



*In Collaboration with the*

**Calvert Community Health Roundtable**  
and the

**Schaefer Center for Public Policy**  
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# Community Health Assessment

UPDATE 2011

**Community Health Assessment  
Update 2011**

**Schaefer Center for Public Policy**

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## Executive Summary

The Calvert County Roundtable identified the following eight priority areas: Adolescent Health, Recruitment and Retention of Primary Care and Specialist Providers, Traffic Safety, Autism, Lyme Disease, Elderly Care and End-of-Life Services, Obesity and Pediatric Dental Care. Using the latest available data, the following changes in demographics and incidence were analyzed for positive and negative changes from the previous update conducted in 2007. The review of secondary data revealed many positive gains in the community health status of Calvert County. Among these achievements are:

- Overall Health Rankings
  - Calvert County ranks sixth in the state out of 24 counties in overall health. This ranking reflects a much lower morbidity level in the county, and better social and economic factors and physical environment. Overall, in terms of health indicators, Calvert County is an excellent place to live.
  
- Adolescent Health
  - Alcohol use by eighth and tenth grade students in Calvert County is trending downward.
  - Cigarette use among eighth grade students in Calvert County is trending downward.
  - Use of LSD among Calvert County 10<sup>th</sup> graders has trended downward over time, and is now very close to the average in the State of Maryland.
  - Use of Ecstasy and Designer drugs has decreased over time, and is lower overall than what is observed at the state level.
  - Marijuana use has trended downward across all grade levels, and is similar to rates observed at the state level.
  - The total number of pregnancies, as well as the population-adjusted rate, has fallen in the younger age (<15-17) and racial groups for Calvert County teens.
  
- Recruitment and Retention of Primary Care and Specialist Providers
  - Successful recruitment of nine physicians (three primary care and six specialists) and dentists has improved the provider population ratios.
  
- Traffic Safety
  - There have been dramatic reductions in the overall rate of traffic fatalities.
  
- Lyme Disease
  - The incidence of Lyme Disease has leveled off and is in decline in Calvert County from its peak in 2007.

## Elderly Care and End-of-Life Services

- Innovative end-of-life and respite care programs, such as the Burnett-Calvert Hospice House which opened January 2010, are operational and continue to be developed in the county as well as other programs that work with providers to identify individuals with life-limiting illness to help coordinate care.

### ➤ Obesity

- There are many programs to educate the population about obesity and to encourage healthy lifestyles. There were approximately 770 participants engaged in weight loss programs over the last two years with over 3,200 pounds loss and approximately 1100 participants engaged in nutrition education.

### ➤ Pediatric Dental Care

- A grant received from the State Department of Health and Mental Hygiene allowed Calvert Community Dental Care Clinic to open. This clinic provides on- and offsite programs that dramatically increased access to dental care in the county.
- The Mobile Dentist/Sealant Program has provided care to many students in the county. The Calvert County Board of Education would like this program to expand the scope of its services and plans to work closely with Calvert Community Dental Care to determine how they may provide these services and create a dental home for these children.

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

### ➤ Overall Health Rankings

- Although Calvert County ranks sixth in the state out of 23 counties and Baltimore City in overall health, this ranking could be improved by decreasing mortality rates in those under the age of 75, decreasing unhealthy behaviors such as smoking and drinking and improving the number of primary care providers available within the county.

### ➤ Adolescent Health

- There is an upward trend in alcohol and cigarette use in Calvert County 12<sup>th</sup> graders and 10<sup>th</sup> graders (for cigarettes only), despite decreased use in the state overall during the same period.
- Despite a low rate of heroin use, a potentially troubling increase in heroin use was observed among Calvert County 12<sup>th</sup> graders.
- A much higher birth rate in the African-American population of teens remains a problem.
- Calvert County Health Department data shows that teens are getting pregnant at younger ages.

- Recruitment and Retention of Primary Care and Specialist Providers
  - Continuing challenges to the recruitment and retention of medical providers include: 1) a relatively isolated geographic area, 2) rising housing costs, 3) smaller hospital and 4) many established practices, which are small or solo practices with limited desire to expand.
  - There are a significant number of active physicians expected to retire in the near future.
  - Critical shortages in primary care physicians, most medical specialties, and specific surgical specialties exist today and will get worse by 2015. By 2011, the shortage of physicians in Calvert County was projected to be between 15 and 60.
  
- Traffic Safety
  - Traffic Safety is a high priority for Calvert County, since many of the injuries and deaths due to traffic crashes are preventable. Multiple programs targeting priority areas are in place. Although alcohol use and crashes are still a problem, the county has seen fatalities decrease steadily since 2006.
  
- Autism
  - The percentage of children with autism is increasing, both overall and as a percent of children in special education. These increases may be predictive of future needs for adults with autism in the community.
  
- Elderly Care and End-of- Life Services
  - The rate of growth in the population age 65 and older is much higher in Calvert County than in the state as a whole. This suggests the importance of the current initiative to provide innovative end-of-life and respite care.
  
- Obesity
  - Even though we have offered many successful programs unfortunately, the percentage of the population classified as overweight or obese is increasing dramatically in Calvert County, at a much greater rate than in the state as a whole.
  
- Pediatric Dental Care
  - Despite increased access to dental care, there has been an increase in the number of children in need of preventive dental care.

Most of this analysis was done using publicly available data. Currently, at least one and possibly more of the data sources used in this report are becoming more limited for smaller geographic areas such as Calvert County. Although this data will be available at the state level and for larger jurisdictions like Baltimore City and the larger counties, Calvert County health indicators, problems and solutions may differ significantly from these areas. One of the key surveys relied on in this study that is no longer collecting data at the county-level is the Maryland Department of Education's Maryland Adolescent Survey. This survey has been replaced by the Maryland Youth Risk Behavior Survey, which is an ongoing survey but does not collect data for the smaller counties. The Calvert County Roundtable may want to consider the possibility of collecting some of this data on its own to provide the ability to continue to observe trends in the health of the school children in particular.

The State of Maryland has recently unveiled its State Health Improvement Plan (SHIP), which focuses attention on 39 measures of six primary content areas: Healthy Babies, Healthy Social Environments, Safe Physical Environments, Infectious Diseases, Chronic Diseases and Health Care Access. The Calvert County Community Health Improvement Roundtable is well positioned to take advantage of this initiative since it has been collecting information and planning programs around data-driven measures for the past 10 years. The data available through the Department of Health and Mental Hygiene at the county level will allow Calvert County to benchmark improvements, collaborate with the state in meeting the 2014 targets outlined in the SHIP, and share program ideas and experience with other counties. The SHIP will provide additional access to data and tools to enhance Calvert County's long-term efforts to improve the health and well-being of the citizens of Calvert County.



# Profile of Calvert County

Geographically, Calvert County is nestled in the southern region of Maryland, between the Chesapeake Bay and the Patuxent River (Figure 1). Maryland Routes 2/4 represent the primary travel routes in and out of the county from Dunkirk in the north to Solomons Island in the south. The long and skinny topography presents a number of challenges to transportation and service delivery in Calvert County. Many residents of Calvert County travel for work to the bordering counties of Prince George’s, on the northwest, and Anne Arundel to the northeast.

**Figure 1. Calvert County Map**



Calvert County represents less than two percent (2%) of the population of the state of Maryland. Racial distribution in Calvert County is primarily limited to white and African American. According to the 2010 census, 81.4% are identified as white, 13.4% are identified as black or African American and 5.2% fall into other racial subcategories. Fewer than three percent (2.7%) identify themselves as Hispanic or Latino. Females slightly outnumber males, 50.7% versus 49.3%. The median household income is higher on average than the state as a whole, with a lower percentage of families and individuals living in poverty than at the state level. The percent of elderly residents is lower than the average for the state, although the percent under 18 years of age is roughly the same. This indicates that Calvert County has a greater percentage of working-age adults in its population compared to the state.

**Table 1. Characteristics of the State of Maryland and Calvert County**

	<b>Maryland</b>	<b>Calvert County</b>
Population	5,773,552	88,737
Under 18	24.2%	24.6%
Over 65	11.8%	9.8%
Average Household size	2.63	2.94
Median Household Income	\$69,475	\$90,621
Families Below Poverty	5.5%	2.9%
Individuals Below Poverty	8.2%	4.8%

Source: www.factfinder.census.gov, accessed June 6, 2011, July 25, 2011.

## Adolescent Health

In this section we examine the trends in substance use in Calvert County and compare those trends to Maryland as a whole. This data was obtained from the Maryland Adolescent Survey for 2004 and 2007 (the latest available county-level data).

Alcohol use by eighth and 10<sup>th</sup> graders has fallen in both the state and the county from 2004 to 2007 for both beer/wine and liquor (see Table 2). Rates in Calvert County are comparable to the state as a whole in these age groups. Despite the success in reducing alcohol use in the younger age groups, that success does not appear to continue beyond the 10<sup>th</sup> grade. Twelfth-grade use of alcohol in Calvert County was not only higher than the state average in 2007, it is worrisome that beer/wine use has increased from 2004 to 2007 from 41.8% to 50.4%. This same trend is observed for liquor in this age group where the use has increased from 39.1% to 48.9%. Alcohol use in the state has fallen in this age group from 44.1% in 2004 to 42.2% in 2007.

