

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 Prescriptions Provided (Broader)			
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

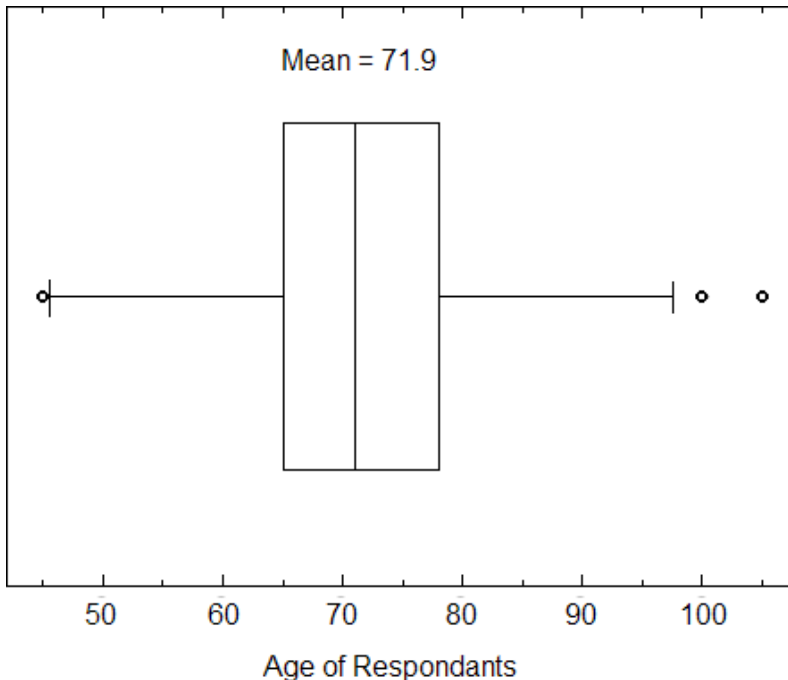
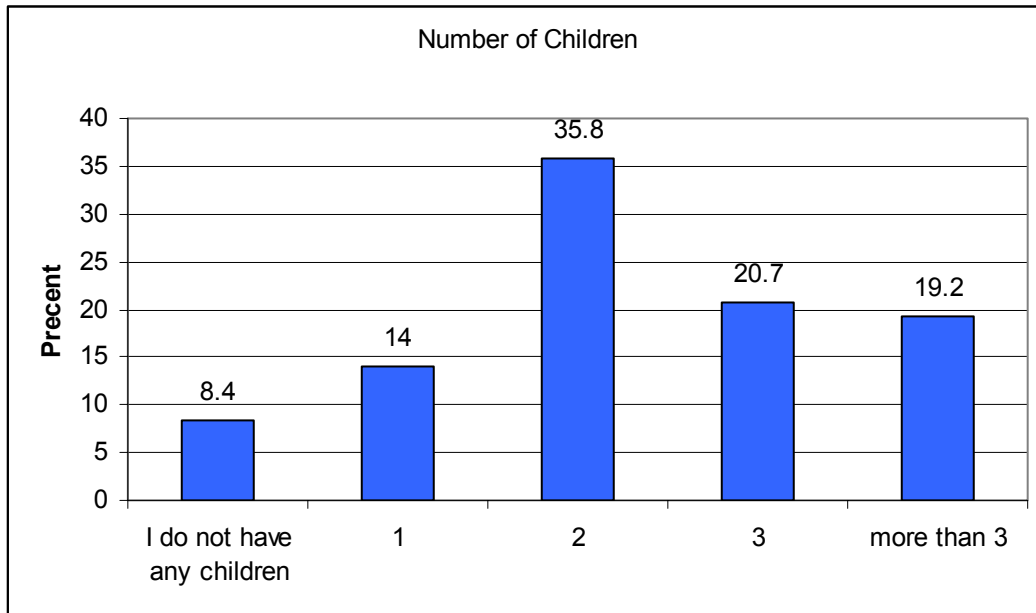


Chart Statistics:

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

Marital Status	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%
Times Married			
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

Completed level	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

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

Attendance at a place of worship	
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%

Ethnicity	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
In what country were you born?			
USA	80.9%	73.7%	78.4%
Other	2.9%	4.5%	3.4%

Household Information

	In the Mail	Other	Total
Home Adequate for future care needs?			
Yes	58.6%	50.3%	56.5%
No	13.4%	11.2%	12.6%
I don't know	26.3%	34.1%	28.5%
Housing Situation			
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%
Satisfaction with Housing Situation			
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%
Number of people in your household			
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%
Home			
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

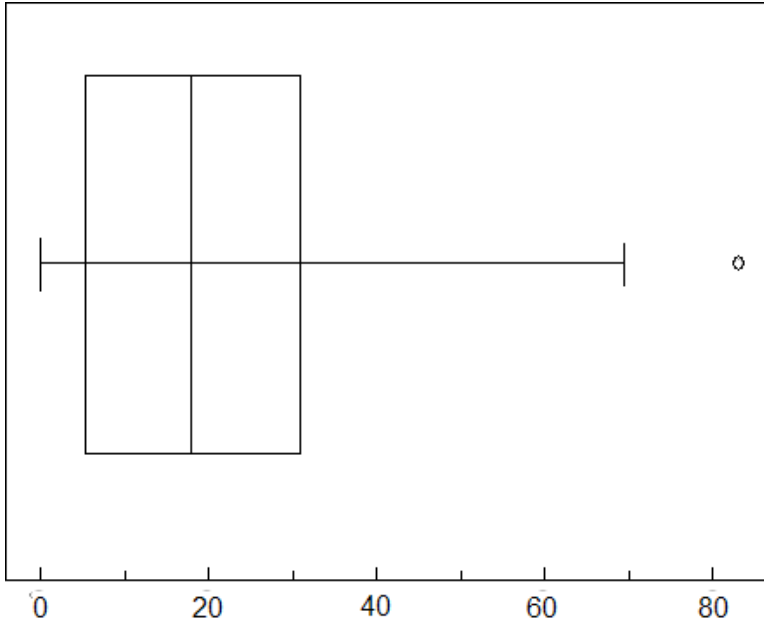


Chart Statistics:

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
Home Ownership			
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
Safe in Home			
Yes, always	90.8%	82.1%	88%

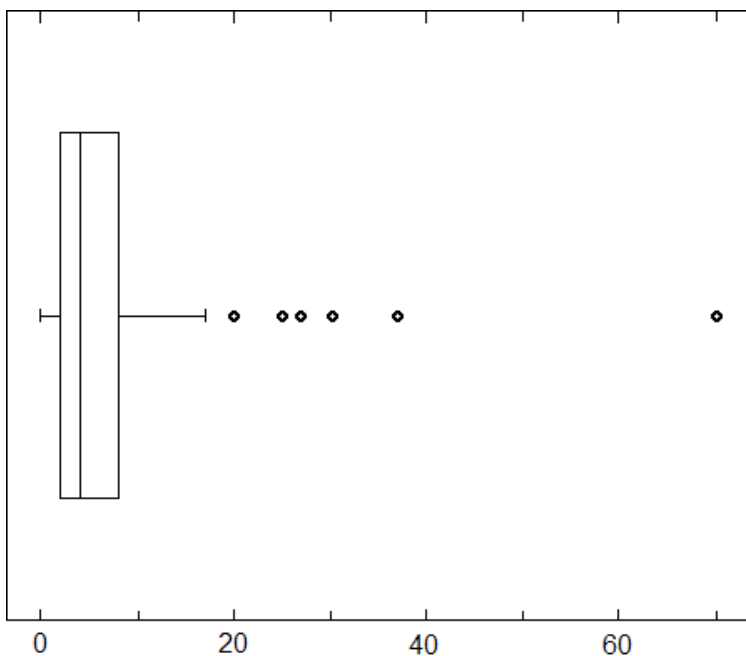
Yes, sometimes	8.8%	11.2%	9.6%
No	.2%	1.1%	.5%

	In the Mail	Other	Total
Safe in Community			
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%
Afraid of being harmed or taken advantage by			
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
Employed			
Yes	29.4%	6.7%	22.9%
No	69.6%	87.2%	74.5%
Volunteer			
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
Income			
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%
Enough to make ends meet?			
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
Satisfaction of transportation			
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%
Seatbelt Usage			
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%
If dissatisfied, why?			
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
Visited by friends or relatives			
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%
If ill, have a friend or relative to call?			
Yes	95.9%	90.5%	94.3%
No	2.4%	3.9%	2.9%
I don't know	.7%	.6%	.7%
Friend/relative willing to care for in the future			
Yes	52.6%	51.4%	51.9%
No	40.9%	31.8%	38.4%
I don't know	4.1%	7.8%	5.2%
Who would you ask for caregiving help?			
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%
Own cellular phone	83.2%	52%	73.5%
Access to internet at home	70.3%	37.4%	60.2%
Use email to communicate	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
Hours spent on Internet (weekly)			
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%
Hours spent watching TV (daily)			
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
Satisfaction with leisure activities			
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
Concerns about care for pet should you be ill			
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
Meals per day			
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%
If less than 3 meals, why?			
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%
Type of meals			
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
Times eat in a restaurant per week			
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%
Reason for eating in restaurant			
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%
Where do you do most of your grocery shopping?			
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%
Why grocery shop there?			
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
General Health			
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%
Do you have a regular doctor?			
Yes	97.6%	91.1%	95.6%
No	1.7%	3.4%	2.2%
I don't know	0%	0%	0%
In past 12 months have you been in good health?			
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%
Have you seen a doctor in the last year			
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
Basis for selection of where you get health care			
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
Last year checked for:			
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%
Health State today			
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%

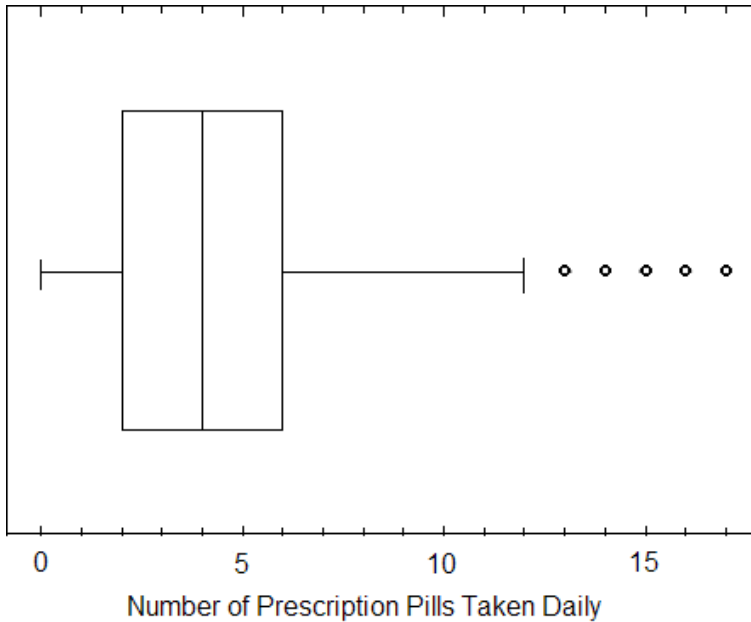


Chart Statistics:

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
Able to pay for medications			
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
Payment Method for medications			
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%
Medications currently being taken			
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%
Herbal medications being taken			
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%
How often do you visit the dentist?			
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%
Health state in relation to usual activities			
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
Medical Insurance			
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%
Doctors ability to treat health problems			
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%
Hospitals ability to treat health problems			
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%
Household long standing illness/disability			
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%
Self Care			
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%
Have any of the following?			
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 nd language classes	63.1%	6.9%	3.4%	1.7%

Healthy Carroll Vital Signs II

Measures of Community Health®



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.

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

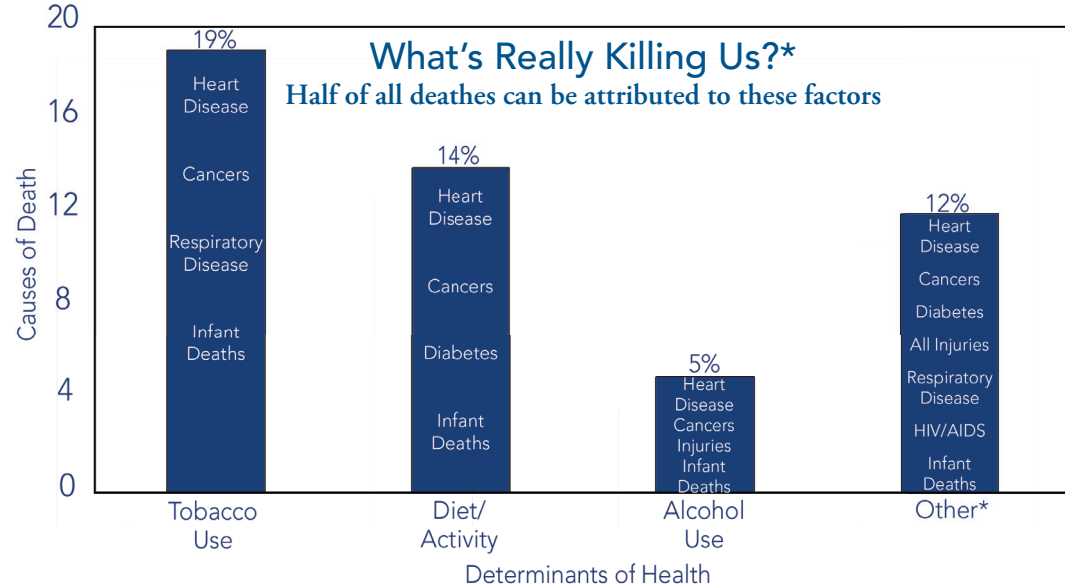
Eleven Community Health Improvement Areas comprise the scope of work for our organization. In 2006, we launched “Healthy Carroll Vital Signs: Measures of Community Health” (HCVS), a framework for achieving measurable health improvement results in those areas. HCVS was a preliminary draft, documenting 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.

Results statement: There will be an improved health status for residents of Carroll County in regards to physical activity, nutrition, tobacco-free living, and safety.

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 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	Healthy People 2010 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	
Supplemental Measures				<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*
Supplemental Measures					
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 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 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 ¹	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 ¹	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)

¹ 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 ²	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 ²	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	
Supplemental Measures					
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.

²increase 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 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 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) under Public Works for traffic count studies, Department of Economic Development for a commuter survey, and 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
Land Preservation	# 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	
Development	# 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
Supplemental Measures					
Population	Total population	MD Dept. of Planning			
Recreation	# of County operated trail miles	Carroll County Recreation and Parks			
Development	# 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
Supplemental Measures					
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	
Supplemental Measures					
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*
Supplemental Measures					
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
Babies Born Healthy	% 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>
Healthy Children	# 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	
Children Completing School	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). ¹	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
Children Safe in their Families and Communities continued	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	
Stable and Economically Independent Families	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	

¹ 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.

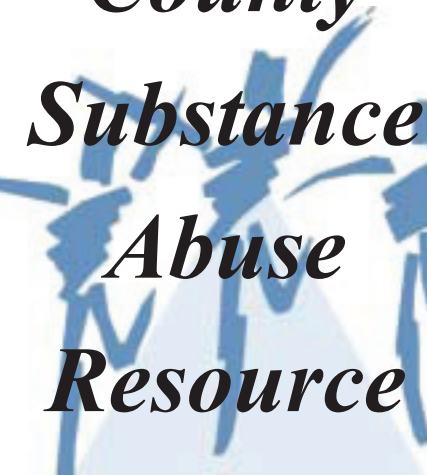
The addition of Ms. Susan Doyle RN, to our Executive Council underscores our organization's understanding of the impact use and abuse of illegal and legal substances has in the health of our community. As the Director of Addictions Services for the Carroll County Health Department, Sue brings great insight,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

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	
Supplemental Measures					
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) 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 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*
Supplemental Measures					
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

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.”

Reprinted with permission , University of Maryland, School of Social Work
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 April 2010



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

POPULATION: CARROLL COUNTY, MARYLAND

TOTAL: **175,900** (2010 estimate) Ages 0-4: **6%** Ages 5-19: **23%** Ages 20-44: **30%** Ages 45-64: **29%** Ages 65+: **12%**

INDIVIDUAL BEHAVIORS / INJURIES	TARGET	Previous Data	Most Recent Data	TREND
1. Physical Activity: Adults Who Exercise Regularly	30%	44.7%	33.8%	●
2. Nutrition: Adults Who Eat Fruits & Vegetables 5 Times a Day	50%	26.4%	32.6%	😊
3. Substance Abuse: 12th-graders Who Drank Alcohol	<11%	50.4%	44.2%	😊
4. Tobacco: Adults Who Smoke Every Day	<26%	13.6%	10%	😊
5. Motor Vehicle Safety: Deaths	<10 per 100k	12 per 100k	12.4 per 100k	●
6. Motor Vehicle Safety: Injuries	<1k per 100k	737 per 100k	599 per 100k	😊
7. In-Home Safety: Adults Age 60+ Admitted for Hip Fracture	<450 per 100k	811 per 100k	675 per 100k	😊
8. Immunization: Adults Age 65+ Who Received Flu Vaccination	90%	71%	75%	😊
9. Violence: Juvenile Arrests for Assault	Downward	87	171	●
10. Youth and Families: Infant Mortality Rate	Downward	4.8 per 1k	3.4 per 1k	😊
11. Youth and Families: Children Ready for Kindergarten	75%	63%	69%	😊
12. Screening: Adults Age 50+ Screened for Colon Cancer	75%	63.4%	64.4%	😊
13. Screening: Women Age 50+ Who Had Recent Mammogram	90%	92%	74%	●
DISEASE / RISK FACTORS				
14. Obesity: Adults	<16%	30.1%	30.5%	●
15. Heart Disease: High Blood Pressure	<17%	28.5%	23.2%	😊
16. Heart Disease Deaths	<167 per 100k	205.9 per 100k	193 per 100k	😊
17. Stroke Deaths	<49 per 100k	58.2 per 100k	59.2 per 100k	●
18. Cancer: Total Incidences	25% reduction	485.9 per 100k	502.2	●
19. Cancer Mortality	<159 per 100k	195.5 per 100k	191.1	😊
20. Diabetes: Adults	<2.6%	6.7%	6.5%	😊
21. Mental Health: Youth Interventions for Suicidal Thoughts	1% or less	1.4% (394)	1.4% (389)	●
HEALTH CARE				
22. Health Insurance Coverage	100%	88.5%	96.3%	😊
23. Unable to Access Care Because of Cost	<8%	10.5%	13%	●
ENVIRONMENT				
24. Percentage of Waste Recycled	38%	31.3%	32.9%	😊
25. Water Supply: Average Daily Household Water Usage	91 gallons	157 gallons	142 gallons	😊

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

This Healthy Carroll Vital Signs DASHBOARD is published annually by The Partnership for a Healthier Carroll County, Inc.
Data is the most recent available as of March 2010.

See reverse side for more information. Additional information is available at www.HealthyCarroll.org/hcvs

Demographic data source:
Maryland Department of Planning

INDIVIDUAL BEHAVIORS / INJURIES

1. Data: 2008 Maryland Behavioral Risk Factor Surveillance Survey (MD BRFSS). Target: Healthy People 2010 (HP2010) Objective 22-2 (% of adults who exercised 30 min. 5 times a week or more).
2. Data: 2008 MD BRFSS. Target : HP2010 Objective 19-6.
3. Data: 2007 Maryland Adolescent Survey. Target: HP2010 Objective 26-10.
4. Data: 2008 MD BRFSS. Target: HP2010 Objective 27-1.
5. Data: 2008 MD Highway Safety Office. Target: HP2010 Obj.15-15.
6. Data: 2008 MD Highway Safety Office. Target: HP2010 Obj. 15-17.
7. Data: Thomson Reuters Market Planner. Target: HP2010 Objective 15-28
8. Data: 2008 MD BRFSS. Target: HP2010 Objective 14-29a.
9. Data: 2007 MD State Police Uniform Crime Report. Target: Maryland Results for Children
10. Data: 2008 MD Vital Statistics, Table 33 (<http://vsa.maryland.gov>). Target: Maryland Results for Children.
11. Data: Maryland Department of Education. Target: Maryland Results for Children.
12. Data: 2008 MD BRFSS. Target: HP2010 Objective 3-5 (% of adults age 50 and over who had a sigmoidoscopy or colonoscopy within the past 5 years).
13. Data: 2008 MD BRFSS. Target: American Cancer Society 2015 Challenge Goals.

DISEASE / RISK FACTORS

14. Data: 2008 MD BRFSS. Target: HP2010 Objective 19-2 (% of adults with a Body Mass Index of 30 or more).
15. Data: 2008 MD BRFSS. Target: HP2010 Objective 12-9 (% of adults who were told by a doctor that they have high blood pressure).
16. Data: 2008 MD Vital Statistics, Table 50. Target: HP2010 Objective 12-1.
17. Data: 2008 MD Vital Statistics Table 50. Target: Healthy People 2010 Objective 12-7.
18. Data: MD Cancer Registry. Target: American Cancer Society 2015 Challenge Goals (25% reduction in age-adjusted rate of cancer incidence by 2015).
19. Data: MD Cancer Registry. Target: HP2010 Objective 3-1.
20. Data: 2008 MD BRFSS. Target: Healthy People 2010 Objective 5-2.
21. Data: 2007 Carroll County Public Schools Services Annual Report. Target: HP2010 Objective 18-2.

