



I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
195	14,339	21157 21784 21158 21074 21787	N/A	7.4% According to MD BRFSS (Maryland Behavioral Risk Factor Surveillance Survey) data report (average 2008-2010 data)	Carroll County: 7.2%

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. As the only hospital in the county, CHC’s primary service area is Carroll County. The hospital does, however, also serve portions of Baltimore, Frederick and Montgomery counties as well as areas in northern Pennsylvania.

b.

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)	Population Total population 2010: 167,134 Population, percent change, 2000 to 2010 10.8% Population, 2000 150,897 Persons under 5 years, percent, 2010 5.4% Persons under 18 years, percent, 2010 24.7% Persons 65 years and over, percent, 2010 13.0% Female persons, percent, 2010 50.6%
--	--

	<p>Race (2010): White persons, 92.9% Black persons, 3.2% American Indian and Alaska Native persons, 0.2% Asian persons, 1.4% Native Hawaiian and Other Pacific Islander, 0 Persons reporting two or more races, 1.5% Persons of Hispanic or Latino origin, 2.6% White persons not Hispanic, 91.2%</p> <p><i>Source: Source U.S. Census Bureau: State and County QuickFacts</i></p> <p>Family Total number of households (2009): 59,915 Average household size (2009): 2.77 persons</p> <p><i>Source: 2009 American Community Survey 1-Year Estimates</i></p>
Median Household Income within the CBSA	<p>Carroll County: (2007/2008): \$78,653</p> <p><i>Source: Carroll County Department of Economic Development</i></p>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<p>Persons below poverty level, percent, 2009: 5.9% <i>Source: Source U.S. Census Bureau: State and County QuickFacts</i></p>
Please estimate the percentage of uninsured people by County within the CBSA	<p>7.4% <i>Source: MD BRFSS (Maryland Behavioral Risk Factor Surveillance Survey) data report (average 2008-2010 data)</i></p>
Percentage of Medicaid recipients by County within the CBSA.	<p>7.2% <i>Source: U.S. Census Bureau, 2010 American Community Survey</i></p>
Life Expectancy by County within the CBSA.	<p>79.6 years <i>Source: 2008-2009 Maryland Vital Statistics Administration</i></p>
Mortality Rates by County within the CBSA.	<p>1,337 deaths in Carroll County <i>Source: 2009 Maryland Vital Statistics Administration</i></p>
Transportation by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	<p>Carroll County is currently conducting a Transit Development Plan to develop a five-year plan for public transportation services in the county, in part by soliciting input from residents concerning their transit needs. Carroll Hospital Center and The Partnership for a Healthier Carroll County have been asked to take part in this assessment and planning process. A proposed plan should be available by the end of 2012.</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Identification of Community Health Needs:

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

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

All identified improvement areas have been updated to reflect the Healthy People 2020 objectives.

In cooperation with our community partners, we seek to make measurable, sustainable, long-term progress. We gauge our progress related to our effect on the underlying root causes associated with these issues, and again, with and through our many partners, we strive to address root causes.

To track and trend our progress as a community, The Partnership has organized *Healthy Carroll Vital Signs - Measures of Community Health*. This data is provided by various sources public sources. **(Data Charts Attached)** Since not all of the sources update their data each year, data charts are reviewed annually and updated as data is available. The Partnership developed a dashboard report to track progress and outcomes of key indicators **(Attached)**.

Other Assessments used include:

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

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

Hospital/Partnership Leadership Teams

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

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

Additional Partners Utilized in Community Needs Assessment

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

3. When was the most recent needs identification process or community health needs assessment completed?

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

Provide date here. 05/12 /11 (mm/dd/yy)

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?

Yes
 No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Does your hospital have a CB strategic plan?

Yes
 No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. CEO
2. CFO
3. Other (please specify)

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (please list members)

Cris Coleman, assistant vice president of finance

Teresa Fletcher, director of marketing and public relations

Mary Peloquin, R.N., B.S.N., community education coordinator

Tricia Supik, R.N., M.A., executive director and CEO of The Partnership for a Healthier Carroll County, Inc. and legislative and community affairs officer for Carroll Hospital Center

3. Other (please describe)

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet yes no
Narrative yes no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes ___no

Narrative yes ___no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?

Yes. Results from various assessments and workgroups in the county have shown that community health needs have a wide range. While we cannot possibly address every need in the community, we use our expertise and resources to make a difference where we can. As a community hospital, our focus is on primary diseases and disease prevention, as well as health and wellness for all ages.

However, The Partnership for a Healthier Carroll County, Inc., co-founded by the Carroll County Health Department and Carroll Hospital Center in 1999, can often address the needs outside of the hospital's usual scope. The Partnership is able to convene passionate experts to create community workgroups that address needs outside of those that the hospital might address.

Table III

Initiative 1	
Identified Need	Reduce percentage of overweight adults which is currently 25.9% (according to MD BRFSS data averaged 2008-2010) identified by Partnerships Prevention & Wellness Health Improvement team. The goal is to reduce the number of overweight adults to 15% or less.
Hospital Initiative	Lose to Win: Wellness Challenge 12-week collaborative community program to promote weight loss and wellness. This innovative and rigorous 12-week program features: <ul style="list-style-type: none"> • Unlimited access to exercise sessions at Merritt Athletic Club • Weekly group nutritional classes at Martin's Food Market • Weekly weigh-ins and regular blood pressure checks • Prize incentives • Pre- and post-program comprehensive blood profiles
Primary Objective of the Initiative	To promote healthy weight loss and wellness of adults in Carroll County. The 12-week, semi-annual Lose to Win Wellness Challenge unites experts from The Women's Place and The Learning Center at Carroll Hospital Center, community physicians, Martin's Food Market, area athletic clubs and local salons to help community members shed pounds. Though the person who loses the most weight wins a grand-prize gift

	basket, all participants win the gift of better health. Many participants significantly reduced their total body fat, cholesterol, triglycerides, and blood sugar as well.
Single or Multi-Year Initiative Time Period	12-week program held semi-annually since 2009
Key Partners and/or Hospitals in initiative development and/or implementation	Carroll Hospital Center collaborates with partners in South Carroll (Eldersburg) area, Martin's Food Market, Merritt Athletic Club and local beauty salons
Evaluation Dates	Fall 2010: September 2 - November 18, 2010 Spring 2011: February 24 - May 12, 2011
Outcome	FALL 2010 Total pounds lost - 383 lbs Percentage lost - 7.3% Number of participants who lost 10 pounds or more - 15 Number of participants who lost 20 pounds or more - 8 Number of participants who lost 30 pounds or more - 3 Percentage of weight lost by winner - 14.3% Pounds lost by winner - 59.6 lbs SPRING 2011 Total pounds lost - 272 lbs Percentage lost - 7.4% Number of participants who lost 10 pounds or more - 11 Number of participants who lost 20 pounds or more - 6 Number of participants who lost 30 pounds or more - 2 Percentage of weight lost by winner - 16.4% Pounds lost by winner - 29 lbs People saw significant reductions in blood sugar and blood sugar control (based on fasting Blood Sugar) during each of the three programs.
Continuation of Initiative	We have had such amazing results since beginning the program in 2009 that we plan to continue offering it two times per year.

Initiative 2	
Identified Need	Reduce percentage of Carroll County residents who at some point in the last 12 months could not afford to see a doctor to 7% or less. Current percentage is 10.9% according to MD BRFSS three-year average 2008-2010. Identified by Partnership's Access to Care workgroup
Hospital Initiative	Total Health Expo: The Health & Wellness Event for the Entire Family
Primary Objective of the Initiative	To provide free and low-cost screenings as well as health and wellness educational information all in one free, fun event

	<p>designed for the whole family.</p> <p>The free event included:</p> <ul style="list-style-type: none"> • Free and low-cost Screenings • Health information booths • Kids activities • Interactive educational displays • Physical activities • Adult CPR class • Complementary health mini-treatments • Medical assistance enrollment & information • Healthy lunch free for all attendees • And more! <p>Participants were encouraged to fill out a healthy passport by visiting at least 4 educational booths and one screening. Completed passports were entered in a drawing for prizes.</p>																																																																					
Single or Multi-Year Initiative Time Period	Annual event since 2010																																																																					
Key Partners and/or Hospitals in initiative development and/or implementation	Carroll Hospital Center partners with Access Carroll (local primary care practice for uninsured/underinsured); Partnership for a Healthier Carroll County; Carroll County Health Department																																																																					
Evaluation Dates	October 30, 2010																																																																					
Outcome	<p>Approximately 500 people attended the event and more than 250 adults and children filled out passports by visiting educational booths, screenings and physical activities.</p> <p>Below is a list of screenings provided:</p> <table border="1"> <thead> <tr> <th>Program</th> <th># Registered</th> <th># Attended</th> <th># Referred</th> </tr> </thead> <tbody> <tr> <td>Foot Screening</td> <td>N/A</td> <td>30</td> <td>N/A</td> </tr> <tr> <td>11 a.m. Knee & Hip Screening</td> <td>12</td> <td>9</td> <td>4</td> </tr> <tr> <td>Oral Cancer Screening</td> <td>N/A</td> <td>23</td> <td>N/A</td> </tr> <tr> <td>11 a.m. Skin Cancer Screening - Dr. Max</td> <td>20</td> <td>20</td> <td>5</td> </tr> <tr> <td>8 a.m. Skin Cancer Screening - Dr. Germanas</td> <td>19</td> <td>19</td> <td>9</td> </tr> <tr> <td>9 a.m. - Knee & Hip Screening- Anvari</td> <td>12</td> <td>12</td> <td>5</td> </tr> <tr> <td>Auricular Acupuncture</td> <td>N/A</td> <td>42</td> <td>N/A</td> </tr> <tr> <td>Seated Massage</td> <td>N/A</td> <td>32</td> <td>N/A</td> </tr> <tr> <td>Osteoporosis Screening</td> <td>16</td> <td>45</td> <td>N/A</td> </tr> <tr> <td>Vascular Screening</td> <td>6</td> <td>6</td> <td>1</td> </tr> <tr> <td>Lab Draws</td> <td>40</td> <td>38</td> <td>N/A</td> </tr> <tr> <td>CPR</td> <td>23</td> <td>18</td> <td>N/A</td> </tr> <tr> <td>Prostate Cancer Screening</td> <td>13</td> <td>13</td> <td>N/A</td> </tr> <tr> <td>Cardiac Assessments</td> <td>18</td> <td>18</td> <td>N/A</td> </tr> <tr> <td>Blood Pressure Screenings</td> <td>N/A</td> <td>180</td> <td>N/A</td> </tr> <tr> <td colspan="2" style="text-align: right;">Totals:</td> <td>179</td> <td>505</td> <td>24</td> </tr> </tbody> </table>	Program	# Registered	# Attended	# Referred	Foot Screening	N/A	30	N/A	11 a.m. Knee & Hip Screening	12	9	4	Oral Cancer Screening	N/A	23	N/A	11 a.m. Skin Cancer Screening - Dr. Max	20	20	5	8 a.m. Skin Cancer Screening - Dr. Germanas	19	19	9	9 a.m. - Knee & Hip Screening- Anvari	12	12	5	Auricular Acupuncture	N/A	42	N/A	Seated Massage	N/A	32	N/A	Osteoporosis Screening	16	45	N/A	Vascular Screening	6	6	1	Lab Draws	40	38	N/A	CPR	23	18	N/A	Prostate Cancer Screening	13	13	N/A	Cardiac Assessments	18	18	N/A	Blood Pressure Screenings	N/A	180	N/A	Totals:		179	505	24
Program	# Registered	# Attended	# Referred																																																																			
Foot Screening	N/A	30	N/A																																																																			
11 a.m. Knee & Hip Screening	12	9	4																																																																			
Oral Cancer Screening	N/A	23	N/A																																																																			
11 a.m. Skin Cancer Screening - Dr. Max	20	20	5																																																																			
8 a.m. Skin Cancer Screening - Dr. Germanas	19	19	9																																																																			
9 a.m. - Knee & Hip Screening- Anvari	12	12	5																																																																			
Auricular Acupuncture	N/A	42	N/A																																																																			
Seated Massage	N/A	32	N/A																																																																			
Osteoporosis Screening	16	45	N/A																																																																			
Vascular Screening	6	6	1																																																																			
Lab Draws	40	38	N/A																																																																			
CPR	23	18	N/A																																																																			
Prostate Cancer Screening	13	13	N/A																																																																			
Cardiac Assessments	18	18	N/A																																																																			
Blood Pressure Screenings	N/A	180	N/A																																																																			
Totals:		179	505	24																																																																		
Continuation of Initiative	We hosted our second Total Health Expo on August 27, 2011, which was also a success. This will be an annual event for the hospital																																																																					

Initiative 3	
Identified Need	<p>Heart disease is number one killer of men and women in Carroll County</p> <p>Reduce percentage of people told by a health care professional that they have high blood pressure. Current rate is 26.2% (2009 data from MD BRFSS) as identified by the Partnership's Heart Health improvement team.</p> <p>Their goal is to reduce the rate to 16% or less.</p>
Hospital Initiative	Blood Pressure Screenings and Cardiac Assessments
Primary Objective of the Initiative	Any medical provider will tell you that preventive care is the most important step you can take to manage your health—because many of the risk factors leading to illness and premature death are preventable.
Single or Multi-Year Initiative Time Period	<p>Blood pressure screenings are held monthly at approximately 10 locations throughout the county, and at health fairs & other events upon request.</p> <p>Cardiac Assessments are held one or two times per year on an annual basis.</p>
Key Partners and/or Hospitals in initiative development and/or implementation	In addition to offering blood pressure screening at the hospital and hospital events, we partner with area post offices and senior centers to offer the screenings on a regular basis.
Evaluation Dates	July 1, 2010 through June 30, 2011
Outcome	<p>1,447 encounters for blood pressure screenings held monthly.</p> <p>62 participants in cardiac assessments</p>
Continuation of Initiative	<p>Blood pressure screenings are held monthly at the various locations.</p> <p>Cardiac assessments are held one or two times per year.</p>

Initiative 4	
Identified Need	<p>To increase the percentage of adults who use at least one protective measure that reduces the incidence of skin cancer to at least 75% as identified by The Partnership's Cancer Health Improvement team.</p> <p>According to MD BRFSS data 2010, 31% use sun block, 21% wear protective clothing and 35% limit sun.</p>
Hospital Initiative	Skin Cancer Awareness Education at High Schools
Primary Objective of the Initiative	<p>To promote awareness about the dangers of tanning and sun's harmful effects on skin, as well as the dangers of tanning.</p> <p>A nurse educator set up a table at the high schools at lunchtime leading up to prom season. Students could use a skin analyzer to show sun damage on their faces.</p> <p>The students were also asked to sign a pledge indicating that they would not use tanning beds, which is especially popular during prom season.</p>
Single or Multi-Year Initiative Time	A yearly event depending on interest from the schools

Period	
Key Partners and/or Hospitals in initiative development and/or implementation	Carroll Hospital Center initiated the program with Carroll County Public Schools health teachers
Evaluation Dates	April 2011
Outcome	330 students took part in the education 156 students signed the pledge to not use tanning beds
Continuation of Initiative	This will continue to be a yearly event as long as the schools are willing.

Initiative 5	
Identified Need	To increase the percentage of adults in Carroll County who consume fruits & vegetables at least 5 times per day to 50% or greater as indicated by The Partnership's Prevention & Wellness Health Improvement team. According to MD BRFSS data (average 2008-2010) 25.7% of adults eat fruits and vegetables at least 5 times per day.
Hospital Initiative	Nutritional Education and Screening
Primary Objective of the Initiative	Through several programs: Nutritional Health: Ask a Dietitian, Nutrition Screenings and Sports & Athletic Nutrition Screenings, the hospital works with its registered dietitians to provide interactive nutrition presentations and one-on-one screenings sessions for community members. Attendees learn about proper portion sizes, understanding food labels, the salt, sugar and fat content of common food items and childhood nutrition. Attendees also can participate in interactive computer-based activities and ask dietitians nutritional questions. Screening spaces are limited and fill up quickly.
Single or Multi-Year Initiative Time Period	Programs and screenings are offered several times each year
Key Partners and/or Hospitals in initiative development and/or implementation	Carroll Hospital Center dietitians
Evaluation Dates	July 1, 2010 through June 30, 2011
Outcome	19 people participated in screenings 45 people attended the Ask a Dietitian educational presentation
Continuation of Initiative	Offered several times each year

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

As the population continues to grow, demand for physicians continues to increase in virtually all specialties while the supply of physicians continues to decrease. The trend is leaving hospitals faced with significant challenges in recruiting and retaining the number of physicians required to continue to provide adequate health care access for all patients. In FY11, \$14.2 million was spent in ensuring care for all patients and recruiting and retaining physicians.

Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenges in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia and pediatric, psychiatric and critical and general medical care have the access they need once admitted to the hospital. CHC has hospitalist programs in each of these areas and allocates a significant amount of resources sustaining the programs.

Outpatient

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

Coverage in the ED

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

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

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

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital Center has continued two major, costly initiatives to address the gap proactively. First, the hospital contracts with ten medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. The expense to pay physicians for ED call has cost the hospital \$443,946 in FY11.

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

Access to Care – The Uninsured: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a health care facility that cares for low-income and uninsured people in the area. Many Carroll Hospital Center affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY11, Access Carroll had 6,344 patient visits.

This clinic will hopefully continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so health conditions don't worsen due to their inability to pay for services.

In only its fifth full year, Access Carroll has been very successful in helping its patients manage chronic diseases including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The organization has been so successful that they have outgrown their current space and have plans underway to move the clinic in FY12. The new space will feature seven medical exam rooms and a new dental service with three dental suites.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Please see detail above. All the initiatives and support listed above would not be provided if Carroll Hospital Center did not provide them. As the only hospital in the county, it is our primary responsibility to provide these services for the uninsured and underinsured, as well as all community members. There is not any other organization or individual in the county that would be able to provide all of these comprehensive services in all of the areas that the hospital does.

VI. APPENDICES

Appendix 1



FY 2011 Community Benefit

CHARITY CARE – Financial Assistance

Carroll Hospital Center (CHC) has a number of programs to assist patients with their payment obligations. First, we provide a Medicaid enrollment service to patients who qualify for medical assistance. This service assists patients with paperwork and will even provide transportation if needed. This past year, CHC assisted 310 patients in applying for the state's medical assistance program. In addition, the hospital held a free enrollment session for "Cover the Uninsured Day" for uninsured community members to come in to see if they qualified for medical or financial assistance. These services were also offered as part of our Total Health Expo event held on August 27, 2010.

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

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

The hospital also has a process in place for patients to have financial assistance decisions reconsidered and that process is clearly outlined in our financial assistance policy and in information provided to our patients. In addition, for patients with income below 500% of the FPG and whose medical debt at CHC is in excess of 25% of their household income, the hospital has a Medical Hardship plan that provides for reduced-cost care.

The hospital posts a summary of its policy informing patients of the availability of Financial Assistance, in all registration and intake areas for all patients to see. In addition, detailed information on our Financial Assistance Policy is included in every admission folder, on bills mailed to patients and on the hospital's website (www.CarrollHospitalCenter.org).



Title: Financial Assistance Application	Effective Date: 08/20/2010
Document Owner: Janice Napieralski	
Approver(s): Mary Ann Kowalczyk, Leslie Simmons, Diane Link, Janice Napieralski, Kevin Kelbly	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

I. Policy:

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

II. Purpose:

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

III. Procedures

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

- A. All services considered medically necessary are covered under the Program for patients living in the primary or secondary service area of the Carroll Hospital Center, and for patients referred by a physician affiliated with the hospital.
- B. For non-United States citizens, services that can be postponed without harm to the patient or that are not medically necessary are not covered under the program.
- C. Applicants with medical expenses >\$1,500 who meet eligibility criteria for Federal Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. If eligibility criteria according to Hospital Support Services, (age 21 – 64, not disabled and no children), is not met, the Medicaid application process is omitted and the Financial Assistance application is started. The Hospital Support Services representative will submit a letter stating the patient is considered not to be a medical assistance candidate.
- D. Patients with medical expenses <\$1,500 are strongly encouraged to file for Federal Medical Assistance. However, the Medicaid application is omitted if the patient is non-compliant and the Financial Assistance application is started.
- E. The following criteria is used to determine financial eligibility for financial assistance:



- i. Eligibility will be based on gross household income plus liquid assets. Gross income is defined as wages and salaries from all sources before deductions. Liquid assets are defined as cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc.
 - ii. Household Income - All wages and salaries within the household such as social security, veteran's benefits, pension plans, unemployment and workers compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest and dividends or other regular support from any person living in the home.
 - iii. Assets - The availability of liquid assets plus annual income will be considered up to 375% of the current poverty guidelines published in the Federal Register.
 - iv. Expenses are collected and taken in consideration for analysis purposes.
 - v. Proof of Income - For each employed house hold member, submit one of the following with the application:
 - Pay stubs for the previous four weeks
 - Employer certification of income
 - Most recent State and Federal tax returns
 - vi. For each household member receiving unearned income, submit the following if applicable:
 - Proof of Social Security Benefits
 - Proof of Disability Benefits
 - Proof of Retirement/Pension Benefits
 - Proof of Unemployment Benefits
 - Proof of Veterans Benefits
 - Proof of Child Support
 - Proof Alimony
 - Rental property income
 - vii. Other required documents
 - Applicants claiming zero income must supply proof of how their living expenses are paid.
 - The current and previous savings and bank statements
 - Statements of certificates of deposit, stocks, bonds, and money market funds
- F. Certain unique cases not meeting the above criteria may on a case-by-case basis be approved by the Director of Patient Financial Services or appointed designee. Consideration will be given to



the possible impairment or improvement of the future income potential, as well as cases considered to be catastrophic, which may or may not change the outcome of the application.

