Community Health Needs Assessment

Carroll County, Maryland

Consolidated Report
2024

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 conduct 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, 2018 and 2021, 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, FY 2019-2021 and the most recent plan for FY2022-FY2024.

This Consolidated Report on the **Carroll County 2024 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 2024 CHNA Committee, I extend my sincerest thanks to the following members of the Committee and their home organizations:

Dave Baker	Carroll Hospital
Amy Bergman	Carroll County Health Department
Tasha Cramer	The Partnership
Cheri Ebaugh	Carroll Hospital
Maggie Kunz	Carroll County Health Department
Sharon McClernan	Carroll Hospital
Ron McDade	Carroll Hospital
Melissa Murdock	Carroll Hospital

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

Dorothy L. Fox, MBA
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 172,890.

2024 Community Health Needs Assessment Overview

Beginning in July 2023, 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 2024. 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 2024 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 2023. 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 52 community leaders and partners between July and September 2023. 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 in person with moderation following each session.

- Eleven 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. A focus group was scheduled for the deaf community; however, no attendees showed for the session. All sessions were scheduled between July and September 2023. 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 web-based survey. All groups were held in person.

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 conducted in Spanish. The online survey was also available in Spanish.

3. Community Health Needs Survey

A. Methodology

The Partnership for a Healthier Carroll County used a customized survey tool consisting of approximately 104 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 2023 survey tool were built from The Partnership's 2012, 2015, 2018, and 2021 Community Health Needs Assessments, so that to the greatest extent possible, answers to the 2024 survey would be comparable to the previous years' assessments. Only minor changes or current concerns (such as marijuana use since legalization and a deeper dive into suicidality) were made to the previous survey instruments ensuring that the survey would provide timely information appropriate to the 2024 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. Full survey translation into Spanish was available. It is important to note that while interpreting the results the questions have multiple answer options which will not always allow for 100% response totals for the full survey participants. Some of the options include: Don't know, and prefer not to answer. Additionally, questions are built on a smart logic platform that only asks questions of specific respondents based on their previous answer, age, or birth sex, while other questions allow multiple responses.

Marketing Plan

The 2024 Community Health Needs Survey was promoted through a variety of online social media 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, "Your voice matters," encouraged community members to visit HealthyCarroll.org/Survey and "take our survey, spread the word, make an impact."

During the months of July, August, and September 2023, geographically targeted email communication and social media ads promoted the survey. 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 were utilized.

The online survey was designed to take approximately 15 to 20 minutes to complete. In total, 2,612 residents started the survey through the primary on-line method. However, 79 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 2,533 participants that started the survey and other questions are based on the number of participants that answered that question.

B. Results Summary

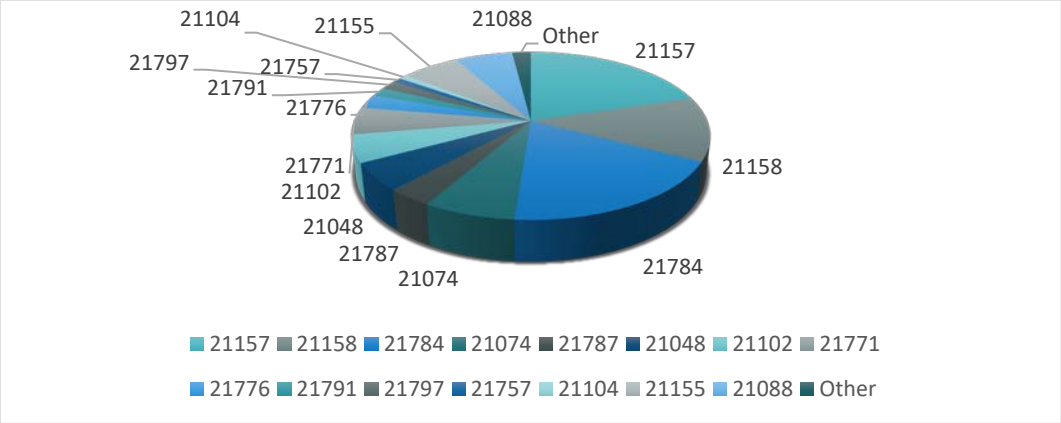
Online Survey Results Summary

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, 2012, 2018, and 2021 community health needs survey conducted in Carroll County are provided where applicable. It's important to note not all questions were answered by all participants. Percentages are accurate for those who answered the questions.

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 2451 respondents, 68% were female and 32% were male. Whites comprised 93% of study participants and Blacks/African Americans represented 2%, while 3% preferred not to answer. Approximately 1.2% of all respondents identified as Latino/Hispanic. Of the respondents 37% were aged 60-72, 29% were 73 year of age or older, and 23% were between the ages of 45 and 59 years.

Zip Code	%	Zip Code	%
21157	23%	21776	3%
21158	14%	21791	2%
21784	21%	21797	2%
21074	8%	21757	1%
21787	4%	21104	1%
21048	6%	21155	.07%
21102	6%	21088	.07%
21771	5%	Other	1.%



Demographic Information	Count	Percentage
Gender		
Male	787	32.1%
Female	1663	67.8%
Intersex	5	.02%

Age		
18 - 29	47	2%
30 - 44	217	9%
45 - 59	557	23%
60-72	915	37%
73 and over	723	29%

Race/Ethnicity		
White	1861	93%
Black/African American	37	2%
American Indian or Alaska Native	14	0.07%
Asian	25	1%
Native Hawaiian or Other Pacific Islander	6	.03%

Other	21	1%
Prefer not to answer	55	2%
Did not answer	542	N/A

Hispanic or Latino:		
Yes	25	1.2%
No	1923	98.9%
Don't know/Not Sure	3	0.015%
Prefer not to answer	5	0.22%

Household type was assessed. The majority of respondents (68%) were married. The chart below identifies the marital status indicated by all respondents. In addition, 68% 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	1345	68%
Divorced	215	10%
Never married	123	6%
Widowed	224	11%
A member of an unmarried couple	43	2%
Separated	23	1%
Prefer not to answer	15	.7%

Number of Children Less Than 18 Years in Household		
None	1657	83%
1	144	7%
2	137	7%
3	30	1%

4	8	0.4%
5	2	0.1%
More than 5	2	0.1%
Preferred not to answer	9	0.4%

The socioeconomic status of respondents including education, employment, and income was also assessed. The largest percentage of respondents, 48%, were college graduates (graduate and undergraduate degrees) and 31% attended some college or technical school. The majority of respondents (5 %) were retired and 37% were currently employed for wages or self-employed and only 1.1% were out of work. Annual household income of $75,000 or more had the highest response rate at 40%. However, 26% of the respondents prefered not to answer and 11% of respondents had an income less than $35,000.

Socioeconomic Information	Count	Percentage
Level of Education		
Never attended school or only attended kindergarten	0	0.0%
Grades 1-8 (Elementary School)	3	0.15%
Grades 9-11 (Some high school)	23	1%
Grade 12 or GED	357	18%
College 1 year to 3 years (Some college or technical school)	615	31%
College 4 years or more (College graduate)	489	24%
College 6 years (Graduate Degree)	472	24%
Prefer not to answer	28	1%

Employment Status		
Employed for wages	742	37%
Self-employed	86	4%
Out of work for more than 1 year	13	.6%
Out of work for less than 1 year	11	.5%
A homemaker	55	3%
A student	3	.15%

Retired	1005	50%
Unable to work	48	2%
Prefer not to answer	20	1%

Annual Household Income from All Sources		
Less than $10,000	25	1.2%
$10,000-$14,999	21	1%
$15,000-$19,999	37	2%
$20,000-$24,999	50	3%
$25,000-$34,999	87	4%
$35,000-$49,999	142	7%
$50,000-$74,999	263	13%
$75,000 and more	796	40%
Don't know/Not sure	49	2%
Prefer not to answer	514	26%

Respondents were also asked to identify if they served on active duty in the United States Armed Forces. As seen in the following chart, just 10% of respondents have served or are currently serving as active duty military members and 23% of these individuals have served in a combat or war zone.

United States Armed Forces Service Status	Count	Percentage
Active Duty Service		
Yes	204	10%
No	1781	89%
Don't know/ Not sure	2	.1
Prefer not to anwer	5	.2

Did you ever serve in a combat or war zone?		
Yes	47	23%
No	155	76%

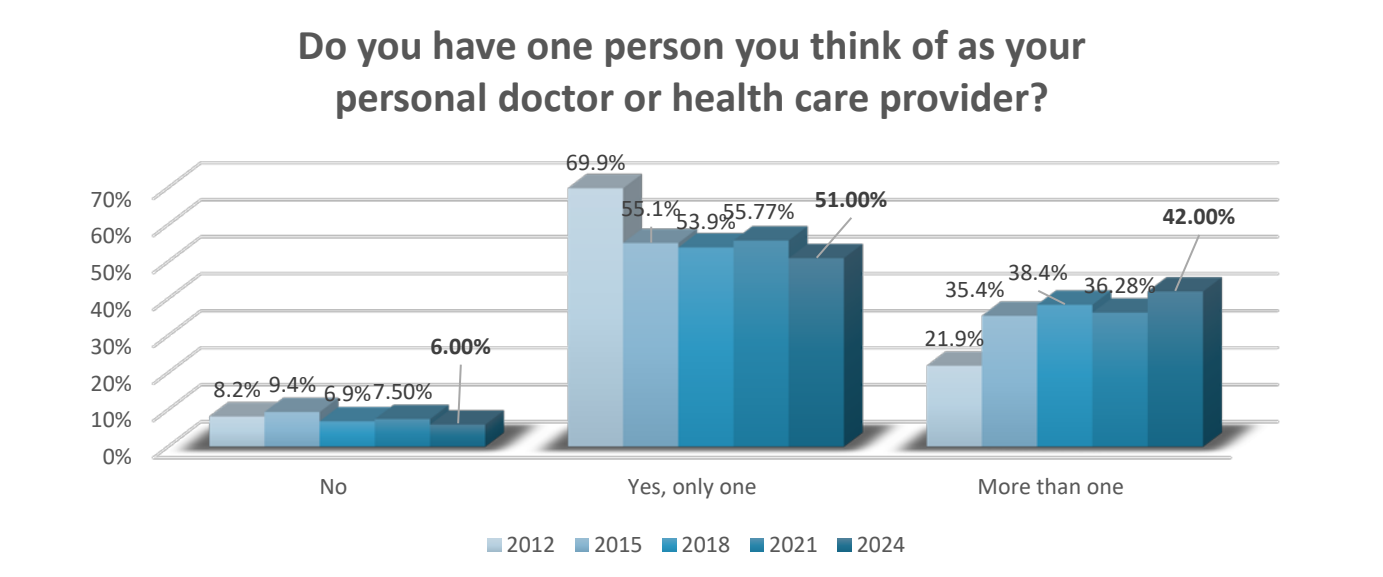
Don't know/Not sure	2	1%
Prefer not to answer	0	0.0%

In comparison to the Carroll County population, there was a 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. No question in this survey required responses except for zip code. Demographic data for Carroll County can be found in Section 7 of this report.

Access to Health Care

Primary Care

A majority of the respondents (93.%) have at least one person or more whom they think of as their personal doctor or health care provider and 6% 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.



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, 6% reported they stopped taking their medicine in the past year due to cost which shows an increase in this area. In addition,

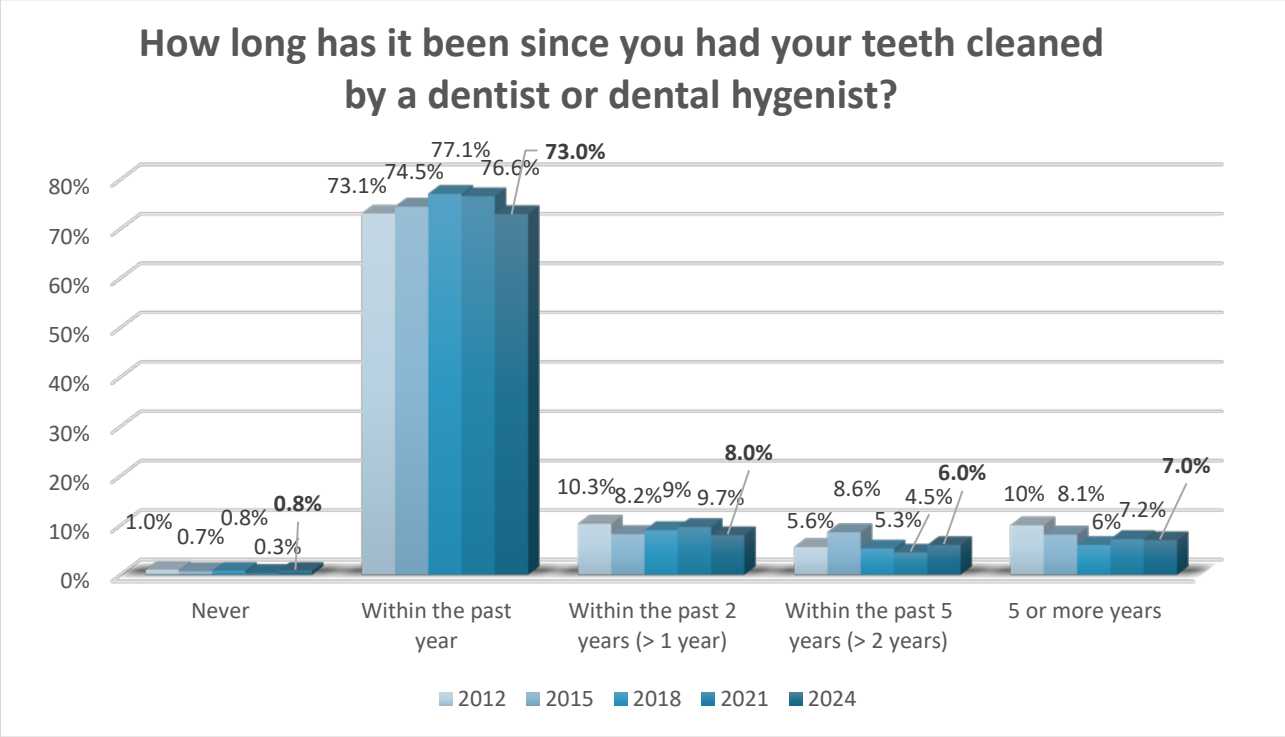
87.7% of respondents reported that they can get an appointment with their primary care physician when they need one, which has been a small decrease over the past assessment period.

Urgent Care & Health Insurance

Approximately 34% of participants reported visiting an urgent care center in the past 12 months. The respondents recorded a 98.6% of them have health insurance.

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 (73.8%) had their teeth cleaned within the past year. The trend of visiting a dentist or hygienist is declining, with the only increase recorded in the greater than 2 years but not more than 5 years.

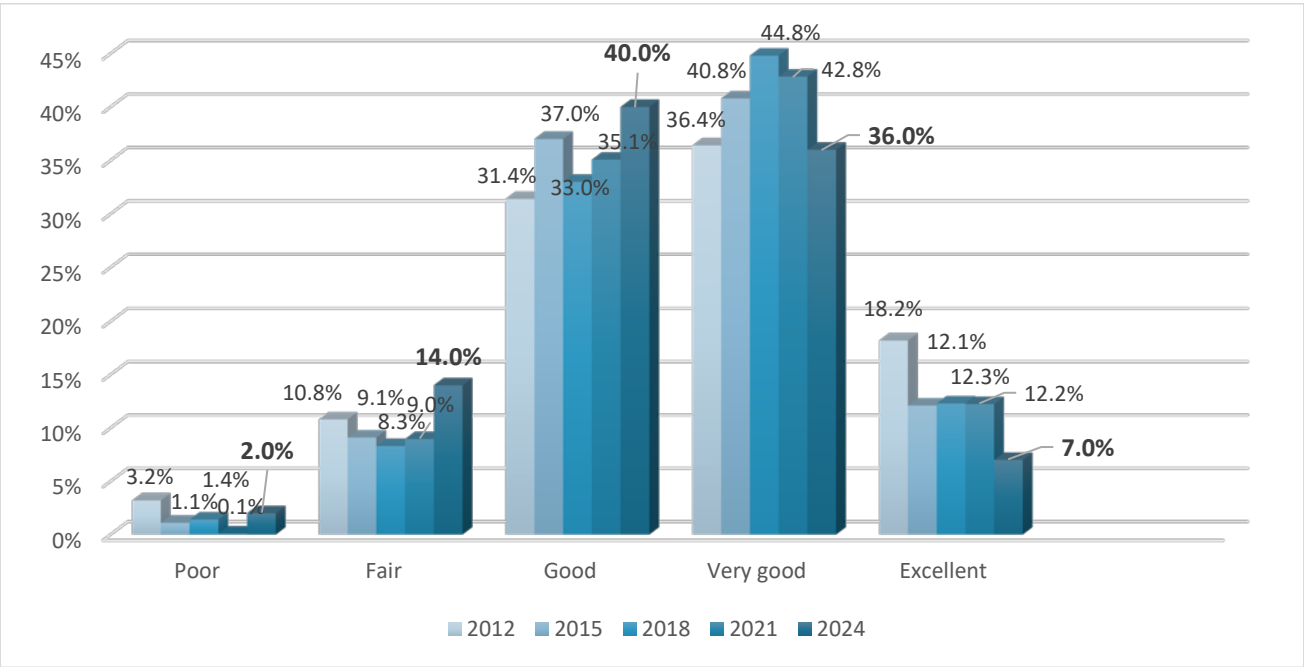


For those respondents that haven't seen a dentist in the last two years we followed with a question of why haven't you had your teeth cleaned, see chart below.

Health Status: Physical and Mental

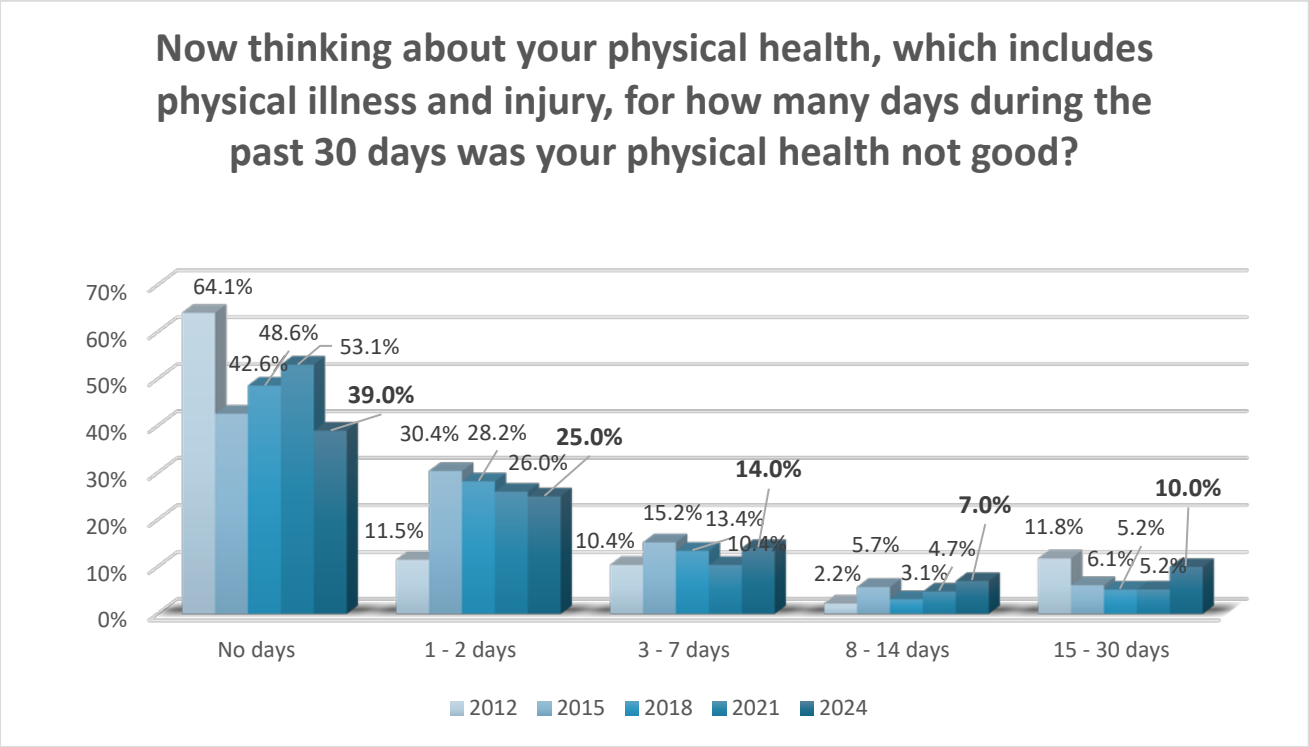
Overall Health Status

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 44% 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.



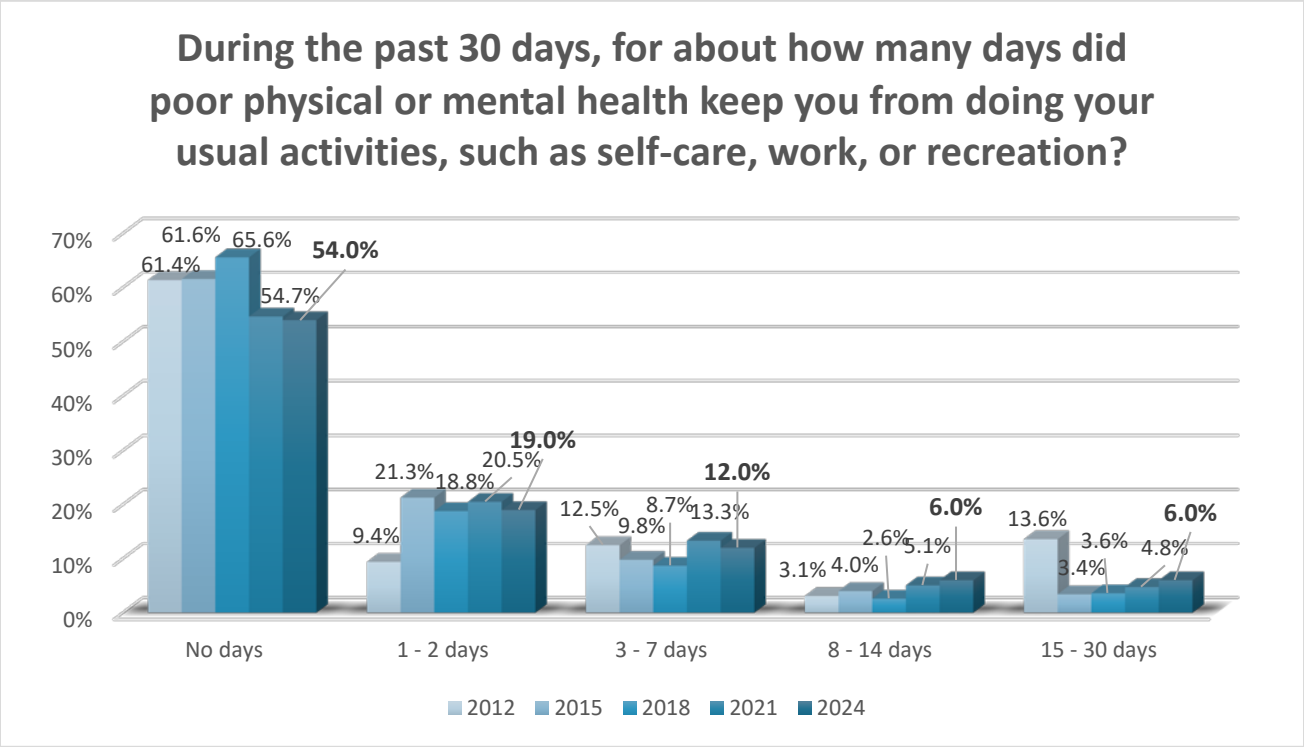
Physical and Mental Health Status

Approximately 40% of respondents reported <u>not</u> suffering from physical illness or injury during the past 30 days. There is consistency in the respondents reporting 1-2 days of poor health, with and increase in each of the 3-30 days categories. This chart is showing a decreasing trend in respondents' physical health for none or 1-2 days of poor physical health.



Performance of Usual Activities

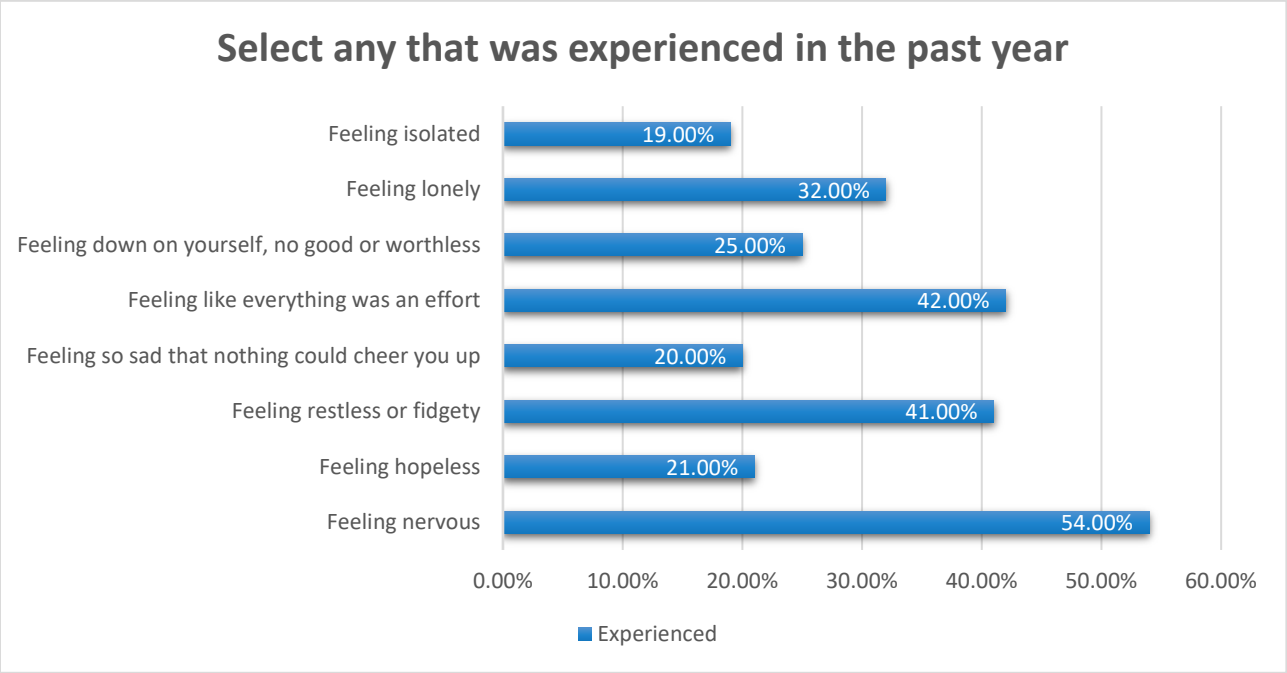
Respondents were asked how often during the past 30 days they were not able to perform their usual activities, such as self-care, work, or recreation due to poor physical or mental health. The majority of respondents (54.4%) reported that they did not have any problems carrying out their usual activities due to poor health, which shows the a small decrease from 2021 and a consistent decrease since reporting. In addition, all responses indicating number of days of poor health restricting activites showed an overall increase.



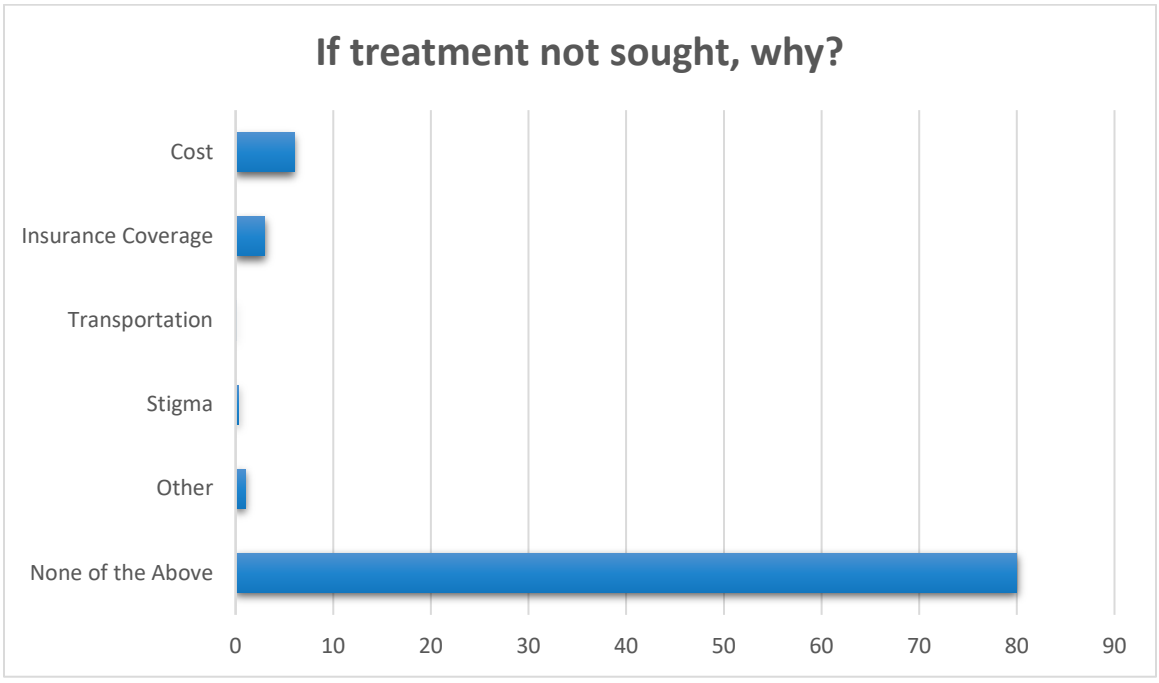
Mental Health

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 22% of the respondents reported that they had or have an anxiety disorder. Of those respondents indicating a mental health diagnosis 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 41% responded yes.

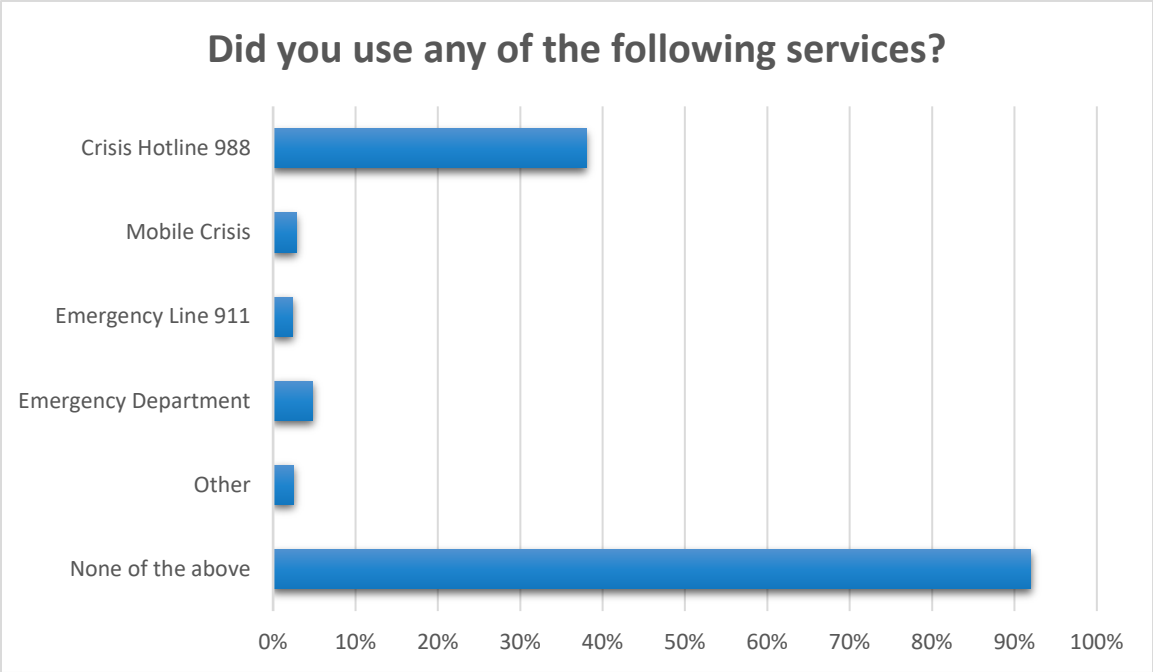
New to the 2024 assessment we asked several additional questions regarding mental and emotional health. We asked participants to select any of the following that they experienced during the past year: feeling nervous, feeling hopeless, feeling restless or fidgety, feeling sad or depressed that nothing 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 15% responded that they had. For those that responded no treatment was sought we asked,"why?". Chart to follow.



Also beginning 2021, we asked questions regarding suicidality and in 2024 we dove even deeper into this health area. We asked at any time in the past 12 months did you think seriously about trying to kill yourself; 2.1% (47 individuals) had responded they had with another 1.5% (35 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 6.3% (3 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; 33% (one person) responded no and the other 66% (two persons) did receive treatment.
New in 2024, we asked if respondents have ever used emergency services, see chart below.



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 47 respondents who served in a combat or war zone, 9% have been diagnosed with depression, anxiety, or post-traumatic stress disorder (PTSD).

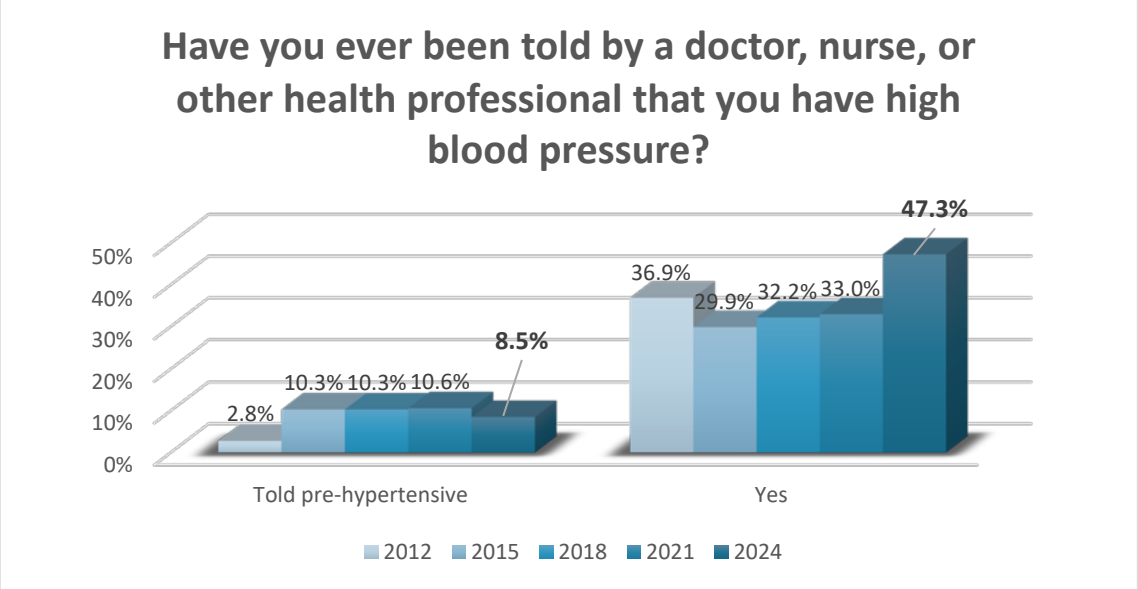
Cognitive Impairment

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 (80.8%) indicated that they did not experience confusion or memory loss, 10.8% reported having these symptoms. This is a small increase from previous assessment. For the 2024 survey the question regarding cognitive impairment seen in a family member continues to show a higher positive response rate. (31.3%)

Chronic Health Issues

High Blood Pressure and Cholesterol

Slightly more than 47% of respondents have been told by a doctor or health care professional that they have high blood pressure and another 8.5% have been told that they are borderline high or pre-hypertensive. There is an increase in the percentage of respondents with high blood pressure and a decrease in those with pre-hypertension.

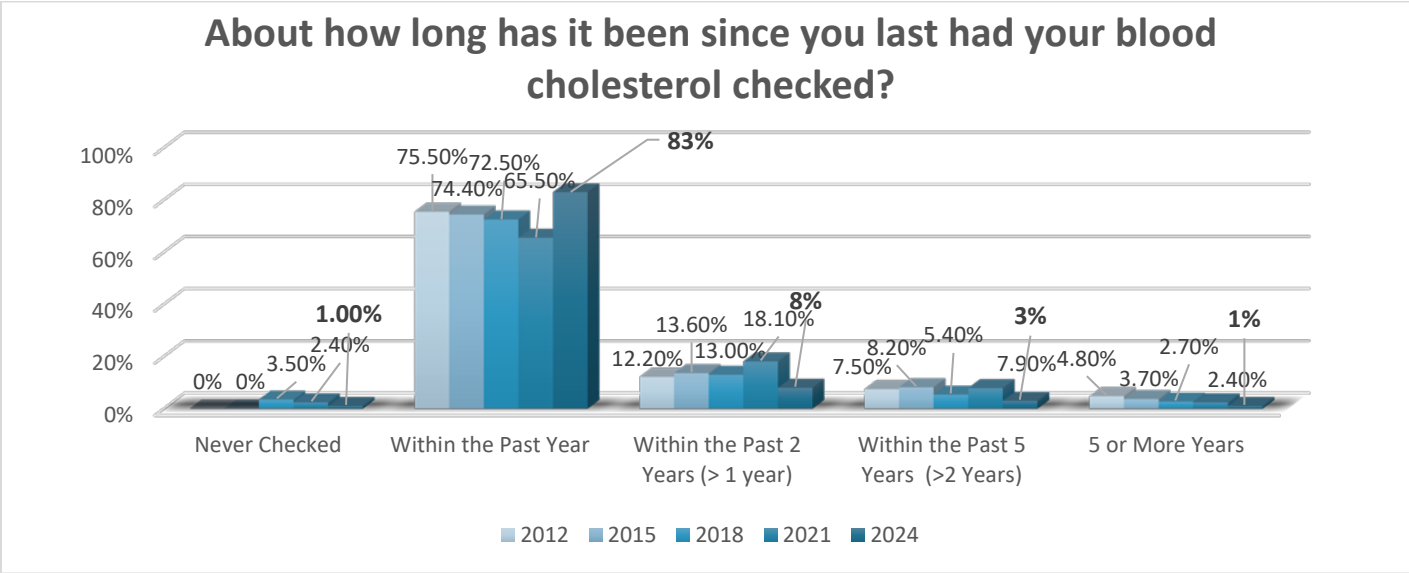


Respondents who reported having high blood pressure were asked to report on the actions they are taking to control their condition. The largest percentage of respondents indicated they were taking medicine at 94.0% which is a slight incline. The responses indicate that the other options to control blood 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	2024	2021	2018	2015	2012
Taking medicine	**94%**	91.0%	92.2%	83.2%	87.3%
Changing eating habits	**41%**	69.4%	70.4%	73.6%	74.1%
Cutting down on salt	**46%**	63.7	66.6%	80.1%	82.1%
Exercising	**38%**	54.9	60.6%	55.8%	N/A
Self-monitoring	**46%**	-	-	-	-

Cholesterol

Respondents were asked how long it has been since they had their blood cholesterol checked. Approximately 83% of respondents had their cholesterol levels checked within the past year and 8% of respondents had their cholesterol levels checked within the past two years. The combined percentage of 91% is a increase to all previous years. In 2024, respondents who said that they had ever had their cholesterol checked were asked if they had been informed in that they had high cholesterol. 54% had indeed been informed in the past that they had high cholesterol and 75% of those who had been diagnosed with high cholesterol were currently on medication for high cholesterol. The statistics in this area are showing a increase in testing, knowledge, and medication usage.



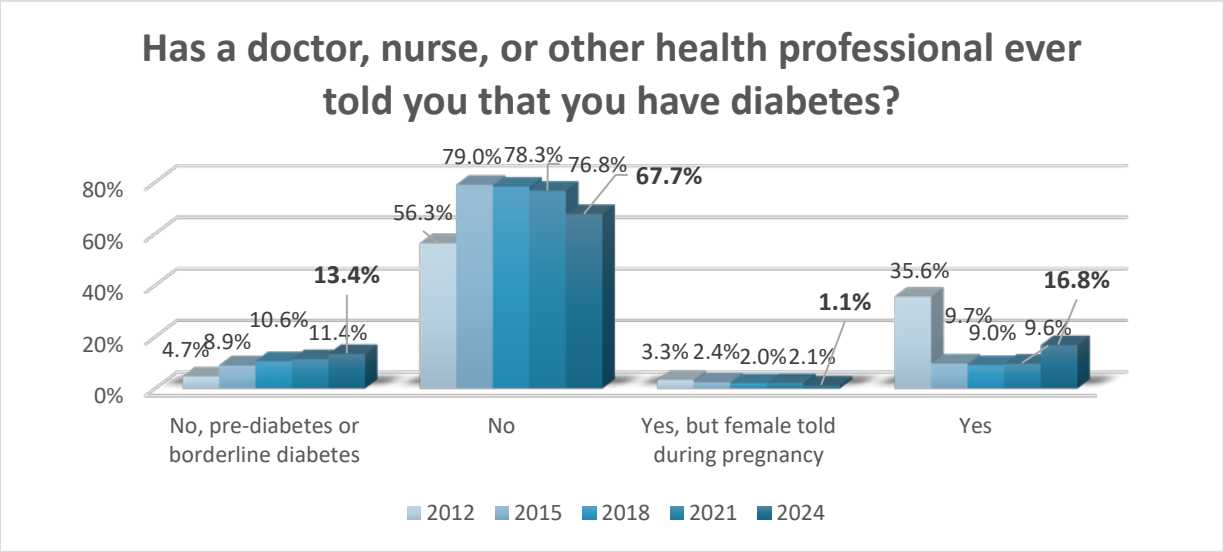
Heart Disease

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 9.3% respondents reported being diagnosed with coronary heart disease/angina. There was a increase in the respondents reporting a stroke, heart attack and congestive heart failure stayed consistent. The increase was so significant some of the percentages more than doubled. A follow-up survey question was asked respondents if they had ever had a stent or bypass and 8.1% responded that they had. A summary of heart disease diagnoses among respondents, compared to 2021, 2018, 2015, and 2012, is reported below.

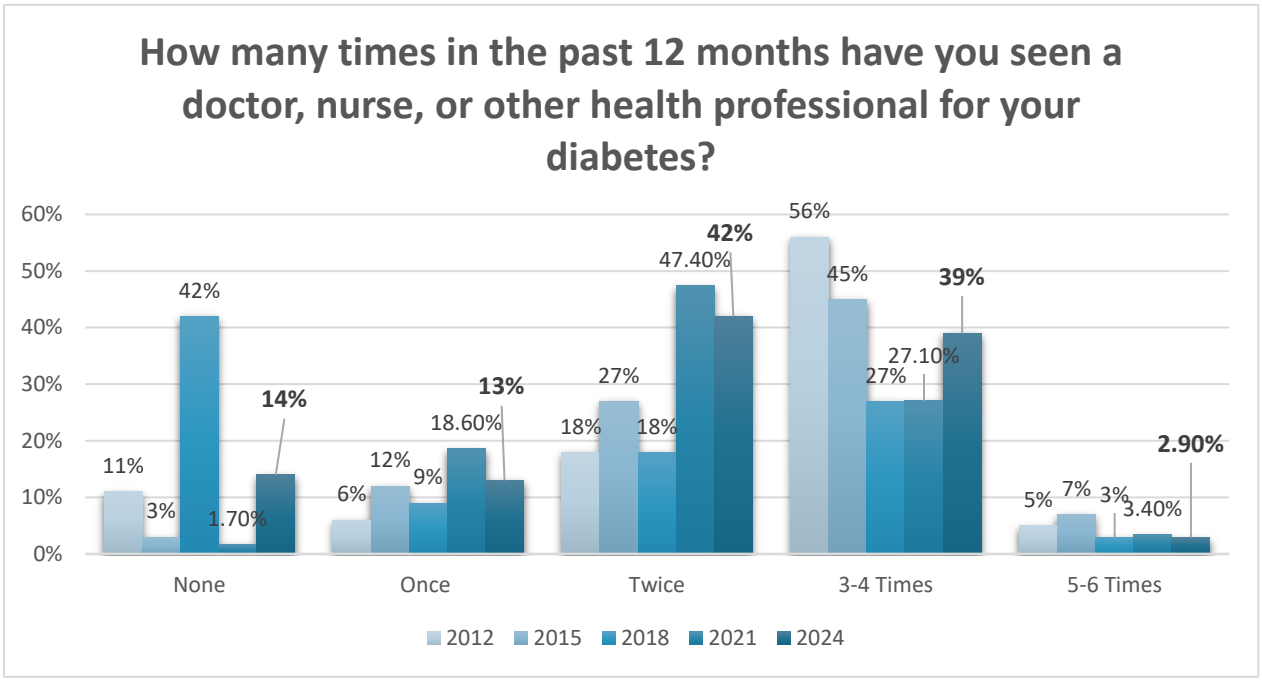
Chronic Condition	2024	2021	2018	2015	2012
Myocardial infarction (Heart attack)	4.6	2.7%	2.7%	2.0%	8.2%
Coronary heart disease/Angina	9.3	4.5%	3.9%	3.2%	5.8%
Stroke	4.4	1.3%	2.1%	1.3%	3.9%
Congestive heart failure	2.7	1.1%	1.0%	0.5%	N/A

Diabetes

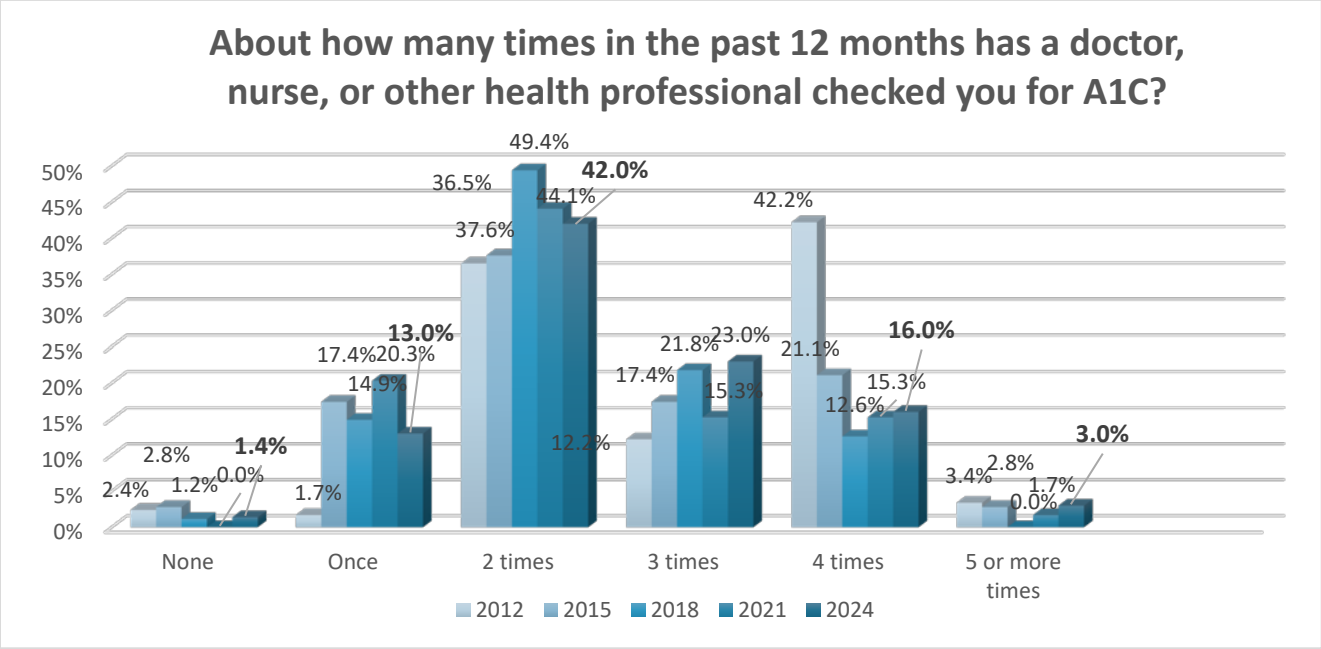
Diabetes is a serious disease that can be managed through appropriate use of medications, physical activity, and diet. Research indicates that the incidence and prevalence rates of diabetes in the U.S. are increasing. 16.8% of all survey respondents reported having been diagnosed with diabetes and 1.1% of female respondents reported having been diagnosed with gestational diabetes during pregnancy. Another 13.4% of participants were told they have pre-diabetes or borderline diabetes. Another follow-up question asked respondents who were diagnosed with diabetes if they were taking statins and 75.2% of those respondents reported that they are currently taking a statin.



When asked how often they see a provider for their diabetes, 4.1% reported not seeing their health care provider in the last 12 months while 46% 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.



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 (56%) indicated having taken a diabetes training course on how to self-manage their disease which is small decrease since the last survey. New to the survey this year we asked if a provider ever told the respondent that diabestes increases the risk of heart attack or stroke, 48% indicated yes.

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 50.7% of respondents have been told they have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia and 33.6% of respondents have been told they have a form of cancer. The largest increase in diagnosis was of COPD. All chronic conditions show an increase since assessment began in 2012 with the exception of asthma. A summary of diagnoses among respondents, compared to 2021, 2018, 2015 and 2012, is reported below.

Chronic Condition	2024	2021	2018	2015	2012
Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia	50.7%	41.8%	38.7%	35.2%	37.1%
Asthma	16%	14.1%	15.1%	16.8%	17.4%
COPD	9.2%	3.9%	3.0%	3.5%	7.1%
Skin cancer	16.2%	12.6%	10.7%	6.4%	7.6%
All other types of cancer	17.4%	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. This question began with the 2015 survey, respondents were not given the option to indicate "none" as a resource needed until 2018. 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	2024	2021	2018	2015
Help understanding all the directions from the doctors	10.7%	5.7%	7.7%	28.2%
Prescription assistance	10.5%	5.2%	8.6%	20.3%
Health care in my home and keeping appointments with my doctor (** These were combined in 2015)	10.1 (5.6 Healthcare in my home and 4.59% were keeping appointments with my doctor)	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	4.9%	2.8%	3.8%	2.5%
Help locating resources	10%	8.1%	11%	40.4%
Self Management **new 2024*	17.1%			
Support Groups **new 2024*	5.1%			
None	63.2	71.8	62.5%	NA

Dietary Behaviors and Physical Exercise

Dietary Behaviors

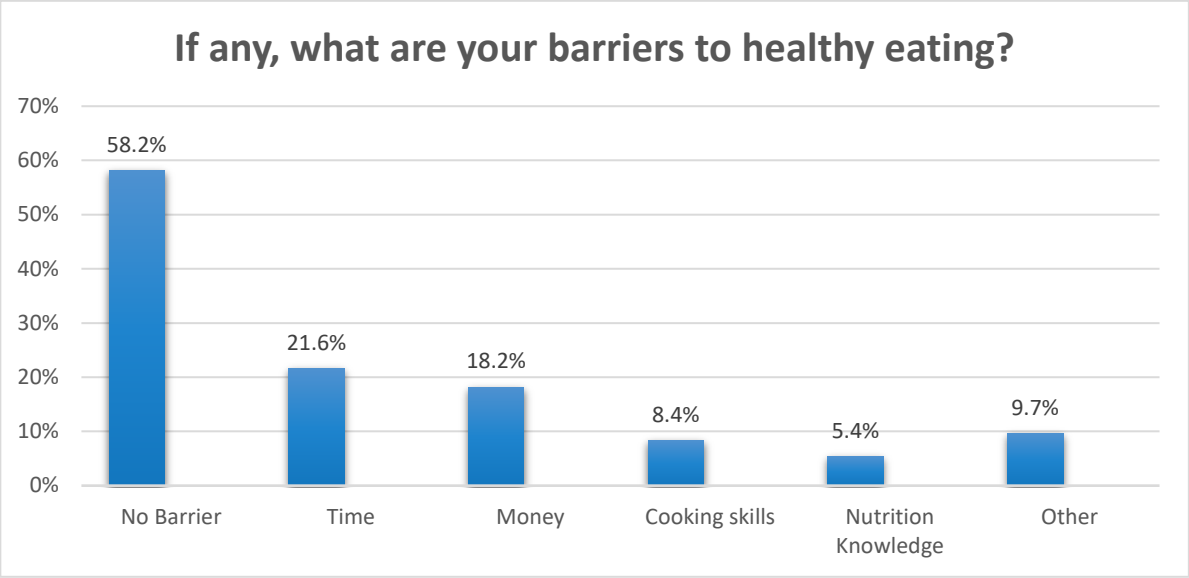
Respondents were asked about their consumption of fruits and vegetables in the past 30 days. The number of servings with the most responses was 6 (66%) servings of fruits and/or vegetables per day.

Respondents were asked the number of times per week their family eats fast or take-out food. Approximately 33% of participants reported eating fast or take-out food once per week and 24.3% 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 several reports.

"Fast" or "Take-Out" Food Consumption	2024	2021	2018	2015	2012
Once per week	32.7%	34.7%	40.4%	45.0%	45.1%
2 to 6 times per week	24.3%	23.7%	29.3%	28.0%	23.3%
More than 6 times per week	.6%	.5%	1.2%	0.6%	0.8%
Never	25.2%	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 (48.6%) reported never drinking sugar-sweetened beverages. Of those that reported drinking sugar-sweetened beverages, 9% reported drinking these once per week, 7.5% reported drinking two sugar sweetened drinks weekly and 7.4% reported consuming seven of these beverages per week.

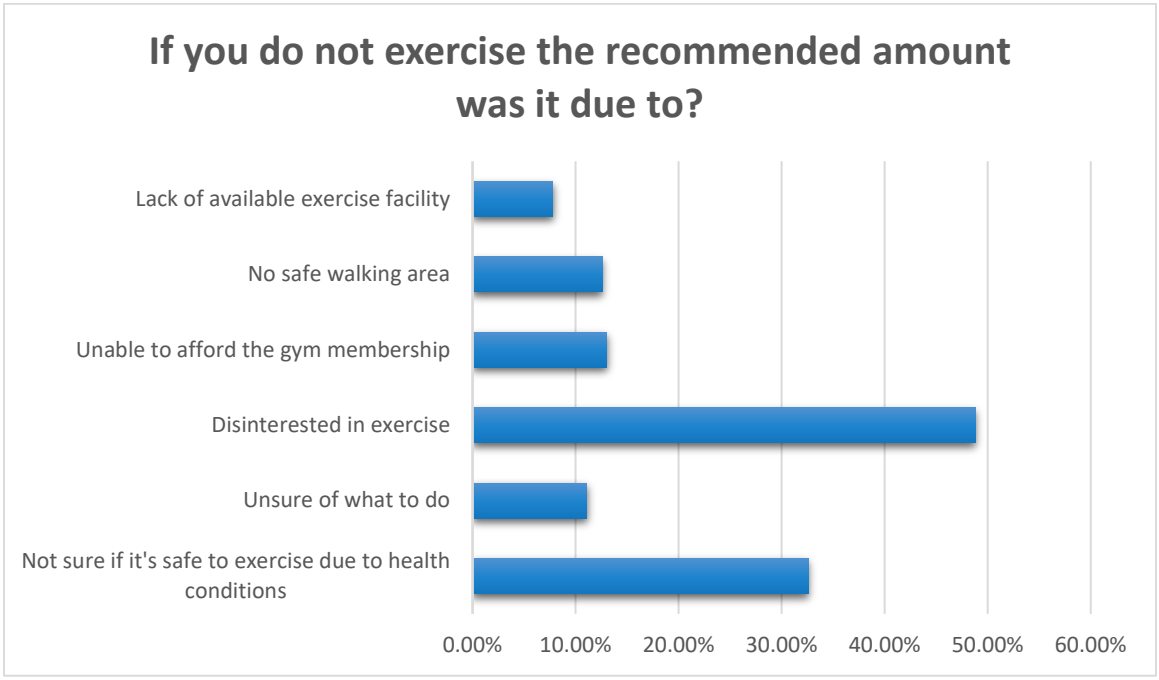
When asked about barriers to healthy eating, "No Barrier" was mentioned by more than half (58.2%)of respondents. Of those that did indicate a barrier, time still had the largest percentage of responses with 21.6% of respondents indicating this was a barrier. Money ranked the next highest with 18.2%. 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, cravings, emotional eating, laziness/tired, too busy or bad habits and food sensitivities were most frequently mentioned.



Physical Exercise

Approximately 73% of respondents reported that they participated in leisure time physical activity during the past month, this is a decrease from 2021.

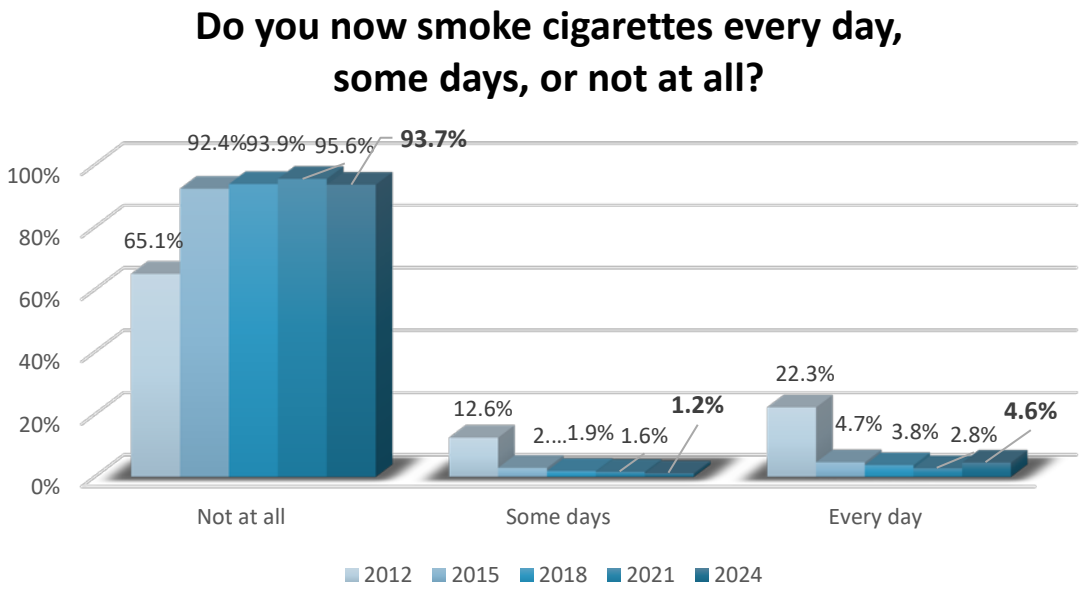
Among respondents who participated in physical activity, the largest percentage of respondents (37.3%) indicated they exercise for 31- 60 minutes of moderate intensity aerobic physical activity, followed by 16-30 minutes of activity at 29.7% and 20.7% for those exercising for more than one hour.

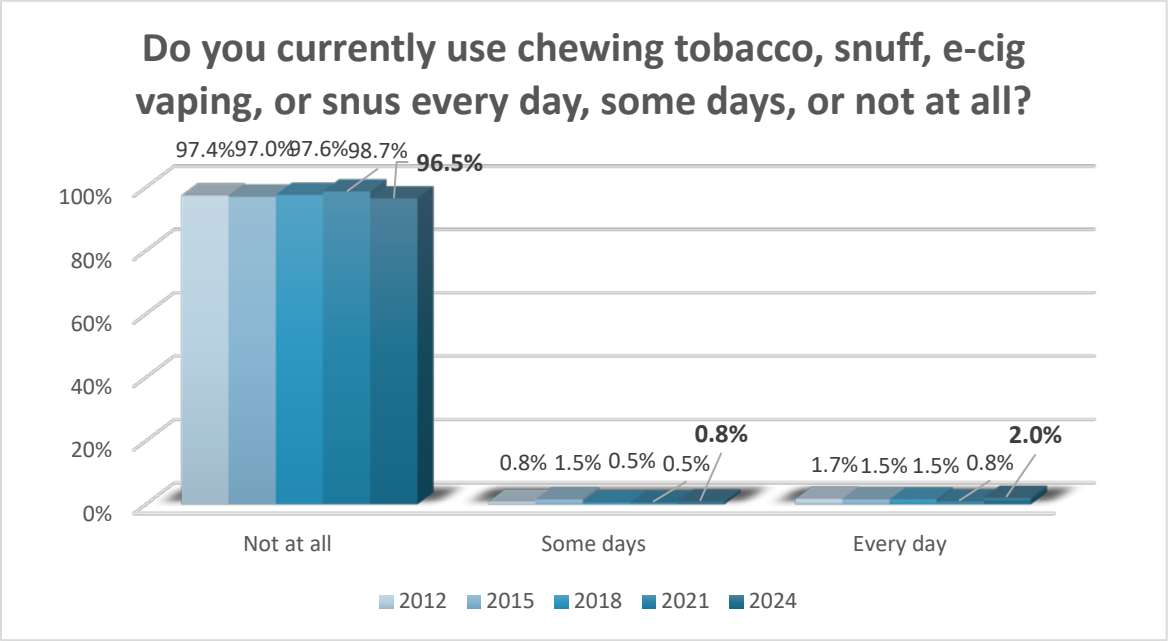


Health Risk Factors

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 (93.7%) nor use smokeless tobacco such as chewing tobacco, snuff, e-cigarettes or snus (96.5%). The number of respondents reporting using no tobacco decreased and those using it everyday increased, this is a reversal of trend. Responses are shown in the following tables. The majority of respondents 96% reported that there were no days that they were exposed to secondhand smoke in their home.





Regarding use of electronic vaping products (new question in 2021) have you ever used, had a 91.6% negative response. Of those who did ever use, the majority (54.6%) used it zero days in the last 30 days. The main reason they used a vaping product was to try to quit other tobacco product 39.7% followed by using them for some other reason (30.4%).

Alcohol Consumption

In 2024, 44% of respondents did not have an alcoholic beverage in the past 30 days. This is an increase of those abstaining from alcohol. Of those who drank alcohol in the past 30 days, 22% of the respondents indicated having a drink on 5 or more days of which 7.5% reported drinking 20 days or more. The majority 25% of those who drank alcohol, consumed three to four drinks drinks.

Substance Abuse

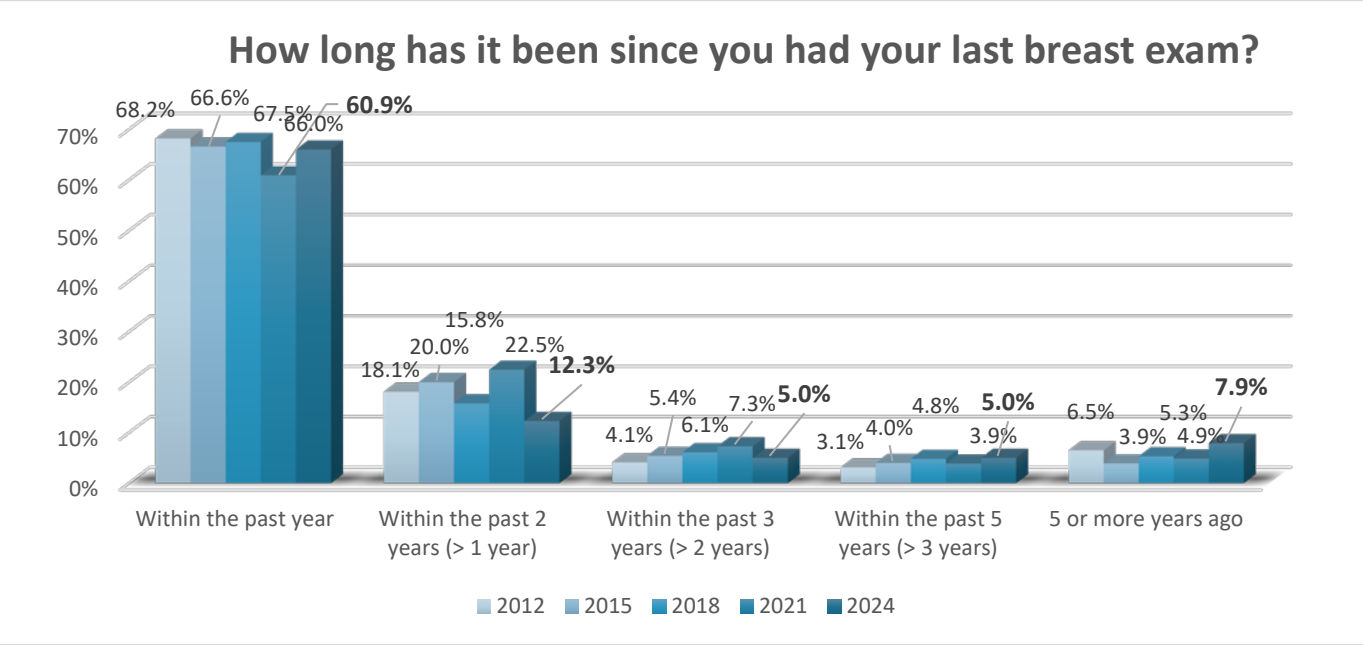
Added in 2018 and continued in 2021 and 2024 in addition to alcohol consumption, respondents were also asked if they had used opioids that were not prescribed to them in the last 3 month and if they have a family member or friend that has misused opioids in the last 3 months. 98.2% of the respondents answered that they had not personally used opioids that were not prescribed to them and 93.8% responded that they did not have a family member or friend who misused opioids within the last 3 months.

Added in 2021, we surveyed participants on use of marijuana in the last three months of the respondents surveyed, 91% reported that they did not use marijuana in the last three months.

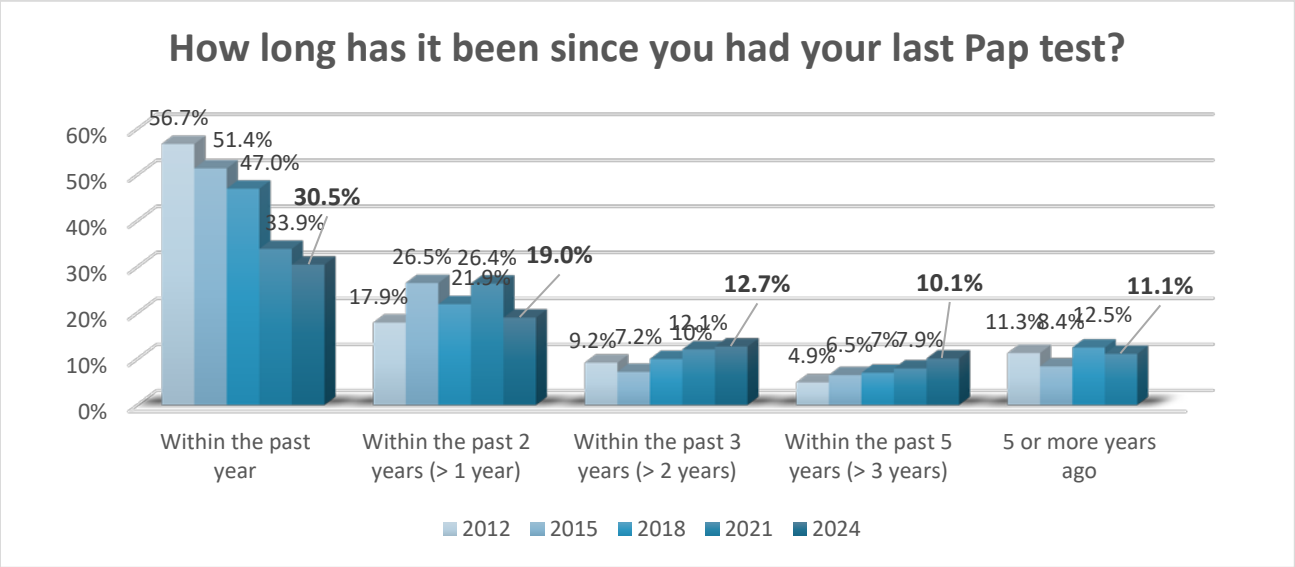
Preventive Health Practices

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 (93%) received at least one clinical breast exam. In addition, 78% of respondents received the exam within the past one to two years. The following chart further depicts 2024, 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 (95%) have received at least one Pap test. In addition, 49.5% of respondents received the exam within the past one to two years. Recent changes in recommended screening timeframes may impact these rates as well as the age of respondents. The following chart further depicts 2024, 2021, 2018, 2015, and 2012 survey differences.



