Community Health Needs Assessment

For Carroll County, MD

2015 FINAL CONSOLIDATED REPORT

SUBMITTED BY

Dorothy L. Fox

Executive Director & CEO

Carroll Hospital
a LifeBridge Health center

The Partnership
for a Healthier Carroll County

Carroll County Health Department
Public Health

June 2015

TABLE OF CONTENTS

1. Introduction

Carroll Hospital completed the first broad Health Needs Assessment for Carroll County, Maryland in 1997 with many partners including Carroll County Government and the Carroll County Health Department. The action plan formed to address those needs after the Assessment called for a new collaborative vehicle that would facilitate the work of creating a healthier Carroll County community. The Partnership for a Healthier Carroll County, Inc. (The Partnership), was incorporated in 1999 to be that vehicle. The new organization was also established by Carroll Hospital as the entity to monitor and assess the health needs of our community on an ongoing basis.

The Partnership led a number of major and minor community health assessment projects between 1999 and 2010. When the Affordable Care Act of 2010 mandated a regular three-year community health needs assessment, The Partnership was already experienced in data collection, organization, and analysis, and well-equipped with the resources to carry out that work.

Our Community Health Needs Assessment (CHNA) project of 2012 allowed us to determine current community health improvement priorities and create *Sharing the S.P.I.R.I.T.* - the Carroll Hospital Board-approved Community Benefit and Health Improvement Plan for FY2014-FY2016. Community engagement in the Plan has been strong, and measurable progress in the priority areas has been captured via our *Healthy Carroll Vital Signs* data monitoring system. Now it is time to revisit and perhaps re-draw the map of what it means to be a "healthier" Carroll County.

This Consolidated Report on the **2015 Community Health Needs Assessment for Carroll County, MD** has been prepared with information needed to determine the direction and structure necessary for the next steps of our health improvement journey. It includes methodologies specific to each component of the CHNA, a brief results summary from each component, data results, and examples of the data collection tools used. Assessment information is presented in two broad categories: 1. Primary data collected by our own staff or our contractor, Holleran Consulting LLC, via surveys and group discussions, and 2. Secondary data acquired from credible local, state, and national organizations based on surveys and data collection that they perform.

The State Health Improvement Process (SHIP) was established in 2011 with some parallels to the Affordable Care Act CHNA process. The SHIP requires the creation of a Local Health Improvement Coalition (LHIC) in each jurisdiction, and the establishment of priorities for focused action. The SHIP also directs involvement with community members and directs participative planning among hospitals and health departments. The Partnership Board of Directors currently serves as the required coalition for the SHIP. Information from the SHIP and the associated Local Health Improvement Plan for Carroll County is included in this report.

The staff members participating in several components within the CHNA process deserve special recognition and thanks, as do their home agencies of Carroll Hospital, the Carroll County Health Department, and The Partnership. Their hard work, flexibility, insight, creativity and critical thinking skills made on-time completion of this CHNA possible. As Chairperson of the collaborative 2015 CHNA Committee, I extend my sincerest thanks to the following members of the Committee and their home organizations:

Selena Brewer	Carroll Hospital
Darlene Flaherty	Carroll County Health Department
Roy Libdan	The Partnership
Mary Peloquin	Carroll Hospital
Maggie Rauser	Carroll County Health Department
Barb Rodgers	Carroll County Health Department
Sharon Sanders	Carroll Hospital

And finally, I would like to recognize the skills and exemplary leadership of the Chairperson of the Ad Hoc CHNA Committee of The Partnership for a Healthier Carroll County, Jim Kunz, PhD. Dr. Kunz actively supported and facilitated this important work. I am sincerely grateful for his participation.

Dorothy L. Fox

Executive Director and CEO

2. Executive Summary

Organization Overview

The Partnership for a Healthier Carroll County, Inc. (The Partnership) was established in 1999 by a team of progressive leaders from Carroll Hospital and the Carroll County Health Department. The Partnership collaborates with individuals, organizations and agencies throughout Carroll County to create a healthier community. With support from community partners, this unique organization strives to improve the health of the community by organizing skilled and influential leadership and action teams, influencing policies on both the state and local levels, and promoting healthier lifestyles. The Partnership's success is derived from sharing activities and resources that help people live healthier lives.

The mission of The Partnership is to build the capacity of individuals and organizations to improve the health and quality of life in Carroll County, Maryland. The Partnership continues to work collaboratively with communities and other health organizations to serve as a resource for health promotion and education in Carroll County.

Community Overview

The Partnership for a Healthier Carroll County defined their current service area based on an analysis of the geographic area where individuals utilizing their services reside. The Partnership's service area is considered to be Carroll County, Maryland. The county is situated in the North-Central part of Maryland and encompasses a total population of approximately 167,000.

2015 Community Health Needs Assessment Overview

Beginning in December 2014, The Partnership began a comprehensive community health needs assessment (CHNA) process to evaluate the health needs of individuals living in Carroll County, Maryland. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing county residents. Assessment research activities examined a variety of health indicators, including chronic health conditions, access to health care, and social determinants of health.

The Partnership is committed to the people it serves and to our community where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Consolidated Report is a compilation of the overall findings of each research component in the CHNA process. The findings from the research will be utilized to prioritize public health issues and develop a community health improvement plan focused on meeting community needs. The CHNA allows The Partnership to take an in-depth look at the Carroll County community and prioritize its health needs. The final step in the CHNA process is forming an implementation plan to address those needs.

CHNA Research Components (Primary Data)

- Community Health Needs Survey
- Key Informant Survey
- Targeted Populations Research

CHNA Secondary Data

This CHNA Final Consolidated Report also includes extensive secondary data which expands the information available for the final prioritization and planning steps in the CHNA process. The secondary data sections are:

- Demographics
- Our Community Dashboard
- Healthy Carroll Vital Signs
- State of Maryland Health Improvement Process and Local Health Improvement Plan
- Other Data

This 2015 CHNA Consolidated Report contains data and information from the components listed above. To complete the CHNA process, the primary (research) data and secondary data in this report will be used to prioritize and plan community health improvement strategies.

CHNA Prioritization and Planning

To develop a focused and relevant community health improvement plan, the information in this report will be examined carefully. The most important community health improvement concerns will be identified. Detailed action planning will take place, and a final implementation plan will be written to capture specific objectives, measurements, and responsibilities. The final steps in the CHNA process are:

- Prioritization of Needs
- Implementation Plan (*Community Benefit & Health Improvement Plan*)

Research Methodology

The CHNA primary research was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is given below with further details provided throughout the document:

- An online Community Health Needs Survey was conducted with Carroll County residents between January and March 2015. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. A total of 1,160 resident surveys were completed throughout the county to promote geographical and ethnic diversity among respondents.

- Key Informant Survey sessions were conducted with 80 community leaders and partners between January and March 2015. Key informants represented a variety of sectors,

including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

- Seven sessions of Targeted Populations Research were conducted in focus sessions with different community groups including African Americans (two sessions; 13 residents), Hispanics (one session; nine residents), Older Adults (three sessions; 72 residents), and low income community members (one session; 23 residents) between January and March 2015. Research participants were invited to complete a survey specific to their community group. In addition, The Partnership engaged in face-to-face discussions with members of the community representing low income groups, African Americans, and Hispanics.

Research Partner

The Partnership for a Healthier Carroll County contracted with Holleran Consulting, LLC, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Conducted, analyzed, and interpreted data from the online community survey
- Analyzed and interpreted data from key informant interviews
- Analyzed and interpreted data from target population research; and
- Prepared material for segments of the CHNA Final Consolidated Report.

Community Representation

Community engagement and feedback are an integral part of the CHNA process. The Partnership sought community input through the online community health needs survey available to all residents, key informant interviews with community leaders and partners, and targeted populations research with minority and underserved population groups. Leaders and representatives of non-profit and community-based organizations as well as clergy and faith organization representatives gave their insights on the community, including the medically underserved, low income, and minority populations. Key partners, local experts, and community leaders, including public health professionals and health care providers, will participate in the prioritization and implementation planning process.

Research Limitations

Language barriers, timeline, and other restrictions may have impacted the ability to survey all community stakeholders. The Partnership sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Identified Key Issues and Recurrent Themes

The following *unprioritized* community health issues, recurrent themes, and contributing factors were identified based on the findings of the Online Community Member Survey, Key Informant Interviews, and Target Population Research:

- Health Care Access:
    - Out-of-pockets costs and insurance costs were commonly cited by Key Informants as reasons for not receiving care.
    - After office hours cited as the primary reason for the increase visits to urgent care center.
    - Lack of availability and easy to access transportation services for medical appointments was cited as a major barrier by both key informants and targeted population groups.
    - Signage and promotions for health services that reflect specific community and its needs was cited as a major barrier to accessing care by all four Target Populations
    - Hispanic community members experience the greatest difficulty accessing health care, as evidenced by their feedback.

- Physical Health Status:
    - Majority (fifty-seven percent) of residents suffered from physical illness or injury in the past month.
    - Obesity was ranked as the most pressing health issue and highest priority in the community by Key Informants.
    - Only 12% of residents consume fruits and/or vegetables five or more times per day. Common barriers to eating healthy include time and money.
    - Forty-five percent of residents eat "fast" or "take-out" food at least once per week.
    - 72% of residents reported exercising in the past month; 44% of residents reported exercising 31 minutes or more in the past month.

- Mental Health/Behavioral Health:
    - Increased incidence (33%) of residents have an anxiety disorder.
    - Mental health and illegal substance abuse were ranked as the second and third most pressing health issues and priorities, respectively, in the community by Key Informants.

- Chronic Health Conditions:
    - Thirty percent of residents have high blood pressure. Eighty-three percent are taking medication to control the condition, 73.6% are changing their eating habits and only 55.8% are exercising.
    - Thirty-five percent of residents have some form of arthritis.
    - The greatest health concerns among African Americans are cancer, diabetes, and heart health.
    - The greatest health concerns among Hispanics are dental health, obesity, and heart health.
    - The greatest health concerns among low income individuals are cancer, mental health, and alcohol abuse.
    - The greatest health concerns among seniors are heart health, Alzheimer's Disease/dementia, and cancer.

- Preventative Health Practices:
    - Only 70% of males age 40 years and over have talked to their health care provider regarding prostate cancer screening.
    - Sixty-three percent of residents have never been tested for HIV.
    - Only 69% of residents received a flu vaccine in the past year.
    - Greater rates (35%) of residents experienced a red or painful sunburn in the past year.

- Social Determinants of Health:
    - Key informants cited quality health access, early childhood development, and employment opportunities as the most important social determinants of health to address in the community. Quality health access and early childhood development were believed to have the greatest impact in the community, if addressed.
    - The need for employment opportunities and affordable housing was identified by most of targeted population groups.

Prioritization of Community Health Needs

Following the publication of this CHNA report, The Partnership, its members and community partners will collaboratively identify priority community health needs, and develop an implementation plan to address them. The prioritization process will make use of all of the information components in this report. All planning and approval processes will be completed by June 2016.

3. Community Health Needs Survey

A. Methodology

The Partnership for a Healthier Carroll County, in conjunction with Holleran, used a customized survey tool consisting of approximately 80 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities. The survey tool was adapted from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) and custom questions developed by The Partnership for a Healthier Carroll County. BRFSS is the largest telephone health survey in the world. It is used nationally to identify new health problems, monitor current problems and goals, and establish and evaluate health programs and policies. The survey was administered online, and was accessed via web links provided at many different access points including The Partnership's own web site, HealthyCarroll.org, the online edition of the Carroll County Times, and the web site of Carroll County Public Library. Extensive promotional activities yielded a broad convenience sampling of the Carroll County population.

Marketing Plan

The 2015 Community Health Needs Survey for all community members was promoted through a variety of online advertising vehicles, as well as point of purchase displays. Using online ads that link directly to the Community Member Survey helped to ensure easy access to the survey. Anyone who took the survey was eligible to enter a drawing for a $250 gift card.
The survey theme for the advertising content: "Fast-Forward to a Healthier Carroll County," encouraged community members to visit HealthyCarroll.org/Survey and "tell us what you need to live healthier today and every day."

During the month of February 2015, geographically targeted online ads were displayed on the Carroll County Times web site, The Baltimore Sun Mobile Network and Reach Local (behavioral targeted). It also was promoted via Carroll Hospital's Facebook page and e-mail blasts to community members. In addition, point-of-purchase displays were produced and distributed to community organizations including, the local college, public school system, library system, a local pharmacy and more. A press release announcing the survey was distributed to local media and publications on January 30, 2015.

The online survey was designed to take approximately 15 to 20 minutes to complete. In total, 1,160 residents completed the survey. However, nine participants were found to be younger than 18 years of age and were excluded from the survey. Thus, the findings in this report are based on a total of 1,151 survey participants.

B. Results Summary

The following section provides an overview of the findings from the online community survey, including highlights of important health indicators and health disparities. In addition, comparisons to the 2012 community health survey conducted in Carroll County are provided

where applicable. It should be noted that while the 2012 and 2015 surveys are similar, they were conducted using different methodologies. The 2012 survey was conducted via phone and online interviews and was based on a statistically valid sampling strategy. The 2015 survey was conducting solely online and was based on a convenience sample. Results for 2012 and 2015 should be compared and interpreted accordingly.

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in the tables below. Approximately 58% of all respondents resided in zip codes 21157, 21158, and 21784. Of the total 1,151 respondents, 82.1% were female and 17.9% were male. Whites comprised 95.7% of study participants and Blacks/African-Americans represented 1.9%. Approximately 2% of all respondents identified as Latino/Hispanic. Approximately 52% of all respondents were between the ages of 45 and 64 years. An additional 29.5% of respondents were between the ages of 25 and 44 years.

Zip Code	%	Zip Code	%
21157	27.4	21776	3.8
21158	16.2	21797	1.9
21784	14.2	21791	1.7
21074	8.5	21757	1.0
21102	6.4	21155	1.0
21787	5.9	21104	0.7
21048	5.7	21088	0.1
21771	5.4		

Demographic Information	n	%
Gender		
Male	206	17.9
Female	945	82.1
Age		
18 - 24	61	5.3
25 - 34	142	12.3
35 - 44	198	17.2
45 - 54	308	26.8
55 - 64	294	25.6
65 and over	147	12.8
Race/Ethnicity		
White	1,070	95.7
Black/African American	21	1.9
American Indian or Alaska Native	18	1.6
Other	17	1.5
Asian	13	1.2
Native Hawaiian or Other Pacific Islander	6	0.5
Hispanic/Latino*	18	1.6

* Hispanic/Latino respondents can be of any race, for example, White Hispanic or Black/African American Hispanic

Household type was assessed. The majority of respondents (68.4%) were married, while 11.0% of respondents were divorced and 10.7% were never married. In addition, the majority of respondents (62.8%) did not have children less than 18 years of age living in the household.

Household Type	n	%
Marital Status		
Married	769	68.4
Divorced	124	11.0
Never married	120	10.7
Widowed	48	4.3
A member of an unmarried couple	39	3.5
Separated	24	2.1
Number of Children Less Than 18 Years in Household		
None	710	62.8
1 - 2	352	31.2
3 – 4	66	5.8
5 – 6	2	0.2

The socioeconomic status of respondents, including education, employment, and income, was also assessed. More than half of the total participants (53.6%) were college graduates and 29% attained some college or technical school. The majority of respondents (70.6%) were currently employed for wages; only 2.7% were out of work. More than half of respondents (52.9%) had an annual household income of $75,000 or more. Approximately 13% of respondents had an income less than $25,000.

Socioeconomic Information	n	%
Level of Education		
Never attended school or only attended kindergarten	1	0.1
Grades 1-8 (Elementary School)	1	0.1
Grades 9-11 (Some high school)	9	0.8
Grade 12 or GED	185	16.4
College 1 year to 3 years (Some college or technical school)	327	29.0
College 4 years or more (College graduate)	603	53.6
Employment Status		
Employed for wages	794	70.6
Self-employed	49	4.4
Out of work for more than 1 year	16	1.4
Out of work for less than 1 year	15	1.3
A homemaker	73	6.5
A student	29	2.6
Retired	128	11.4
Unable to work	21	1.9
Annual Household Income from All Sources		
Less than $10,000	36	3.8
$10,000-$14,999	28	3.0
$15,000-$19,999	22	2.3
$20,000-$24,999	38	4.0
$25,000-$34,999	70	7.4
$35,000-$49,999	92	9.8
$50,000-$74,999	158	16.8
$75,000 and more	498	52.9

Respondents were also asked to identify if they served on active duty in the United States Armed Forces. As seen in the following chart less than 6% of respondents have served or are currently serving as active duty military members and 28% of these individuals have served in a combat or war zone.

United States Armed Forces Service Status	n	%
Active Duty Service		
Yes	62	5.5
No	1,069	94.5
Did you ever serve in a combat or war zone?		
Yes	17	27.9
No	44	72.1
Don't know/Not sure	0	0.0

The chart below compares the characteristics of survey respondents with those of the general population of Carroll County.

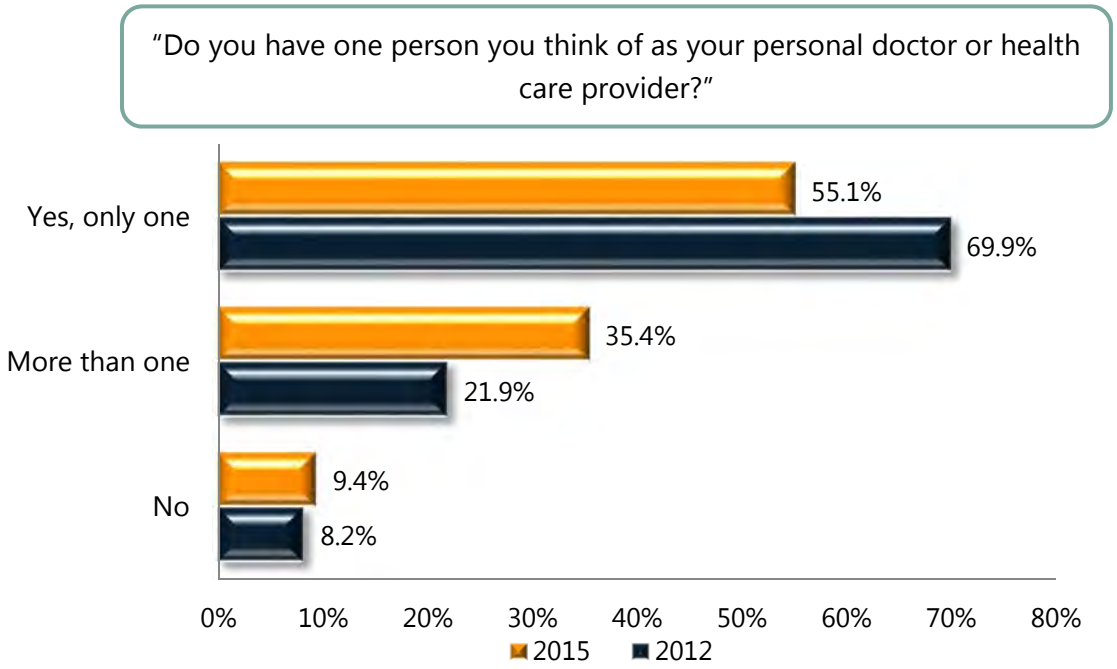
Demographic Comparison	Survey Respondents (2015)	Carroll Co. Population
Gender: Male / Female	17.9% / 82.1%	49.4% / 50.6% (2010 Census)
Race:		(2000 Census)
White / Caucasian	95.7%	96.6%
Black / African American	1.9%	2.0%
American Indian or Alaska Native	1.6%	0.2%
Asian	1.2%	0.5%
Native Hawaiian or other Pacific Islander	.5%	<.01%
Hispanic / Latino	1.6%	0.7%
Other	1.5%	0.7%
Age:		(2000 Census)
18-24	5.3%	7.0%
25-44	29.5%	30.6%
45-64	26.9%	23.9%
65+	12.8%	10.8%
Income:		(2011 American Community Survey)
Under $10,000	3.8%	3.9%
$10,000-$24,999	9.3%	8.9%
$25,000-$49,999	17.2%	15.9%
$50,000-$75,999	16.8%	17%
$75,000 or more	52.9%	55.1%
Education:		(2011 American Community Survey)
High School/GED	16.4%	31.5%
Some College (1-3 years)	29.0%	27.3%
College (4 years or more)	53.6%	31.5%

Aside from a somewhat higher percentage of college graduates among the survey respondents, the main difference between this sampling group and the general population is the higher percentage of females vs. males (82% vs. 51%). Women may be more likely to participate voluntarily in a health needs survey due to their greater involvement in family health affairs. Women make more than 80% of the health care decisions for their families (see "General Facts on Women and Job-Based Health", United States Department of Labor, at http://www.dol.gov/ebsa/newsroom/fshlth5.html), and as a result may be more concerned and better informed about health issues.

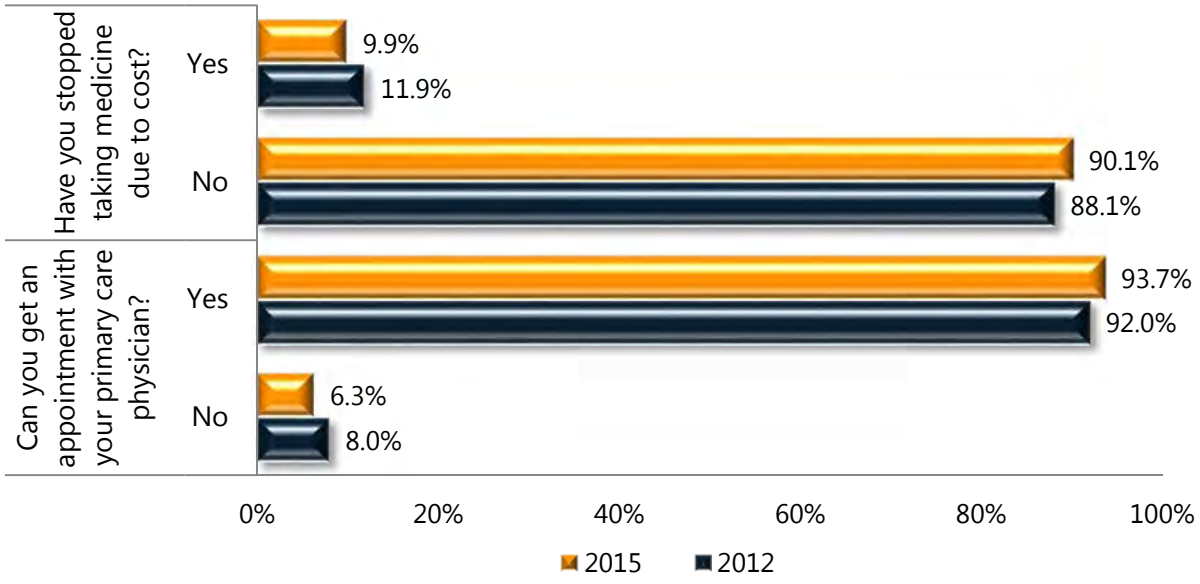
Access to Health Care

Primary Care

A high proportion of respondents (90.6%) have at least one person who they think of as their personal doctor or health care provider; only 9.4% of respondents reported not having a health care provider. However, the percentage of respondents without a health care provider increased by 1.2% from 2012.



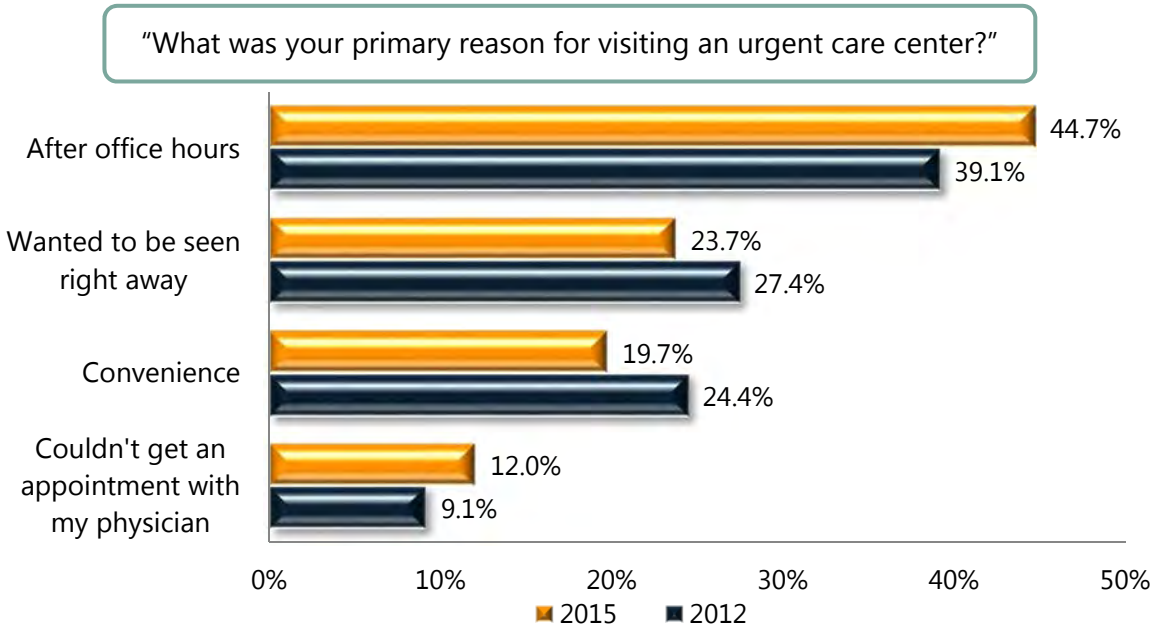
Access to care was further assessed by the percentage of respondents who are inhibited from taking medicine due to cost and the percentage of respondents who are able to access a primary care physician when they need one. Less than 10% of respondents stopped taking their medicine in the past year due to cost. The percentage decreased 2% from 2012. In addition, 93.7% of respondents reported that they can get an appointment with their primary care physician when they need one, an increase of 1.7% since 2012.



Access to health care provider and prescription medication

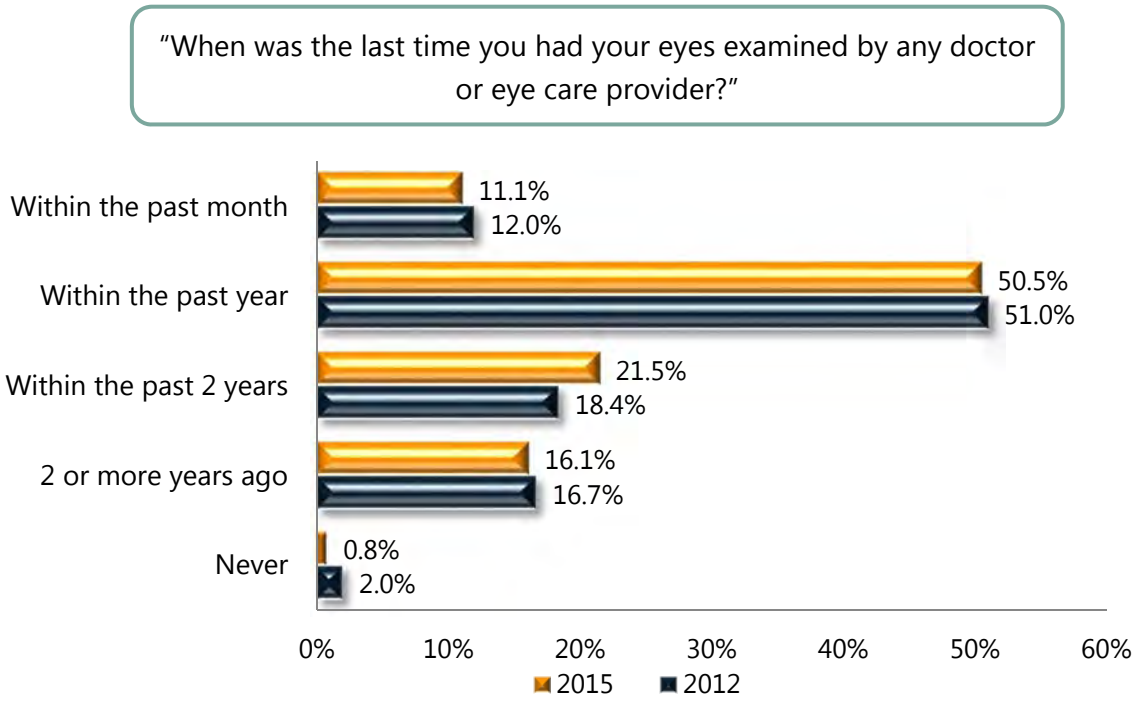
Urgent Care

Approximately 36% of participants reported visiting an urgent care center in the past 12 months, an increase of 10.2% from 2012. The main reason for visiting an urgent care center, as reported by 44.7% of respondents, was the need for assistance after office hours. Another 23.7% reported that they wanted to be seen right away. The findings differ from 2012 with percentage increases for the reasons, "After office hours" and "Couldn't get an appointment with my physician."



Eye Care

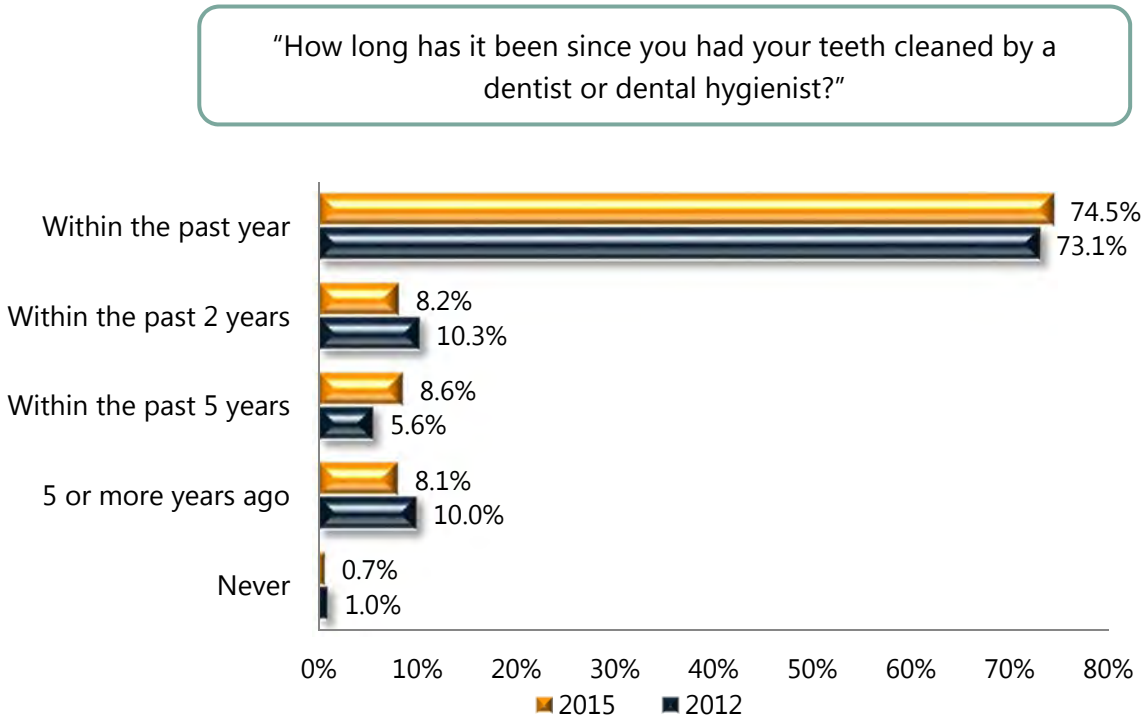
Respondents were first asked to indicate the last time they had their eyes examined by a doctor or eye care provider. Nearly 62% of all respondents reported having their eyes examined within the past month or year. Less than 1% of respondents have never had their eyes examined, a decrease of 1.2% since 2012. Those participants who did not visit an eye care professional within the past 12 months were asked to indicate their main reason for not having their eyes examined. Most respondents (45%) did not have eye exams because they did not have any issues with their eyes. However, 26.1% of respondents mentioned cost/insurance as their main reason for not seeing an eye care provider in the past year. The percentage represents an increase of 5.3% from 2012. The following figures illustrate responses.



Reason for not visiting an eye care professional in the past 12 months	2015	2012
No reason to go (no problem)	45.0%	55.0%
Cost/Insurance	26.1%	20.8%
Other	15.4%	14.1%
Have not thought of it	9.4%	4.6%
Do not have/know an eye doctor	1.9%	1.3%
Could not get an appointment	1.3%	1.7%
Cannot get to the office/clinic (too far away, no transportation)	0.9%	2.5%

Dental & Oral Health Care

The survey also assessed the respondents' ability to access dental and oral health care. Regular dental and oral care is important to maintaining healthy teeth and gums. The majority of respondents from Carroll County (74.5%) had their teeth cleaned within the past year. Less than 9% of respondents had their teeth cleaned five or more years ago or have never had their teeth cleaned. The findings represent a positive difference from 2012.



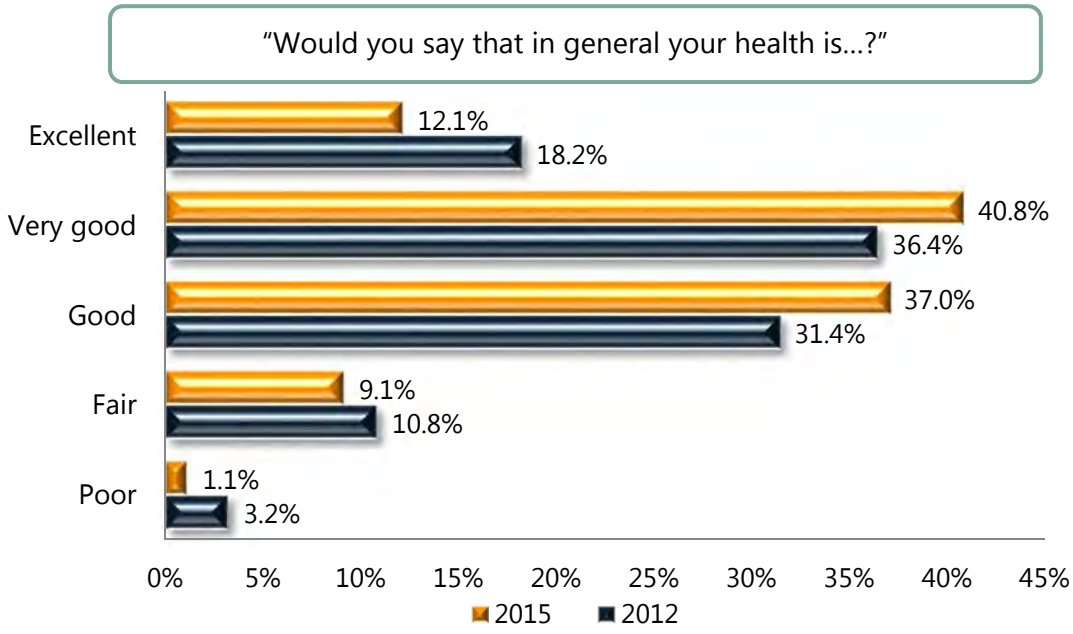
Child Health Care

The vast majority of participants reported that their child/children have regular wellness visits with a medical doctor and have dental checkups at least once per year (96.4% and 91.4% respectively). The findings are consistent with the 2012 community survey, which reported that 95.6% of children receive regular wellness visits and 93.5% have dental checkups at least once per year.

Health Status: Physical & Mental

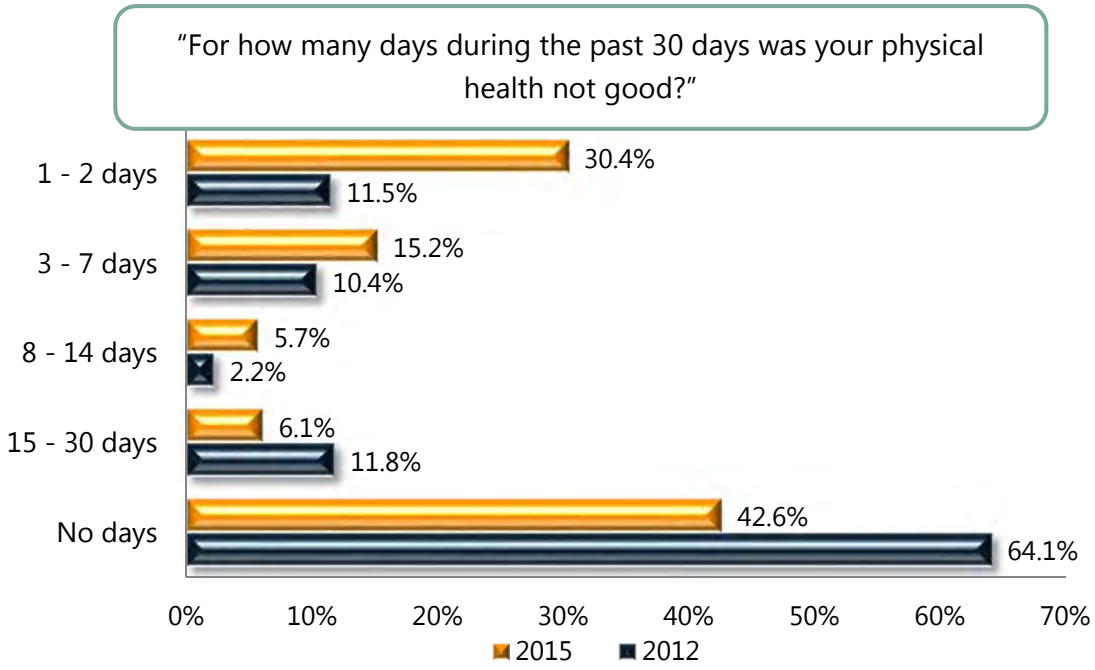
Overall Health Status

Respondents were asked to rate their overall health, including both physical and mental health. In general, self-reported measures of health are favorable among Carroll County respondents. Approximately 53% of respondents reported having very good or excellent overall health. Only 10.2% of respondents reported having fair or poor health. The findings, when compared to 2012, represent a decrease in the percentage of respondents with excellent, fair, or poor health and an increase in good or very good health. See the chart below for responses.



Physical & Mental Health Status

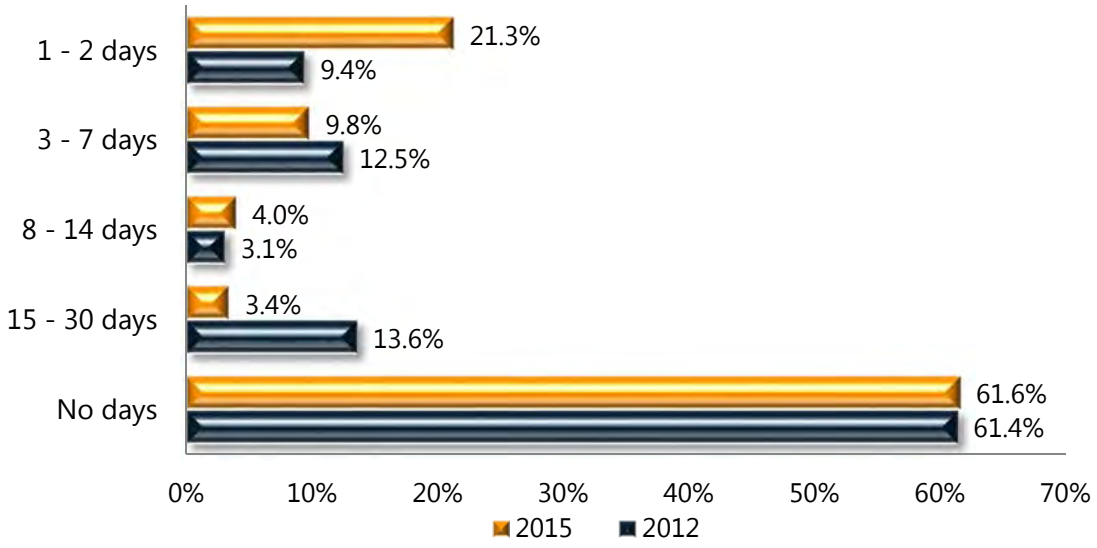
Approximately 43% of respondents reported not suffering from physical illness or injury during the past 30 days. However, 30.4% reported having one to two days of poor physical health and 15.2% reported having three to seven days of poor physical health. The findings represent a marked decrease in the percentage of respondents reporting "No days" of poor physical health and a marked increase in the percentage of respondents reporting "1 – 2 days" of poor physical health from 2012.



Respondents were asked if a healthcare provider ever told them they have an anxiety disorder such as acute stress disorder, anxiety, generalized anxiety disorder, and obsessive-compulsive disorder and whether or not they are currently receiving treatment from a health care provider for any type of mental health condition or emotional problem. One-third of respondents (33%) reported that they had or have an anxiety disorder and 32.9% of respondents are currently receiving treatment from a health professional. In 2012, only 25.2% of respondents reported having an anxiety disorder and 25.1% reported receiving treatment for a mental health condition or emotional problem.

Lastly, respondents were asked how often during the past 30 days they were not able to perform their usual activities, such as self-care, work, or recreation due to poor physical or mental health. The majority of respondents (61.6%) reported that they did not have any problems carrying out their usual activities due to poor health. About 21% or respondents reported having had "1 – 2 days" in the past 30 days when they could not perform their usual activities due to poor health. The percentage of respondents reporting "No days" of poor health is consistent with 2012 findings. The most significant difference between study years is the increase in the percentage of respondents reporting "1 – 2 days" of poor health and the decrease in the percentage of respondents reporting "15 – 30 days" of poor health.

"During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"



Days that poor physical or mental health kept respondent from doing usual activities

Veteran's Health

Respondents were asked if they served on active duty in the United States Armed Forces and if their duty involved serving in a combat or war zone. Among respondents who served in a combat or war zone, 20%, or three respondents, have been diagnosed with depression, anxiety, or post-traumatic disorder (PTSD). In 2012, 18.3% of respondents who served in a combat or war zone had a mental diagnosis.

Cognitive Impairment

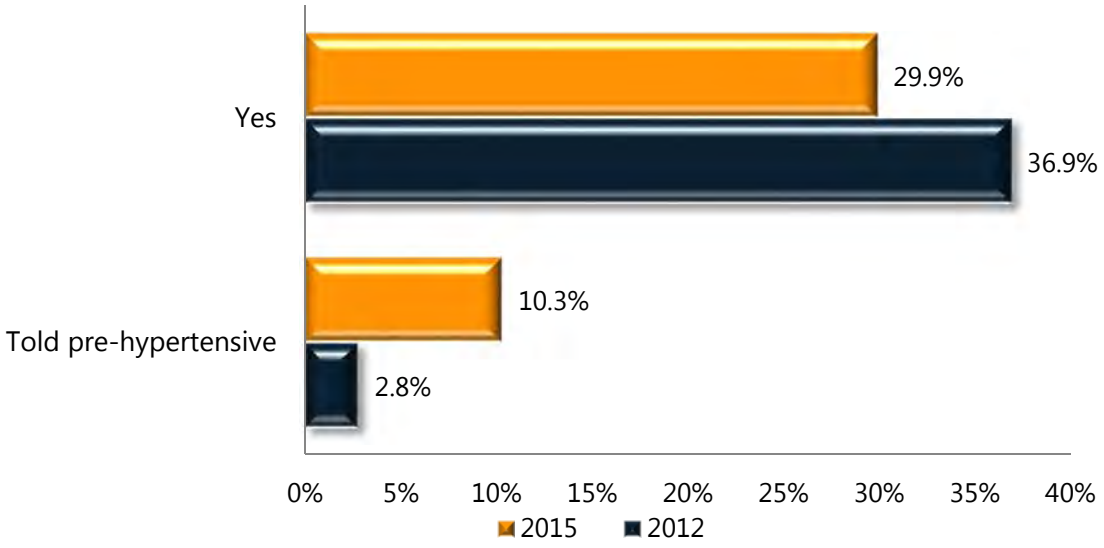
The early detection of signals indicating cognitive impairment, such as dementia, is critical for treatment and long-term planning. With this goal in mind, the survey asked if respondents experienced confusion or memory loss in the past 12 months that is happening more often or is getting worse. While the vast majority of respondents (91.2%) indicated that they did not experience confusion or memory loss, 97 respondents (nearly 9%) reported having these symptoms.

Chronic Health Issues

High Blood Pressure & Cholesterol

Nearly 30% of respondents have been told by a doctor or health care professional that they have high blood pressure, and another 10% have been told that they are borderline high or pre-hypertensive. In comparison, in 2012, 36.9% of respondents had hypertension and 2.8% were pre-hypertensive.

"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"



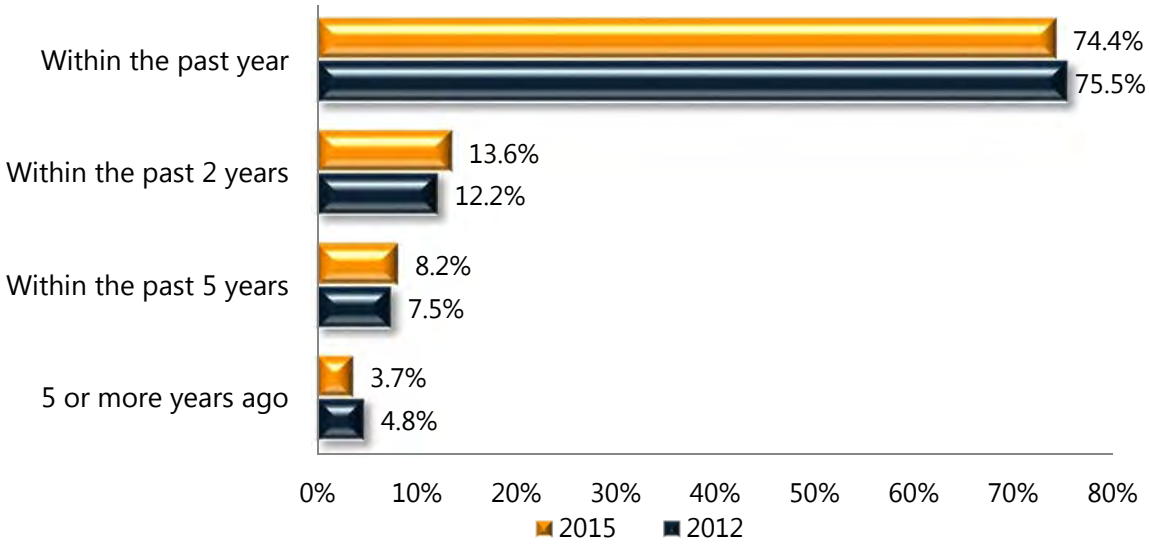
High blood pressure

Respondents who are currently hypertensive were asked to report on the actions they are taking to control their condition. Of those respondents who are currently hypertensive, 83.2% are taking medicine, 73.6% are changing their eating habits, 80.1% are cutting down on their salt intake, and 55.8% are exercising. The table below outlines the percentage of respondents who are taking each action, compared to 2012 where applicable.

Actions to Control High Blood Pressure	2015	2012
Taking medicine	83.2%	87.3%
Changing eating habits	73.6%	74.1%
Cutting down on salt	80.1%	82.1%
Exercising	55.8%	N/A

Respondents were asked how long it has been since they had their blood cholesterol checked. Approximately three-quarters of respondents had their cholesterol levels checked within the past year and 13.6% of respondents had their cholesterol levels checked within the past two years. The combined percentage of 88% is comparable to the 2012 percentage of 87.7% and is a favorable finding as regular cholesterol check-ups may help lower the risk for cardiovascular disease and its complications.

"About how long has it been since you last had your blood cholesterol checked?"



Time since cholesterol was last checked

Heart Disease

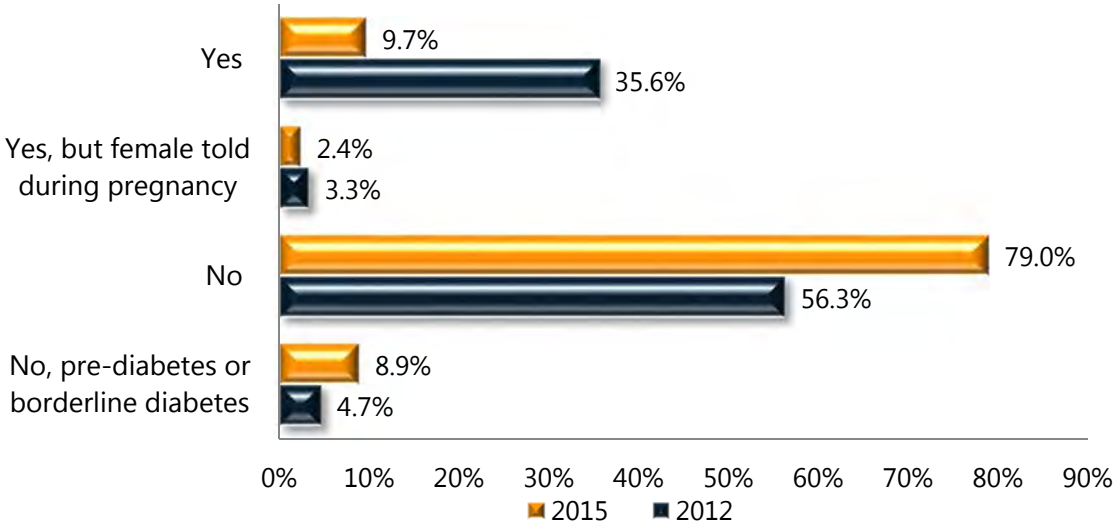
Respondents were asked if they have ever been diagnosed with a number of chronic conditions, including heart disease. The findings for heart disease are positive as 3.2% or less of respondents reported being diagnosed with a heart attack, coronary heart disease, stroke, and/or congestive heart failure. A summary of heart disease diagnoses among respondents, compared to 2012, is reported below.

Chronic Condition	2015	2012
Myocardial infarction (Heart attack)	2.0%	8.2%
Coronary heart disease/Angina	3.2%	5.8%
Stroke	1.3%	3.9%
Congestive heart failure	0.5%	N/A

Diabetes

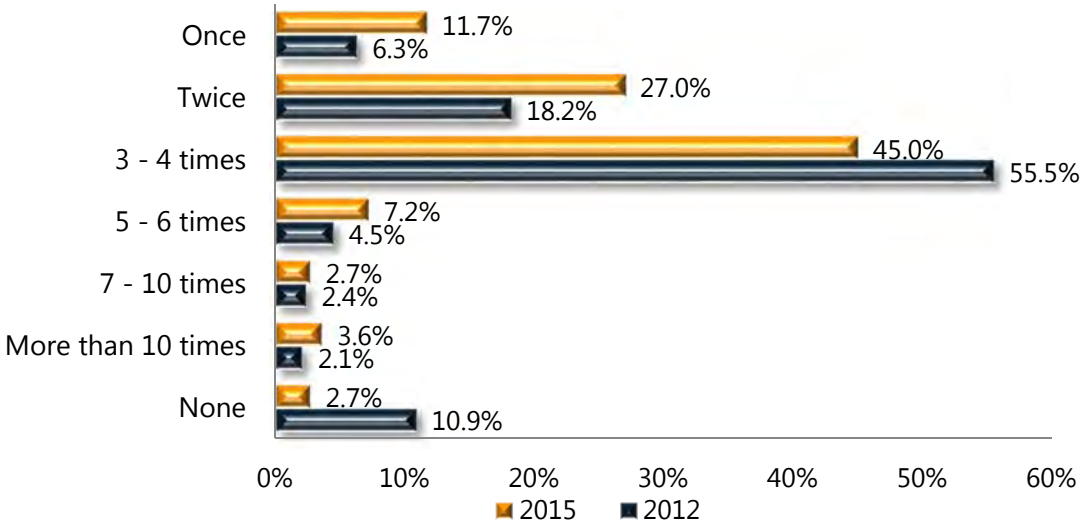
Diabetes is a serious disease that can be managed through appropriate use of medications, physical activity, and diet. Research indicates that the incidence and prevalence rates of diabetes in the U.S. are increasing at an alarming rate. Approximately 10% of all survey respondents reported having been diagnosed with diabetes and 2.4% of female respondents reported having been diagnosed with gestational diabetes during pregnancy. Another 8.9% of participants were told they have pre-diabetes or borderline diabetes. The results, as they compare to 2012, are reported below.

"Has a doctor, nurse, or other health professional ever told you that you have diabetes?"



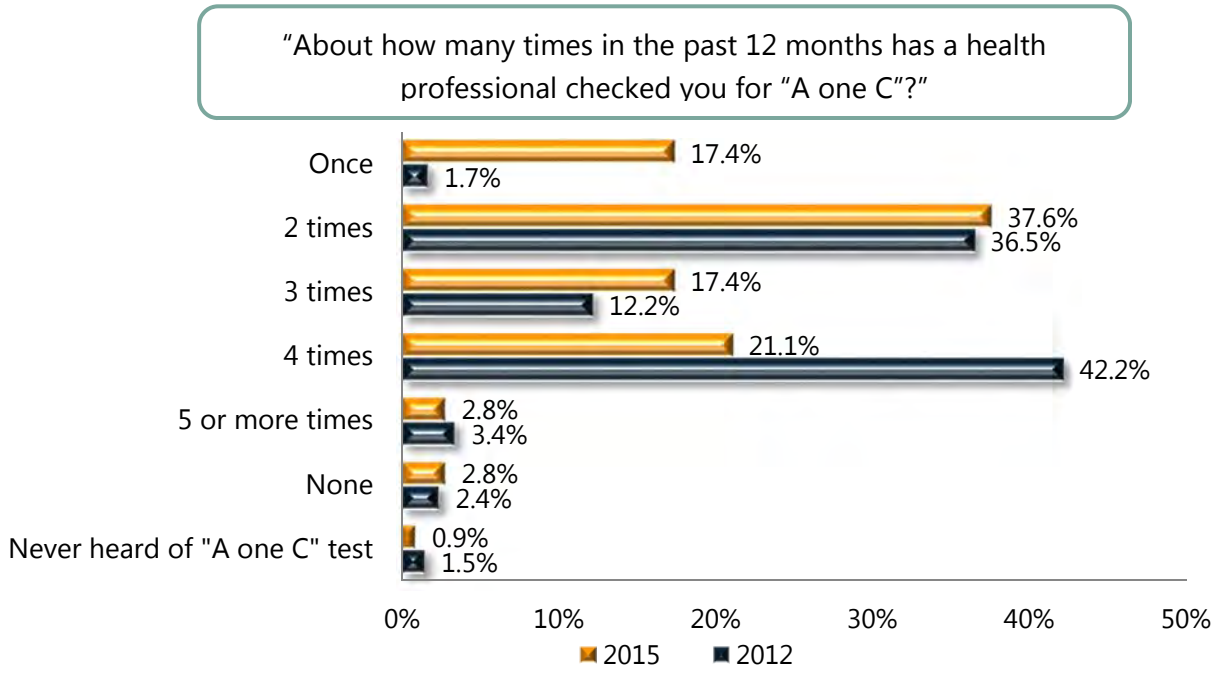
The National Institute of Health recommends that people with diabetes see their doctor every three to six months or two to four times a year. The largest percentage of survey respondents (45%) reported seeing their health care provider three to four times in the past 12 months. Approximately 86% reported seeing their health care provider at least twice in the past 12 months. In comparison to 2012, fewer diabetics did not see a health professional at all, but more diabetics only saw a health professional once or twice.

"About how many times in the past 12 months have you seen a health professional for your diabetes?"



Number of times seen for diabetes

An A1C or "A one C" lab test measures the average level of blood sugar over a three-month period of time. Patients would ideally visit their diabetes health care provider at least four times a year for an A1C test. Survey respondents with diabetes were asked how many times their doctor checked them for an A1C test in the past twelve months. The largest percentage of respondents (37.6%) reported that they received the test only two times in the past year. Approximately 24% reported receiving the test four or more times in the past year. In comparison to 2012, fewer diabetics received an A1C test four or more times and more diabetics received an A1C test one to three times. See the following table for an illustration of responses.



Diabetes education helps individuals with diabetes learn how to manage their disease and practice healthy behaviors, such as eating healthy, being physically active, and monitoring blood sugar levels. Of those respondents who reported being diagnosed with diabetes, 54.6% have taken a diabetes training course on how to self-manage their disease. In 2012, only 50.9% of diabetic respondents had taken a training course.

Other Chronic Conditions

Respondents were also asked to report on conditions like arthritis, asthma, cancer, and chronic obstructive pulmonary disorder (COPD). Arthritis and asthma are the most diagnosed conditions in Carroll County. Approximately 35% of respondents have been told they have arthritis and approximately 17% of respondents have been told they have asthma. The percentages are consistent with 2012 findings. In addition, 6.4% of respondents reported having skin cancer, 9% reported having any other type of cancer, and 3.5% reported having COPD. A summary of diagnoses among respondents, compared to 2012, is reported below.

Chronic Condition	2015	2012
Arthritis	35.2%	37.1%
Asthma	16.8%	17.4%
COPD	3.5%	7.1%
Skin cancer	6.4%	7.6%
All other types of cancer	9.0%	8.5%

Chronic Condition Management

Respondents who reported having one or more of the above chronic conditions were asked what kind of help they need in managing these conditions. The majority of participants (40.4%) expressed the need for help locating resources. In addition, 28.2% of respondents indicated needing help understanding directions from their doctors and 20.3% indicated needing help with prescription assistance. Health care in their homes and help making and keeping appointments with health care providers was mentioned by 4.3% of participants. Lastly, 2.5% of participants indicated the need for transportation assistance.

Dietary Behaviors and Physical Exercise

Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables in the past 30 days. The majority of respondents (73.4%) reported eating fruits and/or vegetables one to four times per day. Approximately 12% of respondents eat fruits and/or vegetables five or more times per day, which is the recommended number of servings.

Fruit and Vegetable Consumption	
5 or more times per day	12.4%
1 to 4 times per day	73.4%
3 to 6 times per week	10.4%
1 to 2 times per week	2.9%
1 to 3 times per month	0.3%
Never	0.5%

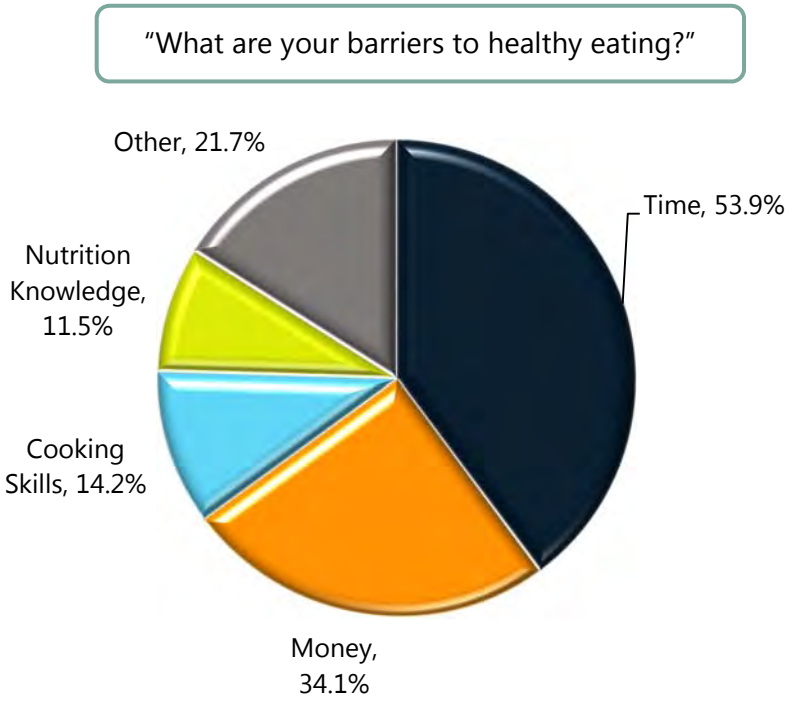
Respondents were asked the number of times per week their family eats fast or take-out food. Approximately, 45% of participants reported eating fast or take-out food once per week and 23.3% reported eating fast or take-out food two to six times per week. Results are consistent with 2012 findings; however, fewer individuals report never eating fast or take-out food. There's convincing evidence that individuals who consume these meals on a regular basis are significantly more likely to develop or die from diabetes and coronary heart disease than those who avoid such foods.

"Fast" or "Take-Out" Food Consumption	2015	2012
Once per week	45.0%	45.1%
2 to 6 times per week	28.0%	23.3%
More than 6 times per week	0.6%	0.8%
Never	26.5%	30.8%

Respondents were also asked about their consumption of sugar-sweetened beverages such as Kool-Aid and soda. Over one-third of participants reported never drinking sugary drinks. However, 25.2% reported drinking sugary drinks at least once per day. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, obesity, heart disease, and other chronic conditions.

Sugar-Sweetened Beverage Consumption	
Once per day	12.5%
2 to 5 times per day	11.5%
More than 5 times per day	1.2%
Once per week	8.3%
2 to 6 times per week	17.7%
1 to 3 times per month	13.5%
Never	35.3%

Respondents indicated a number of barriers to healthy eating. As depicted in the pie chart below, lack of time was mentioned by nearly 54% of respondents as a barrier. Money was another barrier mentioned by over one-third of respondents. In addition, respondents were asked through open-ended question to specify other barriers they may be facing. Laziness/apathy to cooking, lack of will power, taste/preference, and allergies were most frequently mentioned.



Physical Exercise

It is widely supported that physical activity can alleviate health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 72% of respondents reported that they participated in leisure time physical activity during the past month. In 2012, 80.7% of respondents reported participating in leisure time physical activity during the past month.

Among respondents who participated in physical activity, the majority (61%) did so for more than 30 minutes and 31% of respondents kept at it for 16 to 30 minutes. In 2012, 59.3% of respondents exercised for at least 30 minutes. The following chart provides these figures.

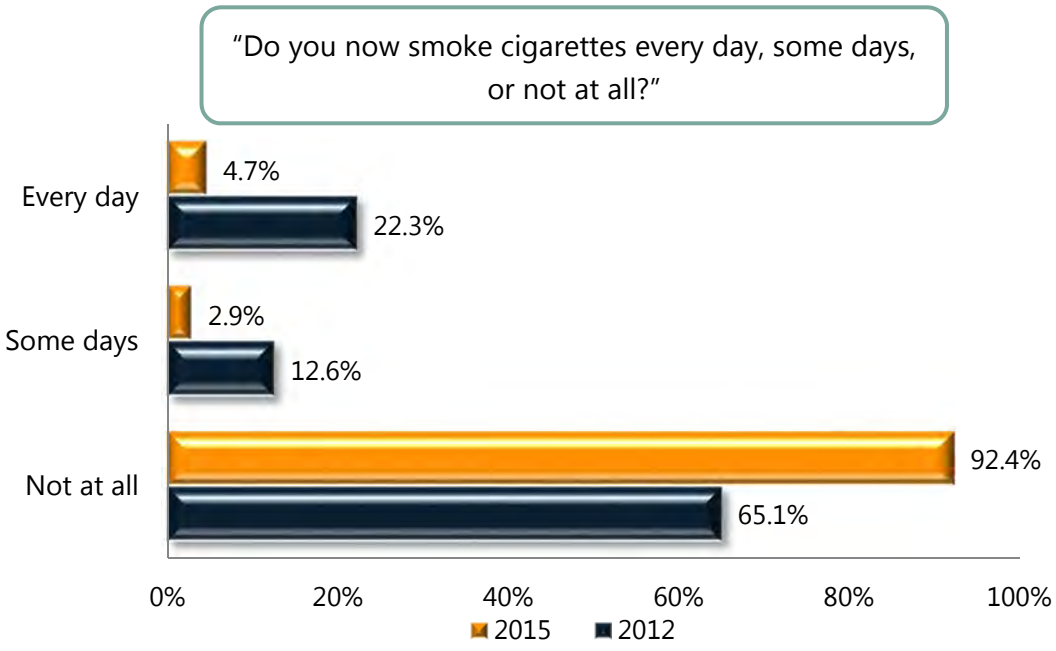
Duration of Physical Activity	2015	2012
1 – 15 minutes	7.9%	8.5%
16 – 30 minutes	31.1%	32.2%
31 minutes – 1 hour	46.2%	44.4%
More than 1 hour	14.7%	14.9%

Amount of physical activity each session

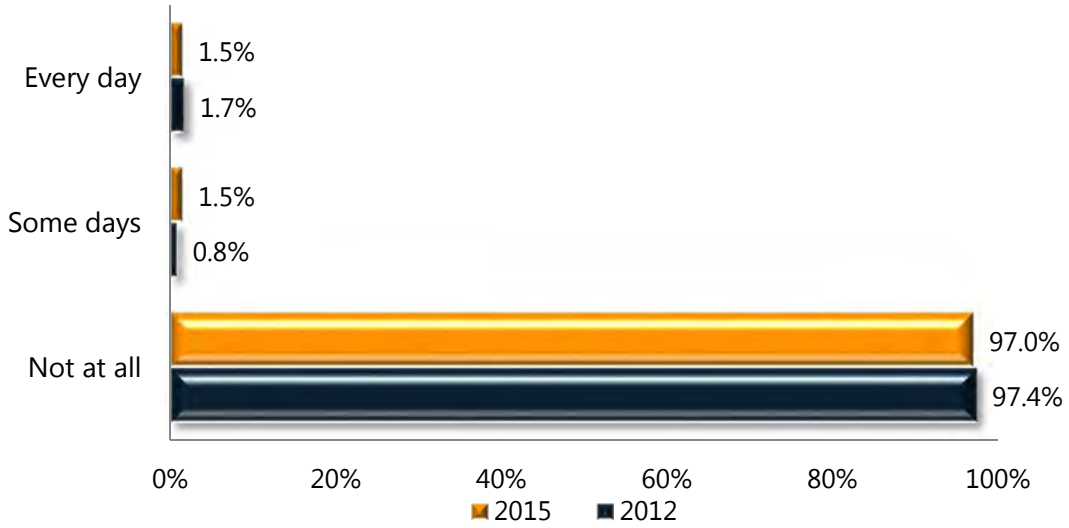
Health Risk Factors

Tobacco Use and Exposure to Second Hand Smoke

Risky behaviors related to tobacco use and involuntary exposure to second hand smoke were measured as part of the survey. The vast majority of respondents reported that they currently do not smoke cigarettes (92.4%) nor use chewing tobacco, snuff, e-cigarettes or snus (97.0%). Findings related to cigarette use are positive as the percentage of respondents reporting that they do not smoke increased by 27.3% from 2012. Findings for other types of tobacco are consistent with 2012. Responses are shown in the following tables.



"Do you currently use chewing tobacco, snuff, e-cig vaping, or snus every day, some days, or not at all?"

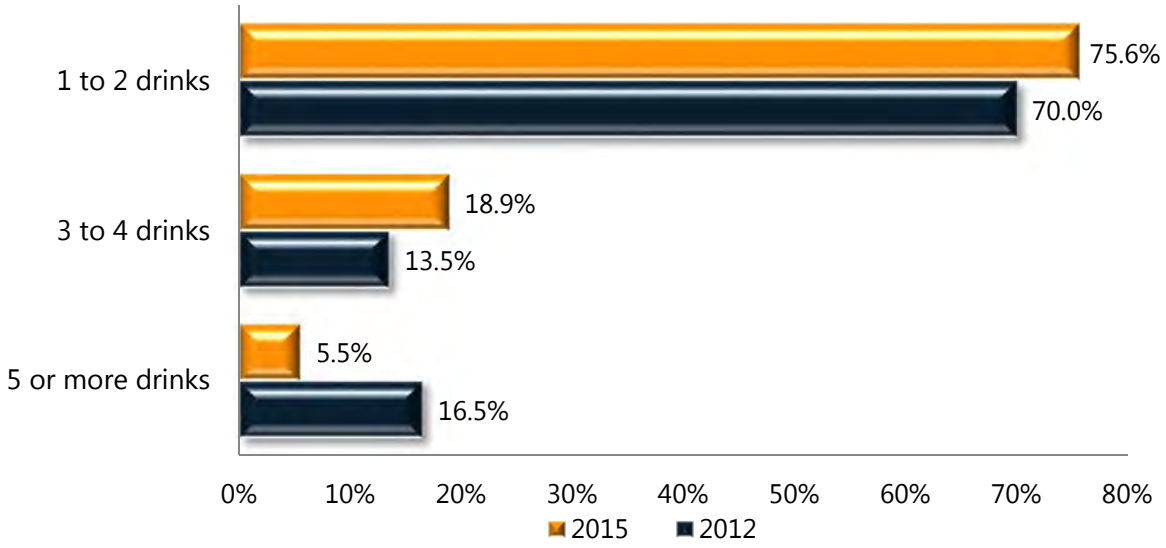


Regarding exposure to second hand smoke in the past seven days, 92.7% of respondents reported that they did not allow someone to smoke tobacco inside their home and 91.5% reported that they did not ride in a vehicle with someone who was smoking. The findings are consistent with or positive when compared to 2012. In 2012, 93.5% of respondents reported that they did not allow someone to smoke tobacco inside their home and 85.3% reported that they did not ride in a vehicle with someone who was smoking.

Alcohol Consumption

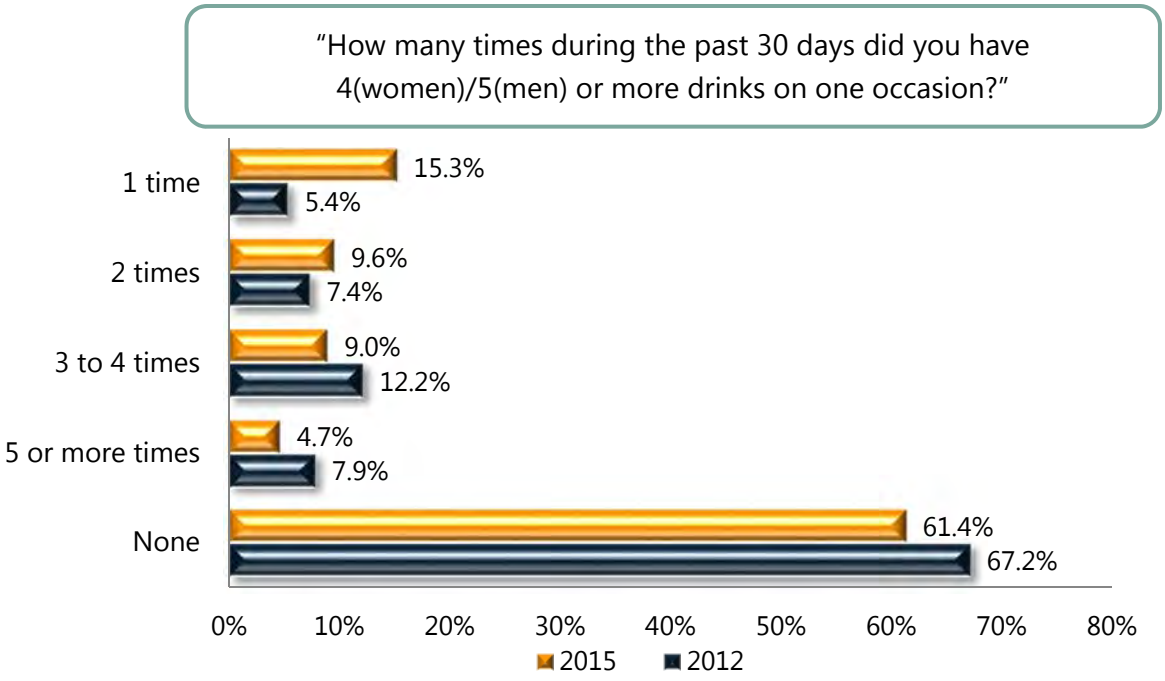
In regards to alcohol consumption, 39.2% of respondents did not have an alcoholic beverage during the past 30 days. Approximately 21% of respondents had alcoholic beverages two six times per week and another 21% of respondents had an alcoholic beverage once in the past month. Results are largely consistent with 2012 findings, with the exception of increases in consumption two to six times per week and once per month. The average number of drinks consumed at one time by 75.6% of respondents was one to two drinks. Fewer respondents consumed five or more drinks on one occasion in 2015 when compared to 2012.

"During the past 30 days, on the days when you drank, about how many drinks did you drink on average?"



Average number of drinks per occasion

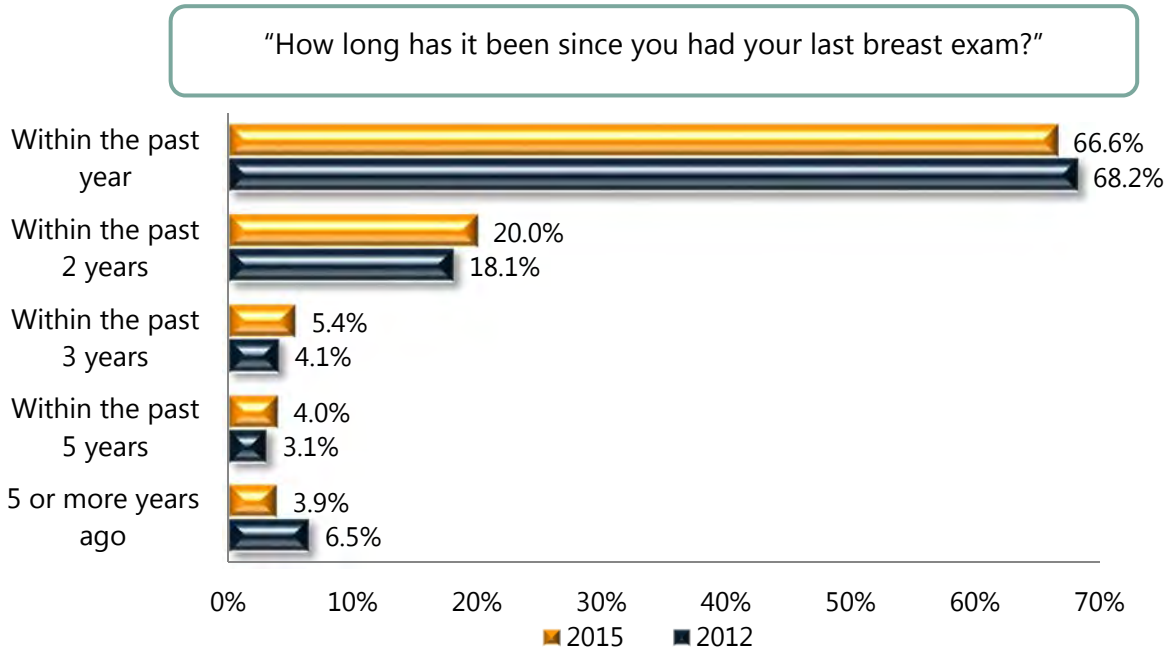
Binge drinking is defined as consuming four or more drinks on one occasion for women and five or more drinks on one occasion for men. Approximately 61% of respondents did not participate in binge drinking during the past 30 days. However, 15.3% participated in binge drinking once and 9.6% participated in binge drinking twice. In comparison to 2012, more respondents are binge drinking, but they are doing so on one occasion versus three or more occasions. See the following table for responses.



Preventive Health Practices

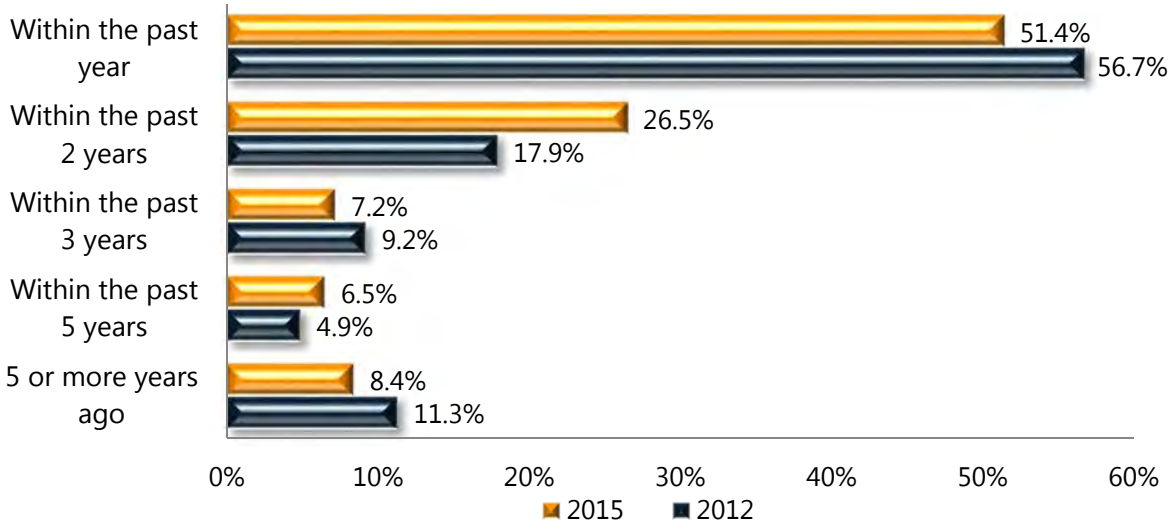
Female Breast & Cervical Cancer Screenings

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Female respondents were asked if they have ever had a clinical breast exam and if so, when they received their last exam. Nearly all female respondents (93.2%) have received at least one clinical breast exam. In addition, 86.6% of respondents received the exam within the past one to two years. In 2012, 95.3% of female respondents received at least one clinical breast exam and 86.3% received one within the past one to two years. The following chart further depicts 2015 and 2012 survey differences.



A Pap test is a test for cancer of the cervix. Female respondents were asked if they have ever had a Pap test and if so, when they received their last exam. Nearly all female respondents (96.7%) have received at least one Pap test. In addition, 77.9% of respondents received the exam within the past one to two years. In 2012, 97.1% of female respondents received at least one Pap test and 74.6% received one within the past one to two years. The chart below further depicts 2015 and 2012 survey differences.

"How long has it been since you had your last Pap test?"



Time since last Pap test

Male Prostate Cancer Screening

Male survey respondents age 40 years and over were asked if they have ever had a discussion with their health care provider regarding the benefits and risks of prostate cancer screening. Nearly 70% of respondents reported having this discussion. In 2012, 73.9% of respondents reported having this discussion.

HIV/AIDS Testing

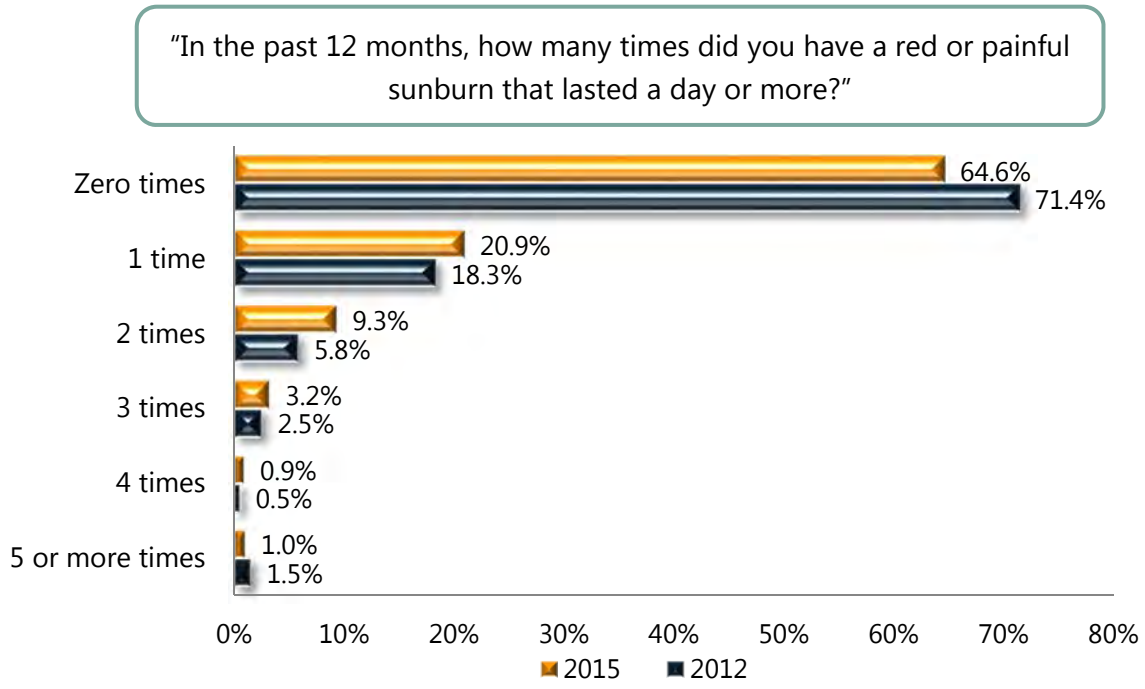
Knowing one's HIV status is key to preventing the spread of HIV and accessing appropriate counseling and medical care. The majority of respondents (63.2%) reported that they have never been tested for HIV. In 2012, 66.5% of respondents had never been tested for HIV.

Seasonal Flu Vaccine

Participants were asked if they had either a seasonal flu shot or a seasonal flu vaccine sprayed in their nose in the past 12 months. Approximately 69% of respondents reported having had a flu shot or vaccine in the past year. In 2012, only 49.3% of respondents had a flu shot or vaccine.

Sun Exposure

It is well-documented that excess sun exposure increases one's risk of skin cancer. Participants were asked how many times they had red or painful sunburn in the past 12 months that lasted a day or more. Most participants (64.6%) did not have sunburn in the past 12 months. However, 20.9% experienced sunburn once and 9.3% experienced sunburn twice in the past 12 months. The percentage of respondents experiencing at least one sunburn in the past 12 months increased by 6.8% from 2012.



The majority of participants (85.5%) use sunscreen with an SPF of 15 or higher as a protective measure when they are in the sun. Sunglasses (81.8%) and lip balm with an SPF of 15 or higher (49.6%) were also selected as the most frequently used protective measures against the sun. Of the 25 individuals who selected "other" as their response to the survey question, 19 mentioned "using an umbrella", "staying in the shade when outside," or "wearing a baseball cap" as their most frequently used measures. The following table shows the breakdown of the percent of respondents who selected each protective method.

Ranking of the Most Frequently Used Protective Measures against the Sun

Rank	Protective Measure	Count	Percent of Respondents Who Selected The Measure
1	Sunscreen with an SPF of 15 or higher	974	85.5%
2	Sunglasses	932	81.8%
3	Lip balm with an SPF of 15 or higher	565	49.6%
4	Wide brimmed hat	348	30.6%
5	Avoiding artificial UV light	320	28.1%
6	Sun protective clothing	294	25.8%
7	Avoiding peak hours of 10am and 4pm	279	24.5%
8	None	44	3.9%
9	Other	25	2.2%

Social Issues

Violence

Respondents were asked if they have ever been physically abused or a victim of a violent crime in the community. Approximately 90% of all respondents confirmed they have never been physically abused or a victim of a violent crime. In 2012, 93% of respondents reported that they had not been physically abused and 87% of respondents reported that they had not been a victim of a violent crime.

End of Life Planning

Respondents were asked if they have a living will or advanced directive. Approximately 38% of respondents indicated that they have a living will or advanced directive. In 2012, 47% of respondents reported having a living will or advanced directive.

C. Attachment

- Community Health Needs Survey Tool

Survey Tool - Community Health Needs Survey (all community members)

Demographics: Part I

My Zip Code:

- ❍ 21048
- ❍ 21074
- ❍ 21088
- ❍ 21102
- ❍ 21104
- ❍ 21155
- ❍ 21157
- ❍ 21158
- ❍ 21757
- ❍ 21771
- ❍ 21776
- ❍ 21784
- ❍ 21787
- ❍ 21791
- ❍ 21797

What is your gender?

- ❍ Male
- ❍ Female

What is your age? (You must enter a numeric value. Ex: 1, 2, 3 etc.)

Section 1: Health Status

Would you say that in general your health is ---?

- ❍ Excellent
- ❍ Very good
- ❍ Good
- ❍ Fair
- ❍ Poor
- ❍ Don't know/Not sure

Section 2: Health Care Access

Do you have one person you think of as your personal doctor or health care provider?

- ❍ Yes, only one
- ❍ More than one
- ❍ No
- ❍ Don't know/Not sure

Section 3: Healthy Days - Health Related Quality of Life

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- ❍ 1 - 2 Days
- ❍ 3 - 7 Days
- ❍ 8 - 14 Days
- ❍ 15 - 30 Days
- ❍ None
- ❍ Don't know/Not sure

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- ❍ 1 - 2 Days
- ❍ 3 - 7 Days
- ❍ 8 - 14 Days
- ❍ 15 - 30 Days
- ❍ None
- ❍ Don't know/Not sure

Section 4: Anxiety and Depression

Answer If During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? 1 - 2 Days Is Selected Or 3 - 7 Days Is Selected Or 8 - 14 Days Is Selected Or 15 - 30 Days Is Selected

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Has a doctor of other healthcare provider EVER told you that you have an anxiety disorder?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 5: Cognitive Impairment

The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 6: Visual Impairment and Access to Eye Care

Answer If Age in years: Is Greater Than 39

When was the last time you had your eyes examined by any doctor or eye care provider?

- ❍ Within the past month (anytime less than 1 month ago)
- ❍ Within the past year (1 month but less than 12 months ago)
- ❍ Within the past 2 years (1 year but less than 2 years ago)
- ❍ 2 or more years ago
- ❍ Never
- ❍ Don't know/Not sure
- ❍ Refused

What is the main reason you have not visited an eye care professional in the past 12 months?

- ❍ Cost/insurance
- ❍ Do not have/know an eye doctor
- ❍ Cannot get to the office/clinic (too far away, no transportation)
- ❍ Could not get an appointment
- ❍ No reason to go (no problem)
- ❍ Have not thought of it
- ❍ Other
- ❍ Don't know/Not sure
- ❍ Refused

Section 7: Oral Health

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

- ❍ Within the past year (anytime less than 12 months ago)
- ❍ Within the past 2 years (1 year but less than 2 years ago)
- ❍ Within the past 5 years (2 years but less than 5 years ago)
- ❍ 5 or more years ago
- ❍ Don't know/Not sure
- ❍ Never
- ❍ Refused

Section 8: Hypertension Awareness & Actions to Control High Blood Pressure

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- ❍ Yes
- ❍ Yes, but female told only during pregnancy
- ❍ No
- ❍ Told borderline high or pre-hypertensive
- ❍ Don't know/Not sure
- ❍ Refused

Are you currently taking medicine for your high blood pressure?
Answer If Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?... Yes Is Selected

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Are you changing your eating habits (to help lower or control your high blood pressure)?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Are you cutting down on salt (to help lower or control your high blood pressure)?
- ❍ Yes
- ❍ No
- ❍ Do not use salt
- ❍ Don't know/Not sure
- ❍ Refused

Are you exercising (to help lower or control your high blood pressure)?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 9: Cholesterol Awareness

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?
- ❍ Within the past year (anytime less than 12 months ago)
- ❍ Within the past 2 years (1 year but less than 2 years ago)
- ❍ Within the past 5 years (2 years but less than 5 years ago)
- ❍ 5 or more years ago
- ❍ Don't know/Not sure
- ❍ Refused

Section 10: Chronic Health Conditions

Ever told you that you had a heart attack also called a myocardial infarction?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you had angina or coronary heart disease?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you had a stroke?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you had asthma?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you had skin cancer?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you had any other types of cancer?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?
- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you have congestive heart failure?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

What kind of help would you need in managing this/these conditions (heart attack, angina, stroke, asthma, cancer, COPD, or arthritis) to stay healthy?
Answer If Yes Is Selected for any chronic health condition

- ❍ Help understanding all the directions from my Doctor(s)
- ❍ Prescription assistance
- ❍ Health care in my home
- ❍ Help making and keeping appointments with my Doctor
- ❍ Transportation assistance
- ❍ Help locating resources

Section 11: Diabetes

Has a doctor, nurse, or other health professional EVER told you that you have diabetes?