HEALTH CARE

22. Data: 2008 MD BRFSS. Target: Healthy People 2010 Objective 1-1 (% of adults who report having any kind of health insurance).
23. Data: 2008 MD BRFSS. Target: Healthy People 2010 Objective 1-6 (% of adults who could not afford to see a doctor at some point in the past 12 months).

ENVIRONMENT

24. Data: Carroll County Bureau of Waste Management. Target: HP2010 Objective 8-15.
25. Data: Carroll County Bureau of Accounting. Target: HP2010

NOTES

A red dot ● indicates data which is below target, showing no improvement, or moving away from the target (getting worse).

A green “smiley” 😊 indicates data which is on target or better than target - or which is below target but moving closer toward the target (getting better).

Indicators in this Healthy Carroll Vital Signs Dashboard are from *Healthy Carroll Vital Signs: Measures of Community Health™*

To view the complete set of *Healthy Carroll Vital Signs* indicators, visit: www.HealthyCarroll.org/hcvs

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.

To learn more about **Healthy People 2010** (the primary source of *Healthy Carroll Vital Signs* targets), visit www.HealthyPeople.gov

Healthy Carroll Vital Signs

Health Care

Data Charts

Updated 2010

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

Updated June 2010

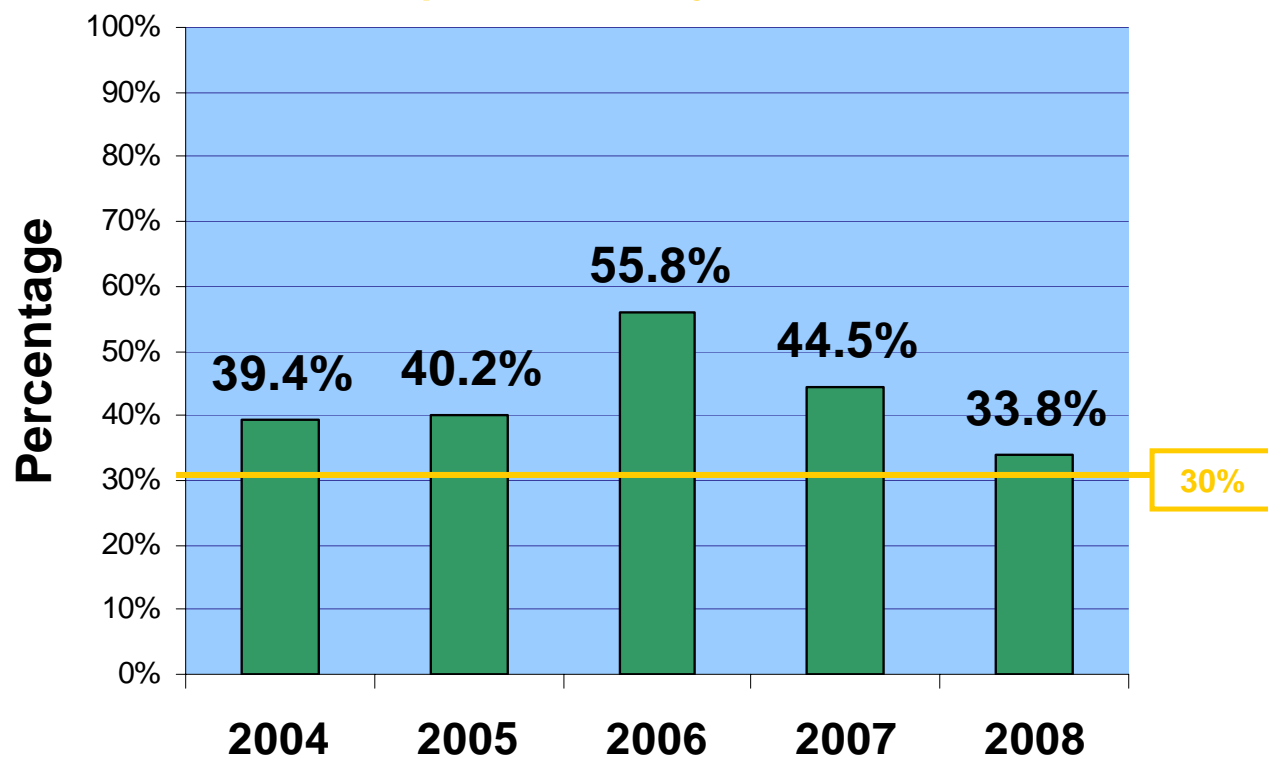
- Physical Activity: Adults 1
- Nutrition: Fruits & Vegetable – Adults 2
- Nutrition: Obesity – Adults 3
- Nutrition: Diabetes 4
- Safety: Motor Vehicle Deaths 5
- Safety: Motor Vehicle Injuries 6



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%

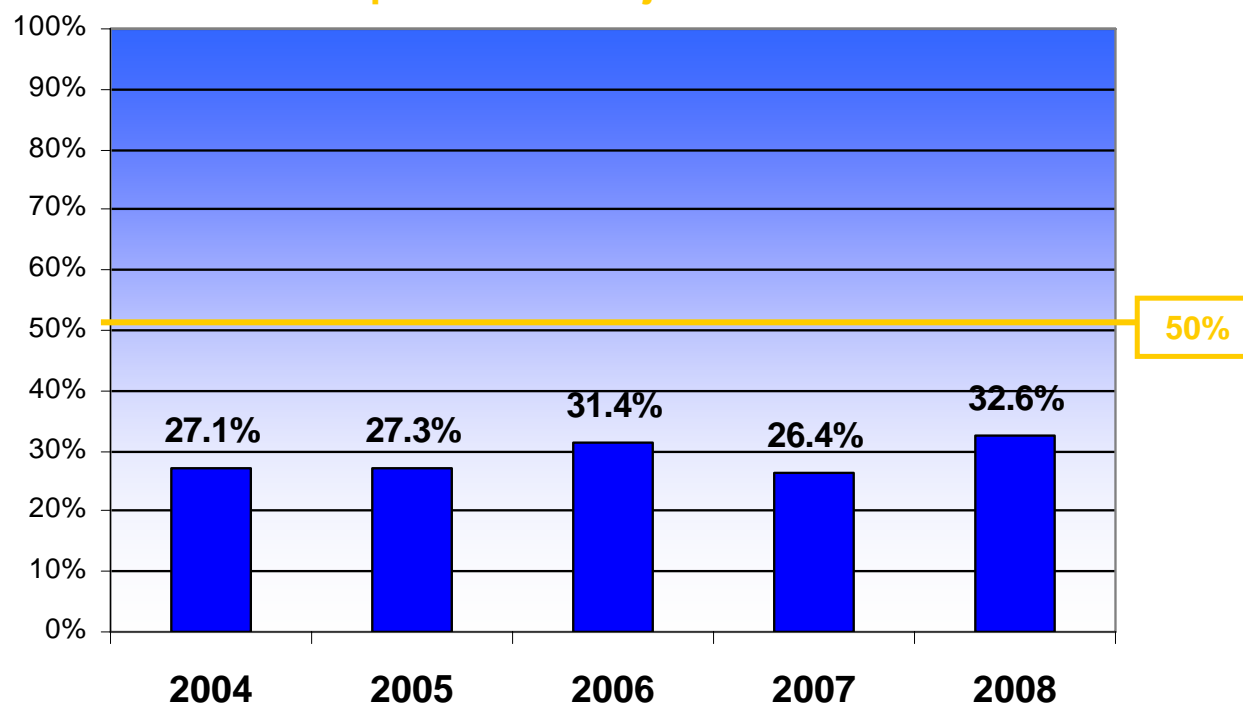


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Prevention & Wellness - Nutrition

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

Improvement Objective: 50%

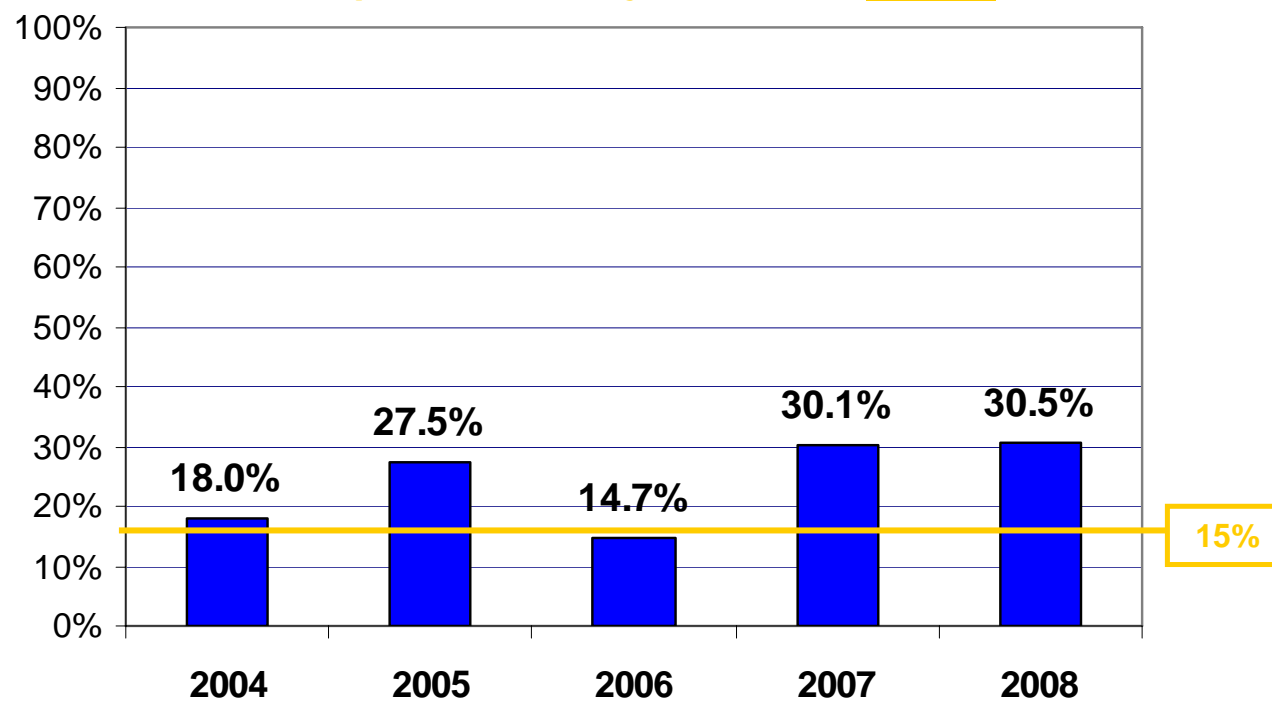


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Prevention & Wellness - Nutrition

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

Improvement Objective: 15% or less

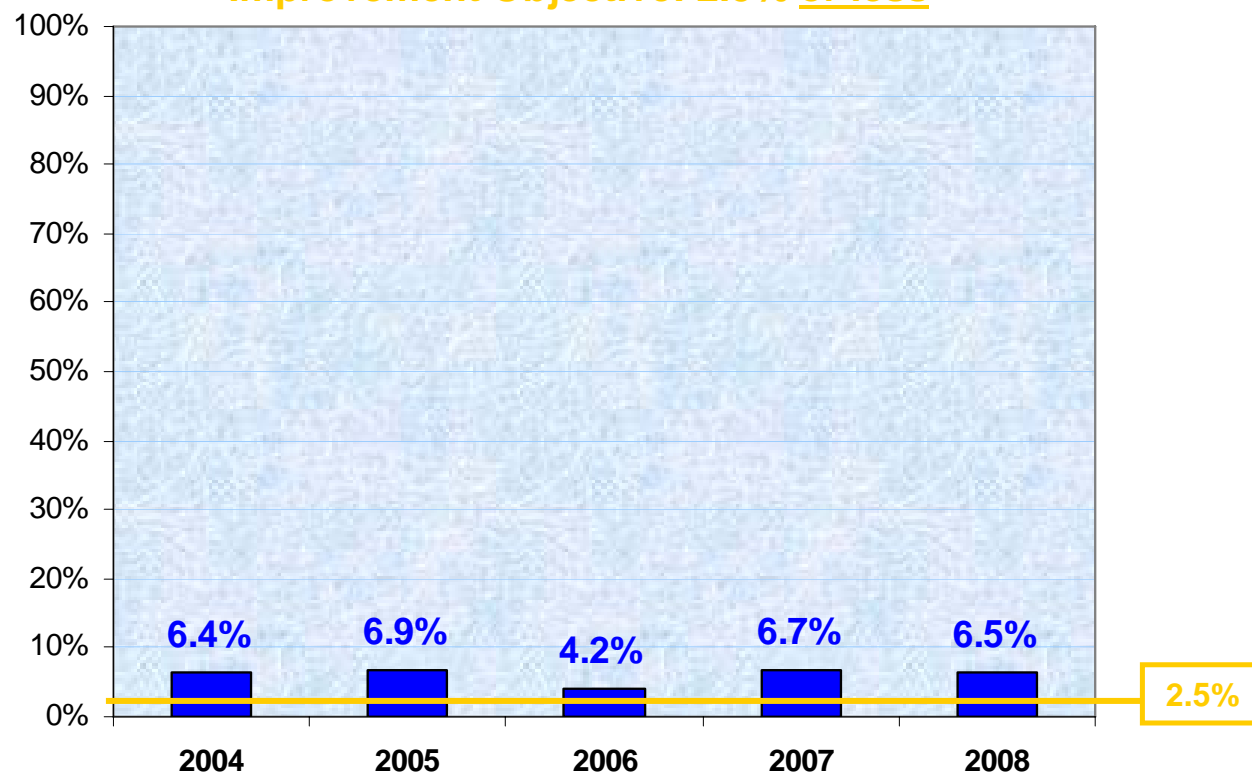


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Prevention & Wellness - Nutrition

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

Improvement Objective: 2.5% or less



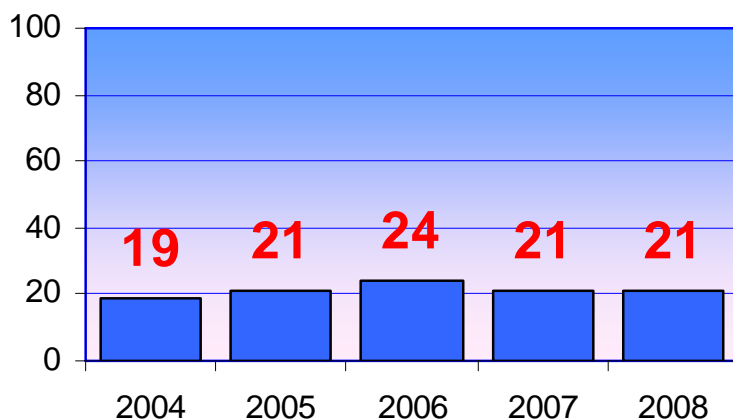
DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Prevention & Wellness - Safety

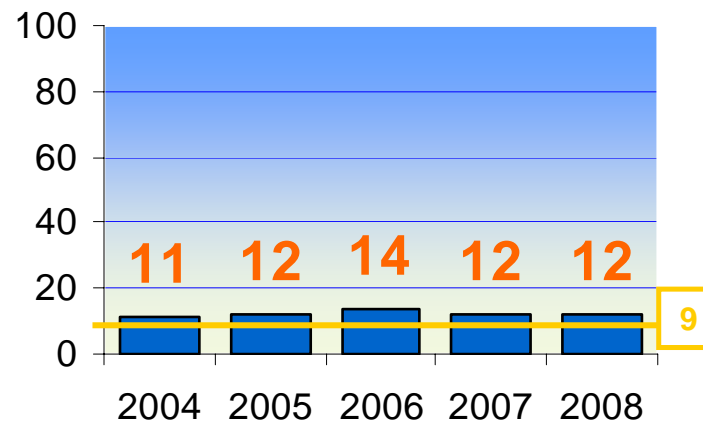
Carroll County Motor Vehicle Deaths

Improvement Objective: 9 per 100,000 or less

A. Number of deaths from motor vehicle crashes



Motor vehicle deaths: Rate per 100,000

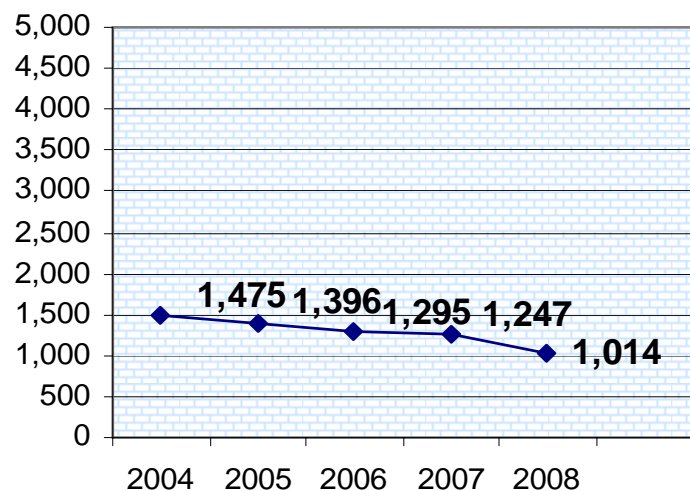


DATA SOURCE: University of MD School of Medicine National Study Center

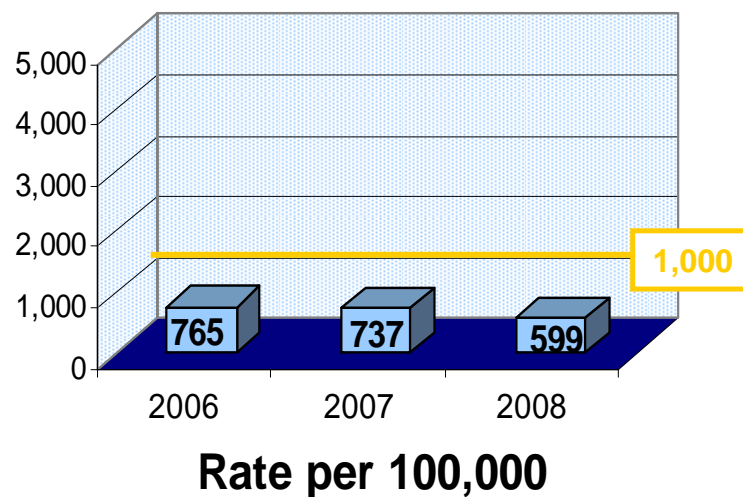
Prevention & Wellness - Safety

Injuries in Carroll County in Motor Vehicle Crashes

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



Number of Injuries



Rate per 100,000

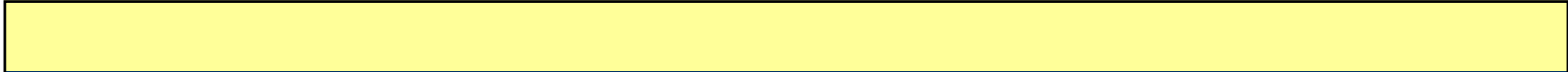
DATA SOURCE: University of MD School of Medicine National Study Center

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

Updated June 2010

Medical Visits: Primary Care	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



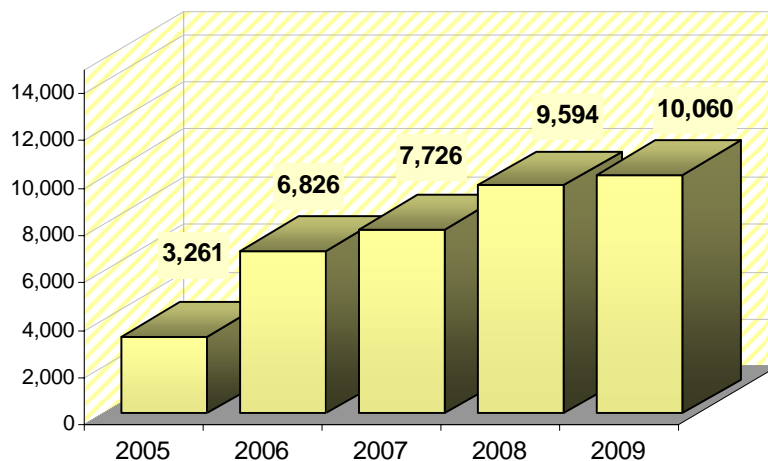


Access to Health Care: Medical Visits Primary Care

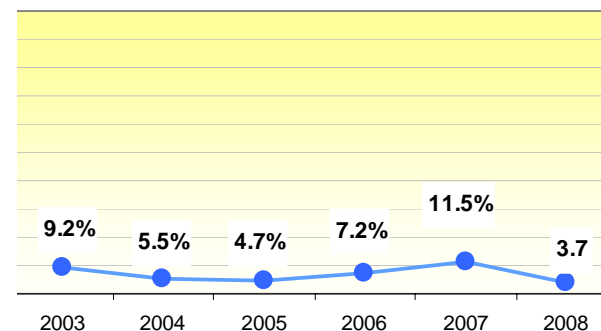
Number of Patient Visits - uninsured / income-eligible Carroll County residents accessing primary health care