**Table 2. Alcohol Trends**

PERCENT USING ALCOHOL IN THE LAST 30 DAYS BY GRADE						
	Calvert County				Maryland	
	Beer/Wine		Liquor		Any Alcohol use	
	2004	2007	2004	2007	2004	2007
8 <sup>th</sup> Grade	15.7	12.0	12.3	9.0	16.2	12.7
10 <sup>th</sup> Grade	31.1	28.1	29.2	28.3	31.4	27.8
12 <sup>th</sup> Grade	41.8	50.4	39.1	48.9	44.1	42.2

SOURCE: MSDE, 2004 Maryland Adolescent Survey & MSDE, 2007 Maryland Adolescent Survey

Cigarette use (Table 3) has been declining overall across the grades in the State of Maryland between 2004 and 2007. However in Calvert County use declined only among eighth graders during that same time period. Tobacco use is higher than the state average and increasing over time among Calvert County's older teens. Although the percentage of students who have used cigarettes in the last 30 days is higher, on average, across all three grades surveyed, it is noteworthy that 26.3% of 12<sup>th</sup> graders in Calvert County have used cigarettes in the last 30 days, compared to 16.3% in the state.

**Table 3. Cigarette Trends**

PERCENT USING CIGARETTES IN THE LAST 30 DAYS BY GRADE				
	CALVERT COUNTY		MARYLAND	
	2004	2007	2004	2007
8 <sup>th</sup> Grade	9.3	5.5	5.9	4.2
10 <sup>th</sup> Grade	13.9	14.7	11.2	9.1
12 <sup>th</sup> Grade	22.6	26.3	19.2	16.3

SOURCE: MSDE, 2004 Maryland Adolescent Survey & MSDE, 2007 Maryland Adolescent Survey

Marijuana use (Table 4) in Calvert County mirrored that in the state. Rates of marijuana use in all grades fell over the 2004 through 2007 period. Use does increase from eighth grade to 12<sup>th</sup> grade, but the rate of use within a grade has been fairly constant over the years in the study.

**Table 4. Marijuana Trends**

PERCENT USING MARIJUANA IN THE LAST 30 DAYS BY GRADE				
	Calvert County		Maryland	
	2004	2007	2004	2007
8th Grade	6.9	3.8	6.4	4.6
10th Grade	18.2	15.8	15.6	13.9
12th Grade	20.7	20.2	21.9	20.7

SOURCE: MSDE, 2004 Maryland Adolescent Survey & MSDE, 2007 Maryland Adolescent Survey

Heroin use (Table 5) has remained fairly constant within grade at the state level. However, in Calvert County, there have been some different trends. In the eighth grade group, the rate of use has fallen almost by half, whereas in the 12<sup>th</sup> grade group the rate has doubled. This is a potentially worrisome trend since heroin use is so dangerous.

**Table 5. Heroin Trends**

PERCENT USING HEROIN IN THE LAST 30 DAYS BY GRADE				
	Calvert County		Maryland	
	2004	2007	2004	2007
8 <sup>th</sup> Grade	1.6	0.9	0.8	0.6
10th Grade	0.8	0.8	1.1	1.1
12th Grade	0.7	1.4	1.5	1.3

SOURCE: MSDE, 2004 Maryland Adolescent Survey & MSDE, 2007 Maryland Adolescent Survey

Ecstasy and Designer Drug use (Table 6) has fallen both at the state and county levels across all grades surveyed. Use overall in the state is slightly higher than in Calvert County in all grades, except grade 10, where there was slightly higher use in Calvert County in 2007. However, this rate of use has declined by more than half of what it was in 2004.

**Table 6. Ecstasy and Designer Drug Trends**

PERCENT USING A DESIGNER DRUG (MDMA, ECSTASY) IN THE LAST 30 DAYS BY GRADE				
	Calvert County		Maryland	
	2004	2007	2004	2007
8th Grade	0.8	0.3	1.2	0.8
10 <sup>th</sup> Grade	4.2	1.9	1.9	1.8
12th Grade	2.9	2.2	2.7	2.6

SOURCE: MSDE, 2004 Maryland Adolescent Survey & MSDE, 2007 Maryland Adolescent Survey

Statistics on the use of LSD (Table 7) were only available for 10<sup>th</sup> graders in Maryland and Calvert County. In the 1990s LSD use was dramatically higher for Calvert County 10<sup>th</sup> graders, reaching almost 13 percent (13%) in 1998 compared to five percent (5%) in Maryland. The county saw declines in use through the 2000s from three percent (3%) in 2004 and just over two percent (2.2%) in 2007. In 2007, the rate in Calvert County was very close to that in the state overall.

**Table 7. LSD Trends**

PERCENT OF tenth GRADERS USING LSD (in the Last 30 Days)				
	1994	1998	2004	2007
Calvert County	11.6	12.9	3.0	2.2
Maryland	7.5	5.0	1.7	1.9

SOURCE: MSDE, 2004 Maryland Adolescent Survey & MSDE, 2007 Maryland Adolescent Survey

Adolescent substance abuse continues to be a source of concern in Calvert County. The Maryland Adolescent Survey conducted by the Maryland State Department of Education has been very useful in tracking these trends and providing a comparison to the state. Unfortunately this survey has been replaced by the Youth Risk Behavior Survey, which will no longer report individual county-level data for most Maryland counties, and in the future, only state-level data will be available for comparison.

Adolescent health has been a major focus of the health improvement roundtable with many departments offering programs to ameliorate the problems of teen substance use and pregnancy. The Department of Education has offered an expanded treatment program for drugs and alcohol through the Maryland Student Assistance Program (MSAP). The MSAP is a multi-disciplinary intervention program in collaboration with the county health department used for early identification, intervention, referral and follow-up of “at-risk” students. As of February 2011, 23 students had been referred to school teams. An intensive outpatient program through the Juvenile Drug Court was cancelled because the Juvenile Drug Court has been discontinued. The Calvert Alliance against Substance Abuse (CAASA) raises money and offers a multitude of programs designed to discourage substance use among residents of Calvert County. Multiple mini-grant funds are distributed yearly to local organization to implement alcohol and other drug prevention activities and programs including D.A.R.E. (Drug Abuse Resistance Education) and many school-based programs. The CAASA also promotes national awareness campaigns, such as Red Ribbon Week, Alcohol Awareness Month and Designated Driver Month. CAASA also develops brochures, distributes prevention information at various health fairs and community events and supports other community organization’s efforts to prevent and treat substance abuse in the county. CAASA also gathers local DUI and drug arrest data monthly from the Maryland State Policy, Barrack “U” and the Calvert County Sheriff’s Office.

## Teen Pregnancy

Although there has been some year-to-year variation, the total number of births to teens (Table 8) has been relatively constant since 2004. These figures do not take into account the overall number of teens in the population. Calvert County Health Department data show teens are getting pregnant at younger ages (youngest is 12 years old).

**Table 8. Births to Teens**

Calvert County Teen Births					
Age	2004	2005	2006	2007	2008
< 15	0	2	1	0	0
15-17	19	25	21	20	15
18-19	49	47	57	45	52
Total	68	74	79	65	67

SOURCE: Calvert County Health Department data from Calvert County Community Health Assessment 2007 Action Plan Updated March 2011

Table 9 examines the number of births to teens, adjusted by the total population. The birth rate for teens in Calvert County has fallen slightly from 2005 to 2009. The birth rate has also fallen for both white and African American teens, although there are still dramatic differences in the rate of teen births by race. Mirroring trends at the state-level, African American teens have more than twice the rate of births per 1,000 population than do Caucasian teens in Calvert County.

**Table 9. Birth to Teens by Race**

Live Birth Rate to Adolescents per 1,000 population (15 to 19 year old females) by race*		
	2005	2009
Calvert County		
White	19.0	15.2
Black	44.3	36.1
Total	22.3	21.8
Maryland		
White	24.2	23.0
Black	48.0	47.4
Total	31.8	31.2

SOURCE: Family Health Administration, Maryland Assessment Tool. [www.matchstats.org](http://www.matchstats.org), accessed June 5, 2011.

\*Other races suppressed due to small numbers.

In an attempt to prevent unwanted teen pregnancies, Calvert County has provided emergency contraception pills to those teens that request them (Table 10). The number of emergency contraception pills provided by the health department has fallen, but since these are now provided by local drug stores this decline is to be expected.