- ❍ Yes
- ❍ Yes, but female told only during pregnancy
- ❍ No
- ❍ No, pre-diabetes or borderline diabetes
- ❍ Don't know/Not sure
- ❍ Refused

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

- ❍ Yes
- ❍ Yes, but female told only during pregnancy
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
Answer If Has a doctor, nurse, or other health professional EVER told you that you have diabetes? Yes Is Selected

- ❍ Once
- ❍ Twice
- ❍ 3 - 4 Times
- ❍ 5 - 6 Times
- ❍ 7 - 10 Times
- ❍ More than 10 times
- ❍ None
- ❍ Don't know/Not sure
- ❍ Refused

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
Answer If Has a doctor, nurse, or other health professional EVER told you that you have diabetes? Yes Is Selected

- ❍ Once
- ❍ Twice
- ❍ 3 Times
- ❍ 4 Times
- ❍ 5 or more times
- ❍ None
- ❍ Never heard of "A one C" test
- ❍ Don't know/Not sure
- ❍ Refused

Have you ever taken a course or class in how to manage your diabetes yourself?
Answer If Has a doctor, nurse, or other health professional EVER told you that you have diabetes? Yes Is Selected

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 12: Breast/Cervical Cancer Screening
Answer If What is your gender? Female Is Selected

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

How long has it been since your last breast exam?
Answer If Have you ever had a clinical breast exam? Yes Is Selected

- ❍ Within the past year (anytime less than 12 months ago)
- ❍ Within the past 2 years (1 year but less than 2 years ago)
- ❍ Within the past 3 years (2 years but less than 3 years ago)
- ❍ Within the past 5 years (3 years but less than 5 years ago)
- ❍ 5 or more years ago
- ❍ Don't know/Not sure
- ❍ Refused

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

How long has it been since you had your last Pap test?
Answer If Have you ever had a Pap test? Yes Is Selected

- ❍ Within the past year (anytime less than 12 months ago)
- ❍ Within the past 2 years (1 year but less than 2 years ago)
- ❍ Within the past 3 years (2 years but less than 3 years ago)
- ❍ Within the past 5 years (3 years but less than 5 years ago)
- ❍ 5 or more years ago
- ❍ Don't know/Not sure
- ❍ Refused

Section 13: Prostate Cancer Screening
Answer If What is your gender? Male Is Selected And What is your age? (You must enter a numeric value. Ex: 1, 2, 3 etc.) Age in years: Is Greater Than 39

Has a doctor, nurse, or health professional EVER discussed the benefits and risks of prostate cancer screening with you?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 14: Excess Sun Exposure

In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?

- ❍ Zero
- ❍ One
- ❍ Two
- ❍ Three
- ❍ Four
- ❍ Five or more
- ❍ Don't know/Not sure
- ❍ Refused

What protective measure do you use when you are in the sun? Select all that apply

- ❑ Sunscreen with an SPF of 15 or higher
- ❑ Sunglasses
- ❑ Sun protective clothing
- ❑ Wide brimmed hat
- ❑ Avoiding peak hours of 10am and 4pm
- ❑ Lip balm with an SPF of 15 or higher
- ❑ Avoiding artificial UV light
- ❑ None
- ❑ Other _____
- ❑ Don't know/Not sure
- ❑ Refused

Section 15: Tobacco Use

Do you now smoke cigarettes every day, some days, or not at all?

- ❍ Every day
- ❍ Some days
- ❍ Not at all
- ❍ Don't know/Not sure
- ❍ Refused

Do you currently use chewing tobacco, snuff, e-cig vaping or snus every day, some days, or not at all?

- ❍ Every day
- ❍ Some days
- ❍ Not at all
- ❍ Don't know/Not sure
- ❍ Refused

Section 16: Secondhand Smoke

Not counting decks, porches, or garages, during the past 7 days, that is, since May 11, 2015, on how many days did someone other than you smoke tobacco inside your home while you were at home?

- ❍ 1 - 2 Days
- ❍ 3 - 4 Days
- ❍ 5 - 6 Days
- ❍ 7 Days
- ❍ None
- ❍ Don't know/Not sure
- ❍ Refused

During the past 7 days, that is, since May 11, 2015, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

- ❍ 1 - 2 Days
- ❍ 3 - 4 Days
- ❍ 5 - 6 Days
- ❍ 7 Days
- ❍ None
- ❍ Don't know/Not sure
- ❍ Refused

Section 17: Demographics

Are you Hispanic or Latino?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Which one or more of the following would you say is your race? (Check all that apply)

- ❑ White
- ❑ Black or African American
- ❑ Asian
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ American Indian or Alaska Native
- ❑ Other (specify) _____
- ❑ Don't know/Not sure
- ❑ Refused

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Are you...?

- ❍ Married
- ❍ Divorced
- ❍ Widowed
- ❍ Separated
- ❍ Never married
- ❍ A member of an unmarried couple
- ❍ Refused

How many children less than 18 years of age live in your household?

- ❍ Number of children (You must enter a numeric value. Ex: 1, 2, 3 etc.) _____
- ❍ None
- ❍ Refused

What is the highest grade or year of school you completed?

- ❍ Never attended school or only attended kindergarten
- ❍ Grades 1 through 8 (Elementary)
- ❍ Grades 9 through 11 (Some high school)
- ❍ Grade 12 or GED (High school graduate)
- ❍ College 1 year to 3 years (Some college or technical school)
- ❍ College 4 years or more (College graduate)
- ❍ Refused

Are you currently...?

- ❍ Employed for wages
- ❍ Self-employed
- ❍ Out of work for more than 1 year
- ❍ Out of work for less than 1 year
- ❍ A Homemaker
- ❍ A Student
- ❍ Retired
- ❍ Unable to work
- ❍ Refused

Is your annual household income from all sources---

- ❍ Less than $10,000
- ❍ $10,000 - $14,999
- ❍ $15,000 - $19,999
- ❍ $20,000 - $24,999
- ❍ $25,000 - $34,999
- ❍ $35,000 - $49,999
- ❍ $50,000 - $74,999
- ❍ $75,000 or more
- ❍ Don't know/Not sure
- ❍ Refused

Section 18: Veteran's Health

Answer If Have you ever served on active duty in the United States Armed Forces, either in the regular mili... Yes Is Selected

Did you ever serve in a combat or war zone?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?

Answer If Did you ever serve in a combat or war zone? Yes Is Selected Or Don't know/Not sure Is Selected Or Refused Is Selected

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 19: Fruits and Vegetables

During the past month, not counting juice, how many times per day, week, or month did you eat fruit and vegetables? Count fresh, frozen, or canned fruit and vegetables. (You must enter a numeric value. Ex: 1, 2, 3 etc.)

- ❍ Number per day _____
- ❍ Number per week _____
- ❍ Number per month _____
- ❍ Never
- ❍ Don't know/Not sure
- ❍ Refused

What are your barriers to healthy eating?

- ❑ Time
- ❑ Money
- ❑ Cooking Skills
- ❑ Nutrition Knowledge
- ❑ Other _____

Section 20: Sugar Sweetened Beverages and Menu Labeling

About how often (per day, week, or month) do you drink sweetened drinks, such as Kool-aid, soda, cranberry, iced tea, and lemonade? Include fruit drinks you made at home and added sugar to. (You must enter a numeric value. Ex: 1, 2, 3 etc.)

- ❍ Times per day _____
- ❍ Times per week _____
- ❍ Times per month _____
- ❍ Never
- ❍ Don't know/Not sure
- ❍ Refused

On average, how many times per week does your family eat "fast" or "take-out" food? (You must enter a numeric value. Ex: 1, 2, 3 etc.)

- ❍ Times per week _____
- ❍ Never
- ❍ Don't know/Not sure
- ❍ Refused

Section 21: Exercise (Physical Activity)

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

And when you took part in this activity, for how many minutes or hours did you usually keep at it?
Answer If During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? Yes Is Selected

- ❍ 1 - 15 Minutes
- ❍ 16 - 30 Minutes
- ❍ 31 Minutes - 1 Hour
- ❍ More than 1 hour
- ❍ Don't know/Not sure
- ❍ Refused

Section 22: Immunization

During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 23: Alcohol Consumption

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- ❍ Days per week _____
- ❍ Days in past 30 days/month _____
- ❍ No drinks in past 30 days
- ❍ Don't know/Not sure
- ❍ Refused

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Answer If During the past 30 days, how many days per week or per month did you have at least one drink of a... Days per week Is Selected Or Days in past month Is Selected

- ❍ 1 - 2 Drinks
- ❍ 3 - 4 Drinks
- ❍ 5 or more drinks
- ❍ Don't know/Not sure
- ❍ Refused

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

Answer If What is your gender? Female Is Selected And how many times during the past 30 days did you have 5 or more drinks on an occasion? Days per week Is Selected Or Days in past month Is Selected

- ❍ Once
- ❍ Twice
- ❍ 3 - 4 Times
- ❍ 5 or more times
- ❍ None
- ❍ Don't know/Not sure
- ❍ Refused

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion?

Answer If What is your gender? Female Is Selected And how many times during the past 30 days did you have 4 or more drinks on an occasion? Days per week Is Selected Or Days in past month Is Selected

- ❍ Once
- ❍ Twice
- ❍ 3 - 4 Times
- ❍ 5 or more times
- ❍ None
- ❍ Don't know/Not sure
- ❍ Refused

Section 24: HIV/AIDS

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 25: Violence

Have you ever been physically abused (beaten, pushed, shoved, or sexually assaulted) by another member of the household?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Have you ever been a victim of a violent crime in this community? Include theft, physical or sexual assault, property damage, and stalking.

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 26: Medication Compliance

Was there a time in the past 12 months when you stopped taking your medicine because of cost?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 27: End of Life Planning

Do you have a living will or advanced directive?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Section 28: Access to Health Care

Can you get an appointment with your primary care physician when you need one?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

In the past 12 months, have you visited an urgent care center (other than a hospital emergency department) instead of going to your primary care physician?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

What was your primary reason for visiting an urgent care center?
Answer If In the past 12 months, have you visited an urgent care center Yes Is Selected

- ❍ After Office Hours
- ❍ Convenience
- ❍ Couldn't get an appointment with my physician
- ❍ Wanted to be seen right away
- ❍ Don't know/Not sure
- ❍ Refused

Section 29: Child Health
Answer If How many children less than 18 years of age live in your household? Number of children (You must enter a numeric value. Ex: 1, 2, 3 etc.) Is Greater Than or Equal to 1

Do/Does your child/children: Have regular wellness visits with a medical doctor?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

Do/Does your child/children:Have a regular dental checkup at least once per year?

- ❍ Yes
- ❍ No
- ❍ Don't know/Not sure
- ❍ Refused

4. Key Informant Survey

A. Methodology

Key informants were interviewed to gather a combination of quantitative and qualitative feedback through open-ended questions. Key informants were defined as community stakeholders with expert knowledge and included public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, county government, and other community leaders. A specific effort was made to expand survey recruitment to include clergy. Six of the key informants were physicians with devoted patient hours ranging from one hour to 84 hours. A full listing of key informants and their affiliated organizations is included as an attachment in this section.

The Partnership to identified key informant participants and develop the key informant survey. A total of 80 key informants completed the survey between February and March, 2015. The survey assessed the most pressing issues in the community, barriers to accessing health care, the impact of social determinants of health, how to best address wellness in the community, resources and wellness programs in the community, and underserved populations.

It is important to note that the results reflect the perceptions of many community leaders, but may not necessarily represent all community representatives within Carroll County.

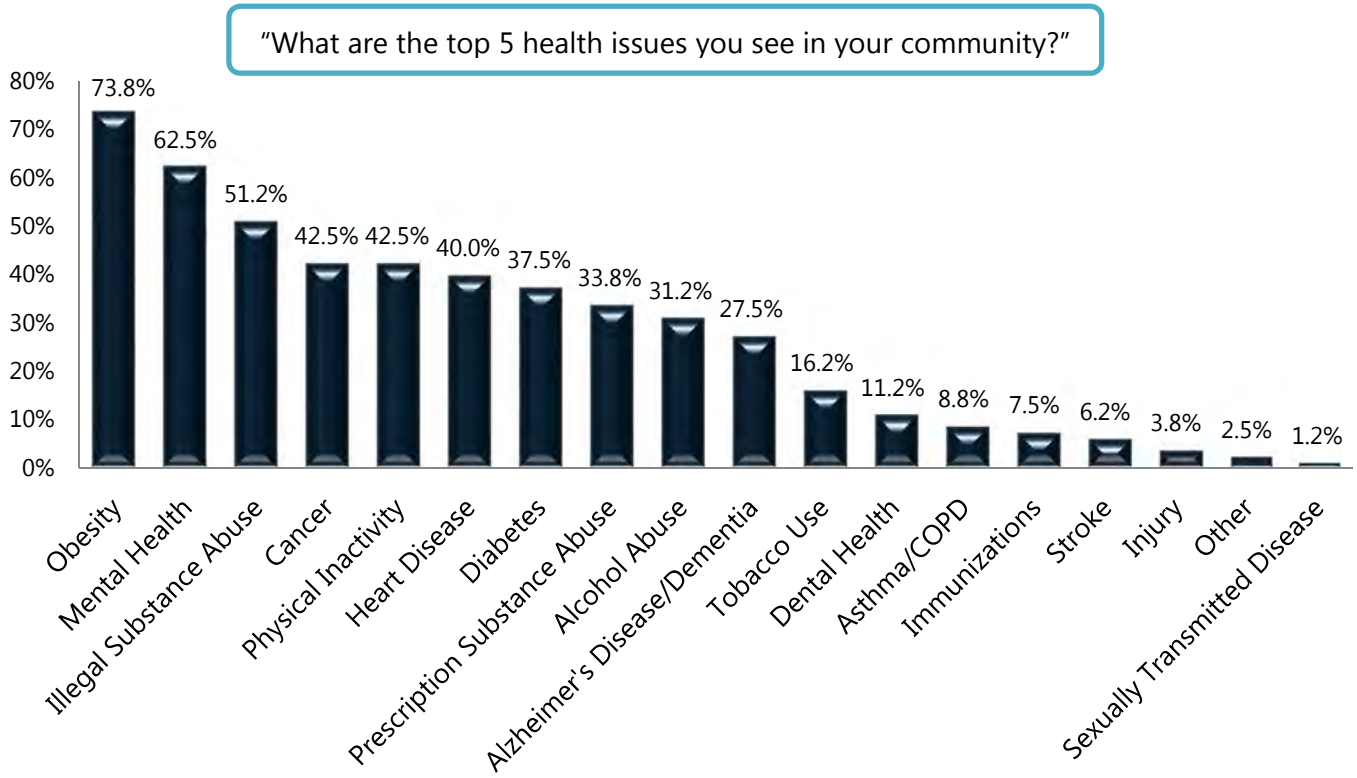
B. Results Summary

General Health Issues

Key informants were asked to select the five most pressing health-related issues in Carroll County from a list of 18 focus areas. The top five health issues according to key informants include:

- Obesity
- Mental Health
- Illegal Substance Abuse
- Cancer
- Physical Inactivity

A full listing of the health issues, in order by the percentage of key informants who selected the issue, is presented in the following graph. "Other" responses included injury prevention and caregiver health.



Respondents were also asked to identify which issue of the five they selected is the number one priority in the community. Obesity and mental health received the highest ratings with 21.2% of key informants selecting them as the highest priorities. They were followed by illegal substance abuse with a rating of 16.2%.

The table below shows the results in detail, including a summary of the number of times an issue was mentioned as a top five health issue and the percent of informants who selected the health issue. The last column depicts the percent of informants who rated the issue as being the number one priority.

Rank	Key Health Issue	Count	Percent of Respondents Who Selected The Issue	Percent of Respondents Who Selected the Issue as a Priority
1	Obesity	59	73.8%	21.2%
2	Mental Health	50	62.5%	21.2%
3	Illegal Substance Abuse	41	51.2%	16.2%
4	Cancer	34	42.5%	8.8%
5	Diabetes	30	37.5%	6.2%
6	Heart Disease	32	40.0%	6.2%
7	Physical Inactivity	34	42.5%	6.2%
8	Prescription Substance Abuse	27	33.8%	3.8%
9	Alcohol Abuse	25	31.2%	2.5%
10	Alzheimer's Disease or Dementia	22	27.5%	2.5%
11	Asthma/Chronic Obstructive Pulmonary Disease	7	8.8%	1.2%
12	Dental Health	9	11.2%	1.2%
13	Tobacco Use	13	16.2%	1.2%
14	Other	2	2.5%	1.2%
15	Immunizations	6	7.5%	0.0%
16	Injury	3	3.8%	0.0%
17	Sexually Transmitted Disease	1	1.2%	0.0%
18	Stroke	5	6.2%	0.0%

After selecting the top health issue, respondents were asked to share why they believe their choice is the most urgent health problem in the community. The following section provides a brief summary of the key health issues and highlights select verbatim responses (quotes) related to the issue.

Obesity was the most frequently selected health issue with nearly 74% of informants selecting it among the top five key health issues. In addition, 21.2% of respondents ranked it as the number one priority. Most key informants explained that poor dietary habits and physical inactivity are the two leading causes of obesity and other chronic conditions.

Select Comments Related to Obesity

- "Effects all ages and easy to make change."
- "I see it every day as well as the poor dietary habits of my employees."
- "If one changes eating habits to the most healthy choice, as you lose weight you can eliminate diabetes and heart disease."
- "If we address obesity it will have a positive impact on the other five."

- "It effects many other chronic disease."
- "It leads to many other health conditions and people often do not view it as a serious health condition."
- "Obesity causes other diseases and the inability to physically stay active and prevent future illnesses."
- "Obesity impacts many chronic health conditions. Lower obesity rates should help reduce other risks."
- "Obesity is connected to so many other serious health issues and, to a significant extent, is within our control to manage."
- "The growing number and the long term implications."

Mental Health was the second most frequently selected issue with 62.5% of informants selecting it among the top five key health issues. In addition, 21.2% of respondents ranked it as the number one priority. Most participants shared a common concern of mental health being the gateway to illegal substance abuse, which, according to informants, is currently an increasing trend in Carroll County. Informants also indicated that mental health issues often exist as a comorbid issue with other chronic conditions. They further elaborated that preventing or treating mental health can lead to improvements in most other key health issues.

Select Comments Related to Mental Health

- "I believe that untreated/undiagnosed mental health issues greatly affect an individual's physical health, life choices (sometimes illegal activity). Not only do these untreated symptoms affect the individual but also our community making it less safe and costing in court and detention costs."
- "Mental health issues cut across all segments of society. They have an impact on many other aspects of public health."
- "I believe that mental health issues underlie several of the other issues. For example, drug addictions and overeating can be a means of self-medication for unresolved mental health issues. That in turn can lead to several other health issues, including obesity, heart problems, and diabetes. By addressing mental health issues more fully, you may prevent other health issues."
- "Poor mental health contributes to most other health concerns. Many people with mental illness are unable to make healthy decisions for themselves. They suffer from various co-occurring illnesses. Also, people with serious health concerns often have mental health issues; either related to past issues (such as trauma) or current issues (such as stress). Either way, if mental health isn't addressed, physical health will not consistently improve."
- "I believe there are misunderstandings surrounding mental health. People may not realize what qualifies as mental health. Also, there is stigma surrounding treatment options - "I don't need/want a happy pill". Plus, people struggling mentally often engage in unhealthy habits to cope, which affect many other health issues they become burdened with."
- "I see families that struggle with children who have emotional issues. I would like us to provide early intervention so their emotional issues do not escalate as they get older. It takes months for parents to get appointments with specialists. It is expensive. I think we

need to be concerned with this as early as it is detected by family or care takers of the children."
- "Limited access to treatment."
- "Limited low or no cost services available."
- "Mental Health is important in the functioning of an individual. This affects the ability to comply with overall direction in one's life."
- "Mental health is the core of many health issues. Health concerns need to be addressed concurrently with mental health issues to have better outcomes."
- "Probably because it is the single most significant problem that affects the mission of HSP's agency. Most of our clients who are homeless typically have some sort of mental health issue and are there because the day programs that used to exist are no longer in operation. This creates an incredible drain on resources and bleeds into other community services (hospital, court system, law enforcement, detention center) when not properly and successfully addressed."
- "Yes I believe it is a very complex issues that leads to and prevents people from addressing their health care needs leading to more complex health conditions that could have been prevented. Also having a greater demand on our community resources."

Illegal Substance Abuse was the third most frequently selected issue with 51.2% of informants selecting it among the top five key health issues. In addition, 16.2% of respondents ranked it as the number one priority. Most informants indicated that illegal substance abuse is destructive because of all the ramifications it may have on family and the local community. It also leads to increased crime rates and domestic violence.

Select Comments Related to Illegal Substance Abuse

- "Illegal substance abuse leads to numerous health issues, criminal activity, and domestic violence."
- "Many of our families have substance abuse issues. We are located in drug territory."
- "Heroin/Opioid abuse coupled with prescription drug abuse is prevalent in Carroll County and appears to be growing. It cannot be addressed simply as a law enforcement issue."
- "Illegal substance abuse affects not only the person but the family as well as the community. Children are affected by neglect, abuse and often grow up to be substance users themselves. I think that by targeting prevention efforts and working with the families to address the person with the illness, prevention further crime, and violence, promoting self-sufficiency."
- "Growing quickly, preventable, and leads to a myriad of other social and health issues."
- "DSS is seeing more and more clients/customers with illegal substance abuse issues. Illegal substance usage is still increasing throughout the County and is more prevalent now among County youth than when I took over the DSS in 2010. The drug related behaviors of teens and preteens results in many personal tragedies but it also has a direct impact on the County's limited resources; anti-social behaviors and crime, (police, courts, treatment options, economic, and social)."

- "It may be the most destructive issue because of all the ramifications it may have on family and the local community.....health related issues....for example emergency room visits, criminal justice system, dependence on local services for economic support, and so on. The drug activity of a person may create ripples of problems going out in all directions."
- "The rise in Heroin usage and the deaths resulting from it."
- "This not only effects the health of the individuals who abuse the substance, it also effects the lives of their loved ones (who perhaps are living with this person, or trying to get help for this person, or who have seen the abuse destroying their family) and it effects the community (as often these substance abusers commit crimes to get money to support their drug habits)."
- "Too many people involved in it. Over 80% of crime is caused because of it. Once someone is hooked extremely hard to get off even if they want to."

Cancer was the fourth most frequently selected issue with 42.5% of informants selecting it among the top five key health issues and 8.8% ranking it as the number one priority. Informants indicated that cancer is prevalent in the community. In addition, treatments are very expensive and it highly impacts quality of life.

Select Comments Related to Cancer

- "Because of the high cost associated with cancer treatment and its impact on quality of life for the patient.
- "Many of today's cancers are brought about by inattention to the other four issues I've identified."
- "It seems that everyone I know or come into contact with are effected one way or another by cancer."
- "[Cancer] diagnosis is improving but treatment regimens are not keeping pace so there is a quality of life issue."
- "The relatively high incidence in Carroll County."

Physical Inactivity: was the fifth most frequently selected issue with 42.5% of informants selecting it among the top five key health issues and 6.2% ranking it as the number one priority. Most informants attributed the increase of many preventable chronic conditions to physical inactivity and poor dietary choices.

Select Comments Related to Physical Inactivity

- "Physical inactivity leads to so many health issues including obesity, unhealthy diet, dental issues and the like."
- "Far too many people are not exercising and are too sedentary. Many problems from that list can be prevented by being more active."
- "With all the luxuries we have with technology, the less active we become. Without movement and exercise the more problems occur with our health."

- "I see many people per week in my office. Obesity, eating habits and weight gain, diabetes and inactivity are all related. If an increase in activity could be attained, the other three would decrease."

Additional Comments Regarding Health Issues in the Community

- "Drug abuse and mental health should be treated as one health issue."
- "Needs of the developmentally disabled population should not be overlooked."
- "Substance abuse including prescription drugs has become a huge problem with our younger generation. I feel if we can educate our children how important physical activity is while they are young it will always be a part of life."
- "The population in Carroll County is aging, and it is important to have systems in place that recognize and treat the medical issues of senior citizens, including heart disease, dementia, mental health issues, and quality of life issues such as keeping seniors physically and mentally active."
- "I think mental health should also be looked at more closely to aid in increasing awareness and in some cases decreasing dependency."
- "Educate the children, they can influence parents."
- "While I did not mention obesity, I feel that increased physical activity would be a key factor in helping "reduce" the problem."
- "Obesity & lack of physical activity go hand & hand & improving physical activity will most likely help with obesity."
- "Eating healthy is costly! It is difficult for lower wage earners to afford the fresh fruits, vegetable, seafood and chicken. Cheaper to eat pasta, rice, high carbs. Technology is keeping youth inactive. In front of computer instead of physical activity. Healthy living should be part of early education. Communities need to offer FREE education to youth and families."
- "Substance abuse is a major concern and seems to be getting increasingly more serious."
- "Additional funding in these areas as well as educational classes to help people learn more to handle the issues before they get out of control."
- "Obesity and lack of physical activity may lead directly to health related issues that specifically gets handled by the health care system."
- "Education about mental illness is necessary to reduce stigma and raise awareness."
- "I am particularly concerned about obesity, diabetes, and other chronic diseases among the lower socioeconomic populations in our community."
- "Controlled substance abuse is a pervasive issue that crosses over every socioeconomic barrier."
- "It may not be illegal substance abuse because many are alcoholics as well."
- "Overall a lot of these issues are inter-related. Physical inactivity directly relates to obesity and heart disease. Addressing one has an effect on the others."

- "Instead of promoting the negative, accentuate the positive results of prevention."
- "The current mental health resources are weak; there simply are not enough resources to satisfy the demands."
- "Youth alcohol use strongly correlates with later adult drug use. Additionally, tobacco use is the single leading preventable cause of death in the United States. The younger a person is when he begins smoking, the greater the risk for smoking-attributable disease."
- "Need continued focus on physical activity and nutrition in schools and the community."

Availability of Health Care Services

After rating the top five health issues facing Carroll County, key informants were asked to assess the ability of local residents to access health care services such as primary care providers, medical specialists, and dentists. In addition, key informants assessed access to transportation for medical appointments, health care resources, such as weight loss classes, and the ability of residents to pay for health care services. Respondents rated statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in the table below.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Factor	Mean Response	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in Carroll County have access to a local primary care provider.	3.65	21.3%	65.0%
The majority of residents in Carroll County have access to a local medical specialist.	3.18	39.2%	35.4%
The majority of residents in Carroll County are able to access a local dentist when needed.	3.01	37.5%	31.3%
Transportation for medical appointments is available and easy to access for the majority of residents.	2.73	37.5%	22.5%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	3.35	40.0%	43.8%
The majority of residents in Carroll County have the ability to pay for health care services.	2.80	41.3%	22.5%

As illustrated in the preceding table, the majority of informants were not able to agree or disagree with the community's ability to access health care. The exception was access to primary care providers as it garnered the highest mean score. Transportation, residents' ability to pay for

health care services, and access to local dentists garnered the lowest mean scores, indicating that these issues may be posing the greatest challenges.

A significant number of informants who shared comments regarding access to care emphasized that most of the above-mentioned health care services are generally accessible in Carroll County; however, most residents cannot afford the soaring costs of insurance premiums and deductibles. This, in turn, forces a significant portion of the community to choose between meeting basic needs and seeking needed care. Select verbatim comments reflecting this notion are highlighted below.

Additional Comments Regarding Availability of Care in Carroll County

- "While the majority of residents may be able to access the above services, the Medicaid and Medicare population has difficulty with transportation and finding doctors who serve their public insurance."
- "Dental care not being covered by medical assistance means teeth get neglected by much of the population."
- "The cost of copays, higher deductibles and premiums are making it unaffordable for some. It definitely is requiring more people to spend their personal income on health care or opt not to receive health care because it is becoming cost prohibitive."
- "There are doctors and dentists in Carroll County, but also a significant number of people with less than adequate insurance to pay for this care."
- "Many people who need help or access to services do not know about them or where to get information. Resources are fragmented and not all in one place."
- "I think access is generally good, but rising costs make it difficult. Many with insurance can barely afford the premiums, and hope they don't have to use the insurance, because they can't afford the co pay, co-insurance or deductibles- and I see and hear that from ALL socioeconomic levels... It's saddening to finally see we all have access to insurance, but yet care remains out of reach…."
- "There are some who do not have their own transportation who may have difficulty getting transportation for medical appointments, particularly if they are "off the beaten path" (i.e., a more rural area where options might be limited)."
- "Rising health care costs punish our nation on multiple fronts. For families and seniors, the soaring cost of medical care means less money in their pockets and forces hard choices about balancing food, rent, and needed care. There are many causes of higher health care costs and spending. These causes include higher prices for medical services, paying for volume over value, defensive medicines, use of new technologies and treatments without considering effectiveness, and a lack of transparency of information on prices and quality."
- "While resources seem available in our community, I am not sure we are providing enough activities for young children as well as the young adult population. Everything is expensive. The young generation seems to do more technology based activities instead of physical activities."

- "While health care is affordable for the majority, there is a significant population for whom it is not."
- "We need more options for funding for people with disabilities who exhaust their insurance and need long term rehabilitation."
- "Though available some residents don't always know how or where to access them."
- "There needs to be more specialists, and access to them w/o having to travel to Baltimore to access them. Better access to public transport is also key."
- "The more rural areas are having the greatest difficulty in accessing healthcare and transportation."
- "Public assistance recipients including Medicaid and Medicare are a growing concern for access to care. Even with ACA efforts to provide coverage, the ability to then access care is still a problem. There is too much to list here to cover the issue."
- "Limited resources in Carroll County are contributing to more chronic illness exacerbations."

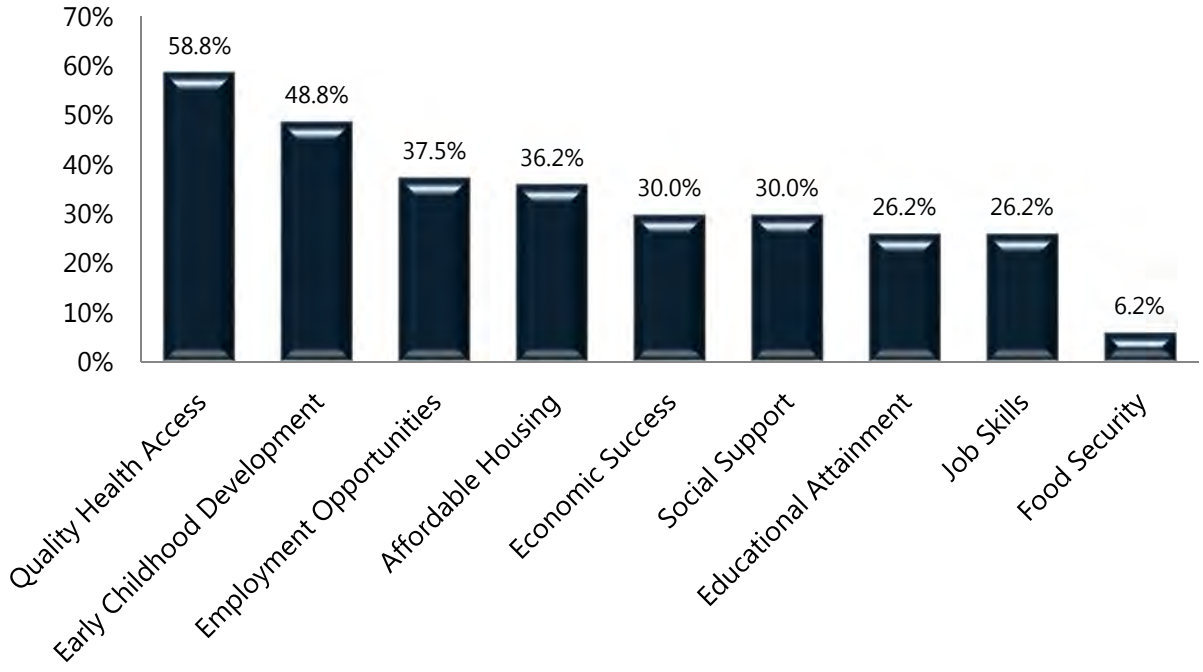
Social Determinants of Health

The informants were then asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health include:

- Quality Health Access
- Early Childhood Development
- Employment Opportunities

A full listing of the social determinants of health, in order by the percentage of key informants who selected the determinant, is presented in the following graph.

"What are the top 3 social determinants of health to address in your community?"



Top social determinants of health

Respondents were also asked to identify which social determinant of health of the three they selected would have the greatest impact in the community, if addressed. As depicted in the table below, quality health care access received the highest rating with 30.4% of key informants selecting it as potentially having the most impact. Early childhood development and affordable housing received the second and third highest ratings for having the greatest impact in the community.

The following table shows the results in detail, including a summary of the number of times a determinant was mentioned as a top three social determinant of health and the percent of informants who selected the determinant. The last column depicts the percent of informants who rated the determinant as having the greatest impact in the community.

Rank	Social Determinant of Health	Count	Percent of Respondents Who Selected The Issue	Percent of Respondents Who Selected the Issue as Making the Greatest Impact
1	Quality Health Access	47	58.8%	30.4%
2	Early Childhood Development	39	48.8%	22.8%
3	Affordable housing	29	36.2%	10.1%
4	Educational attainment	21	26.2%	8.9%
5	Economic success	24	30.0%	8.9%
6	Employment opportunities	30	37.5%	7.6%
7	Social Support	24	30.0%	5.1%
8	Job Skills	21	26.2%	3.8%
9	Food security	5	6.2%	2.5%

Informants were asked through open-ended feedback to give additional information regarding their reasons for ranking the social determinants of health the way they did. Verbatim comments related to the top three social determinants of health are summarized below.

Select Comments Regarding Quality Health Access

- "Quality health access continues to be a problem for most people. The ability to find a provider is easier than it is to find and access specialist care. There should be more of a focus on wellness and prevention vs. care for the ill."
- "Quality Health Access because health care should not be a choice that people have to make. If there is a way for those in need to have easy access to providers, we can treat them and then educate and focus on prevention model instead of sick model."
- "People need to be healthy to thrive. They need access to quality health care to remain healthy."
- "Assuming quality health access includes health education and preventative care, quality health access holds the potential to mitigate many issues and improve many social ills."
- "Without access to quality healthcare, health issues go unaddressed causing a health crisis later."
- "When people have access to quality health professionals, I would hope they would take better care of themselves."
- "Health access allows workers to be healthy & remain on the job, it allows for chronic disease management which can allow someone to age in place a little easier."
- "Quality health access is important to not just great health but also for awareness, etc."
- "Without quality health access, there is no health in the community! Residents must be comfortable and confident in their healthcare providers to assure compliance with any chronic disease."

- "Getting quality care early will manage the progression of chronic disease."
- "We need to do a better job of coordinating care in the community."
- "To provide for a healthier community and allow for greater participation and success in seeking educational and employment opportunities over the long term."

Select Comments Regarding Early Childhood Development

- "Early childhood development provides the new generation the foundation needed to grow into productive citizens."
- "Early childhood development impacts all the other social issues. The cost of health care increases for children with poor development. These children have more difficulty in schools which leads to less success in school and less success into adulthood. Less likely to graduate from college."
- "Good health practices should be taught in childhood."
- "Without a strong foundation (a stable and encouraging home with healthy parents, early education, good family and community role models, nutrition, etc.) our children aren't given the chance to thrive and be optimistic about their future. If the parent(s) are mentally / physically unhealthy there is less of a chance for the child to become a healthy and contributing member of the community."
- "Start educating early. Lessons learned at early stages in life are the ones that will have the greatest lifelong impact."
- "Child development is the determinant of a life of success or failure."
- "Early childhood development has such a significant impact on health habits, formation of cognitive abilities and ability to learn, and physical healthy growth. Making strides in health early in life will affect the future of those impacted and the future of our community."
- "Well developed children will have opportunity for health and wellness."
- "While all are important, foundations for a person's entire life are formed during childhood. These foundations can either be solid or shaky, depending on circumstances. The challenge is to help families build these solid foundations in the lives of their children."
- "It is critically important for children to get off to a healthy start."
- "Everyone needs a good base to build on. If children start off right they have a better chance to succeed later in life, they don't have to make up ground."
- "This is our future, ability to provide cost efficient care for parents in the area. The opportunity to give youth the advantage of additional developmental needs to grow, affordable daycare options, out of school options so they don't fall behind in growth potential over the summer. Close the achievement gap with additional STEM programming and low cost ideas."

Select Comments Regarding Employment Opportunities

- "Have to have a decent paying job to afford health care and have the means to access."
- "If people have jobs with insurance and feel good about their lives, they can take better care of themselves."
- "Well-paying jobs that include health insurance insure preventative care for lower and middle class citizens not eligible for aid."
- "People need to work so they can send their children to preschool as well as provide food and shelter for their family. I know someone on assistance with two small children. She doesn't drive. She is extremely limited in where she can work so she doesn't. This is going to most likely be a vicious cycle for the children."
- "Without sufficient employment people cannot afford housing, healthcare, gym memberships or healthy food."

Additional Comments Regarding Social Determinants of Health

- "Children need nurturing 2 parent home environments. Parents who don't put them in front of TV or Nintendo."
- "Social support has been noticed a primary influencer in addictions. Isolation and not feeling part of a group is being shown to have more influence in addiction than medical treatments and rehab counseling."
- "Unfortunately, nutrition is not achieved with only food security."
- "Social support would follow to assist families."
- "Offering more support groups and free resources is helpful, too."
- "In the shorter run, it will be necessary to find ways to provide affordable quality care for those for whom economic success is currently not being attained."
- "Providers in our community operate to provide a service often they function outside the scope/mission of the program in order to meet the needs of the community. Wrap around and support and Quality Health Access are crucial moving forward."
- "Housing insecurity and homelessness have serious negative effects on child and adult health.
  Quality housing can promote better health, quality of life, and independence for the growing population of low-income seniors."
- "Early childhood development so we can start intervention early in the hopes to succeed in making brighter futures."
- "Early childhood development is the cornerstone to becoming healthy, productive adults."

Programs, Services, & Promotion

Next, the informants were asked to describe programs or services that they feel should be developed and offered to people living in Carroll County. Many key informants suggested that preventative health care programs and services should be made widely available. Health education on topics related to mental health issues, diabetes and other preventable chronic diseases, healthy eating and physical exercises, parenting, and sexual health for teenage

students were frequently mentioned by participants. Programs and services related to the aging population were also mentioned by informants.

Select Comments Regarding Programs and Services that Need to be Developed

- "General health care programs. I work sometimes with underprivileged folks and they have no idea about good nutrition. Access to workout facilities and education regarding the importance of moving our bodies."
- "I believe General Health Programs are something that is needed for our community's to inform people for greater access to better health care."
- "Having education and Heath assessments brought to the populations that need the services are critical. Most cultures are hesitant to access services. There needs to be a focus on getting the services to the ones in need. For example, in houses of worship etc. There are a lot of the services that are needed in the county; however, access for the people that need the services is key."
- "I think programs that focus on preventative health care and education need to be engaging for the general population so we can start to turn the mindset that healthy living is only for a select group."
- "Pediatric specialists in Carroll County. For example pediatric neurologists. Families have to travel to Baltimore to see specialists. Transportation is a concern for our families in need."
- "I think there should be an increased emphasis on programs for Hispanics. They seem to have less programs and resources devoted to them than do some other populations. I also think that some technology/social media based programs would be helpful as non-threatening ways for people to get important information."
- "Definitely General Health Programs. An ounce of prevention goes a long way. Getting out to the schools and teaching about proper nutrition, working with programs like HSP to educate parents on how to shop for and prepare healthy meals."
- "Educating our community to what's available and asking what's needed would be very helpful."
- "I feel that all of the services above would benefit our community. Preventative health and education has been shown to have a great impact on health outcomes, so the emphasis should be on this. We must also be culturally sensitive including age, gender, and population specific assessments. Knowledge is power and it is our responsibility to provide this knowledge."
- "Expand transportation services to out of County locations; Baltimore/Frederick area hospitals and healthcare services."
- "Diabetes education and coaching for low income and at risk groups. Something that addresses people's isolation."
- "Elderly focused care. A program where either someone calls the elderly daily to check on them or an automated call to remind the elderly to take their medicine."
- "Age specific as we address the aging population. Population specific as we look at the health needs of the population and disease specific as we address those with chronic disease."

- "Workshops on getting active. I get asked all the time about beginning running programs and how to get started in being more active."
- "Transition-age youth are often not the recipients of services. Extending health care to age for private insurance has helped, but we are finding through research that this population needs additional assistance in many areas."

Informants were also asked to give comments and suggestions on how health and wellness efforts are best promoted in the community. Key informants felt that reaching individuals through multiple outlets is the most effective means of promotion. Specifically, outreach events, health fairs, and workplaces were mentioned frequently as the best methods to promote health and wellness in the community. Key informants also stated that these events need to be appealing and in places where people can easily access them. Informants also suggested that fairs and outreach events should target "shut-ins" and hard-to-reach community members.

Select Comments Regarding Health and Wellness Promotion Programs

- "The best way to promote health and wellness in our community is through open forum platforms. Fairs and expos allow for a non-judgmental atmosphere which for many is more acceptable than classroom or workplace educational programs."
- "Workplace activities is one of the best outreach initiatives. It sets the standard that wellness is important to employers. It increases staff satisfaction and retains highly qualified staff."
- "Workplace allows you to reach many people who may not ordinarily seek out this information."
- "Multi prong approach thru classroom education in public schools, workplace seminars. Public outreach at community events/ fairs."
- "I don't think anyone way can do this. The more ways to distribute the information, the better."
- "I think workplaces and schools are the best places to reach people. Religious organizations can also be used to reach a large portion of the population. I believe outreach at fairs, etc. only reaches a minority of the population."
- "All of the above. The combined efforts of all of our health care agencies is vital so that they are all on the same page working toward the same goals: a healthier Carroll County."
- "As always, the challenge is reaching those not actively seeking to be reached. More important than where it is promoted is that it be consistent and simple in message. To be effective, it should be recognized that health and wellness messaging is a marketing/branding exercise and needs to be conducted accordingly."
- "I think it takes a multi-faceted approach. Our public school system would be an excellent partner for programs that address health of school age students (could be accomplished through special school events once a year). These could be carried out through the PTAs, student government organizations, honor societies) this way the burden does not fall on one organization. Expos, fairs and workplace education is also critical. Social media for those who thrive on "liking" and "sharing" would be an extra added cost."

- "Working in such a small workplace it is sometimes hard to bring in health and wellness but we are doing our part with walking challenges, etc. I think health fairs would be great to bring in a lot of health/medical vendors for individuals to visit."
- "Outreach programs, in New Windsor we now have a "walk with the mayor" program for the residents."
- "Outreach events and ads in local magazines. Also, endorsement through the local health department."

In relation to the above question, informants were asked to rate existing services and outreach activities in Carroll County on a scale of 1 (poor) to 4 (excellent). Nearly two-third of informants (65.3%) rated existing efforts as good, while nearly one-third (32%) rated them as fair.

General Feedback

Next, participants were asked to identify specific populations in the community they feel are not being adequately served. Uninsured and underinsured individuals needing specialist care, youth, the working poor, ethnic minorities and undocumented immigrants, people with behavioral/mental health issues and physical disabilities, the homeless, the elderly, drug addicts, and children from dysfunctional families were frequently mentioned by participants as groups that are not being adequately served.

Informants were also asked to identify areas of community health and wellness that need to be addressed but were not covered in the survey. The following bullet points summarize the responses:

- Sexual assault/domestic violence
- Physical activity/decreasing "screen time"
- Caregiving
- Oral health/dental health care services
- Workplace wellness
- Home health care
- Water quality
- Homeless population
- Partnerships/Collaborative community efforts
- Psychiatric care

Key informants were asked to identify two key elements they feel are important to the success of achieving a better quality of life for Carroll County residents. The most frequently mentioned elements are summarized in the following table.

Key Elements	Key Elements
Better transportation system especially to health care services	Working through existing community organizations (non-profits, churches, government agencies that might offer some sort of assistance)
Decent/sufficient affordable housing	Coordinated case management
Increased behavioral health services	Wellness clinics in our small towns
Good health care at low cost	Affordability of services offered
Education about services	Promotion of available services
Increased access to health care for all	Less disparity between areas of the county
Stemming illegal drug use and addressing opioid addiction	Education to help people break the cycle of poverty, such as job training services
Health education	Employer wellness programs for staff
Movement/physical fitness for everyone	Transportation to viable work and food resources
More help for the aging population	Tobacco cessation
Better diet and food knowledge	Better outpatient mental health services
More accessible recreation areas	Better access to health and dental care for poor and disabled populations
Free quality child care and preschool options	Federally Qualified Health Center
Weight management education	Outreach and education on health related issues
Access to mental health services	Satellite offices around the county
Healthier options made available	Social networks supporting those in need
Communication concerning what help is available/Access to information and health programs	Job skills/Job opportunities

Lastly, key informants were asked to provide any final comments. Many key informants expressed gratitude for the opportunity to share their opinions. Other comments are provided below.

Additional Feedback to the Survey

- "Need funding for sexual violence prevention and intervention."
- "The amount of people in Carroll County who still use tobacco products is staggering. Many of those people are also overweight or obese. Healthy behaviors and the importance of physical activity cannot be stressed enough. People need to be educated on how to eat real food, not processed. The fact that we live in a farming community should aid in this endeavor."

- "There are a lot of low paid, minimum wage jobs in the county. What is needed is jobs that pay a living wage. I believe the public school education here is relatively good, but job training programs would be a benefit."
- "Hold annual community fair which offers those with well or spring water a place to have it tested."
- "Our facility focuses on the importance of movement and fitness for people with neurological disabilities. Without movement serious problems can occur. With a lot of fight with the insurance companies, we have gained recognition as a long term rehabilitation facility with the insurance companies. Most of our patients have been with us for years with their insurance paying for all their visits. We have to fight for our community and the health of our patients. We must be their voices!"

C. Attachments

- List of Key Informant Survey Participants
- Key Informant Survey Tool
- Key Informant Responses

Key Informant Survey Participants

Name	Agency
Arthur Riley	Westminster Kiwanis
Barb Rodgers	Carroll County Health Department
Bonnae Meshulam	Boys & Girls Club of Westminster, Inc.
Brooke Hagerty	The Food Chick
Charles Mooshian	Community member
Christy Collins	Town of Hampstead
Cindy Marucci-Bosley	Carroll County Health Department
Cindy Parr	Human Services Program
D. Kathleen Rus	Cooperative for Senior Advocacy
Danilelle	GHG
Danielle Gourley	Carroll Health Group
David Hogue	M&T Bank
David Louder, MD	Carroll Health Group
DeAnna Leikach	Finksburg Pharmacy
Dennis Frazier	Carroll County Commissioner
Dorothy Fox	The Partnership for a Healthier Carroll County
Douglas Wantz	Pipe Creek Church of the Brethren
Dr. Ethan Seidel	McDaniel College
Ed Singer	Carroll County Health Department
Filipa Gomes	Carroll County Public Schools
Frank A. Valenti	Department of Social Services
Gail Stuart	Edward Jones
George Hardinger	Carroll County Detention Center
Gina Della	TheraFit Gym
Gloria Bamforth	Carroll Occupational Health
Henry Taylor	Carroll County Health Department
Imelda Udo	Carroll OB/GYN Associates
Jack Tevis	S. H. Tevis & Son, Inc.
Janice A. Kispert	Rape Crises Intervention Service of Carroll County
Jean Lewis	Carroll County NAACP
Jeff Degitz	Carroll County Recreation and Parks
Jeffrey Wallace	Carroll Chiropractic
Jim Rowe	Nurse consultant, co-owner Buttersburg Inn
Jo Fleck	Gypsy's Tearoom
Jodi Lupco	Montessori School of Westminster

Name	Agency
Joe Tabeling	CQI Associates
John Steers	Community member
Jon Weetman	Carroll County Department of Economic Development
Joyce Romans	Carroll Hospital Center
Julie Develin	Target Community & Educational Services, Inc.
Karen Bernard	Carroll County Department of Social Services
Karen Sarno	Carroll County Public Schools
Katie Cashman	Family and Children's Services of Central Maryland
Ken Meekins	Hampstead Police Department
Ken Rupert	The Vita-Copia Group
Lawrence Suther	Carroll County Sheriff's Office
Lora Andrews	Cup Tea Bar/ Gypsy's Tearoom
Louis Yeager	Catastrophic Health Planners
Lynn Glaeser	Community member
Lynn Davis	Carroll County Youth Service Bureau
Lynn Wheeler	Carroll County Public library
Mark Fraser	Community member
Marlene Duff	Hempstead Town Council & Farmers Market
Melissa Batten	Carroll Lutheran Village
Mike Hardesty	Flying Colors of Success
Mike Walters	Y of Central Maryland
Neal Roop	Town of New Windsor
Paige Boughan	S. H. Tevis & Son, Inc.
Richard Obriecht	Group Benefit Strategies
Robert White	Carroll Hospital
Robyn Allers	McDaniel College
Roy A. Libdan	The Partnership for a Healthier Carroll County
Sally Long	Carroll Community College
Sandy Hoff	Carroll Occupational Health
Sharon Callahan	Hampstead Farmers Market
Sharon Sanders	Carroll Hospital
Shelley Geisel	S. H. Tevis & Son, Inc.
Stephanie Reid	Carroll Hospital
Steve Moore	Run Moore
Susan Doyle	Carroll County Health Department
Susan Giscombe	Carroll - Accountable Care Organization (ACO)

Name	Agency
Susan Hoffman	Tender Care Pregnancy Centers
Suzanne Albert	City of Westminster
Suzanne Best	Springfield Hospital Center
Tami Ledley	Town of Hampstead
Tammy Black	Access Carroll
Todd Herring	Central Maryland Rehabilitation Services
Tracey Ellison	Carroll Hospital
Tracey Ridgell	Family and Children's Services of Central Maryland
William McKenna	Marriage & Relationship Education Center

Survey Tool – Key Informants Survey

Participant Profile

- Name
- Agency
- Address
- City
- State
- Zip
- Phone
- Fax
- Email
- Physician Only: Specialty
- Physician Only: Hours per week devoted to patients

Section #1: General Health

Please review the following General Health issues below and choose the five you believe are the most important to address in our community in the next 3-5 years.

- ❑ Alcohol Abuse
- ❑ Alzheimer's Disease or Dementia
- ❑ Asthma/Chronic Obstructive Pulmonary Disease
- ❑ Cancer
- ❑ Dental Health
- ❑ Diabetes
- ❑ Heart Disease
- ❑ Immunizations
- ❑ Injury
- ❑ Mental Health
- ❑ Obesity
- ❑ Sexually Transmitted Disease
- ❑ Stroke
- ❑ Illegal Substance Abuse
- ❑ Tobacco Use
- ❑ Prescription Substance Abuse
- ❑ Physical Inactivity
- ❑ Other: _____

Of the 5 General Health issues you selected, what do you believe is the number one priority?

Why do you believe that your choice is the most urgent health problem to be addressed?

Additional comments regarding health issues in the community (optional):

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in our community.

	1	2	3	4	5
A: The majority of residents in Carroll County have access to a local primary care provider.	❍	❍	❍	❍	❍
B: The majority of residents in Carroll County have access to a local medical specialist.	❍	❍	❍	❍	❍
C: The majority of residents in Carroll County are able to access a local dentist when needed.	❍	❍	❍	❍	❍
D: Transportation for medical appointments is available and easy to access for the majority of residents.	❍	❍	❍	❍	❍
E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	❍	❍	❍	❍	❍
F: The majority of residents in Carroll County have the ability to pay for health care services.	❍	❍	❍	❍	❍

Additional comments regarding health care access (optional):

Section #2: Social Determinants of Health
Social Determinants of Health are defined by the Centers for Disease Control as the conditions, in which people are born, grow, live and age.

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

- ❑ Early Childhood Development
- ❑ Educational Attainment
- ❑ Job Skills
- ❑ Employment Opportunities
- ❑ Food Security
- ❑ Quality Health Access
- ❑ Affordable Housing
- ❑ Economic Success
- ❑ Social Support

Of the 3 Social Determinants of Health you selected, which one do you believe would make the greatest impact to the health of our community?

Why do you believe that this determinant is the most important social issue to address?

Additional comments regarding social determinants of health (optional):

Section #3: Programs, Services & Promotion

Please describe any programs or services that you feel should be developed and offered to those who live in our community.

How do you think Health and Wellness are best promoted in our community? (Example: fairs, workplace, class education, outreach events, other)

Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?

- ❍ Poor
- ❍ Fair
- ❍ Good
- ❍ Excellent

Section 4: General Feedback

Are there specific populations in the community that you feel are not being adequately served? If so, who?

Are there any areas of Community Health and Wellness not identified in this survey that you feel need to be addressed?

If you had to identify two key elements you feel will be important to the success of achieving a better quality of life by those who live here, what would they be?
1.
2.

Please share any other feedback you may have below:

2015 Community Health Needs Assessment
Key Informant Results

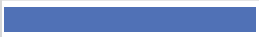
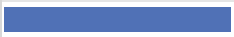
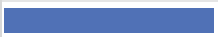
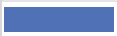
Participant Profile:
Agency
Access Carroll
Boys & Girls Club of Westminster, Inc.
CC Public library
CCPS
CHC
CHG
CQI Asoociates
Carroll ACO
Carroll County
Carroll County DSS
Carroll County Dept. Of Economic Development
Carroll County Detention Center
Carroll County Health Department
Carroll County Health Department
Carroll County Health Department
Carroll County Health Dept
Carroll County Public Schools
Carroll County Sheriff's Office
Carroll Health Group
Carroll Health Group
Carroll Hospital Center
Carroll Hospital Center
Carroll Hospital Center
Carroll Hospital Center
Carroll Lutheran Village
Carroll Occupational Health
Carroll Occupational Health
Carroll chiropractic
Carroll community college
Carroll county NAACP
Carroll county Youth Service Bureau
Carroll county rec & parks
Carroll ob gyn associates
Catastrophic health planners
Central Maryland Rehab services
City of Westminster
Commissioner
Cooperative for senior advocacy
Cup Tea Bar/ Gypsy's Tearoom
Department of Social Services

2015 Community Health Needs Assessment
Key Informant Results

Participant Profile:
Agency
Edward Jones
Family and Children's Services
Family and Childrens services
Finksburg Pharmacy
Flying Colors of Success
Glaeser
Group Bene fit Strategies
Gypsy's tearoom
HSP
Hampstead PD
Hempstead Farmers Market
Hempstead Town Council & Farmers Market
M&T Bank
Marriage&Relationship Education Center
McDaniel College
McDaniel College
Montessori School of Westminster
Mooshian
Nurse consultant co owner buttersburg inn
Pipe Creek Church of the Brethren
RCIS
Run Moore
S H Tevis & Son, Inc
Self
Springfield Hospital Center
TPHCC
Target Community & Educational Services, Inc.
Tender Care Pregnancy Centers
Tevis Oil, Inc.
Tevisoil
The Food Chick
The Partnership
The Vita-Copia Group
TheraFit Gym
Town of Hampstead
Town of New Windsor
Town of hampstead
Westminster Kiwanis
Y of Central Maryland
none

2015 Community Health Needs Assessment
Key Informant Results

Please review the following General Health issues below and choose the five you believe are the most important to address in our community in the next 3-5 years.

	Percent	Count	Percent
Obesity		59	73.8%
Mental Health		50	62.5%
Illegal Substance Abuse		41	51.2%
Physical Inactivity		34	42.5%
Cancer		34	42.5%
Heart Disease		32	40.0%
Diabetes		30	37.5%
Prescription Substance Abuse		27	33.8%
Alcohol Abuse		25	31.3%
Alzheimer's Disease or Dementia		22	27.5%
Tobacco Use		13	16.3%
Dental Health		9	11.3%
Asthma/Chronic Obstructive Pulmonary Disease		7	8.8%
Immunizations		6	7.5%
Stroke		5	6.3%
Injury		3	3.8%
Other:		2	2.5%
Sexually Transmitted Disease		1	1.3%

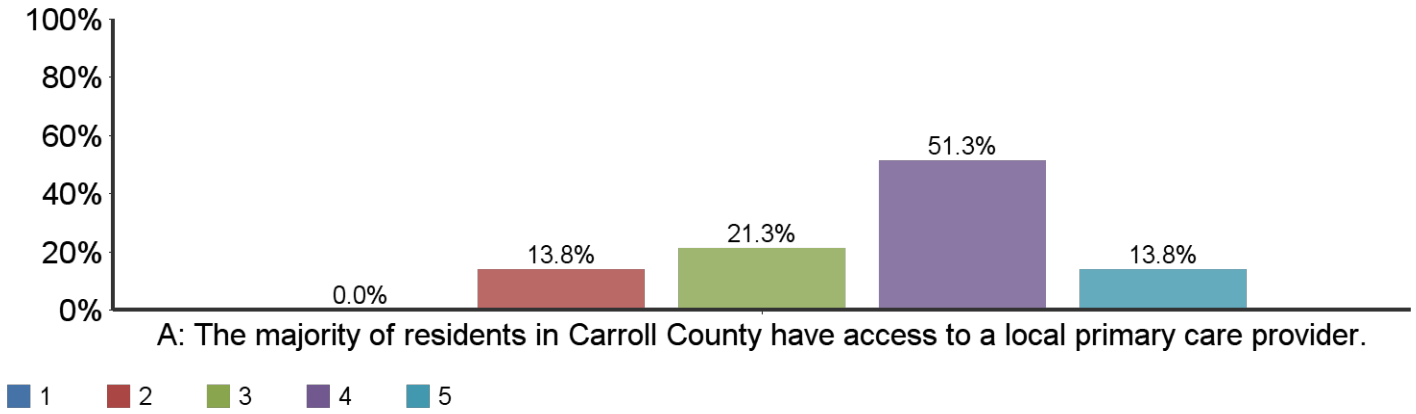
2015 Community Health Needs Assessment
Key Informant Results

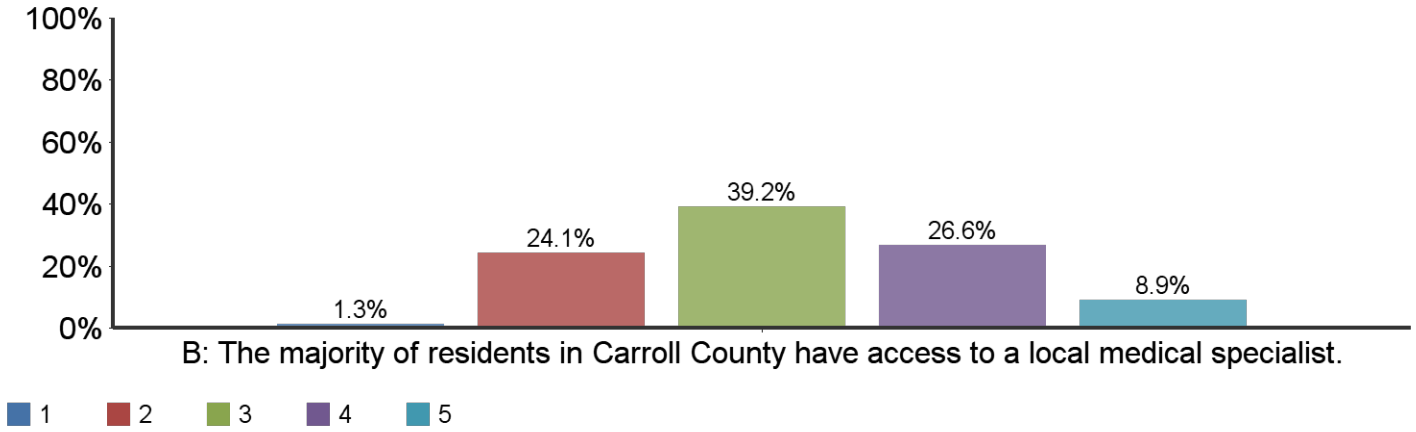
Of the 5 General Health issues you selected, what do you believe is the number one priority?

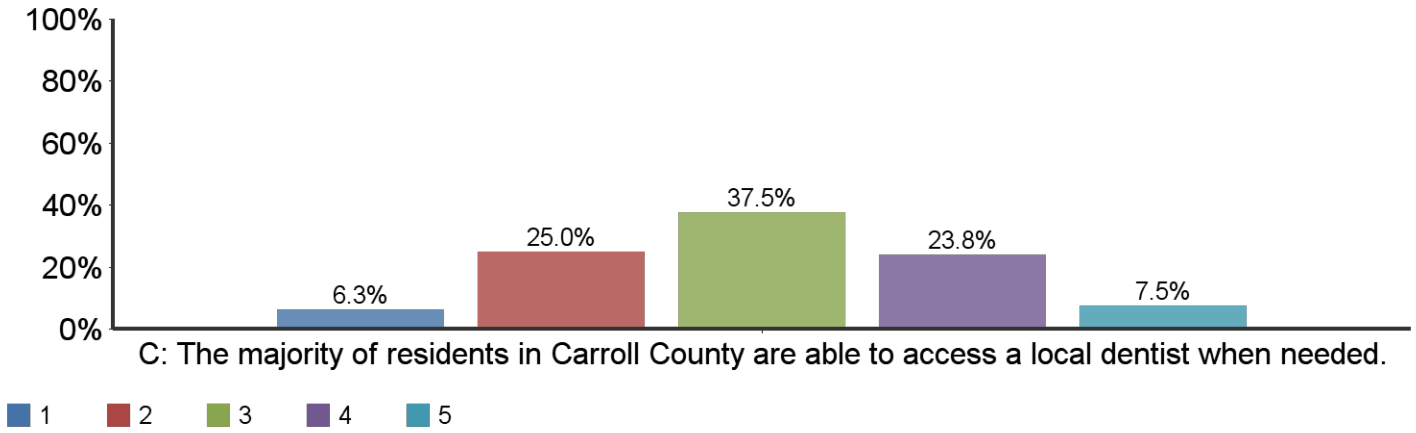
	Percent	Count	Percent
Obesity		17	21.3%
Mental Health		17	21.3%
Illegal Substance Abuse		13	16.3%
Cancer		7	8.8%
Physical Inactivity		5	6.3%
Heart Disease		5	6.3%
Diabetes		5	6.3%
Prescription Substance Abuse		3	3.8%
Alzheimer's Disease or Dementia		2	2.5%
Alcohol Abuse		2	2.5%
Asthma/Chronic Obstructive Pulmonary Disease		1	1.3%
Dental Health		1	1.3%
Tobacco Use		1	1.3%
Other:		1	1.3%
Injury		0	0.0%
Immunizations		0	0.0%
Sexually Transmitted Disease		0	0.0%
Stroke		0	0.0%
Total		80	100.0%

2015 Community Health Needs Assessment
Key Informant Results

On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate each of the following statements about Health Care Access in our community.

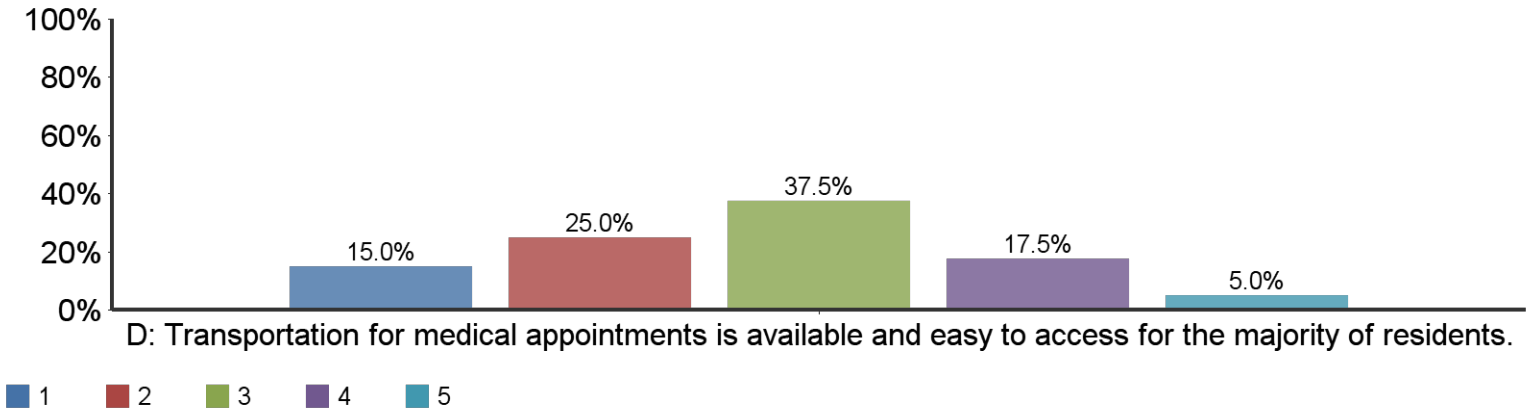


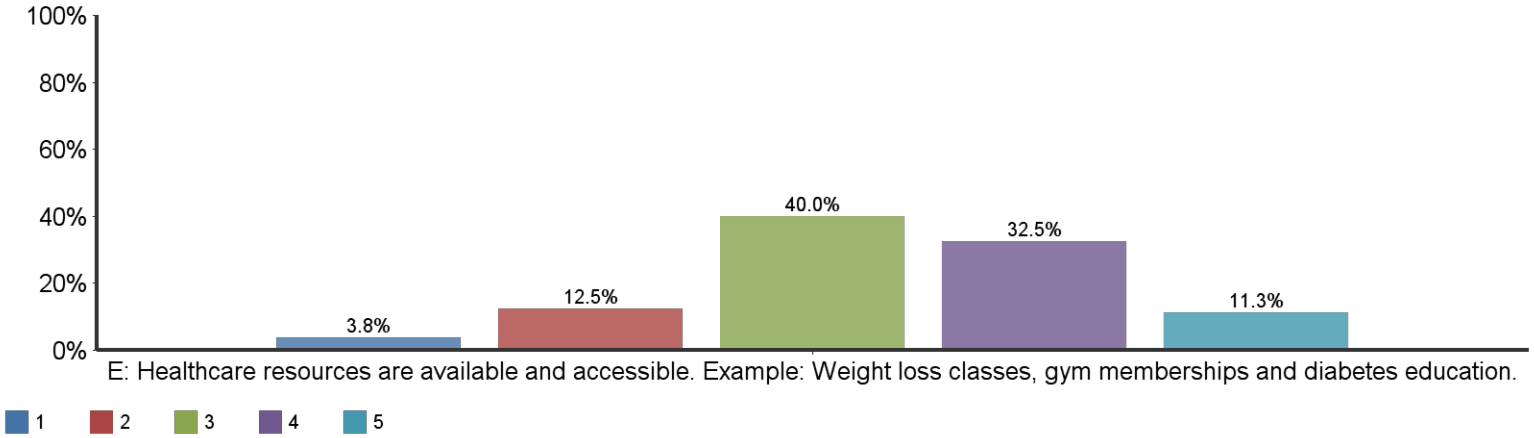


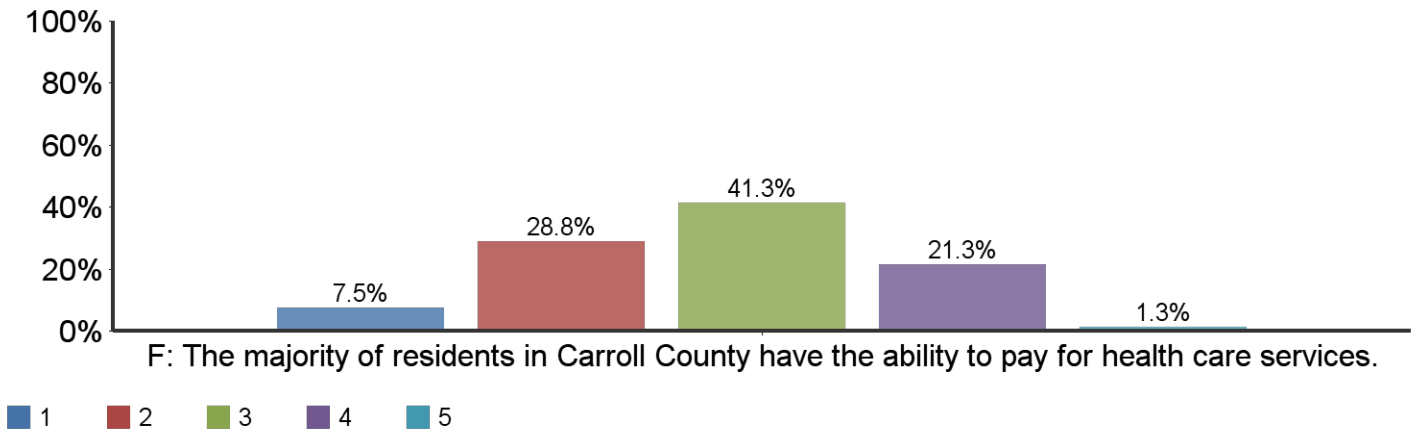


2015 Community Health Needs Assessment
Key Informant Results

On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate each of the following statements about Health Care Access in our community.







2015 Community Health Needs Assessment
Key Informant Results

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

	Percent	Count	Percent
Quality Health Access		47	58.8%
Early Childhood Development		39	48.8%
Employment Opportunities		30	37.5%
Affordable Housing		29	36.3%
Social Support		24	30.0%
Economic Success		24	30.0%
Educational Attainment		21	26.3%
Job Skills		21	26.3%
Food Security		5	6.3%

2015 Community Health Needs Assessment
Key Informant Results

Of the 3 Social Determinants of Health you selected, which one do you believe would make the greatest impact to the health of our community?

	Percent	Count	Percent
Quality Health Access		24	30.4%
Early Childhood Development		18	22.8%
Affordable Housing		8	10.1%
Economic Success		7	8.9%
Educational Attainment		7	8.9%
Employment Opportunities		6	7.6%
Social Support		4	5.1%
Job Skills		3	3.8%
Food Security		2	2.5%
Total		79	100.0%

2015 Community Health Needs Assessment
Key Informant Results

Please describe any programs or services that you feel should be developed and offered to those who live in our community.

Workshops on getting active. I get asked all the time about beginning running programs and how to get started in being more active.
With the aging of the Baby Boomers, I believe that Age Specific Programs would benefit Carroll's residents.
We are seeing a larger group of seniors ,and they can not find housing they can afford.many would like to age in place but lack assistance to allow this to happen many can't even afford meds and or food
Transition-age youth are often not the recipients of services. Extending health care to age for private insurance has helped, but we are finding through research that this population needs additional assistance in many areas.
They all sound important. I think access to health concerns would be very beneficial. Phone lines that reach out to nurses would possibly head off potential health issues especially for children. I also feel we need to be prepared for our older generation.
There needs to be a coordinated focus on identifying addictive behaviors that can be addressed outside of the criminal justice system. Additional treatment centers may be needed, at least initially to handle the numbers of patients requiring these services. Those providers should be assessed to ensure that there are positive outcomes related to services provided.
There are many programs that are already available to the community. The challenge is getting the word out to the community that they are available.
Sustainable access to food - community gardens. Access to CSAs.
Residential renal dialysis facilities or other programs that deal with end stage renal failure as a result of diabetes
Psychosocial support at hospital or medical level
Programs on aging would be very important.
Preventive programs can help people avoid serious illness before they happen as well as reduce health care costs. Also education programs designed to meet the needs of various groups can be a big help s wellq
Preventive health care programs/services
Preventive Health and Education (but of course we need all of the above).
Preventative health programs and accessible health care that is affordable
Population Specific: Many of our families do not speak English. The children do put the parents and other family members do not. Even when trying to inform families about services available, it is very difficult from either a language or cultural standpoint. They don' realize we are trying to help them.
Pediatric specialists in Carroll County. For example pediatric neurologists. Families have to travel to Baltimore to see specialists. Transportation is concern for our families in need.
Parenting programs are needed to help break the cycle created by absentee or uneducated parents and caregivers.
Outpatient mental health care office
Not sure of anything specific at this time.

2015 Community Health Needs Assessment
Key Informant Results

Please describe any programs or services that you feel should be developed and offered to those who live in our community. (cont'd)

More services for adolescents with mental health issues and educating parents to get them help at an early age. With all of the public violence we see in the media, it is imperative that adolescents receive the help and treatment they need - the earlier the better.
More early childhood programs like headstart for those who are not able to afford early education programs. Access to free wellness education programs
Maintenance therapy programs for people with disabilities such as strokes, MS, etc who need long term therapy. More educational programs about health Md fitness for everyone.
Low income and affordable housing options with different layers of coordinated services.
Injury Prevention and preventative health care & education is a must. With an ever growing senior population and people wanting to staying active longer. Education on how to stay healthy, stay active, risk prevention strategies.
Increased health and wellness programs with active participation by medical staff along with patients
I think there should be an increased emphasis on programs for Hispanics. They seem to have less programs and resources devoted to them than do some other populations. I also think that some technology/social media based programs would be helpful as non threatening ways for people to get important information. Text 4 baby is one example of an ongoing text program that supports not only education about what to expect with infants and their development, but also promotes flu vaccines and provides reminders of scheduled physician appointments. A program like his could be developed for disease specific or population specific targets.
I think the program's listed above are all great and would like to see them in the community. I especially think the family planning is important for new parents.
I think programs that focus on preventative health care and education need to be engaging for the general population so we can start to turn the mindset that healthy living is only for a select group.
I feel that all of the services above would benefit our community. Preventative health and education has been shown to have a great impact on health outcomes, so the emphasis should be on this. We must also be culturally sensitve including age, gender, and population specific assessments. Knowledge is power and it is our responsibility to provide this knowledge.
I believe that we need to provide strong resources and programs to help those who are caregivers for children with special needs, adults or spouses with Alzheimer's, dementia, or other chronic conditions, and combat wounded veterans. I am available to address this issue and I am willing to speak to any group to discuss this vital need. I am a Board Certified Life Coach specializing in caregiver coaching. I can be reached at ken@kenrupert.com
I believe General Health Programs are some thing that is needed for our community's to infor people for greater ascess to better health care.
Healthy eating education, the importance of physical activity.
Having education and Heath assessments brought to the populations that need the services are critical. Most cultures are hesitant to access services. There needs to be a focus on getting the services to the ones in need. For example, in houses of worship etc. There are a lot of the services that are needed in the county, however, access for the people that need the services is key.
Greater promotion of general health programs in an effort to encourage greater awareness and greater participation
Geriatric programs and services.
General health snd age specific
General health programs, and age specific programs.
General health programs to encourage preventative health. Disease specific low/ no cost support groups or communities with credible education components.
General health care programs. I work sometimes with underpriveldged folks and they have no idea about good nutrition. Access to workout facilities and education regarding the importance of moving our bodies.

2015 Community Health Needs Assessment
Key Informant Results

How do you think Health and Wellness are best promoted in our community? (Example: fairs, workplace, class education, outreach events, other)

farmers markets suffer the free access to healthy eating. Instead of as choosing healthy foods, the baked goods are top a of list for many. Health fairs, free to public should be offered rlgularly.
class education if offered at flexible times. Workplace interventions may be a great way to tap in to a captive audience.
Workshops, health fairs, schools, tv, print,. There is no one best way but a little bit of everything.
Workplace, libraries, schools
Workplace, Outreach, PSAs, Social Media
Workplace is good, but not all workplaces may be equipped to promote health & wellness. Therefore, a better way to promote health & wellness might be through fairs or outreach events where people could gain information, or perhaps even certain health screenings. And perhaps there would be some workplaces who might be willing/able to help sponsor such events.
Workplace incentives, health fairs, open discussion forums.
Workplace and outreach events might be most effective.
Workplace allows you to reach many people who may not ordinarily seek out this information.
Workplace activities is one of the best outreach initiatives. It sets the standard that wellness is important to employers. It increases staff satisfaction and retains highly qualified staff.
Workplace Schools
Workplace
Working in such a small workplace it is sometimes hard to bring in health and wellness but we are doing our part with walking challenges, etc. I think health fairs would be great to bring in a lot of health/medical vendors for individuals to visit.
Word of mouth.
Through communication, television spots, mass advertising mailings and local vendor support.
There needs to be a variety unfortunately. There is no one place and I have found it needs to be convenient for CC residents to take advantage of the service. Many residents work multiple jobs and have varying hours. All of the examples given are going to work here. People also tend to take the advice of their friends and neighbors so using community groups and civic organizations to increase awareness and make services available would probably go a long way.
The workplace is.a good place. Also, you need to find where the people you want to reach are--for example, younger people may be at movie theaters. Find what matters to the population you want to reach and then you will know where to go and how to reach them.
The best way to promote. health and wellness in our community is through open forum platforms. Fairs and expos allow for a non judge mental atmosphere which for many is more acceptable than classroom or workplace educational programs.
Technology offers privacy, but outreach makes people feel connected. Class education, workplace initiatives are also beneficial.
People often attend workplace wellness classes because they are required to. Events that people WANT to go to seem like they would be more successful, like health fairs, farmers markets, etc.
Outreach, connecting businesses with community
Outreach programs, in New Windsor we now have a "walk with the mayor" program for the residents.
Outreach events, churches, clubs, workplace, all of the above

2015 Community Health Needs Assessment
Key Informant Results

How do you think Health and Wellness are best promoted in our community? (Example: fairs, workplace, class education, outreach events, other) (cont'd)

Outreach events, churches or other groups that ready exist Online sites
Outreach events in particular housing developments,
Outreach events and fairs - things that would be open to the community within walking distance of Main St.
Outreach events and ads in local magazines .also, endorsement through the local health department
Outreach events , workplace, class education
Outreach events (not sure what these might be) that target those in our community who may not otherwise be exposed to health and wellness education
Outreach events
Outreach and word of mouth
Outreach and through our healthcare sysetem.
Outreach and personal connections
Outreach and health fairs
Outreach Accessible Affordable
Our community does a good Job of promoting health and wellness. For the low income, it's a matter of maintaining a plan.
Online and through outreach events
Multi prong approach thru classroom education in public schools, workplace seminars. Public outreach at community events/ fairs.
More efforts need to be made outside centers and agencies utilizing local folks.
It would be great to have additional opportunities for promotion of a healthy community. A county wide campaign that health care centers, gyms, day cares, etc. could all benefit from as an overall County/Community initiative. Have listing of where families, youth could go for affordable access to healthy options, additional training, extended educational options as a partnering agency. Continual development of fairs, outreach events to educate the community
It think reaching out to communities, via workplace , malls ,schools,church and clubs.
In school programs
I wish I knew! It seems to me that outreach--going to populations most in need--is one good option. Effective partnerships with social programs also.
I think workplaces and schools are the best places to reach people. Religious organizations can also be used to reach a large portion of the population. I believe outreach at fairs, etc. only reaches a minority of the population.
I think outreach events where we meet the population where they are and continue to go back maintaining a presence for health and wellness education. Workplace wellness is also very important to change the efforts of programs that engage employees and turn wellness into a want to instead of a have to mentality
I think it takes a multi-faceted approach. Our public school system would be an excellent partner for programs that address health of school age students (could be accomplished through special school events once a year). These could be carried out through the PTAs, student government organizations, honor societies) this way the burden does not fall on one organization. Expos, fairs and workplace education is also critical. Social media for those who thrive on "liking" and "sharing" would be an extra added boost.

2015 Community Health Needs Assessment
Key Informant Results

Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?

	Percent	Count	Percent
Poor		1	1.3%
Fair		24	32.0%
Good		49	65.3%
Excellent		1	1.3%
Total		75	100.0%

2015 Community Health Needs Assessment
Key Informant Results

Are there specific populations in the community that you feel are not being adequately served? If so, who?

single parents that need child are for doctors apps, dentist spots, gym attendance.
Youth. Specifically the population between those labeled "achiever" and "at risk." Increasingly, this group is becoming disengaged and prone to illegal drug use.
Young single mothers
Yes, the very young and the elderly.
Yes those struggling to make ends meet and may also be time stressed may not be able to set aside the energy, time, or money to focus on health & wellness issues.
We have a working low income population that uses the bulk of their income on transportation,food and housing expenses. Healthcare takes a back seat in resource allocation in their households. Time and money for healthy food and accessible activity are lacking.
We are appropriately identifying populations- it's a matter of access to ongoing and coordinated care.
Uninsured Homeless Uninsured behavioral health
Undocumented.
Those with mental illness & the elderly continue to be underserved. Waiting lists are long, services are not always affordable and resources are not readily available.
Those that deal with mental health and those who deal with uninsured or underinsured
There are some great events, fairs, educational opportunities in the community that already existing. Its motivating the community to get involved, become or stay active, and increase awareness of these opportunities.
The working poor. Adults in minimum wage jobs often are not able to attend events because of their work schedule.
The unemployed -but how do you reach them and how do they pay?
The homeless and the elderly.
The homeless and disabled.
The general, mid income majority
The elderly. They are lacking needed support to remain in their homes safely as long as they are able. Most just need transportation ,light housecleaning , meals or access to getting groceries delivered and someone to check in.
The elderly, the poor, especially the working poor.
The elderly and low income individuals.

2015 Community Health Needs Assessment
Key Informant Results

Are there specific populations in the community that you feel are not being adequately served? If so, who? (cont'd)

The caregivers
Teens
Seniors
Senior adults as we move forward with an increasing number of these residents.
Preschool children with special needs that do not qualify for birth-5 programs.
People with disabilities
People isolated and living in poverty.
Opioid addicts
Not to my knowledge
Not sure, but probably low income and immigrants.
No, I think Carroll county has done an excellent job in caring for the community.
No but prob those in more rural areas are more likely to have. The transportation & access issues
No
Minority's the poor those lacking transportation
Mentally I'll and cognitively disabled.
Mental illness community and mental health issues.
Mental and behavioral health
Mental Health - lack of providers and formal programs. Some issue that exists nationwide.
Maybe younger adults who are or are beginning to deal with additions and abuse.
Lower income and rural populations

2015 Community Health Needs Assessment
Key Informant Results

Are there any areas of Community Health and Wellness not identified in this survey that you feel need to be addressed?

no
n/a
Workplace wellness
When infants are discharged from the hospital, there should be frequent and long term nurse or health dept representatives to check on the safety of infants born to mothers with problems such as substance abuse or poor living situations e.g. Living in a tent
Water quality
Very well covered
Total family healthcare planning including senior care for elderly parents and grandparents. The grey tsunami is upon us and we are not prepared!
The importance of regular physical activity
Sexual assault
Public Health in general
Psychiatric care is greatly lacking in this community, both for public and private insured
Not sure.
None of which I am aware.
No.
No
No
No
No
No
No

2015 Community Health Needs Assessment
Key Informant Results

Are there any areas of Community Health and Wellness not identified in this survey that you feel need to be addressed?

No
No
No
I think you some focus should also be placed on domestic violence and sexual attacks due to the physical and psychological ramifications.
I think most of the areas are in some form addressed in this survey. I would just suggest diving deeper into each one to make sure we are making this a part of our lives.
I think Carroll county does an excellent job in trying to determine the needs & focus on ways to address them.
I am not sure how involved the hospital and Partnership for a Healthier Carroll County are with local charities but I think that mandating that certain classes, for lack of a better word, need to be a part of receiving county and state help.
Homeless population
Health insurance plans seem to be featuring larger blanket deductibles. Will this have a rationing effect on health care among those more likely to have adverse circumstances because of that?
Getting children away from television, Nintendo, and so on. Electric babysitters are no substitute for quality parenting. They are creating a disconnect from society and support networks.
Dental health care services for adults and continued support of the safety net services such as Access Carroll
Cooperative partnerships between community providers and agencies and CHC. The hospital try's to dictate everything
Concept that any door in the community leads to better healthcare. Partnerships with nonprofit, govt and private industry.
Care giving
Cannot think of any at this time
Affordable home healthcare and in home infusion services. Greater numbers of and access to psych practitioners
A bigger emphasis on oral health

2015 Community Health Needs Assessment
Key Informant Results

If you had to identify two key elements you feel will be important to the success of achieving a better quality of life by those who live here, what would they be?

jobs skills	jobs
economic success	public transit to outlying counties
Weight management education	Tobacco cessation
Weight loss	Promotion of activity. Active lifestyle.
Take advantage of the resources available	Take responsibility for your circumstances
Sufficient affordable housing	Additional affordable and easily accessible wellness and recreational opportunities
Stemming illegal drug use.	Ensuring the existence of a healthy and skilled workforce.
Skills for arguing fairly and mediating disagreements	Social networks supporting those in need
Screening, Assessment and Referral to care	Support for our community providers
Recreation for teens and young adults	Affordable housing
Programs and/or services for families with young children	Engaging county government to embrace and act on wellness as a quality of life issue
Prevention	Access
Physical activity	Employment
Personal responsibility	Health care availability
Movement/physical fitness for everyone	Education
More help for the aging population	More access to affordable healthcare
More exposure (not sure how) to wellness info	More early education programs that are low cost or free to low income folks
More affordable housing	Better transportation system
More accessible recreation areas	Transportation to viable work and food resources
Mental Health services	

2015 Community Health Needs Assessment
Key Informant Results

If you had to identify two key elements you feel will be important to the success of achieving a better quality of life by those who live here, what would they be?