Colon Cancer Screening

Respondents aged 49 years and over were asked if they had ever had a colon cancer screening. More than 74.4% 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 42% of respondents reported having this discussion.

HIV/AIDS Testing

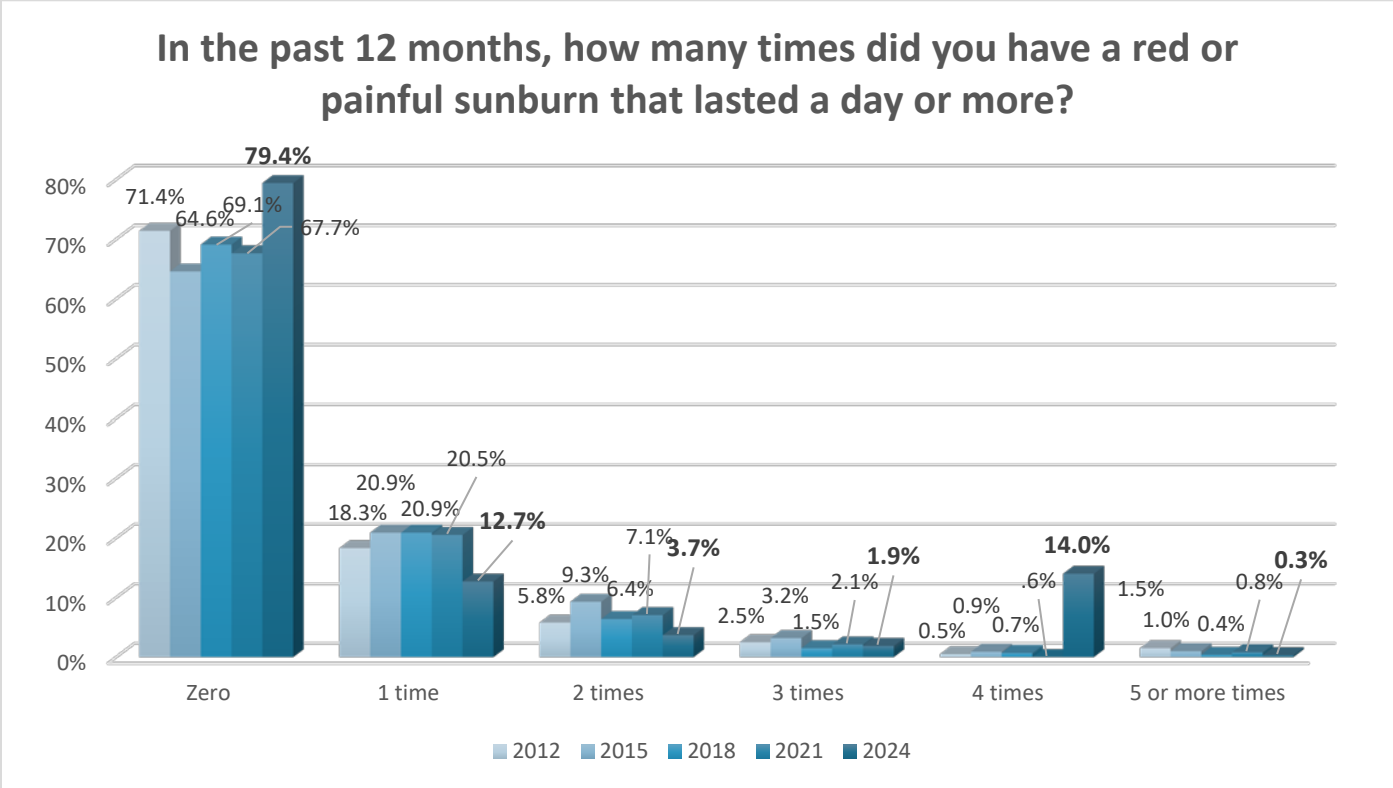
Knowing one's HIV status is key to preventing the spread of HIV and accessing appropriate counseling and medical care. The majority of respondents (71.9%) reported that they have never been tested for HIV. This is an increase from responses in 2021 (70.5), 2018 (60.5%), 2015 (63.2%) and 2012 (66.5%).

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 75.5% of respondents reported having had a flu shot or vaccine in the past year. This is a reversal of the 2021 trend as 77.8% received the vaccine; however, increased from previous years 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, 79.4%, did not have sunburn in the past 12 months. The percentage of respondents experiencing at least one sunburn in the past 12 months has also decreased to 12.7%.



The results are showing that the majority of participants are taking the same protective measures against the sun as they were in previous years. The only change in order was due to more people wearing sun protective clothing as it moved to the number five spot. In 2024, there was a slight decrease in the respondents use of sunglasses, those who used a sunscreen with an SPF of 15 or higher, use of lip balm with SPF and avoiding artificial light. Of the 65 individuals who selected "other" as their response the most frequently used measure was to stay out of the sun/stay inside or umbrella and baseball cap. 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	1552	77.5%
2	Sunscreen with an SPF of 15 or higher	1399	69.9%
3	Wide brimmed hat	920	45.9%
4	Lip balm with an SPF of 15 or higher	669	33.4%
5	Sun protective clothing	587	29.3%
6	Avoiding peak hours of 10am and 4pm	556	27.7%
7	Avoiding artificial UV light	382	19.%
8	None	114	5.7%
9	Other	65	3.2%

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 93.7% of all respondents confirmed they have never been physically abused by another member of the household and 91.2% indicated they were not a victim of a violent crime.

End of Life Planning

More than 61.7% 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.

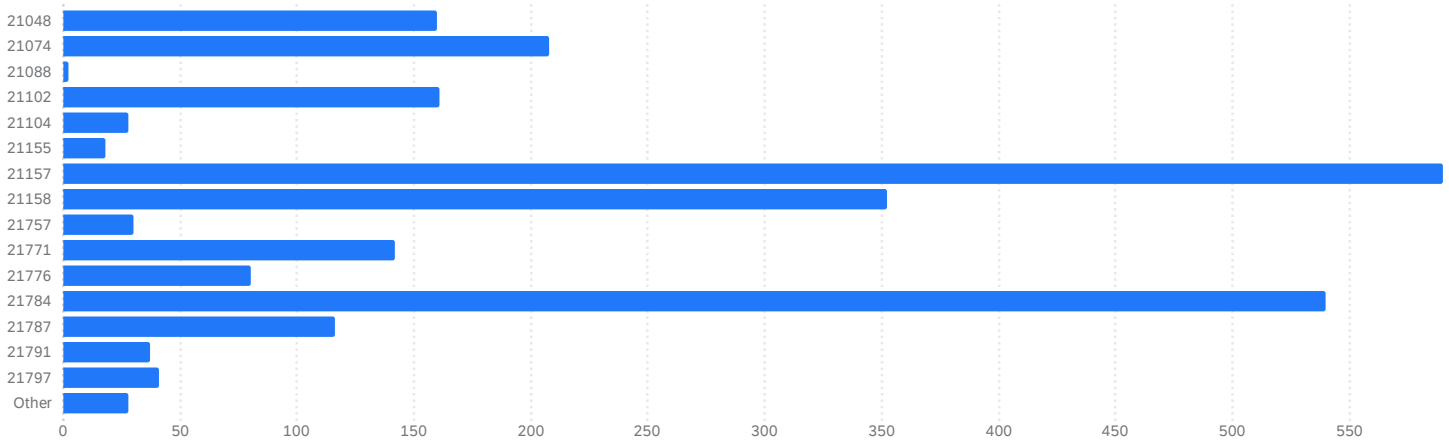
C. Attachment

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

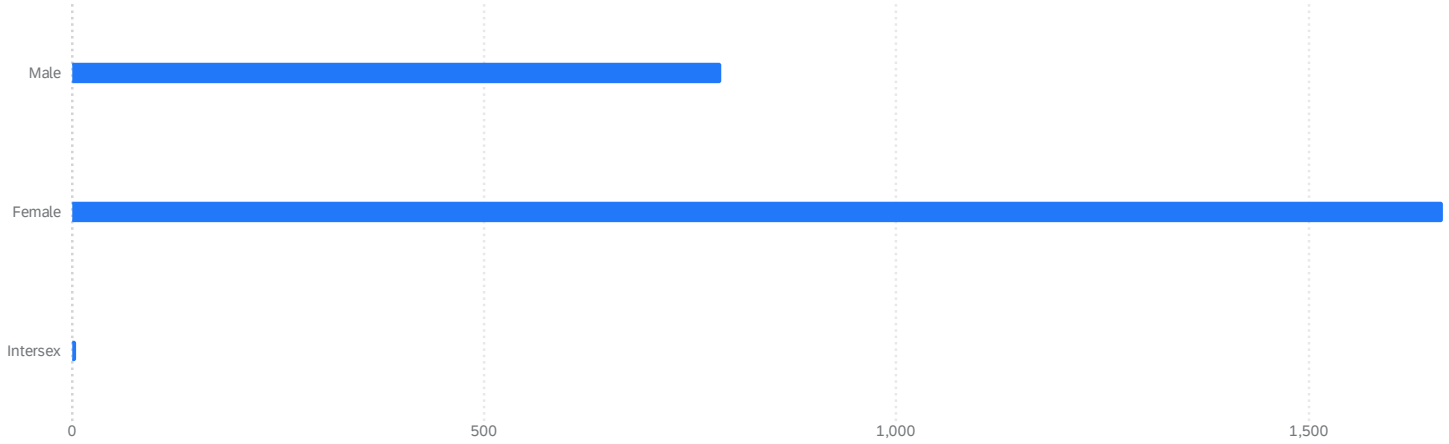
Community Health Needs - Direct Community_LIVE / Page 1

Responses: 2,612

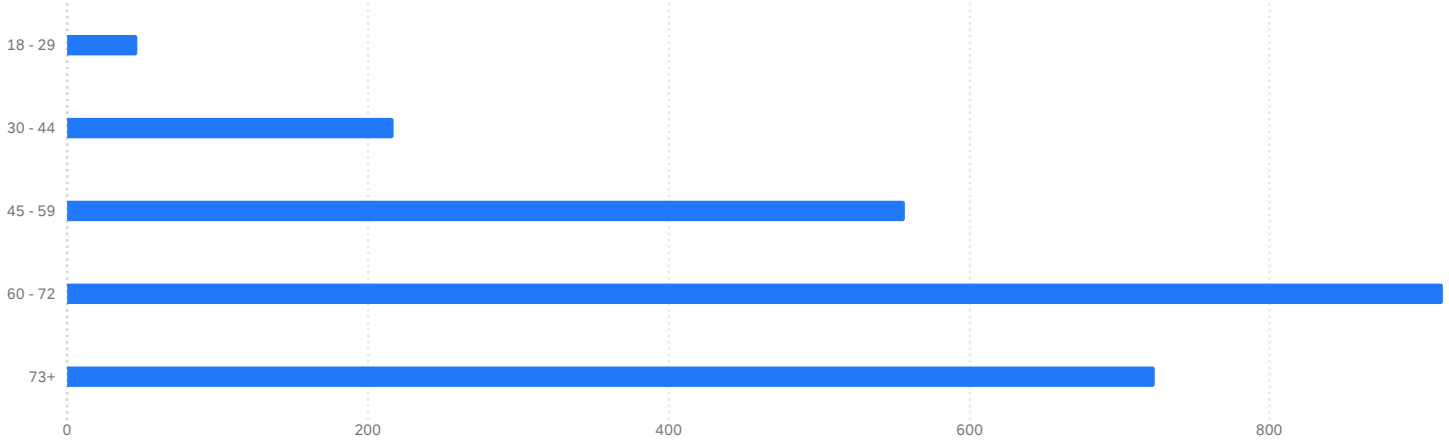
Demographics: Part I Please select your zip code: 2,533



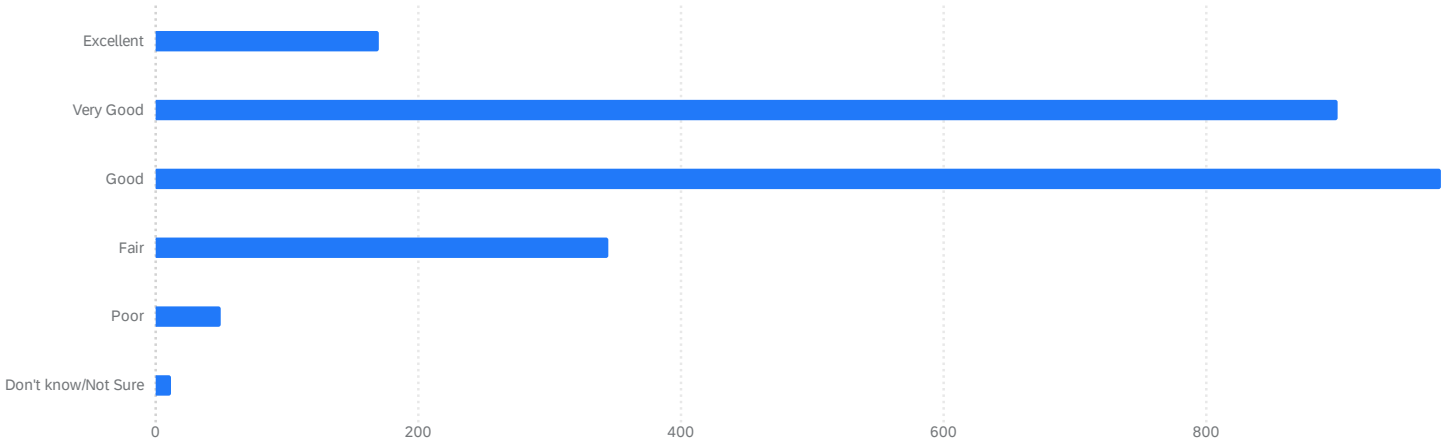
What is your birth gender? 2,451



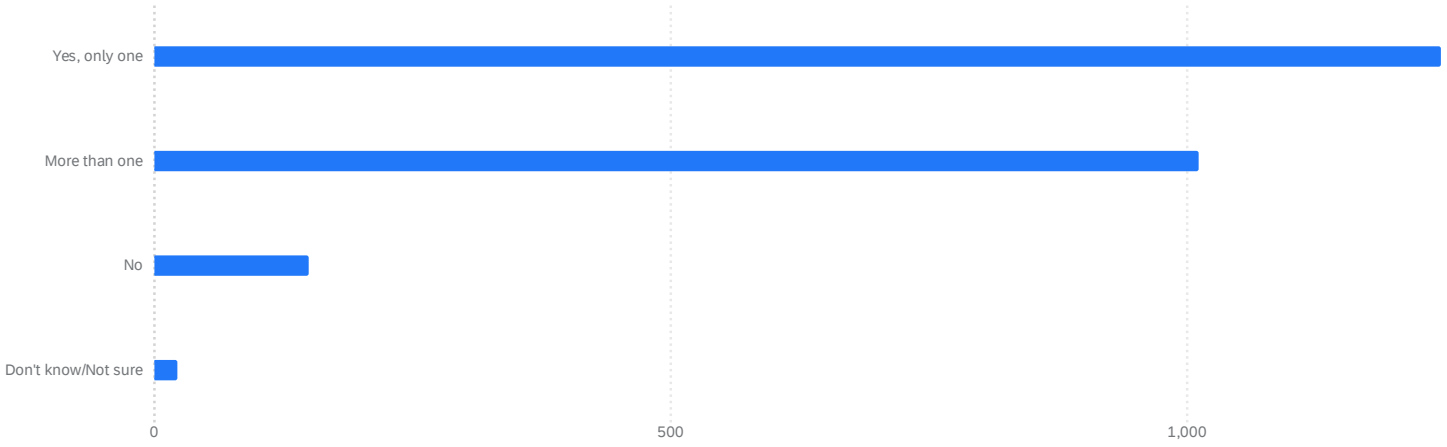
What is your age? 2,459



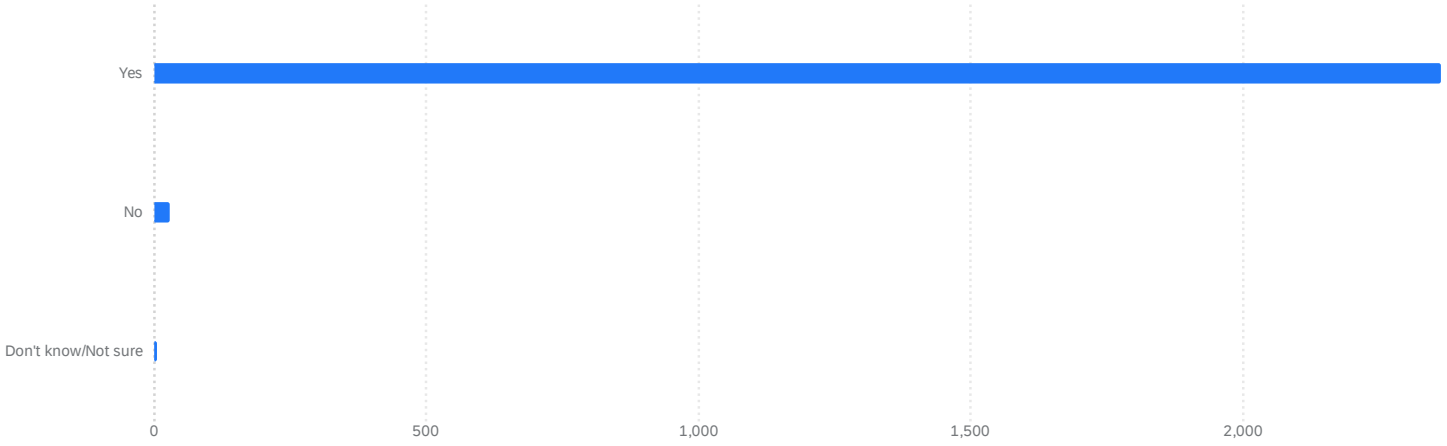
Section 1: Health Status Would you say that in general your health is ---? 2,456



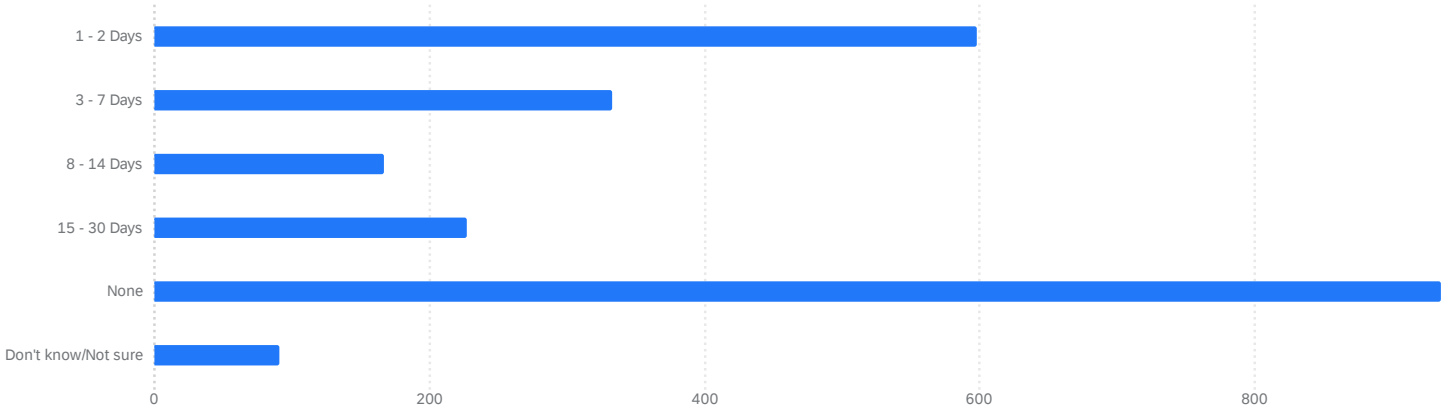
Section 2: Health Care Access Do you have one person you think of as your personal doctor or health care provider? 2,427



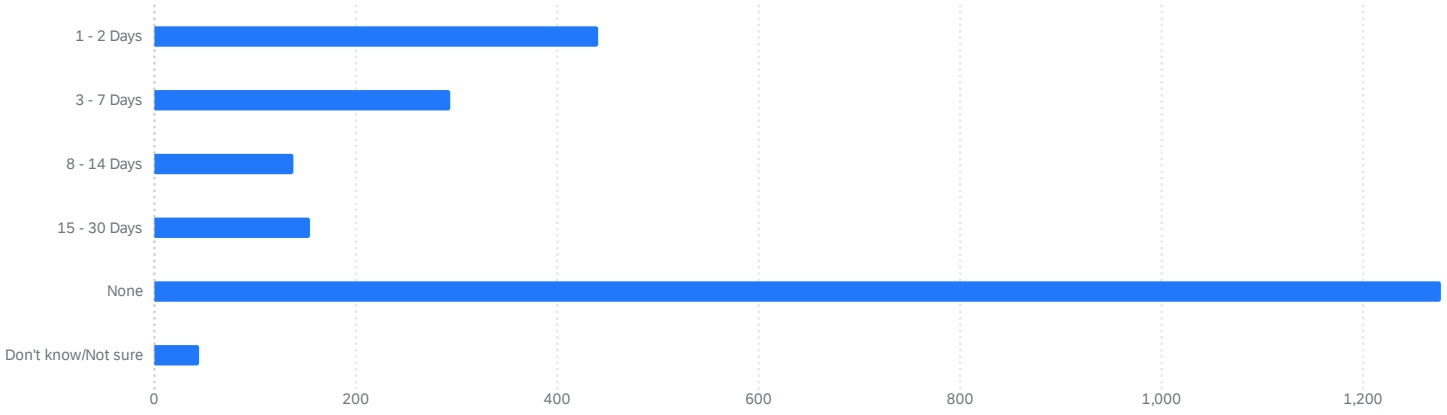
Do you have health insurance? 2,395



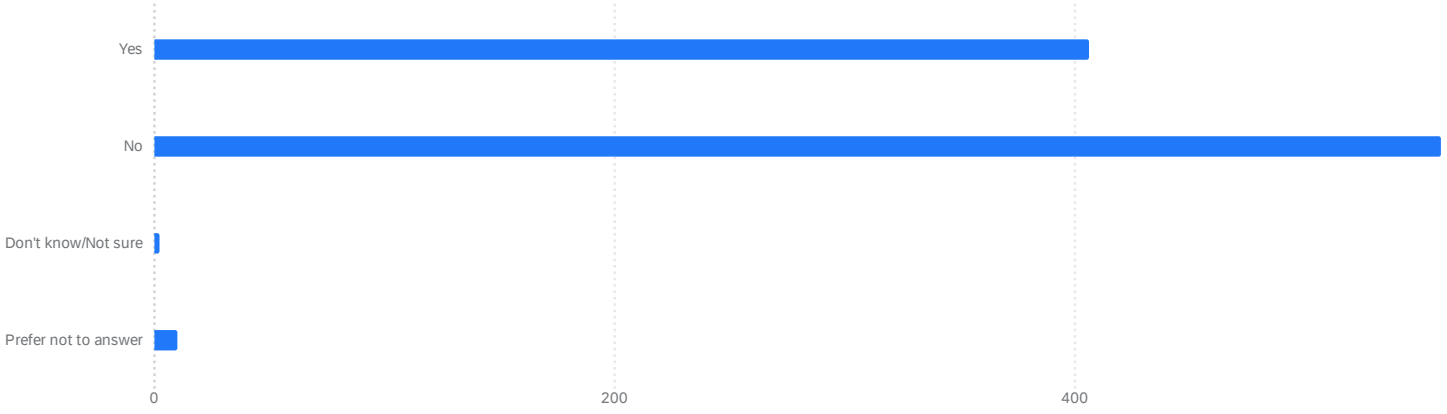
Section 3: Healthy Days - Health Related Quality of Life Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? 2,351



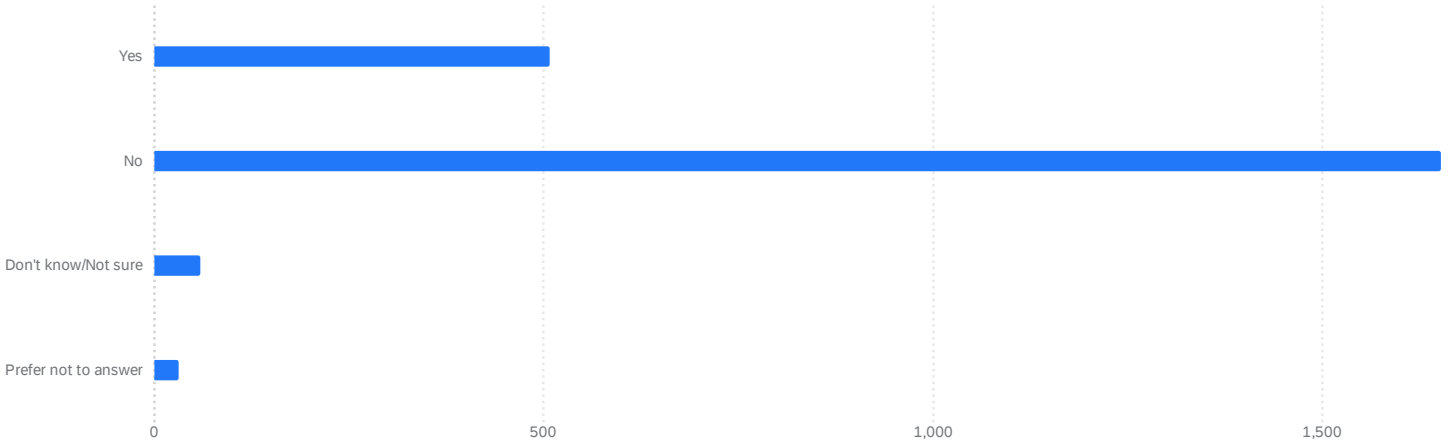
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? 2,346



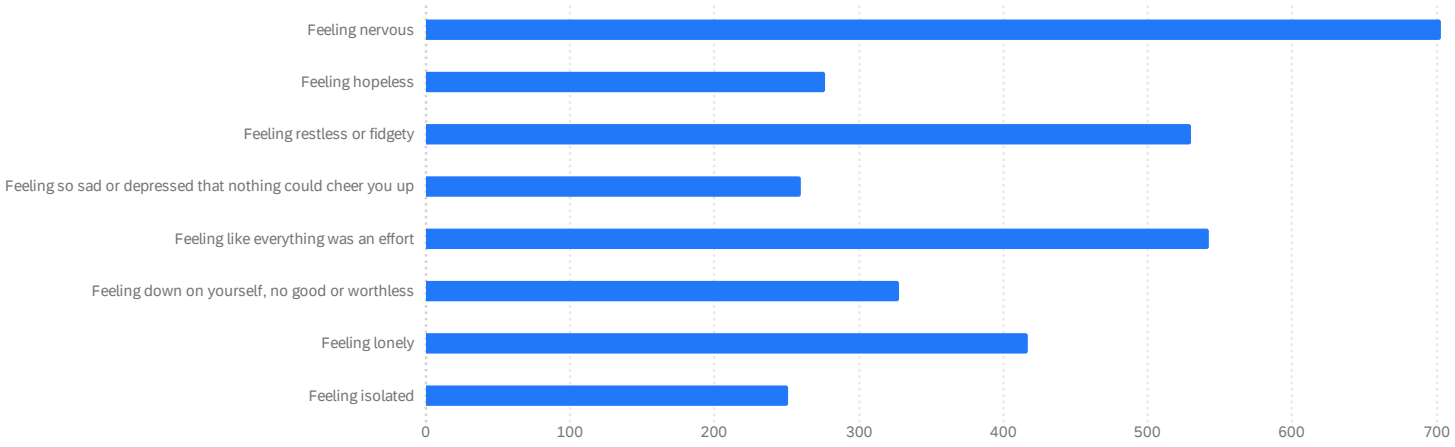
Section 4: Anxiety and Depression Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? 977



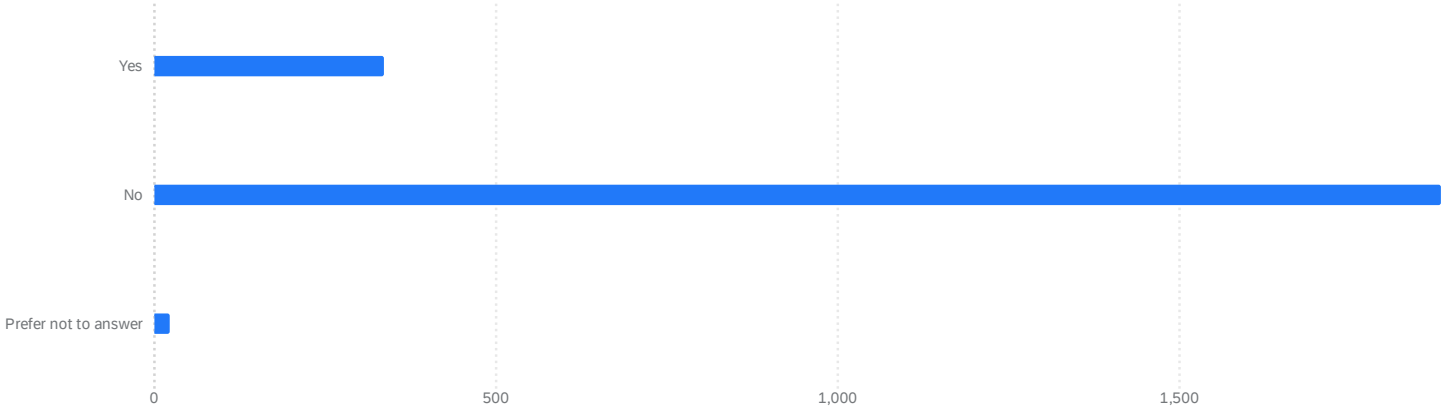
Has a doctor or other healthcare provider ever told you that you have an anxiety disorder? 2,250



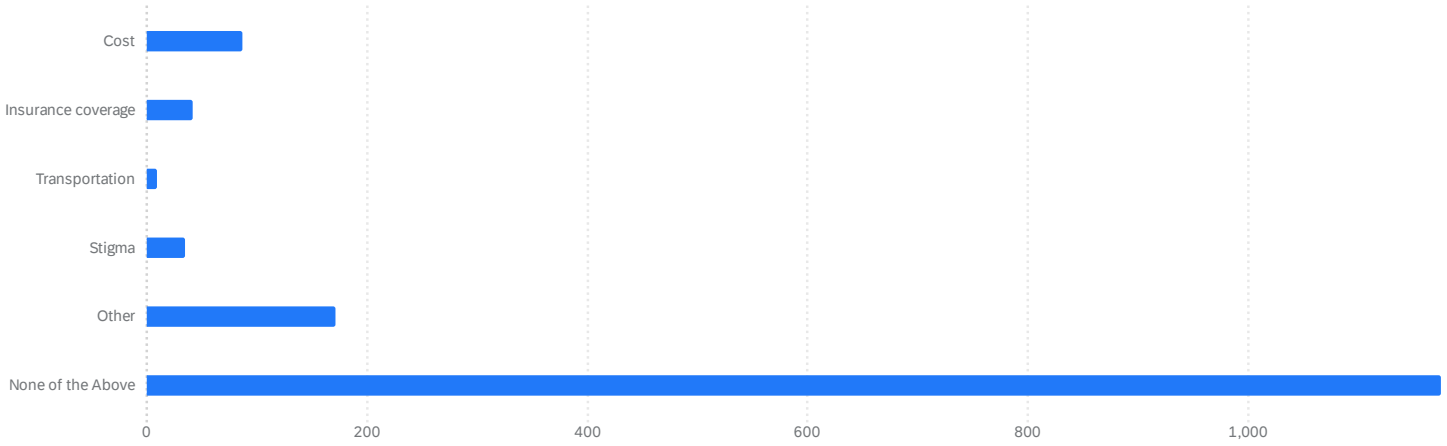
Please select any of the following that you have experienced in the past year: 1,289



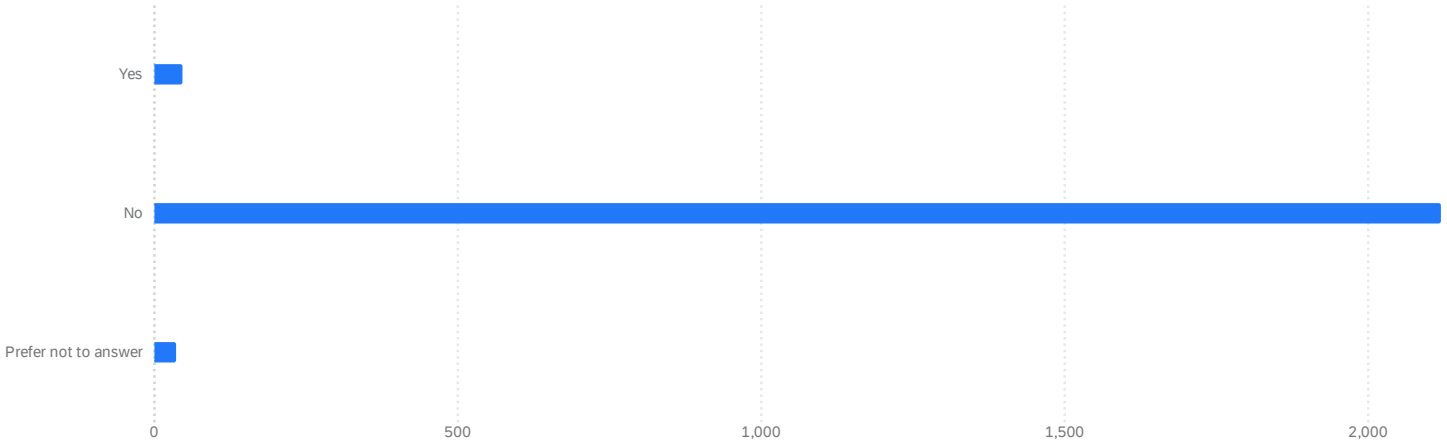
In the past year, have you received any inpatient or outpatient treatment (such as in a hospital, treatment facility, medical or mental health clinic, doctor's office or some other place) for any problem you were having with your emotions, nerves or mental health? 2,240



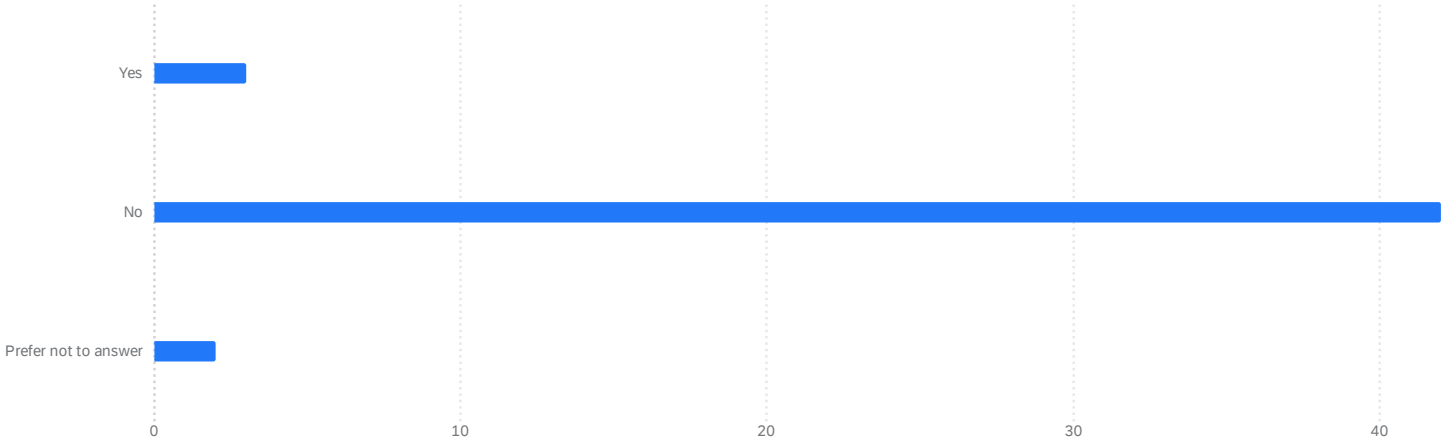
If treatment not sought, why? 1,454



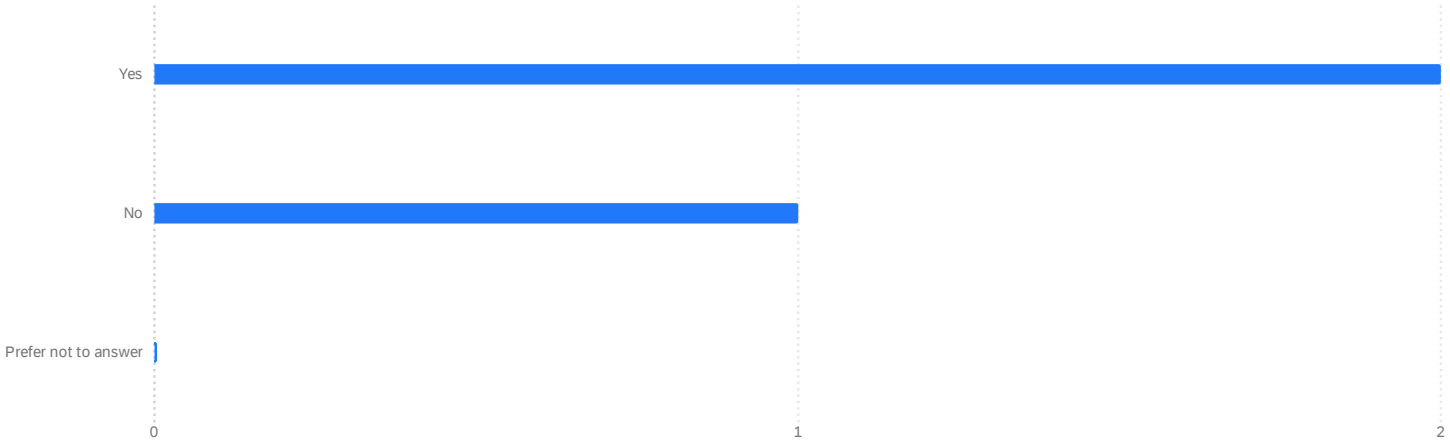
At any time in the past 12 months did you seriously think about trying to kill yourself? 2,201



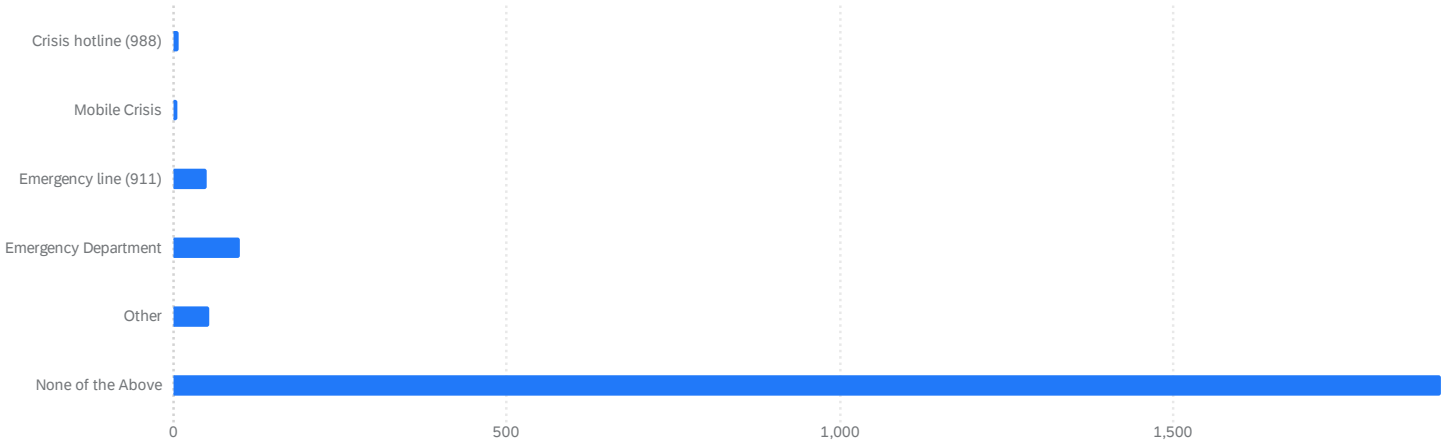
During the past 12 months did you attempt to kill yourself? 47



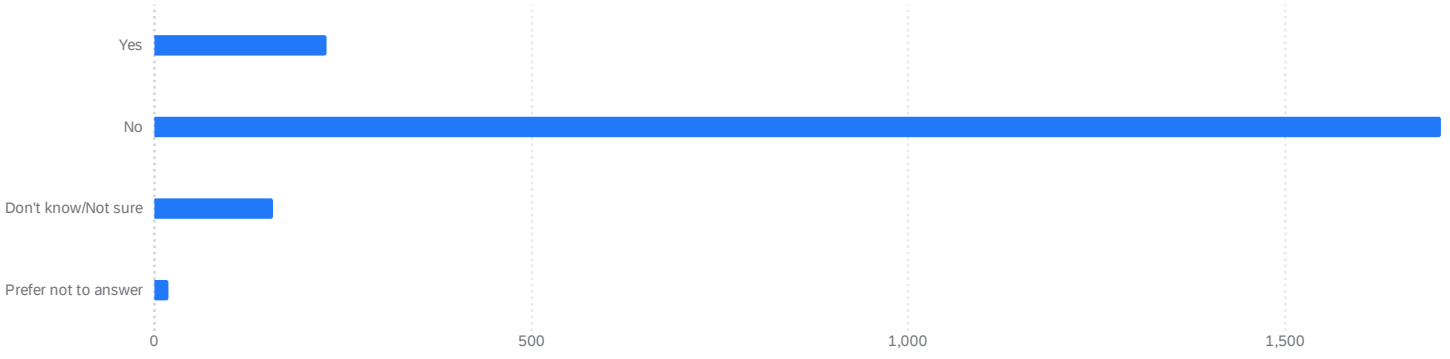
During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself? 3



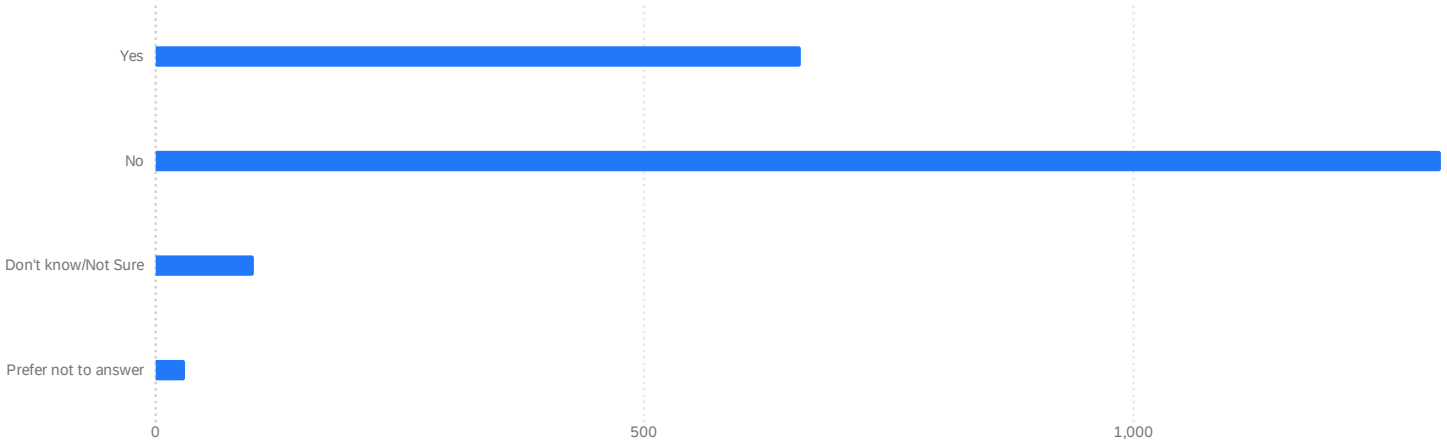
Did you use any of the following services? (check all that apply) 2,075



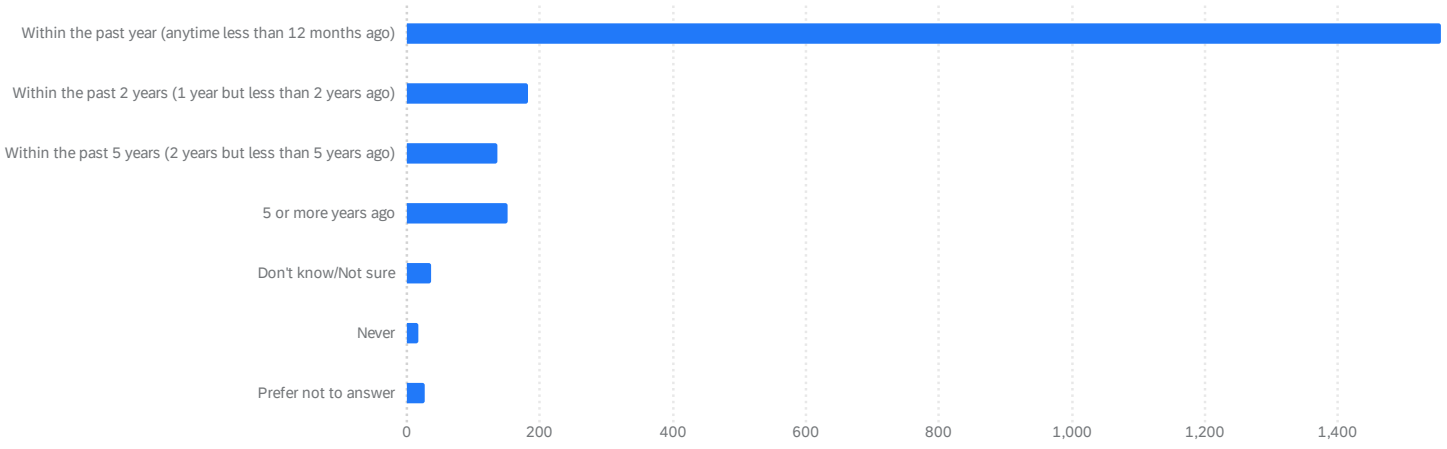
Section 5: Cognitive Impairment The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory 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? 2,110



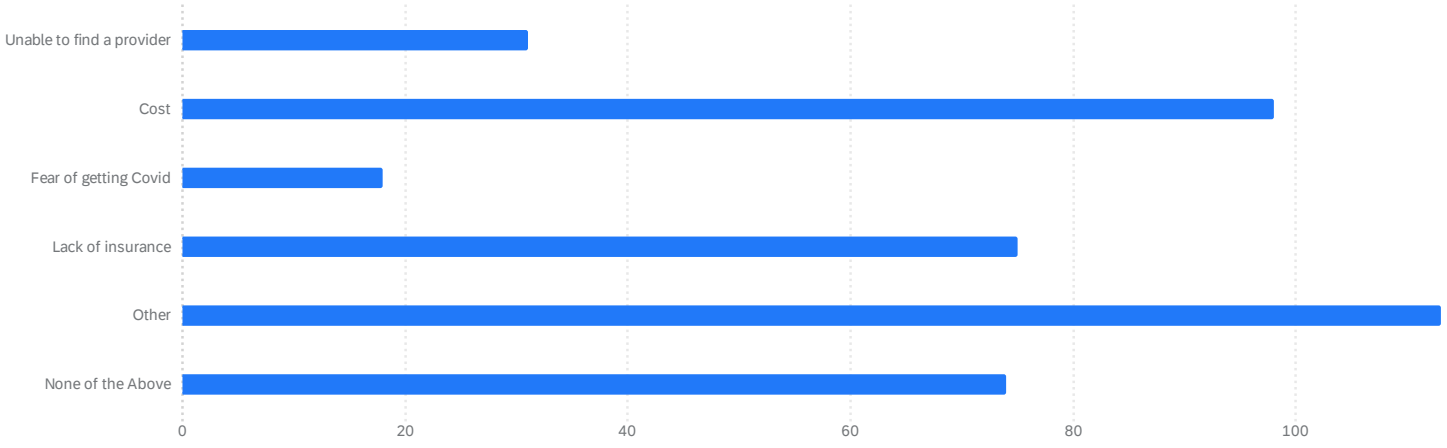
Have you witnessed a family member experience confusion or memory loss that is happening more often or getting worse? 2,106



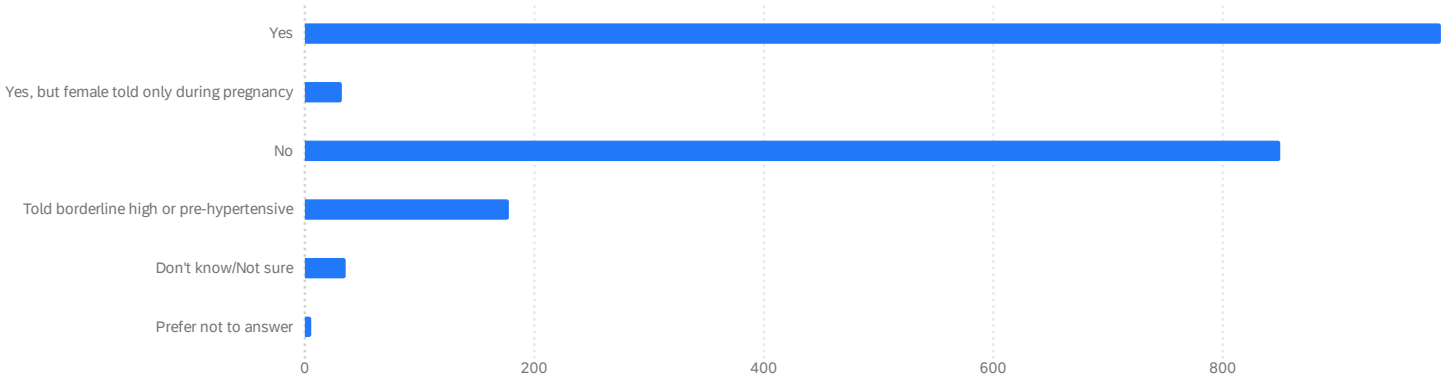
Section 7: Oral Health How long has it been since you had your teeth cleaned by a dentist or dental hygienist? 2,107



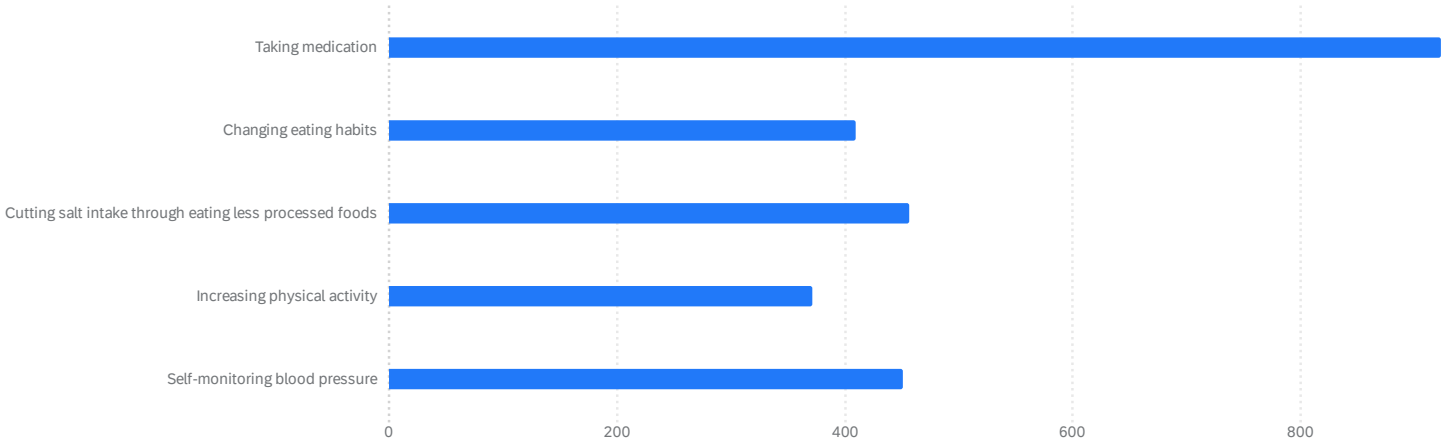
Why haven't you've had your teeth cleaned by a dentist or dental hygienist? 341



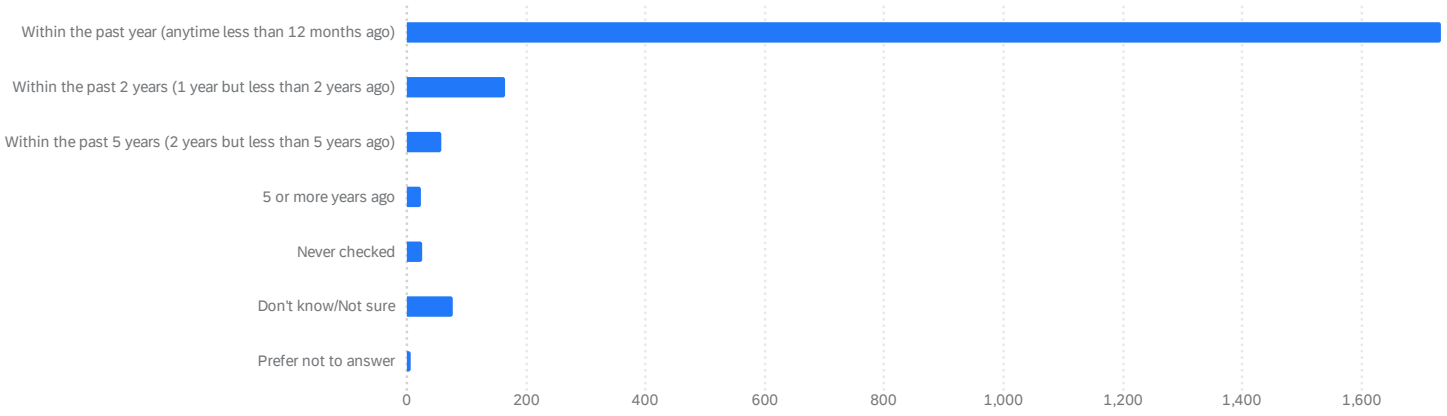
Section 8: Hypertension Awareness & Actions to Control High Blood Pressure Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional. 2,091



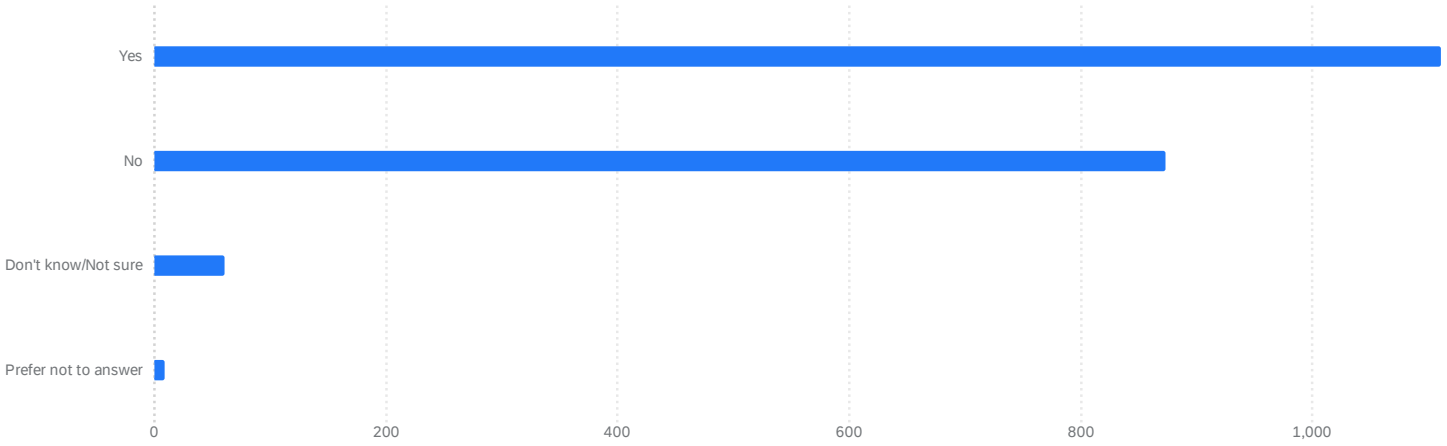
Are you doing any of the following to manage your blood pressure? (choose all that apply) 981



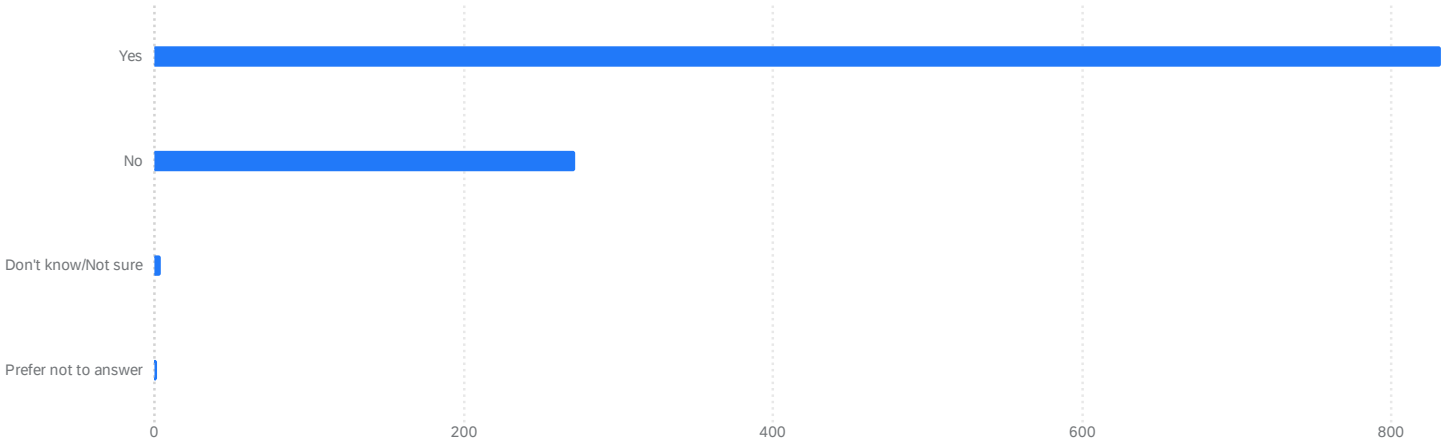
Section 9: Cholesterol Awareness Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? 2,087



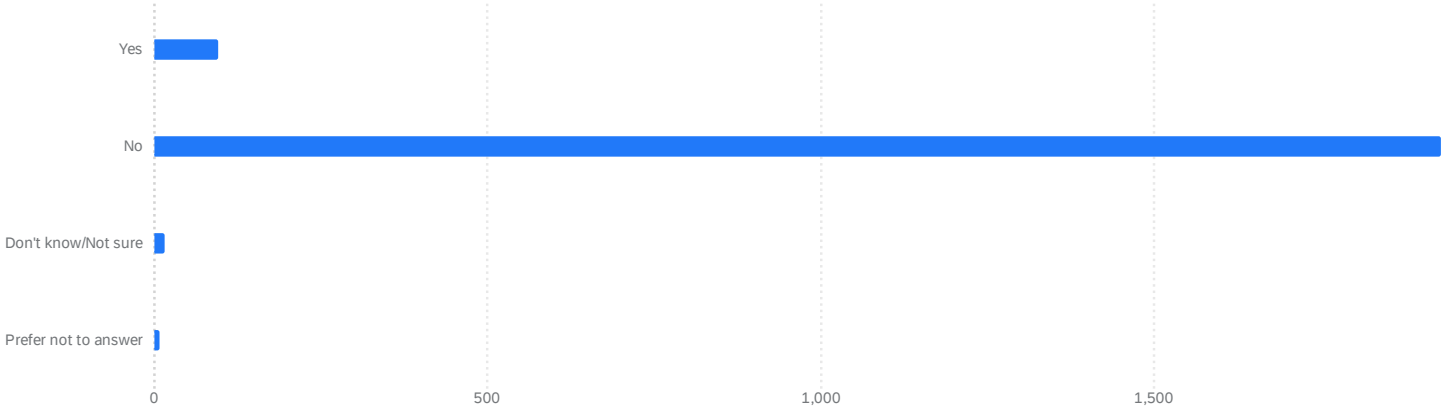
Have you ever been told you have high cholesterol? 2,054



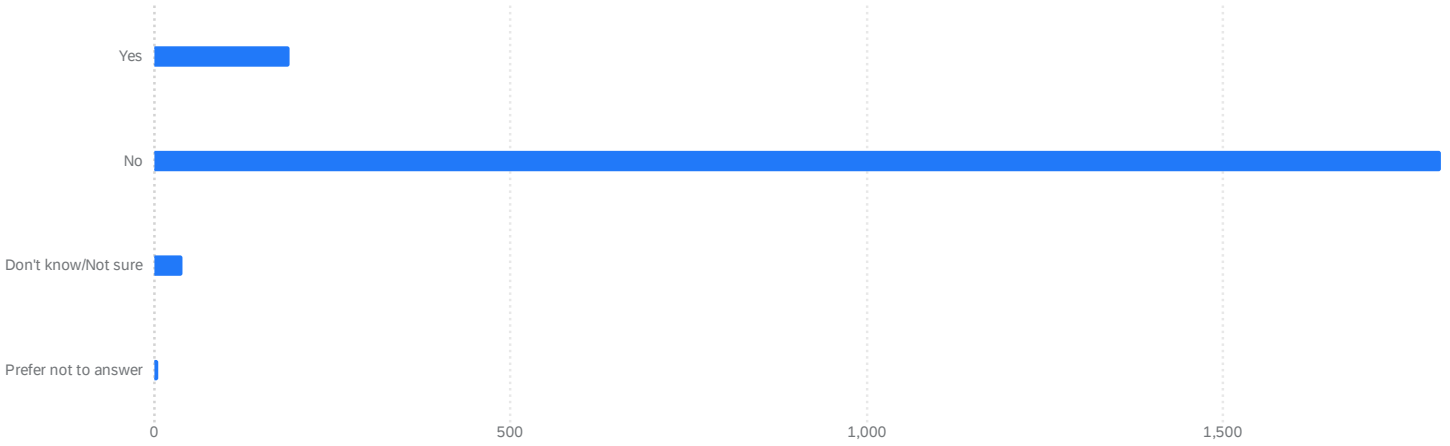
Are you currently taking medication for your high cholesterol? 1,108



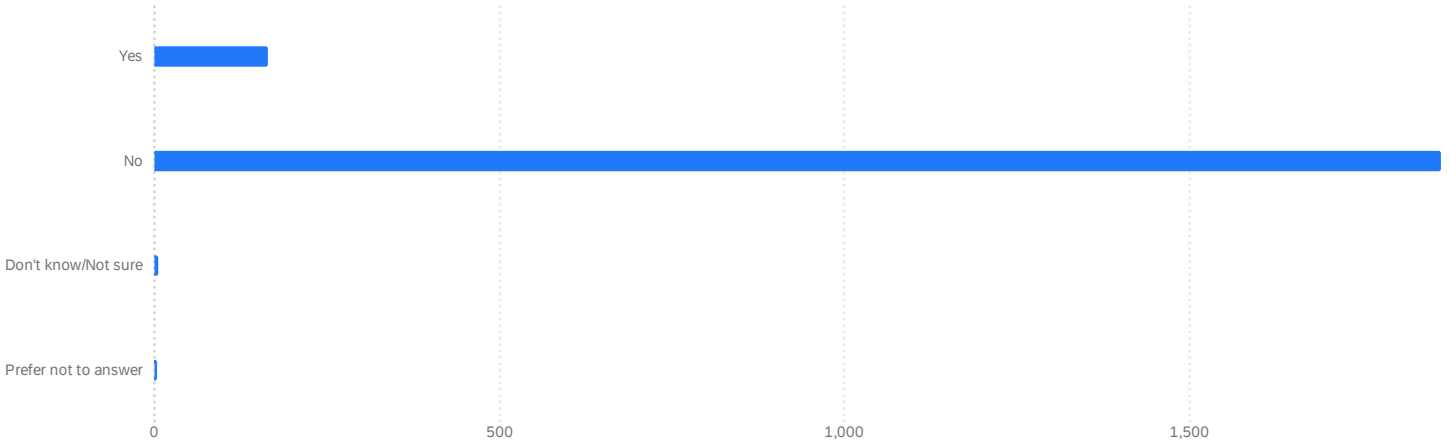
Section 10: Chronic Health Conditions Has a doctor, nurse or other health professional ever told you that you had a heart attack also called a myocardial infarction (MI)? 2,049



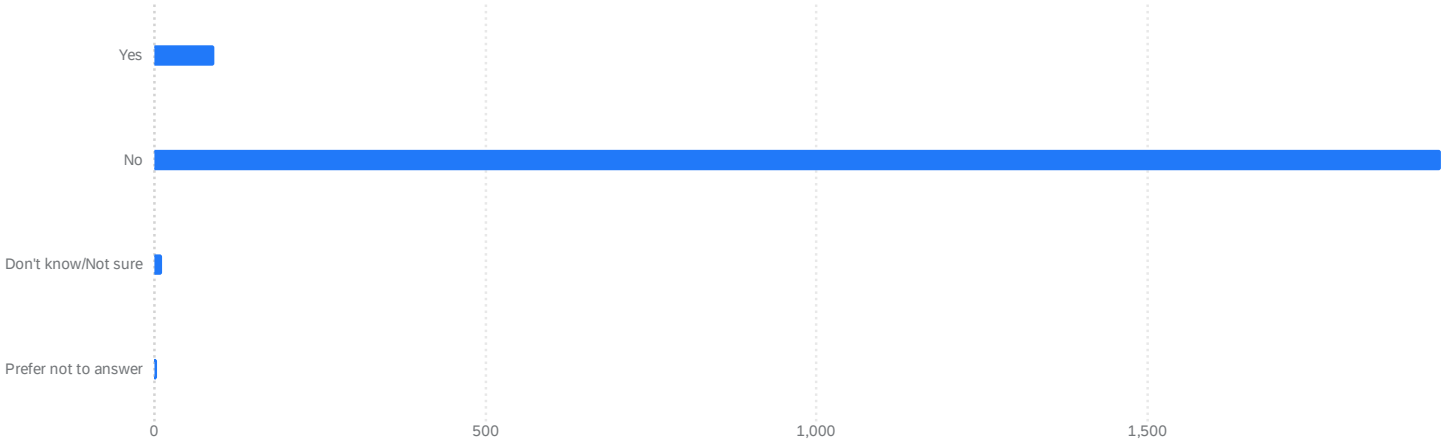
Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease? 2,041