- G. Homeless – Patient’s declaring a homeless status which is later verified by the Manager is consistent with what the patient is stating, may be eligible for financial assistance.
- H. Deceased – If an estate does not exist or has been exhausted, financial assistance is offered.

The following criteria are used to approve or deny the application:

- A. Combined gross income in relation to the number of family members is 300% of the poverty guidelines. Applicant will be eligible for 100% Financial Assistance (Exhibit B)
- B. If combined gross income is more than 300% of the poverty guideline - applicant may be eligible for Financial Assistance with a resource based on a sliding scale.
- C. Financial Assistance eligibility decisions can be made at any time during the revenue cycle as pertinent information becomes available. If the financial information is not available a financial assessment can be completed through other avenues such as credit reports, debt and asset reviews, and referrals from the Medical Assistance Eligibility Company and Collection Agency. If the determination is made that there is a low probability of collections, the account can be approved for Financial Assistance. This write-off is account specific, therefore, cannot be applied to other open accounts.
- D. Patients referred to Carroll Home Care or Carroll Hospice from the Carroll Hospital Center will automatically qualify based on the application approved by the hospital. Patients referred from an outside source will follow the same application.
- E. The completed and signed application is forwarded to the Patient Accounting Manager to enter the write off to transaction code 1035. Specific accounts approved through other avenues are written off to transaction code 1094 in an active AR status. Home Care and Hospice accounts are written off to a Financial Assistance classification.
- F. Applications are stored for 7 years.
- G. All applicants are notified of probable eligibility within two (2) business days by the Manager after a request for financial assistance.
- H. Self Pay accounts are handled as follows:



- i. The Financial Counselor will present all Inpatient self pay patients with the application if unable to pay monthly installments. All accounts must be referred to Medical Assistance Advocacy if the initial financial screening indicates the possibility of eligibility.
- ii. All outpatient accounts with a combined total of \$1,500 are referred to Medical Assistance Advocacy and are given the Financial Assistance Application if the installment plan payments cannot be met.
- iii. All accounts are reviewed for grant eligibility (i.e. Maryland treatment fund for cancer diagnosis, children's fund for patients though the age of 18).
- iv. If assistance is requested with deceased patients, a verification of an existing estate is completed. If no estate can be found, financial assistance is applied.
- v. Assistance with MHIP applications is given for Maryland residents who are unable to get medical insurance coverage and have one of the 60 qualifying health conditions listed in the MHIP manual.
- vi. All applications are pursued to completion; including patients referred to Medical Assistance Advocacy with one follow-up letter and one phone call.
- vii. Requests for financial assistance received after services are referred to the Financial Counselor for processing.
- viii. Open accounts with dates of service prior to the time of the approved application, and accounts with dates of service up to 6 months after the approved application are eligible for Financial Assistance if there has been no change in status. Bad debt accounts will be returned to active AR prior to write off.
- ix. Applications must be completed and returned to the Financial Counselor within 15 days of receipt. All uncooperative applicants will be transferred to self-pay unless Medical Assistance is pending.
- x. The Financial Counselor will call the patient a minimum of two times, and send 1 reminder letter within the 15 day period to obtain information.
- xi. The Financial Counselor will mail the appropriate letter confirming the approval or non-approval.
- xii. Payments received before, during, or after the completion of the Financial Assistance application will not be refunded. The amount of the approved write off will be reduced by the amount of payments received.



xiii. All completed Financial Assistance applications will be reviewed and the patient notified of the decision within two business days of receipt.

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

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

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



Exhibit A

Maryland State Uniform Financial Assistance Application

Information about You

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

City State Zip code Country _____

Employer Name _____ Phone _____

Work Address _____
City State Zip code

Household members:

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____

If yes, what was the determination? _____



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

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
	Total	_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____



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

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
	Total	_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____



Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

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

Applicant signature

Date

Relationship to Patient

EXHIBIT B

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

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

Income Scale for CHC Financial Assistance Program

Based on 2009 Federal Poverty Guidelines

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



Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

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

Applicant signature

Date

Relationship to Patient

EXHIBIT B

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

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

Income Scale for CHC Financial Assistance Program

Based on 2009 Federal Poverty Guidelines

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

Appendix 3

VISION, MISSION, VALUES

OUR ACTIONS AND DECISIONS ARE GUIDED BY THESE VALUES.

SERVICE... exceed customer expectations.

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

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

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

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

TEAMWORK... work together, win together.

MISSION

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

VISION

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



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

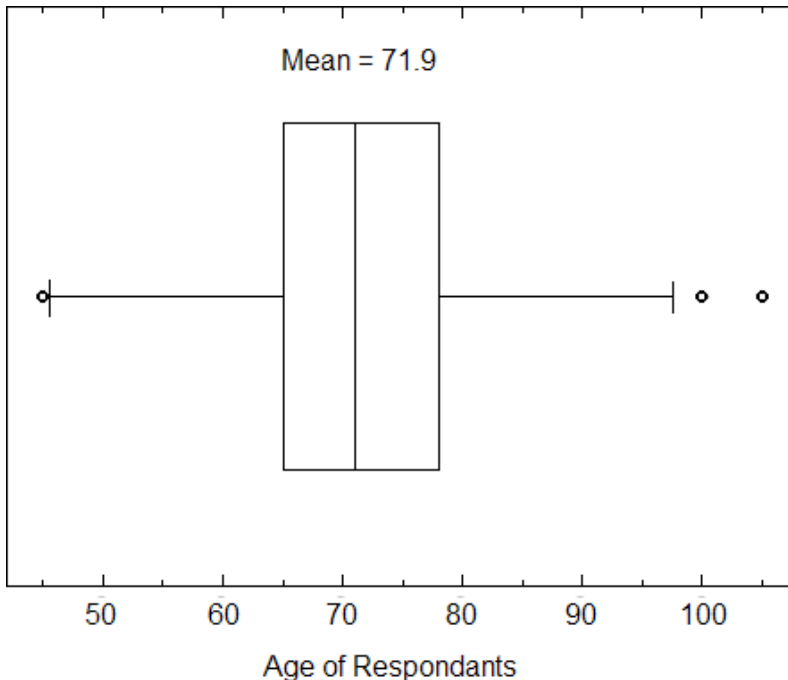
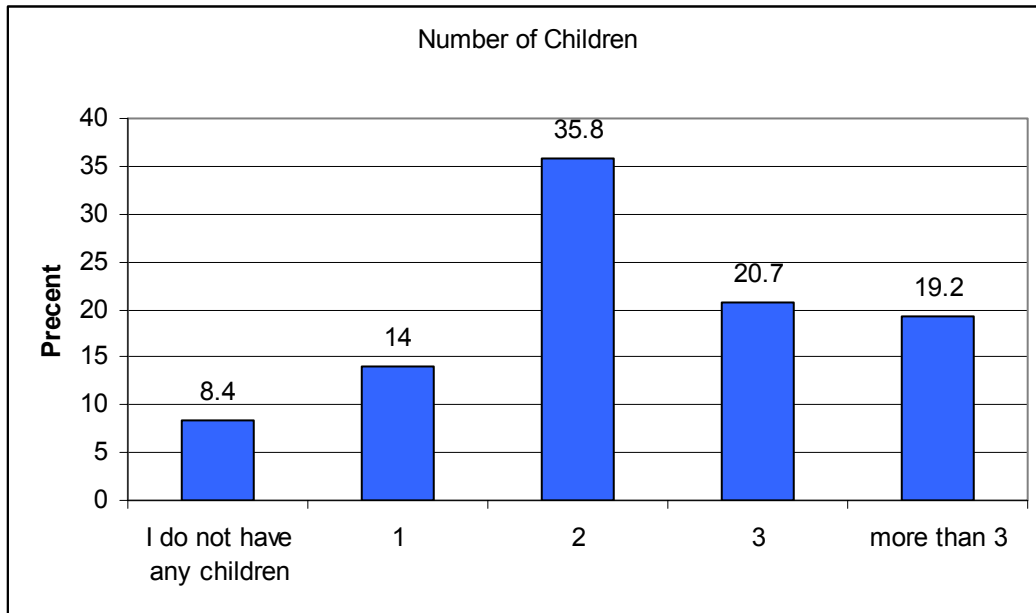


Chart Statistics:

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%
-------	------	-------	-------

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

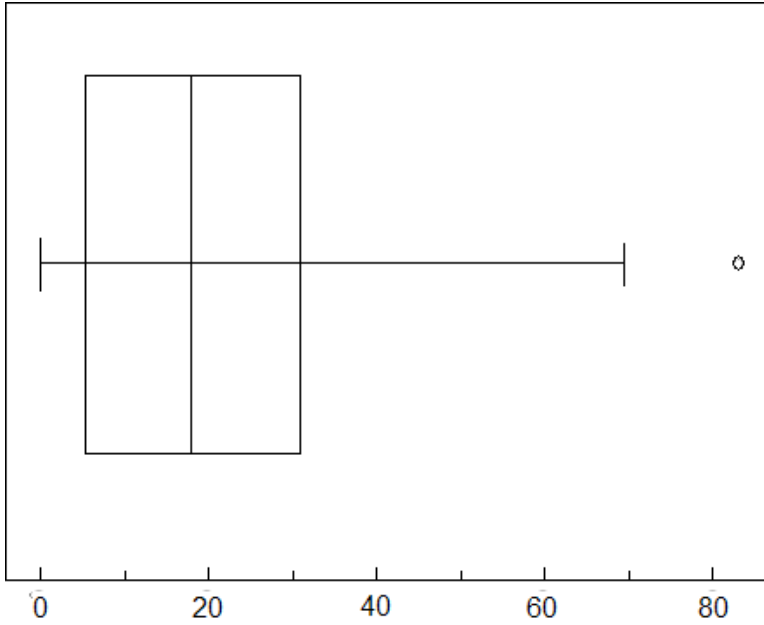


Chart Statistics:

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%

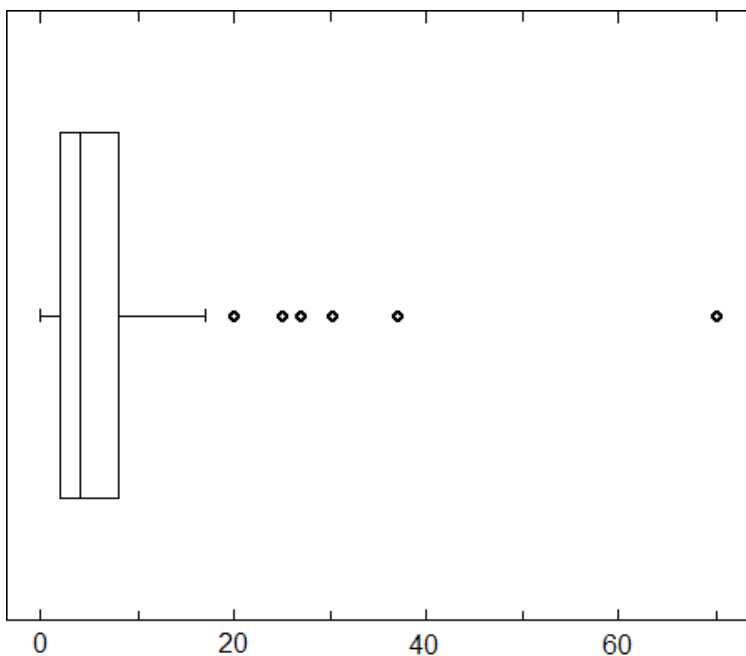
Yes, sometimes	8.8%	11.2%	9.6%
No	.2%	1.1%	.5%

	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%

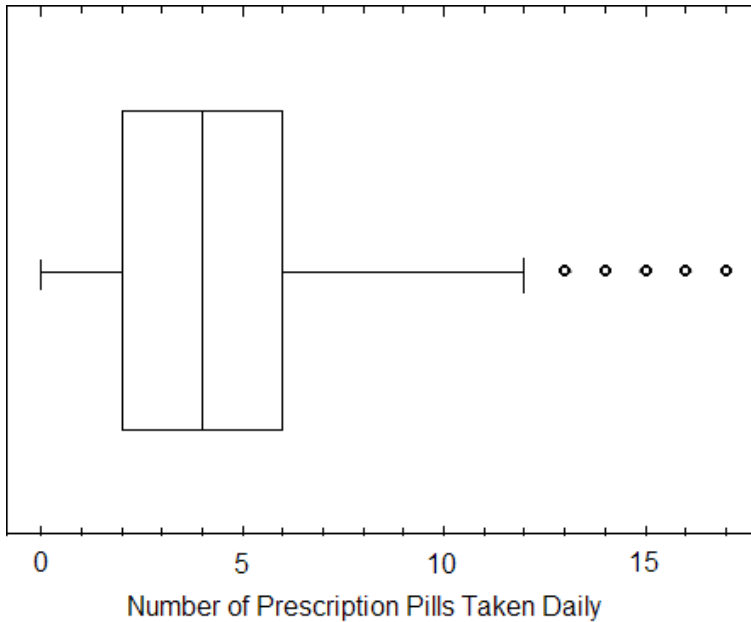


Chart Statistics:

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

Health Care

Data Charts

Updated 2011

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

Updated June 2011

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



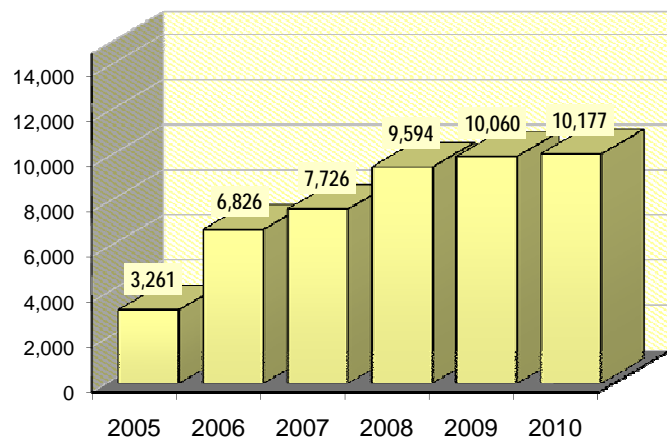
Access to Health Care: Medical Visits

Primary Care

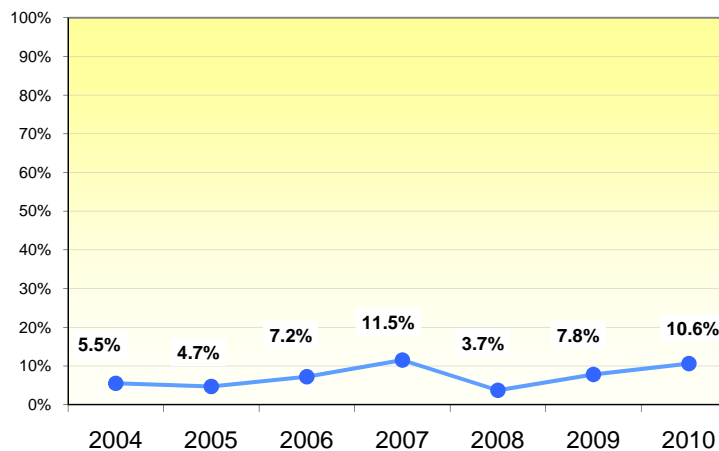
Number of Patient Visits - uninsured / income-eligible Carroll County residents accessing primary health care

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

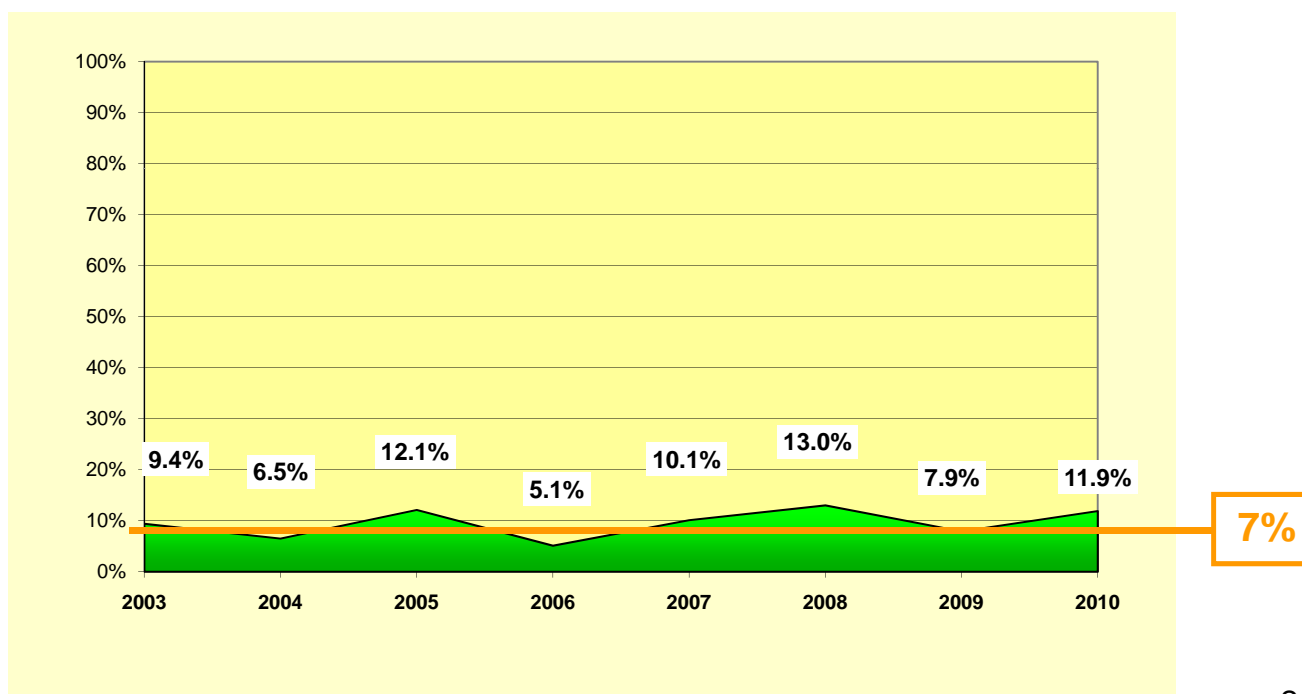


DATA SOURCES: Access Carroll, Inc., Mission of Mercy, Maryland Behavioral Risk Factor Surveillance System