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

Patient Visits: Carroll residents served by
Access Carroll and Mission of Mercy



Percentage of survey participants who
report having no health insurance

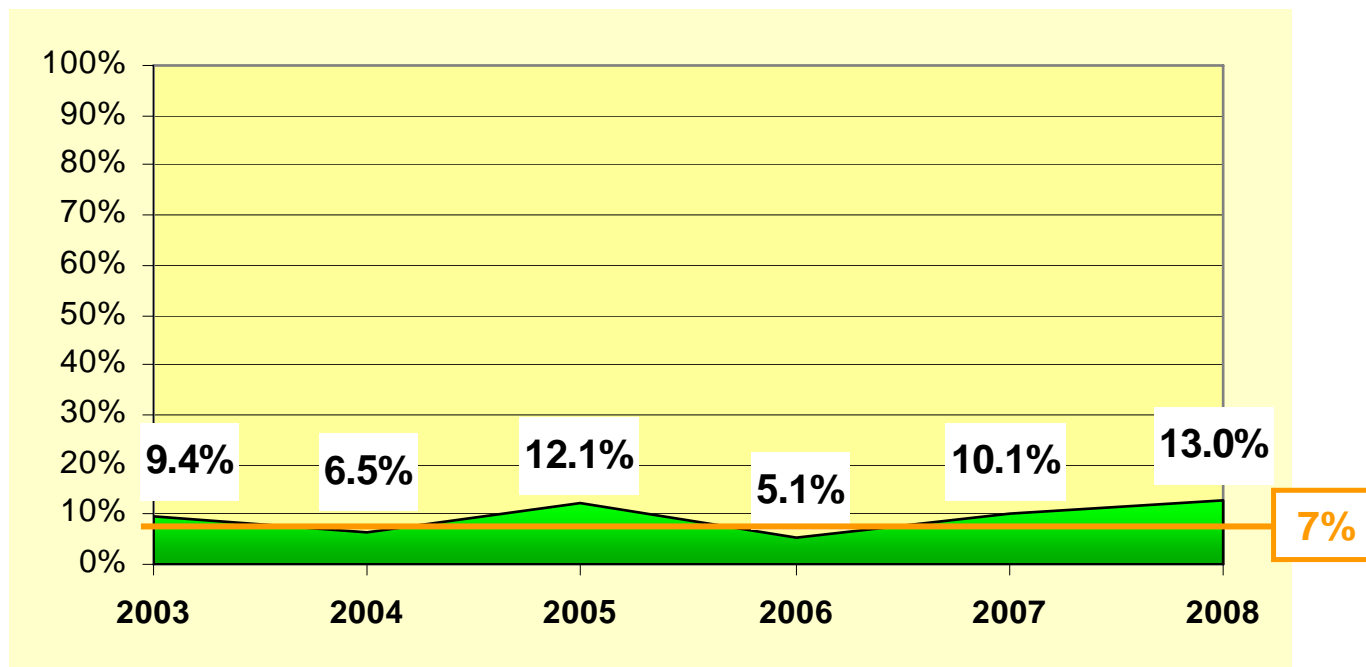


DATA SOURCES: Access Carroll, Inc., Mission of Mercy, Maryland Behavioral Risk Factor Surveillance System

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



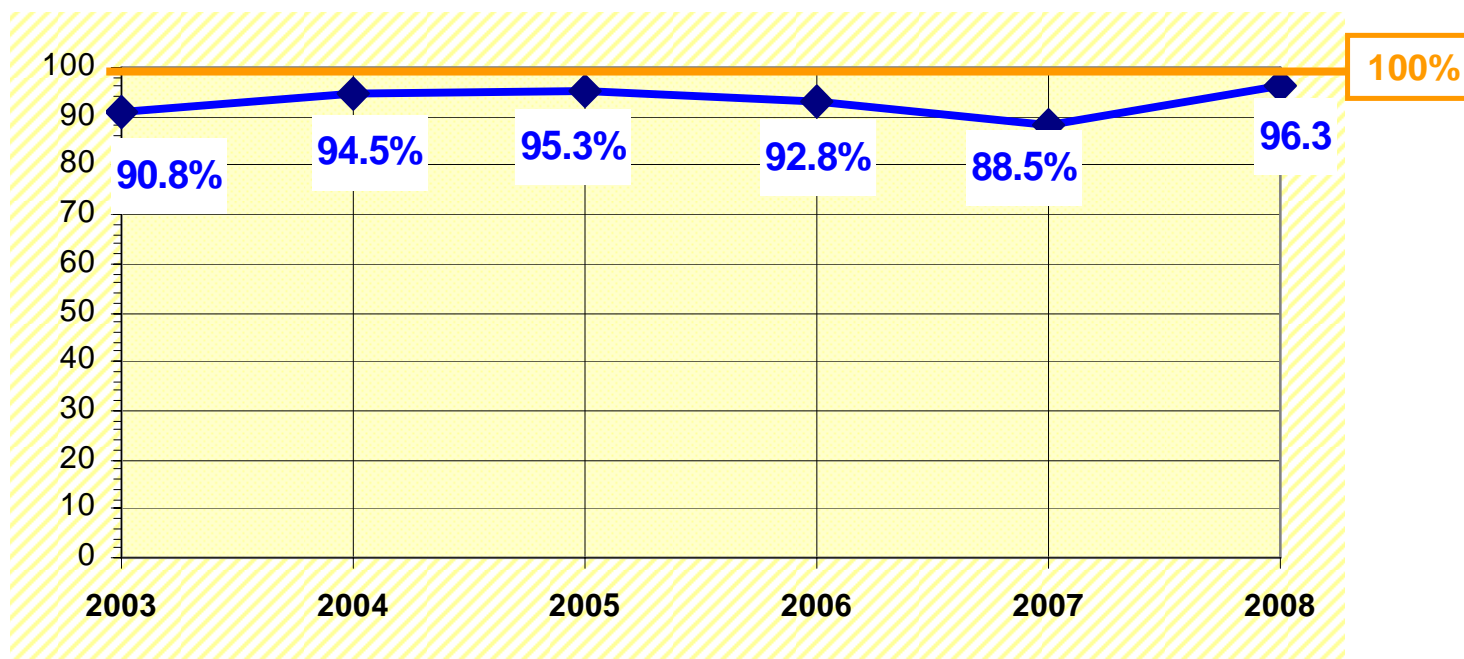
DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

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%

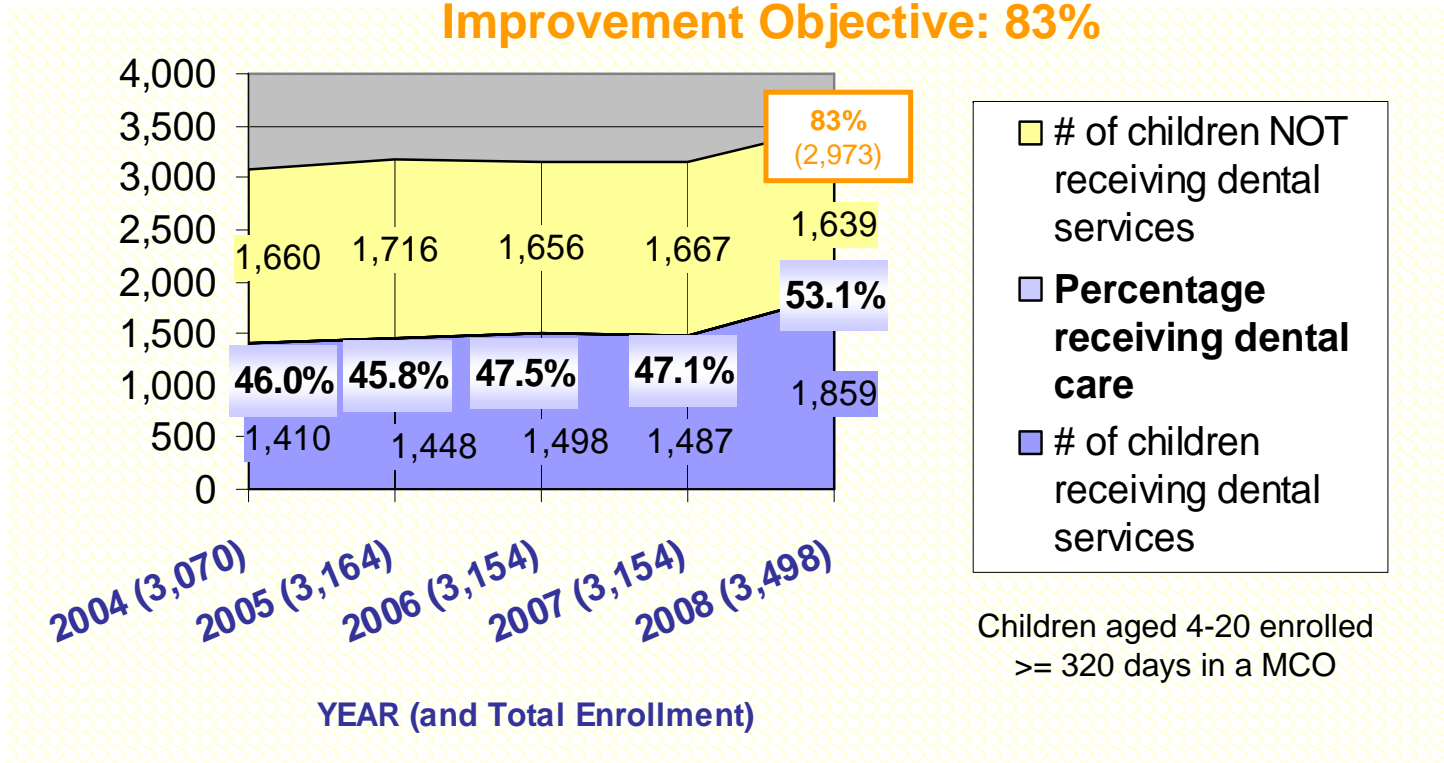


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

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

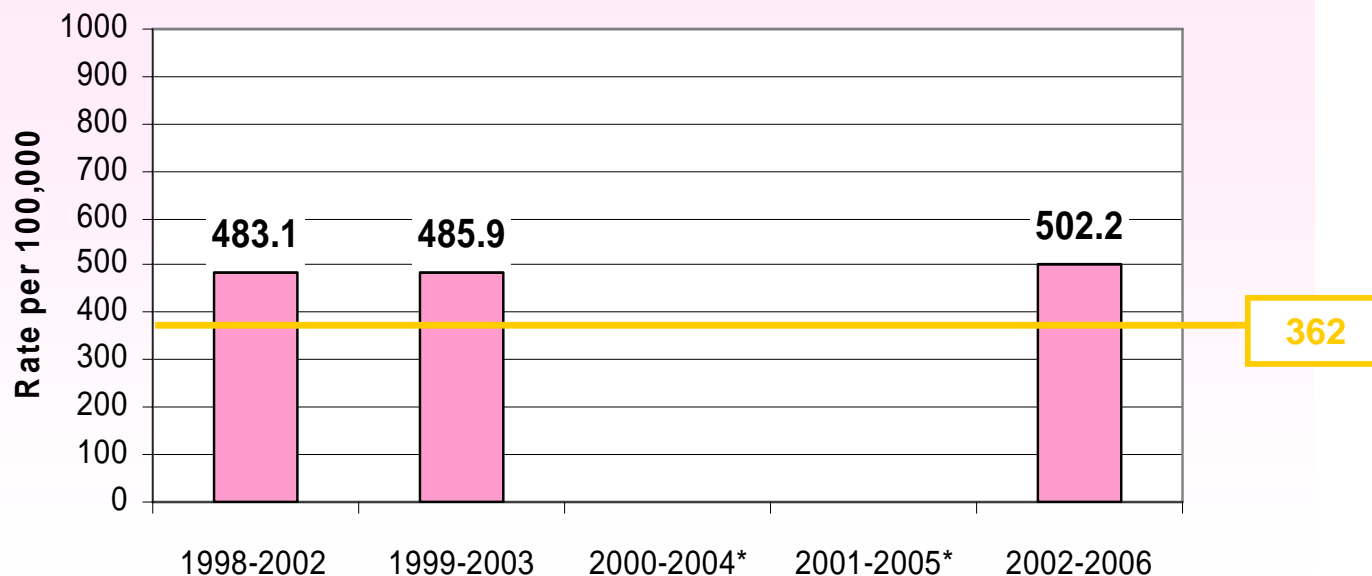
Updated June 2010

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

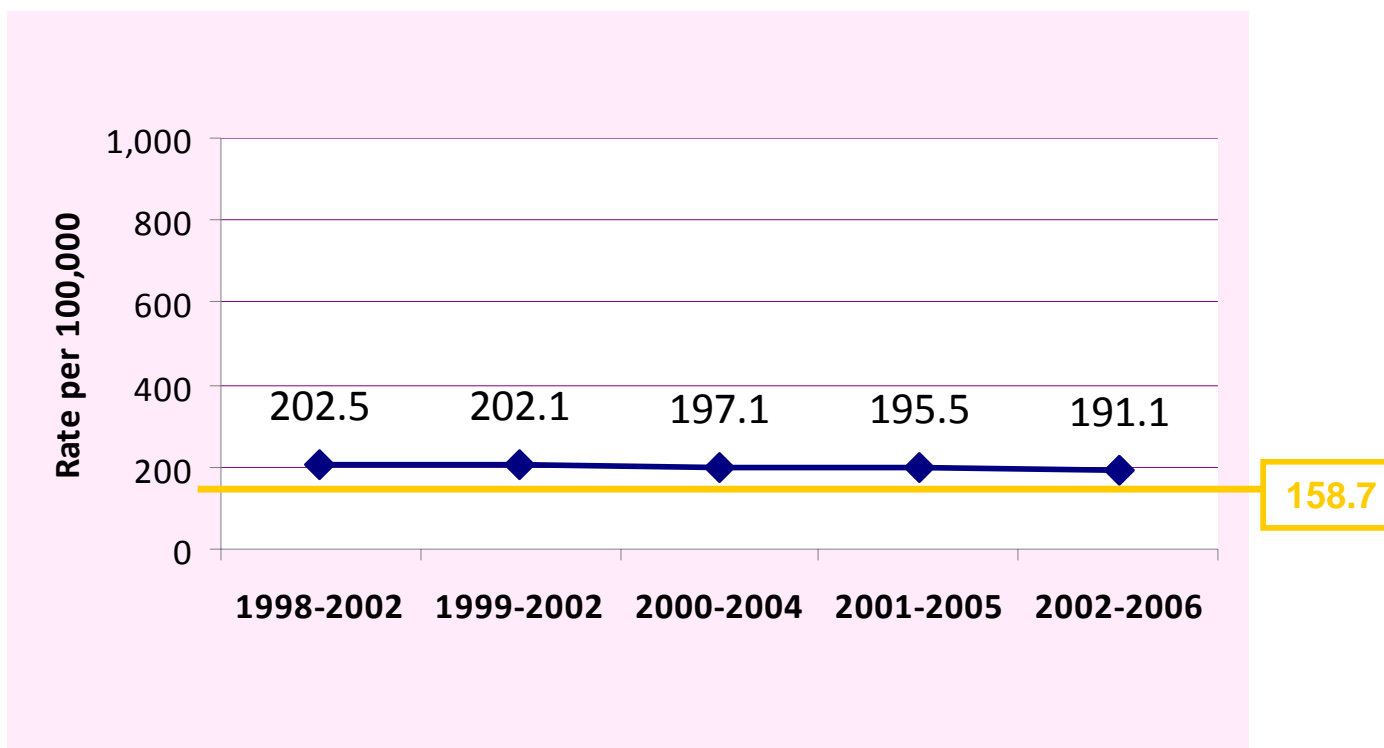


* Data unavailable

DATA SOURCE: Maryland State Cancer Registry

Cancer – Overall Cancer

Total Cancer Mortality Rate – All Sites
Improvement Objective: 158.7 per 100,000 or less

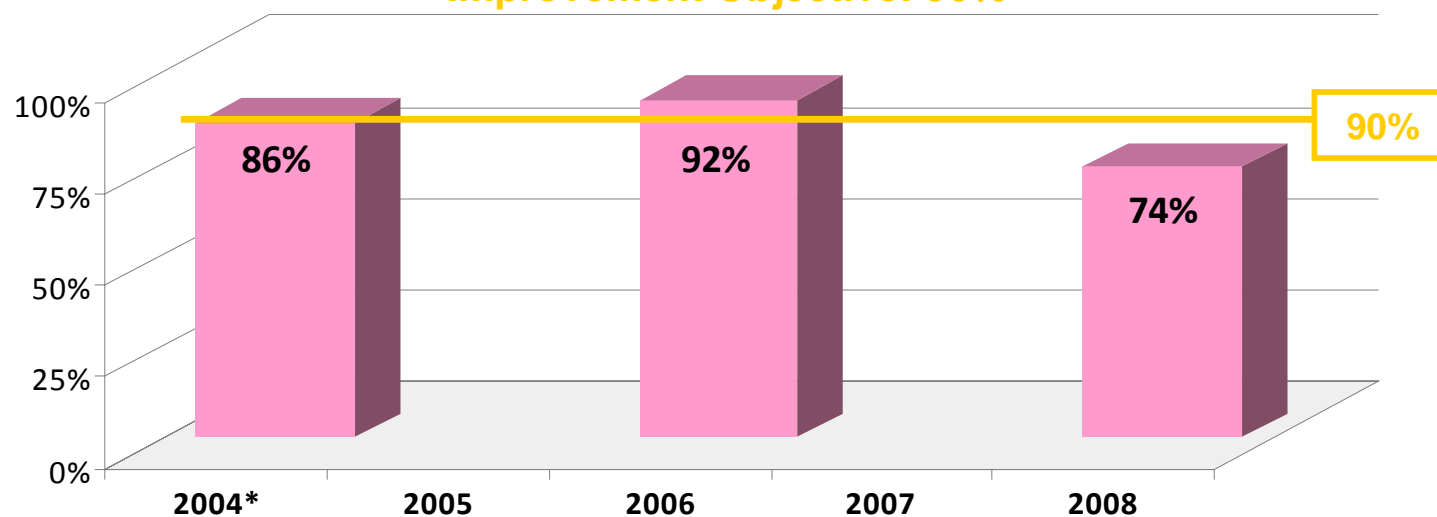


DATA SOURCE: Maryland State Cancer Registry

Cancer – Breast Cancer

Percentage of Women Aged 50 and Older Who Have Had a Mammogram Within the Past 2 Years

Improvement Objective: 90%



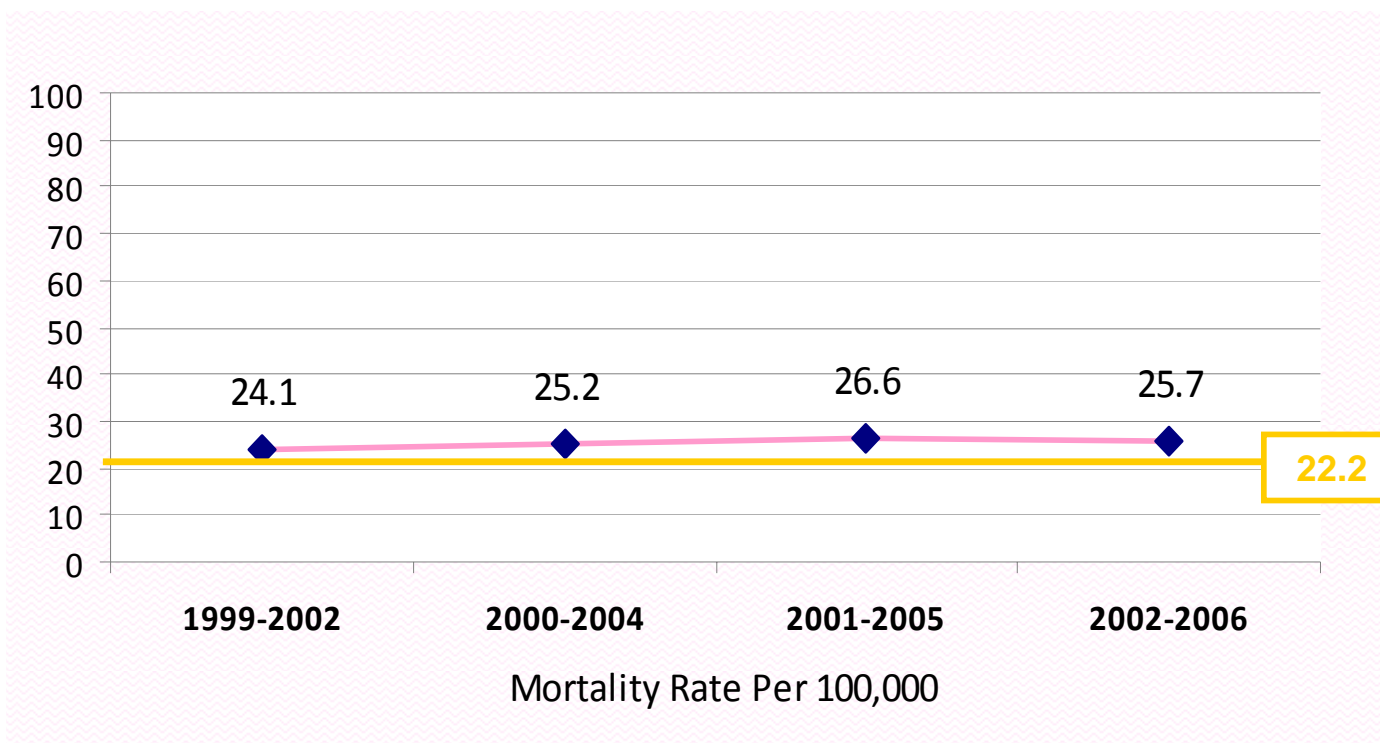
* NOTE: 2004 data is for women aged 40+

DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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%

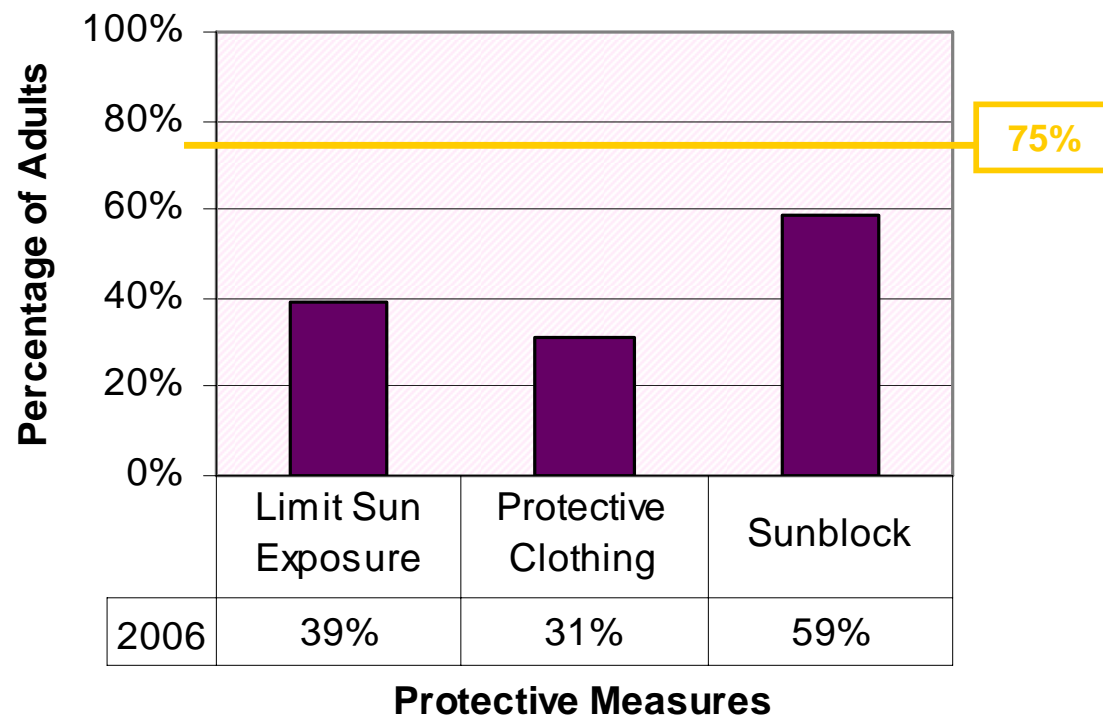
Sample sizes of <50 are statistically unstable
and are therefore not displayed.