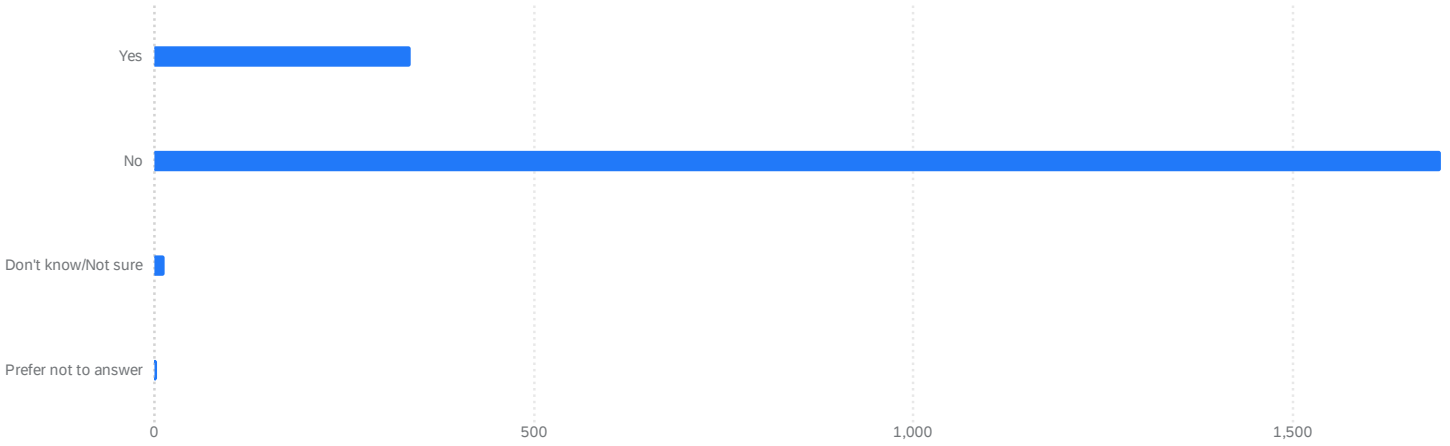
Have you ever had a heart stent or bypass? 2,037



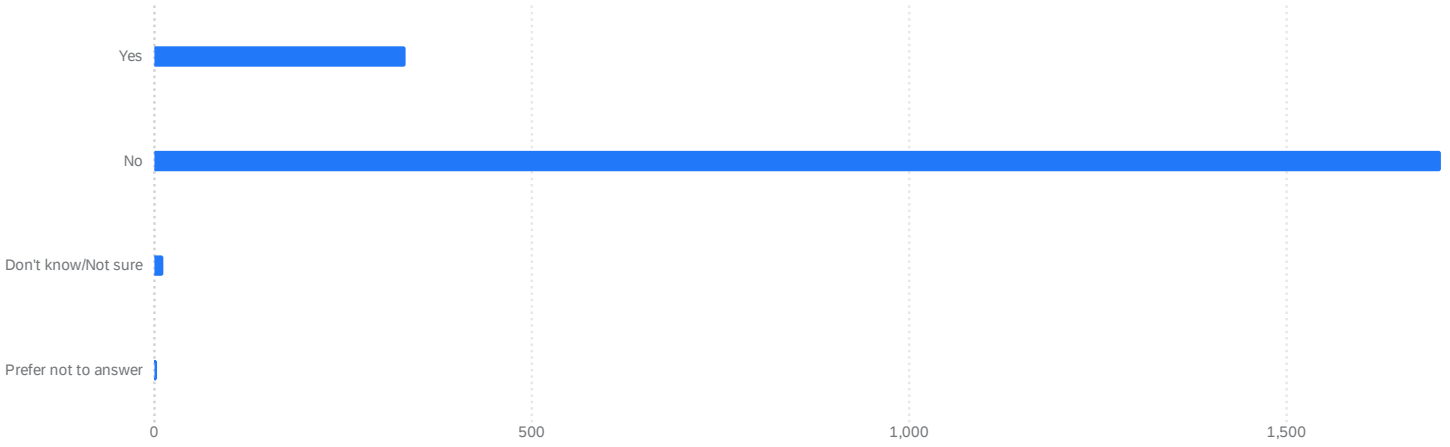
Has a doctor, nurse or other health professional ever told you that you had a stroke? 2,048



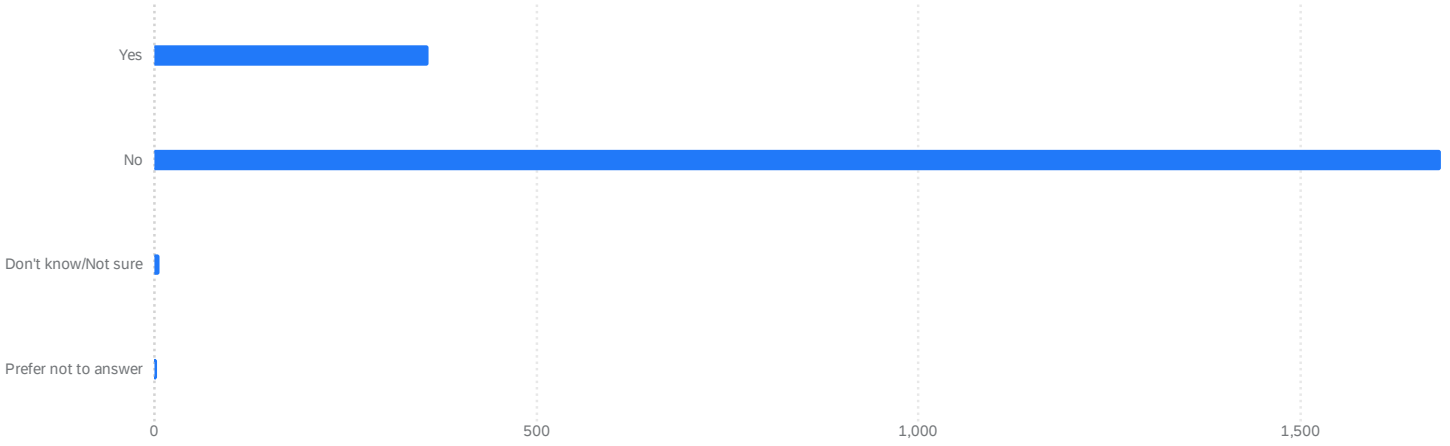
Has a doctor, nurse or other health professional ever told you that you had asthma? 2,047



Has a doctor, nurse or other health professional ever told you that you had skin cancer? 2,050

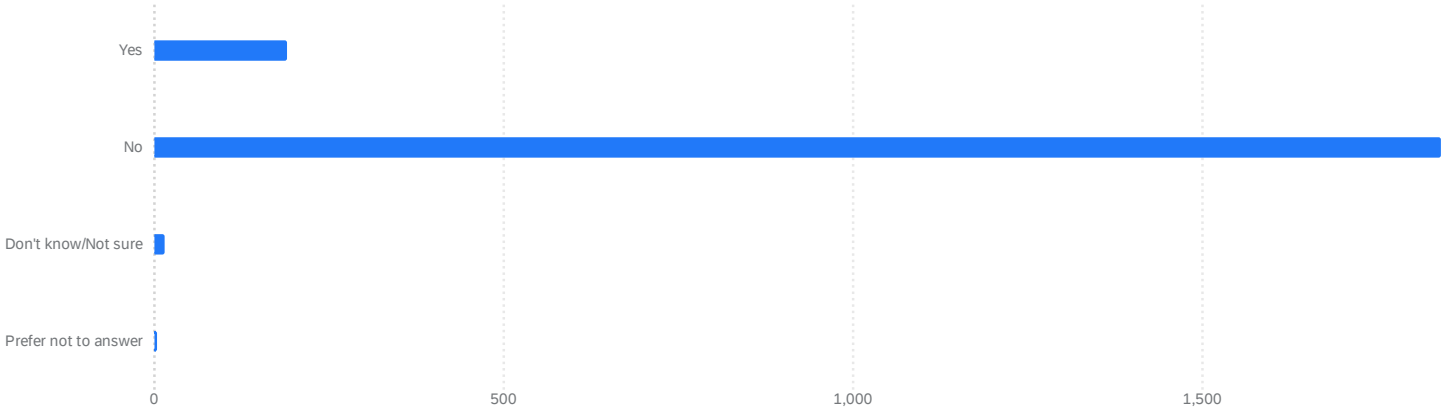


Has a doctor, nurse or other health professional ever told you that you had any other types of cancer? 2,049

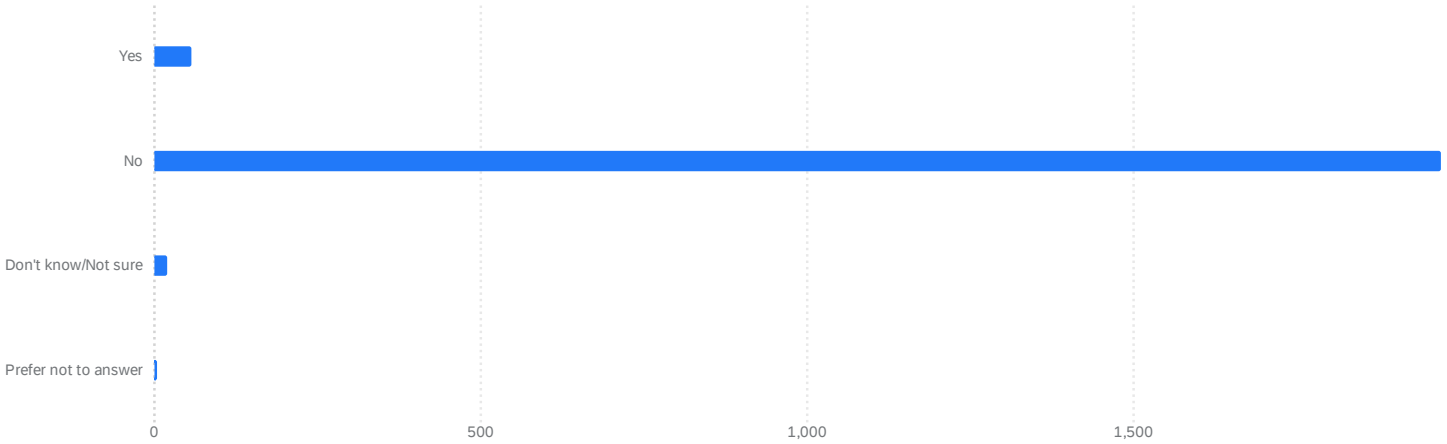


Has a doctor, nurse or other health professional ever told you that you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

2,045

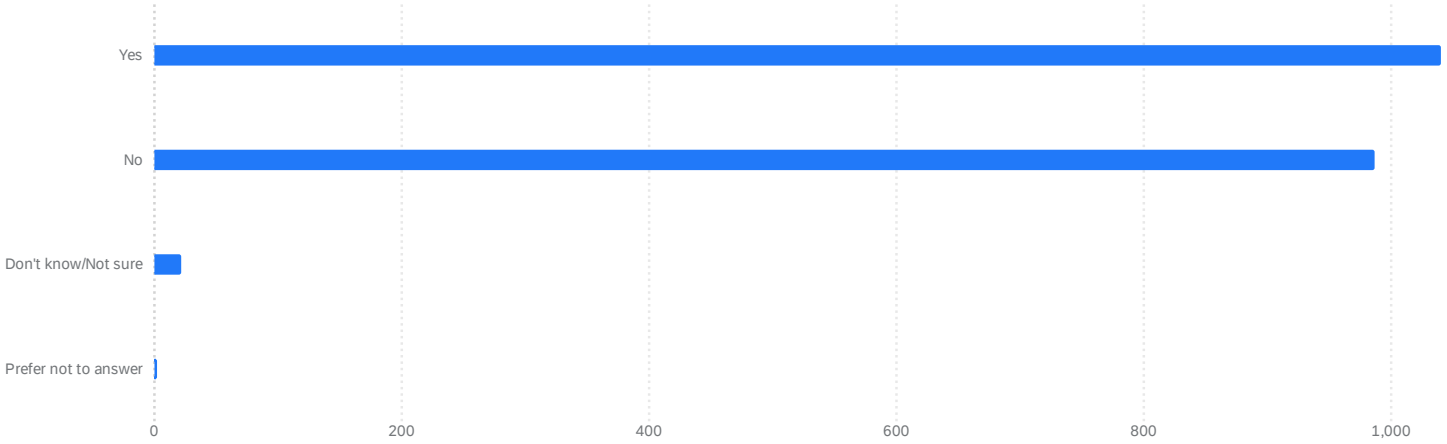


Has a doctor, nurse or other health professional ever told you that you have congestive heart failure (CHF or heart failure)? 2,049

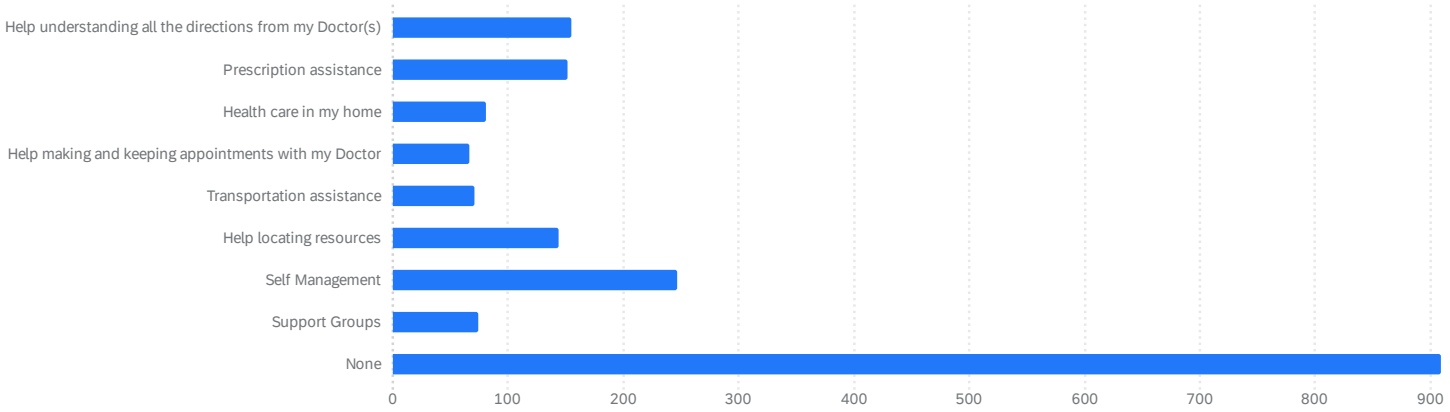


Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

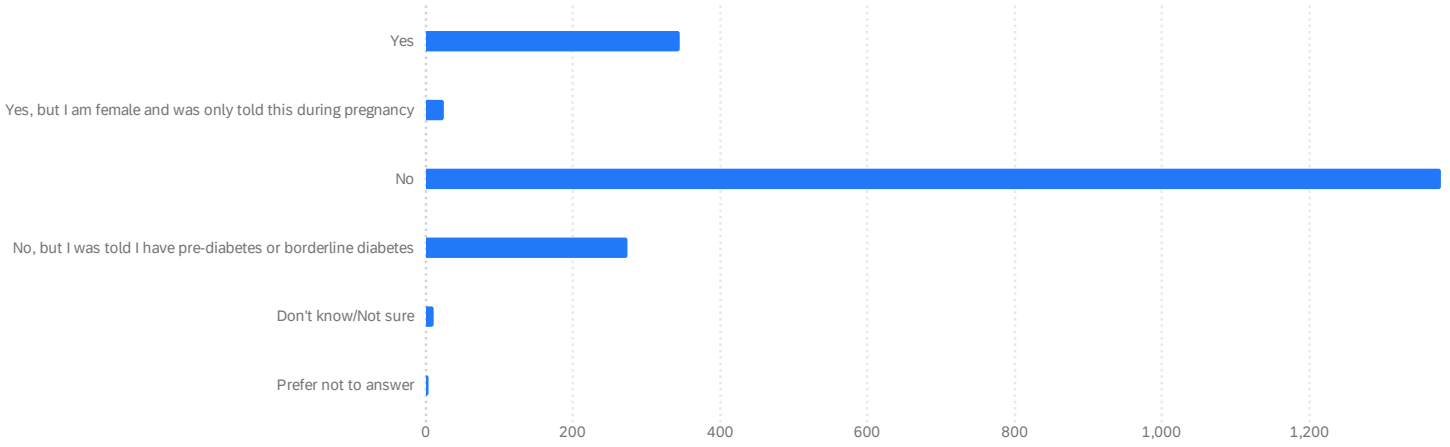
2,049



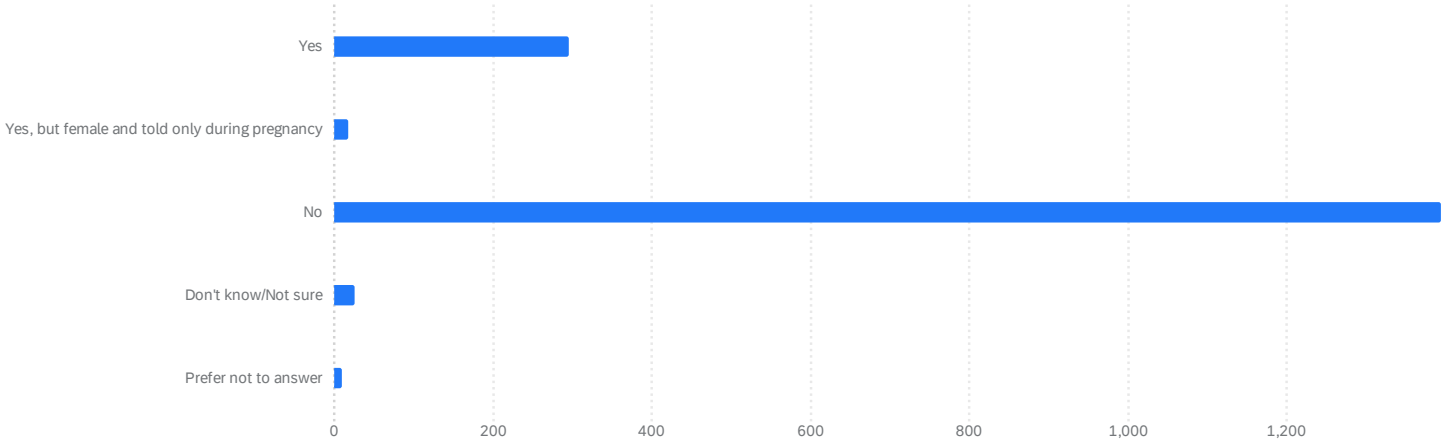
What kind of help would you need in managing this/these conditions (heart attack, angina, stroke, asthma, cancer, COPD, Congestive heart failure or arthritis) to stay healthy? (Choose all that apply) 1,437



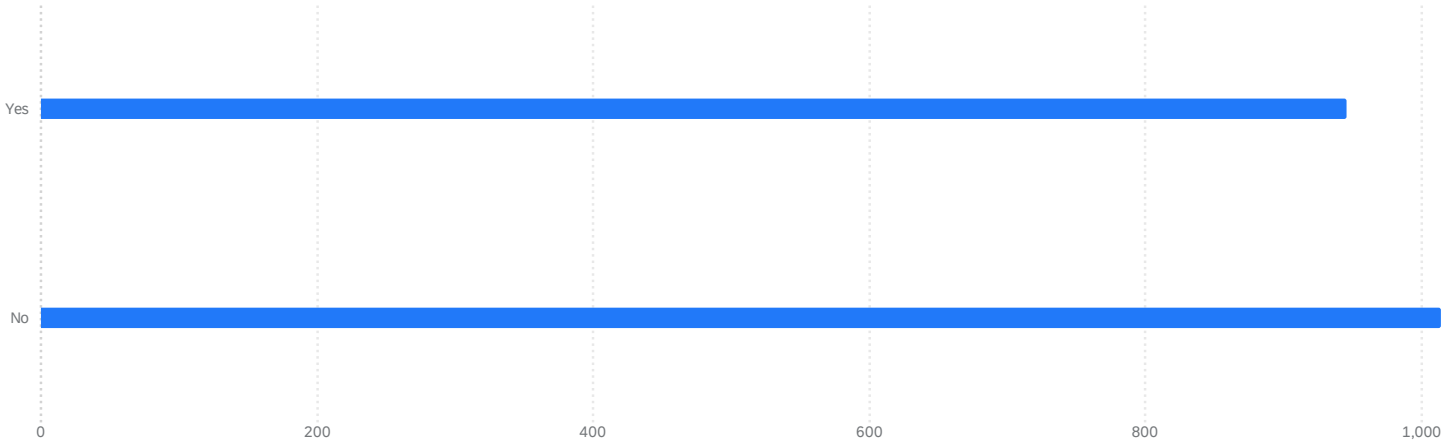
Section 11: Diabetes Has a doctor, nurse, or other health professional ever told you that you have diabetes? 2,036



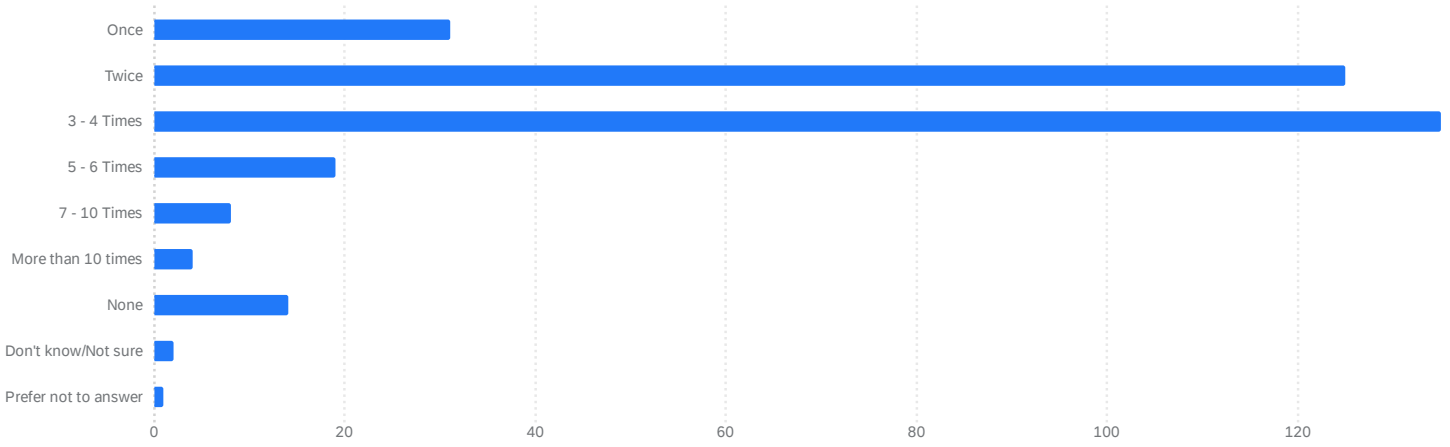
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? 1,743



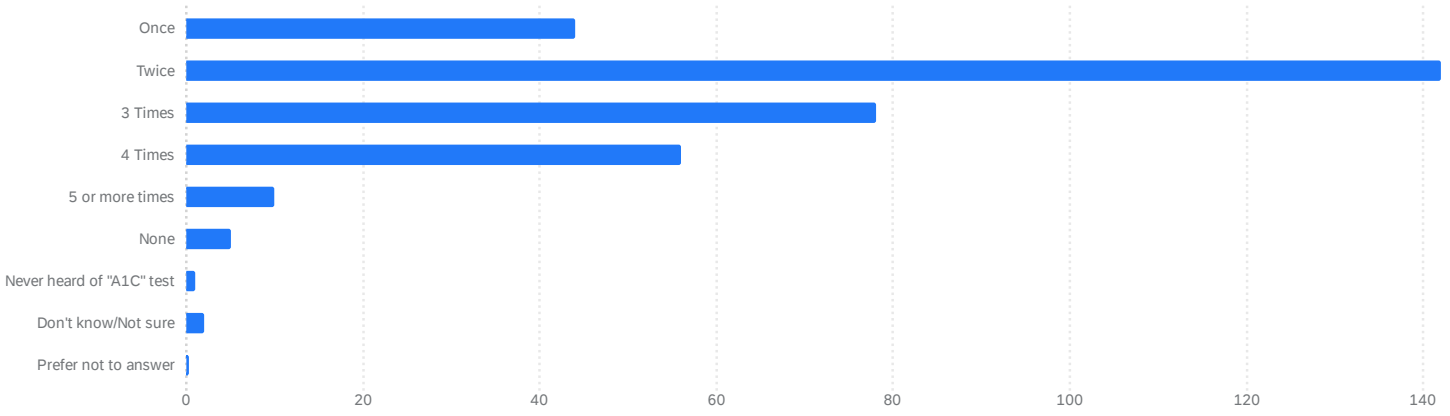
Has a healthcare provider ever told you that diabetes increases the risk of heart attack or stroke? 1,960



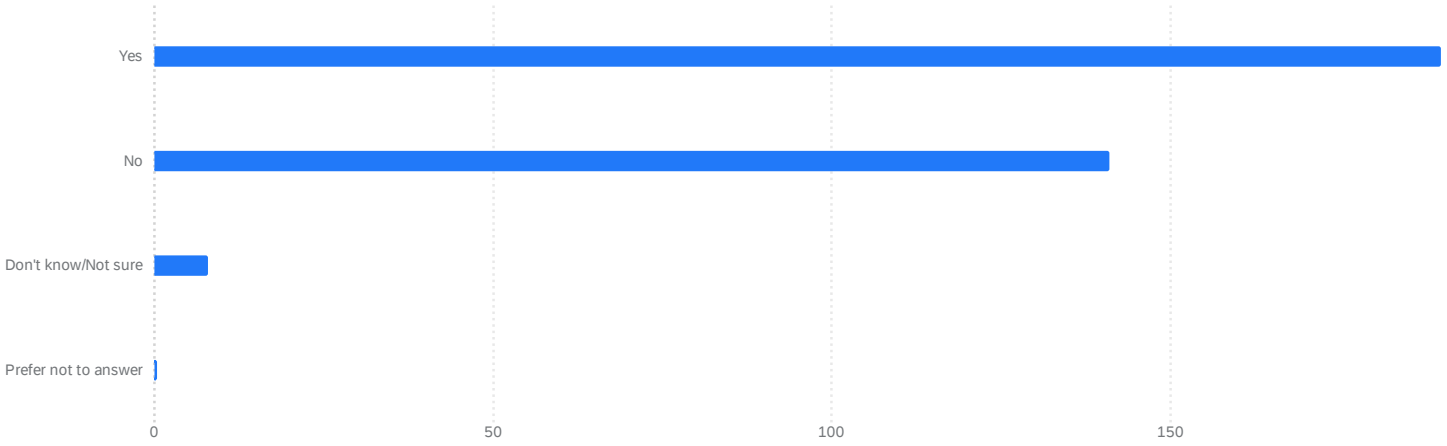
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? 339



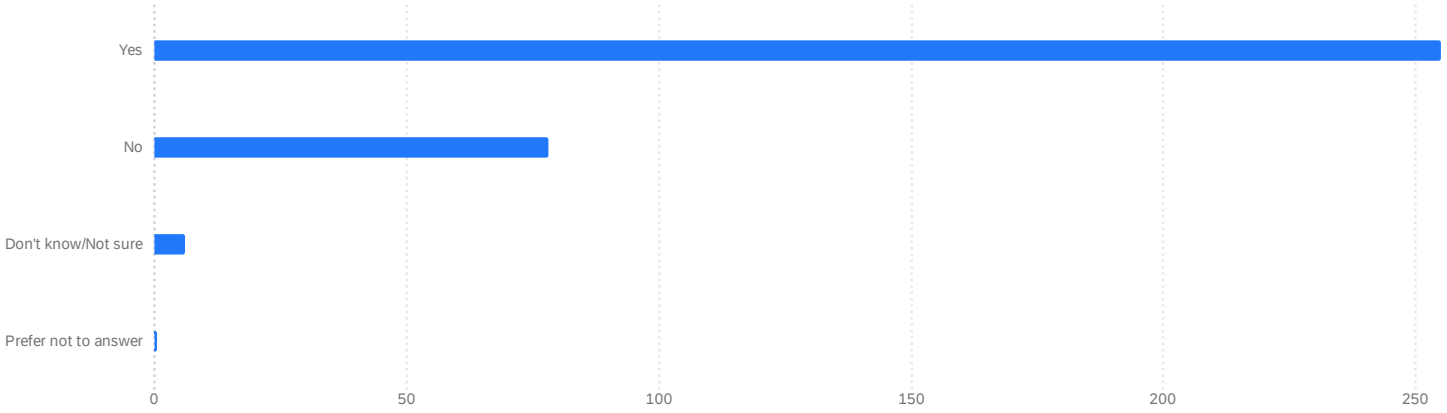
A test for "A1C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked your "A1C"? 338



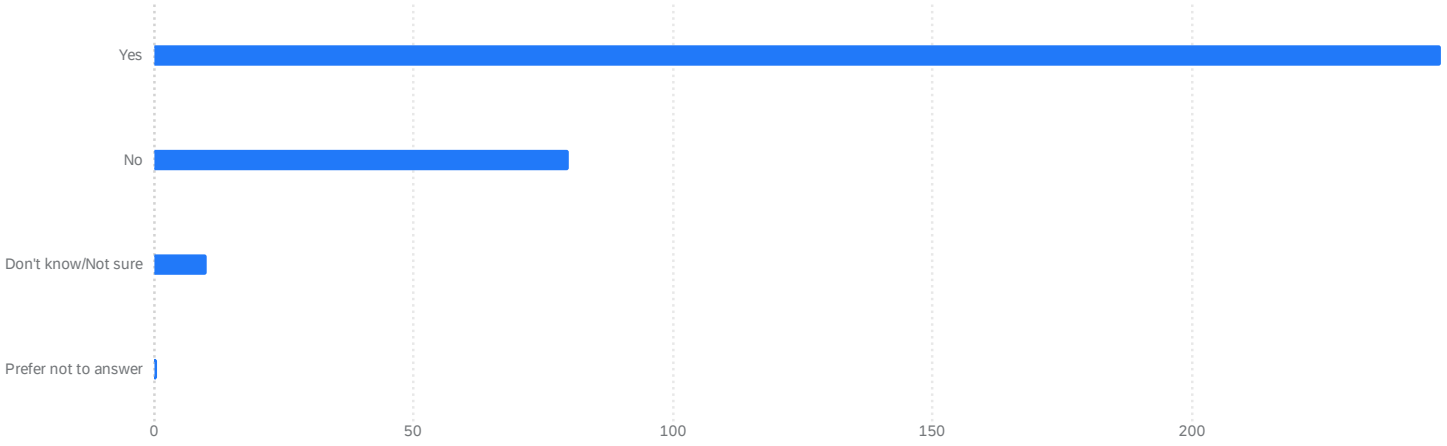
Have you ever taken a course, class or received individual counseling in how to help manage your diabetes? 339



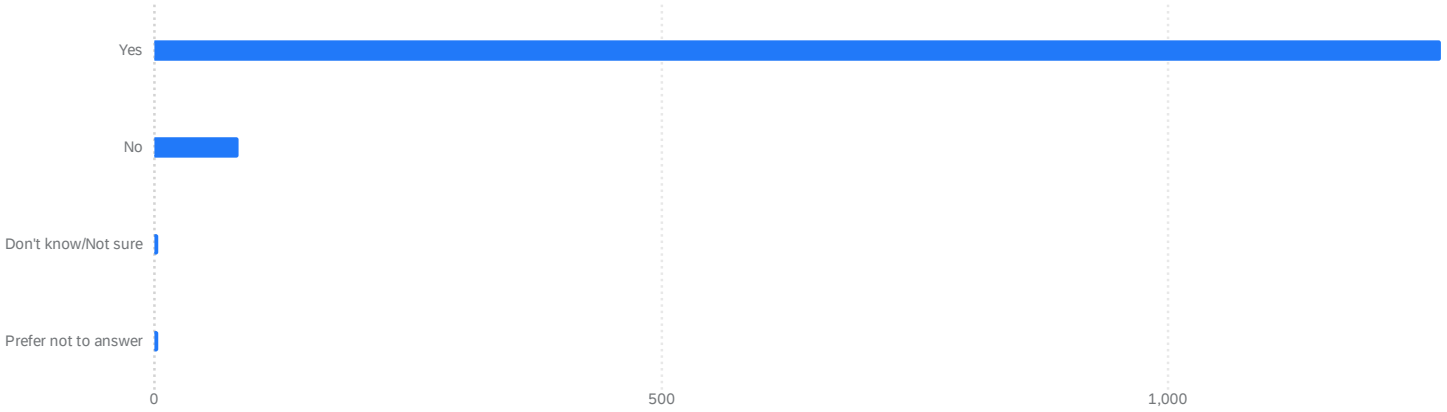
Are you currently taking a statin? (Statins are drugs that can lower your cholesterol and include medications such as Lipitor, Lescol, Altoprev, Livalo, Crestor, Zocor, Pravachol) 339



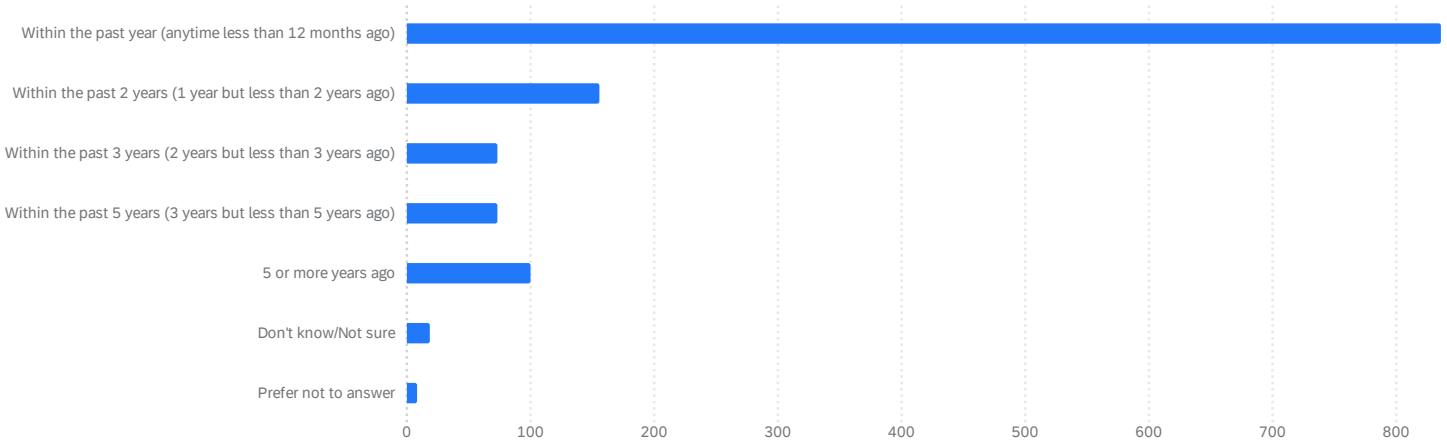
Have you taken a statin in the last three months? 338



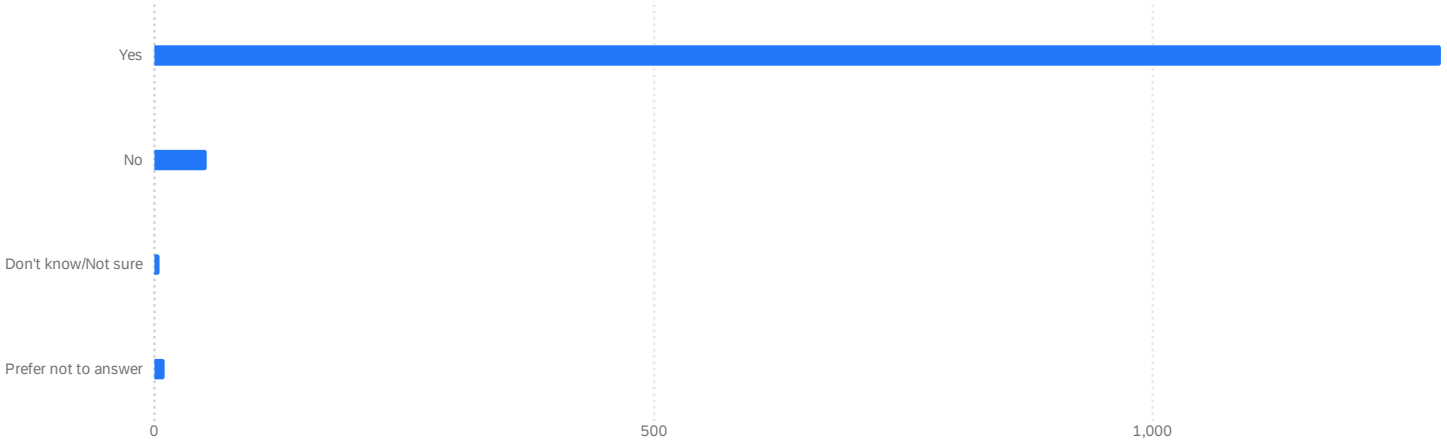
Section 12: Breast/Cervical/Colon Cancer Screening Have you ever had a clinical breast exam? (A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps.) 1,360



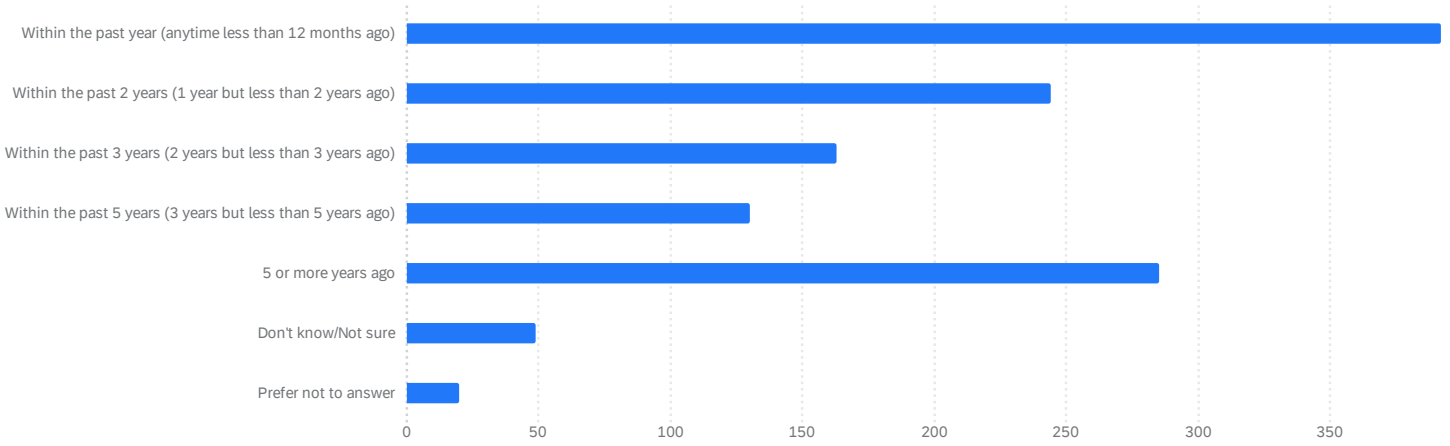
How long has it been since your last breast exam? 1,265



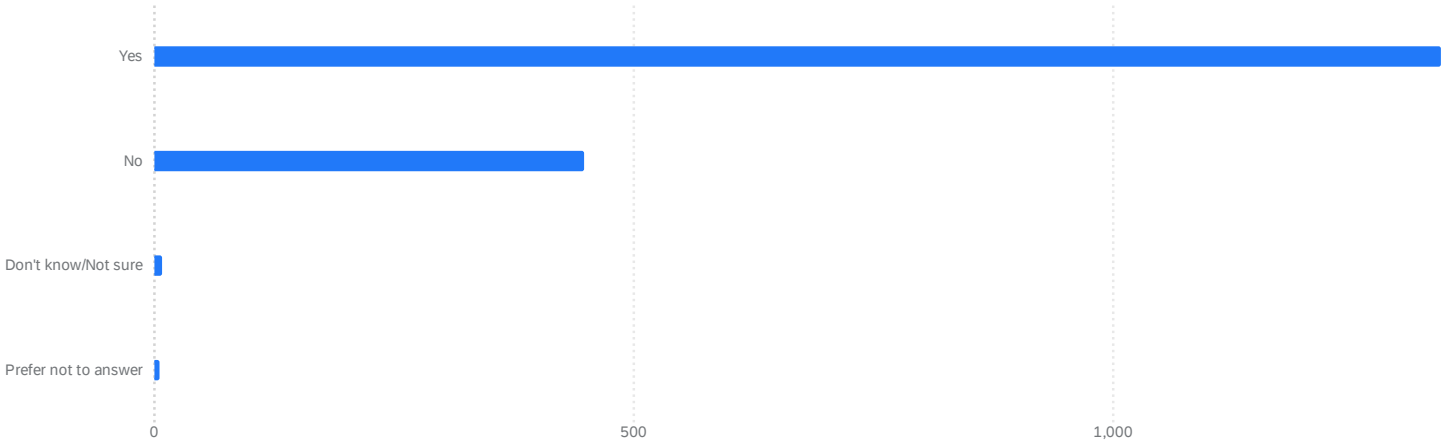
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? 1,355



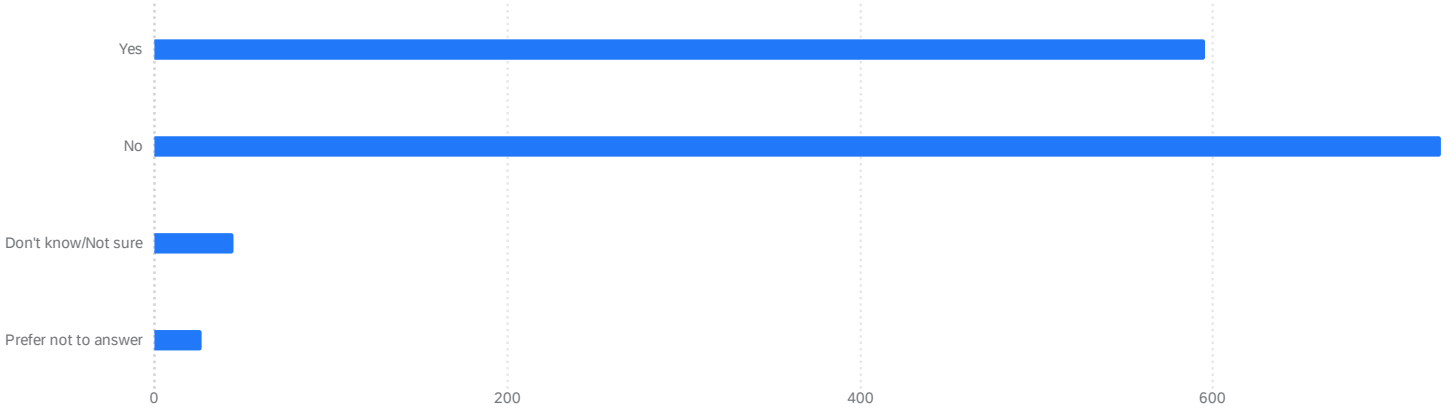
How long has it been since you had your last Pap test? 1,283



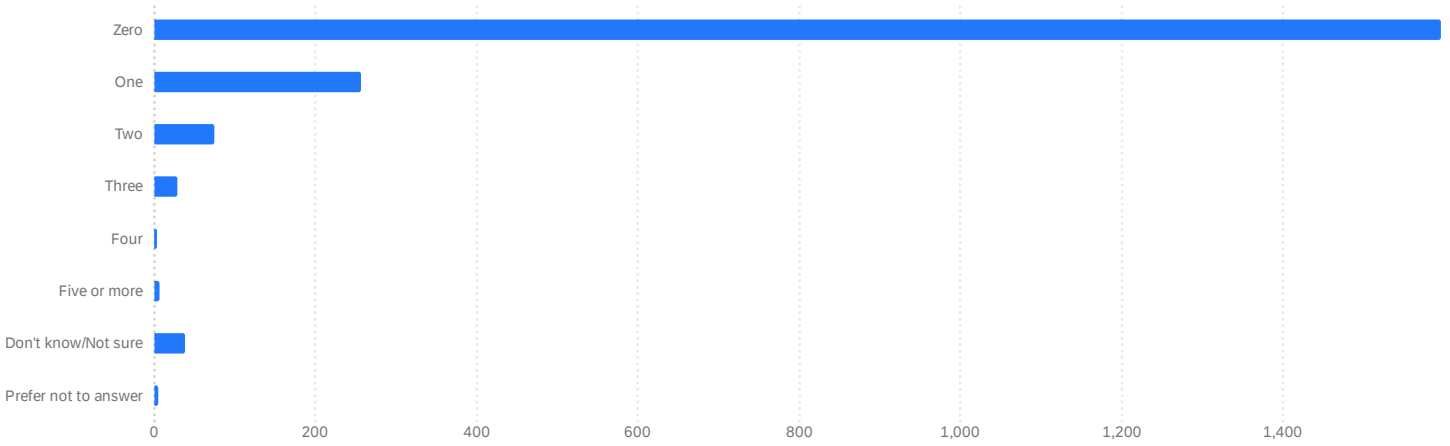
Have you had a colon cancer (e.g. colonoscopy, Cologuard, etc.) screening? 1,803



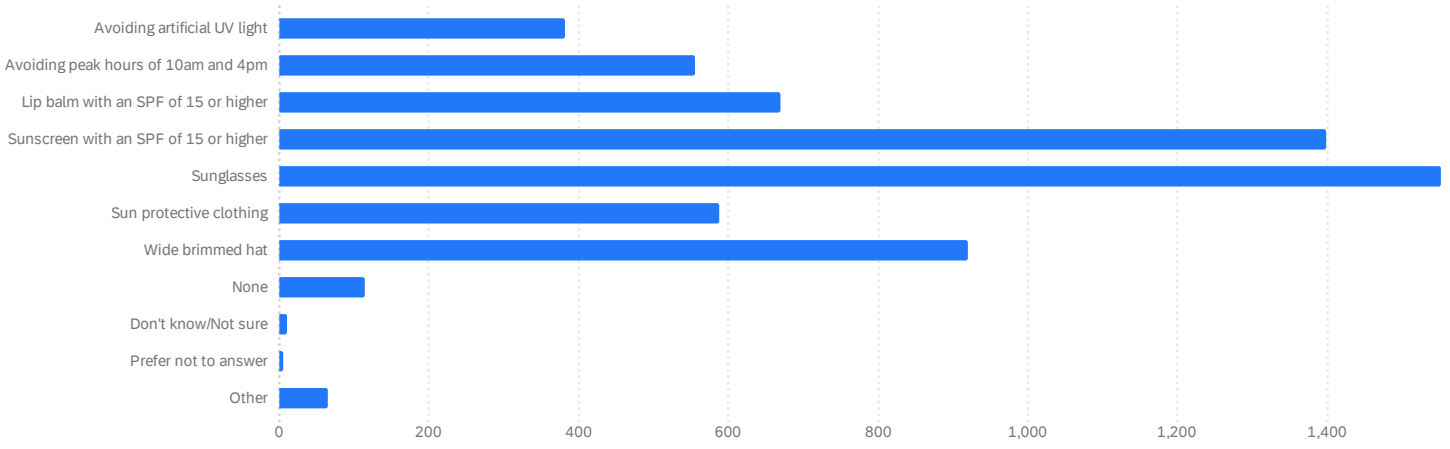
Section 13: Prostate / Colon Cancer Screening Has a doctor, nurse, or health professional ever discussed the benefits and risks of prostate cancer screening with you? 1,396



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? 2,008



What protective measure(s) do you use when you are in the sun? Select all that apply 2,001



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

Umbrella

Stay in the shade

Stay out of the sun

Umbrella

Baseball cap

I stay inside

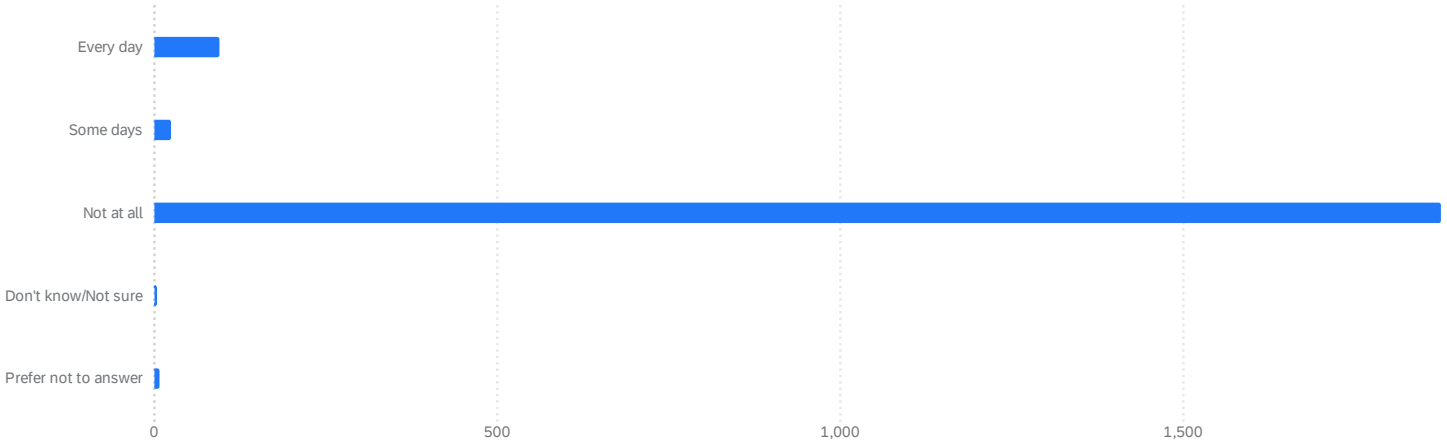
stay inside

baseball cap

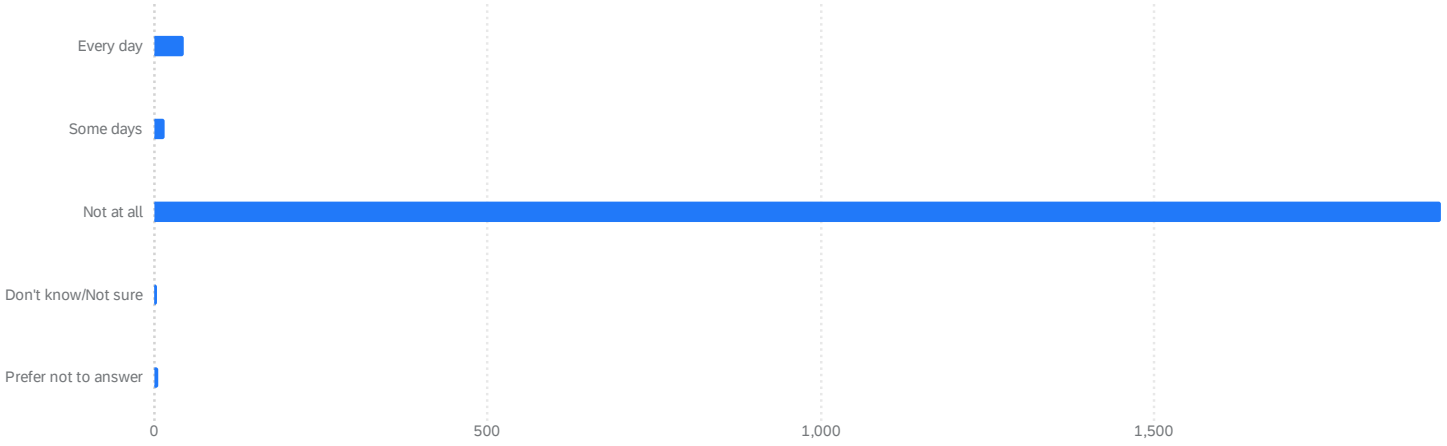
ALL OF THE ABOVE

parasol

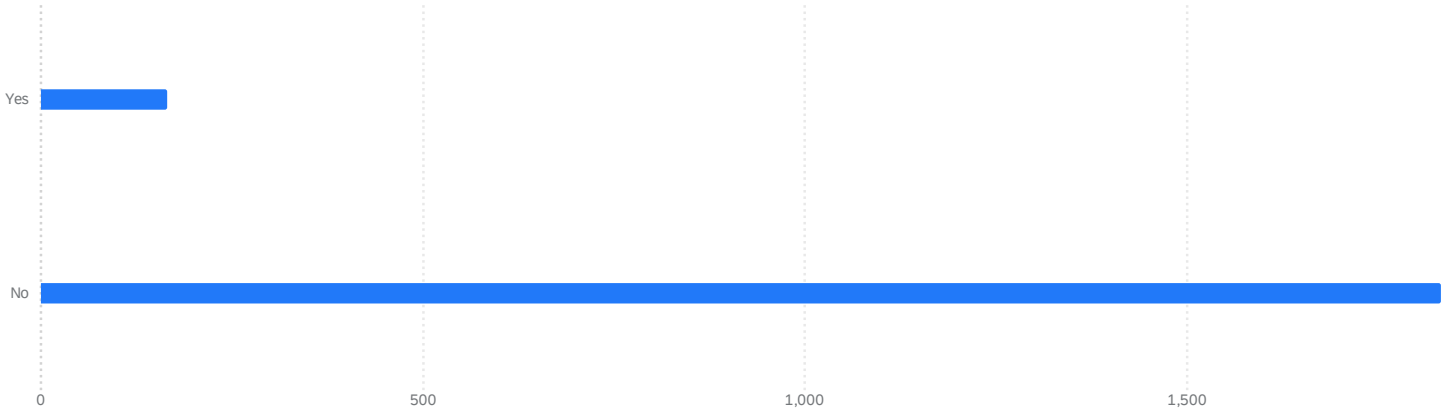
Section 15: Tobacco Use Do you smoke cigarettes every day, some days, or not at all? 2,001



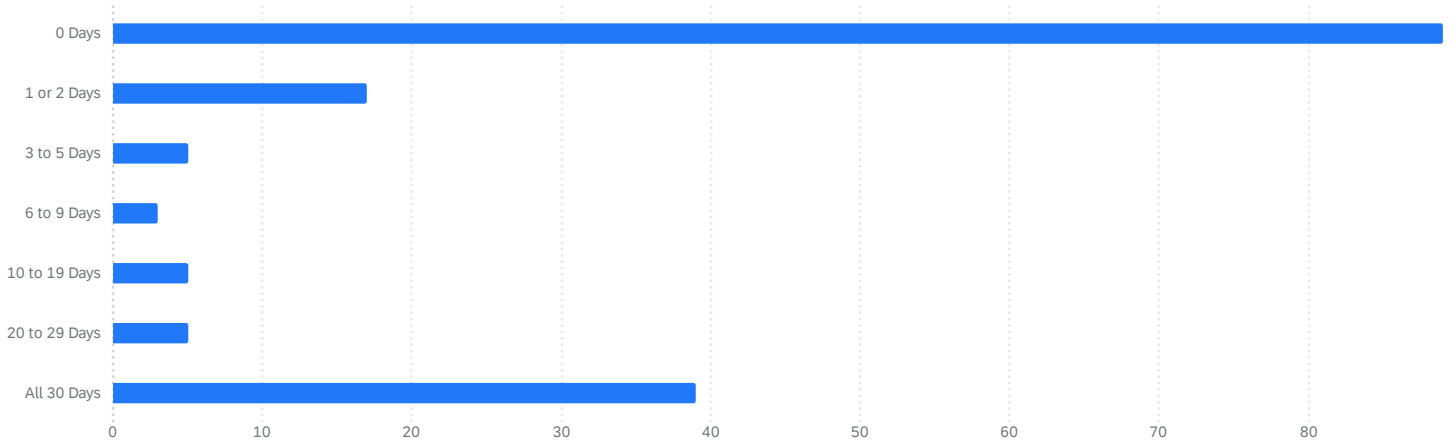
Do you currently use chewing tobacco, snuff, e-cig vaping or snus every day, some days, or not at all? 2,000



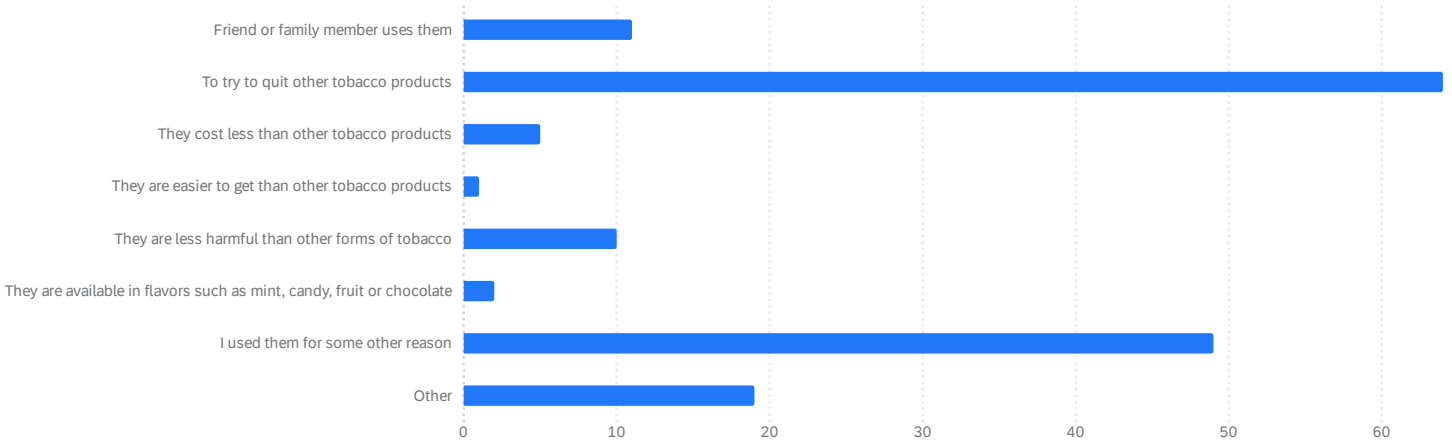
The next question asks about electronic vaping products such as JUUL, Puff Bar, Vuse, MarkTen, blu and tank systems. Electronic vaping products include: e-cigarettes, vapes, vape pens, ecigars, e-hookahs, hookah pens, mods and tank systems. Have you ever used an electronic vaping product? 1,999



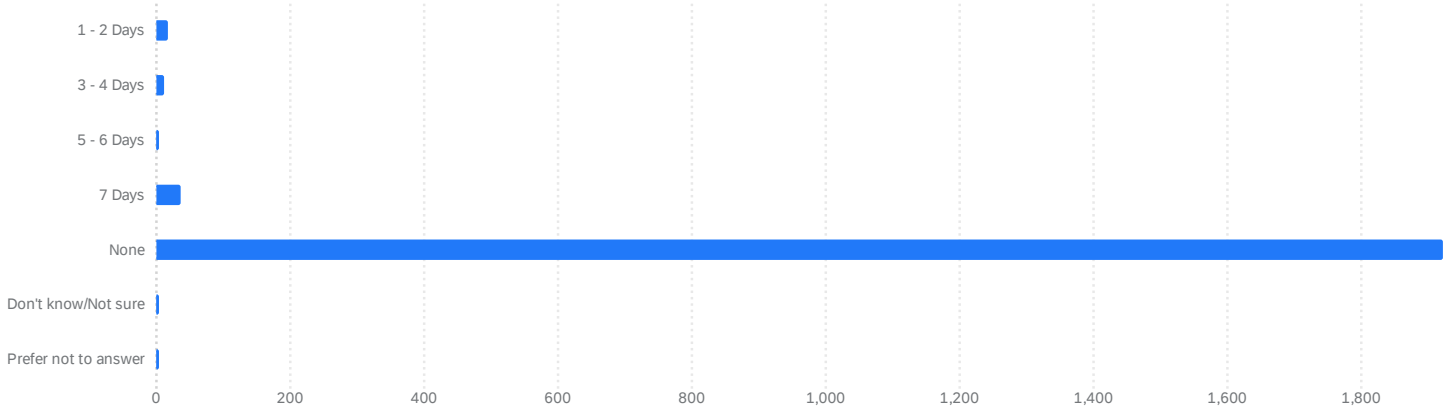
During the past 30 days, on how many days did you use an electronic vaping product? 163



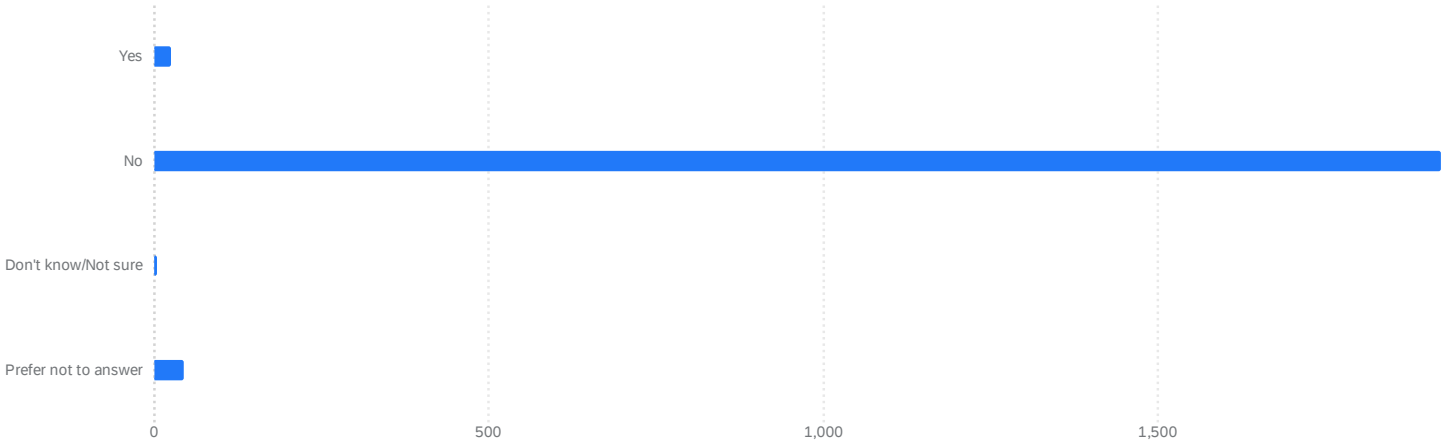
What is the main reason you have electronic vaping products? (Select only one response.) 161



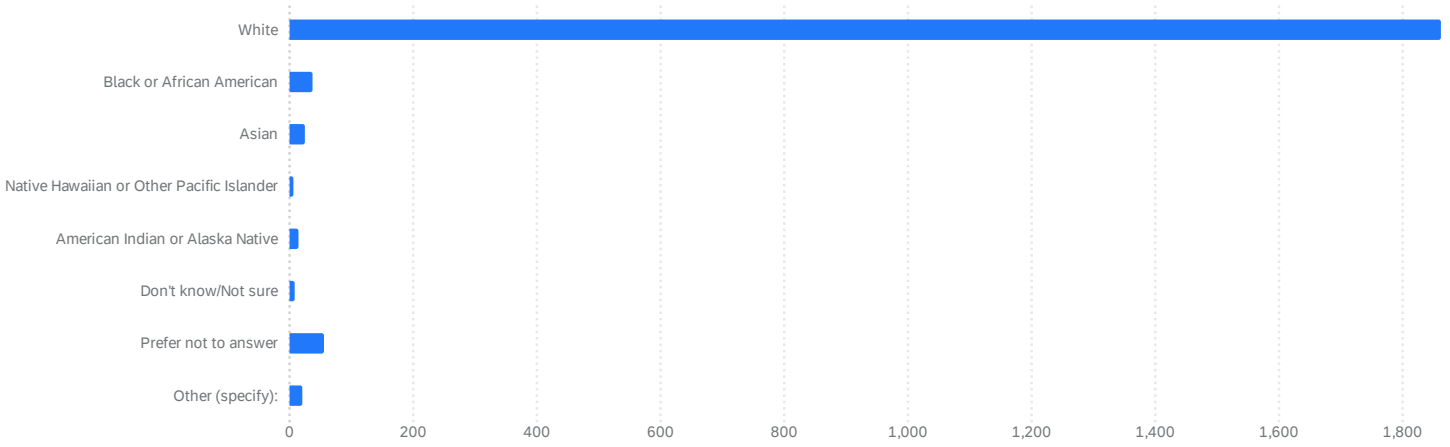
Section 16: Secondhand Smoke During the past week, on how many days did someone other than you smoke tobacco inside your home (not counting decks, porches, or garages)? 1,999



Section 17: Demographics Are you Hispanic or Latino? 1,995



Which one or more of the following would you say is your race? (Check all that apply) 1,991



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

Mediterranean

Human Race

Human

An American

Human Race

Spanick

South American Native

Greek and small amount of American Indian

European American

Jewish

Human

EuroAmerican

Human Race

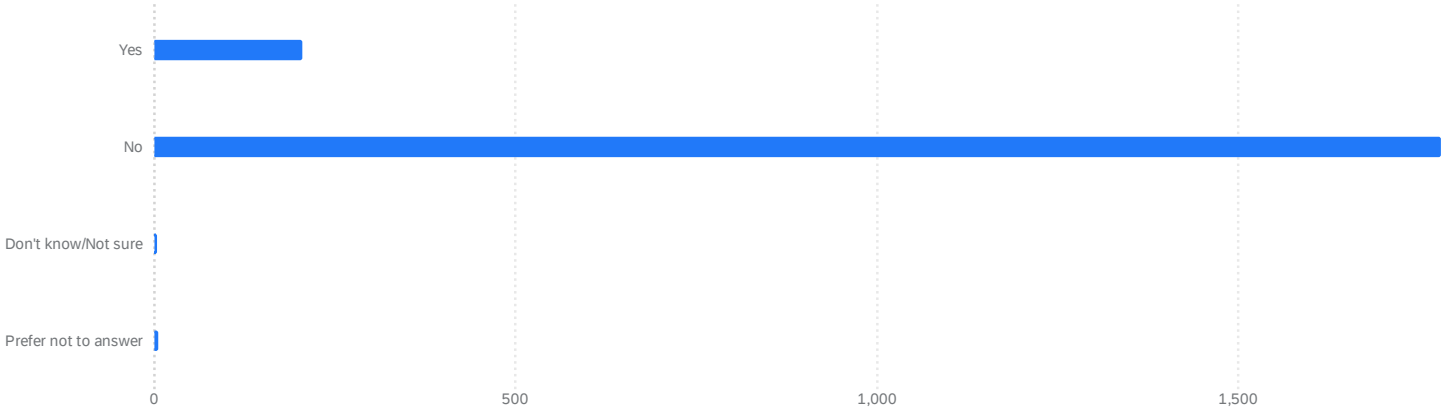
Middle Eastern

Irish American

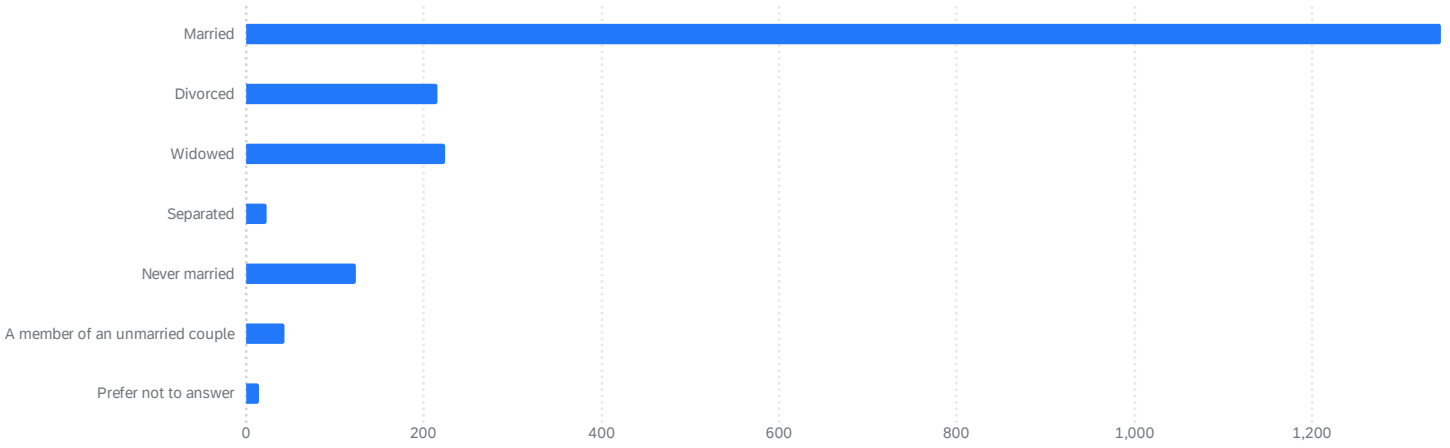
Mixed - Japanese and White

Human

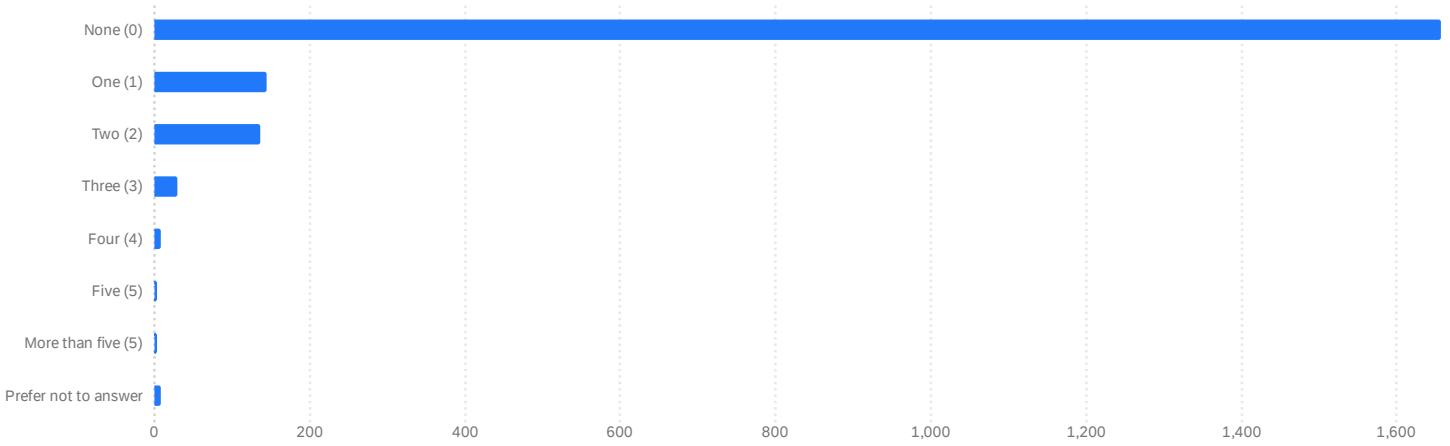
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War. 1,992



