Calvert Memorial Hospital

FY 2012 Community Benefit Reporting

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1.

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:
98 acute care	Acute – 7,405 Newborn – 859	20657 20678 20639 20732 20685 20736 20754	None	3.6% - Calvert	12.4% - Calvert

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

   a. Describe in detail the community or communities the organization serves.

   Although relatively affluent, Calvert County has pockets of impoverished areas. The median household income varies from $75, 227 in the southern portion of the county to $120,119 in the north as compared to an $89,393 county average. Approximately 10% of the total households earn less than $25,000 annually. Overall, Calvert County has a poverty rate of 4.2% as compared to a state level of 8.6%. Within census tracts, this poverty rate ranges from 0.3% just north of the county seat in Prince Frederick to 13.9% in an area just east of Prince Frederick.

   Caucasian residents comprise 81.3% of the population while African Americans comprise 13.8%. Major sources of employment within the area include education and healthcare, public administration, professional/research, construction and retail trade. The life expectancy in Calvert County is 77.9 years. Heart disease and cancer death rates are significantly higher than the state and national rates at 227.6 and 189.3 deaths per 100,000 respectively.

   Given that Calvert County is a nearly 40 mile long peninsula with a single major throughway dissecting the topography, transportation has its own unique

problems. With Calvert Memorial Hospital centrally located and urgent care centers available in the northern and southern regions, access to care is within a 15 minute commute from most places within the county.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Total Population within the CBSA: 89,256 Gender: Male: 44,715 – 50.1% Female: 44,541 – 19.9% Race: White: 72,602 - 81.3% African Am.: 12,197 – 13.7% Hispanic: 2,618 – 2.9% Asian: 992 – 1.1% Average Age: 40.2 years Age: 0-14: 16,661 15-19: 8,385 20-64: 53,826 65+: 9,200 (American Community Survey. 2011)
Median Household Income within the CBSA	$89,393 (American Community Survey. 2011)
Percentage of households with incomes below the	3.2% of families, 4.2% of total

federal poverty guidelines within the CBSA	people (American Community Survey. 2011)
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:	5.7% (American Community Survey. 2011)
Percentage of Medicaid recipients by County within the CBSA.	13%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	Expected Age by race within the CBSA All Races: 79.2 years White: 79.3 years Black: 78.3 years (Maryland Vital Statistics Annual Report 2011)
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Rates per 100,000 population within the CBSA: All Races: 702.5 White: 720.5 Black: 685.8 Rates for Asian or Pacific Islander and Hispanic are less than 5 events. (Maryland Vital Statistics Annual Report 2011)
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status 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)	Healthy Food: Calvert County does not contain any food deserts. Prepared public food quality is monitored by the Calvert County health department. Included within these areas are food provided to the target population via the school system and organizations such as Meals on Wheels. Local food pantries also provide perishable and non-perishable foods to their guests.

	Transportation: Calvert County is a nearly 40 mile-long peninsula. Md Route 2/4 serves as a spine throughout the county. Public transportation is available but the routes do completely provide access to the secondary areas. As such, public transportation, especially for seniors is very limited in these areas. Education: Residents possessing a Bachelor degree increased from 15.7% in 2010 to 19.2% in 2011. Residents with a High School Diploma or higher increased from 91.3% in 2010 to 93.9% in 2011. Housing: The Calvert County Housing Authority administers 346 federal Housing Choice Vouchers to supplement 70% of rent cost in privately-owned residences. Household income averages $15,990 per year. The CCHA also owns 72 scattered site detached homes and charges 30% of household income ($15,028 average) for rent. The CCHA also oversees 3 senior living complexes with a total of 225 units.
Available detail on race, ethnicity, and language within CBSA.	Race: White: 72,602 - 81.3% African Am.: 12,197 – 13.7% Hispanic: 2,618 – 2.9% Asian: 992 – 1.1% Language: There is no available data regarding language spoken at home. (American Community Survey. 2011)
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

1. Identification of community health needs:
   Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

   The Calvert Community Health Roundtable, in collaboration with the Shaefer Center for Public Policy, conducted an update of a community health needs assessment originally conducted in 2007. The roundtable is a community entity composed of multiple agencies and community members. Information is obtained through a variety of statistical databases as well as data derived exclusively from participating agencies. This information is then analyzed by the Shaefer Center and compiled into a usable format.

   Following data review, health priority areas are then identified and subsequently targeted for appropriate action. This year, eight priority areas were identified: Adolescent Health, Recruitment and Retention of Primary Care and Specialist Providers, Traffic Safety, Autism, Lyme Disease, Elderly Care and End-of-Life Services, Obesity, and Pediatric Dental Care.

   The State Health Improvement Plan (SHIP) also provides an indication of public health needs through its data base(s). Many of the disparities identified through SHIP reflect needs also identified via the community health needs assessment.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).

   The Roundtable membership is representative of the major community partners for health and human services and includes the leadership from the Calvert County Health Department, Calvert County Public Schools, Calvert County Office on Aging, Calvert County Department of Community Resources, the Calvert County Department of Social

Services, Calvert Hospice, Calvert Alliance Against Drug Abuse, the Calvert County Traffic Safety Council and the ARC of Southern MD with CMH as the primary facilitator of the Roundtable.
Through these agencies and subcommittees, the needs of diverse sub-communities are addressed including minorities such as the African American population. The roundtable solicits and welcomes input from all community members.

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)
   Provide date here. 11/01/11

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? **Please be aware, the CHNA will be due with the FY 2013 CB Report.
   _XX__Yes – Please see attached.
   ___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. Is Community Benefits planning part of your hospital's strategic plan?

      _XX__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. _XX__CEO
         2. _XX__CFO
         3. ___Other (please specify)

ii. Clinical Leadership

1. _XX__Physician
2. _XX__Nurse
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. _XX__Individual (0.2 FTE)
2. ___Committee (please list members)
3. _XX__Other (Financial Analyst)

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

Spreadsheet	_XX___yes	_____no
Narrative	_XX____yes	_____no

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

Spreadsheet	_XX____yes	_____no
Narrative	_XX____yes	_____no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please see attachment (Table III).

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?

   Traffic Safety was noted as a high priority for the Calvert County Health Improvement Roundtable. Programs to prevent traffic injuries and death fall do not fall under the purview of Calvert Memorial Hospital and are addressed instead by the Calvert County Traffic Safety Council (CCTSC).

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.

Lack of access to specialty care continues to be a challenge as the patient population is not sufficient to support many specialty services. The Maryland Physician Workforce study indicated that Southern Maryland has a shortage in all specialties except for allergy and neurology. In order to provide these services, CMH has entered into a variety agreements to procure specialty services for the uninsured and Medical Assistance population. These partnerships provide for diagnostic evaluations at CMH and referrals to tertiary care facilities as needed. Follow-up with associated specialists can then be provided at CMH as needed. Services include gyn-oncology through Mercy Hospital and a spine clinic for the Medicaid and uninsured population through CMH. Calvert Health System, through Calvert Physician Associates and Calvert Medical Management, supports 3 primary care practices as well as practices specializing in gynecology, ENT, general surgery, hematology/oncology and gastroenterology. CPA physicians are expected to treat the underinsured and uninsured populations. These practices all provide needed services regardless of ability to pay.