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

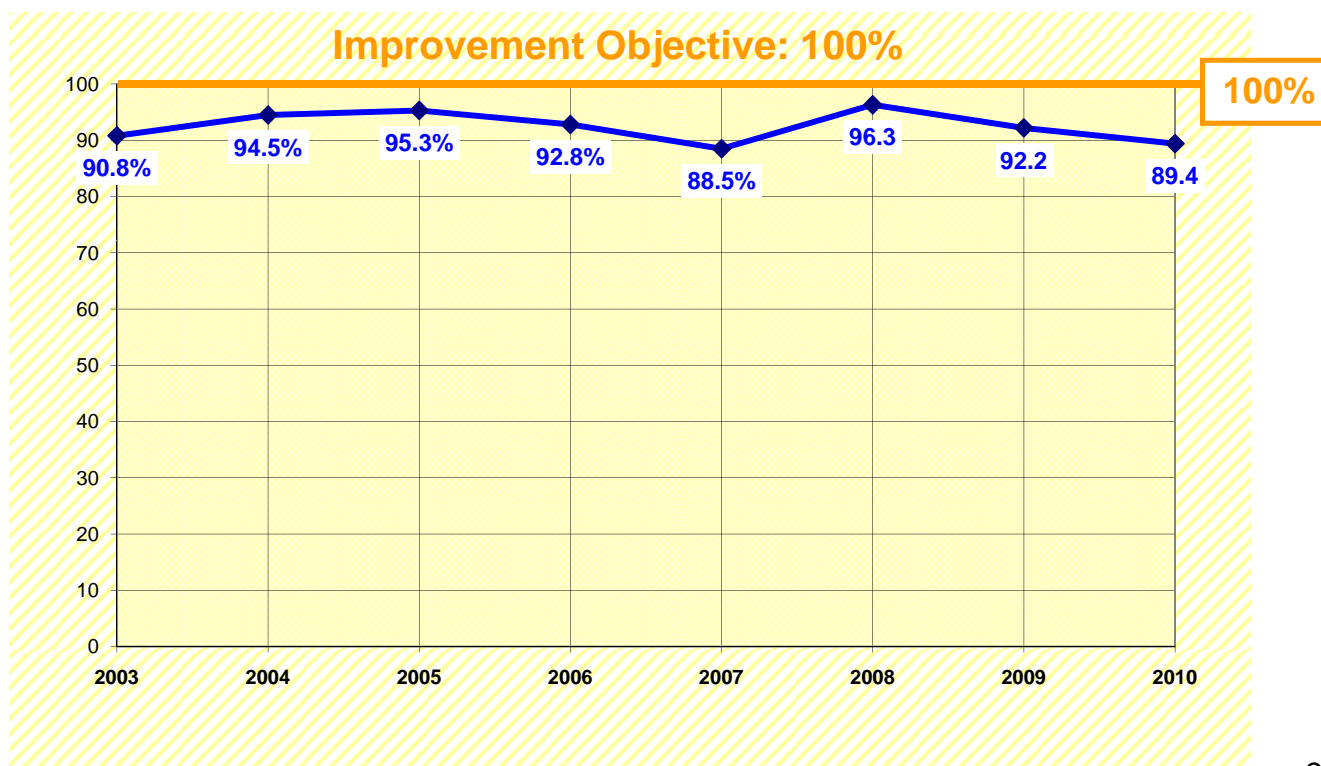


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Access to Health Care: Medical Visits

Residents Who Have Health Insurance

Percentage of Residents Who Report Having Any Kind of Health Insurance

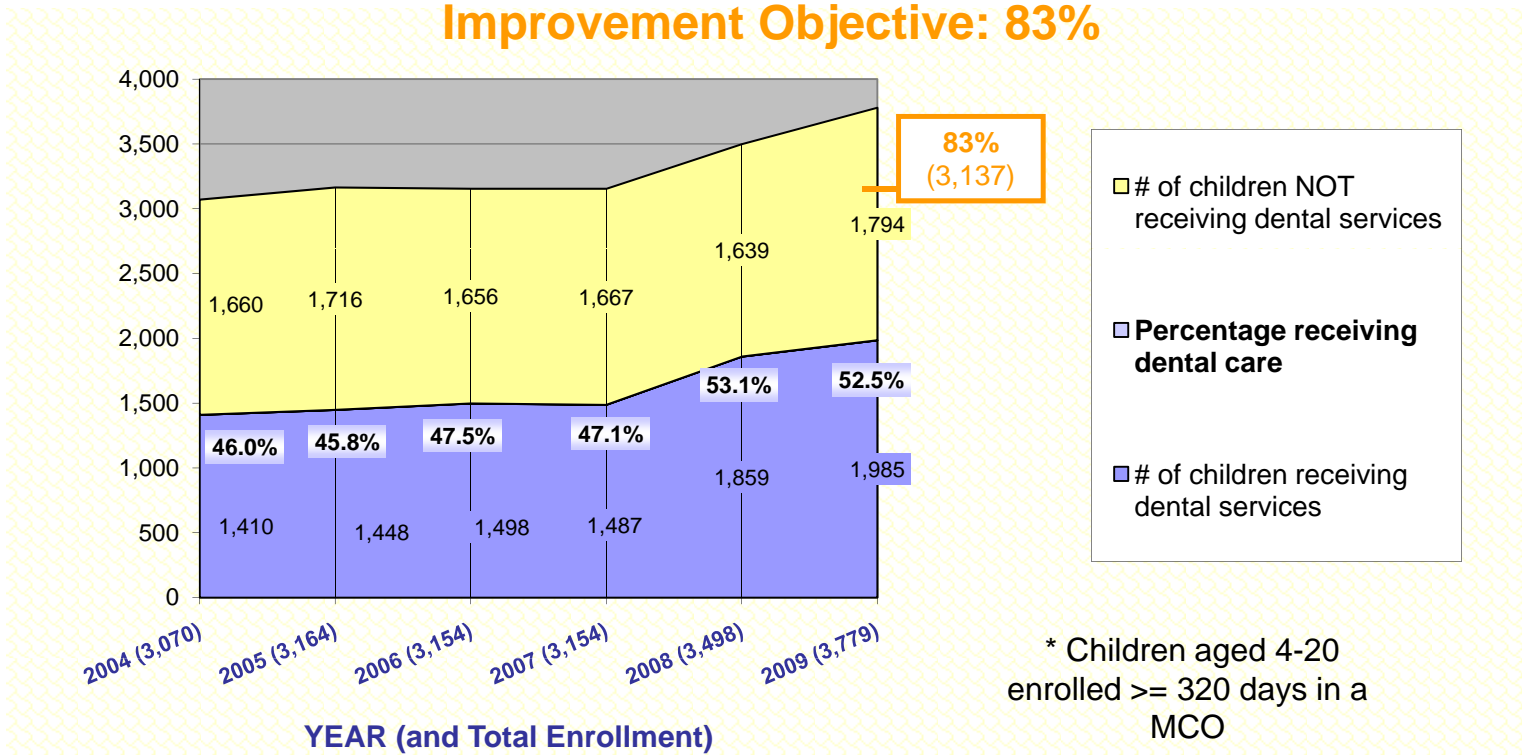


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Access to Health Care – Dental Care

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

Improvement Objective: 83%



* Children aged 4-20 enrolled >= 320 days in a MCO

DATA SOURCE: Maryland Children's Health Insurance Program

HEALTHY CARROLL VITAL SIGNS: Measures of Community Health

CANCER Data Charts

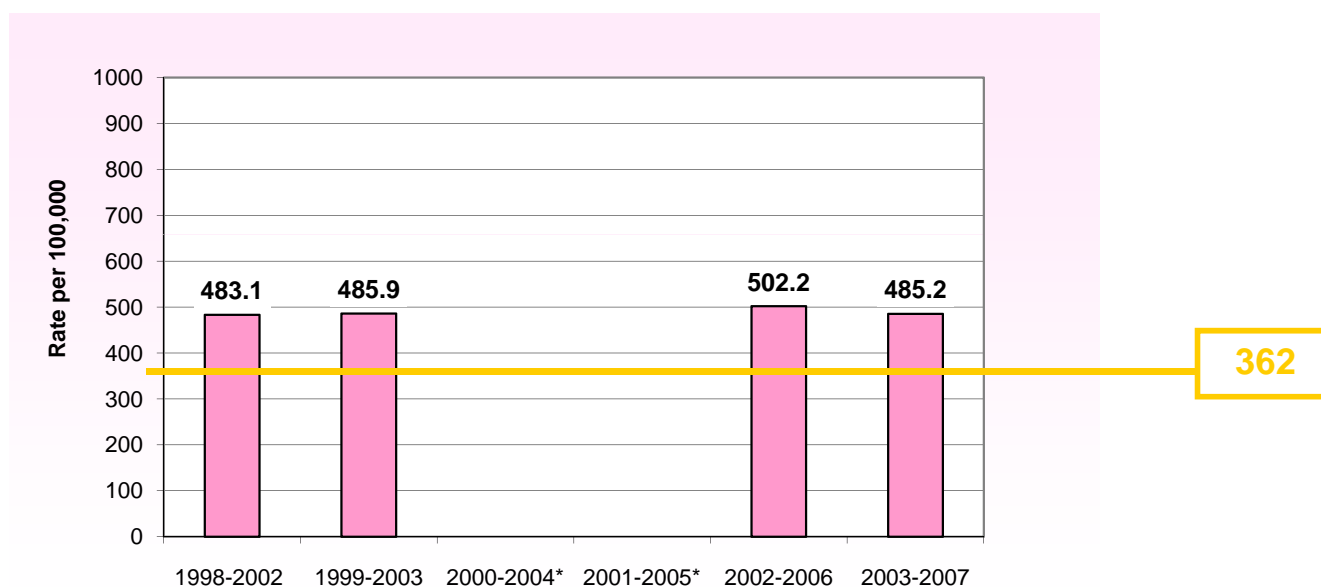
Updated June 2011

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)



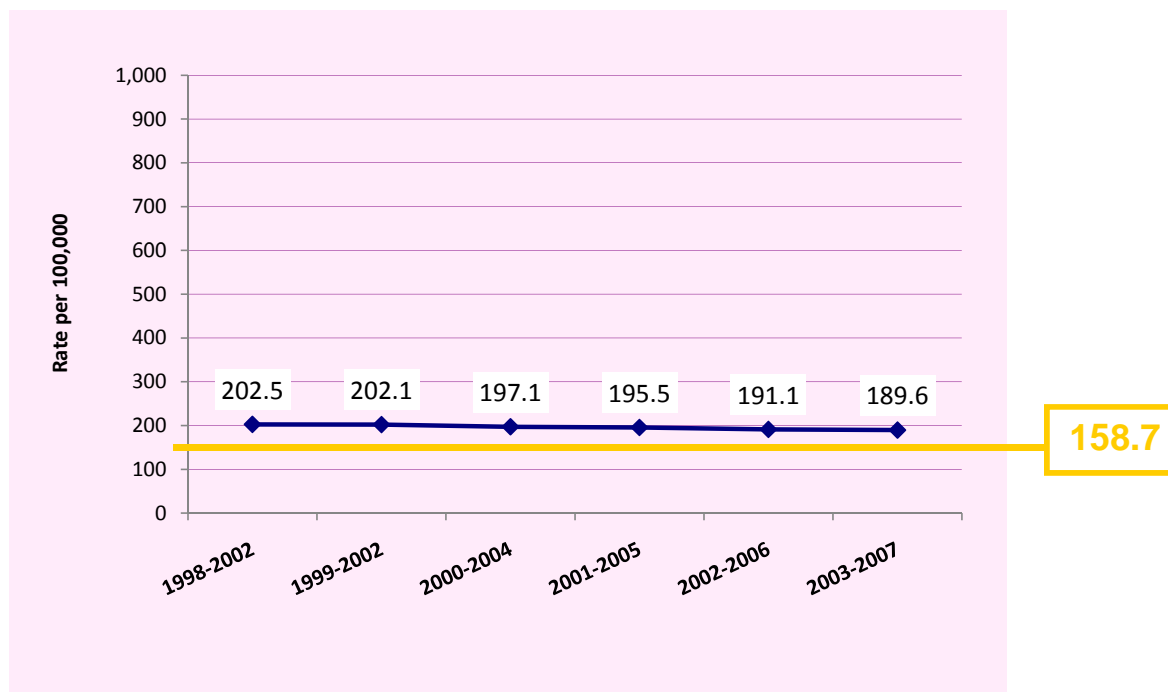
* Data unavailable

DATA SOURCE: Maryland State Cancer Registry

Cancer – Overall Cancer

Total Cancer Mortality Rate – All Sites

Improvement Objective: 158.7 per 100,000 or less



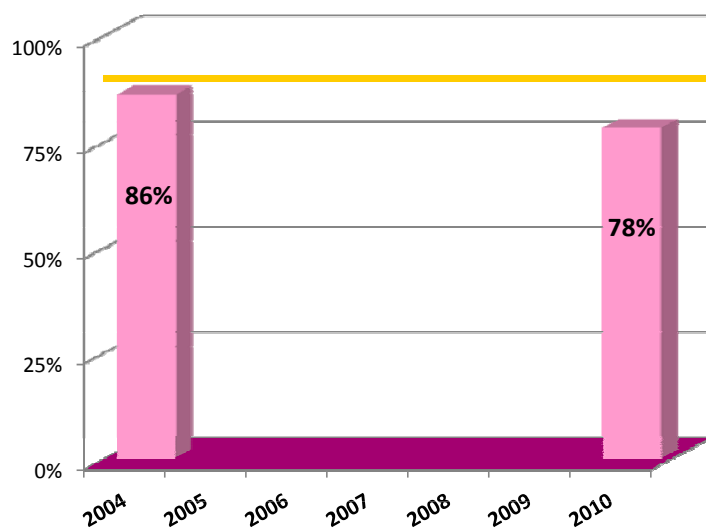
DATA SOURCE: Maryland State Cancer Registry

Cancer – Breast Cancer

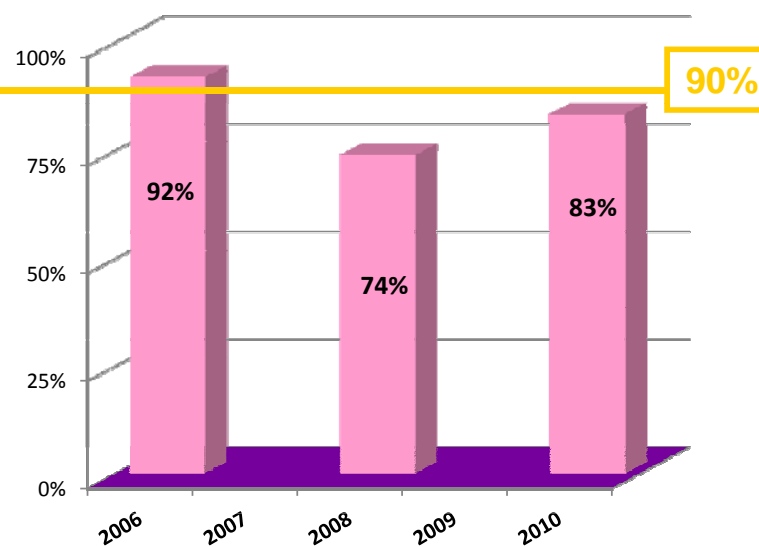
Percentage of Women Aged 40 and Older Who Have Had a Mammogram Within the Past 2 Years

Improvement Objective: 90%

Women aged 40+



Women aged 50+

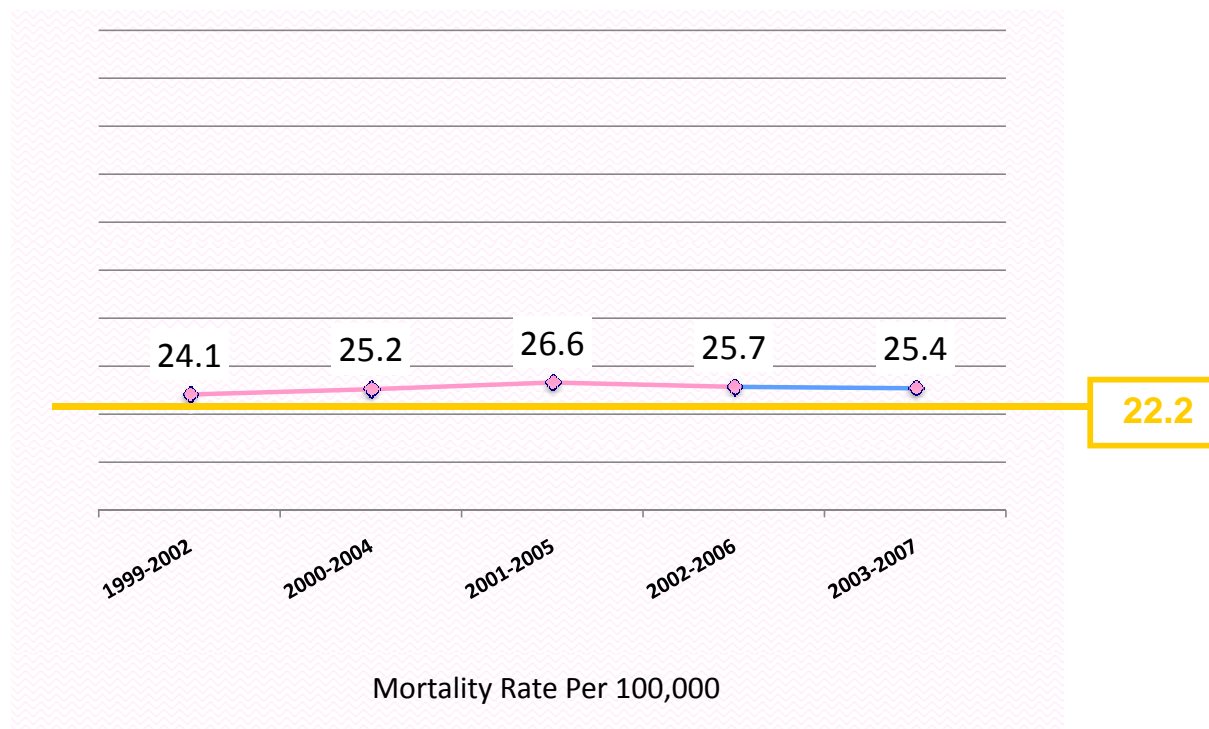


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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%

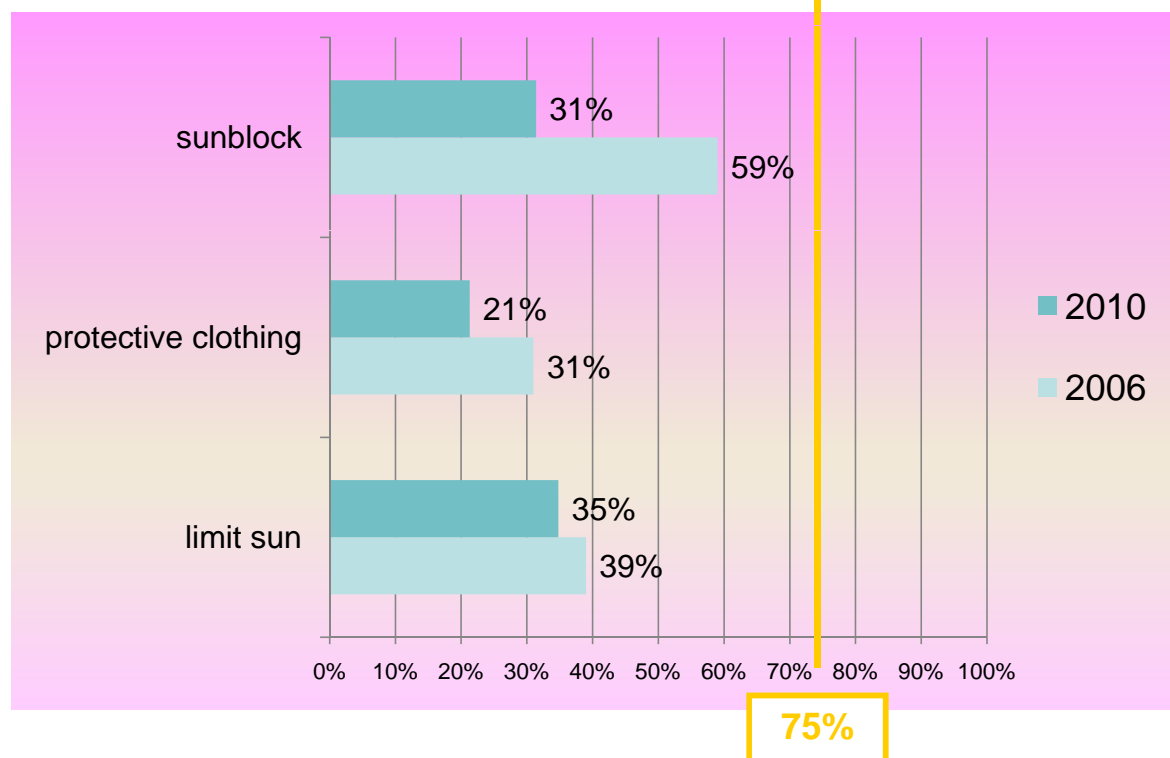
Sample sizes of <50 are statistically unstable
and are therefore not displayed.

