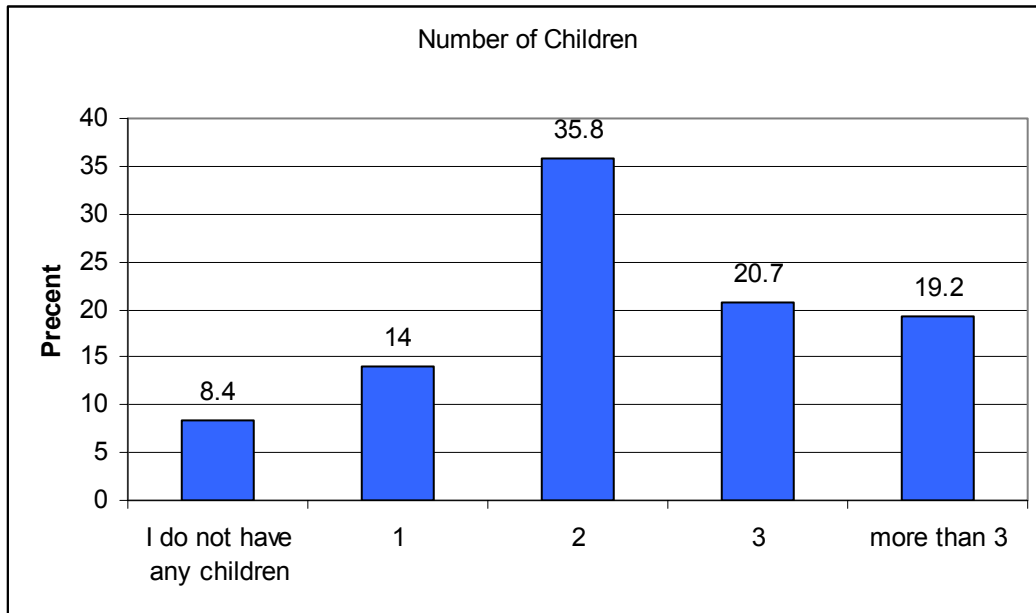


#### Chart Statistics:

Mean: 71.9 years old  
 Standard Deviation: 8.18  
 High: 105  
 Low: 45  
 Third Quartile: 78  
 First Quartile: 65  
 Median: 71

*Marital Status/Family Life*

<b>Marital Status</b>	In the Mail	Other	Total
Single	2.7%	5.6%	3.5%
Married	74.0%	30.2%	60.7%
Widowed	17.0%	49.2%	26.8%
Divorced	4.9%	11.7%	6.9%
Separated	1.0%	1.1%	1.0%
<b>Times Married</b>			
Never	1.9%	6.1%	3.2%
Once	75.7%	69.8%	73.9%
Twice	20.2%	17.3%	19.4%
Three times	1.0%	3.4%	1.7%
Four times	.5%	.6%	.5%
More than Four	.2%	0%	.2%



*Education*

<b>Completed level</b>	In the Mail	Other	Total
Middle School	7.1%	19%	10.6%
High School/GED	39.7%	44.7%	41.5%
Associates/ 2 year training program	12.2%	5.6%	10.1%
Bachelor's degree	20.4%	6.7%	16.5%
Master's degree	8.8%	5%	7.4%
Doctoral degree	1.9%	1.1%	1.5%

Other	9.0%	12.8%	10.1%
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*Religion*

<b>Religious Affiliation</b>	
Christian	87.2%
Judaism	1.5%
Buddhism	.2%
Islam	0%
Hinduism	.2%
No Affiliation	5.2%
Other	2.5%

<b>Attendance at a place of worship</b>	
Often, every week or more	43.2%
Regularly, at least once a month	8.4%
Occasionally, several times a year	14%
Rarely, once or twice a year	18.7%
Never	12.8%

*Extent you are treated differently or discriminated against because of the following:*

	Never	Sometimes	Often	Very Often
Age	53.3%	31.4%	2.7%	0.7%
Gender	59.9%	18.9%	2%	0%
Race/ethnicity	71.3%	8.8%	1.5%	.3%
Income	65.1%	14%	2.4%	1%
Education level	67.1%	13%	1.9%	.3%
Health/disability	65.6%	15.2%	1.2%	1%
Use of tobacco	66.6%	4%	1.7%	1.9%
Religion	74.9%	6.1%	.5%	.7%
Weight	69.0%	10.5%	2.4%	.8%
Sexual orientation	76.6%	3.5%	.5%	0%

<b>Ethnicity</b>	In the Mail	Other	Total	Census
White/Caucasian	96.6%	91.1%	94.8%	94.2%
Black/African American	1%	3.9%	1.9%	3.1%
Hispanic or Latino	0%	.6%	.2%	1.6%
Asian or Asian American	.7%	.6%	.7%	1.5%
Other	.7%	.6%	.7%	-

\*Census data based on 2006 census of Carroll County

	In the Mail	Other	Total
<b>In what country were you born?</b>			
USA	80.9%	73.7%	78.4%
Other	2.9%	4.5%	3.4%

**Household Information**

	In the Mail	Other	Total
<b>Home Adequate for future care needs?</b>			
Yes	58.6%	50.3%	56.5%
No	13.4%	11.2%	12.6%
I don't know	26.3%	34.1%	28.5%
<b>Housing Situation</b>			
Single living alone	19.7%	55.3%	30.5%
Single living with a child	2.9%	8.4%	4.6%
Couple	74%	26.8%	59.7%
Single living with a grandchild	.2%	0%	.2%
Single living with another family member	1.5%	3.4%	2%
Single living with non-relative roommate	1%	.6%	.8%
<b>Satisfaction with Housing Situation</b>			
Very satisfied	59.4%	53.6%	57.5%
Quite satisfied	20.7%	17.3%	19.9%
Satisfied	13.6%	19%	15.2%
Neither satisfied nor dissatisfied	2.4%	2.8%	2.5%
Dissatisfied	1.9%	1.1%	1.7%
Rather dissatisfied	.2%	.6%	.3%
Very dissatisfied	.2%	1.7%	.7%
<b>Number of people in your household</b>			
1	19.5%	54.7%	30.2%
2	62.8%	29.6%	52.8%
3-4	13.6%	9.5%	12.3%
5-6	2.9%	1.7%	2.5%
7 or more	.2%	1.1%	.5%
<b>Home</b>			
Single family home	85.2%	38.5%	71.2%
Duplex	.2%	2.2%	.8%
Townhouse	1.9%	1.1%	1.7%
Multi-family apartment building	0%	.6%	.2%
Apartment complex	1.5%	5.6%	2.7%
Apartment in 55 or older housing	.5%	28.5%	9.1%
In-law apartment	1.5%	1.7%	1.5%
Condominium	1.7%	2.2%	1.9%
Condominium in 55 or older housing	3.2%	5.6%	3.9%
Mobile Home	.7%	.6%	.7%
Retirement community	2.9%	8.9%	4.6%

*Years at current place of residence*

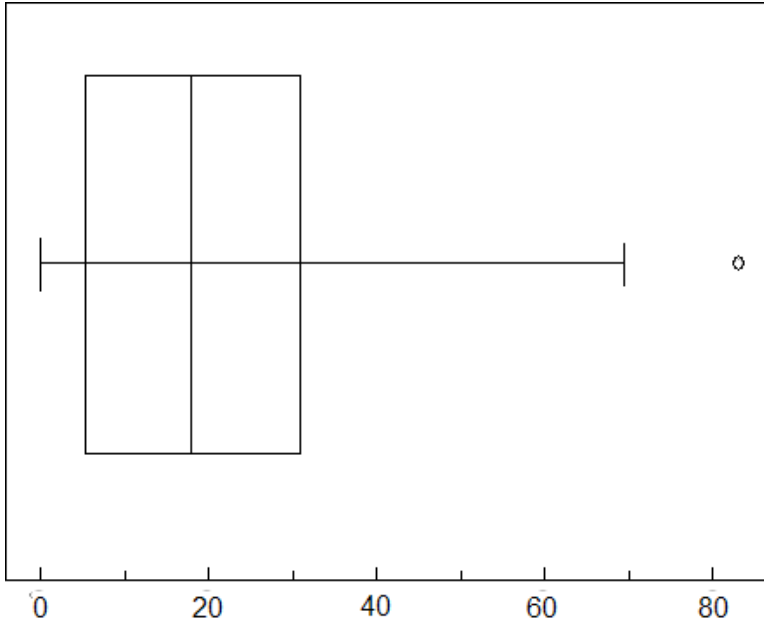


Chart Statistics:

Mean: 19.67 years  
 Standard Deviation: 15.1  
 High: 83  
 Low: .08  
 Third Quartile: 31  
 First Quartile: 5.375  
 Median: 18

Years in current home

	In the Mail	Other	Total
<b>Home Ownership</b>			
Owned outright	60.6%	29.6%	51.4%
Owned with a mortgage	34.3%	12.8%	27.5%
Leased	.5%	12.3%	4.2%
Rented- furnished	.2%	1.1%	.5%
Rented- unfurnished	3.2%	26.3%	10.1%
Provided by state or federal agency	.2%	8.4%	2.7%

*Safety*

*Would you benefit from any of the following modifications?*

	Yes	Already have	No
Grab bars in bath/shower	48.2%	20.7%	19.4%
Grab bars near the toilet	36.8%	8.4%	30.9%
Ramp for wheel chair access	21.6%	5.7%	39.3%
Chair lift for stairways	18.2%	.8%	46.7%

	In the Mail	Other	Total
<b>Safe in Home</b>			
Yes, always	90.8%	82.1%	88%



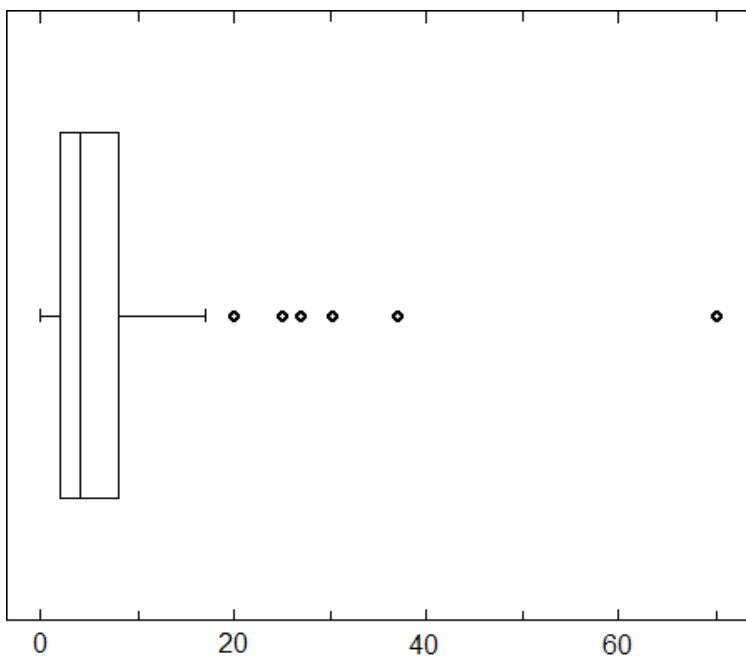
Yes, sometimes	8.8%	11.2%	9.6%
No	.2%	1.1%	.5%

	In the Mail	Other	Total
<b>Safe in Community</b>			
Yes, always	73.2%	64.2%	70.3%
Yes, most of the time	23.6%	23.5%	23.8%
Yes, sometimes	1.9%	4.5%	2.7%
No	0%	0%	0%
<b>Afraid of being harmed or taken advantage by</b>			
Spouse	0%	.6%	.2%
Child	1.5%	.6%	1.2%
Grandchild	.2%	.6%	.3%
Neighbor	1%	2.2%	1.5%
Other	5.4%	5%	5.2%

**Employment and Volunteerism**

	In the Mail	Other	Total
<b>Employed</b>			
Yes	29.4%	6.7%	22.9%
No	69.6%	87.2%	74.5%
<b>Volunteer</b>			
Yes	36.3%	44.1%	38.3%
No	63%	49.2%	59%

*Number of hours volunteered (Of those who answered yes to above question)*



Mean = 6.1802  
 Standard Deviation = 7.62  
 High = 70.00  
 Low = 0.00  
 Third Quartile = 8.00  
 First Quartile = 2.00  
 Median = 4.00

## Income and Expenses

*How much of your monthly income do you spend on the following?*

	0	Less than 1/4	Less than 1/3	Less than 1/2	Less than 3/4
Mortgage/Rent	37.4%	14.8%	8.4%	9.1%	3.2%
Electricity	3.5%	58.9%	7.6%	1.3%	1.3%
Telephone	2.4%	64.2%	3.7%	1%	1%
Heating/air conditioning	2.9%	48.7%	13.5%	2.9%	1%
Medical bills	6.7%	48.2%	11.1%	3.9%	.8%
Prescription drugs	4%	52.3%	9.1%	4.9%	1.2%
Food	1.3%	38.4%	25.5%	5.9%	1.5%
Clothing	6.2%	56%	6.2%	.5%	.8%
Other	3.2%	24.3%	5.1%	2.4%	.8%

	In the Mail	Other	Total
<b>Income</b>			
Less than \$50,000	46%	61.5%	50.6%
Between \$50,000 and \$100,000	35.3%	11.7%	28%
More than \$100,000	9.2%	3.9%	7.6%
<b>Enough to make ends meet?</b>			
Yes	65.9%	40.2%	58.2%
No	19.7%	29.6%	22.6%
Don't know	9%	10.6%	9.6%

*How much financial help do you receive from the following?*

	None	A little	Some	A lot
Son/Daughter	83.3%	3%	2.4%	.5%
Spouse/Partner/Former spouse	49.1%	5.2%	12.1%	11.5%
Other relative	81.5%	.5%	.7%	0%
Friends or non-relatives	1.1%	.2%	.2%	0%

*How much financial help do you provide from the following?*

	None	A little	Some	A lot
Son/Daughter	62.4%	16.2%	7.8%	3.9%
Spouse/Partner/Former spouse	46.5%	5.4%	10.6%	11.5%
Other relative	73.4%	4.7%	1.5%	.7%
Friends or non-relatives	75.4%	2.5%	.5%	0%

## Transportation

	In the Mail	Other	Total
<b>Satisfaction of transportation</b>			
Very satisfied	47.4%	46.4%	46.9%
Quite satisfied	17%	9.5%	14.7%
Satisfied	19.7%	17.3%	19.2%
Neither Satisfied nor dissatisfied	9.2%	7.3%	8.6%
Dissatisfied	2.4%	4.5%	3.2%
Rather dissatisfied	.7%	3.4%	1.5%
Very dissatisfied	1%	1.1%	1%
<b>Seatbelt Usage</b>			
Always when driving	91.7%	73.2%	86%
Sometimes when driving	3.2%	1.7%	2.7%
Never when driving	.2%	1.7%	.7%
Always when passenger	48.9%	59.8%	52.3%
Sometimes when passenger	4.6%	5.6%	4.9%
Never when passenger	.7%	1.1%	.8%
<b>If dissatisfied, why?</b>			
Too expensive	14.1%	12.8%	13.8%
Inconvenient	5.1%	5%	5.1%
Unreliable	1.5%	2.2%	1.7%
Little flexibility with time	4.4%	9.5%	5.9%
Little flexibility with destinations	5.6%	7.8%	6.2%
Other	8%	10.6%	9.1%

*In one week, how often do you use the following?*

	0	1-2 days	3-4 days	5-6 days	Daily
Car (you drive)	3.7%	8.8%	19.9%	17.2%	40%
Car (someone else drives)	29%	24.8%	5.4%	2.5%	2.7%
Walking	33.6%	12%	6.1%	1.9%	8.6%
Bicycle	53.1%	1.5%	.2%	0%	.2%
Taxi Cab	54.6%	.3%	0%	.2%	0%
CATs system	52.1%	3.4%	2.2%	.3%	.2%
Apartment complex shuttle	43.2%	.7%	.2%	0%	0%
Car pool with neighbor	53.1%	13.5%	1.7%	.5%	0%
Senior center	52.6%	1.3%	.3%	.5%	0%

### Social Support and Communication

	In the Mail	Other	Total
<b>Visited by friends or relatives</b>			
Daily	5.8%	7.8%	6.7%
Several times a week	25.1%	20.7%	23.4%
Weekly	13.9%	17.9%	15%
Several times a month	21.9%	20.7%	21.4%
Monthly or less often	30.2%	24%	28.5%
<b>If ill, have a friend or relative to call?</b>			
Yes	95.9%	90.5%	94.3%
No	2.4%	3.9%	2.9%
I don't know	.7%	.6%	.7%
<b>Friend/relative willing to care for in the future</b>			
Yes	52.6%	51.4%	51.9%
No	40.9%	31.8%	38.4%
I don't know	4.1%	7.8%	5.2%
<b>Who would you ask for caregiving help?</b>			
Son or daughter	54.3%	63.1%	57.2%
Spouse	56.9%	17.9%	45.2%
Other relative	3.2%	7.8%	4.4%
Friend/neighbor	3.6%	5%	4%
I don't know	6.1%	13.4%	8.3%
Other	2.7%	6.1%	3.7%
<b>Own cellular phone</b>	83.2%	52%	73.5%
<b>Access to internet at home</b>	70.3%	37.4%	60.2%
<b>Use email to communicate</b>	57.2%	26.8%	47.9%

*How often do you use any of the following?*

	Never	Daily	Weekly	Monthly
Cigarettes	87.5%	6.4%		.5%
Cigars	90.2%	0%		.8%
Snuff	91.4%	0%		0%
Chewing tobacco	90.7%	1%	0%	0%
Alcohol	54.1%	9.1%	13.3%	16.2%

	In the Mail	Other	Total
<b>Hours spent on Internet (weekly)</b>			
None	34.8%	62.6%	43.3%
1 or 2 hours	21.7%	12.8%	18.9%
2 to 5 hours	16.8%	9.5%	14.7%
5 to 10 hours	10.2%	4.5%	8.6%
10 to 15 hours	8.5%	1.1%	6.2%
More than 15 hours	6.3%	1.7%	4.7%
<b>Hours spent watching TV (daily)</b>			
Less than 1 hour	5.6%	4.5%	5.2%
1 to 2 hours	24.1%	14%	21.2%
2 to 3 hours	29.2%	25.7%	28%
3 to 4 hours	19.5%	19%	19.4%
4 to 5 hours	10.5%	11.7%	10.8%
5 or more hours	10.2%	19%	12.8%

*How often do you participate in the following activities*

	Never	Sometimes	Often	Very Often
Parlor/Barber	23.4%	44.9%	9.9%	1.9%
Bingo	72.3%	6.2%	5.4%	1.5%
Bowling	80.1%	1.9%	1.5%	.3%
Cooking	19.6%	22.4%	4.7%	42%
Crosswords puzzles	49.6%	11.3%	5.4%	20.4%
Dancing	71.8%	9.3%	1.9%	1.3%
Do-it-yourself projects	23.9%	28.8%	16.7%	16.2%
Drinking	55%	16.4%	6.2%	5.1%
Eating out	5.1%	41.1%	31.2%	13.3%
Gardening	28.7%	26.6%	15.7%	16.5%
Home videos/photography	44.4%	30.5%	7.6%	2.5%
Movie theater	56.3%	27%	1.5%	1.3%
Listening to music	6.6%	29.2%	12.6%	41.1%
Night club	83.5%	2.7%	.7%	0%
Read book	14.5%	29.2%	11.3%	35.8%
Read newspaper/magazine	3.2%	16.4%	8.4%	64.4%
Sewing/needlecraft	53.8%	17.2%	5.7%	12.3%
Television	2.5%	13%	5.4%	72.2%
Theater	56.2%	24.6%	.8%	1%
Visiting friends/family	6.1%	43.8%	22.8%	15.3%
Volunteer work	46.2%	16.2%	10.6%	11.8%

	In the Mail	Other	Total
<b>Satisfaction with leisure activities</b>			
Very satisfied	35.3%	35.2%	35.1%
Quite satisfied	20.2%	20.1%	20.4%
Satisfied	25.8%	27.4%	26.1%
Neither Satisfied nor dissatisfied	14.8%	6.1%	12.3%
Dissatisfied	1.9%	1.1%	1.7%
Rather dissatisfied	0%	.6%	.2%
Very dissatisfied	0%	.6%	.2%

### Pets

	In the Mail	Other	Total
<b>Concerns about care for pet should you be ill</b>			
I don't have any pets	50.1%	59.2%	52.8%
Yes	16.8%	14%	16.2%
No	29.7%	14%	25%
I don't know	1.2%	1.7%	1.3%

### Meals and Dining

	In the Mail	Other	Total
<b>Meals per day</b>			
1	1.2%	3.9%	2%
2	18.5%	21.8%	19.6%
3	77.6%	65.9%	74%
4	1.9%	1.7%	1.9%
More than 4	.2%	0%	.2%
<b>If less than 3 meals, why?</b>			
I don't have a big appetite	12.9%	16.2%	13.8%
It is too expensive to eat more often	1%	4.5%	2%
I don't like preparing meals	3.2%	7.8%	4.6%
I'm trying to lose weight	8.5%	2.8%	6.7%
Other	4.4%	5%	4.7%
<b>Type of meals</b>			
Prepared at home by me or spouse	93.4%	78.2%	88.7%
Prepared at home by another family member	6.3%	11.2%	7.9%
Delivered to home by non-profit organization	.5%	0%	.3%
Delivered to home by church	.5%	0%	.3%
Eat at local senior center	1.5%	11.7%	4.6%

Eat at local restraint	30.9%	20.1%	27.5%
Other	3.4%	6.7%	4.4%

	In the Mail	Other	Total
<b>Times eat in a restaurant per week</b>			
0	20.7%	20.1%	20.7%
1-2 times	63.7%	60.9%	62.6%
3-4 times	9.7%	7.3%	9.1%
5-6 times	2.7%	1.1%	2.2%
7-8 times	.5%	.6%	.5%
More than 8 times	1%	.6%	.8%
<b>Reason for eating in restaurant</b>			
I don't eat at restaurants	10%	15.1%	11.5%
It is inexpensive	4.1%	1.7%	3.4%
It is quick	14.8%	7.8%	12.8%
I like the food	33.1%	30.7%	32.4%
It is close to my home	10%	7.3%	9.3%
I don't like preparing food	7.8%	15.1%	9.9%
It is accommodating to older people	9.5%	10.6%	9.8%
Other	24.3%	22.9%	23.9%
<b>Where do you do most of your grocery shopping?</b>			
I do not go grocery shopping	5.6%	7.3%	5.9%
Carroll County	89.8%	84.9%	88.5%
Howard County	.2%	1.1%	.5%
Frederick County	1.2%	1.7%	1.3%
Harford County	0%	.6%	.2%
Baltimore County	1.7%	.6%	1.3%
Baltimore City	0%	1.7%	.5%
Pennsylvania	6.8%	6.7%	6.7%
Other	.7%	.6%	.5%
<b>Why grocery shop there?</b>			
I do not go grocery shopping	6.8%	7.8%	6.9%
It is located near my home	62.5%	55.9%	60.7%
It is friendly to older people	6.3%	13.4%	8.6%
The prices are cheaper	28.5%	20.7%	26.3%
The quality of food is better	17.3%	18.4%	17.5%
Coupons and/or discounts	20.4%	26.8%	22.3%
It is handicap accessible	2.9%	3.9%	3.2%
Easy parking	16.3%	23.5%	18.2%
Other	4.4%	2.8%	3.9%

**Medical/ Health Care**

	In the Mail	Other	Total
<b>General Health</b>			
Very good	28.7%	20.1%	26%
Good	47.2%	48%	47.7%
Fair	20%	22.9%	20.7%
Poor	2.4%	3.9%	2.9%
Very poor	1%	0%	.7%
<b>Do you have a regular doctor?</b>			
Yes	97.6%	91.1%	95.6%
No	1.7%	3.4%	2.2%
I don't know	0%	0%	0%
<b>In past 12 months have you been in good health?</b>			
Yes, good health throughout	38.4%	30.2%	35.6%
Yes, good most of the time	49.6%	47.5%	49.4%
No, occasional poor health	8.8%	14.5%	10.5%
No, poor health throughout	1.9%	2.2%	2%
<b>Have you seen a doctor in the last year</b>			
Yes	94.2%	88.8%	92.6%
No	2.9%	5%	3.5%
I don't know	0%	0%	0%

*Where do you receive your health care?*

	Most health care	Some health care	None
Carroll County	74.2%	9.8%	3.2%
Baltimore Co.	9.1%	11.6%	7.1%
Baltimore City	2.5%	7.6%	8.8%
Howard Co.	1.5%	2%	10.3%
Frederick Co.	2.7%	1.3%	9.9%
Montgomery Co.	1.7%	1.5%	10.3%

	In the Mail	Other	Total
<b>Basis for selection of where you get health care</b>			
It is close to my home	49.4%	51.4%	50.8%
Choice of doctors	68.6%	59.8%	65.8%
They accept my insurance	41.8%	50.3%	44.2%
Other	5.1%	6.7%	5.6%



*Who in your household uses the following?*

	No one	Self	Spouse	Other
Cane	66.8%	13.2%	3.4%	.8%
Walker	71.5%	6.2%	2.5%	.5%
Oxygen (in home)	72.8%	2.7%	.8%	.2%
Oxygen (portable)	73.2%	1.5%	.3%	0%
Wheel chair	71.7%	3.9%	1.2%	.3%
Chair life	73.2%	.8%	0%	.3%
Crutches	74%	.5%	.2%	0%
Hearing aid	63.1%	13.2%	3.2%	.3%
Glasses	6.2%	85.8%	50.9%	4.4%
Dentures	41.8%	36.8%	16.2%	1.5%

	In the Mail	Other	Total
<b>Last year checked for:</b>			
Mammogram/Prostate Exam	71.3%	53.1%	65.6%
Blood Sugar test for diabetes	56.7%	49.2%	54.3%
Pap Smear	24.6%	26.8%	25.5%
Blood pressure screening	85.9%	82.1%	84.7%
Cholesterol screening	80.8%	73.2%	78.4%
Colonoscopy	25.8%	19%	23.8%
HIV/AIDS test	1.7%	1.1%	1.5%
Chest X-ray	26.5%	30.7%	27.7%
TB test	5.1%	6.1%	5.4%
Screening for depression	2.9%	6.7%	4%
Screening for memory loss	2.2%	3.4%	2.5%
Hearing test	14.4%	16.8%	15%
Vision test	67.6%	61.5%	65.9%
Dental Exam	70.8%	49.2%	64.2%
Flu Shot	71.8%	72.6%	72.2%
<b>Health State today</b>			
I have no pain or discomfort	38.7%	31.3%	36.3%
I have some pain or discomfort	57.2%	54.7%	56.7%
I am in extreme pain or discomfort	3.2%	3.4%	3.2%

*Diagnosed or told you have any of the following conditions and when*

	Yes, less than 5 years ago	Yes, more than 5 years ago	No, I do not have
Arthritis	27%	25%	32.4%
High blood sugar/Diabetes	16.2%	20.7%	42.3%
Osteoporosis	8.8%	8.9%	51.4%
Heart disease	13.2%	16.4%	43.2%
High cholesterol	25.3%	30.7%	25.1%
Depression	6.7%	6.9%	54.3%
Memory Loss	4.4%	2%	59.2%
Breast Cancer	1.5%	2%	58.3%
Skin Cancer	7.4%	5.7%	53.1%
Prostate Cancer	3.2%	3%	53.8%
Sever Hearing Loss	7.3%	4%	54%
Macular Degeneration	4.7%	2%	57.8%

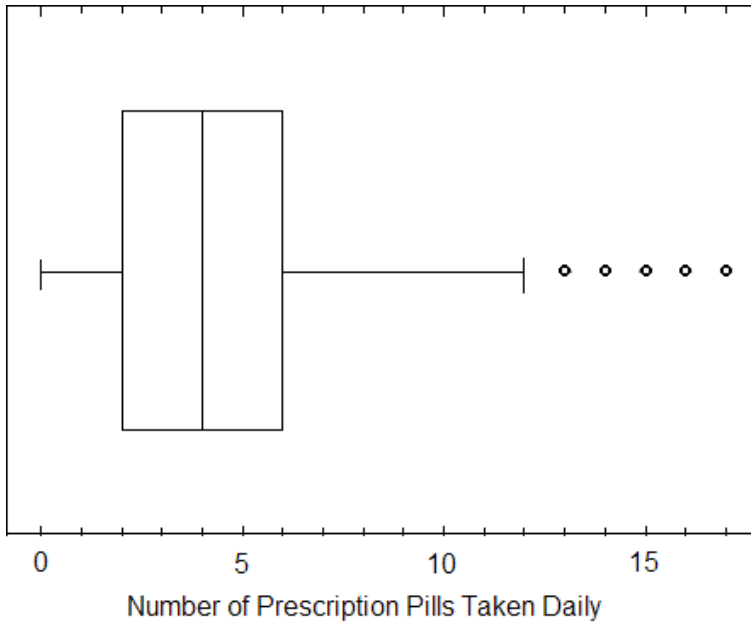


Chart Statistics:

Mean: 4.18 Pills  
 Standard Deviation: 3.12  
 High: 17  
 Low: 0  
 Third Quartile: 6  
 First Quartile: 2  
 Median: 4

	In the Mail	Other	Total
<b>Able to pay for medications</b>			
Yes	86.9%	63.1%	79.9%
Yes, but only with help from others	9.7%	15.1%	11.3%
No	.5%	3.9%	1.5%
I don't know	1%	2.8%	1.5%