**Table 10. Potential Teen Pregnancies Averted**

Emergency contraception pills dispensed					
Age	FY 2007	FY 2008	FY 2009	FY 2010	EST. 2011
<15	4	2	3	2	1
15-17	127	117	77	55	42
18-19	116	94	96	56	44
Total	247	213	176	113	87

SOURCE: Calvert County Community Health Assessment 2007 Action Plan Updated March 2011 (Obtained from Calvert County Health Department)

Although no data on teen pregnancy and drinking is available at the county level, the state trends (Table 11) give some insight into the magnitude of the problem. Although from 2004 to 2007, there was some decline in the percentage of teens who reported having had a drink in the three months prior to pregnancy, there has been a dramatic and worrisome increase in the number of teens who reported engaging in binge drinking in the three months prior to pregnancy – up from 13.9% in 2004 to 18.5% in 2007. There also has been an increase in the percentage of teens drinking during pregnancy, up from just under three percent (2.8%) in 2004 to just over four percent (4.3%) in 2007. And although the percentage is small, the percentage of teens that reported engaging in binge drinking during the last three months of pregnancy drastically rose from less than one percent (0.2%) in 2004 to almost two percent (1.8%) in 2007.

**Table 11. Teen Pregnancy and Drinking**

<i>MARYLAND</i> teen pregnancy and drinking		
	2004	2007
Drank in the 3 Months Prior to Pregnancy	33.1%	29.6%
Binge Drank 3 Months Prior to Pregnancy	13.9%	18.5%
Drank in the Last 3 Months of Pregnancy	2.8%	4.3%
Binge Drank in the Last 3 Months of Pregnancy	0.2%	1.8%

SOURCE: PREGNANCY RISK ASSESMENT MONITORING SYSTEM (PRAMS), 2004-2007, [www.marylandbrfss.org](http://www.marylandbrfss.org) Accessed May 27<sup>th</sup>, 2011.

Data not available at county level due to confidentiality restrictions (small cell size).

Data available only at the state level indicate that physical abuse during teen pregnancy (Table 12) has fallen from 16.7% in 2005 by almost half to just over seven percent (7.3%) in 2007.

**Table 12. Teen Pregnancy and Physical Abuse**

<i>Maryland</i> teens who are physically abused by husband or partner while pregnant			
2004	2005	2006	2007
15%	16.7%	10.5%	7.3%

SOURCE: PREGNANCY RISK ASSESMENT MONITORING SYSTEM (PRAMS), 2004-2007, [www.marylandbrfss.org](http://www.marylandbrfss.org) Accessed May 27<sup>th</sup>, 2011.

\*Physically abused by husband or partner during pregnancy, data not available at county level due to confidentiality restrictions (small cell size).

Teen pregnancy has been addressed in Calvert County through several on-going programs. The Department of Education offers the HIPPIY/Healthy Families program, which promotes good parenting skills and functioning that allows for positive parent-child interaction through in-home instruction to 80 families. The program encourages early child development activities, offers preventive health care, prevents child maltreatment and improves family sufficiency for pregnant women in Calvert County. Monthly GED/parenting classes are also offered to teach literacy skills to both parents and children. This program is available to teens and adults who are not enrolled in the school system and currently services women age 16 to 41 who have a young child who is not enrolled in the school system. The Calvert County Health Department provides pregnancy-testing services for teens 18 and under. Pregnant teens are referred for services to the Maternal Child Health program. In FY, 2009 46 teens were referred, and during the first three quarters of FY2010, 33 teens were referred to the Maternal Child Health program. Calvert County Health Department data show that teens are getting pregnant at increasingly younger ages. The lowest reported age of pregnancy in Calvert County was 12 years old. The Maternal Child Health program provides nurse home visitation. Of the 214 cases managed, 116 newborns were seen, 416 home visitations were made, 156 community visits took place, and 1,600 telephone calls were made.

## **Recruitment/Retention of Primary Care & Specialist Doctors**

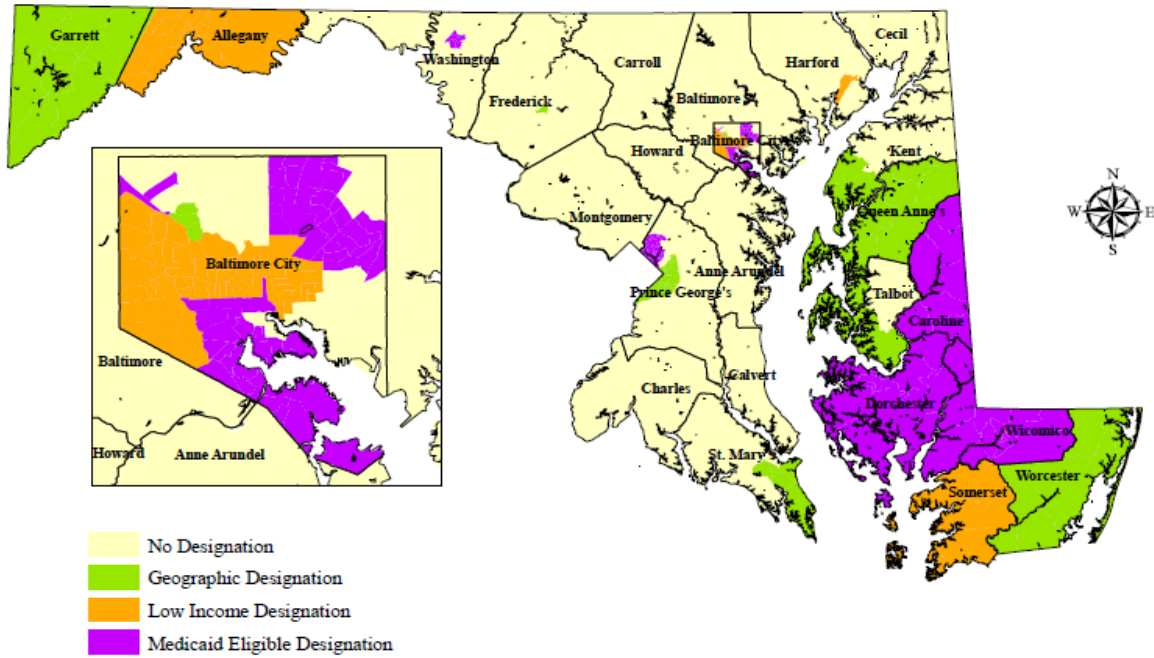
Although Calvert County has made significant strides in the recruitment and retention of Primary Care physicians since 2001, there is still a critical need. Based on present methodology used for determining Health Professional Shortage Area (HPSA) designation, Calvert County's HPSA designation for primary care has been proposed for withdrawal (Figure 2). Despite the favorable statistical data, a recent report done by the Maryland Hospital Association and Med Chi described significant shortages in all physician specialties (except Allergy and Neurology) in the Southern Maryland region.

Calvert County is designated as a HPSA for mental health services (Figure 4). Calvert County is not a Dental Care Health Professional Shortage Area (Figure 3), since the number of dentists exceeds the required levels. Calvert County's Index of Medical Underservice (IMU) in 2001 was 60.9, which met the condition (IMU less than 62) to be designated a Medically Underserved Area (MUA). Although still officially designated as a MUA because re-qualification is not required, in 2010 Calvert County exceeded the IMU threshold for being removed from the list of MUAs with a ranking of 79.1 (Figure 5).



Figure 2. Maryland HPSA Map 12/06/2010

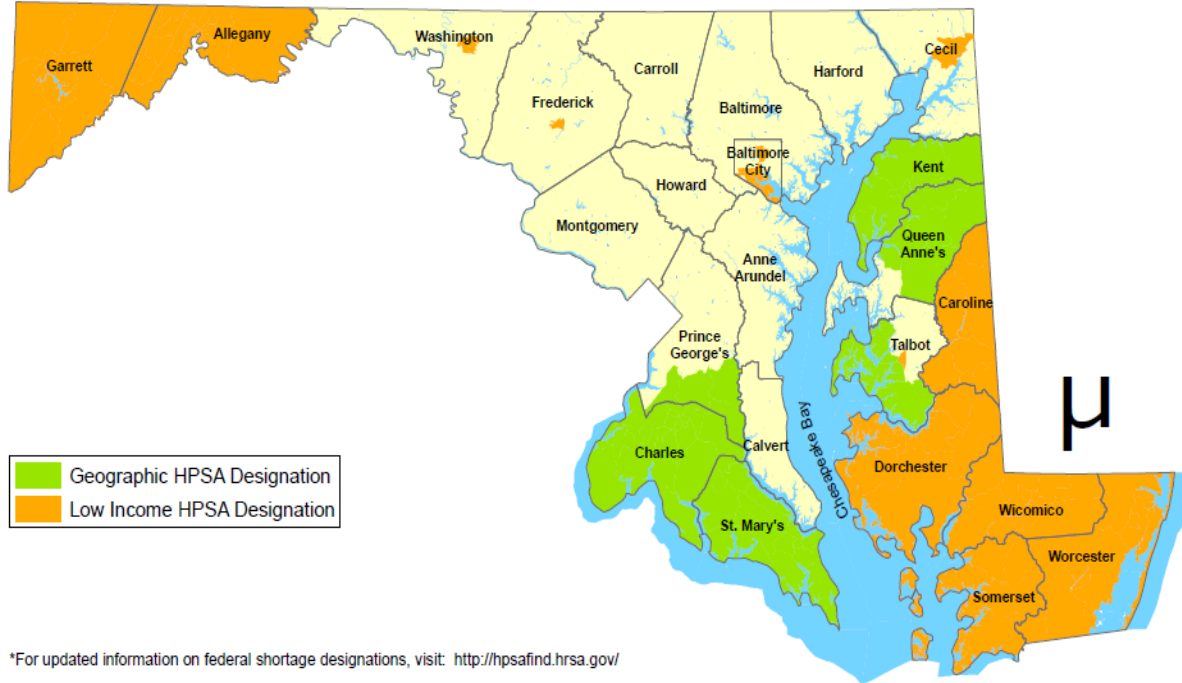
Maryland Health Professional Shortage Area (HPSA)  
Designations for Primary Care as of 12/06/2010