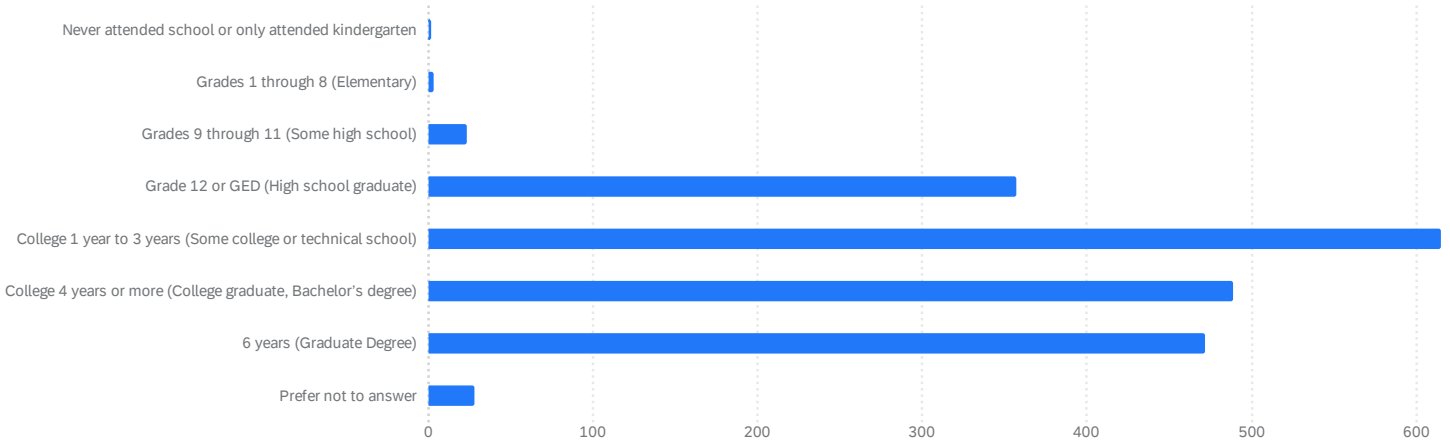
Are you... 1,988



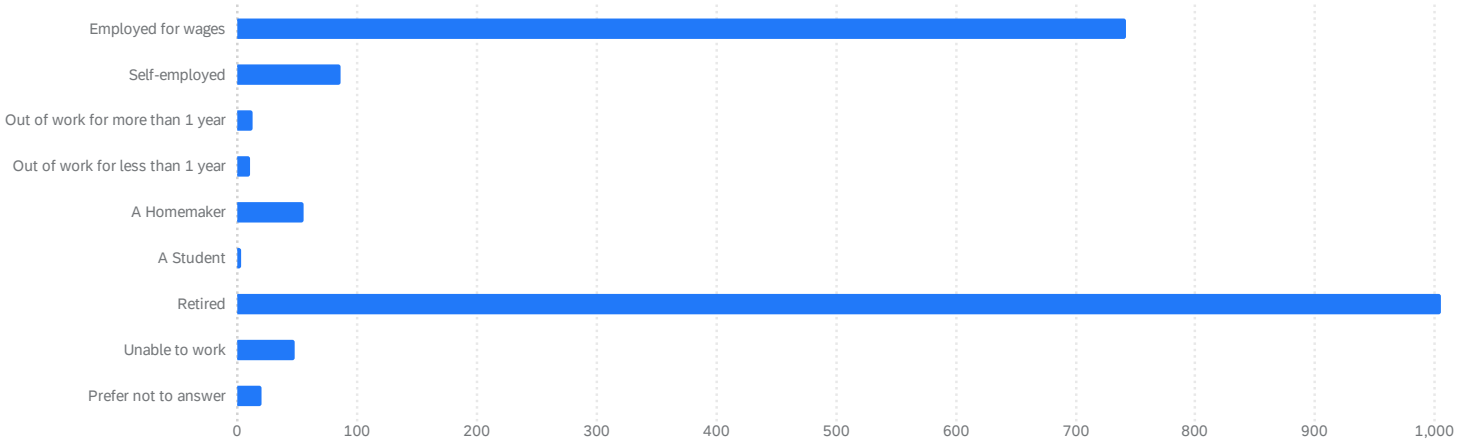
How many children less than 18 years of age live in your household? 1,989



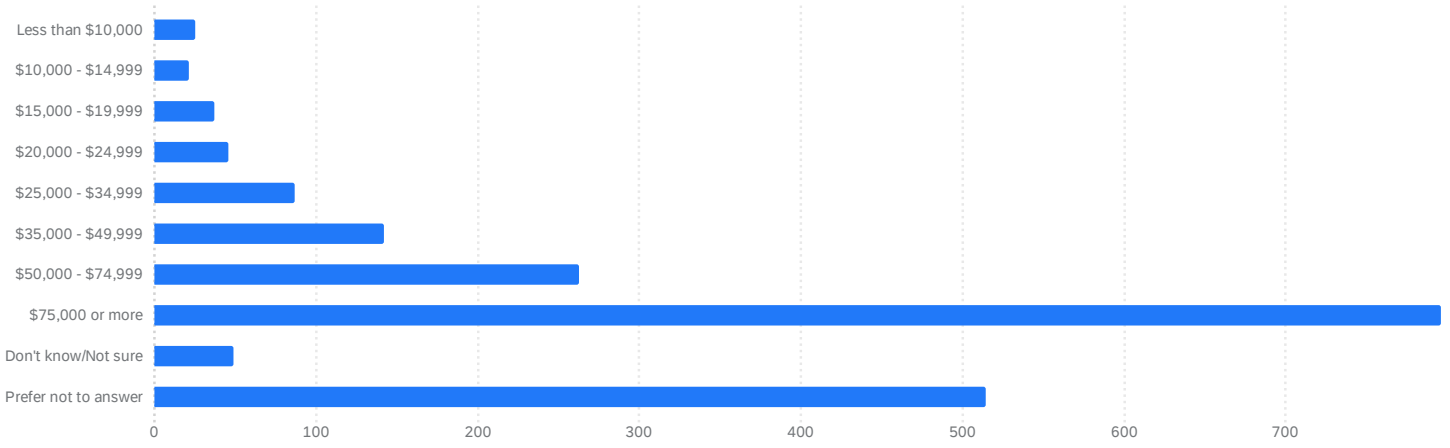
What is the highest grade or year of school you completed? 1,987



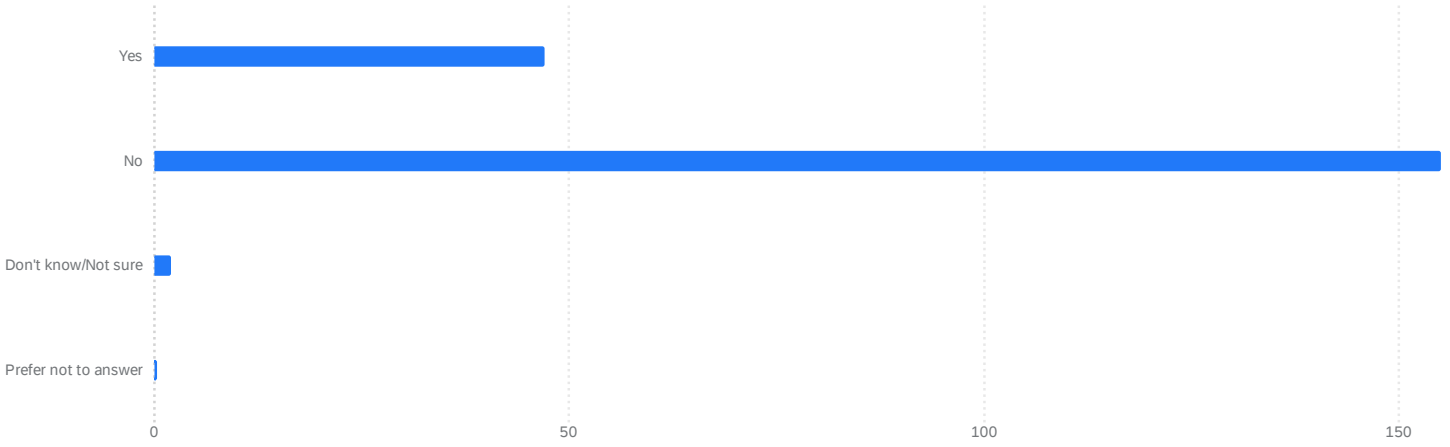
Are you currently...? 1,983



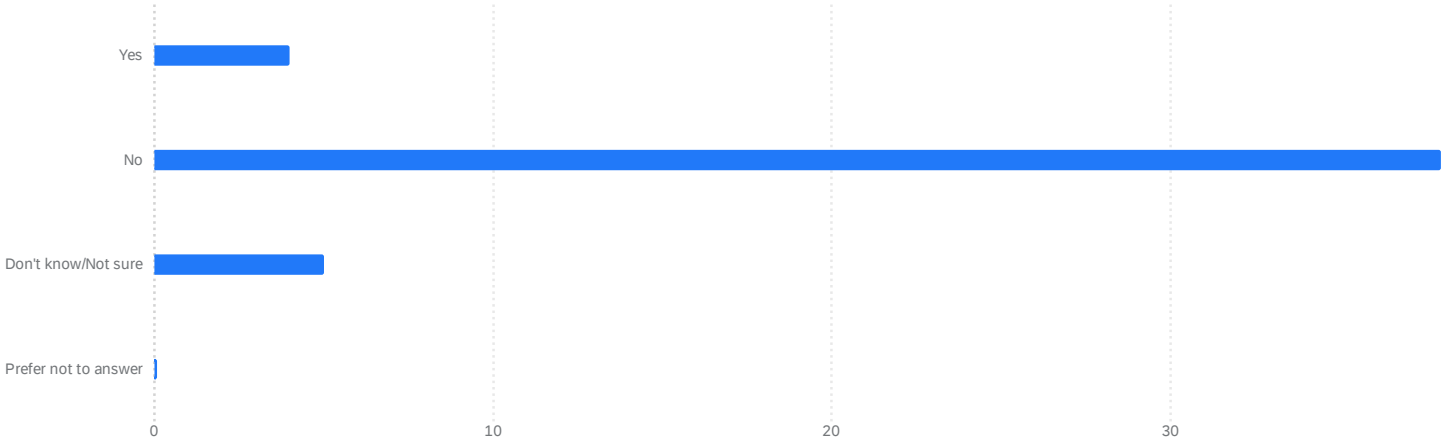
What is your annual household income from all sources? 1,980



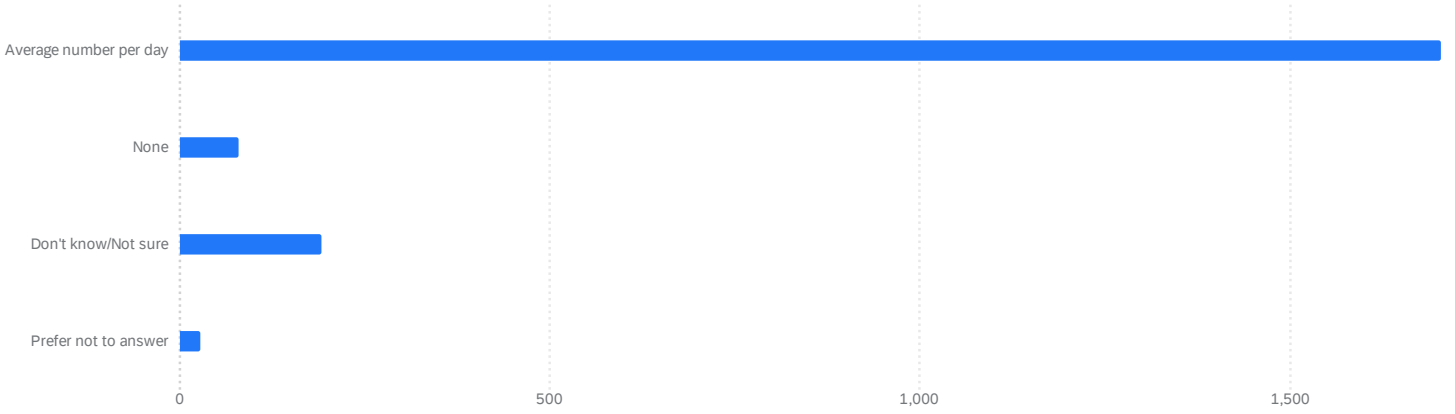
Section 18: Veteran's Health Did you ever serve in a combat or war zone? 204



Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? 47



Section 19: Fruits and Vegetables On average (not counting juice), how many times per day do you eat fruit and vegetables? Count fresh, frozen, or canned fruit and vegetables. (Please enter a numeric value. Ex: 1, 2, 3 etc.) 1,944



Section 19: Fruits and Vegetables On average (not counting juice), how many times per day 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 day

5

3

2

5

3 or more

1

2

4+

All meals

3

3

2

5

3

2

1

3

1

4

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3

3

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3

2

2

3

1

2

3

2

1

2

2

,3

2

2-4

1

2

3

2

3 cups

2

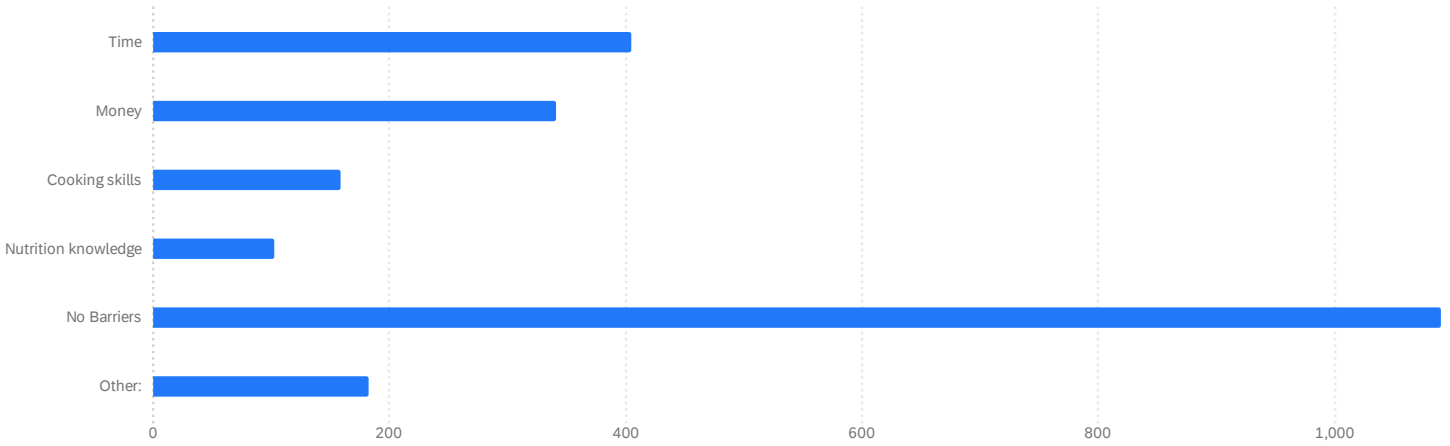
5

5

2-3 times a day

2

If any, what prevents you from eating healthy? (select all that apply) 1,871



If any, what prevents you from eating healthy? (select all that apply): Other:

cravings.

Sometimes I forget.

None

Motivation

Appetite has changed with agd

Mindset

Fresh fruits and vegetables go bad quickly, and it's hard for me to shop frequently.

Sugar cravings

snaker

I have never cared for vegies. Have started to eat some as an adult.

Partner has dementia plus poor health

Access to decent quality

Too tired

Colosmy

Decreased food stamps because they made an error

Lazy. Spouse

Cooking anxiety, kids who are picky

Convenience

Too busy babysitting

Quality of products are terrible on stores

Gluten allergy

Space, kitchenette, no dishwasher or garbage disposal

Cost

digestive health conditions

Pain

Food preferences

corrupted routine

Not enough people to cook for. I just grab something easy, because I'm disabled and can't stand long enough to cook.

Lazy

bad habits!

Orthpedic issues making standing to cook fresh food difficult some days

Shopping habits

Discipline

Dietary restrictions

diet restrictions

personal tastes

Lack of interest

My living situation limits my access to the kitchen

You need to increas the # above. I eat fruit and veggies throughout the day. You don't allow a space for 4 to 6 small meals.

Poor quality produce in local stores

cravings

Easier to eat unhealthy when living alone.

Emotional eating

dislike of taste

Married to pickiest eater and usually eats what he likes

Energy

Dietary restriction

I eat healthy

Hunger

Only my self control prevents me from eating healthy. And the fact that sometimes I just want to eat junk.

none

Mobility issues and standing for more than 10 minutes

Health issues/ food allergies

not going to grocery store regularly

menu doesn't provide them

Time of the year, fresh fruit and veggies being available

control

time and effort to have healthy, fresh food in the house and to prepare it

gi problems

CCRC does not provide many healthy choices

Don't like most fruit and veggies. Do drink fruit juice

Money, time, cooking skills , nutritional knowledge Healthy options at the market

Unable to shop for myself

No availability of Whole Foods or Sprouts market

depend on institutional food

Don't like a lot of things

Low quality produce at local grocery stores

Lazy. Don't care for most veggies

sugar

Rarely leave house to go the grocery store

Picky eater

nothing

Not finding organic foods, grass feed beef, wild caught fish

Don't feel like cooking

Don't like

Not motivated

travel

bad habits

Inaccurate and unclear labels on food products, & poor enforcement of healthy and safe food on consumer products

Stress

Remembering to include in my meal plan

Don't like them

what I want to eat

Availability of dining options, especially for lunch in WESTMINSTER

taste

not hungry

Availability

I eat healthy

Taste

Motivation

restrictive diet

Selection of fruits/vegetables available

Severe untreated ADHD

NOTHING

addiction to sugar

Motivation

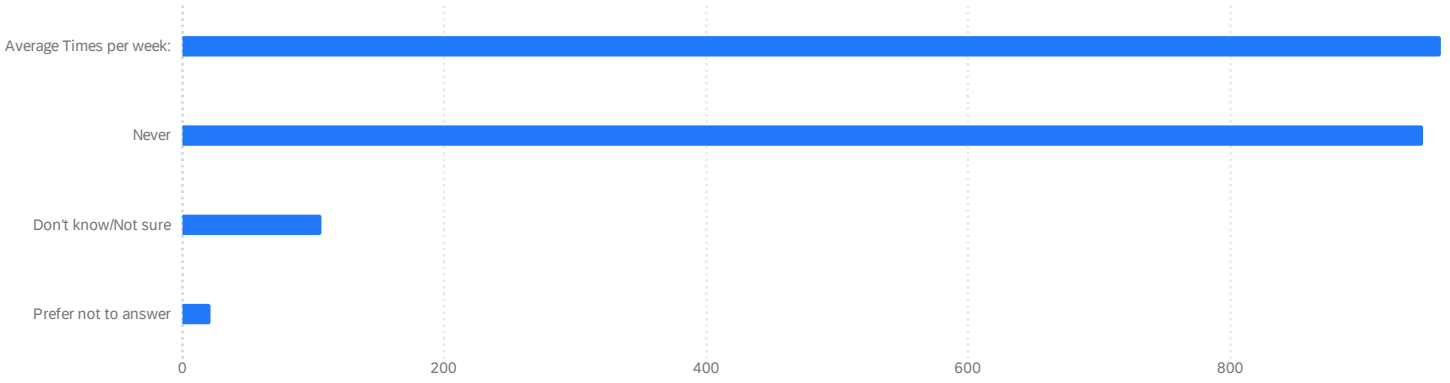
Stress, feeling unable to put mental energy into cooking or meal prepping

Convenience

Gastric issues

Cravings, mental state

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, energy drinks (e.g. Monster, RedBull), 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.) 1,948



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, energy drinks (e.g. Monster, RedBull), 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:

0

6

2

1

3

14

3

2

1

5

3

0

7

5

3

1

8

7

1

5

2

1

7

0

2

4

21

7

1

4

4

18

7

3

30

24

1

3

5

3

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7

2

3

0

7

7

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7

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7

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7

5

1

5

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3

2

3

7

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5

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5

2

1

7-8

4

1

20

2

1

5

2

7

0

1

1

1

15

Almost never

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1-3

4

1

2

Maybe 2

2

4

2

4

6

0

7

10

7

7

2

0

5

2

Huhhn0ktyl...:(7

0

2

14

10

3

3 times a day

2

0

2

1

2

6

14

1

2

21

7

14

7

1

7

0

15

20

20

15

+20

0-7. Drink small orange juice

0

1

0

1-5

1-2

0

7

2

7

0

4

7

1

7

2

10

2

2

0

2

Almost never

1

2

4

1

7

7

1

4

7

5

6 loop 5

4

5

7

2

1

2-3

20

2

2

7

2

Every day

5

Onet

2

1

7

0

1

0

7

1

7

7

0

2

7-10

2

2

3

0

2

5

4

7

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4

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5

10

5

10

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1

6

5

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7

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5

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2

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2

1

7

7

9

10

10

30

7

0

3

2

7

2

4

1

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7

None presently

0

1

7

7

3

1

1

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7

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5

7

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7

1

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0

5

0

4

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7

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5

7

7

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8

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7

1

1

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5

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6

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7

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1

21 but drink aspartame/no sugar versions of pop

6

5

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5

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2

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7

Once in a while sofa

7

15

7

7

0

1

0

31

20

1

7

0

3

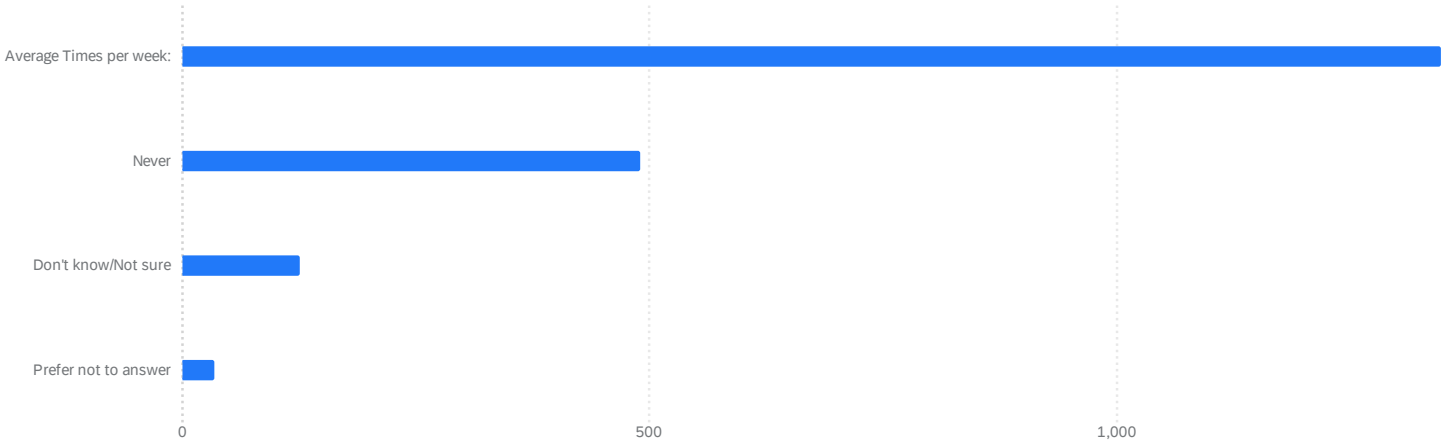
2

1

1

6 times - once a day

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.) 1,942



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:

1

0

1

1

less than once a week

2

2

2

2

2

1-2

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2

2

4

.5

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1 a month

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5 days

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3

2

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1

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2

2

3

1

1

1

3

3

1

1

1

1

1

1-2

1

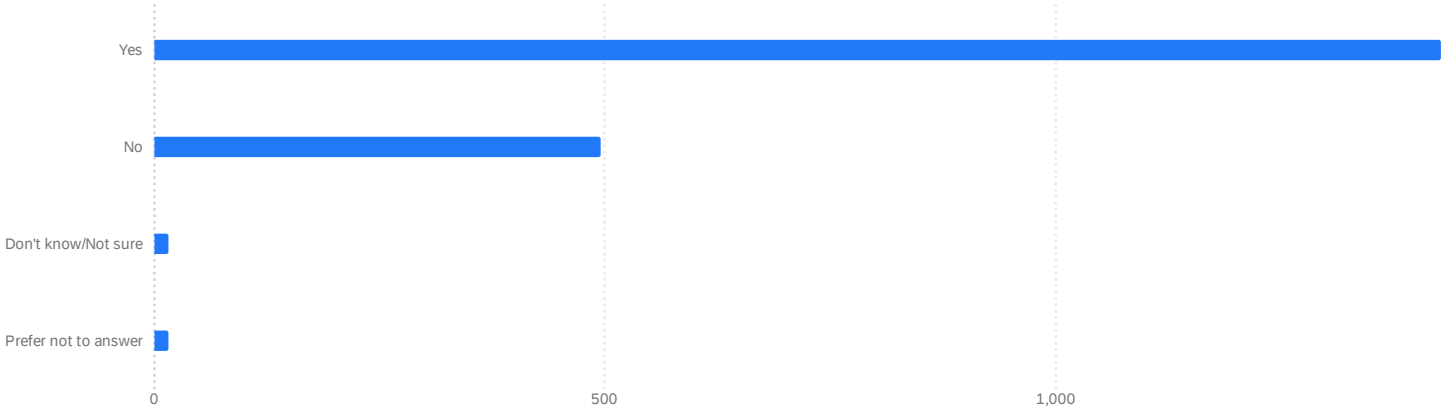
1

5

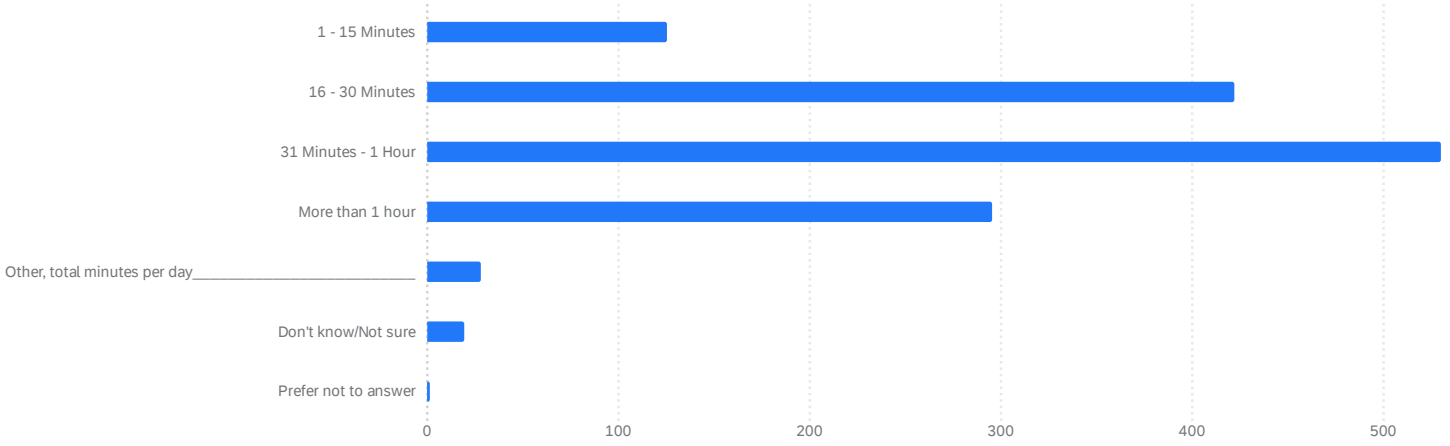
3

4

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? 1,955



And when you took part in this physical activity, for how many minutes or hours did you usually keep at it? 1,420



And when you took part in this physical activity, for how many minutes or hours did you usually keep at it?: Other, total minutes per day_____

75

All day

90

50

4 hours

3-5 hours

120

25

2 hrs per day

135

60

120

80

90

90

60 minutes 3x/week

120 minutes

240

240

Walk 1 mile everyday and push ups for upper body strength

15

1

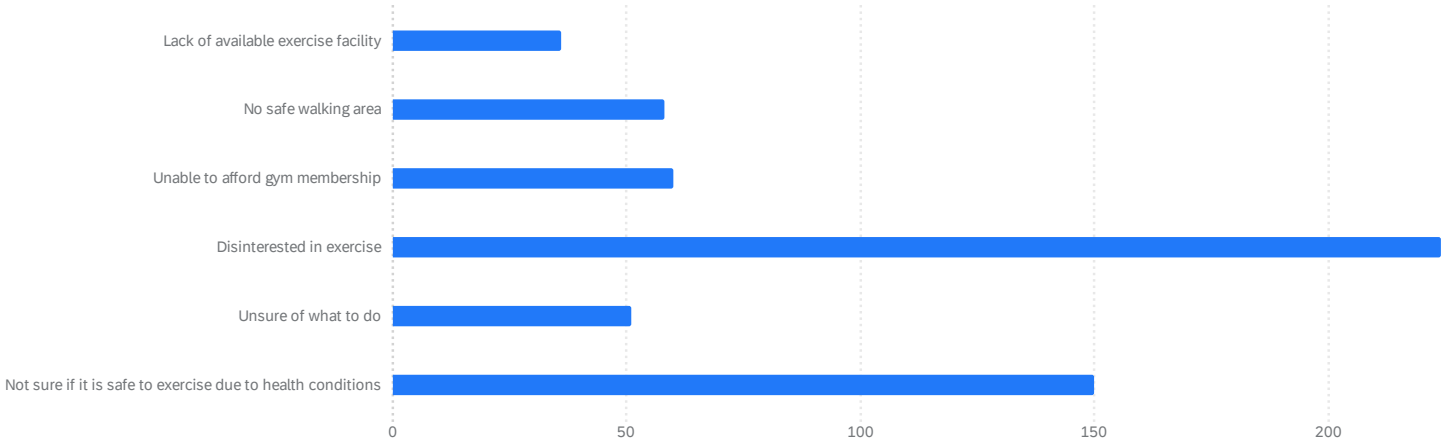
90

180 mins

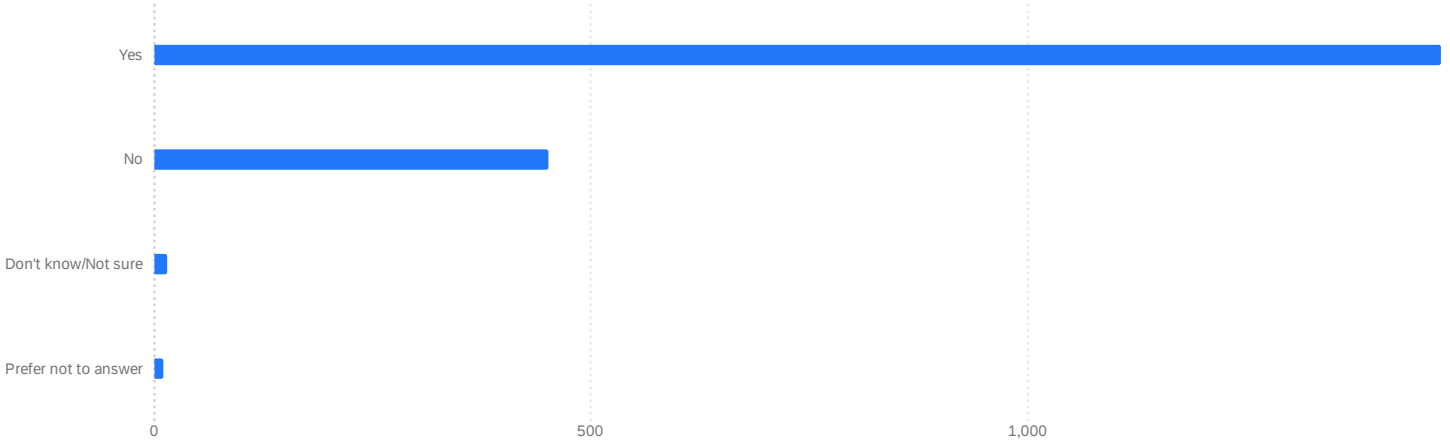
105

90

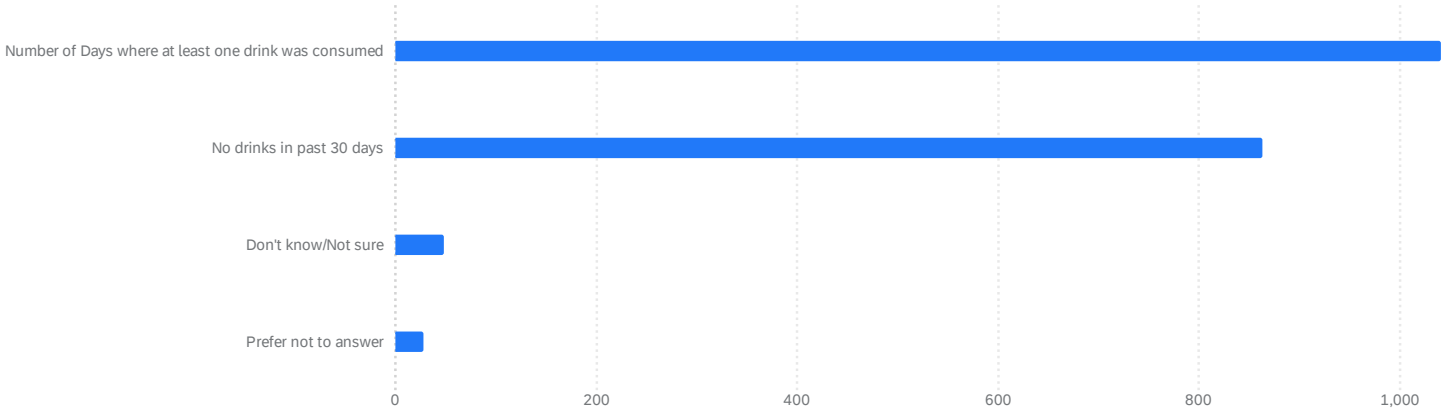
If you did not exercise the recommended amount was it due to? (choose as many as applies) 459



Section 22: Immunization During the past 12 months, have you had a seasonal flu vaccine? 1,951



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? 1,940



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

2
1
20
10
3
20
4
1
20
4
1
20
8
10
15
30
3
8
25
6
4
3

1

2

1

1

1

2

4

3

2

30

30

5

7

11

10

1

5

10

two

1

1

2

1

15

4

5

5

6

3

2

1

1

3

0

20

1

0

3

2

5

1

0

4

5

2

8

5

5

0

25

4

20

25

30

1

1

seven

0

0

0

30

3x week

30

2

0

1

1

20

10

0

5

4

3

15

1-2

3

1

5

1

4

Couple

0

2

1

4

10

5

2

0

2

2

3

4

3

1

1

1

4

1

2

10

2

15

5

8

5

2

25

8

3

0

30

1

27

6

3

1

2

1-2 days

24

30

2

25

0

4

6

1

3

1

0

2

4

0

6

10

4

4

1

2

8

10

15

3

0

1

0

10

1

7

26

6

6

1

3

0

2

2

7

6

7

5

2

20

30

5

10

20

3

30

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2

1

6

2

1

30

5

2

1

5

2

0

25

15

4

5

7

3

6

10

02

8

0

0

2

5

7

Never drank in my lifetime ever

2

24

20

20

1

1

1

1

1

0

30

5

4

1

2

2

7

30

25

30

5

14

5

5

0

7

12

8

0

3

7

0

3

11

2

7

25

2

2

2

2

2

1

2

1

28

5

30

2

1

2

28

30

15

5

3

4

16

7 beers

2

15

30

4

1

6

0

2

25

15

1

1

0

25

1

5

3

2

12

2

0

7

8

4

30

29

2

20

7

1

25

4

20

5

2

5

15

30

20

2

2

0

16

10

2

20

30

7

3

4

Wine 1 or 2 glasses

1

1

2

5

2

5

2

3

20

2

12

10

6

1

6

15

Zero

25

15

1

4

7

30

3

30

6

1

4-5

26

4

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4

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1

10

5

15

25

4

8

0

5

5

3

4

2

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1

5

2

20

2

10

10

3

28

5-10

7

1

30

3

7

5

4

25

6

8

2

28

5

3

15

3

6

3

4

5

7

15

2

8

1

3

3

No drink at all

3

4

2

2

2

One

30

1

9

3

10

2

28

20

15

9

5

3

30

12

20

1

4

30

2

2

1

3

20

1

5

3

3

2

9

1

10

1

30

15

20

5

2

5

2

4

5

4

5

20

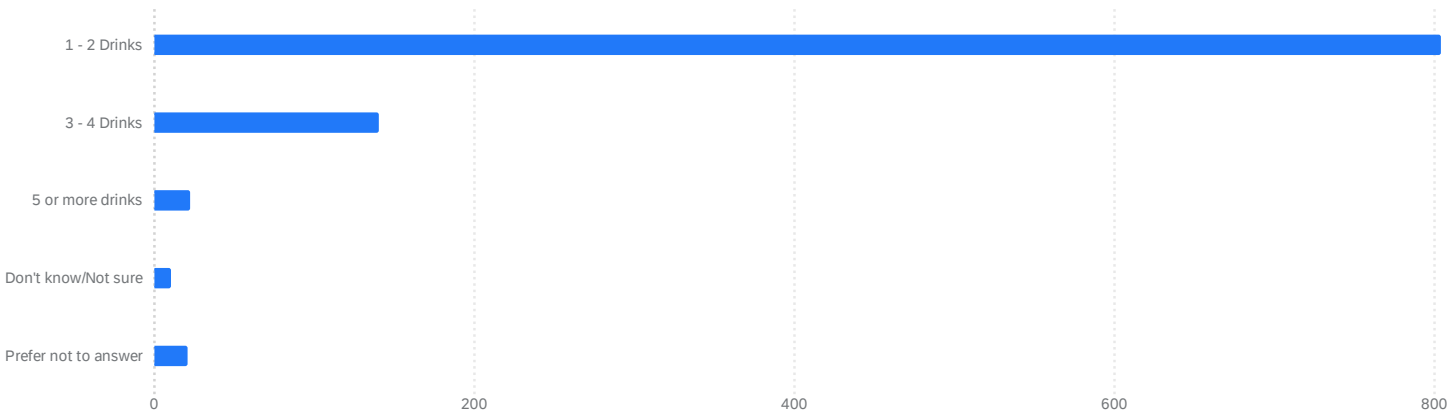
2

30

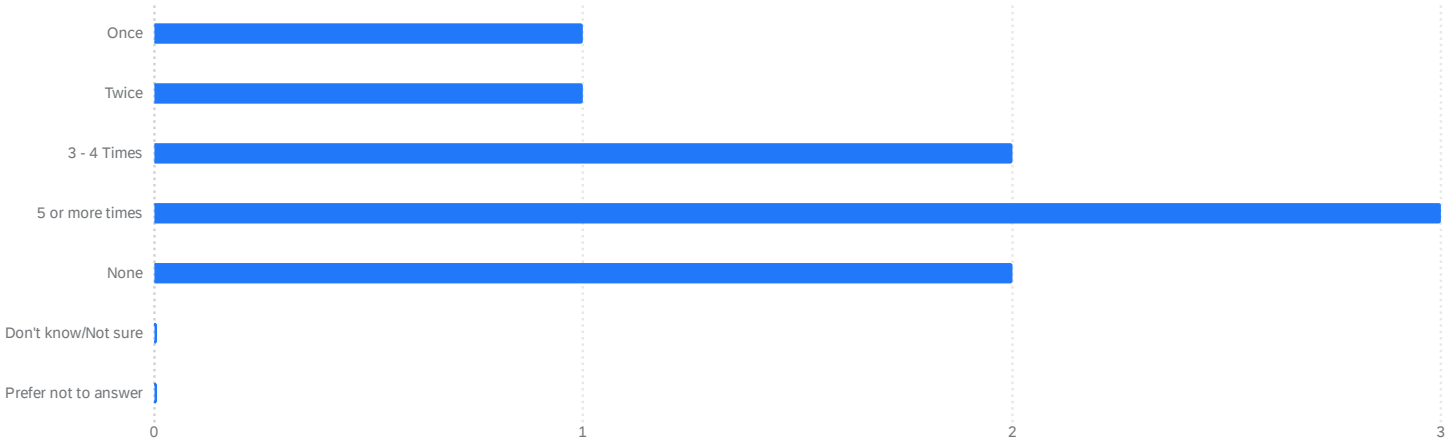
2

29

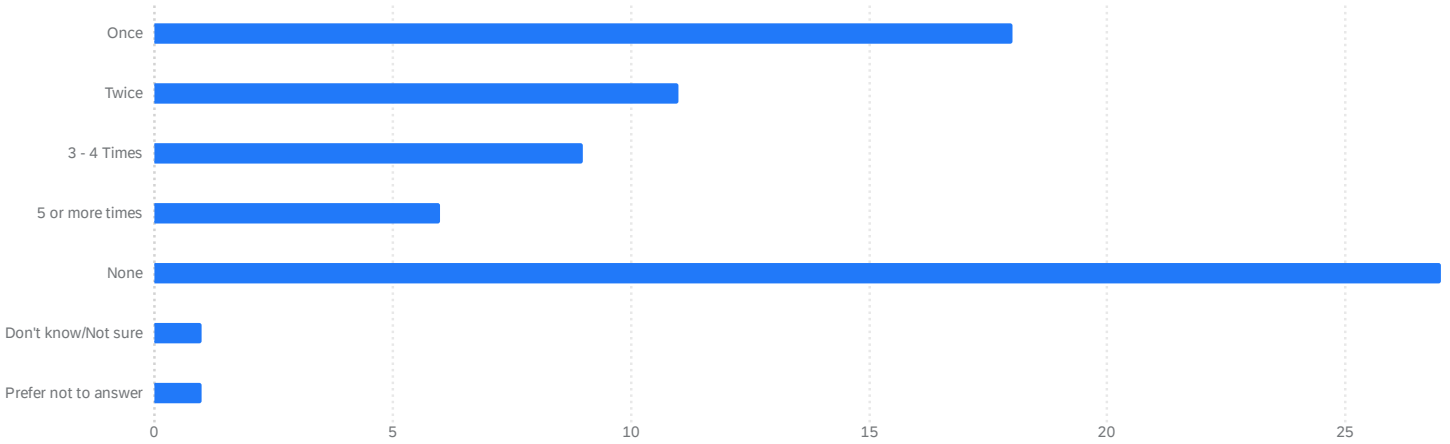
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you consume on the average? 997



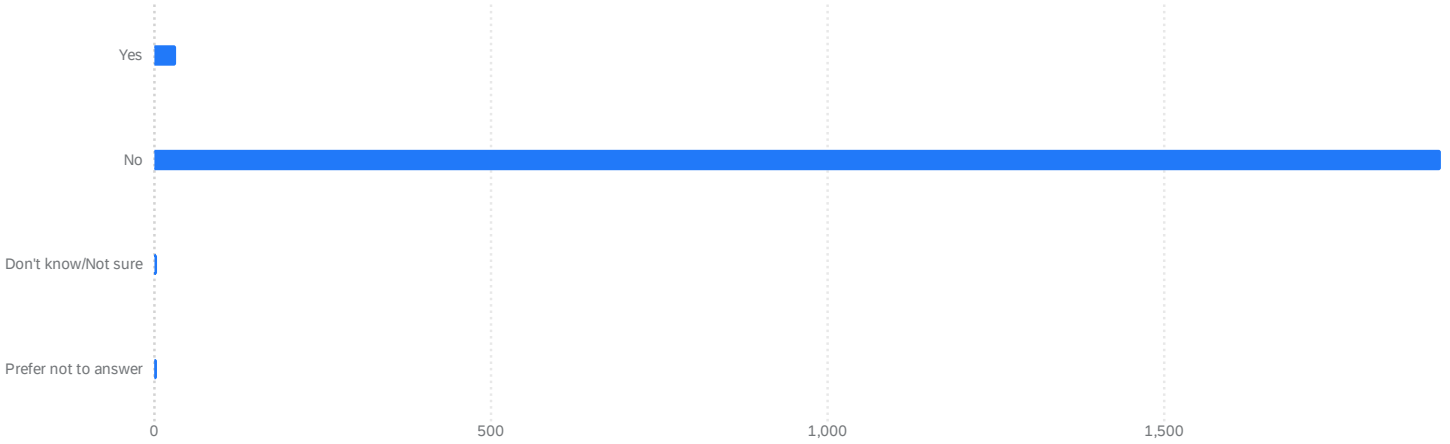
Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? 9



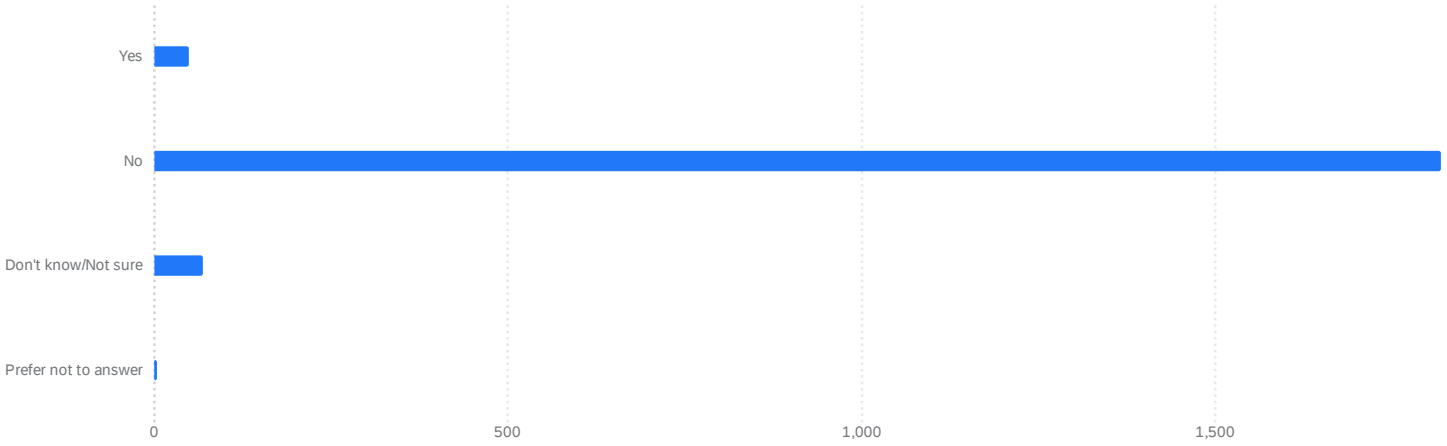
Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion? 73



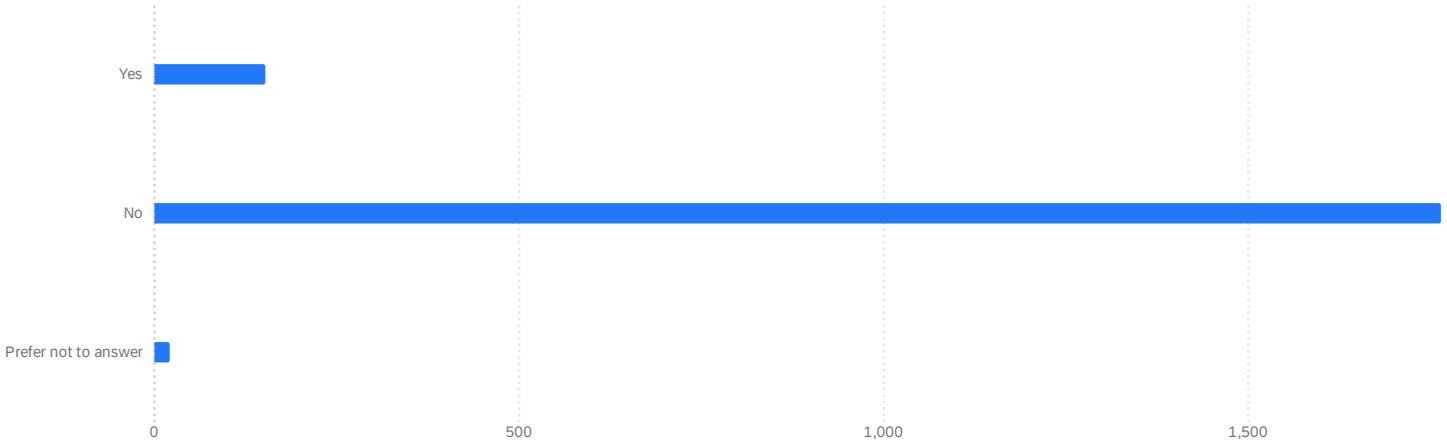
Have you used opioids (e.g. hydrocodone, oxycodone, morphine, codeine, fentanyl etc.) that were not prescribed to you in the last 3 months? 1,945



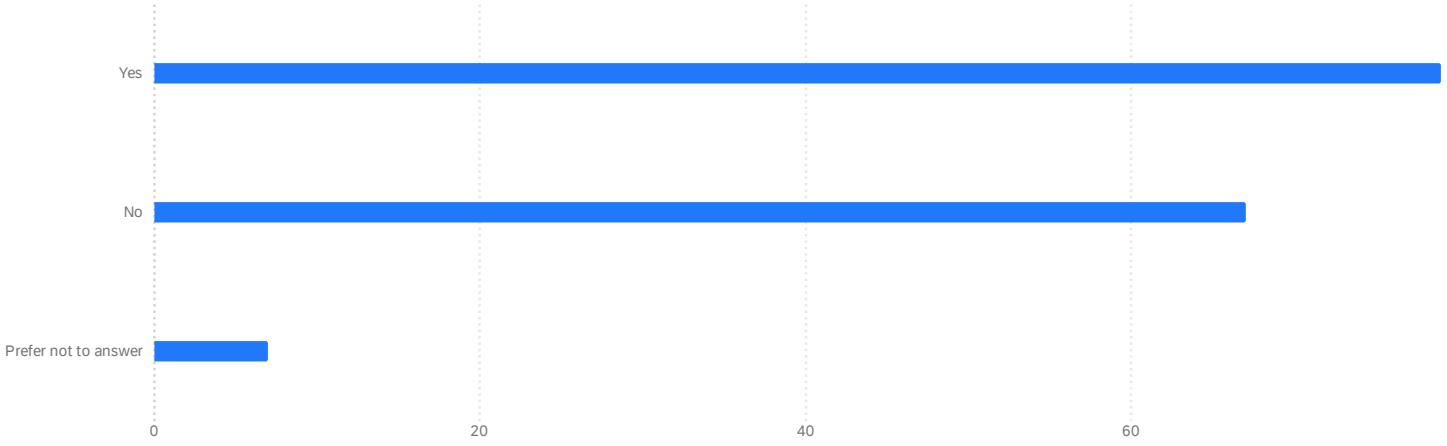
Has a family member or friend abused opioids in the last 3 months? 1,939



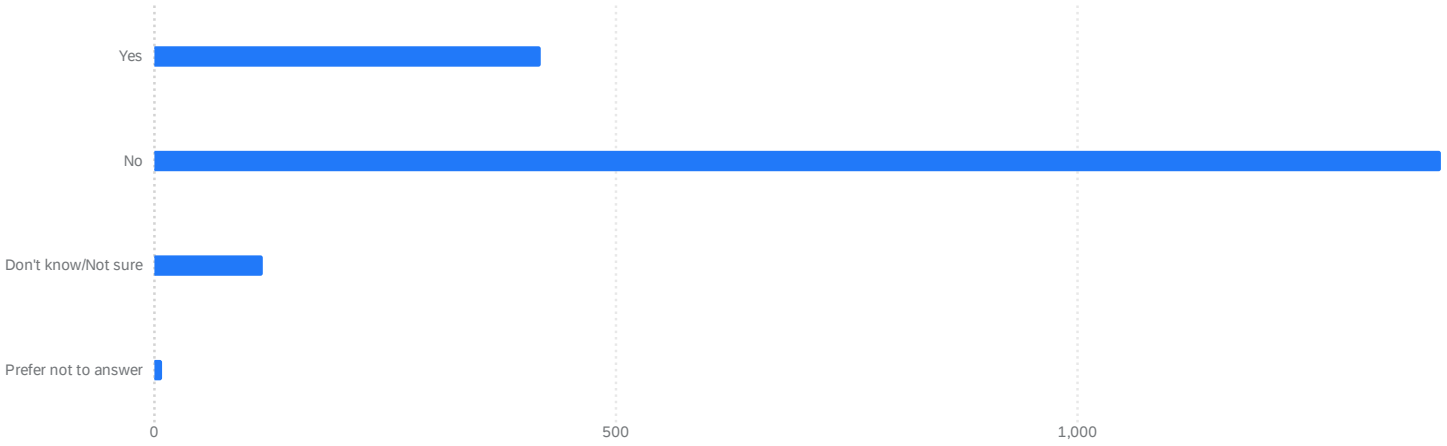
Have you used marijuana in the last 3 months? 1,939



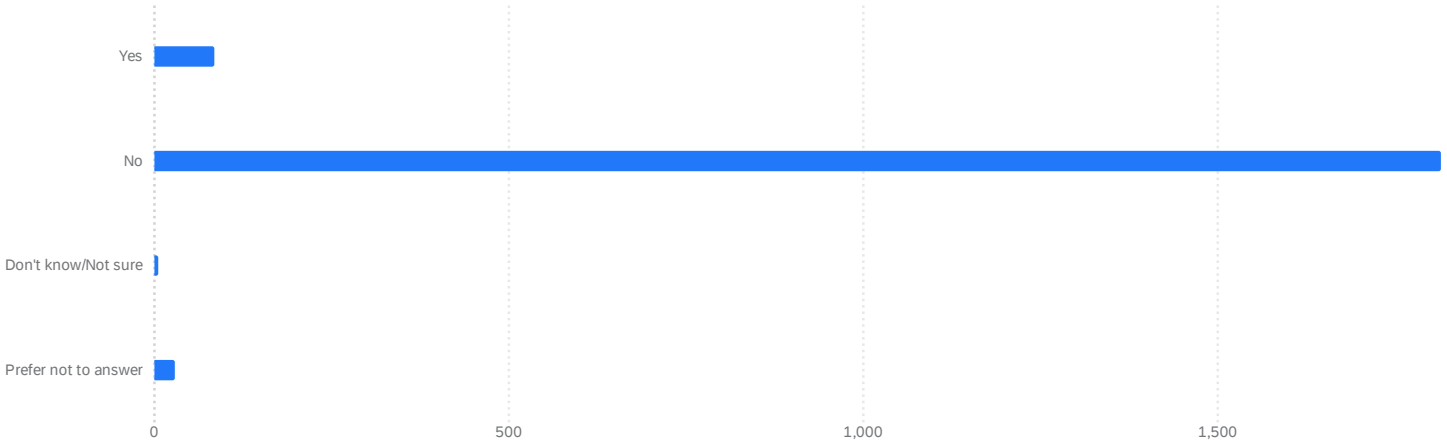
Do you have a medical marijuana card? 153



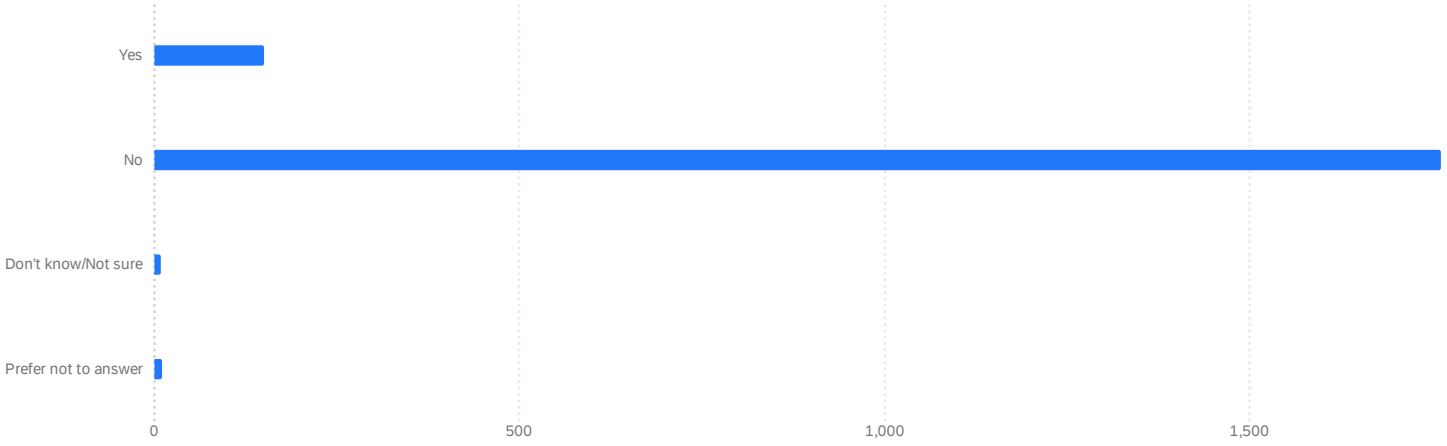
Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. 1,937



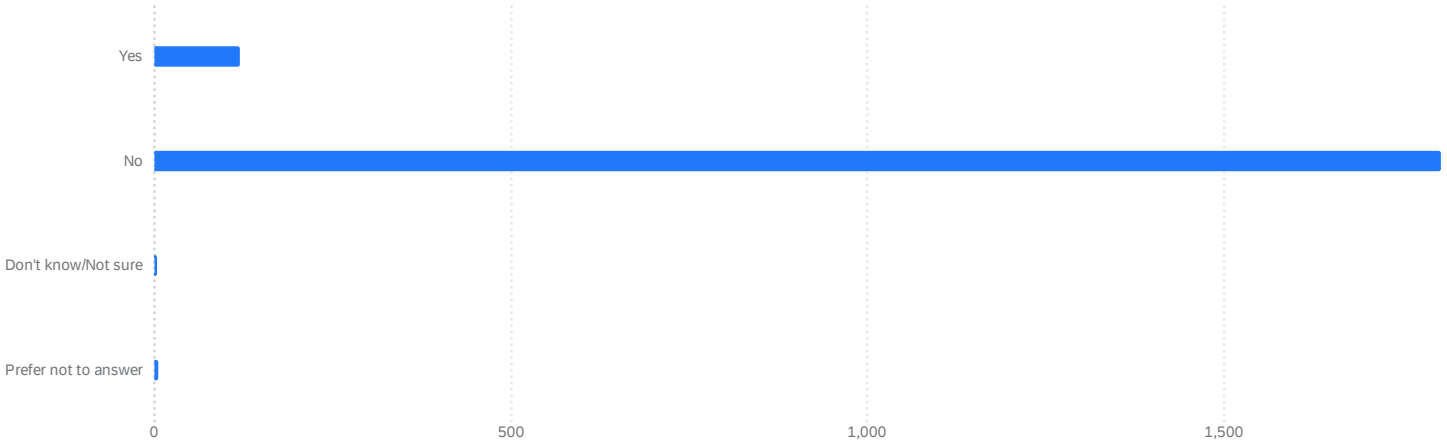
Have you ever been beaten, pushed, shoved, or sexually assaulted by another member of the household? 1,934



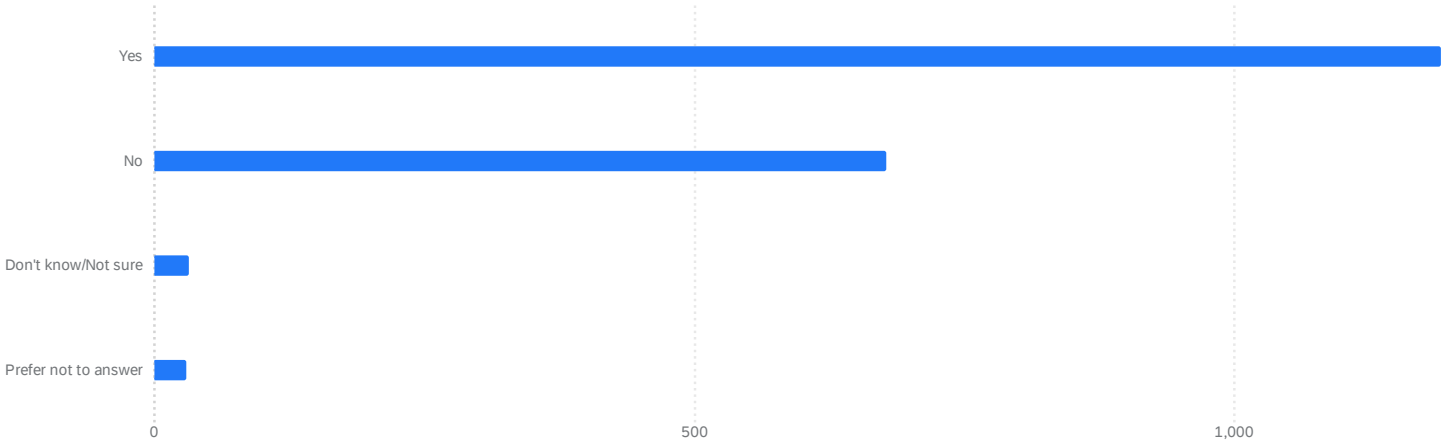
Have you ever been a victim of a violent crime in this community? Include theft, physical or sexual assault, property damage, and stalking. 1,931



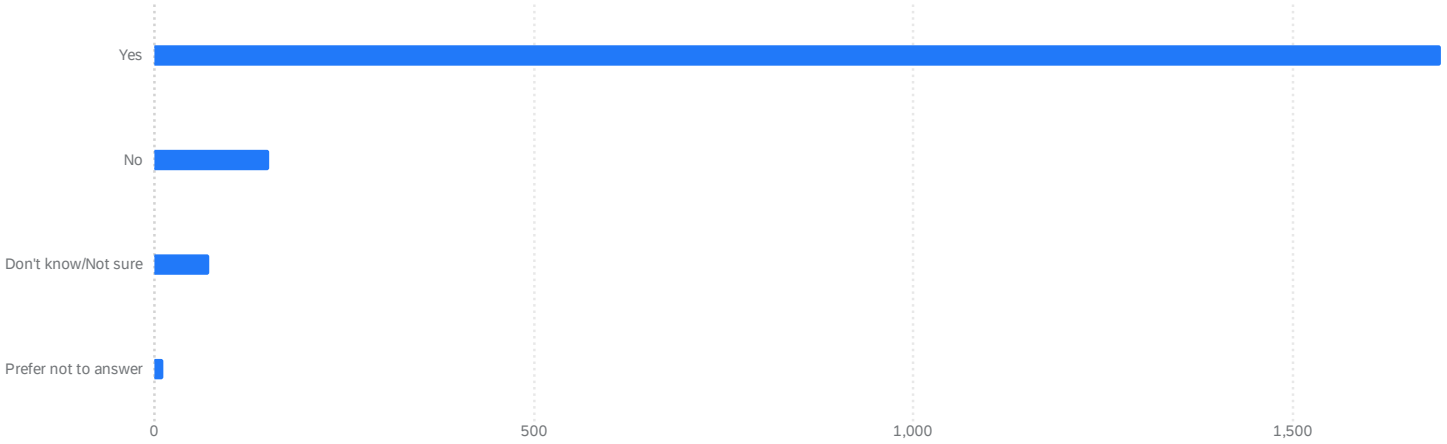
Section 26: Medication Compliance Was there a time in the past 12 months when you stopped taking your medicine because of cost? 1,931



Section 27: End of Life Planning Do you have a living will or advanced directive? 1,929

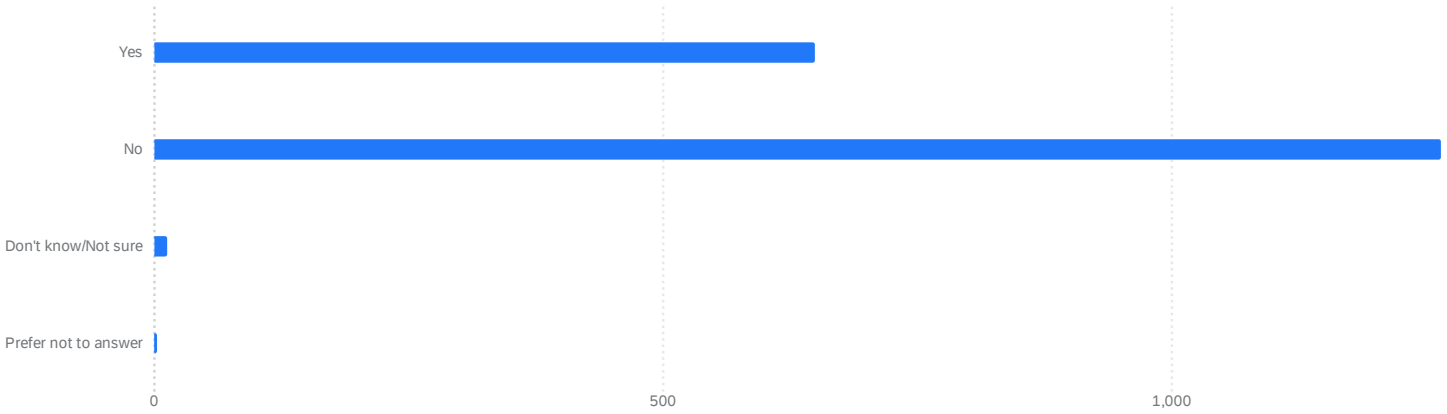


Section 28: Access to Health Care Can you get an appointment with your primary care provider when you need one? 1,931



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?

1,927



Community Health Needs - Direct Community_LIVE

Start of Block: Demographics: Part I

Q98 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

Q108

Page Break

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

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

Intro-Gender **What is your birth gender?**

- [ ] Male
- [ ] Female
- [ ] Intersex

Intro-Age **What is your age?**

- ○ 18 - 29
- ○ 30 - 44
- ○ 45 - 59
- ○ 60 - 72
- ○ 73+

Leave 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

S1-1 Section 1: Health Status

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

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

End of Block: Section 1: Health Status

Start of Block: Section 2: Health Care Access

S2-1 **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

S2-2 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

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?

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

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?

- 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

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?