	In the Mail	Other	Total
<b>Payment Method for medications</b>			
Private insurance	67.6%	46.9%	60.9%
Medicare	31.6%	46.9%	36.4%
Prescription assistance programs	9%	16.2%	11.1%
Out of pocket	22.4%	22.9%	22.6%
Veteran's benefits/Tricare	5.8%	4.5%	5.4%
Other	2.2%	3.9%	3%
<b>Medications currently being taken</b>			
Tylenol	29.7%	43.6%	33.9%
Aspirin	52.1%	49.2%	51.4%
Advil/other pain reliever	21.4%	14%	19.2%
Sudafed/sinus medication	8.5%	6.1%	7.8%
Benedryl/allergy medication	10.5%	7.3%	9.4%
Calcium supplements	32.4%	41.9%	35.4%
Tums/antacids	22.1%	19.6%	21.1%
Laxatives	9.7%	12.3%	10.5%
Other	14.1%	11.7%	13.3%
<b>Herbal medications being taken</b>			
Ginko	1.9%	2.8%	2.2%
Multi vitamins	40.4%	33.5%	38.3%
St. Johns Wart	.2%	.6%	.3%
Saw Palmetto	2.7%	.6%	2%
Garlic	2.4%	5%	3.2%
DHEA	1.2%	1.1%	1.2%
Other	13.9%	3.9%	10.8%
<b>How often do you visit the dentist?</b>			
Never	8.3%	14.5%	10.1%
Every 6 months	59.6%	41.3%	54.3%
Once a year	13.6%	15.6%	14%
Once every 5 years	4.1%	3.4%	3.9%
Only when needed	13.4%	17.9%	14.8%
<b>Health state in relation to usual activities</b>			
No problems performing my usual duties	64.7%	56.4%	62.4%
Some problems performing usual duties	32.1%	31.8%	32%
Unable to perform my usual duties	1.9%	3.4%	2.4%

*Does your health limit you in these activities?*

	Limited a lot	Limited a little	Not limited
Climbing several flights of stairs	15.3%	27.5%	50.1%

Normal work	12.1%	31.7%	48.2%
Leisure/Social Activities	8.4%	23.8%	57.3%

	In the Mail	Other	Total
<b>Medical Insurance</b>			
Medicare part A only	11.9%	15.1%	13%
Medicare part A & B	64.5%	73.7%	67.1%
Medicare part D	15.6%	21.2%	17.4%
Medicaid	2.9%	4.5%	3.4%
Supplemental Insurance	51.6%	48%	50.6%
Private Health Insurance	40.1%	22.3%	34.7%
Veteran's benefits/Tricare	6.3%	5%	5.9%
Don't know	.5%	2.2%	1%
<b>Doctors ability to treat health problems</b>			
Excellent	38.9%	38%	38.8%
Good	47.4%	38%	44.5%
Fair	5.8%	6.7%	6.1%
Poor	.2%	1.7%	.7%
Not sure	4.9%	5.6%	5.1%
<b>Hospitals ability to treat health problems</b>			
Excellent	22.9%	26.3%	23.6%
Good	46.7%	38.5%	44.5%
Fair	12.4%	7.8%	11%
Poor	2.4%	5.6%	3.4%
Not sure	12.9%	12.8%	13%
<b>Household long standing illness/disability</b>			
Yes, I do	21.7%	28.5%	23.8%
Yes, someone else does	16.8%	8.4%	14.3%
No	57.2%	48%	54.3%
Don't know	1.9%	2.8%	2.2%
<b>Self Care</b>			
I have no problems with self care	93.7%	83.8%	90.7%
Some problems washing/dressing myself	3.6%	6.7%	4.6%
Unable to wash/dress self	.5%	.6%	.5%
<b>Have any of the following?</b>			
Living will	64.2%	64.2%	64.4%
Medical power of attorney	50.6%	47.5%	49.7%
Advance directive	32.8%	25.1%	30.4%
Life insurance	73.2%	46.9%	65.1%
Long-term care insurance	18.5%	10.6%	15.9%

*Do you need help with any of the following?*

	No Help	Some Help	Must Have Help
Grocery Shopping	81.6%	7.6%	4%
Cooking	65.3%	3.2%	2.5%
Laundry	84.8%	3.9%	3%
Managing Money	87.7%	3.4%	1.7%
Housework	74.9%	14%	3.9%
Bathing	88.7%	2.2%	1.5%
Leaving the House	86.8%	2.7%	2.5%
Walking	83.3%	6.9%	2.7%

*How familiar are you with the following programs?*

	Not	Somewhat	Familiar	Very
Health care services	34.9%	26.3%	18.2%	8.1%
Dental care services	45.5%	13.2%	16.9%	10.3%
Mental health services	55%	15.7%	9.4%	4.2%
Transportation to health services	48.6%	21.6%	12.3%	3.5%
Other Public Services	47.9%	21.2%	10.3%	3.7%
Legal services	53.1%	16.5%	10.8%	3.7%
Food stamps	67.6%	8.9%	4.2%	1.9%
Senior center services	38.6%	23.6%	14.7%	8.6%
Adult day care	61.2%	12.3%	6.1%	2.7%
Public library	8.4%	17%	33.2%	31.5%
Services for disabled	58.7%	16.9%	5.7%	2.7%
Help with energy bill	62.9%	13.5%	7.4%	2.2%
Alcohol/drug abuse treatment	64.1%	12.5%	4.9%	1.7%
Domestic violence	65.9%	11.8%	4.2%	1.7%
Housing/rental assistance	67.3%	9.4%	5.7%	2%
Prescription drug assistance	52.6%	16.9%	10.3%	7.1%
English 2 <sup>nd</sup> language classes	63.1%	6.9%	3.4%	1.7%

# Healthy Carroll Vital Signs II

*Measures of Community Health<sup>®</sup>*



Partnership for a  
**HEALTHIER**  
Carroll County

A Publication of The Partnership, Inc.  
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## Dear Partners and Friends,

Since our original Community Health Assessment Project in 1996, you have worked in partnership toward a vision of a “healthier community.” Adults and young people, civic groups, public and private sector agencies, faith organizations, schools, neighborhoods, and so many more, have demonstrated the power of collaboration and cooperation. You described your vision of a “healthier community” as:

A true community, linked together by a central, coordinating hub that promotes:

- Community values and connections
- Partnership among organizations
- Locally available, accessible, affordable, and integrated health education and services for all
- Safe activities which enhance mind, body, and spirit
- Empowerment of individual responsibility

In 1999, The Partnership, Inc., was formed to be that coordinating hub. We define “community” as the jurisdictional boundaries of Carroll County, Maryland, and we subscribe to the World Health Organization’s broader definition of health which says, “Health is a state of complete physical, mental and social well-being — not merely the absence of disease or infirmity.”

Our history of facilitating collaboration and cooperation is only a means to an end — not the end itself. Since the early days, you, the visionaries of The Partnership, have sought measurability and results. “How will we know when we are a healthier community?” has been our constant organizational challenge. These Healthy Carroll Vital Signs II are another step in our journey. They take the pulse of our community’s health status in the areas you previously identified as the most important and needing improvement, including:

Prevention & Wellness	Interpersonal Violence
Access to Health Care	Mental Health
Cancer	Positive Youth & Family Development
Elder Health	Substance Abuse
Growth	Water Quality
Heart Health	

Healthy Carroll Vital Signs was published for the first time in May 2006. It contained outcome indicators, seeking to measure the well-being of our whole population — cross-community accountability, if you will. Taking our “pulse” metaphorically means identifying how our health is improving.

Two years later, we are publishing this, our second edition. This issue contains newly added contextual information by way of gold standard sources and corresponding improvement targets. These benchmarks provide reference for understanding our own community’s health status. With at least three comparison points, we are now able to construct trend patterns for each indicator. Because of space and expense, those graphs will be maintained in the online version only, but can be downloaded for your convenience. Also new in this version is inclusion of some of the key strategies undertaken by workgroups, to move those figures as desired.

Of continuing importance, please note these vital signs are not performance measures regarding the client populations of any agency, service, or program.

It is our hope that you will find many uses for this publication — in strategic planning, resource development, resource allocation, or in making personal lifestyle choices. It should help you to know if we are moving in the right direction; when any of our actions are most effective; and provide a common understanding of how our “HEALTH” and quality of life, are changing over time.

This effort to establish Vital Signs is uniquely ours, although numerous similar endeavors are common in the nationwide effort to “create healthier communities.” The Partnership is proud to bring you this work, developed by the knowledgeable and committed members of our community who participated. Archives, trending charts and this second edition are also on our website at [www.healthycarroll.org](http://www.healthycarroll.org).

As always, we thank you sincerely, for all you do to make ours a healthier community!

Members of the Board of Directors, Executive Council,  
and Staff of The Partnership, Inc.  
May 2008



# Preface

## Our Mission

*The Partnership for a Healthier Carroll County, Inc. strives to build the capacity of individuals and organizations to improve the health and quality of life in Carroll County, Maryland.*

## Organizational Vision

*The Partnership for a Healthier Carroll County, Inc. will be the leader in healthy community strategies, implemented by the Carroll County, Maryland community, to achieve the highest level of health possible.*

## Organizational Focus

Operational effectiveness or “doing things right” must be planned and accomplished. But, assurance that we are “doing the right things” is the essence of tactical planning. In 2006, during those planning sessions, The Partnership identified clear commonalities and risk factors among most of the 11 health improvement areas. They are:

- Appropriate healthy weight and levels of physical activity
- Tobacco usage/exposure
- Wellness and/or illness and injury prevention

It is no surprise that one-third of all deaths in our country are attributed to these elements as illustrated in the “What’s Really Killing Us” chart below.

Our leadership further determined that efforts in these areas should become the signature direct work of our organization. The Prevention & Wellness Work Group members are the primary collaborators in addressing wellness and illness/injury prevention. The indicators and strategies identified by the Prevention & Wellness workgroup will be the first measures featured in this publication we are calling Healthy Carroll Vital Signs II.

## Reflections

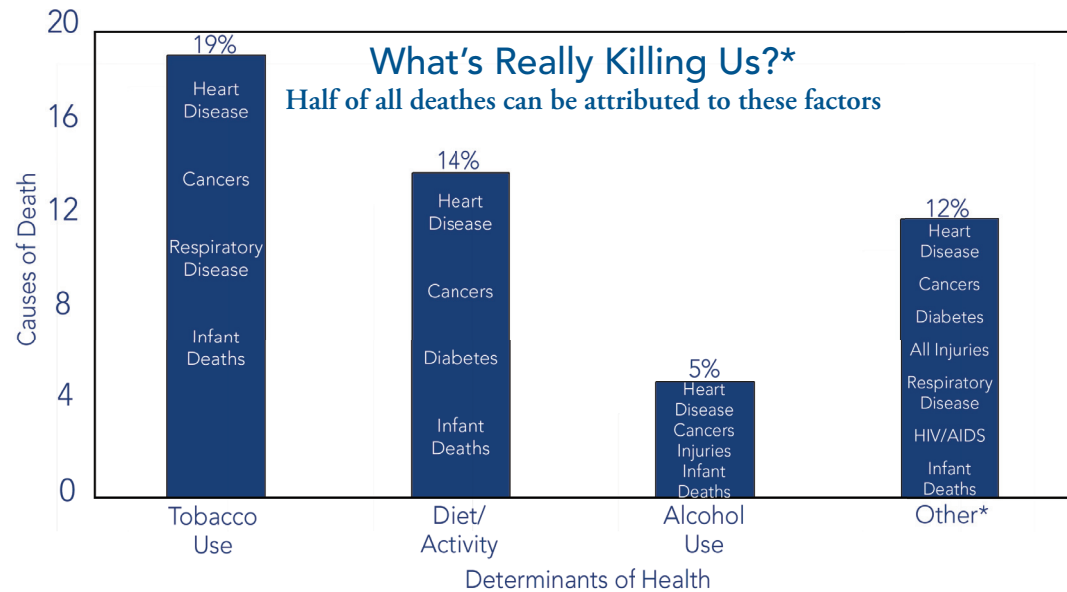
Eleven Community Health Improvement Areas comprise the scope of work for our organization. In 2006, we launched “Healthy Carroll Vital Signs: Measures of Community Health” (HCVS), a framework for achieving measurable health improvement results in those areas. HCVS was a preliminary draft, documenting our early efforts to track specific data points; something we plan to do annually for at least the next ten years.

The indicators and sources in that issue were selected by workgroups consisting of local stakeholders and experts. The document has served us well and we are ready to advance to the next step of this exciting journey.

## Terminology

### 1. What is an indicator?

Indicators provide objective, measurable information via data points. To serve its purpose in accurately representing a value or concern of the commu-



\* Other lifestyle and personal behavior (nongenetic) risk factors include microbes, toxins, firearms, sexual behavior, motor vehicles, and drug use. Source: McGinnis, J.M., & Foege, W.H. (1993). Actual causes of death in the United States. *JAMA*, 270(18), 2207-2212.

nity and in promoting and measuring effectiveness, an indicator must meet definitions and criteria established by The Partnership. An indicator must be valid, based on fact, readily measured, accessible and affordable, consistent and reliable, and be capable of showing change over time. An indicator will focus on results, not simply activity or resources expended, and its information source must be independent and likely to produce high quality data over a number of years for measurement of long-term results.

A good indicator will:

- be understandable to the general public
- be able to stand alone as an indicator of that specific health area in Carroll County
- be reliable and available on an annual basis

*Source: Mark Freidman, The Fiscal Policy Studies Institute*

## 2. What is an information source?

Valid, objective, consistent, reliable and respected sources of information are critical to accomplish the desired comparison of “apples to apples”. For the charts in this publication, information sources will be consistent from year to year.

If an information source meeting all of the above criteria does not exist, then the data point cannot be considered as an indicator.

## 3. What are supplemental measures?

Supplemental measures are information of major interest to the workgroup members and are listed on the indicators page, but separately. At this writing, these measures do not meet the indicator definition; possibly only because a data source has yet to be identified. Trending graphs will probably not be available for these measures.

## 4. What are benchmarks?

Benchmarks are gold standards organizations and their published realistic, achievable targets. These target or improvement objectives are to be accomplished within a defined period of time by a community like ours. Benchmarks provide context for interpreting our own community’s health status.

## 5. What are results statements?

The desired conditions of well-being, or results statements, are listed for each

of the health areas. They are the optimal conditions our partners and workgroup members are striving for and further define the objectives associated with each health improvement area.

## How are we doing on the most important issues?

Carroll County is a relatively healthy and safe community in which to live and work compared to other Maryland counties. Preserving that status amid growth is our challenge. Improving that status is our mission.

Recent assessments support the general conclusion that Carroll County is in good health. Specific areas of concern include community-based behavioral health interventional services for children, youth and adults; dental services for uninsured; youth injury from motor vehicle accidents; overweight/obesity among all ages; and chronic disease management.

Current studies underway are looking at a rapidly growing portion of our population, older adults (60+). We need to better understand the factors that will help this booming population maintain healthy independence for a longer period of time. We also need more information on the health status and habits of our minority populations.

## Conclusion

The Partnership for a Healthier Carroll County, Inc. believes that individuals and organizations in Carroll County, Maryland – with diverse skills, respectful work relationships, a willingness to be innovative, and a shared healthier community vision – can improve the health and quality of life in our community.

To stimulate and accelerate engagement in the vision of a healthier community, we add our passion, leadership and expertise and, occasionally, our resources. We achieve community ownership by forming purposeful collaborations that build unity, clarify direction and achieve measurable health improvement results.

Through diligent, scheduled monitoring and reporting on key indicators selected by local experts, The Partnership drives the local effort to create a healthier community.

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# Demographics

## Community

We define “community” as the whole jurisdiction of Carroll County, Maryland. Before looking at the results statements and indicators contained in this document, it is important to understand the community context. The population, the environment, the economy, and much more all play a role in our shared goal of being a healthier Carroll County community. To better understand that context, these demographics have been organized into five areas: geography, population, economics, business, and families.

## Geography

Land area	449 sq. miles (289,920 acres)
Persons per square mile (2008)	387
Land in farms (2002)	147,252 acres
Agricultural Land Preservation farms (1996-2007)	452
Agricultural Land Preservation acres (1996-2007)	51,296

Sources: Carroll County Department of Planning; US Census Bureau Quickfacts; National Agricultural Statistics Service; MD DHR 2004 FACT PACK; Carroll County Department of Economic Development

## Population

Total population estimate (2008)	173,900
Projected population (2010)	179,700

### Race (2005):

White	159,684	Asian/Pacific Islander	2,248
African American	5,059	Hispanic	2,600
Native American	390		

### Age (2005):

0-9	20,946	35-54	54,195
10-19	26,086	55-64	17,670
20-34	29,525	65+	18,067

Sources: MD State Data Center Carroll County Demographic and Socio-Economic Outlook; MD DHR 2005 Carroll County Snap Shot

## Economics

Per capita personal income (2005)	\$ 36,318
Median household income (2006)	87,000
State rank	9th
Persons in poverty (all ages, 2003)	8,084 (5%)
Youth in poverty (ages 0-17, 2003)	2,347 (5.6%)
Unemployment rate (2006)	3.0%
Average cost of a detached 4 bedroom home (2006)	\$272,665 - \$468,602
Housing units authorized for construction (2006)	507

Sources: MD DHR 2005 Carroll County Snap Shot; Carroll County Department of Economic Development

## Business

Private nonfarm establishments with paid employees (2005)	4,537
Private nonfarm employment (2005)	49,414
Federal funds and grants (2004)	\$701,617
Percent of residents that commute 30 min. or more to work (2002)	72%
Percent of residents that commute out of county for work (2002)	62%

Sources: US Census Bureau Quickfacts; National Agricultural Statistics Service; Carroll Commuter Survey (2001)

## Family

Total number of households (2005)	58,500
Average household size (2005)	2.8 persons
Married-couple households (2000)	34,936 (66.5%)
Family households with children under 18 (2000)	20,863 (39.7%)
Female head of household, no spouse present (2000)	4,350 (8.3%)
Percent of married households (2000)	85%
Percent female headed households (2000)	11%
Percent male headed households (2000)	4%
Marriages in Carroll County (2006)	981
Divorces in Carroll County (2006)	504
Total number of children enrolled in public schools (2006)	28,346

Sources: MD State Data Center Carroll County Demographic and Socio-Economic Outlook; 2005 Strengths & Needs Assessment Secondary Family Data Analysis, MD DHMH Vital Statistics

# Prevention & Wellness

In the most recent strategic planning efforts of our organization, wellness and illness / injury prevention was identified as a signature activity of our work. Within all of our Core Health Improvement areas a prevention focus is where our greatest opportunity for impact exists.

It is no coincidence then, that the workgroup addressing this health component is one of our largest and most active. In fact, additional coalitions like the Smoke-Free Carroll County Coalition have formed as adjuncts. Smoking and secondhand smoke exposure are risk factors in almost all of our health improvement areas. Thus, tobacco use/exposure is a critical illness prevention action.

Similarly, we have had increasing concerns locally and nationally about the occurrence rates of overweight and obesity; and the high risk that occurrence adds in almost all of our health improvement areas. Thus overweight and obesity prevention, especially in children, is a critical illness prevention focus. The L.E.A.N. Carroll Coalition, another adjunct within this core area, has been formed.

Prevention & Wellness means improving health outcomes as measured by progress in lifestyle and behavior indicators; seeking to promote good health, prevent disease, and increase quality and years of healthy life in the community through education and by encouraging measurable changes in behavior and lifestyle.

To that end, we track data related to physical fitness, nutrition, tobacco-free living, and safety that present an overall view of how Carroll County is doing in terms of preventing chronic disease and making positive health behavior choices.

Please note that the terms “Prevention” and “Wellness” are broad terms that encompass many health areas other than the ones incorporated in this publication. Issues such as immunization, medical visits, and proximity to recreation areas also play a role in promoting a healthy lifestyle.

Other health areas related to Prevention & Wellness that can be found in Healthy Carroll Vital Signs include Cancer, Heart Health, and Substance Abuse.

Visit [www.healthycarroll.org](http://www.healthycarroll.org) for participating organizations and the most recent result trending graphs.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Physical Activity	% of adults in Carroll County who exercise 30 minutes or more at least 5 times per week.	Maryland Behavioral Risk Factor Surveillance System	<i>Healthy People 2010</i> physical activity objective 22-2	30%	L.E.A.N. Carroll, Health Partners Registry, L.E.A.N. Carroll Insert (Summer 08), Carroll on the Move* (Fall 2008)

\*Adult Project ACES

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Nutrition	% of adults in Carroll County who consume fruits and vegetables at least 5 times per day.	Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)	<i>Healthy People 2010</i> nutrition objective 19-6	50%	L.E.A.N. Carroll Nutrition Partners  Healthy Dining Guide
	% of children in Carroll County who consume fruits and vegetables at least 5 times per day.	Maryland Youth Behavioral Risk Factor Surveillance System	<i>Healthy People 2010</i> nutrition objective 19-6	50%	Healthy Recipes Project, Carroll on the Move* (Fall 2008)
	% of adults in Carroll County who are obese (Body Mass Index of 30 and over).	Maryland Behavioral Risk Factor Surveillance System	<i>Healthy People 2010</i> nutrition objective 19-2	15% or less	L.E.A.N. Carroll Insert (Summer 08)
	% of adults in Carroll County who have ever been told they have diabetes by a physician.	Maryland Behavioral Risk Factor Surveillance System	<i>Healthy People 2010</i> diabetes objective 5-2	2.5% or less	Diabetes Today Coalition / DHMH Grant
Tobacco-Free Living	% of CC adults who smoke every day.	Maryland Behavioral Risk Factor Surveillance System	<i>Healthy People 2010</i> tobacco objective 27-1	25% or less	Smoke-Free Carroll County: Reduce exposure to tobacco through education and advocacy *Youth Mentoring Program
	% of Carroll County 12th graders who have smoked cigarettes in the past 30 days.	Maryland Adolescent Survey	<i>Healthy People 2010</i> tobacco objective 27-2b	16% or less	
Safety	# of deaths in Carroll County from motor vehicle crashes.	Maryland Highway Safety Office	<i>Healthy People 2010</i> Injury and Violence Prevention Obj. 15-15	9 per 100,000 or less	C.R.A.S.H. Coalition (Carroll Resources to Advance Safer Highways)
	# of injuries in Carroll County from motor vehicle crashes.	Maryland Highway Safety Office	<i>Healthy People 2010</i> Injury and Violence Prevention Obj. 15-17	1,000 per 100,000 or less	
<b>Supplemental Measures</b>				<i>*Proposed strategy worked on in 2008 Vital Signs training session.</i>	
Physical Activity	# of visits to CC and municipal Parks and Recreation programs.	Carroll County Dept. of Recreation and Parks Annual Report			

# Access to Health Care

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all residents in Carroll County. The three focus areas of access to health care indicators were determined by this workgroup in 2005 and are: preventive and primary care services, emergency services, and long-term care.

Preventive and primary care services have a substantial impact on many of the leading causes of disease and death. Improving access to appropriate preventive and primary care services requires addressing many barriers, including those that involve the patient, provider, and system of care. Patient barriers include lack of knowledge, lack of a usual source of primary care, and a lack of money to pay for services. System barriers include the lack of resources and the lack of coverage for adequate services. Indicators were selected for children's oral health, accessing free clinics, insured rates, medical transportation and prescription coverage.

Each year, emergency services are provided through Carroll Hospital Center's Emergency Department for the ill or injured. This care is provided to patients regardless of their socioeconomic status, age, or special need. In 2006, Access Carroll, Inc. was opened as a free, primary health care provider for uninsured adults. Data on those services is available and is amazing. Additional indicators tracking ED usage by Access Carroll patients is being explored.

In 2007, concerns regarding access to prenatal care for uninsured and MA ineligible women resulted in another active effort. Best Beginnings (see flyer at right) is helping to assure that all women receive the care they need during pregnancy.

Other areas related to Access to Health Care include mental/behavioral health.

**Results statement: Residents of Carroll County have access to quality, affordable and available primary health care, dental care, behavioral health care, hospitalization and pharmaceuticals.**

## Best Beginnings

*A program for eligible uninsured, pregnant women*

*All women deserve the best early care for themselves and their unborn babies. Prenatal care begun in the first three months of the pregnancy reduces complications for both the mother and child. For women without health insurance, getting early prenatal care can be a challenge.*

Carroll Hospital Center, our community obstetricians and the Carroll County Health Department want to help. Best Beginnings is a team effort to provide high-quality prenatal, labor and delivery, and in hospital newborn care at an affordable cost. Participants receive the full range of prenatal services, including:

- Office visits with their private obstetrician
- Lab work
- Ultrasound and non-stress tests

*(Please note: Best Beginnings does not cover high-risk obstetrics care, extended hospital stays for newborns or community pediatrics services.)*

### Eligibility

Pregnant women without medical insurance who meet income guidelines are eligible for this program.

### Enrollment: Here's how it works in four easy steps:

1. Call the Carroll County Health Department at 410-876-4956 for an appointment.
2. After verifying the pregnancy, health department staff will set up an appointment for the expectant mother with a Carroll Hospital Center financial counselor. The health department also will provide information about other helpful programs. (WIC, Healthy Start, etc.)
3. Hospital financial counselors will work with the expectant mom to develop a payment plan based on household income and other financial factors.
4. Best Beginnings participants will then be sent to a participating doctor.

**Make sure your baby has a Best Beginning, call 410-876-4956.**

*Note: If English language is a problem, please try to have an English speaker accompany the mother.*



*Best Beginnings is a partnership effort, designed to address an access to health care issue in the Carroll County community. The services provided by Carroll Hospital Center are a part of the hospital's community benefit commitment.*

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Medical Visits	Total # of CC residents accessing primary medical care.	Mission of Mercy and Access Carroll	<i>Healthy People 2010</i> Access to Quality Health Services Objective 1-5	85%	Promote Mission of Mercy and Access Carroll
	# of CC residents who at some point in the last 12 months could not afford to see a doctor	MD BRFSS	<i>Healthy People 2010</i> Access to Quality Health Services Objective 1-6	7% or less	Promote Mission of Mercy and Access Carroll
	Percent of CC residents report having any kind of health insurance.	MD BRFSS	<i>Healthy People 2010</i> Access to Quality Health Services Objective 1-1	100%	Legislative Agenda Advocacy Training*
Dental Care	# of CC children enrolled in MCHIP receiving dental care.	DHMH Maryland Children's Health Insurance Program (MCHIP)	<i>Healthy People 2010</i> Oral Health Objective 21-10	83%	Promote Pediatric Dental Clinic at CCHD, Legislative Agenda, Advocacy Training*
<b>Supplemental Measures</b>					
Medical Visits	# of CC residents coded as self-pay.	Carroll Hospital Center			Promote Mission of Mercy and Access Carroll, Legislative Agenda Advocacy Training*
Transportation	# of CC riders transported for medical reasons	Carroll Area Transit System			Transportation planning and advocacy
Prescription Medication	# of CC residents under 65 enrolled in state prescription drug programs	DHMH - MD Pharmacy Assistance Program			Promote PPA Express Van
	# of CC residents enrolled in Medicare Prescription Drug Plans	Medicare			

\*Proposed strategy worked on in 2008 Vital Signs training session.



# Cancer

The physical, emotional, and financial burden of cancer is costly. According to the most recent statistics from the Maryland Cancer Registry, Carroll County has a higher incidence rate of all cancers than the state, but below neighboring Baltimore and Harford Counties. Carroll County has a lower mortality rate for all cancers than the state. With this in mind, the results statement for cancer is to reduce the illness, disability, and death caused by cancer.

In the original Vital Signs document, breast, colorectal, lung, and prostate cancer were identified as the most prevalent cancers to report and track. This year, skin cancer has been added to that set because the dramatic increase in this type of disease warrants our attention.

**Results statement: Illness, disability, and death caused by cancer in Carroll County will be reduced.**

The cancer areas included in this document have been broken into three indicator sections per cancer: screening, incidence, and mortality with the exception of lung cancer. According to the Maryland State Cancer Plan, current research has not identified any screening mechanisms that lead to reduced mortality for lung cancer. The screening indicators that are included from the Maryland Behavior Risk Factor Surveillance System (MD BRFSS) are in line with the state Cancer Plan's goals and objectives for screening goals.

It is important to note that this publication does not break down cancer screening, incidence, and mortality by race only because of space restraints. It is our intention to have that data on our web site [www.healthycarroll.org](http://www.healthycarroll.org) and in future publications to highlight and address disproportionate minority health differences in cancer.

Other health areas that address prevention efforts related to Cancer in Healthy Carroll Vital Signs II can be found in the Heart Health, Prevention & Wellness, and Substance Abuse sections.

