Status of Health

September 2005

Garrett County Demographics

Total Population – 2000	29,846	
2004 (Est.)	30,124	
Males	49.3%	
Females	50.7%	
White	29,496	(98.8%)
African American	128	(.4%)
Native American	22	(.1%)
Asian	57	(.2%)
Other Races	26	(.1%)
Hispanic (of any race)	131	(.4%)
Two or more races	110	(.4%)

Source: U.S. Census Bureau

Demographics (cont.)

People of All Ages in Poverty	(13.3%)
Percentage of Persons below 200% of Fed. Poverty Index	(45.5%)
Persons under 18 years of age	(25.1%)
Persons 65 years old and over	(14.9%)
Median Household Income in 1999	$32,238
Median Household Income in 1999 (MD)	$52,868

Sources: *U.S. Census Bureau 1990 Model Based Estimate*

Maryland Office of Primary Care and Rural Health

Mortality In Garrett County and Maryland

Comparison of County Birth Rates with the MD State Average, 2003

Number of Births – Garrett County

Source: Maryland Vital Statistics

Garrett County Population Age-group (Projections)

Percentage of Women Receiving First Trimester Prenatal Care

Source: Maryland Vital Statistics

Percentage of Low Birth Weight* Infants 1998 through 2004

**Weighing less than 2,500 grams (5 ½ pounds)*
Source: Maryland Vital Statistics

Infant Mortality Rates – Deaths per 1000 Live Births
(Under One Year Old)

Source: Maryland Vital Statistics

Births Per 1,000 Females Ages 15-19

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	52.2	53.2	54.1	50.7	48.7	48.4	47.7	46	43.9	43	42.5	42.3	37.8	35.4	33.3
Garrett	53.7	55.2	48.5	37.8	46.5	54.4	48	52.5	58.8	51	45.5	46.2	43.1	33	41.3

Source: Division of Health Statistics, MD Department of Health and Mental Hygiene

Governor's Council on Adolescent Pregnancy

Births Per 1,000 White Females Ages 15-19

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	36.2	36.2	35.5	32	30.7	30.9	31.3	29.6	28.1	27.8	28.4	29.2	26.4	24.6	22.7
Garrett	54.2	55.2	49	38.1	47.5	55.4	47.4	52.5	60.6	50.9	45.9	48.2	43.7	33.6	41.8

Source: Division of Health Statistics, MD Department of Health and Mental Hygiene

Governor's Council on Adolescent Pregnancy

Mortality In Garrett County and Maryland

Comparison of County Age-adjusted Death Rates* for All Causes with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rate for All Causes for MD, 2001-2003

Causes of Death 2001-2003

- Septicimia
- Malignant Neoplasms
- Diabetes
- Alzheimer's
- Cardiovascular Diseases
- Hypertension & Hypertensive Renal
- Cerebrovascular diseases
- Artherosclerosis
- Other Circulatory
- Influenza & Pneumonia
- Chronic Low er Respiratory Diseases
- Liver and Cirrhosis
- Nephritis, and Nephrosis
- Perinatal Conditions
- Congenital Abnormalities
- All others diseases

Comparison of County Age-adjusted Death Rates* for Heart Disease with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Age-adjusted Death Rates Per 100,000 Population Diseases of the Heart –2001-2003

Comparison of County Age-adjusted Death Rates* for Malignant Neoplasms with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Cerebrovascular Diseases with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Age-adjusted Death Rate Per 100,000 for Cerebrovascular Disease by County, 2001-2003

* Average of fewer than 20 deaths per year

Comparison of County Age-adjusted Death Rates* for Accidents with the Maryland State Average, 2001-2003.

*Rates are shown on Table 22.

Injury-related Death Rate/100K 2003

Source: DHMH, FHA, Center for Preventive Health Services

Injury-related Deaths By Age per 100,000
Garrett County, 2003

Percent Above or Below the Maryland Average Rate
Injury-Related Emergency Department Visits, 2003

Source: Maryland Health Services Cost Review Commission, Ambulatory Care Dataset, DHMH.