Created by the Maryland Office of Primary Care & Rural Health, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene. For updated information on federal shortage designation, visit <http://hpsafind.hrsa.gov/>

Figure 3. Maryland HSPA Map 9/15/2009

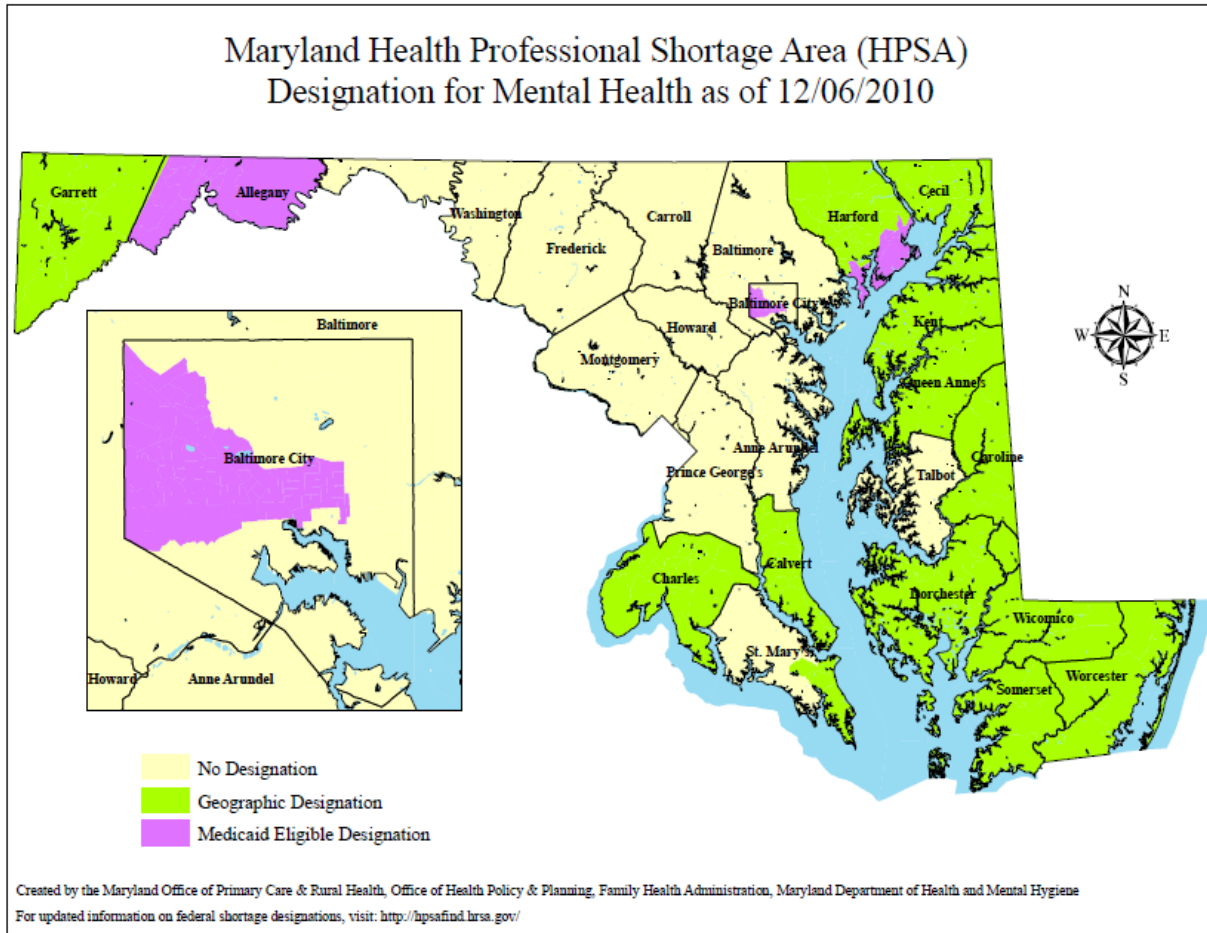
Maryland Health Professional Shortage Area (HSPA)  
Designations for Dental Care as of 9/15/2009\*



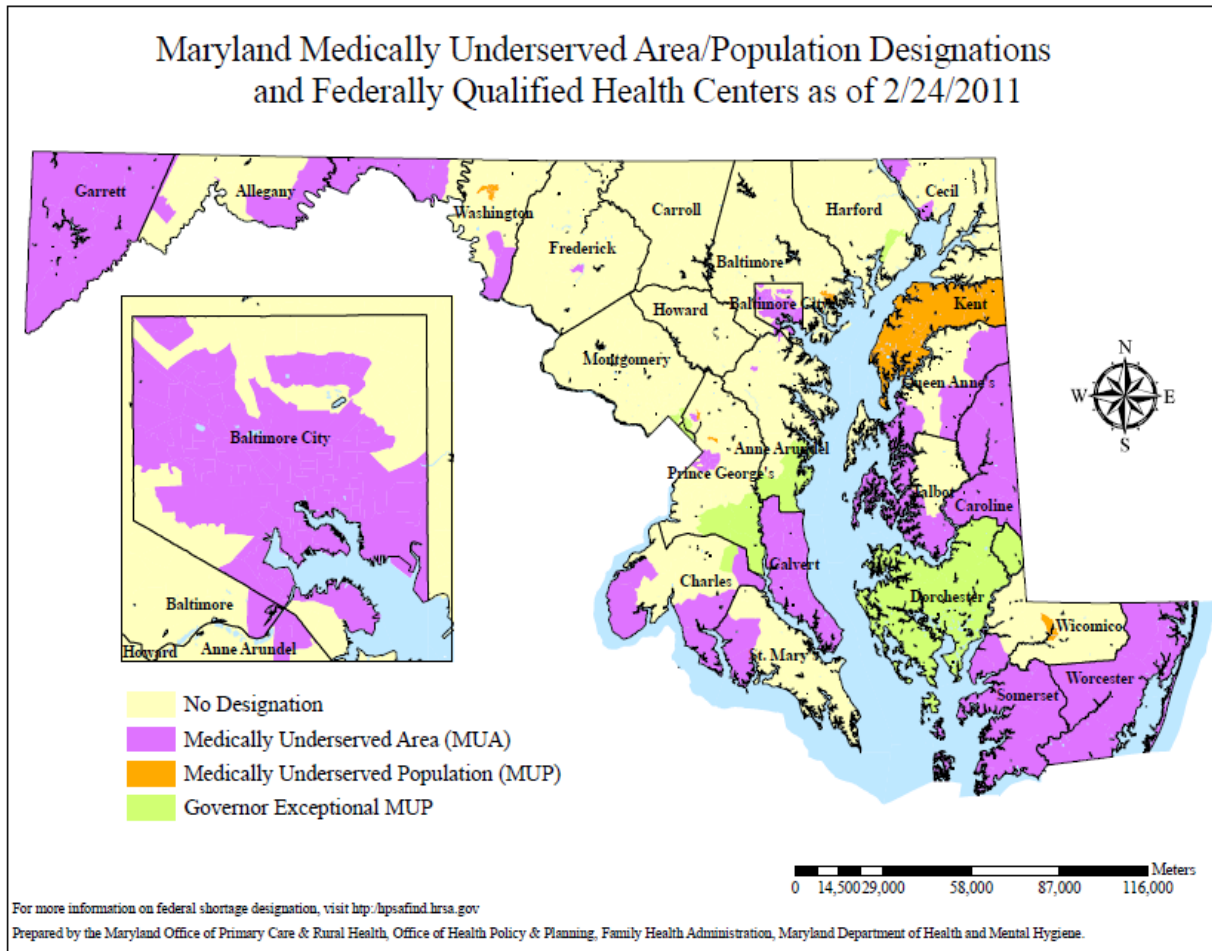
\*For updated information on federal shortage designations, visit: <http://hpsafind.hrsa.gov/>

Prepared by the Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene

Figure 4. Maryland HPSA Map 12/6/2010



**Figure 5. Maryland MUA and FQHCs 2/24/2011**



**Table 13. Physicians per 100,000 population, 2007**

Physician Type	National Median County	Calvert County	Comparison
General Physician	33.8	13.6	↓
Internal Medicine	11.1	20.4	↑
Pediatricians	4.3	13.6	↑
OBGYN	3.4	10.2	↑
General Surgeons	4.9	9.1	↑
Specialists	31.7	93.0	↑
Total Physicians	87.6	140.6	↑
Dentists	33.0	46.5	↑

SOURCE: [www.arf.hrsa.gov](http://www.arf.hrsa.gov), accessed June 6, 2011

Table 13 shows the distribution of physicians in Calvert County compared to the national median county. It should be noted that these figures have been adjusted, as Calvert County’s population is less than 100,000. The Maryland Hospital Association (MHA) and Med Chi have described

significant shortages in all physician specialties (except Allergy and Neurology) in the Southern Maryland region, despite the favorable statistical data.