Visit [www.healthycarroll.org](http://www.healthycarroll.org) for participating organizations and the most recent result trending graphs.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Overall Cancer	Total Cancer incidences rate (all sites) in Carroll County	Maryland State Cancer Registry 1998-2002	American Cancer Society 2015 Challenge Goals	25% reduction in age-adjusted rate of cancer incidence	Develop Carroll County Cancer Plan with community partners
	Total Cancer mortality rate (all sites) in Carroll County	Maryland State Cancer Registry 1999-2002	Healthy People 2010 Cancer Objective 3-1	158.7 per 100,000	

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Breast Cancer	Percent of women age 40 or older that have had a mammogram within the past 2 years	MD BRFSS (aggregate 2000, 2002, 2004)	American Cancer Society 2015 Objectives	90%	
	Breast cancer mortality rate in Carroll County	Maryland State Cancer Registry 1999-2002	<i>Healthy People 2010</i> Cancer Objective 3-3	22.2 per 100,000	
Skin Cancer (new)	Percent of children under age 13 who use at least 2 protective measures that reduce the incidence of skin cancer <sup>1</sup>	MD BRFSS	American Cancer Society 2015 Objectives	75%	Increase skin cancer awareness (preschool education project)*
	Percent of adults who use at least one protective measure that reduce the incidence of skin cancer <sup>1</sup>	MD BRFSS	<i>Healthy People 2010</i> Cancer Objective 3-9	Developmental	
Colorectal Cancer	Percent of people age 50 and over who have had a sigmoidoscopy or colonoscopy in the past 5 years	MD BRFSS (aggregate 2002, 2002, 2004)	American Cancer Society 2015 Goals	75%	
	Colorectal cancer mortality rate in Carroll County	Maryland State Cancer Registry 1999-2002	<i>Healthy People 2010</i> Cancer Objective 3-5	13.9 per 100,000	
Lung Cancer	Lung cancer mortality rate in Carroll County	Maryland State Cancer Registry 1998-2002	<i>Healthy People 2010</i> Cancer Objective 3-2	44.8 per 100,000	Smoke-Free Carroll County (reduce exposure to tobacco through education and collaboration)

<sup>1</sup> Protective measures: avoid the sun between 10 a.m. and 4 p.m.; wear sun-protective clothing when exposed to sunlight; use sunscreen with an SPF of 15 or higher; avoid artificial sources of ultraviolet light (e.g., sun lamps, tanning booths)

\*Proposed strategy worked on in 2008 Vital Signs training session.

\*\*All cancer incidence and mortality rates are per 100,000 people.

# Cancer continued

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Prostate Cancer	% of men age 50 and over that have had a DRE in the past 2 years	MD BRFSS (aggregate 2001, 2002, 2004)	American Cancer Society 2015 Objectives <sup>2</sup>	90%	
	% of men age 50 and over that have had a PSA in the past 2 years	MD BRFSS (aggregate 2001, 2002, 2004)	American Cancer Society 2015 Objectives <sup>2</sup>	90%	
	Prostate cancer mortality rate in Carroll County	Maryland State Cancer Registry 1999-2002	<i>Healthy People 2010</i> Cancer Objective 3-7	28.7 per 100,000	
<b>Supplemental Measures</b>					
Breast Cancer	Breast cancer incidence rate in Carroll County	Maryland State Cancer Registry 1998-2002			
Colorectal Cancer	Colorectal cancer incidence rate in Carroll County	Maryland State Cancer Registry 1998-2002			
Lung Cancer	Lung cancer screening in Carroll County				Investigate current research
	Lung cancer incidence rate in Carroll County	Maryland State Cancer Registry 1998-2002			
Prostate Cancer	Prostate cancer incidence rate in Carroll County	Maryland State Cancer Registry 1999-2002			

\*Proposed strategy worked on in 2008 Vital Signs training session.

\*\*All cancer incidence and mortality rates are per 100,000 people.

<sup>2</sup>increase to 90\* the proportion of men aged 50 and older who follow age-appropriate American Cancer Society detection guidelines for prostate cancer.”

# Elder Health

The Elder Health workgroup was developed in 2007 to identify issues and opportunities that can be addressed to improve the health and quality of life for the ever expanding older adult population and their caregivers. The ripple effect of that growth is expected to be far reaching and uncertain.

Five objectives have been identified including:

**Results statement: Increase the quality and years of healthy life for Carroll Countians over age 60.**

1. Studying the needs of 60+ year-olds in our community to determine issues and opportunities related to health and quality of life.
2. Staying aware of and supporting the HP2010 and beyond National Health Agenda with regard to older adults. For example:
  - Preventing disease, disability and death from infectious diseases including vaccine preventable diseases.
  - Improving quality of life through the prevention, detection and treatment of risk factors
3. Including and promoting networking/sharing among all entities addressing older adults in Carroll County to include, but not be limited to, Office of Aging, Commission on Aging, AARP, etc.
4. Studying the evidence-based and/or best practice approaches emerging from surrounding communities, and the broader field of older adult health and aging research and development. Incorporating that learning in our agencies, providers and general community practices.
5. Establishing long-range result statement for Elder Health and a set of Elder Health indicators (as per our established indicator definition) for inclusion in the “Healthy Carroll Vital Signs – Measures of Community Health” results accountability system.

The first major project of the workgroup is underway. A statistically valid needs assessment for older persons gathered via a household survey was completed in late April 2008. It took workgroup members more than a year to design, pilot test and prepare for distribution.

The purpose of the survey was:

- to provide scientifically valid insight into how older adults build and maintain the qualities that allow them to remain independent.
- to better understand the skills and support that may be needed in order to help older adults sustain their independence.

The assessment itself was a multi-page document consisting of a series of questions —answered with a simple check mark — covering the categories of health, self-sufficiency, physical activity, nutrition, community engagement, social activities, hobbies, pets, and household details.

Data collected from the survey will be used by community agencies that help older adults maintain their independence and will inform the workgroup in identifying the key indicators of older adult health in our community.

*Visit [www.healthycarroll.org](http://www.healthycarroll.org) for participating organizations and the most recent result trending graphs.*

# Growth

Carroll County has seen extensive growth in its population over the last two decades. The beautiful landscape, excellent schools and community-oriented neighborhoods have made it a popular place to live. Yet with growth has come many challenges to the overall quality of life. Issues with housing, business development, traffic, water and sprawl are some concerns of citizens.

Carroll County's Comprehensive Plan for growth is called "Pathways to Carroll's Future Landscape". The key goal is to develop a community-wide consensus of support for Carroll's future direction. "Carroll County wants a future where new development helps to maintain the character and heritage of our community, where more jobs are available in the county that match the skills of the people who live here, where we can sustain our natural systems, and where the transportation system allows all people to get from one place to another safely and efficiently."

The public has been involved in all phases of the plan with community meetings, conferences, surveys and online participation. Residents are encouraged to regularly check the website [www.carrollpathways.org](http://www.carrollpathways.org) to participate and find out about meetings and surveys. Resources on the website include a housing study, Buildable Land Inventory Maps, Topic Papers such as Green Building, Walkable Communities, Health and Community Design and presentations on the key "pathways": Directing and Designing Growth, Taking Care of Business, Connecting with Our Heritage, Networking Transportation, Housing the Workforce and Sustaining Our Natural Systems.

Related data can be found at the Carroll County Government website ([www.ccg.carr.org](http://www.ccg.carr.org)) under Public Works for traffic count studies, Department of Economic Development for a commuter survey, and [www.healthycarroll.org/communityassessment](http://www.healthycarroll.org/communityassessment).

**Results statement:** Carroll County will grow based upon a plan with community support which retains the heritage, quality of life and special places of the county.



Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
<b>Land Preservation</b>	# of acres put in land preservation (Note: Carroll County ranks 5th in the nation in # of acres in land preservation)	Carroll County Dept. of Planning / Agricultural Land Preservation Program	Carroll County Government	100,000 acres in land preservation	
<b>Development</b>	# and % of tons of total recycled waste	Carroll County Bureau of Waste Management	<i>Healthy People 2010</i> Environmental Health Objective 8-15	At least 38% of waste recycled	Increase recycling at CCHD
<b>Supplemental Measures</b>					
<b>Population</b>	Total population	MD Dept. of Planning			
<b>Recreation</b>	# of County operated trail miles	Carroll County Recreation and Parks			
<b>Development</b>	# of tons of total waste disposed	Carroll County Bureau of Waste Management			
	# of building permits issued (residential units)	Carroll County Bureau of Development Review			



# Heart Health

Heart disease is the number one cause of death for men and women in Carroll County, as it is in Maryland and the United States. Stroke is the number three cause of death, and a leading cause of disability. Cardiovascular health and quality of life can be improved with primary prevention efforts, early detection and treatment.

Much progress has been made in the treatment of heart disease, but the largest impact will happen as individuals make heart-healthy lifestyle choices. The risk factors for heart disease which can be controlled are tobacco use, physical activity, healthy diet, overweight, high blood pressure, high blood cholesterol and diabetes. Management of these areas greatly improves heart health.

## Results statement: People across the lifespan have good cardiovascular health.

Heart health improvement efforts in our community have focused on increasing physical activity, reducing tobacco use and exposure, screening for blood pressure and cholesterol, increasing awareness of early warning signs of heart attack and stroke, the importance of early access to the emergency response system, and increasing access to Automated External Defibrillators (AEDs) in the community.



Heart health improvement efforts must be addressed to youth as well as adults. Many of the risk factors for heart disease are showing up in children, and will lead to a generation developing heart disease at earlier ages. Nationwide, concerns about overweight and obesity trends in young children are a cry for action. Fortunately, these trends can be reversed with individual and community-wide effort.

Other health areas related to Heart Health that can be found in Healthy Carroll Vital Signs II include Prevention & Wellness and Substance Abuse.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Physical Activity*	% of students participating in Project ACES who meet the goal of 60 minutes of physical activity per day	Carroll County Health Department	Healthy People 2010 Physical Activity Objective 22-6	30%	School-based physical activity challenge (Project ACES)
Cardiovascular Disease	Deaths from Cardiovascular Disease	Maryland Vital Statistics	Healthy People 2010 Heart Disease and Stroke Objective 12-1	166 per 100,000	Health Partners Registry, L.E.A.N. Carroll, Smoke-Free Carroll County
	% of people who have been told they have high blood pressure.	MD BRFSS	Healthy People 2010 Heart Disease and Stroke Objective 12-9	16% or less	Health Partners Registry, L.E.A.N. Carroll
Stroke	Deaths from Stroke	Maryland Vital Statistics	Healthy People 2010 Heart Disease and Stroke Objective 12-7	48 per 100,000	Body and Soul Program
Cardiac Arrest (new)	% of persons with out-of-hospital cardiac arrest who receive therapeutic electrical shock	Maryland Institute for Emergency Medical Services Systems (MIEMSS)	Healthy People 2010 Heart Disease and Stroke Objective 12-5	Developmental	Advocate and educate to increase # of facilities that have AEDs
<b>Supplemental Measures</b>					
Physical Activity	% of students who participate in Project ACES	Carroll County Health Department			Revisions in Project ACES parent surveys; teacher training*
Cardiovascular Disease	Heart-related admissions to CHC (cardiovascular disease as primary diagnosis)	Carroll Hospital Center			
Cardiac Arrest	# of facilities that have AEDs	Maryland Institute for Emergency Medical Services Systems (MIEMSS)			Advocate and educate to increase # of facilities that have AEDs
	# of cardiac arrest cases				

Additional physical fitness data for adults can be found in the Prevention and Wellness indicators, along with related indicators for prevention of heart disease and stroke.

\*Proposed strategy worked on in 2008 Vital Signs training session.



# Interpersonal Violence

**Results statement: People across the lifespan are free from violence and its effects in their relationships.**

Carroll County, Maryland for the most part, is a very safe place to live, work or play. But, we still have issues of violence that are disturbing and unacceptable. Awareness of trends in this area is critically important in assuring we maintain a healthy and safe, community. Interpersonal violence (IPV) includes homicide, suicide, physical abuse or neglect, sexual abuse, rape or attempted rape, physical assaults, and verbal or physical threats of violence.

In 2007, the Domestic Violence Coordinating Council voted to serve simultaneously as The Partnership's Interpersonal Violence Work Group. Council members participated in training programs provided by The Partnership to begin aligning key strategies to already established indicators. That work is proceeding nicely. In FY 09, the council will reconsider the current indicators to assure they continue to serve as key markers of the status of interpersonal violence in our community.

For this 2008 publication, indicators selected by a previous IPV committee are still in place, and are divided into child and adult categories. The youth indicators chosen focus on child abuse referrals and investigations, juvenile assaults and weapons violations in Carroll County Public Schools for youth indicators. The adult indicators focus on domestic violence, aggravated assaults and rape and abuse of vulnerable adults. Vulnerable adult abuse includes the elderly and physically or mentally disabled adults.

The county murder rate is relatively small; therefore the committee chose pointers of other types of violence, many of which could lead to the death. Carroll County data is sometimes combined with other counties in regional reports contributing to the challenge of improving this area of community health. All research indicates that many of these types of crimes go unreported, especially adult sexual assault and domestic violence. There is no mandatory reporting, so the numbers are significantly lower than the actual events. As a result, the committee chose to focus on the number of reports and investigations as opposed to the actual arrests or guilty verdicts, as many different factors can influence the disposition of the cases.

Other health areas related to Interpersonal Violence include Mental Health, Substance Abuse and Positive Youth & Family.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Youth	# of child abuse investigations and arrests in Carroll County.	Carroll County Sheriff's Office Annual Report	<i>Healthy People 2010</i> Injury and Violence Prevention Obj. 15-33	11.1 cases or less per 1,000 children under age 18	
	# of weapons violations at Carroll County Public Schools	Carroll County Public Schools Annual Student Services Report	<i>Healthy People 2010</i> Injury and Violence Prevention Obj. 15-39	6% or less - all students grades 9-12	
	# of juvenile arrests in Carroll County for assault, including physical and sexual.	Carroll County Department of Juvenile Services	<i>Healthy People 2010</i> Injury and Violence Prevention Objective 15-38	33.3% or less - adolescents in grades 9-12 who report physical fighting in the previous 12 months (YRBS)	

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Adults & Families	# of cases filed with the court system in Carroll County for domestic violence and peace orders (combined circuit and district courts).	CC District and Circuit Court and CC Sheriff's Office Annual Report	<i>Healthy People 2010</i> Injury and Violence Prevention Obj. 15-34	3.6 physical assaults or less per 1,000 persons age 12 and older	Interpersonal Violence Directory  The Partnership Clothesline Project
	# of aggravated assaults and forcible rapes in Carroll County.	Uniform Crime report, Maryland State Police	<i>Healthy People 2010</i> Injury and Violence Prevention Obj. 15-35	0.7 rapes / attempted rapes or less per 1,000 persons age 12 and over	
<b>Supplemental Measures</b>					
Youth	# of victims referred to child protective services in CC for physical abuse, neglect, sexual abuse, mental injury abuse and neglect, including referrals from other agencies.	Department of Human Resources (DHR) and Carroll County Public Schools (CCPS) Annual Report			
Adults & Families	# of new clients seeking domestic violence services through Family & Children's Services.	Family and Children's Services of Carroll County			
	# of new clients served at Rape Crisis Intervention Services, Inc.	Rape Crisis Intervention Services in Carroll County			
	# of long-term care abuse cases investigated in CC facilities including physical, sexual & verbal abuse, gross neglect and other abuses in nursing homes and assisted living facilities.	Carroll County Bureau of Aging – Long Term Ombudsman Program			

# Mental Health

According to *Healthy People 2010*, Mental Health is a “state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity.” A mentally healthy community is indicated by many factors including: low suicide attempt rates; increased number of county residents whose insurance covers mental health services; an adequate number of inpatient, outpatient, residential and crisis service providers for all ages; and a decrease in the stigma associated with mental illness and emotional disturbances.



In 2007, the Mental Health Subcommittee of the Behavioral Health and Addictions Advisory Council voted to serve simultaneously as The Partnership’s Mental Health workgroup. At this writing, efforts are underway to align key strategies to impact the identified indicators in this area.

**Results statement:** Improve mental health across the life span and ensure access to appropriate, quality mental health services.

The mental health partners who selected the current indicators in 2006, explored other possibilities such as measuring the psychiatrist to client ratio, or measuring wait list time. However, those data points are not, to our knowledge, available at this time. They also explored measuring recidivism, a return to treatment, but felt that someone returning for more treatment was not necessarily a negative thing nor did it mean the previous treatment was ineffective, and once again, this data is not tracked in most agencies.

Recurring themes recounted as extreme problems in our county were the lack of enough psychiatrists, the wait time between discharge from hospital or jail before being able to be seen by a counselor, and the lack of quick intensive services for children in crisis, especially those who cannot remain in the home.

The committee chose to track behaviors that can indicate mental illness and that are destructive to the community. Therefore, they chose people in jail with mental health diagnosis and students suspended as the indicators having the most impact on the community.

Other health areas related to Mental Health that can be found in Healthy Carroll Vital Signs II include Substance Abuse and Interpersonal Violence.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Psychiatric Services Rendered*	# of public counseling and psychiatric services rendered for youths and adults in Carroll County	Carroll County Core Service Agency Crystal Report of APS Healthcare Data: ** •Youth 17 years & younger. Seriously Emotionally Ill •Adult 18 years & older Seriously Mentally Ill	Healthy People 2010 Mental Health Objective 18-6	Developmental	
Youth	# of Carroll County Public School interventions for suicidal thoughts.	Carroll County Public Schools Student Services Annual Reports	Healthy People 2010 Mental Health Objective 18-2	1% or less - suicide attempts by students in grades 9-12	
Adults	# of adults in the Carroll County correctional facility identified and case managed by Keystone with diagnoses of major depressive disorders, bipolar disorders and psychotic disorders.	Carroll County Core Service Agency Crystal Report of APS Healthcare Data	Healthy People 2010 Mental Health Objective 18-9	55% - adults 18 and over with mental disorders who receive treatment	
	% of adults in the Carroll County correctional facility with identified mental health disorders that are re-arrested within 1 year or psychiatrically hospitalized.				Mental health continuity of care for those in or released from Carroll County Detention Center*
<b>Supplemental Measures</b>					
Youth	% of students suspended from Carroll County Public Schools grades K through 12	Carroll County Public Schools Student Services Annual Reports			

\*Proposed strategy worked on in 2008 Vital Signs training session.

\*\*Data in Healthy Carroll Vital Signs represents public mental health services in Carroll County. Private services data not available.

# Positive Youth & Family Development

**Results statement:** Child well-being and family life is supported throughout the community.

Positive Youth & Family Development was identified as a Core Health Improvement Area (CHIA) by the Partnership during its 2003 strategic planning process. This CHIA recognizes three critical points:

1. families are the cornerstone of a healthy community,
2. our youth represent our future, and
3. all community members should be involved as youth role models and mentors, as “it takes a village to raise a child.”

Positive Youth & Family Development focuses on children ages birth through adolescence, and on the roles of parents, other adults and front-line professionals, as well as, on the progress of children in specific areas.

In Maryland, we are fortunate to have the Local Management Board (LMB) system to identify priorities and target resources for each jurisdiction. According to the Governor’s Office for Children, “The major focus of LMBs is to increase local authority to plan, implement and monitor children and family services. LMBs serve as the coordinator of collaboration for child and family services. They bring together local child-serving agencies, local childcare providers, clients of services, families and other community representatives to empower local stakeholders in addressing the needs of and setting priorities for their communities.”

The excellent, highly collaborative Carroll County LMB is uniquely equipped to lead this CHIA. In 2007, the Carroll County LMB unanimously voted to

simultaneously serve as The Partnership’s workgroup in this area. Specifically fulfilling that role will be the members of the LMB’s School Readiness Team Subcommittee for 2007, 2008, and 2009. The Carroll County LMB has prioritized “Children Entering School Ready to Learn” and “Children Safe in Their Families & Communities” as result areas for focused efforts in 2007, 2008, and 2009.



If the future of our community is to be strong, we need to assure that all young people grow up to be healthy, principled and caring adults, and contributing members of our society and economy. But we must also work to protect our most vulnerable community members – our children – as we strive to continue the proud tradition of our community as a great place to raise a family.

Other health areas related to Positive Youth & Family Development that can be found in Healthy Carroll Vital Signs II include Heart Health, Interpersonal Violence, Mental Health, Prevention & Wellness, and Substance Abuse.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
<b>Babies Born Healthy</b>	% of babies in Carroll County born to adolescents (15-19 years old).	Maryland DHMH Vital Statistics	Maryland Results for Children <i>Maryland Health Improvement plan 2000-2010</i>	46 pregnancies or less per 1,000 females aged 15-17	
	% of babies born weighing less than 2500 grams (5.5 lbs)	Maryland DHMH Vital Statistics		Incidence of low birth weight in no more than 8% of all live births	<i>Best Beginnings</i>
<b>Healthy Children</b>	# of Carroll County children fully immunized by age 2	Nat'l Immunization Survey from CDC	<i>Healthy People 2010</i> Objective 14-24	90% of children aged 19-35 months up to date	
	Rate of injuries per 1,000 children that require in-patient hospitalization in 3 categories: unintentional injuries (accidents), assault, and self-injury (attempted suicide)	Health Services Cost Review Commission - Office of Injury and Disability Prevention, DHMH	<i>Healthy People 2010</i> Objective 15-14 (Reduce nonfatal unintentional injuries)	Downward trend towards zero	
	Rate of child fatalities among children 1 year or older	Maryland DHMH Vital Statistics	<i>Healthy People 2010</i> Objective 16-2a <i>Healthy People 2010</i> Objective 16-2b	Less than 29.8 per 100,000	
<b>Children Completing School</b>	Dropout Rate (high school)	MD School Performance Assessment Program (MSDE)	<i>No Child Left Behind / CCPS Master Plan</i>	0%	
	High School Program Completion	MD Report Card (MSDE)	<i>No Child Left Behind / CCPS Master Plan</i>	100%	

# Positive Youth & Family Development continued

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Children Completing School continued	High School Diploma /Equivalent	US Census Bureau	<i>No Child Left Behind /</i> CCPS Master Plan	100%	
	Graduation/school completion of children with emotional disturbances	MSDE Special Services Information Systems Exit Data	Maryland Results for Children		
Children Enter School Ready to Learn	% of Carroll County kindergarten students who have reached on of three levels of readiness on the Work Sampling System Kindergarten Assessment: full readiness, approaching readiness, or developing readiness	Kindergarten Assessment - Maryland State Department of Education	Maryland Results for Children	75% fully ready by 2008	Educational booth for 100+ pregnant women at 2008 Baby Shower*
Children Successful In School	% of students absent more than 20 days of school annually	Maryland State Assessment	Maryland Results for Children	Downward trend (towards zero) all time low is 11%	
	% of public school students in 3rd to 8th, and 10th grades scoring proficient or advanced on Maryland School Assessment (MSA). <sup>1</sup>	Maryland State Assessment	Maryland Results for Children	Upward trend of proficiency % in reading and math skills	
Children Safe in their Families and Communities	Deaths due to Injury	MD Vital Statistics	<i>Healthy People 2010</i> Objective 15-13	20.8 deaths or less per 100,000	

\*Proposed strategy worked on in 2008 Vital Signs training session.

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
<b>Children Safe in their Families and Communities continued</b>	Juvenile violent offense arrest rates ages 10-17	MSP Uniform Crime Report	Maryland Results for Children	Downward trend	Teen Scene 2008
	Juvenile non-violent offense arrest rates ages 10-17	MSP Uniform Crime Report	Maryland Results for Children	Downward trend	
	Rate of child abuse or neglect investigations ruled as indicated or unsubstantiated	MSP Uniform Crime Report	Maryland Results for Children	Downward trend	
	Rate of injury resulting in deaths to children	MSP Uniform Crime Report	Maryland Results for Children	Downward trend	
<b>Stable and Economically Independent Families</b>	Single Parent Households	Recent household survey	Maryland Results for Children	Downward trend	
	Out of Home Placements	OCYF from DJJ, DHR, DHMH, MSDE	Maryland Results for Children	Downward trend	
	Permanent Placements	SSA Foster Care and Adoption Child Tracking System	Maryland Results for Children	Downward trend	
	Homeless adults and children	DHR/CSA and HSP of Carroll County	Maryland Results for Children	Downward trend	
	Child Poverty	MD DHR Fact Pack - County Snap Shots	Maryland Results for Children	Downward trend	

<sup>1</sup> For students with significant cognitive disabilities, the Alternate Maryland School Assessment (Alt-MSA) is used to measure student progress in reading and mathematics.



# Substance Abuse

Substance abuse and its related problems are cited as a leading health indicator. It is recommended that programs that focus on reducing substance abuse in their communities target efforts to increase substance abuse treatment options, increase the number of middle schools and high schools who provide information about health risk behaviors, and increase abstinence from alcohol, drugs and cigarettes by pregnant women.

In 2007, the Substance Abuse subcommittee of the Carroll County Behavioral Health and Addictions Advisory Council voted to simultaneously serve as The Partnership's Substance Abuse workgroup. These workgroup members represent a very strong cross-section of public substance abuse treatment and prevention experts who are knowledgeable about the ever-changing, ever-challenging related issues.

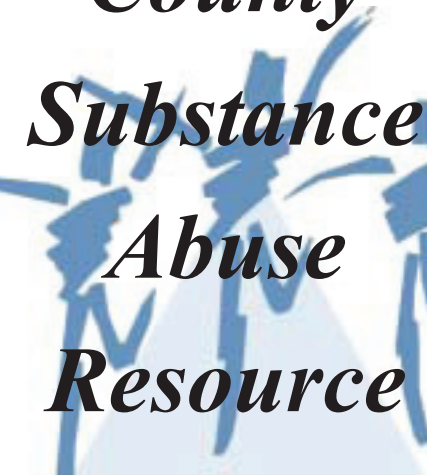
The addition of Ms. Susan Doyle RN, to our Executive Council underscores our organization's understanding of the impact use and abuse of illegal and legal substances has in the health of our community. As the Director of Addictions Services for the Carroll County Health Department, Sue brings great insight, leadership skills and a real understanding of this social disease entity.

The late fall 2007 opening of the first-ever local facility for long-term substance abuse treatment, sited in the South Carroll area, is a major accomplishment. Our appreciation to all who made this possible is sincerely offered.

The workgroup acted quickly to completely revise the key indicators related to this core health area. This action allows comparison of our community to other Maryland jurisdictions and assures focus, lexicon understanding and key strategy alignment.

Other related health areas in the Healthy Carroll Vital Signs II include Prevention & Wellness, Mental Health, Cancer and Interpersonal Violence.

**Results statement: People across the lifespan are free of addiction and abuse of illegal and legal substances and their effects.**



## *Carroll County Substance Abuse Resource Directory*

*2008 edition*

*The Partnership for a Healthier Carroll County, Inc.  
535 Old Westminster Pike, Suite 102  
Westminster, Maryland 21157  
410-871-7645 ♦ [www.healthycarroll.org](http://www.healthycarroll.org)*

Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Youth	% of 12th graders who drank alcohol in the last 30 days	Maryland Adolescent Survey	<i>HealthyPeople 2010</i> Objective 26-10	11% or less	
	% of 12th graders who used drugs other than alcohol or tobacco in the last 30 days	Maryland Adolescent Survey			
	% of 12th graders who used cigarettes in the last 30 days	Maryland Adolescent Survey	<i>HealthyPeople 2010</i> Objective 27-2b	16% or less	
<b>Supplemental Measures</b>					
Adults	# of patients in outpatient programs who should be in treatment for 90 days	ADAA Data from State of Maryland Automated Record Tracking (SMART)	National Institute of Drug Abuse (NIDA) Principles of Drug Addiction Treatment: A Research Based Guide	65% or greater	
	% of substance use by those who are in outpatient care completing treatment	ADAA Data from SMART	Guidelines established by Maryland Alcohol and Drug Abuse Administration	50% or greater	
	% employment of patients completing treatment	ADAA Data from SMART	Guidelines established by Maryland Alcohol and Drug Abuse Administration	26% change from admission to discharge	

# Water Quality

Carroll County residents identified adequate water supply and the safety of water for drinking and recreation as concerns in community assessments since the late 1990s. The concern has grown more urgent as the county has grown and during times of drought. Many towns have restricted growth due to limited water supply. New water sources are being developed but county-wide concerns about sufficient water availability remain.

Our municipal and county governments have made significant progress in addressing these issues through the Master Plan for Water and Sewage, expansion of water supply facilities, growth management and water resource management efforts. A County Water Conservation Plan was adopted in 2008. A process

to assess and monitor the county's watersheds is in place for restoration and protection.

Public water supplies must meet state standards, set by the Maryland Department of the Environment (MDE). Over 40% of Carroll County residents have private wells. Citizens must maintain private wells and septic systems to protect their water and others in the area. The Health Department provides publications online ([www.carrollhealthdepartment.dhmd.gov/envirohealth.html](http://www.carrollhealthdepartment.dhmd.gov/envirohealth.html)) on well and septic care.

**Results statement: Carroll County has a safe and adequate water supply both now and in the future.**

Every citizen can take an active part in protecting resources with daily conservation habits. The Carroll County Bureau of Utilities offers water-saving devices at reduced cost or free. Be cautious in using chemicals in household products, pesticides and lawn care products, as all eventually end up in the water supply. Together we can make an impact in protecting and conserving valuable resources.

In addition to these indicators, information can be found online at [www.mde.state.md.us](http://www.mde.state.md.us) on water conservation, fish consumption advisories, and a link to the Maryland Biological Stream Survey. Data relating to preservation and recycling is in the Growth section of this report.



Areas	Indicators	Data Source	Benchmark Source	Improvement Objective	Key Strategies
Safety/Quality	# of public sewage overflows per year reported to CCHD	Carroll County Health Department	<i>Healthy People 2010</i> Environmental Health Objective 8-6	2 or less per year	
Recreation/Quality	# of fish kills reported	Maryland Department of the Environment	<i>Healthy People 2010</i> Environmental Health Objective 8-10	Developmental	
	Cumulative streams miles assessed	Carroll County Dept. of Planning / Office of Environmental Compliance	<i>Healthy People 2010</i> Environmental Health Objective 8-8	Developmental	
Supply	Average water usage per household	Carroll County Bureau of Accounting	<i>Healthy People 2010</i> Environmental Health Objective 8-7	90.9 gallons per day	County Water Conservation Plan Carroll County Health Department Poster Contest*
<b>Supplemental Measures</b>					
Safety/Quality	Number of public notices per year of violations to the drinking water of Carroll County	Carroll County Health Department / Maryland Dept. of the Environment			
Supply	Annual rainfall.	Carroll County Health Department / Wastewater Treatment Plant			
	Water levels for wells in relation to average level	Carroll County Health Department			Carroll County Health Department well manuals

\*Proposed strategy worked on in 2008 Vital Signs training session.