Keep people walking	Positive thinking
Increased behavioral health services	Less disparity between areas of the county
Increased access to health care for all	Education to help people break the cycle of poverty, such as job training services.
Healthier options made available	Education on health / preventive medicine
Healthcare access	Transportation
Health Education	Preventative alternatives
Having adequate access to good quality water	Access to a quality health system
Good health care at low cost	Wellness clinics in our small towns
Good communication concerning what help is available.	Working through existing community organizations (non-profits, churches, or even government agencies that might offer some sort of assistance).
Getting services to the most in need	Access to mental health professionals
Getting parents engaged with actual parenting.	Better access to Heath and dental care for poor and disabled populations.
Free quality child care and preschool options	
Free community health events	
Face to face contact/education! Not the Internet!	
Exercise	Affordable healthcare
Exercise	Good nutrition
Elderly coord services	Transportation
Education-prevention	Affordable programs
Education for parents on what health really is	Ability for folks to get more active
Education about services	Satellite offices around the county

2015 Community Health Needs Assessment
Key Informant Results

If you had to identify two key elements you feel will be important to the success of achieving a better quality of life by those who live here, what would they be?

n/a
There are a lot of low paid, minimum wage jobs in the county. What is needed are jobs that pay a living wage. I believe the public school education here is relatively good, but job training programs would be a benefit.
The amount of people in Carroll County who still use tobacco products is staggering. Many of those people are also overweight or obese. Healthy behaviors and the importance of physical activity cannot be stressed enough. People need to be educated on how to eat real food, not processed. The fact that we live in a farming community should aid in this endeavor.
Thanks for caring about our community!
Thank you for your desire to address the needs of the community and to try to gain ideas that might help people with their health & wellness.
Thank you for the opportunity to participate.
Thank you for taking the time to query the community.
Thank you for asking us to be a part of this survey.
Our facility focuses on the importance of movement and fitness for people with neurological disabilities. Without movement serious problems can occur. With a lot of fight with the insurance companies, we have gained recognition as a long term rehabilitation facility with the insurance companies. Most of our patients have been with us for years with their insurance paying for all their visits. We have to fight for our community and the health of our patients. We must be their voices!
Need funding for sexual violence prevention and intervention
If some one has the two things above they can live a healthy and happy life, if they choose to.
I appreciate the opportunity for the feedback. Dr. Mark fraser
Hope my replies are helpful
Hold annual community fair which offers those with well or spring water a place to have it tested

5. Targeted Populations Research

A. Methodology

A total of seven sessions were held with four population groups at various locations throughout Carroll County. The groups were held between January and March 2015. The population groups that were targeted for this component included African Americans (two sessions), Hispanics (one session), low income individuals (one session), and the older adult community (three sessions). Session topics addressed access to care, general health issues, cultural competency, and social determinants of health. Each session lasted between 25 and 35 minutes and was conducted using online surveying and/or face-to-face discussion. An interpreter was present for the session with Hispanic community members.

In total, 112 people participated in the seven sessions. It is important to note that the results reflect the perceptions of a limited subset of community members, and do not necessarily represent the opinions of all residents of Carroll County.

B. Results Summary

African American Population

Demographics

Thirteen African American community members participated in the session. More than two-thirds of participants were female and married. Most participants were between the ages of 45 and 54 years (46.2%) or 65 years and over (38.5%). Approximately 77% of participants lived in a single-family house, 58.3% had two to three people living in their household, and 53.8% resided in zip code 21776. All of the participants lived in Carroll County for more than 10 years.

Demographic Information	n	%
Gender		
Male	4	30.8
Female	9	69.2
Age		
18 - 25	0	0.0
26 - 34	1	7.7
35 - 44	0	0.0
45 - 54	6	46.2
55 - 64	1	7.7
65 and over	5	38.5
Marital Status		

Never married	2	15.4
Married	9	69.2
Divorced	2	15.4
Widowed	0	0.0
Member of an unmarried couple	0	0.0
Separated	0	0.0
Number of People in Household		
1	2	16.7
2	4	33.3
3	3	25.0
4	2	16.7
5	0	0.0
More than 5	1	8.3
Type of Housing Unit		
Single-family home	10	76.9
Apartment	2	15.4
Townhome	1	7.7
Mobile home	0	0.0
Condo	0	0.0
Other	0	0.0
Zip Code		
21157	3	23.1
21776	7	53.8
21791	3	23.1
Length of Residence in Carroll County		
Less than 1 year	0	0.0
1 – 3 years	0	0.0
4 – 5 years	0	0.0
6 – 10 years	0	0.0
More than 10 years	13	100.0

Access to Health Care

As illustrated in the table below, the majority of participants were not able to agree or disagree with the community's ability to access health care. The exceptions were access to primary care providers and access to health care providers who speak the community's language. Both factors garnered the highest mean scores of 3.58 and 4.17 respectively. The availability of signage and promotions for health that reflect the community and its needs and transportation garnered the lowest mean scores, indicating that these issues may be posing the greatest challenges.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

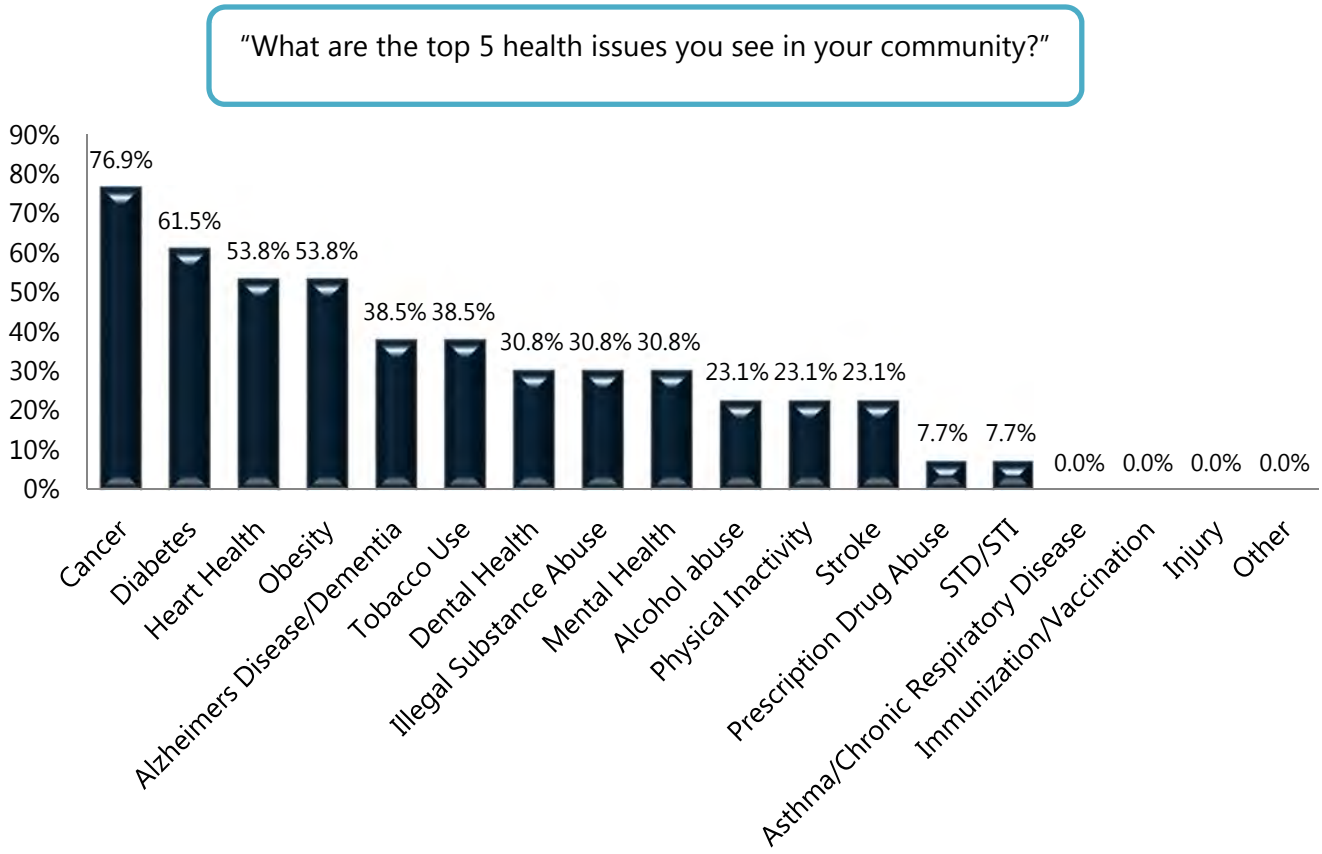
Factor	Mean Response	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	3.58	41.7%	50.0%
The majority of residents in my community have access to necessary medical specialists.	2.92	25.0%	33.3%
The majority of residents in my community are able to access a local dentist when needed.	3.08	33.3%	33.3%
Transportation for medical appointments is available and easy to access for the majority of residents.	2.83	25.0%	25.0%
Signage and promotions for health services reflect my community and its needs.	2.67	50.0%	8.3%
There are health care providers who understand my population and its health risks.	3.17	25.0%	50.0%
Health care services are provided in my language.	4.17	0.0%	83.3%

General Health Issues

African American participants were also asked to identify the five most important health issues that need to be addressed in the next three to five years. The top five health issues according to African Americans include:

- Cancer
- Diabetes
- Heart Health
- Obesity
- Alzheimer's Disease/Dementia

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below.



Related to cancer, participants emphasized:

> "*Most people are aware of issues with diabetes and heart problems, but if they are sick in other ways, they don't know what it is until they go to the hospital & find out it is cancer. People are scared to get a colonoscopy and prostate checks.*"

> *"You can get preventative tests, but blood work, etc. costs money and if they have no insurance they don't get tests done. In his company they never used to spend anything for health care, now it is expensive even WITH insurance. Copays are expensive, and people chose to pay for electric, food, etc. over their health care."*

In regards to obesity, one notable finding from the discussion was the fact that weight-related attitudes and behaviors may be largely determined by the cultural norm governing African American populations. For example, one participant reported:

> "*The African American community standard of obesity is different than other communities. We don't consider it important to not carry a little extra weight.*"

Related to dental health, participants emphasized:

"People don't understand that healthy gums & teeth are directly related to health, heart health especially."

"Dental care is not affordable if you don't have insurance."

"It is hard for older people on a fixed budget to get insurance or dental care, so it is not a priority for people to take care of dental health when there are other pressing financial concerns."

"Most don't go to the dentist unless they are experiencing a problem."

Additional Comments Regarding Health Issues

- In regards to prevention, vaccinations, etc. – "Stories that 'Aunt Susie died from getting flu shot'. Stories are spread & believed, because they are looking for an excuse not to do something instead of encouragement to do something. Mistrust is an issue."
- "Sometimes it depends on how educated you are. Ability to sort out what is true and what isn't. Information is out there to access, but how do people know it is there to access?"
- "Stories get mixed up with medical care. Education was available when we were younger about vaccines – but the wrong message gets out these days."
- "Age makes a difference. What a person knows about and doesn't is different than when we were younger."

Social Determinants of Health

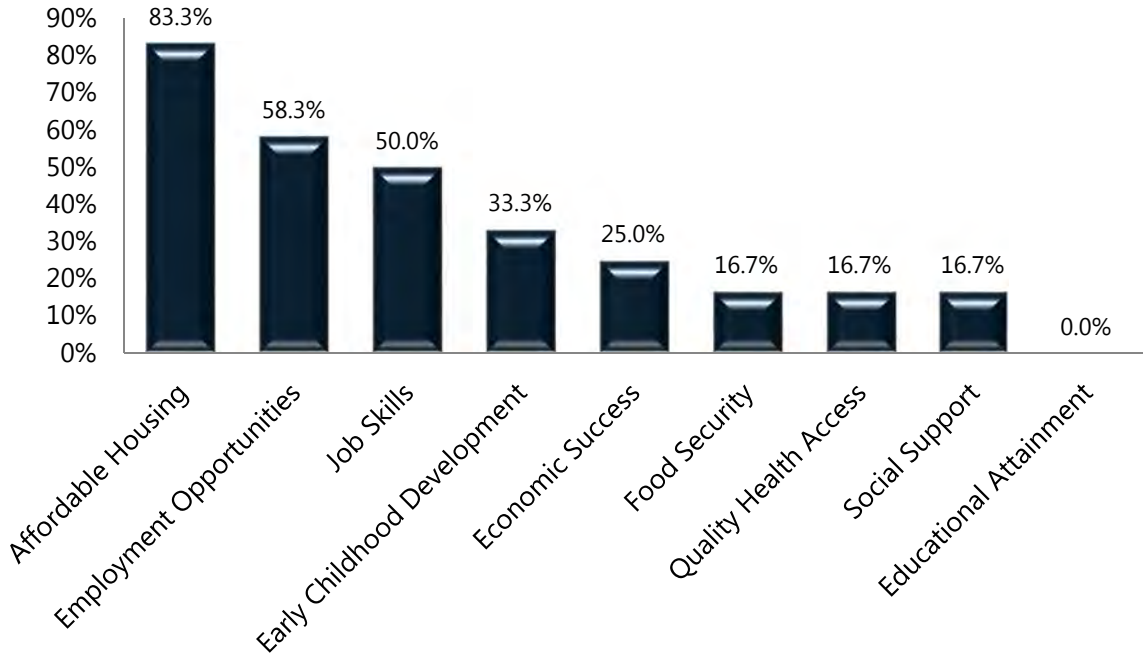
Health outcomes are determined not only by health behaviors like eating well and staying active, but also by the extent of social and economic resources and opportunities available in homes, neighborhoods, and communities. The concept helps explain in part why some population groups are healthier than others.

With this in mind, participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health among African Americans include:

- Affordable Housing
- Employment Opportunities
- Job Skills

A full listing of the social determinants of health, in order by the percentage of participants who selected the determinant, is presented in the following graph.

"What are the top 3 social determinants of health to address in your community?"



Related to affordable housing, participants emphasized:

"No affordable housing. Carroll County period. The government is not going to get it."

"Houses that are affordable are substandard and not fit to live in. Rents are ridiculously high for what you are getting, and the landlord doesn't provide services you should get. A two bedroom is upwards of $950.00. There are certificates, but no one who wants to rent to people that use them. Are people using funds, ones that usually took care of themselves previously? Most were elderly, widows, mentally ill. They feel you are enabling people if you make housing affordable. There are different situations. People may not have a college education but they are hardworking, self-sufficient people that fell upon hard times."

"Shortage of places to rent, if it is affordable you don't want to live there."

Hispanic Population

Demographics

Nine Hispanic community members participated in the session. Two-thirds of participants were male and slightly more than half were married. All participants were between the ages of 26 and 44 years. A little over half of participants lived in a single-family house and all participants were members of a household with at least three people. Two-thirds of participants lived in zip code 21157 and more than 75% lived in Carroll County for six or more years.

Demographic Information	n	%
Gender		
Male	6	66.7
Female	3	33.3
Age		
18 - 25	0	0.0
26 - 34	7	77.8
35 - 44	2	22.2
45 - 54	0	0.0
55 - 64	0	0.0
65 and over	0	0.0
Marital Status		
Never married	2	22.2
Married	5	55.6
Divorced	0	0.0
Widowed	0	0.0
Member of an unmarried couple	2	22.2
Separated	0	0.0
Number of People in Household		
1	0	0.0
2	0	0.0
3	2	22.2
4	2	22.2
5	2	22.2
More than 5	3	33.3
Type of Housing Unit		
Single-family home	5	55.6
Apartment	2	22.2
Townhome	2	22.2
Mobile home	0	0.0

Condo	0	0.0
Other	0	0.0
Zip Code		
21074	1	11.1
21157	6	66.7
21158	2	22.2
Length of Residence in Carroll County		
Less than 1 year	0	0.0
1 – 3 years	2	22.2
4 – 5 years	0	0.0
6 – 10 years	4	44.4
More than 10 years	3	33.3

Access to Health Care

As illustrated in the table below, the majority of participants were not able to agree or disagree with the community's ability to access health care. The exception was access to health care providers who speak the community's language. This factor garnered the lowest mean score of 2.44. The availability of primary care providers and medical specialists garnered the highest mean score of 3.00, but the score is still relatively low.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Factor	Mean Response	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	3.00	44.4%	22.2%
The majority of residents in my community have access to necessary medical specialists.	3.00	11.1%	33.3%
The majority of residents in my community are able to access a local dentist when needed.	2.89	11.1%	33.3%
Transportation for medical appointments is available and easy to access for the majority of residents.	2.78	33.3%	22.2%
Signage and promotions for health services reflect my community and its needs.	2.87	50.0%	25.0%
There are health care providers who understand my population and its health risks.	2.89	11.1%	33.3%
Health care services are provided in my language.	2.44	22.2%	22.2%

Comments Regarding Access to Care

- "We go to the hospital when sick but have no doctor."
- "ER sometimes when sick. Access Carroll is an option, too."
- "No, taken care of right there. Sometimes they ask about PCP they say we need a follow up. ER will call back 3-4 days to see if daughter doing OK."
- "At X Clinic, the language is an issue. Out in waiting room, lots of stuff in Spanish but when you go back to see doctor, nurses speak English fast and I can't understand and I try to explain and they can't understand because they need to go fast."

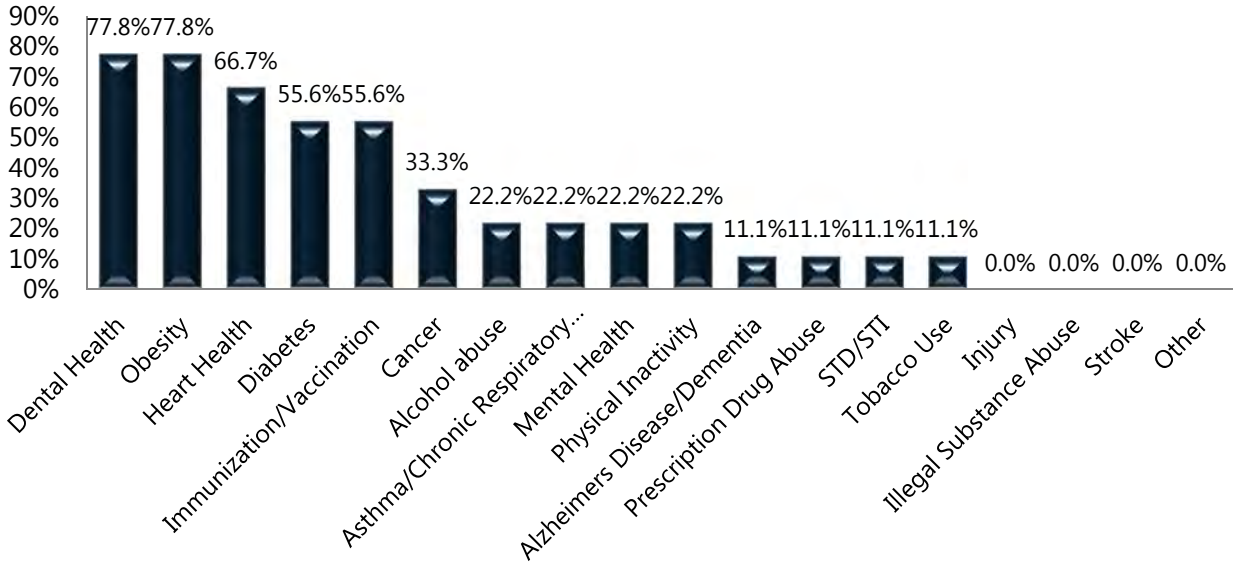
General Health Issues

Hispanic participants were also asked to identify the five most important health issues that need to be addressed in the next three to five years. The top five health issues according to Hispanic participants include:

- Dental Health
- Obesity
- Heart Health
- Diabetes
- Immunization/Vaccination

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below.

"What are the top 5 health issues you see in your community?"



Hispanic participants expressed concern regarding obesity, especially in children. Comments such as these were common:

> "*Depends on how parents treat you and show you how to eat more vegetables, etc. In America, kids want to eat McDonalds. People work a lot; it is easy for parents to buy fast food because of time crunch. In Mexico there is no McDonalds in our town.*"
>
> *"This is a serious problem with kids too. Diabetes, cholesterol, heart attacks, are all related to obesity."*
>
> "*Inactivity is a problem. When it is cold out people spend more time inside watching TV.*"

Related to dental health, participants emphasized:

> *"People don't have insurance, don't have money to pay consults."*
>
> *"Problem is paying for it."*
>
> *"Not able to access a local doctor because of cost."*

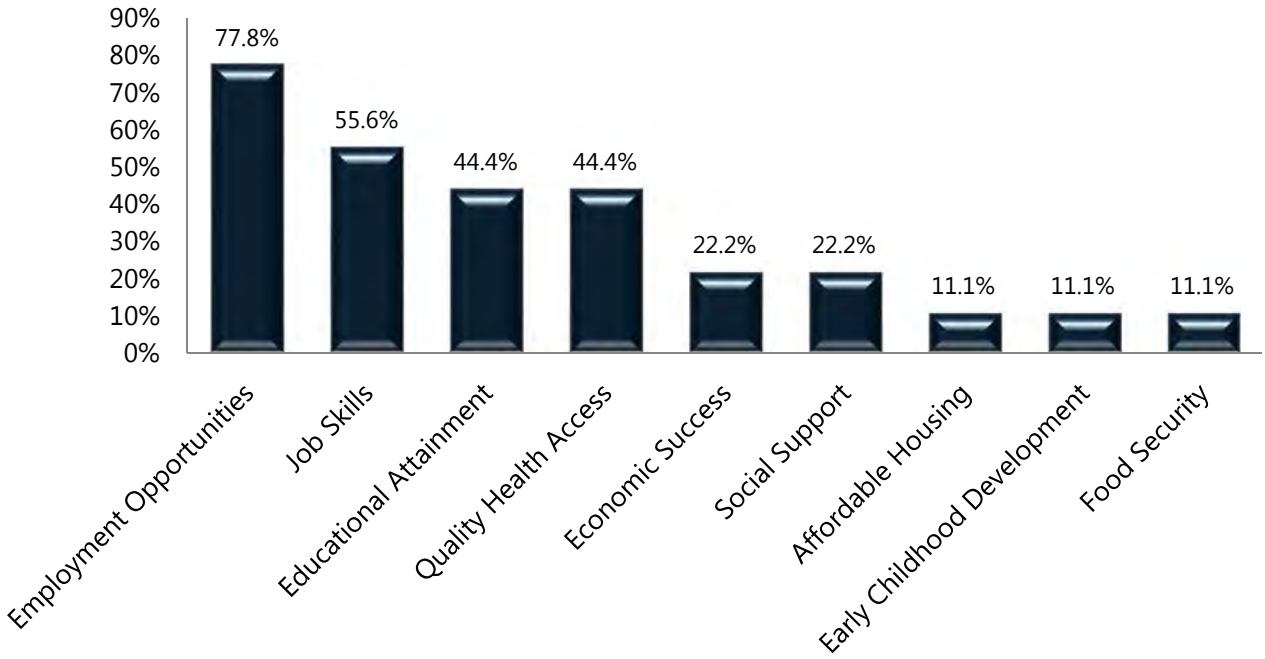
Social Determinants of Health

Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health among Hispanics include:

- Employment Opportunities
- Job Skills
- Educational Attainment

A full listing of the social determinants of health, in order by the percentage of participants who selected the determinant, is presented in the following graph.

"What are the top 3 social determinants of health to address in your community?"



Social determinants of health ranked by Hispanic participants

Low Income Population

Demographics

Twenty-three low income community members participated in the session. The majority of participants (73.9%) were female and approximately half were married or a member of an unmarried couple. Most participants were young, between the ages of 18 and 34 years. Approximately 75% of participants lived in a single-family house or apartment and approximately 70% of participants were members of household with at least four people. "Other" forms of housing included shelters and senior housing. More than half of participants lived in zip code 21157 and 87% lived in Carroll County for six or more years.

Demographic Information	n	%
Gender		
Male	6	26.1
Female	17	73.9
Age		
18 - 25	3	13.0
26 - 34	13	56.5
35 - 44	3	13.0
45 - 54	3	13.0
55 - 64	0	0.0

65 and over	1	4.3
Marital Status		
Never married	8	34.8
Married	9	39.1
Divorced	2	8.7
Widowed	0	0.0
Member of an unmarried couple	3	13.0
Separated	1	4.3
Number of People in Household		
1	2	8.7
2	2	8.7
3	3	13.0
4	8	34.8
5	5	21.7
More than 5	3	13.0

Type of Housing Unit		
Single-family home	8	34.8
Apartment	9	39.1
Townhome	0	0.0
Mobile home	1	4.3
Condo	0	0.0
Other	5	21.7
Zip Code		
21074	1	4.3
21102	1	4.3
21157	13	56.5
21158	5	21.7
21776	2	8.7
21787	1	4.3
Length of Residence in Carroll County		
Less than 1 year	3	13.0
1 – 3 years	0	0.0
4 – 5 years	0	0.0
6 – 10 years	10	43.5
More than 10 years	10	43.5

Access to Health Care

As illustrated in the table below, the majority of participants were not able to agree or disagree with the community's ability to access health care. The ability to access services in an appropriate language and access primary care physicians garnered the highest mean scores of 3.36 and 3.05 respectively. The ability to access transportation for medical appointments and the availability of health signage and promotions that reflect the community's needs garnered the lowest mean scores of 2.71.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Factor	Mean Response	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	3.05	22.7%	40.9%
The majority of residents in my community have access to necessary medical specialists.	2.82	18.2%	31.8%
The majority of residents in my community are able to access a local dentist when needed.	2.95	22.7%	31.8%
Transportation for medical appointments is available and easy to access for the majority of residents.	2.71	23.8%	28.6%
Signage and promotions for health services reflect my community and its needs.	2.71	19.0%	33.3%
There are health care providers who understand my population and its health risks.	3.00	27.3%	36.4%
Health care services are provided in my language.	3.36	18.2%	50.0%

Comments Regarding Access to Care

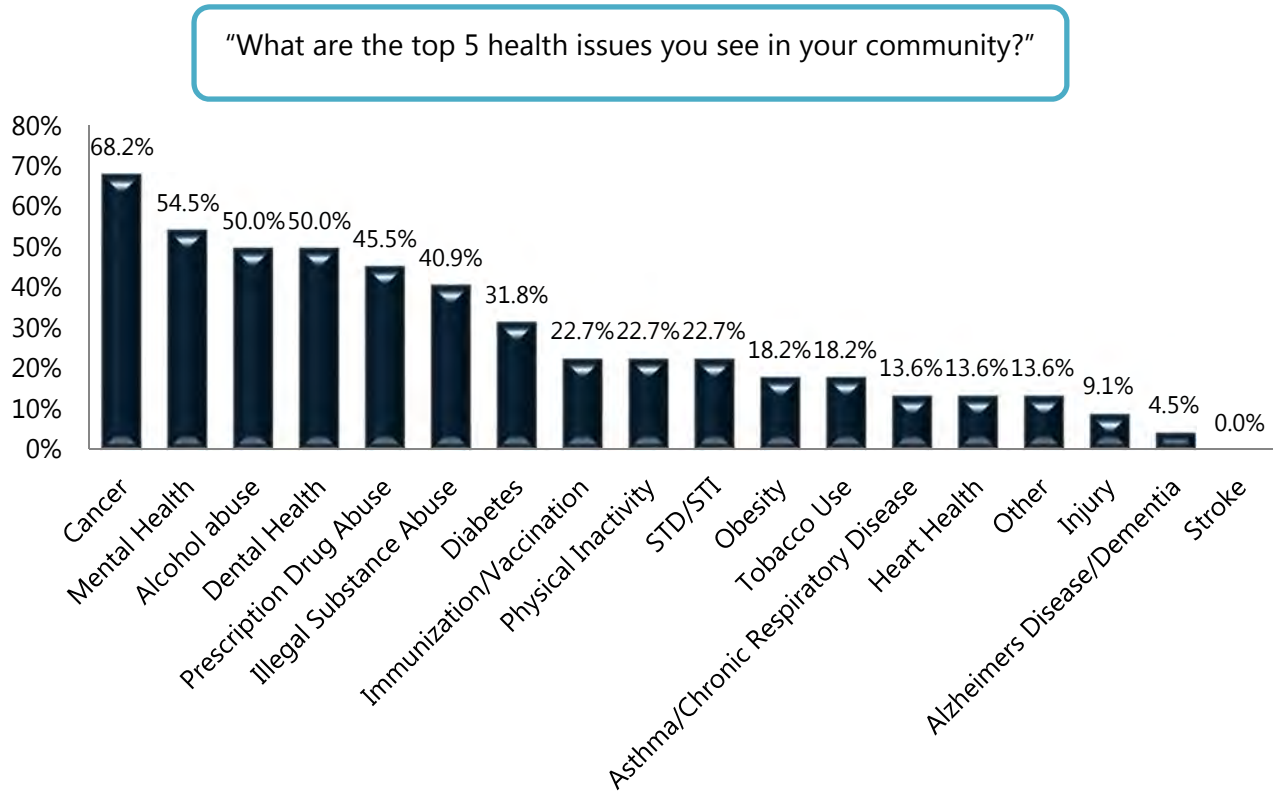
- "Problem is… finding a doctor that takes the cards you are given in this community, especially specialists."
- "You would need to go to Baltimore. Trouble with all specialists."
- "A lot of medical resources in town, but problem is transportation."

General Health Issues

Low income participants were also asked to identify the five most important health issues that need to be addressed in the next three to five years. The top five health issues according to low-income participants are:

- Cancer
- Mental Health
- Alcohol Abuse
- Dental Health
- Prescription Drug Abuse

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below. "Other" health issues included prevention and education, nutrition, and epilepsy.



In regards to mental health issues, participants emphasized the interrelatedness of mental health and substance abuse. One participant emphasized:

> "*Most substance abuse stems from mental disorder, people self-medicate their problems. As a nation we don't try to promote that. People with substance abuse problems should get diagnosed and help for the mental health disorders.*"

Another finding was that denial among parents is preventing kids who may be suffering from behavioral/mental health issues from getting needed treatment at an early stage.

> "*Baby boomers (parents) are in denial – they know children suffer from these issues, but they don't accept it as their children who have the problem.*"

Alcohol abuse, which was ranked as the third most important health issue, was mentioned as a genetic problem during the discussion. Elaborating on this issue, one participant said:

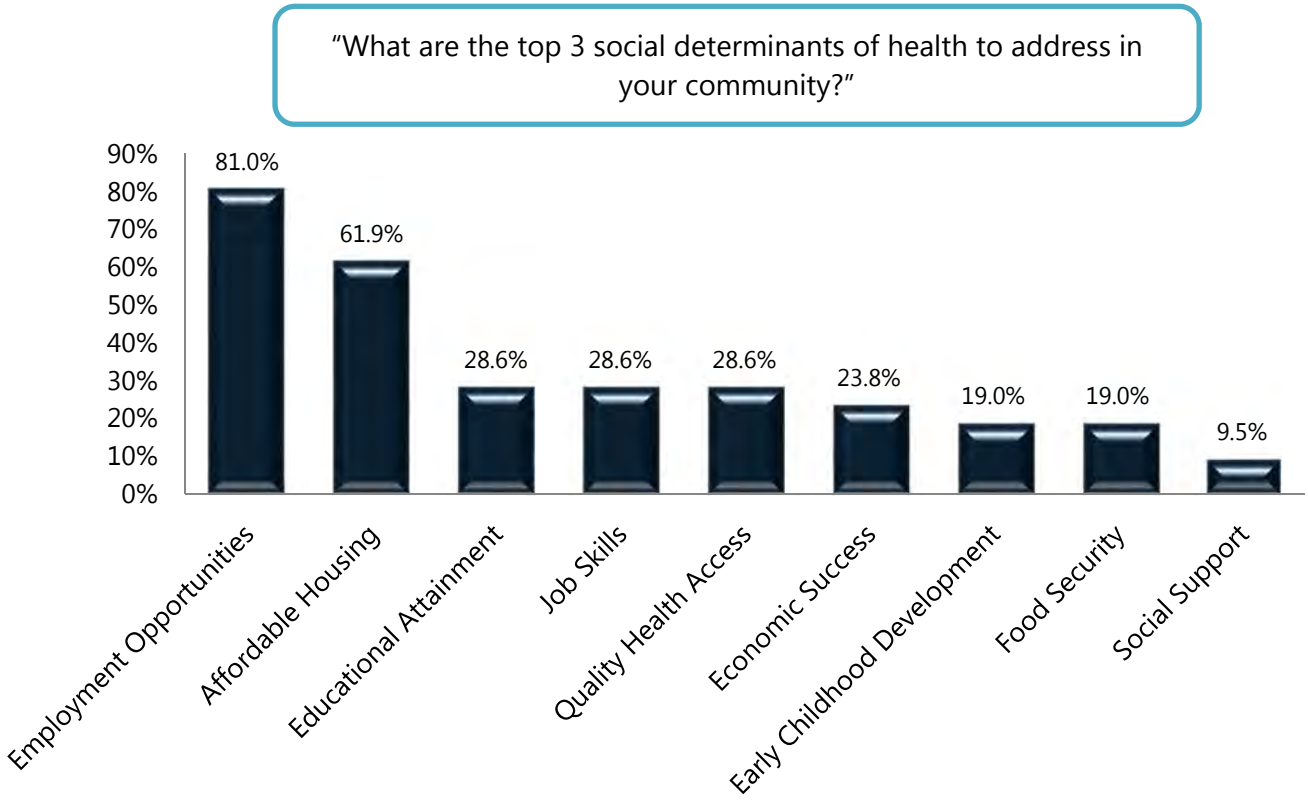
> *"I lived in house where everyone is alcoholic. My mother is alcoholic. Grandmother on one side died from alcohol poisoning, others have ulcers. It leads to other chronic health issues. It adds to depression in family, physical, mental and emotional problems. Addictions are genetic. It runs deep in my family, but now in younger generation the problem is drugs."*

Social Determinants of Health

Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health among low income community members include:

- Employment Opportunities
- Affordable Housing
- Educational Attainment

A full listing of the social determinants of health, in order by the percentage of participants who selected the determinant, is presented in the graph below.



Employment opportunities were ranked as the most important social determinant of health. Participants emphasized that lack of transportation and lack of big companies and factories providing blue collar jobs were key barriers to better employment in the county. They further mentioned that raising the minimum wage payment was an important factor in helping curb some of the problems low income residents are facing. Other barriers stated by participants included having a criminal record and care issues.

> *"Having a criminal record, I'm on work release. I had interviews but was told by company that they wouldn't talk to me while I'm in prison and on work release."*

Older Adult Population

Demographics

Seventy-two adults aged 55 or older participated in the session. The majority of participants (60%) were female and approximately half were married. Approximately 70% of participants lived in a single-family house and approximately 61% of participants were members of household with one or two people. More than half of participants lived in zip code 21157 or 21784 and 70.6% lived in Carroll County for more than 10 years

Demographic Information	n	%
Gender		
Male	28	40.0
Female	42	60.0
Age		
18 - 25	0	0.0
26 - 34	1	1.4
35 - 44	1	1.4
45 - 54	3	4.3
55 - 64	7	10.0
65 and over	58	82.9
Marital Status		
Never married	5	7.2
Married	33	47.8
Divorced	10	14.5
Widowed	18	26.1
Member of an unmarried couple	0	0.0
Separated	3	4.3
Number of People in Household		
1	14	20.0
2	29	41.4

3	4	5.7
4	10	14.3
5	7	10.0
More than 5	6	8.6
Type of Housing Unit		
Single-family home	49	71.0
Apartment	9	13.0
Townhome	1	1.4
Mobile home	1	1.4
Condo	7	10.1
Other	2	2.9
Zip Code		
21048	2	2.9
21074	13	18.6
21102	7	10.0
21104	2	2.9
21157	22	31.4
21158	4	5.7
21771	2	2.9
21784	18	25.7
Length of Residence in Carroll County		
Less than 1 year	1	1.5
1 – 3 years	5	7.4
4 – 5 years	2	2.9
6 – 10 years	12	17.6
More than 10 years	48	70.6

Access to Health Care

As illustrated in the following table, participants were generally not able to agree or disagree with the community's ability to access health care. However, mean scores were higher among seniors than any other community group. The ability to access services in an appropriate language and access medical specialists garnered the highest mean scores of 3.52 and 3.30 respectively. The ability to access transportation for medical appointments and the availability of health signage and promotions that reflect the community's needs garnered the lowest mean scores of 3.08 and 3.15 respectively.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Factor	Mean Response	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	3.27	25.4%	47.9%
The majority of residents in my community have access to necessary medical specialists.	3.30	27.5%	47.8%
The majority of residents in my community are able to access a local dentist when needed.	3.23	27.1%	45.7%
Transportation for medical appointments is available and easy to access for the majority of residents.	3.08	25.4%	40.8%
Signage and promotions for health services reflect my community and its needs.	3.15	41.2%	36.8%
There are health care providers who understand my population and its health risks.	3.28	27.9%	48.5%
Health care services are provided in my language.	3.52	7.0%	63.4%

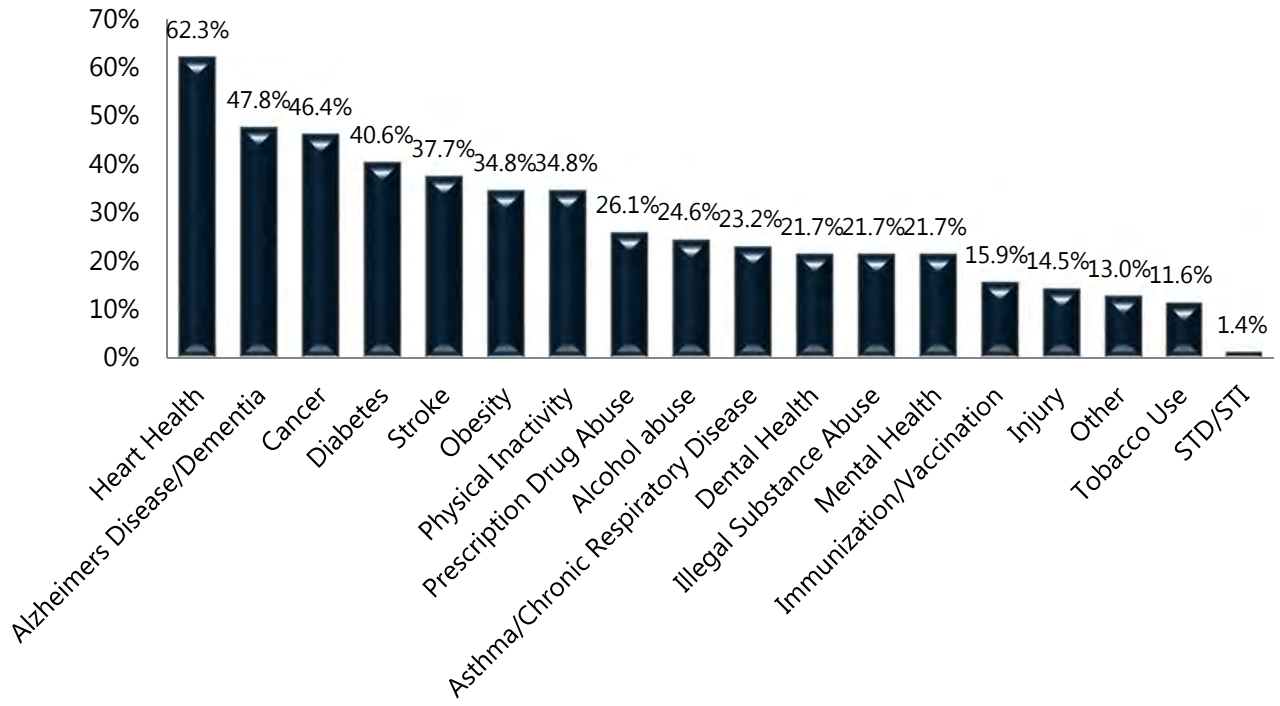
General Health Issues

Senior participants were also asked to identify the five most important health issues that need to be addressed in the next three to five years. The top five health issues according to senior participants include:

- Heart Health
- Alzheimer's Disease/Dementia
- Cancer
- Diabetes
- Stroke

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the following graph. "Other" health issues included multiple sclerosis and asbestos.

"What are the top 5 health issues you see in your community?"



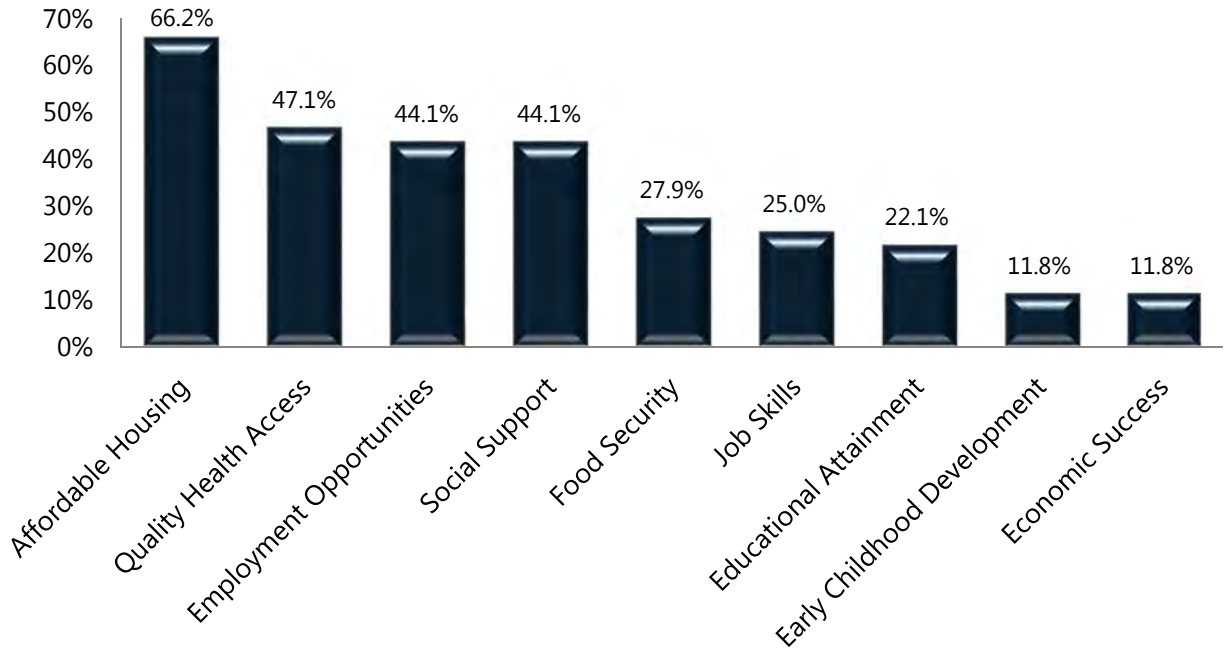
Social Determinants of Health

Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health among seniors include:

- Affordable Housing
- Quality Health Access
- Employment Opportunities

A full listing of the social determinants of health, in order by the percentage of participants who selected the determinant, is presented in the graph below.

"What are the top 3 social determinants of health to address in your community?"



Social determinants of health ranked by Older Adult participants

Research Findings (all groups)

Community members who participated in the sessions identified a number of challenges to improving health. All of the population groups have unique health and socioeconomic needs. In terms of access to care, Hispanic community members are the most likely to experience difficulty accessing services. Their primary struggle is related to language barriers. Seniors are the least likely to experience difficulty accessing services. However, they do struggle to find transportation to medical appointments.

Participants also identified general health issues and social determinants of health that they believe are the most important to address in their community in the next three to five years. As expected, rankings differed between groups depending on the unique needs of the community. In particular, low income community members were the only ones to select health issues related to mental health, alcohol abuse, and prescription drug abuse. However, related to social determinants of health, commonalities among groups exist. All four of the groups identified the need for employment opportunities and three of the four groups identified the need for affordable housing.

C. Attachments

- Survey Tool – Targeted Populations Research
- Responses and Transcript African American Focus Groups
- Responses and Transcript – Hispanic Population Focus Group
- Responses and Transcript – Low Income Focus Group
- Responses and Transcript – Older Adult Focus Groups

Please note: every effort was made to transcribe focus group discussions as accurately as possible. Some variation may have occurred due to the multiple steps in the transcription process.

Survey Tool – Targeted Populations Focus Groups

Demographics

Gender
- ❍ Male
- ❍ Female

Age
- ❍ 18 - 25 years
- ❍ 26 - 34 years
- ❍ 35 - 44 years
- ❍ 45 - 54 years
- ❍ 55 - 64 years
- ❍ 65 years and over

Marital Status
- ❍ Never married
- ❍ Married
- ❍ Divorced
- ❍ Widowed
- ❍ Separated
- ❍ A member of an unmarried couple

Number of People in Your Home
- ❍ 1
- ❍ 2
- ❍ 3
- ❍ 4
- ❍ 5
- ❍ More than 5

Type of Housing Unit

- ❍ Single-Family Home
- ❍ Apartment
- ❍ Townhome
- ❍ Mobile Home
- ❍ Condo
- ❍ Other _____

Zip Code

- ❍ 21048
- ❍ 21074
- ❍ 21088
- ❍ 21102
- ❍ 21104
- ❍ 21155
- ❍ 21157
- ❍ 21158
- ❍ 21757
- ❍ 21771
- ❍ 21776
- ❍ 21784
- ❍ 21787
- ❍ 21791
- ❍ 21797

Number of Years Lived in Carroll County

- ❍ Less than 1 year
- ❍ 1 - 3 years
- ❍ 4 - 5 years
- ❍ 6 - 10 years
- ❍ More than 10 years

General Health

Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

- ❑ Alcohol abuse
- ❑ Alzheimers Disease/Dementia
- ❑ Asthma/Chronic Respiratory Disease
- ❑ Cancer
- ❑ Dental Health
- ❑ Diabetes
- ❑ Heart Health
- ❑ Immunization/Vaccination
- ❑ Injury
- ❑ Illegal Substance Abuse
- ❑ Mental Health
- ❑ Obesity
- ❑ Prescription Drug Abuse
- ❑ Physical Inactivity
- ❑ Sexually Transmitted Disease and Infection
- ❑ Stroke
- ❑ Tobacco Use
- ❑ Other (please specify): _____

Health Care Access

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

	1	2	3	4	5
The majority of residents in my community have access to a local primary care provider.	❍	❍	❍	❍	❍
The majority of residents in my community have access to necessary medical specialists.	❍	❍	❍	❍	❍
The majority of residents in my community are able to access a local dentist when needed.	❍	❍	❍	❍	❍
Transportation for medical appointments is available and easy to access for the majority of residents.	❍	❍	❍	❍	❍
Signage and promotions for health services reflect my community and its needs.	❍	❍	❍	❍	❍
There are health care providers who understand my population and its health risks.	❍	❍	❍	❍	❍
Health care services are provided in my language.	❍	❍	❍	❍	❍

Social Determinants of Health

Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age.

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

- ❑ Affordable Housing
- ❑ Early Childhood Development
- ❑ Economic Success
- ❑ Educational Attainment
- ❑ Employment Opportunities
- ❑ Food Security
- ❑ Job Skills
- ❑ Quality Health Access
- ❑ Social Support

2015 Community Health Needs Assessment
Target Population - African American Results

Respondent Profile

Gender	Percent	Count	Percent
Male		4	30.8%
Female		9	69.2%
Total		13	100.0%

Age	Percent	Count	Percent
18 - 25 years		0	0.0%
26 - 34 years		1	7.7%
35 - 44 years		0	0.0%
45 - 54 years		6	46.2%
55 - 64 years		1	7.7%
65 years and over		5	38.5%
Total		13	100.0%

Marital Status	Percent	Count	Percent
Never married		2	15.4%
Married		9	69.2%
Divorced		2	15.4%
Widowed		0	0.0%
Separated		0	0.0%
A member of an unmarried couple		0	0.0%
Total		13	100.0%

2015 Community Health Needs Assessment
Target Population - African American Results

Respondent Profile (cont'd)

Number of People in Household	Percent	Count	Percent
1		2	16.7%
2		4	33.3%
3		3	25.0%
4		2	16.7%
5		0	0.0%
More than 5		1	8.3%
Total		12	100.0%

Housing Unit Type	Percent	Count	Percent
Single-Family Home		10	76.9%
Apartment		2	15.4%
Townhome		1	7.7%
Mobile Home		0	0.0%
Condo		0	0.0%
Other		0	0.0%
Total		13	100.0%

2015 Community Health Needs Assessment
Target Population - African American Results

Respondent Profile (cont'd)

Zip Code	Percent	Count	Percent
21048		0	0.0%
21074		0	0.0%
21088		0	0.0%
21102		0	0.0%
21104		0	0.0%
21155		0	0.0%
21157		3	23.1%
21158		0	0.0%
21757		0	0.0%
21771		0	0.0%
21776		7	53.8%
21784		0	0.0%
21787		0	0.0%
21791		3	23.1%
21797		0	0.0%
Total		13	100.0%

Length of Residence in Carroll County	Percent	Count	Percent
Less than 1 year		0	0.0%
1 - 3 years		0	0.0%
4 - 5 years		0	0.0%
6 - 10 years		0	0.0%
More than 10 years		13	100.0%
Total		13	100.0%

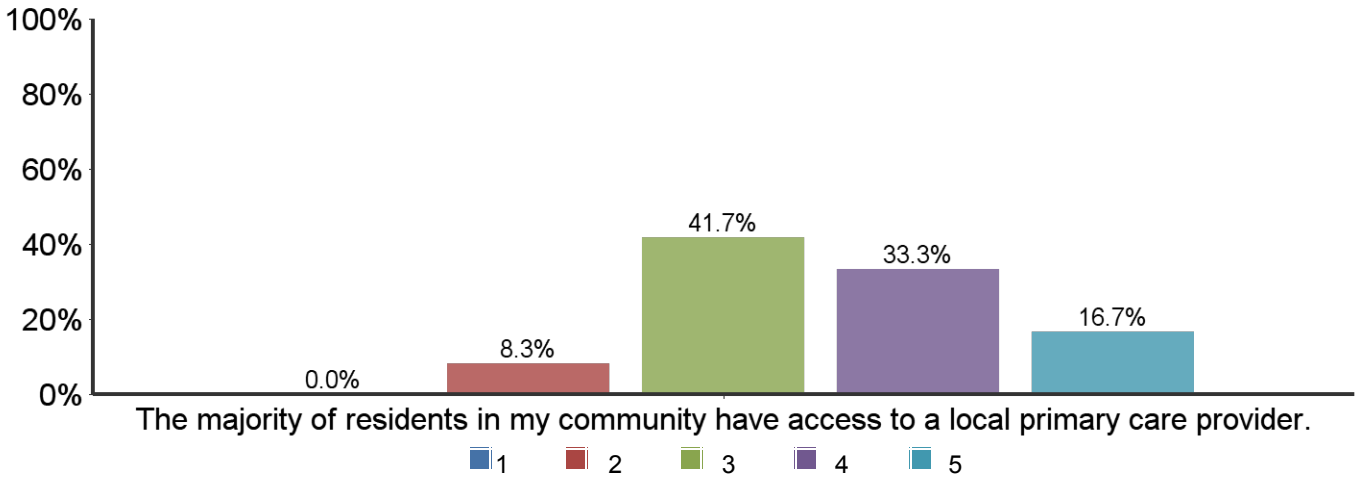
2015 Community Health Needs Assessment
Target Population - African American Results

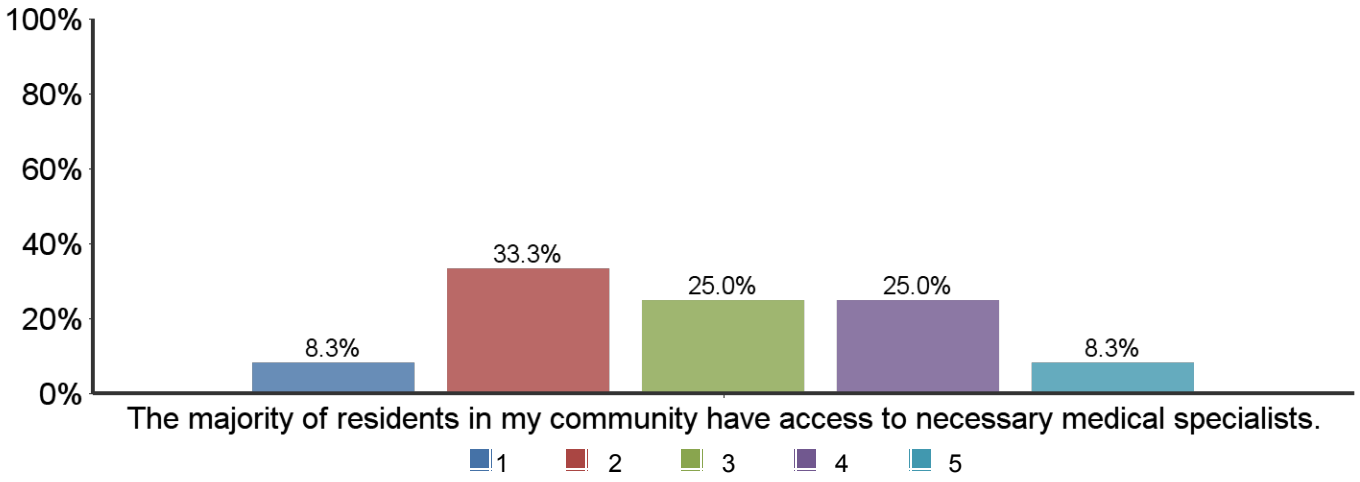
Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

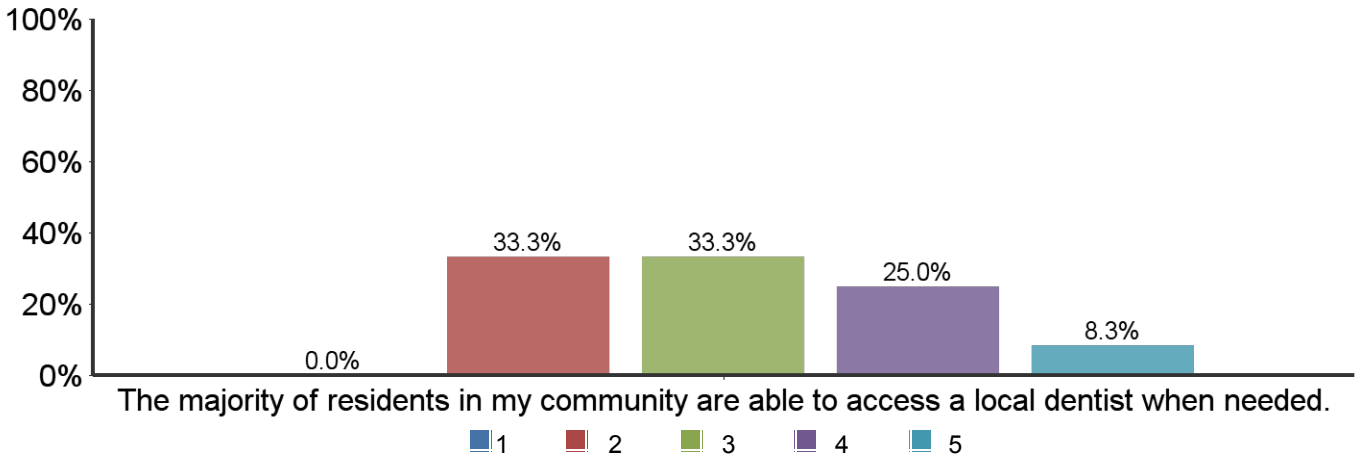
	Percent	Count	Percent
Cancer		10	76.9%
Diabetes		8	61.5%
Obesity		7	53.8%
Heart Health		7	53.8%
Tobacco Use		5	38.5%
Alzheimers Disease/Dementia		5	38.5%
Mental Health		4	30.8%
Dental Health		4	30.8%
Illegal Substance Abuse		4	30.8%
Physical Inactivity		3	23.1%
Alcohol abuse		3	23.1%
Stroke		3	23.1%
Prescription Drug Abuse		1	7.7%
Sexually Transmitted Disease and Infection		1	7.7%
Other (please specify):		0	0.0%
Injury		0	0.0%
Asthma/Chronic Respiratory Disease		0	0.0%
Immunization/Vaccination		0	0.0%

2015 Community Health Needs Assessment
Target Population - African American Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

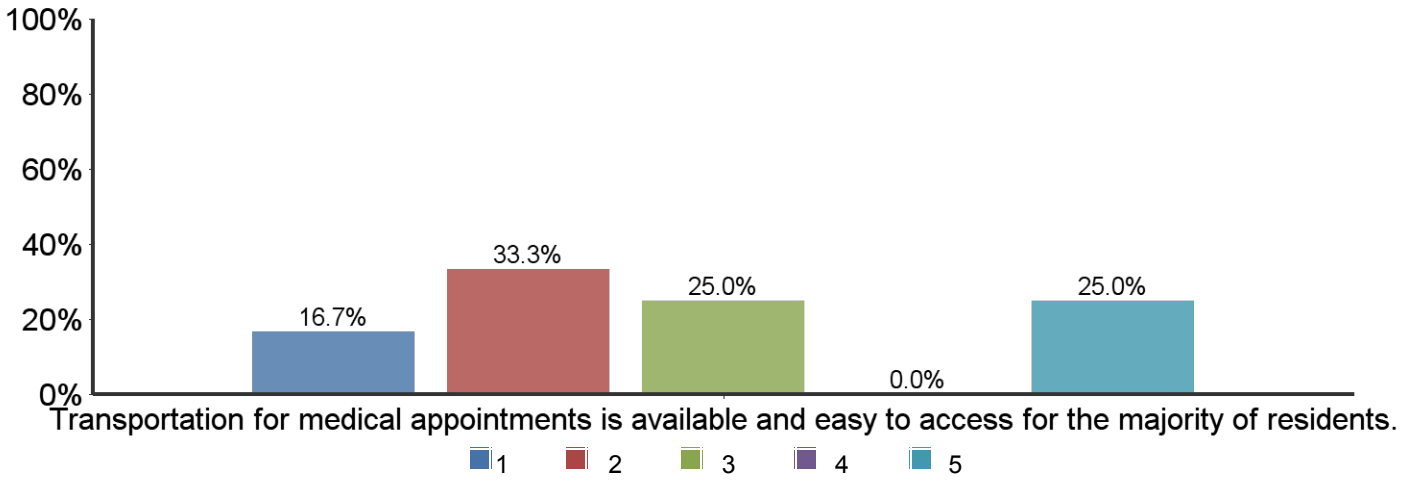


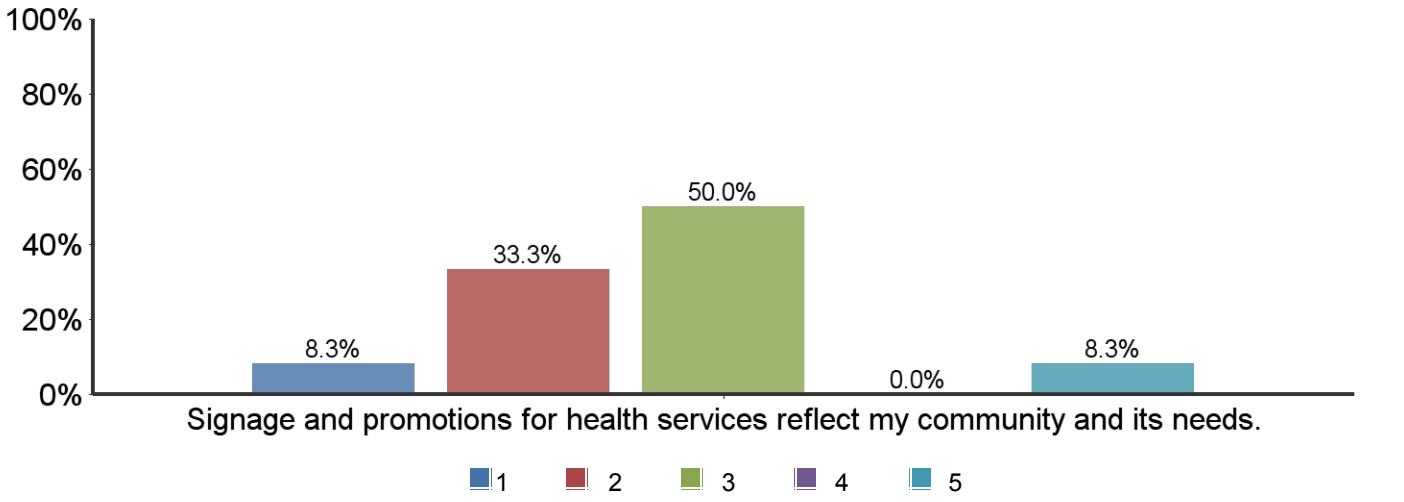




2015 Community Health Needs Assessment
Target Population - African American Results

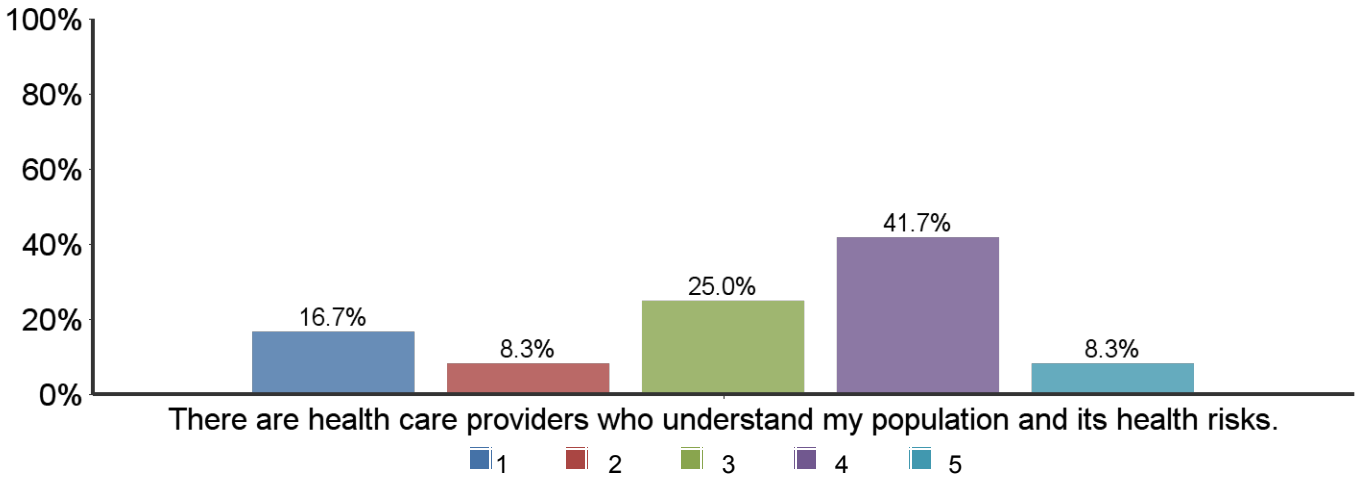
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

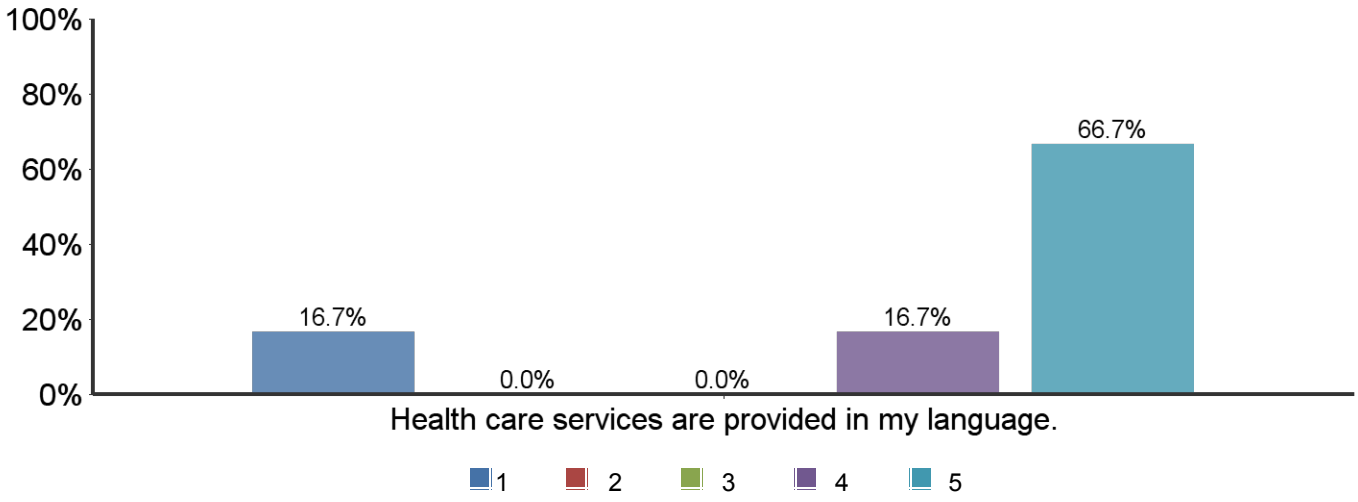




2015 Community Health Needs Assessment
Target Population - African American Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.





2015 Community Health Needs Assessment
Target Population - African American Results

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

	Percent	Count	Percent
Affordable Housing		10	83.3%
Employment Opportunities		7	58.3%
Job Skills		6	50.0%
Early Childhood Development		4	33.3%
Economic Success		3	25.0%
Social Support		2	16.7%
Quality Health Access		2	16.7%
Food Security		2	16.7%
Educational Attainment		0	0.0%

Target Population - Focus Group
African American
March 17, 2015
United Methodist Church, New Windsor

Demographics

Moderator: Most people are Carroll County residents for over 10 years.

General Health

Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

Moderator: Cancer and Obesity rated as the highest priority.

I had 7-10 people in my neighborhood diagnosed with cancer in the past 5 years. Different genders and a variety of cancers.

Moderator: Not surprised at the ranking for obesity as it ranked high last time. It is a co-factor related to many diseases.

The African American community standard of obesity is different than other communities. We don't consider it important to not carry a little extra weight.

Moderator: People are seeing being overweight as more normal.

Heart health relates to obesity.

Moderator: Physical activity ranked as the third most important, followed by dental health and Alzheimer's.

My father had Alzheimer's. Before experiencing it myself I wasn't aware of it, even what process to go through. We learned that high blood pressure, activity, keeping brain active – are all things that people don't know about that are factors with this issue. My family found information in the program once diagnosed. No adequate resources to help - no one helped us at all. They were the care givers, and they spoke to doctors and the senior center, but received no actual support. There is an Alzheimer's number to call for support but we didn't utilize it as we split responsibilities between 3 family members - me, my mom and my sister. Things came up, the need for calling in police – the police did not have the education they needed to deal with it.

Moderator: What support could they have used? What could they have used in the county?

Not sure. Not sure that we would want to talk at a support group about my dad with people that didn't know him. Maybe a hotline?

Moderator: And dental health?

People don't understand that healthy gums and teeth are directly related to health, heart health especially.

Dental care is not affordable if you don't have insurance.

It is hard for older people on a fixed budget to get insurance or dental care, so it is not a priority for people to take care of dental health when there are other pressing financial concerns.

Moderator: Are there enough dentists in area?

I don't know. Most don't go to the dentist unless they are experiencing a problem.

Moderator: What if your dentist retires?

I would talk to coworkers for referrals.

Moderator: Alcohol, diabetes, and STDs ranked high.

Moderator: Substance/Drug abuse didn't come up, which is surprising because of the resurgence of heroin abuse in county.

It is important, but not as important as the things that touch our own lives. Our children are knowledgeable about drug abuse.

Moderator: Exercise?

A doctor advised me of the need to lose weight to prevent stroke.

Moderator: Violence / mental health?

People go to psychiatrist for a while and then stop. Even if it is a free service. People think it is a pride issue, stigma of mental health problems.

Young people think they can do drugs, but when it becomes a problem they don't address it. Need to talk about it more.

Do they have anyone to talk to?

Moderator: You have spoken about the senior population and youth.

(No comments)

Health Care Access

On a scale of 1 (strongly disagree) through 5 (strongly agree) please rate each of the following statements about Health Care Access in your community.

Transportation issues – nothing but CATS, too expensive to call a cab out in New Windsor.

Moderator: Disagree on signage and promotion for health services reflect my community.

None locally in the New Windsor area. No signage in Union Bridge.

Social Determinants of Health

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

Moderator: Most important, employment.

Nothing in Carroll County, or need to take a substantial pay cut to obtain a job. Even teacher's pay is not as high compared to other counties.

Moderator: Affordable housing?

Shortage of places to rent, if it is affordable you don't want to live there.

Moderator: Job skills?

(No comments)

Moderator: Early childhood development?

(No comments)

Moderator: Food security?

(No comments)

Other Comments:

One woman's husband was in CHC and he almost died. They didn't have the equipment needed for care. Services, technology not available at CHC.

Target Population – Focus Group
African American
February 23, 2015
NAACP – Non Profit Building

Demographics

Moderator: More female, ages 35-54, married. Most residents have been in Carroll more than 10 years.

General Health

Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

Moderator: Cancer was identified the most.

I had 3 deaths in my family. It is hit and miss, does it run in the family, is it a predisposition? It is scary for me.

I had members die from colon cancer, and as a result of smoking.

Most people are aware of issues with diabetes and heart problems, but if they are sick in other ways, they don't know what it is until they go to the hospital and find out it is cancer. People are scared to get a colonoscopy and prostate checks.

African Americans can't afford proper insurance, so when they get sick, they are scared to get care as they can't afford it. Also they don't trust doctors! Go back in history to see mistrust.

Moderator: Prevention message is critical.

You can get preventative tests, but blood work, etc. costs money and if they have no insurance they don't get tests done. In my company they never used to spend anything for health care, now it is expensive even with insurance. Co-pays are expensive, and people chose to pay for electric, food, etc. over their health care.

Sometimes cancer is discovered by accident. A person gets a cold, goes to the doctors, and they discover cancer. First of all, people need to stop doing what causes cancer, and then not be afraid to go get checkups.

Mobile vans are a good source to utilize.

In Baltimore, some doctors go to churches on Sundays to do PSA tests.

Leader comment: The convenience factor is important - access to care.

The issue is not so much transportation, but fear to go to a doctor. My father died of colon cancer because he didn't believe in white doctors. He believed they would give a placebo and kick him out the door that they would not want to do anything for him. When he went he was too sick to resist. People don't believe the doctor has their best interest at heart.

Prevention, vaccinations, etc. – from stories that "Aunt Susie died from getting flu shot". Stories are spread and believed, because they are looking for an excuse NOT to do something instead of encouragement to do something. Mistrust is an issue.

Transportation is an issue. Also, education is important. People need education regarding their co-pays. Some testing is preventative and doesn't cost anything, but people don't realize it.

People need to be more aware of the free care available that they can access.

Sometimes it depends on how educated you are. Ability to sort out what is true and what isn't. Information is out there to access, but how do people know it is there to access?

Stories get mixed up with medical care. Education was available when we were younger about vaccines – but the wrong message gets out these days.

Age makes a difference. What a person knows about and doesn't is different than when we were younger.

Moderator: Second and third identified were obesity and diabetes.

Inactivity; "supersizing food" can be an issue – but not always the case. Some people eating fast food are active.

What is obese? From overweight to obesity - Above 35 over BMI is a standard, 30-40% over body weight. It is a calculation.

Many factors are linked to obesity.

Moderator: When you visit your physician – do they educate you about this issue?

Yes, always.

Yes, but I don't want to hear it.

Moderator: How can this message best be received?

Most doctors are obese themselves, so their message doesn't resonate with the patient.

If the doctor looks thin and appears to be in shape, it shows they believe in what they are preaching. What they say doesn't carry as much "weight" when the doctor isn't in shape himself or herself.

My heart doctor tells me what I needs to do and looks at family history, then will discuss a plan.

It is hard to get exercise in on cold days and easier in summer time. Many of the people walk but it is difficult in bad weather.

Moderator: Tobacco use? Comments?

Know it is not healthy and I'm not supposed to smoke. Doctor does discuss it.

It has to be something you really want to do. The more people that tell you to quit the more you do it. People get annoyed and go the other direction.

Must find means, motivation to self-determination to kick any habit.

Health Care Access
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

Moderator: Access to local primary care? Right down the middle with slight "disagree". Any reason for disagree? 8.3 % disagree, more agree they have access, a lot of neutral answers.

Transportation is a big issue. Having to depend on a ride or CATS. Not enough people in area to have mass transit. All the Walmart stores in the area for 156,000 people. Montgomery County has one Walmart with much more people. Goes back to the community and the people who run it.

Also money is an issue.

Moderator: Majority have access to specialists; more on the disagree side.

Moderator: Transportation – a big variance here on answers.

Moderator: Signage & health promotions reflect my community and needs? Mostly disagree.

If someone knows where to look for it, like place of work, bulletin board. In the community at large there is no easily visible information.

Moderator: Paper and magazines?

Not everyone reads the paper. The Hospital does send out a publication. One can see new doctors/specialists advertised.

Moderator: Is there a place you want to see advertising?

Walmart! Library. Grocery stores. Places where people generally go.

Moderator: How about areas/location?

We're all from Westminster.

Social Determinants of Health
Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

Moderator: Most identified affordable housing, employment, job skills.

No affordable housing. Carroll County period. The government is not going to get it.

Past county commissioners "good ole boys" not in favor of affordable housing.

Think mass transit would bring in undesirable elements as well as affordable housing.

Keeps poor people out of the community and Commissioners like that.

Some sections of the county are very rich, some sections are very poor.

Regarding the homeless situation, not all get included in the PIT count. There are families living in cars. They Commissioners/affluent aren't in the position to do anything because it doesn't affect them and they don't want to deal with it.

Houses that are affordable are substandard and not fit to live in. Rents are ridiculously high for what you are getting, and the landlord doesn't provide services you should get. A two bedroom is upwards of $950.00. There are certificates, but no one who wants to rent to people that use them. Are people using funds, ones that usually took care of themselves previously? Most were elderly, widows, mentally ill. They feel you are enabling people if you make housing affordable. There are different situations. People may not have a college education but they are hardworking, self-sufficient people that fell upon hard times.

It is unavoidable that you will get people trying to take advantage of the funds.

I've been paying taxes all of my working life then I'm entitled to something if I need help. White collar crime exists.

Moderator: Skills/employment opportunities.

No jobs. Big exodus out of here to other counties every morning. No upper level jobs in this county.

No major manufacturing company. No major headquarters for any companies. No transportation so hard to get to jobs. Many don't want big business here. A lot of jobs that are considered upper class jobs (affluent jobs) don't pay much money. Jobs requiring master's degrees don't even pay a lot of money. It was said to me that jobs don't pay much in the area because people don't need to travel outside the county to work.

2015 Community Health Needs Assessment
Target Population - Hispanic Results

Respondent Profile

Gender	Percent	Count	Percent
Male		6	66.7%
Female		3	33.3%
Total		9	100.0%

Age	Percent	Count	Percent
18 - 25 years		0	0.0%
26 - 34 years		7	77.8%
35 - 44 years		2	22.2%
45 - 54 years		0	0.0%
55 - 64 years		0	0.0%
65 years and over		0	0.0%
Total		9	100.0%

Marital Status	Percent	Count	Percent
Never married		2	22.2%
Married		5	55.6%
Divorced		0	0.0%
Widowed		0	0.0%
Separated		0	0.0%
A member of an unmarried couple		2	22.2%
Total		9	100.0%

2015 Community Health Needs Assessment
Target Population - Hispanic Results

Respondent Profile (cont'd)

Number of People in Household	Percent	Count	Percent
1		0	0.0%
2		0	0.0%
3		2	22.2%
4		2	22.2%
5		2	22.2%
More than 5		3	33.3%
Total		9	100.0%

Housing Unit Type	Percent	Count	Percent
Single-Family Home		5	55.6%
Apartment		2	22.2%
Townhome		2	22.2%
Mobile Home		0	0.0%
Condo		0	0.0%
Other		0	0.0%
Total		9	100.0%

2015 Community Health Needs Assessment
Target Population - Hispanic Results

Respondent Profile (cont'd)

Zip Code	Percent	Count	Percent
21048		0	0.0%
21074		1	11.1%
21088		0	0.0%
21102		0	0.0%
21104		0	0.0%
21155		0	0.0%
21157		6	66.7%
21158		2	22.2%
21757		0	0.0%
21771		0	0.0%
21776		0	0.0%
21784		0	0.0%
21787		0	0.0%
21791		0	0.0%
21797		0	0.0%
Total		9	100.0%

Length of Residence in Carroll County	Percent	Count	Percent
Less than 1 year		0	0.0%
1 - 3 years		2	22.2%
4 - 5 years		0	0.0%
6 - 10 years		4	44.4%
More than 10 years		3	33.3%
Total		9	100.0%

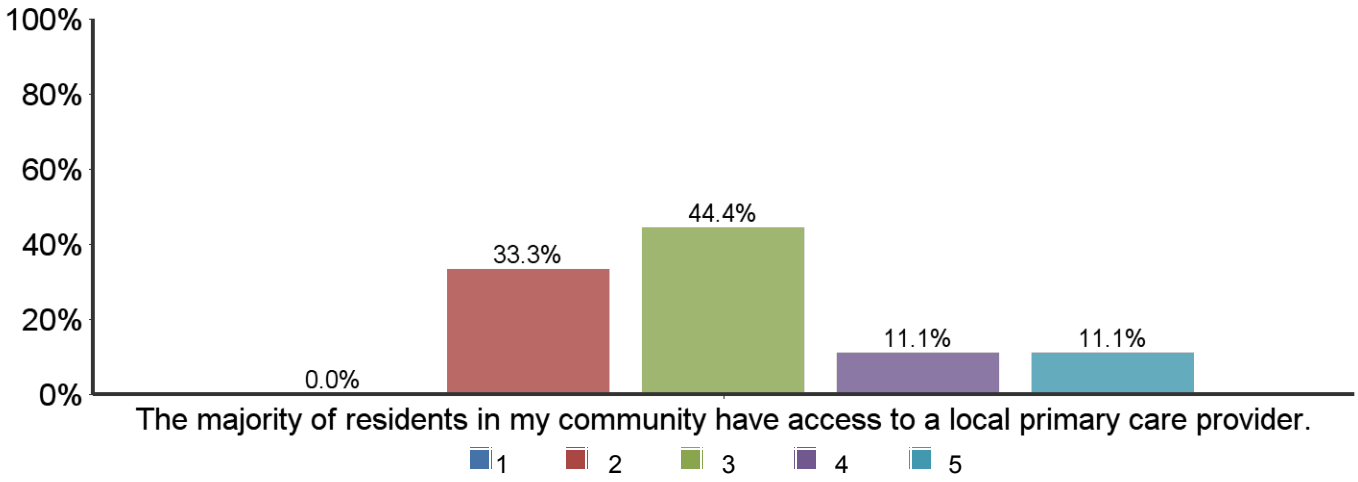
2015 Community Health Needs Assessment
Target Population - Hispanic Results

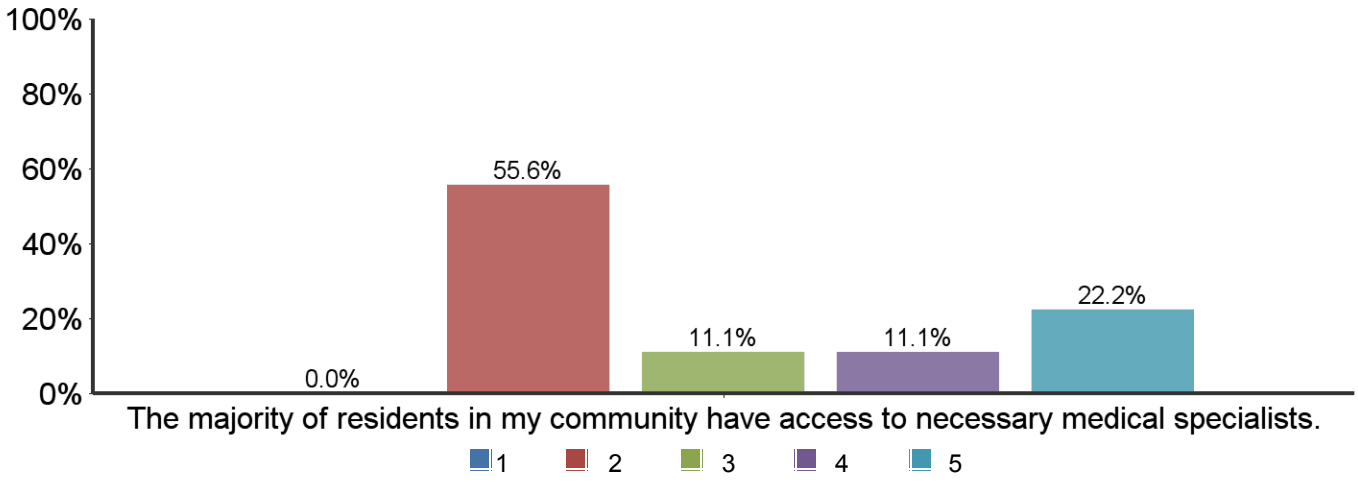
Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

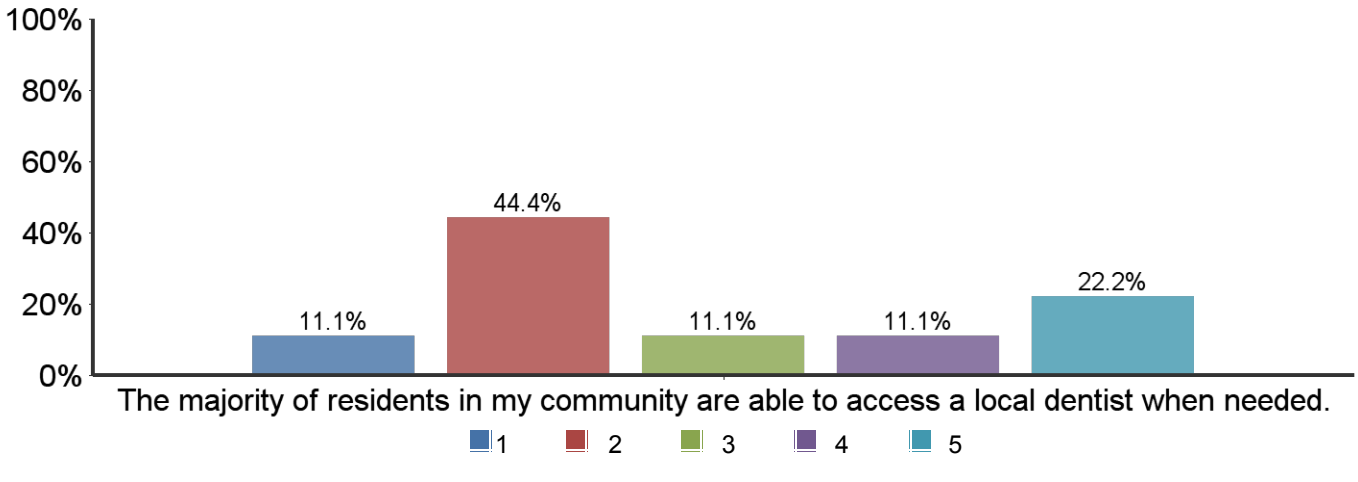
	Percent	Count	Percent
Dental Health		7	77.8%
Obesity		7	77.8%
Heart Health		6	66.7%
Diabetes		5	55.6%
Immunization/Vaccination		5	55.6%
Cancer		3	33.3%
Mental Health		2	22.2%
Asthma/Chronic Respiratory Disease		2	22.2%
Alcohol abuse		2	22.2%
Physical Inactivity		2	22.2%
Prescription Drug Abuse		1	11.1%
Sexually Transmitted Disease and Infection		1	11.1%
Tobacco Use		1	11.1%
Alzheimers Disease/Dementia		1	11.1%
Other (please specify):		0	0.0%
Injury		0	0.0%
Illegal Substance Abuse		0	0.0%
Stroke		0	0.0%

2015 Community Health Needs Assessment
Target Population - Hispanic Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

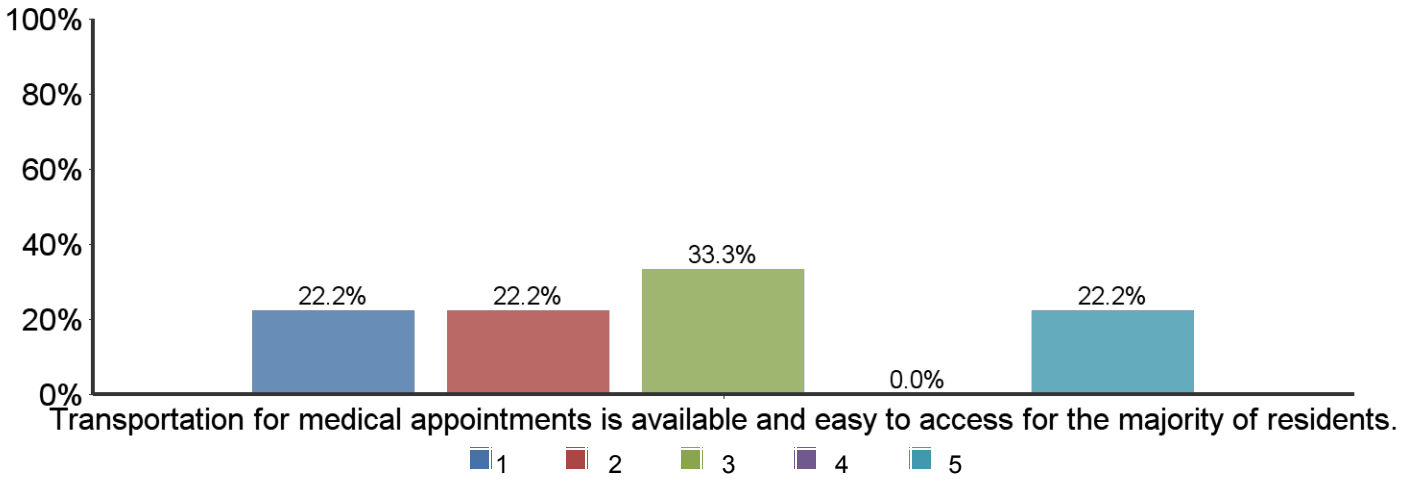


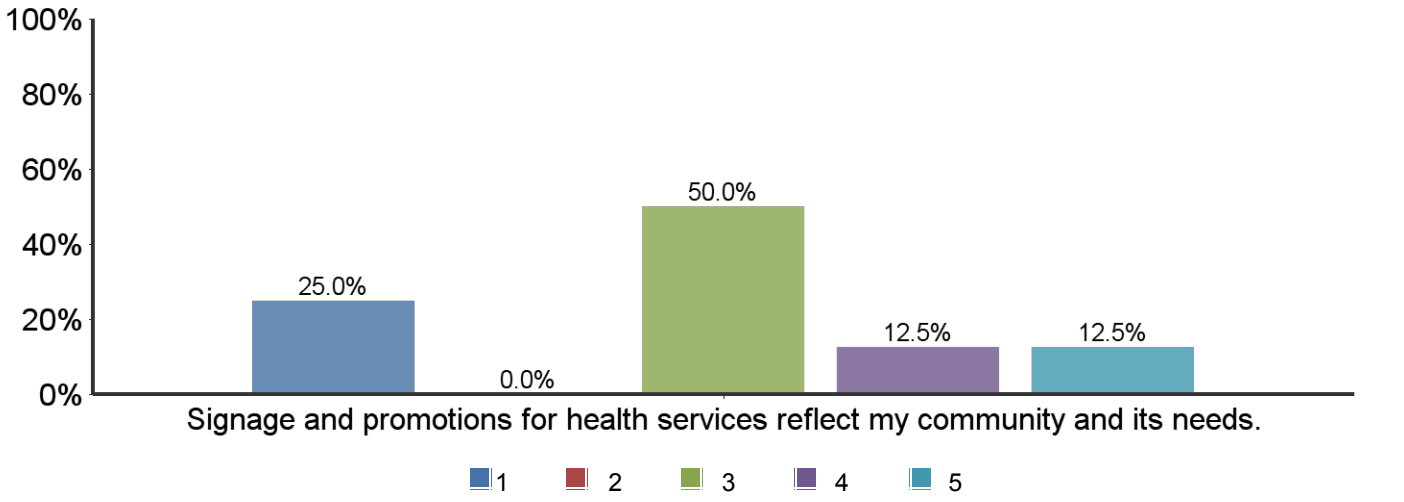




2015 Community Health Needs Assessment
Target Population - Hispanic Results

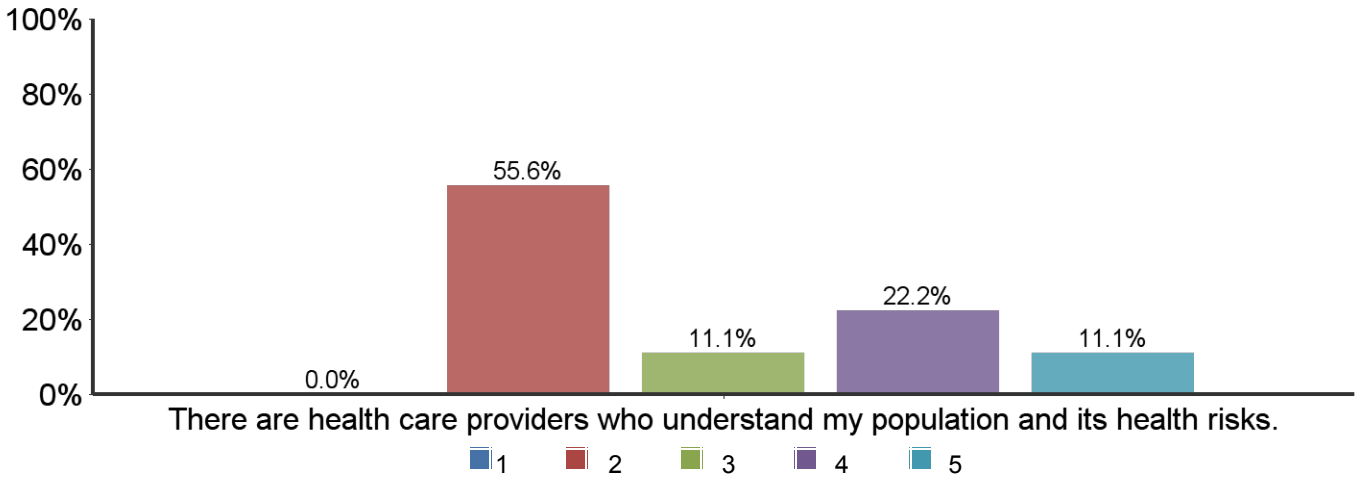
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

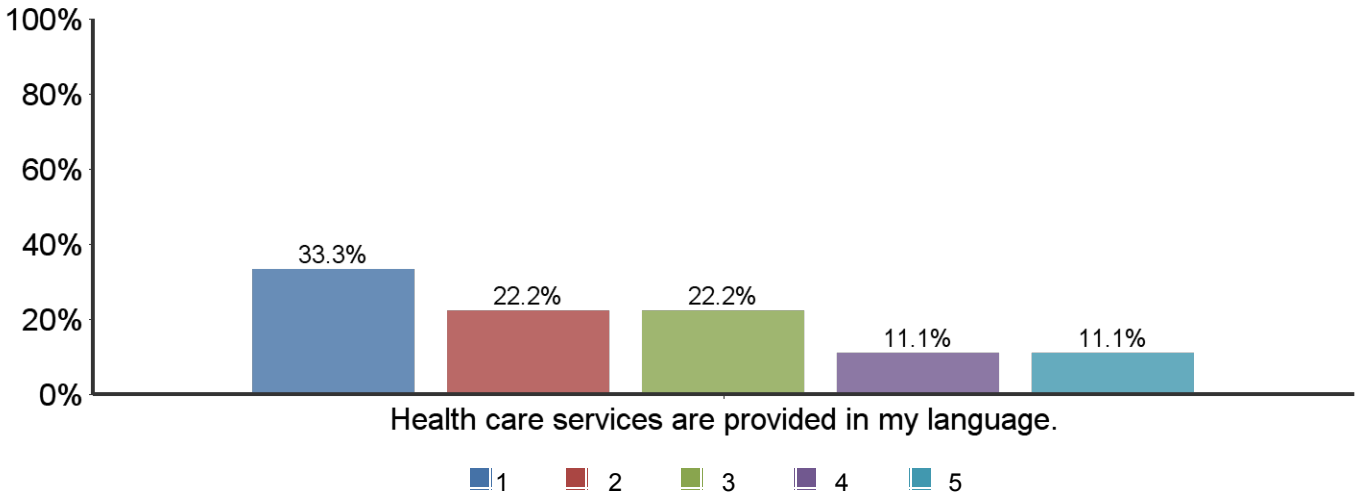




2015 Community Health Needs Assessment
Target Population - Hispanic Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.