The Maryland Health Care Commission (MHCC) recently released the Maryland Physician Workforce Study in an attempt to reconcile the two conflicting points of view (Source: MHCC: Maryland Physician Workforce Study: Applying the Health Resources and Services Administration Method to Maryland Data. May 19, 2011). On the one hand, national data suggests that Calvert County is relatively well populated with physicians; on the other hand, local physician and hospital groups are convinced of dramatic shortages, which impact patient care and access.

The results of the MHCC physician workforce study for the Southern Maryland region indicate that the area does suffer from a physician shortage. Indicators of the shortage include that physicians in the area work longer hours (44.4 hours per week in Southern Maryland versus 41.7 hours per week in the rest of the state) and patients tend to travel outside of the region for significant portions of their care. The MHCC study suggests that the Southern region has 31% fewer total physicians than required, 24 percent (24%) fewer primary care physicians, eight percent (8%) fewer medical specialists and 40 percent (40%) fewer surgeons than required (Table 14).

Although the MHA/MedChi study methodology differs from the MHSS workforce study and uses different sources of data, the studies reach similar conclusions for the Southern Maryland region. This result lends credence to the impression among physicians in the Calvert County area that the county is underserved by physicians.

**Table 14. Maryland Supply by Type of Physician and Region, 2009/2010**

Percent Difference from HRSA Baseline					
	Total	Primary Care	Medical Specialties	Surgical Specialties	All other
Southern Region (Calvert, Charles, St. Mary's)	-31%	-24%	-8%	-40%	-43%
Total State	27%	11%	54%	19%	39%
HRSA Baseline: MDs/1000 residents	1.93	0.69	0.27	0.43	0.53

Source: Maryland Health Care Commission: Maryland Physician Workforce Study: Applying the Health Resources and Services Administration Method to Maryland Data, May 19, 2011.

Calvert Memorial Hospital (CMH) has incorporated the Maryland Hospital Association’s report on physician shortage into its recruitment plan. Specialties targeted for recruitment include Primary Care, OB/GYN, and specialty practices such as gastroenterology, otolaryngology and surgery. Thus far, CMH has successfully hired one OB/GYN, two gastroenterologists, one ENT, two surgeons and three primary care physicians (to include family medicine, pediatrics, and internal medicine (Table 15).

The ability to attract and recruit physician candidates to practice in Calvert County is complex. Challenges include:

- Geography: Many physician candidates prefer an urban setting with more cultural offerings and diversity;
- Rising housing costs;
- Size of the hospital: Larger hospitals with more medical and surgical subspecialty demands are more attractive to new residency graduates;
- Small and solo practices: Many solo or two-person practices have limited desire to expand.

**Table 15. Physician Recruitment/Retention Achievements and Challenges**

Recruitment of Primary Care Physicians and Specialists	Number of new physicians recruited to the community by specialty
Obstetrician/Gynecologists	1
Gastroenterologists	2
Otolaryngologists (ENT)	1
Surgeons	2
Primary Care	3
Total Recruited	9
Projected Need identified in 2007	38
Remaining Unmet Need	27 physicians (76%)

Source: Calvert County Community Health Assessment 2007 Action Plan, updated March 2011.

Table 15 shows the number of physicians directly recruited and employed by Calvert Physician Associates, an affiliate of Calvert Memorial Hospital. Although the hospital recruited two general surgeons, one surgeon left in October of 2011.

In summary, the 2007 Physician Supply and Demand Study updates the 2004 study, which determined Calvert County physician need three and five years hence. Both studies incorporated population growth, migration out of the county and current physician productivity assumptions to project need.

Critical shortages in primary care physicians, most medical specialties, and specific surgical specialties exist today and are projected to worsen by 2015. By 2011, it was expected that there would be a total shortage of 15 to 60 physicians in Calvert County.

CMH needs to recruit between 25 and 30 new physicians among several key specialties by 2012. Of note, obstetrics, faces near term (in the next five years) the retirement of three physicians; CMH will require up to seven new OB/GYNs by 2012.

Resident migration out of Calvert County to other hospitals for inpatient care correlates closely with those specialties that are in short supply at CMH, with orthopedics, cardiology and general surgery having the greatest migration to other counties.

Despite a relatively young medical staff (average age is 44 years old), eight very active physicians are expected to retire by 2012.

CMH faces significant challenges in recruiting physicians. In addition to Maryland not being a “physician-friendly” state\*, CMH must overcome its unique hurdles including: geography, housing, small size and large number of solo practices. CMH FY09 recruitment goal is 16 physicians among eight specialties.

\*(Source:

<http://www.mdhospitals.org/File%20Library/Resources/Publications/Update/Attachments/January%202011/Issue-Paper-Physician-Workforce2011.pdf>).

# Traffic Safety

Traffic Safety is a high priority for the Calvert County Health Roundtable, since many of the injuries and deaths due to traffic crashes are preventable. While the total number of crashes can vary by as much as 15 percent (15%) from year to year, fatalities have decreased steadily since 2006.

Figure 6: Motor Vehicle Crashes

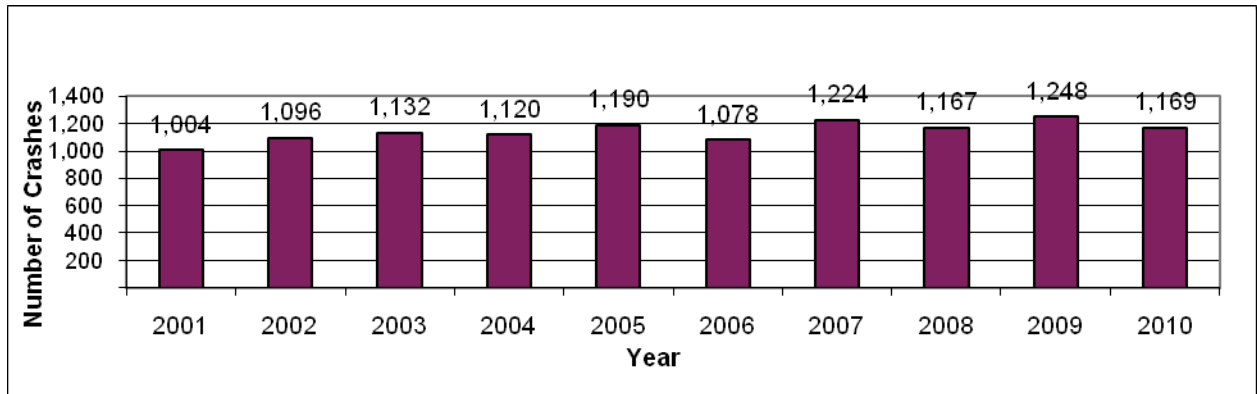
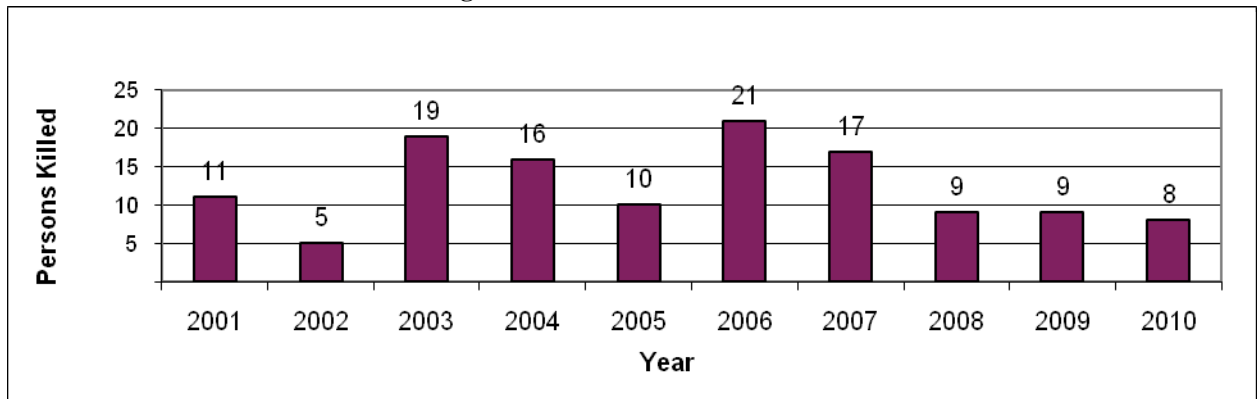


Figure 7: Motor Vehicle Fatalities



The Calvert County Traffic Safety Council (CCTSC) members determine priority program areas and address them through educational programs, public awareness efforts, enforcement initiatives and by working closely with traffic engineers, as appropriate. These activities are often supported by Federal 402 grant funding, directed to stakeholders by the Maryland State Highway Administration's Highway Safety Office.