# Acknowledgements

So, where do we go from here? We are well on our way with the publication of this edition of Healthy Carroll Vital Signs II. Additionally, training programs conducted from December 2007 through February 2008 by Shattuck and Associates brought together a diverse group of concerned community organizations and members to learn the methods for key strategy identification and results accountability. Greater understandings of the outcomes approach enhanced bonding within and between workgroups. Renewed energy is the best byproduct of that learning.

Developing skills in key strategy development allows each workgroup to select priorities, to streamline their focus on the desired outcomes and to improve their productivity. Everyone was excited to tackle the strategies identified during the training, and in fact several have already been completed just weeks later. We are certain that in using these new skills, each workgroup will develop goal opportunities for FY 09 and beyond. Action and results will follow.

As always, our intended goal is that community agencies and organizations will use Healthy Carroll Vital Signs II in strategic planning, helping to move our community results from the baseline to the targets. We also hope it assists in grant development or other aspects of that work. Remember, the trending graphs for each indicator are located on [www.healthycarroll.org](http://www.healthycarroll.org)

For our own organization, we know that our greatest opportunity for impact exists by focusing on prevention. Education about lifestyle choice; challenging everyone to compliance with age appropriate health screenings; promoting healthy activities for youth and adults; eliminating tobacco exposure and health disparities; and more.

The process is far from over, this document is just step two of what we hope will be a reliable and resourceful way of tracking the health changes in our community. Remember that while governments or developers build houses or retail centers, it is the people who build the community. In fact, as one of the early leaders of the Healthier Communities movement, Tyler Norris, once said, “The choices we make at home, work, school, play, and worship, determine most of what creates personal health and community vitality.”

Everyone who lives and works in the Carroll County community has a role to play to make certain we do better. That includes everything from individuals making personal healthy eating choices to the health education programs available in the community, to faith organizations, doctors, and other community groups....everyone. We are in this together.

The Partnership would like to gratefully acknowledge the numerous individuals, groups, businesses, agencies, and organizations; and especially our work group partners that contributed in so many ways to this document. You are the voice of our community; and provide the essential expertise and skills needed for this change effort!

The initial work in goal planning is immense but the benefit will endure. Football legend Paul “Bear” Bryant once said “It’s not the will to win, but the will to prepare to win that makes the difference.” In Healthy Carroll Vital Signs II we continue our preparations to secure that “Healthier Community” vision making winners of us all.

A special word of thanks is offered to all those agencies listed below whose representatives participated in the Shattuck training programs, listed by CHIA group distribution.

**Cancer**

American Cancer Society  
Carroll Hospital Center (CHC)  
Catastrophic Health Planners, Inc.  
Cigarette Restitution Fund Program

**Prevention & Wellness**

Carroll Chiropractic  
Carroll Community College (CCC)  
Carroll County Health Department  
(CCHD) - Health Ed./Nursing  
Carroll Home Care / Carroll Hospice  
CHC  
Carroll Lutheran Village  
Freedom Fitness  
Kombat Martial Arts  
Maryland Department of Health  
& Mental Hygiene (DHMH)  
Springfield Hospital Center (SHC)  
Transitions

**Heart Health**

Carroll County Department of Recreation  
& Parks  
Carroll County Public Schools  
Community Volunteers

**Elder Health**

Carroll County Bureau of Aging  
CHC  
EMS Committee of Carroll County  
Episcopal Ministries to the Aging  
Family & Children Services (FCS)  
Patient Care Consulting

**Access to Health Care**

Access Carroll  
Carroll County Dept. of Management &  
Budget - Grants Office  
CCHD - Nursing Bureau  
DHMH  
Emmanuel Baust UCC  
Mission of Mercy

**Water & Growth**

CCHD - Environmental Growth  
CHC

**Substance Abuse**

CCHD - Shoemaker Center  
Junction, Inc.  
State's Attorney Office of Carroll County

**Positive Youth & Family Development**

CCC  
Carroll County Children's Fund  
CCHD  
Catholic Charities Head Start  
Local Management Board

**Interpersonal Violence**

CCHD - Nursing Bureau  
Circuit Court for Carroll County  
FCS  
Human Services Programs  
Rape Crisis Intervention Services

**Mental Health**

CCHD - Core Service Agency  
Granite House  
Keystone  
SHC

The Executive Council expresses their appreciation for the leadership, commitment, and determination of the following Partnership, Health Department and Carroll Hospital Center employees in making this publication possible: Selena Brewer, Dawn Eldridge, Dot Fox, Becky Herman, Barb Rodgers, Lexi Schafer, Kim Spangler and Terry Stair.

*“In medicine, vital signs refer to the pulse rate, temperature and respiratory rate of an individual; that is, those things considered necessary (i.e. vital) to sustain life.... But those are minimum and hence limiting requirements. The word “vital” shares the same Latin root as vitality, which suggests the capacity not just to live, but to grow and develop in vigorous ways.”*

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Jim Kunz, Ph.D., Baltimore Neighborhood Indicators Alliance

Healthy Carroll Vital Signs II is a publication of The Partnership for a Healthier Carroll County, Inc.

# Healthy Carroll Vital Signs™ DASHBOARD

Released May 2009



**Priority health indicators from Healthy Carroll Vital Signs: Measures of Community Health™**

## POPULATION: CARROLL COUNTY, MARYLAND

TOTAL: **174,650** (2008 estimate) Ages 0-4: **6%** Ages 5-19: **23%** Ages 20-44: **31%** Ages 45-64: **28%** Ages 65+: **12%**

INDIVIDUAL BEHAVIORS / INJURIES	* Target	Most Recent Available Data
1. Physical Activity: Adults Who Exercise Regularly	30%	44.7% ●
2. Nutrition: Adults Who Eat Fruits & Vegetables at Least 5 Times a Day	50%	26.4% ●
3. Substance Abuse: 12th-graders Who Drank Alcohol in the Past 30 Days	<11%	44.2% ●
4. Tobacco: Adults Who Smoke Every Day	<26%	13.6% ●
5. Safety: Motor Vehicle Deaths	<10 per 100k	12 per 100k ☺
6. Safety: Motor Vehicle Injuries	<1k per 100k	736.9 per 100k ☺
7. Screening: Adults Age 50 and Over Screened for Colon Cancer	75%	63.4% ☺
8. Screening: Women Age 50 and Over Who Had Mammogram	90%	92% ☺
9. Immunization: Adults Over 50 Who Received Flu Vaccination	90%	42% ●
10. Youth and Families: Teen Pregnancies	<47 per 100k	21.2 per 100k ☺
11. Youth and Families: Children Ready for Kindergarten	75%	69% ☺
12. Youth and Families: Juvenile Arrests for Assault	Downward	181 per 100k ☺
13. Youth and Families: Child Fatalities Due to Injuries	20.8 per 100k	12.8 per 100k ☺
DISEASE / RISK FACTORS	* Target	Most Recent Available Data
14. Obesity: Adults	<16%	30.1% ●
15. Heart Disease: High Blood Pressure	<17%	23.2 ☺
16. Heart Disease Deaths	<167 per 100k	205.9 per 100k ●
17. Stroke Deaths	<49 per 100k	58.2 per 100k ☺
18. Cancer: Total Incidence	25% reduction	485.9 per 100k ●
19. Cancer Mortality	<159 per 100k	195.5 per 100k ☺
20. Diabetes: Adults	<2.6%	6.7% ●
21. Mental Health: Youth Interventions for Suicidal Thoughts	<2%	1.4% (394) ☺
HEALTH CARE	* Target	Most Recent Available Data
22. Health Insurance Coverage	100%	88.5% ●
23. Unable to Access Care During The Last 12 Months Because of Cost	<8%	10.5% ●
ENVIRONMENT	* Target	Most Recent Available Data
24. Percentage of Waste Recycled	38%	31.3% ☺
25. Water Supply: Average Daily Household Water Usage	91 gallons	157 gallons ☺

☺ - Data shows improvement (moving toward target) ● - Data moving away from target

This **Healthy Carroll Vital Signs DASHBOARD** is published annually. Data are for most recent year available as of April 2009.

\* Most Targets are based on **Healthy People 2010** (see reverse side for more information).

Additional data information is available at [www.HealthyCarroll.Org/healthycarrollvitalsigns.htm](http://www.HealthyCarroll.Org/healthycarrollvitalsigns.htm)



**INDIVIDUAL BEHAVIORS / INJURIES**

1. Percentage of adults who exercise 30 minutes or more at least 5 times a week. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 22-2](#).*
2. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 19-6](#).*
3. Data Source: Maryland Adolescent Survey. *Target Source: [Healthy People 2010 Objective 26-10](#).*
4. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 27-1](#).*
5. Data Source: Maryland Highway Safety Office. *Target Source: [Healthy People 2010 Objective 15-15](#).*
6. Data Source: Maryland Highway Safety Office. *Target Source: [Healthy People 2010 Objective 15-17](#).*
7. Percentage of adults age 50 and over who had a sigmoidoscopy or colonoscopy within the past 5 years. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 3-5](#).*
8. Women aged 50-65 who had a mammogram in the past 2 years. Data Source: 2006 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: American Cancer Society 2015 Challenge Goals.*
9. Target for non-institutionalized adults aged 65 and older. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 14-29a](#). Not a Healthy Carroll Vital Signs™ indicator.*

For more about [Healthy People 2010](#), visit [www.HealthyPeople.gov](http://www.HealthyPeople.gov)

10. Percentage of pregnancies among females aged 15-19. Data Source: Maryland Vital Statistics. *Target Source: Maryland Health Improvement Plan 2000-2010.*
11. Percentage of kindergarten students assessed as fully ready for school. Data Source: Kindergarten Assessment, Maryland Department of Education. *Target Source: Maryland Results for Children.*
12. Juvenile arrests for physical or sexual assault. Data Source: Carroll County Department of Juvenile Services. *Target Source: [Healthy People 2010 Objective 15-38](#).*
13. Data Source: Maryland State Police Uniform Crime Report. *Target Source: [Healthy People 2010 Objective 15-13](#).*

**DISEASE / RISK FACTORS**

14. Percentage of adults with a Body Mass Index (BMI) of 30 or more. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 19-2](#).*
15. Percentage of adults who have been told by a doctor that they have high blood pressure. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 12-9](#).*
16. Data Source: Maryland Vital Statistics. *Target Source: [Healthy People 2010 Objective 12-1](#).*
17. Data Source: Maryland Vital Statistics. *Target Source: [Healthy People 2010 Objective 12-7](#).*
18. Data Source: Maryland State Cancer Registry. Target: 25% reduction in age-adjusted rate of cancer incidence by 2015. *Target Source: American Cancer Society 2015 Challenge Goals.*

19. Data Source: Maryland Vital Statistics. *Target Source: [Healthy People 2010 Objective 3-1](#).*

20. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 5-2](#).*

21. Data Source: 2007 Carroll County Public Schools Services Report. *Target Source: [Healthy People 2010 Objective 18-2](#).*

**HEALTH CARE**

22. Percentage of adults who have any kind of health insurance. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 1-1](#).*

23. Data Source: 2007 Maryland Behavioral Risk Factor Surveillance Survey. *Target Source: [Healthy People 2010 Objective 1-6](#).*

**ENVIRONMENT**

24. Data Source: Carroll County Bureau of Waste Management. *Target Source: [Healthy People 2010 Objective 8-15](#).*

25. Data Source: Carroll County Health Department. *Target Source: [Healthy People 2010 Objective 8-7](#).*

Indicators in the [Healthy Carroll Vital Signs Dashboard](#) are excerpted from [Healthy Carroll Vital Signs: Measures of Community Health™](#), with one exception noted.

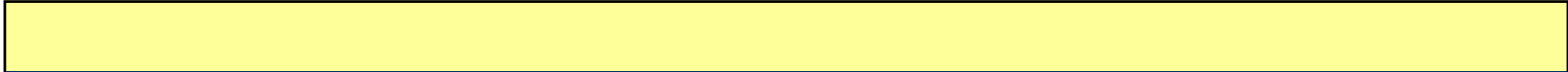
*The Partnership for a Healthier Carroll County, Inc. is a not-for-profit community health organization supported by Carroll Hospital Center and Carroll County Health Department.*

Healthy Carroll Vital Signs  
**Health Care**  
Data Charts

HEALTHY CARROLL VITAL SIGNS: Measures of Community Health  
**ACCESS TO HEALTH CARE Data Charts**  
Updated April 2009

Medical Visits: Residents With a Usual Primary Care Provider	1
Medical Visits: Residents Unable to Afford Care	2
Medical Visits: Residents Who Have Health Insurance	3
Dental Care: Children Enrolled in MCHIP Who Get Dental Care	4

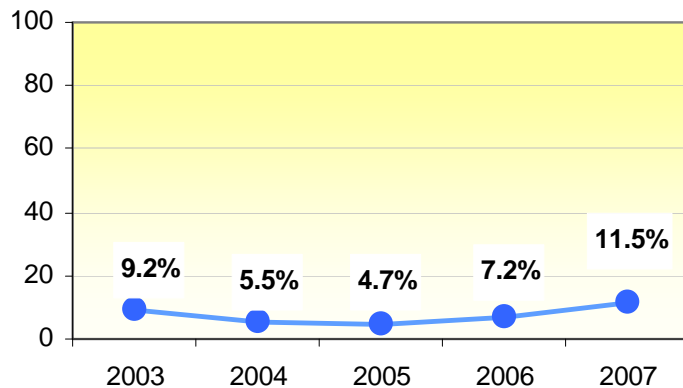




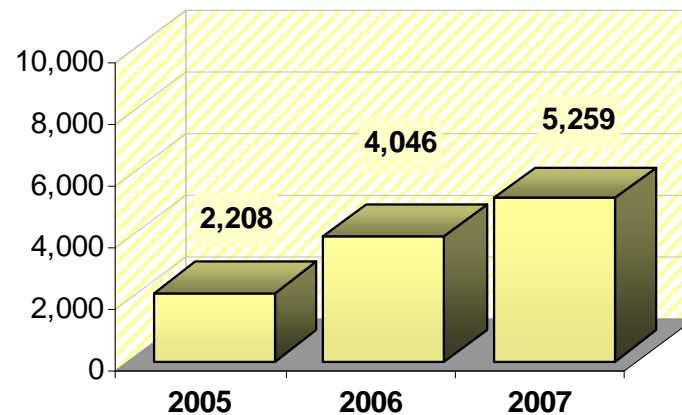
# Access to Health Care: Medical Visits Residents With A Usual Primary Care Provider

**Improvement Objective: 85% of all residents have a usual primary care provider**

**Percentage of survey participants who report having no health insurance**



**Number of income-eligible Carroll residents served by Access Carroll or Mission of Mercy**

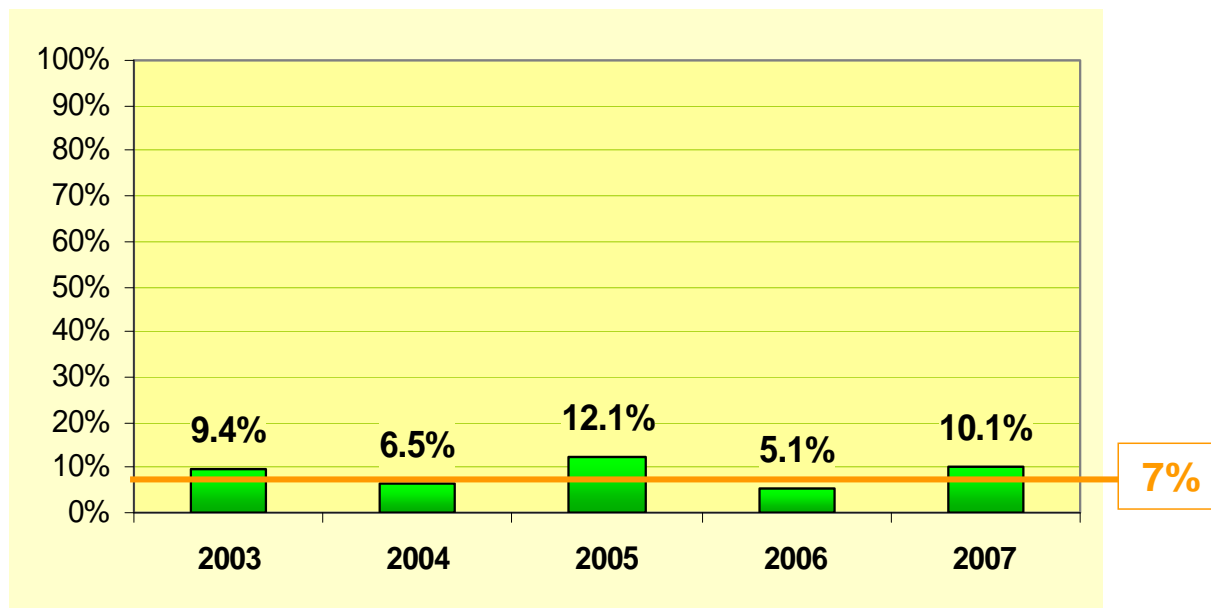


DATA SOURCES: Maryland BRFSS, Access Carroll Inc., Mission of Mercy

# Access to Health Care: Medical Visits Residents Unable to Afford Care

Percentage of Carroll County Residents Who at  
Some Point in the Last 12 Months  
Could Not Afford to See a Doctor

Improvement Objective: 7% or Less



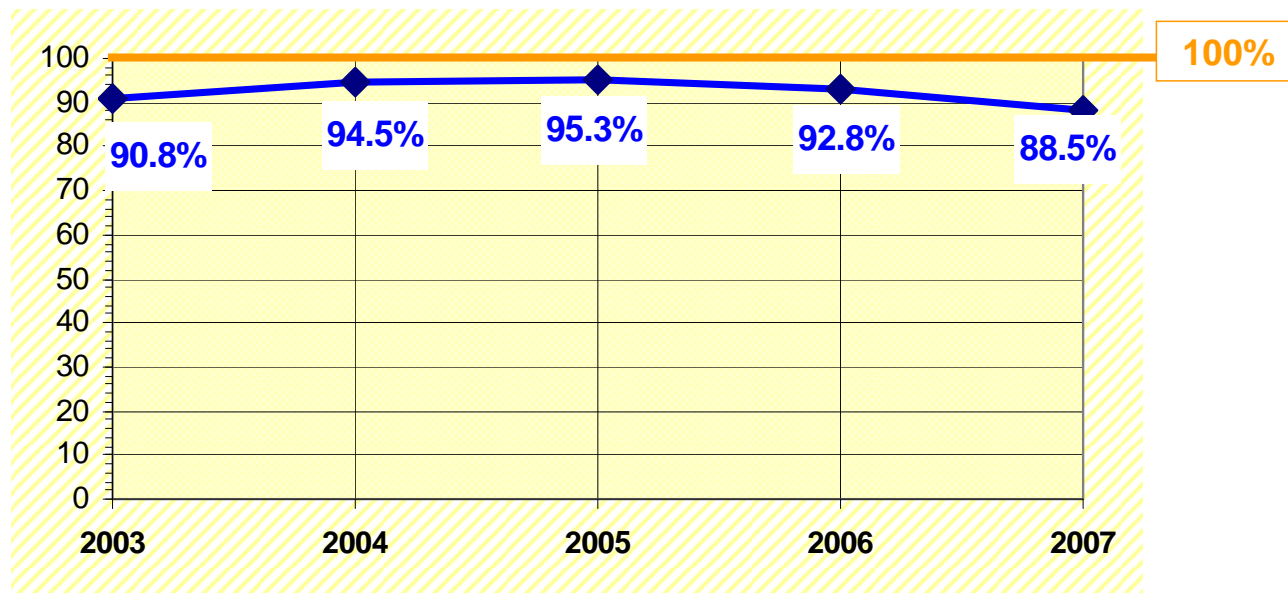
DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

# Access to Health Care: Medical Visits

## Residents Who Have Health Insurance

Percentage of Residents Who Report Having Any Kind of Health Insurance

Improvement Objective: 100%

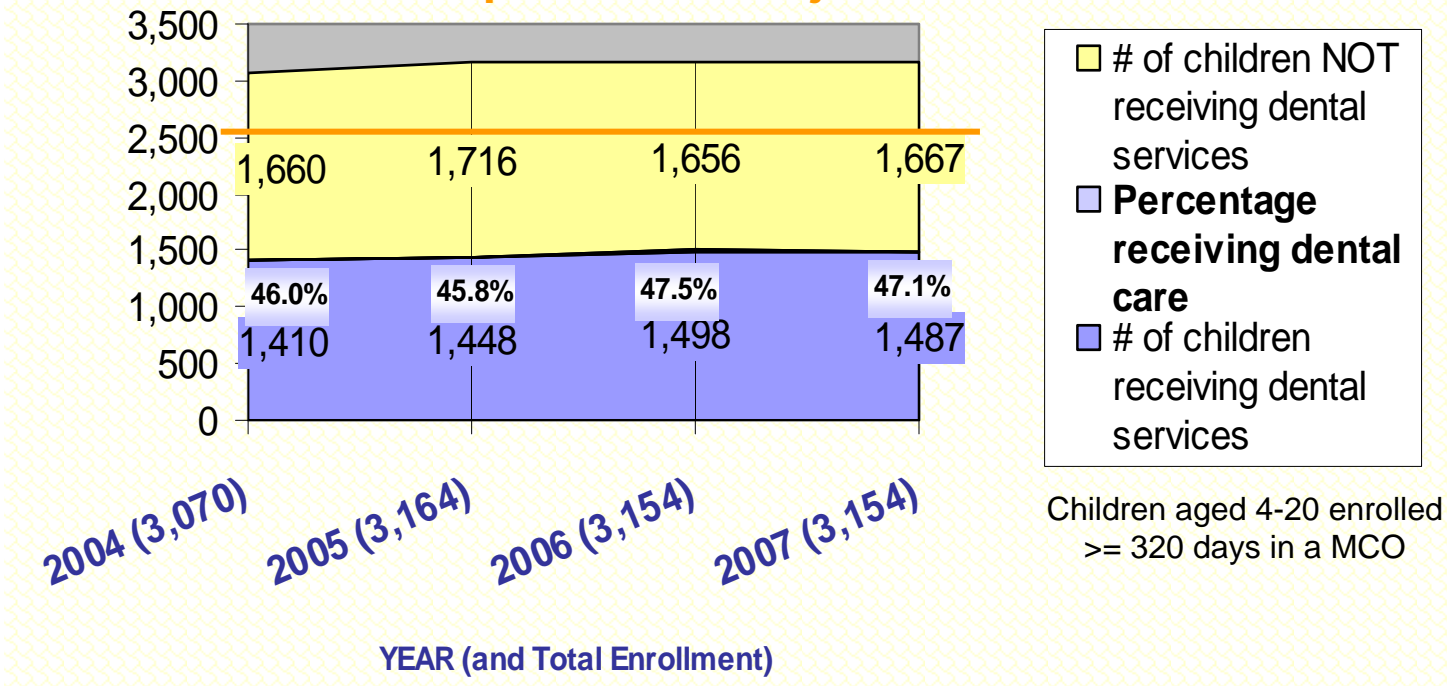


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

# Access to Health Care – Dental Care

## Percentage of Carroll County Children Enrolled in MCHIP Receiving Dental Care

**Improvement Objective: 83%**



DATA SOURCE: Maryland Children's Health Insurance Program

**HEALTHY CARROLL VITAL SIGNS: Measures of Community Health**  
**CANCER Data Charts**  
**Updated April 2009**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| 1. Overall Incidence Rate            | 7. Colorectal Cancer Screening      |
| 2. Overall Mortality Rate            | 8. Colorectal Cancer Mortality      |
| 3. Breast Cancer Screening           | 9. Lung Cancer Mortality            |
| 4. Breast Cancer Mortality           | 10. Prostate Cancer Screening – DRE |
| 5. Skin Cancer Prevention – Children | 11. Prostate Cancer Screening – PSA |
| 6. Skin Cancer Prevention – Adults   | 12. Prostate Cancer Mortality       |