2015 Community Health Needs Assessment
Target Population - Hispanic Results

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

	Percent	Count	Percent
Employment Opportunities		7	77.8%
Job Skills		5	55.6%
Quality Health Access		4	44.4%
Educational Attainment		4	44.4%
Economic Success		2	22.2%
Social Support		2	22.2%
Affordable Housing		1	11.1%
Early Childhood Development		1	11.1%
Food Security		1	11.1%

Target Population – Focus Group
Hispanic Population
March 11, 2015
ESOL – Robert Moton Elementary School

Demographics

Moderator: Mostly 26-34 age group; more than 5 person in household, varied types of homes, zip code 21157 and 21158. Length of residence range 1 to 10 years.

General Health

Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

Moderator: Dental health and obesity ranked highest and close behind is heart health. Dental health, why do you see it as important?

People don't have insurance; don't have money to pay consults.

Moderator: Where do you go for preventive care?

I go for care whether covered or not.

Moderator: Do you have a problem finding a dentist?

No, problem is paying for it.

Moderator: Obesity, why do you see this as this important?

This is a serious problem with kids too. Diabetes, cholesterol, heart attacks, are all related to obesity.

Moderator: Is it a problem in your own household?

Depends on how parents treat you and show you how to eat more vegetables, etc. In America, kids want to eat McDonalds. People work a lot, it is easy for parents to buy fast food because of time crunch. In Mexico there is no McDonalds in our town.

Inactivity is a problem. When it is cold out people spend more time inside watching TV. I try to walk and play with kids.

Moderator: Is space an issue? No place to go to exercise?

No

Moderator: Heart health, anything besides what we already mentioned?

Too much stress.

Moderator: Diabetes?

No comments

Moderator: Immunizations?

No comments

Health Care Access
On a Scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

Moderator: Majority of residents having access to PCP ranked in the middle.

We go to the hospital when sick but have no doctor.

Moderator: Those without a PCP, where do you get care?

ER sometimes when sick. Access Carroll is an option, too.

Moderator: In ER, do doctors ever suggest to go to another doctor after you are discharged?

No, taken care of right there. Sometimes they ask about PCP they say we need a follow up. ER will call back 3-4 days to see if daughter doing OK.

Moderator: Specialist access?

Same reason, access not the problem but we can't afford.

Moderator: Dentist?

Not able to access a local doctor because of cost.

Moderator: Is transportation a problem getting to doctor appointments?

No, we have cars.

Moderator: When you see a billboard do you think it represents you and your needs in your community?

Don't see anything.

WIC has papers in Spanish.

Moderator: Does your provider understand your needs, and your health risks?

No comments

Moderator: Provided in my language?

At the Express Care, the language is an issue. Out in waiting room, lots of stuff in Spanish but when you go back to see Doctor. Nurses speak English fast and I can't understand and I try to explain and they can't understand because they need to go fast.

Social Determinants of Health
Please review the Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

Moderator: Employment opportunities ranked most important. What stands in the way?

Not having a social security number.

Not speaking good English.

I might have skills for a job, but no Social Security number so I can't apply.

Moderator: Job skills ranked second.

Employers want people who have computer skills and experience.

Need to read and write English. They ask questions about high school diploma or GED.

Moderator: Medication, if you need a prescription are you able to get it?

No problems.

Expensive without insurance.

Moderator: Have you ever not picked up medicines because of cost?

No, because we must have the medicine.

2015 Community Health Needs Assessment
Target Population - Low-Income Results

Respondent Profile

Gender	Percent	Count	Percent
Male		6	26.1%
Female		17	73.9%
Total		23	100.0%

Age	Percent	Count	Percent
18 - 25 years		3	13.0%
26 - 34 years		13	56.5%
35 - 44 years		3	13.0%
45 - 54 years		3	13.0%
55 - 64 years		0	0.0%
65 years and over		1	4.3%
Total		23	100.0%

Marital Status	Percent	Count	Percent
Never married		8	34.8%
Married		9	39.1%
Divorced		2	8.7%
Widowed		0	0.0%
Separated		1	4.3%
A member of an unmarried couple		3	13.0%
Total		23	100.0%

2015 Community Health Needs Assessment
Target Population - Low-Income Results

Respondent Profile (cont'd)

Number of People in Household	Percent	Count	Percent
1		2	8.7%
2		2	8.7%
3		3	13.0%
4		8	34.8%
5		5	21.7%
More than 5		3	13.0%
Total		23	100.0%

Housing Unit Type	Percent	Count	Percent
Single-Family Home		8	34.8%
Apartment		9	39.1%
Townhome		0	0.0%
Mobile Home		1	4.3%
Condo		0	0.0%
Other		5	21.7%
Total		23	100.0%

2015 Community Health Needs Assessment
Target Population - Low-Income Results

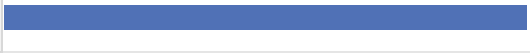
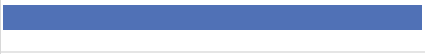
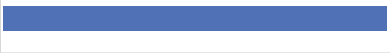
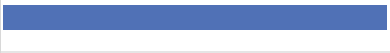
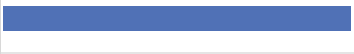
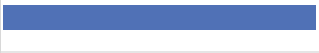
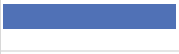
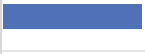
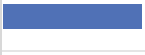
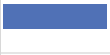
Respondent Profile (cont'd)

Zip Code	Percent	Count	Percent
21048		0	0.0%
21074		1	4.3%
21088		0	0.0%
21102		1	4.3%
21104		0	0.0%
21155		0	0.0%
21157		13	56.5%
21158		5	21.7%
21757		0	0.0%
21771		0	0.0%
21776		2	8.7%
21784		0	0.0%
21787		1	4.3%
21791		0	0.0%
21797		0	0.0%
Total		23	100.0%

Length of Residence in Carroll County	Percent	Count	Percent
Less than 1 year		3	13.0%
1 - 3 years		0	0.0%
4 - 5 years		0	0.0%
6 - 10 years		10	43.5%
More than 10 years		10	43.5%
Total		23	100.0%

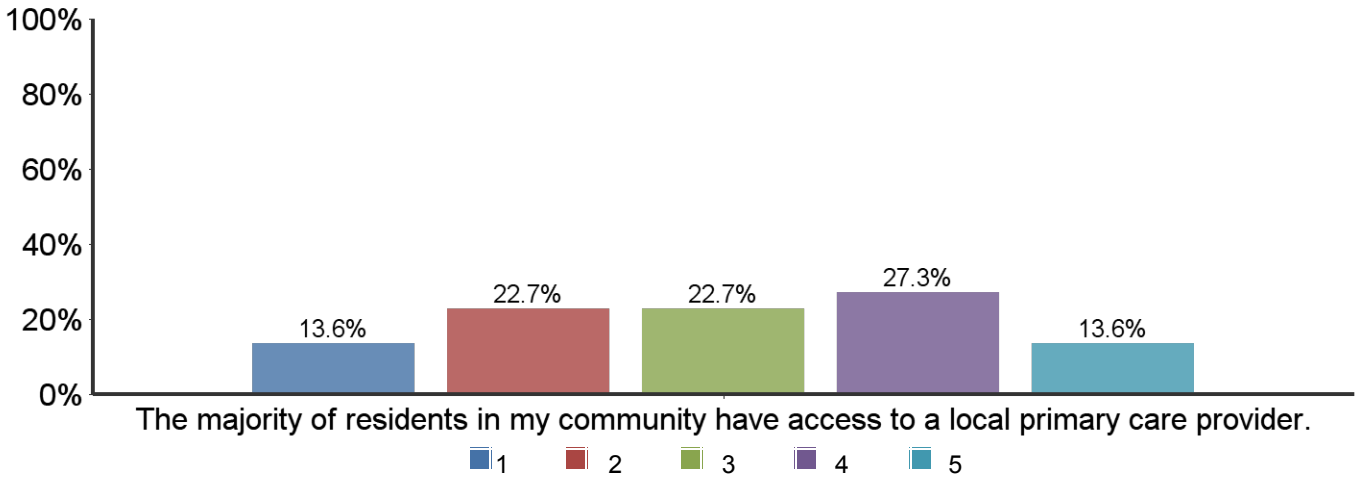
2015 Community Health Needs Assessment
Target Population - Low-Income Results

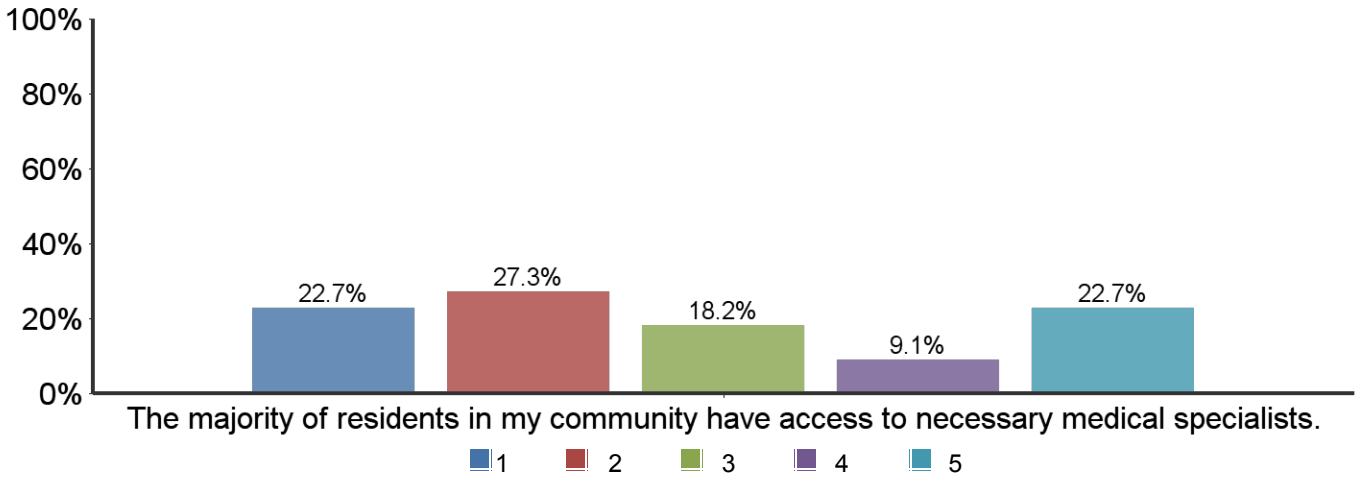
Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

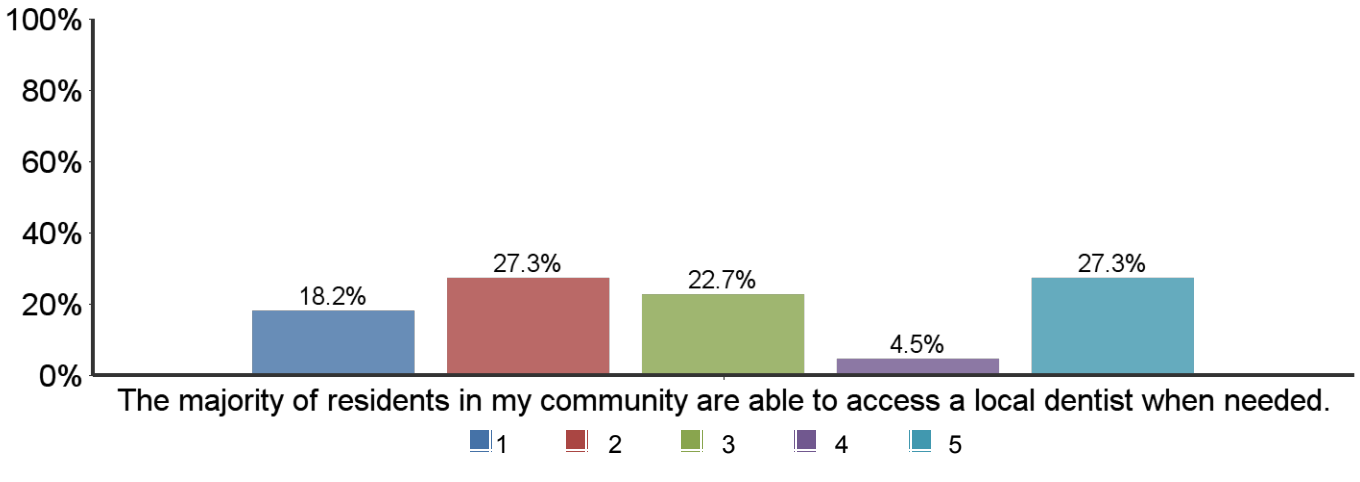
	Percent	Count	Percent
Cancer		15	68.2%
Mental Health		12	54.5%
Alcohol abuse		11	50.0%
Dental Health		11	50.0%
Prescription Drug Abuse		10	45.5%
Illegal Substance Abuse		9	40.9%
Diabetes		7	31.8%
Sexually Transmitted Disease and Infection		5	22.7%
Physical Inactivity		5	22.7%
Immunization/Vaccination		5	22.7%
Tobacco Use		4	18.2%
Obesity		4	18.2%
Other (please specify):		3	13.6%
Heart Health		3	13.6%
Asthma/Chronic Respiratory Disease		3	13.6%
Injury		2	9.1%
Alzheimers Disease/Dementia		1	4.5%
Stroke		0	0.0%

2015 Community Health Needs Assessment
Target Population - Low-Income Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

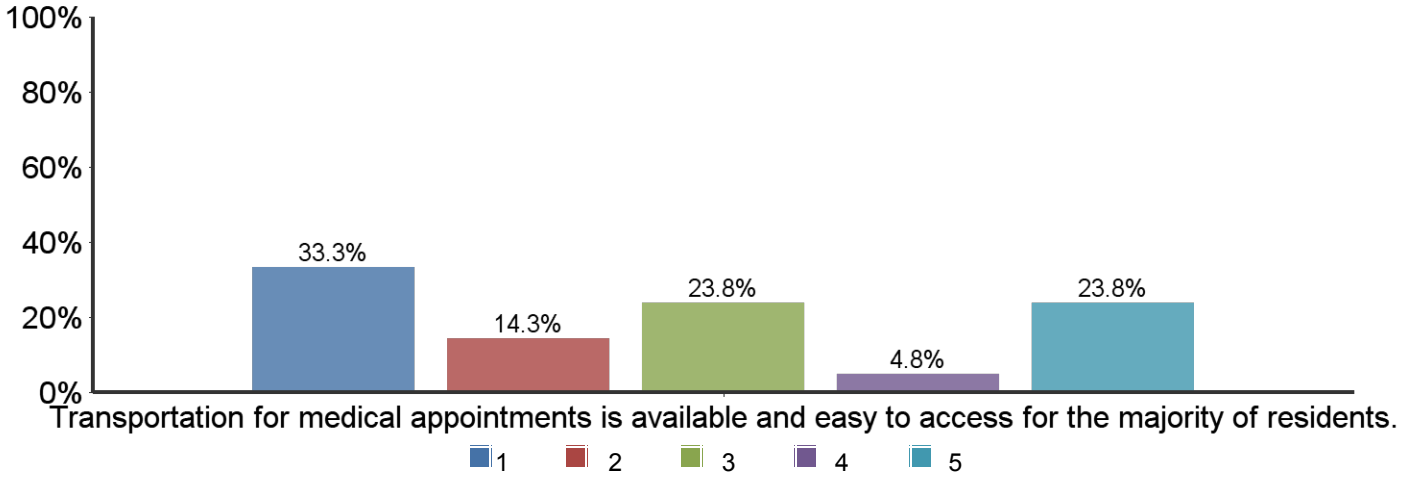


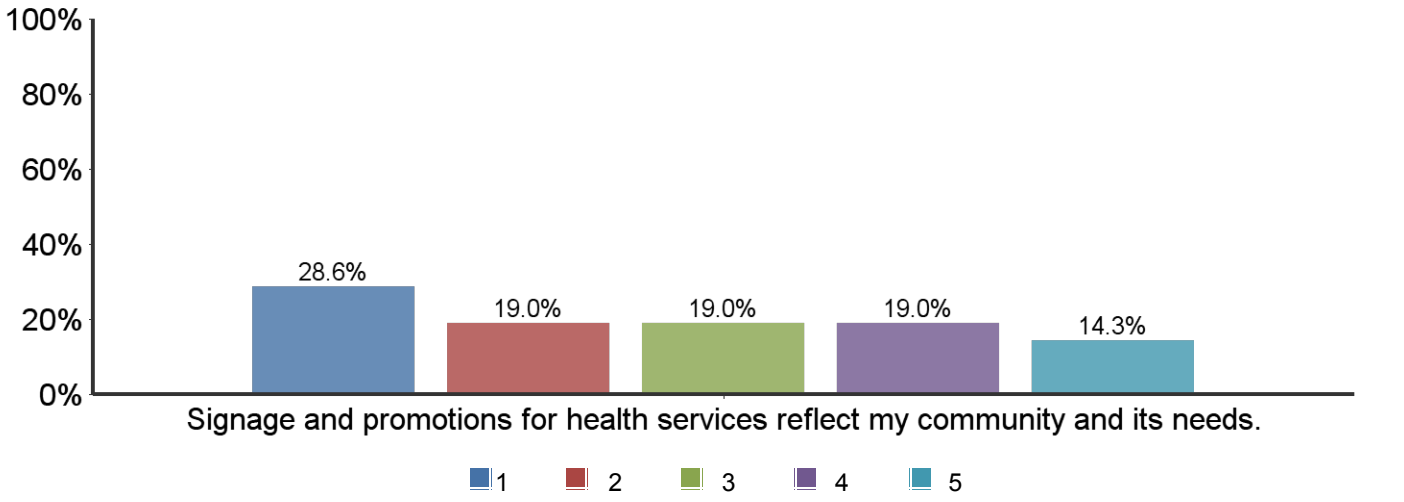




2015 Community Health Needs Assessment
Target Population - Low-Income Results

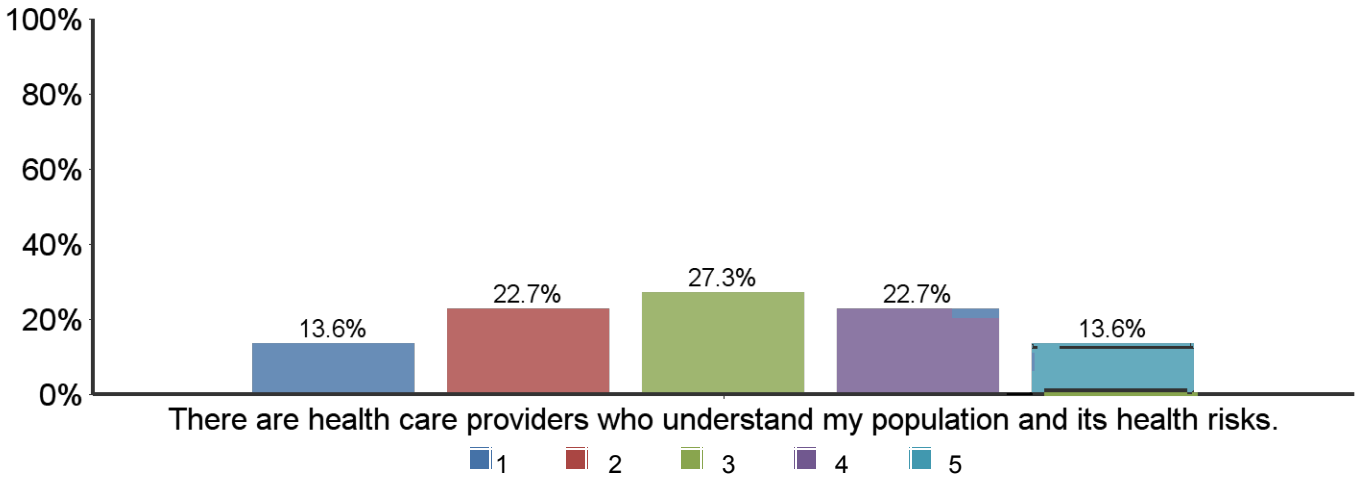
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

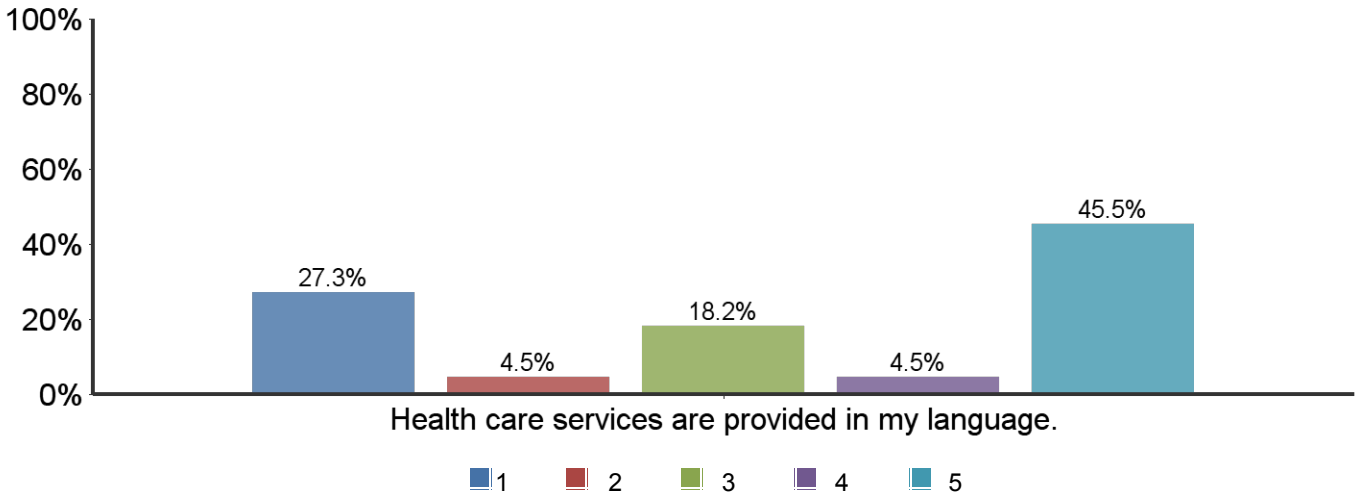




2015 Community Health Needs Assessment
Target Population - Low-Income Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.





2015 Community Health Needs Assessment
Target Population - Low-Income Results

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

	Percent	Count	Percent
Employment Opportunities		17	81.0%
Affordable Housing		13	61.9%
Quality Health Access		6	28.6%
Educational Attainment		6	28.6%
Job Skills		6	28.6%
Economic Success		5	23.8%
Food Security		4	19.0%
Early Childhood Development		4	19.0%
Social Support		2	9.5%

Target Population – Focus Group
Low Income
February 25, 2015
Human Services Programs

Demographics

Moderator: More female than male, average age 26-34; variance regarding number of household members. Length of residence in CC, no responses in 1-5 year category.

General Health

Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

Moderator: Ranked highest is cancer.

I thought illegal substance abuse would be number one.

I suffered from cervical cancer, and grandmother's siblings all died from cancer except one.

Moderator: Alcohol abuse ranked second with more than half the group selecting it.

I lived in house where everyone is alcoholic. My mother is alcoholic. Grandmother on one side died from alcohol poisoning, others have ulcers. It leads to other chronic health issues. It adds to depression in family. Physical, mental and emotional problems.

Addictions are genetic. It runs deep in my family, but now in younger generation the problem is drugs.

Moderator: Mental health identified as one health area to be addressed.

Most substance abuse stems from mental disorder, people self-medicate their problems. As a nation we don't try to promote that. People with substance abuse problems should get diagnosed and help for the mental health disorders.

Start early in school and educate children to try and avoid issues later in life.

People need to learn their triggers early on.

Need to release stigma from mental illness.

Baby boomers (parents) are in denial – they know children suffer from these issues, but they don't accept it as their children who have the problem.

Illegal versus prescription: I'm a recovering drug addict – clean 3 years.

Moderator: Dental health runs a close tie.

Most people in poverty from the 60's - people only go to get help if problems and so much pain they have no other choice.

Not worried about their teeth as much as other problems. Other things going on, and no money, worried about chasing their next high.

Only one place to go to if you have no insurance, and you need to go early in the morning, stand in a line, and only thing they do is pull teeth. Can't afford $2,000 on a tooth.

Moderator: So I'm hearing access to care and affordability are both issues?

Moderator: Anything anyone wants to add as a priority that we didn't discuss?

Planned Parenthood.

Physical inactivity. Boulder, Colorado is more physically active. Need to infuse the community with more ways to get active. May ward off some of these other chronic issues.

Tobacco is an issue – lung cancer, teeth issues, ear infections, etc. if smoke around children.

Health Care Access
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

Moderator: Variances, do residents have access to PCP? Some strongly agree, some disagree.

A lot of medical resources in town, but problem is transportation.

Also finding a doctor that takes the cards you are given in this community, especially specialists.

You would need to go to Baltimore. Trouble with all specialists.

Spanish speaking people have trouble getting there, with billing, not easily accessed system – every piece of access is an issue.

I have to go to Randallstown to find a dentist to take my insurance and I still pay 30%, plus I don't even like my dentist.

I like Access Carroll.

Also problem in getting children help when they are not citizens.

Moderator: Transportation?

Only one company, still need to get tickets, I feel Butler is useless. Late for appointments.

Tickets are $4 each way. Where does one get tickets? Only a couple of places you can get tickets.

I paid $75 one way from Westminster to Finksburg on County Wide.

Need transportation to get to jobs.

Social Determinants of Health
Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

Moderator: Most identified employment opportunities

Lack of Transportation, lack of big companies and factories providing blue collar jobs.

Raising minimum wage.

Child care for single mothers.

Having a criminal record, I'm on work release. I had interviews but was told by the company that they wouldn't talk to me while I'm in prison and on work release.

Improving job skills can help. Having job experience – need opportunities to gain job skills, work experience.

License and car issues made me lose my job.

Pay is less in this county.

I'm a single Mom and I had to apply for resources in Baltimore and Carroll County. There are more resources in Carroll County such as opportunity to get your GED and providing free child care.

Moderator: Affordable Housing?

(No comments)

2015 Community Health Needs Assessment
Target Population - Senior Results

Respondent Profile

Gender	Percent	Count	Percent
Male		28	40.0%
Female		42	60.0%
Total		70	100.0%

Age	Percent	Count	Percent
18 - 25 years		0	0.0%
26 - 34 years		1	1.4%
35 - 44 years		1	1.4%
45 - 54 years		3	4.3%
55 - 64 years		7	10.0%
65 years and over		58	82.9%
Total		70	100.0%

Marital Status	Percent	Count	Percent
Never married		5	7.2%
Married		33	47.8%
Divorced		10	14.5%
Widowed		18	26.1%
Separated		3	4.3%
A member of an unmarried couple		0	0.0%
Total		69	100.0%

2015 Community Health Needs Assessment
Target Population - Senior Results

Respondent Profile (cont'd)

Number of People in Household	Percent	Count	Percent
1		14	20.0%
2		29	41.4%
3		4	5.7%
4		10	14.3%
5		7	10.0%
More than 5		6	8.6%
Total		70	100.0%

Housing Unit Type	Percent	Count	Percent
Single-Family Home		49	71.0%
Apartment		9	13.0%
Townhome		1	1.4%
Mobile Home		1	1.4%
Condo		7	10.1%
Other		2	2.9%
Total		69	100.0%

2015 Community Health Needs Assessment
Target Population - Senior Results

Respondent Profile (cont'd)

Zip Code	Percent	Count	Percent
21048		2	2.9%
21074		13	18.6%
21088		0	0.0%
21102		7	10.0%
21104		2	2.9%
21155		0	0.0%
21157		22	31.4%
21158		4	5.7%
21757		0	0.0%
21771		2	2.9%
21776		0	0.0%
21784		18	25.7%
21787		0	0.0%
21791		0	0.0%
21797		0	0.0%
Total		70	100.0%

Length of Residence in Carroll County	Percent	Count	Percent
Less than 1 year		1	1.5%
1 - 3 years		5	7.4%
4 - 5 years		2	2.9%
6 - 10 years		12	17.6%
More than 10 years		48	70.6%
Total		68	100.0%

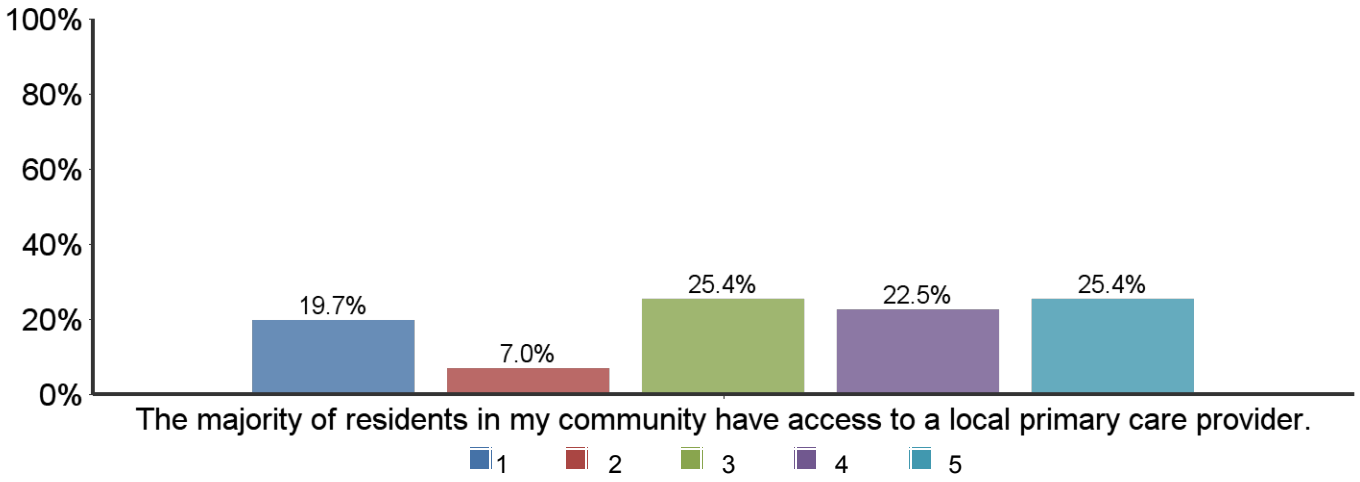
2015 Community Health Needs Assessment
Target Population - Senior Results

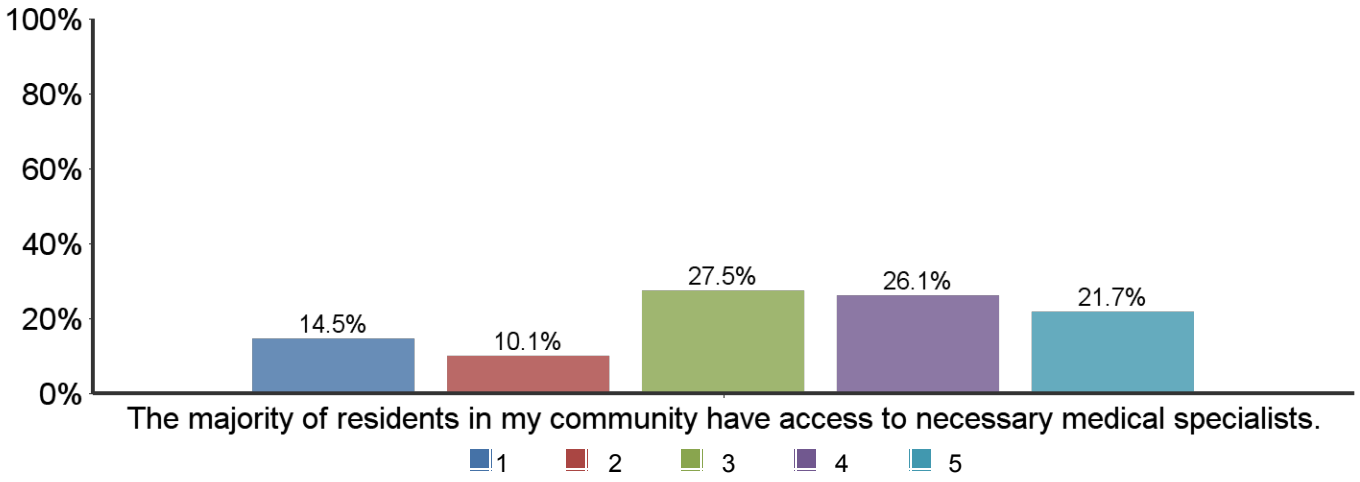
Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

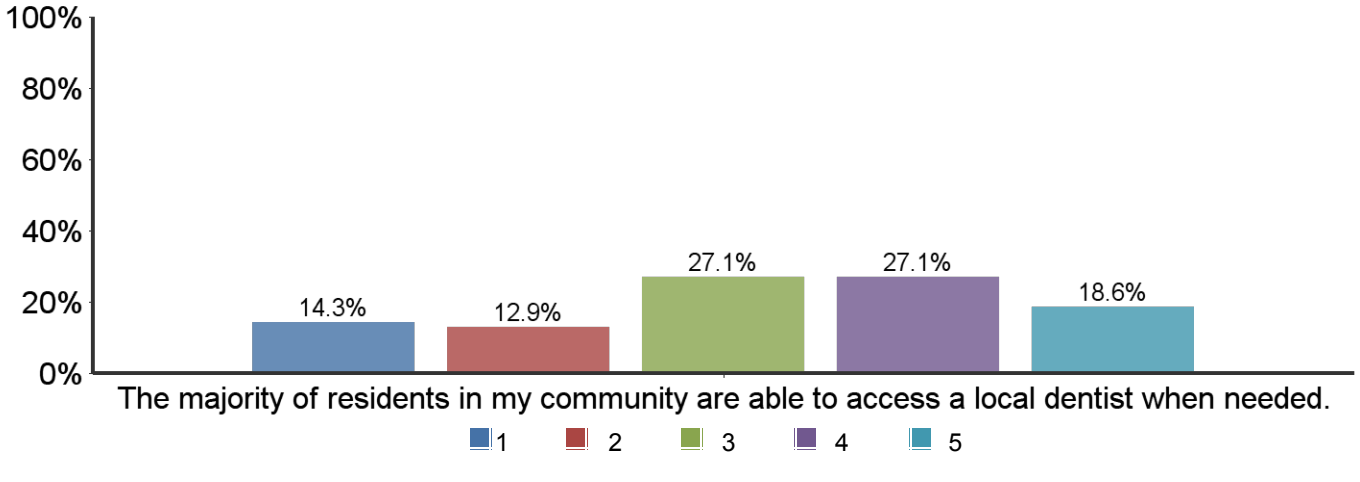
	Percent	Count	Percent
Heart Health		43	62.3%
Alzheimers Disease/Dementia		33	47.8%
Cancer		32	46.4%
Diabetes		28	40.6%
Stroke		26	37.7%
Obesity		24	34.8%
Physical Inactivity		24	34.8%
Prescription Drug Abuse		18	26.1%
Alcohol abuse		17	24.6%
Asthma/Chronic Respiratory Disease		16	23.2%
Dental Health		15	21.7%
Mental Health		15	21.7%
Illegal Substance Abuse		15	21.7%
Immunization/Vaccination		11	15.9%
Injury		10	14.5%
Other (please specify):		9	13.0%
Tobacco Use		8	11.6%
Sexually Transmitted Disease and Infection		1	1.4%

2015 Community Health Needs Assessment
Target Population - Senior Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

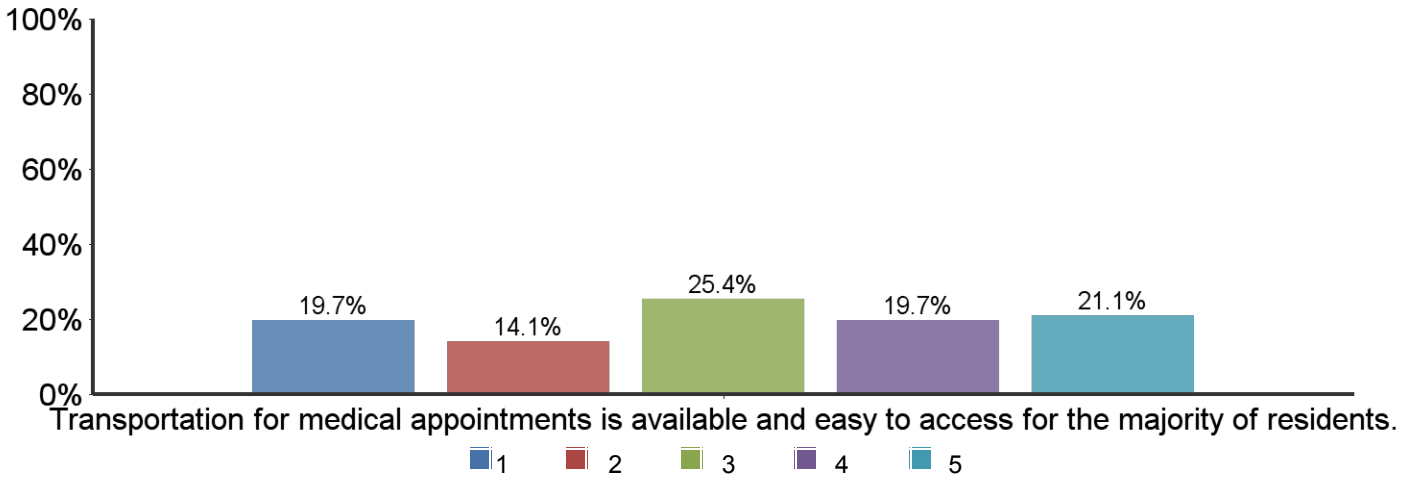


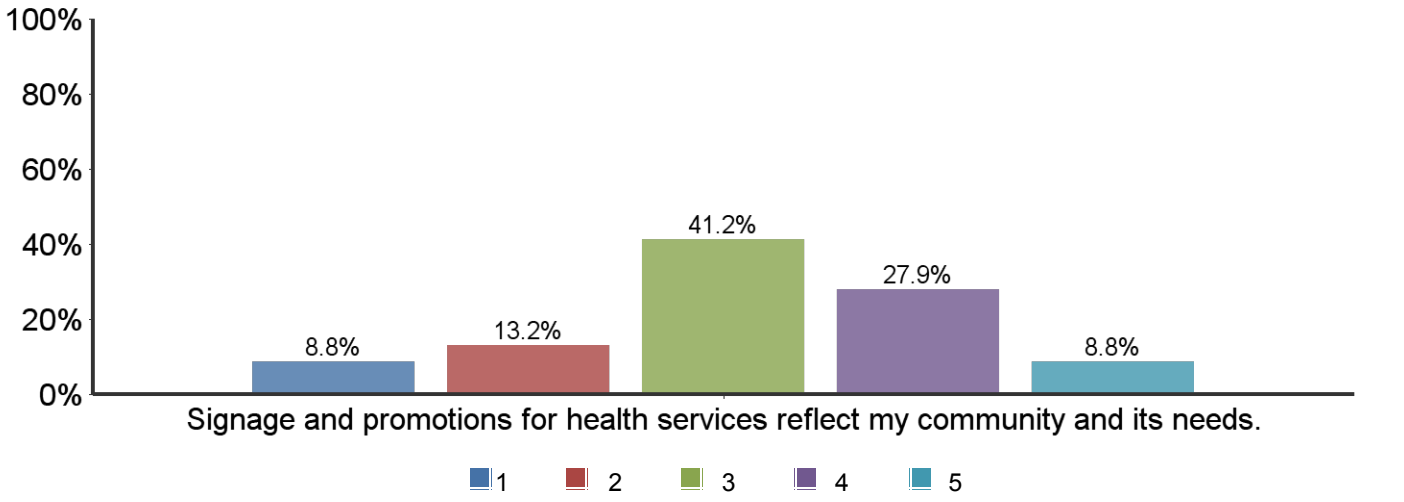




2015 Community Health Needs Assessment
Target Population - Senior Results

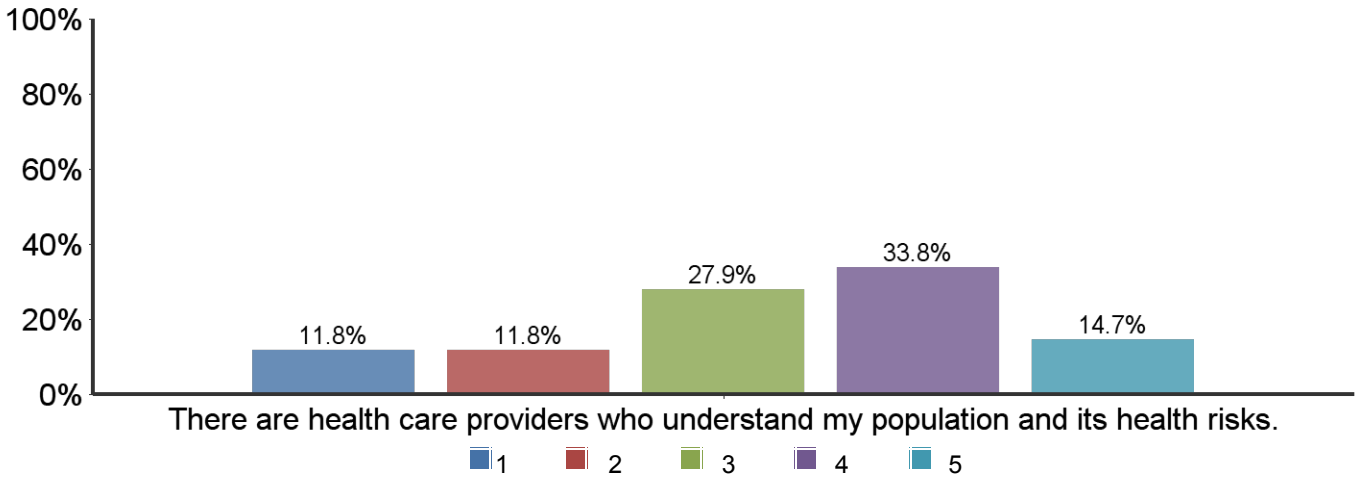
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.

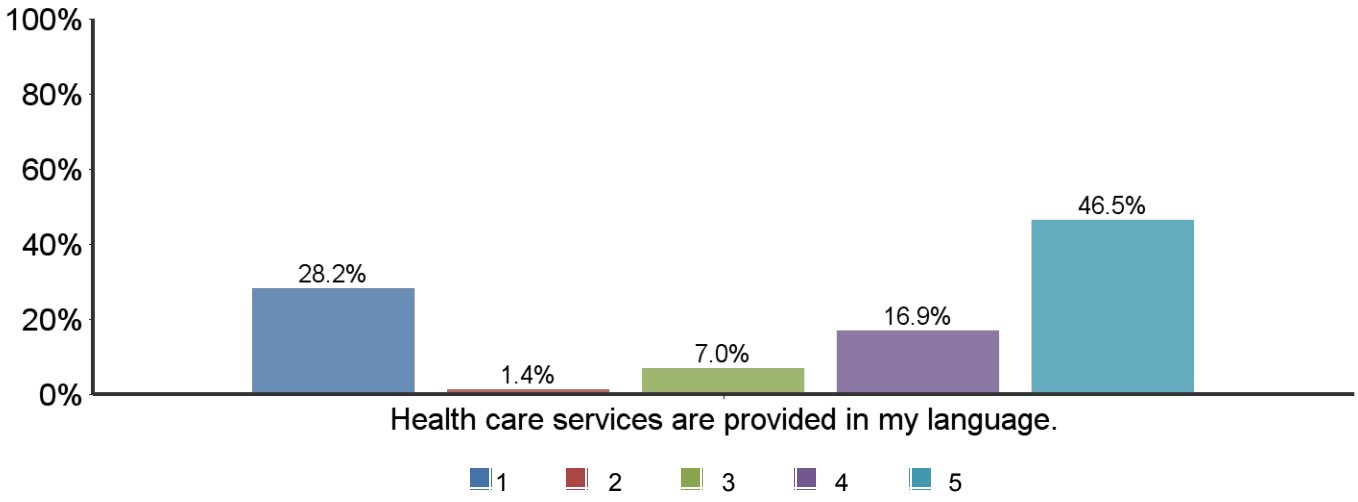




2015 Community Health Needs Assessment
Target Population - Senior Results

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community.





2015 Community Health Needs Assessment
Target Population - Senior Results

Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

	Percent	Count	Percent
Affordable Housing		45	66.2%
Quality Health Access		32	47.1%
Social Support		30	44.1%
Employment Opportunities		30	44.1%
Food Security		19	27.9%
Job Skills		17	25.0%
Educational Attainment		15	22.1%
Early Childhood Development		8	11.8%
Economic Success		8	11.8%

6. Identified Key Issues and Recurrent Themes

The following *unprioritized* community health issues, recurrent themes, and contributing factors were identified based on the findings of the Online Community Member Survey, Key Informant Interviews, and Target Population Research:

- Health Care Access:
  - Out-of-pockets costs and insurance costs were commonly cited by Key Informants as reasons for not receiving care.
  - After-office hours were cited as the primary reason for increased visits to urgent care centers.
  - Lack of availability and easy to access transportation services for medical appointments was cited as a major barrier by both key informants and targeted population groups.
  - Signage and promotions for health services that reflect specific community and its needs was cited as a major barrier to accessing care by all four Targeted Populations.
  - Hispanic community members experience the greatest difficulty accessing health care, as evidenced by their feedback.

- Physical Health Status:
  - A majority (fifty-seven percent) of residents suffered from a physical illness or injury in the past month.
  - Obesity was ranked as the most pressing health issue and highest priority in the community by Key Informants.
  - Only 12% of residents consume fruits and/or vegetables five or more times per day. Common barriers to healthy eating include time and money.
  - Forty-five percent of residents eat "fast" or "take-out" food at least once per week.
  - 72% of residents reported exercising in the past month; 44% of residents reported exercising 31 minutes or more in the past month.

- Mental Health/Behavioral Health:
  - There was increased incidence (33%) of residents having an anxiety disorder.
  - Mental health and illegal substance abuse were ranked as the second and third most pressing health issues and priorities, respectively, in the community by Key Informants.

- Chronic Health Conditions:
    - Thirty percent of residents have high blood pressure. Eighty-three percent are taking medication to control the condition, 73.6% are changing their eating habits, and 55.8% are exercising.
    - Thirty-five percent of residents have some form of arthritis.
    - The greatest health concerns among African Americans are cancer, diabetes, and heart health.
    - The greatest health concerns among Hispanics are dental health, obesity, and heart health.
    - The greatest health concerns among low income individuals are cancer, mental health, and alcohol abuse.
    - The greatest health concerns among seniors are heart health, Alzheimer's Disease/dementia, and cancer.

- Preventative Health Practices:
    - Only 70% of males age 40 years and over have talked to their health care provider regarding prostate cancer screening.
    - Sixty-three percent of residents have never been tested for HIV.
    - Only 69% of residents received a flu vaccine in the past year.
    - A greater rate (35%) of residents experienced a red or painful sunburn in the past year.

- Social Determinants of Health:
    - Key informants cited quality health access, early childhood development, and employment opportunities as the most important social determinants of health to address in the community. Quality health access and early childhood development were believed to have the greatest impact in the community, if addressed.
    - The need for employment opportunities and affordable housing was identified by most of targeted population groups.

Prioritization of Community Health Issues

The health improvement priority issues to be addressed in the next Community Benefit and Health Improvement Plan for Carroll County will be identified based on the information in this CHNA report, with input from The Partnership's members and community partners. These include members of the Board of Directors of The Partnership for a Healthier Carroll County, Carroll Hospital Board members, members of the Executive Team of Carroll Hospital, and community leaders in health, health care, and medicine.

7. Demographics

A. Methodology

Demographic data is included in this CHNA Consolidated Report as required by HSCRC guidelines and the Affordable Care Act. Information about the general population and its characteristics is important for an accurate understanding of a community's health strengths and needs. Two CHNA components — the Community Health Survey and *Our Community Dashboard* — provide demographic information in their data results. Our steering committee felt that additional demographic data would be appropriate for inclusion in this report to allow a thorough understanding of our community.

The following data sets from the **Carroll County Department of Economic Development** web site**,** CarrollBiz.org**,** accessed on March 25, 2015, are attached to this section:

- Area Profile
- Population
- Projected Population
- Household estimates
- Population estimates by election districts
- Age distribution
- Ethnic Diversity
- Educational Attainment
- Education
- Employment and unemployment
- Labor Force Summary
- Major Employers
- Average Wage and Salary
- Median Household Income
- Per Capita Income
- Effective Buying Income
- Cost of Living Index

Also attached are:

- "Carroll County, Maryland Brief Economic Facts", a 2014 report of the **Maryland Department of Business and Economic Development**,
- "Socio-Economic Projections" and "Sustainability Indicators" from the **Maryland Department of Planning,**
- "Pop-Facts: Demographic Snapshot 2015 Report" and "Population Growth by Age Cohort", provided by the Nielsen Company as a contracted service to **Carroll Hospital.** Data is given for the Hospital's primary service area.

B. Demographic Summary

Carroll County residents enjoy relatively good economic status, and are comparatively well-educated. The median household income for Carroll County was $84,790 for the period 2009-2013, compared with the Maryland household income of $73,538. According to the Census ACS survey, the median household income for the United States was $52,250 in 2013. This is slightly offset by the fact that the cost of living index for Carroll County, at 106.6, is higher than the national index of 100.

The Carroll County civilian unemployment rate is estimated at 5.2% - below the national average of 5.5%. The poverty rate is 5.6%, as compared with 9.8% for Maryland, and 14.5% for the United States as a whole.

The Carroll County Public School System consistently ranks as one of the top-performing systems in Maryland. The number of students enrolled in public school for 2014-2015 was 25,879. This was down from a peak of 28,914 in 2005-2006. Enrollment is not expected to rise again in the next 10 years. Over 90% of adults have graduated from high school, and about 32% have a bachelor's degree or higher. The top five employers in number of employees are Carroll County Public Schools, Carroll Hospital, Springfield Hospital Center, Penguin Random House, and Jos. A. Bank Clothiers.

Carroll County has a fairly low level of racial and ethnic diversity. Over 90% of all residents are white or Caucasian, and African-Americans comprise less than 4% of all residents. Hispanic or Latino residents, estimated at less than 1% of the population, may be under-counted due to unofficial residency status.

The number and percentage of older adults in the community will continue to increase. The percentage of residents over age 64 was only 11% in 2000, and is currently estimated at 16%. According to the Maryland Department of Planning, the percentage of residents over the age of 64 is expected to rise to about 25% of the population by 2030.

Sustainability data compiled by the Maryland Department of Planning indicate that Carroll has a higher percentage of residents who commute alone to work than the State as whole, and the mean travel time to work is slightly higher than the State average. Although Carroll has 34.5% of its resource land in preservation status, more of its remaining agricultural and resource land is threatened by development, compared with the rest of the State (43% vs 27.5%).

These demographic factors are relevant to consider in assessing the health needs of Carroll County.

C. Attachments

- Demographic Data
  Carroll County Department of Economic Development

- Carroll County, Maryland Brief Economic Facts
  Maryland Department of Business and Economic Development

- Demographic and Socio-Economic Outlook, and Sustainability Indicators for Carroll County
  Maryland Department of Planning

- Carroll Hospital Service Area Data
  The Nielsen Company, Inc.


WELCOME TO
Carroll County
Feel Right At Home

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

Area Profile

Carroll County, Maryland is a 452 square mile area that lies 31 miles northwest of Baltimore and 56 miles north of Washington D.C. It is one of the seven jurisdictions that define the Baltimore metropolitan area. The County seat is Westminster and includes seven other incorporated towns.

Market Location

- Part of the nation's fourth largest consumer market, supporting over 7.2 million people, 2.6 million households and producing a collective personal income of $215 billion
- Access to one of the most comprehensive and reliable transportation networks in the country-highways, ports and rail
- Overnight access to over 70 million people

General Information

County Seat: Westminster
Land Area: 452 square miles
Elevation: 300 to 1,000 feet above sea level
Government: Five commissioners elected by district for four-year terms

Climate

Yearly Precipitation (inches): 44.0
Yearly Snowfall (inches): 32.7
Summer Temperatures (F): 72.5
Winter Temperatures (F): 33.7
Duration of Freeze-Free Period: 181 days

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Population

Population 1990-2030

CENSUS	CARROLL COUNTY	BALTIMORE PMSA*	MARYLAND
1990 Census	123,372	2,382,172	4,780,753
2000 Census	150,897	2,552,994	5,296,486
2010 Projection	182,800	2,721,950	5,897,600
2015 Projection	195,000	2,812,800	6,176,075
2020 Projection	206,100	2,863,750	6,386,225
2025 Projection	216,600	2,900,400	6,570,150
2030 Projection	226,700	2,932,100	6,737,750

For current Carroll County population, Community Population

**Represents Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's Counties*
Source: MD Dept. of Planning, Planning Data Services October 2007

Return to Previous Page >>

Data Center >> Demographics >> Population

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Projected Population

Carroll County, MD - Population by Age Group 2010-2030

AGE GROUP	2010	2015	2020	2025	2030
0 - 4	11,310	12,850	13,650	13,640	13,620
5 - 19	41,570	41,980	43,500	45,950	48,570
20 - 44	56,410	58,890	62,470	67,250	69,180
45 - 64	51,720	54,570	54,630	51,860	50,590
65+	21,790	26,710	31,860	37,910	44,740
Total	178,340	195,000	206,100	216,600	226,700

Source: MD Dept. of Planning, Planning Data Services as of November 2007

Return to Previous Page >>

Data Center >> Demographics >> Projected Population

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Household Estimates

Carroll County Households 2010-2030

	2010	2015	2020	2025	2030
Household Population	178,340	190,370	201,290	211,460	221,080
Total Households	64,675	69,900	74,800	79,700	84,600
Avg. Household Size	2.76	2.72	2.69	2.65	2.61
Group Quarters Population	4,460	4,630	4,810	5,140	5,620

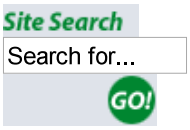
Source: MD Dept. of Planning, Planning Data Services November 2007

Return to Previous Page >>

Data Center >> Demographics >> Household Estimates

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us



DATA CENTER - Population & Household Estimates by Election District

Population Estimates by Election District 1990-2015

MUNICIPALITY/ELECTION DISTRICT	1990	2000 C	2010 C	2014	JAN - 15
Taneytown ED	2,756	2,739	2,710	2,724	2,726
City of Taneytown	3,842	5,128	6,745	6,883	6,891
Uniontown ED	3,709	4,188	4,128	4,189	4,189
Myers ED	4,921	5,385	5,516	5,550	5,550
Woolerys ED	14,250	16,329	17,487	17,849	17,854
Freedom ED	15,635	21,866	24,277	25,083	25,103
Town of Sykesville	2,345	4,197	4,436	4,763	4,768
Manchester ED	8,168	8,619	9,193	9,305	9,305
Town of Manchester	2,829	3,329	4,808	5,309	5,315
Westminster ED	13,770	16,524	18,162	18,593	18,595
City of Westminster	13,582	16,731	18,590	18,879	18,882
Hampstead ED	7,867	8,051	8,475	8,551	8,551
Town of Hampstead	2,756	5,060	6,323	6,341	6,341
Franklin ED	6,460	7,459	7,372	7,461	7,466
Middleburg ED	1,348	1,442	1,422	1,436	1,436
New Windsor ED	2,330	2,349	2,281	2,311	2,311
Town of New Windsor	757	1,303	1,396	1,409	1,409
Union Bridge ED	652	530	576	586	586
Town of Union Bridge	912	989	975	977	977
Mt. Airy ED	3,363	4,084	4,475	4,545	4,548
Town of Mt. Airy (Total)	3,892	6,425	9,288	9,754	9,754
Town of Mt. Airy (Carroll)	2,239	2,980	5,503	5,969	5,969
Berrett ED	11,095	11,615	12,281	12,466	12,468
County Total*	125,586	150,897	167,134	171,176	171,241
Total Incorporated**	29,262	39,717	48,759	50,530	50,552
Total Unincorporated	96,324	111,180	118,375	120,646	120,689

**County totals are end of year figures unless otherwise noted. 2000 C & 2010 C denote Census figures.*
***Includes Carroll County portion of Mt. Airy only*
Source: U.S. Census, Carroll County Department of Planning
Last updated: February 12, 2015

Housing Units Estimates by Election District 1990-2015

MUNICIPALITY/ELECTION DISTRICT	1990	2000 C	2010 C	2014	JAN - 15
Taneytown ED	970	1,005	1,117	1,122	1,123

City of Taneytown	1,357	1,816	2,554	2,611	2,614
Uniontown ED	1,281	1,481	1,607	1,621	1,621
Myers ED	1,624	1,911	2,068	2,079	2,079
Woolerys ED	4,754	5,732	6,443	6,568	6,570
Freedom ED	5,001	7,319	8,603	8,874	8,881
Town of Sykesville	858	1,407	1,474	1,595	1,597
Manchester ED	2,674	2,956	3,377	3,415	3,415
Town of Manchester	1,008	1,151	1,713	1,876	1,878
Westminster ED	4,800	5,989	6,834	6,992	6,993
City of Westminster	5,415	6,476	7,684	7,798	7,799
Hampstead ED	2,675	2,907	3,157	3,183	3,183
Town of Hampstead	1,122	1,884	2,500	2,504	2,504
Franklin ED	2,061	2,482	2,650	2,678	2,680
Middleburg ED	462	500	545	549	549
New Windsor ED	763	814	896	906	906
Town of New Windsor	291	503	566	571	571
Union Bridge ED	232	198	235	238	238
Town of Union Bridge	355	376	429	430	430
Mt. Airy ED	1,051	1,462	1,521	1,545	1,546
Town of Mt. Airy**	793	1,112	2,011	2,162	2,162
Berrett ED	3,541	4,029	4,422	4,487	4,487
County Total*	43,088	53,400	62,406	63,804	63,826
Total Incorporated**	11,199	14,651	18,931	19,547	19,555
Total Unincorporated	31,889	39,669	43,475	44,257	44,271

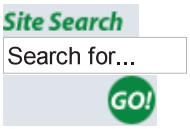
**County totals are end of year figures unless otherwise noted. 2000 C & 2010 C denote Census figures.*
***Includes Carroll County portion of Mt. Airy only*
Source: Carroll County Department of Planning
Last updated: February 12, 2015

Return to Previous Page >>

Data Center >> Demographics >> Population by Community

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us



DATA CENTER - Age Distribution

Age Sex: 2000 (Census 2000)

		Percent of total population						Males per 100 females	
GEOGRAPHIC AREA	TOTAL POPULATION	UNDER 18	18-24	25-44	45-64	65 +	MEDIAN AGE	ALL AGES	18+
MARYLAND	5,296,486	25.6	8.5	31.4	23.1	11.3	36	93.4	89.8
Allegany County	74,930	20.6	11.2	26.8	23.5	17.9	39.1	99.2	96.9
Anne Arundel County	489,656	25.2	8.1	32.8	23.9	10	36	99.1	97.1
Baltimore County	754,292	23.6	8.5	29.8	23.4	14.6	37.7	90	86
Calvert County	74,563	29.6	6.4	31.7	23.4	8.9	35.9	97.3	94
Caroline County	29,772	26.8	7.7	28.9	23.1	13.5	37	95.9	91.7
Carroll County	150,897	27.7	7	30.6	23.9	10.8	36.9	97.4	94
Cecil County	85,951	27.7	7.5	31.2	23.2	10.5	35.5	98.2	95.7
Charles County	120,546	28.7	7.6	33.2	22.7	7.8	34.6	95.5	92.2
Dorchester County	30,674	23.3	6.7	26.8	25.5	17.7	40.7	89.8	86.4
Frederick County	195,277	27.6	7.4	32.7	22.6	9.6	35.6	96.9	93.9
Garrett County	29,846	25.1	7.8	27.6	24.6	14.9	38.3	97.2	93.8
Harford County	218,590	27.9	6.8	31.6	23.7	10.0	36.2	96	92.5
Howard County	247,842	28.1	6.3	34.4	23.8	7.5	35.5	96.6	92.9
Kent County	19,197	20.8	10.9	23.7	25.3	19.3	41.3	91.9	88.9
Montgomery County	873,341	25.4	6.9	32.3	24.2	11.2	36.8	92.1	88.1
Prince George's County	801,515	26.8	10.4	33	22.1	7.7	33.3	91.5	87.2
Queen Anne's County	40,563	25.4	5.8	30.1	25.9	12.9	38.8	99.2	96.8
St. Mary's County	86,211	27.9	8.9	32.6	21.5	9.1	34.2	101.8	100.8
Somerset County	24,747	18.5	15.7	29.5	22.2	14.2	36.5	114.6	119.1
Talbot County	33,812	21.7	5.6	25.2	27.2	20.4	43.3	91.2	87.6
Washington County	131,923	23.4	8.1	31.3	23	14.2	37.4	104.5	104
Wicomico County	84,644	24.8	11.8	28	22.6	12.8	35.8	91	86.8
Worcester County	46,543	20.5	6.2	26.4	26.9	20.1	43	95.2	92.3
Baltimore city	651,154	24.8	10.9	29.9	21.2	13.2	35	87.4	82.9

(X) Not applicable
Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices PCT12 and P13.

Return to Previous Page >>

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Ethnic Diversity

Carroll County General Housing Characteristics

SUBJECT	NUMBER	PERCENT
OCCUPANCY STATUS		
Total housing units	54,260	100.0
Occupied housing units	52,503	96.8
Vacant housing units	1,757	3.2
TENURE		
Occupied housing units	52,503	100.0
Owner-occupied housing units	43,048	82.0
Renter-occupied housing units	9,455	18.0
VACANCY STATUS		
Vacant housing units	1,757	100.0
For rent	425	24.2
For sale only	505	28.7
Rented or sold, not occupied	175	10.0
For seasonal, recreational, or occasional use	117	6.7
For migratory workers	3	0.2
Other vacant	532	30.3
RACE OF HOUSEHOLDER		
Occupied housing units	52,503	100.0
One race	52,252	99.5
White	50,713	96.6
Black or African American	1,054	2.0
American Indian and Alaska Native	112	0.2
Asian	270	0.5
Native Hawaiian and Other Pacific Islander	6	0.0
Some other race	97	0.2
Two or more races	251	0.5
HISPANIC OR LATINO HOUSEHOLDER AND RACE OF HOUSEHOLDER		
Occupied housing units	52,503	100.0
Hispanic or Latino (of any race)	383	0.7
Not Hispanic or Latino	52,120	99.3
White alone	50,459	96.1
AGE OF HOUSEHOLDER		
Occupied housing units	52,503	100.0
15 to 24 years	1,090	2.1
25 to 34 years	7,562	14.4
35 to 44 years	14,398	27.4

45 to 54 years	12,338	23.5
55 to 64 years	7,582	14.4
65 years and over	9,533	18.2
65 to 74 years	5,132	9.8
75 to 84 years	3,433	6.5
85 years and over	968	1.8

NOTE:For information on confidentiality protection, nonsampling error, and definitions, visit the U.S. Census Factfinder Website
(X)= Not applicable
Source: U.S. Census Bureau, Census 2000 Summary File 1

Return to Previous Page >>

Data Center >> Demographics >> Ethnic Diversity

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Educational Attainment

Educational Attainment

EDUCATION LEVEL	PERCENT
High School/GED	**31.50%**
Some College	**19.90%**
Associate Degree	**7.40%**
Bachelor's Degree	**19.50%**
Graduate or Professional Degree	**12.00%**

Other statistics:

• High School Attainment: 90.3% / Bachelor's Degree or Higher Attainment: 31.5%

• Forty-six percent (46%) of Carroll residents that work outside of the County have a Bachelor's degree or higher as compared to 36% of Carroll residents that work in Carroll County

• Thirty-seven percent (37%) of surveyed Carroll residents hold special licenses or certifications that are required by their occupation

Source: U.S. Census, American Communities Survey 2007-2011 5-years estimates. Census, 2000

Return to Previous Page >>

Data Center >> Demographics >> Educational Attainment

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

Education

Carroll County boasts a wide variety of educational institutions within the county for students of all levels including **public schools**, **private schools**, **career and technology centers**, **Carroll Community College**, and **McDaniel College**. There are also many education institutions that are just an **easy commute away**.

Carroll County Public Schools

The **Carroll County Public School System** consistently ranks as one of the top-performing school systems in the state of Maryland. Numerous awards, at both the state and national level, have been bestowed upon Carroll's instructional staff and students. The educational programs developed in the Carroll County Public School system are also recognized statewide and nationally for their high standards and innovative approaches.

Carroll County students consistently score above state and national averages on the Scholastic Aptitude Test and other standardized tests. Carroll County also has one of the highest college attendance rates in the State. Today, more than 27,000 students are enrolled in Carroll County Public Schools.

Elementary Schools (23)
• Average Class Size - 20.5

Middle Schools (9)
• Average Class Size - 22.4

High Schools (8)
• Average Class Size - 24.3
48.2% of students enter 4-year colleges
32.4% of students enter 2-year colleges

Career & Technology Centers (2)
• National award-winning teachers, students and programs
• Offers 23 accredited programs
• Students can earn college credit
• 99% student employment rate
• 98% employer satisfaction rate

Average SAT Scores *(from 2012)*
• Carroll County 1549
• Maryland 1487
• Nation 1498

Student attendance rate - 96%

Student dropout rate - 1%

Carroll County Career & Technology Centers

Carroll County Public School's award-winning career and technology educational programs are among the best in the state. The purpose of the programs is to meet the challenge of continuing to supply employers with skilled, productive and independent workers. Programs of study include drafting, computer technology, machine technology, electrical construction, engineering, nursing, and business training are offered at the two career and technology centers and the eight comprehensive high schools.

Carroll Community College

Over the past five years, total enrollment in degree-credit and continuing education courses at Carroll Community College has been increasing at twice the rate of Maryland community colleges statewide. Official state forecasts suggest Carroll's enrollment will grow another 38 percent by 2016.

Over 13,000 individuals take a class at Carroll Community College each year.

Carroll Community College enrolls more Carroll County residents than any other college or university. Half of Carroll County residents starting college in Maryland as full-time students start at Carroll; 70 percent of all County residents attending college part-time attend Carroll.

Carroll Community College offers five transfer programs and eleven career programs. Within the Arts and Sciences program, the college has identified 12 transfer patterns preparing students for baccalaureate study in fields such as Criminal Justice, Music, Psychology, and Theater. With proper advising and planning, students may begin any baccalaureate degree at Carroll.

Programs producing the most graduates in recent years are Arts and Sciences, General Studies, Business Administration, Nursing, and Physical Therapist Assistant.

Carroll consistently has one of the highest transfer rates among community colleges in the state. During the past five years, Carroll students transferred to over 300 different colleges and universities.

The college's Office of Continuing Education and Training designs custom training programs to meet the needs of a specific business or industry. Classes are held at the company site or at the college's **Hikel Business Training Center**. The Center is equipped with computer labs, seminar rooms, teleconference center, interactive video training room and lab space for technical training.

McDaniel College

A private four-year liberal arts and sciences college founded as Western Maryland College in 1867. This prestigious college offers bachelor and graduate study programs including preparatory programs in engineering and the health professions. Centrally located in Westminster on a 160-acre campus, the college has recently completed construction on new academic buildings, lifestyle centers and residence halls.

McDaniel was one of only 40 colleges recognized in the book, "Colleges That Change Lives". The college also sponsors sports, theater, lectures, workshops and other special community events.

Private Schools

Carroll Christian Schools

- Preschool through high school
- Before- and after-school care
- Bus Service (limited)
- American Association of Christian Schools
- Maryland Association of Christian Schools

Carroll Lutheran School

- Kindergarten through 8th grade
- Before- and after-school care
- Christian based education
- Accredited

Gerstell Academy

- Kindergarten through 12th grade (eventually)
- College preparatory focusing on leadership, moral & ethical decision-making
- An independent, co-educational, non-sectarian school

Faith Christian School

- Pre-school through 12th grade
- Bibled-centered curriculum
- Before- and after-school care

Montessori School of Westminster

- Pre-school through 9th grade
- All day kindergarten
- Before- and after-school care
- AIMS Accredited
- Private, Montessori-based, co-educational, non-secular

North Carroll Community School

- Kindergarten through 8th grade
- All day kindergarten
- A co-educational, multi-age program with an emphasis on character, values and in-depth learning

St. John's Catholic School

- Kindergarten through 8th grade
- Before- and after-school care
- Bus transportation available (Limited)
- Strong, formalized computer education program
- Acrredited, Middle States Asssociation of Colleges and Schools Commission on Elementary Schools

Other Private School Options

The following Baltimore-based private schools serve a special segment of the educational needs for some Carroll County families.

- St. Paul's School
- St. Paul's School for Girls
- McDonogh School
- Garrision Forest School

An Easy Commute

World class institutions within a 50-mile/one hour commute include the University of Maryland, Johns Hopkins University, Hood College, Loyola College, Mount St. Mary's, University of Baltimore, Towson University, Georgetown University and American University are the academic homes to many local residents. Both undergraduate and graduate degree programs are offered in virtually any field including the sciences, humanities, engineering, arts, law and medicine.

- American University
- Baltimore Hebrew University
- Bowie State University
- College of Notre Dame of Maryland
- Coppin State
- Georgetown University
- Gettysburg College
- Goucher College
- Hood College
- Howard University
- Johns Hopkins University
- Loyola College
- Maryland Institute of Art
- Morgan State University
- Mount Saint Mary's College
- St. John's College
- Stevenson University
- Towson University
- United States Naval Academy
- University of Baltimore
- University of Maryland at Baltimore
- University of Maryland, Baltimore County
- University of Maryland at College Park
- York College

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

DATA CENTER - Employment and Unemployment in Carroll County, MD

2015 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	91,979												91,979
Emp.	87,236												87,236
UnEmp.	4,743												4,743
Rate	5.2												5.2

2014 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	93,865	93,910	94,359	94,090	94,579	95,093	95,714	94,880	94,011	94,270	94,121	93,853	94,395
Emp.	88,654	88,745	89,330	89,835	89,957	90,001	90,153	89,399	89,729	90,055	90,019	89,998	89,635
UnEmp.	5,211	5,165	5,142	4,255	4,504	5,092	5,561	5,481	4,282	4,215	4,102	4,226	4,760
Rate	5.6	5.5	5.3	4.5	4.8	5.4	5.8	5.8	4.6	4.5	4.4	4.5	5.0

2013 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	95,941	96,013	96,086	95,589	95,708	96,548	96,356	95,303	95,600	95,260	95,776	95,046	95,769
Emp.	89,554	89,877	90,269	90,395	90,169	90,336	90,356	89,709	90,659	90,190	90,828	90,322	90,222
UnEmp.	6,387	6,136	5,817	5,194	5,539	6,212	6,000	5,594	4,941	5,070	4,948	4,724	5,547
Rate	6.7	6.4	6.1	5.4	5.8	6.4	6.2	5.9	5.2	5.3	5.2	5.0	5.8

2012 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	93,593	94,296	94,439	93,567	93,534	94,532	95,341	94,161	93,988	95,544	95,143	95,250	94,449
Emp.	87,514	87,909	88,543	88,182	87,984	88,293	89,086	87,995	88,493	90,140	89,683	89,558	88,615
UnEmp.	6,079	6,387	5,896	5,385	5,550	6,239	6,255	6,166	5,495	5,404	5,460	5,692	5,834
Rate	6.5	6.8	6.2	5.8	5.9	6.6	6.6	6.5	5.8	5.7	5.7	6.0	6.2

2011 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	92,412	92,233	93,197	92,595	93,009	94,046	94,681	93,864	93,508	94,180	93,850	93,738	93,443
Emp.	86,042	85,887	87,190	87,241	87,499	88,000	88,332	87,584	87,723	88,718	88,747	88,449	87,618
UnEmp.	6,370	6,346	6,007	5,354	Â 5,510	6,046	6,349	6,280	5,785	5,462	5,103	5,289	5,825
Rate	6.8	6.9	6.4	5.8	5.9	6.4	6.7	6.7	6.2	5.8	5.4	5.6	6.2

2010 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ANN

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	AVG.
Labor Force	93,049	92,574	93,119	92,644	93,128	93,265	93,903	93,449	92,781	93,162	93,141	92,778	93,083
Emp.	85,683	85,080	86,309	86,966	87,306	87,227	87,510	87,108	87,020	87,685	87,303	87,277	86,873
UnEmp.	7,366	7,494	6,810	5,678	5,679	6,038	6,393	6,341	5,761	5,477	5,838	5,501	6,210
Rate	7.9	8.1	7.3	6.1	6.3	6.5	6.8	6.8	6.2	5.9	6.3	5.9	6.7

2009 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	94,091	93,331	93,203	92,622	92,861	93,902	94,311	92,889	91,735	92,249	91,193	91,763	92,930
Emp.	87,757	86,588	86,865	87,123	86,854	87,636	88,031	87,141	86,187	86,289	86,371	85,841	86,890
UnEmp.	6,334	6,743	6,338	5,499	6,007	6,266	6,280	5,758	5,548	5,960	5,822	5,922	6,040
Rate	6.7	7.2	6.8	5.9	6.5	6.7	6.7	6.2	6.0	6.5	6.3	6.5	6.5

2008 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	95,016	95,172	95,572	95,327	96,208	96,754	97,719	96,199	94,889	95,650	95,315	94,901	95,727
Emp.	91,847	91,862	92,476	92,586	93,125	93,355	93,874	92,597	91,527	91,769	90,979	90,173	92,181
UnEmp.	3,169	3,310	3,096	2,741	3,083	3,399	3,845	3,602	3,362	3,881	4,336	4,728	3,546
Rate	3.3	3.5	3.2	2.9	3.2	3.5	3.9	3.7	3.5	4.1	4.5	5.0	3.7

2007 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	95,182	94,296	94,737	93,801	94,072	94,676	96,120	94,237	94,239	94,973	95,207	94,772	94,693
Emp.	91,584	90,753	91,742	91,217	91,451	92,479	92,514	91,211	91,515	92,074	92,560	92,059	91,763
UnEmp.	3,598	3,543	2,995	2,584	2,621	3,197	3,606	3,026	2,724	2,899	2,647	2,713	2,929
Rate	3.8	3.8	3.2	2.8	2.8	3.4	3.8	3.2	2.9	3.1	2.8	2.9	3.1

2006 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	91,890	92,075	92,356	92,689	92,973	93,907	95,113	93,908	93,298	94,305	94,410	94,448	93,445
Emp.	88,938	89,281	89,787	90,351	90,427	90,811	91,549	90,740	90,641	91,669	91,589	91,848	90,636
UnEmp.	2,952	2,794	2,569	2,338	2,546	3,096	3,564	3,168	2,657	2,636	2,821	2,581	2,810
Rate	3.2	3.0	2.8	2.5	2.7	3.3	3.7	3.4	2.8	2.8	3.0	2.7	3.0

2005 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	87,931	88,180	88,672	89,380	90,501	91,247	91,828	91,290	90,189	90,868	90,658	90,928	90,139

Emp.	84,757	84,808	85,392	86,763	87,829	88,077	88,456	88,079	87,690	88,400	87,862	88,528	87,220
UnEmp.	3,174	3,372	3,280	2,617	2,672	3,170	3,372	3,211	2,499	2,468	2,796	2,400	2,919
Rate	3.6	3.8	3.7	2.9	3.0	3.5	3.7	3.5	2.8	2.7	3.1	2.6	3.2

2004 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	85,517	85,652	85,269	85,230	85,569	86,669	87,782	86,827	85,748	85,688	85,935	85,935	85,906
Emp.	82,479	82,112	82,572	83,082	83,438	85,668	84,882	84,047	83,622	83,594	83,852	82,965	83,526
UnEmp.	3,298	3,540	2,697	2,148	2,124	2,442	2,900	2,780	2,126	2,094	2,083	2,020	2,521
Rate	3.9	4.1	3.2	2.5	2.5	2.8	3.3	3.2	2.5	2.4	2.4	2.4	2.9

2003 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	84,623	84,781	85,052	84,707	85,022	85,815	86,954	85,537	84,362	84,677	84,404	84,085	85,002
Emp.	81,319	81,420	81,845	82,163	82,597	83,170	83,893	82,926	82,042	82,373	81,999	81,552	82,275
UnEmp.	3,304	3,361	3,207	2,544	2,425	2,645	3,061	2,611	2,320	2,304	2,405	2,533	2,727
Rate	3.9	4.0	3.8	3.0	2.9	3.1	3.5	3.1	2.8	2.7	2.8	3.0	3.2

2002 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	83,006	83,474	83,708	83,015	83,512	85,140	85,724	85,222	83,940	84,238	83,858	83,047	83,990
Emp.	79,875	80,182	80,885	80,651	81,122	82,375	82,882	82,469	81,610	81,770	81,435	80,753	81,334
UnEmp.	3,131	3,292	2,823	2,364	2,390	2,765	2,842	2,753	2,330	2,468	2,423	2,294	2,656
Rate	3.8	3.9	3.4	2.8	2.9	3.2	3.3	3.2	2.8	2.9	2.9	2.8	3.2

2001 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	83,419	83,544	83,283	82,844	83,300	85,048	85,901	84,767	84,754	84,804	84,933	84,574	84,264
Emp.	80,539	80,734	81,148	81,104	81,399	82,666	83,308	82,471	82,272	82,613	82,595	82,309	81,930
UnEmp.	2,880	2,810	2,135	1,740	1,901	2,382	2,593	2,296	2,482	2,191	2,338	2,265	2,334
Rate	3.5	3.4	2.6	2.1	2.3	2.8	3.0	2.7	2.9	2.6	2.8	2.7	2.8

2000 Civilian Labor Force Employment and Unemployment - Carroll County, MD

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANN AVG.
Labor Force	82,572	82,896	82,659	82,230	82,699	84,436	84,714	83,517	83,470	83,721	83,568	83,354	83,320
Emp.	79,868	79,680	80,345	80,342	80,656	81,797	82,073	81,099	81,287	81,639	81,657	81,627	81,006
UnEmp.	2,704	3,216	2,314	1,888	2,043	2,639	2,641	2,418	2,183	2,082	1,911	1,727	2,314
Rate	3.3	3.9	2.8	2.3	2.5	3.1	3.1	2.9	2.6	2.5	2.3	2.1	2.8

Source: Maryland Department of Labor, Licensing and Regulation

Note: These data are not seasonally adjusted. They are estimates relating to the week of the 12th of each month. the count is of persons by place of residence.

Last updated: March 20, 2015

Return to Previous Page >>

Data Center >> Labor Force >> Employment & Unemployment

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Labor Force Summary

Carroll County Business Composition - Annual Average 2013

SECTOR	# OF FIRMS	% OF TOTAL	# OF EMPLOYEES	% OF TOTAL	AVERAGE WAGE*
Total Employment	4,662	100.00%	56,144	100%	$748
Public Employment	95	2.00%	8,301	14.80%	$850
Federal Government	19	0.40%	270	0.50%	$1,098
State Government	11	0.20%	1,345	2.40%	$915
Local Government	65	1.40%	6,686	11.90%	$27
Private Employment	4,567	98.00%	47,843	85.20%	$731
Construction	899	19.30%	5,101	9.1%	$906
Manufacturing	138	3.00%	4,052	7.2%	$1,054
Natural Resources and Mining	54	1.20%	405	0.7%	$671
Trade, Transportation & Utilities	899	19.30%	11,290	20.1%	$585
Information	42	0.90%	434	0.8%	$933
Financial Activities	349	7.50%	1,593	2.8%	$1,162
Professional & Business Services	958	20.50%	6,561	11.7%	$1,022
Education and Health Services	492	10.60%	9,563	17.0%	$755
Leisure and Hospitality	340	7.30%	6,558	11.7%	$271
Other Services / UNCLASSIFIED	420	9.20%	2,286	4.1%	$530

Note: percentages may not total 100 due to rounding
Data is for employers covered by Unemployment Insurance
** Average Weekly Wage Per Worker*
Source: MD Department of Labor, Licensing and Regulation
Last Updated: June 13, 2014

Return to Previous Page >>

Data Center >> Labor Force >> Labor Force Summary

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Site Search
Search for...
GO!

DATA CENTER - Labor Force

Civilian Total Labor Force 2008-2013

CARROLL COUNTY	2008	2009	2010	2011	2012	2013
Labor Force	95,727	92,930	93,083	93,443	94,449	95,769

Source: Maryland Department of Labor, Licensing and Regulation

Jobs by Place of Work 1990-2020

TYPE OF WORK	1990	1995	2000	2005	2010	2020
Total Jobs (1,000)	52.5	57.4	68.3	73.5	76.8	80.6
Farm	1.8	1.6	1.5	1.4	1.3	1.2
Ag, Serv., Forest, Fish, Other	1.1	1.4	1.7	1.8	1.9	2.0
Mining	(L)	(L)	(L)	(L)	(L)	(L)
Construction	7.2	7.2	8.7	9.3	9.6	9.9
Manufacturing	6.6	6	6.2	6.2	6.1	6.0
Transportation & Public Utilities	1.6	1.7	2.2	2.3	2.4	2.5
Wholesale Trade	3	3.4	3.3	3.5	3.6	3.8
Retail Trade	9	10.9	12.7	13.4	13.8	14.6
Finance, Insurance & Real Estate	3.2	3.4	4.8	5.3	5.6	6.1
Services	13.2	15.5	19.7	22.5	24.7	26.4
Government	6.2	6.8	7.5	7.8	7.8	8.1

(L) = Less than 50 jobs
Source: Maryland Office of Planning, Planning Data Services

Labor Availability

CARROLL COUNTY CIVILIAN LABOR FORCE (2013 ANNUAL AVERAGES)*	
Total Civilian Labor Force	95,769
Employment	90,222
Unemployment	5,547
Unemployment Rate	5.8%
Residents commuting outside the County to work (2005)	58%

** By place of residence.*

Sources: Maryland Department of Labor, Licensing and Regulation, Office of Labor Market Analysis and Information: Maryland Department of Planning in conjunction with U.S. Bureau of the Census

Return to Previous Page >>

Data Center >> Labor Force >> Labor Force

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Major Employers

Major Employers in Carroll County

COMPANY NAME	PRODUCT/SERVICE TYPE	Workforce TOTAL	Workforce RFT
Carroll County Public Schools	Education (K-12)	3,630	#
Carroll Hospital Center	Health Care	1,997	1,473
Springfield Hospital Center	Mental Health Services	833	810
Penguin Random House	Book Warehousing & Distribution	753	793
Jos. A. Bank Clothiers	Corporate HQ / Distribution	778	747
EMA/Fairhaven	Retirement / Assisted Living	700	#
McDaniel College	Higher Education (Private)	621	415
Carroll County Commissioners	Local Government	592	#
Carroll Community College	Higher Education (Public)	509	214
EVAPCO	Cooling Equipment Manufacturer	440	440
Carroll Lutheran Village	Retirement / Assisted Living	425	#
Northrop Grumman	Electronic Manufacturing/Testing	400	400
English American Tailoring	Clothing Manufacturer	410	#
C.J. Miller, LLC	Paving & Excavating Contractor	334	334
Arc of Carroll County	Non-Profit / Health Care	325	#
Flowserve Corporation	Industrial Pumping Equipment	263	263
Knorr Brake	Railroad Brake Manufacturer	260	260
S.H. Tevis / Modern Comfort	Oil / Fuel, Heating & AC	259	192
PFG/Carroll County Foods	Wholesale / Distribution	211	211
BB&T	Banking Services	174	139
Long View Nursing Home	Nursing / Assisted Living	166	133
Lehigh Cement	Portland Cement Manufacturer	165	165
Lorien - Mt. Airy	Nursing / Assisted Living	161	98
Dart Container / Solo Cup Corp	Warehousing & distribution	150	150
Black & Decker	Warehousing & distribution	130	130
GSE Systems, Inc	Technology Engineering	109	109
Finch Services, Inc	Agriculture Equipment	105	105
General Dynamics Robotic Systems	Technology Manufacturing	105	105
Taney Corporation	Wood Products Manufacturer	100	100

Selected Employers with workforce of 100 or more.
RFT = Regular Full-Time
 # = Number not available

Last Updated: July 15, 2014

Return to Previous Page >>

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Average Wage & Salary

Mid-Maryland Hourly Wage Rates* 2013

SELECTED OCCUPATIONS	MEAN	MEDIAN
Accountants	35.75	33.25
Bookkeeping/accounting clerks	21.50	20.75
Brick / Block Masons	21.25	21.50
Computer systems analysts	50.25	46.50
Customer service representatives	18.25	16.25
Electrical engineers	44.75	41.50
Equipment Operators, Construction	20.25	19.75
Freight,stock and material movers, hand	14.25	13.50
Healthcare Support Workers	16.00	15.50
Industrial truck operators	17.00	15.50
Landscaping/Groundskeeper Workers	15.75	14.50
Machinists	21.25	21.50
Maintenance workers, machinery	16.50	16.50
Network administrators	46.00	45.25
Paralegals & Legal Assistants	18.50	15.00
Registered Nurses	34.00	33.50
Teachers & Instructors	26.50	25.75
Team asemblers	14.50	13.50

For a more comprehensive list, visit the MD DLLR Ocupational Wage Estimates page.