Priority program areas, as documented in the Action Plan, are Impaired Driving, Aggressive Driving (Speed), Young Drivers, Mature Drivers, Motorcyclists and increasing the correct use of occupant restraints while traveling on Calvert County roadways.



**Table 16. Fatal Crashes in Calvert County, 2006-2010.**

<b>Program Area</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Impaired Fatal Crashes	6	6	3	1	5
Excessive Speed Fatal Crashes	2	5	2	2	4
Young Driver Fatal Crashes	5	3		4	
Mature Driver Fatal Crashes	4	5		2	1
Motorcyclist Involved Fatal Crashes	2	4	3	1	3
Unbelted Fatalities	9	7	2	4	2

Source: MARYLAND STATE HIGHWAY ADMINISTRATION,  
Office of Traffic and Safety, Maryland Highway Safety Office, September 2011.

The mission of the CCTSC is to reduce traffic fatalities and injuries in Calvert County. The CCTSC has a very active and comprehensive set of programs aimed at young drivers (16-20 year olds), impaired drivers, older drivers, motorcyclists, aggressive drivers and occupant protection.

Occupant protection remains one of the highest local priorities, as Calvert County's seat belt usage rate remains slightly lower than the Maryland average, and unbuckled fatalities involving speed, alcohol and a lack of seat belt use are not unusual. Increased usage is encouraged through seat belt enforcement checkpoints in areas of the county that have seen lower than average seat belt use and free installation of child safety seats by appointment at the Calvert County Sheriff's Office. The seat belt usage rate increased from 63% in 2005 to 93.56% for cars and 82.02% for trucks in June 2011 in Chesapeake Beach after the Click It or Ticket campaign and other local initiatives were conducted.

In FY2010 impaired drivers were targeted through 28 separate grant-funded overtime enforcement efforts, which resulted in 75 DUI arrests. The Calvert Alliance Against Substance Abuse (CAASA) partnered with the CCTSC in training southern Maryland law enforcement officers on underage drinking enforcement techniques. Impaired drivers were also reached through public awareness, enforcement and education campaigns that include distribution of coasters, wine bags, tree tags and window clings with impaired driving prevention messages. Despite these efforts, there were six (6) impaired driving fatal crashes in Calvert County in 2010, up from zero (0) in 2009.

Young drivers were targeted through mock crash programs conducted at high schools, which focus on the dangers of driving while impaired, speeding or driving without seatbelts. Yearly, approximately 1,800 high school students participate in this program. In addition, during calendar year 2010, a District Court Judge referred 261 teens to Alive@25 program in lieu of sentencing for traffic violations. In 2010, there were no official young driver-related fatal

crashes in Calvert County. Two crashes in 2010 did result in young driver-related fatalities, but they did not meet the official reporting criteria.

The CCTSC partnered with St. Mary's County's highway safety program to conduct a motorcycle safety rally. Practice courses for beginning and advanced riders, as well as training opportunities and other educational materials were distributed to the 110 attendees. During 2010 there were three motorcycle fatalities in Calvert County, two of which involved alcohol on the part of the motorcyclist.

Speeding and aggressive driving are being addressed through educational campaigns and increased patrolling of areas identified through previous crash data. The Calvert County Sheriff's Office initiated focused efforts in June 2011 to three Data-Driven Approaches to Crime and Traffic Safety (DDACTS) areas in the County, all of which were overrepresented in crashes.

## Autism

Autism is a significant and growing issue for Calvert County. The Arc of Southern Maryland provides services for adults with autism and parents of children with autism. Services for adults include service coordination for 17 adults and respite care for 14 adults with autism. Although parent support groups are offered, very few parents attend these sessions. Currently, 155 residents from Calvert County are on a waiting list for state services: 93 of them are in need of services immediately while another 62 will need services in the next three years. The Department of Education provides an ongoing Infant and Toddlers Program, which serves close to 200 children with special needs each year. Furthermore, the Department of Education offers a “Child Find” program, which seeks to identify children ages three- to five-years old who may qualify for an Individualized Education Program (IEP) for school system services. Since 2007 the program has identified, on average, an additional 77 children each year eligible for an IEP.

An indicator of the growing need for adult autism services is the number of children diagnosed with autism in the school system. Both Calvert County and the state have seen yearly increases from 2006 to 2008 in the number of children diagnosed with autism (Table 17). Autism also increasingly represents a greater proportion of children identified as requiring special education in the school system. In 2004, 134 children in Calvert County were diagnosed with autism, representing just over six percent (6.42%) of the children in special education. By 2008, 165 children were identified with autism, which increased the percentage of children in special education with autism to almost nine percent (8.82%) of all children in special education. This trend is consistent with what is being seen at the state level.

**Table 17. Autism in Children**

AUTISM IN CALVERT COUNTY AND MARYLAND, Total and as a Percent of Special Education						
	Calvert County			Maryland		
	2006	2007	2008	2006	2007	2008
Total special education	2,087	1,990	1,870	107,702	104,585	103,446
Total children with autism	134	152	165	5,764	6,345	7,510
Percentage of children in special education	6.42%	7.64%	8.82%	5.35%	6.07%	7.26%

SOURCE: MD Department of Special Education, [http://www.msde.maryland.gov/NR/rdonlyres/805A7BDE-C5E7-4106-81D9-D1F4008CCFC8/20037/sped08\\_rev.pdf](http://www.msde.maryland.gov/NR/rdonlyres/805A7BDE-C5E7-4106-81D9-D1F4008CCFC8/20037/sped08_rev.pdf)

<http://www.bcc-asa.org/sped08.pdf>; <http://www.bcc-asa.org/sped07.pdf>

## Lyme Disease

The diagnosis of Lyme Disease (Table 18) has been growing drastically at the state level from 2004 through 2009. During that same time period, Calvert County did experience some initial growth in the diagnosis, but more recently has experienced a decline in the diagnosis to roughly the level seen in 2004.

**Table 18. Incidence of Lyme Disease, 2004-2009**

LYME DISEASE IN MARYLAND AND CALVERT COUNTY						
	2004	2005	2006	2007	2008*	2009*
MD	891	1,235	1,248	2,576	2,216	2,204
Calvert	37	54	68	84	34	40

Source: MD DHMH, revised June 24, 2010.

[http://ideha.dhmh.maryland.gov/CZVBD/pdf/2000-08\\_Lyme\\_disease.pdf](http://ideha.dhmh.maryland.gov/CZVBD/pdf/2000-08_Lyme_disease.pdf)

Calvert Memorial Hospital provided Lyme Disease educational programs during FY2008 and 2009, which included lunch and learn programs, support groups and presentations. The hospital provides an ongoing calendar of speakers based on the National Health Observances Calendar.

## Elderly Care and End-of-Life Services

Currently, Calvert County has a lower percentage of elderly residents (those over the age of 65) than does the state overall. However, that trend is changing as Calvert County is expected to experience much more rapid growth in the elderly population than is projected to be seen in the state as a whole. The projected percentage change in the elderly population over the age of 65 from 2000 to 2030 in Calvert County is 252% compared to 119% for the state.

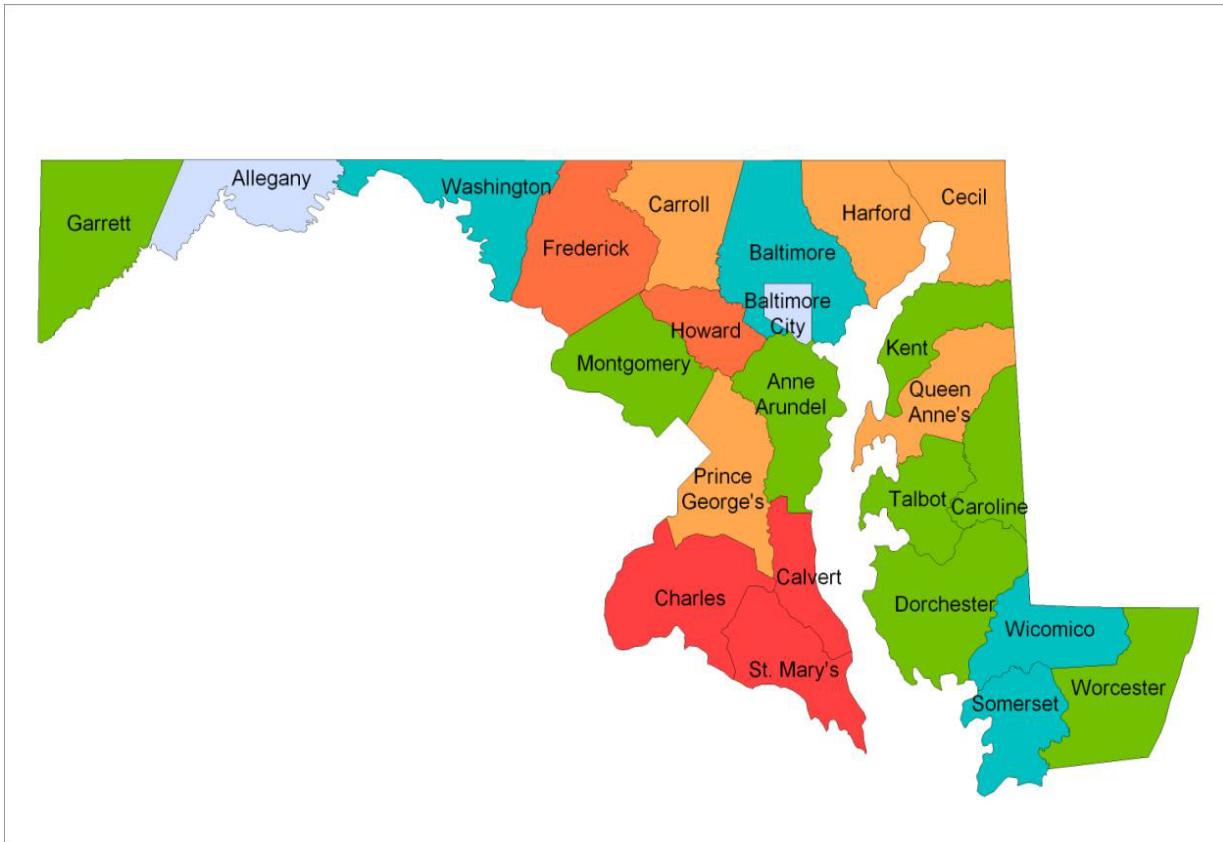
**Table 19. Growth in population age 65 and over 2000 to 2030**