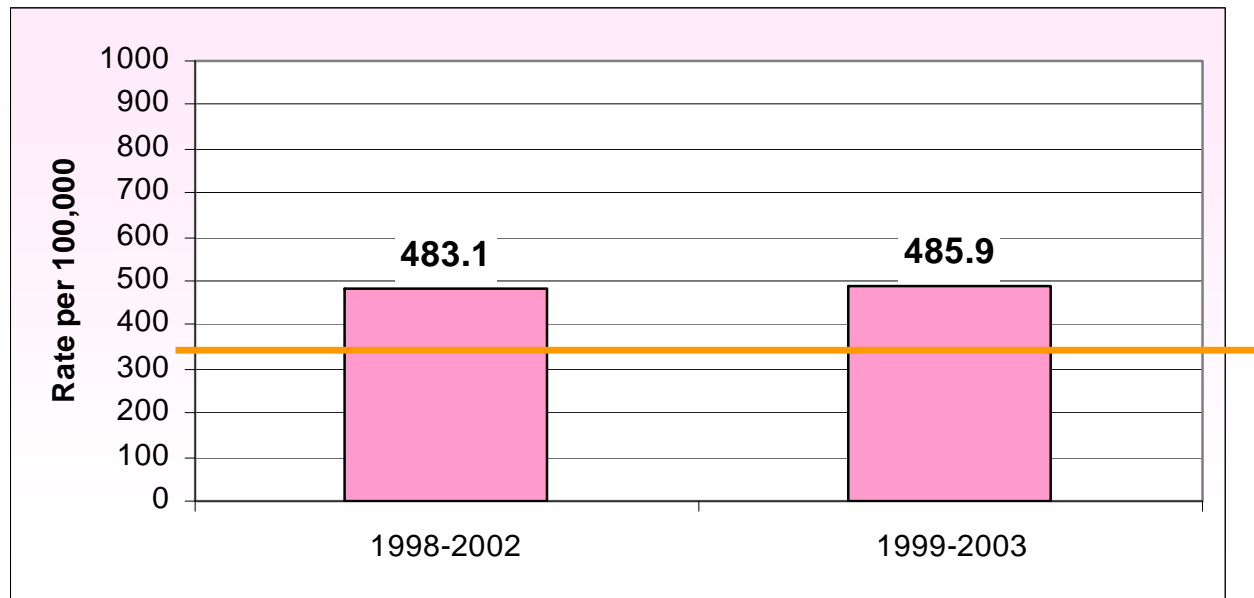




# Cancer – Overall Cancer

## Total Cancer Incidences Rate (all sites) in Carroll County

**Improvement Objective: 25% reduction in age-adjusted rate of cancer incidence by 2015 (362 per 100,000)**

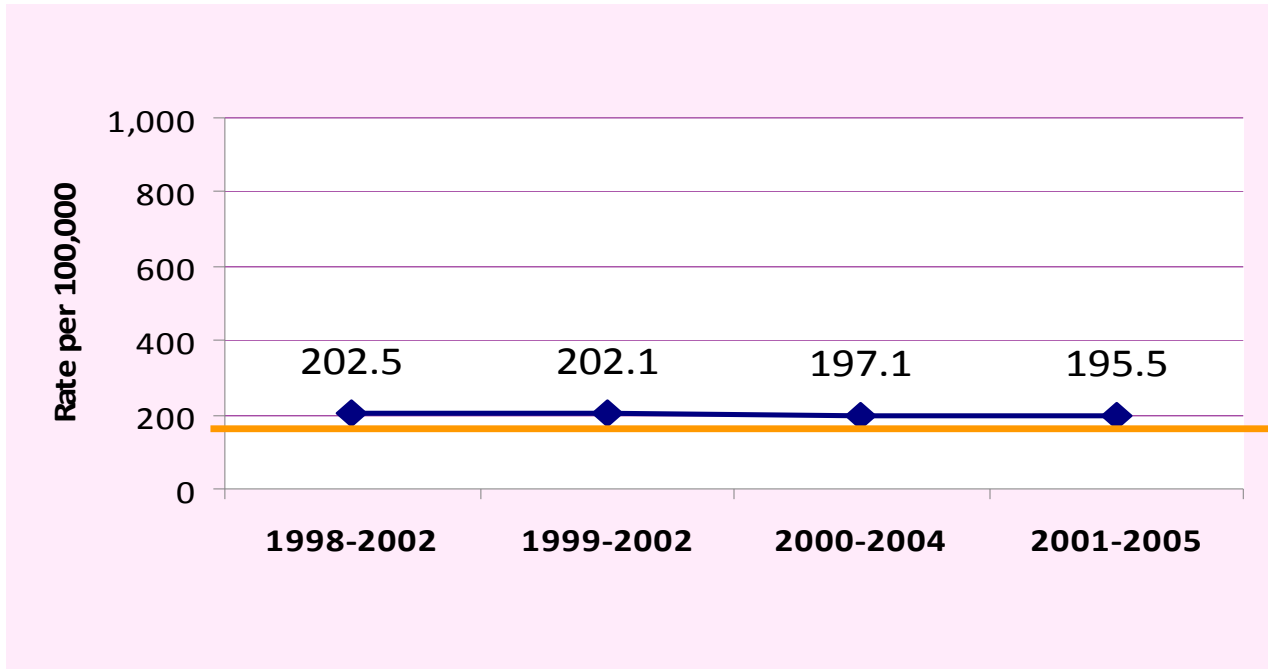


DATA SOURCE: Maryland State Cancer Registry

# Cancer – Overall Cancer

## Total Cancer Mortality Rate – All Sites

Improvement Objective: 158.7 per 100,000 or less

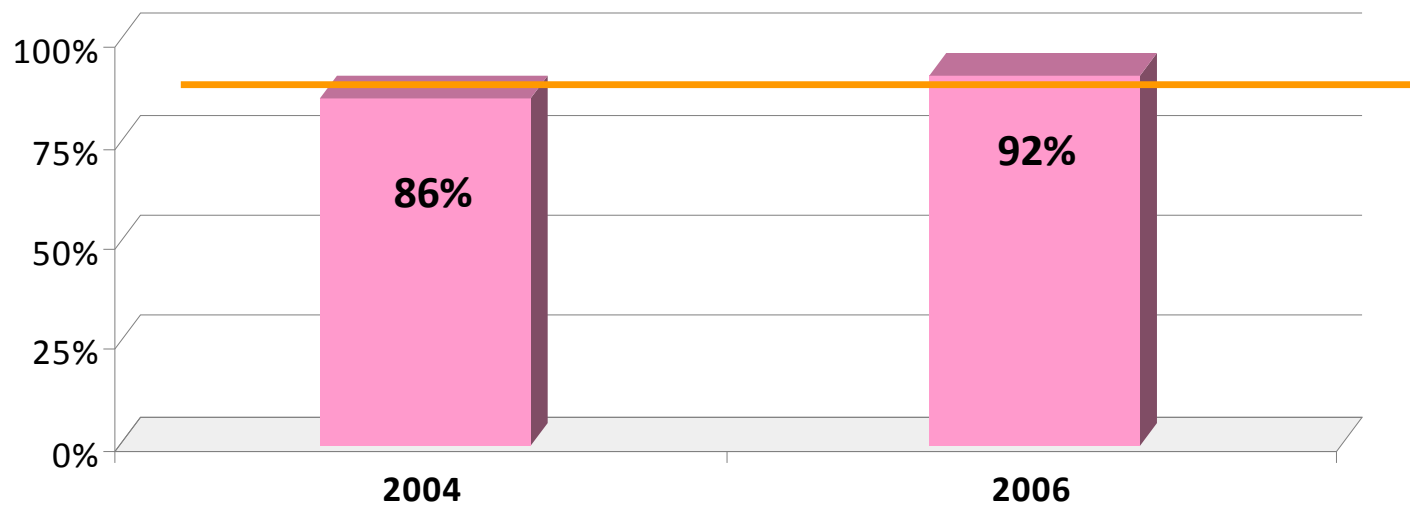


DATA SOURCE: Maryland State Cancer Registry

# Cancer – Breast Cancer

**Percentage of Women Aged 40 and Older Who Have Had a Mammogram Within the Past 2 Years**

**Improvement Objective: 90%**



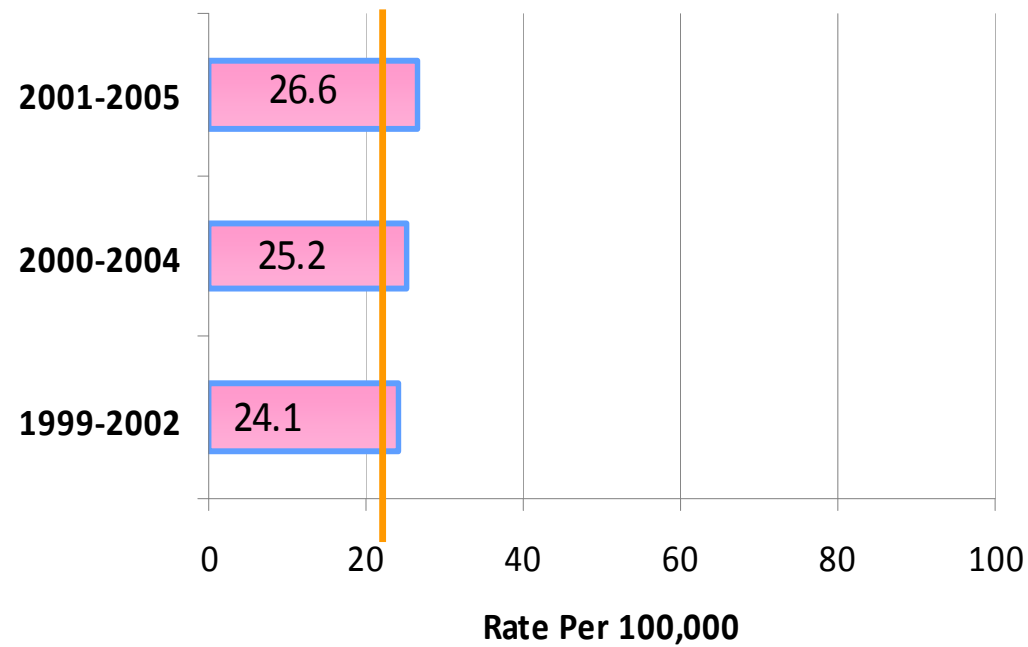
\* NOTE: 2006 data is for women aged 50 and older

DATA SOURCE: Maryland State Cancer Registry

# Cancer – Breast Cancer

## Breast Cancer Mortality – Rate Per 100,000

**Improvement Objective: 22.2 per 100,000 or less**



DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

## Cancer – Skin Cancer

**Percent of children under age 13 who use at least 2 protective measures that reduce the incidence of skin cancer**

**Improvement Objective: 75%**

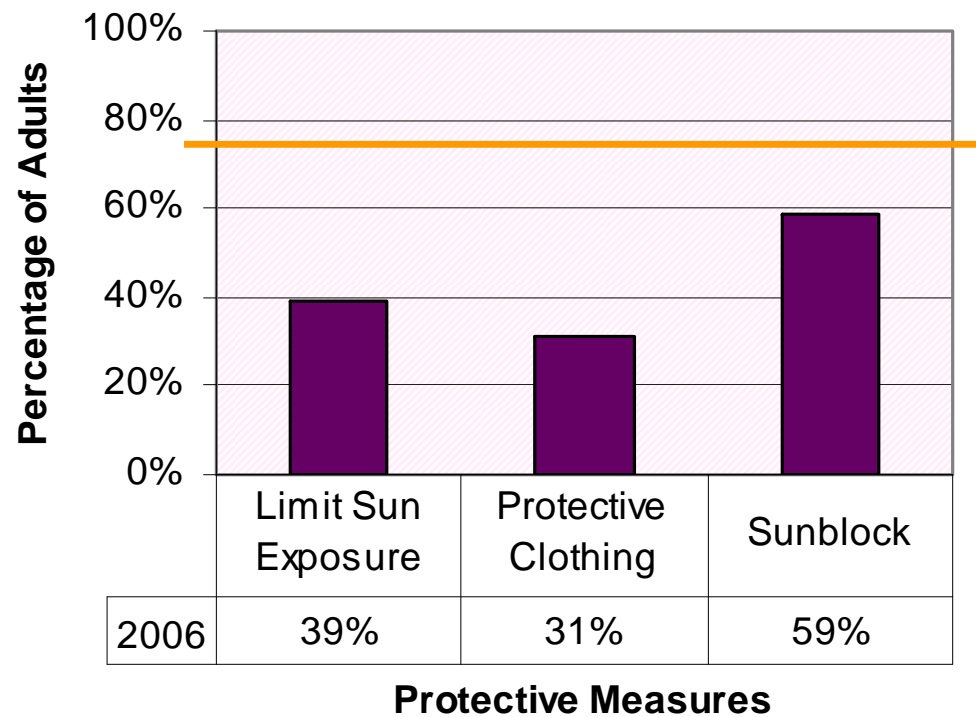
Data unavailable: Sample sizes of <50 are statistically unstable.  
Therefore, data is not displayed.

DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

# Cancer – Skin Cancer

**Percent of Adults Who Use at Least One Protective Measure that Reduces the Incidence of Skin Cancer**

**Improvement Objective: 75%**

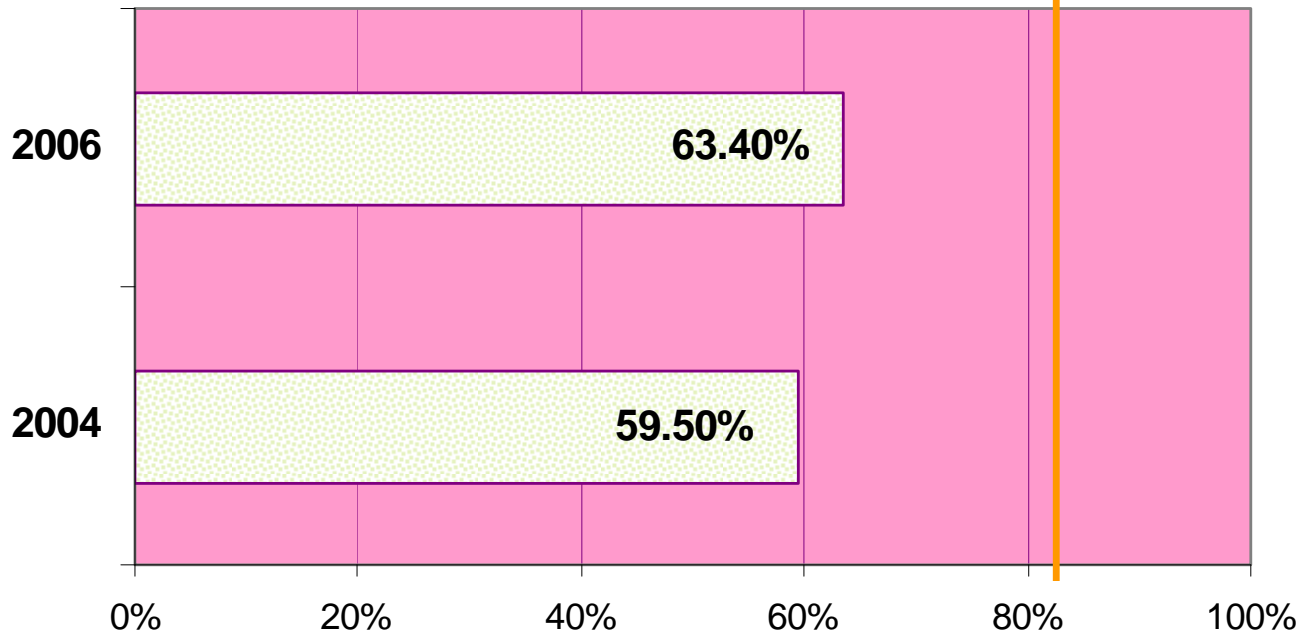


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

# Cancer – Colorectal Cancer

Percentage of people aged 50 and older who have had a sigmoidoscopy or colonoscopy in the past 5 years

Improvement Objective: 75%

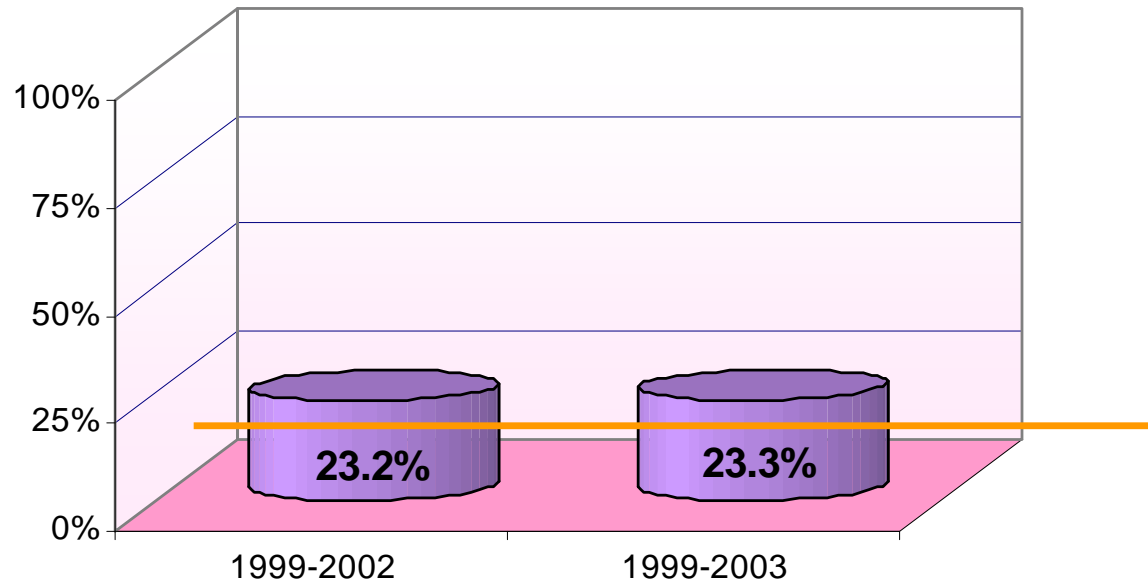


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

# Cancer – Colorectal Cancer

## Colorectal Cancer Mortality Rate in Carroll County

**Improvement Objective: 13.9 per 100,000 or less**



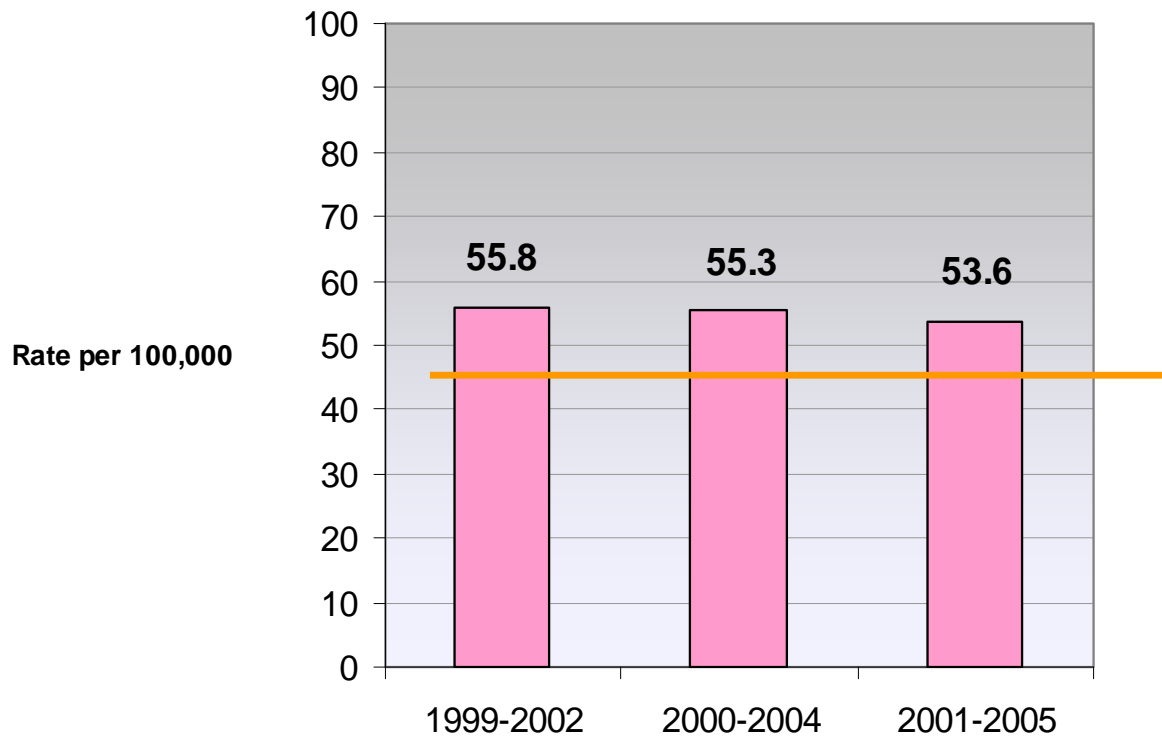
SOURCE: Maryland Vital Statistics



# Cancer – Lung Cancer

## Lung Cancer Mortality Rate – Carroll County

**Improvement Objective: 44.8 per 100,000 or less**

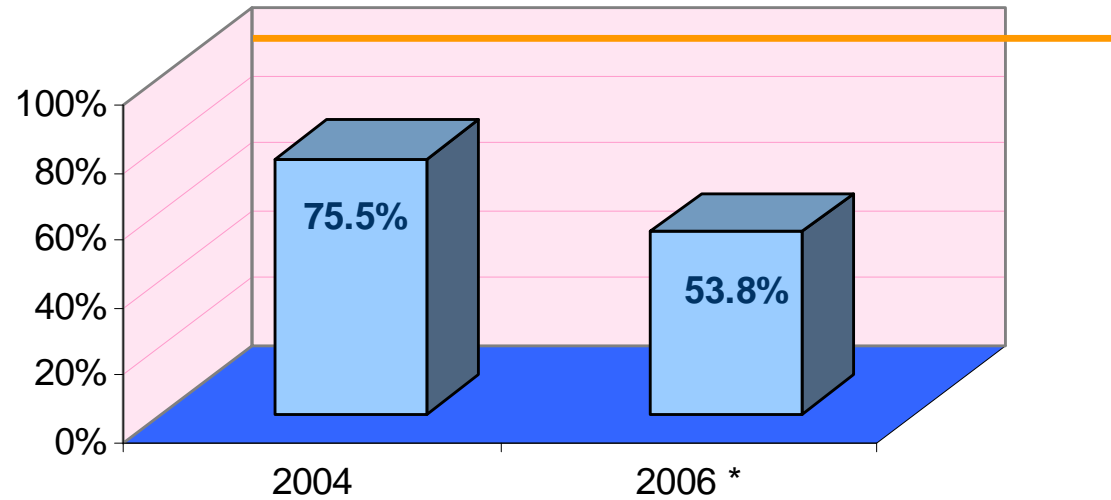


DATA SOURCE: Maryland Vital Statistics

# Cancer – Prostate Cancer

Percentage of men age 50 and over who had a Digital Rectal Exam (DRE) in the past 2 years

Improvement Objective: 90%

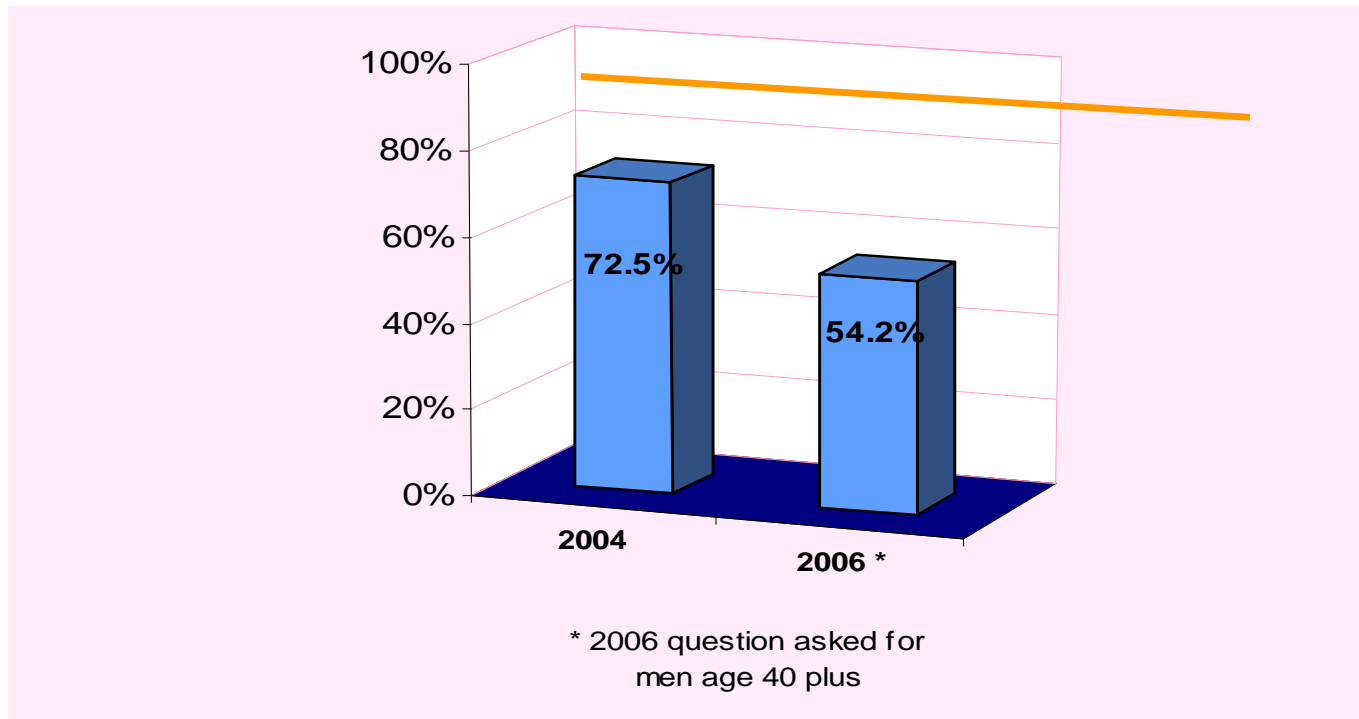


\* 2006 question asked for men aged 40 plus

# Cancer – Prostate Cancer

Percentage of men age 50 and over who have had a Prostate-Specific Antigen test (PSA) in the past 2 years

Improvement Objective: 90%

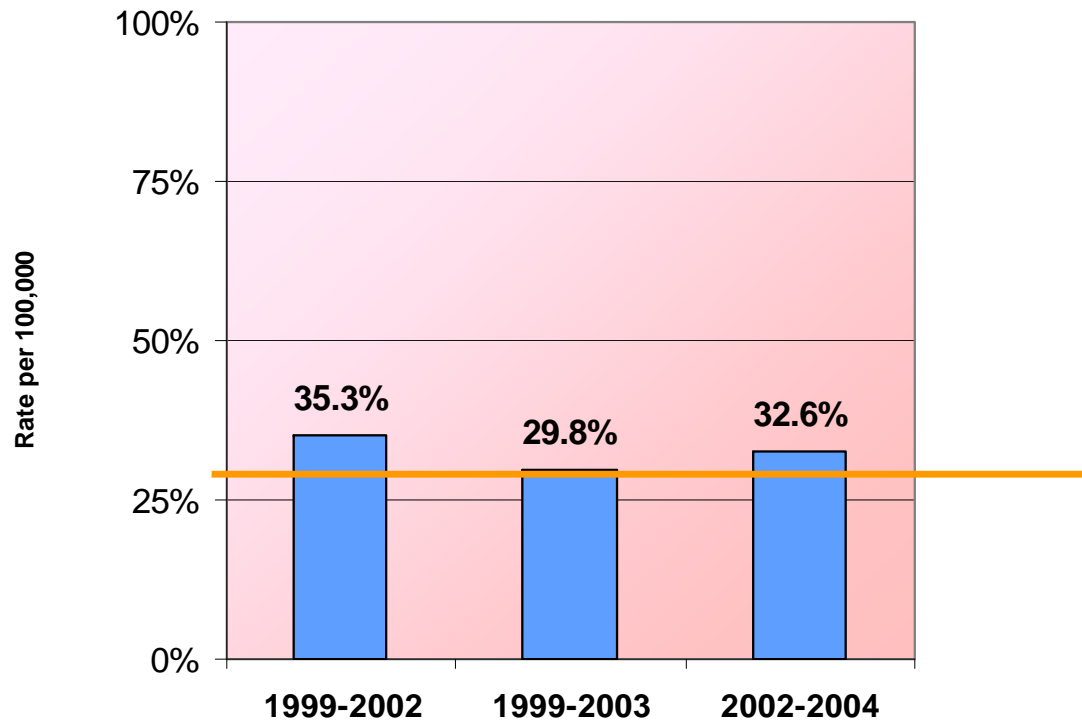


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

# Cancer – Prostate Cancer

## Prostate Cancer Mortality Rate – Carroll County

**Improvement Objective: 28.7% or less**



DATA SOURCE: Maryland Vital Statistics

# HEALTHY CARROLL VITAL SIGNS: Measures of Community Health ELDER HEALTH Data Charts

Updated April 2009

## 1. In-Home Safety: Hip Fractures

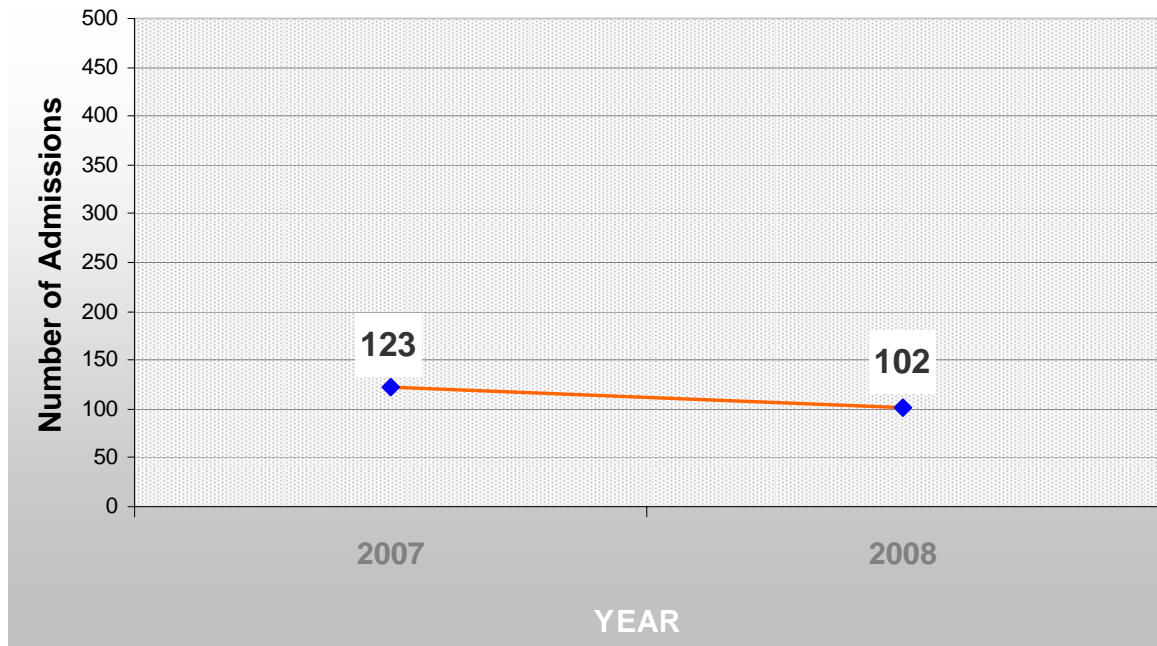
NOTE: Additional indicators for Elder Health are currently under consideration.