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.

Physician Subsidies.

Hospital Based Physicians		
Emergency Psychiatric Services (Includes CMH and Civista Hospital)	$482,511	Mental Health
Psychiatric Call Coverage	$ 30,000	Mental Health
Intensive Care Unit Call Coverage	$ 25,000	Specialist
Hospital Endoscopy Call Coverage	$ 25,000	Specialist
Hospital Infectious Disease Call Coverage	$ 1,500	Specialist
Pediatric Orthopedic Practice Subsidy	$ 6,000	Specialist
Vascular Care Center Subsidy	$ 28,655	Specialist
Gyn-Oncology Practice Subsidy	$ 9,468	Specialist
Breast Care Center Subsidy	$ 67,060	Specialist
Neurosurgery Center Subsidy	$100,000	Specialist
EKG Professional Reads Subsidy	$ 65,740	Specialist
Charlotte Hall Veterans Home Subsidy	$157,426	Primary
Infusion Therapy Subsidy	$ 25,767	Specialist
Hospitalists		
Hospitalist Program	$567,479	Primary
Pediatric Hospitalist Program	$596,281	Specialist
Emergency Department Call Coverage	$221,666	Specialist

Physician Financial Assistance

Spine Clinic for Med. Asst. and Uninsured	$128,653	Specialist

. **Total** **$2,538,206**

These services are provided on a contract basis because either the current population does not warrant full time services or difficulty in recruitment of specialists in Southern Maryland necessitates contracting with various providers either directly or through partnerships. Were it not for these contracts, area residents would have to undergo a hardship to obtain needed services.

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
    a. Please see Appendix I.
2. Include a copy of your hospital's FAP (label appendix II).
    a. Please see attached Appendix II
3. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).
    a. Please see attached Appendix III
4. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).
    a. Please see attached Appendix IV

Table III
082012

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Access to Affordable Care	Provide primary and specialty care access for uninsured/ underinsured residents	The primary objective is to increase the number of primary and specialty care providers available to treat the underinsured/uninsured population as well as those covered by insurance. The current objective is to recruit needed medical staff as indicated by a bimonthly physician needs survey. CMH continues to support a fulltime hospitalist and fulltime pediatric hospitalist program so that any patient seeking inpatient care at this facility is ensured quality medical services.	Ongoing	Calvert Physician Associates, local physician practices, independent physicians	June 30, 2012	In FY 10, Calvert Health System developed and implemented the non-profit entity Calvert Physician Associates (CPA) as a vehicle to employ physicians and Calvert Medical Management was created to manage the CPA office practices. These CPA-employed physicians are expected to provide medical care to the uninsured. This past fiscal year, CMH successfully recruited 2 general surgeons, 1 primary care physician, 1 primary care nurse practitioner, and 1 physician assistant for gastroenterology. Additionally, a medical director has been recruited for the Breast Center at Calvert Memorial as well as a pulmonologist and behavioral health providers	This initiative will continue as needed.	$95,163.21

Table III
082012

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Disparity of Care for the Uninsured	Provide primary and specialty care access for uninsured residents	Provide access to "medical homes" and needed primary and specialty care including basic lab and x-ray services for the uninsured population. A secondary objective is to decrease inappropriate emergency department utilization by this portion of the population. Through Calvert Physician Associates and Calvert Medical Management, CMH provides primary and specialty care access for Medical Assistance enrollees, Calvert Healthcare Solutions clients (low-income, uninsured adult Calvert County residents) and those residents otherwise eligible for sliding scale discounted care. Care coordination is also provided to help manage chronic disease as well as to access other needed medical and community resources.	Ongoing	Calvert Healthcare Solutions, Inc, Calvert Physician Associates, Calvert Medical Management, other participating local physician offices	June 30, 2012	CMH continues to provide Calvert Healthcare Solutions clients access to no cost basic lab and x-ray services through the hospital as well as discounted physician services through its primary care and specialty care practices. Adult dental care is also provided through grant-funded Calvert Community Dental Program. Following are outpatient services that CMH directly provided to CHS clients in FY 2012: • 161 clients received 1,414 lab and x-ray services valued at $160,379 • 240 clients received 1,210 office visits valued at $229,000 for discounted organizational cost of $30,091	CMH has partnered with and provided board-level representation with CHS since 2001 and intends to continue proactively assisting Calvert County's adult low-income, uninsured population through this vehicle.	$160,379 in-kind services

Table III
082012

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Lack of Pediatric Dental Care for the Pediatric Population	Provide direct care dental services targeting Medical Assistance and uninsured populations	To increase pediatric dental care for pediatric Medical Assistance enrollees. This initiative will also provide a "dental home" for adult Medical Assistance, Primary Adult Care (PAC), Calvert Healthcare Solutions clients, and sliding scale-eligible patients. Access is also provided to an oral surgeon as needed for complicated or emergent extractions.	Ongoing	Maryland Department of Oral Health; Oral Health Task Force which includes CMH, Board of Education, Judy Center, Head Start, College of Southern Maryland; local dental providers – volunteers and contracted.	June 30, 2012	In FY 2012, this initiative: • Provided basic dental care to over 833 adults and children • Partnered with Head Start and the Judy Center to provide dental screenings for 150 children. • Continued use of permanent site acquired in previous fiscal year. • Medicaid reimbursement provides for daily dental operations but does not cover a needed case management component Initial results of the program demonstrated a 15% reduction in dental-related cases receiving care in CMH's Emergency Department.	Status of program beyond FY 2012 is to continue as grant funding is available.	$178,935

Table III
082012

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Obesity	Decrease incidence of obesity across the population	Through a collaborative effort with community partners, CMH established the program Calvert Can: Eat Right, Move More. The objective of this initiative is to provide free and low-cost fitness and nutrition programs to populations most at risk	Ongoing	United Way of Calvert County, The ARC, Office on Aging, Calvert County Health Dept, Calvert County Parks and Recreation, Calvert Healthcare Solutions	6/30/2012	As of the reporting date, the following outcomes have been reported: o 39 residents have participated in a health risk assessment o 136 residents have participated in a healthly lifestyle class o 39 residents received health coaching o 12 residents received biometric measurements through various locations o 36 residents utilize the Vitabot program	This program is partially grant-funded and will likely extend through the 5 year grant period.	$3,763.00

Calvert Memorial Hospital

FY 2012 Community Benefit Narrative Report

Appendix 1:

Description of Calvert Memorial Hospital's Charity Care Policy and How Its Communicated

Calvert Memorial Hospital informs patients about the Hospital's Financial Assistance Program through a variety of methods:

1) The Hospital posts a summary of our financial assistance program at all registration points within our hospital.
2) Effective April 2011, the financial assistance policy was updated to reflect the implementation of presumptive charity care eligibility. Using this methodology, Calvert Memorial Hospital can now presume that a patient will qualify for financial assistance without stepping through the charity care qualification process. In this manner, write-offs that were previously considered bad debt can now be considered charity care after going through this process. Community need-based programs whose financial threshold (up to 200% of Federal Poverty Level) matches the facility's can also be used to provide proof of income and thereby expedite the process for those eligible residents.
3) All registration areas and waiting rooms have Patient Financial Services brochures that describe the Hospital's Financial Assistance Program and provide a phone number for our Patient Financial Advocate for the patient to call to seek additional information or an application.
4) As part of the registration process, all self pay patients receive three items: 1) a "Notice of Financial Assistance", 2) a Patient Financial Services brochure which has a summary of the Hospital's Financial Assistance Program and 3) the Uniform State of Maryland Application for Financial Assistance.
5) The Hospital's website has a section devoted to Patient Financial Services and has an entire page on the Hospital's Financial Assistance Program and allows the user to download the Uniform State of Maryland Application for Financial Assistance from our website.
6) At least annually, the Hospital publishes in the local newspapers a Notice of Financial Assistance and also highlights other programs the Hospital offers for patients without insurance or for patients in financial need.
7) The Hospital also provides financial counseling to patients and discusses with patients or their families the availability of various government benefits, such as the Medical Assistance program and we also assist patients in understanding how to complete the appropriate forms and what documentation they need in order to prove they qualify for such programs.
8) Effective June 2009, the Hospital provides a notice of its Financial Assistance program at least twice in the revenue cycle. The first point is at the time of admission and the second point is when patients receive their bill/statement.

CALVERT MEMORIAL HOSPITAL
PRINCE FREDERICK, MARYLAND 20678

POLICY AND PROCEDURE: BD 9 EFFECTIVE: 6/27/88

FINANCIAL ASSISTANCE

I. PURPOSE

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

II. SCOPE

This policy applies to all patients of Calvert Memorial Hospital for all medically necessary services ordered by a physician.

III. POLICY

Calvert Memorial Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Calvert Memorial Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

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

VI. DEFINITIONS:

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

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

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

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

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

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

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

V. PROCEDURES

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

1. Emergency medical service provided in an emergency room setting;

2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis, at Calvert Memorial Hospital's discretion.

B. Eligibility for Financial Assistance ("Charity Care"): Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Patients with insurance are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities as long as they demonstrate financial need that meet the policy requirements as outlined in this Policy.

C. Determination of Financial Need:

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

2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to

rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

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

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

   1) Apply for assistance.
   2) Keep all necessary appointments.
   3) Provide the appropriate agency with all required documentation.

   A patient who may qualify for Medical Assistance from the State of Maryland may apply simultaneously for Medical Assistance and for Financial Assistance from the Hospital.

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

6. Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information, b) the patient fails to pay the sliding scale

co-payments as required by the financial assistance program, c) the patient refuses to be screened for other assistance programs even though it is likely that they would be covered by other assistance programs, and d) the patient falsifies the financial assistance application.

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

   a. If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Supervisor of Financial Services, although the account should be reviewed to determine if it would potentially qualify under the catastrophic illness or medical indigence exception to this Policy's income levels. A letter will be sent to all patients who fail to meet the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.

   b. If the patient is under scale but has net assets of $14,000 ($10,000) or greater, then the request for charity will be reviewed on an individual basis by the Manager of Financial Services to determine if financial assistance will be provided. The patient may be required to spend down to $14,000 ($10,000) of net assets in order to qualify for financial assistance. Certain retirement benefits that the IRS has provided preferential treatment will not be included in the asset test.

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

      i. Manager of Financial Services (up to $2,000)
      ii. Director of Patient Accounting ($2,001 to $4,000)
      iii. Vice President of Finance ($4,001 to $9,999)
      iv. Vice President of Finance & President & CEO ($10,000 and over)

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

8. Calvert Memorial Hospital's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and Calvert Memorial Hospital shall notify the patient or applicant in writing once a determination has been made on a financial assistance application.

9. Decisions against the patient's eligibility to participate in Calvert Memorial Hospital's Financial Assistance Program may be appealed by the patient. The patient will have 30 days from the date of the notification letter to appeal. Calvert Memorial Hospital will designate a team of Patient Financial Services staff to review all appeals during monthly meetings. Original documentation and any new information needed to make the most informed decision will be reviewed during the appeal process.

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

1. State-funded prescription programs;
2. Homeless or received care from a homeless shelter;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down);

7. Low income/subsidized housing is provided as a valid address;
8. Patient is deceased with no known estate; and
9. Patient is an active patient with Calvert Healthcare Solutions or Anne Arundel's REACH program or any documented need based programs where the financial requirements regarding the federal poverty level match or exceed Calvert Memorial Hospital's Financial Policy financial thresholds.

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

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services on a sliding fee scale (i.e. percentage of charges discount);
3. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Calvert Memorial Hospital. The Hospital will review a 12 month period of medical expense history to determine if the patient and the household members have medical debt expenses that exceed 25% of the household income. Cases that exceed the 25% threshold will be eligible for free or discounted care under medical hardship. Typically, in these cases the outstanding medical bill is subtracted from the estimated annual income to determine a spend down amount that meets a corresponding financial assistance discount level. Each member of the household will be eligible for this benefit for 12 months following the date of service of the original account. The patient or family member is responsible for requesting a review of their circumstances for potential qualification of medical hardship assistance.

F. Communication of the Financial Assistance Program to Patients and the Public: Notification about the availability of financial assistance from Calvert Memorial Hospital, which shall include a contact number, shall be disseminated by Calvert Memorial Hospital by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in the Emergency Department, Urgent Care Centers, admitting and registration departments, and patient financial services offices. Information shall also be included on the hospital's website and in the Patient Handbook. In addition, notification of the Hospital's financial assistance program is also provided to each

patient through an information sheet provided each patient at the time of registration. Such information shall be provided in the primary languages spoken by the population serviced by Calvert Memorial Hospital. Referral of patients for financial assistance may be made by any member of the Calvert Memorial Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. **Relationship to Collection Policies:** Calvert Memorial Hospital's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from Calvert Memorial Hospital, and a patient's good faith effort to comply with his or her payment agreements with Calvert Memorial Hospital. For patients who are cooperating with applying and qualifying for either Medical Assistance or financial assistance, Calvert Memorial Hospital will not send unpaid bills to outside collection agencies and will cease all collection activities.

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

APPROVED:

Sally Showalter, Chair
Board of Directors

James J. Xinis, President & CEO

Robert Kertis, Vice President of Finance

Original: 6/27/88
Reviewed/Revised **7/93; 6/96, 4/99, 8/02; 8/03; 10/04; 1/08; 8/09; 4/11**

Exhibit A

Documentation Requirements

Verification of Income:

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

Size of family unit:

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

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

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

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

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

Services Not Billed by Calvert Memorial Hospital

During your stay at CMH, you may receive treatment from providers who will bill you separately for their services. If you have questions about their bills, contact them directly. Contact information for some of the providers is as follows:

Emergency Room Physicians
Emergency Management Associates, PA, PC
240-686-2310

Anesthesia
Chesapeake Anesthesia / 908-653-9399

Radiology
American Radiology Associates / 1-800-255-5118

Pathology
Nancy I. Ulanowicz, MD / 1-866-264-2821

Hospitalist Services
Maryland Inpatient Care Specialists
443-949-0814

All American Ambulance / 301-952-1193

Durable Medical Equipment
Grace Care, LLC / 410-586-3126

Laboratory
LabCorp /1-800-859-0391
Quest Diagnostics /1-800-638-1731

You may also receive bills from physician practices who participate in your care. The invoices should have correct information on them. To obtain contact information for individual physicians, please call our physician referral line at **1-888-906-8773**.