**Note: These wages are an estimate of what workers might expect to receive in the Mid-Maryland region (Carroll and Howard Counties). Wages may vary by industry, employer and locality.*

Source: Maryland Department of Labor, Licensing and Regulation, Office of Labor Market Analysis and Information.
Adjusted for inflationary pressures as of December 2013. Updated: April 2014

Return to Previous Page >>

Data Center >> Demographics >> Average Wage & Salary

Data Center >> Labor Force >>Average Wage & Salary

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Median Household Income

Household Income 1990 - 2011

HOUSEHOLDS IN	1990	1995	2000	2006	2011
INCOME FOR	1989	1994	1999	2005	2010
Income Level					
Under $10,000	**2.7**	**1.9**	**1.2**	**1.8**	**3.9**
$ 10,000 - 14,999	**2.2**	**1.6**	**1.0**	**1.9**	**1.5**
$15,000 - 24,999	**4.9**	**3.7**	**2.7**	**4.4**	**7.4**
$25,000 - 34,999	**6.1**	**4.3**	**2.9**	**4.0**	**5.6**
$35,000 - 49,999	**10.1**	**8.2**	**5.6**	**5.9**	**9.7**
$50,000 - 74,999	**10.6**	**13.5**	**15.5**	**11.7**	**17**
$75,000 or more	**5.7**	**13.8**	**22.8**	**28.7**	**55.1**
Median Income	**$42,378**	**$55,548**	**$70,304**	**$74,106**	**$84,117**
Mean Income	**$46,595**	**$61,319**	**$81,094**	**$83,602**	**$95,24**

Source: U.S. Census, 2011 American Community Survey

Return to Previous Page >>

Data Center >> Demographics >> Median Household Income

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Site Search
Search for...
GO!

DATA CENTER - Effective Buying Income

2000-Percent Households

DISTRIBUTION	CARROLL COUNTY	MARYLAND	U.S.
Under $25,000	18.6	22.3	31.6
$25,000 - $49,999	30.9	29.5	30.2
$50,000 - $74,999	30.5	25.0	20.5
$75,000 and over	20.0	23.2	17.7
Median Household	$50,364	$48,421	$39,130
Average Household	$54,257	$56,244	$49,252
Per Capita	$19,079	$20,844	$18,426
Total Effective Buying Income (Millions)	$2,919	$111,206	$5,230,825

Note: Effective Buying Income is money income less personal tax and nontax payments. It is commonly known as "disposable income." Percentages may not add up due to rounding.

Return to Previous Page >>

Data Center >> Demographics >> Effective Buying Income

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Per Capita Income

Per Capita Income 1990-2030*

1990	2000	2005	2010	2015	2020	2025	2030
$26,866	$32,371	$33,044	$37,017	$40,749	$42,608	$44,120	$45,779

** Constant 2000 Dollars*
Source: MD Dept. of Planning, Planning Data Services November 2007; U.S. Bureau of Economic Analysis (BEA)

Return to Previous Page >>

Data Center >> Demographics >> Per Capita Income

Carroll County Maryland
ECONOMIC DEVELOPMENT
Right Place, Right Time

Home
Area Profile
Data Center
Business Assistance
Small Business Dev Ctr
Employers
Workforce
Real Estate
Manufacturing
Technology
Quality of Life
Agriculture
Tourism
Newsroom
Links
Site Map
Contact Us

Sign Up For E-News

Site Search
Search for...
GO!

DATA CENTER - Cost of Living Index (COLI)

March 2012

Carroll County: 106.6

National Average: 100.0

Source: www.city-data.com

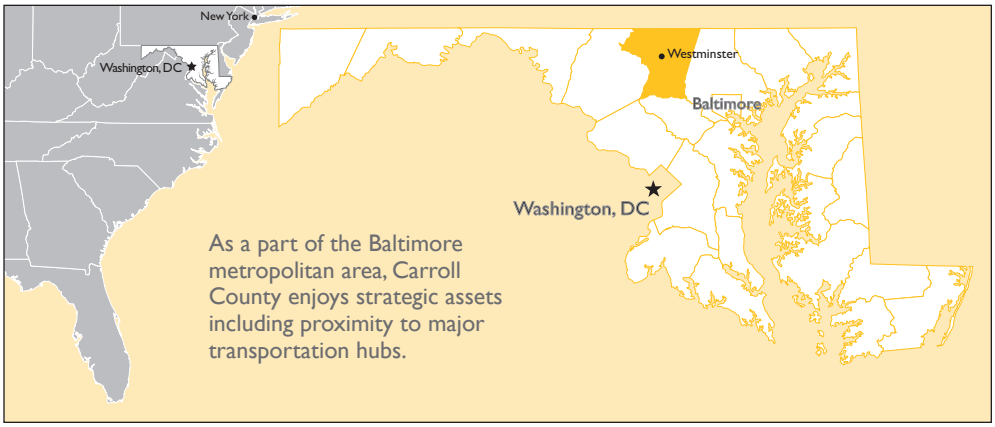
Return to Previous Page >>

Data Center >> Quality of Life >> Cost of Living

Brief Economic Facts

CARROLL COUNTY, MARYLAND

Carroll County's central location in the state attracts a diversity of business interests. The business composition in the county includes a significant number of firms in manufacturing, transportation, and health and business service sectors. Agriculture remains a viable industry with an emphasis on nurturing bioscience and other emerging enterprises.



As a part of the Baltimore metropolitan area, Carroll County enjoys strategic assets such as proximity to major transportation hubs including the Port of Baltimore and Baltimore/Washington International Thurgood Marshall Airport. The Carroll County Regional Airport, a full-service airport boasting corporate hangars and a 5,100 foot runway, supports corporate and smaller commercial aircraft operations.

Carroll County's 4,570 businesses employ 47,800 workers, and over 60 of these businesses have 100 or more workers.

Major manufacturing and distribution firms in the county include Dart Container, EVAPCO, Flowserve, GSE Systems, Lehigh Hanson, Northrop Grumman and Penguin Random House. Local firms that have expanded recently in Carroll County include Penguin Random House, Knorr Brake and English American Tailoring. Carlisle Etcetera recently located in the county.

LOCATION

Driving distance from Westminster:	Miles	Kilometers
Atlanta, Georgia	663	1,066
Baltimore, Maryland	31	50
Boston, Massachusetts	417	672
Chicago, Illinois	656	1,056
New York, New York	207	332
Philadelphia, Pennsylvania	116	186
Pittsburgh, Pennsylvania	193	310
Richmond, Virginia	155	249
Washington, DC	51	82

POPULATION[2,3]

	Carroll County Households	Carroll County Population	Baltimore Metro*	Maryland
2000	52,503	150,897	2,552,994	5,296,486
2010	59,786	167,134	2,710,489	5,773,552
2020**	65,025	175,900	2,881,500	6,224,550

*Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties

**Projections

Selected places population (2010): Eldersburg 30,531; Westminster 18,590; Taneytown 6,728; Hampstead 6,323; Mount Airy 5,503; Manchester 4,808; Sykesville 4,436

CLIMATE AND GEOGRAPHY[1]

Yearly Precipitation (inches)	44.0
Yearly Snowfall (inches)	26.0
Summer Temperature (°F)	72.5
Winter Temperature (°F)	33.1
Days Below Freezing	107.7
Land Area (square miles)	452.0
Water Area (square miles)	0.5
Elevation (feet)	260 to 1,120

POPULATION DISTRIBUTION[2,3] (2013)

Age	Number	Percent
Under 5	8,231	4.9
5 - 19	34,749	20.7
20 - 44	47,725	28.5
45 - 64	51,985	31.0
65 and over	24,874	14.8
Total	167,564	100.0
Median age (2011-2013)		42.1 years

Brief Economic Facts // CARROLL COUNTY, MARYLAND

LABOR AVAILABILITY[3,4,5] (BY PLACE OF RESIDENCE)

Civilian Labor Force (2014 avg. - prelim)	County	Labor Mkt. Area*
Total civilian labor force	94,392	673,292
Employment	89,646	635,051
Unemployment	4,746	38,241
Unemployment rate	5.0%	5.7%
Residents commuting outside the county to work (2011-2013)	Number 45,550	Percent 52.9%
Employment in selected occupations (2011-2013)		
Management, business, science and arts	37,763	43.0%
Service	13,676	15.6%
Sales and office	20,276	23.1%
Production, transp. and material moving	6,992	8.0%

* Carroll, Baltimore and Frederick counties

MAJOR EMPLOYERS[6,7] (2014)

Employer	Product/Service	Employment
Carroll Hospital Center	Medical services	1,997
McDaniel College	Higher education	800
Jos. A. Bank Clothiers	HQ / men's clothing	778
Penguin Random House	Book warehousing, distrib.	753
EMA	Nursing care	700
Carroll Community College	Higher education	686
Walmart	Consumer goods	600
Weis Markets	Groceries	499
EVAPCO	Cooling equipment	440
Carroll Lutheran Village	Nursing care	425
English American Tailoring	Men's clothing	425
Northrop Grumman	Industrial equipment	425
C.J. Miller	General contractor	334
Arc of Carroll County	Medical and social services	325
Home Depot	Home improvement prods.	300
Knorr Brake	Railroad brakes	300
Flowserve	Industrial pumping equip.	264
Tevis Energy	Oil and related products	259
Safeway	Groceries	250
Spectrum Support	Services for the disabled	249
PFG-Carroll County Foods	Food products distribution	211
Food Lion	Groceries	200
Kohl's	Consumer goods	200
M.T. Laney	Grading, paving services	200
Lowe's	Home improvement prods.	200
Target	Consumer goods	180
BB&T	Banking services	175

Excludes post offices, state and local governments; includes higher education

EMPLOYMENT[4] (2013, BY PLACE OF WORK)

Industry	Estab-lishments	Annual Avg. Empl.	Emp. %	Avg. Wkly. Wage
Federal government	19	270	0.5	$1,098
State government	11	1,345	2.4	915
Local government	65	6,686	11.9	827
Private sector	4,567	47,843	85.2	731
Natural resources and mining	54	405	0.7	703
Construction	874	5,101	9.1	906
Manufacturing	138	4,052	7.2	1,054
Trade, transportation and utilities	899	11,290	20.1	585
Information	42	434	0.8	933
Financial activities	349	1,593	2.8	1,162
Professional and business services	958	6,561	11.7	1,022
Education and health services	492	9,563	17.0	755
Leisure and hospitality	340	6,558	11.7	271
Other services	420	2,286	4.1	530
Total	4,662	56,144	100.0	748

Includes civilian employment only

HOURLY WAGE RATES[4] (2014)

Selected Occupations	Median	Entry	Experienced
Accountants	$33.25	$22.00	$42.50
Bookkeeping/accounting clerks	20.75	13.50	25.50
Computer systems analysts	46.50	30.00	60.25
Customer service representatives	16.25	11.75	21.50
Electrical engineers	41.50	28.50	52.75
Electronics engineering technicians	29.25	22.75	34.00
Freight, stock and material movers, hand	13.50	9.50	16.75
Industrial truck operators	15.50	10.50	20.50
Information security analysts	44.50	30.25	58.50
Inspectors, testers, sorters	20.75	13.50	25.00
Machinists	21.50	15.75	24.75
Network administrators	45.25	30.25	54.00
Packaging and filling machine operators	11.25	8.25	15.25
Secretaries	17.00	11.75	20.00
Shipping/receiving clerks	17.75	11.75	20.25
Team assemblers	13.50	8.25	17.50
Telemarketers	14.25	9.75	22.00

Wages are an estimate of what workers might expect to receive in Carroll and Howard counties and may vary by industry, employer and locality

Brief Economic Facts // CARROLL COUNTY, MARYLAND

SCHOOLS AND COLLEGES[3,8]

Educational Attainment - age 25 & over (2011-2013)

High school graduate or higher	91.9%
Bachelor's degree or higher	31.9%

Public Schools

- Number: 23 elementary; 9 middle/combined; 9 high
- Enrollment: 25,879 (Sept. 2014)
- Cost per pupil: $12,763 (2012-2013)
- Students per teacher: 14.0 (Oct. 2013)
- High school career / tech enrollment: 3,155 (2014)
- High school graduates: 2,188 (July 2013)

Nonpublic Schools

- Number: 27 (Sept. 2013)

Higher Education (2014)	Enrollment	Degrees
2-year institution		
Carroll Community College	3,661	656
4-year institution		
McDaniel College	3,187	732

TAX RATES[9]

	Carroll Co.	Maryland
Corporate Income Tax (2015)	none	8.25%
Base – federal taxable income		
Personal Income Tax (2015)	3.03%	2.0%-5.75%*
Base – federal adjusted gross income		
*Graduated rate peaking at 5.75% on taxable income over $300,000		
Sales & Use Tax (2015)	none	6.0%
Exempt – sales for resale; manufacturer's purchase of raw materials; manufacturing machinery and equipment; purchases of materials and equipment used in R&D and testing of finished products; purchases of computer programs for reproduction or incorporation into another computer program for resale		
Real Property Tax (FY 15)	$1.018	$0.112
Effective rate per $100 of assessed value		
In an incorporated area, a municipal rate will also apply		
Business Personal Property Tax (FY 15)	$2.515	none
Rate per $100 of depreciated value		
Exempt – manufacturing and R&D machinery, equipment, materials and supplies; manufacturing, R&D and warehousing inventory		
In an incorporated area, a municipal rate will also apply		

Major Tax Credits Available

Job Creation, R&D, Biotechnology and Cybersecurity Investment, New Jobs, Gateway Improvement Program

INCOME[3] (2011-2013)

Distribution	Percent Households Carroll Co.	Maryland	U.S.
Under $25,000	13.0	16.1	23.9
$25,000 - $49,999	16.6	18.1	24.0
$50,000 - $74,999	16.2	17.4	17.9
$75,000 - $99,999	14.2	13.3	11.9
$100,000 - $149,999	22.5	18.0	12.7
$150,000 - $199,999	10.4	8.5	4.8
$200,000 and over	7.1	8.6	4.8
Median household	$81,600	$72,345	$52,176
Average household	$96,455	$94,841	$72,897
Per capita	$35,188	$35,837	$27,884
Total income (millions)	$5,765	$203,854	$8,436,477

HOUSING[2,3,10]

Occupied Units (2011-2013) 59,765 (81.1% owner occupied)

Housing Transactions (2013)	Units	Median Selling Price
All arms-length transactions	1,655	$296,130
All multiple-listed properties*	1,704	$280,000

*Excludes auctions and FSBO

BUSINESS AND INDUSTRIAL PROPERTY[6]

Carroll County has a variety of industrial sites ranging from one to 100+ acres. Most industrial properties are located in or near incorporated towns with infrastructure in place. Both finished and unfinished parcels are available.

The **Westminster Technology Park** offers state-of-the-art technology infrastructure with high visibility on MD 97 and easy access to the Carroll County Regional Airport. Finished lots, ranging from 2 to 14 acres, are available for sale.

Also in Westminster, build-to-suits are available at the **Carroll County Commerce Center**, with 300,000 sf at build out.

The **Warfield Corporate Center**, a redevelopment project in Sykesville, consists of 12 existing buildings totaling over 158,000 sf. The historic buildings are eligible for state and federal tax credits. Buildings are for lease and several pad sites are also available for development ranging in size from one to 12 acres.

The **Carroll Innovation Center at Overton** offers Class A office space with on-site business services designed for entrepreneurs and emerging businesses. Different packages are available at affordable rates. www.carrollinnovationcenter.com

Business Incubator
Carroll Innovation Center at Overton, Westminster

Market Profile Data (2014)	Low	High	Average
Land – cost per acre			
Industrial / Office	$30,000	$250,000	$175,000
Rental Rates – per square foot			
Warehouse / Industrial	$2.75	$7.00	$4.00
Flex / R&D / Technology	$7.50	$9.50	$8.50
Class A Office	$12.00	$22.50	$14.00

Brief Economic Facts // CARROLL COUNTY, MARYLAND

TRANSPORTATION

Highways: I-70, MD 97 and MD 140; county arteries connect to I-695, I-795 and U.S. 15

Rail: CSX Transportation; Maryland Midland Railway, Inc. (short line service)

Truck: 75 local and long-distance trucking establishments are located in the county

Water: Port of Baltimore, 50' channel; a leading U.S. automobile and break-bulk port; seven public terminals including the state-of-the-art Intermodal Container Transfer Facility

Air: Served by Baltimore/Washington International Thurgood Marshall Airport (BWI); served locally by the Carroll County Regional Airport offering charter and air taxi services, 5,100 ft runway, with seven corporate hangars on site

RECREATION AND CULTURE

Parks and Recreation: Multiple parks and facilities provide an array of leisure activities; outdoor enthusiasts will enjoy a variety of equestrian, hiking, cycling and cross country ski trails as well as sailing, tennis, fishing, hunting, swimming and picnicking; 11 recreation councils offer many recreational programs for all ages including baseball, soccer, lacrosse, football, basketball, martial arts, crafts and dance

Sports: Carroll County Sports Complex hosts regional and national competitive softball tournaments

Golf: Six golf courses challenge golfers in beautiful settings

Cultural: Antique shops, gift boutiques, historical sites, bookstores, art galleries and local wineries

Attractions: Hashawha Environmental Center offers environmental education and conservation programs; Carroll County Farm Museum presents rural life as it was in the past and serves as home to many special exhibits and events

Events: The Maryland Wine Festival, Westminster Flower & Jazz Mart, Corbit's Charge Commemoration: Battle of Westminster, Surf & Turf Summertime Fun Festival, Old-Fashioned Corn Roast, Civil War Living History Reenactment, Fourth of July Celebration, Carroll County 4-H/FFA Fair

UTILITIES

Electricity: Baltimore Gas and Electric and the Allegheny Power System; customers of investor-owned utilities and major cooperatives may choose their electric supplier

Gas: Natural gas supplied by Baltimore Gas and Electric; customers may choose their gas supplier

Water and Sewer: Municipal or county systems serve Hampstead, Manchester, Mount Airy, New Windsor, Sykesville-Freedom, Taneytown, Union Bridge, and Westminster

Telecommunications: Verizon Maryland offers Verizon Business Ethernet and voice, data, TV, and wireless services; Comcast offers Business Class Services for internet, phone, TV and Ethernet; Quantum Internet Services offers a variety of internet and telephone services; Freedom Wireless Broadband is a wireless Internet service provider; Carroll County government is a member of the Maryland Broadband Cooperative (MDBC) which is developing "middle mile" fiber optic networks as part of the Maryland Rural Broadband Initiative.

GOVERNMENT[11]

County Seat: Westminster

Government: Five commissioners elected by district for four-year terms; commissioner form of government limits county legislative power to areas authorized by the General Assembly
J. Douglas Howard, President, Board of County Commissioners
410.386.2044

Website: www.ccgovernment.carr.org

County Bond Rating: AAA (S&P); Aa1 (Moody's); AAA (Fitch)

Carroll County Department of Economic Development
225 North Center Street, Suite 101
Westminster, Maryland 21157
Telephone: 410.386.2070
Metropolitan Baltimore: 410.876.2450 ext. 2070
Email: info@carrollbiz.org
www.carrollbiz.org

Sources:
1 National Oceanic and Atmospheric Administration (1981-2010 normals); Maryland Geological Survey
2 Maryland Department of Planning
3 U.S. Bureau of the Census
4 Maryland Department of Labor, Licensing and Regulation, Office of Workforce Information and Performance
5 U. S. Bureau of Labor Statistics
6 Carroll County Department of Economic Development
7 Maryland Department of Business and Economic Development
8 Maryland State Department of Education; Maryland Higher Education Commission
9 Maryland State Department of Assessments and Taxation; Comptroller of the Treasury
10 Maryland Association of Realtors
11 Maryland State Archives; Maryland Association of Counties

Carroll County

DEMOGRAPHIC AND SOCIO-ECONOMIC OUTLOOK

	Historical					Projected					
	1970	1980	1990	2000	2010 *	2015	2020	2025	2030	2035	2040
Population Characteristics:											
Total Population	69,006	96,356	123,372	150,897	167,134	168,550	175,900	179,450	183,250	186,200	189,550
Male	33,956	47,384	60,748	74,470	82,510	83,080	86,460	87,850	89,240	90,300	91,700
Female	35,050	48,972	62,624	76,427	84,624	85,470	89,440	91,600	94,000	95,900	97,860
Non-Hispanic White **	N/A	92,414	118,675	143,654	152,428	151,610	155,720	156,710	158,260	159,190	160,540
All Other **	N/A	3,942	4,697	7,243	14,706	16,940	20,180	22,740	24,980	27,010	29,020
Selected Age Groups:											
0-4	5,644	6,446	9,761	10,110	9,031	8,230	9,460	10,360	10,510	10,050	9,630
5-19	19,454	25,401	26,673	35,513	36,723	33,750	31,700	30,300	31,790	34,130	35,390
20-44	22,486	37,914	50,752	52,889	48,473	46,230	50,040	53,380	54,080	53,470	53,520
45-64	14,310	17,604	23,653	36,118	51,098	53,860	52,470	46,470	40,990	39,080	41,760
65+	7,112	8,991	12,533	16,267	21,809	26,480	32,240	38,950	45,890	49,480	49,260
Total	69,006	96,356	123,372	150,897	167,134	168,550	175,900	179,450	183,250	186,200	189,550
Total Household Population	63,960	92,514	120,457	147,316	163,815	165,142	172,360	175,727	179,255	181,871	184,882
Total Households	19,623	30,631	42,248	52,503	59,775	61,325	65,025	68,025	70,000	71,125	72,075
Average Household Size	3.26	3.02	2.85	2.81	2.74	2.69	2.65	2.58	2.56	2.56	2.57
Labor Force:											
Total Population 16+	48,573	71,529	94,022	113,461	131,350	136,050	144,080	146,730	148,490	150,430	153,980
In Labor Force	27,898	46,998	67,905	80,767	92,050	93,150	96,310	95,410	93,680	92,660	94,190
% in Labor Force *	57.4	65.7	72.2	71.2	70.1	68.5	66.8	65.0	63.1	61.6	61.2
Male Population 16+	23,579	34,777	45,719	54,958	64,200	66,470	70,150	71,070	71,420	71,960	73,450
In Labor Force	17,467	27,472	37,522	43,139	48,650	49,250	50,700	50,210	49,250	48,660	49,370
% in Labor Force *	74.1	79.0	82.1	78.5	75.8	74.1	72.3	70.6	69.0	67.6	67.2
Female Population 16+	24,994	36,752	48,303	58,503	67,140	69,580	73,930	75,660	77,070	78,470	80,530
In Labor Force	10,431	19,526	30,383	37,628	43,400	43,900	45,610	45,200	44,430	44,000	44,820
% in Labor Force *	41.7	53.1	62.9	64.3	64.6	63.1	61.7	59.7	57.6	56.1	55.7
Jobs by Place of Work :	27,223	36,133	52,388	68,111	81,611	85,800	91,300	95,900	98,600	101,800	104,500
Personal Income :											
Total (million of constant 2009$)	$1,299.4	$2,418.6	$4,003.3	$6,086.4	$7,393.5	$7,995.8	$9,089.5	$9,780.7	$10,374.9	$10,946.7	$11,592.1
Per Capita (constant 2009$)	$18,713	$24,972	$32,262	$40,186	$44,211	$47,439	$51,674	$54,504	$56,616	$58,790	$61,156

** For 2010 to 2040 non-hispanic white population is equal to "non-hispanic white alone", and all other population is equal to "all other races", alone and two or more races.

* Labor force participation rates for 2010 are estimates based on the 2008-2012 American Community Survey. These participation rates are applied to the Census 2010 population by age/sex to yield labor force estimates.

SOURCE: Projections prepared by the Maryland Department of Planning, July 2014. Population and houshold data from 1970 thru 2010 are from the U.S. Census Bureau, as is the labor force data from 1970 thru 2000. Labor force participation rate data for 2010 is an estimate by the Maryland Department of Planning based on 2008-2012 American Community Survey data. 1990 race and sex population is from modified age, race, sex data (MARS) and 2000 race and sex population from modified race data, both from the U.S. Census Bureau. Historical jobs, total personal income and per capita personal income data are from the U.S. Bureau of Economic Analysis.

Projections are rounded, therefore numbers may not add to totals.

Sustainability Indicators for Carroll County and State of Maryland

Sustainability Indicator	Carroll County		Maryland	
	Estimate	(+/-) Percent MOE*	Estimate	(+/-) Percent MOE*
Transportation				
Share of commuters who don't drive alone to work	16.9%	1.4%	26.4%	0.3%
Mean travel time to work (minutes)	34.9	0.9	32.2	0.1
Housing				
Percent homeowners paying 35.0 percent or more of income for housing	23.5%	1.8%	25.3%	0.4%
Percent renters paying 35.0% or more of income for rent	41.7%	4.4%	42.4%	0.6%
Equity				
Poverty rate	6%	0.8%	10.2%	0.2%
Share of income held by top 5% of households	16.74%	1.05%	20.29%	0.24%
Economic Development				
Percent of jobs inside PFAs held by residents living in the PFA	48.0%		41.7%	
2014 annual average unemployment rate	5%		5.8%	
Percent bachelor's degree or higher	31.9%	1.3%	37.1%	0.2%
Income				
Median household income (dollars)	$81,600	$2,723	$72,345	$375
Development				
Percent of single-family residential parcels developed inside of PFAs, 2007-2011	66.6%		71.9%	
Ratio of preserved land to developed land	0.92		0.94	
Percent of resource land preserved	34.5%		26.8%	
Percent of agricultural and resource lands which are unstable	43.0%		27.5%	

* MOE= Margin of error for the 90 percent confidence interval. The estimate, plus and minus the MOE, gives you the lower and upper bounds around the estimate, indicating the range in which there is a 90 percent probability that the range contains the true value. The smaller the margin of error, the more reliable the estimate.

Prepared by the Maryland Department of Planning, March 2015.

EXPLANATION OF SUSTAINABILITY MEASURES

TRANSPORTATION

Definition: This indicator shows the average number of minutes a person spends traveling to work.

Significance: Time spent traveling means less time to spend with family or on other activities. Longer commute times are also related to longer distances t which will increase air pollution and other environmental impacts.

Source: 2011-2013 American Community Survey

HOUSING

Definition: This indicator shows the percent of households that have housing costs greater than 35 percent of their income. It was calculated by dividing to households with housing costs greater than 35% of income by total households in the community.

Significance: Housing is generally considered affordable if it accounts for roughly 35 percent* or less of a household's monthly budget. Households that sp money on housing may have less money to spend on other needs such as health care and education.

Source: 2011-2013 American Community Survey

EQUITY - Poverty Rate

Definition: This indicator shows the percent of all people who live in poverty.

Significance: The higher the poverty rate the more stress is on a community and the more unsustainable is the health of a community

Source: 2011-2013 American Community Survey

EQUITY - Income Concentration

Definition: This indicator shows the share of income within the community held by the 5 percent of households with the highest incomes.

Significance: This indicator suggests the extent to which wealth is concentrated in a small number of households. A value of 5 percent would mean that ev household's income is equal. The higher the value, the more wealth is concentrated.

Source: 2011-2013 American Community Survey

ECONOMIC DEVELOPMENT - PERCENT OF JOBS IN PFAs HELD BY RESIDENTS LIVING IN PFAs

Definition: This indicator shows the percent of a jurisdiction's jobs inside their priority funding areas that are held by residents that live in the jurisdiction's p funding areas

Significance: Priority funding areas (PFAs) are local/state designated growth areas. Most jobs are located in PFAs, and the higher the percentage of work in PFAs, the more likely that commute times and distance would be minimized.

Source: Maryland Department of Planning using data from the 2011 Longitudinal Employer-Household Dynamics Program (U.S. Census Bureau)

ECONOMIC DEVELOPMENT - UNEMPLOYMENT RATE

Definition: This indicator shows the unemployment rate, or the percentage of the total workforce who are unemployed and are looking for a paid job. The unemployment rate does not include long-term unemployed who have given up looking for work.

Significance: A higher unemployment rate indicates a depressed economy that may not provide an adequate standard of living for all its residents.

Source: Maryland Department of Labor, Licensing and Regulation - 2014 annual averages

ECONOMIC DEVELOPMENT - EDUCATION

Definition: This indicator shows the share of the community's population that holds a college degree, including 2-year, 4-year, or advanced degrees

Significance: A post-secondary education is essential to many of today's jobs, especially higher-paying jobs. A well-educated workforce can provide a com advantage to communities for helping to attract and retain businesses. College graduates can expect to earn over 80 percent more over their lifetime than h school graduates; even an Associate's degree can boost earnings by one-third*.

* Carnevale, A.P., S.J. Rose, and B. Cheah. "The College Payoff: Education, Occupations, and Lifetime Earnings." Georgetown University Center on Education and the Workforce. Based on a the 2007-2009 American Community Survey

Source: 2011-2013 American Community Survey

INCOME

Definition: This indicator shows the income level that is exceeded by half of the households in the community. It is defined as the income in the past 12 mo 2013 inflation-adjusted dollars.

Significance: A higher median income indicates a more prosperous community. In comparison to the average or "mean" income, which may be skewed by number of high-income households, the median income provides an indicator of the wealth of a broader section of the population.

Source: 2011-2013 American Community Survey

DEVELOPMENT - PERCENT OF SINGLE-FAMILY PARCELS DEVELOPED INSIDE OF PFAS

Definition: This indicator shows the percent of single-family parcels on 20 acres or less which are developed inside of PFAs over the last five years.

Significance: The higher the percent of single-family residential development inside of PFAs, the more compact the development and the less land consur that development.

Source: Maryland Department of Planning from MD Property View

DEVELOPMENT - RATIO OF PRESERVED LAND TO DEVELOPED LAND THROUGH FY 2012

Definition: This indicator shows the ratio of the acres of permanently preserved land to the acres of developed land.

Significance: It is a a State goal to have a balance of preserved and developed land, specifically to preserve an acre of land for every acre developed.

Source: Maryland departments of Planning, Agriculture, Natural Resources, and Maryland counties.

DEVELOPMENT - PERCENT OF RESOURCE LAND PRESERVED

Definition: This indicator shows the percentage of land outside areas planned for growth, development and sewer service that is permanently preserved b federal or local programs

Significance: Preserving agricultural, forested, and important natural and water resource lands is a State priority.

Source: Maryland departments of Planning, Agriculture, Natural Resources, and Maryland counties.

DEVELOPMENT - PERCENT OF AG AND RESOURCE LANDS WHICH ARE UNSTABLE

Definition: Unstable resource lands are those already or are most likely to be residentially subdivided and developed inconsistent with State goals for land resource conservation.

Significance: Maryland's land preservation goals call for local plans and land use tools that limit subdivision and development commensurate with achieve those goals.

Source: Maryland departments of Planning, Agriculture, Natural Resources, and Maryland counties.

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
Population		
2020 Projection	204,174	
2015 Estimate	200,524	
2010 Census	198,977	
2000 Census	179,732	
Growth 2015-2020	1.82%	
Growth 2010-2015	0.78%	
Growth 2000-2010	10.71%	
2015 Est. Population by Single-Classification Race	200,524	
White Alone	184,494	92.01
Black or African American Alone	6,602	3.29
Amer. Indian and Alaska Native Alone	408	0.20
Asian Alone	3,569	1.78
Native Hawaiian and Other Pac. Isl. Alone	83	0.04
Some Other Race Alone	1,755	0.88
Two or More Races	3,613	1.80
2015 Est. Population by Hispanic or Latino Origin	200,524	
Not Hispanic or Latino	194,110	96.80
Hispanic or Latino:	6,414	3.20
Mexican	2,178	33.96
Puerto Rican	1,024	15.97
Cuban	295	4.60
All Other Hispanic or Latino	2,917	45.48
2015 Est. Hisp. or Latino Pop by Single-Class. Race	6,414	
White Alone	4,130	64.39
Black or African American Alone	150	2.34
American Indian and Alaska Native Alone	72	1.12
Asian Alone	29	0.45
Native Hawaiian and Other Pacific Islander Alone	15	0.23
Some Other Race Alone	1,577	24.59
Two or More Races	441	6.88

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
2015 Est. Pop by Race, Asian Alone, by Category	3,569	
Chinese, except Taiwanese	550	15.41
Filipino	466	13.06
Japanese	88	2.47
Asian Indian	1,093	30.62
Korean	779	21.83
Vietnamese	242	6.78
Cambodian	7	0.20
Hmong	0	0.00
Laotian	0	0.00
Thai	45	1.26
All Other Asian Races Including 2+ Category	299	8.38
2015 Est. Population by Ancestry	200,524	
Arab	578	0.29
Czech	627	0.31
Danish	662	0.33
Dutch	1,243	0.62
English	16,663	8.31
French (except Basque)	3,041	1.52
French Canadian	709	0.35
German	42,528	21.21
Greek	1,094	0.55
Hungarian	427	0.21
Irish	23,392	11.67
Italian	13,811	6.89
Lithuanian	1,034	0.52
United States or American	18,912	9.43
Norwegian	1,153	0.57
Polish	6,392	3.19
Portuguese	72	0.04
Russian	1,554	0.77
Scottish	3,399	1.70
Scotch-Irish	1,892	0.94
Slovak	481	0.24
Subsaharan African	1,041	0.52
Swedish	723	0.36
Swiss	453	0.23
Ukrainian	528	0.26
Welsh	1,214	0.61
West Indian (except Hisp. groups)	286	0.14
Other ancestries	30,822	15.37

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
2015 Est. Population by Ancestry		
Ancestry Unclassified	25,793	12.86
2015 Est. Pop Age 5+ by Language Spoken at Home	190,785	
Speak Only English at Home	180,817	94.78
Speak Asian/Pac. Isl. Lang. at Home	1,605	0.84
Speak IndoEuropean Language at Home	3,394	1.78
Speak Spanish at Home	4,586	2.40
Speak Other Language at Home	383	0.20
2015 Est. Population by Sex	200,524	
Male	99,232	49.49
Female	101,292	50.51
2015 Est. Population by Age	200,524	
Age 0 - 4	9,739	4.86
Age 5 - 9	11,013	5.49
Age 10 - 14	13,776	6.87
Age 15 - 17	9,302	4.64
Age 18 - 20	8,946	4.46
Age 21 - 24	11,012	5.49
Age 25 - 34	19,851	9.90
Age 35 - 44	21,923	10.93
Age 45 - 54	34,793	17.35
Age 55 - 64	29,442	14.68
Age 65 - 74	18,400	9.18
Age 75 - 84	8,552	4.26
Age 85 and over	3,775	1.88
Age 16 and over	162,943	81.26
Age 18 and over	156,694	78.14
Age 21 and over	147,748	73.68
Age 65 and over	30,727	15.32
2015 Est. Median Age	42.6	
2015 Est. Average Age	40.6	

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
2015 Est. Male Population by Age	99,232	
Age 0 - 4	4,985	5.02
Age 5 - 9	5,561	5.60
Age 10 - 14	7,093	7.15
Age 15 - 17	4,798	4.84
Age 18 - 20	4,617	4.65
Age 21 - 24	5,730	5.77
Age 25 - 34	10,311	10.39
Age 35 - 44	10,624	10.71
Age 45 - 54	17,131	17.26
Age 55 - 64	14,595	14.71
Age 65 - 74	8,886	8.95
Age 75 - 84	3,673	3.70
Age 85 and over	1,228	1.24
2015 Est. Median Age, Male	41.1	
2015 Est. Average Age, Male	39.6	
2015 Est. Female Population by Age	101,292	
Age 0 - 4	4,754	4.69
Age 5 - 9	5,452	5.38
Age 10 - 14	6,683	6.60
Age 15 - 17	4,504	4.45
Age 18 - 20	4,329	4.27
Age 21 - 24	5,282	5.21
Age 25 - 34	9,540	9.42
Age 35 - 44	11,299	11.15
Age 45 - 54	17,662	17.44
Age 55 - 64	14,847	14.66
Age 65 - 74	9,514	9.39
Age 75 - 84	4,879	4.82
Age 85 and over	2,547	2.51
2015 Est. Median Age, Female	43.9	
2015 Est. Average Age, Female	41.5	

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
2015 Est. Pop Age 15+ by Marital Status	165,996	
Total, Never Married	44,310	26.69
Males, Never Married	23,927	14.41
Females, Never Married	20,383	12.28
Married, Spouse present	91,485	55.11
Married, Spouse absent	5,625	3.39
Widowed	9,287	5.59
Males Widowed	2,078	1.25
Females Widowed	7,209	4.34
Divorced	15,289	9.21
Males Divorced	6,121	3.69
Females Divorced	9,168	5.52
2015 Est. Pop Age 25+ by Edu. Attainment	136,736	
Less than 9th grade	2,673	1.95
Some High School, no diploma	7,269	5.32
High School Graduate (or GED)	42,284	30.92
Some College, no degree	27,971	20.46
Associate Degree	10,057	7.36
Bachelor's Degree	29,603	21.65
Master's Degree	13,411	9.81
Professional School Degree	2,037	1.49
Doctorate Degree	1,431	1.05
2015 Est. Pop Age 25+ by Edu. Attain., Hisp./Lat.	3,365	
No High School Diploma	365	10.85
High School Graduate	1,107	32.90
Some College or Associate's Degree	792	23.54
Bachelor's Degree or Higher	1,101	32.72
Households		
2020 Projection	73,160	
2015 Estimate	71,553	
2010 Census	70,545	
2000 Census	61,980	
Growth 2015-2020	2.25%	
Growth 2010-2015	1.43%	
Growth 2000-2010	13.82%	

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
2015 Est. Households by Household Type	71,553	
Family Households	54,849	76.66
Nonfamily Households	16,704	23.34
2015 Est. Group Quarters Population	3,412	
2015 HHs by Ethnicity, Hispanic/Latino	1,531	2.14
2015 Est. Households by HH Income	71,553	
Income < $15,000	3,308	4.62
Income $15,000 - $24,999	4,368	6.10
Income $25,000 - $34,999	4,508	6.30
Income $35,000 - $49,999	7,226	10.10
Income $50,000 - $74,999	10,540	14.73
Income $75,000 - $99,999	10,174	14.22
Income $100,000 - $124,999	9,264	12.95
Income $125,000 - $149,999	7,069	9.88
Income $150,000 - $199,999	8,171	11.42
Income $200,000 - $249,999	2,985	4.17
Income $250,000 - $499,999	2,986	4.17
Income $500,000+	954	1.33
2015 Est. Average Household Income	$107,503	
2015 Est. Median Household Income	$89,317	
2015 Median HH Inc. by Single-Class. Race or Eth.		
White Alone	89,311	
Black or African American Alone	77,488	
American Indian and Alaska Native Alone	105,000	
Asian Alone	128,272	
Native Hawaiian and Other Pacific Islander Alone	64,583	
Some Other Race Alone	70,753	
Two or More Races	75,694	
Hispanic or Latino	74,966	
Not Hispanic or Latino	89,584	
2015 Est. Family HH Type by Presence of Own Child.	54,849	
Married-Couple Family, own children	20,004	36.47

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
Married-Couple Family, no own children	25,936	47.29
Male Householder, own children	1,464	2.67
Male Householder, no own children	1,459	2.66
Female Householder, own children	3,146	5.74
Female Householder, no own children	2,840	5.18
2015 Est. Households by Household Size	71,553	
1-person	13,966	19.52
2-person	23,795	33.26
3-person	12,995	18.16
4-person	12,280	17.16
5-person	5,508	7.70
6-person	1,949	2.72
7-or-more-person	1,060	1.48
2015 Est. Average Household Size	2.75	
2015 Est. Households by Presence of People Under 18	71,553	
Households with 1 or More People under Age 18:	26,937	37.65
Married-Couple Family	21,314	79.13
Other Family, Male Householder	1,693	6.29
Other Family, Female Householder	3,697	13.72
Nonfamily, Male Householder	182	0.68
Nonfamily, Female Householder	51	0.19
Households with No People under Age 18:	44,616	62.35
Married-Couple Family	24,622	55.19
Other Family, Male Householder	1,231	2.76
Other Family, Female Householder	2,289	5.13
Nonfamily, Male Householder	7,318	16.40
Nonfamily, Female Householder	9,156	20.52
2015 Est. Households by Number of Vehicles	71,553	
No Vehicles	2,804	3.92
1 Vehicle	16,186	22.62
2 Vehicles	27,252	38.09
3 Vehicles	15,993	22.35
4 Vehicles	6,227	8.70
5 or more Vehicles	3,091	4.32
2015 Est. Average Number of Vehicles	2.3	

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
Family Households		
2020 Projection	56,056	
2015 Estimate	54,849	
2010 Census	54,100	
2000 Census	49,160	
Growth 2015-2020	2.20%	
Growth 2010-2015	1.38%	
Growth 2000-2010	10.05%	
2015 Est. Families by Poverty Status	54,849	
2015 Families at or Above Poverty	53,096	96.80
2015 Families at or Above Poverty with Children	24,326	44.35
2015 Families Below Poverty	1,753	3.20
2015 Families Below Poverty with Children	1,404	2.56
2015 Est. Pop Age 16+ by Employment Status	162,943	
In Armed Forces	150	0.09
Civilian - Employed	107,208	65.79
Civilian - Unemployed	6,503	3.99
Not in Labor Force	49,082	30.12
2015 Est. Civ. Employed Pop 16+ by Class of Worker	108,720	
For-Profit Private Workers	70,379	64.73
Non-Profit Private Workers	8,278	7.61
Local Government Workers	9,501	8.74
State Government Workers	3,393	3.12
Federal Government Workers	6,036	5.55
Self-Employed Workers	10,993	10.11
Unpaid Family Workers	140	0.13
2015 Est. Civ. Employed Pop 16+ by Occupation	108,720	
Architect/Engineer	2,904	2.67
Arts/Entertainment/Sports	2,151	1.98
Building Grounds Maintenance	3,175	2.92
Business/Financial Operations	5,972	5.49
Community/Social Services	1,445	1.33
Computer/Mathematical	5,293	4.87
Construction/Extraction	6,498	5.98
Education/Training/Library	6,096	5.61

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
Farming/Fishing/Forestry	606	0.56
Food Prep/Serving	4,924	4.53
Health Practitioner/Technician	6,171	5.68
Healthcare Support	1,581	1.45
Maintenance Repair	4,238	3.90
Legal	926	0.85
Life/Physical/Social Science	848	0.78
Management	15,234	14.01
Office/Admin. Support	15,064	13.86
Production	3,415	3.14
Protective Services	2,608	2.40
Sales/Related	10,582	9.73
Personal Care/Service	3,914	3.60
Transportation/Moving	5,075	4.67
2015 Est. Pop 16+ by Occupation Classification	108,720	
Blue Collar	19,226	17.68
White Collar	72,686	66.86
Service and Farm	16,808	15.46
2015 Est. Workers Age 16+ by Transp. to Work	106,884	
Drove Alone	88,225	82.54
Car Pooled	10,103	9.45
Public Transportation	1,181	1.10
Walked	1,109	1.04
Bicycle	176	0.16
Other Means	541	0.51
Worked at Home	5,549	5.19
2015 Est. Workers Age 16+ by Travel Time to Work *		
Less than 15 Minutes	18,744	
15 - 29 Minutes	23,232	
30 - 44 Minutes	24,910	
45 - 59 Minutes	16,896	
60 or more Minutes	17,363	
2015 Est. Avg. Travel Time to Work in Minutes	38.17	
2015 Est. Occupied Housing Units by Tenure	71,553	
Owner Occupied	59,514	83.17
Renter Occupied	12,039	16.83

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
2015 Owner Occ. HUs: Avg. Length of Residence	17.6	
2015 Renter Occ. HUs: Avg. Length of Residence	9.1	
2015 Est. Owner-Occupied Housing Units by Value	59,514	
Value Less than $20,000	662	1.11
Value $20,000 - $39,999	646	1.09
Value $40,000 - $59,999	169	0.28
Value $60,000 - $79,999	90	0.15
Value $80,000 - $99,999	217	0.36
Value $100,000 - $149,999	1,379	2.32
Value $150,000 - $199,999	3,857	6.48
Value $200,000 - $299,999	14,084	23.67
Value $300,000 - $399,999	16,047	26.96
Value $400,000 - $499,999	10,108	16.98
Value $500,000 - $749,999	8,728	14.67
Value $750,000 - $999,999	2,300	3.86
Value $1,000,000 or more	1,227	2.06
2015 Est. Median All Owner-Occupied Housing Value	$353,923	
2015 Est. Housing Units by Units in Structure	75,043	
1 Unit Attached	6,306	8.40
1 Unit Detached	60,392	80.48
2 Units	1,368	1.82
3 or 4 Units	1,325	1.77
5 to 19 Units	3,203	4.27
20 to 49 Units	578	0.77
50 or More Units	1,042	1.39
Mobile Home or Trailer	827	1.10
Boat, RV, Van, etc.	2	0.00
2015 Est. Housing Units by Year Structure Built	75,043	
Housing Units Built 2010 or later	1,819	2.42
Housing Units Built 2000 to 2009	10,750	14.33
Housing Units Built 1990 to 1999	13,331	17.76
Housing Units Built 1980 to 1989	13,806	18.40
Housing Units Built 1970 to 1979	13,458	17.93
Housing Units Built 1960 to 1969	5,269	7.02
Housing Units Built 1950 to 1959	5,181	6.90

Pop-Facts: Demographic Snapshot 2015 Report

CHC PRIMARY SERVICE AREA, ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
Housing Units Built 1940 to 1949	1,920	2.56
Housing Unit Built 1939 or Earlier	9,509	12.67
2015 Est. Median Year Structure Built**	1982	

*This row intentionally left blank. No total category data is available.

**1939 will appear when at least half of the Housing Units in this reports area were built in 1939 or earlier.

Pop-Facts: Demographic Snapshot 2015 Report

Appendix: Area Listing

Area Name: CHC PRIMARY SERVICE AREA

Type: List - Area ZIP Codes Reporting Detail: Aggregate Reporting Level: Area ZIP Codes

Geography Code	Geography Name	Geography Code	Geography Name
21048	Finksburg	21074	Hampstead
21102	Manchester	21155	Upperco
21157	Westminster	21158	Westminster
21757	Keymar	21771	Mount Airy
21776	New Windsor	21784	Sykesville
21787	Taneytown	21791	Union Bridge
21797	Woodbine		

Project Information:

Site: 1

Order Number: 974839903

Population Growth by Age Cohort
CHC Primary Service Area & Maryland
2015-2020

Zip Code Detail for 2010, 2015 and 2020

CHC Primary Service Area*

Zip	City	2010 Census	2015 Estimate	2020 Projection	Growth 2015-2020	% Change
21157	Westminster	37,206	36,971	37,225	254	0.7%
21158	Westminster	20,292	20,364	20,681	317	1.6%
21784	Sykesville	38,130	38,275	38,853	578	1.5%
21074	Hampstead	15,362	15,558	15,922	364	2.3%
21787	Taneytown	10,676	11,074	11,540	466	4.2%
21102	Manchester	11,484	11,718	12,060	342	2.9%
21048	Finksburg	10,803	10,640	10,626	-14	-0.1%
21771	Mount Airy	29,447	30,213	31,178	965	3.2%
21776	New Windsor	5,862	5,743	5,708	-35	-0.6%
21791	Union Bridge	5,214	5,132	5,116	-16	-0.3%
21797	Woodbine	8,728	9,073	9,451	378	4.2%
21155	Upperco	2,685	2,744	2,823	79	2.9%
21757	Keymar	3,088	3,019	2,991	-28	-0.9%
Total		**198,977**	**200,524**	**204,174**	**3,650**	**1.8%**

Carroll County	2010 Census	2015 Estimate	2020 Projection	Growth 2015-2020	% Change
	167,134	**167,842**	**170,499**	**2,657**	**1.6%**

State of Maryland	2010 Census	2015 Estimate	2020 Projection	Growth 2015-2020	% Change
	5,773,552	**5,995,464**	**6,231,322**	**235,858**	**3.9%**

*Please note - Some PSA zip codes fall into other counties besides Carroll, which is why the Carroll County totals above are lower than the Primary Service Area

Source: Nielsen Claritas Site Reports
Extracted on: 12/18/14
Last Updated on: 5/11/2015

Age Detail for PSA-2010,2015 and 2020

Age Cohort	2010 Census	2015 Estimate	2020 Projection	Growth 2015-2020	% Change
0-17	49,381	43,830	39,840	-3,990	-9.1%
18-44	61,706	61,732	64,663	2,931	4.7%
45-54	36,378	34,793	29,500	-5,293	-15.2%
55-64	25,908	29,442	33,256	3,814	13.0%
65+	25,604	30,727	36,915	6,188	20.1%
Total	**198,977**	**200,524**	**204,174**	**3,650**	**1.8%**

Age Detail for PSA - *Male Only*

Age Cohort	2010 Census	2015 Estimate	2020 Projection	Growth 2015-2020	% Change
0-17	25,289	22,437	20,333	-2,104	-9.4%
18-44	30,892	31,282	33,199	1,917	6.1%
45-54	18,154	17,131	14,325	-2,806	-16.4%
55-64	13,022	14,595	16,305	1,710	11.7%
65+	11,151	13,787	16,836	3,049	22.1%
Total	**98,508**	**99,232**	**100,998**	**1,766**	**1.8%**

Age Detail for PSA - *Female Only*

Age Cohort	2010 Census	2015 Estimate	2020 Projection	Growth 2015-2020	% Change
0-17	24,092	21,393	19,507	-1,886	-8.8%
18-44	30,814	30,450	31,464	1,014	3.3%
45-54	18,224	17,662	15,175	-2,487	-14.1%
55-64	12,886	14,847	16,951	2,104	14.2%
65+	14,453	16,940	20,079	3,139	18.5%
Total	**100,469**	**101,292**	**103,176**	**1,884**	**1.9%**

Source: Nielsen Claritas Site Reports
Extracted on: 12/18/14
Last Updated on: 5/11/2015

8. Our Community Dashboard

A. Methodology

The 2012 Community Health Needs Assessment (CHNA) included a broad selection of data for the consideration of multiple factors that may influence health in Carroll County. At that time, a contract was established between the Healthy Communities Institute (HCI) of Berkley, California, an industry leader in this area, and The Partnership for a web-based reporting system to provide local data for Carroll County on an ongoing basis. These data points, or indicators, were selected to be generally consistent with those used by other communities, by agencies of the State of Maryland, and nationally. The HCI system is licensed via an annual fee and is displayed on The Partnership's website at HealthyCarroll.org.

This online data reporting interface, known as **Our Community Dashboard**, provides current and historical data values for 142 indicators in seven categories, displayed graphically and textually. *Healthy People 2020* targets and *Maryland SHIP* targets are given for indicators that match up with data points used in those systems. An explanation of why each indicator is important and the source of the data are provided. There are 27 categories of data in these 7 broad areas:

- Health
- Economy
- Education
- Environment
- Public Safety
- Social Environment
- Transportation

On each individual indicator page is a blue box labeled "Indicators". These are additional or frequently-viewed indicators that supplement the indicator currently being viewed. Another blue box, labeled "Promising Practices," shows reports from other communities describing ways they have improved poor performance areas in their own communities.

Additional *Dashboard* features include:

- *The Disparities Dashboard* which is used to view data broken out by racial, ethnic, age, and gender groups to identify disparities within the population,
- *Demographics*
  The *Demographics Dashboard* allows exploration into population characteristics,
- The *Report Assistant* can be used to quickly integrate site content into reports that can be shared or saved,
- *The Indicator Comparison Report* allows users to view multiple indicators across available locations.

To view *Our Community Dashboard*, visit HealthyCarroll.org/assessments-data/our-community-dashboard/ where the table of all 142 indicators, indicator data, and information about how to read the graphic displays, are provided.

New this year - in time to be used for our 2015 CHNA - the HCI provides a tool with the Community Dashboard system that sorts and ranks categories and indicators to show possible areas of concern. This feature, called the **Data Scoring Tool**, generates reports in chart form that ranks the 27 categories and 142 indicators according to a statistical methodology. This ranking is a statistical analysis and does not capture the entire significance or burden to health represented by any one data point or health factor. However, it can be used to inform the determination of priorities, or to point out areas where more investigation is needed.

B. Results Summary

The results of the **HCI Data Scoring Tool** are attached. In the first report, the 27 categories are sorted according to rank from categories of most to least concern. The second report ranks the 142 indicators in Our Community Dashboard, from most to least concern.

According to these generated reports, the categories of most concern for Carroll County include **transportation**, **heart disease and stroke**, and **older adults**. Least-concerning categories are the social environment, men's health, and the economy.

The specific indicators of most concern compared with state and national data, scored by order of severity, are:

1. **Hyperlipidemia among the Medicare Population**
2. **Melanoma Incidence Rate**
3. **Atrial Fibrillation: Medicare Population**
4. **Rheumatoid Arthritis or Osteoarthritis: Medicare Population**
5. **Cancer: Medicare Population**
6. **Mean Travel Time to Work**
7. **Workers who Drive Alone to Work**
8. **Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)**
9. **Breast Cancer Incidence Rate**
10. **Adults with Asthma**

The least-concerning indicators include High School Graduation Rate, Per Capita Income, Persons with Health Insurance, Blood Lead Levels in Children, and Children Living Below Poverty Level.

These scoring results are to be considered collectively with the entire results of the CHNA.

C. Attachments

- Scoring Methodology
  Healthy Communities Institute

- Category List by Score
  Healthy Communities Institute

- Indicator Ranking Results
  Healthy Communities Institute

HCI DATA SCORING TOOL

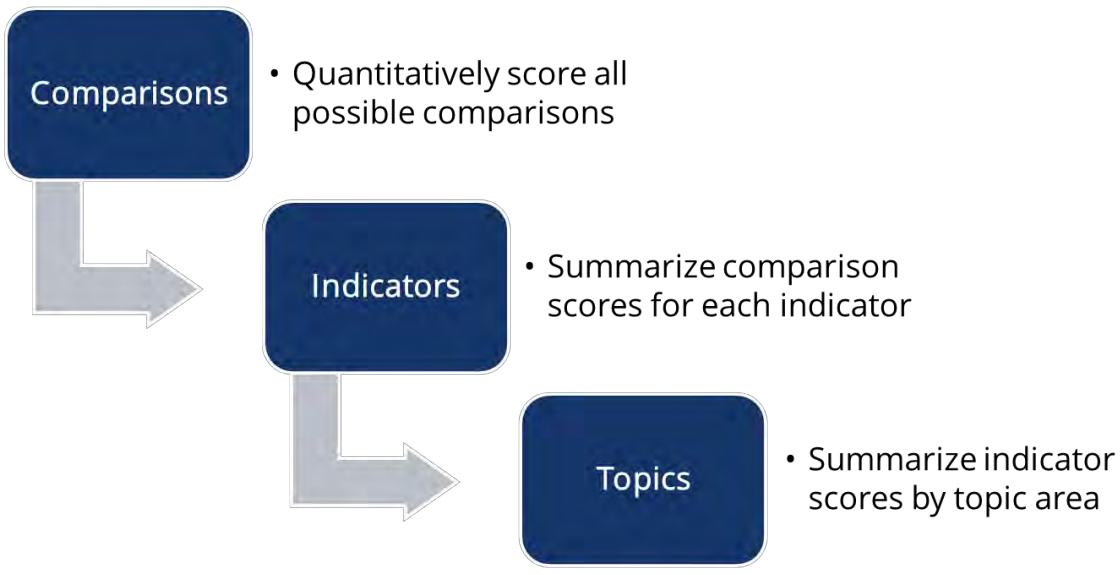
FEBRUARY 2015

METHODOLOGY

PURPOSE

The HCI Community Dashboard includes a large number of indicators that cover many areas of health and health-related topics. The value for each of these indicators can be compared to other communities, nationally or locally set targets, or historical trends for an assessment of the need for improvement. However, the prioritization of these needs requires a standardized method of summarizing those comparisons across the community dashboard. HCI's Data Scoring Tool ranks indicators on the HCI Community Dashboard according to a systematic summary of comparisons. These indicators can be further grouped into topic areas for a higher level ranking of community health needs. The resulting rankings can be used along with other considerations such as community input and the feasibility of impact when setting priorities for community health improvement.

OVERVIEW



COMPARISON SCORING

For each indicator, the community is assigned a score based on their comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. For each indicator on the community dashboard, all possible comparisons are considered in data scoring regardless of visibility on the community dashboard.

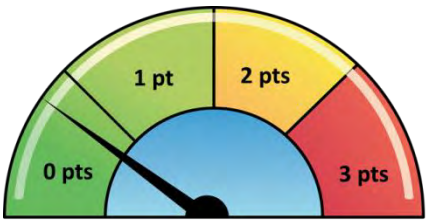
Because the smallest geographic granularity that is available for most health indicators is the county-level, HCI's Data Scoring Tool scores and ranks indicator data for counties.

COMPARISON TYPES

DISTRIBUTION OF COUNTY VALUES: WITHIN STATE AND NATIONAL

A distribution is created by taking all county values, ordering them from low to high, and dividing them into four equally sized groups based on their order. The comparison score for a county distribution is determined by which of these four groups (quartiles) your county falls in.

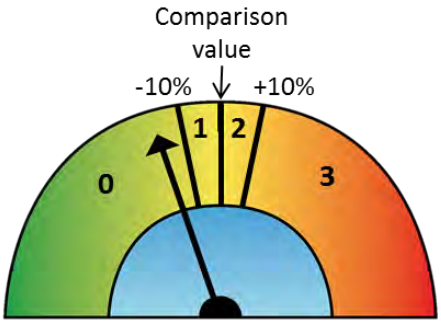
If the county value falls within the first (or best) quartile, it receives a score of 0 for the indicator. Falling in the second quartile results in a score of 1; the third quartile a score of 2, and the fourth (or worst) quartile a score of 3.



COMPARISON VALUES: STATE, NATIONAL, AND TARGETS

The county is compared to the state value, the national value, and target values. Targets may be nation-wide health goals (Healthy People 2020) or goals that have been set for a more specific community (such as state or county health improvement plans). For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, with severity determined by the percent difference between the two values.

$$\% \text{ difference} = \frac{\text{county value} - \text{comparison value}}{\text{comparison value}}$$



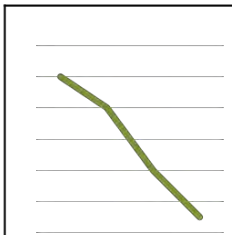
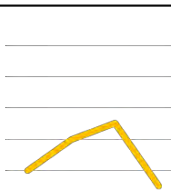
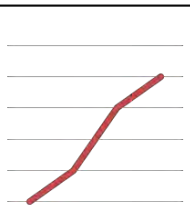
If the county value is better than the comparison value and the percent difference is more than 10%, then the indicator is scored 0. If the county value is equal to or better than the comparison value, but by 10% or less, then the resulting score is 1. If the county value is worse than the comparison value by 10% or less than the resulting score is 2; if worse by more than 10% the resulting score is 3.

In the rare case that there are multiple locally set targets for an indicator, the scores are calculated for each local target separately and then the scores are averaged for up to 5 targets.

TREND OVER TIME

The Mann-Kendall statistical test for trend is used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant.

The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. If the indicator value is trending in the good (improving) direction, and is statistically significant, the indicator is scored 0. If the value is trending in the good direction overall, but is *not* statistically significant, the resulting score is 1. If there is no evidence of a trend in either direction, the score is 1.5. If trending in the bad (worsening) direction, but *not* statistically significant, the score is 2. And if the trend is in the bad direction and is statistically significant, the score is 3.

Good direction			Bad direction	
Significant	NOT significant	Neutral	NOT significant	Significant
				
→ Score: 0	→ Score: 1	→ Score: 1.5	→ Score: 2	→ Score: 3

MISSING VALUES

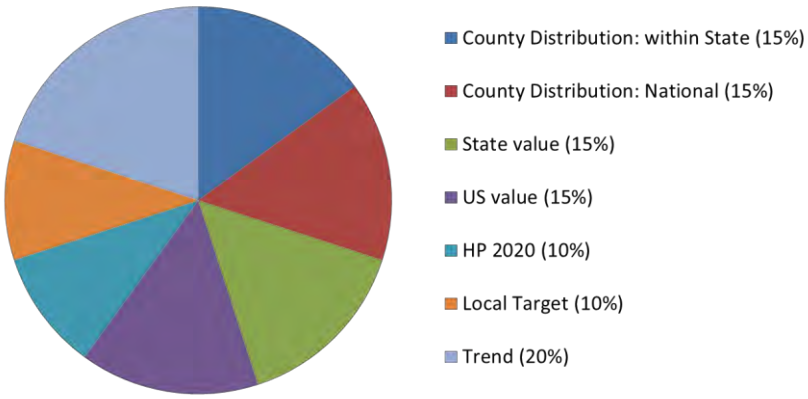
Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. To be included in scoring, most comparison types (county distributions, state value, US value, and trend) must be possible for at least 25% of indicators. HP2020 and local target comparisons must be possible for at least 10% of indicators to be included in scoring.

After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a value of 1.5 for the purposes of calculating the weighted average. The 1.5 substitution is intended to assign a "neutral" value when information is unknown due to lack of comparable data, and assumes that the missing comparison score is neither good nor bad.

INDICATOR SCORING

Indicator scores are calculated as a weighted average of all included comparison scores. If any comparisons have been excluded due to inadequate availability, all remaining comparisons are increased in weight proportionally.

Relative Weights of Comparisons in Indicator Score



If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

PRECISION

Each indicator score is accompanied by a level of precision, which indicates whether each score was calculated from a high, medium, or low number of actual comparisons (as opposed to 1.5 substitutions for missing comparisons).

TOPIC SCORING

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. A topic score is only calculated if it includes at least three indicators.

Our Community Dashboard
Category Ranking

Category	Matching Indicators	Score
Transportation	6	1.80
Heart Disease & Stroke	11	1.75
Older Adults & Aging	21	1.63
Oral Health	4	1.52
Access to Health Services	11	1.51
Other Chronic Diseases	3	1.50
Mental Health & Mental Disorders	7	1.48
Respiratory Diseases	12	1.45
Immunizations & Infectious Diseases	7	1.41
Substance Abuse	7	1.39
Environment	17	1.38
Mortality Data	19	1.36
Environmental & Occupational Health	5	1.33
Exercise, Nutrition, & Weight	20	1.32
Children's Health	8	1.30
Cancer	16	1.26
Prevention & Safety	7	1.26
Diabetes	4	1.25
Public Safety	6	1.23
Teen & Adolescent Health	5	1.18
Wellness & Lifestyle	5	1.10
Education	8	1.07
Maternal, Fetal & Infant Health	6	1.05
Women's Health	5	1.02
Economy	19	0.96
Men's Health	3	0.83
Social Environment	3	0.71

County: Carroll
Carroll Hosp Center (MD)
Total indicators: 142

Indicator	County Distribution		Value		Target		Trend	Score
	State	US	State	US	HP2020	Local		
Hyperlipidemia: Medicare Population	3	3	3	3	1.5	1.5	3	2.70
Melanoma Incidence Rate	3	3	3	3	1.5	1.5	3	2.70
Atrial Fibrillation: Medicare Population	3	3	3	3	1.5	1.5	2	2.50
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	3	3	2	2	1.5	1.5	3	2.40
Cancer: Medicare Population	3	3	2	3	1.5	1.5	2	2.35
Mean Travel Time to Work	3	3	2	3	1.5	1.5	2	2.35
Workers who Drive Alone to Work	3	3	3	2	1.5	1.5	2	2.35
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	3	1.5	3	3	3	1.5	1.5	2.33
Breast Cancer Incidence Rate	3	3	2	2	1.5	1.5	2	2.20
Adults with Asthma	3	1.5	3	3	1.5	1.5	1.5	2.18
Solo Drivers with a Long Commute	3	3	3	1.5	1.5	1.5	1.5	2.18
Children who Visited a Dentist	3	1.5	3	1.5	1.5	3	1.5	2.10
Adults 65+ with Pneumonia Vaccination	3	1.5	2	2	3	1.5	1.5	2.03
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2	1.5	3	3	1.5	1.5	1.5	2.03
High Cholesterol Prevalence	2	1.5	3	2	3	1.5	1.5	2.03
Salmonella Infection Incidence Rate	2	1.5	3	1.5	3	3	1	2.00
Workers Commuting by Public Transportation	3	0	3	3	3	1.5	1	2.00
Adult Fruit and Vegetable Consumption	3	1.5	3	1.5	1.5	1.5	1.5	1.95
Annual Ozone Air Quality	3	3	1.5	1.5	1.5	1.5	1.5	1.95
Depression: Medicare Population	2	2	2	1	1.5	1.5	3	1.95
Adults who Smoke	1	1.5	3	1	3	3	1.5	1.88
Adults with Diabetes	2	1.5	2	3	1.5	1.5	1.5	1.88
Babies with Very Low Birth Weight	2	1.5	1	3	3	1.5	1.5	1.88
Grocery Store Density	3	3	1.5	1.5	1.5	1.5	1	1.85
SNAP Certified Stores	3	3	1.5	1.5	1.5	1.5	1	1.85
Adolescents who have had a Routine Checkup: Medicaid Population	2	1.5	2	1.5	1.5	3	1.5	1.80
Age-Adjusted Death Rate due to Motor Vehicle Collisions	2	1.5	3	1.5	1.5	1.5	1.5	1.80
Asthma: Medicare Population	1	3	1	1	1.5	1.5	3	1.80
Children with Low Access to a Grocery Store	3	2	1.5	1.5	1.5	1.5	1.5	1.80
Heart Failure: Medicare Population	3	2	3	2	1.5	1.5	0	1.80
Hypertension: Medicare Population	1	3	2	2	1.5	1.5	1.5	1.80
People 65+ with Low Access to a Grocery Store	3	2	1.5	1.5	1.5	1.5	1.5	1.80
Self-Reported Good Mental Health	3	1.5	2	1.5	1.5	1.5	1.5	1.80
Adults 65+ with Influenza Vaccination	2	1.5	2	2	1.5	1.5	1.5	1.73
Alcohol-Impaired Driving Deaths	2	2	2	1.5	1.5	1.5	1.5	1.73
Non-Physician Primary Care Provider Rate	2	1	3	1.5	1.5	1.5	1.5	1.73
Children with Health Insurance	2	1	1	1	2	1.5	3	1.70
Adults who have had a Routine Checkup	2	1.5	2	1.5	1.5	1.5	1.5	1.65
ER Rate Related to Behavioral Health Conditions	1	1.5	2	1.5	1.5	3	1.5	1.65
Low-Income Persons who are SNAP Participants	2	2	1.5	1.5	1.5	1.5	1.5	1.65
Mothers who Received Early Prenatal Care	2	1.5	0	2	2	3	1.5	1.63
Low-Income Preschool Obesity	1	2	1.5	1.5	1.5	1.5	2	1.60
Primary Care Provider Rate	1	1	3	1.5	1.5	1.5	1.5	1.58
Student-to-Teacher Ratio	2	2	1	1.5	1.5	1.5	1.5	1.58
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	2	3	1.5	1	1.55
Adults who Visited a Dentist	1	1.5	2	1.5	1.5	1.5	1.5	1.50
Age-Adjusted Death Rate due to Colorectal Cancer	2	1	2	2	3	1.5	0	1.50
Ischemic Heart Disease: Medicare Population	2	2	2	2	1.5	1.5	0	1.50
Farmers Market Density	2	2	1.5	1	1.5	1.5	1	1.48
Adults Unable to Afford to See a Doctor	2	1.5	1	1.5	1.5	1	1.5	1.45
ER Rate Related to Domestic Violence	2	1.5	1	1.5	1.5	1	1.5	1.45
Teens who Smoke	1	1.5	2	1.5	1	1.5	1.5	1.45
Age-Adjusted Death Rate due to Unintentional Injuries	2	1.5	3	0	0	1.5	1.5	1.43
Death Rate due to Drug Poisoning	1	2	1	1.5	1.5	1.5	1.5	1.43
Dentist Rate	1	0	3	1.5	1.5	1.5	1.5	1.43
High Blood Pressure Prevalence	0	1.5	1	2	3	1.5	1.5	1.43

Average Life Expectancy	1	1.5	1	1.5	1.5	2	1.5	1.40
Diabetes: Medicare Population	1	2	1	2	1.5	1.5	1	1.40
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5	1.5	1.5	1	1.40
Fast Food Restaurant Density	0	2	1.5	1.5	1.5	1.5	1.5	1.35
Households with No Car and Low Access to a Grocery Store	1	1	1.5	1.5	1.5	1.5	1.5	1.35
Low-Income and Low Access to a Grocery Store	2	1	1.5	1.5	1.5	0	1.5	1.35
Adolescents who Use Tobacco	0	1.5	1	1.5	2	2	1.5	1.30
Age-Adjusted Death Rate due to Cancer	1	1	2	2	2	2	0	1.30
Age-Adjusted Death Rate due to Heart Disease	1	1.5	1	1.5	1.5	1	1.5	1.30
Hospitalization Rate Related to Alzheimer's and Other Dementias	1	1.5	1	1.5	1.5	1	1.5	1.30
Access to Exercise Opportunities	1	0	2	1.5	1.5	1.5	1.5	1.28
Age-Adjusted Death Rate due to Suicide	1	1.5	2	0	1	2	1.5	1.28
Cancer Mortality Rate	1.5	1.5	1.5	1.5	2	1.5	0	1.25
Osteoporosis: Medicare Population	1	2	1	1	1.5	1.5	1	1.25
4th Grade Students Proficient in Reading	0	1.5	1	1.5	1.5	1.5	1.5	1.20
Adequate Social and Emotional Support	0	1.5	1	1.5	1.5	1.5	1.5	1.20
Alzheimer's Disease or Dementia: Medicare Population	2	2	1	1	1.5	1.5	0	1.20
PBT Released	1.5	1.5	1.5	1.5	1.5	1.5	0	1.20
Self-Reported Good Physical Health	0	1.5	1	1.5	1.5	1.5	1.5	1.20
Age-Adjusted Death Rate due to Breast Cancer	1	1	1	1	2	1.5	1	1.15
Death Rate Related to Falls	1	1.5	0	1.5	1.5	1	1.5	1.15
Life Expectancy for Males	1	0	1	1	1.5	1.5	2	1.15
Adults Engaging in Regular Physical Activity	0	1.5	1	1	1.5	1.5	1.5	1.13
Adults who are Overweight or Obese	0	1.5	1	1	1.5	1.5	1.5	1.13
Age-Adjusted Death Rate due to Influenza and Pneumonia	1	1.5	0	1	1.5	1.5	1.5	1.13
Death Rate due to Drug Use	1	1.5	1	0	2	1	1.5	1.13
Drinking Water Violations	1	1	0	1.5	1.5	1.5	1.5	1.13
Self-Reported General Health Assessment: Good or Better	0	1.5	1	1	1.5	1.5	1.5	1.13
Students Eligible for the Free Lunch Program	0	0	0	1.5	1.5	1.5	3	1.13
Tuberculosis Incidence Rate	1	1.5	0	0	3	1.5	1.5	1.13
Renters Spending 30% or More of Household Income on Rent	0	2	1	1	1.5	1.5	1	1.10
Recreation and Fitness Facilities	1	0	1.5	0	1.5	1.5	2	1.08
4th Grade Students Proficient in Math	0	1.5	0	1.5	1.5	1.5	1.5	1.05
8th Grade Students Proficient in Math	0	1.5	0	1.5	1.5	1.5	1.5	1.05
8th Grade Students Proficient in Reading	0	1.5	0	1.5	1.5	1.5	1.5	1.05
Children with Asthma	0	1.5	0	1.5	1.5	1.5	1.5	1.05
Lung and Bronchus Cancer Incidence Rate	1	1	2	1	1.5	1.5	0	1.05
Oral Cavity and Pharynx Cancer Incidence Rate	1	0	1	1	1.5	1.5	1.5	1.05
Preterm Births	2	1.5	1	0	0	1.5	1	1.03
School Readiness at Kindergarten Entry	0	1.5	0	1.5	1.5	0	2	1.00
Chlamydia Incidence Rate	0	1.5	0	0	1.5	0	3	0.98
Colon Cancer Screening	0	1.5	1	0	1.5	1.5	1.5	0.98
Mammogram History	0	1.5	1	0	1.5	1.5	1.5	0.98
Severe Housing Problems	0	1	0	1.5	1.5	1.5	1.5	0.98
Stroke: Medicare Population	0	2	0	1	1.5	1.5	1	0.95
Violent Crime Rate	0	1.5	0	1.5	1.5	1.5	1	0.95
Gonorrhea Incidence Rate	0	1.5	0	0	1.5	1.5	2	0.93
Adults with Health Insurance	0	0	1	0	2	1.5	2	0.90
Age-Adjusted Death Rate due to Prostate Cancer	1	1	0	1	1	1.5	1	0.90
Child Food Insecurity Rate	1	0	1	0	1.5	1.5	1.5	0.90
COPD: Medicare Population	1	1	2	0	1.5	1.5	0	0.90
ER Rate due to Asthma	0	1.5	0	1.5	1.5	0	1.5	0.90
ER Rate due to Diabetes	0	1.5	0	1.5	1.5	0	1.5	0.90
ER Rate due to Hypertension	0	1.5	0	1.5	1.5	0	1.5	0.90
Homeownership	0	0	0	0	1.5	1.5	3	0.90
Pedestrian Injuries	0	1.5	0	1.5	1.5	0	1.5	0.90
People 25+ with a Bachelor's Degree or Higher	1	0	3	0	1.5	1.5	0	0.90
Single-Parent Households	0	0	0	0	1.5	1.5	3	0.90
Chronic Kidney Disease: Medicare Population	0	1	0	0	1.5	1.5	2	0.85
Households with Cash Public Assistance Income	0	1	0	0	1.5	1.5	2	0.85
People 65+ Living Below Poverty Level	1	0	0	0	1.5	1.5	2	0.85
Adults who Binge Drink	1	1.5	0	0	0	1.5	1.5	0.83
Age-Adjusted Death Rate due to Diabetes	0	1.5	0	0	1.5	1.5	1.5	0.83
Food Environment Index	0	0	0	1.5	1.5	1.5	1.5	0.83
Adolescents who are Obese	0	1.5	0	1.5	0	0	1.5	0.75
High School Graduation	0	1.5	0	1.5	0	1	1	0.75
Per Capita Income	1	0	2	0	1.5	1.5	0	0.75
Persons with Health Insurance	0	0	1	0	2	2	1	0.75
Blood Lead Levels in Children	1	1.5	0	0	1.5	0	1	0.73
Children Living Below Poverty Level	0	0	0	0	1.5	1.5	2	0.70

9. Healthy Carroll Vital Signs

A. Methodology

Since the early 2000s, The Partnership has annually recorded and monitored consistently available, valid-source data for indicators related to the health of people in our community. This work is carried out through a system called *Healthy Carroll Vital Signs* (HCVS).

HCVS contains indicators that match the priorities and objectives determined through the Community Health Needs Assessment and planning process. Each indicator is aligned with a particular health improvement strategy, and has a specific target value. Accountability for each strategy, and thus for progress in reaching the indicator target, is written into the Community Benefit and Health Improvement Plan. *Sharing the Spirit* — our Community Benefit and Health Improvement Plan for FY2014-2016 — contains 37 indicators which are tracked in HCVS.

The targets in HCVS are adopted from Healthy People 2020 Objectives, Maryland SHIP Goals, and American Cancer Society Goals. When no expert outside target source is available, targets have been developed by Carroll Hospital's Community Benefit Planning and Evaluation Team. Data in HCVS is regularly checked by the Community Benefit Team, staff of The Partnership, Leadership Team members, and community health improvement partners, as all strive together to meet the plan's objectives. With HCVS, those working on the plan can objectively evaluate progress and adjust actions designed to move the numbers in a positive direction if necessary.

Data sources are consulted twice a year for new information, in April/ May and October/ November. Any new data is entered in the HCVS database. The process of collecting the data from various sources and entering new numbers in the database is carried out by the staff of The Partnership. Some data must be requested directly from the staff of other organizations: the process varies according to the indicators being tracked.

Data from the HCVS database is published twice a year for public viewing, on June 1 and on December 1. The published document is provided electronically in PDF format, and posted on HealthyCarroll.org under "Assessments & Data."

The current HCVS data document is attached here for a perspective of progress toward Community Benefit Plan target objectives since the plan's inception. For some HCVS indicators, the data saved goes back even further in time, and long-term trend information is available.

B. Data Summary

HCVS data is organized by the priority areas of the FY2014-FY2016 Community Benefit Plan:

- **Obesity**
- **Diabetes**
- **Heart Disease and Stroke**
- **Mental Health and Substance Abuse (Behavioral Health)**
- **Cancer**
- **Lack of Exercise (Physical Activity)**
- **Access to Health Care**
- **Elder Health**

Data in the **Obesity** area shows improvement in the percentage of *adults who are obese,* and the target *of 66.1% or less* has been met. Fresh data for two other obesity indicators, *preschool obesity percentage*, and *consumption of fruits and vegetables*, is not available and therefore any recent changes are not shown.

Diabetes indicators – *percentage of adults with diabetes, diabetes death rate, hospital admissions for diabetes,* and *diabetes education targeted toward the African American population*, all show improvement, and have met or are better than their target objectives.

Some indicators for **Heart Disease and Stroke** have not improved, and are in fact on a negative trend. Percentages of *adults with high blood pressure and high cholesterol have increased*. The *death rate due to heart disease* has increased, but even so, the Carroll rate is better than the State Health Improvement Plan's target objective of 173.5 per 100,000. The *death rate for stroke* has improved, but it remains higher than the Healthy People 2020 Objective of 33.8 per 100,000.

Mental Health and Substance Abuse indicators are mixed. Not all target objectives for the behavioral health indicators have been reached, but generally positive progress is shown. *Wait times at Access Carroll for appointments* have decreased, the *number of participants in the integrated primary care model* has increased, and the *number of behavioral health visits to the Carroll Hospital Emergency Department by Access Carroll patients* has gone down. The most unfavorable data in this area is for *adults who smoke tobacco*, which at 19.4% is a 3% increase between 2012 and 2013, and is well above the 12% target set by Healthy People 2020.

Most **Cancer** data is on target; objectives have been reached for *breast cancer early stage diagnosis, colon cancer screening compliance, colon cancer early stage diagnosis,* and *number of people educated on skin cancer protective measures*. *Skin cancer screening participation* is moving toward the target, as is *mammogram compliance*. Only *melanoma incidence* is trending negatively. However, the most recent data available for this indicator is for the 2007-2011 period, and therefore does not show any recent changes.

Lack of Exercise (Physical Activity) was prioritized in the last CHNA planning process. HCVS data for *percentage of adults who engage in regular physical activity*, shows that the Healthy People 2020 Objective for this indicator has been met.

Data related to **Access to Health Care** shows that positive progress has occurred in this area. *Patient encounters* and *volunteer professional provider hours* decreased at Access Carroll due to the increased utilization of long-term students in nursing, pharmacy, and social work, who provided services otherwise provided by professional volunteers. The *number of Carroll Health Group primary care providers* increased. *Non-emergency visits to the Emergency Department* decreased, indicating better access to non-emergency services outside the Emergency Department.

Elder Health indicators show across-the-board negative trends. Fewer older adults reported that they *received a flu shot* at the most recent survey (2013). The increase in *number of acute admissions for diabetes,* while slight, is still moving away from the target of 1% or less. While the *percentage of older adults with diabetes* increased only slightly, this number is still above the target value of 26.4%. *Percentages of adults aged 65+ with high blood pressure and high cholesterol* are above targets, and increasing.

C. Attachment

- Healthy Carroll Vital Signs data report – June 2015
  The Partnership for a Healthier Carroll County

Healthy Carroll Vital Signs are the *measures of health* (or *indicators*) for our community of Carroll County, MD.

INDICATOR Indicator is based on the entire population of Carroll County MD, unless otherwise noted	DATA		TREND	Desired trend	TARGET & Target Source CB-HIP SHIP 2014 Healthy People 2020 ACS 2015
	Previous	***Current***			
Obesity					
1. % of adults who are overweight or obese	**70.6%** (2012)	**61.6%** (2013)	↓	Downward	66.1%
2. % of low-income preschool students who are obese	**14.4**% (2010)	**14.6**% (2011)	↑	Downward	11.3%
3. % of adults who consume recommended amounts of fruits/vegetables	**24**% (2009)	**20.6**% (2010)	↓	Upward	25.2%
Diabetes					
1. % of adults with diabetes	**11%** (2012)	**7.5%** (2013)	↓	Downward	10.4%
2. Age-adjusted death rate due to diabetes - rate per 100,000	**13.1** (2012)	**12.6** (2013)	↓	Downward	12
3. Acute admissions and readmissions at **CH** for diabetes	**1.47%** (2013)	**1.25%** (2014)	↓	Downward	1.25
4. # of individual participants in African-American targeted diabetes outreach/screening and education by **CH**	-	**110** (2014)	↑	Upward	25
Heart Disease and Stroke					
1. % of adults with high blood pressure	**30.7**% (2011)	**32.2**% (2013)	↑	Downward	26.9%
2. % of adults with high cholesterol	**33.8**% (2011)	**40.9**% (2013)	↑	Downward	13.5%
3. Age-adjusted death rate due to CVA (stroke) - rate per 100,000	**46.9** (2012)	**44.8** (2013)	↓	Downward	33.8
4. Age-adjusted death rate due to heart disease - rate per 100,000	**167.3** (2012)	**171.9** (2013)	↑	Downward	173.5
Mental Health & Substance Abuse (Behavioral Health)					
1. **Access Carroll** wait times for non-urgent medical appointments	**14 bus. days** (2013)	**10 bus. days** (2014)	↓	Downward	7 bus. days
2. **Access Carroll** # of unduplicated participants in integrated primary care model	**2,989** (2013)	**3,723** (2014)	↑	Upward	3,050
3. Annual # of **CH** Emergency Department visits related to Behavioral Health by **Access Carroll** patients	**467** (2013))	**446** (2014)	↓	Downward	410
4. # of patients re-admitted to **CH** inpatient unit 3+ times / year for Behavioral Health diagnosis	**51** (2013)	**39** (2014)	↓	Downward	50
5. % of adults with self-reported good mental health	**75.3%** (2012)	**72.7%** (2013)	↓	Upward	75.1
6. % of people 12+ who use pain relievers for non-medical reasons (north central Maryland)	**4.1**% (2010)	**3.8**% (2012)	↓	Downward	4.0%
7. % of adults who smoke tobacco	**17.9%** (2012)	**19.4%** (2013)	↑	Downward	12%

KEY TO ABBREVIATIONS

ACS - American Cancer Society
CB-HIP - Community Benefit & Health Improvement Plan
CH - Carroll Hospital
CVA - Cardiovascular Accident
SHIP - State Health Improvement Plan

The indicators and indicator data are listed by community benefit priority area.

INDICATOR	DATA		TREND	Desired trend	TARGET & Target Source
	Previous	*Current*			
Cancer					
1. % of women 50+ in compliance with the mammogram recommendations of the American Cancer Society	**83.2**% (2010)	**87.3%** (2012)	↑	Upward	90%
2. Breast cancer early stage diagnosis	**83.7%** (2013)	**89.0%** (2014)	↑	Upward	80%
3. % of adults in compliance with colon cancer screening recommendations of the American Cancer Society	**66.4%** (2010)	**79.2%** (2012)	↑	Upward	75%
4. Colon cancer early stage diagnosis	**44.8%** (2013)	**50.0%** (2014)	↑	Upward	38%
5. Skin cancer screening participation	**85** (2013)	**117** (2014)	↑	Upward	132
6. # of people educated on the importance of protective measures against skin cancer	**2,031** (2013)	**2,711** (2014)	↑	Upward	1,883
7. Melanoma incidence - rate per 100,000	**30.2** (2010)	**32.2** (2011)	↑	Downward	24.8
Lack of Exercise (Physical Activity)					
1. % of adults who engage in moderate physical activity *	**29.6**% (2009)	**33.6**% (2010)	↑	Upward	*
2. % of adults who engage in regular physical activity (150 min. moderate or 75 min. vigorous)	**50.2**% (2012)	**52.3**% (2013)	↑	Upward	47.9%
Access to Health Care					
1. **Access Carroll** # of patient encounters	**7,473** (2013)	**8,256** (2014)	↑	Upward	6,797
2. **Access Carroll** # of volunteer professional provider hours	**12,233** (2013)	**8,376** (2014)	↓	Upward	12,000
3. Value of free prescriptions provided annually via **Access Carroll**	**$1,294,402** (2013)	**$898,892** (2014)	↓	Upward **	$1,000,000
4. Annual # of *non-emergency* **CH** Emergency Department visits by **Access Carroll** patients	**291** (2013)	**203** (2014)	↓	Downward	258
5. # of new **Carroll Health Group** primary care providers	**14** (2013)	**15** (2014)	↑	Upward	15
Elder Health					
1. % of adults 65+ who received a flu shot	**79.8%** (2012)	**62.7%** (2013)	↓	Upward	90%
2. % of adults 65+ with diabetes	**23.1%** (2012)	**23.3%** (2013)	↑	Downward	26.4%
3. Acute admissions to **CH** of adults 65+ for diabetes	**1.13% (**2012)	**1.20%** (2013)	↑	Downward	1.0%
4. % of adults 65+ with high blood pressure	**56.5**% (2011)	**60.2**% (2013)	↑	Downward	26.9%
5. % of adults 65+ with high cholesterol	**47.5**% (2011)	**56**% (2013)	↑	Downward	13.5%

* *- Data for this indicator is no longer collected. Previous data is cited for information only.*

** *- The desired trend for this indicator has reversed due to implementation of the Affordable Care Act.*

- New data added since the last report (December 2014)

Updated June 2015

The Partnership for a Healthier Carroll County

HealthyCarroll.org

10. Carroll Hospital Data

A. Methodology

For data specific to Carroll Hospital, Horizon Performance Manager (HPM) software is utilized by both the Finance and Business Development departments. Both inpatient (IP) and outpatient volumes are available, and the data is updated weekly. The Finance Department maintains a monthly report to track the following: admissions, births, observation cases, inpatient and outpatient surgeries, and Emergency Department (ED) visits. Finance also tracks various patient indicators such as high utilization and Emergency Department visits, and they do an extensive physician-based reporting of caseloads, admission rates, length of stay and peer evaluation reporting. Due to the changing health care environment, Finance now closely tracks Readmissions, Performance Quality Indicators and Potentially Preventable Conditions. Periodically, Business Development runs HPM reports for specific service lines or procedures to calculate future volume projections; diagnosis codes to determine reasons for admissions and ED visits; payor mix to track commercial payor, Medicare and Medicaid utilization; and patient demographics.