	Actual 2000	Actual 2005	Projected 2010	Projected 2020	Projected 2030	Percent Change from 2000
Calvert County	6,627	7,907	9,769	15,160	23,349	252%
Maryland	599,307	644,865	729,051	1,003,447	1,313,875	119%

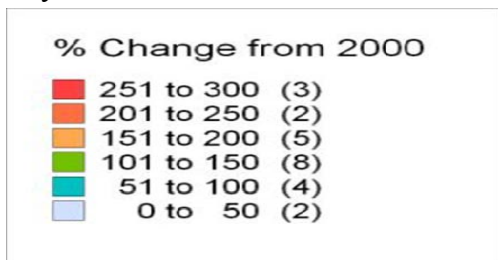
Source: <http://mhcc.maryland.gov/longtermcare/finalltcaact.pdf>  
Maryland Department of Planning. (October 2006).

Figure 6 shows the growth in the percent of elderly Calvert County residents, compared to the rest of the counties in the state. The entire Southern Maryland region, including Calvert County, is projected to experience the highest rate of growth in the elderly population over the next 20 years. This growth will undoubtedly place a high burden on the end-of-life and elder care services provided by the county.

**Figure 8. Projected Growth in the Population age 65 and over: 2000-2030**



Key:



Calvert County is preparing for the growth in the elderly population and their subsequent needs through ongoing educational programs designed to increase knowledge about end-of-life care options and advance directives, an expansion of services to meet the specific needs of this group and the opening of the Burnett-Calvert Hospice House. The Burnett-Calvert Hospice House opened in January of 2010. It is a six-bed house with staff on call 24/7, including a RN MSN, 2 CNAs and emergency service. Table 20 shows the number of individuals and families cared for in the hospice program to date. The “Transition Care” program is designed to find individuals with life-limiting illness and their families to provide outreach services to help them cope with the illness. A nurse liaison will work with providers to identify those individuals who may need services in the future and to prevent readmission to the hospital, when possible. The nurse

liaison provides care for identified individuals at their health care provider’s office to facilitate end-of-life care. The nurse liaison identifies the individual’s health concerns at the home and works directly with the health care provider’s office to facilitate the end-of-life care management. The Department on Aging provides a Living Well Program, a series of workshops that has resulted in increased exercise, healthier nutritional choices and fewer doctor visits.

**Table 20. Hospice Care for Individuals and Families with Life-limiting Illness**

	<b>2008</b>	<b>2009</b>	<b>2010</b>
Patients	294	246	280
Bereaved	277	275	278

# Obesity

The Department of Education had offered a “Healthy Lifestyle Model School Award” program in which the Maryland State Department of Education curriculum covering nutrition and exercise was incorporated into the health and PE classes. However, this program was cancelled in September of 2010. Calvert Memorial Hospital has addressed the obesity issue through lifestyle-related educational programs in partnership with youth organizations and clubs. The hospital has also provided nutrition talks at various locations including elementary schools, Head Start, CMH Daycare, Barstow Acres Camp and Calvert County Parks and Recreation Center. CMH has targeted the obesity problem through expanded nutritional consultations at World Gym locations including a Weigh to Wellness program. The hospital has also offered numerous employee wellness programs, targeting weight loss, for Calvert County government and hospital employees. In addition, CMH has also conducted community awareness programs, targeting obesity through various health fairs, senior centers and churches.

The problem of obesity is of particular concern in Calvert County. Table 21 shows that the percent of the population identified as not overweight or obese has declined from 40.6% in 2005 to 30% in 2009. During this time period the percent of not overweight or obese at the state level has remained fairly constant.

**Table 21. Incidence of Obesity/overweight, 2005 and 2009**

PERCENT OVERWEIGHT/OBESE IN CALVERT COUNTY AND MARYLAND					
	Calvert County		Maryland		
	2005	2009	2005	2009	
Not Overweight/Obese (BMI <= 24.9)	40.6%	30.0%	38.9%	37.1%	
Overweight (BMI 25.0-29.9)	32.7%	42.5%	36.7%	36.1%	
Obese (BMI 30.0+)	26.6%	27.5%	24.4%	26.8%	

Source: www.marylandbrfss.org, accessed June 1, 2011.



## Pediatric Dental Care

Pediatric dental care in Calvert County has been particularly successful. Table 22 shows that 34 percent (34%) of the children in third grade are in good dental health at this time, but 43 percent (43%) need preventive care to prevent future problems. The Department of Education offers a Mobile Dentist/Sealant Program to all elementary and middle schools. As shown in Table 23, through this program, 377 children in the 2009-2010 school year received cleanings, sealants and X-rays where necessary. In the first half of the 2010-2011 school year, 260 students have received cleanings, sealants and X-rays and, when necessary, return visits in six months. The Department of Education is hoping to expand this program to include fillings, pulpotomies, stainless steel crowns and simple extractions.

Calvert County Hospital received a grant from the Department of Oral Health to provide a local health department pediatric dental clinic. During the first year of operation, 197 patients were seen and 128 clinical visits were conducted. There were 10 dental sealant treatments (on-site and off-site) and 17 fluoride treatments. The grant has funded community outreach programs and dental screenings at the Judy Center and Head Start.

**Table 22. Pediatric Dental Care, 2002 - 2007**

CALVERT COUNTY PEDIATRIC DENTAL CARE (3 <sup>rd</sup> GRADE)					
	2002-03	2003-04	2004-05	2005-06	2006-07
<u>Category 1:</u> Good dental health at this time	44%	33%	44%	34%	34%
<u>Category 2:</u> Good but in need of preventive care to prevent future problems	29%	42%	38%	35%	43%
<u>Category 3:</u> Dental disease or problems observed; needs help soon	27%	21%	16%	27%	19%
<u>Category 4:</u> Severe dental disease or problems observed	3%	4%	2%	4%	4%

SOURCE: Calvert County Public Schools

**Table 23. Mobile Dentist/Sealant Program Elementary and Middle Schools**

	2009-10	2010-11 (first half of school year)
Cleanings	377	260
Sealants	704	474
X-rays	203	193
Total Students Seen	377	260

## **Overall County Health Ranking**

Identifying the key aspects that affect quality of life in an area is a complicated process. The Robert Wood Johns Foundation has collaborated with the University of Wisconsin to develop health rankings of counties within each state. These rankings include individual health behavior, education, employment, quality of health care and the environment. Using this ranking system, Calvert County ranks sixth out of 23 counties and Baltimore City in the state on health outcomes and health factors. Data for the rankings are gathered from multiple sources, including the Behavioral Risk Factor Surveillance System, National Center for Health Statistics, the Medicare/Dartmouth Institute, The American Community Survey, and National Center for Education Statistics, Bureau of Labor Statistics, US Environmental Protection Agency/CDC and Uniform Crime Reporting/ Federal Bureau of Investigation. Only Howard, Montgomery, Fredrick, Queen Anne's, and Carroll Counties have received higher rankings in the state in these categories. Table 24 (on the following pages) shows the rankings Calvert County received in each of the areas.