If you have further questions, please call the CMH Patient Financial Services Team and we will do our best to advise you.

NOTICE TO PATIENTS

Calvert Memorial serves all patients regardless of ability to pay. Financial assistance for essential services is offered based on family size and income. You can apply by calling 410-535-8268.

Billing Questions:	410-535-8248
Financial Assistance:	410-535-8268
Credit/Collections:	800-691-3685

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

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

Calvert Memorial Hospital
Tradition. Quality. Progress.

100 Hospital Road, Prince Frederick, MD 20678
410-535-4000 301-855-1012
Maryland Relay Service 1-800-735-2258

www.calverthospital.org

January 2012

Patient Financial Information

What You Need to Know About Paying for Your Health Services

Calvert Memorial Hospital
Tradition. Quality. Progress.

Hospital billing practices can be confusing. We are here to help.

Our Patient Financial Services Team can help you with payment options including payment plans, grants and financial assistance programs as well as answer general questions about payment of your medical services.

How Does Health Insurance Billing Work?

When you receive services at Calvert Memorial Hospital, we will bill your health insurance provider. In order to be sure the claim is properly submitted, we need a copy of your insurance card. HIPAA regulations require that we supply insurance providers complete information on the person that carries the coverage. This includes the name, address, phone number, date of birth and social security number. Incomplete information could mean a denial from your insurance provider. When your insurance provider delays, denies or makes partial payment, you are responsible for the balance. Your insurance company may also require that you make a co-payment at the time of service.

If you refuse or are unable to provide complete insurance and subscriber information, CMH will not be able to submit your bill. In this case, you will be a self-pay patient and will be asked to make a deposit for your visit today.

What If My Visit Involves Worker's Compensation?

If we do not receive worker's compensation information from your employer within 30 days of service, you will be responsible for your bill. If worker's compensation is denied, we need a copy of the denial in order to bill your insurance provider.

What If My Visit Is Due to a Motor Vehicle Accident?

CMH does not bill auto insurance providers. MVA patients are responsible for payment of services provided. Payment in full is due upon receipt of the bill. Please contact our Patient Financial Services Team if you need to make payment arrangements.

Why is Outpatient Observation billed differently?

Outpatient observation is different than being admitted and is not billed the same as an inpatient stay. This means that your responsibility will be different than your inpatient hospital benefit depending on your insurance plan. If you have any questions, we encourage you to check with your carrier to determine your specific coverage.

What Happens If I Can't Pay On Time?

If your account becomes past due, CMH will take action to recover the amount owed. We understand that certain circumstances may make it difficult to pay your bill on time.

Call 410-535-8248 from 8:30 a.m.- 4:30 p.m. Monday-Friday if you need to discuss.

We want to protect your credit. If you are unable to pay your bill we can help you apply for medical assistance. Call 410-535-8342. CMH offers a financial aid program for patients that qualify. Call 410-535-8268 for details.

What Does Medicare Cover?

"Medical necessity" is a term used by Medicare to describe the procedures that your doctor feels are necessary to manage your health. In most cases, Medicare provides payment for "medically necessary" services.

If your doctor prescribes a service that may not be covered by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN informs you in advance that Medicare is not likely to pay for the service. By signing the ABN, you are agreeing to be responsible for payment.

What Are My Options Under Medicare?

If you are asked to sign an ABN, you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse, we encourage you to talk with your doctor about alternative options that would be covered under Medicare.

You have a right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.

Calvert Memorial Hospital

FY 2012 Community Benefit Narrative Report

Appendix IV

Hospital's Mission, Vision and Value Statement

OUR MISSION is to provide quality inpatient and ambulatory health care to the people of Southern Maryland that is accessible, cost-effective and compassionate. We work in partnership with our community to improve the health status of its members.

OUR VISION is to be recognized as Southern Maryland's premier healthcare provider, bringing innovative services to the people throughout our community and to the healthcare professionals who serve them.

Five **"Pillars of Excellence"** guide our decision-making and shape the culture of our organization.

QUALITY

Calvert Memorial Hospital provides responsible, safe, reliable and effective care and services. We take seriously our responsibility to help our patients feel better. All our team members are committed to continuously improving the quality of the service we offer to our community. We take pride in what we do.

SERVICE

At Calvert Memorial, we understand that health care is not just about medicine, it's about people. Our job is to exceed our customer's expectations at every turn. We want every guest at CMH to have a 5-star experience.

PEOPLE

We recognize that being the healthcare provider and employer of choice means hiring and retaining only the best. Every team member at CMH is selected for their leadership, professionalism, expertise, compassion and commitment to the values that set CMH apart.

INNOVATION

Health care is a dynamic, ever-changing field where new technology and clinical research drive the delivery of top-notch care. Calvert Memorial is committed to the continual pursuit of new and better ways of caring for our patients. We stay abreast of the latest technological advances, provide continuing education and training for all our team members, and serve as a training resource for individuals pursuing health careers.

FINANCE

As a not-for-profit, community hospital, it is our responsibility to provide cost-effective, compassionate care and services. We are leaders in helping improve access to care for all members of our community.

Approved CMH Board of Directors

Approved: 11/28/95
Revisions: 2001, 2002, 2005, 2008

Community Health Assessment
Update 2011

Schaefer Center for Public Policy
University of Baltimore
1420 North Charles Street
Baltimore, MD 21201
410-837-6188
http://scpp.ubalt.edu

November 2011

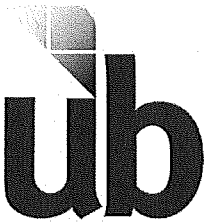


Table of Contents

Executive Summary

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

- Overall Health Rankings
  - Calvert County ranks sixth in the state out of 24 counties in overall health. This ranking reflects a much lower morbidity level in the county, and better social and economic factors and physical environment. Overall, in terms of health indicators, Calvert County is an excellent place to live.

- Adolescent Health
  - Alcohol use by eighth and tenth grade students in Calvert County is trending downward.
  - Cigarette use among eighth grade students in Calvert County is trending downward.
  - Use of LSD among Calvert County 10th graders has trended downward over time, and is now very close to the average in the State of Maryland.
  - Use of Ecstasy and Designer drugs has decreased over time, and is lower overall than what is observed at the state level.
  - Marijuana use has trended downward across all grade levels, and is similar to rates observed at the state level.
  - The total number of pregnancies, as well as the population-adjusted rate, has fallen in the younger age (<15-17) and racial groups for Calvert County teens.

- Recruitment and Retention of Primary Care and Specialist Providers
  - Successful recruitment of nine physicians (three primary care and six specialists) and dentists has improved the provider population ratios.

- Traffic Safety
  - There have been dramatic reductions in the overall rate of traffic fatalities.