The volumes for this analysis were extracted from Horizon Performance Manager (which is fed data from Paragon, the hospital's electronic medical records system) for the most recent calendar year, using groupings defined by the International Classification of Diseases Ninth Revision (ICD-9) diagnosis codes, All Patient Refined Diagnosis-Related Group (APR DRG) codes, or Medicaid Severity DRG (MS DRG) codes. Patients with any diagnosis of the following conditions were selected: Congestive Heart Failure, Dementia, Diabetes, Obesity, Mental Health, Tobacco Use, Low Birth Weight Newborns, Drug Addicted Newborns and Premature Newborns. The visit totals include inpatient, observation, psychiatric, and ED patient types. The data was then loaded into an Access database along with readmission reports. The Patient Account Numbers in the data from Horizon Performance Manager was compared with the Patient Account Numbers of those who were readmitted. This was done to see which patients with these conditions were readmitted to the hospital.

B. Results Summary

These nine conditions were selected for the analysis as they are areas of focus for Carroll Hospital's population health initiatives. Since reducing readmissions is an immediate organization wide objective, IP admission and ED return data were included for each of the conditions. The age breakout was included in order to highlight the specific populations in need of care. Of all the conditions, mental health accounts for the most visits, patients and readmissions; it also spans all age groups, with the majority of patients in the 36-64 age range. Tobacco use and obesity follow as the conditions with the next highest levels of visits and patients. While diabetes has the fourth highest level of patients and visits, this condition accounts for the second highest number of inpatient readmissions at 1,280. Tobacco use accounts for the most ED to ED returns. Congestive heart failure (CHF) and dementia are both

areas of focus for the 65+ patient population, and Carroll Hospital will continue to monitor newborn conditions. The utilization and readmission data in general will continue to be closely tracked along with any other conditions that affect the health of the community.

C. Attachment

- Carroll Hospital Data (chart)

Carroll Hospital Data

Timeframe: Calendar Year 2014

Metrics	Categories								
	Congestive Heart Failure	Dementia	Diabetes	Mental Health	Obesity	Tobacco Use	Low Birthweight Newborns	Drug Addicted Newborns	Premature Newborns
Total Visits*	**2,077**	**1,888**	**6,010**	**10,682**	**6,318**	**7,965**	**53**	**27**	**80**
Readmissions									
IP readmitted to IP	745	364	1,280	1,532	882	636	2	0	4
IP return to ED	370	299	921	1,541	573	1,047	1	0	3
ED return to ED 3 days later	86	113	685	1,695	290	1,792	0	0	2
Demographics (Unique Patients)									
Age Cohorts									
0-18	1	6	37	467	121	111	53	27	80
18-35	5	9	177	1,228	474	1,722	0	0	0
36-64	212	90	1,425	2,463	2,230	2,433	0	0	0
65-85	718	639	1,601	1,828	1,461	599	0	0	0
85+	347	520	319	727	128	47	0	0	0
Total Patients	**1,283**	**1,264**	**3,559**	**6,713**	**4,414**	**4,912**	**53**	**27**	**80**

* Visits do not represent total individual patients

Source: Horizon Performance Manager

11. Maryland State Health Improvement Process (SHIP) & Local Health Improvement Plan (LHIP)

A. Methodology

In the fall of 2011, the Maryland Department of Health and Mental Hygiene (DHMH) launched a state-wide effort to standardize a health improvement process within their system of local county health departments. The effort at the state level is known as the State Health Improvement Process (SHIP), and at the county level, the Local Health Improvement Plan (LHIP). The Partnership's Board of Directors configuration met all of the representative requirements proposed by the SHIP for the "Community Coalition" required to lead the LHIP in our county and has served as the Local Health Improvement Coalition (LHIC) since October of 2011.

The SHIP identified six common "Vision Areas" for each county with 39 High Impact objectives. DHMH provided per county baseline and comparative state-wide performance measures for each in FY2011 and FY2014.

After thorough data analysis, our coalition identified five major priority areas which needed attention in order to meet Healthy People 2020 improvement targets.

Those 5 areas are:

- Addictions and Behavioral Health
- Oral Health
- Tobacco
- Nutrition-Obesity and Salmonella
- Heart Disease and Cancer

The current SHIP Carroll County focus area indicators and data will be used in the priority setting process of the 2015 Community Health Needs Assessment (CHNA). Once the CHNA is completed a new LHIP will be developed collaboratively for FY 17 – FY 19 with the Community Benefit Plan.

For the 2017 SHIP targets, some measures have been removed or revised, and three measures have been added. The three new measures are: (1) increase the percentage of adults with a usual primary care provider, (2) reduce the percentage of uninsured emergency department visits, and (3) reduce dental-related emergency department visits. These changes reflect the changing health care environment in Maryland, including the expansion of insurance coverage and the transformation of the health care delivery system to focus on value rather than volume. Overall, the measures maintain a focus on the wide range of factors that impact health from birth to late adulthood.

B. Results Summary

A section has been established on The Partnership's website HealthyCarroll.org devoted to the SHIP and LHIP. Meeting minutes, agendas, and other information are included, since it is required to have public participation and is therefore an open process.

C. Attachments

- SHIP Vision Areas, Measures, and Goals
- SHIP Data for Carroll County

SHIP VISION AREAS, MEASURES & GOALS - 2015

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. The 39 SHIP Measures and Goals below are grouped by Vision Area.

		MD 2017 GOAL
	**Healthy Beginnings**	
	• Infant death rate – rate per 1,000 live births	6.3
	• Babies with low birth weight – percentage of live births	8%
	• Sudden unexpected infant death rate - rate per 1,000	.86
	• Teen birth rate – rate per 1,000 teenaged females	17.8
	• Early prenatal care – mothers who began care in 1st trimester	66.9%
	• Students entering kindergarten ready to learn	85.5%
	• High school graduation rate	95%
	• Children receiving blood lead screening	69.5%
	**Healthy Living**	
	• Adults who are a healthy weight	36.6%
	• Children and adolescents who are obese	10.7%
	• Adults who currently smoke	15.5%
	• Adolescents who use tobacco products	15.2%
	• HIV incidence rate – rate per 100,000	26.7
	• Chlamydia infection rate – rate per 100,000	431
	• Life expectancy – age in years	79.8
	• Increase physical activity – 150 min. moderate or 75 vigorous	50.4%
	**Healthy Communities**	
	• Child maltreatment rate – indicated findings per 1,000	8.3
	• Suicide rate – deaths per 100,000	9
	• Domestic violence – crimes per 100,000	445
	• Children with elevated blood lead levels	.28%
	• Fall-related death rate – deaths per 100,000	7.7
	• Pedestrian injury rate on public roads – rate per 100,000	35.6
	• Affordable housing – percentage of units sold	54.4%

SHIP VISION AREAS, MEASURES & GOALS - 2015 (continued)

		MD 2017 GOAL
	**Access to Health Care**	
	• Adolescents who received a wellness checkup in the last year	57.4%
	• Children receiving dental care in the last year	64.6%
	• Persons with a usual primary care provider	83.9%
	• Uninsured emergency department visits	14.7%
	**Quality Preventive Care**	
	• Age-adjusted mortality rate from cancer – rate per 100,000	147.4
	• Emergency department visit rate due to diabetes – rate per 100,000	186.3
	• Emergency department visit rate due to hypertension – rate per 100,000	234
	• Drug-induced death rate – rate per 100,000	12.6
	• Emergency department visits related to mental health conditions – rate per 100,000	3152.6
	• Hospitalization rate related to Alzheimer's or other dementias – rate per 100,000	199.4
	• Children (19-35 months old) who receive recommended vaccines	72%
	• Annual season influenza vaccinations – percentage of adults	49.1%
	• Emergency department visit rate due to asthma – rate per 10,000	62.5
	• Age-adjusted mortality rate from heart disease – rate per 100,000	166.3
	• Emergency department visits for addictions-related conditions – rate per 100,000	1400.9
	• Emergency department visit rate for dental care – rate per 100,000	792.8

Maryland State Health Improvement Process (SHIP)

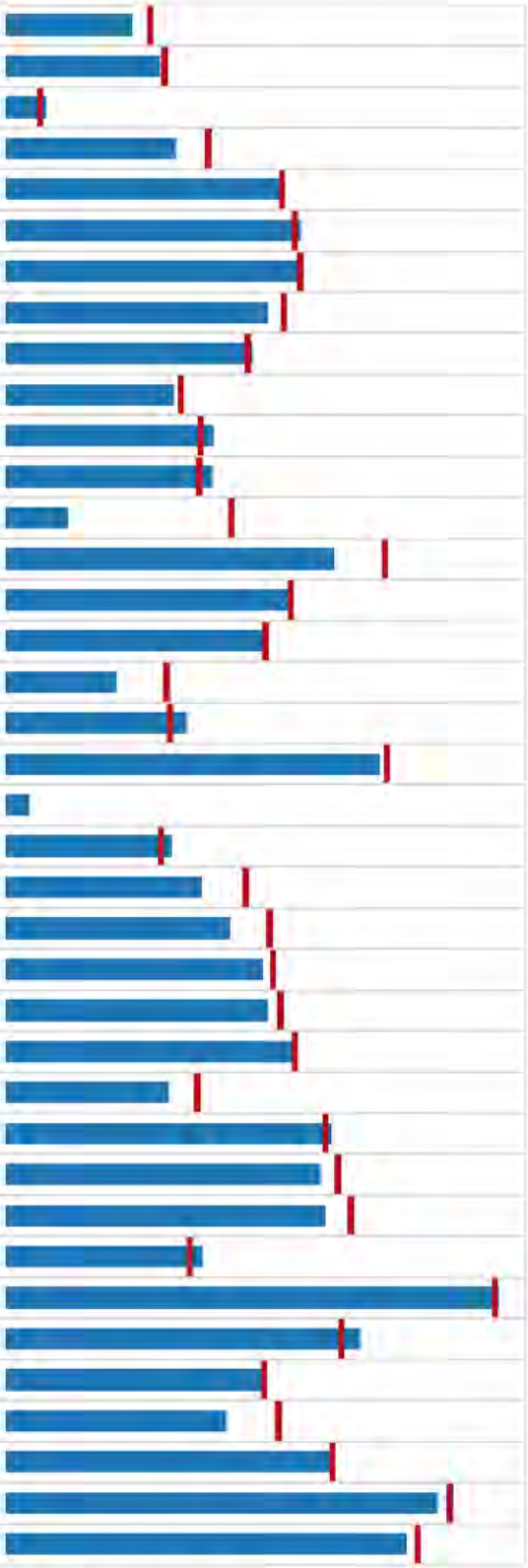
MARYLAND

Network of Care

CARROLL COUNTY

If charts and map are not present, select an Indicator for the current Focus Area selection. Select a county in the map, table or bar chart to see the performance of that area in the large chart area. Use the Ctrl key to select multiple counties.

Focus Area	Indicator	Area	Value	Change	Goal met?
Healthy Beginnings	Infant death rate	Carroll	4.5	0.8	Yes
	Babies with Low birth weight	Carroll	7.3	1.1	Yes
	Sudden unexpected infant de..	Carroll	1.0	0.0	No
	Teen birth rate	Carroll	10.0	-3.4	Yes
	Early prenatal care	Carroll	65.6	-7.0	No
	Students entering kindergarte..	Carroll	94.0	-2.0	Yes
	High school graduation rate	Carroll	95.0	0.6	Yes
	Children receiving blood lead ..	Carroll	51.7	2.0	No
Healthy Living	Adults who are a healthy weig..	Carroll	38.5	9.1	Yes
	Children and adolescents who..	Carroll	9.6	-0.3	Yes
	Adults who currently smoke	Carroll	19.4	1.5	No
	Adolescents who use tobacco ..	Carroll	18.7	-4.4	No
	HIV incidence rate	Carroll	1.4	-0.7	Yes
	Chlamydia infection rate	Carroll	171.5	2.5	Yes
	Life expectancy	Carroll	79.7	-0.1	No
	Increase physical activity	Carroll	52.3	2.1	Yes
Healthy Communities	Child maltreatment rate	Carroll	3.4	-0.1	Yes
	Suicide rate	Carroll	11.8	2.4	No
	Domestic Violence	Carroll	392.7	185.8	Yes
	Children with elevated blood l..	Carroll	0.7	0.4	No
	Fall-related death rate	Carroll	9.3	1.3	No
	Pedestrian injury rate on publi..	Carroll	15.5	0.5	Yes
	Affordable Housing	Carroll	26.4	-14.5	No
Access to Health Care	Adolescents who received a w..	Carroll	47.9	2.5	No
	Children receiving dental care ..	Carroll	52.6	-0.9	No
	Persons with a usual primary ..	Carroll	86.4	-3.2	Yes
	Uninsured ED Visits	Carroll	8.7	-1.2	Yes
Quality Preventive Care	Age-adjusted mortality rate fro..	Carroll	165.1	-5.2	No
	Emergency Department visit r..	Carroll	133.5	23.9	Yes
	Emergency Department visit r..	Carroll	146.2	19.9	Yes
	Drug-induced death rate	Carroll	16.2	3.1	No
	Emergency Department Visits ..	Carroll	3368.5	280.8	No
	Hospitalization rate related to ..	Carroll	271.9	-27.3	No
	Annual season influenza vacci..	Carroll	46.1	3.1	No
	Emergency department visit r..	Carroll	24.4	-1.4	Yes
	Age-adjusted mortality rate fro..	Carroll	171.9	4.6	No
	Emergency Department Visits ..	Carroll	1126.2	-118.0	Yes
	Emergency department visit r..	Carroll	633.7	-74.2	Yes



http://dhmh.maryland.gov/ship/SitePages/Home.aspx - Accessed APRIL 23, 2015

In the above chart, change is from previous reporting period.
Blue bar shows the county value and red line shows the MD 2017 Target.

12. Other Data

A. Methodology

This section of additional data was assembled to further inform our community health needs assessment process. The CHNA report will be used by Carroll Hospital for several important strategic planning purposes. The immediate intention is the creation of a Community Benefit Plan in fulfillment of the Hospital's Mission and in compliance with the requirements of our status as a not-for-profit organization. An understanding of many different determinants of health is required for a complete assessment of a community's health needs.

The scope of information available about the Carroll County community has been enriched for this CHNA by the data collection efforts by several local agencies, and by one national organization. Results are provided here from a survey conducted by The Partnership with a **College Student Focus Group** at McDaniel College to capture the perspective of that population. This activity was conducted with the involvement of a class at McDaniel College. The students in the class who were Carroll County residents, and others recruited by the class members, completed an online survey.

Results from the **Aging in Place Survey** conducted by the McDaniel College Center for the Study of Aging in collaboration with the Carroll County Commission on Aging are also included here. This was an online and paper survey administered in 2015 to capture the input of local residents aged 60 and older about the resources they need to help them to remain in their own homes for as long as possible.

Results from two planning surveys conducted by the Carroll County Department of Citizens Services are also included. First, the results of the **Human Services Needs Assessment Survey** are contained in the completed **2014 Department of Citizens Services Strategic Plan**, which is attached. The questions in the survey are also attached.

Secondly, to comply with the Older Americans Act, the Maryland Department of Aging requires each Area Agency on Aging to develop a four-year plan for its planning and service area. This is referred to by our Carroll County Bureau of Aging and Disabilities as the Area Plan. An online **Area Plan Survey** was conducted by the Bureau to collect citizen input for the Plan on services they identify as priorities for fiscal years 2016 through 2019.

The **County Health Rankings** report, prepared annually by the prestigious Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, compares Carroll County data to data from other counties in Maryland and in the nation, and gives yet another perspective about our community's health strengths and weaknesses. In the County Health Rankings, counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state. The

County Health Rankings team draws upon the most reliable and valid measures available to compile the Rankings. The methodology is described in more detail in the attached County Health Rankings 2015 Report for Maryland.
The County Health Rankings team calculates eight summary composite scores:

1. Overall Health Outcomes
2. Health Outcomes – Length of life
3. Health Outcomes – Quality of life
4. Overall Health Factors
5. Health Factors – Health behaviors
6. Health Factors – Clinical care
7. Health Factors – Social and economic factors
8. Health Factors – Physical environment

Many of the measures used to calculate the Rankings are also tracked by The Partnership as part of our system for continuously monitoring community health data, *Healthy Carroll Vital Signs*. More information about this report's methodology can be found in the report itself, and at http://www.countyhealthrankings.org/.

B. Results Summary

Data results in this section are supplemental to the primary data collected by the Community Health Needs Survey, Key Informant Survey, and Targeted Populations focus groups.

Individuals taking the **College Student Focus Group** survey ranked the following areas as the most important community health issues to address in the next 3-5 years:

1. Illegal Substance Abuse
2. Alcohol Abuse
3. Mental Health
4. Obesity
5. Tobacco Use

Students selected Affordable Housing as the most important social determinant of health.

The **Aging in Place Survey** yielded several definitions of successful aging from the residents taking the survey:

1. Involvement in physical, social, intellectual, and spiritual enrichment (36%)
2. Sense of optimism, happiness, and enjoyment (36%)
3. Good health (21%)
4. Independence in meeting personal needs (16%)

The survey results also ranked various daily living, health assistance, and professional health services by order of need (see attached).

The **Department of Citizens Services Strategic Plan** reports the top three needs of people seeking human services in Carroll County as:

1. Housing (Housing received 87% of the responses.)
2. Transportation
3. Employment

The **Area Plan Survey** ranked the top three needs of people seeking Aging & Disabilities Services as:

1. Health Care Resources
2. Financial Assistance
3. Transportation

In 2015, the **County Health Rankings** placed Carroll County #4 out of 24 for Overall Health Factors, and #4 out of 24 for Overall Health Outcomes. Every year since the Rankings were first published in 2010, Carroll County has consistently ranked near the top of all 24 Maryland jurisdictions in Health Factors as well as Health Outcomes.

C. Attachments

- College Student Focus Group Questions and Responses
  The Partnership for a Healthier Carroll County

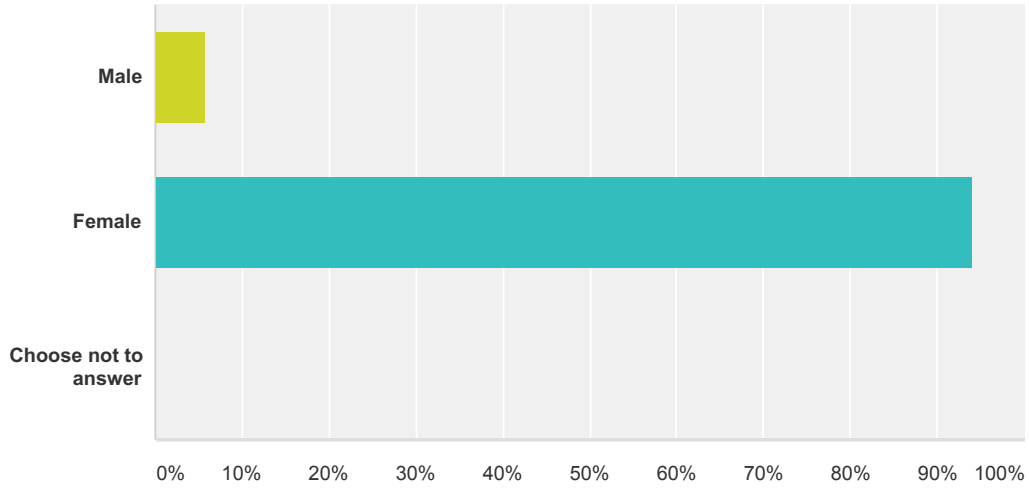
- 2015 Aging in Place Survey Responses and Questions
  Center for the Study for Aging, McDaniel College

- Carroll County Department of Citizens Services 2014 Strategic Plan, Human Services Needs Assessment Survey Questions, and Aging & Disabilities Services Area Plan Survey Questions & Results
  Carroll County Department of Citizens Services

- 2015 County Health Rankings for Maryland
  Robert Wood Johnson Foundation

Q1 What is your gender?

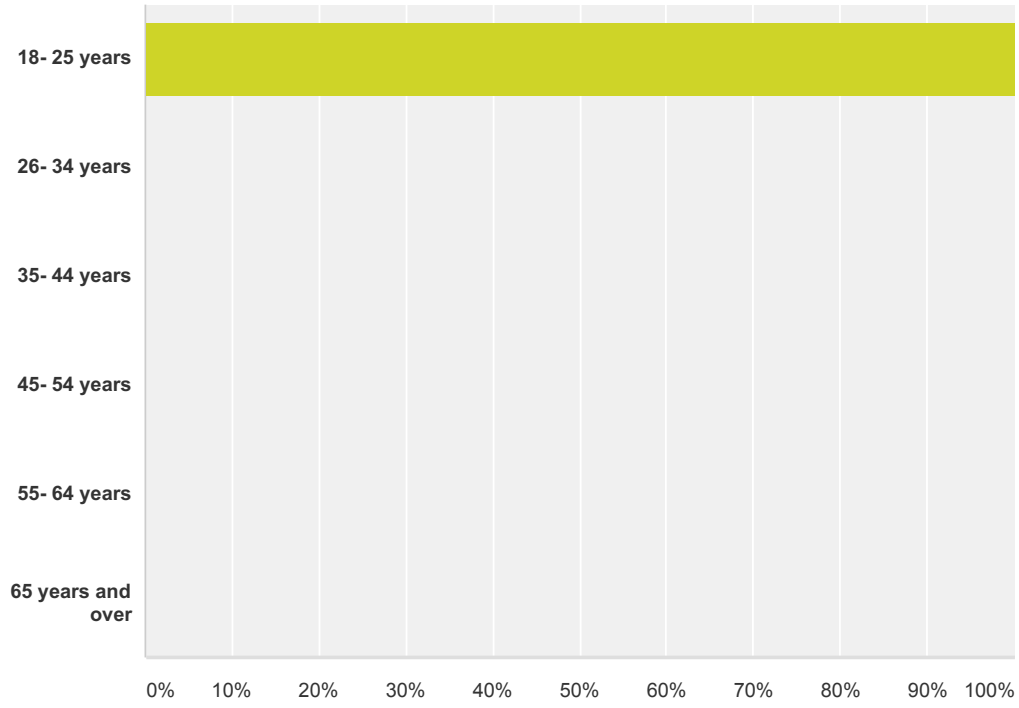
Answered: 34 Skipped: 0



Answer Choices	Responses	
Male	**5.88%**	2
Female	**94.12%**	32
Choose not to answer	**0.00%**	0
Total		**34**

Q2 What is your age?

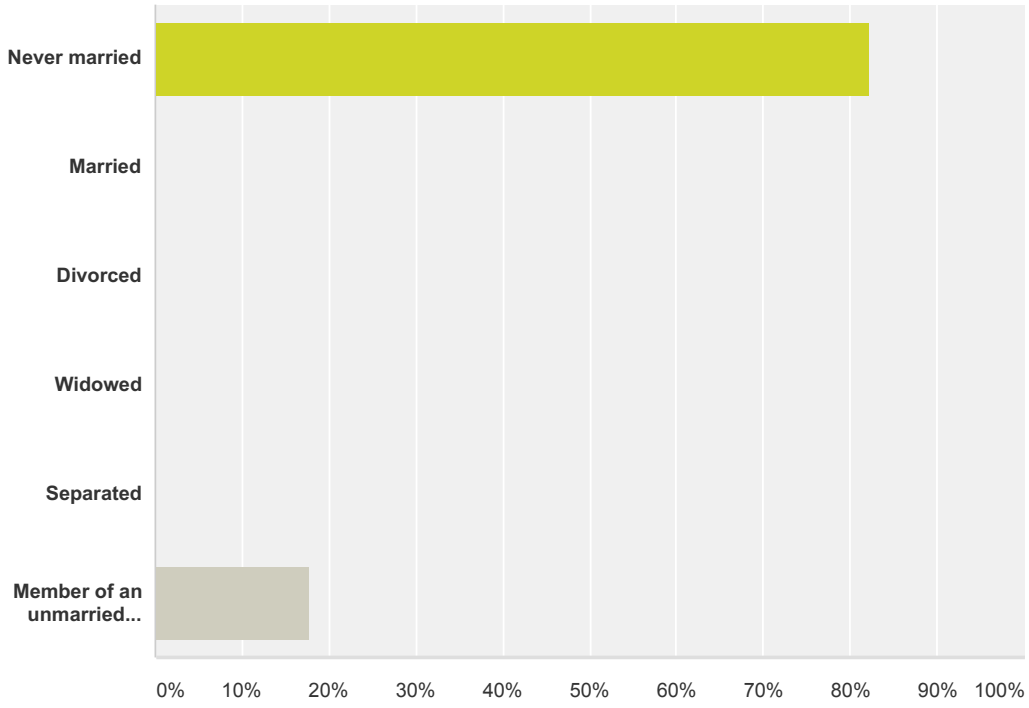
Answered: 34 Skipped: 0



Answer Choices	Responses	
18- 25 years	**100.00%**	34
26- 34 years	**0.00%**	0
35- 44 years	**0.00%**	0
45- 54 years	**0.00%**	0
55- 64 years	**0.00%**	0
65 years and over	**0.00%**	0
Total		**34**

Q3 What is your marital status?

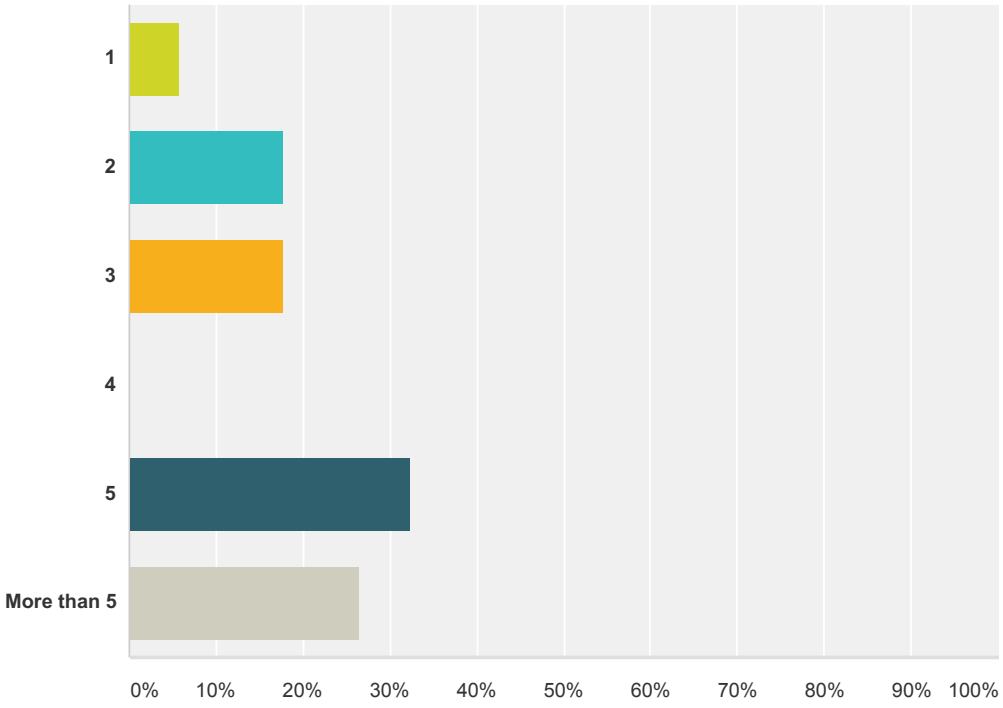
Answered: 34 Skipped: 0



Answer Choices	Responses	
Never married	**82.35%**	28
Married	**0.00%**	0
Divorced	**0.00%**	0
Widowed	**0.00%**	0
Separated	**0.00%**	0
Member of an unmarried couple	**17.65%**	6
Total		**34**

Q4 Number of people in your home

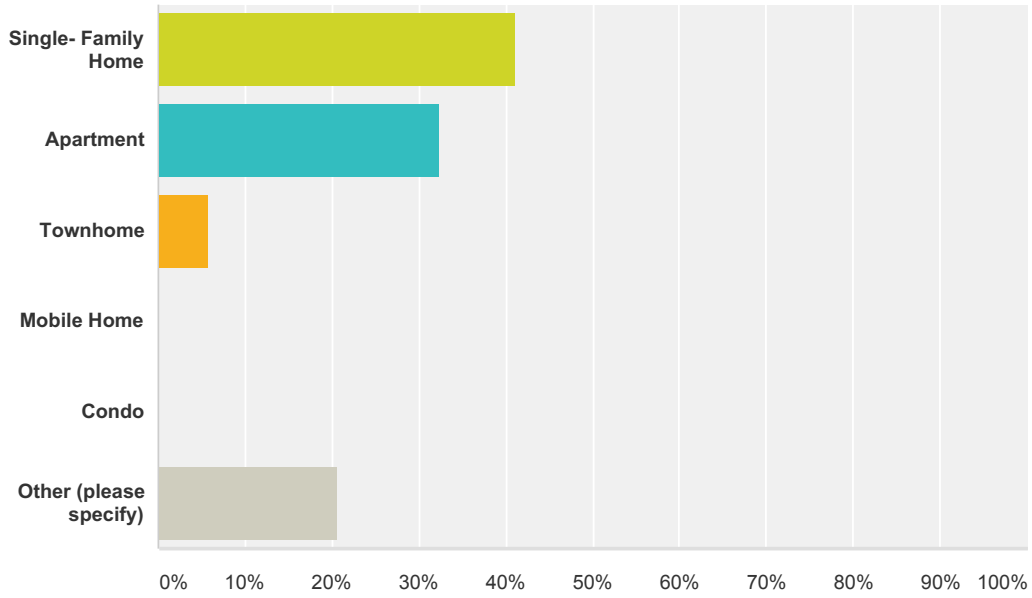
Answered: 34 Skipped: 0



Answer Choices	Responses	
1	**5.88%**	2
2	**17.65%**	6
3	**17.65%**	6
4	**0.00%**	0
5	**32.35%**	11
More than 5	**26.47%**	9
Total		**34**

Q5 Type of housing unit

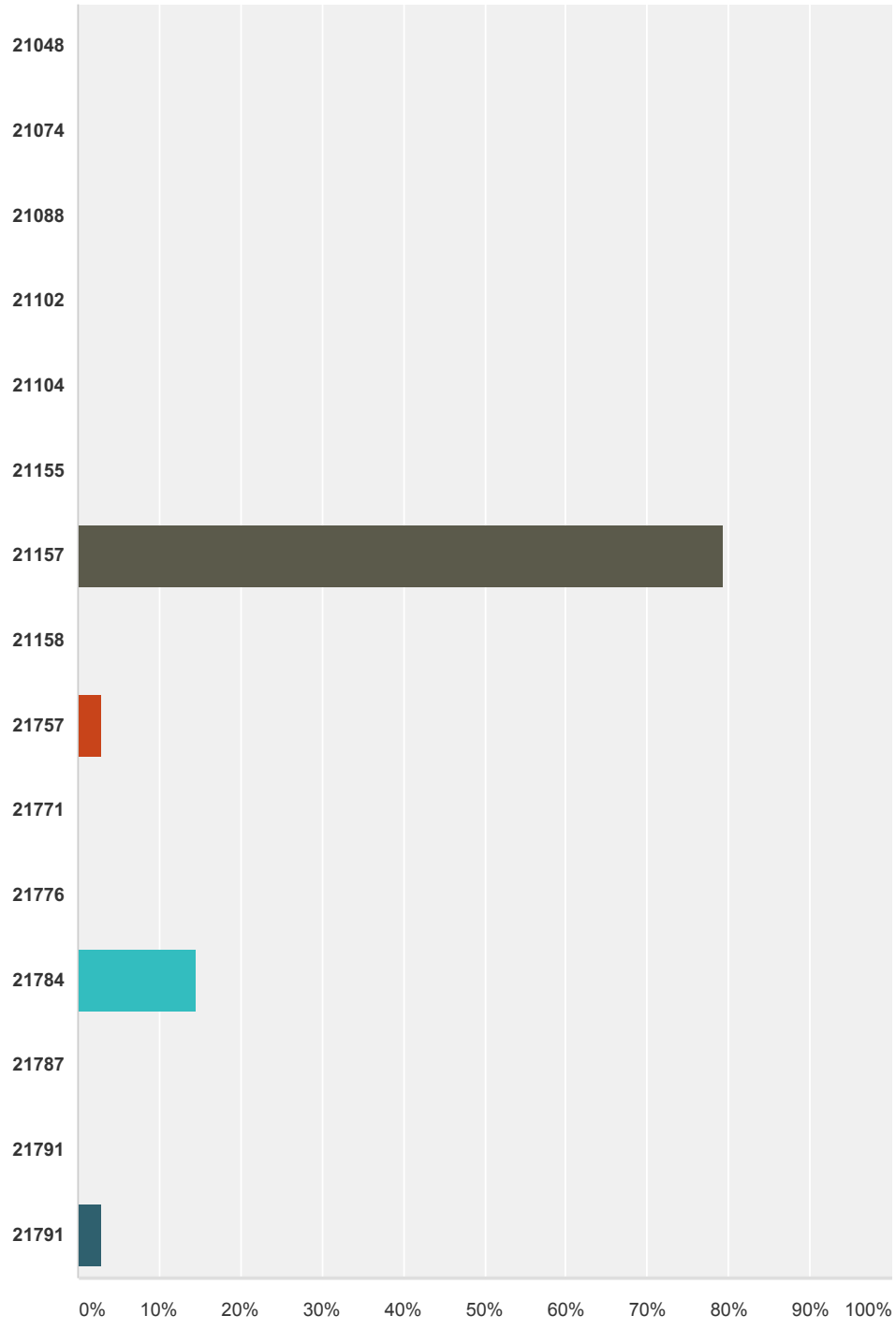
Answered: 34 Skipped: 0



Answer Choices	Responses	
Single- Family Home	**41.18%**	14
Apartment	**32.35%**	11
Townhome	**5.88%**	2
Mobile Home	**0.00%**	0
Condo	**0.00%**	0
Other (please specify)	**20.59%**	7
Total		**34**

Q6 Zip Code

Answered: 34 Skipped: 0

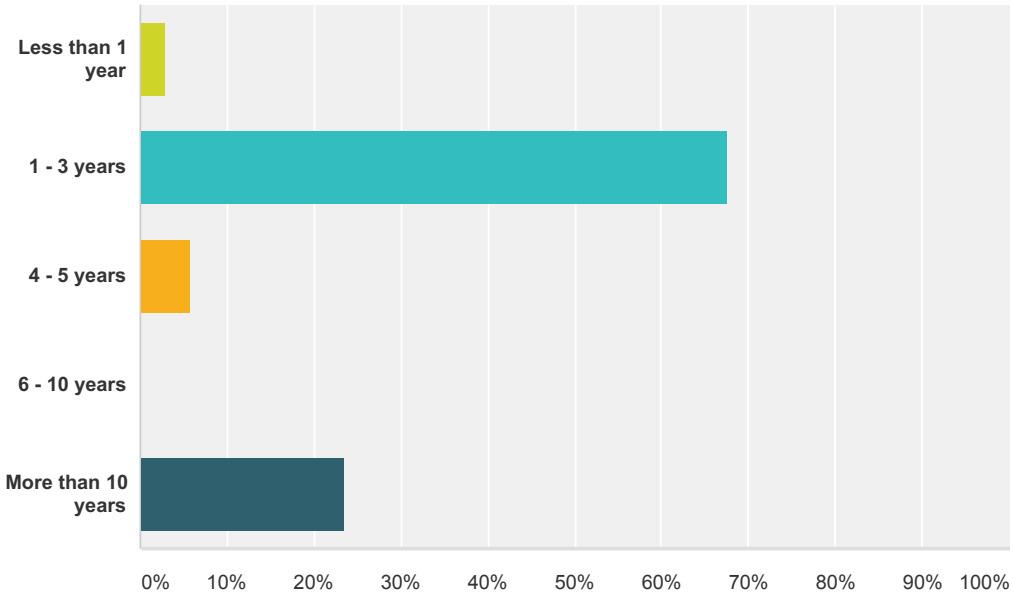


Answer Choices	Responses	
21048	0.00%	0
21074	0.00%	0
21088	0.00%	0

21102	**0.00%**	0
21104	**0.00%**	0
21155	**0.00%**	0
21157	**79.41%**	27
21158	**0.00%**	0
21757	**2.94%**	1
21771	**0.00%**	0
21776	**0.00%**	0
21784	**14.71%**	5
21787	**0.00%**	0
21791	**0.00%**	0
21791	**2.94%**	1
Total		**34**

Q7 Number of Years Lived in Carroll County

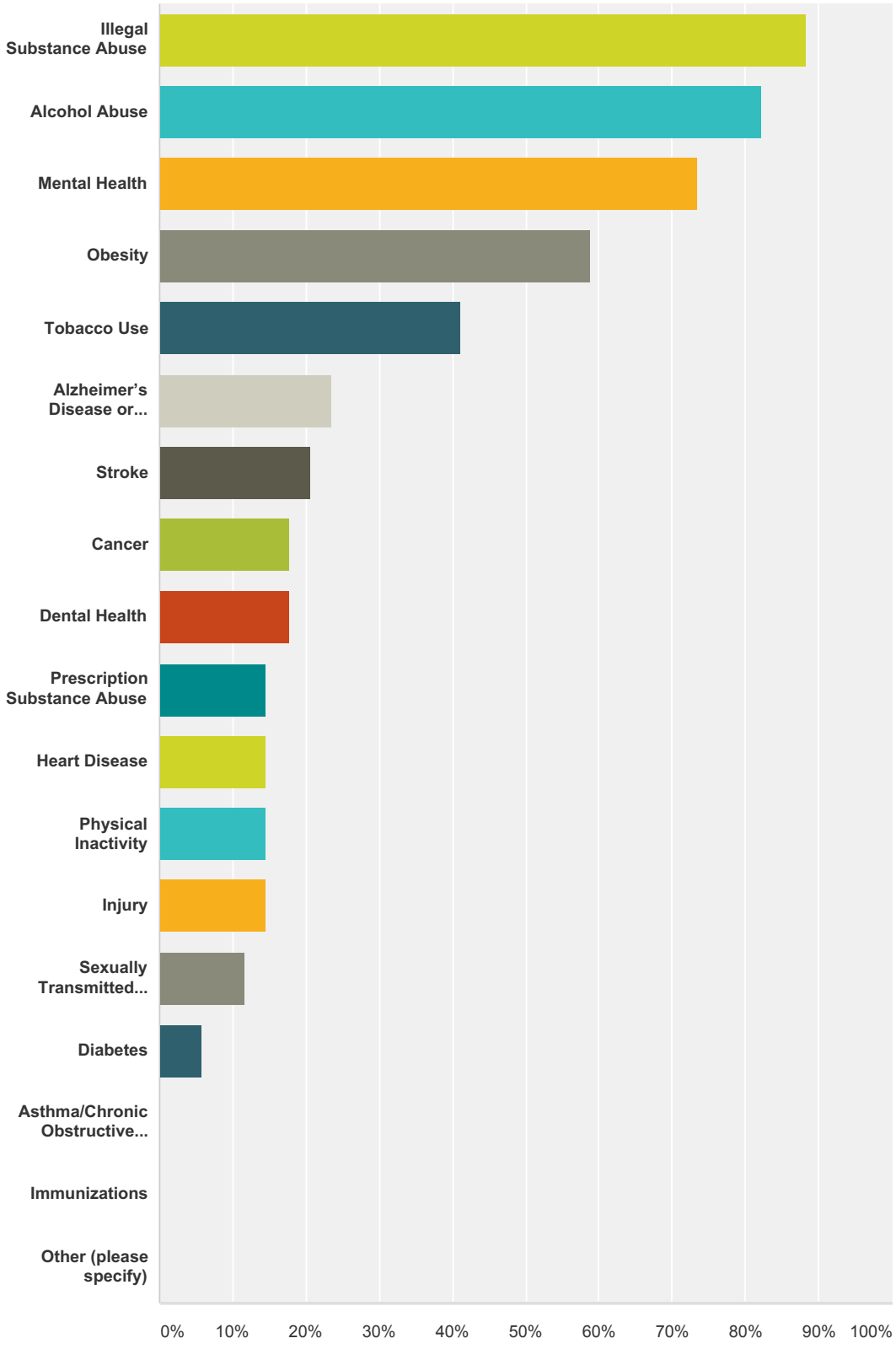
Answered: 34 Skipped: 0



Answer Choices	Responses	
Less than 1 year	**2.94%**	1
1 - 3 years	**67.65%**	23
4 - 5 years	**5.88%**	2
6 - 10 years	**0.00%**	0
More than 10 years	**23.53%**	8
Total		**34**

Q8 Please review the following General Health issues below and choose the five you believe are the most important to address in your community in the next 3-5 years.

Answered: 34 Skipped: 0

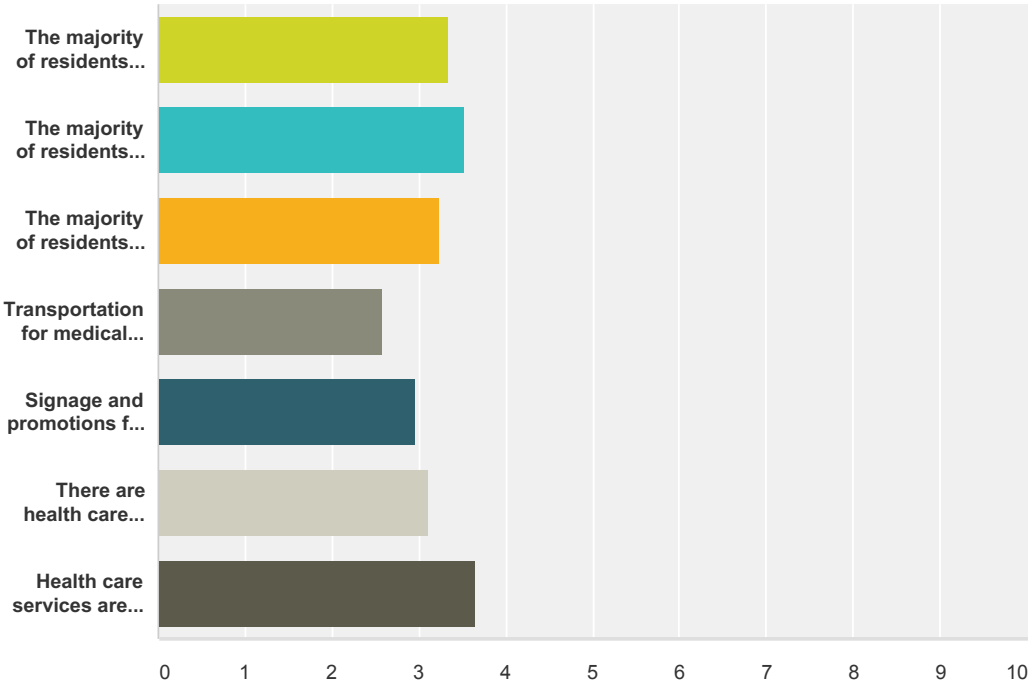


Answer Choices	Responses	
Illegal Substance Abuse	**88.24%**	30
Alcohol Abuse	**82.35%**	28

Mental Health	**73.53%**	25
Obesity	**58.82%**	20
Tobacco Use	**41.18%**	14
Alzheimer's Disease or Dementia	**23.53%**	8
Stroke	**20.59%**	7
Cancer	**17.65%**	6
Dental Health	**17.65%**	6
Prescription Substance Abuse	**14.71%**	5
Heart Disease	**14.71%**	5
Physical Inactivity	**14.71%**	5
Injury	**14.71%**	5
Sexually Transmitted Disease	**11.76%**	4
Diabetes	**5.88%**	2
Asthma/Chronic Obstructive Pulmonary Disease	**0.00%**	0
Immunizations	**0.00%**	0
Other (please specify)	**0.00%**	0
Total Respondents: 34		

Q9 On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in our community.

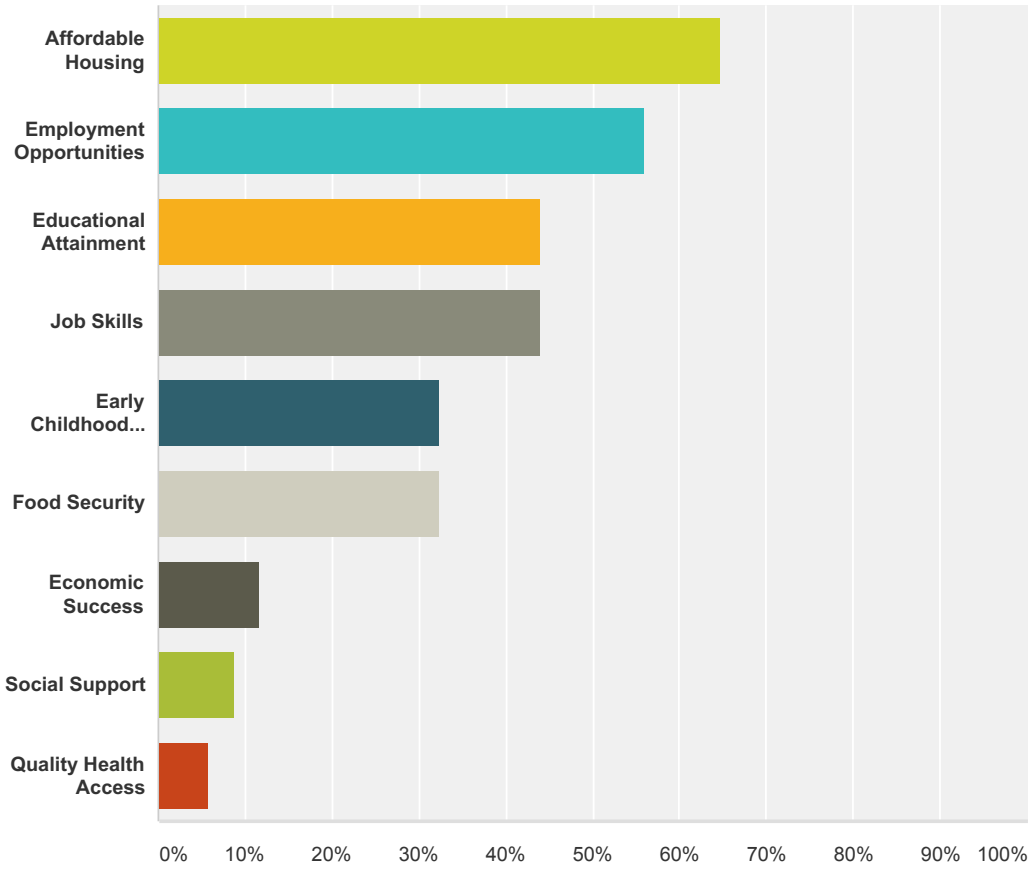
Answered: 34 Skipped: 0



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total	Weighted Average
The majority of residents in my community have access to a local primary care provider.	**8.82%** 3	**2.94%** 1	**32.35%** 11	**55.88%** 19	**0.00%** 0	34	3.35
The majority of residents in my community have access to a local medical specialist.	**8.82%** 3	**2.94%** 1	**29.41%** 10	**44.12%** 15	**14.71%** 5	34	3.53
The majority of residents in my community are able to access a local dentist when needed.	**8.82%** 3	**5.88%** 2	**38.24%** 13	**47.06%** 16	**0.00%** 0	34	3.24
Transportation for medical appointments is available and easy to access for the majority of residents.	**32.35%** 11	**11.76%** 4	**35.29%** 12	**5.88%** 2	**14.71%** 5	34	2.59
Signage and promotions for health services reflect my community and its needs	**2.94%** 1	**20.59%** 7	**52.94%** 18	**23.53%** 8	**0.00%** 0	34	2.97
There are health care providers who understand my population and its health risks.	**8.82%** 3	**14.71%** 5	**35.29%** 12	**38.24%** 13	**2.94%** 1	34	3.12
Health care services are provided in my language.	**8.82%** 3	**11.76%** 4	**20.59%** 7	**23.53%** 8	**35.29%** 12	34	3.65

Q10 Social Determinants of Health are defined by the Centers for Disease Control as the conditions, in which people are born, grow, live and age. 1. Please review the following Social Determinants of Health and pick the three you believe are the most important to address in our community in the next 3-5 years.

Answered: 34 Skipped: 0



Answer Choices	Responses	
Affordable Housing	**64.71%**	22
Employment Opportunities	**55.88%**	19
Educational Attainment	**44.12%**	15
Job Skills	**44.12%**	15
Early Childhood Development	**32.35%**	11
Food Security	**32.35%**	11

Economic Success	**11.76%**	4
Social Support	**8.82%**	3
Quality Health Access	**5.88%**	2
Total Respondents: 34		

Carroll County *Aging in Place* Needs Assessment Survey
Interim Data Report
The Center for the Study of Aging at McDaniel College
June 1, 2015

To date, 312 *Carroll County Aging in Place* Elder Needs Assessment Surveys have been entered into our database.

Zip Codes represented:

Zip Code	Response	%
No Response	43	13.78%
21157	72	23.07%
21787	36	11.53%
21158	31	9.93%
21771	29	9.29%
21784	23	7.37%
21074	18	5.76%
21048	11	3.53%
21797	9	2.88%
21776	9	2.88%
21757	8	2.56%
21791	6	1.92%
21102	6	1.92%
21155	4	1.28%
21727	2	0.64%
21104	2	0.64%
21213	1	0.32%
21117	1	0.32%
21185	1	0.32%
Total	312	99.94%

The results are summarized below in four parts: demographics, successful aging, self-identified resources of interest, and future participation in AIP:

I. Demographics: The demographic section includes questions about a person's gender, age, education, ethnicity/race, marital status, employment status, children, involvement in the U.S. Armed Forces, total household income, kind of home lived in, and who else lives there. Below are the different demographic sub sections, which include graphs that display the results.

a. **Gender:** 64% of the survey respondents were female, and 36% were male.

b. **Age:**

#	Answer		Response	%
1	Under 55		11	4%
2	55-64		67	22%
3	65-74		135	45%
4	75-84		75	25%
5	85 or older		12	4%
	Total		300	100%

c. **Education:**

#	Answer		Response	%
1	No Formal Education		2	1%
2	Grade School		4	1%
3	Some High School		13	4%
4	High School Diploma		76	25%
5	GED		10	3%
6	Vocation/Training School		9	3%
7	Some College		50	17%
8	Associate Degree		20	7%
9	Bachelor's Degree		36	12%
10	Some post-graduate or professional education		23	8%
11	Master's Degree		44	15%
12	Doctoral/ Medical/ Law Degree		12	4%
	Total		299	100%

d. **Ethnicity/ Race:**

e. #	Answer		Response	%
1	White/Caucasian		271	90%
2	Hispanic/Latino		2	1%
3	Black/African American		14	5%
4	Native American/American Indian		4	1%
5	Asian/Pacific Islander		6	2%
6	Other		4	1%
	Total		301	100%

f. Marital Status:

#	Answer		Response	%
1	Single		33	11%
2	Married		172	57%
3	Domestic Partnership		0	0%
4	Widowed		63	21%
5	Divorced		29	10%
6	Separated		5	2%
	Total		302	100%

g. Employment Status:

#	Answer		Response	%
1	Retired		226	75%
2	Unemployed		15	5%
3	Employed/Self-Employed		61	20%
	Total		302	100%

h. Do you have children:

#	Answer		Response	%
1	No		44	15%
2	Yes		258	85%
	Total		302	100%

i. If yes, what is the distance to your nearest child?

#	Answer		Response	%
1	Under 10 miles		130	53%
2	10-30 miles		70	29%
3	31-60 miles		21	9%
4	More than 60 miles		24	10%
	Total		245	100%

j. Veteran Status:

#	Answer		Response	%
1	No		235	84%
2	Yes, currently serving		0	0%
3	Yes, previously served		45	16%
	Total		280	100 %

k. What was your total household income last year?

#	Answer		Response	%
1	Less than $10,000		11	4%
2	$10,000 to $19,999		37	15%
3	$20,000 to $34,999		28	11%
4	$35,000 to $49,999		43	17%
5	$50,000 to $74,999		68	27%
6	$75,000 to $99,999		22	9%
7	$100,000 to $149,999		29	12%
8	$150,000 or more		10	4%
	Total		248	100%

l. What kind of home do you live in?

#	Answer		Response	%
1	Single Family Home		231	81%
2	Apartment or condo		38	13%
3	Other (please specify)		15	5%
	Total		284	100 %

m. Besides yourself, who else lives with you? Check all that apply.

#	Answer		Response	%
1	Spouse/Partner		156	72%
2	Significant Other		3	1%
3	Son or Daughter		40	19%
4	Sibling		4	2%
5	Parent		0	0%
6	Grandchild		18	8%
7	Other Relative		7	3%
8	Roommate		4	2%
9	Other		36	17%

n. Are you caring for a relative or friend who is over age 65 or disabled?

#	Answer		Response	%
1	No		229	81%
2	Yes		54	19%
	Total		283	100%

II. Open-ended Question: What is Successful Aging?

Several themes related to individual definitions of successful aging emerged:

a. Involvement in physical, social, intellectual, and spiritual enrichment (36%)

b. Sense of optimism, happiness, and enjoyment (36%)

c. Good health (21%)

d. Independence in meeting personal needs (16%)

Do you consider yourself to be aging successfully?

#	Answer		Response	%
1	No		17	10%
2	Yes		150	86%
3	Don't Know		8	5%
	Total		175	100%

Evaluating the 'NO' Responses to understand Personal SA Definition

When participants were asked to explain why they did not believe themselves to be successfully aging, four themes emerged:

a. Financial Status

"…can't afford appropriate health care."

"…income is too low and I can't live as I wish."

b. Personal Choices

"I don't take my meds as prescribed."

c. Health Status

"[unable] to continue in recreational activities I enjoy because of COPD"

"pain from osteoarthritis prevents me from doing things that bring me joy and add to my physical and emotional health…"

d. Caregiving Responsibilities

"…care for my spouse, so unable to do what I want"

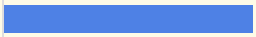
"…caring for my disabled spouse and I'm not able to manage my life how I want."

III. Self- Identified Resources and Services of Interest:

Included in this section are the resources in which older adults in the community may find to be beneficial in order to age successfully in their homes. The resources and services asked about in this section are daily living/ home services, health assistance services, specialized services, organized physical activities, organized social/spiritual activities, educational classes, financial services and what older adults see as being the most important category of services. The graphs and data from each of these sub sections are listed below.

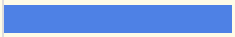
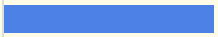
DAILY LIVING/HOME SERVICES that may be important to you and your decisions to stay in your own home as you grow older (Check all that apply):

#	Answer		Response	%
1	Home Delivered Meals		34	21%
2	Meal Preparation		47	30%
3	Transportation		78	49%
4	Shopping (groceries)		54	34%
5	Laundry Services		47	30%
6	Yard Help		86	54%
7	Housekeeping Services		81	51%
8	General		82	52%

	Handyman			
9	Special Services (plumbing, electrician, etc.)		83	52%
10	Other		9	6%

Other
People who visit you when you don't have family.
If neccesary, affordable CNA & etc.
cleaning
none so far
Physical Therapy
help with closing and opening pool in spring/fall
daily companionship
snow removal
laundry is in the basement, three steps to enter and leave house, too much walking in shopping. As long as my husband is healthy we can probably many most of these things together or perhaps pay for them for a while. If I didn't have him then I might need help with shopping, laundry, yard work and housecleaning and general handyman.
Move to above if services become needed

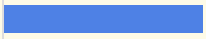
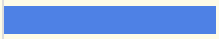
HEALTH ASSISTANCE SERVICES that may be important to you and your decision to stay in your own home as you grow older (Check all that apply):

#	Answer		Response	%
1	Medical/Dental Referrals		78	48%
2	Skilled Nursing		60	37%
3	Nutrition		49	30%
4	Home Health Care/ Personal Care Aide		58	36%
5	Buying Prescriptions		37	23%
6	Filling out health insurance claim forms		32	20%
7	Physical Therapy		72	44%
8	Lifeline (medical alert services)		43	26%
9	Transportation to medical services		60	37%
10	Medical Equipment (wheelchairs,		67	41%

	beds, walkers, etc.)			
11	Telephone Reassurance (someone who will call periodically to check on you or whom you can call)		51	31%
12	Non- Medical Assistance (someone to help with meal preparation, shopping, housekeeping, yard work, provide companionship, etc.)		84	52%
13	Other		11	7%

Other
Medical/Dental Referrals, Skilled Nursing, Home Health Care/Personal Aide, Buying Prescriptions, Physical Therapy, Lifeline (medical alert services), Transportation to medical services, Medical Equipment (wheelchairs, beds, walkers, etc.), Telephone Reassurance (someone who will call periodically to check on you or whom you can call), Non-Medical Assistance (someone to help with meal preparation, shopping, housekeeping, yard work, provide companionship, etc.)
any and all of these may be needed. This cannont be predicted with certainty
All
Information related to adaptation for driving safety- Possible devices to help seeing more reliability.
Dog Care
yes to all eventually
All of the above eventually!
so far none
social worker
friendly visitors
Like I responded in my last answer, all depends on my husband's ability to continue helping with some things. This is a hard question to answer because no one knows what could be in our future. If things change drastically I think most people including me, might need most of the things on your list. I do have two wonderful children but they both have full time * jobs and families.
stair lift to use second floor bedroom or move bedroom downstairs
See above
Have no idea
Friendly visitors
none so far
hospice
someone assist w/ giving my meds

SPECIALIZED SERVICES that may be important to you and your decision to stay in your own homes as you grow older (Check all that apply):

#	Answer		Response	%
1	Information/Support/Respite for Caregivers		47	42%
2	Care Manager (someone to coordinate all services)		64	57%
3	Home Modification (installing 1st flood bathroom, improving outside walkways, etc.)		50	45%
4	Other		9	8%

Other

Other
Needing a ramp to get into my home also grab bars. Chair lift services
it feels yoo soon for me to think about it
looking to move
Stair, chair, bath
Stair Chair
hard to predict
Family will help as needs come up.
Shower stalls.
Most older people can't stay in their homes because they pay for the up keep of the home.
?
Have no idea
Social visitors
hospice

ORGANIZED PHYSICAL ACTIVITIES that you would like to participate in if you stay in your own home as you grow older (Check all that apply):

#	Answer		Response	%
1	Bone Builders Program		76	32%
2	Scheduled Exercise Programs		141	60%
3	Walking Groups		148	63%
4	Swimming/Water Aerobics		79	34%
5	Dancing Classes		39	17%
6	Yoga/Meditation		79	34%
7	Other		20	9%

Other
I do these at present.
Most of these are available at local senior centers
Bridge
Chair yoga
gardening
Tai chi
None likely
Not applicable
Weight training for joints.
tai chi
uses exercise equipment at senior center
cutting grass
sports/basketball
bingo
daily 2 mile run
None
gym
Have no idea
Aerobics, card games, outings

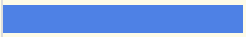
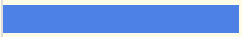
ORGANIZED SOCIAL/SPIRITUAL ACTIVITIES that you would like to participate in if you stay in your own home as you grow older (Check all that apply):

#	Answer		Response	%
1	Reading/ Discussion Groups		123	48%
2	Hobbies and Crafts		127	50%
3	Bridge, Chess, Pool, other games		71	28%
4	Trips (museums, concerts, movies, etc.)		163	64%
5	Volunteer Opportunities		102	40%
6	Intergenerational Opportunities (activities with elementary, high school, or college students)		71	28%
7	Religious/Spiritual Activities		142	56%
8	Other		10	4%

Other

Great Decisions
None Likely
Movies
Going to church
bingo
gardening groups
sewing
suduko/puzzles

EDUCATIONAL CLASSES you would like to participate in (Check all that apply):

#	Answer		Response	%
1	Computer/Internet Training		61	50%
2	Art Classes		44	36%
3	Caregiver Information		19	16%
4	Legal Information		34	28%
5	Financial Information		39	32%
6	End of Life Issues/ Sharing your Wishes		40	33%
7	Identity Theft/Scam Information		60	50%
8	Continuing Education in Humanities, Arts & Sciences		39	32%
9	Other		10	8%

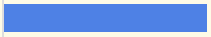
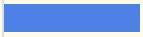
Other
Genealogy groups.
I never want to stop learning
Did scan with Dr. Martin, end of life/spirituality with Buzz Baker and C. College
computer and internet.
Wood Working
Life time learning
Aging Bodily Processes courses
exercise class and tai chi
fitness/ exercise teaching classes
associates degree courses
Like to sample a variety of learning activities
Ancestry.com
Have no idea
nutrition
Topic discussion groups. Travel oriented.
None
photography

FINANCIAL SERVICES that you believe will be important as you grow older (Check all that apply):

#	Answer		Response	%
1	Bill Paying/ Balancing Your Checkbook		99	51%
2	Insurance (health, property, life, etc.)		109	56%
3	Investment Advice		77	39%
4	Legal Adice		80	41%
5	Tax Preparation		97	49%
6	Other		8	4%

Other
Not sure
Dealing with complexity
General household/ yard help.
None
savings programs/ ways to save money
paying for college

Please indicate the MOST IMPORTANT category of services if you were to remain in your own home (Check all that apply):

#	Answer		Response	%
1	Daily Living/ Home Services		149	57%
2	Health Assistance Services		143	55%
3	Specialized Services		34	13%
4	Organized Physical Activities		106	40%
5	Organized Social/ Spiritual Activities		112	43%
6	Education		51	19%
7	Financial Services		75	29%
8	Other		16	6%

Other
Book mobile services from the library
#1 transportation
Transportation
General household/ yard help
travel
hard to predict
If I had to answer this question every third day for a month I would give you 10 different answers. Its all about where I am today with seniors- we do not create many long term plans- especially when you are in the 4th quarter of your life.
Really no not yet
Transportation
transportation
needs should be met by son and his wife who live with me as well a by daughter and her husband who live 1/4 mile away
What most senior citizens need is a service that will get reliable workman at reasonable prices- not $80 per hour!
Have no idea
I presently have all of these skills at age 66. If I start losing these skills, I would want to stay in my home with minimal assistance. if unable to perform a large number of these skills I would have to make a decision at that time.
None
Transportation

IV. How much are people willing to pay?

Included in this section is whether the survey respondents would be willing to pay for an Aging in Place program, and if so, how much. The graphs below show the results.

Many Aging in Place programs set membership requirements and charge an annual fee to members. Becoming a member often entitles the person to a variety of activities and services, some of which are available at no cost or at a discounted price. Members are, however, still expected to pay a service provider's charge. For example, if a member hires an Aging in Place- recommended home maintenance contractor, the member would pay for the services provided by the contractor. Would you be willing to pay an annual fee to become a member of an Aging in Place program in Carroll County?

#	Answer		Response	%
1	No		54	20%
2	Yes		119	44%
3	Don't Know		96	36%
	Total		269	100%

36. **Considering that you will have the ability to withdraw from the program if it is not working for you, how much would you be willing to pay per month for membership into an Aging in Place program?**

#	Answer		Response	%
1	$0		42	26%
2	$10		44	27%
3	$20		20	12%
4	$30		13	8%
5	$40		3	2%
6	$50		29	18%
7	More than $50		13	8%
	Total		164	100%

Carroll County *Aging in Place* Needs Assessment Survey

The Center for the Study of Aging at McDaniel College, on behalf of the Carroll Commission on Aging & Disability, is surveying residents of Carroll County, Maryland age 60+ to identify the resources needed to help them to age in place for as long as possible. The Centers for Disease Control and Prevention define *aging in place* as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." The survey is divided into three parts: demographics, current health and functional status, and services that may be of interest. The anonymous survey will take approximately 15 minutes to complete. The responses will be used to develop a comprehensive Aging in Place needs assessment report for Carroll County.

Any questions can be directed to Dr. Diane Martin, Director of the Center for the Study of Aging at McDaniel College at (410) 386-4618 (dbmartin@mcdaniel.edu) or Bob Coen, member of the Carroll Commission on Aging & Disabilities at 410-848-1095 (r.l.coen@verizon.net).

Gender:

- ☐ Male
- ☐ Female

Age:

- ☐ Under 55
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 or older

Zip Code: (Used to ensure we have a sampling from across the country)

Education:

- ☐ No Formal Education
- ☐ Grade School
- ☐ Some High School
- ☐ High School Diploma
- ☐ GED
- ☐ Vocation/Training School

- Some College
- Associate Degree
- Bachelor's Degree
- Some post-graduate or professional education
- Master's Degree
- Doctoral/ Medical/ Law Degree

Ethnicity/ Race:

- White/Caucasian
- Hispanic/Latino
- Black/African American
- Native American/American Indian
- Asian/Pacific Islander
- Other

Marital Status:

- Single
- Married
- Domestic Partnership
- Widowed
- Divorced
- Separated

Employment Status:

- Retired
- Unemployed
- Employed/Self-Employed

Do you have children:

- No
- Yes

If yes, what is the distance to your nearest child?

- Under 10 miles
- 10-30 miles
- 31-60 miles
- More than 60 miles

Are you a Veteran or Active Member of the U.S. Armed Forces, or the National Guard and Reserve?

- No
- Yes, currently serving

- Yes, previously served

What was your total household income last year?

- Less than $10,000
- $10,000 to $19,999
- $20,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 or more
- Don't Know

What kind of home do you live in?

- Single Family Home
- Apartment or condo
- Other (please specify)

Besides yourself, who else lives with you? Check all that apply.

- Spouse/Partner
- Significant Other
- Son or Daughter
- Sibling
- Parent
- Grandchild
- Other Relative
- Roommate
- Other

Are you caring for a relative or friend who is over age 65 or disabled?

- No
- Yes

How do you define successful (optimal) aging?

Using your definition, do you consider yourself to be aging successfully?

- No
- Yes

- Don't Know

Why or why not?

Do you use any of the following assistive devices? (Check all that apply)

- Eye Glasses/ Contact Lenses
- Wheelchair
- Walker
- Cane
- Assistance of Others
- Motorized Scooter
- Hearing Aids
- None
- Other

Do you have difficulty completing your daily activities?

- No
- Yes
- Don't Know

If yes, which activities do you struggle to complete? (Check all that apply)

- Transportation
- Using the Phone
- Food Preparation
- Housekeeping
- Going up/down the stairs
- Handling Finances
- Managing Medications
- Eating
- Walking
- Getting in/ out of bed
- Personal Care
- Dressing
- Using Bathroom
- Other (please specify)

For which conditions are you are currently being treated? (Check all that apply):

- ☐ Cancer
- ☐ Parkinson's disease
- ☐ High Blood Pressure
- ☐ Lung Disease
- ☐ Arthritis
- ☐ Diabetes
- ☐ Liver Disease
- ☐ Heart Disease
- ☐ Stroke
- ☐ Osteoporosis
- ☐ Sleep Apnea (Breathing interrupted during sleep)
- ☐ Insomnia
- ☐ Depression
- ☐ Anxiety
- ☐ Dementia (Alzheimer's disease, vascular dementia)
- ☐ Other (please specify)

Have you fallen/tripped/slipped in the past year?

- ○ No
- ○ Yes
- ○ Don't Know

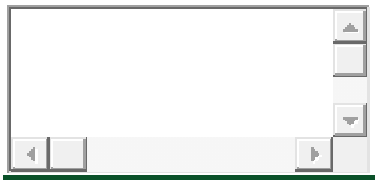
In which areas of your home have you fallen or are you concerned about falling? (Check all that apply):

- ☐ Outside walkway and entrance to your home
- ☐ Going up and down stairs
- ☐ Bathroom
- ☐ Getting in/out of bed
- ☐ Areas that are cluttered or have throw rugs
- ☐ Poorly lit areas
- ☐ Other

Do you want to stay in your own home as you grow older?

- ○ No
- ○ Yes
- ○ Don't Know

If no or unsure, please explain:



If not in your own home, with whom or where do you plan to live?

- Relative
- Continuing Care Retirement Community
- Long- term care facility, such as an assisted living center or nursing home
- Other

DAILY LIVING/HOME SERVICES that may be important to you and your decisions to stay in your own home as you grow older (Check all that apply):

- Home Delivered Meals
- Meal Preparation
- Transportation
- Shopping (groceries)
- Laundry Services
- Yard Help
- Housekeeping Services
- General Handyman
- Special Services (plumbing, electrician, etc.)
- Other

HEALTH ASSISTANCE SERVICES that may be important to you and your decision to stay in your own home as you grow older (Check all that apply):

- Medical/Dental Referrals
- Skilled Nursing
- Nutrition
- Home Health Care/ Personal Care Aide
- Buying Prescriptions
- Filling out health insurance claim forms
- Physical Therapy
- Lifeline (medical alert services)
- Transportation to medical services
- Medical Equipment (wheelchairs, beds, walkers, etc.)
- Telephone Reassurance (someone who will call periodically to check on you or whom you can call)
- Non- Medical Assistance (someone to help with meal preparation, shopping, housekeeping, yard work, provide companionship, etc.)

- ☐ Other

SPECIALIZED SERVICES that may be important to you and your decision to stay in your own homes as you grow older (Check all that apply):

- ☐ Information/Support/Respite for Caregivers
- ☐ Care Manager (someone to coordinate all services)
- ☐ Home Modification (installing 1st flood bathroom, improving outside walkways, etc.)
- ☐ Other

ORGANIZED PHYSICAL ACTIVITIES that you would like to participate in if you stay in your own home as you grow older (Check all that apply):

- ☐ Bone Builders Program
- ☐ Scheduled Exercise Programs
- ☐ Walking Groups
- ☐ Swimming/Water Aerobics
- ☐ Dancing Classes
- ☐ Yoga/Meditation
- ☐ Other

ORGANIZED SOCIAL/SPIRITUAL ACTIVITIES that you would like to participate in if you stay in your own home as you grow older (Check all that apply):

- ☐ Reading/ Discussion Groups
- ☐ Hobbies and Crafts
- ☐ Bridge, Chess, Pool, other games
- ☐ Trips (museums, concerts, movies, etc.)
- ☐ Volunteer Opportunities
- ☐ Intergenerational Opportunities (activities with elementary, high school, or college students)
- ☐ Religious/Spiritual Activities
- ☐ Other

EDUCATIONAL CLASSES you would like to participate in (Check all that apply):

- ☐ Computer/Internet Training
- ☐ Art Classes
- ☐ Caregiver Information
- ☐ Legal Information
- ☐ Financial Information
- ☐ End of Life Issues/ Sharing your Wishes
- ☐ Identity Theft/Scam Information
- ☐ Continuing Education in Humanities, Arts & Sciences

- Other
FINANCIAL SERVICES that you believe will be important as you grow older (Check all that apply):
- Bill Paying/ Balancing Your Checkbook
- Insurance (health, property, life, etc.)
- Investment Advice
- Legal Adice
- Tax Preparation
- Other
Please indicate the MOST IMPORTANT category of services if you were to remain in your own home (Check all that apply):
- Daily Living/ Home Services
- Health Assistance Services
- Specialized Services
- Organized Physical Activities
- Organized Social/ Spiritual Activities
- Education
- Financial Services
- Other
Many Aging in Place programs set membership requirements and charge an annual fee to members. Becoming a member often entitles the person to a variety of activities and services, some of which are available at no cost or at a discounted price. Members are, however, still expected to pay a service provider's charge. For example, if a member hires an Aging in Place- recommended home maintenance contractor, the member would pay for the services provided by the contractor. Would you be willing to pay an annual fee to become a member of an Aging in Place program in Carroll County?
- No
- Yes
- Don't Know
Considering that you will have the ability to withdraw from the program if it is not working for you, how much would you be willing to pay per month for membership into an Aging in Place program?
- $0
- $10
- $20
- $30
- $40
- $50
- More than $50

- Don't Know

If you were deciding whether to enroll in an Aging in Place program, is there anyone whom you would need to consult with before making the decision?

- No
- Yes

If yes, what is the relationship of the person(s) whom you share decision making? (check all that apply):

- Spouse/Partner
- Significant Other
- Son or Daughter
- Sibling
- Parent
- Grandchild
- Other Relative
- Roommate
- Other

THANK YOU for participating in this very important Needs Assessment Survey The information you shared in this survey will only be used to assess the needs of elders with regards to developing an *Aging in Place* program for Carroll County, Maryland.

Carroll County

Department of Citizen Services

Strategic Plan

1/23/2014

Bureau of Aging and Disabilities	Transportation Coordination	Bureau of Housing and Community Development	Local Management Board for Children Youth and Families	Recovery Support Services	Veteran's Services

Serving

Children & Families	Individuals in Need	Older Adults	Adults with Disabilities

Madeline Morey, Director

410-386-3800

Table of Contents

I. Introduction

The Department of Citizen Services is committed to building a coordinated system of care for those in need in Carroll County. The Department is comprised of: the Citizen Services Administration, the Bureau of Aging and Disabilities, the Bureau of Housing and Community Development, the Local Management Board for Children and Families, Transportation Coordination, and Veteran's Services. The Department works in collaboration with partner agencies to improve outcomes for those we serve.

II. Mission

In partnership with the community, facilitate improved human service results to create an environment where children and families, individuals in need, seniors, and the disabled can thrive and are safe, healthy and self-sufficient.

"A single conversation across the table with a wise man is worth a month's study of books." ***Unknown***

III. Needs Assessment Overview

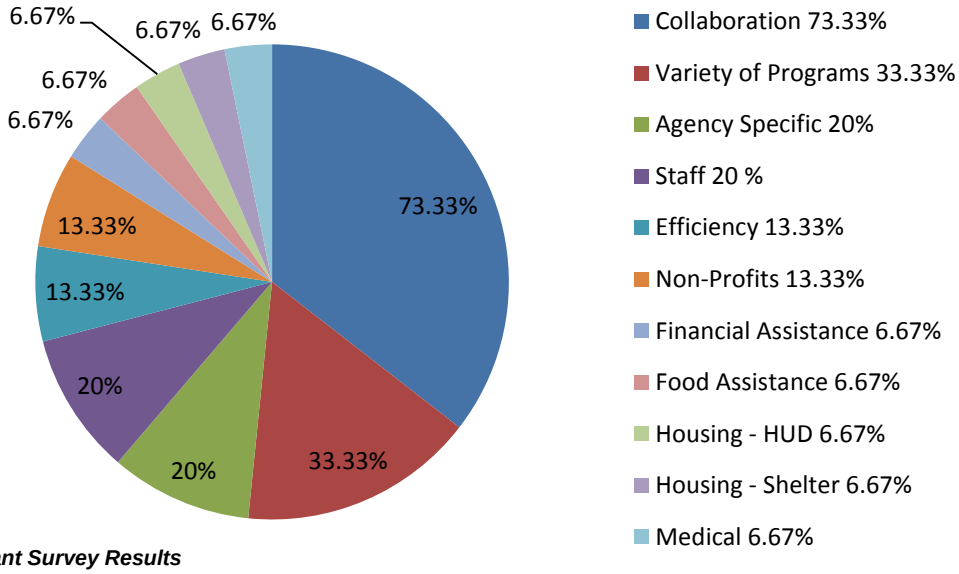
The Carroll County Department of Citizen Services implemented a process to develop an action plan that addresses human service needs of Carroll County by conducting a comprehensive needs assessment in fall 2013. First, Key Informant Interviews were conducted with leaders and stakeholders in the human service field. In the second phase, focus groups were held with community boards and clients. Raw data and human service indicators were used in the final phase of the assessment to assist with determining the top human service needs in Carroll County and to determine strengths and gaps in the local human service delivery system.

A Key Informant Interview Analysis

Key Informant Interviews were conducted with human service leaders in Carroll County. Those interviewed were experts in Aging, Children and Family Supports, Crime, Disabilities, Domestic Violence, Health, Housing, Human Services, Juvenile Services, Mental Health, Poverty, Social Services, Substance Abuse and Transportation. Responses were also solicited from varied geographic regions in Carroll County: Hampstead/Manchester, New Windsor, Taneytown and Westminster. Twenty five (25) key informants responses were submitted with patterns of answers that point to areas in the human services system that are identified in need of additional resources/attention and areas demonstrating clear strengths of the existing system. Many of the leaders interviewed also provided very creative and thoughtful ideas and recommendations for maintaining existing programs with proven effectiveness or use of new innovations that could address systemic gaps. The analysis of the responses to key informant interview questions expressed in percentages is as follows:

III.A.1 **Human Service System Strengths**

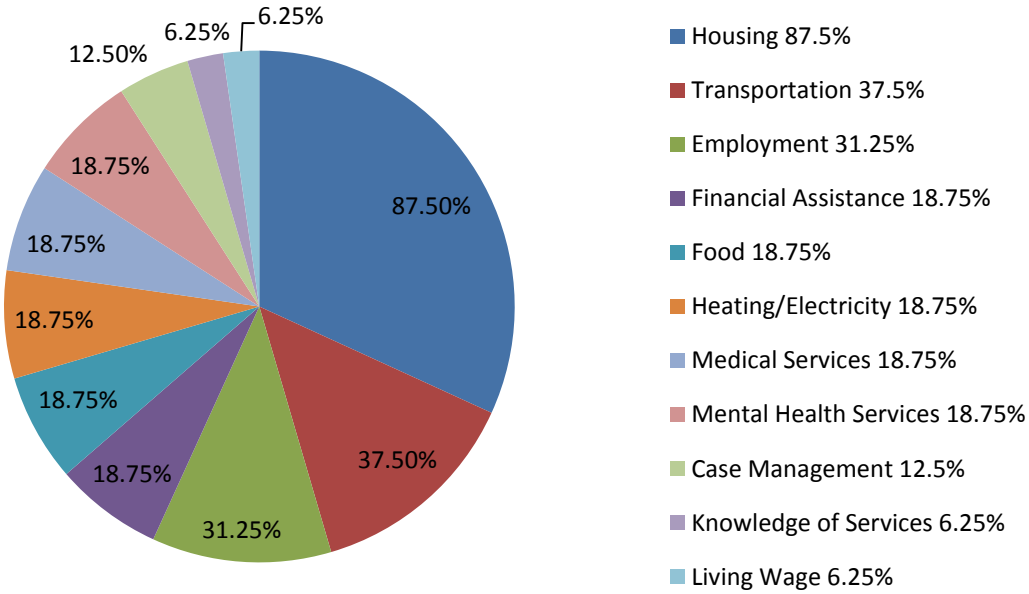
What are the three biggest existing strengths of the human service system in Carroll County?



Key Informant Survey Results

III.A.2 **Human Service Needs**

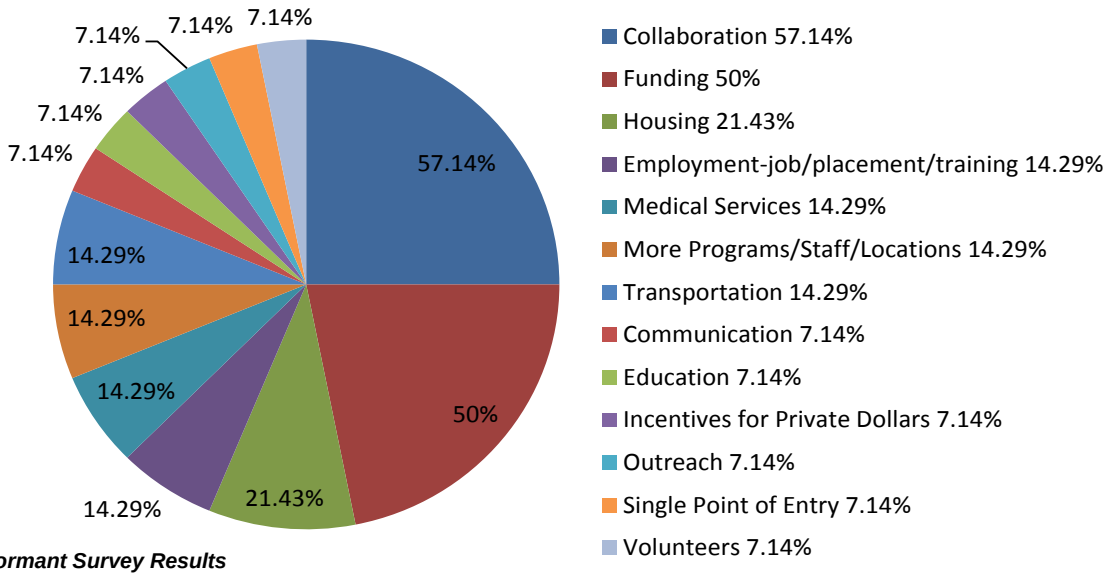
What are the three biggest needs of people seeking human services in Carroll County??



Key Informant Survey Results

III.A.3 **Best Strategies**

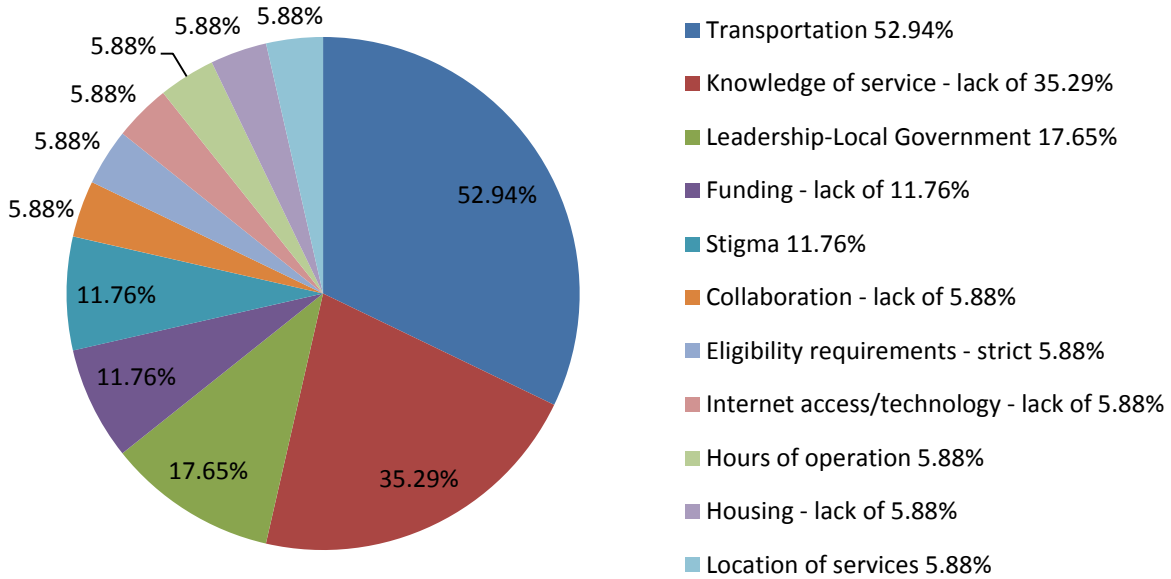
What are the best strategies to address these needs?



Key Informant Survey Results

III.A.4 **Barriers**

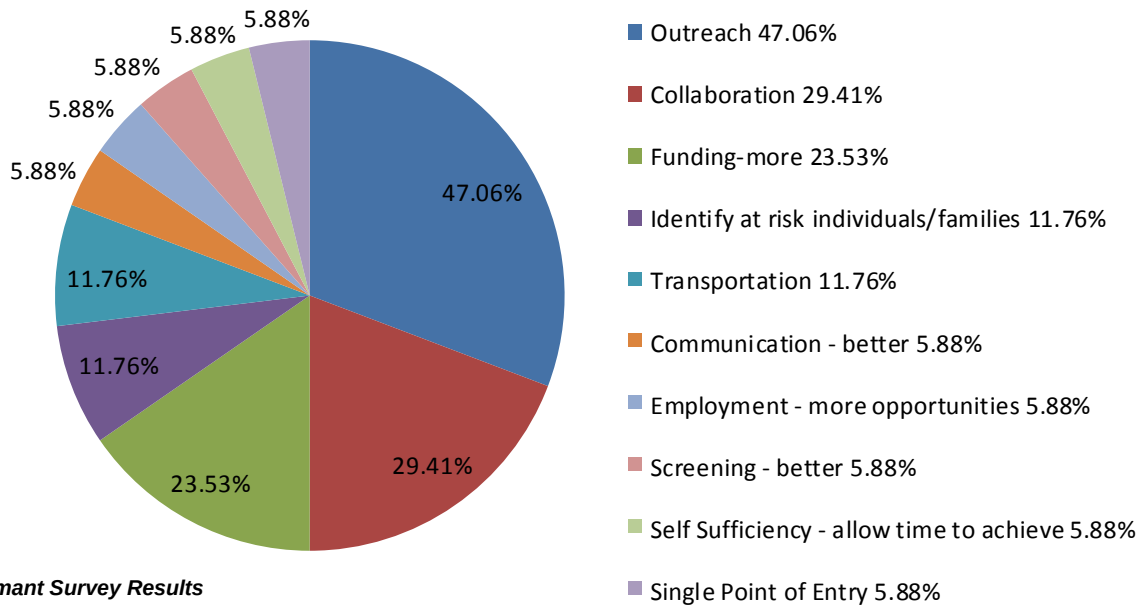
What are the barriers to accessing the current human service system in Carroll County?



