

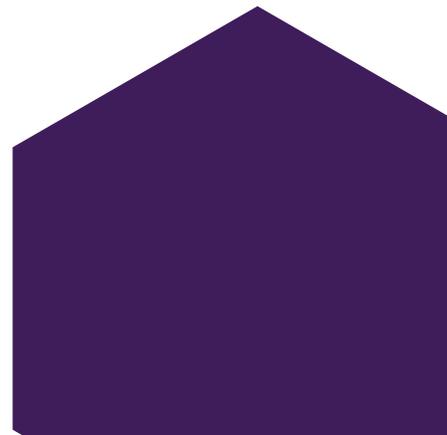
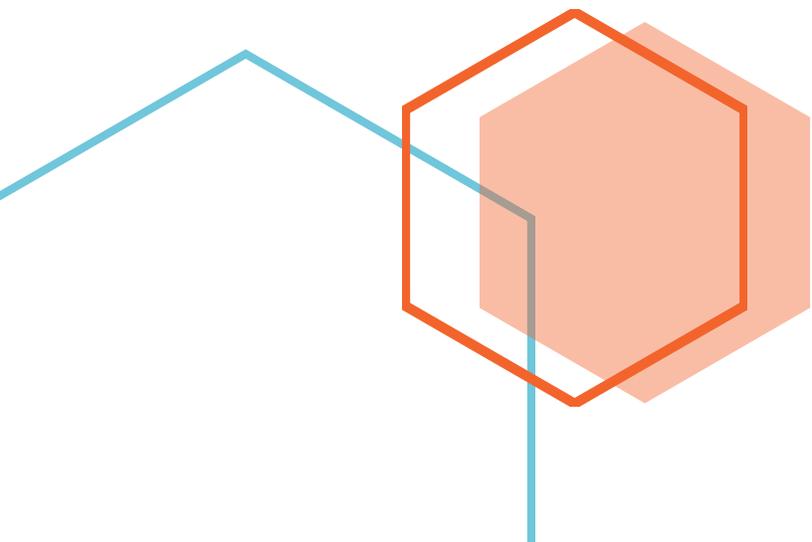


Community Health Needs Assessment

Carroll County, Maryland

Final Consolidated Report

2021



1. Introduction

The first broad Health Needs Assessment for Carroll County was conducted in 1997 by a Steering Committee of 44 members, 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.

In October 2011, The Partnership Board of Directors voted unanimously to lead another CHNA for Carroll Hospital in compliance with elements of the 2010 Affordable Care Act. Also in October 2011, The Partnership's Board voted to serve as the Local Health Improvement Coalition (LHIC) for Carroll County, responsible for the development and implementation of a Local Health Improvement Plan (LHIP) that meets the requirements as proposed in the State Health Improvement Process (SHIP). Currently, The Partnership's *Access to Health* Leadership Team serves as the LHIC in a collaborative effort with the Carroll County Health Department. In September 2012, The Partnership led a community/hospital/health department interactive review of all the data results from both the SHIP and the CHNA, resulting in a *Community Benefit and Health Improvement Plan*, which after approval by the governance of Carroll Hospital and The Partnership, will serve as a major part of each organization's corporate strategic plans.

Our Community Health Needs Assessment (CHNA) projects of 2012, 2015, and 2018, 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 Plans for FY2014-FY2016, FY2017-2018 and the most recent plan for FY2019-FY2021.

This Consolidated Report on the **Carroll County 2021 Community Health Needs Assessment** has been prepared to provide valuable information that will help to determine the direction and structure necessary to continue addressing health needs in the community. 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 via surveys and moderated group discussions, and 2. Secondary data acquired from credible local, state, and national organizations based on surveys and data collection

that they perform.

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 dedication to the process made completion of this CHNA possible. As Chairperson of the collaborative 2021 CHNA Committee, I extend my sincerest thanks to the following members of the Committee and their home organizations:

Amy Bergman	Carroll County Health Department
Tasha Cramer	The Partnership
Karen Davis	The Partnership
Cheri Ebaugh	Carroll Hospital
Maggie Kunz	Carroll County Health Department
Ron McDade	Carroll Hospital
Selena Mowery	Carroll Hospital
Mary Peloquin	Carroll Hospital

As well as the leadership of the Board level CHNA Committee members:

Andrea Handley
Amy Martin
Sharon McClernan
Ed Singer
Tony Swetz

I would like to thank our technical consultant, Mark Helweick for development of the survey tool and Carroll County Health Department in purchase of the survey platform. Finally, I want to thank all The Partnership staff for their support throughout the entire process.



Dorothy L. Fox
Executive Director and CEO

2. Methodology

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 Carroll County, Maryland. The county is situated in the north-central part of Maryland and encompasses a total population of approximately 168,447.

2021 Community Health Needs Assessment Overview

Beginning in July 2020, The Partnership began a comprehensive Community Health Needs Assessment (CHNA) process to evaluate the health needs of individuals living in Carroll County, Maryland to prepare for planning in 2021. 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)

- Online 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 2021 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 has been, and will continue to be, examined carefully. Assessment, planning and then implementation steps will occur. After a formal process of Prioritization of Needs and action planning, a final implementation plan (*Community Benefit & Health Improvement Plan*) will be written to capture specific objectives, measurements, and responsibilities.

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 July, August and September 2020. 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. Surveys were completed throughout the county to promote geographical and ethnic diversity among respondents.
- Key Informant Survey sessions were conducted with 56 community leaders and partners between August and September 2020. 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. All sessions were conducted by video conference due to the advisories related to the Coronavirus pandemic.

- Ten sessions of Targeted Populations Research were conducted in focus sessions with different community groups including African American (x2), Behavioral Health Consumers (x2), Latino, Older Adult (x2), LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer), Transitional Aged Youth and a lower income population group. All sessions were scheduled between August and September 2020. Research participants were invited to complete a survey specific to their community. In addition, The Partnership led a moderated discussion with each group after completion of the online survey, except for the LGBTQ population which only completed the survey. Three of the groups were moderated virtually.

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. The Hispanic/Latino focus group was provided a survey written in Spanish and the moderation was also conducted in Spanish.

3. Community Health Needs Survey

A. Methodology

The Partnership for a Healthier Carroll County used a customized survey tool consisting of approximately 101 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities. The design and main elements of the 2021 survey tool were built from The Partnership's 2012, 2015 and 2018 Community Health Needs Assessments, so that to the greatest extent possible, answers to the 2021 survey would be comparable to the previous years' assessments. Only minor changes or current concerns (such as the pandemic and increase in suicides) were made to the previous survey instruments ensuring that the survey would provide timely information appropriate to the 2021 planning process while still allowing for meaningful comparisons. The survey was administered online and was accessed via web links displayed at multiple locations. Extensive promotional activities yielded a broad convenience sampling of the Carroll County population.

The Community Health Needs Survey did not include a "Direct Ask" or in-person recruitment survey sampling due to the Coronavirus pandemic that was occurring during the time of the data collection.

Marketing Plan

The 2021 Community Health Needs Survey was promoted through a variety of online advertising vehicles, with only minimal point-of-purchase displays. Using online ads that linked directly to the survey helped to ensure easier access. Anyone who took the survey was eligible to enter a drawing for one of five \$50 gift cards. The survey theme for the advertising content, "Help Make Us the Picture of Health," encouraged community members to visit HealthyCarroll.org/Survey and "ensure a lifetime of good health".

During the months of July, August, and September 2020, geographically targeted online ads were displayed on the Carroll County Times website and The Baltimore Sun Mobile Network. It was also promoted via Carroll Hospital's and The Partnership's websites and Facebook pages along with e-mail blasts to hospital employees and community members. In addition, "pop-up's" on community organizations websites such as the Carroll County Public Library were utilized.

The online survey was designed to take approximately 15 to 20 minutes to complete. In total, 744 residents started the survey through the primary on-line method. However, 16 participants who lived outside of a Carroll County zip code were excluded from continuing with the survey. Thus, the demographic findings in this report are based on a total of 744 participants that

started the survey and other questions are based on the number of participants that answered that question.

B. Results Summary

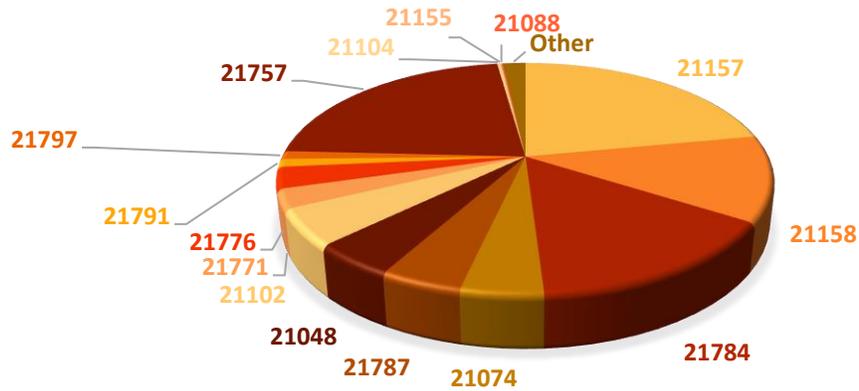
Online Survey Results Summary

The following section provides an overview of the findings from the online survey, including highlights of important health indicators and health disparities. In addition, comparisons to the 2018, 2015 and 2012 community health needs survey conducted in Carroll County are provided where applicable.

Demographic Information

The demographic profile of the respondents who started the online survey is depicted in the tables below. Approximately 59% of all respondents resided in zip codes 21157, 21158, and 21784. Of the total 728 respondents, 83.3% were female and 16.6% were male. Whites comprised 93.7% of study participants and Blacks/African Americans represented 2%. Approximately 1.5% of all respondents identified as Latino/Hispanic. Slightly more than 39% of all respondents were between the ages of 45 and 64 years. An additional 28.2% of respondents were over the age of 65.

Zip Code	%	Zip Code	%
21157	28.05%	21776	3.82%
21158	15.3%	21791	1.42%
21784	19.12%	21797	1.00%
21074	7.2%	21757	1.00%
21787	5.81%	21104	.28%
21048	5.95%	21155	0.14%
21102	6.52%	21088	0.14%
21771	3.40%	Other	2.27%



Demographic Information	Count	Percentage
Gender		
Male	114	16.69%
Female	569	83.31%
Identifies as other than male or female	0	0%

Age		
Under 18	4	0.5%
18 - 24	11	1.5%
25 - 34	47	6.4%
35 - 44	87	11.9%
45 - 54	123	16.8%
55 - 64	165	22.6%
65 and over	206	28.2%
Did not answer	85	11.6%

Race/Ethnicity		
White	574	93.79%
Black/African American	12	1.96%

American Indian or Alaska Native	3	0.49%
Asian	2	0.33%
Native Hawaiian or Other Pacific Islander	1	0.16%
Other	4	0.65%
Prefer not to answer	3	0.49%
Did not answer	13	2.12%

Hispanic or Latino:		
Yes	9	1.49%
No	590	97.68%
Don't know/Not Sure	0	0%
Did not answer	5	0.83%

Household type was assessed. The majority of respondents (62.5%) were married. The chart below identifies the marital status indicated by all respondents. In addition, 62.1% of the respondents indicated they did not have any children under the age of 18 living in the household. The remaining data on children under 18 living in the household is identified below.

Household Composition	Count	Percentage
Marital Status		
Married	434	71.62%
Divorced	64	10.56%
Never married	38	6.27%
Widowed	44	7.26%
A member of an unmarried couple	13	2.15%
Separated	8	1.32%
Did not answer	5	0.83%

Number of Children Less Than 18 Years in Household		
None	420	57.6%
1 - 2	184	25.2%

3 – 4	25	3.4%
5 – 6	0	0.0%
Preferred not to answer	4	0.5%
Did not answer	95	13.0%

The socioeconomic status of respondents, including education, employment, and income, was also assessed. The largest percentage of respondents, 62.2%, were college graduates and 27% attended some college or technical school. The majority of respondents (55.3%) were currently employed for wages or self-employed and only 2.1% were out of work. More than half of respondents (51.2%) had an annual household income of \$75,000 or more. However, 34.3% of the respondents chose not to answer, did not answer or didn't know . Almost 3.8% of respondents had an income less than \$25,000.

Socioeconomic Information	Count	Percentage
Level of Education		
Never attended school or only attended kindergarten	0	0.0%
Grades 1-8 (Elementary School)	0	0.0%
Grades 9-11 (Some high school)	3	0.49%
Grade 12 or GED	61	10.05%
College 1 year to 3 years (Some college or technical school)	164	27.02%
College 4 years or more (College graduate)	378	62.27%
Did not answer	1	.16%

Employment Status		
Employed for wages	336	55.35%
Self-employed	37	6.10%
Out of work for more than 1 year	3	0.49%
Out of work for less than 1 year	10	1.65%
A homemaker	28	4.61%
A student	1	.16%

Retired	179	29.49%
Unable to work	10	1.65%
Prefer not to answer	3	0.49%
Did not answer	121	16.6%

Annual Household Income from All Sources		
Less than \$10,000	7	1.16%
\$10,000-\$14,999	1	.17%
\$15,000-\$19,999	6	.99%
\$20,000-\$24,999	10	1.65%
\$25,000-\$34,999	30	4.96%
\$35,000-\$49,999	47	7.77%
\$50,000-\$74,999	88	14.55%
\$75,000 and more	310	51.24%
Don't know/Not sure	3	.50%
Prefer not to answer	103	17.02%
Did not answer	123	16.8%

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 4.79% of respondents have served or are currently serving as active duty military members and 27.59% of these individuals have served in a combat or war zone.

United States Armed Forces Service Status	Count	Percentage
Active Duty Service		
Yes	29	4.79%
No	575	94.8%

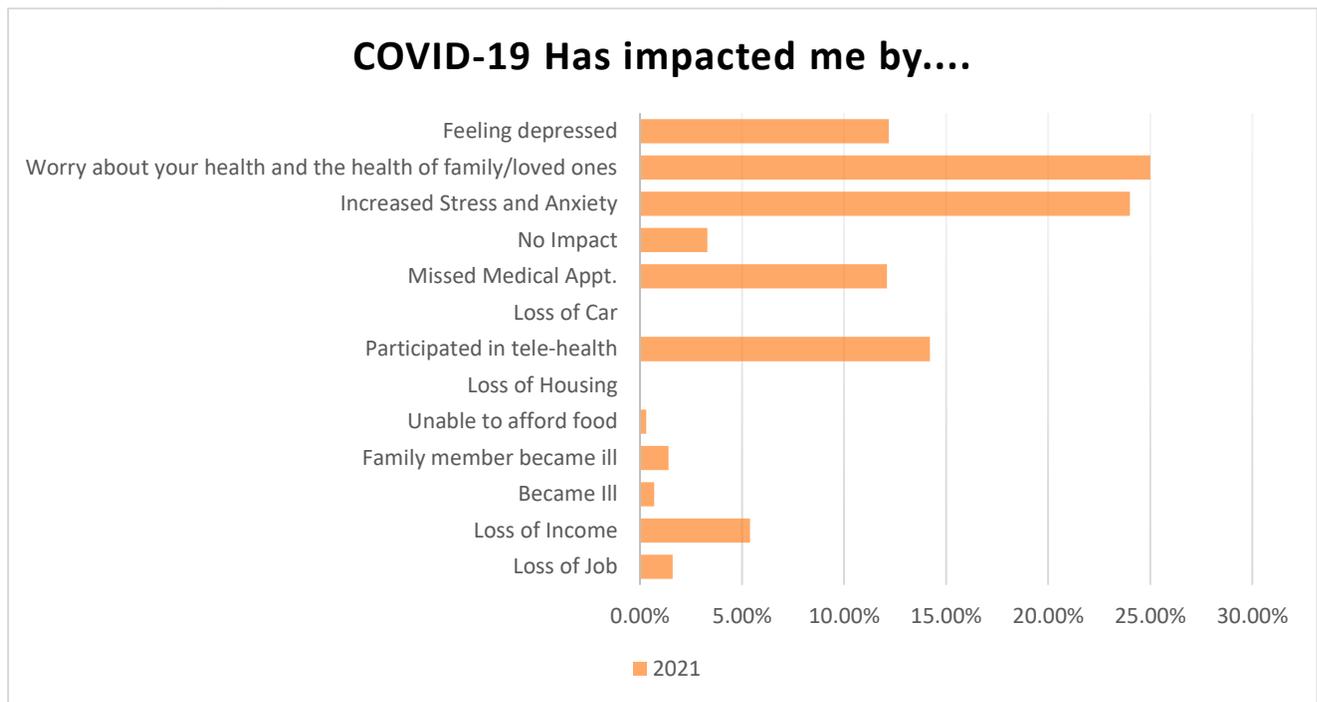
Did you ever serve in a combat or war zone?		
Yes	8	27.59%
No	21	72.41%

Don't know/Not sure	0	0.0%
---------------------	---	------

In comparison to the Carroll County population, there was a much higher percentage of women completing the survey than men. The percentages related to race and age were more comparable to the county, with a majority of respondents indicating White/Caucasian, and more residents 45 years of age or older, than those younger than 45. Other demographic variables cannot be compared accurately due to the number of respondents choosing not to answer. Demographic data for Carroll County can be found in Section 7 of this report.

COVID-19

As this assessment was taking place during July, August, and September of 2020, it was important to ask questions as to how COVID-19 has impacted the respondents. Below is a chart of what we gleaned from this question.



Access to Health Care

Health Insurance and Resources

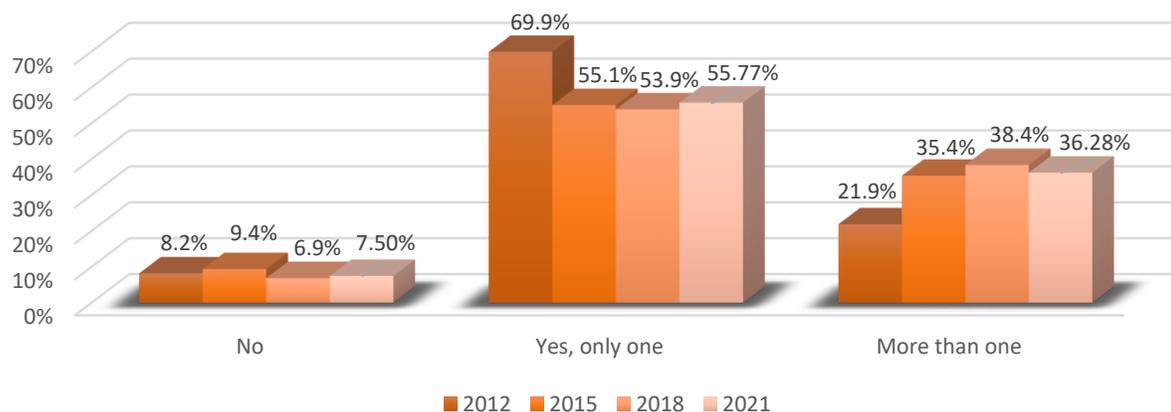
New to the survey in 2018 and repeated in 2021 are questions regarding health insurance and regarding where people got their health information/education. The majority of respondents (98.9%) do have health insurance. The following chart indicates the resources used by respondents to get health information/education. *Respondents could select all that applied.

Where do you go to get health information and/or education?	Count	Percent of Respondents Who Selected the Measure*
Your physician/healthcare provider	501	68.8%
Online websites	447	61.4%
Family/Friends	192	26.3%
Local providers/organizations/resources	226	31.0%
Local sources (i.e. hospital, health department)	232	31.8%
National sources	190	26.0%
Health blogs	76	10.4%
Television	61	8.3%

Primary Care

A majority of the respondents (92.0%) have at least one person or more whom they think of as their personal doctor or health care provider and 7.5% of respondents reported not having a personal health care provider. There has been a steady growth in the percentage of respondents with more than one health care provider.

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



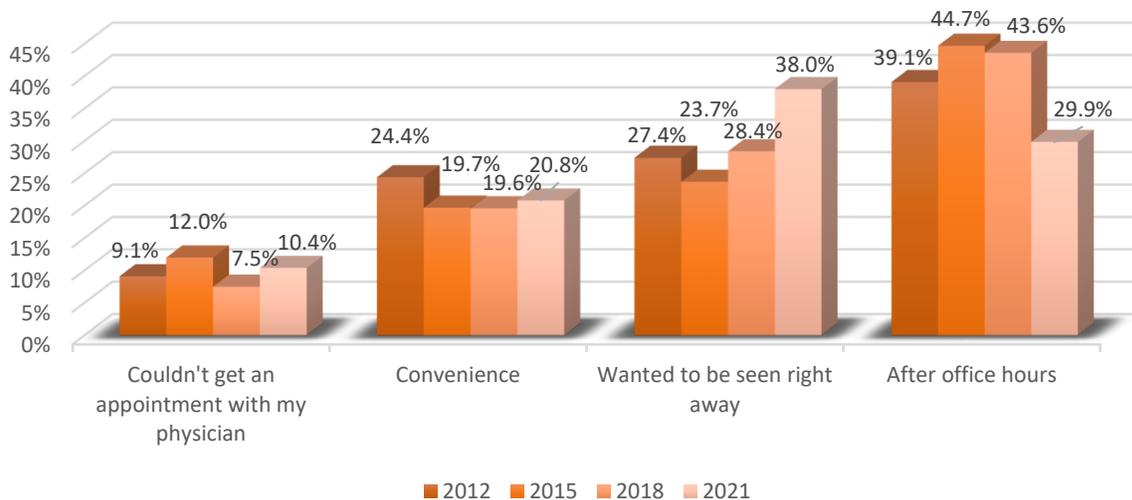
Access to care was further assessed by the number of respondents who were inhibited from taking medicine due to cost and the number of respondents who were able to access a primary care physician when they needed one. Of the respondents, 3.17% reported they stopped taking

their medicine in the past year due to cost which shows a continuous decrease in this area. In addition, 91.1% of respondents reported that they can get an appointment with their primary care physician when they need one, which has been consistent over the years.

Urgent Care

Approximately 36.8% of participants reported visiting an urgent care center in the past 12 months. The desire to be seen right away was the most highly indicated reason additionally the need for after office hours remained a consistent reason for visiting an urgent care center. Since 2018, more people are reporting not being able to get an appointment with their physician and a small increase in convenience as the reason.

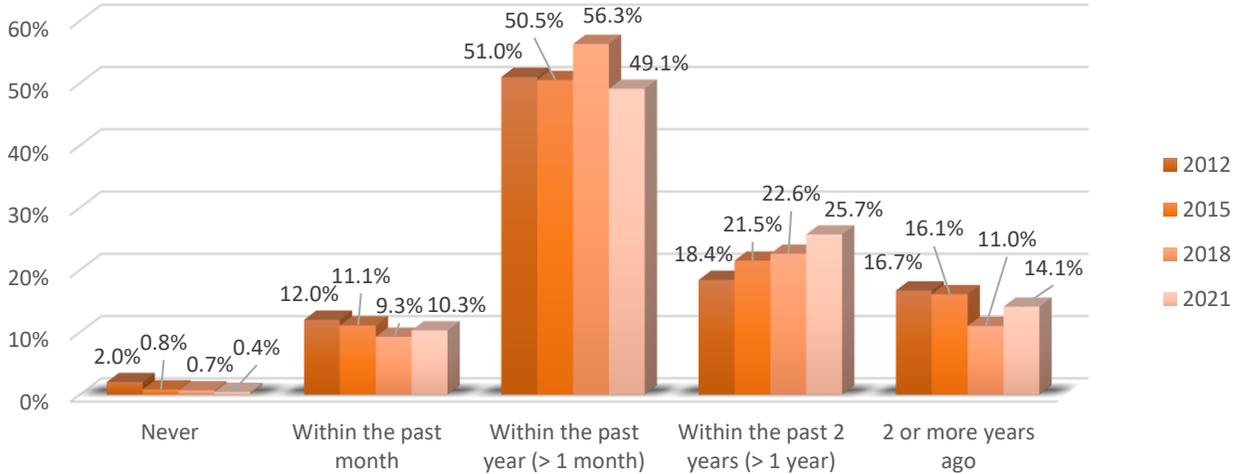
What was your primary reason for visiting an urgent care center?



Eye Care

Respondents were first asked to indicate the last time they had their eyes examined by a doctor or eye care provider. Nearly 50% of all respondents reported having their eyes examined within the past year. The second chart indicates the reasons for which respondents did not visit an eye care provider within the past 12 months. The primary reason chosen for not having their eyes examined indicated a significant increase in the Other category, the other reasons has remained consistent. A continuous decrease in the responses indicating cost since 2012, 2015, and 2018.

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

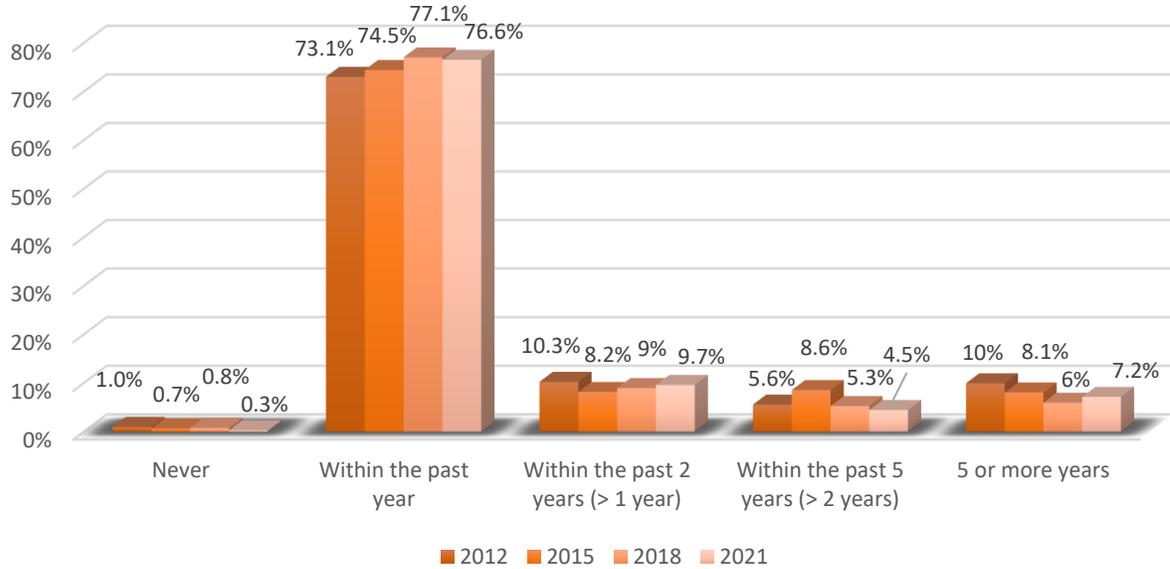


Reason for not visiting an eye care professional in the past 12 months	2021	2018	2015	2012
No reason to go (no problem)	37.6%	47.8%	45.0%	55.0%
Cost/Insurance	15.0%	19.8%	26.1%	20.8%
Other	30.1%	15.8%	15.4%	14.1%
Have not thought of it	8.5%	10.3%	9.4%	4.6%
Do not have/know an eye doctor	4.0%	1.2%	1.9%	1.3%
Could not get an appointment	1.5%	0.8%	1.3%	1.7%
Cannot get to the office/clinic (too far away, no transportation)	1.0%	0.4%	0.9%	2.5%

Dental and Oral Health Care

The survey asked respondents when they last had their teeth cleaned by a dentist or hygienist. The majority of respondents (76.6%) had their teeth cleaned within the past year. The trend of visiting a dentist or hygienist is remaining consistent, with a slight increase in the 5 or more-year response.

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



Child Health Care

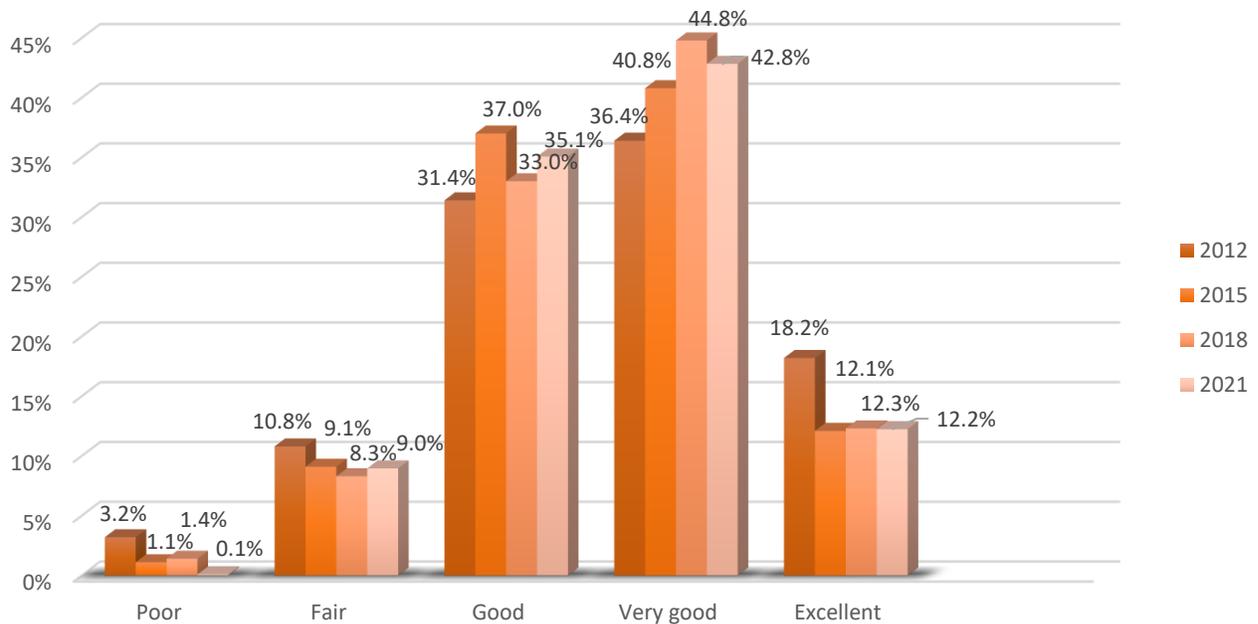
If respondents indicated there were one or more children under the age of 18 in the household, they were asked if they had regular wellness visits with a medical doctor and dental checkups. Most participants reported that their child/children have regular wellness visits with a medical doctor and have dental checkups at least once per year (97.1% and 92.0% respectively). The findings are showing an increase in the number of children getting wellness exams and dental exams

Health Status: Physical and 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 respondents. Approximately 55% of respondents reported having very good or excellent overall health. While responses of excellent have remained consistent from 2015 and 2018, the percentage of respondents indicating good health increased this year. See the following chart for all responses.

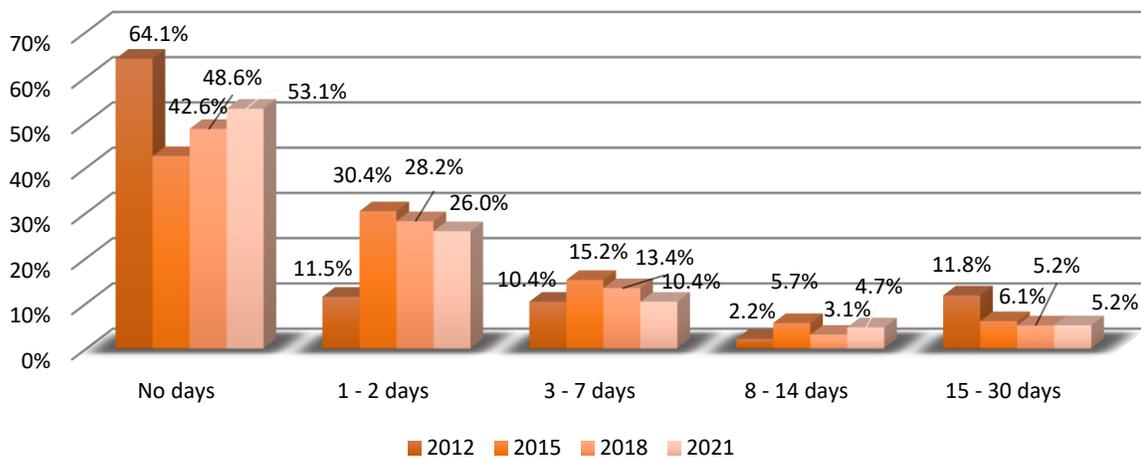
Would you say your general health is....?



Physical and Mental Health Status

Approximately 53% of respondents reported not suffering from physical illness or injury during the past 30 days. This chart is showing a positive trend in respondents' physical health. There continues to be a decline in the number of respondents reporting poor health on one to two days and 3-7 days. More respondents reporting that they are not experiencing any days of poor physical health.

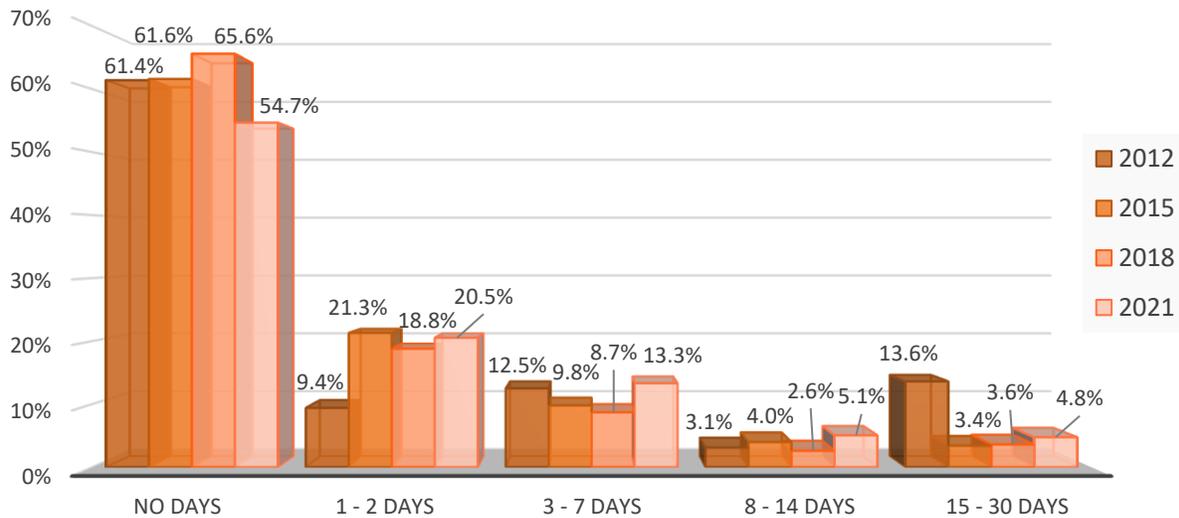
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?



Performance of Usual Activities

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 (54.6%) reported that they did not have any problems carrying out their usual activities due to poor health, which shows the first decrease since 2012 ,2015, and 2018 reports. In addition, all responses indicating number of days of poor health showed an increase.

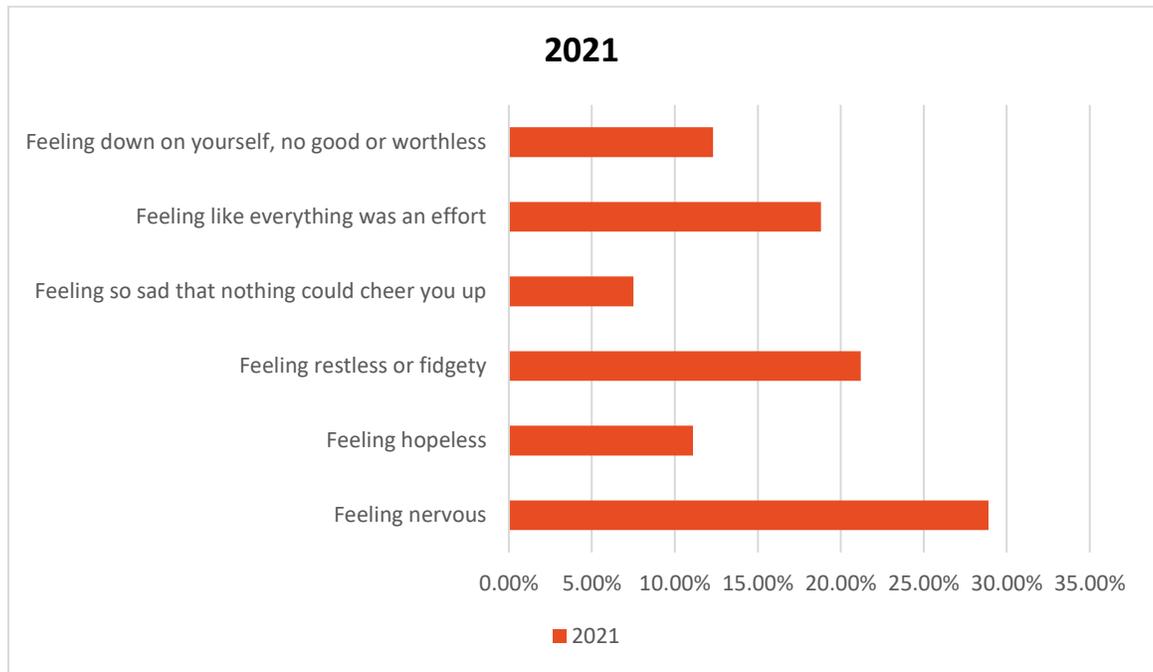
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?



Mental Health

Respondents were asked if a health care provider ever told them they had an anxiety disorder, such as, acute stress disorder, anxiety, generalized anxiety disorder, or obsessive-compulsive disorder and 25.9% of the respondents reported that they had or have an anxiety disorder. An additional mental health focus question asked if you are now taking medication or receiving treatment from a doctor or other professional for any type of mental health condition or emotional problem and 38% responded yes.

New to the 2021 assessment we asked additional questions regarding mental and emotional health. It’s important to note that due to the pandemic we became aware of additional needs related to personal negative feelings. We asked participants to select any of the following that they experienced during the past year: feeling nervous, feeling hopeless, feeling restless or fidgety, feeling sad or depressed that nothing could cheer you up, feeling like everything was an effort, feeling down on yourself, no good or worthless. The chart shows the responses.



Of those who responded to the previous feelings questions, we asked, in the past year have you received an inpatient or outpatient treatment (such as in a hospital, treatment facility, medical or mental health clinic, doctor’s office or some other place) for any problems you were having with your emotions, nerves or mental health, of which 37.9% responded that they had.

Also new to 2021, we asked questions regarding suicidality. We asked at any time in the past 12 months did you think seriously about trying to kill yourself, 2.5% (16 individuals) had responded they had with another 2% (13 individuals) preferring not to answer. Of those who responded yes to the thought of killing themselves we asked an additional follow-up question, did you attempt to kill yourself, of which 12.5% (2 people) responded yes. Of those who responded yes, we asked, did your get medical attention from a doctor or other health professional as a result of an attempt to kill yourself, 50% (one person) responded no and the other 50% (one person) preferred not to answer.

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 the 8 respondents who served in a combat or war zone, 25%, have been diagnosed with depression, anxiety, or post-traumatic stress disorder (PTSD). This is consistent with both 2012, 2015, and 2018.

Cognitive Impairment

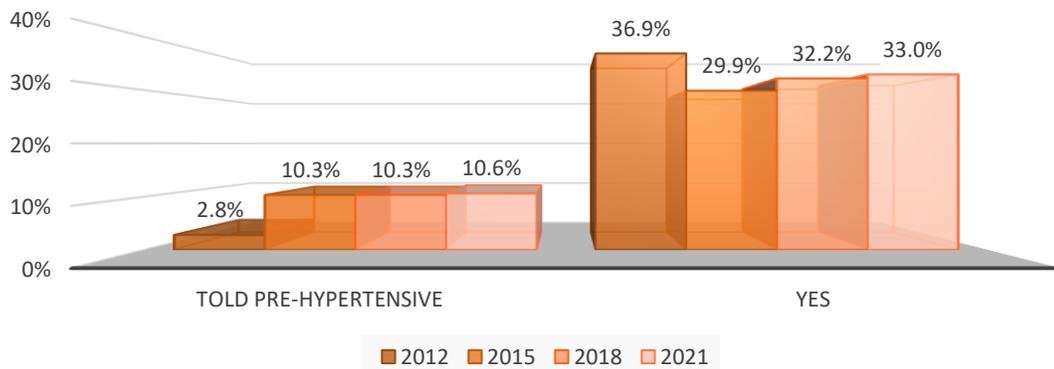
The early detection of cognitive impairment, such as dementia, is critical for treatment and long-term planning. With this in mind, the survey asked if respondents experienced confusion or memory loss in the past 12 months that is happening more often or is getting worse. While the vast majority of respondents (83.3%) indicated that they did not experience confusion or memory loss, 10.6% reported having these symptoms. This is a small increase from previous assessment. For the 2021 survey the question regarding cognitive impairment seen in a family member was added which convincing showed a higher positive response rate. (33.1%)

Chronic Health Issues

High Blood Pressure and Cholesterol

Slightly more than 32% of respondents have been told by a doctor or health care professional that they have high blood pressure and another 10.6% have been told that they are borderline high or pre-hypertensive. There is very little change in the percentage of respondents with high blood pressure or those with pre-hypertension. remains consistent with 2015 and 2018.

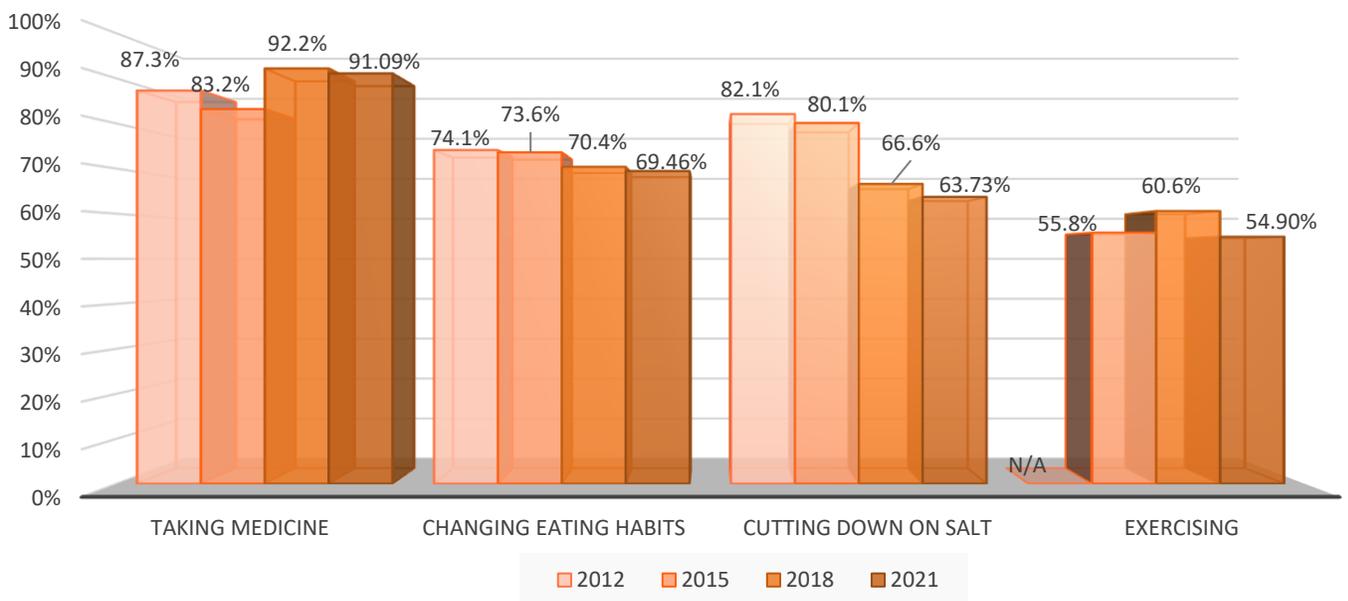
Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?



Respondents who reported having high blood pressure were asked to report on the actions they are taking to control their condition. The largest percentage of respondents indicated they were taking medicine at 91.0% which is a slight decline. The responses indicate that the other options to control blood pressure, changing eating habits, cutting down on salt and exercising are decreasing with the largest decrease in exercising. The table below provides details on all actions for this year and past years.

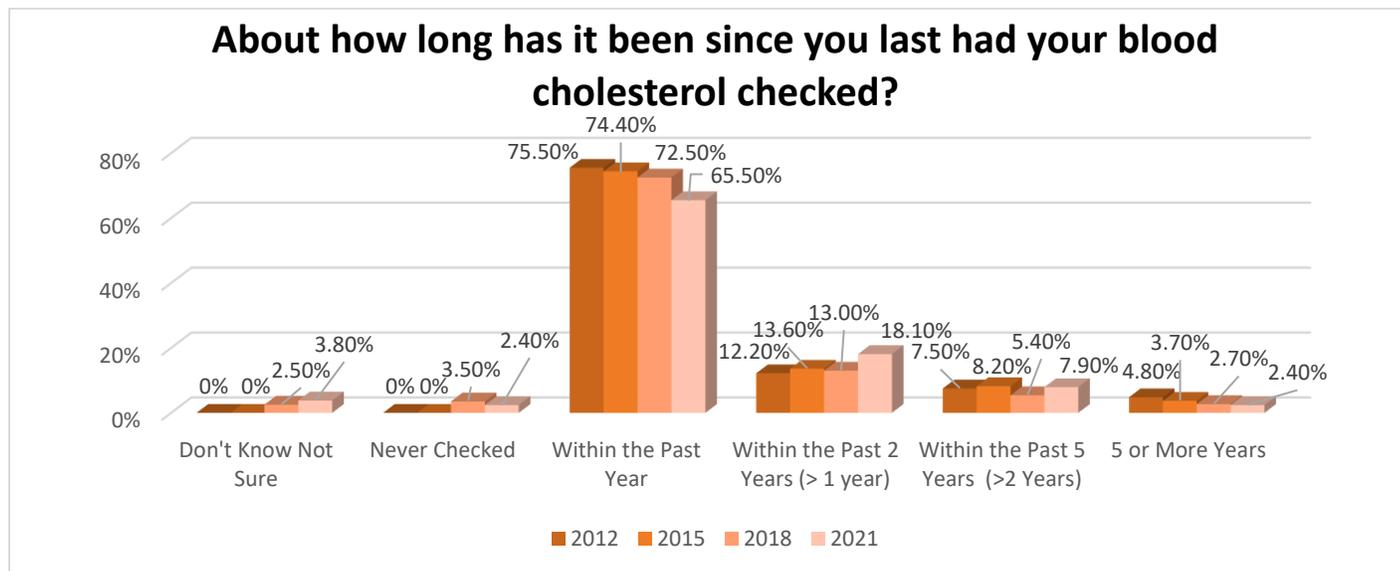
Actions to Control High Blood Pressure	2021	2018	2015	2012
Taking medicine	91.0%	92.2%	83.2%	87.3%
Changing eating habits	69.4%	70.4%	73.6%	74.1%
Cutting down on salt	63.7	66.6%	80.1%	82.1%
Exercising	54.9	60.6%	55.8%	N/A

Actions to Control High Blood Pressure



Cholesterol

Respondents were asked how long it has been since they had their blood cholesterol checked. Approximately 65.0% of respondents had their cholesterol levels checked within the past year and 18.1% of respondents had their cholesterol levels checked within the past two years. The combined percentage of 83% is a consistent decrease to the 2018, 2015, and 2012 percentages of 86%, 88%, and 87.7% respectively. In 2021, respondents who said that they had ever had their cholesterol checked were asked if they had been informed in that they had high cholesterol. 40.3% had indeed been informed in the past that they had high cholesterol and 57.6% of those who had been diagnosed with high cholesterol were currently on medication for high cholesterol. The statistics in this area are showing a decrease in testing, knowledge, and medication usage.



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 increased as 4.5% respondents reported being diagnosed with Coronary heart disease/angina. There was a decrease in the respondents reporting a stroke and the percentages for a heart attack and congestive heart failure stayed consistent. A follow-up survey question was added in 2018 and included in 2021 asked respondents if they had ever had a stent or bypass and 3.9% responded that they had. A summary of heart disease diagnoses among respondents, compared to 2018, 2015, and 2012, is reported below.

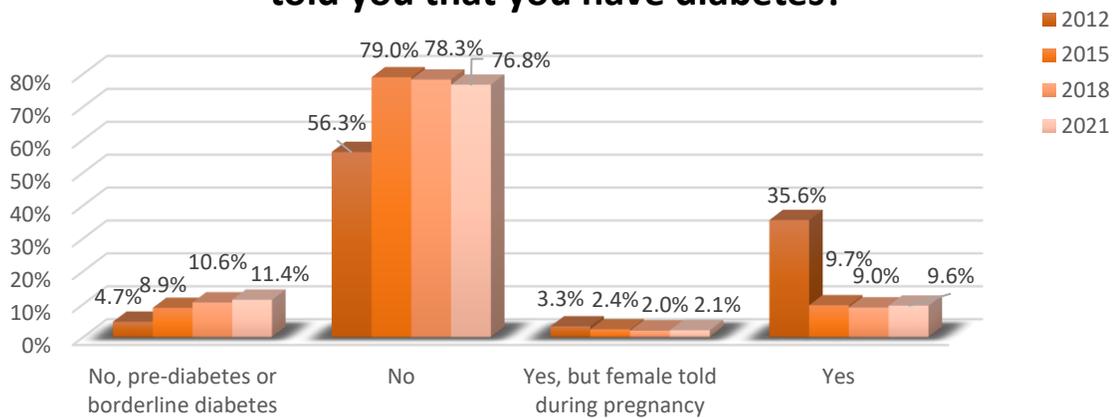
Chronic Condition	2021	2018	2015	2012
Myocardial infarction (Heart attack)	2.7%	2.7%	2.0%	8.2%
Coronary heart disease/Angina	4.5%	3.9%	3.2%	5.8%
Stroke	1.3%	2.1%	1.3%	3.9%
Congestive heart failure	1.1%	1.0%	0.5%	N/A

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. 9.5% of all survey respondents reported having been diagnosed with diabetes and 2.1% of female respondents reported having been diagnosed with gestational

diabetes during pregnancy. Another 11.3% of participants were told they have pre-diabetes or borderline diabetes. Another follow-up question added in 2018 asked respondents who were diagnosed with diabetes if they were taking statins and 64.4% of those respondents reported that they had taken a statin in the last three months. This is a significant increase. The results, as they compare to 2018, 2015, and 2012, are reported below.

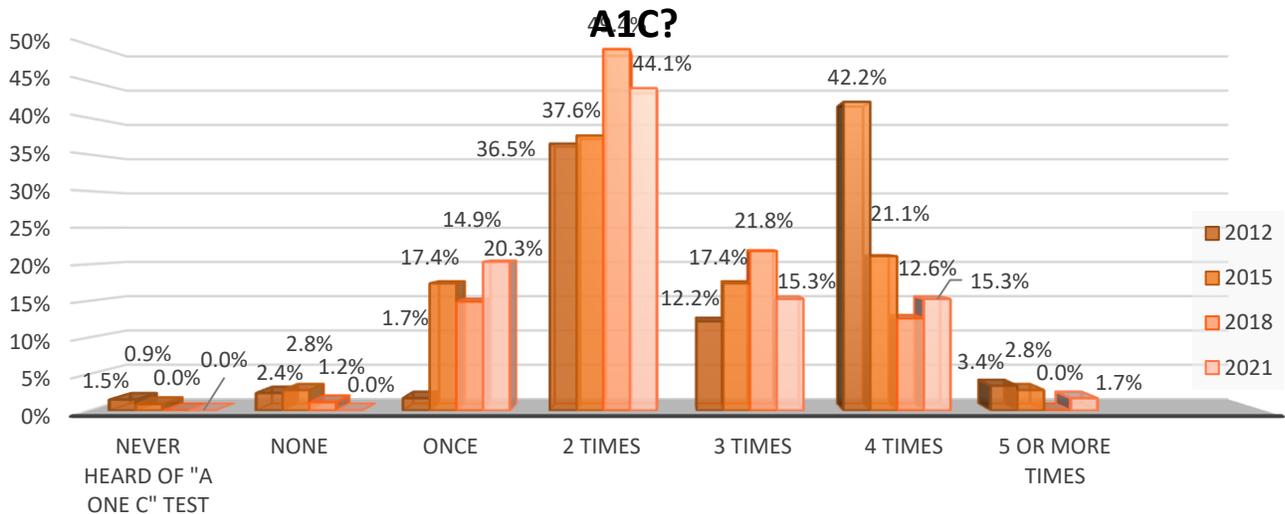
Has a doctor, nurse, or other health professional ever told you that you have diabetes?



When asked how often they see a provider for their diabetes, only 1.6% reported not seeing their health care provider in the last 12 months. 67.0% reported seeing their health care provider once or twice in the past 12 months.

An A1C or “A one C” lab test measures the average level of blood sugar over a three-month period of time. Survey respondents with diabetes were asked how many times their doctor checked them for an A1C test in the past twelve months. The most common response, with almost half of all respondents, was 2 times in the past year. See the following table for an illustration of all responses.

About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for



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, the majority of the respondents (59.3%) indicated having taken a diabetes training course on how to self-manage their disease which is consistent with the last survey.

Other Chronic Conditions

Respondents were also asked to report on conditions like arthritis, asthma, cancer, and chronic obstructive pulmonary disease (COPD). Arthritis and asthma are the most diagnosed conditions of the respondents of the survey. Approximately 41.8% of respondents have been told they have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia and 14.1% of respondents have been told they have asthma which is consistent with past results. Increased in diagnosis of COPD, skin cancer and all other types of cancer has consistently increased over the last eight years A summary of diagnoses among respondents, compared to 2018, 2015 and 2012, is reported below.

Chronic Condition	2021	2018	2015	2012
Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia	41.8%	38.7%	35.2%	37.1%
Asthma	14.1%	15.1%	16.8%	17.4%
COPD	3.9%	3.0%	3.5%	7.1%
Skin cancer	12.6%	10.7%	6.4%	7.6%
All other types of cancer	12.32	11.0%	9.0%	8.5%

Chronic Condition Management

Respondents who reported having one or more of the above chronic conditions were asked what resources they needed to manage these conditions. On prior 2015 survey, respondents were not given the option to indicate “none” as a resource needed. A majority of the participants (71.8%) expressed that they did not need any help in managing these conditions. A summary of the types of help they do need are listed below for comparison to 2018 and 2015. A significant decrease in all areas of needed resources.

Resource for Managing Condition	2021	2018	2015
Help understanding all the directions from the doctors	5.7%	7.7%	28.2%
Prescription assistance	5.2%	8.6%	20.3%
Health care in my home and keeping appointments with my doctor (** These were combined in 2015)	3.3%	6.2% (4.1% were health care in my home and 2.1% were keeping appointments with my doctor)	4.3%*
Transportation assistance	2.8%	3.8%	2.5%
Help locating resources	8.1%	11%	40.4%
None	71.8	62.5%	NA

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 (74%) reported eating fruits and/or vegetables more than seven times per week.

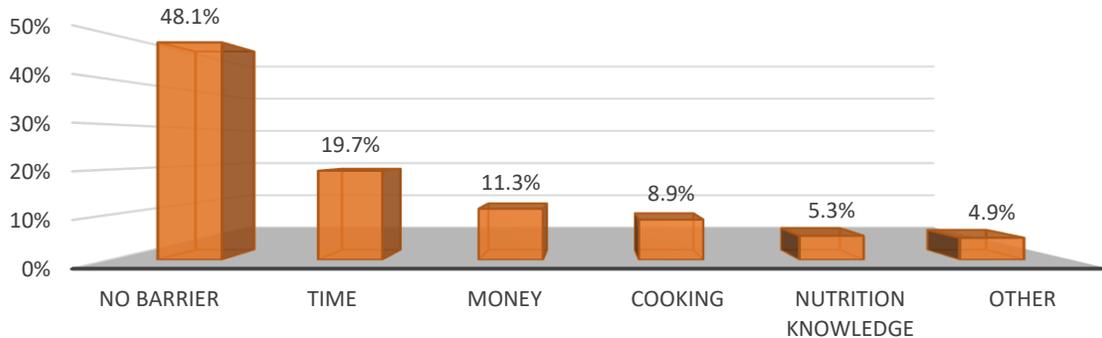
Respondents were asked the number of times per week their family eats fast or take-out food. Approximately 40% of participants reported eating fast or take-out food once per week and 29% reported eating fast or take-out food two to six times per week. The percentage of respondents eating fast or take-out food has remained consistent from the last two reports.

“Fast” or “Take-Out” Food Consumption	2021	2018	2015	2012
Once per week	34.7%	40.4%	45.0%	45.1%
2 to 6 times per week	23.7%	29.3%	28.0%	23.3%
More than 6 times per week	.5%	1.2%	0.6%	0.8%
Never	23%	29.1%	26.5%	30.8%

Respondents were also asked about their consumption of sugar-sweetened beverages such as Kool-Aid and soda. Almost half of the participants (46.8%) reported never drinking sugar-sweetened beverages. Of those that reported drinking sugar-sweetened beverages, 23% reported drinking these once per week, 18% reported drinking seven sugar sweetened drinks weekly and 7% reported consuming eight or more of these beverages per week.

When asked about barriers to healthy eating, “No Barrier” was mentioned by nearly 48.1% of respondents. Of those that did indicate a barrier, time still had the largest percentage of responses with 19.7% of respondents indicating this was a barrier. Money and cooking skills ranked the next highest with 11.3% and 8.9% respectively. In addition, respondents were asked through an open-ended question to specify other barriers they may be facing. Food preferences including dislike of health foods, cost, emotional eating, laziness/tired, side effects from medication or depression and food sensitivities were most frequently mentioned.

If any, what are your barriers to healthy eating?



Physical Exercise

Approximately 82.6% of respondents reported that they participated in leisure time physical activity during the past month.

Among respondents who participated in physical activity, the largest percentage of respondents (61.9%) indicated they exercise for at least 150 minutes of moderate intensity aerobic physical activity or 75 minutes of vigorous-intensity physical activity, or an equivalent combination each week.

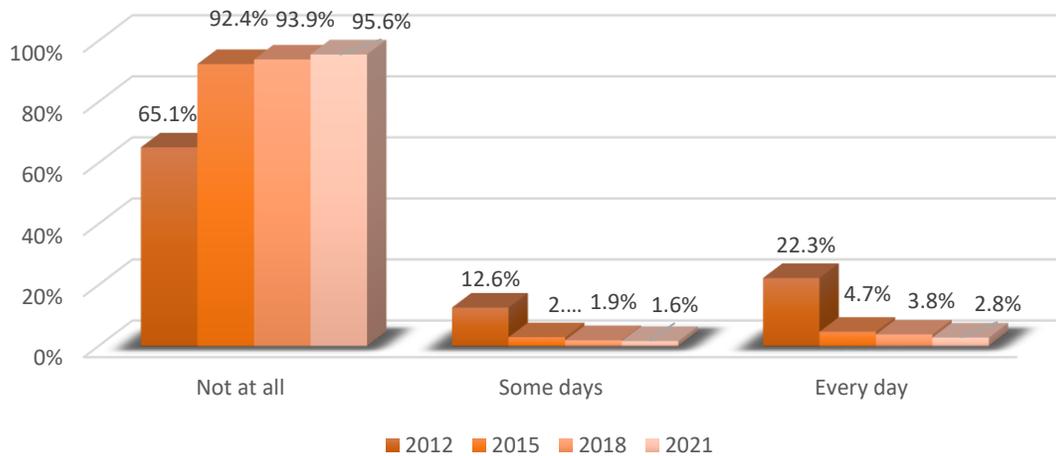
Health Risk Factors

Tobacco Use, Exposure to Secondhand Smoke and Vaping Products

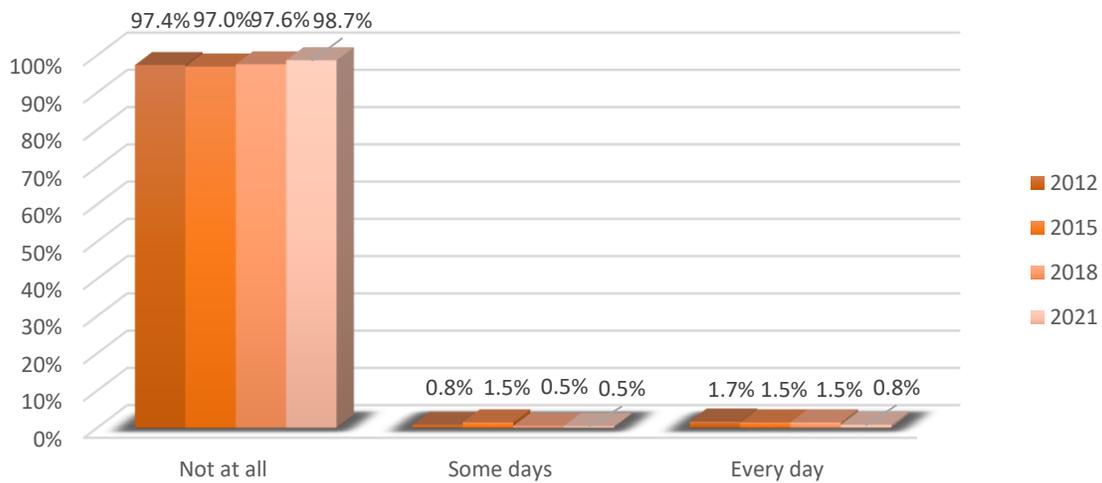
Risky behaviors related to tobacco use, secondhand smoke and electronic vaping products were measured as part of the survey. The vast majority of respondents reported that they currently do not smoke cigarettes (95.5%) nor use smokeless tobacco such as chewing tobacco, snuff, e-cigarettes or snus (98.6%). The number of respondents reporting using some form of tobacco continues to decrease from year to year. Responses are shown in the following tables.

The majority of respondents 97.5% reported that there were no days that they were exposed to secondhand smoke in their home.

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



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

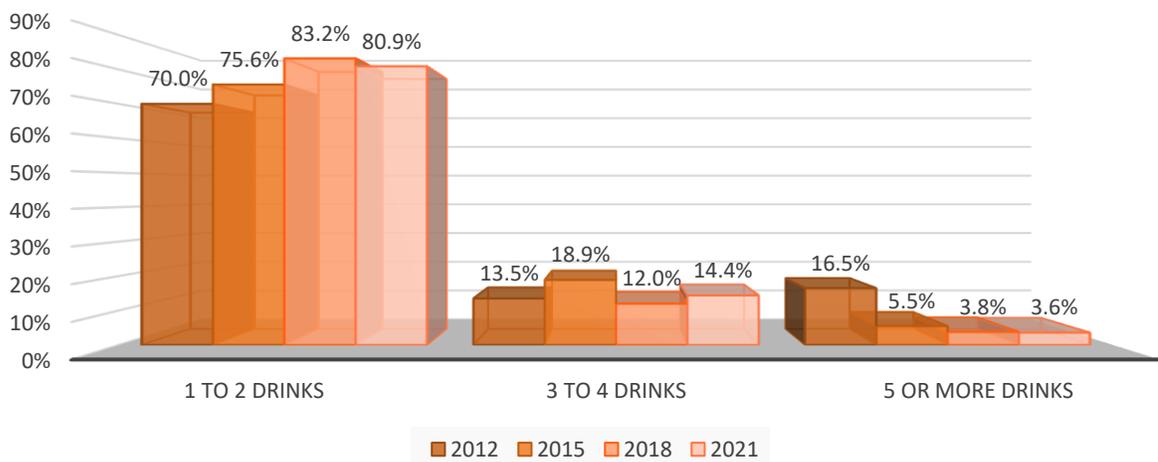


Regarding use of electronic vaping products (new question for 2021) have you ever used had a 94.7% negative response. The majority 51.6% used zero days. The main reason they used a vaping product was to try to quit other tobacco product 48.3%.

Alcohol Consumption

In 2021, 34.6% of respondents did not have an alcoholic beverage in the past 30 days. This is consistent with 2018 and a small decrease in the percentage of people abstaining from alcohol compared to 2015, when 39.2% of respondents did not have an alcoholic beverage. Of those who drank alcohol in the past 30 days, 44% of the respondents indicated having a drink on 5 or more days of which 14% reported drinking 20 days or more. The majority (80.9%) of those who drank alcohol, consumed one to two drinks on the days they drank, followed by those who consumed 3-4 drinks at 14.4%. A higher percentage of respondents in 2021 reported consuming three to four drinks on one occasion, and a lower percentage reported consuming 1-2 drinks. This is a reversal of trend from 2012, 2015, and 2018.

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



Substance Abuse

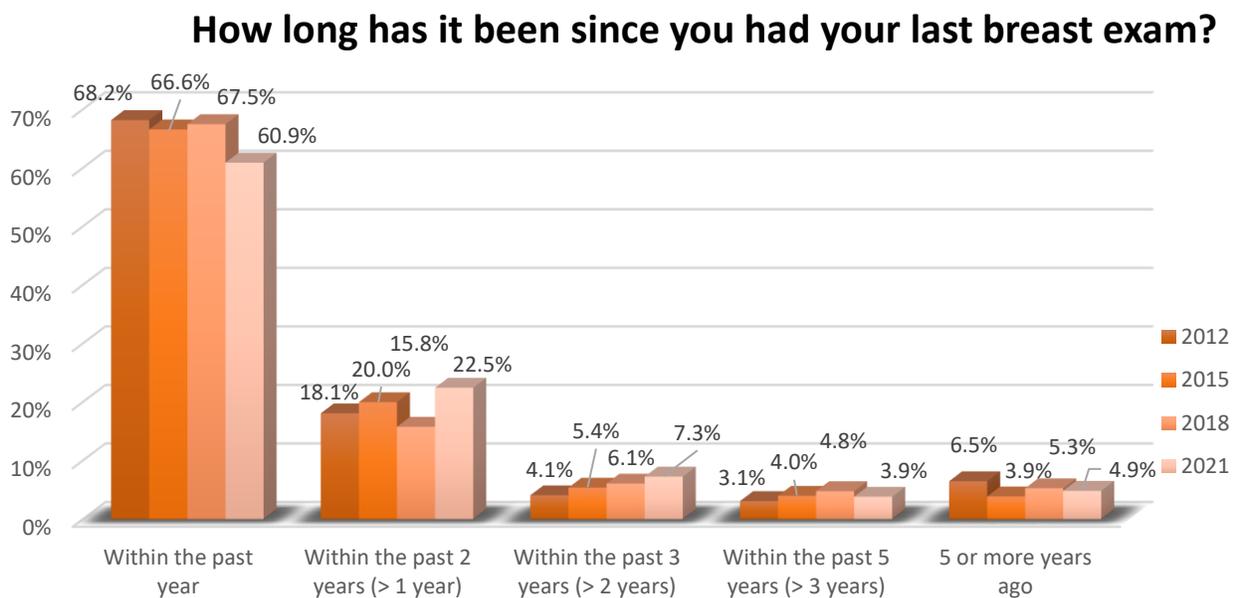
Added in 2018 and continued in 2021, in addition to alcohol consumption, respondents were also asked if they had used opioids that were not prescribed to them in the last 3 months and if they have a family member or friend that has misused opioids in the last 3 months. 99.5% of the respondents answered that they had not personally used opioids that were not prescribed to them and 94.5% responded that they did not have a family member or friend who misused opioids within the last 3 months.

Added in 2021, we survey participants on use of marijuana in the last three months and if they had a medical marijuana card. Of the respondents surveyed, 93.5% reported that they did not use marijuana in the last three months. Of those who used marijuana in the last three months 31% had a medical marijuana card.

Preventive Health Practices

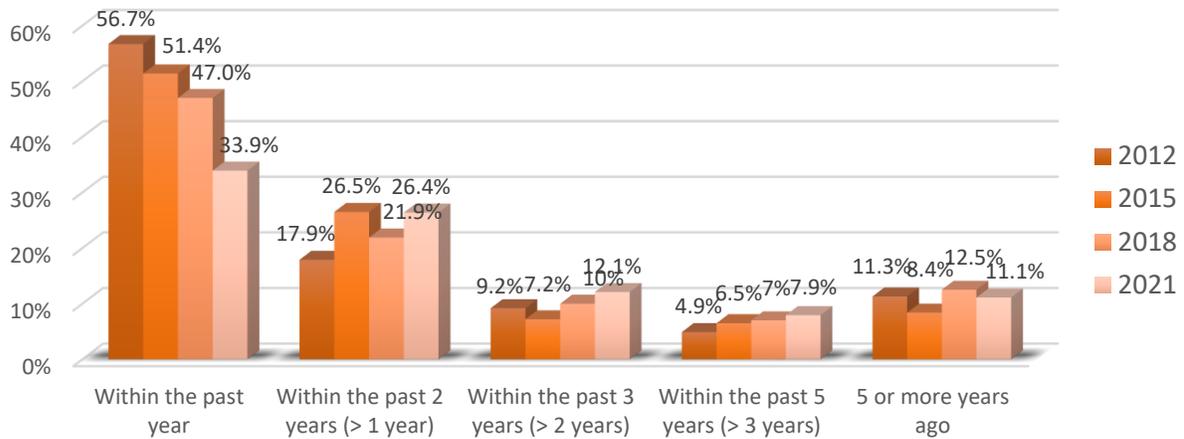
Female Breast and Cervical Cancer Screenings

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 (94.5%) received at least one clinical breast exam within the last five years. In addition, 83.4% of respondents received the exam within the past one to two years. The following chart further depicts 2021, 2018, 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 (98.3%) have received at least one Pap test. In addition, 60.32% of respondents received the exam within the past one to two years. Recent changes in recommended screening timeframes may impact these rates. The following chart further depicts 2021, 2018, 2015, and 2012 survey differences.

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



Colon Cancer Screening

Respondents aged 49 years and over were asked if they had ever had a colon cancer screening. More than 78% of the respondents have had a colon cancer screening.

Male Prostate Cancer Screening

Male survey respondents aged 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. More than 80% of respondents reported having this discussion. This is a continual increase from 2018 and 2015 when less than 80% and 70% reported having this discussion, and in 2012 when it was 73.9%.

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 (70.5%) reported that they have never been tested for HIV. This is an increase from responses in 2018 (60.5%), 2015 (63.2%) and 2012 (66.5%).

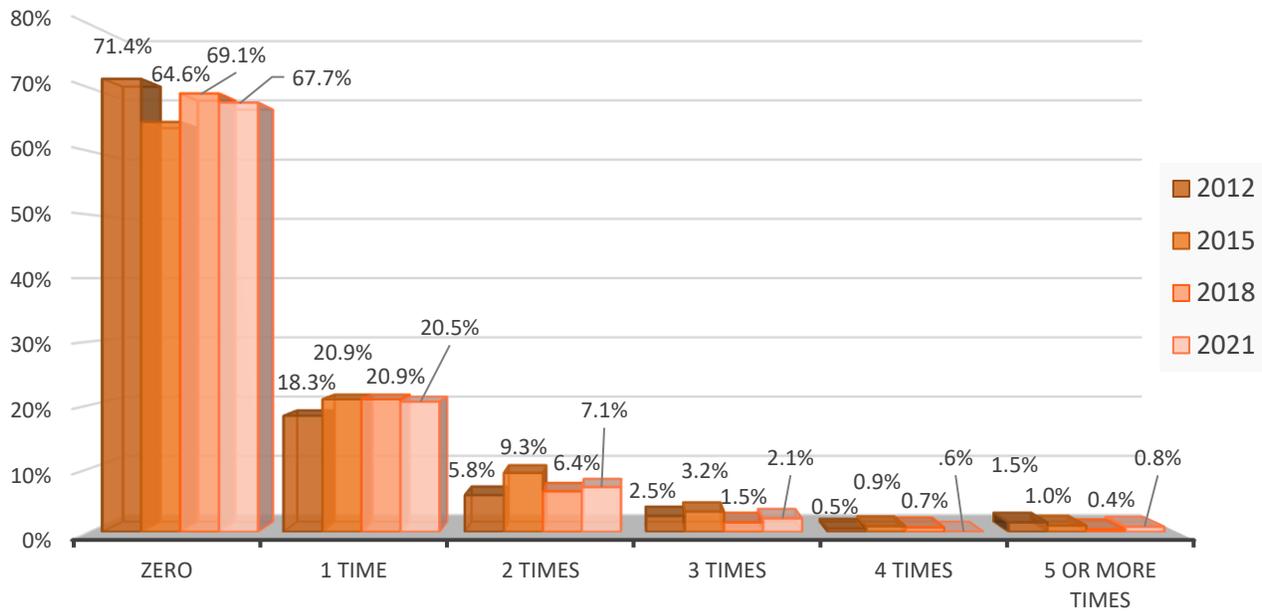
Seasonal Flu Vaccine

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 77.8% of respondents reported having had a flu shot or vaccine in the past year. A positive trend is continuing as in 2012 only 49.3% of respondents had a flu shot, in 2015, 69% and in 2018, 73% reporting doing so.

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. More than half of the respondents, 67.6%, did not have sunburn in the past 12 months. The percentage of respondents experiencing at least one sunburn in the past 12 months has remained consistent since 2012.

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



The results are showing that the majority of participants are taking the same protective measures against the sun as they were in previous years. In 2021, there was a slight decrease in the respondents use sunglasses (80.1%) and those who used a sunscreen with an SPF of 15 or higher (79.8%). Of the 17 individuals who selected “other” as their response the most frequently used measure was to stay out of the sun/limit time in the sun/seek shade. The following table shows the breakdown of the percent of respondents who selected each protective method. *Percentages are based on participants choosing as many answers as apply.

Rank	Protective Measure	Count	Percent of Respondents Who Selected the Measure*
1	Sunglasses	488	80.1%
2	Sunscreen with an SPF of 15 or higher	486	79.8%
3	Wide brimmed hat	271	44.4%
4	Lip balm with an SPF of 15 or higher	254	41.7%
5	Avoiding peak hours of 10 am and 4 pm	189	31.0%
6	Sun protective clothing	145	23.8%
7	Avoiding artificial UV light	168	27.5%
8	None	25	4.1%
9	Other	17	2.7%

Social Issues

Violence

Respondents were asked if they have ever been physically abused by another member of the household or have ever been a victim of a violent crime in the community. Over 92.6% of all respondents confirmed they have never been physically abused by another member of the household and 87.5% indicated they were not a victim of a violent crime.

End of Life Planning

More than 61.5% of respondents indicated that they have a living will or advance directive. This is a continual increase in past years, in 2018 approximately 50% of respondents indicated they had engaged in end of life planning and in 2015, only 38% of respondents reported having a living will or advance directive.

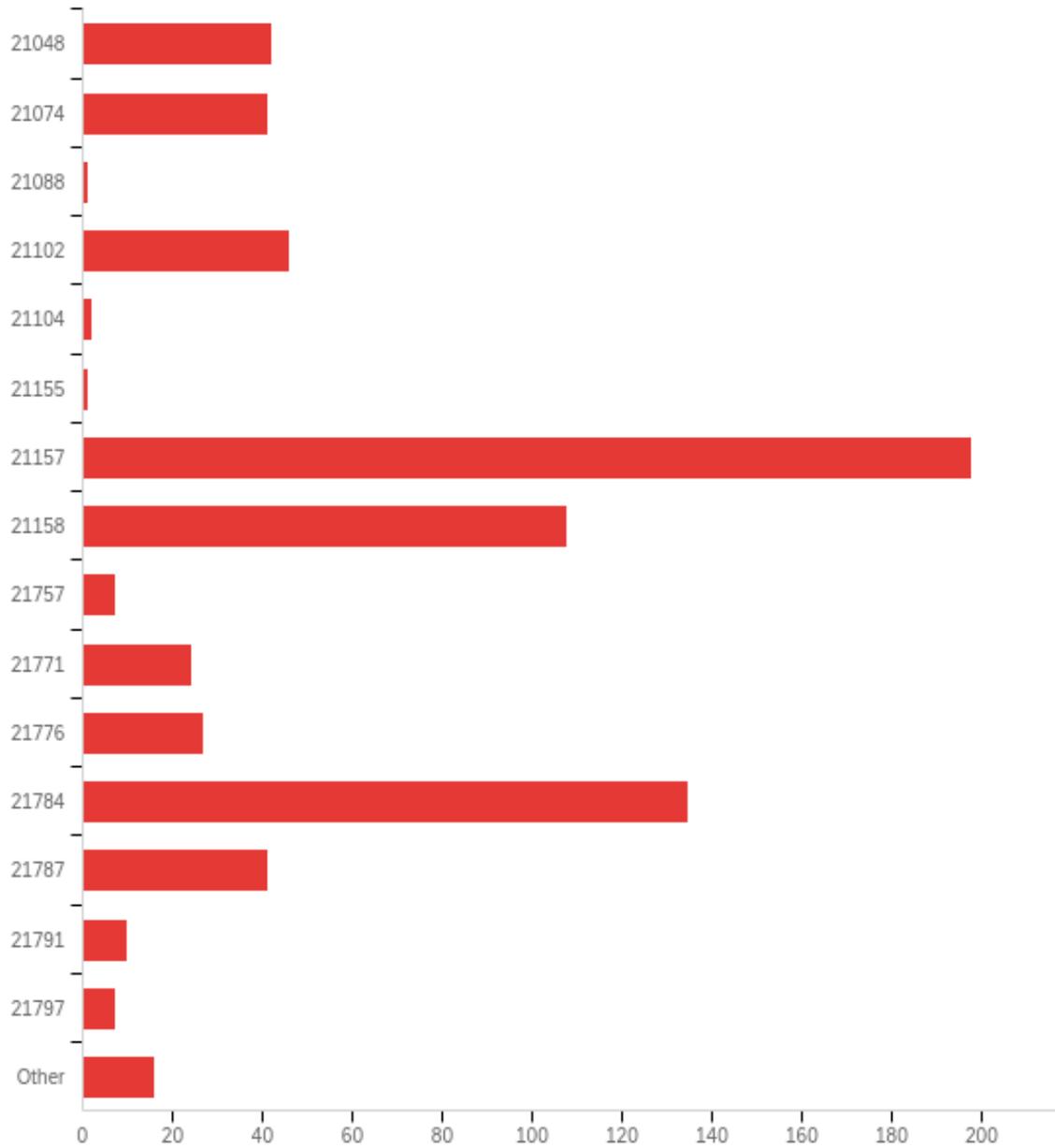
C. Attachment

- Results - Community Online Survey
- Survey Tool - Community Health Needs Survey

Online Community Health Needs Survey

July 1,2020- September 30,2020

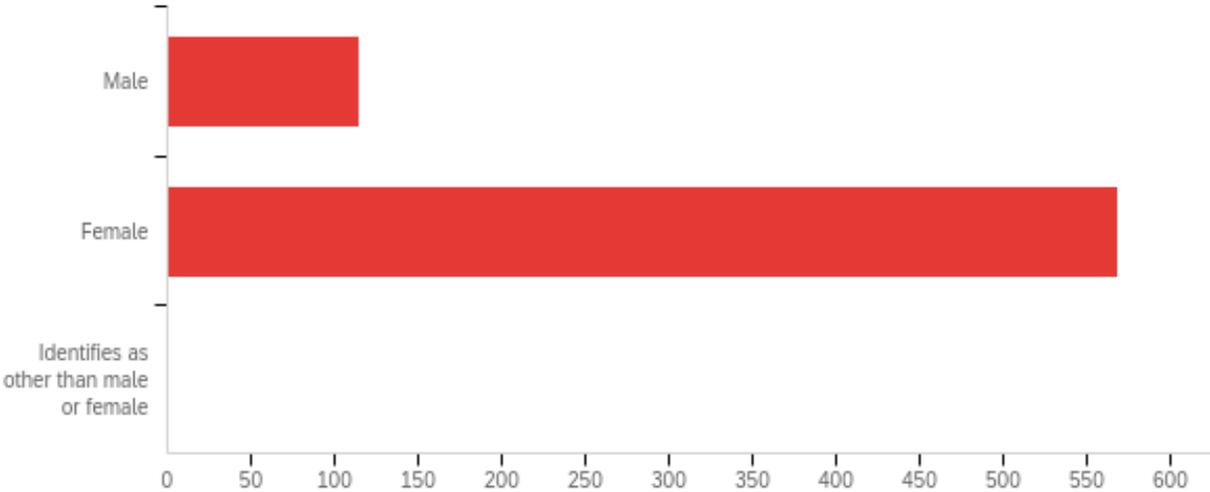
Intro-Demographics - Demographics: Part I Please select your zip code:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Demographics: Part I Please select your zip code:	1.00	16.00	8.26	3.71	13.78	706

#	Answer	%	Count
1	21048	5.95%	42
2	21074	5.81%	41
3	21088	0.14%	1
4	21102	6.52%	46
5	21104	0.28%	2
6	21155	0.14%	1
7	21157	28.05%	198
8	21158	15.30%	108
9	21757	0.99%	7
10	21771	3.40%	24
11	21776	3.82%	27
12	21784	19.12%	135
13	21787	5.81%	41
14	21791	1.42%	10
15	21797	0.99%	7
16	Other	2.27%	16
	Total	100%	706

Intro-Gender - What is your gender?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender?	1.00	2.00	1.83	0.37	0.14	683

#	Answer	%	Count
1	Male	16.69%	114
2	Female	83.31%	569
3	Identifies as other than male or female	0.00%	0
	Total	100%	683

30

56

54

64

45

72

60

48

71

70

49

61

53

53

53

75

35

32

51

32

54

60

64

47

63

52

54

62

57

68

53

75

59

63

67

41

32

52

57

50

55

33

54

52

53

62

62

38

55

55

47

31

55

31

24

30

56

35

48

44

55

62

44

71

74

76

57

61

80

72

59

50

72

63

30

61

51

31

56

69

50

43

54

78

62

59

40

74

46

79

74

8

47

59

52

69

70

73

34

72

23

69

51

52

55

59

50

72

71

64

44

53

74

69

74

51

68

52

88

65

34

79

41

58

61

80

51

43

63

24

64

65

73

76

53

32

26

50

45

54

49

60

53

62

59

41

46

54

62

66

61

51

29

34

76

67

38

42

62

27

46

41

57

44

53

66

39

34

37

65

64

59

42

57

42

36

60

50

46

74

65

59

36

78

69

61

69

55

35

69

66

51

60

47

16

44

58

38

64

47

52

42

51

78

43

45

47

42

61

64

59

64

63

71

48

38

71

60

62

25

38

77

60

51

81

75

71

63

33

74

56

75

69

64

71

69

66

43

74

63

71

80

66

38

79

48

64

43

12

40

63

92

35

65

55

55

70

77

78

58

67

64

80

74

72

78

72

77

74

80

78

66

72

64

69

68

68

72

83

72

63

69

23

66 years

75

69

66

67

74

70

44

59

50

68

23

69

77

32

50

45

67

56

60

47

49

35

60

36

60

61

62

42

67

60

51

34

57

54

52

66

61

43

40

54

42

60

56

30

72

46

54

25

45

65

68

67

96

73

42

86

74

40

73

74

60

49

68

8

78

80

43

58

74

About 70

75

38

65

80.75

70

32

49

58

57

75

55

68

51

55

69

68

75

79

70

43

over 40

70

66

42

61

72

65

71

32

65

31

51

63

37

52

58

63

41

73

72

39

32

86

69

37

74

50

46

73

53

69

75

69

73

73

72

32

63

54

52

39

67

53

65

47

68

61

44

59

20

33

45

34

60

52

57

53

24

66

63

48

52

56

34

62

74

45

69

70

49

53

35

32

65

24

60

50

36

63

55

43

36

67

38

76

43

63

73

52

61

64

58

66

31

61

56

40

46

34

60

41

71

60

44

75

39

33

54

64

35

40

51

39

35

48

52

47

56

43

69

33

38

53

65

62

55

48

33

71

34

57

65

54

36

34

72

37

22

46

52

40

42

32

54

66

70

58

59

51

63

59

62

29

60

59

61

59

19

48

57

61

41

40

52

73

69

52

70

37

59

58

35

57

57

48

45

55

56

54

46

37

73

53

69

63

57

57

62

76

69

73

68

60

73

52

56

66

33

44

24

64

75

73

46

70

72

57

24

64

65

70

64

59

90

60

30

53

57

70

83

81

60

42

48

63

62

26

63

54

33

43

60

51

68

79

50

93

73

49

63

78

64

60

69

57

65

77

74

82

77

64

60

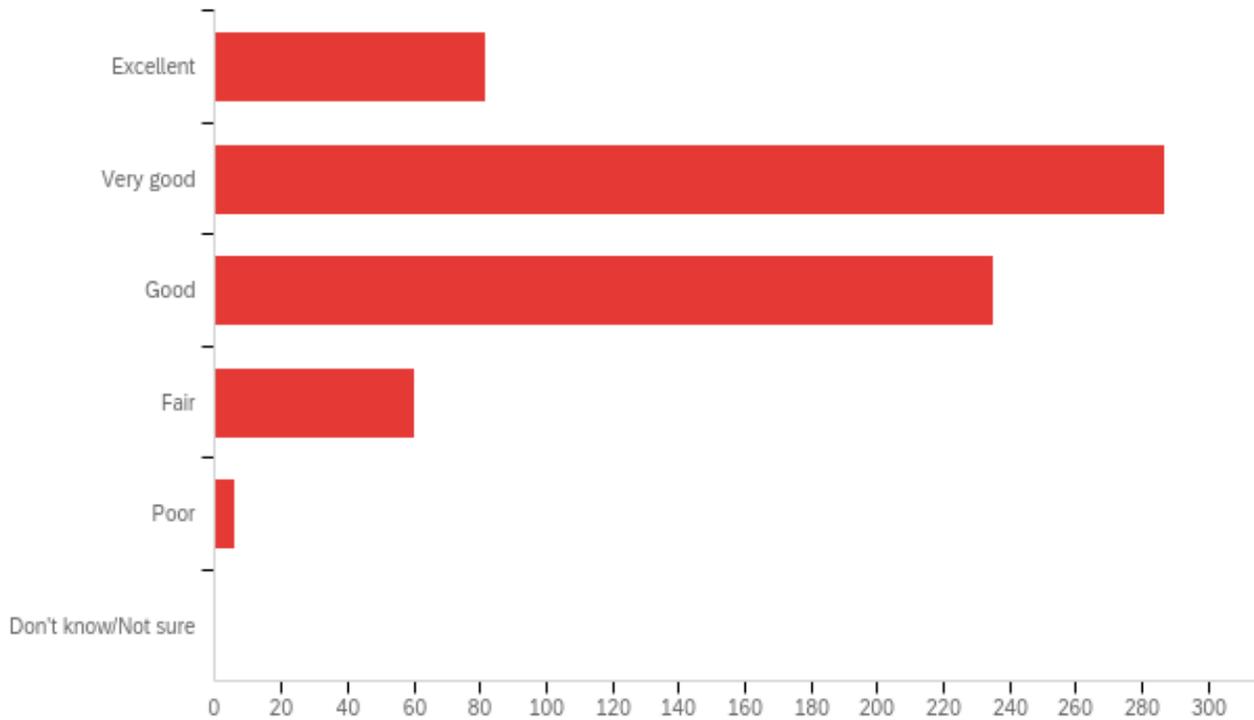
68

70

60

71

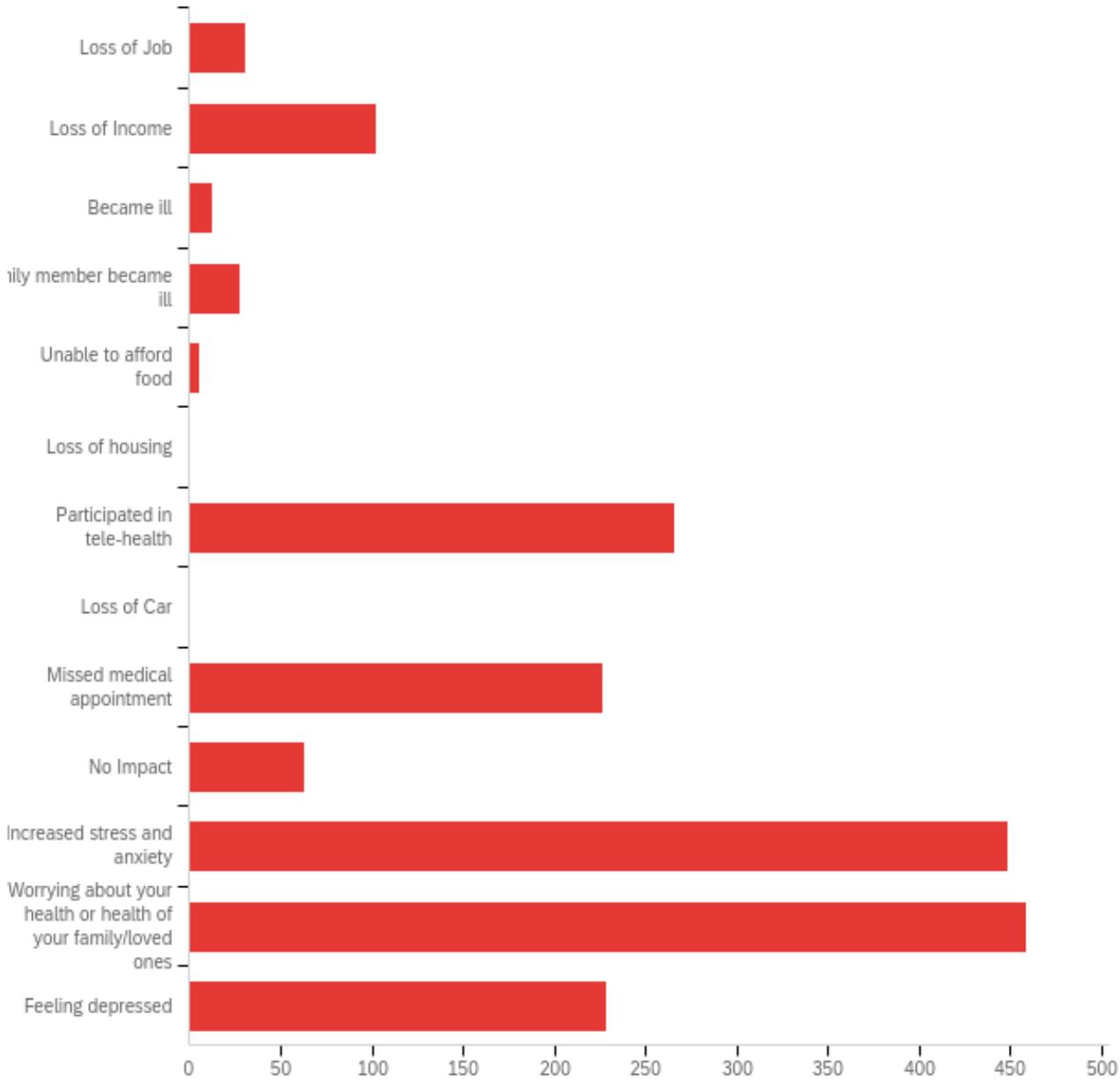
S1 - Health - Section 1: Health Status Would you say that in general your health is ---?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 1: Health Status Would you say that in general your health is ---?	1.00	5.00	2.43	0.85	0.72	670

#	Answer	%	Count
1	Excellent	12.24%	82
2	Very good	42.84%	287
3	Good	35.07%	235
4	Fair	8.96%	60
5	Poor	0.90%	6
6	Don't know/Not sure	0.00%	0
	Total	100%	670

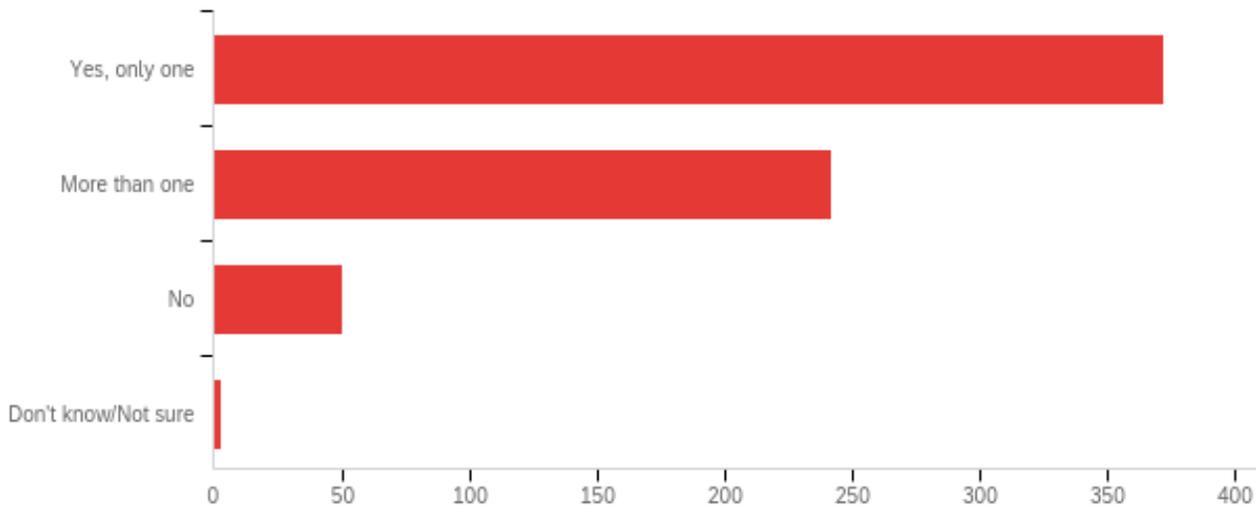
S1-2 - COVID-19 has impacted me by (choose as many as applies):



#	Answer	%	Count
1	Loss of Job	1.66%	31
2	Loss of Income	5.45%	102
3	Became ill	0.69%	13
4	Family member became ill	1.49%	28
5	Unable to afford food	0.32%	6

6	Loss of housing	0.00%	0
7	Participated in tele-health	14.20%	266
8	Loss of Car	0.00%	0
9	Missed medical appointment	12.12%	227
10	No Impact	3.36%	63
11	Increased stress and anxiety	23.97%	449
12	Worrying about your health or health of your family/loved ones	24.51%	459
13	Feeling depressed	12.23%	229
	Total	100%	1873

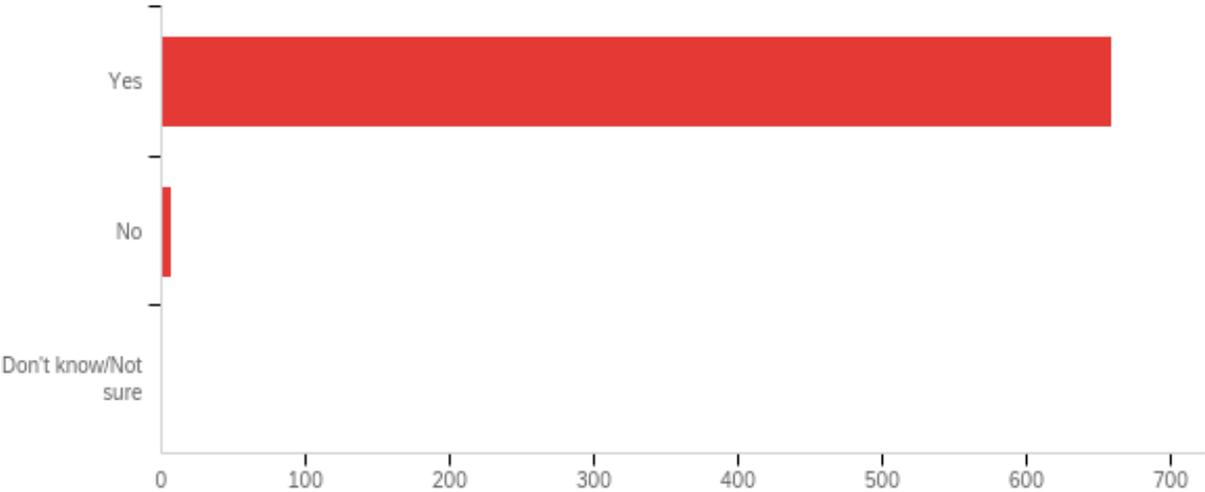
S2-1 - Section 2: Health Care Access Do you have one person you think of as your personal doctor or health care provider?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 2: Health Care Access Do you have one person you think of as your personal doctor or health care provider?	1.00	4.00	1.53	0.65	0.43	667

#	Answer	%	Count
1	Yes, only one	55.77%	372
2	More than one	36.28%	242
3	No	7.50%	50
4	Don't know/Not sure	0.45%	3
	Total	100%	667

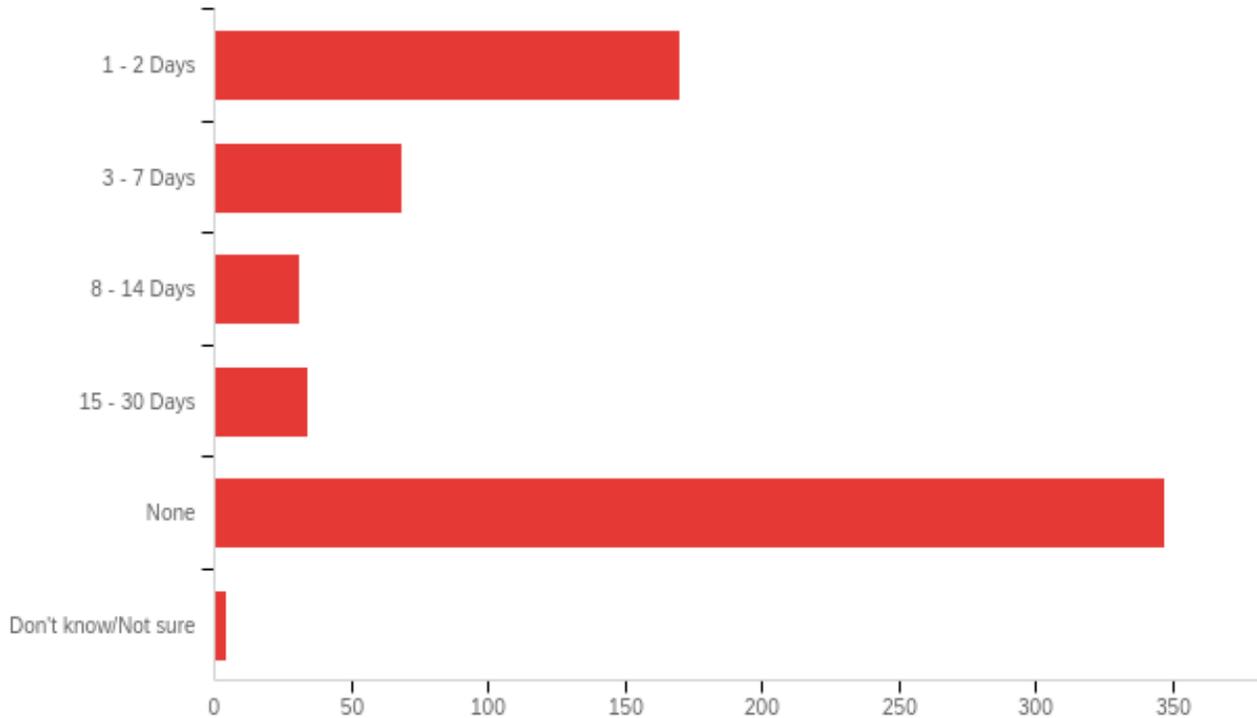
S2-2 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	3.00	1.01	0.12	0.01	666

#	Answer	%	Count
1	Yes	98.95%	659
2	No	0.90%	6
3	Don't know/Not sure	0.15%	1
	Total	100%	666

S3-1 - Section 3: Healthy Days - Health Related Quality of Life 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?

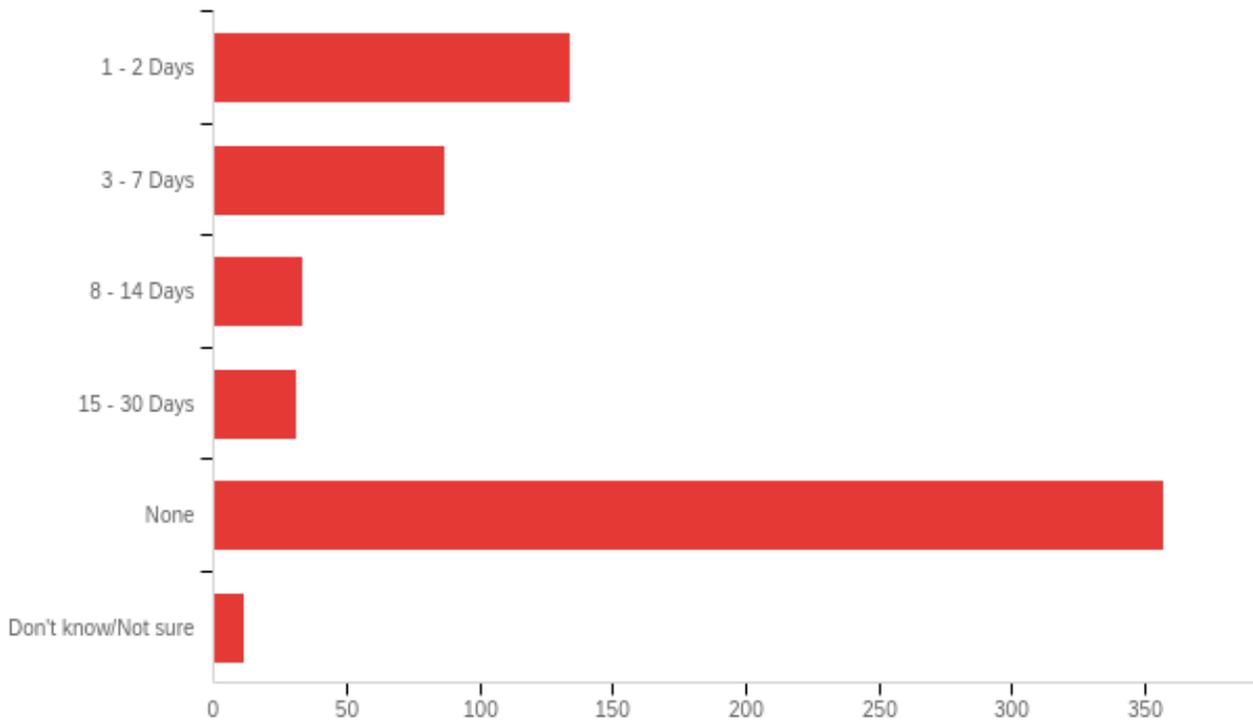


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 3: Healthy Days - Health Related Quality of Life Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	1.00	6.00	3.51	1.77	3.12	654

#	Answer	%	Count
1	1 - 2 Days	25.99%	170
2	3 - 7 Days	10.40%	68
3	8 - 14 Days	4.74%	31
4	15 - 30 Days	5.20%	34
5	None	53.06%	347

6	Don't know/Not sure	0.61%	4
	Total	100%	654

S3-2 - 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?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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?	1.00	6.00	3.65	1.71	2.92	653

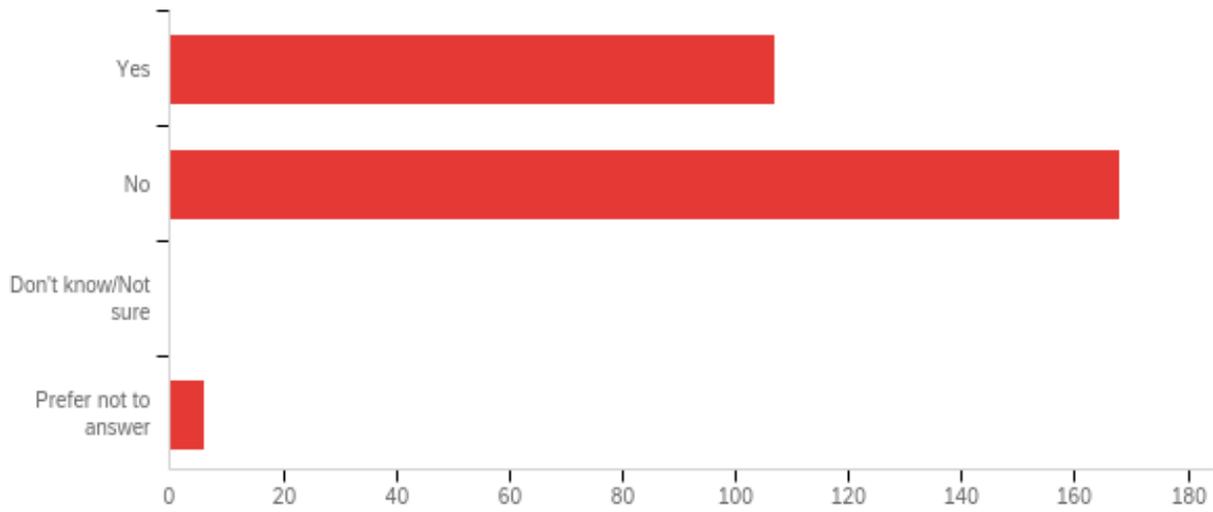
#	Answer	%	Count
1	1 - 2 Days	20.52%	134
2	3 - 7 Days	13.32%	87
3	8 - 14 Days	5.05%	33
4	15 - 30 Days	4.75%	31
5	None	54.67%	357
6	Don't know/Not sure	1.68%	11

Total

100%

653

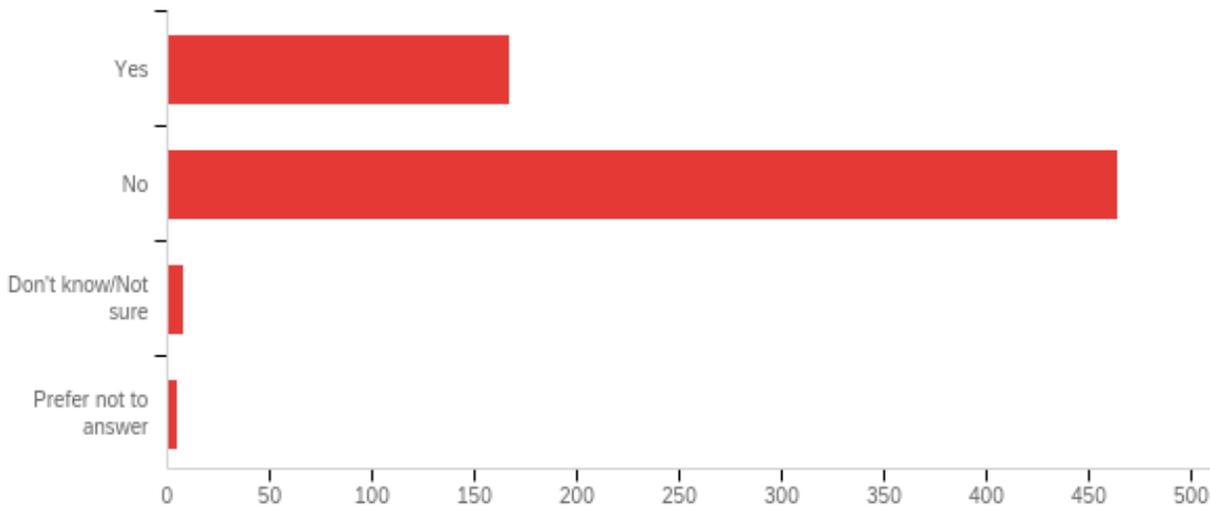
S4-1 - Section 4: Anxiety and Depression Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 4: Anxiety and Depression 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?	1.00	4.00	1.66	0.59	0.35	281

#	Answer	%	Count
1	Yes	38.08%	107
2	No	59.79%	168
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	2.14%	6
	Total	100%	281

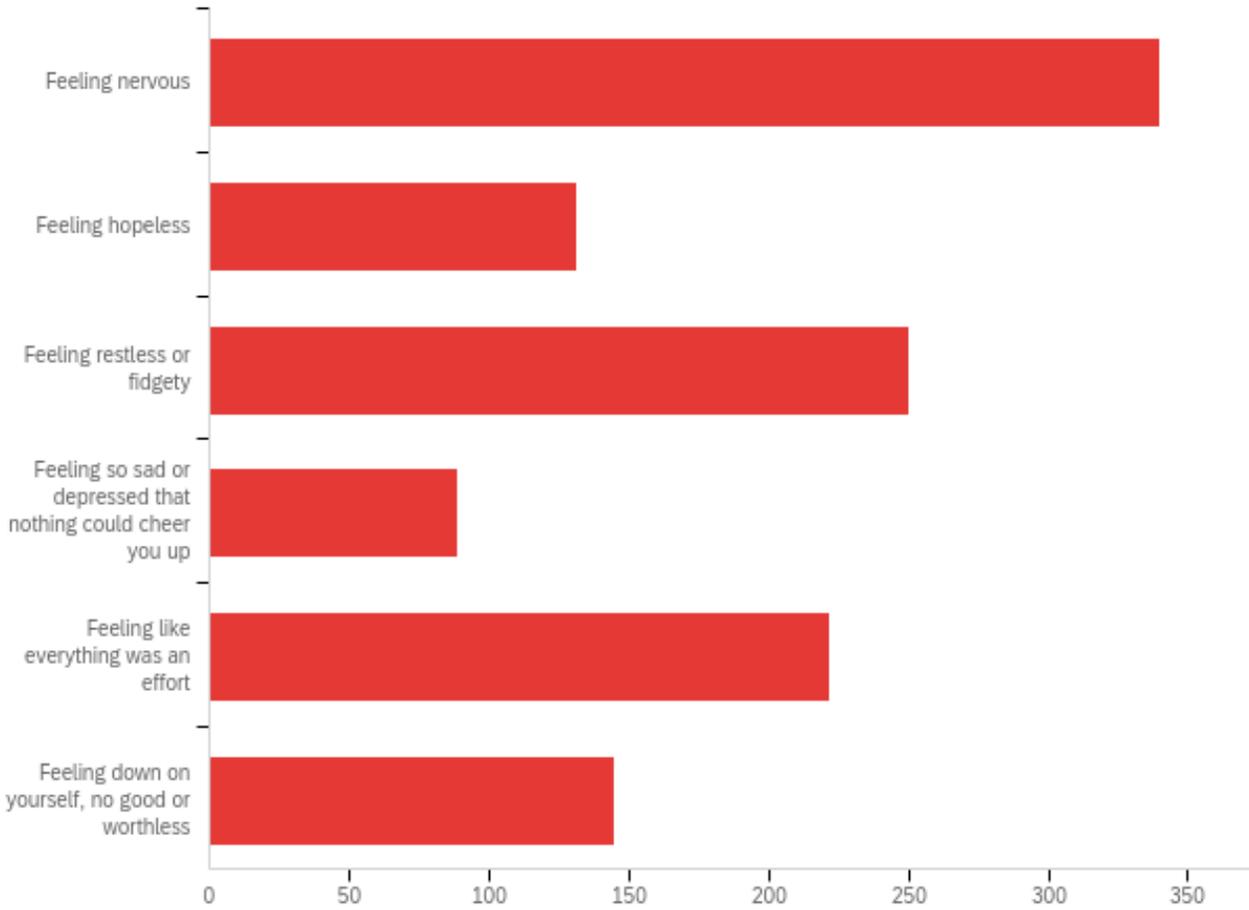
S4-2 - Has a doctor or other healthcare provider ever told you that you have an anxiety disorder?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor or other healthcare provider ever told you that you have an anxiety disorder?	1.00	4.00	1.77	0.50	0.25	644

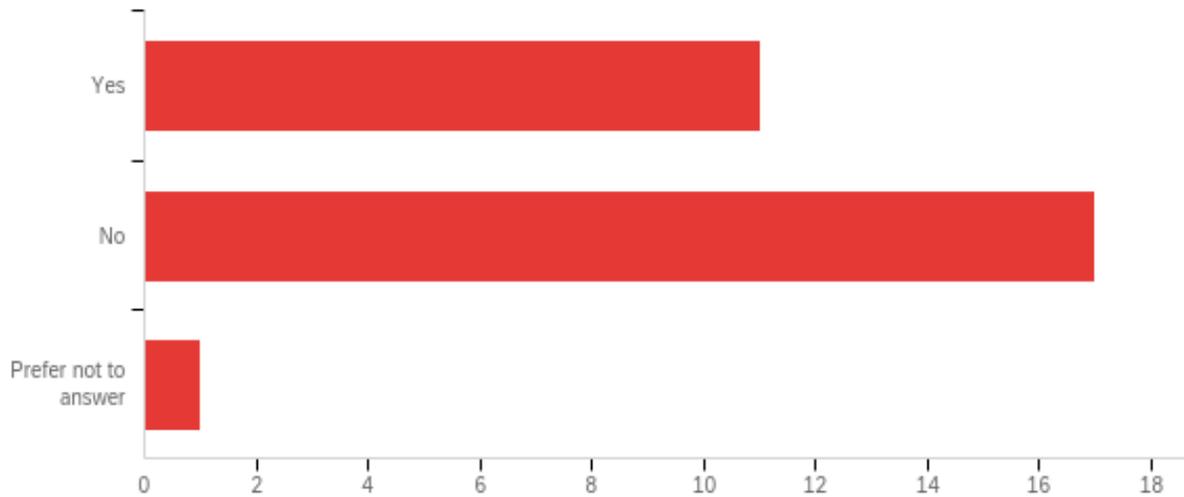
#	Answer	%	Count
1	Yes	25.93%	167
2	No	72.05%	464
3	Don't know/Not sure	1.24%	8
4	Prefer not to answer	0.78%	5
	Total	100%	644

S4-3 - Please select any of the following that you have experienced in the past year:



#	Answer	%	Count
1	Feeling nervous	28.89%	340
2	Feeling hopeless	11.13%	131
3	Feeling restless or fidgety	21.24%	250
4	Feeling so sad or depressed that nothing could cheer you up	7.56%	89
5	Feeling like everything was an effort	18.86%	222
6	Feeling down on yourself, no good or worthless	12.32%	145
	Total	100%	1177

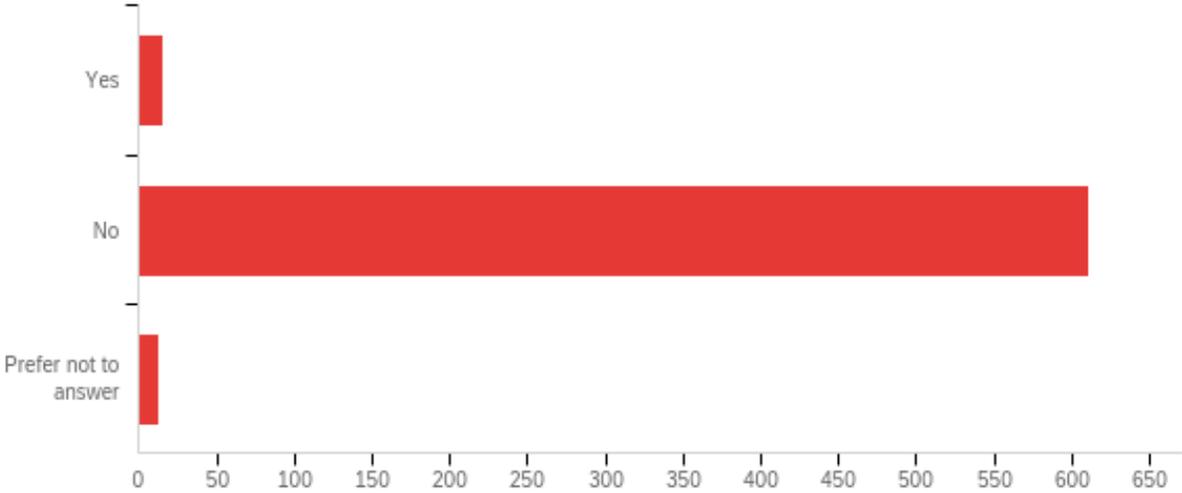
S4-4 - In the past year, have you received any inpatient or outpatient treatment (such as in a hospital, treatment facility, medical or mental health clinic, doctor's office or some other place) for any problem you were having with your emotions, nerves or mental health?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In the past year, have you received any inpatient or outpatient treatment (such as in a hospital, treatment facility, medical or mental health clinic, doctor's office or some other place) for any problem you were having with your emotions, nerves or mental health?	1.00	3.00	1.66	0.54	0.29	29

#	Answer	%	Count
1	Yes	37.93%	11
2	No	58.62%	17
3	Prefer not to answer	3.45%	1
	Total	100%	29

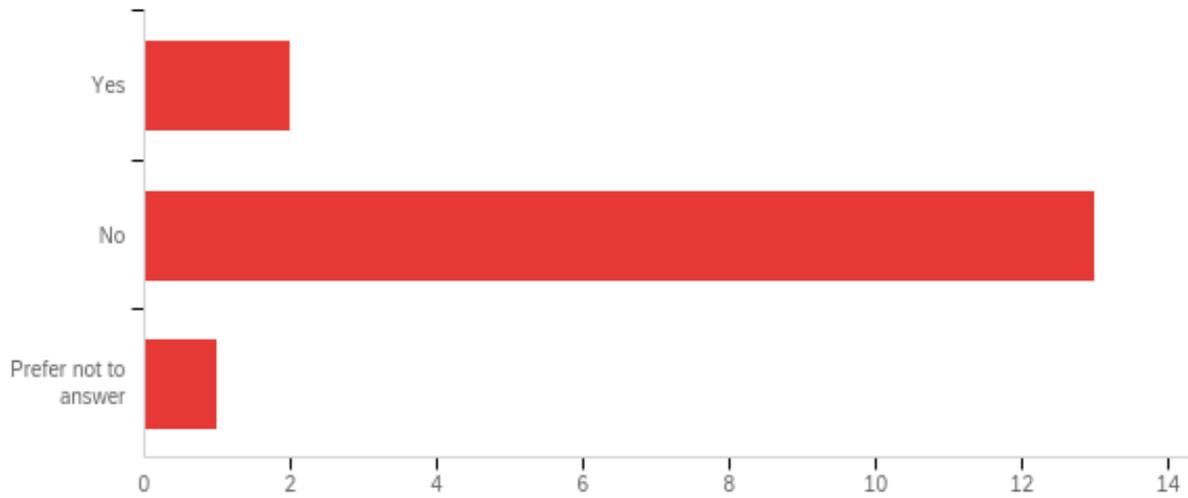
S4-5 - At any time in the past 12 months did you seriously think seriously about trying to kill yourself?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	At any time in the past 12 months did you seriously think seriously about trying to kill yourself?	1.00	3.00	2.00	0.21	0.05	640

#	Answer	%	Count
1	Yes	2.50%	16
2	No	95.47%	611
3	Prefer not to answer	2.03%	13
	Total	100%	640

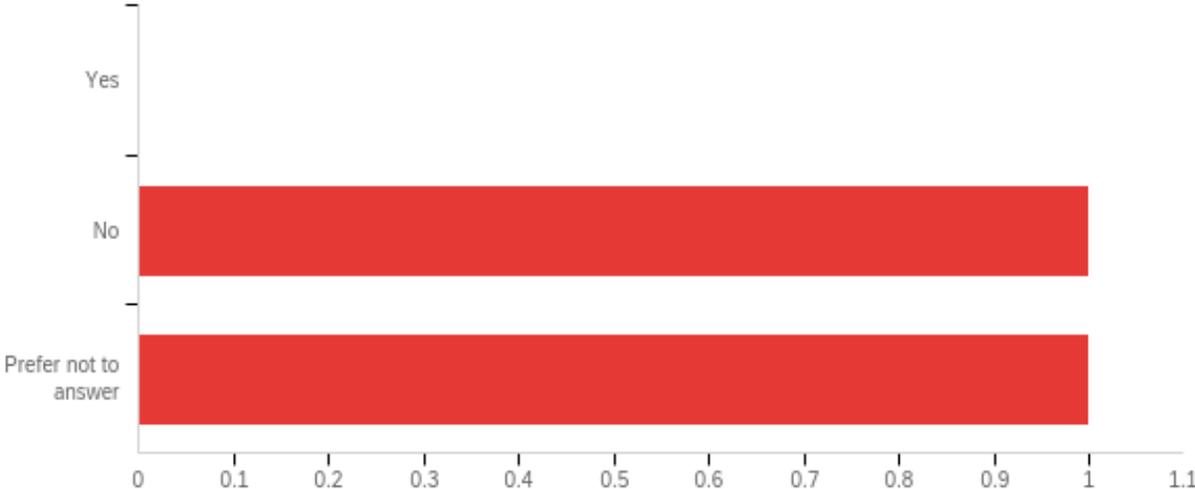
S4-6 - During the past 12 months did you attempt to kill yourself?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	During the past 12 months did you attempt to kill yourself?	1.00	3.00	1.94	0.43	0.18	16

#	Answer	%	Count
1	Yes	12.50%	2
2	No	81.25%	13
3	Prefer not to answer	6.25%	1
	Total	100%	16

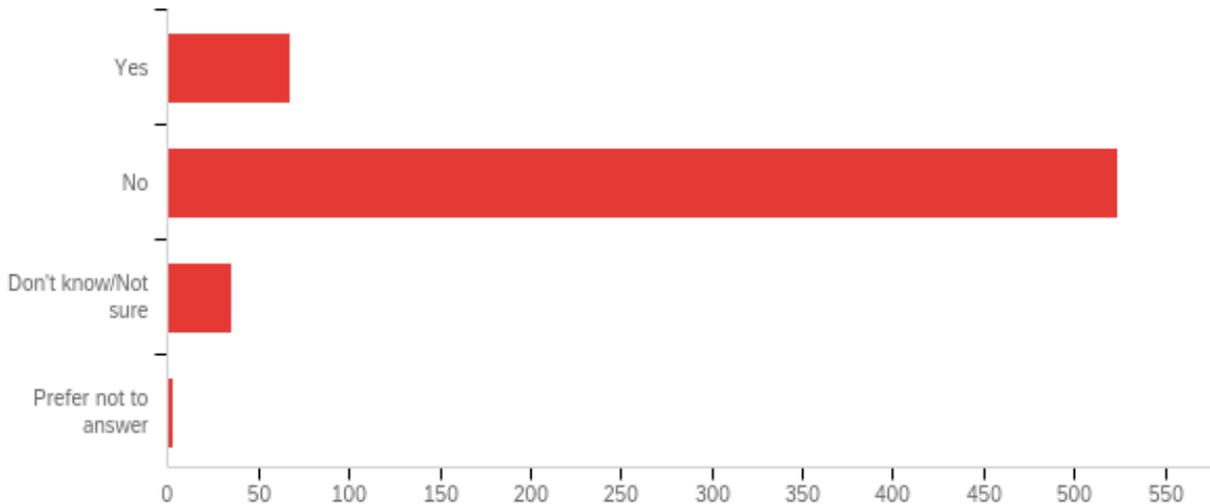
S4-7 - During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?	2.00	3.00	2.50	0.50	0.25	2

#	Answer	%	Count
1	Yes	0.00%	0
2	No	50.00%	1
3	Prefer not to answer	50.00%	1
	Total	100%	2

S5-1 - 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?

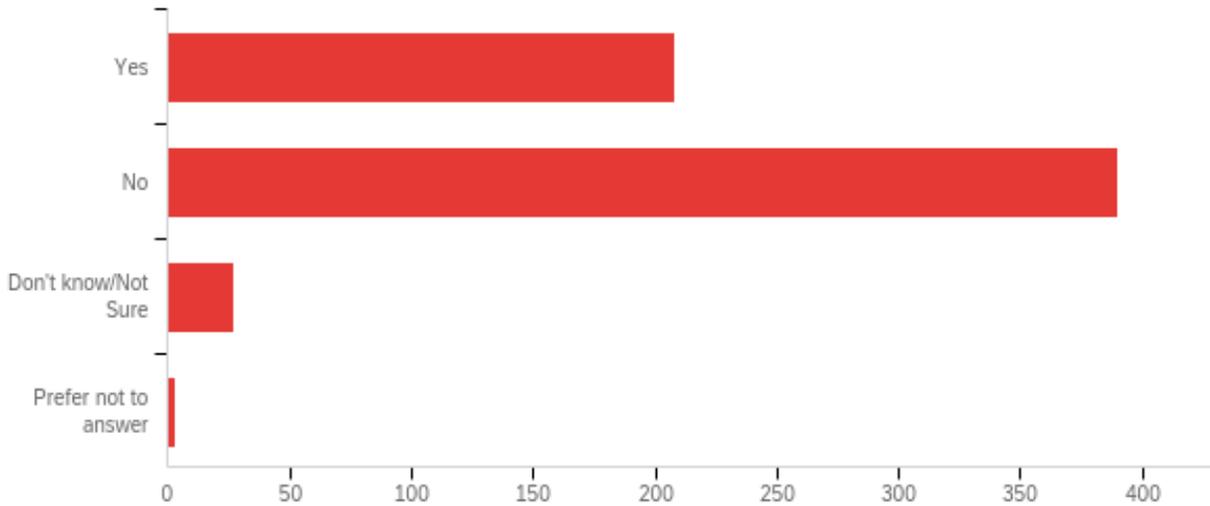


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 5: Cognitive Impairment The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently 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?	1.00	4.00	1.96	0.42	0.18	629

#	Answer	%	Count
1	Yes	10.65%	67

2	No	83.31%	524
3	Don't know/Not sure	5.56%	35
4	Prefer not to answer	0.48%	3
	Total	100%	629

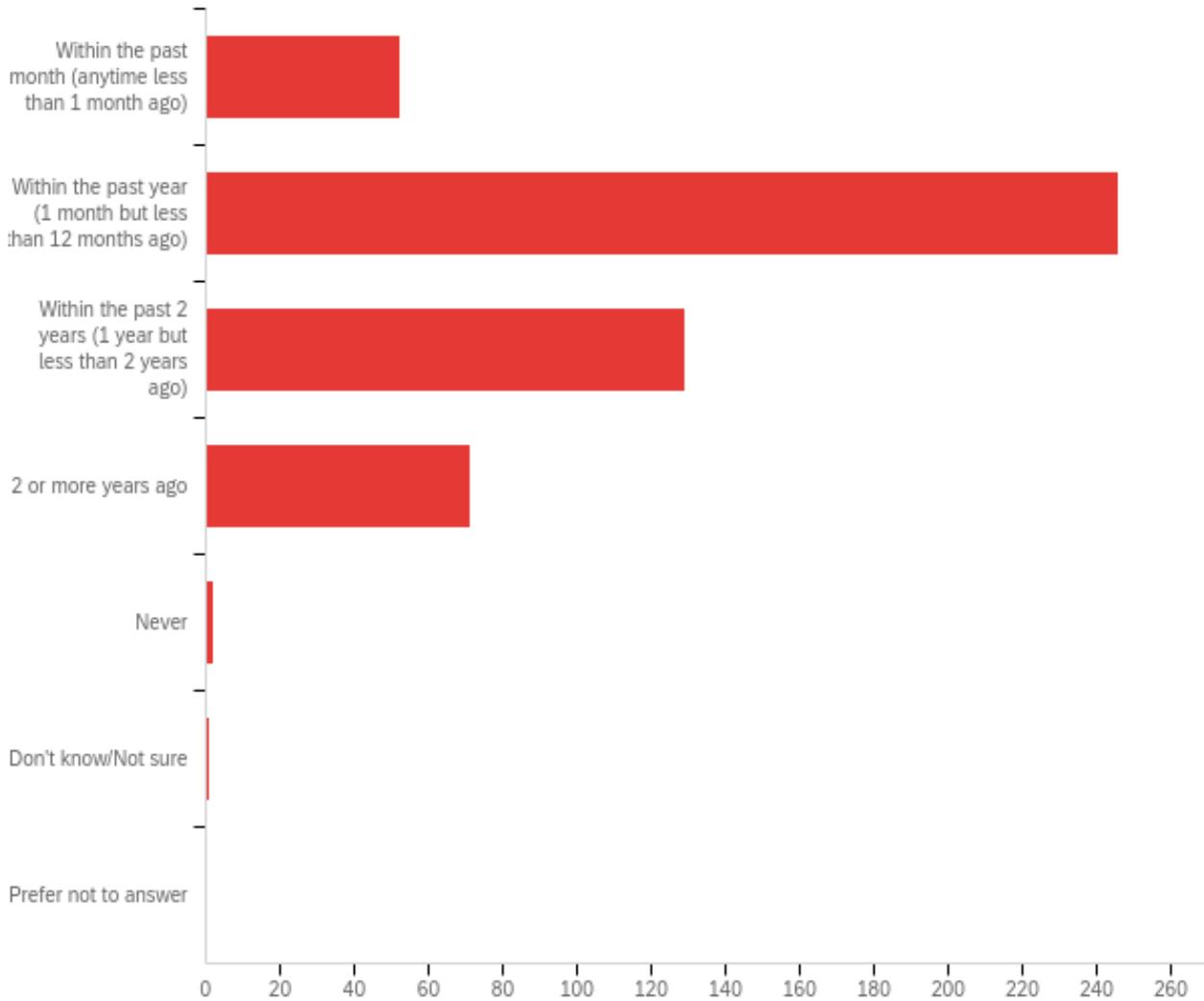
S5-2 - Have you witnessed a family member experience confusion or memory loss that is happening more often or getting worse?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you witnessed a family member experience confusion or memory loss that is happening more often or getting worse?	1.00	4.00	1.72	0.56	0.32	628

#	Answer	%	Count
1	Yes	33.12%	208
2	No	62.10%	390
3	Don't know/Not Sure	4.30%	27
4	Prefer not to answer	0.48%	3
	Total	100%	628

S6-1 - Section 6: Visual Impairment and Access to Eye Care When was the last time you had your eyes examined by any doctor or eye care provider?

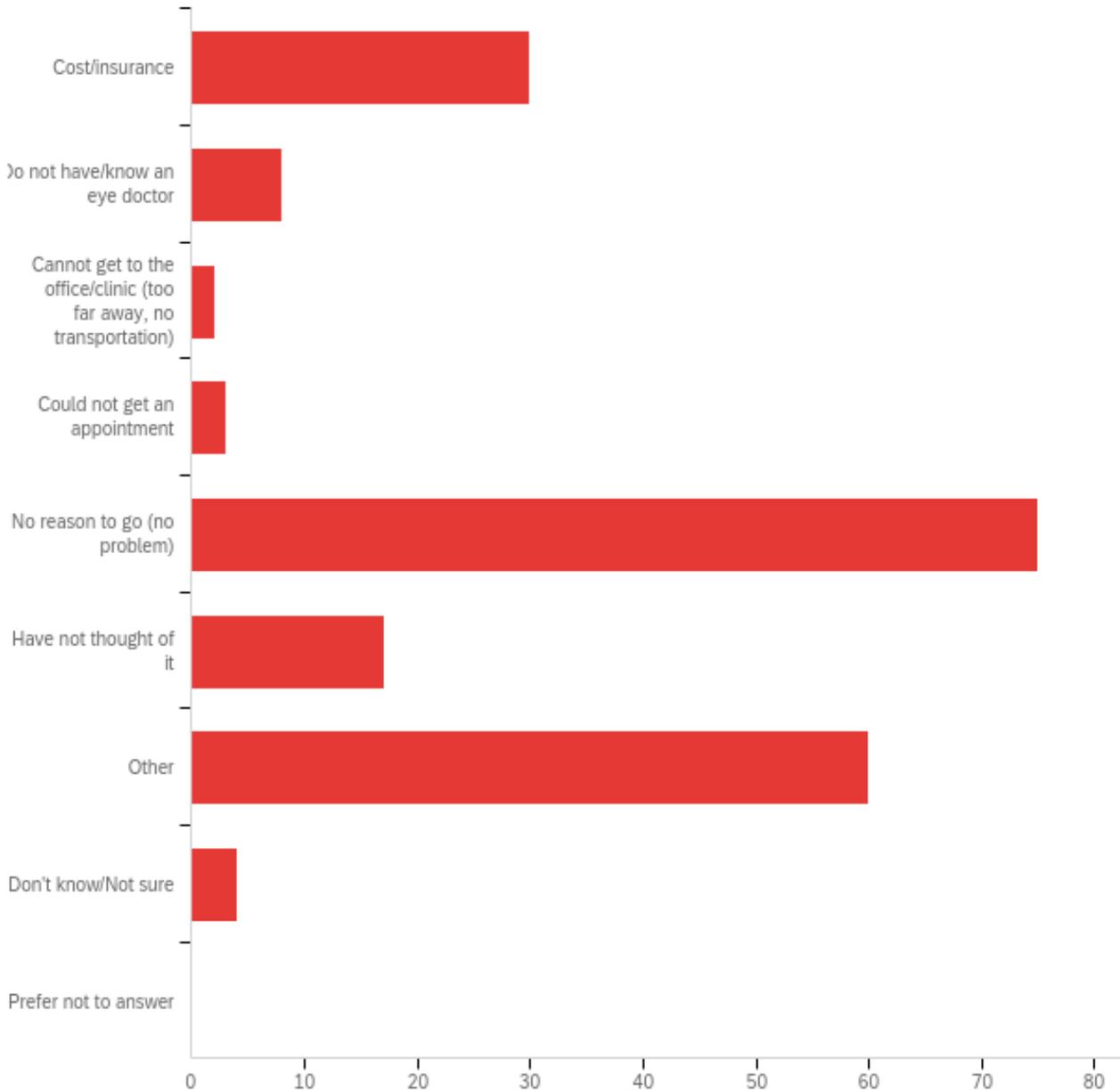


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 6: Visual Impairment and Access to Eye Care When was the last time you had your eyes examined by any doctor or eye care provider?	1.00	6.00	2.46	0.89	0.79	501

#	Answer	%	Count
1	Within the past month (anytime less than 1 month ago)	10.38%	52

2	Within the past year (1 month but less than 12 months ago)	49.10%	246
3	Within the past 2 years (1 year but less than 2 years ago)	25.75%	129
4	2 or more years ago	14.17%	71
5	Never	0.40%	2
6	Don't know/Not sure	0.20%	1
7	Prefer not to answer	0.00%	0
	Total	100%	501

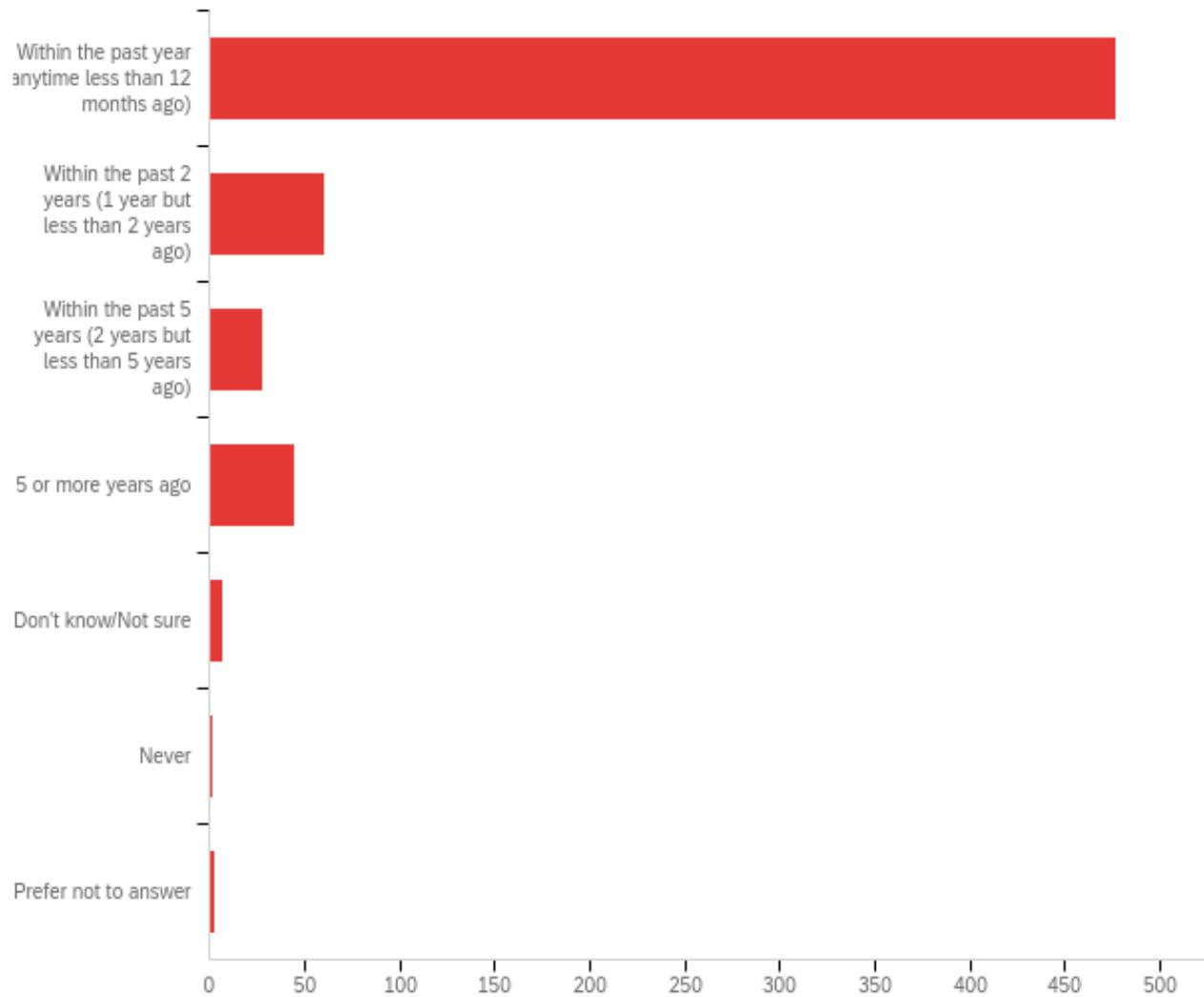
S6-2 - What is the main reason you have not visited an eye care professional in the past 12 months?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is the main reason you have not visited an eye care professional in the past 12 months?	1.00	8.00	4.99	2.07	4.30	199

#	Answer	%	Count
1	Cost/insurance	15.08%	30
2	Do not have/know an eye doctor	4.02%	8
3	Cannot get to the office/clinic (too far away, no transportation)	1.01%	2
4	Could not get an appointment	1.51%	3
5	No reason to go (no problem)	37.69%	75
6	Have not thought of it	8.54%	17
7	Other	30.15%	60
8	Don't know/Not sure	2.01%	4
9	Prefer not to answer	0.00%	0
	Total	100%	199

S7-1 - Section 7: Oral Health How long has it been since you had your teeth cleaned by a dentist or dental hygienist?



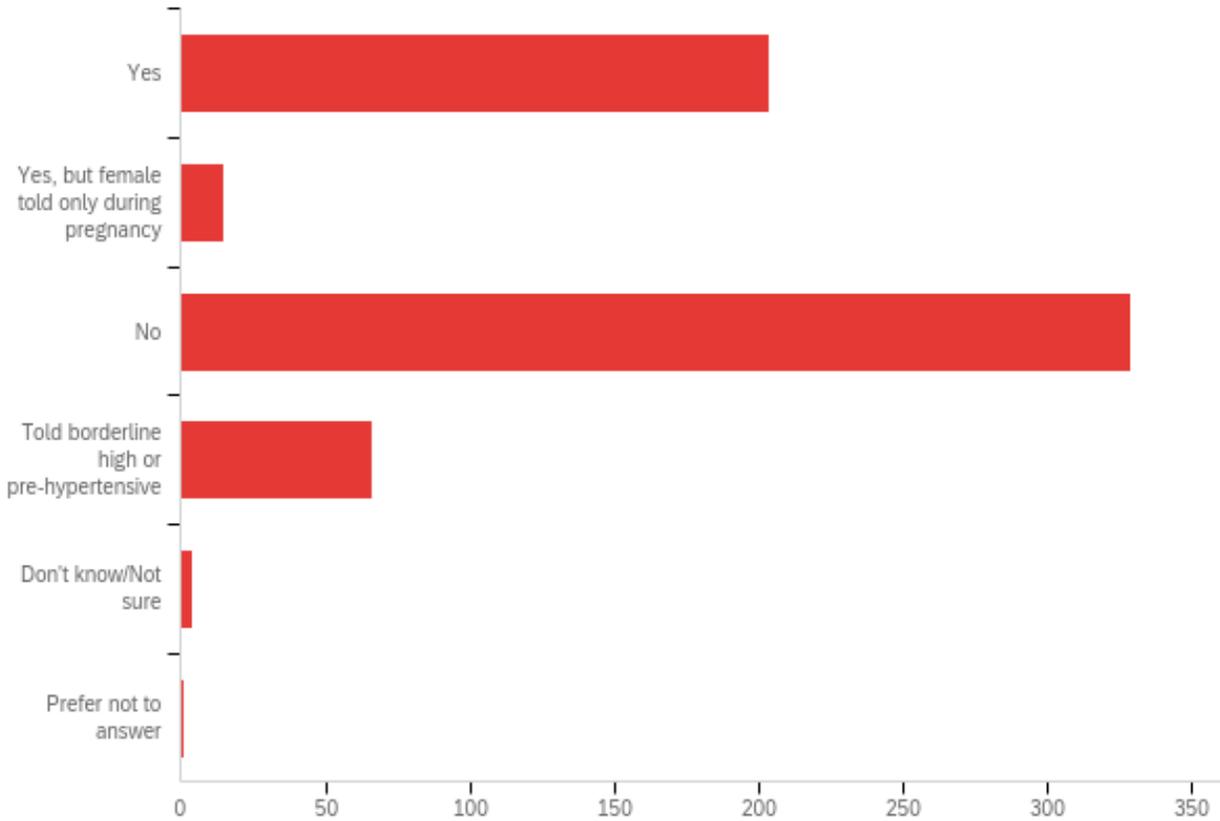
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 7: Oral Health How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	1.00	7.00	1.49	1.06	1.12	622

#	Answer	%	Count
1	Within the past year (anytime less than 12 months ago)	76.69%	477
2	Within the past 2 years (1 year but less than 2 years ago)	9.65%	60

3	Within the past 5 years (2 years but less than 5 years ago)	4.50%	28
4	5 or more years ago	7.23%	45
5	Don't know/Not sure	1.13%	7
6	Never	0.32%	2
7	Prefer not to answer	0.48%	3
	Total	100%	622

S8-1 - 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.

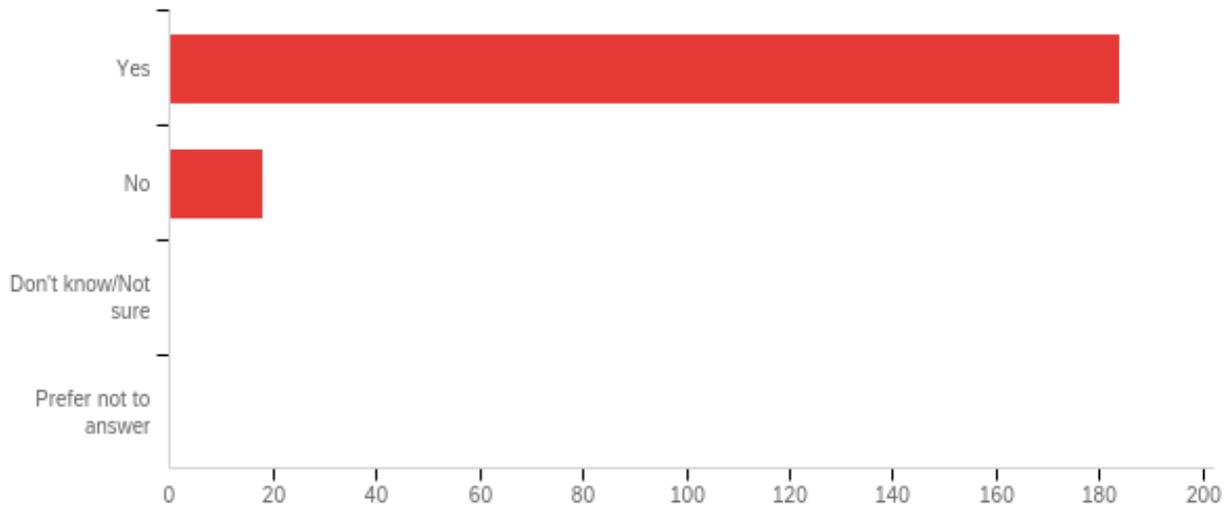


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 8: Hypertension Awareness & Actions to Control High Blood Pressure Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.	1.00	6.00	2.44	1.08	1.18	619

#	Answer	%	Count
1	Yes	32.96%	204

2	Yes, but female told only during pregnancy	2.42%	15
3	No	53.15%	329
4	Told borderline high or pre-hypertensive	10.66%	66
5	Don't know/Not sure	0.65%	4
6	Prefer not to answer	0.16%	1
	Total	100%	619

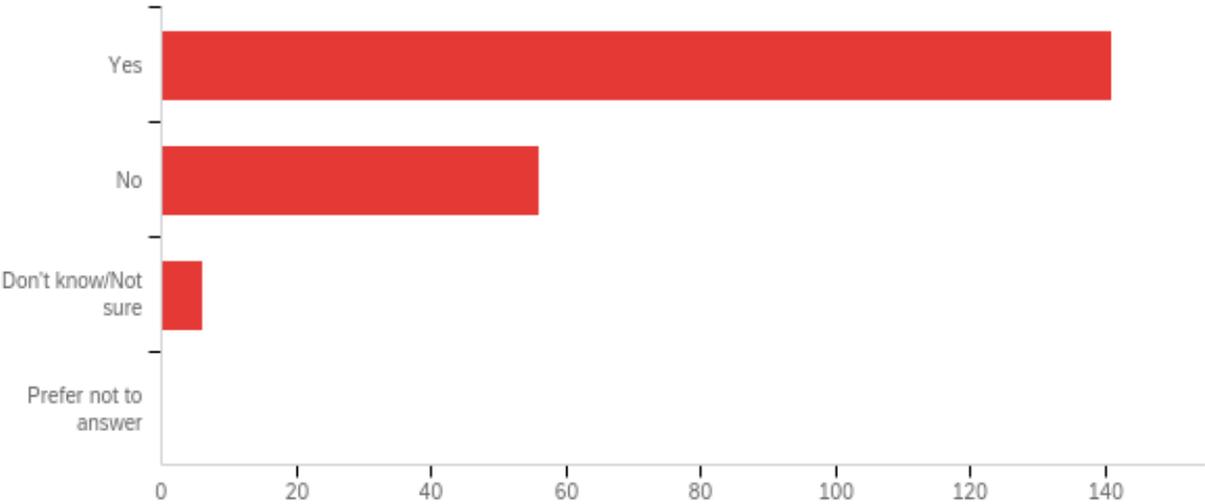
S8-2 - Are you currently taking medicine for your high blood pressure?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you currently taking medicine for your high blood pressure?	1.00	2.00	1.09	0.28	0.08	202

#	Answer	%	Count
1	Yes	91.09%	184
2	No	8.91%	18
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	202

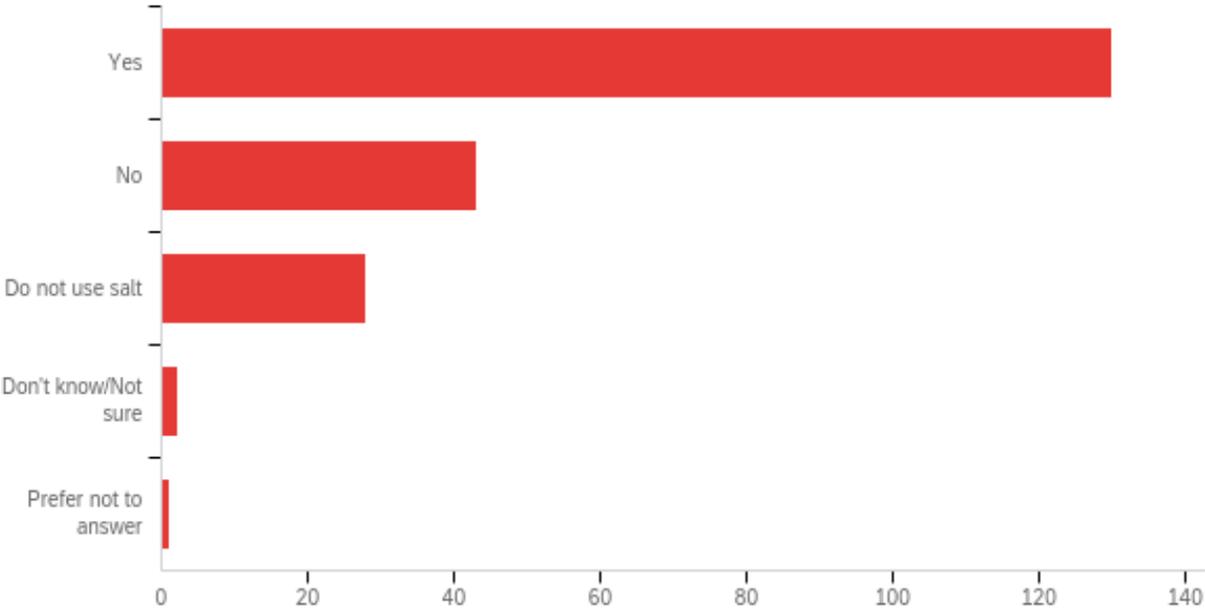
S8-3 - Are you changing your eating habits (to help lower or control your high blood pressure)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you changing your eating habits (to help lower or control your high blood pressure)?	1.00	3.00	1.33	0.53	0.28	203

#	Answer	%	Count
1	Yes	69.46%	141
2	No	27.59%	56
3	Don't know/Not sure	2.96%	6
4	Prefer not to answer	0.00%	0
	Total	100%	203

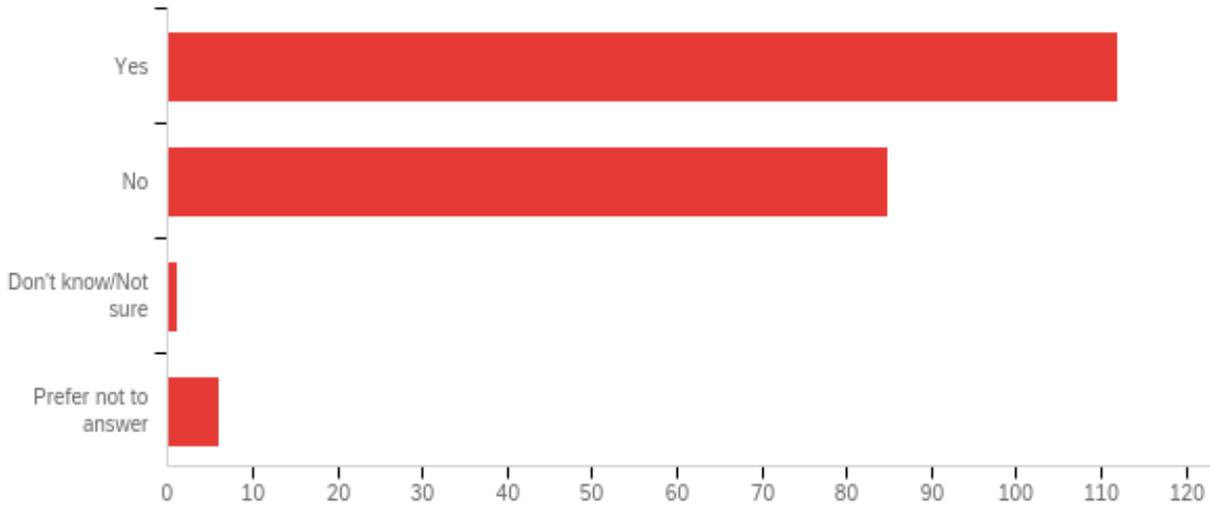
S8-4 - Are you cutting down on salt (to help lower or control your high blood pressure)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you cutting down on salt (to help lower or control your high blood pressure)?	1.00	5.00	1.53	0.80	0.64	204

#	Answer	%	Count
1	Yes	63.73%	130
2	No	21.08%	43
3	Do not use salt	13.73%	28
4	Don't know/Not sure	0.98%	2
5	Prefer not to answer	0.49%	1
	Total	100%	204

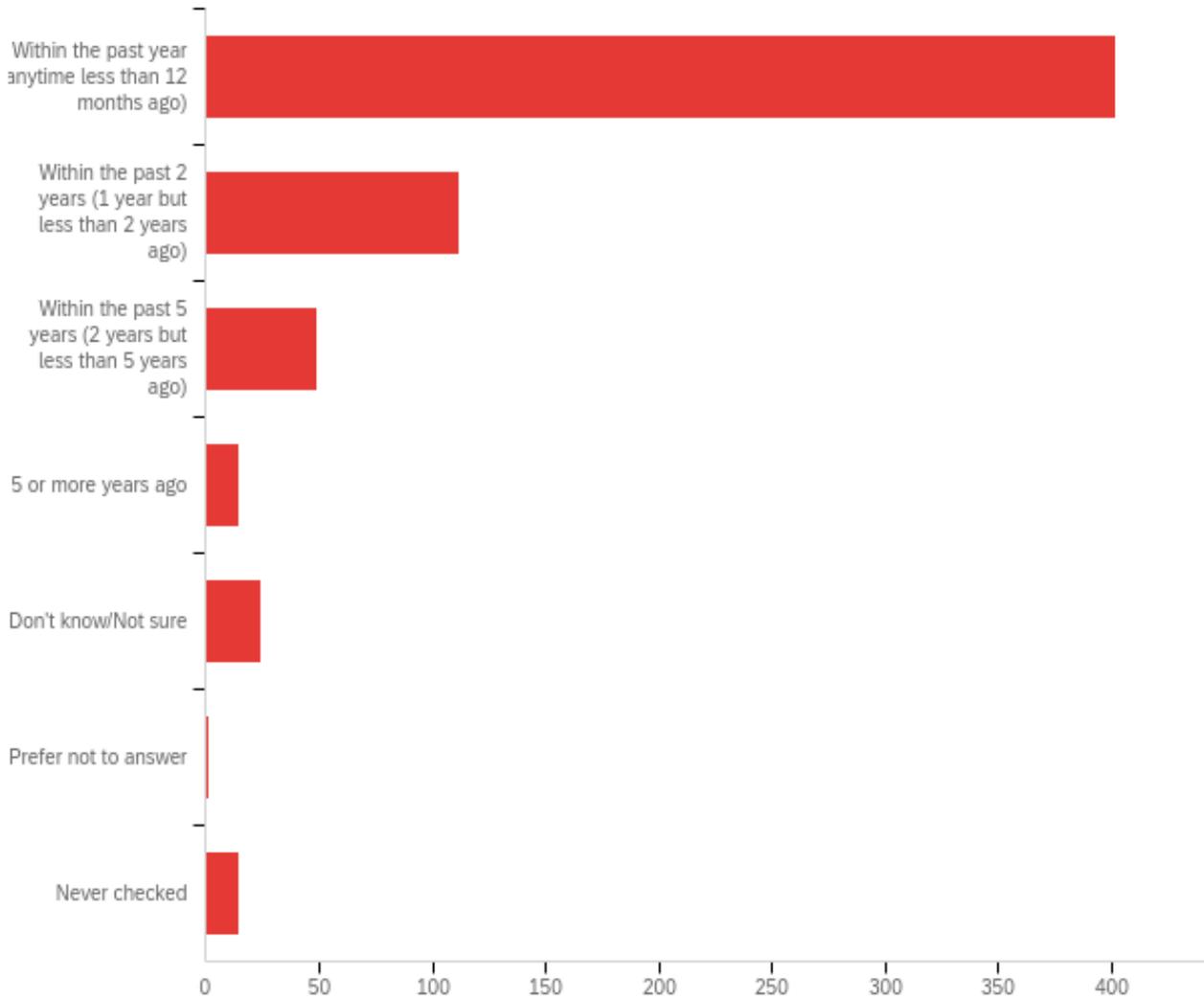
S8-5 - Are you exercising (to help lower or control your high blood pressure)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you exercising (to help lower or control your high blood pressure)?	1.00	4.00	1.51	0.66	0.44	204

#	Answer	%	Count
1	Yes	54.90%	112
2	No	41.67%	85
3	Don't know/Not sure	0.49%	1
4	Prefer not to answer	2.94%	6
	Total	100%	204

S9-1 - 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?

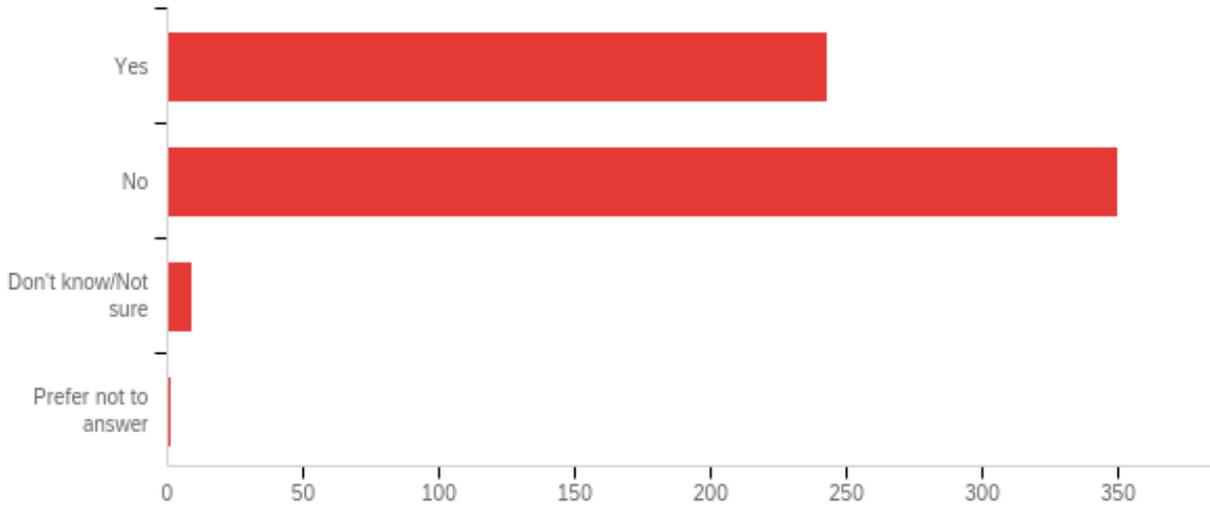


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 9: Cholesterol Awareness Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?	1.00	7.00	1.72	1.32	1.73	618

#	Answer	%	Count
1	Within the past year (anytime less than 12 months ago)	65.05%	402

2	Within the past 2 years (1 year but less than 2 years ago)	18.12%	112
3	Within the past 5 years (2 years but less than 5 years ago)	7.93%	49
4	5 or more years ago	2.43%	15
5	Don't know/Not sure	3.88%	24
6	Prefer not to answer	0.16%	1
7	Never checked	2.43%	15
	Total	100%	618

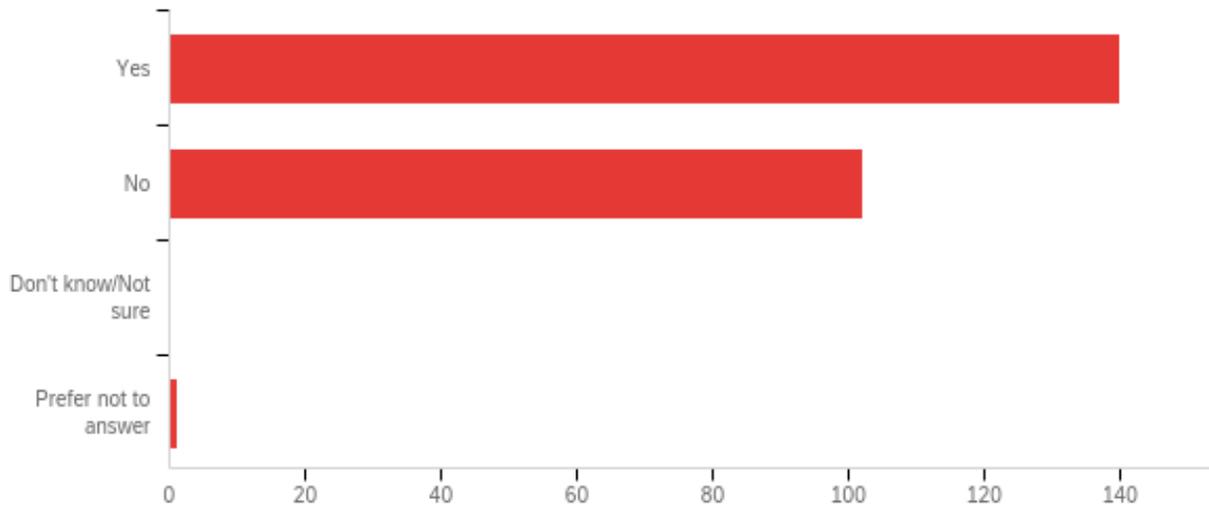
S9-2 - Have you ever been told you have high cholesterol?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever been told you have high cholesterol?	1.00	4.00	1.62	0.53	0.28	603

#	Answer	%	Count
1	Yes	40.30%	243
2	No	58.04%	350
3	Don't know/Not sure	1.49%	9
4	Prefer not to answer	0.17%	1
	Total	100%	603

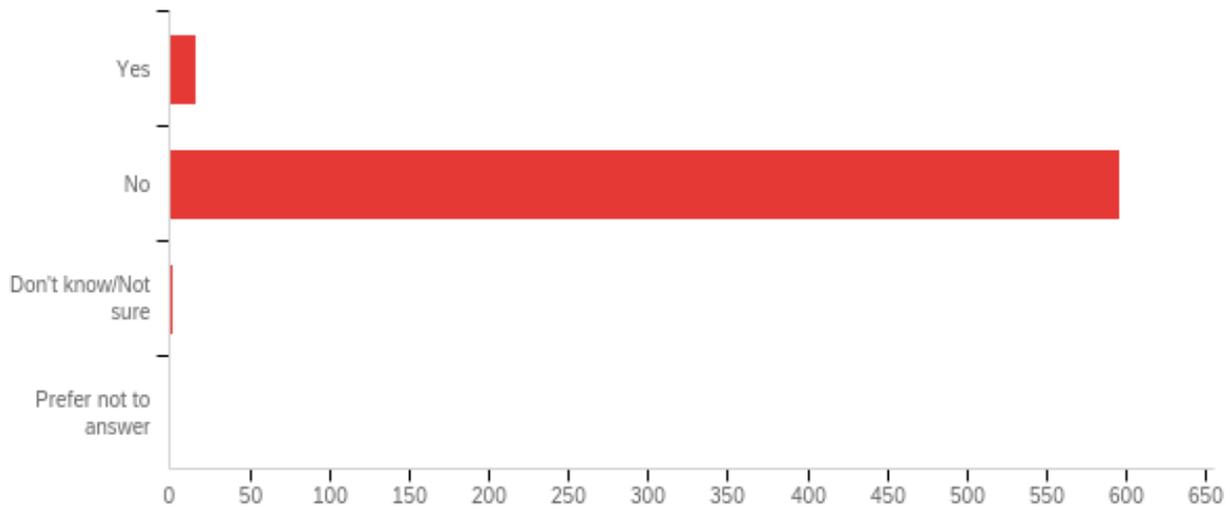
S9-3 - Are you currently taking medication for your high cholesterol?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you currently taking medication for your high cholesterol?	1.00	4.00	1.43	0.52	0.27	243

#	Answer	%	Count
1	Yes	57.61%	140
2	No	41.98%	102
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.41%	1
	Total	100%	243

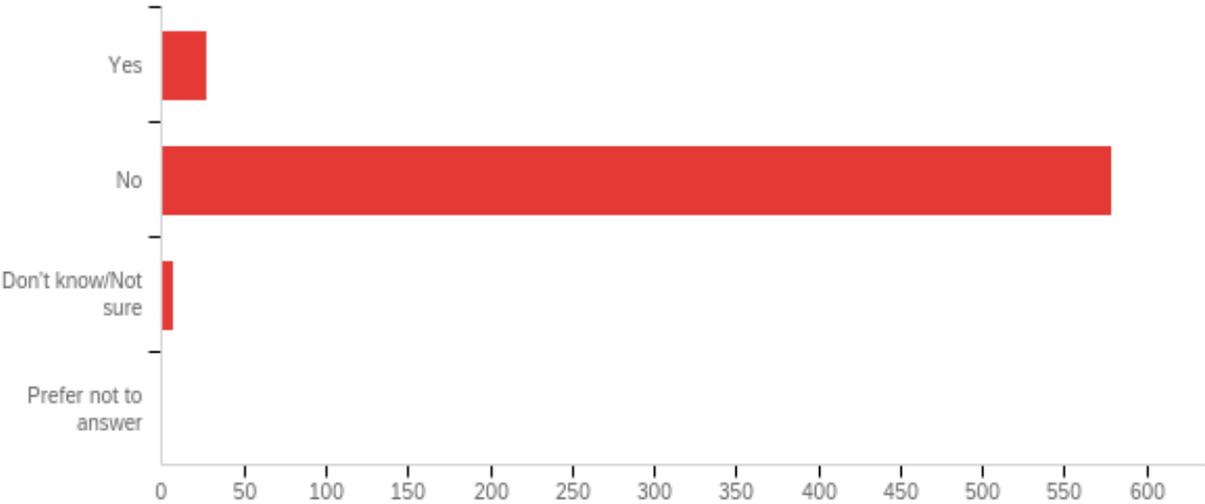
S10-1 - Section 10: Chronic Health Conditions Has a doctor, nurse or other health professional ever told you that you had a heart attack also called a myocardial infarction?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 10: Chronic Health Conditions Has a doctor, nurse or other health professional ever told you that you had a heart attack also called a myocardial infarction?	1.00	4.00	1.98	0.19	0.04	616

#	Answer	%	Count
1	Yes	2.76%	17
2	No	96.75%	596
3	Don't know/Not sure	0.32%	2
4	Prefer not to answer	0.16%	1
	Total	100%	616

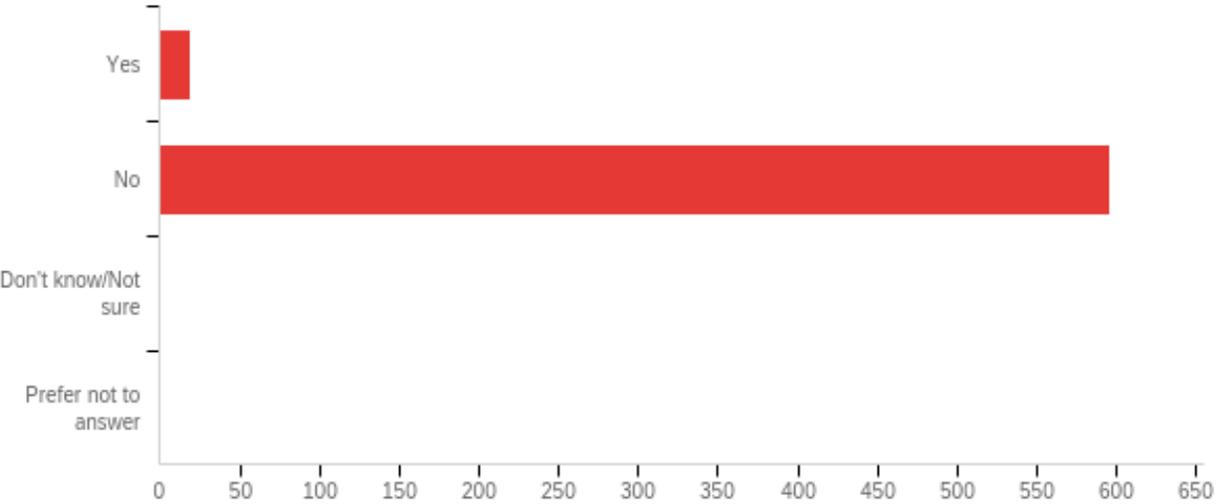
S10-2 - Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease?	1.00	3.00	1.97	0.24	0.06	614

#	Answer	%	Count
1	Yes	4.56%	28
2	No	94.30%	579
3	Don't know/Not sure	1.14%	7
4	Prefer not to answer	0.00%	0
	Total	100%	614

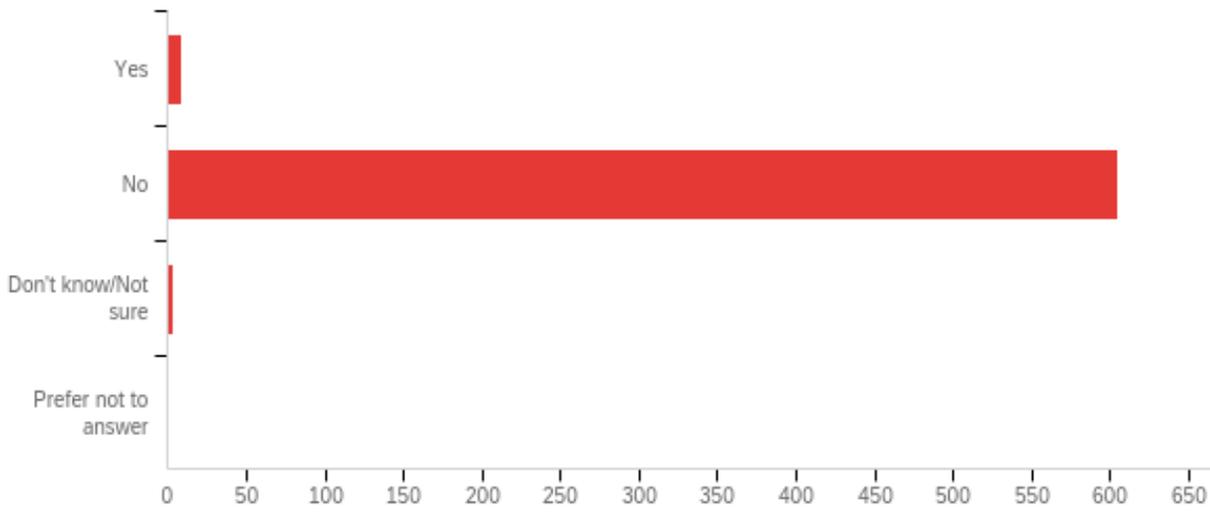
S10-3 - Have you ever had a stent or bypass?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever had a stent or bypass?	1.00	2.00	1.97	0.17	0.03	615

#	Answer	%	Count
1	Yes	3.09%	19
2	No	96.91%	596
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	615

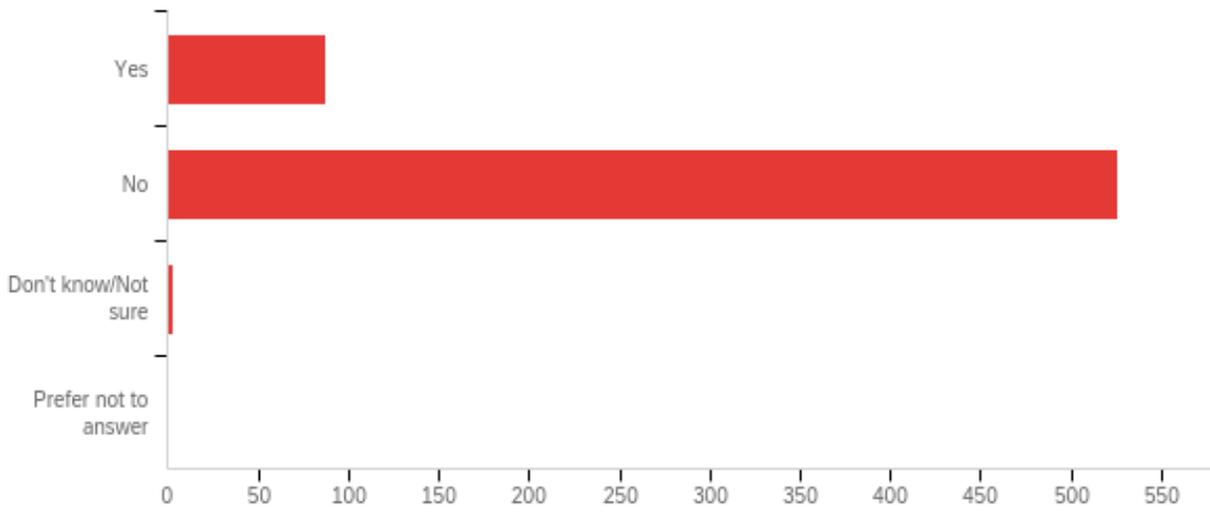
S10-4 - Has a doctor, nurse or other health professional ever told you that you had a stroke?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you had a stroke?	1.00	3.00	1.99	0.13	0.02	616

#	Answer	%	Count
1	Yes	1.30%	8
2	No	98.21%	605
3	Don't know/Not sure	0.49%	3
4	Prefer not to answer	0.00%	0
	Total	100%	616

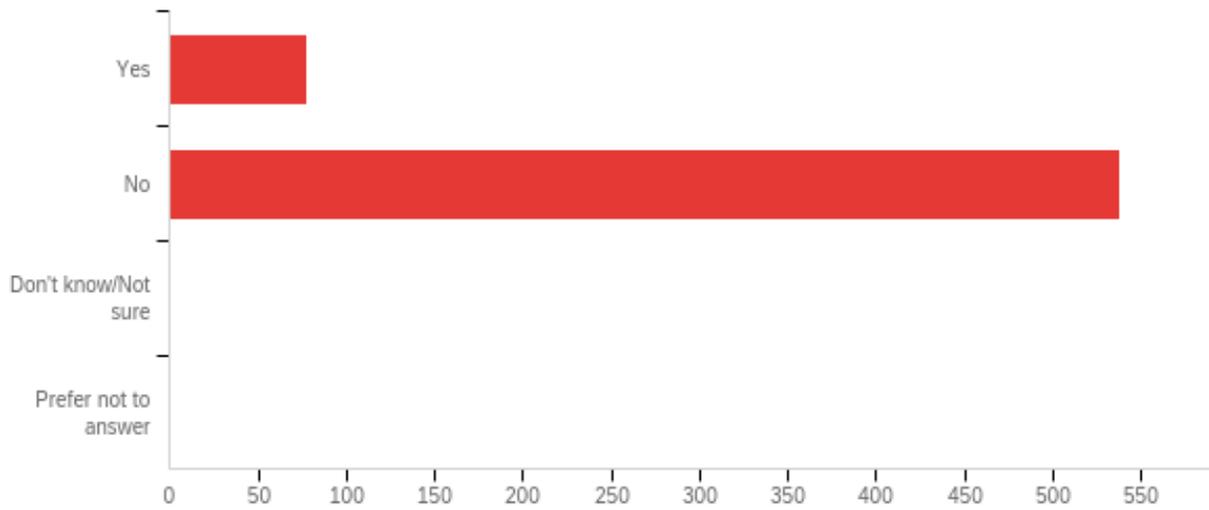
S10-5 - Has a doctor, nurse or other health professional ever told you that you had asthma?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you had asthma?	1.00	3.00	1.86	0.36	0.13	616

#	Answer	%	Count
1	Yes	14.12%	87
2	No	85.39%	526
3	Don't know/Not sure	0.49%	3
4	Prefer not to answer	0.00%	0
	Total	100%	616

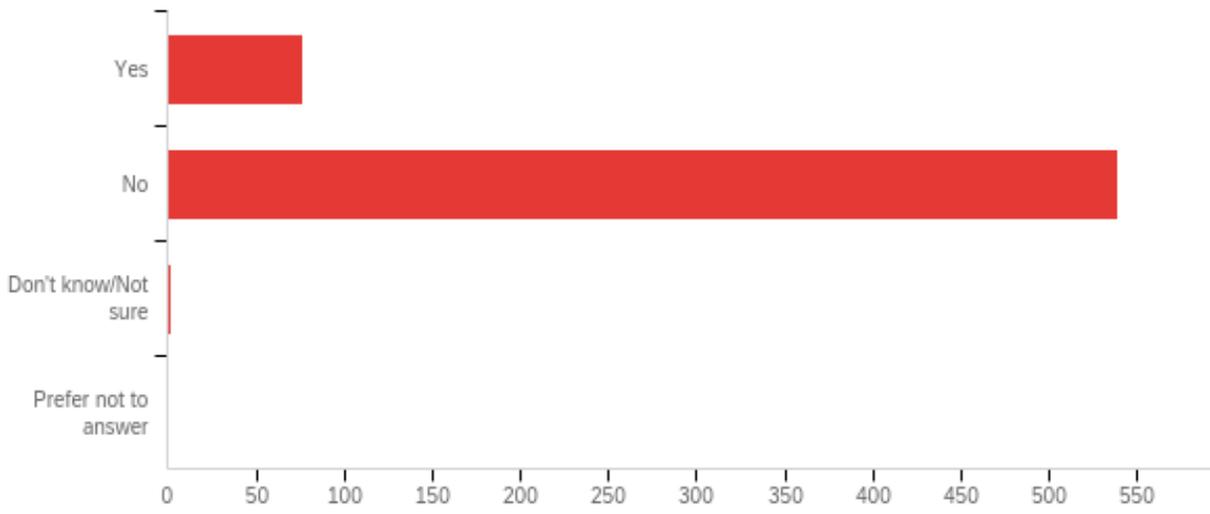
S10-6 - Has a doctor, nurse or other health professional ever told you that you had skin cancer?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you had skin cancer?	1.00	2.00	1.87	0.33	0.11	616

#	Answer	%	Count
1	Yes	12.66%	78
2	No	87.34%	538
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	616

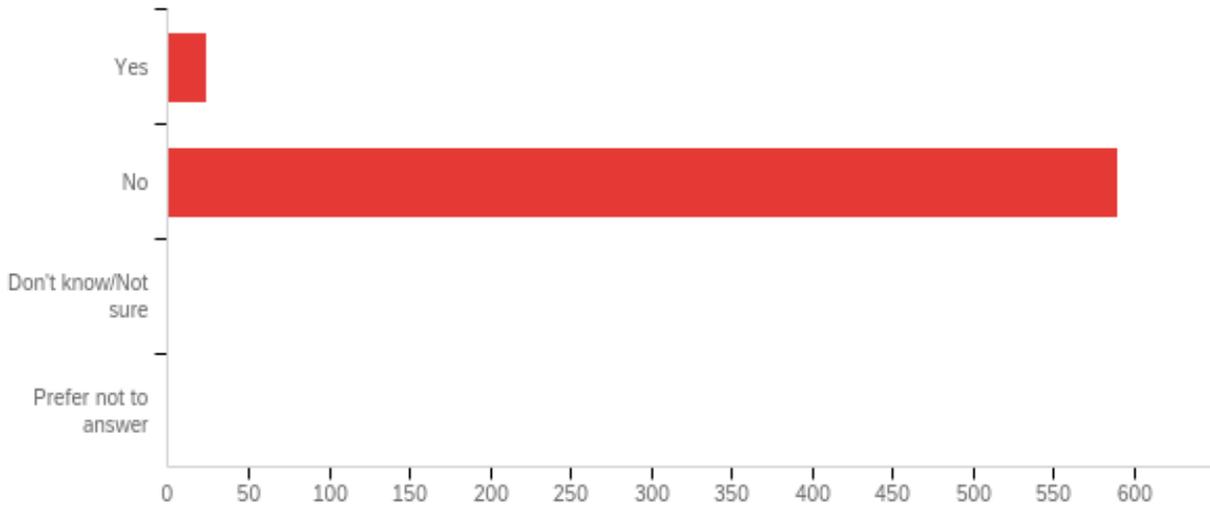
S10-7 - Has a doctor, nurse or other health professional ever told you that you had any other types of cancer?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you had any other types of cancer?	1.00	3.00	1.88	0.33	0.11	617

#	Answer	%	Count
1	Yes	12.32%	76
2	No	87.36%	539
3	Don't know/Not sure	0.32%	2
4	Prefer not to answer	0.00%	0
	Total	100%	617

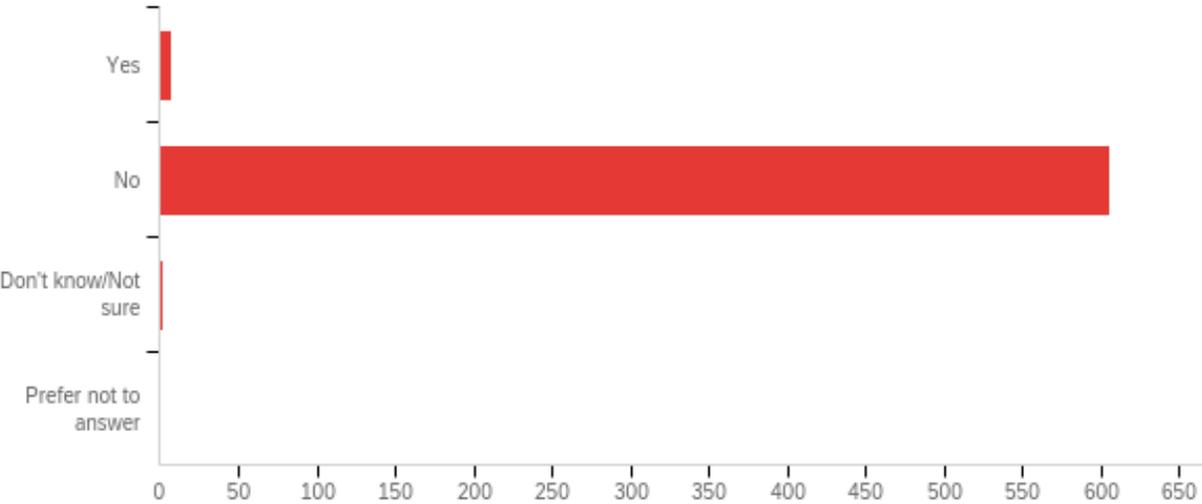
S10-8 - Has a doctor, nurse or other health professional ever told you that you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?	1.00	3.00	1.96	0.20	0.04	615

#	Answer	%	Count
1	Yes	3.90%	24
2	No	95.93%	590
3	Don't know/Not sure	0.16%	1
4	Prefer not to answer	0.00%	0
	Total	100%	615

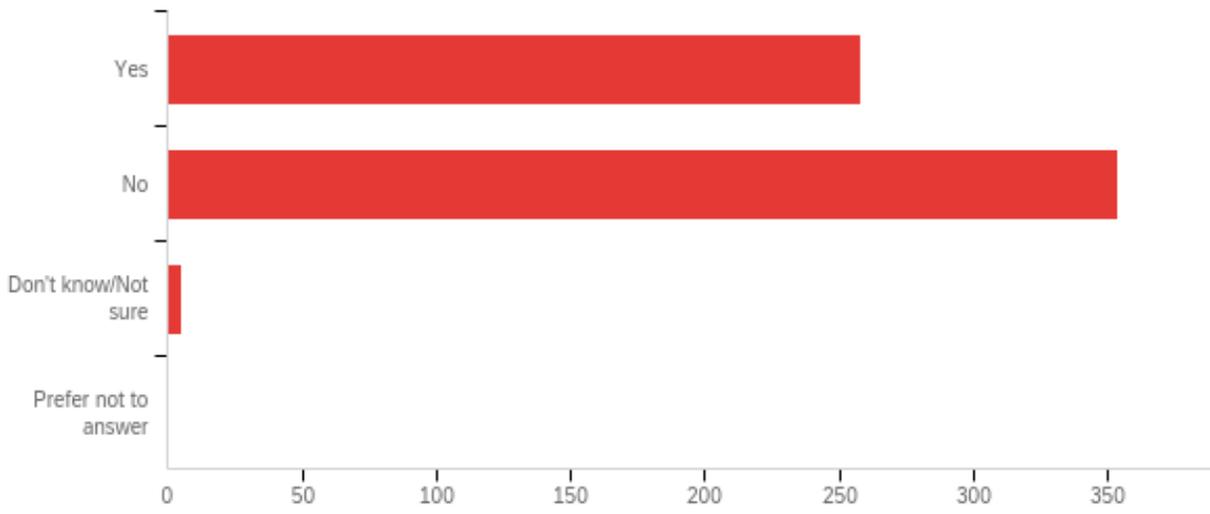
S10-9 - Has a doctor, nurse or other health professional ever told you that you have congestive heart failure?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you have congestive heart failure?	1.00	3.00	1.99	0.12	0.01	615

#	Answer	%	Count
1	Yes	1.14%	7
2	No	98.54%	606
3	Don't know/Not sure	0.33%	2
4	Prefer not to answer	0.00%	0
	Total	100%	615

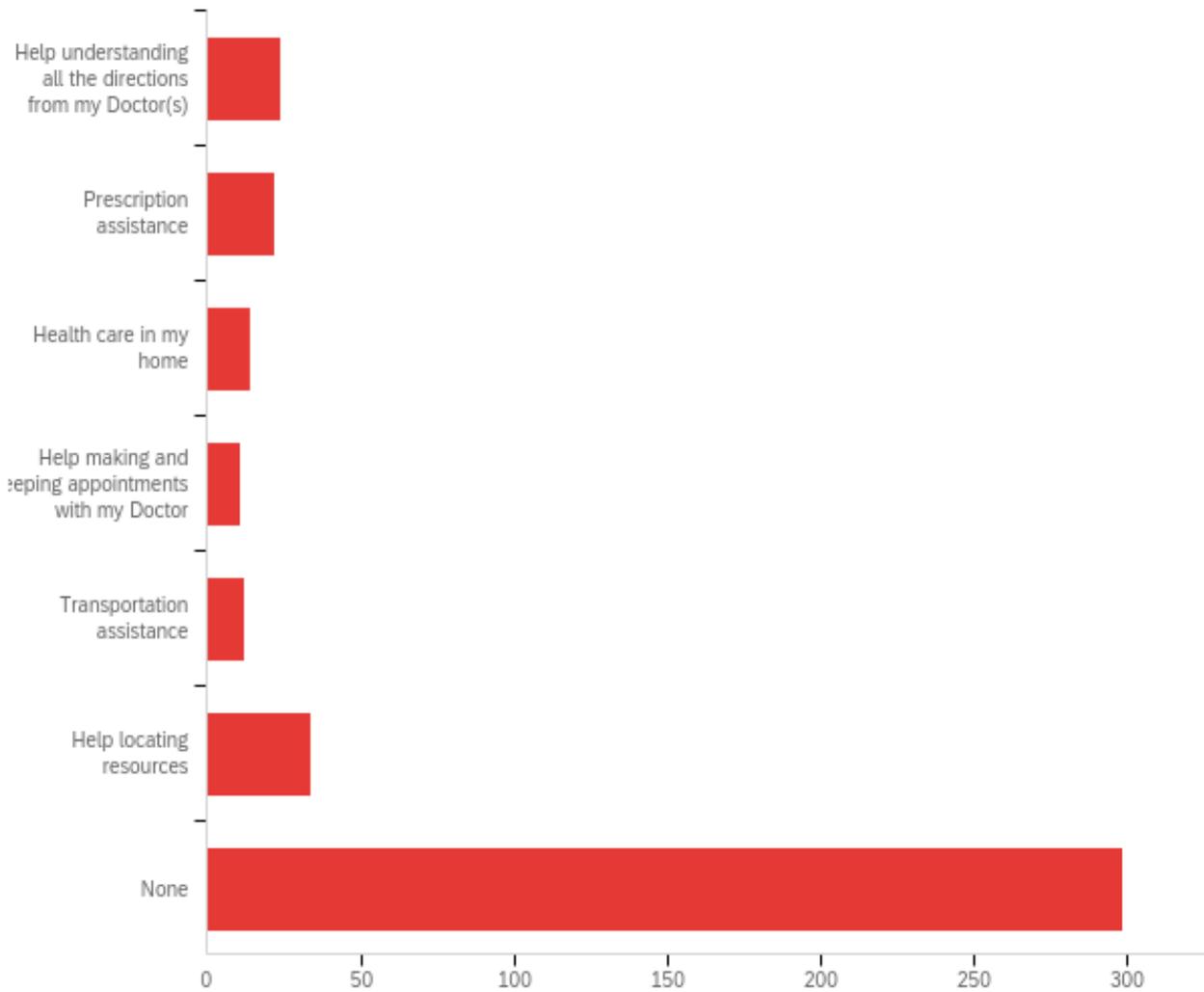
S10-10 - Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	1.00	3.00	1.59	0.51	0.26	617

#	Answer	%	Count
1	Yes	41.82%	258
2	No	57.37%	354
3	Don't know/Not sure	0.81%	5
4	Prefer not to answer	0.00%	0
	Total	100%	617

S10-11 - What kind of help would you need in managing this/these conditions (heart attack, angina, stroke, asthma, cancer, COPD, or arthritis) to stay healthy? (Choose all that apply_



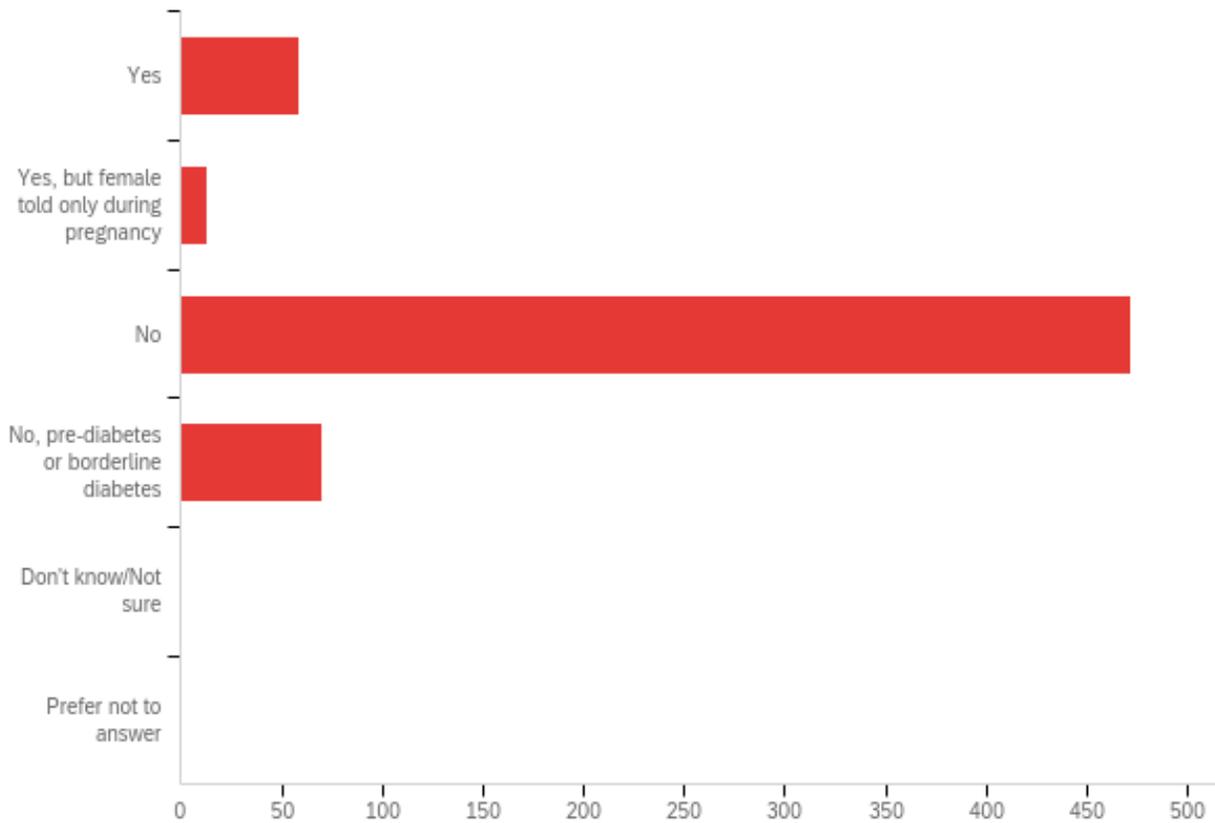
#	Answer	%	Count
1	Help understanding all the directions from my Doctor(s)	5.77%	24
2	Prescription assistance	5.29%	22
3	Health care in my home	3.37%	14
4	Help making and keeping appointments with my Doctor	2.64%	11
5	Transportation assistance	2.88%	12
6	Help locating resources	8.17%	34
7	None	71.88%	299

Total

100%

416

S11-1 - Section 11: Diabetes Has a doctor, nurse, or other health professional ever told you that you have diabetes?