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%

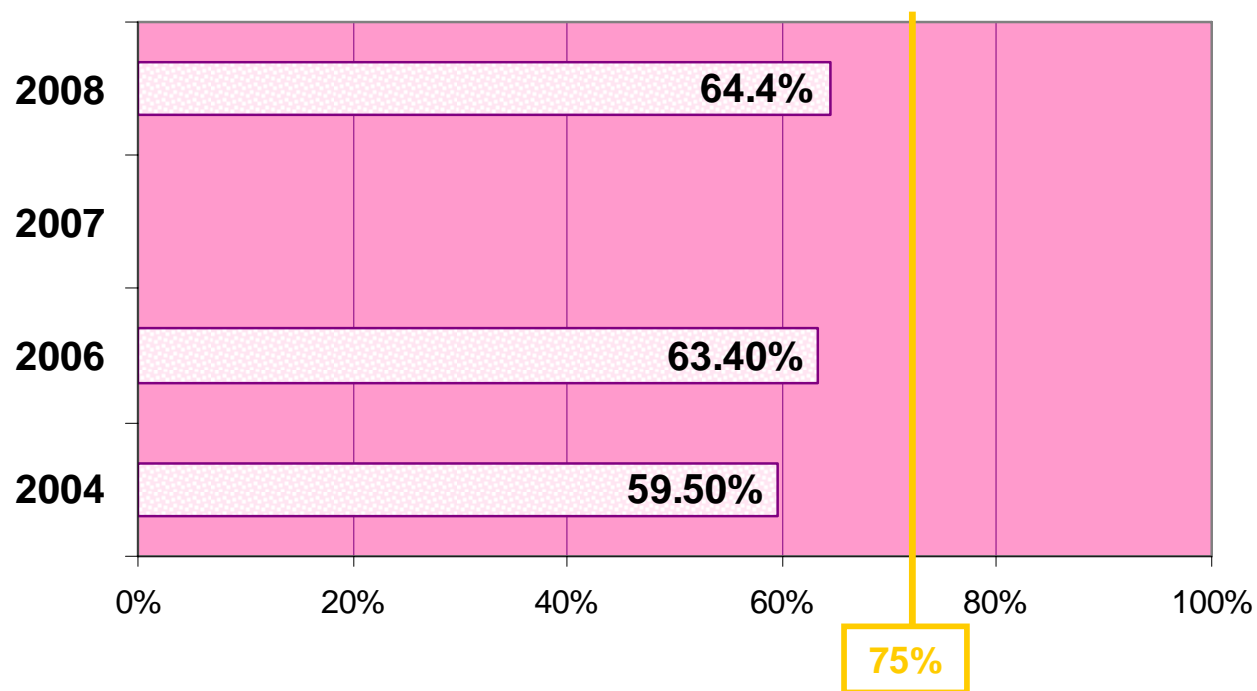


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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%

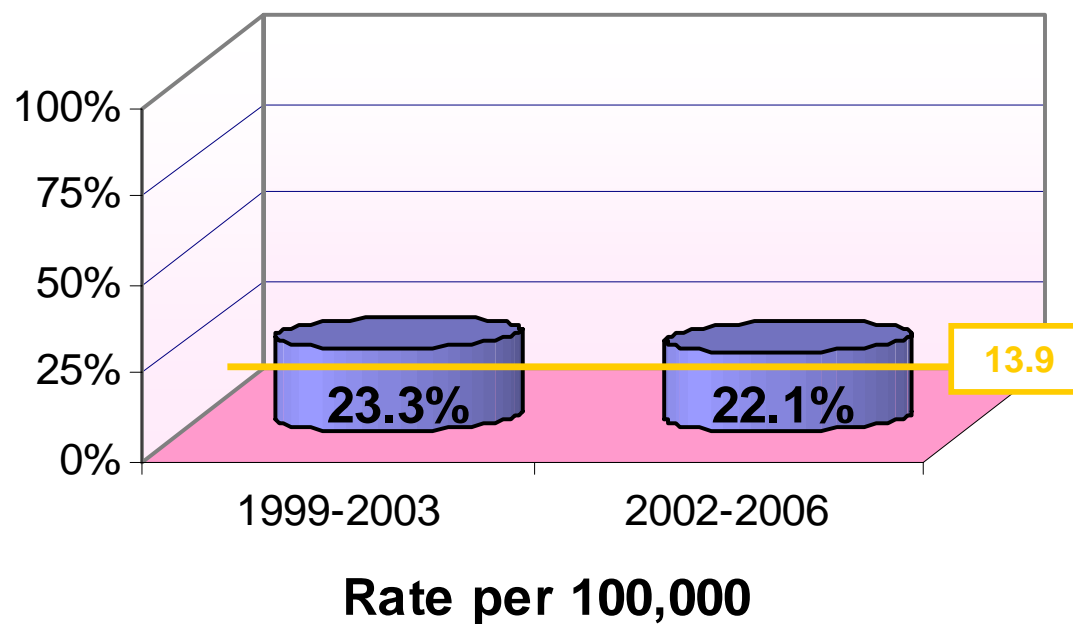


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

Cancer – Colorectal Cancer

Colorectal Cancer Mortality Rate in Carroll County

Improvement Objective: 13.9 per 100,000 or less

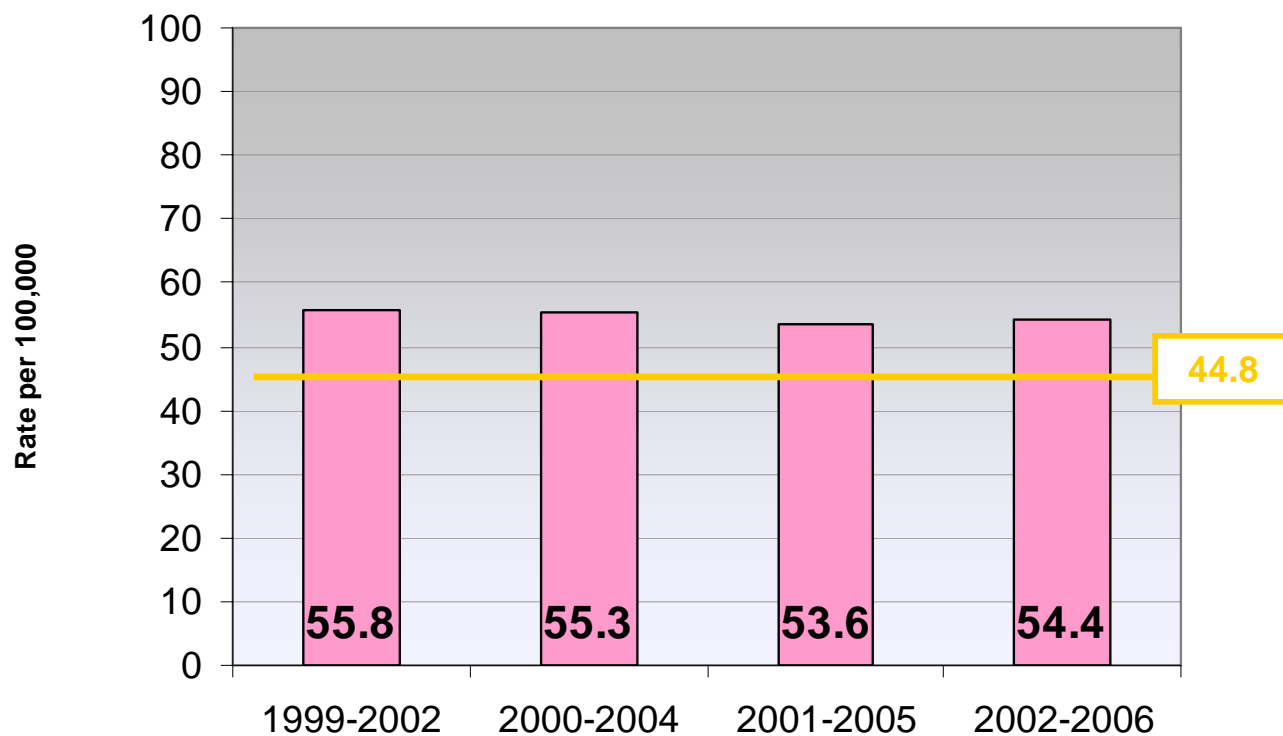


SOURCE: Maryland Vital Statistics

Cancer – Lung Cancer

Lung Cancer Mortality Rate – Carroll County

Improvement Objective: 44.8 per 100,000 or less

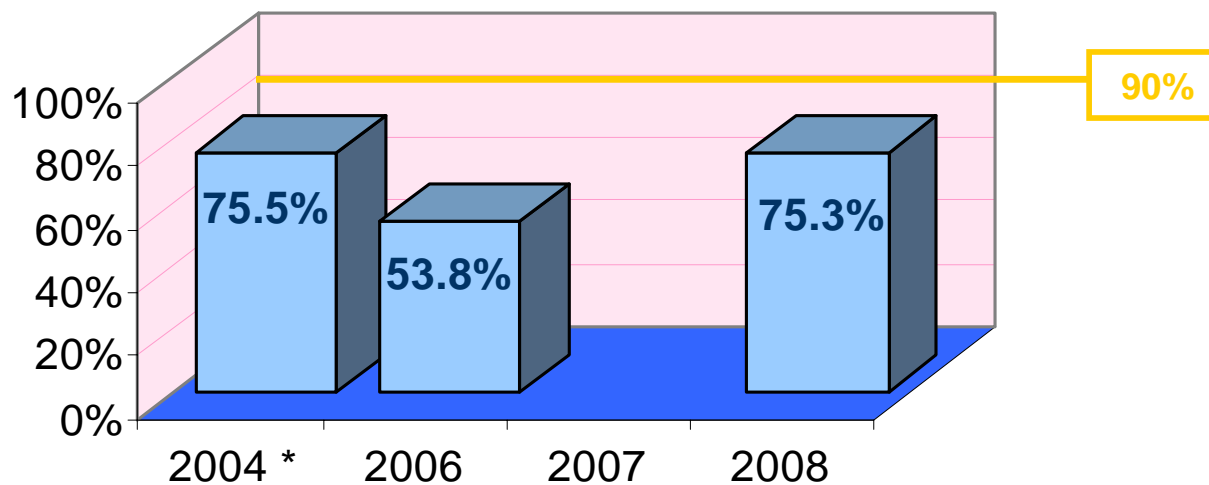


DATA SOURCE: Maryland Vital Statistics

Cancer – Prostate Cancer

Percentage of men age 40 and over who had a Digital Rectal Exam (DRE) in the past 2 years

Improvement Objective: 90% of men aged 50+

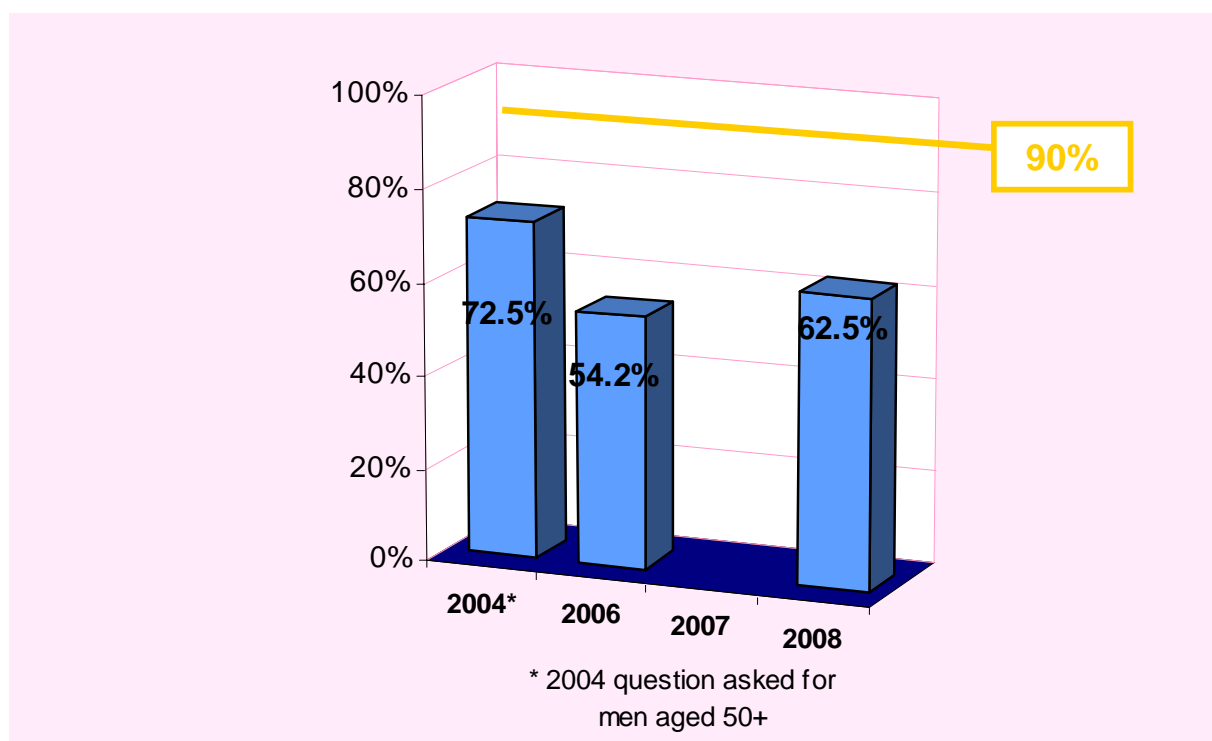


* 2006 question asked for men aged 50 plus

Cancer – Prostate Cancer

Percentage of men age 40 and over who have had a Prostate-Specific Antigen test (PSA) in the past 2 years

Improvement Objective: 90% of men aged 50+

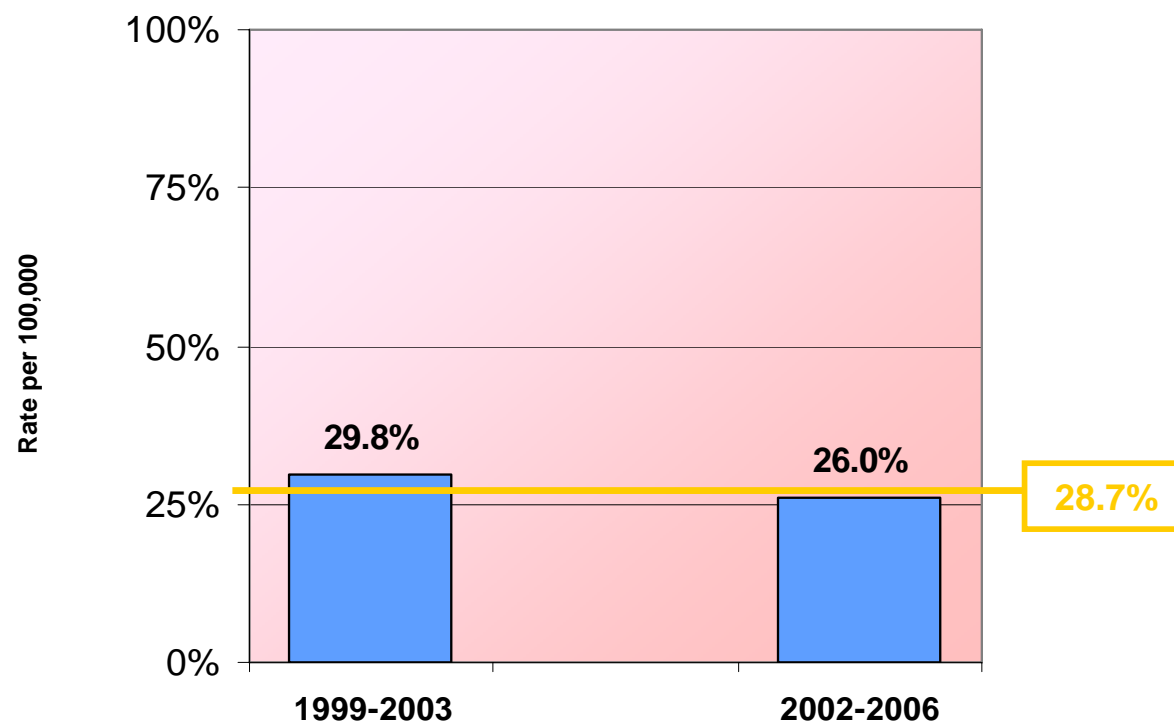


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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 June 2010

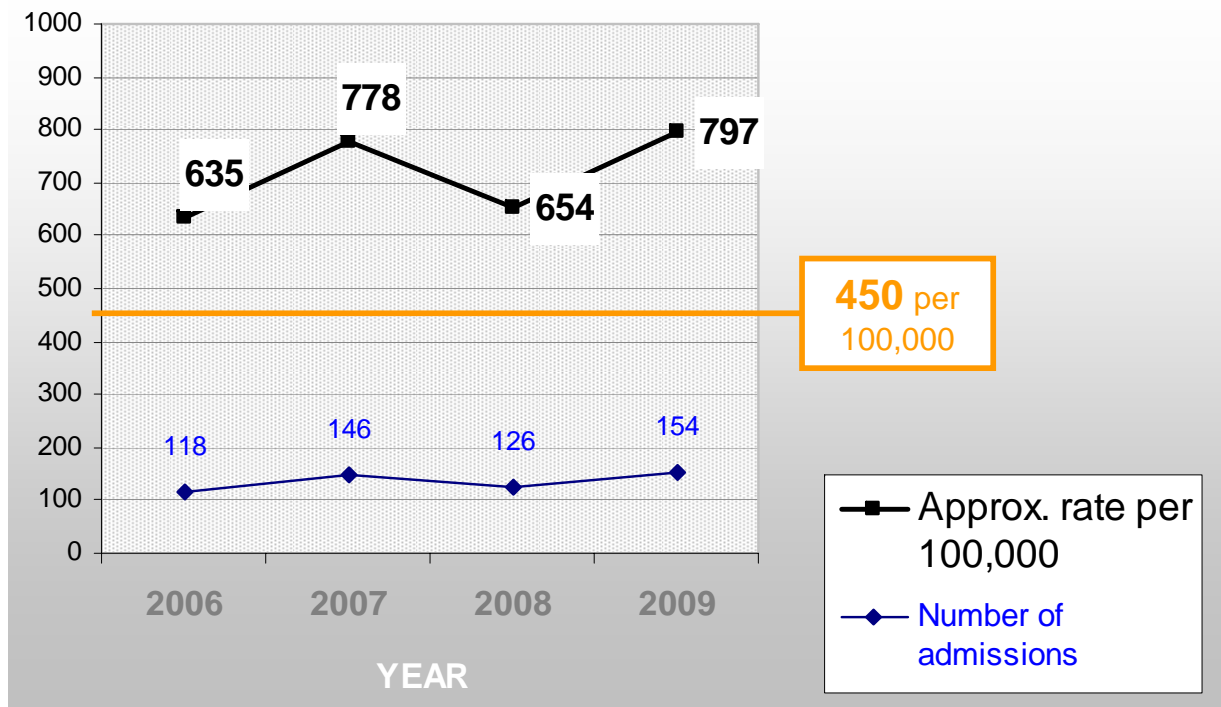
1. In-Home Safety: Hip Fractures
2. Cardiovascular Health: Congestive Heart Failure
3. Cardiovascular Health: Awareness
4. Motor Vehicle Safety: Seat Belt Compliance
5. Health Care Planning: Advance Directives
6. Flu immunization