Key Informant Survey Results

III.A.5 **Ideas for Earlier Intervention**

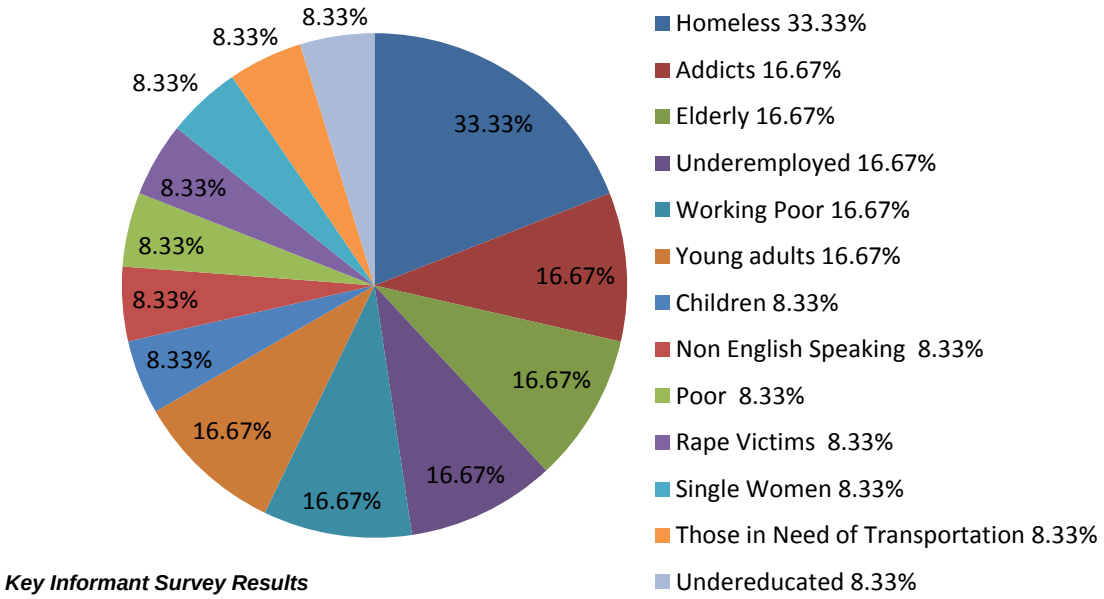
How could the human service system provide early intervention with the needs that you have identified in the previous question?



Key Informant Survey Results

III.A.6 **Groups Not Being Reached in the Most Effective Manner**

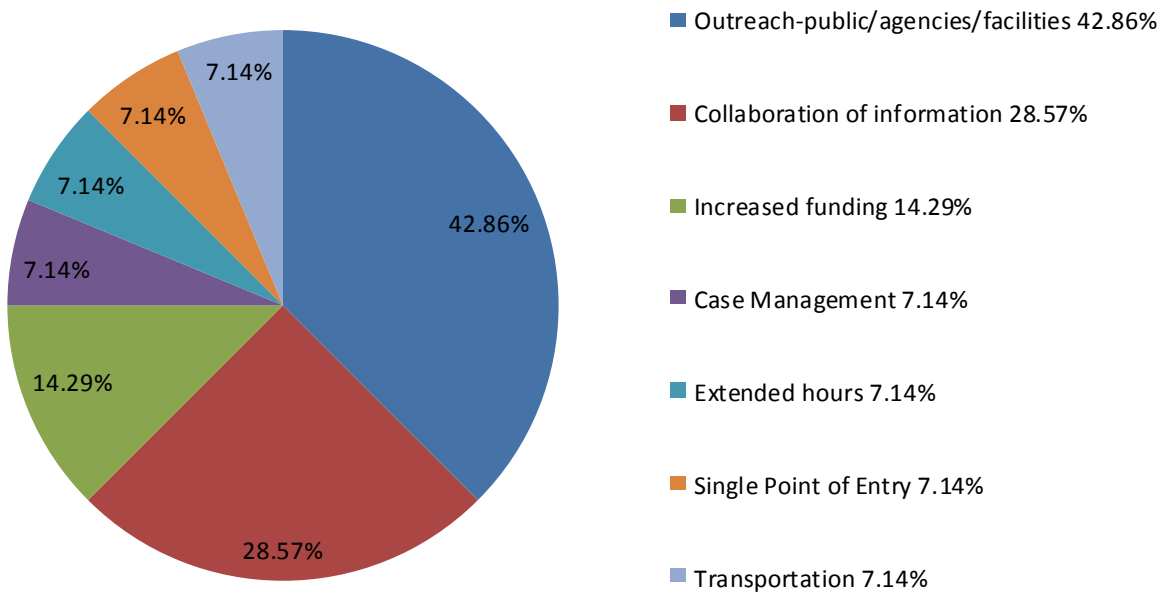
What groups with human service needs are NOT being reached in the most effective manner?



Key Informant Survey Results

III.A.7 **More Effective Outreach**

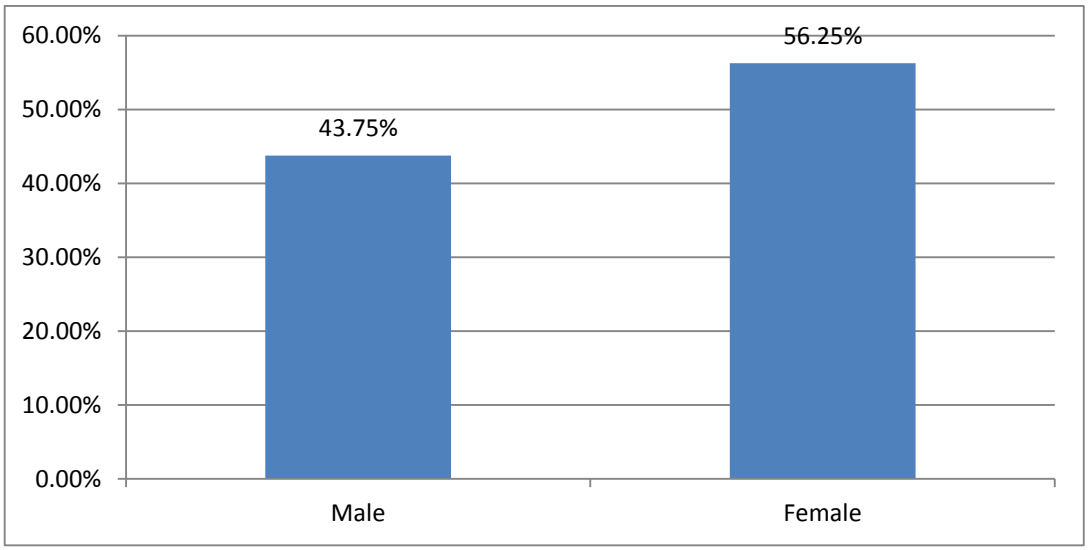
How could the current human service system more effectively outreach to those in need of human services?



Key Informant Survey Results

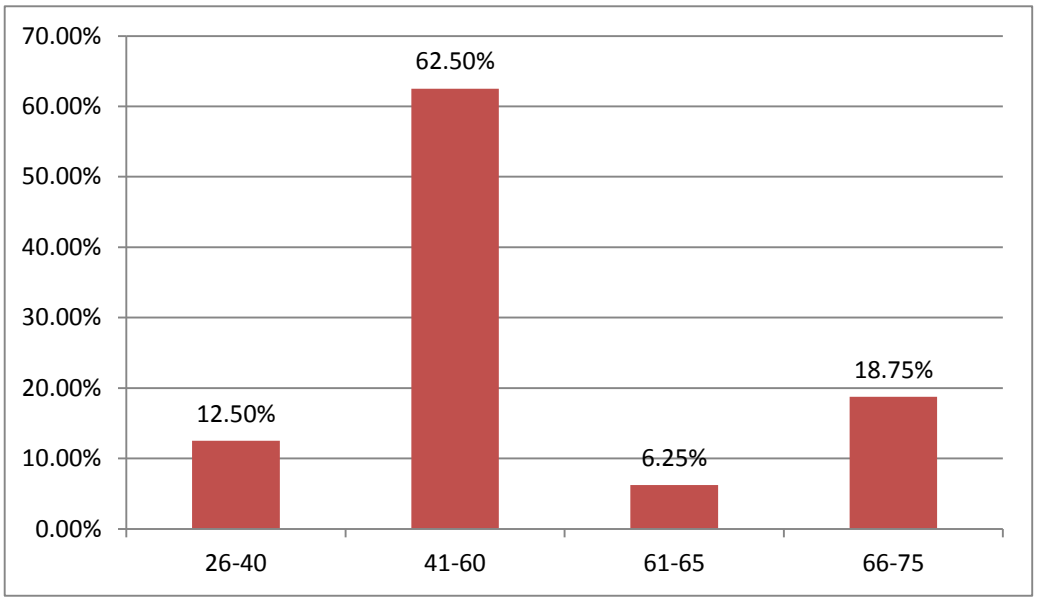
III.A.8 **Key Informant Demographics**

III.A.8.1 Gender



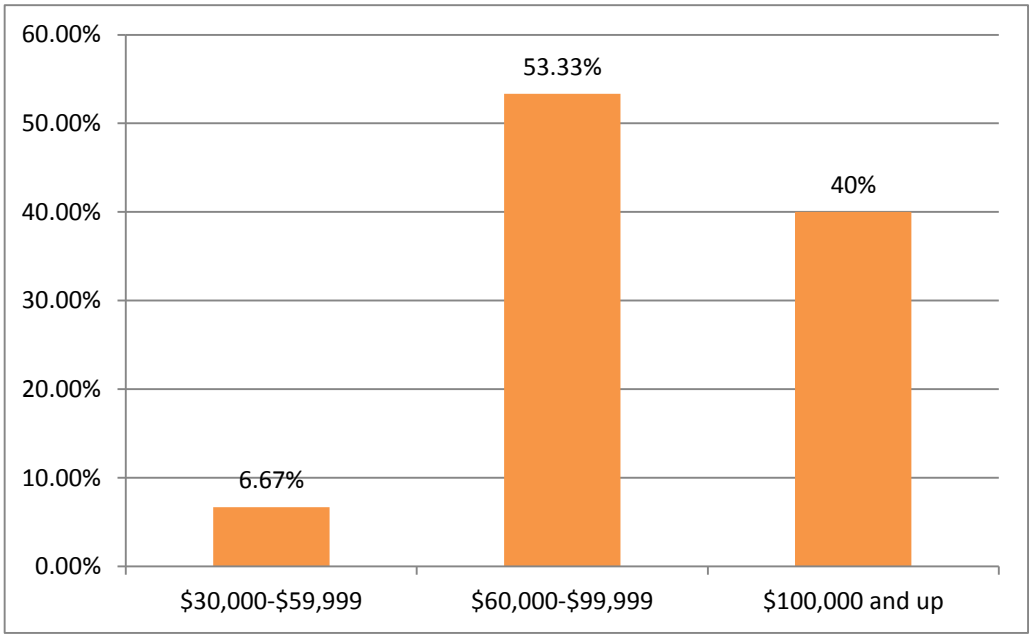
Key Informant Survey Results

III.A.8.2 Age



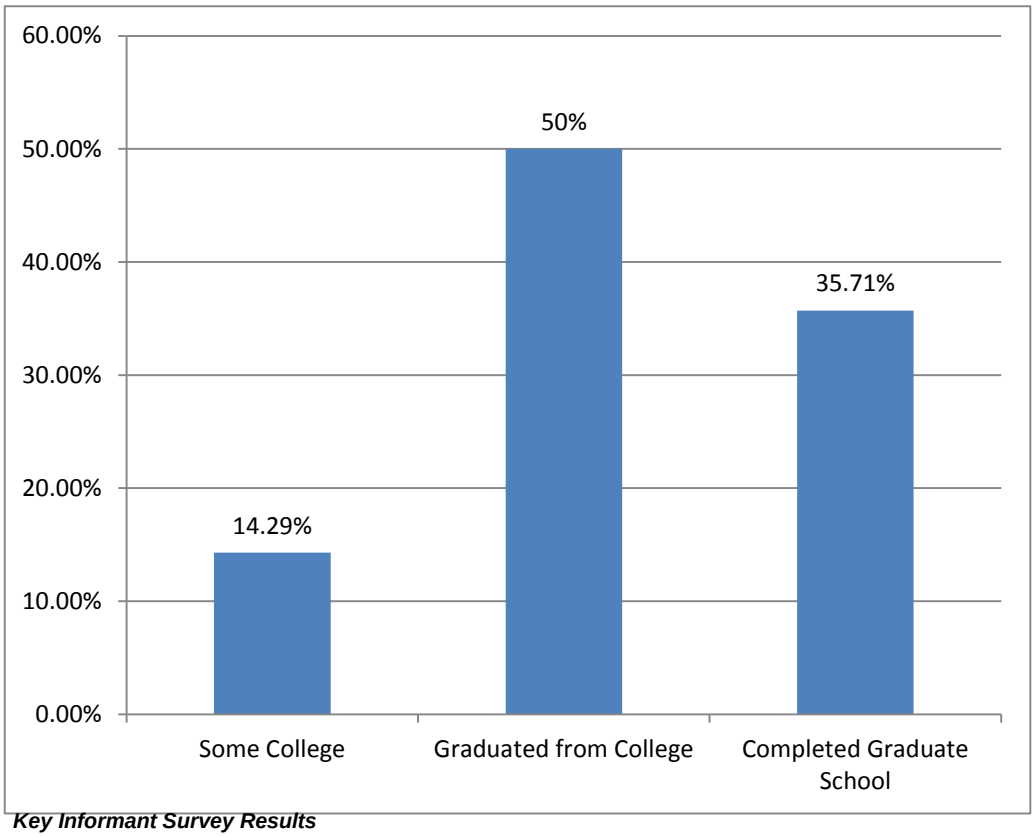
Key Informant Survey Results

III.A.8.3 Household Income



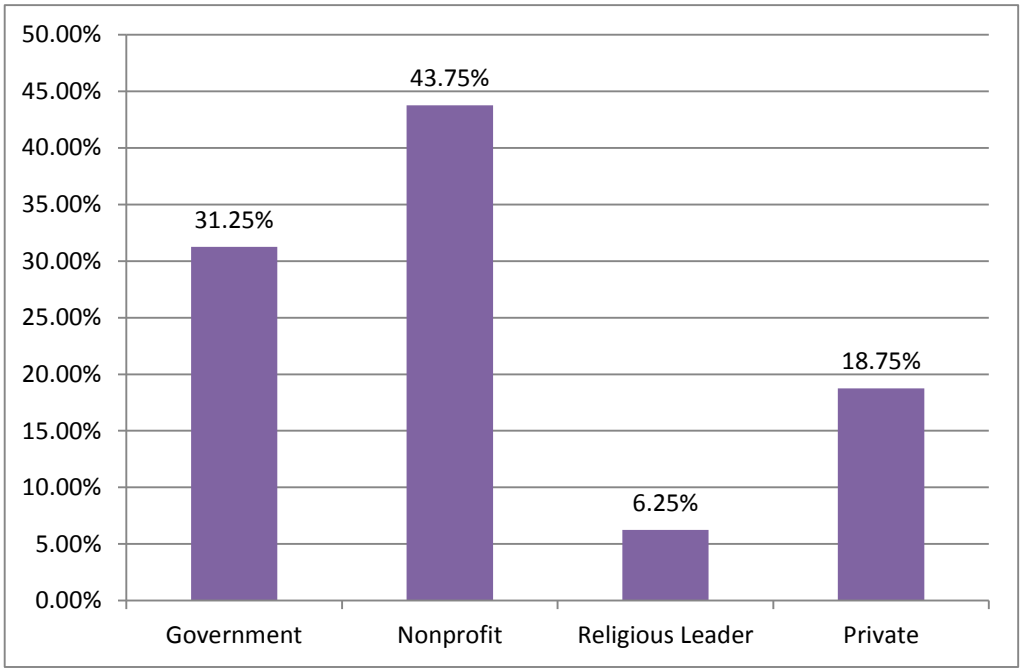
Key Informant Survey Results

III.A.8.4 Highest Level of Education



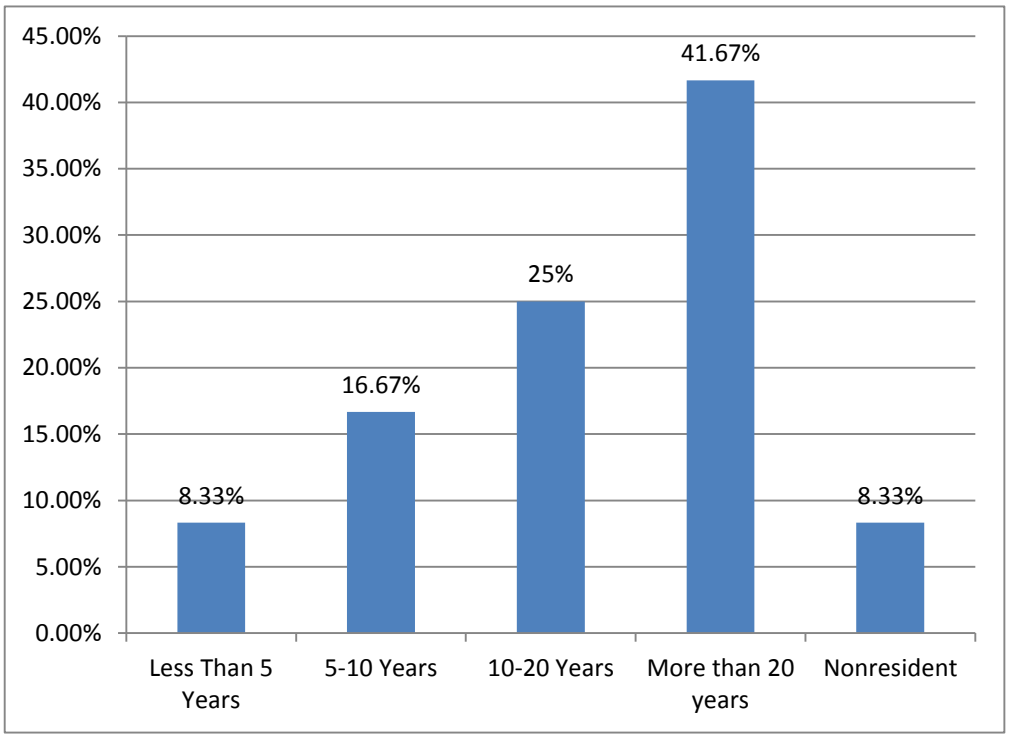
Key Informant Survey Results

III.A.8.5 Employer



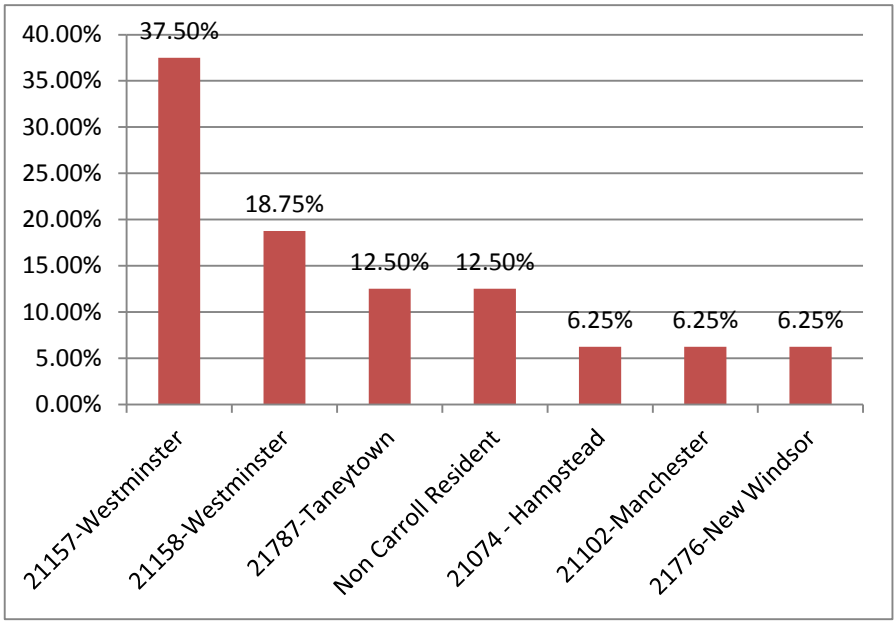
Key Informant Survey Results

III.A.8.6 Resident Status



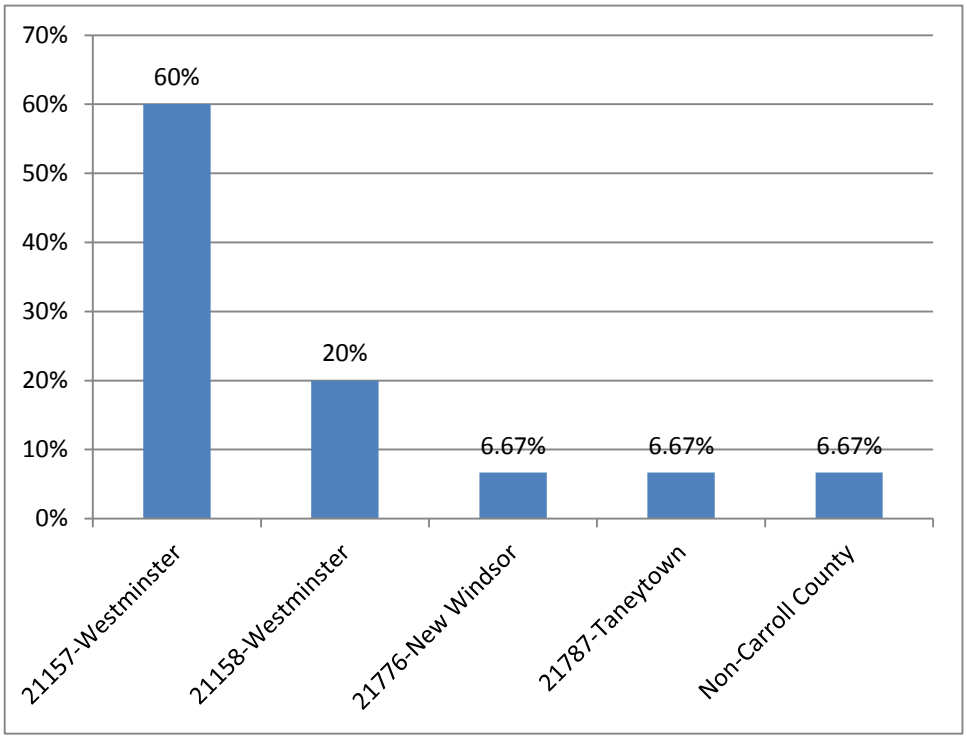
Key Informant Survey Results

III.A.8.7 Home Zip Code



Key Informant Survey Results

III.A.8.8 Work Zip Code



Key Informant Survey Results

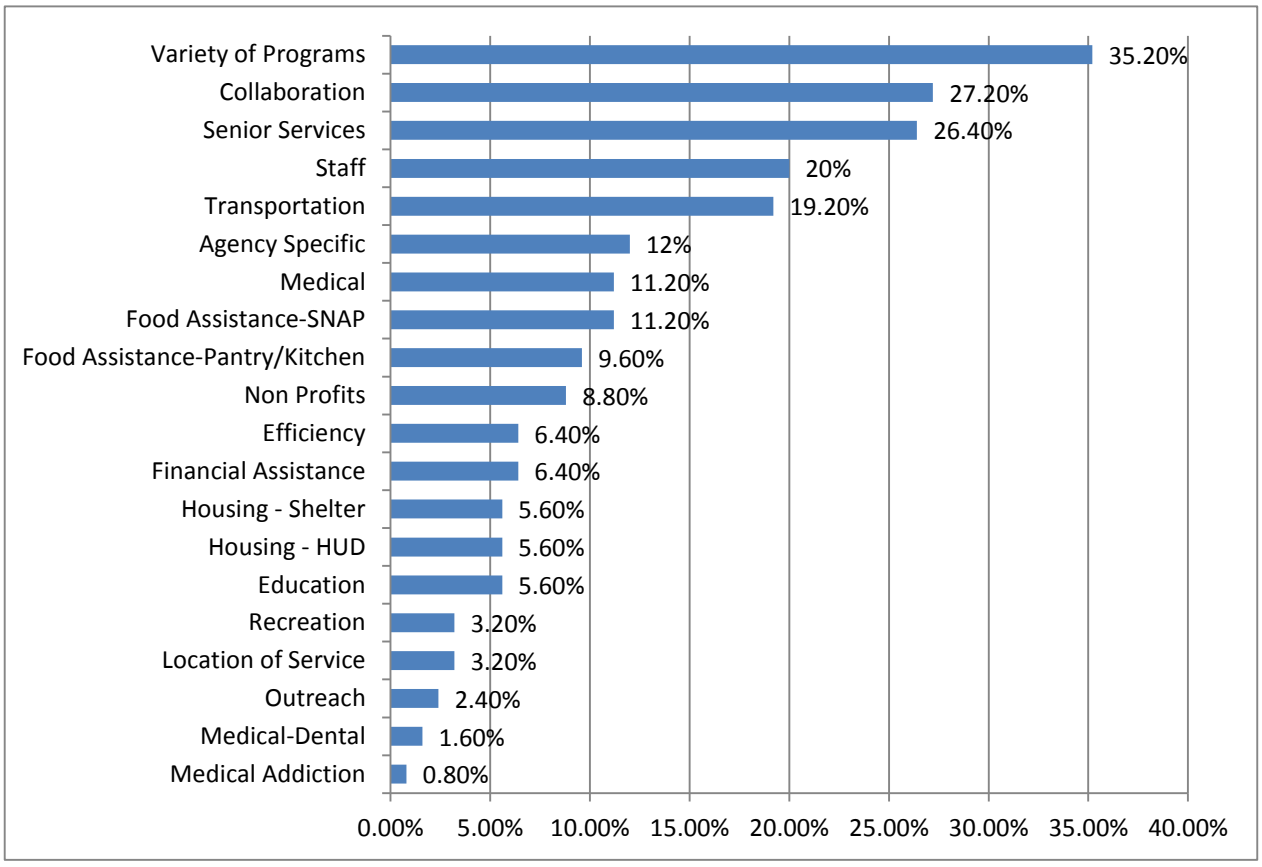
"To raise new questions, new possibilities, to regard old problems from a new angle, requires creative imagination and marks real advance." – ***Albert Einstein***

B Focus Groups Interview Analysis

Focus Groups were conducted with community stakeholders in Carroll County. Two hundred fifty-six (256) responses across twenty (20) organizations made up the sample. Those interviewed were: Landlords Group, Family Support Center Participants, Social Services Board of Directors, Commission on Aging and Disabilities, Local Management Board for Children and Families, Transportation Advisory Committee, Participant Advisory Board (Aging and Disabilities), Veteran's Group, Youth Group, Next Step Program Participants Group, Housing/Shelter Clients, Carroll Area Transit Service riders, the Ministerium, Various Churches throughout Carroll County, the Eldersburg Jewish Congregation and DSS participants. The focus groups yielded responses that point to clear strengths and weaknesses of the local human service delivery system. Many of these community members also had suggestions on how to build upon effective practices and develop new interventions to address identified needs. The analysis of the responses to the Focus Group questions expressed in percentages follows:

III.B.1 Human Service System Strengths

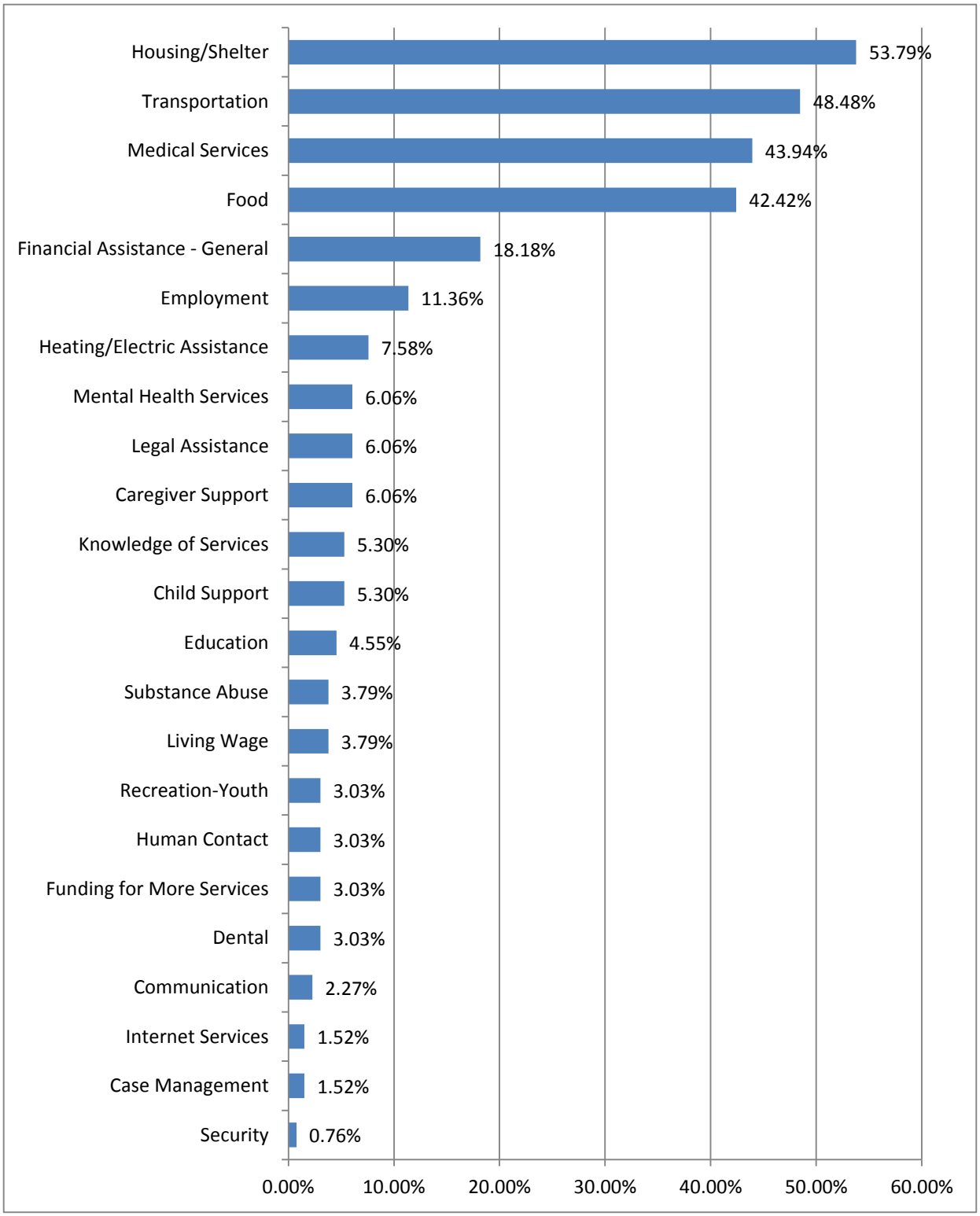
What are the three biggest existing strengths of the human service system in Carroll County?



Focus Group Survey Results

III.B.2 **Human Service Needs**

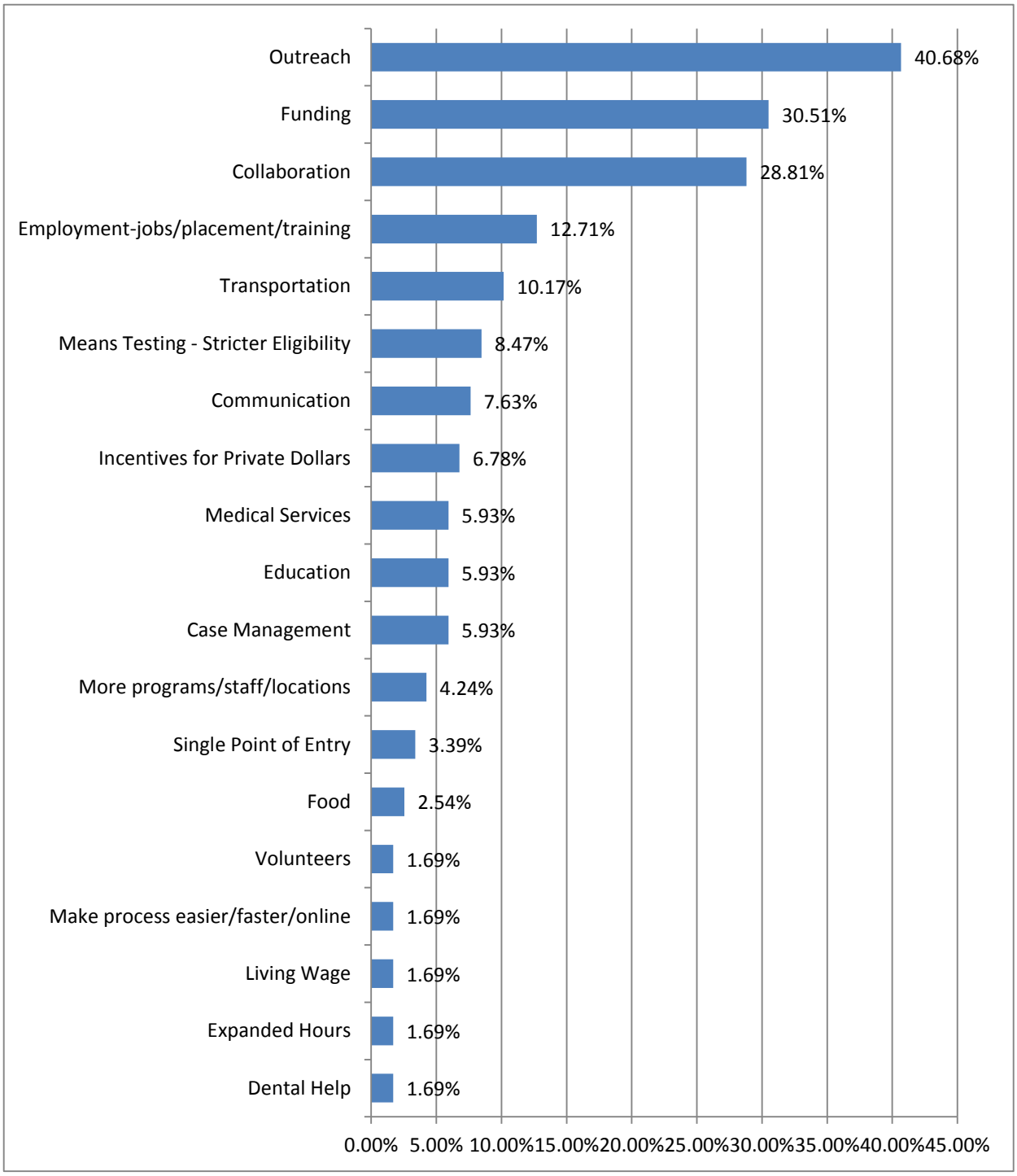
What are the three biggest needs of people seeking human services in Carroll County?



Focus Group Survey Results

III.B.3 **Best Strategies**

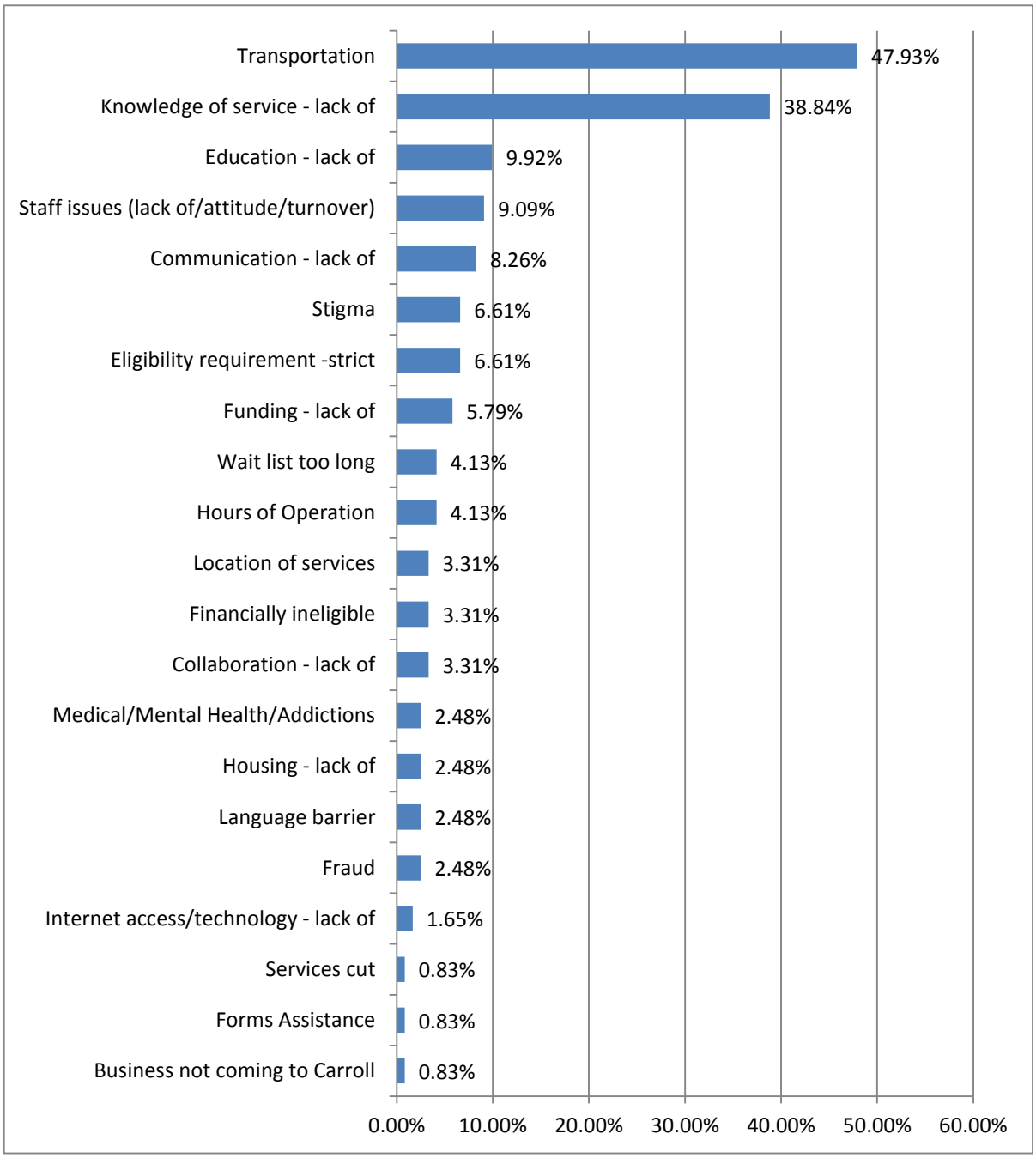
What are the best strategies to address these needs?



Focus Group Survey Results

III.B.4 **Barriers**

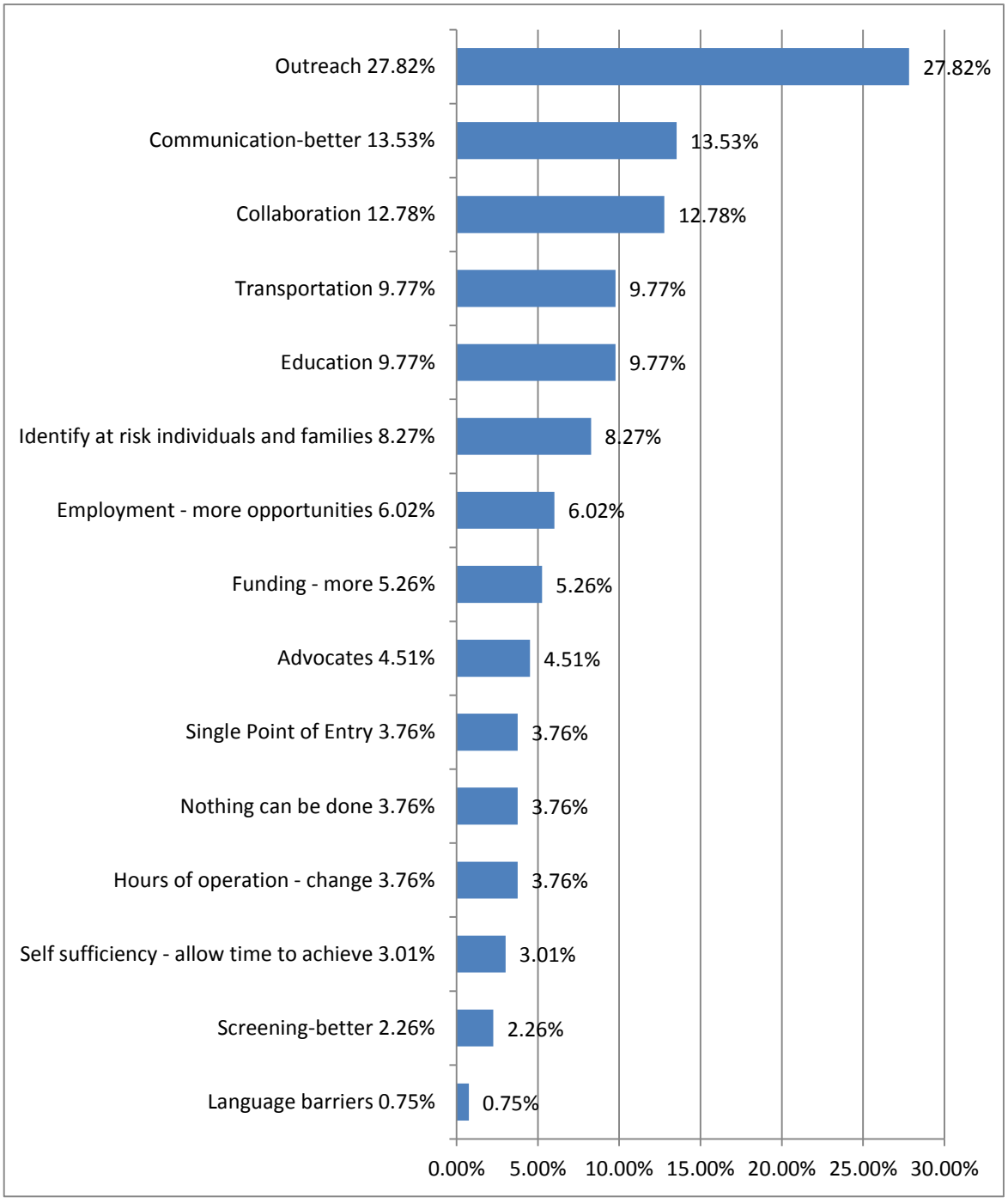
What are the barriers to accessing the current human service system in Carroll County?



Focus Group Survey Results

III.B.5 **Earlier Intervention**

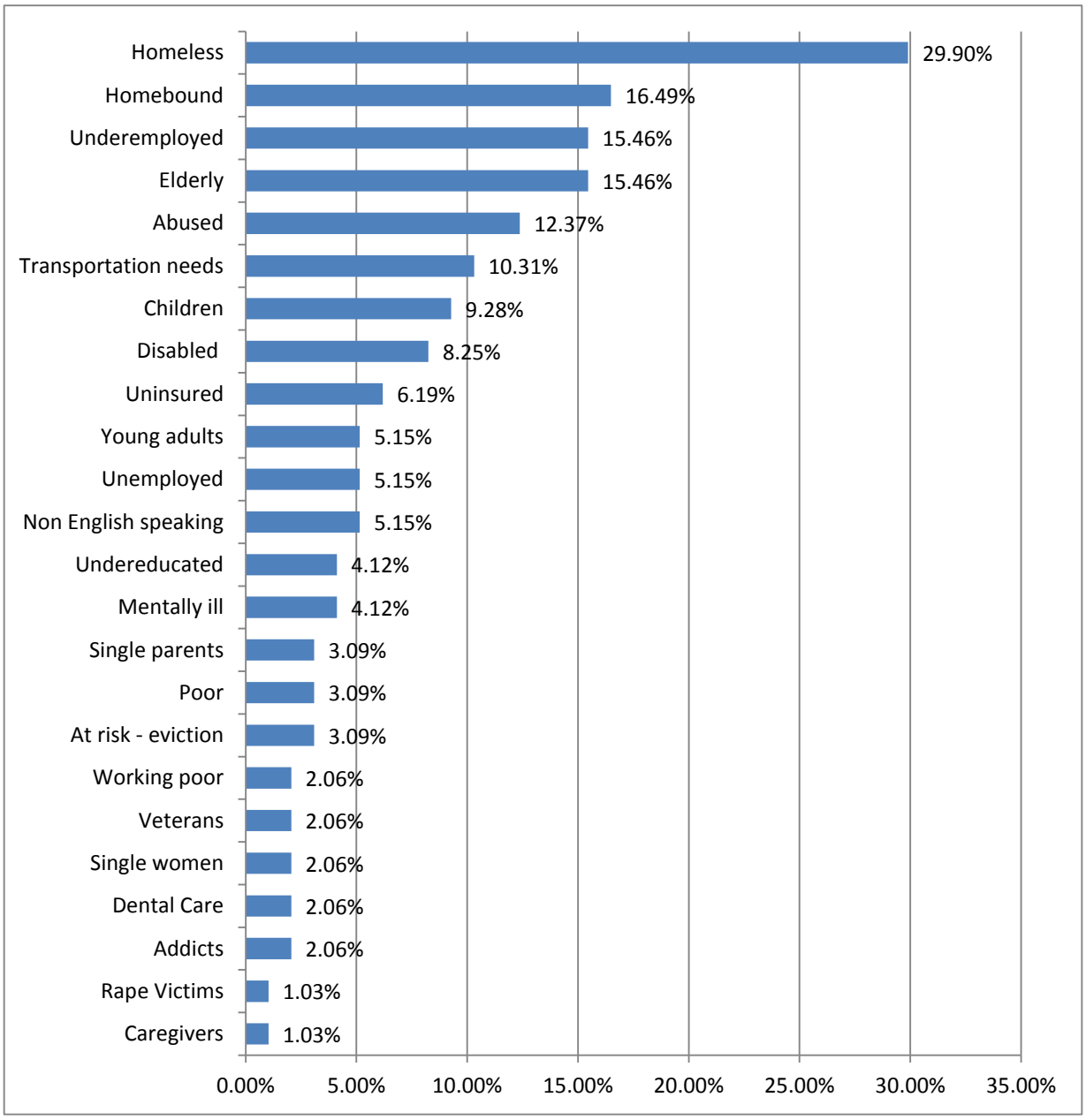
How could the human service system provide early intervention with the needs that you have identified above?



Focus Group Survey Results

III.B.6 **Needs Not Met in Most Effective Manor**

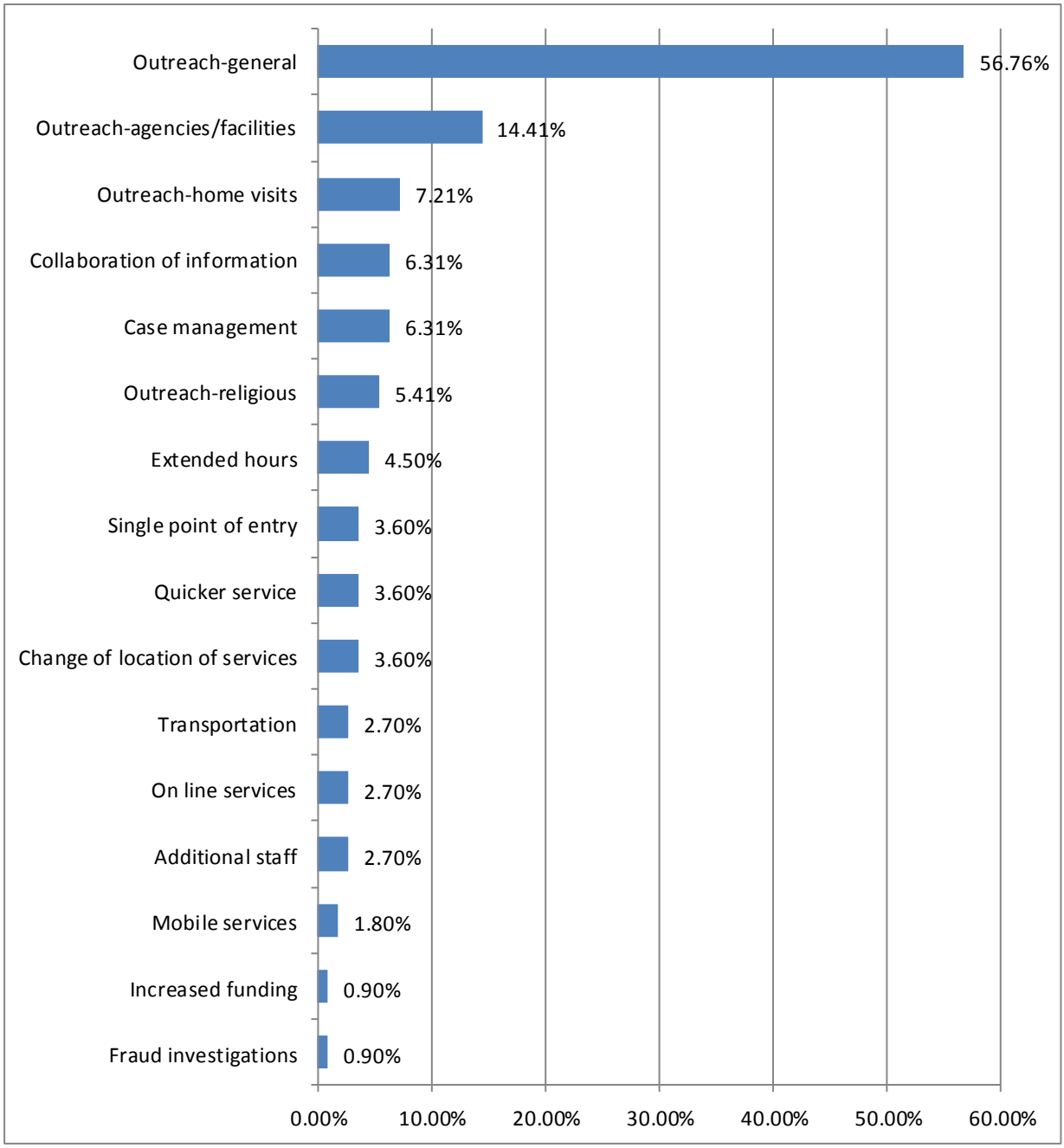
What groups with human service needs are NOT being reached in the most effective manner?



Focus Group Survey Results

III.B.7 **Better Outreach**

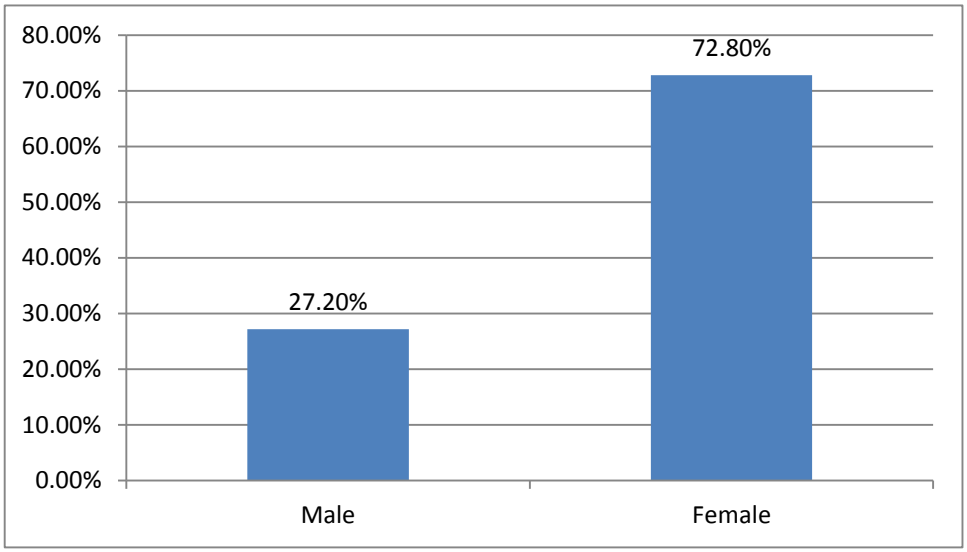
How could the current human service system more effectively outreach to those in need of human services?



Focus Group Survey Results

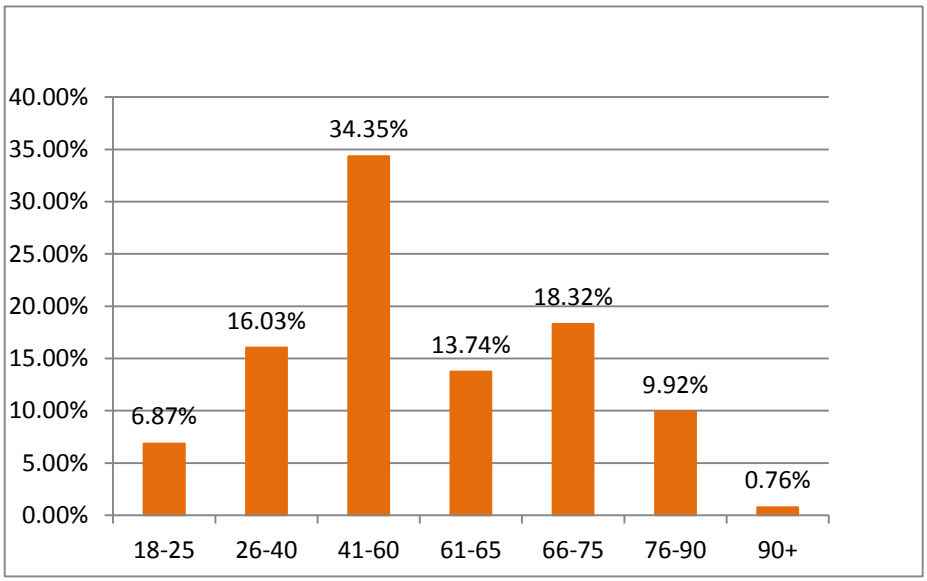
III.B.8 Focus Group Demographics

III.B.8.1 Gender



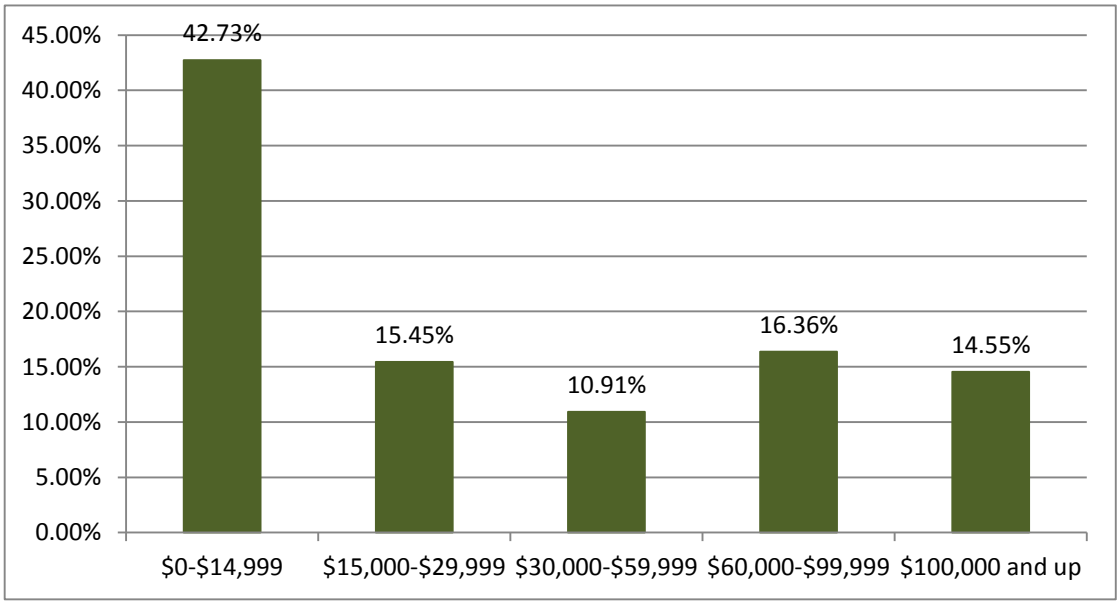
Focus Group Survey Results

III.B.8.2 Age



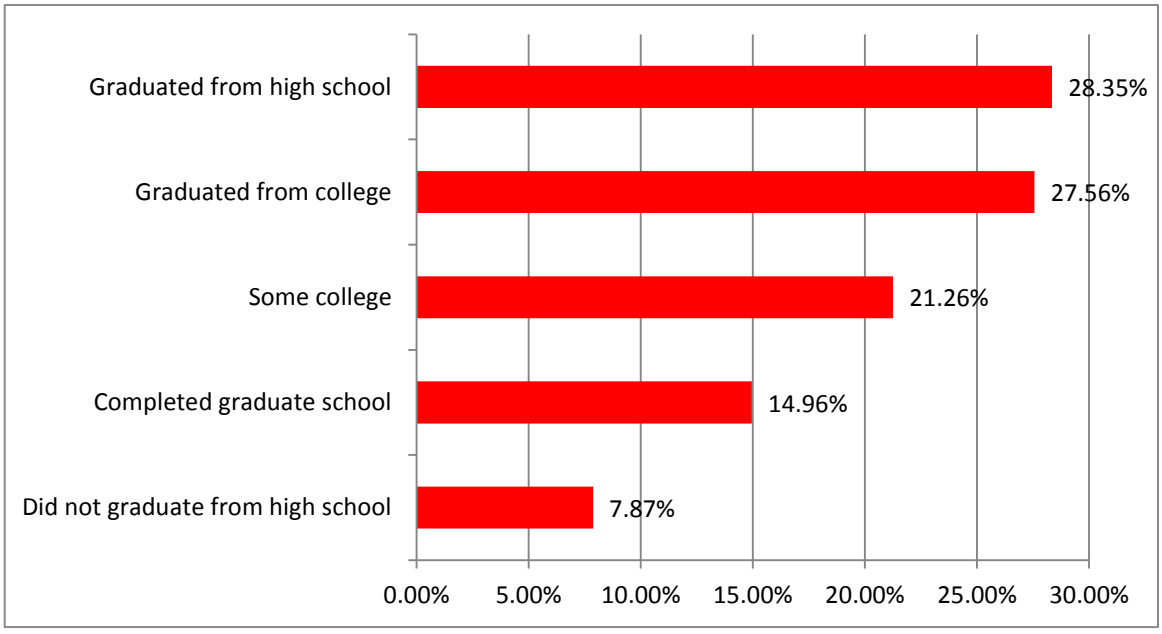
Focus Group Survey Results

III.B.8.3 Household Income



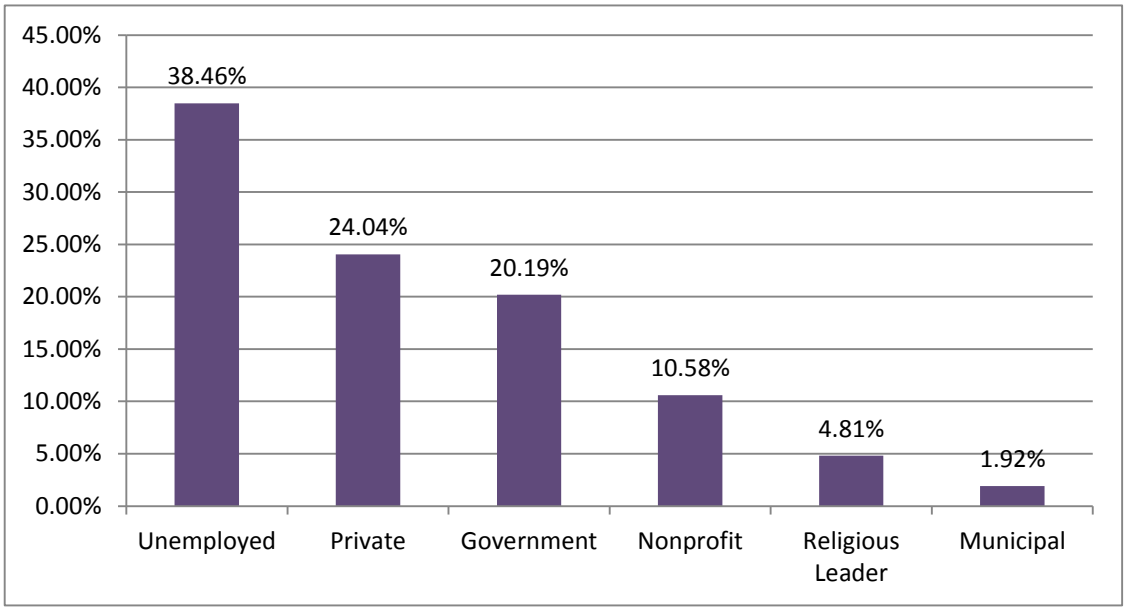
Focus Group Survey Results

III.B.8.4 Highest Level of Education



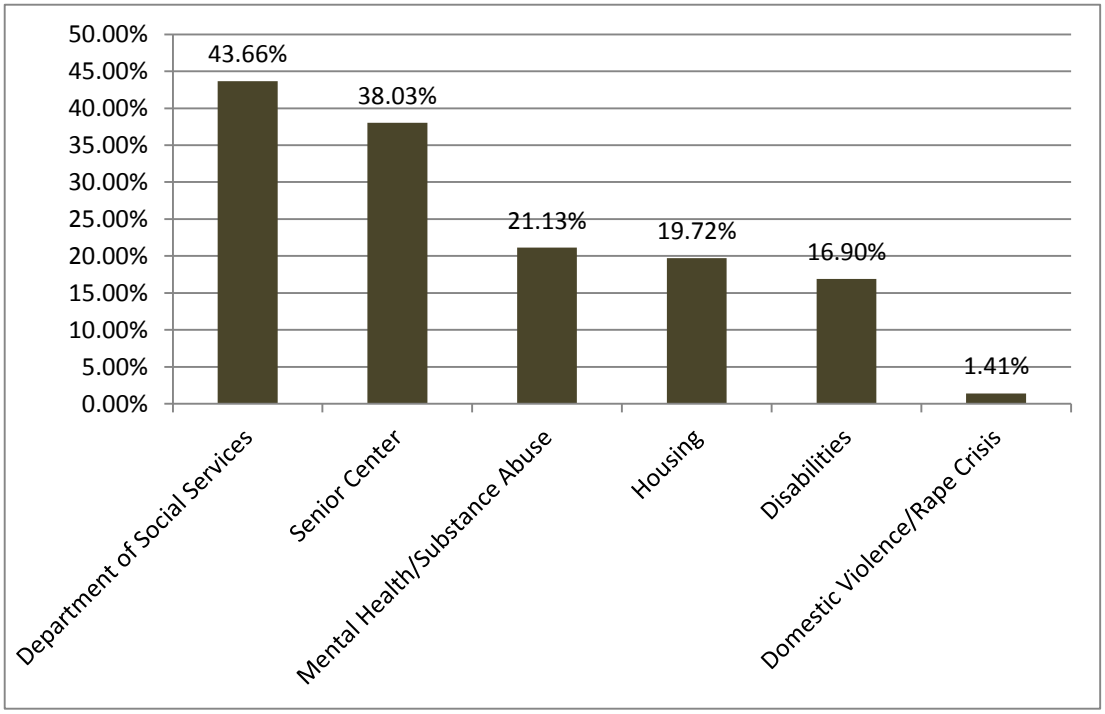
Focus Group Survey Results

III.B.8.5 Employer



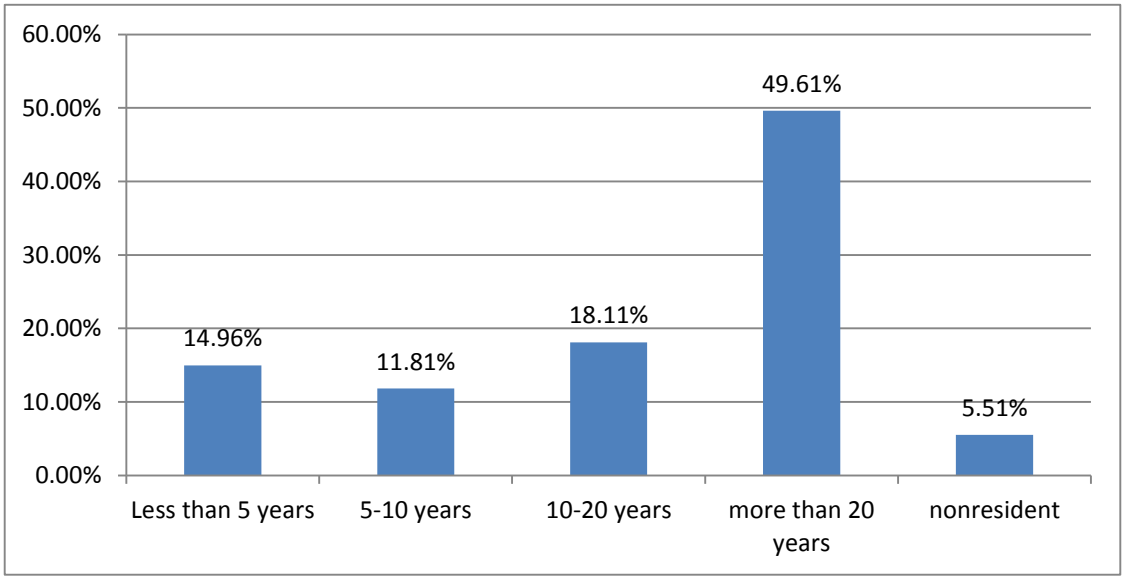
Focus Group Survey Results

III.B.8.6 Services Receiving



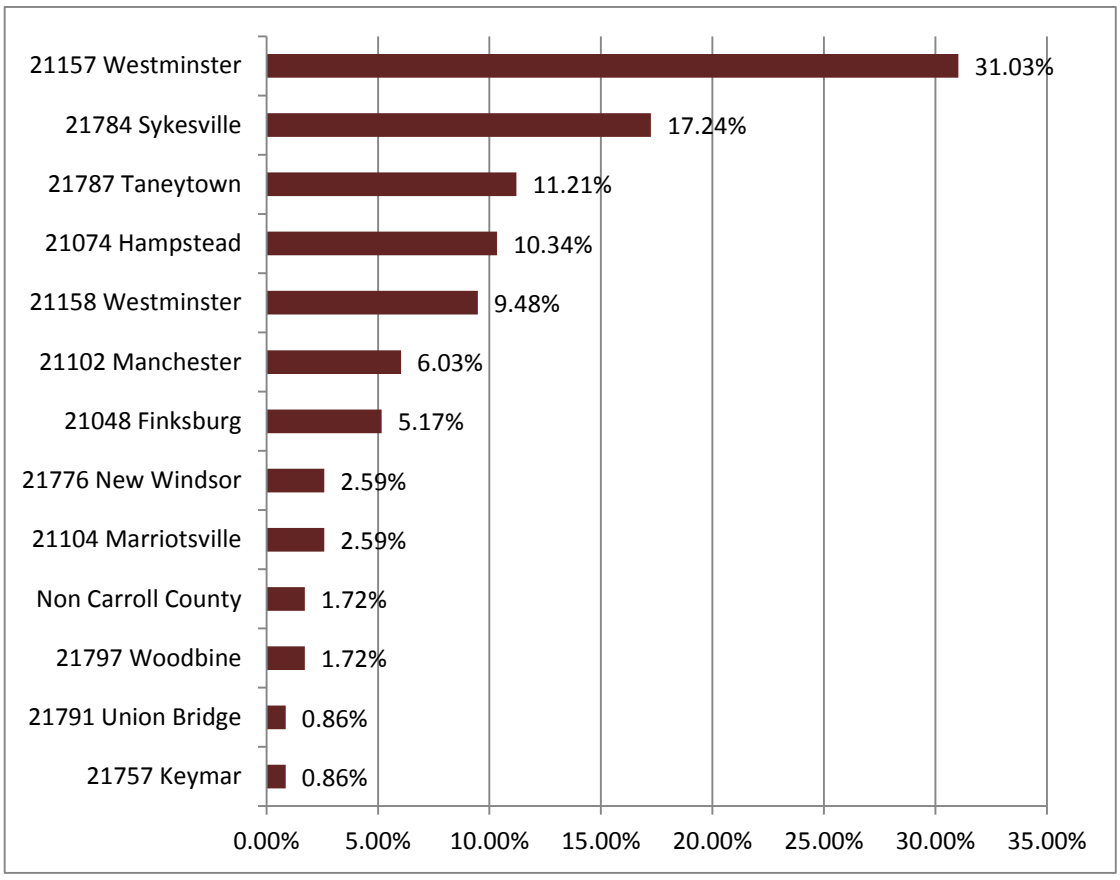
Focus Group Survey Results

III.B.8.7 Resident Status



Focus Group Survey Results

III.B.8.8 Zip Code



Focus Group Survey Results

C Review of Human Services Needs Assessments

Over the past few years, organizations in Carroll County have conducted Needs Assessments that focused on particular issues (i.e. health, transportation) or populations (i.e. children, homelessness, seniors). Summary chart is provided below:

Needs Assessments & Date of Completion	Purpose of Study	Activity
Carroll County Local Health Improvement Process 2012-2014 (Partnership for a Healthier Carroll County)	To examine strengths/gaps in health services & to establish baselines to serve as benchmarks for future health assessments	• Key stakeholders (professionals/community leaders with expertise about their respective agencies and the community) • Review of health data • Determine priority areas
Carroll County Local Management Board Needs Assessment 2013	To determine the well-being of children in Carroll County and develop strategic plan	• Review of child well-being data • Middle School Youth Survey • Strategic plan
Circle of Caring 2013-2014 Action Year Plan	To prevent and end chronic homeless, veteran homelessness by 2015 and families with children by 2020	• Strategic plan includes collaboration increase housing, increase prevention services to those at-risk of homelessness, employment
KFH Group Inc. Carroll County Transit Development Plan 2013	To identify existing transportation, document needs and develop alternative service	• Review existing public transit for service capacity and reliability • Obtain stakeholder and rider input • Identify existing service limitations • Present alternatives
Carroll County Health Department Opiate Overdose Prevention Plan	To develop a singular plan within the community of healthcare professions, law enforcement, education, consumers and others to for overdose prevention.	• Educate/train staff and community • Outreach to families • Track and monitor substance abuse treatment providers • Proper Medication Disposal • Enforcement

D Human Services Data Analysis

Data from the past five years was analyzed from selected sources (needs assessments) where available. Key indicators selected to provide a snapshot of Carroll County's overall trends in primary human service factors (i.e. family status, poverty, homelessness, health, mental health, crime, education, employment, domestic violence, child abuse, substance abuse, and transportation).

Carroll County In Comparison to State of Maryland Business QuickFacts

Household and Education QuickFacts	Carroll County	Maryland
Veterans, 2007-2011	13,555	443,652
High school graduate or higher, percent of persons age 25+, 2007-2011	90.3%	88.2%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	31.5%	36.1%
Living in same house 1 year & over, percent, 2007-2011	93.1%	86.4%
Housing units, 2011	62,584	2,391,350
Homeownership rate, 2007-2011	83.9%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	11.7%	25.4%
Median value of owner-occupied housing units, 2007-2011	$342,900	$319,800
Households, 2007-2011	59,314	2,128,377
Persons per household, 2007-2011	2.75	2.63
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$35,098	$35,751
Mean travel time to work (minutes), workers age 16+, 2007-2011	34.6	31.7
Median household income, 2007-2011	$83,325	$72,419
Persons below poverty level, percent, 2007-2011	5.6%	9.0%
Foreign born persons, percent, 2007-2011	3.6%	13.5%
Language other than English spoken at home, percentage 5+, 2007-2011	4.9%	16.2%

Business QuickFacts		
Private nonfarm establishments, 2011	4,173	133,248[1]
Private nonfarm employment, 2011	47,074	2,104,022[1]
Private nonfarm employment, percent change, 2010-2011	-0.6%	1.4%[1]
Non employer establishments, 2011	11,627	432,590
Total number of firms, 2007	15,984	528,112
Black-owned firms, percent, 2007	2.1%	19.3%
American Indian- and Alaska Native-owned firms, percent, 2007	0.5%	0.6%
Asian-owned firms, percent, 2007	1.6%	6.8%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F*	0.1%
Hispanic-owned firms, percent, 2007	2.2%	4.9%
Women-owned firms, percent, 2007	27.2%	32.6%
		Source: United States Census

*Fewer than 25 firms

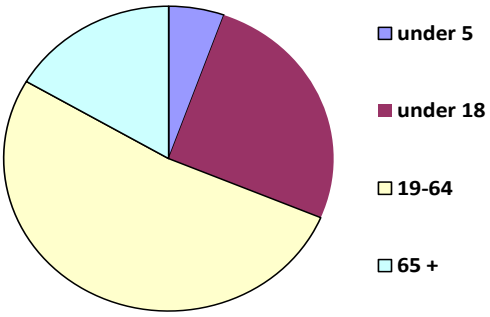
Population Count

Total population of Carroll County with breakdown by age.

2010 167,134

2012 167,217 (+83)

Source: US Census

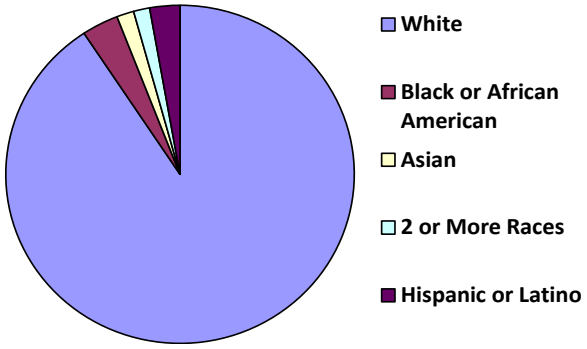


Diversity

Carroll County diversity as of 2012

Black or African American	3.4%
American Indian and Alaska Native	.2%
Asian	1.6%
Hispanic or Latino	2.8%
Two or More Races	1.5%
White alone	90.8%

Source: US Census

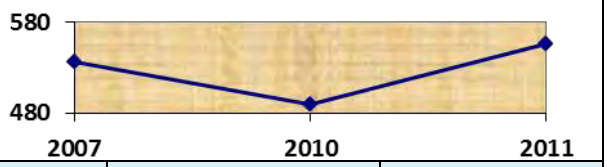


CARROLL COUNTY STATISTICAL DATA
Family Composition

DIVORCE

Absolute divorces and annulments

Source: American Community Survey

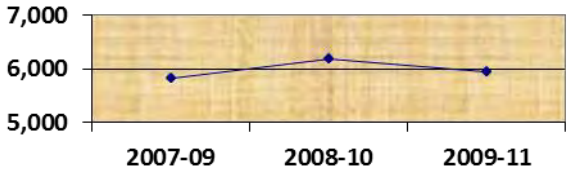


2007	2010	2011	5 year change	1 year change
537	489	556	19	67

Single parent households

Percent of all household headed by a female single parent

Source: American Community Survey



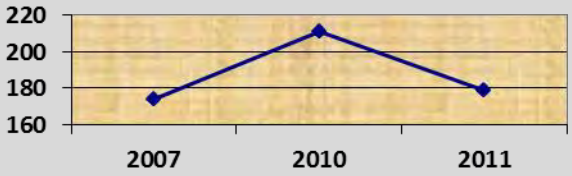
2007-2009	2008-2010	2009-2011	5 year change	1 year change
5829	6176	5942	113	-234

HOUSING

Homelessness

Rate of Homelessness in Carroll County

Source: Point-in-time count

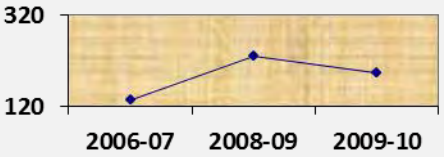


2007	2010	2011	5 year change	1 year change
174	211	178	4	-33

Homeless Children

Rate of Homeless Children enrolled in Carroll County Public Schools

Source: Maryland State Department of Education



SY 2007-2008	2010-2011	2011-2012	5 year change	1 year change
135	231	192	57	-38

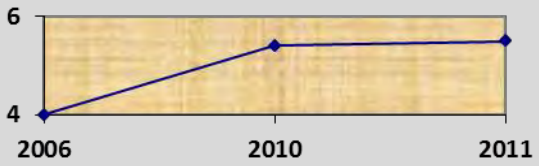
LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

POVERTY

Percent of residents with poverty levels under U.S. threshold.

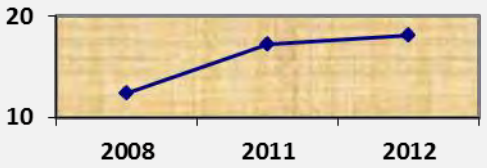
Source: U.S. Census Bureau. Small Area Income and Poverty Estimates (SAIPE)



2006	2010	2011	5 Year Change	1 Year Change
4% 6,595	5.4% 8,873	5.5% 8,937	1.5%	.1%

Percent of children with free and reduced meals.

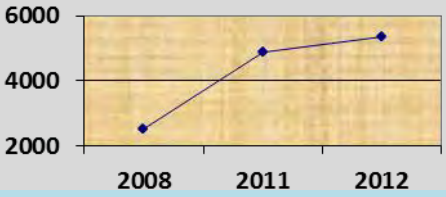
Source: Maryland State Department of Education



2008	2011	2012	5 Year Change	1 Year Change
12.32%	17.22%	18.15%	5.83%	.93%

Number of households participating in Supplemental nutrition assistance program (SNAP).

Source: www.datacenter.kidscount.org

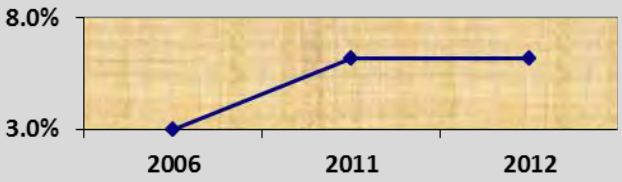


2008	2011	2012	5 year change	1 year change
1.5% 2,527	1.4% 4,869	1.5% 5,348	0% 2,821	.1% 479

UNEMPLOYMENT

Yearly average percent of unemployment among civilian labor force.

Source: MD Dept. of Labor, Licensing and Regulation



2006	2011	2012	5 year change	1 year change
3.0% 2,810	6.2% 5,825	6.2% 5,834	3.2%	0

	Employed	Average weekly wage	Rank by Wage level
Nationwide	133,726,808	1,000.00	
Maryland	2,544,098	1,086	
Carroll	56,175	767	14
As of December 2012 Source: United States Department of Labor, Bureau of Labor Statistics			

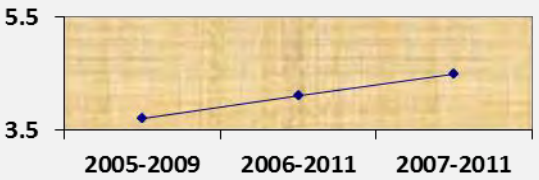
LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

TRANSPORTATION

The percentage of households that do not have a vehicle.

Source: American Community Survey

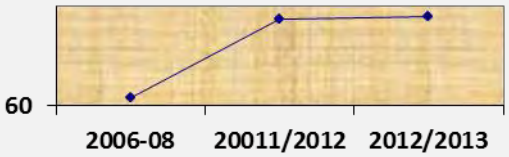


2005-2009	2006-2011	2007-2011	5 year change	1 year change
3.7%	4.1%	4.5%	.8	.4

SCHOOL READINESS

Percentage of kindergarten students demonstrating readiness. The composite score from the Maryland Model for School Readiness (MMSR)

Source: Maryland State Department of Education



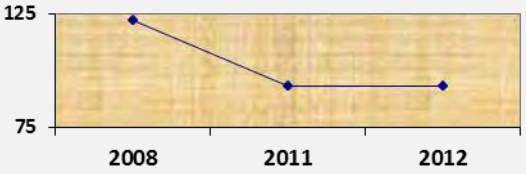
2007/2008	2011/2012	2012/2013	5 year change	1 year change
63%	95%	96%	33%	1%

EDUCATION

High School dropout rate

The number and percent of students dropping out of school in grades 9 through 12 for any reason.

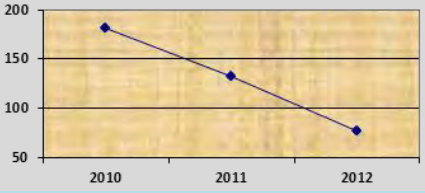
Source: Maryland State Department of Education



2008	2011	2012	5 year change	1 year change
122 1.2%	93 1.0%	93 1.0%	-29	0

The number of students who leave school, for any reason other than death, within the four year period divided by the number of students who form the adjusted cohort.

Source: Maryland School Report Card



Class of 2010	Class of 2011	Class of 2012	2 year change	1 year change
181 7.2%	132 5.4%	77 3.2%	-104	-55

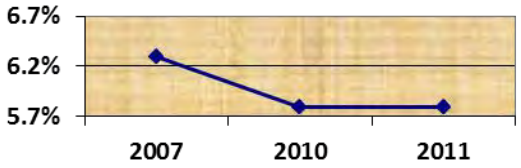
LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

HEALTH

Low Birth Weight

The percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

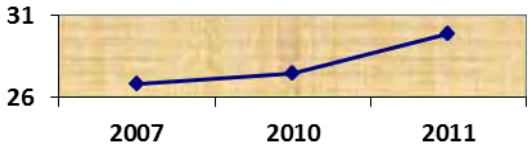


Source: MD Dept of Health and Mental Hygiene

2007	2010	2011	5 year change	1 year change
6.3%	5.8%	5.8%	-.5%	0

Accidental Death Rate

Age-adjusted death rate by accidents per 100,000 population



Source: MD DHMH

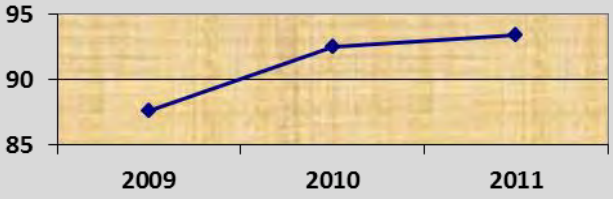
2007	2010	2011	5 year change	1 year change
26.8	27.5	29.9	3.1	2.4

INSURANCE

Adults with Health Insurance

Percentage of adults aged 18-64 years that have any type of health insurance coverage.

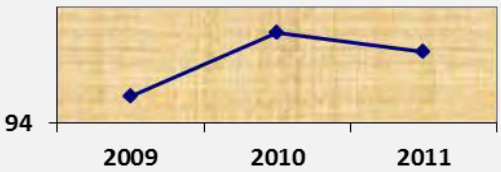
Source: American Community Survey



2009	2010	2011	2 year change	1 year change
87.6%	92.5%	93.4%	5.8	.9

Children with Health Insurance

Percentage of children ages 0-17 with any type of health insurance coverage.



Source: American Community Survey

2009	2010	2011	**2 year change**	1 year change
95.4	98.7	97.7	2.3	-1

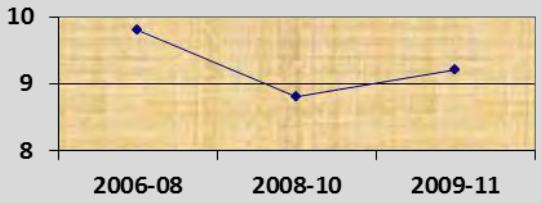
LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

MENTAL HEALTH

Suicide Rate

The age-adjusted death rate per 100,000 population due to suicide. An estimated 8 to 25 attempted suicides occur for every suicide death.

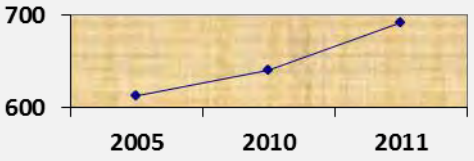


Source: MD Dept. of Health and Mental Hygiene

2006-2008	2008-2010	2009-2011	5 year change	1 year change
9.8	8.8	9.2	-.6	.4

SUBSTANCE ABUSE

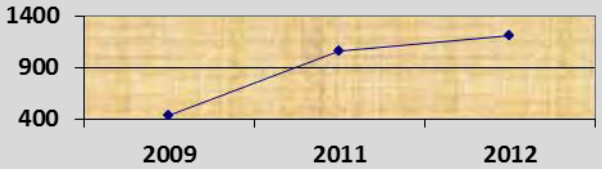
Number of drug arrests in Carroll County



Source: Governor's Office for Crime Control and Prevention

2005	2010	2011	7 year change	1 year change
612	640	692	80	52

Number of outpatient substance abuse services admissions in Carroll County



Source: Governor's Office for Crime Control and Prevention

2009	2010	2012	3 year change	2 year change
435	1055	1216	781	161

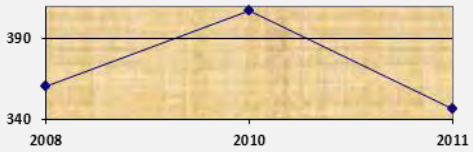
LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

DOMESTIC VIOLENCE

Number of domestic violence cases filed in Carroll County District Court

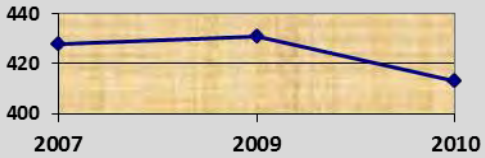
Source: Governor's Office for Crime Control and Prevention



2008	2011	2012	4 year change	1 year change
360	407	346	-14	-61

Number of final Protective Orders and Peace Orders granted

Source: Carroll County Sheriff's Office

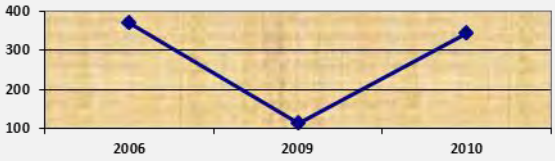


2007	2009	2010	4 year change	1 year change
428	431	413	-15	-18

CHILD ABUSE

Total Child Abuse Investigations

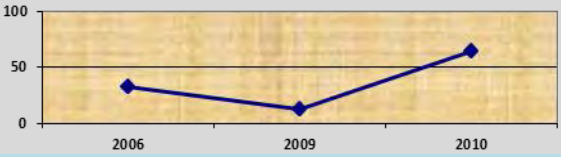
Source: Governor's Office for Children



2006	2009	2010	5 year change	1 year change
369	122	343	-26	221

Total Child Abuse Arrests

Source: Governor's Office for Children



2006	2009	2010	5 year change	1 year change
32	12	64	32	52

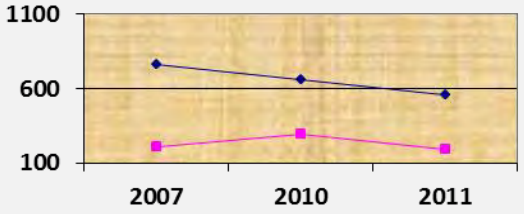
LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

CRIME

NON-VIOLENT JUVENILE CRIMES

The number of arrests of juveniles for a non-violent offense (i.e. burglary, larceny, theft, motor vehicle theft, etc.), youths ages 10-17.