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%

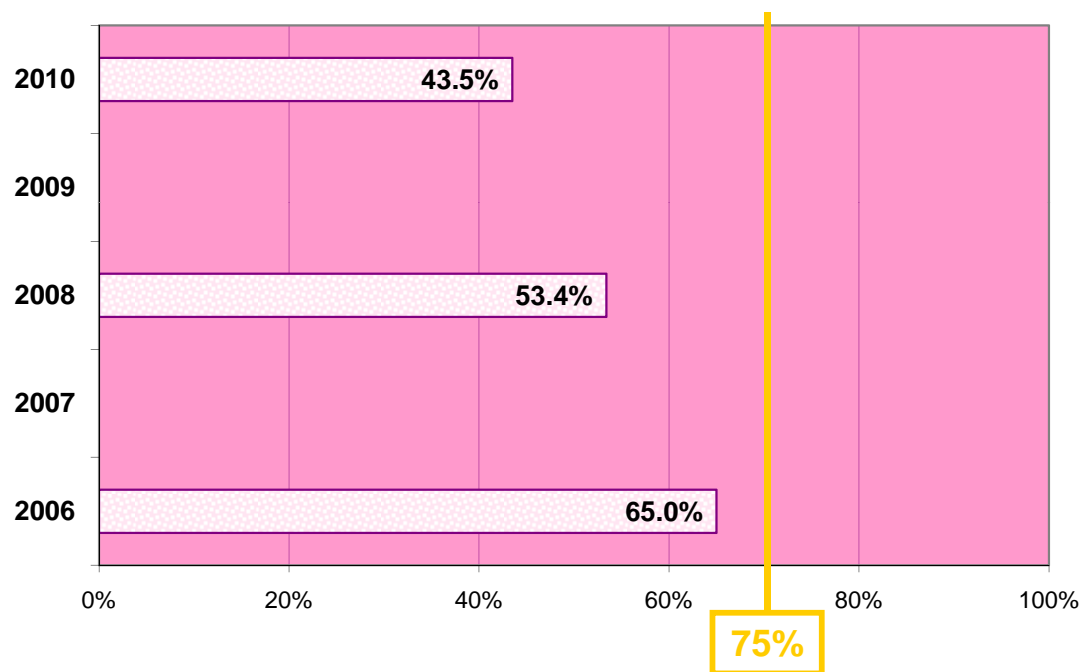


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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%

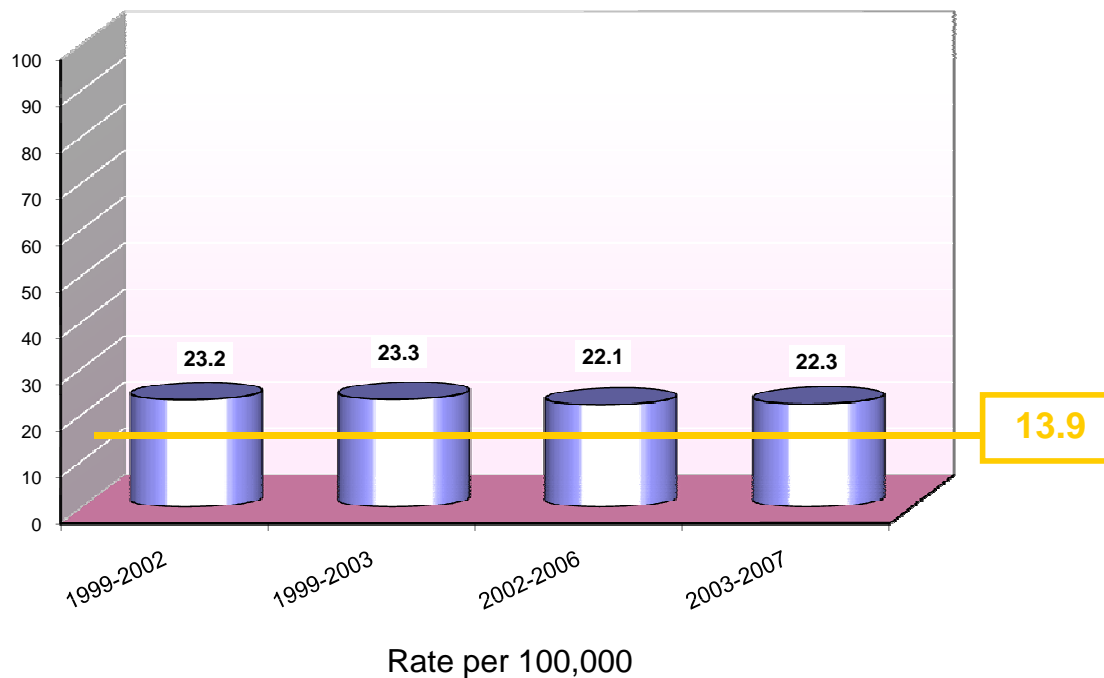


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

Cancer – Colorectal Cancer

Colorectal Cancer Mortality Rate in Carroll County

Improvement Objective: 13.9 per 100,000 or less

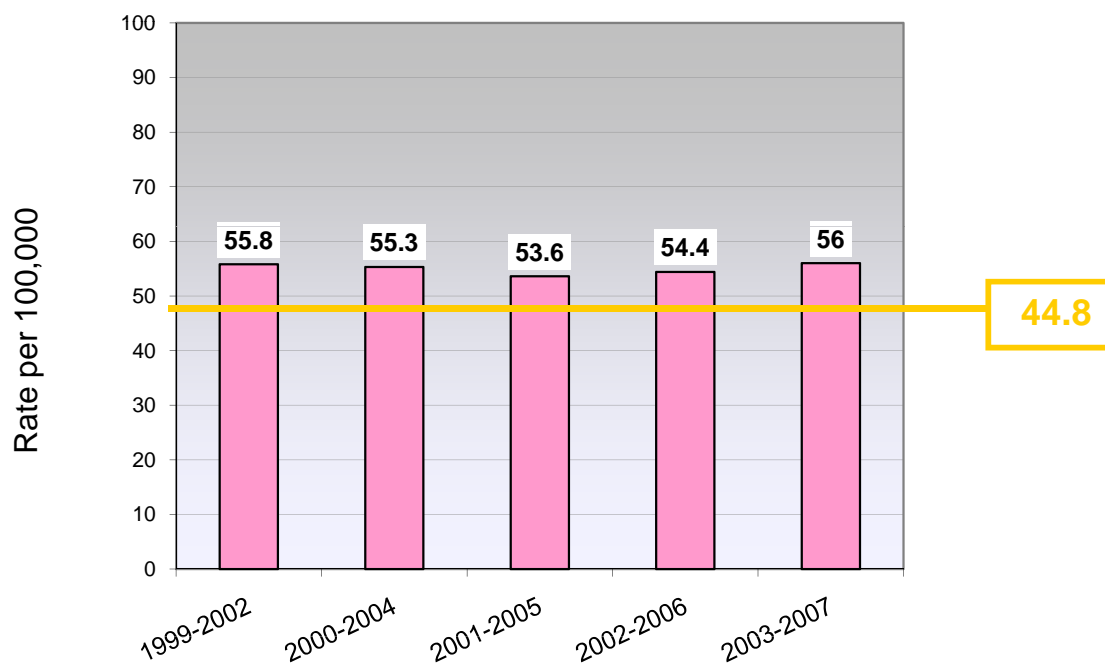


SOURCE: Maryland Vital Statistics

Cancer – Lung Cancer

Lung Cancer Mortality Rate – Carroll County

Improvement Objective: 44.8 per 100,000 or less

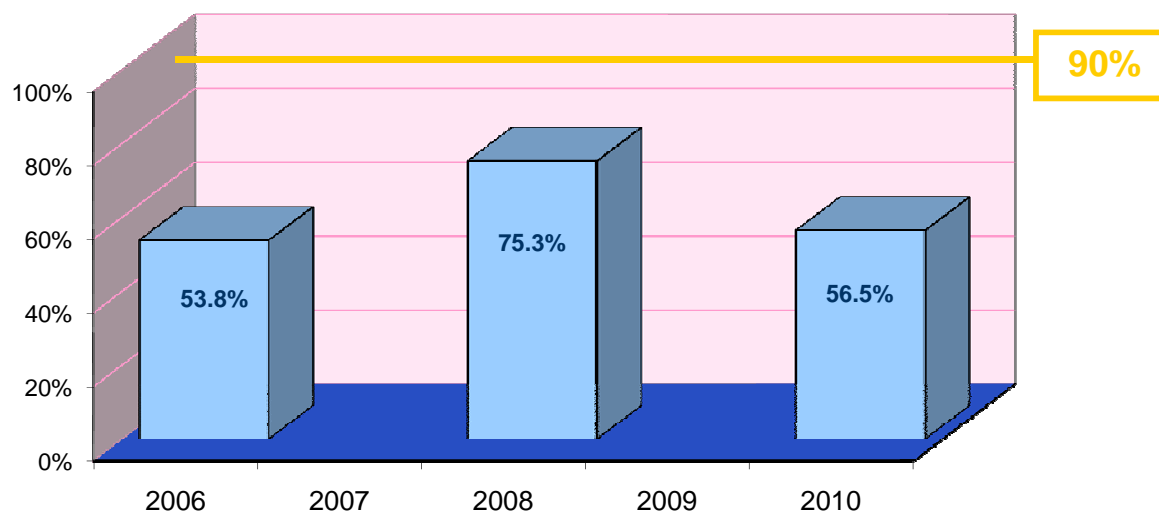


DATA SOURCE: Maryland Vital Statistics

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+

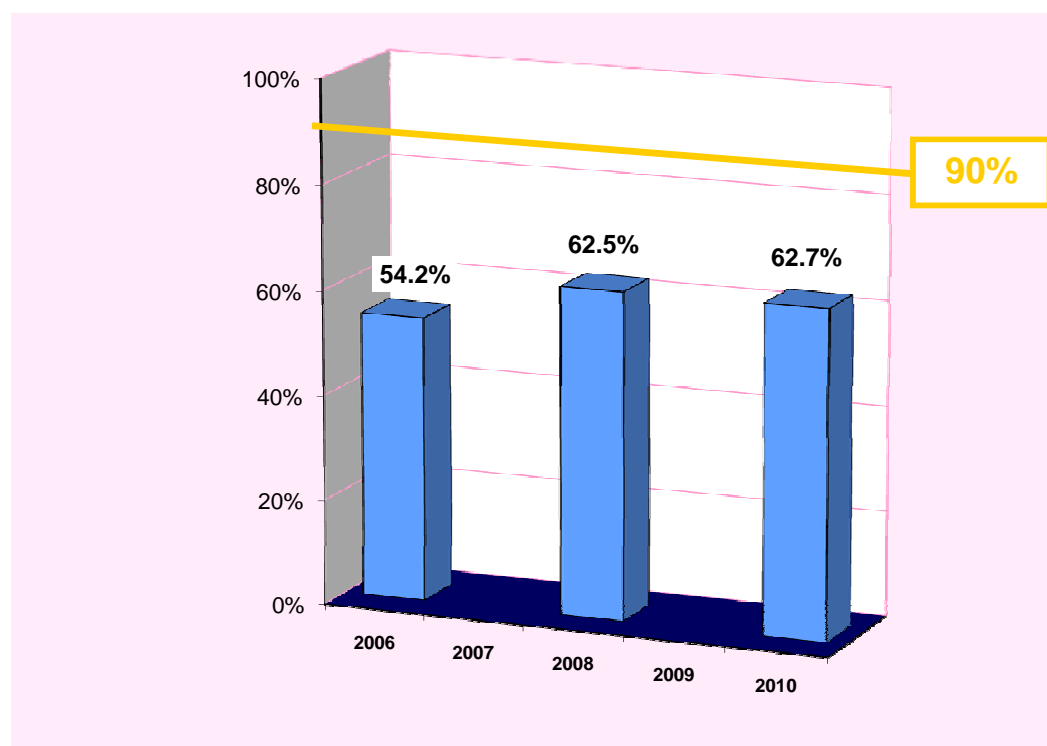


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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+

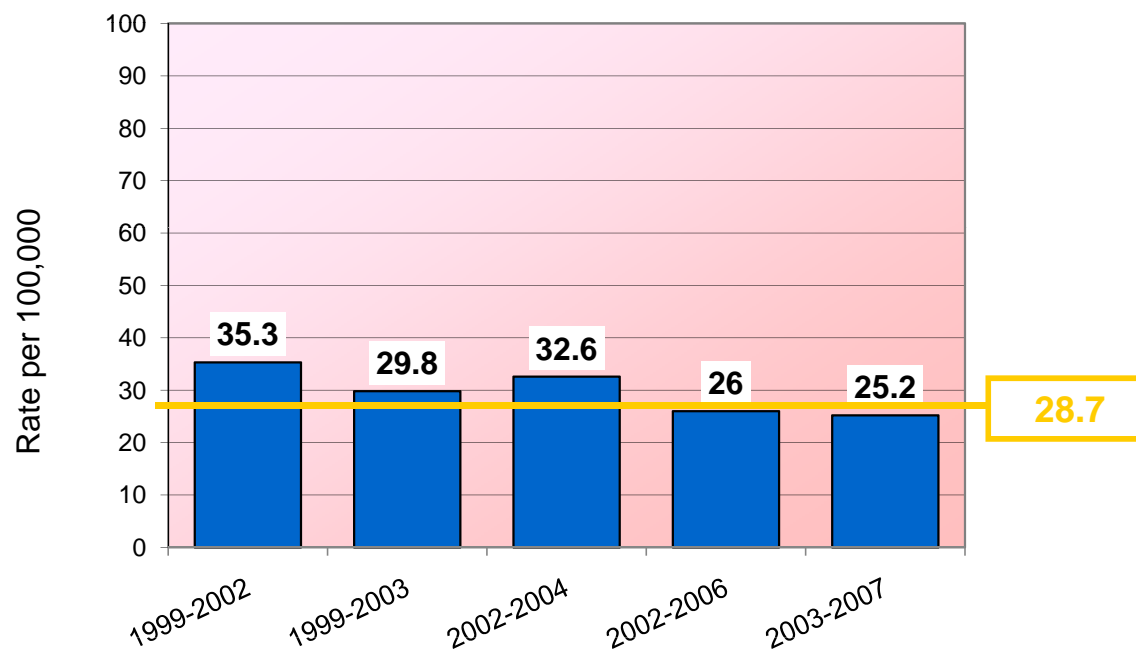


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

Cancer – Prostate Cancer

Prostate Cancer Mortality Rate – Carroll County

Improvement Objective: 28.7 per 100,000 or less



DATA SOURCE: Maryland Vital Statistics

HEALTHY CARROLL VITAL SIGNS: Measures of Community Health

GROWTH Data Charts

Updated June 2011

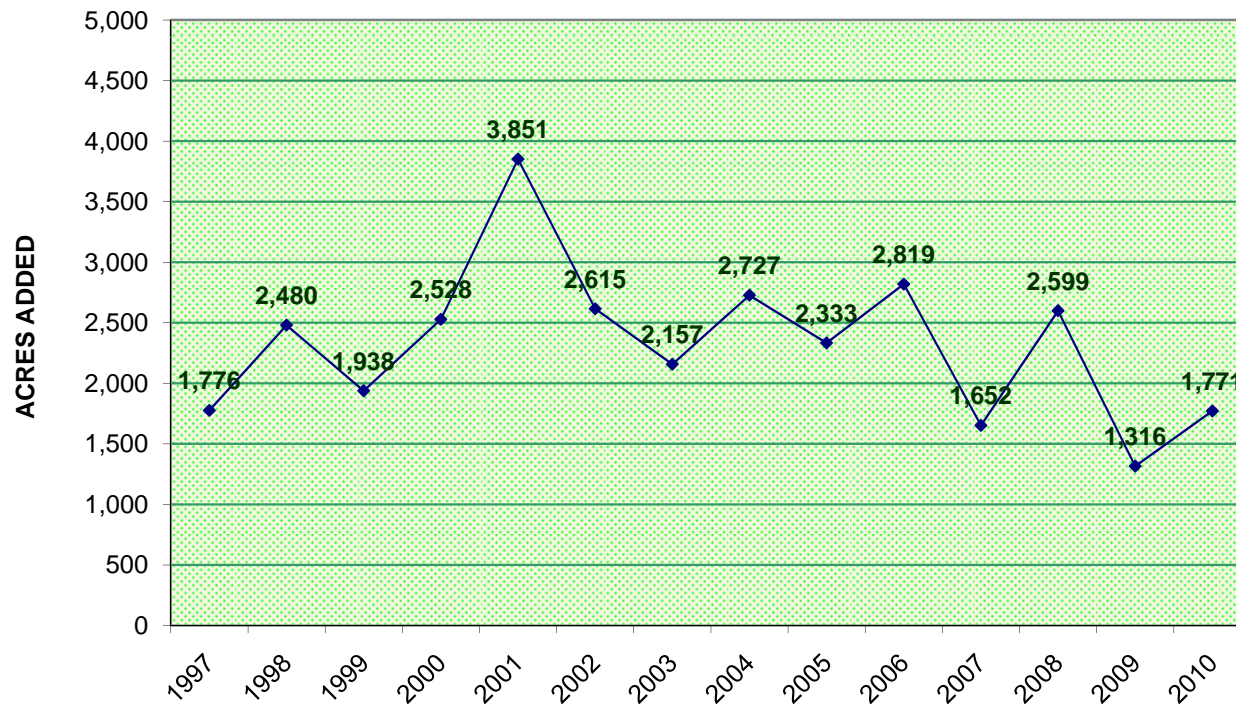
- Land Preservation: New Acres Per Year 1
- Land Preservation: Total Acres 2
- Recycled Waste: Percentage of Total 3



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

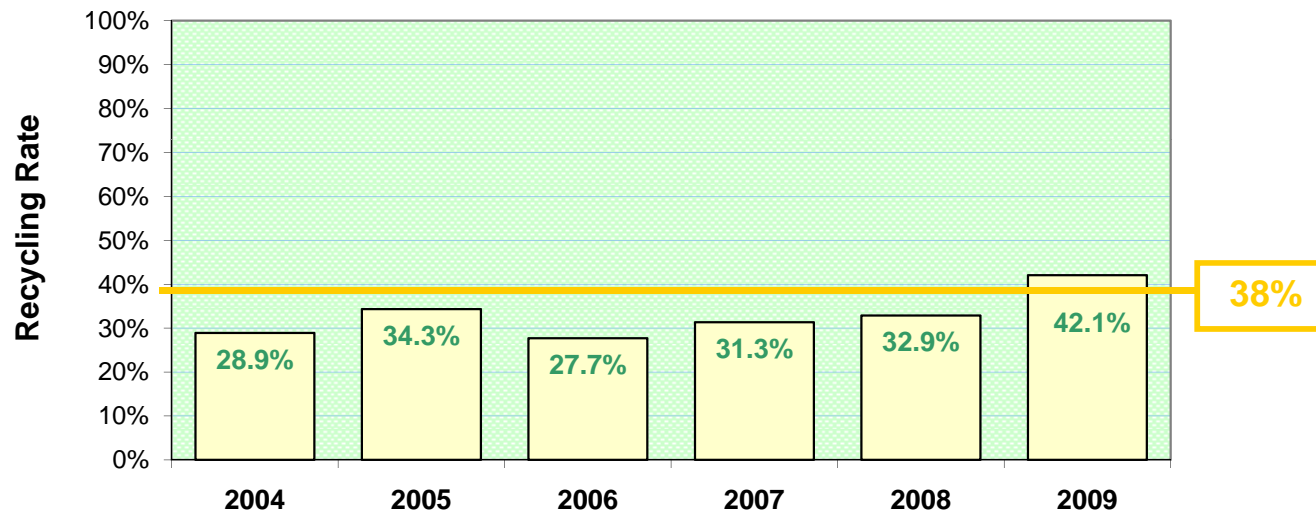


DATA SOURCE: Carroll County Department of Planning / Agricultural Land Preservation Program

Growth – Recycling

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 **INTERPERSONAL VIOLENCE Data Charts**