ELDER HEALTH

Admissions for patients aged 65+ with a primary diagnosis of hip fracture (Carroll County home address, all hospitals)

Improvement Objective: 450 or less per 100,000

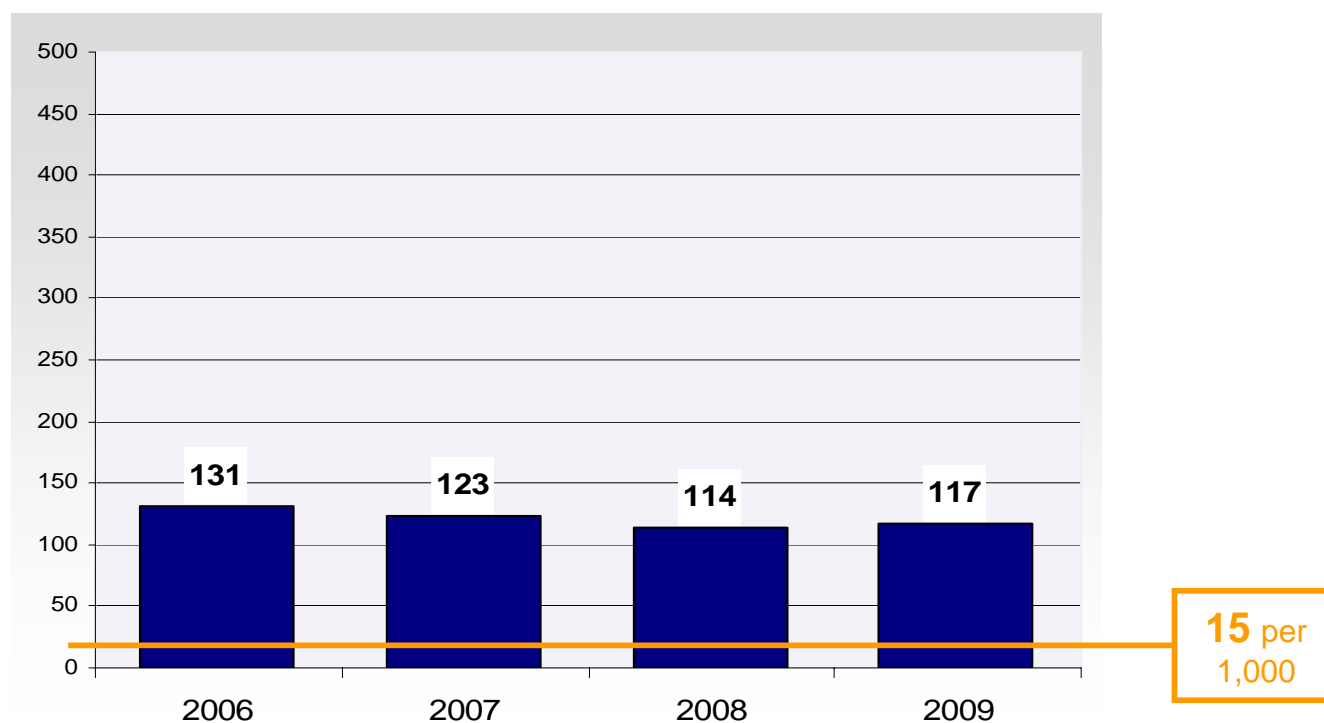


SOURCE: Carroll Hospital Center (citing Market Share Analyst)

ELDER HEALTH

Admissions for patients aged 65+ with a primary diagnosis of congestive heart failure (Carroll County home address, all hospitals)

Improvement Objective: 15 per 1,000 or less



SOURCE: Carroll Hospital Center (citing Market Share Analyst)

ELDER HEALTH

Percentage of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing emergency care by calling 911.

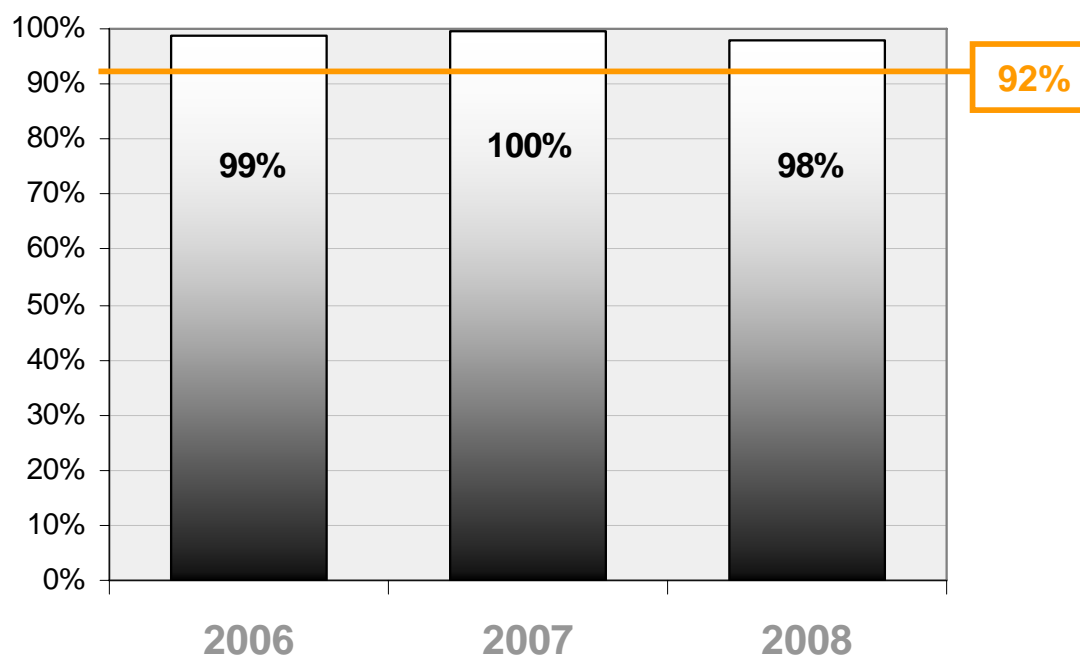
Improvement Objective: 83%

Baseline data collection planned for FY 2011

ELDER HEALTH

Percentage of drivers aged 65+ involved in a crash who reported they were wearing a seat belt

Improvement Objective: 92%



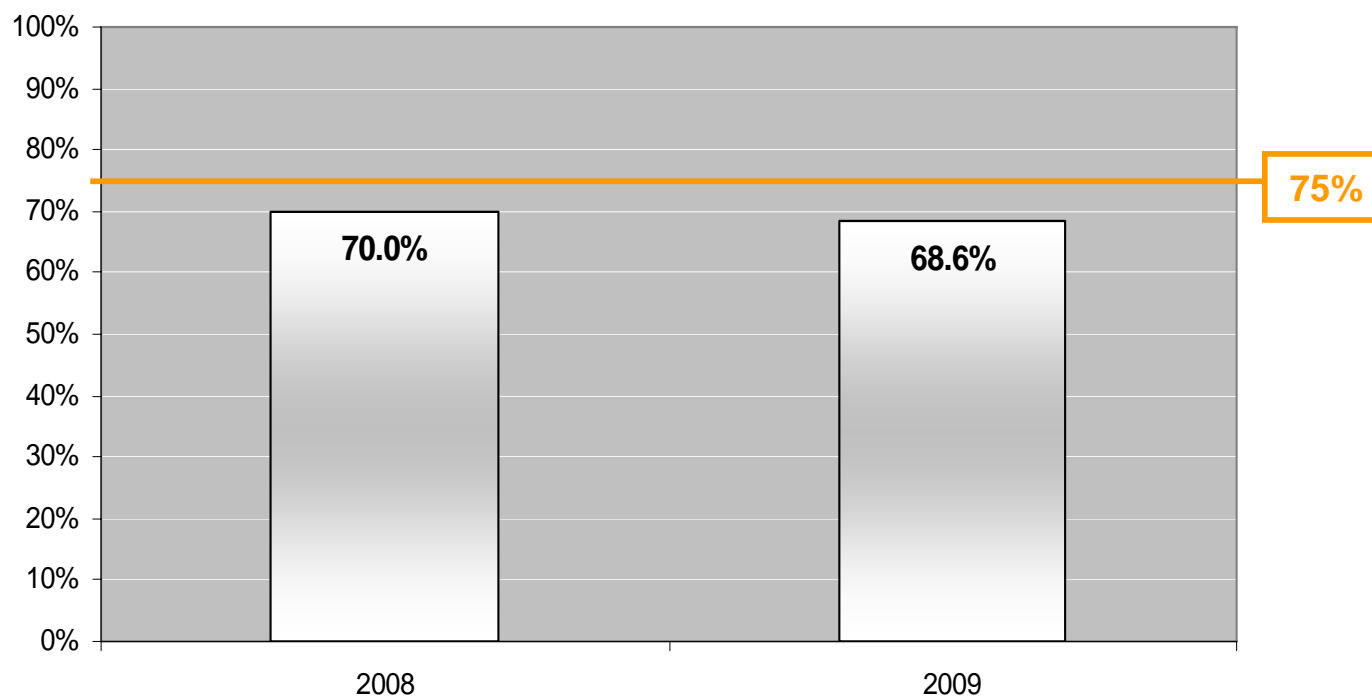
NOTE: Data from the 2008 EH Needs Assessment indicates that actual seat belt compliance rates may be lower.
86% reported that they wear a seat belt when driving; 52% wear a seat belt when a passenger.

DATA SOURCE: Maryland Crash Outcome Data Evaluation System (CODES)

ELDER HEALTH

Percentage of patients admitted to Carroll Hospital Center who reported that they have an advance directive

Improvement Objective: 75%

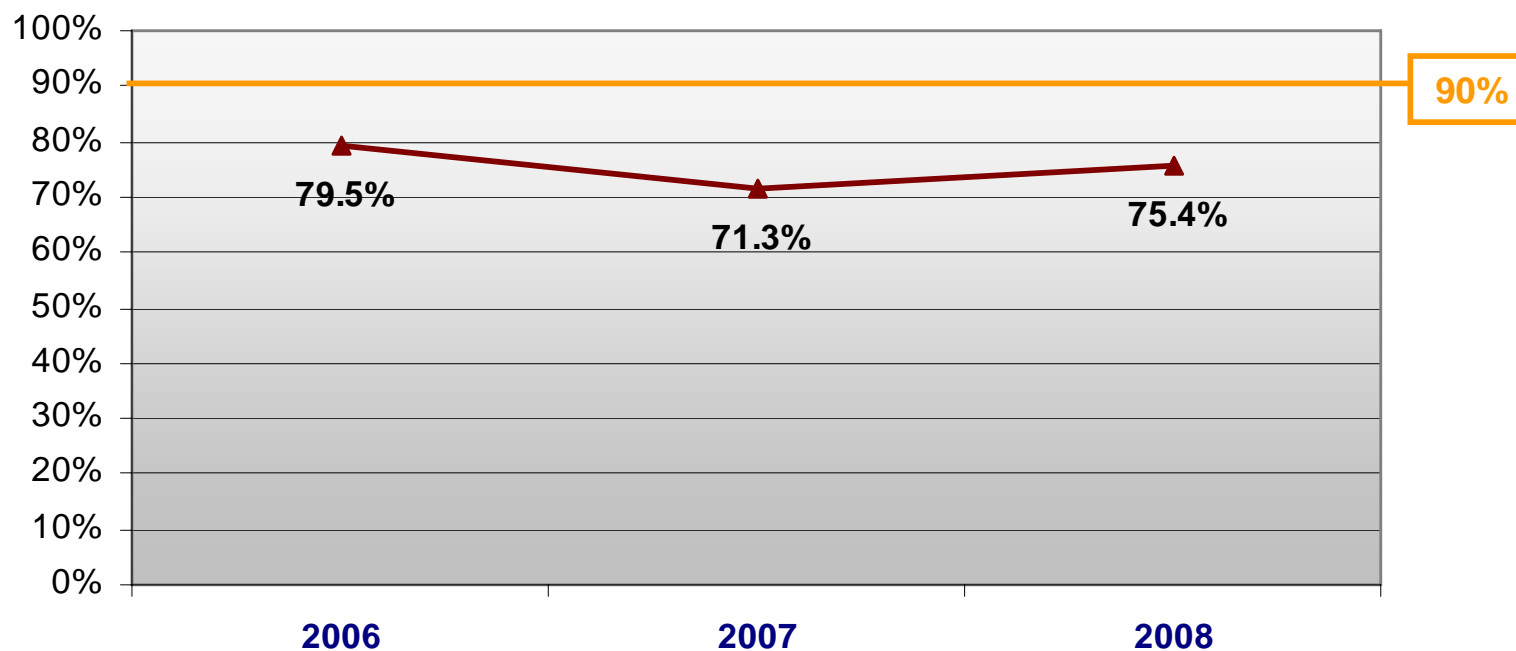


DATA SOURCE: Carroll Hospital Center

ELDER HEALTH

Percentage of Adults Age 65+ Who Received a Flu Vaccination in the Past Year

Improvement Objective: 90%



DATA SOURCE: Carroll Hospital Center

HEALTHY CARROLL VITAL SIGNS: Measures of Community Health

GROWTH Data Charts

Updated June 2010

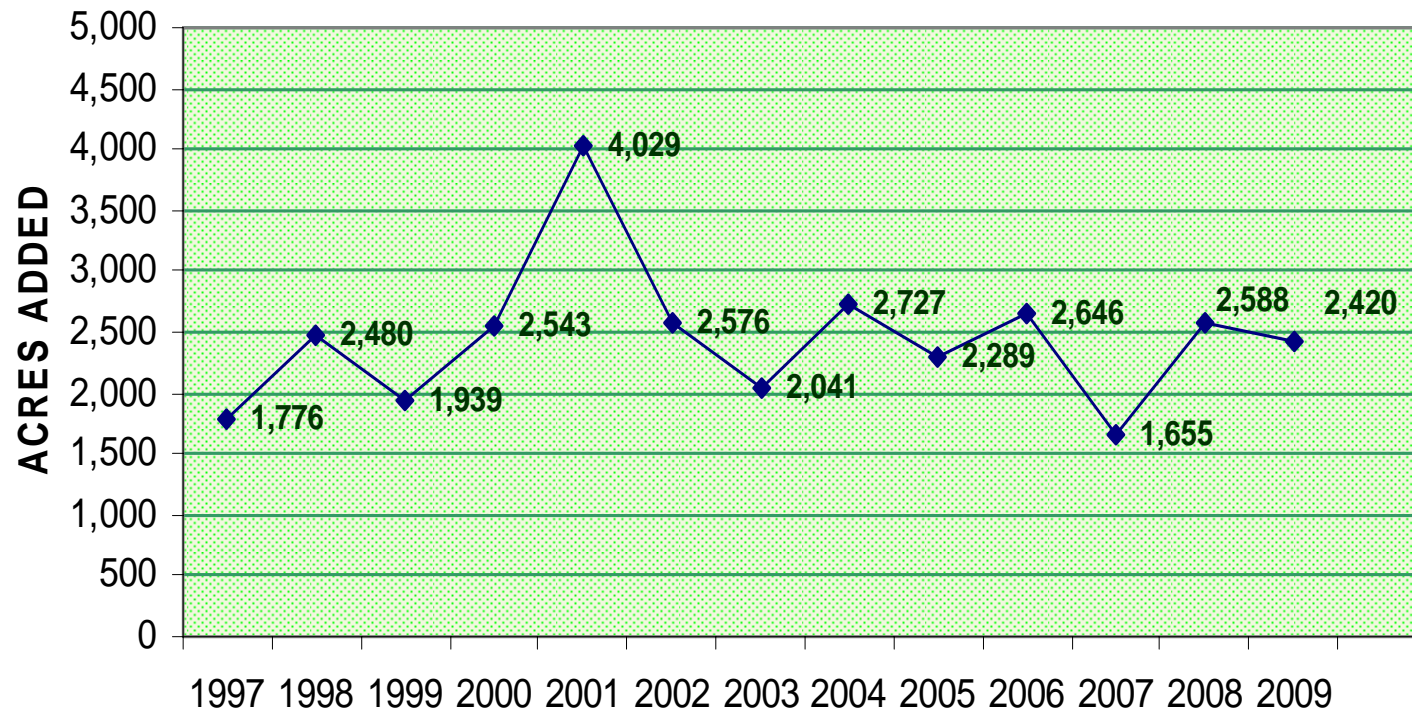
- Land Preservation: New Acres Per Year 1
- Land Preservation: Total Acres 2
- Recycled Waste: Percentage of Total 3



Growth – Land Preservation

New acres put in land preservation

Improvement Objective: 100,000 Acres in Preservation

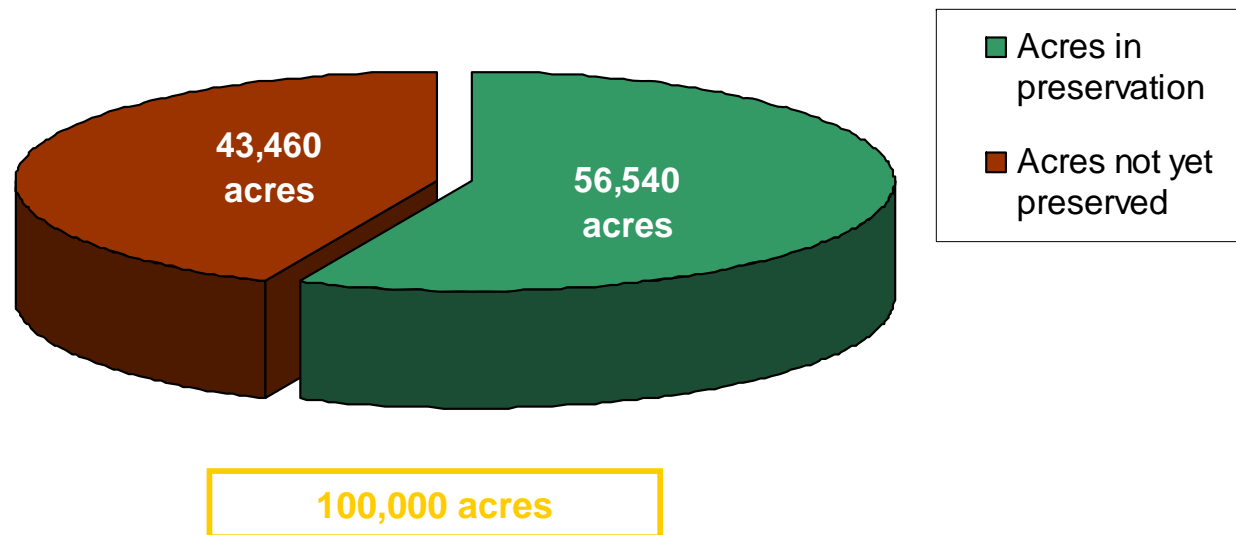


DATA SOURCE: Carroll County Department of Planning / Agricultural Land Preservation Program

Growth – Land Preservation

Total Carroll County acres currently in land preservation

Improvement Objective: 100,000 acres in preservation

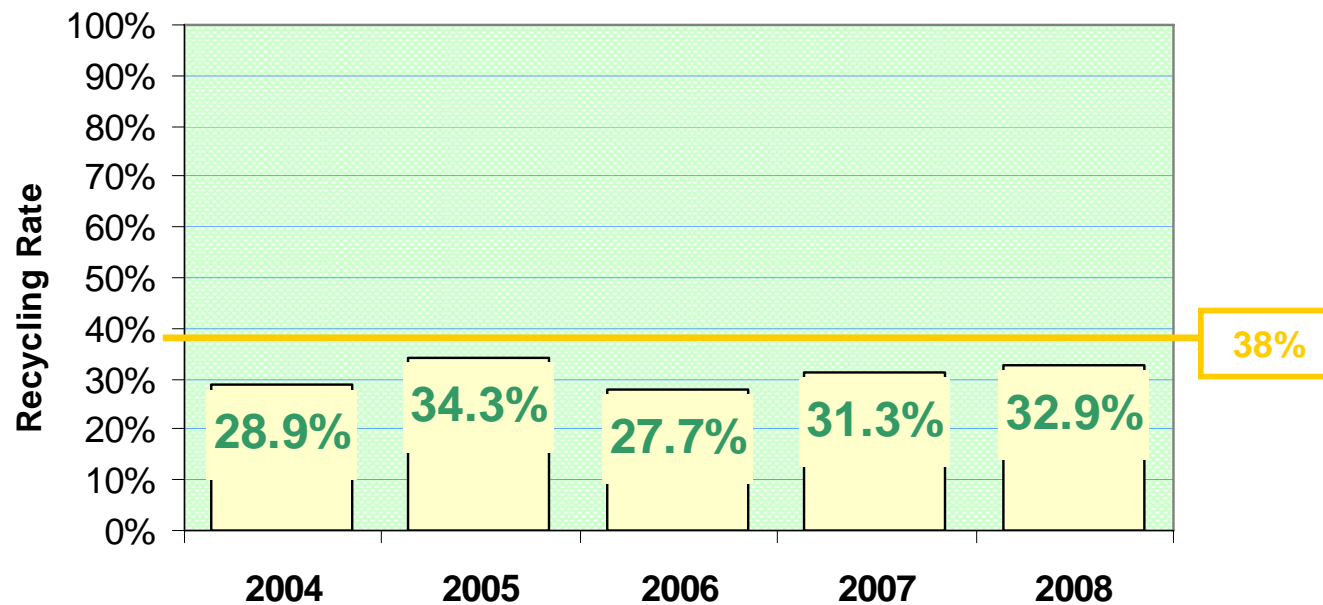


DATA SOURCE: Carroll County Department of Planning / Agricultural Land Preservation Program