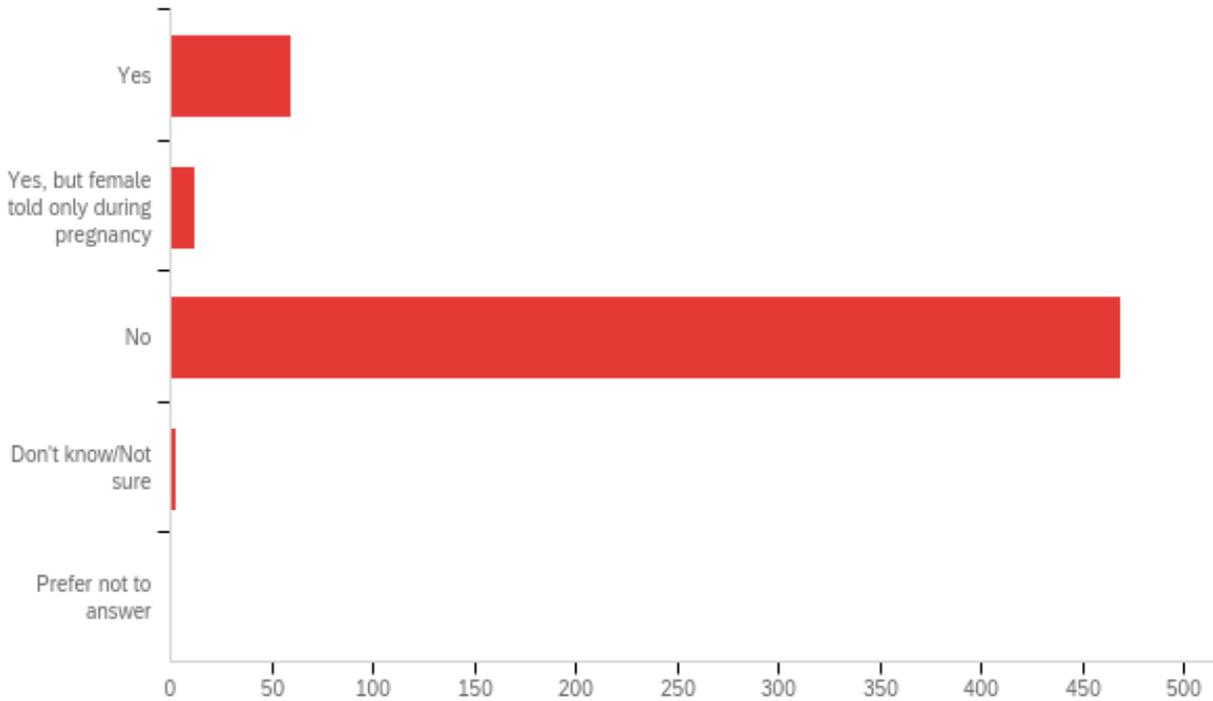


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 11: Diabetes Has a doctor, nurse, or other health professional ever told you that you have diabetes?	1.00	5.00	2.90	0.72	0.52	615

#	Answer	%	Count
1	Yes	9.59%	59
2	Yes, but female told only during pregnancy	2.11%	13
3	No	76.75%	472
4	No, pre-diabetes or borderline diabetes	11.38%	70
5	Don't know/Not sure	0.16%	1

6	Prefer not to answer	0.00%	0
	Total	100%	615

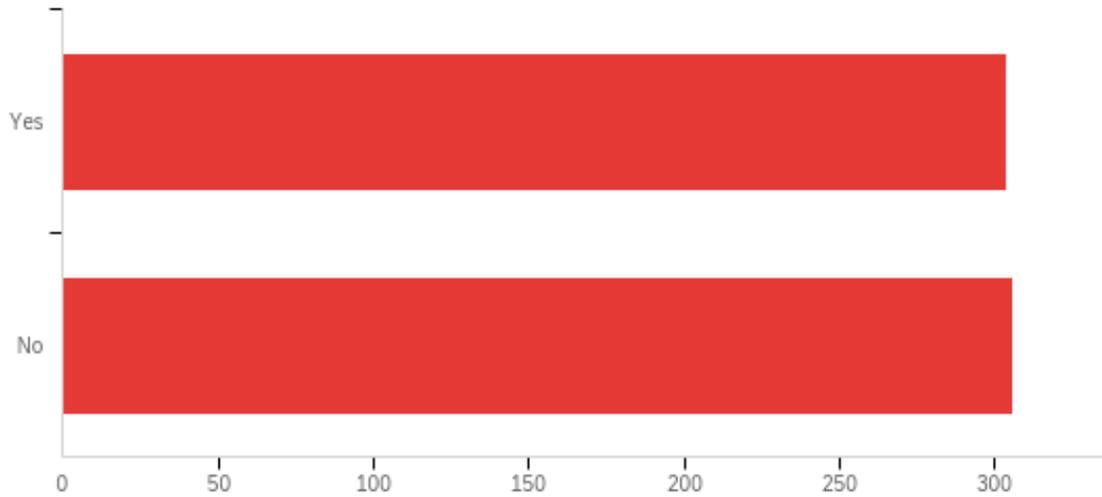
S11-2 - Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	1.00	4.00	2.77	0.64	0.41	543

#	Answer	%	Count
1	Yes	10.87%	59
2	Yes, but female told only during pregnancy	2.21%	12
3	No	86.37%	469
4	Don't know/Not sure	0.55%	3
5	Prefer not to answer	0.00%	0
	Total	100%	543

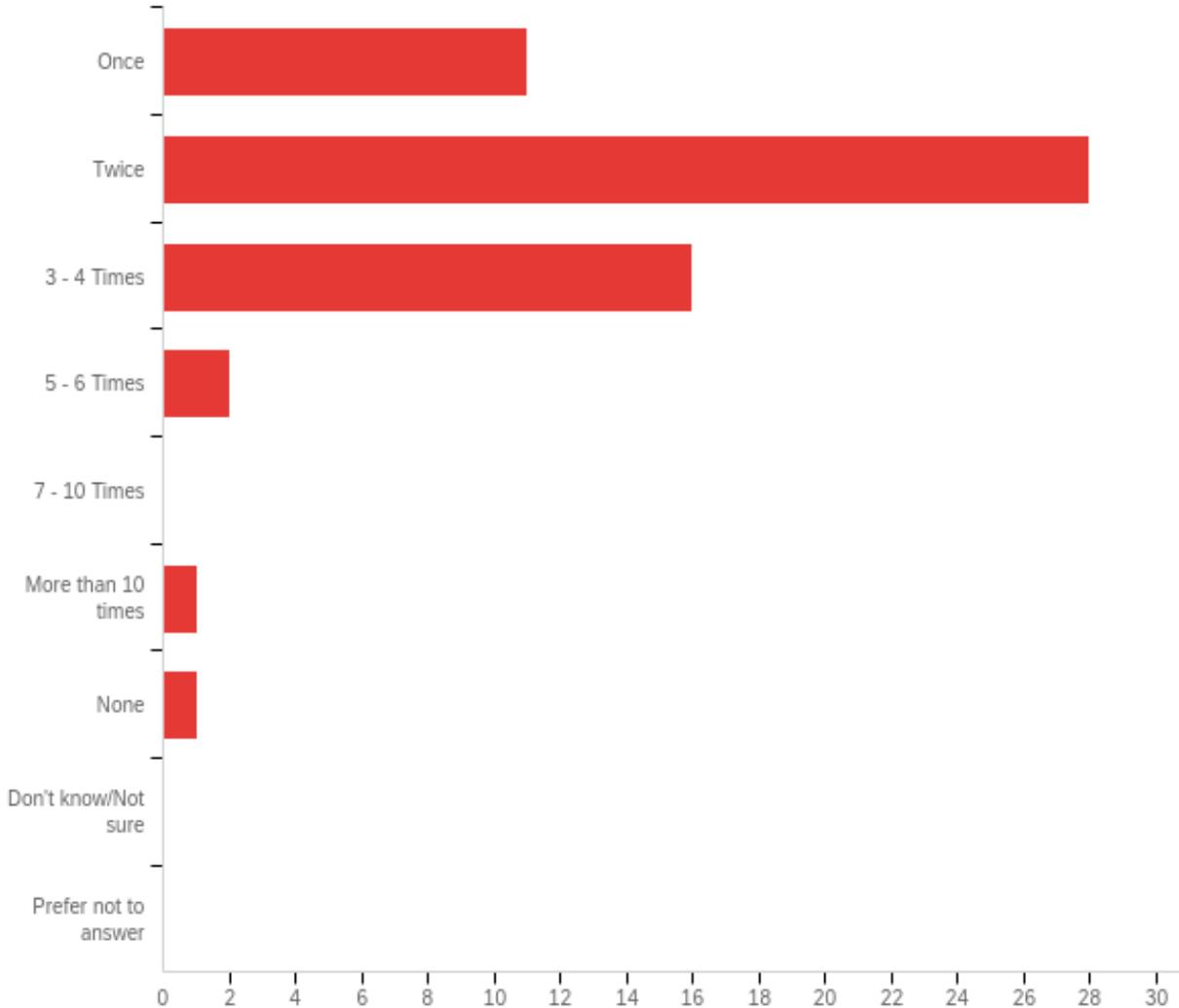
S11-2a - Has a healthcare provider ever told you that diabetes increases the risk of heart attack or stroke?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a healthcare provider ever told you that diabetes increases the risk of heart attack or stroke?	1.00	2.00	1.50	0.50	0.25	610

#	Answer	%	Count
1	Yes	49.84%	304
2	No	50.16%	306
	Total	100%	610

S11-3 - About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

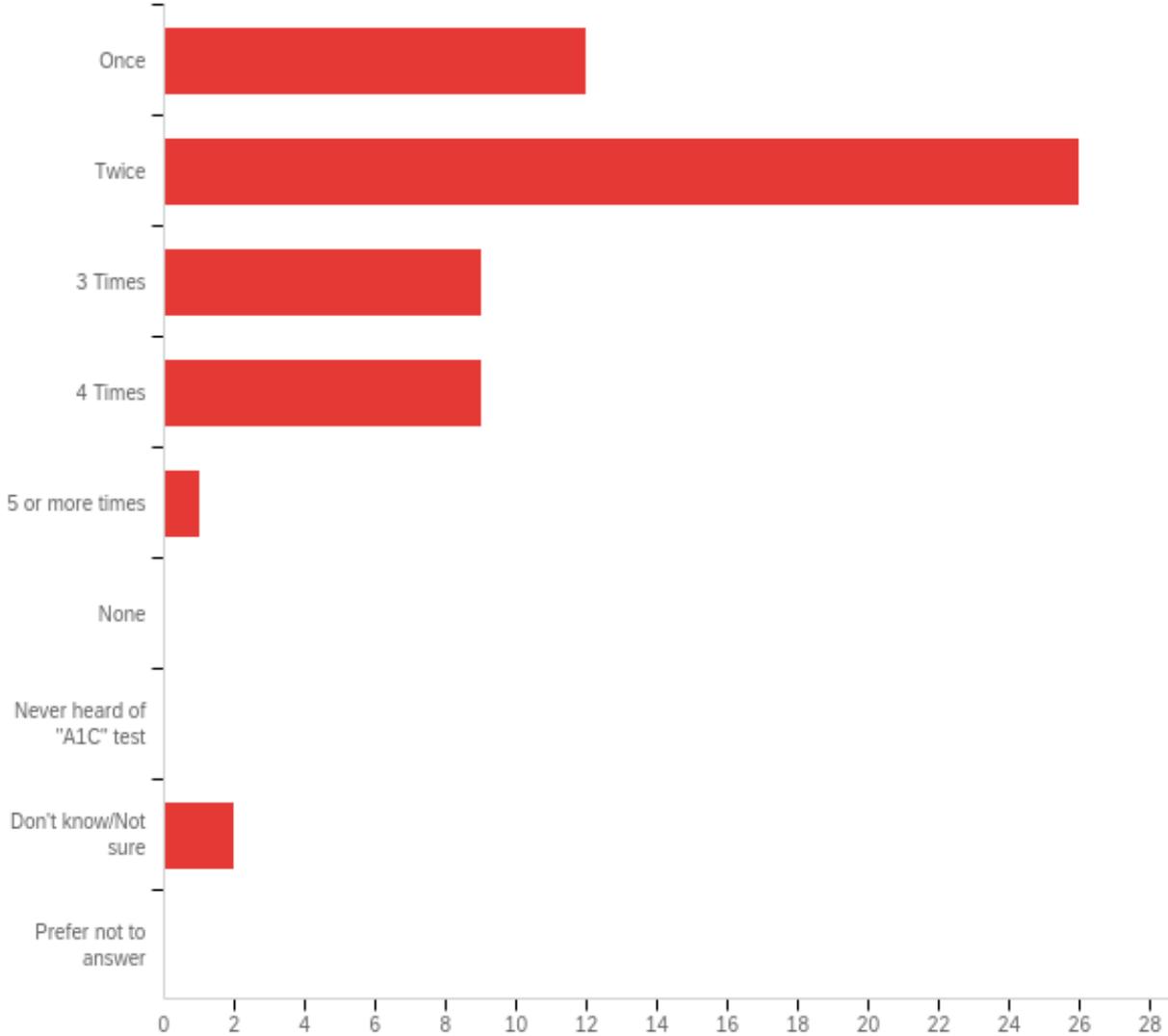


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	1.00	7.00	2.31	1.09	1.20	59

#	Answer	%	Count
1	Once	18.64%	11
2	Twice	47.46%	28

3	3 - 4 Times	27.12%	16
4	5 - 6 Times	3.39%	2
5	7 - 10 Times	0.00%	0
6	More than 10 times	1.69%	1
7	None	1.69%	1
8	Don't know/Not sure	0.00%	0
9	Prefer not to answer	0.00%	0
	Total	100%	59

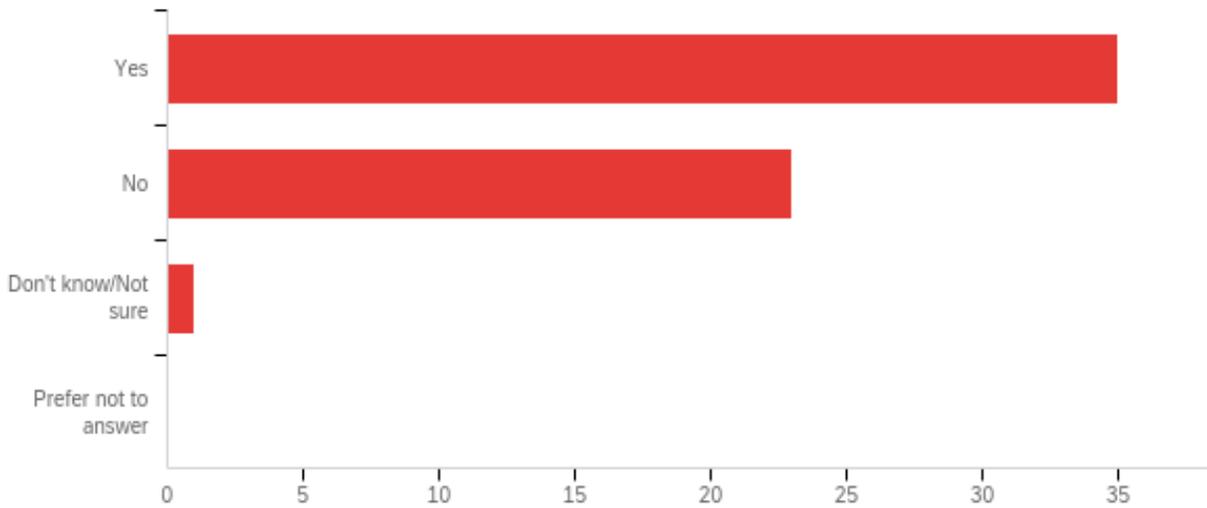
S11-4 - A test for "A1C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A1C"?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A test for "A1C" 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 "A1C"?	1.00	8.00	2.51	1.44	2.08	59

#	Answer	%	Count
1	Once	20.34%	12
2	Twice	44.07%	26
3	3 Times	15.25%	9
4	4 Times	15.25%	9
5	5 or more times	1.69%	1
6	None	0.00%	0
7	Never heard of "A1C" test	0.00%	0
8	Don't know/Not sure	3.39%	2
9	Prefer not to answer	0.00%	0
	Total	100%	59

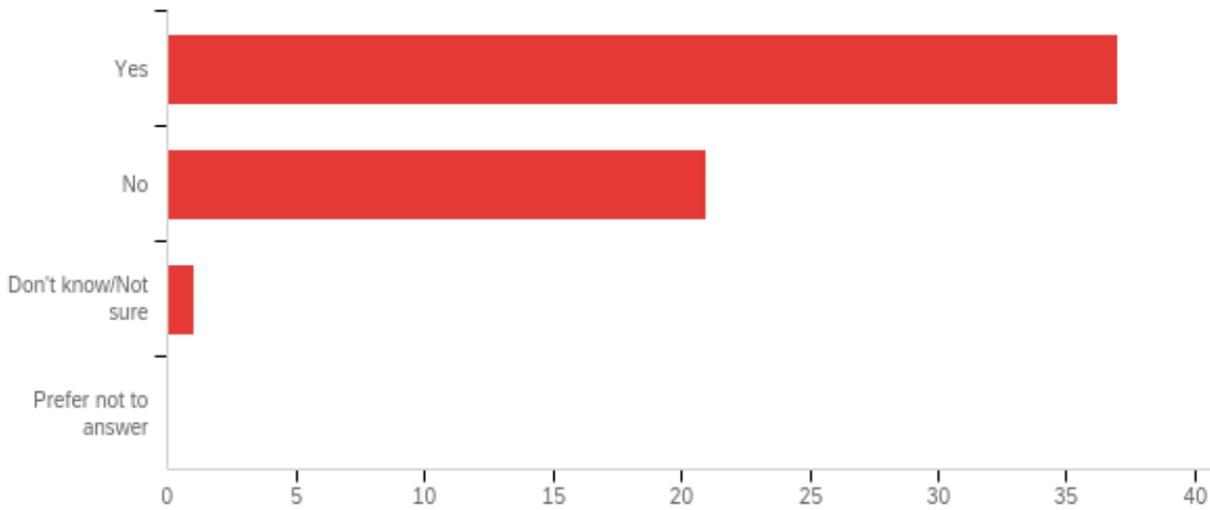
S11-5 - Have you ever taken a course or class in how to help manage your diabetes?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever taken a course or class in how to help manage your diabetes?	1.00	3.00	1.42	0.53	0.28	59

#	Answer	%	Count
1	Yes	59.32%	35
2	No	38.98%	23
3	Don't know/Not sure	1.69%	1
4	Prefer not to answer	0.00%	0
	Total	100%	59

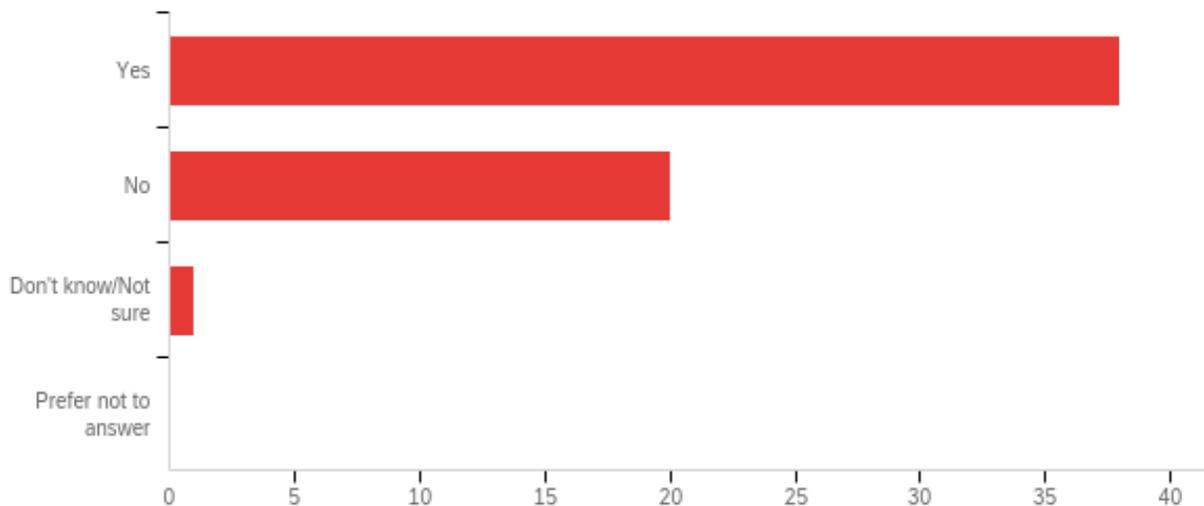
S11-6 - Are you currently taking a statin? (Statins are drugs that can lower your cholesterol and include medications such as Lipitor, Lescol, Altoprev, Livalo, Crestor, Zocor)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you currently taking a statin? (Statins are drugs that can lower your cholesterol and include medications such as Lipitor, Lescol, Altoprev, Livalo, Crestor, Zocor)	1.00	3.00	1.39	0.52	0.27	59

#	Answer	%	Count
1	Yes	62.71%	37
2	No	35.59%	21
3	Don't know/Not sure	1.69%	1
4	Prefer not to answer	0.00%	0
	Total	100%	59

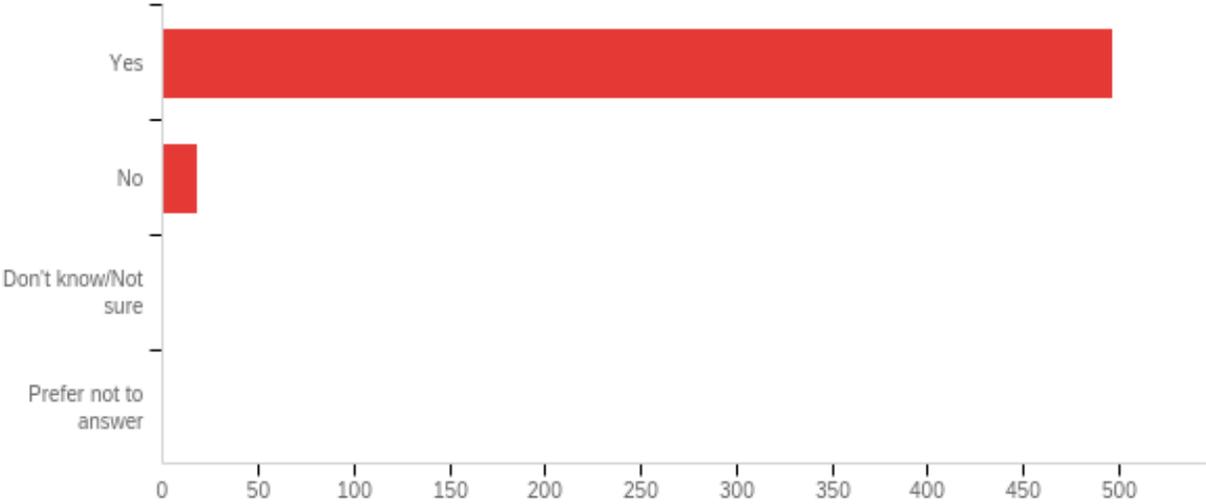
S11-7 - Have you taken a statin in the last three months?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you taken a statin in the last three months?	1.00	3.00	1.37	0.52	0.27	59

#	Answer	%	Count
1	Yes	64.41%	38
2	No	33.90%	20
3	Don't know/Not sure	1.69%	1
4	Prefer not to answer	0.00%	0
	Total	100%	59

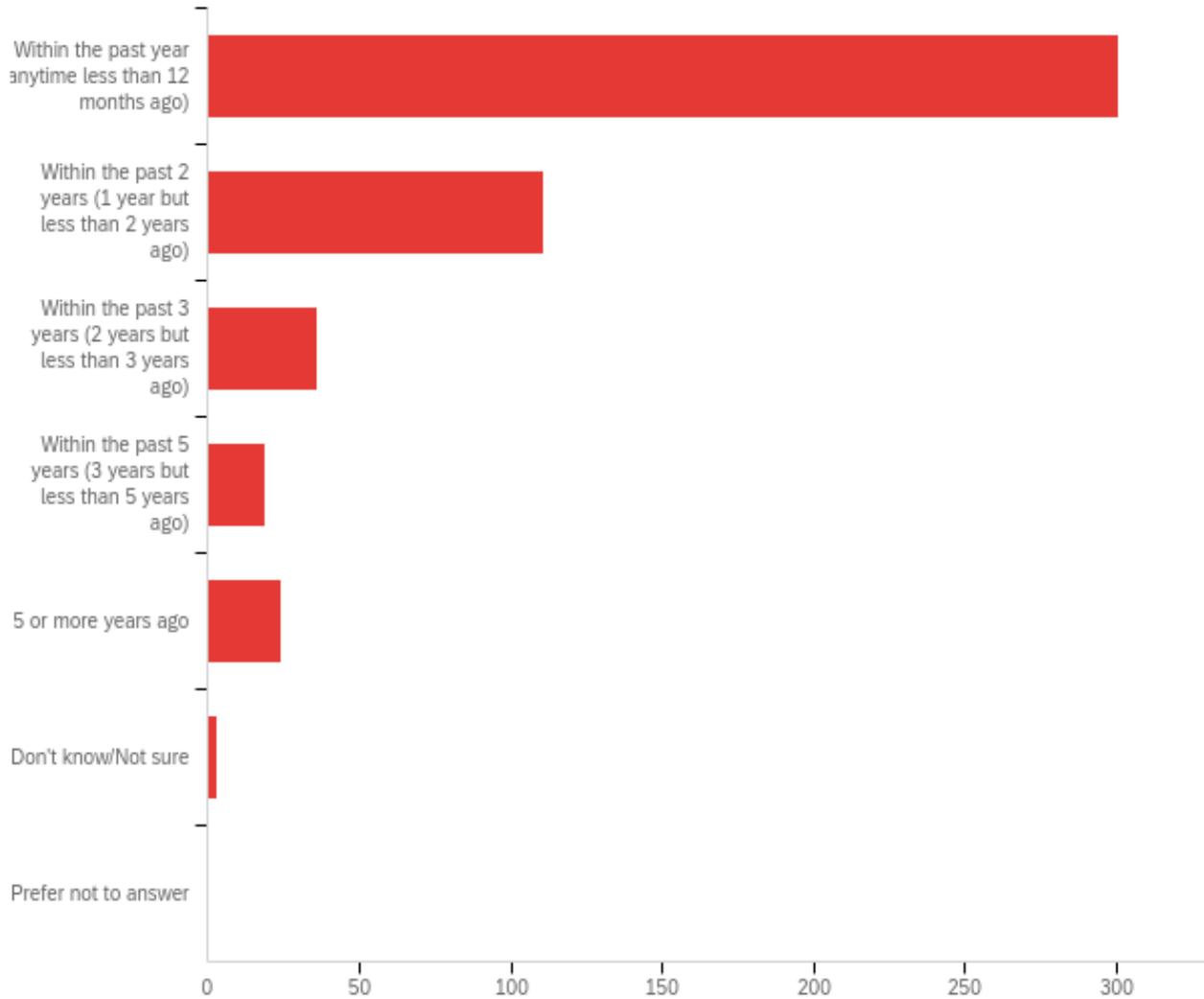
S12-1 - Section 12: Breast/Cervical/Colon Cancer Screening Have you ever had a clinical breast exam? (A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 12: Breast/Cervical/Colon Cancer Screening Have you ever had a clinical breast exam? (A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps.)	1.00	2.00	1.03	0.18	0.03	515

#	Answer	%	Count
1	Yes	96.50%	497
2	No	3.50%	18
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	515

S12-2 - How long has it been since your last breast exam?

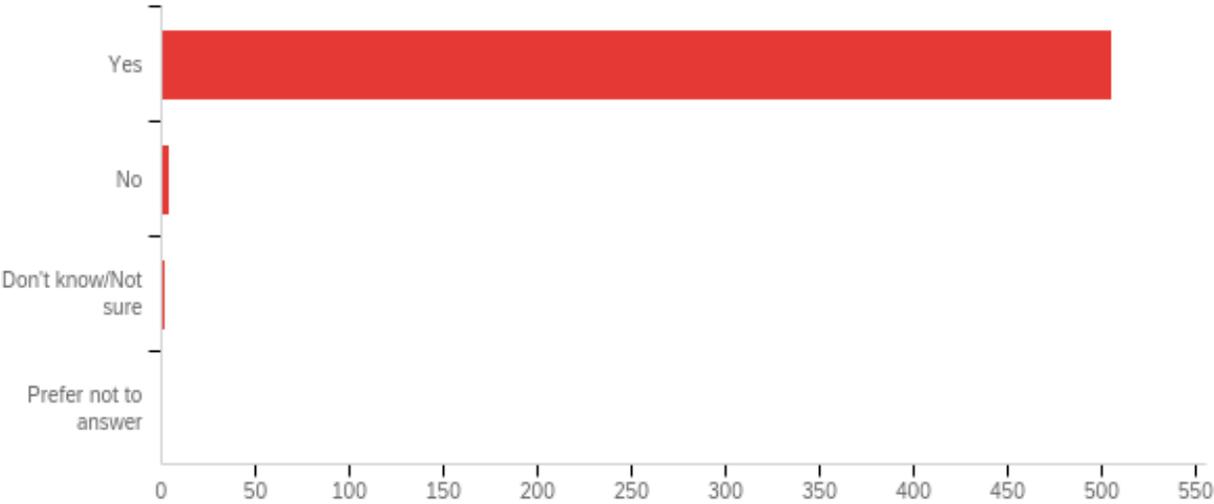


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How long has it been since your last breast exam?	1.00	6.00	1.71	1.13	1.29	494

#	Answer	%	Count
1	Within the past year (anytime less than 12 months ago)	60.93%	301
2	Within the past 2 years (1 year but less than 2 years ago)	22.47%	111
3	Within the past 3 years (2 years but less than 3 years ago)	7.29%	36

4	Within the past 5 years (3 years but less than 5 years ago)	3.85%	19
5	5 or more years ago	4.86%	24
6	Don't know/Not sure	0.61%	3
7	Prefer not to answer	0.00%	0
	Total	100%	494

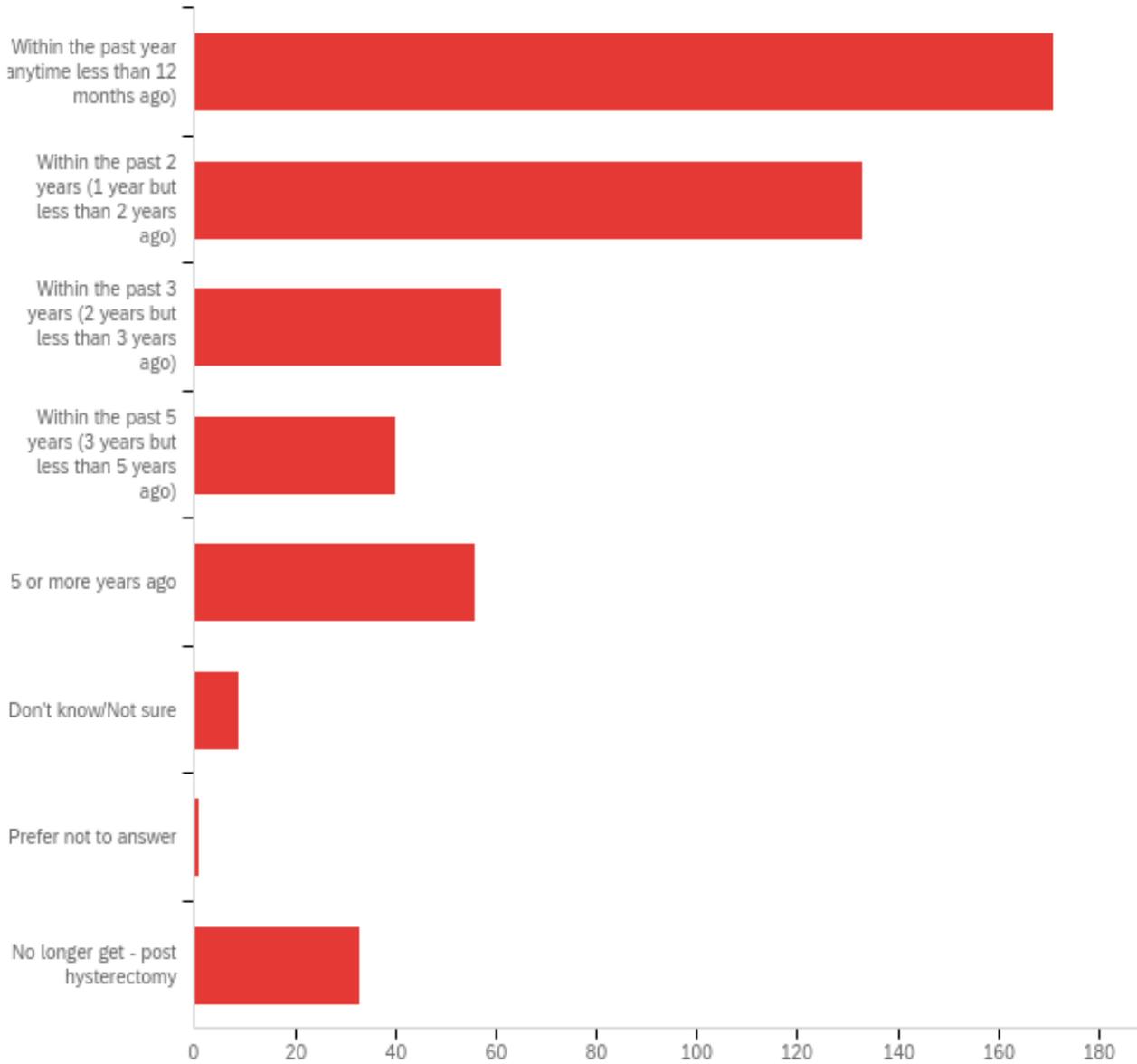
S12-3 - A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	1.00	3.00	1.02	0.15	0.02	512

#	Answer	%	Count
1	Yes	98.83%	506
2	No	0.78%	4
3	Don't know/Not sure	0.39%	2
4	Prefer not to answer	0.00%	0
	Total	100%	512

S12-4 - How long has it been since you had your last Pap test?

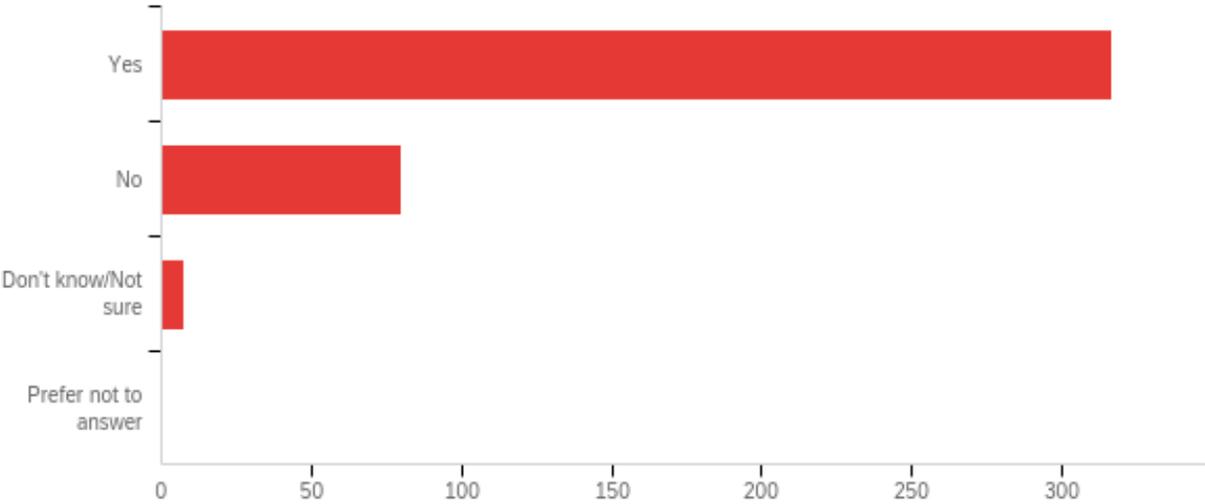


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How long has it been since you had your last Pap test?	1.00	8.00	2.75	1.98	3.91	504

#	Answer	%	Count
1	Within the past year (anytime less than 12 months ago)	33.93%	171

2	Within the past 2 years (1 year but less than 2 years ago)	26.39%	133
3	Within the past 3 years (2 years but less than 3 years ago)	12.10%	61
4	Within the past 5 years (3 years but less than 5 years ago)	7.94%	40
5	5 or more years ago	11.11%	56
6	Don't know/Not sure	1.79%	9
7	Prefer not to answer	0.20%	1
8	No longer get - post hysterectomy	6.55%	33
	Total	100%	504

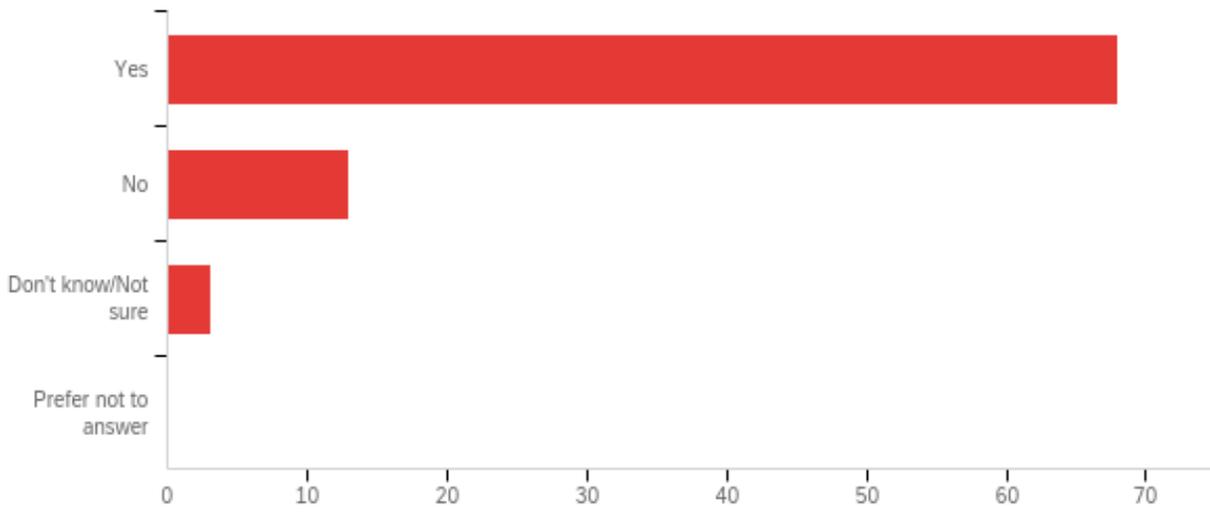
S12-5 - Have you had a colon cancer screening?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you had a colon cancer screening?	1.00	3.00	1.23	0.46	0.21	404

#	Answer	%	Count
1	Yes	78.47%	317
2	No	19.80%	80
3	Don't know/Not sure	1.73%	7
4	Prefer not to answer	0.00%	0
	Total	100%	404

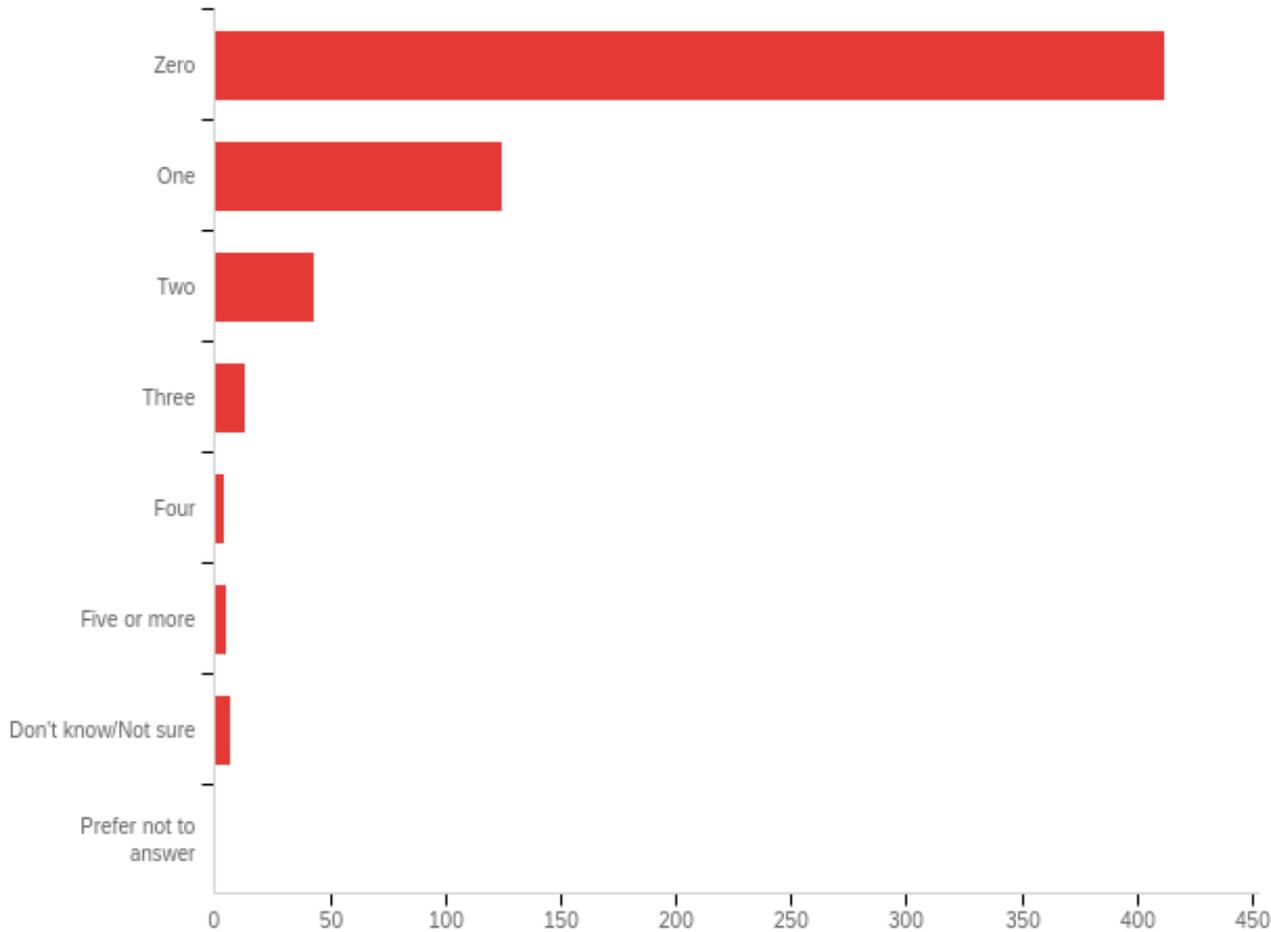
S13-1 - Section 13: Prostate / Colon Cancer Screening Has a doctor, nurse, or health professional ever discussed the benefits and risks of prostate cancer screening with you?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 13: Prostate / Colon Cancer Screening Has a doctor, nurse, or health professional ever discussed the benefits and risks of prostate cancer screening with you?	1.00	3.00	1.23	0.50	0.25	84

#	Answer	%	Count
1	Yes	80.95%	68
2	No	15.48%	13
3	Don't know/Not sure	3.57%	3
4	Prefer not to answer	0.00%	0
	Total	100%	84

S14-1 - 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?

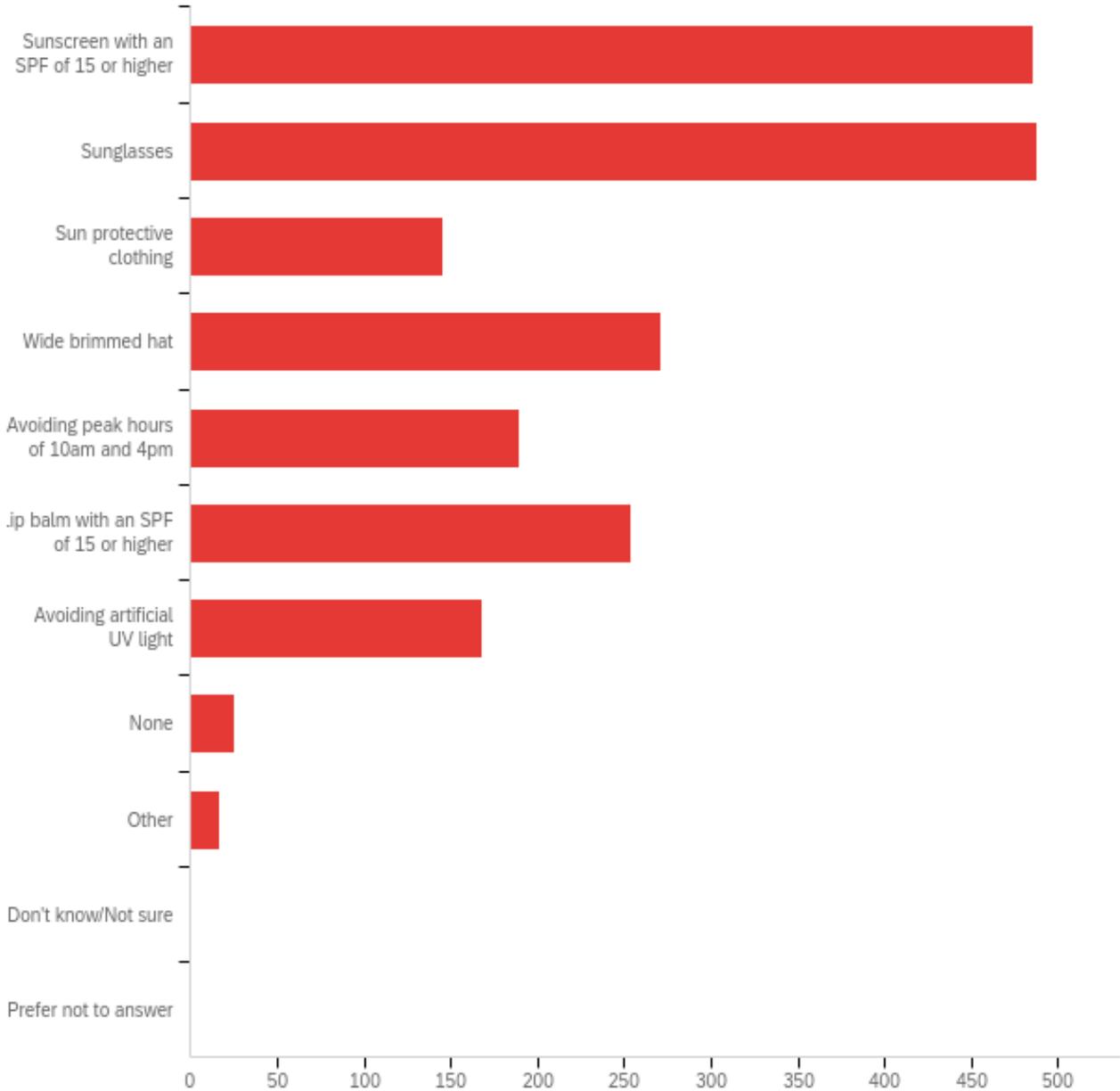


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 14: Excess Sun Exposure In the past 12 months, how many times did you have a red or painful sunburn that lasted a day or more?	1.00	7.00	1.55	1.05	1.10	609

#	Answer	%	Count
1	Zero	67.65%	412
2	One	20.53%	125
3	Two	7.06%	43

4	Three	2.13%	13
5	Four	0.66%	4
6	Five or more	0.82%	5
7	Don't know/Not sure	1.15%	7
8	Prefer not to answer	0.00%	0
	Total	100%	609

S14-2 - What protective measure(s) do you use when you are in the sun? Select all that apply



#	Answer	%	Count
1	Sunscreen with an SPF of 15 or higher	23.78%	486
2	Sunglasses	23.87%	488
3	Sun protective clothing	7.09%	145
4	Wide brimmed hat	13.26%	271

5	Avoiding peak hours of 10am and 4pm	9.25%	189
6	Lip balm with an SPF of 15 or higher	12.43%	254
7	Avoiding artificial UV light	8.22%	168
8	None	1.22%	25
9	Other	0.83%	17
10	Don't know/Not sure	0.05%	1
11	Prefer not to answer	0.00%	0
	Total	100%	2044

S14-2_9_TEXT - Other

Other - Text

Limit time I'm in the sun

Clothing as cover

try to stay out of the sun as much as possible

Stay in the shade

beach umbrella

Search for shade

Umbrella on deck

Don't go out.

Stay inside or in the shade

a moisturizer with SPF

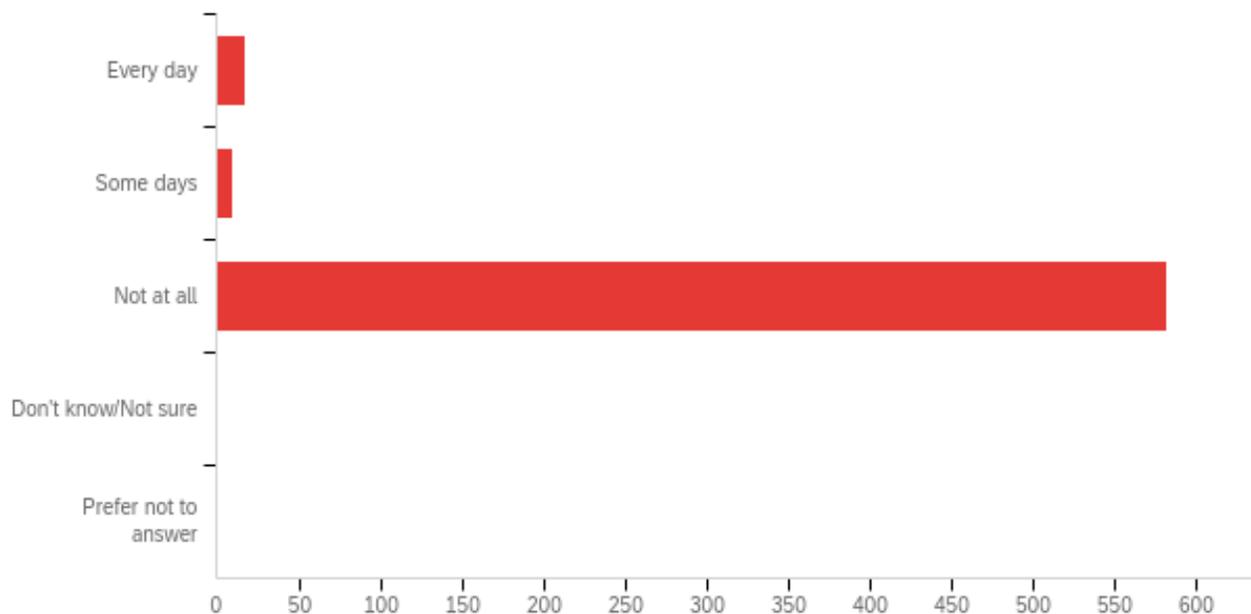
I use sunscreen when I know I'll have long term, intensive sun exposure. But I don't do anything if I'm just out and about running errands and going from car to some other inside place, or if it's a cloudy or cool day.

Stay in shade

Suntan lotion #10

wear a shirt covering chest, back & arms

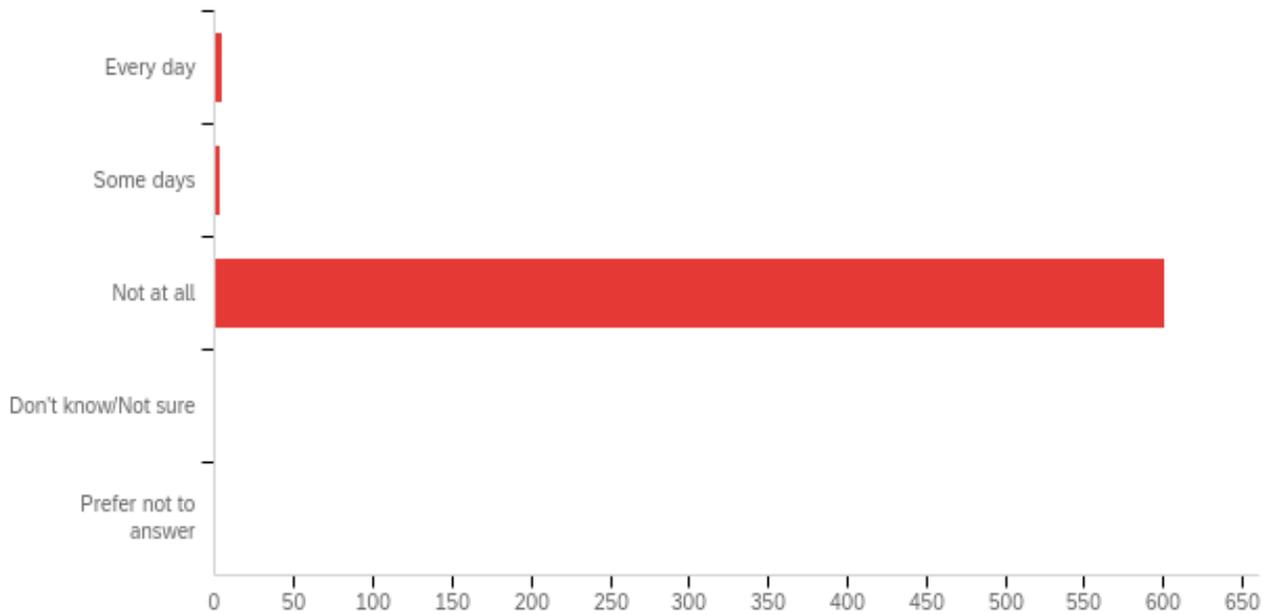
S15-1 - Section 15: Tobacco Use Do you smoke cigarettes every day, some days, or not at all?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 15: Tobacco Use Do you smoke cigarettes every day, some days, or not at all?	1.00	3.00	2.93	0.35	0.12	609

#	Answer	%	Count
1	Every day	2.79%	17
2	Some days	1.64%	10
3	Not at all	95.57%	582
4	Don't know/Not sure	0.00%	0
5	Prefer not to answer	0.00%	0
	Total	100%	609

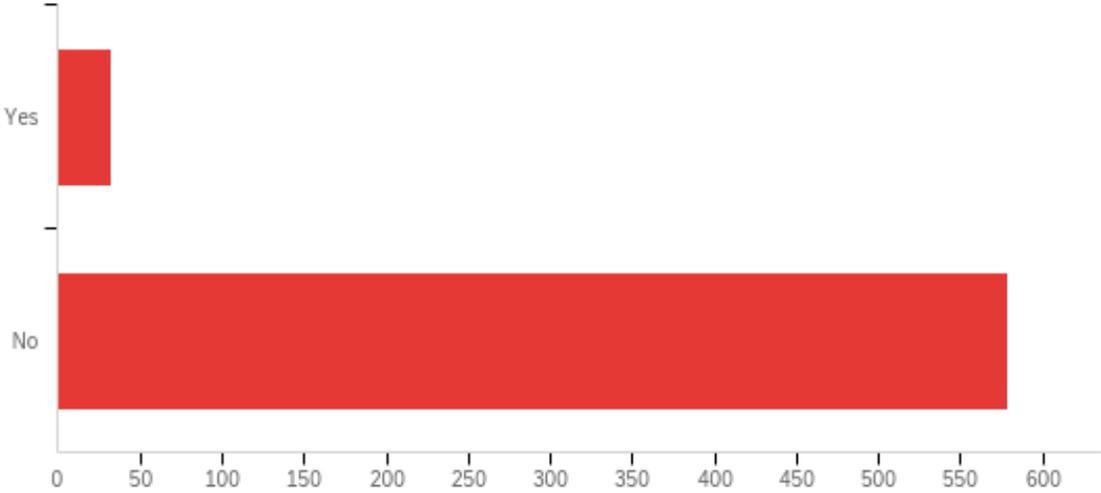
S15-2 - Do you currently use chewing tobacco, snuff, e-cig vaping or snus every day, some days, or not at all?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you currently use chewing tobacco, snuff, e-cig vaping or snus every day, some days, or not at all?	1.00	3.00	2.98	0.19	0.04	609

#	Answer	%	Count
1	Every day	0.82%	5
2	Some days	0.49%	3
3	Not at all	98.69%	601
4	Don't know/Not sure	0.00%	0
5	Prefer not to answer	0.00%	0
	Total	100%	609

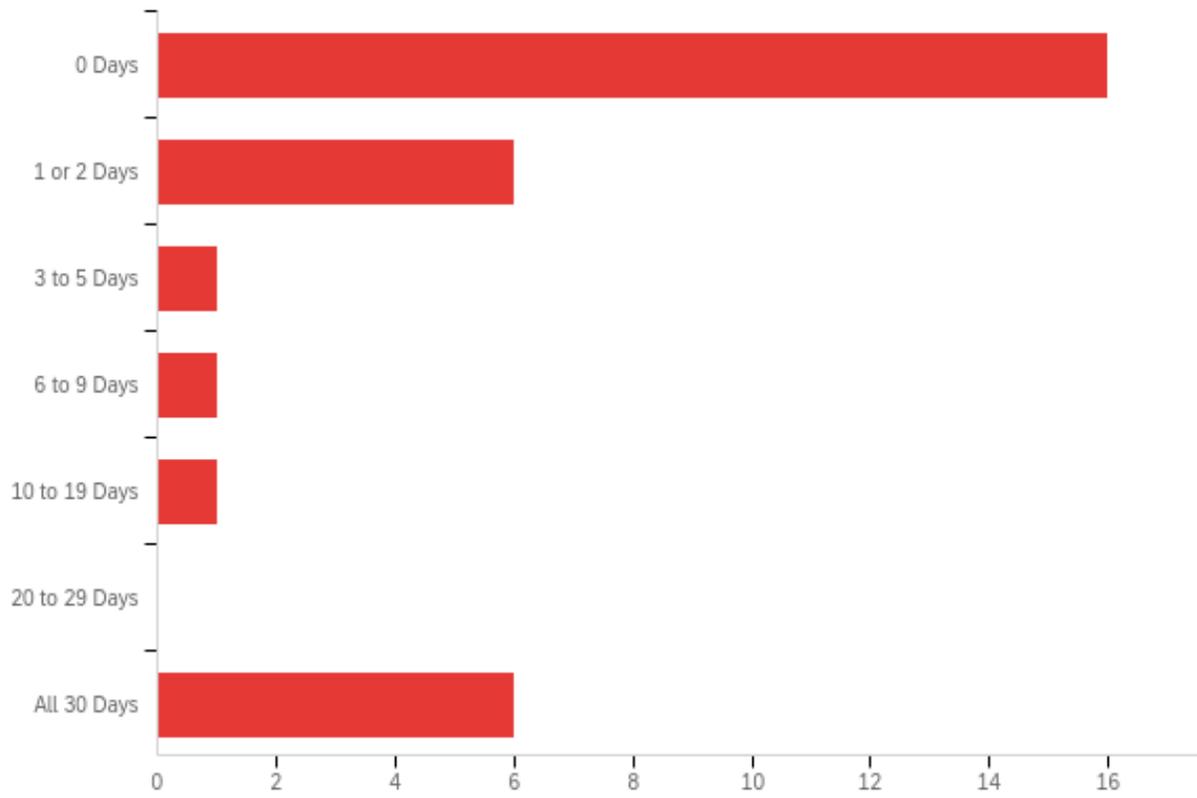
S15-3 - The next question asks about electronic vaping products such as JUUL, Puff Bar, Vuse, MarkTen, blu and tank systems. Electronic vaping products include: e-cigarettes, vapes, vape pens, ecigars, e-hookahs, hookah pens, mods and tank systems. Have you ever used an electronic vaping product?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The next question asks about electronic vaping products such as JUUL, Puff Bar, Vuse, MarkTen, blu and tank systems. Electronic vaping products include: e-cigarettes, vapes, vape pens, ecigars, e-hookahs, hookah pens, mods and tank systems. Have you ever used an electronic vaping product?	1.00	2.00	1.95	0.22	0.05	611

#	Answer	%	Count
1	Yes	5.24%	32
2	No	94.76%	579
	Total	100%	611

S15-4 - During the past 30 days, on how many days did you use an electronic vaping product?

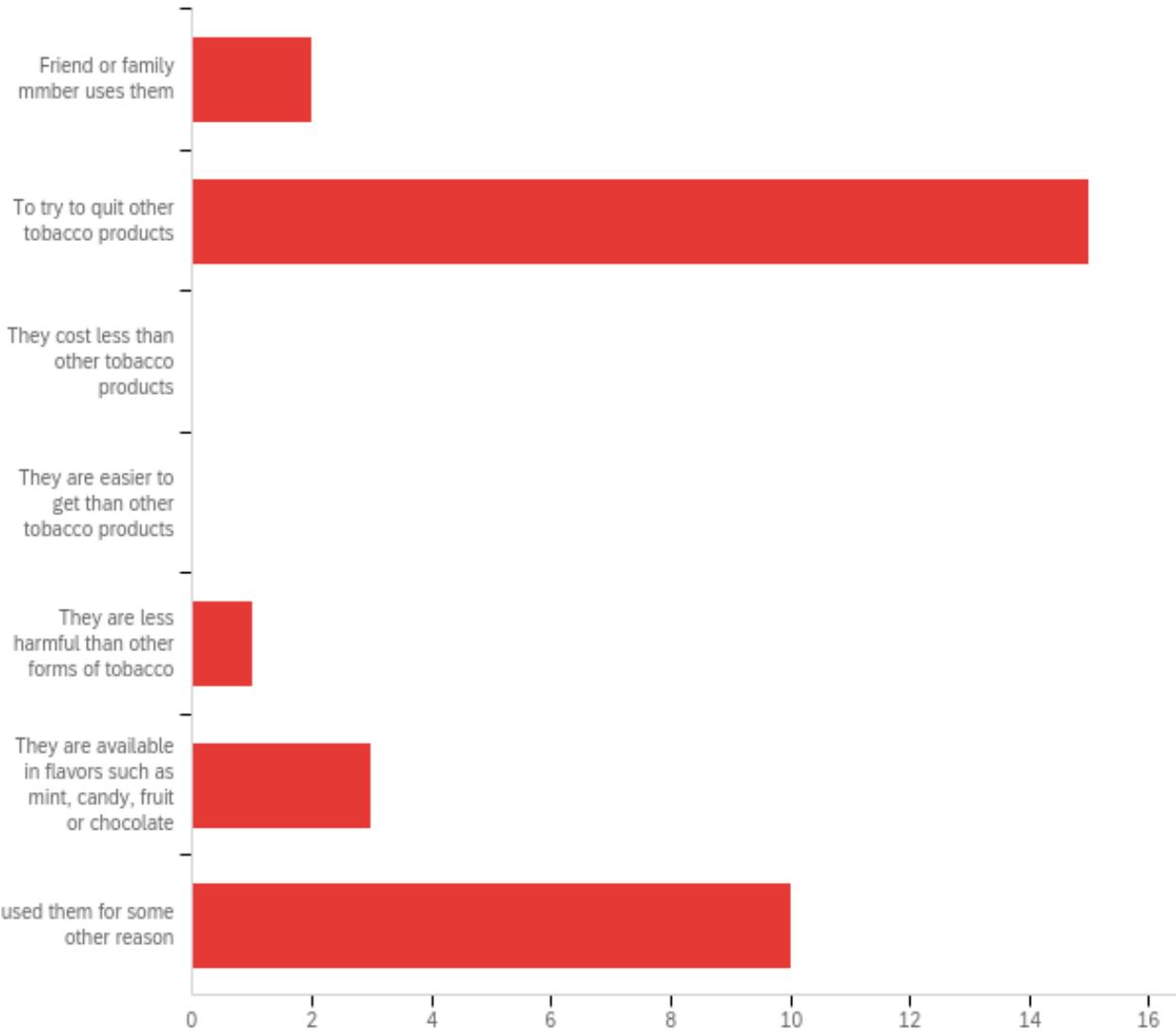


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	During the past 30 days, on how many days did you use an electronic vaping product?	1.00	7.00	2.65	2.32	5.39	31

#	Answer	%	Count
1	0 Days	51.61%	16
2	1 or 2 Days	19.35%	6
3	3 to 5 Days	3.23%	1
4	6 to 9 Days	3.23%	1
5	10 to 19 Days	3.23%	1
6	20 to 29 Days	0.00%	0

7	All 30 Days	19.35%	6
	Total	100%	31

S15-5 - What is the main reason you have electronic vaping products? (Select only one response.)

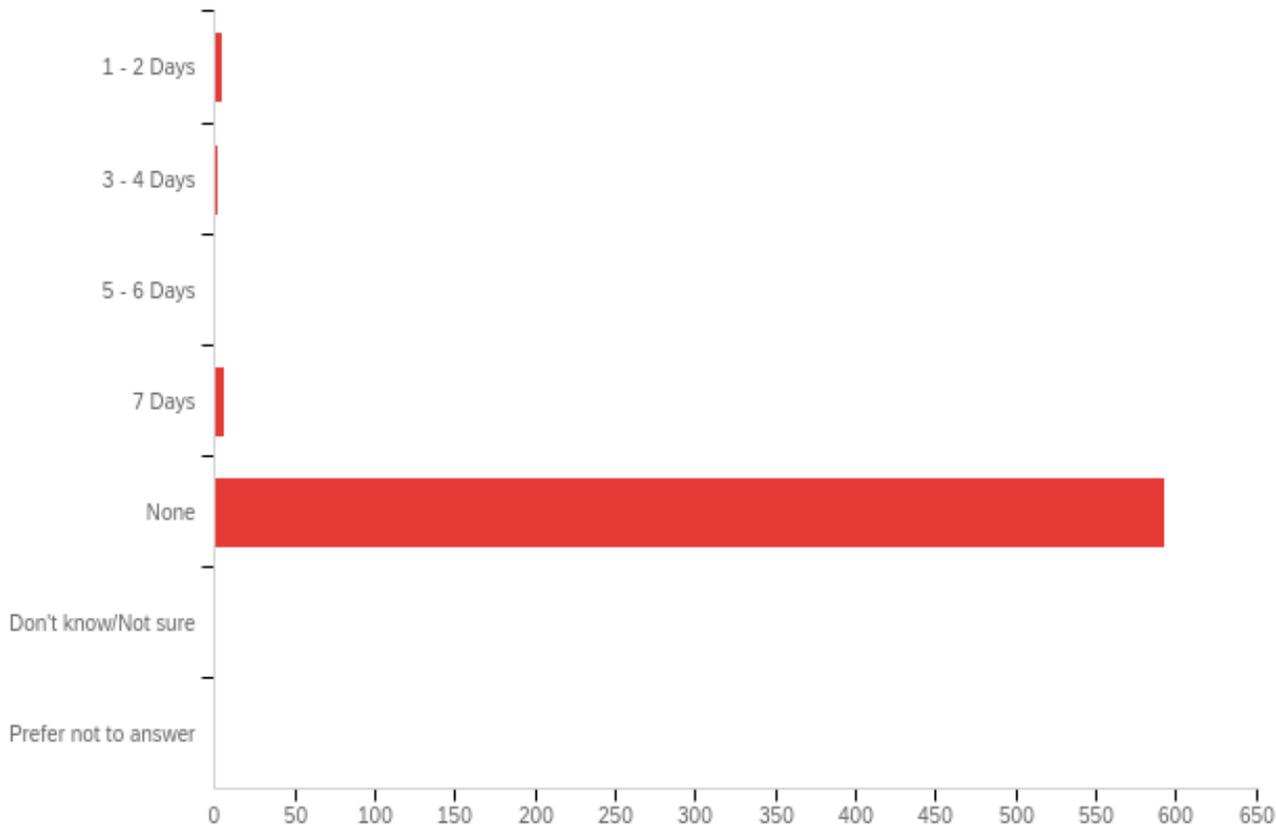


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is the main reason you have electronic vaping products? (Select only one response.)	1.00	7.00	4.03	2.42	5.84	31

#	Answer	%	Count
1	Friend or family member uses them	6.45%	2

2	To try to quit other tobacco products	48.39%	15
3	They cost less than other tobacco products	0.00%	0
4	They are easier to get than other tobacco products	0.00%	0
5	They are less harmful than other forms of tobacco	3.23%	1
6	They are available in flavors such as mint, candy, fruit or chocolate	9.68%	3
7	I used them for some other reason	32.26%	10
	Total	100%	31

S16-1 - Section 16: Secondhand Smoke During the past week, on how many days did someone other than you smoke tobacco inside your home (not counting decks, porches, or garages)?

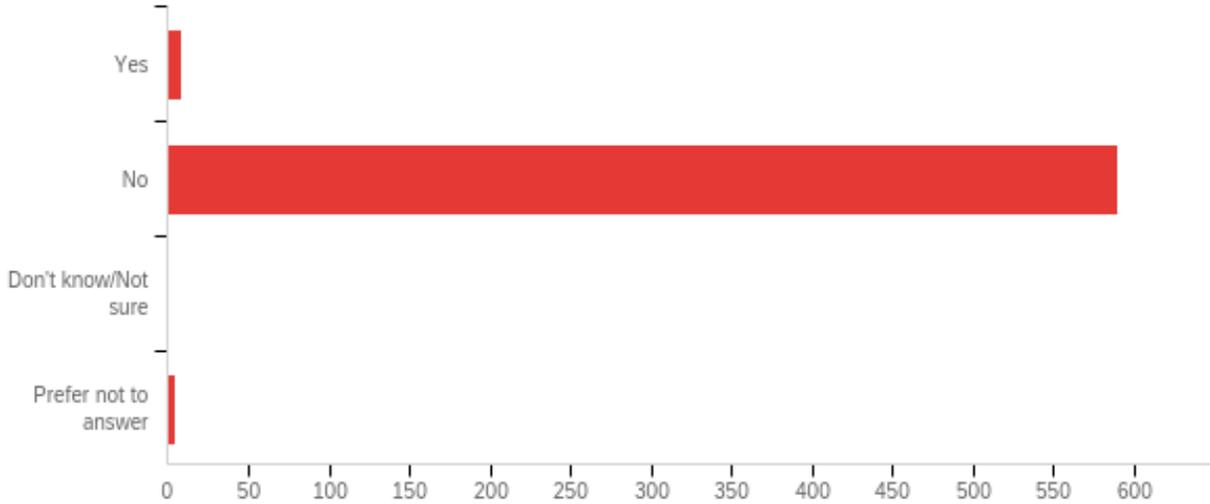


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 16: Secondhand Smoke During the past week, on how many days did someone other than you smoke tobacco inside your home (not counting decks, porches, or garages)?	1.00	7.00	4.95	0.42	0.18	608

#	Answer	%	Count
1	1 - 2 Days	0.82%	5
2	3 - 4 Days	0.33%	2
3	5 - 6 Days	0.00%	0

4	7 Days	0.99%	6
5	None	97.53%	593
6	Don't know/Not sure	0.16%	1
7	Prefer not to answer	0.16%	1
	Total	100%	608

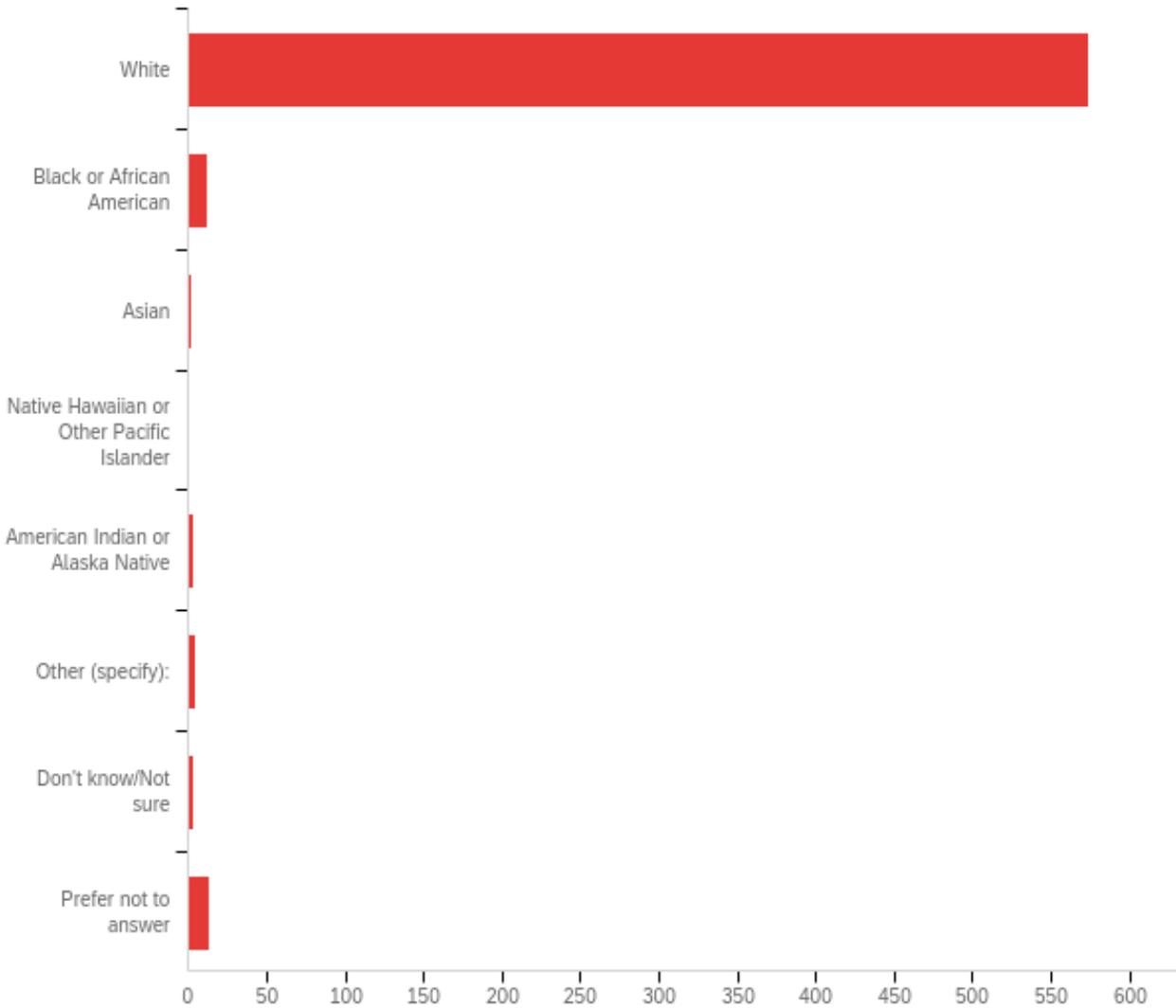
S17-1 - Section 17: Demographics Are you Hispanic or Latino?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 17: Demographics Are you Hispanic or Latino?	1.00	4.00	2.00	0.22	0.05	604

#	Answer	%	Count
1	Yes	1.49%	9
2	No	97.68%	590
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.83%	5
	Total	100%	604

S17-2 - Which one or more of the following would you say is your race? (Check all that apply)



#	Answer	%	Count
1	White	93.79%	574
2	Black or African American	1.96%	12
3	Asian	0.33%	2
4	Native Hawaiian or Other Pacific Islander	0.16%	1
5	American Indian or Alaska Native	0.49%	3
6	Other (specify):	0.65%	4
7	Don't know/Not sure	0.49%	3

8	Prefer not to answer	2.12%	13
	Total	100%	612

S17-2_6_TEXT - Other (specify):

Other (specify): - Text

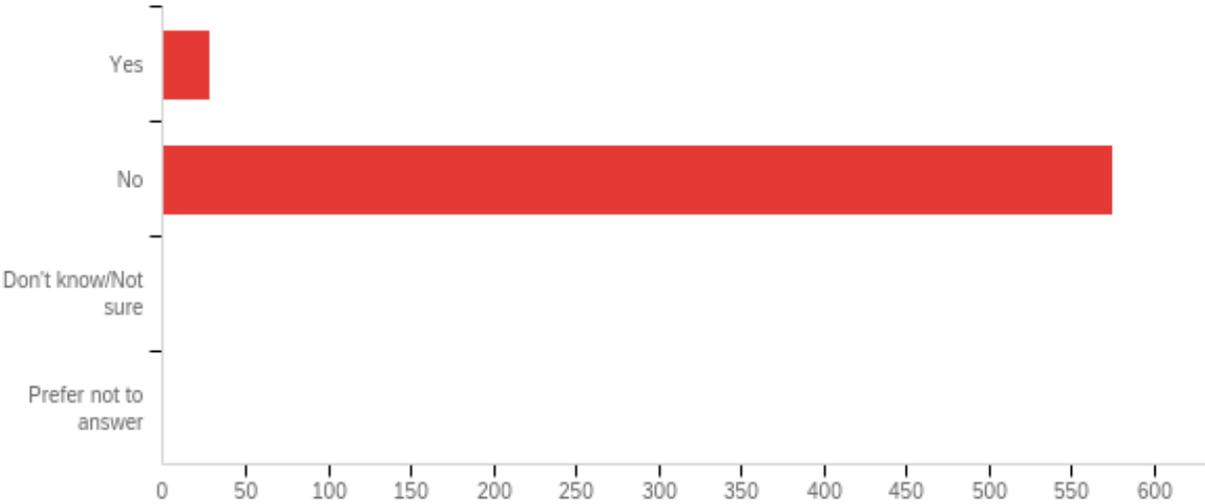
White and Latinx

Who knows for sure who all their ancestors were?

White English/Irish American

Human

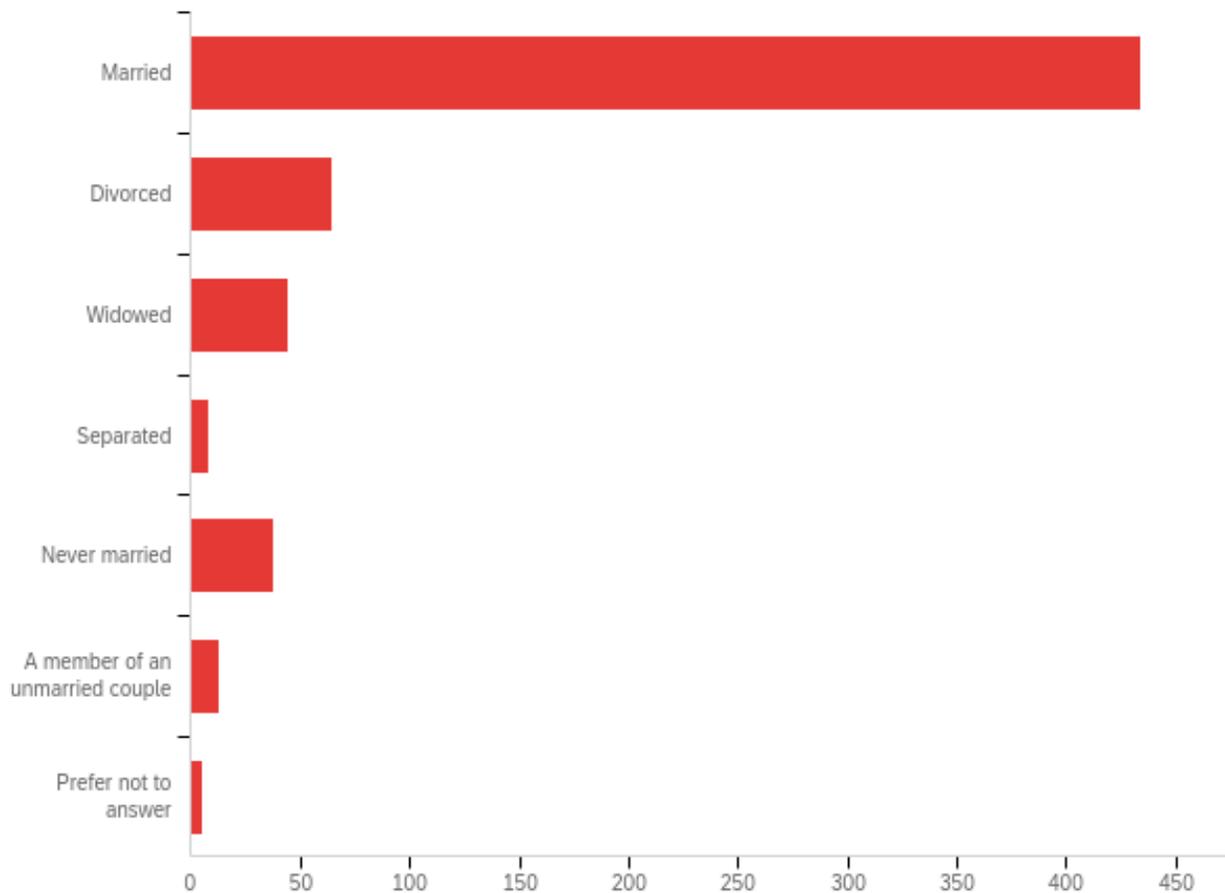
S17-3 - Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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.	1.00	4.00	1.96	0.23	0.05	606

#	Answer	%	Count
1	Yes	4.79%	29
2	No	94.88%	575
3	Don't know/Not sure	0.17%	1
4	Prefer not to answer	0.17%	1
	Total	100%	606

S17-4 - Are you...

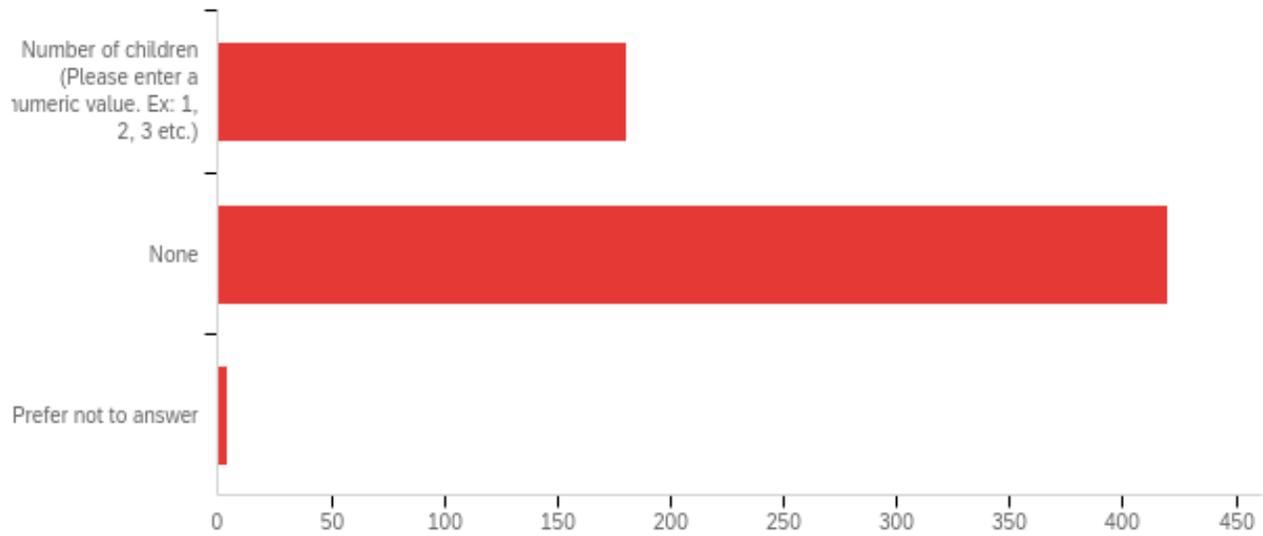


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you...	1.00	7.00	1.70	1.37	1.86	606

#	Answer	%	Count
1	Married	71.62%	434
2	Divorced	10.56%	64
3	Widowed	7.26%	44
4	Separated	1.32%	8
5	Never married	6.27%	38
6	A member of an unmarried couple	2.15%	13

7	Prefer not to answer	0.83%	5
	Total	100%	606

S17-5 - How many children less than 18 years of age live in your household?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many children less than 18 years of age live in your household? - Selected Choice	1.00	3.00	1.71	0.47	0.22	605

#	Answer	%	Count
1	Number of children (Please enter a numeric value. Ex: 1, 2, 3 etc.)	29.92%	181
2	None	69.42%	420
3	Prefer not to answer	0.66%	4
	Total	100%	605

S17-5_1_TEXT - Number of children (Please enter a numeric value. Ex: 1, 2, 3 etc.)

Number of children (Please enter a numeric value. Ex: 1, 2, 3 etc.) - Text

2

2

2

2

3

1

2

2

2

1

1

0

2

1

1

1

3

0

1

2

2

1

2

2

2

1

2

2

3

2

2

1

1

1

2

3

1

2

1

2

2

1

2

2

2

3

4

1

2

2

2

2

2

2

4

3

2

1

1

1

3

2

1

1

2

2

2

2

2

2

2

1

2

1

1

2

2

2

2

1

2

2

1

2

2

1

2

2

1

1

1

2

1

2

2

2

2

4

1

2

2

1

2

1

1

3

3

1

2

2

1

2

1

1

2

1

2

4

2

2

1

2

1

1

1

1

2

2

1

2

3

2

2

3

1

3

2

2

3

4

3

2

2

2

4

1

1

1

2

1

1

3

2

1

2

4

2

1

2

1

2

2

2

1

4

2

1

1

1

1

2

1

2

1

2

3

1

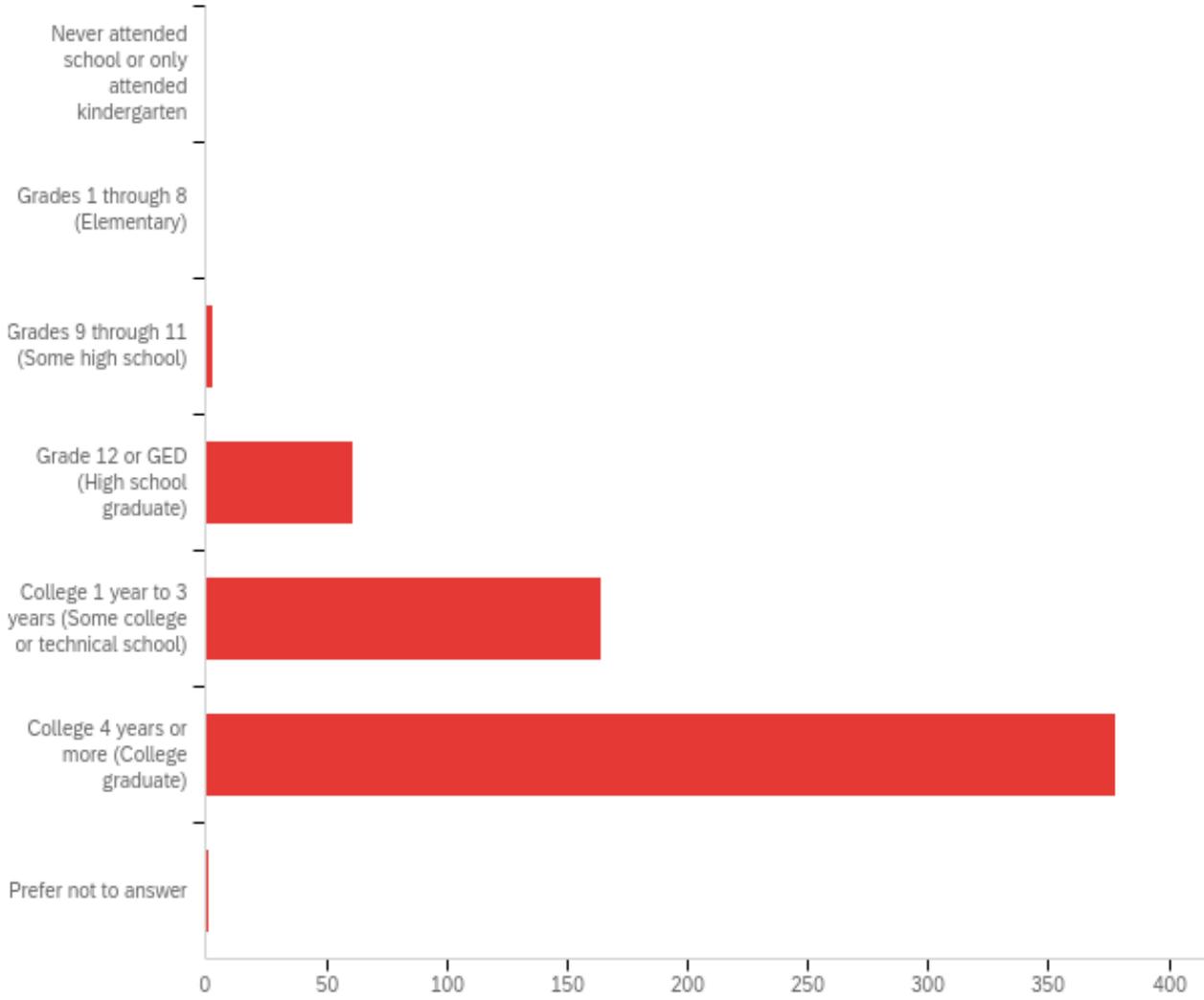
3

1

1

1

S17-6 - What is the highest grade or year of school you completed?

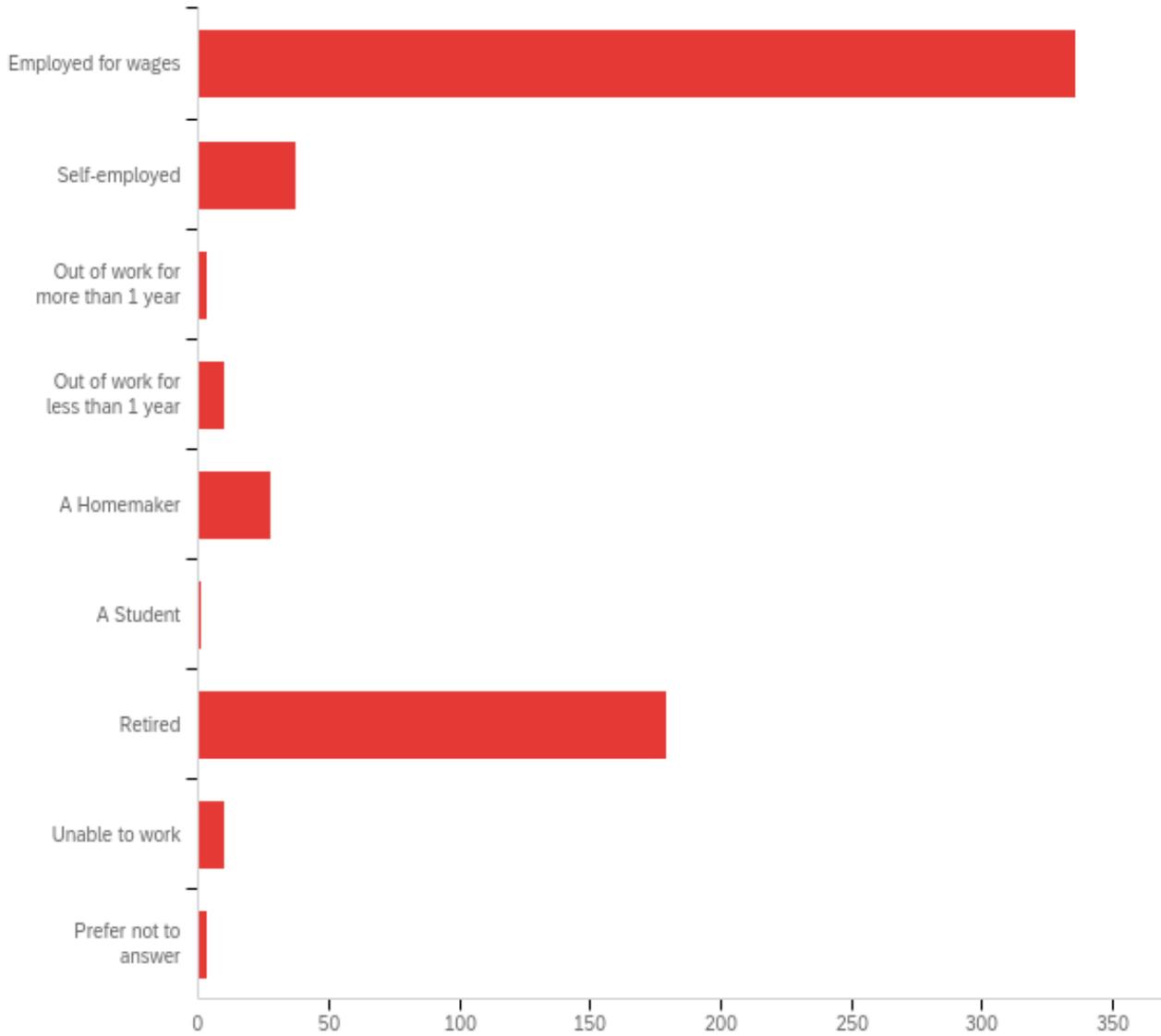


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is the highest grade or year of school you completed?	3.00	7.00	5.52	0.70	0.48	607

#	Answer	%	Count
1	Never attended school or only attended kindergarten	0.00%	0
2	Grades 1 through 8 (Elementary)	0.00%	0
3	Grades 9 through 11 (Some high school)	0.49%	3

4	Grade 12 or GED (High school graduate)	10.05%	61
5	College 1 year to 3 years (Some college or technical school)	27.02%	164
6	College 4 years or more (College graduate)	62.27%	378
7	Prefer not to answer	0.16%	1
	Total	100%	607

S17-7 - Are you currently...?

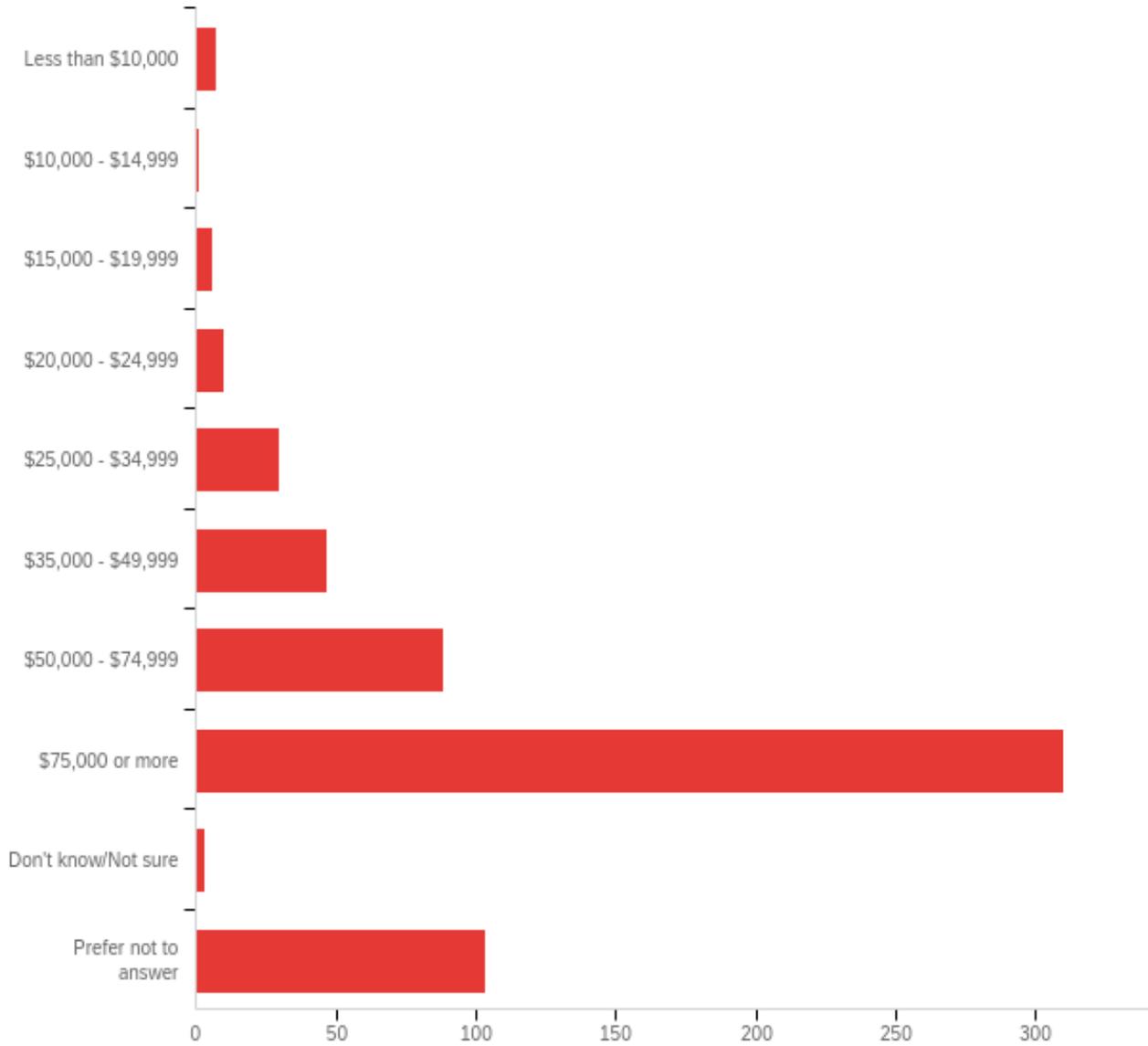


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you currently...?	1.00	9.00	3.24	2.78	7.74	607

#	Answer	%	Count
1	Employed for wages	55.35%	336
2	Self-employed	6.10%	37

3	Out of work for more than 1 year	0.49%	3
4	Out of work for less than 1 year	1.65%	10
5	A Homemaker	4.61%	28
6	A Student	0.16%	1
7	Retired	29.49%	179
8	Unable to work	1.65%	10
9	Prefer not to answer	0.49%	3
	Total	100%	607

S17-8 - What is your annual household income from all sources?

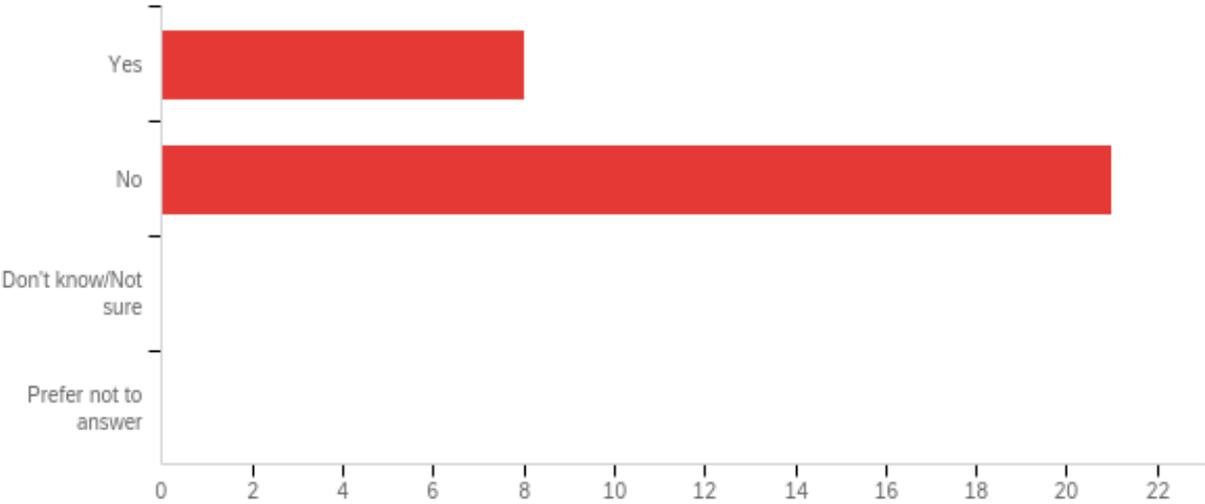


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your annual household income from all sources?	1.00	10.00	7.69	1.62	2.63	605

#	Answer	%	Count
1	Less than \$10,000	1.16%	7

2	\$10,000 - \$14,999	0.17%	1
3	\$15,000 - \$19,999	0.99%	6
4	\$20,000 - \$24,999	1.65%	10
5	\$25,000 - \$34,999	4.96%	30
6	\$35,000 - \$49,999	7.77%	47
7	\$50,000 - \$74,999	14.55%	88
8	\$75,000 or more	51.24%	310
9	Don't know/Not sure	0.50%	3
10	Prefer not to answer	17.02%	103
	Total	100%	605

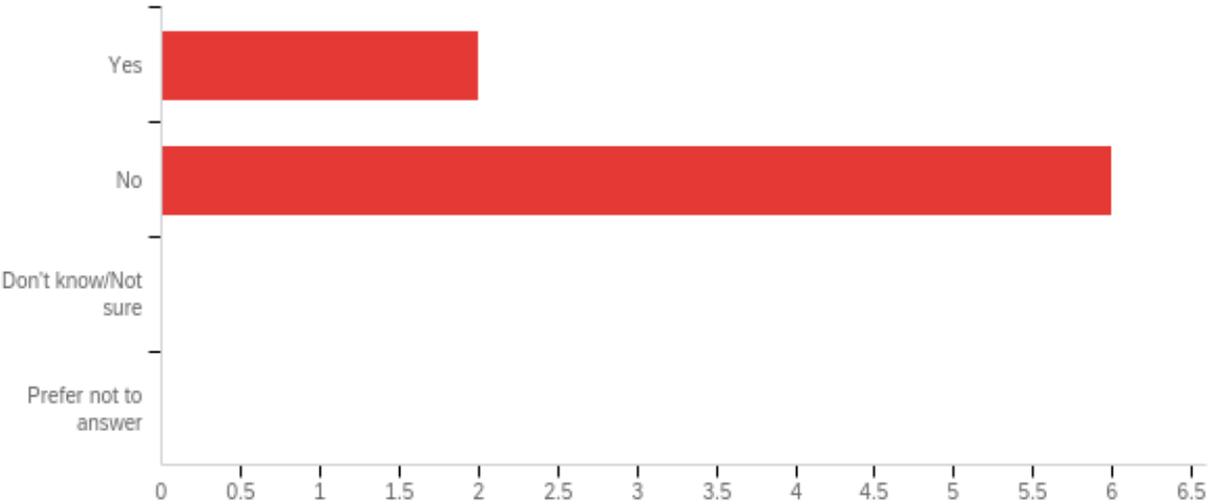
S18-1 - Section 18: Veteran's Health Did you ever serve in a combat or war zone?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 18: Veteran's Health Did you ever serve in a combat or war zone?	1.00	2.00	1.72	0.45	0.20	29

#	Answer	%	Count
1	Yes	27.59%	8
2	No	72.41%	21
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	29

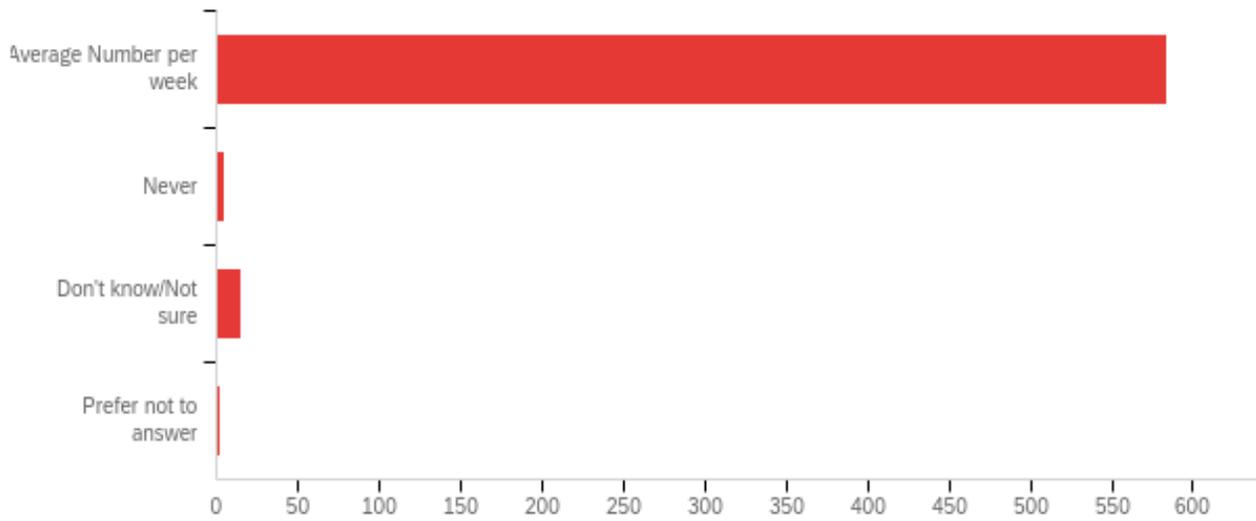
S18-2 - Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?	1.00	2.00	1.75	0.43	0.19	8

#	Answer	%	Count
1	Yes	25.00%	2
2	No	75.00%	6
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	8

S19-1 - Section 19: Fruits and Vegetables On average (not counting juice), how many times per week do you eat fruit and vegetables? Count fresh, frozen, or canned fruit and vegetables. (Please enter a numeric value. Ex: 1, 2, 3 etc.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 19: Fruits and Vegetables On average (not counting juice), how many times per week do you eat fruit and vegetables? Count fresh, frozen, or canned fruit and vegetables. (Please enter a numeric value. Ex: 1, 2, 3 etc.) - Selected Choice	1.00	4.00	1.07	0.36	0.13	606

#	Answer	%	Count
1	Average Number per week	96.37%	584
2	Never	0.83%	5
3	Don't know/Not sure	2.48%	15
4	Prefer not to answer	0.33%	2
	Total	100%	606

S19-1_1_TEXT - Average Number per week

Average Number per week - Text

14

5

7

7

7

6

3

5

4

10

7

10

14

6

5

5

3

30

28

10

14

7

7

10

12

7

14

21

ALOT

25 plus

10

14

5

3

14-20

14

2

5

1

32

3-5

2

20

4

10

14

5-7

4

4

14

7

4-5

3

7

5

2

7

5

14

5

15

10

4

7

35

14

5

5

10

7

12

40

21

7

10

7

10

7

21

4

7

2

7

14

10

15

4

1

10

7

12

12

15

15

5

6-7 mostly fruit

25

35

40+

7

14

2

5

3

10

2

2-4

2

7

5

7

4

8

20

3/4

3

30

3

7

7

3

8

4

10

14

7

7

14

2

5

3

35

5

7

21

4

20

30

3

1

7

3

10

14

10

14

7

12

14

15

21

14

15

10

7

5

11

4

14

5

10

7

20

7

8

5

14

14

10

15

7 days

5

7

30

20

14

7

30+

20

10

14

18

25

7

7

15

7

4

14

14

14

7

12

14

70

15

14

7

3

5

20

18

20? lots every day

5

3

7

3

20

15

4

10

7

10

7

4 times

5

25

7

2

7

7

7

14

7

7

14

14

5

7

14

7

7

6

25

38

7

7

7

14

14

7

21

5

10

18

13

12

5

21

42

5

5

25

7

5

4

15

5

2

5

7

20

10

20

7

7

2-3

14

5

21

7

7

7+

24

7

18

7

14

6

20

2

Daily

42

7

7

3

30

15

4

7

5

14

5

7

7

3

14

14

20

7

14

5

21

2

7

5

6

15

7

3 servings 7 days per week

12

5

10

21

2

7

7

14

Daily

15

6

7

7

14

5

10

14

5

4

1 to 3

7

12

8

7

5

2

14+

7

14

7

40

7

12

5

12

50

7

12

7 days a week

10

7

3

7

10

5

16

10

30

14

5

10

7

7

17

35

15

8

7

7

20

21

7

9

14

12+

14

14

4

6

14

15

7

20

14

4-5

5

15

3

4

6

6

2

10 OR MORE

14

7

30+

4

5

6

14

14

3

7

7

5

28

2

14

18

5

5

60

15

7

5

6

7

7

7

5

7

35

10

7

10

30

10

10

7

14

24

10

5

20

5

10

21

40

8

5

14

7

20

17

25

14

15

10

5

5

7

30

20

5

6

5

6

21

4

5

2

15

7

12

12

16

2

7

20

20

7-10

15

9

7

14

7

3

10

8

3

7

21

5

6

14

5

7

14

7

7

7

21

14

7

12

10

10

3

14

10

3

15-20

6

5

6

7

5

4

10

15

10

7

14

8

15

35

14

1

10

5

14

16

30

7

7

15

20

22

10

5

5

6

10

7

10

15

5

11

6

16

21

7

4

20

3

40

7

6

3

6

40

20

14

5

1

10

28

10

8

10

7

5

6

7

7

14

5

8

20

14

10

21

7

7

7

14

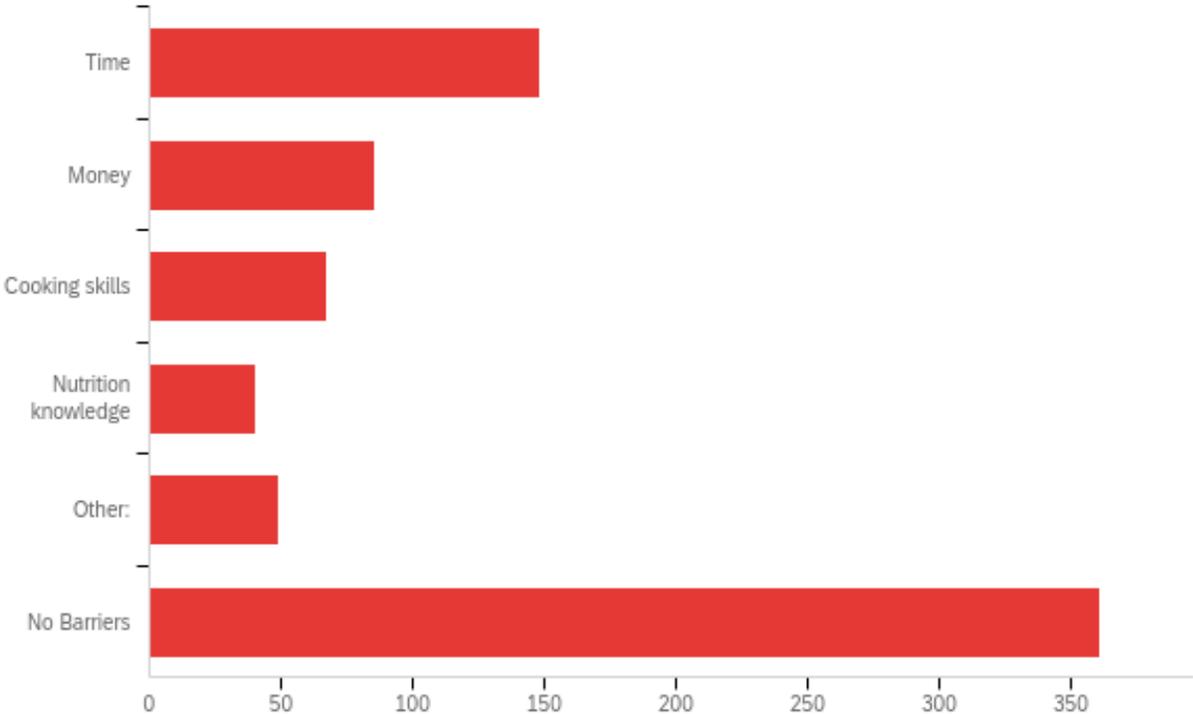
8

28

7

7

S19-2 - If any, what are your barriers to healthy eating? (select all that apply)



#	Answer	%	Count
1	Time	19.73%	148
2	Money	11.33%	85
3	Cooking skills	8.93%	67
4	Nutrition knowledge	5.33%	40
5	Other:	6.53%	49
6	No Barriers	48.13%	361
	Total	100%	750

S19-2_5_TEXT - Other:

Other: - Text

lazy

Unhealthy choices at work

self control

tongue cancer surgery/radiation side effects

like junk food

Cravings, choice

Lazy

self discipline

Don't like most vegetables

Sometimes eat too much that is not healthy and not enough that is healthy.

food sensitivities & dislikes

Children only eating certain veggies

It's healthier to buy two bags of chips versus a bag of grapes.

Coping mechanism for depression

Lack of affordable quality organic produce year round

Poor choices at times

unhealthy food tastes yummy

Limited fresh produce year round in my immediate neighborhood

Laziness

Having them in house

Occasional laziness :)

Don't like many vegetables

Relying on institutional cooking

Bored/tired with deciding day to day

Energy

food allergies

I just don't watch what i eat most of the time

age

Will power and commitment

Good recipes! I am a good cook and can make most things I see in cookbooks, but finding new or interesting and healthy options is HARD.

Time to prepare

energy, stress

Finding interesting recipes

Should make the commitment but don't

live alone and get tired of leftovers

cooking for one

Convenience

digestive issues with some foods

Taste

variety, just want junk food sometime.

cravings for unhealthy foods

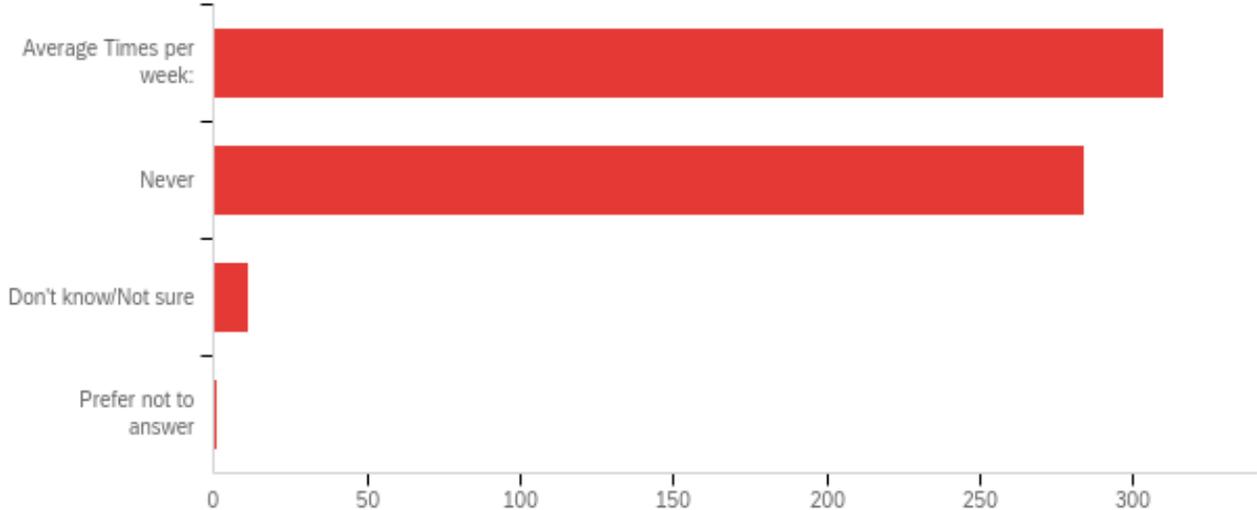
Tired of coming up with meal ideas.

Food is provided

Cooking for one not fun

Over eating as tool to cope with stress, depression

S20-1 - Section 20: Sugar Sweetened Beverages and Menu Labeling On average, how many times per week do you drink sweetened drinks, such as Kool-aid, soda, juice with added sugar, iced tea, and lemonade? Include fruit drinks you made at home and added sugar to. (Please enter a numeric value. Ex: 1, 2, 3 etc.)



#	Answer	%	Count
1	Average Times per week:	51.16%	310
2	Never	46.86%	284
3	Don't know/Not sure	1.82%	11
4	Prefer not to answer	0.17%	1
	Total	100%	606

S20-1_1_TEXT - Average Times per week:

Average Times per week: - Text

2
.5
7
3
5

3

0

1

21

4

3

7

35

14

5

8

3

1

5

10

5

10

5

2

1

2

1

7

1-2

4

5

2

2

1

1

4

2

3

2

2

3

0

3-4

3

7

2

8

1

6

7

3

1

1-2

7

1

7

3

0-1

7

7

7

1

1

30

5

4

7

1

5

4

7

2

1

5

7

1

7

7

1

7

1

10

7

5

1

4

3

2

5

1

7

7

1

3

1

2

1

1

7 Green Tea with Honey

7

4

1

2

4

3

5

3

7

2

0

3

3

7

2

3

7

5

2times

10

2

0

7

2

7

2

2

7

2

2

2

2

2

5

6

1

2

7

0

7

4

74

7

7

2-5

3

3

0

2

1

5

3

1

1

0

2

1-2

0-1

5

1

7

7

5

3

2

1

6

1

7

1

1

1

1 X per week

5

7

1

7

1

1

3

1

5

7

0

5

7

20

3

3

once a week

3

7

7

8

7

2

4

0

3

14

3

One

1

4

12

0

1

5-7

7

3

2

1

4

4

1

3

0

2

4

1

4

1

5

1

2

2

2

1

14

6

1

2

1

3

2

7

5

1

9

1

0

28

5

1

1

35

5

2

4

3

1

5

1

7

7

2

2

1

1-2

5

7

1

7

2

1

7

1

7

1

3

1

2

2

10

1

7

4

7

2

7

15

7

14

1

1

0

2

4

2

3

1

7

4

1

5

14

14

5

1

always and water

3

0

3

2

7

1

7

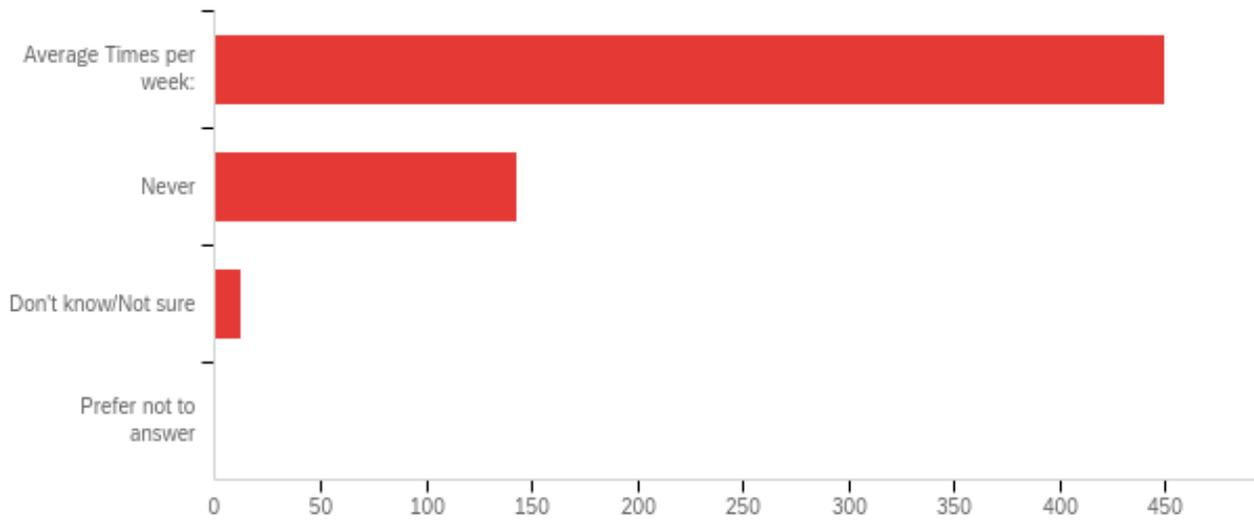
1

5

4

1

S20-2 - On average, how many times per week does your family eat "fast" or "take-out" food? (Please enter a numeric value. Ex: 1, 2, 3 etc.)



#	Answer	%	Count
1	Average Times per week:	74.38%	450
2	Never	23.64%	143
3	Don't know/Not sure	1.98%	12
4	Prefer not to answer	0.00%	0
	Total	100%	605

S20-2_1_TEXT - Average Times per week:

Average Times per week: - Text

1

.5

2

3

4

1

1

2

1

1

3

3

1

2

1

1

1

1

1

3

0 - 1

1

2

3

2

2

1

4

1

5

3

1

1

1-2

2

2

2

4

1

1

2

1

1

1

1

1-2

1

2

3

1

1

1

2

1

1

1

1

3

2

,5

1

1

1

1

1

2

1

2

1

1

1

2

2

1

1

1

1 or 2

2

1

1

4

1

1

1

1

2

1-2

1

2

1

1

1

10

1

1

4

1

1

1

4

1

2

3

3

less than 1 day a week

1

2

2

3

1

2

2

1

1

1

2

1

5

1

3

1

2

0-1

3

2

2

2

1

1

1

2

1

1

1 - 2

5

2

1

1

1

2

1

1

1

1

1

1

1-2

1

1

7

2

2

1

.5 (1-2 x per month?)

1

1

2

1

1

2

1

1

1

2times

5

1

2

0

2

1-2

2

1

0

1

1

1

2

5

1

2

1

0-1

1

1

2

1

2

5

1

1

2

$1/2$

2

1

1

1

$1/2$

0

4

1

1

2

1

1

0-1

3

1

2

0-1

2

1

1

3

1

1

0-1

2

1

1

1

2x

1

3

1

1

2

1

1

1

2

2

1

1

2

2

1

1-2

2

1

1

.5

1

2

once or twice a month

1or2 timesmaybe

1

1

1

1

1

1

2

1

1

1

1

1

1

2

1

1

1

3

1

1

3

3 to 4 times per week

1

3

3

1

2

4

0

2

1

1

1

6

1

2

1

2

0-every week

One

1

2

4

1

3

0-1

1

2

1

1

less than 1x week

4

1

3

2

1

1

2

2

4

1

0

1

3

1

1

1

2

1

3

2

<1

2

1

1

1

1

1

1

1

1

1

1

2

2

4

1

2

1

1

1

1

1

1

2

1

2

2

1

1

3

3

1

3

1

3

7

5

1

2

1

2

2

2

1

1

1

2

less than one

1

1

1

5

2

1

1

2

1-2

2

1

0.25

3

2

1

2

1

2

4

1

1

2

2

1

1

2

2

1

1

1

2

1

1

3

1

0-1

1

1

1-2 times per month

3

1

1

1/2

1

2

5

1

1

1

1

2

0

1

1

3

1

4

3

1

1

1

2

Once

2

1

1

1

1

1

1

1

1

0

once every other week

1

2

3

1

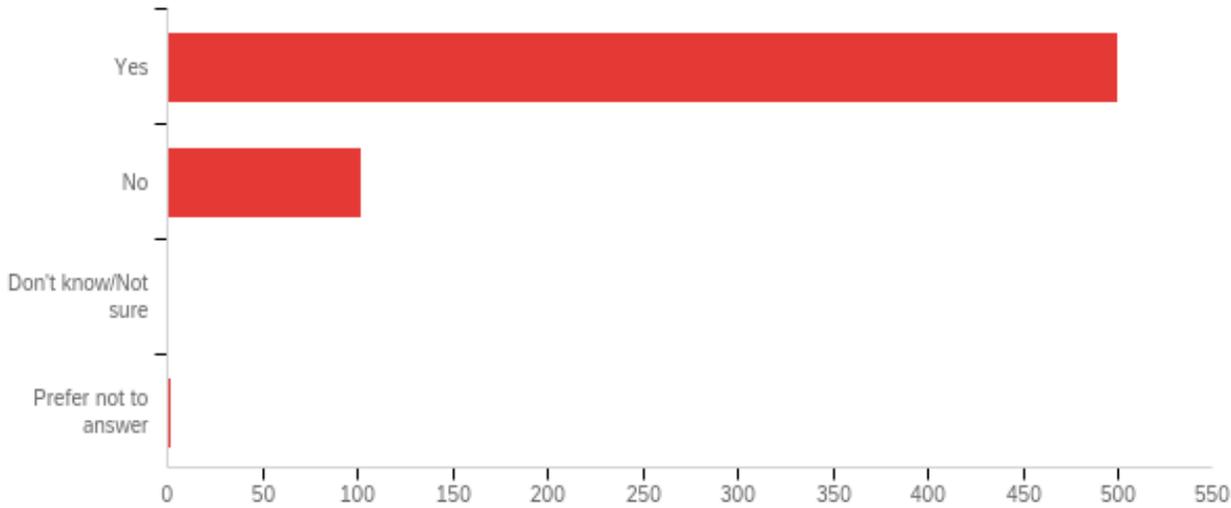
1

1

1

1

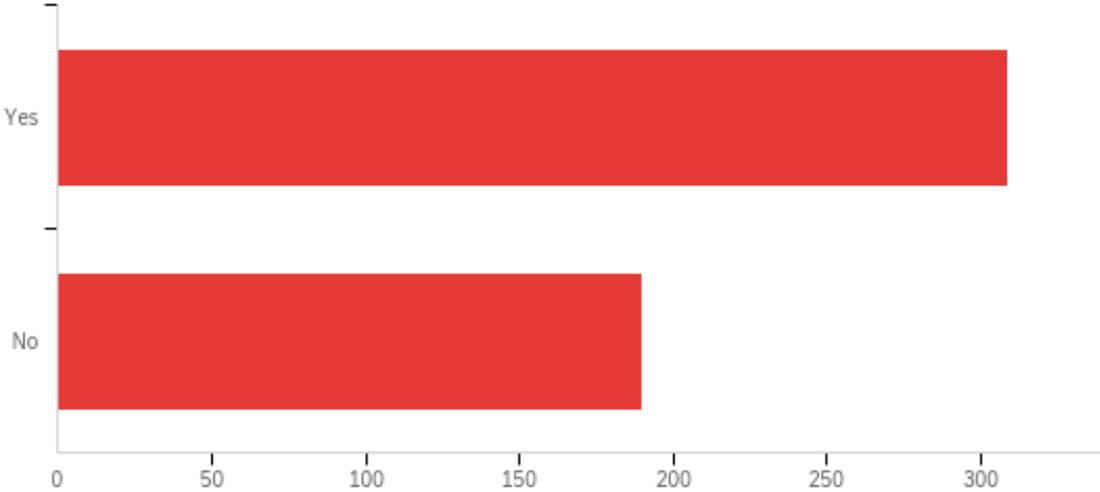
S21-1 - Section 21: Exercise (Physical Activity) During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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?	1.00	4.00	1.18	0.41	0.17	605

#	Answer	%	Count
1	Yes	82.64%	500
2	No	16.86%	102
3	Don't know/Not sure	0.17%	1
4	Prefer not to answer	0.33%	2
	Total	100%	605

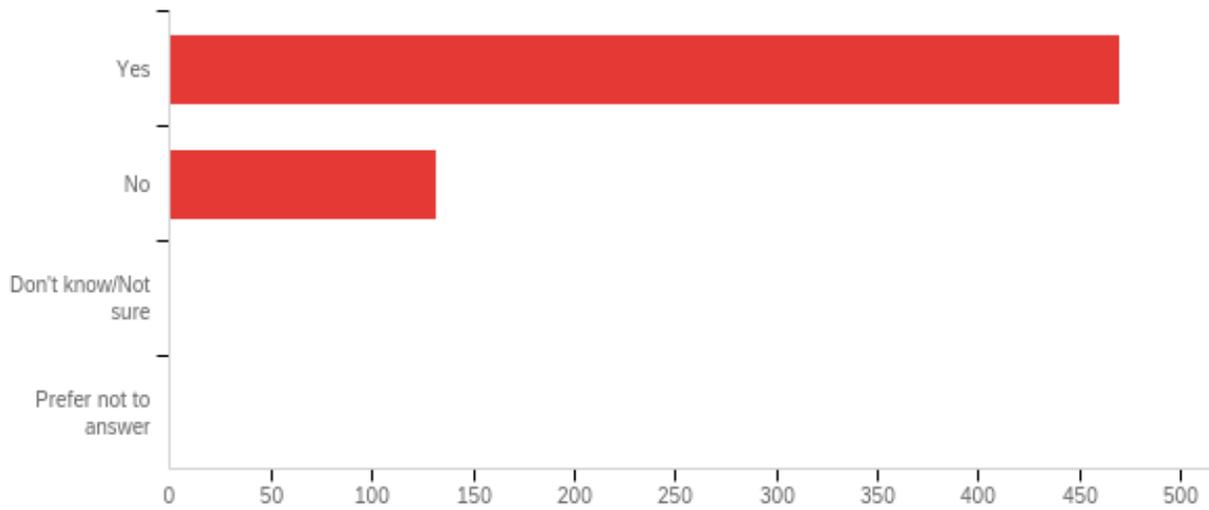
S21-2 - And when you took part in this physical activity, did you get at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity physical activity, or an equivalent combination each week.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	And when you took part in this physical activity, did you get at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity physical activity, or an equivalent combination each week.	1.00	2.00	1.38	0.49	0.24	499

#	Answer	%	Count
1	Yes	61.92%	309
2	No	38.08%	190
	Total	100%	499

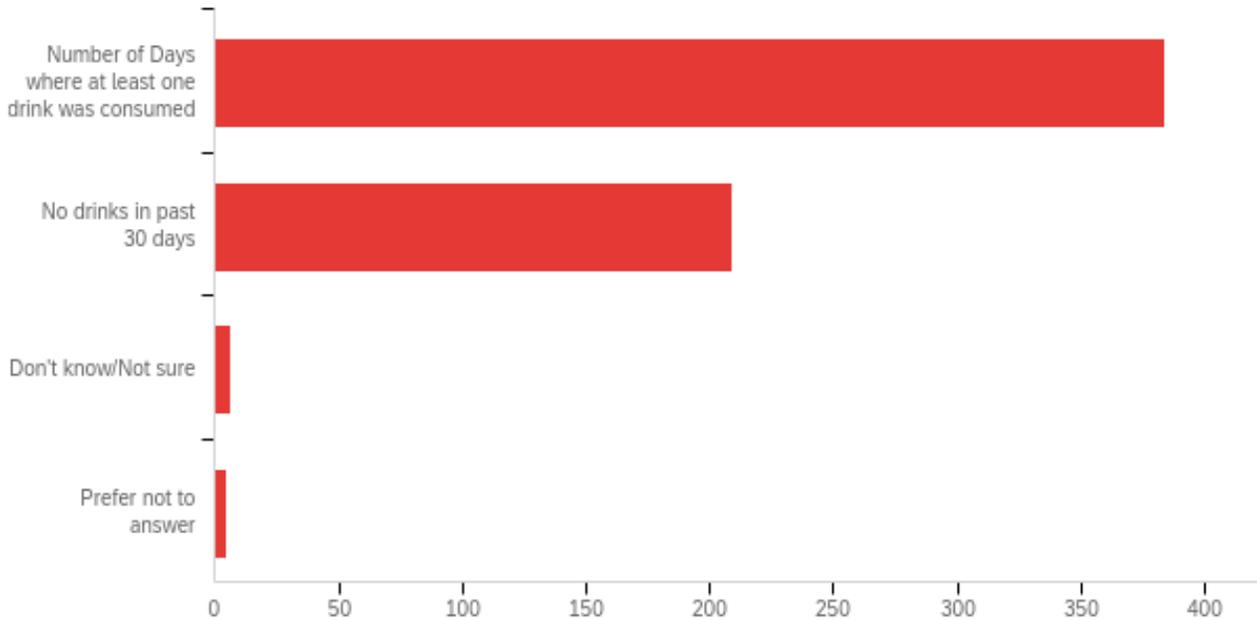
S22-1 - Section 22: Immunization During the past 12 months, have you had a seasonal flu vaccine?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 22: Immunization During the past 12 months, have you had a seasonal flu vaccine?	1.00	4.00	1.23	0.43	0.19	604

#	Answer	%	Count
1	Yes	77.81%	470
2	No	21.85%	132
3	Don't know/Not sure	0.17%	1
4	Prefer not to answer	0.17%	1
	Total	100%	604

S23-1 - Section 23: Substance Use and Consumption **During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?**



#	Answer	%	Count
1	Number of Days where at least one drink was consumed	63.58%	384
2	No drinks in past 30 days	34.60%	209
3	Don't know/Not sure	0.99%	6
4	Prefer not to answer	0.83%	5
	Total	100%	604

S23-1_1_TEXT - Number of Days where at least one drink was consumed

Number of Days where at least one drink was consumed - Text

8
3
5
10

8

3

4

4

2

7

3

8

10

10

15

5

7

5

6

4

2

10

5

2

2

7

3

4

3

2

5

30

28

2

4

4

6

5

1

10

1

30

0

1

10

1

7

4

5

3

2

8

2

4

6

1

10

30

10

20

1

about 7

4

28

12

7

2

7

1

25

20

3

10

15

1

2

5

2

25

2

15

5

5

30

15

3

20

30

2

2

30

3

1

2

30

3

5

3

30

10

3

5

10

20

3

3

2

5

1

12

2

15

14

2

28

7

20

30

5

24

4

7

5

4

20

8

3

0

5

1

15

1

20

3

4

4

1 day

6

2

2

5

30

20

30

3

2

1

3

1

10

2

10

2

10

1

8

3

3

2

3

2

12

5

2

4

25

2

30

2

10

18

6

3

1

1

1

3

25

7

4

2

1

,1

16

1

1

0

5

1

6

1

5

4

10

30

20

2

10

10

1

7

20

20

1

5

2

5

15

2

3

18

10

7

3

6

4

1

7

15

1

12

2

30

15

30

3

3

30

4

30

3

0

2

10

4

2

30

10

5

6

20

4

8

7

6

4

15

1

6

4

20

15

15

1-2

1

15

30

8

1

2

16

4

8

5

2

3

24

10

15

1

6

2

25

7

10

20

8

4

1

7

7

2

30

4

5

10

1

1

4

20

10

10

2

9

5

15

3

3

5

6

20

30

5

30

6

4

5

6

5

3

5

10

12

10

3

25

5

2

15

5

30

25

9

3

30

5

1

10

7

1

2

3

20

10

5

4

8

3

5

2

10

30

1

8

1

2

20

20

4

7

29

10

5

8

15

5

10

1

0

15

5

3

8

10

7

6

1

2

10

1

10

3

1

15

1

10

5

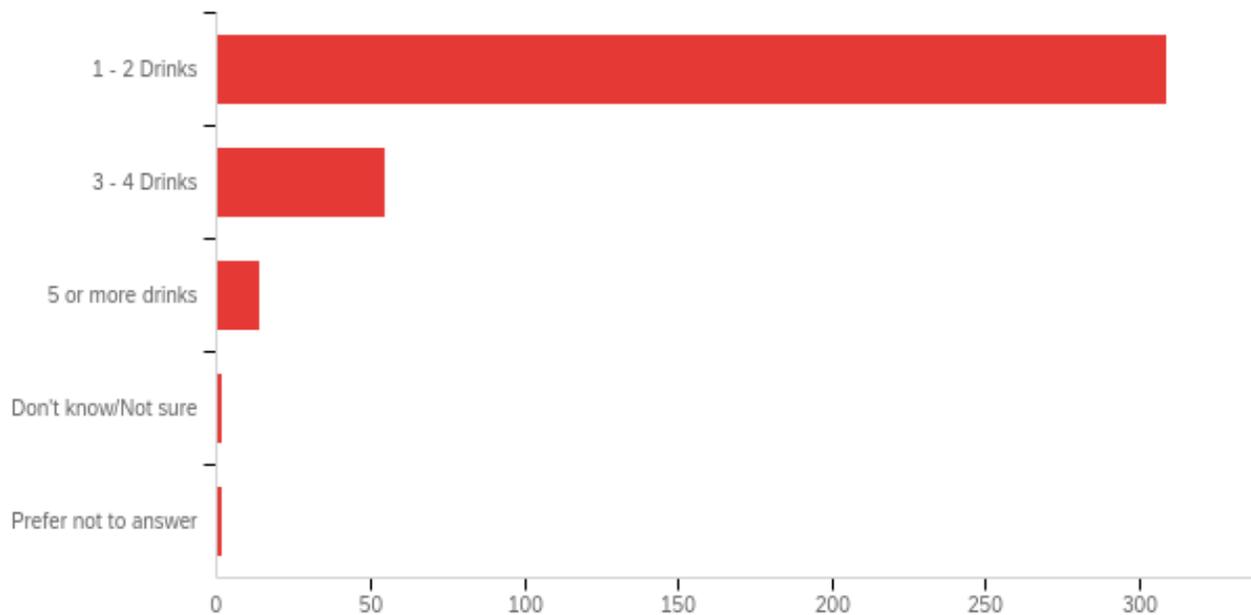
5

6

7

30

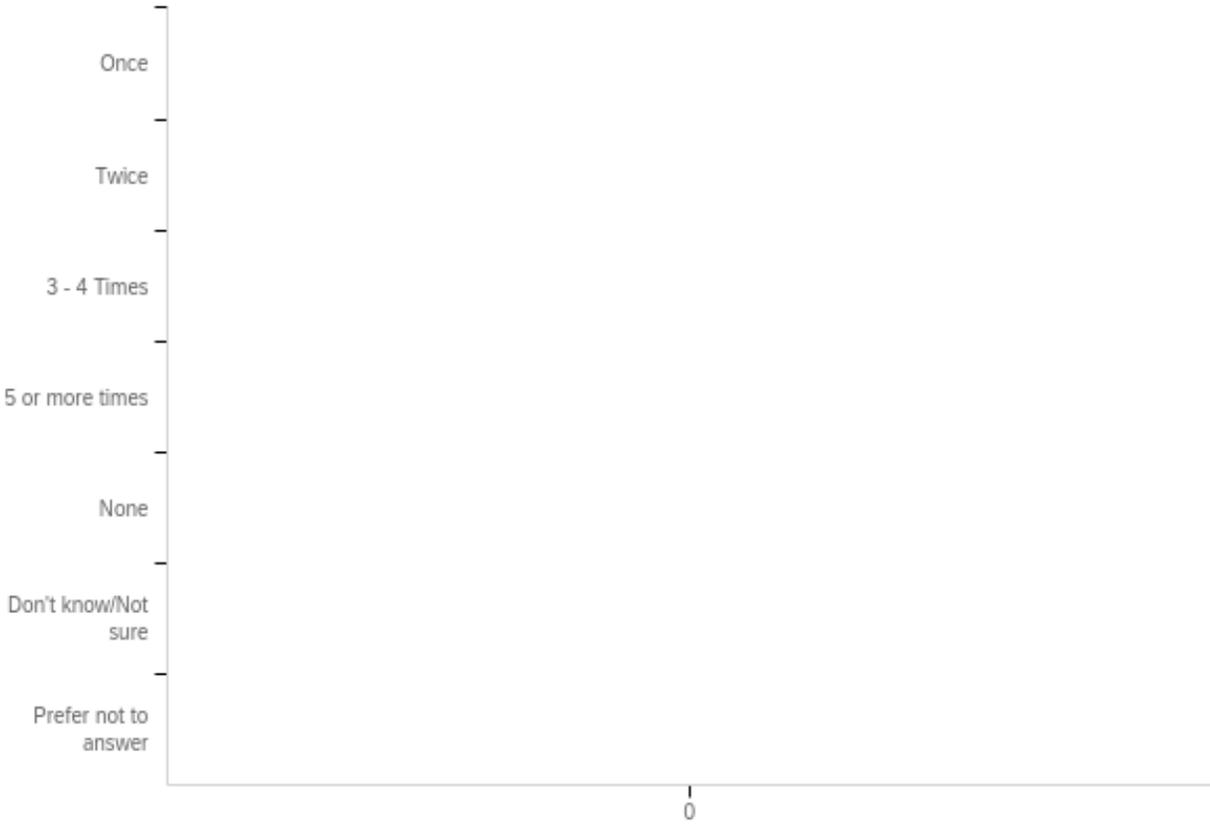
S23-2 - One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you consume on the average?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you consume on the average?	1.00	5.00	1.25	0.60	0.36	382

#	Answer	%	Count
1	1 - 2 Drinks	80.89%	309
2	3 - 4 Drinks	14.40%	55
3	5 or more drinks	3.66%	14
4	Don't know/Not sure	0.52%	2
5	Prefer not to answer	0.52%	2
	Total	100%	382

S23-3 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

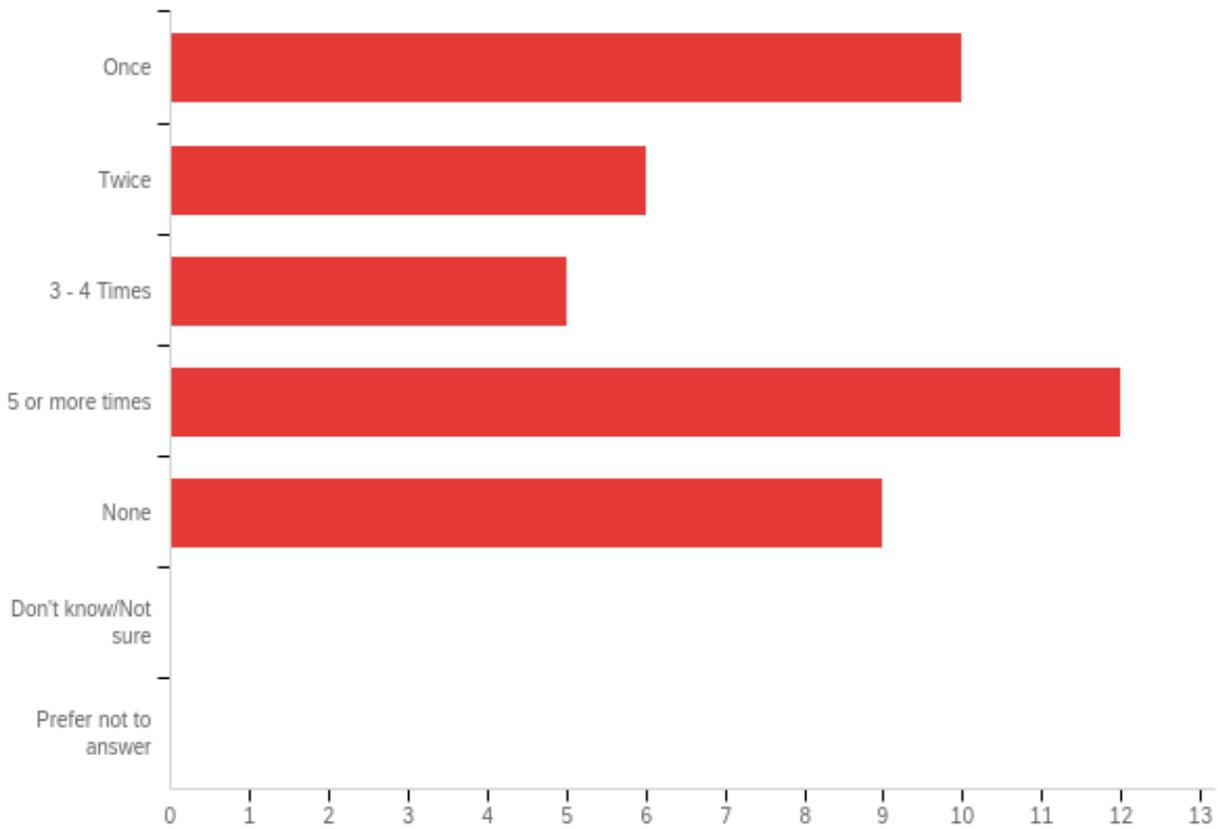


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?	0.00	0.00	0.00	0.00	0.00	0

#	Answer	%	Count
1	Once	0.00%	0
2	Twice	0.00%	0
3	3 - 4 Times	0.00%	0
4	5 or more times	0.00%	0
5	None	0.00%	0

6	Don't know/Not sure	0.00%	0
7	Prefer not to answer	0.00%	0
	Total	100%	0

S23-4 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion?

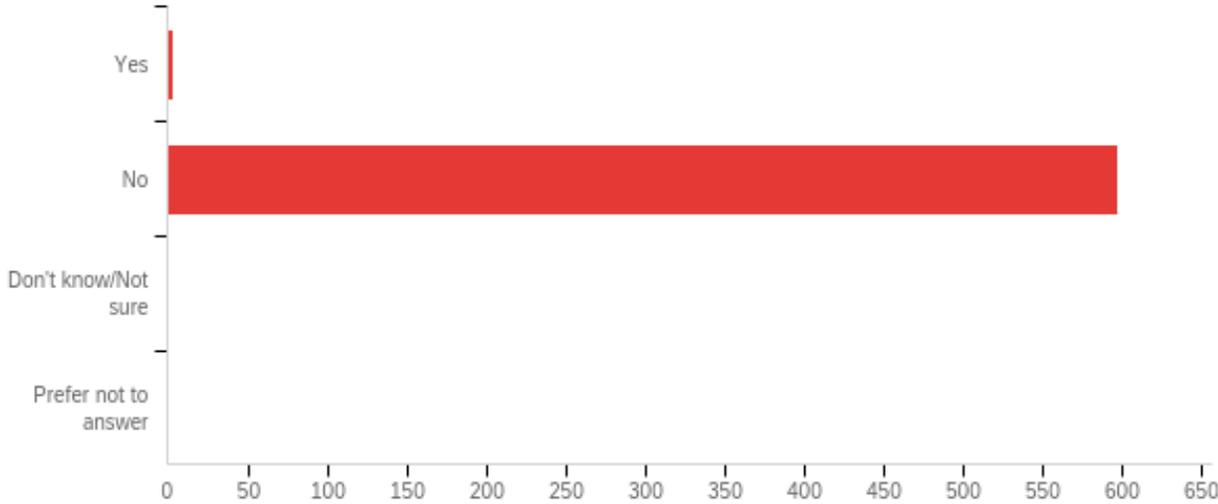


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion?	1.00	5.00	3.10	1.49	2.23	42

#	Answer	%	Count
1	Once	23.81%	10
2	Twice	14.29%	6
3	3 - 4 Times	11.90%	5
4	5 or more times	28.57%	12
5	None	21.43%	9

6	Don't know/Not sure	0.00%	0
7	Prefer not to answer	0.00%	0
	Total	100%	42

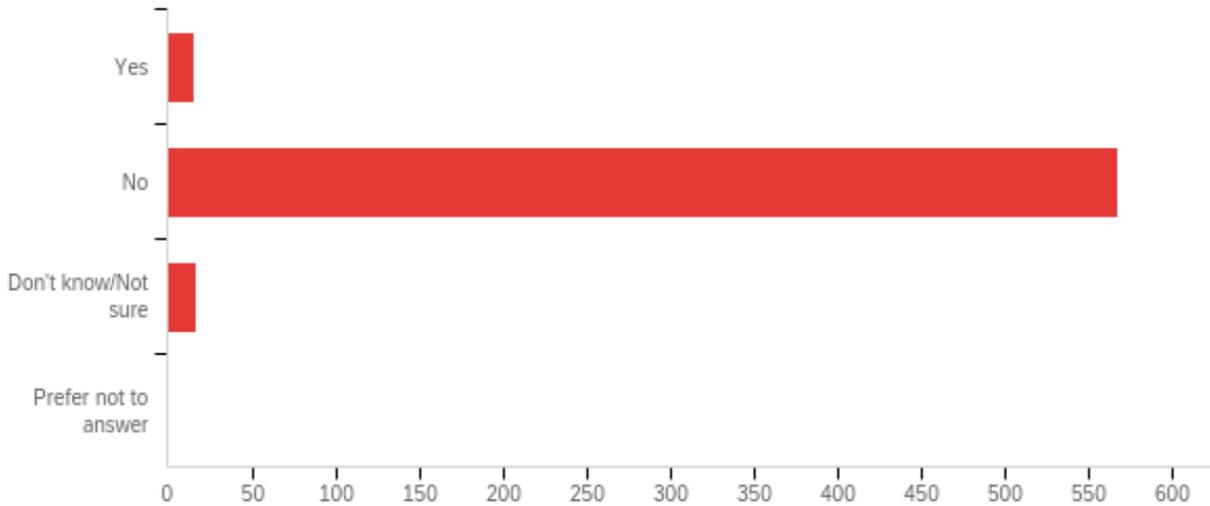
S23-5 - Have you used opioids that were not prescribed to you in the last 3 months?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you used opioids that were not prescribed to you in the last 3 months?	1.00	2.00	2.00	0.07	0.00	601

#	Answer	%	Count
1	Yes	0.50%	3
2	No	99.50%	598
3	Don't know/Not sure	0.00%	0
4	Prefer not to answer	0.00%	0
	Total	100%	601

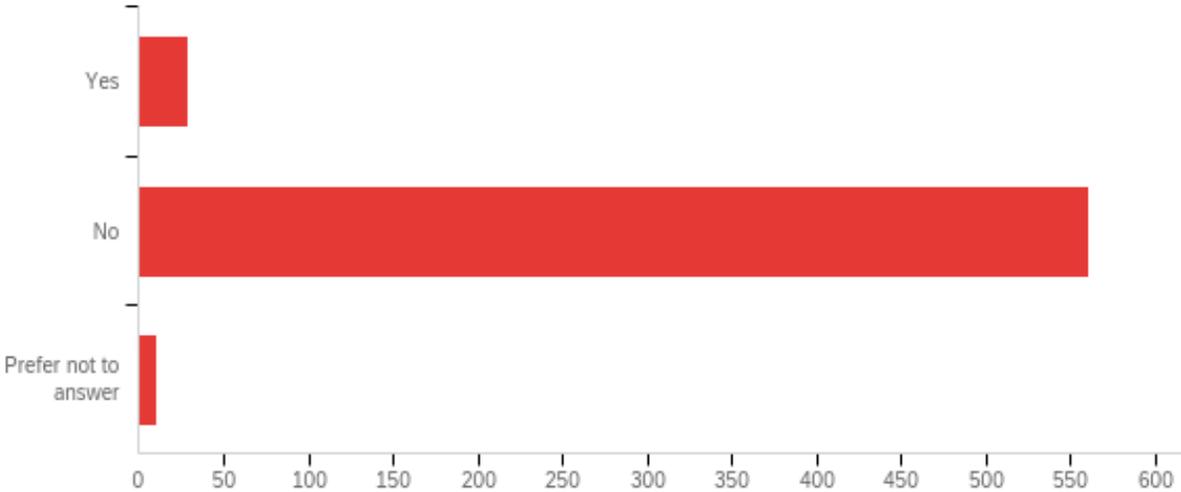
S23-6 - Do you have a family member or friend that has misused opioids in the last 3 months?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have a family member or friend that has misused opioids in the last 3 months?	1.00	3.00	2.00	0.23	0.05	601

#	Answer	%	Count
1	Yes	2.66%	16
2	No	94.51%	568
3	Don't know/Not sure	2.83%	17
4	Prefer not to answer	0.00%	0
	Total	100%	601

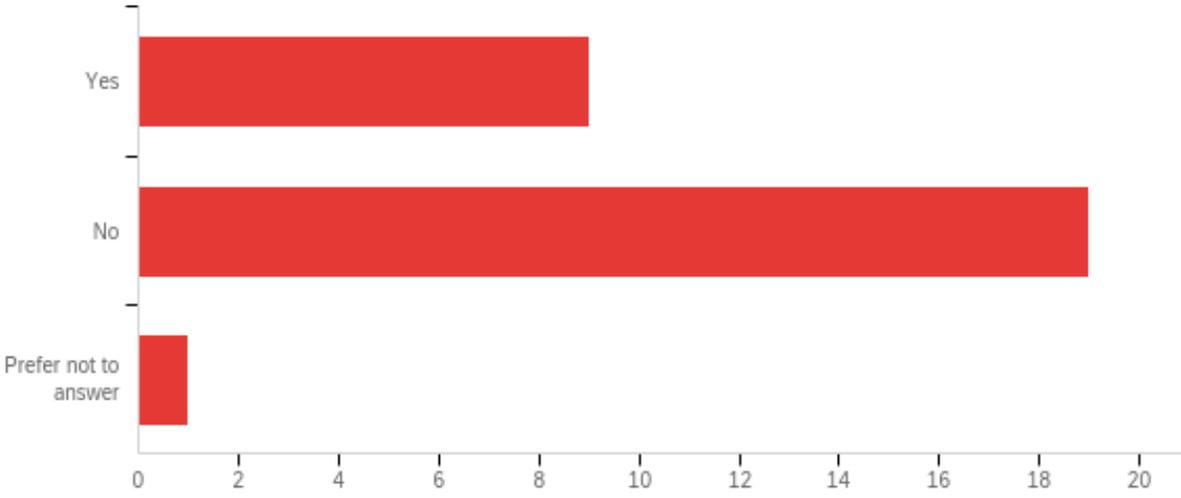
S23-7 - Have you used marijuana in the last 3 months?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you used marijuana in the last 3 months?	1.00	3.00	1.97	0.25	0.06	600

#	Answer	%	Count
1	Yes	4.83%	29
2	No	93.50%	561
3	Prefer not to answer	1.67%	10
	Total	100%	600

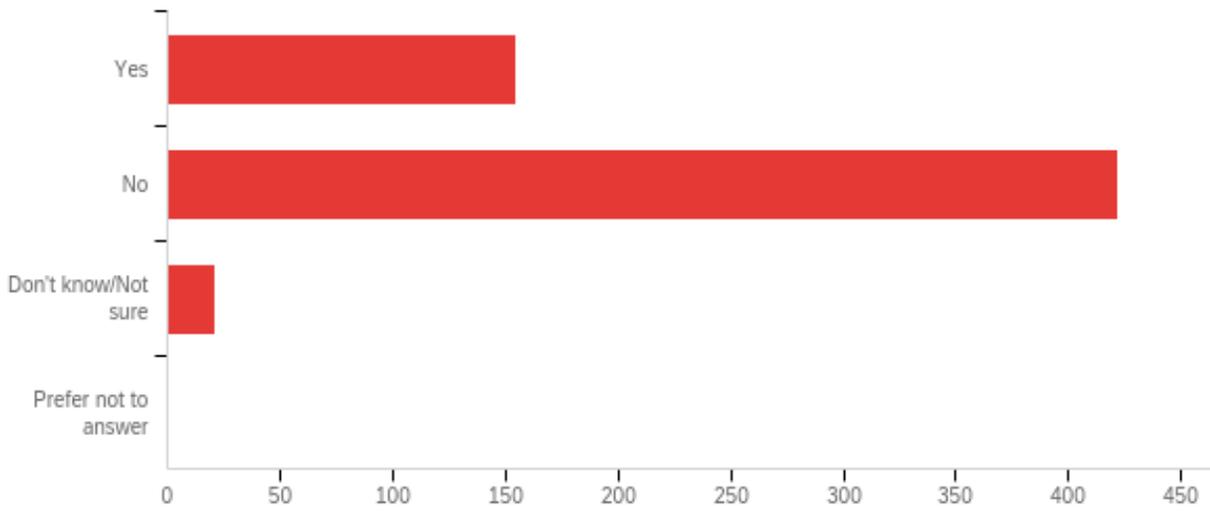
S23-8 - Do you have a medical marijuana card?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have a medical marijuana card?	1.00	3.00	1.72	0.52	0.27	29

#	Answer	%	Count
1	Yes	31.03%	9
2	No	65.52%	19
3	Prefer not to answer	3.45%	1
	Total	100%	29

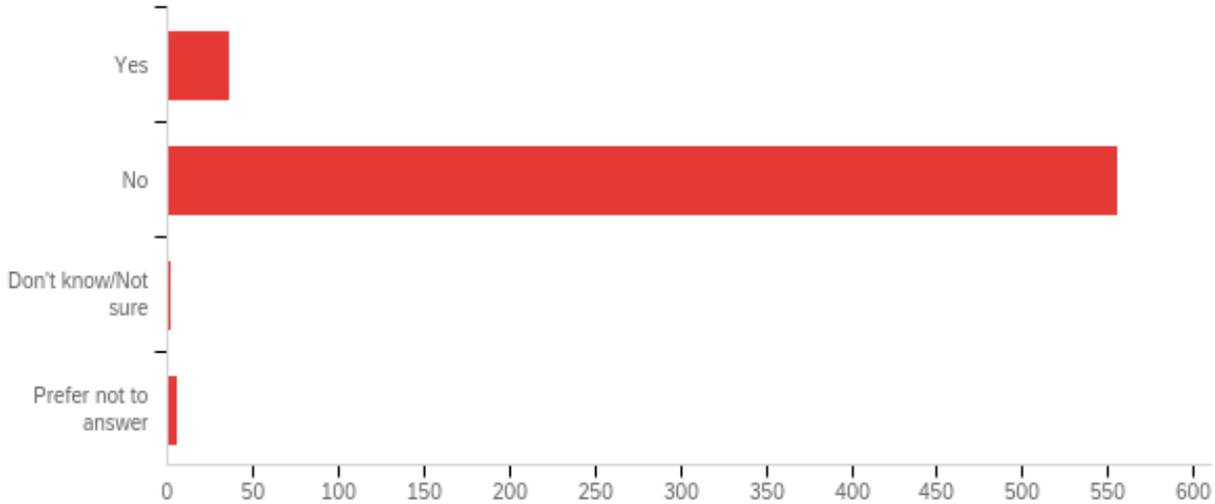
S24-1 - Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.	1.00	3.00	1.78	0.49	0.24	598

#	Answer	%	Count
1	Yes	25.92%	155
2	No	70.57%	422
3	Don't know/Not sure	3.51%	21
4	Prefer not to answer	0.00%	0
	Total	100%	598

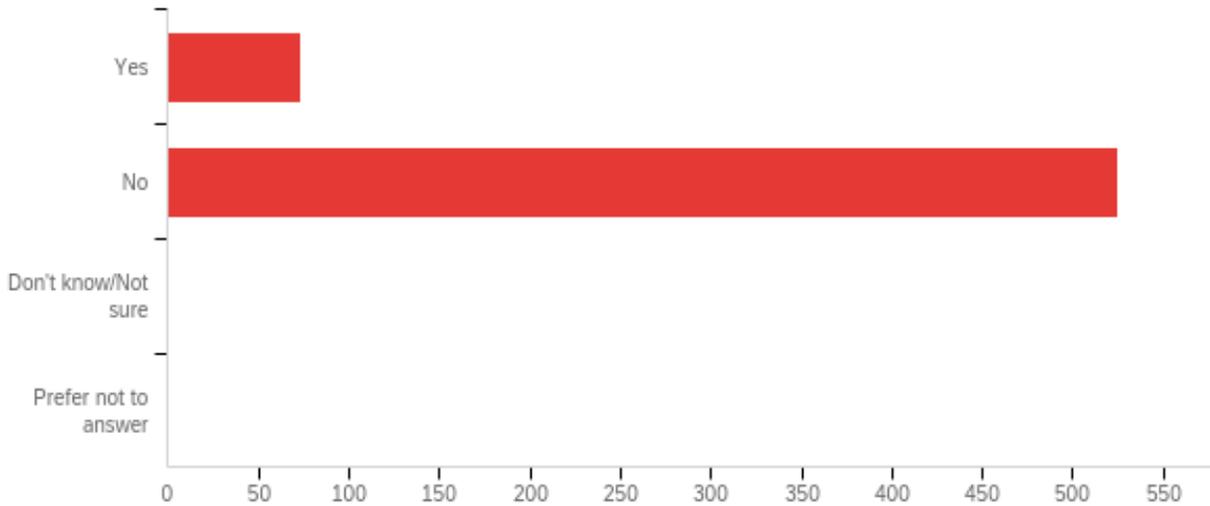
S25-1 - Have you ever been physically abused (beaten, pushed, shoved, or sexually assaulted) by another member of the household?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever been physically abused (beaten, pushed, shoved, or sexually assaulted) by another member of the household?	1.00	4.00	1.96	0.32	0.10	600

#	Answer	%	Count
1	Yes	6.00%	36
2	No	92.67%	556
3	Don't know/Not sure	0.33%	2
4	Prefer not to answer	1.00%	6
	Total	100%	600

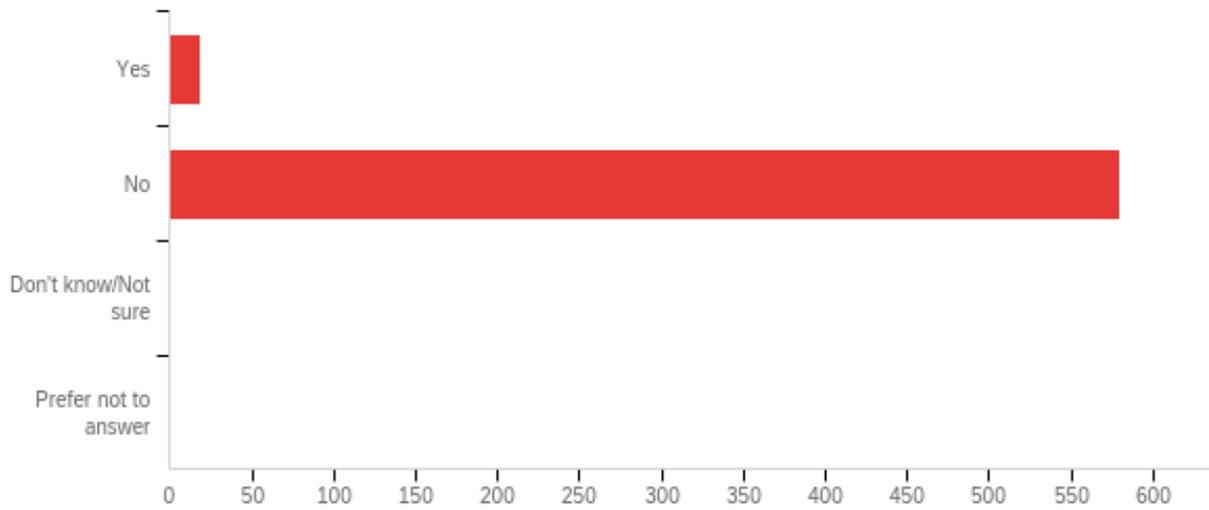
S25-2 - Have you ever been a victim of a violent crime in this community? Include theft, physical or sexual assault, property damage, and stalking.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever been a victim of a violent crime in this community? Include theft, physical or sexual assault, property damage, and stalking.	1.00	4.00	1.88	0.34	0.12	600

#	Answer	%	Count
1	Yes	12.17%	73
2	No	87.50%	525
3	Don't know/Not sure	0.17%	1
4	Prefer not to answer	0.17%	1
	Total	100%	600

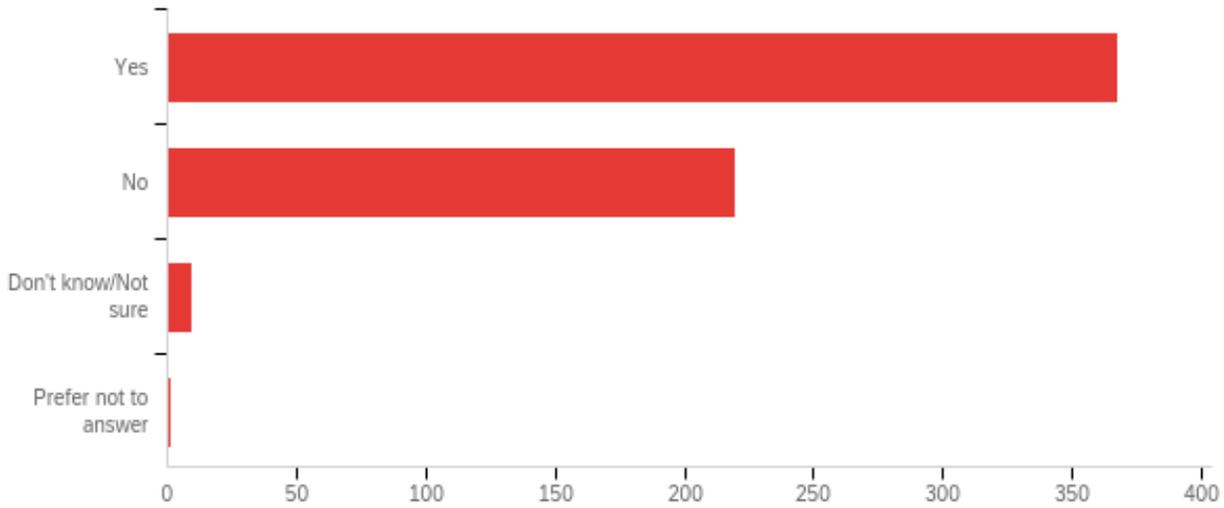
S26-1 - Section 26: Medication Compliance Was there a time in the past 12 months when you stopped taking your medicine because of cost?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 26: Medication Compliance Was there a time in the past 12 months when you stopped taking your medicine because of cost?	1.00	3.00	1.97	0.18	0.03	600

#	Answer	%	Count
1	Yes	3.17%	19
2	No	96.67%	580
3	Don't know/Not sure	0.17%	1
4	Prefer not to answer	0.00%	0
	Total	100%	600

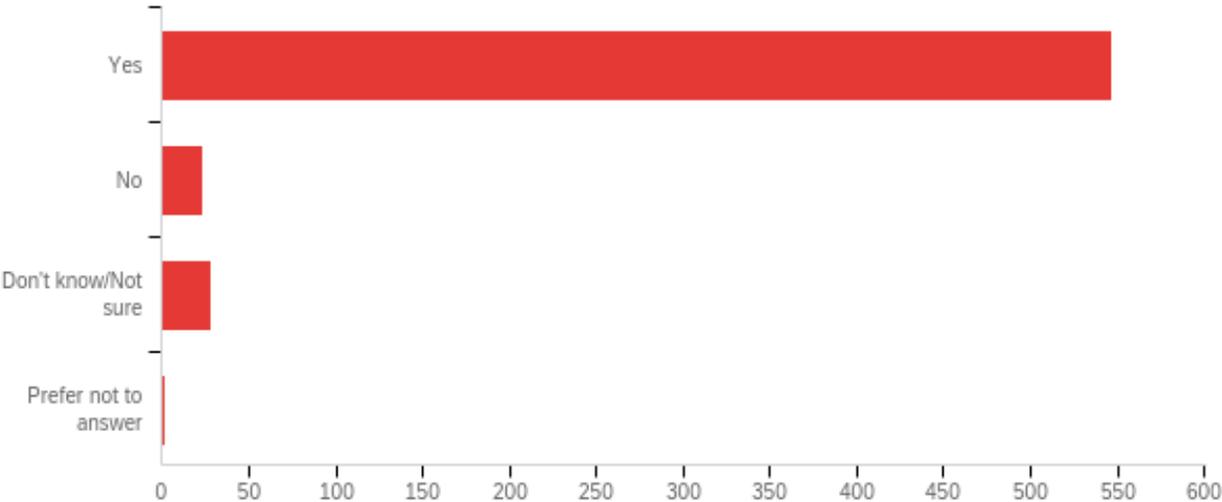
S27-1 - Section 27: End of Life Planning Do you have a living will or advanced directive?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 27: End of Life Planning Do you have a living will or advanced directive?	1.00	4.00	1.40	0.53	0.28	598

#	Answer	%	Count
1	Yes	61.54%	368
2	No	36.79%	220
3	Don't know/Not sure	1.51%	9
4	Prefer not to answer	0.17%	1
	Total	100%	598

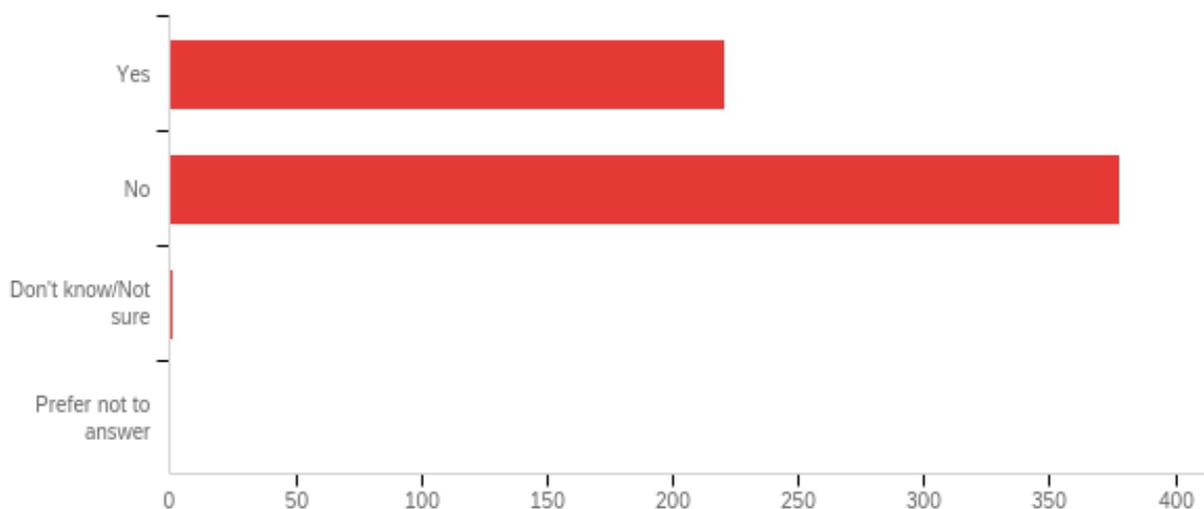
S28-1 - Section 28: Access to Health Care Can you get an appointment with your primary care provider when you need one?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Section 28: Access to Health Care Can you get an appointment with your primary care provider when you need one?	1.00	4.00	1.14	0.48	0.23	600

#	Answer	%	Count
1	Yes	91.17%	547
2	No	3.83%	23
3	Don't know/Not sure	4.67%	28
4	Prefer not to answer	0.33%	2
	Total	100%	600

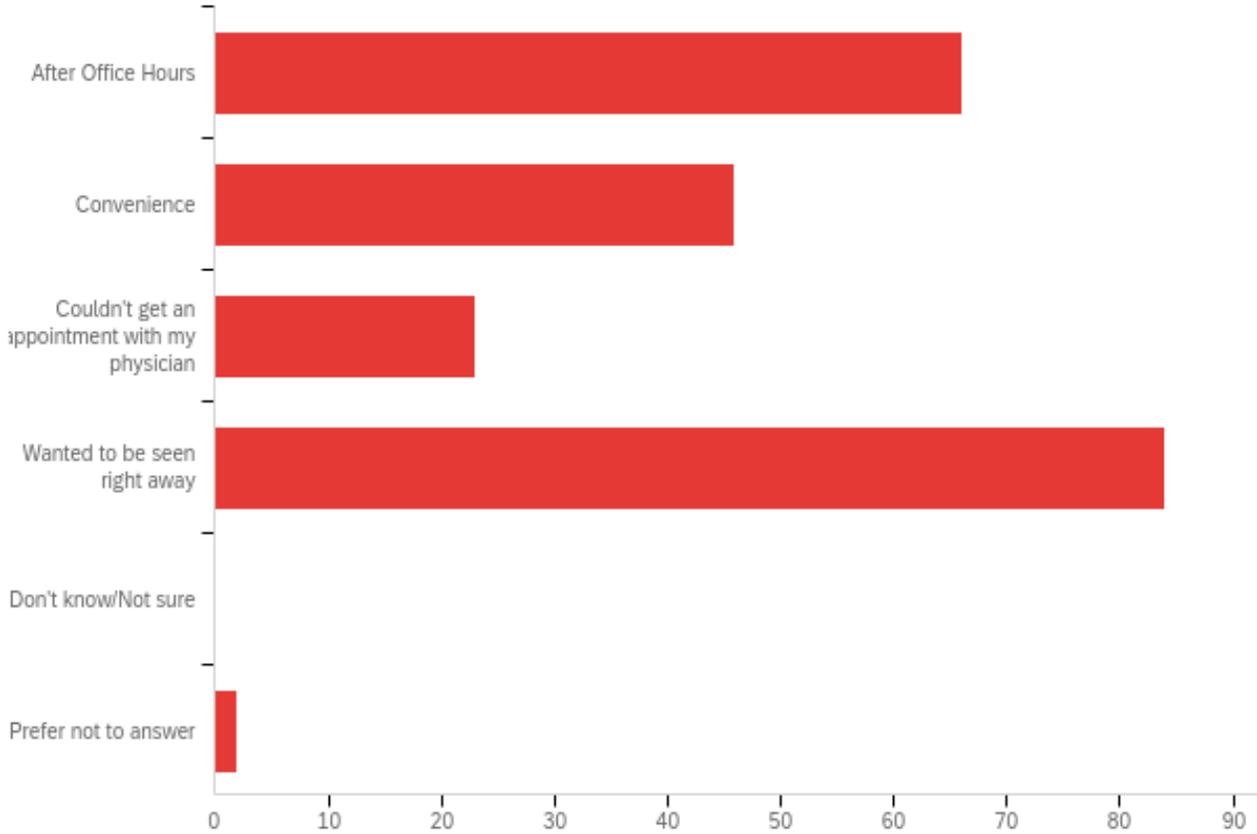
S28-2 - In the past 12 months, have you visited an urgent care center (other than a hospital emergency department) instead of going to your primary care physician?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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?	1.00	3.00	1.63	0.49	0.24	600

#	Answer	%	Count
1	Yes	36.83%	221
2	No	63.00%	378
3	Don't know/Not sure	0.17%	1
4	Prefer not to answer	0.00%	0
	Total	100%	600

S28-3 - What was your primary reason for visiting an urgent care center?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What was your primary reason for visiting an urgent care center?	1.00	6.00	2.60	1.31	1.71	221

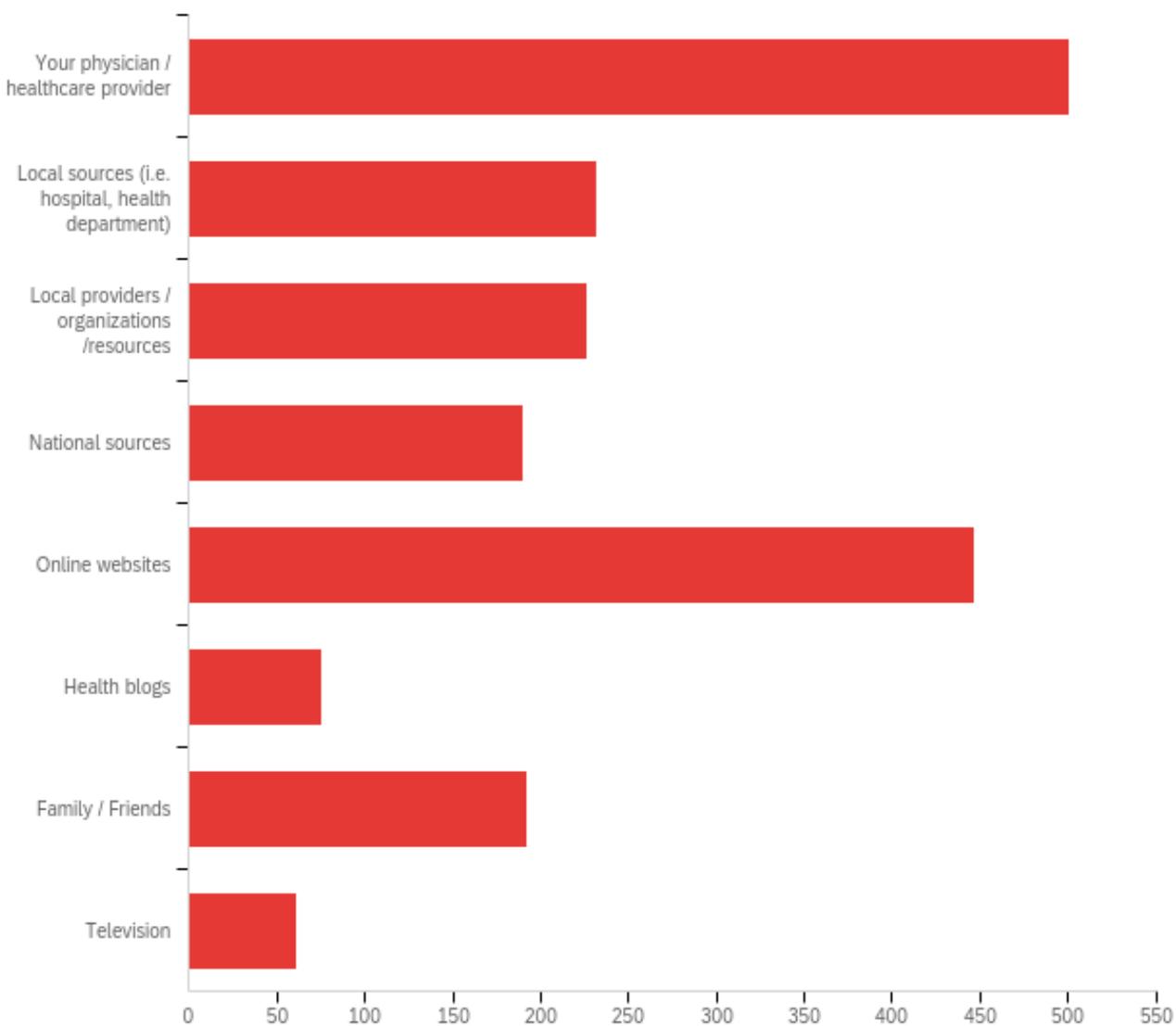
#	Answer	%	Count
1	After Office Hours	29.86%	66
2	Convenience	20.81%	46
3	Couldn't get an appointment with my physician	10.41%	23
4	Wanted to be seen right away	38.01%	84
5	Don't know/Not sure	0.00%	0
6	Prefer not to answer	0.90%	2

Total

100%

221

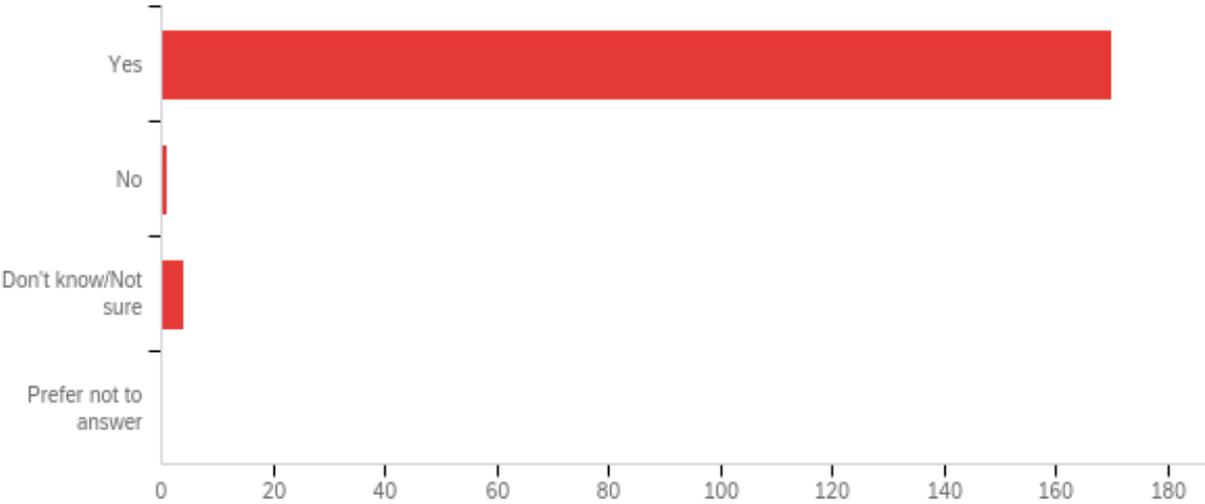
S28-4 - Where do you go to get health information and/or health education? (Choose all that apply)



#	Answer	%	Count
1	Your physician / healthcare provider	26.03%	501
2	Local sources (i.e. hospital, health department)	12.05%	232
3	Local providers / organizations /resources	11.74%	226
4	National sources	9.87%	190
5	Online websites	23.22%	447
6	Health blogs	3.95%	76
7	Family / Friends	9.97%	192

8	Television	3.17%	61
	Total	100%	1925

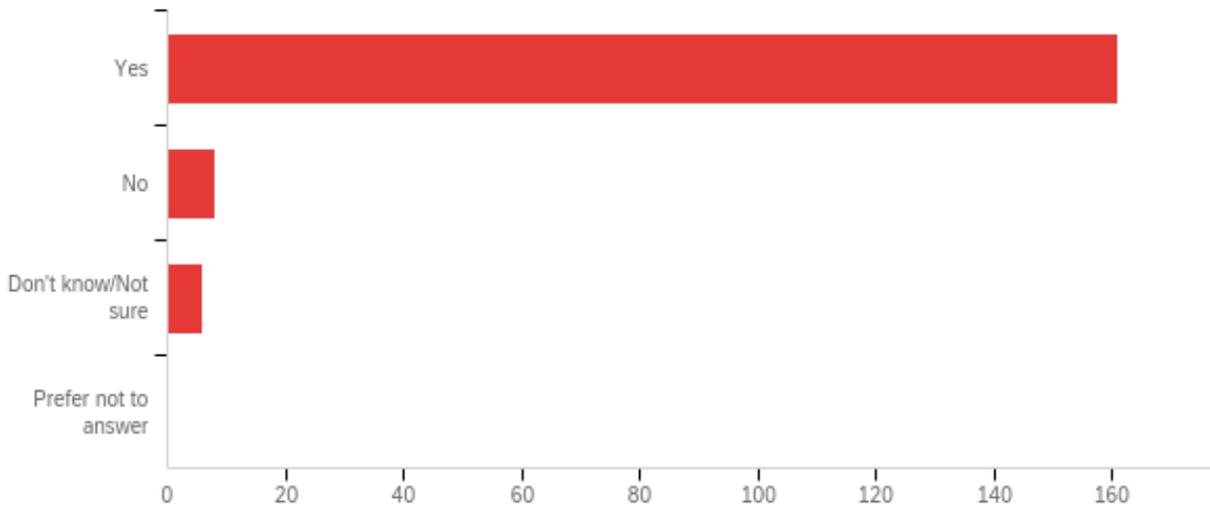
S29-1 - Does your child/children have regular wellness visits with a medical doctor?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Does your child/children have regular wellness visits with a medical doctor?	1.00	3.00	1.05	0.31	0.09	175

#	Answer	%	Count
1	Yes	97.14%	170
2	No	0.57%	1
3	Don't know/Not sure	2.29%	4
4	Prefer not to answer	0.00%	0
	Total	100%	175

S29-2 - Does your child/children receive a regular dental checkup at least once per year?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Does your child/children receive a regular dental checkup at least once per year?	1.00	3.00	1.11	0.41	0.17	175

#	Answer	%	Count
1	Yes	92.00%	161
2	No	4.57%	8
3	Don't know/Not sure	3.43%	6
4	Prefer not to answer	0.00%	0
	Total	100%	175

Community Health Needs_Sample2

Start of Block: Demographics: Part I

The Partnership for a Healthier Carroll County is conducting a Community Health Needs Assessment. This brief anonymous survey allows The Partnership to collect responses from people throughout the county to help identify unmet needs or barriers to health in Carroll County.

