



# Executive Summary

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*Community Health Needs Assessment*

Carroll County, Maryland

*September 2012*

## ACKNOWLEDGEMENTS

The Partnership wishes to thank the many persons and organizations who have contributed so much to this project:

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## INTRODUCTION AND BACKGROUND

In the fall of 2011, the Board of Directors of the Partnership for a Healthier Carroll County, Inc. (The Partnership) voted unanimously to undertake responsibility for a Community Health Needs Assessment (CHNA). The process would assure compliance with all requirements as defined by federal or state authorities and assure the hospital's ability to develop a Hospital Board approved Community Benefits Plan by early spring 2013.

The Partnership's Board of Directors also assumed responsibility as the "Community Coalition" required in a separate but somewhat similar State Health Improvement Process (SHIP) which was organized to produce a Local Health Improvement Plan (LHIP).

Timelines for the CHNA and the SHIP/LHIP were concurrent.

The Partnership for a Healthier Carroll County, Inc. had conducted multiple previous needs assessments and integrates annual measurement processes into all of its health improvement work known as "Healthy Carroll Vital Signs (HCVS)." These measures build on national benchmarks and improvement targets and have been nationally recognized for use in community health improvement work. All of this experience enhances The Partnership's ability to lead a process of this importance and exceptional scope.

To assure compliance with all regulatory requirements, a multi-component process was determined necessary. Components include:

- **A statistically valid household survey with a confidence level of 95% and a +/- error rate of 3.0%.** A nationally recognized vendor was chosen to conduct this component and analyze the results. It has been identified as our *Community Health Survey*.
- **Secondary data.** 100+ indicators were selected from a Maryland specific list of core measures. It was determined that the markers would include capacity for both state-wide and nation-wide comparability. Another nationally recognized vendor was chosen for this component known as *Our Community Dashboard*.
- **Key Informant Surveys: Community leaders from a broad range of academic, business, government, non-profit, public health and healthcare.**
- **Focus Groups.** Based on demographic data and best practices, four populations groups were targeted for this component including our Hispanic community, our lower income community, our older adult community and our African American community. Focus groups were conducted by steering committee members.
- **Demographics.** A good understanding of the ethnic diversity, age distribution, education and employment status, poverty status and more is the necessary context for considering all of this information.
- **Carroll Hospital Center Data.** Tracking vital statistics to ensure high quality services with efficient and effective service provision is already hardwired. In the CHNA, this information provides additional context for prioritization of needs identified.
- **State Health Improvement Process (SHIP).** The DHMH identified 39 High Impact Objectives with a per county profile serving as the baseline document. After thorough analysis, a Local Health Improvement Plan emerged with 5 priority improvement areas.

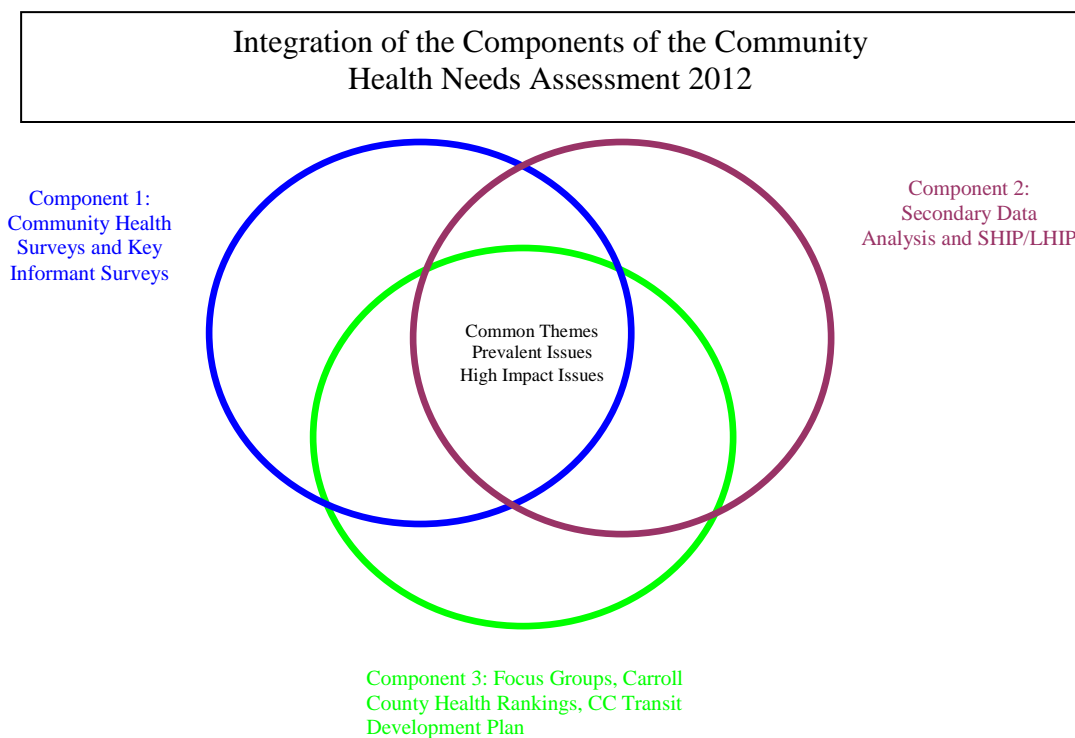
- **Other.** Additional timely and valid information was also collected. This includes the Robert Wood Johnson 2012 Health Rankings report for Carroll County and the 2012 CC Transit Development Plan and more.

## SUMMARY

Details and findings from each component have been provided to you in the large binder identified as the “Consolidated Report”. There is a great deal of information in there for your future reference. You are not expected to bring that volume with you on the 24<sup>th</sup>.

Together, The Partnership Board, Hospital Executive Team, and Hospital Community Benefits Planning Committee will take the next critical step of prioritizing our focus for action in the next three years.

To narrow the topic areas for that prioritization process, key findings of all components were listed as per each of the three circles below. Those topics identified in more than one of the circles were then counted as “Common Themes, Prevalent Issues or High Impact Areas” and are represented as the concentric circle on the graph below.



These “Common Themes, Prevalent Issues or High Impact Issues in alpha order are:

1. Age Discrimination
2. Alcohol in Excess
3. Arthritis
4. Asthma
5. Cancer (Breast, Colon, Skin)
6. Diabetes
7. Flu
8. Health Care Transportation
9. Heart Disease (Cholesterol & HBP)
10. Help to keep Doctor’s appointments
11. Help understanding Doctors
12. Lack of Exercise
13. Medical Doctors who accept larger numbers of MA patients
14. Mental Health (Suicide ED visits, Anxiety Disorders, Depression)
15. Motor Vehicle Deaths
16. Obesity
17. Oral Health Care Access (including availability of Dentists who accept MCHIP)
18. Prescription Assistance (stopped medication)
19. Substance Abuse (especially prescription drug misuse)
20. Tobacco Use

Our meeting on the 24<sup>th</sup> is organized into two distinct parts.

The first segment will feature an interactive presentation on the results from the Community Health Survey (Household survey) and Key Informant survey. It will also include an overview from the DHMH regarding emerging changes anticipated within that agency as a result of health care reform and/or other state/federal efforts. That presentation and this Executive Summary should prepare you for the action phase.

The second segment will require your active input into determining the priority needs for the focus of the CHC Community Benefit Plan and for The Partnership’s Strategic Plan for FY 2014-2016 from among the list of 20 items above. Please try to be as informed as possible about each of these issues (your consolidated report binder might help). We will use interactive technology (clickers) to capture your confidential vote. Please come prepared with notes or comments but understand that we have time limitations.