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

S4-2 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

S4-3 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
- [ ] Feeling lonely
- [ ] Feeling isolated

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?

- ○ Yes
- ○ No
- ○ Prefer not to answer

S4-5 If treatment not sought, why?

- [ ] Cost
- [ ] Insurance coverage
- [ ] Transportation
- [ ] Stigma
- [ ] Other
- [ ] None of the Above

S4-6 At any time in the past 12 months did you seriously think about trying to kill yourself?

- ○ Yes
- ○ No
- ○ Prefer not to answer

S4-7 During the past 12 months did you attempt to kill yourself?

- ○ Yes
- ○ No
- ○ Prefer not to answer

S4-8 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

S4-9 Did you use any of the following services? (check all that apply)

- ☐ Crisis hotline (988)
- ☐ Mobile Crisis
- ☐ Emergency line (911)
- ☐ Emergency Department
- ☐ Other
- ☐ None of the Above

End of Block: Section 4: Anxiety and Depression

Start of Block: Section 5: Cognitive Impairment

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?

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

S5-2 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 7: Oral Health

S7-1 **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

S7-2 Why haven’t you’ve had your teeth cleaned by a dentist or dental hygienist?

- ☐ Unable to find a provider
- ☐ Cost
- ☐ Fear of getting Covid
- ☐ Lack of insurance
- ☐ Other
- ☐ None of the Above

End of Block: Section 7: Oral Health

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

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.

- ○ Yes
- ○ Yes, but female told only during pregnancy
- ○ No
- ○ Told borderline high or pre-hypertensive
- ○ Don't know/Not sure
- ○ Prefer not to answer

S8-2 Are you doing any of the following to manage your blood pressure? (choose all that apply)

- ☐ Taking medication
- ☐ Changing eating habits
- ☐ Cutting salt intake through eating less processed foods
- ☐ Increasing physical activity
- ☐ Self-monitoring blood pressure

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

---

Start of Block: Section 9: Cholesterol Awareness

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?

- ○ 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

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

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

S9-3 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

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 (MI)?

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

S10-2 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

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

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

S10-4 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

S10-5 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

S10-6 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

S10-7 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

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?

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

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

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

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?

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

S10-11 What kind of help would you need in managing this/these conditions (heart attack, angina, stroke, asthma, cancer, COPD, Congestive heart failure 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
- ☐ Self Management
- ☐ Support Groups
- ☐ None

End of Block: Section 10: Chronic Health Conditions

Start of Block: Section 11: Diabetes

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

- ○ Yes
- ○ Yes, but I am female and was only told this during pregnancy
- ○ No
- ○ No, but I was told I have pre-diabetes or borderline diabetes
- ○ Don't know/Not sure
- ○ Prefer not to answer

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

- ○ Yes
- ○ Yes, but female and told only during pregnancy
- ○ No
- ○ Don't know/Not sure
- ○ Prefer not to answer

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

- ○ Yes
- ○ No

S11-3 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

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 your "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

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

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

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, Pravachol)*

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

S11-7 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

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.)*

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

S12-2 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

S12-3 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

S12-4 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
- ○ Don't know/Not sure
- ○ Prefer not to answer

S12-5 Have you had a colon cancer (e.g. colonoscopy, Cologuard, etc.) 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

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?

- 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

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?

- Zero
- One
- Two
- Three
- Four
- Five or more
- Don't know/Not sure
- Prefer not to answer

S14-2 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

S15-1 **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

S15-2 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

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?

- ○ Yes
- ○ No

S15-4 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

S15-5 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
- Other

End of Block: Section 15: Tobacco Use

Start of Block: Section 16: Secondhand Smoke

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)?

- 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

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

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

S17-2 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): _____

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.

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

S17-4 Are you...

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

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

- None (0)
- One (1)
- Two (2)
- Three (3)
- Four (4)
- Five (5)
- More than five (5)
- Prefer not to answer

S17-6 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, Bachelor's degree)
- ○ 6 years (Graduate Degree)
- ○ Prefer not to answer

S17-7 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

S17-8 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

S18-1 **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

S18-2 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

S19-1 **Section 19: Fruits and Vegetables** On average (not counting juice), how many times per day 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 day _____
- ☐ None
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

S19-2 If any, what prevents you from eating healthy? (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

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, energy drinks (e.g. Monster, RedBull), 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

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.)

- [ ] 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)

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?

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

S21-2 And when you took part in this physical activity, for how many minutes or hours did you usually keep at it?

- ○ 1 - 15 Minutes
- ○ 16 - 30 Minutes
- ○ 31 Minutes - 1 Hour
- ○ More than 1 hour
- ○ Other, total minutes per day_____
  _____
- ○ Don't know/Not sure
- ○ Prefer not to answer

S21-3 If you did not exercise the recommended amount was it due to? (choose as many as applies)

- ☐ Lack of available exercise facility
- ☐ No safe walking area
- ☐ Unable to afford gym membership
- ☐ Disinterested in exercise
- ☐ Unsure of what to do
- ☐ Not sure if it is safe to exercise due to health conditions

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

Start of Block: Section 22: Immunization

S22-1 **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

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?

- ☐ 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

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?

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

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?

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

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?

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

S23-5 Have you used opioids (e.g. hydrocodone, oxycodone, morphine, codeine, fentanyl etc.) that were not prescribed to you in the last 3 months?

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

S23-6 Has a family member or friend abused opioids in the last 3 months?

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

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

- ○ Yes
- ○ No
- ○ Prefer not to answer

S23-8 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

S24-1 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

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

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

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.

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

End of Block: Section 25: Violence

Start of Block: Section 26: Medication Compliance

S26-1 **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

S27-1 **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

S28-1 **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

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?

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

S28-3 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

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

- [ ] Your physician / healthcare provider (therapist, dietitian)
- [ ] Local sources (i.e. hospital, health department)
- [ ] Local providers / organizations /personal practitioners / nonprofits
- [ ] National organization sources (such as American Cancer Society)
- [ ] Other Online websites
- [ ] Health blogs
- [ ] Family / Friends
- [ ] Television
- [ ] Computer based You-tube type Virtual health webinars
- [ ] Social Media (Twitter, Facebook, Instagram, Linkedin)

End of Block: Section 28: Access to Health Care

Start of Block: Section 29: Child Health

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

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

S29-2 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

Start of Block: Block 30

S30-1 Congratulations! To submit your survey, press the blue arrow in the lower right corner.

- Admin Use Only - Do Not Touch

S30-2 You've reached the admin page. Do you want to submit or delete these survey results.

- Submit
- Delete Results

End of Block: Block 30

4. Key Informant Survey

A. Methodology

There were four Key Informant sessions. Two were composed of designated community leaders, one additional group of young business leaders and one session was held with non-profit direct service providers. The community leader section included twenty-five individuals who participated in one of two sessions scheduled by The Partnership which were held in July and August. Results from the two sessions are reported as two separate groups of community leader key informants. A separate session with twelve non-profit direct service providers was held in July during a regularly scheduled meeting of the Community Services Council (CSC) and a Young Business Leaders (YBL) group was held in September with thirteen participants in attendance.

The Partnership identified the key informant participants and developed the key informant survey. A total of 50 key informants in all four sessions completed the survey during July, August and September 2023. 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 of 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 YBL and CSC sessions 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

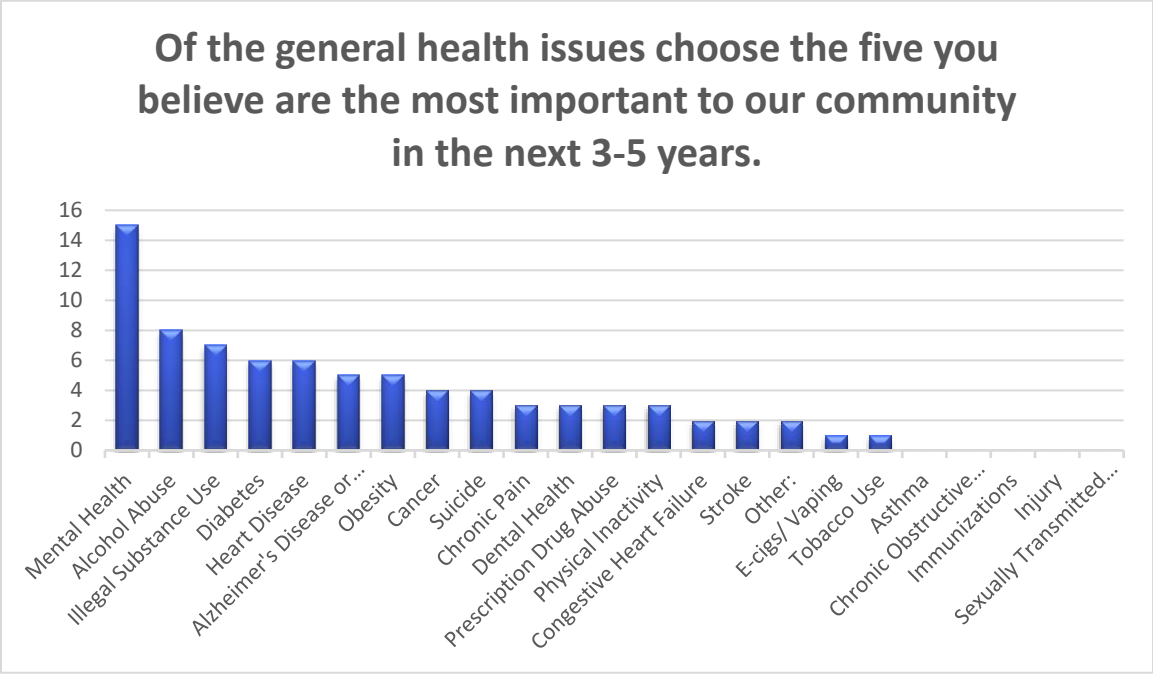
General Health Issues

Key informants were asked to select what they believe to be the five most important health issues in our community. Two issues tied for fourth, therefore, the top five health issues

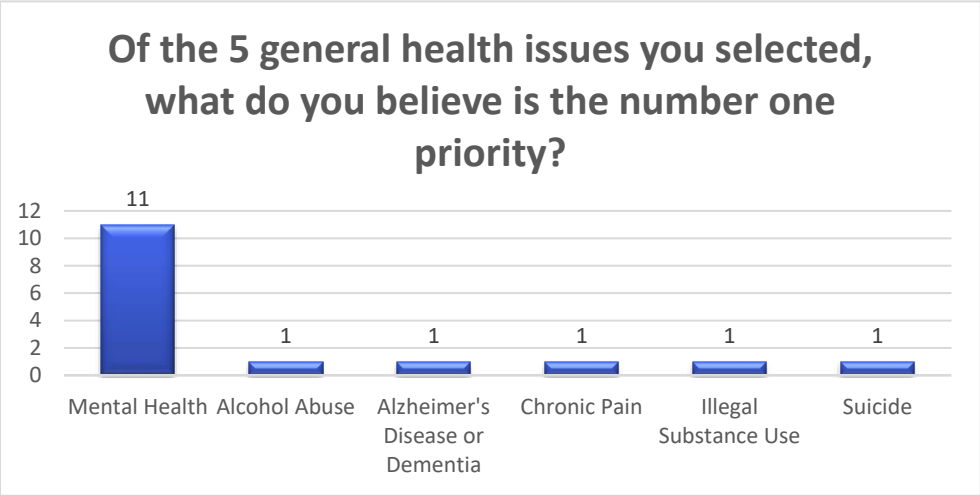
according to the community leaders are listed in alphabetical order as follows:

- Alcohol Abuse
- Diabetes
- Heart Disease
- Illegal Substance Abuse
- Mental Health

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



Of no surprise when we asked of the 5 general health issues you selected, what do you believe is the number one priority, mental health had an overwhelming response. To note each of the following received one vote: Alcohol Abuse, Alzheimer's Chronic Pain, Illegal Substance Use and Suicide. Chart below for visualization.



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.

Select comments related to Mental Health

- Many of our clients are reporting mental health issues which are treated with multiple medications but very little counseling or therapy.
- The number of mental health issues being addressed in schools continues to increase each school year. Mental health concerns contribute to numerous health problems.
- There are not enough resources for individuals who have behavioral health diagnoses. There are often long waitlists to access services and many times, individuals needing services cannot afford to pay for the service.
- Massive increases in depression, loneliness shared in recent studies.
- Number of patients with MH diagnosis has placed extraordinary pressure on our Emergency Dept.
- Other at-risk behaviors often start with a MH underlying cause.
- Mental health is affecting not only the person but their family, neighbors, public resources', communities and the next generation of kids. It is the root of much of a community's problems.
- Mental health can influence an individual's overall wellbeing which can be evident in family, marriages, work, school, and community.

Select comments related to Illegal Substance Use

- Substance Use disorder is a multi-faceted problem that directly and indirectly affects the health of the community from health issues with the individual due to use or diseases associated with the methods of using to problems in family life. The latter has the side effect of passing trauma to any younger members of the household. In this way it becomes a generational health issue.

Select comments related to Diabetes

- It's on the rise.
- Prevention is key.
- It may be the etiology of other physical issues such as physical inactivity. Because when untreated, can lead to so many of the other conditions.

Select comments related to Alcohol Abuse

- Frequency and magnitude of the condition.

Select comments related to Chronic Pain

- Chronic Pain issues and the lack of appropriate care are leading to unnecessary hospital visits and illegal substance use, as well as behavioral health concerns.

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.	12.5%	6.25	81.25%
The majority of residents in Carroll County have access to a local medical specialist.	6.25	12.5%	81.25%
The majority of residents in Carroll County are able to access a local dentist when needed.	31.25%	25%	43.75%
Transportation for medical appointments is available and easy to access for the majority of residents.	68.75%	12.5%	18.75%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	18.75%	43.75%	37.5%
The majority of residents in Carroll County have the ability to pay for health care services.	12.5%	31.25	56.25%

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 (43.75%) of respondents, while 25% remained neutral. The ability to pay for health care services was a perceived problem with only 12.5% 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 18.75% of key informants stating that they agree or strongly agree that transportation is easy to access and 12.5% rated their opinion on the availability and ease of transportation as neutral.

Additional Comments Regarding Availability of Care in Carroll County

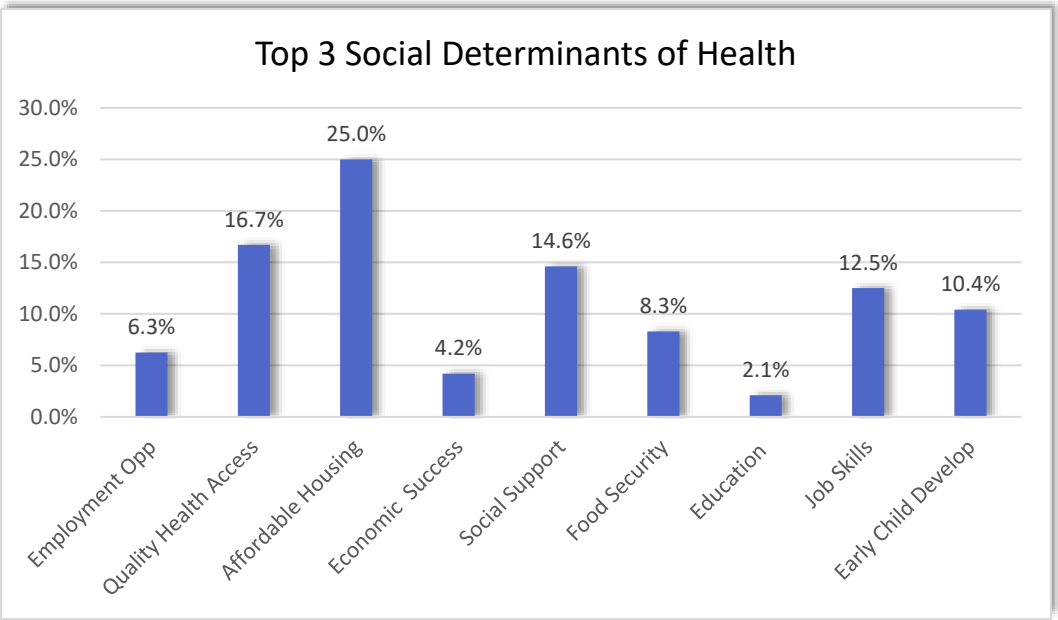
- Availability and wait times are frequently a challenge.
- Access to primary care services is becoming an increasing challenge.
- I have run into people who struggle to reach appointments due to where they live. This also affects if they can make it to things like the gym.

Social Determinants of Health

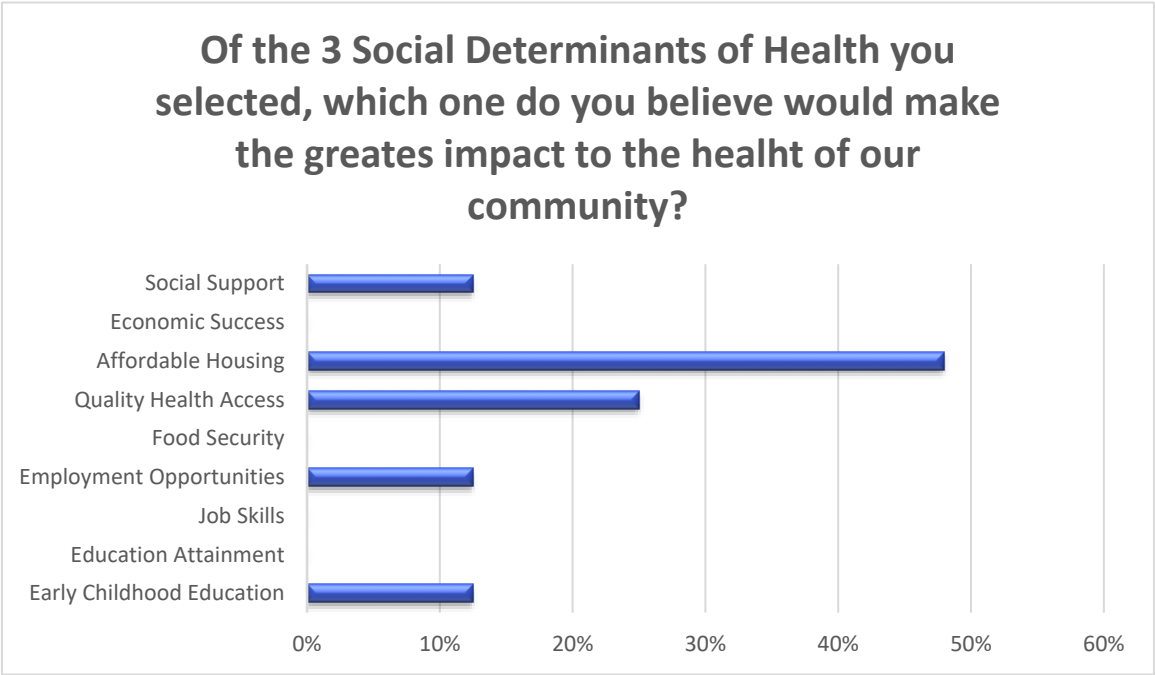
The informants were then asked to select three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health in alphabetical order are:

- Affordable Housing
- Quality Health Access
- 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 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, affordable housing received the highest rating with 48.375% of key informants selecting it as potentially having the most impact. Quality Health Access received the second highest rating (25%) for having the greatest impact in the community, and social support, employment opportunities, and early childhood education all tied for third highest rating at 12.5% each.



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

- Secure and stable housing is a launching platform for stability, security, and wellbeing. It is one of the concerns that parents frequently express. They have shared that the cost of housing in Carroll County has significantly increased. The number of students experiencing homelessness continues to increase. Housing stability is important for every individual in the community. If someone does not have stable housing the stress of housing instability becomes their primary focus, not their health.
- Lack of affordable housing has led some community members to make sacrifices that are unhealthy in the intermediate term.
- Because without access to stable housing, addressing all other SDHs becomes much more difficult.

Select Comments Regarding Employment and Economic Success

- Individuals need employment opportunities to best care for self and family. Individuals without access to employment opportunities are stressed, and this stress is then carried over into family, relationships, school, community.
- Providing stable employment is necessary to address several underlying SDOH factors.

Select Comments Regarding Health Access

- As a pregnancy center we see women who do not have access to healthcare regularly.
- Need to be healthy first, plus it includes my other choices.
- Getting appropriate care when in need is essential to addressing health concerns effectively. Waiting for care or delaying care only compounds the issues. It's disappointing to hear that some specialists are scheduling new patient appointments 6-12 months out thus forcing individuals to seek care out of the county.

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

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

- Really: all these areas, flyers, brochures, and/or electronic methods that we can share with our clients.
  - Workplace initiatives are super important. Residents spend the majority of their time at work. This may contribute to improvement in mental health.
  - Community education at a low or no cost.
  - Workplace, outreach events.
  - Outreach events.
  - Social media, workplace partnerships.

- Health Department does a great job in this community but we need to continue to pull all agencies together in a unified approach.
- Workplace, social media, outreach events.
- Fairs, outreach, class education, referrals from physicians.
- We do a good job at fairs and outreach events.
- Fairs/expo, HALT action items.
- Workplace, class education, outreach events.
- Workplaces could be a great location, also class education.
- There is a lot available but little participation.

General Feedback

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

- Access is generally available for medical care. Dental care is still lacking.
- Hispanic non-English speakers.
- Transportation is an issue for many of our families. This includes new immigrants and families experiencing homelessness.
- Individuals with mental health diagnoses.
- Those who lack transportation.
- Not sure.
- Disconnected youth and working poor.
- Uninsured and underinsured need continued support. Access Carroll is excellent but can only do so much.
- Low income, people with disabilities, older adults.
- Lower income because most programs come w a cost and is difficult to obtain.
- I feel those suffering from substance use disorder have an uphill battle. I believe this from watching the community pushback on new sober living facilities.
- Seniors could always use more support.

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*
Housing with case management for those eligible for HUD vouchers	Sexual health and abuse recovery
Better access to mental health services	Vaping education
Affordable housing	Transportation
More affordable housing	Better public transportation services
Availability of services	Adequate transportation
Promoting physical health	N/a
Mental Health ecosystem	Job skills and training
Employment opportunities	Addressing all SDOH factors
Enhanced public Transportation options, including across county lines	Increased affordable housing options
Teaching self determination	Helping people struggling get foundation
Available transportation	Food
More low or no cost transportation	Workforce development
Economic Development	Mental Health access

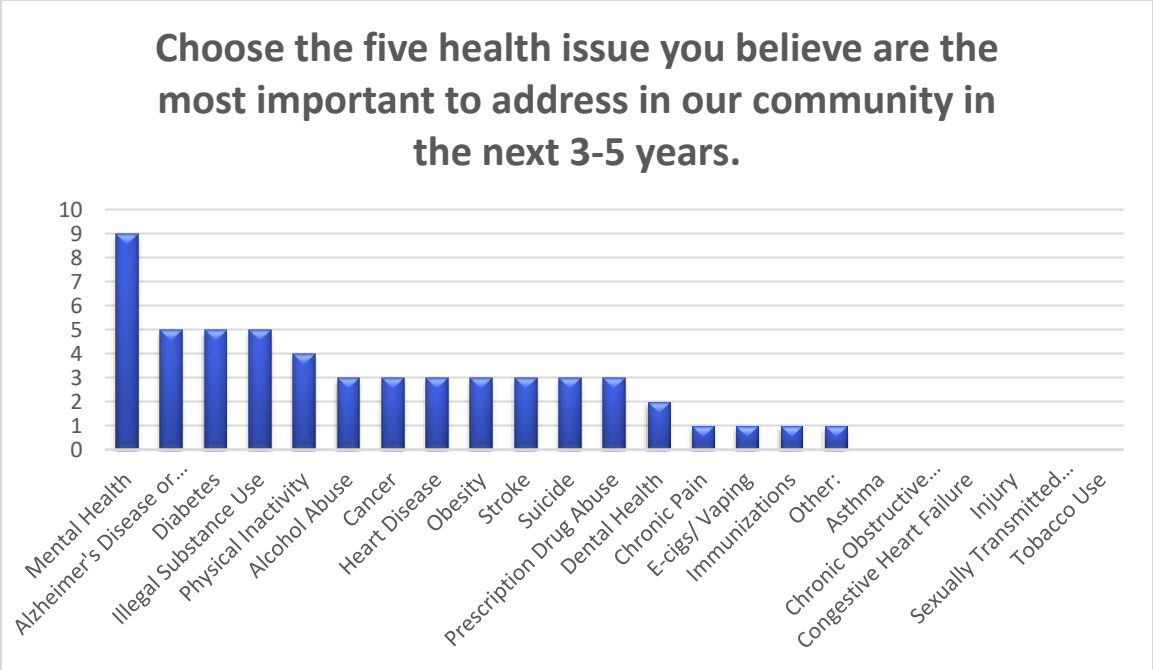
Community Leaders Group #2

General Health Issues

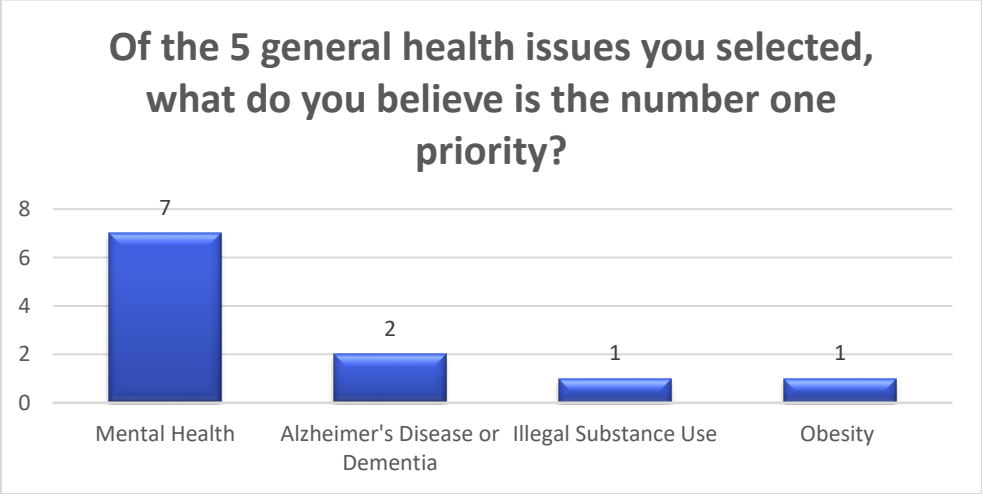
Key informants were asked to select what they believe to be the five most important health issues in our community. The top five health issues in alphabetical order according to the community leaders include:

- Alzheimer's Disease or Dementia
- Diabetes
- Illegal Substance Use
- Mental Health
- Physical Activity

Two of the same issues ranked the highest in both 2018 and 2021: illegal drug use, and mental health. A full listing of health issues, in order of most selected by key informants is presented in the following graph.



The following table depicts the Key Informants rating of health issue as their number one priority.



While mental health was clearly the leader as the number one priority, Alzheimer's Disease/Dementia also received two votes. Illegal substance use and obesity each receive one vote. 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.

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

- With current generational trends, and being of the Gen Z generation myself, the importance or mental wellbeing has never been more crucial. The most recent generations have been impacted incredibly by the boom of the technological age. Most specifically with the influences (positive and negative) of social media. Other social factors, including the hostile political climate in the US and the COVID 19 era, also seem to have such a profound impact on the mental health and wellbeing of the population. We are in a time where services to support and promote healthy mental states are crucial.
- It's what I see as the largest barrier to employment. Also is the largest disturbance on the retail side, it's the main reason we call the police. (Illegal substance use)
- This impacts the other areas. People who struggle with mental health may self-medicate, abuse substances, and engage in self injury and suicidal behaviors. There are not enough providers with availability to see clients quickly, we need more psychiatrists, and we need a pediatric inpatient unit at the hospital.
- The need has increased significantly since Covid and is affecting all age groups. Mental health concerns have been the focus for mass shootings, suicides, and unemployment.
- Widespread and underreported, links with so many other health issues, across generations.
- Mental health leads to many other health issues- substance abuse, self-care, suicide. It also impacts family, friends' co-workers, and organizations across the county.
- Many seniors are being diagnosed with this disease and our community lacks resources and support.
- Mental health impacts many of the health issues listed.
- Lack of providers & access but big need in all communities.
- Obesity effects many other diseases.
- There are so many loved ones trying to manage these needs and navigate their actives of daily living.

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.	9%	18%	72.%
The majority of residents in Carroll County have access to a local medical specialist.	36%	0	64%
The majority of residents in Carroll County are able to access a local dentist when needed.	64%	0	36%
Transportation for medical appointments is available and easy to access for the majority of residents.	27%	18%	55%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	27%	18%	55%
The majority of residents in Carroll County have the ability to pay for health care services.	36%	27%	36%

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, transportation and healthcare resources. However, dental care was seen as slightly more difficult to access as is the ability to pay for health care services.

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. The following comment was recorded, "I think the real question is not does the majority have access but does the minority?"

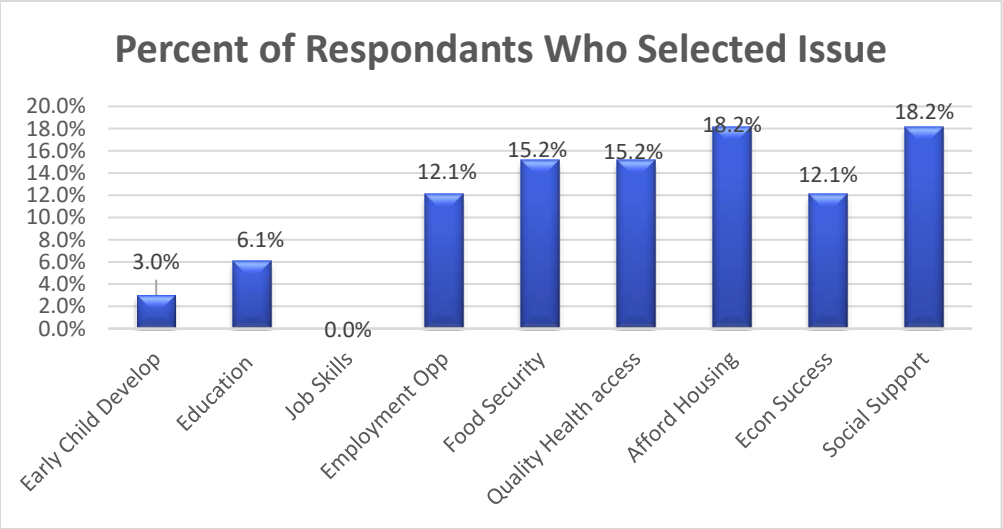
Social Determinants of Health

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:

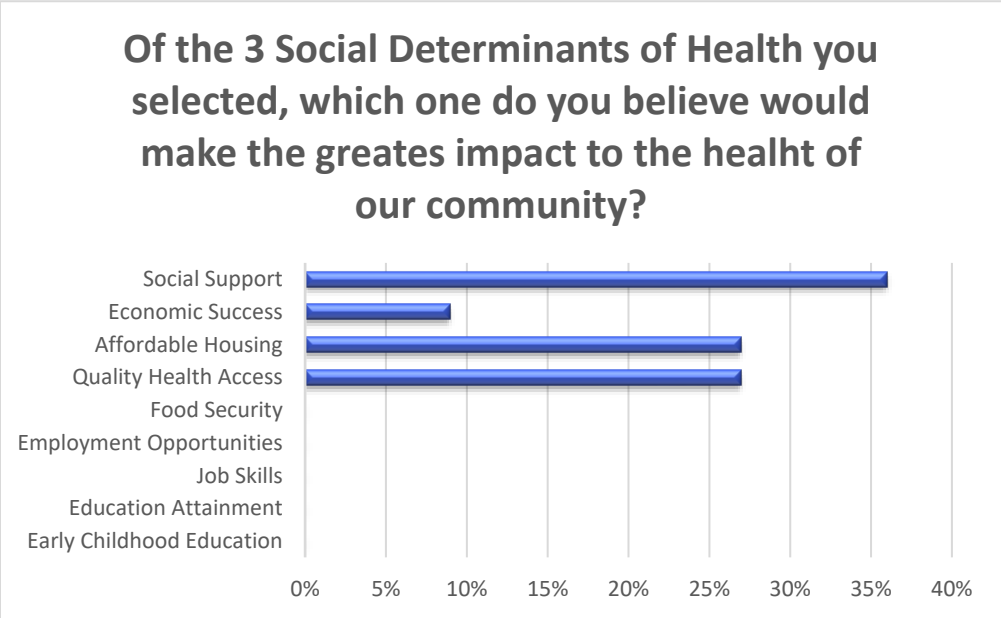
- Affordable Housing

- Food Security
- Quality Health Access
- 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, social support received the highest rating with 36% of key informants selecting it as potentially having the most impact. Affordable housing and quality health access received the second highest ratings (tied) and third highest rating for having the greatest impact in the community was economic success.



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.

- If we cannot discuss issues and feel supported, things will continue to go unaddressed. Having social support, and safe spaces, is the most direct route to finding out the cores to issues in the community to most accurately be dealt with effectively and efficiently. Without social support, people could continue to struggle in silence for fear of failure after reaching out for help. I believe that the mental health movement, that is in its early stages in the US, will one day be what embodies social support and promotes openness with challenges in life. Cultivating a community that grows towards this movement and social support will ultimately further wellbeing of all aspects in the lives of many.
- In my experience, a fairly paid job and an employer who believes in a person living in an underserved community is often the confidence builder that person needs to go to school or finish a program.
- If preventive care is provided to all that would reduce the need for critical care and a reliance on emergency services.
- I read on Facebook and hear in the community many people are looking for low-income housing mostly woman with kids and the senior population. Many have minimum wage jobs or are living on social security/ disability.
- Such an important aspect of dealing with a wide variety of health issues.
- A safe and secure home is key to stability to pursue educational or job goals.
- Our county is going to have a large aging population within the next 3-5 years and this population needs more timely access to providers.

- Having adequate access to a support network is vital in having access to thrive in the community.
- Without social support one cannot receive care.
- It's important to educate our elderly community and have them be able to know where and when they can go to get health care.

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

- At Dill Dinkers we love Pickleball, and our motto is Play Safe, Play Well. We are in the talks of forming more directly focused programming for youth and the elderly population in Carroll County. Providing a safe, healthy, and social space for the community is something we take pride in. We have repeatedly heard that our facility was needed in the area due to the lack of places to exercise at a reasonable rate or that was not overrun with long lines. Working on more active and supportive facilities in the community could be beneficial on every level of wellbeing.
- Programs that involve government, employer, and worker or potential worker in a face-to-face environment would be great. These three groups don't always communicate very well.
- Transportation is critical to connect people to services. No cost or low cost, reliable transportation services is a critical need here. Establishing a one stop shop to connect residents to care and help them navigate the health care system would be wonderful. Care coordination of wrap around services for any resident interested in that support would also be great.
- More education about transportation options. Many still don't understand the Carroll Area Transit and feel it's only for seniors. Transportation outside of the county, for example Owings mills or Baltimore for specialists are hard to find for seniors.
- Better housing inventory for those in need-both short term and long term; and a network or organization to connect people to possible housing opportunities.

- Veteran shelter access.
- Mental health resources.

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 (81.8%) rated existing efforts as good, while 9% rated them as fair and 9% rated them 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

- Dill Dinkers has been promoting at several local events (farmers markets, restaurants, and more). However, we found we are one of the only exercise-based stands/advertisers at these events and places. While this is the only real topic I can speak to, I believe that the amount of farming and fresh produce around the area are showcased well in the farmers markets.
- Incorporating wellness education and activities at existing events would reach more people who need them. The people who would go to a wellness fair are already thinking about their health and wellness and likely already taking steps to improve it. You want to reach the people who would never go to a wellness event on their own. Workplace offerings would also be great. Anything you can offer school system employees at no cost to them would be greatly appreciated.
- Outreach events and educational events at work.
- Through existing service providers where relationships already exist, schools and teams/extracurricular activities, churches, workplaces
- I think primary care physicians and PAs could be high influencers for the middle class and higher population on better self-care. Expand beyond prescribing pills and influence on how to improve health through physical and mental activities.
- Fairs and outreach events that are marketed well seem to do the best. Class education is great but needs better marketing.
- Yes, fairs, workplace, classes, outreach events, schools, but also taking information to people such as those that receive home visits.
- Community events, clubs & organizations, clinics.
- Workplace.
- Events and workplace.

General Feedback

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

adequately served:

- We have had many middle-aged women come in (several are widows), who say they have trouble finding social areas to branch out to for their mental wellbeing. In addition, the senior population also seems quite limited in affordable activities.
- There is a gap when people come out of the working poor bracket, when they are suddenly on their own. People who are in poverty sometimes do not get out because they would make less or have fewer benefits if they worked. Better bridges would help. Tough when the healthcare is better through the state than what most employers can offer, and housing benefits would go away. I think this is generational.
- Anyone with transportation needs. Families with insurance who cannot secure needed BH services in a timely manner.
- Seniors, they need to be made aware of services.
- Women's addiction treatment, addicts who need detox, ESL population.
- There is always room to help the poor. I think the elderly across all classes are going to become more of a strain on community as that population grows. I also think more physical and social activity programs are always beneficial to community health.

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
Healthy Food	Regular exercise
Limit the number of homeless or rehabilitation clients that are transported here from out of county	N/A
Transportation	More BH providers with availability locally
Community exercise walking paths	More mental health resources
Continued growth of coordinating services and care	Access to care/services for disadvantaged populations
More emphasis on self-care (physical, mental and emotional) for all demographics	Safe and well-maintained housing
Transportation access	Resources for homelessness
Improving transportation	Mental health resources (navigation support in place for those who have MA, need for privately insured)
Access to mental health providers	Getting drugs like fentanyl off the streets
Lower crime	Punish illegal activity

Community Services Council (CSC)

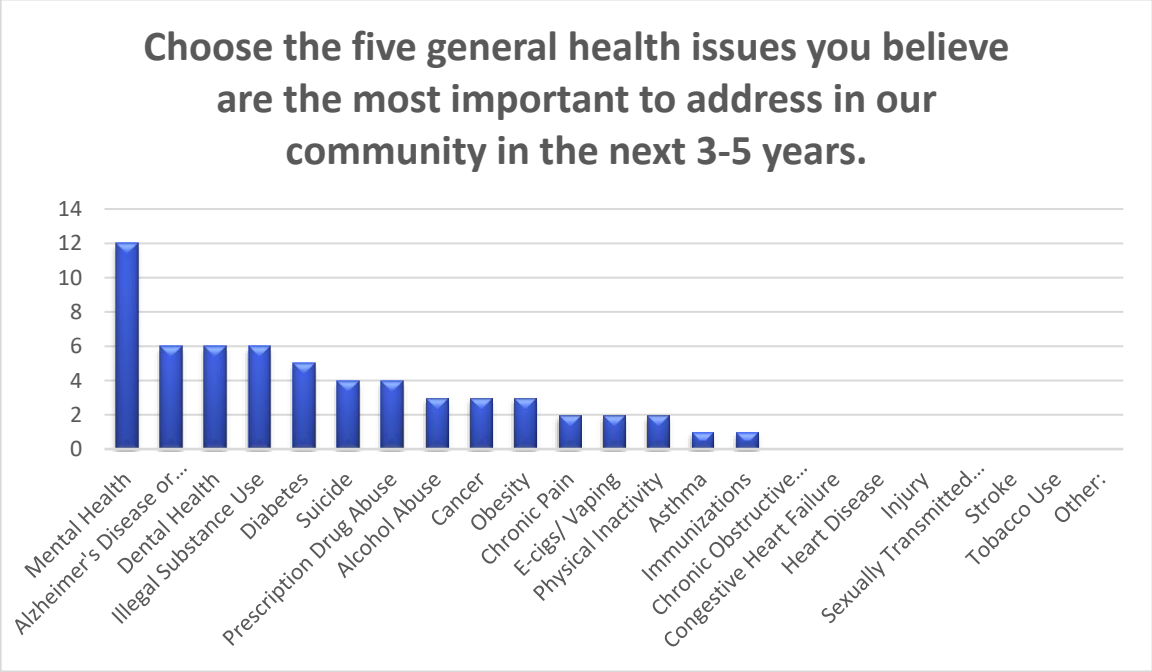
The CSC is a non-private community-based council with representatives from the public sector who express a commitment to improving the provision of human services in Carroll County. Many of the individuals on this council have regular client contact so their responses may reflect this perspective. The survey was conducted on July 26, 2023 with twelve members participating during a regularly scheduled meeting of the CSC.

General Health Issues

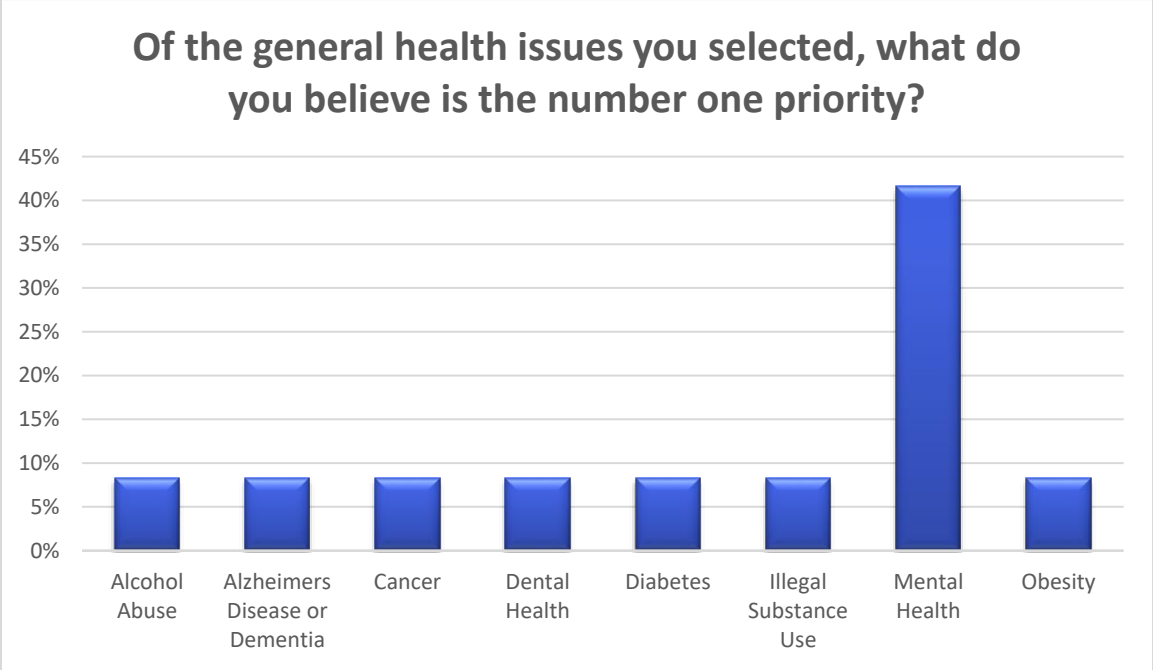
Key informants were asked to select what they believe to be the five most important health issues in our community. Three health areas tied for second place. The top five health issues in alphabetical order according to the CSC key informants include:

- Alzheimer's Disease/Dementia
- Dental/ Oral Health
- Diabetes
- Illegal Substance Use
- Mental Health

Two of these areas were the same as the 2018 and 2021 CSC Key Informant group: mental health and illegal drug abuse, and prescription drug abuse.



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 (41.6%) of respondents selecting it as their highest priority, followed by equal responses (8.3%) for Alcohol Abuse, Alzheimer's/dementia, cancer, dental health, diabetes, illegal substance abuse, and obesity.



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.

- The Covid pandemic isolated people and many lost support systems, struggled financially, had their health impacted or otherwise had excess burdens. Children are still challenged readjusting as well to the rigors of school and expectations. There are not enough mental health practitioners to meet all the needs of those who want therapy or support. In addition, due to the current political climate, people who are LGBTQ, or other marginalized communities are being targeted which is causing fear and mental health difficulties.
- Because there are not a lot of programs for low-income people, and it takes months to get seen
- Cancer destroys people's lives in many ways. I think that people who have been

diagnosed need care, direction, support, and their families need support and resources as well. It's crucial to give the patient the best chance to beat the cancer.

- The comorbidities that result could be prevented if this root issue was addressed.
- Mental health affects all age groups and by focusing on this health issue we can eliminate drug abuse and alcoholism.
- Limited resources available, especially for lower income families. Limited local providers.
- I believe that there is a lot of focus on the opioid epidemic, and rightfully so, but alcohol abuse is still very prevalent, and attention needs to be focused on this as well.
- There are not enough readily available services for mental health patients to get immediate assistance when they are in need. The pipeline isn't working. It is a broken system with too many gaps.
- Mental health can create other health issues. More and more people are getting comfortable with admitting and recognizing mental health issues as well which is showing an increase in this issue.
- A perceived increase in illicit drug use, coupled with changing laws related to substances, brings risk factors to a wider and younger population.
- Mental health is a chronic and challenging circumstance for many, if not all, communities followed very closely with aging and elderly circumstances.
- Pain management, mental health, and substance abuse are all equally as important and need root cause intervention.
- Increase in aging population will continue to impact this issue.

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	8.33%	0%	91.67%

care provider.			
The majority of residents in Carroll County have access to a local medical specialist.	33.3%	0%	66.67%
The majority of residents in Carroll County are able to access a local dentist when needed.	50%	8.33%	41.67%
Transportation for medical appointments is available and easy to access for the majority of residents.	50%	16.6%	33.3%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	33.3%	0%	66.6%
The majority of residents in Carroll County have the ability to pay for health care services.	50%	41.6%	8.3%

A majority of the CSC respondents believe that community residents have access to a PCP, a medical specialist and health care resources. Access to a local dentist and transportation for medical appointments were seen as a challenge to Carroll County residents. The respondents do not believe that a majority of resident in Carroll County have the ability to pay for health care services.

Select comments regarding Access

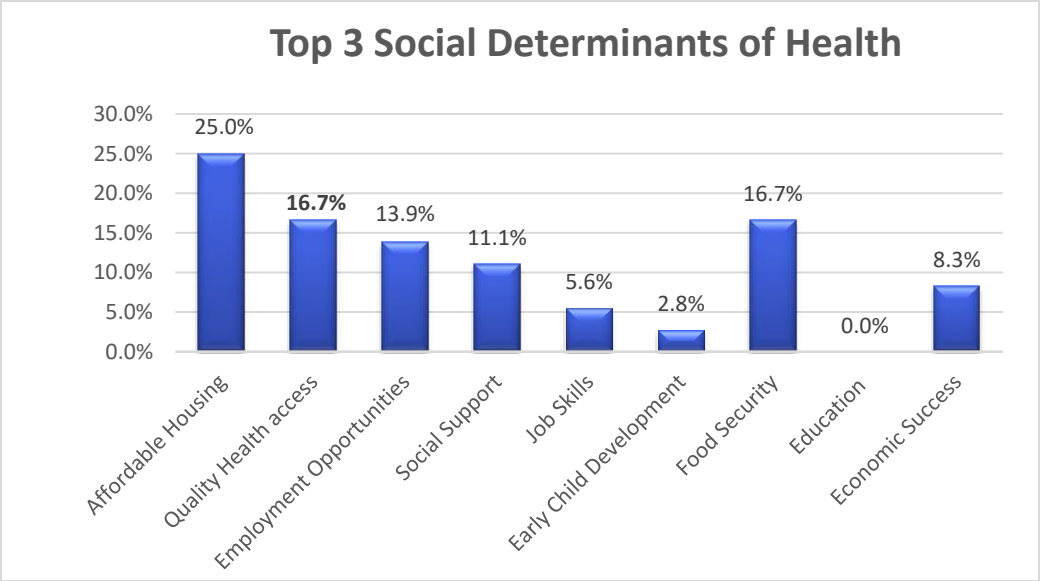
- Access is dependent on ability to get to the resources and transportation remains a persistent problem in our community.
- As a middle-class citizen with adequate resources to support regular health care, access to medical professionals has been a serious challenge.

Social Determinants of Health

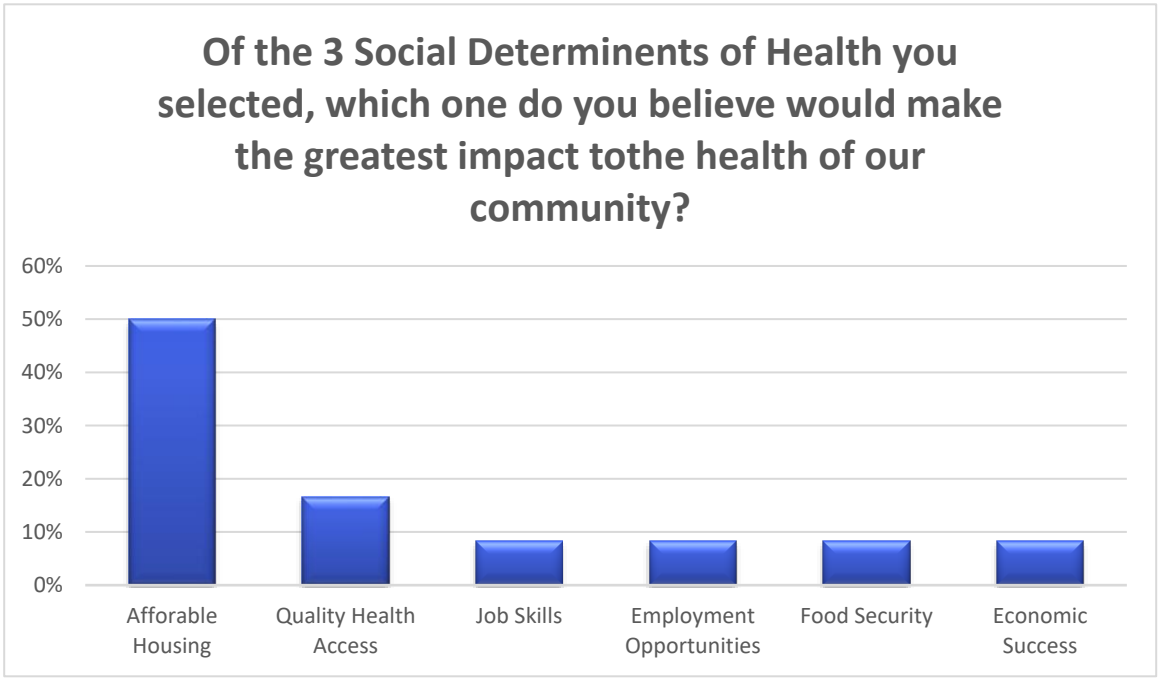
The informants were then asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. Affordable housing was the top issue (25%) followed by a tie for quality health access and food security (16.67%). Employment opportunities was in third with 5 respondents (13.8%).

- Affordable Housing
- Employment Opportunities
- Food Security

- Quality Health Care



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.



After selecting the top social determinant, respondents were asked to share why they believe their choice is the most urgent problem in the community. 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 social determinants

- If people are not healthy its more difficult to live a life with opportunities for happiness and success.
- It seems like it's the biggest issue I hear about.
- People can tell right away when their physicians, nurses, medical staff don't care and are either burnt out or just pushing meds. When you see a professional like that, it doesn't, are you trust them or their treatment plan. It actually encourages people to ignore it completely and then their condition worsens and becomes more serious. Whereas when you see a quality professional, you're more likely to follow treatment and prevent problems.
- Job skills allow for employment to provide for other health determinants.
- With good job opportunities people are able to take better care of themselves and their families.
- Housing is a basic need and is difficult to obtain or maintain when rent or mortgages continue to increase. Waiting list for HUD housing and limited units available.
- There is a shortage of affordable housing in Carroll County. If you can't find a suitable and affordable place to live or are homeless, you focus on survival and not necessarily your own personal health.
- The working poor have limited inventory and access to affordable housing in Carroll. The price points for starter homes in Carroll are not obtainable for the majority of residents.
- Food security is a basic need, and we should not have people in our county not be able to afford to feed themselves and families.
- Housing is typically the largest expense for households. Lack of housing increases costs which creates financial hardship and decreases options for other expenses including those associated with health care.
- Without the opportunity to earn wages above the ALICE guidelines, a community cannot flourish in the ways it needs to in order to provide a quality of life that includes food security and social supports.

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 (66.6%) or fair (25%) and 8.3% felt that they are excellent.

Select Comments Regarding Programs and Services that need to be Developed

- For mental health and rehab, I think we should look at locations that allow for physical activity like farming that give participants a goal and task outside of themselves to focus on through the recovery process.
- There are numerous studies that suggest a physical component to rehab such as the farm example as well as exercise, stress management skills, and other activities in that same vein can drastically improve outcomes and long-term success.
- More mobile services
- More accessible emergency and long-term mental health and substance abuse centers that are not located in residential neighborhoods.
- Food programs with easy accessibility and quality healthy food options

Select Comments Regarding Ideas for Health and Wellness Promotion Programs

- Outreach events.
- Tevis Wellness Center, health classes through the hospital, outreach events.
- Going to the locations where the needs are identified.
- I believe that the people who need to be reached are best educated in outreach program.
- Public places- libraries, senior centers, places of worship, grocery stores.
- Resource Fairs, food distribution sites and pantries, workforce development programs, educational classes on health such as diabetes, health expos.
- While the county offers a lot of public support via outreach events, I'm not sure that the demographic of people who need those services are being reached. People will take the freebies, but do they actually follow through and make the calls for assistance?
- Class education and outreach events.
- Across all aspects of media, through service access points, and word of mouth.
- Education. starting in primary education at school, through secondary education and into the aging population through community offerings at local agencies and organizations.

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:

- Middle income because we can't afford services but make too much to qualify for assistance.
- Those without insurance.
- There is a post covid (naturally acquired and vaccine acquired) population that is suffering from a variety of health issues that will need to be fully investigated and addressed.

- No, I believe Carroll County has done a good job at trying to reach all social economic levels in our community.
- Aging without transportation, limited English literacy, those with poor computer skills or lack of electronics since much information is online.
- People dealing with mental health issues.
- Veterans with mental health issues.
- In-patient facilities for females with children who are battling substance abuse.
- Ensuring that some of these programs and assistants can serve those who are middle class too as times have changed and the cost of living has affected those as well
- Those with limited financial resources.
- Veterans, impoverished, alien residents, the elderly.

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 quality for assistance	In-home behavioral management/mental health treatment
Being able to access and afford healthcare and mental health services	N/A
Higher income to qualify for services	More advertisements for local services
Education	Transportation
Focus on the root of the issue	Don't be siloed
Job skills	Health care
Affordable Housing	Social connections
Affordable housing	Food security
N/A	N/A
Food Security	Affordable opportunities (housing, jobs)
Access to housing	Livable wages
Preventative medical interventions	Mental health and substance abuse interventions

Community Leaders Young Business Leaders

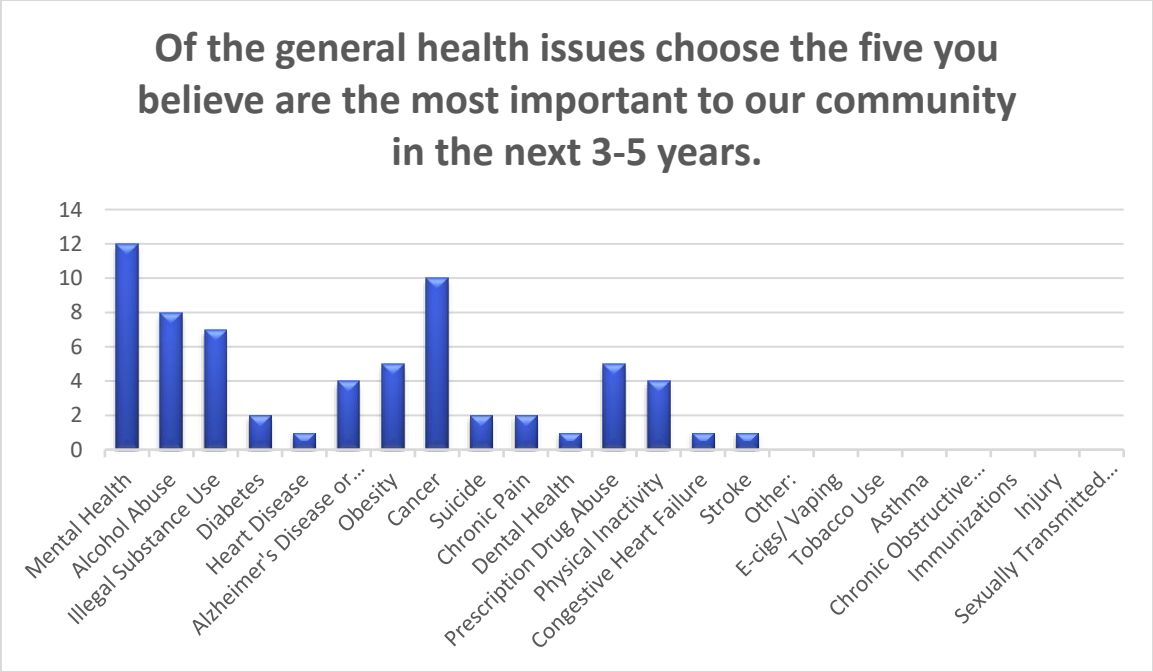
General Health Issues

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

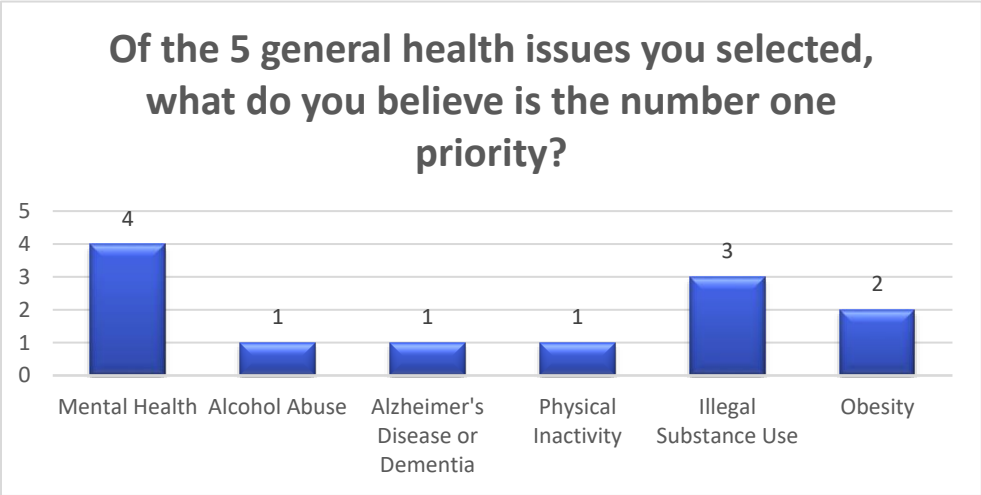
are listed in alphabetical order as follows:

- Alcohol Abuse
- Cancer
- Illegal Substance Abuse
- Mental Health

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



Of no surprise when we asked of the 5 general health issues you selected, what do you believe is the number one priority, mental health had an overwhelming response. Followed second by Illegal Substance Use, Obesity, and each of the following received one vote: Alcohol Abuse, Alzheimer's/ Dementia, Cancer and Physical Inactivity. Chart below for visualization.



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.

Select comments related to General Health Issues

- Illicit drugs are very prevalent.
- Mental health seems to be one of the root causes to a lot of other urgent health problems (e.g., alcohol and substance abuse)
- Obesity can be addressed by preventive measures and contributes to many other serious and common health conditions.
- Many of the other concerns often stem from mental health.
- Increasing elderly population with this disease.
- Very accessible and causing many issues within communities.
- Lack of professionals and clinics available to those that cannot afford private practice.
- Because it seems more and more people are getting cancer everyday.
- Biggest driver of all-cause mortality.
- I think mental health issues lead to drug and alcohol/prescription drug abuse.
- We only get one body, and we should learn how to take care of it.
- Drug use is increasing, puts an increased demand on social welfare programs, and negatively impacts community.

Availability of Health Care Services

After rating the top five health issues facing Carroll County, key informants were asked to assess the ability of local residents to access health care services such as primary care providers, medical specialists, and dentists. In addition, key informants assessed access to transportation for medical appointments, health care resources, 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.	0%	15.3%	92.3%
The majority of residents in Carroll County have access to a local medical specialist.	7.6%	23%	69%
The majority of residents in Carroll County are able to access a local dentist when needed.	7.6%	15.3%	76.9%
Transportation for medical appointments is available and easy to access for the majority of residents.	46.1%	46.1%	7.6%
Health care resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	15.3%	23%	61.5%
The majority of residents in Carroll County have the ability to pay for health care services.	30.7%	61.5%	7.6%

As illustrated in the preceding table, the majority of informants agree that in general, members of our community have the ability to access primary (92.3%), specialty health (69%) and dental care (76.9) as well as health care resources (61.5%). However, transportation and ability to pay for health care services seem to have a lower agreeable rate (7.6%).

Additional Comments Regarding Availability of Care in Carroll County

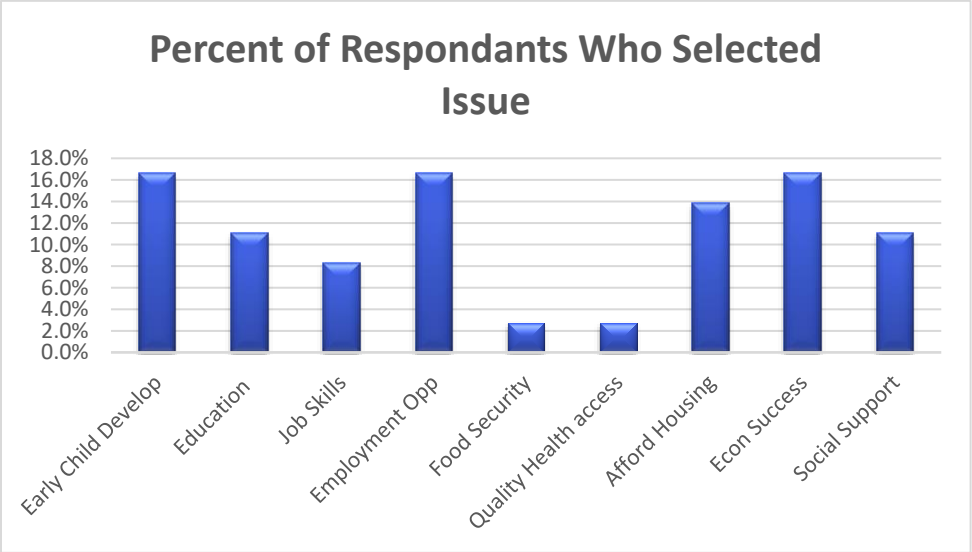
- I believe there is often access but there are many segments of the population that do not know the options.
- Health insurance limits access to wellness services.

Social Determinants of Health

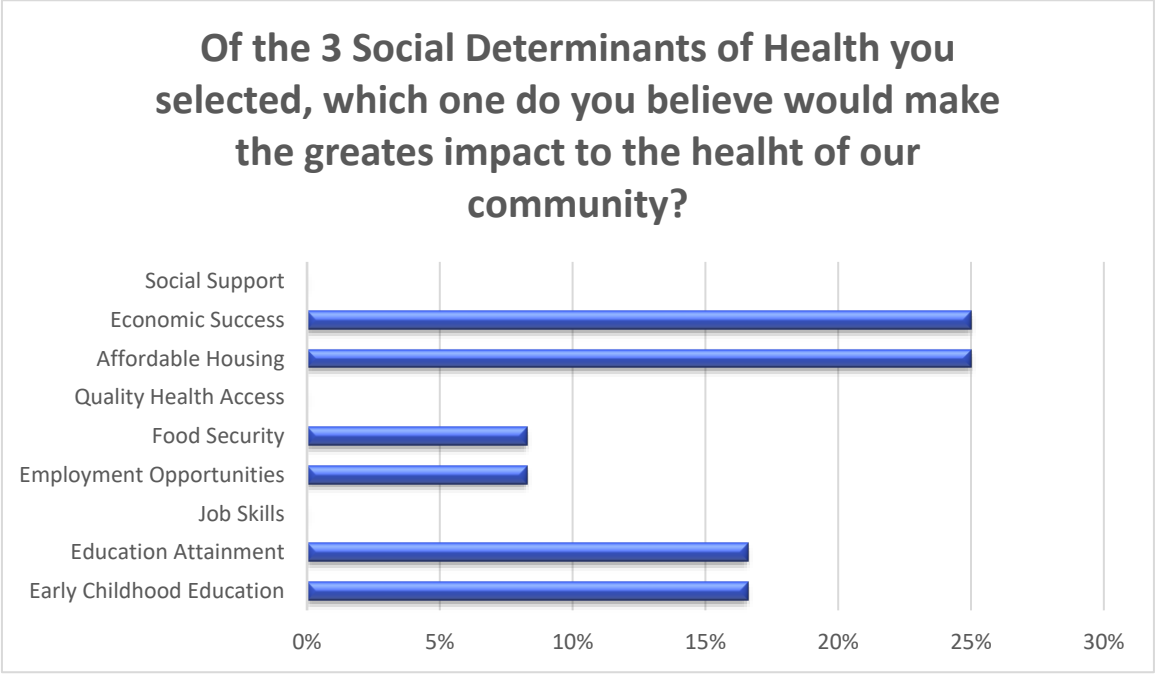
The informants were then asked to select three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top three social determinants of health in alphabetical order are:

- Early Childhood Education
- Economic Success
- Employment Opportunities

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



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, affordable housing and economic success received the highest rating with 25% of key informants selecting them as potentially having the most impact. Education attainment and early childhood education received the second most with 16.6% each. Food security and employment opportunities were also selected each receiving 8.3%.



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

- Being successful starts with not having to worry about your next meal.
- The quality of a person's education directly affects their ability to improve their other social determinants of health and those of their families and children.
- This brings stability to a family and often brings pride of your community which inherently improves all social aspects of a community.
- Economic success of an individual translates into economic success of a community. A trickle effect if you will.
- We lack affordable quality housing for young families to feel secure living in Carroll.
- I hear more and more that affordable housing is very hard.

- Wellness is expensive and isn't covered by insurance. Having the time, resources, and knowledge to make choices outside of insurance requires economic resources.
- If you do not have financial resources to pay for healthcare, it's an automatic deterrent whether it's health insurance or the ability to pay high-cost medical bills.
- Jobs lead to better quality services.
- Cost of childcare prohibits many families from becoming dual income households.

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, food bank, social support.
- Nutritional education for school children. Specifically, a program designed to be engaging and interesting.
- Mental health support.
- Education.
- Financial Literacy, assistance with opioid addiction.
- Preventative medicine, alternative treatments and reliable transportation services.

- I don't think it's about offering more. I think it's about getting the programs you already have into the right hands.
- Greater partnerships with private wellness providers.
- Weightlifting.
- I think most are already available.

How do you think health and wellness are best promoted in our community?

- I do not think they are promoted well at all.
- Socially.
- Schools.
- Workplace.
- I don't think people care about these things or pay attention until they have a need. Availability is the key factor.
- Personal Outreach to business owners, back to school nights.
- Outreach events.
- Education and outreach events.
- Workplace and schools.
- Events.
- School system.
- Education in schools, at home, etc.
- Outreach events, social media.

When asked how you would describe existing services, outreach and promotion in Carroll County 75% stated fair and only 25% stated good.

General Feedback

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

- Poor farming communities and inner town.
- Education and understanding.
- Carroll County has rural areas without access to technology. Many outlying areas have food insecurity and transportation issues.
- Low income: need more opportunities to gain traction and increase the chance of success for their next generation.
- Young adults and adolescences.
- I think this is standard in most communities: low-income communities tend to eat fast/cheap food which leads to obesity. Likely don't have the ability to afford care (including preventative) and snowballs.
- The elderly.