Results from this survey will be compiled into a final report and a new Health Improvement Plan which will be used by organizations, agencies, businesses and individuals to improve the health and well-being of everyone living in Carroll County. The survey takes approximately 10 minutes to complete and no personal information is collected so all responses will be kept confidential.

Thank you for offering your time to participate. It is greatly appreciated. Upon completion of this survey you will be redirected for your chance to win one of five \$50.00 gift cards!

Dorothy Fox Executive Director & C.E.O. The Partnership for a Healthier Carroll County

Page Break

Demographics: Part I Please select your zip code:

21048

21074

21088

21102

21104

21155

21157

21158

21757

21771

21776

21784

21787

21791

21797

Other



What is your gender?

- Male
 - Female
 - Identifies as other than male or female
-

What is your age?

Thank you for your interest in the survey. However, as a Carroll County Health Needs Assessment we are only able to survey Carroll County residents at this time.

End of Block: Demographics: Part I

Start of Block: Section 1: Health Status

Section 1: Health Status Would you say that in general your health is ---?

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

COVID-19 has impacted me by (choose as many as applies):

- Loss of Job
- Loss of Income
- Became ill
- Family member became ill
- Unable to afford food
- Loss of housing
- Participated in tele-health
- Loss of Car
- Missed medical appointment
- Increased stress and anxiety
- Worrying about your health or health of your family/loved ones
- Feeling depressed
- No Impact

End of Block: Section 1: Health Status

Start of Block: Section 2: Health Care Access

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
-

Do you have health insurance?

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

End of Block: Section 2: Health Care Access

Start of Block: Section 3: Healthy Days - Health Related Quality of Life

Section 3: Healthy Days - Health Related Quality of Life 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

End of Block: Section 3: Healthy Days - Health Related Quality of Life

Start of Block: Section 4: Anxiety and Depression

Section 4: Anxiety and Depression

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
 - Prefer not to answer
-

Has a doctor or other healthcare provider ever told you that you have an anxiety disorder?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Please select any of the following that you have experienced in the past year:

- Feeling nervous
 - Feeling hopeless
 - Feeling restless or fidgety
 - Feeling so sad or depressed that nothing could cheer you up
 - Feeling like everything was an effort
 - Feeling down on yourself, no good or worthless
-

In the past year, have you received any inpatient or outpatient treatment (such as in a hospital, treatment facility, medical or mental health clinic, doctor's office or some other place) for any problem you were having with your emotions, nerves or mental health?

- Yes
 - No
 - Prefer not to answer
-

At any time in the past 12 months did you seriously think seriously about trying to kill yourself?

- Yes
 - No
 - Prefer not to answer
-

During the past 12 months did you attempt to kill yourself?

- Yes
 - No
 - Prefer not to answer
-

During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?

- Yes
- No
- Prefer not to answer

End of Block: Section 4: Anxiety and Depression

Start of Block: Section 5: Cognitive Impairment

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
 - Prefer not to answer
-

Have you witnessed a family member experience confusion or memory loss that is happening more often or getting worse?

- Yes
- No
- Don't know/Not Sure
- Prefer not to answer

End of Block: Section 5: Cognitive Impairment

Start of Block: Section 6: Visual Impairment and Access to Eye Care

Section 6: Visual Impairment and Access to Eye Care

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
 - Prefer not to answer
-

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
- Prefer not to answer

End of Block: Section 6: Visual Impairment and Access to Eye Care

Start of Block: Section 7: Oral Health

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
- Prefer not to answer

End of Block: Section 7: Oral Health

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

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
 - Prefer not to answer
-

Are you currently taking medicine for your high blood pressure?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

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

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

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
 - Prefer not to answer
-

Are you exercising (to help lower or control your high blood pressure)?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

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

Start of Block: Section 9: Cholesterol Awareness

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
 - Never checked
 - Don't know/Not sure
 - Prefer not to answer
-

Have you ever been told you have high cholesterol?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Are you currently taking medication for your high cholesterol?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 9: Cholesterol Awareness

Start of Block: Section 10: Chronic Health Conditions

Section 10: Chronic Health Conditions Has a doctor, nurse or other health professional ever told you that you had a heart attack also called a myocardial infarction?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Have you ever had a stent or bypass?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you had a stroke?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you had asthma?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you had skin cancer?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you had any other types of cancer?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you have congestive heart failure?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-



What kind of help would you need in managing this/these conditions (heart attack, angina, stroke, asthma, cancer, COPD, or arthritis) to stay healthy? (Choose all that apply_

- 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
- None

End of Block: Section 10: Chronic Health Conditions

Start of Block: Section 11: Diabetes

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
 - Prefer not to answer
-

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
 - Prefer not to answer
-

Has a healthcare provider ever told you that diabetes increases the risk of heart attack or stroke?

- Yes
 - No
-

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- Once
 - Twice
 - 3 - 4 Times
 - 5 - 6 Times
 - 7 - 10 Times
 - More than 10 times
 - None
 - Don't know/Not sure
 - Prefer not to answer
-

A test for "A1C" 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 "A1C"?

- Once
 - Twice
 - 3 Times
 - 4 Times
 - 5 or more times
 - None
 - Never heard of "A1C" test
 - Don't know/Not sure
 - Prefer not to answer
-

Have you ever taken a course or class in how to help manage your diabetes?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Are you currently taking a statin? *(Statins are drugs that can lower your cholesterol and include medications such as Lipitor, Lescol, Altoprev, Livalo, Crestor, Zocor)*

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Have you taken a statin in the last three months?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 11: Diabetes

Start of Block: Section 12: Breast/Cervical/Colon Cancer Screening

Section 12: Breast/Cervical/Colon Cancer Screening

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

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

How long has it been since your last breast exam?

- 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
 - Prefer not to answer
-

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
 - Prefer not to answer
-

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

- 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
 - No longer get - post hysterectomy
 - Don't know/Not sure
 - Prefer not to answer
-

Have you had a colon cancer screening?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 12: Breast/Cervical/Colon Cancer Screening

Start of Block: Section 13: Prostate / Colon Cancer Screening

Section 13: Prostate / Colon Cancer Screening

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
- Prefer not to answer

End of Block: Section 13: Prostate / Colon Cancer Screening

Start of Block: Section 14: Excess Sun Exposure

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
 - Prefer not to answer
-

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

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

End of Block: Section 14: Excess Sun Exposure

Start of Block: Section 15: Tobacco Use

Section 15: Tobacco Use

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

- Every day
 - Some days
 - Not at all
 - Don't know/Not sure
 - Prefer not to answer
-

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
 - Prefer not to answer
-

The next question asks about electronic vaping products such as JUUL, Puff Bar, Vuse, MarkTen, blu and tank systems. Electronic vaping products include: e-cigarettes, vapes, vape pens, ecigars, e-hookahs, hookah pens, mods and tank systems.

Have you ever used an electronic vaping product?

- Yes
 - No
-

During the past 30 days, on how many days did you use an electronic vaping product?

- 0 Days
 - 1 or 2 Days
 - 3 to 5 Days
 - 6 to 9 Days
 - 10 to 19 Days
 - 20 to 29 Days
 - All 30 Days
-

What is the main reason you have electronic vaping products? (Select only one response.)

- Friend or family member uses them
- To try to quit other tobacco products
- They cost less than other tobacco products
- They are easier to get than other tobacco products
- They are less harmful than other forms of tobacco
- They are available in flavors such as mint, candy, fruit or chocolate
- I used them for some other reason

End of Block: Section 15: Tobacco Use

Start of Block: Section 16: Secondhand Smoke

Section 16: Secondhand Smoke During the past week, on how many days did someone other than you smoke tobacco inside your home (not counting decks, porches, or garages)?

- 1 - 2 Days
- 3 - 4 Days
- 5 - 6 Days
- 7 Days
- None
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 16: Secondhand Smoke

Start of Block: Section 17: Demographics

Section 17: Demographics

Are you Hispanic or Latino?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

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
 - Don't know/Not sure
 - Prefer not to answer
 - Other (specify): _____
-

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
 - Prefer not to answer
-

Are you...

- Married
 - Divorced
 - Widowed
 - Separated
 - Never married
 - A member of an unmarried couple
 - Prefer not to answer
-

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

- Number of children (Please enter a numeric value. Ex: 1, 2, 3 etc.)

 - None
 - Prefer not to answer
-

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)
 - Prefer not to answer
-

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
 - Prefer not to answer
-

What 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
- Prefer not to answer

End of Block: Section 17: Demographics

Start of Block: Section 18: Veteran's Health

Section 18: Veteran's Health

Did you ever serve in a combat or war zone?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

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

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 18: Veteran's Health

Start of Block: Section 19: Fruits and Vegetables

Section 19: Fruits and Vegetables On average (not counting juice), how many times per week do you eat fruit and vegetables? Count fresh, frozen, or canned fruit and vegetables. (Please enter a numeric value. Ex: 1, 2, 3 etc.)

- Average Number per week _____
 - Never
 - Don't know/Not sure
 - Prefer not to answer
-

If any, what are your barriers to healthy eating? (select all that apply)

- Time
- Money
- Cooking skills
- Nutrition knowledge
- No Barriers
- Other: _____

End of Block: Section 19: Fruits and Vegetables

Start of Block: Section 20: Sugar Sweetened Beverages and Menu Labeling

Section 20: Sugar Sweetened Beverages and Menu Labeling

On average, how many times per week do you drink sweetened drinks, such as Kool-aid, soda, juice with added sugar, iced tea, and lemonade? Include fruit drinks you made at home and added sugar to. (Please enter a numeric value. Ex: 1, 2, 3 etc.)

- Average Times per week:

 - Never
 - Don't know/Not sure
 - Prefer not to answer
-

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

Average Times per week:

Never

Don't know/Not sure

Prefer not to answer

End of Block: Section 20: Sugar Sweetened Beverages and Menu Labeling

Start of Block: Section 21: Exercise (Physical Activity)

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

Prefer not to answer

And when you took part in this physical activity, did you get at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity physical activity, or an equivalent combination each week.

Yes

No

End of Block: Section 21: Exercise (Physical Activity)

Start of Block: Section 22: Immunization

Section 22: Immunization During the past 12 months, have you had a seasonal flu vaccine?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 22: Immunization

Start of Block: Section 23: Substance Use and Consumption

Section 23: Substance Use and Consumption

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

- Number of Days where at least one drink was consumed

 - No drinks in past 30 days
 - Don't know/Not sure
 - Prefer not to answer
-

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

- 1 - 2 Drinks
 - 3 - 4 Drinks
 - 5 or more drinks
 - Don't know/Not sure
 - Prefer not to answer
-

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

- Once
 - Twice
 - 3 - 4 Times
 - 5 or more times
 - None
 - Don't know/Not sure
 - Prefer not to answer
-

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

- Once
 - Twice
 - 3 - 4 Times
 - 5 or more times
 - None
 - Don't know/Not sure
 - Prefer not to answer
-

Have you used opioids that were not prescribed to you in the last 3 months?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Do you have a family member or friend that has misused opioids in the last 3 months?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Have you used marijuana in the last 3 months?

- Yes
 - No
 - Prefer not to answer
-

Do you have a medical marijuana card?

- Yes
- No
- Prefer not to answer

End of Block: Section 23: Substance Use and Consumption

Start of Block: 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.

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 24: HIV/AIDS

Start of Block: 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
 - Prefer not to answer
-

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
- Prefer not to answer

End of Block: Section 25: Violence

Start of Block: Section 26: Medication Compliance

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
- Prefer not to answer

End of Block: Section 26: Medication Compliance

Start of Block: Section 27: End of Life Planning

Section 27: End of Life Planning Do you have a living will or advanced directive?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 27: End of Life Planning

Start of Block: Section 28: Access to Health Care

Section 28: Access to Health Care Can you get an appointment with your primary care provider when you need one?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

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
 - Prefer not to answer
-

What was your primary reason for visiting an urgent care center?

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



Where do you go to get health information and/or health education? *(Choose all that apply)*

- Your physician / healthcare provider
- Local sources (i.e. hospital, health department)
- Local providers / organizations /resources
- National sources
- Online websites
- Health blogs
- Family / Friends
- Television

End of Block: Section 28: Access to Health Care

Start of Block: Section 29: Child Health

Does your child/children have regular wellness visits with a medical doctor?

- Yes
 - No
 - Don't know/Not sure
 - Prefer not to answer
-

Does your child/children receive a regular dental checkup at least once per year?

- Yes
- No
- Don't know/Not sure
- Prefer not to answer

End of Block: Section 29: Child Health

4. Key Informant Survey

A. Methodology

There were three Key Informant sessions. Two were composed of designated community leaders and one session was held with non-profit direct service providers. The community leader section included forty individuals who participated in one of two sessions scheduled by The Partnership which were held in September. Results from the two sessions are reported as two separate groups of community leader key informants. A separate session with sixteen non-profit direct service providers was held in July during a regularly scheduled meeting of the Community Services Council (CSC).

The Partnership identified the key informant participants and developed the key informant survey. A total of 71 key informants in all three sessions completed the survey during July and September 2020. Key informants were interviewed to gather a combination of quantitative and qualitative feedback through open-ended questions and a moderated discussion. The survey assessed the most pressing issues in the community; barriers to accessing health care; the impact of social determinants on health; health and wellness resources in the community; health promotion efforts; and information to help assist underserved populations.

Community Leaders 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. The survey questions were answered from the perspective of the communities in which each informant serves or works. A full listing of key informants and their affiliated organizations is included as an attachment in this section.

Results from the two community leader groups are provided in the first section below; results from the CSC session follow separately. It is important to note that the results from all sessions are the perceptions of many community leaders but may not necessarily represent all community representatives within Carroll County.

B. Results Summary

Community Leaders Group #1

General Health Issues

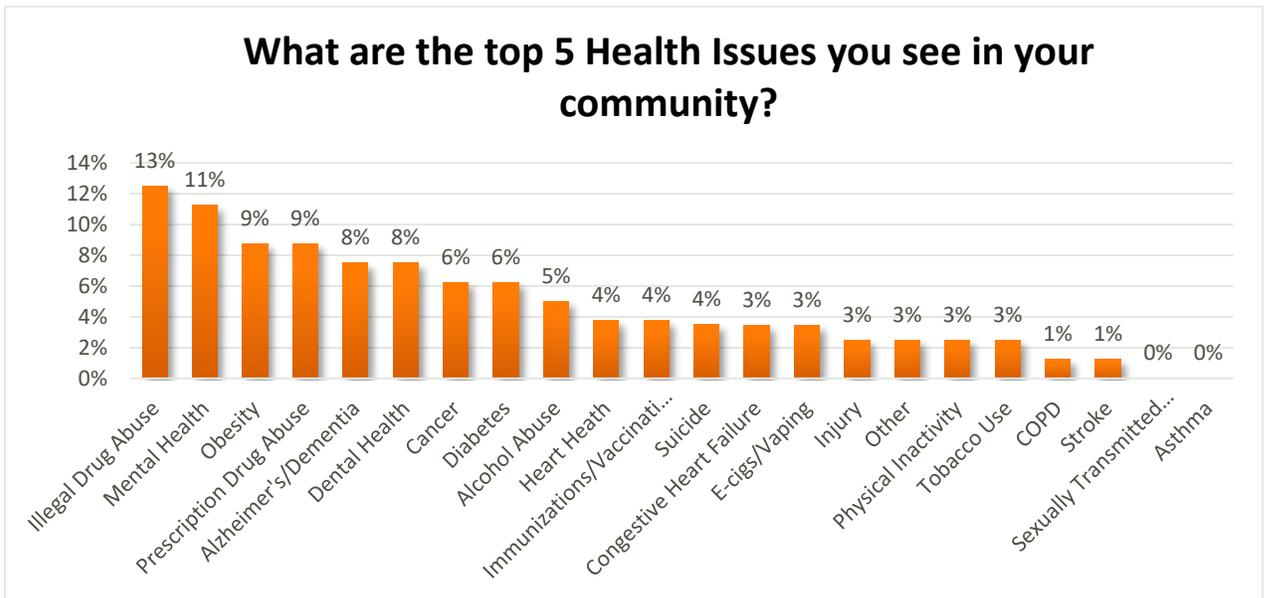
Key informants were asked to select what they believe to be the five most important health issues in our community. Two issues tied for third and fourth place, therefore, the top six health issues according to the community leaders are listed in alphabetical order as follows:

- Alzheimer's/Dementia
- Dental Health
- Illegal Drug Abuse
- Mental Health
- Obesity

- Prescription Drug Abuse

Five issues ranked the highest in both 2018 and 2021: Alzheimer’s/dementia, illegal drug abuse, mental health, obesity, and prescription drug abuse. Illegal drug abuse, mental health and obesity also ranked within the top 5 in the 2012 and the 2015 CHNA. The addition of dental health as a top ranked priority in 2020 is notable.

A full listing of health issues, in order by the percentage of key informants who selected the issue as one of the most important is presented in the following graph.



The following table shows the results in detail, including the number of times and percentage of respondents that mentioned the issue as one of their most important. The last column depicts the percent of informants who rated the issue as being their number one priority.

Of note, the issues receiving the highest percentage of individuals selecting it as one of their five most important were not all consistent with the issues chosen by informants as making the greatest impact on health in the community. Mental health was chosen as making the greatest impact, followed by illegal drug abuse. However, diabetes and prescription drug abuse tied as third choice, and Alzheimer’s/dementia, dental health, and heart health all tied as fourth highest.

Top 5 Key Health Issues Identified	Total Count for all respondents selecting the issue	Percentage of Respondents who Selected the Issue	Percentage of Respondents who Selected the Issue as Making the Greatest Impact
Illegal Drug Abuse	10	12.5%	20.0%
Mental Health	9	11.25%	33.33%
Obesity	7	8.75%	0
Prescription Drug Abuse	7	8.75%	13.33%
Alzheimer's/Dementia	6	7.5%	6.67%
Dental Health	6	7.5%	6.67%
Cancer	5	6.25%	0
Diabetes	5	6.25%	13.33%
Alcohol Abuse	4	5%	0
Heart Health	3	3.75%	6.67%
Immunizations	3	3.75%	0
Suicide	3	3.75%	0
Congestive Heart Failure	2	2.5%	0
E-cigs/Vaping	2	2.5%	0
Other	2	2.5%	0
Physical Inactivity	2	2.5%	3.4%
Tobacco Use	2	2.5%	0
COPD	1	1.25%	0
Stroke	1	1.25%	0
Asthma	0	0	0
Injury	0	0	0
Sexually Transmitted Disease	0	0	0

After selecting the top health issue, respondents were asked to share why they believe their choice is the number one priority in the community. The following section highlights a selection of responses related to the key issues. The comments were provided through open-ended questions on the survey or identified during the moderated discussion; some are provided verbatim, and others have been summarized.

Illegal drug abuse was the most frequently selected issue with approximately 12.5% of informants selecting it as one of their top five key health issues. In addition, 20% of respondents selected it as their number one priority.

Select Comments Related to Illegal Drug Abuse

- I see a great deal of addiction and crime that stems from illegal drug use and extended methadone use.
- [Drugs are] easily accessible and not just a junkie issue, but a community issue: First Responders, families, medical professionals, colleagues, etc.

Mental Health was the second most frequently selected issue with 11.25% of informants selecting it among the top five key health issues. In addition, 33.33% of respondents ranked it as their number one priority. Key informants frequently highlighted the fact that poor mental health is often the root cause of other issues and ultimately can affect all aspects of a person's life.

Select Comments Related to Mental Health

- Mental health feeds into many of the other issues – not just substance abuse but it also determines other health factors.
- Mental health issues dovetail into other issues because people are self-medicating themselves with alcohol, food, cigarettes, drugs, and domestic abuse, etc.
- It is challenging to find resources to address mental health concerns for all people in Carroll County, especially those who are under-insured or who do not speak English as their first language.
- Mental health is more of an issue due to current events this year. I feel this will cause more people to be affected.
- There is an extreme shortage of providers for addiction help/general mental health disorders. This would also help address the suicide problem our community is having.
- How we can provide services for this issue including all providers – health department, Access Carroll, and telehealth is important.
- I have personally seen how people can manipulate the behavioral health system.
- I hear frustrations from many organizations. They are doing the best they can, but there is not enough money to get things done.
- We are just putting on band aids – stopping the bleeding but not stopping the source/underlying cause of the problem.
- I would love to see a screening for children to try and have early detection of problems.
- I work with young parents and children under the age of four and can identify mental health concerns. Many young parents are single mothers who have experienced a lot of trauma, have PTSD, or don't speak English. We have a great program, E-Smart, that assesses mental health concerns in young children, but nothing for the young parents.
- Some mental health problems stem from anxiety of trying to navigate the health systems.
- Some people with intellectual disabilities have a co-diagnosis of mental health issues and are not getting the appropriate services. Practitioners need to be aware and trained to deal with a dual diagnosis (physical and mental).
- We need to acknowledge the aging population with mental health issues. Already existing

- physical and mental health issues continue to progress and are not always due to dementia.
- We need education and more local resources available, so families know where to turn for help and do not need to travel outside of the community.
 - There is a cultural disconnect as well as language barriers.

Alzheimer's/Dementia was among the most frequently selected issues with approximately 7.5% of informants selecting it as one of their top five key health issues. In addition, 6.67% of respondents selected it as their number one priority.

Select Comments Related to Alzheimer's/Dementia

- Our aging population of baby boomers and the need for Alzheimer's care and treatment are a growing issue.
- One facility stated that they offer Memory Care.

Additional Comments Regarding Health Issues in the Community

- Other issues that need to be addressed are rehabilitation and understanding and accommodating for special needs populations.
- Heart health encompasses a wide variety of issues which, if kept at bay would improve overall health and well-being.
- Cost and access to medication for the low-income population.
- Diabetes is the gateway to most of the other health issues.
- Access to dental care for those of limited means is very difficult. This leads to other health issues.
- We need to work on prevention issues to make an impact in the community. Mental health, alcohol abuse and prescription drug abuse are all related to this problem.
- All issues are important and focus on them should not be diminished by the drug abuse issue because it is more publicized.
- We need to do a better job at addressing health needs of non-English speaking communities. Recent immigrants tend to have lower paying jobs, less health insurance, and inability to access information in their native language.

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, 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 following table.

“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”

Factor	Percent of respondents who “Disagree” or “Strongly Disagree”	Neutral	Percent of respondents who “Agree” or “Strongly Agree”
The majority of residents in Carroll County have access to a local primary care provider.	26.67%	0%	73.336%
The majority of residents in Carroll County have access to a local medical specialist.	40.0%	26.67%	33.34%
The majority of residents in Carroll County are able to access a local dentist when needed.	46.67%	20.0%	33.34%
Transportation for medical appointments is available and easy to access for the majority of residents.	56.67%	20.0%	13.33%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	33.34%	40.0%	26.67%
The majority of residents in Carroll County have the ability to pay for health care services.	66.67%	26.67%	6.67%

As illustrated in the preceding table, the majority of informants agree that in general, members of our community have the ability to access primary and specialty health care. Dental care, however, was seen as more difficult to access by almost half (46.67%) of respondents. The ability to pay for health care services was a perceived problem with only 6.67% of respondents agreeing that a majority of residents do in fact have the ability to pay. Transportation was seen as a significant challenge to Carroll County residents with only 13.33% of key informants stating that they agree or strongly agree that transportation is easy to access and 20% rated their opinion on the availability and ease of transportation as neutral.

Additional Comments Regarding Availability of Care in Carroll County

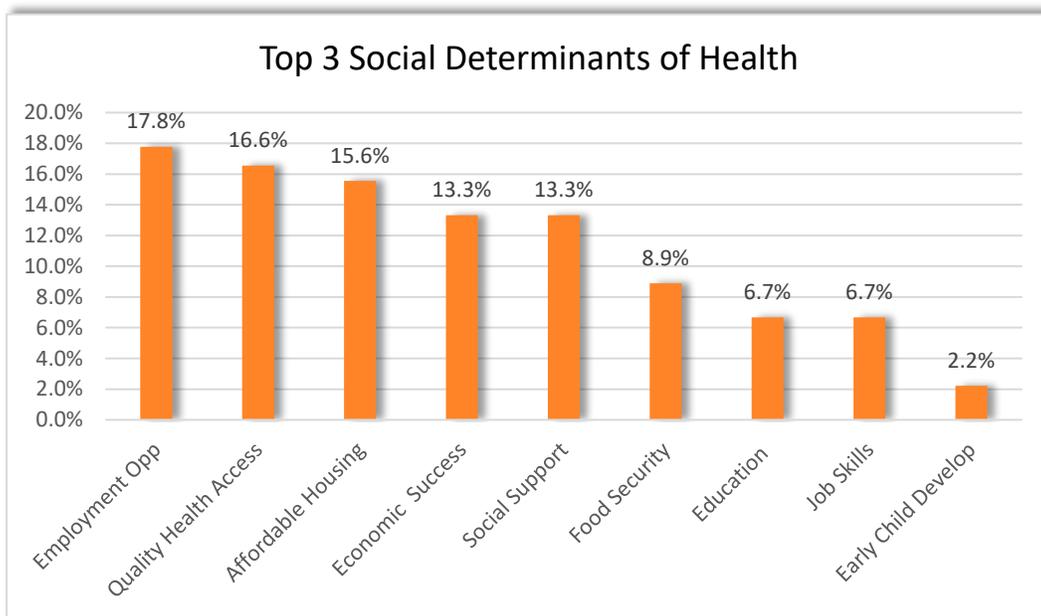
- Sometimes access to specific types of providers can take a long time. Delayed access to care can be problematic when a patient wants to address a health need.
- Access to healthcare is an issue for the non-English speaking community who are less likely to get information in their native language and have more barriers to accessing care both financially and physically.

Social Determinants of Health

The informants were then asked to select 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 in alphabetical order are:

- Affordable Housing
- Employment Opportunities
- Quality Health Access

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.



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 following table, quality health care access received the highest rating with 26.67% of key informants selecting it as potentially having the most impact. Affordable housing received the second highest rating (20%) for having the greatest impact in the community, and education attainment, employment opportunities, and economic success all tied for third highest rating at 13.33% each.

The following table shows the results in detail, including a summary of the number and percent of times a determinant was chosen as one of the three they believe to be the most important to address. The last column depicts the percent of informants who rated the determinant as having the greatest impact in the community.

Social Determinant of Health	Percent of Respondents Who Selected the Issue	Percent of Respondents Who Selected the Issue as Making the Greatest Impact
Employment Opportunities	17.78%	13.33%
Affordable Housing	15.56%	20.0%
Social Support	13.33%	0
Early Child Development	2.22%	6.67%
Economic Success	13.33%	13.33%
Quality Health access	15.56%	26.67%
Education	6.67	13.33%
Job Skills	6.67%	6.67%
Food Security	8.89%	0

Informants were asked through open-ended questions to give additional information regarding their reasons for ranking the social determinants of health as one of the most important. Comments related to the key social determinants of health are summarized in the following section.

Select Comments Regarding Affordable Housing

- Affordable housing in downtown Westminster that is available for the hardworking people at my main street business is riddled with drug users.
- Affordable housing embraces not just the financial aspect, but the safety and quality aspect as well.
- Landlords are not maintaining properties. One employee walked out on her steps and fell through because they were rotten. She broke three bones in her foot, which makes it hard to work and care for her children.
- There are no locks on doors and windows.
- There are different expectations as to what you mean by “affordable housing” – for instance, is it people who really have a need for housing and will take anything available that they can afford, or “I work in Washington D.C. and need to come out to the country to find something I can afford.”
- Affordable housing is not just HUD housing, but also the 20-something first year teacher (entry level jobs).
- Having young families in Carroll will help grow our tax base, which allows for funding for social services to expand.
- There are roadblocks to building affordable housing (not able to get a permit).
- People move out of the county to be able to afford housing that is acceptable.
- I know students who are living in their cars.
- Many families live in unhealthy or unstable environments. There are lots of “couch-surfers” and multi-family living situations.
- People unable to meet their needs are losing their housing.

Select Comments Regarding Dental Health

- Access to a dentist is insufficient in this county.
- There are not enough providers willing to accept Medicaid, although Access Carroll does a good job bridging that gap.
- Cost prohibits people seeking preventative care, so by the time they seek care their problem has become more complex.
- People wait for the emergency because when they need to go to the hospital it is taken care of. They don't realize poor dental health can lead to other illness and affect other parts of the body like the heart and brain.
- Much education is needed about good oral care, especially in the older community and those in health care facilities.
- The issue within the older adult community is related to both access and affordability. Dental care is difficult on a fixed income, and transportation can be an issue. Access is difficult for homebound individuals, too.

Select Comments Regarding Employment and Economic Success

- A strong economy is critical and will be extremely important going forward at this time.
- Many of our residents with the means to travel work outside the jurisdiction. It is difficult for unskilled people in the county to obtain employment that can lead to a successful career.
- Most of the other determinants will follow with adequate employment opportunities.
- Having a thriving community economically will have several successes all around.
- Education is an important factor and the foundation of all the determinants.
- When an employee texts me, it is in such broken English that I struggle to understand. Their ability to read and problem solve is also an issue, and polite speech has never been modeled.

Select Comments Regarding Health Access

- Access to specialists is not always in a timely manner. Often the wait is months.
- Some specialists are available, such as cardiologists, but not behavioral health or chronic disease specialists like endocrinologists.
- There is a lack of cohesiveness of treatment and communication between the health care team, too many moving parts: you may have several specialists and they don't talk to each other for a fluid care plan. This has been a challenge for the organization I work for in trying to provide care for a person.
- Care coordination is important and needed.
- Transportation for a one-time visit is doable, but for multiple follow-up visits, such as lymphedema treatment, it can be difficult to access the care.
- To ensure a healthy population, you must have access to healthcare.
- If there is health there is an opportunity for a better life.
- Regardless of how it is paid for: MA, private insurance, or out of pocket, if services are not readily available, it doesn't matter unless all citizens can get the help they need.

Additional Comments Regarding Social Determinants of Health

- Social support in a person’s native language is essential to improving health outcomes.
- For the non-English speaking community, there are less insurance options available through their jobs, less information provided in their language, and a greater inability to properly communicate with their healthcare providers.
- We should make sure the most vulnerable of us are provided an opportunity to grow and learn in a safe, healthy, caring environment.
- Westminster has become a destination for many people in need because of the abundance of social services we provide. If we continue to add services without making them extremely targeted, we will continue to attract people from outside the area who are not interested in improving themselves or the community.

Programs, Services, and Promotion

Informants were asked to describe programs or services that they feel should be developed and offered to people living in Carroll County. There were a variety of ideas provided. Some of the suggestions are new but many of the programs and services may be offered in some capacity already. However, the comments reinforce the desire to see progress made to increase, enhance, or take a new approach to address the needs. In some cases, promotion of existing services may be necessary.

Select Comments Regarding Programs and Services that Need to be Developed

Education/Support

- Educational programs that inform about insurance, healthy eating, and how to access healthcare
- Expand healthy living programs that emphasize prevention (substance abuse and diabetes prevention, exercise, weight management)
- Mentoring programs: not just seeing a counselor once a month, but someone to walk with them at all times to get them to the goal.
- Assistance for clean, accessible housing for disadvantaged persons

Behavioral Health

- Early mental health screenings
- Mental health and general health services for non-English speaking residents

Other Healthcare services

- Dental health
- Smoking cessation
- Alzheimer’s

Economic

- Mentoring job training in trades

Informants were asked to rate existing services and outreach activities in Carroll County on a scale of 1 (poor) to 4 (excellent). A little over half (57.14%) rated existing efforts as good or excellent, while the

remaining informants (42.86%) rated them as fair. Informants were also asked to give comments and suggestions on how health and wellness efforts are best promoted in the community.

Select Comments Regarding Health and Wellness Promotion Programs

- An active class education system
- Seminars
- Outreach events throughout the community (including non-English speaking languages)
- Health fairs are good for outreach
- Word of mouth is always powerful
- Workplace programs: an organized, easy to read (5th grade reading level) packet to be distributed during orientation and training would be helpful
- Social media/websites
- Community signs
- Radio talks/programs
- Targeted outreach events into the populations of greatest need
- Partnership with the school system to reach children (K-12) of immigrant parents

General Feedback

Next, participants identified specific populations in the community they feel are not being adequately served:

- Non-English-speaking community/undocumented/immigrant community
- Homeless
- Poor
- Working poor/low income (the forgotten middle) who do not qualify for services
- Minorities
- Special needs and intellectual or developmental disabilities/limited verbal skills
- Mentally ill
- Those suffering from addiction
- Elderly in-home medical services (lab draws, shots, doctor visits) and support for their care givers

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:

- Those with low literacy skills (3rd – 5th grade level) – put information in the hands of retailers who employ these people
- Preventative health
- Women's health
- Pregnancy/new mother support
- The COVID crisis demonstrated the need for information access in other languages (disproportionate impact on the Latino community).

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.

<i>Key Elements #1</i>	<i>Key Elements #2</i>
More affordable living opportunities	Increasing awareness and access of health options
Engage people and encourage them to live healthier lifestyles	Encourage people to seek preventative measures to improve their health
Adequate income earned from skilled labor/training	Affordable housing
Help for the low-income people to access more services	Help for non-English speaking families
Healthy and clean eating	Stay active
Less drug use	Safer streets
More community participation in events	More technology classes available to community members
Employment opportunities	Affordable housing
Competent medical care	Strong family values
Access to health information in a person's native language	Targeted information for specific identifiable issues
Access choice to specialty providers and availability of those providers	Safe and healthy caring of our aging population

Lastly, key informants were asked to provide any final comments.

Continue the positive messaging from the hospital, Access Carroll and other agencies. Keep doing a good job on messaging so that people know where to turn when issues arise - because we don't pay attention to it until we need it.

Many people in addiction and mental health treatment are those who need messaging – and we must explore non-traditional venues to get information to them. This is the population who usually do not address their issues so will at some point come in contact with the court systems. Therefore, give information to court adjacent agencies about resources and let the police department, probation, and juvenile services, etc. reach out to these populations. Coordinating with these agencies to get preventative things out to these people would be of benefit. Often these are the people who do not think they have a problem or that they can handle it until it gets too out of control. It takes the individual to be involved and know that they need services and assistance.

LifeBridge Health doctors don't have reciprocity among your hospitals. i.e. specialists at Sinai can't come to Carroll to practice. There are some life-saving doctors who aren't available to this area.

The immigrant community needs to receive information in their native language and needs to have greater input in these types of surveys. As seen during the pandemic, many immigrants are essential, low paid workers with a lack of health insurance, lack of resources, and lack of access to important information.

Continue to include many people who have different viewpoints for these conversations who can then reach out to their spheres of influence.

Community Leaders Wednesday Group #2

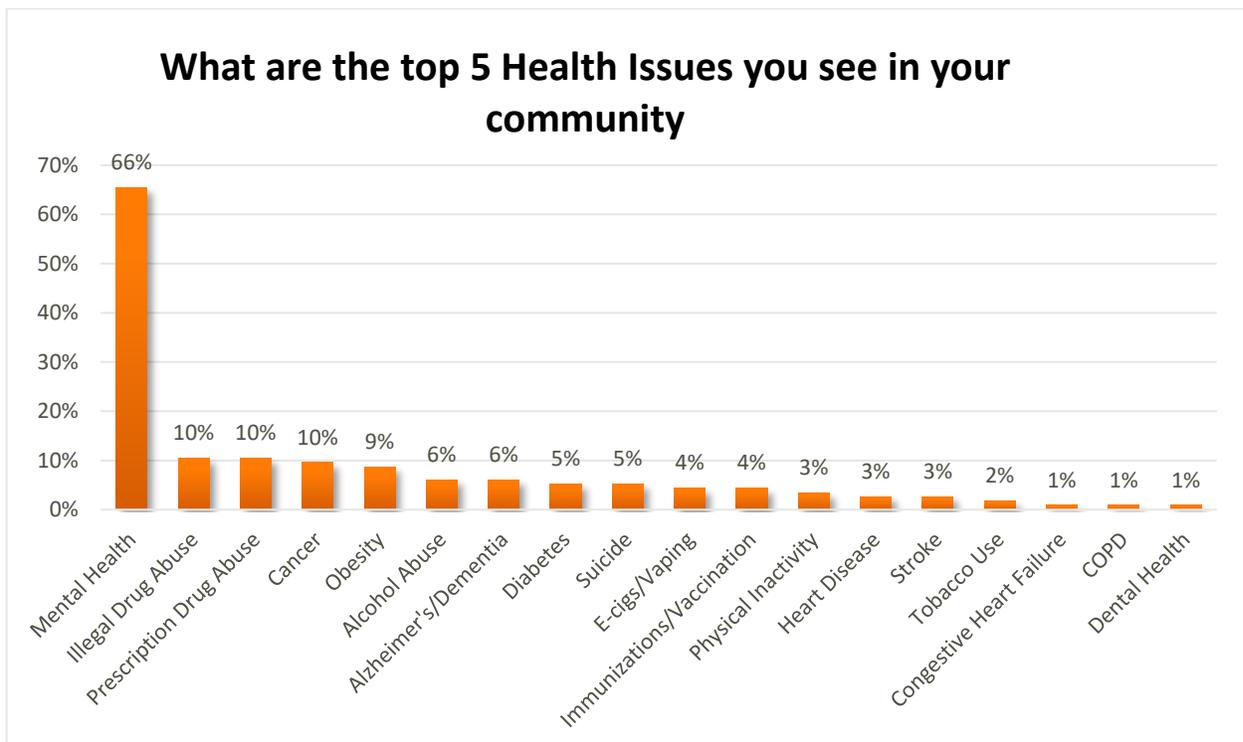
General Health Issues

Key informants were asked to select what they believe to be the five most important health issues in our community. The top five health issues in alphabetical order according to the community leaders include:

- Cancer
- Illegal Drug Abuse
- Mental Health
- Obesity
- Prescription Drug Abuse

Four of the same issues ranked the highest in both 2018 and 2021: illegal drug abuse, mental health, obesity, and prescription drug abuse. The addition of cancer as a top ranked priority in 2021 is notable.

A full listing of health issues, in order by the percentage of key informants who selected the issue as one of the most important is presented in the following graph. Note: Asthma, Injury, and Other are absent because they were not represented in the responses.



The following table shows the results in detail, including the number of times and percentage of respondents that mentioned the issue as one of their most important concerns. The last column depicts the percent of informants who rated the issue as being their number one priority.

While illegal drug abuse, mental health and prescription drug abuse, cancer, and obesity were the issues receiving the highest percentage of individuals selecting it as one their five most important issues, neither prescription drug abuse or cancer were among those issues chosen as making the greatest impact.

Top 5 Key Health Issues Identified	Total Count for all respondents selecting the issue	Percentage of Respondents who Selected the Issue	Percentage of Respondents who Selected the Issue as Making the Greatest Impact
Mental Health	18	15.65%	34.78%
Illegal Drug Abuse	12	10.43%	26.09%
Prescription Drug Abuse	12	10.43%	0
Cancer	11	9.57%	0
Obesity	10	8.7%	13.04%
Alcohol Abuse	7	6.09%	4.35%
Alzheimer's/Dementia	7	6.09%	4.35%
Diabetes	6	5.22%	4.35%
Suicide	6	5.22%	0
E-cigs/Vaping	5	4.35%	4.35%
Immunization/Vaccination	5	4.35%	8.7%
Physical Inactivity	4	3.48%	0
Heart Disease	3	2.61%	0
Stroke	3	2.61%	0
Tobacco Use	2	1.7%	0
Congestive Heart Failure	1	0.87%	0
COPD	1	0.87%	0
Dental Health	1	0.87%	0
Sexually Transmitted Disease	1	0.87%	0
Asthma	0	0	0
Injury	0	0	0

After selecting the top health issue, the health leaders were asked to share why they believed their choice was the number one priority in the community. The following section highlights a selection of responses related to the key issues. The comments were provided through open-ended questions on the survey or identified during the moderated discussion; some are provided verbatim, and others have been summarized.

Mental Health was the most frequently selected issue with approximately 16% of informants selecting it as one of their top five key health issues. In addition, 35% of respondents selected it as their number one priority. Key informants frequently highlighted the fact that mental health concerns contribute to many other systemic issues that members in our community deal with. Mental health conditions can be a barrier to people getting the care that they need. Many people experience mental health problems that are not drug related, and many do not seek treatment because of stigma or insurance limitations.

Select Comments Related to Mental Health

- People with unaddressed mental health needs tend not to engage in their care.
- Mental health issues place the most stress on our medical and social services infrastructure.
- Mental health problems are often a gateway into other issues like drug abuse.
- In my role at the hospital, the #1 call for navigation help is inability to access mental health services.
- People don't know how to access mental health services, so they go to the ER, which does not have appropriate services to connect them to.
- People don't know the right path to accessing mental health services or can be held back because of insurance, language, or cultural barriers.
- It is hard to find a good therapist or psychiatrist – there is no network of services.
- Current laws and legislation may be a barrier to getting help.
- Many people have a tough time admitting they have a mental health problem, especially older adults. Stigma remains a great barrier to seeking mental health services.
- Having an effective treatment model that is sustainable would help to remove stigma associated with seeking mental health services.
- Mental health is a broad category – affecting children, elderly, family, young professionals, the community as a whole. The dynamic is broad as well – a person can be mildly affected or in a horrible crisis.
- COVID has impacted everyone and especially in regard to the social support piece.

Illegal Drug Abuse and Prescription drug abuse tied as the second most frequently selected issue with 10.43% of informants selecting each issue among the top five key health issues. When asked which issue causes the greatest impact, 26.09% of respondents ranked illegal drug abuse as their second priority, while no one choose prescription drug abuse as the priority. Key informants highlighted the fact that mental health concerns can lead to illegal substance abuse.

Select Comments Related to Illegal Drug Abuse

- Illegal substance abuse has broader economic and social ramifications and is a large drag to the community.
- People are uncomfortable going down into Westminster because of petty crime and issues resulting from illegal substance abuse.

Obesity was the fifth most frequently selected issue with about 8.7% of respondents placing it among the top five health issues. There were several comments regarding obesity and diabetes being comorbid conditions.

Select Comments Related to Obesity

- Obesity is a gateway condition to many other diseases and overall wellness.
- Obesity causes many other “co-morbidities” that affect overall community health.
- Nutritional status and access to healthy foods for healthy diets should be items that are included in this survey.
- Many people are overweight because they are moving less and eating out more.

Cancer was the third most frequently selected issue with about 10% of the vote placing it among the top five key health issues, although no one placed cancer as their top priority. There were no additional comments regarding cancer other than one participant who stated that they had family members who reside in Carroll County and they are very satisfied with access to necessary services, especially the Cancer Center.

Additional Comments Regarding Health Issues in the Community

- COVID outbreaks will be facing us soon as many people may refuse the vaccination.
- Alcohol abuse can result in loss of employment, eviction, loss of family, and early death.
- Vaping seems to be very common among teenagers and young adults and sets in motion a line of bad habits.
- Carroll County is a growing population that includes young families. Since diabetes is one of the most preventable comorbidities, we may prevent other health problems if we can start a campaign to educate the young population about this issue.
- Providing clean, safe, affordable housing is a critical part to improving overall health of community members. Health providers cannot control this but can partner in efforts.

Availability of Health Care Services

After rating the top five health issues facing Carroll County, health leaders were asked to assess the ability of residents to access health care services such as primary care providers, medical specialists, and dentists. In addition, key informants assessed the community's access to transportation for medical appointments, health care resources, and the ability 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 following table.

“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”

Factor	Percent of respondents who “Disagree” or “Strongly Disagree”	Neutral	Percent of respondents who “Agree” or “Strongly Agree”
The majority of residents in Carroll County have access to a local primary care provider.	17.39%	4.35%	78.26%
The majority of residents in Carroll County have access to a local medical specialist.	17.39%	8.7%	73.91%
The majority of residents in Carroll County are able to access a local dentist when needed.	17.4%	17.39%	65.22%
Transportation for medical appointments is available and easy to access for the majority of residents.	34.78%	43.48%	21.74%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	13.04%	21.74%	65.22%
The majority of residents in Carroll County have the ability to pay for health care services.	30.44%	39.13%	30.44%

As illustrated in the preceding table, the majority of informants agree that in general, members of our community have the ability to access primary care, specialty health care, and dental care. However, dental care was seen as slightly more difficult to access. The ability to pay for health care services was equally divided with 30.44% who both agreed or disagreed that a majority of residents do in fact have the ability to pay. Transportation was seen as a significant challenge to Carroll County residents with only 21.74% of key informants stating that they agree or strongly agree that transportation is easy to access and 43.48% rated their opinion on the availability and ease of transportation as neutral.

In the moderated session, many participants agreed that there is a disparity throughout the county as to those who can access care and those who cannot. One comment regarded the Homeless Life Story Project done through the Circle of Caring that demonstrated how Carroll County is Westminster-centric. Health care is a structural issue, with many low-income services being in Westminster that are not available to residents in the outer rural parts of the county. While transportation remains a key barrier to obtaining needed healthcare services, there were respondents who felt that it is actually a minority of the population that suffers from the lack of a transportation system.

Additional Comments Regarding Availability of Care in Carroll County

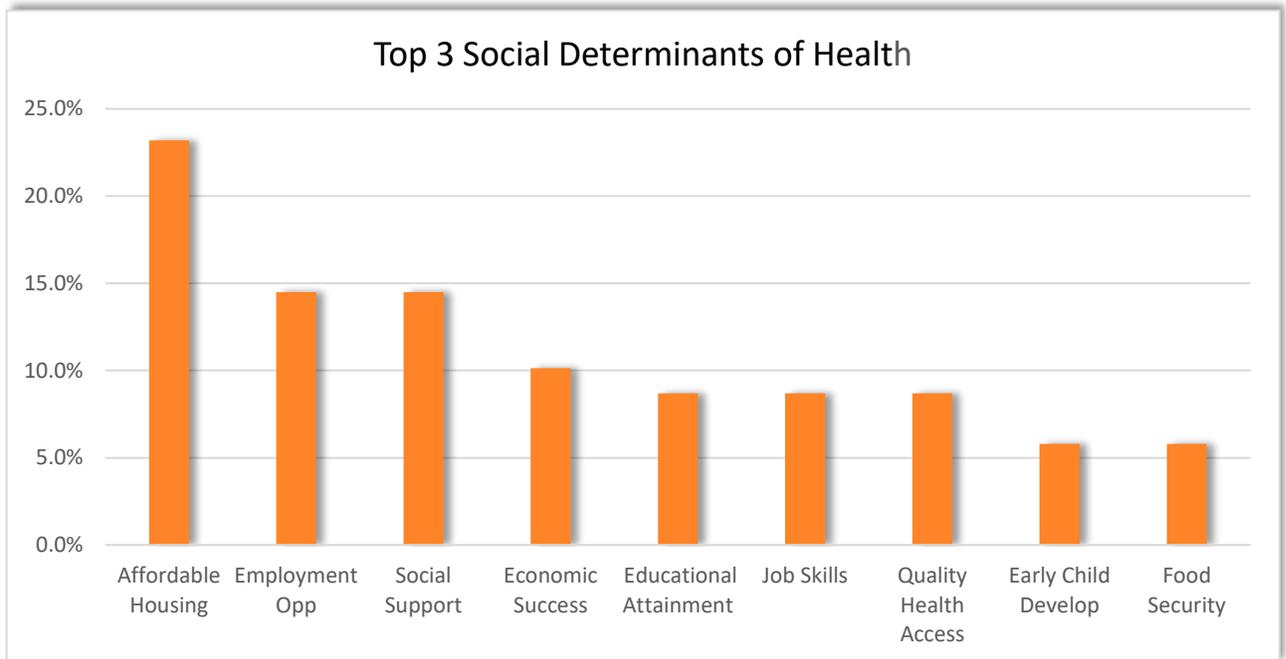
- Majority is the key word – it is a small population who do not have transportation.
- I am not sure that low income residents living outside the Westminster area have access to all health options offered in the county.
- Satellite facilities throughout the county could be helpful.
- It can be very difficult for some people to get the public transportation system to work for them/their situation.
- People may have to spend all day getting to a 1.5 hour class or a 30-minute medical appointment because of transportation issues and may end up cancelling their appointments.
- The majority of residents have access to health insurance; but we see more people that have such high deductible plans they can't access it.
- Access Carroll is a great resource in our community, but is it enough of a gap filler?
- We need more quality specialists in certain areas to address the health needs of this community.

Social Determinants of Health

The informants were then asked to select 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 in alphabetical order are:

- Affordable Housing
- Employment Opportunities
- Social Support

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.



Respondents were also asked to identify the one social determinant of health out of the three they selected that would have the greatest impact in the community, if addressed. As depicted in the following table, affordable housing received the highest rating with 34.78% of key informants selecting it as potentially having the most impact. Employment opportunities and social support 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 percent of times a determinant was chosen as one of the three they believe to be the most important to address. The last column depicts the percent of informants who rated the determinant as having the greatest impact in the community.

Social Determinant of Health	Percent of Respondents Who Selected the Issue	Percent of Respondents Who Selected the Issue as Making the Greatest Impact
Affordable Housing	23.2%	34.78%
Employment Opportunities	14.5%	13.04%
Social Support	14.5%	21.74%
Economic Success	10.1%	4.35%
Educational Attainment	8.7%	8.70%
Job Skills	8.7%	13.04%
Quality Health Access	8.7%	4.35%
Early Child Develop	5.8%	0.0%
Food Security	5.8%	0.0%

Informants were asked through open-ended questions to give additional information regarding their reasons for ranking the social determinants of health as one of the most important. Comments related to the key social determinants of health are summarized in the following section.

Select Comments Regarding Affordable Housing

- Affordable housing is more than cost but is also about physical safety.
- People must have secure housing in order to live a healthier life without stress.
- If people do not have a safe place to live, they can't take care of themselves.
- Hospital Care Management staff consistently hear of people being on the list for assistance, but the list is long, and it takes several years to get help.
- There must be stability with housing. A family needs to know they will be able to continue living in their home month after month. It is a mental health issue: having familiarity with families, staying in the same school system and sports leagues, having pride in their community. It also helps in keeping doctor appointments. If having to relocate you don't always keep appointments.
- It is much better to be able to buy a home rather than rent.
- Carroll has beautiful homes but many that are above entry level cost. We must have a balance of affordable and quality.
- It is very difficult for people on a limited income to afford housing, and it must be taken care of before they try to figure out their health care.

Select Comments Regarding Employment Opportunities

- Economic success=jobs and housing.
- We need jobs for people who live here and housing for people who work here.
- I wonder if we need to create jobs here in county or create a reliable transportation system for people to get to jobs.

Select Comments Regarding Social Support

- Responses reflect where we are today during the pandemic.
- There is much isolation during the pandemic. If a person is well supported, they can figure out how to accomplish what they need; they have the network or system to think through decisions. Without support, people are isolated in their thinking and actions and tend to fall through the cracks.
- Social support is important in Carroll because many folks are isolated and live outside the towns. It is important that they know someone is there and someone cares.
- It is difficult because even the existing social support of friends and neighbors have had to back off a little because of COVID.
- Many people are not aware of the services that are available in the community and we need to be able to provide that education. It is surprising how many people do not know about HSP or Access Carroll.

Additional Comments Regarding Social Determinants of Health

- Job skills bring financial security which helps all the other issues.
- An education provides the tools to achieve economic stability, a good job, housing, etc.
- We need jobs available in the community to lessen drive time so that people have more time to devote to more important issues like health instead of commuting to work.
- Having a clean, secure home is the start to a safe family situation making the pursuit of food and employment follow in priorities.
- Economic success is a key factor in someone's ability to prevent and manage chronic illness.

Programs, Services, and Promotion

Informants were asked to describe programs or services that they feel should be developed and offered to people living in Carroll County. There were a variety of ideas provided. Some of the suggestions are new but many of the programs and services may be offered in some capacity already. However, the comments reinforce the desire to see progress made to increase, enhance, or take a new approach to address the needs. In some cases, promotion of existing services may be necessary.

Select Comments Regarding Programs and Services that Need to be Developed

Job Training

- Hands on vocational programs
- Job training and retraining

Education/Support

- Good schools and GED programs
- Programs to educate and make people aware of the resources available to them

- Utilize the Community Media Center more

Behavioral Health

- Increased outpatient drug treatment resources
- Drug addiction services and inpatient care
- Family counseling services/mental health focused addiction treatment
- Better access to mental health services/mental health clinic

Other Healthcare services

- Transportation to healthcare, especially for seniors
- A check-in service around the needs of our elderly (over 75) community who still live in their homes
- Expansion of care traffic control services, like the Care Connect at the hospital, to connect to more than hospital resources and have more staff in order to be available 24/7

Wellness Programming (Physical Activity/Lifestyle)

- Promote wellness and not just fitness. Our traditional medical system is too focused on treating sick people and not providing a path to wellness. Promoting healthy eating and exercise is great, but it doesn't necessarily lead to wellness.

Economic

- Expansion of a better more affordable public transportation system
- More affordable housing

Informants were asked to rate existing services and outreach activities in Carroll County on a scale of 1 (poor) to 4 (excellent). More than half (68.18%) rated existing efforts as good, while slightly over one-fourth (27.27%) rated them as fair. A small percentage (4.55%) rated existing efforts as excellent. Informants were also asked to give comments and suggestions on how health and wellness efforts are best promoted in the community.

Select Comments Regarding Health and Wellness Promotion Programs

- We need a navigator, a website, or someone to help navigate the services. A platform not just for businesspeople or social services people but for all residents of Carroll County. Where they can make a simple inquiry, "I need school supplies" and get led to a source of help.
- The services are out there, we just need to lead people to the sources.
- We get many calls to Caring Carroll from people without food and they are not aware of the resources out there.
- We have many resources but not much cohesion. Find a way to bring resources together to have a multiplier effect.
- Care coordination and continuum of care is needed.
- The Carroll Card has many resources, and the hospital navigators are great.
- Every person needs an advocate to guide them through the health care process, instead of telling them to call another number and pass them off to someone else.

General Feedback

Next, participants identified specific populations in the community they feel are not being adequately served:

- Seniors
- Hispanic/ESOL populations
- Lower socioeconomic groups
- Mentally ill
- Youth who have graduated and have parents without job skills

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:

- Domestic abuse
- Elderly who live alone and have no family close by to check on them
- Engaging the 15-25 age range population
- How to live through a pandemic quarantined and still maintain routine tests

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 #1	Key Elements #2
Good job	Good health
Access to affordable education	Affordable housing
Transportation	Social support
Advocacy of the services offered in community	Increased transportation options
Social support to all who struggle	Develop an overarching community goal to gain community involvement
Jobs for people who live here	Wellness over focusing on treating illness
Housing for people who work here	Transportation at a low cost
Better zoning and planning on roads/traffic	Safe housing
Affordable, available health care	Access to mental health services
Transportation	Housing to keep from losing people to other counties/state
Quality job opportunities	Affordable housing
Improved mental health care	Prevent drug abuse – leads to suicide and/or mental health issues
Jobs=too many people need to commute out of county to work	Immediate outreach services for those suffering from addiction
More services for the homeless like respite care	Place to live
Good health	Promoting job skills for the youth entering the world of working adults
Job skills	Continued improvement in mental health accessibility and information
Affordable housing	Affordable homes
Good, high paying jobs	

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

A recurring theme with this group was the aging population and domestic violence victims who are not being adequately served. Having experienced the COVID pandemic this year has amplified this. If someone is already in an unsafe situation, they are unable to get out. This has especially impacted the elderly who can't see their families.

We do have wonderful resources who help people with domestic violence situations, but many

people may not know who to call if they have never had these problems. More awareness is needed regarding things like family services and rape crisis who can privately contact people who need help.

The question was asked whether housing issues are historically considered part of social support, and if in the construct of the current Carroll County commitment if the hospital has a connection into affecting the housing issue as a health issue. Dot shared with the group that the hospital does partner with the county to discuss some housing issues within the Population Health Governance Board.

Community Services Council (CSC)

The CSC is a non-private community-based council with representatives from the public and private sector who express a commitment to improving the provision of human services in Carroll County. Many of the individuals on this council have regular client contact so their responses may reflect this perspective. The survey was conducted on July 22, 2020 with sixteen members participating virtually during a regularly scheduled meeting of the CSC.

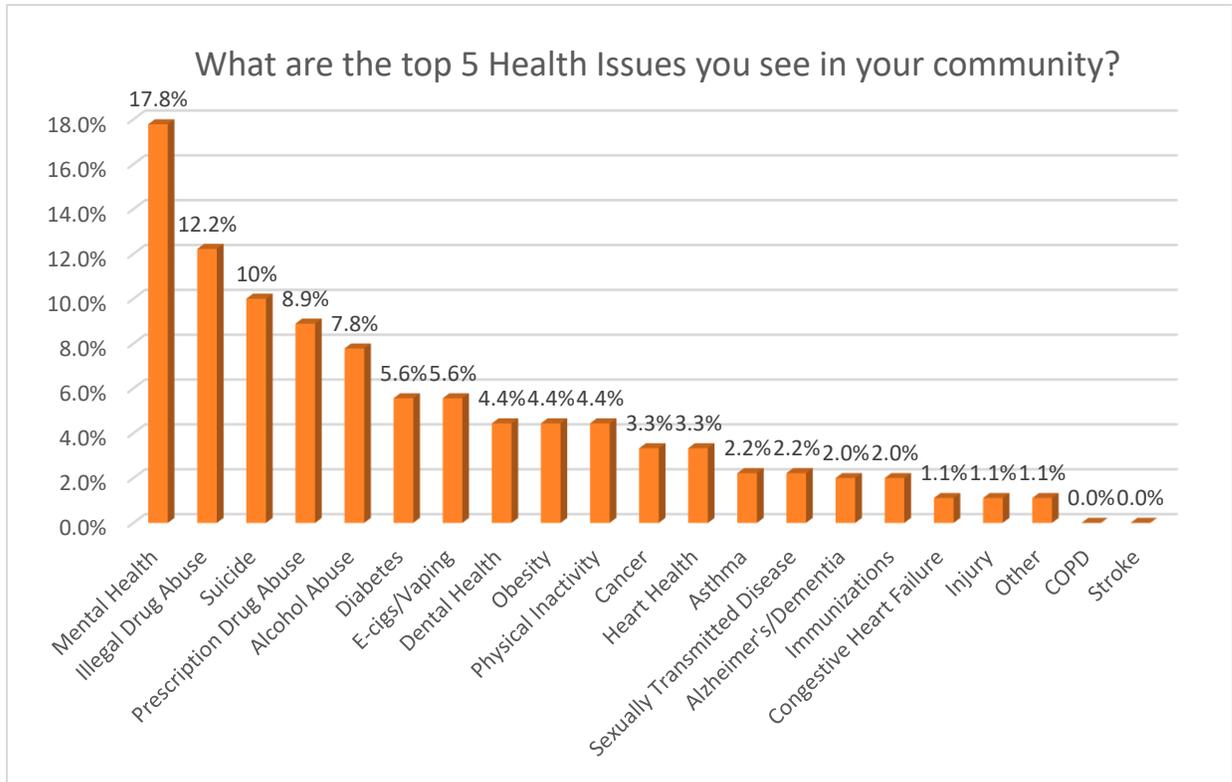
General Health Issues

Key informants were asked to select what they believe to be the five most important health issues in our community. The top five health issues in alphabetical order according to the CSC key informants include:

- Alcohol Abuse
- Illegal Drug Abuse
- Mental Health
- Prescription Drug Abuse
- Suicide

Four of these areas were the same as the 2018 CSC Key Informant group: alcohol abuse, mental health, illegal drug abuse, and prescription drug abuse. Of note is the fact that suicide was a new category added to this year's CHNA. Three of these areas were the same as the other two 2021 Key Informant groups: illegal drug abuse, mental health, and prescription drug abuse. However, the CSC group identified suicide in the top 5, whereas the community leaders also included Alzheimer's/dementia, dental health, and obesity.

A full listing of health issues, in order by the percentage of CSC Key Informants who selected the issue is presented in the following graph.



Respondents were also asked to identify which issue of the five they selected is the number one priority in the community. Mental health overwhelmingly received the highest ranking with the majority (66.67%) of respondents selecting it as their highest priority, followed by equal responses (5.56%) for Alzheimer's/dementia, diabetes, heart health, illegal substance abuse, immunizations/vaccinations, and prescription drug abuse.

The following table 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 that health issue. The last column depicts the percent of informants who rated the issue as being the number one priority.

Top 5 Key Health Issues Identified	Total Count for all respondents selecting the issue	Percentage of Respondents who Selected the Issue	Percent of Respondents who selected the issue as a Priority
Mental Health	16	17.78%	66.67%
Illegal Drug Abuse	11	12.22%	5.56%
Suicide	9	10.0%	0
Prescription Drug Abuse	8	8.89%	5.56%
Alcohol Abuse	7	7.78%	0
Diabetes	5	5.56%	5.56%
E-cigs/Vaping	5	5.56%	0
Dental Health	4	4.44%	0
Obesity	4	4.44%	0
Cancer	3	3.33%	0
Heart Disease	3	3.33%	5.56%
Alzheimer's/Dementia	2	2.22%	5.56%
Asthma	2	2.22%	0
Immunizations/Vaccination	2	2.22%	5.56%
Physical Inactivity	2	2.22%	0
Sexually Transmitted Disease	2	2.22%	0
Congestive Heart Failure	1	1.11%	0
COPD	1	1.11%	0
Injury	1	1.11%	0
Stroke	0	0.0%	0
Tobacco Use	0	0.0%	0

After selecting the top health issue, respondents were asked to share why they believe their choice is the number one priority in the community. The following section highlights a selection of responses related to the key issues. The comments were provided through open-ended questions on the survey or identified during the moderated discussion; some are provided verbatim, and others have been summarized.

Mental Health was chosen as their number one priority by almost all respondents with 17.78% of informants selecting it as one of their top 5 health issues, and 66.67% selecting it as their number one priority. Changes are being observed regarding mental health as it is becoming more inclusive and inter-related with other issues. It seems to be the common denominator for many of the other issues in a person's life making it the more significant issue.

Select Comments Related to Mental Health

- Many of the issues are inter-related with mental health being the broad issue causing many of the other issues.
- Domestic violence is missing from these options.

Select Comments – widget unavailable

Illegal Drug Abuse was the second most critical health issue for 12.22% of the key informants who chose it as one of their top five issues.

Suicide was a new category introduced to the survey for 2020. It was the third most frequently selected issue with 10% of the key informants who chose it as one of their top five issues.

Prescription Drug Abuse was selected by 8.89% of informants as being among the top five key health issues.

Alcohol Abuse was selected by 7.78% of informants as being among the top five key health issues.

However, when asked to choose just one top health priority, only two of the above four "top five" choices, illegal drug abuse and prescription drug abuse, were chosen. Also, they garnered the same percentage of response as diabetes, heart disease, Alzheimer's/dementia, and immunizations/vaccination. Mental health was overwhelmingly seen as the most critical health priority for the community to address.

Additional Comments Regarding Health Issues in the Community

- Loneliness, lack of connection and belonging is also identified as an issue in the community.
- There is lack of transportation to obtain health services.
- Substance use problems require attention also due to limited resources.
- Mission of Mercy staff commented that diabetes, arthritis, chronic pain related to injuries, and oral health issues are in the top five categories of issues they treat in their patients.

Availability of Health Care Services

After rating the top five health issues facing Carroll County, key informants were asked to assess the ability of community 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 following table.

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

Factor	Percent of respondents who “Disagree” or “Strongly Disagree	Neutral	Percent of respondents who “Agree” or “Strongly Agree”
The majority of residents in Carroll County have access to a local primary care provider.	16.66%	22.22%	61.12%
The majority of residents in Carroll County have access to a local medical specialist.	37.5%	18.75%	43.75%
The majority of residents in Carroll County are able to access a local dentist when needed.	58.82%	17.65%	23.53%
Transportation for medical appointments is available and easy to access for the majority of residents.	52.94%	17.65%	29.41%

Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	47.06%	23.53%	29.41%
The majority of residents in Carroll County have the ability to pay for health care services.	41.18%	29.41%	29.41%

While a majority of the CSC respondents believe that community residents have access to a PCP, they are more divided as to access to a specialist. Access to a local dentist and transportation for medical appointments were seen as the greatest challenge to Carroll County residents. Almost half (47.06%) of the CSC respondents do not agree that health care resources such as educational classes or gym memberships are available and accessible for most residents. Close to half of the CSC respondents (41.18%) also believe that the ability to pay for health care services a challenge by for many Carroll County residents.

Select Comments Regarding Transportation

- Many clients represented by these organizations do not drive and many do not have their own transportation.
- Some participants were not sure how public transportation was currently being affected by COVID.
- Sometimes other transportation is not reliable.
- Some transportation services do not go out of the county.
- Access depends on where you live – rural areas are not easily accessible.
- People must be on the bus a long time for a 30-minute appointment, which is difficult if someone is sick and not feeling well.
- Access for different school districts is significantly different.
- It can be expensive if you don't fit into a category that receives assistance.
- Some families may owe a couple of dollars for past rides and therefore can't get future rides.
- Accessibility can depend on age. There is a core group of young adults who struggle with transportation, and this problem can lead to mental health issues. There are regular scheduled times for senior adult transportation needs, but young adults do not have the same level of access.
- It was suggested that this question be asked in a different way. Asking about *access* doesn't give the same feedback and information needed for the issues regarding *cost and availability*.

Additional Comments Regarding Availability of Care in Carroll County

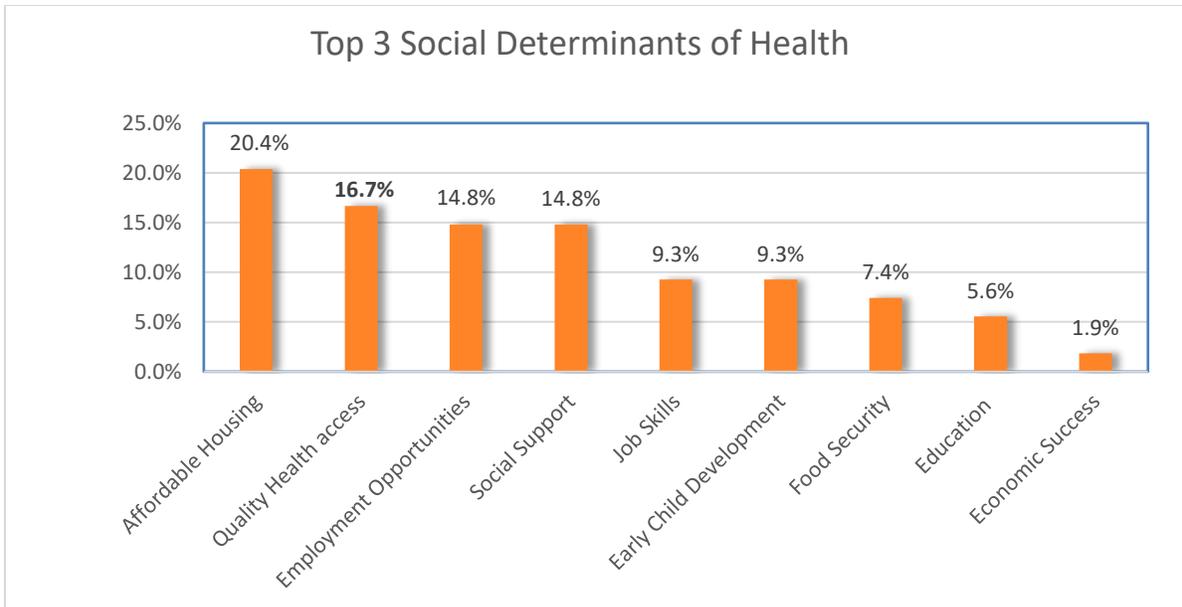
- It was suggested that accessibility and availability be broken down. Access is what makes the difference. Something could be available, but the resident cannot access the service for various reasons.
- The cost and affordability of a service can affect access. For instance, a weight loss and exercise class would not be reimbursed by Medicaid.
- The term *health care* is vague. Diabetes education may come under health care while health and wellness resources (gym memberships) may not.
- Some of these organizations serve small pockets of residents who are undocumented and fall through the gaps, so the term "Majority or residents" is difficult to answer.
- Some people can afford insurance, but then can't afford the services, such as new glasses, doctor appointments, etc. because of high deductibles and co-pays.
- Dental care and vision care are areas of need. Dental insurance is difficult to find and expensive, and often not covered by Medicare or Medicaid.
- Mission of Mercy provides free health care and dental care in Taneytown. Their patient base is largely seniors accessing free dental services for fillings and extractions.
- There are two issues: an individual having dental insurance and finding a dentist that takes that coverage.

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. Affordable housing was the top issue (20.37%) followed by quality health access (16.67%). Employment opportunities and social support tied for second place with 8 respondents each (14.81%).

- Affordable Housing
- Employment Opportunities
- Quality Health Access
- Social Support

A full listing of health issues, in order by the percentage of CSC key informants who selected the issue is presented in the following graph.



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 following table, quality health care access and affordable housing received the highest rating as potentially having the most impact.

The following table shows the results in detail, including 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. Although there are some differences in ranking of the determinants between both questions, affordable housing and quality health access are consistently chosen most frequently both in terms of percent of respondents who selected the issue as well as percent that selected the issue as making the greatest impact.

Social Determinant of Health	Percent of Respondents Who Selected the Issue	Percent of Respondents Who Selected the Issue as Making the Greatest Impact
Affordable Housing	20.37%	27.78%
Quality Health access	16.67%	33.33%
Employment Opportunities	14.87%	11.11%
Social Support	14.81%	16.67%
Job Skills	9.26%	0
Early Child Development	9.26%	5.56%
Food Security	7.41%	0
Education	5.56%	5.56%
Economic Success	1.85%	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 key health issues and a selection of responses related to the issue. The comments were provided through open-ended questions on the survey or identified during the moderated discussion; some are provided verbatim, and others have been summarized.

Select Comments Regarding Employment Opportunities

- We need more employment opportunities that lead to higher wages.
- Employment impacts mental and physical health.
- With employment opportunities people can meet basic needs for food, housing, and transportation for themselves and their families.
- Pay affordable salaries based on job performance.
- Increase job training program for eligible men and women to learn job skills and to have accompanying on-the-job training.

Select Comments Regarding Quality Health Access

- Without access to health care people are unable to become employed, support their family, seek higher education or improve their overall quality of life.
- An educated community is more likely to have successful employment and have access to healthcare.
- Access to quality health care is one of the most important factors in a community. If community members can get the proper health resources, programs, and care, then they are able to feel safe and less worried in their community.
- Without access to doctors and specialists, people will only go to the hospital for help, thus not preventing an illness before it happens.

Select Comments Regarding Affordable Housing

- Affordable housing is extremely difficult to find in Carroll County.
- Increase affordable housing opportunities for those who are willing and able to work.
- There does not seem to be enough multi-unit housing available, safe basic housing, or affordable assisted living, group home situations.
- There are very few affordable housing options for individuals and families earning at or near minimum wage.
- Lack of affordable housing affects many other aspects of health.
- Affordable housing also needs to be safe housing. There were several comments that housing is not very safe, both in physical units and neighborhoods.
- There are unsafe living conditions in rentals and residents feel they cannot speak up or they will get evicted.

Additional Comments Regarding Social Determinants of Health

- Many people need help in navigating the various agencies who offer assistance.
- As an early childhood educator, I strongly believe it is the basis for healthy development and growth.
- Strong marriages and family relationships are widely understood to positively impact society in multiple measurable ways.
- Social support creates a sense of belonging and additional resources.
- People need to feel that they belong and that begins at home with families. Having programs that create healthy families in our communities will help to mitigate many of the other concerns that our community has. It starts in the home with needs being met both physically and emotionally.

Programs, Services, and Promotion

Informants were asked to describe programs or services that they feel should be developed and offered to people living in Carroll County. In general, respondents feel that existing services are either good or fair.

Select Comments Regarding Programs and Services that need to be Developed

- More 1:1 mentoring/counseling for younger populations in the community. Given the added stresses of COVID and lack of interaction with peers outside their home. Specifically, for clients who do not have MA insurance.
- More respite services for both children and adults.
- Free access to parenting classes, exercise classes, and nutrition classes.
- There need to be more support services for parents, whether it's coaching, education support, etc.
- Healthy relationship skills programs contribute to the safety and stability of a community and are essential for families, especially children, to thrive.
- A program that connects younger people, young adults with health care system, basic prevention information - learning how to use health insurance, how to access resources at an early age.
- Education on using primary care providers.
- With COVID - increase the opportunities for our school-aged children to receive the education they need and deserve, whether it be in-classroom or virtual
- People need to feel that they belong and that begins at home with families. Having programs that create healthy families in our communities will help to mitigate many of the other concerns that our community has. It starts in the home with needs being met both physically and emotionally.

Informants were asked to rate existing services and outreach activities in Carroll County on a scale of 1 (poor) to 4 (excellent). More than half of informants (62.5%) rated existing efforts as good or excellent, while 37.5% rated them as fair. Informants were also asked to give comments and suggestions on how health and wellness efforts are best promoted in the community. Comments are listed below.

Select Comments Regarding Ideas for Health and Wellness Promotion Programs

- Mobile immunization services
- Nutrition education
- Case management for those facing homelessness or are recently housed
- Social media and networking events
- Outreach events such as fairs or education classes – but they must be widely advertised to the public
- Workplace events, school-based events, faith-based organizations.
- Promoting wherever people already receive services: doctor offices, grocery stores, pharmacies, ER waiting rooms
- Promote within the family structure. Families that eat healthy meals together and exercise together are all around healthier both physically and mentally.

General Feedback

Participants were asked to identify specific populations in the community they feel are not being adequately served. Groups that were most frequently mentioned include:

- Homeless
- Low income areas: take health services to the underprivileged communities, come in contact with the people who feel left out.
- Individuals with private insurance who lack case management services, housing, food, etc.
- Elder population- in particular those with limited income
- Clients with private insurance who need services for mental health
- Chronically mentally ill adults, severely mentally ill children and teens
- The working poor. Families that do not qualify for government aid, that have private health insurance and are working and still unable to pay their bills.
- Those who speak different languages
- Undocumented residents

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:

- Transport
- The care of the youngest in our community and support for their parents and providers.
- Individuals with arthritis issues.
- Pest issues (bed bugs, etc.) that don't get addressed by poor landlords
- Domestic violence and child abuse

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 #1	Key Elements #2
Affordable housing for those who do not qualify for assistance	In-home behavioral management/mental health treatment
Service availability in more rural areas	Reliable transportation system
Mental health services	Transportation
Support programs for parents	More free and available access to exercise for youth, such as off-road bike paths
Strong marriages and families	Continued good law enforcement
Transportation	Behavioral health providers
Access to quality healthcare for seniors on fixed income who do not have supplemental insurance	Job training and job availability for those who really want to work
More trauma informed mental health services	Affordable housing
Healthcare	Education
Improve transportation services	Connecting with underprivileged neighborhoods
Access to quality healthcare and resources	Healthier food/nutritional options (whole foods, Trader Joes)
Healthy families	Healthy relationships
Job skills that match available jobs	

Key informants were asked to give feedback and comment on any areas we did not touch on during the discussion.

Internet accessibility! We should add this especially with what is going on with schools. It has caused a lot of stress for people not having access to the internet.

Hardline internet is needed for WIFI calling, etc. where push needs to be as cell towers don't help if the terrain is bad. Xfinity has internet essentials for people on HUD.

C. Attachments

- List of Key Informants and Organizations
- Key Informant Group #1 Data and Transcription
- Key Informant Group #2 Data and Transcription
- Key Informant Community Services Council Data and Transcription
- Key Informant Survey Tool

Key Informants - Community Leaders

NAME		AGENCY
DuJuan	Artis	Priority Partners
Paris	Barnes	HealthCare Access Maryland
Nancy	Barry	Child Care Choices
Andrea	Berstler	Carroll County Public Library
Theresa	Bethune	Info Pathways, Inc.
Erin	Bishop	Boys & Girls Club of Westminster
Ann	Bollinger	Carroll Hospice
Nancy	Bowersox	Anne Arundel Dermatology- Marketing
Doris	Brown	SPS
Suzette	Covalt	Farmers & Merchants Bank
Kellee	Craig	Carroll County Youth Service Bureau
Kristie	Crumley	Carroll Community College
Hollie	Cushen	Carroll County Youth Service Bureau
Heidi	Davidhizar	Marriage & Relationship Education Center
Julie	Della-Maria	Downtown Sykesville Connection
Donna	Devilbiss	The Shepherd's Staff
Jessica	Dixon	Target Community & Educational Services, Inc.
Amy	Doody	Amy's Laundry
Lisa	Flannery	Carroll Hospice
Dorothy	Fox	The Partnership for a Healthier Carroll County
Jennifer	Fuss	Mental Health Association (CASA Program)
Amanda	Gibbons	Carroll County Youth Service Bureau
Amy	Gifford	Marriage and Relationship Education Resource Center
Cheryl	Gould	Nexion Health
Christopher	Grove	Carroll Hospital
Corey	Hardinger	Local Management Board
Todd	Herring	Pivot Physical Therapy
Lauren	Hickey	Right at Home In-Home Care & Assistance
Martin	Hill	Carroll Hospital - LifeBridge Health
Beth	Hill	Long View Center for Rehabilitation and Healthcare
George	James	Carroll County Youth Service Bureau
Roshelle	Kades	Pro Bono Counseling Project
Anissa	King	Catholic Charities Head Start of Carroll Co.
Jeffrey	Laird	WTTR
Maria	Lopez	Birch Manor
Andie	Luchini	Carroll County Youth Service Bureau

Key Informants - Community Leaders

NAME		AGENCY
Jodi	Lupco	Montessori School of Westminster
Joyce	Mahoney	Sober Truth, Inc.
Sharon	McClernan	LifeBridge Health
Mike	McMullin	Carroll County Chamber of Commerce
Brenda	Meadows	The Shepherd's Staff
Emily	Miller	Barnes-Bollinger Insurance
Laura	Morton	Law Offices of Laura Guadalupe Morton
Kimberly	Muniz	Carroll County Public Schools
Melissa	Murdock	Carroll Hospital
Bertan	Ozgun	Advanced Radiology
Karen	Pelton	Carroll Community College
Nancy	Perry	Carroll Community College
Michael	Rodgers	Caring Carroll Inc
Don	Rowe	The Arc Carroll County
Jessica	for Linda Ryan	Mission of Mercy
Deborah	Seidel	Carroll Hospital
Ed	Singer	Carroll County Health Department
Hayley	Slaysman	The Partnership for a Healthier Carroll Co.
Adria	Soper	Carroll County Youth Service Bureau
Paige	Sunderland	Carroll County Economic Development
Joyce	Tierney	Human Services Programs of Carroll County, Inc.
Kati	Townsley	Carroll Technology & Innovation Council, Inc.
Philip	Uffer	New Windsor Family Dentistry
Margaret	Welliver	Shelter Systems - HR Manager
Paige	Wendler	Carroll County Youth Service Bureau
Tierney	Youngling	Carroll County Health Department

Key Informant #1

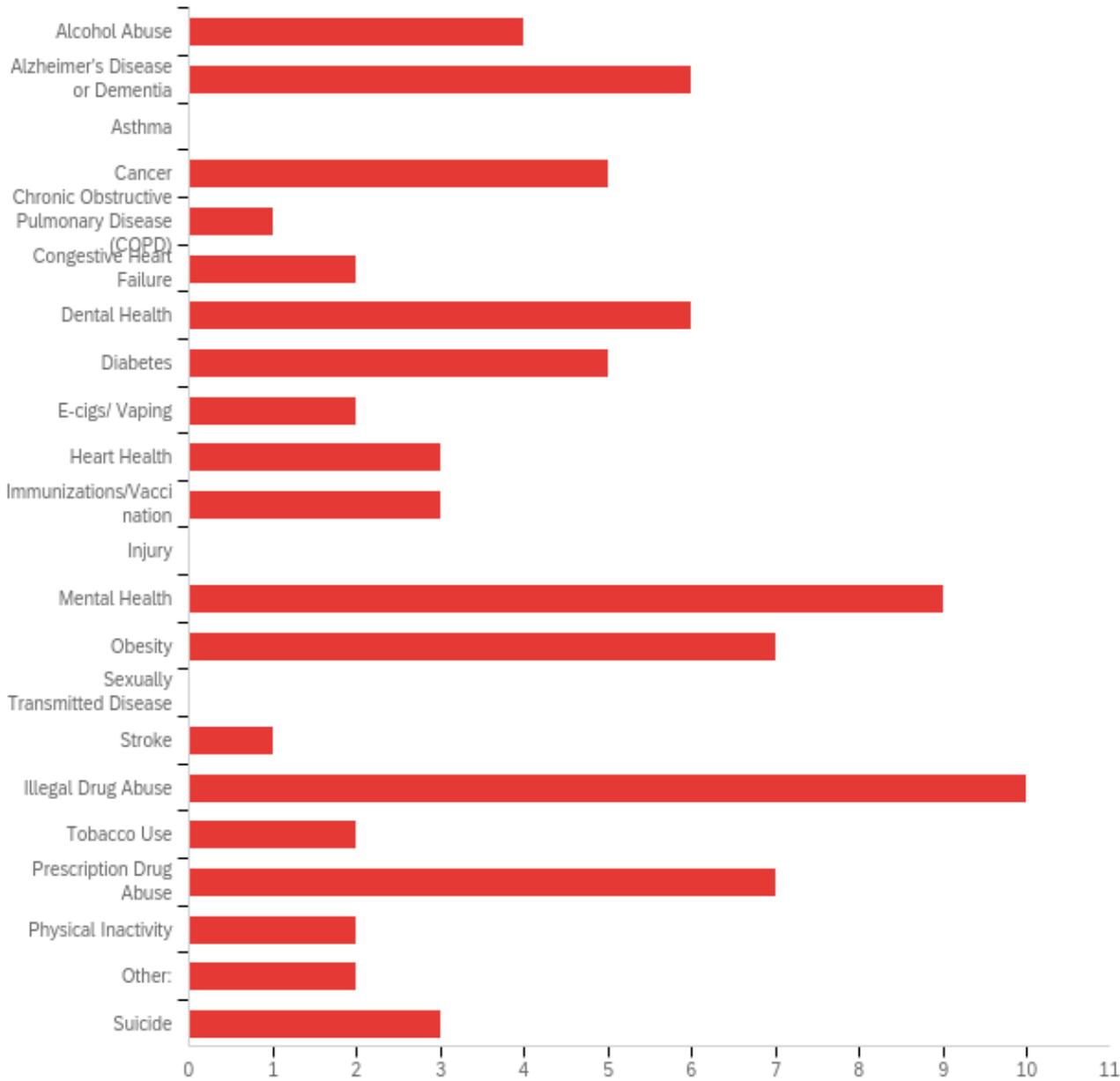
Monday September 14, 2020

Profile - Please enter the following information:

Name (Required)	Agency (Required)	Address	City	State	Zip	Phone	Fax	Physician Only: Specialty	Physician Only: Hours per week devoted to patients
Jodi Lupco	Montessori School of Westminster								
Julie Della-Maria	Downtown Sykesville Connection	7307 Spout Hill Road	Sykesville	MD	21784	4102593515			
Ann M Bollinger	Carroll Hospice	383 Buck Cash Drive	Westminster	Maryland	21158	4102792731			
Ed Singer	Carroll County Health Department	290 South Center Street	Westminster	Maryland	21157	4108764974			
Brenda Meadows	The Shepherd's Staff	PO Box 127, 30 Carroll Street,	Westminster	MD	21158	4108575944	4108576122		
Don Rowe	The Arc Carroll County	180 Kriders Church Road	Westminster	MD	21158	4108484124			
Jessica Dixon	Target Community & Educational Services, Inc.	111 Stoner Ave.	Westminster	Maryland	21157	410-848-9090	410-848-7409		
Joyce Tierney	Human Services Programs	PO Box 489	Westminster	Maryland	21158	4103866644	410-386-6675		

	of Carroll County, Inc.								
Maria A Lopez	Birch Manor	7309 2nd Ave,	Sykesville	MD	21784	3019088332			
Amy Doody	Amy's Laundry	271 E Main Street	Westminster	Maryland	21157	4438122213			
Lauren Hickey	Right at Home In-Home Care & Assistance	826 Washington Rd Suite 103	Westminster	MD	21157	410-871-9804	410-871-9807		
Jeffrey	Laird	101 Wttr Lane	Westminster	Maryland	21158	410-848-5511			
Nancy Perry	Carroll Community College	1601 Washington Road	Westminster	Maryland	21157	410-386-8231	410-386-8522		
Philip Uffer	New Windsor Family Dentistry								
Laura Morton	Law Offices of Laura Guadalupe Morton	PO Box 774	Westminster	MD	21158	443-277-1920			
Todd Herring	Pivot Physical Therapy	4259 Harney Road	Taneytown	MD	21787	4102590462			
Kati Townsley	Carroll Technology & Innovation Council, Inc.	255 Clifton Blvd	Westminster	MD	21157	443-244-1262			

GHB1 - General Health and Behaviors Please review the following general health issues below and choose the five (5) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Alcohol Abuse	5.00%	4
2	Alzheimer's Disease or Dementia	7.50%	6
3	Asthma	0.00%	0
4	Cancer	6.25%	5

5	Chronic Obstructive Pulmonary Disease (COPD)	1.25%	1
6	Congestive Heart Failure	2.50%	2
7	Dental Health	7.50%	6
8	Diabetes	6.25%	5
9	E-cigs/ Vaping	2.50%	2
10	Heart Health	3.75%	3
11	Immunizations/Vaccination	3.75%	3
12	Injury	0.00%	0
13	Mental Health	11.25%	9
14	Obesity	8.75%	7
15	Sexually Transmitted Disease	0.00%	0
16	Stroke	1.25%	1
17	Illegal Drug Abuse	12.50%	10
18	Tobacco Use	2.50%	2
19	Prescription Drug Abuse	8.75%	7
20	Physical Inactivity	2.50%	2
21	Other:	2.50%	2
22	Suicide	3.75%	3
	Total	100%	80

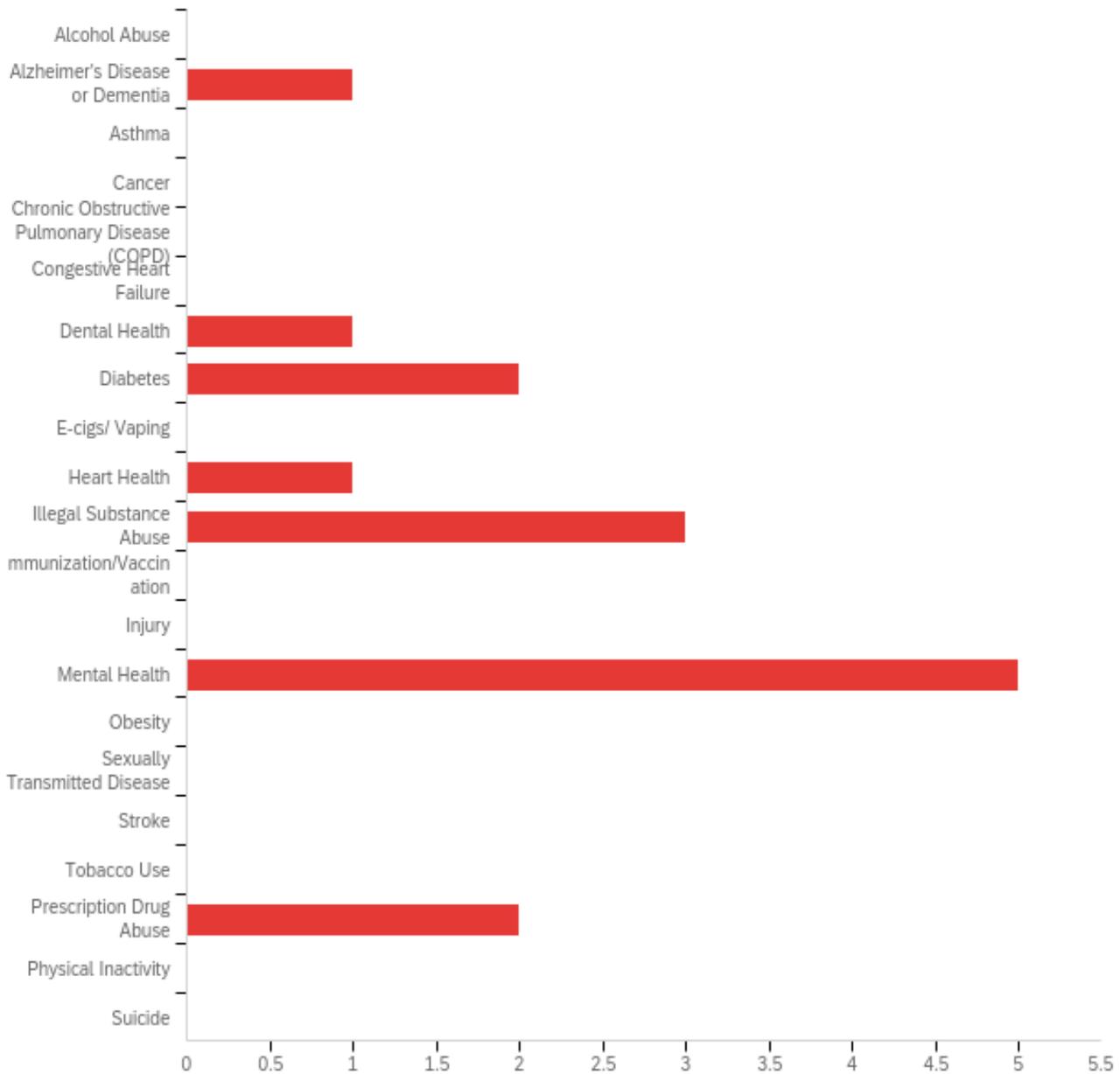
GHB1_21_TEXT - Other:

Other: - Text

Understanding and accommodating for special need populations

Rehabilitation

GHB2 - Of the 5 General Health issues you selected, what do you believe is the number one priority?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority?	2.00	19.00	11.73	4.33	18.73	15

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease or Dementia	6.67%	1
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Obstructive Pulmonary Disease (COPD)	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	6.67%	1
8	Diabetes	13.33%	2
9	E-cigs/ Vaping	0.00%	0
10	Heart Health	6.67%	1
11	Illegal Substance Abuse	20.00%	3
12	Immunization/Vaccination	0.00%	0
13	Injury	0.00%	0
14	Mental Health	33.33%	5
15	Obesity	0.00%	0
16	Sexually Transmitted Disease	0.00%	0
17	Stroke	0.00%	0
18	Tobacco Use	0.00%	0
19	Prescription Drug Abuse	13.33%	2
20	Physical Inactivity	0.00%	0
21	Suicide	0.00%	0
	Total	100%	15

GHB3 - Why do you believe that your choice is the most urgent health problem to be addressed?

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

pandemic

Heart health encompasses a wide variety of issues which, if kept at bay would improve over-all health and well-being

The deaths related to this issue are 100% preventable and unnecessary.

Cost and access to medication for the low income

It is challenging to find resources to address Mental Health concerns for all people in Carroll County, especially those who are under-insured or who do not speak English as their first language.

High demand in the community.

I see a great deal of addiction and crime that stems from illegal drug use and extended methadone use.

Mental Health is becoming more of an issue and with the current events this year I feel this is going to bring on more people becoming affected.

It is, I believe, at the core of almost all mental and physical disorders/ diseases.

Too many deaths attributed to this

Diabetes is the gateway to most of the other health problems listed above

Access to dental care for those of limited means is very difficult. This leads to other health issues.

Huge need for addiction help/general mental health disorders and a extreme shortage of providers. This would also help to address the suicide problem our community and the country is having

Easily accessible and is not just a junkie issue, but a community issue... First Responders, Families, Medical Professionals, Colleagues, etc.

GHB4 - Additional comments regarding health issues in the community (optional):

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

We need to continue to work prevention issues to make an impact on the community. Mental Health, Alcohol abuse and prescription drug misuse are all related to this overall problem.

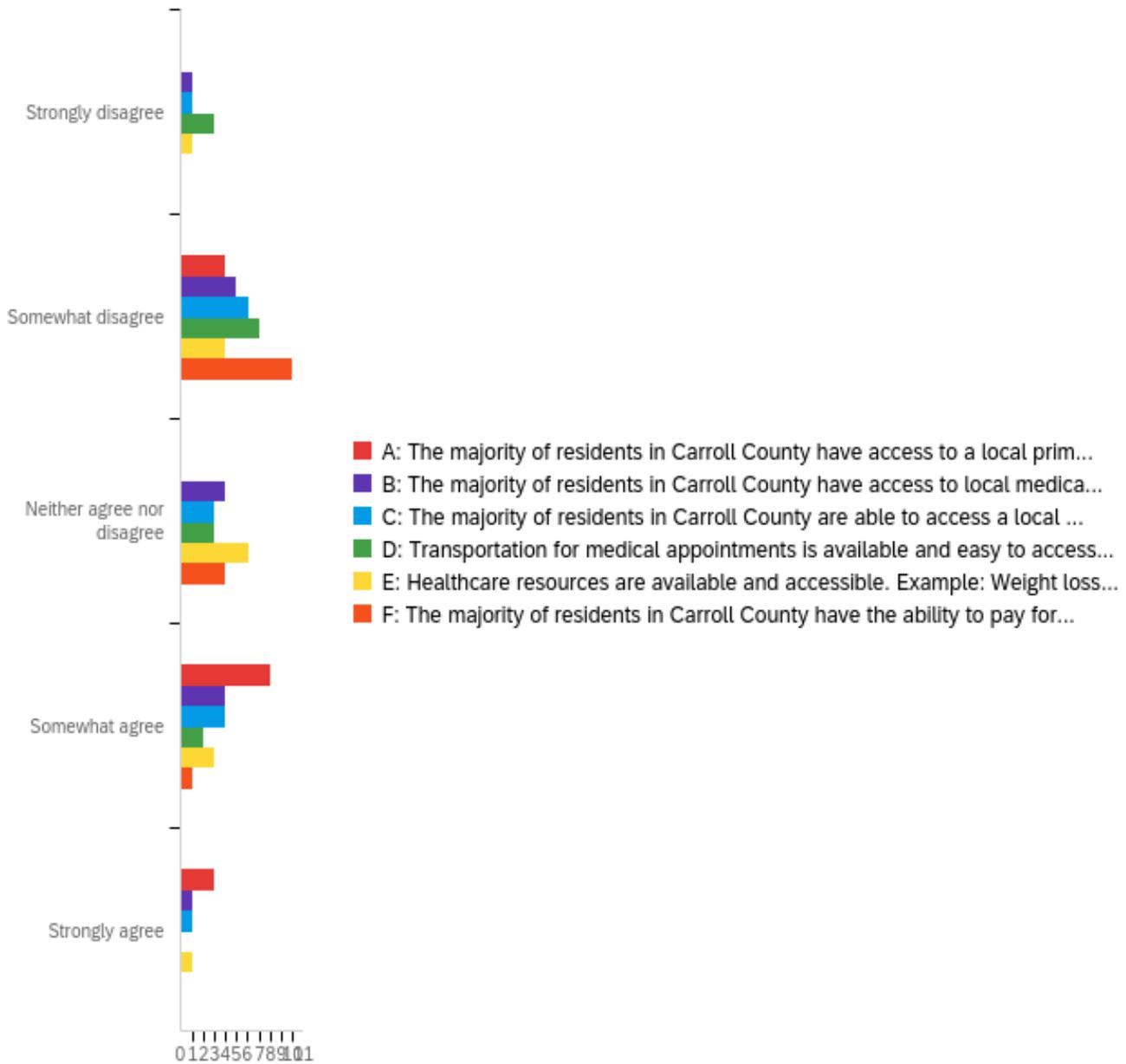
We offer Memory care at our facility.

All of the items listed are fairly important. The drug issue has been very much publicized and more focus should now be on other issues that are not as well publicized

We need to do a better job of addressing the health needs of the non-English speaking community. Recent immigrants tend to have lower paying jobs, less health insurance, and an inability to access information in their native language.

Our aging population of baby boomers and the need for Alzheimer's care and treatment are also a growing issue

GHB5 - 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.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A: The majority of residents in Carroll County have access to a local primary care provider.	2.00	5.00	3.67	1.07	1.16	15
2	B: The majority of residents in Carroll County have access to local medical specialists.	1.00	5.00	2.93	1.06	1.13	15
3	C: The majority of residents in Carroll County are able to access a local dentist when needed.	1.00	5.00	2.87	1.09	1.18	15
4	D: Transportation for medical appointments is available and easy to access for the majority of	1.00	4.00	2.27	0.93	0.86	15

	residents.						
5	E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	1.00	5.00	2.93	1.00	1.00	15
6	F: The majority of residents in Carroll County have the ability to pay for health care services.	2.00	4.00	2.40	0.61	0.37	15

#	Question	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
1	A: The majority of residents in Carroll County have access to a local primary care provider.	0.00% 0	26.67% 4	0.00% 0	53.33% 8	20.00% 3	15
2	B: The majority of residents in Carroll County have access to local medical specialists.	6.67% 1	33.33% 5	26.67% 4	26.67% 4	6.67% 1	15
3	C: The majority of residents in Carroll County are able to access a local dentist when needed.	6.67% 1	40.00% 6	20.00% 3	26.67% 4	6.67% 1	15
4	D: Transportation for medical appointments is available and easy to access for the majority of residents.	20.00% 3	46.67% 7	20.00% 3	13.33% 2	0.00% 0	15
5	E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	6.67% 1	26.67% 4	40.00% 6	20.00% 3	6.67% 1	15
6	F: The majority of residents in Carroll County have the ability to pay for health care services.	0.00% 0	66.67% 10	26.67% 4	6.67% 1	0.00% 0	15

GHB6 - Additional comments regarding health care access (optional):

Additional comments regarding health care access (optional):

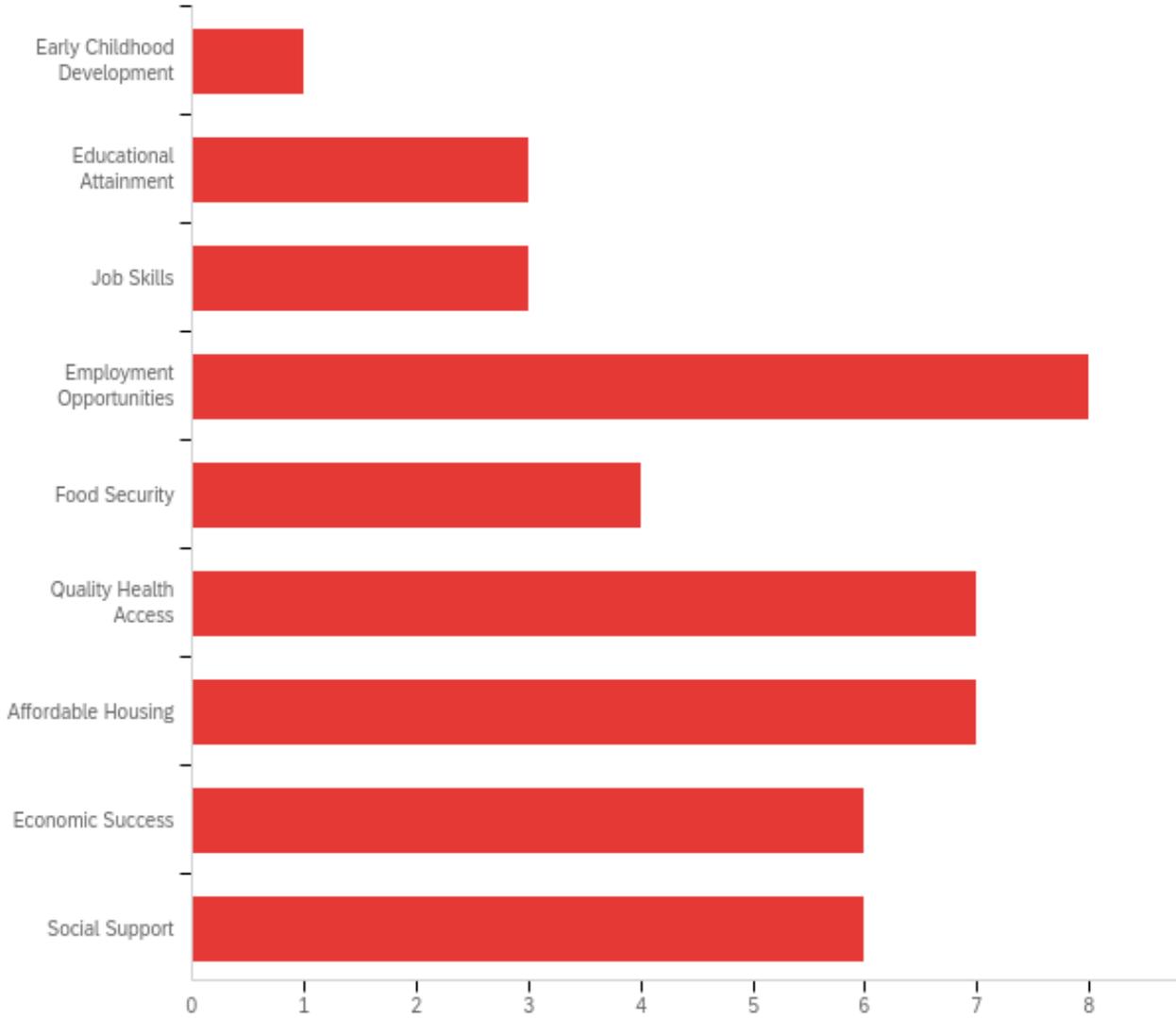
Sometimes access to specific types of providers can take a long time. Delayed access to care can be somewhat problematic when a patient want to address a healthcare need.

My exposure to CC is limited to the downtown area. That makes my answers myopic.

Specialists seem to be booked up for weeks (and sometimes months)

Access to healthcare is an issue for the non-English speaking community. They are less likely to get information in their native language and have more barriers to accessing healthcare both financially and physically.

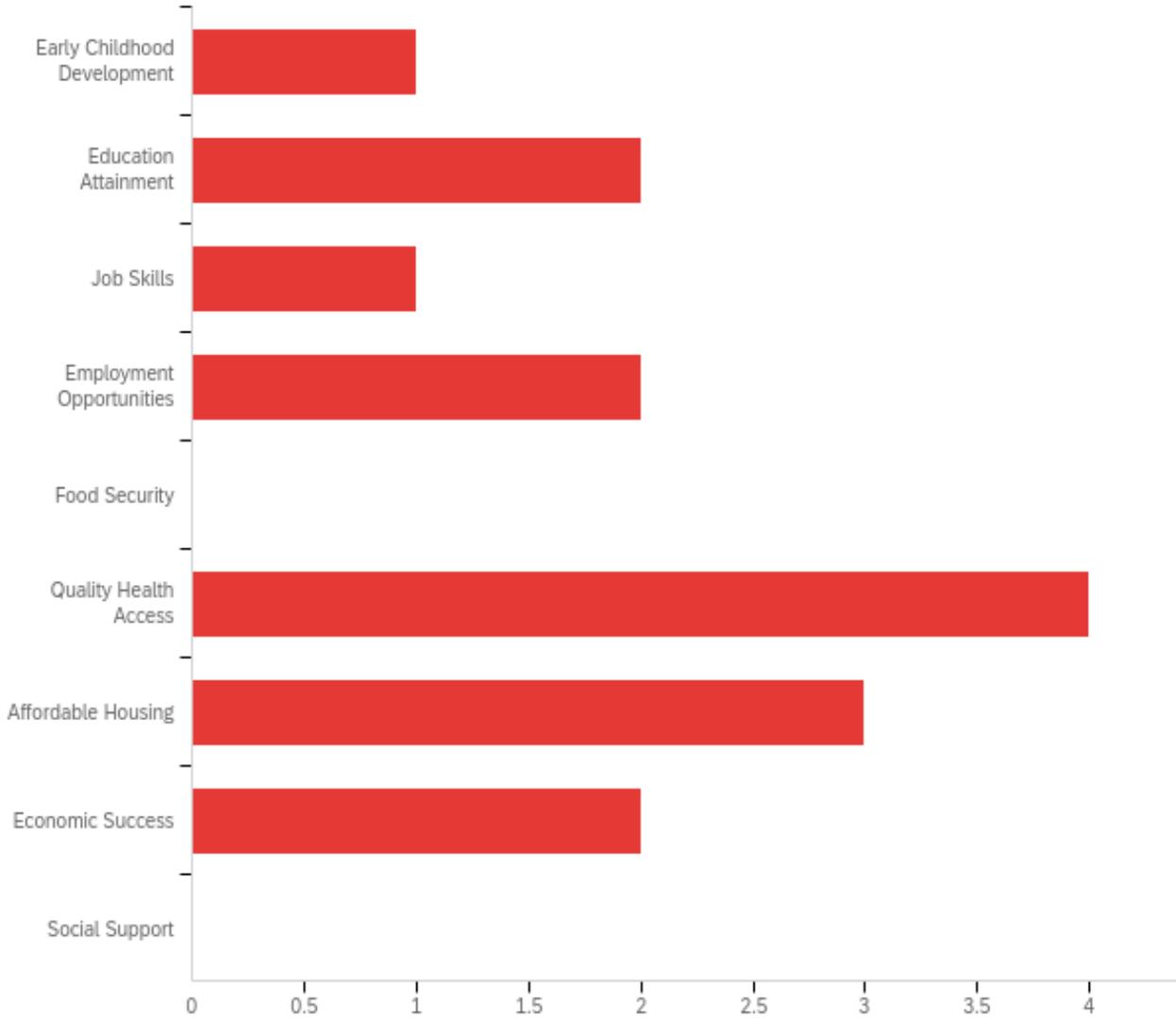
SD1 - Social Determinants of Health are defined by the Centers for Disease Control as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Early Childhood Development	2.22%	1
2	Educational Attainment	6.67%	3
3	Job Skills	6.67%	3
4	Employment Opportunities	17.78%	8
5	Food Security	8.89%	4

6	Quality Health Access	15.56%	7
7	Affordable Housing	15.56%	7
8	Economic Success	13.33%	6
9	Social Support	13.33%	6
	Total	100%	45

SD2 - 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?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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?	1.00	8.00	5.13	2.22	4.92	15

#	Answer	%	Count
1	Early Childhood Development	6.67%	1
2	Education Attainment	13.33%	2
3	Job Skills	6.67%	1
4	Employment Opportunities	13.33%	2
5	Food Security	0.00%	0
6	Quality Health Access	26.67%	4
7	Affordable Housing	20.00%	3
8	Economic Success	13.33%	2
9	Social Support	0.00%	0
	Total	100%	15

SD3 - Why do you believe that this determinant is the most important social issue to address?

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

a strong economy is critical and will be extremely so going forward at this time

Many of our residents with the means to travel work outside the jurisdiction. It is difficult for unskilled people in the County to obtain employment that can lead to a successful career.

Most of the other determinants will follow with adequate employment opportunities.

Many families live in unhealthy or unstable environments. There are lots of "couch surfers" and multi-family living situations.

If there is health, there is an opportunity for a better life.

When an employee texts me, it is sometimes in such broken English that I struggle to understand. Their ability to read and problem solve is also an issue, and polite speech has never been modeled.

Having a thriving community economically will have several successes all around.

Regardless of how it can be paid for- medical assistance, general market health insurance, or out of pocket, if the services aren't readily available, it doesn't matter unless all citizens can get the help they need.

To ensure a healthy population, you must be able to have access to healthcare

education is the foundation of all of the above

For the non-English speaking community, there are less insurance options available through their jobs, less information provided in their native language, and a greater inability to properly communicate with healthcare providers.

Making sure the most vulnerable of us are provided an opportunity to grow and learn in a safe, healthy and caring environment.

Affordable housing isn't just HUD housing, but housing for the 20 something first year teacher... Having young families in Carroll will help to grow our tax base, which allows for funding for Social Services to expand.

SD4 - Additional comments regarding social determinants of health (optional):

Additional comments regarding social determinants of health (optional):

Education is also a important factor.

The abundance of social services in Westminster has made Westminster a destination for many people that are in need. If we continue to add services without making them extremely targeted, we will continue to attract people from outside the area that are not interested in improving themselves or this community.

a stable home with parents involved strongly in a child's education is paramount....do not pass the blame on other agencies or people....it all starts at home if a parent is not available, positive roll models/mentors are critical

Social support in a person's native language is essential to improving health outcomes.

PSP1 - Programs, Services & Promotion Please describe any programs or services that you feel should be developed and offered to those who live in our community.

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

Not sure what might be missing or in need of enhancement...We are blessed to have many non-profit groups which enhance our current programs/services

Expand health living programs that emphasize prevention - substance use prevention, diabetes prevention, exercise, weight management.

Mentoring job training in trades.

Mental health and general health services for the non-English speaking residents.

Educational programs that inform about insurance, healthy eating, and how to access to healthcare.

Dental health and smoking cessation are so important.

Alzheimer's and Dementia support groups should be developed. Aging populations needs more transportation opportunities.

Early mental health screening.

I volunteer at the mission of mercydental needs are very pressing. Hospital based oral surgery that is open to the public would be very helpful to the general population Reciprocity among lifebridge doctors is essential...your bridge is broken

Greater information should be provided in the native language for non-English speakers. There should be more events targeted to non-English speakers.

**PSP2 - How do you think health and wellness are best promoted in our community?
(Example: fairs, workplace, class education, outreach events, other)**

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

an active class education system as well as outreach events throughout the community

1. Workplace - most people work and many will take advantage of opportunities which are made available through the workplace with their coworkers. 2. Outreach events - to encourage people to change their lifestyle and kick-start them on a road to success.

word-of-mouth is always powerful. Health fairs are good for outreach.

fairs & outreach events.

For me, gentle conversations in the workplace have been the most effective. If I had a better understanding of the resources available to the working poor, I could be more helpful. An organized, easy to read (5th-grade reading level) packet would be helpful. It could be part of orientation and training.

Social media, fairs, workplace, community signs.

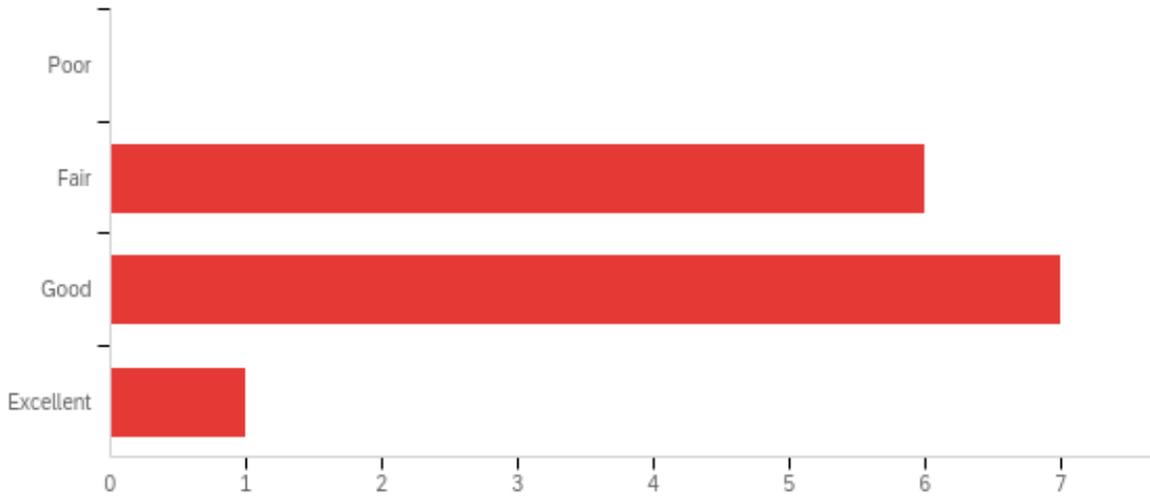
Events, seminars, and radio talks/ programs

website social media bill boards continuing education classes (ALL state board should give credit hours...dental, medical, etc)

For non-English speakers, outreach events in their native language and a greater partnership with the school system to ensure adequate healthcare for children of immigrant parents.

Targeted outreach events into the populations of greatest need.

PSP3 - Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?	2.00	4.00	2.64	0.61	0.37	14

#	Answer	%	Count
1	Poor	0.00%	0
2	Fair	42.86%	6
3	Good	50.00%	7
4	Excellent	7.14%	1
	Total	100%	14

GF1 - General Feedback Are there specific populations in the community that you feel are not being adequately served? If so, who?

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

Am not in a position to know, but perhaps the homeless

Poor and minorities because this is not generally a priority for them.

Low income. We see folks daily who are unable to affordable their regular medications and / or are alternating days for things like food or bills vs medication.

Yes, the special needs population including persons diagnosed with intellectual and developmental disabilities. Especially within healthcare making accommodations for individuals that do not have traditional circumstances, limited verbal skills, etc.

Spanish-speaking families

elderly - there should be more support and education on how to care for them.

The working poor are not well served. Indigent and working-class have access to many services. Hourly, part-time people are struggling with teeth and preventative care. They are the forgotten middle.

I feel the aging population needs more in home services such as physician visits, blood draws, and flu shots.

Middle to upper middle class, gainfully employed have the best access.

Dental problems are rampant. Those who have insurance but can't afford copay The elderly Those who don't have care givers available(no relatives or friends when discharged)

The immigrant community.

Mentally ill and the addiction patients, primarily because of a lack of providers

GF2 - Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?

Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?

not at this time

The elderly Those without family

Greater access to information in Spanish is essential. This has been especially true during the COVID-19 crises as evidenced by the disproportionate impact on the Latino community.

GF3 - 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
more affordable living opportunities	increasing awareness and access of health care options
Engage people and encourage them to live a healthier lifestyle.	Encourage people to seek preventative measures to improve their health.
Adequate income earned from skilled labor / training	Affordable house
help for the low-income people to access more services	help for non-English speaking families
Healthy & clean eating	Stay active
Less drug use	safer streets
More community participation in events	More technology classes available to community members
Employment opportunities	Affordable housing
competent medical care	strong family values
Access to health information in a person's native language.	Targeted information for specific identifiable issues.
Access to choice in specialty providers and availability of those providers	Safe and healthy caring of our aging population in our county

GF4 - Please share any other feedback you may have below:

Please share any other feedback you may have below:

1)LifeBridge doctors don't have reciprocity among your hospitals. (Specialists at Sinai can't come to carroll and practice)---there are some life-saving doctors that aren't available to this area 2) treat and street should not be the practice philosophy (profits are valued more than patients) 3) nosocomial infection rates should improve due to covid....but I fear that won't last long once there is a tx or vaccine

The immigrant community needs to receive information in their native language and needs to have greater input in these types of surveys. As seen during the pandemic, many immigrants are essential, low paid workers with a lack of health insurance, lack of resources, and lack of access to important information.

**Key Informant Survey Discussion Session 15 participants at meeting
(#6 Phillips recorder)
September 14, 2020**

The Key Informant Survey discussion was held via ZOOM. Participants had completed the surveys prior to the meeting and data was collated in Qualtrics.

Ron McDade opened the meeting at 10:32 a.m. and turned it over to Garrett Hoover for an introduction.

Garrett Hoover, President and COO of Carroll Hospital, welcomed everyone to this Key Informant Session. He explained how this effort helps our organizations to identify initiatives that are critical to impact the health and wellbeing of our community. Many of these things are not unique to Carroll County, and are common across our country. The key today is to update the initiatives so that they fit within our strategic planning process at LifeBridge. He asked for the group's insights and perspectives on what we have done well, and what we can do moving forward.

Dot explained how data is collected with online surveys, focus groups, and the key informant surveys completed by community stakeholders which offer opportunity to speak to key issues and social determinants of health. Organizations represented are for profit/not for profit/medical/social/and government organizations. Results will be shown, and discussion will be centered around motivations, behaviors, and perspectives that go into the responses.

This is a requirement of the hospital; however, The Partnership leads this process to ensure impartiality and neutrality in efforts to impact health care and health.

Ron shared his screen to show the visual results from this group's Qualtrics key informant survey, aggregated and blinded, explaining that we are looking for a deeper discussion regarding the story behind the results, and asking for people to share their thoughts. He added that this discussion will be recorded and results will be combined with another key informant group on Wednesday.

General Health Issues and Behaviors

GHB1: choose the five top health issues which are most important to address in our community in the next 3-5 years.

Illegal drug abuse was #1 with mental health a close second. Obesity and prescription drug abuse tied for 3rd. Alzheimer's disease and dental health tied for 4th with cancer and diabetes close behind.

Is there anything that you don't see here that you would have expected?

It was confirmed that E-cigs and vaping were listed separately from tobacco use.

Dot noted that we added suicide to the surveys this year and we are seeing this as a priority issue. When an issue is seen as important enough it will be added to future sessions.

- **Discuss top priority - what made it priority?**

By far the top priority is mental health issues. Some people also lump together substance abuse into mental health issues.

Basically, with mental health, it feeds into many of the categories, not just substance abuse, but it also determines other health factors as well. It is the greatest issue.

The availability of finding mental health providers is important. How we can provide services for this group including all providers – health department, Access Carroll, and telehealth – is important.

One participant is dealing with a child who became a heroin addict and watching the process of her being an exemplary student into a downward spiral of many overdoses. She is good at manipulating the system, and she actually convinced the behavioral health wing at the hospital that she didn't belong there. Not sure of the solution to that. He and his wife felt she needed to be there in the hospital. He hears frustrations from many organizations. They are trying to do the best they can. There is not enough money to get things done. We are just putting on band aids, stopping the bleeding - but not stopping the source of the problem.

Mental health is the underlying problem – it was mentioned three years ago during this same process – it dovetails out into using food, cigarettes, alcohol, etc. as drugs – people are medicating themselves; they're taking frustrations out on their families. Many things dovetail and we are not treating the underlying cause. This participant would love to see if a screening for babies and children in their early teen years could detect problems and maybe fix it before it gets worse.

A participant works with young parents and children under the age of 4, and identifies mental health concerns. They see young parents, most are single mothers who experienced a lot of trauma, have PTSD, and a large Spanish speaking population. Some mental health problems are as simple as anxiety just not being able to navigate the health system, to domestic violence or childhood violence they experienced and carry with them today. It is difficult for these people to maneuver through the system. We have a great program, E-smart, that works with the littlest children assessing for mental health concerns, but nothing for these young parents.

Our system seems to be overburdened with these issues, one thing important to add is mentoring of these folks – not meeting with a counselor once a month or every other week, but someone to walk with them at all times to get them to where they need to be. These folks have a hard time making the choice to take their medications when they should, or even having access to medications, and they spiral down. We see them when they are spiraling down and need help.

In supporting people with intellectual disability, we found people may have a co-diagnosis of mental health issues and are not getting appropriate services. A Practitioner may understand the mental health component but is not as versed in the disability side. This results in a lack of appropriate services, and they become over medicated. It is a struggle to find appropriate services. Some are transitioning from the school system, and there is a reluctance by service providers to provide those services. There are gaps between different service providers, especially for those with disabilities. With a dual diagnosis, Practitioners need to be aware and trained in that stuff.

We need to acknowledge the aging population that have mental health issues as well. People think it is linked to dementia/Alzheimer's, which it could be, however there are other things it could be as well. Existing physical and mental issues progress. We need resources available; families don't know where to turn. Education is a huge piece and it is important to make sure people are aware of local resources. Nothing is localized – many people have to go to Shepherd Pratt, Bayview, etc. – and it would help if we could have more of a community place to go instead of traveling so far, which makes families unable to visit loved ones. Families don't know where to go to. We need education as to where to go for help, and more local resources in our county.

We have no behavioral health resources in the Spanish speaking community. It is not just the issue of language but also understanding the cultural differences. A lot of Latino students are being left behind because there is a cultural disconnect between students and parents, those born and raised here in a different culture. We need someone who understands the language, yes, but can also understand and connect on cultural issues. Trauma that adults experienced in their countries is exacerbated by the disconnect and trauma of not having a connection with their children because they are being raised in a different culture. We need Spanish speaking people doing mentoring and serving as a bridge between these generations, as they don't know how to have those connections, which leads to further disconnect not only with parents but also children as well. Escalating the issue of mental health with providers regarding the cultural barriers is difficult to do.

Ron observed how the topic of disease focus has moved from smoking, exercise and many diseases in the past, to this year the focus being very concentrated around behavioral health.

Social Determinants

- **Share the top three results that need to be address in our community.** Employment opportunities is #1, with a tie for affordable housing and quality health access as #2. Economic success and social support tied for #3. There are many topics identified as an issue.

- **Anything missing in these options?** No comments given.

- **Discuss top priority:**

When asked to pick what would make the greatest impact to the health of our community: Quality health access was #1 followed by affordable housing.

What kinds of access are you talking about – we talked about Spanish speaking and culture literate providers and behavioral health providers, are there other types of access you see as an issue?

Access to medical specialists brought a mixed response. Many somewhat disagree that people have access to a specialist in a timely manner. Access to specialists is not always timely – many times people need to wait of a couple of months for a specific specialist. Some of the minor specialists are the ones acknowledged, like behavioral health – others are readily available, like cardiologists. Some of the chronic disease specialists like endocrinologists are limited here and in many communities.

One participant noticed it is not so much access to a local specialist but the cohesiveness of treatment and communication between specialties – there are so many moving parts. You can have a cardiologist, neurologist, and an endocrinologist and they don't speak with each other nor have a fluid treatment plan. This is a challenge when our organization is trying to provide care for people. Care coordination is important and needed.

Is Access geographical? Is this an issue or is it really just the number of providers in the county? Transportation is and always remains an issue for a section of the population. A one-time visit people are able to do, but if needing multiple follow-up visits it is difficult, such as for lymphedema treatment.

Access to dentistry – many think it is insufficient – thoughts?

Many thought access to a dentist is insufficient in the county. The problem is people who are on Medicaid – there are not enough providers willing to accept that type of insurance. Access Carroll is doing a great job to bridge that job. However, the cost for working class folks has them not going to preventative visits like they should, so issues become more complex when they finally do have to visit a dentist.

Where one participant works, there is no middle ground with the workers. If your teeth are to the point where you need hospitalization it is taken care of, but just a tooth cleaning or a tooth that is broken or that has decay and needs to be pulled – the service is not there. It was noted that dental health is important and leads to other illness and affects other parts of the body such as brain and heart health.

On the HALT (Healthy Aging Leadership Team) dental health is an initiative we have been working on. Everyone waits for the emergency. There is a lot of education that needs to be done regarding oral care, especially for the older community. HALT is working on this aspect, such as denture care and oral care. We are trying to get into

facilities to provide education on proper oral care. There is so much more to dental care, like denture care and flossing that needs to be done. We have reached out to try and get others to help us with the education piece for dental care.

Dentists are so overwhelmed in our county; they don't have time to help with education. With the aging community the issue is related to both access and affordability. They are already making decisions as to whether they will eat or buy medications, and the transportation for a dental office visit is an issue. There are issues in getting to homebound people as well.

#6 - Do the majority of residents have ability to pay for health care services? Some conversation has been around this, but what about the affordability – what populations are we referring to here?

Some problems come from folks that are not on Medicaid and have a health plan – the plans they can afford have high deductibles and high co-pays. They put off this care because they can't afford the deductibles and co-pays. Just having insurance doesn't mean health care is affordable. It all depends on the financial stability of the family. If you can afford a higher plan – you have lower costs for the actual care – like lower deductibles and no co-pays. Otherwise you get on a plan that does not work well for you.

- **When asked if there was anything else about health access we have not talked about, there were no other comments.**
- **Affordable housing? Dot shared that we are getting different messages from the different groups as to what affordable housing means to them. It means different things to many people such as location, cost, and safety. So, we are asking, what part of affordable housing are you most concerned about?**

One participant shared that most people that live and work at her business on main street live there in the downtown area. Affordable housing that is affordable for these good hardworking people is incredibly riddled with drug users. When it becomes affordable and is Government subsidized, it seems to be people selling drugs. It is different on both sides of the building. She is stepping over syringes on one side of her building. It makes it unsafe for people just trying to get by. What is financial affordability and what is safety/quality related? There is trouble with the landlords in not maintaining properties – they are affordable but not maintained. One employee walked out on her steps, and because they were rotten, she fell through and broke three bones in her foot. It affects her ability to be able to work and care for her kids. There are no locks on doors or windows. There is trouble maintaining housing for people who work hard.

Is this broken down as to geography for affordable housing? For instance, is it people who really have a need for housing and will take anything available that they can afford, or “I work in Washington D.C. and need to come out to the country to find something I can afford”? There are different expectations as to what you mean by affordable housing.

Each of those scenarios is happening in Carroll County. There is an increased need for housing in Eldersburg, these are mostly people able to meet their needs, but there are people in the community unable to meet their needs that are losing their housing. In rural areas like Union Bridge and Silver Run, we have almost two communities. Carroll County rural are farmers who raised children and families who have moved; the older population is left behind and can't make it on their own anymore. Many families are seeking food from food pantries as they can't make ends meet. It is a dual need in the county as far as housing goes.

Affordable living: one aspect is that there are such roadblocks to people who want to build affordable living in Carroll County. One participant knows a person who has been trying for years and can't get a permit to do so. Some know people who are having to move out of the community because they can't find anything affordable or acceptable. Along with affordable housing is food insecurity as well – many students who attend Carroll Community College rely on the college food pantry and this number has been growing every year. They may be able to live someplace, but there is not enough money to buy food, etc. One participant knows students who have lived in their cars. Her church in Hampstead routinely feeds homeless people in their community.

Dot shared that we added a group of transitional aged youth this year to get more input from young people.

Educational attainment: some participants had identified this as needing to be worked on. There were no additional comments.

How would you rate services, outreach, and promotion?

This was rated pretty good or fair. What things can the county do to get a more positive rating?

We need to get more information to the Spanish speaking community in their native language, but in a way that they can receive it and understand it. The Health Department translates some information for the community. But for the most part - when it comes to information regarding health issues – it is not thought of or done unless a volunteer steps up to suggest that outreach is done. In Carroll County there is a disproportionate number of Latinos who have tested positive for Covid. Some is a result of not having the ability to take off work because if not working they don't get paid, also many are essential workers. Some is a result of cultural issues of multigenerational people living in same household.

However, information is not given to them in their language in a way they can understand. Their level of education is such that even once information is translated, they still can't read, access or understand it easily. We need to reach out to them and provide information in a way they can understand.

A lot of the focus is on people below the poverty level. But there are a lot of people working who are above this level that are not getting the message. Have a little more focus on those in-between the gaps and this may help to get their health to a better place.

We need to have a 3rd-5th grade reading level in both Spanish and English for information. Even those with a high school diploma are struggling to read on a higher level. Put information in the hands of the retailers that serve and employ these people – it can be a simple brochure i.e. where do I go when I need help with.... my teeth, my stomach, my feet, etc. - a simple rack card telling where to go. We have information that people don't know how to access.

A connection with students K-12 who are part of those families can be a very strong connection. We see this in other counties with a growing Spanish population. Often children play a role as translators for their parents, so we need a collaboration as to how to make something happen here.

We have spoken of minority populations, but we also have a problem from the standpoint of preventative health and wellness overall being a priority – people don't have the time or resources to keep themselves healthy by going to doctors, dentists, exercising, etc., and this is a difficulty that I would like to see improvement on. Preventative health often stops the flow to more serious things.

General comments identified with respect to health of the county:

- Continue the positive messaging from the hospital, Access Carroll, and other agencies. Keep doing a good job on messaging. We don't pay attention until we need it – so continue with your messaging so people know where to turn when something comes up.
- Messaging is needed for people who need it the most in terms of addiction treatment and mental health treatment – explore other ways to get messaging to them. A lot of those individuals end up in the court system, so give information to court adjacent agencies about these other things out there, and use these agencies (police department, probation, juvenile services, etc.) to reach out to these populations especially with addiction and mental health issues. These people that continue to have these issues and usually don't address them – they will at some point and time come into contact with the court and these other agencies. Coordinating with these agencies to get some of these preventative things out there to these people would be of benefit. Have more communication, more venues.

A lot of the issues are intertwined and go out to mental health issues, but are not simple – the best way to get there is to do what we are doing today - include many people who have different viewpoints and can reach out to their sphere of influence – to draw together and get more inclusive. People are moving away from here to Pennsylvania because of housing. Disadvantaged people can't get clean accessible housing. Getting people with diverse spheres of influence is important for these conversations. A lot of Issues with mental health and other things – it takes the individual to get involved and know that they need assistance and services, but many times they don't think they have a problem or think they can handle it. There are resources available to them, but in their minds, they think it is for someone else, they have it under control and don't need other assistance and it ends up getting too out of control until they end up in the hospital or court systems. We need to get the message out to those who are not always willing to hear the message.

Any Topics missing?

Women's health and pregnancy is not on this list. One participant shared that as a new mom, she has resources, but many people may not. What if a person doesn't have a stable job, stable household, stable relationship, financial stability, good upbringing by parents, access to an OB and follow-up support? What if a person doesn't have the education and support that are needed – would their experience be a good one?

Key Informant #2

Key Informants September 9, 2020

Profile - Please enter the following information:

Name (Required)	Agency (Required)	Address	City	State	Zip	Phone	Fax	Physician Only: Specialty	Physician Only: Hours per week devoted to patients
Kimberly Muniz	Carroll County Public Schools	125 North Court Street	Westminster	MD	21157	410-259-4862		n/a	n/a
Bertan Ozgun	Advanced Radiology	1970 Turnberry Ct.	Finksburg	MD	21048	4433864894		Radiology	30
Dorothy Fox	The Partnership		Westminster	MD	21158				
Christopher Grove	Carroll Hospital	2709 Brinkleigh Dr	ELLCOTT CITY	Maryland	21042	4102744569	4108717329	Pathology	50
Martin K. P. Hill	Carroll Hospital - LifeBridge Health	4175 Hanover Pike	Manchester	MD	21102	4434632205	4102390356		
Michael Rodgers	Caring Carroll Inc	255 Clifton Blvd, Suite 315	Westminster	MD	21157	4107755596			
Emily Miller	Barnes-Bollinger Insurance	Po Box 569, 95 W Main St	WESTMINSTER	MD	21158	4432449173	4108760015		
Beth Hill	Long View Center for Rehabilitation and Healthcare	3332 Main Street	Manchester	Maryland	21102	410-239-7139	410-239-6460		
Theresa Bethune	InfoPathways, Inc.	25 Liberty Street	Westminster	MD	21157	4107519929			

Joyce Mahoney	Sober Truth, Inc.	32 W. Baltimore Street	Taneytown	MD	21787	4439188592	4439188529		
Deborah Seidel	Carroll Hospital	37 Ridge Rd	Westminster	Md	21157	4103753091			
Kristie Crumley	Carroll Community College	1601 Washington Rd	Westminster	Maryland	21157-6944	4103868408			
Paige Sunderland	Carroll County Economic Development	225 N. Center Street	Westmintser	Maryland	21157	4103862070			
Sharon McClernan	LifeBridge Health								
Lisa Flannery	Carroll Hospice	292 Stoner Avenue	Westminster	MD	21157	410-871-7223			
Nancy Bowersox	Anne Arundel Dermatology-MARKETING	410 Meadow Creek Dr., #205, Attn: Nancy Bowersox	Westminster	Maryland	21158	4438015024			
Tierney Youngling	Carroll County Health Department								
Karen Pelton	Carroll Community College	1601 WASHINGTON ROAD	WESTMINSTER	Maryland	21157-6944	410-385-8155			
Margaret Welliver	Shelter Systems - HR Manager	1025 Meadow Branch Road	Westminster	MD	21158	410-840-5623	410857-5754		
Suzette Covalt	Farmers & Merchants Bank	275 Clifton Blvd	Westminster	MD	21157	410-857-1100	410-867-2360		
Doris Brown	SPS	500 Main Street	New Windsor	Maryland	21776	443-536-4299			
Cheryl Gould	Nexion Health	6937 Warfield Ave	Sykesville	Maryland	21784	410-552-4808	443-280-6359		
Andrea Berstler	Carroll County Public Library	1100 Green Valley Rd	New Windsor	Maryland	21776	4432933136			
Mike McMullin	Carroll County	55 Sullivan Road	Westminster	Maryland	21157	410-977-3111			

Chamber
of
Commerce

|

|

|

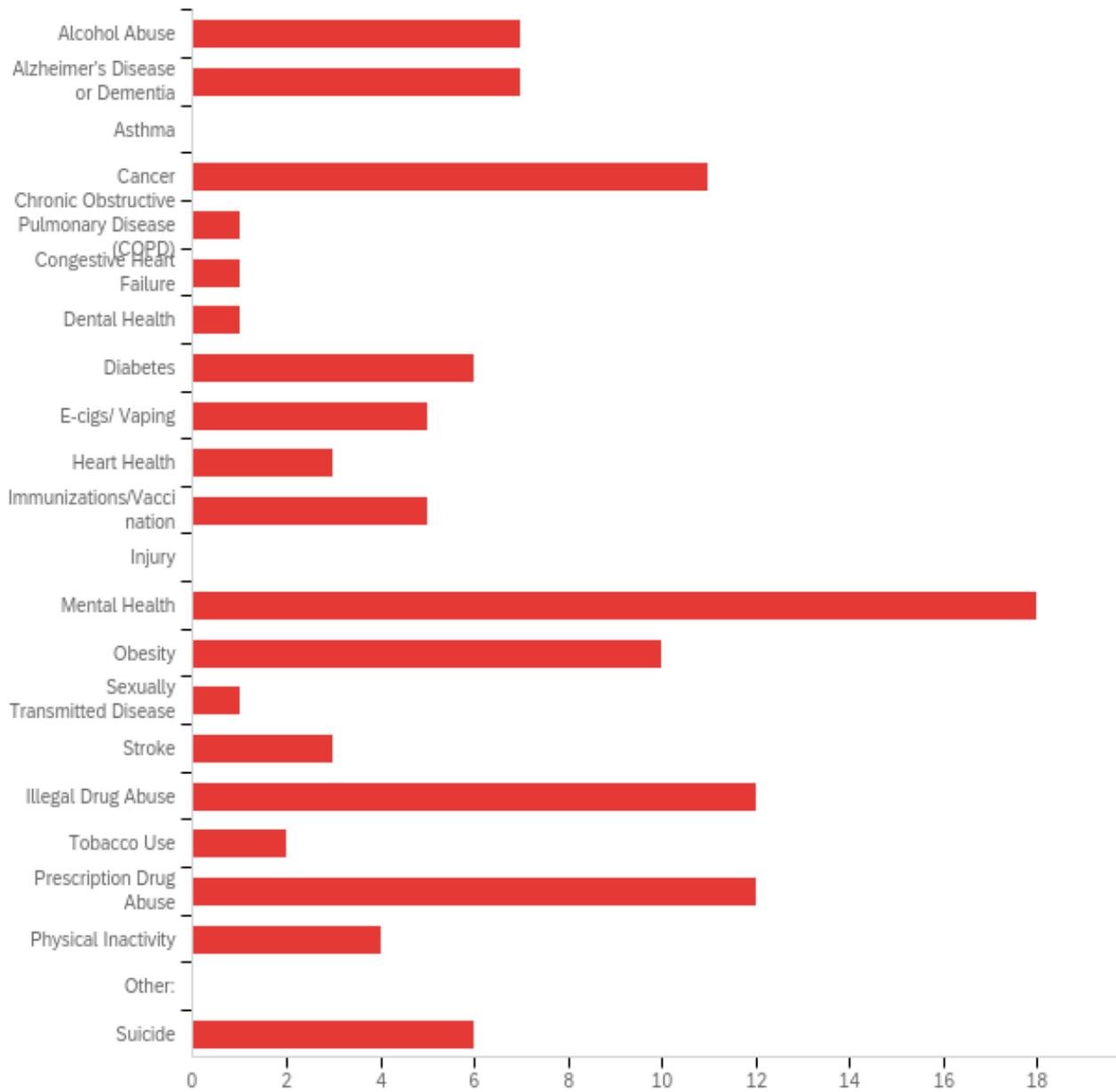
|

|

|

|

GHB1 - General Health and Behaviors Please review the following general health issues below and choose the five (5) you believe are the most important to address in our community in the next 3-5 years.



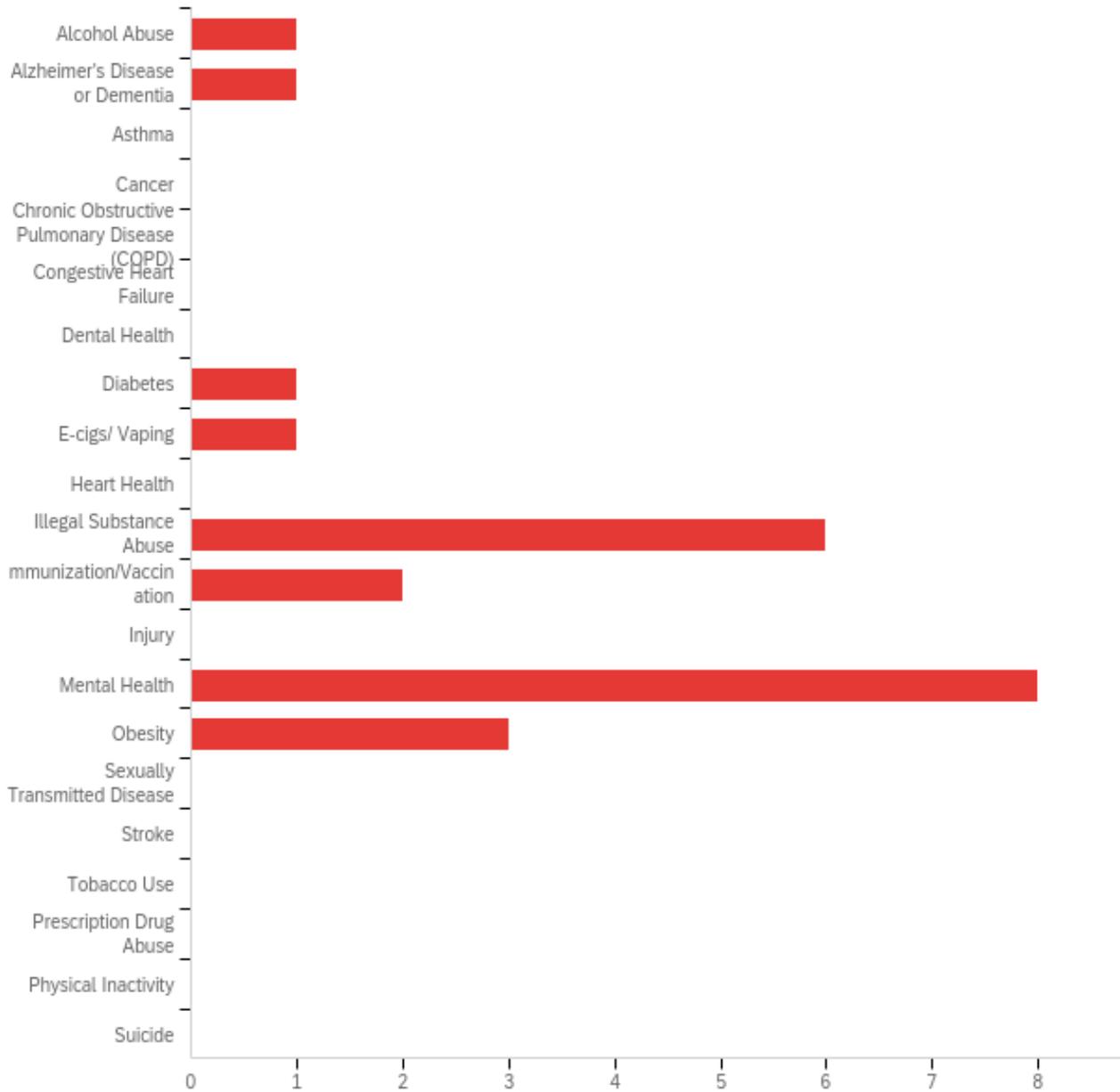
#	Answer	%	Count
1	Alcohol Abuse	6.09%	7
2	Alzheimer's Disease or Dementia	6.09%	7
3	Asthma	0.00%	0
4	Cancer	9.57%	11

5	Chronic Obstructive Pulmonary Disease (COPD)	0.87%	1
6	Congestive Heart Failure	0.87%	1
7	Dental Health	0.87%	1
8	Diabetes	5.22%	6
9	E-cigs/ Vaping	4.35%	5
10	Heart Health	2.61%	3
11	Immunizations/Vaccination	4.35%	5
12	Injury	0.00%	0
13	Mental Health	15.65%	18
14	Obesity	8.70%	10
15	Sexually Transmitted Disease	0.87%	1
16	Stroke	2.61%	3
17	Illegal Drug Abuse	10.43%	12
18	Tobacco Use	1.74%	2
19	Prescription Drug Abuse	10.43%	12
20	Physical Inactivity	3.48%	4
21	Other:	0.00%	0
22	Suicide	5.22%	6
	Total	100%	115

GHB1_21_TEXT - Other:

Other: - Text

GHB2 - Of the 5 General Health issues you selected, what do you believe is the number one priority?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority?	1.00	15.00	11.61	3.66	13.37	23

#	Answer	%	Count
1	Alcohol Abuse	4.35%	1
2	Alzheimer's Disease or Dementia	4.35%	1
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Obstructive Pulmonary Disease (COPD)	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	4.35%	1
9	E-cigs/ Vaping	4.35%	1
10	Heart Health	0.00%	0
11	Illegal Substance Abuse	26.09%	6
12	Immunization/Vaccination	8.70%	2
13	Injury	0.00%	0
14	Mental Health	34.78%	8
15	Obesity	13.04%	3
16	Sexually Transmitted Disease	0.00%	0
17	Stroke	0.00%	0
18	Tobacco Use	0.00%	0
19	Prescription Drug Abuse	0.00%	0
20	Physical Inactivity	0.00%	0
21	Suicide	0.00%	0
	Total	100%	23

GHB3 - Why do you believe that your choice is the most urgent health problem to be addressed?

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

It contributed to May other issues.

Mental health isn't being addressed in this community without a heavy component of drug use. Many individuals have mental health disorders that aren't related to drugs. All money and attention given to drug addiction. Many with MH disorders refuse treatment so they don't get involved with SA counseling

Obesity has an impact on so many other health problems affecting our community, including diabetes, heart disease, physical inactivity, and certain cancers. Targeting obesity would likely lead to decreases these and other health challenges and lower costs to the community.

I believe Mental Health is the least addressed health issue in our community and actually includes, alcohol, illegal drug and prescription drug abuse.

It is difficult to identify and affects others besides the individual themselves

I feel that Mental Health is the foundation of many systemic issues dealt with by members of our community. The stigma that goes with mental health and insurance limitations prevent many people from pursuing treatment.

In light of COVID19 pandemic, and anticipated vaccine, which has not been as long in the making as other vaccines. Medical personnel, families with children, and older citizens may refuse to be vaccinated- wrongly or rightly- which then may continue to foment COVID19 outbreaks in our community. The other health problems are more long standing and very important, but, this one will be facing us very soon.

Because Obesity causes so many other "co-morbidities" that affect overall community health.

As an outpatient agency we see the results of alcohol abuse, loss of employment, eviction, loss of family, and early death. It really doesn't get any worse than this. We just lost a 53 year old male client to liver disease who would not stop drinking alcohol.

Addressing drug abuse to reduce risks to self and others in the community

Many connections to other health issues are related to substance abuse and mental health- prioritizing one (or both) of these would help in many other areas.

COVID-19 has shown why this issue is so important

I believe that mental health is a barrier to people getting the care that they need. We need to focus on being more proactive with mental health awareness, assessment and treatment. This often leads to increase in un-managed chronic disease.

It affects not only the patient but the family and caregivers.

Seems to be a very big issue for our small community

This epidemic has been consistently running rampant in all communities. If we can just start eliminating this, one community at a time.

I feel that Vaping is so common with all teenagers to young adults and sets in motion a line of bad habits that they will continue. Sadly, they don't consider it smoking.

I feel 4 of the 5 tie into mental health and if we can address the issues and come up with a plan of action we may be able to work on them all together

Heroin usage among our youth has increased dramatically. A lot these youth are losing there lives because of their drug abuse.

Carroll County has a growing population that includes young families. Diabetes is one of the most preventable comorbidity and if we can start a campaign with this young population then maybe we can in turn prevent some of the other health problems.

Mental or behavioral health is the cause of many other social issues. To remove the stigma, assure access to adequate and effective treatment in a model that is sustainable would create a positive ripple effect in our community in many places.

This leads to so many other issues, like overdoses, suicides, loss of work, destruction of the family.

GHB4 - Additional comments regarding health issues in the community (optional):

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

Right behind obesity is the trifecta of Mental Health, Illegal Drug abuse and Prescription Drug abuse.

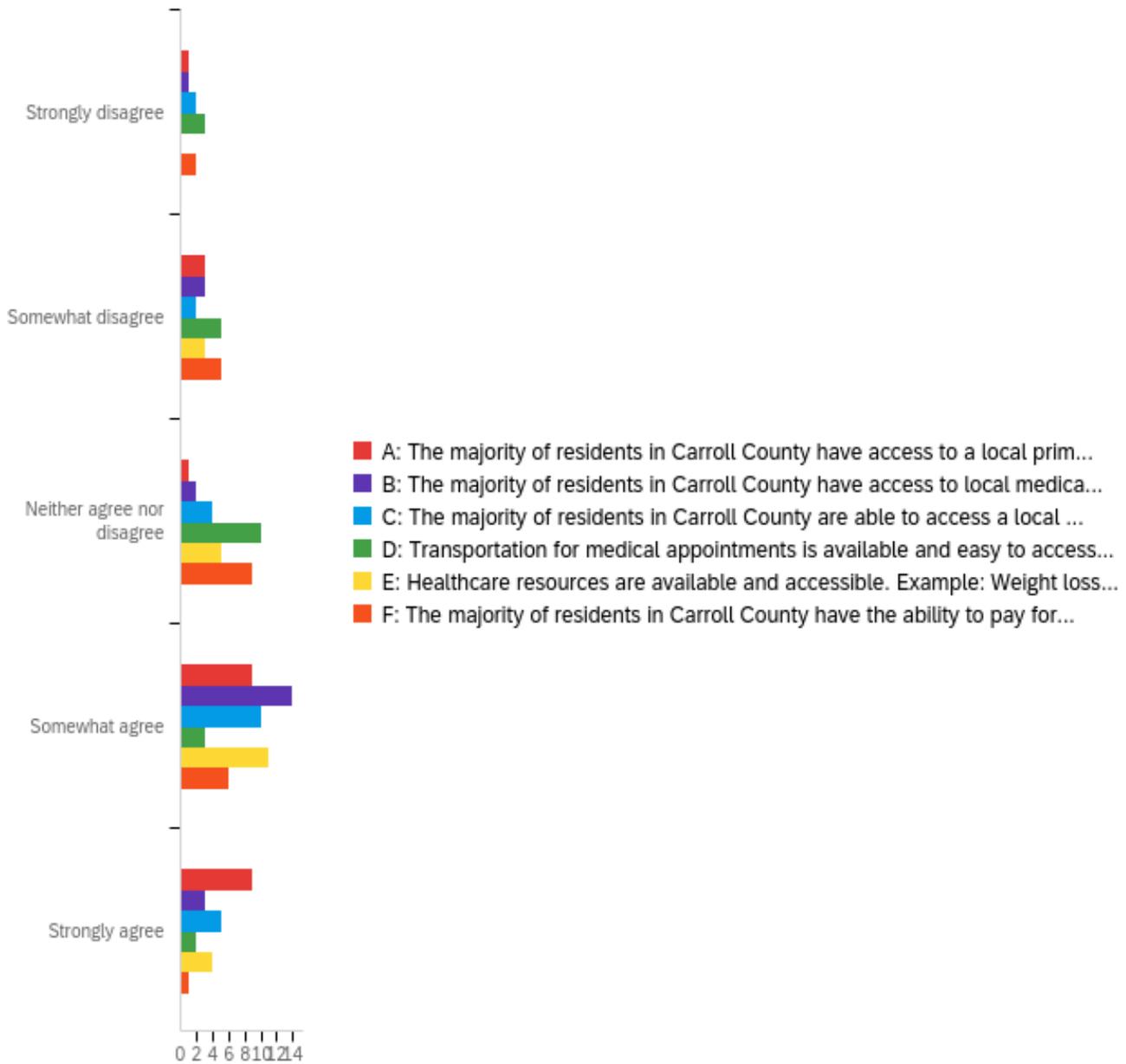
Fundamentally, these are intertwined and affect overall community health.

Providing clean, safe, affordable Housing is also a critical part to improving overall health of community members.

Not something that health providers control but can partner

Many people are over weight because the are moving less and eating out more.

GHB5 - 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.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A: The majority of residents in Carroll County have access to a local primary care provider.	1.00	5.00	3.96	1.16	1.35	23
2	B: The majority of residents in Carroll County have access to local medical specialists.	1.00	5.00	3.65	1.00	1.01	23
3	C: The majority of residents in Carroll County are able to access a local dentist when needed.	1.00	5.00	3.61	1.17	1.37	23
4	D: Transportation for medical appointments is available and easy to access for the majority of	1.00	5.00	2.83	1.09	1.19	23

	residents.						
5	E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	2.00	5.00	3.70	0.91	0.82	23
6	F: The majority of residents in Carroll County have the ability to pay for health care services.	1.00	5.00	2.96	1.00	1.00	23

#	Question	Strongly disagree		Somewhat disagree		Neither agree nor disagree		Somewhat agree		Strongly agree		Total
1	A: The majority of residents in Carroll County have access to a local primary care provider.	4.35%	1	13.04%	3	4.35%	1	39.13%	9	39.13%	9	23
2	B: The majority of residents in Carroll County have access to local medical specialists.	4.35%	1	13.04%	3	8.70%	2	60.87%	14	13.04%	3	23
3	C: The majority of residents in Carroll County are able to access a local dentist when needed.	8.70%	2	8.70%	2	17.39%	4	43.48%	10	21.74%	5	23
4	D: Transportation for medical appointments is available and easy to access for the majority of residents.	13.04%	3	21.74%	5	43.48%	10	13.04%	3	8.70%	2	23
5	E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	0.00%	0	13.04%	3	21.74%	5	47.83%	11	17.39%	4	23
6	F: The majority of residents in Carroll County have the ability to pay for health care services.	8.70%	2	21.74%	5	39.13%	9	26.09%	6	4.35%	1	23

GHB6 - Additional comments regarding health care access (optional):

Additional comments regarding health care access (optional):

Majority is the key word. Small population may not have transportation but it is a very small population. Not saying it isn't a significant issue for those folks; however, we are probably speaking of a small percentage of residents.

I live in Howard County but my parents and sibling and his family reside in Carroll County. All are very satisfied with access to necessary services, particularly the Cancer Center.

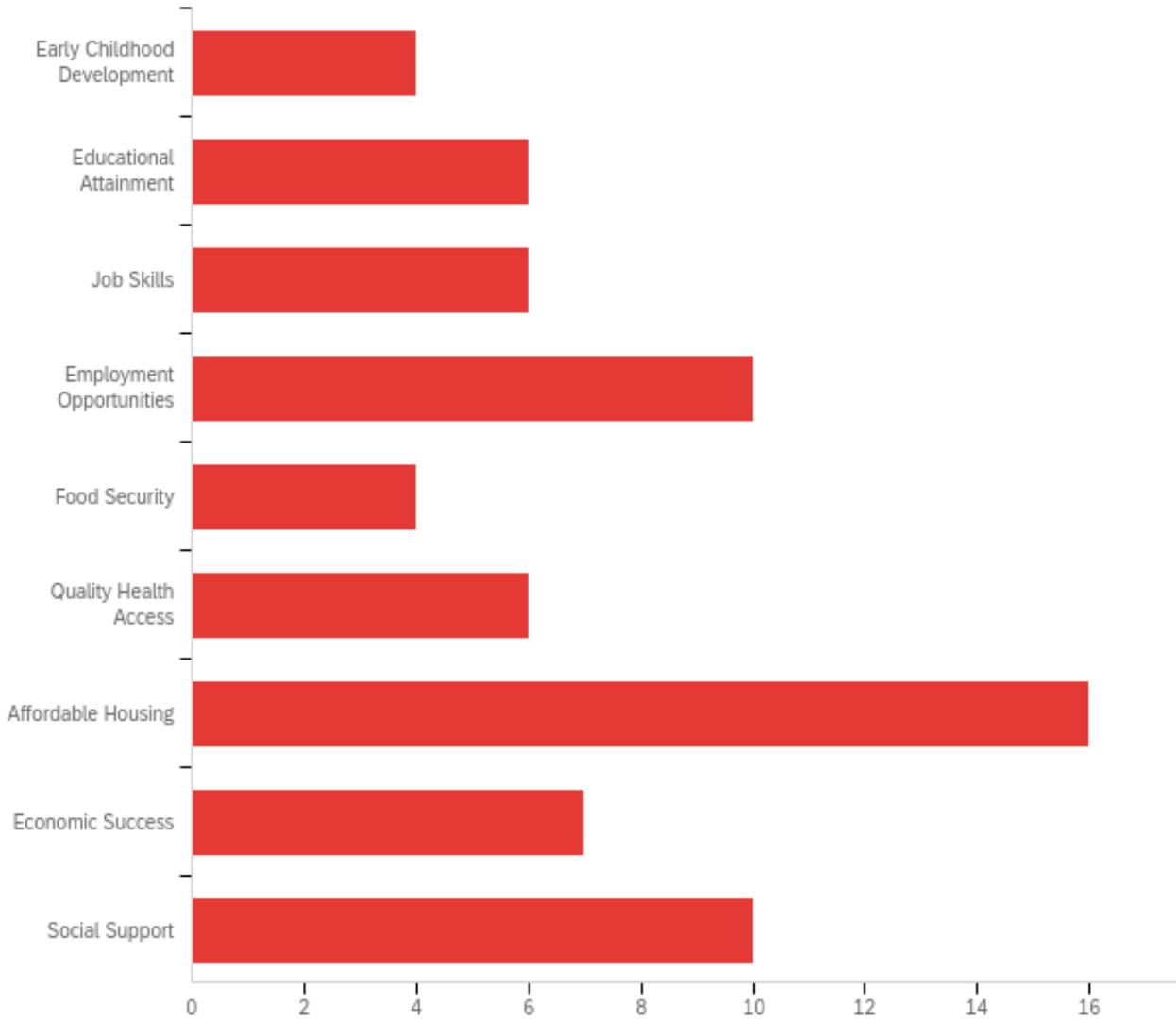
I believe access for those who are well networked with healthcare and wellness is available. However, those who are not well versed in this area, may not be motivated or be able to take the steps necessary to access some of these services.

I am not sure that low income residents living outside the Westminster area have access to health care options offered in the county.

A is referencing a private physician. B&C are referencing Access Carroll.

I am only rating based on my knowledge and what others tell me

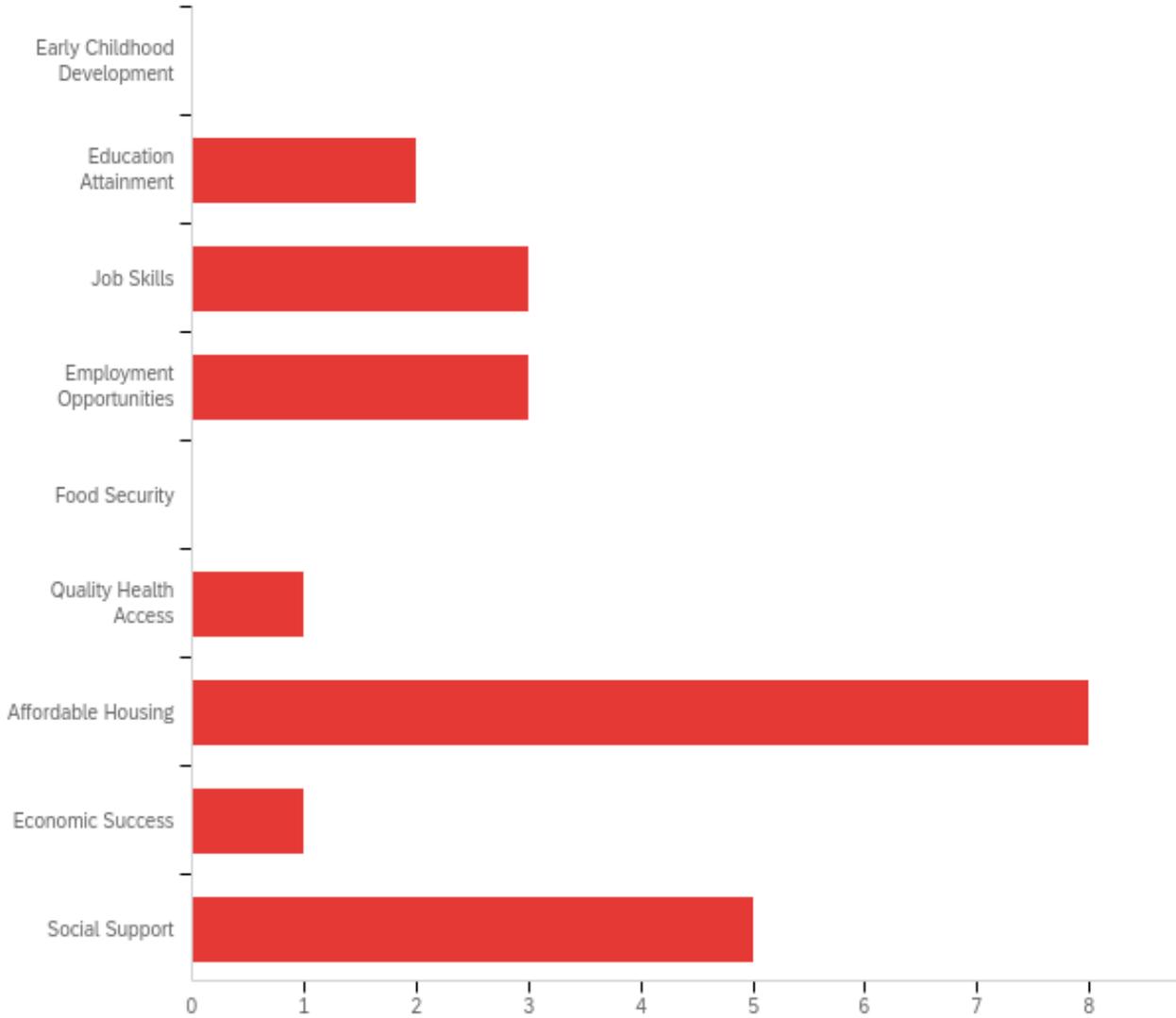
SD1 - Social Determinants of Health are defined by the Centers for Disease Control as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Early Childhood Development	5.80%	4
2	Educational Attainment	8.70%	6
3	Job Skills	8.70%	6
4	Employment Opportunities	14.49%	10
5	Food Security	5.80%	4

6	Quality Health Access	8.70%	6
7	Affordable Housing	23.19%	16
8	Economic Success	10.14%	7
9	Social Support	14.49%	10
	Total	100%	69

SD2 - 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?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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?	2.00	9.00	6.09	2.36	5.56	23

#	Answer	%	Count
1	Early Childhood Development	0.00%	0
2	Education Attainment	8.70%	2
3	Job Skills	13.04%	3
4	Employment Opportunities	13.04%	3
5	Food Security	0.00%	0
6	Quality Health Access	4.35%	1
7	Affordable Housing	34.78%	8
8	Economic Success	4.35%	1
9	Social Support	21.74%	5
	Total	100%	23

SD3 - Why do you believe that this determinant is the most important social issue to address?

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

Job skills bring financial security. This helps all of the other issues.

An education provides the tools to achieve economic stability, a good job, housing, etc.

I believe Social support will lead to addressing most of the other determinants

Social Support includes transportation and resources to access healthcare

Having a safe, affordable place to live provides families with security and stability. Young children can remain in the same school, with the same friends and grow up being embraced by our community rather than bounced around by it.

With available jobs, educational opportunities, and healthcare access in our county, it appears that there is a population that could use support to make life decisions through motivation, skills and support of their role in the community.

We need jobs for the people who live here and housing for the people who work here. As long as we are primarily a commuter based economy, people will not have the ability to focus on more important issues like their health because they spend too much time driving to work (whether it's from Hanover to work a low paying manufacturing job in Carroll, or to DC for a high paying job in federal government)

Without work one cannot support oneself or family. Being independent is important and we all need to feel like we matter and are needed and valuable.

Having a clean secure home is the start to a safe family situation- making the pursuit of food and employment a fast follower in priorities

Again, social support comprises many other areas. If we can provide adequate social support (mental health resources, food security, etc), we can help more people.

The more educated a person becomes they are more inclined to make smarter, healthier choices

Economic success is a key factor in someone's ability to prevent (healthy eating, exercise etc) and manage chronic illness.

A two bedroom apartment in Westminster costs as much as a mortgage payment!

Need more quality specialists in certain areas to address health needs of this community

Job skills turns into employment, which improves one's quality of life. Provides them with the ability to seek out the other items listed.

If someone can not afford housing then it is difficult to secure employment and transportation

Again they all go hand in hand. You need to have a good job to afford a reasonable home to raise your healthy family

If individuals could have programs to meet there individual learning needs of person graduating high school that don't wish to attend college but could learn through a Vocational Program I feel would be great. It should be offered to Adults that don't do well with school but are Hands On Learners.

secure, affordable housing is one of the biggest areas of stress on any family group, By seeing that we have an inventory of affordable, quality housing, we assist families in become more stable and self-sufficient

Good, well paying jobs provide health insurance, self esteem, the ability to own a home and provide for a family.

SD4 - Additional comments regarding social determinants of health (optional):

Additional comments regarding social determinants of health (optional):

Carroll has achieved tremendous success in providing Quality Health Access, however; Not all those that could use these resources are aware of or willing to access them

Maslow's hierarchy of needs is still very relevant today. If you do not have adequate food, shelter and safety, it's hard to focus on other things. If you live in Carroll County, you may have adequate food shelter and safety, but you lack time to take care of yourself. We need a better economic picture in Carroll County that doesn't rely so heavily on commuting and that goes beyond just teleworking.

PSP1 - Programs, Services & Promotion Please describe any programs or services that you feel should be developed and offered to those who live in our community.

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

Good schools, GED programs , job training and retraining.

Increased outpatient drug treatment resources

Programs to educate and make the public aware of the resources available to them.

Transportation to healthcare, particularly for seniors

Family counseling services/mental health focused addiction treatment.

We have been rather insular due to COVID19 restrictions, so, I don't feel properly educated to offer an opinion.

We need to promote Wellness and not just Fitness. Promoting healthy eating and exercise is great, but it doesn't necessarily lead to wellness. Our traditional medical system is too focused on treating sick people and not providing a path to wellness.

a better public transportation system that is affordable

I am not sure if transportation options to programs

Public transportation is a major need in Carroll County. More affordable housing. Better access to mental health services.

More availability of affordable housing Mental Health clinic Transportation expansion.

Drug addiction services and inpatient care. It seems like inpatient is what many people need and it does not seem to be available.

Perhaps more around the needs of our elderly (over the age of 75) community who still live in their homes, maybe a "check-in" service

Hands On Vocational Programs.

Unsure

**PSP2 - How do you think health and wellness are best promoted in our community?
(Example: fairs, workplace, class education, outreach events, other)**

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

By empowering individuals to be self sufficient.

Outreach events that are directed toward the most vulnerable populations, workplace initiatives/incentive programs.

All of the above

Outreach events Social media

Through the school systems, churches and rec sports leagues.

Quite the challenge currently due to COVID 19 restrictions. Perhaps "inhouse work shops" in partnership with entities, e.g. workshop/speaker for residents living at Timber Ridge, or other host entity.

This is a hard call - especially in a Covid-19 world where everything is still pretty much canceled. I think that we should leverage the Community Media Center for programming and podcasts. I also think that non-traditional practitioners (i.e. functional medicine, acupuncture, reiki, etc.) should be tapped to be part of this discussion.

all of the items above reach different audiences, so just more outreach events that are supported by the local government

Referrals through safety (police, EMT) and schools.

Outreach events with special populations Workplace education, if employed.

Need to do more virtually as most in person events are cancelled

Workplace, outreach events.

Various social media platforms; workplaces

I only see health and wellness fairs offered at the hospital. I see workplace events at Carroll and BERC. I don't see any other events such as these promoted in the community?

Health fairs outreach events. I think that groups like the Health Department, Access Carroll and the Center for Aging do a great job of trying to teach and train.

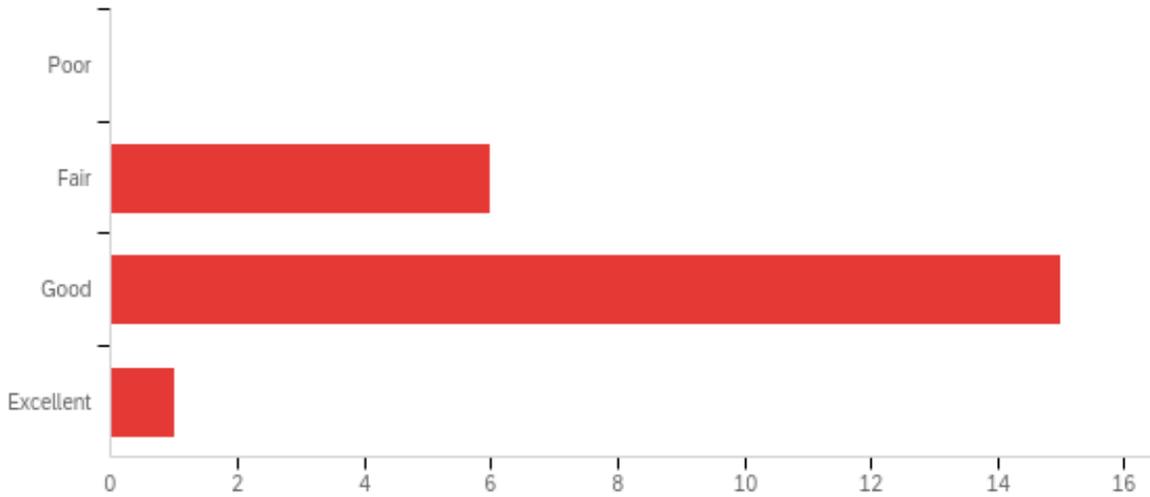
I feel our County does a great job promoting health and wellness with events sponsored by the hospital, Chamber of Commerce, Carroll Occupational Health, etc.

Workplace, and Community Outreach Programs that offer activities to involve families to promote learning as well as Offer Vocational Programs to the adults to enhance or promote the job skills at little to no cost.

The more often we can have one-on-one conversations with citizens in the county to inform them of the services, classes, etc, the better it will be received.

Workplace and classroom

PSP3 - Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?	2.00	4.00	2.77	0.52	0.27	22

#	Answer	%	Count
1	Poor	0.00%	0
2	Fair	27.27%	6
3	Good	68.18%	15
4	Excellent	4.55%	1
	Total	100%	22

GF1 - General Feedback Are there specific populations in the community that you feel are not being adequately served? If so, who?

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

None specifically.

No

Seniors

I'm not sure I can adequately answer this question, but I'd say the minority hispanic/ESOL populations are not adequately served in our community.

Previously addressed.

I can't speak personally on this, but it appears that in spite of what I suspect is significant outreach, our lower socioeconomic groups are still most at risk for obesity, smoking, drug use and all the comorbidities that go with them. I also believe we are doing a HORRIBLE JOB with supporting our senior community around mental health, especially in a COVID-19 world. We have shut them inside to protect them and aren't doing anything to understand the affect of isolation and disconnection they are feeling, even with those who have local family to visit. In our zeal to save them from Covid, we are leaving them depressed, disengaged and stealing time from them they will never get back.

the shelter system could be increased and expanded to provide employment and counseling services

I think a continued focus on Low income families and mentally ill is important.

Those with mental health needs

I don't recall seeing any mention of Domestic Abuse. DiLeonardo and his team do an awesome job in the community. I have worried during this pandemic about those women and children that have been forced to self quarantine in unhealthy and unsafe environments. Children unable to attend school, which I'm sure is an escape of sorts for them.

I feel like the people who seek services are generally helped through the community resources.

Yes, the elderly who do not live in retirement communities and do not have families close by or any at all to check in with them, they are easy prey to scammers

The youth that have graduated and have parents that have no job skills.

Maybe there aren't enough resources for our senior residents.

I believe the services are there if people know where to look.

GF2 - Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?

Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?

Nothing comes to mind.

No

Transportation

Nothing comes to mind at this time.

Not necessarily.

no I think all of have been listed

No

no

I feel that it is very hard to influence the 15-25 age range in the area.

How to live through a pandemic quarantined- You still need to maintain your routine tests

GF3 - 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
Good job.	Good health.
Access to affordable education	Affordable housing
Transportation	Social Support
Advocacy of the services offered in our community	Increased transportation options
Social support to all who struggle	Develop an over arching community goal to gain community involvement
Jobs for people who live here, housing for people who work here.	Wellness over focusing on treating illness
better zoning and planning on our roads and traffic	transportation at a low cost
Affordable, available health care	Safe housing
Transportation	Access to mental health services
quality job opportunities	housing to keep from losing population to other counties/states
Improved Mental Health Care	Affordable housing
jobs - too many commute out of county to work	prevent drug abuse -- leads to suicide and/or mental health issues
More services for the homeless like a respite care facility	immediate outreach services for those suffering from addiction
Good Health	Place to live
Job Skills	Promoting Job Skills for the Youth entering the World of Working Adults
affordable housing	continued improvement in mental health accessibility and information
Good, high paying jobs	Affordable homes

GF4 - Please share any other feedback you may have below:

Please share any other feedback you may have below:

Thank you for all you do for our community!

Key Informant Survey Discussion Session (25 participants) #7 on Phillips recorder

September 16, 2020

The Key Informant Survey discussion was held via ZOOM. Participants had completed the surveys prior to the meeting and data was collated in Qualtrics.

Ron McDade opened the meeting at 2:00 p.m. and turned it over to Garrett Hoover for an introduction.

Garrett Hoover, President and COO of Carroll Hospital, welcomed everyone to this Key Informant Session. He explained how this effort helps our organizations to identify initiatives that are critical to impact the health and wellbeing of our community. Many of these things are not unique to Carroll County, and are common across our country. The key today is to update the initiatives so that they fit within our strategic planning at LifeBridge. He asked for the group's perspectives on what we have done well, and what we can do in the future.

Dot explained how data is collected with online surveys, focus groups, and the key informant surveys completed by community stakeholders which offer opportunity to speak to key issues and social determinants of health. Organizations represented are for profit/not for profit/medical/social/and government organizations. Results will be shown, and discussion will be centered around motivations, behaviors, and perspectives that go into the responses.

This is a requirement of the hospital; however, The Partnership leads this process for impartiality and neutrality in efforts to impact health care and health.

Ron shared his screen to show the visual results from this group's Qualtrics key informant survey, aggregated and blinded, explaining that we are looking for a deeper discussion regarding the story behind the results, and asking for people to share their thoughts.

General Health Issues and Behaviors

GHB1: choose the five top health issues which are most important to address in our community in the next 3-5 years.

Mental health is the #1 issue, followed by illegal drug abuse and prescription drug abuse, cancer, and obesity. Issues close behind these numbers are alcohol abuse, Alzheimer's, e-cigs, immunizations, and suicide.

Anything that you don't see here in terms of a health condition that you would have expected to see here? No responses

- **Discuss top priority - what made it priority?**

The most important issue in this group is mental health. Ron asked that participants tell us what issues they are seeing and why they responded that it was the most important issue.

For many chronic conditions, like obesity, diabetes, and heart health, people with unaddressed mental health needs tend to not engage in their care. It will help them engage better with their care of their other chronic diseases.

It is the thing that places the most stress on our medical and social services infrastructure. If we address that issue first, we will be able to allocate resources to address other issues.

Obesity: When out in the community and even within my own family, I see how it plays a big role in other things. It is a gateway condition with relationships to cancers, diabetes, and overall wellness. If commenting on something missing from this survey, it would be nutritional status and access to healthy foods for healthy diets.

Several comments were regarding diabetes and obesity being comorbid conditions.

In my role at the hospital I get a lot of calls for help in navigating the health care system, and #1 is people not being able to access mental health resources. There needs to be changes in legislation, as family are often seeing effects on an individual but because of laws people are not able to get admitted into the ER to get the help they need, which may be disastrous. It is a gateway into drug abuse and other things. Many of these issues fall into the mental health area. People don't know how to access mental health services, but come to the ER seeking help, and there are not appropriate services to connect them to. There is no connecting to additional services and placement with a provider if they come to the ER.

Mental Health is such a broad category – it affects children, elderly, family, and young professionals: the community as a whole. The dynamic is broad– a person could be affected mildly or more – like a broken leg can be a small break or smashed.

People don't know the right path to access their resources, or are held back because of insurance issues or language and cultural barriers. A Caucasian talking about her mental health issues is different than a fifteen-year-old Spanish boy talking about his feelings. One participant is struck by the need in the homeless community and their mental health issues are concurrent with other issues they are dealing with. At the same time, it is really, really hard to find a good therapist and harder to find a good psychiatrist. Even with all of our resources it is hard to find someone to send people to. Amy Baker at the Health Department does an excellent good job with the response team and with training, but there is no network for people to connect to.

Another participant sees people, especially in the older adult community, having a tough time admitting they have a mental health problem. A person can be all stressed out, but if you try to guide them to a service, they are very hesitant going to that service when they see it is a mental health service. They try to figure it out on their own, they need a different type of service. They have an idea of the help they could use but they have a hard time admitting they need help. There is stigma involved. *(this is a plus for the 1 stop shop)!*

Illegal substance abuse has broader economic and social ramifications and is a large drag to the community. People are uncomfortable going down into Westminster because of petty crime and issues resulting from illegal substance abuse.

The Covid pandemic has impacted the mental health aspect for everyone from children to adults, everyone in the community as a whole: 1st responders, lost jobs, and the social support piece has been lost or looks very different.

It was asked if law enforcement agencies have been involved in this process? Dot answered in the affirmative.

HEALTH ACCESS

Transportation and access as it affects medical care.

With the concentration of low-income services being in Westminster, there is no confidence that areas in west or north (lower income) of the county have easy access. There are concerns about folks outside of Mt Airy and Westminster and living in the more rural parts of the county. We don't have strong support for them.

Public transportation leaves a lot to be desired, and has been that way for a long time. Some populations do well, but a majority of populations don't. Many services are in Westminster, the way it is laid out – there are a lot of open spaces like Union Bridge, Eldersburg, Taneytown, Hampstead - it is tough. If they want to get there using Carroll Transit, for a 30-minute appointment they need to spend all day getting there and getting home. Many end up canceling their appointments.

A participant shared about some McDaniel students who did a project – these were very competent young people - who opted to try the transportation system. They were not able to make the system work for them.

There was the Homeless Life Story Project done through the Circle of Caring, and it is clear that Carroll County is Westminster centric – the question is whether to bring people into Westminster, or establish satellite things throughout the county. It is a structural issue in the county. HSP has been trying to form satellites throughout the county which has been helpful.

Many Carroll Community College students use Carroll Transit to get to class, and they struggle getting there for one 1.5-hour class. They spend all day trying to do this, even though the school is right in the city.

F #6 – divided: The majority of residents have the ability to pay for health care services.

The majority of residents have access to health insurance; but we see more people that have such high deductible plans they can't access it.

Carroll County has a high rate of insurance, older adults have Medicare, there are few that fall into a straight self-pay category – but many get hung up in a high deductible health care plan.

We have a gem in Access Carroll that fills a big gap, for those who are uninsured or underinsured. It is a great resource in our community, but is that enough of a gap filler?

Social Determinants

- **Share the top three results that need to be address in our community.**

Affordable housing was top, employment opportunities and social support tied for second place, and next was economic success.

- **Discuss top priorities:**

Affordable housing:

An identified social determinant of health is security of housing. Carroll has wonderful homes but a lot of them are above the cost of what we would consider entry level. It is a balance to strive for: have affordable *and* quality housing. People must have secure housing in order to live a healthier life without that stress.

For years and years, we've always said to be able to live in Carroll County it is hard to work in Carroll County. Low income groups, people on Social Security live here and don't have a regular job and have limited income – it is very difficult for them to afford housing. If you live here, it is hard to afford: 40 years ago, it cost \$300-\$400 per month to rent an apartment. Now it is over \$1,000 per month rent. It is very difficult for folks on a limited income. They have to figure this out before they figure out their health care.

The hospital care management staff consistently hear that people are on the list for assistance, but the list is long and takes several years to get help in Carroll County. If people don't have a safe place to live, they can't take care of themselves. It is difficult for people if they need assistance for housing.

Affordable housing is more than money but it is also about physical safety where they live. The word **stability** stuck out – if a family is renting can they continue to rent that home and can know they will be there month after month? This is a mental health issue: having familiarity with the families, children remaining in the same schools, pride in their same community, if you stay put you can invest in the school, sports leagues, etc. It also helps in people keeping Doctor appointments. You can get to the Doctor, but if you relocate you can't always get to those appointments.

With Affordable housing – the prize is people owning their own homes. It is great if they can afford rent, but better if they can buy their homes – better for personal mental and physical health and community health.

Social support:

Our responses reflect upon where we are today during the pandemic and how it relates to mental health.

It is an overarching issue in comparison to others – in isolation if one is well supported one can figure out how to accomplish other items on the list, but when there is not good social support; a network or system to think through decisions, people tend to fall through the cracks and become isolated in their actions and thinking.

Social support in Carroll County is important because many folks are isolated and live away from the towns, and it is very important for them to feel that someone is there and someone cares. It has been difficult for these people to get that social support as even friends and neighbors have had to back off from offering this support during the pandemic. It is important to direct people who don't know the services are available to the needed resource. A lot of people are not aware of what is out there, we need to be able to provide more education to the community. Many don't ask for help when they really should.

It is surprising the number of people who don't know about Access Carroll or HSP. This may be because they are spread out, or even people who have moved here and have not learned what is available. There are people who live at Westminster Overlook who don't know about Access Carroll or Carroll County Food Sunday.

The key determinant that people can survive on the streets if homeless is who they hook up with in the homeless community. If they hook up with someone who knows the system well, they will do well. Without that benefit they don't do well.

Like peer services – someone who has been there and knows the system.

Employment opportunities:

Economic success = jobs and housing. If we are a county in which people can't both live and work it doesn't bring economic success and we will continue to struggle with people experiencing housing and food insecurity. We need jobs for the people who live here, and housing for the people who work here. We need the employment opportunities which are a big factor of economic success. Until we solve this problem, we will struggle with people that have housing and food insecurity. It is a bigger issue.

I wonder if the balance is whether we create jobs here, or create a transportation system for people to get to jobs if they live here. It doesn't exist and is problematic.

PSP3 - How would you describe the existing services, outreach and promotion in Carroll County?

If you can't get help in Carroll County you probably can't find anyone to help you. We need a navigator, a web-site, someone to help navigate the services. What are you struggling with? Do you need help with a meal, help with school supplies? A platform that is not just for the business people or Social Services people, but all residents of Carroll County - people looking for help – what service will help, who can help. "This service can help you with that." The services are out there, we need to lead people to the sources.

We have had many calls to Caring Carroll from people who are without food – and they were not aware of all the many resources that had food.

During the PIT – one person made a comment that if they are to be homeless, they will come to Carroll County to be homeless. We have the services - but people don't know about them.

One of our benefits – we have excellent service organizations, very generous, but not a lot of cohesion. Some work together, but we miss the ability of $1+1 = 3$ instead of 2, we need to find a way to bring resources together to get a net multiplier effect. Communication of those services is a good first step. Care coordination is needed to leverage all the resources we have in Carroll County that do such great work to support our people, people don't know about it, or the continuum – where to point people to get to that care. What do I need and where to point them to get the consistent care they need? Not just people having problems, but all people living in the county to have the best quality of life. A web site? Community media center for programing? We aren't maximizing the resources.

People don't know the resources exist, or connect their problem to the resources. Carroll is engaged in a regional approach, trying to obtain a grant, to do Care Traffic Control – just call a number, be connected to a clinician who can connect them to services to prevent them coming to the hospital. Like a 211 on steroids – people know what number to call whatever resource they need. Like a HUB center. Someone will answer the phone and guide them to a resource whatever resource they need.

If we had a navigator or something to tap into, like a life coach, it would help people who don't pin their problem to a particular agency or solution. It would be on a more individual basis. Bring their problem and the person could start eliminating those problems by making the connections. Listen to the problems and know, who could help them with that problem. For instance, the person could connect them to Caring Carroll – we are missing the connection piece. We have a good infrastructure in order to connect people to services, but are missing the person/thing that connects the people to these great services. The question about a resource manual distributed in the county was raised. We have the Mental Health resource guide produced by The Partnership to connect people for mental health resources. We also have Care Connect, 871-7000, where people can call with problems and get connected with someone to help with that problem. An expansion of that to more than hospital resources would be great. It is not currently a 24/7 service, with only a three-person staff during work hours.

The Carroll Card has a lot of resources, and navigators at the hospital have been great. If a person is not sure what questions to ask or knows the right place to go for what they are looking for, if they have an advocate to guide them through the process, instead of telling them to call somewhere and passing them off, it would be a great service. Refer to someone who will advocate for them, someone to understand them. Refer as a springboard. Awareness of our rich resources is important.

A recurring theme with this group was the aging population and domestic violence victims who are not being adequately served. COVID has amplified this – if in this situation you are in a very unsafe environment and you can't get out. This has really impacted the elderly. The elderly can't see their family because of the pandemic. We do have wonderful resources who help people with domestic violence situations. Maybe people don't know who to call because of never having had these problems. More awareness is needed regarding family services, rape crisis, etc. who can privately contact people who need help.

It was asked if housing issues are historically considered part of social support. In the construct of the current Carroll County commitment - do we (the hospital) have a connection into affecting the housing issues as a health issue? Dot shared that we do partner with the county to discuss some of the housing issues with the Population Health Governance Board.