Injury-related ED Visits per 100,000
Garrett County, 2003

Injury-related Hospitalizations per 100,000 Garrett County, 2003

Injury Related Hospitalizations-2003

Other Mortality Rates

All less than 20 deaths per year

Comparison of County Age-adjusted Death Rates* for Chronic Lower Respiratory Diseases with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Influenza and Pneumonia with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Diabetes Mellitus with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Septicemia with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Human Immunodeficiency Virus (HIV) with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Alzheimer's Disease with the Maryland State Average, 2001-2003.

*Rates are shown on Table 50.

Comparison of County Age-adjusted Death Rates* for Assault (Homicide) with the Maryland State Average, 2001-2003.

Comparison of County Age-adjusted Death Rates* for Intentional Self-Harm (Suicide) with the Maryland State Average, 2001-2003.

Other Health Indicators

Garrett County Health Indicators

Average Medicaid Enrollment 1996 - 2003

Source: MD DHR Fact Pack 2003

MCHP Dental Utilization Rates by County

Children Age 4-20, Enrolled >= 320 days in a MCO

Source: MD Office of Oral Health

Garrett County Core Service Agency
Public Mental Health System
Consumer Counts by Age / Year

	1998	1999	2000	2001	2002	2003	2004
0-5	33	40	54	56	60	83	45
6-12	180	193	210	233	383	586	440
13-17	95	128	203	245	268	363	275
18-21	26	53	68	89	83	83	47
22-64	448	528	715	744	744	793	540

Garrett County Core Service Agency
Public Mental Health System
Fee for Service by Category

	1998	1999	2000	2001	2002	2003	* 2004
CM	0	485	485	5435.4	39400	45080	55868
IP	157267	143344	320586	150606.4	117243	270996	239507.08
OP	292924	375711	437620	558755	680463	1064101	1208545
Rehab	652560.4	753688	1281071	1756962	2350426	3192101	2346280
RTC	2640	44280	137346	191214	465669	714512	259361
Total	1105391.4	1317508	2177108	2662972.8	3653201	5286790	4109561.08

Outpatient Mental Health Visits

What's Really Killing Us?

Half of all premature deaths can be prevented

- **Tobacco Use**

  Heart Disease, Cancers, Respiratory Disease, Infant Deaths

- **Diet/Activity**

  Heart Disease, Cancers, Diabetes, Infant Deaths

- **Alcohol Abuse**

  Heart Disease, Cancers, Accidents, Infant Deaths

- **Other** **(Sexual behavior, firearms, toxins, etc.)**

  Heart Disease, Cancers, Diabetes, All Injuries, Respiratory Disease, HIV/AIDS, Infant Deaths

Source: HRSA, Community Health Status Report

Garrett County Health Indicators

Local Public Health Priorities 06

- Access to care for the uninsured *(The private health care system is unable or unwilling to provide primary health care for the most vulnerable segment of the population)*
  - Recruitment of health care professionals
  - Provision to Home Health services
  - Telemedicine
  - Dental care for children
  - Cancer screening
  - Immunization
  - Family Planning and STD clinics
- Bioterrorism and Environmental Emergencies *(The GCHD is uniquely positioned to provide these "public health" services for the community)*
  - Infrastructure development
  - Surveillance protocols
  - Emergency preparedness
  - Risk communication
  - Education and training
- Community Health *(Grant driven programs that GCHD is uniquely positioned to administer)*
  - Health Education and Outreach
  - Prevention of Alcohol Tobacco and Other Drugs (ATOD)
  - Tobacco cessation
  - Dental health education
  - Healthy Families home visiting
- Behavioral Health (Substance Abuse and Mental Health) *(The private sector is unable or unwilling to provide these services at the level of need in the community)*
  - System management
  - Network Development
  - Outpatient clinics
  - Outreach to underserved
- Public Health Infrastructure *(The GCHD must provide leadership in the community and have the necessary resources to address the above priorities)*
  - Grant Resources (State and Federal funding sources are shrinking. Therefore the GCHD must locate and obtain other funding sources of such as foundation grants to provide for critical public health needs)
  - Administrative functions including Personnel, Fiscal, Information Technology, etc.
  - Leadership