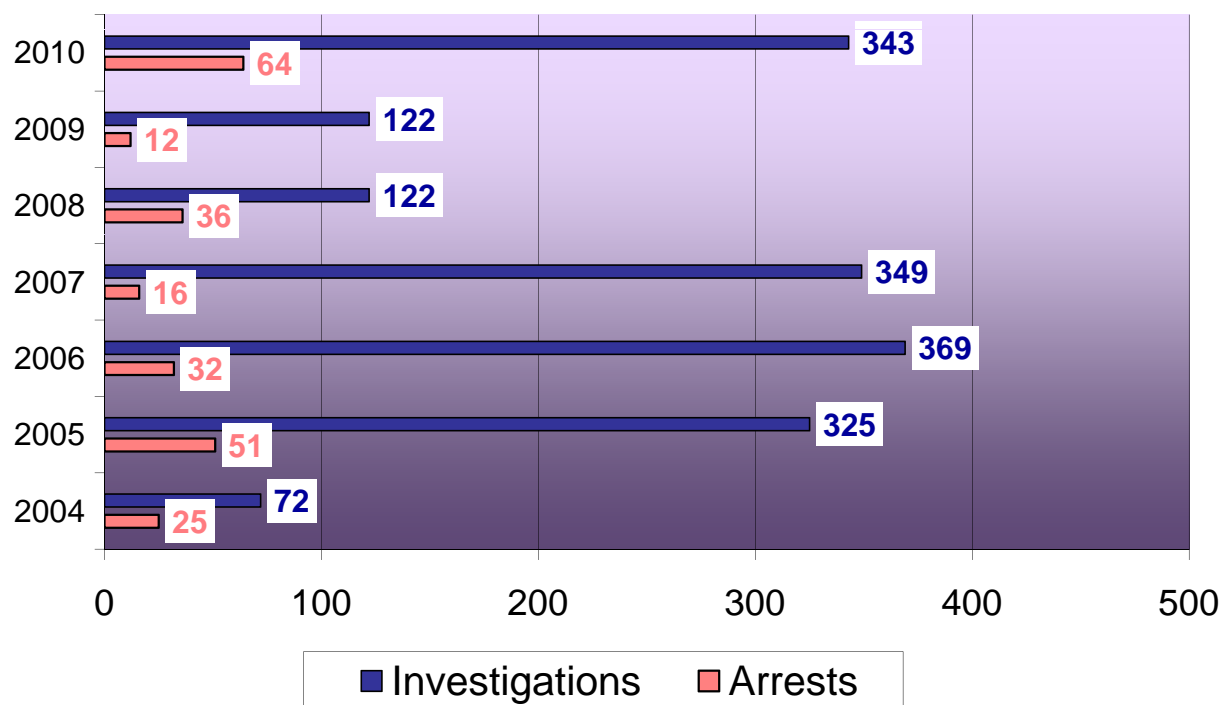
Updated June 2011

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

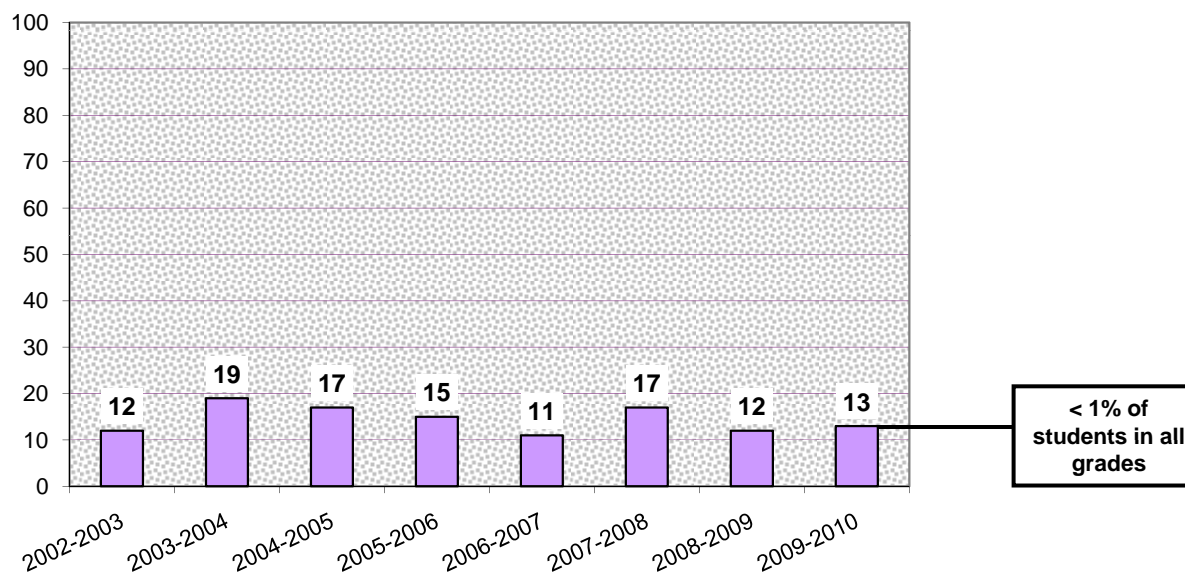
Number of child abuse investigations and arrests in Carroll County
Improvement Objective: 11.1 victims of child maltreatment or less per 1,000 children under age 18



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



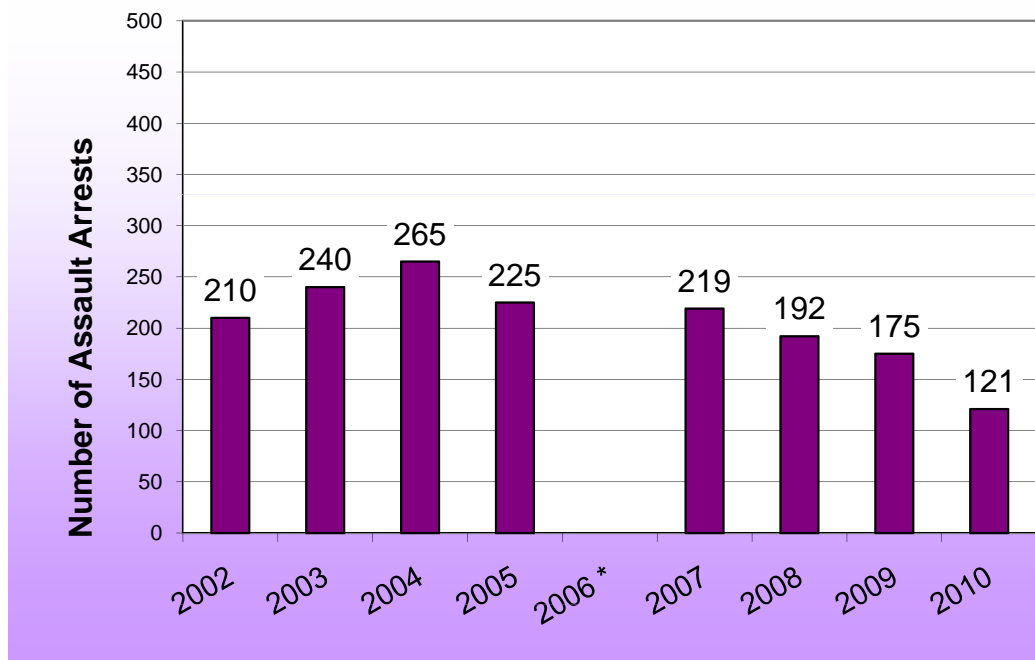
NOTE: Data is for all grades. The 13 occurrences in 2009-2010 include students in all grades, and represent less than 1% of the entire CCPS student population. CCPS does not track violations by grade.

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



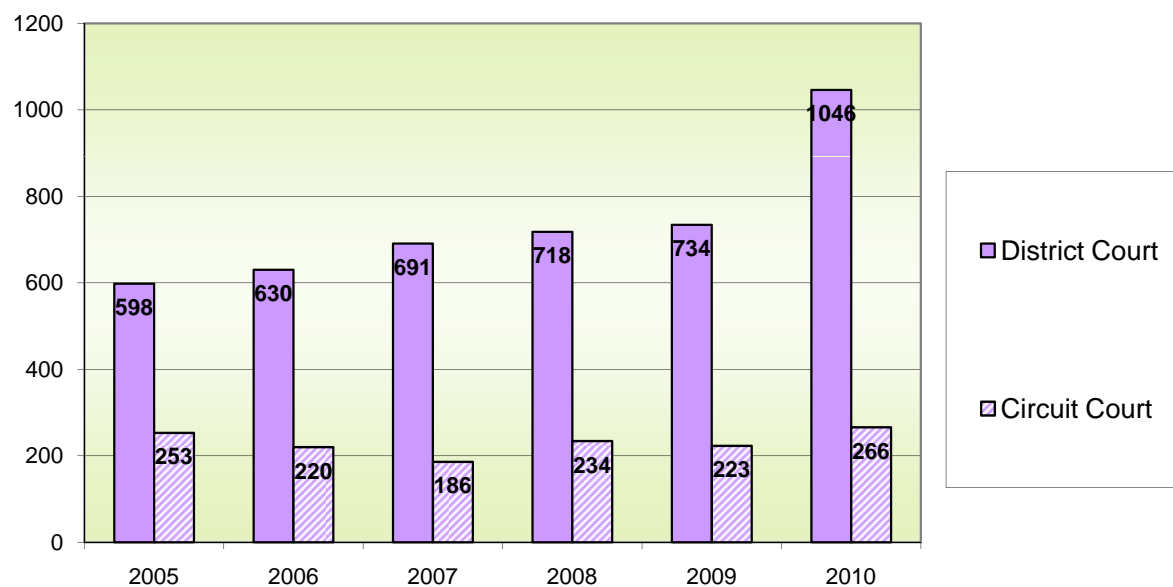
DATA SOURCE: Carroll County Department of Juvenile Services

* 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

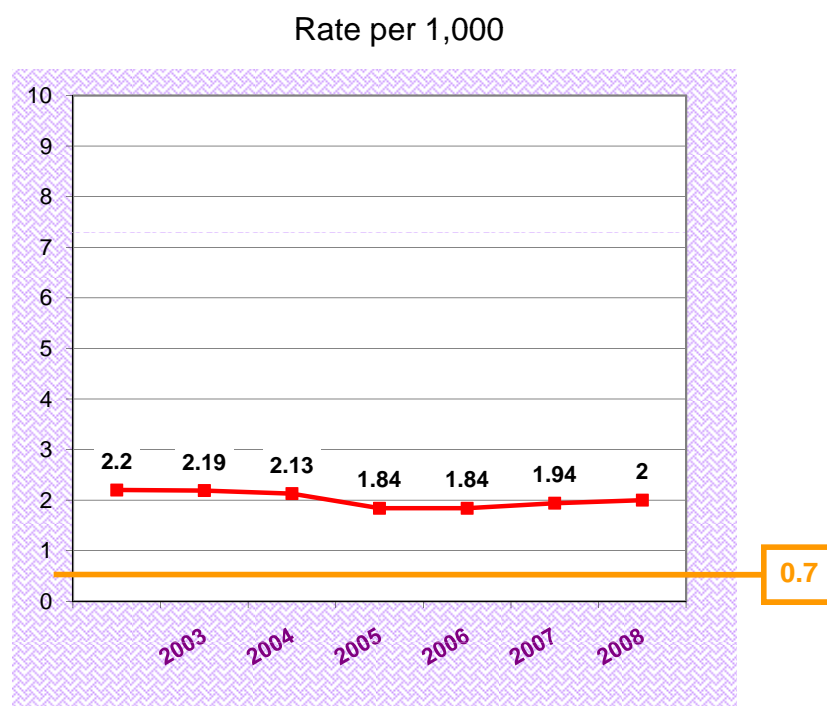
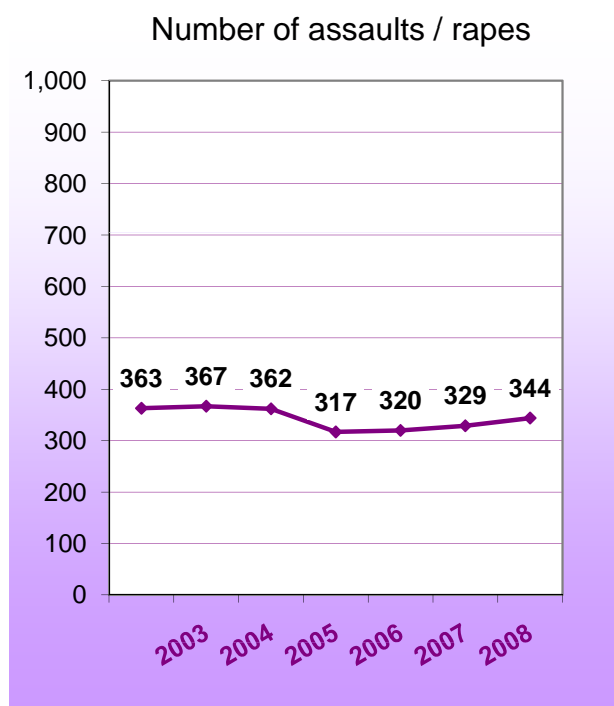


DATA SOURCE: Carroll County District and Circuit Court and Carroll County Sheriff's Office Annual Report

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
POSITIVE YOUTH & FAMILY DEVELOPMENT
Data Charts - Updated June 2011

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

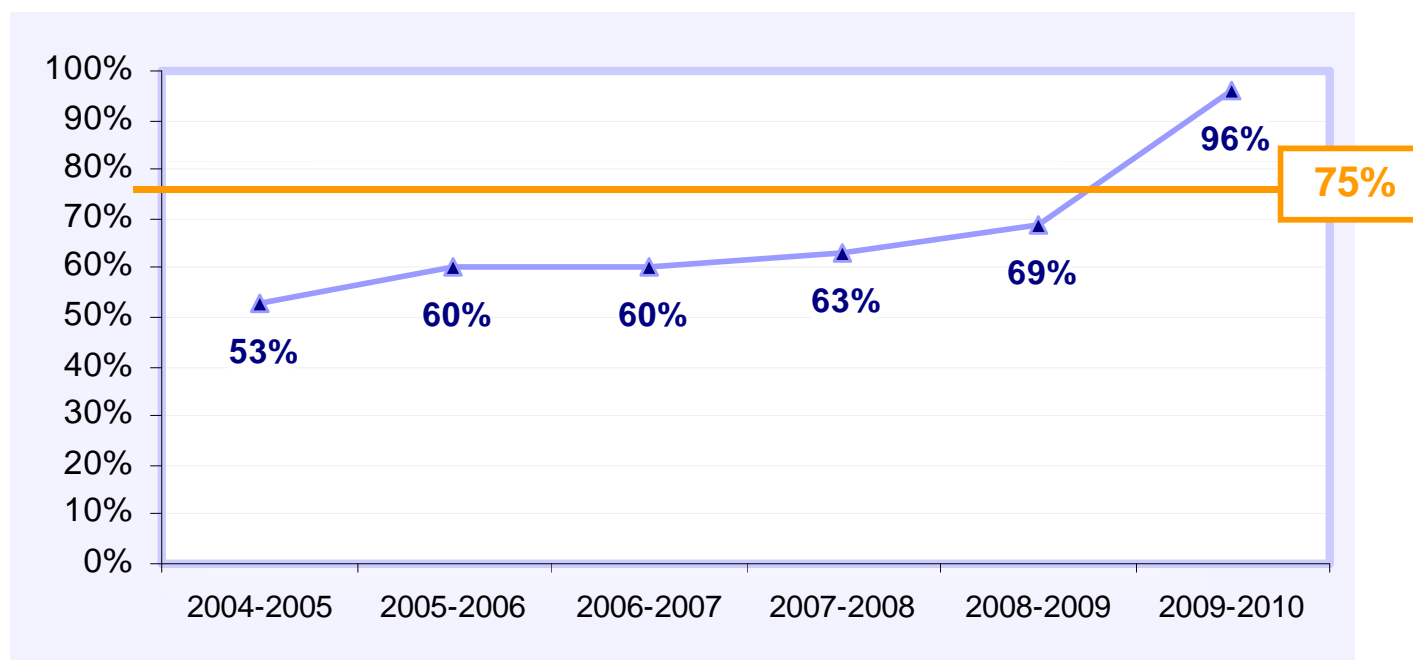
** For chart #2, no new data is available.*



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



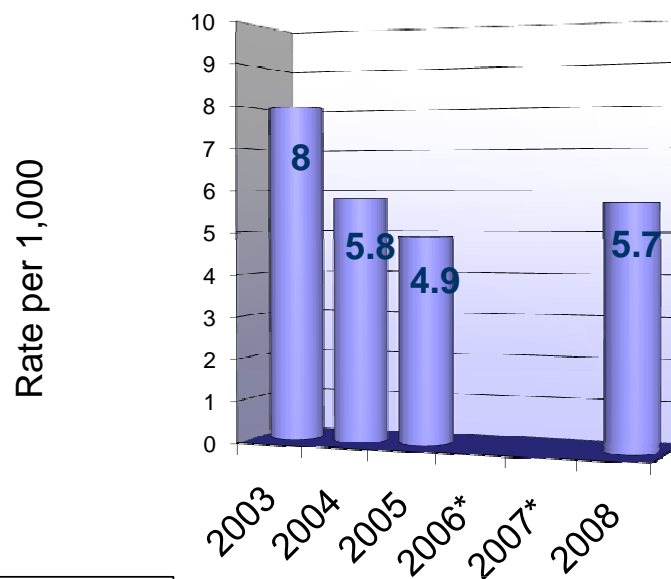
DATA SOURCE: Kindergarten Assessment – Maryland State Department of Education