Key Informant – Community Services Council

July 22, 2020

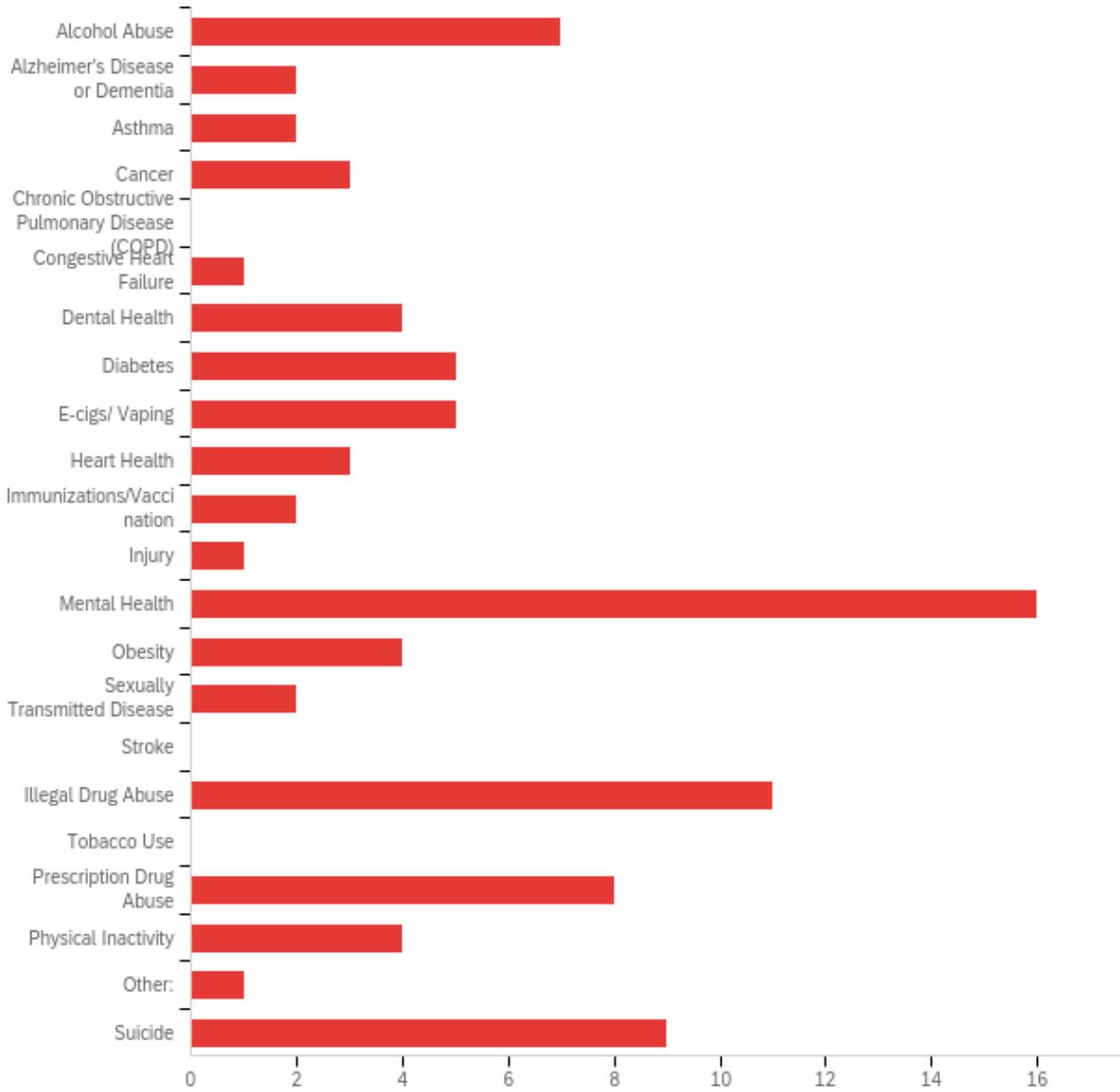
Profile - Please enter the following information:

Name (Required)	Agency (Required)	Address	City	State	Zip	Phone	Fax	Physician Only: Specialty	Physician Only: Hours per week devoted to patients
Corey Hardinger	Local Management Board	10 Distillery Drive Suite 1010	Westminster	Md	21157	410-486-3615			
hollie	CCYSB	59 Kate Wagner Road	Westminster	Maryland	21157	4432448672			
Amanda Gibbons	Carroll County Youth Service Bureau	59 Kate Wagner Road	Westminster	Maryland	21157	4108482500			
Heidi Davidhizar	Marriage & Relationship Education Center	255 Clifton Blvd Ste. 213	Westminster	Maryland	22157	4439741377			
Jennifer Fuss	Mental Health Association (CASA program)	255 Clifton Blvd., Suite 319	Westminster	Maryland	21157	2404268786			
Anissa King	Catholic Charities Head Start of Carroll Co.	255 Clifton Blvd. Suite 101	Westminster	Maryland	21157	667-600-2581			

Erin Bishop	Boys & Girls Club of Westminster	71 E Main St	Westminster	Maryland	2115 7-5026	4103860135			
Amy Gilford	Marriage and Relationship Education Center	255 Clifton Blvd Ste 213	Westminster	MD	2115 7	4103869003			
Linda M. Ryan	Mission of Mercy	22 S. Market St., Suite 6D	Frederick	MD	2170 1	301.682.5683	301.682.3499		
DuJuan Artis	Priority Partners	7231 Parkway Dr	Hanover	MD		4107625966			
Melissa Murdock	Carroll Hospital	200 Memorial Ave.	Westminster	MD	2115 7	410-871-6160	410-871-6162		
George James	CCYSB	59 Kate Wagner Road	Westminster	MD	2115 7	4432448656	4108763016	Psychiatry	20
Nancy Barry	Child Care Choices	255 Clifton Blvd.	Westminster	MD	2115 7	410-751-2917			
Amy M Gilford	Marriage and Relationship Education Center	255 Clifton Boulevard, Westminster, MD	Westminster	MD	2115 7	4103869003			
Paris Barnes	HealthCare Access Maryland	1 north charles st suite 900	Baltimore	MD	2120 1	4439080375			
Adria Soper	Carroll County Youth Service Bureau	66 Liberty Street #A	Westminster	MD	2115 7	4432448687			
Donna Devilbiss	The Shepherd's Staff		Westminster	MD	2115 7				
Paige Wendler	CCYSB	59 Kate Wagner Road	Westminster	MD	2115 7				
Andie Luchini	Carroll County Youth	59 Kate Wagner Road	Westminster	MD	2115 7	410-596-6251			

	Service Bureau								
Roshelle Kades	Pro Bono Counseling Project	5900 Metro Drive	Baltimore	MD	21215	443-608-7068	410-825-1388		
Hayley Slaysman	The Partnership for a Healthier Carroll County								
Kellee Craig	Carroll County Youth Service Bureau							Case Manager with Family Preservation	40

AQWERT[3E2ERTYUIO

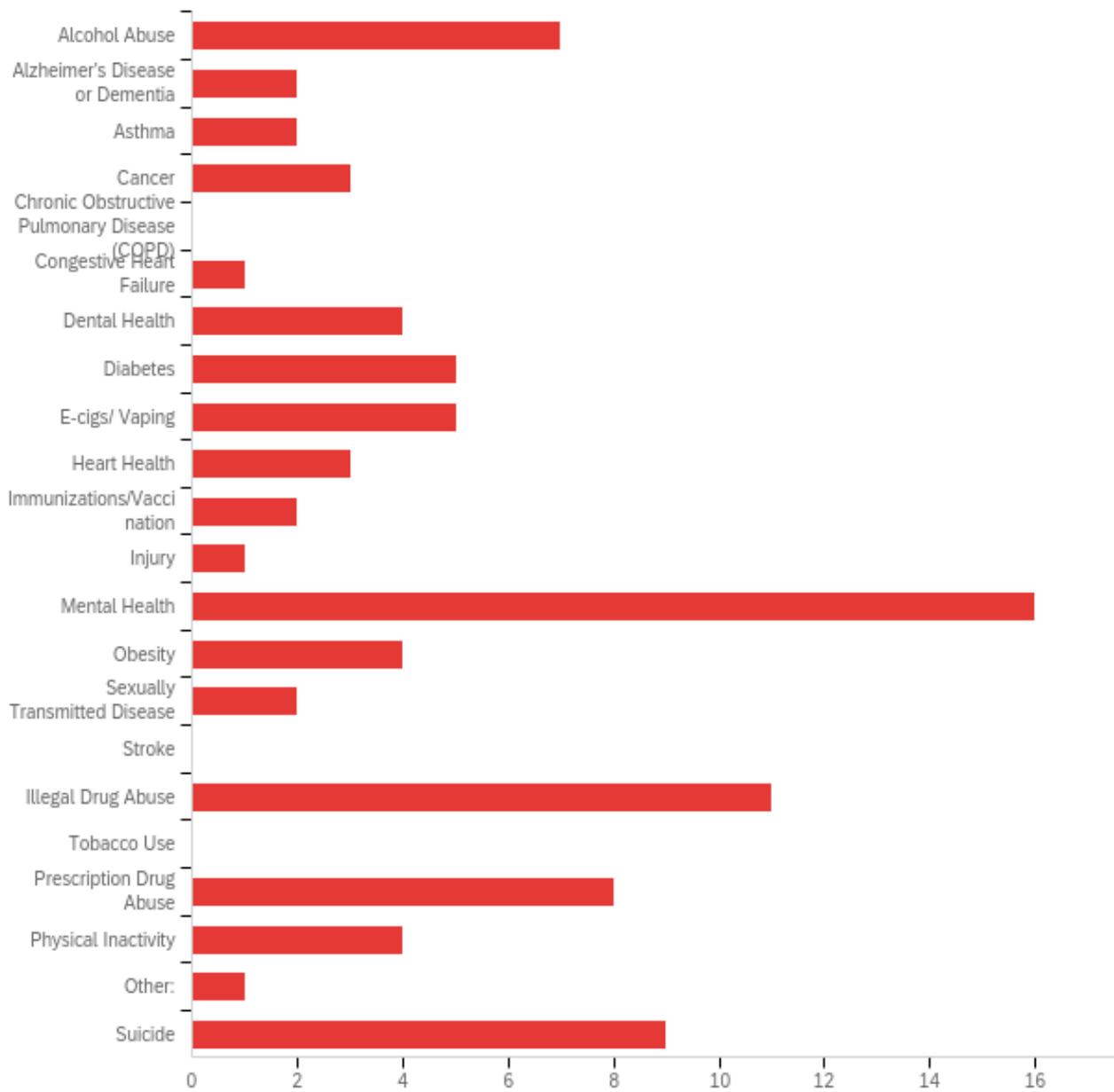


GHB1_21_TEXT - Other:

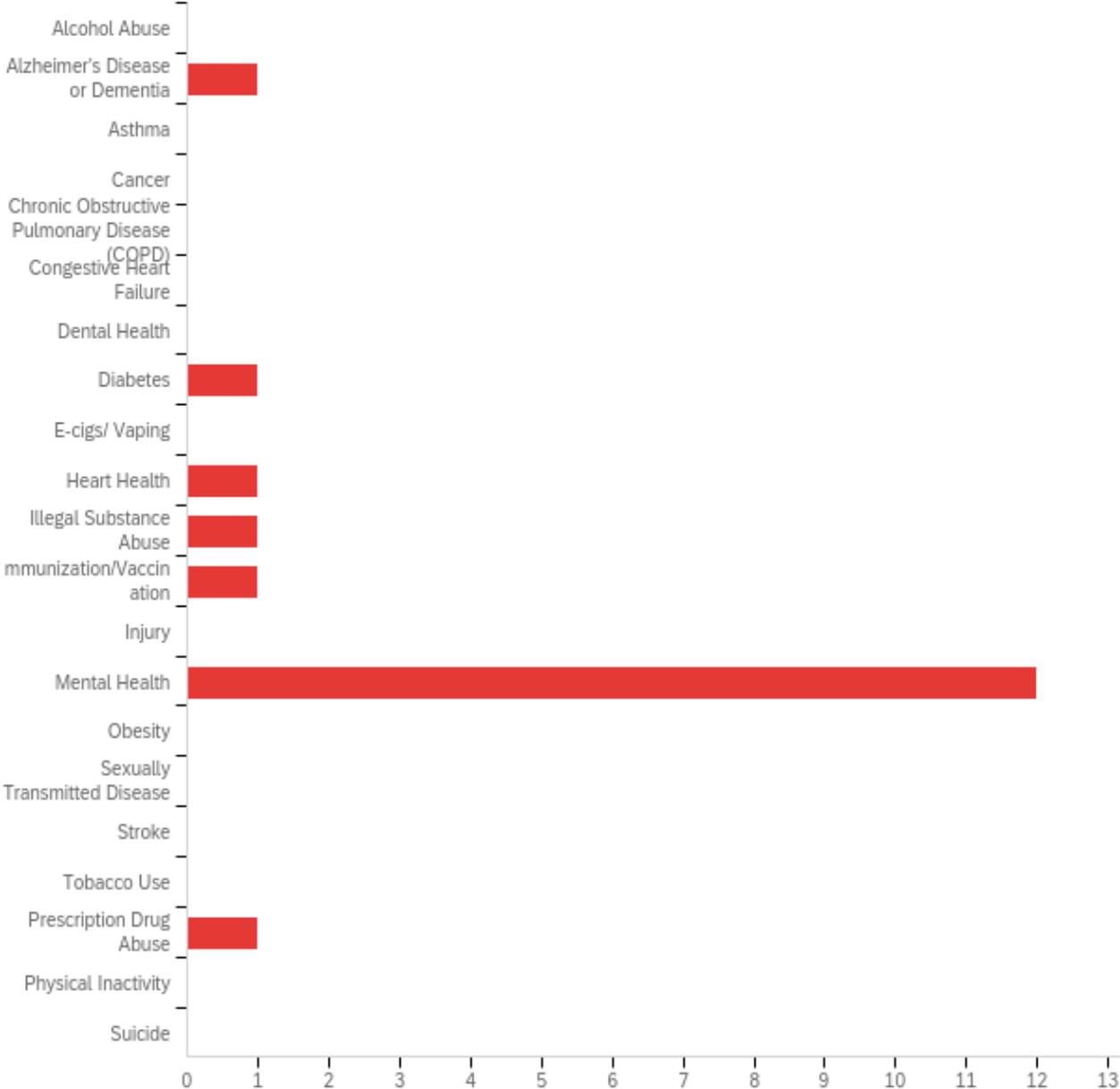
Other: - Text

Loneliness, lack of connection and belonging

#	Answer	%	Count
1	Alcohol Abuse	7.78%	7
2	Alzheimer's Disease or Dementia	2.22%	2
3	Asthma	2.22%	2
4	Cancer	3.33%	3
5	Chronic Obstructive Pulmonary Disease (COPD)	0.00%	0
6	Congestive Heart Failure	1.11%	1
7	Dental Health	4.44%	4
8	Diabetes	5.56%	5
9	E-cigs/ Vaping	5.56%	5
10	Heart Health	3.33%	3
11	Immunizations/Vaccination	2.22%	2
12	Injury	1.11%	1
13	Mental Health	17.78%	16
14	Obesity	4.44%	4
15	Sexually Transmitted Disease	2.22%	2
16	Stroke	0.00%	0
17	Illegal Drug Abuse	12.22%	11
18	Tobacco Use	0.00%	0
19	Prescription Drug Abuse	8.89%	8
20	Physical Inactivity	4.44%	4
21	Other:	1.11%	1
22	Suicide	10.00%	9
	Total	100%	90



GHB2 - Of the 5 General Health issues you selected, what do you believe is the number one priority?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority?	2.00	19.00	12.78	3.39	11.51	18

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease or Dementia	5.56%	1
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Obstructive Pulmonary Disease (COPD)	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	5.56%	1
9	E-cigs/ Vaping	0.00%	0
10	Heart Health	5.56%	1
11	Illegal Substance Abuse	5.56%	1
12	Immunization/Vaccination	5.56%	1
13	Injury	0.00%	0
14	Mental Health	66.67%	12
15	Obesity	0.00%	0
16	Sexually Transmitted Disease	0.00%	0
17	Stroke	0.00%	0
18	Tobacco Use	0.00%	0
19	Prescription Drug Abuse	5.56%	1
20	Physical Inactivity	0.00%	0
21	Suicide	0.00%	0
	Total	100%	18

GHB3 - Why do you believe that your choice is the most urgent health problem to be addressed?

Unable to export widget. Please contact Qualtrics Support.

GHB4 - Additional comments regarding health issues in the community (optional):

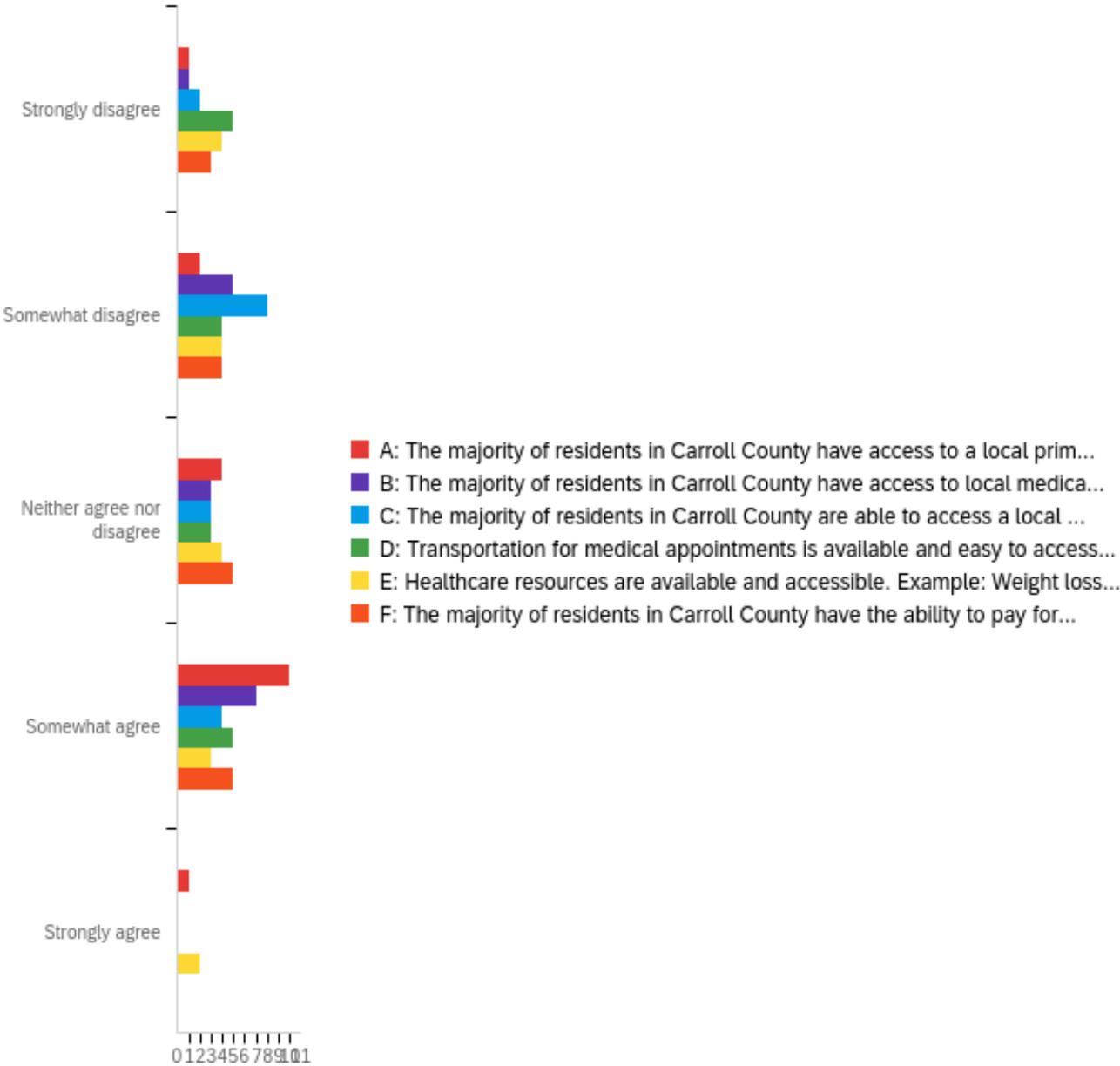
Additional comments regarding health issues in the community (optional):

Diabetes, arthritis, chronic pain related to injuries and oral health issues are in the top five categories of patients that we treat at Mission of Mercy.

Lack of transportation to obtain health services

Substance use problems require attention also due to limited resources

GHB5 - 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.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A: The majority of residents in Carroll County have access to a local primary care provider.	1.00	5.00	3.44	0.96	0.91	18
2	B: The majority of residents in Carroll County have access to local medical specialists.	1.00	4.00	3.00	1.00	1.00	16

3	C: The majority of residents in Carroll County are able to access a local dentist when needed.	1.00	4.00	2.53	0.98	0.96	17
4	D: Transportation for medical appointments is available and easy to access for the majority of residents.	1.00	4.00	2.47	1.19	1.43	17
5	E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	1.00	5.00	2.71	1.32	1.74	17
6	F: The majority of residents in Carroll County have the ability to pay for health care services.	1.00	4.00	2.71	1.07	1.15	17

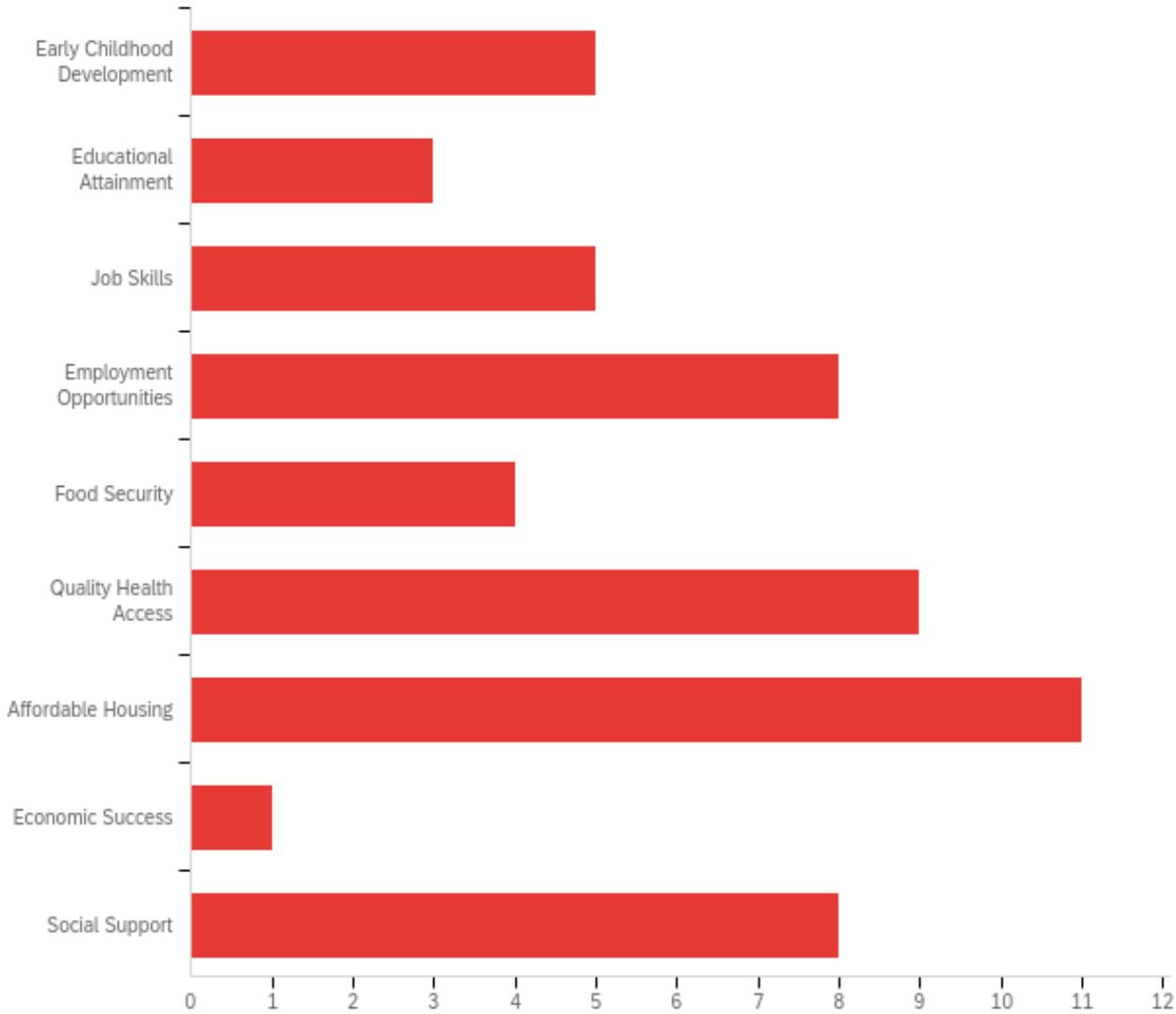
#	Question	Strongly disagree		Somewhat disagree		Neither agree nor disagree		Somewhat agree		Strongly agree		Total
1	A: The majority of residents in Carroll County have access to a local primary care provider.	5.56%	1	11.11%	2	22.22%	4	55.56%	10	5.56%	1	18
2	B: The majority of residents in Carroll County have access to local medical specialists.	6.25%	1	31.25%	5	18.75%	3	43.75%	7	0.00%	0	16
3	C: The majority of residents in Carroll County are able to access a local dentist when needed.	11.76%	2	47.06%	8	17.65%	3	23.53%	4	0.00%	0	17
4	D: Transportation for medical appointments is available and easy to access for the majority of residents.	29.41%	5	23.53%	4	17.65%	3	29.41%	5	0.00%	0	17
5	E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	23.53%	4	23.53%	4	23.53%	4	17.65%	3	11.76%	2	17

6	F: The majority of residents in Carroll County have the ability to pay for health care services.	17.65%	3	23.53%	4	29.41%	5	29.41%	5	0.00%	0	17
---	--	--------	---	--------	---	--------	---	--------	---	-------	---	----

GHB6 - Additional comments regarding health care access (optional):

Unable to export widget. Please contact Qualtrics Support.

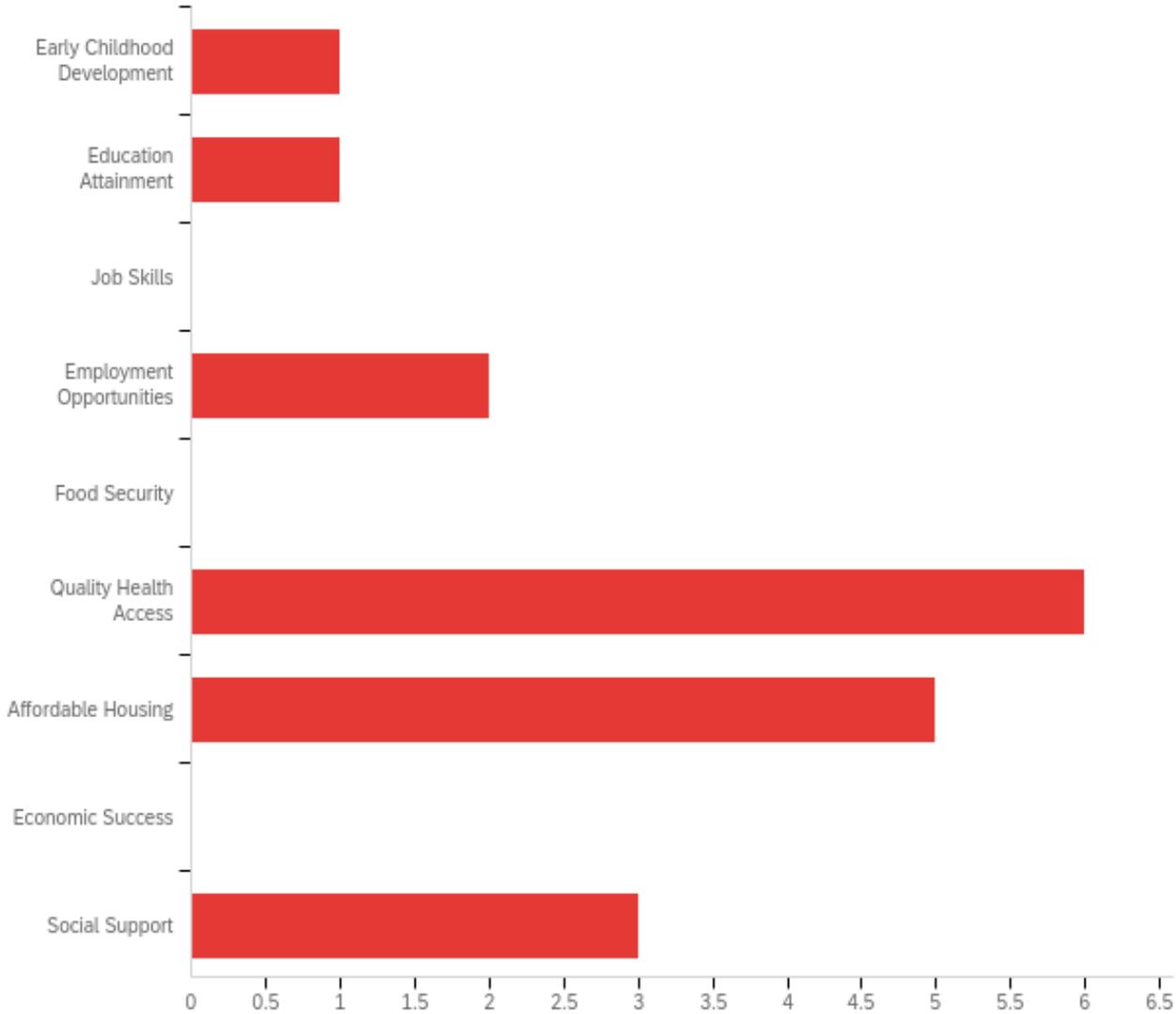
SD1 - Social Determinants of Health are defined by the Centers for Disease Control as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Early Childhood Development	9.26%	5
2	Educational Attainment	5.56%	3
3	Job Skills	9.26%	5
4	Employment Opportunities	14.81%	8
5	Food Security	7.41%	4

6	Quality Health Access	16.67%	9
7	Affordable Housing	20.37%	11
8	Economic Success	1.85%	1
9	Social Support	14.81%	8
	Total	100%	54

SD2 - 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?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	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?	1.00	9.00	6.06	2.12	4.50	18

#	Answer	%	Count
1	Early Childhood Development	5.56%	1
2	Education Attainment	5.56%	1
3	Job Skills	0.00%	0
4	Employment Opportunities	11.11%	2
5	Food Security	0.00%	0
6	Quality Health Access	33.33%	6
7	Affordable Housing	27.78%	5
8	Economic Success	0.00%	0
9	Social Support	16.67%	3
	Total	100%	18

SD3 - Why do you believe that this determinant is the most important social issue to address?

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

Employment opportunities that lead to higher wages. Employment impacts mental and physical health

Affordable housing is extremely difficult to find in Carroll County.

Many people need help navigating the various agencies who offer assistance.

People in the community need access to affordable and health care whether it is mental or physical. Many times, clients struggle to pay their medical bills or find accessible services due to their insurance or other circumstances.

As an Early Childhood educator, I strongly believe it is the basis for healthy development and growth.

Strong marriages and family relationships are widely understood to positively impact society in multiple measurable ways.

There doesn't seem to be enough multiunit housing available and affordable assisted living, group home situations.

If individuals have employment opportunities they would be able to meet the basic needs for food, housing and transportation for themselves and for their families.

There are very few affordable housing options for individuals and families earning at or near the minimum wage.

Without access to health care people are unable to become employed, support their family, seek higher education or improve the overall quality of their life.

Waitlists are extensive, lack of transportation and minimal health insurance coverage

An educated community is more likely to have successful employment and have access to healthcare

Access to quality healthcare is one of the most important factors in a community. If community members are able to get the proper health resources, programs, and care they are able to feel less worried and safe within their community.

Social support creates a sense of belonging and additional resources. When you have people in your life looking out for you, you are less likely to have to manage concerns alone and can pool resources.

Lack of affordable housing affects many other aspects of health.

without access to doctors and specialists, people will only go to the hospital for help. Thus not preventing an illness before it happens.

SD4 - Additional comments regarding social determinants of health (optional):

Additional comments regarding social determinants of health (optional):

Carroll County still has a strong need for affordable, safe housing and transportation.

PSP1 - Programs, Services & Promotion Please describe any programs or services that you feel should be developed and offered to those who live in our community.

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

Transportation

More 1:1 mentoring/ counseling for younger populations in the community. Given the added stresses of COVID and lack of interaction with fellow peers outside of their home. Specifically for clients who do not have MA insurance. More respite services for both children and adults.

Free access to parenting classes, exercise classes and nutrition classes.

Healthy relationship skills programs contribute to the safety and stability of a community and are essential for families, especially children, to thrive

A program that connects younger people, young adults with health care system, basic prevention information - learning how to use health insurance, how to access resources at an early age.

With COVID-19 - increase the opportunities for our school-aged children to receive the education they need and deserve, whether it be in-classroom or virtual. Increase job training program for eligible men and women to learn job skills and to have accompanying on-the-job training. Pay affordable salaries based on job performance. Increase affordable housing opportunities for those who are willing and able to work.

There need to be more support services for parents, whether it's coaching, education support, etc.

-Mentoring for people who do not have medical assistance -Tutoring and educational programs to help parents and children be more successful with their education.

Mobile immunization services

Transportation vocational training opportunities

Nutrition education

People need to feel that they belong and that begins at home with families. Having programs that create healthy families in our communities will help to mitigate many of the other concerns that our community has. It starts in the home with needs being met both physically and emotionally.

Case management for those facing homelessness or are recently housed

transportation, education on using pcp

**PSP2 - How do you think health and wellness are best promoted in our community?
(Example: fairs, workplace, class education, outreach events, other)**

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

Outreach

Community educators

Social media and networking events

outreach events and education classes.

Internet, outreach events

I think outreach that happens where people already are - work, school, etc. and connecting up to resources and programs directly through health care providers offices.

Given COVID-19 this is a bit more challenging, but this may be accomplished wherever individuals receive their services - in doctor's offices, the ER waiting rooms, in dentist offices, at fairs, in classrooms, in churches, in the mall, grocery stores, pharmacies, etc.

Online

Social media, schools, workplace.

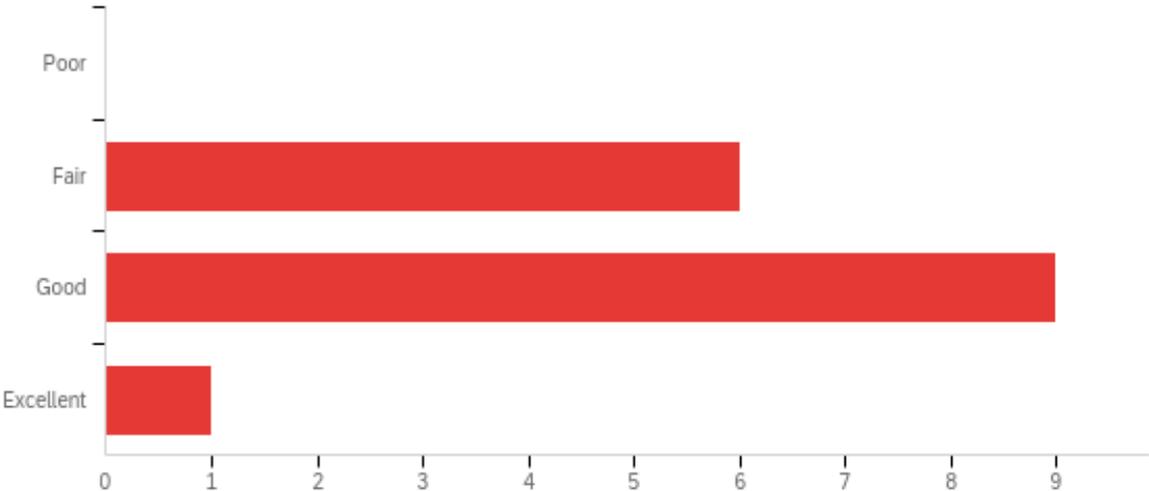
Outreach events

outreach events that are publicly advertised widely so that there is a multitude of diverse community members attending

Health and wellness are promoted again at home with family. Families that eat healthy meals together and exercise together are all around healthier both physically and mentally.

Fairs, outreach events

PSP3 - Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?	2.00	4.00	2.69	0.58	0.34	16

#	Answer	%	Count
1	Poor	0.00%	0
2	Fair	37.50%	6
3	Good	56.25%	9
4	Excellent	6.25%	1
	Total	100%	16

GF1 - General Feedback Are there specific populations in the community that you feel are not being adequately served? If so, who?

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

Individuals with private insurance who lack case management services, housing, food, etc.

Elder population- in particular those with limited income

Clients with private insurance who need services for mental health

Homeless and low income.

lower income populations with basic health and wellness / preventative type resources.

Not sure - perhaps undocumented residents?

Chronically mentally ill adults, severely mentally ill children and teens

The working poor. Families that do not qualify for government aid, that have private health insurance and are working and still unable to pay their bills.

Low income areas. I think you need to take health services to the underprivileged communities. Come in contact with the people who feel left out.

those who speak different languages

GF2 - Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?

Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?

Transportation, access to affordable cars, getting license as an adult Daycare providers Eating disorder treatment
Need more psychiatrists Access to internet for families - especially during this time Educational supports and
school advocacy Peer support/mentors- for PI folks Neuro-psych

The care of the youngest in our community and support for their parents and providers.

Already mentioned I'm comment boxes

Individuals with arthritis issues.

No

Pest issues (bed bugs,; etc) that don't get addressed by poor landlords

none

Domestic violence Child abuse

GF3 - 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
Affordable housing for those who do not qualify for assistance	In-home behavioral management/mental health treatment
Services availability in more rural area	Reliable transportation system
Mental health services	Transportation
Support programs for parents	More free and available access to exercise for youth, such as off road bike paths.
Strong marriages and families	Continued good law enforcement
transportation	behavioral health providers
Access to quality healthcare for seniors on fixed income who do not have supplemental insurance plans or dental care.	Job training and job availability for those who really want to work.
More trauma-informed mental health services	affordable housing
health care	education
Improve transportation services	Connecting with underprivileged neighborhoods
Access to quality healthcare and resources	healthier food / nutritional options (Whole foods market, trader joes)
Healthy families	Healthy relationships
Job skills that match available jobs	

GF4 - Please share any other feedback you may have below:

Please share any other feedback you may have below:

The Partnership has done, and continues to do, an excellent job of providing for the healthcare needs of the residents of Carroll County. We at Mission of Mercy are pleased to continue to be a part of this provision of services.

Key Informant Meeting

Community Service

July 22, 2020

- **Demographics**

Dot Fox, Moderator

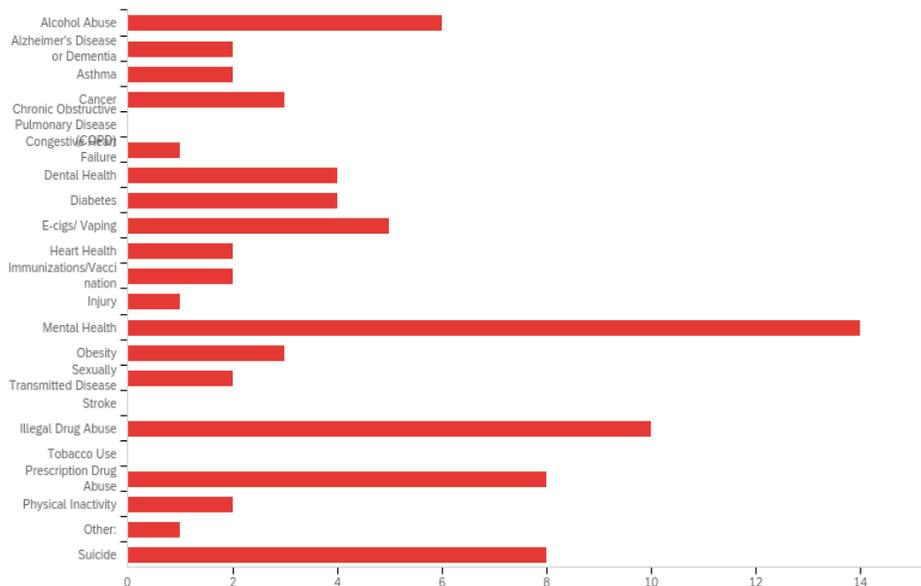
Cheri Ebaugh, Transcriber

- ❖ Organization representation

- Donna Devilbiss, The Shepherd's Staff
- Paige Wendler, CCYSB
- Nancy Barry, Child Care Choices
- Amy Gifford, Marriage and Relationship Education Resource Center
- Roshelle Kades, Pro Bono Counseling Project
- Melissa Murdock, Carroll Hospital
- Jessica for Linda Ryan, Mission of Mercy
- Jennifer Fuss, Mental Health Association (CASA Program)
- Hollie, CCYSB
- Anissa King, Catholic Charities Head Start of Carroll Co.
- George James, CCYSB
- Adria Soper, CCYSB
- Hayley Slaysman, The Partnership for a Healthier Carroll Co.
- Heidi Davidhizar, Marriage & Relationship Education Center
- Corey Hardinger, Local Management Board
- Paris Barnes, HealthCare Access Maryland
- Tasha Cramer, The Partnership for a Healthier Carroll Co.

- **General Health Issues and Behaviors**

❖ **GHB1: Please review the following general health issues below and choose the five (5) you believe are the most important to address in our community in the next 3-5 years.**



#	Answer	%	Count
1	Alcohol Abuse	7.50%	6
2	Alzheimer's Disease or Dementia	2.50%	2
3	Asthma	2.50%	2
4	Cancer	3.75%	3
5	Chronic Obstructive Pulmonary Disease (COPD)	0.00%	0
6	Congestive Heart Failure	1.25%	1
7	Dental Health	5.00%	4
8	Diabetes	5.00%	4
9	E-cigs/ Vaping	6.25%	5
10	Heart Health	2.50%	2
17	Immunizations/Vaccination	2.50%	2
11	Injury	1.25%	1
12	Mental Health	17.50%	14
13	Obesity	3.75%	3
14	Sexually Transmitted Disease	2.50%	2
15	Stroke	0.00%	0
16	Illegal Drug Abuse	12.50%	10
22	Tobacco Use	0.00%	0
18	Prescription Drug Abuse	10.00%	8
19	Physical Inactivity	2.50%	2
20	Other:	1.25%	1
21	Suicide	10.00%	8
	Total	100%	80

Other: - Text

Loneliness, lack of connection and belonging

○ **Share the top three results**

1. Mental Health 17.5% (highest %)
2. Illegal Substance Abuse 12%
3. Suicide 10.5%

This group overwhelmingly elevated mental health as the most pressing issue.

○ **Anything surprising in these results?**

It was noted that Domestic Violence was not included. Dot Fox shared that Domestic Violence was previously a focus but is not currently included here.
Seeing change over time – a more inclusive issue with Mental Health being a more significant issue

○ **Anything missing in these options?**

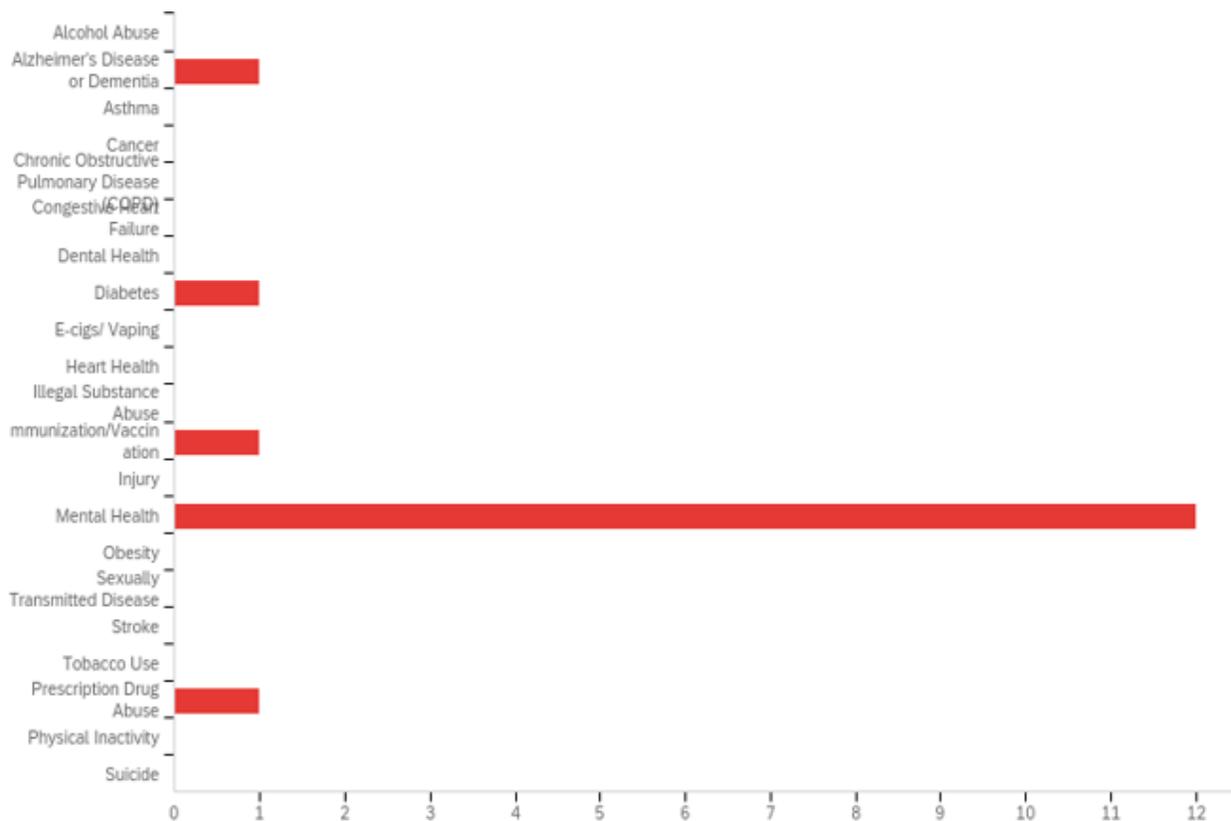
Domestic violence is missing.

○ **Discuss what made #1 a priority**

What was noticed was how many of the issues are inter-related with Mental Health being the broad issue over the other issues.

● **Health Care Access**

❖ **GHB2 - Of the 5 General Health issues you selected, what do you believe is the number one priority?**



#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease or Dementia	6.25%	1
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Obstructive Pulmonary Disease (COPD)	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	6.25%	1
9	E-cigs/ Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Illegal Substance Abuse	0.00%	0
12	Immunization/Vaccination	6.25%	1
13	Injury	0.00%	0
14	Mental Health	75.00%	12
15	Obesity	0.00%	0
16	Sexually Transmitted Disease	0.00%	0
17	Stroke	0.00%	0
18	Tobacco Use	0.00%	0
19	Prescription Drug Abuse	6.25%	1
20	Physical Inactivity	0.00%	0
21	Suicide	0.00%	0
	Total	100%	16

- Ask if anyone has comments

Discussion: About 46% agree that the community has access to local health specialists. Most somewhat disagree that most residents have access to a dentist.

Regarding transportation: 31% strongly disagree, and 31% somewhat agree that transportation is available. Many clients represented by these organizations don't drive, and many don't have their own transportation. There may be other services available, but people are not always using them. It was

commented that some respondents are not sure how public transportation is currently being affected during COVID.

Sometimes other transportation is not reliable: many services don't go out of the county (except Butler) and Mobility doesn't service Carroll County.

Access to transportation depends on where you live, rural areas are not as easily accessible, and people must be on the bus for hours for a 30-minute appointment, which is more difficult if the individual is sick and not feeling well.

There is a lack of availability of transportation, restrictions on where it goes, it sometimes takes all day, and can be expensive if you don't fit in a category that receives assistance.

A barrier to obtaining transportation: families have owed a couple of dollars for past rides and therefore can't get future rides.

The difference in transportation access for the different school districts is significant. People at Cranberry can get to where they need to go, but help is not as accessible to those from Taneytown and Union Bridge.

It was suggested that this question may need to be asked in a different way – asking about access doesn't give us the feedback and information we need for the issues regarding cost and availability.

Accessibility can also depend on age – there is a core group of young adults who struggle with transportation, and this problem can lead to mental health issues. There are regular scheduled times for ongoing senior adult transportation needs, but young adults don't have the same level of access.

- **Healthcare resources available?**

It was thought that accessibility and availability should be broken down – access is what makes the difference. Something could be available, but the resident cannot access the service for various reasons. Also, the cost and affordability of a service can affect access. For instance, a weight loss and exercise class wouldn't be reimbursed by Medicaid.

What does the term health care mean? Diabetes education may come under "health care" but health and wellness (gym memberships) may not.

Can most residents pay for services?

Dot asked for explanations regarding the "Neither agree nor disagree" response. Some felt that this depends on the population you serve. As non-profit organizations, many respondents see small pockets of people with needs, (undocumented people) who fall through the gaps. The term "Majority of residents" makes it difficult to answer when it doesn't match the set of people you are serving. Some people have the ability to apply for insurance and some people do not, there are groups of people who don't have the same access for obtaining coverage, services, etc. Maybe the majority of residents can get coverage – but small groups of residents can't.

When families make minimum wage, they may have insurance but then can't afford the services such as new glasses, doctor appointments, etc. because they have such large deductibles and co-pays. Dental insurance is difficult to find and is expensive, Medicaid/Medicare do not cover without a special program. Dental care and vision care are areas of need.

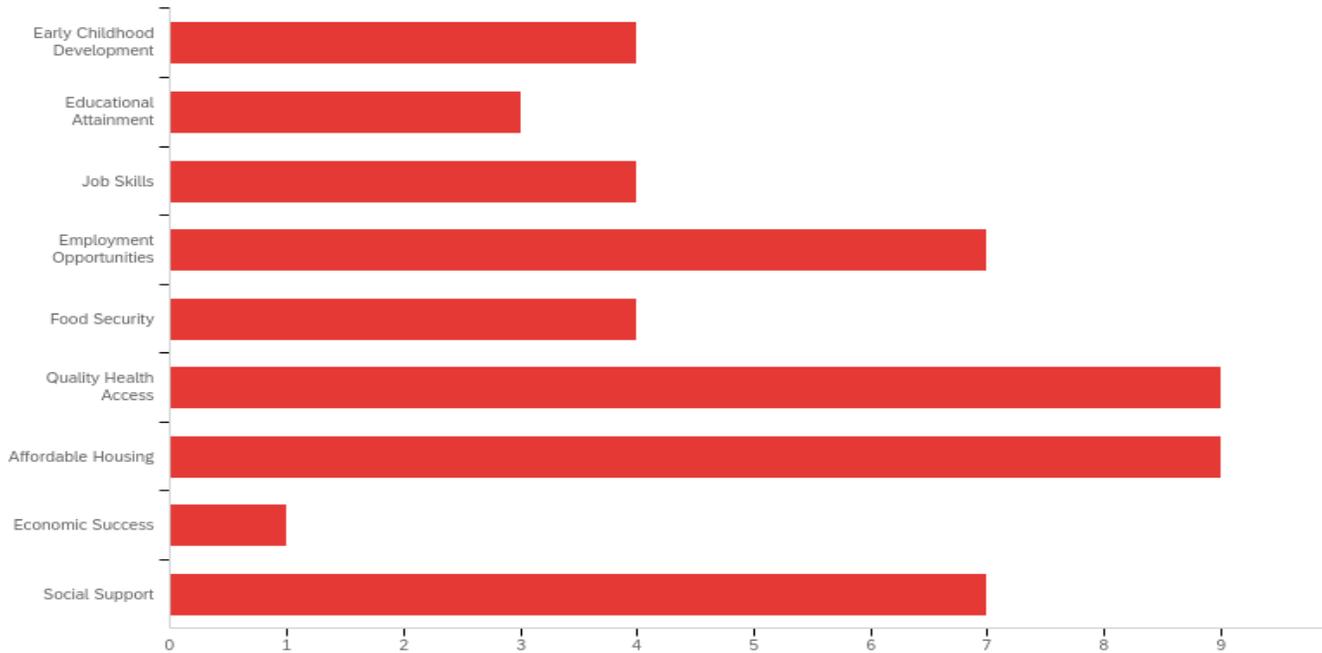
It was reiterated that Mission of Mercy has a program for free health care and dental care in Taneytown. Many residents have chronic care issues that they need medications for but need to be seen several times a year to obtain the prescriptions – and can't afford it. The Mission of Mercy patient base is largely seniors accessing free dental services for fillings and extractions in their dental van.

Dentist – coverage and who accepts that coverage

There are two separate issues, an individual having coverage, and finding a dentist that takes that coverage. Many dentists won't take children because they don't take Medicaid. The coverage issue is also why Mission of Mercy may see more seniors - because dentist don't take Medicare.

- **Social Determinants**

- ❖ **SD1 - 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 (3) you believe are the most important to address in our community in the next 3-5 years.**



#	Answer	%	Count
7	Early Childhood Development	8.33%	4
1	Educational Attainment	6.25%	3
8	Job Skills	8.33%	4
2	Employment Opportunities	14.58%	7
4	Food Security	8.33%	4
5	Quality Health Access	18.75%	9
3	Affordable Housing	18.75%	9
6	Economic Success	2.08%	1
9	Social Support	14.58%	7
	Total	100%	48

- **Share the top three results**

1. Quality health access – kind of talked about this already – transportation and affordability
2. Affordable housing – it is so expensive to rent in Carroll County at \$1000-1200 per month.
3. Disability housing with HUD – there were several comments that housing is not very safe – both physical units and neighborhoods.

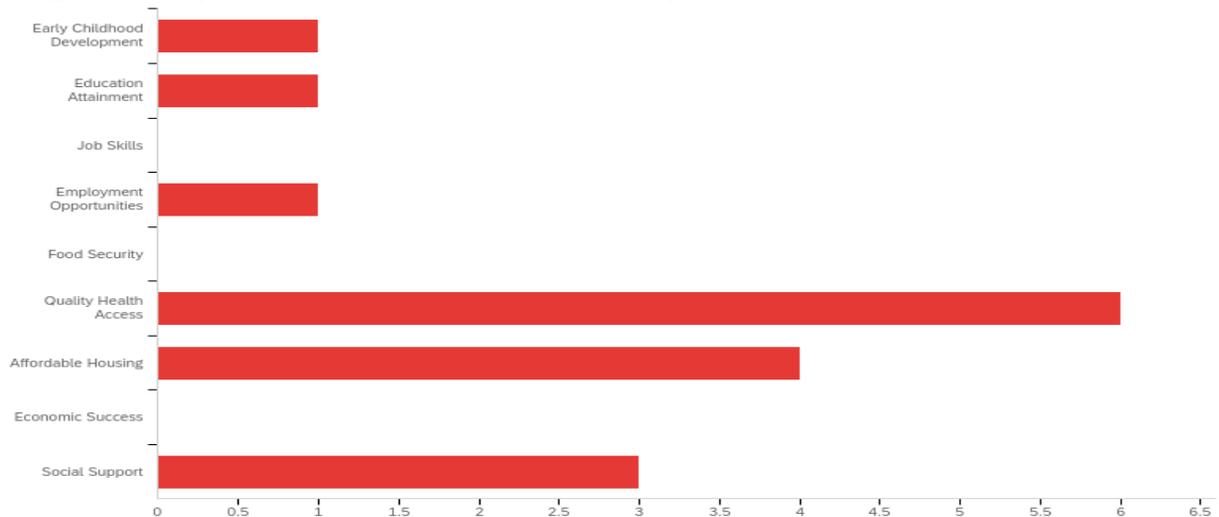
It is felt that there is not a lot of multiunit housing or safe basic housing.

Dot commented that she is hearing that housing is expensive and SAFE housing is not available. Discussion ensued regarding “safe” – safe means things like safe electrical, and other acceptable living conditions that landlords don’t do anything about. The residents feel they can’t speak up or they will get evicted. Also means having a safe neighborhood.

It was commented that the term “Social support” is considered to be a little vague, a “catch-all”?

Employment opportunities is also a high result.

❖ **SD2 - 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?**



The most important issue = quality healthcare access

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

Why do you believe that this determinant is the most important social issue to address?
Many people need help navigating the various agencies who offer assistance.
People in the community need access to affordable and health care whether it is mental or physical. Many times, clients struggle to pay their medical bills or find accessible services due to their insurance or other circumstances.
As an Early Childhood educator, I strongly believe it is the basis for healthy development and growth.
Strong marriages and family relationships are widely understood to positively impact society in multiple measurable ways.
There doesn't seem to be enough multiunit housing available and affordable assisted living, group home situations.
If individuals have employment opportunities they would be able to meet the basic needs for food, housing and transportation for themselves and for their families.
There are very few affordable housing options for individuals and families earning at or near the minimum wage.
Without access to health care people are unable to become employed, support their family, seek higher education or improve the overall quality of their life.

Waitlists are extensive, lack of transportation and minimal health insurance coverage
An educated community is more likely to have successful employment and have access to healthcare
Access to quality healthcare is one of the most important factors in a community. If community members are able to get the proper health resources, programs, and care they are able to feel less worried and safe within their community.
Social support creates a sense of belonging and additional resources. When you have people in your life looking out for you, you are less likely to have to manage concerns alone and can pool resources.
Lack of affordable housing affects many other aspects of health.
without access to doctors and specialists, people will only go to the hospital for help. Thus not preventing an illness before it happens.

❖ **SD4 - Additional comments regarding social determinants of health (optional):**

Carroll County still has a strong need for affordable, safe housing and transportation.

- **PSP1 - Programs, Services & Promotion** Please describe any programs or services that you feel should be developed and offered to those who live in our community.

No open group conversation occurred.

Transportation

More 1:1 mentoring/ counseling for younger populations in the community. Given the added stresses of COVID and lack of interaction with fellow peers outside of their home. Specifically for clients who do not have MA insurance.

More respite services for both children and adults.

Free access to parenting classes, exercise classes and nutrition classes.

Healthy relationship skills programs contribute to the safety and stability of a community and are essential for families, especially children, to thrive

A program that connects younger people, young adults with health care system, basic prevention information - learning how to use health insurance, how to access resources at an early age.

With COVID-19 - increase the opportunities for our school-aged children to receive the education they need and deserve, whether it be in-classroom or virtual. Increase job training program for eligible men and women to learn job skills and to have accompanying on-the-job training. Pay affordable salaries based on job performance. Increase affordable housing opportunities for those who are willing and able to work.

There need to be more support services for parents, whether it's coaching, education support, etc.

-Mentoring for people who do not have medical assistance

-Tutoring and educational programs to help parents and children be more successful with their education.

Mobile immunization services

Transportation

vocational training opportunities

Nutrition education

People need to feel that they belong and that begins at home with families. Having programs that create healthy families in our communities will help to mitigate many of the other concerns that our community has. It starts in the home with needs being met both physically and emotionally.

Case management for those facing homelessness or are recently housed

transportation, education on using pcp

- **PSP2 - How do you think health and wellness are best promoted in our community? (Example: fairs, workplace, class education, outreach events, other)**

Discussion: Outreach is important: Take it to the clients and do not expect them to come to you. Make sure education comes from people they trust and are familiar to them. Community educators can provide outreach materials in communities where they live, residents trust them more than someone in the medical community that does not look like them or talk like them.

Focus groups: how does this outreach need to be focused - what specifics would be beneficial?

Perhaps have areas in the county represented by zip code? Are we looking at someone who represents the underserved population? People are looking for a trusted, credible messenger to bring the information to them. Looking for someone knowledgeable as well – soup kitchens have utilized vendors at their locations who give information. The Judy Center put on a great resource fair. A school was used for this event location, which is a trusted entity and accessible. If outreach events are planned the people in the community need to be in the planning process in order to ask what the people want/need!

Community educators

Social media and networking events

outreach events and education classes.

Internet, outreach events

I think outreach that happens where people already are - work, school, etc. and connecting up to resources and programs directly through health care providers offices.

Given COVID-19 this is a bit more challenging, but this may be accomplished wherever individuals receive their services - in doctor's offices, the ER waiting rooms, in dentist offices, at fairs, in classrooms, in churches, in the mall, grocery stores, pharmacies, etc.

Online

Social media, schools, workplace.

Outreach events

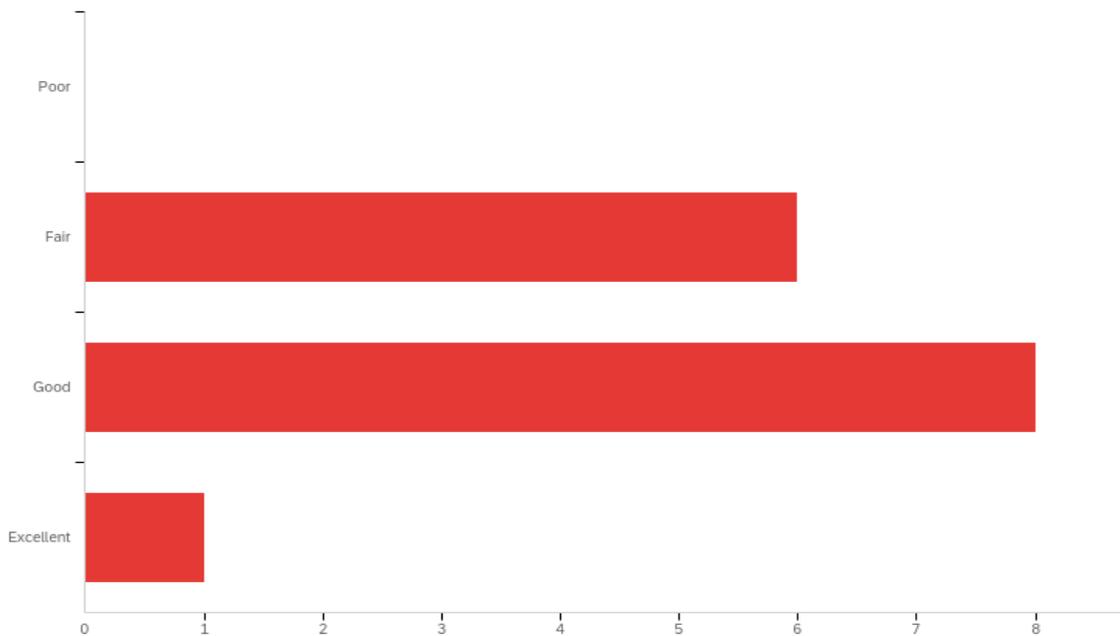
outreach events that are publicly advertised widely so that there is a multitude of diverse community members attending

Health and wellness are promoted again at home with family. Families that eat healthy meals together and exercise together are all around healthier both physically and mentally.

Fairs, outreach events

- **PSP3 - Related to health and well-being, how would you describe existing services, outreach and promotion in Carroll County?**

Respondents expressed these aspects are good – there are many efforts to work together, brainstorming occurs to know who to talk to, who to include; it is a caring community, groups are willing to share events and flyers for information. Everyone is trying to help everyone else.



#	Answer	%	Count
1	Poor	0.00%	0
2	Fair	40.00%	6
3	Good	53.33%	8
4	Excellent	6.67%	1
	Total	100%	15

- **GF1 - General Feedback Are there specific populations in the community that you feel are not being adequately served? If so, who?**

Elder health, low income, undocumented, chronically ill, those who speak different languages, and Mental Health services.

Elder population- in particular those with limited income
Clients with private insurance who need services for mental health
Homeless and low income.
lower income populations with basic health and wellness / preventative type resources.
Not sure - perhaps undocumented residents?
Chronically mentally ill adults, severely mentally ill children and teens
The working poor. Families that do not qualify for government aid, that have private health insurance and are working and still unable to pay their bills.
Low income areas. I think you need to take health services to the underprivileged communities. Come in contact with the people who feel left out.
those who speak different languages

- **GF2 - Are there any areas of community health and wellness not identified in this survey that you feel need to be addressed?**

Domestic violence, individuals (younger victims) of domestic violence, arthritis, eating disorder treatments, and pet issues. Food skills and economic success were not represented.

The care of the youngest in our community and support for their parents and providers.

Already mentioned I'm comment boxes

Individuals with arthritis issues.

No

Pest issues (bed bugs,; etc) that don't get addressed by poor landlords

none

Domestic violence
Child abuse

- **GF3 - 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?**

Transportation, affordable and safe housing, help for parents & families/healthy families and relationships.

This group seems to be in line with the focus groups. This group has the most united type of responses.

#1	#2
Services availability in more rural area	Reliable transportation system
Mental health services	Transportation
Support programs for parents	More free and available access to exercise for youth, such as off road bike paths.
Strong marriages and families	Continued good law enforcement
transportation	behavioral health providers
Access to quality healthcare for seniors on fixed income who do not have supplemental insurance plans or dental care.	Job training and job availability for those who really want to work.
More trauma-informed mental health services	affordable housing
health care	education
Improve transportation services	Connecting with underprivileged neighborhoods
Access to quality healthcare and resources	healthier food / nutritional options (Whole foods market, trader joes)
Healthy families	Healthy relationships
Job skills that match available jobs	

Please share any other feedback you may have below:

The Partnership has done, and continues to do, an excellent job of providing for the healthcare needs of the residents of Carroll County. We at Mission of Mercy are pleased to continue to be a part of this provision of services.

Are there areas we didn't touch on?

Internet accessibility! We should add this especially with what is going on with schools. It has caused a lot of stress with people not having access to internet.

Hardline internet is needed for WIFI calling, etc. – where push needs to be, cell towers do not help if terrain is bad. Xfinity has internet essentials for people on HUD.

Dot shared that most responses to our health survey question on COVID were stress related, such as worry about family, how to manage telehealth and missing appointments. No one said they could not get food during this time

Key Informants Questionnaire

Start of Block: Participant Profile

Welcome to the Key Informant Survey! As you know, The Partnership for a Healthier Carroll County is leading a collaborative, multi-pronged Community Health Needs Assessment (CHNA) conducted in coordination with Carroll Hospital and the Carroll County Health Department. The CHNA includes input from individuals and families regarding their health needs; target populations representing the specific health concerns of their communities; and the collective insight of respected community leaders like you sharing what health areas impact your specialty, agency and business. Thank you for your willingness to participate as your perspective will add context and clarifying detail. Best regards, Dorothy Fox Executive Director and CEO

Page Break

Please enter the following information:

- Name (Required) _____
- Agency (Required) _____
- Address _____
- City _____
- State _____
- Zip _____
- Phone _____
- Fax _____
- Physician Only: Specialty _____
- Physician Only: Hours per week devoted to patients

End of Block: Participant Profile

Start of Block: General Health and Behaviors



General Health and Behaviors Please review the following general health issues below and choose the five (5) 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
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure
- Dental Health
- Diabetes
- E-cigs/ Vaping
- Heart Health
- Illegal Drug Abuse
- Immunizations/Vaccination
- Injury
- Mental Health
- Obesity
- Sexually Transmitted Disease
- Stroke

Suicide

Tobacco Use

Prescription Drug Abuse

Physical Inactivity

Other: _____

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

▼ Alcohol Abuse ... Physical Inactivity

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):

Page Break



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.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
A: The majority of residents in Carroll County have access to a local primary care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B: The majority of residents in Carroll County have access to local medical specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C: The majority of residents in Carroll County are able to access a local dentist when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D: Transportation for medical appointments is available and easy to access for the majority of residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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):

End of Block: General Health and Behaviors

Start of Block: Social Determinants



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 (3) 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

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?

▼ Affordable Housing ... Social Support

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

Additional comments regarding social determinants of health (optional):

End of Block: Social Determinants

Start of Block: Programs, Services & Promotion

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

End of Block: Programs, Services & Promotion

Start of Block: General Feedback

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:

End of Block: General Feedback

5. Targeted Populations

A. Methodology

A total of ten focus groups were held with targeted population groups at various locations throughout Carroll County. Two new populations were added to the focus groups this year. They were Transitional Aged Youth and Behavioral Health. Sessions were held as follows: Transitional Aged Youth, 2 sessions with Behavioral Health, 2 sessions with African American; Hispanic/Latino; Low Income; Lesbian, Gay, Bisexual and Transgender (LGBTQ); and 2 sessions with the Older Adult community. Sessions were scheduled for from July through September. The timeframe for all aspects of the Community Health Needs Assessment including the focus groups was extended into September because of the State of Emergency caused by the COVID-19 Pandemic. Session topics addressed access to care, general health issues, cultural competency, and social determinants of health. Each session lasted between 60 and 90 minutes and was conducted using an online survey followed by a moderated discussion. A bilingual community leader was present and provided translation for the session with Hispanic/Latino community members. A Spanish version of the survey was provided.

More than fifty individuals completed the survey and/or participated in a focus group. 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.

Sessions were held in locations that each group suggested or approved, and participants were recruited through a variety of outreach initiatives. The Transitional Youth focus group met at the Carroll County Youth Services Bureau in Westminster. The Behavioral Health focus group met at On Our Own of Carroll County in Westminster. One of the African American focus group was held at the Carroll County Health Department in Westminster. This group came from the organization the Former Students and Friends of Robert Moton High School. The second African American session was held virtually, due to the constraints on public gathering by the COVID-19 Pandemic, and the Carroll County chapter of the NAACP assisted with recruiting those participants. The Hispanic/Latino community members were recruited by and met at Access Carroll in Westminster. LGBT participants were invited to join the focus group through contacts made with the local Carroll County PFLAG (Parents, Families and Friends of Lesbians and Gays) chapter. Lower income residents were invited to join the focus group by referral of staff at the Human Services Program of Carroll County. The group met virtually. The Older Adult focus groups were held at 2 different locations-the first at Taneytown Memorial Park and the other in Finksburg at Roaring Run Lions Club Community Park.

B. Results Summary

African American Population Results Summary

Robert Moton School Alumni

Demographics

Four African American community members participated in the session. Of the four participants in the moderated session, only 3 completed the survey. The responses below reflect the survey respondents. Two of the participants were male (66.7%) and two were female (33.3%), and all were 65 years or older. All participants lived in a single-family house. Two participants had two people living in their household, and one participant had five people living in their household. Two participants resided in zip code 21784 and one in 21158. All participants lived in Carroll County for more than 10 years.

Demographic Information	Count	Percentage
Gender		
Male	2	66.67%
Female	1	33.33%
Identifies as other than male or female	0	0.0%

Age		
18 - 25	0	0.0%
26 - 34	0	0.0%
35 - 44	0	0.0%
45 - 54	0	0.0%
55 - 64	0	0.0%
65 and over	3	100.0%

Number of People in Household		
1	0	0.0%

2	2	66.66%
3	0	0.0%
4	0	0.0%
5	1	33.33%
More than 5	0	0.0%

Type of Housing Unit		
Single-family home	3	100.0%
Apartment	0	0.0%
Townhome	0	0.0%
Mobile home	0	0.0%
Condo	0	0.0%
Other	0	0.0%

Zip Code		
21158	1	33.33%
21784	2	66.67%

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	2	100.0%

Access to Health Care

In 2020, respondents were asked if they had health insurance. All (100%) of the respondents in the African American focus group were insured. In addition, they were asked where they obtained information and education on health. The greatest response was from their physician or healthcare provider. The following all ranked equally for second place:

- Family/friends
- Local sources (hospital, health department)
- Local providers/organizations/resources
- Online websites

As illustrated in the following table, 100% of the participants “somewhat or strongly agree” with the community’s ability to access health care providers and specialists. A majority agreed that there is access to a dentist, and that transportation is available for medical appointments. The majority was neutral as to having healthcare providers who understand their population’s health risks and that signage and promotions for health services reflects their community’s needs.

“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.”

Statement	Neutral	Percentage of Respondents who “Somewhat or Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	0.0%	100.0%
The majority of residents in my community have access to necessary medical specialists.	0.0%	100.0%
The majority of residents in my community are able to access a local dentist when needed.	33.33%	66.67%
Transportation for medical appointments is available and easy to access for the majority of residents.	33.33%	66.67%
Signage and promotions for health services reflect my community and its needs.	66.67%	33.33%
There are health care providers who understand my population and its health risks.	66.67%	33.33%
Health care services are provided in my language.	0.0%	100.0%

Comments Regarding Access to Healthcare

- How one is going to pay for healthcare is very important. Medicare is not doing too hot right now, and insurance is out of reach for many seniors.
- You are not going to find poor black people in senior homes because they can’t afford it.

- Reaching the downtrodden is difficult because they are the sickest with no home care or medical care, and don't go out to churches or Senior Centers. We need a device to reach them.

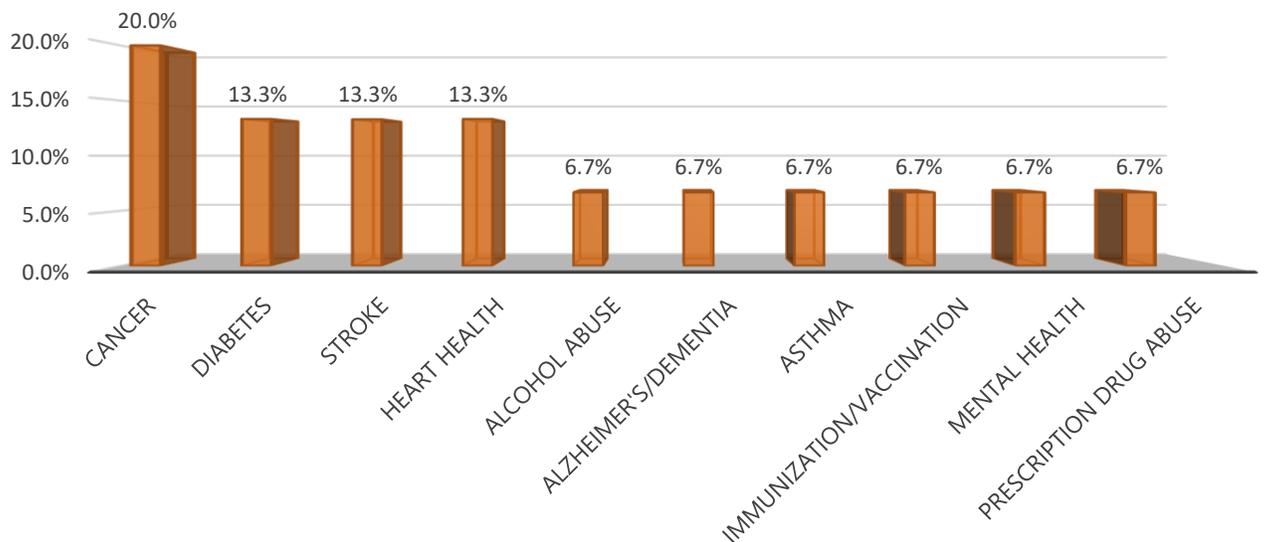
General Health Issues

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. Cancer was listed as the highest concern, with Diabetes, Heart Health and Stroke all tied for second place. The top health issues were:

- Cancer
- Diabetes
- Heart health
- Stroke

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below. Note: COPD, CHF, Dental Health, E-cigs/vaping, Injury, Illegal Substance Abuse, Obesity, Physical Inactivity, Sexually Transmitted Disease, Tobacco Use, Other, and Suicide are absent because they were not represented in the responses.

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



When asked to indicate the number one priority in their community, there was a three-way tie between Cancer, Diabetes, and Stroke.

Comments Regarding Cancer

- One participant utilized the Carroll Cancer Center and commented that it “was very good.”
- Staff need to be extremely careful to correctly identify and differentiate between patients that may have the same last name and initials. (A participant experienced issues when at the hospital for surgery on the same day as another patient with the same last name and initials.)
- We are doing a good job but could do better. With the seriousness of the disease and the technology out there, you would think treatment would be more developed.

Comments Regarding Diabetes

- This is an important issue because both the disease and its medications affect many parts of the body.
- The hereditary nature of the disease is a concern.
- It seems to be more prevalent in blacks, and COVID has shown that disparity.

Comments Regarding Heart Health and Stroke

- The hereditary nature of heart disease and stroke is a concern.

Additional Comments Regarding Health Issues

- The method of getting out information needs to be better. The message is better in the affluent part of town than it is in the minority part of town.
- The underprivileged don’t have the same access – there is an economic and educational divide.
- There is disparity in treatment itself. If I go to the hospital with the same thing you have, you as a white person will get better treatment (time and medical) than I will get.
- Providers advertise on TV, “come join us,” but when you get there you find out what you bought wasn’t worth it.
- More manpower is needed to go into the community places like churches to talk about issues that concern the minority groups.
- Support groups and Senior Centers are very helpful and can reach a lot of people.
- The billing from the hospital is too confusing. I know someone who received four separate bills from the hospital. It is too confusing to know what you are supposed to pay and what you already paid.

Additional Comments

- Participants discussed that their community used to be more segregated and blacks were the majority within their community, but now communities are more integrated, and blacks are now the minority.
 - This gives a different meaning to the word *community*. One participant stated that it makes it difficult to speak to the survey as to one's *community*: she can speak as part of the black *race* but not a black *community* because her community is white. Therefore, it was suggested to use specific groups, like churches, to reach a more segregated population when making efforts to do outreach, advertise health resources, and provide education to the black community.
- It was stated that some people have a certain comfort level and will remain where they are, becoming stagnant to a point – while others will extend themselves and try to move forward.

Social Determinants of Health

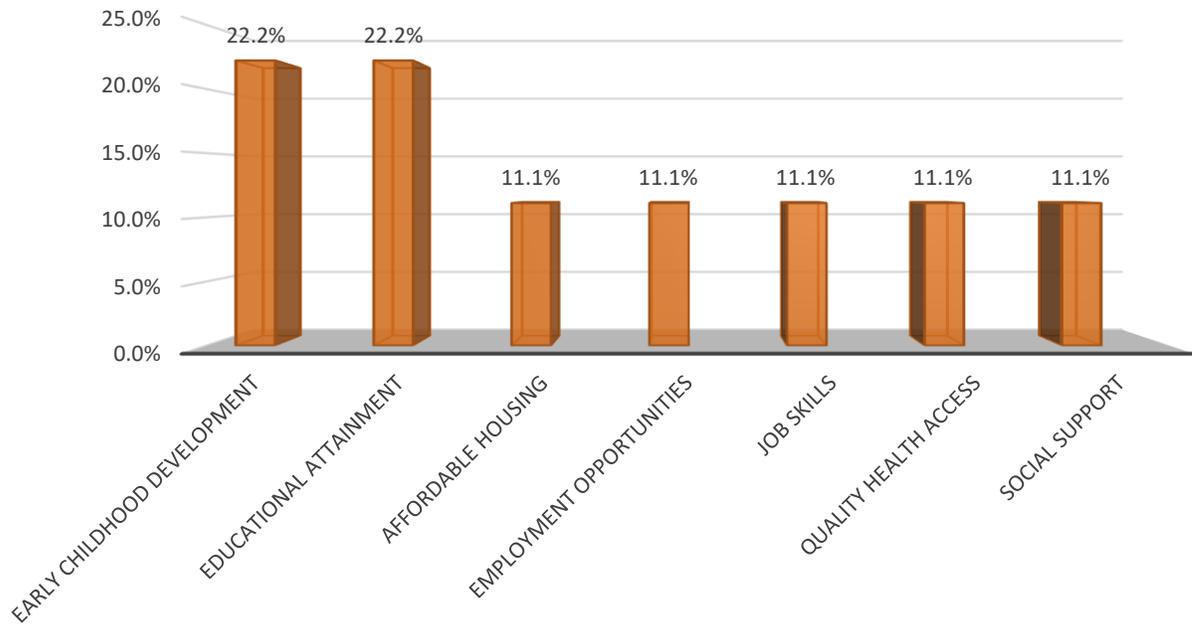
Health outcomes are determined not only by health behaviors like eating well and staying active, but also by the extent of social and economic resources and opportunities available in homes, neighborhoods, and communities. The concept helps explain in part why some population groups are healthier than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

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 were:

- Early Childhood Development
- Educational Attainment
- Affordable Housing, Employment Opportunities, Job Skills, Quality Health Access, and Social Support all tied for third place

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. Note: Economic Success and Food Security are absent because they were not represented in the responses.

Select the top three social determinants of health that are the most important to address in the next 3-5 years.



The respondents were asked to identify the one social determinant that will make the greatest impact to the health of the community and results were equally divided between Affordable Housing, Early Childhood Development, and Social Support.

Additional Comments Regarding Affordable Housing

- We need it! It instills a sense of betterment. If I know I have a shelter and my children are getting a good education, then I can concentrate on other things like putting food on the table and health care.
- The area where affordable housing is located is important. I've seen some affordable housing that I wouldn't put a dog in.

Additional Comments Regarding Early Childhood Development

- Childhood development relates to minorities and poverty levels, and it is important to get people help as early as possible.
- If you instill things at an early age, then education will carry with the person as they get older.
- When we get older, we find the system is against us.

Additional Comments Regarding Social Support

- There are not many social support activities for minorities.
- Some people believe that they have assimilated but have never really dealt with racism because they lived in a black community all their life.
- Blacks in the area didn't know about the peaceful protests that occurred and there were only two blacks that participated in them.
- Why did white people participate in the protest and not black people?
- The commissioners stated, "We're just five white men" – how do we as blacks deal with something like that?
- It is difficult for blacks to integrate in Carroll County and socialize, get a good job, and be afforded the governmental programs for African Americans – services that we pay for through our taxes.
- A participant suggested having an informational marquee at the corner of Stoner Avenue and Route 32.

Group #2 – NAACP Zoom Call Focus Group

Demographics

Five African American community members participated in the session via Zoom. Two focus group surveys were completed, these may or may not reflect those who participated in the moderated session. The numeric responses below will reflect the survey respondents and the narrative component will reflect all attendee present in the zoom meeting. Both survey participants were female between the ages of 45 and 54 years old. Additionally, the survey participants lived in a single-family house and had four people living in their household. One participant resided in zip code 21157 and one in 21128. Both participants lived in Carroll County for more than 10 years.

Demographic Information	Count	Percentage
Gender		
Male	0	0.0%
Female	2	100.0%
Identifies as other than male or female	0	0.0%

Age		
18 - 25	0	0.0%
26 - 34	0	0.0%
35 - 44	0	0.0%
45 - 54	2	100.0%
55 - 64	0	0.0%
65 and over	0	0.0%

Number of People in Household		
1	0	0.0%
2	0	0.0%
3	0	0.0%
4	2	100.0%
5	0	0.00%
More than 5	0	0.0%

Type of Housing Unit		
Single-family home	2	100.0%
Apartment	0	0.0%
Townhome	0	0.0%
Mobile home	0	0.0%
Condo	0	0.0%
Other	0	0.0%

Zip Code		
21157	1	50.0%
21158	1	50.0%

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	2	100.0%

Access to Health Care

In 2020, respondents were asked if they had health insurance. The respondents in this African American focus group were insured. In addition, they were asked where they got information and education on health. The following all ranked equally:

- Family/friends
- Your physician/healthcare provider
- Online websites

As illustrated in the following table, the participants were divided between “strongly disagree” and “somewhat agree” with the community’s ability to access health care providers and transportation for medical appointments. The participants were either neutral or disagreed that signage and health services reflect their community, that services are provided in their language, and that there are healthcare providers who understand their population’s health risks.

“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.”

Statement	Neutral	Percentage of Respondents who “Somewhat Agree”
The majority of residents in my community have access to a local primary care provider.	0.0%	50.0%
The majority of residents in my community have access to necessary medical specialists.	0.0%	50.0%
The majority of residents in my community are able to access a local dentist when needed.	0.0%	50.0%

Transportation for medical appointments is available and easy to access for the majority of residents.	0.0%	50.0%
Signage and promotions for health services reflect my community and its needs.	50.0%	0.0%
There are health care providers who understand my population and its health risks.	50.0%	0.0%
Health care services are provided in my language.	50.0%	0.0%

Comments Regarding Health Care Access

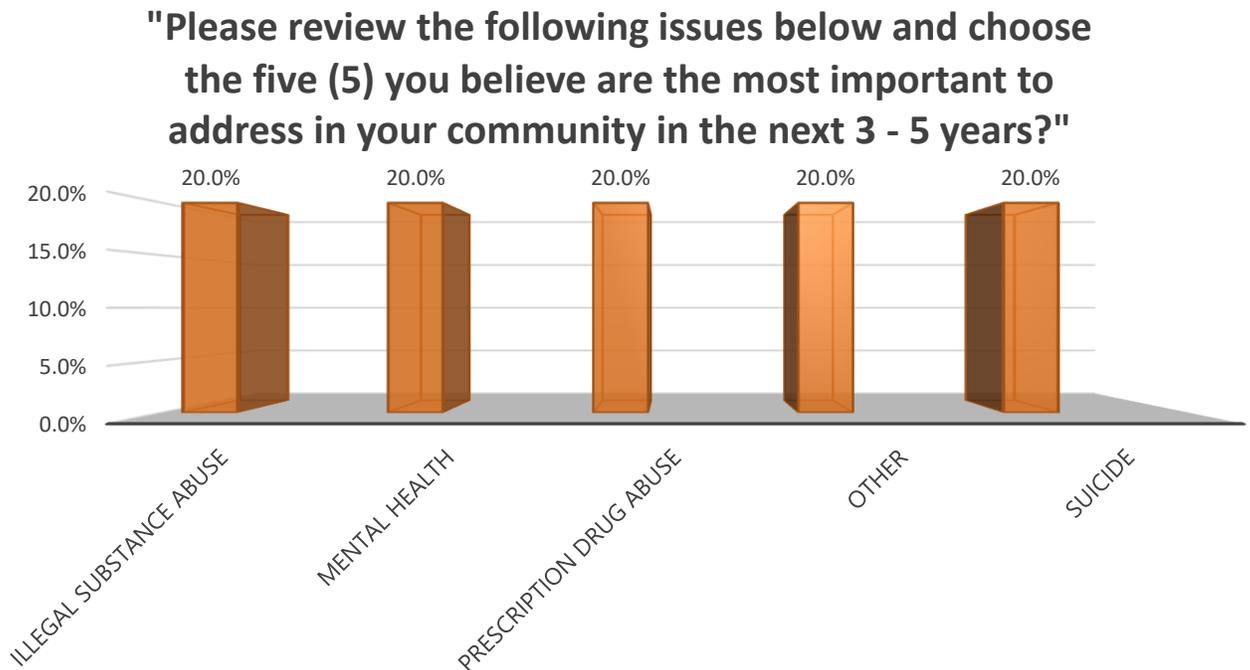
- Access to Health Care is limited by economics: it depends on where you live in Carroll County because of the cost of transportation.
- Family circumstances can be a barrier to obtaining services (a mom can't take all her children with her to an office or on Medicaid transport).
- Since LifeBridge took over, the list of providers has grown, but it takes longer to get an appointment. This is also true for specialists.
- Access to a dentist depends on what insurance a person has, and one's options could be few without private insurance.
- More Behavioral Health services are needed as wait times for appointments can take months.
- Special needs services such as for Autism are very limited in this community and necessitates travel to Mt. Washington or Kennedy Krieger.
- I am seeing a more diverse population in signage, hospital interviews, and publications like Carroll Magazine.
- Location of signage is important and should benefit walkers as well as drivers along Route 140.
- There are not many providers of color, so fear of seeking medical care has not diminished.
- My infant's coloring was that of a normal African American newborn, but my pediatrician said she had jaundice.

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 were:

- Illegal Substance Abuse
- Mental Health
- Prescription Drug Abuse
- Suicide
- Other

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below. Note: Alcohol Abuse, Alzheimer’s/Dementia, Asthma, Cancer, COPD, CHF, Dental Health, Diabetes, E-cigs/vaping, Heart Health, Immunization/Vaccination, Injury, Obesity, Physical Inactivity, Sexually Transmitted Disease, Stroke, and Tobacco Use are absent because they were not represented in the responses.



When asked to indicate the number one priority in their community, Mental health ranked as the highest priority. However, it is to be noted that there was only one response in this category. There was no comment as to what the “other” choice concerned.

Comments Regarding Mental Health

- There are many untreated mental health issues coupled with a lack of knowledge of available services.
- Negative stigma surrounds mental health issues and is a barrier in seeking help.
- There is a lack of diversity in providers who are relatable to persons of color and who represent their life situations.
- At resource events, no one reaching out to the community looks like the people they are recruiting.

Comments Regarding Illegal Substance and Prescription Drug Abuse

- Prescription drug abuse many times leads to drug and alcohol abuse.

Additional Comments Regarding Health Issues

- As a service provider, I see a lack of referrals from communities of color and wonder about this disconnect.
- Connection is one thing, but sustainability is the challenge.
- Wellness care and preventative care is not happening. Many people only seek services when already ill and not as a preventative option.
- Preventative care can prevent higher level services like hospitalization, and pervasive medical risks will continue to get worse if services are not accessible.
- People of color want faith-based services.
- People of color often don't prescribe to the treatment methods that others in the community are comfortable with (i.e. accepting disorders with names, medications).
- Care coordination is needed to provide interventions without medication such as coping skills.

Social Determinants of Health

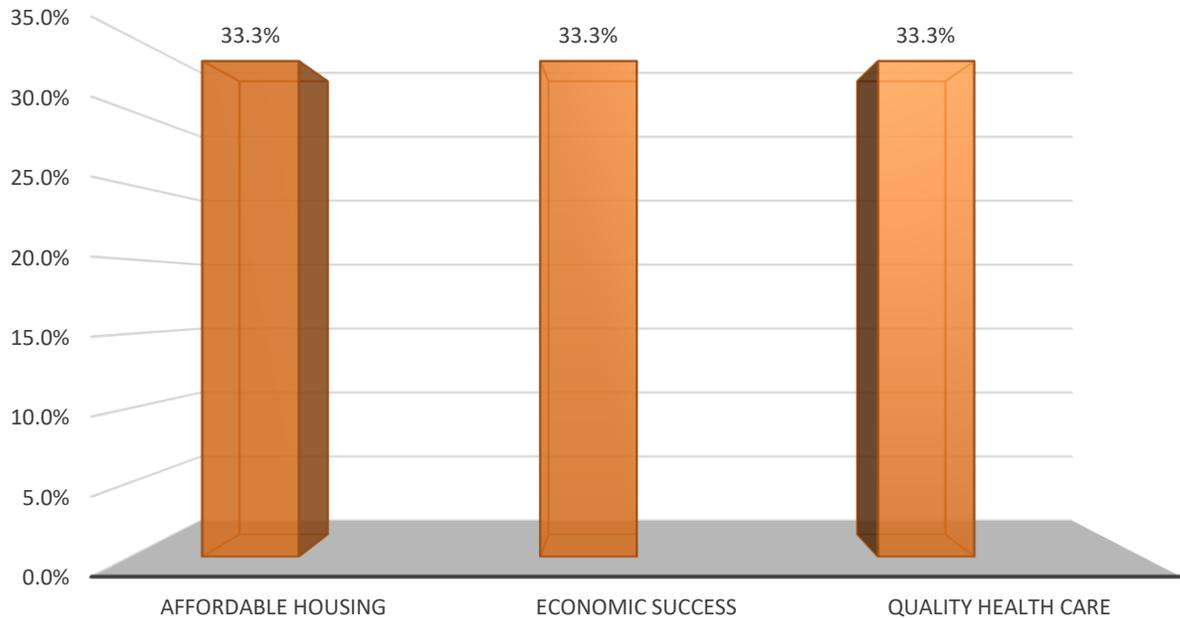
Health outcomes are determined not only by health behaviors like eating well and staying active, but also by the extent of social and economic resources and opportunities available in homes, neighborhoods, and communities. The concept helps explain in part why some population groups are healthier than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

- Affordable Housing
- Economic Success
- Quality Health Access

A full listing of the social determinants of health, as equally divided between affordable housing, economic success, and quality health access, is presented in the following graph.

Select the top three social determinants of health that are the most important to address in the next 3-5 years.



The respondents were asked to identify the one social determinant that will make the greatest impact to the health of the community. Affordable housing was chosen on one survey as the most critical issue. During the focus group discussion, economic success also stood out as critical.

Additional Comments Regarding Affordable Housing

- Lack of affordable housing can be a barrier to accessing services because high housing costs force people to live in the outskirts of the city where services are not located.
- Affordable housing needs to be centrally located to needed services and resources as most people also lack reliable transportation options.
- There does not seem to be midrange housing in Carroll County, which forces people to go to Pennsylvania.

Other Comments

One participant shared that she and her family have had to utilize the hospital and the Cancer Center many times over the past couple of years, and every occasion has been good. Everyone was pleasant and caring.

Behavioral Health Population Results Summary

Demographics

Eight community members participated in the Behavioral Health Focus Group. This was accomplished in two smaller sessions in order to keep social distancing due to COVID restrictions and occurred at On Our Own Recovery Center. The data was analyzed together and therefore this summary will be a joint summary. The majority of participants (87.5%) were male. Fifty percent of participants lived in an apartment and most (75%) of the participants lived alone. All of the participants lived in zip codes 21157 or 21158 and 75% have lived in Carroll County for six or more years.

Demographic Information	Count	Percentage
Gender		
Male	7	87.5%
Female	1	12.5%
Identifies as other than male or female	0	0.0%

Age		
18 - 25	0	0.0%
26 - 34	2	25.0%
35 - 44	0	0.0%
45 - 54	3	37.50%
55 - 64	1	12.5%
65 and over	2	25.0%

Number of People in Household		
1	1	75.0%
2	2	25.0%
3	0	0.0%
4	0	0.0%
5	0	0.0%

More than 5	0	0.0%
-------------	---	------

Type of Housing Unit		
Single-family home	1	12.5%
Apartment	4	50.0%
Townhome	0	0.0%
Mobile home	0	0.0%
Condo	1	12.5%
Other	2	25.0%

Zip Code		
21157	7	87.5%
21158	1	12.5%

Length of Residence in Carroll County		
Less than 1 year	1	12.5%
1 – 3 years	1	12.5%
4 – 5 years	0	0.0%
6 – 10 years	2	25.0%
More than 10 years	4	50.0%

Access to Health Care

When asked if they had health insurance, 87.57% of the behavioral health participants responded that they were insured, with only one participant without insurance. A majority of the Behavioral Health participants obtain health information and education from their physician or healthcare provider (31.58%). Remaining sources were equally divided amongst local sources (hospital/health department), local organizations/resources or family/friends (four responses each or 21.05%), and online websites garnering one response (5.26%).

As illustrated in the following table, all participants “agree” or “strongly agree” that access to a PCP or medical specialist is available. Responses as to resident’s access to a dentist were varied with only

50% who “agree” or “strongly agree” and 37.5% who “disagree” or “strongly disagree” on having access. The majority of participants “agree” or “strongly agree” with the community’s access to transportation for medical appointments being available and easy to access (62.5%). One participant “strongly disagreed” that there are healthcare providers who understand their population, and 25% of respondents “somewhat disagree” that signage and promotions for health services reflect their community.

“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.”

Statements	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	0.0%	100.0%
The majority of residents in my community have access to necessary medical specialists.	25.0%	75.0%
The majority of residents in my community are able to access a local dentist when needed.	12.5%	50.0%
Transportation for medical appointments is available and easy to access for the majority of residents.	0.0%	62.5%
Signage and promotions for health services reflect my community and its needs.	12.5%	62.5%
There are health care providers who understand my population and its health risks.	12.5%	75.0%
Health care services are provided in my language.	0.0%	100.0%

Comments Regarding Health Care Access

- Insurance may be adequate for PCP needs, but it is not worth anything if you need to get something major done. If you need something major, you are in trouble.
- It can be difficult to get timely appointments with specialists.
- Dental access depends on insurance coverage. Access Carroll has services, but one dentist is not enough to support the community.
- Mission of Mercy is available in Taneytown, but transportation there can be a barrier.

- Ride-With-Us will take you to physician approved visits. (However, no one knew the level of services provided by Ride-With-Us)

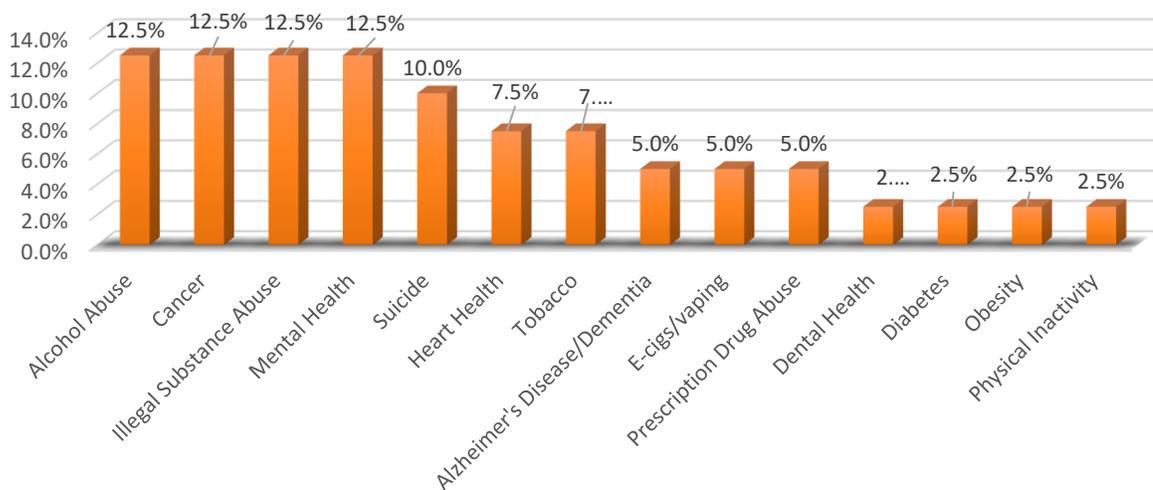
General Health Issues

Behavioral health 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 were identified as follows:

- Alcohol Abuse
- Cancer
- Illegal Substance Abuse
- Mental Health
- Suicide

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below. Note: Asthma, Chronic Respiratory Disease/COPD, Congestive Heart Failure, Immunizations/Vaccination, Injury, Sexually Transmitted Diseases, Stroke, and Other are absent from this graph as they were not represented in the responses.

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



Alcohol Abuse, Cancer, Illegal Substance Abuse, and Mental Health all tied for first place (12.5%). Suicide, which is a new category added to the survey this year, followed in second place (10%).

When asked to choose the number one priority health issue to address in their community, the majority of respondents (37.5%) chose mental health, with alcohol abuse and illegal substance abuse tied for second priority (25%).

Comments Regarding Alcohol Abuse

Participants feel that alcohol abuse is very high in Carroll County. You can drive around town and see people staggering around. This impacts safety because fights often break out. Participants commented that there is a liquor store in every shopping center, and it is too easy to access: it is legal, and you can't escape it. It is a struggle to be around it all the time. Many in this group were surprised that the government considered liquor stores an essential business to remain open during COVID closings. Many have experienced difficult family issues because of alcohol abuse: alcoholic family members, a son in detox, the death of a family member. It is something that runs in the family.

Comments Regarding Cancer

Most of the behavioral health participants had a family member or friend who either died from cancer or received treatment for cancer. It was expressed that people need more education as to what cancer is, what it can do, and that addresses the fear of being predisposed because of a family member having cancer.

Comments Regarding Illegal Substance Abuse

Participants feel drug use is bad in Carroll County. These participants do not want the drug lifestyle anymore and realize that a person suffers more with the drugs than without them and your quality of life is better without them. It is noted that all respondents participate in On Our Own, which is a wellness and recovery center.

Comments Regarding Mental Health Issues

Some understand that if they do not address their mental health issues, then their life is not as good as it could be. They see others don't take mental health seriously and risk poor mental health because they can't afford to go to a doctor or chose not to go to a facility for help. One individual acknowledged that he needs structure during the day, and he can become sick having to endure isolation. Another participant stated that he doesn't like taking all of the medications that his mental health facility gives him. He understands that proper medication management is important, and people need to stay on top of it, but he sometimes fights with his provider about all of the medications he is on.

Comments Regarding Suicide

Several participants attempted suicide in their active addiction. Some people that struggle with depression just don't know how to cope with it. Many people with mental health issues have tried suicide, and some just don't want to live with what they are going through. One participant had a brother who committed suicide. A participant asked who in the group had been affected by suicide, and everyone present (surveyors included) raised their hands in the affirmative.

Comments Regarding Health Issues

- A lot of the people we see with alcohol and substance abuse issues usually have some kind of mental health issue.
- When we lived in tents that is all there were in the tent community – alcoholics. It was the first thing they did in the morning.
- Alcohol withdraw was the worse withdraw I ever experienced, worse than heroin withdraw.
- The shelter for people with mental health problems closed. Where will those people go for help?
- Going to work and keeping busy helps keep me away from drugs and running around with the wrong people.
- Sometimes you have to make the hard decision to cut off communication with some friends who are still using in order to help yourself.
- A person could do an intake and get a therapist or psychiatrist, but they hear rumors about a certain place and don't want to go there.

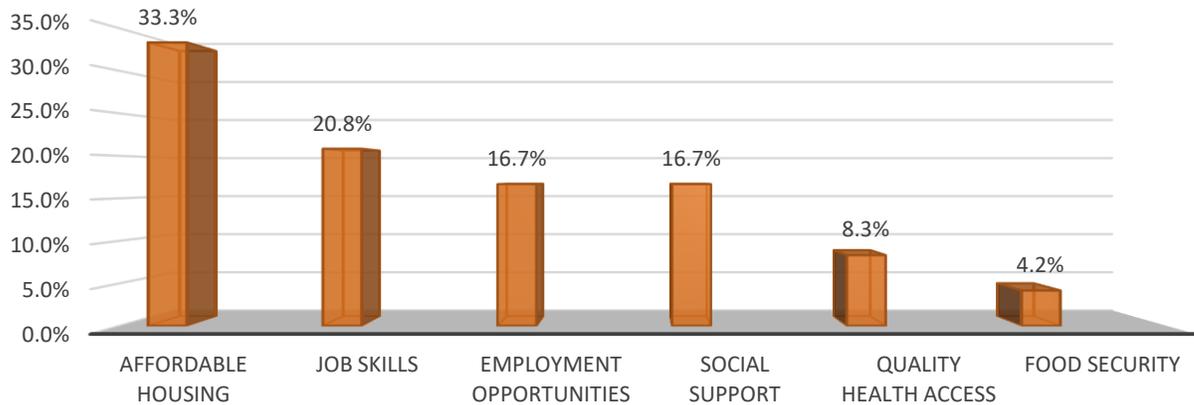
Social Determinants of Health

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 issue was affordable housing, followed by job skills and a tie for third choice with employment opportunities and social support.

- Affordable Housing
- Job Skills
- Employment Opportunities
- Social Support

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.

The top three most important Social Determinants of Health to address in the next 3-5 years.



When asked to choose the top one, affordable housing was identified as the social determinant with the greatest impact to health by 75.0% of the respondents. Job skills and quality health care were ranked second with 12.5% each.

Comments Regarding Social Determinants

- I worked full time and lived at the shelter. I was put into a panic because I was told I made too much money and would lose my place there. I had to switch to part-time work.
- It is confusing at the men's shelter. I made too much money to live there, so I had to live in a tent because I didn't make enough money to rent a place.
- Living at Safe Haven for a couple of years enabled me to save money and bridge to a place of my own I could afford.
- Sometimes you can get a place, but it takes everything you make to pay the rent.
- In some places you can't have a pet.
- There are not many nice, clean, safe places to rent that are reasonable.
- Landlords do just enough to pass inspection, but there are bed bugs, other critters, plumbing that doesn't work, etc.
- One needs an advocate to help obtain housing. I did a lot of leg work waiting for Shelter Plus and HUD, but no one would help me. Finally, Stacia, from the Health Department came to the encampments and helped me and I got Shelter Plus within four weeks.
- People don't know where to start in the system, and if you have a mental health problem you would find it even more difficult.
- People coming out of the hospital without having a place to go is an issue. We need a housing program! If not, people will just relapse.

- Peer support is very important. They have been through what you are going through so have first-hand experience – not just book learning. Family is important, but you can tell the peer support person things you sometimes can't tell family.

Hispanic/Latino Population Results Summary

Demographics

Six Hispanic/Latino community members participated in the session. The survey and the facilitated session were both provided in the native language, Spanish. Approximately two-thirds (66.67%) of participants were female. Fifty percent of the participants were over the age of 45. Type of housing was equally distributed with one third (33.33%) of participants living in each of single-family homes, apartments, or townhomes. All participants had two or more people living in their household with two thirds of the participants having four or more.

Participants lived in zip codes 21074, 21102, 21757, with fifty percent in 21157. All participants except one (at 1-3 years) have lived in Carroll County for more than 10 years.

Demographic Information	Count	Percentage
Gender		
Male	2	33.33%
Female	4	66.67%
Identifies as other than male or female	0	0.0%

Age		
18 - 25	0	0.0%
26 - 34	1	16.67%
35 - 44	2	33.33%
45 - 54	2	33.33%
55 - 64	1	16.67%
65 and over	0	0.0%

Number of People in Household		
1	0	0.0%
2	1	16.67%
3	1	16.67%
4	2	33.33%
5	0	0.0%
More than 5	2	33.33%

Type of Housing Unit		
Single-family home	2	33.33%
Apartment	2	33.33%
Townhome	2	33.33%
Mobile home	0	0.0%
Condo	0	0.0%
Other	0	0.0%

Zip Code		
21074	1	16.67%
21102	1	16.67%
21157	3	50.0%
21757	1	16.67%

Length of Residence in Carroll County		
Less than 1 year	0	0.0%
1 – 3 years	1	16.67%
4 – 5 years	0	0.0%
6 – 10 years	0	0.0%
More than 10 years	5	83.33%

Access to Health Care

Respondents were asked if they had health insurance. Almost all (83.33% or 5 out of 6) of the respondents in the Hispanic/Latino focus group were without health insurance. In addition, they were asked where they got information and education on health. The top resource identified was local sources, with three tied for second place as follows:

- Local sources (hospital or health department)
- Your physician/health care provider
- Local providers/organizations/resources
- Online websites

As illustrated in the following chart, the largest percentage of respondents (66.66%) believe that residents in the community have access to a local primary care provider (PCP). Most respondents (66.67%) somewhat disagree that residents have access to necessary medical specialists. One third “agree” or “strongly agree” that transportation for medical appointments is available and easy to access for the majority of residents, with one respondent strongly disagreeing that transportation is available. The majority of respondents feel that there are health care providers who understand their population and its health risks and “somewhat” or “strongly agree” that health care services are provided in their language.

“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.”

Statement	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	33.33%	66.66%
The majority of residents in my community have access to necessary medical specialists.	0.0%	33.33%
The majority of residents in my community are able to access a local dentist when needed.	20.0%	60.0%
Transportation for medical appointments is available and easy to access for the majority of residents.	50.0%	33.33%
Signage and promotions for health services reflect my community and its needs.	20.0%	60.0%

There are health care providers who understand my population and its health risks.	40.0%	60.0%
Health care services are provided in my language.	33.33%	76.67%

Comments Regarding Access to Care

- Many in the community are undocumented and therefore without insurance and access to health care or mental health assistance. Many go to the ER because of lacking insurance.
- Lack of finances limits accessibility to a specialist.
- A friend’s wife passed away from cancer because she did not have insurance to go to the doctor.
- Language barriers and no access to interpreters creates problems in accessing proper health care.

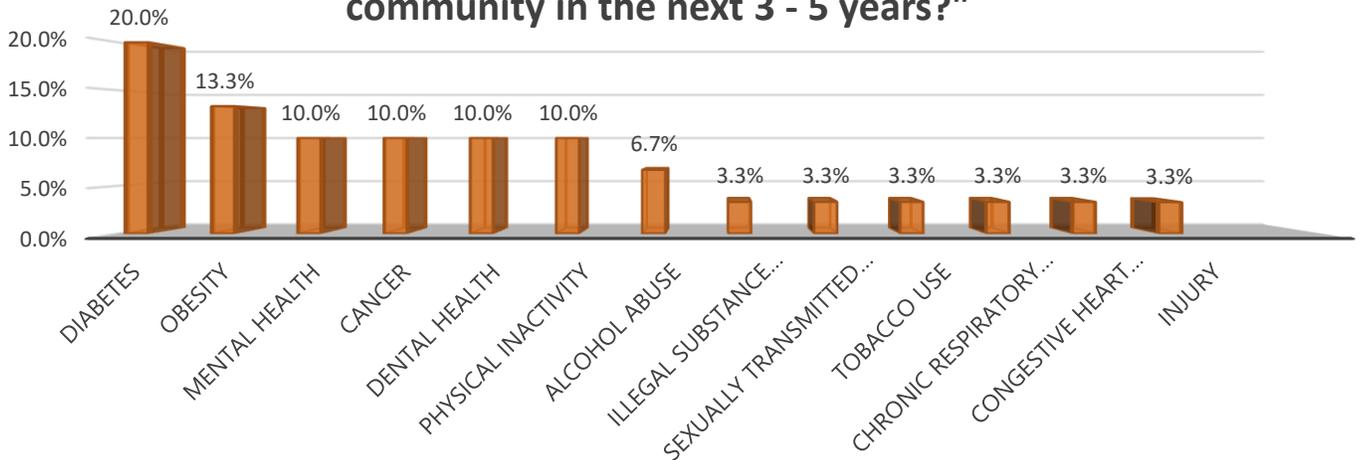
General Health Issues

Hispanic/Latino participants were also asked to identify the most important health issues that need to be addressed in the next three to five years. Diabetes and obesity were clearly identified by more participants as the top health issues above all others. Physical inactivity, mental health, cancer, and dental health tied for third place. The top health issues identified were:

- Diabetes
- Obesity
- Physical Inactivity
- Mental Health
- Cancer
- Dental Health

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the following graph. Note: Alzheimer’s/Dementia, Asthma, Heart Health, E-cigs/Vaping, Immunizations/vaccinations, Prescription Drug Abuse, Stroke, Suicide, & Other are absent in the graph as they were not represented in the responses

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



When asked to identify the number one health issue priority, the majority of Hispanic/Latino participants selected Diabetes. Dental Health, Illegal Substance Abuse, and Mental Health all tied as the second priority.

Comments Regarding Health Issues

- People in our community do not follow a healthy diet. This can be a result of time restrictions/improper schedules around work, and lack of continuity of access to medical help and nutrition education.
- Can not use Tax Identification Number (TIN) for health insurance. It’s used for paying taxes and car insurance but can’t get health insurance with a TIN.
- Drugs are a problem now because they’ve become too easy to get on the streets. Easier for anyone to buy and get drugs.
- Hospital employees should show more compassion for this community when they go to the hospital to be treated.

Social Determinants of Health

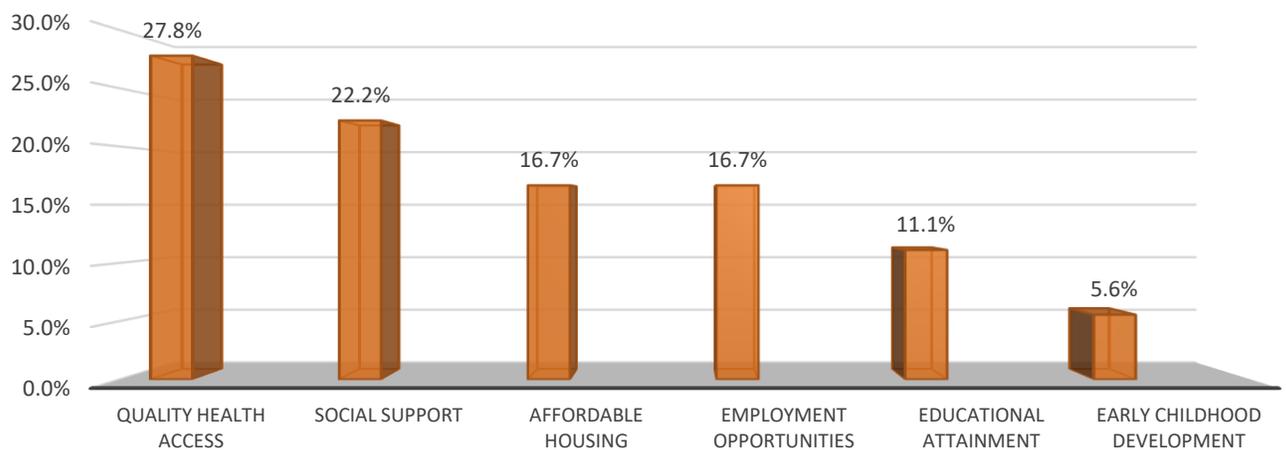
Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top social determinants of health identified were:

- Quality Health Access
- Social Support

- Affordable Housing
- Employment Opportunities

After quality health access and social support, equally identified were employment opportunities and affordable housing. 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.

"Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3 - 5 years?"



When asked to identify the social determinant that they believe will make the greatest impact to the health of the community, quality health access (100%) was the top priority.

Comments Regarding Social Determinants of Health

- Not having a social security number creates barriers in obtaining a home. We are not able to buy a house, and if we are allowed to buy a house, we are required to pay a higher down payment, making it unattainable. Therefore, we must rent, which is so expensive that multiple families must share a home.
- It would be a good idea to have a meeting like this focus group with those in Carroll County Government so leaders could hear the needs of the community.
- There is a lack of communication regarding how to access Carroll Transit System.

LGBTQ Population - Results Summary

Demographics

The Lesbian, Gay, Bi-sexual, Transgender, Queer (LGBTQ) population was represented by 9 individuals. Unfortunately, this group was not available to meet in-person as a focus group. These results are taken solely from the nine on-line surveys that were completed by the participants. Italicized comments are comments from the 2018 survey. Collection of this information was valuable and included in this year's report in absence of the moderated session in 2021. About half of the participants (42.86%) identified as female and (42.86%) male, with one participant (14.29%) that identifies as other than male or female. All were between the ages of 35 – 64 except for one individual. Over fifty percent of the participants lived in a household with two people and 72% lived in a single-family home. Seventy-two percent lived in either 21157 or 21158 and the remaining two lived in 21048 and 21757. All participants have lived in Carroll County for four or more years.

Demographic Information	Count	Percentage
Gender		
Male	3	42.86%
Female	3	42.86%
Identifies as other than male or female	1	14.29%

Age		
18 - 25	1	14.29%
26 - 34	0	0.00%
35 - 44	2	28.57%
45 - 54	2	28.57%
55 - 64	2	28.57%
65 and over	0	0.00%

Number of People in Household		
1	1	14.29%
2	4	57.14%

3	1	14.29%
4	1	14.29%
5	0	0.0%
More than 5	0	0.0%

Type of Housing Unit		
Single-family home	5	71.43%
Apartment	1	14.29%
Townhome	0	0.0%
Mobile home	0	0.0%
Condo	1	14.29%
Other	0	0.0%

Zip Code		
21048	1	14.29%
21157	4	57.14%
21158	1	14.29%
21757	1	14.29%

Length of Residence in Carroll County		
Less than 1 year	0	0.0%
1 – 3 years	0	0.0%
4 – 5 years	1	14.29%
6 – 10 years	1	14.29%
More than 10 years	5	71.43%

Access to Health Care

Five participants (71.43%) indicated that they have health insurance and two (28.5%) indicated they do not. An equal number of respondents indicated that they received health information and/or education from both their physician/health care provider (33.33%) and online websites (33.33%). In addition, there was one choice each (11.11%) for national sources, family and friends, and local sources such as the hospital or health department.

The following chart reflects the responses from individuals when asked about health care access in their community. There were no participants (0.0%) that “agree” or “strongly agree” that transportation is available and easy to access, or that signage and promotions for health services reflect their community and its needs. All participants (100%) “strongly agree” that health care is provided in the individuals’ language. The majority of the participants (66.67%) “agreed” or “strongly agree” that PCPs and dentists were accessible. However, lower responses were reported for accessibility to necessary medical specialists and for health care providers who understand the population and its health risks.

“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.”

Statements	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	0.0%	66.67%
The majority of residents in my community have access to necessary medical specialists.	0.0%	33.33%
The majority of residents in my community are able to access a local dentist when needed.	33.33%	66.67%
Transportation for medical appointments is available and easy to access for the majority of residents.	33.33%	0.0%
Signage and promotions for health services reflect my community and its needs.	66.67%	0.0%

There are health care providers who understand my population and its health risks.	33.33%	33.33%
Health care services are provided in my language.	0.0%	100.0%

Comments Regarding Access to Health care

- *The participants indicated that getting a counselor was by “word of mouth” only.*
- *It was also stated that it was difficult to find a LGBT supportive and understanding pediatrician.*
- *There is a need for more transgender specialists in the area.*
- *Pediatricians need to be more concerned with LGBT specific concerns.*
- *There is a need for an endocrinologist trained in transgender issues in the county. It was indicated that people had to travel 45 minutes one way to get to a doctor.*
- *There is also a need for more therapists trained in issues specific to transgender individuals. The suicide rate is high among the transgender community.*

General Health Issues

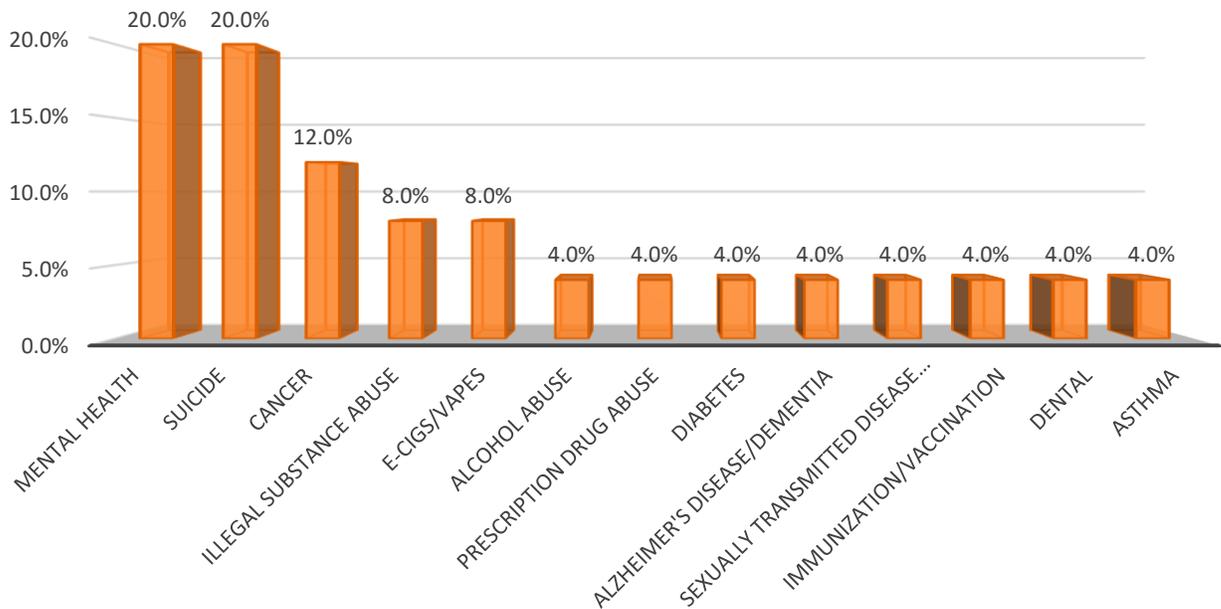
LGBTQ survey participants were asked to identify the five most important health issues that need to be addressed in the next three to five years.

The LGBTQ individuals indicated the following:

- Mental Health
- Suicide
- Cancer
- E-cigs/vaping
- Illegal Substance Abuse

Alcohol abuse, Alzheimer’s Disease/Dementia, Asthma, Dental Health, Diabetes, Immunizations/Vaccinations, Prescription Drug Abuse, and Sexually Transmitted Disease and Infection were all equally identified after the top five above. Note: COPD, Congestive Heart Failure, Heart Health, Injury, Obesity, Physical Inactivity, Stroke, Tobacco Use, and Other are absent in the graph as they were not represented in the responses.

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



When asked to choose the top priority of all health issues, mental health was identified by two respondents, with cancer, illegal substance abuse, and sexually transmitted disease and infection each garnering one response. Two participants did not respond.

Comments Regarding Illegal Substance Abuse

- *Self-medicating, alcohol, and legal drugs are all substances.*
- *People run out of money, rob people, become homeless, etc. all as a result of mental health.*

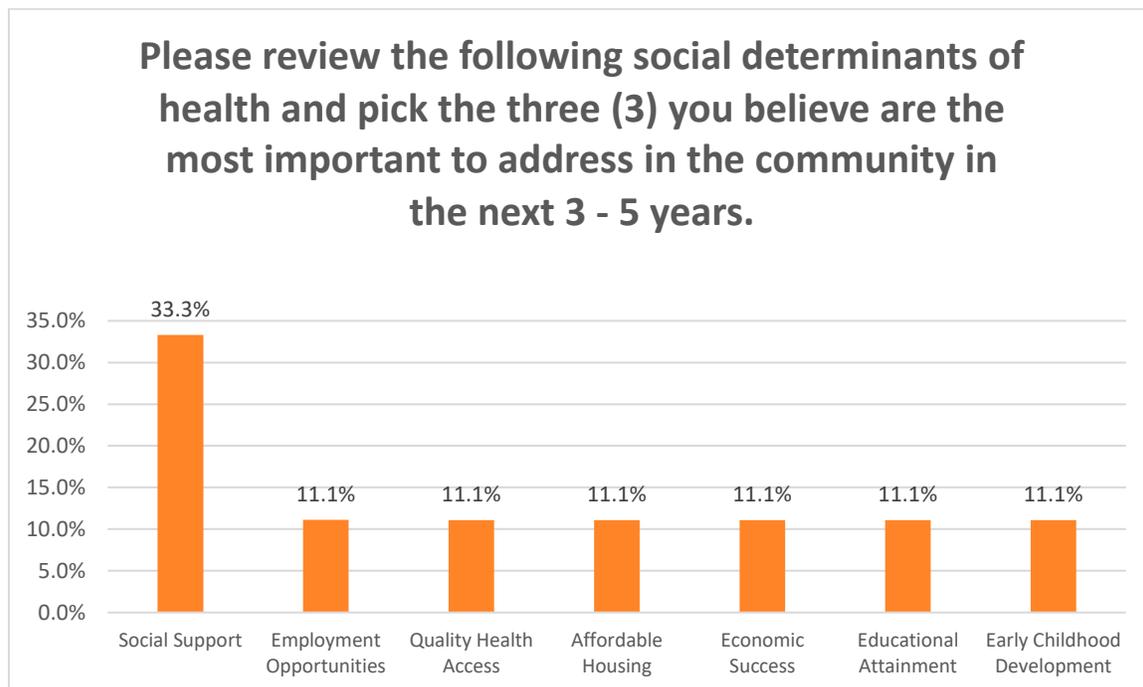
Social Determinants of Health

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.

Social support was identified as the top social determinant of health in this group. The LGBT individuals identified the following as tied for second place:

- Affordable Housing
- Early childhood development
- Economic Success
- Educational Attainment
- Employment Opportunities
- Quality Health Access

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. Food Security and Job Skills are absent in the graph as they were not represented in the responses.



When asked to choose one of the three social determinants that will make the greatest impact to health, only three responded, equally choosing Affordable Housing, Quality Health Access, and Social Support.

Comments Regarding Social Determinants

- *It was discussed that there is difficulty finding mental health providers and services at the college.*
- *Guidance Counselors in the schools are ill prepared to handle LGBT issues and concerns.*
- *There need to be more specific questions leading to a LGBT lifestyle on health care surveys to avoid unnecessary questions.*
- *There is discrimination in the workforce. This includes both getting a job and in working with co-workers. There needs to be more diversity training and education.*
- *There needs to be more social support in the community to understand transgender issues and that this is not a mental illness.*

Low Income Population Results Summary

Demographics

Although only one survey was completed, the focus group was conducted virtually with the caseworker and others present to participate in responses. The only person who completed the survey was a female between the ages of 18-25 years old in a family of 2. The survey taker lives in the 21158 zip code and has lived there more than 10 years.

Access to Health Care

When asked if they had health insurance, 100% of the low income participants responded that they were insured. The responses for "where do you get your health information?" were divided amongst family/friends, physicians and healthcare providers and local sources.

As illustrated in the following table, the survey respondent chose "agree" or "strongly agree" that access to a PCP, specialist, or dentist is available. The participant chose "disagree" or "strongly disagree" with the community's ability to access health care due to transportation being available and easy to access and signage and promotions for health services reflect my community and its needs.

“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.”

Statements	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	0%	100%
The majority of residents in my community have access to necessary medical specialists.	0%	100%
The majority of residents in my community are able to access a local dentist when needed.	0%	100%
Transportation for medical appointments is available and easy to access for the majority of residents.	0%	0%
Signage and promotions for health services reflect my community and its needs.	0%	0%
There are health care providers who understand my population and its health risks.	0%	100%
Health care services are provided in my language.	0%	100%

When those who participated in the focus group but did not fill out the survey were asked “Do residents have access to providers and specialists and dentists?”, the answer was that they “somewhat agree” that people have access to these services. When asked about transportation for medical appointments, participants felt that transportation for medical appointments was not accessible and that many people didn’t know their transportation options. They felt that more information regarding services would definitely be helpful particularly since many had no idea what services exist. There was also concern on how this information should be shared especially for those homeless that live on the street and do not use the shelter.

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:

- Alcohol Abuse
- Prescription Drug Abuse
- Mental Health
- Illegal Substance Abuse
- Sexually Transmitted Disease and Infection

When asked to identify the number one priority, cancer rose to the top.

Comments Regarding Health Issues

- Alcohol abuse: Participants agreed that during COVID having liquor stores being one of the few places still open and readily accessible allowed people to continue their patterns and behaviors of alcohol abuse.
- Mental health: Mental health was an identified concern, particularly during COVID with people experiencing new emotions and curves.
- Drug Use: Regarding drug use, when you are addicted and using drugs, you are not really focused on your health, other than using the drugs to cope with what you are going through.
- Even services for vulnerable populations were hard to access as well during pandemic.

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 issue was employment opportunity, and was then followed by the next three social determinants of health equally:

- Employment Opportunities
- Food Security
- Job Skills

Food security was identified as the social determinant with the greatest impact to the health of our community.

Comments Regarding Social Determinants

- Employment Opportunities-Employment has been really hard to gain. A lot of people don't have their ID and need to get it from the MVA, however, the MVA is very backed up and they are looking at a month before they can get an appointment.
- Job Skills: Many people have not maintained a job long enough to develop the necessary job skills they need to advance.

- Food Security: The COVID-19 Pandemic highlighted a lack of food security. Pre COVID the food situation was a lot better. The homeless identified that they prefer to receive food with a long shelf life. The participants discussed whether food providers considered people’s chronic health conditions when providing food.
- Affordable house: Participant identified that they had a problem getting housing because she had no credit and no one to sign for her.
- Additional Concerns: Participants identified that though they had internet access, they couldn’t distinguish between reliable information and manipulated information.

Older Adult Population Results Summary

#1 Lions Club Results Summary

Demographics

Eight adults aged 55 or older participated in the session. The gender of the participants was split with 50% female and 50% male. Six participants (75%) were members of household with two people, while two participants were members of households with three to four people. Five participants (62.5%) live in zip code 21157 and three (37.5%) in zip code 21048. All participants (100%) live in a single-family home and have lived in Carroll County for more than 10 years.

Demographic Information	Count	Percentage
Gender		
Male	4	50%
Female	4	50%
Identifies as other than male or female	0	0.0%

Age		
18 - 25	0	0.0%
26 - 34	0	0.0%
35 - 44	0	0.0%
45 - 54	0	0.0%
55 - 64	3	37.5%
65 and over	5	62.5%

Number of People in Household		
1	0	0.0%
2	6	75.0%
3	1	12.5%
4	1	12.5%
5	0	0.0%
More than 5	0	0.0%

Type of Housing Unit		
Single-family home	8	100.0%
Apartment	0	0.0%
Townhome	0	0.0%
Mobile home	0	0.0%
Condo	0	0.0%
Other	0	0.0%

Zip Code		
21048	3	37.5%
21157	5	62.5

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	8	100.0%

Access to Health Care

All respondents indicated that they had health insurance. When asked where they got health information and/or education, 40% indicated from their physician, 15% indicated by local sources, 5% indicated from local providers or organizations, 20% indicated from online websites, and 20% indicated from family and friends.

As illustrated in the following table, 87.5% of the participants “agreed” or “strongly agreed” that residents did have access to a local PCP. The majority of participants “agreed” or “strongly agreed” that residents did have access to both specialists (87.5%) and a dentist (75.0%) when needed. All participants (100.0%) “agreed” or “strongly agreed” that there are healthcare providers who understand their population and its health risks, and that health care services are provided in their language. A small percentage (12.5%) disagreed that signage and health services promotions reflect their community and its needs. The lowest percentage of “agree” or “strongly agree” (12.5%) was regarding easy access of transportation for medical appointments being available for most residents. A quarter (25%) of the participants “disagreed” or “strongly disagreed” that transportation for medical appointments is available and easy to access for most residents.

“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.”

Statement	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	12.5%	87.5%
The majority of residents in my community have access to necessary medical specialists.	12.5%	87.5%
The majority of residents in my community are able to access a local dentist when needed.	25.0%	75.0%
Transportation for medical appointments is available and easy to access for the majority of residents.	62.5%	12.5%
Signage and promotions for health services reflect my community and its needs.	25.0%	62.5%
There are health care providers who understand my population and its health risks.	0.0%	100.0%

Health care services are provided in my language.	0.0%	100.0%
---	------	--------

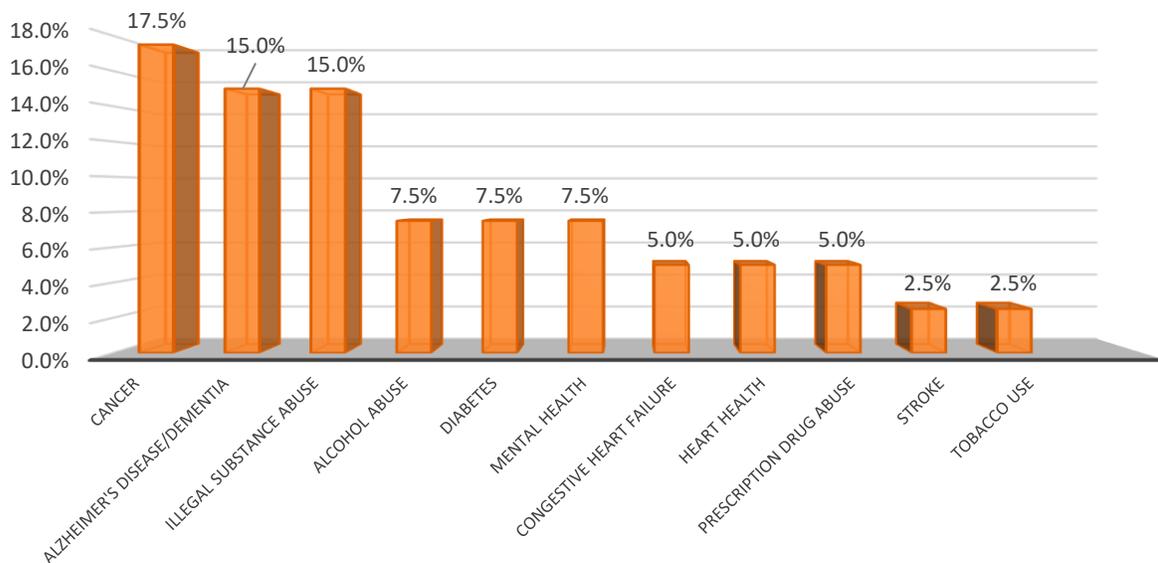
General Health Issues

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 include:

- Cancer
- Alzheimer’s Disease/Dementia
- Illegal substance abuse
- Diabetes
- Alcohol abuse
- Mental health

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the following graph. Note: Asthma, Dental Health, Immunizations/Vaccinations, Injury, Obesity, Physical Inactivity, STDs, and Other are absent from this graph as they were not represented in the responses.

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



- Cancer was chosen as the top issue to address, (25%), with the other six votes equally split (12.5%) between alcohol abuse, Alzheimer's/Dementia, CHF, diabetes, illegal substance abuse, and mental health. There was much discussion surrounding cancer including the prevalence of the disease. One participant commented that if you live long enough you will get it. Cancer is a "messy" health problem: it is a difficult way to die, and even the treatment is difficult. One hears so many horror stories: you go through treatment, the treatment itself destroys you and then you die anyway. Treatment is as bad as the disease: it makes you so sick and it reduces your quality of life. Also discussed was Alzheimer's Disease, especially how devastating it can be for a family to navigate through this health crisis because of needing more supervised care for their loved ones. No participants are directly related to anyone experiencing illegal substance abuse but are very informed regarding this issue. One of the Lions Club members works at the health department and offers education to the group. They feel the messaging coming from organizations like the health department is very informative. When asked to identify the one health issue that was the number one priority, cancer rose to the top.

Comments Regarding Health Care

- When thinking of cancer treatment my mind goes to the big-name places where they have schools and equipment like Johns Hopkins or University of Maryland. I know we have a Cancer Center, but I know nothing about it.
- We have had some improvements, but with the billions and billions of dollars going to cancer you would think we would have better treatment today.
- With cancer you can usually recognize it yourself, but not so with Alzheimer's/Dementia. This may initiate a different educational piece for healthcare providers: to also talk to the family members of patients.
- We know some people in their 40's and 50's now getting early onset Alzheimer's Disease.
- Having a loved one with dementia really puts the family in a jam: you can't take care of your loved one if you are working, yet you don't want to place them in a nursing facility because many are substandard.

Social Determinants of Health

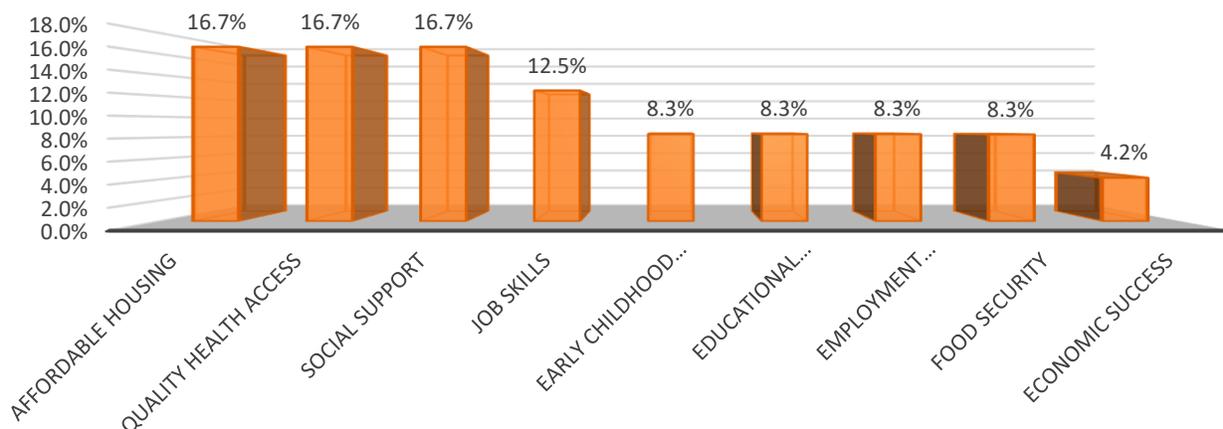
Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top social determinant reported was a three-way tie between affordable housing, quality health access, and social support with each issue garnering 16.67% of the vote. Job skills (12.5%) took second place. The top three social determinants of health among this group of seniors include:

- Affordable Housing
- Quality Health Access

➤ Social Support

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.

"Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3 - 5 years?"



When asked to pick just one social determinant of health that they believe will make the biggest impact to the health of our community, there was again a three-way tie between affordable housing, quality health access, and social support with each issue garnering 25.0% of the vote. Early childhood development and economic success tied for second place with one vote (12.5%) each.

This group commented about the very high cost of housing in the community which most people can't afford. Through their volunteer work in the community they see poor residents living with multiple families in one rundown residence.

Participants see quality health access as a safety net and living without it causes anxiety for people and has detrimental effects on health.

- This group believes that Carroll is unique in our collaborative efforts. There are many supportive organizations that help the community. As a service organization, they believe they function as part of that social support and are trying to teach the next generation to give back. More support for families and assistance in navigating through many neurological disease processes not mentioned, like Parkinson's, MS and ALS is needed. The participants made comments regarding the importance of obtaining information in print, and that they have not seen as many announcements or calendars regarding programs lately.

Comments Regarding Social Determinants

- We need to make life in our community more livable. Affordable is more than money, but includes things such as good locations, safety, and not bug infested.
- Low income rentals need to be decent and not a hell hole, landlords need to take more pride.
- You can't have too much social support in a community – it is always something that could be offered to any age. Even if needs are met in health care, you need social support groups and places to gather, having someone to check in on you.
- Carroll County likes flyers!

#2 Taneytown Group Results Summary

Demographics

A total of eight older adults participated in the session. Seven participants were over the age of 65, and one participant was in her early fifties, but participated because she is a caretaker for her parents. The majority of participants (75%) were female. All participants (100%) lived in a single-family home and 100% of participants were members of a household with one or two people. All participants live in zip code 21787 and 100% have lived in Carroll County for more than 10 years.

Demographic Information	Count	Percentage
Gender		
Male	2	25%
Female	6	75%
Identifies as other than male or female	0	0.0%

Age		
18 - 25	0	0.0%
26 - 34	0	0.0%
35 - 44	0	0.0%
45 - 54	1	12.5%
55 - 64	0	0.0%
65 and over	7	87.5%

Number of People in Household		
1	3	37.5%
2	5	62.5%
3	0	0.0%
4	0	0.0%
5	0	0.0%
More than 5	0	0.0%

Type of Housing Unit		
Single-family home	8	100.0%
Apartment	0	0.0%
Townhome	0	0.0%
Mobile home	0	0.0%
Condo	0	0.0%
Other	0	0.0%

Zip Code		
21787	8	100.0%

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	8	100.0%

Access to Health Care

All respondents indicated that they had health insurance. When asked where they got health information and/or education, 58.5% indicated from their physician, 9.5% indicated from local sources, 23.8% indicated from local providers or organizations, 4.7% indicated from national sources, 9.5% indicated from online websites, 4.7% indicated from health blogs, and 19.0% indicated from family and friends.

As illustrated in the following table, 75% of the participants “agreed” or “strongly agreed” that residents did have access to a local PCP. However, several participants expressed difficulty accessing a new PCP after their previous physician retired. Half (50%) of the participants “agreed” or “strongly agreed” that residents did have access to both specialists and a dentist when needed. A little over half of participants (57.14%) “agreed” or “strongly agreed” that there are healthcare providers who understand their population and its health risks, and slightly more (62.5%) agree that health care services are provided in their language. One participant shared the difficulties that her minority family (Korean) has had with not only language barriers, but cultural barriers as well. The lowest percentage of “agree” or “strongly agree” (25%) was regarding easy access of transportation for medical appointments being available for a majority of residents.

“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.”

Statement	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	0.0%	75.0%
The majority of residents in my community have access to necessary medical specialists.	25.0%	50.0%
The majority of residents in my community are able to access a local dentist when needed.	25.0%	50.00%
Transportation for medical appointments is available and easy to access for the majority of residents.	37.5%	25.0%
Signage and promotions for health services reflect my community and its needs.	75.0%	0.0%
There are health care providers who understand my population and its health risks.	42.86%	57.14%
Health care services are provided in my language.	0.0%	62.5%

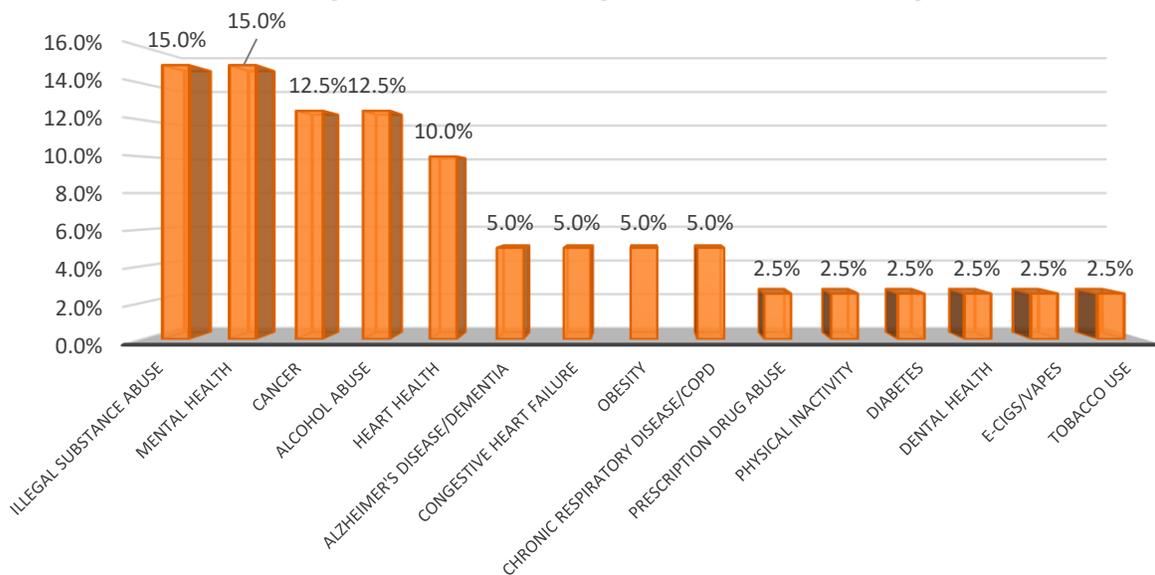
General Health Issues

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 include:

- Illegal Substance Abuse
- Mental Health
- Cancer
- Alcohol Abuse
- Heart health

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the following graph. Note: Asthma, Immunizations/Vaccinations, Injury, STDs, Stroke, Other, and Suicide are absent from this graph as they were not represented in the responses.

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



Illegal substance abuse and mental health tied as the top health issues to address in the community. Participants have observed the effects of these issues with loved ones and other community members. Mental health problems can exacerbate other issues like substance abuse from both illegal and prescription drugs. It was pointed out that this problem is not just in young people but is also within the older population. Loss of a spouse, loneliness and/or isolation can lead to depression which may be treated with medications and can lead to drug abuse. Some residents feel that they

have observed increases in crime in their community which they attribute to this issue. Concerns regarding Alzheimer's and Dementia were not only for the patient but also spoke to the needs of support and education for the caretaker.

Comments Regarding Health Care

- The specialty of Gerontology is needed.
- There is a lack of good "bedside manner" from physicians (looking at the computer more than they look at the patient). They don't take time to ask questions anymore.
- With time limits on visits and multiple practitioners, I don't get to see a Doctor anymore that personally knows me or my health history. People don't want to be treated like a textbook, but want to be seen as an individual.
- When your Doctor retires it is difficult to access another physician in their area.
- Coping mechanisms and access to multiple resources is important to be successful.
- Being a minority presents barriers because of language and cultural differences.
- Discussed the need for patient advocates and interpreters to be utilized in health care facilities.

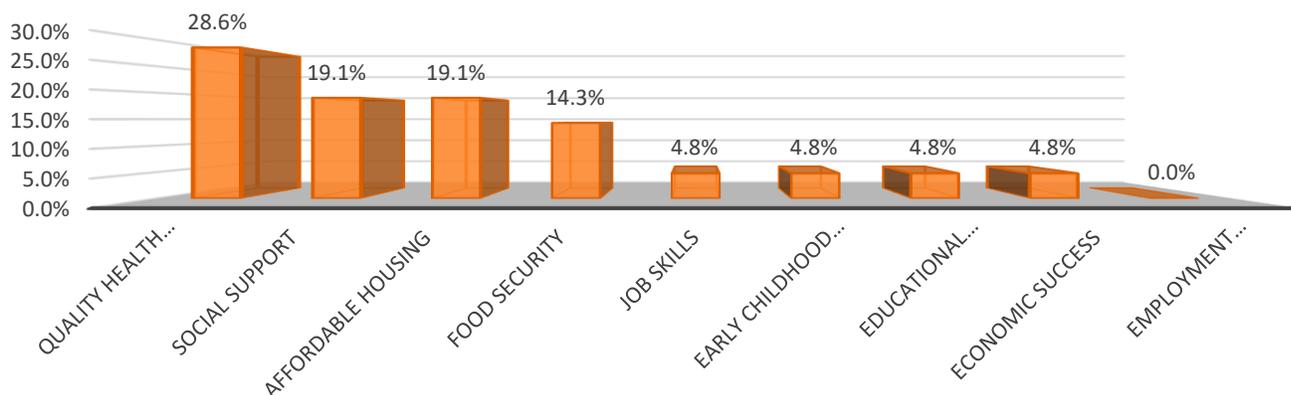
Social Determinants of Health

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 social determinant reported was quality health access. Social support and affordable housing tied for second place. The top social determinants of health among seniors include:

- Quality Health Access
- Social Support
- Affordable Housing
- Food Security

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.

"Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3 - 5 years?"



Quality health access ranked as the top social determinant with the greatest impact to health at 28.6%. The participants made comments regarding the importance of obtaining information in print, as not all people utilize technology. Flyers can be posted on the refrigerator and reports can be filed. It was suggested that organizations make sure their education and event messaging get placed in the Senior Center Newsletter to help disseminate information to older adults.

Comments Regarding Social Determinants

- Senior Centers are an important connection point for older adults in the community.
- If things like good nutrition are taught early on, there would be less problems with disease. A couple of participants commented about classes taken at Carroll Hospital that were popular.

Transitional Youth Results Summary

Demographics

Six community members participated in the Transitional Youth Focus Group. Three members participated in the in-person Focus Group, and an additional three members completed the online Focus Group survey. The raw data was analyzed together, therefore, this summary will be a joint summary including both the online survey results and the in-person narrative report. The majority of participants (50%) were female, with one participant identifying as other than female or male. Fifty percent of participants lived in a single-family home. Half of the participants lived alone, and

half lived in a household of four or more people. Most of the participants lived in zip codes 21157 or 21158 and 100% have lived in Carroll County more than ten years.

Demographic Information	Count	Percentage
Gender		
Male	2	33.33%
Female	3	50.0%
Identifies as other than male or female	1	16.67%

Age		
18 - 25	6	100.0%
26 - 34	0	0.0%
35 - 44	0	0.0%
45 - 54	0	0.0%
55 - 64	0	0.0%
65 and over	0	0.0%

Number of People in Household		
1	1	16.67%
2	1	16.67%
3	1	16.67%
4	2	33.33%
5	0	0.0%
More than 5	1	16.67%

Type of Housing Unit		
Single-family home	3	50.0%
Apartment	1	16.67%
Townhome	2	33.33%
Mobile home	0	0.0%

Condo	0	0.0%
Other	0	0.0%
Zip Code		
21074	1	16.67%
21157	3	50.0%
21158	1	16.67%
21787	1	16.67%
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	6	100.0%

Access to Health Care

When asked if they had health insurance, 100% of the transitional youth participants responded that they were insured. A majority of participants obtain health information and education from their physician or healthcare provider (33.3%). Remaining sources were equally divided amongst online websites and family/friends as second choice (25% each) and national sources and health blogs as third choice (8.3% each).

As illustrated in the following table, only 40% of the participants “agree” or “strongly agree” that access to a PCP is available, while a majority (60%) feel their community has access to a specialist when needed. A majority of respondents (60%) “strongly” or “somewhat disagree” as to a resident’s access to a dentist. The majority of participants “agree” or “strongly agree” with the community’s access to transportation for medical appointments being available and easy to access (60%). One participant “strongly disagreed” that there are healthcare providers who understand their population. Most were neutral as to whether signage and promotions for health services reflect their community.

“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.”

Statements	Neutral	Percentage of Respondents who “Agree” or “Strongly Agree”
The majority of residents in my community have access to a local primary care provider.	40.0%	40.0%
The majority of residents in my community have access to necessary medical specialists.	20.0%	60.0%
The majority of residents in my community are able to access a local dentist when needed.	40.0%	0.0%
Transportation for medical appointments is available and easy to access for the majority of residents.	20.0%	60.0%
Signage and promotions for health services reflect my community and its needs.	60.0%	20.0%
There are health care providers who understand my population and its health risks.	40.0%	20.0%
Health care services are provided in my language.	0.0%	100.0%

Comments Regarding Health Care Access

- The bus does not work because of living too far out in the county which makes it hard to get picked up or get to places on time.
- The bus can be used for doctor appointments, but I would not trust strangers such as with Uber and ride share apps.
- Both parents work and I don’t drive.
- I don’t want to make my grandparents drive because they have hearing problems, and highway driving could be a danger.
- There are gender differences. Providers excuse women issues with causes such as hormonal, time of the month, menopause – when it could be a more serious issue.
- There are not enough female physicians. I had a male pediatrician, and puberty issues can be awkward to discuss with a male doctor.

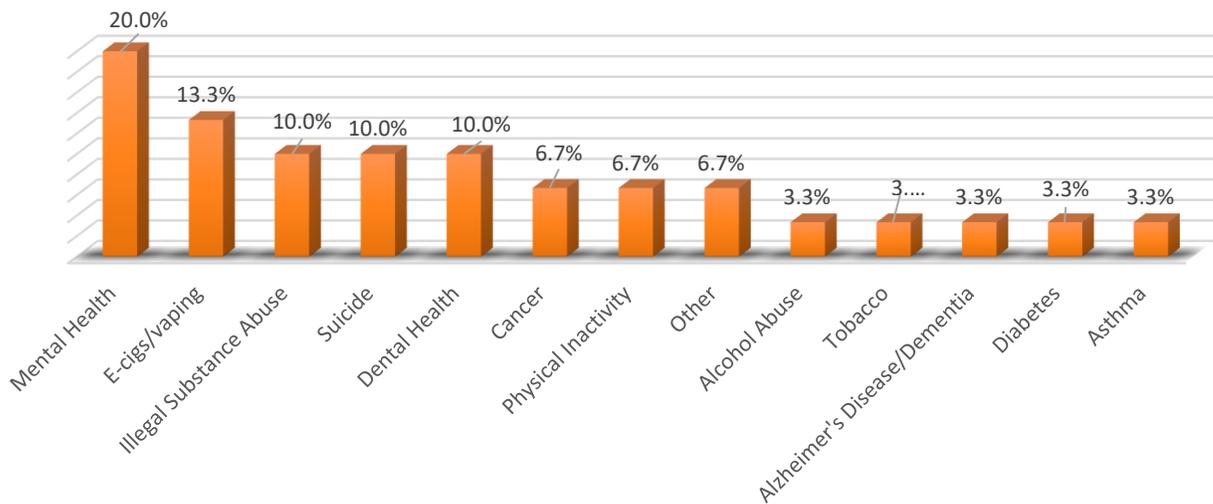
General Health Issues

Transitional youth 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 identified were:

- Mental Health
- E-cigs/Vaping
- Illegal Substance Abuse
- Dental Health
- Suicide

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below. Note: Chronic Respiratory Disease/COPD, Congestive Heart Failure, Heart Health, Immunizations/Vaccination, Injury, Obesity, Prescription Drug Abuse, Sexually Transmitted Diseases, and Stroke are absent from this graph as they were not represented in the responses.

"Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3 - 5 years?"



Mental Health (20%) and E-cigs/vaping (13.3%) were the top two priorities, with Illegal Substance Abuse, Dental Health, and Suicide, which is a new category added to the survey this year, all tied for third choice (10%).

When asked to choose the number one priority health issue to address in their community, the respondents were equally divided between Dental Health and Mental Health.

Comments Regarding Mental Health

There is a lot of stigma associated with schizophrenia and dissociative disorder. There is misunderstanding, with people suffering from schizophrenia being portrayed as crazy, murderers, and criminals. It is believed this is related to where people are getting information – such as movies and television shows. There is a misrepresentation of the illness. People think that if you have something you can't see it is not real, that it is just in your head and it doesn't exist. Hearing voices is tiring and exhausting. Some days medications work and some days they don't work as well. Sometimes people have trouble getting their medications because the pharmacy does not have what they need, or they are told it is too early for refills and they need to wait, which creates problems as serious as self-harm.

Comments Regarding E-cigs/vaping

One participant feels E-cigs are better than smoking, but some people use E-cigs that never previously smoked. Others think that they are not good for one's health.

Comments Regarding Dental Health

One participant has not been to the dentist in a while. One can't find a dentist that takes her insurance and has to go to Owings Mills for care. Without insurance one has to pay cash, and many put off getting care because they don't have the cash. This creates more serious problems like infection and other health issues because dental health affects overall health.

Comments Regarding Suicide

One participant had a family member commit suicide. Everyone in the room knew people who attempted or were successful at committing suicide. Guys should be seen and evaluated because they are usually successful at killing themselves if they try.

Comments Regarding Obtaining Health Information

Health care providers don't give information in a way that people who didn't go to school to be a doctor can understand. All participants would like to receive their health information verbally, because then they could ask questions and the provider could elaborate on the answer.

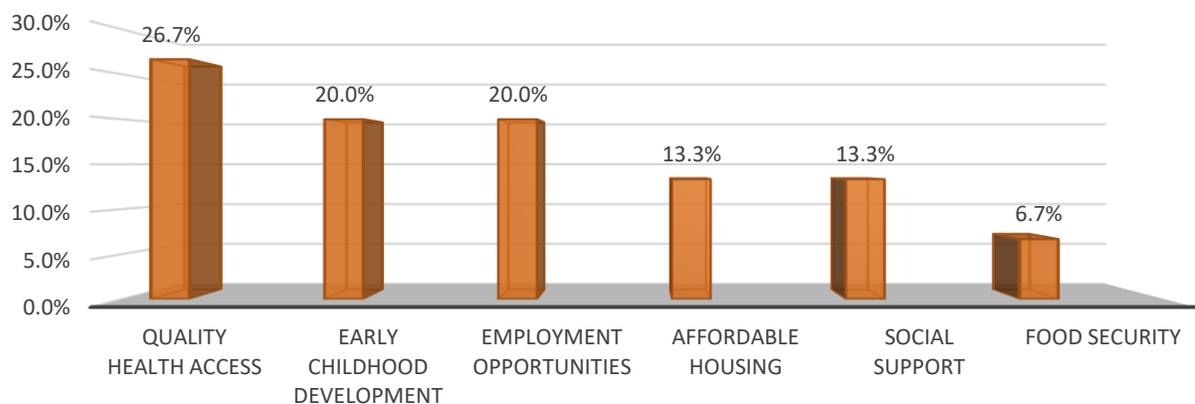
Social Determinants of Health

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 issue was Quality Health Access, followed by second choice tie for Early Childhood Development and Employment Opportunities, and a tie for third choice with Affordable Housing and Social Support.

- Quality Health Access
- Early Childhood Development
- Employment Opportunities
- Affordable Housing
- Social Support

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.

The top three most important Social Determinants of Health to address in the next 3-5 years.



When asked to choose the top one, there was a five-way tie (20% each) between Affordable Housing, Early Childhood Development, Employment Opportunities, Quality Health Access, and Social Support.

Comments Regarding Social Determinants

- We are on HUD. They make it hard to keep a place – they take the rent from your gross income and not what you bring home. It makes me feel unstable and fearful that if I make too much on a new job or unemployment, I risk losing my home.
- Housing is not just about cost but can be security issues as well.
- There are not enough opportunities for entry level jobs. If you can't get experience how can you move on to manager jobs?
- I need social support, but the anxiety I feel being around other people is a barrier.

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. Signage and promotions for health services ranked highest in need in the lower income, LGBTQ, transitional aged youth and older population groups. Transportation being available and accessible also ranked as a need in the lower income and LGBT groups.

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 terms of health care, five of the focus groups identified each mental health and cancer as the top priority.

In terms of social determinants, affordable housing ranked as concerns in six of the focus groups, with quality health access ranking as a top concern in four of the focus groups.

3. Attachment

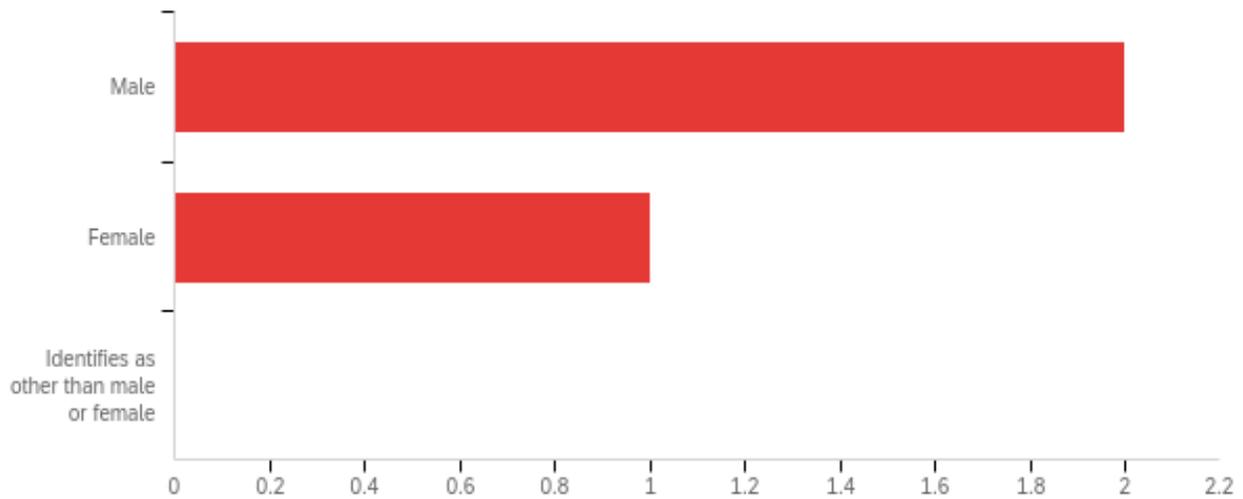
- Results and Transcript – African American Focus Group X2
- Results and Transcript - Behavioral Health Focus Group X2
- Results and Transcript – Hispanic/Latino Focus Group
- Results and Transcript – LGBTQ Focus Group
- Results and Transcript – Low Income Focus Group
- Results and Transcript – Older Population Focus Group x2
- Results and Transcript- Transitional Youth Focus Group
- Survey Tool – Targeted Populations

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.

African American Focus Group – Robert Moton Alumni

Targeted Populations

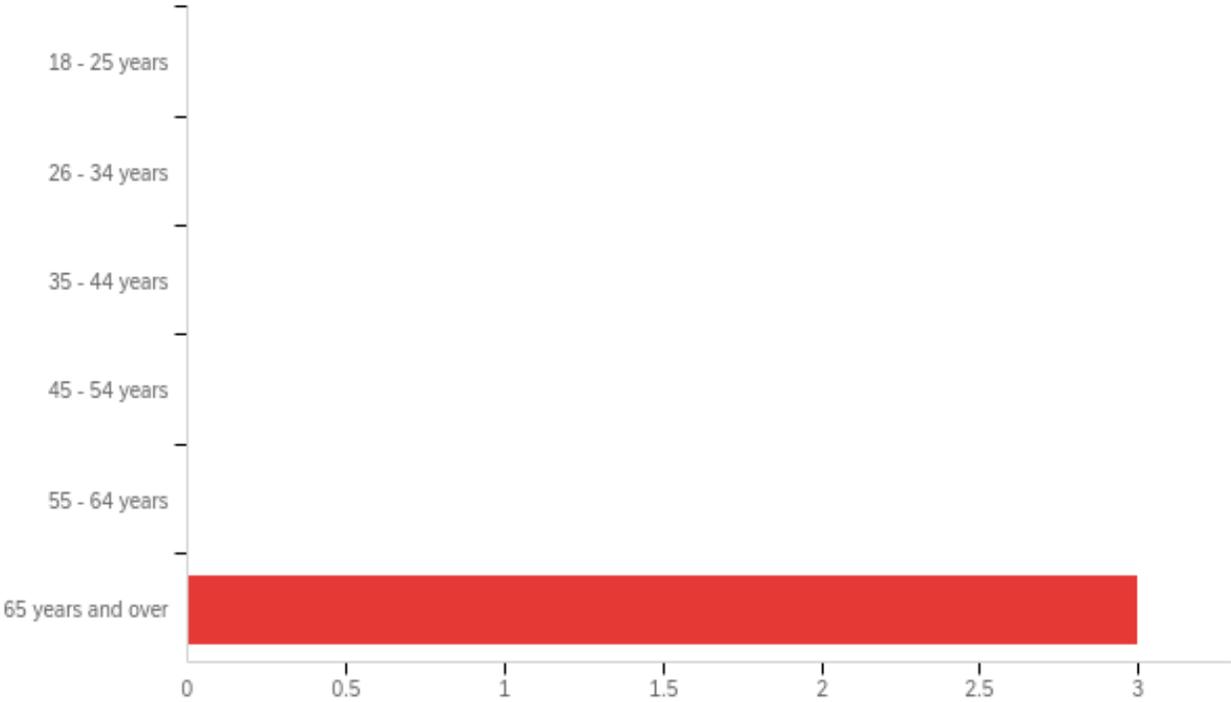
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	0.00	0.00	0.00	0.00	0.00	0

#	Answer	%	Count
1	Male	0.00%	0
2	Female	0.00%	0
3	Identifies as other than male or female	0.00%	0
	Total	100%	0

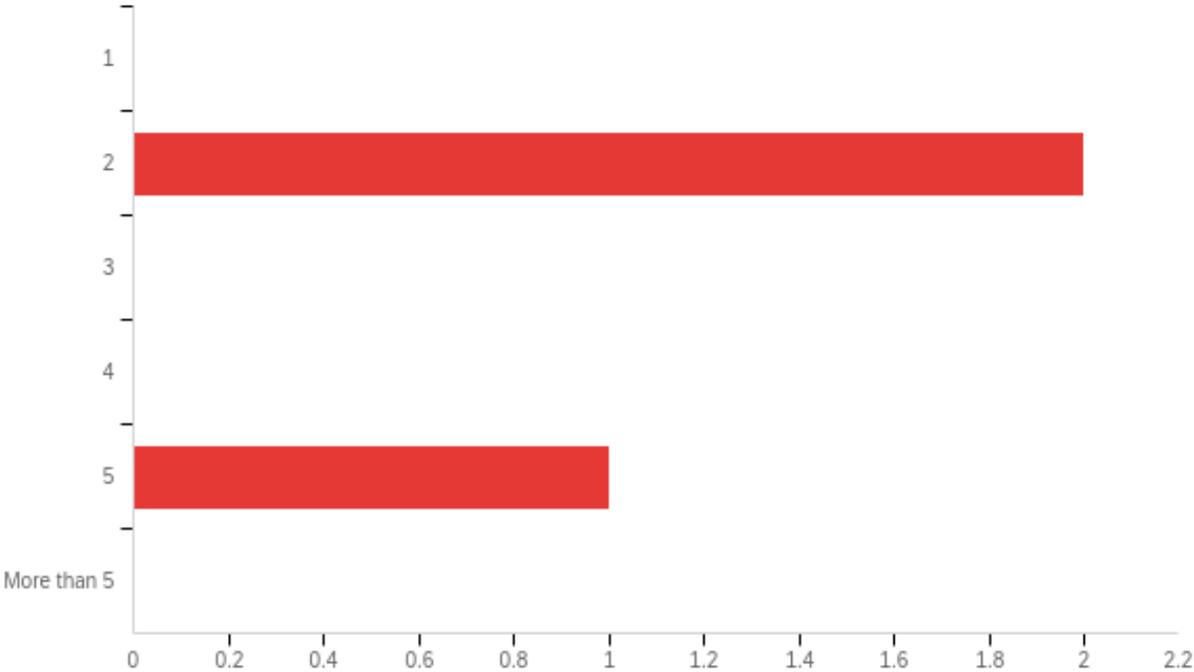
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	0.00	0.00	0.00	0.00	0.00	0

#	Answer	%	Count
1	18 - 25 years	0.00%	0
2	26 - 34 years	0.00%	0
3	35 - 44 years	0.00%	0
4	45 - 54 years	0.00%	0
5	55 - 64 years	0.00%	0
6	65 years and over	100.00%	3
	Total	100%	3

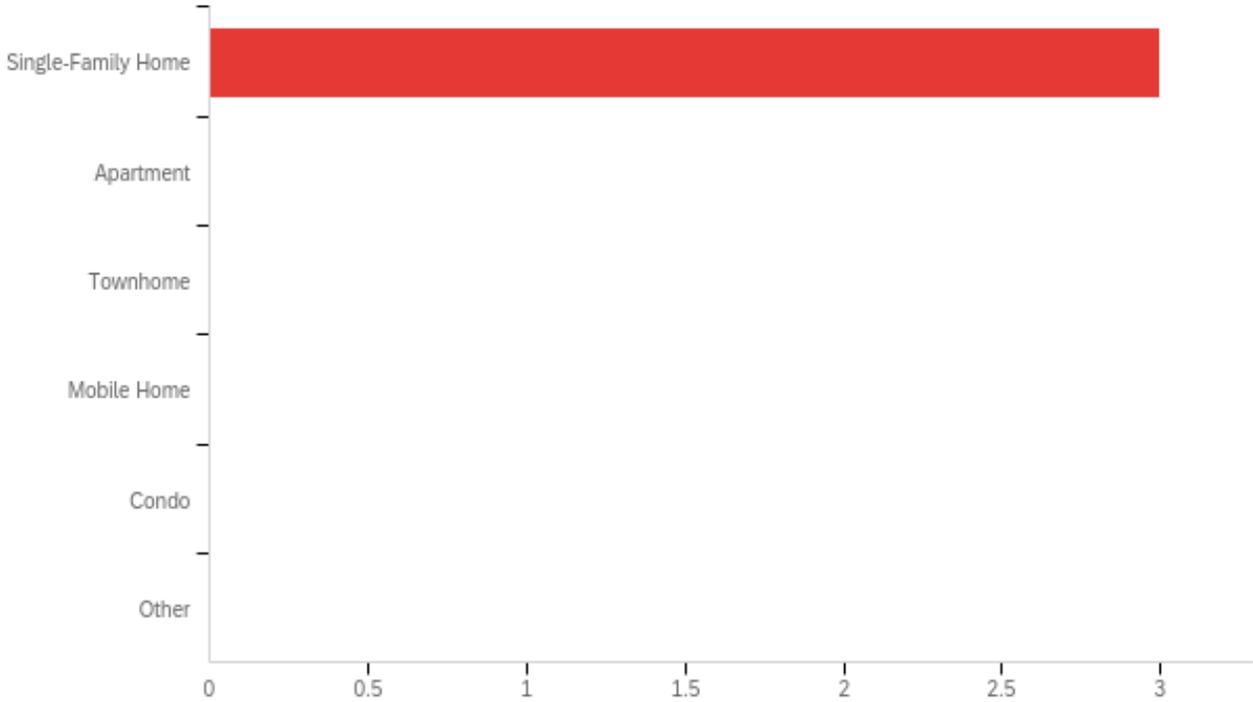
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	2.00	5.00	3.00	1.41	2.00	3

#	Answer	%	Count
1	1	0.00%	0
2	2	66.67%	2
3	3	0.00%	0
4	4	0.00%	0
5	5	33.33%	1
6	More than 5	0.00%	0
	Total	100%	3

Demo4 - Type of Housing Unit



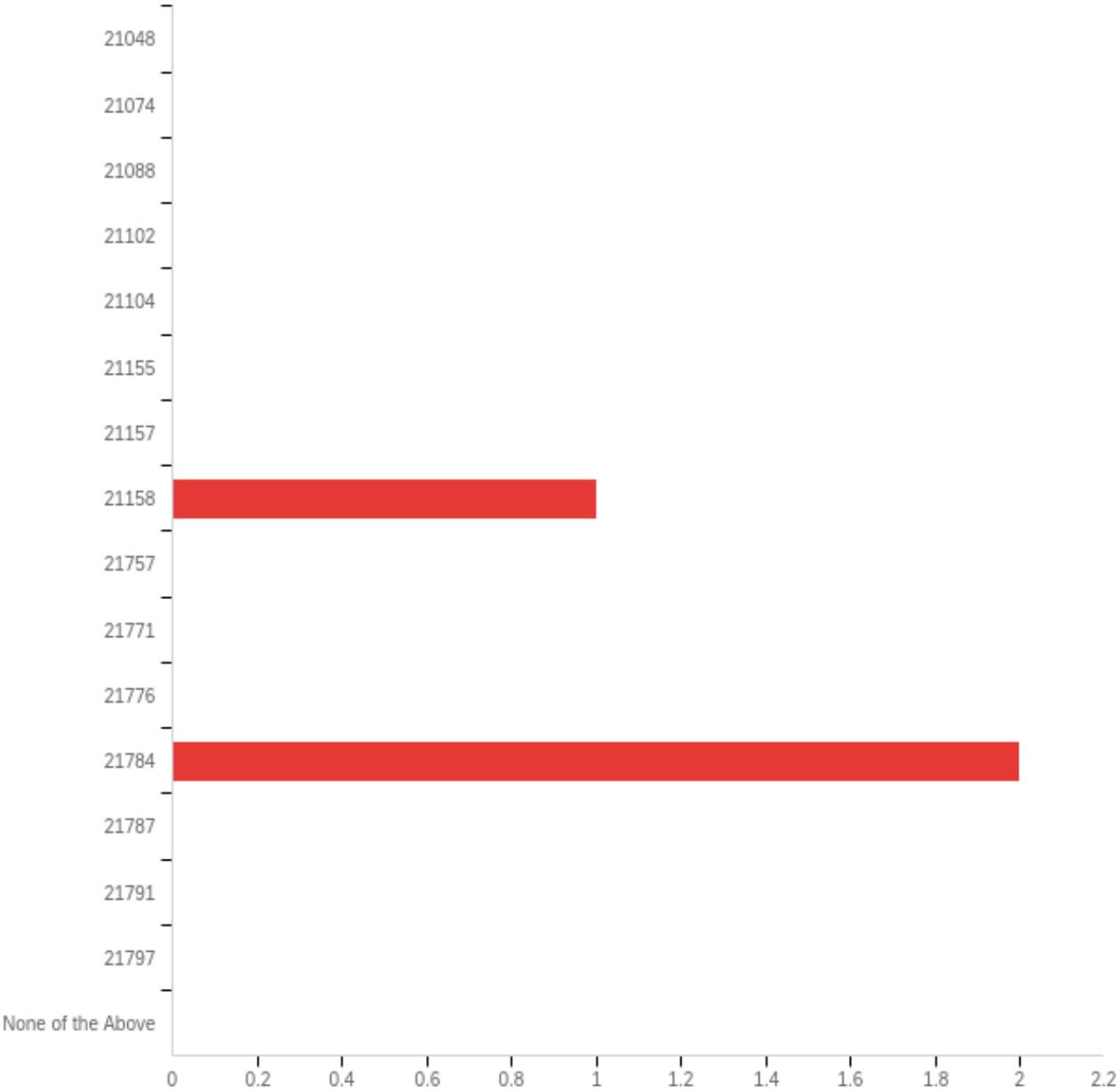
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	1.00	1.00	0.00	0.00	3

#	Answer	%	Count
1	Single-Family Home	100.00%	3
2	Apartment	0.00%	0
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	3

Demo4_6_TEXT - Other

Other - Text

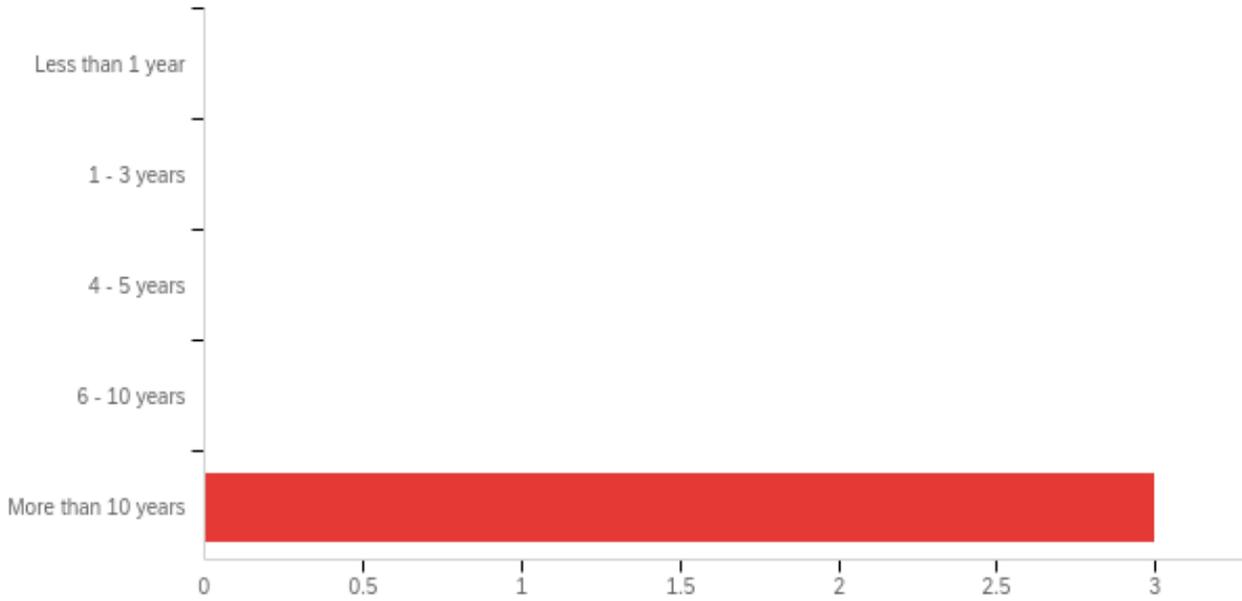
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	8.00	12.00	10.67	1.89	3.56	3

#	Answer	%	Count
1	21048	0.00%	0
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	0.00%	0
8	21158	33.33%	1
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	66.67%	2
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	3

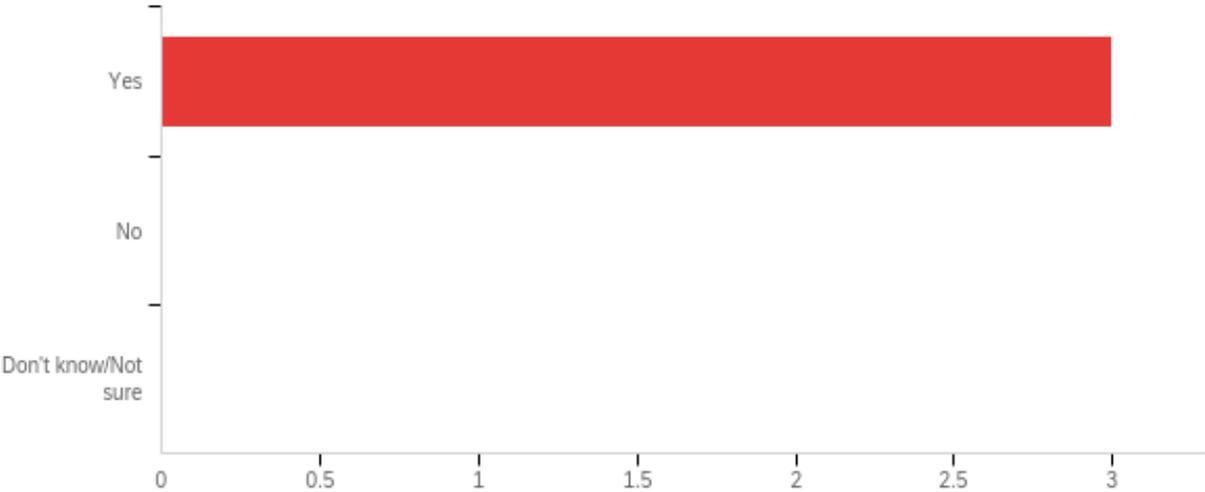
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	5.00	5.00	5.00	0.00	0.00	3

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	100.00%	3
	Total	100%	3

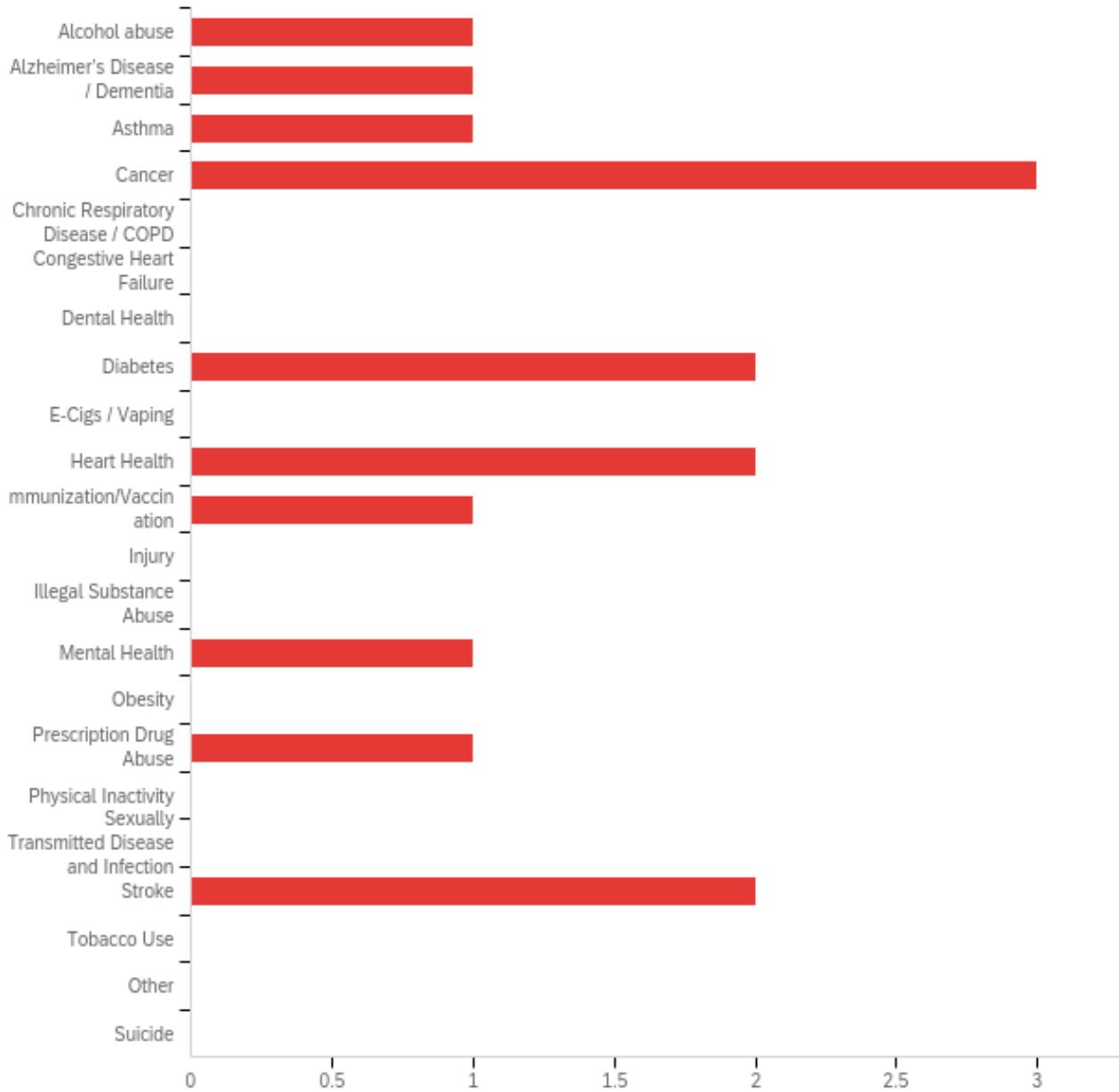
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	1.00	1.00	0.00	0.00	3

#	Answer	%	Count
1	Yes	100.00%	3
2	No	0.00%	0
3	Don't know/Not sure	0.00%	0
	Total	100%	3

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



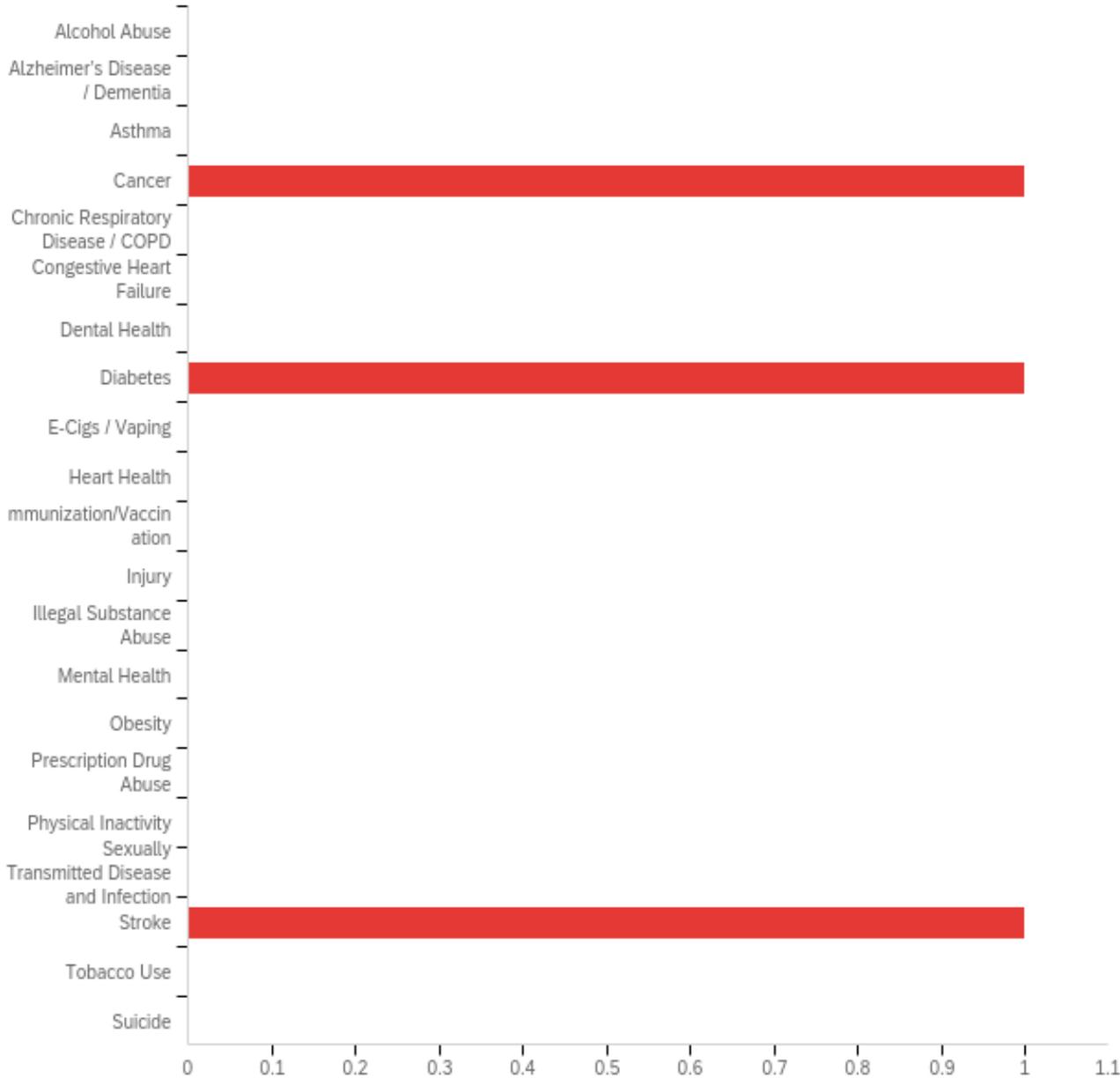
#	Answer	%	Count
1	Alcohol abuse	6.67%	1
2	Alzheimer's Disease / Dementia	6.67%	1
3	Asthma	6.67%	1
4	Cancer	20.00%	3

5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	13.33%	2
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	13.33%	2
11	Immunization/Vaccination	6.67%	1
12	Injury	0.00%	0
13	Illegal Substance Abuse	0.00%	0
14	Mental Health	6.67%	1
15	Obesity	0.00%	0
16	Prescription Drug Abuse	6.67%	1
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	13.33%	2
20	Tobacco Use	0.00%	0
21	Other	0.00%	0
22	Suicide	0.00%	0
	Total	100%	15

Gen1_21_TEXT - Other

Other - Text

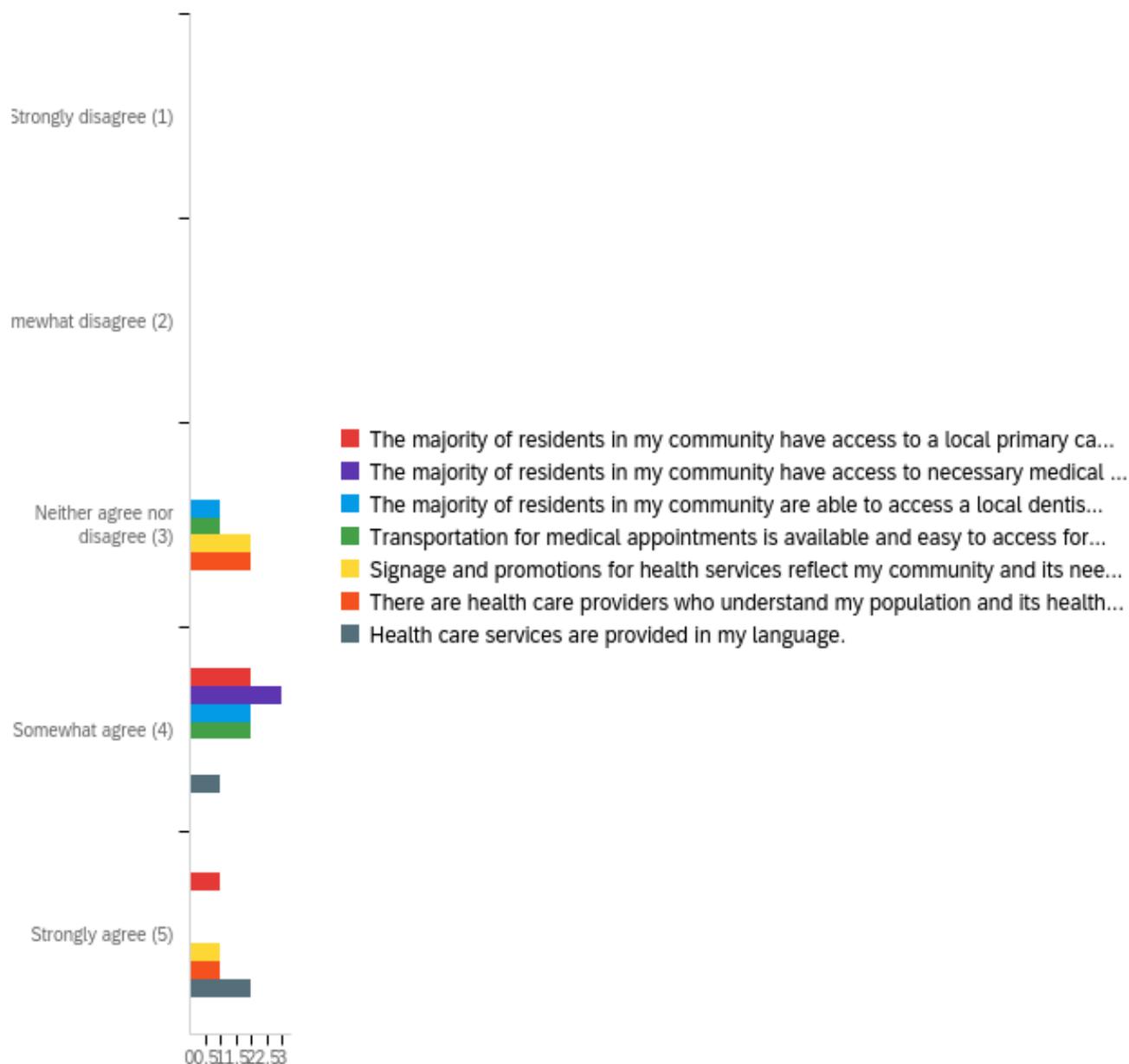
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	4.00	19.00	10.33	6.34	40.22	3

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	33.33%	1
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	33.33%	1
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	0.00%	0
14	Mental Health	0.00%	0
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	33.33%	1
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	3

HCA1 - 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.