Growth – Development

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

Improvement Objective: 38%



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

HEART HEALTH Data Charts

Updated June 2010

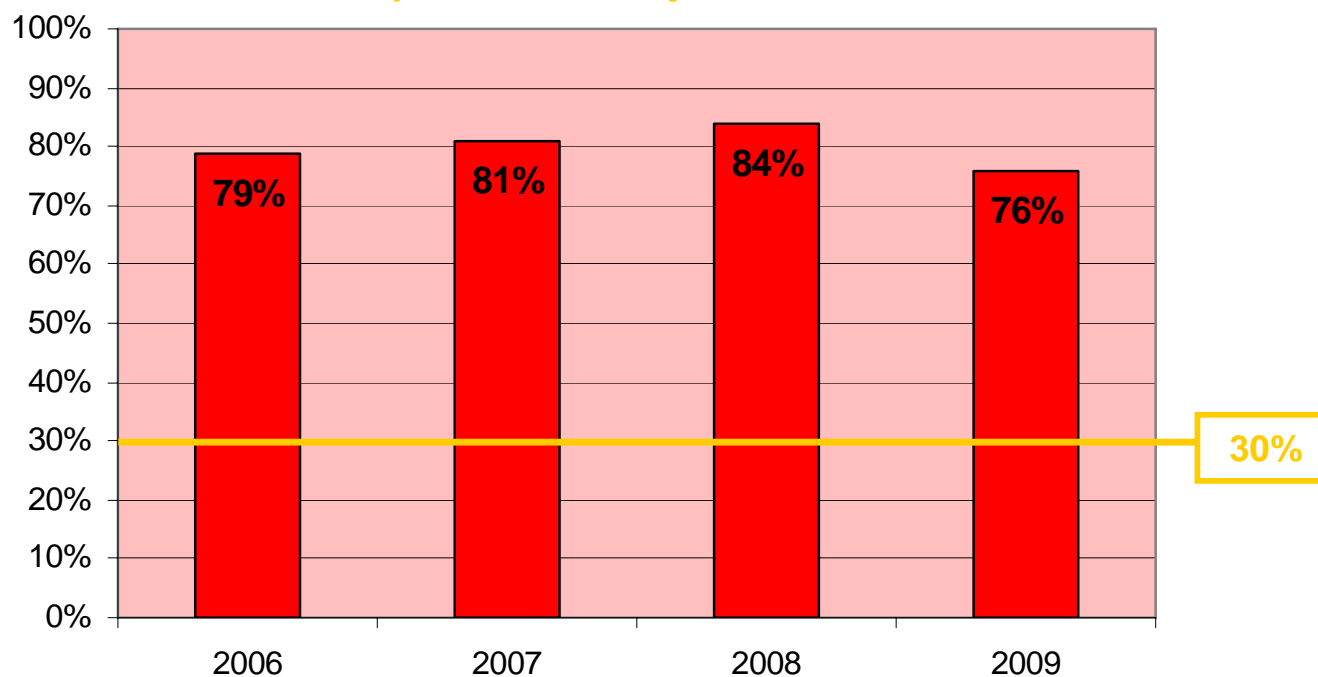
- Physical Activity 1
- Cardiovascular Disease: Deaths 2
- Cardiovascular Disease: High Blood Pressure 3
- Stroke 4



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%

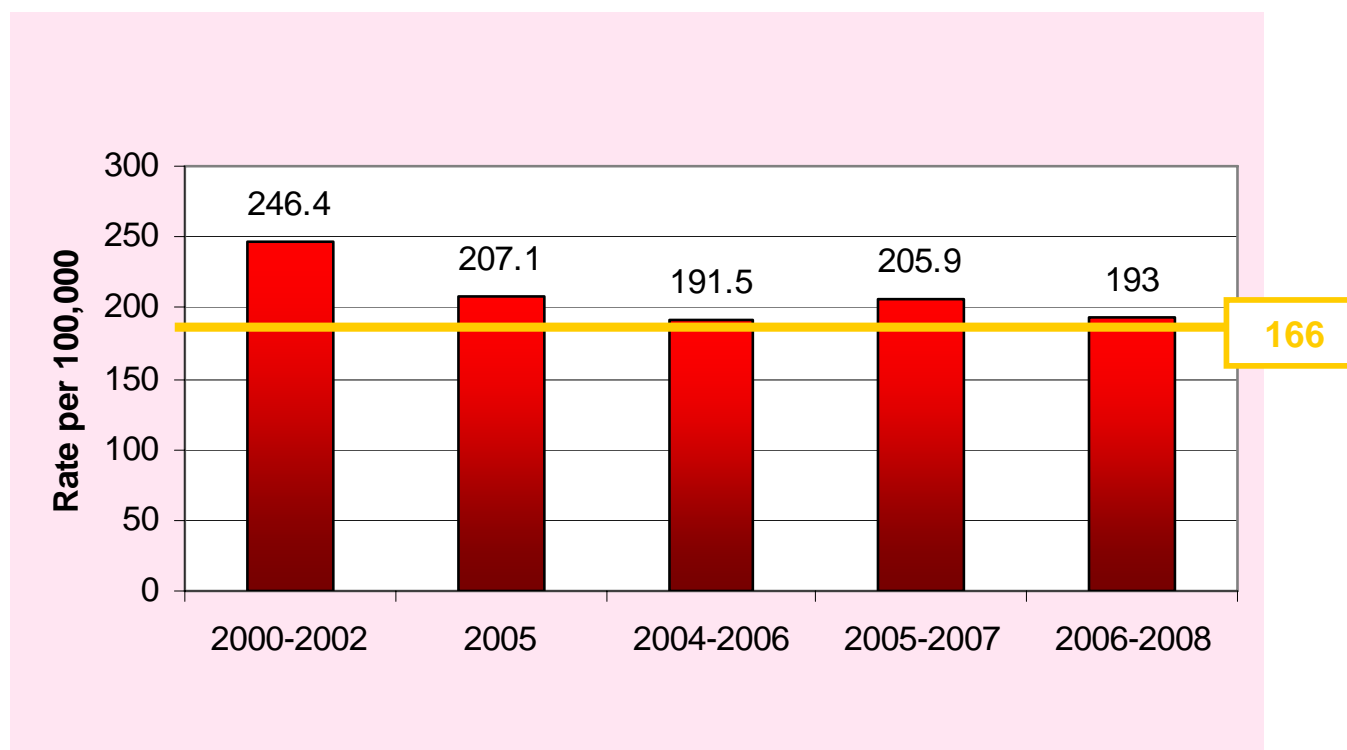


DATA SOURCE: Carroll County Public Schools

Heart Health – Cardiovascular Disease

Rate of Mortality From Diseases of the Heart

Improvement Objective: 166 per 100,000 or less

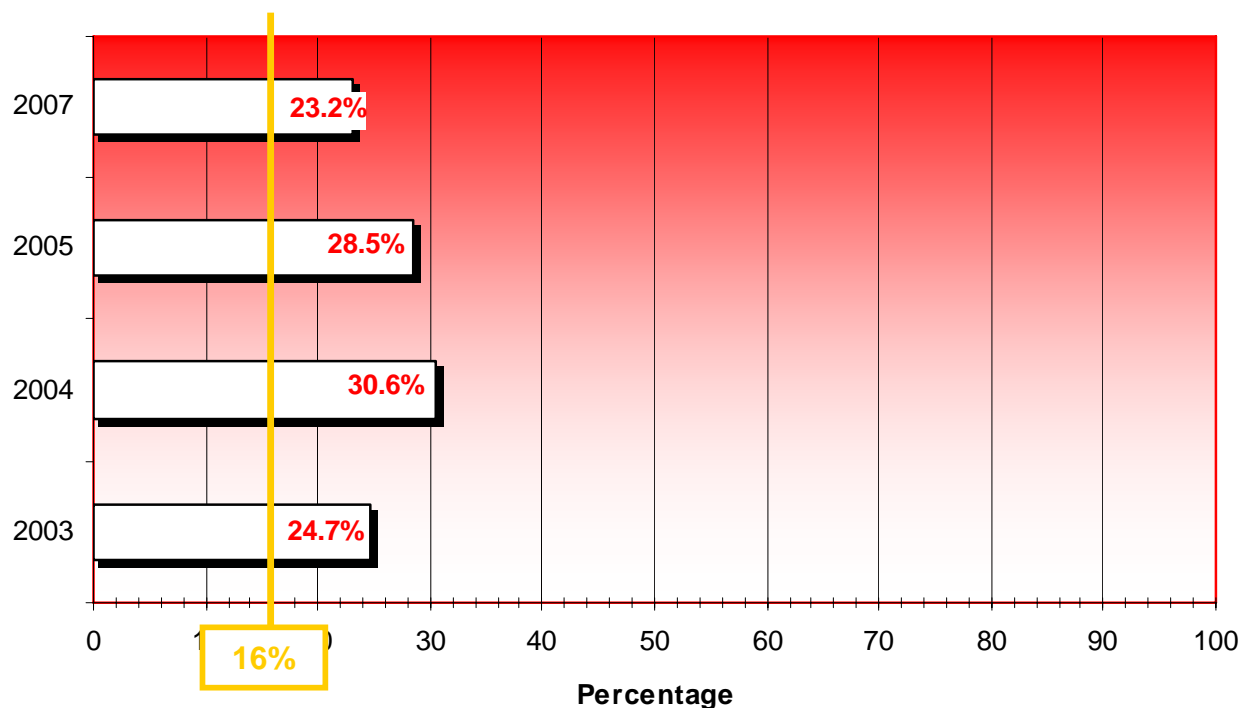


DATA SOURCE: Maryland Vital Statistics

Heart Health – Cardiovascular Disease

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

Improvement Objective: 16% or less

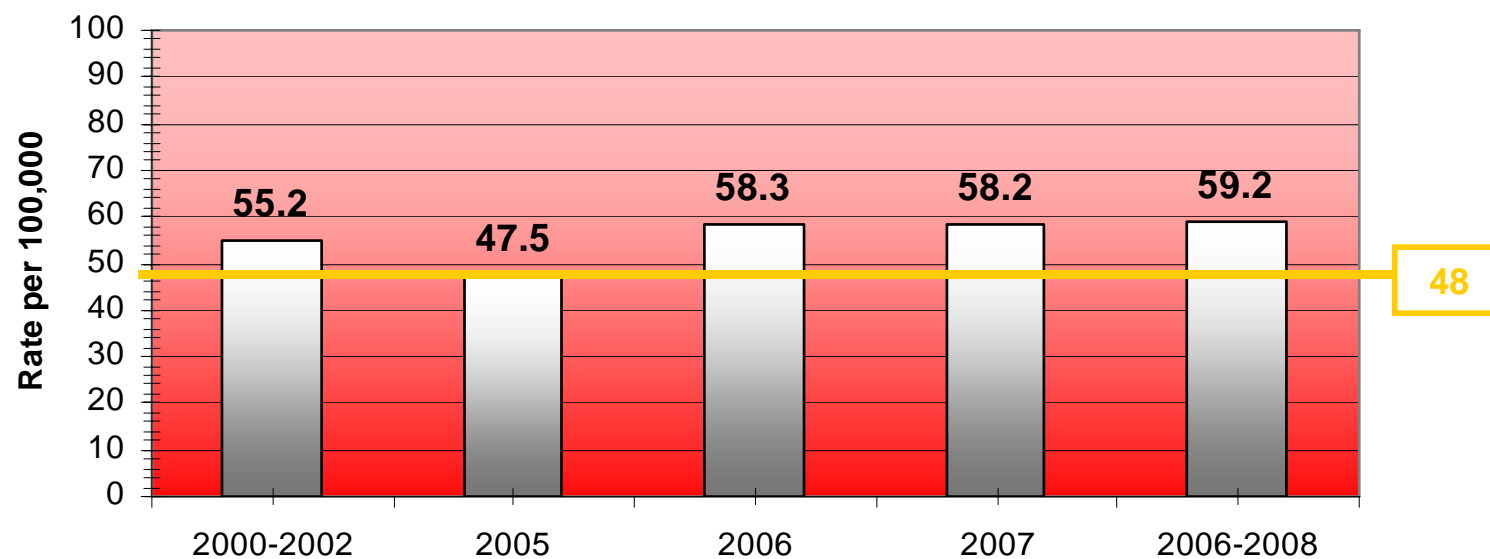


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

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 INTERPERSONAL VIOLENCE Data Charts

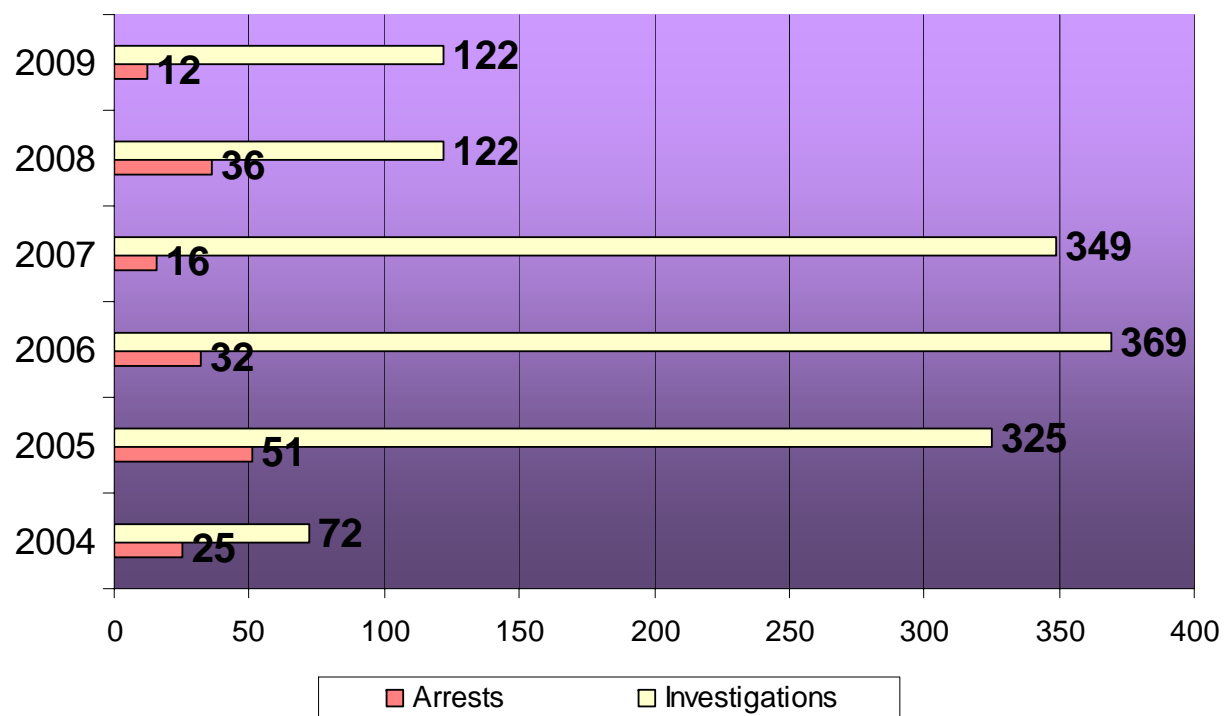
Updated June 2010

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 victims of child maltreatment or less per 1,000 children under age 18

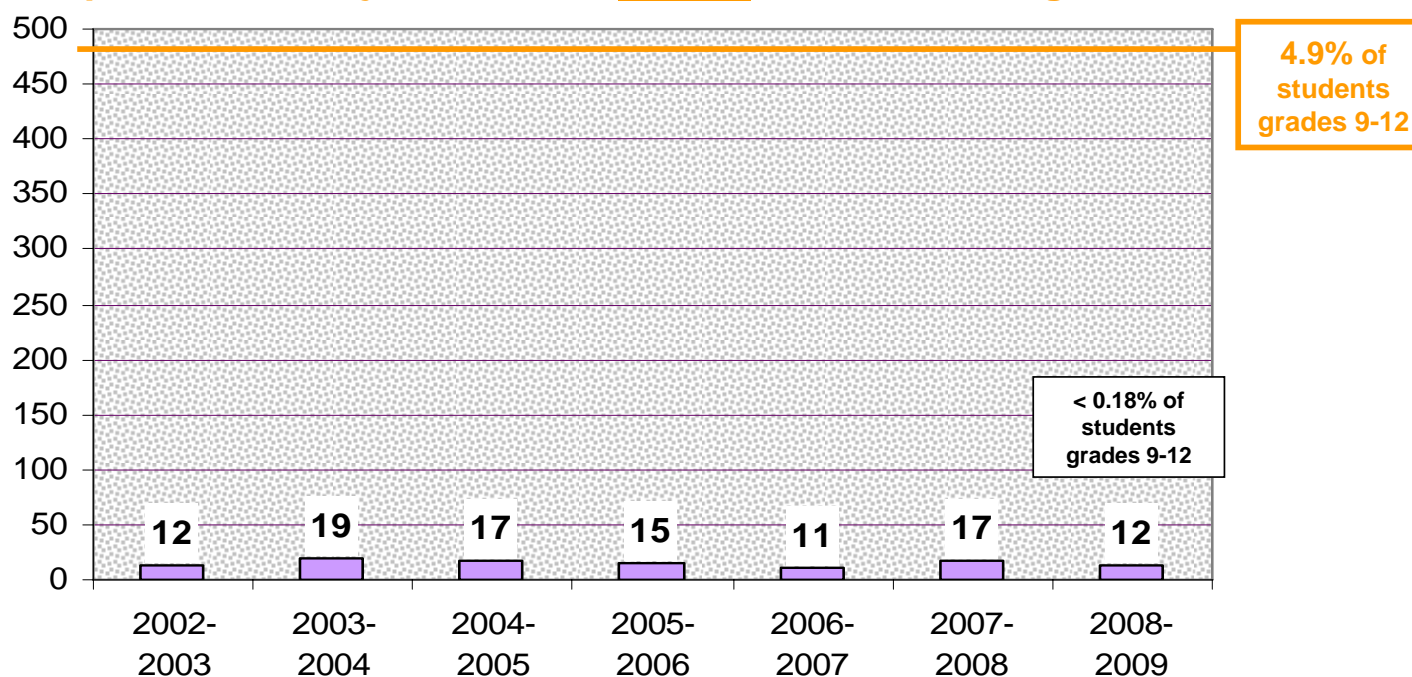


DATA SOURCE: Carroll County Sheriff's Department Annual Report

Interpersonal Violence – Youth

Number of Weapons Violations at Carroll County Public Schools

Improvement Objective: 4.9% or less of students in grades 9 - 12



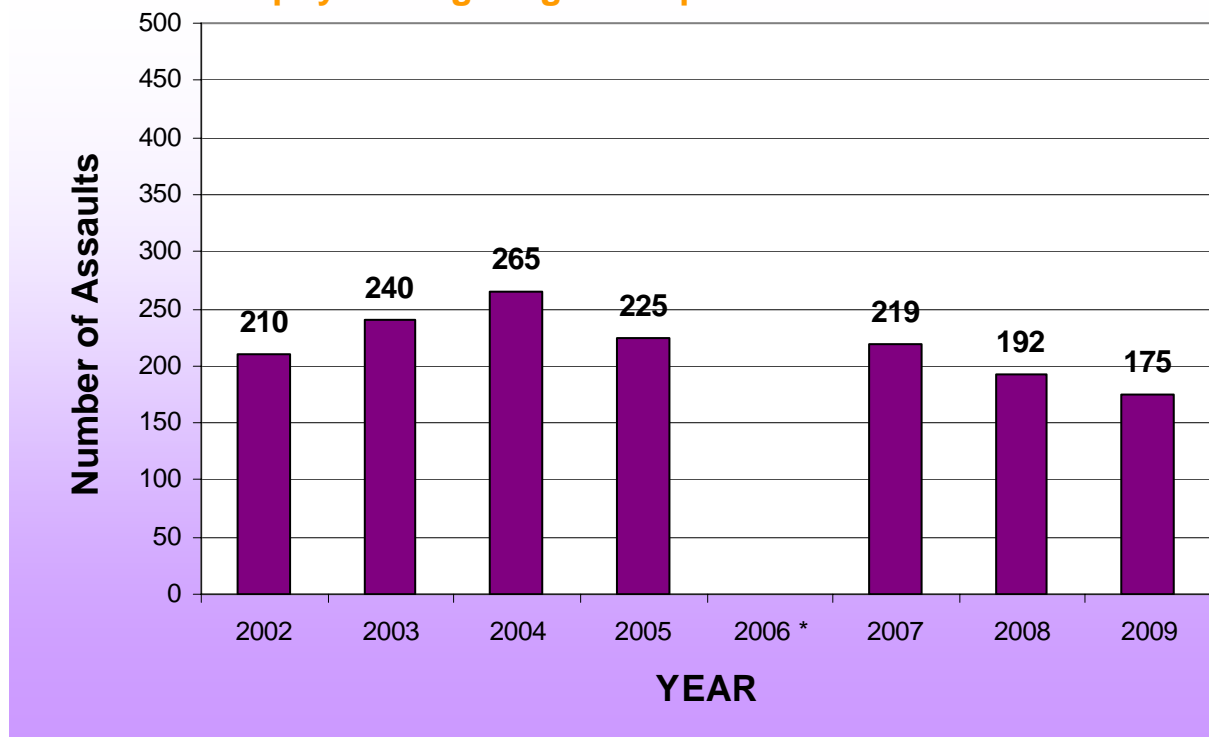
NOTE: Data is for all grades. The 17 occurrences in 2007-2008 include students in all grades, and represent less than 0.06% of the entire CCPS student population. CCPS does not track violations by grade.