# ELDER HEALTH

Number of admissions at Carroll Hospital Center for hip fractures, patients aged 60 and older

Improvement Objective: Downward Trend



DATA SOURCE: Carroll Hospital Center

## HEALTHY CARROLL VITAL SIGNS: Measures of Community Health **SUBSTANCE ABUSE Data Charts**

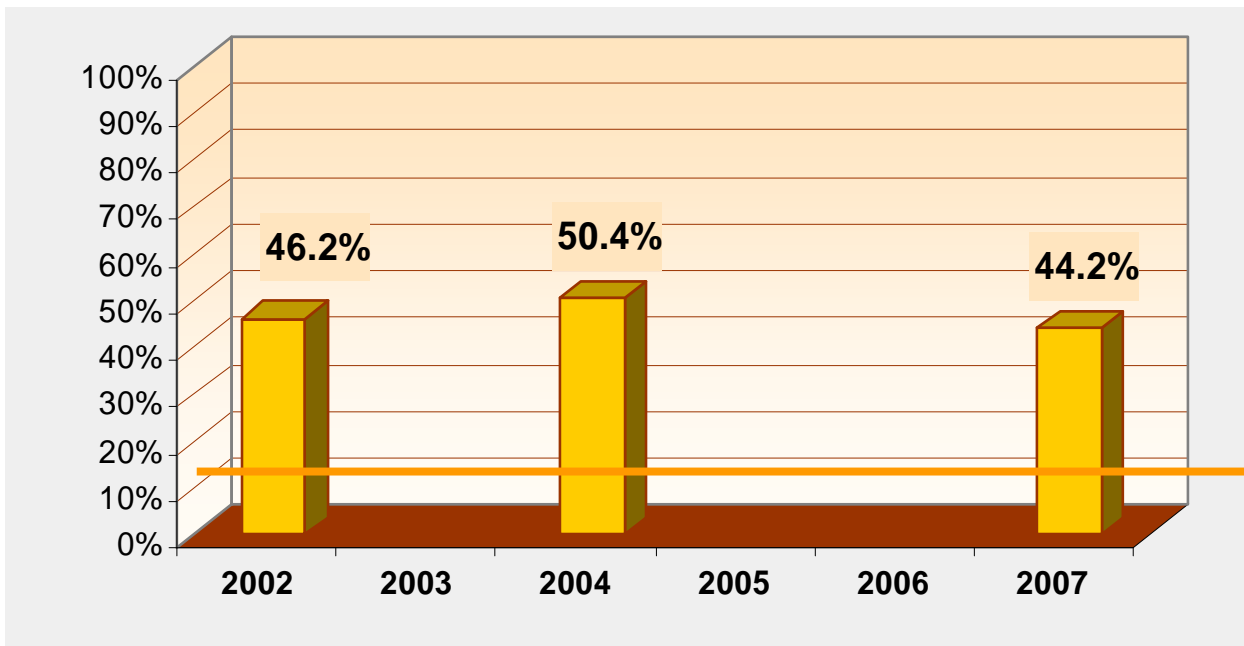
- Alcohol – Youth 1
- Other Drugs – Youth 2
- Tobacco – Youth 3



# Substance Abuse – Youth

## Percentage of Carroll County 12<sup>th</sup> Graders Who Drank Alcohol in the Past 30 Days

**Improvement Objective: 11% or less**



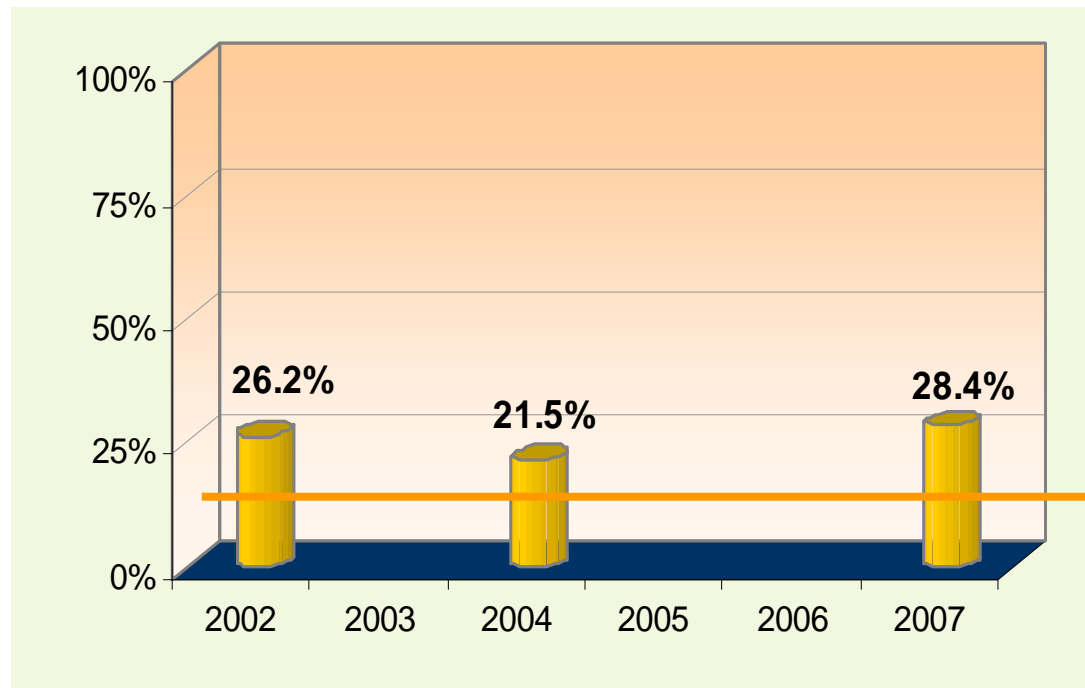
DATA SOURCE: Maryland Adolescent Survey



# Substance Abuse – Youth

**Percentage of Carroll County 12<sup>th</sup> Graders Who Used Drugs  
*Other Than* Alcohol or Tobacco in the Past 30 Days**

**Improvement Objective: 11% or less**

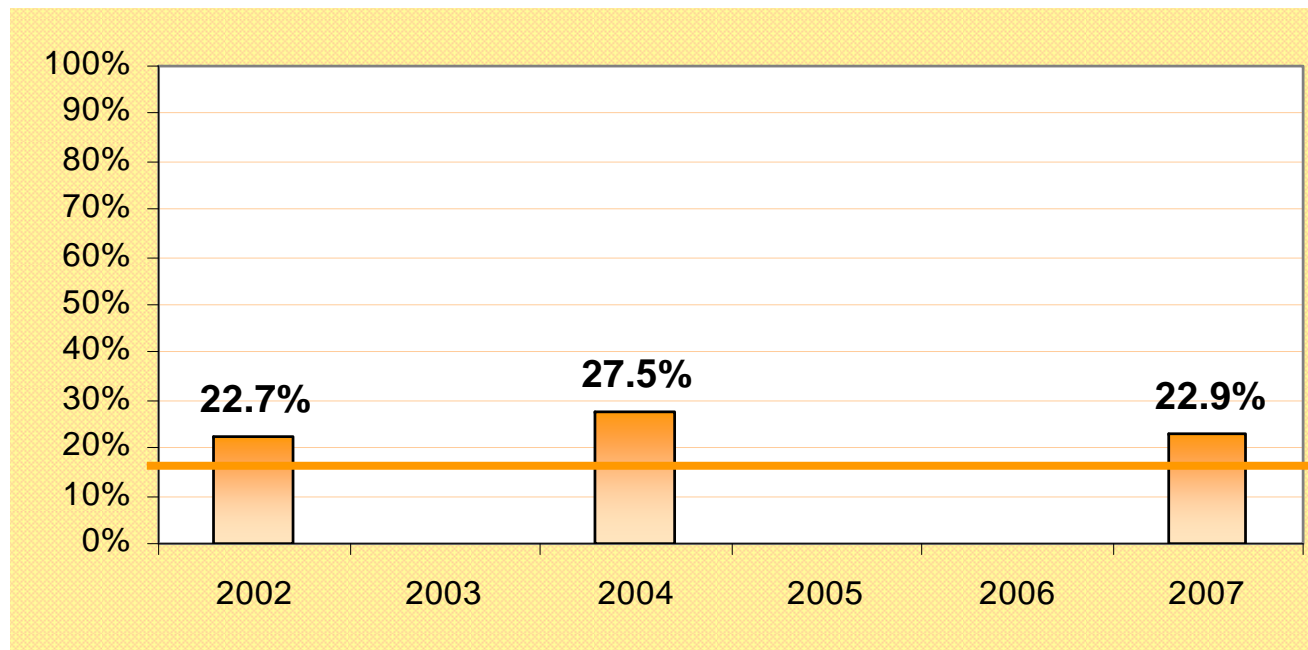


DATA SOURCE: Maryland Adolescent Survey

# Substance Abuse – Youth

## Percentage of Carroll County 12<sup>th</sup> Graders Who Used Cigarettes in the Past 30 Days

**Improvement Objective: 16% or less**



DATA SOURCE: Maryland Adolescent Survey

# HEALTHY CARROLL VITAL SIGNS: Measures of Community Health PREVENTION & WELLNESS Data Charts

Updated April 2009

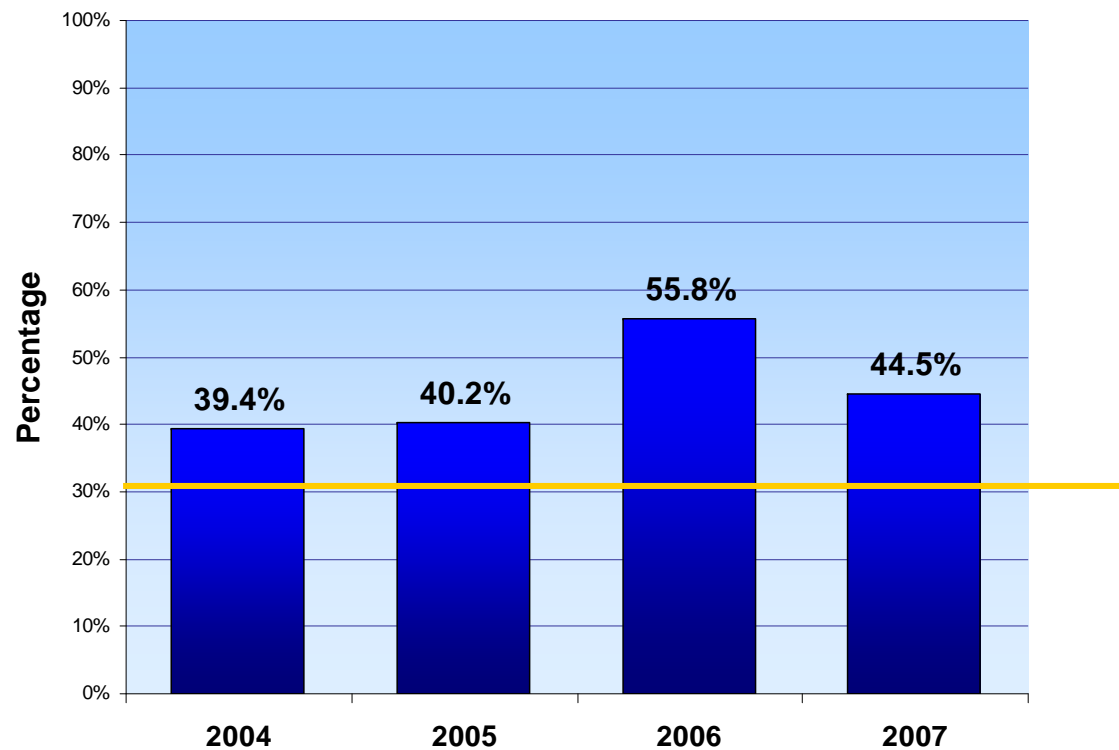
- Physical Activity: Adults 1
- Nutrition: Fruits & Vegetable – Adults 2
- Nutrition: Fruits & Vegetables – Youth 3
- Nutrition: Obesity – Adults 4
- Nutrition: Diabetes 5
- Tobacco-Free Living: Smoking – Adults 6
- Tobacco-Free Living: Smoking – Youth 7
- Safety: Motor Vehicle Deaths 8
- Safety: Motor Vehicle Injuries 9



# Prevention & Wellness – Physical Activity

**Percent of Adults in Carroll County Who Exercise 30 Minutes or More At Least 5 Times Per Week**

**Improvement Objective: 30%**

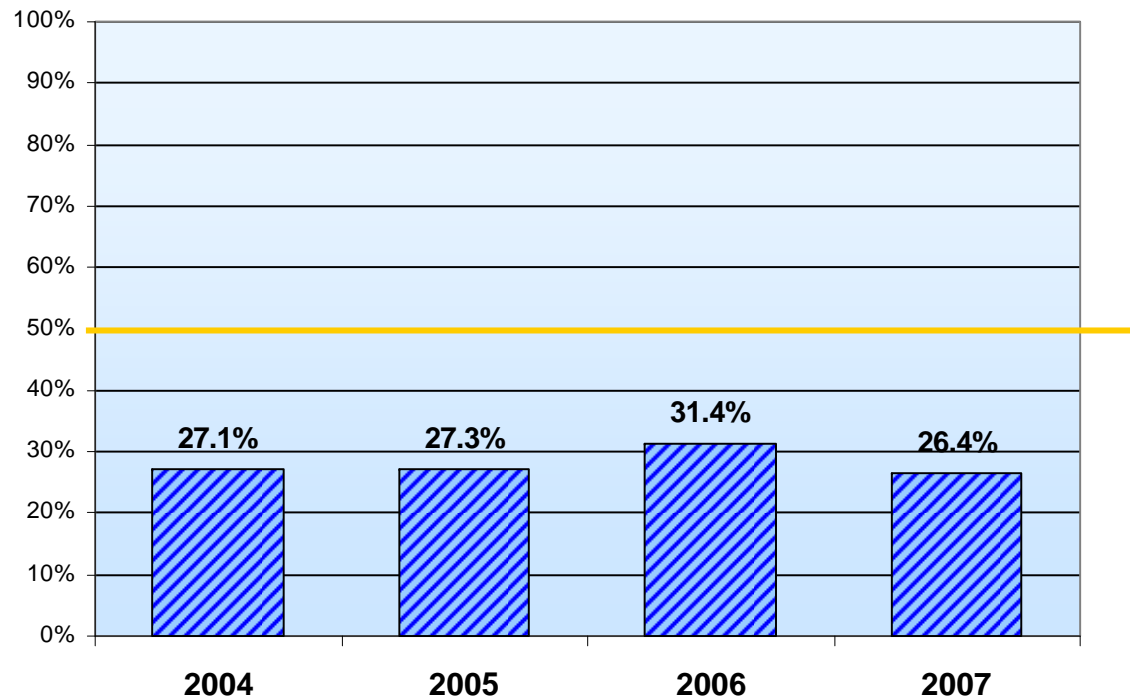


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

# Prevention & Wellness - Nutrition

**Percent of Adults in Carroll County Who Consume Fruits & Vegetables At Least 5 Times Per Day**

**Improvement Objective: 50%**



DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

## Prevention & Wellness - Nutrition

**Percent of Carroll County Youth Who Consume Fruits & Vegetables At Least 5 Times Per Day**

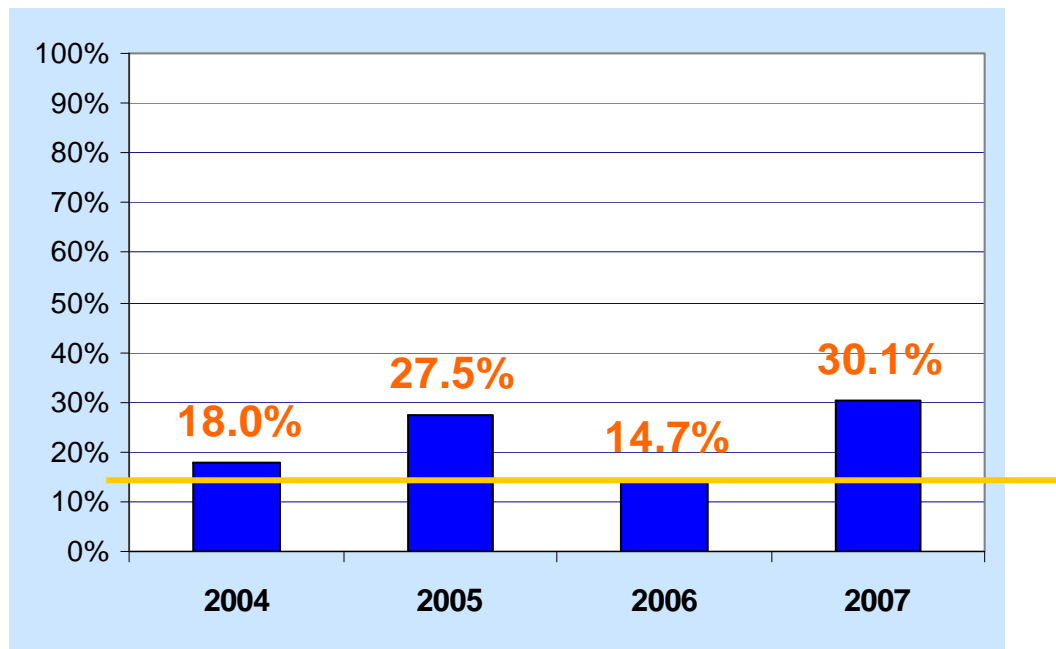
**Improvement Objective: 50%**

**Carroll County did not participate in this study.**

# Prevention & Wellness - Nutrition

**Percent of Adults in Carroll County Who Are Obese  
(Body Mass Index of 30 and Over)**

**Improvement Objective: 15% or less**

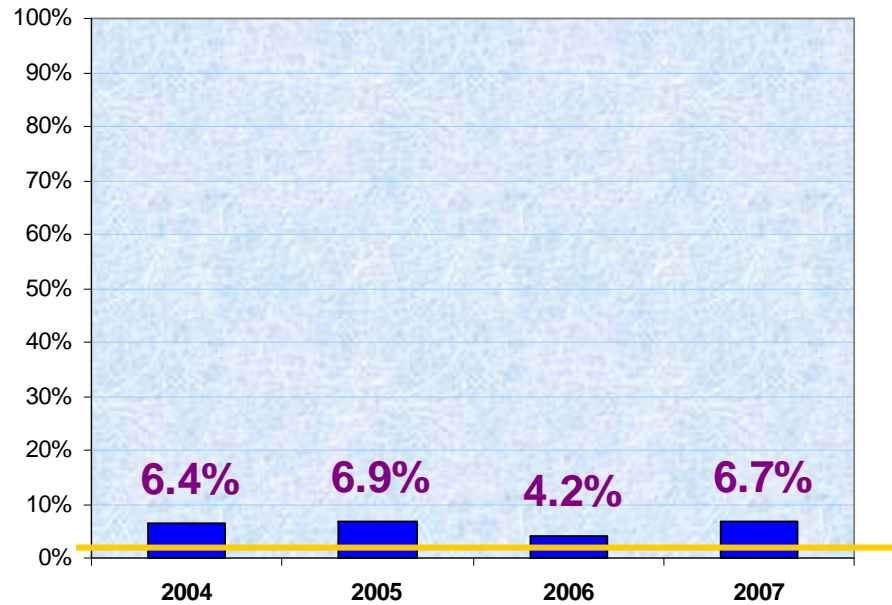


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

# Prevention & Wellness - Nutrition

**Percentage of adults who have ever been told they have diabetes by a physician**

**Improvement Objective: 2.5% or Less**



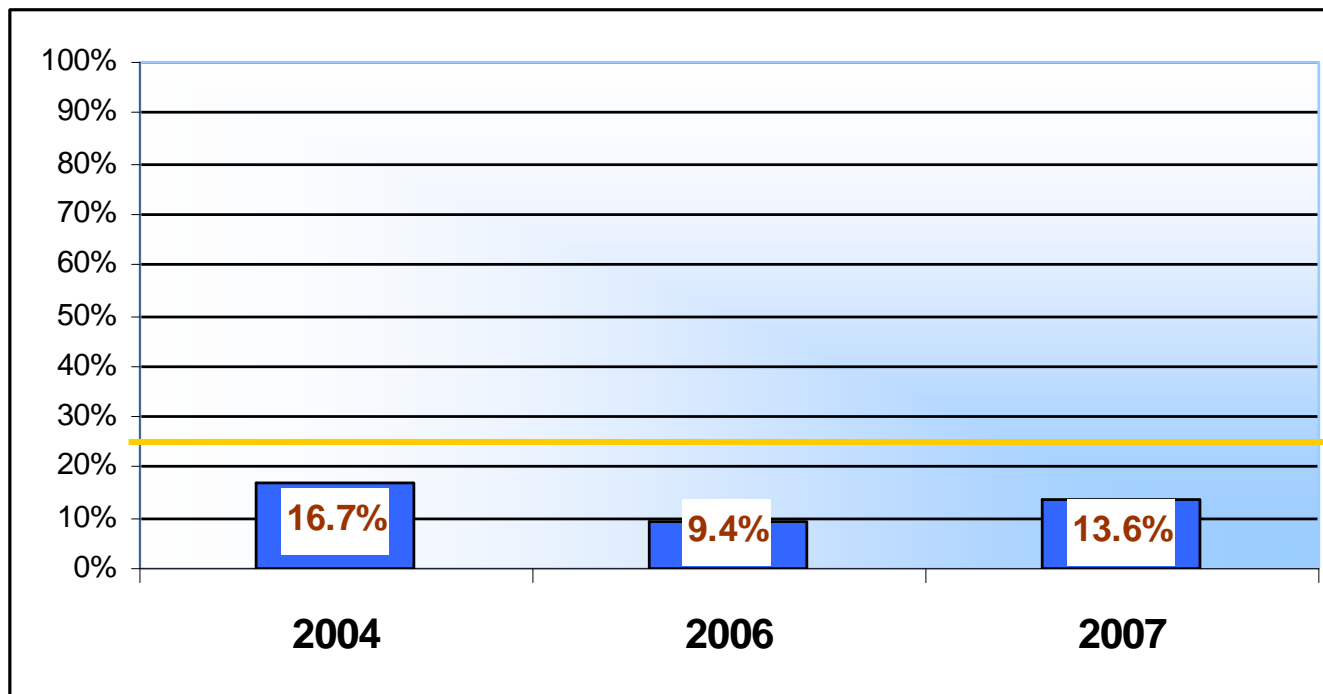
DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)



# Prevention & Wellness – Tobacco-Free

**Percentage of Carroll County Adults  
Who Smoke Every Day**

**Improvement Objective: 25% or Less**

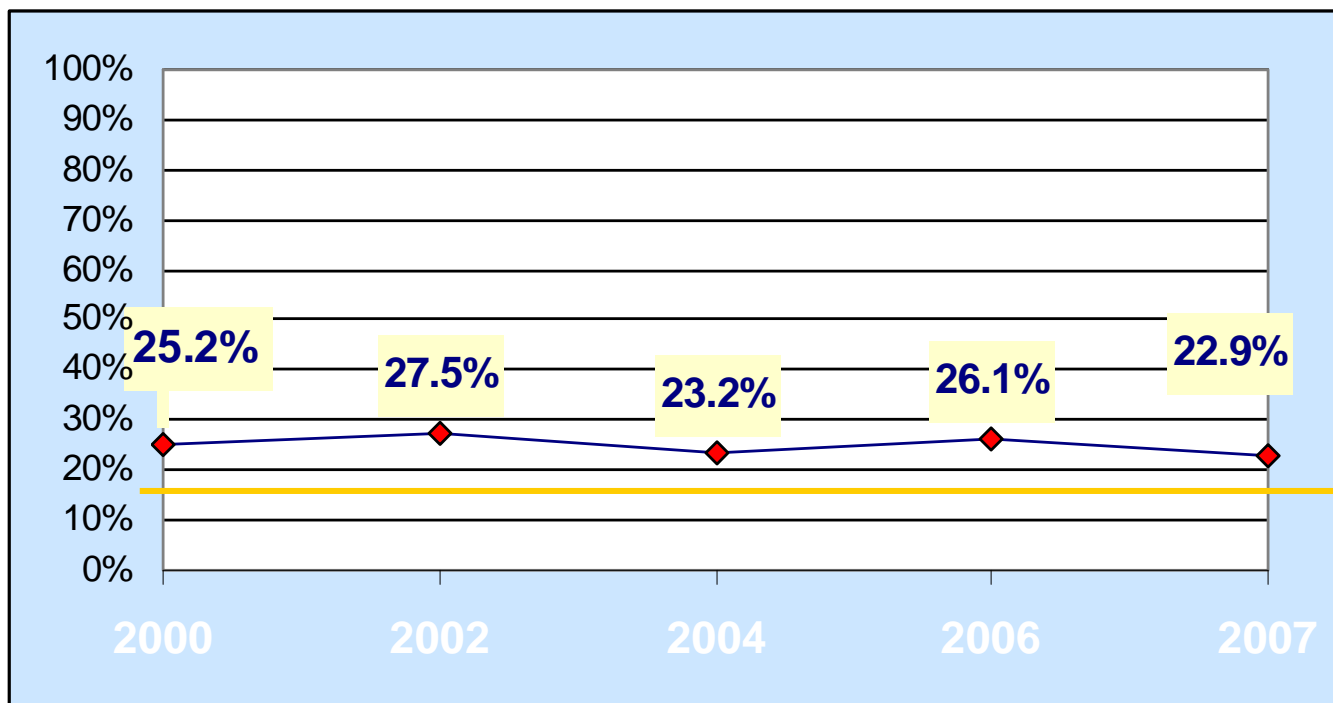


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

# Prevention & Wellness – Tobacco-Free

Percent of Carroll County 12th Graders Who Smoked Cigarettes in the Past 30 Days

Improvement Objective: 16% or Less



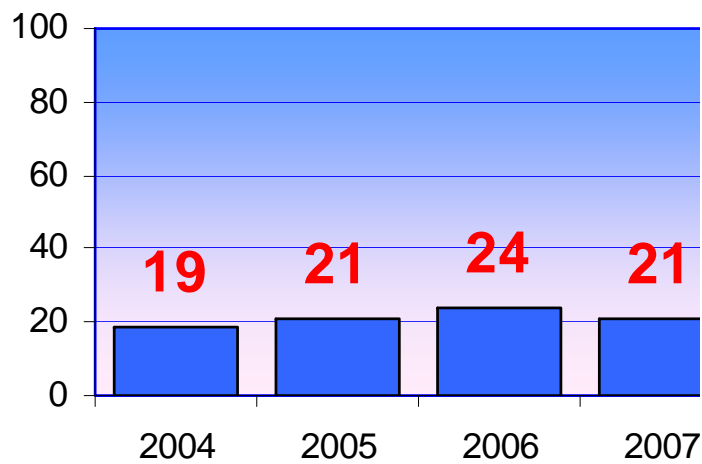
DATA SOURCE: Maryland Adolescent Survey

# Prevention & Wellness - Safety

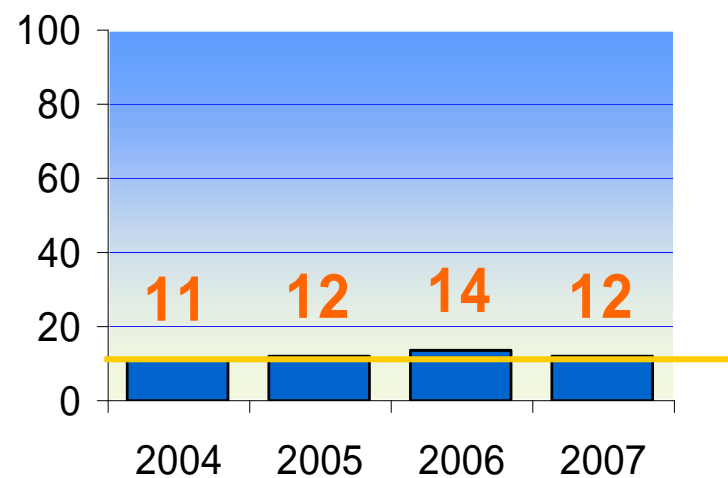
## Carroll County Motor Vehicle Deaths

Improvement Objective: 9 per 100,000 or less

**A. Number of deaths from motor vehicle crashes**



**B. Motor vehicle deaths Rate per 100,000**

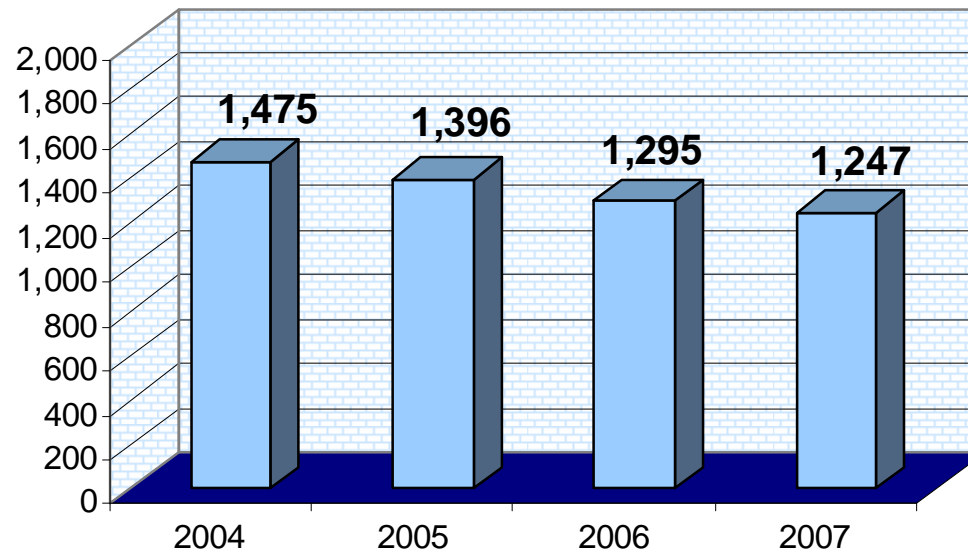


DATA SOURCE: University of MD School of Medicine National Study Center

# Prevention & Wellness - Safety

## Injuries in Carroll County in Motor Vehicle Crashes

**Improvement Objective: 1,000 per 100,000 or less**



**Carroll County rate per 100,000 (1998-2007): 736.9**

DATA SOURCE: University of MD School of Medicine National Study Center

**HEALTHY CARROLL VITAL SIGNS: Measures of Community Health**  
**POSITIVE YOUTH & FAMILY DEVELOPMENT**  
Data Charts - Updated July 2009

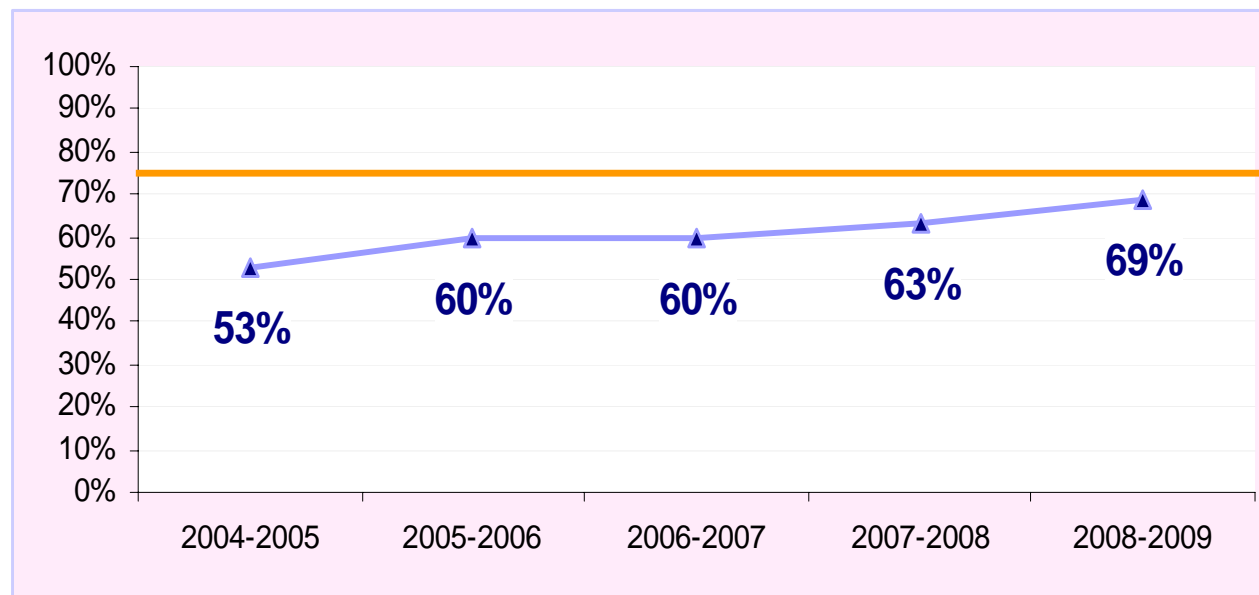
1. Children Ready to Learn: Full Readiness Entering Kindergarten
2. Children Safe in Families & Communities: Juvenile Violent Offenses
3. Children Safe in Families & Communities: Juvenile Nonviolent Offenses
4. Children Safe in Families & Communities: Child Abuse / Child Neglect
5. Stable & Economically Independent Families: Out-of-Home Placement