- Lyme Disease
  - The incidence of Lyme Disease has leveled off and is in decline in Calvert County from its peak in 2007.

Elderly Care and End-of-Life Services

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

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

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

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

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

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

- Recruitment and Retention of Primary Care and Specialist Providers
  - Continuing challenges to the recruitment and retention of medical providers include: 1) a relatively isolated geographic area, 2) rising housing costs, 3) smaller hospital and 4) many established practices, which are small or solo practices with limited desire to expand.
  - There are a significant number of active physicians expected to retire in the near future.
  - Critical shortages in primary care physicians, most medical specialties, and specific surgical specialties exist today and will get worse by 2015. By 2011, the shortage of physicians in Calvert County was projected to be between 15 and 60.

- Traffic Safety

  - Traffic Safety is a high priority for Calvert County, since many of the injuries and deaths due to traffic crashes are preventable. Multiple programs targeting priority areas are in place. Although alcohol use and crashes are still a problem, the county has seen fatalities decrease steadily since 2006.

- Autism
  - The percentage of children with autism is increasing, both overall and as a percent of children in special education. These increases may be predictive of future needs for adults with autism in the community.

- Elderly Care and End-of- Life Services
  - The rate of growth in the population age 65 and older is much higher in Calvert County than in the state as a whole. This suggests the importance of the current initiative to provide innovative end-of-life and respite care.

- Obesity
  - Even though we have offered many successful programs unfortunately, the percentage of the population classified as overweight or obese is increasing dramatically in Calvert County, at a much greater rate than in the state as a whole.

- Pediatric Dental Care
  - Despite increased access to dental care, there has been an increase in the number of children in need of preventive dental care.

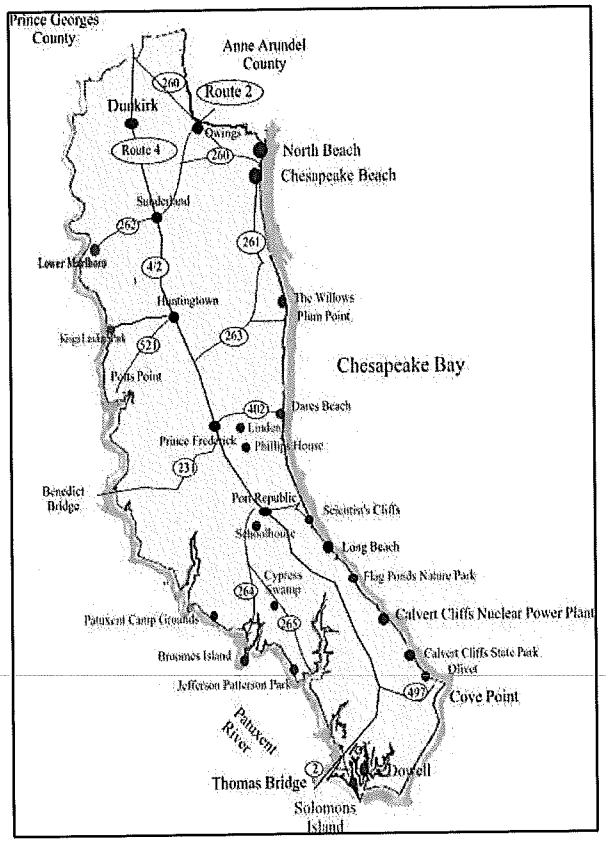
Most of this analysis was done using publicly available data. Currently, at least one and possibly more of the data sources used in this report are becoming more limited for smaller geographic areas such as Calvert County. Although this data will be available at the state level and for larger jurisdictions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

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

Profile of Calvert County

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

Figure 1. Calvert County Map



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

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

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

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

Adolescent Health

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

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

Table 2. Alcohol Trends

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

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

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

Table 3. Cigarette Trends

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

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

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

Table 4. Marijuana Trends

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

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

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

Table 5. Heroin Trends

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

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

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

Table 6. Ecstasy and Designer Drug Trends

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

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

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

Table 7. LSD Trends

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

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

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

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

Teen Pregnancy

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

Table 8. Births to Teens

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

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

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

Table 9. Birth to Teens by Race

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

SOURCE: Family Health Administration, Maryland Assessment Tool. www.matchstats.org, accessed June 5, 2011.

***Other races suppressed due to small numbers.**

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

Table 10. Potential Teen Pregnancies Averted

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

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

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

Table 11. Teen Pregnancy and Drinking

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

SOURCE: PREGNANCY RISK ASSESMENT MONITORING SYSTEM (PRAMS), 2004-2007, www.marylandbrfss.org Accessed May 27th, 2011.

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

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

Table 12. Teen Pregnancy and Physical Abuse

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

SOURCE: PREGNANCY RISK ASSESMENT MONITORING SYSTEM (PRAMS), 2004-2007, www.marylandbrfss.org Accessed May 27th, 2011.

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

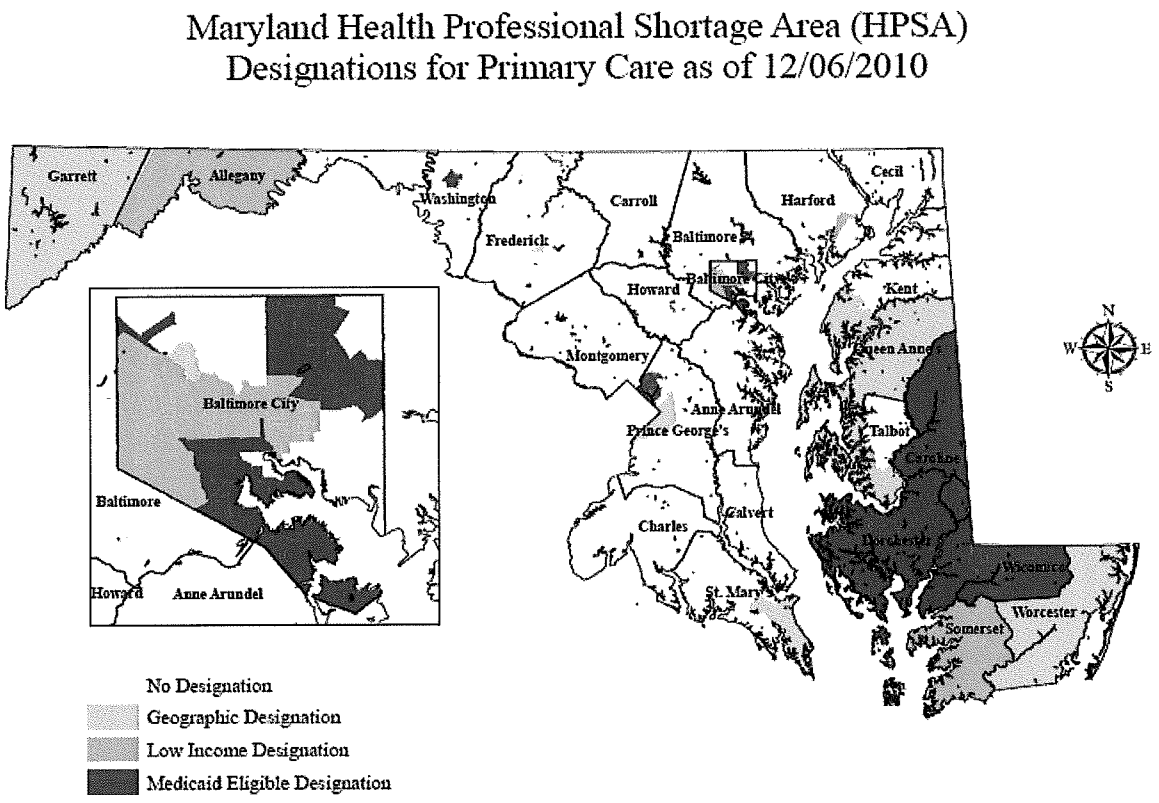
Teen pregnancy has been addressed in Calvert County through several on-going programs. The Department of Education offers the HIPPY/Healthy Families program, which promotes good parenting skills and functioning that allows for positive parent-child interaction through in-home instruction to 80 families.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