**Table 24. Health Rankings**

	CALVERT COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	MARYLAND	STATE RANK
<b>HEALTH OUTCOMES</b>					<b>6</b>
<i>Mortality</i>					<b>8</b>
<b>Premature death</b> — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,835	6,220-7,449	5,564	7,537	
<i>Morbidity</i>					<b>5</b>
<b>Poor or fair health</b> — Percent of adults reporting fair or poor health (age-adjusted)	12%	10-14%	10%	13%	
<b>Poor physical health days</b> — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.1	2.6-3.5	2.6	3.2	
<b>Poor mental health days</b> — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.1	2.6-3.6	2.3	3.3	
<b>Low birthweight</b> — Percent of live births with low birthweight (< 2500 grams)	6.7%	6.2-7.3%	6.0%	9.1%	
<b>HEALTH FACTORS</b>					<b>6</b>
<i>Health Behaviors</i>					<b>11</b>
<b>Adult smoking</b> — Percent of adults that report smoking >= 100 cigarettes and currently smoking	20%	17-23%	15%	18%	
<b>Adult obesity</b> — Percent of adults that report a BMI >= 30	27%	24-31%	25%	27%	

	CALVERT COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	MARYLAND	STATE RANK
<b><u>Excessive drinking</u></b> — Binge plus heavy drinking	18%	15-21%	8%	15%	
<b><u>Motor vehicle crash death rate</u></b> — Motor vehicle crash deaths per 100,000 population	21	18-25	12	13	
<b><u>Sexually transmitted infections</u></b> — Chlamydia rate per 100,000 population	251		83	439	
<b><u>Teen birth rate</u></b> — Teen birth rate per 1,000 female population, ages 15-19	25	23-27	22	34	
<i>Clinical Care</i>					<b>10</b>
<b><u>Uninsured adults</u></b> — Percent of population under age 65 without health insurance	13%	11-16%	13%	17%	
<b><u>Primary care providers</u></b> — Ratio of population to primary care providers	1,476:1		631:1	713:1	
<b><u>Preventable hospital stays</u></b> — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	80	75-84	52	70	
<b><u>Diabetic screening</u></b> — Percent of diabetic Medicare enrollees that receive HbA1c screening	81%	72-91%	89%	81%	
<b><u>Mammography screening</u></b> — Percent of female Medicare enrollees that receive mammography screening	68%	58-78%	74%	64%	
<i>Social &amp; Economic Factors</i>					<b>5</b>

	CALVERT COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	MARYLAND	STATE RANK
<b>High school graduation</b> — Percent of ninth grade cohort that graduates in 4 years	90%		92%	80%	
<b>Some college</b> — Percent of adults aged 25-44 years with some post-secondary education	62%		68%	66%	
<b>Unemployment</b> — Percent of population age 16+ unemployed but seeking work	5.8%	5.6-6.0%	5.3%	7.0%	
<b>Children in poverty</b> — Percent of children under age 18 in poverty	7%	5-8%	11%	10%	
<b>Inadequate social support</b> — Percent of adults without social/emotional support	19%	16-22%	14%	21%	
<b>Single-parent households</b> — Percent of children that live in household headed by single parent	21%		20%	32%	
<b>Violent crime rate</b> — Violent crime rate per 100,000 population	342		100	649	
<i>Physical Environment</i>					<b>6</b>
<b>Air pollution-particulate matter days</b> — Annual number of unhealthy air quality days due to fine particulate matter	0		0	4	
<b>Air pollution-ozone days</b> — Annual number of unhealthy air quality days due to ozone	10		0	16	
<b>Access to healthy foods</b> — Healthy food outlets include grocery stores and produce stands/farmers' markets	58%		92%	62%	

	CALVERT COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	MARYLAND	STATE RANK
<b>Access to recreational facilities</b> — Rate of recreational facilities per 100,000 population	14		17	12	

\* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

Source URL: <http://www.countyhealthrankings.org/maryland/calvert>

Table 25 shows Calvert County in comparison to Maryland, Howard County and Queen Anne's County. Howard County is shown because it ranks number 1. Queen Anne's County is shown because it ranks higher number 4; out of the more highly ranked counties it is most similar to Calvert County. Howard County clearly outranks Calvert and Queen Anne's counties in terms of years of premature death, by more than 2000 life years in Calvert County. Morbidity is also lower in Howard County compared to both Calvert and Queen Anne's. Howard County also has much lower rates of alcohol and tobacco use, teen birth rates and motor vehicle fatalities. Not surprisingly, Howard County has a much lower population to primary care physician ratio also. On many dimensions, Calvert County is very close to the more highly ranked counties and could improve its position in the rankings by focusing on these measures. However, these may not be the most important measures to focus on and the Roundtable should continue to evaluate the most appropriate interventions for the county.

**Table 25. Comparison of Maryland, Howard, Calvert and Queen Anne's Counties**

	MARYLAND	HOWARD COUNTY	CALVERT	QUEEN ANNE'S
<b>HEALTH OUTCOMES</b>		<b>1</b>	<b>6</b>	<b>4</b>
<i>Mortality</i>		<b>2</b>	<b>8</b>	<b>5</b>
<b>Premature death</b> — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,537	4,173	6,835	6,185
<i>Morbidity</i>		<b>1</b>	<b>5</b>	<b>2</b>
<b>Poor or fair health</b> — Percent of adults reporting fair or poor health (age-	13%	8%	12%	11%

	MARYLAND	HOWARD COUNTY	CALVERT	QUEEN ANNE'S
adjusted)				

<b>Poor physical health days</b> — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.2	2.5	3.1	2.8
<b>Poor mental health days</b> — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.3	2.6	3.1	2.6
<b>Low birthweight</b> — Percent of live births with low birthweight (< 2500 grams)	9.1%	7.5%	6.7%	7.0%
<b>HEALTH FACTORS</b>		<b>1</b>	<b>6</b>	<b>7</b>
<i>Health Behaviors</i>		<b>2</b>	<b>11</b>	<b>7</b>
<b>Adult smoking</b> — Percent of adults that report smoking $\geq$ 100 cigarettes and currently smoking	18%	10%	20%	18%
<b>Adult obesity</b> — Percent of adults that report a BMI $\geq$ 30	27%	25%	27%	26%
<b>Excessive drinking</b> — Binge plus heavy drinking	15%	13%	18%	21%
<b>Motor vehicle crash death rate</b> — Motor vehicle crash deaths per 100,000 population	13	6	21	19
<b>Sexually transmitted infections</b> — Chlamydia rate per 100,000 population	439	174	251	215
<b>Teen birth rate</b> — Teen birth rate per 1,000 female population, ages 15-19	34	13	25	22
<i>Clinical Care</i>		<b>1</b>	<b>10</b>	<b>15</b>

	MARYLAND	HOWARD COUNTY	CALVERT	QUEEN ANNE'S
<b><u>Uninsured adults</u></b> — Percent of population under age 65 without health insurance	17%	14%	13%	16%
<b><u>Primary care providers</u></b> — Ratio of population to primary care providers	713:1	398:1	1,476:1	2,064:1
<b><u>Preventable hospital stays</u></b> — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	70	51	80	71
<b><u>Diabetic screening</u></b> — Percent of diabetic Medicare enrollees that receive HbA1c screening	81%	86%	81%	85%
<b><u>Mammography screening</u></b> — Percent of female Medicare enrollees that receive mammography screening	64%	69%	68%	63%
<i>Social &amp; Economic Factors</i>		<b>1</b>	<b>5</b>	<b>8</b>
<b><u>High school graduation</u></b> — Percent of ninth grade cohort that graduates in 4 years	80%	90%	90%	85%
<b><u>Some college</u></b> — Percent of adults aged 25-44 years with some post-secondary education	66%	83%	62%	61%
<b><u>Unemployment</u></b> — Percent of population age 16+ unemployed but seeking work	7.0%	5.2%	5.8%	6.7%
<b><u>Children in poverty</u></b> — Percent of children under age 18 in poverty	10%	5%	7%	8%
<b><u>Inadequate social support</u></b> — Percent of adults without social/emotional support	21%	16%	19%	18%
<b><u>Single-parent households</u></b> — Percent of children that live in household headed by	32%	20%	21%	25%



	MARYLAND	HOWARD COUNTY	CALVERT	QUEEN ANNE'S
single parent				
<b>Violent crime rate</b> — Violent crime rate per 100,000 population	649	234	342	308
<i>Physical Environment</i>		<b>5</b>	<b>6</b>	<b>4</b>
<b>Air pollution-particulate matter days</b> — Annual number of unhealthy air quality days due to fine particulate matter	4	0	0	1
<b>Air pollution-ozone days</b> — Annual number of unhealthy air quality days due to ozone	16	15	10	11
<b>Access to healthy foods</b> — Healthy food outlets include grocery stores and produce stands/farmers' markets	62%	70%	58%	60%
<b>Access to recreational facilities</b> — Rate of recreational facilities per 100,000 population	12	15	14	17

Source URL: <http://www.countyhealthrankings.org/node/1340/compare>



This facility is accredited by The Joint Commission. If you would like to report a concern about quality of care you received here, you can contact The Joint Commission at **1-800-994-6610**.

*Calvert Memorial Hospital does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, gender, religion, disability or age.*



## Calvert Memorial Hospital

*Tradition. Quality. Progress.*

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