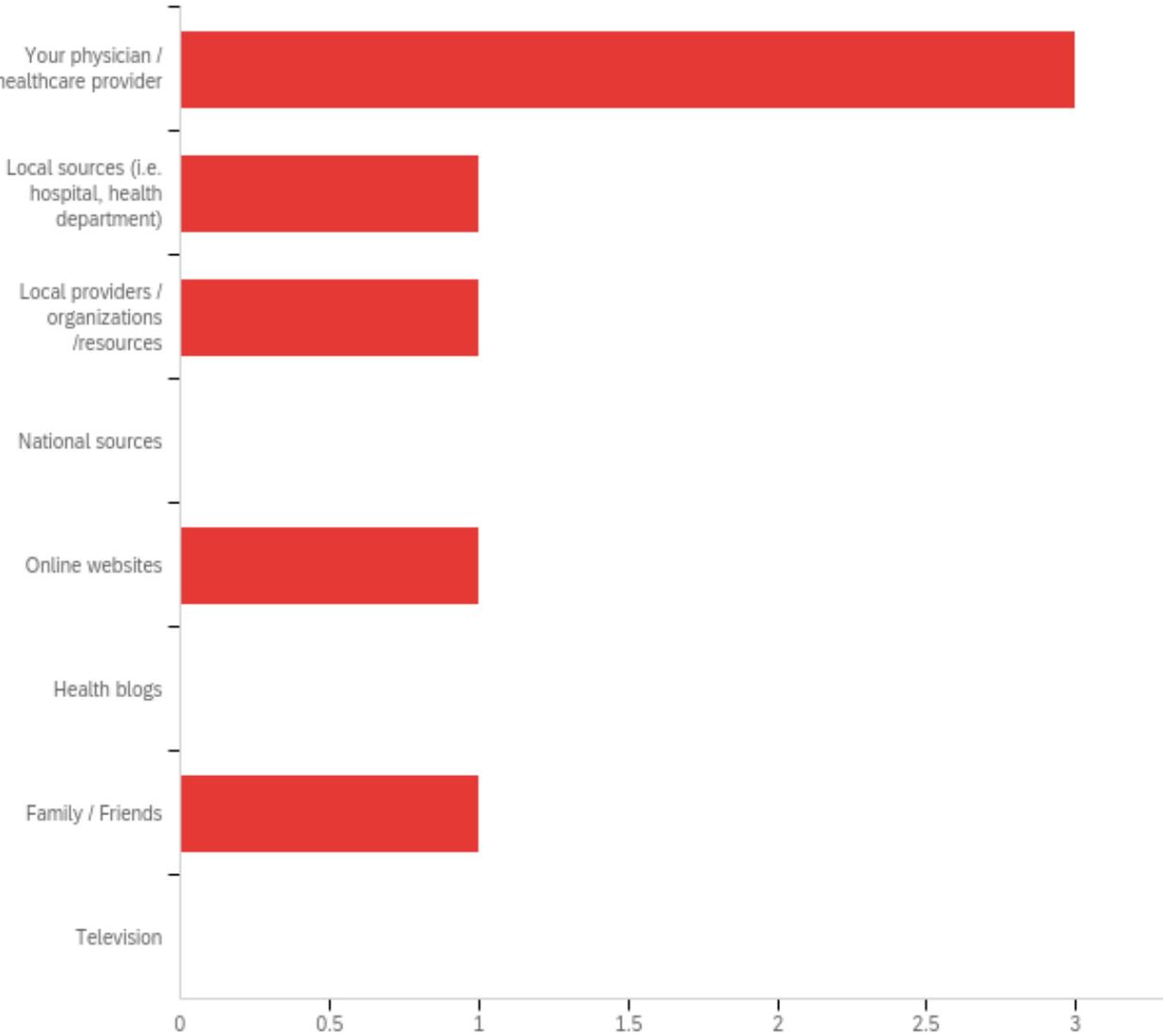


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	4.00	5.00	4.33	0.47	0.22	3
2	The majority of residents in my community have access to necessary medical specialists.	4.00	4.00	4.00	0.00	0.00	3
3	The majority of residents in my community are able to access a local dentist when needed.	3.00	4.00	3.67	0.47	0.22	3
4	Transportation for medical appointments is available and easy to access for the majority of	3.00	4.00	3.67	0.47	0.22	3

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	3.00	5.00	3.67	0.94	0.89	3
6	There are health care providers who understand my population and its health risks.	3.00	5.00	3.67	0.94	0.89	3
7	Health care services are provided in my language.	4.00	5.00	4.67	0.47	0.22	3

#	Question	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	Total
1	The majority of residents in my community have access to a local primary care provider.	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3
2	The majority of residents in my community have access to necessary medical specialists.	0.00% 0	0.00% 0	0.00% 0	100.00% 3	0.00% 0	3
3	The majority of residents in my community are able to access a local dentist when needed.	0.00% 0	0.00% 0	33.33% 1	66.67% 2	0.00% 0	3
4	Transportation for medical appointments is available and easy to access for the majority of residents.	0.00% 0	0.00% 0	33.33% 1	66.67% 2	0.00% 0	3
5	Signage and promotions for health services reflect my community and its needs.	0.00% 0	0.00% 0	66.67% 2	0.00% 0	33.33% 1	3
6	There are health care providers who understand my population and its health risks.	0.00% 0	0.00% 0	66.67% 2	0.00% 0	33.33% 1	3
7	Health care services are provided in my language.	0.00% 0	0.00% 0	0.00% 0	33.33% 1	66.67% 2	3

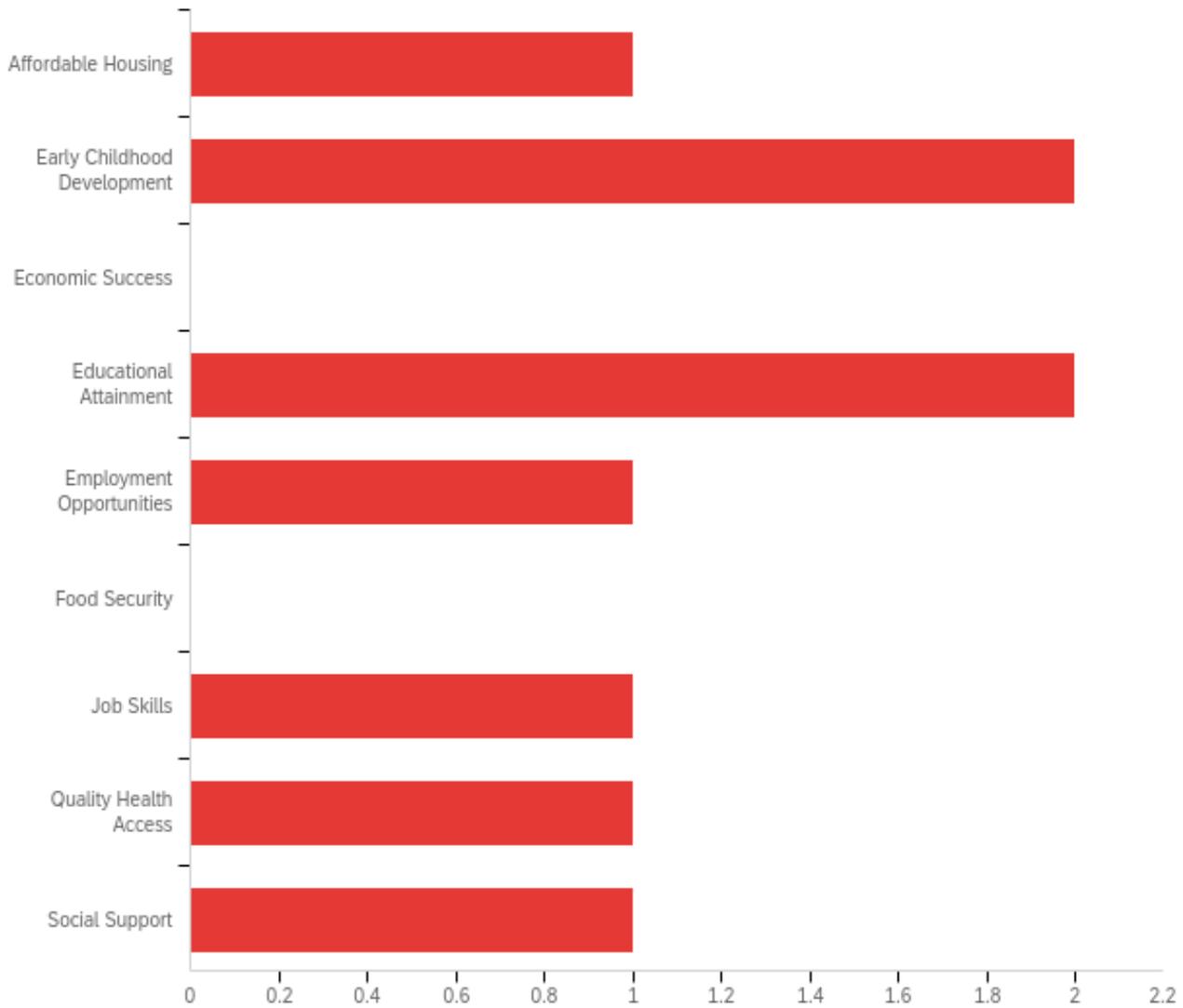
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	0.00%	0
2	Local sources (i.e. hospital, health department)	0.00%	0
3	Local providers / organizations /resources	0.00%	0
4	National sources	0.00%	0
5	Online websites	0.00%	0
6	Health blogs	0.00%	0
7	Family / Friends	0.00%	0

8		Television	0.00%	0
		Total	100%	0

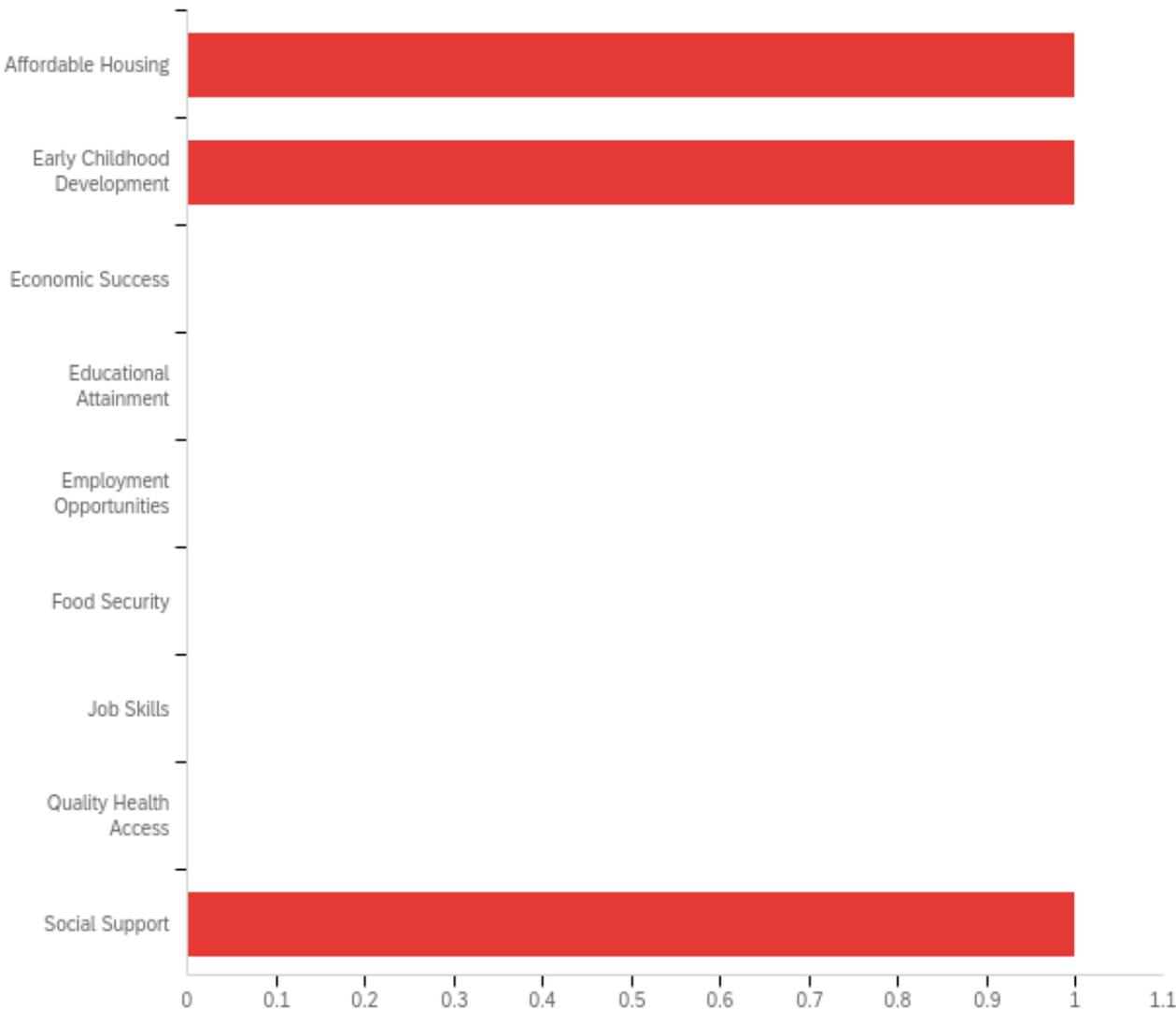
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	0.00%	0
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0

6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	0.00%	0
9	Social Support	0.00%	0
	Total	100%	0

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	0.00	0.00	0.00	0.00	0.00	0

#	Answer	%	Count
1	Affordable Housing	0.00%	0
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	0.00%	0
9	Social Support	0.00%	0
	Total	100%	0

African American Focus Group (#10/10 Philips recorder)

September 16, 2020, 5:00 – 6:00 p.m.

This Focus Group met outside on the Health Department property. Dot explained to the participants how the Community Health Needs Assessment works, and the purpose of the targeted Focus Groups in order to obtain information as it relates to health care in the community. Also explained was how this is used for the hospital's future three-year plan as to where health care dollars are allocated to make the community a healthier place. Dot showed the group how the survey data is linked and viewed on the Qualtrics graphs.

Demographics

This group consisted of two males and one female. An additional male arrived late, however, he declined completing the survey.

All participants live in a single family home and have resided in Carroll County over 10 years. Two areas were represented: 21158, Westminster, and 21784, Eldersburg.

100% of the participants have health insurance. Also noted that all participants are aged 65 years or older.

General Health Issues and Behaviors

TOP 5 Health Concerns:

Cancer is listed as the highest health concern. Diabetes, heart health and stroke also ranked high.

One participant is a survivor of cancer. This participant stayed in-county for treatment. The hospital had just opened the Cancer Center at Carroll, it was new, it was very good. She did have one bad experience: there is a person in the community with the same last name, same initials, and similar first name. The staff was not very clear in regard to them being separate patients. They ended up at the hospital on the same day with the same surgery (breast removal), they also had the same doctor. The last name is a very common name – the staff needs to be clear in identification of patients. Both patients registered on the same day, and staff thought it was the same person. The OR staff was confused because the second patient was being prepped for a breast removal while they saw that the patient had the breast removed earlier the same morning. One was getting breast reconstruction and the other one was not.

When asked about going out of county for services, the participant commented that her husband had treatment for a health issue that started at Carroll but when it became serious, he was sent out of the county for further treatment.

One participant has a daughter with cancer. He feels that with the seriousness of the disease and the technology out there, you would think treatment would be more developed. We are doing a good job but could be doing a better job. We can send someone to the moon and bring them back, but we can't cure cancer,

When asked to discuss diabetes, participants stated that this is an important issue because diabetes can affect many parts of the body, and some of the medication you take can affect another part of the body. Treatment is still with a needle and not a less invasive treatment like a pill– so we should have more knowledge about Diabetes. We should be further along than we are in treatments.

Getting information out needs to be better, the method is important. One participant feels that, as a black person, the message is greater in the affluent part of town than it is in the minority part of town. This is the system itself; it is not something the minority community can do anything about. The black community can't fix it – it is a system process.

Some feel there is a large disparity in treatment itself. One participant said, “If I go to the hospital with the same thing you have, you as a white person will get better treatment time wise and medical wise than I will get.”

A big concern with diabetes is the hereditary nature of the disease. “I can see it in my family line back to my grandparents – it is a disease very common within the black race, but I don't know if it is hereditary or not.” It seems to be more prevalent in blacks, and Covid has shown this disparity. One participant has 5 brothers living, and 4 of them have diabetes. It stems from medication they have taken and also may be hereditary. A participant shared that it was difficult to do some parts of the survey because she didn't know if she should answer it as a part of her white community (as her “community” is white), or as a black person. Within her community, there is a housewife with a high school diploma, but everyone else is master's level and above, several people in her community are doctors. There are only two black families where she lives. Years ago, the community was segregated and blacks were the majority within their community, but now blacks are the minorities in the community in which they live as it is more integrated. The demographics have changed, where their community was once all blacks, now they are the minority. Therefore, it is hard to speak to the survey as to one's “community” – they can speak as a race but not a community. One participant was the only black teacher in the school system during her entire teaching career.

What is the best way to do that outreach and education in your community? To educate (use churches) churches are more segregated. It is not necessarily going to a certain location within the county but going somewhere that is not so integrated.

Dot was asked, “How do you advertise health needs?” It has been more virtual with Covid, but before that it was mostly paper and handouts.

One participant said her support groups were very helpful. Senior centers would reach many people who would be interested, because those people are at the age where their health is really involved. Access of healthcare is important, and also how one is going to pay for it. Medicare is not doing too hot right now, and insurances are so out of one's reach. Seniors are unable to finance things like that. You are not going to be able to find poor black people in senior homes because of not being able to afford it. More manpower is needed to go into the community to places like churches to talk about issues that concern the minority groups.

Reaching the downtrodden is difficult because they are the ones who don't go to anything like church or Senior Centers; they are the sickest with no home care or medical care. We need a device to reach those people.

Senior centers have helpful information and the people in charge will help you find the information if you ask. One participant has been to a Senior Center, the others have not.

Heart health & stroke? Comments were that, again, these are hereditary diseases.

If only choosing 1 of the 5:

Cancer, stroke, and diabetes all received one vote.

Health Care Access

Access to health providers: All participants feel that most people in the community have Access to PCPs and specialists, including dentists.

Access to Transportation – it is somewhat agreed that most people have access for transportation for medical appointments.

Signage & promotion for health services reflect my community and its needs: 1-yes, 2- not sure

We are black but none live in a black community. There are degrees of things.....some get information. Underprivileged ones don't have the same access, there is an economic and education divide issue. There is a comfort level with some people who are ok with staying where they are and some that will extend themselves. A majority are comfortable where they are and can become stagnant to a point. They can't do things because it will cost money, or they don't understand the education part– while some will try to move forward. There is either acceptance of where they are – or not so much acceptance but they feel they can't do anything about it, or some don't want to know. If people get the proper exposure that it is for your betterment, they may be more apt to say ok I'll look into it. They need awareness.

Providers understand them and their population's problems: again, education comes into this. Providers advertise on TV, come join us, you get in there and find out what you bought wasn't worth it.

Do providers understand my population and health risk?

No comments.

Where do you get your health information and education?

Obtaining information from their physician/healthcare provider was the first choice. These participants also equally utilize local sources (hospital/health department), local providers/organizations, online websites, and family/friends.

When asked about websites – whether a national website is used, the participant stated that they use reputable sites.

Social Determinants

When choosing which social determinant of health is most important to address, educational attainment and early childhood development tied for first place. Childhood development relates to minorities and poverty levels, and it is important to get people help as early as possible. If you can instill things at an early age that education will carry with the person as they get older. Black family are caregivers to grandparents, aunties, as they can't afford assisted living accommodations, so knowing from an early age it makes them more comfortable knowing "they will care for Grammy." Many times, there are multiple families within one black household. Once we are older, we find the system is against us, even though it is instilled in us at a very early age.

When asked to pick just one – early childhood development, affordable housing, and social support were all chosen.

Affordable housing: we need it! It instills a sense of betterment, a sense of entitlement. If I know I have a shelter and my children are getting a good education, then I can worry about other things like putting food on the table and health care. At least you know you can go in your home and shut your door and have some level of compliance.

Also important is where the affordable housing is located. Is it in a rundown area? One participant commented that he has seen some "affordable housing" that he wouldn't put a dog in. The purpose is defeated for the people who started the projects. Cardboard boxes aren't affordable housing. How many white schools are made out of painted yellow cinder blocks? It deters our learning putting us in a rundown area – stone front, no grass but just rocks and dirt. They couldn't have football as there was no grass to play on where you could tackle anyone. What is the primary reason for it if it is placed in a dilapidated area with trash all around?

Social support - what does that mean to you?

Social support plays a big part in one's life. There are not many social support activities for minorities unless they just get among themselves – one or two going to the library to study, or going to a party.

One participant who was a school teacher used to try and recruit minority teachers for Carroll County. No one wants to cross 795 into Carroll County, which has a stereotype of being rednecks. There are no social activities for minorities – and people would say, "What are you going to do, ride up and down the beltway?? Also, there are no bus lines here.

One person commented about an opinion sent in to the newspaper: a white lady said she lived in Carroll County for 34 years, and she didn't accept the fact Carroll County is labeled being racist because 80% of the people are white. She couldn't understand how we are considered racist. The participant sated, "If you are the majority and I'm the minority how can you say that?"

Carroll County was never in the news – if it was in the news it had a background of something with racism. That remains with kids. Other blacks don't want to put themselves in the situation, but don't know about the assimilation that is here. Some think they are assimilated but have

never had to deal with racism because they lived in a black community all their lives. This is still prevalent but different forms.

When the Black Lives movement started, there were four protests in Carroll County. One in Sykesville, Mt Airy, Westminster, and Taneytown. The only thing the Commissioner said was about what a good job the sheriff did. What does that say to the black community? We were talking about lives, the black community didn't even know about the peaceful protests. There were only two blacks in the Westminster protest. The Commissioners stated, "We're just five white men" – how do we as blacks deal with something like that?

It is difficult for blacks to integrate in Carroll County and socialize, to get a good job and be afforded the kinds of things you think the government should give you, like governmental programs for African Americans. The services that you are paying for through taxes: these are rights not entitlements. Programs are geared toward whites that would not spark his interest – or the interest of the black community.

Other discussion:

One participant suggested that we define a corner of Stoner Avenue and Route 32 for a marquee.

One participant suggested that Life Bridge send just one bill from the hospital!

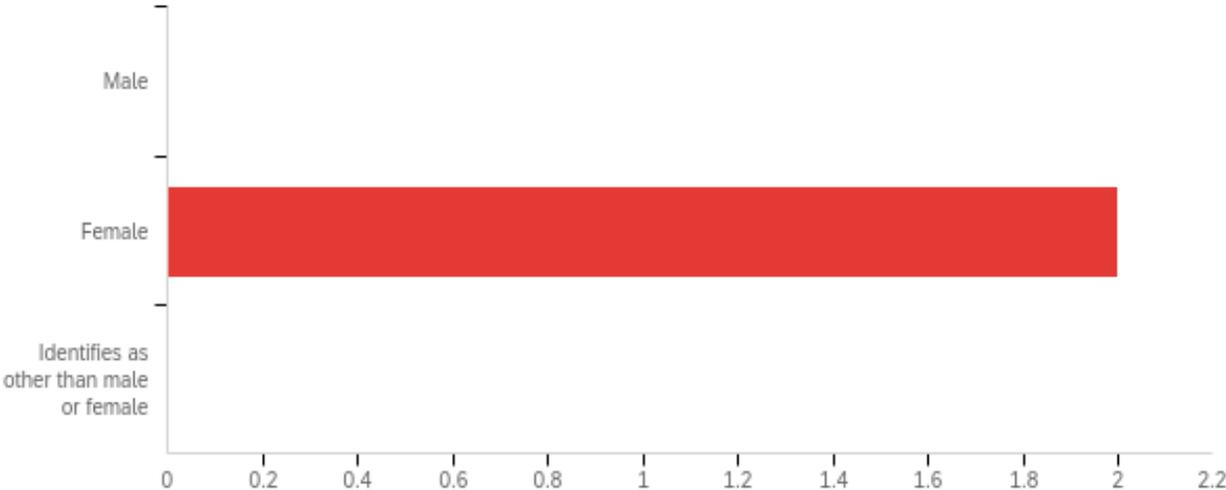
She knows someone who got four separate bills from the hospital: Alton, hospital, and others – it is all too confusing, too complicated. Too many billing systems. I don't know what I pay, what I already paid and what I need to pay.

Maggie shared about the health equity group taking shape. Which will include housing, social support, etc.

African America Focus Group - NAACP

Targeted Populations

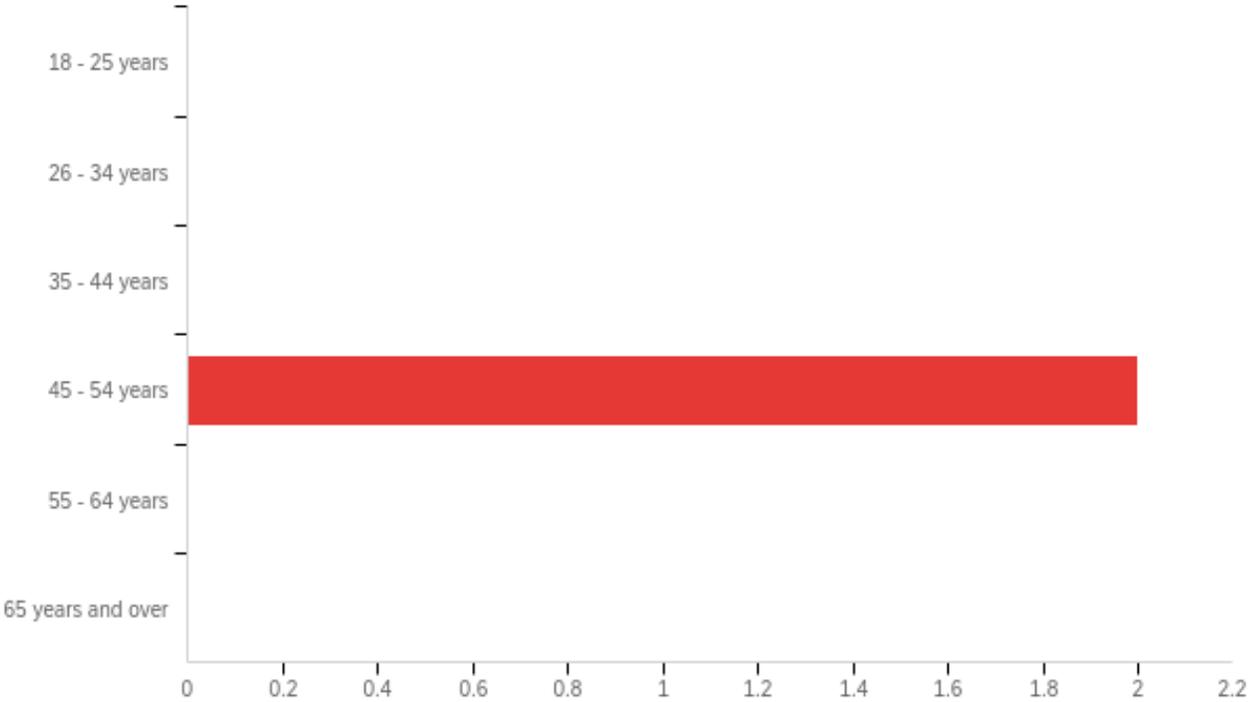
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	2.00	2.00	2.00	0.00	0.00	2

#	Answer	%	Count
1	Male	0.00%	0
2	Female	100.00%	2
3	Identifies as other than male or female	0.00%	0
	Total	100%	2

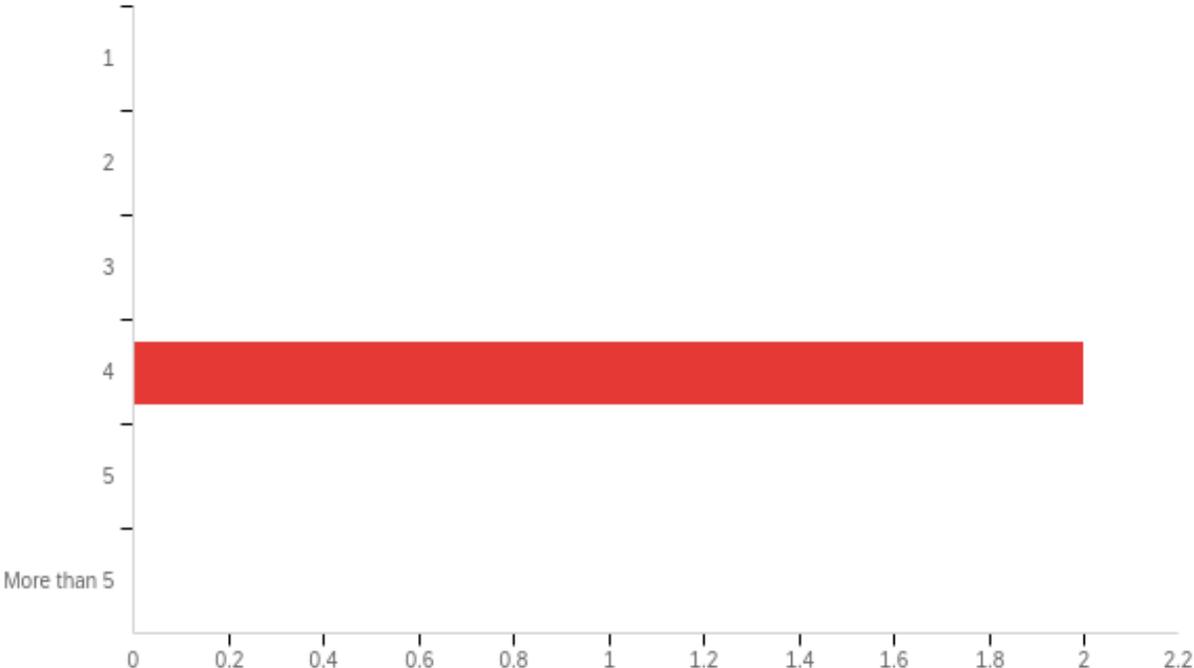
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	4.00	4.00	4.00	0.00	0.00	2

#	Answer	%	Count
1	18 - 25 years	0.00%	0
2	26 - 34 years	0.00%	0
3	35 - 44 years	0.00%	0
4	45 - 54 years	100.00%	2
5	55 - 64 years	0.00%	0
6	65 years and over	0.00%	0
	Total	100%	2

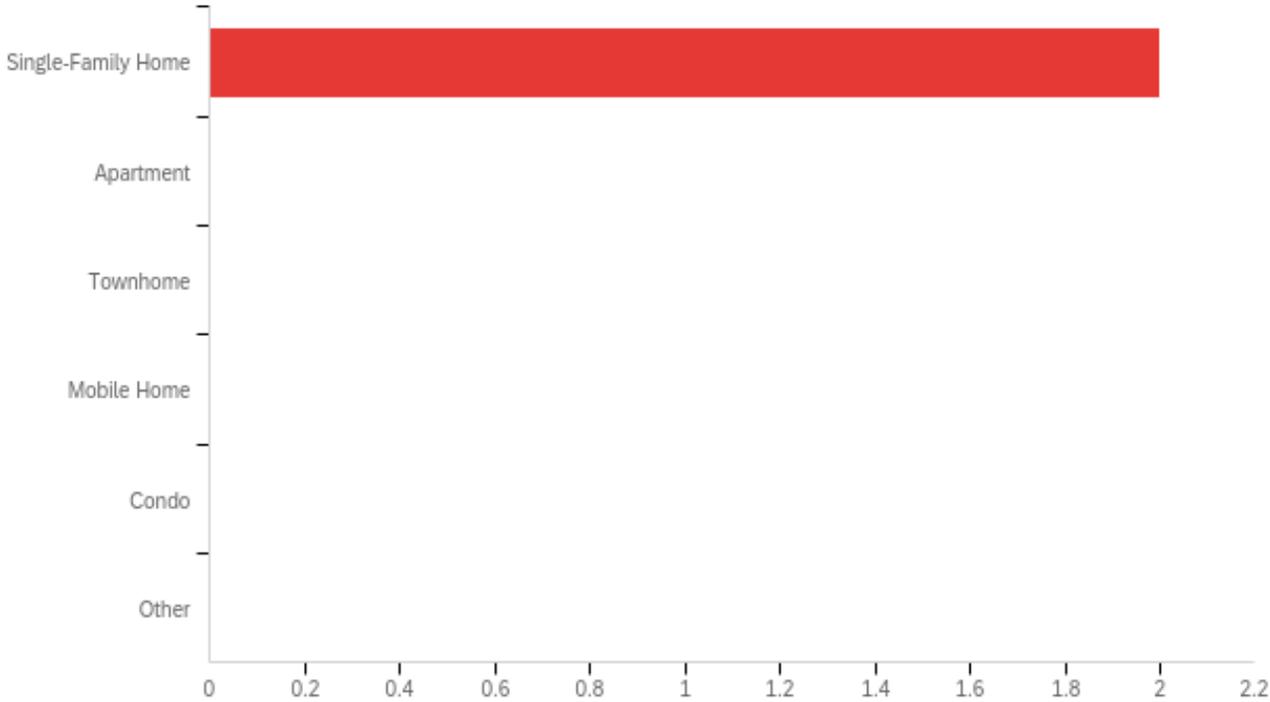
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	4.00	4.00	4.00	0.00	0.00	2

#	Answer	%	Count
1	1	0.00%	0
2	2	0.00%	0
3	3	0.00%	0
4	4	100.00%	2
5	5	0.00%	0
6	More than 5	0.00%	0
	Total	100%	2

Demo4 - Type of Housing Unit



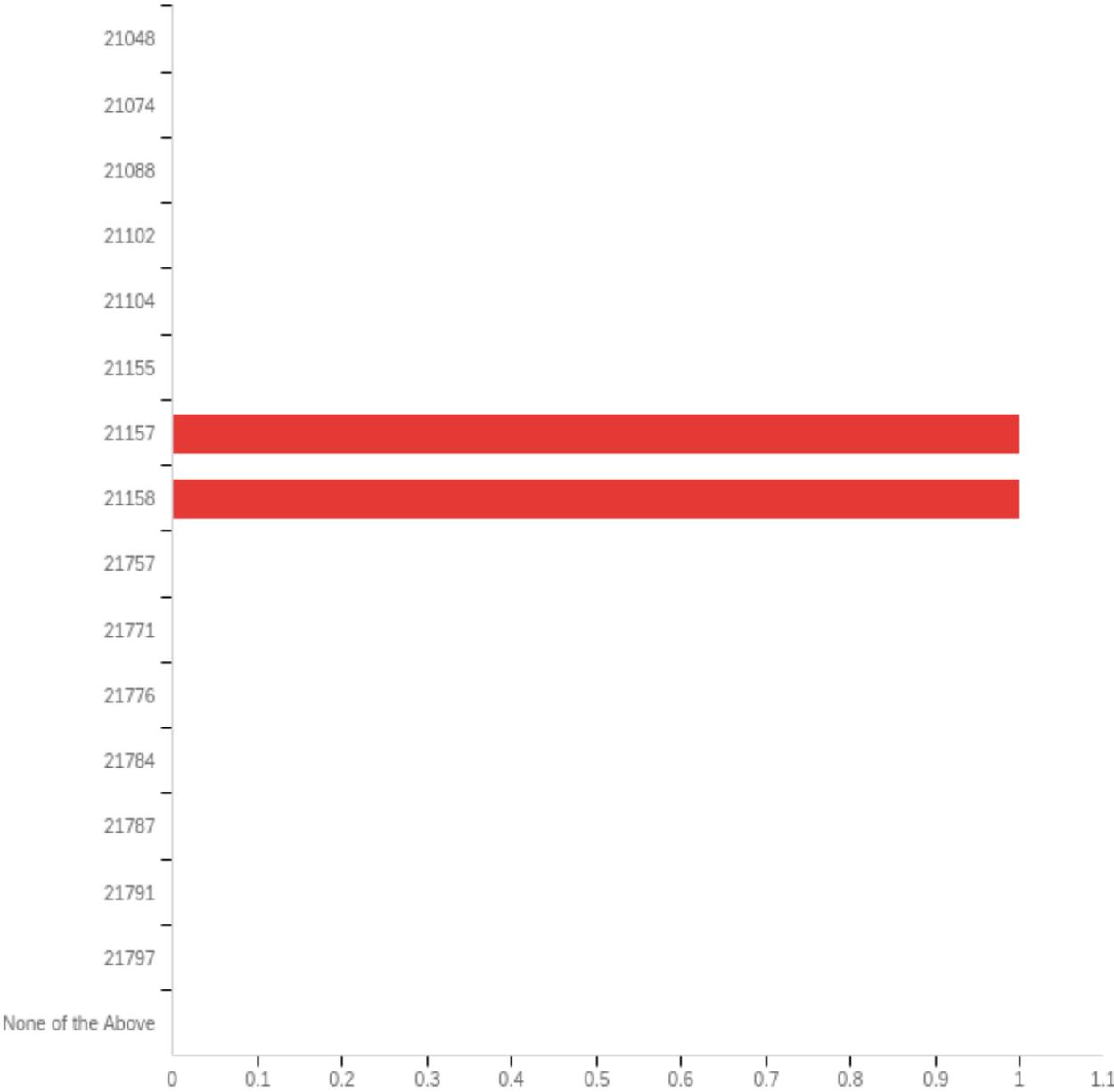
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	1.00	1.00	0.00	0.00	2

#	Answer	%	Count
1	Single-Family Home	100.00%	2
2	Apartment	0.00%	0
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	2

Demo4_6_TEXT - Other

Other - Text

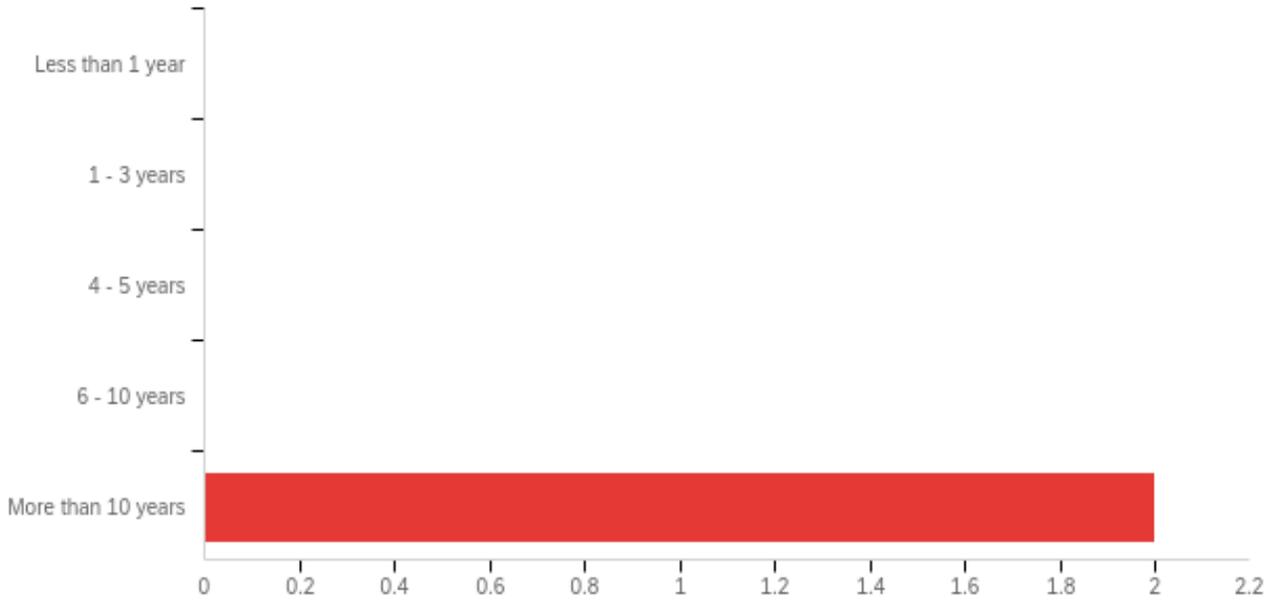
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	7.00	8.00	7.50	0.50	0.25	2

#	Answer	%	Count
1	21048	0.00%	0
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	50.00%	1
8	21158	50.00%	1
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	2

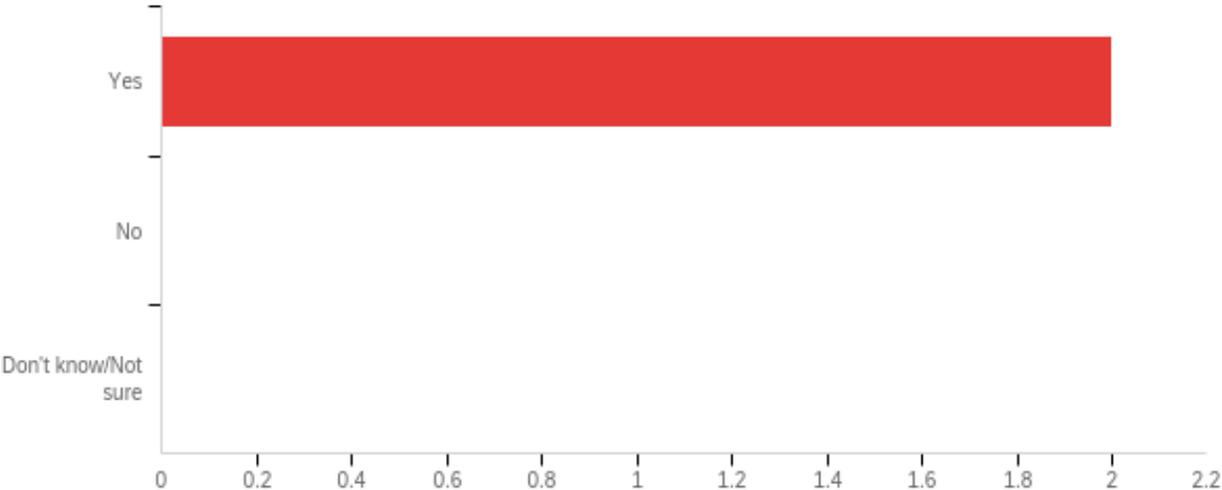
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	5.00	5.00	5.00	0.00	0.00	2

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	100.00%	2
	Total	100%	2

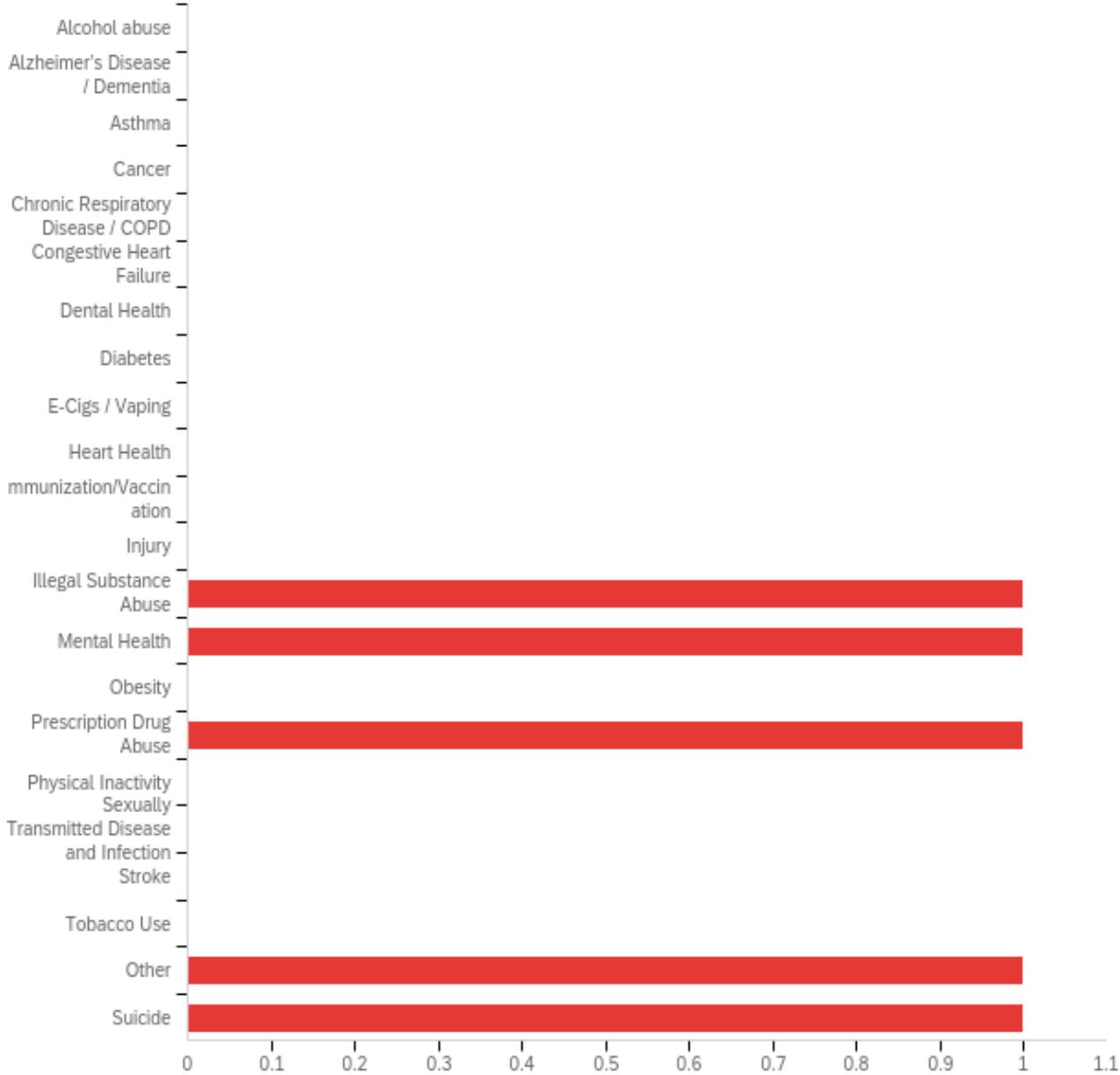
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	1.00	1.00	0.00	0.00	2

#	Answer	%	Count
1	Yes	100.00%	2
2	No	0.00%	0
3	Don't know/Not sure	0.00%	0
	Total	100%	2

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



#	Answer	%	Count
1	Alcohol abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	0.00%	0

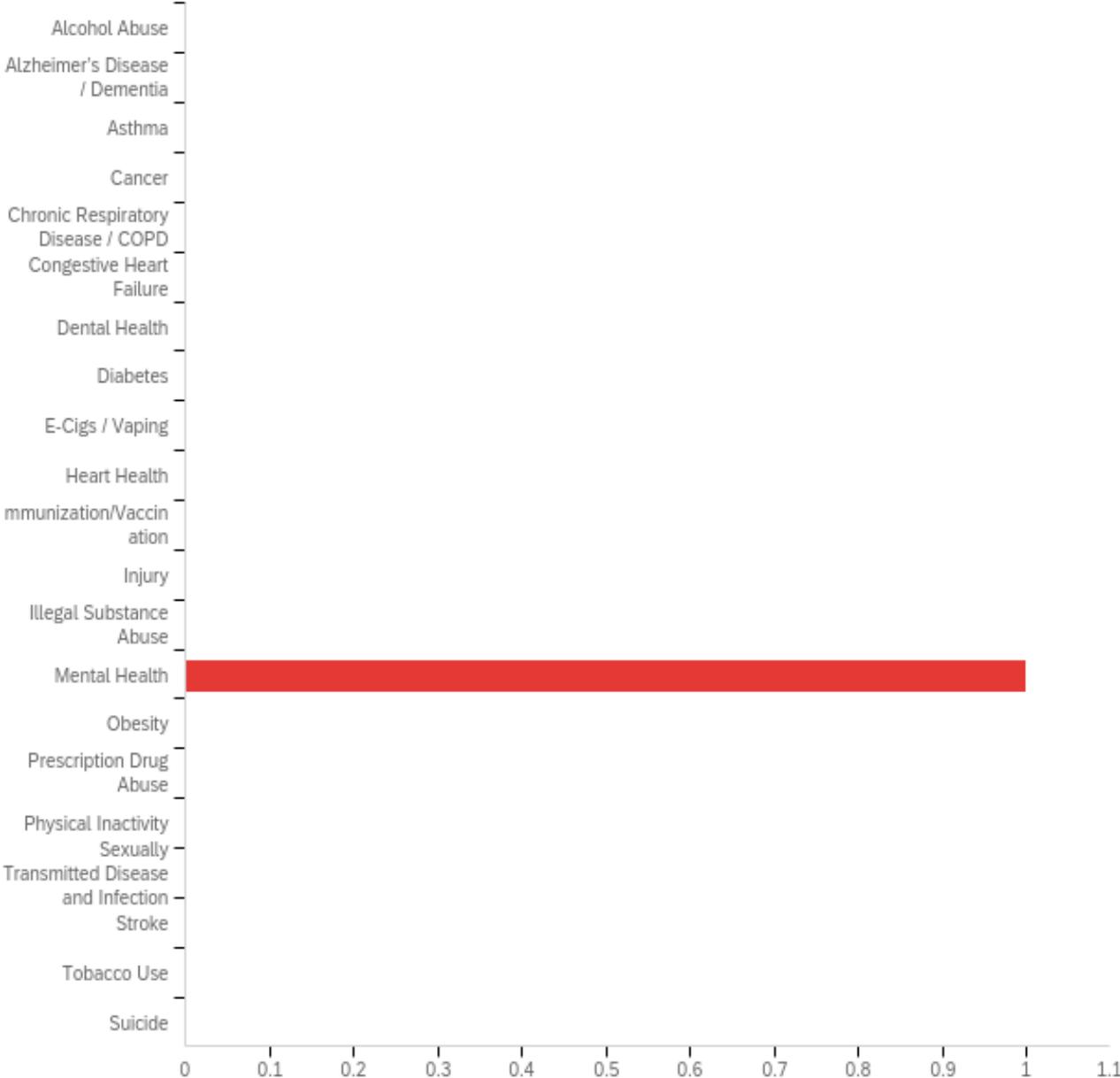
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	20.00%	1
14	Mental Health	20.00%	1
15	Obesity	0.00%	0
16	Prescription Drug Abuse	20.00%	1
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Other	20.00%	1
22	Suicide	20.00%	1
	Total	100%	5

Gen1_21_TEXT - Other

Other - Text

Housing is a health related crisis

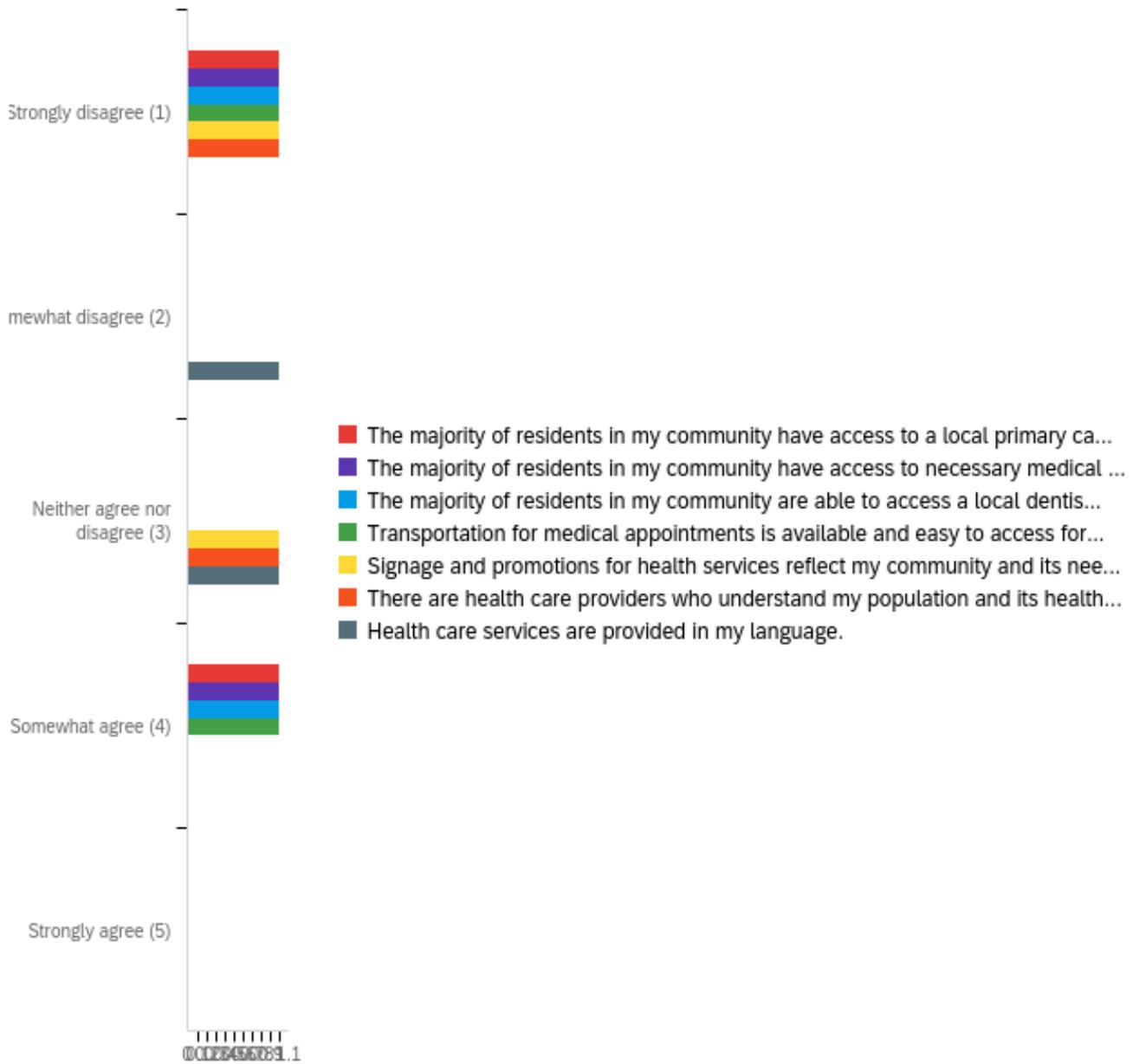
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	14.00	14.00	14.00	0.00	0.00	1

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	0.00%	0
14	Mental Health	100.00%	1
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	1

HCA1 - 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.



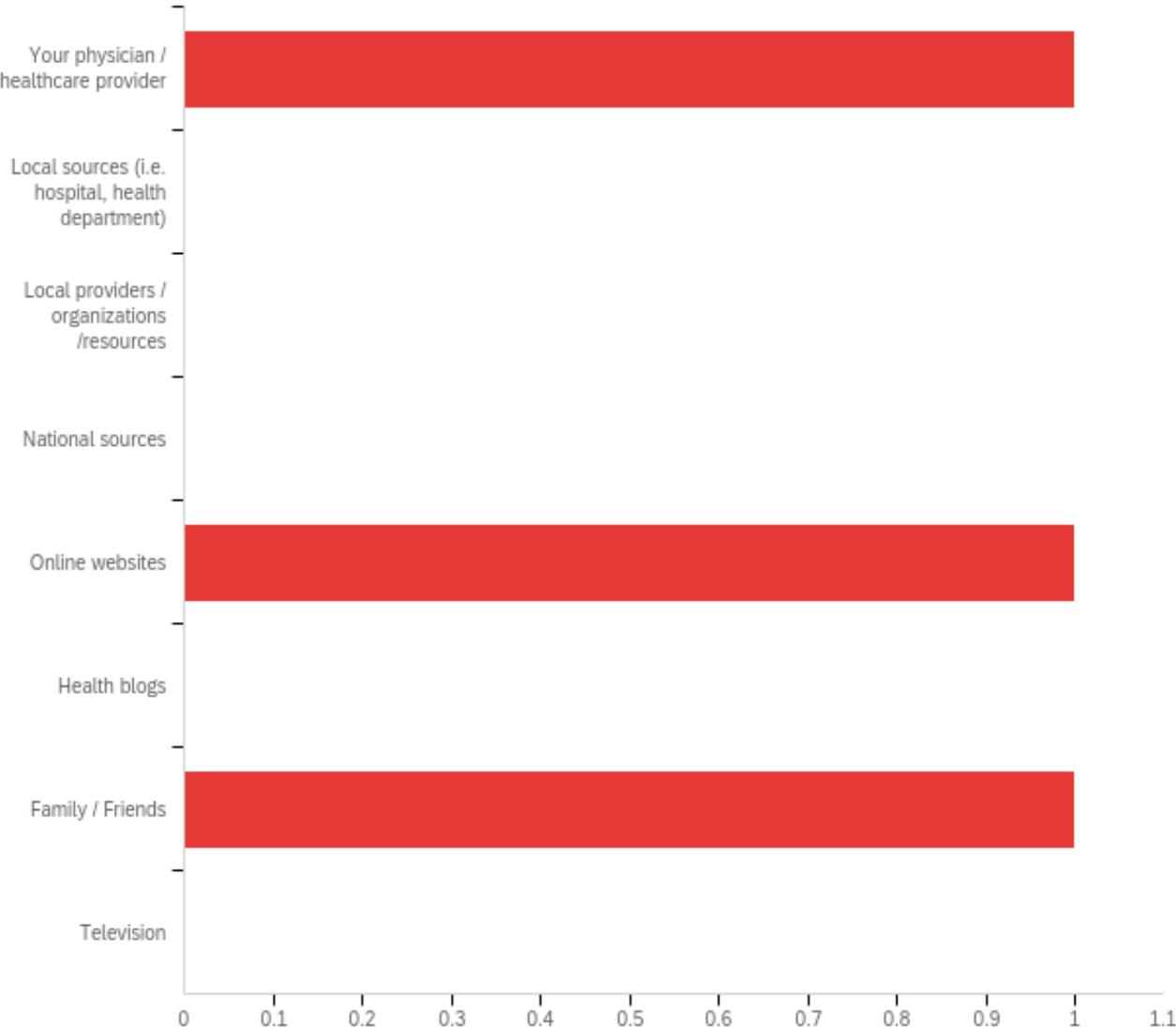
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	1.00	4.00	2.50	1.50	2.25	2
2	The majority of residents in my community have access to necessary medical specialists.	1.00	4.00	2.50	1.50	2.25	2
3	The majority of residents in my community are able to access a local dentist when needed.	1.00	4.00	2.50	1.50	2.25	2

4	Transportation for medical appointments is available and easy to access for the majority of residents.	1.00	4.00	2.50	1.50	2.25	2
5	Signage and promotions for health services reflect my community and its needs.	1.00	3.00	2.00	1.00	1.00	2
6	There are health care providers who understand my population and its health risks.	1.00	3.00	2.00	1.00	1.00	2
7	Health care services are provided in my language.	2.00	3.00	2.50	0.50	0.25	2

#	Question	Strongly disagree (1)		Somewhat disagree (2)		Neither agree nor disagree (3)		Somewhat agree (4)		Strongly agree (5)		Total
1	The majority of residents in my community have access to a local primary care provider.	50.00%	1	0.00%	0	0.00%	0	50.00%	1	0.00%	0	2
2	The majority of residents in my community have access to necessary medical specialists.	50.00%	1	0.00%	0	0.00%	0	50.00%	1	0.00%	0	2
3	The majority of residents in my community are able to access a local dentist when needed.	50.00%	1	0.00%	0	0.00%	0	50.00%	1	0.00%	0	2
4	Transportation for medical appointments is available and easy to access for the majority of residents.	50.00%	1	0.00%	0	0.00%	0	50.00%	1	0.00%	0	2
5	Signage and promotions for health services reflect my community and its needs.	50.00%	1	0.00%	0	50.00%	1	0.00%	0	0.00%	0	2
6	There are health care providers who	50.00%	1	0.00%	0	50.00%	1	0.00%	0	0.00%	0	2

	understand my population and its health risks.											
7	Health care services are provided in my language.	0.00%	0	50.00%	1	50.00%	1	0.00%	0	0.00%	0	2

HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	33.33%	1
2	Local sources (i.e. hospital, health department)	0.00%	0
3	Local providers / organizations /resources	0.00%	0
4	National sources	0.00%	0
5	Online websites	33.33%	1
6	Health blogs	0.00%	0
7	Family / Friends	33.33%	1

8

Television

0.00%

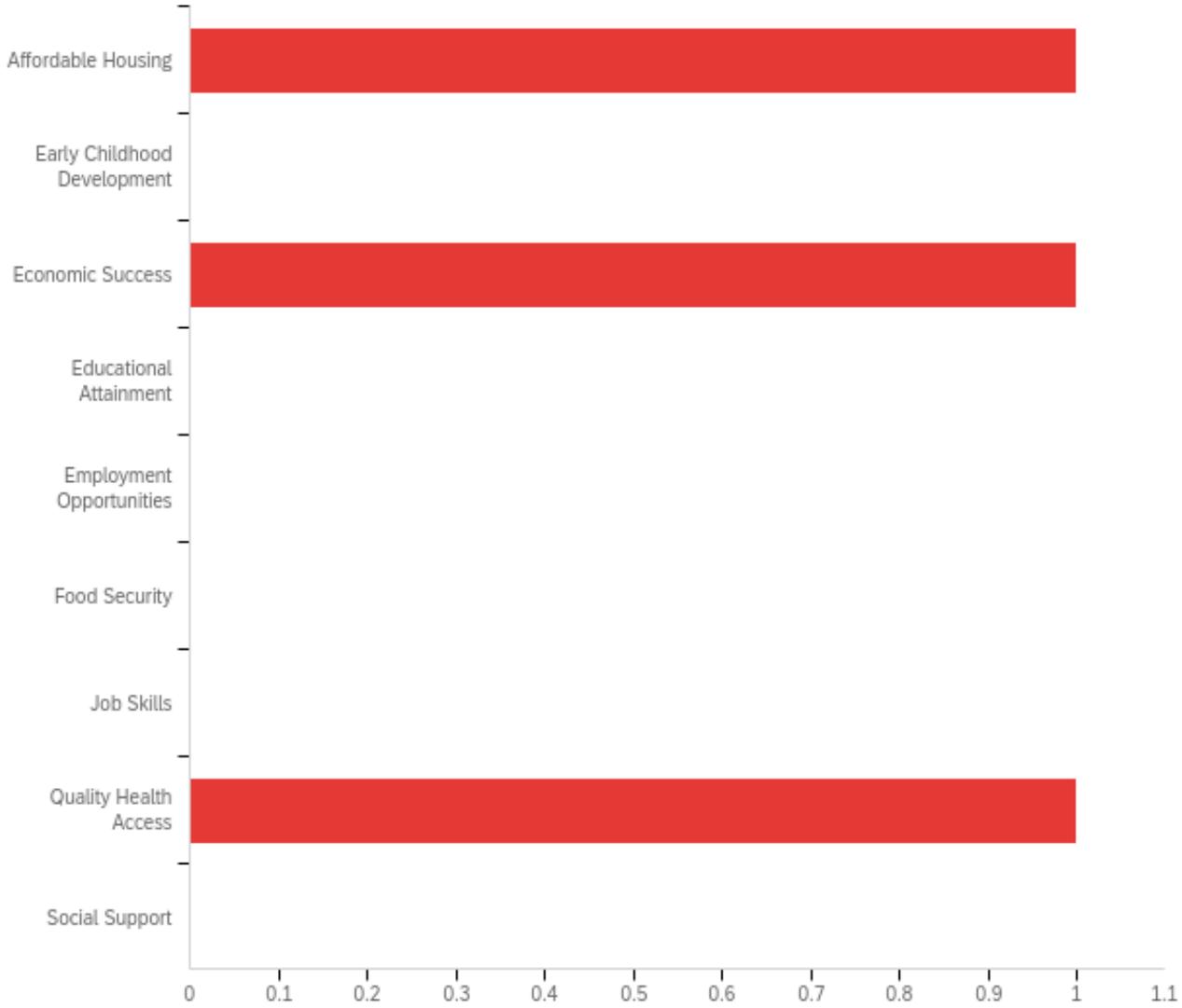
0

Total

100%

3

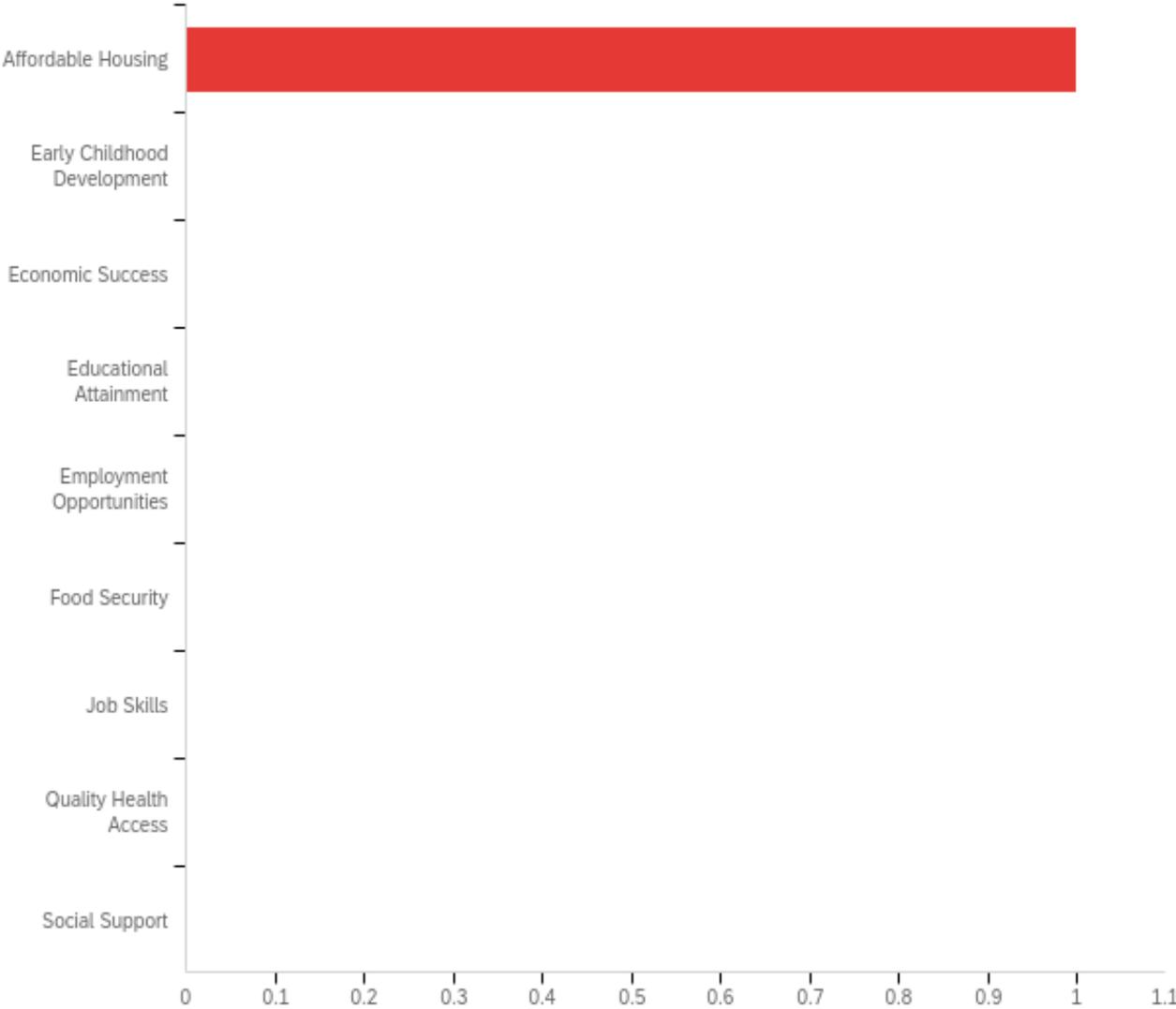
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	33.33%	1
2	Early Childhood Development	0.00%	0
3	Economic Success	33.33%	1
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0

6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	33.33%	1
9	Social Support	0.00%	0
	Total	100%	3

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	1.00	1.00	1.00	0.00	0.00	1

#	Answer	%	Count
1	Affordable Housing	100.00%	1
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	0.00%	0
9	Social Support	0.00%	0
	Total	100%	1

African American NAACP Focus Group (ZOOM meeting, Recorder phillips #11, Sony #13)

September 17, 2020, 7:00 – 8:00 p.m.

Dot explained to the participants how the Community Health Needs Assessment works, and the purpose of the targeted Focus Groups in order to obtain information as relates to health care in the community. Dot also explained how this is used for the hospital's future three-year plan as to creating strategic plans and where health care dollars are allocated to help make the community a healthier place. Dot explained to the group that the survey data is linked and can be viewed on the Qualtrics graphs. The participants had to complete the survey before the meeting because the meeting was held via a ZOOM call. Only two participants completed the survey, however, there were two additional participants who were able to join the call for part of the meeting.

Demographics

All participants are females, live in Westminster, and have resided in Carroll County over 10 years. All have health insurance.

General Health Issues and Behaviors

TOP Five Health Concerns:

The top five health concerns in this group are illegal substance abuse, mental health, prescription drug abuse, suicide, and an "other."

There was no comment as to what the "other" choice concerned.

TOP One Concern:

When asked to pick one concern from the list, mental health was #1, however, it is noted that there was only one response in this category.

Discussion:

One participant believes that drug and alcohol abuse is a big concern, and not always but sometimes, it stems from prescription abuse and then goes into drug and alcohol abuse. There are a lot of untreated mental health issues, maybe with a lack of knowledge of available services as well. There is also the negative stigma in asking for help and admitting that you have some kind of mental health issue. This participant is a site director for Potomac Services, who works with at-risk patients, those having a mental health diagnosis, on Medical Assistance, and who may be at risk for hospitalization, homelessness or incarceration. She feels that when they can engage families in getting a provider, there is a tremendous lack of diversity in providers that represent their community. For example, a single mom who has challenges with transportation, economics, and housing would experience a disconnect in whether she will find a mental health provider that relates to her situation or life in any way. At resource events, no one reaching out to the community looks like the people they are recruiting. Travel is one challenge to obtaining access: people may be able to walk, but it may still be a long walk to a provider. Due to the high cost of housing people must live in the outskirts of Westminster, far from where services are located, and they won't have access to those services if they don't

have reliable transportation. Economics plays a part in one's ability to accessing services – it is a challenge.

Limitations with provider diversity representation and housing issues both present a challenge and are barriers to accessing services. There are also challenges with having practical barriers: housing, food and provider insecurity. Affordable housing needs to be centrally located, local to those needed services.

This participant also sees a tremendous lack of referrals from communities of color to their agency. Those in the category of receiving Medical Assistance, living in Carroll County and children at risk for mental health problems, would qualify for those services, but they don't see referrals for those children. We can count on our hands the number of children that are not Caucasian. Where is the disconnect in the referral process? Is it stigma? It is challenging to think about signing up for services if you don't know how to access them, to get to them. Connection is one thing; sustainability is the challenge. Case management can't provide transportation every week. With somatic health needs, how do you prioritize? Is it getting one child to the doctor, or all of the children to the doctor? Or is it just the squeaky wheel who gets the services – those who are already ill. Many clients only go to get services when already ill - preventative services are not happening. Are providers open to relate to their experiences? She works with one African American in his 60's who just scheduled his first well visit in his life. We had to get him in there, and make sure he could advocate for himself as he was starting from zero - only used to getting care when already ill. Wellness care and preventative care is not happening. This type of care can prevent people from higher level services like hospitalization. We have a diverse staff and wonder where are the people of color? They are not sure where the gap is. Referrals comes from schools, hospitals, therapists, doctors – but they are not getting referrals for people of color.

Dot asked if the lack of seeking preventative services is an issue of the black community not being used to getting these types of services, or is it the access issue? There are barriers to getting the services, you prioritize transportation to the greatest need – if you need all things – food, school, injury or urgent care, other things come first. The greatest, immediate need gets the attention. Preventative services don't get included. Those needs are not as loud as the immediate need. She knows one mom who had to walk to work and walk kids to appointments, and she can't do it all – especially if it is out of the area. This is only for inside Westminster. It is not even an option for clients in other parts of Carroll County. Pervasive medical risks will continue to get worse if services are not accessible.

What if someone wants service providers who are faith-based? People of color want these types of services. There are limited faith-based services, not everyone will go for Caucasian represented theories – *we don't have these disorders with names, we won't trust these medications*. People of color often don't ascribe to the same treatment methods that the rest of the community is comfortable with. Providers need to look at what people of color are more comfortable with when it comes to that stigma. They may admit they are depressed, but not take a pill for it. Their kids may have attention issues, but they don't ascribe to the idea that medication is the solution. Maybe the child is bored, maybe the distraction is being the only

person of color in the classroom and they are distracted or uncomfortable, but they don't need medicine.

Sometimes what we think is accessible is having to provide attractive accessibility, relatability – i.e. *they won't understand my roach problem, or I can only afford things from the dollar store.* Provider background is not relatable to the patient.

Some have tried it and have been willing to walk past their own anxieties and mistrust, but you have to get them to the door first. But they have to get referred first before they can even work on getting their buy-in first.

It was confirmed that a person can be self-referred to Potomac services. Someone who has a problem could call them and they would work with them to see if they met the qualifications. It is a medical assistance paid service, and an attempt to prevent higher levels of care (continuum of care) services. They could get care coordination to work on coping skill interventions especially if they don't want medications. They want interventions that don't require medications. Some of the family issues and practical needs that need to be met can occur, but we need to get people here to offer these services. When we get the buy-in to connect to services, then transportation is the issue and it is not an easy sell to get their children somewhere several times a week.

We have seen many challenges. People may be interested in getting services – but no car to get there.

Cancer? There was no discussion regarding cancer from this group.

Health Care Access

Majority of residents in my community have access to a PCP and specialists?

It depends where you are in Carroll County. The Westminster and Winters Mill residents extend almost to Littlestown. We delivered meals at five locations when schools were closed, but people without cars and who don't live in Westminster don't get the help. Outside of Westminster it is hard to get services. You can go but need a certain amount of dollars per person to get everyone there, so they don't go. It is an access and economic issue.

One person commented that since LifeBridge took over, the list of providers has grown, but time to get into appointments is longer. There seems to be a lag in time.

This is also true for access to specialists – it takes a long time to get in for an appointment. Covid has caused more unusual issues with this too.

Access to a Dentist: It is fine if you go on a regular basis, but it seems to take longer to get an appointment if you have an emergency. Options are different depending on whether the person has private insurance or medical assistance. If you are an adult with MA your options are much less. Access Carroll fills a lot of gaps, but if someone is uncomfortable with Access Carroll there may be no other options. The Health Department offers services for children. Insurance decides what access you have.

Behavioral Health services are needed: therapy, psychiatrists – but appointments can be months down the road so you just have to maintain. Autism services, and other special needs services are very limited in this community and difficult to get. One needs to look at Mt. Washington or Kennedy Krieger.

You may need to go outside of the community. It depends on the special need you have. Insurances can change/limit the list of providers you have access to.

Does your community have access to transportation to medical appointments?

Inside Westminster yes, outside no. Medicaid medical transportation – you may qualify for it but you can't access it because you can't take your whole family with you if the appointment is for one person. Family circumstances sometimes won't allow the person to access services. We don't have transportation vouchers to give out. One participant felt that where she lives everyone has their own transportation. It is an economic issue because if you have a car you can get there. The access is limited by economics – not having transportation.

Signage & promotion for health services reflect my community and its needs: We are seeing more diverse people in the signage than we saw during the last survey. You see a more diverse population and more people of color in the Carroll Magazines and when the hospital is doing interviews.

Location of signage is important – for walkers and the higher need communities where they can see it – not just on the roads for drivers. If you are a Route 140 commuter you will see signs.

Dot suggested that geo-mapping could be of benefit.

Providers understand my population and its health risks: If you have someone you are going to for a while then they understand you.

Do you think there is still a fear of seeking medical care? It made one participant feel like she was out of touch with her community as she doesn't experience fear in seeking care. One participant shared that several years ago when her daughter was younger, she was a newborn, a local pediatrician, who was popular in the area, said she was jaundiced because of her coloring. However, the participant believes her daughter's coloring was very much usual for an African American but the diagnosis was based on the inexperience of the Doctor. She had the same coloring as other African American babies – we don't get color for a couple of weeks. She still doesn't see many physicians of color, especially pediatricians, so fear has not diminished very much.

Where do you see the most need? Primary Care – because they can see the patients unless it is a specific problem they are having.

Services provided in my language: yes

Where do you get your health information? From the PCP, googling some things on the internet, and family and friends.

What is the way you like to get information? One participant prefers to get it spoken. Depending on how long the appointment is, if a question comes up you can marinate the information if you didn't grasp it at the time. She normally has a pad in her handbag to jot down notes or doesn't mind placing a call back if she has a question. She also uses the patient portal.

Social Determinants

What impacts your lifestyle the most?

Economic success:

Economic success stands out as more critical.

Affordable housing: Yes, this is an issue we have teachers going to Pennsylvania for housing. Thinking cost of housing, doesn't seem to be a midrange here in the county.

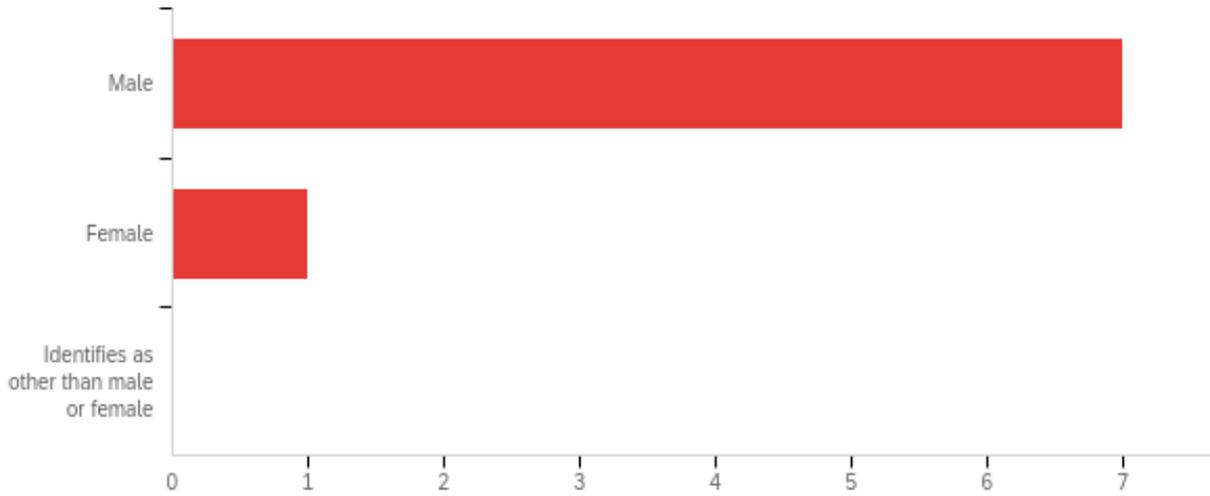
Other Comments:

One comment. We had to use Carroll's Cancer Center – 44 times – and things couldn't have worked out better. Everyone was pleasant and very caring. The participant was very grateful for everything and came away with good results. We have used the hospital quite a bit over the last two years for various things, and every occasion has been very good. Everything has been wonderful when having to access the hospital.

Behavioral Health Focus Group

Targeted Populations

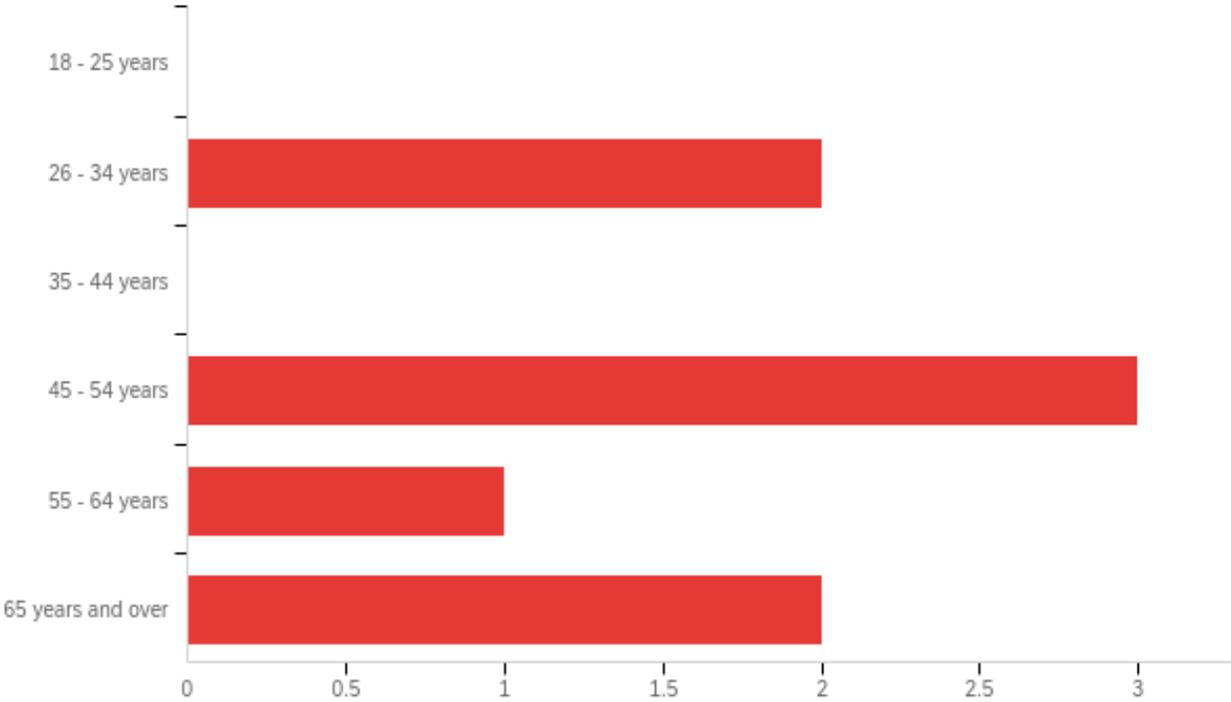
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	1.00	2.00	1.13	0.33	0.11	8

#	Answer	%	Count
1	Male	87.50%	7
2	Female	12.50%	1
3	Identifies as other than male or female	0.00%	0
	Total	100%	8

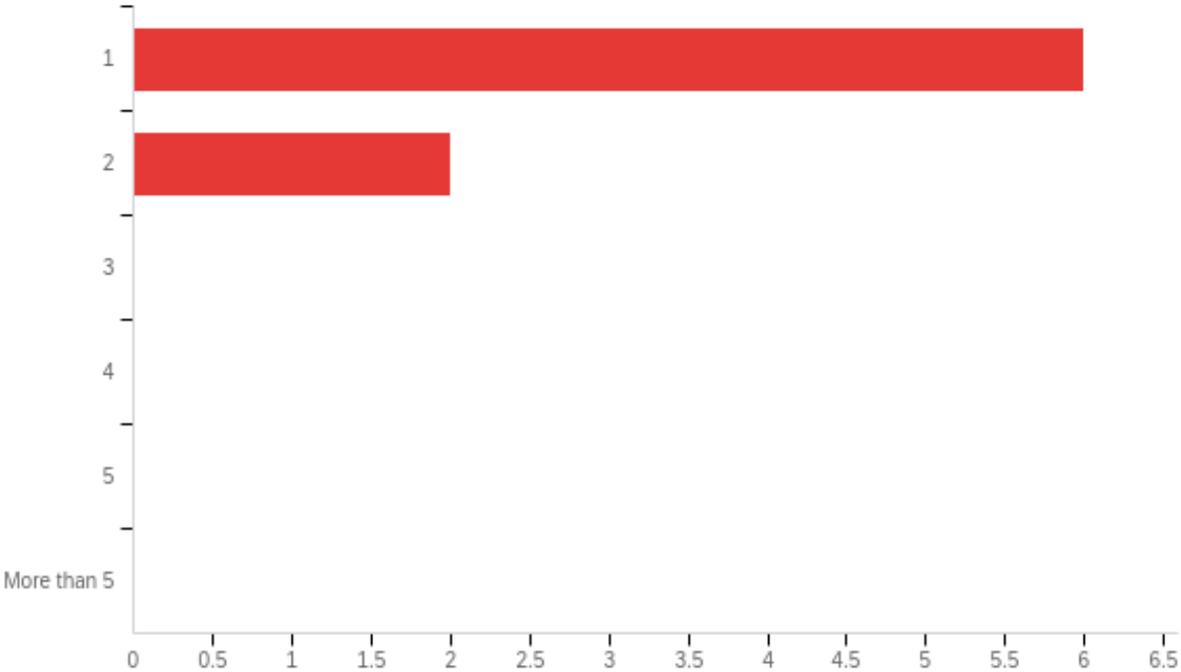
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	2.00	6.00	4.13	1.45	2.11	8

#	Answer	%	Count
1	18 - 25 years	0.00%	0
2	26 - 34 years	25.00%	2
3	35 - 44 years	0.00%	0
4	45 - 54 years	37.50%	3
5	55 - 64 years	12.50%	1
6	65 years and over	25.00%	2
	Total	100%	8

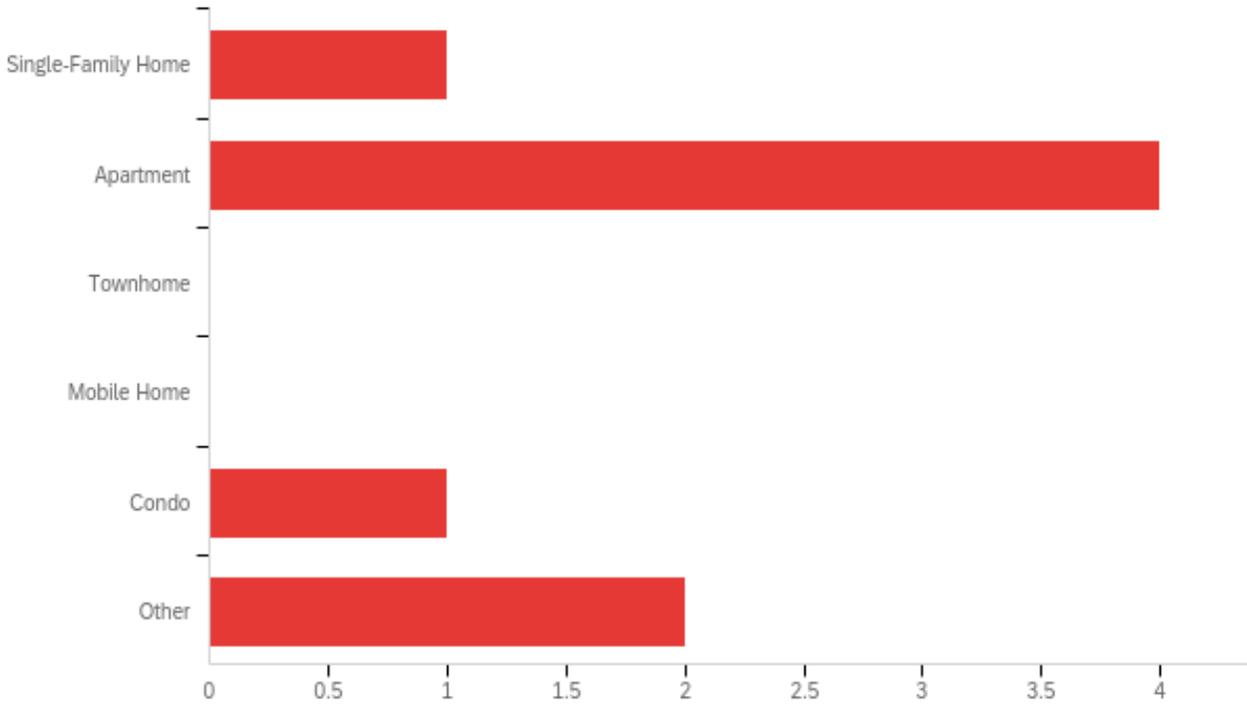
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	1.00	2.00	1.25	0.43	0.19	8

#	Answer	%	Count
1	1	75.00%	6
2	2	25.00%	2
3	3	0.00%	0
4	4	0.00%	0
5	5	0.00%	0
6	More than 5	0.00%	0
	Total	100%	8

Demo4 - Type of Housing Unit



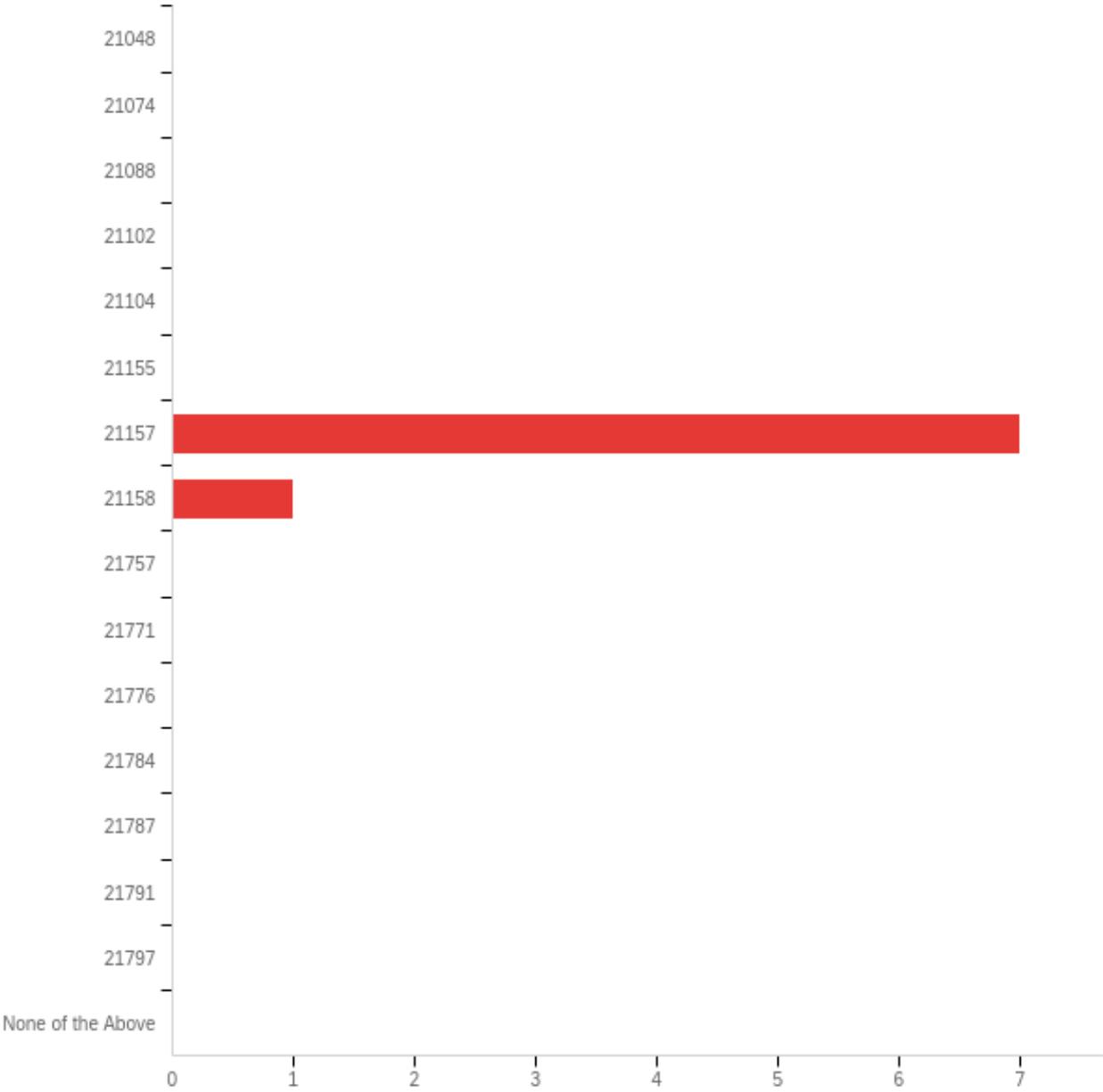
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	6.00	3.25	1.92	3.69	8

#	Answer	%	Count
1	Single-Family Home	12.50%	1
2	Apartment	50.00%	4
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	12.50%	1
6	Other	25.00%	2
	Total	100%	8

Demo4_6_TEXT - Other

Other - Text

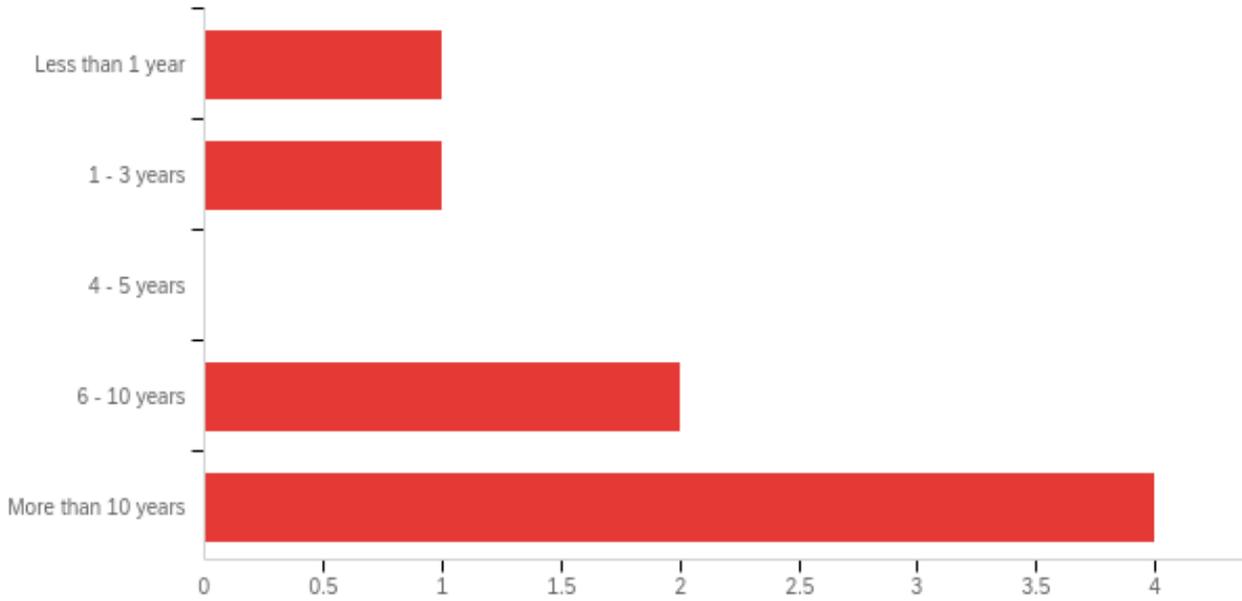
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	7.00	8.00	7.13	0.33	0.11	8

#	Answer	%	Count
1	21048	0.00%	0
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	87.50%	7
8	21158	12.50%	1
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	8

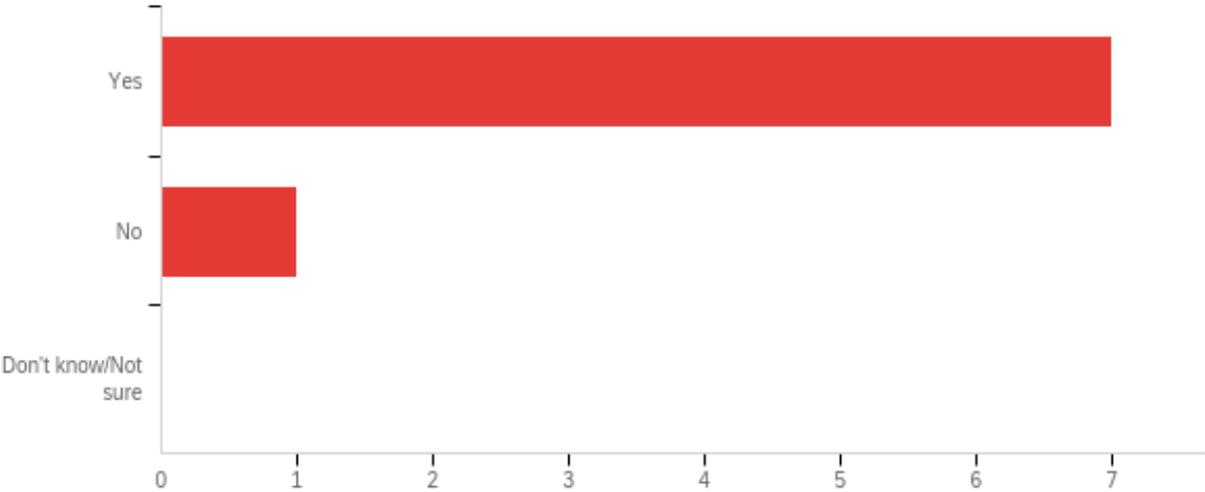
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	1.00	5.00	3.88	1.45	2.11	8

#	Answer	%	Count
1	Less than 1 year	12.50%	1
2	1 - 3 years	12.50%	1
3	4 - 5 years	0.00%	0
4	6 - 10 years	25.00%	2
5	More than 10 years	50.00%	4
	Total	100%	8

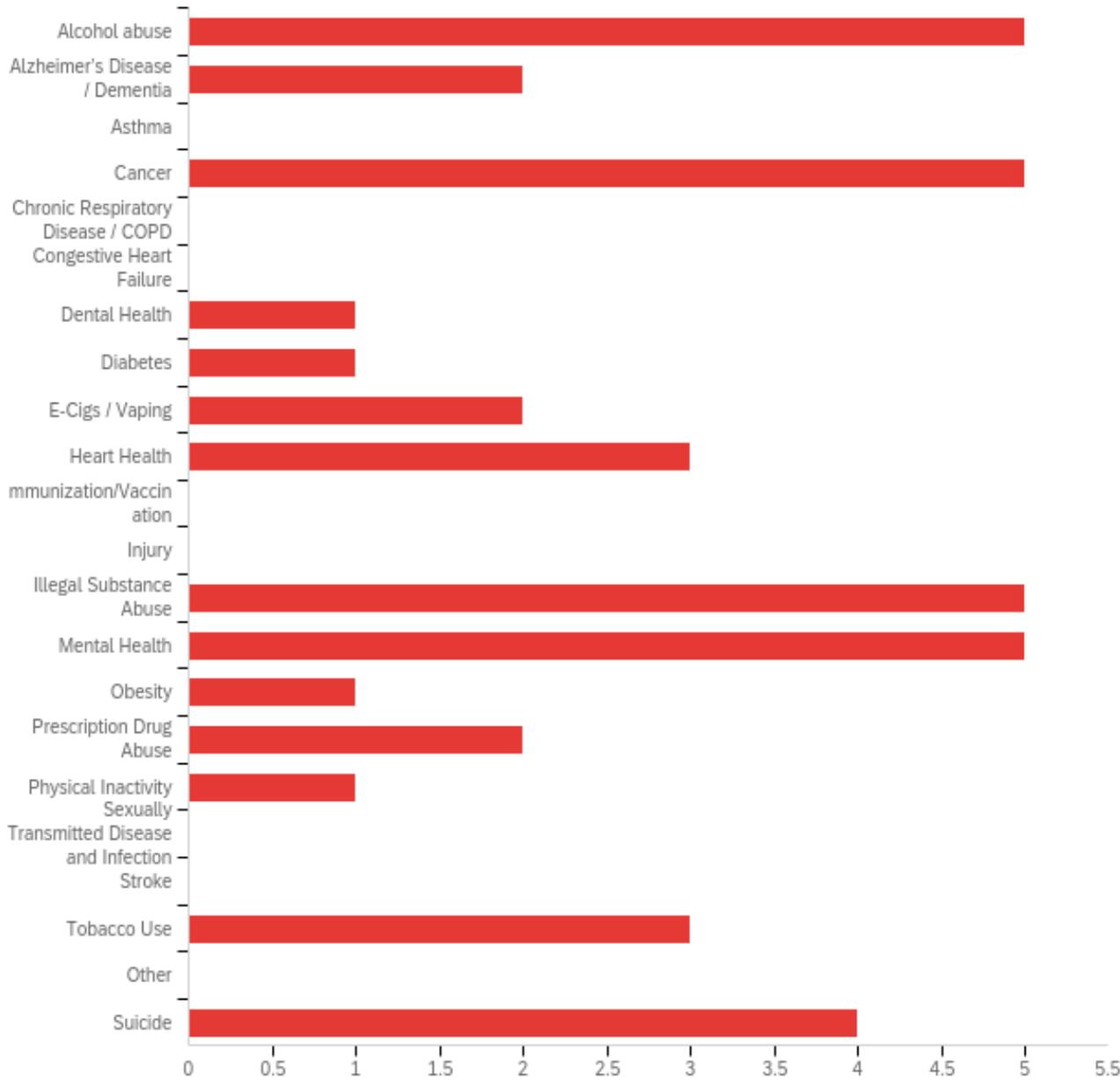
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	2.00	1.13	0.33	0.11	8

#	Answer	%	Count
1	Yes	87.50%	7
2	No	12.50%	1
3	Don't know/Not sure	0.00%	0
	Total	100%	8

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



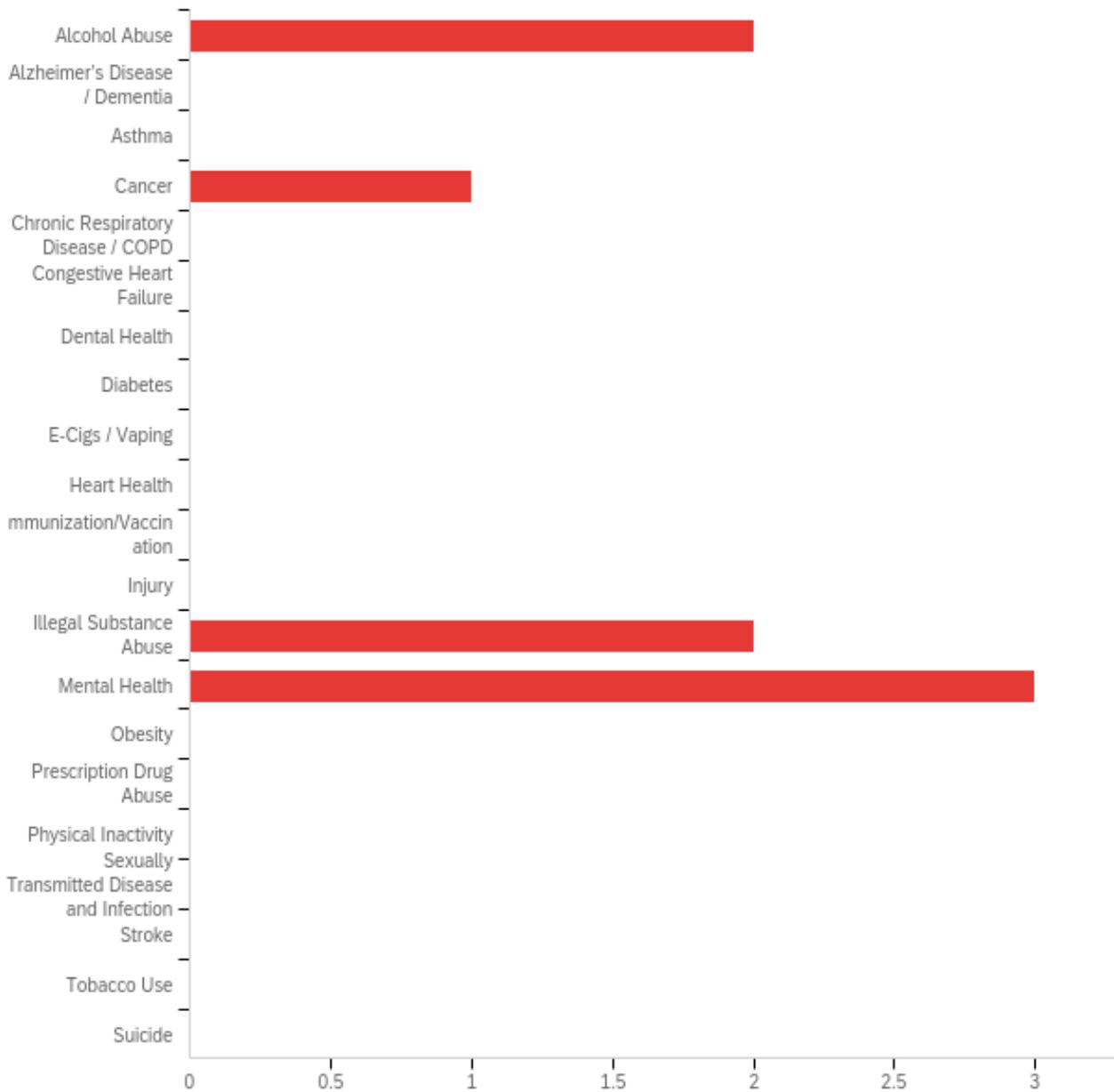
#	Answer	%	Count
1	Alcohol abuse	12.50%	5
2	Alzheimer's Disease / Dementia	5.00%	2
3	Asthma	0.00%	0
4	Cancer	12.50%	5

5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	2.50%	1
8	Diabetes	2.50%	1
9	E-Cigs / Vaping	5.00%	2
10	Heart Health	7.50%	3
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	12.50%	5
14	Mental Health	12.50%	5
15	Obesity	2.50%	1
16	Prescription Drug Abuse	5.00%	2
17	Physical Inactivity	2.50%	1
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	7.50%	3
21	Other	0.00%	0
22	Suicide	10.00%	4
	Total	100%	40

Gen1_21_TEXT - Other

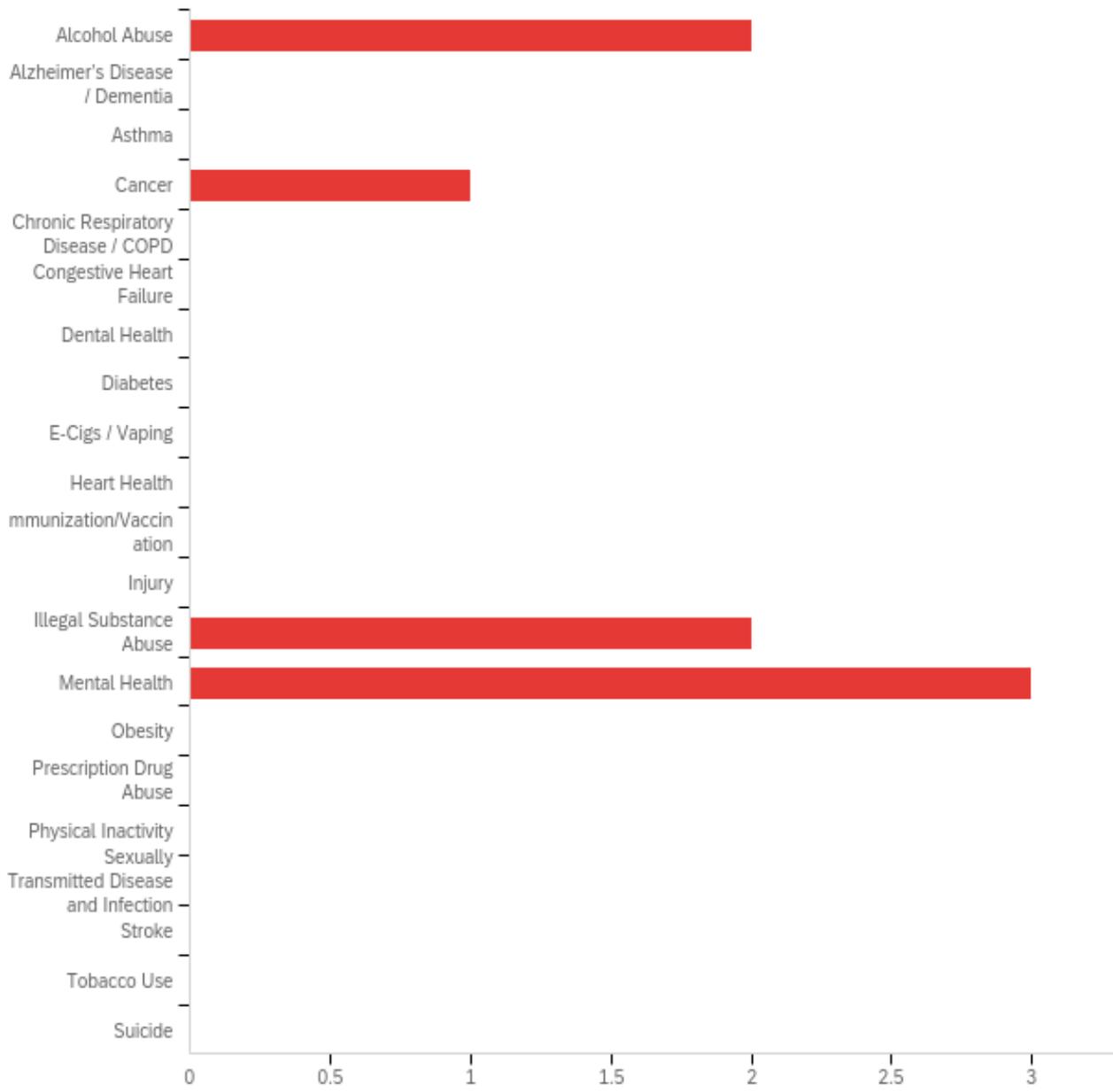
Other - Text

Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.

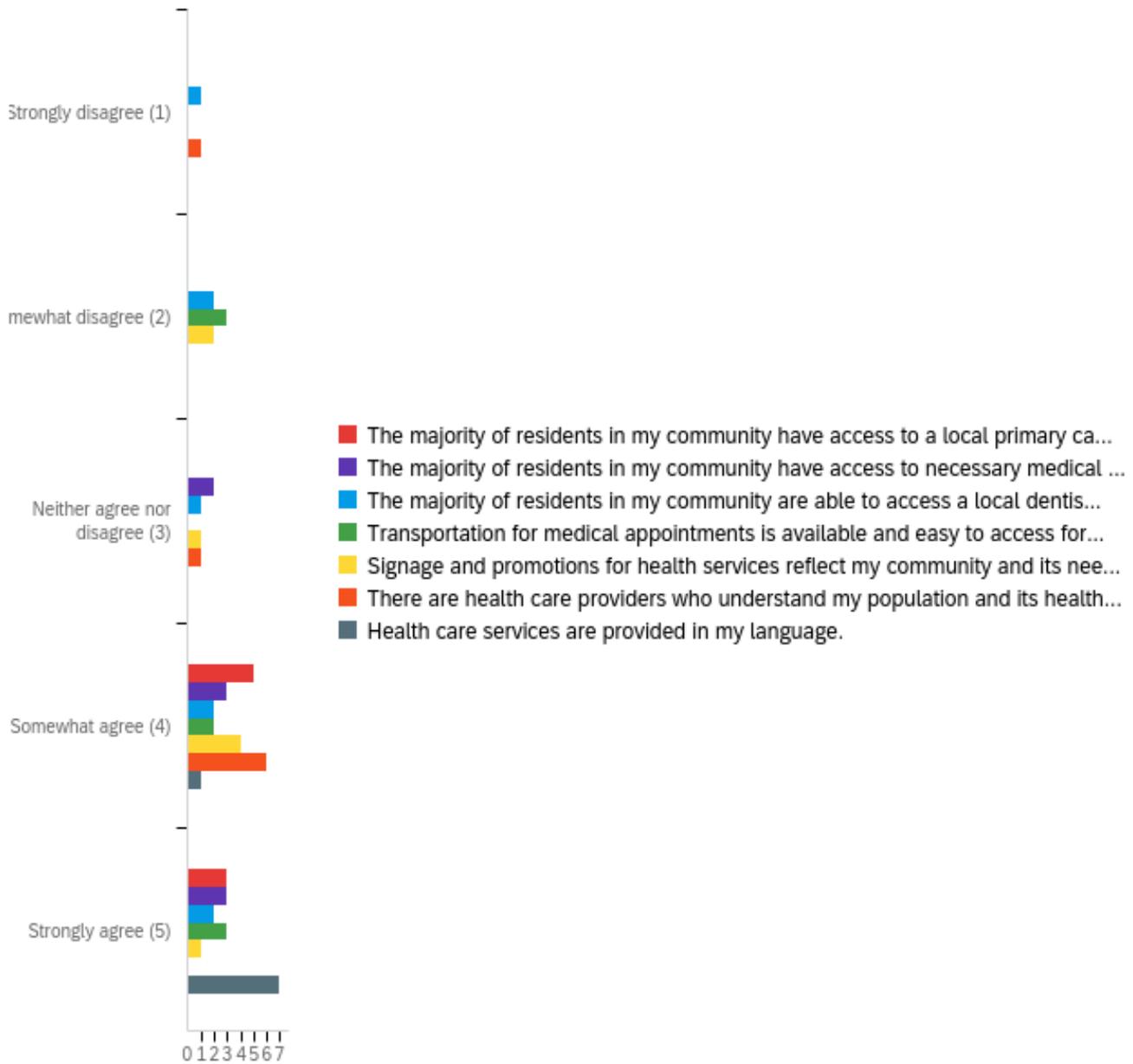


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	1.00	14.00	9.25	5.70	32.44	8

#	Answer	%	Count
1	Alcohol Abuse	25.00%	2
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	12.50%	1
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	25.00%	2
14	Mental Health	37.50%	3
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	8



HCA1 - 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.



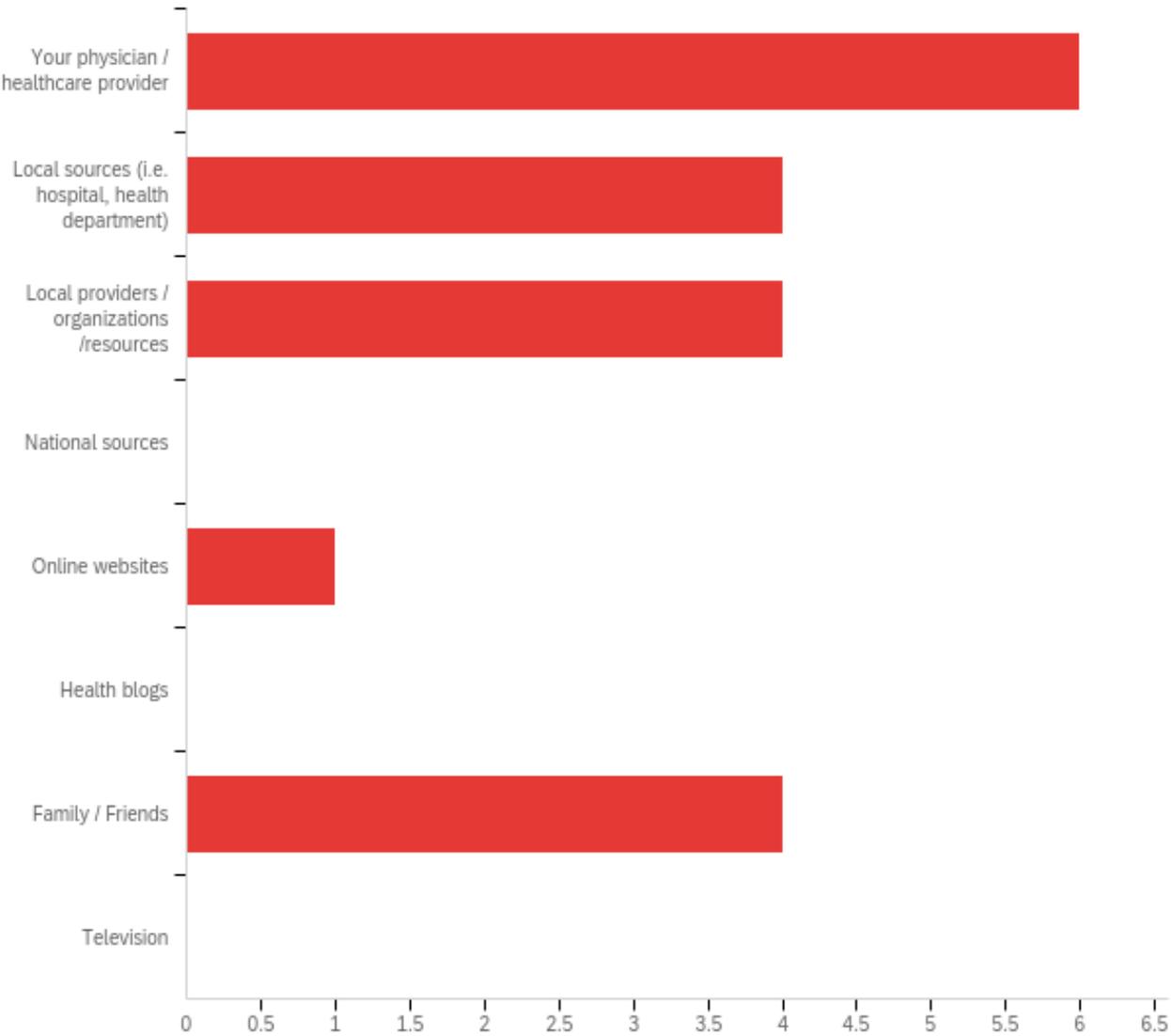
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	4.00	5.00	4.38	0.48	0.23	8
2	The majority of residents in my community have access to necessary medical specialists.	3.00	5.00	4.13	0.78	0.61	8
3	The majority of residents in my community are able to access a local dentist when needed.	1.00	5.00	3.25	1.39	1.94	8

4	Transportation for medical appointments is available and easy to access for the majority of residents.	2.00	5.00	3.63	1.32	1.73	8
5	Signage and promotions for health services reflect my community and its needs.	2.00	5.00	3.50	1.00	1.00	8
6	There are health care providers who understand my population and its health risks.	1.00	4.00	3.50	1.00	1.00	8
7	Health care services are provided in my language.	4.00	5.00	4.88	0.33	0.11	8

#	Question	Strongly disagree (1)		Somewhat disagree (2)		Neither agree nor disagree (3)		Somewhat agree (4)		Strongly agree (5)		Total
1	The majority of residents in my community have access to a local primary care provider.	0.00%	0	0.00%	0	0.00%	0	62.50%	5	37.50%	3	8
2	The majority of residents in my community have access to necessary medical specialists.	0.00%	0	0.00%	0	25.00%	2	37.50%	3	37.50%	3	8
3	The majority of residents in my community are able to access a local dentist when needed.	12.50%	1	25.00%	2	12.50%	1	25.00%	2	25.00%	2	8
4	Transportation for medical appointments is available and easy to access for the majority of residents.	0.00%	0	37.50%	3	0.00%	0	25.00%	2	37.50%	3	8
5	Signage and promotions for health services reflect my community and its needs.	0.00%	0	25.00%	2	12.50%	1	50.00%	4	12.50%	1	8
6	There are health care providers who	12.50%	1	0.00%	0	12.50%	1	75.00%	6	0.00%	0	8

	understand my population and its health risks.											
7	Health care services are provided in my language.	0.00%	0	0.00%	0	0.00%	0	12.50%	1	87.50%	7	8

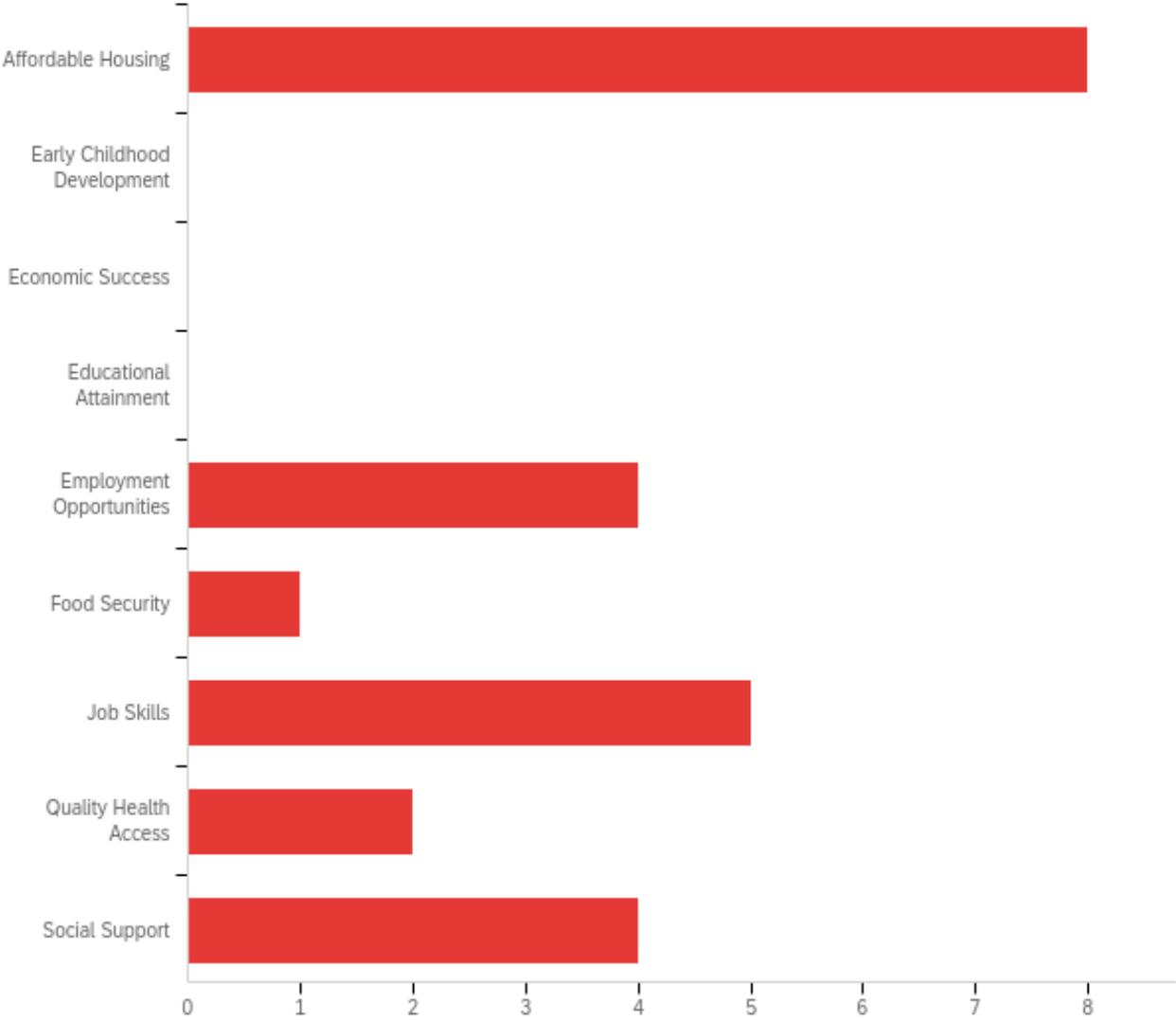
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	31.58%	6
2	Local sources (i.e. hospital, health department)	21.05%	4
3	Local providers / organizations /resources	21.05%	4
4	National sources	0.00%	0
5	Online websites	5.26%	1
6	Health blogs	0.00%	0
7	Family / Friends	21.05%	4

8	Television	0.00%	0
	Total	100%	19

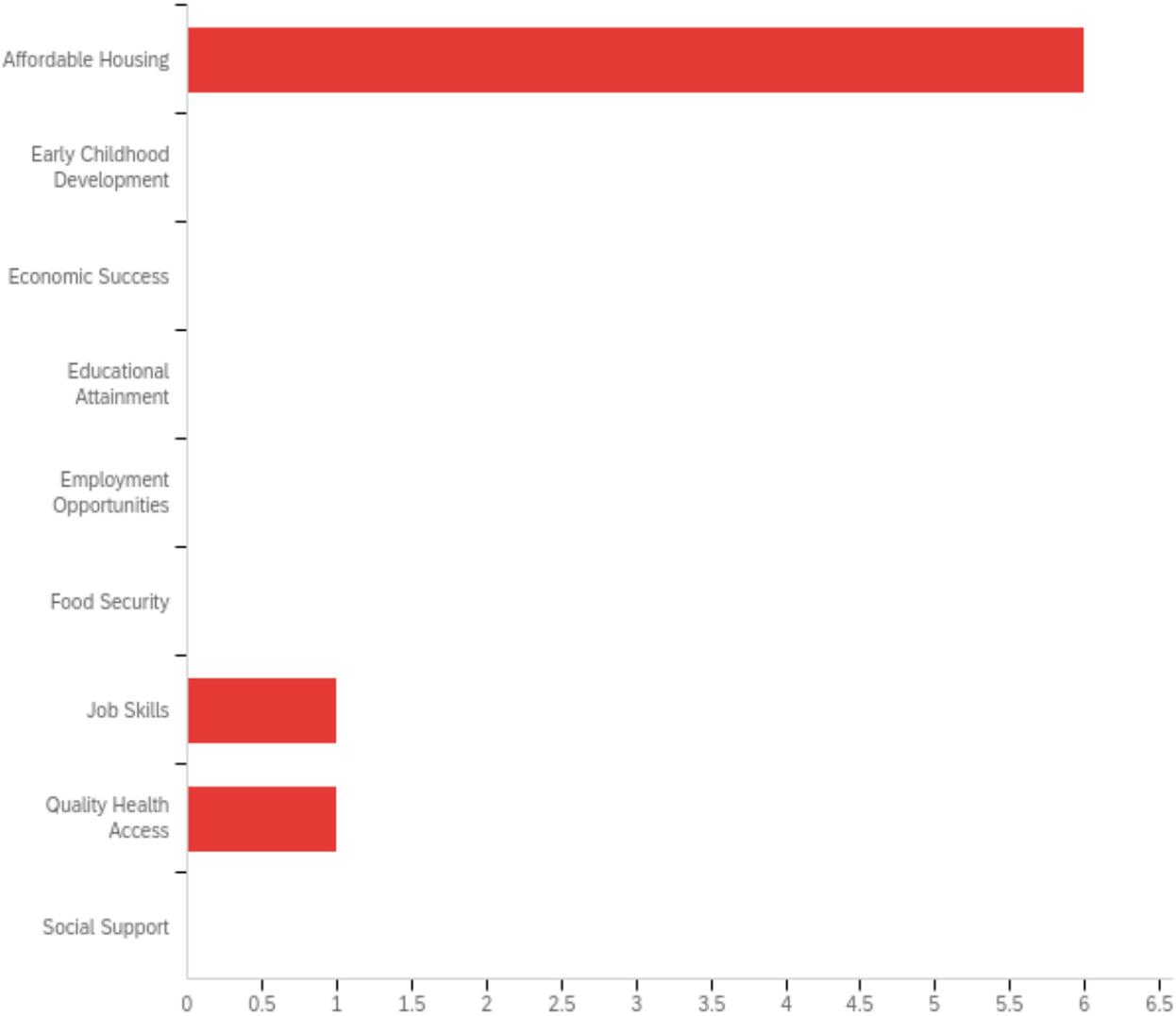
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	33.33%	8
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	16.67%	4

6	Food Security	4.17%	1
7	Job Skills	20.83%	5
8	Quality Health Access	8.33%	2
9	Social Support	16.67%	4
	Total	100%	24

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	1.00	8.00	2.63	2.83	7.98	8

#	Answer	%	Count
1	Affordable Housing	75.00%	6
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	12.50%	1
8	Quality Health Access	12.50%	1
9	Social Support	0.00%	0
	Total	100%	8

Low Income Group/Behavioral Health

On Our Own Focus Group #1

August 3, 2020, 10:00 a.m. – 12:00 noon

Participants were all given iPads to complete the Focus Group Survey.

Dot Fox explained the work of The Partnership, how the survey works, and the purpose of the Focus Groups to the participants.

Demographics:

Participants: 6

Gender: Majority are male.

Varied range of ages.

Mostly 1 person in household

All apartment dwellers, majority are 21157.

Number of years in Carroll County: long term, over 10 years

General Health Issues and Behaviors

The five most important issues to address: There was a 4-way tie: illegal substance abuse, Mental Health, cancer, and alcohol abuse

No one was surprised at these results.

Discussion:

1. **Cancer:** Most know either a family member or friend with cancer. One participant – both parents had cancer, his stepfather died, and his mom is undergoing testing; another family member died from lymphoma – it is touching people's families. It is felt that people need more awareness of what cancer is and what it can do, and also need to address the fear of being predisposed because of a family member having cancer.

Alcohol, mental health and substance abuse. Do we want to separate them out individually or divide them out?

- In this facility as a wellness and recovery center, we see a lot of people with these abuses – alcohol and substance abuse issues, and a lot of those people usually have some kind of mental health issue.
- **How is Mental health so important here?** One participant understands that if he doesn't address his Mental Health issues that his quality of life is not as good as it could be. Mental Health sometimes overlaps with substance abuse, this facility (On Our Own) is here to give support for the mental health piece as well as addiction/substance abuse issues. There is an epidemic and it is not getting better. I don't know how to fix it, but I can do my part to help. Many people come from the shelter, one side was for people with mental health problems, but

they took that resource away – so where do these people go now? Where does that service go? This is a very big issue. Who will help these people – where will they go to get help? The community is not providing these services. They are making those people leave and then they need to try to find housing.

One man was in the men's shelter – retired but working full time – and the people at the shelter put him into a panic attack because they told him that he made too much money and would lose his place at the shelter. He had to change to working only part-time because he made too much money. The participant commented that they are supposed to help you not hurt you. I like working! The woman didn't give a damn if I got a job or not, then they push you to get a job. Thus, some felt that it was confusing at the men's shelter. He was told he had to leave as he made too much money, so he had to live in a tent as he didn't make enough money to rent a place.

Sometimes you can get a place, but it takes up everything you make for the rent. One participant said that by the grace of God he had been in his apartment for two years. He was at Safe Haven a couple of years which enabled him to save money and bridged being able to get a place of his own that he could afford.

2. **Alcohol abuse and substance abuse are two separate issues.** Alcohol abuse is very high in this county. When we lived in tents - that's all there were in the tent community – alcoholics. It was the first thing they did in the morning. There are as many liquor stores as churches here: a liquor store in almost every shopping center. They drink until they drop, looking for money. It was mentioned that the government mandated the liquor stores stay open as an essential business. They felt that was surreal. Other people were out of work, but the liquor stores were allowed to be open.
3. **Challenges with use or not using alcohol?** It is too easy to access it, it is legal, and it is too accessible – no escaping it. One struggles with having to be around it all of the time – seeing it all of the time. With drugs it is not as in your face as alcohol. A participant stated that alcohol withdraw was the worse withdraw he ever experienced – heroin withdraw was nothing compared to alcohol withdraw. You can die from alcohol withdraw and benzos withdraw - maybe that is why they made it an essential business. Some experience difficult family issues – a son is going through detox again and it is very hard to deal with, another had two brothers who were alcoholics – one died. Alcohol runs in the family. Much money goes to this addiction. Linda from the health department commented that **“We have more alcohol non-fatal overdoses each year, less deaths, but more overdoses. Last year we had 1,532 non-fatal alcohol overdoses. It is not just young people we see in Health Department numbers.**
4. **Illegal Substance abuse:** It is pretty bad in this area, a lot of drugs – Carroll County is one with the highest numbers. Participants comment that they don't want that lifestyle anymore. You suffer more with the drugs than without them. It is easier to stay away from those as quality of life is much higher without them. One participant just tries to lead by example – almost 30 years clean from heroin. One reason why he volunteers – a lot of people need help. It seems to be a losing battle; society will always have to deal with it. A lot of people do need help.

Things that help are getting up and going to work, (importance of a job) keeping myself busy, this helps keep me away from drugs and running around with the wrong people. I want to help others get through the same crap. I don't mind sharing if it will help others. Had to cut off communication with some people/friends I used to have as they still are using. You have to make the hard decision to cut of friends in order to help yourself. Keep striving to take steps forward. A relative told one participant – "Don't regret the things from your past as they are what made you what you are today." One participant has a daughter and he can't allow her to see him as the person he was before. He wants to make things better for her.

5. **Suicide was just added as one of the health indicators. After the tie of the top 4, suicide was the next top one.** Some people that struggle with depression don't know how to cope with it, several participants attempted it in their active addiction. One participant had a brother who committed suicide because of depression. He had a couple of DUI's which affected his transportation access. One gentleman spoke of his hard work ethic and having to lose a leg but still continuing to work.

Suicide – does it run in the family?

Many think that strains during the Covid pandemic have increased the rates of suicide because of stress and suicide thoughts.

If only choosing 1 of the 5:

The top one was Mental Health, #2 was alcohol abuse.

It was commented that alcohol and suicide can be side by side. One participant has a relative who doesn't want to live with what she is going through. He had not experienced it himself so he can't totally relate to how she feels but knows that many people with Mental Health issues have tried suicide.

Health Care Access

Do residents have access to a PCP? Strongly/somewhat strongly agree there is access.

Access to Mental Health providers? Yes, there are a lot of resources in Westminster

There are a lot of providers and resources around here, if you put the effort in to find them.

Access to Specialists? All feel there is access. However, it is difficult to get timely appointments – you can be hurt really bad and can't get in to see a specialist right away. (this was prior to Covid).

Access to Dentists? Somewhat think access is difficult – mostly because of insurance - insurance doesn't cover dental care and it is expensive. Access Carroll has low cost dental services; however, one dentist is not enough to support the community. Mission of Mercy is available, but a person must have transportation available to get to Taneytown where they are. Thus, transportation is an issue. People selling drugs at the Westminster site was an issue that stopped them from coming to Westminster.

Discussed *Ride with Us* transportation: one participant commented that if your physician approves visits, they will take you, just call and ask them. Discussion ensued – not everyone knew exactly what the level of services are with *Ride with Us* (especially if they go out of county).

Access to Transportation? – this is available. More so thinking of *Ride with Us*. One participant has a vehicle but is thinking of other people. Trailblazer Buses are running again, but there are set times to meet the bus. Discussion ensued – *maybe they need more information*. It would be nice if they had regular bus stops, things pop up last minute and you can't always plan for it.

Signage & promotion: do they reflect your community's needs? Mostly positive. No comments

Are there providers that understand my health risks? 1 strongly disagree, most agree. No comments.

Are services provided in my language? Yes.

Health Information/Education

Where do you get your information? One participant gets it from the internet, but most others from a health care provider. Local sources like the hospital/health department and family/friends tied for 2nd place. If a family member recommends someone they would go there, but family usually always recommends that they go see a Doctor to get information about a health issue. Some information such as health screenings information like colonoscopies, etc. is obtained from local sources such as the health department.

Social Determinants

Everyone understands that terminology.

Top 3 – all said affordable housing

Everyone mentioned the issue of affordable housing – rental and utilities cost as much as you make in a month. It makes it hard to maintain a place. One participant was at Safe Haven a couple of years in order to save up to get a place. Safe Haven was a bridge into permanent housing for him.

One participant was lucky to find a place and get into the program Main Street Housing with a voucher. It is a nice, clean place that is reasonable, and he could use his voucher. There are not many nice, clean, safe places. Landlords do just enough work to pass inspection but have bed bugs and other critters, plumbing not working, etc.

A big issue is the cost per family size. One participant waited 5-6 years for Shelter Plus and HUD to come through. She kept getting overlooked and by-passed by other people. No one would help her – she had to do all the leg work. Fortunately, she received personal help from Stacia at the Health Department, who did the application and got Shelter Plus in 2-4 weeks. It took Stacia one day to get her help and do the application for Shelter Plus - no one did anything for her until then. Her back couldn't take one more wet day in the tent on the ground. She couldn't go to a hotel as it would take all her savings. HSP was helping the tent people and went out to the encampments. She kept doing the legwork, but no one helped her. Discussed was the importance of needing an advocate, however, some people don't know where to start in the system. Someone with mental health issues would find it even more difficult. A person doesn't even know how to start the process. Stacia came with the HSP people checking on the encampments and found her. One man knew people going through similar problems.

One participant said that, because of being a couple, the program him and his girlfriend together, paid the rent at first while they paid electric, etc. - now with a job they pay \$500 on the rent and will have the option to take it over with the Permanent Housing Program.

Most people need a little help and a little hope. It is hard to find a place that accepts a voucher, and is halfway decent, one you can afford, even with the voucher. Some people are not doing the legwork, but some are.

Social support - what does that mean to you?

Goes back to people like Stacia and professional peer support workers at the health department. One participant had worked with Neil Brooks and others like him willing to help you. It was awesome for one participant to see a guy he was in rehab with before they got sober now helping him in peer support and helping him get back on his feet. It was encouraging to see that recovered addict helping him to become a recovering addict. You know their background and where they came from. At first, he had a counselor who studied in college, but you need someone who did more than just take college courses and has book knowledge alone – you need someone who has first-hand knowledge – has lived it. It takes someone that came through substance abuse to know what it is like on the streets and what it is like trying to find your next meal.

At On Our Own – each year every person fills out a form regarding needs and the facility gives information and resource referrals as well as peer support, even going with them on appointments.

Family and friends are also important, but sometimes people can tell them (peers) things they can't tell their family. Peer support is very important – you should know where they are coming from – have that firsthand experience. Book knowledge is well and good, but someone who has experienced similar things is good.

Low Income Group/Behavioral Health

On Our Own Focus Group #2

August 3, 2020, 1:00 – 3:00 p.m.

Participants were all given iPads to complete the Focus Group Survey.

Dot Fox explained the work of The Partnership, how the survey works, and the purpose of the Focus Groups to the participants.

Demographics

Both male

Both live alone, 21157

Both lived in county long term.

General Health Issues and Behaviors

Both have health insurance. It is adequate for PCP needs, but not good if needing surgery – it is not worth anything if having to get anything major done. If you need anything major, you are in trouble.

TOP 5 Health Concerns

If only choosing 1 of the 5, the top one there was a four way tie. Alcohol abuse tied for 1st place with cancer, illegal substance abuse, and mental health

How has it affected you – why is it a priority?

One participant has known a lot of people who have lost limbs or lives with cancer. One doesn't know a lot of people who died from it, but thinks it is a serious problem.

Mental health as priority? People don't take mental health seriously; they risk poor mental health as they can't afford to go to a doctor. There are facilities available – but they chose not to go. It is not so much stigma, but people just hear rumors that a certain place isn't good place to go. They could do an intake and get a therapist or psychiatrist, but they don't want to go to a certain place. They hear rumors about the place, or don't want to walk to the place. One participant acknowledged that he needs structure during the day and having to endure isolating they can get sick.

Both think there are enough Mental Health doctors – but think we could have a few more doctors.

Alcohol abuse: You can drive around town and see people staggering around, especially on Fridays coming out of liquor stores – you can visualize it. One participant worked at a restaurant/bar and fights would break out often. It impacts the safety of people, and then they don't realize what they have done and then can't get access to certain facilities because they are under the influence and not allowed in.

Drug abuse is about the same as alcohol. One person did know someone who died from a drug overdose.

The top one? Mental Health ranked #1

One participant fights with Mosaic about all the meds. He takes the medications and does what they tell him – but he fights with them about all the “crap” he is on. He doesn’t like taking all the medications, but he takes them. He knows it is important for people to remain on their medications in order to maintain mental health. He hears stories about people who stop taking their meds and bad things happen. He knows that he, and others, need to stay on their medications or they will fall apart. Proper medication management is important – and people need to stay on top of it.

How rate questions:

Access to PCP? Agree - In the positive

Access to Specialists? – Agree, positive

Access to Dentists? Disagreed as to being able to access a dentist, one has no trouble, one doesn’t have a dentist currently as his insurance was switched – he is in-between insurances and hasn’t seen a dentist in a while (2006) because of no insurance. He gets dental care at Access Carroll.

Access to Transportation? OK, no difficulty getting to health care. Walk, but if needing a ride, he just sets it up.

Health Care Access

Signage & promotion: OK

Providers understand them: Positive

Services provided in my language: Positive

Health Information/Education: Mostly from a physician, with a 3-way tie for local sources, local organizations, and family & friends. One participant has a mom who is a nurse, so he gets health information from her. Also, the local resource of On Our Own and NAMI.

Social Determinants

Which are the most important for your health?

The #1 answer was affordable housing. Is the area good, what are you up against, what is the rent? Rent increases over the years. Cost is a big factor, followed by the area. In some places you can’t have pets.

Job skills are important. Some people want a job but will have to first learn how to do things, but they don’t want to learn those things. Job skills often come from the job. One participant stated how cross training over the years to learn different areas in the organization helped him gain skills. Some skills you just need to learn on the job. They tell people to go to BERC to gain job skills. DOORS also does job training.

Anything else to share?

Social support - what does that mean to you?

People coming out of the hospital without having a place to go – this is an issue! We need a housing program! One female was told she could go to the shelter and once discharged from the hospital the shelter said no – they wouldn’t take her. If the person can’t get housing, they will just relapse. The

hospital discharges them, but they don't have a place to go. A respite opened but if you go in you can't leave. At Safe Haven you can come and go but they have a curfew. Some discharges are homeless, and some are medical but some are from the Behavioral Health unit. She didn't need medical care but just a spot to go as she had no home.

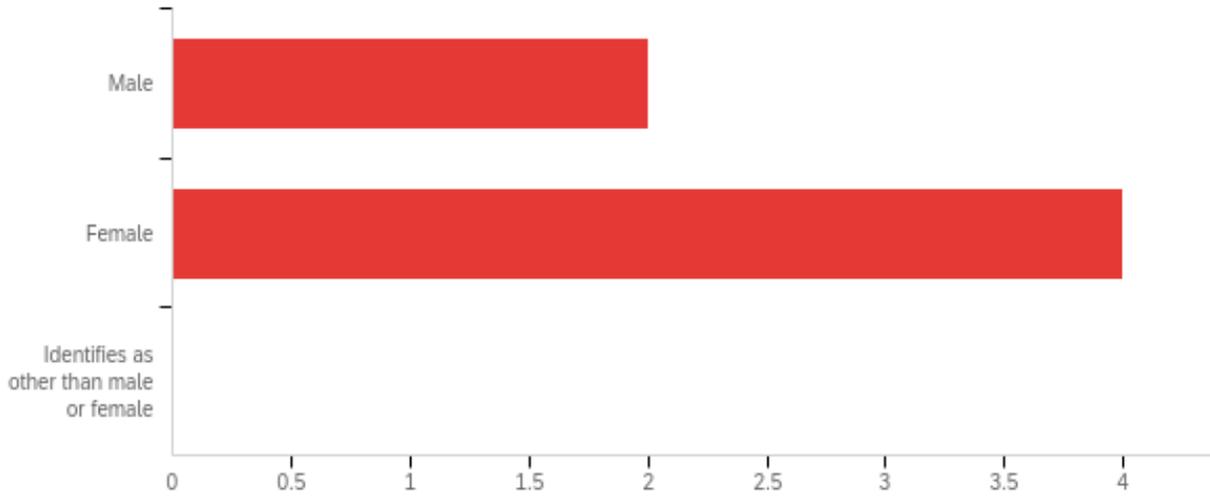
I heard Springfield was going to close – shut it down, supposed to get people into housing.

A person should have something set up for them when they are discharged. It is a big deal having a place to go. If no place, no structure, the person will go right back in for treatment.

Hispanic/ Latina Focus Group

Targeted Populations

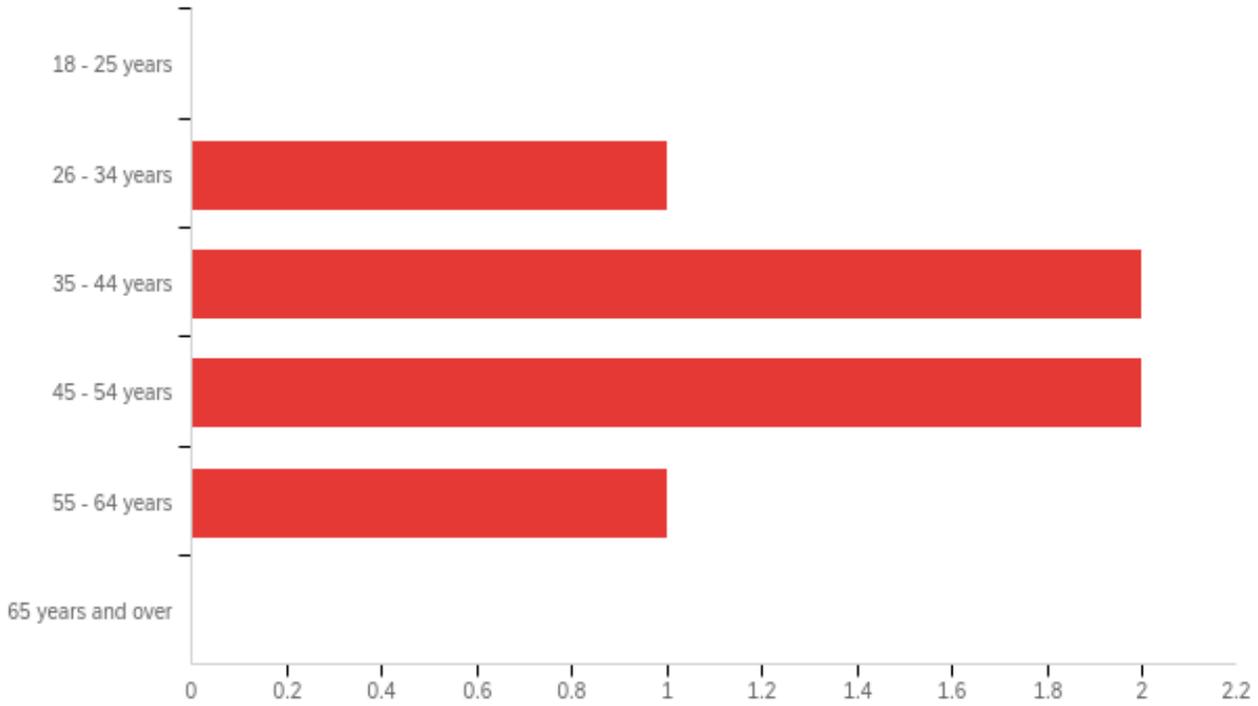
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	1.00	2.00	1.67	0.47	0.22	6

#	Answer	%	Count
1	Male	33.33%	2
2	Female	66.67%	4
3	Identifies as other than male or female	0.00%	0
	Total	100%	6

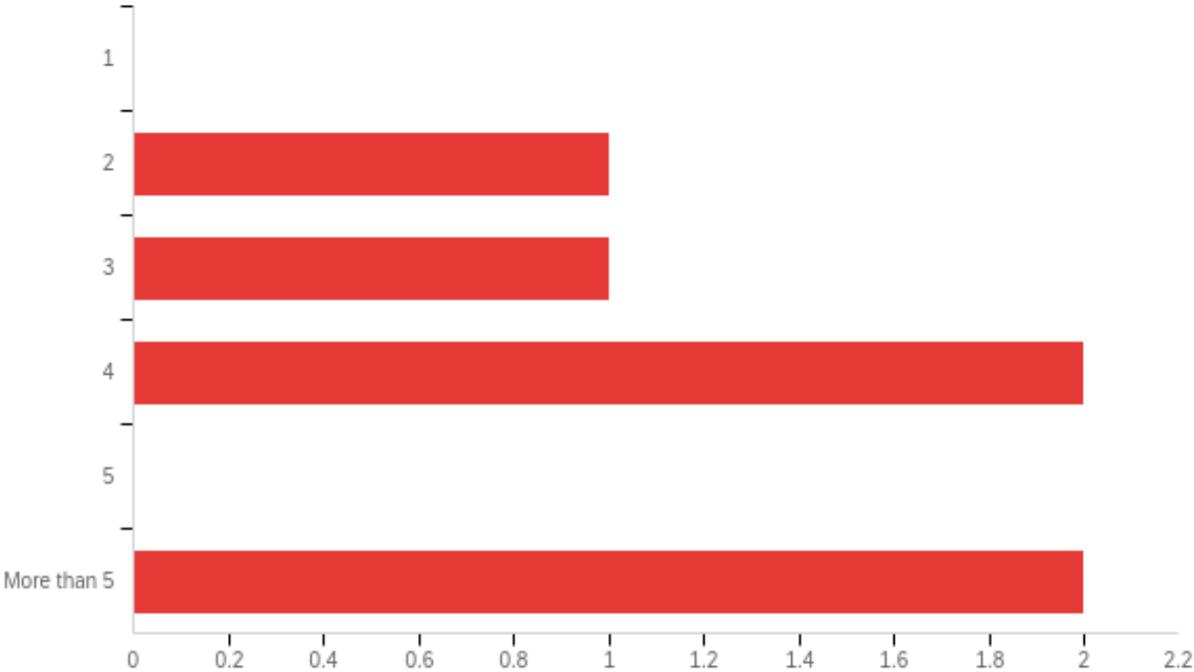
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	2.00	5.00	3.50	0.96	0.92	6

#	Answer	%	Count
1	18 - 25 years	0.00%	0
2	26 - 34 years	16.67%	1
3	35 - 44 years	33.33%	2
4	45 - 54 years	33.33%	2
5	55 - 64 years	16.67%	1
6	65 years and over	0.00%	0
	Total	100%	6

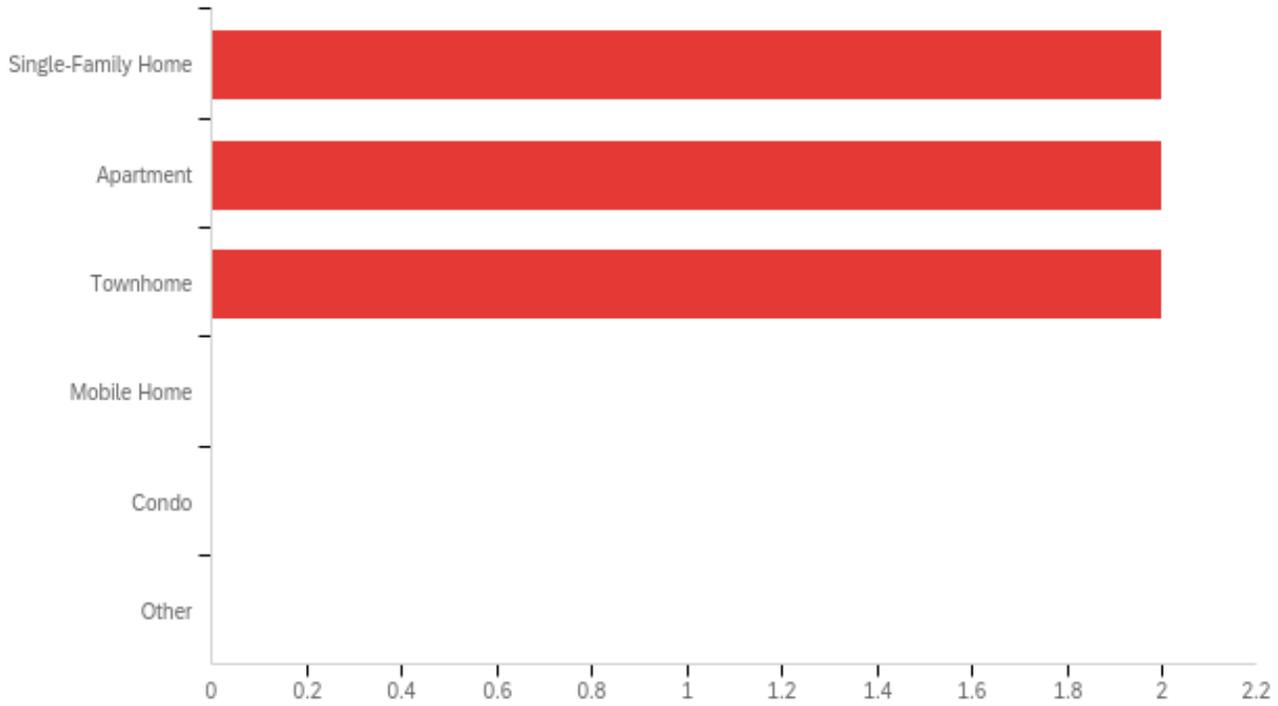
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	2.00	6.00	4.17	1.46	2.14	6

#	Answer	%	Count
1	1	0.00%	0
2	2	16.67%	1
3	3	16.67%	1
4	4	33.33%	2
5	5	0.00%	0
6	More than 5	33.33%	2
	Total	100%	6

Demo4 - Type of Housing Unit



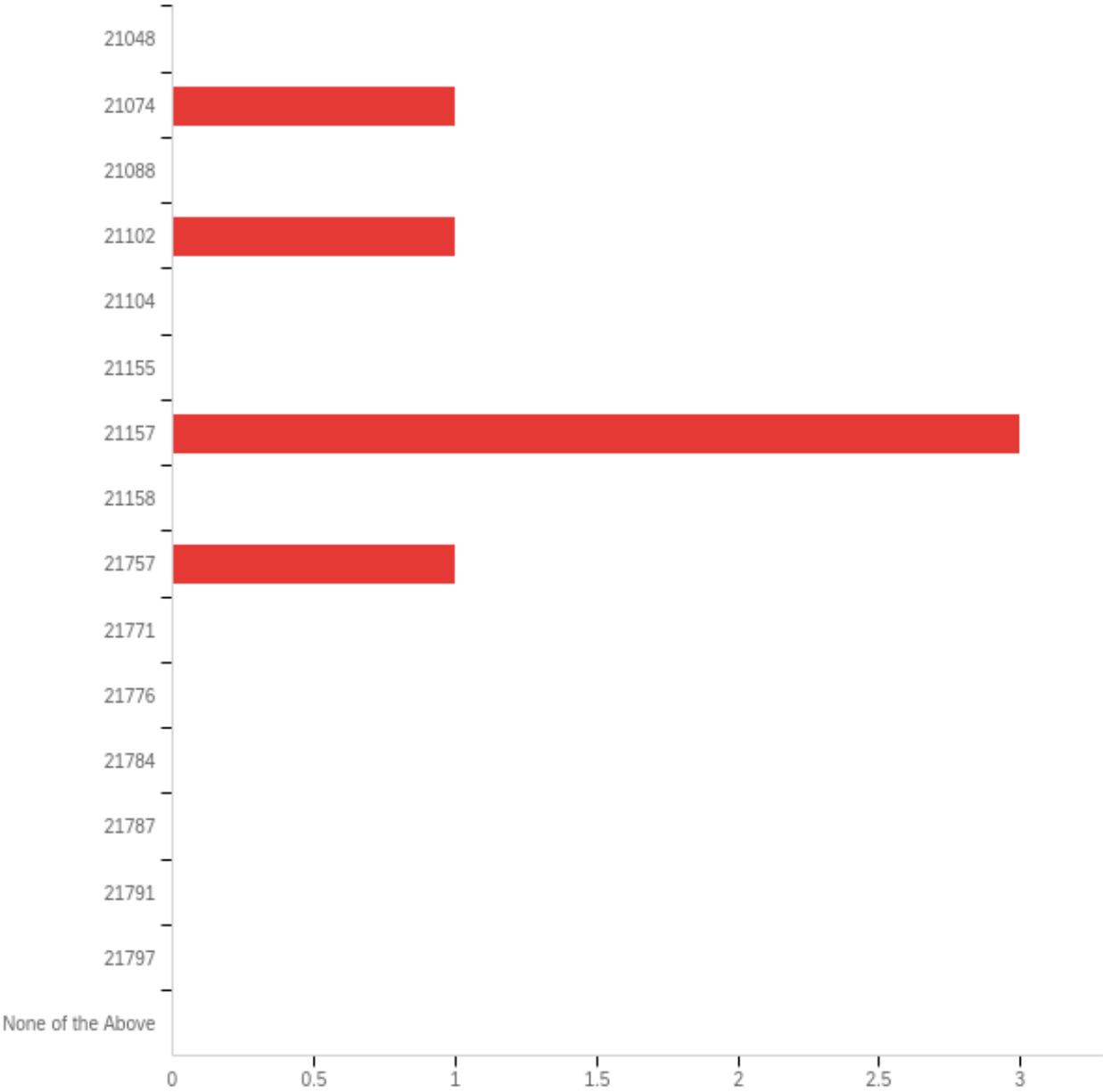
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	3.00	2.00	0.82	0.67	6

#	Answer	%	Count
1	Single-Family Home	33.33%	2
2	Apartment	33.33%	2
3	Townhome	33.33%	2
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	6

Demo4_6_TEXT - Other

Other - Text

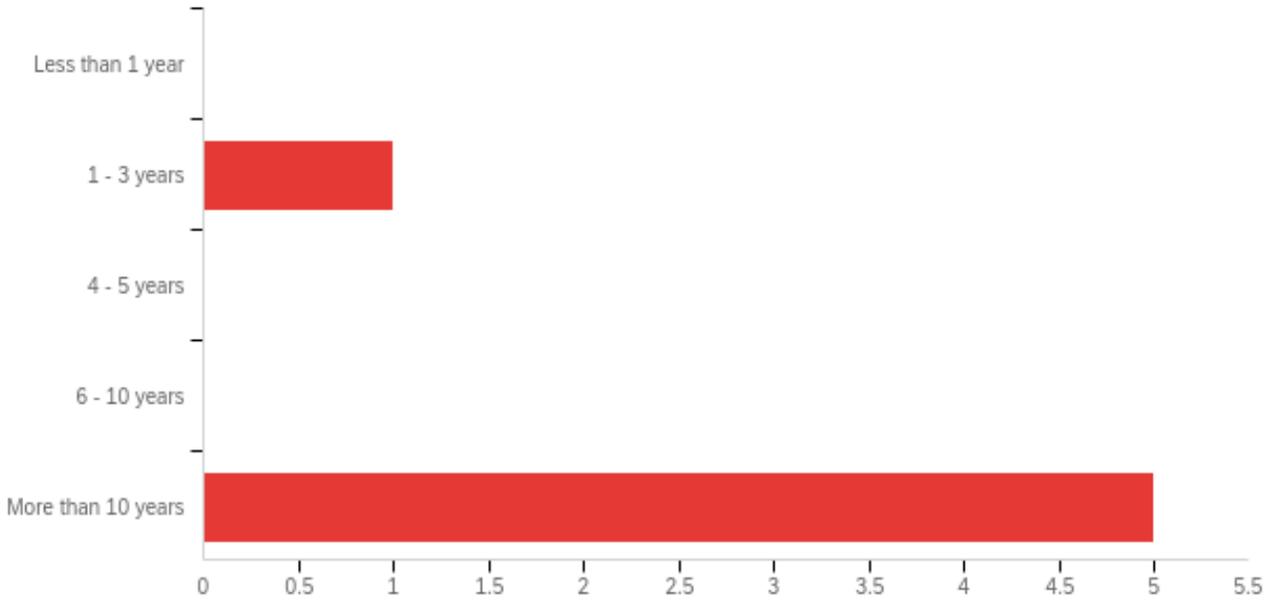
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	2.00	9.00	6.00	2.31	5.33	6

#	Answer	%	Count
1	21048	0.00%	0
2	21074	16.67%	1
3	21088	0.00%	0
4	21102	16.67%	1
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	50.00%	3
8	21158	0.00%	0
9	21757	16.67%	1
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	6

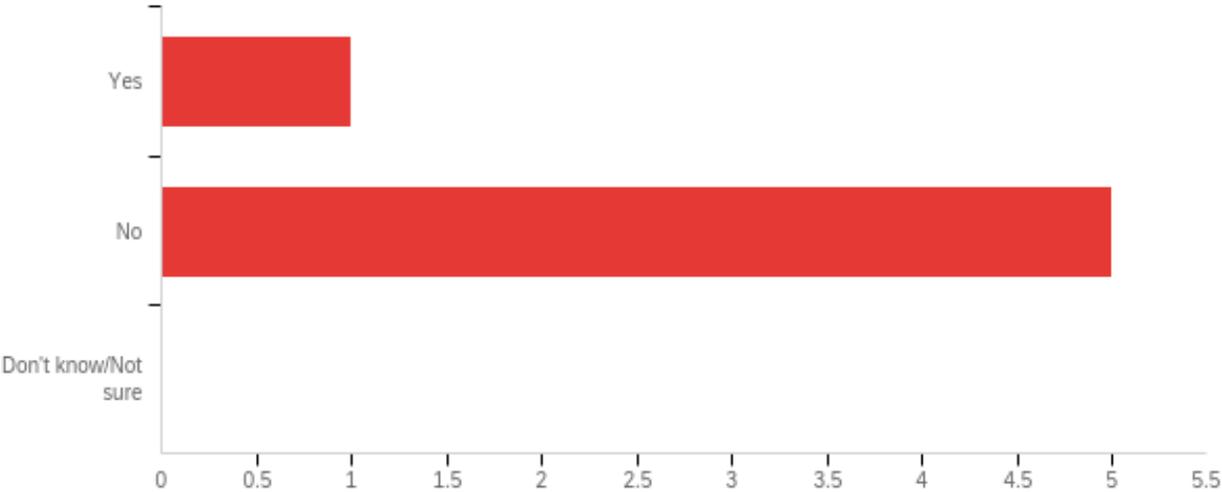
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	2.00	5.00	4.50	1.12	1.25	6

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	16.67%	1
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	83.33%	5
	Total	100%	6

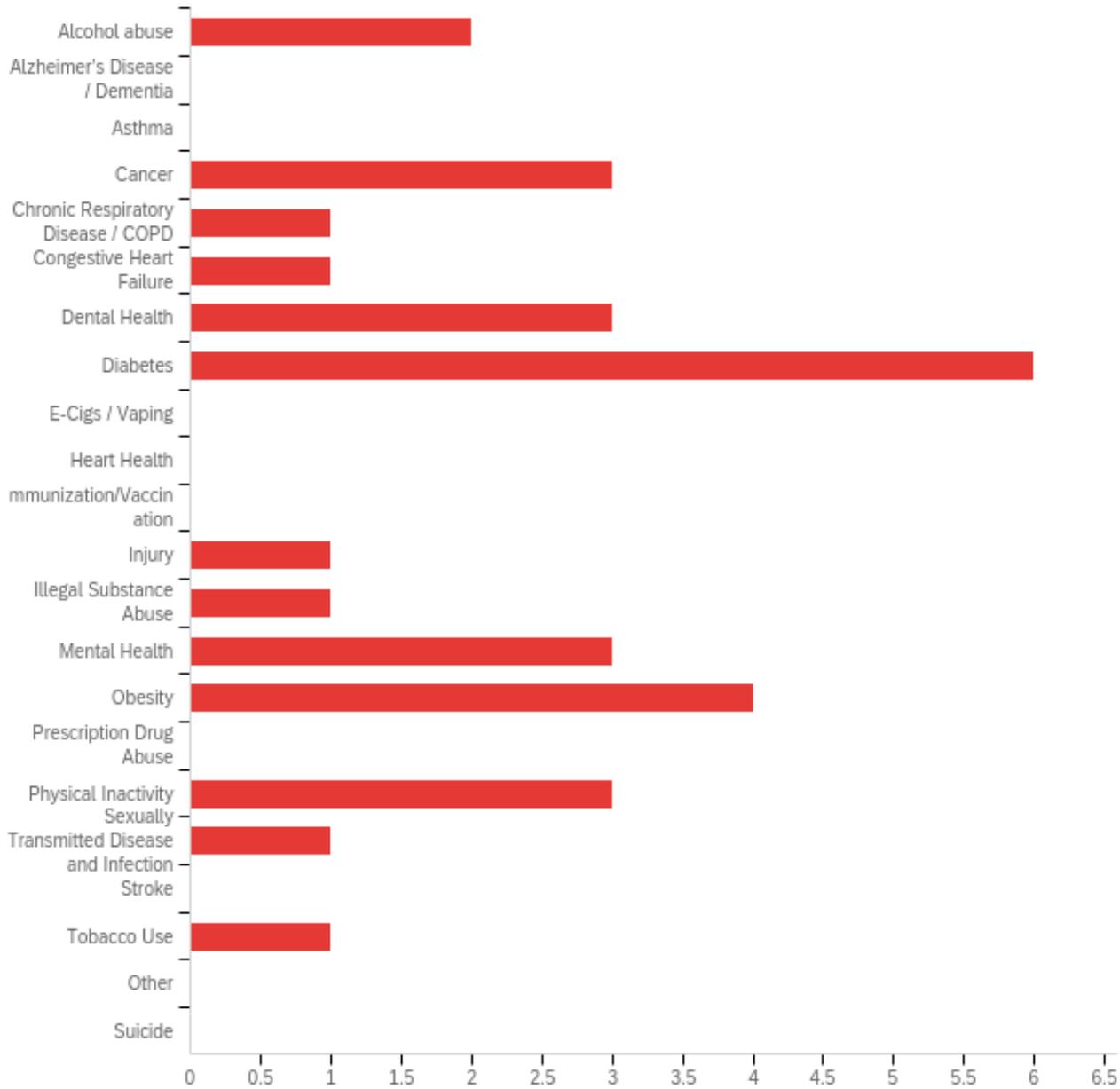
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	2.00	1.83	0.37	0.14	6

#	Answer	%	Count
1	Yes	16.67%	1
2	No	83.33%	5
3	Don't know/Not sure	0.00%	0
	Total	100%	6

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



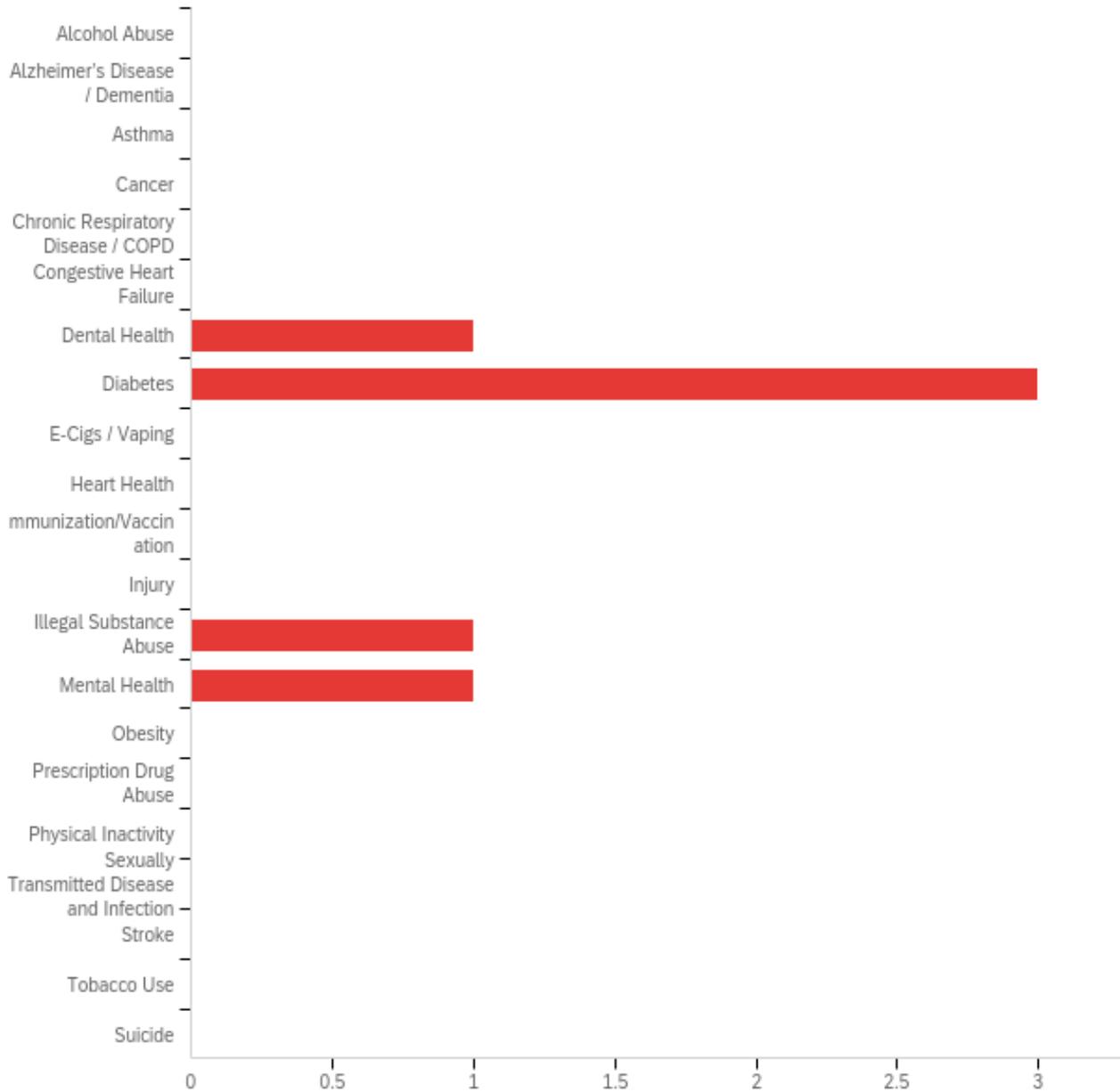
#	Answer	%	Count
1	Alcohol abuse	6.67%	2
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	10.00%	3

5	Chronic Respiratory Disease / COPD	3.33%	1
6	Congestive Heart Failure	3.33%	1
7	Dental Health	10.00%	3
8	Diabetes	20.00%	6
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	3.33%	1
13	Illegal Substance Abuse	3.33%	1
14	Mental Health	10.00%	3
15	Obesity	13.33%	4
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	10.00%	3
18	Sexually Transmitted Disease and Infection	3.33%	1
19	Stroke	0.00%	0
20	Tobacco Use	3.33%	1
21	Other	0.00%	0
22	Suicide	0.00%	0
	Total	100%	30

Gen1_21_TEXT - Other

Other - Text

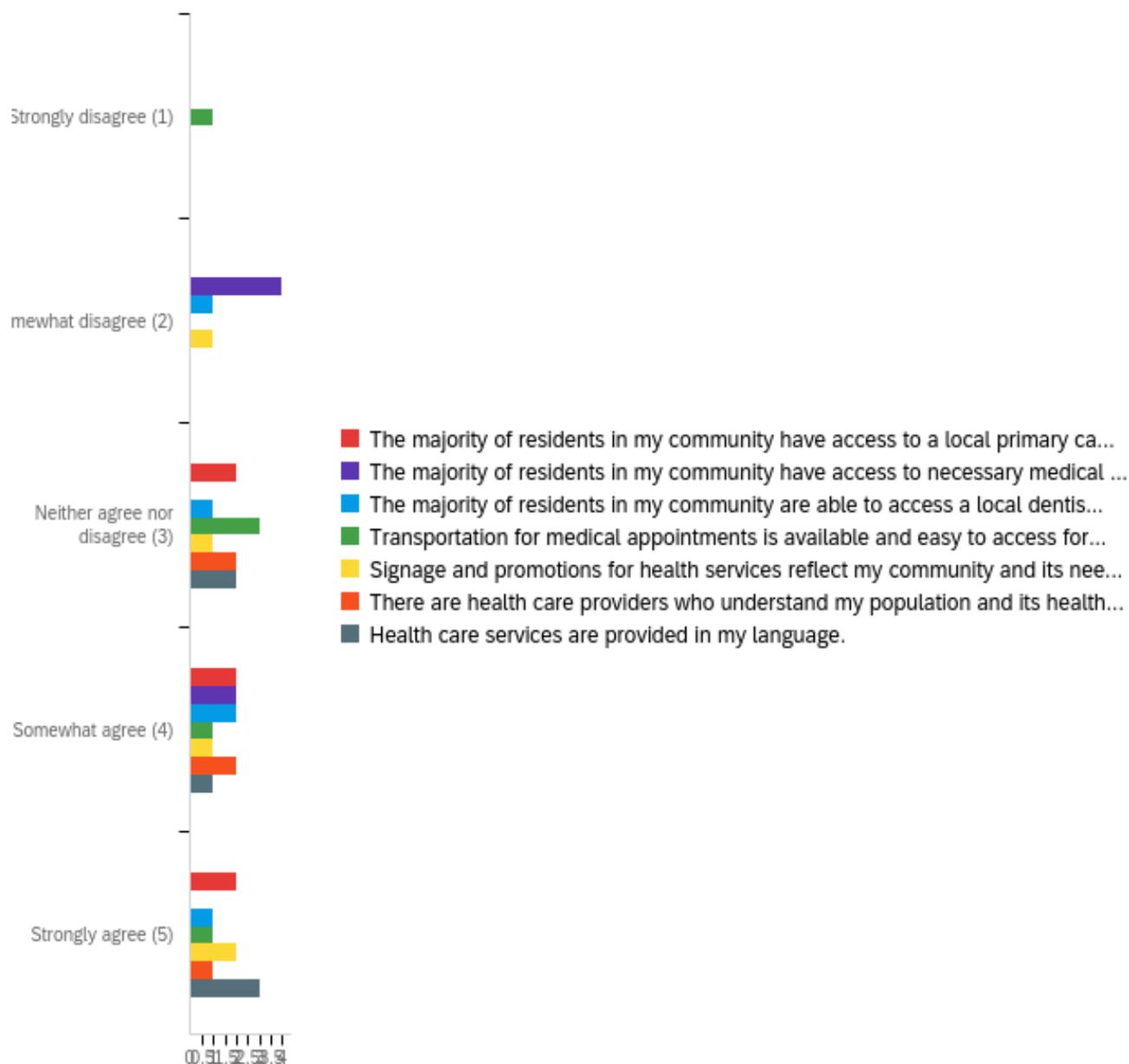
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	7.00	14.00	9.67	2.75	7.56	6

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	16.67%	1
8	Diabetes	50.00%	3
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	16.67%	1
14	Mental Health	16.67%	1
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	6

HCA1 - 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.

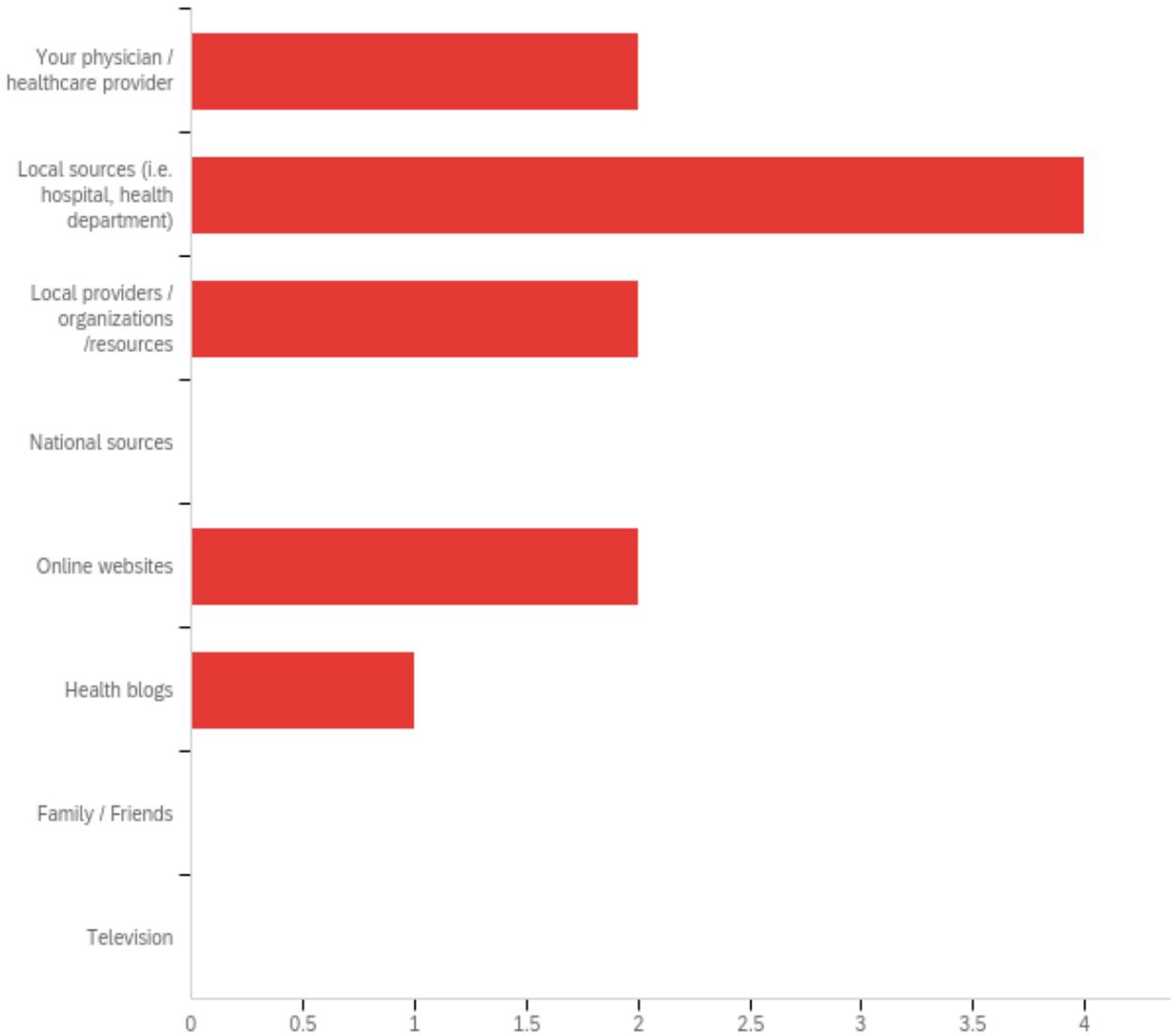


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	3.00	5.00	4.00	0.82	0.67	6
2	The majority of residents in my community have access to necessary medical specialists.	2.00	4.00	2.67	0.94	0.89	6
3	The majority of residents in my community are able to access a local dentist when needed.	2.00	5.00	3.60	1.02	1.04	5
4	Transportation for medical appointments is available and easy to access for the majority of	1.00	5.00	3.17	1.21	1.47	6

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	2.00	5.00	3.80	1.17	1.36	5
6	There are health care providers who understand my population and its health risks.	3.00	5.00	3.80	0.75	0.56	5
7	Health care services are provided in my language.	3.00	5.00	4.17	0.90	0.81	6

#	Question	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	Total
1	The majority of residents in my community have access to a local primary care provider.	0.00% 0	0.00% 0	33.33% 2	33.33% 2	33.33% 2	6
2	The majority of residents in my community have access to necessary medical specialists.	0.00% 0	66.67% 4	0.00% 0	33.33% 2	0.00% 0	6
3	The majority of residents in my community are able to access a local dentist when needed.	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5
4	Transportation for medical appointments is available and easy to access for the majority of residents.	16.67% 1	0.00% 0	50.00% 3	16.67% 1	16.67% 1	6
5	Signage and promotions for health services reflect my community and its needs.	0.00% 0	20.00% 1	20.00% 1	20.00% 1	40.00% 2	5
6	There are health care providers who understand my population and its health risks.	0.00% 0	0.00% 0	40.00% 2	40.00% 2	20.00% 1	5
7	Health care services are provided in my language.	0.00% 0	0.00% 0	33.33% 2	16.67% 1	50.00% 3	6

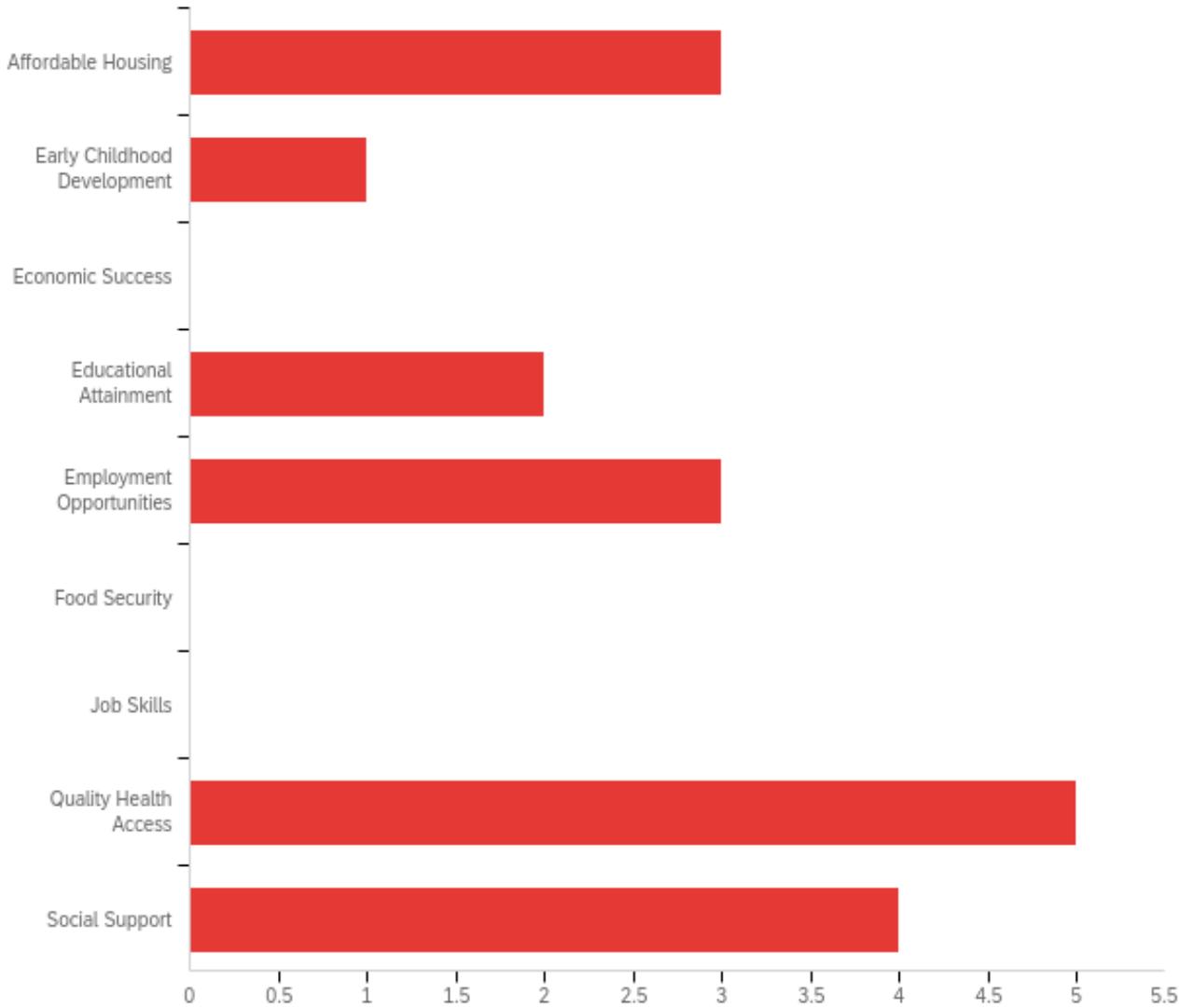
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	18.18%	2
2	Local sources (i.e. hospital, health department)	36.36%	4
3	Local providers / organizations /resources	18.18%	2
4	National sources	0.00%	0
5	Online websites	18.18%	2
6	Health blogs	9.09%	1
7	Family / Friends	0.00%	0

8	Television	0.00%	0
	Total	100%	11

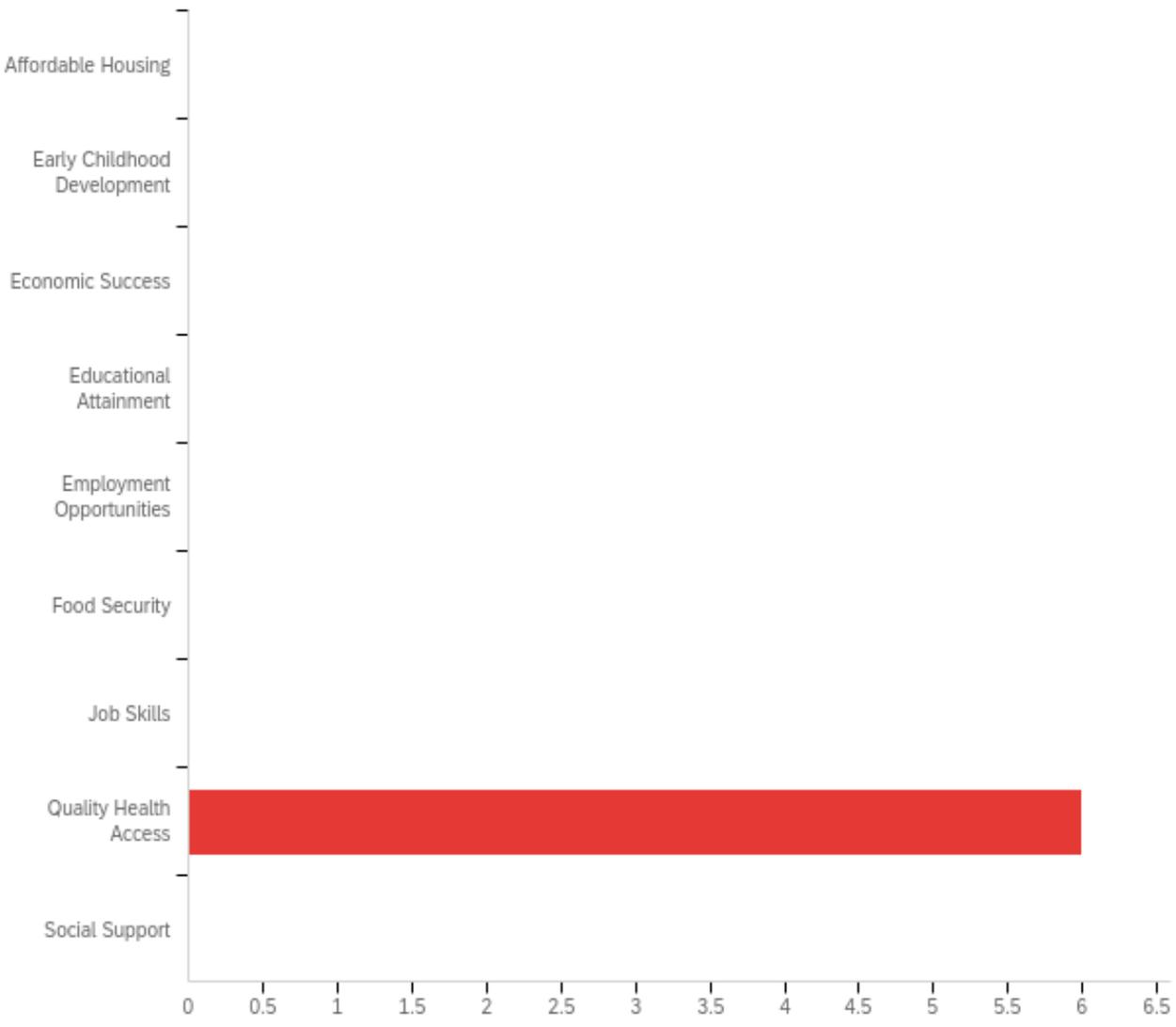
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	16.67%	3
2	Early Childhood Development	5.56%	1
3	Economic Success	0.00%	0
4	Educational Attainment	11.11%	2
5	Employment Opportunities	16.67%	3

6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	27.78%	5
9	Social Support	22.22%	4
	Total	100%	18

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	8.00	8.00	8.00	0.00	0.00	6

#	Answer	%	Count
1	Affordable Housing	0.00%	0
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	100.00%	6
9	Social Support	0.00%	0
	Total	100%	6

Hispanic Focus Group (Access Carroll - Recorder Phillips #12 , Sony # 14)

September 22, 2020, 2:00 – 3:00 p.m.

Dot explained to the participants how the Community Health Needs Assessment works, and the purpose of the targeted Focus Groups in order to obtain information as it relates to health care in the community. Dot also explained how this information is used for the hospital's future three-year plan as to where health care dollars are allocated to make the community a healthier place.

An interpreter was utilized to help participants complete a paper survey that was provided in Spanish, since The Partnership does not have a Spanish on-line version of the survey. This prevented Dot from being able to show real-time results from Qualtrics during the discussion time. The discussion was also performed utilizing the interpreter.

Demographics

There was a total of six participants: two male and four females. Housing was equally split with two persons in each: single-family home, apartment, and townhome. There were four zip codes represented: 21074, 21102, 21757, and 21157. One participant has lived in Carroll County 1-3 years, but the remainder of respondents have been residents of Carroll County more than 10 years.

Only one participant has health insurance.

General Health Issues and Behaviors

TOP 5 Health Concerns:

When asked which are the most important health issues to address in the next three 3 years, there were many varied answers: Diabetes was unanimous with 6, Obesity followed with 4. Dental health, Mental health, Physical Inactivity, and Cancer all tied with 3 each. Next was Alcohol abuse. CHF, COPD, Injury, Illegal substance abuse, tobacco use, and STDs all received one vote.

Diabetes was on all surveys, so discussion ensued regarding that health issue.

In our community, the Hispanic community, we don't eat healthy foods, often for work reasons (no time to prepare healthy foods and not eating on time/a proper schedule). Not following a healthy diet is a problem. There is no continuity of access of medical help or education like nutritional information to help people eat in a healthier manner.