Recruitment/Retention of Primary Care & Specialist Doctors

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

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

Figure 2. Maryland HPSA Map 12/06/2010



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

Figure 3. Maryland HSPA Map 9/15/2009

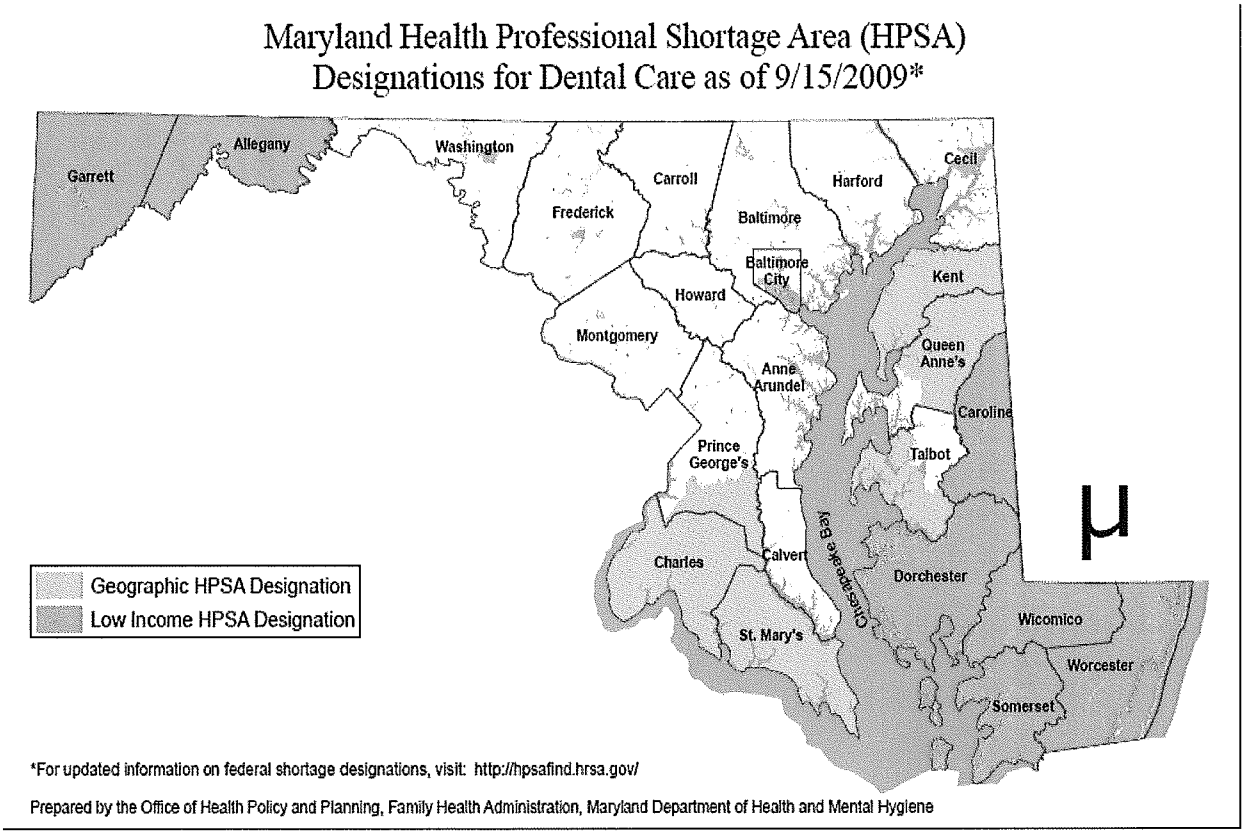


Figure 4. Maryland HPSA Map 12/6/2010

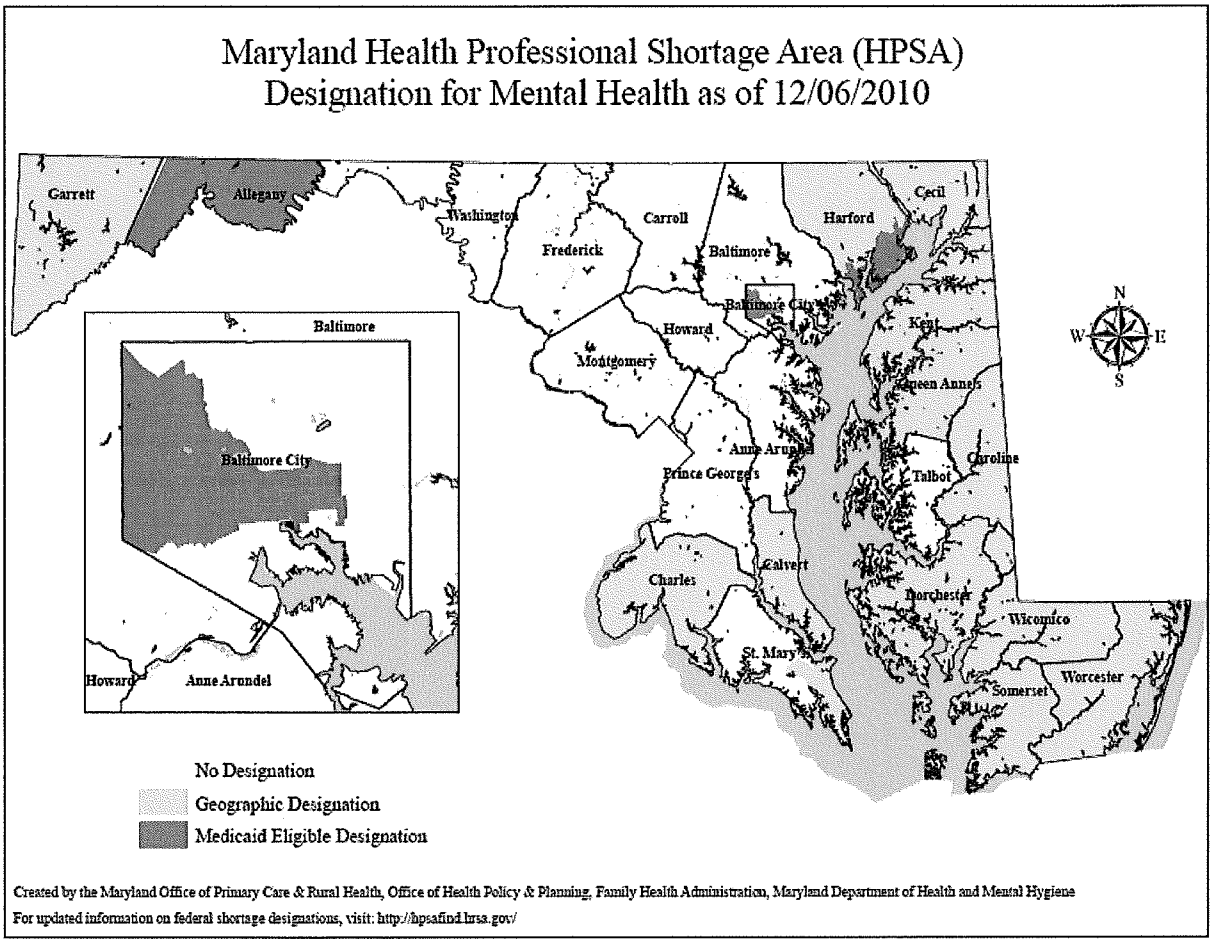


Figure 5. Maryland MUA and FQHCs 2/24/2011

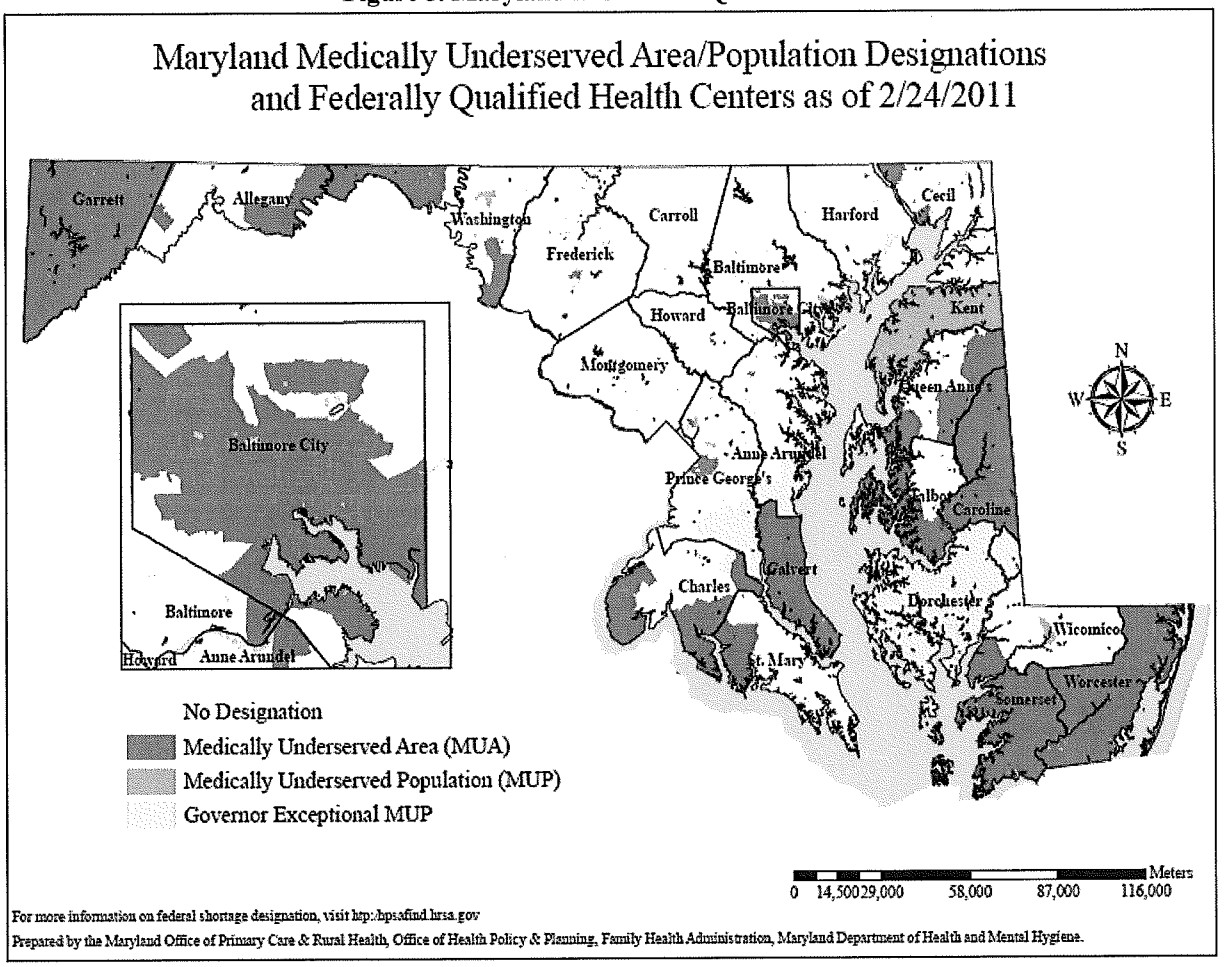


Table 13. Physicians per 100,000 population, 2007

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

SOURCE: www.arf.hrsa.gov, accessed June 6, 2011

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

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

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

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

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

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

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

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

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

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

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

Table 15. Physician Recruitment/Retention Achievements and Challenges

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

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

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

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

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

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

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

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

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

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

Traffic Safety