# Positive Youth & Family Development – Children Enter School Ready to Learn

**Percentage of Kindergarten Students Who Have Reached Full Readiness  
on the Work Sampling Kindergarten Assessment**

**Improvement Objective: 75% fully ready by 2008**

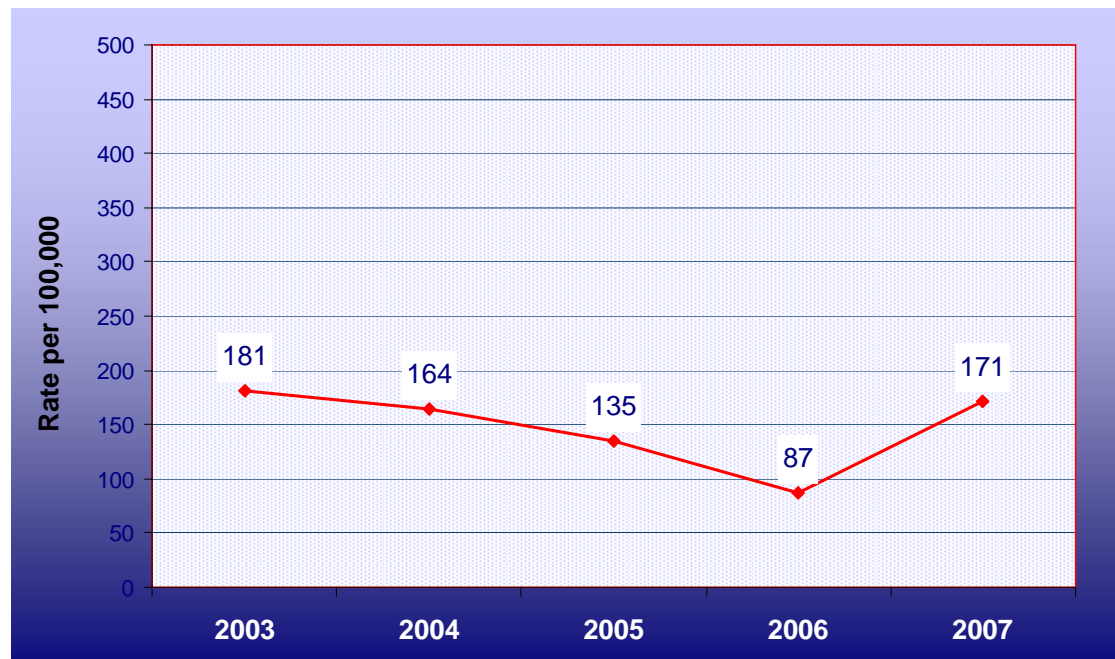


DATA SOURCE: Kindergarten Assessment – Maryland State Department of Education

# Positive Youth & Family Development - Children Safe in Families & Communities

Juvenile violent offense arrest rate, ages 10-17

Improvement Objective: Downward Trend

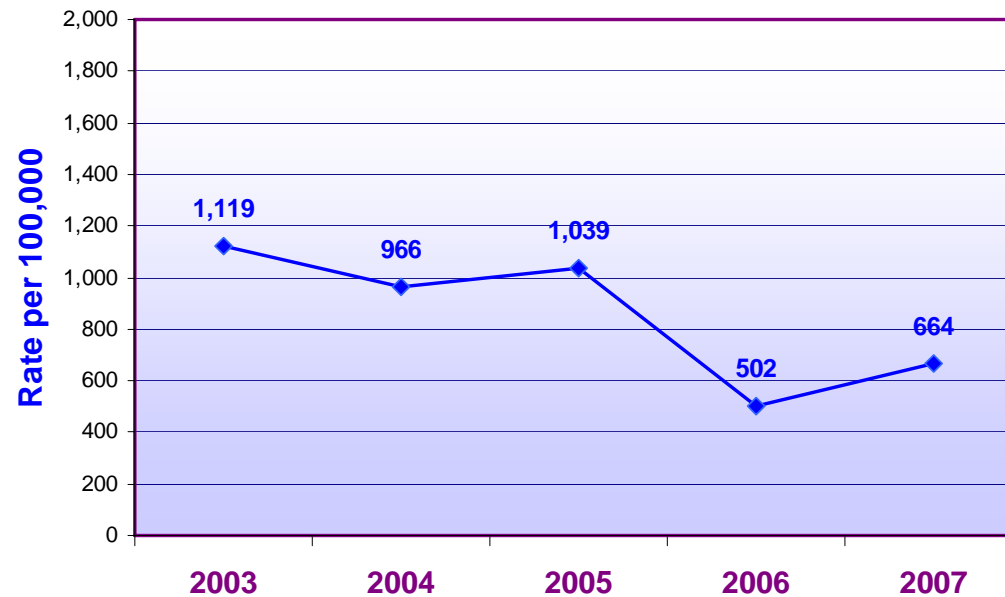


DATA SOURCE: Maryland State Police Uniform Crime Report

# Positive Youth & Family Development - Children Safe in Families & Communities

## Juvenile non-violent offense arrest rates ages 10-17

Improvement Objective: Downward Trend



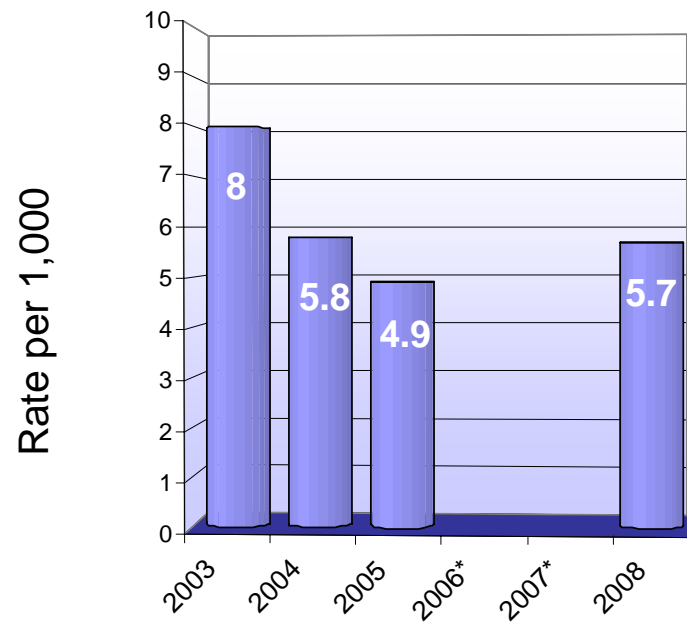
DATA SOURCE: Maryland State Police Uniform Crime Report



# Positive Youth & Family Development - Children Safe in Families & Communities

**Child Abuse or Neglect Investigations Ruled as Indicated or Unsubstantiated**

**Improvement Objective: Downward Trend**



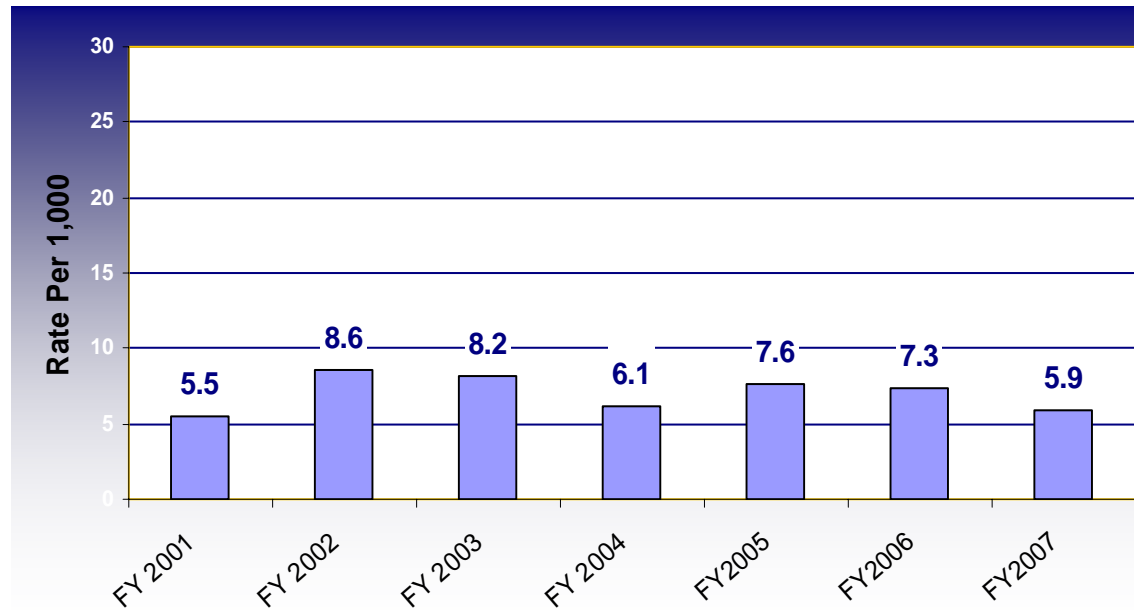
DATA SOURCE: MD Governor's Office for Children (OCFY)

\* 2006 and 2007 Data not available

# Positive Youth & Family Development – Stable & Economically Independent Families

## Out-of-Home Placement

Improvement Objective: Downward Trend



DATA SOURCE: Maryland Governor's Office for Children (OCFY) – SSA Foster Care and Adoption Child Tracking System

**HEALTHY CARROLL VITAL SIGNS: Measures of Community Health**  
**MENTAL HEALTH Data Charts**

**Updated April 2009**

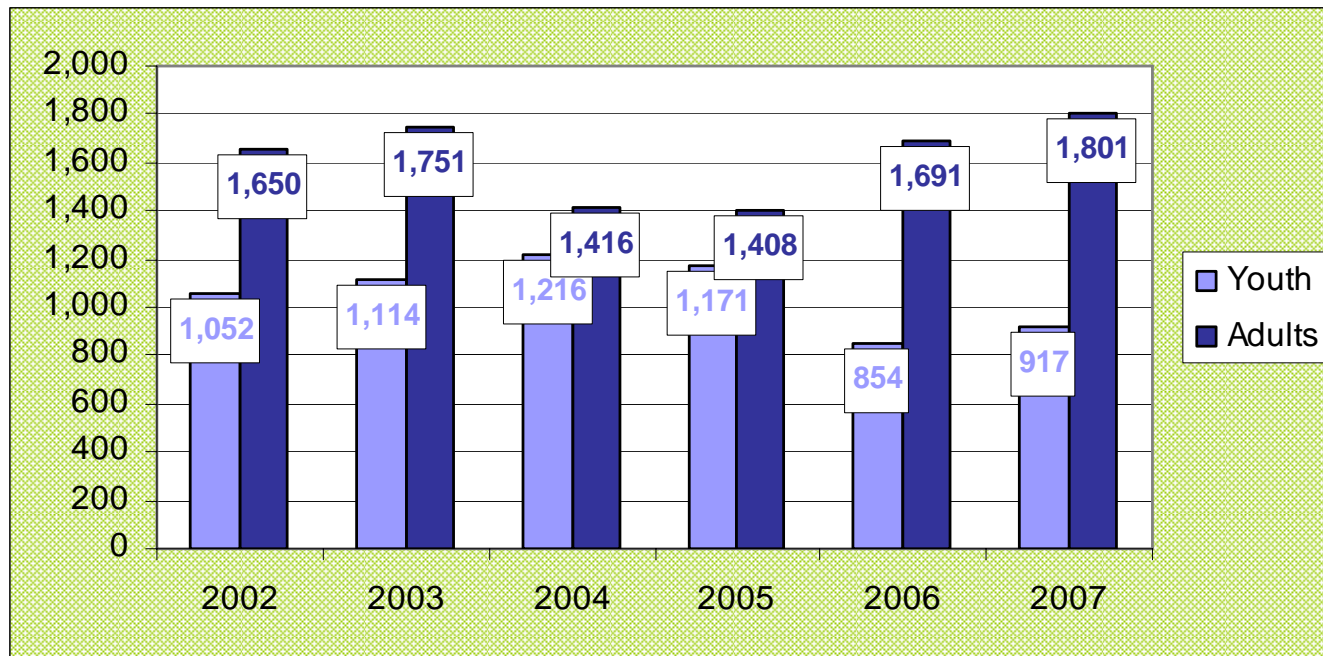
- Psychiatric Services 1
- Interventions for Suicidal Thoughts 2



# Mental Health – Psychiatric Services

Number of public counseling and psychiatric services rendered for youths and adults in Carroll County

Improvement Objective: Developmental

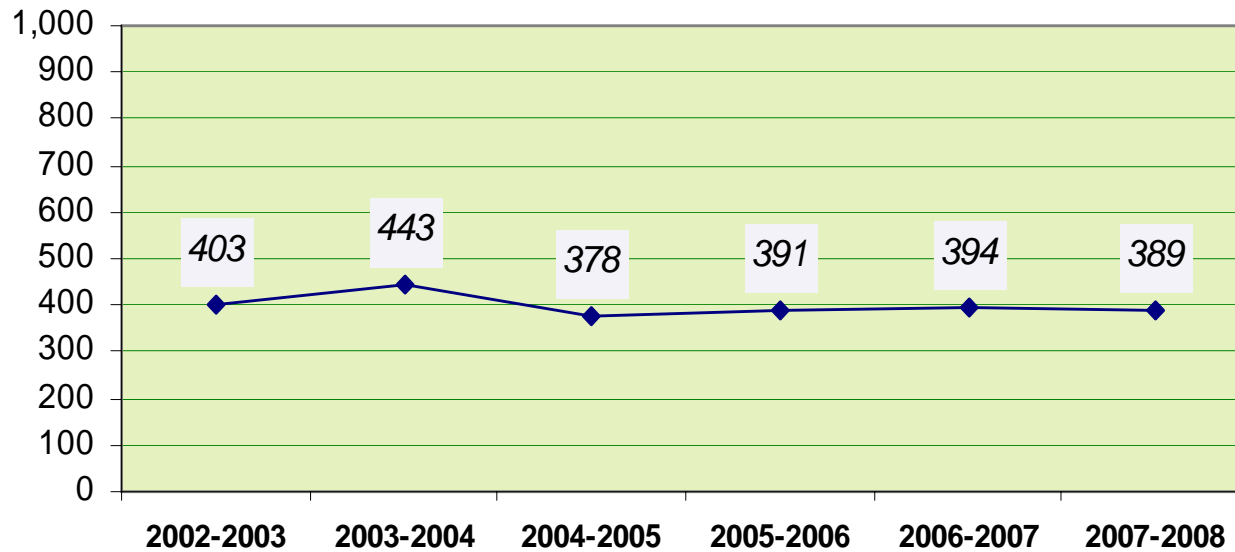


DATA SOURCE: Carroll County Core Service Agency Crystal Report of APS Health Care Data

# Mental Health – Youth

## Number of Carroll County Public Schools Interventions for Suicidal Thoughts

**Improvement Objective: 1% or less – suicide attempts by students in grades 9 - 12**



DATA SOURCE: Carroll County Public Schools Student Services Annual Report

# HEALTHY CARROLL VITAL SIGNS: Measures of Community Health **INTERPERSONAL VIOLENCE Data Charts**

Updated April 2009

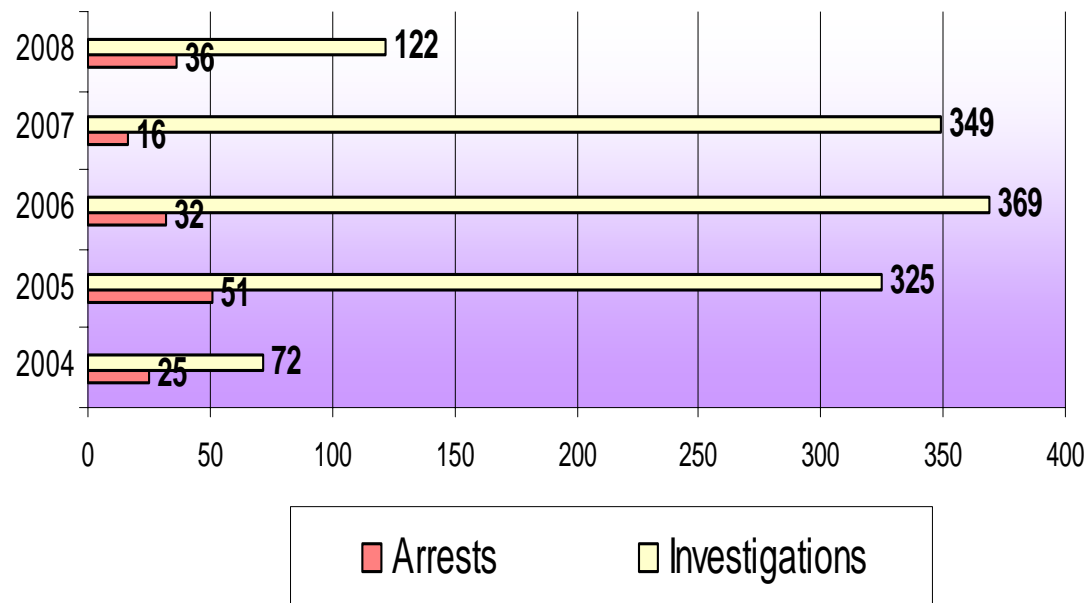
1. Child Abuse Investigations and Arrests
2. Weapons Violations at Carroll County Public Schools
3. Juvenile Arrests for Assault
4. Cases Filed for Domestic Violence and Peace Orders
5. Aggravated Assaults and Forcible Rapes



# Interpersonal Violence – Youth

Number of child abuse investigations and arrests in Carroll County

Improvement Objective: 11.1 cases or less per 1,000 children under 18

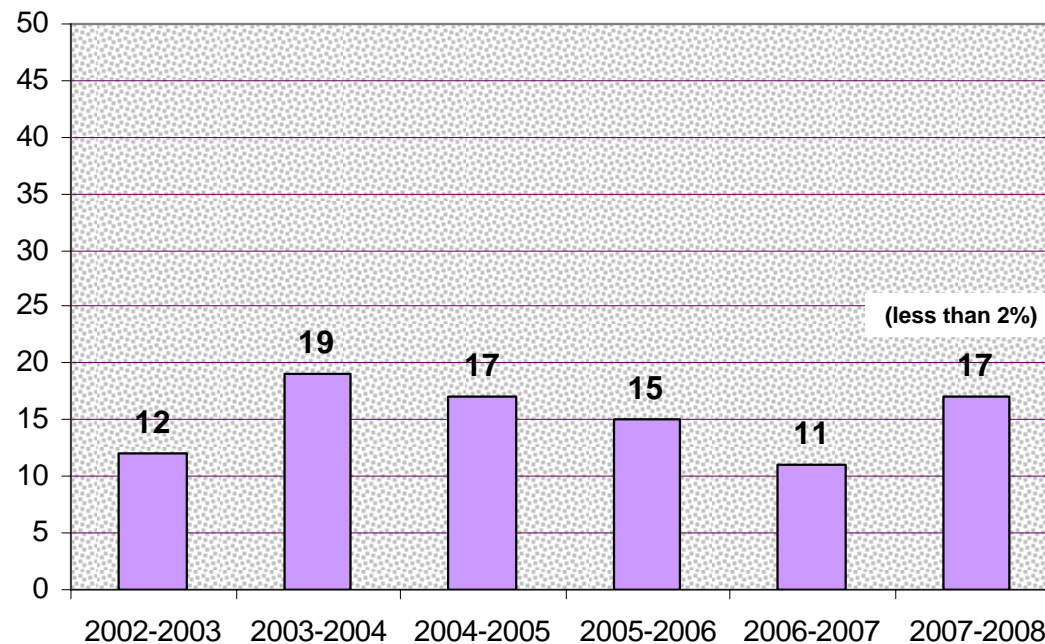


DATA SOURCE: Carroll County Sheriff's Department Annual Report

# Interpersonal Violence – Youth

## Number of Weapons Violations at Carroll County Public Schools

**Improvement Objective: 6% or less of students in grades 9 - 12**



NOTE: Data is for all grades. The 17 occurrences in 2007-2008 represent less than 2% of the total CCPS student population.

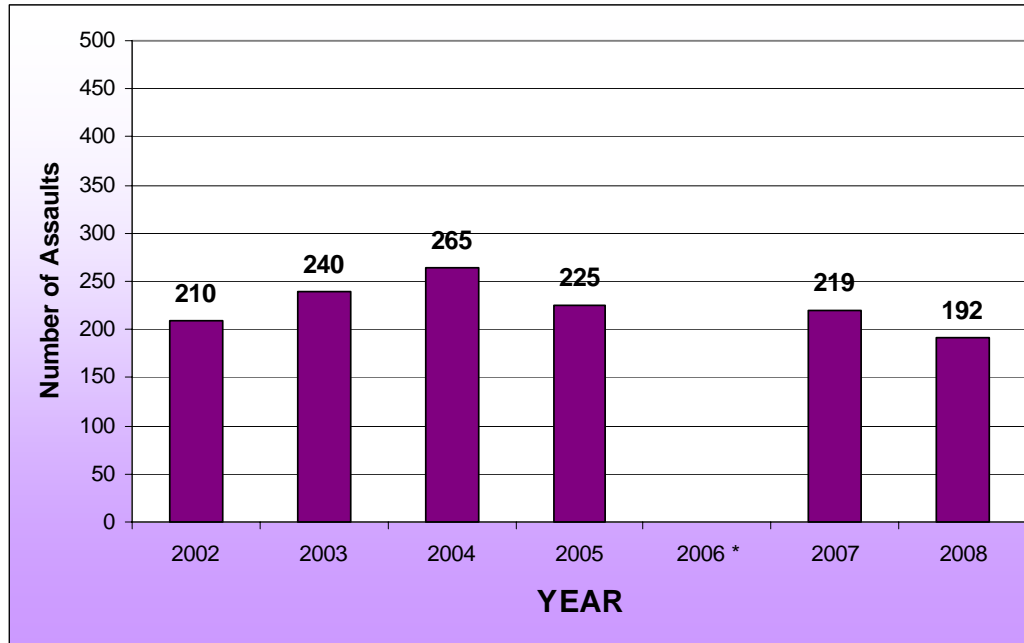
DATA SOURCE: Carroll County Public Schools Annual Student Services Report



# Interpersonal Violence – Youth

**Number of Juvenile Arrests for Assault in Carroll County  
(includes both physical and sexual assaults)**

**Improvement Objective: 33.3% or less of all students 9th - 12th grade who report physical fighting in the previous 12 months (YRBS)**



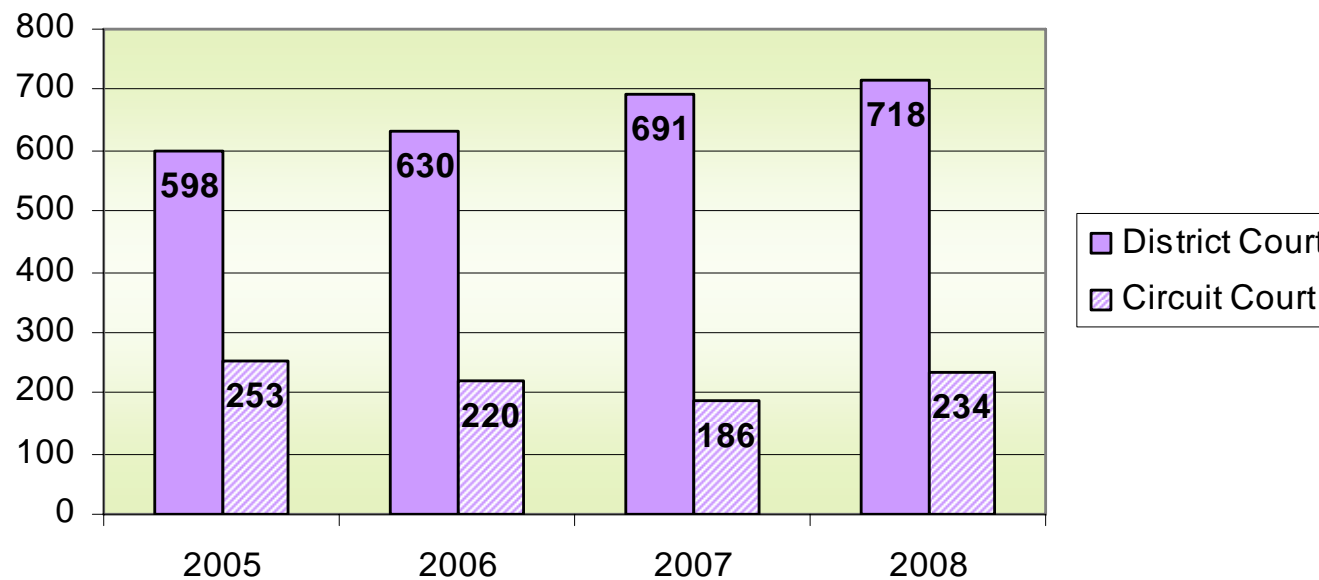
DATA SOURCE: Carroll County Department of Juvenile Services

\* 2006 data not available

# Interpersonal Violence – Adults & Families

**Number of cases filed with the court system in Carroll County for domestic violence and peace orders (Circuit and District Courts, combined)**

**Improvement Objective: 3.6 physical assaults or less per 1,000 persons age 12 and older**

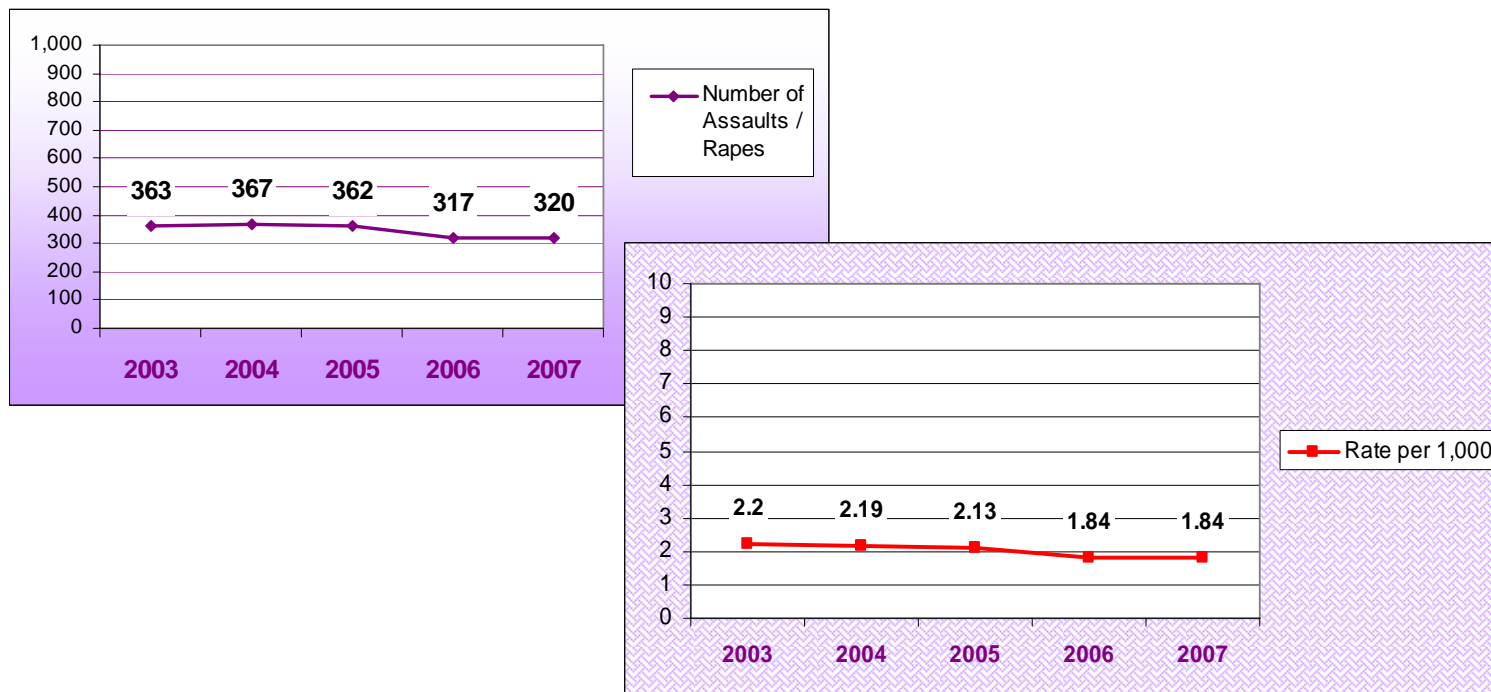


DATA SOURCE: Carroll County District and Circuit Court and Carroll County Sheriff's Office Annual Report

# Interpersonal Violence – Adults & Families

## Aggravated Assaults and Forcible Rapes in Carroll County

**Improvement Objective: 0.7 cases per 1,000 - persons age 12 and over**



NOTE: Data not available for persons age 12 and over. Data is for persons age 20 and over.