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



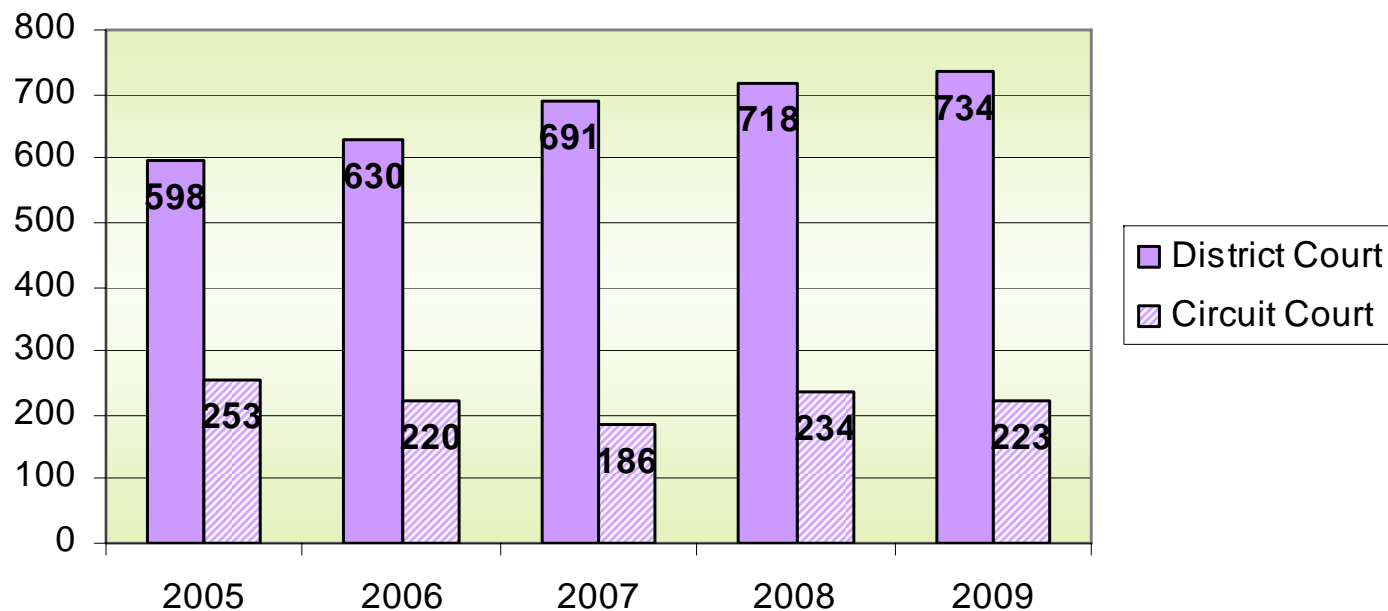
DATA SOURCE: Carroll County Department of Juvenile Services

* 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

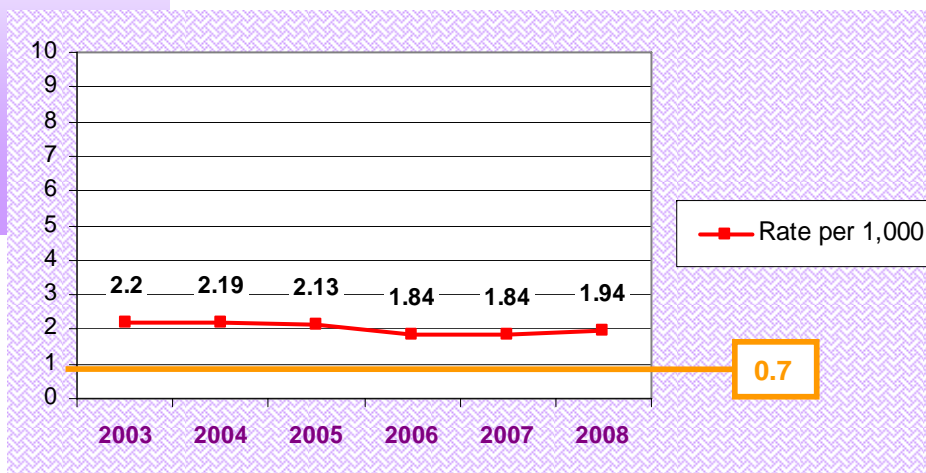
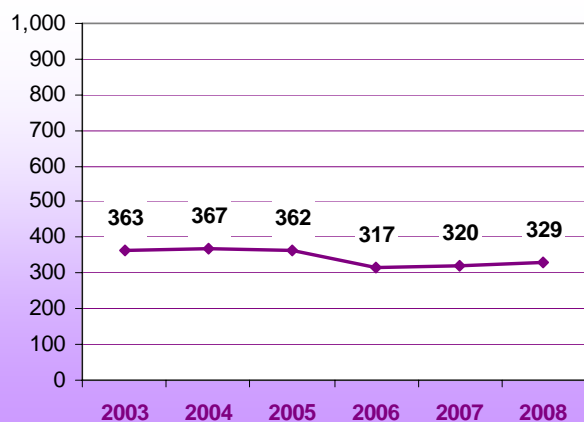


DATA SOURCE: Carroll County District and Circuit Court and Carroll County Sheriff's Office Annual Report

Interpersonal Violence – Adults & Families

Aggravated Assaults and Forcible Rapes in Carroll County

Improvement Objective: 0.7 cases or less 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 MENTAL HEALTH Data Charts

Updated June 2010

- Psychiatric Services: Re-admissions 1
- Psychiatric Services: Outcomes / Symptoms 2
- Psychiatric Services: Outcomes / Functioning 3



Mental Health – Psychiatric Services

Percentage of re-admissions (within 15 days) to the Carroll Hospital Center Behavioral Health Unit – patients aged 12 and older

Improvement Objective: 15% or less

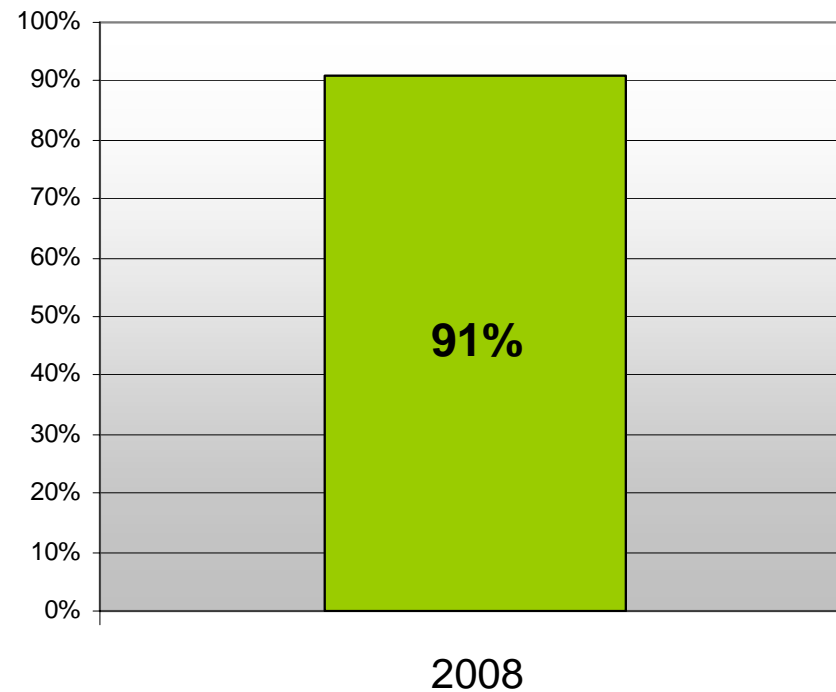


DATA SOURCE: Carroll Hospital Center

Mental Health – Psychiatric Services

Percentage of mental health services consumers (aged 6+) who report improvement in *symptoms* due to services received.

Improvement Objective: Developmental

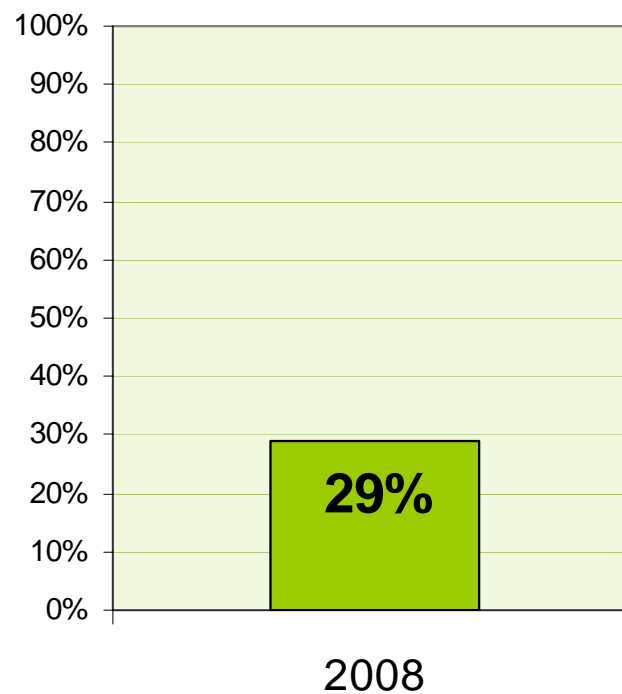


DATA SOURCE: Carroll County Core Service Agency

Mental Health – Psychiatric Services

Percentage of mental health services consumers (aged 6+) who report improvement in *functioning* due to services received.

Improvement Objective: Developmental



DATA SOURCE: Carroll County Core Service Agency

HEALTHY CARROLL VITAL SIGNS: Measures of Community Health
POSITIVE YOUTH & FAMILY DEVELOPMENT
Data Charts - Updated June 2010 *

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

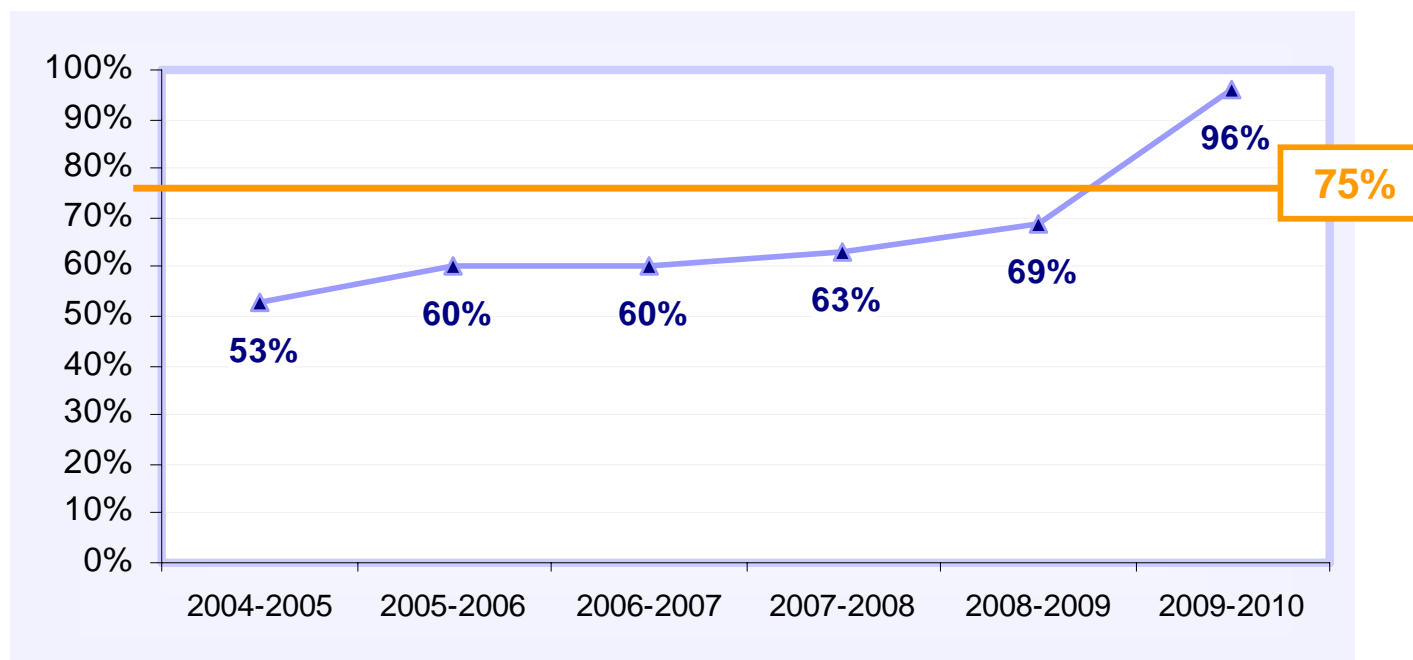
** New data added. For charts 2 - 5, no new data is available.*



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

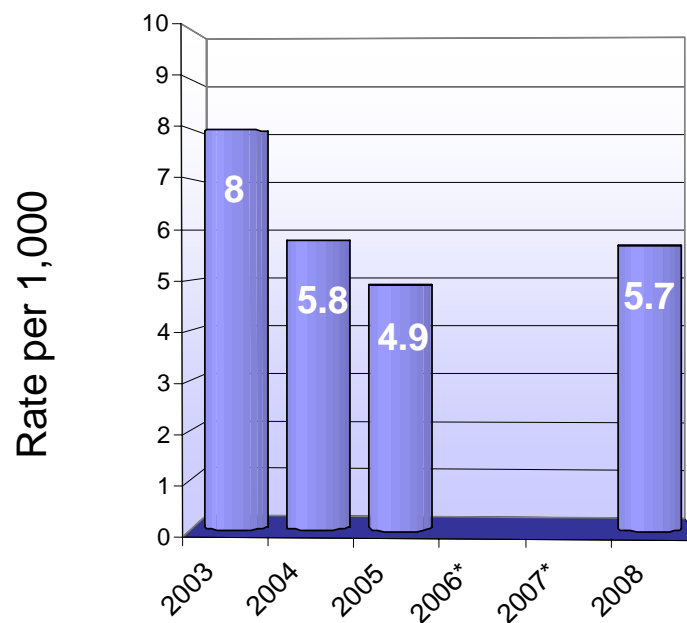


DATA SOURCE: Kindergarten Assessment – Maryland State Department of Education

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

Child Abuse or Neglect Investigations Ruled as Indicated or Unsubstantiated

Improvement Objective: Downward Trend



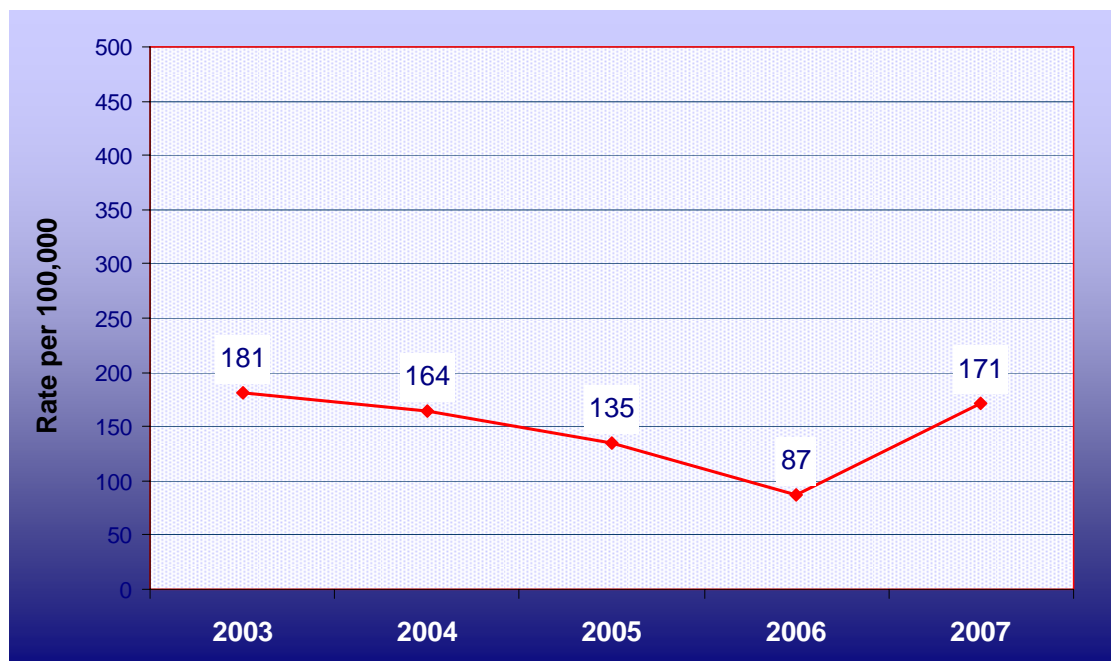
DATA SOURCE: MD Governor's Office for Children (OCFY)

* 2006 and 2007 Data not available

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

Juvenile violent offense arrest rate, ages 10-17

Improvement Objective: Downward Trend

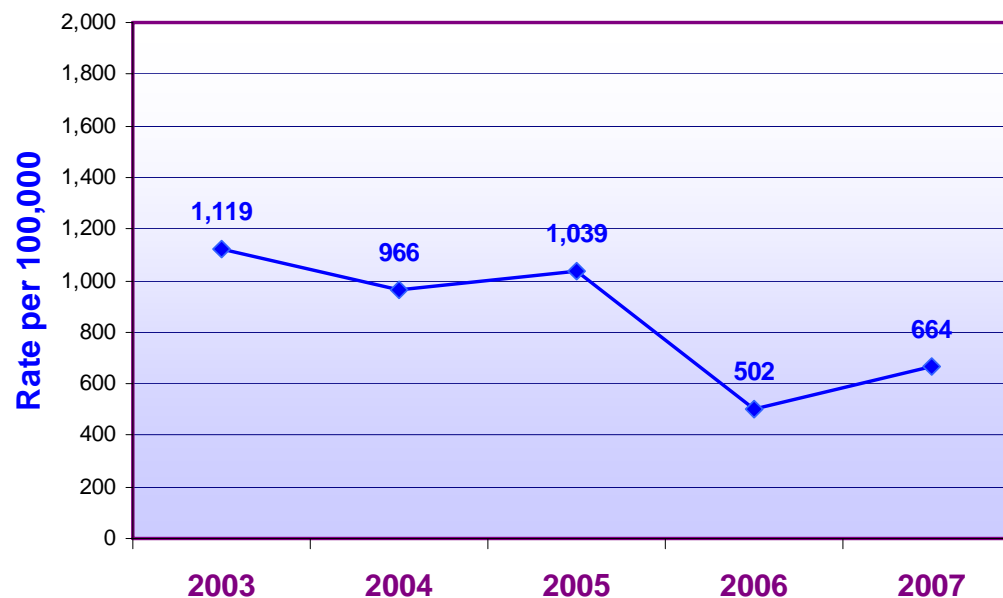


DATA SOURCE: Maryland State Police Uniform Crime Report

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

Juvenile non-violent offense arrest rates ages 10-17

Improvement Objective: Downward Trend

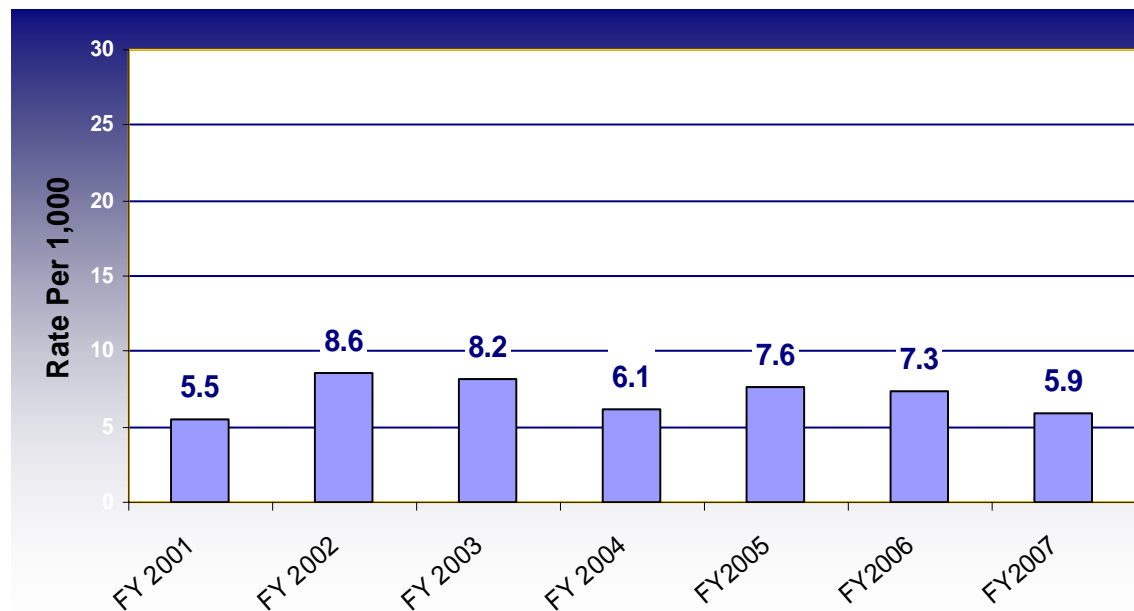


DATA SOURCE: Maryland State Police Uniform Crime Report

Positive Youth & Family Development – 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
SUBSTANCE ABUSE Data Charts
Updated April 2009 *