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*
Housing with case management for those eligible for HUD vouchers	Sexual health and abuse recovery
N/A	N/A
Education	Food supply
Mental health	Personal responsibility
N/A	N/A
Better public transportation	Affordable childcare
N/A	N/A
Financial Literacy	Fitness and Exercise
Holistic healthcare approach	Access to mental health professional
Programs for underserved children	N/A
Economic success	Job opportunities

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 Young Business Leaders Data and Transcription
- Key Informant Survey Tool

Key Informant - Community Leaders

Name		Agency
Tammy	Black	Access Carroll, Inc
David S.	Bollinger	Barnes-Bollinger Insurance Services, Inc.
Judith	Boyle	Pregnancy Support Center
Donna	Devilbiss	Caring Carroll
Amy	Doody	Amy's Laundry
Susan	Doyle	Carroll County Health Department
Addy	Eslinger	The Partnership for a Healthier Carroll County
James	Gast	HOFFA Foundation
Ann	Gilbert	Department of social services
Filipa	Gomes	Carroll County Public Schools
Stephanie	Halley	Westminster Rescue Mission
Todd	Herring	Pivot physical therapy
Lauren	Hickey	Right at Home
Garrett	Hoover	Carroll Hospital
Amy	Jagoda	Carroll County Public Schools (CCPS)
Jennifer C	Johnson	The Arc Carroll County
Kris	King	Visiting Angels
Suzette	Land	Marriage Relationship and Education Center
Jason	Martin	Citizen Services
Sharon	McClernan	Lifebridge Health
Alex	Myers	Carroll Hospital Board of Directors
Shelby	O'Leary	Carroll County Workforce Development
Matthew	Ramsey	Target Community and Educational Services
Allison	Richards	Dill Dinkers Pickleball
Melody	Schudel	Community Foundation of Carroll County
Deborah	Seidel	Carroll Hospital Center Board
Renee	Sherman	Pivot Physical Therapy
Carrie	Sorenson	University of Maryland Extension- Carroll County Office
Celene	Steckel	Carroll County Dept. of Citizen Services
Jack	Tevis	Carroll Hospital Board Member
Kati	Townsley	Carroll County Public Library
Gina	Valentine	Carroll County Bureau of Aging & Disabilities
Kris	Wood	Carroll Hospital
Tierney	Youngling	Carroll County Health Department
Melissa	Zahn	Carroll Hospital
JoAnn	Zaleski	Carroll Lutheran Village
Kathy	Zeallor	Penn-Mar

Community Health Needs Assessment

Key Informant (Community Services Council)

July 26, 2023

8:30am Carroll Nonprofit Center

This Key Informant Group was facilitated by Dot, Hunter, and Addy on July 26, 2023, at the Westminster Non-Profit Center with twelve participants. Participants were all given iPads to complete the Survey. Participants were asked to identify the top five general health issues as the most important to address in our community.

Mental Health was Number one (12); Alzheimer's/Dementia, Dental Health, and Illegal Substance Use tied as number two (6); Diabetes was number three (5). When asked to identify the top priority a majority (5) choose Mental Health.

When asked why they think their choice is the most urgent health problem to be addressed, responses in the survey were: The Covid pandemic isolated people and many lost support systems, struggled financially, had their health impacted or otherwise had excess burdens.

"Children are still challenged readjusting as well to the rigors of school and expectations. There are not enough mental health practitioners to meet all the needs of those who want therapy or support. In addition, due to the current political climate, people who are LGBTQ, or other marginalized communities are being targeted which is causing fear and mental health difficulties. "

"Because there are not a lot of programs for low-income people, and it takes months to get seen."

A participant said cancer destroys people's lives in many ways. "I think people diagnosed need care, direction, support, and their families need support and resources. It's crucial to give the patient the best chance to beat the cancer. "

"The comorbidities that result could be prevented if this root issue was addressed. "

Another said mental health affects all age groups and by focusing on this health issue we can eliminate drug abuse and alcoholism. Limited resources available, especially for lower income families. Limited local providers. "I believe that there is a lot of focus on the opioid epidemic, and rightfully so, but alcohol abuse is still very prevalent, and attention needs to be focused on this as well. "

"There are not enough readily available services for mental health patients to get immediate assistance when they are in need. The pipeline isn't working. It is a broken system with too many gaps. Mental Health can create other health issues. More and more people are getting comfortable with admitting and recognizing mental health issues as well which is showing an increase in this issue. "

"A perceived increase in illicit drug use, coupled with changing laws related to substances, brings risk factors to a wider and younger population.

Someone commented that mental health is a chronic and challenging circumstance for many, if not all, communities followed very closely with aging and elderly circumstances.

When asked for additional comments regarding health issues in the community: Pain management, mental health, and substance abuse are all equally as important and need root cause intervention.

The increase in our aging population will continue to impact this issue.

Discussion regarding the contributing factors to mental health: "People are still feeling isolated, and if people are not able to get to a place where they can connect that isolation continues. "

"Depending on where you are in the process, a lot of the resources/avenues are siloed and not collaborative. Depending on where you are you are fixed on one piece of the puzzle – it is not collaborative. Outside of Mental Health, we see it with Diabetes as well. A lot of it is due to insurance. "

A participant said I work at the library, and I don't have a client, but I do have connections in the community. Something I've been exposed to this summer…we talk a great talk, but when it comes to walking with an individual to get through the door to stay in a program, getting them to stay or partake in a program, that's where we could use some work. Particularly when it comes to youth. If they are a minor, the parent can't be in there with them, they have to stay in their vehicle. Or at a Center, well your insurance doesn't cover that. There's a communication gap in our emergency rooms, private groups… There's no free public health care in the community, and I get that. But we need to get them the care and then figure it out later. There's a problem that we can figure out how to be able to support. If an adult, they can sign themselves out. How can we get them to stay and also help them keep their dignity? A gap – we tell people to come to the ER, but there is no one to talk to, being by yourself for 3 days just talking to yourself is horrible and no help.

Another commented that hospitals are acute care facilities. The gap beyond that is - these chronic illness/diseases, there is no solution or fix. It's exhaustive, but it falls to the hospital to determine what to do with them, and where to put them. And there are not enough providers, funding, or services for the ALICE individuals, the under insured. There has to be some solution or algorithm or network or highway that these people don't get lost in. It is not "you have a problem today" and then you are cured. It is a life-long illness, a lifelong investment for these individuals. This is a lifelong debilitating experience, and until we understand it's a lifelong investment, we are going to fail at every stop gap. The three-day hold is only for safety, so where do we go beyond acute care? The hospitals are not intended to be treatment facilities. There is not enough funding, so people are basically told it is just "their issue." Not enough help for mental health, for senior care.

"We think that access to health care is not only a concern for at-risk populations. I recently moved here to Carroll County and finding providers across the spectrum is incredibly challenging. I am on my 3rd PA in a year."

Contributing factors to Alzheimer's/Dementia: "Elder care is not listed on the KI survey list. If this was on the list, we would have said there are not enough services or coordination between services, social support, determinants of health with regards to isolation and experiences of not being connected to the community any longer, preventative healthcare, acute care. The challenge with the elderly population is they need a one-door referral system. They don't have the adaptability, faculties, or interest to do the deep dive into what is next or understand how it all fits, and veterans suffer the same. What about food, choosing between meds and food. They don't understand how it all fits. Don't know about a farmer's market or pantry opportunity available to them if it's not coordinated for them. It's not entitlement but a sense of insecurity. If you are not up and with it, you are no longer valuable. Technology has moved so fast. Transportation is also an issue. Caregivers also - it's a whole family problem, not just the individual. The resources aren't there for the family either. The whole issue of elder care is a practitioner who has the time scheduled to figure out what's going on with the person and connecting with the entity to take that deeper. These are the things I have identified, now let's look closer at this thing. Having 10 minutes with a Primary Care Physician is not an evaluation of the entire issue. If someone does need help at home, the issue is then finding a provider and paying for it. As a society, what do we value? There are limited caregivers. We don't value people who are caregivers, we don't pay caregivers enough."

How do we utilize what we already have? The church groups, community groups, the philanthropic groups that already exist - as a bigger system how can we coordinate within them? We're finding out clubs are aging out as well. They're working to recruit younger people. But how do we as a community make that a priority as well?

Dental Health: There is a lack of providers. There are adults who have neglected their dental health for years. If they can get to a provider and can afford it, it's a huge issue because they haven't been in years and they are now in a crisis. "Dental health affects whole health, so it's imperative. "

A participant mentioned dental services are cost prohibitive, even with insurance. "Personally, I have found that with eye insurance, if it falls under medical it's not covered as my yearly eye exam, and I must cover that out-of-pocket, even though I am fully covered. On paper, it looks like you're covered and seen every year, but there are barriers to what you're able to do. "

Many are wondering why they're having to cover expenses or services – why do they carry insurance? Either way - they'd rather not have services. They may trade on and off years of coverage when they need glasses. The cost is causing them to consider if they need to carry coverage at all. "If I must pay for it why carry the insurance? "

This could be a problem if they encounter something severe. "I only pay for it every other year, the year I will need glasses."

Illegal Substance Abuse: This is where I would circle back to stigma. No addict chooses addiction. I worked with Emily Keller who created the Washington Post Purple, the campaign to prevent substance misuse in communities. She is the Assistant Secretary of Substance Abuse for the State of Maryland. The reality is that once an individual starts to use some type of opioid, a chemical reaction occurs in the

brain. It is no longer character but addiction. It doesn't start on the street; it starts in the medicine cabinet, and it grows from there. It did not start as illegal drug abuse. It becomes cost prohibitive, and then it becomes more. Once it grabs you, you cannot get out. There needs to be more preventative care conversations. That needs to be the conversation regarding stigmas, it has to start with physicians.

"My son was given 20 Vicodin when his wisdom teeth were taken out." Drugs are over prescribed, and then it becomes an issue when people can't get or afford them anymore. How do we combat it on the streets, especially when it's laced with fentanyl? Illegal substance use is right there with mental health. They go hand-in-hand, The problem is cause and effect.

A participant said dentists are the worst offenders. They're not regulated by the same system. It might have been a choice to take the first pill, but they didn't choose to become a junkie. Ask any addict. They wouldn't have chosen this, but it becomes an issue getting out of the cycle. Still a stigma – not me, not mine. It is hard to find services for them. They felt second class, discounted. Judgement from the secretaries when you're calling for services. "I need help" - do you have this insurance; do you have that insurance?" Faith-based services don't apply to everyone, and they may not want to subscribe to that. It's so difficult for people to admit when they're ready, then have access to help when they're ready and not be put off when a spot becomes available, and then to feel judgment from others. They already feel guilty enough in their own suffering. Just to be able to make the call, if you hit a wall then you think, what's the point? When you're ready, you need services at that moment. I've heard that with mental health across the board too, when you finally get the nerve to call, even with post-partum depression. The remedy was to be given a prescription and that's it. You're hitting the same wall.

"Behavioral health automatically assigns behavior associated with their issue. I think it's the reverse. The issue creates the behavior. Saying your behavior is a detriment to your health, you're stigmatizing by default."

Diabetes: There is a lack of endocrinologists. The cost of healthy food versus junk food is an issue. There is not enough access to healthy food options, particularly in some of the food desserts (i.e., Union Bridge – no grocery store). People do their food shopping at the Dollar General.

It (the diagnosis) is scary. One participant was diagnosed through a routine screening in her health care by her physician. It was a fight or flight dynamic, and the physical education from the nutritionist was overwhelming. "Everything I had ever known about food needed to change. Food was jovial, social, familial. Now it was either the cure or the condemnation to my life. It was frightening to me; my preconceived notion of what food was. I had to have an entirely new look at food to think I want to keep my feet." It made food the enemy. Diabetes education needs to be fun, less adversarial. Not necessarily the education too, however, but the societal view of food as a whole (potluck suppers, etc.). it was an either/or. "It's been 20+ years and I've learned to balance it, but at first it was very frightening. At first, I ignored it, if I don't pay attention to it, it will go away."

"I share the exact same story. I am diabetic, my family is Irish, and we grew up around food, my grandmother wasn't happy unless you had thirds." This is the only meeting I come to that doesn't have

food as a central part of the meeting. It appears (haven't accessed these services), there is a lot of access to diabetes resources/support.

A participant said that these past several years, CHC has really tried to make the food part of it realistic. Our dieticians at Exploration commons make it fun, but has a heart-healthy, diabetic tone to it. We made barbecue sauce with less sugar, we used figs. You can still go, enjoy, and have the social aspect of it. We do these groups, but there is that gap – it appears to fall on private insurances who can't get the services. We're working on it between the two different agencies to make it livable. Make it life-livable, you can go to the barbecue and use the stuff with less sugar. Use vine fruit, not tree fruit. Exploration Commons fills up in a day.

To go with that, as far as the outreach goes, we're not capturing that information as being put out by a nutritionist. The hospital is keeping record, but that's not going back out to the community, it doesn't go out into the community as a resource. You're having all these great opportunities, but how many people are applying? Exploration Commons is limited to 20 people, and that's representing a whole community/population. How about putting it on video or a blog. There's a video piece we're trying to work on at CHC. Every week Dana puts out a blog on the hospital website with a recipe. All those pieces are there, but we need to figure out a way to pull it all together and get it out to people. The people that really need the information, how are they finding the resources and getting access when they get the diagnosis? Hearing people say, "I wish I had paid attention and taken care of myself when I was younger." You can have information, but people choose not to listen.

"I don't have diabetes, but I do have Crohn's disease so very aware of how nutrition affects your health. I was diagnosed at 13 and have been fighting ever since with surgeries, etc. However, no one in the doctor's office gave me any kind of nutritionist information as an option. I don't know the diabetes world, but I can imagine it is similar. I have since learned it is something I need. That might be something to think about. Is the information being presented in the office when you're diagnosed, and you need to learn all new things to take care of your illness? From a diabetes perspective, there are navigators who can make a referral right in the hospital at CHC/Lifebridge Health system."

Worksite wellness programs (getting organizations to understand) with regards to food at meetings would be helpful. Food does bring people together and is celebratory, but better choices need to be made.

When asked about healthcare access in the community: Most participants agreed that the majority of residents have access to local primary care services and medical services and healthcare resources. The majority of participants feel there is not access to a local dentist, or that transportation to medical appointments is available and easy to access for residents. A majority of participants (6) somewhat disagree or (5) neither agree nor disagree that the majority of residents in Carroll County have the ability to pay for services.

Other written comments: Access is dependent on ability to get to the resources and transportation remains a persistent problem in our community. As a middle-class citizen with adequate resources to support regular health care, access to medical professionals has been a serious challenge.

Social determinants of health: Participants were asked to pick the three SDOH that are the most important to address in our community in the next three years.

Number one (9) is Affordable Housing, with Food Security and Quality Healthcare Access tied (6) at number two and Employment Opportunities (5) as number three. When asked to pick just one SDOH a majority (6) picked Affordable Housing.

Discussion: "Good luck."

From the Circle of Caring Board, it sounds like the county is looking to do a housing survey/assessment. It's been many years since they have done one to even get a baseline. They are in the process of finding a vendor to administer the survey/entertaining vendor applications. It is a big problem: also with landlords, regulatory agencies, etc.

It was commented that a majority of residents do not have the ability to cover expenses (copays, etc.) because of the overall cost of healthcare. Do I even want to go to the doctor? Even when you think you might know the cost, the way it's coded causes you to have to pay more.

"A whole pharmacy issue even with prescription insurance. Formularies change mid-year. What was initially covered, 3 months later may not be. One participant went to GoodRx to check the cost, it was $36-100 for the exact same medication that is no longer covered by insurance. It is mind-boggling. People are opting not to purchase medication due to the cost. But you need to be able to research these things, and know you are looking at a legitimate site. They do what their provider says – they don't question it."

When asked about health signs and promotion: Most think we do good with promotion, but there were a lot of fairs. What can we do better? It's going to the specific communities that may need specific kinds of resources. Identifying those leaders of those communities to figure out what they need, and how they need it or want to hear it. Who are the communities we are not connecting to and how can we get their feedback? Reach out and ask how they want to get the information, like setting up a booth at the fair. Ask, when are you ready to listen to this information?

When asked why they felt their choice is the most important social issue to address, people wrote: "If people are not healthy it's more difficult to live a life with opportunities for happiness and success."

"It seems like it's the biggest issue I hear about."

"People can tell right away when their physicians, nurses, medical staff don't care and are either burnt out or just pushing meds. When you see a professional like that, you don't trust them or their treatment plan. It encourages people to ignore it completely and then their condition worsens and becomes more serious. Whereas when you see a quality professional, you're more likely to follow treatment and prevent problems. "

A participant said Job skills allow for employment to provide for other health determinants. With good job opportunities people are able to take better care of themselves and their families.

"Housing is a basic need and is difficult to obtain or maintain when rent or mortgages continue to increase. The waiting list for HUD housing and limited units available."

"There is a shortage of affordable housing in Carroll County. If you can't find a suitable and affordable place to live or are homeless, you focus on survival and not necessarily your own personal health. The working poor have limited inventory and access to affordable housing in Carroll. The price points for starter homes in Carroll are not obtainable for most Residents."

"Food security is a basic need, and we should not have people in our country not being able to afford to feed themselves and their families."

"Housing is typically the largest expense for households. Lack of housing increases costs which creates financial hardship and decreases options for other expenses including those associated with health care."

"Without the opportunity to earn wages above the ALICE guidelines, a community cannot flourish in the ways it needs to in order to provide a quality of life that includes food security and social supports."

Additional comments regarding social determinants of health: I think these issues need to be addressed concurrently not siloed.

Thoughts given as to programs services and promotion that could be developed and offered to those in our community, the following were suggested: More rental assistance. More dental care.

"For mental health and rehab, I think we should look at locations that allow for physical activity like farming that give participants a goal and task outside of themselves to focus on through the recovery process. There are numerous studies that suggest a physical component to rehab such as the farm example as well as exercise, stress management skills, and other activities in that same vein can drastically improve outcomes and long-term success. "

"More mobile services"

"More accessible emergency and long-term mental health and substance abuse centers that are not located in residential neighborhoods."

"Food programs with easy accessibility and quality healthy food options. Transportation programs or mobile clinics."

"The service community appears to have a wide range of offerings available across the spectrum of community health concerns. There needs to be wider open access to mental health services without limits to access and income determinants. "

A majority feels that our existing services, outreach, and promotion in Carroll County are good (8) with three stating it is fair and one stating excellent. When asked how health and wellness can best be promoted in our community, the following were suggested: Outreach events. Tevis Wellness Center, health classes through the hospital. Going to the locations where the needs are identified.

"I believe that the people who need to be reached are best educated in outreach programs. "

Public places- libraries, senior centers, places of worship, grocery stores. Resource Fairs, food distribution sites and pantries, workforce development programs, educational classes on health such as diabetes, health expos.

While the County offers a lot of public support via outreach events, I'm not sure that the demographic of people who need those services are being reached. People will take the freebies, but do they follow through and make the calls for assistance?

Class education and outreach events. Across all aspects of media, through service access points, and word of mouth. Education. starting in primary education at school, through secondary education and into the aging population through community offerings at local agencies and organizations.

When asked for feedback regarding specific populations in the community that are not being adequately served, the following comments were made:

- Middle income because we can't afford services but make too much to qualify for assistance.
- Those without insurance.
- There is a post covid (naturally acquired and vaccine acquired) population that is suffering from a variety of health issues that will need to be fully investigated and addressed.
- No, I believe CC has done a good job at trying to reach all social economic levels in our community.
- Aging without transportation, limited English literacy, those with poor computer skills or lack of electronics since much info is online.
- People dealing with mental health issues.
- Inpatient facilities for females with children who are battling substance abuse.
- Ensuring that some of these programs and assistants can serve those who are middle class too as times.
- Those with limited financial resources.
- Help with dealing with insurance. Continued isolation which began during Covid.

When asked for key elements that would be important to the success of achieving a better quality of life for Carroll residents, the following suggestions were written:

- Being able to access and afford healthcare and mental health services.
- Higher income to qualify for services.
- Education
- Focus on the root of the issue.
- Job skills
- Affordable Housing
- Food Security
- Preventative medical interventions
- More advertisement for local services
- Transportation

- Health care
- Social connections
- Livable wages
- Mental health and substance abuse interventions

Community Health Needs Assessment

Key Informant: Community Partners

July 31, 2023

9:00-11:00 am Carroll Hospital Shauck Auditorium

This Key Informant Group was facilitated by Dot, Cheri, and Hunter on July 31, 2023, in Shauck Auditorium with sixteen participants. Participants were all given iPads to complete the Survey.

Participants were asked to identify the top five general health issues as the most important to address in our community over the next 3-5 years.

Mental health was number one (12), Alzheimer's, Dental Health, and Illegal Substance Abuse was a three-way tie for number two (6 each). When asked to identify the top priority, the majority (5) chose Mental Health, with the remainder divided evenly into seven other categories.

Discussion: Problems identified were a lack of resources for people with insurance, lack of overall access, access continues to be a problem, timely access if someone is in a crisis, and education. People don't realize the importance of taking their medication. Clients getting care need education. When they stop medications, they spiral into crisis, and families are done with them and there is absolutely nowhere to send them.

"We need more supports for families – education in how to deal with their loved one's Mental illness diagnosis and more resources for them. "

"Many times, the hospital is the person's support system, when they don't have family, or the family is already done with them. We have put a lot of resources around peers for substance abuse, maybe peers with Mental Health would be helpful. "

When asked are there Access issues related to costs: Many providers don't take insurances and are private pay, no one can afford that. Also access for homebound people. Discussed the Employees Assistance Program – for schools, you can have 6 visits for one issue, and for another issue get another 6 visits. Providers don't make as much on these because of a negotiated rate; there is a push to discharge the patient who is there short-term. To keep them the patient would need to pay out of pocket or start using insurance.

"People get frustrated before they are able to get services – there is more need for coaches to help with insurance. We offer to make the phone call with them to advocate for them with insurance companies if it is unreasonable what they are given. It is too much work to go through when they need it, when

someone is going through a crisis. We put up barriers and challenges for people where we should just be taking care of them and taking care of those other things on the back end. "

A participant said it is overwhelming for people who have all their faculties and without being in a crisis to fill out – it is much worse for people who are overwhelmed already to do the work to get help.
In recent LifeBridge strategic planning, discussed was the greater use of community health workers to help people navigate these things. The Government is looking at the ability to pay for these community health workers – this could be an opportunity to help with these issues. "There is a lack of Geri-psych workers when people are asking for help with their family member. They show up at our ED because there are no providers – need more geriatric providers. Copper Ridge lost their main provider. Also recognizing the difference between dementia treatment vs treating every patient as a geriatric patient with psych disorders."

Another commented we see young women who have a lot of medication for anxiety, some depression, but no counseling or therapy is offered to go along with that. That piece is missing if they get prescriptions from their Primary Care. Some people don't take the time to go to therapy – we know meds and therapy go hand in hand. Maybe we should have more requirements for therapy to go with medication. "We need more long-term case management to support with medications/prescriptions and instruction to keep a check on them."

There is fear and uncertainty. What are we doing with the PQ2 data extracted at the DR's office?
There is still a big issue with stigma. A lot of fear and uncertainty, they don't want to lose their license or freedoms.

"A large amount of people live alone – who are depending on family structure - and there may not be that quarterback for them to offer support for what they are dealing with – no one to help the person or the family. How much is the issue there is no one to help."

Someone mentioned that the hospital is looking at Mobile Medicine (paramedics Para-medicine program, going out to people who don't know where to go or what to do to manage their issue, so they call 911 for help. We have seen more aging adults living alone and they call 911 for help or just someone to talk to. This program would visit them in their home to evaluate their issue and just talk to them.

"We are seeing more older adults moving here to be with family, and they don't always get the help they expect from their family."

This is reinforcing the need for ancillary services. People flat out refuse even though they could benefit from things. Compliance is an issue. The paramedicine program will address falls.

A participant commented that people call 911 because they fall, but they are never linked with services to help them. One participant was shocked to hear how many do this. We looked at it with people who refused treatment after needing Naloxone, so we looked at other calls of people who are refusing transport after rescue. We found that elderly people call with falls but refuse transport/treatment afterward.

"This actually costs the county less because they aren't using the services to run to and from the hospital. There is an ROI there. Paramed – builds relationships with the person as well, and they are more accepting of the help."

We need to do a small pilot program for the paramedicine program. Funding is the issue, but it ends up costing less.

Alcohol abuse: It is a form of self-medication, and anxiety disorder is exacerbating the use. Legislatively and publicly, it is not talked about – all the talk is about opioid abuse. The dangers may not be acute, alcohol doesn't kill you overnight, but they are more chronic. Many things stem from alcohol abuse disorder – it brings terrible domestic violence, sexual abuse and child molestation which is cycling through families over and over and over again. It is a legal drug abuse. We see children with fetal alcoholic syndrome from alcohol abuse and we will start to see the same problems with marijuana use. It opens doors that can't be closed again.

Access Carroll sees this long-term situation of families breaking up and not keeping their housing because of alcohol abuse. "We house people, and they can't maintain the housing because of alcohol."

People have super easy access to alcohol. "We see the long-term patterns over and over again. Families break up, the abuse goes on and on. There are too many roadblocks to putting the money in this area and too many lobbyists for alcohol."

What do we need to do to break it? People have easy access to liquor stores from sunup to sundown. We spend so much money on all this work with multiple team members wrapped around these individuals only to have it occur over and over again.

One participant has to review every substance abuse assessment that passes through their doors, and 50% of people have only alcohol use disorder and not combining other substances that are "fundable" – they are not statically viable for funding. Staff wonder why no one cares about this alcohol abuse factor. It is generational and socially acceptable. The isolation from covid moved it up a notch. Government funding is not the same on alcohol abuse. Mental health and alcohol go hand in hand. People medicate themselves with alcohol because of mental health problems. Mental health patients in the ER seem to be increasing year after year for those who go through withdrawal in the ER and then bounce back.

One participant shared that people in sober houses say "I'm only drinking" because society teaches us alcohol and drugs are two different things. Alcohol is a legal substance, so people do not admit they have a problem. "I'm only drinking" and "I just like to party" shows the difference with legalization of a substance.

One participant mentioned that there is available housing from government grants, but they won't accept people who are drinking. Not looking at it as a gateway drug is wrong because it is a doorway to other drugs. An alcoholic does not think they have an addiction issue because it is just alcohol, but it has the same effect on the brain. "Mental health problems bring alcohol abuse, and alcohol abuse brings mental health issues. A lot of county meetings are opiate meetings – the alcohol is grazed over even though the numbers are the same – and we are looking at hundreds. "

Another said that there is also a generational problem. A generation is turning 50-70 who partied like rock stars in the 70's and 80's and are now getting side effects (dementia, etc.). They stop and start drinking, and this is creating issues in the aging community: physical issues, organ shut down, cognitive decline, and there is nowhere to send them.

One participant's husband, a severe alcoholic, had Insurance but it would not pay to go to a facility for help, and there was a waiting list – when a person is ready to go into a program you need to get them in asap or they will change their mind. Those programs are only 30 days "That is not enough time for a person who has been drinking for 50 years! The support is not there - not a lot of long-term support. Another problem is how to convince people to take the therapy they need."

The hospital is trying to work with our partners to create that system of support and care. After 30 days what is the next step, and then the next step after that? We are having conversations and hoping to figure it out. One step is to separate the nomenclature – not call it respite care but call it a sober respite or a sober crisis center.

Another participant commented that we need to advocate that the funding that comes down does not come down siloed – i.e., if someone didn't use alcohol, they couldn't come to the treatment center so they would lie to get into the center. Then they would tell the counselor they didn't take alcohol once admitted. But now we can mix the drugs and alcohol users – funding is coming down for IV drug users, opiates, etc. but the funding is so tight depending on what you are using, and there is nothing for alcohol. Technically, there is no different therapy except a tighter withdrawal treatment for alcohol that needs to be monitored more. All the issues together make up behavioral health. "Nothing different that a treatment center would do – it depends on what you have to say to get that treatment. Health officers are advocating to try to stop the siloed funding – all of the issues should be put all together into behavioral health."

It was mentioned that the numbers of alcohol issues that come through the ED far exceed the opioid users. Nothing is being done to address the issues. They detox and then go out the door to the same

lifestyle. It would be good to analyze the charts and see what the discharge instructions are for these patients.

"Carroll County does well – exceeds the average number of treatments, but half the number of sober homes. One person was supposed to be in for 28 days but was discharged after 10 days by insurance company since he had 7 years clean prior to treatment and said he didn't need more days. They know nothing about this. The transition application in rehab must be considered - learning how to live your life outside the rehab. There are not many adolescent programs (Pathways is no longer there, how to deal when you saw your parents use) to help kids deal with the side effects of having abuse in their family and there is nowhere for you to go to address it. They need to learn what a progressive disease is, and it is more difficult to deal with it once you are already started down the road with it. "

Diabetes: We have a lot of programs and education but still seeing an uptick. We (the hospital) tried to address access in the last cycle, so we hired another endocrinologist and then the practice was full again in 6 months. We are trying to get ahead of it. More outreach through a diabetes clinic would be helpful and would be a helpful strategy as the next step.

"We have a great diabetic center but had a challenge with getting people attached to the clinic. Sometimes the issue is reimbursement as we are a regulated service and need to charge for that, but we can navigate that for people. It is a Systems of Care issue – we need to develop this for people who are pre-diabetic, at risk and diabetic; teach them to eat right. We have a diabetes problem because we have poor eating habits in this county. We have good programs, but also have food deserts, affordability issues, and people can't get to good food. Poor food choices are cheaper than fresh fruits and vegetables that spoil quickly."

Someone commented that for people who don't drink or do drugs, food is their vice and people are comforting themselves with junk food. People are self-medicating with food. People not on drugs use food for comfort.

Another participant commented that generally people don't know how to eat good. It is a learned pattern. Your palette adapts right away and is established because of how your family eats. Doctors give less severe outcomes for food abuse than alcohol and drugs: they are not speaking the same severe outcome "you're going to die" path the same as when someone is using drugs. It is cheaper to pay 50-cents for a box of mac and cheese rather than buy fresh fruits and vegetables.

"We are busier, and parents stop for fast food to feed their families. It is convenient. You have to plan a meal – you need to plan to eat well, and it takes time and work. People don't have the skill as well – to plan and cook food. How to use a crock pot, when to buy your food, how to prepare your food. Nor do they have or take the time to do it. We need more education on convenient, healthy meals. There is a desire for cooking classes. People think the fast-food chicken sandwich is the healthier meal choice, but that is not always true."

"It is not a topic that will draw people in – the cooking classes in the library are full, but it is always the same people who join the classes."

It was commented that Stephanie at the Westminster Rescue Mission (WRM) is updating the food sources and including recipes with the food boxes. They are also trying to supply meat versus desserts.

Someone mentioned that on the Citizens Services website, they are working to put healthy recipes and how to prepare food. Carroll Food Sunday puts recipe cards in the food bags on how to create a healthy meal with the food they provide and are also working on how to get the food out to the corners of the county. It is a work in progress. WRM is working to pull in from Maryland Food Bank to reduce food deserts. The State Health Improvement Plan (SHIP) has realized that putting out the little pots of money trying to address diabetes and other issues and expecting to get data in one year, is not effective. Maybe we will have funding coming to be able to plan something in the community. We can't measure BMI impact in just a year. We need to work smarter not harder and look at the expert in the area already doing it and not try to create it on our own.

"We need more housing stability coordinators in housing. Just getting a person housed doesn't mean they can cook. We can give a bag of rice, but they don't know what to do with it – they don't know how to cook. We need to provide a resource, people, videos, etc. to walk through some recipes and how to cook. "

One participant said they were surprised dental health was not higher. Another stated that the Aging population is growing by leaps and bounds, and we need to be able to handle that.

Transportation: "Any other place you can call an Uber, but here in Carroll they don't make the money."

A question was raised as to where, as a provider, you can call to get transportation to send someone home? Carroll Transit – you can call and request same day but most need to give 24 hours' notice, and they also have set routes. It also has to be within Carroll County lines and before 4:00 pm. A patient was at the University of Maryland for 4 weeks, they gave him all of his follow-up appointments and because he could not drive, he couldn't keep his appointments because they were out of Carroll County. There is special transportation funding for substance use. Caring Carroll is applying for funding to go out of Carroll County, but only for older adults over 60, but many providing transportation do not go into Baltimore. It is difficult to get people to specialists.

The Department of Aging has older adult emergency fund money even if going over county lines.

Dot asked, "How can we raise the importance of this when 93% of our population have 2-3 cars in household?"

Some of the Aging population have cars – but they don't have the ability to drive. This will increase as a problem if adults don't have family help – they can't schedule surgery, have no transportation and no one to stay with them after surgery. Their disability may be temporary not permanent, like breaking a leg.

"We still use uber, but they will cancel a ride in Carroll County to pick up two in Reisterstown. It is not dependable. Sometimes it is $80 to use, no reason for surge pricing or premium added. Carroll Transit does a great job for their routes, but the problem is the last-minute or follow-up appointments."

"We are trying to provide more telehealth for the follow-up visits, so people won't have to leave their homes. This should be able to grow in use."

Dentists: There is a lack of dentists and the ability to afford one. The state insurance dropped dentists or dentists are dropping insurance. People can't afford care. Oral surgery is hard to get, and the hospital is trying to open the OR to do these needed oral surgeries. The University of Maryland Dean in the school would love to start another location for a partnership with resources to house offices and students with one credentialed provider to give services. They are looking for a space. Tammy will make that link to work as an extension like how Access Carroll already works. We just need to make it an affordable and synergistic opportunity. The Access Carroll dental team is full and has a big waiting list.

"There is a cap on dentist insurance. You can only get so much annually and sometimes it is a lifetime benefit. It pays for two visits per year for cleanings. Medicare advantage plans are covering some prosthetics, but it is an onerous process and takes a long time to get authorizations and many submissions to get coverage."

"Some Dentists are doing a program (private insurance) and it is cheaper to buy the insurance from the dentist than to have dental insurance. It is reasonable. You get two cleanings and some other things during the year. But it creates an equity issue because they are dropping the insurance. It may save them a lot of money in staff time and overhead. If people get the prevention services, they may have less critical problems occurring in the future."

A majority of participants feel that residents have access to Primary care providers (13) and the ability to pay for care (9).

At the local pregnancy center, within the population coming in almost no one has insurance. These are young women of childbearing age – mostly over 18, late 20's or 30's. They are given resources to sign up. Maybe they don't know they are eligible.

Other comments about healthcare access: Availability and wait times are frequently a challenge. Access to primary care services is becoming an increasing challenge. "I have run into people who struggle to reach appointments due to where they live. This also affects if they can make it to things like the gym."

When asked why do you believe that your choice is the most urgent health problem to be addressed: Chronically under addressed disorder with poor legislative support. This condition is extremely costly due to resulting recidivism, Domestic violence, and associated health comorbidities. "Many of our clients are reporting mental health issues which are treated with multiple medications but get very little counseling or therapy. "

The number of mental health issues being addressed in schools continues to increase each school year. Mental health concerns contribute to numerous health problems. **"**There are not enough resources for individuals who have behavioral health diagnoses. There are often long waitlists to access services and many times, individuals needing services cannot afford to pay for the service. "

"Massive increases in depression, loneliness shared in recent studies. It may be the etiology of other physical issues such as physical inactivity. "

Frequency and magnitude of the condition. The number of patients with mental health diagnosis has placed extraordinary pressure on our Emergency Dept. Other at-risk behaviors often start with a mental health underlying cause. "Because when untreated, can lead to so many of the other conditions."

"Mental health is affecting not only the person but their family, neighbors, public resources, communities, and the next generation of kids. It is the root of much of a community's problems."

"Substance Use disorder is a multi-faceted problem that directly and indirectly affects the health of the community from health issues with the individual due to use or diseases associated with the methods of using to problems in family life. The latter has the side effect of passing trauma to any younger members of the household. In this way it becomes a generational health issue."

"Mental health can influence an individual's overall wellbeing which can be evident in family, marriages, work, school, and community."

One participant said chronic pain issues and the lack of appropriate care are leading to unnecessary hospital visits, illegal substance use, and Behavioral health concerns.

Dementia /Alzheimer's is also another important area to focus on. There are not enough qualified/skilled professionals to support individuals with Alzheimer's/ dementia and there are not enough resources for caregivers.
There have been many surveys that have indicated decreases in mental health over the last three years. Also, the lack of mental health providers in our community compounds the issue.

Participants were asked to choose the three SDOH they believe would most affect their community: Number one is Affordable housing (12), number two is Quality Healthcare Access (8) and number three is Social Support (7). When asked which of these three SDOH would have the greatest impact on our community's health, Affordable Housing (6) was chosen.

One participant sees women who have multiple children, they have HUD, but if being evicted, they can't find a place to go with children. Our housing stock is low – something with the number of bedrooms and appropriate housing where you want to live. It is difficult to find a fist floor unit if needed.

"We have two different housing authorities, with different payment standards that don't match. They have different market values, and it causes discrepancies. Affordability of housing stock: even with subsidies people can't even afford the housing. "

"Home ownership is also difficult; the houses being built are large and expensive. The county is working to do a housing study, hiring a vendor to do a study, to help us identify who is impacted the most and make recommendations of what to do and what is accepted by the county. The other piece to new

housing is our water. We have eight municipalities in Westminster. To increase development, we have to have agreements with each municipality as to where the city gets the water."

A participant asked why are people getting evicted? It boils down to "bills and pills management" - because of case management helping to pay your bills and take your pills, you can probably keep your housing. Staff at Access Carroll meets with people weekly to give them a sleeve of pills for the week. It just takes a 15-minute visit from a Community Health Worker or Case Manager – did you take pills, did you pay your bills, did you vacuum (do you own one, do you know how to use it?). Some people have never grown up or been taught the basic things. Having an eviction prevention program ultimately saves money for the county and state.

"Our Housing stability officers will help those with bills and help people to look for units using our landlord's list."

"This area still has a lot of stigma to break through– wanting to have affordable housing, just needing a little extra in supports. They didn't grow up in situations where they have learned how to do the needed things. This could work if we had the wrap around services like a Health worker and apartment model. These have been developed in other states. There are models out there."

"History, criminal records, landlords not accepting them, are all in the stigma pot as well."

When asked about the quality health access: there are a lot of doctors retiring or leaving the area, making it difficult to find PCPs during hospital discharge.

- **Specialists:** it takes so much time to get an appointment, which is off-putting. For pregnant women, the Pregnancy Center is seeing very few get in to see a doctor until the 2nd trimester. This will create life-altering problems down the road for the child.

  Doctors are not accepting new patients. In Maryland it is difficult to recruit doctors, particularly a PCP. Maryland is 47th out of 50 states in competitiveness and compensation. Unless you did a residency or have family here, most are not looking at Maryland as a destination to start practice.

  People will try to get a PCP and set up an appointment while in treatment, and their appointment gets cancelled because their address was changed once they leave the treatment center, and the reminder was sent to their prior address, and they did not get it. You go to reschedule, and it is 4 months away.

  Practices are dropping patients if you have not been there for a certain number of years. An example, one participant's husband was not seen for a while, so the cardiologist who was following him many years dropped him, and he could not get back in as the doctor was not taking new patients.

- **Social Support:** no transportation to everything if you have no social support.

Villages of Rockville – "Community for Life" people have a lot of volunteers in the community system, and your neighbor will babysit, provide a ride to doctor, etc. – it is expensive, $200 per month. Caring Carroll does this, but their ability to build capacity like the Villages is not there.

Joint commission and CMS are now requiring hospitals to do a social risk assessment and cover 5 domains such as transportation, personal safety, housing, utilities, and food insecurity, and we will address these things as the patient comes through the hospital. We are working on how to respond to this. We need to identify and then connect to resources but are concerned we don't have enough resources in the community to take referrals for the needs that will be expressed.

Medicare Advantage covers these but may not be able to cover this area.

When asked why do you believe that this determinant is the most important social issue to address: Secure and stable housing is a launching platform for stability, security, and wellbeing. "As a pregnancy center we see women who do not have access to healthcare regularly. "

A participant commented that it is one of the concerns that parents frequently express. They have shared that the cost of housing in Carroll County has significantly increased. The number of students experiencing homelessness continues to increase. "Housing stability is important for every individual in the community. If someone does not have stable housing, the stress of housing instability becomes their primary focus, not their health."

Another mentioned that getting appropriate care when in need is essential to addressing health concerns effectively. Waiting for care or delaying care only compounds the issues. It's disappointing to hear that some specialists are scheduling new patient appointments 6-12 months out thus forcing individuals to seek care out of the county.

Lack of affordable housing has led some community members to make sacrifices that are unhealthy in the intermediate term. "Providing stable employment is necessary to address several underlying SDOH factors. "

"Because without access to stable housing, addressing all other SDHs becomes much more difficult."

Someone said that by acting at childhood, it can be a preventative measure by being involved before issues manifest. "Need to be healthy first plus it includes my other choices."

Individuals need employment opportunities to best care for self and family. Individuals without access to employment opportunities are stressed, and this stress is then carried over into family, relationships, school, community. Patients have many psychosocial issues that are affecting their healthcare.

"Political will to address some of the other population health concerns such as transportation and affordable housing is lacking. "

"There are many members of our community who do not have marketable job skills or a clear path towards obtaining these skills."

Anything else to talk about: "We need to have marijuana awareness and education on our radar– we will need this as it causes more mental illness problems."

"Group for marijuana & pregnancy, legislative session is voting on allowing use of marijuana at the dispensaries. Seniors have more cognitive change. "

"Positive spin" – Carroll still does things very, very well – we have things other counties don't have. We have good programs that are done well."

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

- Intensive case management for housing.
- Mental health counseling and therapy.
- Job training. Interview skills.
- Increase the number of mental health providers.
- Increase the number of oral health providers.
- More behavioral health services.
- Affordable housing solutions
- More early childhood programs for all.
- Transportation options that are available to all.
- Integrating a telehealth platform for addressing MH issues. Also, a more coordinated approach to primary care.
- Expansion of intensive case management services.
- More accessible transport services for the more rural areas.
- More services available to seniors
- Marriage and relationship education to help couples navigate conflict and strengthen marriages/relationships.
- More transportation options, affordable housing, healthy food options
- More Affordable housing resources

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

- Marijuana
- Hepatitis C screening and treatment
- Sexual Health
- Domestic violence.

A majority feel that, related to health and well-being, existing services, outreach, and promotion in Carroll County is good (11). Comments about service needs were:

- Access is generally available for medical care. Dental care is still lacking.
- Hispanic non-English speakers
- Transportation is an issue for many of our families. This includes new immigrants and families experiencing homelessness.
- Individuals with mental health diagnoses
- Transportation
- Disconnected youth and working poor.
- Uninsured and underinsured need continued support. Access Carroll is excellent but can only do so much.
- Low income, people with disabilities, older adults
- Lower income because most programs come w a cost and is difficult to obtain.
- Sober living facilities
- Seniors could always use more support.

Comments about how participants think health and wellness are best promoted in our community: Flyers, brochures, and/or electronic methods that we can share with our clients. Workplace initiatives are super important. Residents spend most of their time at work. This may contribute to improvement in mental health. Community education at a low or no cost. The health dept does a great job in this community but we need to continue to pull all agencies together in a unified approach. Social media, class education, referrals from physicians

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:

- Housing with case management for those eligible for HUD vouchers
- Better access to mental health services
- Affordable housing
- More affordable housing
- Availability of services
- Promoting physical health
- Mental health ecosystem
- Employment opportunities
- Enhanced public Transportation options, including across county lines.
- Teaching self determination
- More low or no cost transportation
- Economic Development
- Sexual Health and Abuse recovery
- Vaping education
- Job skills and training
- Addressing all SDOH factors
- Food
- Workforce development

Community Health Needs Assessment

Key Informant: Community Partners

August 9, 2023

12:30-2:30 pm Carroll Hospital Shauck Auditorium

This Key Informant Group was facilitated by Dot, Cheri, Hunter, and Addy on August 9, 2023, in Shauck Auditorium with eleven participants. Participants were all given iPads to complete the Survey.

Participants were asked to identify the top five general health issues as the most important to address in our community over the next 3-5 years.

Number one was Mental health (9), number two was a 3-way tie with Alzheimer's, Diabetes, and Illegal Substance Abuse (5 each), number three was Alcohol Abuse, Cancer, Heart Disease, Obesity, Prescription Drug Abuse and Stroke (3 each). When asked to identify the top priority, the majority (7) chose Mental Health:

When asked what we are seeing with mental health: We still see the lack of resources for drug abuse and mental health. There is no place to go, no facilities, no intervention. We are seeing more organic mental health in the community: mental health breakdown and there are still no resources. Such a vast lack of urgent/crisis time resources. No Providers and nowhere to go once someone is finally ready and wanting to get help.
"If someone has a substance abuse problem, they have been in contact with the police, the hospital, and need to go somewhere now (intervention). Where do they go, what is the next phase? There is no system of care. If something is court appointed – there is a lack of facilities, access, providers, and not counting how you pay for it."

"If a caregiver (parent, adult child) what do you do for that person? You don't know what to do, where to go, they need help now. The first available resource is in Pennsylvania."

"Brooklane is a treatment center in Frederick. We are trying to look at this system of care with SA (substance abuse) and Mental Health issues, so people don't need to leave the county. We also need resources for alcohol abuse."

A participant said there is not a lot of access to counselors because they don't take Medicare, so we are missing providers for the older population. Only a few in our county have Medicare approved, but they aren't taking new patients, so the older adult population has nothing. I agree there is an urgency – how quickly can we get someone to help when they need it and want it? "As a community we have been talking about how to care for the community, and with SA you need to do something right away."

Another participant mentioned that there is also a workforce issue. WRM has a Long-Term treatment resource but finding people to work (trained MH staff) is difficult. Just Mental health generally, not just drug abuse. "We definitely see Alcohol as the frequent drug of abuse. Women's services and treatment are grossly lacking in the county. This is something our community needs to establish.
For children and adolescents in the school system, it is hard to find psych providers. Even for families with insurance there is nowhere to go, or the wait list is long. There is a whole population of people with insurance, higher economic status, and education – but can't get the services they need until 4 months later, so the issue is now a crisis."

"People are privately insured but have no navigation systems or providers. Also, the time of day causes a problem because the parents need to pull kids out of school to get treatment services."

Illegal Substance Use, Alzheimer's/Dementia, and Diabetes: It (care for older adults) is a huge area of need that is growing. Adult children need the resources but hear "they are just demented" – these are words thrown around. People don't realize that home health is available or know how to get into a retirement community. People don't realize how much it costs. People are being diagnosed earlier. The aging population is growing in record numbers in the next 10 years and will be the biggest population in our county, and we will see a lack of people to even take care of these people. There are not enough facilities and people can't afford home services. There are only so many facilities with secured units – they are full and have wait lists. Many family members will be stressed and looking at moving out of the county for resources.

A participant commented that if they can't afford home services people will be in a predicament. We don't have many support groups; we don't have our own chapter of the Alzheimer's Association. There are representatives to help us, but they are spread extremely thin. We used to have memory cafés in the area. There is not enough literature for families to have information. The Alzheimer's link has a lot of great education, but people need to know, "What do I do with my loved one?" (i.e., alarms, locks, etc. – tools for how to take care of the person). We need secure units for people who wander.

"Cognitive decline is another part to this, adult children have a lot to take care of - take over responsibilities such as driving, health, finances, etc. for their aged parents. The care giver needs resources. "

It was commented that the component for all of these is the family around the person with the issue – cancer, drug abuse, dementia, etc. How we engage families in solutions, how we equip and educate about the issue is important. Funding doesn't allow us to do it as comprehensively as we would like.

"Older adults are brought to the ER with Geri-psych. How many are actually Geri-psych and not just people with a UTI or dementia that need the correct care? People use the words but don't know what that means. They say they are senile, but don't know what that means. Also, mismanagement of

medication can cause signs and symptoms of health problems. Families don't see signs until they are in a crisis situation in the ER. Then the patient gets discharged, and the family doesn't know what to do for them. People need to leave jobs to take care of loved ones as they can't afford 24/7care. Services are so expensive. The people who are not well off don't have options for care. Many facilities have programs for dementia, but are there programs for home support for people with dementia?"
HALT has investigated this in the past and there are not a lot of support groups. We used to have day services for adults, but they all closed. Deer Field, Active Day, Copper Ridge – all closed. West End was on a sliding scale. Active Day used to have a shuttle that went around getting people. There was a cost for it, of course.

This is an identified resource: adult daycare program. There is education out there to help families to help keep people safe at home.

Diabetes Discussion: Our county population is older, pointing to more chronic diseases like diabetes. We have a lot of good education for this from the hospital and health department. Dr. Olszyk did a presentation for the hospital board and spoke about how influential one's PCP can be - to get patients to change – if they work with the patient. Discussed the idea to have the PCP get more engaged with the patient self-care/lifestyle and not just giving prescriptions, to be the advocate for patients for things like diabetes and understand there is a dietician at the hospital and how to make an appointment for the patient. Use the PCPs actively for these topics within the broader community and not just for giving prescriptions. We used to have a Prescription for Nutrition program. We have a lot of programs but need to get people connected to them. There is so much that feeds into the problem of diabetes: diet, exercise, medications, etc.

It was commented that some of our practices have embedded care navigators within their practice. A lot of it is behavioral change – people must choose to be active, choose the right foods, choose to lose weight, etc. This is where you need an influencer that they respect (Dr) to make recommendations. Or tell you, if you don't lose weight, you will be diabetic and lose your feet and eyesight. And "here are the six things you need to do" – give the tools – make the appointment before they leave the office - and "I will see you in 6 weeks to see what you have done." Doctors tell people to lose weight but don't give them the tools to do that.

One participant mentioned that pickleball players were looking to get active to prevent diabetes. One player lost 100 lbs. playing pickleball. It is a sport where you can enter at any level, and it helps to improve the player's mental health as well as his physical health. Look at a resource list, they don't need to meet a criteria to join but get the weight loss and other healthy habits. Marrying those together is the recipe for success.

Regarding food programs: Many struggles are that the food that lower income families are getting from pantries is not healthy food. The WRM is trying to partner with farmers to change the kind of food that we can offer through a network of providers throughout the county. When you are economically

disadvantaged you don't have as many choices, you are told, "this is what you're getting in your box of food."

It was suggested that the doctor has to be trained to have the food conversation in a way that will not offend and end the doctor/patient relationship by telling the person they are eating wrong. Food is access but also generational education, explain to people how it works in the body. I like my oysters fried. Fruits not in syrup taste different. Education is important, whether from the doctor or others. Part of it is celebrating the little things like losing a few pounds and not setting such high expectations for people. Celebrate the "trying."
When asked about access to a PCP: It is a little easier for a PCP, but accessing specialists is about the same as it has been. Now we're seeing there are just enough Primary Care doctors, not as many as before, there are waiting lists now. It is taking a few months to get an appointment, so this could stress the hospital or urgent care.

Illegal Substance Abuse: We are putting so much money and effort into addressing it, but what are we missing? We're trying to prevent it.

"In our school system, if a child has a drug infraction, the parents must take them to the Health Department to get a screening for substance use. This is a waste of time as we already know they are using. We are sending them for a screening, but the Health Department can't provide a whole assessment or treatment. It is just an extra stop for the parents to go to and have someone tell them what they already know. We would like a better solution in getting help when the parent is engaged at that moment. They just don't get the help they need when they need it."

One participant asked what are we seeing as to substances? "Opioids, heroin, alcohol and also prescription drug abuse. Marijuana is legal so it doesn't include that but is still being used (maybe abused?)."

Another commented that alcohol is what we see the most of, but we see a lot of both. With prescription abuse – there is a path from one to another. Opioids, heroin, cocaine. (90 % of one participant's patients would check each of these boxes along with alcohol.) In schools we see issues, we can see anything. One participant has a long-term program so when they go to them, they have already been in several treatment programs. (Most people would check all boxes and mental health).

One participant worked in sexual violence in Baltimore and stated that sex trafficking is a huge driver for drugs. Substance use is related to trauma. It is significant with women. "Why isn't this going away? Are we getting them at the moment of need? If there are too many stops to get to where you need to go to get the help you need for what you are going through, like the right detox for what I am going through, (if detox not readily available) and you have to go out of county, that is an issue. Science tells us 30- day rehabs don't work. That being said, at least it starts the relationship and helps get people on

track. It only works if it is part of a system of care. There needs to be somewhere to go for support after that. "

Another participant said that they need other support when they get out. It is generational – crack – "oh my mom did crack." In the laundromat they see crack pipes in the laundry they are doing for people. It is how kids grew up, what they saw. It is desensitizing. The shorter solutions don't seem to work with generational problems. They go back into the same environment. They see how their parents dealt with life, what coping skills they used, they think it is the norm, that is how they grew up.

When asked on the survey why their health problem choice is the most urgent, written responses were:

- With current generational trends, and being of the Gen Z generation myself, the importance of mental well-being has never been more crucial. The most recent generations have been impacted incredibly by the boom of the technological age. Most specifically with the influences (positive and negative) of social media. Other social factors, including the hostile political climate in the US and the COVID 19 era, also seem to have such a profound impact on the mental health and wellbeing of the population. We are in a time where services to support and promote healthy mental states are crucial.
- It's what I see as the largest barrier to employment. Also is the largest disturbance on the retail side, it's the main reason we call the police.
- This impacts the other areas. People who struggle with mental health may self-medicate, abuse substances, and engage in self-injury and suicidal behaviors. There are not enough providers with the availability to see clients quickly, we need more psychiatrists, and we need a pediatric inpatient unit at the hospital.
- The need has increased significantly since Covid and is affecting all age groups. Mental health
- concerns have been the focus for mass shootings, suicides, and unemployment.
- Widespread and underreported, links with so many other health issues, across generations
- Mental health leads to many other health issues- substance abuse, self-care, suicide. It also impacts family, friends, co-workers, and organizations across the county.
- Many seniors are being diagnosed with this disease and our community lacks resources and support.
- Mental health impacts many of the health issues listed.
- Lack of providers & access but big need in all communities
- Obesity effects many other diseases
- There are so many loved ones trying to manage these needs and navigate their actives of daily living.
- Substance abuse affects a population of users we need to focus on health conditions.

Participants were asked to rate Health Care Access in our community:

A majority (8) agree that residents have access to a local primary care provider and (7) to local medical care. A majority feel that most residents are not able to access a local dentist (7).
A majority (7) of participants feel that transportation for medical appointments is not available nor is it easy to access for residents. The majority (6) feel that healthcare resources are available. However, participants are equally divided as to whether residents have the ability to pay for healthcare and resources.

Discussion ensued: It was agreed that there is a lack of dental providers; or those who take Medical Assistance. Access Carroll operates on a sliding scale and gets many Medicare patients because services are cheaper than a regular dentist. Affordability is one of the main problems. Dental insurance doesn't cover much. People don't go for their cleaning, and they wait until there is more stuff wrong and they are in desperate need of care. "We need to make people understand the importance of prevention - like getting regular cleanings. The general person does not know how lack of dental care affects other things like heart disease, diabetes, etc. It creates health issues that can turn into a medical emergency."

Some people are going to concierge dental care and dentists are not taking insurance. Having bad teeth is a barrier to getting a job. Access Carroll does dentures because they believe "no teeth – no job."

Transportation: People have disabilities, large people need wheelchair transport or a stretcher to get to a specialist. To go out of the county is almost impossible and then they can't afford it. Medical, Out of County, and special accommodations are barriers. There is a lack of affordable transportation for people who need to get to a job, get food, get services, etc. So, they are limited as to where they can work because they have to walk to their job. This is another barrier for employment.

There is a disconnect for what $3 means. A woman would not take the offer of $3 to get transported home. "The bus is difficult to use: Is there a stop close to me? Will the time work for me? "
For the School's Hospital transition program – transport has to take them an hour before they need to be at the hospital. What will they do for an hour? It needs to be easier to transport people for services.

"If we as providers want to provide free transport for patients, we can't do that per federal government regulations, because it is rolled into their services. (Per the Stark Law). It would be incentivizing patients to go to one provider over the other. "

The hospital has a fund that people can contribute to in order to help transport people. If needed for the aging population, there are emergency transportation services, but many don't leave the county. Solutions are all working in silos.

Additional comments regarding Health Care Access that were written in the survey are:

- I think the real question is not does the majority have access but does the minority?
- I based my rankings as I am uncertain if the above care categories are affordable to the majority of county residents.

Participants were asked to review the social determinants of health and pick the three they believe to be the most important to address in our community in the next 3-5 years.

Affordable housing and social support tied for number one (6 each). Food security and Quality Healthcare Access tied for number two (5 each). Employment opportunities and Economic Success tied for number three (4 each). When asked to pick the one SDOH that would make the greatest impact to the health of our community, a majority of participants chose Social Support (4).

When asked why their choice of determinant is the most important social issue to address, written responses were:

- If we cannot discuss issues and feel supported, things will continue to go unaddressed. Having social support, and safe spaces, is the most direct route to finding out the cores to issues in the community to most accurately be dealt with effectively and efficiently. Without social support, people could continue to struggle in silence for fear of failure after reaching out for help. I believe that the mental health movement, that is in its early stages in the US, will one day be what embodies social support and promotes openness with challenges in life. Cultivating a community that grows towards this movement and social support will ultimately further wellbeing of all aspects in the lives of many.

- In my experience, a fairly paid job and an employer who believes in a person living in an underserved community is often the confidence builder that person needs to go to school or finish a program.
- If preventive care is provided to all that would reduce the need for critical care and a reliance on emergency services.
- I read on Facebook and hear in the community many people looking for low-income housing are mostly woman with kids and also the senior population. Many have minimum wage jobs or are living on social security/ disability.
- Such an important aspect of dealing with a wide variety of health issues.
- A safe and secure home is key to stability to pursue educational or job goals.
- Our county is going to have a large aging population within the next 3-5 years and this population needs more timely access to providers.
- Having adequate access to a support network is vital in having access to thrive in the community.
- Without social support one cannot receive care.
- It's important to educate our elderly community and have them be able to know where and when they can go to get health care.

Additional comments about SDOH: Crime is high due to increased substance use. Punish illegal activities even if they are illegal substance users.

When asked what the obstacles are:

- **Affordable housing:** Most of the rental properties are filled (no single women's services) with single women with kids trying to get a job, with no network for childcare, housing assistance, healthcare, etc. or aging parents trying to age in their home. A participant mentioned how they would love to see a pilot program of a congregant program with kids and older people; it brings joy to the older people and exposes children to older adults. "Affordable housing must be safe and maintained housing. Some rental properties are just horrible."

  "There should be responsibility from landlords to maintain their properties. A place not well maintained takes you down. It is not a place for single moms with kids. If affordable it is not the greatest place. Affordability to maintain a lifestyle – does it have proximity to stores, to jobs, etc.? Or are meals made from stuff at the Dollar Store?"

  "There are not enough units, and they are too expensive. "
  Sometimes the locations where the services are available, trouble is also available – a person can get drugs two doors down. How do we address that?

- **Food security and quality healthcare access:** we have food desserts. We need affordable food and to have food pantries in various locations. Westminster is well stocked, but there are gaps throughout the county. Also, food pantries are only open at certain times that do not work for all residents. It is about correlation of services for folks helping to give out food. We have had more people come for food since covid and numbers have increased. The price of food has increased as well.

- **Quality Health Care Access**: Many residents have to wait for access to specialists (especially neurologists and endocrinologists), wait lists are so long, and when you need a specialist there is a reason, you can't wait 6 months.

  "Sometimes the PCP will tell you to go to urgent care. There are not as many same day appointments anymore, so you are told to go to urgent care. Young people don't go to a regular PCP, so don't mind going to Urgent care."

  "People wait too long to get care. If people don't have transportation, they call 911 and go to the ER. The ER should never be the place to go to get medical care, and you will wait a long time if it is not an urgent need. Telehealth could be used. There was a better use of telehealth from older adults during covid because they had to adapt, and they did it. But if you have not seen the doctor in the last 6 months or year, they will not see you via telehealth. We do not offer wholistic care -just spot care – what is wrong with me today not looking at my overall health."

Social support was number one when mentioned. This can be anything that would offer engagement (family, friends, church, book club, etc.).

Per comments, we have good outreach in Carroll County. How can we make it excellent? We have the services, but how do we get it out into the community, what are we missing? Are services/classes all during the daytime? The Partnership tries to rotate offerings and currently sees more attendance at 10:00 am (classes, education, walks) – all ages. Maybe weekends would help people – for support groups, classes, education. It depends on what the need is. The Partnership activities are just as busy in the winter.

How are people hearing about it (the activity)? A sign might not draw me into a class. But if I hear it in my natural world, (Doctor, friend, employers, or work group) it may put it up a notch for me. We think about campaigns, radio, flyers – but I'm not sure how much that influences someone to go to something. It depends on who influences you… if you don't go into social media every day you don't see it. Not a "Spray and Pray." Something offered at 6:00 pm could be difficult to make for people getting off work.

There is a lot competing for your time. People don't want to wait – something on Zoom can work better than in person – times have changed. The hospital saw more people participating in on-line classes during Covid. If you are scrolling and scrolling on Facebook, there is so much information and it gets lost.
From marketing you need to reach people in a different way – religious groups, school systems, boys and girls clubs, sports groups – people you respect and maybe know the subject – it is a good way to disseminate information.

It was asked if people see success in being at activities as a group and having a table set up with information. Some people are just interested in the giveaway and don't retain the information, but you can create a relationship with people at something small like the farmers market vs a larger event where there is really no time to interact with people. Activities where there is time for people to ask questions and for interactions helps to build that trust.

A majority of participants (9) responded that existing services, outreach, and promotion related to health and well-being in Carroll County is good.

When asked how health and wellness are best promoted in our community, participants wrote:

- How do you think health and wellness are best promoted in our community? (Example: fairs, workplace, class education, outreach events, other)
- Dill Dinkers has been promoting at several local events (farmers markets, restaurants, and more). However, we found we are one of the only exercise-based stands/advertisers at these events and

places. While this is the only real topic I can speak about, I believe that the amount of farming and fresh produce around the area are showcased well in the farmers' markets.

- Incorporating wellness education and activities at existing events would reach more people who need them. The people who would go to a wellness fair are already thinking about their health and wellness and are likely already taking steps to improve it. You want to reach the people who would never go to a wellness event on their own. Workplace offerings would also be great. Anything you can offer school system employees at no cost to them would be greatly appreciated.
- Outreach events and educational events at work.
- Through existing service providers where relationships already exist, schools and teams/extracurricular activities, churches, workplaces.
- I think primary care physicians and PAs could be high influencers for the middle class and higher population on better self-care. Expand beyond prescribing pills and influence how to improve health through physical and mental activities.
- Fairs and outreach events that are marketed well seem to do the best. Class education is great but needs better marketing.
- Yes, fairs, workplace, classes, outreach events, schools, but also taking information to people such as those that receive home visits.
- Community events, clubs and organizations, clinics
- Workplace
- Events and workplace

Written comments about programs and services:

- At Dill Dinkers, we love Pickleball, and our motto is “Play Safe, Play Well.” We are in the talks of forming more directly focused programming for youth and the elderly population in Carroll County. Providing a safe, healthy, and social space for the community is something we take pride in. We have repeatedly heard that our facility was needed in the area due to the lack of places to exercise at a reasonable rate or that was not overrun with long lines. Working on more active and supportive facilities in the community could be beneficial on every level of wellbeing.
- Programs that involve government, employer, and worker or potential worker in a face-to-face environment would be great. These three groups don’t always communicate very well.
- Transportation is critical to connect people to services. No cost or low cost, reliable transportation services is a critical need here. Establishing a one stop shop to connect residents to care and help them navigate the health care system would be wonderful. Care coordination of wrap around services for any resident interested in that support would also be great.
- More education about transportation options. Many still don’t understand the Carroll Area transit and feel it’s only for seniors. Transportation outside of the county, for example Owings Mills or Baltimore for specialists, are hard to find for seniors.
- Better housing inventory for those in need-both short term and long term; and a network or organization to connect people to possible housing opportunities.
- Veteran shelter access
- Mental health resources

Some general feedback from written Reponses:

- We have had many middle-aged women come in (several are widows), who say they have trouble finding social areas to branch out to for their mental wellbeing. In addition, the senior population also seems quite limited in affordable activities.
- There is a gap when people come out of the working poor bracket, when they are suddenly on their own. People who are in poverty sometimes do not get out because they would make less or have fewer benefits if they worked. Better bridges would help. Tough when the healthcare is better through the state than what most employers can offer, and housing benefits would go away. I think this is generational.
- Anyone with transportation needs. Families with insurance who cannot secure needed BH services in a timely manner.
- Seniors need to be made aware of services.
- Women's addiction treatment, addicts who need detox, ESL population.
- There is always room to help the poor. I think the elderly across all classes are going to become more of a strain on the community as that population grows. I also think more physical and social activity programs are always beneficial to community health.

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

- Fall prevention.
- Linkages between services; medical offices, hospitals, nonprofits providing services, govt agencies.
- Need for more dental providers, and those that have capacity to see those with medical assistance.

When asked to identify two key elements that would be important to the success of achieving a better quality of life by those who live here, written responses were:

<u>Number one</u>

- Healthy food
- Limit the number of homeless or rehabilitation clients that are transported here from out of county
- Transportation
- Community exercise walking paths
- Continued growth of coordinating services and care
- More emphasis on self-care (physical, mental, and emotional) for all demographics
- Transportation access
- Improving transportation
- Access to mental health providers
- Lower crime
- Veterans' benefits

Number two

- Regular exercise
- More BH providers with availability locally
- More mental health resources
- Access to care/services for disadvantaged populations
- Safe and well-maintained housing
- Resources for homelessness
- Mental health resources (navigation support in place for those who have MA, need for privately insured)
- Getting drugs like fentanyl off the streets
- Punish illegal activity

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Community Health Needs Assessment

Key Informant: Young Professionals Group

September 6, 2023

3:30-4:30 pm Carroll Hospital Medical Staff Conference Room

This Key Informant Group was facilitated by Dot, Cheri, and Addy on September 6, 2023, in the Medical Staff Conference Room with ten participants. Garrett Hoover welcomed the group to the meeting. Dot Fox gave a short overview of The Partnership and explained the Community Health Needs Assessment. Participants were all given iPads to complete the Survey.

Participants were asked to identify the top five general health issues as the most important to address in our community over the next 3-5 years.

Mental Health is number one (12); Cancer is number two (10); Alcohol abuse is number 3 (8); Illegal substance use is number 4 (7), number five is a 2-way tie (5 each) Obesity and Prescription Drug Abuse. When choosing the number one priority, a majority (4) chose Mental Health.

When asked why you believe that your choice is the most urgent health problem to be addressed: It leads to health consequences (liver disease, cardiovascular issues, increased risk for cancer, etc.). Social and economic burdens. Early onset and long-term effects. Lack of awareness and stigma. "Illicit drugs are very prevalent."

A participant stated mental health seems to be one of the root causes to a lot of other urgent health problems (e.g., alcohol and substance abuse) "Obesity can be addressed by preventive measures and contributes to many other serious and common health conditions."

"Many of the other concerns often stem from mental health."

One participant said there is an increasing elderly population with this disease.

"Very accessible and causing many issues within communities."

Another participant commented about a lack of professionals and clinics available to those that cannot afford private practice. "Because it seems more and more people are getting cancer every day."

"Biggest Driver of all-cause mortality."

"I think mental health issues lead to drug and alcohol/prescription drug abuse."

"We only get one body, and we should learn how to take care of it."

A participant stated drug use is increasing, puts an increased demand on social welfare programs, and negatively impacts the community. "Availability of alternative medicine and treatments."

"Obesity effects many other diseases."

There are so many loved ones trying to manage these needs and navigate their actives of daily living. "Substance abuse effects a population of users who need to focus on health conditions."

Discussion: During the discussion, one participant stated that he did not feel he had a strong opinion about the subjects.

It was suggested that Mental Health issues might be pandemic related.

One participant stated that most participants [present] have employees and see mental health breaking free from stigma, so it is on top of people's minds. It is not just someone who is having a bad day, but it may be a coworker who has experienced some kind of trauma.