1

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

Child Abuse or Neglect Investigations Ruled as Indicated or Unsubstantiated

Improvement Objective: Downward Trend



NOTE: newer data not available

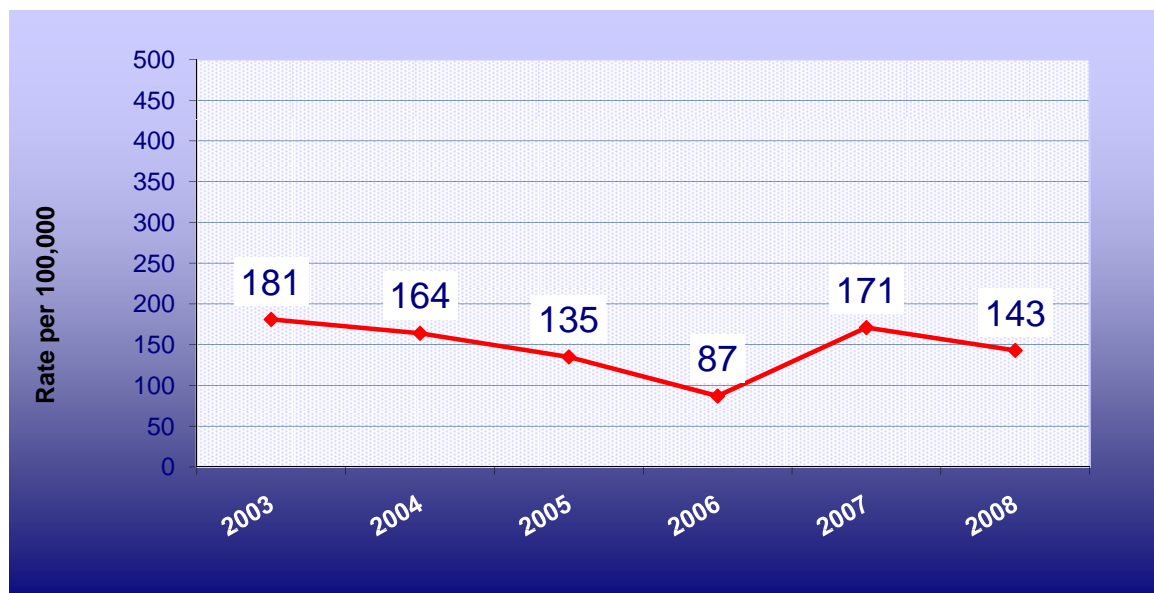
* 2006 and 2007 Data not available

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

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

Juvenile violent offense arrest rate, ages 10-17

Improvement Objective: Downward Trend

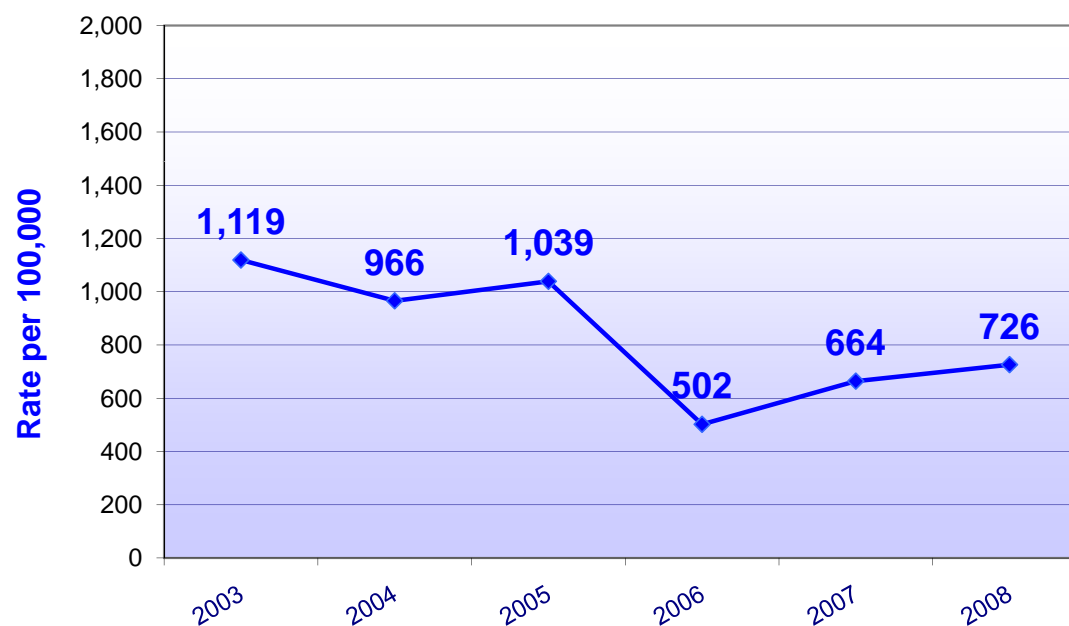


DATA SOURCE: Maryland State Police Uniform Crime Report

3

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

Juvenile non-violent offense arrest rates ages 10-17

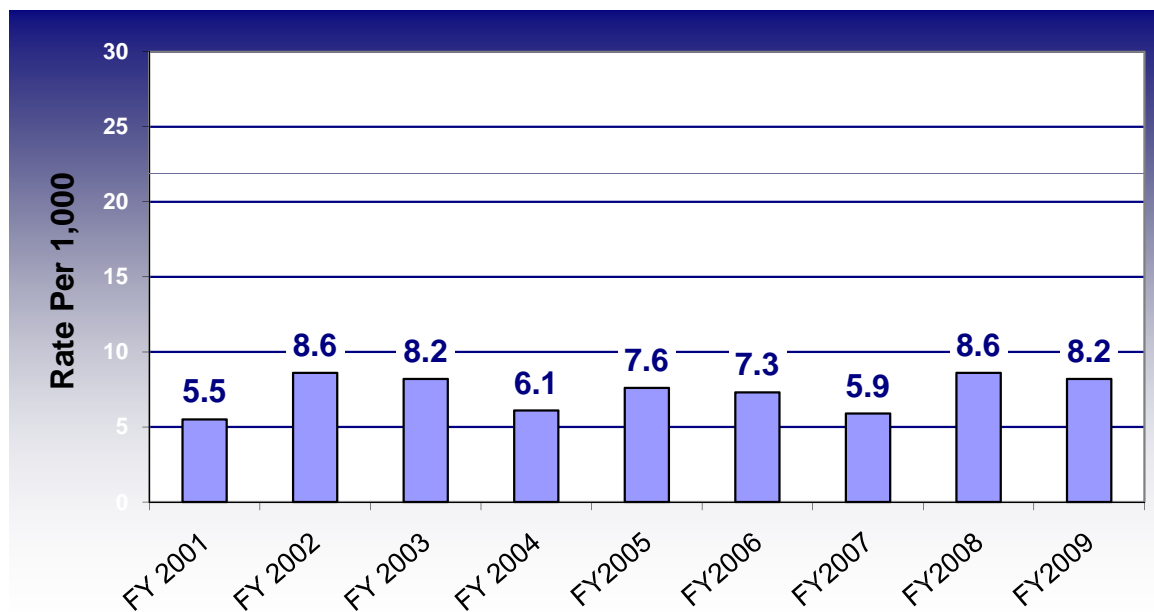


DATA SOURCE: Maryland State Police Uniform Crime Report

Positive Youth & Family Development – Stable & Economically Independent Families

Out-of-Home Placements

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

WATER SUPPLY Data Charts

Updated June 2011

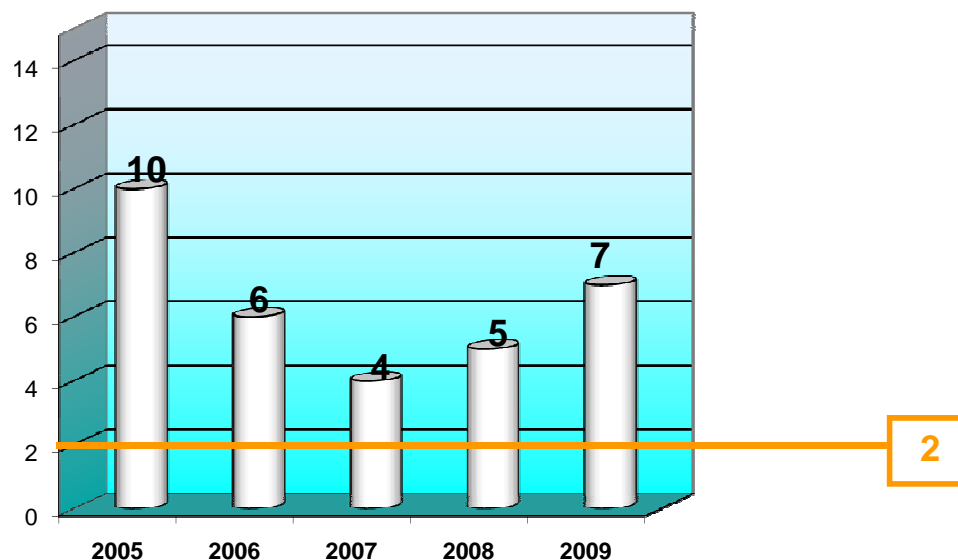
Water Safety: Sewage Overflows	1
Recreation / Quality: Fish Kills	2
Recreation / Quality: Stream Miles Assessed	3
Supply: Water Use per Household	4



Water Supply – Safety / Quality

Public Sewage Overflows Per Year in Carroll County

Improvement Objective: 2 or less per year



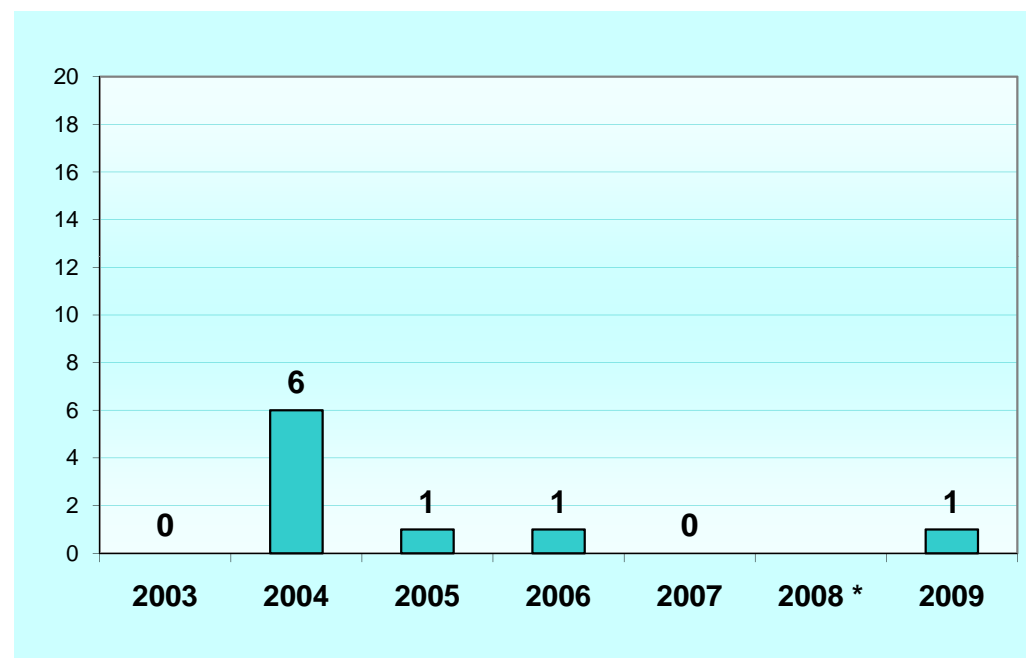
NOTE: newer data not available

DATA SOURCE: Carroll County Health Department

Water Supply – Recreation/ Quality

Number of Fish Kills Reported

Improvement Objective: Developmental



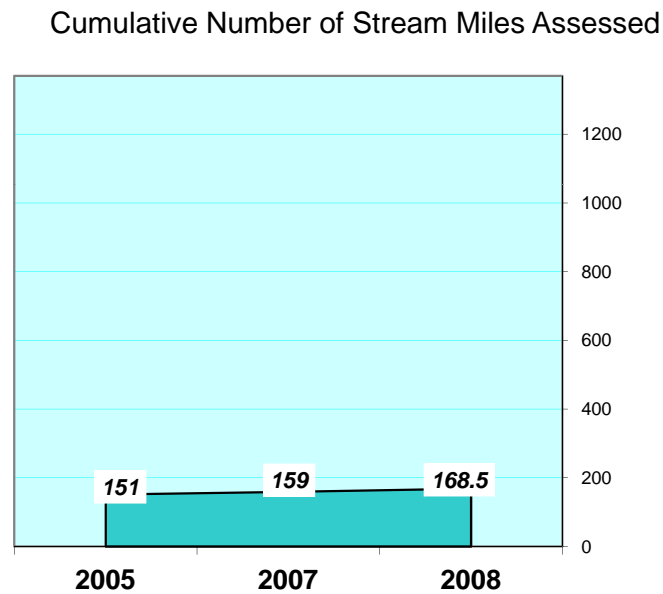
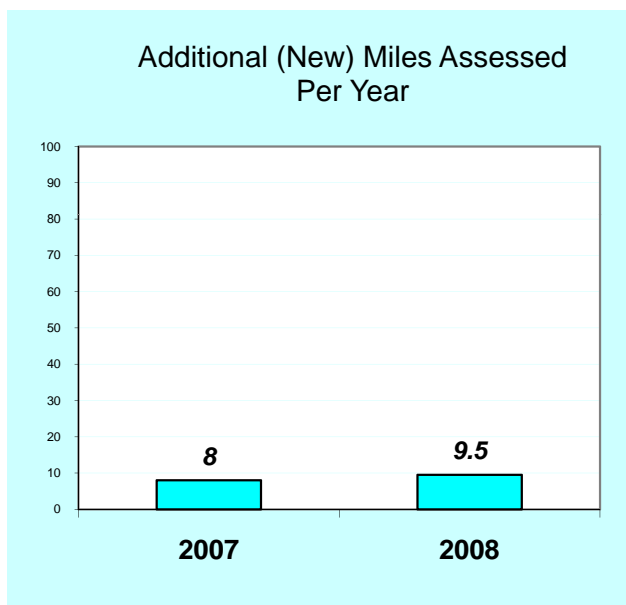
NOTE: newer data not available

DATA SOURCE: Maryland Department of the Environment

Water Supply – Recreation/ Quality

Stream Miles Assessed (Cumulative Total)

Improvement Objective: Developmental



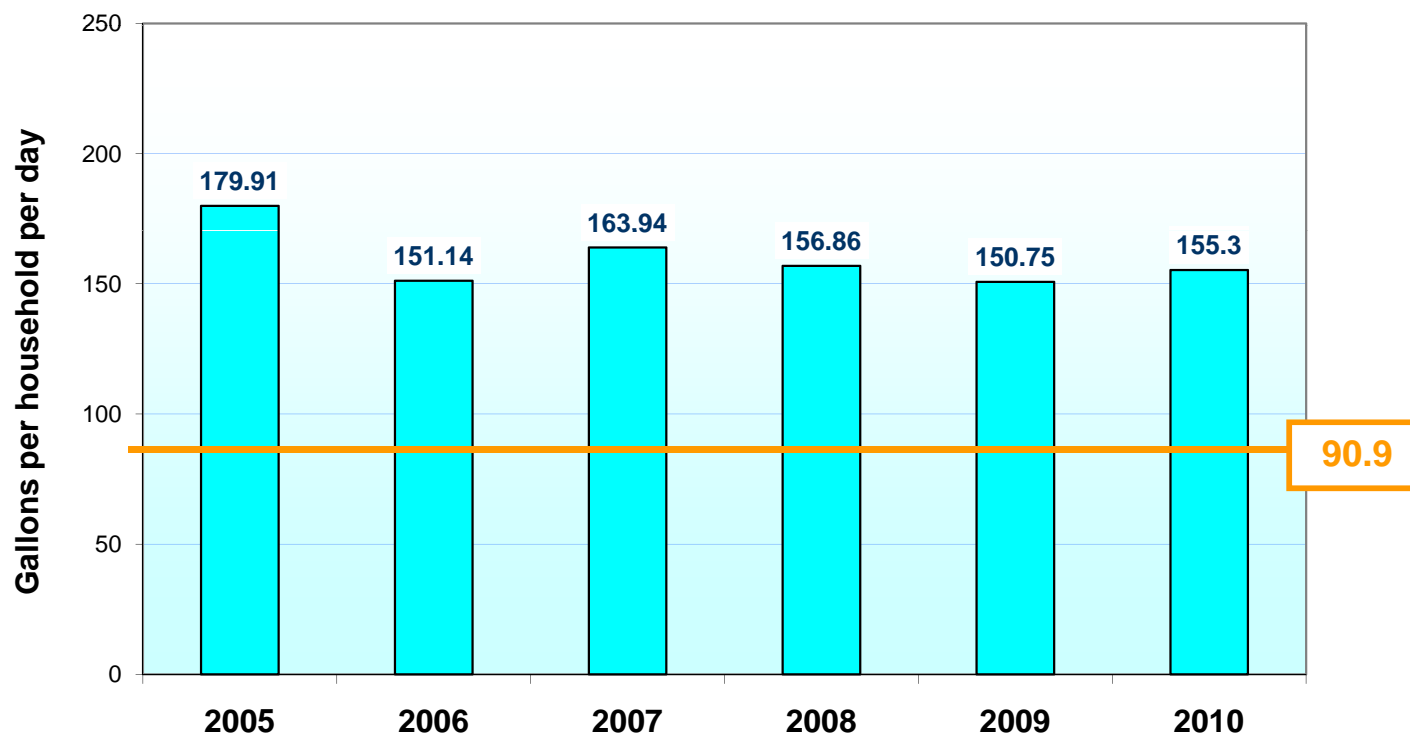
NOTE: newer data not available

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

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

Updated June 2011

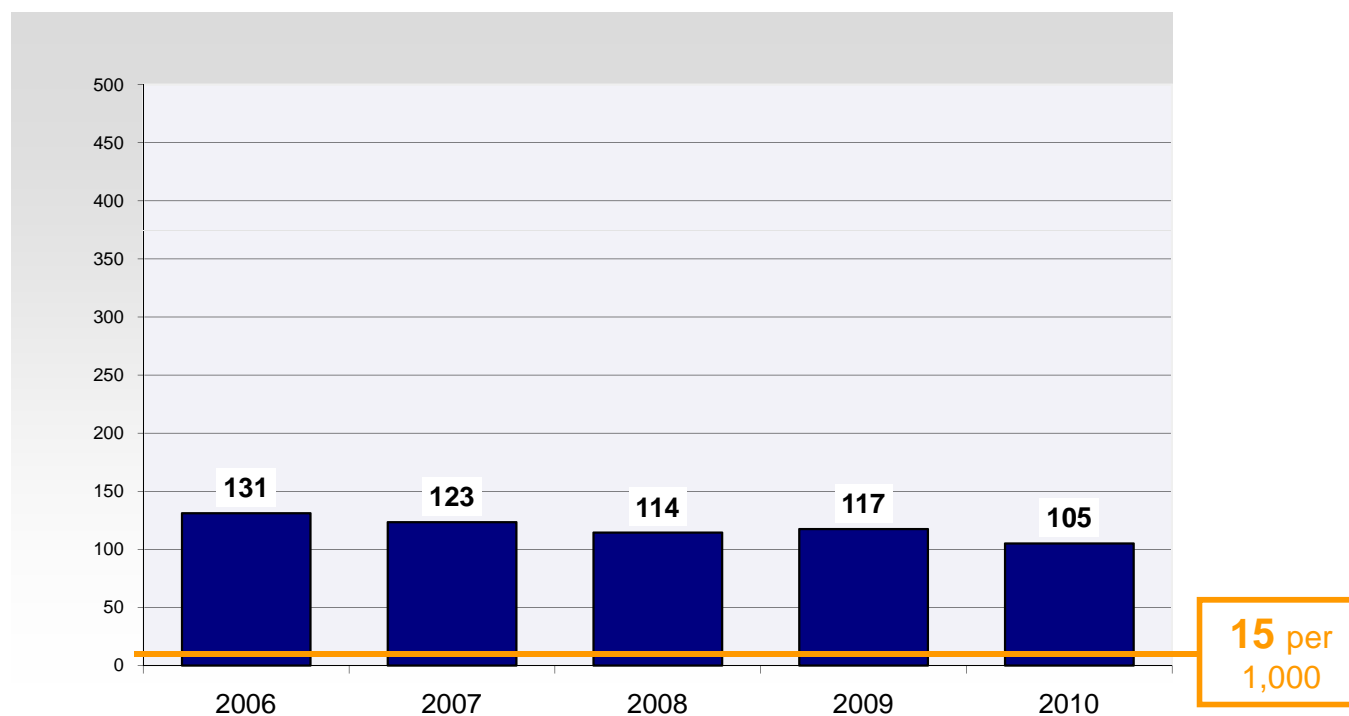
1. Cardiovascular Health: Congestive Heart Failure
2. Cardiovascular Health: Stroke Awareness
3. Flu Immunization
4. Health Care Planning: Advance Directives
5. In-Home Safety: Hip Fractures
6. Motor Vehicle Safety: Seat Belt Compliance



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

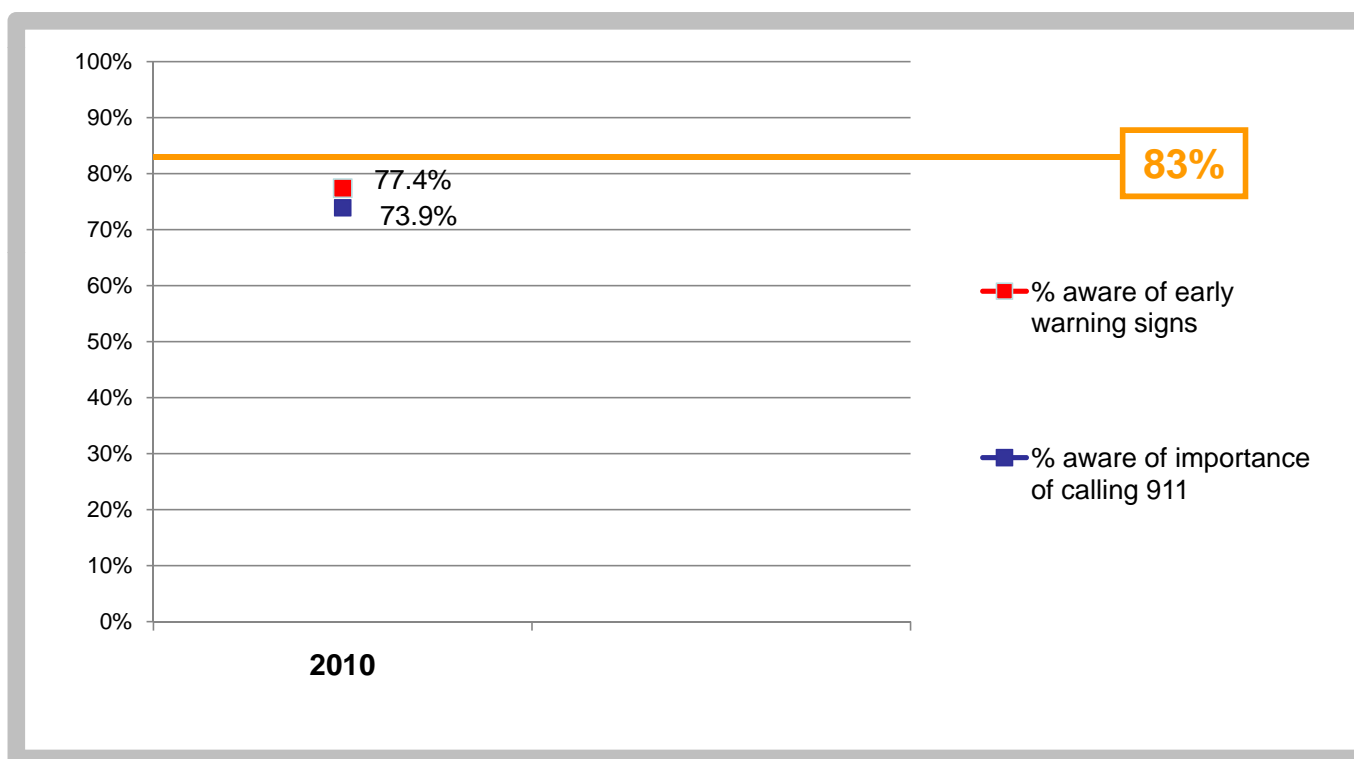


SOURCE: Carroll Hospital Center (citing Market Share Analyst)

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.