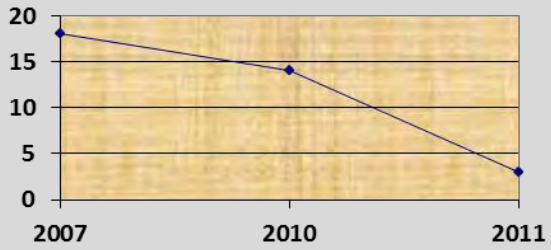


Source: Maryland Department of Juvenile Services

2007	2010	2011	4 year change	1 year change
776	661	555	-221	-106
Drug and Alcohol				
407	295	194	-213	-101

VIOLENT JUVENILE CRIMES

Crimes of violence are Assault 1st Degree, Carjacking, Robbery, Robbery with Deadly Weapon, Murder, Manslaughter, Rape 1st and 2nd Degree and attempts of these crimes defined by DJS HQ and approved by the governor's office.



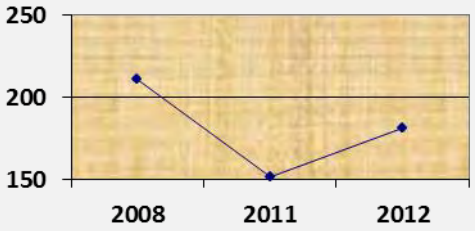
Source: MD Department of Juvenile Services

2007	2010	2011	4 year change	1 year change
18	14	3	-15	-11

VIOLENT CRIMES

The number of arrests per 100,000 people for murder, rape, robbery and aggravated assault.

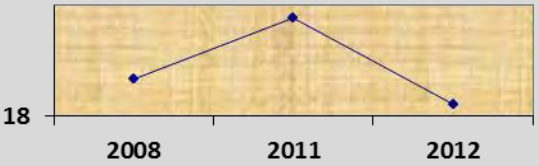
Source: Governor's Office of Crime Control and Prevention



2008	2011	2012	5 year change	1 year change
211.3	151.7	181.2	-30.10	29.5

RAPE

Source: Governor's Office of Crime Control and Prevention



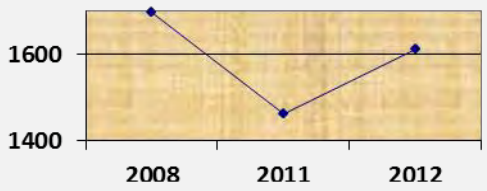
2008	2011	2012	5 year change	1 year change
21	26	19	-2	-7

LEGEND

Green-change in positive direction	Yellow indicates no change	Red-change in negative direction

NON-VIOLENT CRIMES

The number of arrests per 100,000 people for Breaking & entering, larceny or motor vehicle theft.



Source: Governor's Office of Crime Control and Prevention

2008	2011	2012	5 year change	1 year change
1698.3	1462.2	1611.0	-87.3	148.8

LEGEND

Green-change in positive direction	**Yellow indicates no change**	**Red-change in negative direction**

E Multi-Factor Analysis

The Carroll County Department of Citizen Services was tasked with assessing the human service systems and prioritizing the top ten (10) issues the County should focus their attention on in the next three to five years. To make the determination of the top ten issues a multi-factor analysis (Appendix A) was conducted using: key informant interviews, along with focus group surveys, needs assessment inventory, and data trends over the last five years and the results were as follows:

Top Ten (10) Issues

1. **Housing/Homelessness**
2. **Mental Health**
3. **Transportation**
4. **Substance Abuse**
5. **Employment/Job/Economic Security**
6. **Medical/Healthcare**
7. **Food**
8. **Case Management/Outreach/Coordination**
9. **Financial Assistance - General**
10. **Domestic Violence/Child Abuse**

IV. Strategic Plan

"We can't help everyone, but everyone can help someone." Ronald Reagan

IV.A.1 Result Area 1: Prevent and End Homelessness in Carroll County

Indicator 1: Increase access to stable and affordable housing		
Strategies:	Performance Measures:	Groups to be served:
Prevent discharge to homelessness through coordination of financial assistance and discharge planning for those leaving public institutions and foster care programs, specifically hospitals, detention, foster care, and homeless students within the school system	Develop written policy for coordinated service plan for high risk homeless clients	Those at risk of homelessness
Increase distribution of fliers that list services for those at risk of being evicted. These packets would be distributed at the Courts and Sheriff's Services when eviction notice is delivered for ancillary services, e.g. Health Department	Flier distributed and delivered to at least 80% of rental landlords and at least 80% of those receiving eviction notices	
Increase inventory of affordable and accessible housing	Increase, encourage and support resources for affordable housing options, support resources for affordable home ownership	

IV.A.2 Result Area 2: To prevent and reduce the impact of mental health disorders

Indicator 1: Improved level of mental health		
Strategy: Provide comprehensive treatment and support to those with mental health disorders Increase access to mental health services Increase prevention services Increase access to dually diagnosed population i.e. developmental disabilities/mental health population Offer parent/child interaction therapy	Performance Measures: For those that attend local mental health services, number who have improved mental health at end of program (i.e. reduction in level of depression and increase in level of functioning – return to work, improved relationships, etc.) Reduce/minimize out of home placements for children and youths	Groups to be served: Those with mental health disorders

IV.A.3 Result Area 3: Improve Transportation Services in Carroll County

Indicator 1: Transit Services are easier and more convenient to use		
Strategy: Increase frequency of service, streamline routes, timed transfers, flag stops, and improved productivity Increase access to jobs, schools, and medical services Increase sustainability of public transportation Expand routes to affordable housing locations outside of Westminster Increase affordability options for clients in great need Increase use of Tele-Medicine and mobile treatment services	Performance Measures: Expand Trailblazer Routes Operate and maintain Veteran's Shuttle, education, medical and job transport Diversify and expand transportation options and funding sources	Groups to be served: Seniors, the disabled, Veteran's, those seeking transport to medical appointments, jobs, educational opportunities

IV.A.4 Result Area 4: To prevent and reduce the impact of substance abuse disorders

Indicator 1: Improve rate of substance abuse recovery		
Strategy: Provide comprehensive treatment and support to those using or at risk of substance abuse Increase access to dually diagnosed population i.e. substance abuse/mental health population Increase access to substance abuse services and behavioral health services Increase preventive assistance for youths	Performance Measures: For those that attend Recovery Support Services, number who have housing, jobs and reduced rate of recidivism	Groups to be served: Those using or at risk of substance abuse

IV.A.5 Result Area 5: Increase job opportunities and self-sufficiency for the unemployed

Indicator 1: Increase Economic Security and Self-Sufficiency		
Strategy:	Performance Measures:	Groups to be served:
Workforce development and employment assistance to obtain employment for individuals	Increase entry level job opportunities in partnership with local businesses and the Carroll County Economic Development Department	Those unemployed and at risk of homelessness
Address barriers of the unemployed including the disabled, child care, those lacking skills or other requirements for available jobs and those who have multiple barriers to employment	Increase opportunities for the unemployed to be partnered with local businesses in need of employees Form a "Barrier Busters" group in partnership with Carroll Community College, the Department of Economic Development, the Business and Employment Resource Center, Chamber of Commerce, municipalities and the Circle of Caring to break down barriers and increase employment chances	
Encourage more housing recipients to utilize the Family Self-Sufficiency Program through the Carroll County Bureau of Housing and Community Development	Increased number of participants in the Family Self-Sufficiency Program	Housing Recipients
Conduct Veterans Needs Assessment (Key Informant Interviews, Focus Groups, Data Review) look at needs for specific populations including: 1) Disabled Vets 2) Vietnam Vets 3) Korean War Vets 4) WWII Vets 5) Young Vets (Desert Storm, Iraq, Afghanistan)	Published, written document of system for coordinated service plan for Veterans in need Number of Veteran's attending fair and obtaining jobs Increase in job development and economic development in Carroll County in partnership	Those that are in need of support related to education, health care, housing, job security and other needs identified

Hold Job Fair: Ask local businesses to hold Veteran's Job Fair Partner with economic development in regard to community development/entrepreneur opportunities Initiate Veteran Mentor Program	with Veterans Number of Veterans partnered with Mentors have an improvement in life circumstance (job development, education, housing, self-sufficiency)	

IV.A.6 Result Area 6: Those in Poverty and In Need Have Access to Healthcare

Indicator 1: Improve access to healthcare for low income and homeless		
Strategy: Advocate for preventative healthcare to low income and homeless	Performance Measures: Improved health outcomes	Groups to be served: Those in poverty, homeless or at risk of homelessness

IV.A.7 Result Area 7: Maintain health and good nutrition through emergency and supplemental food programs

Indicator 1: Maintain emergency food supply		
Strategy:	Performance Measures:	Groups to be served:
Increase sustainability of emergency food supply	Diversification of funding	Those that are in poverty, seniors, or in need of emergency food supply
Increase access to food for low income seniors and those in need	Increase outreach efforts to low income seniors and those in need for home delivered meals	
Increase health and nutrition of seniors and those in need via supplemental food programs	Improved health outcomes for seniors and those in need (i.e. healthy weight, improved mobility)	
Increase access to food distribution locations i.e. transportation		

IV.A.8 **Result Area 8: Case Management/Outreach/Coordination**

Indicator 1: Promote Collaborative Leadership		
Strategy:	Performance Measures:	Groups to be served:
Increase use of reporting of Community Service Point (CSP – Carroll County's HMIS data base)	Percent increase in numbers of human service agencies reporting data in CSP . Train current users of CSP how to use the Case Management portion of the software which allows for interagency case management	All seeking human services in Carroll County
Minimize out of home placements	Decrease out of home placements for at risk populations (i.e. seniors, the disabled, children and youth Develop a plan in partnership with Carroll Hospital Center for enhanced Geriatric Services Unit	Those that are homeless or at risk of homelessness

Indicator 1: Increase Access to Stable and Affordable Housing		
Strategy:	Performance Measures:	Groups to be served:
Increase coordination between case managers. Case Managers from multiple agencies work together to develop one plan of action for unsheltered clients, with each agency contributing, according to its strengths and resources, to support the individual or family in achieving housing stability and long-term self-sufficiency Seek funding opportunities for case management services	Published, written document of system for coordinated service plan for high risk homeless clients beginning with a Memorandum of Understanding (MOU) between groups	

Indicator 1: Identify all eligible Veterans		
Strategies:	Performance measures:	Groups to be served:
Request letter from Carroll County Commissioners that can be given to those in the Military or discharging from the Military that are current Carroll County residents or planning to move to	Percent increase in numbers of Veterans accessing services for which they are eligible and results of those services (i.e.	All Veterans

Carroll County upon discharge Increase Outreach to Veterans through County's Veterans Program Coordinator, County created Veteran's Website, Facebook, Twitter, and face-to-face meetings Seek to identify veterans living in Carroll County through seeking already existing data including: Carroll County Veterans Services Program, Carroll County Public Schools, Motor Vehicle Administration, American Legion, Disabled American Veterans, Marine Corps. League, Veterans of Foreign Wars, Veteran's Administration Create a "Veteran's Portal" through the Department of Citizen Services Community Service Point (CSP) where there can be an increase in coordination between case managers. Case Managers from multiple agencies work together to develop one plan of action for the identified Veteran, with each agency contributing, according to its strengths and resources, to support the individual or family in addressing identified needs	securing employment/housing, educational services, health services)	

Indicator 1: Increase Access to human services for Veterans in need resulting in improved quality of life status (i.e. health, job opportunity, education, housing)		

IV.A.9 **Result Area 9: Financial Assistance and Self-Sufficiency**

Indicator 1: Improve Economic Self-Sufficiency		
Strategy:	Performance Measures:	Groups to be served:
Encourage more recipients to utilize mentoring, financial management, education support and case management to become more self-sufficient	Increase number of recipients employed and in permanent housing	Those receiving financial assistance, temporary cash assistance, food stamps and medical assistance through DSS.
Ensure eligible citizens in need of assistance with heating in cold weather months have access to energy assistance programs	Increase outreach to seniors and those in need of energy assistance	Those in need of energy assistance

IV.A.10 Result Area 10: Children and Adults are Safe in Their Families and Communities

Indicator : Improve Child Well-Being and reduce incidents of child abuse, neglect and trauma		
Strategy:	Performance Measures:	Groups to be served:
Provide comprehensive educational and family support to economically disadvantaged children and their parents through the Local Care Team	Improved parenting skills for participants	Those at risk of child abuse or child abuse victims
Coordinated intervention for high risk families via Interagency Family Preservation Services	Improved family functioning, increased safety and decreased risk upon completion of program through before and after risk assessment	

Indicator: Reduce incidents of elder abuse, neglect and trauma		
Strategy:	Performance Measures:	Groups to be served:
Provide comprehensive educational and family support to at risk seniors and their families or caregivers.	Improved family functioning skills and decreased risk upon completion of program	Those at risk of elder abuse or victims of elder or abuse
	Provide staff training and staff development support to local assisted living and community based services for seniors to improve quality of care	
Minimize out of home placements and advocate aging in place	Increased safety and decreased risk upon completion of services through before and after risk assessment	
Coordinated intervention for high risk families via partnership of services between Adult Protective Services and Bureau of Aging and Disabilities		
Educate law enforcement on how to evaluate elder abuse cases	Law enforcement trained report increased knowledge on how to evaluate elder abuse cases after completion of program	

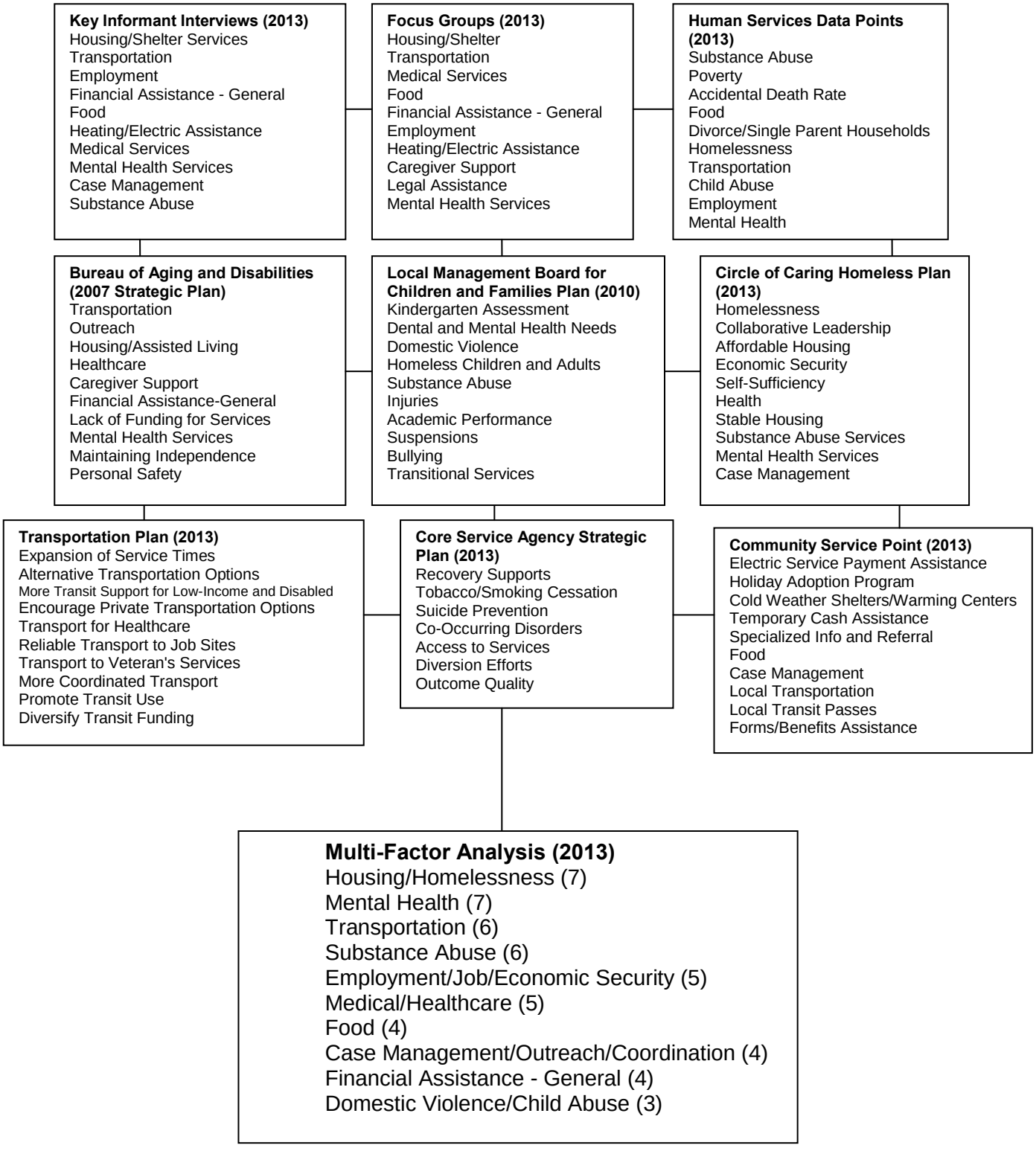
Indicator : Reduce incidents of domestic violence		
Strategy:	Performance Measures:	Groups to be served:

Provide comprehensive education and support services for and to victims of domestic violence	Increased safety and decreased risk upon completion of program	Those at risk of domestic violence or victims of domestic violence

Indicator : Reduce incidents of rape and sexual assault		
Strategy: Provide comprehensive educational and support services for and to victims of rape/sexual assault	Performance Measures: Decreased risk upon completion of program	Groups to be served: Rape or sexual assault victims or those at risk

MULTI-FACTOR ANALYSIS FOR CITIZEN SERVICES NEEDS ASSESSMENT:

TOP TEN NEEDS IDENTIFIED



Human Services Needs Assessment

The Carroll County Department of Citizen Services is conducting a needs assessment regarding human services in our Community. The needs assessment will include key informant interviews, focus groups, a review of other human service plans, and research on relevant local data. Key informants will include: local elected officials, directors of local and state government agencies, human service agency non-profit directors, local religious leaders, and law enforcement representatives. Focus groups will include: Landlords, human service participants, local boards and commissions, veteran's groups, and youth groups.

The components of the needs assessment will be factored together to identify the top five to ten human services needs in the County. Once identified, research will be conducted on what interventions work best to address the needs identified. Recommendations regarding the best interventions for each need will be developed. All of this information will then become the basis for the final strategic plan.

Human Services Needs Assessment Overview Survey
Carroll County Department of Citizen Services

Carroll County Citizen Services Department is working on a strategic plan. Our goal is to identify the top five to ten human service needs in Carroll County. When established, we will work with community partners to develop strategies to address these needs.

Please answer the following about services in Carroll County, Maryland.

1. **What are the three biggest strengths of the human service system?**

   1 _____
   2 _____
   3 _____

2. **What are the three biggest needs of people seeking human services?**

   1 _____
   2 _____
   3 _____

3. **What are the best strategies to address these needs?**

   1 _____
   2 _____
   3 _____

4. **What are the barriers to accessing the current human services system?**

5. **How could the human service system provide early intervention with the needs that you have identified above?**

6. **What groups with the human service needs are NOT being reached in the most effective manner?**

7. **How could the current human service system more effectively outreach to those in need of human services?**

DEMOGRAPHICS

8. Gender

☐ male ☐ female

9. Age

☐ 18-25 ☐ 26-40 ☐ 41-60 ☐ 61 – 65

10. Household Gross Income

☐ $0-15,000 ☐ 15,001-30,000 ☐ 30,001 – 60,000 ☐ 60,001 -100,000 ☐ 100,000 +

11. Education level

☐ high school ☐ some college ☐ degree ☐ other _____

12. Employer

☐ government ☐ nonprofit ☐ municipal ☐ religious leader

☐ private ☐ unemployed

13. Services Receiving

☐ Disabilities ☐ Department of Social Services ☐ Housing ☐ Senior Centers

☐ Mental Health/Substance Abuse ☐ Domestic Violence/Rape Crisis ☐ Other _____

14. County resident status

☐ less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ 20+ ☐ nonresident

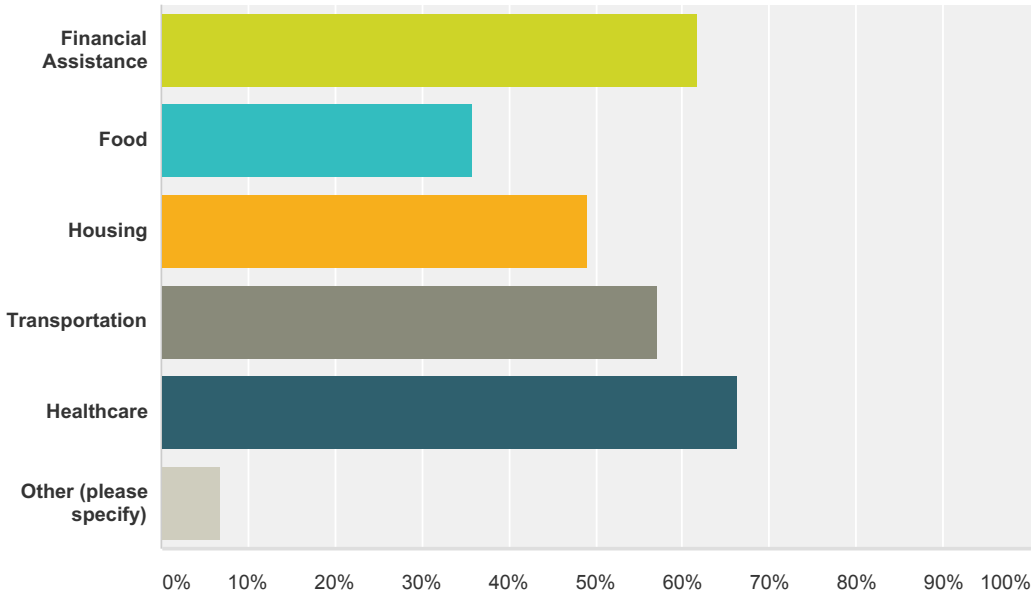
15. Zip code

Home _____ Work _____

16. Other Comments

Q1 What are the three biggest needs of people seeking Aging & Disabilities services in Carroll County?

Answered: 455 Skipped: 28



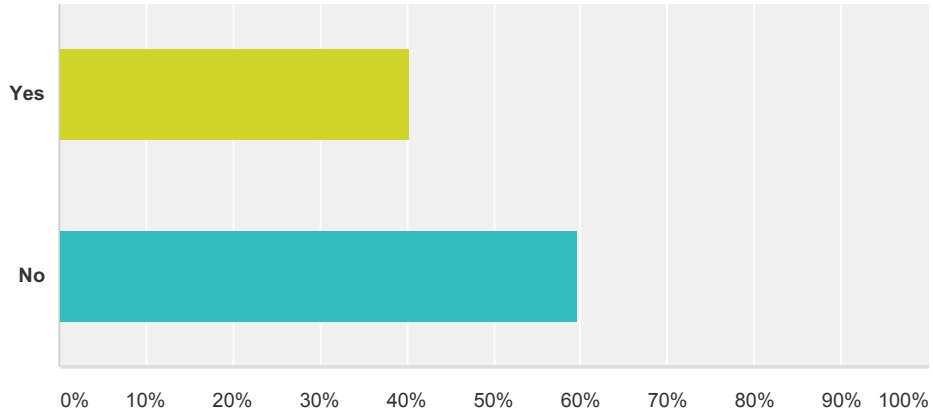
Answer Choices	Responses	
Financial Assistance	**61.76%**	281
Food	**35.82%**	163
Housing	**49.01%**	223
Transportation	**57.14%**	260
Healthcare	**66.37%**	302
Other (please specify)	**6.81%**	31
Total Respondents: 455		

#	Other (please specify)	Date
1	more room	4/29/2015 3:16 PM
2	Mt. Airy more handicap parking	4/29/2015 2:23 PM
3	place to meet	4/29/2015 2:18 PM
4	transportation for older americans is really needed	4/24/2015 2:46 PM
5	companionship	4/24/2015 2:43 PM
6	better transportation	4/24/2015 2:33 PM
7	Dental Services	4/24/2015 10:30 AM
8	SOMEONE AT THE LOCAL HOSPITAL THAT IN AN EMERGENCY SETTING IS QUALIFIED IN AGING HEALTHCARE	4/23/2015 7:17 PM

9	All of the above	4/23/2015 1:27 PM
10	assistance with everyday things, cleaning transportation, companionship.	4/23/2015 12:38 PM
11	taxes	4/23/2015 11:43 AM
12	VA	4/23/2015 11:21 AM
13	a house or 4 br house	4/23/2015 10:51 AM
14	personal care assistance and in home services	4/23/2015 1:17 AM
15	information about resources	4/22/2015 10:34 AM
16	Emergency financial assistance in a rapid manner, more rapid than the current methods	4/21/2015 12:10 PM
17	help with documents	4/21/2015 10:13 AM
18	Knowledge of what is already in place.	4/21/2015 9:59 AM
19	in home assistance	4/21/2015 9:30 AM
20	Mental Health	4/21/2015 8:32 AM
21	recreation	4/19/2015 2:29 PM
22	education	4/17/2015 3:57 PM
23	afordable dentures and eyeglasses	4/17/2015 3:24 PM
24	Fellowship	4/15/2015 3:30 PM
25	Appropriate day programs	4/13/2015 5:11 PM
26	hrs open for those who are still working, more programs for those who are still active not serve only those who are most every program in the County	4/13/2015 4:38 PM
27	Information on available services and facilitation for access	4/13/2015 7:56 AM
28	information about aging and disability services	4/10/2015 8:57 PM
29	Social Interaction	4/10/2015 7:24 PM
30	Out of county transport to city hospitals	4/10/2015 5:10 PM
31	Senior apartments that are not income based	4/10/2015 3:58 PM

Q2 Have you used Aging & Disability Services in Carroll County?

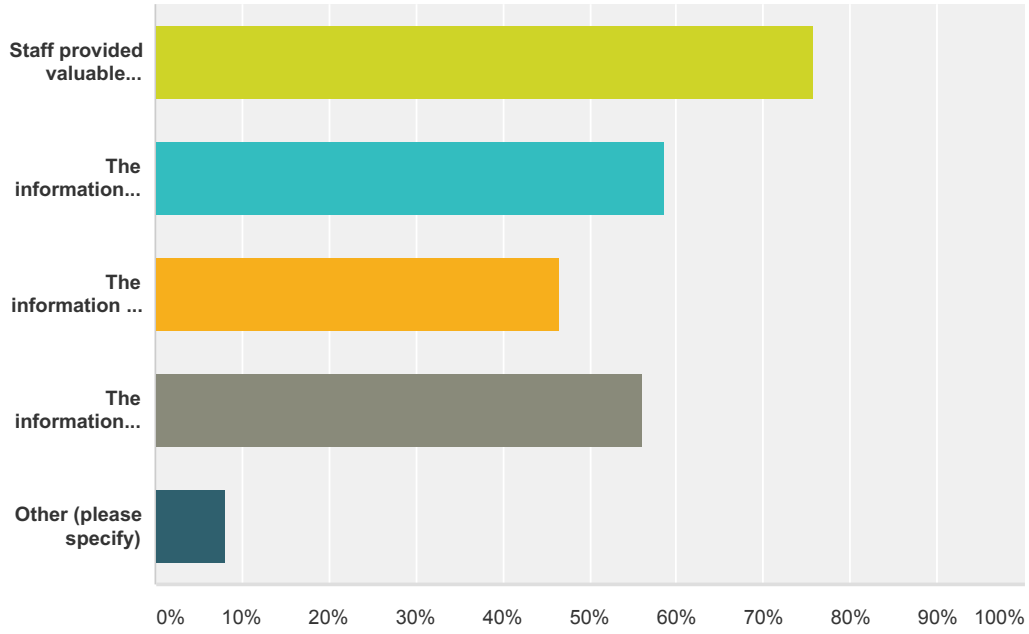
Answered: 465 Skipped: 18



Answer Choices	Responses	
Yes	**40.22%**	187
No	**59.78%**	278
Total		**465**

Q3 If yes, what were the strengths of these services?

Answered: 198 Skipped: 285



Answer Choices	Responses	
Staff provided valuable information	**75.76%**	150
The information provided met my needs	**58.59%**	116
The information was provided in an appropriate timeframe	**46.46%**	92
The information enabled me to make informed decisions	**56.06%**	111
Other (please specify)	**8.08%**	16
Total Respondents: 198		

#	Other (please specify)	Date
1	va	4/29/2015 3:30 PM
2	I get help with paper work Debbie Frame	4/29/2015 3:23 PM
3	TSC BIGGER PARKING LOT	4/24/2015 2:14 PM
4	FAILURE ON ALL LEVELS....ITS ALL TALK AND NO NOTHING	4/23/2015 7:17 PM
5	staff pleasnat and helpful	4/23/2015 1:37 PM
6	more staff to help	4/23/2015 11:21 AM
7	money for house	4/23/2015 10:51 AM
8	Caring Carroll volunteers	4/22/2015 10:03 AM
9	Contact was for someone else. The DA did the follow up in a timely manner.	4/21/2015 7:25 PM
10	very good	4/21/2015 10:13 AM

11	all alone	4/17/2015 4:05 PM
12	don't meet my needs	4/17/2015 4:02 PM
13	good	4/17/2015 3:45 PM
14	Very friendly and caring	4/14/2015 12:13 PM
15	First we've heard of it.	4/10/2015 8:57 PM
16	info not always correct, consistent or complete	4/10/2015 5:04 PM

Q4 If you have used Aging & Disabilities services in Carroll County, what could have been improved?

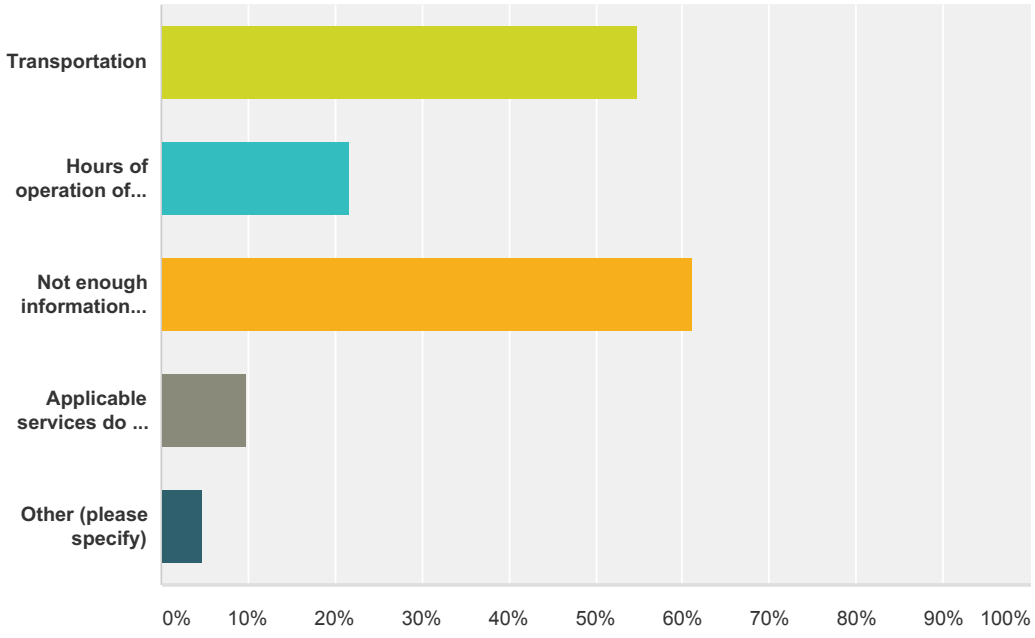
Answered: 52 Skipped: 431

#	Responses	Date
1	Transportation transportation pick up	4/29/2015 3:36 PM
2	Other I get help from a wonderful lady Debbie Frame	4/29/2015 3:23 PM
3	Transportation transportation	4/29/2015 3:19 PM
4	Parking Mt. Airy more handicap parking	4/29/2015 2:32 PM
5	Transportation access for some with transportation challenges	4/24/2015 2:46 PM
6	Parking TSC BIGGER PARKING LOT	4/24/2015 2:31 PM
7	Parking TSC BIGGER PARKING LOT	4/24/2015 2:07 PM
8	Parking TSC BIGGER PARKING LOT	4/24/2015 2:06 PM
9	Parking TSC BIGGER PARKING LOT	4/24/2015 2:04 PM
10	Nothing	4/23/2015 1:27 PM
11	Have only used for Medicare Supplimental help	4/23/2015 1:21 PM
12	Transportation Transportation for disabled seniors that have larger weight capacity	4/23/2015 1:13 PM
13	Other Westminster sr. ctr. needs expansion its to small	4/23/2015 12:44 PM
14	Health Care health care	4/23/2015 12:32 PM
15	Transportation transportation	4/23/2015 12:27 PM
16	More Funding getting more money from county for services provided	4/23/2015 11:46 AM
17	Housing/Aging in Place cheap rent	4/23/2015 11:36 AM
18	Housing/Aging in Place cheap rent	4/23/2015 11:36 AM
19	Housing/Aging in Place Assisted with living cost	4/23/2015 11:24 AM
20	Housing/Aging in Place information on home care and when available & to whom	4/23/2015 11:17 AM
21	Transportation TRANSPORTATION	4/23/2015 10:32 AM
22	Nothing	4/21/2015 7:25 PM
23	Centralize/Coordinate Svc Actual assistance with needs that effect Seniors in our community, instead of referring them to different departments that listen but then don't facilitate immediate benefits.	4/21/2015 5:25 PM
24	More Staff More staff needed to handle the number of clients so staff can respond in a timely manner.	4/21/2015 3:24 PM
25	Other Too few seniors actually know about the services provided.	4/21/2015 1:17 PM
26	Centralize/Coordinate Svc Services were so poorly coordinated between multiple agencies, with multiple levels of eligibility, that before funds could be obtained our heat was shut off, in the coldest winter yet.	4/21/2015 12:10 PM
27	Other right now they do a good job	4/21/2015 10:13 AM
28	Other Day Travel, to get seniors out of their environment for a day instead of making them feel like seniors all the time.	4/21/2015 9:47 AM
29	Other There is not always someone at the front desk.	4/21/2015 8:32 AM

30	Other Lower senior qualification age to 55.	4/21/2015 8:21 AM
31	More Staff more communication	4/17/2015 4:02 PM
32	Health Care healthcare	4/17/2015 3:47 PM
33	More Staff bigger staff to accomadate	4/17/2015 3:22 PM
34	Other location	4/17/2015 3:06 PM
35	Housing/Aging in Place more senior housing at cheaper rates	4/17/2015 2:39 PM
36	More Staff They could use more staff during the busier times of the year.	4/17/2015 10:13 AM
37	Multiple Funding and transportation	4/15/2015 4:04 PM
38	nothing very happy with the services we have used.	4/15/2015 3:59 PM
39	Other Calls could be returned in more timely manner	4/15/2015 3:48 PM
40	Other they are very infromative	4/15/2015 3:46 PM
41	More Funding more funds for Senior Centers	4/15/2015 3:44 PM
42	Centralize/Coordinate Svc So many need financial you must be placed on a list.	4/15/2015 3:28 PM
43	Centralize/Coordinate Svc more Senior related services. maybe home visits for better explanation.	4/14/2015 12:07 PM
44	More Staff Counselors so very busy, difficult to make appts.	4/14/2015 12:04 PM
45	I'm a newcomer at Taneytown and have much to leave. Buts its been great. thank you	4/14/2015 11:38 AM
46	Housing/Aging in Place Greater support to services that help to keep me and my husband, in our home, as we age. A way to network with volunteers that will assist with simple tasks, like bringing in the mail, or reliable, trustworthy services which will commit to snow removal or lawn work at a reasonable rate.	4/12/2015 9:09 AM
47	Other Food that is provided to the Seniors at the Centers and more activities at the Centers	4/11/2015 7:12 AM
48	Centralize/Coordinate Svc information/cooperation between agencies	4/10/2015 7:24 PM
49	Health Care More specific info. Like how many units of insulin to take when blood sugar is over 350. It took us 3 months to get to see an endocrinologist. Without the sliding scale one nurse gave us we would have been right back in the hospital. One nurse convince our doctor that we had to have some guide line.	4/10/2015 5:10 PM
50	Centralize/Coordinate Svc Coordination of services	4/10/2015 5:04 PM
51	Other Increased services for mentally ill homeless	4/10/2015 4:16 PM
52	Other Being on ONLY a $1200/month Social Security pension should be a basis for more than just a $15.00 monthly Food Stamp stipend.	4/10/2015 4:05 PM

Q5 What are the barriers to accessing the current Aging & Disabilities services in Carroll County?

Answered: 333 Skipped: 150



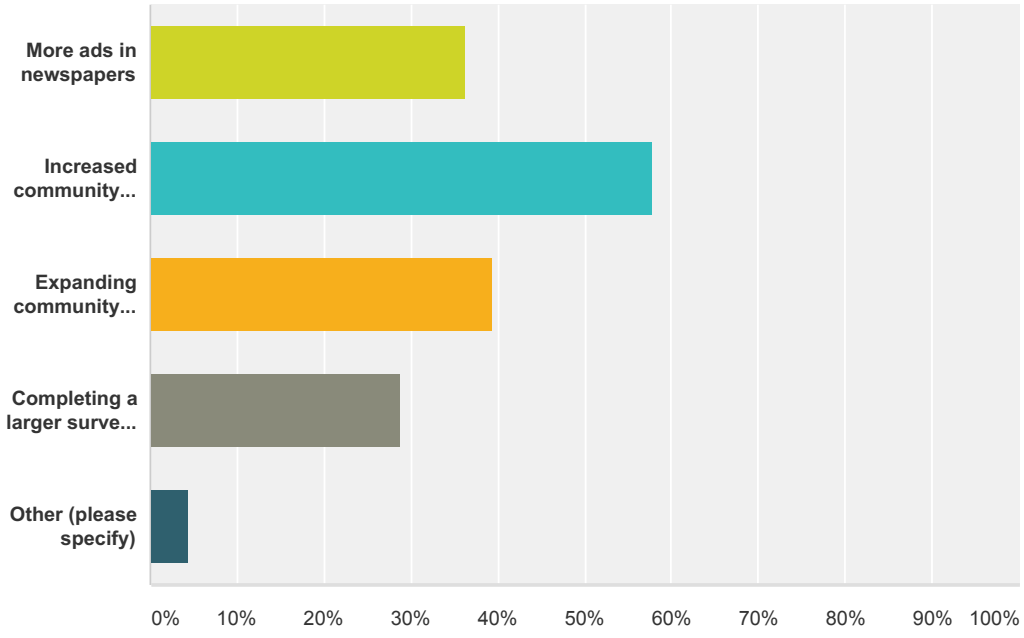
Answer Choices	Responses	
Transportation	**54.95%**	183
Hours of operation of agencies providing these services	**21.62%**	72
Not enough information about available services	**61.26%**	204
Applicable services do not exist	**9.91%**	33
Other (please specify)	**4.80%**	16
Total Respondents: 333		

#	Other (please specify)	Date
1	cost of transportation.	4/24/2015 2:46 PM
2	you are doing a great job	4/24/2015 2:30 PM
3	TSC BIGGER PARKING LOT	4/24/2015 2:15 PM
4	income	4/23/2015 12:41 PM
5	help with transportation for doctors	4/23/2015 10:51 AM
6	Caring people to walk them through the process and take ownership of their care.	4/21/2015 5:25 PM
7	Levels of eligibility do not take into consideration the working poor	4/21/2015 12:10 PM
8	I found all I need	4/21/2015 10:13 AM

9	People just are not aware of services. Many services are for people on Medicaid or uninsured. How do people with insurance get services to navigate the systems?	4/21/2015 9:30 AM
10	all alone	4/17/2015 4:05 PM
11	political	4/17/2015 3:47 PM
12	especially about hearing problems	4/17/2015 3:33 PM
13	There is simply not much information about it in the community.	4/17/2015 10:13 AM
14	not enough of your staff	4/14/2015 12:13 PM
15	physical stamina	4/14/2015 11:38 AM
16	I am not disabled and not old enough to use Aging services.	4/10/2015 4:18 PM

Q6 How could the Aging and Disabilities service system more effectively outreach to those in need of human services?

Answered: 347 Skipped: 136



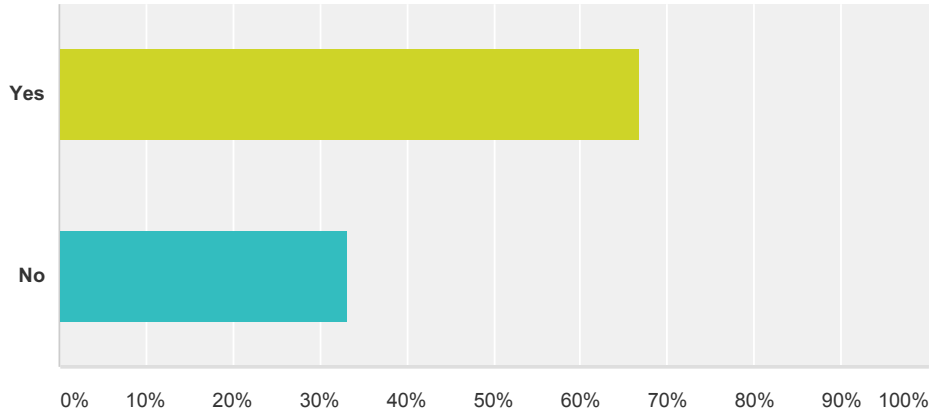
Answer Choices	Responses	
More ads in newspapers	**36.31%**	126
Increased community education	**57.93%**	201
Expanding community partnerships	**39.48%**	137
Completing a larger survey to determine community needs	**28.82%**	100
Other (please specify)	**4.32%**	15
Total Respondents: 347		

#	Other (please specify)	Date
1	have a group of speakers going into the community ex. lions club,	4/23/2015 1:43 PM
2	Utilizing the library branches where many of their potential users are	4/23/2015 9:27 AM
3	go to care giving support groups to find out needs	4/21/2015 5:25 PM
4	Target publications used by seniors, partner with CHC	4/21/2015 3:24 PM
5	Make a survey of the employers to find out where the working poor are located	4/21/2015 12:10 PM
6	broaden scope, many generations in need	4/21/2015 9:59 AM
7	information in public places (billboards, grocery stores, etc.)	4/21/2015 9:30 AM
8	Lower Senior qualification age to 55.	4/21/2015 8:21 AM
9	less polotical involvment	4/17/2015 3:47 PM

10	a printed directory	4/13/2015 7:56 AM
11	Investigating aging in place initiatives, such as exist in other Maryland counties.	4/12/2015 9:09 AM
12	have the funding to do so rather than the state cutting the MAP funding	4/12/2015 1:04 AM
13	aging in place	4/10/2015 5:22 PM
14	better and more community information	4/10/2015 5:04 PM
15	info on TV and through hospitals and other health service agencies	4/10/2015 4:25 PM

Q7 Do you eat meals at a Carroll County Senior Center?

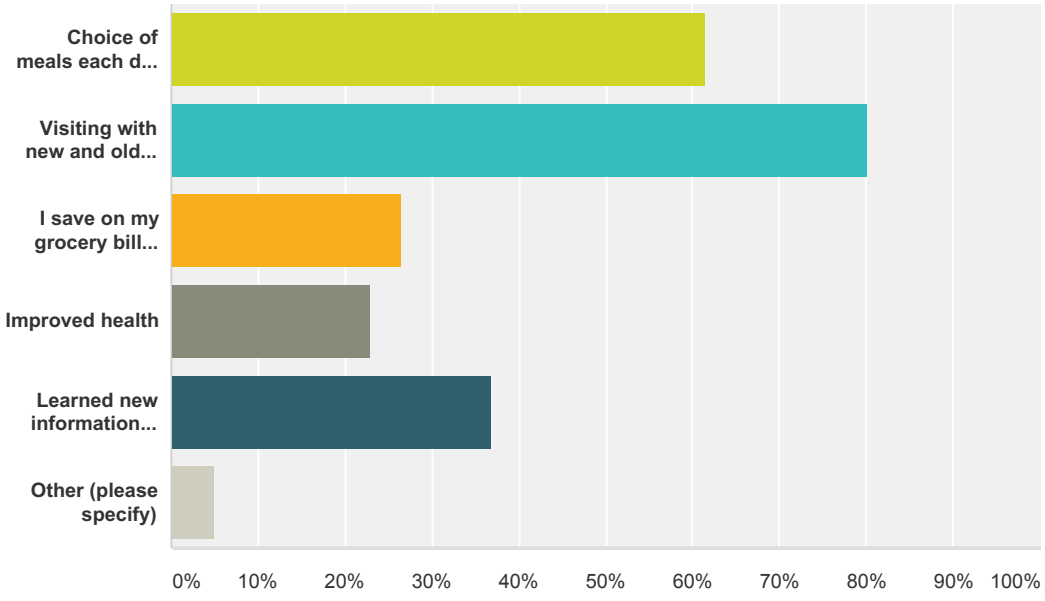
Answered: 442 Skipped: 41



Answer Choices	Responses	
Yes	**66.74%**	295
No	**33.26%**	147
Total		**442**

Q8 What are the top three strengths of the Senior Center Meal Program?

Answered: 352 Skipped: 131



Answer Choices	Responses	
Choice of meals each day (1 hot meal and 3 cold meals)	**61.65%**	217
Visiting with new and old friends	**80.11%**	282
I save on my grocery bill by eating at the Senior Center	**26.42%**	93
Improved health	**23.01%**	81
Learned new information from the nutrition talks	**36.93%**	130
Other (please specify)	**5.11%**	18
Total Respondents: 352		

#	Other (please specify)	Date
1	volunteer opp.	4/29/2015 2:32 PM
2	they do a good job with the staff and stuff provided.	4/23/2015 11:00 AM
3	Activities they provide.	4/21/2015 7:25 PM
4	Read menus in local newspaper and they look good	4/21/2015 3:24 PM
5	Don't know, haven't been to any	4/21/2015 12:10 PM
6	cost of meals	4/21/2015 8:32 AM
7	good	4/17/2015 3:45 PM
8	less fat, more fish	4/17/2015 2:47 PM
9	sometimes meals are good and other times they are not.	4/17/2015 2:45 PM

10	Short on food amount often over cooked	4/15/2015 3:56 PM
11	lunch time talks & social events	4/14/2015 12:13 PM
12	more vegan meals	4/14/2015 12:08 PM
13	yoga	4/14/2015 12:05 PM
14	food is terrible	4/14/2015 11:59 AM
15	n/a	4/13/2015 7:56 AM
16	great for participants	4/10/2015 5:04 PM
17	Don't know	4/10/2015 4:16 PM
18	Too far to make it economically feasible after buying gas to get there.	4/10/2015 4:05 PM

Q9 How could the meal program be improved?

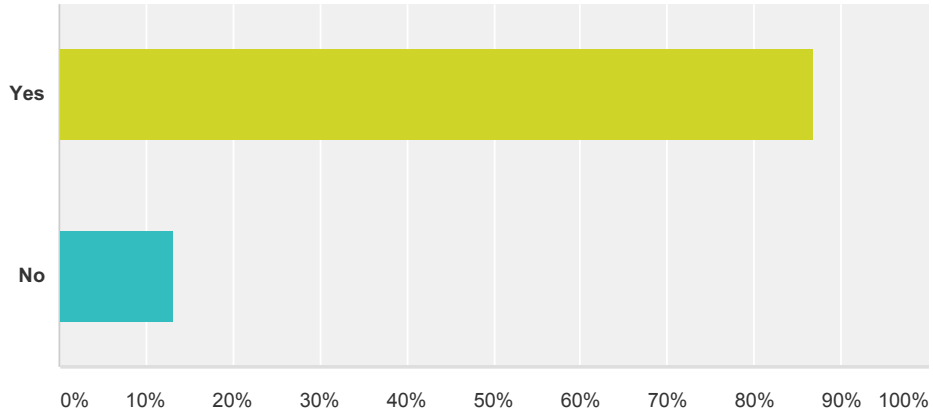
Answered: 65 Skipped: 418

#	Responses	Date
1	Multiple more hot choices, larger portions	4/29/2015 3:32 PM
2	Better food better meals	4/29/2015 3:32 PM
3	Better food better food	4/29/2015 3:30 PM
4	Other more seafood	4/29/2015 3:14 PM
5	Special choices a vegetarian choice	4/29/2015 3:11 PM
6	Fresh prep at Center meals prepared at center	4/29/2015 2:40 PM
7	Healthier Offerings more fresh fruit	4/29/2015 2:39 PM
8	More hot food choices less cold and more hot meals	4/29/2015 2:33 PM
9	Healthier Offerings more salads	4/29/2015 2:23 PM
10	Special choices offer fish on Friday for Lent.	4/29/2015 2:14 PM
11	Better food good food would be welcome change	4/24/2015 2:46 PM
12	Better food better quality food, a least 3 oz food portions, had a rock in my rice as bi as my thumb.	4/24/2015 2:38 PM
13	More spices/poorly cooked veggie over cooked,	4/24/2015 2:28 PM
14	More hot food choices more variety	4/24/2015 2:13 PM
15	Better food better food	4/24/2015 2:09 PM
16	More spices/poorly cooked more flavored food	4/24/2015 2:08 PM
17	Other no juices from foreign countires	4/24/2015 10:30 AM
18	Larger Portions larger portions	4/23/2015 1:35 PM
19	Other no vegetables just meat and potatoes	4/23/2015 1:16 PM
20	Already Good Good Value for cash New supplier is better quality	4/23/2015 1:10 PM
21	Healthier Offerings More Low Sodium and Less Carbs	4/23/2015 1:03 PM
22	Larger Portions larger portion	4/23/2015 12:39 PM
23	Larger Portions larger portions	4/23/2015 12:38 PM
24	More hot food choices more variety	4/23/2015 12:30 PM
25	More spices/poorly cooked some of the meals are way to salty.	4/23/2015 12:21 PM
26	Better food better quality food	4/23/2015 11:37 AM
27	More hot food choices choices	4/23/2015 11:36 AM
28	More spices/poorly cooked often the vegetables are not cooked	4/23/2015 11:17 AM
29	N/A N/A	4/21/2015 7:25 PM
30	N/A Not sure. Haven't eaten there.	4/21/2015 3:24 PM
31	More spices/poorly cooked less salt in the food	4/21/2015 1:37 PM
32	N/A I only attend special meal days.	4/21/2015 1:17 PM

33	N/A n/a	4/21/2015 10:56 AM
34	More spices/poorly cooked don't over cook veg.	4/21/2015 10:17 AM
35	Already Good most of the time I really like the meals but I don't eat here daily.	4/21/2015 10:16 AM
36	Other Senior centers should not be all about the meal program. Seniors have other needs.	4/21/2015 9:47 AM
37	Special choices diets that meet restrictions such as sugar and salt	4/19/2015 2:37 PM
38	Healthier Offerings less starches	4/17/2015 3:53 PM
39	Larger Portions larger portions	4/17/2015 3:50 PM
40	Already Good greatly improved from Meals on wheels.	4/17/2015 3:39 PM
41	Fresh prep at Center prepare on site.	4/17/2015 3:37 PM
42	Special choices vegetarian lunch box	4/17/2015 3:24 PM
43	Larger Portions more meat	4/17/2015 3:22 PM
44	More spices/poorly cooked don't over cook	4/17/2015 3:06 PM
45	More spices/poorly cooked do not over cook	4/17/2015 3:06 PM
46	Healthier Offerings less carbs	4/17/2015 3:03 PM
47	More spices/poorly cooked more butter	4/17/2015 2:37 PM
48	More hot food choices need a least 2 hot meals choices.	4/15/2015 4:04 PM
49	More hot food choices give them a menu so they can chose there own food	4/15/2015 4:02 PM
50	Already Good Very happy with the meals we have had.	4/15/2015 3:59 PM
51	Better food sometimes lunch is not acceptable	4/15/2015 3:56 PM
52	Already Good Pretty good as it is	4/15/2015 3:54 PM
53	Better food short us on meals some aren't very fit to eat.	4/15/2015 3:39 PM
54	Other to many times they are short on food	4/15/2015 3:35 PM
55	More spices/poorly cooked tastier food	4/15/2015 3:30 PM
56	More spices/poorly cooked a little more seasoning or a seasoning station old bay bbq sauce hot sauce	4/14/2015 12:13 PM
57	More spices/poorly cooked Tastier food	4/14/2015 11:59 AM
58	Dinner an evening meal, for working seniors, like myself	4/12/2015 9:09 AM
59	Special choices have some more options for people with food restrictions such as sugar and salt	4/12/2015 1:04 AM
60	Dinner a boxed carryout meal for dinner	4/11/2015 10:36 AM
61	Other Get someone else to provide meals	4/11/2015 7:12 AM
62	Other More locations	4/10/2015 8:31 PM
63	Better food I have eaten previously & talked to those who eat there. The food at the Westminster Sr Ctr is terrible. It can't be that hard to cook a decent tasting meal.	4/10/2015 7:24 PM
64	N/A N/A	4/10/2015 4:16 PM
65	Other Many more locations.	4/10/2015 4:05 PM

Q10 Do you attend a senior center in Carroll County?

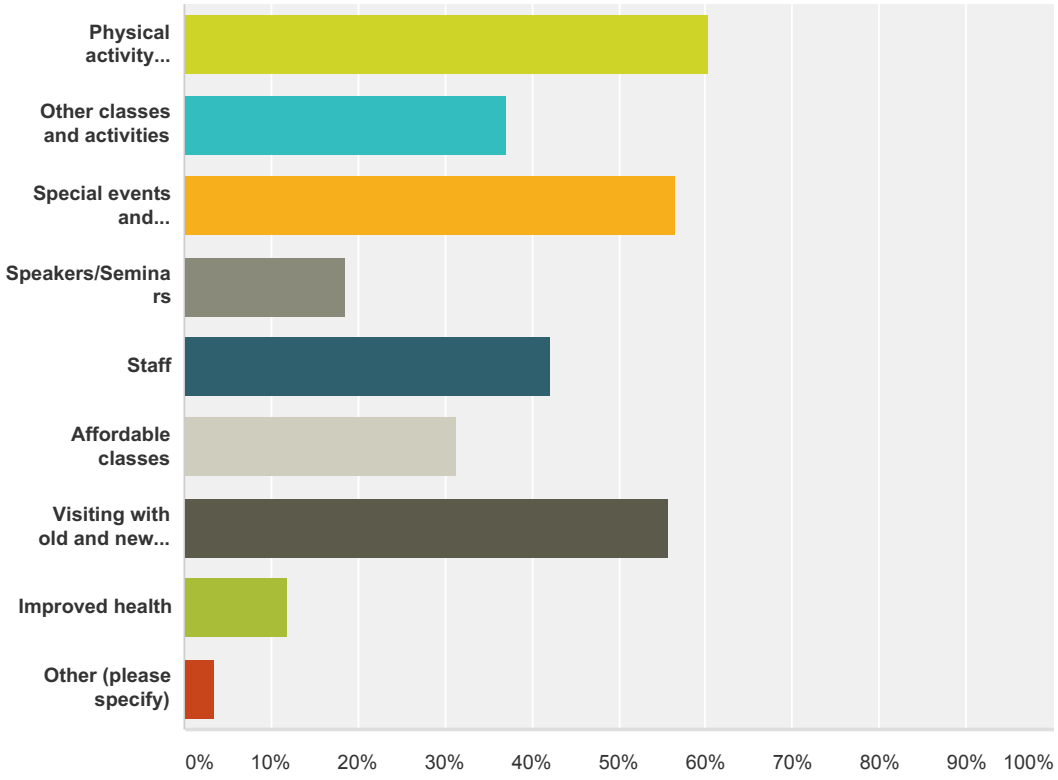
Answered: 462 Skipped: 21



Answer Choices	Responses	
Yes	**86.80%**	401
No	**13.20%**	61
Total		**462**

Q11 If yes, what are the top 3 strengths of the senior centers?

Answered: 403 Skipped: 80



Answer Choices	Responses	
Physical activity classes - fitness, dance, exercise, Tai Chi, Yoga, etc.	**60.30%**	243
Other classes and activities	**37.22%**	150
Special events and entertainment	**56.58%**	228
Speakers/Seminars	**18.61%**	75
Staff	**42.18%**	170
Affordable classes	**31.27%**	126
Visiting with old and new friends	**55.83%**	225
Improved health	**11.91%**	48
Other (please specify)	**3.47%**	14
Total Respondents: 403		

#	Other (please specify)	Date
1	meals	4/29/2015 2:22 PM
2	All of the above	4/23/2015 1:27 PM

3	bingo better callers and less people bickering.	4/23/2015 12:47 PM
4	games	4/23/2015 11:44 AM
5	bus trips	4/22/2015 10:03 AM
6	Getting out of the /senior environment - such as day travel.	4/21/2015 9:47 AM
7	I turn 60 this year so maybe I will find out soon!	4/21/2015 9:30 AM
8	help on using excersie equipment	4/17/2015 4:02 PM
9	just being with people	4/17/2015 3:03 PM
10	n/a	4/13/2015 7:56 AM
11	all are wonderful advantages of the program	4/12/2015 1:04 AM
12	Social activities, chatting with others, meeting new people, etc.	4/10/2015 8:57 PM
13	community involvement	4/10/2015 5:04 PM
14	N/A	4/10/2015 4:16 PM

Q12 What improvements could be made to the senior centers?

Answered: 155 Skipped: 328

#	Responses	Date
1	Mt. Airy more handicap parking, more rooms for activities	4/29/2015 3:32 PM
2	mt airy more exercise equip.	4/29/2015 3:27 PM
3	Mt. Airy more handicap parking, more room for classes, higher seats on toilets	4/29/2015 3:25 PM
4	Mt. Airy more handicap parking	4/29/2015 3:25 PM
5	Mt. Airy more handicap parking, more room for excercise	4/29/2015 3:18 PM
6	Mt. Airy more handicap parking	4/29/2015 3:16 PM
7	Mt. Airy more handicap parking, need larger rooms	4/29/2015 3:15 PM
8	food being hotter mt airy	4/29/2015 3:13 PM
9	Mt. Airy more handicap parking	4/29/2015 3:13 PM
10	Mt. Airy more handicap parking, larger rooms for classes, higher seats in handicap restroom,	4/29/2015 3:10 PM
11	mt airy more space for classes	4/29/2015 3:09 PM
12	Mt. Airy more handicap parking, more rooms	4/29/2015 3:04 PM
13	mt airy needs more space	4/29/2015 2:56 PM
14	Mt. Airy more handicap parking	4/29/2015 2:55 PM
15	Mt. Airy more handicap parking, more space	4/29/2015 2:46 PM
16	Mt. Airy more handicap parking	4/29/2015 2:45 PM
17	mt. airy have game nights	4/29/2015 2:44 PM
18	Mt. airy, more activities in the afternoon.	4/29/2015 2:44 PM
19	Mt. airy have game nights again.	4/29/2015 2:43 PM
20	therapy dog visit, micro wave Mt. Airy	4/29/2015 2:42 PM
21	therapy dog visit	4/29/2015 2:41 PM
22	mt airy needs micro wave	4/29/2015 2:40 PM
23	needs micro wave in kitchen	4/29/2015 2:38 PM
24	more exercise room	4/29/2015 2:33 PM
25	Mt. Airy more handicap parking	4/29/2015 2:33 PM
26	Mt. Airy more handicap parking	4/29/2015 2:32 PM
27	Mt. Airy more handicap parking	4/29/2015 2:23 PM
28	Mt. Airy more handicap parking	4/29/2015 2:22 PM
29	Mt. Airy more handicap parking	4/29/2015 2:20 PM
30	Mt. Airy more handicap parking.	4/29/2015 2:17 PM
31	Mt. airy more handicap parking	4/29/2015 2:16 PM
32	Mt. Airy more handicap parking. fish on Friday for Lent	4/29/2015 2:15 PM

33	Mt. airy needs table and chairs that are stackable.	4/29/2015 2:14 PM
34	more activities on Fridays	4/28/2015 5:15 PM
35	better access to the Carroll county Department of social Service. The location of these offices along with Social Security Administration and the State Office for Developmental Rehabilitation make it practically impossible for person without a car to utilize their services.	4/28/2015 1:09 PM
36	TSC BIGGER PARKING LOT	4/24/2015 2:46 PM
37	TSC BIGGER PARKING LOT	4/24/2015 2:43 PM
38	TSC BIGGER PARKING LOT, a heated pool for water arobics	4/24/2015 2:42 PM
39	TSC BIGGER PARKING LOT	4/24/2015 2:40 PM
40	TSC BIGGER PARKING LOT,	4/24/2015 2:39 PM
41	TSC BIGGER PARKING LOT	4/24/2015 2:39 PM
42	TSC BIGGER PARKING LOT	4/24/2015 2:38 PM
43	TSC BIGGER PARKING LOT	4/24/2015 2:37 PM
44	TSC BIGGER PARKING LOT	4/24/2015 2:36 PM
45	TSC BIGGER PARKING LOT	4/24/2015 2:36 PM
46	TSC BIGGER PARKING LOT	4/24/2015 2:35 PM
47	TSC BIGGER PARKING LOT	4/24/2015 2:35 PM
48	TSC BIGGER PARKING LOT	4/24/2015 2:34 PM
49	TSC BIGGER PARKING LOT	4/24/2015 2:30 PM
50	TSC BIGGER PARKING LOT	4/24/2015 2:29 PM
51	TSC BIGGER PARKING LOT	4/24/2015 2:28 PM
52	TSC BIGGER PARKING LOT	4/24/2015 2:25 PM
53	TSC BIGGER PARKING LOT	4/24/2015 2:24 PM
54	TSC BIGGER PARKING LOT	4/24/2015 2:24 PM
55	TSC BIGGER PARKING LOT, finish back storage area.	4/24/2015 2:19 PM
56	tsc, finish back storage area. more parking, flower beds.	4/24/2015 2:18 PM
57	raised bed gardens. bird feeders, more parking, area for pool table and ping pong table storage. better lighting in craft room	4/24/2015 2:17 PM
58	TSC BIGGER PARKING LOT	4/24/2015 2:15 PM
59	TSC BIGGER PARKING LOT	4/24/2015 2:14 PM
60	TSC BIGGER PARKING LOT	4/24/2015 2:13 PM
61	TSC BIGGER PARKING LOT	4/24/2015 2:12 PM
62	I love my senior center staff and volunteers are helpful and friendly. TSC	4/24/2015 2:11 PM
63	TSC BIGGER PARKING LOT	4/24/2015 2:09 PM
64	TSC BIGGER PARKING LOT	4/24/2015 2:09 PM
65	TSC BIGGER PARKING LOT	4/24/2015 2:08 PM
66	TSC BIGGER PARKING LOT	4/24/2015 2:06 PM
67	TSC BIGGER PARKING LOT	4/24/2015 2:05 PM
68	TSC BIGGER PARKING LOT	4/24/2015 2:05 PM

69	TSC BIGGER PARKING LOT	4/24/2015 2:04 PM
70	TSC BIGGER PARKING LOT	4/24/2015 2:03 PM
71	not having exercise class right after lunch.	4/24/2015 10:30 AM
72	Westminster has a lovely paved walking trail. but it is need of renovation, to many trip and fall hazards.	4/24/2015 10:28 AM
73	More large rooms	4/23/2015 1:23 PM
74	Larger rooms when being moved for other activities	4/23/2015 1:21 PM
75	Swimming Pool Expand Library and better control over loaned books	4/23/2015 1:10 PM
76	more handicap parking spaces.	4/23/2015 12:45 PM
77	expand hours into the evenings, offer dinner	4/23/2015 12:44 PM
78	more health classes	4/23/2015 12:22 PM
79	more room for Westminster Center, we are running out of room for activites	4/23/2015 12:19 PM
80	careful watch over homeless when centers are used for cooling/warming centers. Sr should not feel threatened.	4/23/2015 11:46 AM
81	I think you are doing a great job.	4/23/2015 11:24 AM
82	not enough volunteers	4/23/2015 11:19 AM
83	need more staff, Volunteers run a lot of programs, director needs more assistance.	4/23/2015 11:18 AM
84	need more staff	4/23/2015 11:17 AM
85	more staff to do work. volunteers are fine if they show up. older people leaving, younger people don't want to volunteer. not enough people to do the work needed done.	4/23/2015 11:00 AM
86	better food, no rice, more choices of beverages	4/23/2015 10:39 AM
87	Weekend hours and activities.	4/21/2015 7:25 PM
88	Having days or times where volunteers or staff could be available to assist Seniors with special needs i.e. physical or mental disabilities who would still like to participate in the activities that are available.	4/21/2015 5:25 PM
89	More bus trips.	4/21/2015 3:24 PM
90	Taneytown Sr Ctr desperately needs additional parking. Get it done!	4/21/2015 1:37 PM
91	More outreach to seniors living alone, who could really use the socialization provided.	4/21/2015 1:17 PM
92	Reach out to the younger, less infirm Seniors so it's a more diverse mix of Seniors	4/21/2015 12:10 PM
93	n/a	4/21/2015 10:56 AM
94	need more parking @ Taneytown Sr. ctr.	4/21/2015 10:17 AM
95	I love it just the way it is.	4/21/2015 10:16 AM
96	Senior Centers are some of the nicest buildings for community members, better than some of the schools and building non-profits work in.	4/21/2015 9:59 AM
97	Make your Senior Centers all inclusive including travel and not just for the few. If you are a senior person you should have the same rights as the next person. Improve the food served.	4/21/2015 9:47 AM
98	Open to wider age range. At age 55 many individuals are retired, single, have lost a partner, have lost a job, or have new disabilities. Open Senior Center programs to cross generation activities.	4/21/2015 8:21 AM
99	longer hours open	4/19/2015 2:37 PM
100	tennis program, walking program,	4/19/2015 2:29 PM
101	more excersise equipment and open on Saturdays	4/17/2015 4:05 PM
102	ncsc is the best	4/17/2015 4:03 PM
103	ncsc is a very good center	4/17/2015 4:02 PM

104	ncsc is best	4/17/2015 3:59 PM
105	larger room for wood working. we're been asking for years getting empty promises. your next on the list. even with outside funding. it's a shame because most of the activities appeal to women. leaving only wood shop and pool for the men.	4/17/2015 3:56 PM
106	open on saturdays	4/17/2015 3:53 PM
107	pool	4/17/2015 3:51 PM
108	open weekends	4/17/2015 3:50 PM
109	larger wood shop room	4/17/2015 3:49 PM
110	better physical excersie equipment.	4/17/2015 3:48 PM
111	open weekends	4/17/2015 3:47 PM
112	pool for aerobics and vending machine for snacks	4/17/2015 3:44 PM
113	pool for seniors	4/17/2015 3:42 PM
114	bigger pickle ball court	4/17/2015 3:41 PM
115	open on Saturday	4/17/2015 3:38 PM
116	NCSC is great	4/17/2015 3:37 PM
117	bigger pickle ball room	4/17/2015 3:35 PM
118	well ran	4/17/2015 3:33 PM
119	this is a great center	4/17/2015 3:28 PM
120	increase wood shop	4/17/2015 3:27 PM
121	we have a great center here at NCSC. I don't know of any improvements.	4/17/2015 3:18 PM
122	NCSC is best	4/17/2015 3:13 PM
123	very pleased with NCSC	4/17/2015 3:10 PM
124	longer hours	4/17/2015 3:06 PM
125	a bigger wood shop.	4/17/2015 2:59 PM
126	I think our center is perfect, ideal great I'm so glad that its here.	4/17/2015 2:58 PM
127	need more programs fro men.	4/17/2015 2:57 PM
128	pool for seniors	4/17/2015 2:55 PM
129	nice to have a pool for seniors. I think people should be screened better, to many people walk in and out. and people belong here whom are not disabilied are not over 60 yrs. of age.	4/17/2015 2:54 PM
130	swimming pool	4/17/2015 2:54 PM
131	renee and staff does wonderful job but I would like a program to keep us from aging.	4/17/2015 2:47 PM
132	Fine the why it is.	4/17/2015 2:45 PM
133	great the way it is	4/17/2015 2:40 PM
134	North Carroll senior is prefect.	4/17/2015 2:39 PM
135	larger woodshop	4/17/2015 2:37 PM
136	more funding for activities.	4/15/2015 3:44 PM
137	keep coming up with new afternoon events.	4/15/2015 3:30 PM
138	open longer hours in the evenings and weekends	4/14/2015 12:13 PM
139	don't know anyone, needs to meet some people and find out what is going on.	4/14/2015 12:04 PM

140	Taneytown, New parking lot	4/14/2015 11:52 AM
141	more room	4/14/2015 11:49 AM
142	Mt. airy needs more space. Westminster seems to have sufficient.	4/14/2015 11:42 AM
143	need more board games, maybe a social chat session.	4/14/2015 11:39 AM
144	more choices on meals	4/14/2015 11:38 AM
145	Better P.A. System in dining room.	4/14/2015 11:32 AM
146	more space etc. large rooms for activities.	4/14/2015 11:30 AM
147	have programs for those who are able to drive themselves and be at center later in the day most programs end by 2 p.m.	4/13/2015 4:38 PM
148	expanded hours	4/13/2015 7:56 AM
149	evening hours	4/12/2015 9:09 AM
150	perhaps more hours of operation such as weekends and some early evenings	4/12/2015 1:04 AM
151	Need more space at the Mt. Airy center so that there can be more classes, need to improve on their meals and need more staff to get involved with the Seniors	4/11/2015 7:12 AM
152	More locations in rural area	4/10/2015 8:31 PM
153	Have some activities for younger seniors - or ask for their input. Most activities are for the very old.	4/10/2015 7:24 PM
154	Looking outside looking in our senior centers do a worndeful service to our community.	4/10/2015 6:06 PM
155	The Senior Center on Mineral Hill is beautiful; however, the gym is always in disrepair. I think it is a good idea to allow the community to use the center. It mixes generations to share experiences and activities	4/10/2015 4:18 PM

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2015 *County Health Rankings*

Maryland

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
School of Medicine and Public Health

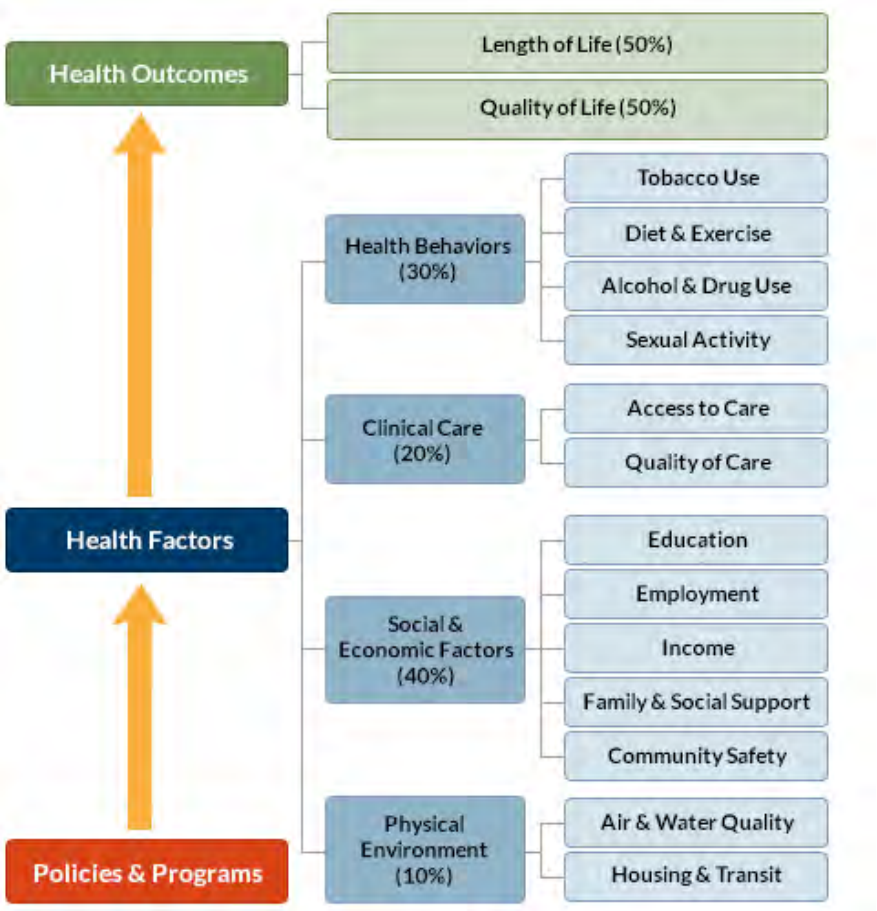
Support provided by
Robert Wood Johnson Foundation

INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps to Health* and *RWJF Culture of Health Prize* show what we can do to create healthier places to live, learn, work, and play.

WHAT ARE THE *COUNTY HEALTH RANKINGS*?

Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



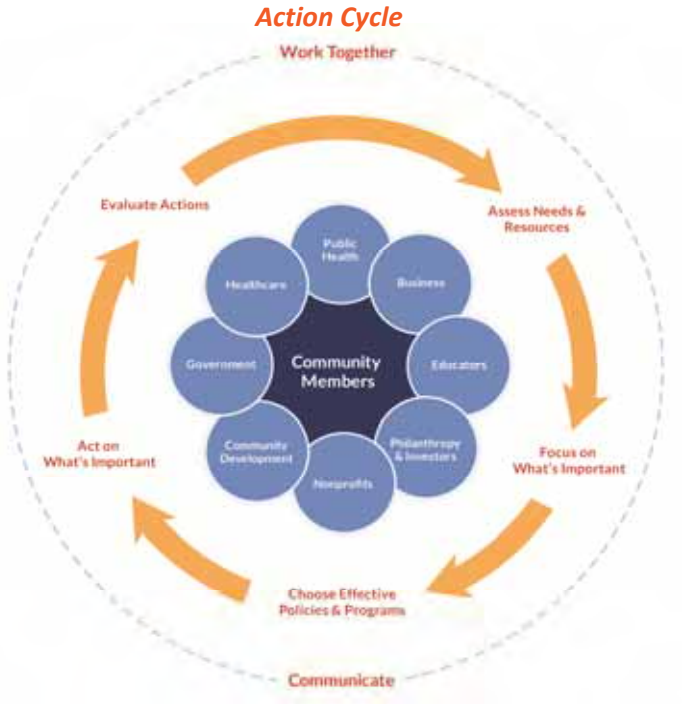
MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from awareness about their county's ranking to action to improve people's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health

- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at countyhealthrankings.org



LEARNING FROM OTHERS

At countyhealthrankings.org, we feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. The *RWJF Culture of Health Prize* recognizes communities that are creating powerful partnerships and deep commitments to enable everyone in our diverse society to lead healthy lives now and for generations to come. The Prize is awarded annually by RWJF to honor communities that are working to build a Culture of Health by implementing solutions that give everyone the opportunity for a healthy life. In 2015, up to 10 winning communities will each receive a $25,000 cash prize and have their stories shared broadly with the goal of inspiring locally driven change across the nation.

Prize winners are selected based on how well they demonstrate their community's achievement on their journey to a Culture of Health in the following areas:

- Defining health in the broadest possible terms
- Committing to sustainable systems changes and long-term policy-oriented solutions
- Cultivating a shared and deeply held belief in the importance of equal opportunity for health
- Harnessing the collective power of leaders, partners, and community members
- Securing and making the most of resources
- Measuring and sharing progress and results

Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past Prize winners and the application process.

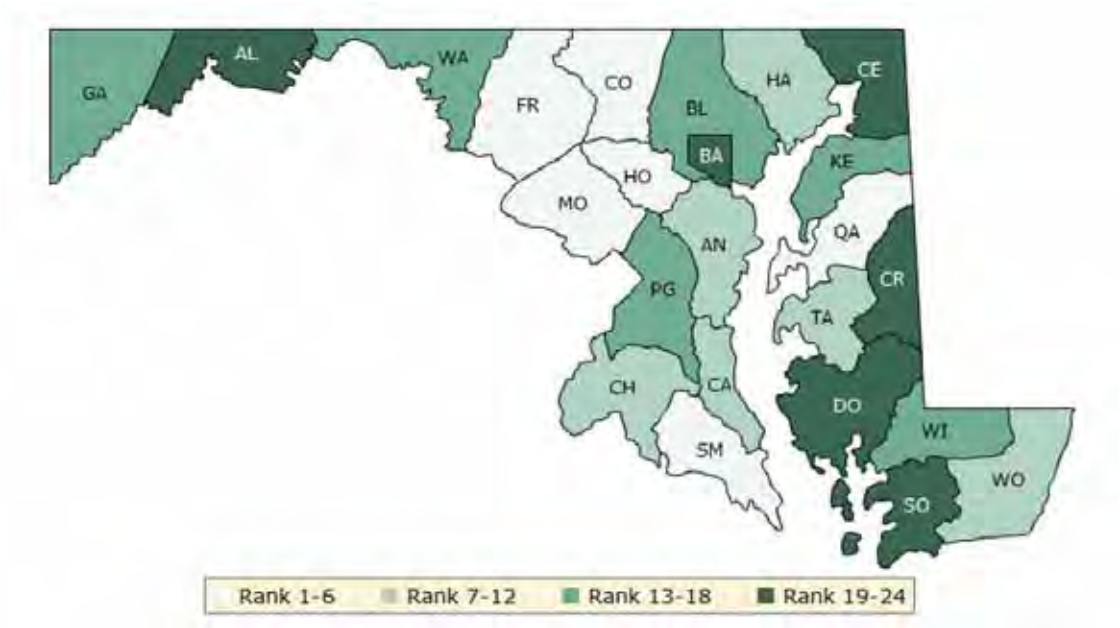
HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide or the National Association of Counties – their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Maryland's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

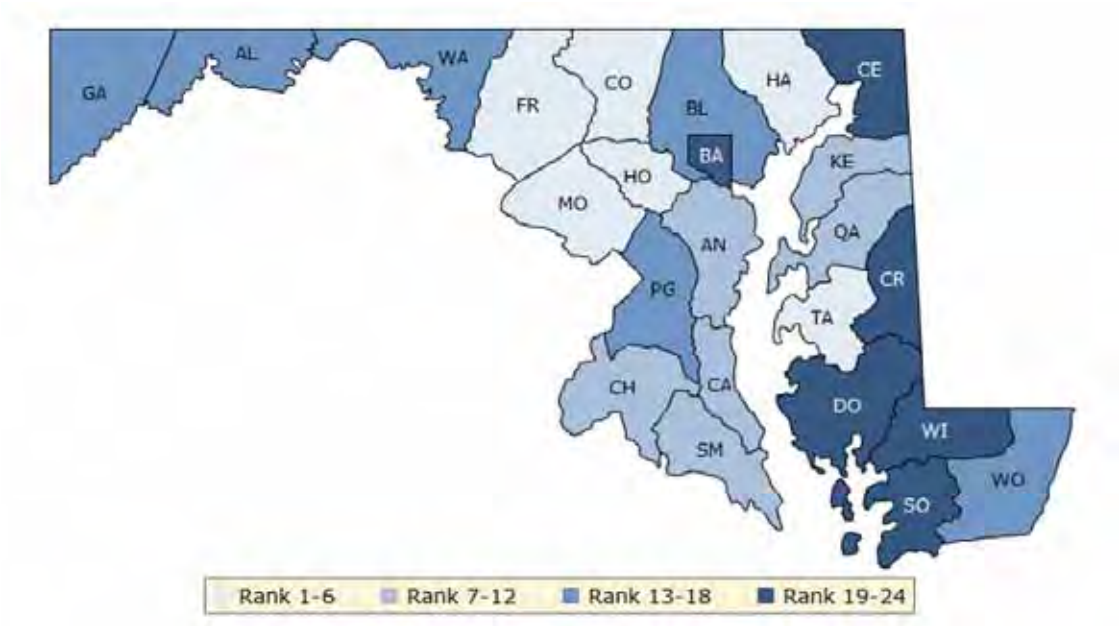


County	Rank	County	Rank	County	Rank	County	Rank
Allegany	21	Carroll	4	Harford	10	Somerset	20
Anne Arundel	8	Cecil	22	Howard	2	St. Mary's	5
Baltimore	14	Charles	12	Kent	18	Talbot	7
Baltimore City	24	Dorchester	19	Montgomery	1	Washington	13
Calvert	9	Frederick	3	Prince George's	16	Wicomico	17
Caroline	23	Garrett	15	Queen Anne's	6	Worcester	11

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Maryland's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.



County	Rank	County	Rank	County	Rank	County	Rank
Allegany	18	Carroll	4	Harford	6	Somerset	23
Anne Arundel	8	Cecil	20	Howard	1	St. Mary's	10
Baltimore	13	Charles	11	Kent	12	Talbot	5
Baltimore City	24	Dorchester	22	Montgomery	2	Washington	16
Calvert	7	Frederick	3	Prince George's	15	Wicomico	19
Caroline	21	Garrett	17	Queen Anne's	9	Worcester	14

2015 *COUNTY HEALTH RANKINGS*: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7681	6459	3525	12189
Poor or fair health	% of adults reporting fair or poor health	17%	13%	9%	19%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.0	2.4	4.5
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.5	3.2	2.5	4.2
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	9.0%	6.6%	12.3%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	21%	15%	8%	24%
Adult obesity	% of adults that report a BMI ≥ 30	31%	28%	19%	36%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	8.2	6.1	9.3
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	27%	23%	17%	31%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	65%	94%	48%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	16%	15%	10%	23%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	34%	24%	47%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	291	451	157	1242
Teen births	# of births per 1,000 female population ages 15-19	41	29	11	61
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	17%	12%	7%	16%
Primary care physicians	Ratio of population to primary care physicians	2015:1	1131:1	3272:1	511:1
Dentists	Ratio of population to dentists	2670:1	1392:1	2989:1	868:1
Mental health providers	Ratio of population to mental health providers	1128:1	502:1	2335:1	287:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.3	54	35	76
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	84%	81%	90%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	64.6%	60.6%	74.5%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	83%	66%	95%
Some college	% of adults ages 25-44 with some post-secondary education	56%	67.5%	38.5%	84.0%
Unemployment	% of population aged 16 and older unemployed but seeking work	7%	6.6%	4.9%	11.2%
Children in poverty	% of children under age 18 in poverty	24%	14%	7%	38%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.5	3.4	6.2
Children in single-parent households	% of children that live in a household headed by single parent	31%	34%	20%	66%
Social associations	# of membership associations per 10,000 population	12.6	9.0	6.8	18.6
Violent crime	# of reported violent crime offenses per 100,000 population	199	506	170	1449
Injury deaths	# of deaths due to injury per 100,000 population	73.8	54	30	97
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	12.5	11.9	13.3
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year	1.0%	16%	0%	50%
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	17%	13%	24%
Driving alone to work	% of workforce that drives alone to work	80%	73%	60%	84%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	47%	19%	64%

2015 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2010-2012
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics – Natality files	2006-2012
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2012
	Physical inactivity	CDC Diabetes Interactive Atlas	2011
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2009-2013
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012
	Teen births	National Center for Health Statistics – Natality files	2006-2012
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2012
	Primary care physicians	Area Health Resource File/American Medical Association	2012
	Dentists	Area Health Resource File/National Provider Identification file	2013
	Mental health providers	CMS, National Provider Identification file	2014
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2012
	Diabetic monitoring	Dartmouth Atlas of Health Care	2012
	Mammography screening	Dartmouth Atlas of Health Care	2012
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2011-2012
	Some college	American Community Survey	2009-2013
Employment	Unemployment	Bureau of Labor Statistics	2013
Income	Children in poverty	Small Area Income and Poverty Estimates	2013
	Income inequality	American Community Survey	2009-2013
Family and Social Support	Children in single-parent households	American Community Survey	2009-2013
	Social associations	County Business Patterns	2012
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2008-2012
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter [1]	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011
	Driving alone to work	American Community Survey	2009-2013
	Long commute – driving alone	American Community Survey	2009-2013

[1] Not available for AK and HI.

CREDITS

Report Authors
University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
Population Health Institute

Bridget Catlin, PhD, MHSA
Amanda Jovaag, MS
Julie Willems Van Dijk, PhD, RN

Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2015*

This publication would not have been possible without the following contributions:

Data
Centers for Disease Control and Prevention: National Center for Health Statistics and Division of Behavioral Surveillance
Dartmouth Institute for Health Policy & Clinical Practice

Research Assistance
Jennifer Buechner
Kathryn Hatchell
Hyojun Park, MA
Elizabeth Pollock
Jennifer Robinson
Matthew Rodock, MPH
Anne Roubal, MS

Communications and Outreach
Burness
Mary Bennett, MFA
Matthew Call
Kitty Jerome, MA
Stephanie Johnson, MSW
Kate Konkle, MPH
Jan O'Neill, MPA

Design
Forum One, Alexandria, VA

Robert Wood Johnson Foundation
Abbey Cofsky, MPH
Andrea Ducas, MPH
Michelle Larkin, JD, MS, RN
James Marks, MD, MPH
Joe Marx
Donald Schwarz, MD, MPH
Kathryn Wehr, MPH

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

countyhealthrankings.org

University of Wisconsin Population Health Institute
610 Walnut St, #527, Madison, WI 53726
(608) 265-8240 / info@countyhealthrankings.org

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

Carroll (CO)

	Carroll County	Error Margin	Top U.S. Performers*	Maryland	Rank (of 24)
Health Outcomes					4
Length of Life					4
Premature death	5,360	4,956-5,764	5,200	6,459	
Quality of Life					5
Poor or fair health	13%	10-15%	10%	13%	
Poor physical health days	3.0	2.6-3.4	2.5	3.0	
Poor mental health days	3.4	2.9-3.8	2.3	3.2	
Low birthweight	6.6%	6.2-7.1%	5.9%	9.0%	
Health Factors					4
Health Behaviors					7
Adult smoking	18%	15-21%	14%	15%	
Adult obesity	28%	25-32%	25%	28%	
Food environment index	9.2		8.4	8.2	
Physical inactivity	21%	19-24%	20%	23%	
Access to exercise opportunities	90%		92%	94%	
Excessive drinking	20%	16-23%	10%	15%	
Alcohol-impaired driving deaths	37%		14%	34%	
Sexually transmitted infections	157		138	451	
Teen births	17	16-19	20	29	
Clinical Care					4
Uninsured	8%	7-9%	11%	12%	
Primary care physicians	1,672:1		1,045:1	1,131:1	
Dentists	1,659:1		1,377:1	1,392:1	
Mental health providers	609:1		386:1	502:1	
Preventable hospital stays	50	46-53	41	54	
Diabetic monitoring	87%	83-91%	90%	84%	
Mammography screening	65.6%	61.6-69.5%	70.7%	64.6%	
Social & Economic Factors					4
High school graduation	95%			83%	
Some college	69.0%	66.0-72.0%	71.0%	67.5%	
Unemployment	5.7%		4.0%	6.6%	
Children in poverty	8%	6-10%	13%	14%	
Income inequality	3.9	3.7-4.1	3.7	4.5	
Children in single-parent households	20%	18-22%	20%	34%	
Social associations	9.6		22.0	9.0	
Violent crime	180		59	506	
Injury deaths	53	48-58	50	54	
Physical Environment					19
Air pollution - particulate matter	12.7		9.5	12.5	
Drinking water violations	0%		0%	16%	
Severe housing problems	14%	12-15%	9%	17%	
Driving alone to work	83%	83-84%	71%	73%	
Long commute - driving alone	58%	56-60%	15%	47%	

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

2015