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

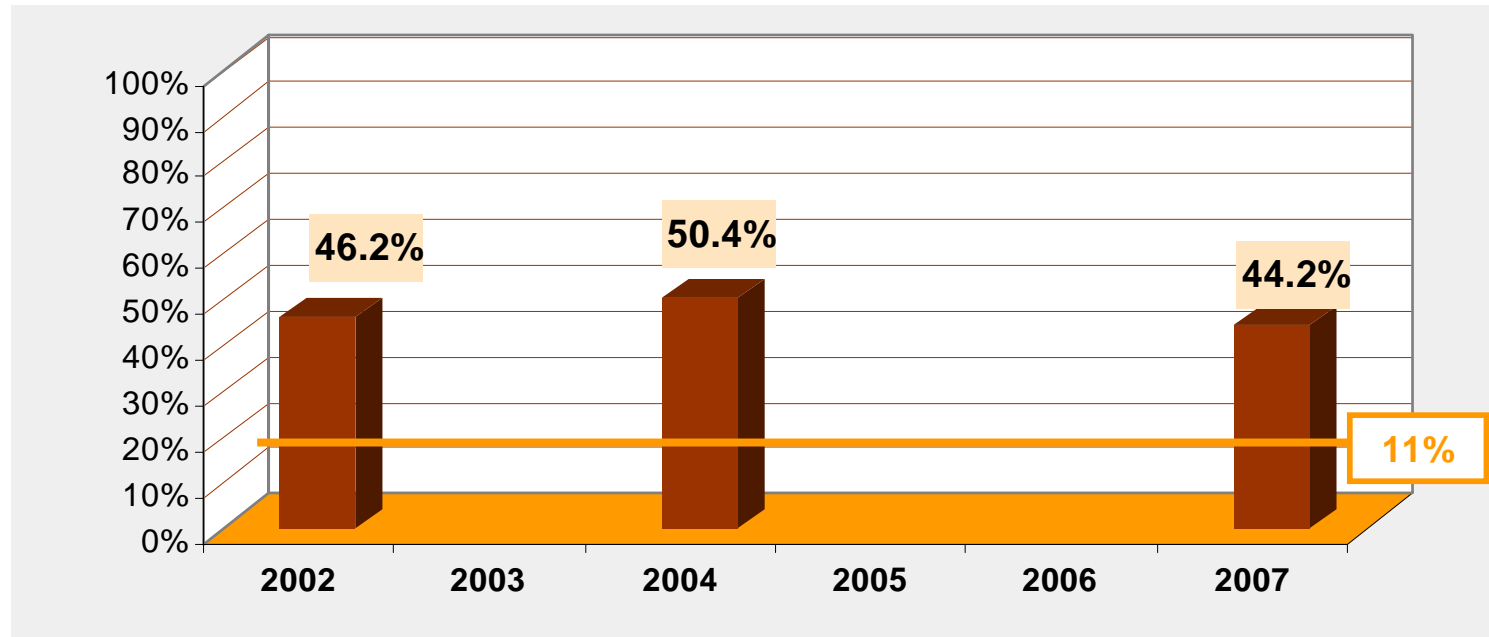
* 2010 update data unavailable



Substance Abuse – Youth

Percentage of Carroll County 12th Graders Who Drank Alcohol in the Past 30 Days

Improvement Objective: **11% or less**

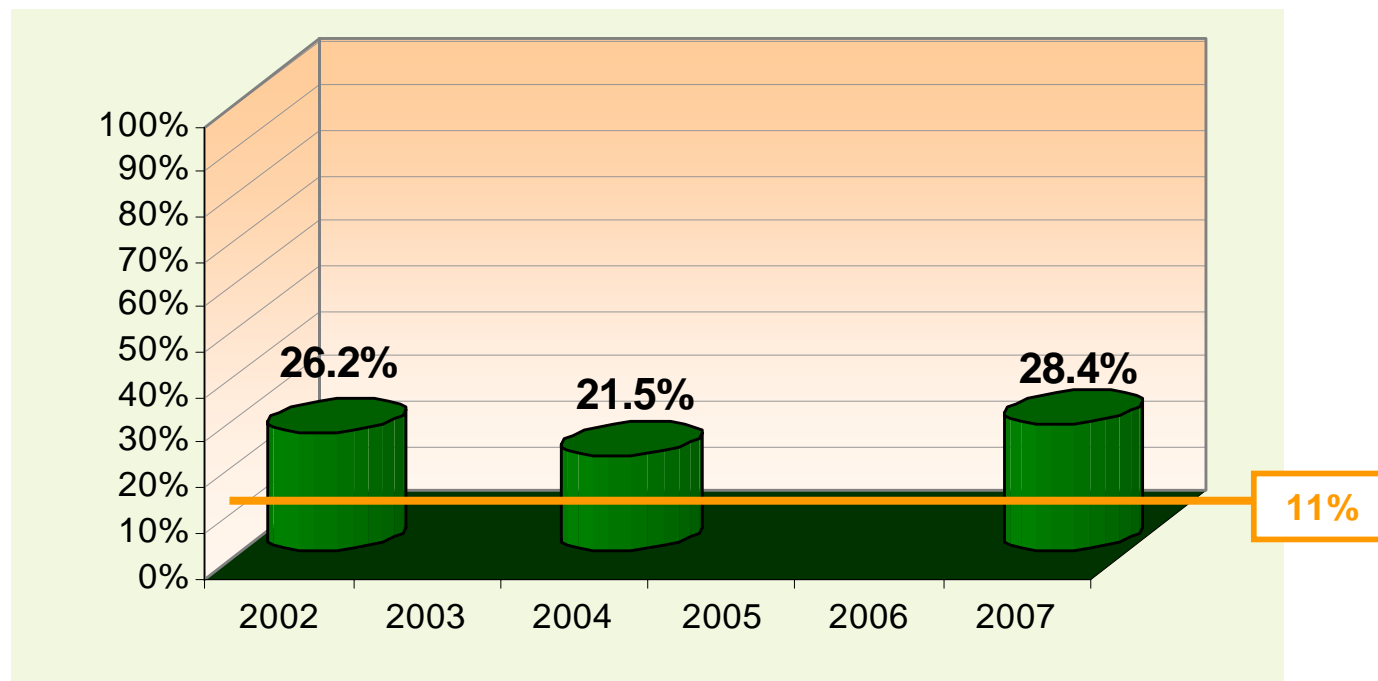


DATA SOURCE: Maryland Adolescent Survey

Substance Abuse – Youth

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

Improvement Objective: 11% or less

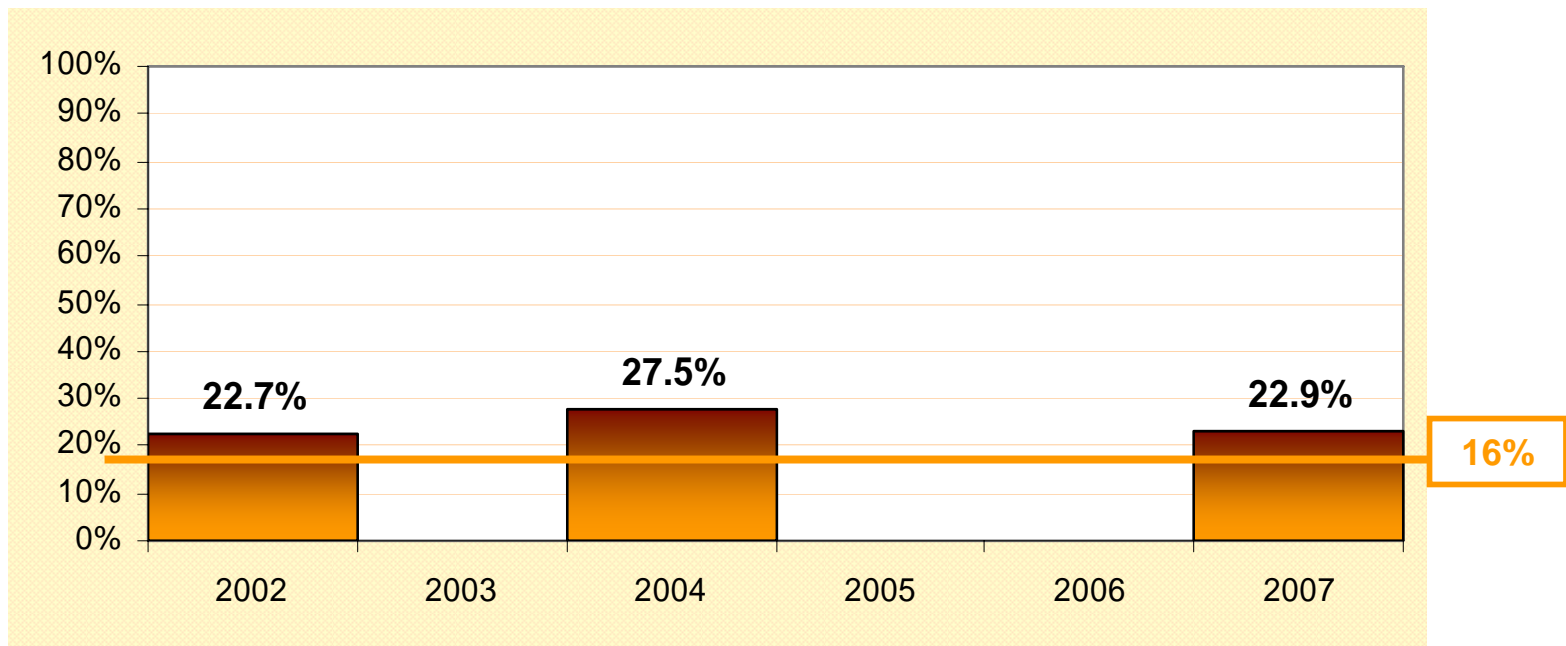


DATA SOURCE: Maryland Adolescent Survey

Substance Abuse – Youth

Percentage of Carroll County 12th 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

WATER SUPPLY Data Charts

Updated June 2010

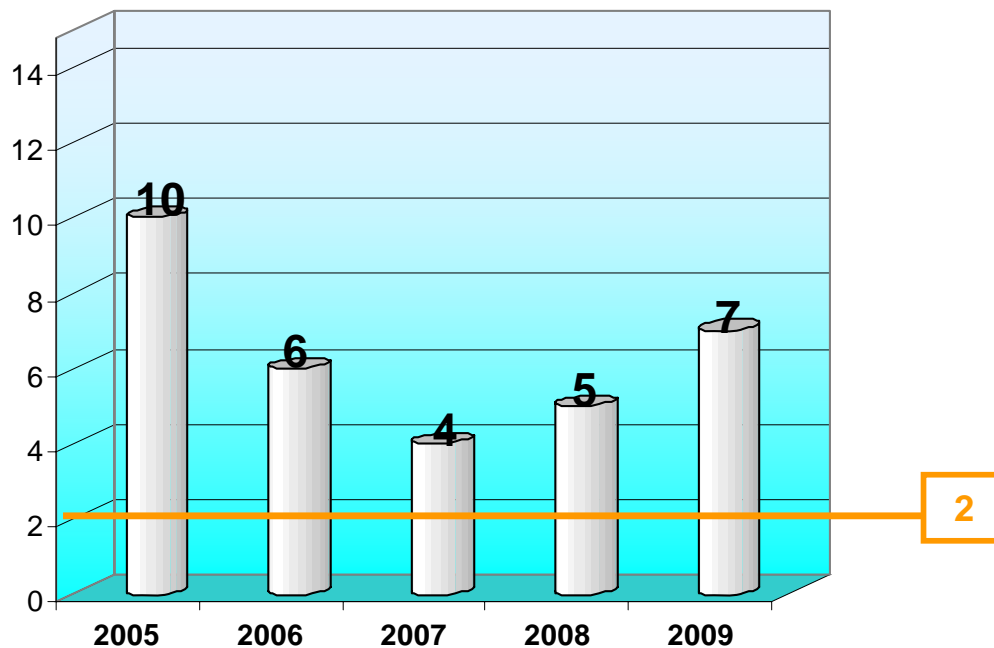
Water Safety: Sewage Overflows	1
Recreation / Quality: Fish Kills	2
Recreation / Quality: Stream Miles Assessed	3
Supply: Water Use per Household	4



Water Supply – Safety / Quality

Public Sewage Overflows Per Year in Carroll County

Improvement Objective: 2 or less per year

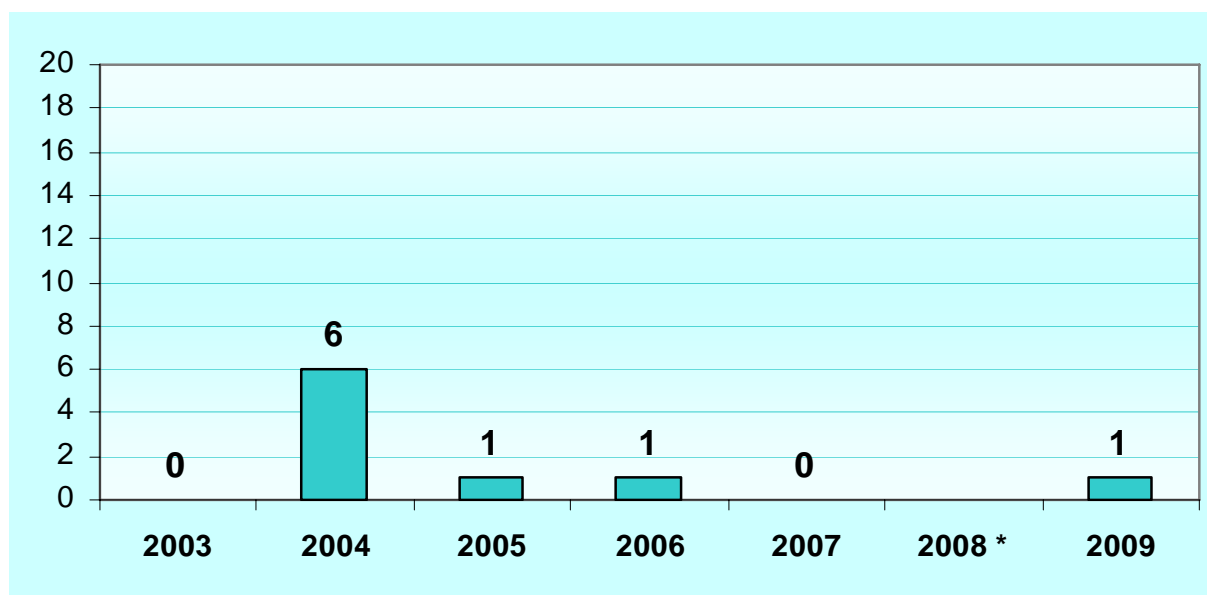


DATA SOURCE: Carroll County Health Department

Water Supply – Recreation/ Quality

Number of Fish Kills Reported

Improvement Objective: Developmental



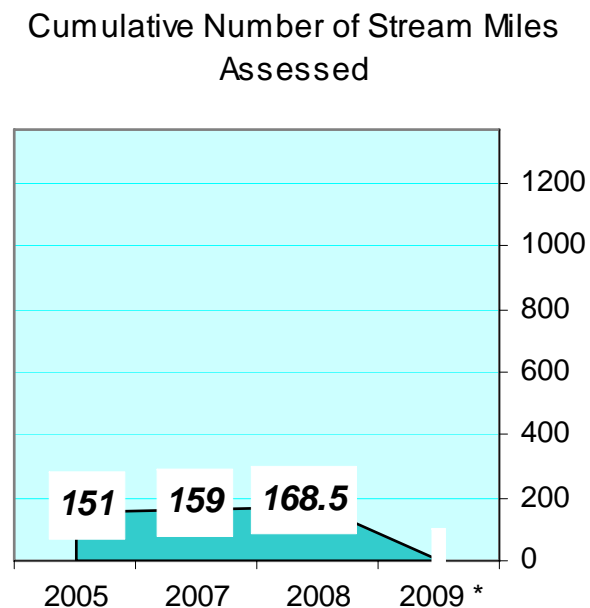
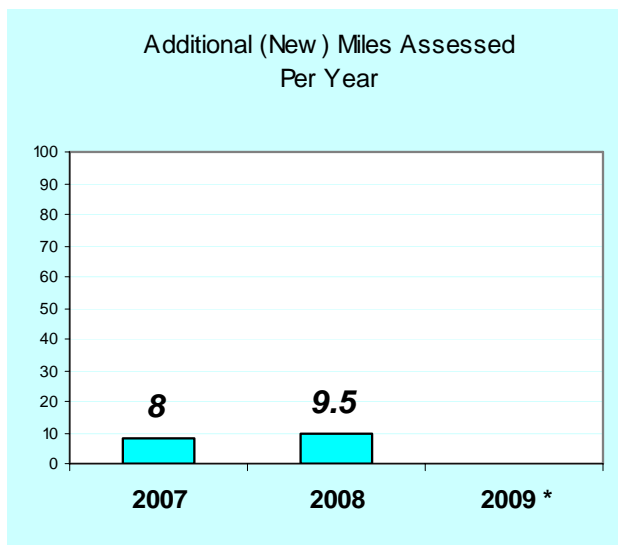
* 2008 data not found

DATA SOURCE: Maryland Department of the Environment

Water Supply – Recreation/ Quality

Stream Miles Assessed (Cumulative Total)

Improvement Objective: Developmental



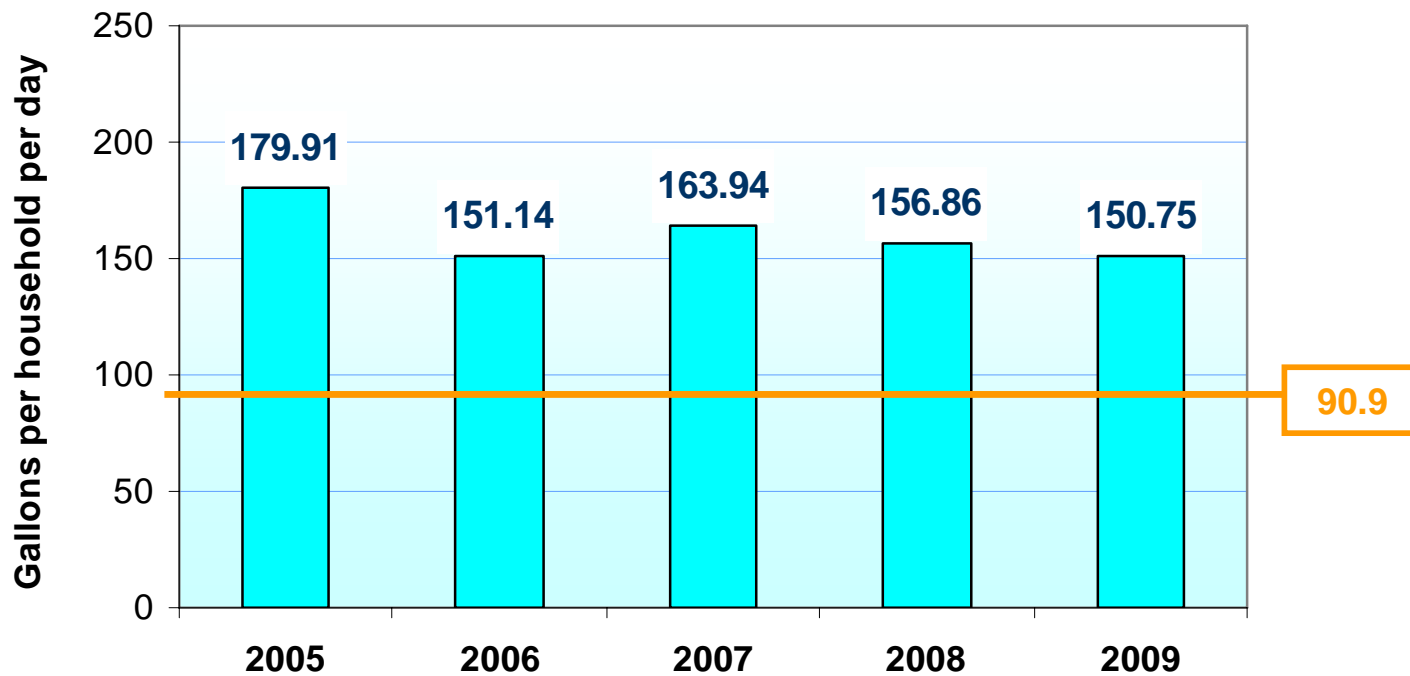
* 2009 data not available

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

Water Supply – Usage

Average Daily Household Water Usage

Improvement Objective: 90.9 Gallons per Day or less



SOURCE: Carroll County Bureau of Accounting