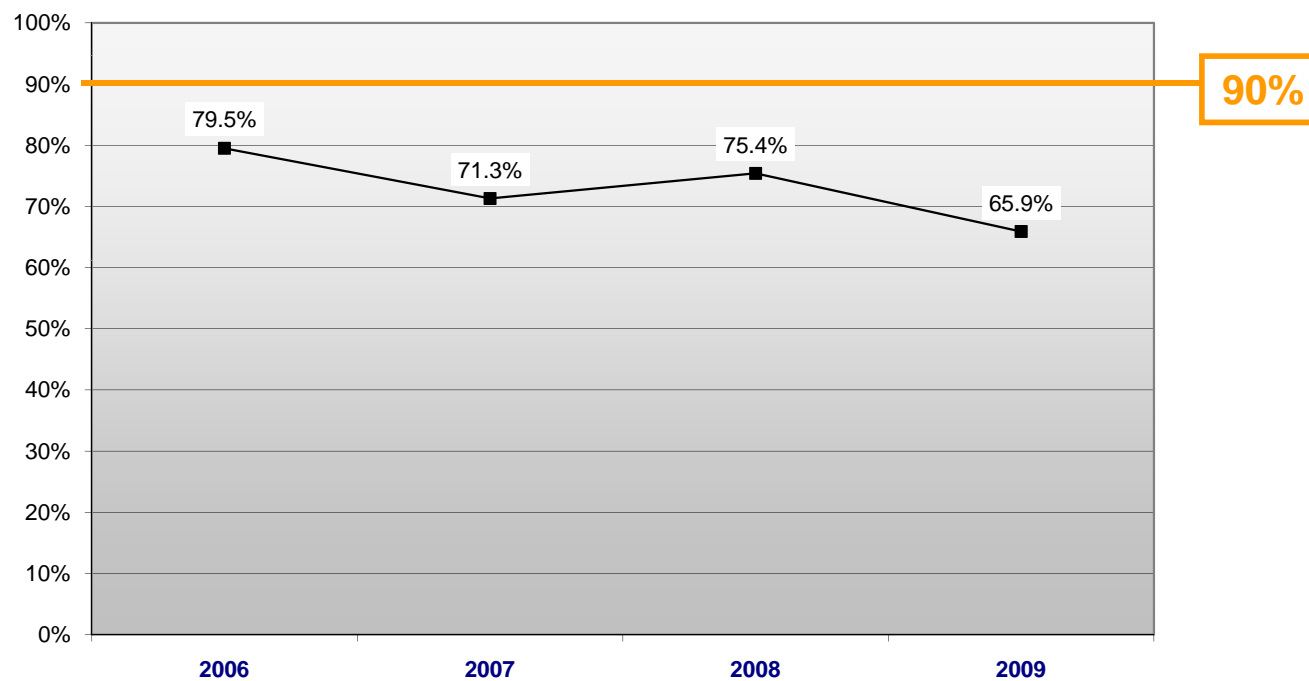
Improvement Objective: 83%



DATA SOURCE: Elder Health Leadership Team Survey

ELDER HEALTH

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

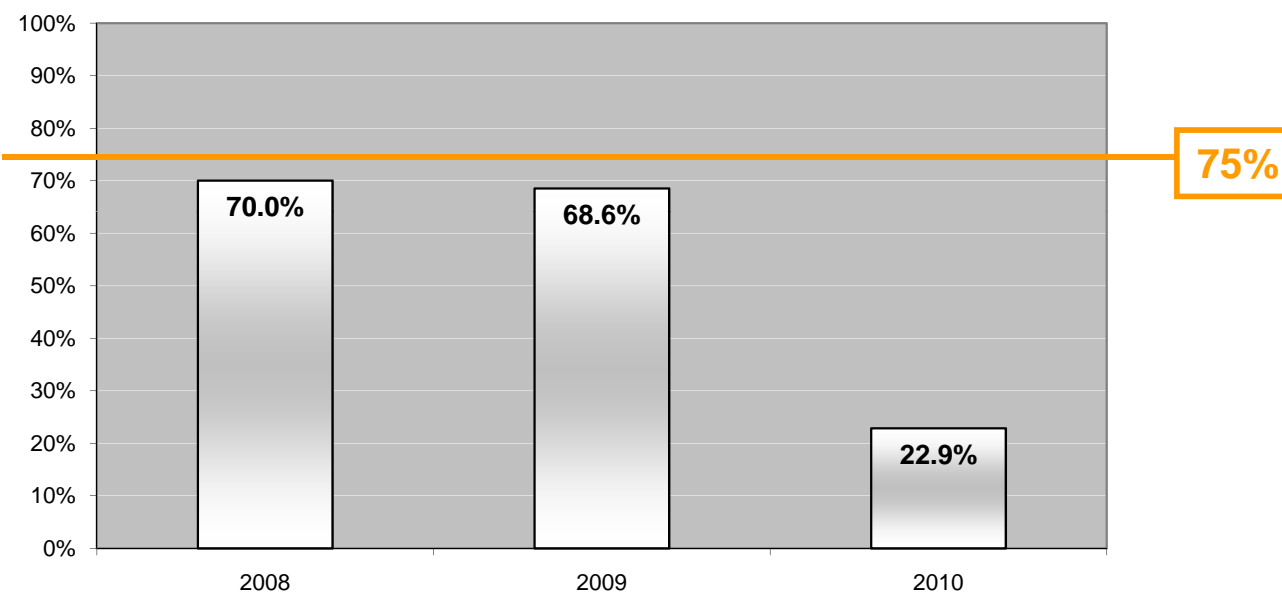


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

ELDER HEALTH

Percentage of patients aged 65+ admitted to Carroll Hospital Center who reported that they have an advance directive

Improvement Objective: 75%



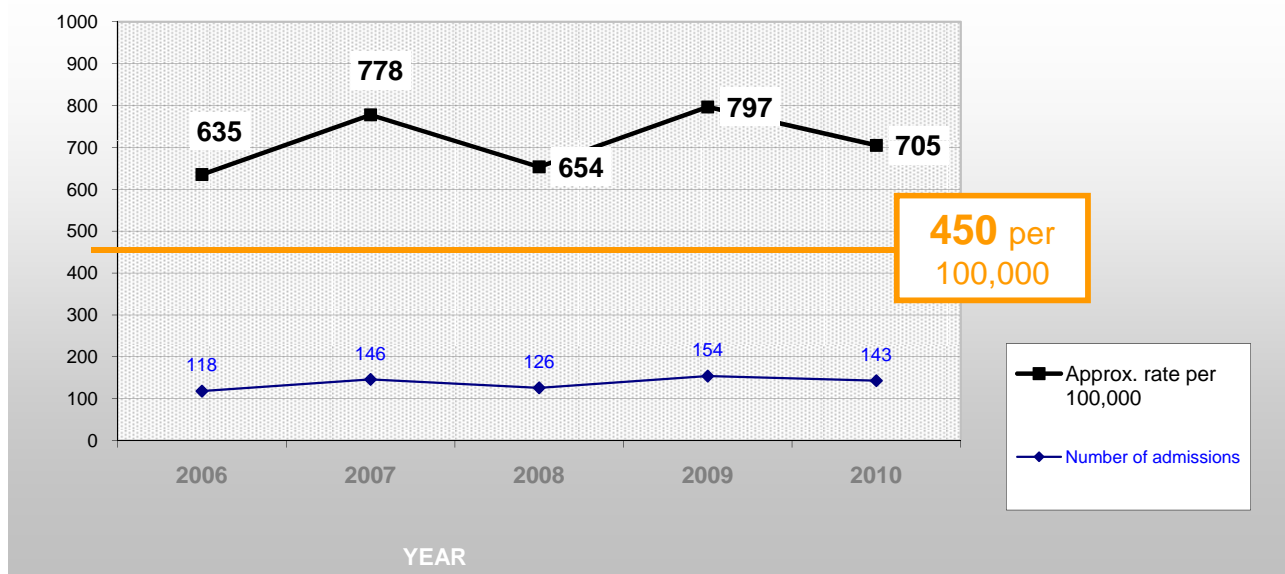
NOTE: Drop in rate between 2009 and 2010 may be due to differences in reporting.

DATA SOURCE: Carroll Hospital Center

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

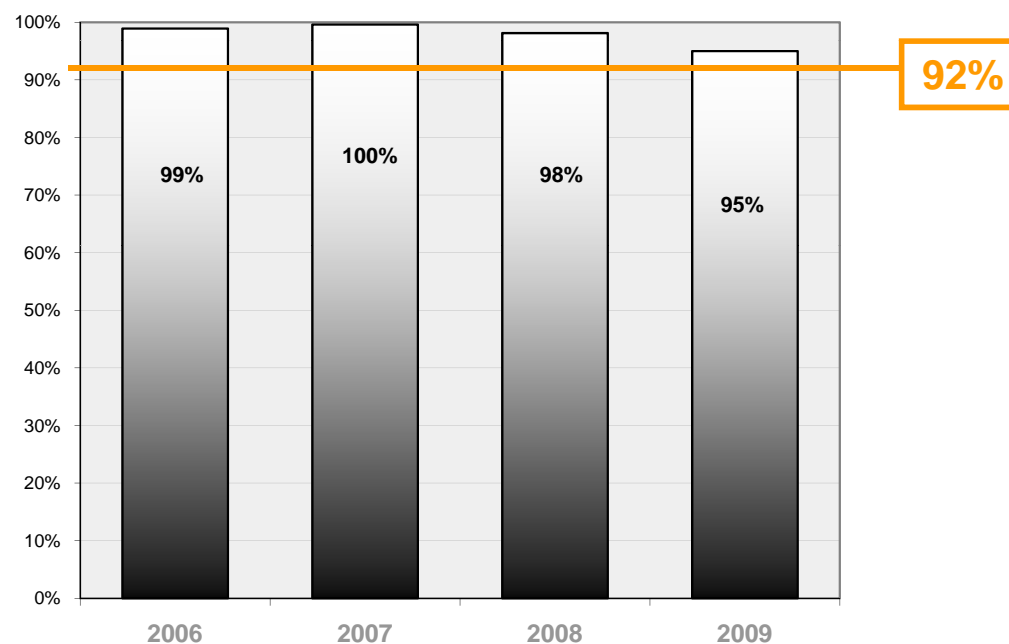


SOURCE: Carroll Hospital Center (citing Market Share Analyst)

ELDER HEALTH

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% reported wearing a seat belt when a passenger.

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

HEALTHY CARROLL VITAL SIGNS: Measures of Community Health

HEART HEALTH Data Charts

Updated June 2011

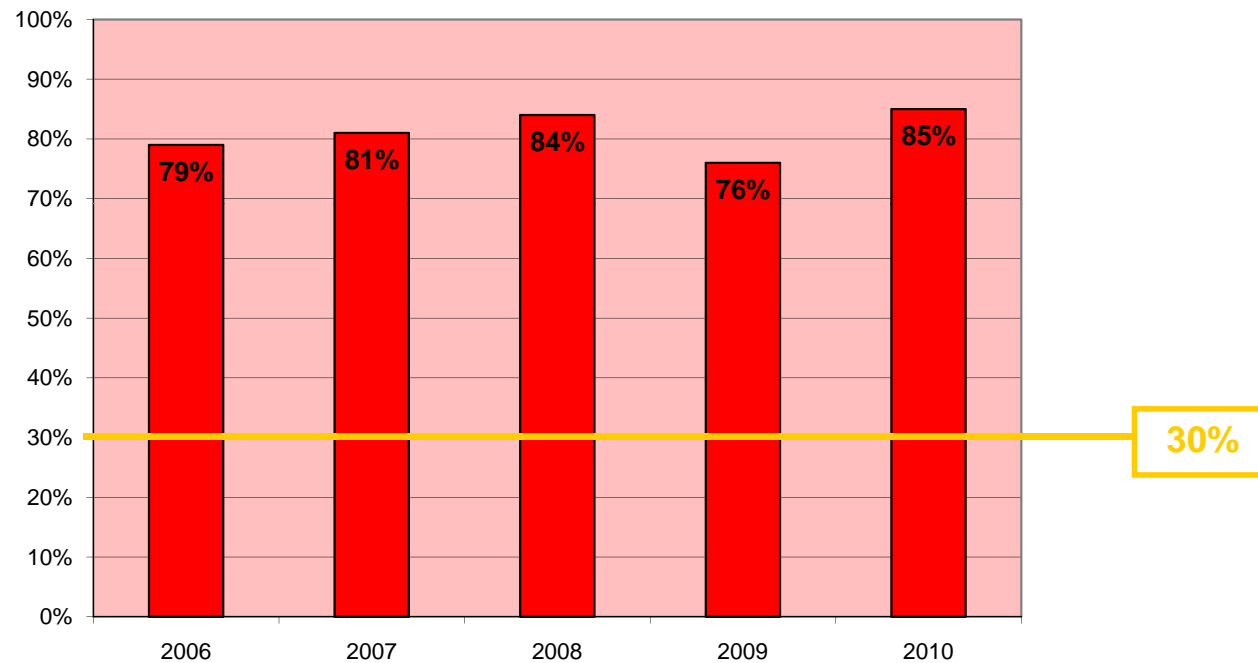
- Physical Activity 1
- Cardiovascular Disease: Deaths 2
- Cardiovascular Disease: High Blood Pressure 3
- Stroke 4
- Tobacco Use - Adult Smoking 5



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%

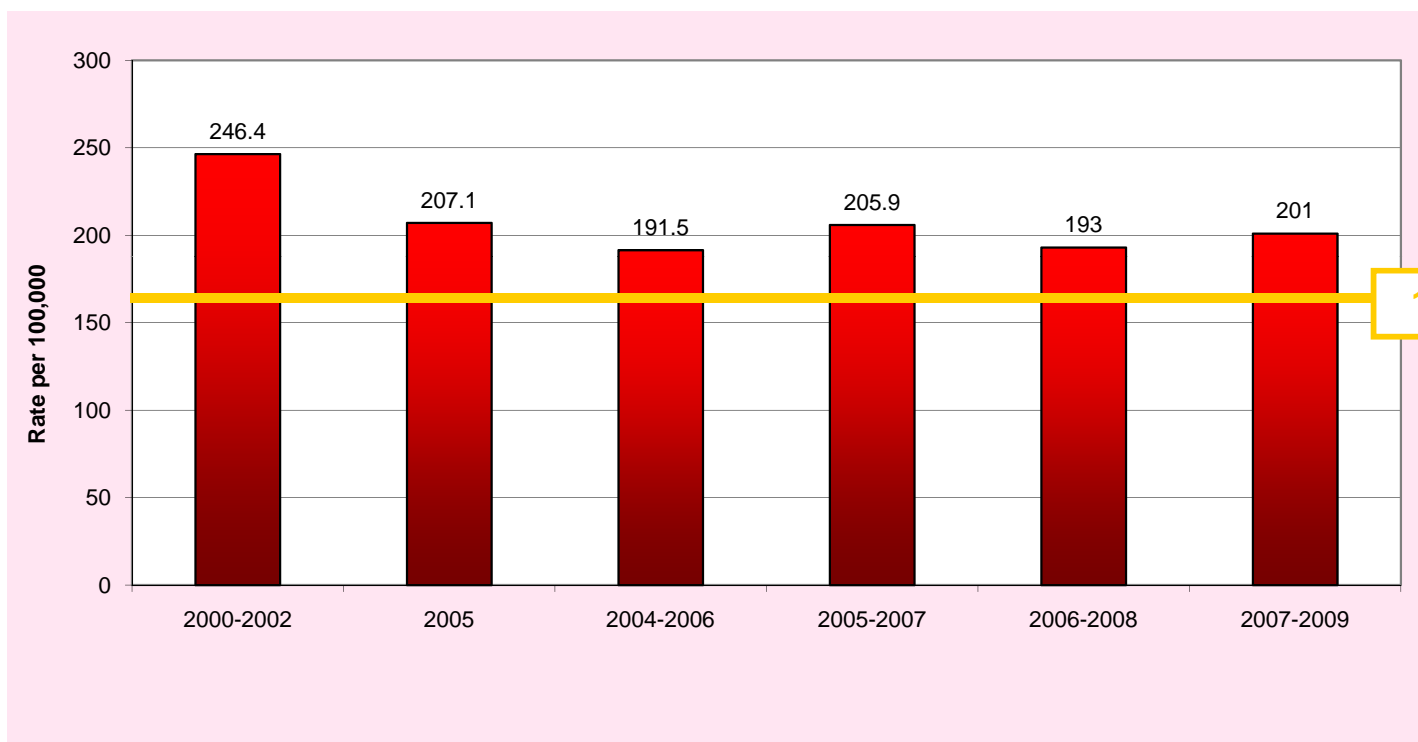


DATA SOURCE: Carroll County Public Schools

Heart Health – Cardiovascular Disease

Mortality Rate, Diseases of the Heart

Improvement Objective: 166 per 100,000 or less

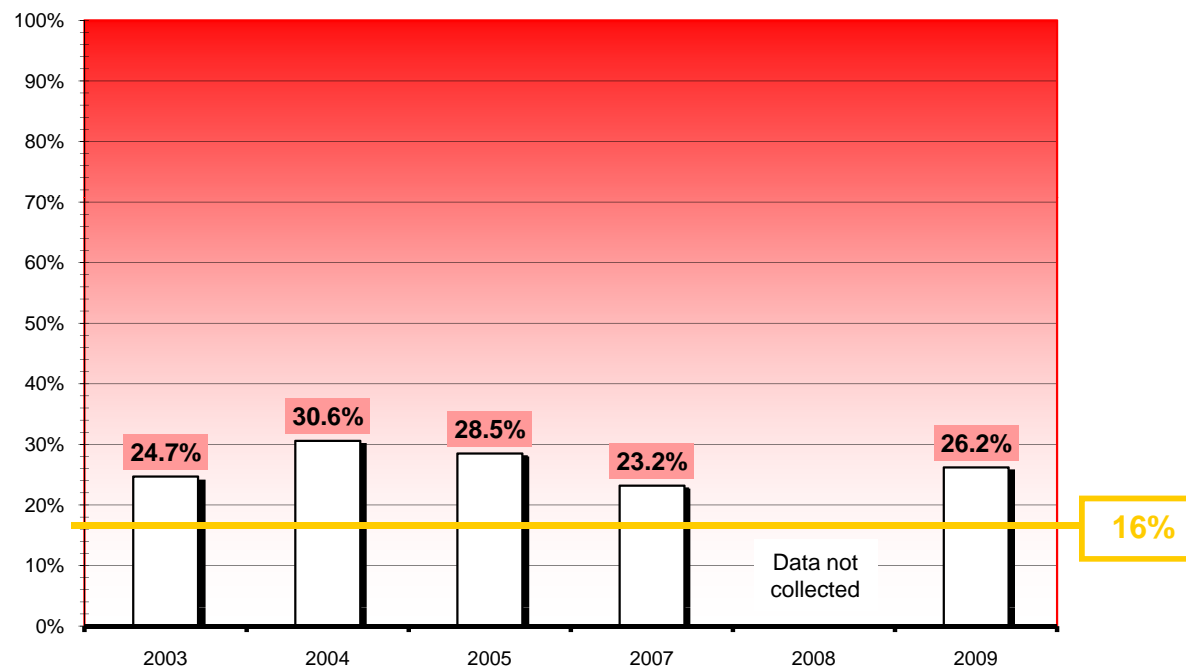


DATA SOURCE: Maryland Vital Statistics

Heart Health – Cardiovascular Disease

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

Improvement Objective: 16% or less

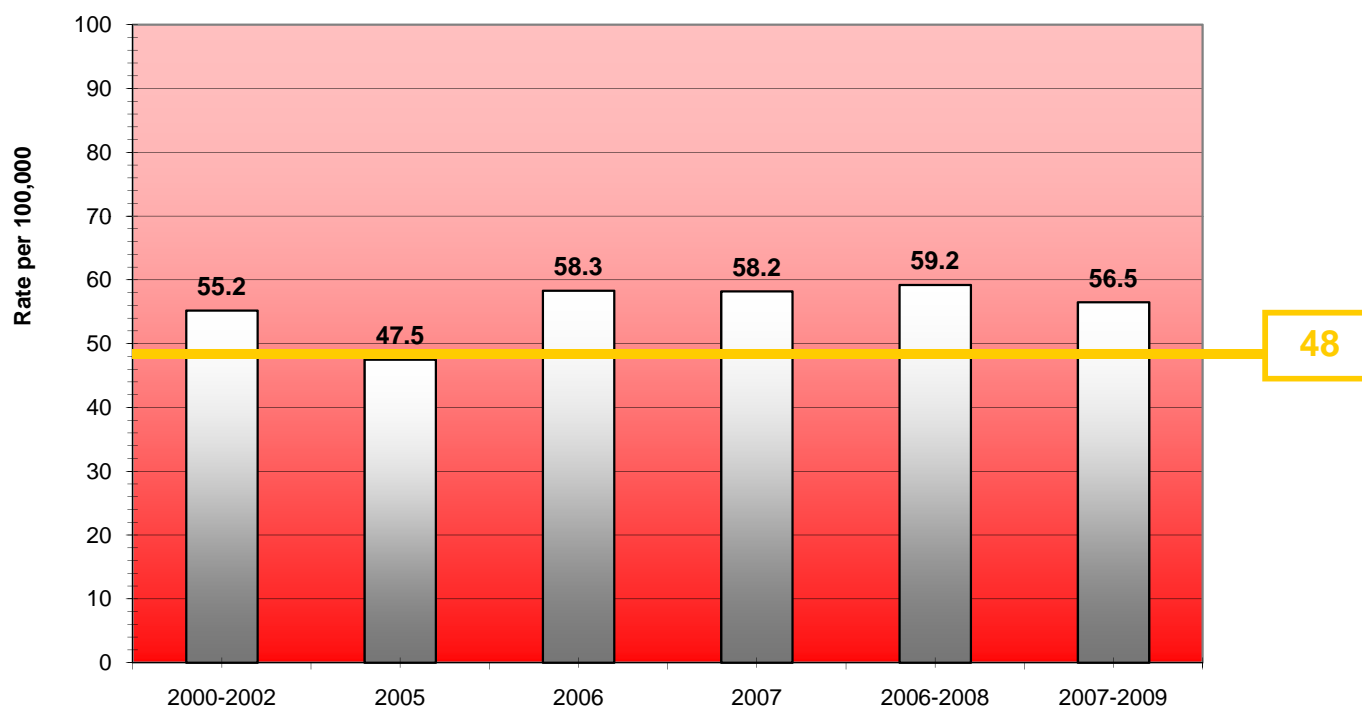


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

Heart Health – Stroke

Deaths from Cerebrovascular Disease (Stroke Mortality Rate)