As many in this community are undocumented, they don't have access to insurance and therefore, no access to health care. Their community needs medical insurance for access to care. One participant is a 15-year resident of Carroll County and working, and his employers provide insurance, but it is so expensive they are not able to afford it. In one case, the participant didn't have insurance, so took his child to the hospital, and the child had poison ivy – he got a bill for over \$400 for a 30-minute visit to the hospital. He took the child to the hospital and even though it was a quick visit it was a big bill, medication at the hospital was given but he could have gotten it for \$10 at Walmart. More access to healthcare would avoid those visits to the ER. They go to the ER because of not having insurance to go to a doctor.

This community is grateful for Access Carroll services, but sometimes they may need a different test not performed at that facility. Tests get done but they may need services from a different specialist and get a big bill. They don't want to go to the hospital either because of the big bill they will get. Sometimes Access Carroll is too busy, and if it is care they need right away but they can't get it – then they need to go to urgent care or the hospital.

Finances limit their accessibility to a specialist if they need a different treatment that Access Carroll cannot provide. For instance, they may need accessibility to more dental services if coming with pain, as it can lead to other things.

If services are affordable, they can pay, and they also could use flexibility in making ongoing payments. You have to pay up front at an urgent care.

If accessibility to have PIN number to pay taxes, etc. one can get credit, insurance, but some they don't. It is weird that you can use it to pay for your car insurance but not for health insurance.

In 15 years the one participant has never gone to obtain a medical check. He had a problem and went to University of MD, but treatment was \$9,000 so he couldn't do it, so he went to the Esperando Center, (health services in Baltimore), and happened to get a Doctor who had retired from the University of MD who was able to help him.

Access Carroll does offer behavioral health help. However, not having insurance is an issue with obtaining mental health assistance as well. No interpreters being available is also an issue in obtaining care.

Mental health: One participant sees a majority of patients check depression in their medical history. One sees depression in the young population. Drugs are a problem, and how easy it is to get drugs. One participant was in court and they said it is legal now, and so it is easier for anybody to buy and get drugs. There are struggles with broken families due to drugs. Illegal drugs are the problem more than prescription. There are stores that sell drugs.

Cancer: the problem surrounding cancer is not having access to insurance to go get medical care. One participant has a friend whose wife passed away with cancer. She didn't go to a doctor as they had no insurance, and once they got insurance through his company it was too late.

Seeing some patients with throat cancer or mouth cancer – maybe from chewing tobacco.

Affordable Housing?

Not having a Social Security number, the TIN# - a tax identification number, is the way the state allows non-documented people to pay taxes, but they have no access to benefits, and are not able to buy a house. If they are allowed, the down payment is usually higher, so there is no accessibility to buy. Monthly rent is high and they could be buying a house at less money. Rent is much higher; this is why they try to help each other and live two families in one residency to be able to afford it.

Is Social Support very important? It is agreed that Social support is very important to have. The participant expressed thankfulness for this meeting to discuss needs, but suggested this would be a

good thing to do with larger groups of the community, maybe with the Carroll County Government leading, so they could hear the needs of the community.

Where do you get health information? The top choice is local sources (Hospital, Health Department) and close behind are physician/health care provider, local organizations, and online websites. Health blogs was another choice.

Quality Health Access – was discussed as follows:

It was suggested that the hospital employees try to show more compassion for the community when they go to the hospital to be treated.

One participant stated that his daughter is becoming a medical provider, and he tells her, please, when you are a doctor, if the person has a lower income status, please be nice.

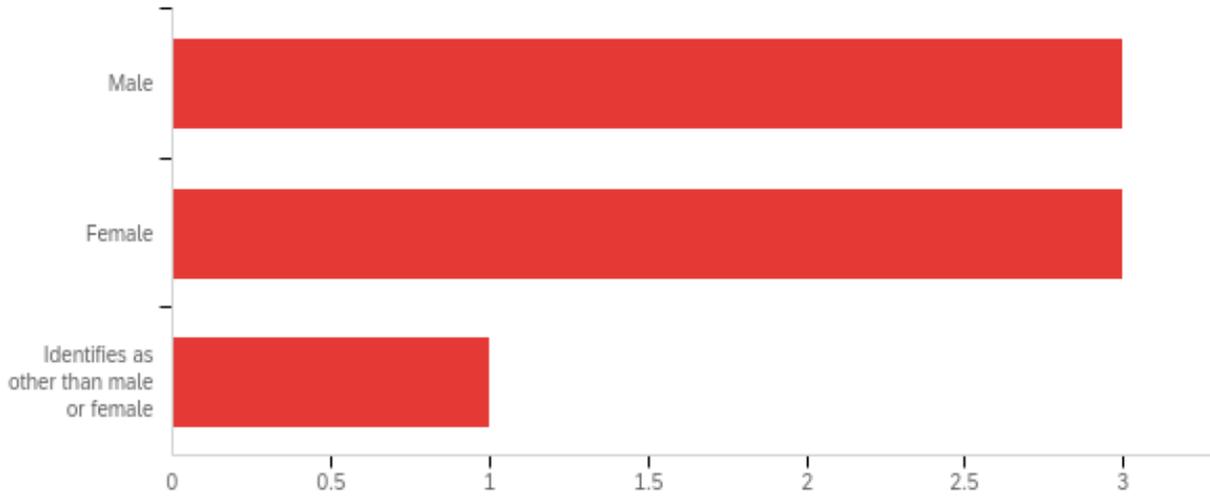
They are being charged by the minute, so maybe something could be avoided so they won't get such a high bill from the hospital?

There is a lack of communication regarding how to access CTS.

LGBTQ Focus Group

Targeted Populations

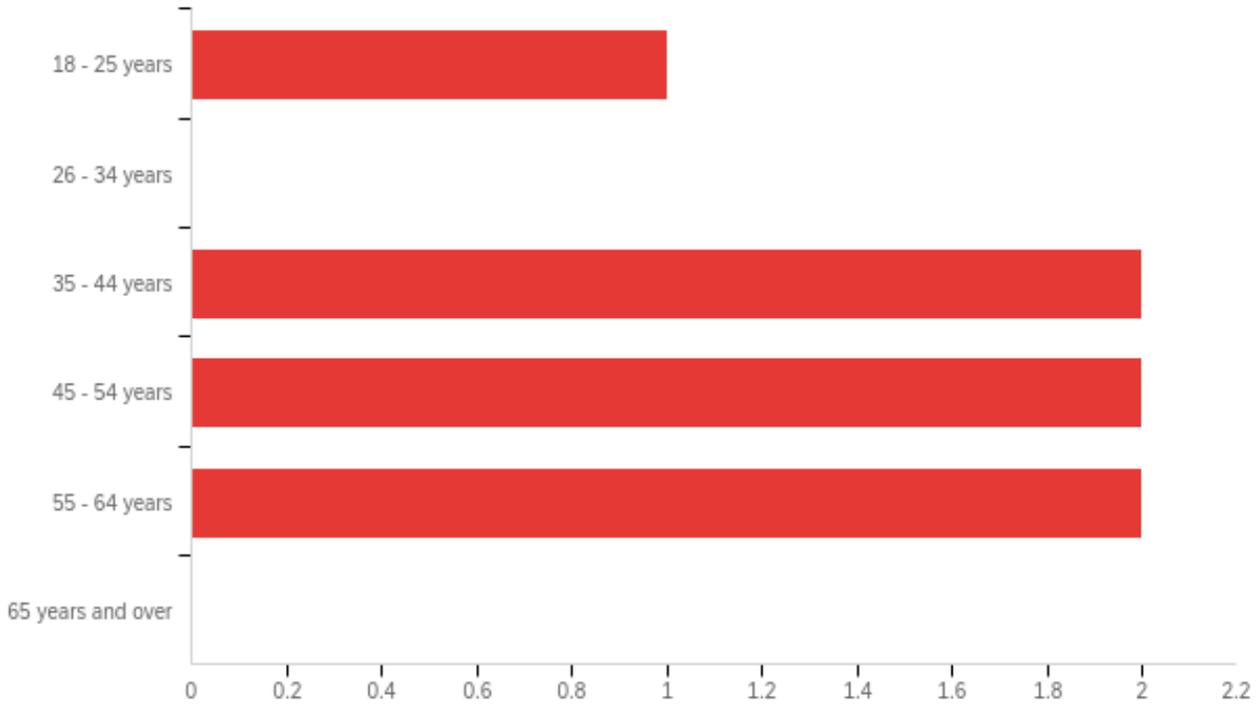
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	1.00	3.00	1.71	0.70	0.49	7

#	Answer	%	Count
1	Male	42.86%	3
2	Female	42.86%	3
3	Identifies as other than male or female	14.29%	1
	Total	100%	7

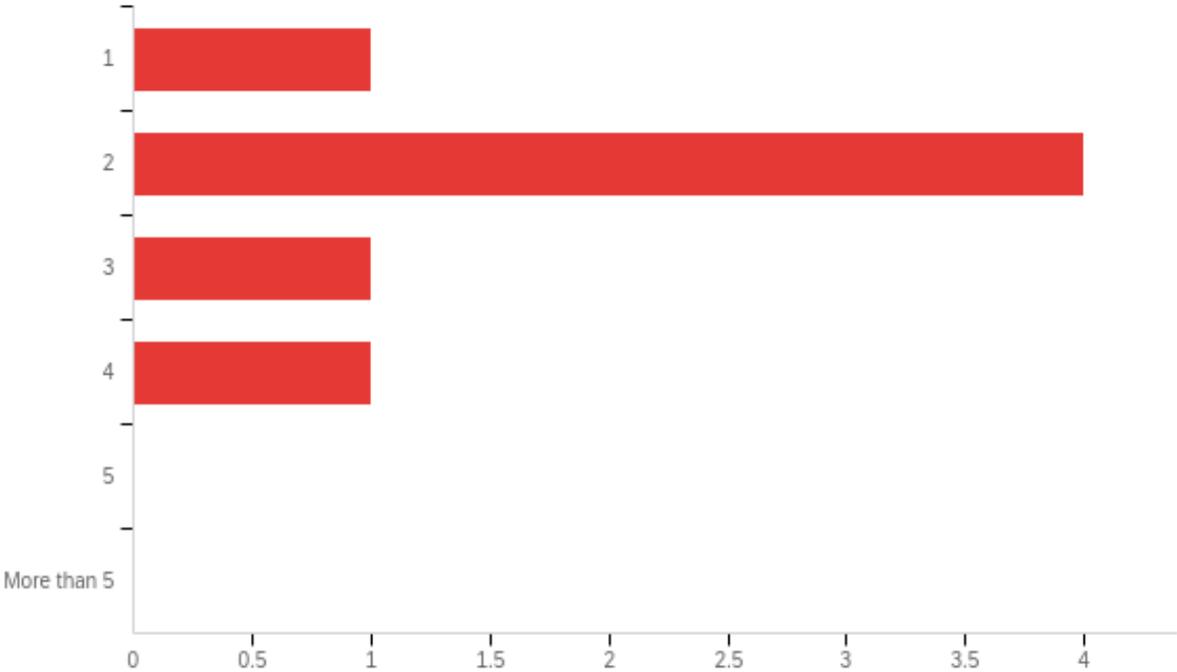
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	1.00	5.00	3.57	1.29	1.67	7

#	Answer	%	Count
1	18 - 25 years	14.29%	1
2	26 - 34 years	0.00%	0
3	35 - 44 years	28.57%	2
4	45 - 54 years	28.57%	2
5	55 - 64 years	28.57%	2
6	65 years and over	0.00%	0
	Total	100%	7

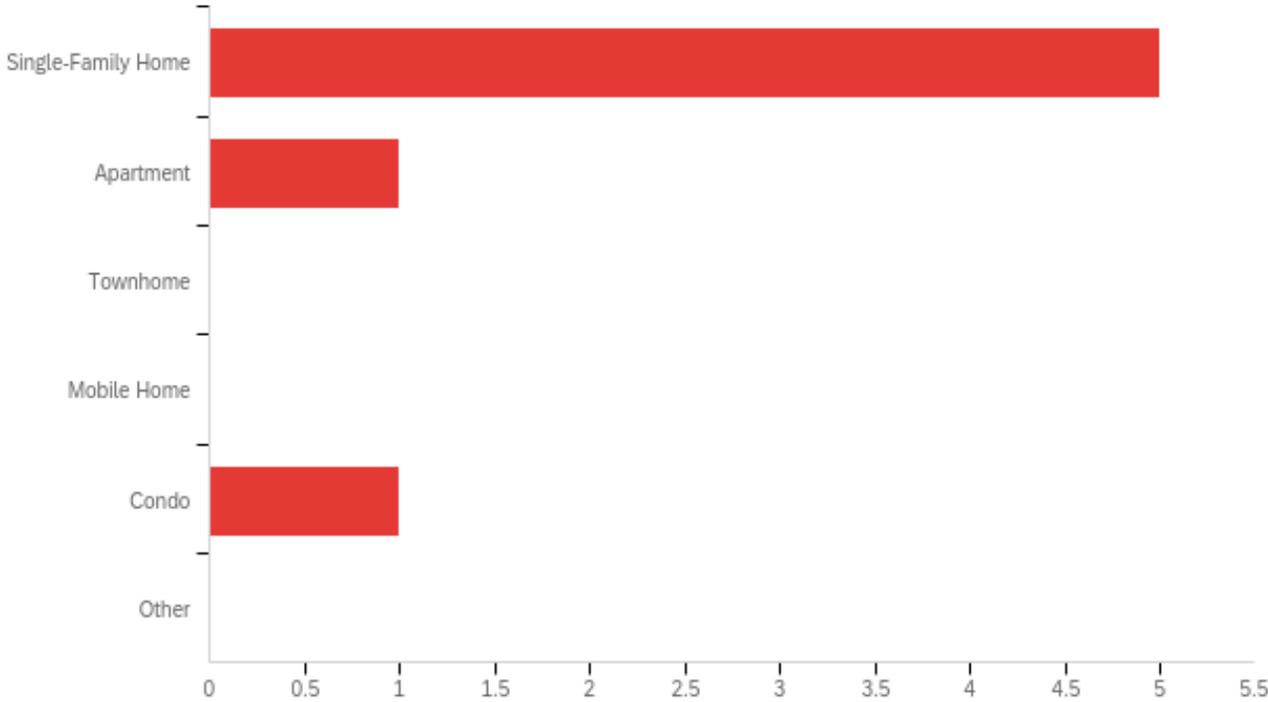
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	1.00	4.00	2.29	0.88	0.78	7

#	Answer	%	Count
1	1	14.29%	1
2	2	57.14%	4
3	3	14.29%	1
4	4	14.29%	1
5	5	0.00%	0
6	More than 5	0.00%	0
	Total	100%	7

Demo4 - Type of Housing Unit



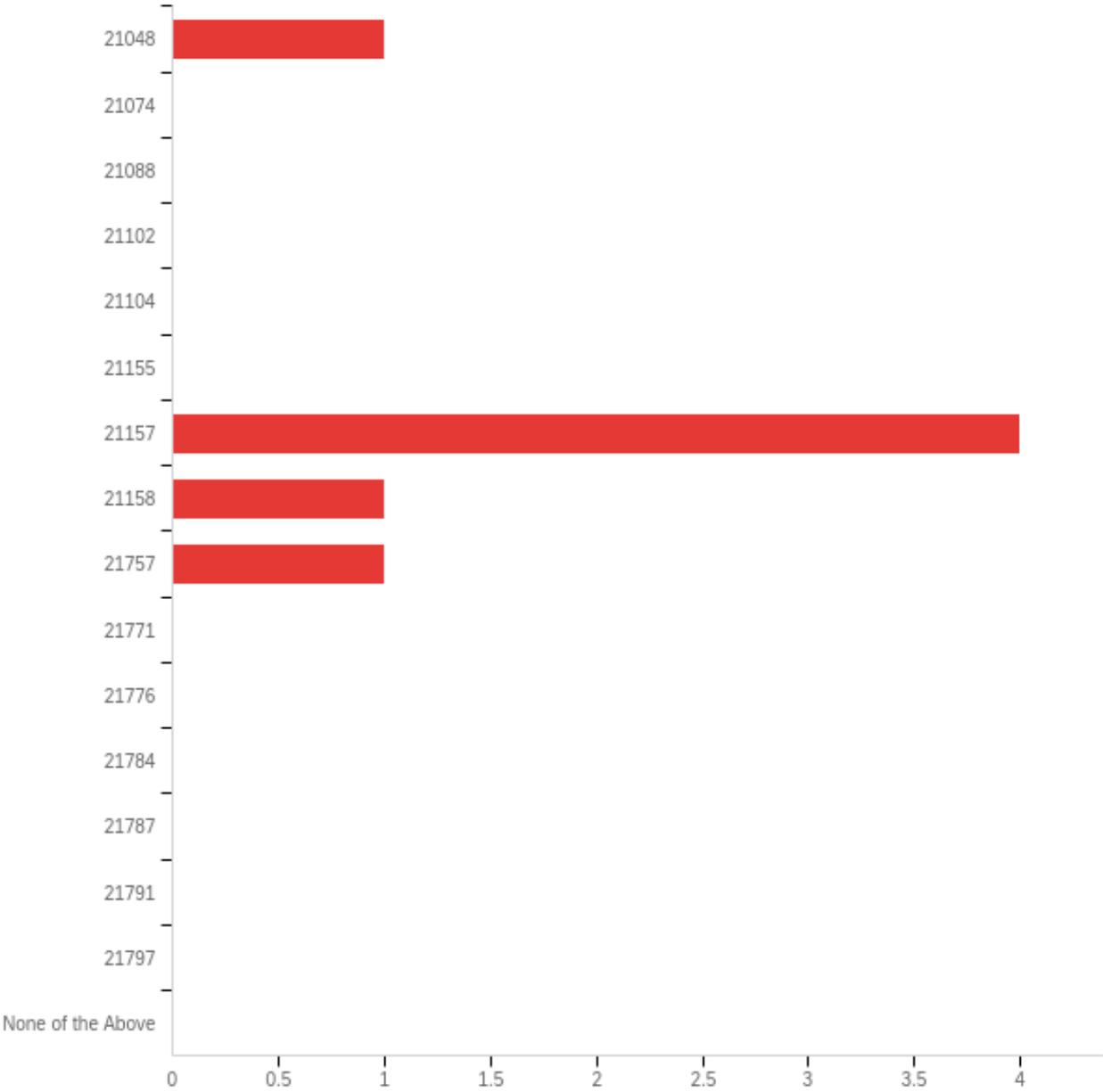
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	5.00	1.71	1.39	1.92	7

#	Answer	%	Count
1	Single-Family Home	71.43%	5
2	Apartment	14.29%	1
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	14.29%	1
6	Other	0.00%	0
	Total	100%	7

Demo4_6_TEXT - Other

Other - Text

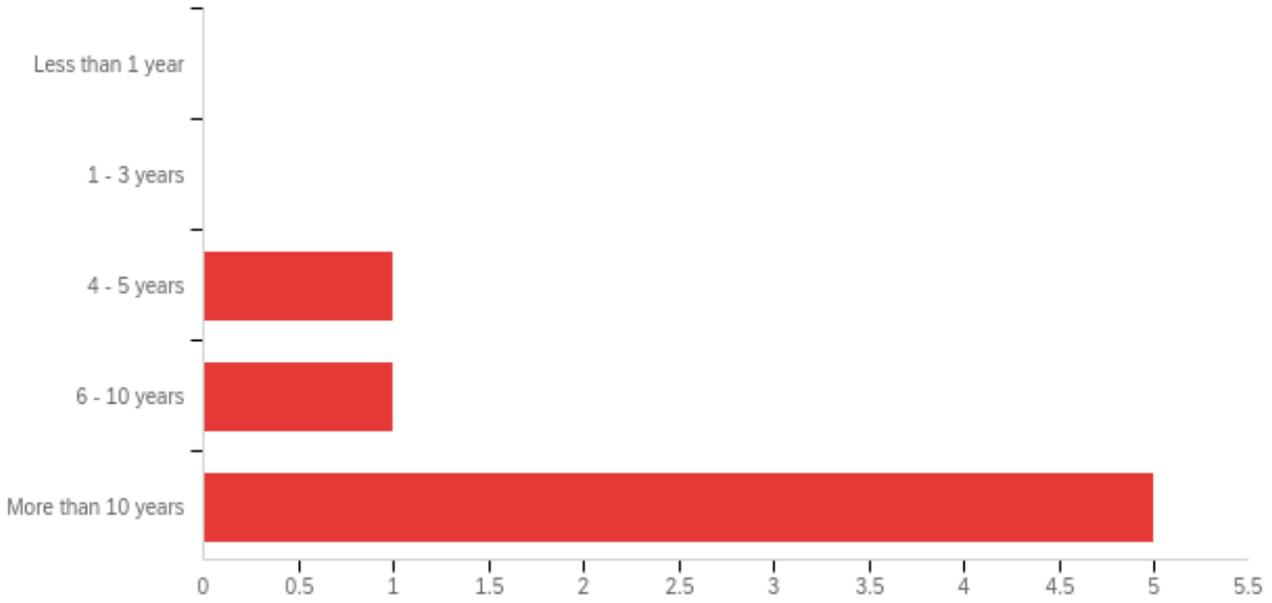
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	1.00	9.00	6.57	2.38	5.67	7

#	Answer	%	Count
1	21048	14.29%	1
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	57.14%	4
8	21158	14.29%	1
9	21757	14.29%	1
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	7

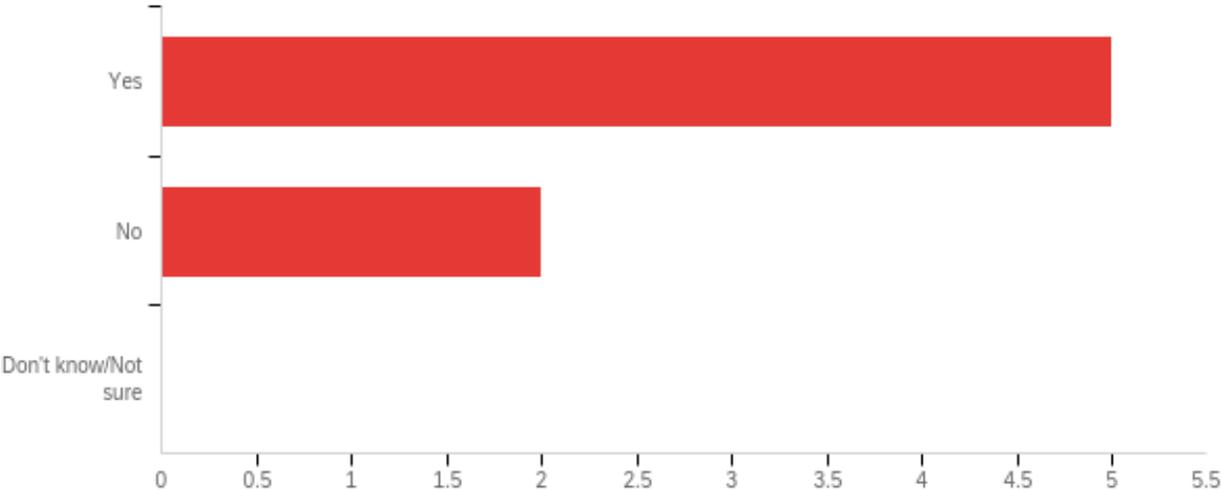
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	3.00	5.00	4.57	0.73	0.53	7

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	14.29%	1
4	6 - 10 years	14.29%	1
5	More than 10 years	71.43%	5
	Total	100%	7

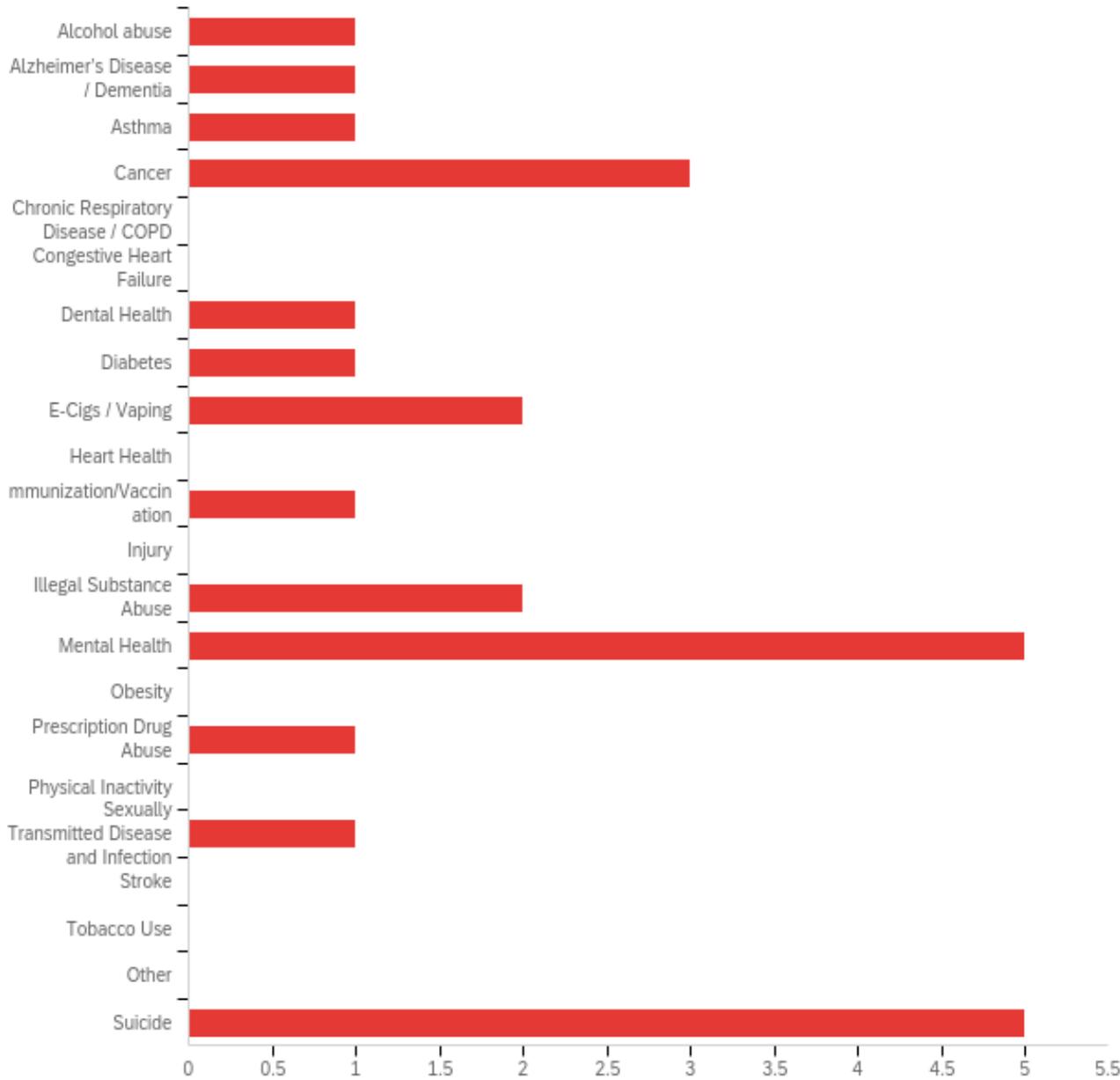
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	2.00	1.29	0.45	0.20	7

#	Answer	%	Count
1	Yes	71.43%	5
2	No	28.57%	2
3	Don't know/Not sure	0.00%	0
	Total	100%	7

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



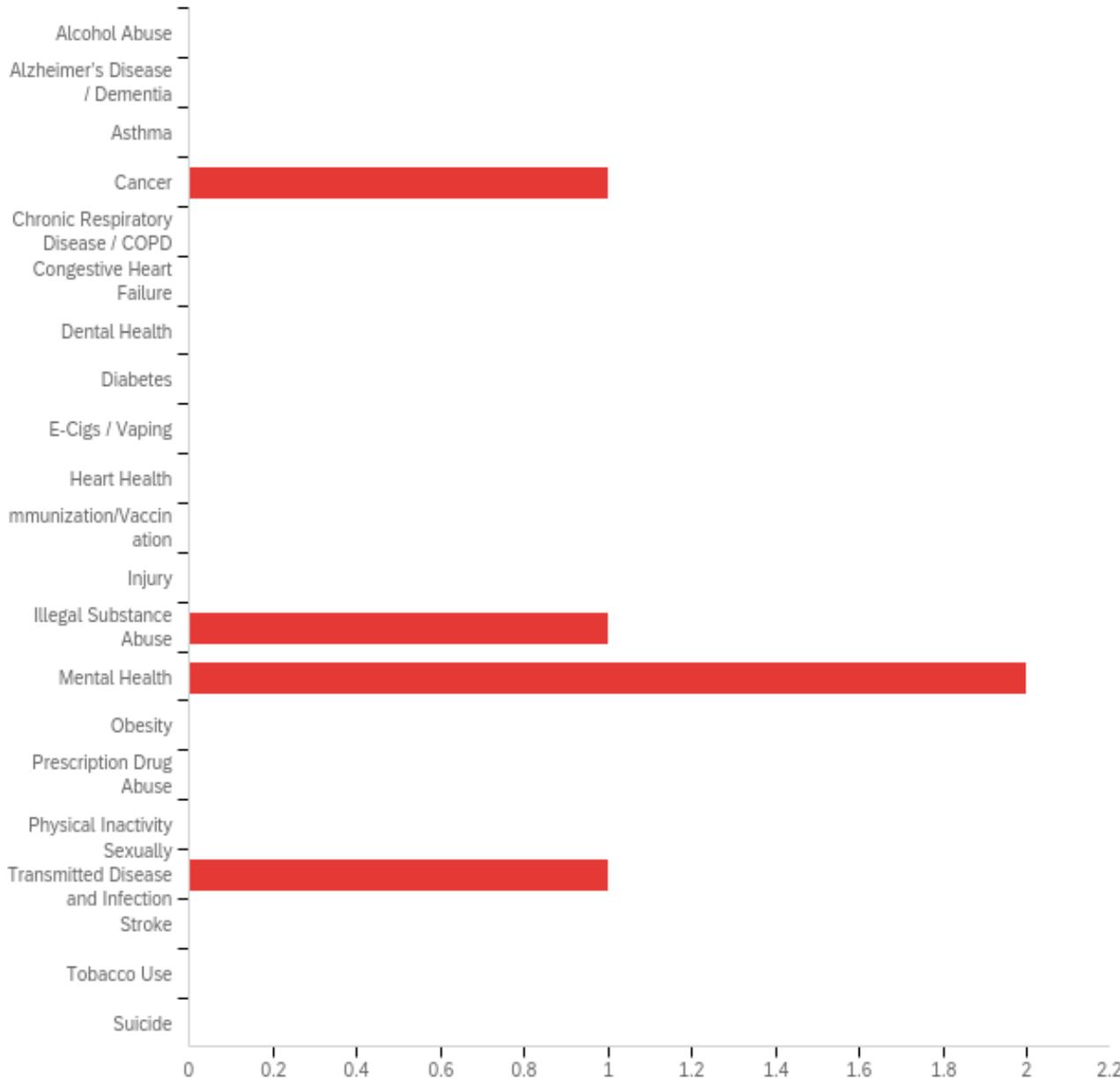
#	Answer	%	Count
1	Alcohol abuse	4.00%	1
2	Alzheimer's Disease / Dementia	4.00%	1
3	Asthma	4.00%	1
4	Cancer	12.00%	3

5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	4.00%	1
8	Diabetes	4.00%	1
9	E-Cigs / Vaping	8.00%	2
10	Heart Health	0.00%	0
11	Immunization/Vaccination	4.00%	1
12	Injury	0.00%	0
13	Illegal Substance Abuse	8.00%	2
14	Mental Health	20.00%	5
15	Obesity	0.00%	0
16	Prescription Drug Abuse	4.00%	1
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	4.00%	1
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Other	0.00%	0
22	Suicide	20.00%	5
	Total	100%	25

Gen1_21_TEXT - Other

Other - Text

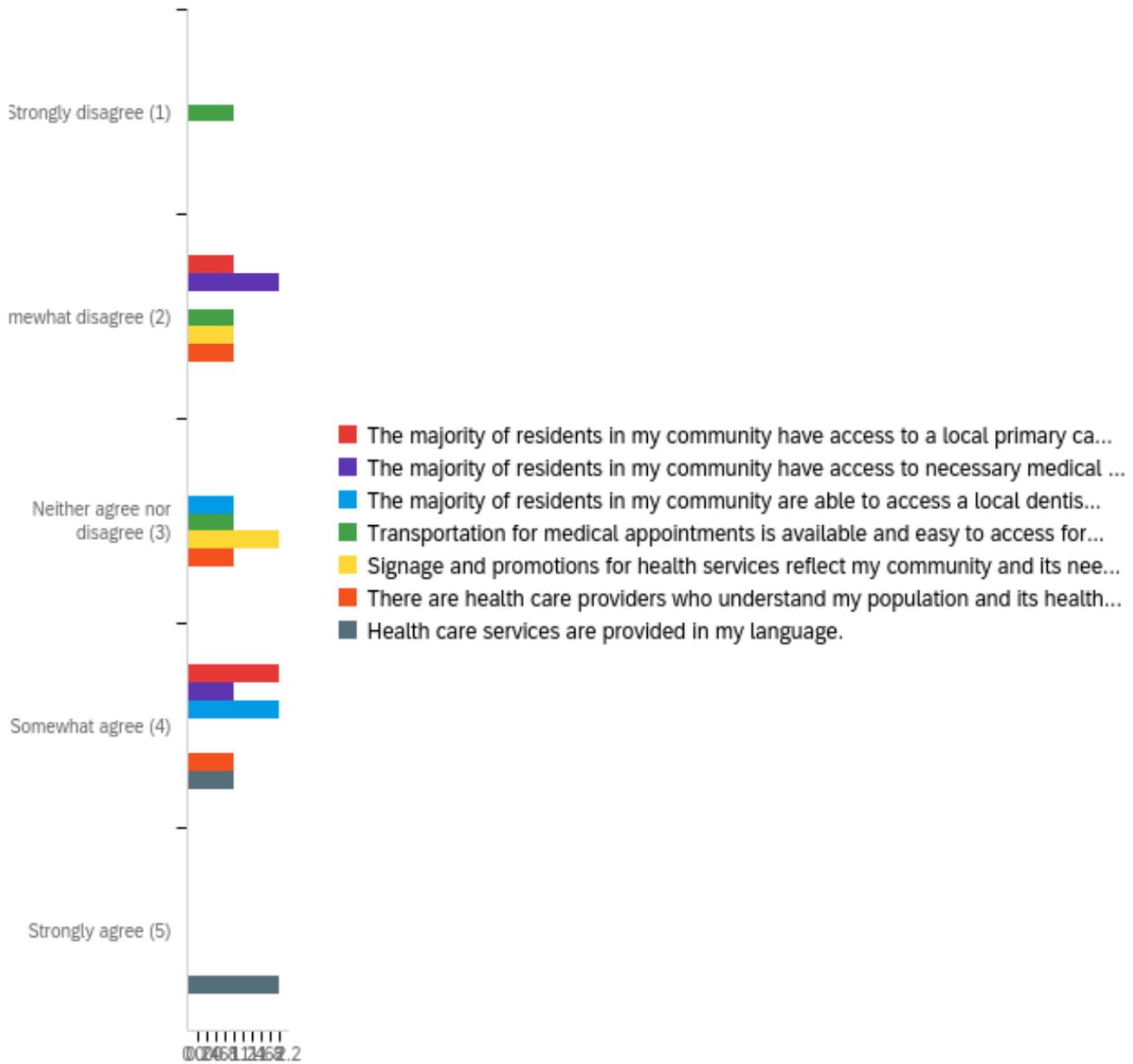
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	4.00	18.00	12.60	4.63	21.44	5

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	20.00%	1
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	20.00%	1
14	Mental Health	40.00%	2
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	20.00%	1
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	5

HCA1 - 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.

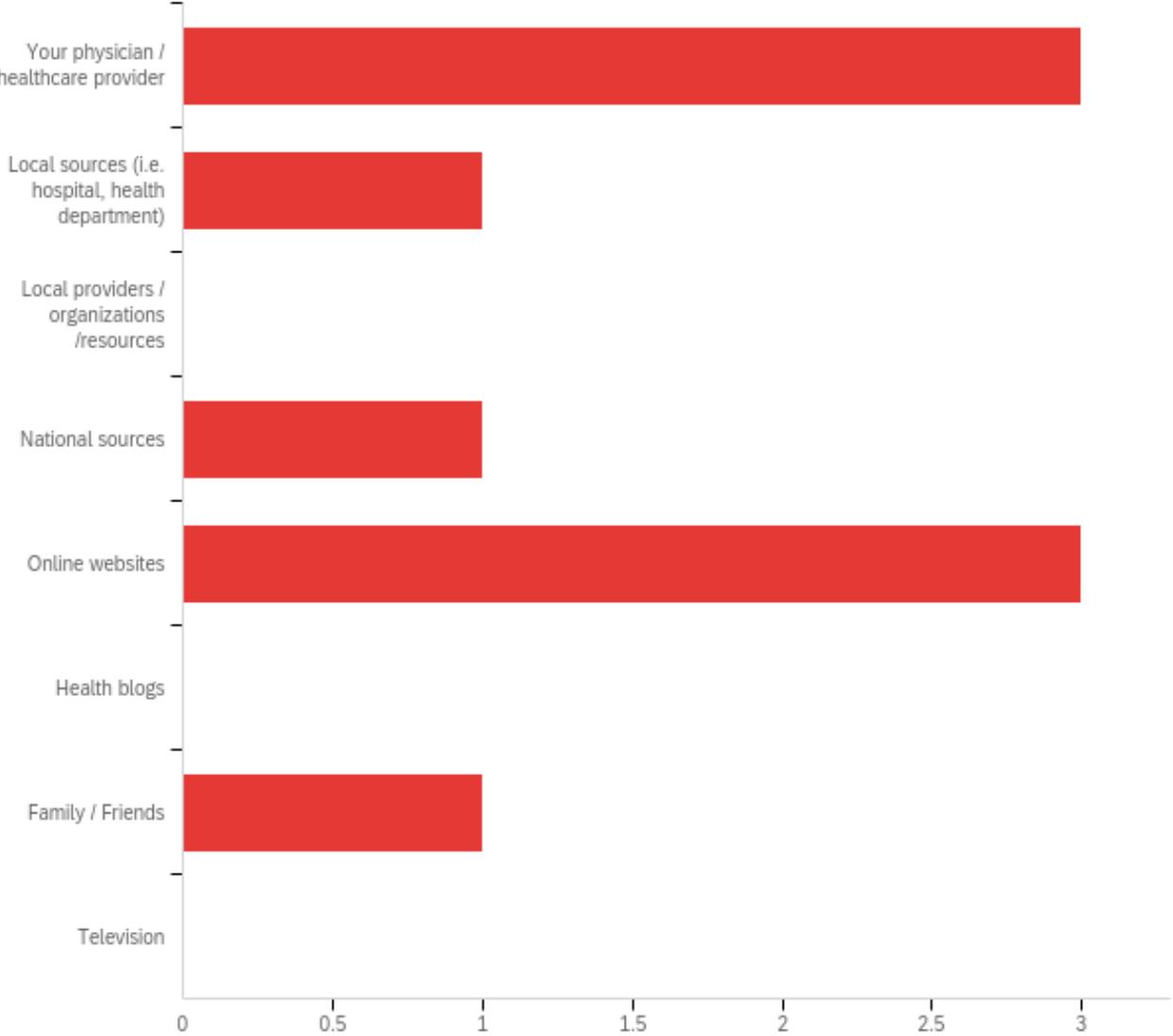


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	2.00	4.00	3.33	0.94	0.89	3
2	The majority of residents in my community have access to necessary medical specialists.	2.00	4.00	2.67	0.94	0.89	3
3	The majority of residents in my community are able to access a local dentist when needed.	3.00	4.00	3.67	0.47	0.22	3
4	Transportation for medical appointments is available and easy to access for the majority of	1.00	3.00	2.00	0.82	0.67	3

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	2.00	3.00	2.67	0.47	0.22	3
6	There are health care providers who understand my population and its health risks.	2.00	4.00	3.00	0.82	0.67	3
7	Health care services are provided in my language.	4.00	5.00	4.67	0.47	0.22	3

#	Question	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	Total
1	The majority of residents in my community have access to a local primary care provider.	0.00% 0	33.33% 1	0.00% 0	66.67% 2	0.00% 0	3
2	The majority of residents in my community have access to necessary medical specialists.	0.00% 0	66.67% 2	0.00% 0	33.33% 1	0.00% 0	3
3	The majority of residents in my community are able to access a local dentist when needed.	0.00% 0	0.00% 0	33.33% 1	66.67% 2	0.00% 0	3
4	Transportation for medical appointments is available and easy to access for the majority of residents.	33.33% 1	33.33% 1	33.33% 1	0.00% 0	0.00% 0	3
5	Signage and promotions for health services reflect my community and its needs.	0.00% 0	33.33% 1	66.67% 2	0.00% 0	0.00% 0	3
6	There are health care providers who understand my population and its health risks.	0.00% 0	33.33% 1	33.33% 1	33.33% 1	0.00% 0	3
7	Health care services are provided in my language.	0.00% 0	0.00% 0	0.00% 0	33.33% 1	66.67% 2	3

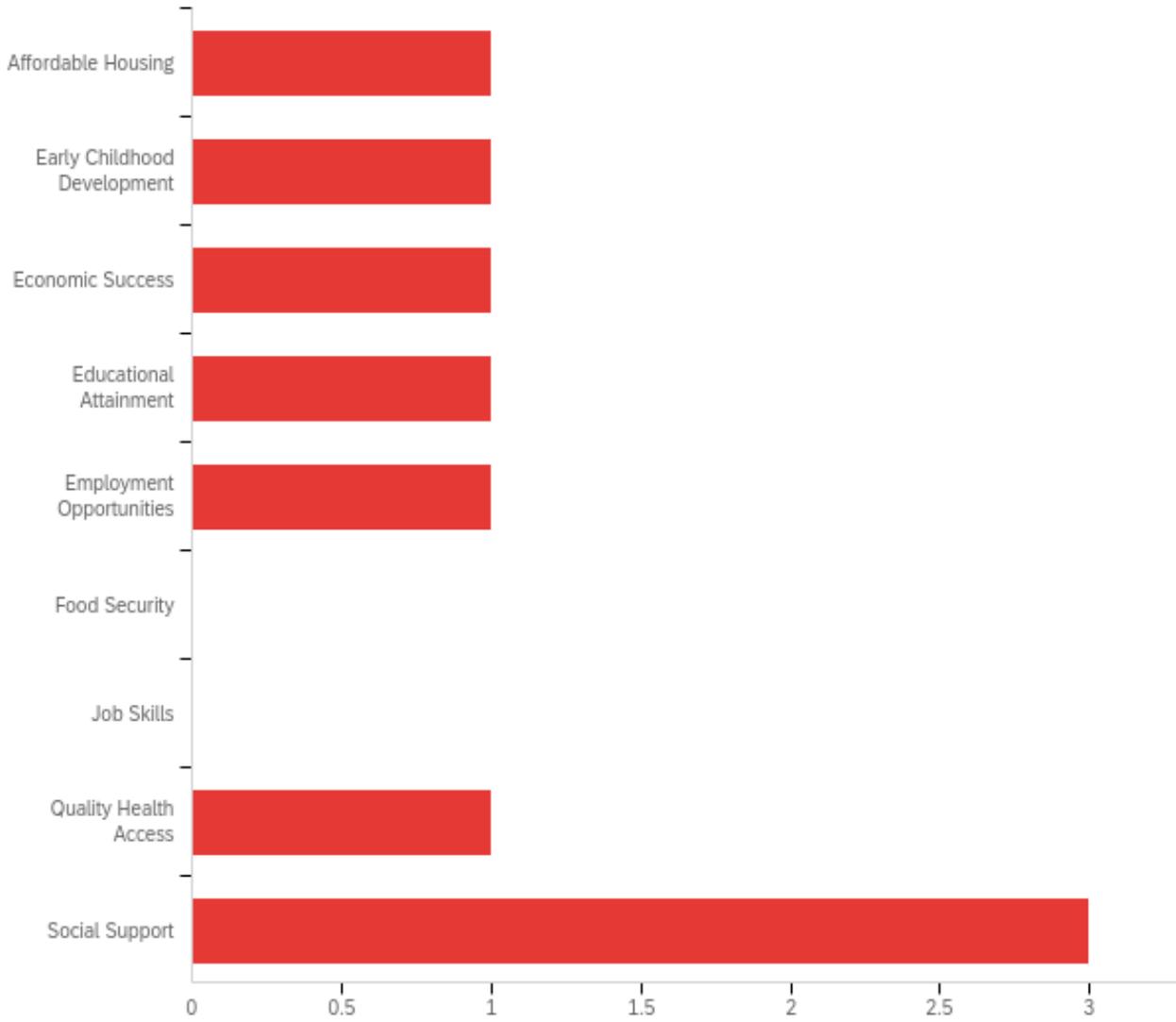
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	33.33%	3
2	Local sources (i.e. hospital, health department)	11.11%	1
3	Local providers / organizations /resources	0.00%	0
4	National sources	11.11%	1
5	Online websites	33.33%	3
6	Health blogs	0.00%	0
7	Family / Friends	11.11%	1

8	Television	0.00%	0
	Total	100%	9

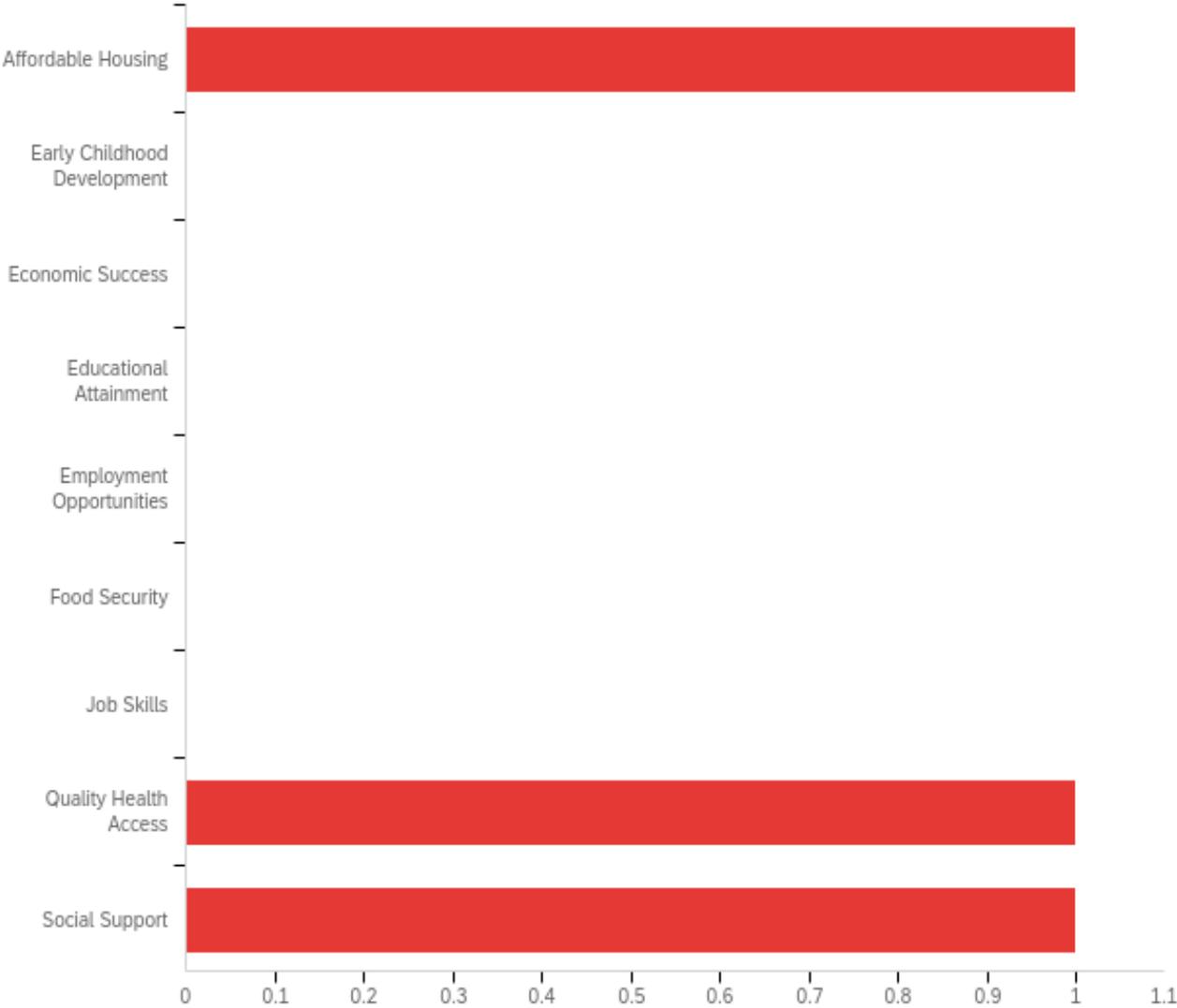
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	11.11%	1
2	Early Childhood Development	11.11%	1
3	Economic Success	11.11%	1
4	Educational Attainment	11.11%	1
5	Employment Opportunities	11.11%	1

6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	11.11%	1
9	Social Support	33.33%	3
	Total	100%	9

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



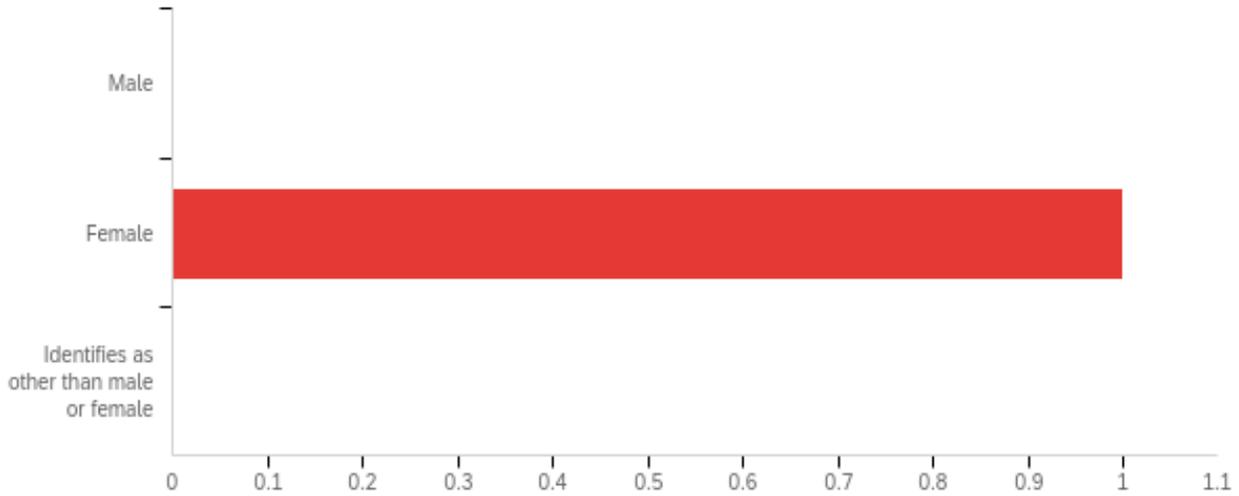
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	1.00	9.00	6.00	3.56	12.67	3

#	Answer	%	Count
1	Affordable Housing	33.33%	1
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	33.33%	1
9	Social Support	33.33%	1
	Total	100%	3

Low Income Focus Group

Targeted Populations

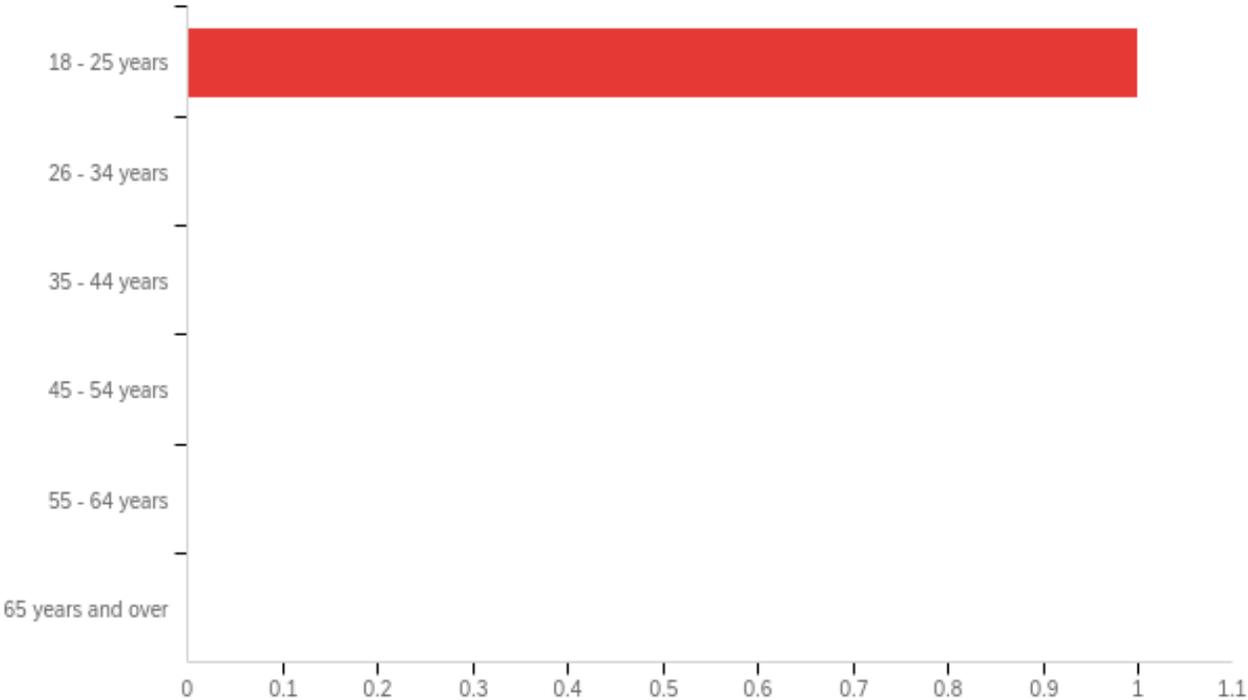
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	2.00	2.00	2.00	0.00	0.00	1

#	Answer	%	Count
1	Male	0.00%	0
2	Female	100.00%	1
3	Identifies as other than male or female	0.00%	0
	Total	100%	1

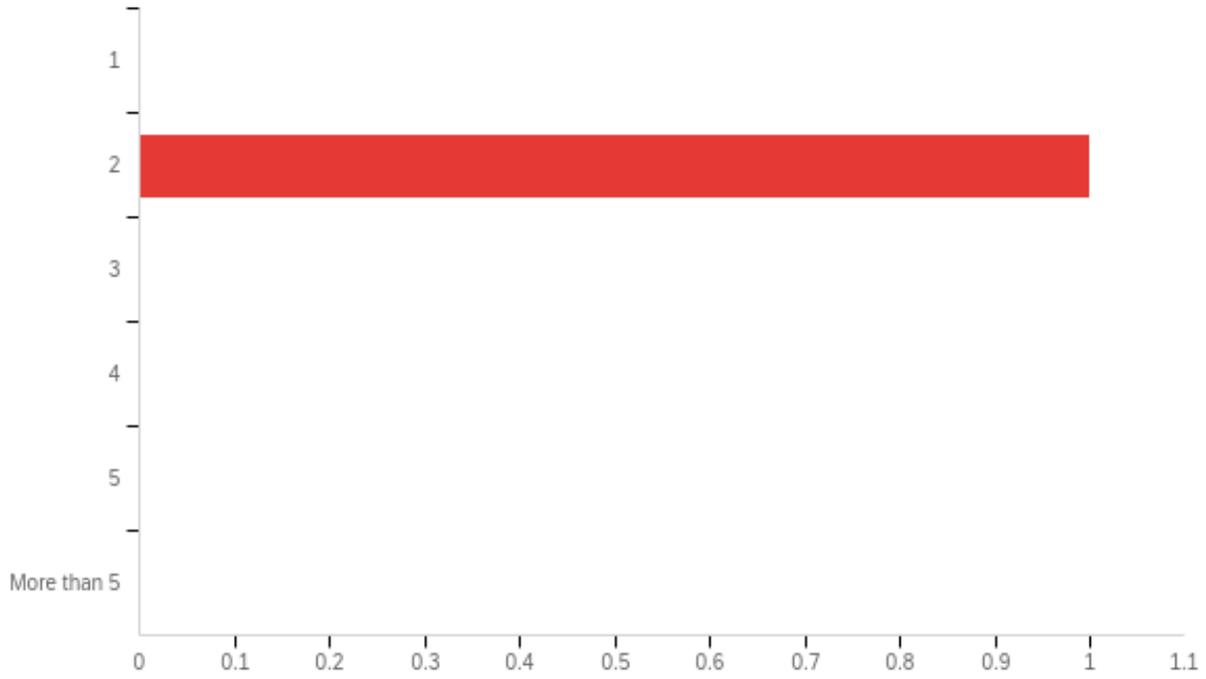
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	1.00	1.00	1.00	0.00	0.00	1

#	Answer	%	Count
1	18 - 25 years	100.00%	1
2	26 - 34 years	0.00%	0
3	35 - 44 years	0.00%	0
4	45 - 54 years	0.00%	0
5	55 - 64 years	0.00%	0
6	65 years and over	0.00%	0
	Total	100%	1

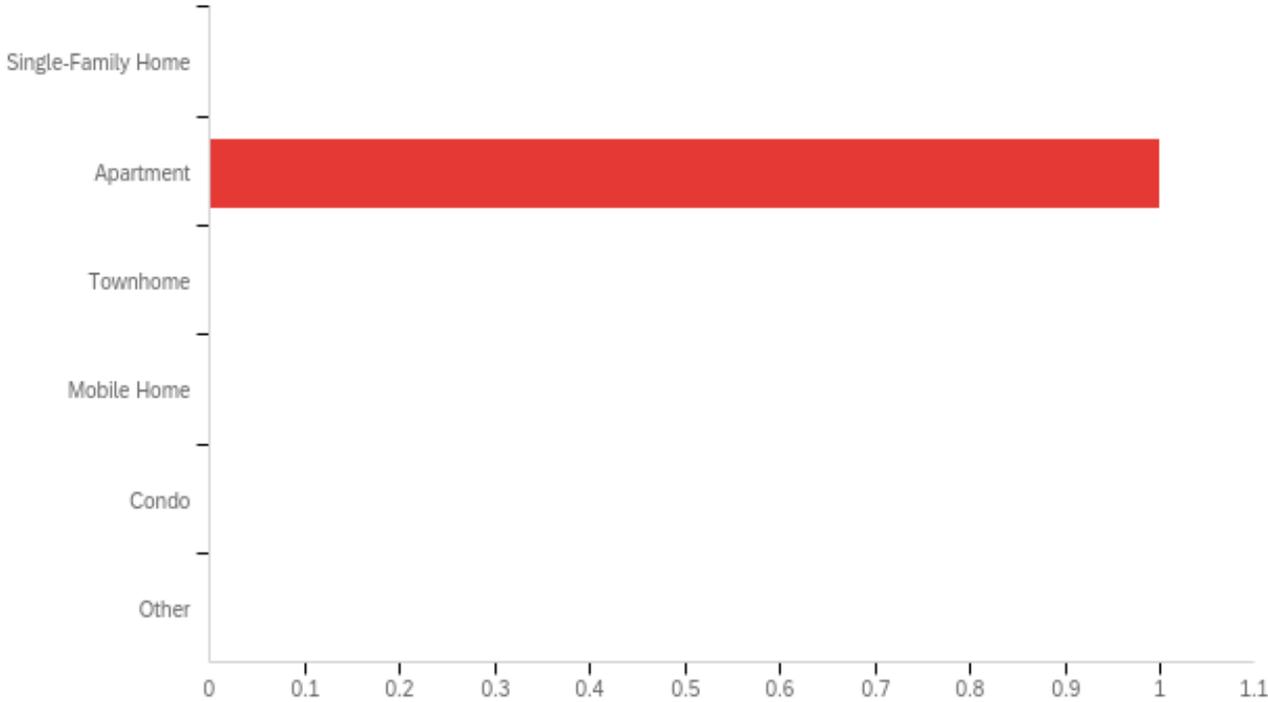
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	2.00	2.00	2.00	0.00	0.00	1

#	Answer	%	Count
1	1	0.00%	0
2	2	100.00%	1
3	3	0.00%	0
4	4	0.00%	0
5	5	0.00%	0
6	More than 5	0.00%	0
	Total	100%	1

Demo4 - Type of Housing Unit



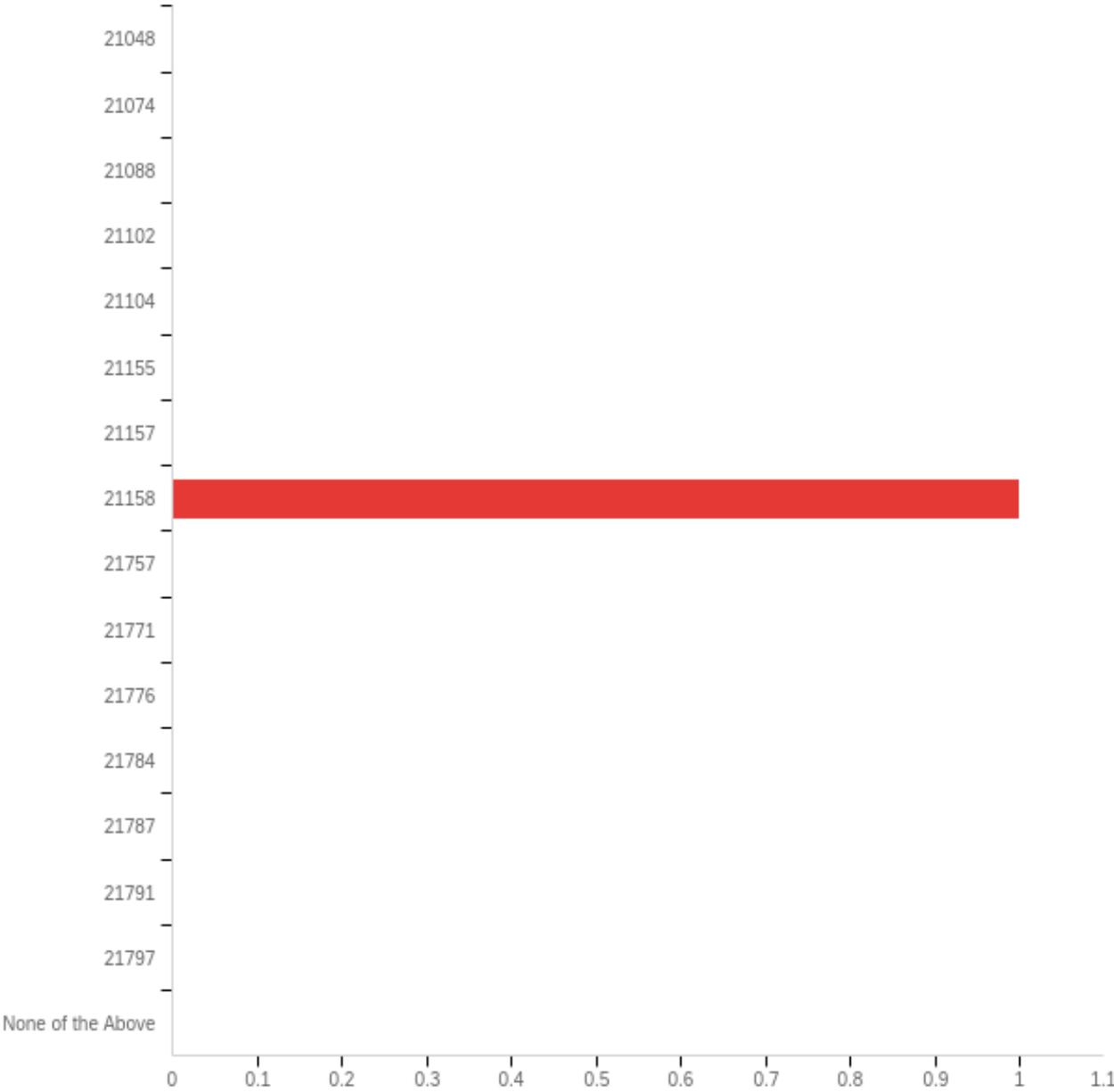
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	2.00	2.00	2.00	0.00	0.00	1

#	Answer	%	Count
1	Single-Family Home	0.00%	0
2	Apartment	100.00%	1
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	1

Demo4_6_TEXT - Other

Other - Text

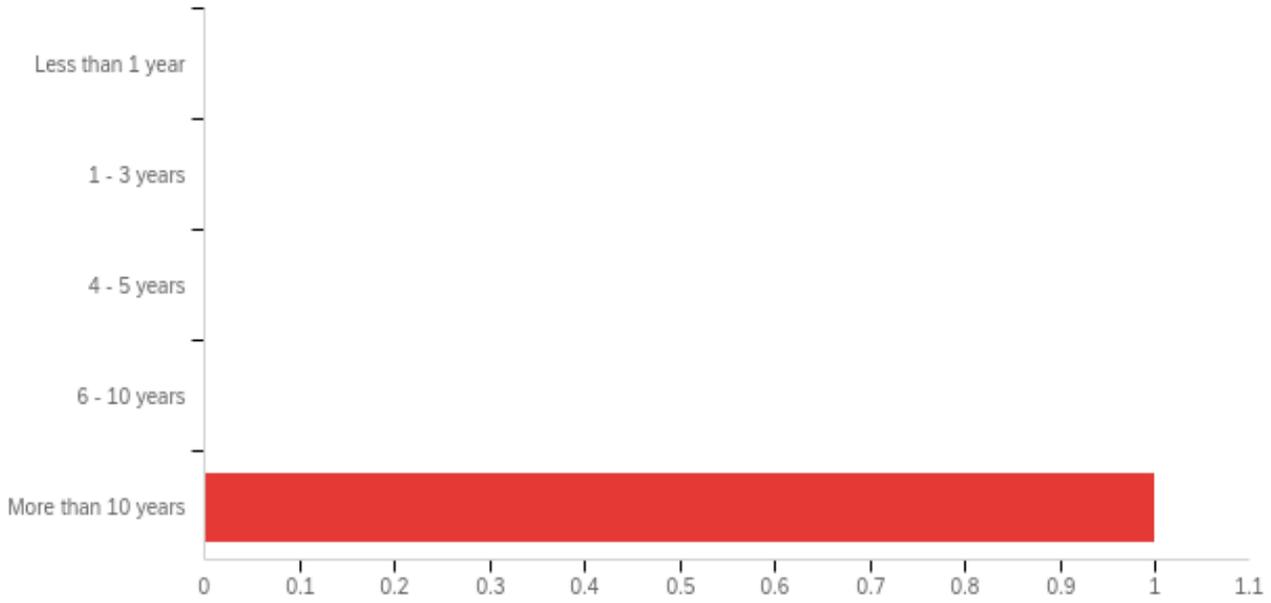
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	8.00	8.00	8.00	0.00	0.00	1

#	Answer	%	Count
1	21048	0.00%	0
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	0.00%	0
8	21158	100.00%	1
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	1

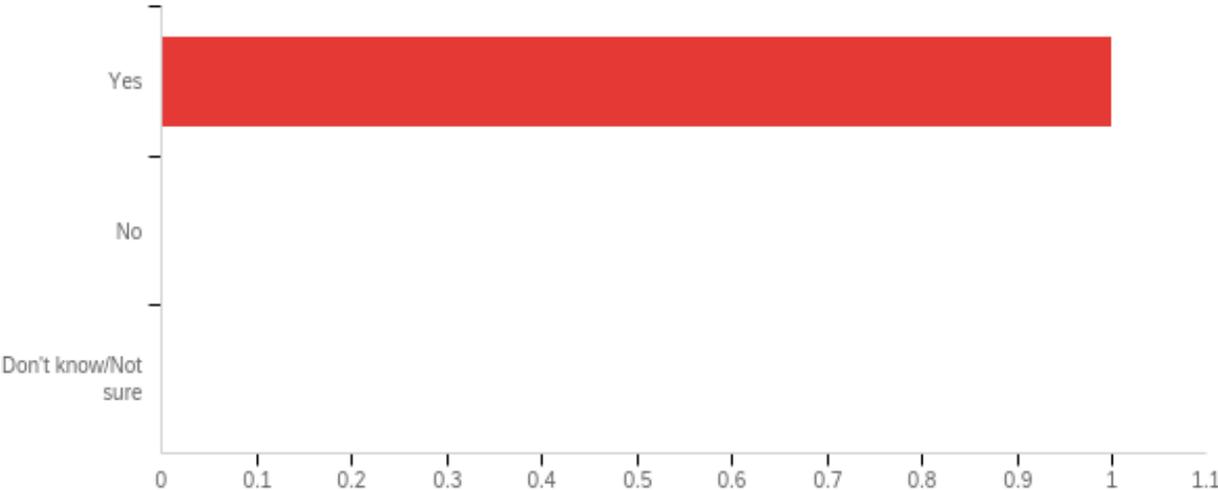
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	5.00	5.00	5.00	0.00	0.00	1

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	100.00%	1
	Total	100%	1

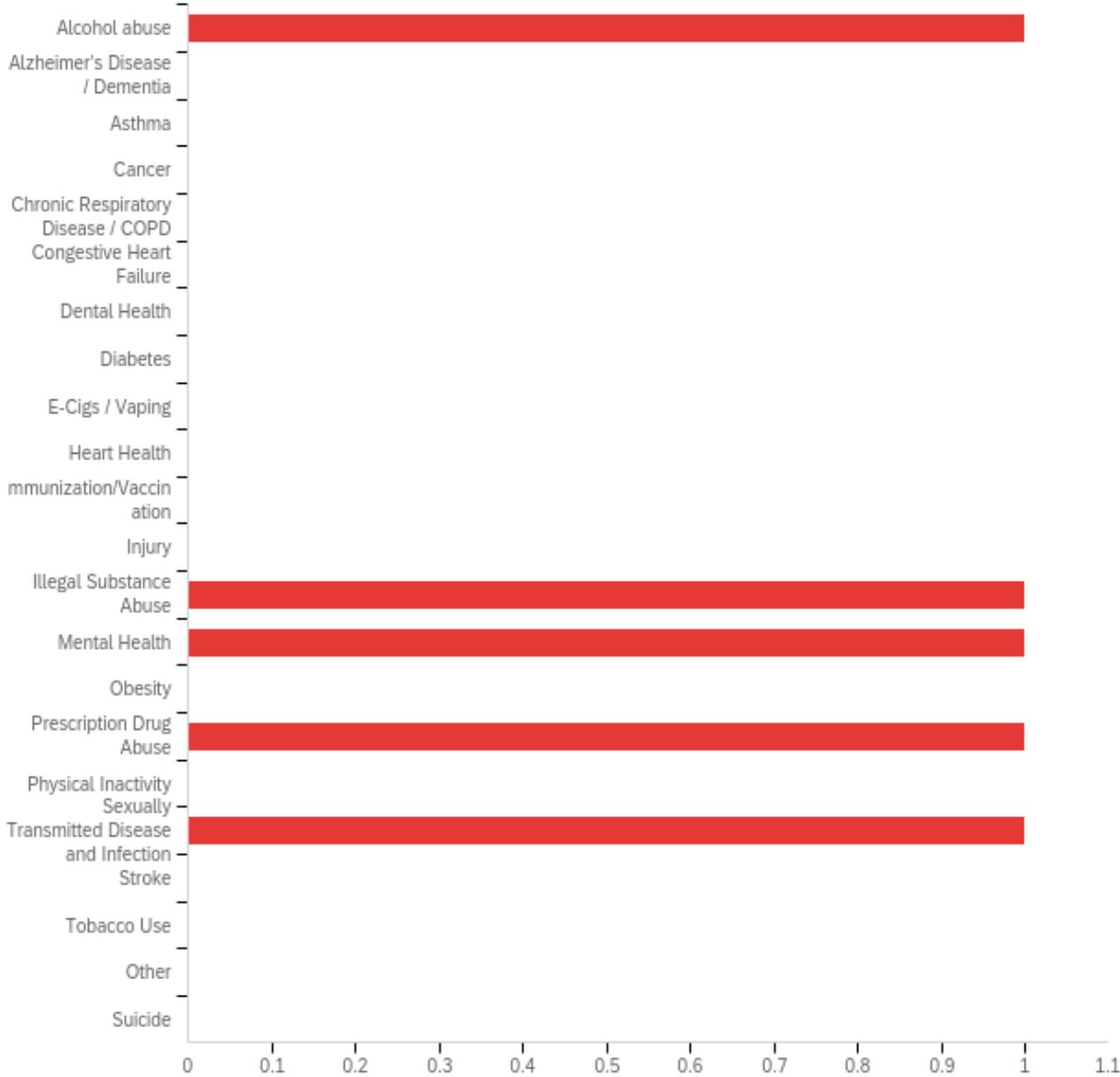
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	1.00	1.00	0.00	0.00	1

#	Answer	%	Count
1	Yes	100.00%	1
2	No	0.00%	0
3	Don't know/Not sure	0.00%	0
	Total	100%	1

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



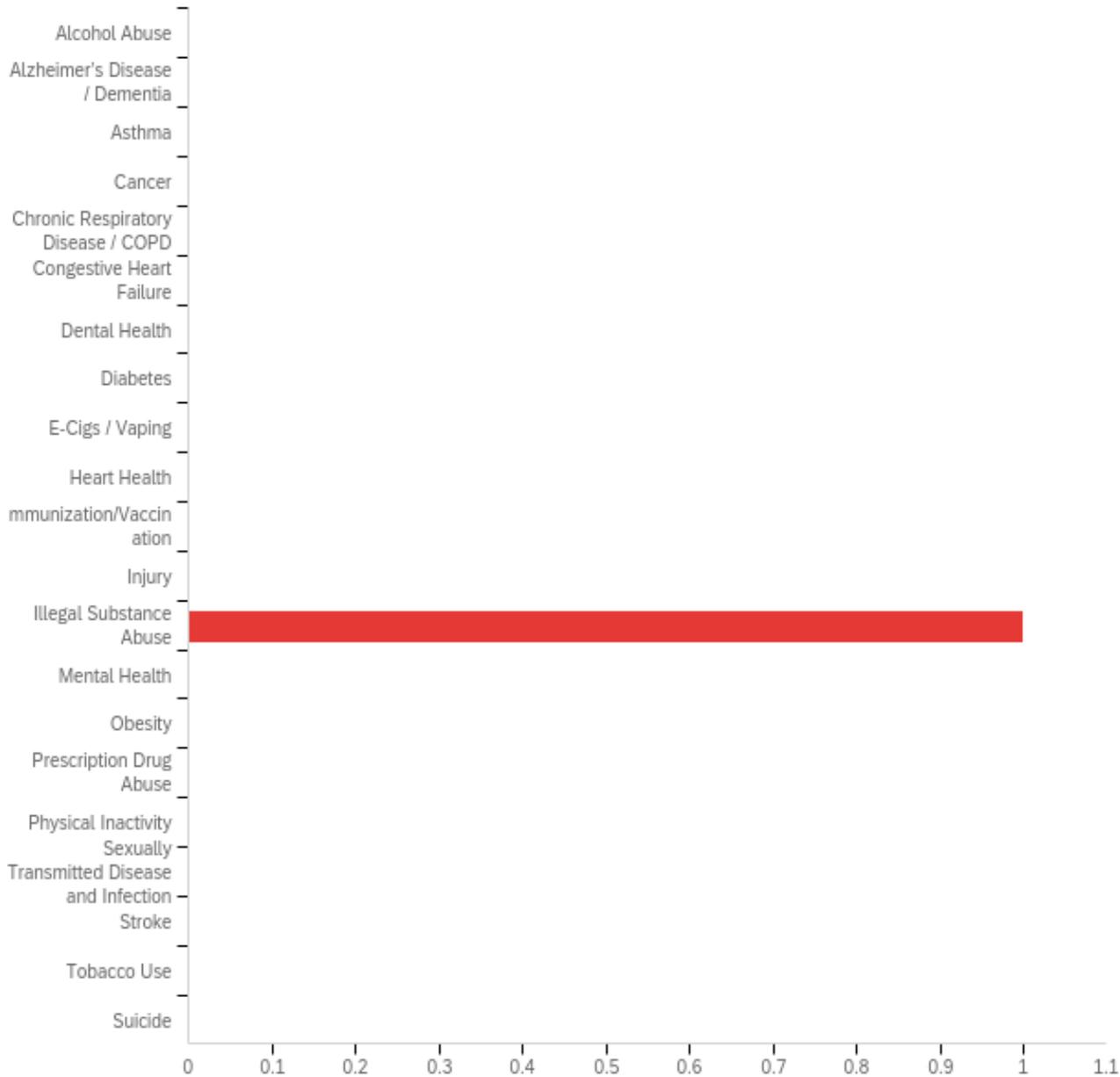
#	Answer	%	Count
1	Alcohol abuse	20.00%	1
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	0.00%	0

5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	20.00%	1
14	Mental Health	20.00%	1
15	Obesity	0.00%	0
16	Prescription Drug Abuse	20.00%	1
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	20.00%	1
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Other	0.00%	0
22	Suicide	0.00%	0
	Total	100%	5

Gen1_21_TEXT - Other

Other - Text

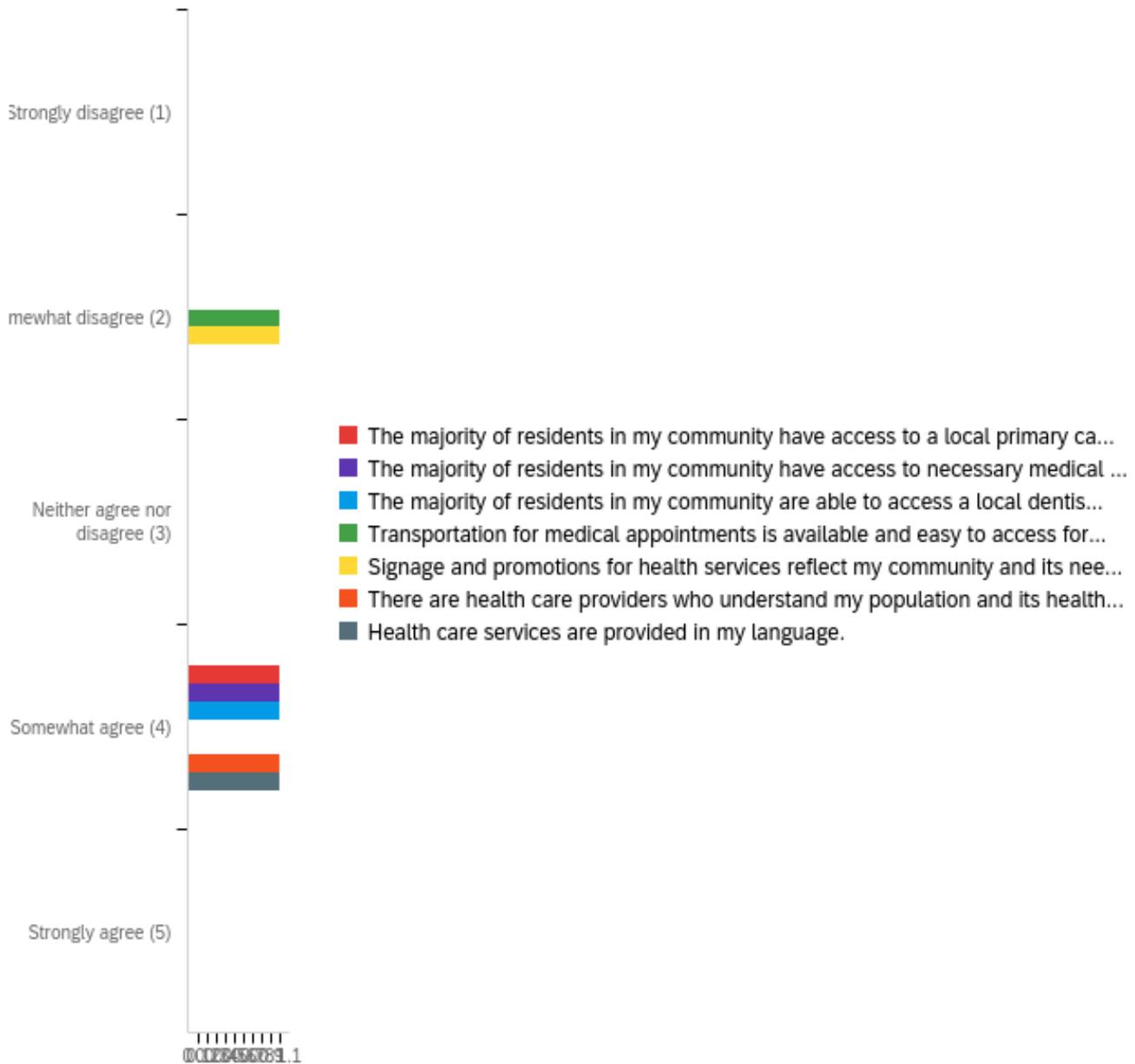
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	13.00	13.00	13.00	0.00	0.00	1

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	100.00%	1
14	Mental Health	0.00%	0
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	1

HCA1 - 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.

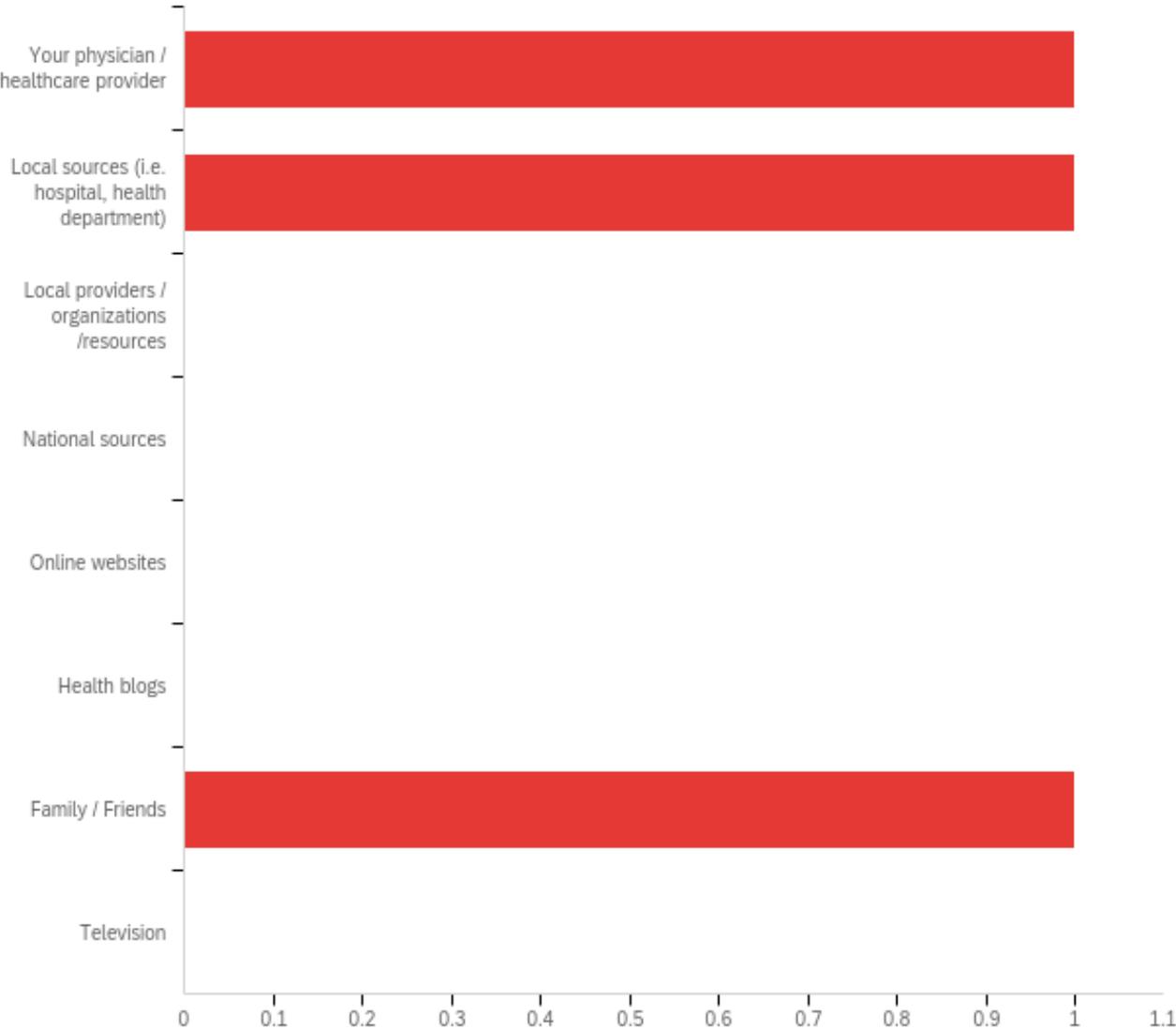


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	4.00	4.00	4.00	0.00	0.00	1
2	The majority of residents in my community have access to necessary medical specialists.	4.00	4.00	4.00	0.00	0.00	1
3	The majority of residents in my community are able to access a local dentist when needed.	4.00	4.00	4.00	0.00	0.00	1
4	Transportation for medical appointments is available and easy to access for the majority of	2.00	2.00	2.00	0.00	0.00	1

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	2.00	2.00	2.00	0.00	0.00	1
6	There are health care providers who understand my population and its health risks.	4.00	4.00	4.00	0.00	0.00	1
7	Health care services are provided in my language.	4.00	4.00	4.00	0.00	0.00	1

#	Question	Strongly disagree (1)		Somewhat disagree (2)		Neither agree nor disagree (3)		Somewhat agree (4)		Strongly agree (5)		Total
1	The majority of residents in my community have access to a local primary care provider.	0.00%	0	0.00%	0	0.00%	0	100.00%	1	0.00%	0	1
2	The majority of residents in my community have access to necessary medical specialists.	0.00%	0	0.00%	0	0.00%	0	100.00%	1	0.00%	0	1
3	The majority of residents in my community are able to access a local dentist when needed.	0.00%	0	0.00%	0	0.00%	0	100.00%	1	0.00%	0	1
4	Transportation for medical appointments is available and easy to access for the majority of residents.	0.00%	0	100.00%	1	0.00%	0	0.00%	0	0.00%	0	1
5	Signage and promotions for health services reflect my community and its needs.	0.00%	0	100.00%	1	0.00%	0	0.00%	0	0.00%	0	1
6	There are health care providers who understand my population and its health risks.	0.00%	0	0.00%	0	0.00%	0	100.00%	1	0.00%	0	1
7	Health care services are provided in my language.	0.00%	0	0.00%	0	0.00%	0	100.00%	1	0.00%	0	1

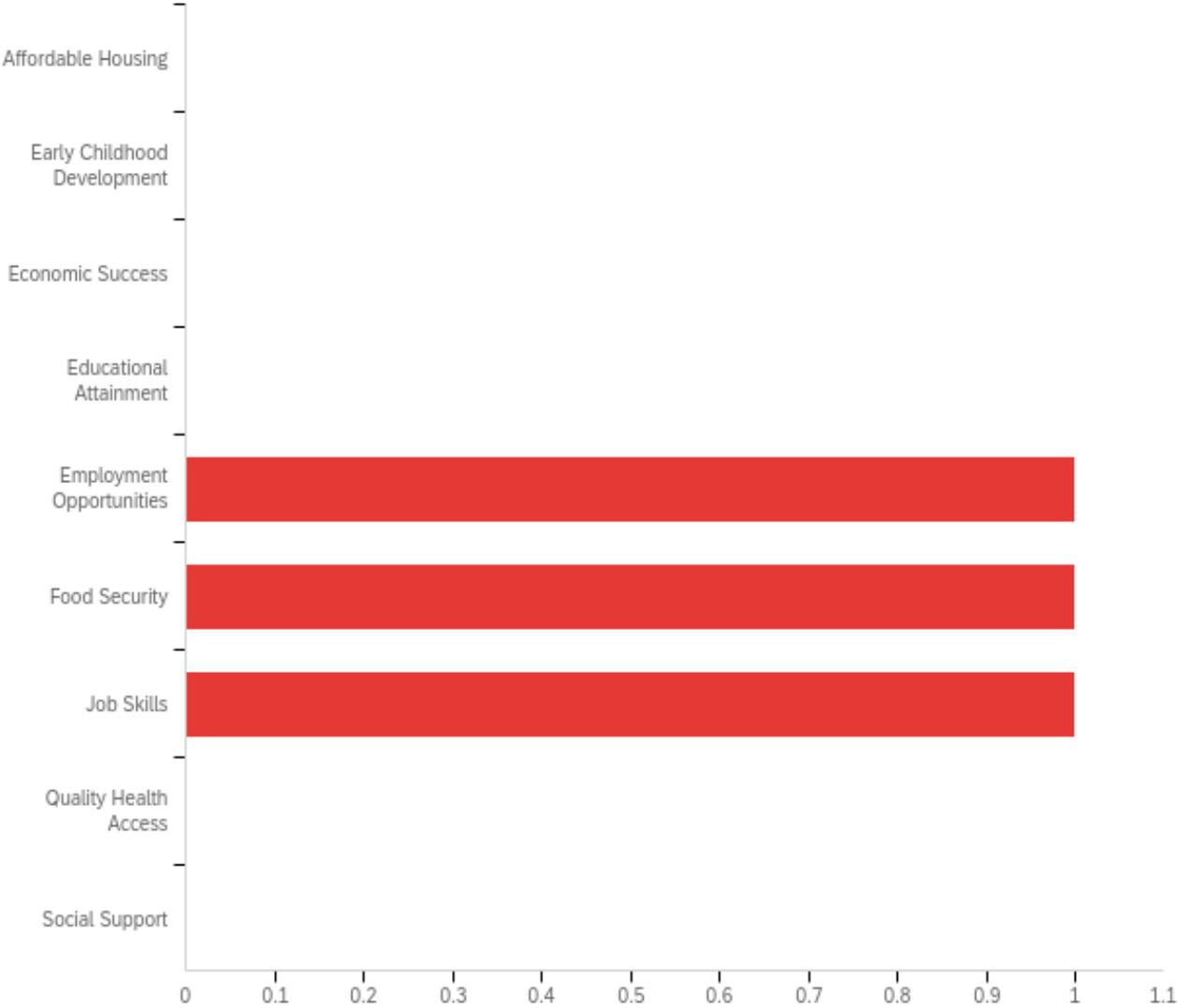
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	33.33%	1
2	Local sources (i.e. hospital, health department)	33.33%	1
3	Local providers / organizations /resources	0.00%	0
4	National sources	0.00%	0
5	Online websites	0.00%	0
6	Health blogs	0.00%	0
7	Family / Friends	33.33%	1

8	Television	0.00%	0
	Total	100%	3

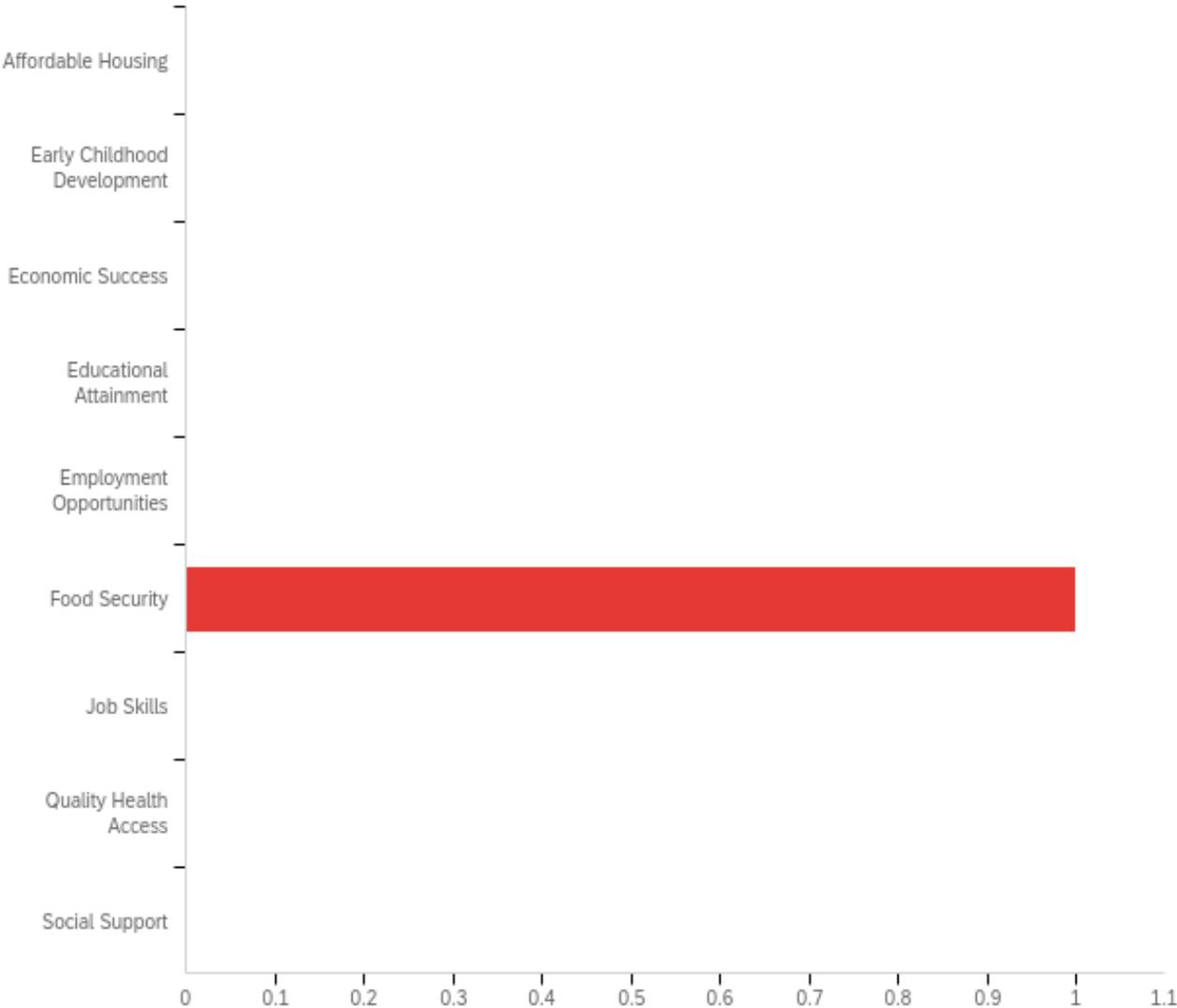
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	0.00%	0
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	33.33%	1

6	Food Security	33.33%	1
7	Job Skills	33.33%	1
8	Quality Health Access	0.00%	0
9	Social Support	0.00%	0
	Total	100%	3

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	6.00	6.00	6.00	0.00	0.00	1

#	Answer	%	Count
1	Affordable Housing	0.00%	0
2	Early Childhood Development	0.00%	0
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	100.00%	1
7	Job Skills	0.00%	0
8	Quality Health Access	0.00%	0
9	Social Support	0.00%	0
	Total	100%	1

Low Income Group (HSP) via ZOOM, recorder file #7.

September 11, 2020, 10:00 - 11:00 a.m.

Dot Fox explained the work of The Partnership, how the survey works, and the purpose of the Focus Groups to the participants.

General Health Issues and Behaviors

TOP 5 Health Concerns:

The top five health concerns identified in this group were alcohol abuse, illegal substance abuse, mental health, prescription drug abuse, and STDs.

Discussion: Regarding drug use, when you are addicted and using drugs, you are not really focused on your health, other than using the drugs to cope with what you are going through. The problem is definitely a combination of both illegal and prescription drug abuse, for instance, some sort of injury leads to a dependency to the drug, or you know people who have those drugs and are willing to sell them to you.

Alcohol abuse: Participants definitely agreed that during COVID, liquor stores were one of the few places still open, and having them so accessible allowed for people to continue to utilize that kind of pattern and behavior, while community support services were working hard trying to see how they could reach out to these people.

Mental health was an issue especially during COVID. We saw a lot of commercials regarding services moving to on-line to be accessible, but they ended up not to be so accessible because so many people were signing up for those services that had not used them previously because of experiencing new emotions and curves.

Even services for vulnerable populations were hard to access as well. The Mobile Crisis Team had a lot of reworking as to how they were going to visit our populations of both street homeless and shelter homeless. The problems were how organizations could safely provide these support services without putting people at risk? It was rough.

Dot discussed the survey question regarding COVID and the two that ranked highest were related to anxiety or worry for health. It has caused an increase in the mental health crisis.

Health Care Access

Do residents have access to providers and specialists and dentists? The answer was "Somewhat agree" that people have access to all these services.

Transportation for medical appointments: Participants felt that transportation for medical appointments is not accessible. Many people don't know about their transportation options, like Carroll Transit buses. Also, some buses require passes and this population can't really access those passes because of not having money to purchase the tickets. That is a struggle. In Westminster, physician offices tend to be close to each other, but that doesn't mean they are easily accessible for the homeless population in shelters. They don't have their own transportation options, and not having the knowledge

about local transportation is a barrier. They need the knowledge about what is accessible to them or help in purchasing the tickets.

More education regarding services would definitely be helpful. One person was raised in Carroll County, and had no idea these services existed. The homeless population are not all from around Carroll County but just ended up here, so they would be even less informed. Much information is word of mouth from others in campsites or from HSP. Since COVID, people are looking more for these services and using them. Having Access Carroll here to provide dental health services is great, but many people don't know about them. People need help with different things, such as obtaining driver licenses and getting medical check-ups.

Signage & promotions that reflect my community: in the HSP building there are signs that promote health services, but if not in this building you wouldn't know those services. It is understood that a lot of flyers would litter the community, but we definitely need a way to give out that information, especially for the street homeless. In the shelters you have that support, but on the street, it is very hard.

Health Care Access

Health Information/Education

What is the way you like to get information?

The top three ways of obtaining information are from physicians, the hospital, or family and friends. Much is by word of mouth by family and friends that have been through the process before. It is not a "one size fits all." People have cell phones, but the phones don't have the ability to hold documents and a lot of information. There is a prominent technology divide, even with on-line education, the divide is so huge. It is how we get our information, but faith is waning regarding the health information we are getting right now regarding COVID. Plus, all the information is very overwhelming to everyone right now.

Discussed was handing out important information at the free meal sites, and the cooling centers and warming centers which were opened during COVID. Churches signed up to bring lunches and would stick in things like prayers, but it is also a good way to distribute information. This could be coupled with food banks having the information to give out as well. They were a saving grace during this time. People frequented those food banks often, they seriously depended on those food banks during this pandemic.

Social Determinants

The top three social determinants picked were employment opportunities, job skills and food security.

Employment opportunities: Employment has been really hard to gain: a lot of people don't have their IDs and need to get them from the MVA, however, the MVA is very backed up – looking at a month out. The main issue is getting the ID. They have their number memorized, but they need the physical card. The MVA wants the physical card to make an appointment to get the physical card, but they don't have the card in order to make the appointment!

Job Skills: Many people have not maintained a job long enough to develop the necessary job skills they need to advance. Transportation to get to and from work limits a person's job accessibility. Your options are limited if the job is not close by in your own community.

Food Security: COVID highlighted a lack of food security, yet we had so many food banks working overtime to provide food. Many church members were driving out to people in order to deliver foods to individuals. There was a lot of re-working safety protocols. Pre-COVID the situation was a lot better. The homeless prefers to receive food based on shelf life: what had to be eaten that same day versus what they could hold onto and eat other days. Storage is the biggest problem. They can cook at their campsites, but there is no storage for leftovers. Excess of food brings rodents into the campsites. They love fruits and vegetables, but many have bad teeth health, so they are not able to bite into some foods like apples. They prefer soft fruits like bananas, clementine's, watermelon, and peaches. They also prefer canned goods (for longevity) and recommendations are canned meats like Vienna sausages, tuna and crackers, and spam.

Discussion ensued regarding whether food providers considered people's chronic health conditions, such as diabetes. When HSP was working with the warming shelters, they tried to get people with chronic disease like diabetes a protein pack instead of food with a lot of carbs. Claire, the program coordinator, is good with knowing what to ask for, especially in cases with allergies and diabetes. They try not to do too many sugary things, but we notice a lack of good healthy choices in food giving because you are just trying to feed people, not worrying as much about if the food is healthy.

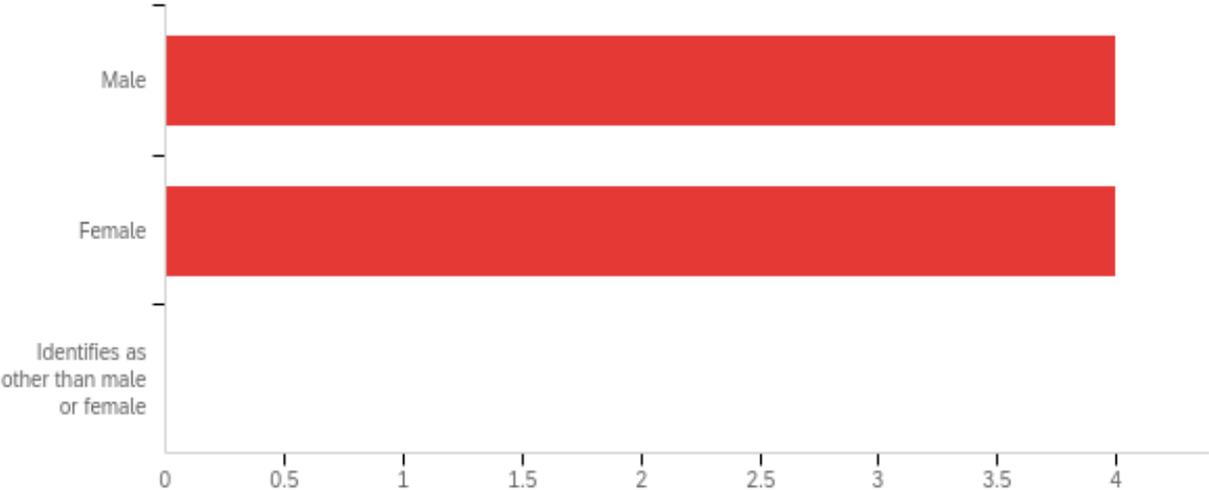
Affordable housing - what does that mean to you? There was a lady that had a problem getting housing because she had no credit and no one to sign for her. She was making good money, but her bad credit history from when she was younger made it hard for her to get credit in order to get housing. It then takes time to pay off debt and build up your credit. You still need somewhere to live but what do you do without having built up the credit?

Any additional concerns to include? It is a mixed bag, not one thing over another. A lot of people went to the internet but couldn't distinguish between reliable information and manipulated information, or falling into the trap of believing all of the conspiracy theories and fake news (creating a push back with masks, or lock downs being from the government and making people stay put).

Older Adults Focus Group -Lions Club

Targeted Populations

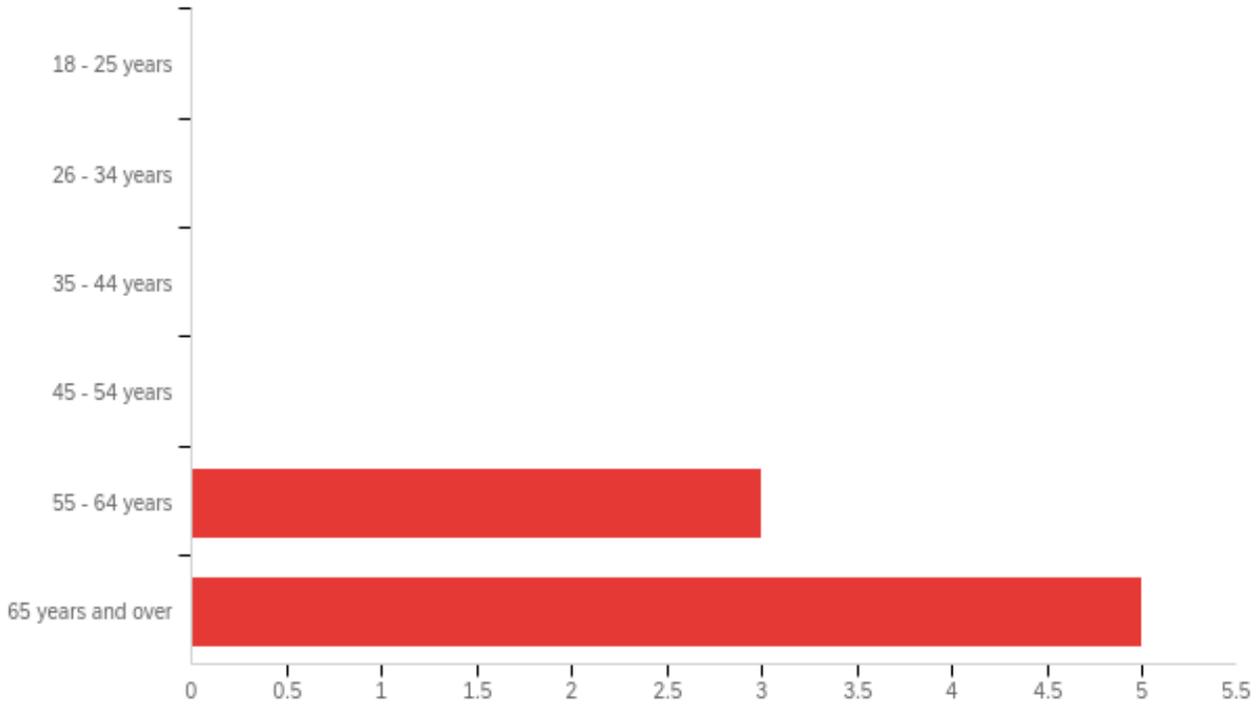
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	1.00	2.00	1.50	0.50	0.25	8

#	Answer	%	Count
1	Male	50.00%	4
2	Female	50.00%	4
3	Identifies as other than male or female	0.00%	0
	Total	100%	8

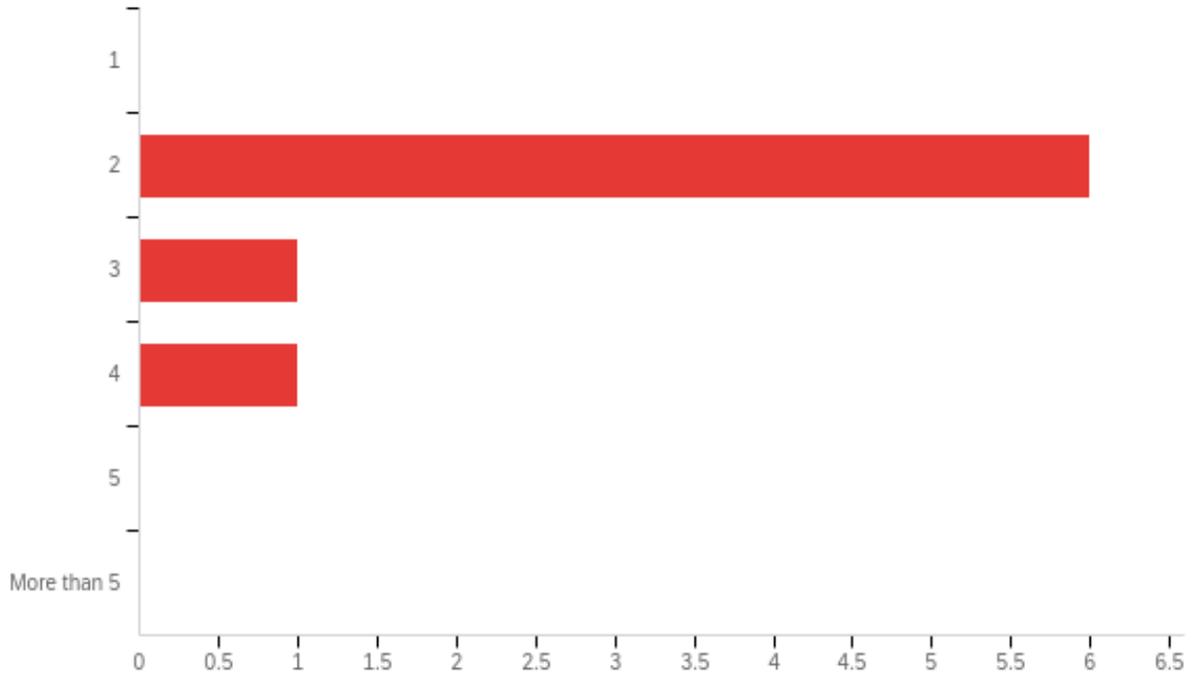
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	5.00	6.00	5.63	0.48	0.23	8

#	Answer	%	Count
1	18 - 25 years	0.00%	0
2	26 - 34 years	0.00%	0
3	35 - 44 years	0.00%	0
4	45 - 54 years	0.00%	0
5	55 - 64 years	37.50%	3
6	65 years and over	62.50%	5
	Total	100%	8

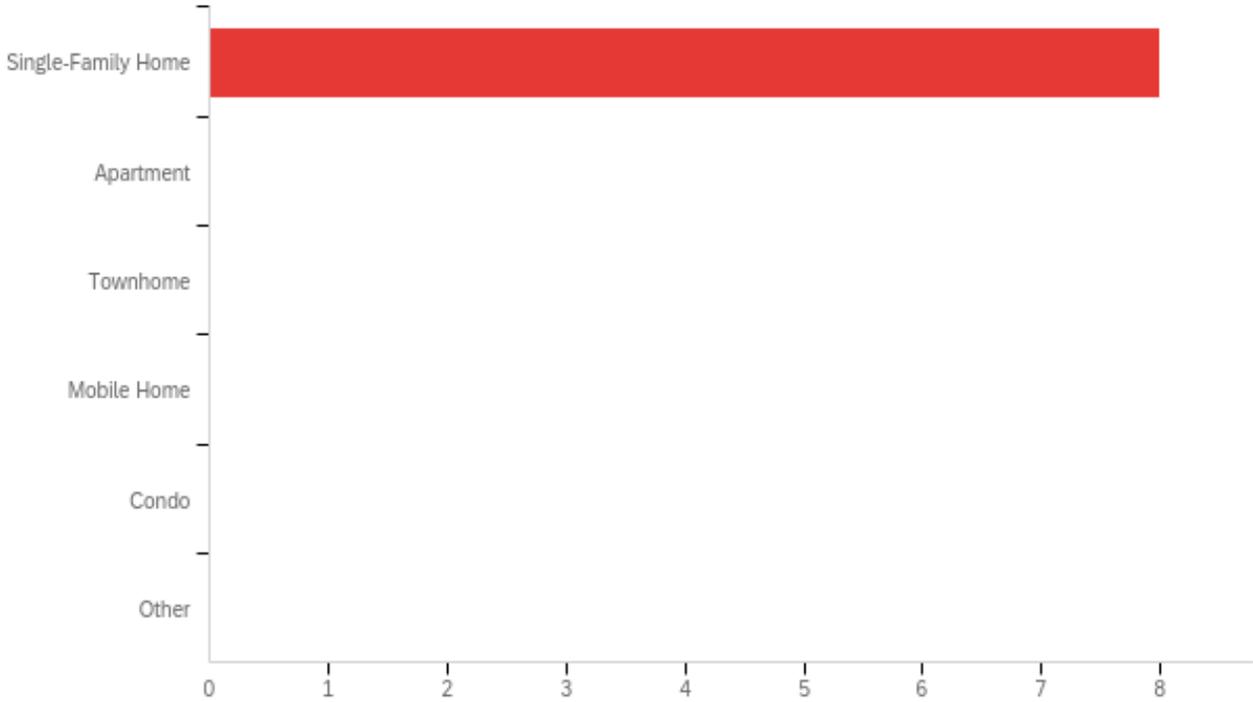
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	2.00	4.00	2.38	0.70	0.48	8

#	Answer	%	Count
1	1	0.00%	0
2	2	75.00%	6
3	3	12.50%	1
4	4	12.50%	1
5	5	0.00%	0
6	More than 5	0.00%	0
	Total	100%	8

Demo4 - Type of Housing Unit



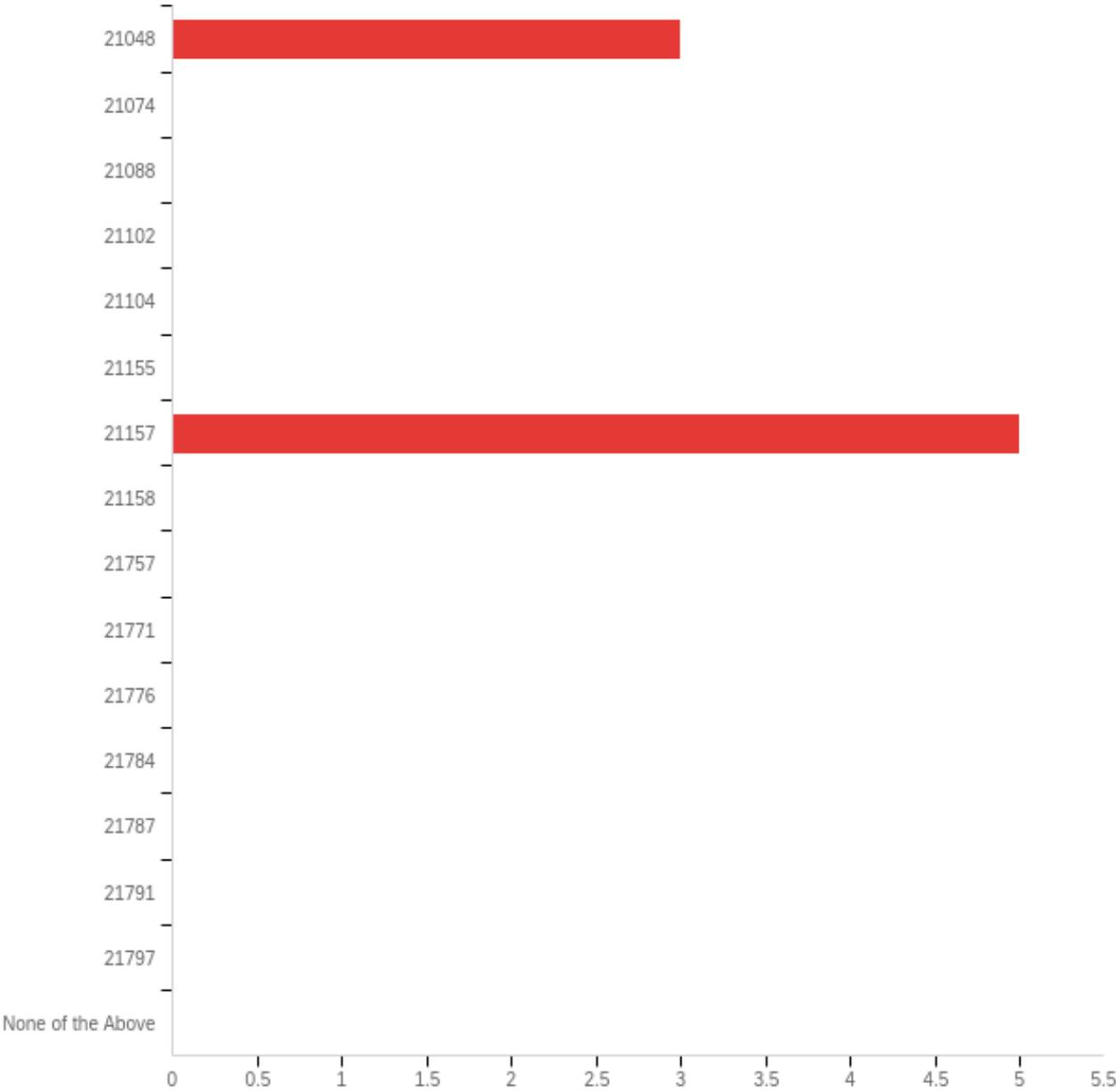
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	1.00	1.00	0.00	0.00	8

#	Answer	%	Count
1	Single-Family Home	100.00%	8
2	Apartment	0.00%	0
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	8

Demo4_6_TEXT - Other

Other - Text

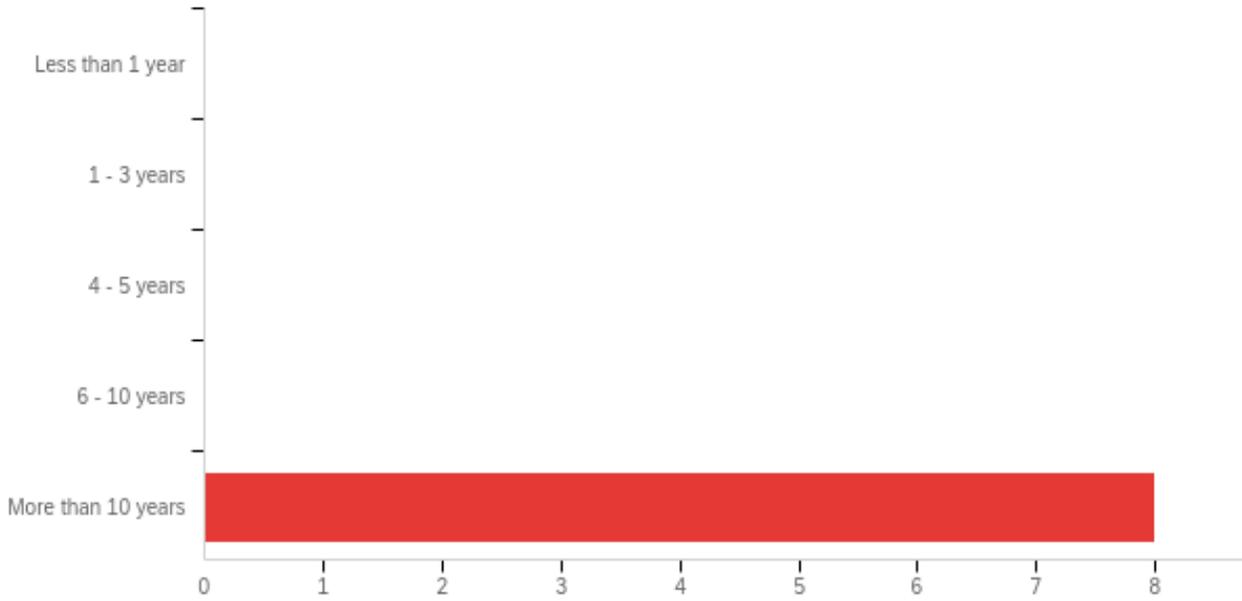
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	1.00	7.00	4.75	2.90	8.44	8

#	Answer	%	Count
1	21048	37.50%	3
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	62.50%	5
8	21158	0.00%	0
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	0.00%	0
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	8

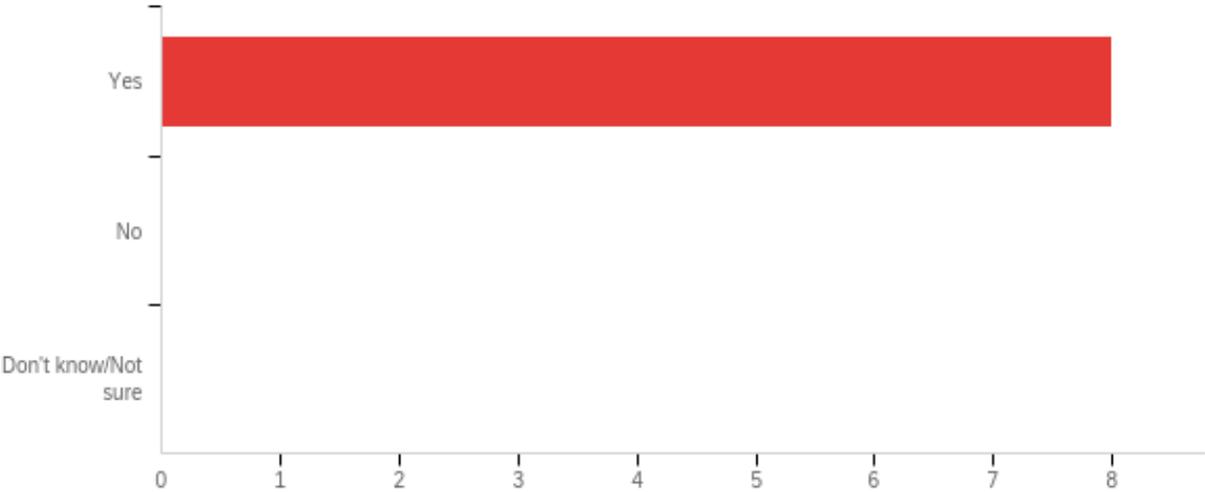
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	5.00	5.00	5.00	0.00	0.00	8

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	100.00%	8
	Total	100%	8

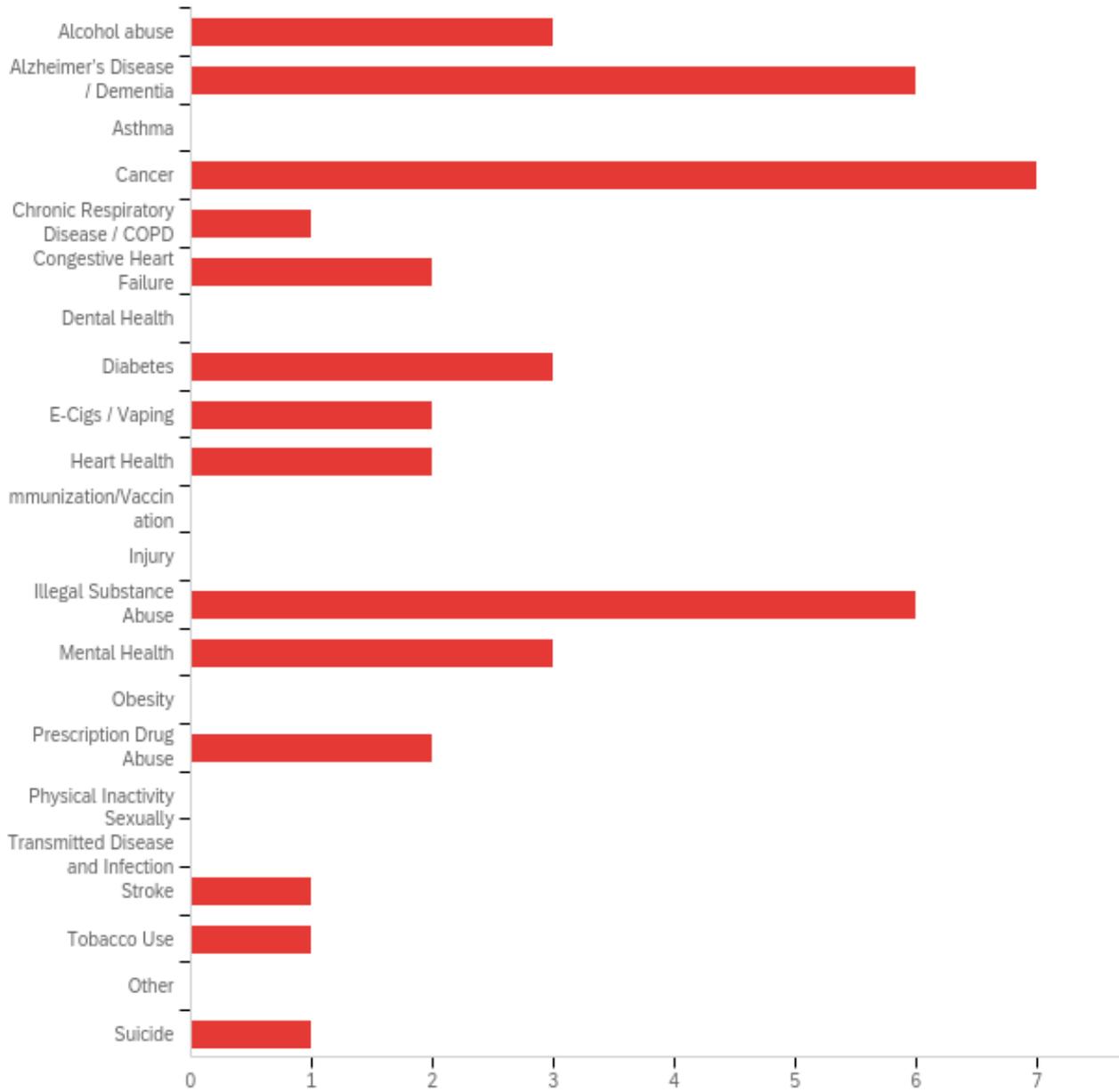
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	1.00	1.00	0.00	0.00	8

#	Answer	%	Count
1	Yes	100.00%	8
2	No	0.00%	0
3	Don't know/Not sure	0.00%	0
	Total	100%	8

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



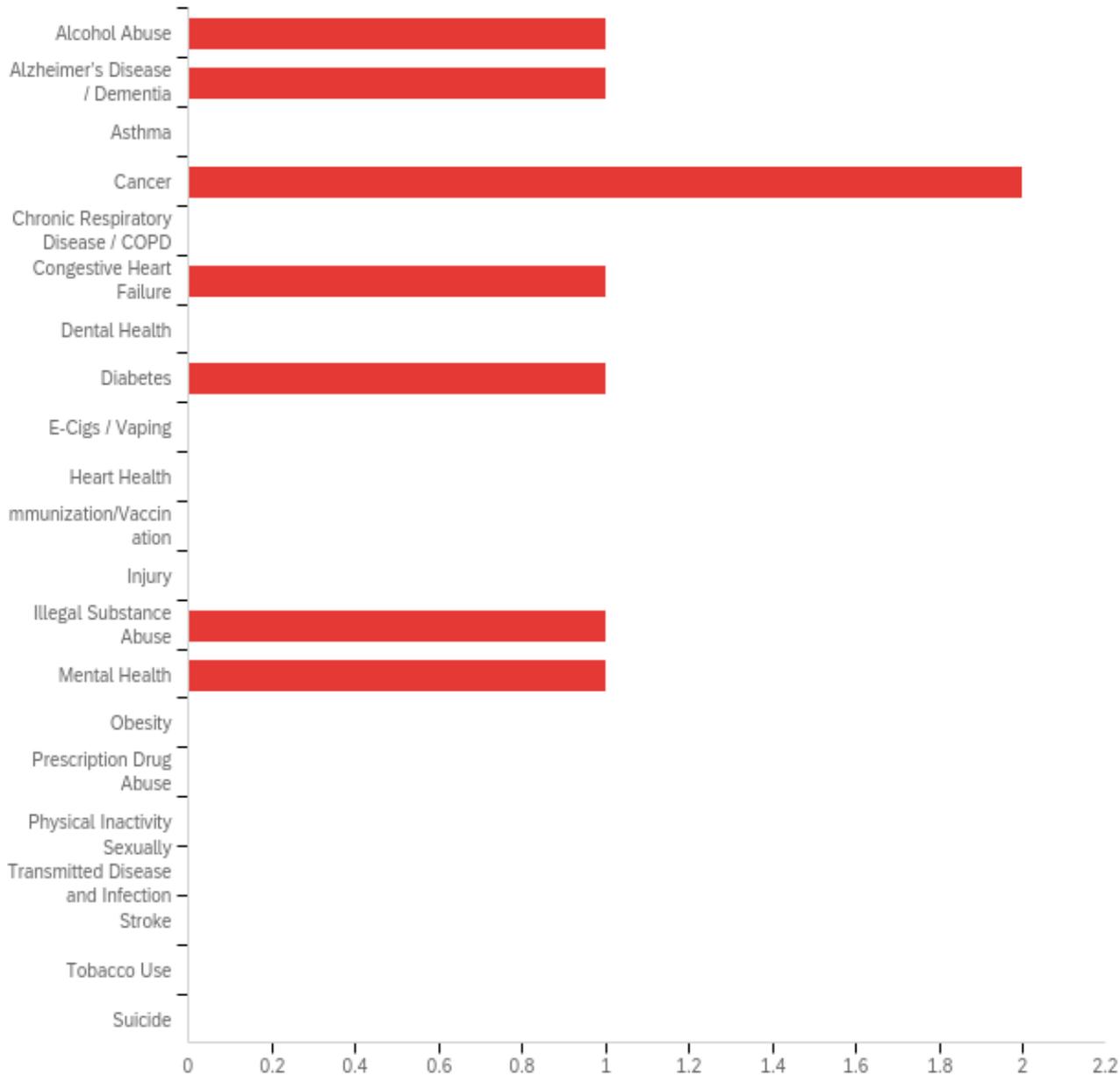
#	Answer	%	Count
1	Alcohol abuse	7.50%	3
2	Alzheimer's Disease / Dementia	15.00%	6
3	Asthma	0.00%	0
4	Cancer	17.50%	7

5	Chronic Respiratory Disease / COPD	2.50%	1
6	Congestive Heart Failure	5.00%	2
7	Dental Health	0.00%	0
8	Diabetes	7.50%	3
9	E-Cigs / Vaping	5.00%	2
10	Heart Health	5.00%	2
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	15.00%	6
14	Mental Health	7.50%	3
15	Obesity	0.00%	0
16	Prescription Drug Abuse	5.00%	2
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	2.50%	1
20	Tobacco Use	2.50%	1
21	Other	0.00%	0
22	Suicide	2.50%	1
	Total	100%	40

Gen1_21_TEXT - Other

Other - Text

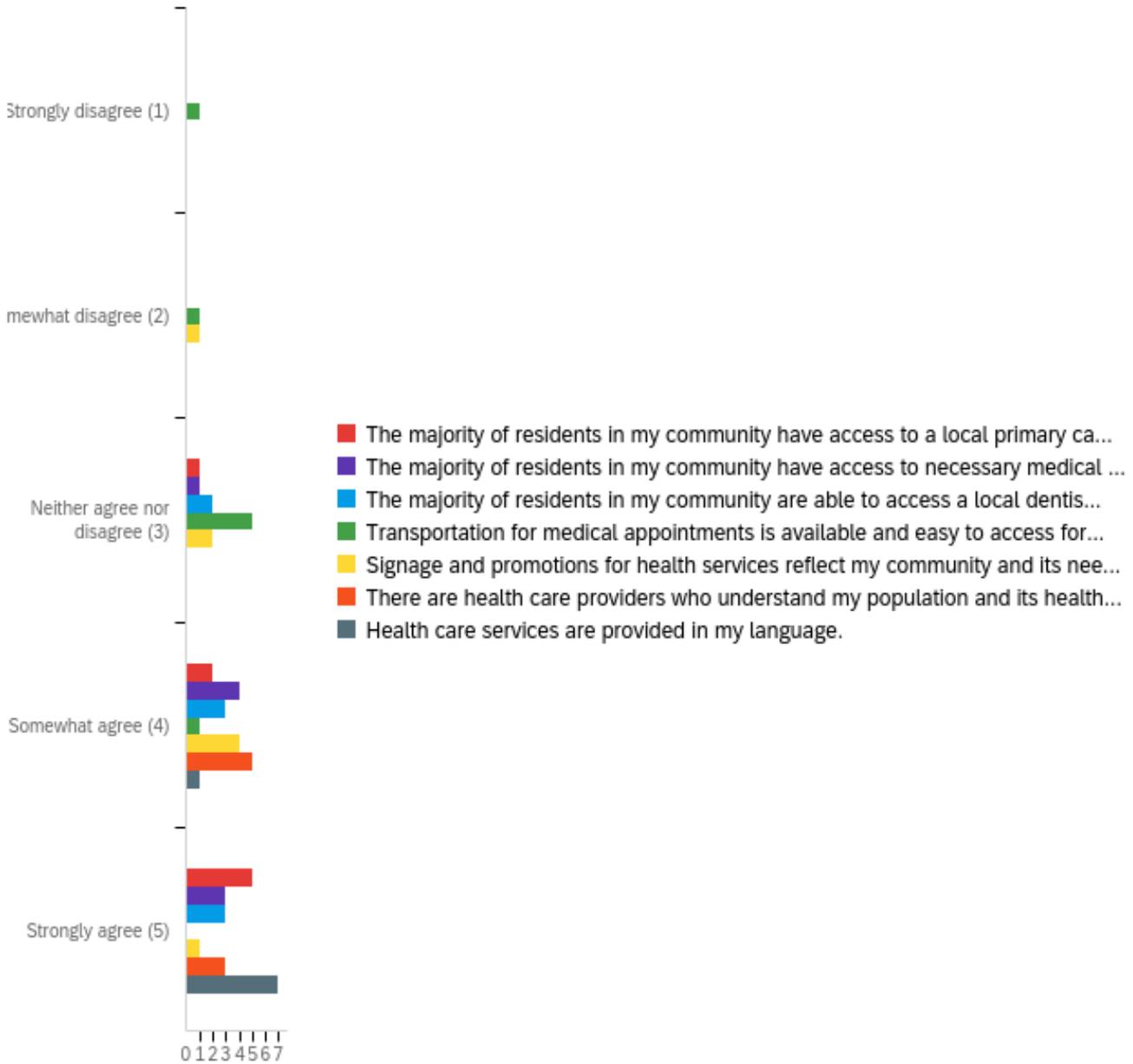
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	1.00	14.00	6.50	4.53	20.50	8

#	Answer	%	Count
1	Alcohol Abuse	12.50%	1
2	Alzheimer's Disease / Dementia	12.50%	1
3	Asthma	0.00%	0
4	Cancer	25.00%	2
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	12.50%	1
7	Dental Health	0.00%	0
8	Diabetes	12.50%	1
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	12.50%	1
14	Mental Health	12.50%	1
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	8

HCA1 - 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.

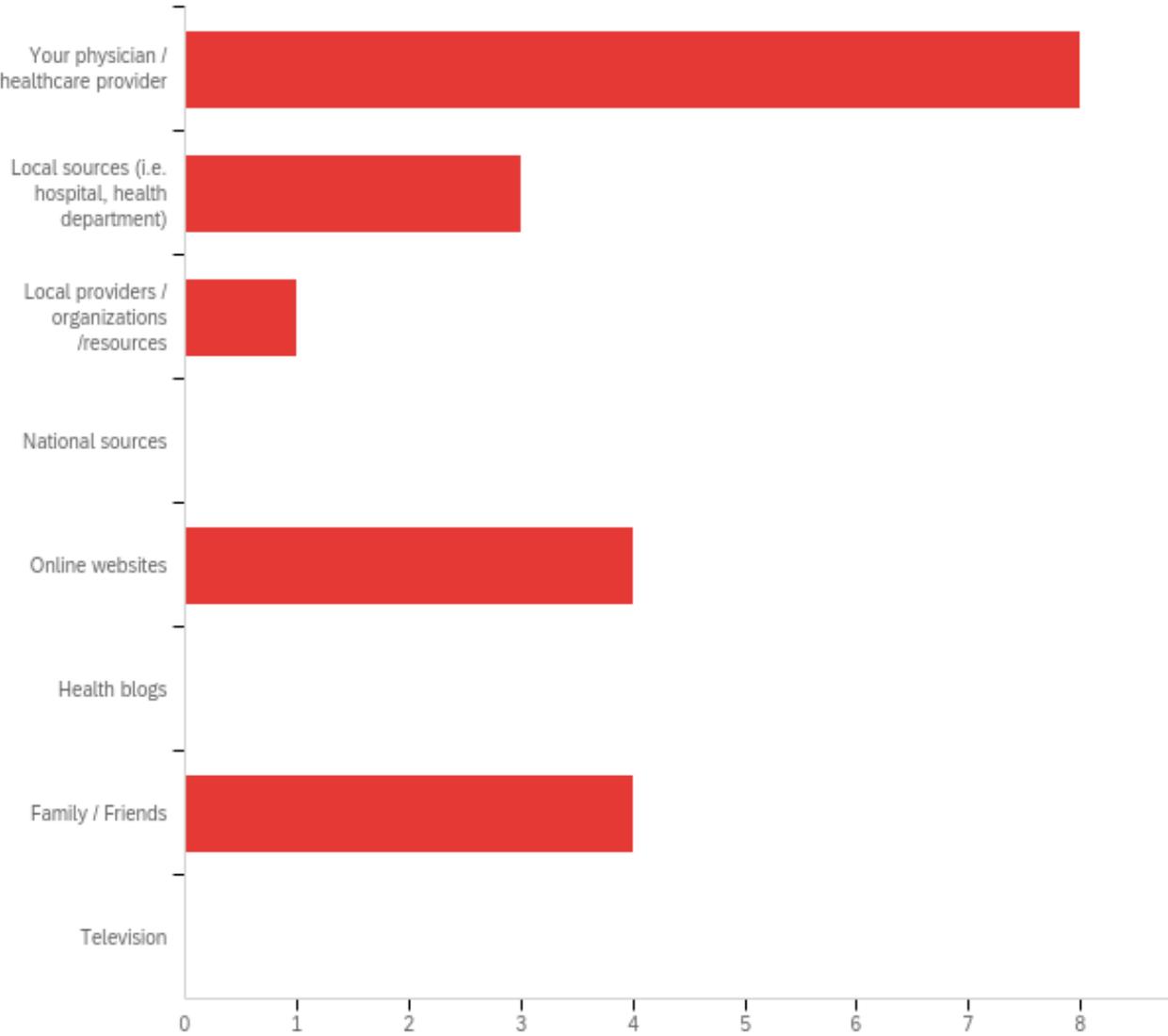


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	3.00	5.00	4.50	0.71	0.50	8
2	The majority of residents in my community have access to necessary medical specialists.	3.00	5.00	4.25	0.66	0.44	8
3	The majority of residents in my community are able to access a local dentist when needed.	3.00	5.00	4.13	0.78	0.61	8
4	Transportation for medical appointments is available and easy to access for the majority of	1.00	4.00	2.75	0.83	0.69	8

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	2.00	5.00	3.63	0.86	0.73	8
6	There are health care providers who understand my population and its health risks.	4.00	5.00	4.38	0.48	0.23	8
7	Health care services are provided in my language.	4.00	5.00	4.88	0.33	0.11	8

#	Question	Strongly disagree (1)		Somewhat disagree (2)		Neither agree nor disagree (3)		Somewhat agree (4)		Strongly agree (5)		Total
1	The majority of residents in my community have access to a local primary care provider.	0.00%	0	0.00%	0	12.50%	1	25.00%	2	62.50%	5	8
2	The majority of residents in my community have access to necessary medical specialists.	0.00%	0	0.00%	0	12.50%	1	50.00%	4	37.50%	3	8
3	The majority of residents in my community are able to access a local dentist when needed.	0.00%	0	0.00%	0	25.00%	2	37.50%	3	37.50%	3	8
4	Transportation for medical appointments is available and easy to access for the majority of residents.	12.50%	1	12.50%	1	62.50%	5	12.50%	1	0.00%	0	8
5	Signage and promotions for health services reflect my community and its needs.	0.00%	0	12.50%	1	25.00%	2	50.00%	4	12.50%	1	8
6	There are health care providers who understand my population and its health risks.	0.00%	0	0.00%	0	0.00%	0	62.50%	5	37.50%	3	8
7	Health care services are provided in my language.	0.00%	0	0.00%	0	0.00%	0	12.50%	1	87.50%	7	8

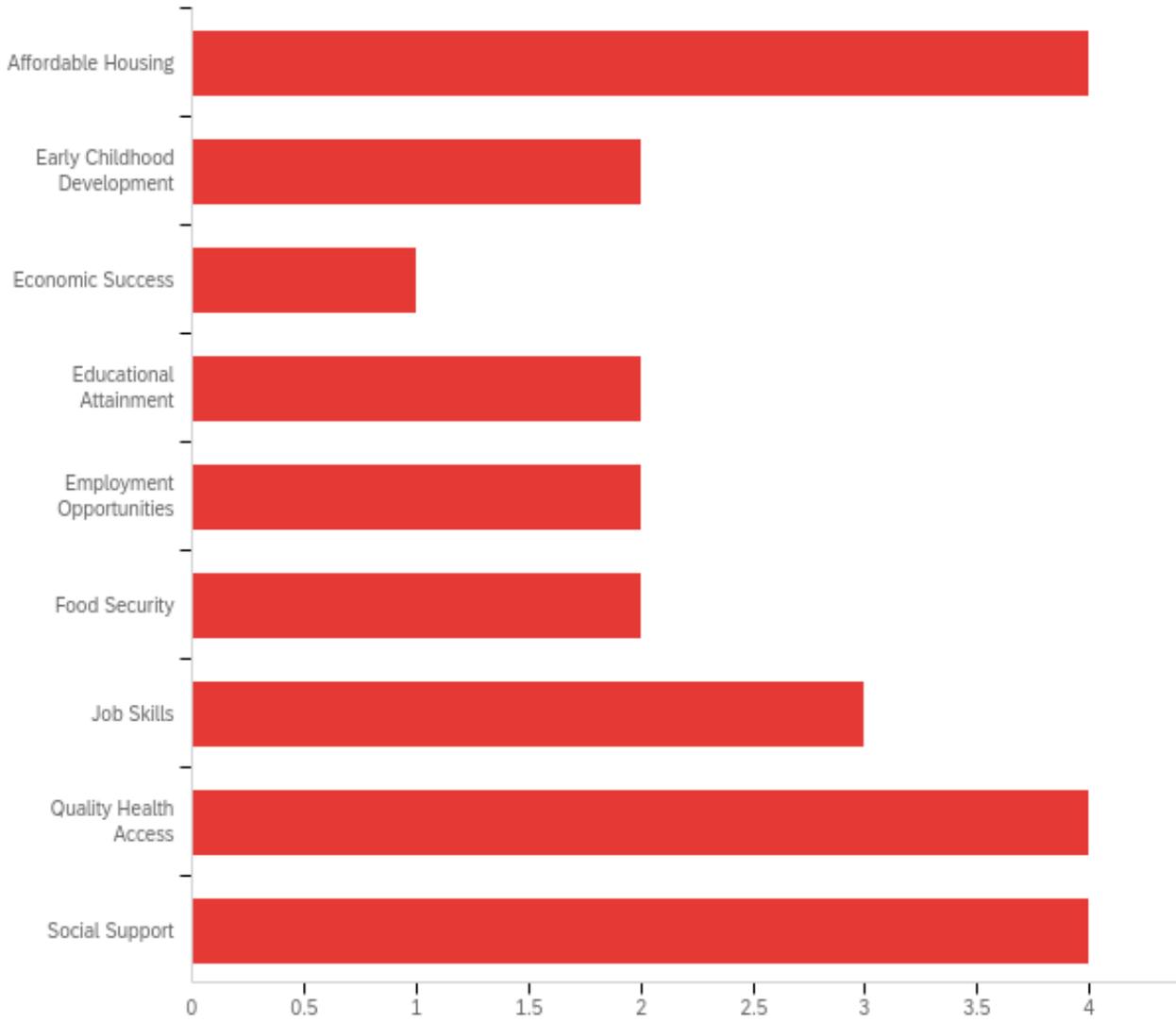
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	40.00%	8
2	Local sources (i.e. hospital, health department)	15.00%	3
3	Local providers / organizations /resources	5.00%	1
4	National sources	0.00%	0
5	Online websites	20.00%	4
6	Health blogs	0.00%	0
7	Family / Friends	20.00%	4

8	Television	0.00%	0
	Total	100%	20

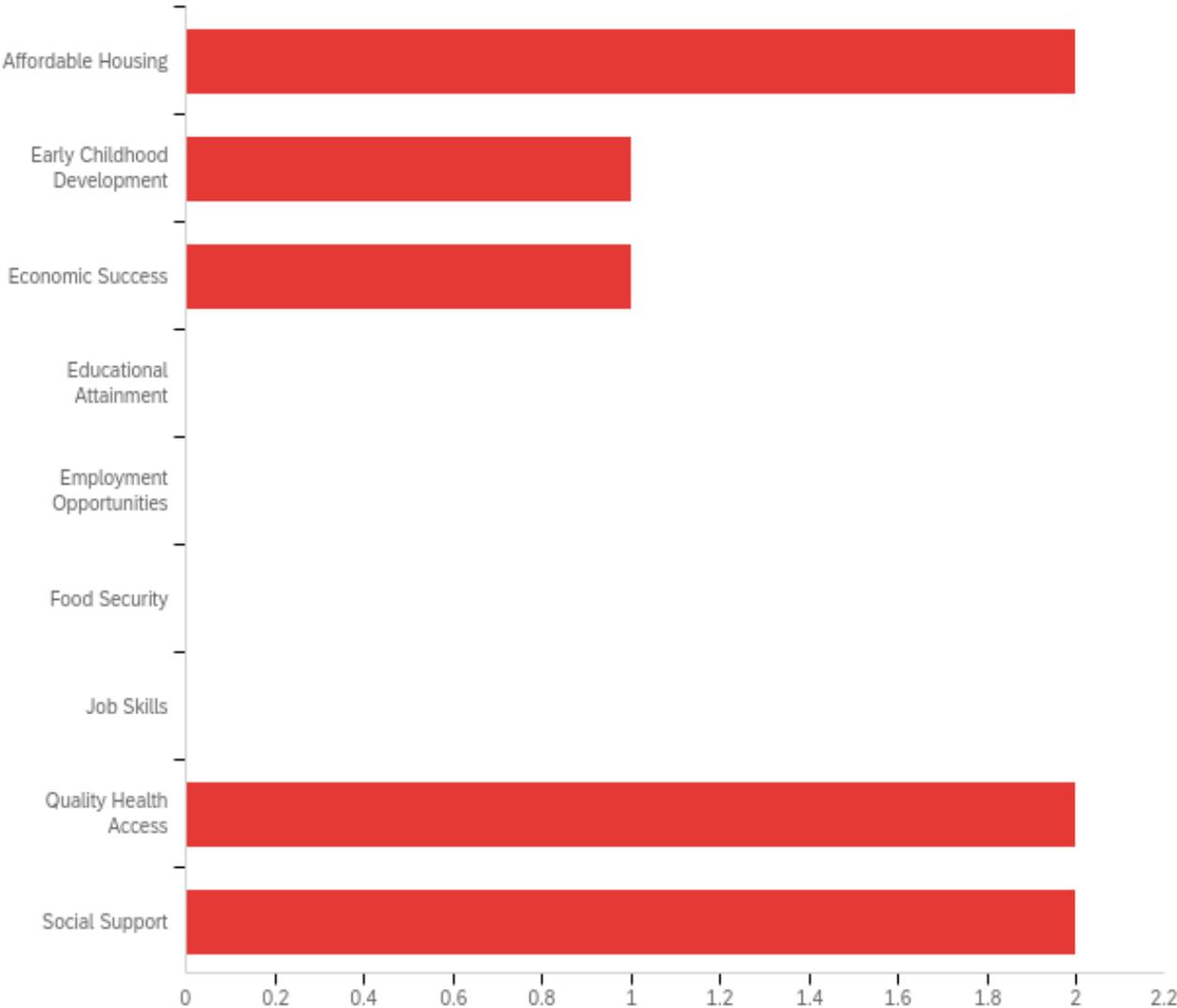
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	16.67%	4
2	Early Childhood Development	8.33%	2
3	Economic Success	4.17%	1
4	Educational Attainment	8.33%	2
5	Employment Opportunities	8.33%	2

6	Food Security	8.33%	2
7	Job Skills	12.50%	3
8	Quality Health Access	16.67%	4
9	Social Support	16.67%	4
	Total	100%	24

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	1.00	9.00	5.13	3.44	11.86	8

#	Answer	%	Count
1	Affordable Housing	25.00%	2
2	Early Childhood Development	12.50%	1
3	Economic Success	12.50%	1
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	25.00%	2
9	Social Support	25.00%	2
	Total	100%	8

Lions Club Older Adult Focus Group, August 19, 2020

This group met outside at a pavilion in the Roaring Run Lions Club Community Park, Finksburg.

Participants were all given iPads to complete the Focus Group Survey.

Dot Fox described the CHNA process to the group and shared the Qualtrics bar graph results from their responses.

Demographics

The participants in this group of older adults was 50% female and 50% male. The majority were aged 65 years and over. All participants reside in single family homes.

Zip codes included 21157 and 21048. All participants have resided in Carroll County for more than 10 years – some up to 80 years. All participants have health insurance.

General Health Issues and Behaviors: 5 most important to address

This group recognized most of the issues in some ways, with cancer being the highest priority to address. Close behind were Alzheimer's Disease and illegal substance abuse which tied for 2nd place. The next three issues tied for 3rd place: alcohol abuse, diabetes, and mental health.

Choose 1 of the 5:

When asked to choose one out of the top five, this group picked cancer. However, this was with only two votes, leaving the other six votes equally split between alcohol abuse, Alzheimer's/dementia, CHF, Diabetes, illegal substance abuse, and mental health. One participant questioned if people in their 50's would consider cancer as important as people in their 80's. Dot answered that the results from all surveys demonstrate that it seems to be important in all age groups.

Dot shared that the ONLINE surveys ask about mental decrease – both seeing it in one's self, or proxy – seeing it in others. She shared that interestingly, the survey shows the proxy numbers are higher. Self was only 10 %, but others was up 30%. The proxy question was new to this year's survey, and Dot commented that she is glad the question was added as it is showing new information.

It was recognized that a difference with cancer is that you can usually recognize it, but with Alzheimer's/Dementia you may not recognize it in yourself. This may initiate a different educational piece for doctors: to talk to family members of patients as well.

Dot asked if the #1 choice for cancer was a surprise to anyone.

Respondents were not surprised at this result. Comments were that it is so prevalent; it affects a majority of us, there are so many different kinds, and it is felt that if you live long enough you will get some form of cancer. Comments also referred to cancer as a "messy" health problem – it is a difficult way to die, it does you in, and even the treatment is difficult. Even with all of the money going into cancer research, if you get cancer and get treatment for it you are still very sick.

Do you feel that is treatment available?

One can hear so many horror stories, you go through the mess, treatment, chemo – but it doesn't do any good and you die anyway. We know people who died about when they would have died anyway, with or without the treatment. You go through treatment and it destroys you, and maybe you do not get benefit from it, and you die anyway. Lung, ovarian, breast cancers: treatment is as bad as the disease. Treatment can go on for so many years and a person can go through so many operations, so they just give up. Treatment makes you so sick, it reduces your quality of life.

Can we access local treatment?

One participant commented that they would think of Johns Hopkins or University of Maryland – not Carroll Hospital. Their comment was not based on experience, but on what they hear: “My brain goes to the big names you hear about a lot; where they have schools and equipment, those kinds of things. I know we have a Cancer Center, but I know nothing about it.”

Another participant stated that, “even though we've had a lot of improvements, it boggles my mind - with how many billions and billions and billions of dollars that have gone into it, you would think there would be better treatment today.”

Participants felt that it is such an ugly disease and treatment is so powerful, it is something you take to the bigger names (hospitals).

Dot led a discussion about the next issues that tied for 2nd place: Alzheimer's and illegal substance abuse.

Why is Alzheimer's and dementia one of our most urgent issues?

Our population is getting older, with many folks over a certain age, but one can also now see early onset Alzheimer's/dementia in people in their 40's and 50's. Some participants know people with this in their 40's and 50's, people that they know and that others know.

It happens to a lot of people and when it does it puts you in a jam, you don't want to put your loved one in a nursing home because many are substandard, neither can you stop working to watch and take care of them. And the worse thing is the guilt putting a loved one in a nursing home.

Another aspect making it so urgent is that, to my knowledge there is no cure for it. With cancer there are some cures, but not with Alzheimer's Disease. Once you get it you got it. It is indiscriminate – however healthcare is now working on causes and what could decrease a person's chances of getting it.

Dot commented that this is a new area of study that healthcare is going into.

Illegal substance abuse: Self-report is less than reporting it in others. It was commented that participants in this focus group are an informed group – we have awareness through friends with the problem in community and also knowing Linda A., a Lion's Club member and employee of the Health Department, who gives education within the Club. They also see the problem in the newspaper articles: one story was a mother who spoke of a son starting in addiction with prescribed meds from a doctor, and in obituaries. When you see local young people dying, overdose is the first thing that comes to your mind. No one has anyone directly related with this issue. People know about it without it affecting them personally because of the messaging from organizations like the Health Department.

Health Care Access

Most participants agreed that the majority of the residents in their community have access to a local primary care provider, necessary medical specialists, and dentists.

Transportation: When asked if transportation for medical appointments is available and easy to access for a majority of residents: most neither agreed nor disagreed, but two responded in the negative. One participant works in the medical field, and she sees patients waiting for hours for a ride to come pick them up. This is not specific to Carroll County but overall in many areas. She sees appointments missed and cancelled because of this. People are not getting the care they need.

A majority of respondents feel that signage and promotions for health services reflect their community and its needs. Most also feel that health care providers understand their population and its health risks, and service are provided in their language.

Health Information/Education

Where do you get info?

Most respondents in this group obtain their information from their Physician or another healthcare provider. Also utilized are online websites, family and friends, local sources such as the hospital or Health Department.

This group stated that they preferred getting information in written form. One can tend to tune out information, so it is great to have it written down.

There is a variety of information needed, and access to talk to a doctor is difficult. You can leave a message asking for a specific answer and get something totally different or not get a call back at all.

One participant shared that her doctor currently has the *My Chart* – you can write in questions and get a written answer back. This is great, but sometimes you just want a quick answer – “should this be something I should be worried about? Do I need an appointment about this?” If able to email questions, a PA answers most of the time. If I prefer to speak to the Doctor I will ask.

This can depend on the age of the patients. Some people may not have time to go on the portal – it is wide as to what people want to have. One respondent likes to walk out with papers in their hand, which they think may be old-fashioned. One likes to talk on the phone instead of waiting for an email. One never uses the portal or virtual visits; their Doctor calls back, even on weekends. You walk out with papers, they call to check on you, they are old school – the Doctor office caters to you as a patient, they know their patients. We all need it a different way – some of the younger people may want things more virtual. Sometimes email works great, sometimes I just need to talk to somebody. We need it different ways and the Doctor should be able to provide care in the way the patient needs it.

Social Determinants

Top 3 most important to address in our community:

Everything had a considerable response, the top three were affordable housing, quality health access and social support; with a close f/u of job skills. Economic success scored the lowest.

Pick one – the same three tied when narrowing down to one - affordable housing, quality health access and social support.

- **What does affordable housing means?**

Respondents don't know how people can afford to live as the cost of housing is so high, both homes and rentals. It costs \$800-1200 per month, and people can't afford that at \$10 per hour. Respondents in this group feel that they are more established and able to help the community. Comments were: We are giving food out and going to trailer parks – and see people living on the edge in Carroll County. Ten people are squished into a little run down, filthy trailer that they can't get out of – and sitting next to a million-dollar home. We need to make life in our community more **livable**. Low income rentals need to be decent and not a hell hole, landlords need to take pride. Affordable is more than money but about being livable – safety, good locations, no bugs, being able to go out at night, etc.

- **Quality health access** – have and have nots all need a safety net, if not it really causes anxiety and affects health. **Do you think that if you have insurance, you can get quality care?** Yes, but not the have nots. But something extreme (like a cancer subspecialty) we may not have in Carroll County. I look elsewhere because of the reputation of better facilities. Not so much a reflection on Carroll County – but we have many good hospitals in Baltimore that are not too far away.

- **Social support - what does that mean to you? Why is this critical?** We have seen, going through the pandemic, how difficult it can be. Knowing Linda, we know of stigma about issues, and Carroll County is a proud place in many respects, and there can be stigma and difficulty in seeking out help when needed. One participant supports her mother, who shared that this is such a giving supportive community – feeding people, the homeless, services, Shepherd Staff, she had not been exposed to that where she came from. As a Lions Club we are an organization that serves the community. We are that social support. We are trying to teach the next generation to give back – even if needs are met in health care, you need social support groups and places to gather, having someone to check in on you. You can't have too much social support in a community – it is always something that could be offered to any age. We have a lot of organizations that truly represent their mission and help the community. Carroll is unique in our collaborative efforts. There are many supportive organizations.

Do we still support friends and family even though we have all of these business and organized groups? Yes – if you give out a call friends will support you.

Dot asked the group if there was anything else that we should consider.

It was felt that other illnesses should probably be addressed. Parkinson's is not that rare anymore and is much more prevalent; one man knew three people with this diagnosis; ALS is debilitating; MS (neurological diseases). More family support is needed for people who have these diseases. Support groups, resources, meetings, someone to give guidance through the process, "take my hand and get me through this." Someone to help navigate the bills, insurance, and when you need someone to talk to.

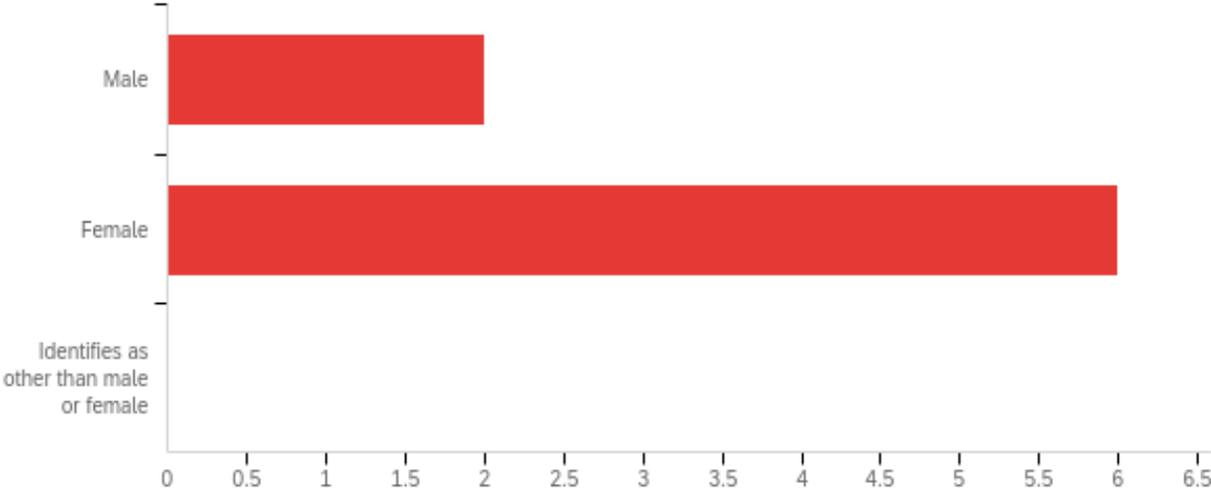
The hospital has navigators, and people want information in paper form: maybe this could be helpful in extending services to family members from navigators. A type of peer support may be beneficial. We mentioned the many meetings and support groups that the hospital offers and asked if people were getting that information? Several participants have seen announcements in the Carroll County

Times paper, but not so much now. The calendar used to be in the paper. They don't currently receive anything in the mail. The Hospital used to send out a folded page. A paper print notice is important. They feel that Carroll County likes flyers. There are many people not going out and getting personal contact now.

Older Adults Focus Group - Taneytown

Targeted Populations

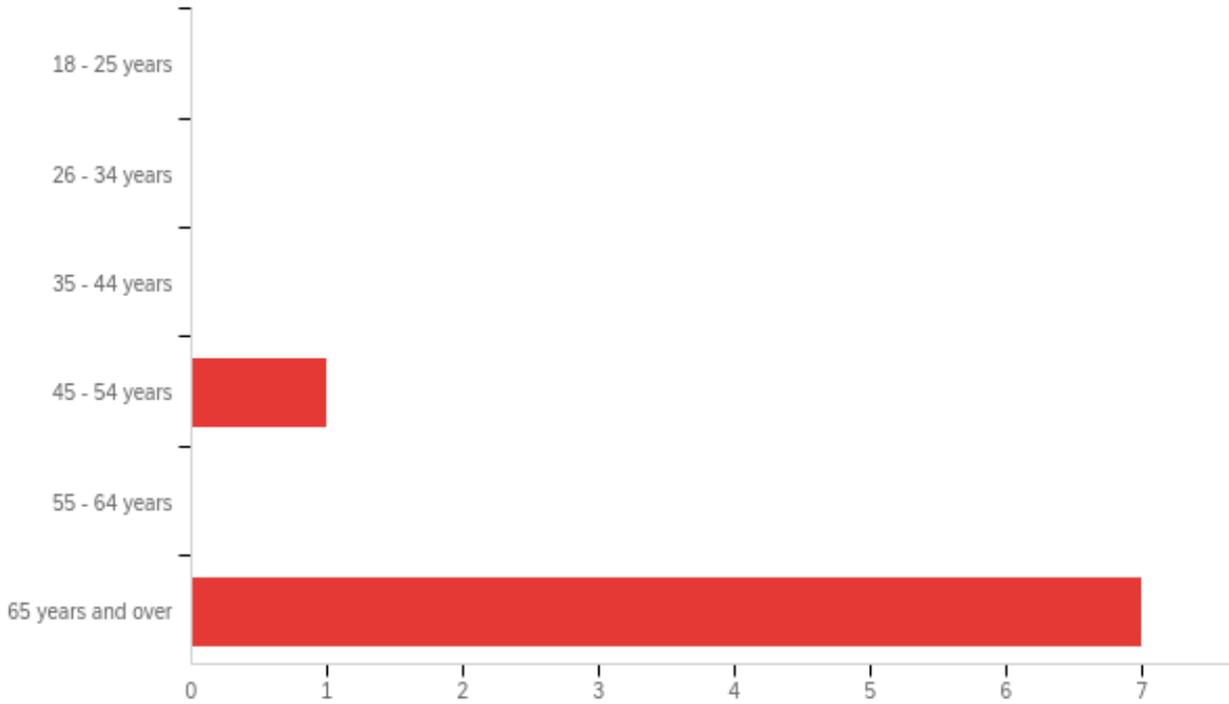
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	1.00	2.00	1.75	0.43	0.19	8

#	Answer	%	Count
1	Male	25.00%	2
2	Female	75.00%	6
3	Identifies as other than male or female	0.00%	0
	Total	100%	8

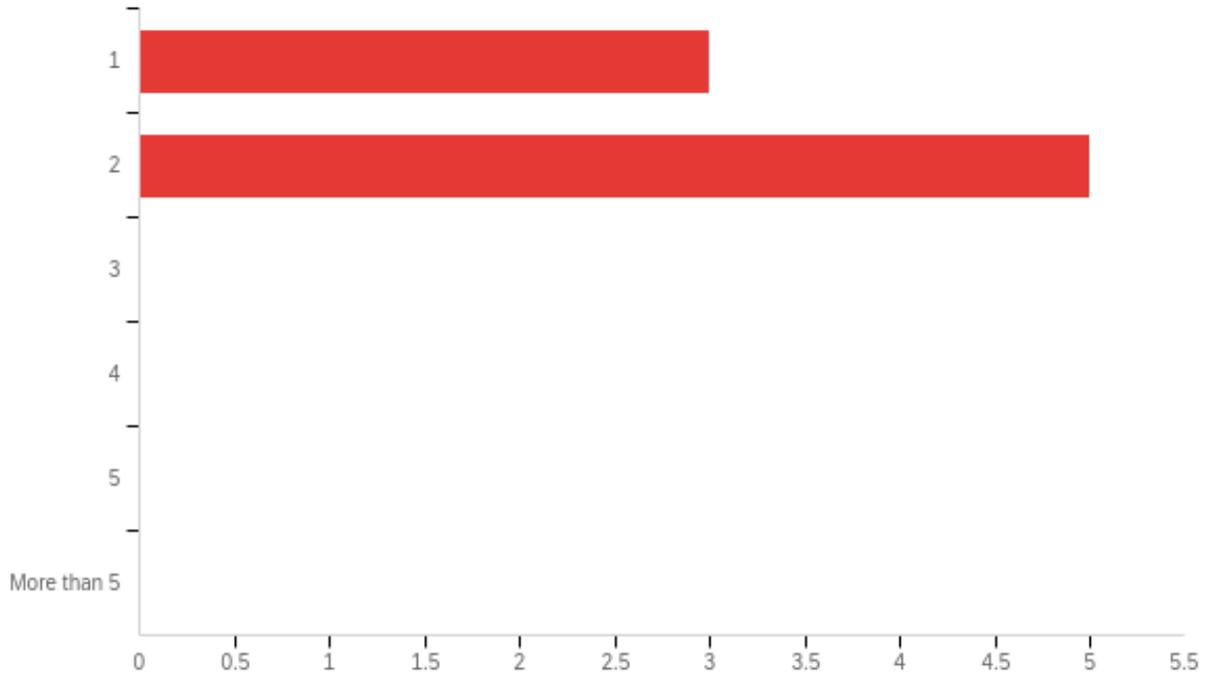
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	4.00	6.00	5.75	0.66	0.44	8

#	Answer	%	Count
1	18 - 25 years	0.00%	0
2	26 - 34 years	0.00%	0
3	35 - 44 years	0.00%	0
4	45 - 54 years	12.50%	1
5	55 - 64 years	0.00%	0
6	65 years and over	87.50%	7
	Total	100%	8

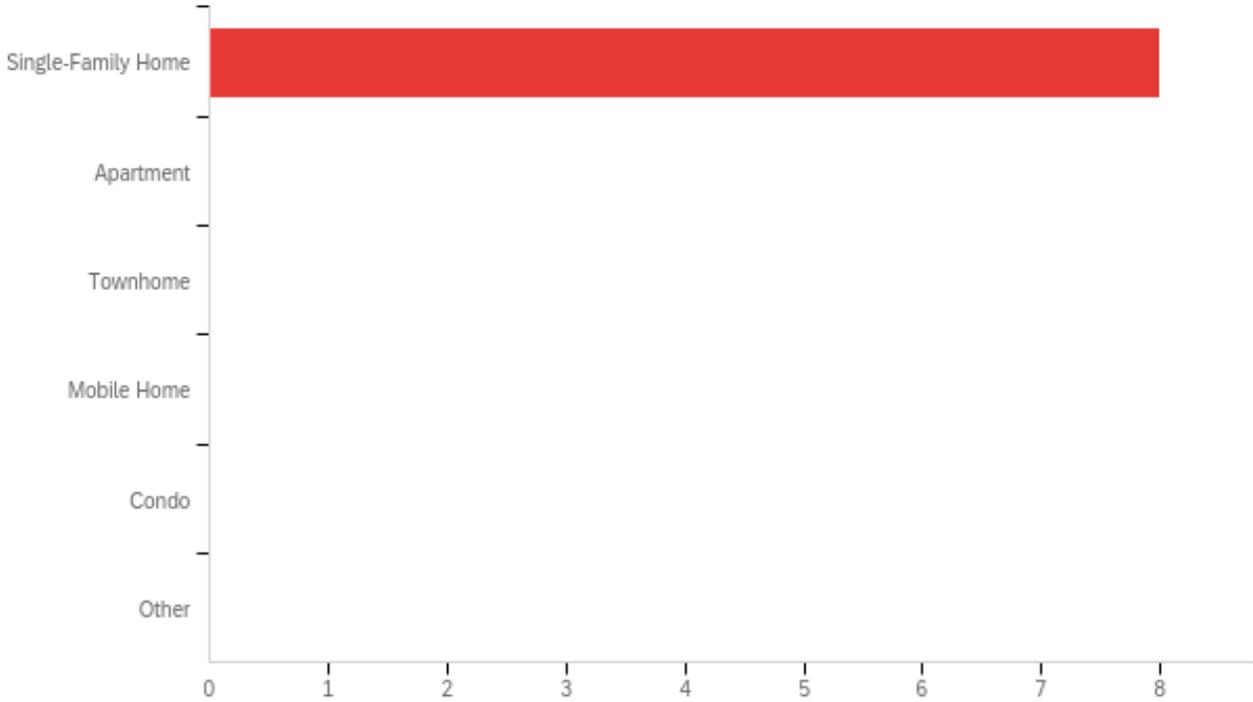
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	1.00	2.00	1.63	0.48	0.23	8

#	Answer	%	Count
1	1	37.50%	3
2	2	62.50%	5
3	3	0.00%	0
4	4	0.00%	0
5	5	0.00%	0
6	More than 5	0.00%	0
	Total	100%	8

Demo4 - Type of Housing Unit



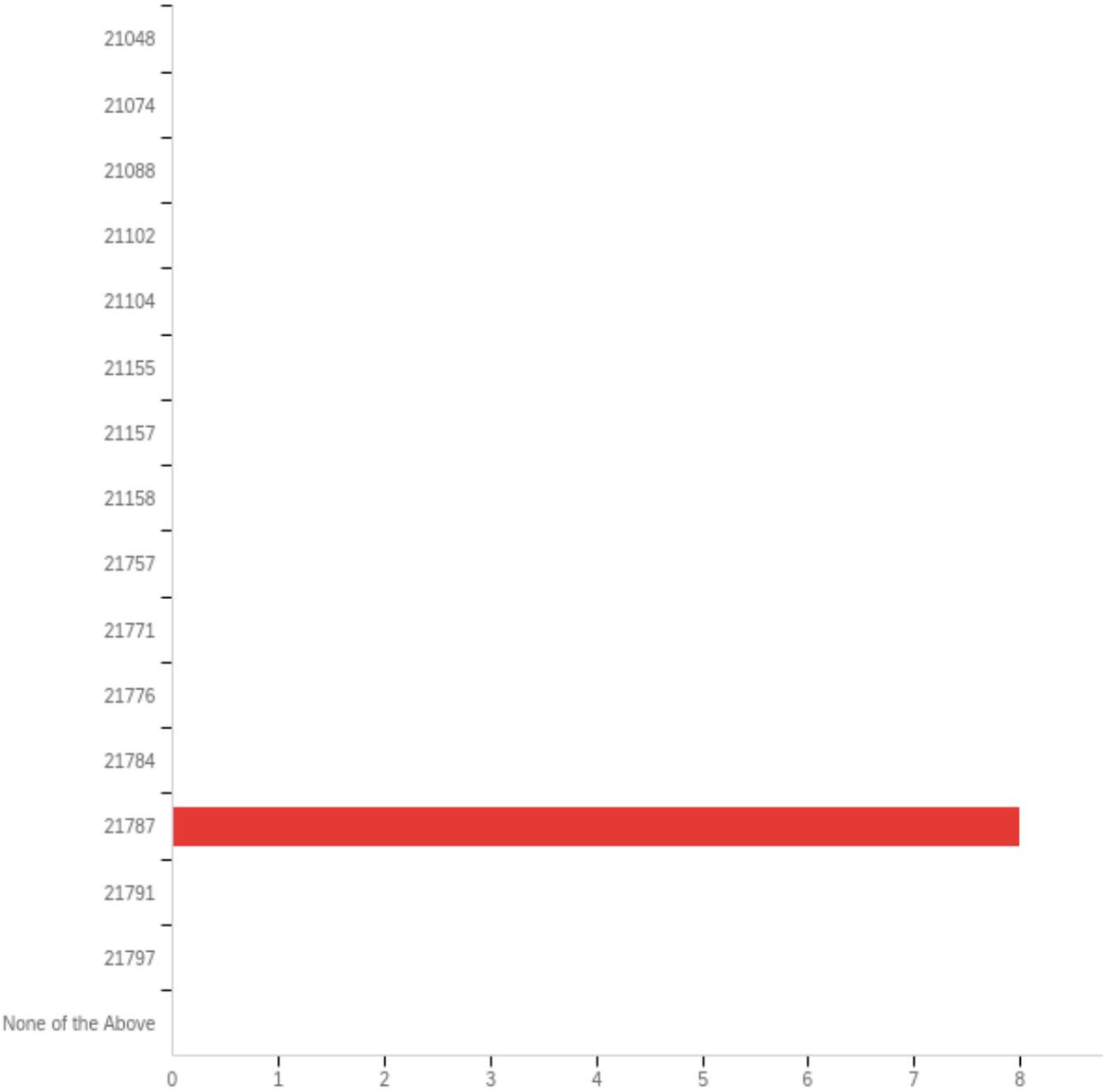
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	1.00	1.00	0.00	0.00	8

#	Answer	%	Count
1	Single-Family Home	100.00%	8
2	Apartment	0.00%	0
3	Townhome	0.00%	0
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	8

Demo4_6_TEXT - Other

Other - Text

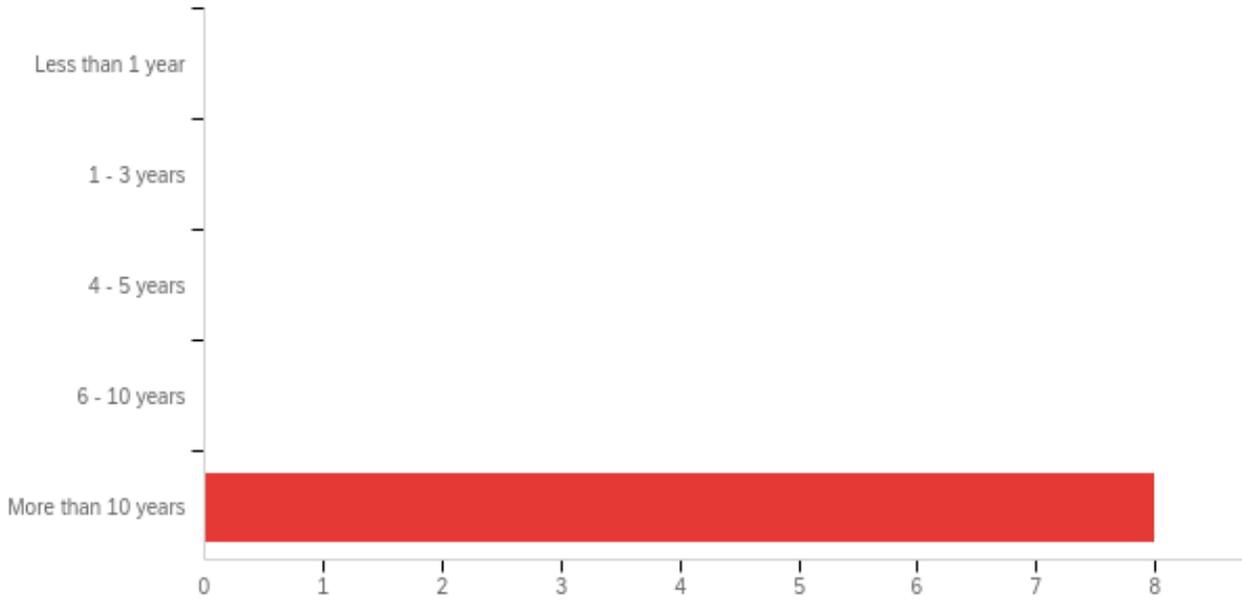
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	13.00	13.00	13.00	0.00	0.00	8

#	Answer	%	Count
1	21048	0.00%	0
2	21074	0.00%	0
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	0.00%	0
8	21158	0.00%	0
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	100.00%	8
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	8

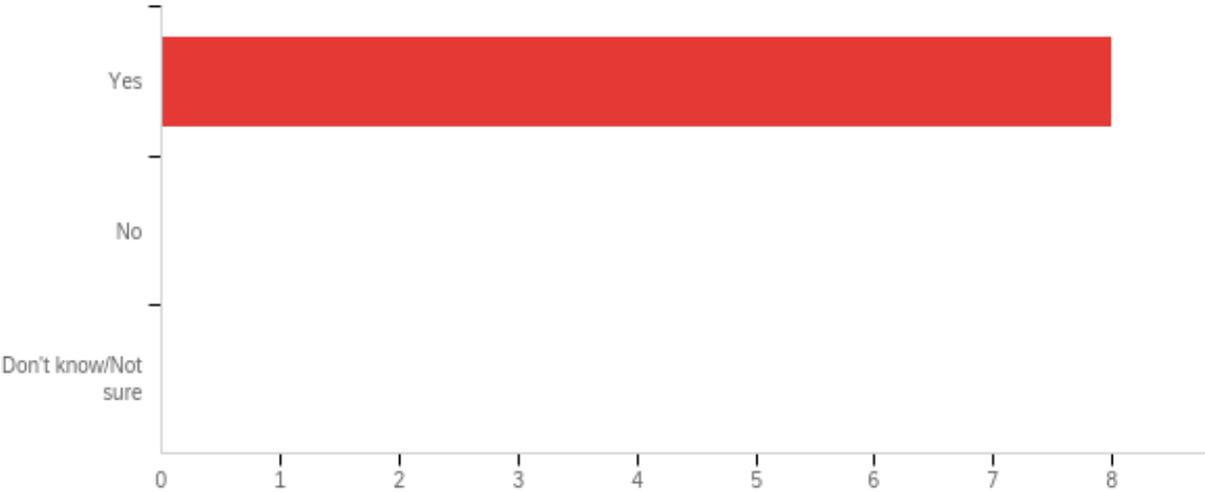
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	5.00	5.00	5.00	0.00	0.00	8

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	100.00%	8
	Total	100%	8

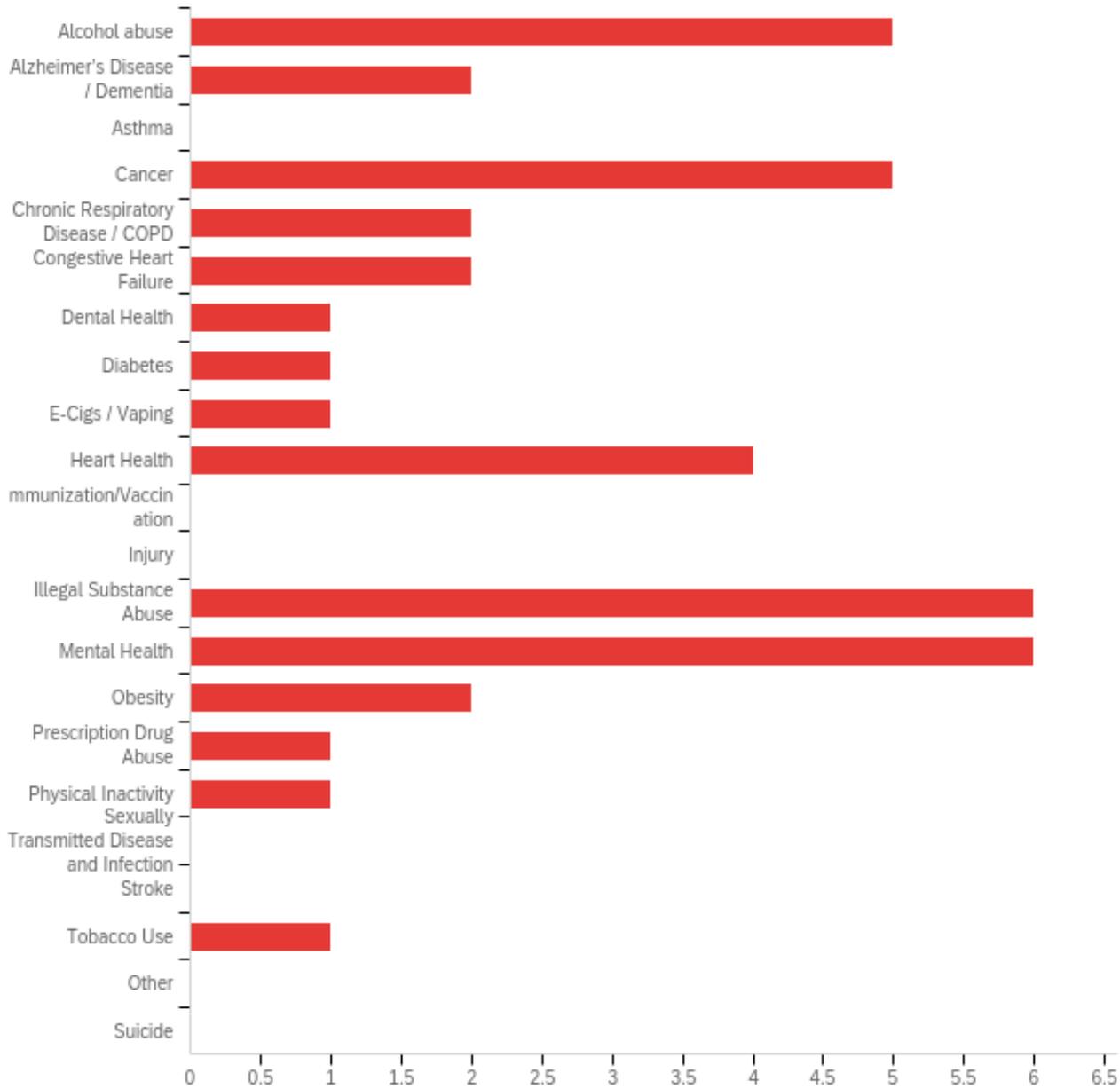
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	1.00	1.00	0.00	0.00	8

#	Answer	%	Count
1	Yes	100.00%	8
2	No	0.00%	0
3	Don't know/Not sure	0.00%	0
	Total	100%	8

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



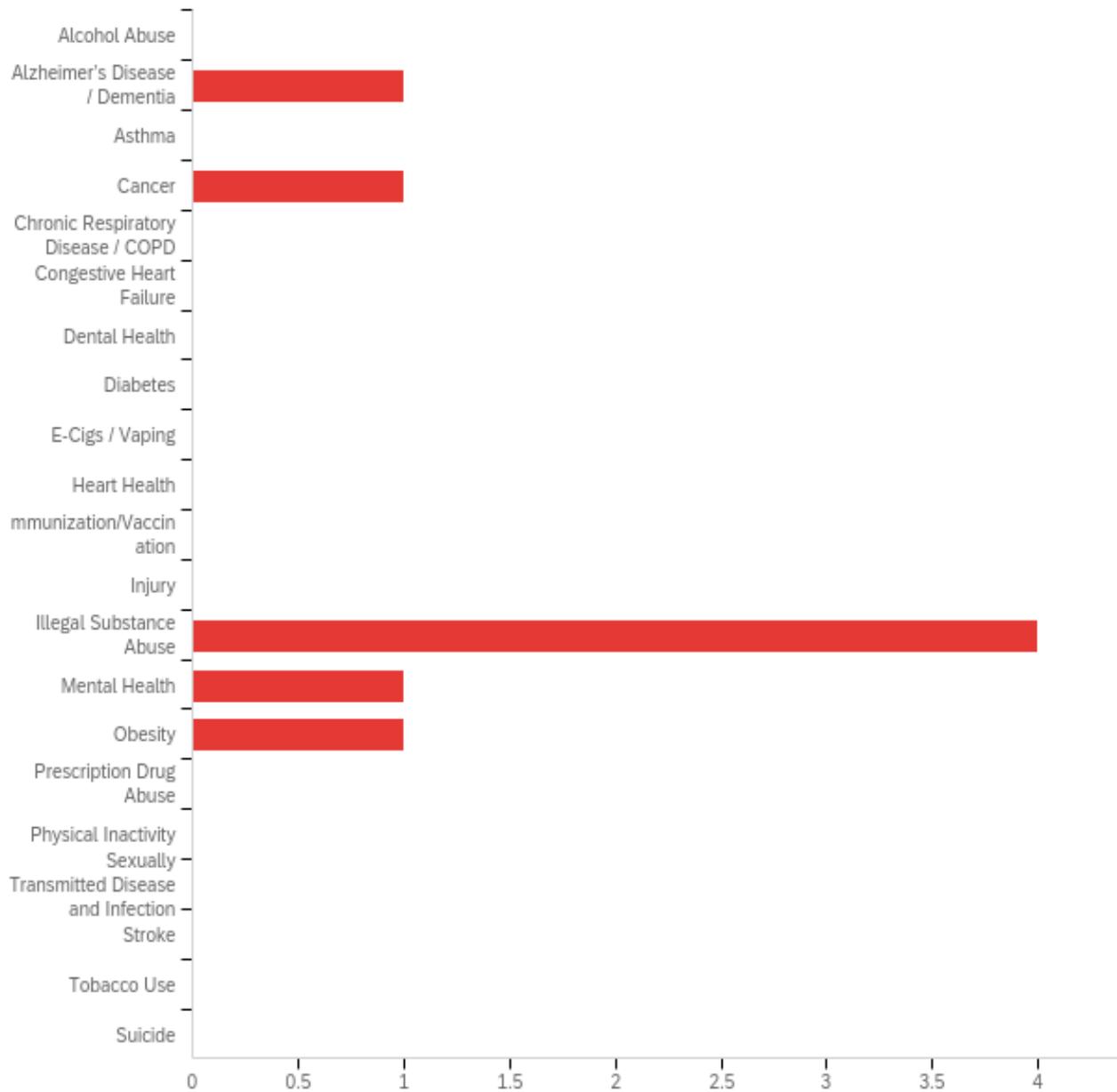
#	Answer	%	Count
1	Alcohol abuse	12.50%	5
2	Alzheimer's Disease / Dementia	5.00%	2
3	Asthma	0.00%	0
4	Cancer	12.50%	5

5	Chronic Respiratory Disease / COPD	5.00%	2
6	Congestive Heart Failure	5.00%	2
7	Dental Health	2.50%	1
8	Diabetes	2.50%	1
9	E-Cigs / Vaping	2.50%	1
10	Heart Health	10.00%	4
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	15.00%	6
14	Mental Health	15.00%	6
15	Obesity	5.00%	2
16	Prescription Drug Abuse	2.50%	1
17	Physical Inactivity	2.50%	1
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	2.50%	1
21	Other	0.00%	0
22	Suicide	0.00%	0
	Total	100%	40

Gen1_21_TEXT - Other

Other - Text

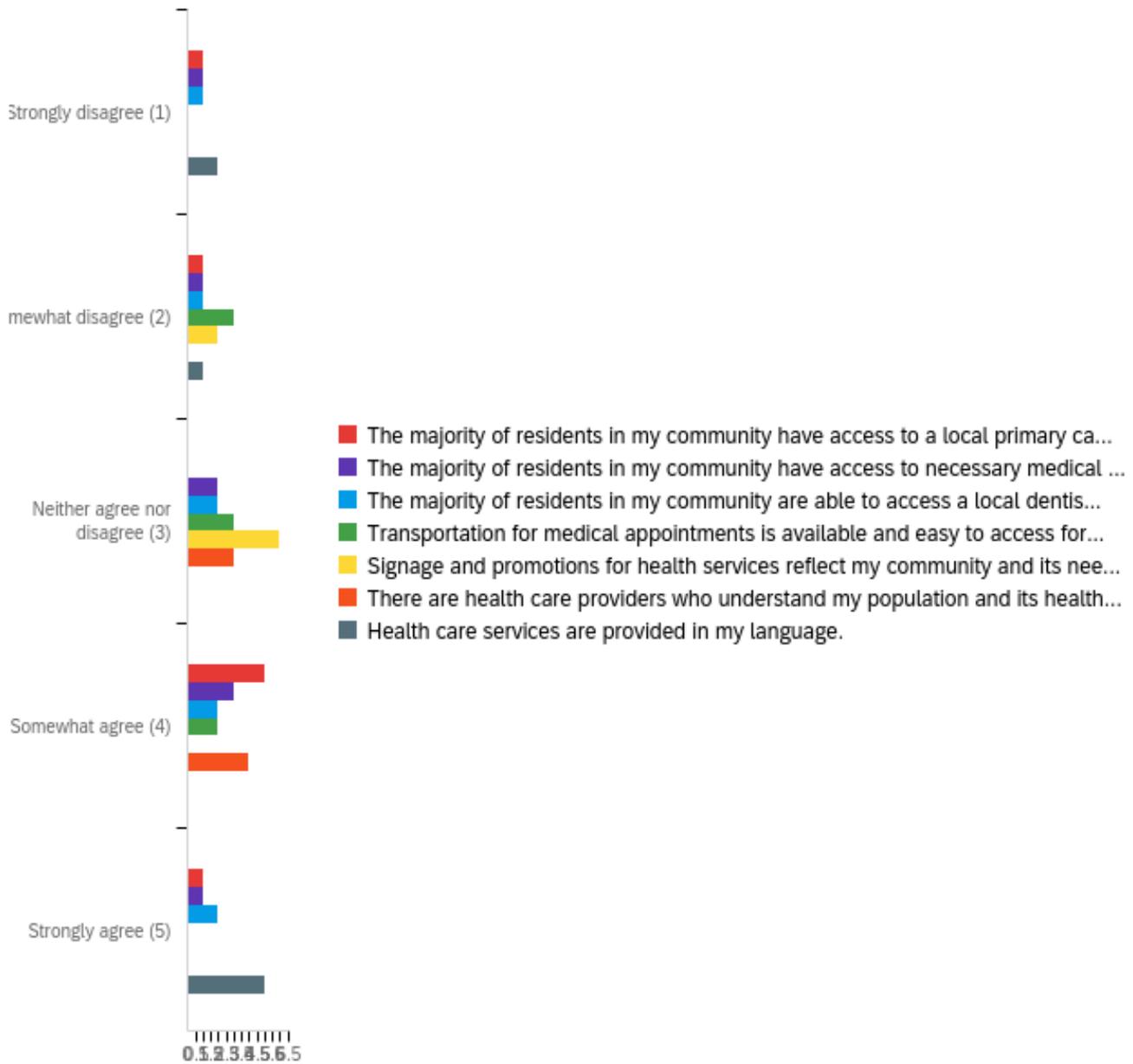
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	2.00	15.00	10.88	4.62	21.36	8

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	12.50%	1
3	Asthma	0.00%	0
4	Cancer	12.50%	1
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	0.00%	0
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	50.00%	4
14	Mental Health	12.50%	1
15	Obesity	12.50%	1
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	8

HCA1 - 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.