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

Figure 6: Motor Vehicle Crashes

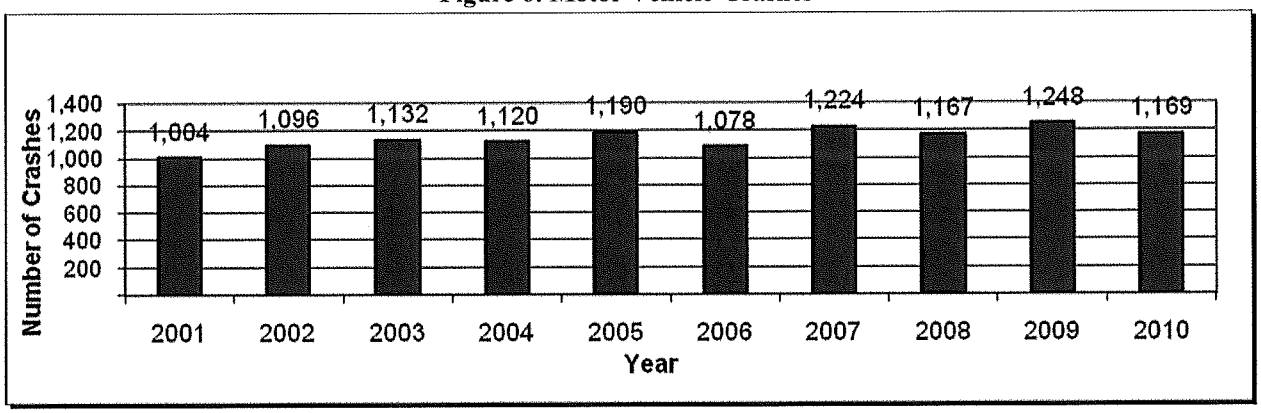
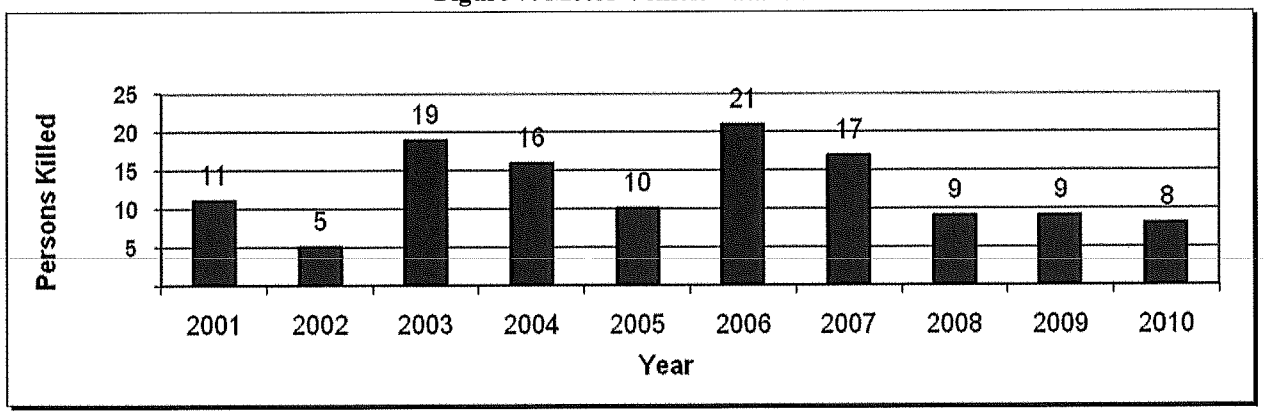


Figure 7: Motor Vehicle Fatalities



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

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

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

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

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

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

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

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

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

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

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

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

Autism

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

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

Table 17. Autism in Children

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

SOURCE: MD Department of Special Education, http://www.msde.maryland.gov/NR/rdonlyres/805A7BDE-C5E7-4106-81D9-D1F4008CCFC8/20037/sped08_rev.pdf
http://www.bcc-asa.org/sped08.pdf; http://www.bcc-asa.org/sped07.pdf

Lyme Disease

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

Table 18. Incidence of Lyme Disease, 2004-2009

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

Source: MD DHMH, revised June 24, 2010.
http://ideha.dhmh.maryland.gov/CZVBD/pdf/2000-08_Lyme_disease.pdf

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

Elderly Care and End-of-Life Services

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

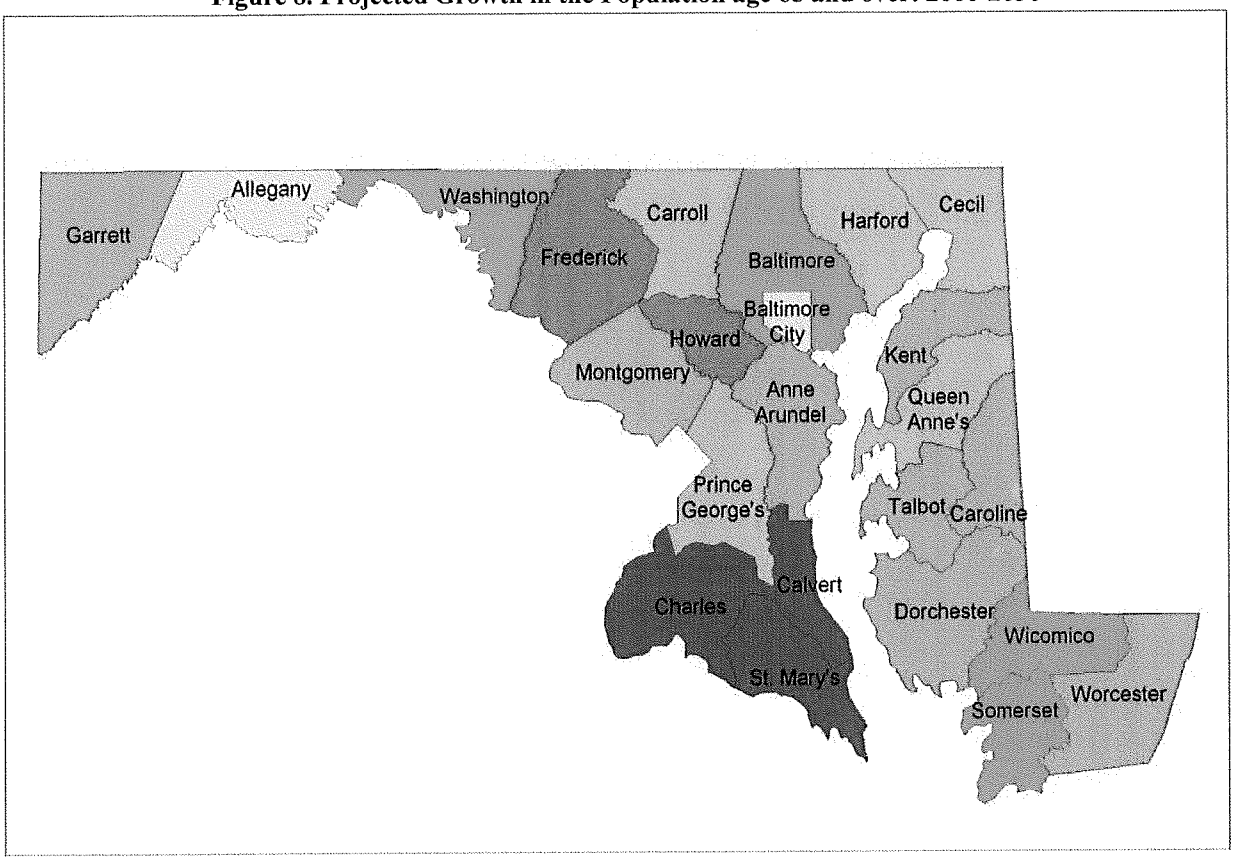
Table 19. Growth in population age 65 and over 2000 to 2030

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

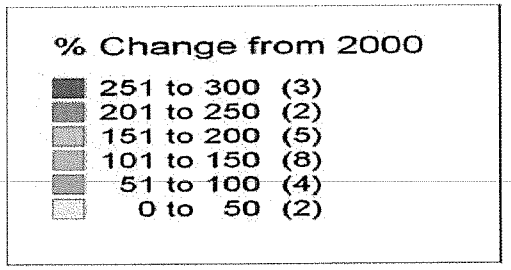
Source: http://mhcc.maryland.gov/longtermcare/finalltcact.pdf
Maryland Department of Planning. (October 2006).

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

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



Key:



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

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

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

	2008	2009	2010
Patients	294	246	280
Bereaved	277	275	278

Obesity

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

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

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

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

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

Pediatric Dental Care

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

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

Table 22. Pediatric Dental Care, 2002 - 2007

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

SOURCE: Calvert County Public Schools

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

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

Overall County Health Ranking

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

Table 24. Health Rankings

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

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

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

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

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

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

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

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

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

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

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

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

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