Improvement Objective: 48 per 100,000 or less

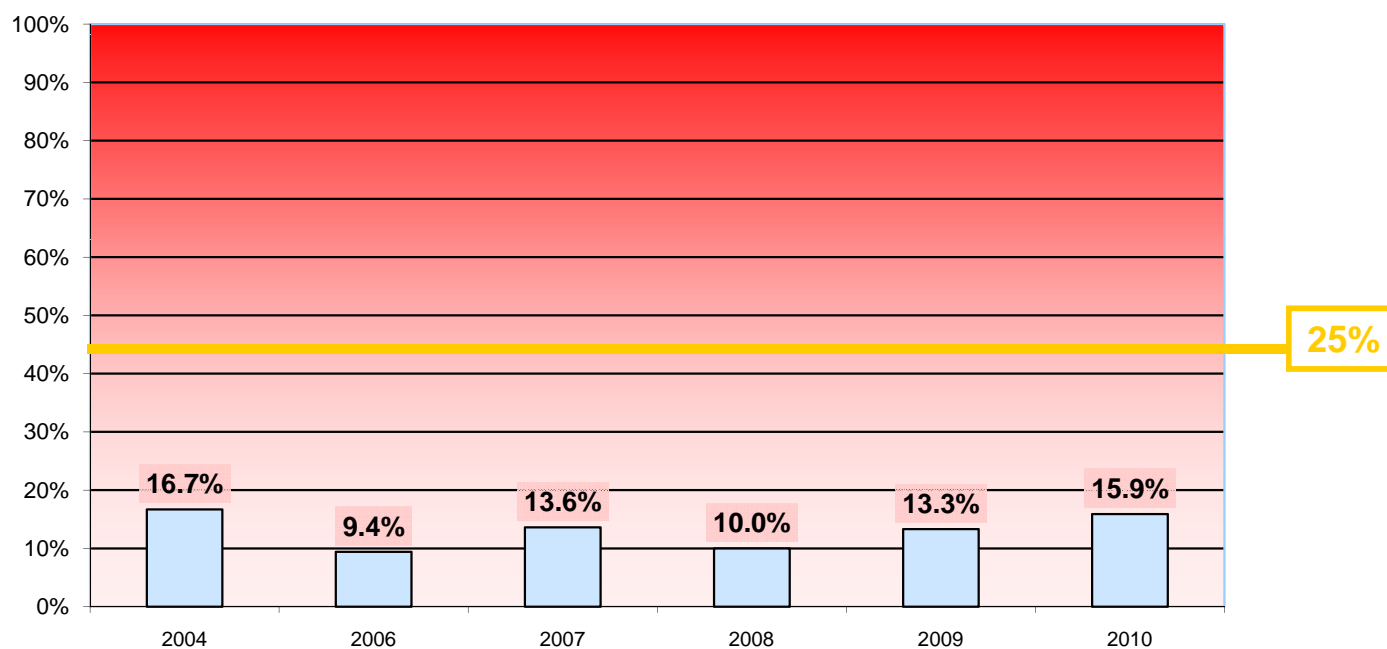


DATA SOURCE: Maryland Vital Statistics

Heart Health – Tobacco Use

Percentage of Adults Who Smoke Every Day

Improvement Objective: 25% or less



DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System

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

Updated June 2011

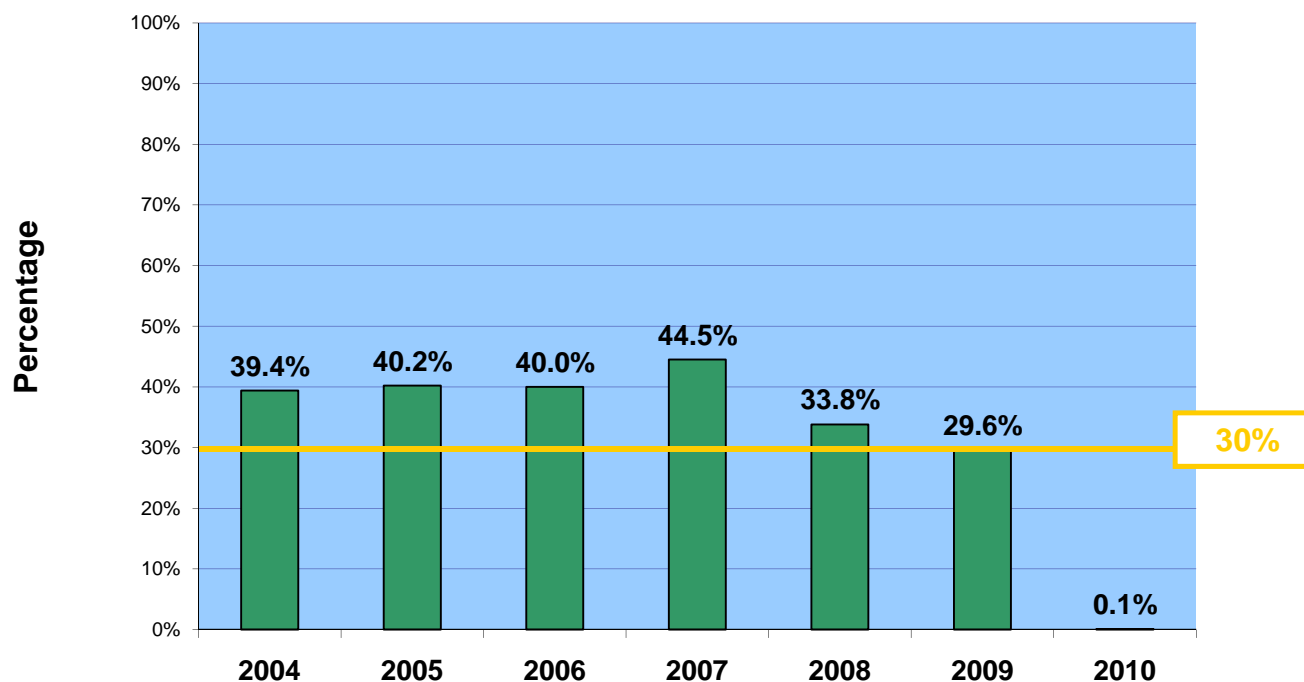
- Physical Activity: Adults 1
- Nutrition: Fruits & Vegetable – Adults 2
- Nutrition: Obesity – Adults 3
- Nutrition: Diabetes 4
- Safety: Motor Vehicle Deaths 5
- Safety: Motor Vehicle Injuries 6



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%



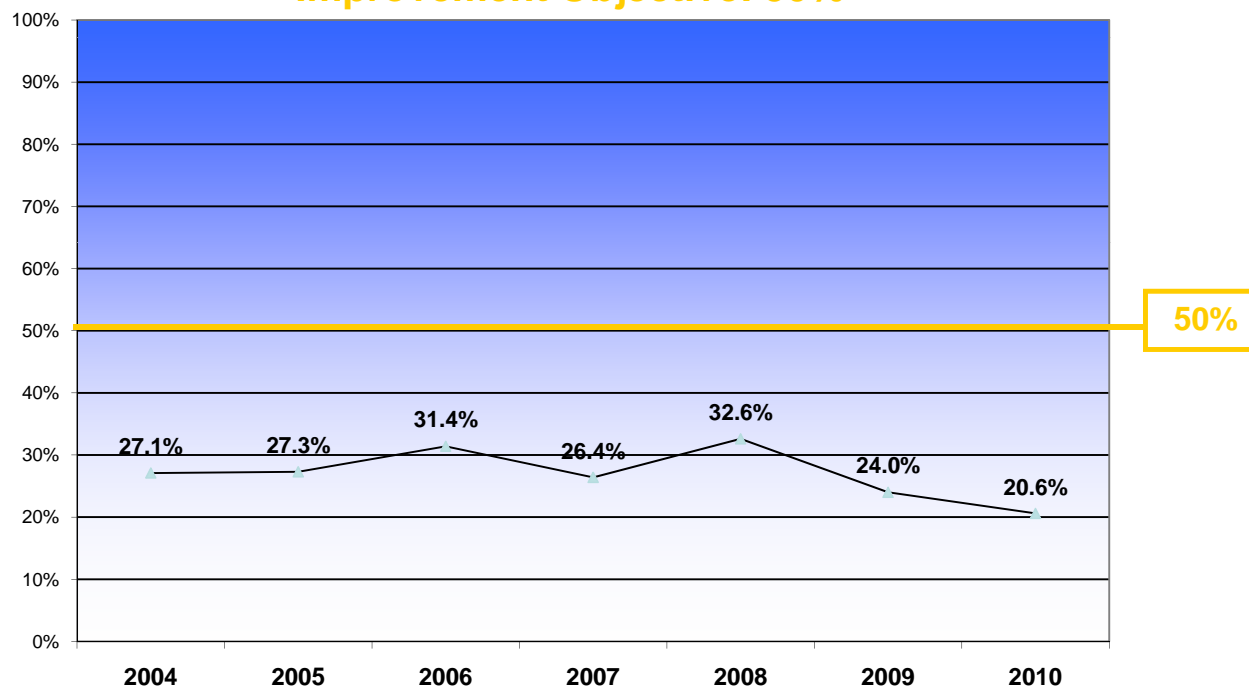
NOTE: Data are based on a sample and are subject to sampling variability.

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%

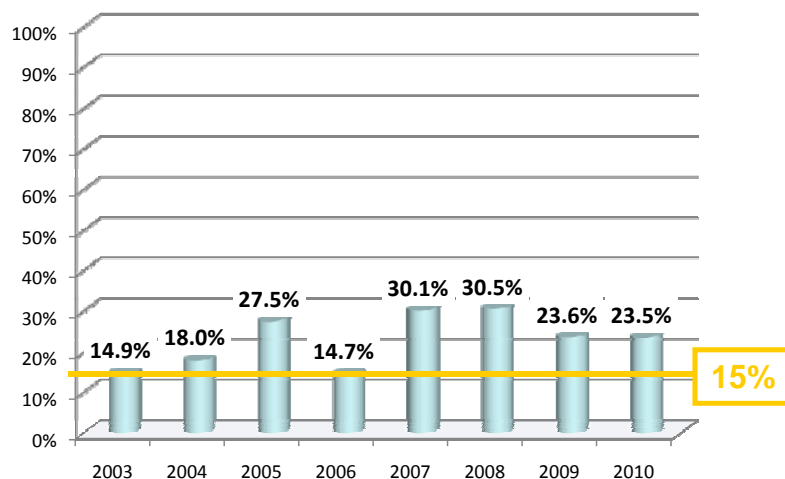


DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

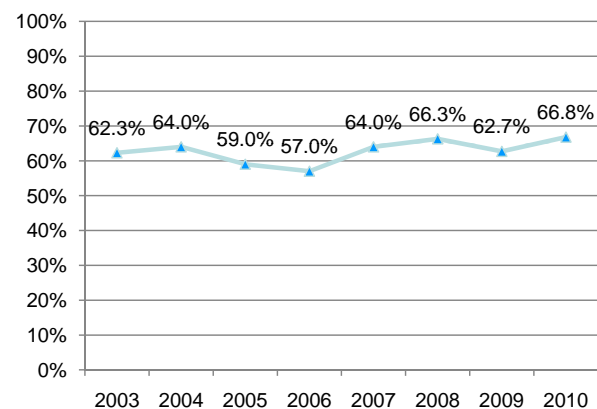
Prevention & Wellness - Nutrition

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

Improvement Objective: **15% or less**



Obese



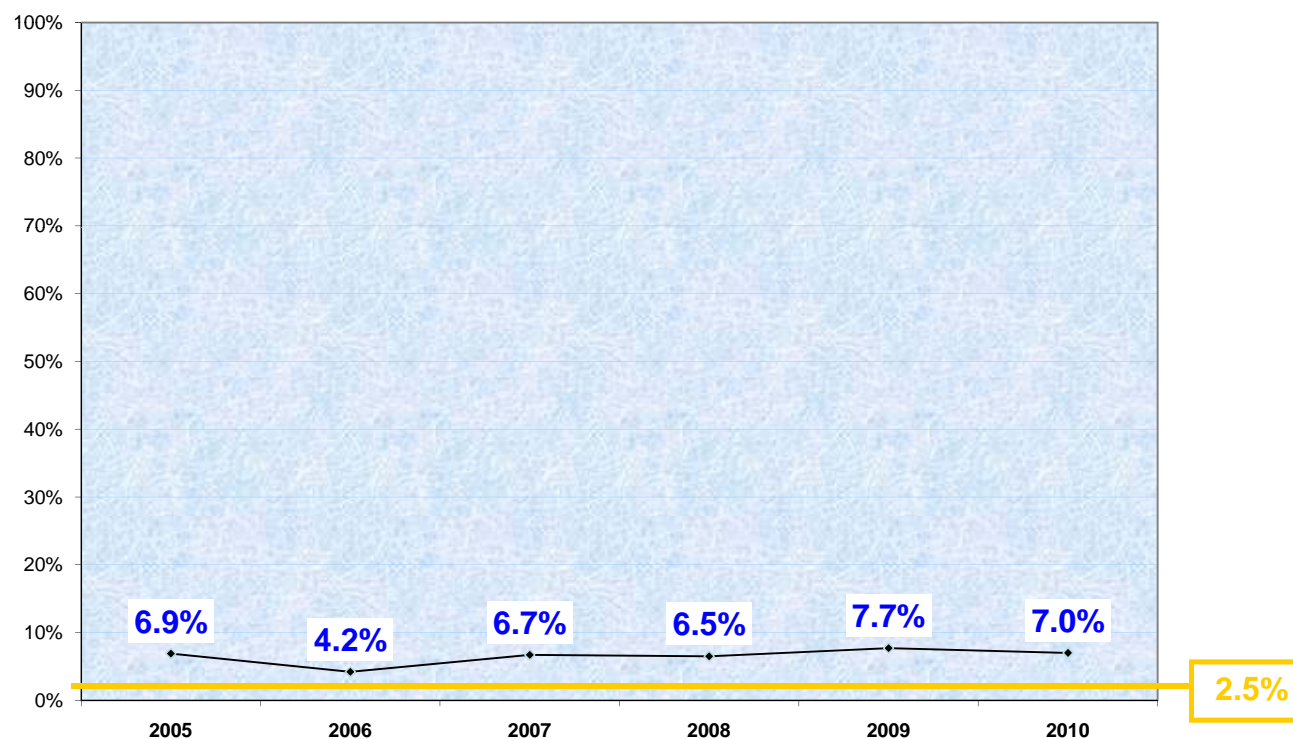
Overweight + Obese

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



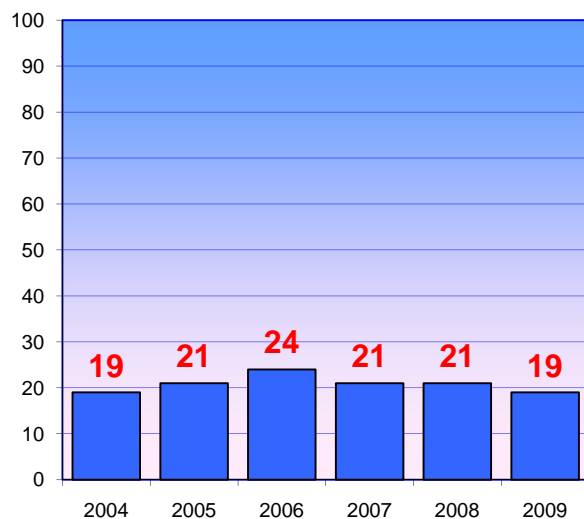
DATA SOURCE: Maryland Behavioral Risk Factor Surveillance System (MD BRFSS)

Prevention & Wellness - Safety

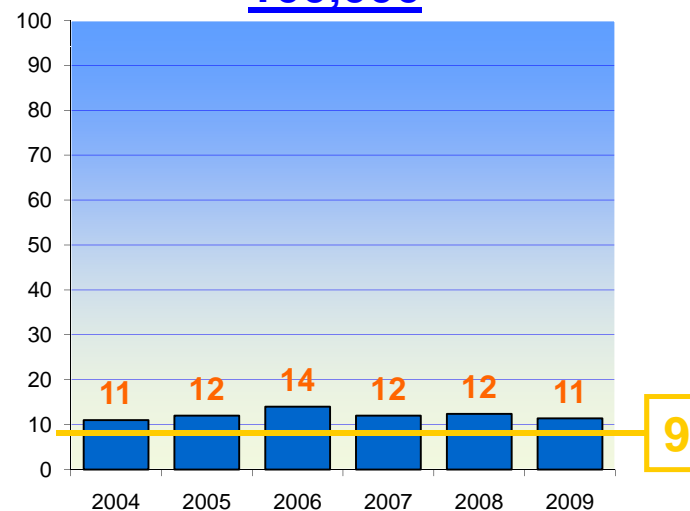
Carroll County Motor Vehicle Deaths

Improvement Objective: 9 per 100,000 or less

A. Number of motor vehicle deaths



B. Motor vehicle deaths: Rate per 100,000

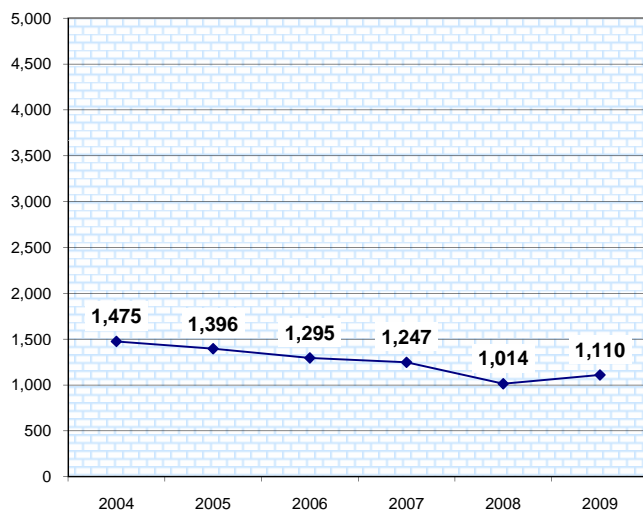


DATA SOURCE: University of MD School of Medicine National Study Center

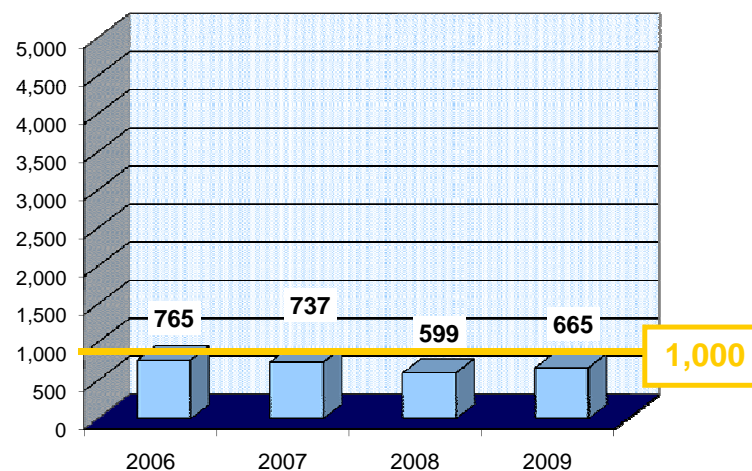
Prevention & Wellness - Safety

Injuries in Carroll County in Motor Vehicle Crashes

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



A. Number of Injuries



B. Rate of Injuries per 100,000

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

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