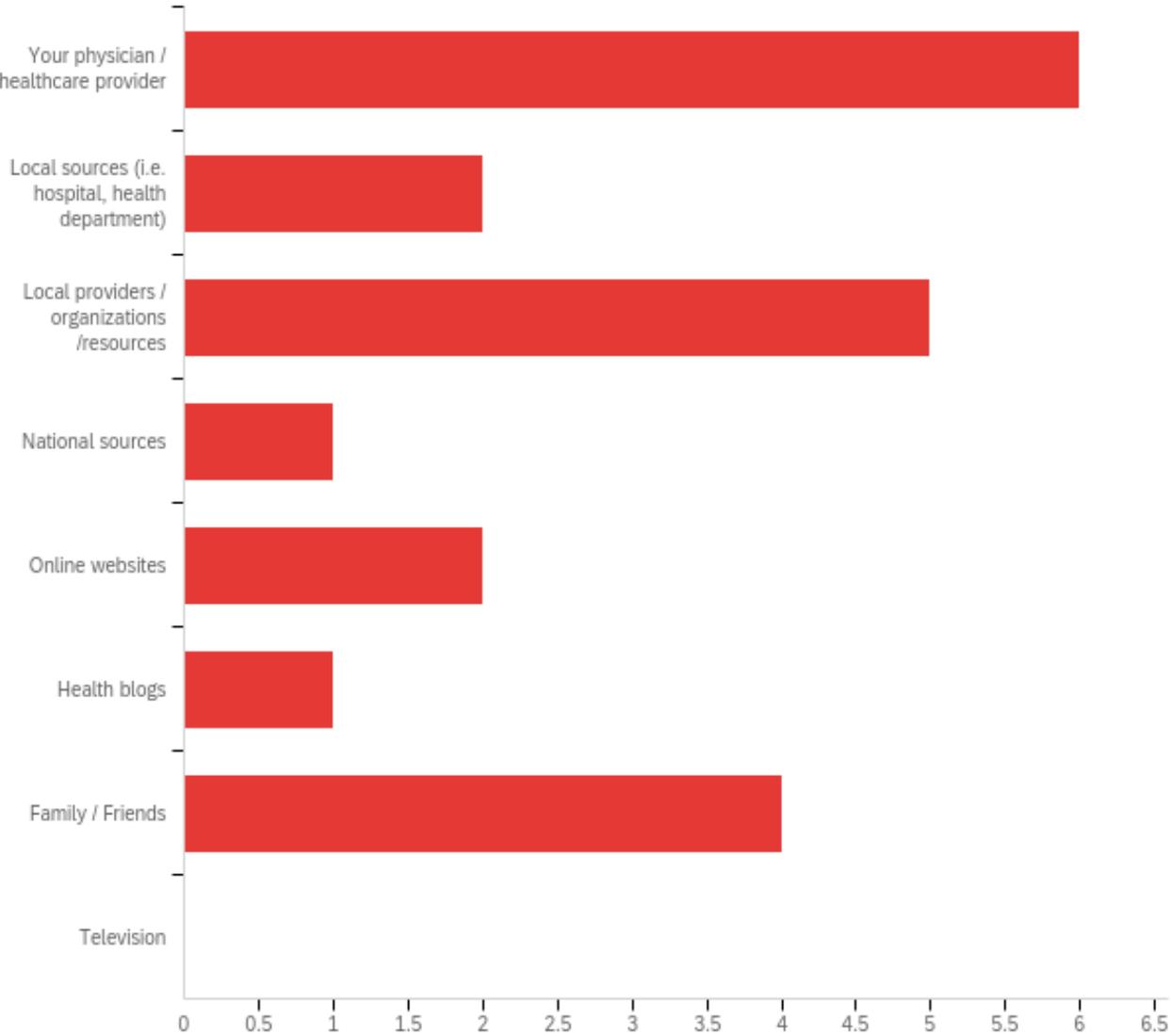


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	1.00	5.00	3.50	1.22	1.50	8
2	The majority of residents in my community have access to necessary medical specialists.	1.00	5.00	3.25	1.20	1.44	8
3	The majority of residents in my community are able to access a local dentist when needed.	1.00	5.00	3.38	1.32	1.73	8
4	Transportation for medical appointments is available and easy to access for the majority of	2.00	4.00	2.88	0.78	0.61	8

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	2.00	3.00	2.75	0.43	0.19	8
6	There are health care providers who understand my population and its health risks.	3.00	4.00	3.57	0.49	0.24	7
7	Health care services are provided in my language.	1.00	5.00	3.63	1.80	3.23	8

#	Question	Strongly disagree (1)		Somewhat disagree (2)		Neither agree nor disagree (3)		Somewhat agree (4)		Strongly agree (5)		Total
1	The majority of residents in my community have access to a local primary care provider.	12.50%	1	12.50%	1	0.00%	0	62.50%	5	12.50%	1	8
2	The majority of residents in my community have access to necessary medical specialists.	12.50%	1	12.50%	1	25.00%	2	37.50%	3	12.50%	1	8
3	The majority of residents in my community are able to access a local dentist when needed.	12.50%	1	12.50%	1	25.00%	2	25.00%	2	25.00%	2	8
4	Transportation for medical appointments is available and easy to access for the majority of residents.	0.00%	0	37.50%	3	37.50%	3	25.00%	2	0.00%	0	8
5	Signage and promotions for health services reflect my community and its needs.	0.00%	0	25.00%	2	75.00%	6	0.00%	0	0.00%	0	8
6	There are health care providers who understand my population and its health risks.	0.00%	0	0.00%	0	42.86%	3	57.14%	4	0.00%	0	7
7	Health care services are provided in my language.	25.00%	2	12.50%	1	0.00%	0	0.00%	0	62.50%	5	8

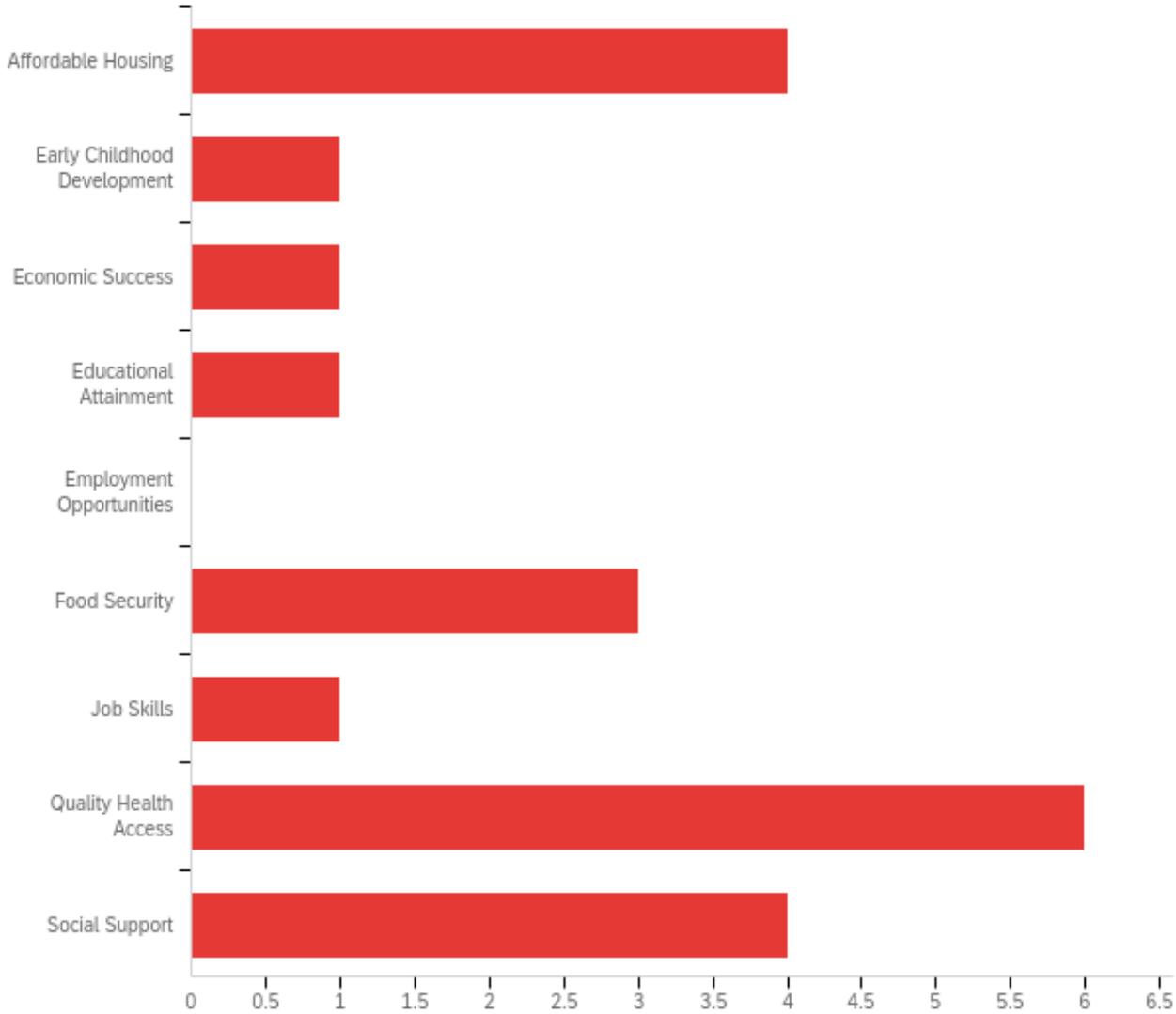
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	28.57%	6
2	Local sources (i.e. hospital, health department)	9.52%	2
3	Local providers / organizations /resources	23.81%	5
4	National sources	4.76%	1
5	Online websites	9.52%	2
6	Health blogs	4.76%	1
7	Family / Friends	19.05%	4

8	Television	0.00%	0
	Total	100%	21

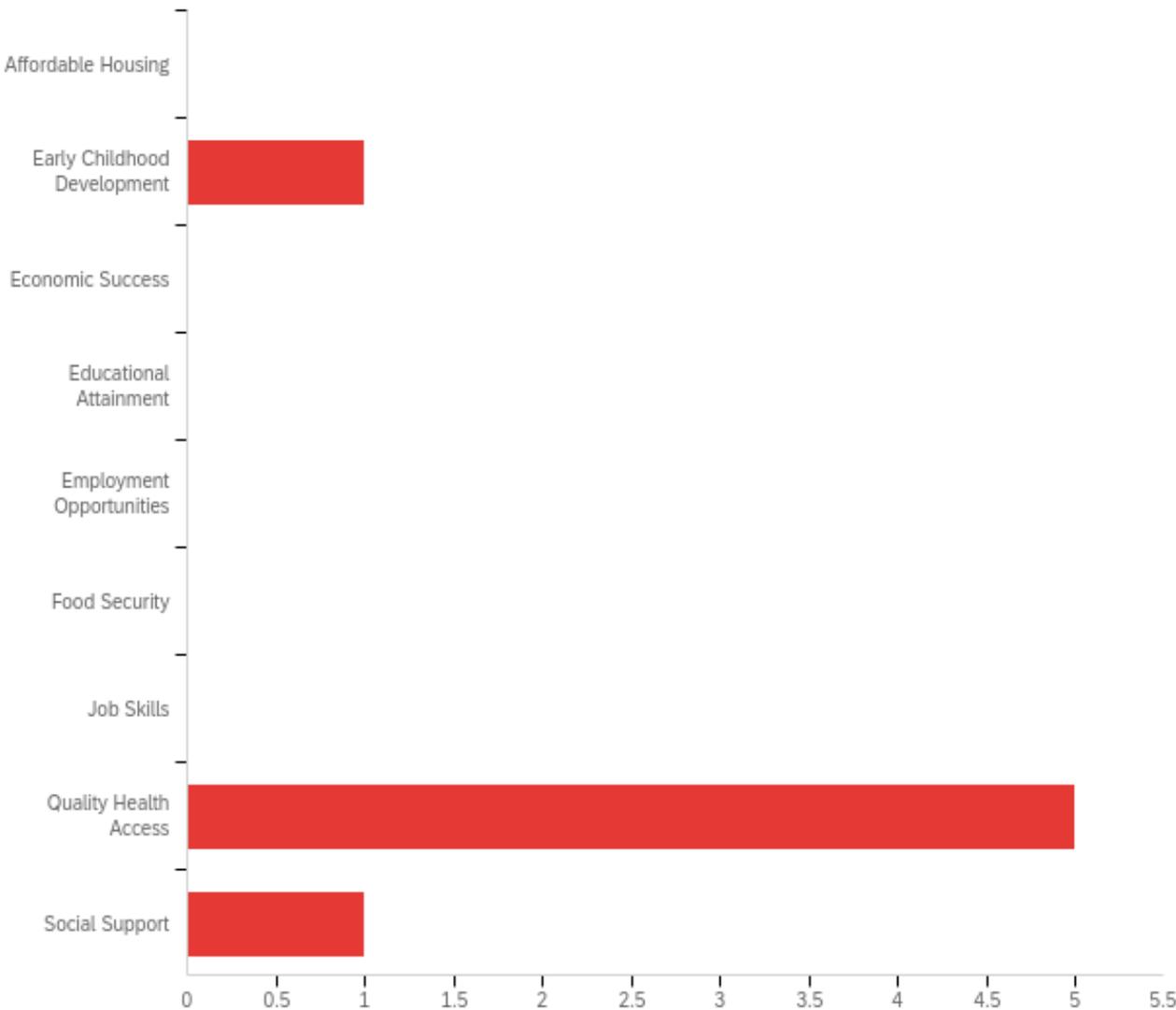
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	19.05%	4
2	Early Childhood Development	4.76%	1
3	Economic Success	4.76%	1
4	Educational Attainment	4.76%	1
5	Employment Opportunities	0.00%	0

6	Food Security	14.29%	3
7	Job Skills	4.76%	1
8	Quality Health Access	28.57%	6
9	Social Support	19.05%	4
	Total	100%	21

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	2.00	9.00	7.29	2.19	4.78	7

#	Answer	%	Count
1	Affordable Housing	0.00%	0
2	Early Childhood Development	14.29%	1
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	0.00%	0
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	71.43%	5
9	Social Support	14.29%	1
	Total	100%	7

Taneytown Older Adult Focus Group, September 2, 2020

This group met outdoors at a pavilion in Taneytown Memorial Park.

Participants were all given iPads to complete the Focus Group Survey.

Dot Fox shared about The Partnership and explained the CHNA process to the group. It is part of the Affordable Care Act that the hospital is required every three years to obtain responses from the community in order to prioritize the health needs that the hospital and Health Department need to focus on for the next three years. She shared how this work is important in order to place resources into the community, such as placing a nutritionist at the Cancer Center.

Dot shared the bar graph results from Qualtrics with the group.

Demographics

Gender: 2 male 6 female

Most participants are 65 years old or older, one participant is younger, but attending as she is caretaker for both of her parents.

Housing: all live in single-family homes.

All participants have resided in Carroll County more than 10 years.

All have health insurance.

General Health Issues and Behaviors

5 most important to address:

Tied for 1st place: Illegal substance abuse and mental health

These were closely followed by a tie for 2nd place by alcohol abuse and cancer.

If only choosing 1 of the 5, the top one was: Illegal substance abuse

What does it look like in your community & family?

It is rampant throughout the nation, and we aren't isolated from it. We personally know people who have died, and people are doing illegal things to support their habit. We have had attempts to break into cars in the neighborhood (participants claimed to have actually seen it with cameras and also on Facebook) – and this illegal activity may be occurring to support a habit. So many people are moving out to the country from big cities, they have families and friends who visit the area, and it is felt that they may be looking for places to break into. The area population is increasing rapidly.

One participant pointed out that Carroll Vista is part of that “new” group – and they should be able to contribute into the area in a positive way. Different people bring a lot of challenges and life experiences, they offer a lot of diversity within the group and bring diverse talents.

Drugs are a problem, both illegal drugs and legal drugs. One participant has a son in Puerto Rico working in Homeland Security, and they confiscated 32 million dollars of drug money, it is a very lucrative business to be in. It goes all up the east coast. It is the culture, and how do you change the culture? It is

also a problem with lack of coping mechanisms. Once into the lifestyle how do you get out of it? That is our problem in Baltimore City. People are without resources. If people don't have access to therapy (PT, OT) then they are more dependent on pain medication (costs less than medical care) – there are no other resources.

One participant's daughter was a home health nurse in Baltimore City and she said "if you have resources you have everything". Our medical system is so different today, we put so much money into medicine, in Britain they spend ½ in their national health system of what we spend here, yet people with chronic disease are a problem, emergency not as much.

It was commented that you don't get the satisfaction you used to get from a PCP that took an interest in your family, sat down with you to get your history. Now you go to urgent care. A lot of people we see, if you have mental health problems or were incarcerated you can't get a job. One participant felt that the penal system in Canada is more forgiving whereas here you are just locked up. We are not retraining people.

One participant feels that, as a foreigner, people end up insulating themselves with likeminded people – you are afraid, you can't speak the language well and you don't know how America works. Her family has been in America for 46 years, but her Mom still can't go to McDonald's and order a happy meal, because she does it for her. It takes a long time to capture the language and culture of another country. The culture is a whole different world. It takes a long time to capture the language, but mentality she is still Korean even though she was raised here. She grew up having to make phone calls and appointments for her family when she was younger.

We all probably know someone who has died from an illegal overdose, it is not just the young and children. We know an older woman in her 50's who started using drugs for depression after her husband passed from cancer. Drugs are so available to obtain. The drugs she took for depression and stress exacerbated the whole situation. It started as a mental thing with loneliness but just spiraled down. This is not a new issue; it has become a bigger issue. It is a major issue - drug abuse has been going on for years - it is almost like a pandemic. But it wasn't always that way in our lifetime.

Now we hear the newest craze is that kids are taking Benadryl to hallucinate.

Talk about mental health – how is it impacting?

One has a friend that is 85 years old, still drives, is functional, but she is very afraid to go out and be around people other than her neighbors. We visit with neighbors; this is one of the things I am worried about right now. The Senior Center is now closed so there is no interaction, no meals, no talking, no transportation. There are many people where this was their livelihood and they are well up in years. We wonder if they are getting meals, getting taken to Doctor appointments and such? People in their late 80's and early 90's and we don't know what is happening with them – we don't see them, so we don't know if they are eating properly. Some have a little bit of dementia. We can't be the ones taking meals to them. We are wondering because there is no interaction and no way to be visibly seen as to what is going on in their life. I think they are forgotten.

All agree that Senior Centers are very important touch points for these older adults.

Mental health issues can lead to drug abuse, fear, taking meds more than they should, it goes together with drug abuse.

Dot shared that the Health Department now classifies mental health as “Behavioral Health.”

One participant commented that to help your mental health you should not watch the news - that’s enough to make you depressed and stressed. The news really isn’t the news anymore.

Alcohol abuse: A participant stated that people don’t have to drive to work and they are home more, so they can have a few drinks and still work, therefore, they are drinking more. Maybe they are not happy being home all day, with family, and nothing else to do. She has a sister who says when this (pandemic) is over, they will need to go to weight watchers and alcoholics anonymous because that’s all they are doing – eating and social drinking. But it can lead to other things. It has been noticed by many that Liquor stores haven’t lost any money – they are listed as essential businesses.

Alcohol is legal but can lead to other issues. Some people are happy drunks, but others are miserable - it can lead to child abuse and domestic violence (secondary consequences from crime to violence).

Cancer: Are you seeing it more, hearing about it more, is it impacting your family? Are there certain types you are seeing?

Participants answered affirmative to all of the above – seeing it more, hearing about it more, having it impact people they know.

If you have someone in the family with cancer - who would you think of for treatment?

Most felt that good treatment is far away – no place local, one would need to get there and stay there a long time. It is not an easy thing to go through and is very expensive. It is a hardship to get to the location for their treatment, especially for the elderly – if they can’t drive themselves to get there. Carroll County has above average transportation, but it is still not good enough. People don’t want to ask for help to get taken somewhere. The public transportation is available but is not always timely, one would need to leave at 9:00 a.m. for an 11:00 a.m. appointment and then they don’t get home until 3:00 p.m. This has been seen on a personal level.

Someone noted that nothing was said about the Cancer Center in Westminster. We have a Cancer Center in Westminster – don’t know many people with cancer but know that is where they are going. It is easier to get to, but a person still needs help with transportation to get there.

When you have places like Hopkins you think of those places even though Carroll does a wonderful job. This area of the country has excellent facilities in Baltimore and in your mind you think it is the best place – but this may be an educational thing – to let people know that our local location can give you the same treatment as you can get across town.

When asked to pick just one, the top answer was illegal substance abuse. Since that topic was already discussed. Dot led a discussion regarding the other issues picked: Alzheimer’s Disease/Dementia, Cancer, Mental Health, and Obesity.

Alzheimer’s: Discussed seeing decline in one’s mental capacity. Dot shared that our on-line survey shows more responses of seeing declines by proxy. Maybe a good way to manage this issue is to recognize it in someone else and then know how to start that education process. Needed is not only

awareness but group support and education for the caretaker. The caretaker of the person starting to decline really needs assistance when caring for that other person.

Health Care Access

Several participants are having problems accessing a PCP. One couple had a great doctor but he retired. They have been trying to get a primary care doctor, but all they can get appointments with is an assistant. The physician won't see them at all. They feel that a lot of older people can't do teleconferencing, and it is difficult to do teleconferencing. He commented that you need a state of the art, \$1,000 phone to do this. They don't need a fancy \$1,000 phone at their age and their phones won't let them do teleconferencing. Right now, they are struggling to find a regular doctor. The participant shared that her yearly physical should have been in May, as she needed it for her 1st year on Medicare by September, and she couldn't get it until August. However, she could not even obtain it through her Dr but had to "see" a different PA. The participant stated, " I would like a DR that knows me personally. Our other Dr knew me for 40 some years. A New PA doesn't know your history." I like my PA but have not been able to see her or even talk to her. No one is taking new patients; we are stuck in not knowing what we are going to do. Insurance is not the problem. I don't want someone doing my physical that has never seen me before. Also, the longevity of the PAs is an issue: PAs are not going to stay very long, and then you will just need to see someone else soon.

It is hard to find a Doctor in Taneytown. One participant recently lost three of her doctors - GYN, PCP and arthritis doctors. There are not many doctors in Taneytown to begin with. Discussion ensued about a couple of Drs in Taneytown, one who takes as much time as you need, but most insurance only pays for 15 minutes and most don't take the time to ask questions to get more information, to get a good history. You can't chit chat like you used to, ask about family, etc. you need to lay it on the line why you are there - know what you want to ask and have medications filled out and available, as they don't take the time to ask questions. One participant took care of her mom with Parkinson's – if she won the lottery, she would have a 4-bed respite center built for these patients as they are unique in their care, nobody understands these Parkinson patients: giving medications 30-60 minutes before their meals, etc. unique in their care...like having a good mind in a broken body. Wish there were respite facilities in the specialty areas so that caregivers can get a break – as there is no break for care givers – you are a prisoner in your own home – like with Covid you are isolated and if you don't have a good dynamic within the family it just gets worse.

Specialists? They are hard to get; but this is covid related, one doctor said they were not coming back for 6 months.

Dentists? Replies were mostly positive – One participant's dentist told her that dentists were encouraged by the MD Health Department to come back after the lock-downs – people need to get proper treatment. If one goes to the ER you don't get care, just an antibiotic. She said her dentist was utilizing the whole PPE garb, having patients sit in their car and wait for the office to call them in for their appointment. The dentist was disappointed that in his specialty a lot (of dentists) did not come back to work.

Are there doctors who understand your population's health risks?

Four persons agree, 3 not so much: we don't have gerontologists; we only had one in the area and he moved out of state. Older people have multiple issues. The PCP takes care of multiple issues. A Specialist treats just one little window - just one issue, the PCP deserves the big bucks as they are coordinating care. This is a big issue. Older people need more assistance, more time, they don't move around a lot, many don't use the same technology – we could use a tech specialist in our senior community. The senior center used to offer tech help, also free tax preparation, but that was cancelled as well due to covid. Balto county was taking over some of the appointments, but if your income wasn't within a certain level, they wouldn't do it. Then you have to find your own solution. It was suggested to get students in high school to get special credit to volunteer to take care of helping seniors in the community.

Services provided in my language: One participant shared about when her dad woke up and couldn't move his leg. She was away, her parents couldn't speak English, and while a patient in the Carroll ER they pretty much ignored her dad. He ended up urinating on himself, he was so embarrassed, it was a horrible experience for him. He is a very independent person and was humiliated. She said that to see him so mortified after that experience broke her heart. They kept him all day, then told him they were not keeping him overnight and he had to leave; her mom couldn't drive to pick him up. Fortunately, a Secretary drove him home from the ER. They did not get an interpreter for him.

Someone asked if this was taken into consideration with Covid: if people needed sign language/interpreter? **Dot discussed the need for the hospital to have strict guidelines for interpreters and certified translators for accuracy.** In this kind of health crisis situation, you are very sick, and don't process everything, etc. People wondered if having a medical POA would allow you to be interpreter for a family member.

Someone with Parkinson's that couldn't talk or was hard of hearing – being alone in the hospital would be a horrible issue. A person needs a patient advocate. They used to have patient advocates at the hospital, do they still have them?

I want someone that has been around the block a few times – someone who knows what I am talking about. At the hospital I see many younger people – they can't relate – they think they know everything - but we are not a textbook!

Social determinant of health:

The top three picked were: quality health access is #1, social support and affordable housing tied for 2nd

When asked to pick just one - quality health access was #1, followed by one vote each for early childhood development and social support.

Discussion regarding quality health access:

We need a specialty in gerontology. One person had a VIP Doctor – a concierge doctor. You pay a yearly fee up front, and they take care of your healthcare for a year. (except in a hospital) A lot of people have gone to that to have someone who takes more time with you. They are on call 24/7 hours, and make

house calls; rehab allowed their Dr to come in and consult with the rehab Dr. - care was exceptional. Most people in our age group can't afford it, but it is the group that needs it.

SOCIAL SUPPORT? There was discussion regarding Senior Centers. As widows – feel more vulnerable, you don't take chances you once did, you don't have the support system you once did. Even residing within the same community, a large number of people still go to the Senior Center for support, services and resources. They had an exercise class, and over half of the participants were from their Carroll Vista community. Some are participating in zoom classes, but not all can do it if not tech savvy. "We have to take the initiative ourselves." One participant broke her arm and was dependent on her daughter, which lives out of the area. However, she was sure there would be other support if asked for. They have a Helping Hands list in their Over 55 community in which under normal circumstances you can call for a ride or grocery shopping, or come into your home to help, etc.

Participants walked the community so were out and about but found that younger people are well-meaning but are too busy and don't have available time — not that they didn't care, but they have kids and are running them around, etc. in a busy, busy, busy world. She didn't know the same number of people in her original community as she knows now within her Over 55 Community.

Some participants are very impressed with their community. Facebook is a good tool – you can use it to locally find help within your community, if your house burns down, you need a crib or other baby stuff, etc. there seems to be good support in the community. Also, Church communities are a great asset to everybody. In this pandemic, people have really stepped up, and without Facebook, etc. there would not be as much support.

We have talked a lot about cancer and diabetes, etc. – is there an emphasis on prevention or how to take care of yourself, i.e. with good nutrition? If taught early on there wouldn't be as much of a problem with disease....like eating right, taking supplements, minerals, etc. that we need.

Discussed was The Partnership efforts for education, exercise, etc. and also shared about educational classes at the hospital, and the construction occurring at the library for Exploration Commons.

The message is getting lost – how can the information get out to people?

Dot shared that The Partnership uses their partners to get the word out. One commented they have never heard of these things we discussed in their Senior Newsletter. Putting information in the Senior Center Newsletter would be a good idea.

How do you like to get your social information? Social media! Print is very important as some people don't utilize technology. One person stated that they want a handout, something they can tack on the refrigerator. Another participant likes mail or email.

One participant mentioned a lifestyle change program regarding diabetes education at the hospital that her friend really enjoyed. It was a monthly class and was very interesting. It provided a lot of good solid information, camaraderie of the group, and helped promote good lifestyle changes.

Others have taken classes, but it was only one "teaser" class and no follow-up (Mediterranean lifestyle class). It would be good to have continuous education – not one and done! It needs to be a lifestyle....

How do you want to get your health information and education?

The top three choice results on the survey for obtaining health information were physician/health provider, followed by local providers/organizations and then family/friends. One participant commented that they do not want their medical record online, as they don't consider it safe. Another likes online and being able to access it there. Another likes paper to put into a file, but to access online is good too.

One commented that everyone should take someone with them to their appointments, you walk away wondering if you really heard everything and understood everything. One suggested that you record your doctor appointment on your phone – some doctors will let you and some don't. Many people don't take in all the information doctors give them at appointments. And they use language and medical terminology that a lay person can't understand.

One participant suggested to have questions written down before you go in to see the doctor, because that 15 minutes goes by fast and you need to utilize your time wisely.

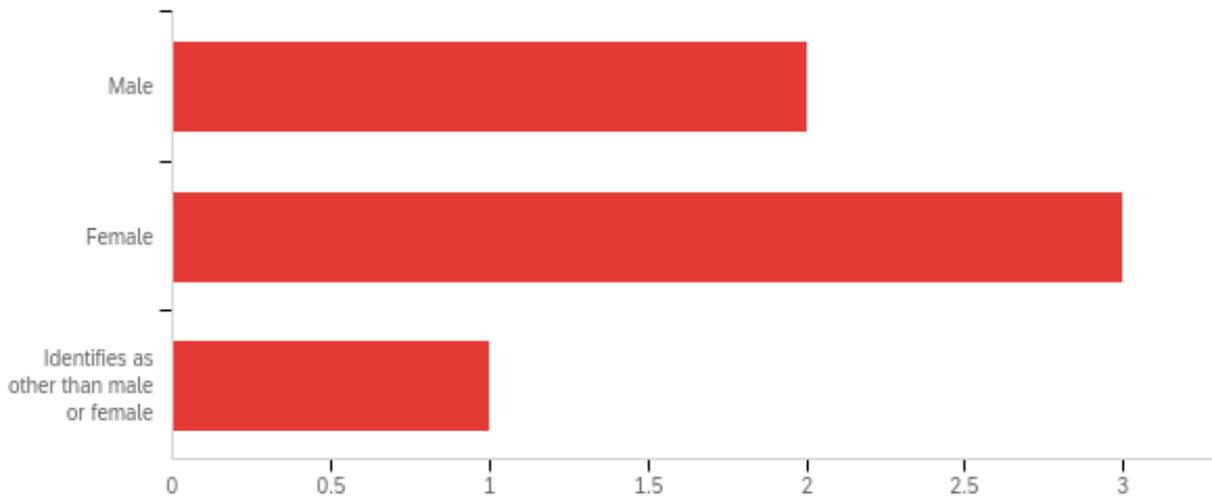
There was discussion about the "bedside manner" of the doctors. They are busy writing, almost in a different world, so much into the chart as the information is required by the government. One commented that the Dr didn't even look at her – not even any eye contact with her as he was looking at his computer.

The Living Well with Chronic Disease class was discussed and participants mentioned that they never heard of it. The residents of Carroll Vista commented that we would have a captive audience there – they would like a class held there!

Transitional Youth Focus Group

Targeted Populations

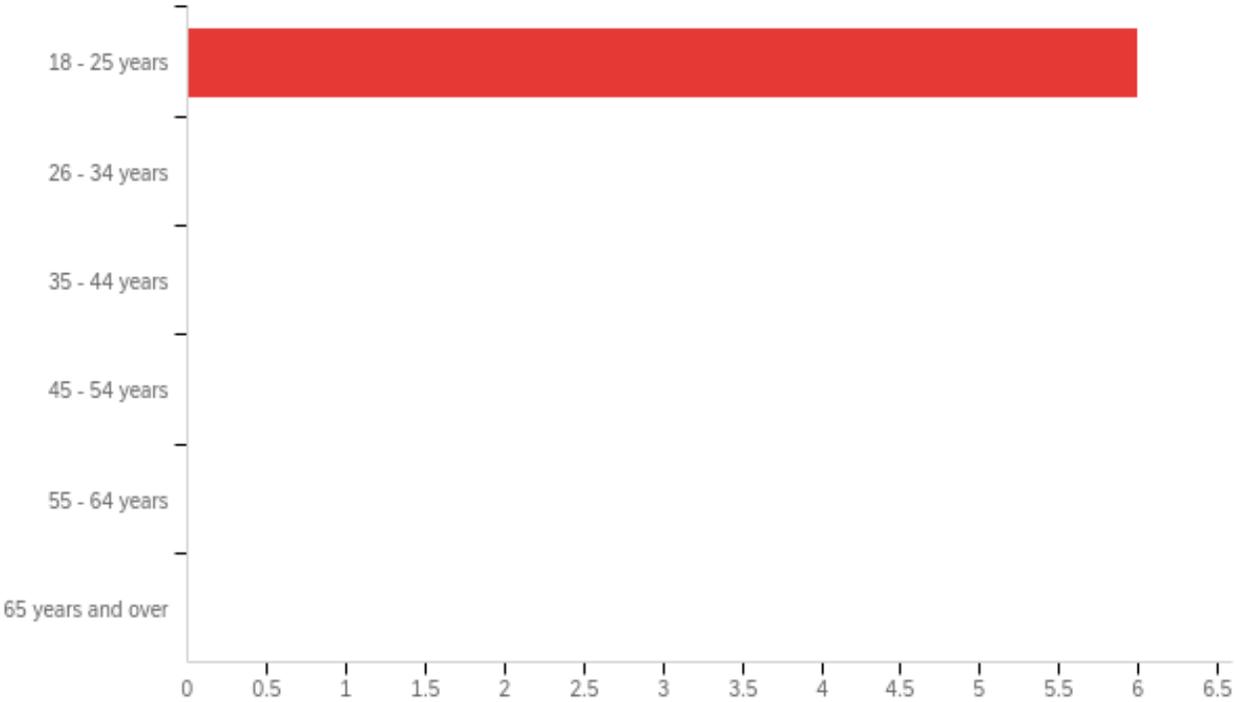
Demo1` - Gender



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender	1.00	3.00	1.83	0.69	0.47	6

#	Answer	%	Count
1	Male	33.33%	2
2	Female	50.00%	3
3	Identifies as other than male or female	16.67%	1
	Total	100%	6

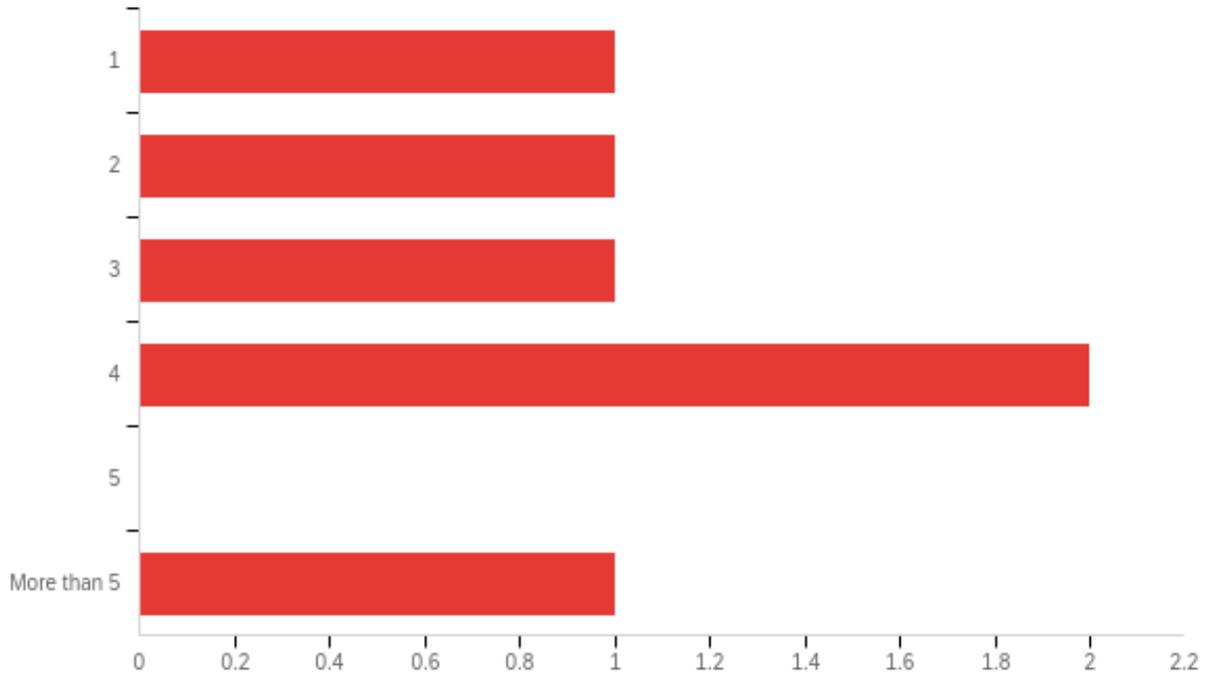
Demo2 - Age



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age	1.00	1.00	1.00	0.00	0.00	6

#	Answer	%	Count
1	18 - 25 years	100.00%	6
2	26 - 34 years	0.00%	0
3	35 - 44 years	0.00%	0
4	45 - 54 years	0.00%	0
5	55 - 64 years	0.00%	0
6	65 years and over	0.00%	0
	Total	100%	6

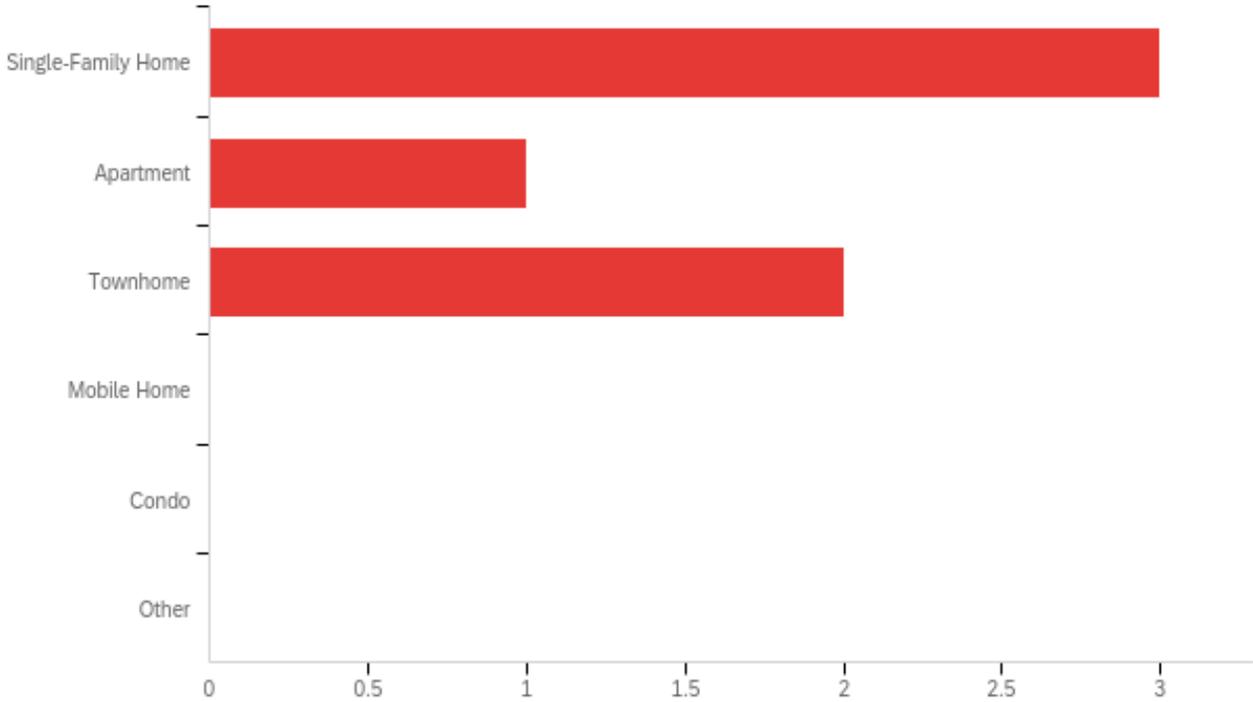
Demo3 - Number of People in Your Home



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of People in Your Home	1.00	6.00	3.33	1.60	2.56	6

#	Answer	%	Count
1	1	16.67%	1
2	2	16.67%	1
3	3	16.67%	1
4	4	33.33%	2
5	5	0.00%	0
6	More than 5	16.67%	1
	Total	100%	6

Demo4 - Type of Housing Unit



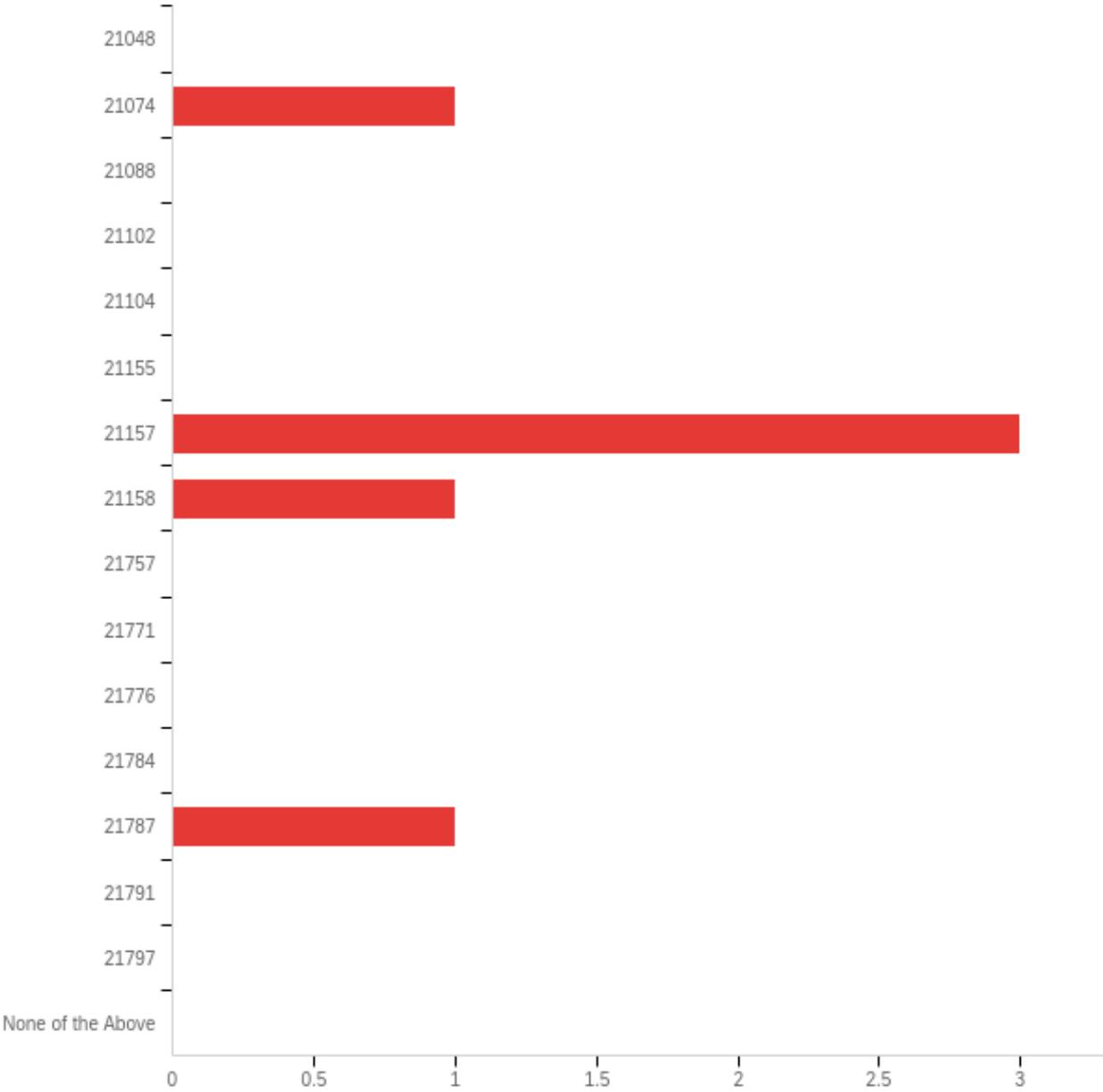
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Type of Housing Unit - Selected Choice	1.00	3.00	1.83	0.90	0.81	6

#	Answer	%	Count
1	Single-Family Home	50.00%	3
2	Apartment	16.67%	1
3	Townhome	33.33%	2
4	Mobile Home	0.00%	0
5	Condo	0.00%	0
6	Other	0.00%	0
	Total	100%	6

Demo4_6_TEXT - Other

Other - Text

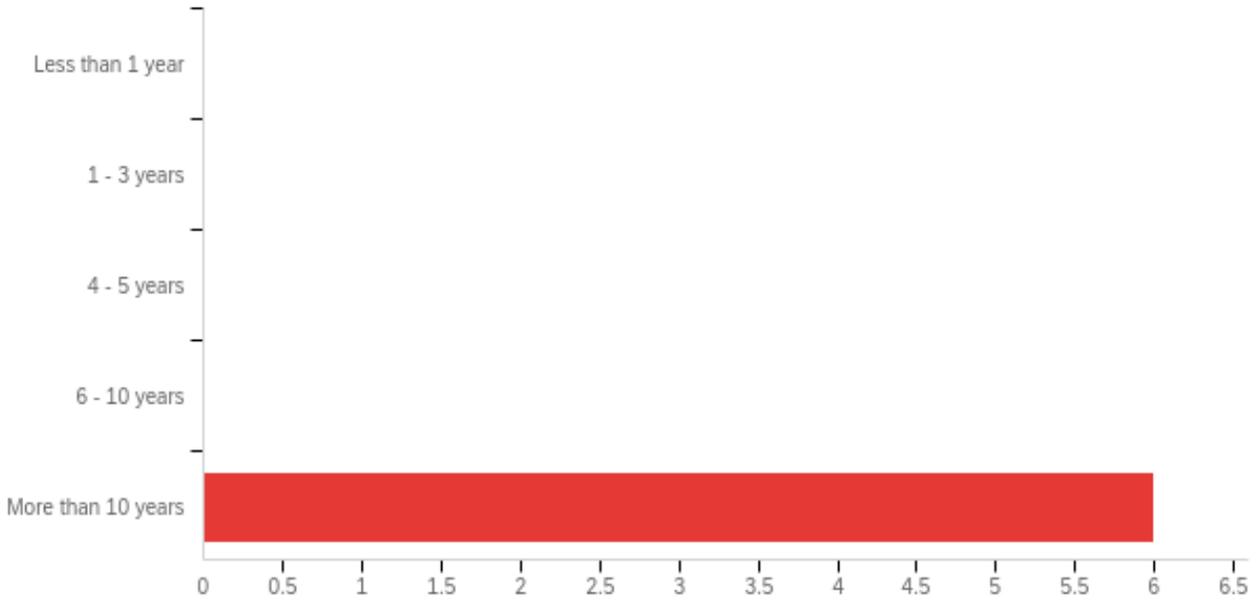
Demo5 - Zip Code



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Zip Code	2.00	13.00	7.33	3.20	10.22	6

#	Answer	%	Count
1	21048	0.00%	0
2	21074	16.67%	1
3	21088	0.00%	0
4	21102	0.00%	0
5	21104	0.00%	0
6	21155	0.00%	0
7	21157	50.00%	3
8	21158	16.67%	1
9	21757	0.00%	0
10	21771	0.00%	0
11	21776	0.00%	0
12	21784	0.00%	0
13	21787	16.67%	1
14	21791	0.00%	0
15	21797	0.00%	0
16	None of the Above	0.00%	0
	Total	100%	6

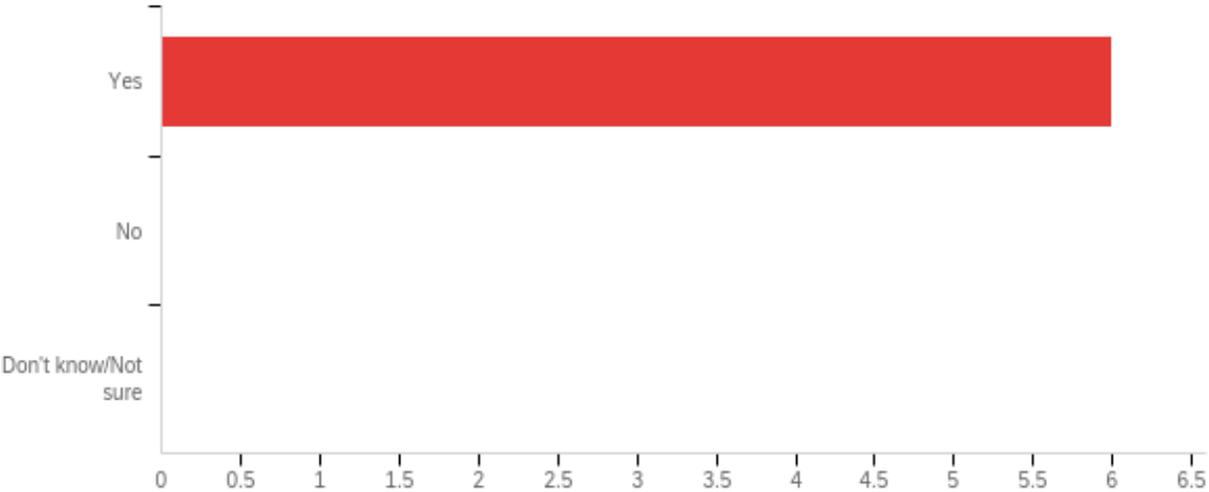
Demo6 - Number of Years Lived in Carroll County



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Number of Years Lived in Carroll County	5.00	5.00	5.00	0.00	0.00	6

#	Answer	%	Count
1	Less than 1 year	0.00%	0
2	1 - 3 years	0.00%	0
3	4 - 5 years	0.00%	0
4	6 - 10 years	0.00%	0
5	More than 10 years	100.00%	6
	Total	100%	6

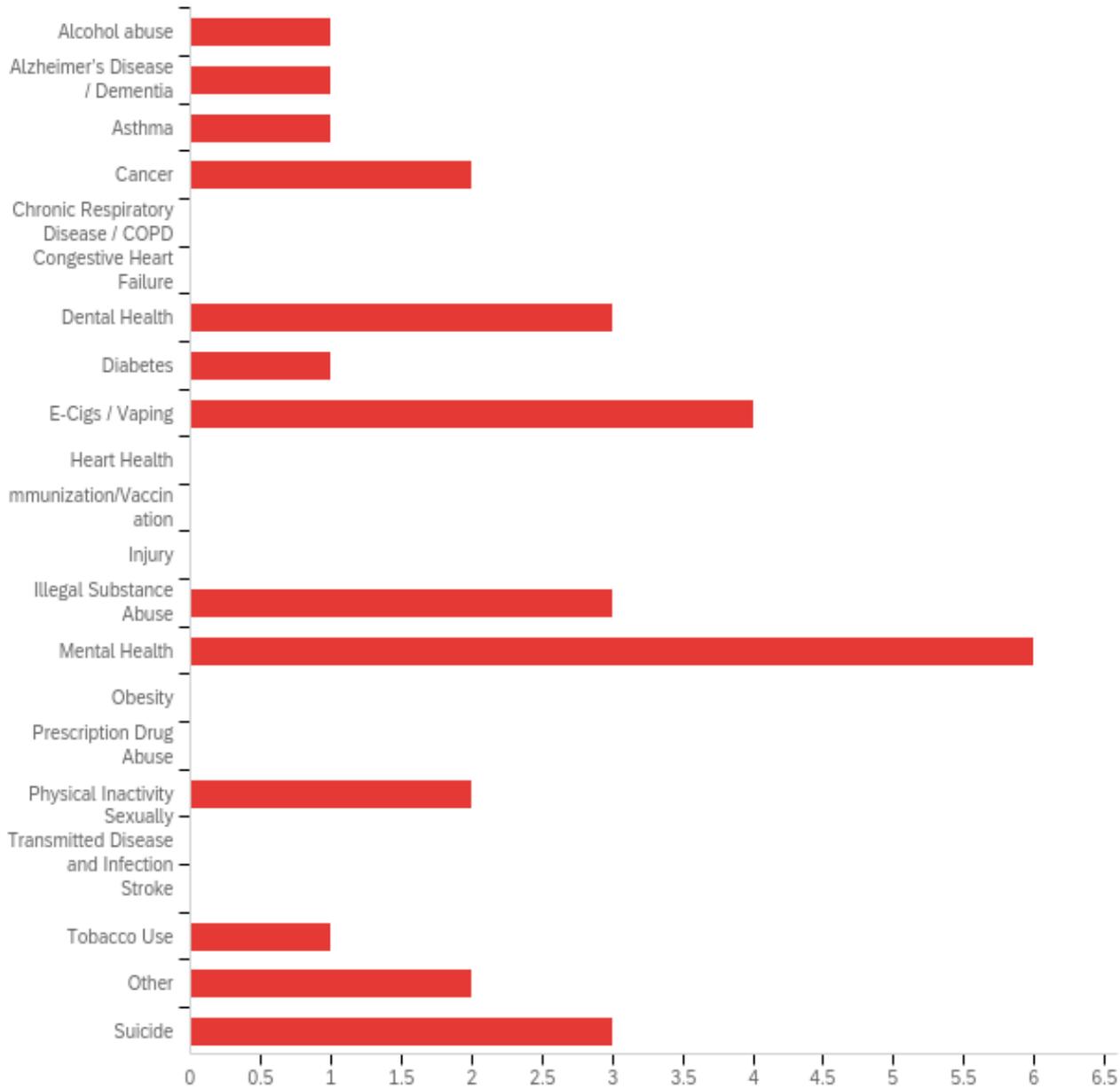
Q7 - Do you have health insurance?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have health insurance?	1.00	1.00	1.00	0.00	0.00	6

#	Answer	%	Count
1	Yes	100.00%	6
2	No	0.00%	0
3	Don't know/Not sure	0.00%	0
	Total	100%	6

Gen1 - General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.



#	Answer	%	Count
1	Alcohol abuse	3.33%	1
2	Alzheimer's Disease / Dementia	3.33%	1
3	Asthma	3.33%	1
4	Cancer	6.67%	2

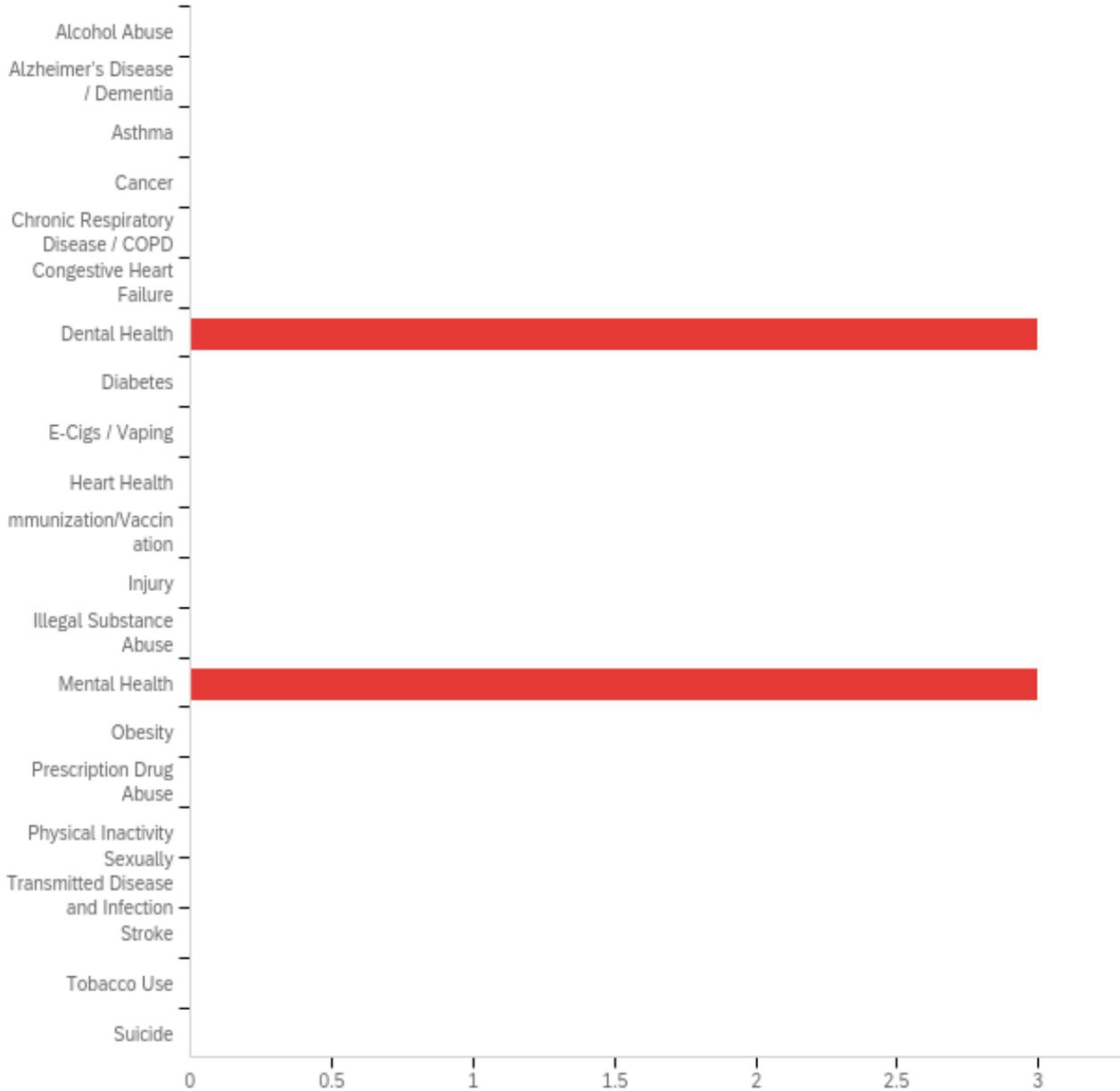
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	10.00%	3
8	Diabetes	3.33%	1
9	E-Cigs / Vaping	13.33%	4
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	10.00%	3
14	Mental Health	20.00%	6
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	6.67%	2
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	3.33%	1
21	Other	6.67%	2
22	Suicide	10.00%	3
	Total	100%	30

Gen1_21_TEXT - Other

Other - Text

Health insurance

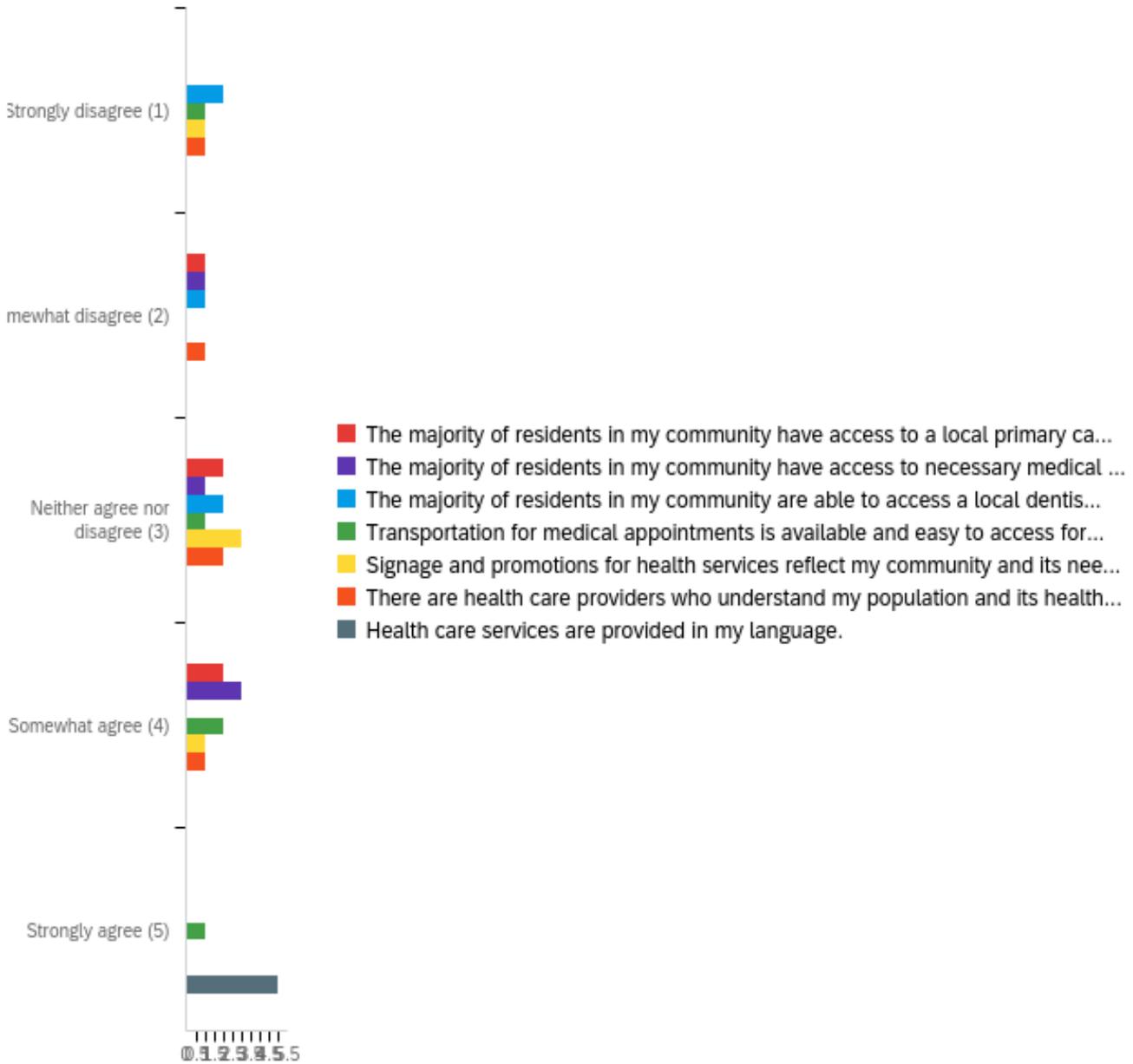
Gen2 - Of the 5 General Health issues you selected, what do you believe is the number one priority.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 5 General Health issues you selected, what do you believe is the number one priority.	7.00	14.00	10.50	3.50	12.25	6

#	Answer	%	Count
1	Alcohol Abuse	0.00%	0
2	Alzheimer's Disease / Dementia	0.00%	0
3	Asthma	0.00%	0
4	Cancer	0.00%	0
5	Chronic Respiratory Disease / COPD	0.00%	0
6	Congestive Heart Failure	0.00%	0
7	Dental Health	50.00%	3
8	Diabetes	0.00%	0
9	E-Cigs / Vaping	0.00%	0
10	Heart Health	0.00%	0
11	Immunization/Vaccination	0.00%	0
12	Injury	0.00%	0
13	Illegal Substance Abuse	0.00%	0
14	Mental Health	50.00%	3
15	Obesity	0.00%	0
16	Prescription Drug Abuse	0.00%	0
17	Physical Inactivity	0.00%	0
18	Sexually Transmitted Disease and Infection	0.00%	0
19	Stroke	0.00%	0
20	Tobacco Use	0.00%	0
21	Suicide	0.00%	0
	Total	100%	6

HCA1 - 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.

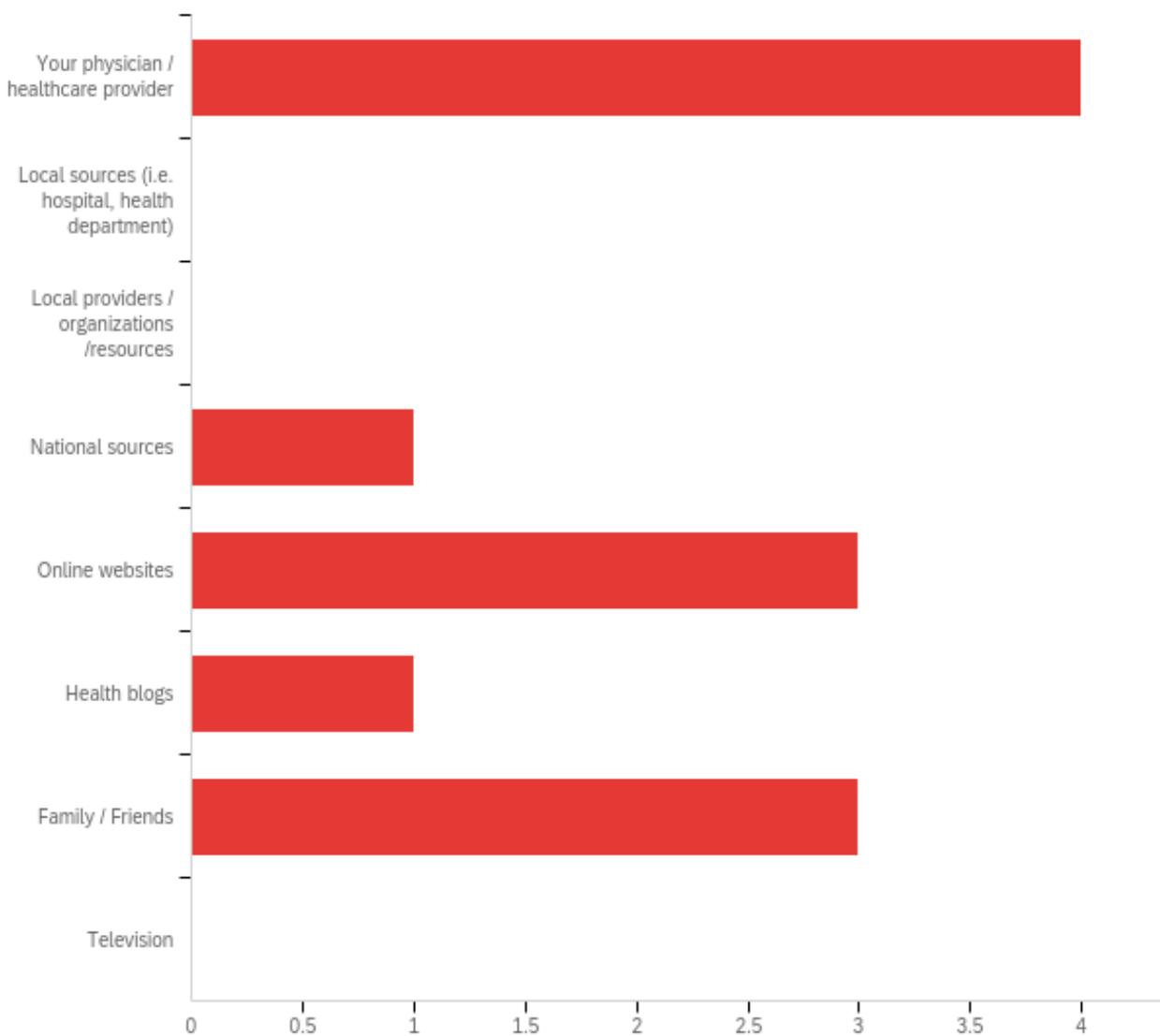


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The majority of residents in my community have access to a local primary care provider.	2.00	4.00	3.20	0.75	0.56	5
2	The majority of residents in my community have access to necessary medical specialists.	2.00	4.00	3.40	0.80	0.64	5
3	The majority of residents in my community are able to access a local dentist when needed.	1.00	3.00	2.00	0.89	0.80	5
4	Transportation for medical appointments is available and easy to access for the majority of residents.	1.00	5.00	3.40	1.36	1.84	5

	residents.						
5	Signage and promotions for health services reflect my community and its needs.	1.00	4.00	2.80	0.98	0.96	5
6	There are health care providers who understand my population and its health risks.	1.00	4.00	2.60	1.02	1.04	5
7	Health care services are provided in my language.	5.00	5.00	5.00	0.00	0.00	5

#	Question	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)	Total
1	The majority of residents in my community have access to a local primary care provider.	0.00% 0	20.00% 1	40.00% 2	40.00% 2	0.00% 0	5
2	The majority of residents in my community have access to necessary medical specialists.	0.00% 0	20.00% 1	20.00% 1	60.00% 3	0.00% 0	5
3	The majority of residents in my community are able to access a local dentist when needed.	40.00% 2	20.00% 1	40.00% 2	0.00% 0	0.00% 0	5
4	Transportation for medical appointments is available and easy to access for the majority of residents.	20.00% 1	0.00% 0	20.00% 1	40.00% 2	20.00% 1	5
5	Signage and promotions for health services reflect my community and its needs.	20.00% 1	0.00% 0	60.00% 3	20.00% 1	0.00% 0	5
6	There are health care providers who understand my population and its health risks.	20.00% 1	20.00% 1	40.00% 2	20.00% 1	0.00% 0	5
7	Health care services are provided in my language.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5

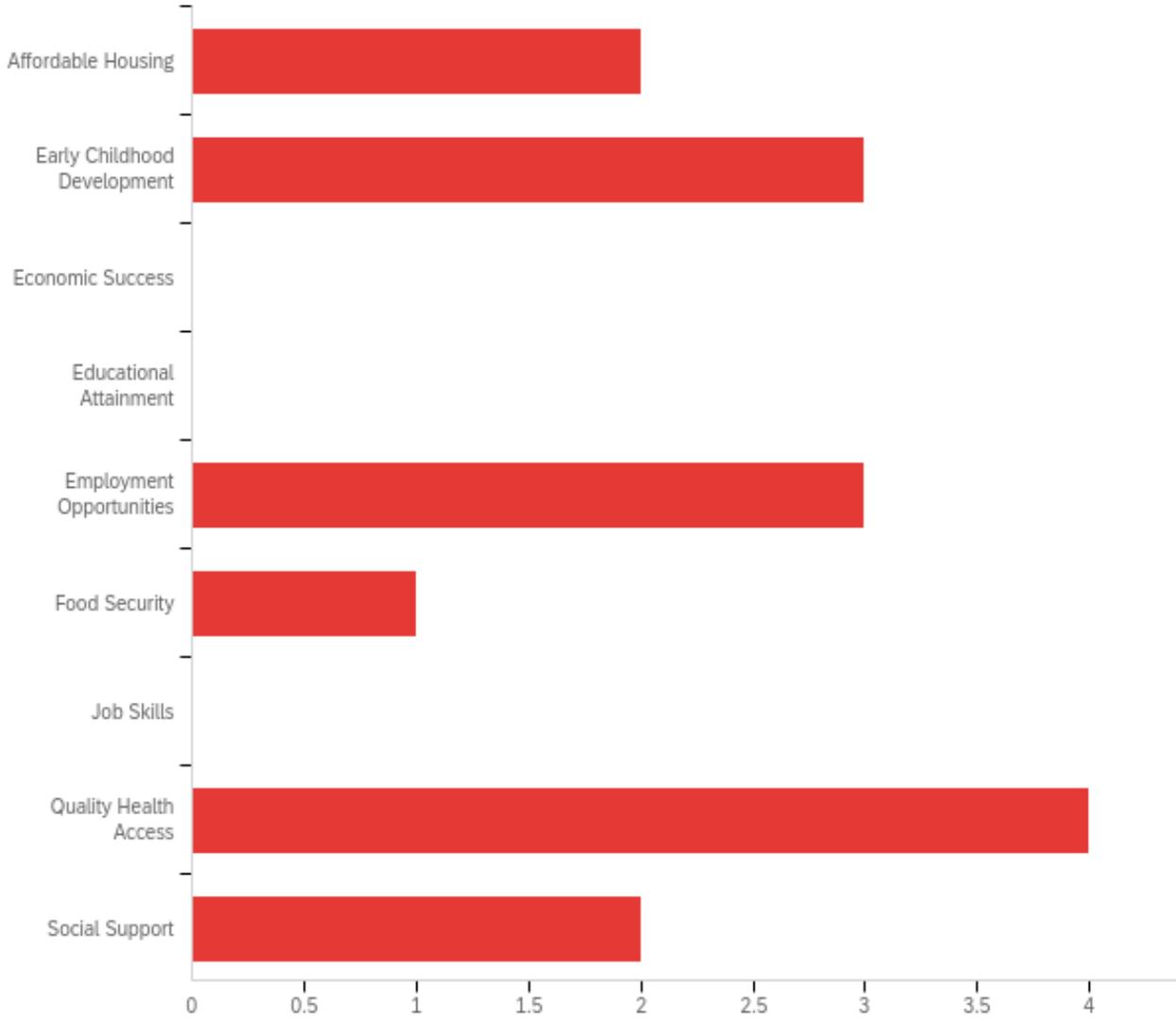
HCA2 - Where do you go to get health information and/or health education? Choose all that apply



#	Answer	%	Count
1	Your physician / healthcare provider	33.33%	4
2	Local sources (i.e. hospital, health department)	0.00%	0
3	Local providers / organizations /resources	0.00%	0
4	National sources	8.33%	1
5	Online websites	25.00%	3
6	Health blogs	8.33%	1
7	Family / Friends	25.00%	3

8	Television	0.00%	0
	Total	100%	12

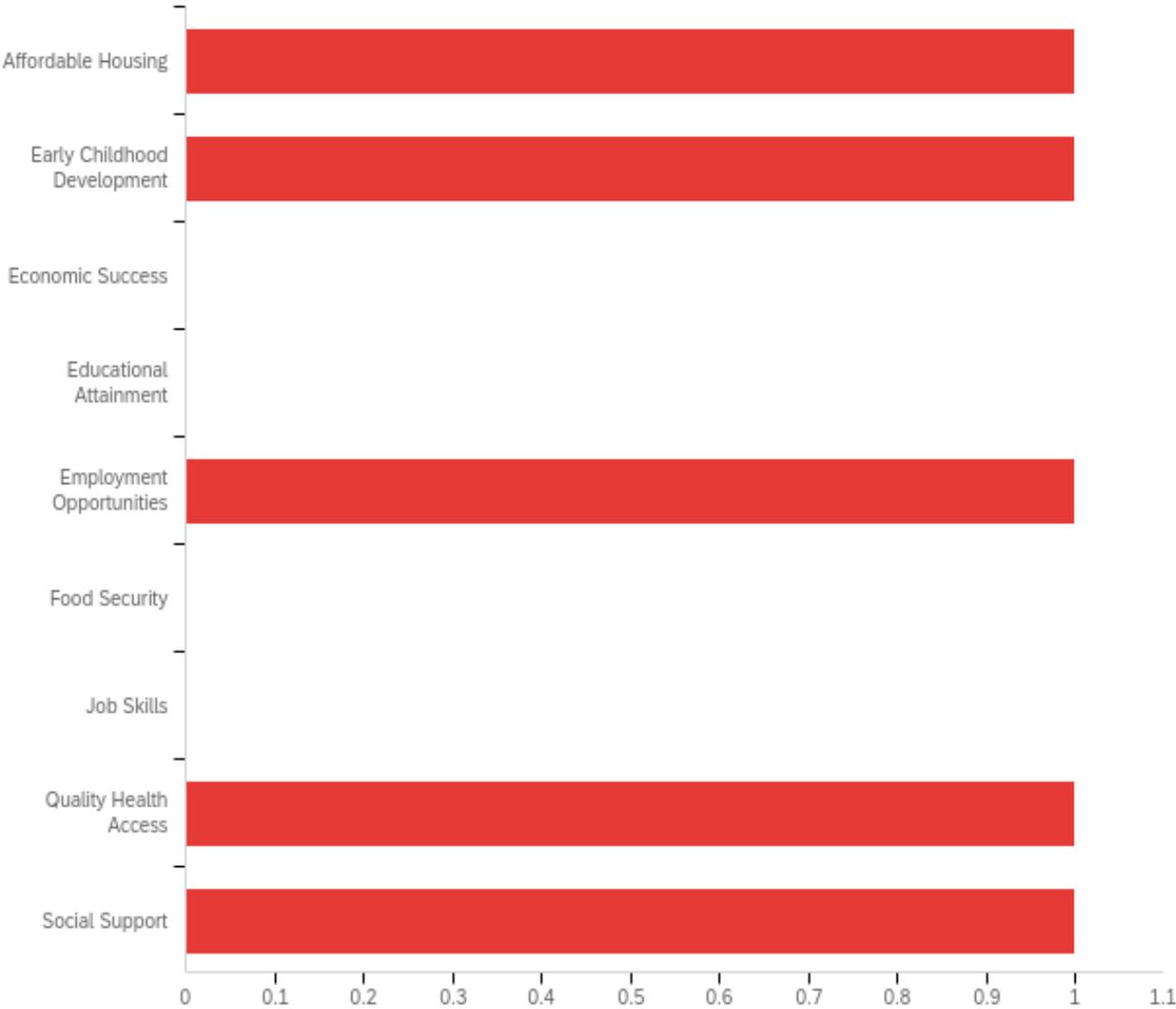
SD1 - Social Determinants of Health are defined by the Centers for Disease Controls as the conditions in which people are born, grow, live and age. Please review the following social determinants of health and pick the three (3) you believe are the most important to address in our community in the next 3-5 years.



#	Answer	%	Count
1	Affordable Housing	13.33%	2
2	Early Childhood Development	20.00%	3
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	20.00%	3

6	Food Security	6.67%	1
7	Job Skills	0.00%	0
8	Quality Health Access	26.67%	4
9	Social Support	13.33%	2
	Total	100%	15

SD2 - Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community?	1.00	9.00	5.00	3.16	10.00	5

#	Answer	%	Count
1	Affordable Housing	20.00%	1
2	Early Childhood Development	20.00%	1
3	Economic Success	0.00%	0
4	Educational Attainment	0.00%	0
5	Employment Opportunities	20.00%	1
6	Food Security	0.00%	0
7	Job Skills	0.00%	0
8	Quality Health Access	20.00%	1
9	Social Support	20.00%	1
	Total	100%	5

Transitional Youth

August 26, 2020, 2:00-3:00 p.m.

This group met at the **Carroll County Youth Service Bureau** building located at 59 Kate Wagner Road, Westminster.

Participants were all given iPads to complete the Focus Group Survey.

Dot Fox explained the work of The Partnership, how the survey works, and the purpose of the Focus Groups to the participants.

Demographics

All female

Same age category

Single family – 2, and 1 in a townhome

3 different zip codes in the County

All residents have 10+ years in Carroll County

All have insurance.

General Health Issues and Behaviors

TOP 5 Health Concerns:

The #1 concern was mental health, followed by a tie for 2nd place: suicide, e-cigs/vaping, and dental health.

Why is mental health so pressing? The stigma associated with schizophrenia and dissociative disorder. There is misunderstanding, and this is related to where people are getting information – such as movies and television shows. Movies always seem to pick the most severe cases. People with schizophrenia are portrayed as crazy, murderers, and criminals. One participant has a friend that is schizophrenic, and she is not like that at all – there is a misrepresentation of the illness. One participant has ADHD and people think that if you have something you can't see it is not real, that it is just in your head and it doesn't exist - especially in the older generation. Or some people automatically put you in the diagnosis because a child is a little hyperactive when there are other factors for it.

With mental health issues, especially with the older population, people think you belong in a mental health facility because you are crazy in the head.

Everyday challenges are hard, hearing voices is tiring and exhausting, along with the challenges related to that. There are good and bad days, and bad days are hard to deal with. Medications – they sometimes work better than at other times. Some days they work and some days they don't work so well. Without the medication I wouldn't be able to do most things – go outside or to the grocery store.

Another participant had the same problem, especially if there are a lot of people around.

One commented that she knows people who have had problems getting their medications or must wait to get refills – this is a problem. Especially people with schizophrenia.

The Pharmacy did not have the medications nine times out of ten. It is not so much the pharmacy won't fill it, but it is not at the pharmacy - they don't have it. Or, they are told that it is too early to fill it again.

There are consequences if you need to wait for your medications – such as self-harm (she couldn't stand hearing voices in her head telling her to cut herself... cut herself), or one may lash out and hurt people.

One participant asked if everyone has had someone in their life that committed suicide that was close to them. One had a family member do it successfully – with no warning signs – out of the blue. All know people who did or attempted to commit suicide.

Suicide – One commented that it is never the answer, you can always reach out to someone. One feels it is more common for guys to go through with it and kill themselves when they try. They should be seen and evaluated. She has heard that girls are concerned about making a mess, and guys don't care about making a mess and use more lethal means.

E-cigs: One participant thinks it is a better alternative to smoking, one has a brother that never used to smoke and started using an e-cig. She doesn't like it as she doesn't know the repercussions from them. Normal cigarettes can give animals cancer from 2nd hand smoke and she doesn't know that much about it and it could cause harm – like cancer. Also, it causes clothes to smell.

One grew up around parents who smoked – and feels she has breathing problems from 2nd hand smoke.

One participant doesn't think they are acceptable: they can cause popcorn lung, and they can blow up in your face. You are not supposed to breathe in water, so you shouldn't breathe in water vapor either!

Access to Dental health? One participant hasn't been in a while. She has an aunt with only four teeth left, but she can't afford dentures or implants (doesn't have cash). She would like to see her be able to eat the foods she wants in her last years, but she can't eat what she wants. She must cut things up for her. Her mom got dentures and they didn't fit right. Discussed was Access Carroll, which still costs money although is much less than other dentists. One is trying to get a job to be able to help her family member. One can't find dentists who will accept her insurance and must go to Owings Mills for care. One had to leave her Dentist because they don't accept the new insurance that her company changed to. One has a friend who must pay cash as they don't have insurance, and he has a hole in his tooth. He also feels sick. Discussed was how dental health affects your overall physical health, such as heart health.

One participant's mom kept putting the numbing stuff on her tooth, and finally went to Access Carroll and they had to take the tooth out right away because it was infected.

If only choosing 1 of the 5:

Two chose dental health, and one chose mental health.

Access to PCP? Yes - agree

Access to Specialists? Positive - agree

Access to Dentists? 2 - Not sure, 1 - Absolutely not

Access to Transportation? One strongly agrees, one disagrees, and one is in the middle. One has both parents that work and she doesn't drive. She is trying to get her license, but you have to be 25 years old to go take the test. One participant doesn't have time to go get the test done after obtaining her learners permit. She doesn't want to make grandparents drive her as they have hearing problems, are getting old and don't like highway driving as she thinks she would be a danger.

The bus couldn't pick her up because she is too far out in the county plus add the mixture of time – getting picked up on time and getting her there on time. *Ride with Us* works, it is \$4.00 one way or free through the Health Department. A couple use the bus for doctor appointments but don't trust strangers such as Uber and rideshare apps.

Health Care Access

Signage & promotion - Good

Providers understand them and their population's problems? No

They don't understand issues (not necessarily just youth issues), i.e. cancer – not an understanding of the cancer issues she was having. One participant questioned that where we are in society today, there are other things that are free - why are normal female feminine products not free like other products, and so expensive? There are gender differences. If women have issues, they are told it is just hormonal, their time of the month, menopause, etc. – it is pushed to something else when it could be more serious. There are not enough female physicians in the county. One had a male pediatrician and commented that puberty issues can be awkward to discuss with a male doctor.

Services provided in my language - Yes

Health Information/Education

Where do you get info? Doctors, friends and family, online websites - in that order.

However, information is not understandable – they don't simplify it in a way that people who didn't go to school to be a doctor can understand. If my mom comes, she can understand it, but I can't understand it. One participant stated that she would be comfortable in saying that to her physician.

What is the way you like to get information? All three said they would like to be verbally told – then you can ask proper questions and the healthcare provider can elaborate on the answer, as you sometimes can't find the information on the internet.

One commented that she will forget stuff, so she needs to write it down. Having someone there with you to help remember is helpful.

Social Determinants

There was a three-way tie with quality health access, employment opportunities, and affordable housing.

Affordable housing – what does it mean? Pricing: we are on HUD and in low income rental housing. One neighbor has cancer, and one is a single mom with two children. They take rent from your largest number of income and not what you bring home. They make it hard to keep a place, and it makes her worried. It makes her feel unstable and fearful because if she makes too much on a new job or

unemployment, she risks losing the house. Sometimes she can't pay right away. It is not always just cost but is a security issue as well.

Safety? Yes, all feel safe where they live.

Employment opportunities: There are not enough opportunities for entry level jobs – they are all entry level manager jobs. But if you haven't had a job how can you have experience for the manager jobs? There are not enough places hiring, and one participant has not heard back from some places she applied to. Discussion ensued about the skills that people learn in their entry level jobs.

Social support - what does that mean to you?

Social support: One person doesn't know how to function with people around that she doesn't know on more than a friend level. Therefore, her anxiety will act up and she will get awkward. She doesn't know how to deal with it when she feels that way. She needs social support, but the barrier is that she feels anxiety 24/7 and doesn't need more anxiety by being around other people. She gets most support from family, but they don't know how to help her in the way that she needs because they don't have the problem themselves. They have their own needs to deal with.

One feels she would be fine without social contact. She has never been able to learn how to cope with anxiety – even with medication it is difficult, support groups don't really work. Nothing she has tried has worked for her. It helps a little, but it would be better if there was completely no anxiety.

Targeted Populations Focus Groups_ Questionnaire

Start of Block: Demographics

Thank you for joining us today for our community focus group. On the following pages, you will be asked questions regarding your health and wellness specific to your community, and where you work, live and play. The Assessment Team is here to answer any questions you may have, do not hesitate to ask. Your input and unique perspective are greatly appreciated and will be used to guide our work over the next several years. Dorothy Fox Executive Director & C.E.O. The Partnership for a Healthier Carroll County

Page Break

Gender

- Male
 - Female
 - Identifies as other than male or female
-

Age

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

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 ... None of the Above

Number of Years Lived in Carroll County

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

Do you have health insurance?

Yes

No

Don't know/Not sure

End of Block: Demographics

Start of Block: General Health Issues and Behaviors



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

- Alcohol abuse
- Alzheimer's Disease / Dementia
- Asthma
- Cancer
- Chronic Respiratory Disease / COPD
- Congestive Heart Failure
- Dental Health
- Diabetes
- E-Cigs / Vaping
- Heart Health
- Illegal Substance Abuse
- Immunization/Vaccination
- Injury
- Mental Health
- Obesity
- Prescription Drug Abuse
- Physical Inactivity

- Sexually Transmitted Disease and Infection
 - Stroke
 - Suicide
 - Tobacco Use
 - Other _____
-

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

▼ Alcohol Abuse ... Tobacco Use

Page Break _____

End of Block: General Health Issues and Behaviors

Start of Block: 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.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The majority of residents in my community have access to a local primary care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in my community have access to necessary medical specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in my community are able to access a local dentist when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for medical appointments is available and easy to access for the majority of residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage and promotions for health services reflect my community and its needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are health care providers who understand my population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

and its health risks.

Health care services are provided in my language.



Page Break



Where do you go to get health information and/or health education? Choose all that apply

- Your physician / healthcare provider
- Local sources (i.e. hospital, health department)
- Local providers / organizations /resources
- National sources
- Online websites
- Health blogs
- Family / Friends
- Television

End of Block: Health Care Access

Start of Block: 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 (3) 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

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

▼ Affordable Housing ... Social Support

End of Block: Social Determinants of Health

6. Identified Key Issues

After the prioritization process, the following health issues were identified as the most significant to address in Carroll County. They are presented in ranked order and will be further refined as the Community Benefit Plan is reviewed and prepared for FY2021-2023.

1. Mental Health
2. Diabetes
3. Cancer
4. Heart Health
5. Obesity
6. Illegal Substance Use
7. Alcohol Abuse
8. Suicide
9. Prescription Drug Abuse
10. Physical Inactivity
11. Stroke
12. Oral Health
13. Alzheimer's / Dementia

7. Demographics

A. Methodology

Demographic data is included in this CHNA Consolidated Report, as required by HSCRC guidelines and by the Affordable Care Act of 2010. Information about the population and its characteristics is necessary to understand a community's health strengths and needs. Two other components of this Report — the Community Health Survey and *Our Community Dashboard* — also provide demographic information. Values for similar data points may vary according to time frame and source.

The following data sets from the **Carroll County Department of Economic Development** website, CarrollBiz.org, accessed in November 2020 are given in 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

B. Demographic Summary

Prior to the COVID-19 outbreak, Carroll County residents enjoyed a relatively good economic status, and are comparatively well-educated. The median household income for Carroll County was \$90,510 for 2013-2017, compared with the Maryland household income median of \$78,916. According to the US Census American Community Survey, the median household income for the United States was \$57,652 in 2017. This higher income is slightly offset by the fact that the 2016 Cost of Living Index (COLI) for Carroll County at 129., is higher than the national COLI of 104.63.

In March, 2020, as the COVID-19 pandemic was just beginning to be felt in Carroll County and prior to the governor declaring a state of emergency and closing all businesses except those deemed essential, the civilian unemployment rate was estimated at 2.8%. This was below the Maryland rate of 3.3% for March 2020, and below the national rate of 4.4%. After the statewide lockdown began on Monday, March 30, 2020, the county experienced a dramatic increase in layoffs and job loss with the unemployment rate increasing to 9.4 in April 2020. Economic recovery appeared to be occurring with the unemployment rate steadily dropping to 4.7 (September 2020)

The poverty rate is 6.0%, as compared with 9.0% for Maryland, and 10.5% for the United States as a whole (US Census Quick Facts). The top five employers in number of employees are Carroll County Public Schools, Carroll Hospital, Springfield Hospital Center, Penguin Random House, and Intergrace.

The Carroll County Public School (CCPS) System consistently ranks as one of the top-performing systems in Maryland. The number of students enrolled in public school for 2019-20 was approximately 25,345 (CCPS data). About 95% of adults have graduated from high school, and about 32% have a bachelor's degree or higher.

Carroll County has a low level of racial and ethnic diversity. The racial breakdown for the county is 88% white, 3.9% African American, 2.1% Asian and 3.9% Hispanic (US Census). Hispanic or Latino residents, estimated at less than 4% of the population, may be under-counted due to undocumented residency status.

The number and percentage of older adults in the community has increased and will continue to grow. The percentage of residents over age 64 was about 11% in 2000. The current percentage is estimated at 17.3% (US Census). According to the Maryland Department of Planning's projections, the percentage of residents aged 65+ is expected to rise to about 27% of the population by 2035.

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 28.4% of its resource land in preservation status, this has decreased from 34.5% since our 2015 CHNA Report. More of Carroll's remaining agricultural and resource land is threatened by development, as compared with the rest of the State (43% vs 27.5%).

C. Attachments

- Demographic Data - *Carroll County Department of Economic Development*

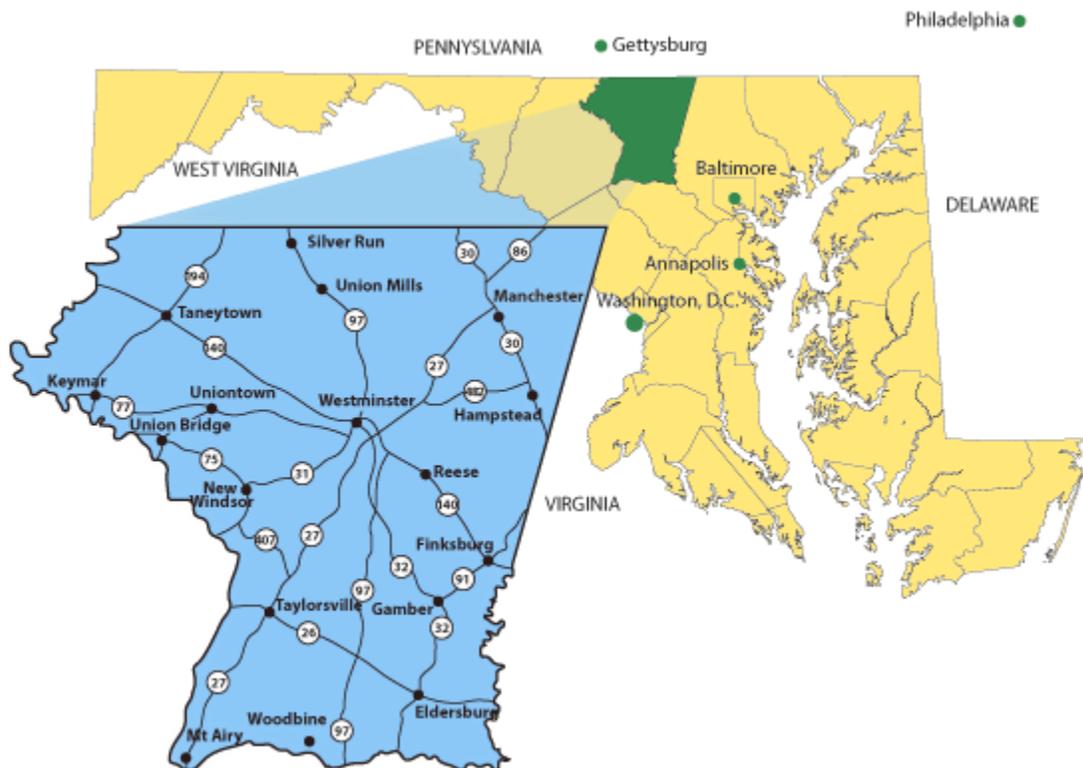
- Carroll County, Maryland Brief Economic Facts - *Maryland Department of Business and Economic Development*
- Demographic and Socio-Economic Outlook - *Maryland Department of Planning*
- Sustainability Indicators for Carroll County - *Maryland Department of Planning*
- Quick Facts - Carroll County Maryland - *United States Census Bureau*



MAP

Carroll County, Maryland, is a growing community centrally located in the Baltimore/Washington, D.C., metropolitan region. Its close proximity to Philadelphia, Richmond, New York and Boston makes it a prime location for a variety of industrial users.

Eight municipalities comprise our county – [Westminster](#), [Taneytown](#), [Union Bridge](#), [New Windsor](#), [Mt. Airy](#), [Sykesville](#), [Hampstead](#) and [Manchester](#). Carroll County features affordable housing, an exceptional quality of life and a well-trained and highly skilled labor force – that is why nearly 5,000 businesses call Carroll County home.





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 \$2.15 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 seal 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

The above information is Copyright 2017 Carroll County Department of Economic Development and was incorporated into the current Carroll County Department of Economic Development data.



Quality of Life

Carroll County has many quality of life attributes including top national and state rankings in safety, health, education, parks and recreation, agricultural preservation and household income.

- In top three for safest counties in Maryland
- #4 for Maryland County Health Ranking
- Carroll County Public Schools Rankings
 - Among the highest graduation rates in the state
 - Among the lowest dropout rates in the state
 - #1 on state assessments in Math (grades 3-8) and Algebra I
 - #2 on state assessments in English Language Arts and English 10
- \$18 M Carroll Broadband Infrastructure investment
- Increasing Commercial/Industrial Growth
- Carroll's high Median Household Income – \$84,887
- Four nationally recognized Quality of Life towns
- #1 in Maryland in Agricultural Preservation
 - Top 5 in U.S. in Agricultural Preservation Commitment (70,000 acres/100,000 acres)
- Growing arts community
- Home of The Maryland Wine Festival®

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.

ANNUAL AVERAGES 2016

Student Attendance Rate 96%

Student Dropout Rate 1%



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 (21)

Average Class Size: 20.5

MIDDLE SCHOOLS (7)

Average Class Size: 22.4

HIGH SCHOOLS (6)

Average Class Size: 24.3

Students Entering 4 Year Colleges 48%

Students Entering 2 Year Colleges 32%

CAREER & TECHNOLOGY CENTERS (2)

• *National award-winning teachers, students and programs*

• *Offers 23 accredited programs*

• *Students can earn college credit*

Student Employment Rate 99%

Employer Satisfaction Rate 98%

SAT SCORES-Average in 2012

Carroll County: 1549

Maryland: 1487 | Nation: 1498



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

Carroll offers a variety of programs designed for academic and career-oriented preparation. Five transfer programs and eleven career programs provide students with a foundation for educational success. 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.

The College' also offers customized professional development to individual business with the "[Advantage C](#)" program. The [Miller Center for Entrepreneurs](#) assists business owners who want to launch or build their business. Miller instructors and advisors develop strategies and provide support for business owners, connecting them with local, state and federal resources such as funding, technical support and industry specific expertise.

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

Carroll Lutheran School

Gerstell Academy

Faith Christian School

Montessori School of Westminster

North Carroll Community School

Springdale Preparatory School

St. John's Catholic 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

Goucher College

Hood College

Howard University

Johns Hopkins University

Loyola College

Maryland Institute of Art

Morgan State University

Mount Saint Mary's College

St. Johns College

Stevenson University

Towson University

United States Naval Academy

University of Baltimore



Population

POPULATION ESTIMATES BY ELECTION DISTRICT 1990-2020

Municipality/ District	1990	2000c	2010c	2018	2019	August, 2020
Taneytown ED	2,756	2,739	2,710	2,712	2,712	2,712
City of Taneytown	3,842	5,128	6,745	6,769	6,779	6,790
Uniontown ED	3,709	4,188	4,128	4,165	4,165	4,166
Myers ED	4,921	5,385	5,516	5,528	5,528	5,529
Woolerys ED	14,250	16,329	17,487	17,564	17,567	17,569
Freedom ED	16,635	21,866	24,277	24,419	24,425	24,426
Town of Sykesville	2,345	4,197	4,436	4,475	4,479	4,479
Manchester ED	8,168	8,619	9,193	9,208	9,209	9,210
Town of Manchester	2,289	3,329	4,808	4,916	4,916	4,917
Westminster ED	13,770	16,524	18,162	18,236	18,238	18,239
City of Westminster	13,582	16,731	18,590	18,697	18,705	18,709
Hampstead ED	7,867	8,051	8,475	8,496	8,497	8,497
Town of Hampstead	2,756	5,060	6,323	6,334	6,334	6,334
Franklin ED	6,460	7,459	7,372	7,388	7,389	7,389
Middleburg ED	1,348	1,442	1,422	1,426	1,426	1,426
New Windsor ED	2,330	2,349	2,281	2,286	2,286	2,287
Town of New Windsor	757	1,303	1,396	1,413	1,419	1,423
Union Bridge ED	652	530	576	579	579	579
Town of Union Bridge	912	989	975	977	977	977
Mt. Airy ED (Carroll)	3,363	6,425	9,288	9,355	9,358	9,359
Town of Mt. Airy (Carroll)	2,239	2,980	5,503	5,571	5,571	5,571
Berrett ED	11,095	11,615	12,281	12,346	12,347	12,348
County Total*	125,586	150,897	167,134	167,997	168,044	168,078
Total Incorporated	29,262	39,717	48,759	49,151	49,180	49,200
Total Unincorporated	96,324	111,180	118,375	118,847	118,864	118,874

- Population estimates are based on an assumed average household vacancy rate of 3.7%
- Population totals 2017-2019 have been adjusted to better align with the 2020 Census

* County totals are end of year figures unless otherwise notes. 2000c & 2010c denote Census figures.

**Includes Carroll County portion of Mt. Airy only

Sources: U.S. Census, and Carroll County Department of Planning

Last updated: September 16, 2020



Housing Units

HOUSING UNITS ESTIMATES BY ELECTION DISTRICT 1990-2020

Municipality/ District	1990	2000c	2010c	2018	2019	August, 2020
Taneytown ED	970	1,005	1,117	1,135	1,140	1,143
City of Taneytown	1,357	1,816	2,554	2,712	2,771	2,834
Uniontown ED	1,281	1,481	1,607	1,635	1,639	1,641
Myers ED	1,624	1,911	2,068	2,113	2,117	2,127
Woolerys ED	4,754	5,732	6,443	6,708	6,745	6,761
Freedom ED	5,001	7,319	8,603	9,179	9,235	9,251
Town of Sykesville	858	1,407	1,474	1,613	1,638	1,640
Manchester ED	2,674	2,956	3,377	3,447	3,461	3,470
Town of Manchester	1,008	1,151	1,713	1,915	1,920	1,922
Westminster ED	4,800	5,989	6,834	7,104	7,123	7,136
City of Westminster	5,415	6,476	7,684	7,934	7,987	8,016
Hampstead ED	2,675	2,907	3,157	3,237	3,249	3,257
Town of Hampstead	1,122	1,884	2,500	2,543	2,549	2,552
Franklin ED	2,061	2,482	2,650	2,729	2,736	2,739
Middleburg ED	462	500	545	558	561	565
New Windsor ED	763	814	896	918	922	930
Town of New Windsor	291	503	566	609	635	650
Union Bridge ED	232	198	235	244	244	244
Town of Union Bridge	355	376	429	430	430	430
Mt. Airy ED (Carroll)	1,051	1,462	1,521	1,568	1,571	1,572
Town of Mt. Airy (Carroll)	793	1,112	2,011	2,174	2,180	2,187
Berrett ED	3,541	4,029	4,422	4,517	4,528	4,534
County Total*	43,088	53,400	62,406	65,022	65,381	35,601
Total Incorporated	11,199	14,651	18,931	19,930	20,110	10,231
Total Unincorporated	31,889	39,669	43,475	45,092	45,271	45,370

*County totals are end of the year figures unless otherwise noted. 2000c & 2010c denote Census figures.

**Includes Carroll County portion of Mt. Airy only

Sources: U.S. Census, and Carroll County Department of Planning

Last updated: September 16, 2020



Business Composition & Laborforce

Annual Average-2019

4,606

Total Firms in Carroll County

58,521

Total Employment in Carroll County

\$860

Average Weekly Wage Per Worker

SECTOR	# OF FIRMS	% OF TOTAL	# OF EMPLOYEES	% OF EMPLOYEES	AVERAGE WAGE
Total Employees	4,606	100%	58, 521	100%	\$860
Public Employment					
93	2.0%	8,164	14.0%	\$948	
Federal Govt.	20	0.4%	345	0.6%	\$1,221
State Govt.	11	0.2%	1,255	2.1%	\$1,052
Local Govt.	62	1.3%	6,564	11.2%	\$913
Private Employment	4,513	98%	50,356	86.0%	\$846
Natural Resources & Mining					
48	1.0%	521	0.9%	\$716	
Construction	836	18.2%	6,071	10.4%	\$1,121
Manufacturing	138	3.0%	3,939	6.7%	1,239
Trade, Transportation & Utilities					
845	18.3%	11,959	20.5%	\$707	
Information	39	0.8%	262	0.4%	\$1,160
Financial Activities					
369	8.0%	1,558	2.7%	\$1,494	
Professional & Business Svcs.	926	20.1%	5,993	10.2%	\$1163
Education & Health Svcs.	529	11.5%	10,522	18.0%	\$810
Leisure & Hospitality	347	7.5%	7,315	12.5%	\$335
Other Svcs./Unclassified	433	9.4%	2,216	3.8%	\$685

Source: MD Department of Labor, Licensing and Regulation.
Last updated: November 17, 2020



Employment/Unemployment

2020 Civilian Labor Force Employment and Unemployment- Carroll County, MD

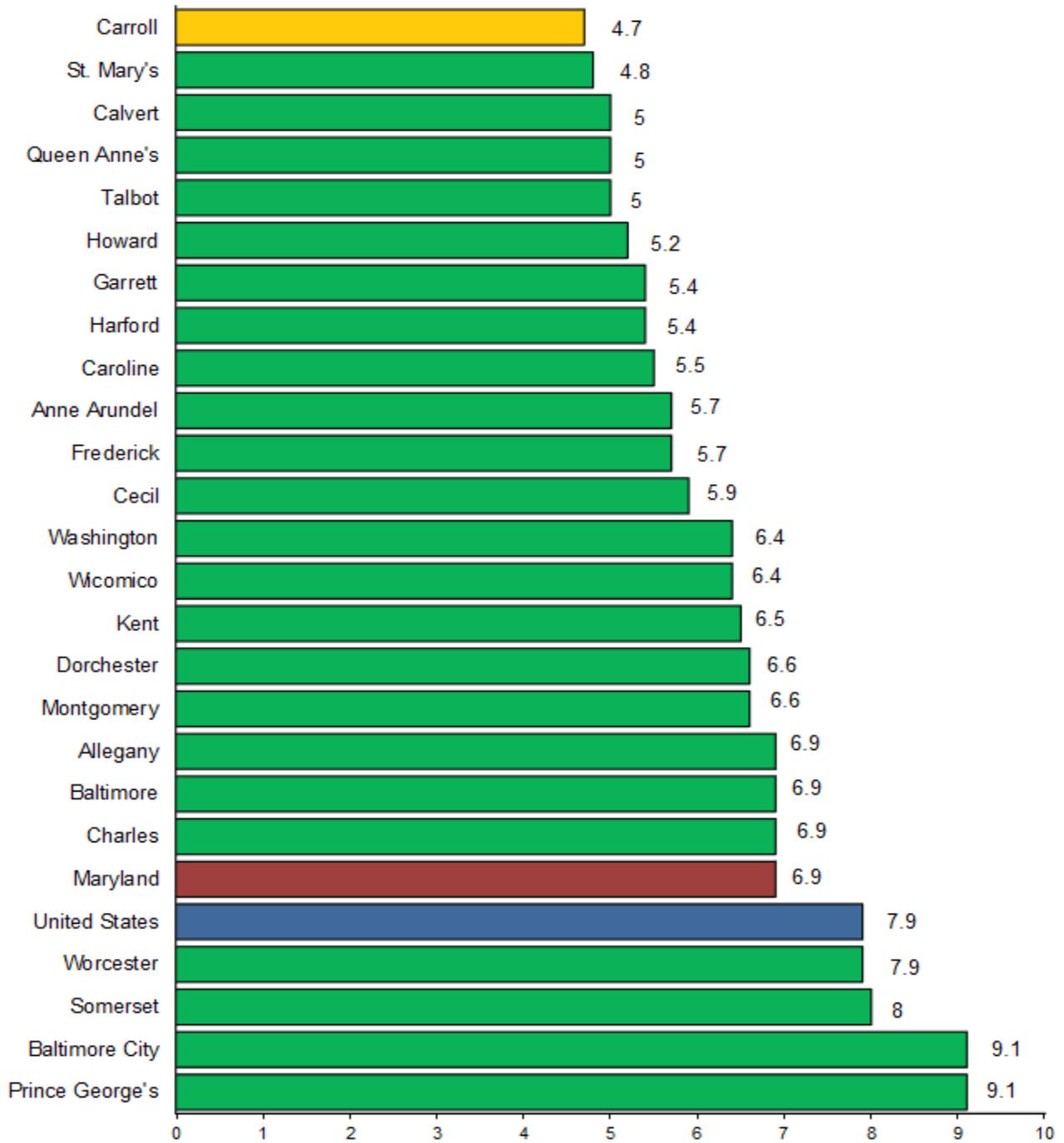
MONTH	LABOR FORCE	EMPLOYMENT	UNEMPLOYMENT	RATE (%)
January	97,531	94,656	2,875	2.9%
February	97,386	94,407	2,979	3.1%
March	97,141	94,465	2,676	2.8%
April	88,846	80,514	8,332	9.4%
May	90,969	83,509	7,460	8.2%
June	93,895	87,858	6,037	6.4%
July	95,549	89,963	5,586	5.8%
August	94,903	90,138	4,765	5.0%
September	88,398	84,271	4,127	4.7%
Average	93,846	88,865	4,982	5.3%

Annual Averages-Employment and Unemployment-Carroll County, MD

YEAR	LABOR FORCE	EMPLOYMENT	UNEMPLOYMENT	RATE (%)
2019	96,148	93,293	2,855	3.0%
2018	95,474	92,234	3,240	3.4%
2017	95,325	92,154	3,172	3.3%
2016	94,286	90,884	3,402	3.6%
2015	94,048	89,889	4,159	4.4%
2014	94,395	89,635	4,760	5.0%
2013	95,769	90,222	5,547	5.8%
2012	94,449	88,615	5,834	6.2%
2011	93,443	87,618	5,825	6.2%
2010	93,083	86,873	6,210	6.7%
2009	92,930	86,890	6,040	6.5%
2008	95,727	92,181	3,546	3.7%



State of Maryland Unemployment Rankings for September 2020



Source: Maryland Dept. of Labor; U.S. Dept. of Labor – Bureau of Labor Statistics.

Data is not Seasonally Adjusted. United States figures Seasonally Adjusted.

Last Updated: November 05, 2020

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 private sector industries generate \$4.7 billion



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

CLIMATE AND GEOGRAPHY¹

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^{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**	62,667	169,200	2,851,100	6,141,900

*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

POPULATION DISTRIBUTION^{2,3} (2018)

Age	Number	Percent
Under 5	9,185	5.5
5 - 19	31,554	18.7
20 - 44	48,650	28.9
45 - 64	50,662	30.1
65 and over	28,378	16.8
Total	168,429	100.0
Median age		42.2 years

Brief Economic Facts CARROLL COUNTY, MARYLAND

LABOR AVAILABILITY^{3,4,5} (BY PLACE OF RESIDENCE)

	County	Labor Mkt. Area*
Civilian Labor Force (2018 avg.)	94,339	909,677
Employment	91,277	874,791
Unemployment	3,062	34,886
Unemployment rate	3.2%	3.8%

Residents commuting outside the county to work (2013-2017)	Number	Percent
	47,074	54.2%

Employment in selected occupations (2013-2017)		
Management, business, science and arts	38,855	44.0%
Service	13,691	15.5%
Sales and office	19,668	22.3%
Production, transp. and material moving	6,758	7.7%

* Carroll, Baltimore and Frederick counties, MD and York County, PA

MAJOR EMPLOYERS^{6,7} (2018-2019)

Employer	Product/Service	Employment
Carroll Hospital Center	Medical services	1,995
McDaniel College	Higher education	800
Penguin Random House	Book warehousing and distribution	755
Integrace	Nursing care	700
Carroll Community College	Higher education	580
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	335
Arc of Carroll County	Medical and social services	325
Flowserve	Industrial pumping equipment	265
Knorr Brake	Railroad brakes	265
Tevis Energy	Oil and related products	260
Spectrum Support	Services for the disabled	250
PFG-Carroll County Foods	Food products distribution	210
M.T. Laney	Grading, paving services	200
Lehigh Cement	Cement	160
Fuchs North America	Spices and extracts	150

Excludes post offices, state and local governments, national retail and national foodservice; includes higher education

EMPLOYMENT⁴ (2018, BY PLACE OF WORK)

Industry	Estab-lishments	Annual Avg. Empl.	Emp. %	Avg. Wkly. Wage
Federal government	19	337	0.6	\$1,223
State government	11	1,266	2.2	989
Local government	62	6,553	11.3	888
Private sector	4,486	50,065	86.0	830
Natural resources and mining	47	471	0.8	658
Construction	816	5,797	10.0	1,075
Manufacturing	135	3,792	6.5	1,229
Trade, transportation and utilities	883	12,414	21.3	685
Information	43	265	0.5	1,080
Financial activities	350	1,546	2.7	1,404
Professional and business services	915	5,920	10.2	1,216
Education and health services	514	10,485	18.0	806
Leisure and hospitality	346	7,144	12.3	314
Other services	434	2,230	3.8	675
Total	4,578	58,224	100.0	843

Includes civilian employment only

HOURLY WAGE RATES⁴ (2018)

Selected Occupations	Median	Entry	Experienced
Accountants	\$35.05	\$21.97	\$45.89
Bookkeeping/accounting clerks	22.03	14.88	27.00
Computer systems analysts	48.83	32.73	65.25
Computer user support specialists	26.44	19.04	32.53
Customer service representatives	18.97	14.39	23.59
Electrical engineers	49.28	37.32	63.40
Electronics engineering technicians	31.83	23.90	38.74
Freight, stock and material movers, hand	14.41	10.85	18.64
Industrial truck operators	18.35	14.17	22.98
Inspectors, testers, sorters	22.71	15.70	28.15
Machinists	28.70	22.42	32.04
Network administrators	58.28	38.62	70.80
Packaging and filling machine operators	15.41	13.13	19.39
Secretaries	19.35	13.38	22.80
Shipping/receiving clerks	16.56	13.17	19.54
Team assemblers	12.15	9.98	14.49
Telemarketers	13.05	10.33	14.83

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 (2013-2017)

High school graduate or higher	92.2%
Bachelor's degree or higher	34.6%

Public Schools

Number: 22 elementary; 8 middle/combined; 8 high
Enrollment: 25,179 (Sept. 2018)
Cost per pupil: \$13,753 (2017-2018)
Students per teacher: 14.3 (Oct. 2018)
High school career / tech enrollment: 4,777 (2017)
High school graduates: 2,121 (July 2018)

Nonpublic Schools

Number: 29 (Sept. 2018)

Higher Education (2018)	Enrollment	Degrees
2-year institution		
Carroll Community College	3,050	507
4-year institution		
McDaniel College	2,729	616

TAX RATES⁹

	Carroll Co.	Maryland
Corporate Income Tax (2019)	none	8.25%
Base – federal taxable income		
Personal Income Tax (2019)	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 (2019)	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 20)	\$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 20)	\$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; municipal exemptions may be available		

Major Tax Credits Available

Job Creation, More Jobs for Marylanders, R&D, Biotechnology and Cybersecurity Investment, New Jobs, Gateway Improvement Program

INCOME³ (2013-2017)

Distribution	Percent Households		
	Carroll Co.	Maryland	U.S.
Under \$25,000	10.7	14.2	21.3
\$25,000 - \$49,999	14.9	17.1	22.5
\$50,000 - \$74,999	14.9	16.5	17.7
\$75,000 - \$99,999	15.1	13.1	12.3
\$100,000 - \$149,999	22.0	18.7	14.1
\$150,000 - \$199,999	12.3	9.7	5.8
\$200,000 and over	10.2	10.7	6.3
Median household	\$90,510	\$78,916	\$57,652
Average household	\$108,542	\$103,845	\$81,283
Per capita	\$39,690	\$39,070	\$31,177
Total income (millions)	\$6,559	\$226,495	\$9,658,475

HOUSING^{3,10}

Occupied Units (2013-2017) 60,432 (81.8% owner occupied)

Housing Transactions (2018)*

Units sold	2,312
Median selling price	\$316,458

*All multiple listed properties; excludes auctions and FSBO

BUSINESS AND INDUSTRIAL PROPERTY⁶

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 8 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 at Historic Sykesville**, 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.

Market Profile Data (2018)	Low	High	Average
Land – cost per acre			
Industrial / Office	\$30,000	\$250,000	\$175,000
Rental Rates – per square foot			
Warehouse / Industrial	\$3.00	\$7.00	\$5.00
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: Nearly 70 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; one of only four ports on the East Coast able to accommodate Neo-Panamax ships

Air: Served by Baltimore/Washington International Thurgood Marshall Airport (BWI); served locally by the Carroll County Regional Airport offering charter and air taxi services, 5100' 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, and 4G LTE 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 Broadband is a local wireless internet service provider; Carroll County government is a member of the Maryland Broadband Cooperative (MDBC) which develops "middle-mile" fiber optic networks through its membership; City of Westminster and Ting have a public-private partnership to develop a city-owned fiber optic network; Carroll Broadband, a 112-mile public fiber optic network, leases "dark fiber" directly to corporations and service providers

GOVERNMENT¹¹

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
Stephen A. Wantz, President, Board of County Commissioners
410.386.2044

Roberta J. Windham, Esq., County Administrator 410.386.2043

Website: www.carrollcountymd.gov

County Bond Rating: AAA (S&P); Aaa (Moody's); AAA (Fitch)

Carroll County Department of Economic Development

John T. "Jack" Lyburn, Director
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, Office of Workforce Information and Performance

5 U.S. Bureau of Labor Statistics

6 Carroll County Department of Economic Development

7 Maryland Department of Commerce

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

DEMOGRAPHIC AND SOCIO-ECONOMIC OUTLOOK

Carroll County

	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	97,850
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 :											
Total	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 household 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.

QuickFacts

Carroll County, Maryland

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

Table

All Topics	Carroll County, Maryland
Population estimates, July 1, 2019, (V2019)	168,447
PEOPLE	
Population	
Population estimates, July 1, 2019, (V2019)	168,447
Population estimates base, April 1, 2010, (V2019)	167,141
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	0.8%
Population, Census, April 1, 2010	167,134
Age and Sex	
Persons under 5 years, percent	▲ 5.5%
Persons under 18 years, percent	▲ 21.6%
Persons 65 years and over, percent	▲ 17.3%
Female persons, percent	▲ 50.5%
Race and Hispanic Origin	
White alone, percent	▲ 91.7%
Black or African American alone, percent (a)	▲ 3.9%
American Indian and Alaska Native alone, percent (a)	▲ 0.3%
Asian alone, percent (a)	▲ 2.1%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.1%
Two or More Races, percent	▲ 2.0%
Hispanic or Latino, percent (b)	▲ 3.9%
White alone, not Hispanic or Latino, percent	▲ 88.3%
Population Characteristics	
Veterans, 2015-2019	10,908
Foreign born persons, percent, 2015-2019	3.9%
Housing	
Housing units, July 1, 2019, (V2019)	63,974
Owner-occupied housing unit rate, 2015-2019	82.0%
Median value of owner-occupied housing units, 2015-2019	\$339,600
Median selected monthly owner costs -with a mortgage, 2015-2019	\$2,068
Median selected monthly owner costs -without a mortgage, 2015-2019	\$590
Median gross rent, 2015-2019	\$1,132
Building permits, 2019	342
Families & Living Arrangements	
Households, 2015-2019	60,758
Persons per household, 2015-2019	2.70
Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	91.3%
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	5.0%
Computer and Internet Use	
Households with a computer, percent, 2015-2019	91.9%
Households with a broadband Internet subscription, percent, 2015-2019	86.7%
Education	
High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	36.4%
Health	
With a disability, under age 65 years, percent, 2015-2019	7.9%
Persons without health insurance, under age 65 years, percent	▲ 4.2%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2015-2019	66.8%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	61.4%
Total accommodation and food services sales, 2012 (\$1,000) (c)	246,824
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	950,258
Total manufacturers shipments, 2012 (\$1,000) (c)	1,019,422

Total merchant wholesaler sales, 2012 (\$1,000) (c)	723,877
Total retail sales, 2012 (\$1,000) (c)	2,245,218
Total retail sales per capita, 2012 (c)	\$13,427

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2015-2019	36.2
--	------

Income & Poverty

Median household income (in 2019 dollars), 2015-2019	\$96,769
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$42,083
Persons in poverty, percent	▲ 5.1%

BUSINESSES

Businesses

Total employer establishments, 2018	4,229
Total employment, 2018	52,257
Total annual payroll, 2018 (\$1,000)	2,150,609
Total employment, percent change, 2017-2018	2.9%
Total nonemployer establishments, 2018	12,795
All firms, 2012	14,688
Men-owned firms, 2012	8,376
Women-owned firms, 2012	4,670
Minority-owned firms, 2012	1,032
Nonminority-owned firms, 2012	13,234
Veteran-owned firms, 2012	1,524
Nonveteran-owned firms, 2012	12,512

GEOGRAPHY

Geography

Population per square mile, 2010	373.4
Land area in square miles, 2010	447.60
FIPS Code	24013

About datasets used in this table

Value Notes

 Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the row in TABLE view to learn about sampling error.

The vintage year (e.g., V2019) refers to the final year of the series (2010 thru 2019). *Different vintage years of estimates are not comparable.*

Fact Notes

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper in open ended distribution.
- D Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- FN Footnote on this item in place of data
- N Data for this geographic area cannot be displayed because the number of sample cases is too small.
- NA Not available
- S Suppressed; does not meet publication standards
- X Not applicable
- Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and F Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

CONNECT WITH US



[Accessibility](#) | [Information Quality](#) | [FOIA](#) | [Data Protection and Privacy Policy](#) | [U.S. Department of Commerce](#)

Sustainability Indicators for Carroll County, Maryland and State of Maryland

Sustainability Indicator	Carroll		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	0.96		0.97	
Percent of resource land preserved	28.4%		25.7%	
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 traveled, 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 total 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 spend more 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 every 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 priority 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 workers living 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 competitive advantage to communities for helping to attract and retain businesses. College graduates can expect to earn over 80 percent more over their lifetime than high 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 analysis of 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 36 months in 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 a small 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 consumed by 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 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 by state, 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 and resource conservation.

Significance: Maryland's land preservation goals call for local plans and land use tools that limit subdivision and development commensurate with achievement of those goals.

Source: Maryland departments of Planning, Agriculture, Natural Resources, and Maryland counties.

8. Our Community Dashboard

A. Methodology

In 2012, a contract was established between the Healthy Communities Institute (now Conduent) of Berkley, California, an industry leader in the community health data collection and reporting, and The Partnership for a web-based reporting system to provide local data for Carroll County on an ongoing basis. Data points, (indicators) tracked in this system were selected to be generally consistent with those used by other communities nationally and by agencies of the State of Maryland. This system is licensed via an annual fee, and the data is displayed on The Partnership's website, HealthyCarroll.org.

The online data reporting interface, known as **Our Community Dashboard**, provides current and historical data values for 158 indicators in these seven broad areas:

- Health
- Economy
- Education
- Environment
- Public Safety
- Social Environment
- Transportation

There are 26 topics of data within these seven broad areas. *Healthy People 2020*, *Healthy People 2030* 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 data sources are provided.

Dashboard features include:

- *Promising Practices* - reports from other communities describing ways they have improved poor performance areas.
- The *Disparities Dashboard* for viewing data broken out by racial, ethnic, age, and gender groups to identify disparities within the population.
- A *Demographics* section for exploring population characteristics.
- *The Indicator Comparison Report* allowing users to view multiple indicators across available locations.
- A *Create Reports* section to quickly integrate site content into reports for sharing.

Conduent also provides a tool with the system that sorts and ranks categories and indicators to show possible issues of concern. This feature, called the **Data Scoring Tool**, generates reports in chart form that ranks the 27 topics and 158 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 topic. However, it can point out areas where more investigation is needed or be used to help determine priorities.

To visit *Our Community Dashboard* go to HealthyCarroll.org/assessments-data/our-community-dashboard/.

B. Results Summary

The results of the **Data Scoring Tool** are attached. In the first report, "Indicator Topic Scores", the 26 topics are listed in order of most to least concern. The second report, "Indicator Scores", lists the 176 indicators in order of most to least concern.

According to these Data Scoring Tool reports, the topics of most concern for Carroll County are Transportation, Heart Disease and Stroke, Older Adults and Aging, and Substance Abuse. Topics of least concern

The specific indicators of most concern compared with state and national data, listed in order of severity, are:

- 1. Adults who smoke**
- 2. Melanoma Incidence Rate**
- 3. Age-Adjusted Death Rate due to Drug Use**
- 4. Colorectal Cancer Rate**
- 5. Mean Travel Time to Work**
- 6. Atrial Fibrillation: Medicare Population**
- 7. Workers who Drive Alone to Work**
- 8. Death Rate due to Drug Poisoning**
- 9. Diabetes: Medicare Population**
- 10. Food Insecure Children likely ineligible for Assistance**

The indicators of least concern are: People living 200% above poverty level, People living below poverty level, Single parent households, Students eligible for the free lunch program, High school graduation, Alcohol-impaired driving deaths, Severe housing problems, Unemployed workers in civilian labor force, Sudden unexpected infant death rate and Median household income.

These scoring results are to be considered collectively with the entire results of the CHNA.

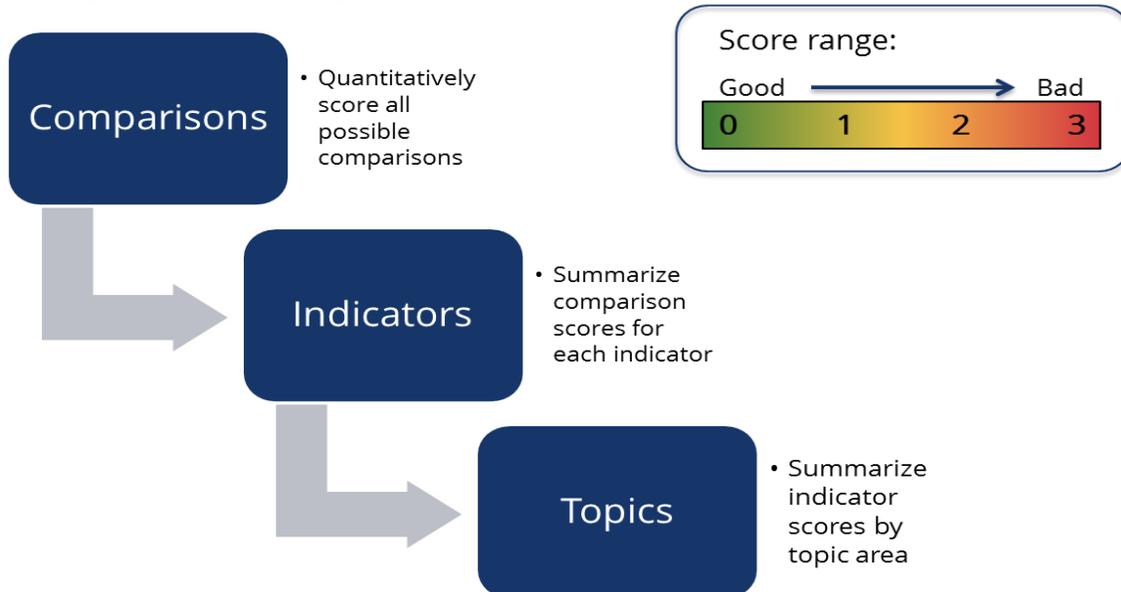
C. Attachments

- Scoring Methodology – *Conduent Healthy Communities Institute*
- Topics Score – *Conduent Healthy Communities Institute*
- Indicator Ranking Results – *Conduent Healthy Communities Institute*

Conduent Healthy Communities Institute Data Scoring Tool - Methodology

Scoring Method

Data Scoring is done in three stages:



For each indicator, your county is assigned a score based on its 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.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.



HCI Platform County Distribution Gauge

Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.



HCI Platform Compare to State or National Value



HCI Platform Compare to Healthy People 2020 Target

Trend Over Time

The Mann-Kendall statistical test for trend was 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. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

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. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value 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 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.

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. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Significant Disparities

When a given indicator has data available for subgroups like race/ethnicity, age or gender—and values for

we are able determine if there is a significant difference between the subgroups value and the overall two values with non-overlapping confidence intervals. Only significant differences in which a subgroup is the overall value are identified.

How to Cite Conduent HCI's Data Scoring Tool

Conduent Healthy Communities Institute (Year). Data Scoring Tool. Title of web site. Retrieved date. URL of

Example: Conduent Healthy Communities Institute (2015). Data Scoring Tool. Kansas Health Matters.

Healthy Communities Institute Data Scoring Tool



County: Carroll
Carroll Hosp Center (MD)
Total indicators: 177
Monday 23rd of November 2020 12:01:10 PM

Topic	Indicators	Score
Transportation	6	1.97
Heart Disease & Stroke	13	1.90
Older Adults & Aging	22	1.75
Substance Abuse	10	1.71
Other Chronic Diseases	3	1.67
Mental Health & Mental Disorders	10	1.61
Mortality Data	22	1.60
Prevention & Safety	5	1.57
Cancer	17	1.56
Children's Health	9	1.45
Environment	25	1.43
Access to Health Services	14	1.40
Exercise, Nutrition, & Weight	22	1.37
Immunizations & Infectious Diseases	12	1.37
Respiratory Diseases	15	1.35
Wellness & Lifestyle	7	1.35
Oral Health	5	1.34
Women's Health	4	1.26
Environmental & Occupational Health	6	1.23
Diabetes	5	1.13
Teen & Adolescent Health	5	1.11
Social Environment	18	1.05
Economy	33	1.01
Education	5	0.95
Public Safety	5	0.91
Maternal, Fetal & Infant Health	7	0.77

Healthy Communities Institute Data Scoring Tool



County: Carroll
Carroll Hosp Center (MD)
Total indicators: 177
Monday 23rd of November 2020 12:00:15 PM



Indicator	County Distribution		Value		Target		Trend	Score	Precision
	State	US	State	US	HP2020	Local			
Adults who Smoke	3	1.5	3	3	3	3	3	2.78	High
Melanoma Incidence Rate	3	3	3	3	1.5	1.5	3	2.70	High
Age-Adjusted Death Rate due to Drug Use	2	1.5	3	3	3	3	3	2.63	High
Colorectal Cancer Incidence Rate	3	2	3	3	2	1.5	3	2.60	High
Mean Travel Time to Work	3	3	2	3	1.5	1.5	3	2.55	High
Atrial Fibrillation: Medicare Population	3	3	3	3	1.5	1.5	2	2.50	High
Workers who Drive Alone to Work	3	3	3	3	1.5	1.5	2	2.50	High
Death Rate due to Drug Poisoning	2	3	2	3	1.5	1.5	3	2.40	High
Diabetes: Medicare Population	2	3	2	3	1.5	1.5	3	2.40	High
Food Insecure Children Likely Ineligible for Assistance	3	3	3	3	1.5	1.5	1.5	2.40	Medium
Age-Adjusted Death Rate due to Falls	1.5	1.5	3	3	3	3	2	2.35	High
Cancer: Medicare Population	3	3	2	3	1.5	1.5	2	2.35	High
Ischemic Heart Disease: Medicare Population	3	2	3	3	1.5	1.5	2	2.35	High
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	3	3	2	3	1.5	1.5	2	2.35	High
Adults with a Healthy Weight	3	1.5	3	3	1.5	3	1.5	2.33	High
Age-Adjusted Death Rate due to Melanoma	1.5	3	3	3	3	1.5	1.5	2.33	High
Solo Drivers with a Long Commute	3	3	3	3	1.5	1.5	1	2.30	High
High Blood Pressure Prevalence	3	1.5	3	2	3	1.5	2	2.28	High
Adolescents who have had a Routine Checkup: Medicaid Population	3	1.5	3	1.5	1.5	3	2	2.20	Medium
Heart Failure: Medicare Population	3	2	3	2	1.5	1.5	2	2.20	High
Workers Commuting by Public Transportation	3	0	3	3	3	1.5	2	2.20	High
High Cholesterol Prevalence	3	1.5	3	2	3	1.5	1.5	2.18	High
Primary Care Provider Rate	2	2	3	1.5	1.5	1.5	3	2.18	Medium
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2	1.5	3	3	1.5	1.5	2	2.13	Medium
Depression: Medicare Population	2	2	2	2	1.5	1.5	3	2.10	High
Hyperlipidemia: Medicare Population	3	3	3	3	1.5	1.5	0	2.10	High
Age-Adjusted Death Rate due to Heart Attack	3	1.5	3	1.5	1.5	1.5	2	2.05	Medium
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	1.5	3	3	1.5	1.5	2	2.05	Medium
Adults who Binge Drink	3	1.5	3	3	0	1.5	1.5	2.03	High
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	2	1.5	3	3	1.5	1.5	1.5	2.03	Medium
Adults with Influenza Vaccination	2	1.5	3	1.5	3	3	1	2.00	High
Affordable Housing	3	1.5	3	1.5	1.5	3	1	2.00	Medium
Age-Adjusted Death Rate due to Suicide	1.5	1.5	3	2	3	3	1	2.00	High
Adults who have had a Routine Checkup	3	1.5	2	2	1.5	1.5	2	1.98	Medium
Age-Adjusted Death Rate due to Unintentional Injuries	2	1.5	3	1	3	1.5	2	1.98	High
Mortgaged Owners Median Monthly Household Costs	2	1.5	2	3	1.5	1.5	2	1.98	Medium
Hypertension: Medicare Population	1	2	2	2	1.5	1.5	3	1.95	High
Age-Adjusted ER Rate due to Mental Health	2	1.5	2	1.5	1.5	3	2	1.90	Medium
Blood Lead Levels in Children	2	1.5	2	1.5	1.5	3	2	1.90	Medium
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	3	1.5	2	1.5	1.5	1.5	2	1.90	Medium
Self-Reported Good Mental Health	3	1.5	2	1.5	1.5	1.5	2	1.90	Medium
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2	1.5	3	3	3	1.5	0	1.88	High
Average Life Expectancy	1	1.5	2	1.5	1.5	2	3	1.85	Medium
Prostate Cancer Incidence Rate	2	3	1	3	1.5	1.5	1	1.85	High
SNAP Certified Stores	3	3	1.5	1.5	1.5	1.5	1	1.85	Medium
Median Monthly Owner Costs for Households without a Mortgage	2	1.5	1	3	1.5	1.5	2	1.83	Medium
Children with Low Access to a Grocery Store	3	2	1.5	1.5	1.5	1.5	1.5	1.80	Low
Poor Mental Health: 14+ Days	2	1.5	3	1.5	1.5	1.5	1.5	1.80	Low
Adults 65+ with Pneumonia Vaccination	2	1.5	2	2	3	1.5	1	1.78	High
Breast Cancer Incidence Rate	2	2	1	2	1.5	1.5	2	1.75	High
Fast Food Restaurant Density	1	3	1.5	1.5	1.5	1.5	2	1.75	Medium
Oral Cavity and Pharynx Cancer Incidence Rate	1	1	3	2	1.5	1.5	2	1.75	High
Salmonella Infection Incidence Rate	1	1.5	1	1.5	3	3	2	1.75	High
Dentist Rate	2	1	3	1.5	1.5	1.5	1.5	1.73	Medium
Liquor Store Density	1	3	1	3	1.5	1.5	1	1.70	High
Adults 65+ with Influenza Vaccination	2	1.5	2	1	1.5	1.5	2	1.68	Medium
Adults Engaging in Regular Physical Activity	3	1.5	3	0	0	1.5	2	1.68	High
Median Household Gross Rent	2	1.5	0	3	1.5	1.5	2	1.68	Medium
COPD: Medicare Population	1	1	2	1	1.5	1.5	3	1.65	High
Farmers Market Density	2	2	1.5	1.5	1.5	1.5	1.5	1.65	Medium
Grocery Store Density	2	2	1.5	1.5	1.5	1.5	1.5	1.65	Medium
Life Expectancy	2	1	2	2	1.5	1.5	1.5	1.65	Medium
People 65+ with Low Access to a Grocery Store	2	2	1.5	1.5	1.5	1.5	1.5	1.65	Low
People with Low Access to a Grocery Store	2	2	1.5	1.5	1.5	1.5	1.5	1.65	Low
Alzheimer's Disease or Dementia: Medicare Population	2	2	1	1	1.5	1.5	2	1.60	High
Mothers who Received Early Prenatal Care	2	1.5	1	1.5	2	2	1.5	1.60	High
Number of Extreme Heat Days	1.5	1.5	1.5	1.5	1.5	1.5	2	1.60	Low
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5	1.5	1.5	2	1.60	Low
Osteoporosis: Medicare Population	2	2	1	1	1.5	1.5	2	1.60	High
PBT Released	1.5	1.5	1.5	1.5	1.5	1.5	2	1.60	Low
Self-Reported Good Physical Health	1	1.5	2	1.5	1.5	1.5	2	1.60	Medium

Healthy Communities Institute Data Scoring Tool



County: Carroll
Carroll Hosp Center (MD)
Total indicators: 177
Monday 23rd of November 2020 12:00:15 PM



Indicator	County Distribution		Value		Target		Trend	Score	Precision
	State	US	State	US	HP2020	Local			
	Non-Physician Primary Care Provider Rate	2	2	3	1.5	1.5			
Households that are Below the Federal Poverty Level	1	1.5	1.5	1.5	1.5	1.5	2	1.53	Low
Children in Medicaid who Visited a Dentist	3	1.5	2	1.5	1.5	1.5	0	1.50	Medium
Female Population 16+ in Civilian Labor Force	1	0	2	1	1.5	1.5	3	1.50	High
Poor Physical Health: 14+ Days	1	1.5	2	1.5	1.5	1.5	1.5	1.50	Low
Age-Adjusted Death Rate due to Breast Cancer	1	2	1	2	2	1.5	1	1.45	High
Age-Adjusted Death Rate due to Colorectal Cancer	1	1	2	2	2	1.5	1	1.45	High
Recreation and Fitness Facilities	1	1	1.5	1.5	1.5	1.5	2	1.45	Medium
Renters Spending 30% or More of Household Income on Rent	1	2	1	1	1.5	1.5	2	1.45	High
Student-to-Teacher Ratio	2	2	1	0	1.5	1.5	2	1.45	High
Adults who are Overweight or Obese	1	1.5	1	2	1.5	1.5	1.5	1.43	Medium
Months of Mild Drought or Worse	1.5	1.5	1.5	1.5	1.5	1.5	1	1.40	Low
Number of Extreme Heat Events	1.5	1.5	1.5	1.5	1.5	1.5	1	1.40	Low
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5	1.5	1.5	1	1.40	Low
Self-Reported General Health Assessment: Good or Better	1	1.5	1	1	1.5	1.5	2	1.38	Medium
Tuberculosis Incidence Rate	2	1.5	0	0	3	1.5	2	1.38	High
Age-Adjusted Hospitalization Rate due to Heart Attack	1	1.5	1	1.5	1.5	1.5	1.5	1.35	Low
Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dem	1	1.5	0	1.5	1.5	3	1.5	1.35	Medium
Blood Lead Levels in Children (>=5 micrograms per deciliter)	2	1.5	0	1.5	1.5	1.5	1.5	1.35	Low
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
Annual Ozone Air Quality	0	1	1.5	1.5	1.5	1.5	2	1.30	Medium
Child Abuse Rate	1	1.5	0	1.5	1.5	1.5	2	1.30	Medium
Mammogram in Past 2 Years: 50+	0	1.5	1	1.5	1.5	1.5	2	1.30	Medium
Stroke: Medicare Population	0	2	0	2	1.5	1.5	2	1.30	High
Adults Unable to Afford to See a Doctor	2	1.5	2	0	1.5	1	1	1.28	High
Age-Adjusted Death Rate due to Heart Disease	1	1.5	2	2	1.5	1.5	0	1.28	Medium
Age-Adjusted ER Rate due to Hypertension	0	1.5	0	1.5	1.5	0.5	3	1.25	Medium
Access to Exercise Opportunities	1	0	2	1	1.5	1.5	1.5	1.20	Medium
Age-Adjusted ER Rate due to Asthma	0	1.5	0	1.5	1.5	0	3	1.20	Medium
Age-Adjusted Mortality Rate From Cancer	1.5	1.5	1.5	1.5	1	2	0	1.20	Medium
Daily Dose of UV Irradiance	0	1.5	1	1.5	1.5	1.5	1.5	1.20	Medium
Number of patients admitted to Carroll Hospital inpatient unit 3+ times/	1.5	1.5	1.5	1.5	1.5	1.5	0	1.20	Low
Population 16+ in Civilian Labor Force	0	0	1	1	1.5	1.5	3	1.20	High
Teens who Smoke Cigarettes: High School Students	1	1.5	3	1.5	0	1.5	0	1.20	Medium
Violent Crime Rate	1	1.5	1.5	0	1.5	1.5	1.5	1.20	Medium
Adults with Health Insurance	0	1.5	1	1	2	1.5	1.5	1.18	Medium
Children with Health Insurance	0	1.5	1	1	2	1.5	1.5	1.18	Medium
Households that are Above the Asset Limited, Income Constrained, Empl	0	1.5	1.5	1.5	1.5	1.5	1	1.18	Low
Asthma: Medicare Population	0	2	0	1	1.5	1.5	2	1.15	High
Overcrowded Households	0	1.5	0	1.5	1.5	1.5	2	1.15	Medium
Adults who Visited a Dentist	0	1.5	1	1	1.5	1.5	1.5	1.13	Medium
Gonorrhea Incidence Rate	0	1.5	0	0	1.5	1.5	3	1.13	Medium
School Readiness at Kindergarten Entry	0	1.5	0	1.5	1.5	3	1	1.10	Medium
Children with Asthma	0	1.5	0	1.5	1.5	1.5	1.5	1.05	Low
Chronic Kidney Disease: Medicare Population	0	1	0	0	1.5	1.5	3	1.05	High
COVID-19 Daily Average Incidence Rate	1	0	0	0	1.5	1.5	3	1.05	High
HIV Diagnosis Rate	0	1.5	0	1.5	1.5	1.5	1.5	1.05	Medium
Low-Income and Low Access to a Grocery Store	1	0	1.5	1.5	1.5	0	1.5	1.05	Medium
Lung and Bronchus Cancer Incidence Rate	1	1	2	1	1.5	1.5	0	1.05	High
People with a Usual Primary Care Provider	0	1.5	1	1.5	1.5	1	1	1.05	Medium
Projected Child Food Insecurity Rate	0	0	1.5	1.5	1.5	1.5	1.5	1.05	Low
Projected Food Insecurity Rate	0	0	1.5	1.5	1.5	1.5	1.5	1.05	Low
Age-Adjusted ER Rate due to Alcohol/Substance Abuse	0	1.5	0	1.5	1.5	0	2	1.00	Medium
Age-Adjusted ER Rate due to Diabetes	0	1.5	0	1.5	1.5	0	2	1.00	Medium
Chlamydia Incidence Rate	0	1.5	0	0	1.5	0	3	0.98	High
Households that are Asset Limited, Income Constrained, Employed (ALIC)	0	1.5	1.5	1.5	1.5	1.5	0	0.98	Low
Domestic Violence Offense Rate	1	1.5	0	1.5	1.5	0	1	0.95	Medium
Age-Adjusted Death Rate due to Diabetes	0	1.5	0	0	1.5	1.5	2	0.93	Medium
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	1	0	1.5	0	0.90	High
Frequent Mental Distress	0	0	0	0	1.5	1.5	3	0.90	High
Households without a Vehicle	1	1	0	0	1.5	1.5	1.5	0.90	High
People 25+ with a Bachelor's Degree or Higher	1	0	3	0	1.5	1.5	0	0.90	High
Teens who Use Tobacco	1	1.5	0	1.5	0	1	1	0.90	High
Persons with Health Insurance	0	0	1	1.5	2	1	1	0.88	High
Age-Adjusted Death Rate due to Cancer	1	1	1	1	1	1.5	0	0.85	High
Households with Cash Public Assistance Income	0	1	0	0	1.5	1.5	2	0.85	High
Babies with Very Low Birth Weight	0	1.5	0	1.5	0	1.5	1	0.80	Medium
People 25+ with a High School Degree or Higher	0	0	1	1	1.5	1.5	1	0.80	High
Infant Mortality Rate	0	1.5	0	1.5	0	0	1.5	0.75	High
Insufficient Sleep	0	1	0	0	1.5	1.5	1.5	0.75	Medium
Persons with Disability Living in Poverty (5-year)	1	0	0	0	1.5	1.5	1.5	0.75	Medium

Healthy Communities Institute Data Scoring Tool



County: Carroll
Carroll Hosp Center (MD)
Total indicators: 177
Monday 23rd of November 2020 12:00:15 PM



Indicator	County Distribution		Value		Target			Score	Precision
	State	US	State	US	HP2020	Local	Trend		
Adults with Asthma	0	1.5	0	0	1.5	1.5	1	0.73	Medium
Adults with Diabetes	0	1.5	0	0	1.5	1.5	1	0.73	Medium
Frequent Physical Distress	0	0	0	0	1.5	1.5	2	0.70	High
Median Housing Unit Value	0	1.5	1	0	1.5	1.5	0	0.68	Medium
Adolescents who are Obese	0	1.5	0	1.5	0	0	1	0.65	High
Babies with Low Birth Weight	0	1.5	0	1.5	0	0	1	0.65	High
Food Environment Index	0	0	1	0	1.5	1.5	1	0.65	High
Pedestrian Injuries	0	1.5	0	1.5	0	0	1	0.65	High
Total Employment Change	0	1	0	0	1.5	1.5	1	0.65	High
Age-Adjusted ER Visit Rate due to Dental Problems	0	1.5	0	1.5	1.5	0	0	0.60	Medium
Child Food Insecurity Rate	0	0	0	0	1.5	1.5	1.5	0.60	Medium
Diabetic Monitoring: Medicare Population	0	0	1	1	1.5	1.5	0	0.60	High
Families Living Below Poverty Level	0	0	0	0	1.5	1.5	1.5	0.60	High
Food Insecurity Rate	0	0	0	0	1.5	1.5	1.5	0.60	Medium
Per Capita Income	1	0	1	0	1.5	1.5	0	0.60	High
Uninsured Emergency Department Visits	0	1.5	0	1.5	1.5	0	0	0.60	Medium
Adults Who Are Obese	0	1.5	0	0	0	1.5	1	0.58	High
Preterm Births	0	1.5	0	0	0	1.5	1	0.58	High
Teen Birth Rate: 15-19	0	1.5	0	0	1.5	0	1	0.58	High
Age-Adjusted Death Rate due to Prostate Cancer	0	0	0	0	0	1.5	2	0.55	High
Cervical Cancer Incidence Rate	0	0	0	0	0	1.5	2	0.55	High
Children Living Below Poverty Level	0	0	0	0	1.5	1.5	1	0.50	High
COVID-19 Daily Average Case-Fatality Rate	0	0	0	0	1.5	1.5	1	0.50	High
Homeownership	0	0	0	0	1.5	1.5	1	0.50	High
People 65+ Living Below Poverty Level	0	0	0	0	1.5	1.5	1	0.50	High
People Living 200% Above Poverty Level	0	0	0	0	1.5	1.5	1	0.50	High
People Living Below Poverty Level	0	0	0	0	1.5	1.5	1	0.50	High
Single-Parent Households	0	0	0	0	1.5	1.5	1	0.50	High
Students Eligible for the Free Lunch Program	0	0	0	0	1.5	1.5	1	0.50	High
High School Graduation	0	1.5	0	0	0	0.5	1	0.48	High
Alcohol-Impaired Driving Deaths	0	1	0	0	1.5	1.5	0	0.45	High
Severe Housing Problems	0	1	0	0	1.5	1.5	0	0.45	High
Unemployed Workers in Civilian Labor Force	0	1	0	0	1.5	1.5	0	0.45	High
Sudden Unexpected Infant Death Rate	0	1.5	0	0	0	0	1	0.43	High
Median Household Income	0	0	0	0	1.5	1.5	0	0.30	High

9. Healthy Carroll Vital Signs

A. Methodology

Since the early 2000s, The Partnership has annually recorded and monitored a number of consistently available, valid-source data points, or 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 now tracks 18 indicators in priority areas determined through the Community Health Needs Assessment and planning process. These data points are linked to improvement objectives in the Community Benefit and Health Improvement Plan for Carroll County. 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.

The targets in HCVS are adopted from Healthy People 2030 Objectives, Maryland SHIP Goals, and American Cancer Society Goals. When no expert outside target is available, targets are developed by Carroll Hospital's Community Benefit Planning and Evaluation Team. Data in HCVS is regularly checked by the Community Benefit Team and by 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, if necessary, adjust actions to move the numbers in a positive direction.

Data sources are consulted twice a year for new information and any new data is entered in the HCVS database at that time. The process of researching the data from various sources and entering new numbers into the HCVS database is carried out by staff of The Partnership. Data reports for HCVS are published on June 1 and on December 1 and are available for public viewing on HealthyCarroll.org under "Assessments & Data."

The current HCVS data report is attached here for a perspective of progress toward FY2019-FY2021 Community Benefit Plan objectives. For some HCVS indicators, the data saved goes back even further in time, and long-term trend information is available on request.

B. Data Summary

HCVS data is organized by the priority areas of the FY2019-FY2021 Community Benefit Plan:

- **Behavioral Health**
- **Diabetes**
- **Heart Health**
- **Cancer**

Behavioral Health indicators are mixed. Data did show improvement for patients admitted to CH inpatient unit 3+ times / year for behavioral health diagnosis from the 2017 high of 18, going to 15 in 2018, and 8 in 2019. In 2020 that number did slightly increase with the number going up to 10, but this is still far below the target of 50. The rates for emergency department visits related to mental health conditions increased dramatically from 2,949.5 in 2015 to 4,058.0 in 2016 and 4,216.0 in 2017. This misses the target of 3,156.2 for this indicator. Emergency department visits for addictions-related conditions are at target levels. However, the suicide mortality rate and the rate of deaths caused by prescription or illicit drugs are both increased and are moving away from target values.

Data for the **Diabetes** indicators percentage of adults with diabetes and emergency department visit rate due to diabetes are at or better than the target values. An improvement of 0.9 was noted for the percentage of adults with diabetes, while the data for emergency department visit rate due to diabetes is static. The diabetes death rate is higher than the desired target but have shown a slight improvement of 0.3 percent from the previous (2017) data.

Two of the **Heart Health indicators**, % of adults with high blood pressure and % of adults with high cholesterol show improvement but have not yet reached the target. Death rates for heart disease and stroke remain above target but both have slightly improved. Age-adjusted death rate due to CVA (stroke) improved by 0.2 percent from 46.2 (2017) to 46.0 (2018) and the age adjusted death rate due to heart disease improved by from 174.1 (2017) to 172.9 (2018). Only results for emergency department visit rate due to hypertension and % of adults who engage in regular physical activity are on target though both are tending away from the desired target.

In the area of **Cancer**, the age-adjusted cancer mortality rate and the melanoma incidence rate have both moved farther away from the desired target. The melanoma rate remains high in comparison with other counties in Maryland and in the US and has increased from 33.2 (2015) to 41.5 (2019). The % of adults who smoke increased by 0.2 percent from 15.0 (2016) to 15.2 (2017), moving further away from the target. The % of adolescents using tobacco products increased by 0.4 percent from 15.0 (2014) to 15.4 (2016). This increase caused this category to miss the desired target.

C. Attachment

- Healthy Carroll Vital Signs data report – December 2020
The Partnership for a Healthier Carroll County

HEALTHY CARROLL VITAL SIGNS

Measures of Community Health



December 2020

Indicator Data for *Sharing the S.P.I.R.I.T.*
Community Benefit & Health Improvement
Plan for FY2019-2021

Healthy Carroll Vital Signs™ are the measures of health (health indicators) for our community of Carroll County, MD

INDICATOR (WITH DATA SOURCE)	Most recent available DATA FY 2019-2021 (with year data collected)						TREND	DESIRED TREND	AT TARGET or better?	TARGET & Target Source		
	July 2018	Dec. 2018	Jun. 2019	Dec. 2019	Jun. 2020	Dec. 2020				Jun. 2021	a) CB-HIP b) SHIP 2017 c) Healthy People 2020	
	BASE-LINE											
<i>Priority: BEHAVIORAL HEALTH</i>												
1.	# of BH patients admitted to CH inpatient unit 3+ times/year for behavioral health diagnosis (CH)	18 (2017)	18 (2017)	15 (2018)	8 (2019)	8 (2019)	10 (2020)		↑	↓	✓	a) 50
2.	Age-adjusted suicide mortality rate per 100,000 (MVS)	14.3 (2016)	13.1 (2017)	13.1 (2017)	14.1 (2018)	14.1 (2018)	14.1 (2018)		↑	↓	✗	b) 9
3.	Emergency department visits related to mental health conditions, rate per 100,000 (MHCRC)	2949.5 (2015)	4058.0 (2016)	4216.0 (2017)	4216.0 (2017)	4216.0 (2017)	4216.0 (2017)		↑	↓	✗	b) 3156.2
4.	Age-adjusted drug-induced mortality rate: deaths caused by prescription or illicit drugs, rate per 100,000 (MVS)	30.2 (2016)	30.2 (2016)	30.2 (2016)	36.1 (2017)	36.1 (2017)	36.1 (2017)		↑	↓	✗	b) 12.6
5.	Emergency department visits for addictions-related conditions, rate per 100,000 (MHCRC)	2315.0 (2015)	1330.2 (2016)	1238.1 (2017)	1238.1 (2017)	1238.1 (2017)	1238.1 (2017)		↓	↓	✓	b) 1400.9
<i>Priority: DIABETES</i>												
6.	% of adults with diabetes (MD BRFSS)	9.7% (2016)	10.5% (2017)	10.5% (2017)	10.5% (2017)	9.6% (2018)	9.6% (2018)		↓	↓	✓	a) 10.4%
7.	Age-adjusted death rate due to diabetes per 100,000 (MVS)	16.1 (2016)	17.8 (2017)	17.8 (2017)	17.5 (2018)	17.5 (2018)	17.5 (2018)		↓	↓	✗	a) 12.0
8.	Emergency department visit rate due to diabetes, rate per 1,000 (MHCRC)	120.7 (2015)	129.4 (2016)	134.9 (2017)	134.9 (2017)	134.9 (2017)	134.9 (2017)		↑	↓	✓	b) 186.3
<i>Priority: HEART HEALTH</i>												
9.	% of adults with high blood pressure (MD BRFSS)	34.0% (2016)	37.9% (2017)	37.9% (2017)	37.9% (2017)	37.9% (2017)	37.9% (2017)		↑	↓	✗	c) 26.9%
10.	% of adults with high cholesterol (MD BRFSS)	32.8% (2015)	39.8% (2017)	39.8% (2017)	42.5% (2017)	42.5% (2017)	42.5% (2017)		↑	↓	✗	c) 13.5%
11.	Age-adjusted death rate due to CVA (stroke), rate per 100,000 (MVS)	46.3 (2016)	46.2 (2017)	46.2 (2017)	46.0 (2018)	46.0 (2018)	46.0 (2018)		↓	↓	✗	c) 34.8
12.	Age-adjusted death rate due to heart disease, rate per 100,000 (MVS)	176.4 (2016)	174.1 (2017)	174.1 (2017)	172.9 (2018)	172.9 (2018)	172.9 (2018)		↓	↓	✗	b) 166.3
13.	Emergency department visit rate due to hypertension, rate per 1,000 (MHCRC)	157.1 (2015)	175.6 (2016)	201.4 (2017)	201.4 (2017)	201.4 (2017)	201.4 (2017)		↑	↓	✓	b) 234
14.	% of adults who engage in regular physical activity, 150 min. moderate or 75 min. vigorous per week (MD BRFSS)	48.7% (2015)	41.6% (2017)	41.6% (2017)	41.6% (2017)	41.6% (2017)	41.6% (2017)		↓	↑	✗	c) 47.9%
<i>Priority: CANCER</i>												
15.	Age-adjusted cancer mortality rate per 100,000 (MVS)	156.2 (2016)	147.5 (2017)	147.5 (2017)	151.9 (2018)	151.9 (2018)	151.9 (2018)		↑	↓	✗	b) 147.4
16.	Age-adjusted melanoma incidence rate per 100,000 (Maryland Cancer Registry)	32.1 (2014)	33.2 (2015)	33.2 (2015)	41.5 (2019)	41.5 (2019)	41.5 (2019)		↑	↓	✗	a) 24.8
17.	% of adults who smoke tobacco (MD BRFSS)	15.0% (2016)	15.2% (2017)	15.2% (2017)	15.2% (2017)	16.8% (2018)	16.8% (2018)		↑	↓	✗	c) 12%
18.	% of adolescents who use tobacco products (MD Youth Tobacco Survey)	15.0% (2014)	15.4% (2016)	15.4% (2016)	15.4% (2016)	10.4% (2018)	10.4% (2018)		↓	↓	✓	b) 15.2%

KEY TO ABBREVIATIONS:

CH - Carroll Hospital
MD BRFSS – Maryland Behavioral Risk Factor Surveillance System
MVS – Maryland Vital Statistics
MHCRC - Maryland Health Services Cost Review Commission

Bold outline indicates new data added since the last report.

CVA - Cardiovascular Accident
CB-HIP - Community Benefit & Health Improvement Plan
SHIP – Maryland State Health Improvement Plan

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 (OP) volumes are available, and the data are updated weekly. The Finance Department maintains a monthly report to track the following: admissions, births, observation cases, patient and outpatient surgeries, and emergency department (ED) visits. Finance also tracks various patient indicators, such as high utilization and ED 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 payors, Medicare and Medicaid utilization, and patient demographics.

The volumes for this analysis were extracted from HPM (which is fed data from Cerner, the hospital's electronic medical records system) for the most recent fiscal year, using groupings defined by the International Classification of Diseases Tenth Revision (ICD-10) diagnosis codes, All Patient Refined Diagnosis-Relate Group (APR DRG) codes, or Medicaid Severity Diagnosis-Relate Group (MS DRG) codes. Patients with any diagnosis of the following conditions were selected: congestive heart failure, dementia, diabetes, mental health, substance or alcohol abuse, and obesity. The visit totals include inpatient, observation, psychiatric, and ED patient types. The data were then loaded into an Access database along with readmission reports. The patient account numbers in the data from HPM were compared with the patient numbers in the corresponding readmission and return data (also sourced from HPM).

B. Results Summary

These seven conditions were selected for the analysis because they are focus areas for Carroll Hospital's population health initiatives and/or our Community Health Needs Assessment survey. Since reducing readmissions is a continuing organizational wide objective, inpatient readmissions and Emergency Department return data are included for each of the conditions. The age breakout is included in order to highlight the specific populations in need of care. Of all conditions, mental health and substance or alcohol abuse account for the most visits, patients and readmissions, a pattern that is not changed from

our last report. These diagnoses also span all age groups, with the majority of patients in the 36-64 age range. Diabetes follows as the condition with the next highest level of visits and patients and accounts for the most ED returns within 3 days. Diabetes also accounts for the second highest number of inpatient readmissions at 393. Each of the diagnoses presented here is an area of particular focus for the 65+ population and Carroll Hospital, as in our overall community. This utilization and readmissions data in general will continue to be closely tracked along with other conditions that affect the health of the community.

C. Attachment

- Carroll Hospital Data (chart)

Carroll Hospital Select Data							
Fiscal Year 2020	Numbers of Patients Having These Diagnoses*						
	CHF	Dementia	Diabetes	Behavioral Health	Substance or Alcohol Abuse	Obesity	Cancer
Total Visits*	1,562	1,845	7,820	9,309	7,034	3,358	156
Age Groups	CHF	Dementia	Diabetes	MH	Substance or Alcohol Abuse	Obesity	Cancer
0 to 18	11	-	76	549	253	30	2
19 to 35	50	21	360	1,855	1,994	379	3
36 to 64	444	137	3,053	3,293	3,732	1,471	67
65 to 85	825	984	3,661	2,686	1,000	1,363	74
86 or older	232	703	670	926	55	115	10
Readmissions	CHF	Dementia	Diabetes	MH	Substance or Alcohol Abuse	Obesity	Cancer
INP to INP	90	100	393	442	233	219	16
INP to Emergency	55	64	245	380	226	171	12
Return to ER in 3 Days	12	28	147	263	309	52	2
Unique Patients	1,284	1,318	4,907	6,365	4,742	2,491	144
*Includes Hospital Inpatient, Observation and Emergency patients only and all patient diagnoses. One patient can have multiple visits							
Source - Horizon Performance Manager							

11. Maryland State Health Improvement Process (SHIP) and Local Health Improvement Process (LHIP)

A. Methodology

The Maryland State Health Improvement Process (SHIP) provides a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The mission of the Maryland Department of Health (MDH) Office of Population Health Improvement (OPHI), which oversees the SHIP, is to transform public health through data, partnerships, and funding initiatives. OPHI supports and guides each local health department in Maryland to identify and address local public health priorities. The Carroll County Health Department coordinates these efforts through the Local Health Improvement Coalition (LHIC). This group guides the Local Health Improvement Process (LHIP), determined by state data and guidance combined with local health assessment data.

The Partnership provides critical data and information to the community, local organizations, Carroll Hospital and Carroll County Health Department which in turn supports LHIC work by conducting the Community Health Needs Assessment and providing rich local data for planning. The LHIC uses this data in combination with state data to identify health priorities. The Partnership serves as the coordinating hub for identified health priorities and builds the capacity of individuals and organizations to improve health and quality of life in Carroll County.

B. Results Summary

The SHIP data includes measures for 39 health-related issues. The vision areas of SHIP include: Healthy Beginnings, Healthy Living, Healthy Communities, Access to Health Care, and Quality Preventive Care. This state data, combined with the Community Health Needs Assessment, measures results and feedback from the LHIC, and are used to develop an updated Local Health Improvement Plan (LHIP). The LHIP will address top priority public health issues and suggested actions to improve community health outcomes.

Current LHIP priorities are:

- Behavioral Health
- Diabetes
- Obesity
- Heart Health
- Dental/Oral Health

Access to Care is addressed as part of strategies for each priority, and social determinants of health are included in LHIC discussions.

C. Attachments

The chart below was prepared using SHIP data and comparing Carroll County to other Maryland counties. This data can be accessed at: <https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

Notes:

- Priority measures for Carroll are highlighted
- MD 2017 Goal – Maryland goal for 2017
- HP 2030 Goal – Healthy People 2030 goals established by the United States Department of Health and Human Services

Healthy Beginnings

Indicator	Year	Value	State Rank	MD 2017 Goal	HP 2030 Goal
Infant death rate	2016	2.9 per 1,000 live births	Lowest rate in state	6.3	5
Babies with low birth weight	2017	6.8% of all live births	4 th lowest rate in state	8%	7.8%
Sudden Unexpected Infant Death Rate (SUIDs)	2009-2013	.8 per 1,000 live births	7 th lowest rate in state	.86	.84
Teen birth rate	2017	6.7 per 1,000 teens aged 15-19	2 nd lowest in state	17.8	31.4
Early prenatal care (1 st trimester)	2017	81.2% of pregnant women	Highest in state	66.9%	80.5%
Students entering kindergarten ready to learn	2017	59% of children entering Kindergarten	3 rd highest in state	NA	NA
High school graduation rate	2016	95% of students graduate from HS in 4 years	Highest in state	95%	90.7%
Children receiving blood lead screening	2017	58.4% children 12-35 months enrolled in Medical Assistance	6th lowest in state	69.5%	NA

Healthy Living

Indicator	Year	Value	State Rank	MD 2017 Goal	HP 2020 Goal
Adults who are not overweight or obese	2017	30% of adults are not overweight or obese	10 th lowest in state	36.6%	33.9%
Adolescents who have obesity	2016	9.4% of adolescent public high school students	3 rd lowest in state	10.7%	16.1%
Adults who currently smoke	2017	15.2% of adults currently smoke	7th lowest in state	15.5%	12%
Adolescents who use tobacco	2016	15.4% of public high school students who used any tobacco product in last 30 days	7th lowest in state	15.2%	21%
HIV incidence rate	2017	5.6 per 100,000 (rate of adult/adolescents age 13+ diagnosed with HIV)	4 th lowest in state	26.7	NA
Chlamydia infection rate	2017	221.7 per 100,000	14 th lowest in state	431	NA
Life expectancy	2015-17	79 years	12 th highest in state	79.7	NA
Increase physical activity	2017	41.6% of adults report at least 150 mins of moderate physical activity or 75 minutes of vigorous physical activity per week	2 nd lowest in state	50.4%	47.9%

Healthy Communities

Indicator	Year	Value	State Rank	MD 2017 Goal	HP 2020 Goal
Child maltreatment rate	2017	3.8 per 1000 under 18	4 th lowest rate	NA	NA
Suicide rate	2015-17	13.1 per 100,000	2nd highest rate of 10 counties reporting	9 per 100,000	10.2 per 100,000
Domestic violence	2017	335 per 100,000	7 th lowest	445 per 100,000	NA
Children with elevated blood lead levels	2017	0.2% of children tested	9 th lowest	.28%	NA
Fall-related death rate	2015-17	13.3 per 100,000	2nd highest of 10 counties reporting	7.7 per 100,000	7 per 100,000
Pedestrian injury rate on public roads	2017	11.9 per 100,000	Lowest of 15 counties reporting	35.6 per 100,000	20.3 per 100,000
Affordable Housing	2016	28.6% housing units affordable on median teacher salary	2nd lowest	54.4% housing units	NA

Access to Health Care

Indicator	Year	Value	State Rank	MD 2017 Goal	HP 2030 Goal
Adolescents who received a wellness checkup in the last year	2017	46.5% adolescents aged 13-20 enrolled in Medicaid	4th lowest	57.4%	NA
Children receiving dental care in the past year	2017	58.3% of children aged 0-20 enrolled in Medicaid	5th lowest	64.6%	NA
Persons with a usual primary care provider	2017	94% adults	Highest	83.9%	NA
Uninsured ED visits	2017	3.9% of visits to ED by persons without insurance (no charge or self-pay)	3 rd lowest	14.7%	NA

Quality Preventive Care

Indicator	Year	Value	State Rank	MD 2017 Goal	HP 2020 Goal
Cancer mortality rate	2015-17	147.5 deaths per 100,000 people	7 th lowest	147.4	160.6
Emergency Department visit rate due to diabetes	2017	134.9 visits per 100,000 people	3 rd lowest	186.3	NA
Emergency Department visit rate due to hypertension	2017	201.4 visits per 100,000 people	Lowest	234	NA
Drug-induced death rate	2015-17	36.1 per 100,000 people	8th highest of 17 counties reporting	12.6	11.3
Emergency Department visit rate related to mental health conditions	2017	4,216 per 100,000 people	12 th highest	3152.6	NA
Hospitalization rate related to Alzheimer's or other dementias	2017	452.3 per 100,000 people	9th lowest	199.4	NA
Children (19-35 months old) who receive recommended vaccines	2017	NA	NA	72% children 19-35 months	80%
Annual seasonal influenza vaccinations	2017	50.9% adults vaccinated annually	5th highest in state	49.1%	70%
Emergency department visit rate due to asthma	2017	35.7 per 10,000 people	3 rd lowest in state	62.5 per 10,000	NA

Indicator	Year	Value	State Rank	MD 2017 Goal	HP 2020 Goal
Age-adjusted mortality rate from heart disease	2015-17	174.1 per 100,000 people	11th lowest	166.3 per 100,000	152.7 per 100,000
Emergency Department Visits for Addictions-Related Conditions	2017	1238.1 per 100,000 people	4 th lowest in state	1400.9 per 100,000	NA
Emergency department visit rate for dental care	2017	168.2 per 100,000 people	3 rd lowest in state	792.8 per 100,000	NA

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 local agencies and national organizations.

Information is included from the United Way's **ALICE Report**. The ALICE project demonstrates that the official poverty measure may be too low as it undercounts the number of households struggling to make ends meet. The report seeks to shed light on issues related to the cost of living in different geographic areas, but it may not be appropriate for policy or programming decisions.

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 2020 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.

In 2020, the **County Health Rankings** placed Carroll County #3 out of 24 for overall Health Outcomes, and #2 out of 24 for Quality of Life. 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. The full report can be found at <https://www.countyhealthrankings.org/app/maryland/2020/rankings/carroll/county/outcomes/overall/snapshot>

The **ALICE Study of Financial Hardship** is a United Way project. ALICE stands for Asset Limited, Income Constrained, Employed. Similar to the Self-Sufficiency Standard, this report measures households that are above the Federal Poverty Level, but do not earn enough for basic necessities. The ALICE report then calculates a bare-minimum Household Survival Budget that does not allow for any savings, leaving a household vulnerable to unexpected expenses. In Carroll, the report estimates that 28% of households are at or below both ALICE and poverty levels. A summary of the report is provided in Section C. The full report can be found at <https://www.uwcm.org/alice/>

C. Attachments

- 2020 County Health Rankings and Roadmap for Maryland
*Robert Wood Johnson Foundation and
University of Wisconsin Population Health Institute*
- Summary of ALICE Study of Financial Hardship
Maryland State Association of United Way

Carroll (CO)

Show areas to explore Show areas of strength

County Demographics +

	Carroll (CO) County	Trend	Error Margin	Top U.S. Performers	Maryland	Rank (of 24)
Health Outcomes						3
Length of Life						5

Premature death	6,700		6,200-7,200	5,500	7,200
-----------------	-----------------------	--	-------------	-------	-------

Quality of Life						2
-----------------	--	--	--	--	--	---

Poor or fair health	11%		10-11%	12%	15%
Poor physical health days	3.0		2.8-3.1	3.1	3.4
Poor mental health days	3.5		3.3-3.6	3.4	3.8
Low birthweight	6%		6-7%	6%	9%

Additional Health Outcomes (not included in overall ranking) +

Health Factors						3
----------------	--	--	--	--	--	---

Health Behaviors						4
------------------	--	--	--	--	--	---

Adult smoking	13%		12-13%	14%	14%
Adult obesity	33%		30-36%	26%	31%
Food environment index	9.4			8.6	9.0
Physical inactivity	25%		23-28%	20%	22%
Access to exercise opportunities	87%			91%	93%
Excessive drinking	17%		16-17%	13%	17%
Alcohol-impaired driving deaths	21%		16-27%	11%	29%
Sexually transmitted infections	221.7			161.4	552.1
Teen births	9		8-9	13	17

Additional Health Behaviors (not included in overall ranking) +

Clinical Care

5

Uninsured	5%		4-5%	6%	7%
Primary care physicians	2,120:1			1,030:1	1,140:1
Dentists	1,680:1			1,240:1	1,290:1
Mental health providers	470:1			290:1	390:1
Preventable hospital stays	<u>4,066</u>			2,761	4,550
Mammography screening	<u>44%</u>			50%	41%
Flu vaccinations	<u>55%</u>			53%	50%

Additional Clinical Care (not included in overall ranking) +

Social & Economic Factors

2

High school graduation	98%			96%	88%
Some college	71%		68-74%	73%	70%
Unemployment	3.2%			2.6%	3.9%
Children in poverty	<u>6%</u>		4-8%	11%	12%
Income inequality	3.9		3.7-4.0	3.7	4.5
Children in single-parent households	20%		18-22%	20%	33%
Social associations	9.8			18.4	9.0
Violent crime	188			63	459
Injury deaths	<u>84</u>		78-90	58	76

Additional Social & Economic Factors (not included in overall ranking) +

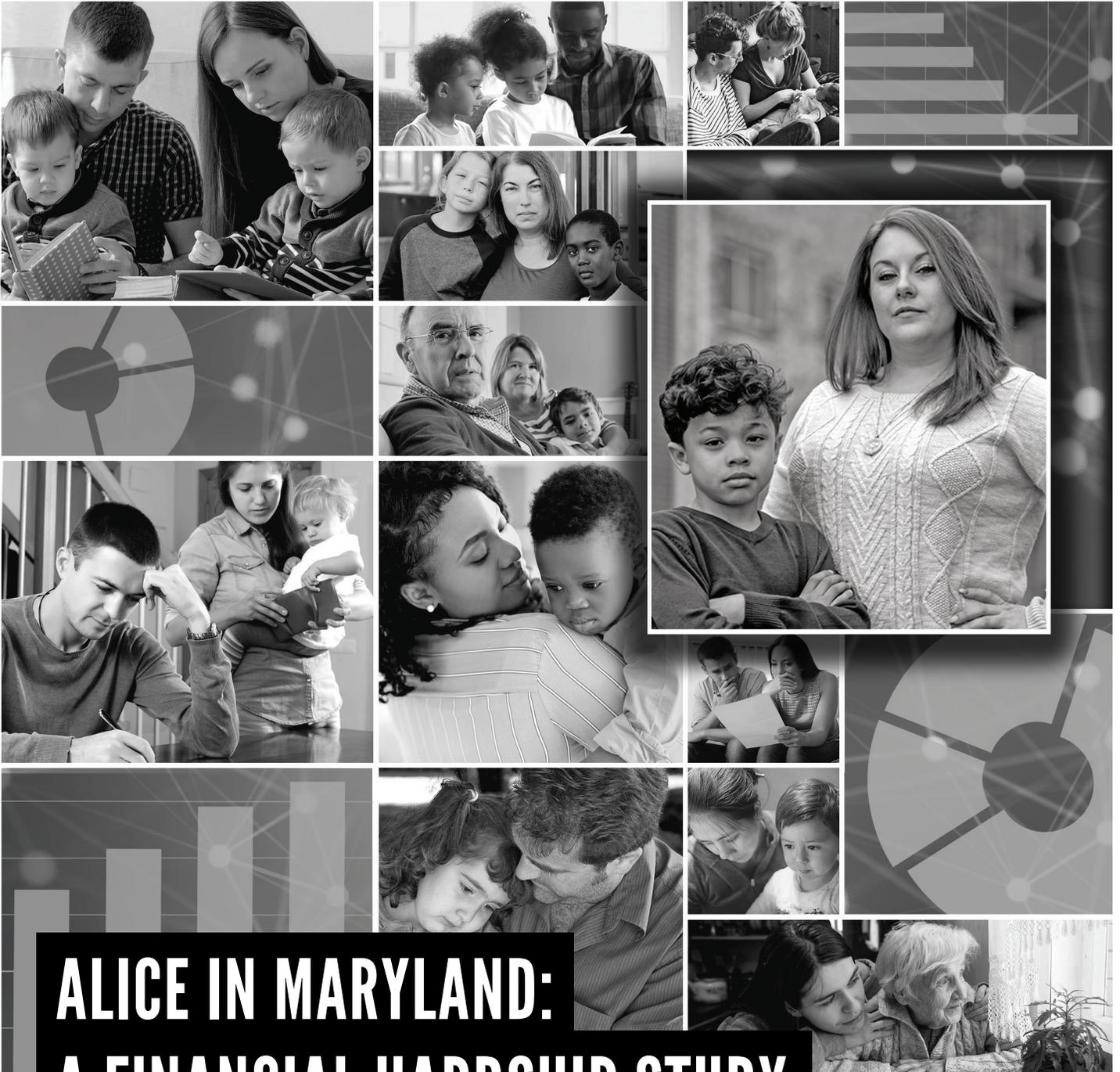
Physical Environment

20

Air pollution - particulate matter	 10.5			6.1	9.6
Drinking water violations	Yes				
Severe housing problems	11%		10-12%	9%	16%
Driving alone to work	<u>85%</u>		84-86%	72%	74%
Long commute - driving alone	58%		56-60%	16%	50%

Additional Physical Environment (not included in overall ranking) +

Note: Blank values reflect unreliable or missing data



ALICE IN MARYLAND: A FINANCIAL HARDSHIP STUDY

LIVE UNITED

2020 MARYLAND REPORT



United Ways of Maryland

ALICE IN THE TIME OF COVID-19



The release of this ALICE Report for Maryland comes during an unprecedented crisis — the COVID-19 pandemic. While our world changed significantly in March 2020 with the impact of this global, dual health and economic crisis, ALICE remains central to the story in every U.S. county and state. The pandemic has exposed exactly the issues of economic fragility and widespread hardship that United For ALICE and the ALICE data work to reveal.

That exposure makes the ALICE data and analysis more important than ever. The ALICE Report for Maryland presents the latest ALICE data available — a point-in-time snapshot of economic conditions across the state in 2018. By showing how many Maryland households were struggling then, the ALICE Research provides the backstory for why the COVID-19 crisis is having such a devastating economic impact. The ALICE data is especially important now to help stakeholders identify the most vulnerable in their communities and direct programming and resources to assist them throughout the pandemic and the recovery that follows. And as Maryland moves forward, this data can be used to estimate the impact of the crisis over time, providing an important baseline for changes to come.

This crisis is fast-moving and quickly evolving. To stay abreast of the impact of COVID-19 on ALICE households and their communities, visit our website at UnitedForALICE.org/COVID19 for updates.

LETTER TO THE COMMUNITY

Dear Marylanders,

The COVID-19 pandemic has changed our world and upended our lives. Much of what we're experiencing—uncertainty about the future, difficulty obtaining basic resources—is what many Marylanders faced every day before this crisis.

This 2020 ALICE Report for Maryland focuses on hardworking people whose lives are defined by unpredictability and tough decisions, where one unexpected expense or lost paycheck could result in financial crisis.



They are the **ALICE** (Asset Limited, Income Constrained, Employed) population: families and individuals who are working hard and fighting with all they've got, but who can't make ends meet despite their best efforts, which often include working multiple, low-paying jobs. This 2020 ALICE Report shows that 39% of Marylanders fit this profile.

The pandemic has revealed just how critical this population is to our economy and the stability of our communities. ALICE workers are our first responders, health care workers, grocery employees, and all those who maintain the infrastructures and operations that allow us to navigate daily life with ease.

They are our essential workers, yet they can't afford life's essentials – housing, food, health care, child care, transportation, and taxes.

United For ALICE has been tracking the number of households across the country that earn at or below the ALICE "Household Survival Budget," a bare-minimum budget that includes only the most basic expenses, since 2007. The research reveals persistent and widening income disparities in Maryland, particularly among Black households and those of other races and ethnicities within the state. Our collective work toward equity as a community must include equal access to financial stability for all.

It's critical to note that the results of this Report reflect a period before the pandemic. We are now experiencing an economic crisis alongside this health crisis. The ALICE data can be used to identify the most at-risk households currently, and it will allow us to estimate the impact of the pandemic over time, providing an important baseline for the changes to come.

United Way has long applied our resources, experience, and energy to removing the obstacles that prevent hardworking people from achieving economic stability. In the wake of the current crisis, the need is even greater, and we will fight even harder for economic equality.

This Report is made possible by Kaiser Permanente, our corporate sponsor, and by those who contribute to the work of United Way organizations throughout Maryland. With their support, we are uniquely qualified to translate this data into meaningful action to improve lives and strengthen the economic wellbeing of our state.

United for equity,



Franklyn D. Baker
President & CEO
United Way of Central Maryland
On Behalf of the United Ways of Maryland

Leadership of United Ways in Maryland

Rosie Allen-Herring
President & CEO
United Way of the National
Capital Area
rallenherring@uwnca.org

Franklyn D. Baker
President & CEO
United Way of Central Maryland
franklyn.baker@uwcmm.org

Mike Bellis
President & CEO
United Way of Charles County
mbellis@unitedwaycharles.org

Elizabeth Everett
Executive Director
United Way of Kent County
beth@unitedwayofkentcounty.org

Pam Gregory
President & CEO
United Way of the Lower Eastern Shore
pam@unitedway4us.org

Kenneth Oldham
President & CEO
United Way of Frederick Co.
koldham@uwfrederick.org

Juli McCoy
Executive Director
County United Way
juli@cuw.org

Heather Guessford
President & CEO
United Way Washington County
hguessford@unitedwaywashcounty.org

UNITED WAYS OF MARYLAND

County United Way

United Fund of Talbot County

United Way of Calvert County

United Way of Caroline County

United Way of Cecil County

United Way of Central Maryland

United Way of Charles County

United Way of Frederick County

United Way of Kent County

United Way of Queen Anne's County

United Way of St. Mary's County

United Way of the Lower Eastern Shore

United Way of the National Capital Area

United Way of Washington County

Note: In addition to the state partners listed below, this Report was made possible by the United Ways noted above in bold.

Learn more about ALICE in Maryland: www.uwcm.org/ALICE

Maryland State Partners

Special thanks to our sponsors for helping to bring the message of ALICE to the state of Maryland:



Marion P. Lee Trust

Jim Racheff

Bruce Zavos

Acknowledgments

The Maryland State Association of United Ways thanks our sponsors, partners, and community stakeholders throughout the state for their support and commitment to this 2020 ALICE Report for Maryland. It is our hope that this Report will help raise awareness of the 39% of households in the state who live in poverty or who are **ALICE** — **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. Our goal is to inform and inspire policy and action to improve the lives of ALICE families.

To learn more about how you can get involved in advocating and creating change for ALICE in Maryland, contact: Angie McAllister at Angie.McAllister@uwcm.org

To access the ALICE data and resources for Maryland, go to UnitedForALICE.org/Maryland

A CALL FOR ECONOMIC JUSTICE IN MARYLAND

At Kaiser Permanente, we are deeply committed to the health and well-being of our members and the communities we serve. We strive to be a force for positive change and a source of support across the nation and right here, in Maryland. United Way of Central Maryland is a strong partner in our mission to advance public health and policy in the region. United Way's ALICE Report documents the financial insecurity of individuals and families in Maryland and shines a light on those who experience financial instability, despite employment.



The ALICE Report provides crucial data and insights that will inform community leaders and lawmakers as they develop strategies and policies that support these working families, many of whom are essential workers who put themselves at risk every day during the current pandemic. This Report demonstrates that having a job does not equate to financial stability. Now, more than ever, we must use this data to evaluate and activate the right approaches to addressing socio-economic challenges facing Marylanders.

In this moment when so many have been galvanized to take up the fight for equity, we at Kaiser Permanente feel a deep obligation to further our work to drive health equity. We understand that struggling families who cannot consistently afford food, transportation, housing, and healthcare are victims of broken systems that have institutionalized barriers to total health for generations.

While we continue to deliver excellent health care, Kaiser Permanente is also supporting initiatives and collaborative partnerships that increase economic opportunity for individuals and small businesses, particularly those led by people of color, and we will advance the work of nonprofit organizations that drive action to eliminate systemic racism and social injustice and those that promote racial healing.

We are proud to support the ALICE Report and to join with United Way to strengthen policies and practices to support total health and well-being here in Maryland and beyond.

Yours in good health, equity, and justice.

A handwritten signature in black ink, appearing to read 'Celeste James', with a long horizontal line extending to the right.

Celeste A. James
Executive Director
Kaiser Permanente
Community Health



About Kaiser Permanente

Kaiser Permanente is recognized as one of America's leading health care providers and not-for-profit health plans. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Our belief that economic and environmental factors drive total health leads us to invest in approaches that have health, economic and social impacts and promote wellbeing for our members and communities, particularly those experiencing inequities and injustice.

<https://about.kaiserpermanente.org/>



ALICE RESEARCH

ALICE Reports provide high-quality, research-based information to foster a better understanding of who is struggling in our communities. To produce the ALICE Report for Maryland, our team of researchers collaborated with a Research Advisory Committee composed of experts from across the state. Research Advisory Committee members from our partner states also periodically review the ALICE Methodology. This collaborative model ensures that the ALICE Reports present unbiased data that is replicable, easily updated on a regular basis, and sensitive to local context.

Learn more about the ALICE Team on our website at UnitedForALICE.org/ALICE-team

Director and Lead Researcher: Stephanie Hoopes, Ph.D.

Research Support Team:

Andrew Abrahamson; Ashley Anglin, Ph.D.; Catherine Connelly, D.M.H.; Max Holdsworth, M.A.; Dan Treglia, Ph.D.

ALICE Research Advisory Committee for Maryland

Regina Aris, M.B.A.

Baltimore Metropolitan Council

Charles Betley, M.A.

The Hilltop Institute, University of Maryland, Baltimore County

Susan Bradley, M.A.

Maryland Department of Health Behavioral Health Administration

Robin C. Brungard, M.S.W.

End Hunger in Calvert County

Richard Clinch, Ph.D.

The Jacob France Institute, University of Baltimore

Sarah Ficencic, Ph.D.

Schaefer Center for Public Policy, University of Baltimore

Jessica Iacona

Business, Economic, and Community Outreach Network, Salisbury University

James F. Kercheval

The Greater Hagerstown Committee, Inc.

Kathryn M. Leifheit, M.S.P.H., Ph.D.

Johns Hopkins University

Robin McKinney, M.S.W.

CASH Campaign of Maryland

John McMullen, M.A., Ph.D.

Frostburg State University

Benjamin Orr, M.P.A.

Maryland Center on Economic Policy

Letitia Logan Passarella, M.P.P.

University of Maryland School of Social Work

Amber Starn, M.P.H.

Charles County Department of Health

Dawn Thurman, L.C.S.W.-C., Ph.D.

Morgan State University School of Social Work

Laura Weeldreyer, M.P.A.