"Some of us can function perfectly fine in society, however, it could have a different effect on different people. Mental Health and alcohol and substance abuse go hand in hand, it is a way to self-medicate. Accessibility is important – dentists are booked out, but it is the same thing for mental health – you can't just walk into an office and say you are not feeling well."

"I picked cancer because you hear little about it until you have it. With cancer, if you have it, you die, there is a short turnaround. We need more public education; cancer is long in the making and has significant genetic roots, genetics/epigenetics are absent from the conversation. One participant shared that four women in his neighborhood died from various forms of breast or ovarian cancer. Screenings are necessary; I am reading that most cancers are present for a long time before they are detected, generally speaking preventative health and earlier identification is needed. If people were better educated, they could focus on preventative health, what screenings tests are available and maybe be able to recognize it sooner. Accessibility is important too."

"People come into the ER for dental care. You don't just walk into a dental office, or a therapist office without an appointment. So, you go to the ER and get assessed."

"A lot of dentists are going to concierge dentistry. Is that because they have it rough? Are they pushed into it? Or is it because insurance is so difficult to deal with? If you go to the ER, we can give antibiotics, sometimes pain medicine. One participant feels that if dentists are going to this model, "it is because it sucks to be a dentist and have to deal with the crap they deal with" – pressures, factors, why are they pushed toward that model? They have school debt to pay off."

When asked about Health Care access in our community: a majority (11) feel that residents in Carroll County have access to a local primary care provider. A majority (9) feel residents have access to local medical care. A majority (10) agree that residents have access to a local dentist. There is a split with 6 who disagree that transportation for medical appointments is available and easy to access while 6 neither agree nor disagree. A majority (8) agree that healthcare resources are available and accessible. While a majority (8) of participants neither agree nor disagree that residents have the ability to pay for services, 4 somewhat disagree while one strongly agreed.

Additional comments regarding health care access written in the survey are:

I believe there is often access but there are many segments of the population that do not know the options.

Health insurance limits access to wellness services.

Participants were asked in the survey to pick the three social determinants of health most important to address in our community in the next 3-5 years:

Tied for #1 (6 each) were Early Childhood Development, Employment Opportunities and Economic Success. Affordable Housing was #2 (5) and tied for #3 (4 each) were Educational Attainment and Social Support.

When asked to pick the determinant which would make the greatest impact to the health of our community, there was a tie (3 each) for Affordable Housing and Economic Success.

When asked why they picked the so determinant as the most important social issue to address, additional comments written in the survey are:

"Being successful starts with not having to worry about your next meal."

A participant said the quality of a person's education directly affects their ability to improve their other social determinants of health and those of their families and children. "This brings stability to a family and often brings pride of your community which inherently improves all social aspects of a community."

Another commented economic success of an individual translates into economic success of a community. A trickle effect if you will. "We lack affordable quality housing for young families to feel secure living in Carroll."

"I hear more and more that affordable housing is very hard."

A participant commented that wellness is expensive and isn't covered by insurance. Having the time, resources, and knowledge to make choices outside of insurance requires economic resources. "If you do not have financial resources to pay for healthcare, it's an automatic deterrent whether it's health insurance or the ability to pay high-cost medical bills."

"Jobs lead to better quality services."

"The cost of childcare prohibits many families from becoming dual income households."

"Wealth doesn't guarantee health."

Discussion: A participant commented that dementia is important to address because it is something you can't prevent.

The question was raised "Are there other resources for caretakers; for those who take care of people with Alzheimer's?" That is a hard thing for a caretaker to handle without resources. It is felt that there are not enough resources, and they are expensive.

When asked about affordable housing and economic success: The Primary determinant is economic success– because it allows you to have more time, knowledge, resources, like time for running or access to a gym, supplements, or a concierge doctor who does all sorts of comprehensive bloodwork, consulting, genetic testing, looking for risk factors; insurance is useless for me and doesn't pay for these kinds of preventive services, everything I get is paid out of pocket. The health care system doesn't fund or pay for a lot of preventative care, options are severely limited. Wellness is not covered. One participant has melanoma and found he had a mutation. "It took months of paperwork to get the tests I needed which shifted the trajectory of how he managed and resourced that area of his life. It was very difficult to navigate" he wondered, "Why are we even fighting about this?" Why does our system of care make something so difficult that would be a primary determinant of my next steps of health care? I could afford the tests but feel sorry for those who can't.

"Is there a decrease in worry about economic success versus food? If your belly is full you don't worry about success."

A participant said education is important because it underlies all the other things. It is the one thing that enables you, even below economic success you need a driving force behind education (i.e., public school). It needs to start strong, so that people have the basic training to be somewhat disciplined in decision making and understanding the world around them. They are not going to go forward; you need step 1 first, everything else on the list will not be great for you without it.

It was asked what the median income is in Carroll County. Unemployment is low in Carroll County, maybe 2.7%.

[NOTE: The average annual household income in Carroll County is $131,908, while the median household income sits at $101,222 per year. Residents aged 25 to 44 earn $113,127, while those between 45 and 64 years old have a median wage of $128,430. In contrast, people younger than 25 and those older than 65 earn less, at $44,770 and $64,566, respectively.] (1)

"If you have affordable housing it helps. People do everything to buy a house here and raise their kids here, they try to afford living here, so their child has access to schools and things, but it stretches people. You can't afford extras: if you need anything additional (for instance, private mental health counseling) it is too much. It looks like we have it all on the outside, but in reality, we are living paycheck to paycheck. People are doing all they can to put their child in the school system and raise their families in this neighborhood. We can use counseling, but we don't qualify for Medicaid nor does insurance pay for it."

It was brought up that when people are relocating and shopping for schools are they also looking for available mental health services? "High prices are not just buying homes but also renting. Rent is high as well. There is a big debt to income ratio."

It was commented that this conversation occurred when talking about nurses coming in "Do we know if there is housing; not high-high or low, but affordable?" They don't build them [affordable housing], they build the Stonegate's of the world. They are building high income housing. A lot of families are co-

habituating because of affordability issues. There is a lot of multigenerational housing, buying and renting an apartment that was designed for one family. "We think more people are living multigenerational than we know about. Both children and parents, so three generational housing. "

One participant commented that he often sees people who don't understand how the financial system works. Lending is based on gross income, but you can't spend your gross income; by the time it hits your net income it is 50% lower. If you buy at max level, you can't afford all the other things you need. People don't realize it. They are given a choice between the house they love or the one they can afford, and they pick the house they love. It goes back to the educational piece. It is finance 101. Almost all my valuable education didn't come from college but from other sources. You have to take it on and learn those things, nobody teaches that to you. That is an issue.

A written comment was discussed: "Alcohol abuse leads to many other problems." Regardless of the drug, alcohol or whatever, it clearly demonstrates it is driven by underlying mental health issues, so shouldn't mental health be the strong concern?

One participant shared that their place of employment just raised the annual salary for entry level positions because they are losing people to private practices. People don't want to go into working in mental health services, you won't make enough. Salaries were raised (45,000 to $52,000) they leave a great organization to go into private practice or telehealth. And we can't keep people in the door for the good of the work that they do. We face the pipeline of talent in our industry. At the end of the day, these are the people we are out recruiting, but they don't want to come in to work.

It was asked how insurance is for mental health services. There are public health counselors but not a lot for private insurers, most want cash. People can't wait when needing mental health services and go on wait lists, having to wait a few weeks or a month for services for your child. It was commented that CCYSB has open hours for next day appointments.

Dot Fox explained the mobile crisis services available.

It was commented that the wait time can be days or weeks until people get into a program. It could be out of the area in Shepherd Pratt or Western MD, or they set up residence in the ED, they are waiting. We have 4 beds at Carroll, either filled or closed. Unfortunately, people spend days in the ER and the parents of young patients give up and leave.

Regarding transportation for medical needs – responses somewhat disagreed:

Caring Carroll helps some of the elderly and low-income people in the community and they do not get a lot of hype, but they do such good things for people who can use it. They go through a lot of struggles to help people.

A participant commented that the hospital has a fund specifically for that, the Foundation has a fund for transportation. There is no good public transportation. If your car breaks down and you need radiation or some other important treatment you have to rely on Ubers, etc. We would love to have a van rather

than hire cars. "There are many remote areas in our community and that makes it difficult for people to get to places. "

One participant commented that it is not just transportation that is the issue. Coordinated care is an issue. He was primary caregiver for his grandfather, and he transported him to many, many appointments. It was usually a 3-hour round trip; he never coordinated outside transport because he did not want him having to wait for all of the time it would take. It is there and available if you are willing to have long wait times. You have to wait 1-2 hours for the transport. But it is also Collaboration for doctors within the system. Why did he have to come in for a checkup to get just what they got at other doctor's office? I got so tired of appointments where doctors all did the same thing, just take a temperature and blood pressure, that cost me 3 hours. I took the initiative to coordinate his treatment, can't someone supervise the treatments? I think for elderly patients; they do what they are told and come in for a seemingly useless appointment. They need someone to navigate for them. They need to get value out of visits and make less trips. It is also difficult to get them out of the house in a wheelchair. What a waste to go through all of that stress and 3 hours just to walk in and get your blood pressure and temperature taken. Appointments get stacked and they are blindly trotted out for all these appointments.

"They don't know how to access other things like telemedicine. There are Care Navigators but not all offices can afford to pay for personal care navigators to help. Not having insurance, they can't afford it. "

Dot read through some of the written comments on the survey so that the group could hear them.

One participant commented that Affordable Housing means almost all our employees are from Pennsylvania.

When asked about the best way to get information out to the community: Instagram ads; now it is about my kids, so it comes from school community education. A lot of communication came through school (initiatives like Girls on the Run); communities like scouts, sports, places of employment. It is hard for us because we are raising kids, running businesses, we are in the know of things, but many people might not open their emails or open the flyers or take the phone calls. I don't know how proactive the school system is, the counseling offices reaching out to families. How can you support your family to get more involved? It was laughingly suggested to send ice cream trucks around neighborhoods to lure children out of their homes [to hand out information]. We're fortunate that we are in the position that we can go to dentists, etc.

"Preventative wellness and genomic testing, I wish we could learn more about things like this. How to take care of your wellness. Encourage people to take control of your own wellness, build your health, this is an option for you."

"Hey, come live in Carroll County because we have these resources for you. If you can't afford it maybe we can get some help for you." How does it integrate? People need to know about alternate medicine treatments. It is very reactionary. I made a joke about Instagram, but targeted advertising would reach

people; who you want to get it in front of. Put it out in your office or link it on your website. Who are your clients? Getting it into people's hands to be disseminated appropriately. Centralized, is where school and workplace things come from. We have insurance and health care services through work, so we disseminate information along with those resources.

Brenda shared that last year the Foundation held a Business Roundtable, providing an opportunity for Human Resource leaders from businesses in the area to come and hear about resources. This year's Business Roundtable will be held on November 9 in Shauck Auditorium. We want to tell this group of people (in HR) what is going on here and what resources are available and allow for feedback and opportunity for them to reach out to learn about our work wellness program. Last year Evapco came, and they then provided a good work program tailored around their crews to get out resources. If leaders see 90% of their workers standing outside smoking during break and would like to bring a smoking cessation class to their organization, then we can help. Most times the programs are free. That is what the goal of this is; we love working with employers. It provides an engaged audience. We have 145 partners that we can bring to provide services to meet their needs.

Related to health and well-being, participants were asked to describe existing services, outreach, and promotion in Carroll County: A majority (9) of respondents chose *Fair* while 3 respondents chose *Good*.

When asked if there is a specific population in the community that they feel is not being adequately served, the responses were: Poor farming communities and inner town. Education and understanding.

"Carroll County has rural areas without access to technology. Many outlying areas have food insecurity and transportation issues."

Low-income groups need more opportunities to gain traction and increase the chance of success for their next generation.

Young adults and adolescents.

"I think this is standard in most communities, low-income communities tend to eat fast/cheap food which leads to obesity. Likely don't have the ability to afford care (including preventative) and then it snowballs."

The elderly.

Participants were asked to describe any programs or services that they feel should be developed and offered to those who live in our community:

Education, food bank, social support. Nutritional education for school children. Specifically, a program designed to be engaging and interesting. Mental health support. Financial Literacy, assistance with opioid addiction. Preventative medicine, alternative treatments, and reliable transportation services.

"I don't think it's about offering more. I think it's about getting the programs you already have into the right hands."

"Greater partnerships with private wellness providers"

"Weightlifting"

"I think most are already available."

Participants were asked how they think health and wellness are best promoted in our community. (Example: fairs, workplace, class education, outreach events, other) responses were: I do not think they are promoted well at all. 'Socially, Schools, Workplace"

"I don't think people care about these things or pay attention until they have a need. Availability is the key factor."

Personal Outreach to business owners, back to school nights. Outreach events. Education and outreach events. Workplace and schools. Outreach events, social media.

When asked to identify any areas of community health and wellness not addressed in this survey that they feel need to be addressed, one respondent listed "Transportation."

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

<u>Number one</u>

- Education
- Mental health
- Better public transportation
- Financial Literacy
- Holistic healthcare approach
- Programs for underserved children
- Economic success
- Economic development
- Lower healthcare costs

<u>Number Two</u>

- Food supply
- Personal responsibility
- Affordable childcare
- Fitness and Exercise
- Access to mental health professional
- Job opportunities

- Education

Citation:

(1) "Carroll County, MD Household Income, Population & Demographics." Point2 Homes, https://www.point2homes.com/US/Neighborhood/MD/Carroll-County-Demographics.html. Accessed 19 Jan. 2024.

English

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

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	

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)
- [ ] Chronic Pain
- [ ] Congestive Heart Failure
- [ ] Dental Health
- [ ] Diabetes
- [ ] E-cigs/ Vaping
- [ ] Heart Disease
- [ ] Illegal Substance Use
- [ ] Immunizations
- [ ] Injury
- [ ] Mental Health
- [ ] Obesity
- [ ] Sexually Transmitted Infections

- [ ] 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?

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

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

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

	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.	○	○	○	○	○
B: The majority of residents in Carroll County have access to local medical specialists.	○	○	○	○	○
C: The majority of residents in Carroll County are able to access a local dentist when needed.	○	○	○	○	○

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
D: Transportation for medical appointments is available and easy to access for the majority of residents.	○	○	○	○	○
E: Healthcare resources are available and accessible. Example: Weight loss classes, gym memberships and diabetes education.	○	○	○	○	○
F: The majority of residents in Carroll County have the ability to pay for health care services.	○	○	○	○	○

Additional comments regarding health care access (optional):

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.

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

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

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

Additional comments regarding social determinants of health (optional):

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

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:

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5. Targeted Populations

A. Methodology

A total of eleven focus groups were held with targeted population groups at various locations throughout Carroll County. Sessions were held as follows in alphabetical order: African American x2 (NAACP and Young Adults), Behavioral Health Consumers x2 (On Our Own and NAMI), Hispanic/Latino, LGBTQ+, Low Income x2 (Family and Individual), Older Adults x2 (Taneytown and Westminster), Transitional Aged Youth. Sessions were scheduled for from July through September. 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. One additional group was scheduled to be held for the deaf population but there were no participants.

More than one hundred (107) 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 African American, NAACP group was held at the Carroll County Non-Profit Center and the African American youth group was held at Exploration Commons. The Behavior Health Consumers group was held at On Our Own and NAMI was held at Exploration Commons, The Hispanic/Latino group was held at Access Carroll. The LGBTQ+ group was held at The Unity Center of St. Paul's Church. The Low-Income family group was held at Human Services Programs and the Low-Income individual group was held at the shelter. The Older Adult focus groups were held at the Taneytown and Westminster Senior Centers. The Transitional Aged Youth group was held at the Carroll County Non-Profit Center.

B. Results Summary

African American Population Results Summary

NAACP

Demographics

Eleven African American community members participated in the session but only ten completed all the questions. The responses below reflect the survey respondents. Six of the participants were male (60%) and four were female (40%), and all were 45 years or older. All participants felt safe in their neighborhood. Housing concerns responses were 6 reported no concerns, two reported "other" and two reported affordability. Attendees were from the following zip codes, 21157, 21158, 21776 and 21787. All participants lived in Carroll County for more than 10 years with the exception of one who lived here less than a year.

Demographic Information	Count	Percentage
Gender		
Male	6	60%
Female	4	40%
Intersex	0	0%

Age		
18 - 29	0	0%
30-44	0	0%
45-59	3	30%
60-72	2	20%
73 and over	5	50%

Do you feel safe in your neighborhood		
Yes	10	100%
No	0	0%

Do you have housing concerns		
Mold	2	20%
Affordability	0	0%
Bugs	0	0%
Landlord/tenant issues	0	0%
Roommate issues	0	0%
Other	2	20%
None	6	60%

Zip Code		
21776	1	10%
21157	3	30%
21787	3	30%
21158	3	30%

Length of Residence in Carroll County		
Less than 1 year	1	10%
1 – 3 years	0	0%
4 – 5 years	0	0%
6 – 10 years	0	0%
More than 10 years	9	90%

Do you have health insurance		
Yes	9	90%
No	1	10%

Access to Health Care

In 2024, respondents were asked if they had health insurance. A majority (90%) 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 identified as other sources:

- Friends/ Family
- National organization sources
- Local sources (hospital, health department)
- Local providers/organizations/resources
- Online websites
- Television

As illustrated in the following table, the participants "somewhat or strongly agree" with the community's ability to access health care providers at 60% and specialists at 40%. Only one third agreed that there is access to a dentist, and that transportation is available for medical appointments, signage reflects their community and providers understand 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."

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.	30%	60%
The majority of residents in my community have access to necessary medical specialists.	30%	40%
The majority of residents in my community are able to access a local dentist when needed.	30%	30%
Transportation for medical appointments is available and easy to access for the majority of residents.	30%	30%
Signage and promotions for health services reflect my community and its needs.	10%	30%
There are health care providers who understand my population and its health risks.	20%	30%

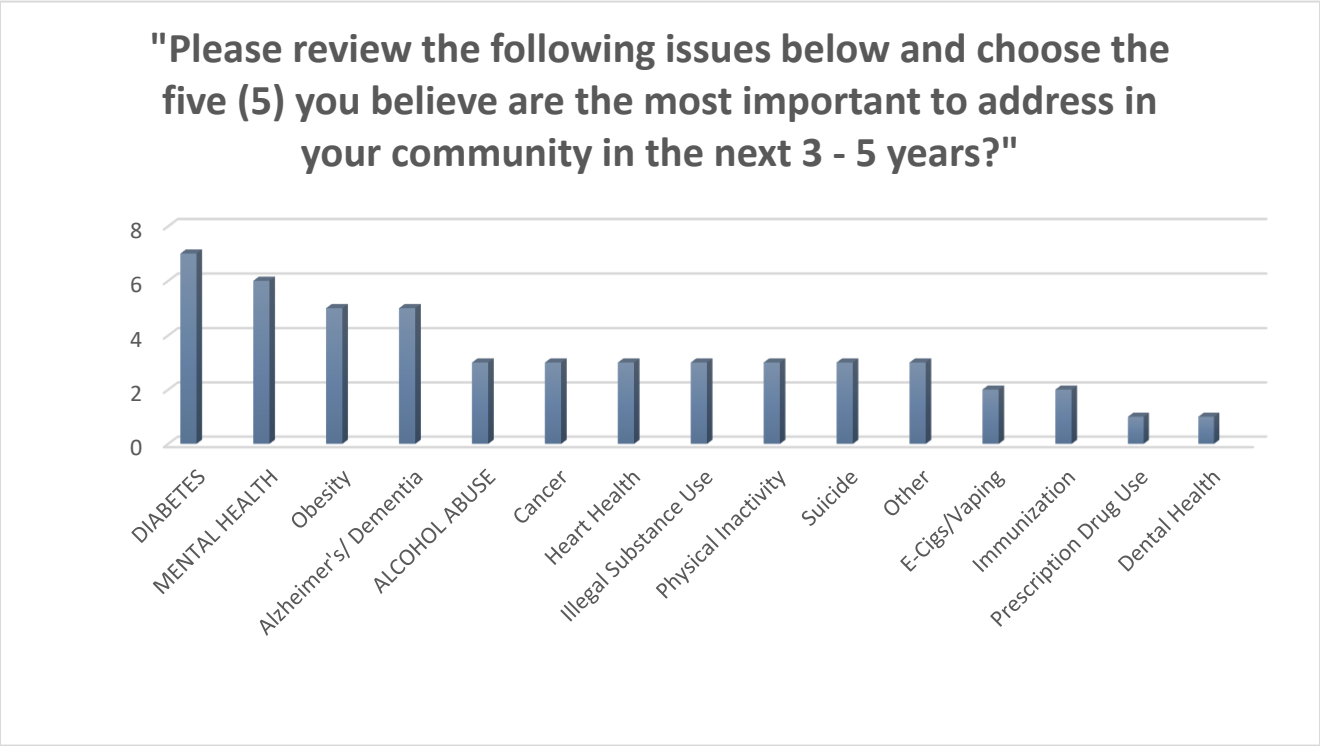
Health care services are provided in my language.	20%	80%
My health insurance covers the cost of care	10%	60%

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. Diabetes was listed as the highest concern, with Mental Health as second and Alzheimer's/Dementia and Obesity tying for third. The top health issues were:

- Alzheimer's/Dementia
- Diabetes
- Mental Health
- Obesity

A full listing of the health issues, in order by highest selection of participants who selected the issue, is presented in the graph below. Note Asthma, Chronic Respiratory Disease (COPD) Congestive Heart Failure, Injury, Sexually Transmitted Infection, 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 had the most votes, Heart Health second and a four-way tie for third with Diabetes, Illegal substance Use, Obesity and Suicide.

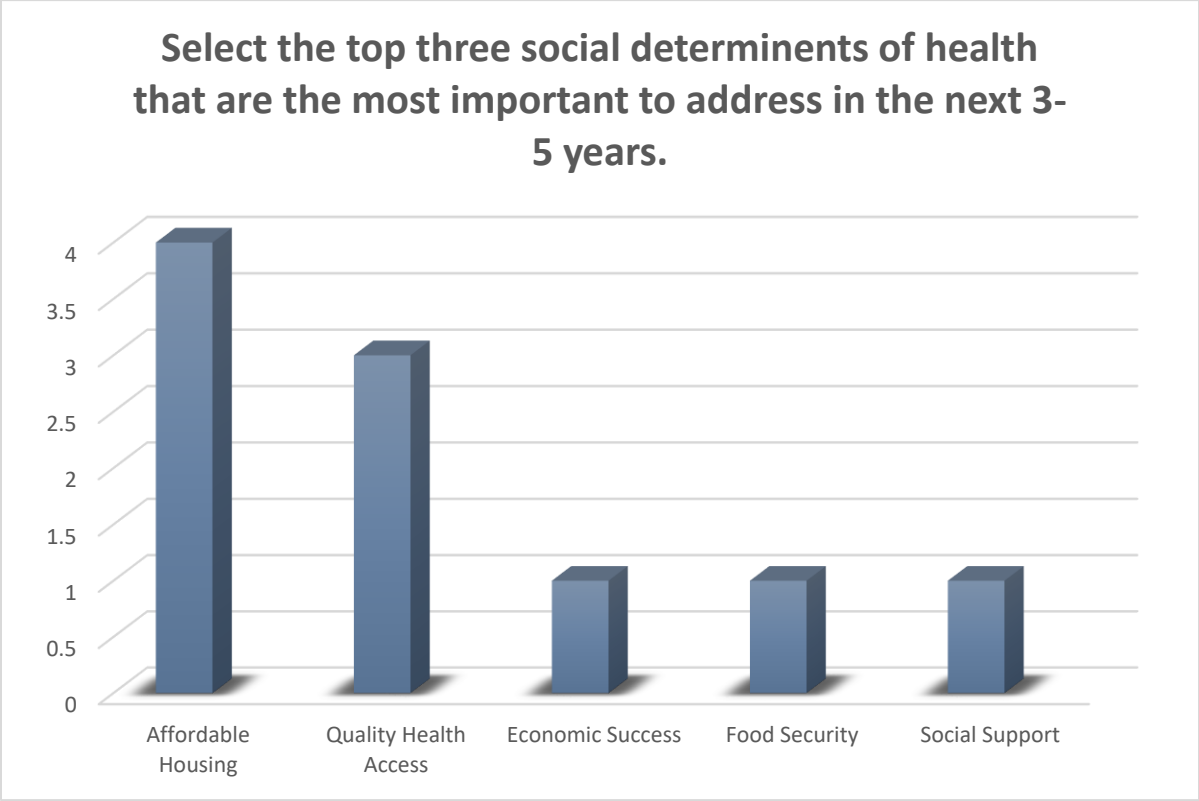
Social Determinants of Health

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:

- Affordable Housing
- Quality Health Access
- Social Support

A listing of the social determinants of health, in order by the number of participants who selected the determinant, is presented in the following graph. Note: only those selected are present.



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 Affordable Housing with the most votes and Quality Health Access placing second.

Group #2 – African American Young Adults

Demographics

Five African American community members participated in the session at Exploration Commons and completed surveys. Three of the participants were 18-29 years old and one was 30-44 years of age, while one was also 60-72 years of age. There were two male and three female participants. Zip codes represented were 21157, 21158, and 21787. All participants lived in Carroll County for either 6-10 years or more than 10 years.

Demographic Information	Count	Percentage
Gender		
Male	2	40%
Female	3	60%
Intersex	0	0%

Age		
18 - 29	3	60%
30-44	1	20%
45-59	0	0%
60-72	1	20%
73 and over	0	0%

Do you have Housing Concerns?		
Mold	0	0%
Affordability	1	20%
Bugs	1	20%
Landlord/ Tenant Issues	1	20%
Roommate issues	1	20%
Other	0	0%
None	1	20%

Do you feel safe in your neighborhood?		
Yes	4	80%
No	1	20%

Zip Code		
21157	2	50%
21787	1	25%
21158	1	25%

Length of Residence in Carroll County		
Less than 1 year	0	0%
1 – 3 years	0	0%
4 – 5 years	0	0%
6 – 10 years	2	40%
More than 10 years	3	60%

Do you have health insurance?		
Yes	2	40%
No	1	20%
Don't know/ Not sure	2	40%

Access to Health Care

In 2023, respondents were asked. where they got information and education on health. The following is how they ranked:

- Family/friends
- Your physician/healthcare provider
- Television
- Social Media
- Local Sources (hospital/health department)
- Local Providers/organizations/resources

As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health Access. The participants were either neutral or disagreed that signage and health services reflect their community, and healthcare providers understand the population 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."

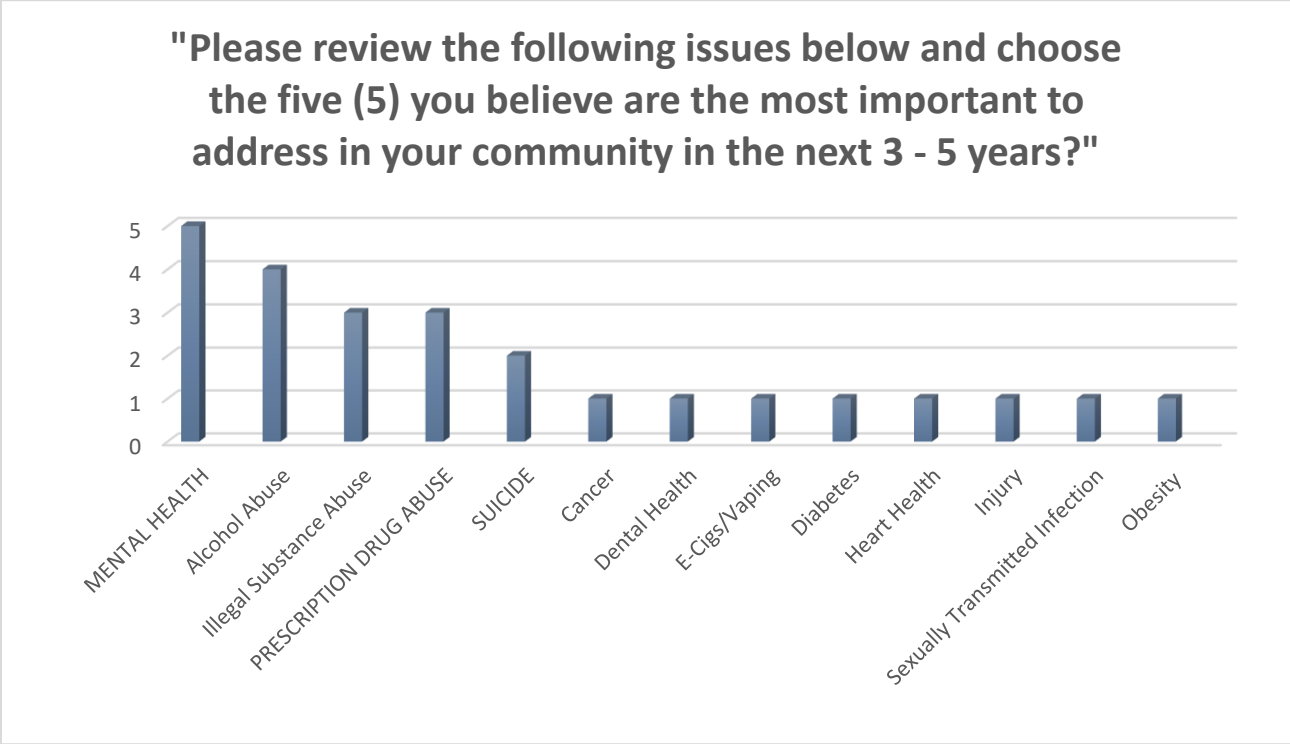
Statement	Neutral	Percentage of Respondents who "Somewhat Agree or Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	0%	40%
The majority of residents in my community have access to necessary medical specialists.	0%	40%
The majority of residents in my community are able to access a local dentist when needed.	20%	20%
Transportation for medical appointments is available and easy to access for the majority of residents.	20%	40%
Signage and promotions for health services reflect my community and its needs.	20%	0%
There are health care providers who understand my population and its health risks.	40%	20%
Health care services are provided in my language.	20%	40%
My health insurance covers the cost of care	20%	40%

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:

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

A full listing of the identified health issues, in order by number of participants who selected the issue, is presented in the graph below. Note: Only those health issues identified are listed.



When asked to indicate the number one priority in their community, Mental health and Prescription Drug Use tied as the top concern with Illegal Drug Use coming in second.

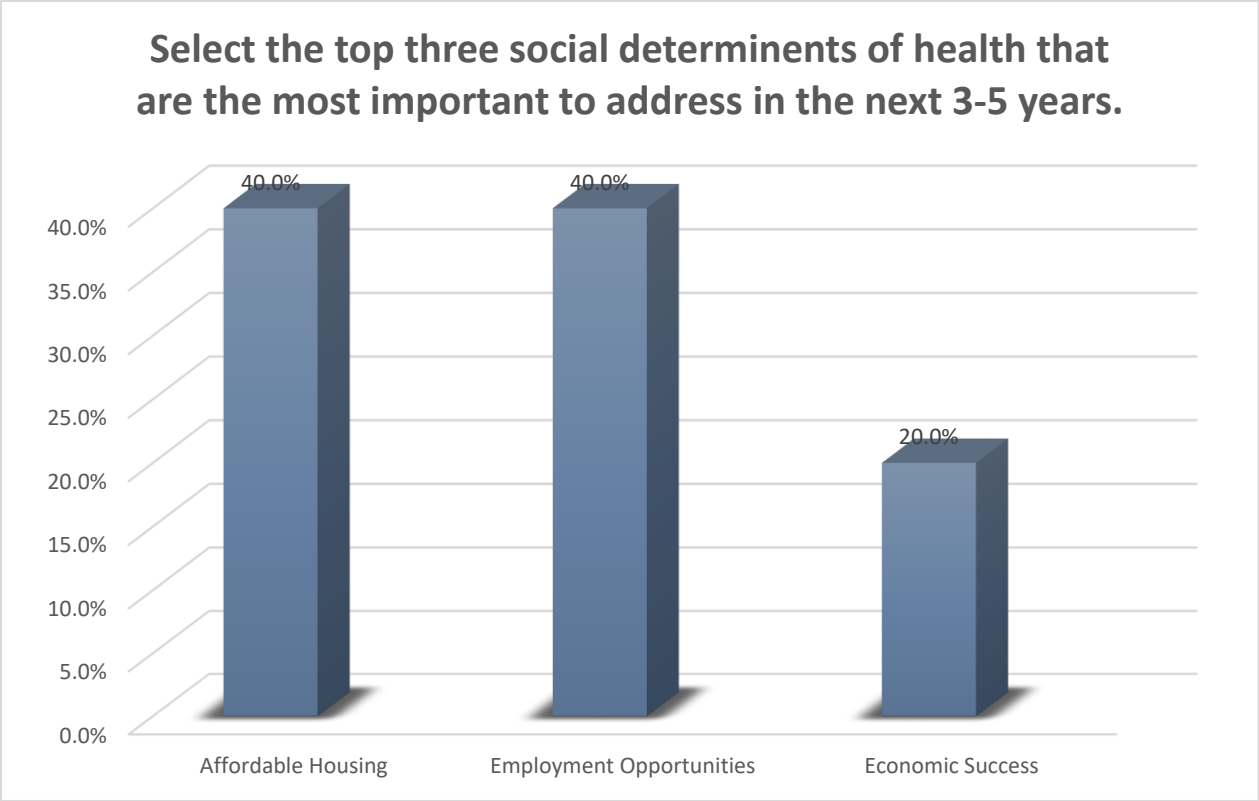
Social Determinants of Health

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
- Employment Opportunities
- Economic Success

A full listing of the social determinants of health, as equally divided between affordable housing and employment opportunities with economic success also receiving votes.



Behavioral Health Population – On Our Own

Demographics

Eight community members participated in the Behavioral Health Focus Group- Consumers, On Our Own. The majority of participants (80%) were male. Demographic information can be found in chart below.

Demographic Information	Count	Percentage
Gender		
Male	8	80%
Female	2	20%
Intersex	0	0%

Age		
18 - 29	0	0%

30-44	5	50%
45-59	4	40%
60-72	1	10%
73 +	0	0%

Housing Concerns		
Mold	1	10%
Affordability	5	50%
Bugs	0	0%
Landlord/tenant issues	1	10%
Roommate issues	0	0%
Other	1	10%
None	2	20%

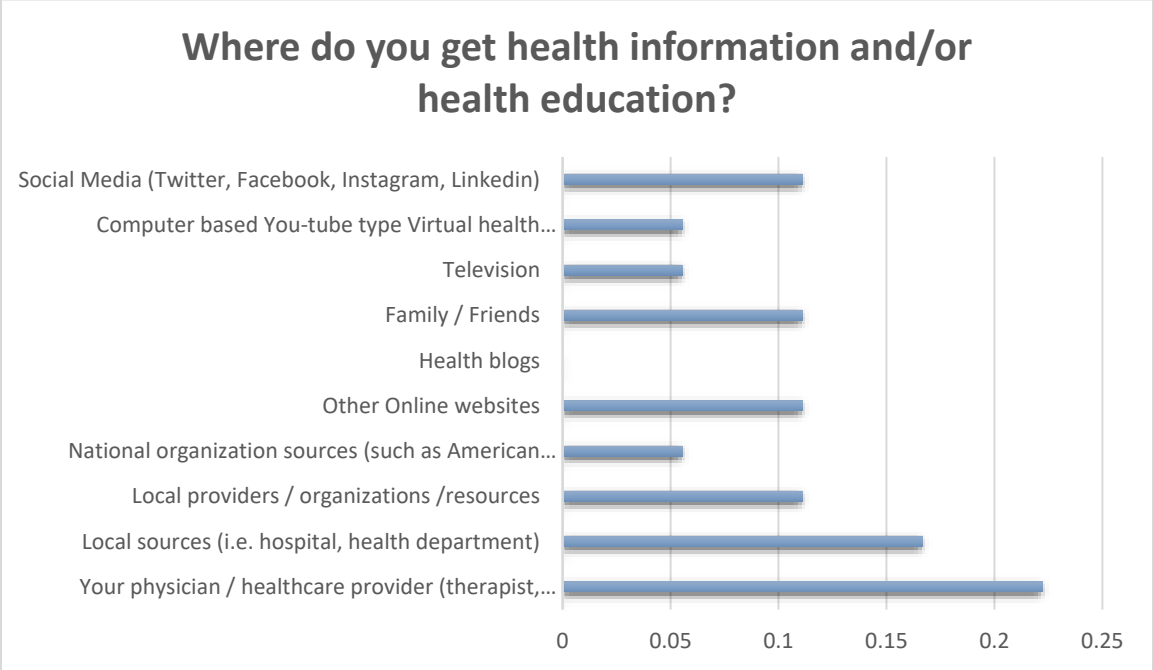
Zip Code		
21157	7	87.5%
21102	1	12.5%

Length of Residence in Carroll County		
Less than 1 year	1	10%
1 – 3 years	2	20%
4 – 5 years	1	10%
6 – 10 years	1	10%
More than 10 years	5	50%

Do you feel safe in your neighborhood?		
Yes	7	70%
No	3	30%

Access to Health Care

When asked if they had health insurance, 90% of the behavioral health participants responded that they were insured, with only one participant without insurance. The chart below identifies where participants are receiving their information.



As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health 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."

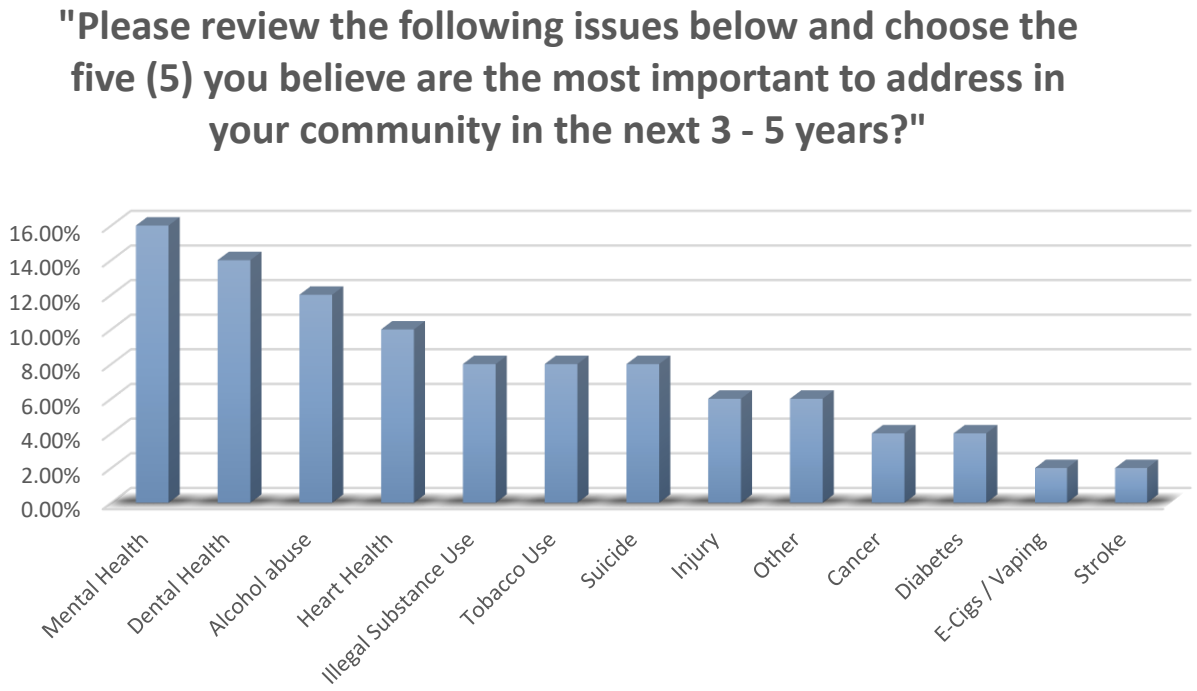
Statements	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	20%	30%
The majority of residents in my community have access to necessary medical specialists.	0%	30%
The majority of residents in my community are able to access a local dentist when needed.	0%	30%
Transportation for medical appointments is available and easy to access for the majority of residents.	20%	20%
Signage and promotions for health services reflect my community and its needs.	30%	10%
There are health care providers who understand my population and its health risks.	20%	40%
Health care services are provided in my language.	0%	80%
My health insurance covers the cost of care	0%	70%

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 four health issues were identified as follows:

- Mental Health
- Dental Health
- Alcohol abuse

A full listing of the health issues, in order by the percentage of participants who selected the issue, is presented in the graph below. Note: those health issues that did not receive a selection are not listed in the chart.



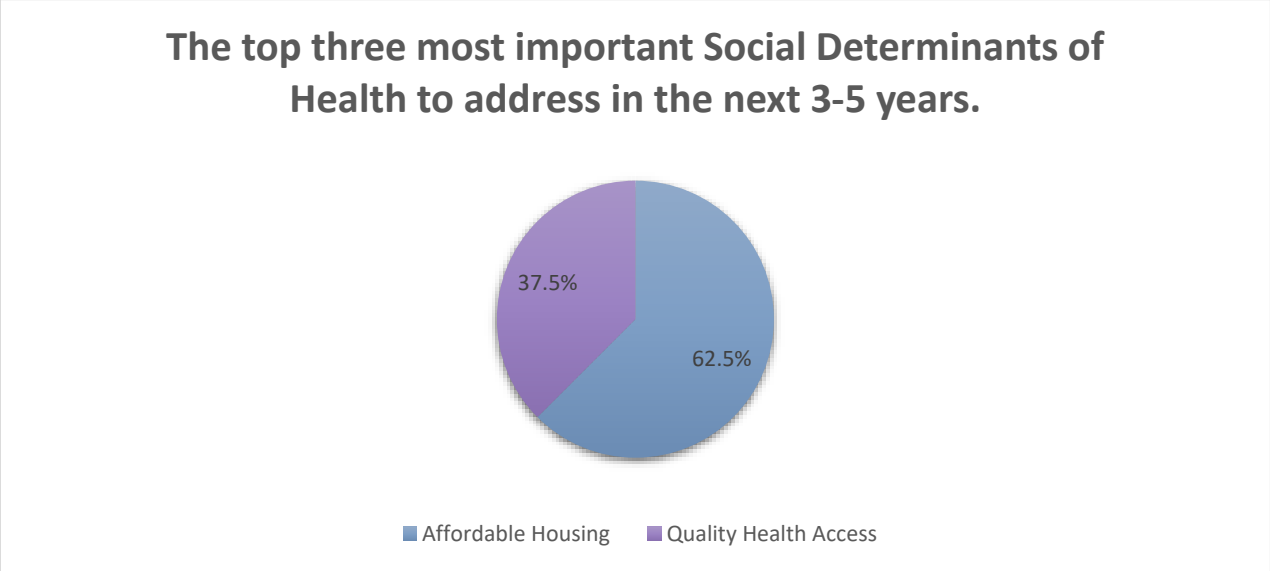
When asked to select the number one health priority, Mental Health was selected with most representation followed by dental health, with prescription drug abuse and tobacco use to follow.

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 quality health access and food security.

- Affordable Housing
- Quality health access
- 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.



Behavioral Health Population – NAMI

Demographics

Eight community members participated in the Behavioral Health Focus Group-Consumers, NAMI. The majority of participants (62.5%) were male. Demographic information can be found in chart below.

Demographic Information	Count	Percentage
Gender		
Male	3	37.5%
Female	5	62.5%
Intersex	0	0%

Age		
18 - 29	0	0%
30-44	3	37.5%
45-59	1	12.5%
60-72	4	50%
73 +	0	0%

Housing Concerns		
Mold	0	0%
Affordability	2	25%
Bugs	0	0%
Landlord/tenant issues	0	0%
Roommate issues	0	0%
Other	1	12.5%
None	5	62.5%

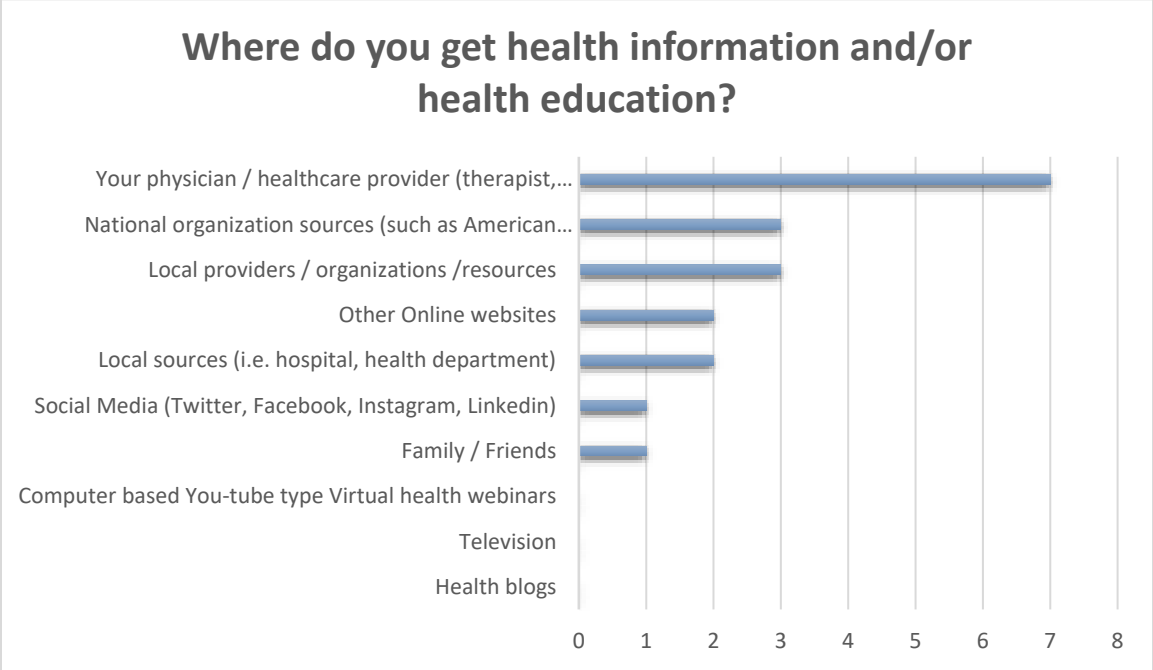
Zip Code		
21048	1	14%
21157	3	42%
21158	2	28%
21787	1	14%

Length of Residence in Carroll County		
Less than 1 year	0	0%
1 – 3 years	1	14%
4 – 5 years	0	0%
6 – 10 years	2	28%
More than 10 years	4	57%

Do you feel safe in your neighborhood?		
Yes	7	88%
No	1	12%

Access to Health Care

When asked if they had health insurance, 100% of the behavioral health participants responded that they were insured. The chart below identifies where participants are receiving their information.



As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health 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."

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.	66%	16%
The majority of residents in my community have access to necessary medical specialists.	28%	28%
The majority of residents in my community are able to access a local dentist when needed.	42%	28%
Transportation for medical appointments is available and easy to access for the majority of residents.	42%	0%
Signage and promotions for health services reflect my community and its needs.	57%	0%
There are health care providers who understand my population and its health risks.	0%	40%
Health care services are provided in my language.	14%	85%
My health insurance covers the cost of care	0%	87%

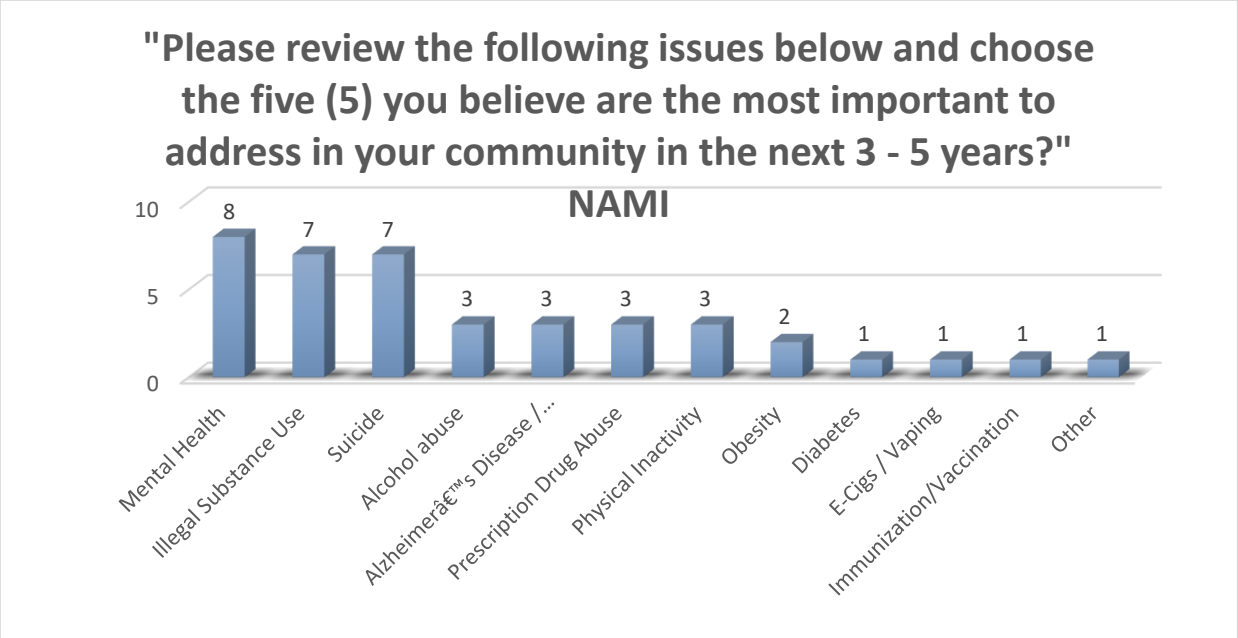
General Health Issues

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 three health issues were identified as follows:

- Mental Health
- Illegal Substance Abuse
- Suicide

A full listing of the health issues, in order by the frequency of participants who selected the issue, is presented in the graph below. Note: those health issues that did not receive a selection are not listed in the chart.

When asked to select the number one health priority, Alcohol Abuse was chosen.

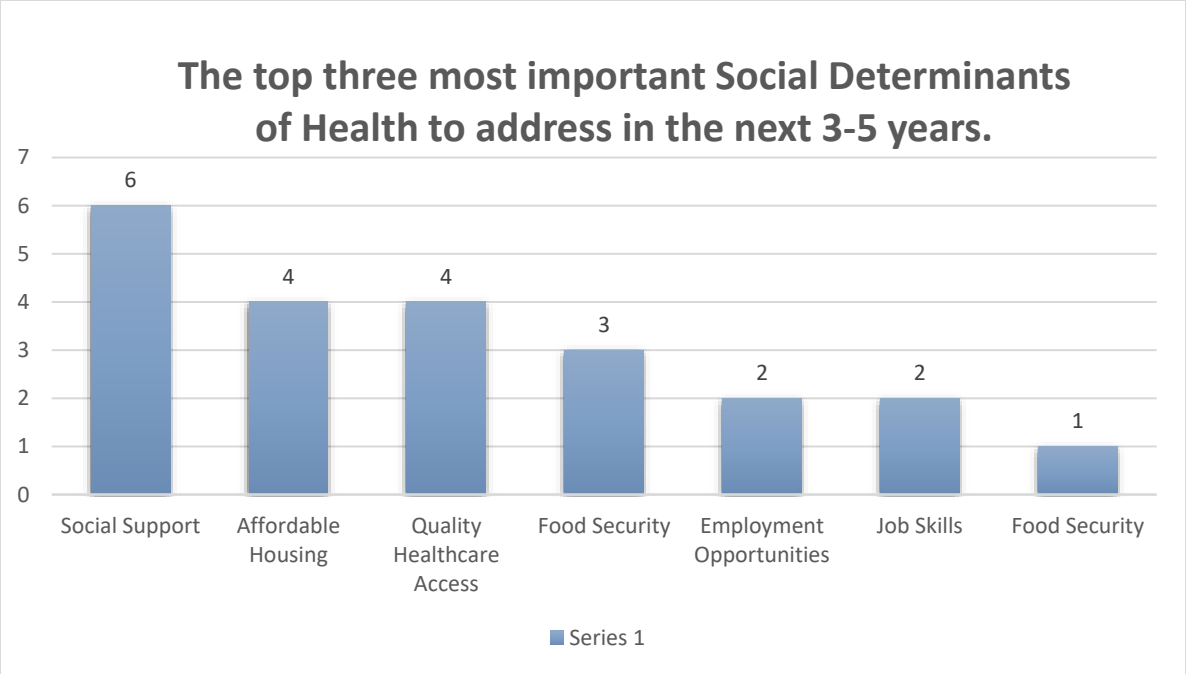


Social Determinants of Health

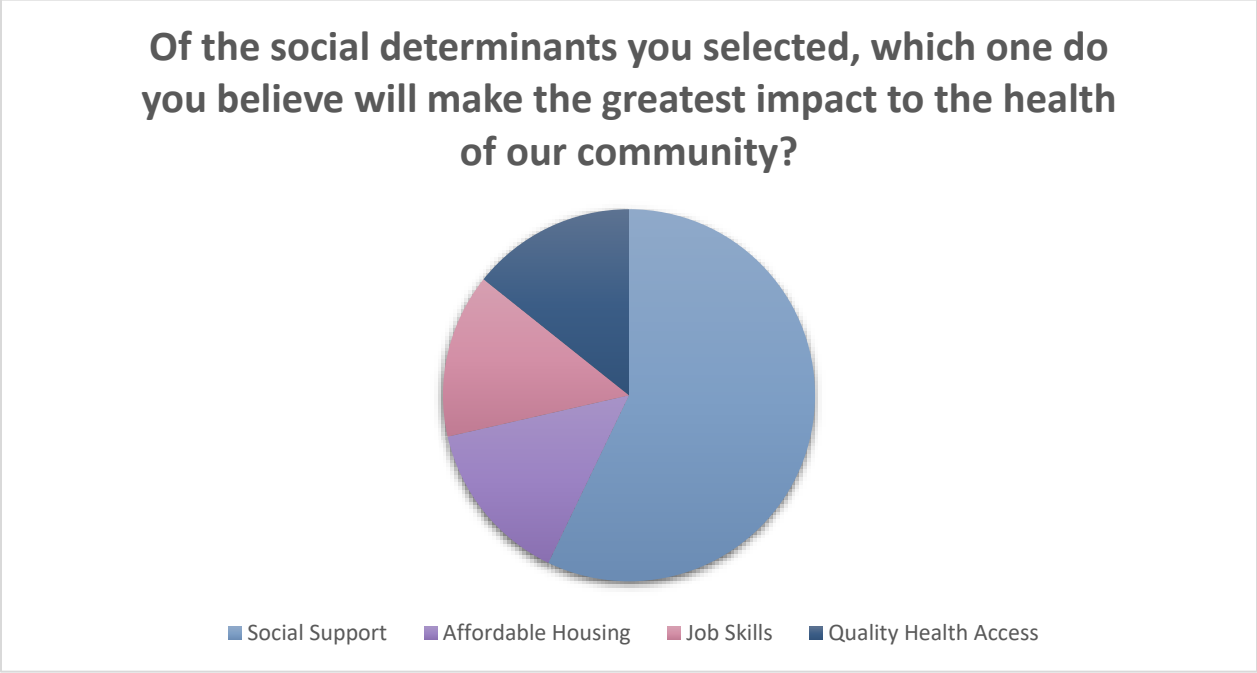
Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top issue was social support followed by Quality Health Access and affordable housing.

- Social Support
- Quality Heath Access
- 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.



When asked, of the social determinants you selected, which one do you believe will make the greatest impact to the health of our community, Social Support was chosen with most frequency.



Hispanic/Latino Population Results Summary

Demographics

Seventeen 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 of participants were female as well as two-thirds were over 45 years of age. 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	6	37.5%
Female	9	62.5%
Intersex	0	0%

Age		
18 - 29	0	0%
30-44	4	26.6%
45-59	6	37.5%
60-72	5	33.3%
73 +	0	0%

Housing Concerns		
Mold	1	6.6%
Affordability	0	0%
Bugs	1	6.6%
Landlord/tenant issues	0	0%
Roommate issues	0	0%
Other	0	12.5%
None	13	86.6%

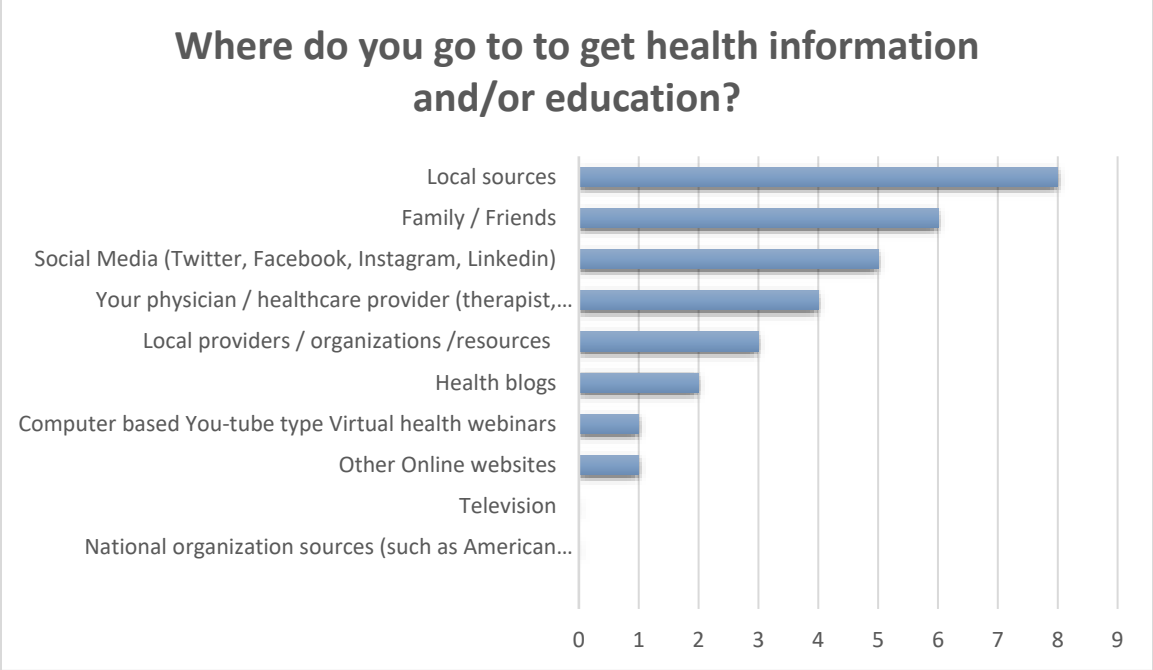
Zip Code		
21157	5	33%
21158	4	37.5%
21784	2	13%

Length of Residence in Carroll County		
Less than 1 year	1	7.6%
1 – 3 years	1	7.6%
4 – 5 years	5	38%
6 – 10 years	0	0%
More than 10 years	6	46%

Do you feel safe in your neighborhood?		
Yes	15	100%
No	0	0%

Access to Health Care

Respondents were asked if they had health insurance. Less than half (46%) of participants had health insurance. In addition, they were asked where they got information and education on health.



As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health 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."

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.	7%	57%
The majority of residents in my community have access to necessary medical specialists.	7%	50%
The majority of residents in my community are able to access a local dentist when needed.	7%	35%
Transportation for medical appointments is available and easy to access for the majority of residents.	14%	7%
Signage and promotions for health services reflect my community and its needs.	0%	21%
There are health care providers who understand my population and its health risks.	7%	35%

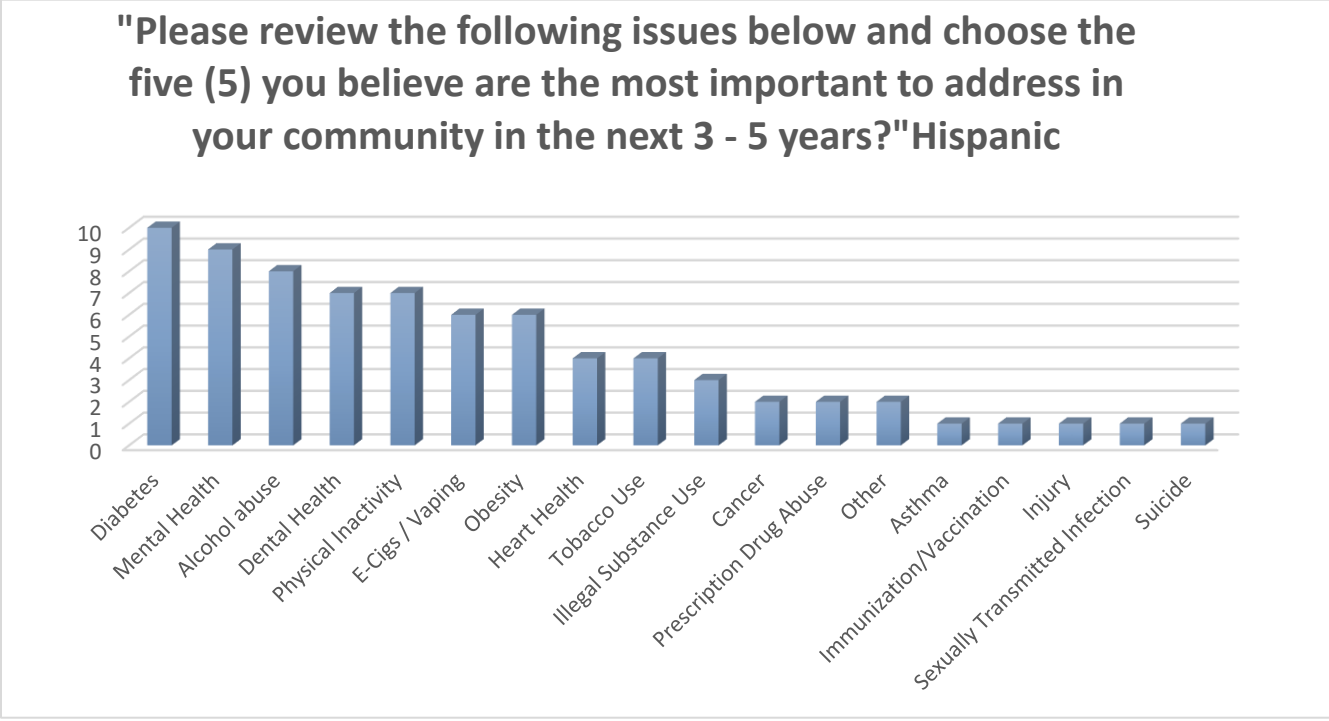
Health care services are provided in my language.	0%	42%
My health insurance covers cost of care	14%	28%

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, mental health, and alcohol abuse were clearly identified by more participants as the top health issues above all others. Physical inactivity, and dental health tied for fourth place. The top three health issues identified were:

- Diabetes
- Mental Health
- Alcohol Abuse

A full listing of the health issues, in order by the frequesncy of participants who selected the issue, is presented in the following graph. Note: any health areas that were not selected were not included in the chart.

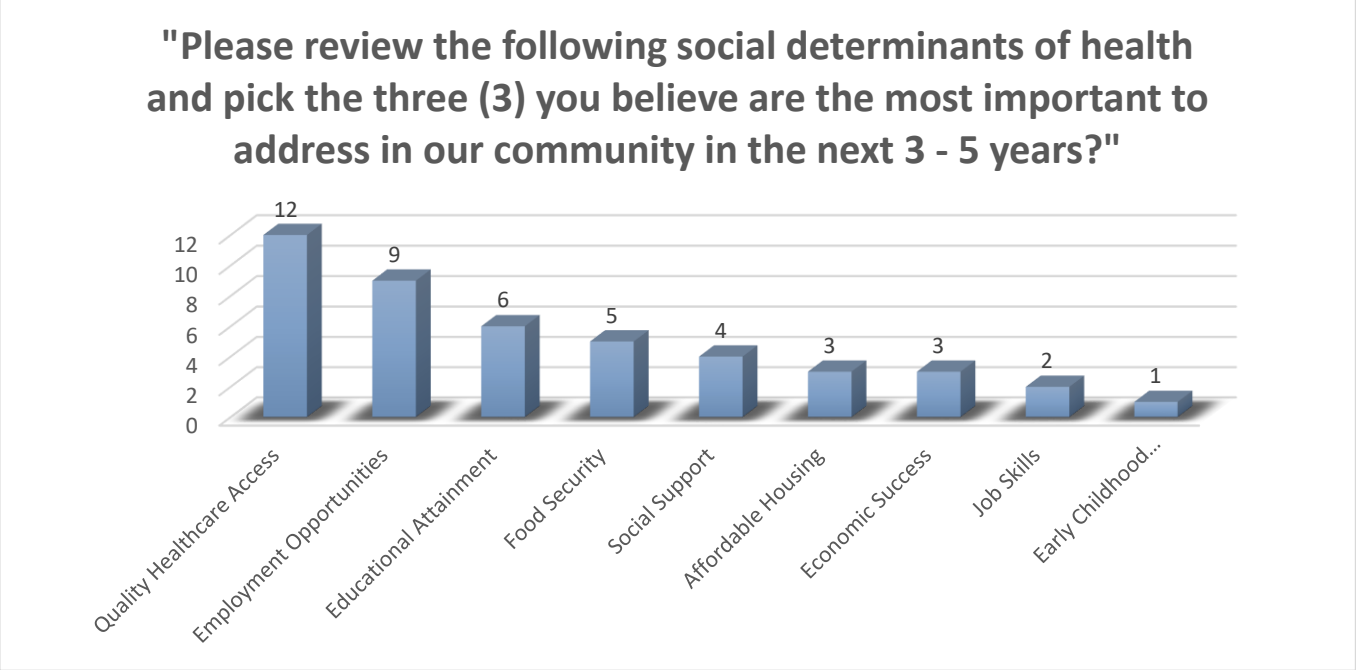


Social Determinants of Health

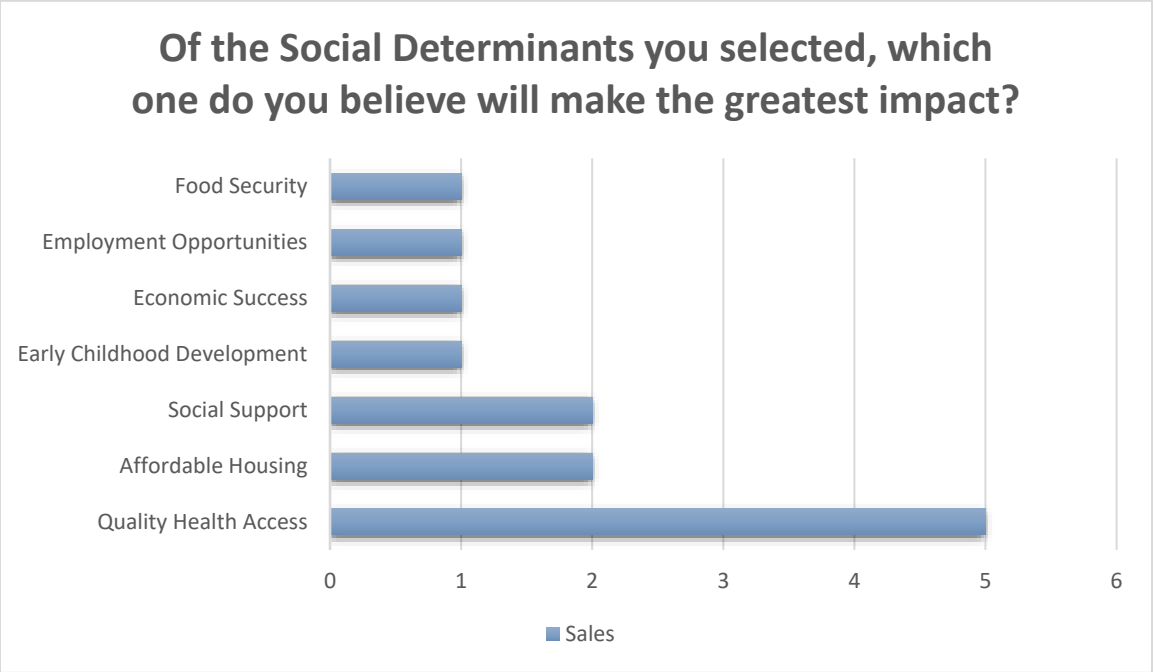
Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top social determinants of health identified were:

- Quality Health Access
- Employment Opportunities
- Educational Attainment

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



When asked to identify the social determinant that they believe will make the greatest impact to the health of the community, quality health access was the top priority.