DATA SOURCE: Uniform Crime Report, Maryland State Police

# HEALTHY CARROLL VITAL SIGNS: Measures of Community Health

## HEART HEALTH Data Charts

Updated April 2009

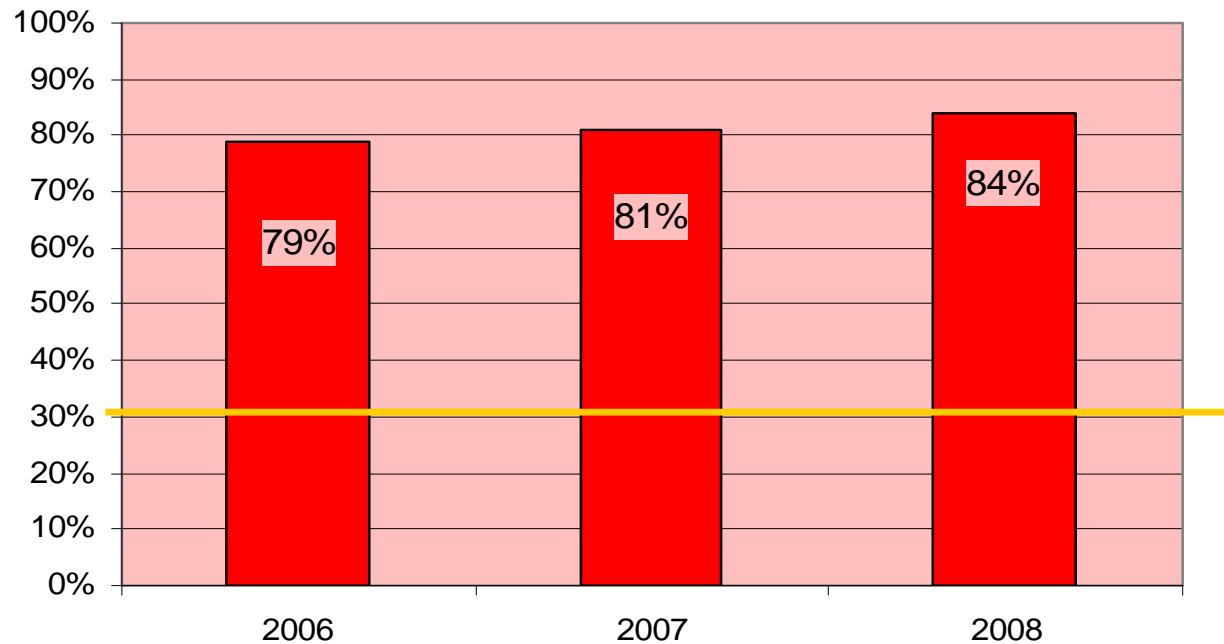
- Physical Activity 1
- Cardiovascular Disease: Deaths 2
- Cardiovascular Disease: High Blood Pressure 3
- Stroke 4



# Heart Health – Physical Activity

Percentage of students participating in Project ACES physical activity challenge who met the goal of 60 minutes of activity per day

Improvement Objective: 30%

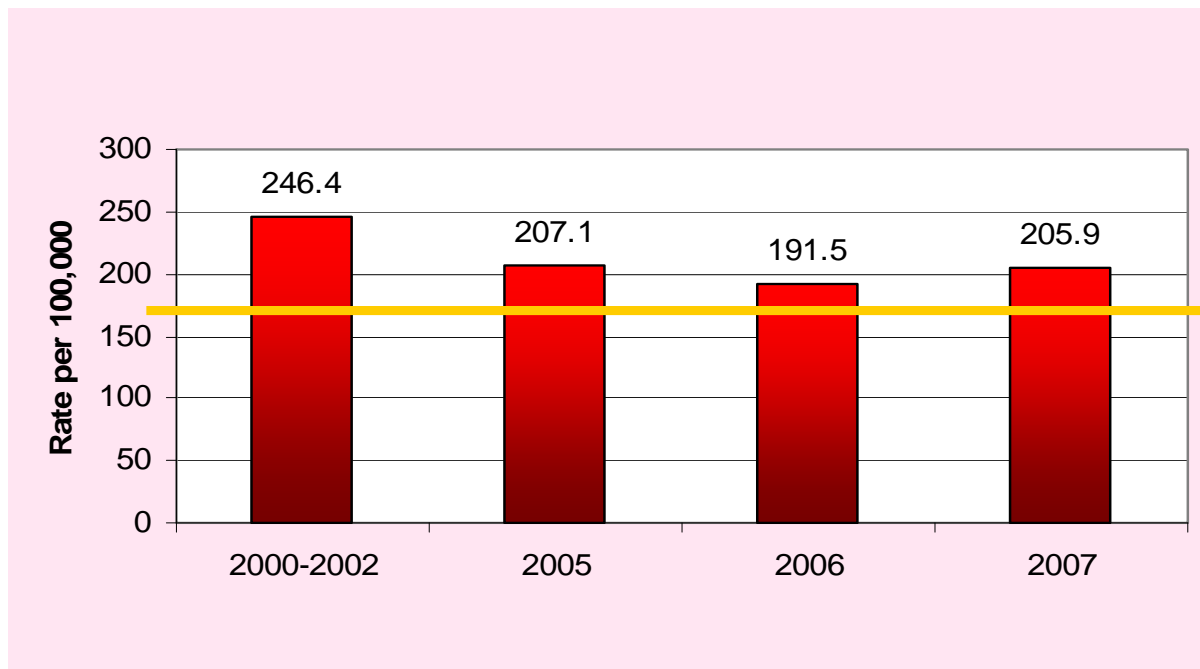


DATA SOURCE: Carroll County Health Department

# Heart Health – Cardiovascular Disease

## Rate of Deaths From Diseases of the Heart

Improvement Objective: 166 per 100,000

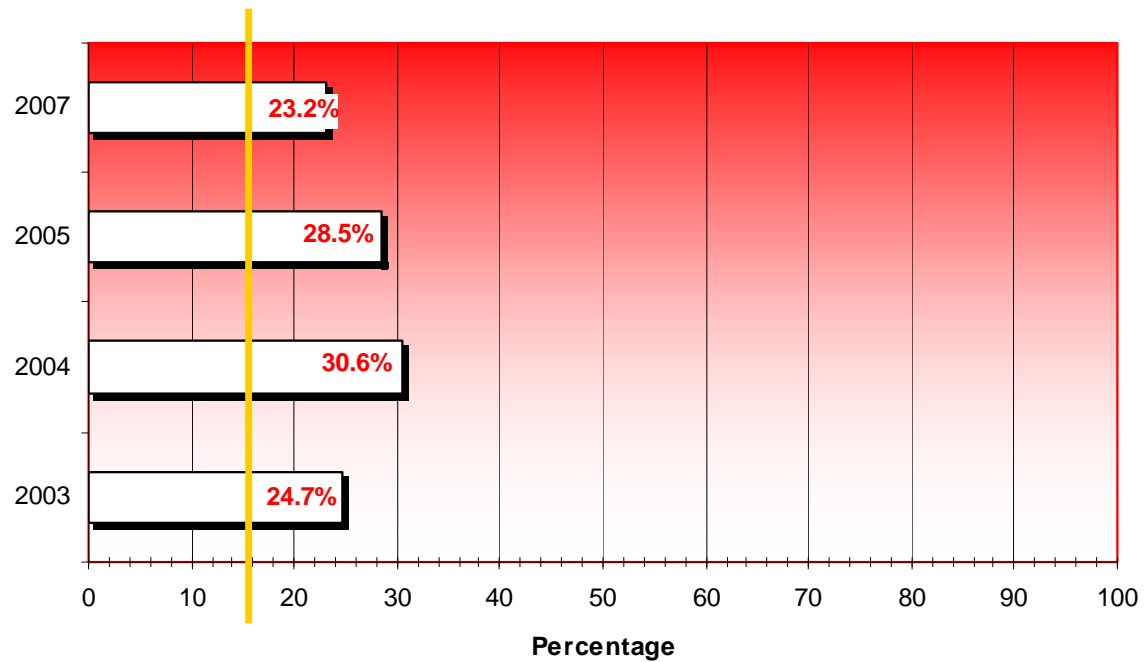


DATA SOURCE: Maryland Vital Statistics

# Heart Health – Cardiovascular Disease

Percentage of people told by a health care professional that they have high blood pressure

Improvement Objective: 16% or less

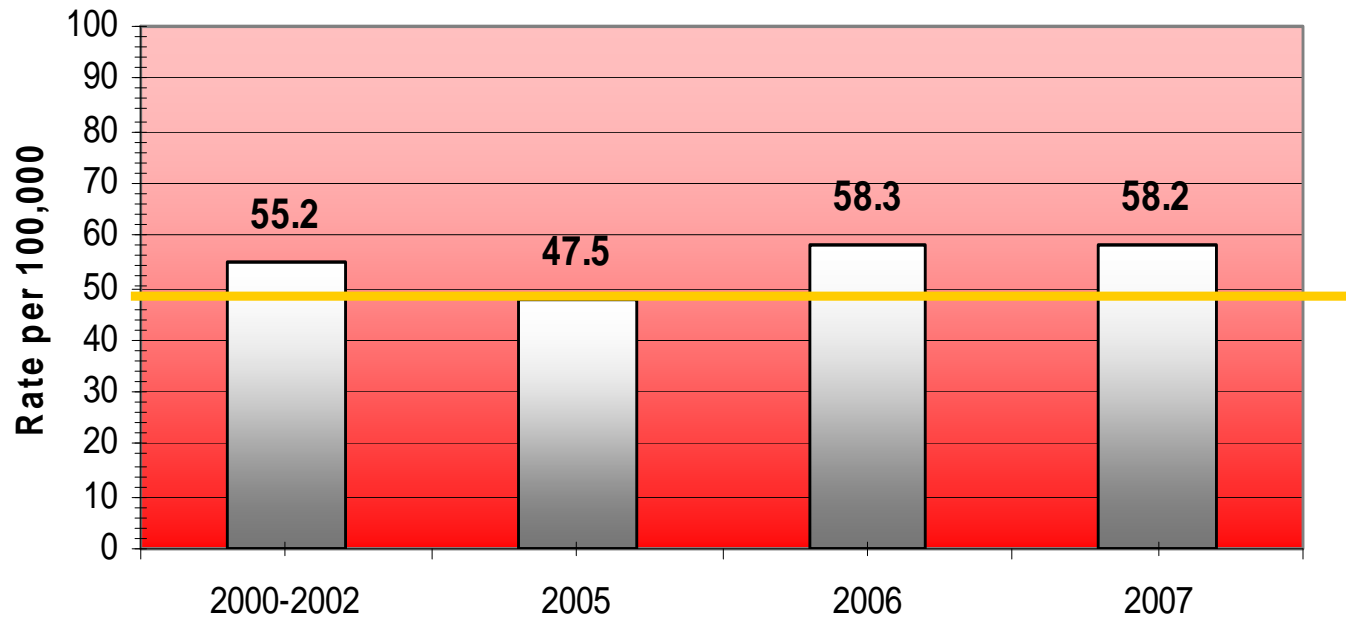


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

# Heart Health – Stroke

## Deaths from Cerebrovascular Disease (Stroke Mortality Rate)

Improvement Objective: 48 per 100,000



DATA SOURCE: Maryland Vital Statistics



HEALTHY CARROLL VITAL SIGNS: Measures of Community Health

# GROWTH Data Charts

Updated April 2009

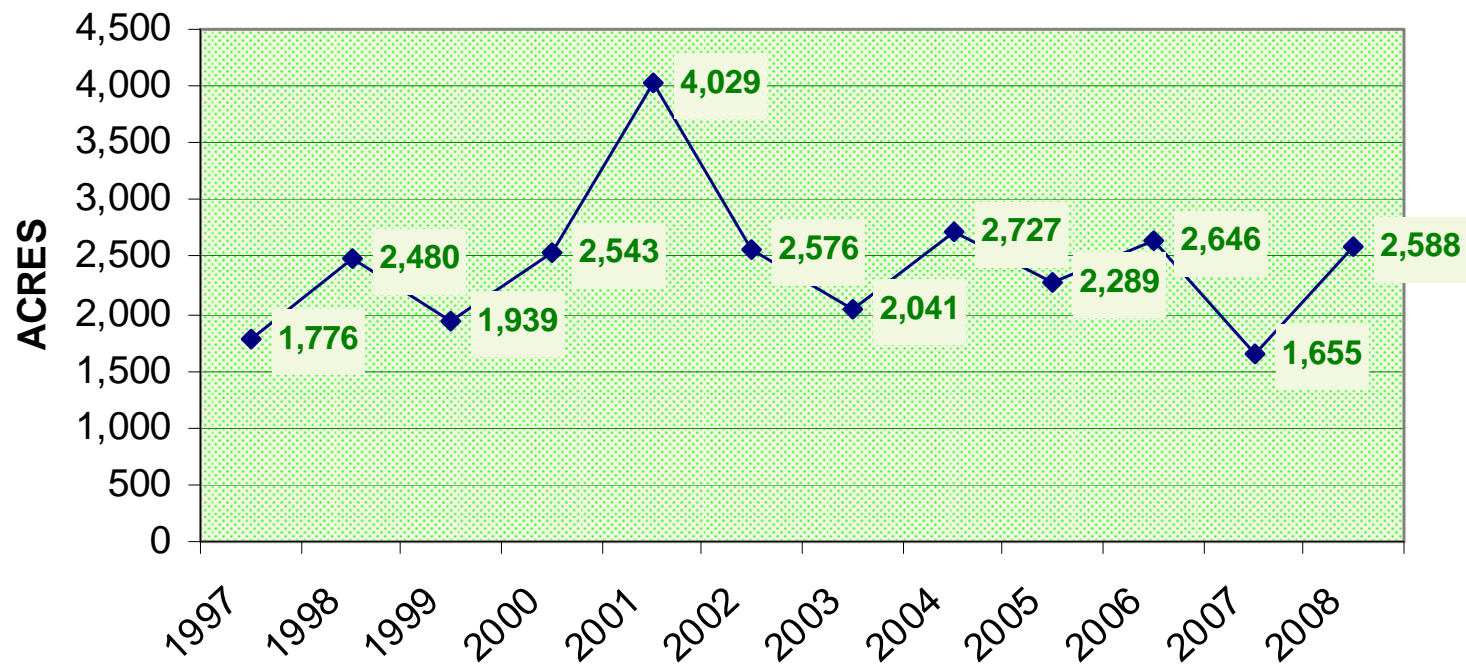
- Land Preservation: New Acres Per Year 1
- Land Preservation: Total Acres 2
- Recycled Waste: Percentage of Total 3



# Growth – Land Preservation

New acres put in land preservation

Improvement Objective: 100,000 Acres in Preservation



DATA SOURCE: Carroll County Department of Planning / Agricultural Land Preservation Program

# Growth – Land Preservation

**Total Carroll County acres currently in land preservation**

**Improvement Objective: 100,000 Acres in Preservation**



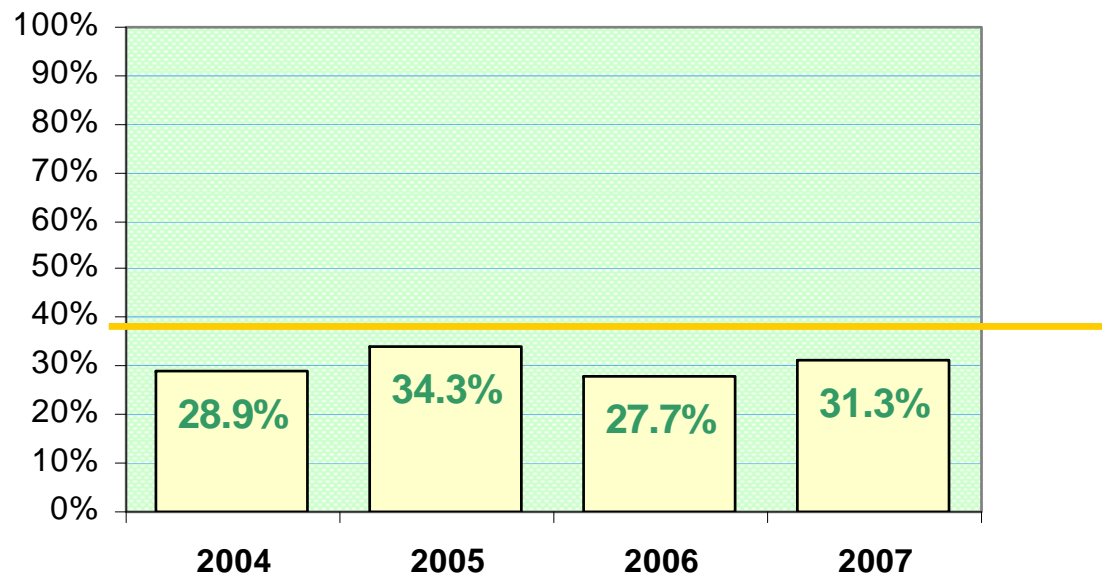
DATA SOURCE: Carroll County Department of Planning / Agricultural Land Preservation Program

# Growth – Development

**Percentage of Waste Recycled** Maryland Recycling Act Materials  
(compostables, glass, metals, paper, plastic, and miscellaneous recyclables)

**Improvement Objective: At Least 38% of All Waste Recycled**

**Recycling Rate**



*NOTE: Materials able to be recycled changed from 2005 to 2006*

DATA SOURCE: Carroll County Department of Public Works / Solid Waste Management

# HEALTHY CARROLL VITAL SIGNS: Measures of Community Health **WATER SUPPLY Data Charts**

Updated April 2009

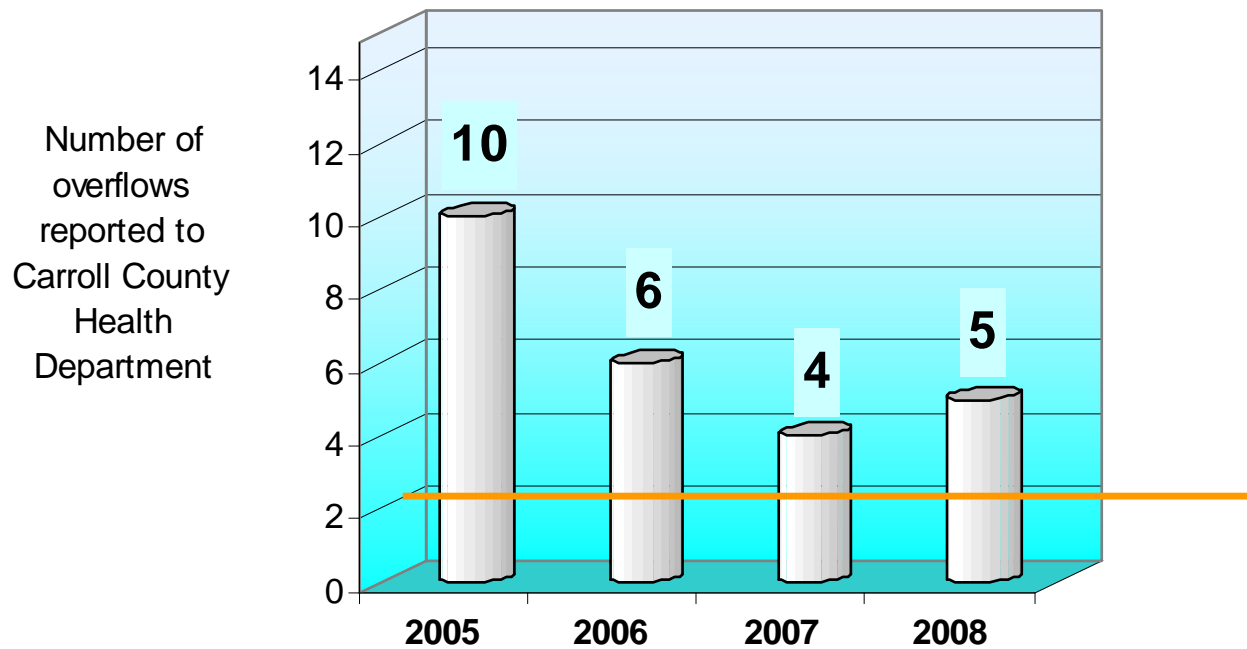
Water Safety: Sewage Overflows	1
Recreation / Quality: Fish Kills	2
Recreation / Quality: Stream Miles Assessed	3
Supply: Water Use per Household	4



# Water Supply – Safety / Quality

## Public Sewage Overflows Per Year in Carroll County

**Improvement Objective: 2 or less per year**

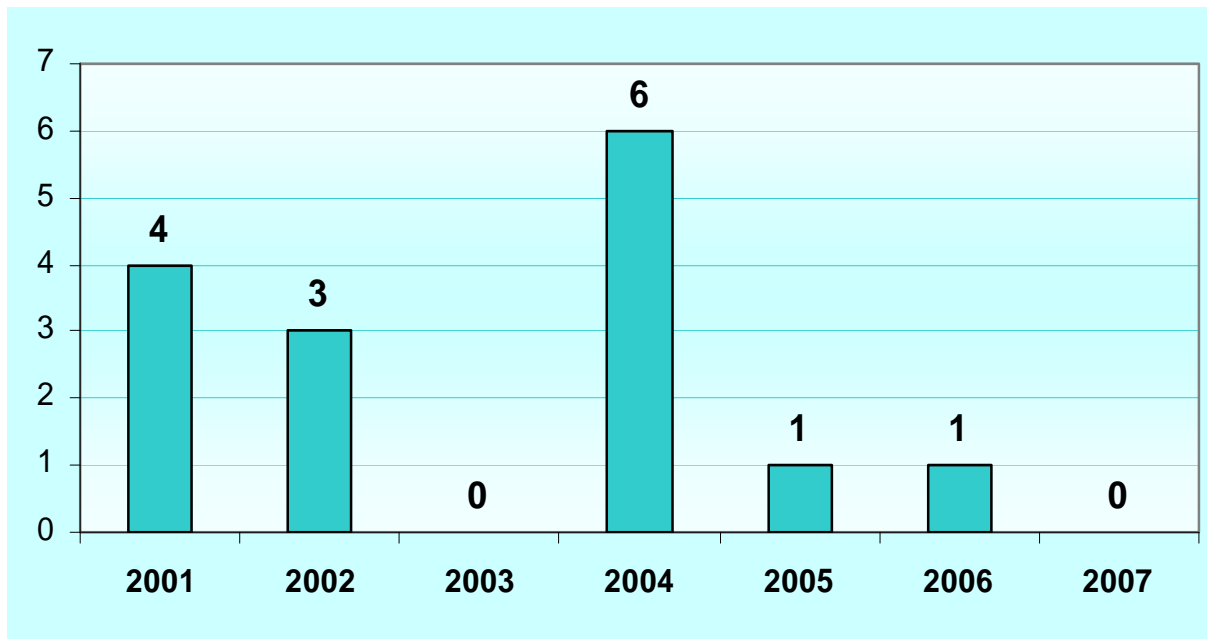


DATA SOURCE: Carroll County Health Department

# Water Supply – Recreation/ Quality

## Number of Fish Kills Reported

Improvement Objective: Developmental

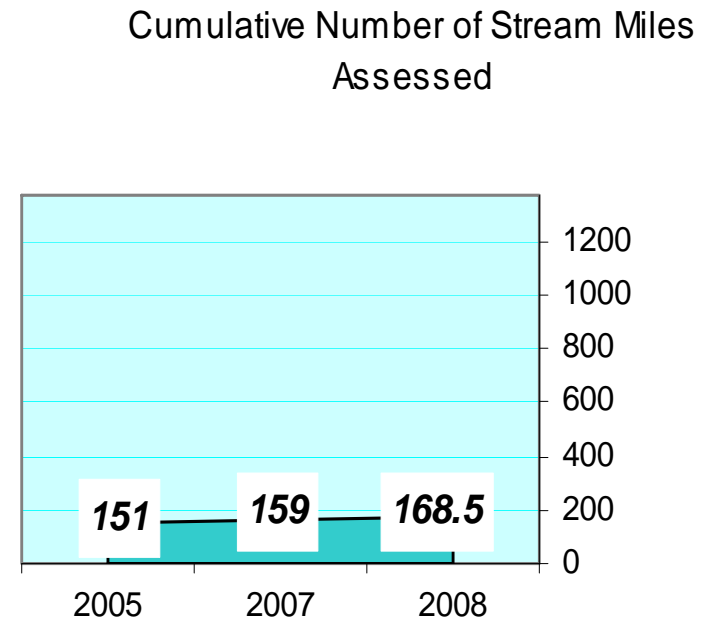
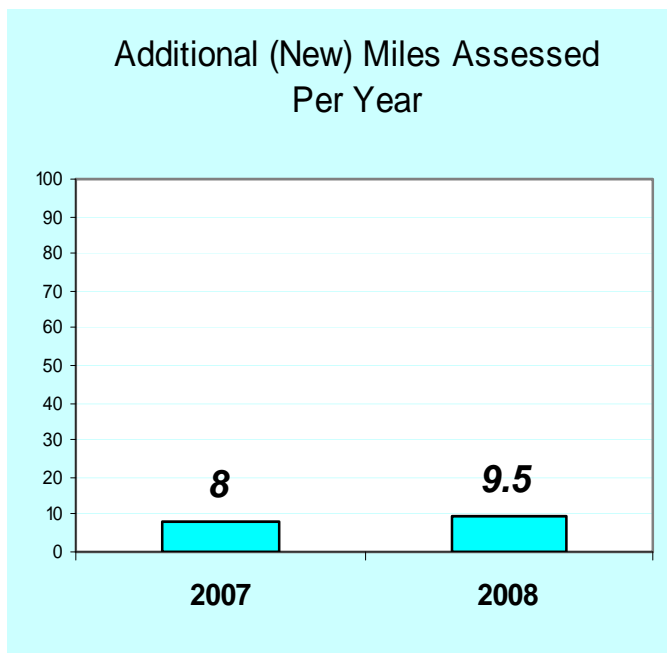


DATA SOURCE: Maryland Department of the Environment

# Water Supply – Recreation/ Quality

## Stream Miles Assessed (Cumulative Total)

**Improvement Objective: Developmental**



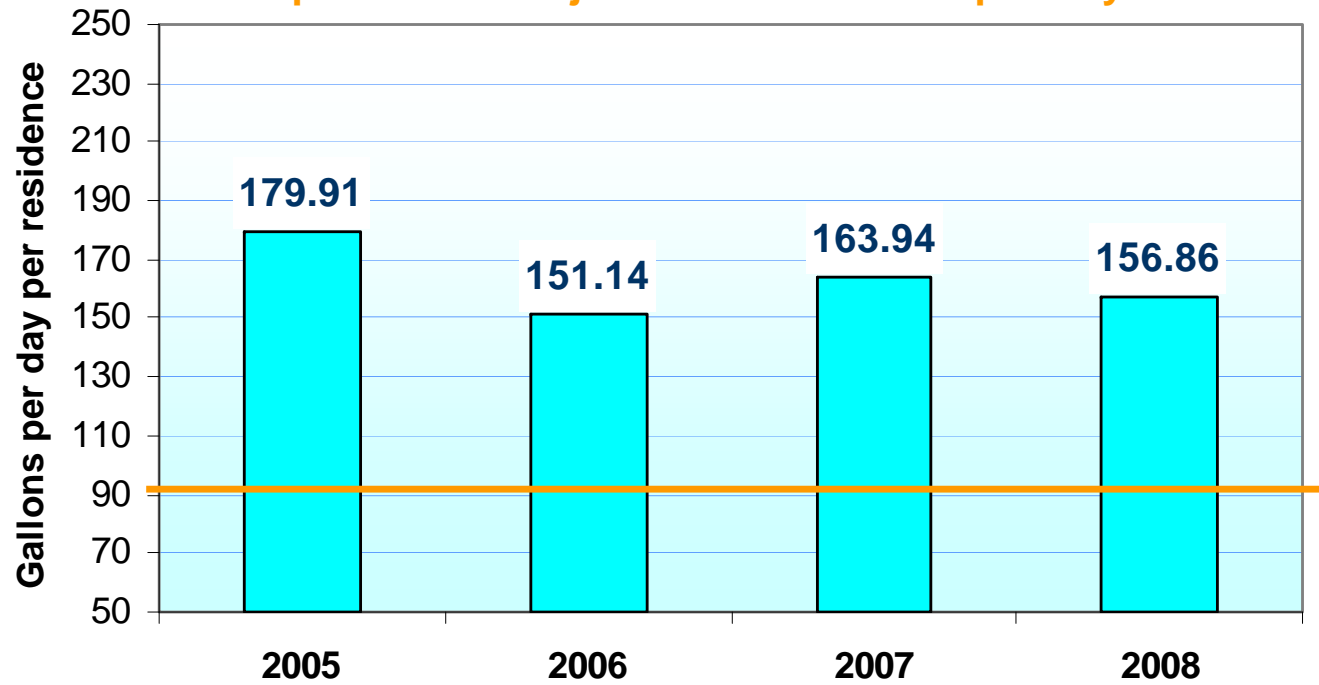
SOURCE: Carroll County Department of Planning/ Office of Environmental Compliance



# Water Supply – Usage

## Average Daily Water Use Per Household

Improvement Objective: 90.9 Gallons per Day



SOURCE: Carroll County Bureau of Accounting