Maryland Family Network

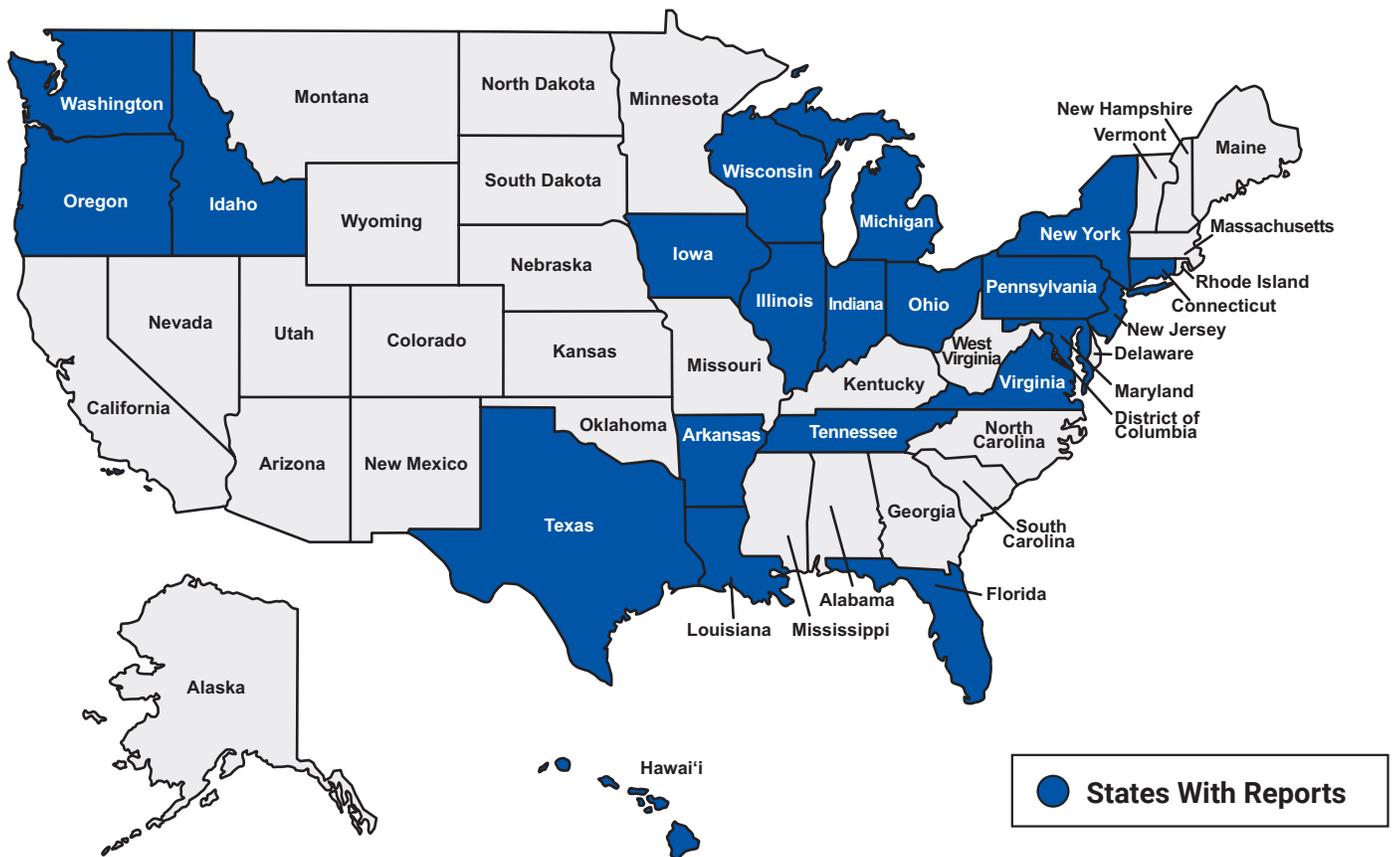
Gabriella Winsky

Business, Economic, and Community Outreach Network, Salisbury University

ALICE: A GRASSROOTS MOVEMENT

This body of research provides a framework, language, and tools to measure and understand the struggles of a population called **ALICE** – an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. ALICE represents the growing number of households in our communities that do not earn enough to afford basic necessities. Partnering with United Ways, nonprofits, academic institutions, corporations, and other state organizations, this research initiative provides data to stimulate meaningful discussion, attract new partners, and ultimately inform strategies for positive change.

Based on the overwhelming success of this research in identifying and articulating the needs of this vulnerable population, this work has grown from a pilot in Morris County, New Jersey to 21 states and more than 648 United Ways. Together, United For ALICE partners can evaluate current initiatives and discover innovative approaches to improve life for ALICE and the wider community. To access Reports from all states, visit UnitedForALICE.org



NATIONAL ALICE ADVISORY COUNCIL

The following companies are major funders and supporters of this work:

**Aetna Foundation ■ Allergan ■ Alliant Energy ■ AT&T ■ Atlantic Health System ■ Atlantic Union Bank
Compare.com ■ Deloitte ■ Entergy ■ Johnson & Johnson ■ JLL ■ Kaiser Permanente ■ Key Bank
RWJBarnabas Health ■ Robert Wood Johnson Foundation ■ Thrivent Financial Foundation ■ UPS ■ U.S. Venture**

WHAT'S NEW IN ALICE RESEARCH

Every two years, United For ALICE undertakes a full review of the ALICE Methodology to ensure that the ALICE measures are transparent, replicable, and current in order to accurately reflect how much income families need to live and work in the modern economy. In 2019, more than 40 external experts – drawn from the Research Advisory Committees across our United For ALICE partner states – participated in the review process. A full description of the Methodology and sources is available at UnitedForALICE.org/Methodology

This Report includes the following improvements:

More local variation: The ALICE budgets for housing, food, transportation, health care, and taxes incorporate more local data. For housing, we differentiate counties within Metropolitan Statistical Areas using American Community Survey gross rent estimates. For food, the U.S. Department of Agriculture's Thrifty Food Plan is adjusted at the county level using Feeding America's cost-of-meal data. For transportation, auto insurance is added to new miles-traveled data (discussed in the next paragraph) to reflect different driving costs by state. For health care, out-of-pocket costs are provided by census region. And taxes now systematically include local income tax, using data from the Tax Foundation.

Better reflection of household composition: Transportation and health care budgets now better reflect costs for different household members. The transportation budget for driving a car uses the Federal Highway Administration's miles-traveled data, sorted by age and gender, and AAA's cost-per-mile for a small or medium-sized car. The health care budget reflects employer-sponsored health insurance (the most common form in 2018, when it covered 49% of Americans¹), using the employee's contribution, plus out-of-pocket expenditures by age and income, from the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey.

More variations by household size: The median household size in the U.S. is three people for households headed by a person under age 65 and two people for households headed by seniors (65+).² Reflecting this reality, the Household Survival Budgets are presented in new variations, including a Senior Survival Budget. The website provides data to create budgets for households with any combination of adults and children. The ALICE Threshold has also been adjusted to incorporate the most common modern household compositions. These new budget variations are included in the County Profile and Household Budget pages on UnitedForALICE.org/Maryland

New ALICE measures:

- The **Senior Survival Budget** more accurately represents household costs for people age 65 and over. Housing and technology remain constant; however, some costs are lower – transportation, food, and health insurance premiums (due to Medicare) – while others are higher, especially out-of-pocket health costs. Because over 90% of seniors have at least one chronic condition, the Senior Survival Budget includes the additional cost of treating the average of the five most common chronic diseases.
- The **ALICE Essentials Index** is a standardized measure of the change over time in the costs of essential household goods and services, calculated for both urban and rural areas. It can be used as a companion to the Bureau of Labor Statistics' (BLS) Consumer Price Index, which covers all goods and services that families at all income levels buy regularly.

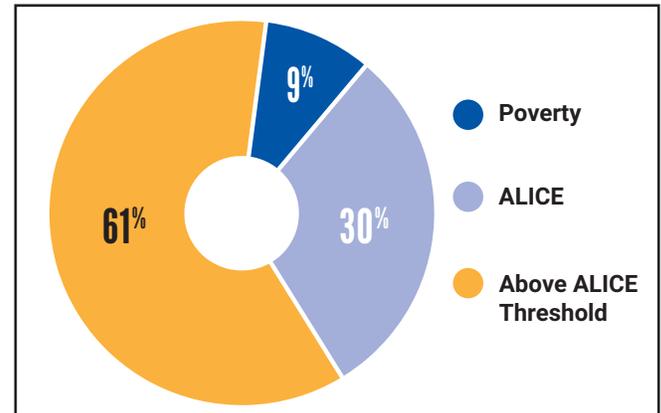
Data Notes: The data are estimates; some are geographic averages, others are one- or five-year averages depending on population size. Change-over-time ranges start with 2007, before the Great Recession, then measure change every two years from 2010 to 2018. County-level data remains the primary focus, as state averages mask significant differences between counties. For example, the share of households below the ALICE Threshold in Maryland ranges from 28% in Howard County to 57% in Somerset County. Many percentages are rounded to whole numbers, sometimes resulting in percentages totaling 99% or 101%. The methodological improvements included in this Report have been applied to previous years to allow for accurate year-over-year comparisons. This means that some numbers and percentages at the state and county level will not match those reported in previous ALICE Reports for Maryland.

TABLE OF CONTENTS

Asset Limited, Income Constrained, Employed	1
At-a-Glance: Maryland	3
Who Is ALICE?	5
ALICE in Baltimore City	7
Trends: Household Demographics	7
The Cost of Living in Maryland	9
The ALICE Household Budgets	9
The ALICE Essentials Index	11
Trends: Cost of Living	12
The Changing Landscape of Work in Maryland	14
The New Labor Force	16
ALICE Jobs: Maintaining the Economy	18
Trends: The Landscape of Work	20
Next Steps: Data for Action	22
Identifying Gaps	22
Understanding Alice: Health, Education, and Social Factors	24
The Benefits of Moving Toward Equity in Maryland	25
Endnotes	30
Figure 12: Sources	41

ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED

From 2010 to 2018, Maryland showed steady economic improvements according to traditional measures. Unemployment in the state and across the U.S. fell to historic lows, GDP grew, and wages rose slightly. Yet despite Maryland's economic strengths, there were sharp disparities in income and wealth from one county to the next. In 2018, eight years after the end of the Great Recession, 39% of Maryland's 2,211,851 households still struggled to make ends meet. And while 9% of these households were living below the Federal Poverty Level (FPL), another 30% — more than three times as many — were **ALICE** households: **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed. These households earned above the FPL, but not enough to afford basic household necessities.



This Report provides new data and tools that explain the persistent level of hardship faced by ALICE households, revealing aspects of the Maryland economy not tracked by traditional economic measures. The Report highlights three critical trends:

- **The cost of living is increasing for ALICE households.** From 2007 to 2018, the cost of household essentials (housing, child care, food, transportation, health care, and technology) increased faster than the cost of other goods and services. The ALICE Essentials Index, a new tool that measures change over time in the cost of essentials, increased at an average rate of 3.4% annually nationwide over the past decade, while the official rate of inflation was 1.8%.
- **Worker vulnerability is increasing while wages stagnate in ALICE jobs.** By 2018, a near-record-low number of people were reported to be unemployed. However, that low unemployment concealed three trends that expose ALICE workers to greater risk: growth in the number of low-wage jobs, minimal increases in wages, and more fluctuations in job hours, schedules, and benefits that make it harder to budget and plan. These trends were clear in 2018: A record number of Maryland workers — 46% — were paid by the hour, and 48% of the state's jobs paid less than \$20 per hour.
- **The number of ALICE households increased by 57% in Maryland from 2007 to 2018** as a result of rising costs and stagnant wages. The FPL, with its minimal and uniform national estimate of the cost of living, far underestimates the number of households that cannot afford to live and work in the modern economy. There are many more ALICE households than households in poverty, and the number of ALICE households is increasing at a faster rate. In Maryland, the percentage of households that were ALICE rose from 20% in 2007 to 30% in 2018, while those in poverty remained at around 9% throughout the period.

This Report provides critical measures that assess Maryland's economy from four perspectives: They track financial hardship over time and across demographic groups; quantify the basic cost of living in Maryland; assess job trends; and identify gaps in assistance and community resources. These measures also debunk assumptions and stereotypes about low-income workers and families. ALICE households are as diverse as the general population, composed of people of all ages, genders, races, and ethnicities, living in rural, urban, and suburban areas.

The Report concludes with an analysis of the economic benefits if all households had income above the ALICE Threshold. Not only would there be a significant positive impact on families and their communities, but the state economy would also benefit. In fact, the added value to the Maryland GDP would be approximately \$80 billion.

This Report and its measures are tools to help stakeholders ask the right questions, reduce vulnerabilities, remove obstacles to advancement, identify gaps in community resources, build a stronger workforce, and implement programs and policies that help put financial stability within reach for ALICE households. With the magnitude of financial hardship revealed, these actions can help move all households toward a more equitable economy, and ensure that no one is left behind in harder times.

GLOSSARY

ALICE is an acronym that stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed – households with income above the Federal Poverty Level but below the basic cost of living. A household consists of all the people who occupy a housing unit. In this Report, households do not include those living in group quarters such as a dorm, nursing home, or prison.

The **Household Survival Budget** estimates the actual bare-minimum costs of basic necessities (housing, child care, food, transportation, health care, and a basic smartphone plan) in Maryland, adjusted for different counties and household types.

The **Senior Survival Budget** incorporates specific cost estimates for seniors for food, transportation, and health care, reflecting key differences in household expenses by age.

The **Household Stability Budget** calculates the costs of supporting and sustaining an economically viable household over time, including a contingency for savings.

The **ALICE Threshold** is the average income that a household needs to afford the basic necessities defined by the Household Survival Budget for each county in Maryland. Households **Below the ALICE Threshold** include both ALICE and poverty-level households.

The **ALICE Essentials Index** is a measure of the average change over time in the costs of the essential goods and services that households need to live and work in the modern economy – housing, child care, food, transportation, health care, and a smartphone plan.

ALICE ONLINE

Visit UnitedForALICE.org for more details about ALICE, including:



Interactive Maps

Data at the state, county, municipal, ZIP code, and congressional district levels



Research Advisory Committee

Learn about the members and role of this critical group



Additional Reports

Explore The ALICE Essentials Index and The Consequences of Insufficient Household Income



Demographic Data

Information about ALICE households by age, race/ethnicity, and household type



Data Spreadsheet

Download the ALICE data



Jobs Graphs

Details about where ALICE works



County Profiles

Detailed data about ALICE households in each county



Methodology

Overview of the sources and calculations used in the ALICE research



More About United For ALICE

See our partners, press coverage, learning communities, etc.

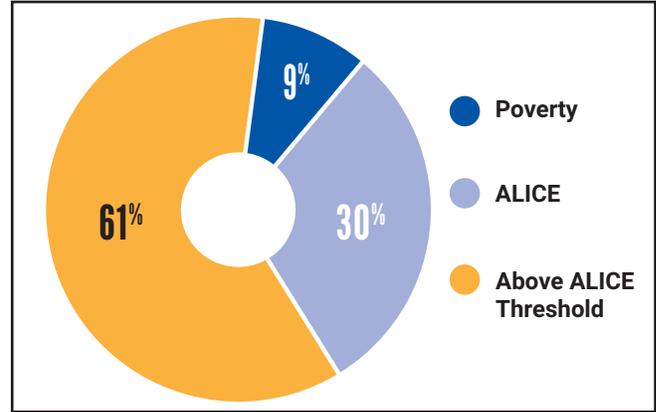
AT-A-GLANCE: MARYLAND

2018 Point-in-Time Data

Population: 6,042,718 • Number of Counties: 24 • Number of Households: 2,211,851

How many households are struggling?

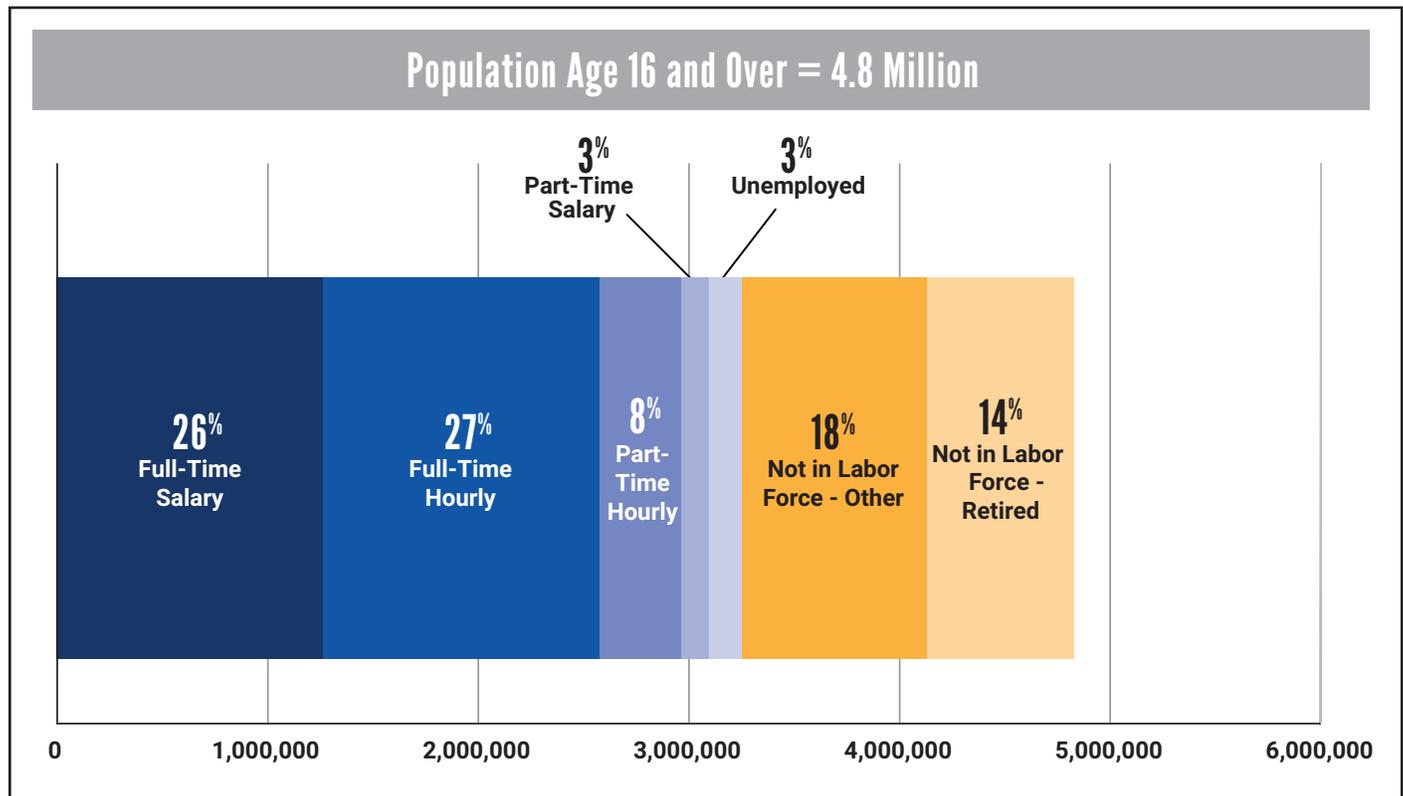
ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, comprises households that earn more than the Federal Poverty Level but less than the basic cost of living for the state (the ALICE Threshold). Of Maryland's 2,211,851 households, 198,699 earned below the Federal Poverty Level (9%) in 2018, and another (30%) 661,534 were ALICE.



What does the Maryland labor force look like?

A 2018 overview of the labor status of Maryland's 4,820,560 working-age adults (people age 16 and over) shows that 67% of adults were in the labor force (blue bars), yet more than half were workers who were paid hourly. Hourly paid jobs tend to have lower wages, fewer benefits, and less stability. In addition, 32% of adults were outside the labor force (gold bars), either because they were retired or because they had stopped looking for work.

Labor Status, Population Age 16 and Over, Maryland, 2018



Note: Data for full- and part-time jobs is only available at the national level; these national rates (51% of full-time workers and 75% of part-time, hourly workers) have been applied to the total Maryland workforce to calculate the breakdown shown in this figure. Full-time represents a minimum of 35 hours per week at one or more jobs for 48 weeks per year. Percentages are rounded to whole numbers, sometimes resulting in percentages totaling 99% or 101%.

What does it cost to afford the basic necessities?

The average ALICE Household Survival Budget in Maryland was \$33,636 for a single adult, \$36,804 for a single senior, and \$87,156 for a family of four in 2018 — significantly more than the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four.



Household Survival Budget, Maryland, Average, 2018			
	SINGLE ADULT	SENIOR (1 ADULT)	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs			
Housing	\$1,129	\$1,129	\$1,542
Child Care	\$-	\$-	\$1,317
Food	\$292	\$249	\$884
Transportation	\$335	\$293	\$779
Health Care	\$213	\$522	\$832
Technology	\$55	\$55	\$75
Miscellaneous	\$255	\$279	\$660
Taxes	\$524	\$540	\$1,174
Monthly Total	\$2,803	\$3,067	\$7,263
ANNUAL TOTAL	\$33,636	\$36,804	\$87,156
Hourly Wage*	\$16.82	\$18.40	\$43.58

*Full-time wage required to support this budget

Maryland Counties, 2018		
COUNTY	TOTAL HOUSEHOLDS	% ALICE & POVERTY
Allegany	27,190	55%
Anne Arundel	212,687	35%
Baltimore	313,259	40%
Baltimore City	237,204	55%
Calvert	31,726	33%
Caroline	12,081	42%
Carroll	60,371	29%
Cecil	36,930	39%
Charles	55,903	38%
Dorchester	13,264	45%
Frederick	95,903	37%
Garrett	12,073	43%

Maryland Counties, 2018		
COUNTY	TOTAL HOUSEHOLDS	% ALICE & POVERTY
Harford	94,802	32%
Howard	116,903	28%
Kent	7,910	44%
Montgomery	368,334	34%
Prince George's	315,759	42%
Queen Anne's	18,148	38%
St. Mary's	40,332	31%
Somerset	8,383	57%
Talbot	16,627	35%
Washington	56,306	40%
Wicomico	38,084	43%
Worcester	21,672	40%

Sources: Point-in-Time Data: American Community Survey, 2018. ALICE Demographics: ALICE Threshold, 2018; American Community Survey, 2018. Labor Status: American Community Survey, 2018; Federal Reserve Bank of St. Louis, 2018. Budget: AAA, 2018; Agency for Healthcare Research and Quality, 2018; American Community Survey, 2018; Bureau of Labor Statistics, 2018—Consumer Expenditure Surveys; Bureau of Labor Statistics, 2019—Consumer Expenditure Survey; Bureau of Labor Statistics, 2018—Occupational Employment Statistics; Centers for Medicare & Medicaid Services, 2016—Medicare Current Beneficiary Survey; Centers for Medicare & Medicaid Services, 2019; Centers for Medicare & Medicaid Services, 2019—Medicare - Chronic Conditions; Federal Highway Administration, 2017; Feeding America, 2019; Fowler, 2019; Internal Revenue Service, 2020; Internal Revenue Service—FICA, 2020; Maryland Family Network, 2019; Medicare.gov; Scarboro, 2018; The Zebra, 2018; U.S. Department of Agriculture, 2018—Official USDA Food Plans; U.S. Department of Housing and Urban Development, 2018—Fair Market Rents; Walczak, 2019. For more details, see the Methodology Overview at UnitedForALICE.org/Methodology

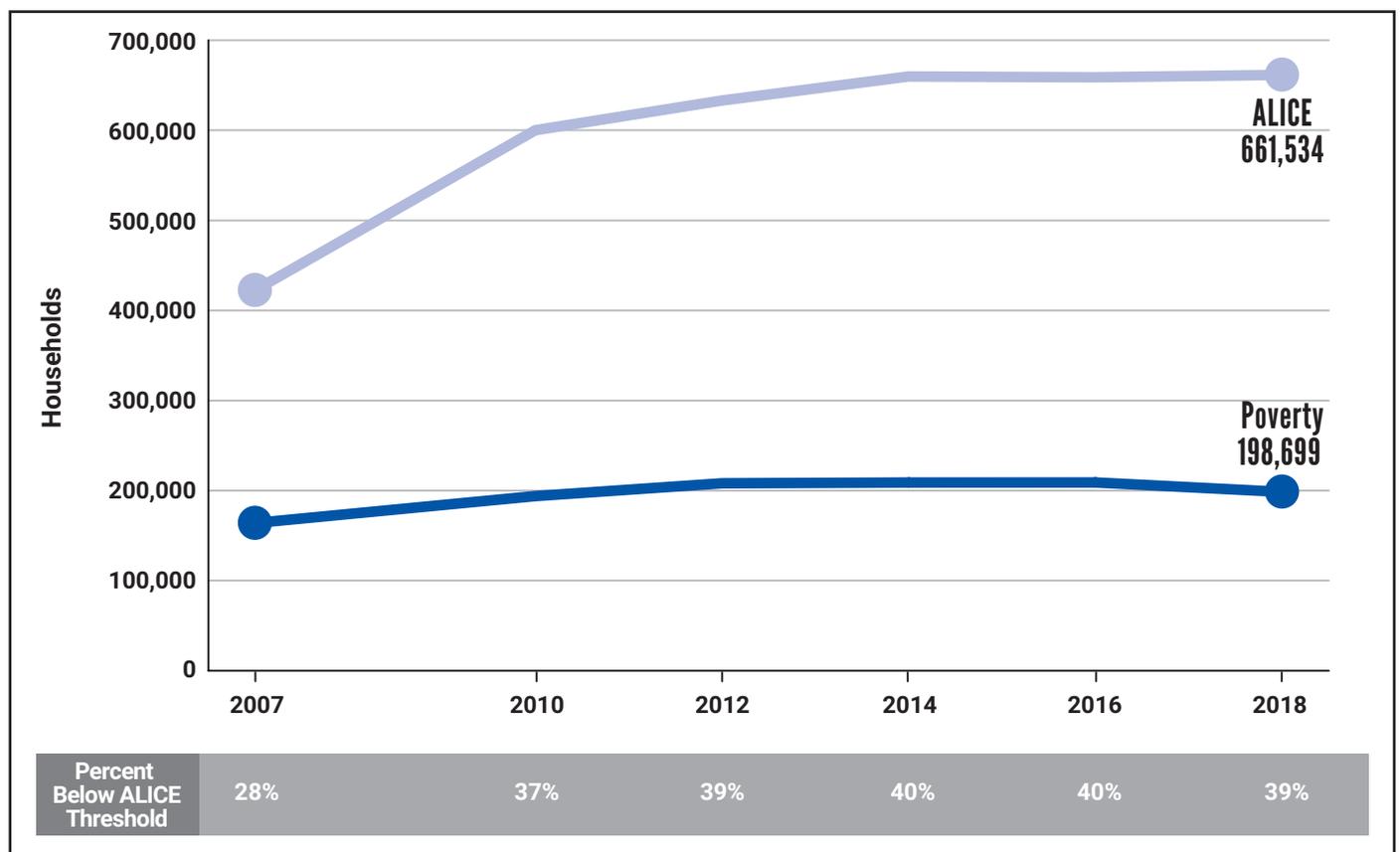
WHO IS ALICE?

With income above the Federal Poverty Level (FPL) but below a basic survival threshold – defined as the ALICE Threshold – ALICE households earn too much to qualify as “poor” but are still unable to make ends meet. They often work as cashiers, nursing assistants, office clerks, servers, laborers, and security guards. These types of jobs are vital to keeping Maryland’s economy running smoothly, but they do not provide adequate wages to cover the basics of housing, child care, food, transportation, health care, and technology for these ALICE workers and their families.

Between 2007 and 2018, the total number of households in the state increased 6% to 2,211,851 households. The number of households in poverty remained relatively flat during that time, with their share of total households increasing from 8% in 2007 to 9% in 2018. Yet the number of ALICE households in Maryland increased dramatically, especially during the Great Recession, rising from 20% of all households in 2007 to 28% in 2010, and then rising to a high of 30% in 2014, where it remained through 2018.

Overall, the percentage of households living below the ALICE Threshold (ALICE and poverty-level households combined), increased from 28% in 2007 to 39% in 2018 (Figure 1).

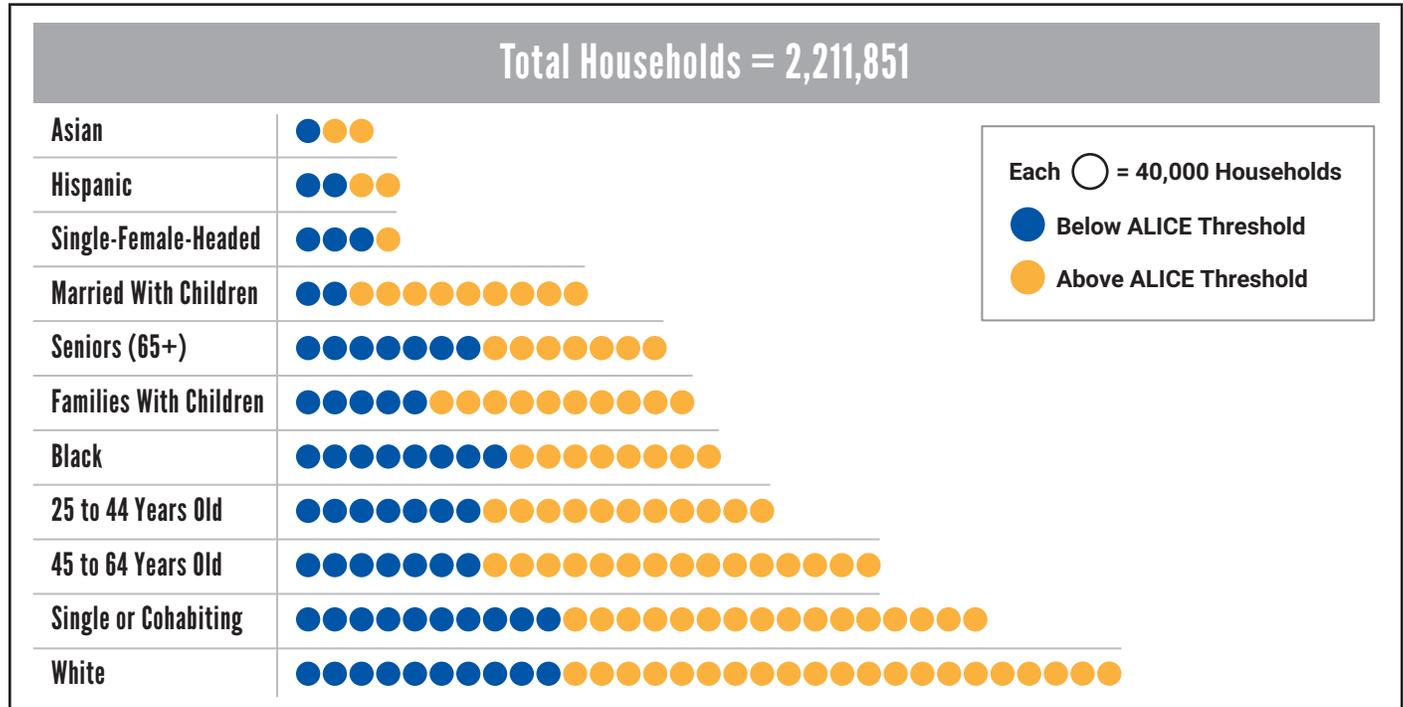
Figure 1.
Households by Income, Maryland, 2007–2018



Sources: ALICE Threshold, 2007–2018; American Community Survey, 2007–2018

ALICE households live in every county in Maryland – urban, suburban, and rural – and they include people of all genders, ages, and races/ethnicities, across all household types. Figure 2 shows that in 2018, the largest numbers of households below the ALICE Threshold were in the largest demographic groups in Maryland – namely, households headed by someone in their prime working years (ages 25–64), White households, and single or cohabiting households (without children or seniors). Among families with children, married-parent families were the largest subgroup and accounted for 39% of families with children living below the ALICE Threshold.

Figure 2.
Household Types by Income, Largest Groups, Maryland, 2018

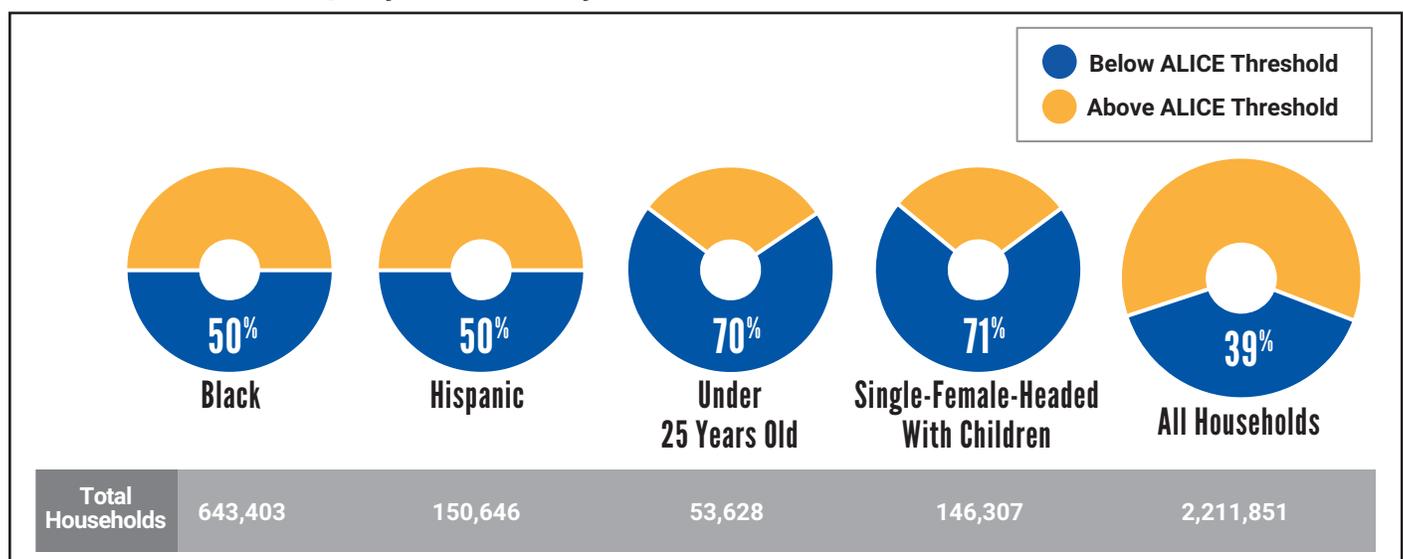


Note: The groups shown in this figure overlap across categories (age, household type, race/ethnicity). Within the race/ethnicity category, all racial categories except Two or More Races are for one race alone. Race and ethnicity are overlapping categories; in this Report, the Asian, Black, Hawaiian (includes other Pacific Islanders), and Two or More Races groups may include Hispanic households. The White group includes only White, non-Hispanic households. The Hispanic group may include households of any race. Because household poverty data is not available for the American Community Survey's race/ethnicity categories, annual income below \$15,000 is used as a proxy.

Sources: ALICE Threshold, 2018; American Community Survey, 2018

Another way to examine the data is to look at the proportion of each group that is below the ALICE Threshold. Overall, 39% of households in Maryland had income below the ALICE Threshold in 2018. But many population groups had a disproportionately high percentage of families below the ALICE Threshold, including Black households, Hispanic households, young households (headed by someone under age 25), and single-female-headed households (Figure 3). Single-male-headed households, a small group, also had a percentage of households below the ALICE Threshold (57%) that was more than the state average.

Figure 3.
Select Household Groups by Income, Maryland, 2018



Sources: ALICE Threshold, 2018; American Community Survey, 2018

ALICE IN BALTIMORE CITY

Financial hardship was much greater in Baltimore City in 2018 than in most other parts of the state, and it varied dramatically across the city's neighborhoods. The percentage of households with income below the ALICE Threshold ranged from 20% in South Baltimore and Canton to 82% in Greenmount East in 2018. Like Greenmount East, many of the neighborhoods with the highest percentage of households below the ALICE Threshold have predominantly Black populations, including Cherry Hill, Oldtown/Middle East, Poppleton/The Terraces/Hollins Market, Sandtown-Winchester/Harlem Park, and Upton/Druid Heights — all with nearly 80% of households below the ALICE Threshold. Professor Lawrence Brown of Morgan State University refers to these segregated Black communities as “the Black Butterfly,” a description of the shape they make as they span across the city's eastern and western halves. These neighborhoods have experienced persistent racial discrimination, which has led to significant disparities in jobs, wages, schools, housing, and health, as well as heightened crime and community violence.³ While community revitalization efforts have brought some positive change to these areas, higher rates of poverty and unemployment persist.⁴

By contrast, neighborhoods in close proximity to Baltimore Harbor (South Baltimore and Canton) had less than 20% of households below the ALICE Threshold, followed by Inner Harbor and Federal Hill, with 28% and 30%, respectively. An interactive map of Baltimore and ALICE data can be found at [UnitedForAlice/County-Profiles/Maryland](#) (select Baltimore City in the County Profile Tool, then scroll down to the map and select Neighborhoods from the Additional Geographies dropdown menu).

TRENDS: HOUSEHOLD DEMOGRAPHICS

A growing number of households live on the edge of the ALICE Threshold. For these households, even a small increase in the cost of housing or a decrease in work hours can mean the difference between being financially stable and being ALICE — or between being ALICE and falling into poverty. **In Maryland, 18% of households (more than 400,000) were on the cusp of the ALICE Threshold in 2018**, with earnings just above or below it.⁵ This matters not only for families, but also for the Maryland economy: Small increases in regular bills like rent, food, or gasoline; a decrease in wages or hours worked; or an unexpected emergency, such as a factory closing or a natural disaster, could destabilize a large number of households.

Maryland is increasingly diverse. From 2010 to 2018, the total number of White households in Maryland decreased by 3%, while the number of households of other racial/ethnic groups continued to increase: The next largest group, Black households, increased by 5%, followed by Hispanic households, which increased by 36%, and Asian households, by 23%. During this time, the number of households of color earning below the ALICE Threshold increased even faster; the largest growth in households below the ALICE Threshold came from Hispanic households, rising by 51%, followed by Asian households, by 28%. Growth in the total number of households in the state has been concentrated in the Southern Maryland Region and the Suburban Washington Region, while the population in rural counties in the Western Maryland Region and Eastern Shore Region has declined.⁶

“ In Maryland, 18% of households (more than 400,000) were on the cusp of the ALICE Threshold in 2018, with earnings just above or below it. ”

Maryland's household structure continues to change. In 2018, single or cohabiting adults under age 65 with no children under age 18 made up the largest proportion of households in Maryland (47%), as well as the largest share of households below the ALICE Threshold (44%). Nationally, the number of cohabiting adults more than doubled between 1996 and 2017, and these partners tend to have higher levels of education and be more racially diverse today than cohabiting adults 20 years ago.⁷

Baby boomers and millennials, the two largest population bubbles, are getting older. This natural aging of the population is increasing the number of seniors as more boomers pass age 65. It is also reducing the proportion of both college-age students and families with children, as millennials have passed traditional college age, are having fewer children, and are waiting longer than previous generations to have them.⁸

Among seniors, there are three trends. First, the White population in Maryland is older than other racial/ethnic groups and will continue to account for an increasing share of the senior population. In 2018, seniors comprised 25% of total households in the state, with nearly half (48%) living below the ALICE Threshold. Second, having lived through a decade of financial challenges since the Great Recession, more Maryland seniors will become ALICE. While there are many policies and programs in place to help seniors financially – such as Social Security, property tax deductions or exemptions based on age, and senior discounts for both private and public purchases – many seniors continue to experience financial hardship. And third, seniors make up a larger portion of households in rural areas, where they will continue to face additional challenges in access to transportation, health care, and caregiving. A 2020 report on the best and worst places for seniors to live ranked Maryland 21st out of 50 states, with high scores in quality of life rankings, but low scores in health care professional shortages, high housing costs, and traffic congestion driving down the ranking.⁹

Inequality in income and wealth will continue to rise as wage growth and job stability in high-wage jobs greatly outpace growth and stability at the lower end. Nationwide, from the late 1940s to the early 1970s, incomes across the income distribution grew at nearly the same pace. Then, beginning in the 1970s, income disparities began to widen: The average income for the top 1% increased over five times more than that of the middle 60% and over three times more than that of the bottom fifth, from 1979 to 2016.¹⁰ The gap in wealth (savings and assets) is even greater. Unable to save, ALICE families do not have the means to build assets, let alone catch up to those who already have assets (especially those who have been building assets for generations). ALICE families also face more barriers that, when compounded, create an even bigger wealth gap. These include issues like lower pay for women, racial/ethnic discrimination in homeownership, and student loan debt.¹¹

THE COST OF LIVING IN MARYLAND

Traditional economic measures systematically underestimate the actual cost of basic needs and their rate of increase over time, concealing important aspects of the local and national economy. To better capture the reality of how much income households need to live and work in the modern economy in each county in Maryland, this Report includes the **ALICE Household Budgets**. In addition, the Report presents the **ALICE Essentials Index**, a standardized national measure that captures change over time in the cost of household essentials that ALICE households purchase. Together, these tools provide a more accurate estimate of the cost of living and a clearer way to track change over time.

THE ALICE HOUSEHOLD BUDGETS

United For ALICE provides three basic budgets for all counties in Maryland. Each budget can be calculated for various household types.

- The **ALICE Household Survival Budget** is an estimate of the minimal total cost of household essentials — housing, child care, food, transportation, health care, and technology, plus taxes and a miscellaneous contingency fund equal to 10% of the budget. It does not include savings, auto repairs, cable service, travel, laundry costs, or amenities such as holiday gifts or dinner at a restaurant that many families take for granted.
- The **Senior Survival Budget**, new to this Report, adjusts the Household Survival Budget to reflect the fact that seniors have lower food costs than younger adults, travel fewer miles for work and family responsibilities, and have increasing health needs and out-of-pocket health care expenses.
- For comparison to a more sustainable budget, the **ALICE Household Stability Budget** estimates the higher costs of maintaining a viable household over time, and it is the only ALICE budget to include a savings category, equal to 10% of the budget.

The actual cost of household basics in every county in Maryland is well above the Federal Poverty Level (FPL) for all household sizes and types (Figure 4). For a single adult, the FPL was \$12,140 per year in 2018, but the average Household Survival Budget in Maryland was \$33,636 per year.¹² The average Senior Survival Budget totaled \$36,804 per year, primarily due to increased health costs. (Despite having Medicare, seniors have greater out-of-pocket health care costs, largely due to increased spending on chronic health issues like heart disease and diabetes.) And all budgets were significantly lower than the Household Stability Budget, which reached \$58,632 per year for a single adult.

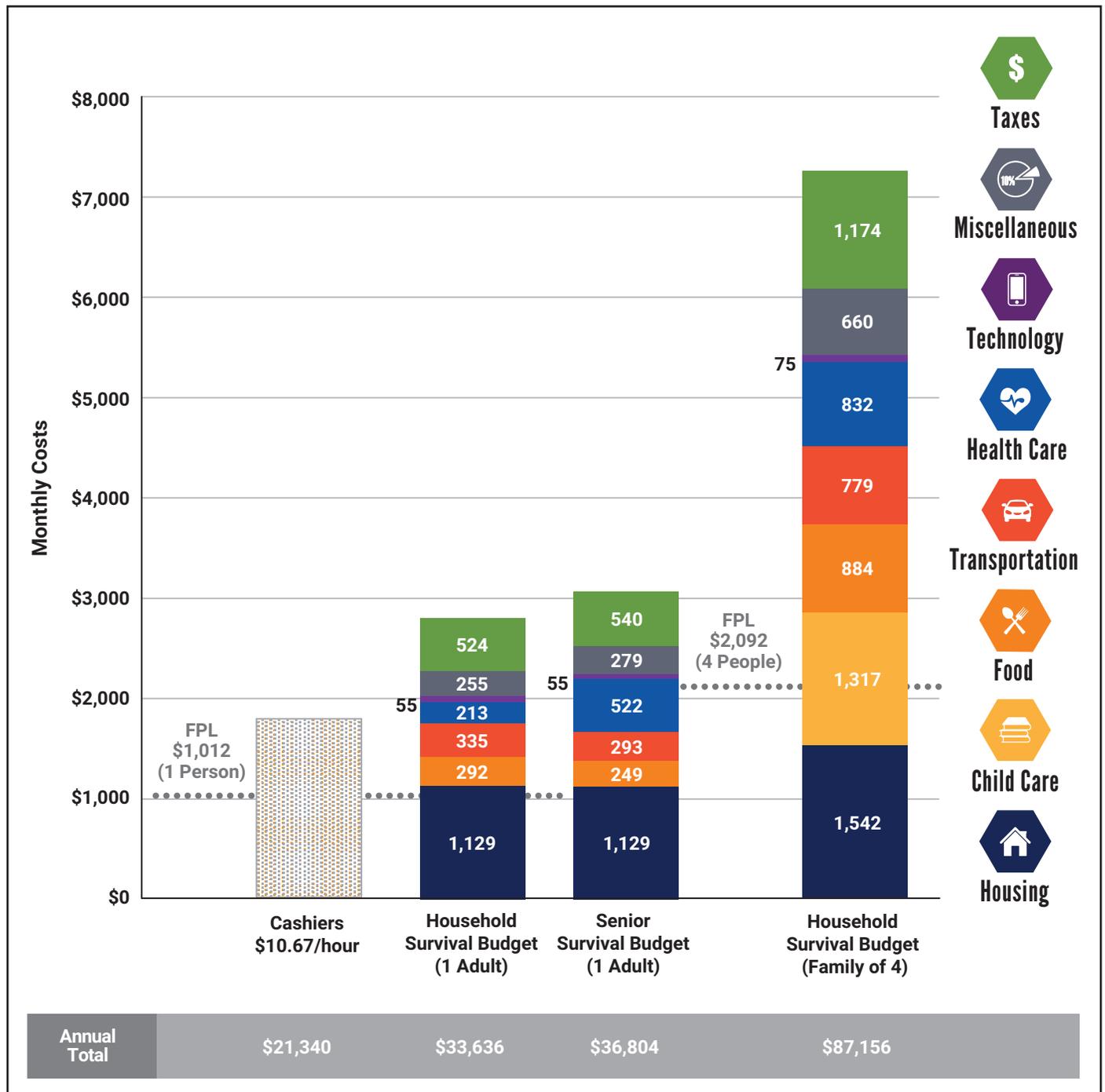
The gaps are even larger for families. The FPL for a four-person family was \$25,100 in 2018, while the Household Survival Budget for a family with two adults, an infant, and a four-year-old was \$87,156.¹³

The hourly wages needed to support these budgets were \$16.82 for the single adult Survival Budget; \$18.40 for the Senior Survival Budget; and \$43.58 for one worker or \$21.79 each for two workers for the Survival Budget for a family of four. To put these budgets in perspective, the median hourly wage for the most common occupation in Maryland, cashiers, was \$10.67 in 2018, or \$21,340 if full time, year-round — not enough to support any of the ALICE budgets (Figure 4).

Public assistance programs are based on the FPL, but the FPL is not enough for a household to cover even its most minimal costs, as shown by the comparison to the Household Survival Budget in Figure 4. This means that assistance programs serve far fewer households than actually need assistance, even in a strong economy.

To see the details of each ALICE budget for different household types, visit UnitedForALICE.org/Maryland

Figure 4.
Budget Comparison, Maryland, 2018



Note: The FPL is a total; there is no breakdown of how that amount is allocated by budget category.

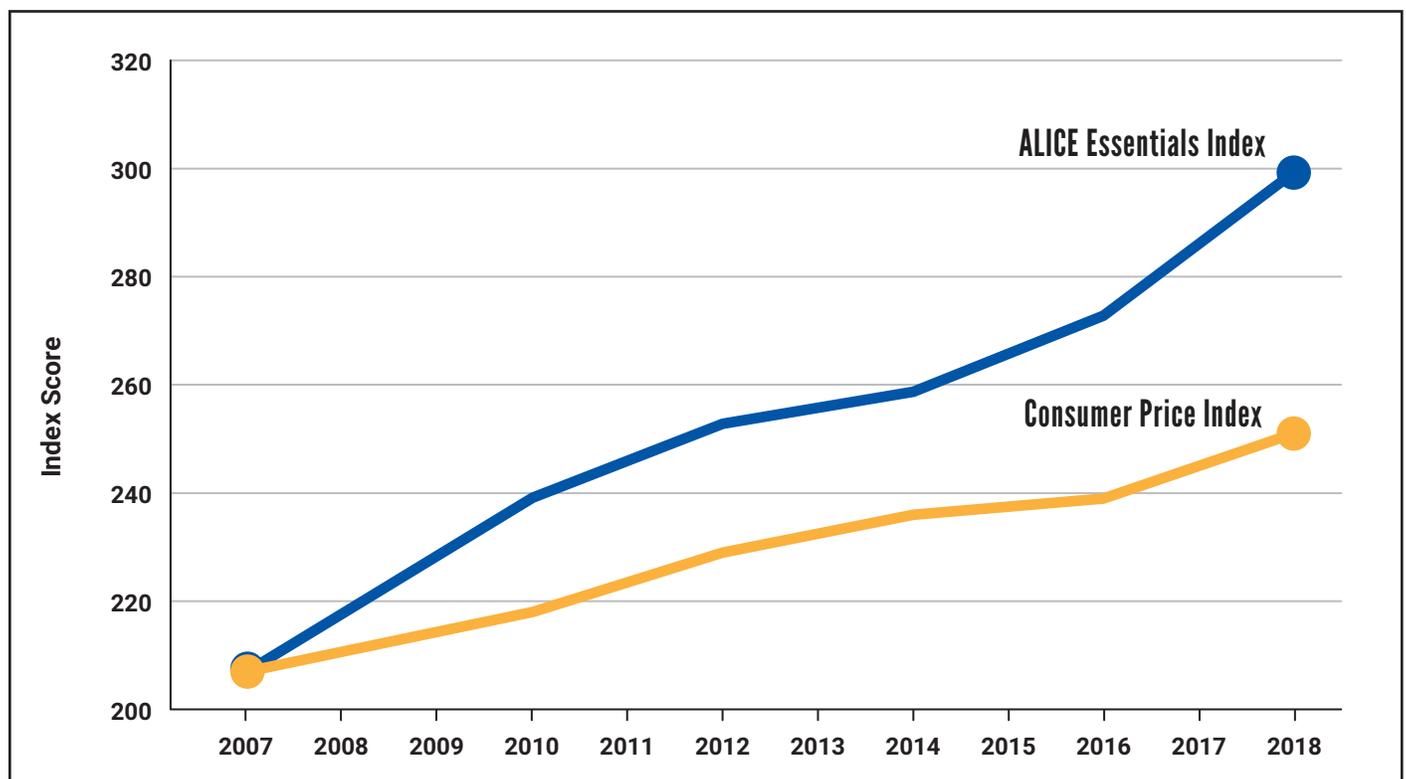
Sources: AAA, 2018; Agency for Healthcare Research and Quality, 2018; American Community Survey, 2018; Bureau of Labor Statistics, 2018—Consumer Expenditure Surveys; Bureau of Labor Statistics, 2019—Consumer Expenditure Survey; Bureau of Labor Statistics, 2018—Occupational Employment Statistics; Centers for Medicare & Medicaid Services, 2016—Medicare Current Beneficiary Survey; Centers for Medicare & Medicaid Services, 2019—Medicare & Medicaid Services, 2019—Medicare - Chronic Conditions; Federal Highway Administration, 2017; Feeding America, 2019; Fowler, 2019; Internal Revenue Service, 2020; Internal Revenue Service—FICA, 2020; Maryland Family Network, 2019; Medicare.gov; Scarboro, 2018; The Zebra, 2018; U.S. Department of Agriculture, 2018—Official USDA Food Plans; U.S. Department of Housing and Urban Development, 2018—Fair Market Rents; Walczak, 2019. For more details, see the Methodology Overview at [UnitedForALICE.org/Methodology](https://www.alice.org/Methodology)¹⁴

THE ALICE ESSENTIALS INDEX

Based on items in the Household Survival Budget, the ALICE Essentials Index measures the change over time in the costs of household essentials – a much narrower definition than the more common rate of inflation based on the BLS Consumer Price Index (CPI). While the CPI covers a large group of goods and services that urban consumers buy regularly (housing, food and beverages, transportation, medical care, apparel, recreation, education, and communication services), the ALICE Essentials Index includes *only* essential household items (housing, child care, food, transportation, health care, and a smartphone plan). The ALICE Essentials Index is also calculated for both urban and rural areas, while the CPI only tracks inflation based on a select number of metropolitan (urban) counties.¹⁵

Across the country, the ALICE Essentials Index has increased faster than the CPI over the last decade (Figure 5). From 2007 to 2018, the average annual rate of increase was 3.3% in urban areas and 3.4% in rural areas, while the CPI increased by 1.8%.¹⁶ This difference is primarily due to the fact that the costs of basics, especially housing and health care, have increased, while the costs of other items – notably manufactured goods, from apparel to cars – have remained relatively flat. And while basic household goods were 18% to 22% more expensive in urban areas than in rural areas, those costs increased at nearly the same rate in both areas during this period. For more detailed information, see the 2020 ALICE Essentials Index Report available at UnitedForALICE.org/Essentials-Index

Figure 5.
Consumer Price Index and ALICE Essentials Index, United States, 2007–2018



Sources: ALICE Essentials Index, 2007–2018; Bureau of Labor Statistics—Consumer Price Index, 2007–2018. For more information, visit UnitedForALICE.org/Essentials-Index

The difference between these two cost-of-living measures is more than an academic question. The CPI is used to measure inflation and monitor monetary policy. It also determines the rate at which a wide range of government program levels and benefits are increased, including Social Security, veterans’ and Federal Civil Service retirees’ benefits, government assistance programs, the FPL, income tax brackets, and tax credits like the Earned Income Tax Credit (EITC).¹⁷ But the ALICE Essentials Index shows that from 2007 to 2018, the CPI considerably underestimated the increase in the cost of living for ALICE households across the country.

TRENDS: COST OF LIVING

The cost of living for ALICE is growing significantly in both urban and rural areas, often driven by the cost of housing. In Maryland, rising costs in urban areas — notably the Baltimore-Washington metropolitan area — are due to rapid population growth and increasing demand for low-cost, urban rental units (especially among millennials and seniors). This trend will continue as affordable housing becomes harder to find. And while the overall cost of living in rural America is lower than in metro areas, expenses — especially housing — are rising at similar rates in both areas. Nationwide, households that are severely rent burdened (with rent accounting for more than 50% of their income) are projected to grow by at least 11%, to 13.1 million households, by 2025.¹⁸

Commuting times will continue to increase, as will demand for alternative transportation options. High housing costs and urban sprawl push workers farther from their jobs and increase commute times, which has a negative impact on health, job retention, and productivity. These pressures — along with the cost of owning and maintaining a car — also increase demand for both traditional and new public transportation options (e.g., trains and buses, rideshares, and self-driving vehicles).¹⁹

The child care industry will face new challenges, and so will parents. As the number of families with children starts to decrease (it fell 5% in Maryland from 2010 to 2018), it will be more difficult for child care centers to stay in business, making child care harder to find and more expensive, especially in less populated areas. ALICE households, and single-parent families in particular, who are more likely to be ALICE, struggle to afford quality child care, and often pay a higher portion of their income for care. According to a 2018 Maryland Family Network report, child care costs were the highest in Montgomery County, at \$27,962 a year for a family with two young children, accounting for 22% of the median household income. Yet in Baltimore City, with 55% of households below the ALICE Threshold, child care costs were \$17,295, which was the highest household expense and accounted for 30% of the median household income.²⁰ Compounding the cost issue is the fact that low-paid child care workers are ALICE as well (with a median hourly wage of \$11.42 in Maryland).²¹ The overall trend, then, is toward fewer families with children but more who are struggling.

“ ALICE households, and single-parent families in particular, who are more likely to be ALICE, struggle to afford quality child care, and often pay a higher portion of their income for care. ”

Food insecurity, a longstanding problem for families with children, is also increasing among young adults and seniors. In 2018, households headed by adults under the age of 25 were more likely to be below the ALICE Threshold compared to other age groups in Maryland, and they often struggled to put food on the table. A survey of nearly 5,000 University of Maryland undergraduate and graduate students found that 20% were food insecure in the preceding 12 months. Students who were more likely to be food insecure included students from lower-income households, first-generation college students, students of color, immigrants and those who were financially independent.²²

There is also growing food insecurity at the other end of the age spectrum, with a projected 8 million food-insecure seniors nationwide by 2050. In Maryland in 2018, 11% of adults age 60 and older had experienced food insecurity in the prior 12 months.²³ Compared to other seniors, food-insecure seniors are more than twice as likely to have depression, 91% more likely to have asthma, 66% more likely to have had a heart attack, and 57% more likely to have congestive heart failure. Public benefits help but do not eliminate the need for emergency assistance measures, such as food pantries.²⁴

College students across the country are facing greater challenges in meeting living expenses, despite the fact that increasing numbers of students are working full or part time. Students often rely on multiple sources of financial support, including financial aid, student loans, and assistance from parents or other family members, to cover their living expenses. Yet even with these types of financial help, many students need to work while in school; in particular, more than two-thirds of students enrolled in community colleges work full or part time.²⁵ In a recent financial wellness survey, 56% of students report paying for college using money from their current employment, and 31% of students pay for college with credit cards, leading to accumulation of increased debt.²⁶ Working long hours to earn more income comes at a price, as it can interfere with academic performance and ultimately the likelihood of obtaining a degree.²⁷ Students report that two of the major obstacles to academic success are juggling work with school and other responsibilities and difficulty meeting expenses.²⁸ For more information, see the 2019 United For ALICE Report, *The Consequences of Insufficient Household Income*.

Gaps in health based on demographic, environmental, and socioeconomic factors will continue to grow. Volatility in health insurance availability and coverage, increasing out-of-pocket costs — even for those with employer-sponsored programs — and shortages of health care providers (especially in rural areas) make it harder for many families to get the health care they need.²⁹ According to the America’s Health Rankings, Maryland ranked 19th of 50 states in 2018, down from 16th in 2017; challenges for the state included drug-related deaths, violent crime, infant mortality, and premature death.³⁰ The state’s health systems ranked 20th in a 2018 Commonwealth Fund survey, receiving low rankings in avoidable hospital use and cost, healthy lifestyle behaviors, and disparities in care between higher- and lower-income patients.³¹ In Baltimore, a long history of discriminatory policies and disinvestment has led to significant health disparities, with Baltimore City ranking as the least healthy county in the state, followed by several Eastern Shore counties, according to the 2018 County Health Rankings Report. For example, the premature death rate is twice as high in Baltimore City as it is in Howard County, which ranked as one of the healthiest counties.³² These disparities will grow with new but expensive advances in medicine, compounded exposure to environmental hazards and public health crises for many low-income households, and a persistent context of discrimination and institutionalized racism in Maryland and across the country.³³

Natural and human-made disasters will continue to impact ALICE households disproportionately. Across Maryland, the increasing impact of these incidents — from floods and wildfires to pandemics — is felt most acutely by ALICE households and their surrounding communities. With minimal job security and little or no savings, ALICE families feel the impact of an economic disruption almost immediately as hourly paid workers suffer lost wages right away. ALICE households are more vulnerable during natural disasters as they often live in communities with fewer resources, and their housing is more susceptible to flooding, fire, and other hazards. With no financial cushion, ALICE workers struggle to repair damage, recover from illness, and pay ongoing bills. At the same time, ALICE workers are essential to disaster recovery efforts in both infrastructure repair and health care, and they are often forced to choose between caring for their families and ensuring community recovery. All of these costs are added to the increased risk of physical harm ALICE families face if they cannot afford to flee an oncoming natural disaster or take necessary precautions during a public health crisis.³⁴

Financial instability will mean additional costs for ALICE households. The costs of financial instability are cumulative and intensify over time. Skimping on essentials, from food to health care, leads to greater long-term problems (see United For ALICE’s 2019 Report, *The Consequences of Insufficient Household Income*). Failure to pay bills on time leads to fees, penalties, and low credit scores, which in turn increase interest rates, insurance rates, and costs for other financial transactions.³⁵ In lower-income neighborhoods and communities of color, a lack of access to financial services such as banks and credit unions and the preponderance of alternative financial products increases expenses and makes it difficult to save and invest for the future.³⁶ Unexpected expenses can intensify these impacts. In 2017, only 68% of Maryland households had set aside any money in the prior 12 months that could be used for unexpected expenses or emergencies such as illness or the loss of a job. Though this was well above the national rate of 42%, it still left almost one-third of Marylanders without any financial cushion. And without enough income to cover current and unexpected expenses, ALICE households cannot save for future expenses like education, retirement, or a down payment on a house.³⁷

THE CHANGING LANDSCAPE OF WORK IN MARYLAND

ALICE workers play an essential role in Maryland's economy but have not benefited from many of the state's recent economic gains — a reality that is not captured by traditional economic measures. This section breaks down labor force data in new ways, and in so doing highlights the challenges ALICE workers face: the declining power of wages to keep up with the cost of living, greater dependence on hourly wages, a historically high number of adults out of the labor force, and increased economic risk for workers.

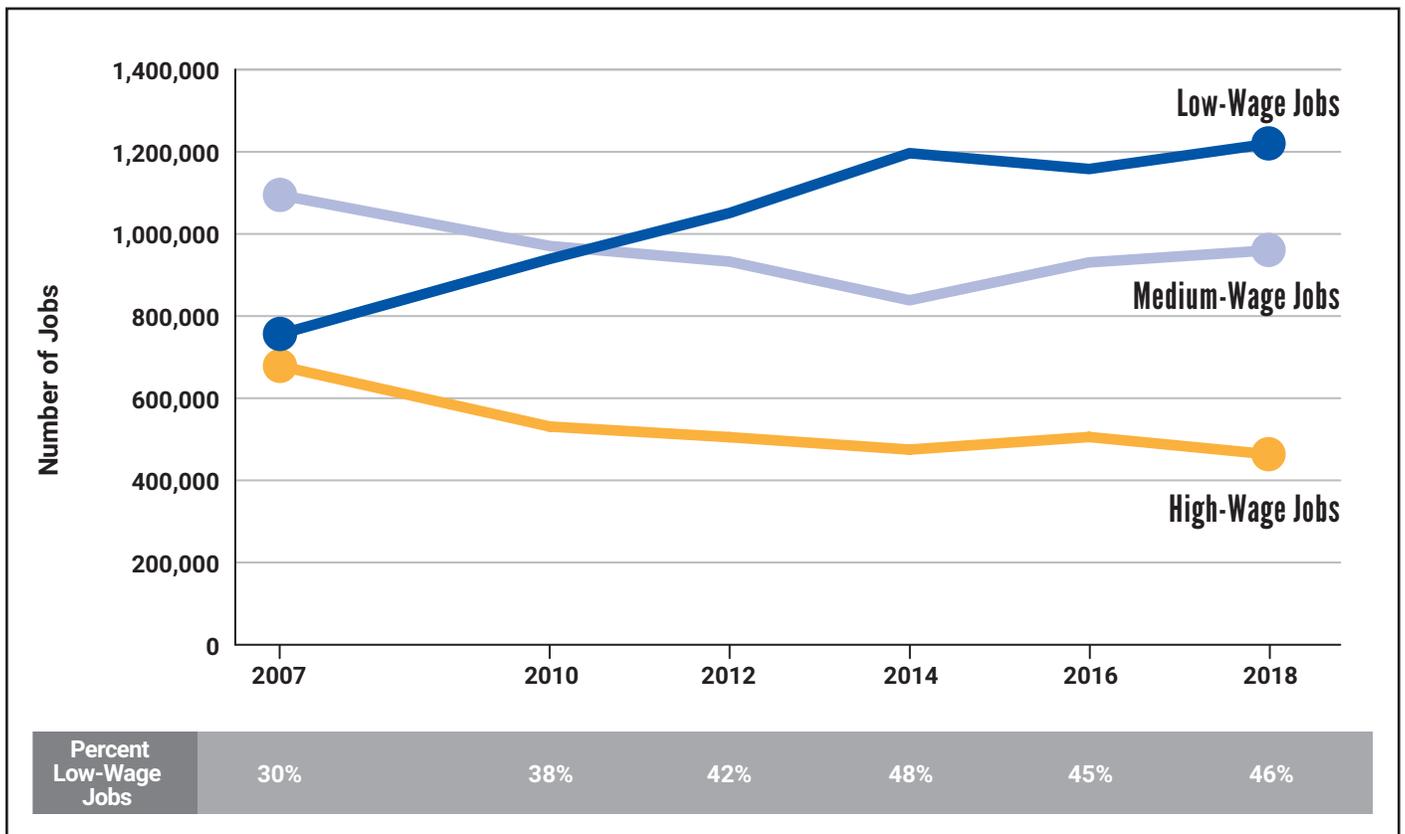
With a rising GDP and the lowest unemployment rate in 10 years, Maryland appeared to have a robust economic profile in 2018, with only 3% of adults actively looking but unable to find work. The state experienced employment gains in 2018, particularly in health care and social assistance, educational services, and administrative and support services. Yet while Maryland is recognized for its “meds, eds, and feds” and above-average median earnings, the state had a preponderance of hourly workers and low-wage jobs that could not support the basic household budget (Figure 6).³⁸

Figure 6 illustrates the following trends in wages compared to the cost of living in Maryland from 2007 to 2018:

- Low-wage jobs (dark-blue line) are defined as those paying less than the wage needed for two workers to afford the family Household Survival Budget (which includes costs for two adults, an infant, and a four-year-old). In 2007, this was less than \$14.12 per hour; by 2018, the wage required had increased to \$21.79 per hour. The number of low-wage jobs increased by 61% during that period and accounted for the largest number of jobs in Maryland in 2018. This shows that, even with two earners working full time, it is not only possible but common for households to fall below the ALICE Threshold.
- Medium-wage jobs (light-blue line) allow two workers to afford a family Household Survival Budget. In 2007, these were jobs that paid between \$14.12 and \$28.25 per hour, per worker; by 2018, wages needed for these jobs were between \$21.79 and \$43.58 per hour, per worker. The number of medium-wage jobs decreased by 12% during that period.
- High-wage jobs (gold line) allow one worker to afford a family Household Survival Budget. In 2007, the wage required was \$28.25 per hour or more; by 2018, the wage required had increased to \$43.58 per hour. The number of high-wage jobs decreased by 32% during that period.³⁹

“The number of low-wage jobs increased by 61% from 2007 to 2018 and accounted for the largest number of jobs in Maryland in 2018.”

Figure 6.
Number of Jobs by Wage Level, Maryland, 2007–2018



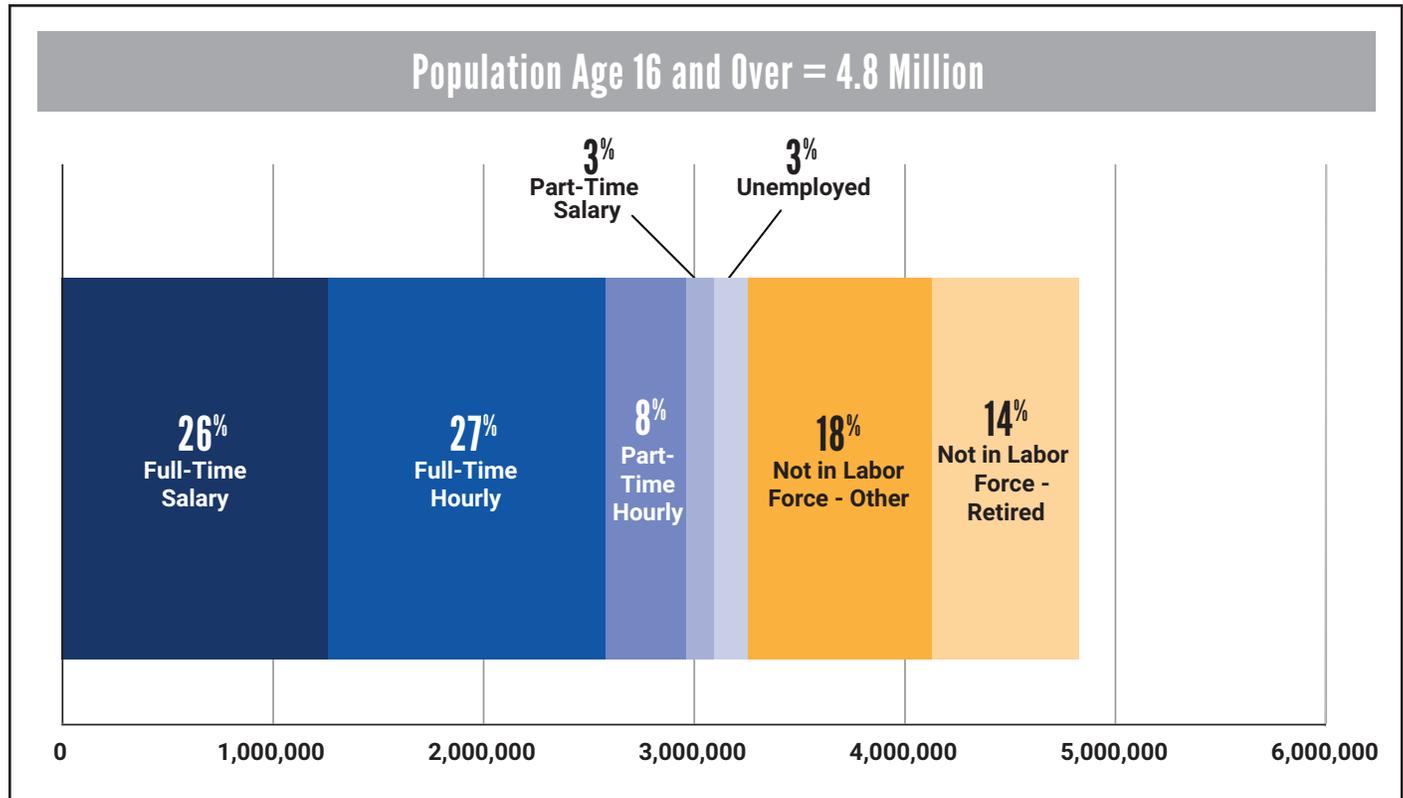
Note: Wage levels are defined by their relation to the Household Survival Budget. Dark-blue = Job cannot support family Household Survival Budget with two earners. Light-blue = Job supports family Household Survival Budget with two earners. Gold = Job supports family Household Survival Budget with one earner.

Sources: ALICE Household Survival Budget, 2007–2018; Bureau of Labor Statistics, Labor Force Statistics, 2007–2018—Occupational Employment Statistics

THE NEW LABOR FORCE

A 2018 overview of the labor status of Maryland’s 4,820,560 working-age adults (people age 16 and over) shows that 67% of adults were in the labor force (blue bars in Figure 7), yet more than half of them were workers who were paid hourly. In addition, 32% of adults were outside the labor force (gold bars), the largest number since the late 1970’s.⁴⁰

Figure 7.
Labor Status, Population Age 16 and Over, Maryland, 2018



Note: Data for full- and part-time jobs is only available at the national level; these national rates (51% of full-time workers and 75% of part-time workers paid hourly) have been applied to the total Maryland workforce to calculate the breakdown shown in this figure. Full-time represents a minimum of 35 hours per week at one or more jobs for 48 weeks per year. Percentages are rounded to whole numbers, sometimes resulting in percentages totaling 99% or 101%.

Sources: American Community Survey, 2018; Federal Reserve Bank of St. Louis, 2018

Though the majority of adults in Maryland were working in 2018 and most households had at least one worker, only 26% of working-age adults had the security of a full-time job with a salary. The rest were paid hourly and/or worked part time.⁴¹

Hourly Work and the Gig Economy

Employers’ increasing reliance on hourly workers is typically associated with freelance “gig economy” jobs (like rideshare driving or on-demand delivery), but even traditional jobs are now more likely to be paid by the hour, especially in retail, health care, food service, and construction.⁴² These workers are more likely to have fluctuations in income, with frequent schedule changes and variation in the number of hours available for work each week/month. They are also less likely to receive benefits, such as health insurance, paid time off, family leave, or retirement benefits, especially if they work fewer than 30 hours per week at a single job.⁴³

Hourly workers are more likely to have multiple sources of income. Traditional measures of employment have focused on the number of jobs held by a worker; for example, BLS estimates that only 5% of workers held two or more jobs in 2018.⁴⁴ However, in the modern economy, where many workers have their own small business, are consultants, or are contingent, temporary, freelance, or contract workers, a worker may have many sources of income that are not necessarily considered a “job.” In 2019, nearly half (45%) of working adults reported having a side gig outside of their primary job.⁴⁵

In comparison with hourly workers, salaried workers are paid an annual amount at regular pay periods, and usually receive benefits. Nationally, employers spent an average of 31% of compensation on benefits in 2018; not providing these represents significant savings to the employer. As a result, even traditional jobs are morphing as employers shift the financial risk of changes in supply and demand to employees.⁴⁶ While this is true throughout the economy, it is especially concentrated in lower-wage positions – the jobs most accessible to ALICE.

Who is Out of the Labor Force?

Of adults 16 years and older in Maryland, 14% were out of the labor force in 2018 because they were retired and another 18% were out of the labor force for other reasons (gold bars in Figure 7). This totals 32%, almost one-third, of adults outside the labor force.⁴⁷

Retirees (age 65 and over and not working) are traditionally one of the largest groups out of the labor force. In Maryland in 2018, they accounted for 14%, in part due to the baby boomer generation aging into retirement. However, this number did not include the increasing number of seniors who were still working; in 2018, 26% of seniors in Maryland were still in the labor force, a higher rate than most other states.⁴⁸

Those under 65 and not working were out of the labor force for a variety of reasons, the two most common being:

- **School:** Nationally, 77% of high school students and 52% of college students did not work in 2018. At these rates, non-working students in Maryland would account for almost half (43%) of the state’s working-age adults out of the workforce.⁴⁹
- **Health:** Adults with one or more health issues – an illness or disability that makes it difficult to get to work, perform some job functions, or work long hours – accounted for 19% of those out of the labor force in Maryland in 2018.⁵⁰

The remainder of adults were out of the labor force for other reasons, including scheduling conflicts, family caregiving responsibilities, or limited access to transportation or child care.⁵¹ For women 25 to 54 years old, the most common reason for not working in 2018 was in-home responsibilities – caring for children, but also, as the population of Maryland ages, caring for an aging parent or a family member with a disability or chronic health issue.⁵²

These adults who were out of the labor force were not included in the state’s low unemployment rate, which only counts adults actively looking for work. In previous periods of low unemployment, employers have had to offer much higher wages to attract workers back into the labor force or away from other businesses. In the 2018 economy, however, those out of the labor force proved to be a large reserve of potential workers able to be drawn back into the labor force with only slightly higher wages – in effect, keeping wages low.⁵³

ALICE JOBS: MAINTAINING THE ECONOMY

While national conversations about work often focus on the economic importance of the “innovation” sector and its high-paying jobs, the reality is that the smooth functioning of the national and Maryland economies relies on a much larger number of occupations that build and repair the infrastructure and educate and care for the past, current, and future workforce. The workers in these jobs are described as “Maintainers” by technology scholars Lee Vinsel and Andrew Russell, and they are primarily ALICE.⁵⁴ To better understand where ALICE works, we elaborate on Vinsel and Russell’s concept by breaking down all occupations in Maryland into two occupational categories, each with two job types: the lower-paying Maintainer occupations, composed of Infrastructor and Nurturer jobs; and the higher-paying Innovator occupations, composed of Adaptor and Inventor jobs.

DEFINITIONS

Maintainer Occupations:

Infrastructors build and maintain the physical economy (construction, maintenance, management, administration, manufacturing, agriculture, mining, transportation, retail).

Nurturers care for and educate the workforce (health and education, food service, arts, tourism, hospitality).

Innovator Occupations:

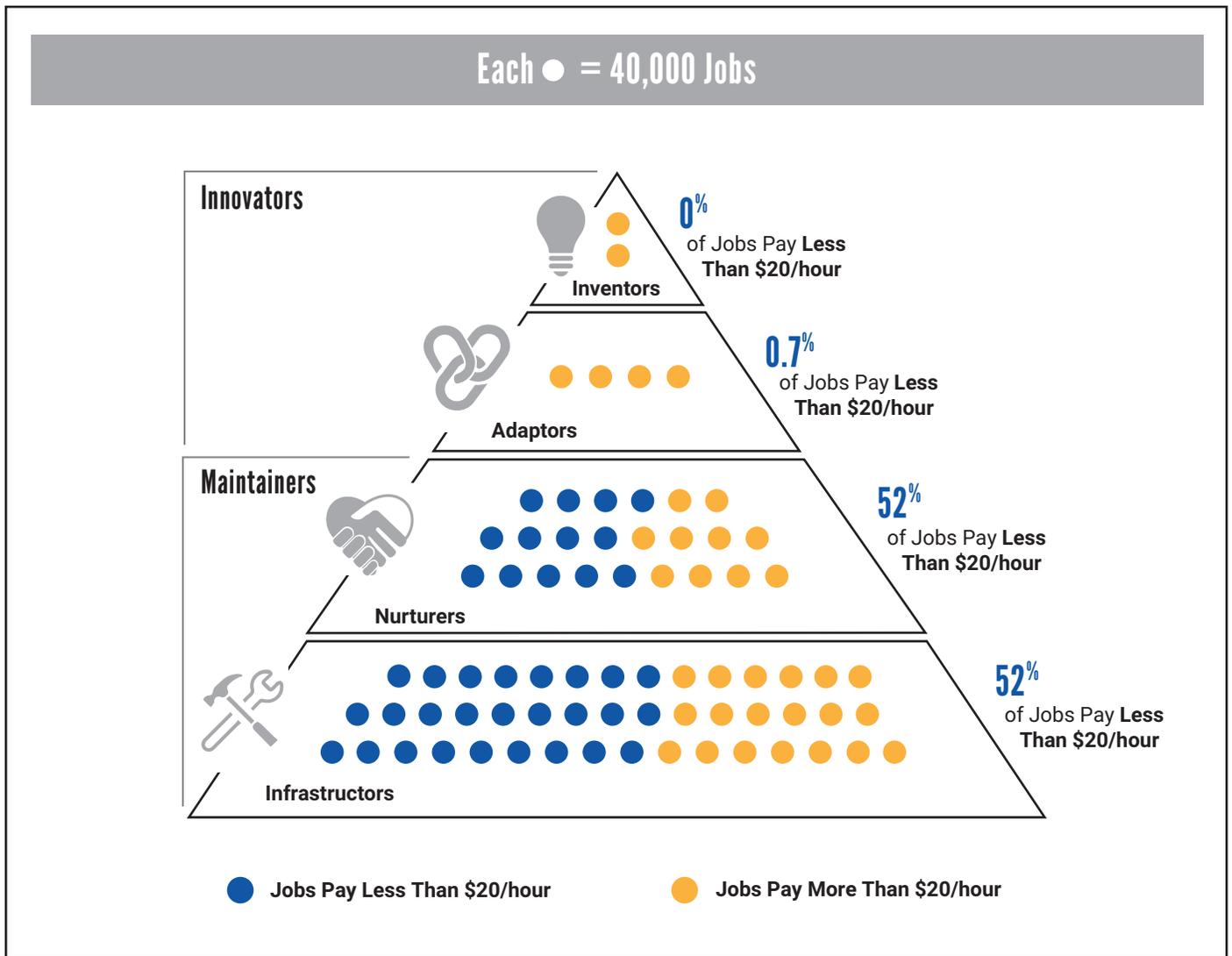
Adaptors implement existing tools or processes in new ways, responding to opportunities and changing circumstances (managers, industrial and organizational psychologists, analysts, designers, technicians, and even policymakers).

Inventors devise new processes, appliances, machines, or ideas. Before World War II, most inventors were independent entrepreneurs. Today, they are most likely engineers and scientists working in research & development, and, in some cases, higher education.

The largest employment sectors in Maryland are Maintainer occupations. The single largest industry in 2018, with 508,200 employees, or 18% of the state’s workforce, was government, which is comprised of a significant number of Infrastructor and Nurturer jobs. The second largest industry, with 470,400 employees, was trade, transportation and utilities, comprised of Infrastructor jobs; followed by education and health services, with 468,000 employees, which is comprised of Nurturer jobs. All three industries have large shares of ALICE workers.⁵⁵ There are far fewer jobs in Innovator occupations (Adaptors and Inventors).

When stacked together, Maryland’s occupations form a pyramid that reveals the critical role of Maintainer jobs – the jobs most accessible to ALICE – in the state economy (Figure 8). The majority of Maintainer jobs (52% of both Infrastructor and Nurturer jobs) pay less than \$20 per hour – a wage that, if full time, year-round, provides a maximum annual salary of \$40,000, or \$47,156 less than the family Household Survival Budget of \$87,156. By comparison, almost all Adaptor and Inventor occupations pay more than \$20 per hour.

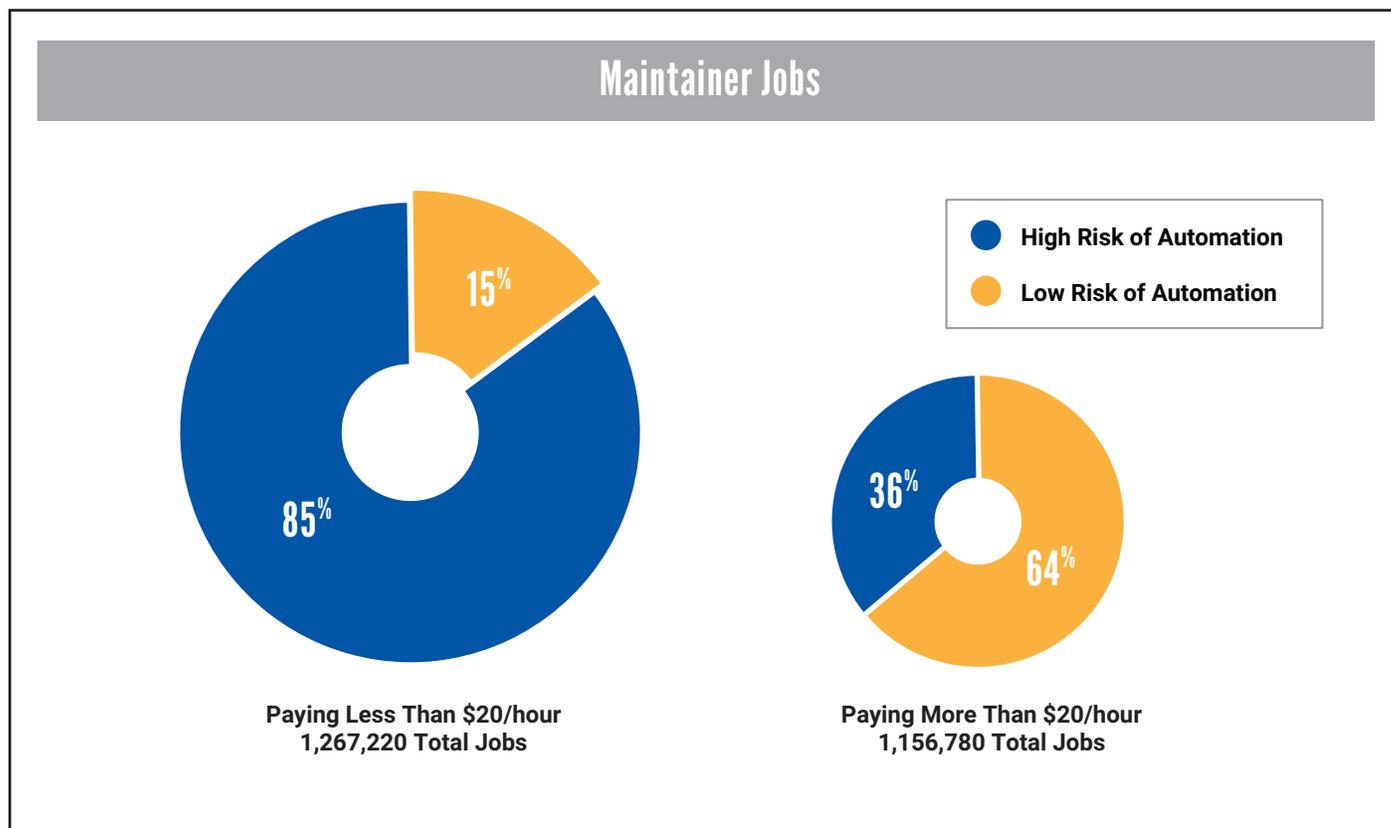
Figure 8.
Occupations by Wage and Type, Maryland, 2018



Source: Bureau of Labor Statistics, Labor Force Statistics, 2018—Occupational Employment Statistics

The precarious nature of ALICE workers' jobs is reinforced by the powerful relationship between low wages and the high risk of jobs becoming automated (defined as having a greater than 50% chance of being replaced by technology in the next decade). Jobs that pay less than \$20 per hour are more likely to be replaced by technology compared to higher-paying jobs. This is especially true for Maintainer occupations, where most jobs pay less than \$20 per hour and 85% of these low-paying jobs are at a high risk of automation. By comparison, only 36% of Maintainer jobs that pay more than \$20 per hour are at that level of risk (Figure 9).

Figure 9.
Occupations by Type and Risk of Automation, Maryland, 2018



Sources: Bureau of Labor Statistics, 2018—Occupational Employment Statistics; Frey & Osborne, 2013

There are also differences in salary and risk of automation based on the type of Maintainer job. Among Infrastructor jobs, 94% of jobs that pay less than \$20 per hour are at risk of automation, compared to 53% of those that pay more than \$20 per hour. Among Nurturer jobs, the discrepancy is even greater: 67% of jobs that pay less than \$20 per hour are at risk of automation, compared with 4% of those that pay more than \$20 per hour.⁵⁶ Education level also impacts risk of automation; nationally, the risk for jobs that require only a high school diploma (55%) is more than double the risk for jobs that require a bachelor’s degree (24%).⁵⁷

TRENDS: THE LANDSCAPE OF WORK

Economic growth will be led by the non-traditional work and small businesses of the gig economy. As much as 94% of U.S. net employment growth in the last decade has come from alternative or contingent labor, according to a National Bureau of Economic Research report.⁵⁸ With an increasing number of workers who are contractors, work in small businesses, or rely on a combination of side gigs, the number of people experiencing gaps in income and going without benefits will rise. Approximately 500,000 Marylanders have found work opportunities within the gig economy, but with new “on-demand” internet platforms bringing global competition, opportunities and earnings are shrinking for some gig workers, with those working for lower wages feeling the impact the most.⁵⁹ Millennials are leading the way in the gig economy, with 48% nationally saying they earn income on the side (i.e., in addition to what they consider their primary employment), compared to 28% of baby boomers.⁶⁰ These arrangements are more volatile than traditional jobs, and workers bear the brunt of changes in demand, the price of materials, and transportation costs, as well as impacts related to cyberattacks, natural and human-made disasters, and economic downturns.⁶¹

The rise of automation will require a workforce with more digital skills. Rather than being replaced outright, many jobs across all job types will require an increasing ability to incorporate new technologies, work with data, and make data-based decisions. Lower-skill, low-wage jobs in occupations such as food preparation and service, production, office and administrative support, and transportation are especially vulnerable to being replaced with automation.⁶² ALICE workers will need to gain new skills rapidly, and that will require more on-the-job training, more flexibility to change career paths, and different kinds of education providers.⁶³ The benefits of increased technology will include improved accuracy in areas like pharmaceutical pill dispensing, and reduced risk of injury for workers such as warehouse packers and long-distance drivers.⁶⁴

The number of low-wage jobs will continue to increase, despite automation. Even though most jobs will change and evolve with demand as well as technology, it may not be economical or effective to automate certain jobs. For example, low-wage Maintainer jobs in areas like education and health care require employees to be on-site and often involve relational skills that are difficult or impossible to automate (although these workers will still have to learn to work with technology). From 2016 to 2026, the occupations projected to have the largest number of new jobs in Maryland will be within the sales and related occupations; the median wage for these jobs in 2018 was \$13.45 hour, which was not enough to support the single-adult or family Survival Budgets. Of the state's top-20 growth occupations, 47% will pay less than \$15 per hour, 41% will not require any formal educational credential at all, and 36% will require only a high school diploma.⁶⁵

Students will continue to be a significant part of the labor force. As more families face financial hardship and the cost of college continues to rise, more students will have to work while in school. Nationally, 20% of high school students, 41% of full-time college students, and 82% of part-time college students had a job in 2017.⁶⁶ What's more, despite many students being employed, 45% of college students who completed the largest annual survey of basic college needs reported having experienced food insecurity in the previous month, and 56% had experienced housing insecurity in the prior year.⁶⁷ And even with more students working, student debt will continue to increase as more students from lower-income families attend college and costs continue to rise. In Maryland, 55% of college students who graduated in 2018 were in debt with an average loan of \$29,178, a 34% increase from 2010.⁶⁸

NEXT STEPS: DATA FOR ACTION

The ALICE data highlights significant problems in the Maryland economy in 2018: stagnant wages, a rising cost of living, and 39% of the state's households unable to afford even the most basic budget. However, this data can also be used to generate solutions to these problems that help ALICE households and create equity across communities. The measures of cost of living, financial hardship, and changes in the labor force presented in this Report can help stakeholders ask the right questions and make data-driven decisions. This data can help policymakers and community organizations identify gaps in community resources, and it can guide businesses in finding additional ways to assist their workforce and increase productivity — both in times of economic growth and in periods of economic recovery.

This section of the Report maps the 2018 ALICE data, showing gaps in resources to help direct assistance and fill immediate needs. When analyzed in relation to broader data on health, education, and social factors, these maps help focus solutions on underlying causes of hardship, and they also highlight areas of success.

IDENTIFYING GAPS

ALICE households often live in areas with limited community resources, making it even more difficult to make ends meet. The lack of some resources has immediate and direct costs. For example, without public transportation or nearby publicly funded preschools, ALICE families pay more for transportation and child care. Other costs, such as the consequences of limited access to health care providers, open space, or libraries, accumulate over time.

With the ALICE data tools, stakeholders can map where ALICE lives along with the location of community resources — such as public libraries or disaster-relief services — to identify gaps by town, ZIP code, or county (Figure 10). This data can help stakeholders answer targeted questions, including the following:

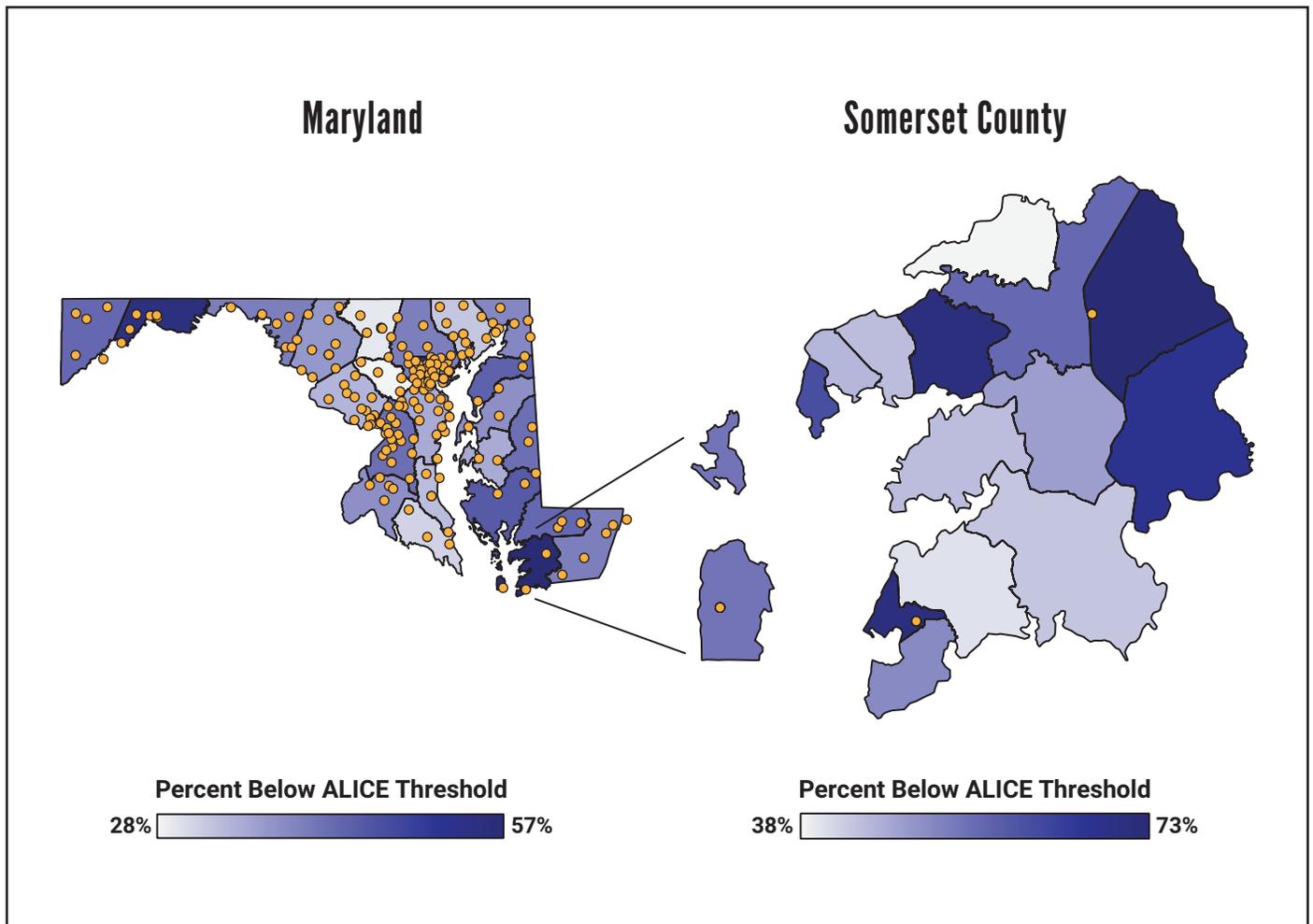
Do ALICE households have access to libraries?

Access to public libraries is especially important for ALICE families because libraries provide information on social services and job opportunities, free internet and computer access, and a range of free programs, community meetings, and even 3-D printers. After a natural disaster, libraries serve as second responders, providing electricity, internet access, charging stations, heat or air conditioning, and current information on recovery efforts.⁶⁹ In lower-income communities, the library can provide a safe and inclusive place for individuals and families. A 2019 Gallup Poll found that lower-income households (earning less than \$40,000 per year) visit the library more frequently than average- and higher-income households.⁷⁰

There are 193 libraries across Maryland's 24 counties, shown in gold dots on the state map in Figure 10 (the figure highlights Somerset County, but for an interactive map of all counties, go to UnitedForALICE.org/Maryland).⁷¹ This data can help stakeholders identify where there are gaps in needed services (such as in areas with a high percentage of ALICE households but few or no libraries) and what type of intervention might be most helpful. For example, areas with a small population but a high percentage of ALICE households may benefit more from mobile library services than a new brick-and-mortar building, or library services (like free computers) could be offered in other public buildings.

Figure 10.

Library Locations and Households Below ALICE Threshold, Maryland, 2018



Sources: ALICE Threshold, 2018; American Community Survey, 2018; The Institute of Museum and Library Services, 2019

Are the needs of ALICE households met after a natural disaster?

Mapping where ALICE households live in relation to the impact of natural disasters such as floods, hurricanes, tornadoes, or wildfires can help first and second responders meet critical needs. Disasters directly threaten the homes of ALICE families since more affordable housing is often located in vulnerable areas. The jobs where ALICE works are also more at risk, since low-wage and hourly paid jobs are more likely to be interrupted or lost. In addition, ALICE households have few or no savings for an emergency to begin with, and their communities often have fewer resources to assist households.⁷²

Knowing where ALICE households live can help federal, state, and local governments target preparation, response, and assistance for natural disasters, and help companies plan where to deploy their workforce and support. Because ALICE households and communities do not have the same resources as their wealthier counterparts, namely insurance or savings, they will need more assistance over a longer period of time to recover. Strategies will vary by rural or urban context, the quality of the housing stock, and the age composition of the community (with the young and the elderly more dependent on care).⁷³

UNDERSTANDING ALICE: HEALTH, EDUCATION, AND SOCIAL FACTORS

In most contexts, having a low income is associated with lower levels of education, higher rates of unemployment, and poorer health.⁷⁴ Communities that have been able to disrupt that association can provide important insights on how to change environments or policy to support ALICE households. By tracking where ALICE lives with other indicators, it is possible to identify counties that have overcome a challenge or bucked a trend. Stakeholders can then learn from these examples and adapt those solutions to their own areas.

Tracking relationships between ALICE households and other variables at the county level – in areas such as technology or health – can also help stakeholders ask important questions and target resources where they can have the greatest impact. To see interactive maps of socioeconomic indicators in Maryland, visit our website: UnitedForALICE.org/Maryland

Here are two possible questions:

Is internet access related to income?

Access to digital technology has exploded over the last three decades: By 2017, 91% of U.S. adults owned a computing device and 81% had a broadband internet subscription. In Maryland, 85% of households had access to the internet at home in 2018.⁷⁵ Technology has also become more important for work, education, community participation, and, crucially, disaster response and recovery.

But access to technology still varies by income and geography. For many families, that lack of access translates directly to reduced job opportunities, educational opportunities, health care access, and financial tools. For example, low-income adults are more likely to use their phones to search and apply for jobs; nationally, 32% of smartphone users with income below \$30,000 have applied for a job on their phone, compared with 7% of smartphone users with income above \$75,000. Although smartphone technology is constantly improving, many tasks are still more difficult to complete on the small screen of a smartphone as opposed to a computer (e.g., word processing, filling out applications, editing spreadsheets), and many websites still do not have a mobile version, making navigation time-consuming and difficult, or sometimes impossible.⁷⁶ Households without internet access are also at greater risk of being undercounted in the 2020 Census, when they may need government programs and services the most.

This high usage of smartphones for a critical task indicates that many low-income households have limited access to the internet at home. In Maryland, 27% of households with income below the ALICE Threshold do not have an internet subscription, compared with only 5% for households above the ALICE Threshold. Rates also vary widely by location: The counties with the lowest access rates and lowest income are in rural areas, where about one-third of households below the ALICE Threshold do not have an internet subscription.⁷⁷ According to the Task Force on Rural Internet, Broadband, Wireless and Cellular Service, more than 300,000 rural residents in Maryland do not have access to high speed internet.⁷⁸ Identifying these gaps can help businesses and government provide more resources to libraries, establish training centers, or target low-cost internet plans.⁷⁹

Are drug overdoses driven by income?

Maryland, like many states across the country, has experienced an increase in drug overdose deaths over the last decade, largely due to an increase in deaths from opioid use. The total number of drug overdose deaths in Maryland more than tripled from 2007 to 2017, increasing from 628 to 2,009 per year. In 2017, the governor declared a state of emergency in response to the ravaging effects of the opioid epidemic on counties throughout Maryland.⁸⁰

Several national studies have suggested that counties with the worst economic prospects have the highest rates of substance use disorders and drug overdose hospitalizations and deaths. Yet that relationship varies across states, as people of all incomes, geographies, ages, and races/ethnicities suffer from substance use disorders.⁸¹ In Maryland, overdose deaths have been reported in every one of the state's 24 counties, with the highest rate in Baltimore City and the lowest rate in Montgomery County. In 2017, while some of the highest numbers of overdose deaths occurred in counties that also had a high percentage of households below the ALICE Threshold, overall there was not a significant relationship between income (defined by the percentage of households below the ALICE Threshold) and drug overdose deaths across Maryland's counties.⁸²

Understanding which communities have been hardest hit by substance use disorders can help planners and stakeholders see the complex ways in which addiction and financial hardship interact. Although economic standing is not always a risk factor for drug addiction in Maryland, the consequences of addiction hit low-income families harder. The impact of addiction and substance use disorders on families often means a decline in their financial position, causing many families to become or remain ALICE. A family's income may be reduced if addiction reduces an adult's ability to work, and these families often have substantial health care costs. For example, addiction treatment ranges from \$1,176 to \$6,552 per month nationally. And lower-income families may not have access to such treatment programs, which only prolongs and compounds the outcomes of addiction. Substance use disorders take a toll on the stability of families and marriages, on parenting, and on the physical and mental health of family members.⁸³ For all of these reasons, there can be huge value for community stakeholders in mapping where ALICE lives with drug overdose deaths to identify communities that have the greatest need but the fewest resources to address addiction-related problems.⁸⁴

THE BENEFITS OF MOVING TOWARD EQUITY IN MARYLAND

The strength of the Maryland economy is inextricably tied to the financial stability of its residents. The more people participate in a state's economy, the stronger it will be. In 2018, when the national economy was often described as "strong," the reality was that 860,233 households – more than one-third of all households in the state – struggled to support themselves. If all households earned enough to meet their basic needs, not only would each family's hardship be eased, but the Maryland economy would also benefit substantially. This is true in times of economic growth, and it becomes even more important during a period of crisis and recovery.

To better understand the extent to which financial hardship is a drain on a state's economy, this section provides an estimate of the benefits of raising the income of all households to the ALICE Threshold. While lifting family income would be an enormous undertaking, the statewide benefits of doing so make a compelling case for pointing both policy and investment toward that goal.

Based on 2018 data, the economic benefit to Maryland of bringing all households to the ALICE Threshold would be approximately \$80 billion, meaning that the state GDP would grow by 19% (Figure 11). This is based on three categories of economic enhancement:

Earnings: Maryland's 2018 GDP reflected earnings of \$25 billion by the state's households below the ALICE Threshold. Bringing all households to the ALICE Threshold would have a two-fold impact:

- **Additional earnings:** \$29 billion statewide.
- **Multiplier effect:** Studies show that almost all additional wages earned by low-wage workers are put back into the economy through increased consumer spending, which in turn spurs business growth.⁸⁵ Building on economic calculations used by Moody's Analytics, this estimate assumes an economic multiplier of 1.2, meaning that a \$1 increase in compensation to low-wage workers leads to a \$1.20 increase in economic activity. In Maryland, this increased economic activity would be valued at \$35 billion.⁸⁶

Tax revenue: Maryland's 2018 GDP reflected tax revenue of \$1 billion from the state's households below the ALICE Threshold. Bringing all households to the ALICE Threshold would have a two-fold impact:

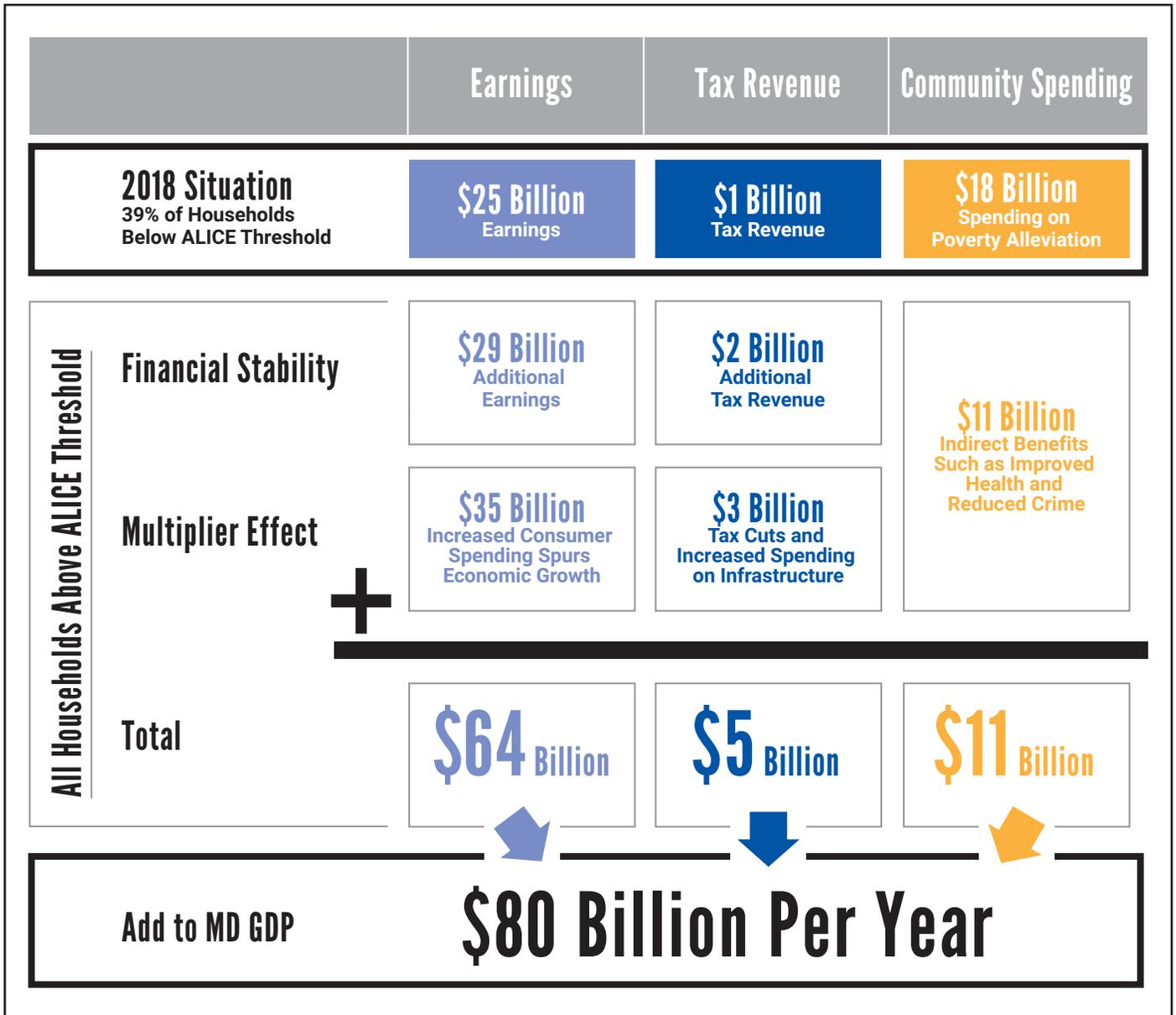
- **Additional tax revenue:** With additional earnings, there would also be additional taxes paid and reduced usage of tax credits such as EITC for low-income earners, totaling an additional \$2 billion in tax revenue for Maryland.
- **Multiplier effect:** Additional state tax revenue gives state and local governments the opportunity to make investments that matter most to the well-being of residents and businesses – from tax cuts for small businesses to improvements in infrastructure, including health care and education – that can yield a high return on investment. Based on work by the Congressional Budget Office and Moody's Analytics, the estimated multiplier is 1.44, which would mean an added \$3 billion in economic activity in Maryland.⁸⁷

Community spending: Maryland's 2018 GDP reflected community spending of \$18 billion on assistance to the state's households below the ALICE Threshold.⁸⁸ When all households can meet their basic needs, this spending can be reallocated to projects and programs that help families and communities thrive, not just survive.

- **Indirect benefits:** Added value to the state GDP would come in the form of indirect benefits associated with increased financial stability. These benefits include improved health (and reduced health care expenditures), reduced crime and homelessness, and greater community engagement. Figure 11 uses the very conservative estimate of an added \$11 billion (or 2.5% of the state GDP, which is the estimated cost of childhood poverty alone).⁸⁹ This is still far short of the total indirect benefits of bringing all households to the ALICE Threshold, as it does not include benefits for adults or factor in the direct impact of redeploying private and nonprofit spending currently used to alleviate poverty.⁹⁰

Figure 11.

Economic Benefits of Raising All Households to the ALICE Threshold, Maryland, 2018



Sources: ALICE Threshold, 2018; American Community Survey, 2018; Internal Revenue Service—1040, 2018; Internal Revenue Service—EITC, 2018; Internal Revenue Service—FICA, 2019; McKeever, 2018; National Association of State Budget Officers, 2019; Office of Management and Budget, 2019; Scarborough, 2018; U.S. Department of Agriculture—SNAP, 2019; Urban Institute, 2012; Walczak, 2019.⁹¹

Benefits for Households and Local Communities

In addition to the economic benefits to the state if all households had income above the ALICE Threshold, there would be a significant number of positive changes for families and their communities. Our 2019 companion Report, *The Consequences of Insufficient Household Income*, outlines the tough choices ALICE and poverty-level families make when they do not have enough income to afford basic necessities, and how those decisions affect their broader communities. By contrast, Figure 12 outlines the improvements that Maryland families and their communities could experience if policies were implemented that moved all households above the ALICE Threshold.⁹²

Figure 12.
The Benefits of Sufficient Income

If households have sufficient income for...	Impact on ALICE	Impact on the Community
 Safe, Affordable Housing	Improved health through safer environments and decreased stress, improved educational performance and outcomes for children, greater stability for household members, a means to build wealth for homeowners	Less traffic, lower health care costs, better maintained housing stock, lower crime rates, less spending on homelessness/social services
 Quality Child Care and Education	Improved academic performance, higher lifetime earnings, higher graduation rates, improved job stability/access for parents, better health	Decreased racial/ethnic and socioeconomic performance gaps, decreased income disparities, high return on investment (especially for early childhood education)
 Adequate Food	Decreased food insecurity, improved health (especially for children and seniors), decreased likelihood of developmental delays and behavioral problems in school	Lower health care costs, improved workplace productivity, less spending on emergency food services
 Reliable Transportation	Improved access to job opportunities, school and child care, health care, retail markets, social services, and support systems (friends, family, faith communities)	Fewer high-emissions vehicles on the road, more diverse labor market, decreased income disparities
 Quality Health Care	Better mental and physical health (including increased life expectancy), improved access to preventative care, fewer missed days of work/school, decreased need for emergency services	Decreased health care spending, fewer communicable diseases, improved workplace productivity, decreased wealth-health gap
 Reliable Technology	Improved access to job opportunities, expanded access to health information and tele-health services, increased job and academic performance	Decreased “digital divide” in access to technology by income, increased opportunities for civic participation
 Savings	Ability to withstand emergencies without impacting long-term financial stability and greater asset accumulation over time (e.g., interest on savings; ability to invest in education, property, or finance a secure retirement)	Greater charitable contributions; less spending on emergency health, food, and senior services

Note: For sources, see Figure 12: Sources, following the Endnotes for this Report

In addition to the benefits listed above, greater financial stability and having basic needs met can reduce the anxiety that comes from struggling to survive, or not having a cushion for emergencies. It also leaves more time to spend with loved ones and to give back to the community — all of which contribute to happiness and improved life satisfaction.⁹³

Having money saves money: Having enough income means that households can build their credit scores and avoid late fees, predatory lending, and higher interest rates.⁹⁴ That, in turn, means that ALICE families have more resources to use to reduce risks (e.g., by purchasing insurance), stay healthy (e.g., by getting preventative health care), or save and invest in education or assets that could grow over time (e.g., buying a home or opening a small business). Instead of a downward cycle of accumulating fees, debt, and stress, families can have an upward cycle of savings and health that makes them even better able to be engaged in their communities and, in turn, enjoy a reasonable quality of life.

For communities, this leads to greater economic activity, greater tax revenue, lower levels of crime, and fewer demands on the social safety net, allowing more investment in vital infrastructure, schools, and health care.⁹⁵ Strengthening communities by strengthening ALICE families means a higher quality of life for all.

ENDNOTES

- 1 Kaiser Family Foundation. (n.d.). Health insurance coverage of the total population. Retrieved from <https://www.kff.org/other/state-indicator/total-population/>
- 2 American Community Survey. (2018). *1-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>
- 3 Baltimore City Health Department. (2017, June 9). Neighborhood health profile reports. Retrieved from <https://health.baltimorecity.gov/neighborhoods/neighborhood-health-profile-reports>.
- Brown, L. (2016, June 28). Two Baltimores: The white l vs. the black butterfly. *The Baltimore Sun*. Retrieved from <https://www.baltimoresun.com/citypaper/bcpnews-two-baltimores-the-white-l-vs-the-black-butterfly-20160628-htmlstory.html>
- Li, J. & Clinch, R. (2018). *Analysis of patterns of employment by race in Baltimore City and the Baltimore Metropolitan area*. Associated Black Charities. Retrieved from http://www.jacob-france-institute.org/wp-content/uploads/Analysis-of-Patterns-of-Employment-by-Race-Report_v2c-Online-Version.pdf
- Urban Institute. (2019, February 5). *The black butterfly: Racial segregation and investment patterns in Baltimore*. Retrieved from <https://apps.urban.org/features/baltimore-investment-flows/>
- 4 Wenger, Yvonne. (2015, May 10). Saving Sandtown-Winchester: Decade long, multimillion-dollar investment questioned. *The Baltimore Sun*. Retrieved from <https://www.baltimoresun.com/maryland/baltimore-city/bs-md-ci-sandtown-winchester-blight-20150510-story.html>
- 5 Households on the cusp are defined as those with income in the Census income bracket above and below the ALICE Threshold. Income brackets begin with less than \$10,000/year; they increase in \$5,000 intervals from \$10,000–\$50,000/year; then they extend to \$50,000–\$60,000/year, \$60,000–\$75,000/year, \$75,000–\$100,000/year, \$100,000–\$125,000/year, and \$125,000–\$150,000/year.
- 6 Note: All racial categories except Two or More Races are for one race alone. Race and ethnicity are overlapping categories; in this report, the Asian, Black, Hawaiian (includes other Pacific Islanders), and Two or More Races groups may include Hispanic households. The White group includes only White, non-Hispanic households. The Hispanic group may include households of any race. Because household poverty data is not available for the American Community Survey's race/ethnicity categories, annual income below \$15,000 is used as a proxy.
- American Community Survey. (2018). *1-year and 5-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>
- Maryland Department of Planning. (2020). *Table 5. Components of population change for Maryland's jurisdictions, 2010–2019*. Retrieved from https://planning.maryland.gov/MSDC/Documents/pop_estimate/Estimates/county/County-table5.pdf
- 7 Gurrentz, B. (2019, April 12). *Cohabitation over the last 20 years: Measuring and understanding the changing demographics of unmarried partners, 1996-2017*. U.S. Census Bureau. Retrieved from <https://www.census.gov/library/working-papers/2019/demo/SEHSD-WP2019-10.html>
- 8 Rubenstein, E. S. (2017). *How millennials are slowing U.S. population growth and enhancing sustainability*. Negative Population Growth. Retrieved from <https://npg.org/wp-content/uploads/2017/11/MillennialsEnhancingSustainability-FP-2017.pdf>
- Vespa, J. (2018, March 13). *The U.S. joins other countries with large aging populations*. U.S. Census Bureau. Retrieved from <https://www.census.gov/library/stories/2018/03/graying-america.html>
- 9 AARP Public Policy Institute and the National Alliance for Caregiving. (2015, June). *Caregiving in the U.S.* National Alliance for Caregiving. Retrieved from http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Final-Report-June-4_WEB.pdf
- Hartman, R. M., & Weierbach, F. M. (2013, February). *Elder health in rural America*. National Rural Health Association. Retrieved from <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/ElderHealthinRuralAmericaFeb2013.pdf.aspx?lang=en-US>
- Schaeffer, K. (2019, July 30). *The most common age among whites in U.S. is 58 – more than double that of racial and ethnic minorities*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2019/07/30/most-common-age-among-us-racial-ethnic-groups/>
- 2020 senior living report: *Senior living in Maryland*. (n.d.) Retrieved from <https://www.caring.com/senior-living/maryland>
- 10 Desilver, D. (2018, August 7). *For most U.S. workers, real wages have barely budged in decades*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2018/08/07/for-most-us-workers-real-wages-have-barely-budged-for-decades/>
- Economic Policy Institute. (2020). *The unequal states of America: Income inequality in the United States*. Retrieved from <https://www.epi.org/multimedia/unequal-states-of-america/>
- Stone, C., Trisi, D., Sherman, A., & Taylor, R. (2019, August 21). *A guide to statistics on historical trends in income inequality*. Center on Budget and Policy Priorities. Retrieved from https://www.cbpp.org/research/poverty-and-inequality/a-guide-to-statistics-on-historical-trends-in-income-inequality#_ftnref1
- 11 Clemens, A. (2019, October 24). *GDP 2.0: Measuring who prospers when the U.S. economy grows*. Washington Center for Equitable Growth. Retrieved from <https://equitablegrowth.org/gdp-2-0-measuring-who-prospers-when-the-u-s-economy-grows/>
- Urban Institute. (2017, October 5). *Nine charts about wealth inequality in America (updated)*. Retrieved from <http://apps.urban.org/features/wealth-inequality-charts/>
- 12 U.S. Department of Health and Human Services. (2018). 2018 poverty guidelines. Retrieved from <https://aspe.hhs.gov/2018-poverty-guidelines>
- 13 Maryland Family Network. (2019, August). *Child care in Maryland*. Retrieved October 8, 2019 from <http://www.marylandfamilynetwork.org/resources/child-care-in-maryland/>
- U.S. Department of Health and Human Services. (2018). 2018 poverty guidelines. Retrieved from <https://aspe.hhs.gov/2018-poverty-guidelines>

14 AAA. (2018). *Your driving costs: How much are you really paying to drive?* Retrieved from https://exchange.aaa.com/wp-content/uploads/2018/09/18-0090_2018-Your-Driving-Costs-Brochure_FNL-Lo-5-2.pdf

Agency for Healthcare Research and Quality. (2018). *2018 Medical Expenditure Panel Survey-insurance component* [Table VII.C.2; Table VII.D.2; Table VII.E.2]. U.S. Department of Health and Human Services. Retrieved from https://meps.ahrq.gov/data_stats/summ_tables/insr/state/series_7/2018/tviic2.pdf; https://meps.ahrq.gov/data_stats/summ_tables/insr/state/series_7/2018/tviid2.pdf; https://meps.ahrq.gov/data_stats/summ_tables/insr/state/series_7/2018/tviie2.pdf
Note: 2007 data not available; average of 2006 and 2008 used instead

American Community Survey. (2018). *1-year and 5-year estimates*. [Table B25064: Median gross rent (dollars)]; [Table B08301: Means of transportation to work]. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>

Bureau of Labor Statistics. (2018). *Consumer expenditure surveys (CES) [2017-18 MSA tables]*. U.S. Department of Labor. Retrieved from <http://www.bls.gov/cex/csxmsa.htm#y1112>

Bureau of Labor Statistics. (2019). Table 3234. Consumer units with reference person age 45 to 54 by income before taxes: Average annual expenditures and characteristics, Consumer Expenditure Survey, 2017–2018. Consumer Expenditure Survey, 2019. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cex/2018/CrossTabs/agebyinc/x45to54.PDF>

Bureau of Labor Statistics. (2018). *Occupational employment statistics: May 2018 state occupational employment and wage estimates—Maryland*. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm

Centers for Medicare & Medicaid Services. (2016). *2016 Medicare Current Beneficiary Survey annual chartbook and slides* [Table 5.1a - Total Expenditures Among All Medicare Beneficiaries by Source of Payment, 2016]. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2016Chartbook>

Centers for Medicare & Medicaid Services. (2019, December 5). *Medicare utilization and payment section*. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2017/2017_Utilization.html#Medicare%20Part%20A%20and%20Part%20B%20Summary
Note: Data are only available up to 2017, therefore there is a lag of one year; for example, 2018 ALICE data uses the 2017 data

Centers for Medicare & Medicaid Services. (2019, November 27). *Chronic conditions [Spending county level: All beneficiaries, 2007–2017]*. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html
Note: Data are only available up to 2017, therefore there is a lag of one year; for example, 2018 ALICE data uses the 2017 data

Federal Highway Administration. (2017). *Summary of travel trends: 2017 National Household Travel Survey*. U.S. Department of Transportation. Retrieved from https://nhts.orl.gov/assets/2017_nhts_summary_travel_trends.pdf

Feeding America. (2019). *Map the Meal Gap 2019: A report on county and congressional district food insecurity and county food cost in the United States in 2017*. Retrieved from <https://www.feedingamerica.org/sites/default/files/2019-05/2017-map-the-meal-gap-full.pdf>

Fowler, B. (2019, May 23). *Best low-cost cell-phone plans*. Consumer Reports.

Internal Revenue Service. (2020, January 8). *1040 and 1040-SR: Instructions*. Retrieved from <https://www.irs.gov/pub/irs-pdf/i1040gi.pdf>

Internal Revenue Service. (2020, January 3). *Topic no. 751 Social Security and Medicare withholding rates*. Retrieved from <https://www.irs.gov/taxtopics/tc751>

Maryland Family Network. (2019, August). *Child care in Maryland*. Retrieved October 8, 2019 from <http://www.marylandfamilynetwork.org/resources/child-care-in-maryland/>

[Medicare.gov](https://www.medicare.gov/your-medicare-costs/part-b-costs). (n.d). *Part B costs*. Centers for Medicare & Medicaid Services. Retrieved from <https://www.medicare.gov/your-medicare-costs/part-b-costs>

Scarboro, M. (2018, March). *State individual income tax rates and brackets for 2018*. Tax Foundation. Retrieved from <https://files.taxfoundation.org/20180315173118/Tax-Foundation-FF576-1.pdf>

The Zebra. (2018). *The state of auto insurance 2018*. Retrieved from <https://www.thezebra.com/state-of-insurance/auto/2018/>

U.S. Department of Agriculture. (2018). *Official USDA food plans*. Retrieved from <https://fns-prod.azureedge.net/sites/default/files/CostofFoodJun2018.pdf>

U.S. Department of Agriculture. (2018). *Official USDA Alaska and Hawaii Thrifty Food Plans*. Retrieved from <https://fns-prod.azureedge.net/sites/default/files/AKH11stHalf2018.pdf>

U.S. Department of Housing and Urban Development. (2018). *Fair market rents*. Office of Policy Development and Research. Retrieved from https://www.huduser.gov/portal/datasets/fmr.html#2018_data

Walczak, J. (2019, July). *Local income taxes in 2019*. Tax Foundation. Retrieved from <https://files.taxfoundation.org/20190730170302/Local-Income-Taxes-in-20191.pdf>

15 Bureau of Labor Statistics. (2019, April 25). *Consumer Price Index frequently asked questions*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cpi/questions-and-answers.htm>

Bureau of Labor Statistics. (2018). *The Consumer Price Index*. In *Handbook of Methods*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/opub/hom/pdf/cpihom.pdf>

Bureau of Labor Statistics. (n.d.). *Consumer Price Index historical tables for U.S. city average*. U.S. Department of Labor. Retrieved from https://www.bls.gov/regions/mid-atlantic/data/consumerpriceindexhistorical_us_table.htm

16 Bureau of Labor Statistics. (n.d.). *CPI inflation calculator*. U.S. Department of Labor. Retrieved from https://www.bls.gov/data/inflation_calculator.htm

- 17 Bureau of Labor Statistics. (2019, April 25). Consumer Price Index frequently asked questions. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cpi/questions-and-answers.htm>
- Ng, M., & Wessel, D. (2017, December 7). *The Hutchins Center explains: The chained CPI*. Brookings Institution. Retrieved from <https://www.brookings.edu/blog/up-front/2017/12/07/the-hutchins-center-explains-the-chained-cpi/>
- U.S. Department of Veterans Affairs. (2019, November 26). Compensation: Benefit rates. Retrieved from <https://www.benefits.va.gov/compensation/rates-index.asp#cola>
- 18 Charette, A., Herbert, C., Jakobovics, A., Marya, E. T., & McCue, D. T. (2015). *Projecting trends in severely cost-burdened renters: 2015–2025*. Joint Center for Housing Studies of Harvard University. Retrieved from https://www.jchs.harvard.edu/sites/default/files/projecting_trends_in_severely_cost-burdened_renters_final.pdf
- Joint Center for Housing Studies of Harvard University. (2014). *Housing America's older adults: Meeting the needs of an aging population*. Retrieved from http://www.jchs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014_1.pdf
- Scally, C. P., & Gilbert, B. (2018, October 1). Rural communities need more affordable rental housing. *Urban Wire: Housing and Housing Finance, the blog of the Urban Institute*. Retrieved from <https://www.urban.org/urban-wire/rural-communities-need-more-affordable-rental-housing>
- 19 Duranton, G., & Puga, D. (2014). The growth of cities. *Handbook of Economic Growth*, 2, 771–853. Retrieved from <https://www.sciencedirect.com/science/article/pii/B9780444535405000057>
- Jiao, J., Miró, J., & McGrath, N. (2017, November 3). Why the “Uberization” of public transit is good for cities. *Houston Chronicle*. Retrieved from <http://www.houstonchronicle.com/local/gray-matters/article/Why-the-Uberization-of-public-transit-is-good-12329605.php>
- Robert Wood Johnson Foundation. (2012, October 25). How does transportation impact health? *Health Policy Snapshot Series*. Retrieved from <https://www.rwjf.org/en/library/research/2012/10/how-does-transportation-impact-health.html>
- Stiglic, M., Agatz, N., Savelsbergh, M., & Gradisar, M. (2018, February). Enhancing urban mobility: Integrating ride-sharing and public transit. *Computers and Operations Research*, 90(no. C), 12–21. Retrieved from <https://dl.acm.org/citation.cfm?id=3165324.3165603>
- van Ommeren, J., & Gutiérrez-i-Puigarnau, E. (2011, January 11). Are workers with a long commute less productive? An empirical analysis of absenteeism. *Regional Science and Urban Economics*, 41(1), 1–8. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0166046210000633>
- 20 Maryland Family Network. (2018). *Child Care demographics 2018: Maryland report*. Retrieved from <http://applesforchildren.org/sites/applesforchildren.org/files/2018%20Maryland.pdf>
- 21 Bureau of Labor Statistics. (2018). *Occupational employment statistics: May 2018 state occupational employment and wage estimates—Maryland*. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm
- Vespa, J., Lewis, J. M., & Kreider, R. M. (2013, August). *America's families and living arrangements: 2012: Population characteristics*. U.S. Census Bureau. Retrieved from <https://www.census.gov/prod/2013pubs/p20-570.pdf>
- 22 Wang, Y.-W., Cruz, T. E., & Bush, L. (2019). *UMD food access & student well-being study*. University of Maryland Counseling Center Research Unit. Retrieved from https://studentaffairs.umd.edu/sites/studentaffairs.umd.edu/files/food_access_student_well-being_study_report_september2019.pdf
- 23 America's Health Rankings. (2019). Public health impact: Food insecurity - Seniors. United Health Foundation. Retrieved from https://www.americashealthrankings.org/explore/senior/measure/food_insecurity_sr/state/MD
- 24 Broton, K. M., & Goldrick-Rab, S. (2017, December 7). Going without: An exploration of food and housing insecurity among undergraduates. *Educational Researcher*, 47(2), 121-133. Retrieved from <https://doi.org/10.3102/0013189X17741303>
- Feeding America. (2020). Senior hunger poses unique challenges. Retrieved from <https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts>
- Worthington, J., & Mabli, J. (2017). *Emergency food pantry use among SNAP households with children*. Mathematica Policy Research. Retrieved from <https://www.mathematica-mpr.com/our-publications-and-findings/publications/emergency-food-pantry-use-among-snap-households-with-children>
- Ziliak, J. P., & Gundersen, C. (2019, May). *State of senior hunger in America in 2017*. Feeding America. Retrieved from https://www.feedingamerica.org/sites/default/files/2019-06/The%20State%20of%20Senior%20Hunger%20in%202017_F2.pdf
- Ziliak, J. P., & Gundersen, C. (2017, August). *The health consequences of senior hunger in the United states: Evidence from the 1999–2014 NHANES*. Feeding America. Retrieved from <https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-health-consequences-2014.pdf>
- 25 Beer, A. & Bray, J. B. (2019). *The college-work balancing act*. Washington, D.C. Association of Community College Trustees. Retrieved from: <https://www.acct.org/product/college-work-balancing-act-2019>
- 26 Klepfer, K., Cornett, C., Fletcher, C., & Webster, J. (2019). *Student financial wellness survey: Fall 2018 semester results*. Trellis Company. Retrieved from <https://www.trelliscompany.org/wp-content/uploads/2019/06/Fall-2018-SFWS-Report.pdf>
- 27 Beer, A. & Bray, J. B. (2019). *The college-work balancing act*. Washington, D.C. Association of Community College Trustees. Retrieved from: <https://www.acct.org/product/college-work-balancing-act-2019>
- 28 Porter, S.R. & Umbach, P.D. (2019). *What challenges to success do community college students face?* Percontor, LLC. Retrieved from: https://www.risc.college/sites/default/files/2019-01/RISC_2019_report_natl.pdf
- 29 Association of American Medical Colleges. (2019, April). *2019 update: The complexities of physician supply and demand: Projections from 2017–2032*. Retrieved from https://www.aamc.org/system/files/c/2/31-2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf

- Farrell, D., & Greig, F. (2017, September). *Paying out-of-pocket: The healthcare spending of 2 million US families*. JPMorgan Chase Institute. Retrieved from <https://institute.jpmorganchase.com/content/dam/jpmc/jpmorgan-chase-and-co/institute/pdf/institute-healthcare.pdf>
- Inserro, A. (2018, August 9). Enrollment in high-deductible health plans continues to grow. *The American Journal of Managed Care*. Retrieved from <https://www.ajmc.com/newsroom/enrollment-in-highdeductible-health-plans-continues-to-grow>
- 30 *America's Health Rankings*. (2018). *2018 annual report*. United Health Foundation. Retrieved from <https://www.americashealthrankings.org/learn/reports/2018-annual-report>
- 31 Radley, D. C., McCarthy, D. & Hayes, S. L. (2018, May). *2018 scorecard on state health system performance*. The Commonwealth Fund. Retrieved from https://interactives.commonwealthfund.org/2018/state-scorecard/files/Radley_State_Scorecard_2018.pdf
- 32 University of Wisconsin Population Health Institute. (2020). County health rankings and roadmaps, Maryland. Robert Wood Johnson Foundation. Retrieved from <https://www.countyhealthrankings.org/app/maryland/2018/overview>
- 33 Anderson, K. F. (2013, January 16). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects. *Sociological Inquiry*, 83(1). Retrieved from <https://doi.org/10.1111/j.1475-682X.2012.00433.x>
- Lyons, S. (2016, April 14). Tale of two Baltimores: experts discuss roots of city health disparities. *Hub*. Retrieved from <https://hub.jhu.edu/2016/04/14/redlining-baltimore-public-health-disparities/>
- NAACP. (2017, November). *Fumes across the fence-line*. Clean Air Task Force. Retrieved from http://www.catf.us/wp-content/uploads/2017/11/CATF_Pub_FumesAcrossTheFenceLine.pdf
- Peter G. Peterson Foundation. (2019, March 19). *Why are Americans paying more for health care?* Retrieved from <https://www.pgpf.org/blog/2019/03/why-are-americans-paying-more-for-healthcare>
- Ross, T. (2013, August). *A disaster in the making addressing the vulnerability of low-income communities to extreme weather*. Center for American Progress. Retrieved from <https://www.americanprogress.org/wp-content/uploads/2013/08/LowIncomeResilience-3.pdf>
- 34 Boustan, L. P., Yanguas, M. L., Kahn, M., & Rhode, P. W. (2017, July 1). As the rich move away from disaster zones, the poor are left behind. *Grist*. Retrieved from <https://grist.org/article/as-the-rich-move-away-from-disaster-zones-the-poor-are-left-behind/>
- California Institute of Technology. (2018). *Scientific consensus: Earth's climate is warming*. Retrieved from <https://climate.nasa.gov/scientific-consensus/>
- Krause, E., & Reeves R. V. (2017, September 18). *Hurricanes hit the poor the hardest*. Brookings Institution. <https://www.brookings.edu/blog/social-mobility-memos/2017/09/18/hurricanes-hit-the-poor-the-hardest/>
- Lavizzo-Mourey, R. (2015). *In it together – building a culture of health: 2015 president's message*. Robert Wood Johnson Foundation. Retrieved from <https://www.rwjf.org/en/library/annual-reports/presidents-message-2015.html>
- Mutter, J. C. (2015). *The disaster profiteers: How natural disasters make the rich richer and the poor even poorer*. New York, NY: St. Martin's Press.
- Oxfam America. (2009). *Exposed: Social vulnerability and climate change in the U.S. Southeast*. Retrieved from <https://www.oxfamamerica.org/explore/research-publications/exposed-social-vulnerability-and-climate-change-in-the-us-southeast>
- 35 Federal Reserve System. (2019, May). *Report on the economic well-being of U.S. households in 2018*. Retrieved from <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>
- 36 Friedline, T., & Despard, M. (2020). *Mapping financial opportunity*. New America. Retrieved from <https://www.newamerica.org/in-depth/mapping-financial-opportunity/where-are-financial-services-located/>
- 37 Federal Deposit Insurance Corporation. (2018, October). Table E.2 rates of saving for unexpected expenses or emergencies by State, 2015–2017. In *FDIC National Survey of Unbanked and Underbanked Households, Appendix Tables*. Retrieved from <https://www.fdic.gov/householdsurvey/2017/2017appendix.pdf>
- Karlan, D., Ratan, A. L., & Zinman, J. (2014, March). Savings by and for the poor. *The Review of Income and Wealth*, 60(1), 36–78. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/roiw.12101>
- The Pew Charitable Trusts. (2015, October). *The role of emergency savings in family financial security: How do families cope with financial shocks?* Retrieved from https://www.pewtrusts.org/~media/assets/2015/10/emergency-savings-report-1_artfinal.pdf
- 38 Federal Reserve Bank of St. Louis. (n.d.). *Total gross domestic product for Maryland, 2018*. Retrieved from <https://fred.stlouisfed.org/series/MDNGSP>
- Federal Reserve Bank of St. Louis. (n.d.). *Unemployment rate for Maryland, 2018*. Retrieved from <https://fred.stlouisfed.org/series/MDUR>
- Maryland Department of Labor (2018). *Maryland's annual economic analysis: Program year 2018*. Retrieved from <https://mwejobs.maryland.gov/admin/gsipub/htmlarea/uploads/PY18EconomicAnalysis-Final.pdf>
- 39 Bureau of Labor Statistics. (2018). *Occupational employment statistics: May 2018 state occupational employment and wage estimates–Maryland*. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm
- 40 American Community Survey. (2018). *1-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>
- Bureau of Labor Statistics. (n.d.). *States and selected areas: Employment status of the civilian noninstitutional population, 1976 to 2018 annual averages*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/lau/staadata.txt>
- 41 Bureau of Labor Statistics. (2019, January 18). Wage and salary workers paid hourly rates with earnings at or below the prevailing Federal minimum wage by selected characteristics. In *Labor Force Statistics from the Current Population Survey*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cps/cpsaat44.htm>

Federal Reserve Bank of St. Louis. (2018). *Employed full time: Workers paid hourly rates: Wage and salary workers: 16 years and over*. Retrieved from <https://fred.stlouisfed.org/series/LEU0253126800A>

42 Goldren, L. (2016, December 5). *Still falling short on hours and pay*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/still-falling-short-on-hours-and-pay-part-time-work-becoming-new-normal/>

Gould, E. (2020, February 20). *State of Working America Wages 2019*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/swa-wages-2019/>

Kossek, E. E. & Lautsch, B. A. (2018, May 7). Hourly workers need flexibility the most, but are often the least likely to get it. *Harvard Business Review*. Retrieved from <https://hbr.org/2018/05/hourly-workers-need-flexibility-the-most-but-are-often-the-least-likely-to-get-it>

43 Eisenberg, R. (2019, February 18). How well is the gig economy working for gig workers? *Forbes*. Retrieved from <https://www.forbes.com/sites/nextavenue/2019/02/18/how-well-is-the-gig-economy-working-for-gig-workers/#4255bb9b3f0a>

Katz, L. F., & Krueger, A. B. (2018, November 13). The rise and nature of alternative work arrangements in the United States, 1995–2015. *ILR Review*, 72(2), 382–416. Retrieved from <https://scholar.harvard.edu/lkatz/publications/rise-and-nature-alternative-work-arrangements-united-states-1995-2015>

Manyika, J., Lund, S., Bughin, J., Robinson, K., Mischke, J., & Mahajan, D. (2016, October). *Independent work: Choice, necessity, and the gig economy*. McKinsey Global Institute. Retrieved from <http://www.mckinsey.com/global-themes/employment-and-growth/independent-work-choice-necessity-and-the-gig-economy>

U.S. Government Accountability Office. (2015, April 20). *Contingent workforce: Size, characteristics, earnings, and benefits*. Retrieved from <http://www.gao.gov/assets/670/669766.pdf>

44 Bureau of Labor Statistics. (2019, January 18). *Multiple jobholders by selected characteristics*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cps/cpsaat36.htm>

45 Board of Governors of the Federal Reserve System. (2019, May). *Report on the economic well-being of U.S. households in 2018*. Retrieved from <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>

Dixon, A. (2019, June 5). Survey: Nearly 1 in 3 side hustlers needs the income to stay afloat. *Bankrate*. Retrieved from <https://www.bankrate.com/personal-finance/side-hustles-survey-june-2019/>

Freelancers Union & Upwork. (2017). *Freelancing in America: 2017*. Retrieved from <https://s3.amazonaws.com/fuwt-prod-storage/content/FreelancingInAmericaReport-2017.pdf>

Katz, L. F., & Krueger, A. B. (2018, November 13). The rise and nature of alternative work arrangements in the United States, 1995–2015. *ILR Review*, 72(2), 382–416. Retrieved from <https://scholar.harvard.edu/lkatz/publications/rise-and-nature-alternative-work-arrangements-united-states-1995-2015>

McFeely, S., & Pendell, R. (2018, August 16). What workplace leaders can learn from the real big economy. *Gallup*. Retrieved from <https://www.gallup.com/workplace/240929/workplace-leaders-learn-real-gig-economy.aspx>

46 Bureau of Labor Statistics. (December 2018). *Employer costs for employee compensation*. U.S. Department of Labor. Retrieved from https://www.bls.gov/news.release/archives/eccec_03192019.pdf

U.S. Department of Labor. (n.d.). *Compliance assistance – Wages and the Fair Labor Standards Act (FLSA)*. Retrieved from <https://www.dol.gov/whd/flsa/>

47 Bureau of Labor Statistics. (2018). *Occupational employment statistics: May 2018 state occupational employment and wage estimates–Maryland*. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm

48 American Community Survey. (2018). *1-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>

Bureau of Labor Statistics. (2013, December). Labor force projections to 2022: the labor force participation rate continues to fall. *Monthly Labor Review*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/opub/mlr/2013/article/pdf/labor-force-projections-to-2022-the-labor-force-participation-rate-continues-to-fall.pdf>

Plews, L. (2019, April 22). Older Americans in the workforce. Retrieved from <https://unitedincome.capitalone.com/library/older-americans-in-the-workforce>

Vespa, J. (2018, March 13). *The U.S. joins other countries with large aging populations*. U.S. Census Bureau. Retrieved from <https://www.census.gov/library/stories/2018/03/graying-america.html>

49 Bureau of Labor Statistics. (2019, April 25). College enrollment and work activity of high school graduates news release [press release]. U.S. Department of Labor. Retrieved from <https://www.bls.gov/news.release/hsgcec.htm>

50 American Community Survey. (2018). *1-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>

Board of Governors of the Federal Reserve System. (2019, May). *Report on the economic well-being of U.S. households in 2018*. Retrieved from <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>

McAlpine, D. D., & Warner, L. (2004). *Barriers to employment among persons with mental illness: A review of the literature*. Center for Research on the Organization and Financing of Care for the Severely Mentally Ill, Institute for Health, Health Care Policy, and Aging Research, Rutgers, the State University. Retrieved from http://dri.uiuc.edu/research/p01-04c/final_technical_report_p01-04c.pdf

National Alliance on Mental Illness. (2014, July). *Road to recovery: Employment and mental illness*. Retrieved from <https://www.nami.org/about-nami/publications-reports/public-policy-reports/roadtorecovery.pdf>

51 da Costa, P. N. (2018, January 27). There's a major hurdle to employment that many Americans don't even think about – and it's holding the economy back. *Business Insider*. Retrieved from <https://www.businessinsider.com/lack-of-transport-is-a-major-obstacle-to-employment-for-americas-poor-2018-1>

- Rall, J. (2015, May). *Getting to work: Effective state solutions to help people with transportation challenges access jobs*. National Conference of State Legislatures. Retrieved from http://www.ncsl.org/Portals/1/Documents/transportation/Work_Job_Access_0515.pdf.pdf
- Saldivia, G. (2018, September 20). Stuck in traffic? You're not alone. New data show American commute times are longer. *NPR*. Retrieved from <https://www.npr.org/2018/09/20/650061560/stuck-in-traffic-youre-not-alone-new-data-show-american-commute-times-are-longer>
- Tyndall, J. (2015). *Waiting for the R train: Public transportation and employment*. Retrieved from Canadian Transportation Research Forum: <http://ctrf.ca/wp-content/uploads/2015/05/CTRF2015TyndallTransportationPolicyPlanning.pdf>
- Watson, L., Frohlich, L., & Johnston, E. (2014, April). *Collateral damage: Scheduling challenges for workers in low-wage jobs and their consequences*. National Women's Law Center. Retrieved from https://nwlc.org/wp-content/uploads/2015/08/collateral_damage_scheduling_fact_sheet.pdf
- 52 Board of Governors of the Federal Reserve System. (2019, May). *Report on the economic well-being of U.S. households in 2018*. Retrieved from <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>
- Hipple, S. F. (2015). People who are not in the labor force: why aren't they working? *Beyond the Numbers: Employment & Unemployment*, 4(15). U.S. Bureau of Labor Statistics. Retrieved from <https://www.bls.gov/opub/btn/volume-4/pdf/people-who-are-not-in-the-labor-force-why-arent-they-working.pdf>
- McCarthy, N. (2017, August 21). Why millions of Americans stay out of the workforce. *Statista*. Retrieved from <https://www.statista.com/chart/10754/why-millions-of-americans-stay-out-of-the-workforce/>
- 53 Bivins, J. (2018). *The fuzzy line between "employed" and "not in the labor force" and what it means for job creation strategies and the Federal Reserve*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/the-fuzzy-line-between-unemployed-and-not-in-the-labor-force-and-what-it-means-for-job-creation-strategies-and-the-federal-reserve/>
- Frazis, H. (2017, May). Employed workers leaving the labor force: An analysis of recent trends. *Monthly Labor Review*. Bureau of Labor Statistics, U.S. Department of Labor. Retrieved from <https://doi.org/10.21916/mlr.2017.16>
- 54 Vinsel, L., & Russell, A. (2016, April 7). Hail the maintainers: Capitalism excels at innovation but is failing at maintenance, and for most lives it is maintenance that matters more. *Aeon*. Retrieved from <https://aeon.co/essays/innovation-is-overvalued-maintenance-often-matters-more>
- 55 Bureau of Labor Statistics. (n.d.). *Economy at a glance: Maryland*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/eag/eag.md.htm>
- Bureau of Labor Statistics. (2018). *Occupational employment statistics: May 2018 state occupational employment and wage estimates—Maryland*. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm
- 56 Bureau of Labor Statistics. (2018). *Occupational employment statistics: May 2018 state occupational employment and wage estimates—Maryland*. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm
- Frey, C., & Osborne, M. (2013, September 17). *The future of employment: How susceptible are jobs to computerisation?* Oxford Martin School, University of Oxford. Retrieved from https://www.oxfordmartin.ox.ac.uk/downloads/academic/The_Future_of_Employment.pdf
- 57 Muro, M., Maxim, R., & Whiton, J. (2019). *Automation and artificial intelligence: How machines are affecting people and places*. Metropolitan Policy Program at Brookings. Retrieved from https://www.brookings.edu/wp-content/uploads/2019/01/2019_01_BrookingsMetro_Automation-AI_Report_Muro-Maxim-Whiton-FINAL-version.pdf
- 58 Katz, L. F., & Krueger, A. B. (2018, November 13). The rise and nature of alternative work arrangements in the United States, 1995–2015. *ILR Review*, 72(2), 382-416. Retrieved from <https://scholar.harvard.edu/lkatz/publications/rise-and-nature-alternative-work-arrangements-united-states-1995-2015>
- 59 Kendziora, T. (2019, May 17). Bad news for gig workers: A crowded labor market is depressing income, census data shows. *Capital News Service*. Retrieved from <https://cnsmaryland.org/2019/05/17/bad-news-for-gig-workers-a-crowded-labor-market-is-depressing-income-census-data-shows/>
- 60 Dixon, A. (2019, June 5). Survey: Nearly 1 in 3 side hustlers needs the income to stay afloat. *Bankrate*. Retrieved from <https://www.bankrate.com/personal-finance/side-hustles-survey-june-2019/>
- 61 Board of Governors of the Federal Reserve System. (2019, May). *Report on the economic well-being of U.S. households in 2018*. Retrieved from <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>
- Dokko, J., Mumford, M., & Schanzenbach, D. W. (2015, December). *Workers and the online gig economy*. The Hamilton Project. Retrieved from https://www.hamiltonproject.org/assets/files/workers_and_the_online_gig_economy.pdf
- Eden, P., & Gaggl, M. (2015, November). *On the welfare implications of automation*. World Bank Group. Retrieved from <http://documents.worldbank.org/curated/en/2015/11/25380579/welfare-implications-automation>
- Freelancers Union & Upwork. (2017). *Freelancing in America: 2017*. Retrieved from <https://s3.amazonaws.com/fuwt-prod-storage/content/FreelancingInAmericaReport-2017.pdf>
- Katz, L. F., & Krueger, A. B. (2018, November 13). The rise and nature of alternative work arrangements in the United States, 1995–2015. *ILR Review*, 72(2), 382-416. Retrieved from <https://scholar.harvard.edu/lkatz/publications/rise-and-nature-alternative-work-arrangements-united-states-1995-2015>
- Manyika, J., Lund, S., Bughin, J., Robinson, K., Mischke, J., & Mahajan, D. (2016, October). *Independent work: Choice, necessity, and the gig economy*. McKinsey Global Institute. Retrieved from <http://www.mckinsey.com/global-themes/employment-and-growth/independent-work-choice-necessity-and-the-gig-economy>
- Torpey, E., & Hogan, A. (2016, May). Working in a gig economy. *Career Outlook*. Bureau of Labor Statistics, U.S. Department of Labor. Retrieved from https://www.bls.gov/careeroutlook/2016/article/what-is-the-gig-economy.htm?view_full

- Tran, M., & Sokas, R. (2017, April). The gig economy and contingent work: An occupation health assessment. *Journal of Occupation and Environmental Medicine*, 59(4), e63-e66. Retrieved from https://journals.lww.com/joem/FullText/2017/04000/The_Gig_Economy_and_Contingent_Work_An.20.aspx
- U.S. Government Accountability Office. (2015, April 20). *Contingent workforce: Size, characteristics, earnings, and benefits*. Retrieved from <http://www.gao.gov/assets/670/669766.pdf>
- 62 Li, J. & Clinch, R. (2018). *Analysis of patterns of employment by race in Baltimore City and the Baltimore Metropolitan area*. Associated Black Charities. Retrieved from http://www.jacob-france-institute.org/wp-content/uploads/Analysis-of-Patterns-of-Employment-by-Race-Report_v2c-Online-Version.pdf
- Manyika, J., Chui, M., Miremadi, M., Bughin, J., George, K., Wilimott, P., & Dewhurst, M. (2017). *A future that works: Automation, employment, and productivity*. McKinsey Global Institute. Retrieved from <https://www.mckinsey.com/~media/mckinsey/featured%20insights/Digital%20Disruption/Harnessing%20automation%20for%20a%20future%20that%20works/MGI-A-future-that-works-Executive-summary.ashx>
- Muro, M., Maxim, R., & Whiton, J. (2019, January). *Automation and artificial intelligence: How machines are affecting people and places*. Metropolitan Policy Program at Brookings. Retrieved from https://www.brookings.edu/wp-content/uploads/2019/01/2019_01_BrookingsMetro_Automation-AI_Report_Muro-Maxim-Whiton-FINAL-version.pdf
- 63 Organisation for Economic Co-operation and Development. (2016, December). *Skills for a digital world. Policy brief on the future of work*. Retrieved from <https://www.oecd.org/els/emp/Skills-for-a-Digital-World.pdf>
- World Economic Forum. (2017). *Technology and innovation for the future of production: Accelerating value creation* [white paper]. Retrieved from http://www3.weforum.org/docs/WEF_White_Paper_Technology_Innovation_Future_of_Production_2017.pdf
- 64 Bond, J. (2017, January). AGVs roll into a new role. *Modern Materials Handling*. Retrieved from https://www.mmh.com/article/agvs_roll_into_a_new_role/agvs
- McKinsey Global Institute. (2017). *A future that works: Automation, employment and productivity*. Retrieved from https://www.mckinsey.com/~media/McKinsey/Global%20Themes/Digital%20Disruption/Harnessing%20automation%20for%20a%20future%20that%20works/MGI-A-future-that-works_Full-report.ashx
- 65 Bureau of Labor Statistics. (2018). Occupational employment statistics: May 2018 state occupational employment and wage estimates—Maryland. U.S. Department of Labor. Retrieved from https://www.bls.gov/oes/2018/may/oes_md.htm
- Bureau of Labor Statistics. (2019). *Occupational outlook handbook*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/ooh/>
- Maryland Department of Labor. (n.d.). *Maryland occupational projections - 2016–2026 - Workforce information and performance*. Retrieved from <https://www.dllr.state.md.us/lmi/iandoproj/maryland.shtml>
- Muro, M., Maxim, R., Whiton, J., & Hathaway, I. (2019). *Automation and artificial intelligence: How machines are affecting people and places*. Metropolitan Policy Program at Brookings. Retrieved from https://www.brookings.edu/wp-content/uploads/2019/01/2019_01_BrookingsMetro_Automation-AI_Report_Muro-Maxim-Whiton-FINAL-version.pdf
- Vinsel, L., & Russell, A. (2016). Hail the maintainers: Capitalism excels at innovation but is failing at maintenance, and for most lives it is maintenance that matters more. *Aeon*. Retrieved from <https://aeon.co/essays/innovation-is-overvalued-maintenance-often-matters-more>
- 66 Bureau of Labor Statistics. (2019). *College enrollment and work activity of high school graduates news release* [Press release]. U.S. Department of Labor. Retrieved from <https://www.bls.gov/news.release/hsgsec.htm>
- National Center for Education Statistics. (2018). Table 503.20. Percentage of college students 16 to 24 years old who were employed, selected years, October 1970 through 2017. In *Digest of Education Statistics*. Retrieved from https://nces.ed.gov/programs/digest/d18/tables/dt18_503.20.asp
- National Center for Education Statistics. (2018). Table 503.10. Percentage of high school students age 16 and over who were employed, selected years, 1970 through 2017. In *Digest of Education Statistics*. Retrieved from https://nces.ed.gov/programs/digest/d18/tables/dt18_503.10.asp
- National Center for Education Statistics. (2018). Table 303.10. Total fall enrollment in degree-granting postsecondary institutions, selected years, 1947 through 2028. In *Digest of Education Statistics*. Retrieved from https://nces.ed.gov/programs/digest/d18/tables/dt18_303.10.asp
- 67 Goldrick-Rab, S., Baker-Smith, C., Coca, V., Looker, E., & Williams, T. (2019). *College and university basic needs insecurity: A national #RealCollege survey report*. Retrieved from https://hope4college.com/wp-content/uploads/2019/04/HOPE_realcollege_National_report_digital.pdf
- 68 Project on Student Debt. (2018). *Student debt and the class of 2018*. The Institute for College Access and Success. Retrieved from: <https://ticas.org/wp-content/uploads/2019/09/classof2018.pdf>
- U.S. Department of Education. (2018). *Distribution of Federal Pell Grant program funds by institution*. Retrieved from <https://www2.ed.gov/finaid/prof/resources/data/pell-institution.html>
- U.S. Department of Education. (2017). *FY 2015 cohort default rates by state/territory*. Retrieved from <http://www2.ed.gov/offices/OSFAP/defaultmanagement/staterates.pdf>
- 69 Rosa, K. (Ed.). (2015, April). *The state of America's libraries 2015 (American Libraries Digital Supplement)*. American Library Association. Retrieved from: http://www.ala.org/news/sites/ala.org.news/files/content/0415_StateAmlib_0.pdf
- 70 McCarthy, J. (2020, January 24). In U.S., library visits outpaced trips to movies in 2019. *Gallup*. Retrieved from <https://news.gallup.com/poll/284009/library-visits-outpaced-trips-movies-2019.aspx>
- 71 The Institute of Museum and Library Services. (2019). *Public libraries survey*. Retrieved from <https://www.ims.gov/research-evaluation/data-collection/public-libraries-survey>

- 72 Krause, E. & Reeves, R. V. (2017, September 18). *Hurricanes hit the poor the hardest*. Brookings Institution. Retrieved from <https://www.brookings.edu/blog/social-mobility-memos/2017/09/18/hurricanes-hit-the-poor-the-hardest/>
- NASA. (2018). Scientific consensus: Earth's climate is warming. Retrieved from <https://climate.nasa.gov/scientific-consensus/>
- The Baltimore Sun. (2012, March 15). Maryland ranks third on list of "top tornado states." Retrieved from <https://www.baltimoresun.com/weather/bal-wx-maryland-ranks-third-on-list-of-top-tornado-states-20120315-story.html>
- Maryland Department of Natural Resources. (2020, May 12). Maryland on alert as spring wildfire season approaches. *The Southern Maryland Chronicle*. Retrieved from <https://www.southernmarylandchronicle.com/2020/03/12/maryland-on-alert-as-spring-wildfire-season-approaches/>
- 73 Oxfam America. (2009). *Exposed: Social vulnerability and climate change in the U.S. Southeast*. Retrieved from <https://www.oxfamamerica.org/explore/research-publications/exposed-social-vulnerability-and-climate-change-in-the-us-southeast/>
- Maryland: Disasters and Emergencies. (2020). Retrieved from <https://www.ready.gov/maryland>
- 74 Choi, L. (2009). Financial stress and its physical effects on individuals and communities. *Community Development Investment Review*, 5(3). Retrieved from <http://www.frbsf.org/community-development/files/choi.pdf>
- Hill, C. B. (2015, June 10). *Income inequality and higher education*. American Council on Education. Retrieved from <https://www.acenet.edu/the-presidency/columns-and-features/Pages/Income-Inequality-and-Higher-Education.aspx>
- Lynch, J., Smith, G. D., Harper, S., & Hillemeier, M. (2004). Is income inequality a determinant of population health? Part 2. U.S. national and regional trends in income inequality and age- and cause-specific mortality. *Milbank Quarterly*, 82(2), 355–400. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15225332>
- National Conference of State Legislatures. (2018, July 17). Barriers to work: Low-income, unemployed and dislocated workers. Retrieved from <https://www.ncsl.org/research/labor-and-employment/barriers-to-work-low-income-unemployed-and-dislocated-workers.aspx>
- Sum, A., Khatiwada, I., & Palma, S. (2010, February). *Labor underutilization problems of U.S. Workers across household income groups at the end of the Great Recession*. Center for Labor Market Studies, Northeastern University. Retrieved from <http://www.uvm.edu/~fmagdo/employment%20Jan.12.11/Labor%20utilization%20studies.pdf>
- U.S. Department of Education. (2015). *A matter of equity: Preschool in America*. Retrieved from <https://www2.ed.gov/documents/early-learning/matter-equity-preschool-america.pdf>
- 75 American Community Survey. (2018). *5-year estimates* [Table S2801: Types of computers and internet subscriptions]. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>
- Anderson, M. (2017, March 22). *Digital divide persists even as lower-income Americans make gains in tech adoption*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2017/03/22/digital-divide-persists-even-as-lower-income-americans-make-gains-in-tech-adoption/>
- 76 American Community Survey. (2018). *5-year estimates*. [Table S2801: Types of computers and internet subscriptions]. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>
- Perrin, A. (2017, June 28). *10 facts about smartphones as the iPhone turns 10*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2017/06/28/10-facts-about-smartphones/>
- Perrin, A. (2017, May 19). *Digital gap between rural and nonrural America persists*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2017/05/19/digital-gap-between-rural-and-nonrural-america-persists/>
- Ryan, C. (2018, August). *Computer and internet use in the United States: 2016*. American Community Survey Reports. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2018/acs/ACS-39.pdf>
- 77 Data calculated by applying the ALICE Threshold income levels to internet data from the American Community Survey. (2018). *5-year estimates* [Table S2801: Types of computers and internet subscriptions]. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>
- 78 Task Force on Rural Internet, Broadband, Wireless and Cellular Service (2019, January 2). *House Bill 243 – Task Force on Rural Internet, Broadband, Wireless and Cellular Service – Study and Extension, Task force report*. Retrieved from <https://bloximages.chicago2.vip.townnews.com/cecildaily.com/content/tncms/assets/v3/editorial/1/96/196f7d5d-cc5e-595f-b55c-c7c1ff53320b/5c704e70ec2eb.pdf.pdf>
- 79 Becker, S., Crandall, M. D., Fisher, K. E., Kinney, B., Landry, C., & Rocha, A. (2010). *Opportunity for all: How the American public benefits from internet access at U.S. libraries*. Institute of Museum and Library Services. Retrieved from <https://staging.community-wealth.org/sites/clone.community-wealth.org/files/downloads/report-becker-et-al.pdf>
- Horrigan, J. (2018, September 24). *Home internet access for low-income household helps people manage time, money, and family schedules*. Technology Policy Institute. Retrieved from <https://techpolicyinstitute.org/2018/09/24/home-internet-access-for-low-income-household-helps-people-manage-time-money-and-family-schedules/>
- Horrigan, J. B. (2016, September 9). Library usage and engagement. In *Libraries 2016*. Pew Research Center. Retrieved from <https://www.pewinternet.org/2016/09/09/library-usage-and-engagement/>
- Smith, A. (2015, April 1). Usage and attitudes toward smartphones. In *U.S. Smartphone Use in 2015*. Pew Research Center. Retrieved from <https://www.pewinternet.org/2015/04/01/chapter-two-usage-and-attitudes-toward-smartphones/#job%20seeking>
- 80 Maryland Department of Health, Behavioral Health Administration. (2020). Overdose prevention in Maryland. Retrieved from https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Index.aspx
- Maryland Department of Health, Behavioral Health Administration. (2020). *Overdose data and reports. 2018 Quarterly reports – 3rd quarter*. Retrieved from https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx

81 Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018, February). Opioid crisis: No easy fix to its social and economic determinants. *AJPH Perspectives*, 108(2), 182–186. Retrieved from <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304187>

Ghertner, R., & Groves, L. (2018, September). *The opioid crisis and economic opportunity: Geographic trends and economic opportunity*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/system/files/pdf/259261/ASPEEconomicOpportunityOpioidCrisis.pdf>

Oquendo, M. A., & Volkow, N. D. (2018, April 26). Suicide: A silent contributor to opioid-overdose deaths. *New England Journal of Medicine*, 378, 1567–1569. Retrieved from <https://www.nejm.org/doi/full/10.1056/NEJMp1801417>

Rossen, L. M., Bastian, B., Warner, M., Khan, D., & Chong, Y. (2019). *Drug poisoning mortality: United States, 1999–2017*. National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm>

Ruhm, C. J. (2018, January). *Deaths of despair or drug problems?* National Bureau of Economic Research. Retrieved from <https://www.nber.org/papers/w24188.pdf>

82 Centers for Disease Control and Prevention. (2019). Multiple cause of death, 1999–2017. National Center for Health Statistics. Retrieved from <https://wonder.cdc.gov/>

Maryland Department of Health, Behavioral Health Administration. (2020). *Overdose data and reports. 2018 Quarterly reports – 3rd quarter*. Retrieved from https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx

83 Daley, D. C., Smith, E., Balogh, D., & Toscaloni, J. (2018). Forgotten but not gone: The impact of the opioid epidemic and other substance use disorders on families and children. *Commonwealth, A Journal of Pennsylvania Politics and Policy*, 20, (2–3). Retrieved from <https://tupjournals.temple.edu/index.php/commonwealth/article/view/189>

National Institute on Drug Abuse. (2018). *Medications to treat opioid use disorder: How much does opioid treatment cost?* Retrieved from <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-much-does-opioid-treatment-cost>

Scholl, L., Seth, P., Kariisa, M., Wilson, N., & Baldwin, G. (2019). Drug and opioid-involved overdose deaths – United States, 2013–2017. *Morbidity and Mortality Weekly Report*, 67, 1419–1427. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm>

84 amfAR. (2018). Opioid & health indicators database: Maryland opioid epidemic. Retrieved from <https://opioid.amfar.org/MD>

Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016, October). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical Care*, 54(10), 901–906. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27623005>

Kneebone, E., & Allard, S. W. (2017, September 25). *A nation in overdose peril: Pinpointing the most impacted communities and the local gaps in care*. Brookings Institution. Retrieved from <https://www.brookings.edu/research/pinpointing-opioid-in-most-impacted-communities/>

Krueger, A. B. (2017). Where have all the workers gone? An inquiry into the decline of the U.S. labor force participation rate (BPEA Conference Drafts, September 7–8, 2017). *Brookings Papers on Economic Activity*. Retrieved from https://www.brookings.edu/wp-content/uploads/2017/09/1_krueger.pdf

85 Congressional Budget Office. (2019, July 8). *The effects on employment and family income of increasing the federal minimum wage*. Retrieved from <https://www.cbo.gov/publication/55410>

Cooper, D., & Hall, D. (2013, March 13). *Raising the federal minimum wage to \$10.10 would give working families, and the overall economy, a much-needed boost*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/bp357-federal-minimum-wage-increase/>

From poverty to opportunity: How a fair minimum wage will help working families succeed. Hearings before the U.S. Senate Committee on Health, Education, Labor, and Pensions. (Testimony of Heather Boushey, *Understanding how raising the federal minimum wage affects income inequality and economic growth*). Retrieved from <https://www.help.senate.gov/imo/media/doc/Boushey3.pdf>

Zandi, M. (2011, April 14). At last, the U.S. begins a serious fiscal debate. *Moody's Analytics*. Retrieved from <https://www.economy.com/dismal/analysis/free/198972>

86 Note: While there are increased costs to employers for paying higher wages – which may be passed on to consumers – these impacts primarily occur when wages are increased for jobs with wages well above the Household Survival Budget (See Congressional Budget Office, 2019).

Blinder, A., & Zandi, M. (2010, July 27). *How the Great Recession was brought to an end*. Retrieved from <https://www.economy.com/mark-zandi/documents/End-of-Great-Recession.pdf>

Congressional Budget Office. (2019, July 8). *The effects on employment and family income of increasing the federal minimum wage*. Retrieved from <https://www.cbo.gov/publication/55410>

Cooper, D., & Hall, D. (2013, March 13). *Raising the federal minimum wage to \$10.10 would give working families, and the overall economy, a much-needed boost*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/bp357-federal-minimum-wage-increase/>

Cooper, D., & Hall, D. (2012, August 14). *How raising the federal minimum wage would help working families and give the economy a boost*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/ib341-raising-federal-minimum-wage/>

Zandi, M. (2011, April 14). At last, the U.S. begins a serious fiscal debate. *Moody's Analytics*. Retrieved from <https://www.economy.com/dismal/analysis/free/198972>

Zandi, M. (2010, December 8). U.S. macro outlook: Compromise boosts stimulus. *Moody's Analytics*. Retrieved from <https://economy.com/dismal/analysis/free/195470>

87 Note: The tax calculations include only state taxes, not federal or local. The Congressional Budget Office estimates the impact of tax cuts targeted at lower- and middle-income people and achieved without borrowing as high as 1.5; Zandi estimates the multiplier for increased infrastructure spending at 1.44. This calculation uses the conservative estimate of 1.44.

Bolstering the economy: Helping American families by reauthorizing the Payroll Tax Cut and UI Benefits. Hearings before the U.S. Congress Joint Economic Committee (2012) (Testimony of Mark M. Zandi). Retrieved from <https://www.economy.com/mark-zandi/documents/2012-02-07-JEC-Payroll-Tax.pdf>

Congressional Budget Office. (2014, November). *How CBO analyzes the effects of changes in federal fiscal policies on the economy*. Retrieved from <https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/49494-FiscalPolicies.pdf>

Duper, B., Karabarounis, M., Kudlyak, M., & Saif Mehkari, M. (2019). *Regional consumption responses and the aggregate fiscal multiplier*. Federal Reserve Bank of San Francisco. Retrieved from <https://www.frbsf.org/economic-research/files/wp2018-04.pdf>

88 American Community Survey. (2018). *1-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>

National Association of State Budget Officers. (2019). *State expenditure report: Fiscal years 2017–2019*. Retrieved from <http://www.nasbo.org/mainsite/reports-data/state-expenditure-report>

Office of Management and Budget. (2017). *Analytical perspectives: Budget of the U.S. government: Fiscal year 2018*. Retrieved from <https://www.gpo.gov/fdsys/pkg/BUDGET-2018-PER/pdf/BUDGET-2018-PER.pdf>

Scarboro, M. (2018). *State individual income tax rates and brackets for 2018*. Tax Foundation. Retrieved from <https://taxfoundation.org/state-individual-income-tax-rates-brackets-2018/>

U.S. Department of Agriculture (USDA). (n.d.). SNAP data tables [State level participation and benefits]. Retrieved from <http://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>

U.S. Office of Management and Budget. (2019). Aid to state & local governments. In *Fiscal Year 2018 Analytical Perspectives Budget of the U.S. Government*. Retrieved from <https://www.gpo.gov/fdsys/browse/collectionGPO.action?collectionCode=BUDGET>

Walczak, J. (2019). *Local income taxes in 2019*. Tax Foundation. Retrieved from <https://taxfoundation.org/local-income-taxes-2019/>

Walczak, J., & Drenkard, S. (2018). *State and local sales tax rates 2018*. Tax Foundation. Retrieved from <https://taxfoundation.org/state-and-local-sales-tax-rates-2018/>

89 The National Academies of Sciences, Engineering, and Medicine analyzes the cost of childhood poverty and estimates that reversing it would add 5.4 percent to the state GDP. To be conservative, this analysis uses Holzer's estimate that childhood poverty costs 2.5 percent of GDP in related health and criminal justice expenses.

Holzer, H. J., Schanzenbach, D. W., Duncan, J. D., & Ludwig, J. (2007, January 24). *The economic costs of poverty in the United States: Subsequent effects of children growing up poor*. Center for American Progress. Retrieved from https://cdn.americanprogress.org/wp-content/uploads/issues/2007/01/pdf/poverty_report.pdf

McLaughlin, M., & Rank, M. R. (2018). Estimating the economic cost of childhood poverty in the United States. *Social Work Research*, 42(2), 73–83. Retrieved from doi:10.1093/swr/svy007

National Academies of Sciences, Engineering, and Medicine. (2019). Consequences of child poverty. In G. Duncan & S. Le Menestrel (Eds.), *A Roadmap to Reducing Child Poverty* (pp. 67–96). Washington, DC: The National Academies Press. Retrieved from <https://www.nap.edu/read/25246/chapter/5#89>

Federal Reserve Bank of St. Louis. (n.d.). Total gross domestic product for Maryland, 2018. Retrieved from <https://fred.stlouisfed.org/series/MDNGSP>

90 Carroll, S. J., & Erkut, E. (2009). *The benefits to taxpayers from increases in students' educational attainment*. RAND Corporation. Retrieved from https://www.rand.org/content/dam/rand/pubs/monographs/2009/RAND_MG686.pdf

Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2019). *Household food security in the United States in 2018*. U.S. Department of Agriculture. Retrieved from <https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963.1>

Furman, J., & Ruffini, K. (2015, May 11). *Six examples of the long-term benefits of anti-poverty programs*. The White House, President Barack Obama Archives. Retrieved from <https://obamawhitehouse.archives.gov/blog/2015/05/11/six-examples-long-term-benefits-anti-poverty-programs>

Office of Disease Prevention and Health Promotion. (2020). *Social determinants of health*. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Virginia Commonwealth University, Center on Society and Health. (2015, February 13). *Education: It matters more to health than ever before*. Retrieved from <https://societyhealth.vcu.edu/work/the-projects/education-it-matters-more-to-health-than-ever-before.html>

Woolf, A., Aron, L., Dubay, L., Simon, S. M., Zimmerman, E., & Luk, K. X. (2015, April). *How are income and wealth linked to health and longevity?* Urban Institute and Center of Society and Health at Virginia Commonwealth University. Retrieved from <https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>

91 Internal Revenue Service. (n.d.). *1040 and 1040-SR: Instructions*. Retrieved from <https://www.irs.gov/pub/irs-pdf/i1040gi.pdf>

Internal Revenue Service. (n.d.). Statistics for 2018 tax returns with EITC. Retrieved from <https://www.eitc.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-2018-tax-returns-with-eitc>

Internal Revenue Service. (2020, January 3). Topic no. 751 Social Security and Medicare withholding rates. Retrieved from <https://www.irs.gov/taxtopics/tc751>

McKeever, B. S. (2018, December 13). *The nonprofit sector in brief 2018*. Urban Institute, National Center for Charitable Statistics. Retrieved from <https://nccs.urban.org/publication/nonprofit-sector-brief-2018#finances>

National Association of State Budget Officers. (2019). *State expenditure report: Fiscal years 2017–2019*. Retrieved from <http://www.nasbo.org/mainsite/reports-data/state-expenditure-report>

- Office of Management and Budget. (2017). *Analytical perspectives: Budget of the U.S. government: Fiscal year 2018*. Retrieved from <https://www.gpo.gov/fdsys/pkg/BUDGET-2018-PER/pdf/BUDGET-2018-PER.pdf>
- Scarboro, M. (2018, March). *State individual income tax rates and brackets for 2018*. Tax Foundation. Retrieved from <https://files.taxfoundation.org/20180315173118/Tax-Foundation-FF576-1.pdf>
- U.S. Department of Agriculture. (n.d.). SNAP data tables [State level participation and benefits]. Food and Nutrition Service. Retrieved from <http://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>
- Urban Institute. (2012). NCCS Data Web Report Builder, Statistics of Income 990EZc3 Report and 990C3 Report. Data procured from National Center for Charitable Statistics.
- Walczak, J. (2019, July). *Local income taxes in 2019*. Tax Foundation. Retrieved from <https://files.taxfoundation.org/20190730170302/Local-Income-Taxes-in-20191.pdf>
- 92 Chapman, J. & Thompson, J. (2006). *The economic impact of local living wages*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/bp170/>
- Reeves, R. V. (2015). *Two anti-poverty strategies*. Brookings Institution. Retrieved from <https://www.brookings.edu/opinions/two-anti-poverty-strategies/>
- 93 Kahneman, D., & Deaton, A. (2010, September 21). High income improves evaluation of life but not emotional well-being. *Proceedings of the National Academy of Sciences of America*, 107(38), 16489–16493. Retrieved from <https://doi.org/10.1073/pnas.1011492107>
- Jebb, A.T., Tay, L., Diener, E., & Shigehiro, O. (2018). Happiness, income satiation and turning points around the world. *Nature Human Behavior*, 2, 33–38. Retrieved from <https://www.nature.com/articles/s41562-017-0277-0>
- American Psychological Association. (2017). *Stress and health disparities: Contexts, mechanisms, and interventions among racial/ethnic minority and low-socioeconomic status populations*. APA Working Group on Stress and Health Disparities. Retrieved from <https://www.apa.org/pi/health-disparities/resources/stress-report.pdf>
- 94 Beard, M. P. (2010). *In-depth: Reaching the unbanked and underbanked*. Federal Reserve Bank of St. Louis. Retrieved from <https://www.stlouisfed.org/publications/central-banker/winter-2010/reaching-the-unbanked-and-underbanked>
- Hahn, R. A., Barnett W. S., Knopf J. A., Truman B. I., Johnson R. L., Fielding J. E., et al. (2016). Early childhood education to promote health equity: A community guide systematic review. *Journal of Public Health Management Practice*, 22(5), E1–8. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26672406>
- McKernan, S.-M., Ratcliffe, C., & Shanks, T. W. (2011). *Is poverty incompatible with asset accumulation?* Urban Institute. Retrieved from <https://www.urban.org/research/publication/poverty-incompatible-asset-accumulation>
- 95 Amadeo, K. (2019, July). Consumer spending and its impact on the economy. *The Balance*. Retrieved from <https://www.thebalance.com/consumer-spending-definition-and-determinants-3305917>
- Chapman, J., & Thompson, J. (2006). *The economic impact of local living wages*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/bp170/>
- Office of Policy Development and Research. (2016, Summer). *Neighborhoods and violent crime. Evidence matters: Transforming knowledge into housing and community development policy*. U.S. Department of Housing and Urban Development (HUD). Retrieved from <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>
- McKenzie, T. L., Moody, J. S., Carlson, J. A., Lopez, N. V., Elder, J. P. (2014). Neighborhood income matters: Disparities in community recreation facilities, amenities, and programs. *Journal of Park and Recreation Administration*, 31(4), 12–22. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4082954/>

FIGURE 12: SOURCES

HOUSING

Chetty, R., Hendren, N., & Katz, L. F. (2016, April). The effects of exposure to better neighborhoods on children: New evidence from the Moving to Opportunity Experiment. *American Economic Review*, 106(4), 855–902. Retrieved from <https://www.aeaweb.org/articles?id=10.1257/aer.20150572>

Cunningham, M. K. (2016, June 26). *Reduce poverty by improving housing stability*. Urban Institute. Retrieved from <https://www.urban.org/urban-wire/reduce-poverty-improving-housing-stability>

Enterprise Community Partners, Inc. (2014). *Impact of affordable housing on families and communities: A review of the evidence base*. Retrieved from <https://homeforallsmc.org/wp-content/uploads/2017/05/Impact-of-Affordable-Housing-on-Families-and-Communities.pdf>

Goodman, L. (2018, February 21). *Homeownership is still financially better than renting*. Urban Institute. Retrieved from <https://www.urban.org/urban-wire/homeownership-still-financially-better-renting>

Joint Center for Housing Studies. (2020). *The State of the Nation's Housing 2019*. Harvard University. Retrieved from https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2019.pdf

Litman, T. (2015, March). *Analysis of public policies that unintentionally encourage and subsidize sprawl*. The New Climate Economy and the Victoria Transport Policy Institute. Retrieved from <https://newclimateeconomy.report/workingpapers/wp-content/uploads/sites/5/2016/04/public-policies-encourage-sprawl-nce-report.pdf>

Maqbool, N., Viveiros, J., & Ault, M. (2015, April). *The impacts of affordable housing on health: A research summary*. Center for Housing Policy. Retrieved from <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

National Alliance to End Homelessness. (2015, June 30). *Permanent supportive housing cost study map*. Retrieved from <https://endhomelessness.org/resource/permanent-supportive-housing-cost-study-map/>

Office of Development and Research. (2014). How housing mobility affects education outcomes for low-income children. *Evidence Matters*. U.S. Department of Housing and Urban Development. Retrieved from <https://www.huduser.gov/portal/periodicals/em/fall14/highlight2.html>

Rohe, W. M., & Lindblad, M. (2013, August). *Reexamining the social benefits of homeownership after the housing crisis*. Joint Center for Housing Studies, Harvard University. Retrieved from <https://www.jchs.harvard.edu/sites/default/files/hbt1-04.pdf>

Sullivan, J. (2015, April 21). *How commute issues can dramatically impact employee retention*. TLNT. Retrieved from <https://www.tlnt.com/how-commute-issues-can-dramatically-impact-employee-retention/>

Taylor, L. (2018, June 7). Housing and health: An overview of the literature. *Health Affairs Health Policy Brief*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

The Economist. (2018, June 7). *The stark relationship between income inequality and crime*. Retrieved from <https://www.economist.com/graphic-detail/2018/06/07/the-stark-relationship-between-income-inequality-and-crime>

Wright, B., Li, G., Weller, M., & Vartanian, K. (2016, February). *Housing and health: Exploring the intersection between housing and health care*. Enterprise Community Partners and Center for Outcomes Research and Education. Retrieved from <https://www.enterprisecommunity.org/download?fid=5703&nid=4247>

United States Interagency Council on Homelessness. (2017). *Ending chronic homelessness in 2017*. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Ending_Chronic_Homelessness_in_2017.pdf

CHILD CARE

Alliance for Excellent Education. (2019). *The graduation effect*. Retrieved from <http://impact.all4ed.org/>

American Psychological Association. (2019). *Education and socioeconomic status*. Retrieved from <https://www.apa.org/pi/ses/resources/publications/education>

Auguste, B.G., Hancock, B., & Laboissiere, M. (2009). *The economic cost of the U.S. education gap*. McKinsey & Company. Retrieved from <https://www.mckinsey.com/industries/social-sector/our-insights/the-economic-cost-of-the-us-education-gap>

Child Care Aware of America. (2019). *The US and the high cost of child care: An examination of a broken system*. Retrieved from <https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>

Garcia, E. & Weiss, E. (2017, September 27). *Education inequalities at the school starting gate*. Economic Policy Institute. Retrieved from <https://www.epi.org/publication/education-inequalities-at-the-school-starting-gate/>

Garcia, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2016, December). *The life-cycle benefits of an influential early childhood program*. National Bureau of Economic Research. Retrieved from <https://www.nber.org/papers/w22993>

Virginia Commonwealth University, Center on Society and Health. (2015, February 13). *Why education matters to health: Exploring the causes*. Retrieved from <https://www.aecf.org/resources/overstressed-kids/>

FOOD

- Berkowitz, S. A., Basu, S., Meigs, J. B., & Selgman, H. K. (2018). Food insecurity and health care expenditures in the United States, 2011–2013. *Health Services Research*, 53(3), 1600–1602. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.12730>
- Bhargava, V., & Lee, J. S. (2016). Food insecurity and health care utilization among older adults in the United States. *Journal of Nutrition in Gerontology and Geriatrics*, 35(3), 177–192. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27559853>
- Feeding America & Oxfam America. (2014). *From paycheck to pantry: Hunger in working America*. Retrieved from <https://www.feedingamerica.org/sites/default/files/research/hunger-in-working-america/from-paycheck-to-pantry.pdf>
- Food Research and Action Center. (2017). *The impact of poverty, food insecurity, and poor nutrition on health and well-being*. Retrieved from <http://frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf>
- French, S.A., Tangney, C.C., Crane, M.M. et al. (2019). Nutrition quality of food purchases varies by household income: the SHoPPER study. *BMC Public Health*, 19(231), <https://doi.org/10.1186/s12889-019-6546-2>
- Johnson, A. D., & Markowitz, A. J. (2017, March 21). Association between household food insecurity in early childhood and children's kindergarten skills. *Child Development*, 89(2). Retrieved from <https://doi.org/10.1111/cdev.12764>
- Loopstra, R., & Lalor, D. (2017). *Financial insecurity, food insecurity, and disability: The profile of people receiving emergency food assistance from The Trussell Trust Foodbank Network in Britain*. The Trussell Trust. Retrieved from https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/06/UO_exec_summary_final_02_04_online.pdf
- McLaughlin, K. A. Green, J. G, Alegria, M., & Costello, E. J. (2012, December). Food insecurity and mental disorders in a national sample of U.S. adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(12), 1293–1303. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0890856712007265>
- RTI International. (2014). *Current and prospective scope of hunger and food security in America*. Retrieved from http://www.rti.org/sites/default/files/resources/full_hunger_report_final_07-24-14.pdf

TRANSPORTATION

- Beiler, M. O., & Mohammed, M. (2016). Exploring transportation equity: Development and application of a transportation justice framework. *Transportation research part D: transport and environment*, 47, 285–298. Retrieved from <https://doi.org/10.1016/j.trd.2016.06.007>
- Dawkins, C., Jeon, J. S., & Pendall, R. (2015). Transportation access, rental vouchers, and neighborhood satisfaction: Evidence from the moving to opportunity experiment. *Housing Policy Debate*, 25(3), 497–530. Retrieved from <https://doi.org/10.1080/10511482.2014.986662>
- Institute for Transportation and Development Policy. (2019, May 23). The high cost of transportation in the United States. *Transportation Matters*. Retrieved from <https://www.itdp.org/2019/05/23/high-cost-transportation-united-states/>
- Martens, K. (2016). *Transport justice: Designing fair transportation systems*. New York: Routledge.
- Robert Wood Johnson Foundation. (2012, October 25). *How does transportation impact health?* Retrieved from <https://www.rwjf.org/en/library/research/2012/10/how-does-transportation-impact-health.html>
- Sullivan, J. (2015, April 21). *How commute issues can dramatically impact employee retention*. TLNT. Retrieved from: <https://www.tlnt.com/how-commute-issues-can-dramatically-impact-employee-retention/>
- Young, L., Irvin, E., & Shankar, P. (2019, September). *Equity and smart mobility*. Institute for Sustainable Communities and the Center for Neighborhood Technology. Retrieved from <https://www.cnt.org/sites/default/files/publications/Equity-and-Smart-Mobility-Report.pdf>
- Zhao, F., & Gustafson, T. (2013, February). Transportation needs of disadvantaged populations: Where, when, and how? *FTA Report No. 0030*. Federal Transit Administration. Retrieved from https://www.transit.dot.gov/sites/fta.dot.gov/files/FTA_Report_No._0030.pdf

HEALTH CARE

- Centers for Disease Control and Prevention. (2016). *Emergency department visits*. Retrieved from <https://www.cdc.gov/nchs/fastats/emergency-department.htm>
- Claxton, G., Sawyer, B., & Cox, C. (2019, April 14). How affordability of health care varies by income among people with employer coverage. *Access & Affordability, Peterson-KFF Health System Tracker*. Retrieved from <https://www.healthsystemtracker.org/brief/how-affordability-of-health-care-varies-by-income-among-people-with-employer-coverage/>
- DeLia, D., & Lloyd, K. (2014, July). *Sources of variation in avoidable hospital use and cost across low-income communities in New Jersey*. Rutgers Center for State Health Policy. Retrieved from <http://www.cshp.rutgers.edu/downloads/10470.pdf>
- Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. *The Lancet*, 389(10077), 1431–1441.
- Golberstein E. (2015). The effects of income on mental health: evidence from the social security notch. *The Journal of Mental Health Policy and Economics*, 18(1), 27–37. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4494112/>

McMorrow, S., Kenney, G. M., & Goin, D. (2014). Determinants of receipt of recommended preventive services: implications for the Affordable Care Act. *American Journal of Public Health, 104*(12), 2392–2399. <https://doi.org/10.2105/AJPH.2013.301569>

Powell, A. (2016, February 22). The costs of inequality: Money = quality healthcare = longer life. *Harvard Gazette*. Retrieved from <https://news.harvard.edu/gazette/story/2016/02/money-quality-health-care-longer-life/>

Robert Wood Johnson Foundation. (2011, December 1). *Health care's blind side: The overlooked connection between social needs and good health: Summary of findings from a survey of America's physicians*. Retrieved from <http://www.rwjf.org/files/research/RWJFPhysiciansSurveyExecutiveSummary.pdf>

Witters, D., & Liu, D. (2013, May 7). In U.S., poor health tied to big losses for all job types. *Gallup*. Retrieved from <http://www.gallup.com/poll/162344/poor-health-tied-big-losses-jobtypes.aspx>

Wolf, S.H., Aron, L., Dubay, L., Simon, S.M., Zimmerman, E., & Luk, K.X. (2015, April). *How are income and wealth linked to health and longevity?* Urban Institute. Retrieved from <https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>

TECHNOLOGY

Anderson, M., & Perrin, A. (2018, October 26). *Nearly one-in-five teens can't always finish their homework because of the digital divide*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2018/10/26/nearly-one-in-five-teens-cant-always-finish-their-homework-because-of-the-digital-divide/>

Anderson, M. (2019, May 7). *Digital divide persists even as lower-income Americans make gains in tech adoption*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2017/03/22/digital-divide-persists-even-as-lower-income-americans-make-gains-in-tech-adoption/>

Children's Hospital of Los Angeles. (2019). *mHealth*. Retrieved from <https://www.himss.org/library/mhealth>

Office of Policy Development and Research. (2016). *Community development and the digital divide*. U.S. Department of Housing and Urban Development (HUD). Retrieved from <https://www.huduser.gov/portal/periodicals/em/fall16/highlight1.html>

Pew Research Center. (2019, June 12). *Mobile fact sheet*. Retrieved from <https://www.pewinternet.org/fact-sheet/mobile/>

Rideout, V., & Katz, V. (2016, Winter). *Opportunity for all? Technology and learning in lower-income families. A report of the families and media project*. The Joan Ganz Cooney Center at Sesame Workshop. Retrieved from http://joanganzcooneycenter.org/wp-content/uploads/2016/01/jqcc_opportunityforall.pdf

Smith, A. (2013, April 25). *Civic engagement in the digital age*. Pew Research Center. Retrieved from <https://www.pewinternet.org/2013/04/25/civic-engagement-in-the-digital-age/>

Smith, A. (2015, April 1). Usage and attitudes toward smartphones. In *U.S. smartphone use in 2015*. Pew Research Center. Retrieved from <https://www.pewinternet.org/2015/04/01/chapter-two-usage-and-attitudes-toward-smartphones/#job%20seeking>

SAVINGS

Blank, R. M., & Barr, M. S. (Eds.). (2009). *Insufficient funds: Savings, assets, credit, and banking among low-income households*. New York: Russell Sage Foundation.

Collins, J. M., & Gjertson, L. (2013). Emergency savings for low-income consumers. *Focus, 30*(1), 12–17. Retrieved from <https://www.irp.wisc.edu/publications/focus/pdfs/foc301c.pdf>

Econsult Solutions, Inc. (ESI). (2018, January 18). *ESI examines the impact of insufficient retirement savings on Pennsylvania*. Pennsylvania Treasury. Retrieved from <https://patreasury.gov/pdf/Impact-Insufficient-Retirement-Savings.pdf>

Helm, S., Serido, J., Ahn, S.Y., Ligon, V., & Shim, S. (2019, November). Materialist values, financial and pro-environmental behaviors, and well-being. *Emerald Insight*. Retrieved from <https://www.emerald.com/insight/content/doi/10.1108/YC-10-2018-0867/full/html>

Krieger, J., Carter, G., Burr, M., & Collins, J.M. (2017, January). *The case for reducing poverty among seniors: Encouraging savings for retirement by people in Wisconsin: Projected reductions in Wisconsin state expenditures*. La Follette School of Public Affairs, the University of Wisconsin–Madison, and AARP. Retrieved from <https://lafollette.wisc.edu/images/publications/otherpublications/AARP-The-Case-for-Reducing-Poverty-Among-Seniors.pdf>

Levins, N. (2016, April). *Why cities should care about family financial security*. Urban Institute; Retrieved from <https://www.urban.org/features/why-cities-should-care-about-family-financial-security>

Mutchler, J., Li, Y., & Roldán, N.V. (2019). *Living below the line: Economic insecurity and older Americans, insecurity in the states 2019*. Center for Social and Demographic Research on Aging at the University of Massachusetts Boston. Retrieved from <https://scholarworks.umb.edu/demographyofaging/40/>

Poterba, J. M., & Venti, S. F. (2001). Preretirement cashouts and foregone retirement saving: Implications for 401(k) asset accumulation. In D. A. Wise (Ed.), *Themes in the Economics of Aging* (pp. 23-58). Chicago: University of Chicago Press. Retrieved from <https://www.nber.org/chapters/c10320>

Rhee, N. & Boivie, I. (2015, March). *The continuing retirement savings crisis*. National Institute on Retirement Savings. Retrieved from https://www.nirsonline.org/wp-content/uploads/2017/07/final_rsc_2015.pdf

Wang, L., & Graddy, E. (2008). Social capital, volunteering, and charitable giving. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 19*(1), 23. Retrieved from https://www.researchgate.net/publication/226255124_Social_Capital_Volunteering_and_Charitable_Giving

ALICE is a registered trademark of the United Way of Northern New Jersey.

© Copyright 2009–2020 United Way of Northern New Jersey. All rights reserved.

No further use, copying, dissemination, distribution, or publication is permitted without the express written permission of United Way of Northern New Jersey.