LGBTQ Population - Results Summary

Demographics

The Lesbian, Gay, Bi-sexual, Transgender, Queer, (LGBTQ+) population was represented by 22 individuals.

Demographic Information	Count	Percentage
Gender		
Male	6	27%
Female	16	72.7%
Intersex	0	0%

Age		
18 - 29	17	89.4%
30-44	1	0%
45-59	0	0%
60-72	1	5.2%
73 +	0	0%

Housing Concerns		
Mold	0	0%
Affordability	5	23%
Bugs	1	4.7%
Landlord/tenant issues	0	0%
Roommate issues	2	9.5%
Other	0	0%
None	13	62%

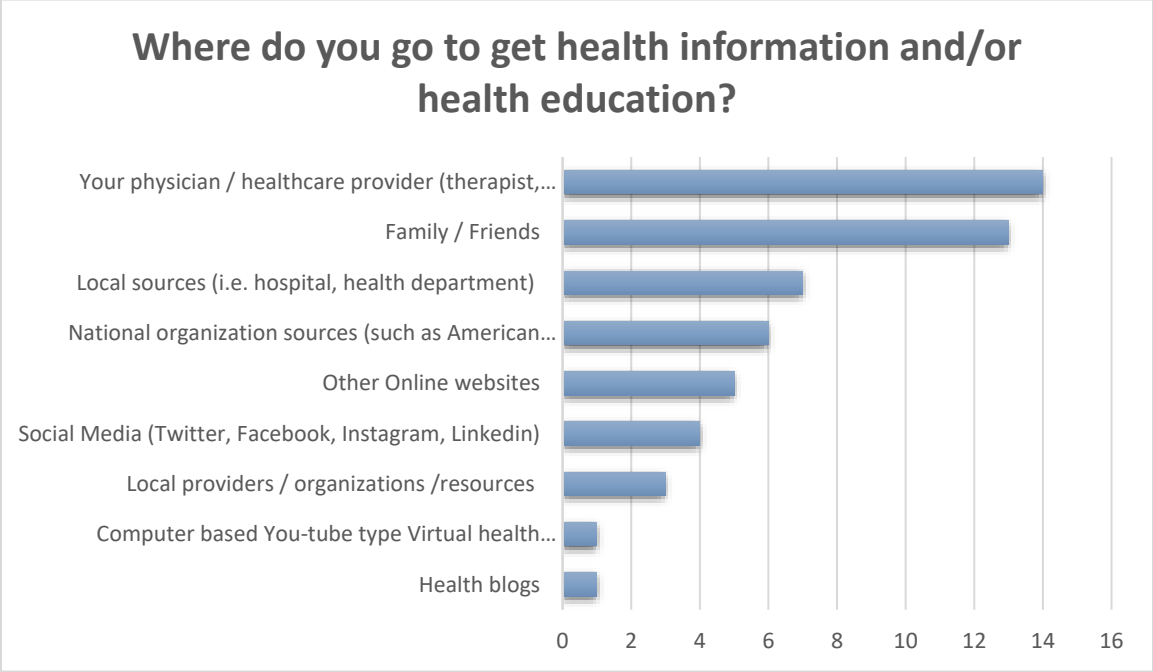
Zip Code		
21157	8	40%
21158	7	35%
21784	3	15%
21048	1	5%
None of the above	1	5%

Length of Residence in Carroll County		
Less than 1 year	3	13.6%
1 – 3 years	4	18%
4 – 5 years	1	4.5%
6 – 10 years	1	4.5%
More than 10 years	13	59%

Do you feel safe in your neighborhood?		
Yes	17	80.9%
No	4	19%

Access to Health Care

Twenty participants (90%) indicated that they have health insurance and one (4.5%) indicated they do not, and one indicated that they were not sure. When asked where they receive their health information and /or health education it was largely through physician or family/friends. Full chart to follow.



The following chart reflects the responses from individuals when asked about health care access in their community. There were no participants (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.

As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health 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."

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.	31%	31%
The majority of residents in my community have access to necessary medical specialists.	22%	27%
The majority of residents in my community are able to access a local dentist when needed.	27%	27%
Transportation for medical appointments is available and easy to access for the majority of residents.	9%	22%
Signage and promotions for health services reflect my community and its needs.	40%	22%
There are health care providers who understand my population and its health risks.	18%	22%
Health care services are provided in my language.	0%	81%
My health insurance covers the cost of care	0%	77%

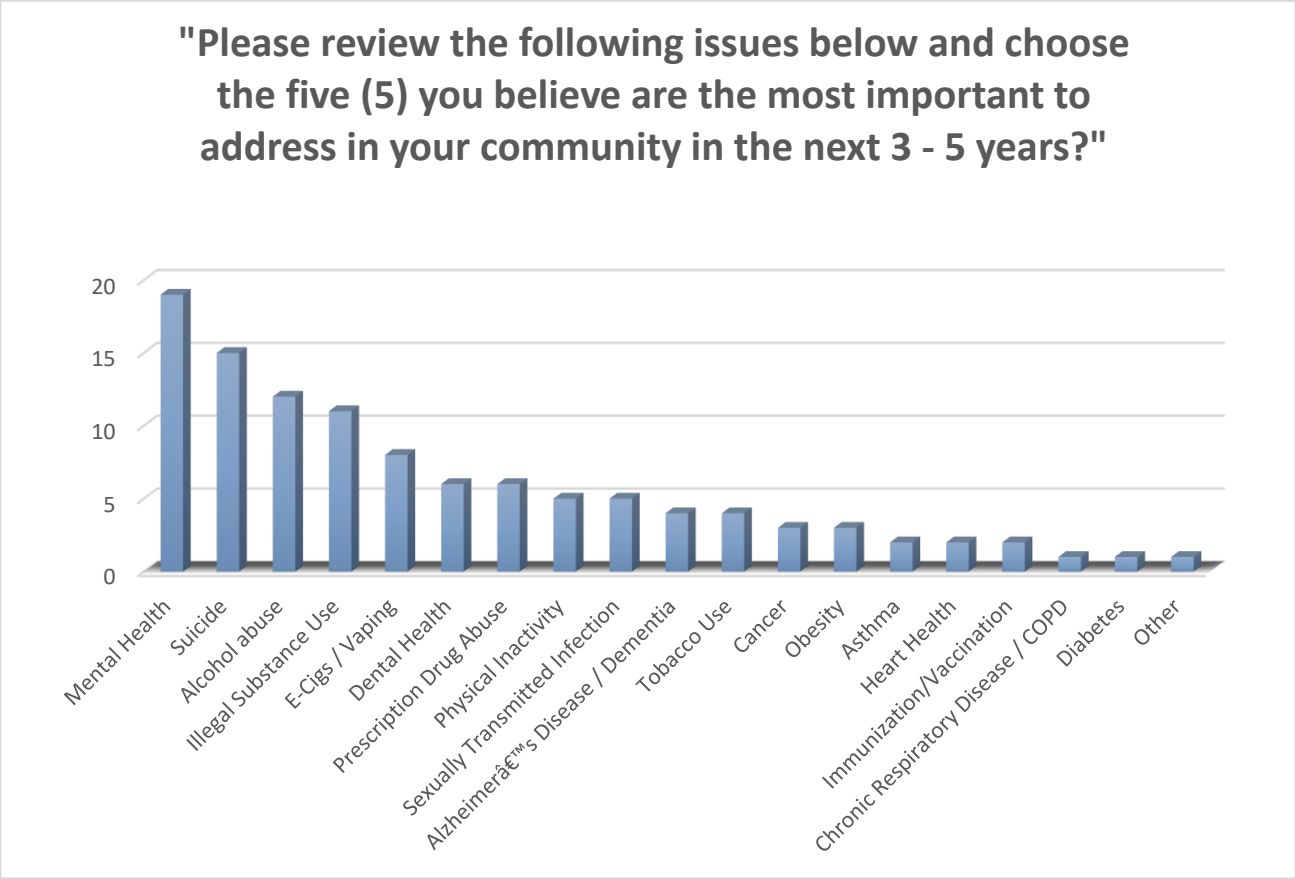
General Health Issues

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
- Alcohol Abuse
- Illegal Substance Abuse

A full listing of the health issues, in order by the frequency of participants who selected the issue, is presented in the following graph. Note: any health areas that were not selected were not included in the chart.



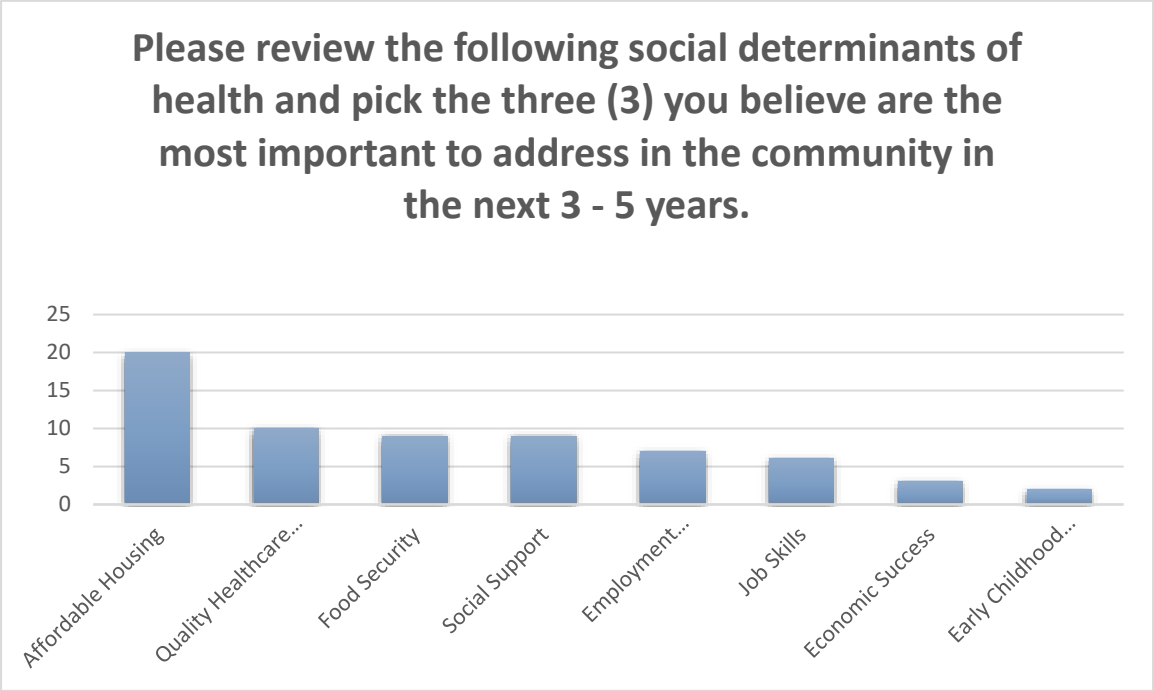
When asked to choose the top priority of all health issues, mental health was identified by the majority. Alcohol abuse, E-Cigs/vaping, and Suicide followed with two votes each.

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. Affordable Housing was identified as the top social determinant of health in this group. The LGBT individuals identified the following top social determinants:

- Affordable Housing
- Quality Health Access
- Food security
- Social Support

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



When asked to choose one of the three social determinants that will make the greatest impact to health, Affordable Housing was chosen by the majority.

Low Income Population- Family Results Summary

Demographics

Seven participants took part of the Low Income – Family focus group. It was held in the offices of Human Services to make it easy to attend and the whole family, including children were able to be present.

Demographic Information	Count	Percentage
Gender		
Male	3	27%
Female	4	72.7%
Intersex	0	0%

Age		
18 - 29	0	0.0%
30-44	5	71%

45-59	2	28%
60-72	0	0.0%
73 +	0	0%

Housing Concerns		
Mold	0	0%
Affordability	2	28%
Bugs	1	12%
Landlord/tenant issues	1	12%
Roommate issues	1	12%
Other	1	12%
None	1	12%

Zip Code		
21157	6	40%
21787	1	35%

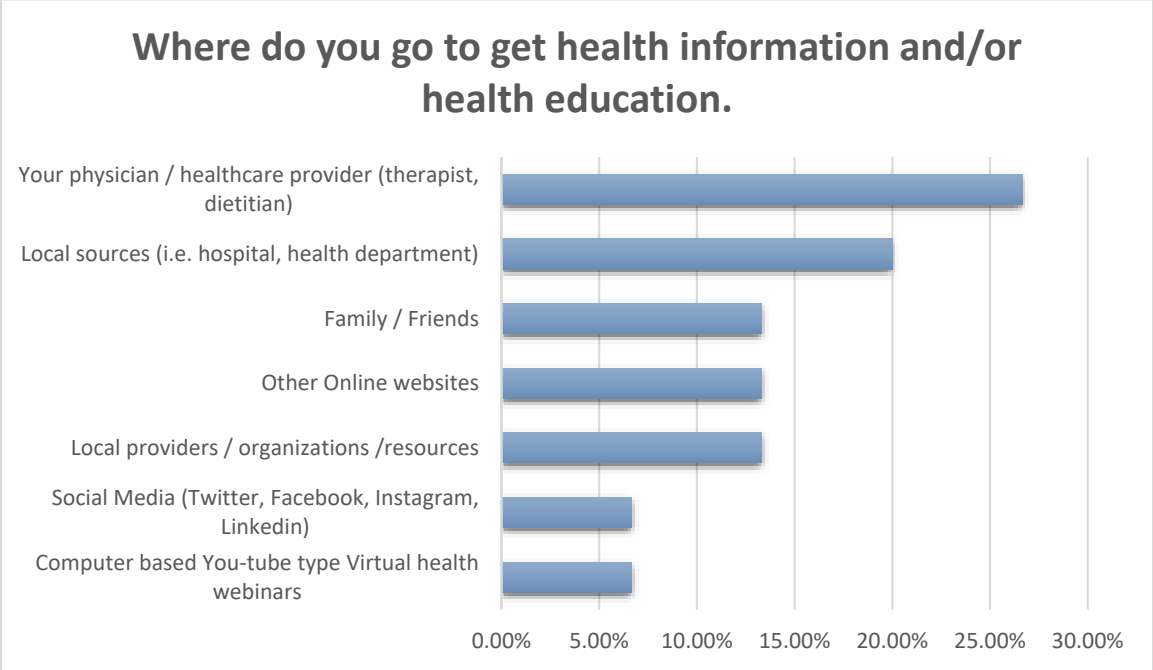
Length of Residence in Carroll County		
Less than 1 year	2	13.6%
1 – 3 years	0	18%
4 – 5 years	0	4.5%
6 – 10 years	0	4.5%
More than 10 years	5	59%

Do you feel safe in your neighborhood?		
Yes	4	80.9%
No	2	19%

Access to Health Care

When asked if they had health insurance, 71% of the low-income participants responded that they were insured. One stated (14%) that they didn't and one (14%) stated they didn't know or not sure if they had health insurance.

The responses for "where do you get your health information?" in addressed in the chart below.



As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health 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."

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%	57%
The majority of residents in my community have access to necessary medical specialists.	2%	1%

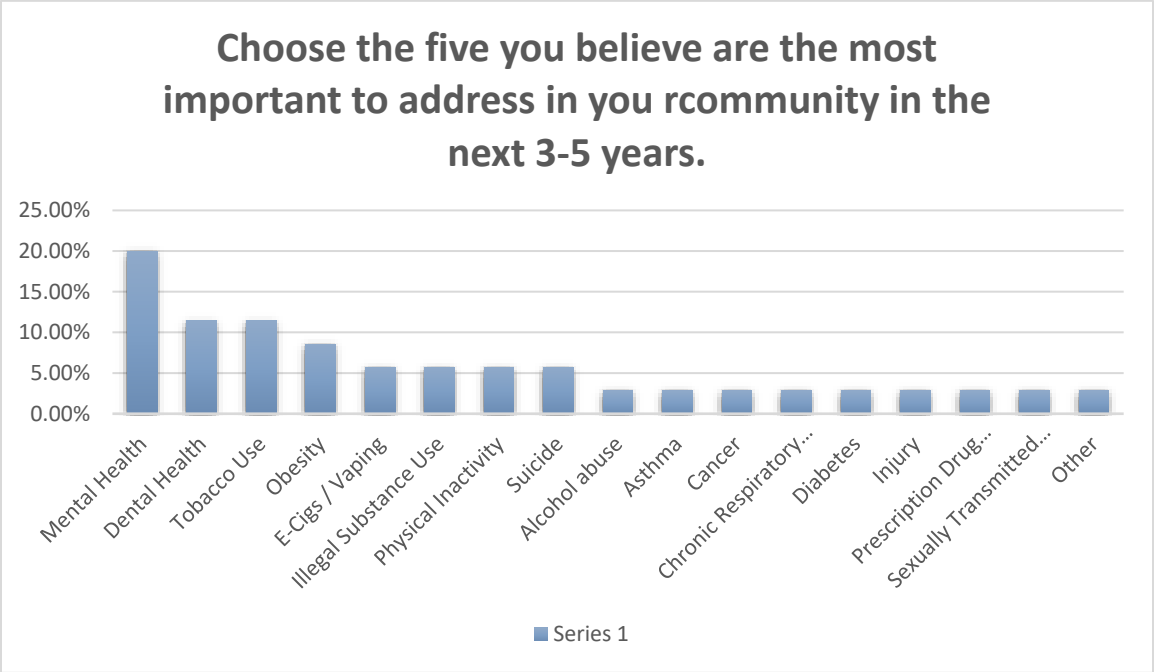
The majority of residents in my community are able to access a local dentist when needed.	14%	14%
Transportation for medical appointments is available and easy to access for the majority of residents.	0%	42%
Signage and promotions for health services reflect my community and its needs.	57%	14%
There are health care providers who understand my population and its health risks.	14%	42%
Health care services are provided in my language.	14%	71%
My health insurance covers the cost of care	14%	42%

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:

- Mental Health
- Dental Health
- Tobacco Use

A full listing of the health issues, in order by the frequency of participants who selected the issue, is presented in the following graph. Note: any health areas that were not selected were not included in the chart.



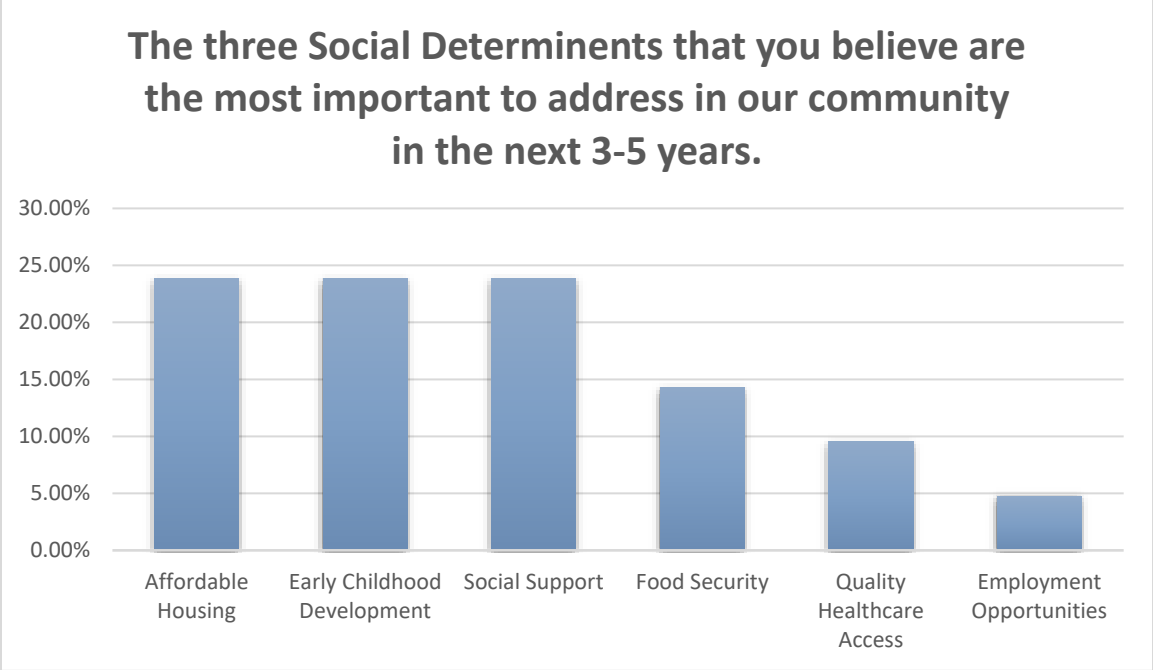
When asked, "Of the General Health issues you selected, what do you believe is the number one priority?" Mental Health received the highest frequency of responses at 66% while Diabetes and Illegal Substance Abuse tied with 16%.

Social Determinants of Health

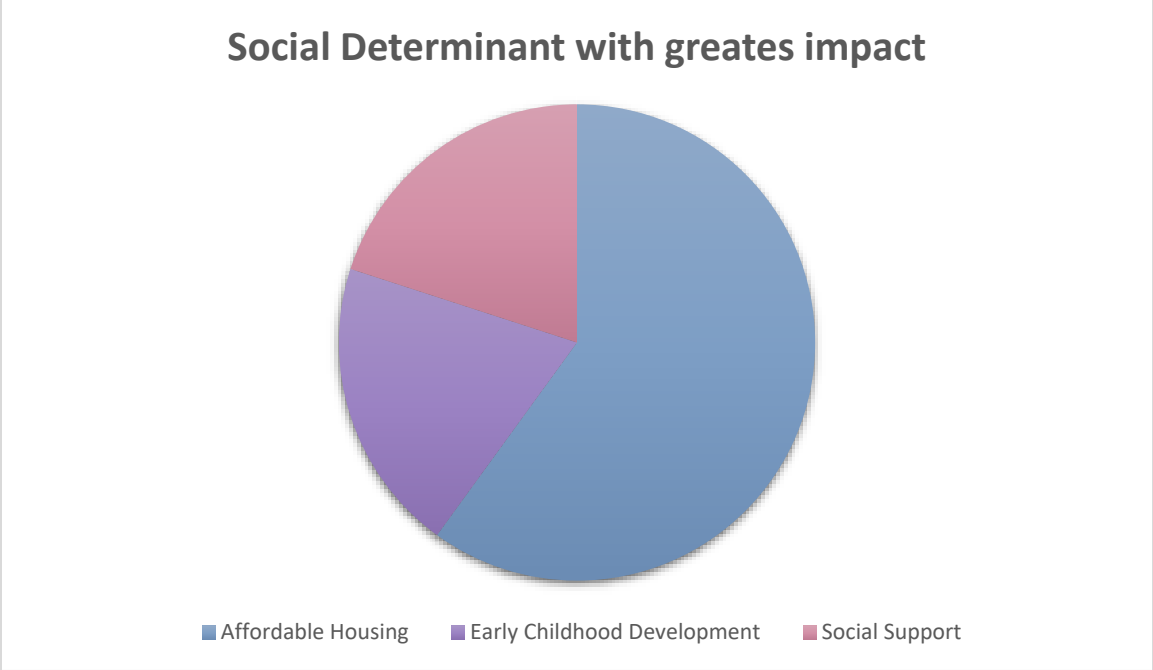
Participants were asked to select the top three social determinants of health that they believe are the most important to address in their community in the next three to five years. The top issue was employment opportunity, and was then followed by the next three social determinants of health equally:

- Affordable Housing
- Early Childhood Development
- Social Support

The following chart outlines the the responses. Those social determenents not indicated are not included.



When asked to identify the one social determinant that would make the greatest impact, result are as follows.



Low Income Population- Individuals Results Summary

Demographics

Eight participants took part of the Low Income – Individual focus group. It was held in the shelter run by Human Services Programs to make it easy to attend.

Demographic Information	Count	Percentage
Gender		
Male	6	27%
Female	2	72.7%
Intersex	0	0%

Age		
18 - 29	0	0.0%
30-44	2	25%
45-59	2	25%
60-72	4	50%
73 +	0	0%

Housing Concerns		
Mold	0	0%
Affordability	4	57%
Bugs	1	14%
Landlord/tenant issues	1	14%
Roommate issues	0	0.0%
Other	1	14%
None	0	0.0%

Zip Code		
21157	7	40%

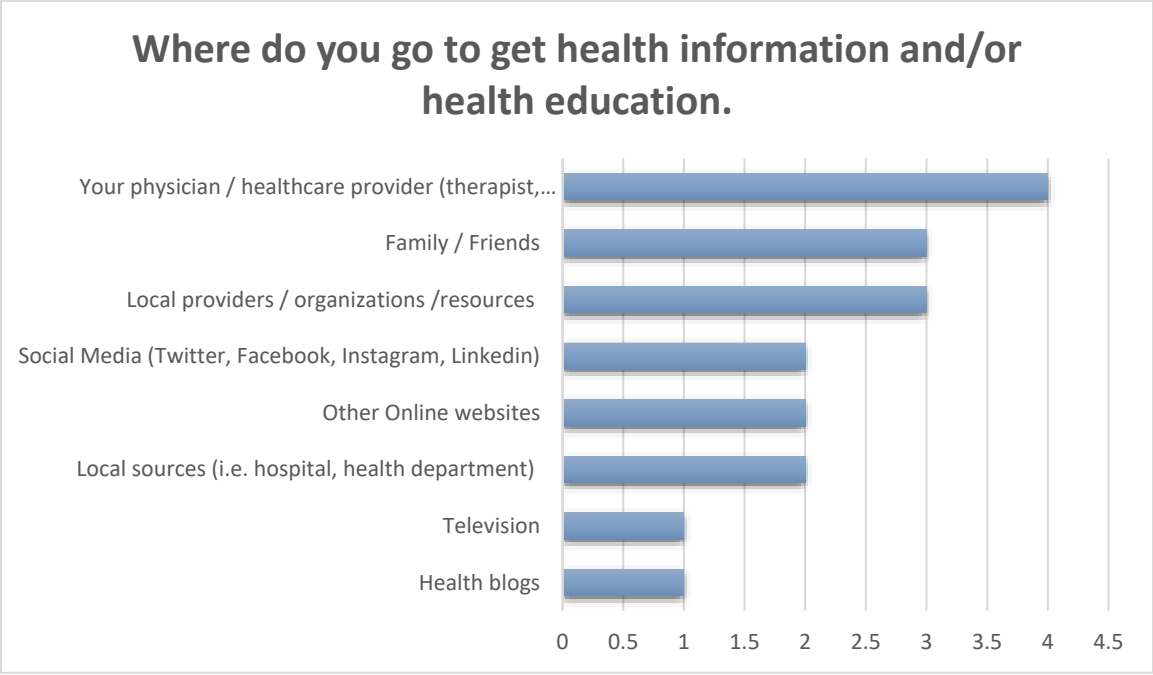
Length of Residence in Carroll County		
Less than 1 year	0	0.0%
1 – 3 years	1	12%
4 – 5 years	0	0.0%
6 – 10 years	1	12%
More than 10 years	6	75%

Do you feel safe in your neighborhood?		
Yes	5	80.9%
No	3	19%

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?" in addressed in the chart below.



As illustrated in the following table, the participants were asked their opinion between strongly disagree, neutral and strongly agree statement related to Health 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."

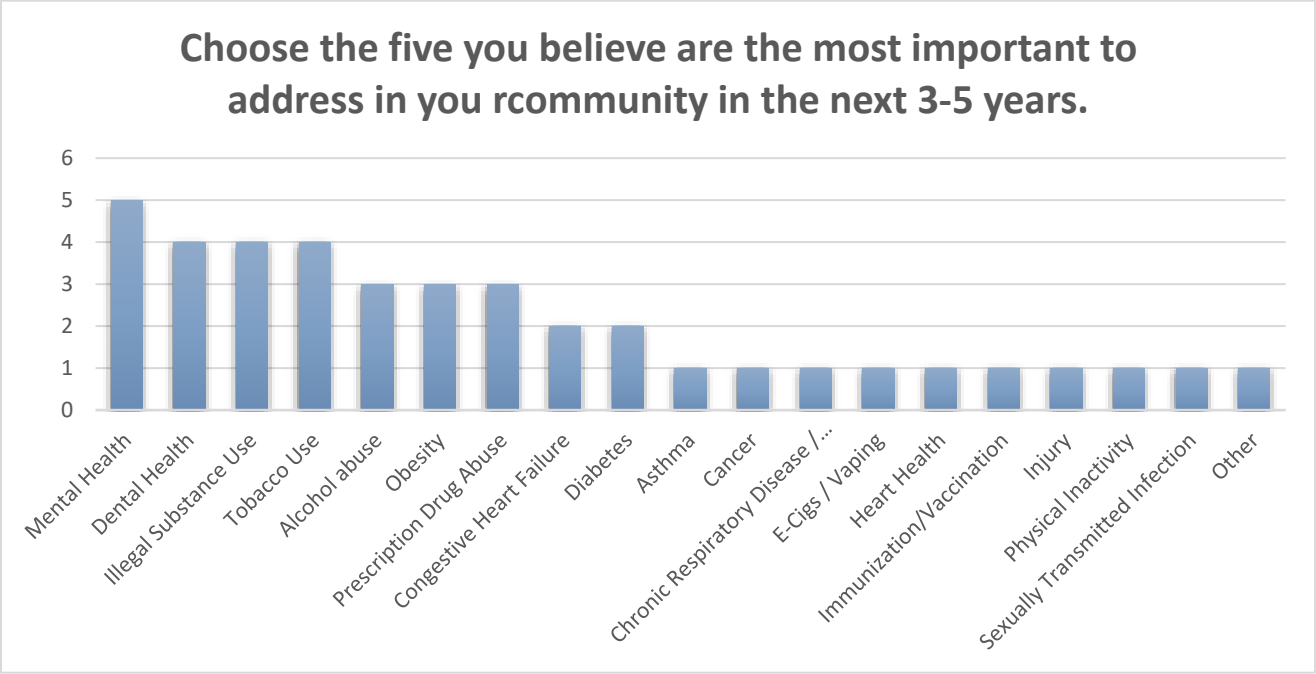
Statements	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	22%	42%
The majority of residents in my community have access to necessary medical specialists.	50%	50%
The majority of residents in my community are able to access a local dentist when needed.	42%	14%
Transportation for medical appointments is available and easy to access for the majority of residents.	14%	28%
Signage and promotions for health services reflect my community and its needs.	40%	40%
There are health care providers who understand my population and its health risks.	33%	50%
Health care services are provided in my language.	0%	100%
My health insurance covers the cost of care	0%	85%

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:

- Mental Health
- Dental Health
- Hearth Health
- Tobacco Use

A full listing of the health issues, in order by the frequency of participants who selected the issue, is presented in the following graph. Note: any health areas that were not selected were not included in the chart.



When asked, "Of the General Health issues you selected, what do you believe is the number one priority?" there was a six-way tie:

- Alcohol Abuse
- Chronic Respiratory Disease / COPD
- Congestive Heart Failure
- Illegal Substance Abuse
- Mental Health
- Obesity
- Prescription Drug Abuse

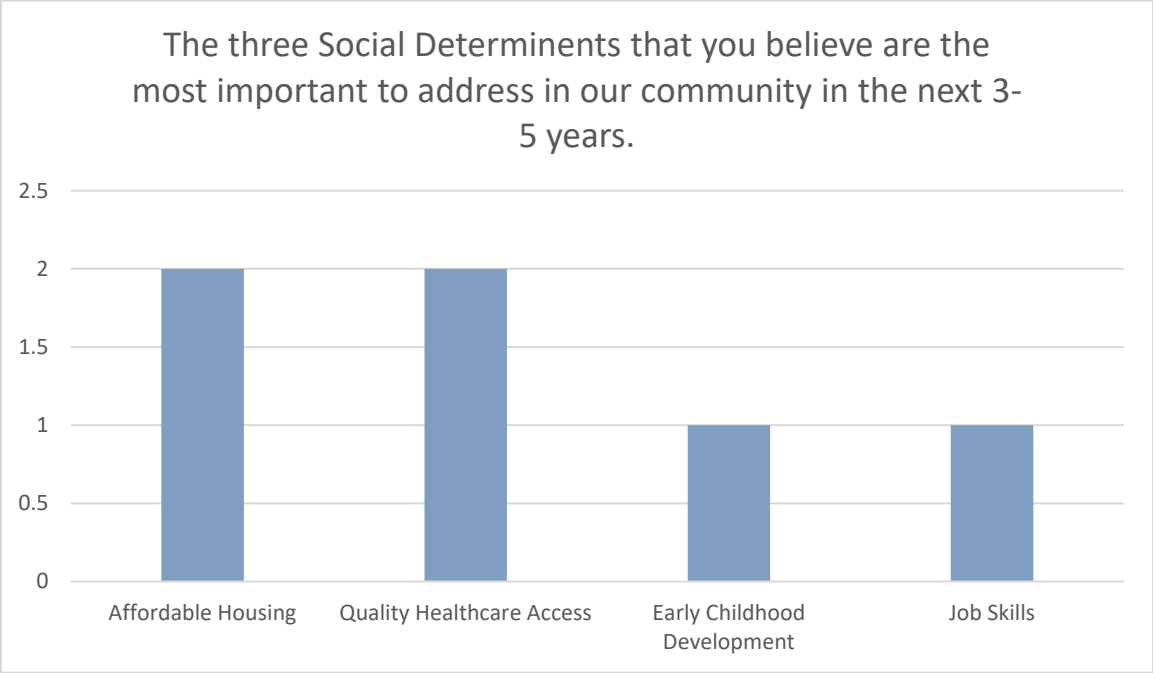
Social Determinants of Health

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:

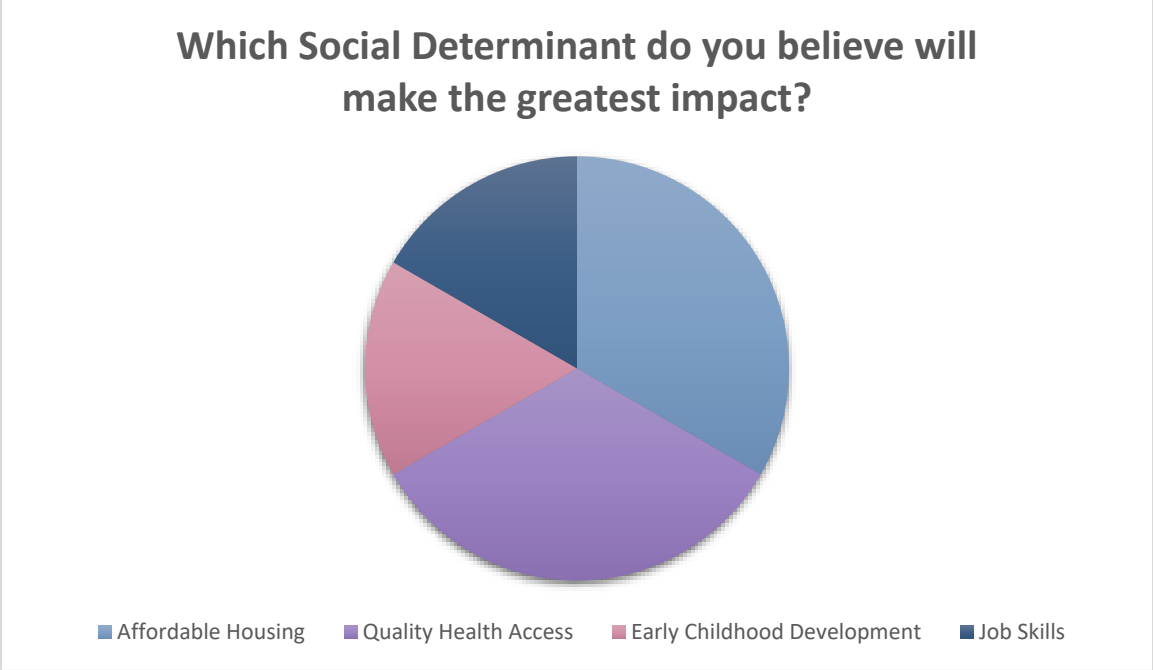
- Affordable Housing

- Social Support

The following chart outlines the the responses. Those social determenents not indicated are not included.



When asked to identify the one social determinant that would make the greatest impact, result are as follows.



Transitional Youth Results Summary

Demographics

Six community members participated in the Transitional Youth Focus Group. The group was held at the Non-Profit Center in Westminster. Not all participants answered all the questions so the percentages may be based on a different number than the number of participants.

Demographic Information	Count	Percentage
Gender		
Male	2	40%
Female	3	60%
Intersex	0	0%

Age		
18 - 25	4	80%
26 - 34	0	0%
35 - 44	0	0%
45 - 54	1	20%

55 - 64	0	0%
65 and over	0	0%

Do you have housing concerns?		
Mold	0	0%
Affordability	0	0%
Bugs	0	0%
Landlord/tenant issues	0	0%
Roommate issues	0	0%
Other	0	0%
None	5	100%

Do you feel safe in your neighborhood?		
Yes	5	100%
No	0	0%

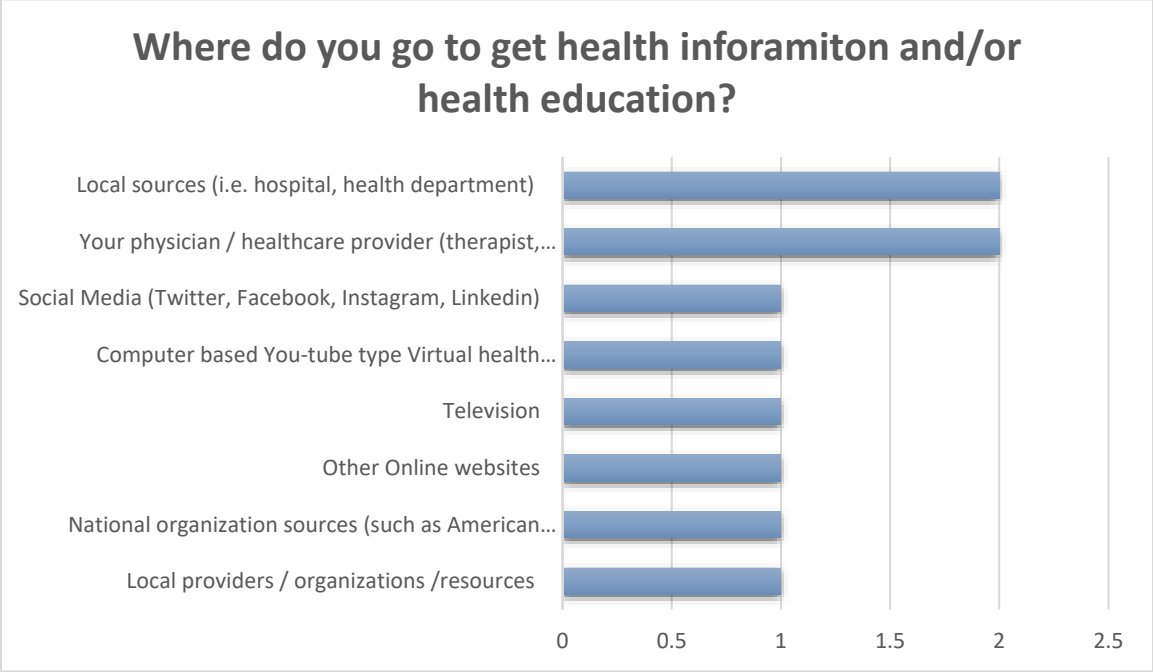
Zip Code		
21074	1	20%
21157	1	20%
21176	1	20%
21787	2	40%

Length of Residence in Carroll County		
Less than 1 year	0	0%
1 – 3 years	0	0%
4 – 5 years	0	0%
6 – 10 years	0	0%
More than 10 years	5	100.0%

Access to Health Care

When asked if they had health insurance, 100% of the transitional youth participants responded that they were insured.

When asked, "Where do you go to get health information and/or health education?" the responses are as follows.



A majority of participants obtain health information and education from their physician or healthcare provider as well as local sources each with 20% but unfortunately, we are seeing participants getting information from social media, YouTube, unofficial websites, and television each at 10%.

As illustrated in the following table, participants were asked about Health Access and were able to reply with, "Strongly Disagree", "Disagree", "Neutral", "Agree" or "Strongly Agree". Results are as follows.

"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."

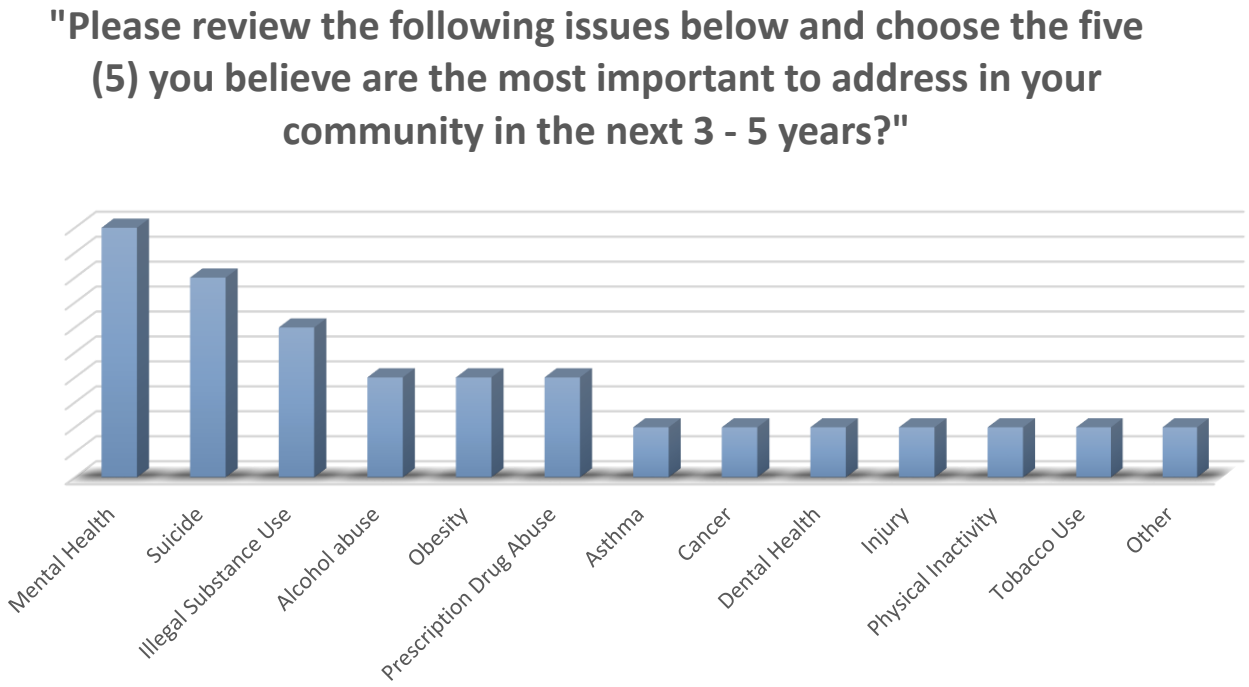
Statements	Neutral	Percentage of Respondents who "Agree" or "Strongly Agree"
The majority of residents in my community have access to a local primary care provider.	0%	80%
The majority of residents in my community have access to necessary medical specialists.	0%	40%
The majority of residents in my community are able to access a local dentist when needed.	0%	40%
Transportation for medical appointments is available and easy to access for the majority of residents.	40%	20%
Signage and promotions for health services reflect my community and its needs.	0%	40%
There are health care providers who understand my population and its health risks.	0%	40%
Health care services are provided in my language.	0%	100%
My health insurance covers cost of care	25%	50%

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. Mental Health was selected the most, followed by Suicide and Illegal Substance Abuse. A three-way tie with Alcohol Abuse, Obesity, and Physical Inactivity. The top six health issues identified were:

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

A full listing of the health issues, in order by the percentage of participants who selected the



issue, is presented in the graph below. Note: General Health Areas that were not selected are absent from the chart.

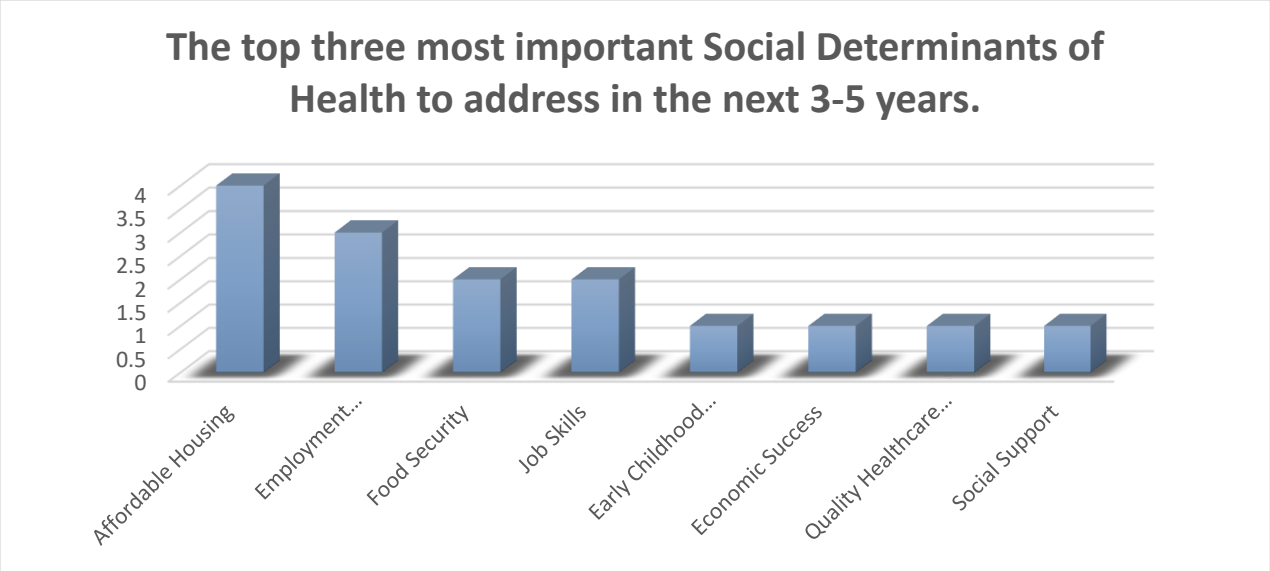
When asked to choose the number one priority health issue to address in their community, Suicide was the highest chosen area with Illegal Substance Abuse and Cancer also selected.

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 Employment Opportunities. A tie in third place for Food Security and Job Skills.

- Affordable Housing
- Employment Opportunities
- Food Security
- Job Skills

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



When asked to choose the top one, it was a unanomous selection of Affordable Housing.

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. Though we did find some consistency in responses.

Participants 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 general health areas that were consistent are: Mental Health and Alcohol Abuse. Also chosen with frequency were Dental Health, Diabetes, Obesity and Suicide.

In terms of social determinants, there were two standouts which were Affordable Housing and Quality Health Access. Also chosen with frequency were Food Security and Social Support

3. Attachment

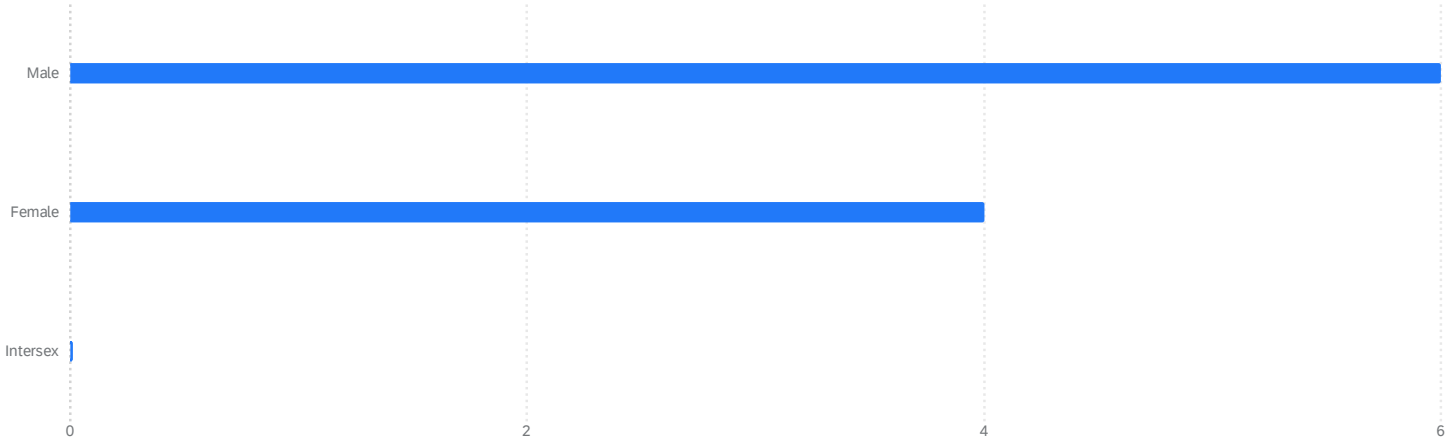
- Results and Transcript – African American Focus Group X2
- Results and Transcript - Behavioral Health Focus Group X2
- Results and Transcript – Hispanic/Latino Focus Group
- Results and Transcript – LGBTQ+ Focus Group
- Results and Transcript – Low Income Focus Group X2
- Results and Transcript – Older 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.

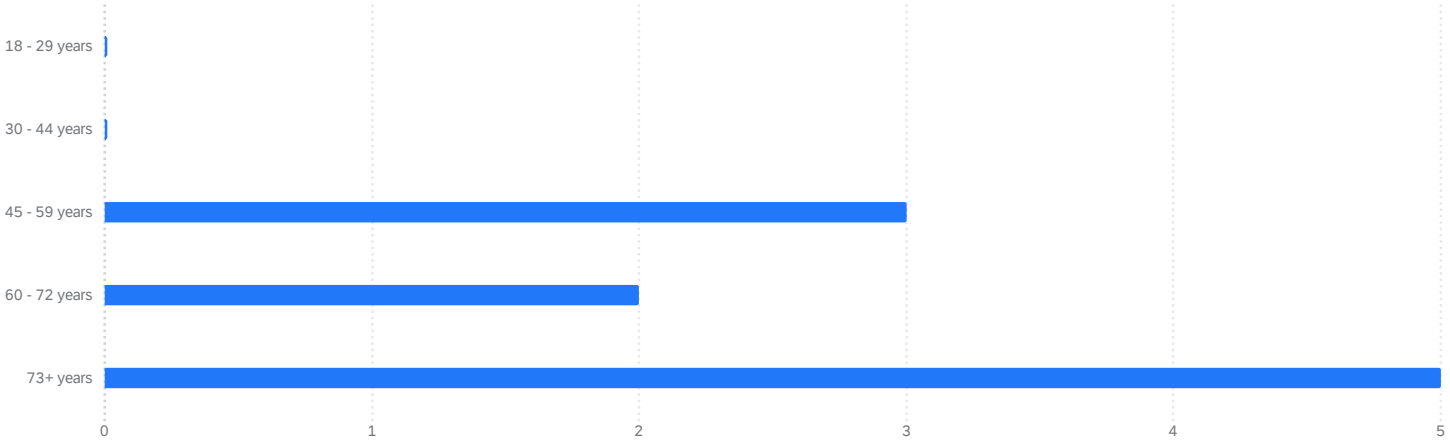
Targeted Populations Focus Groups_NPC-AAB...

Responses: 11

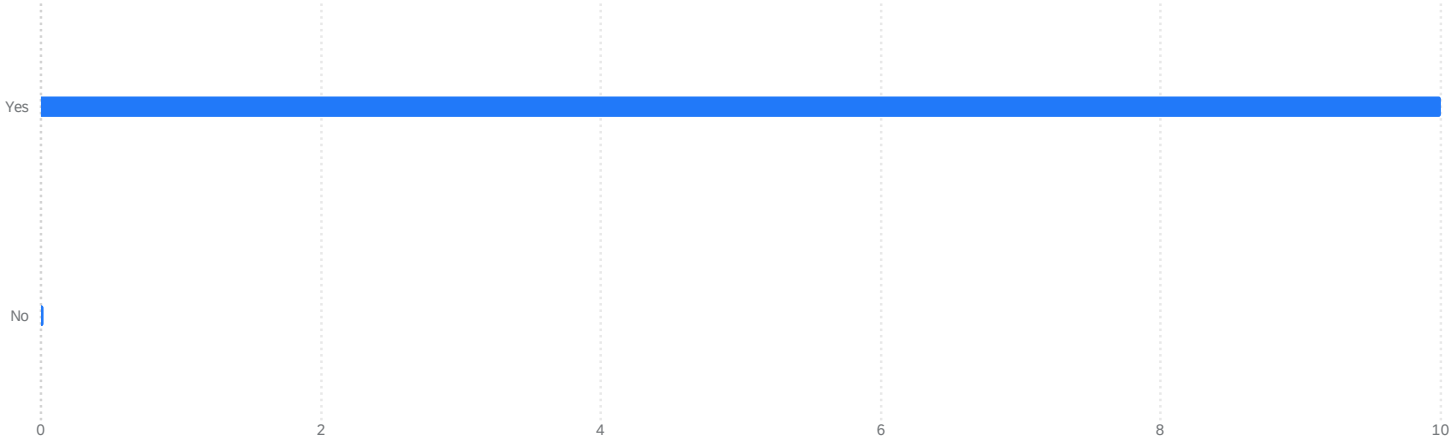
Birth Gender 10



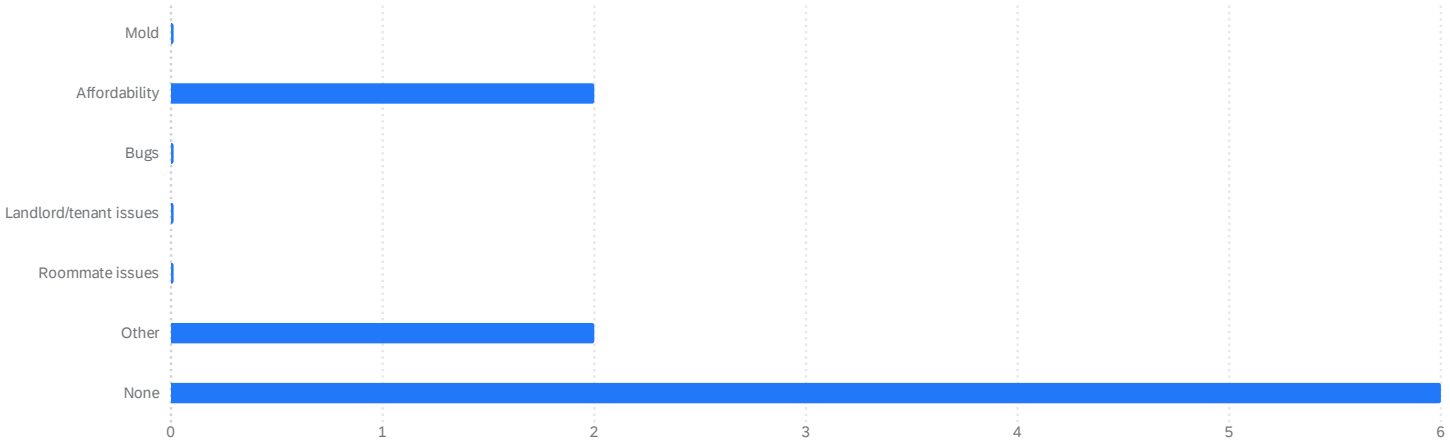
Age 10



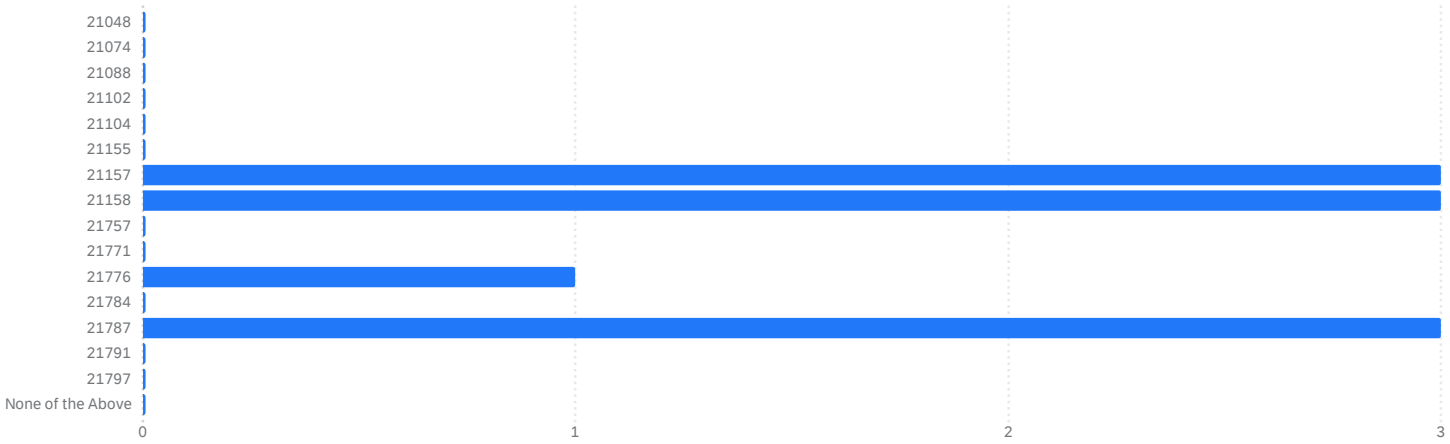
Do you feel safe in your neighborhood? 10



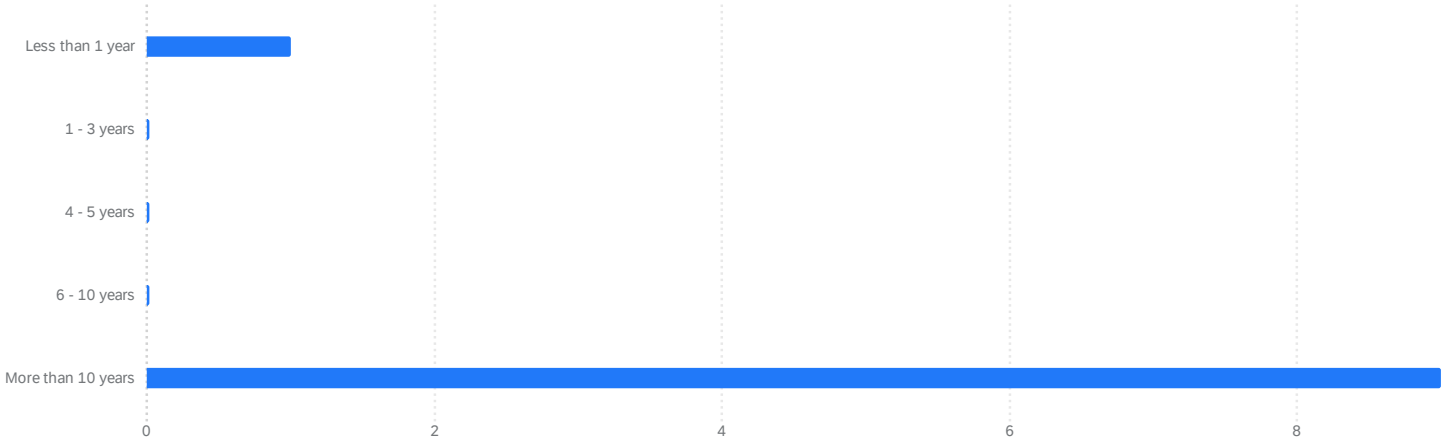
Do you have housing concerns? (Check all that apply) 10



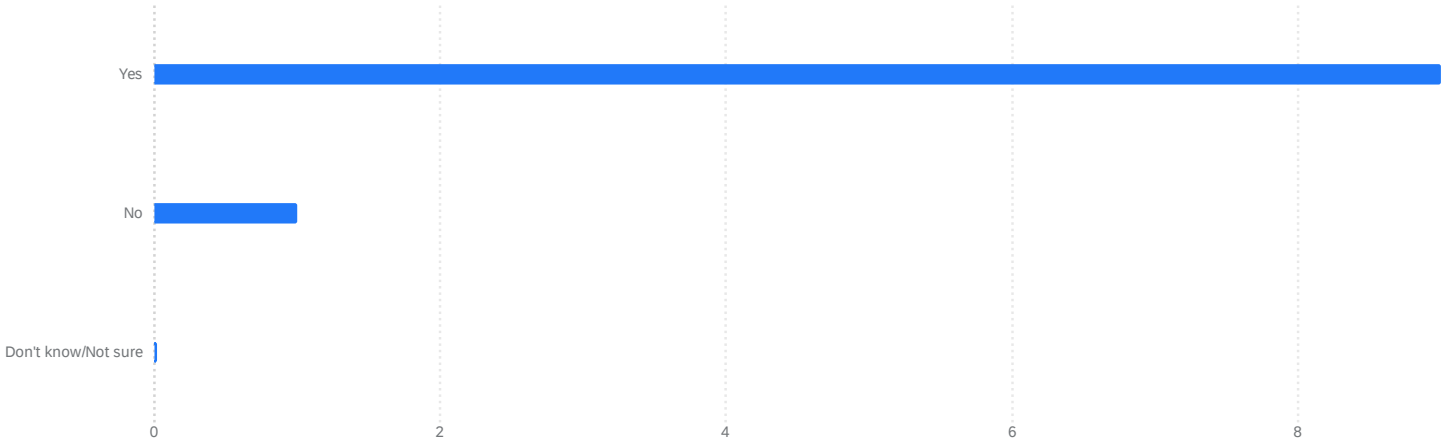
Zip Code 10



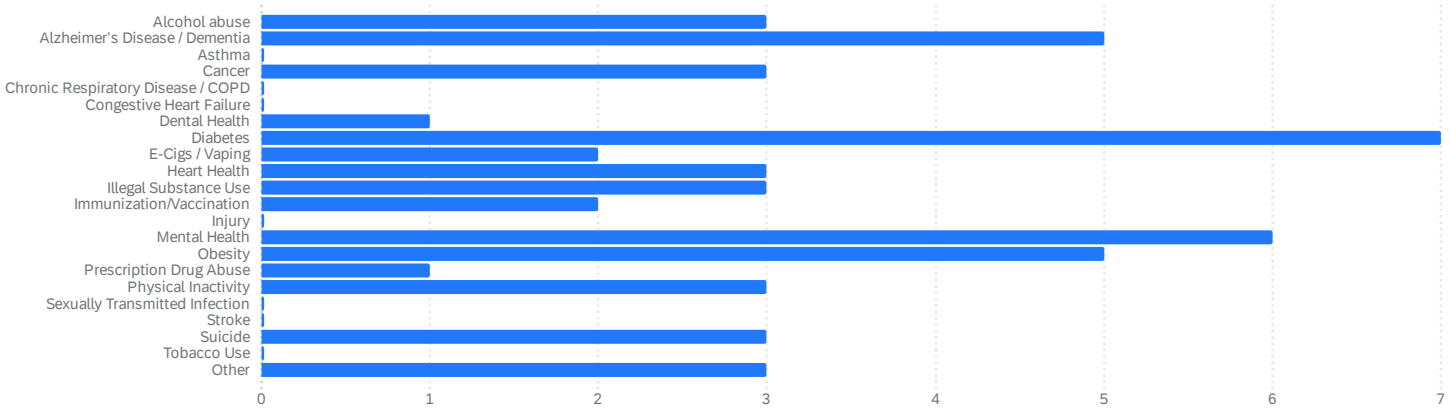
Number of Years Lived in Carroll County 10



Do you have health insurance? 10



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. 10

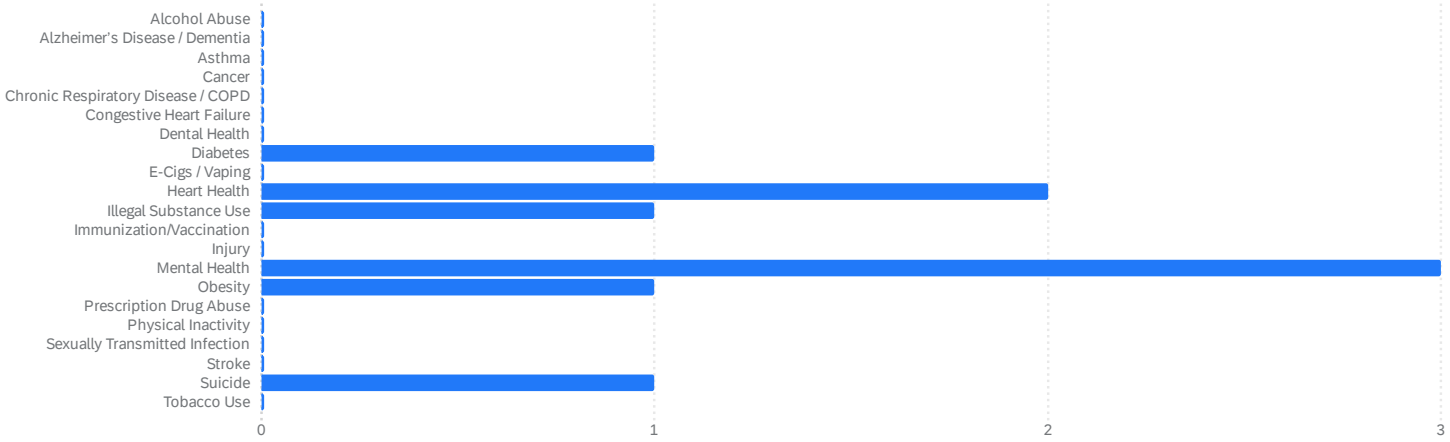


General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

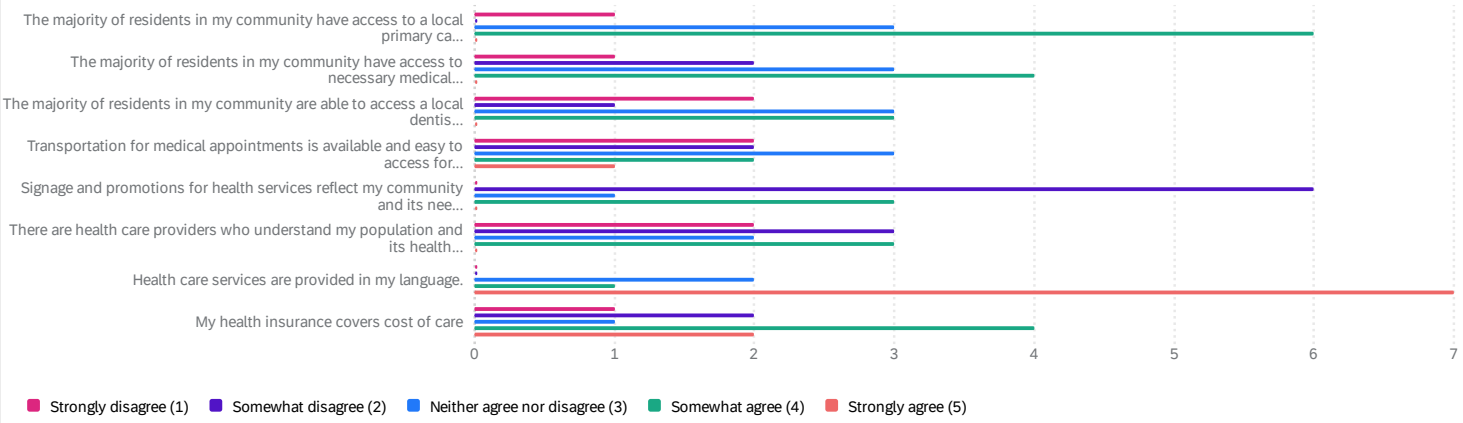
Violence mitigation

Quality of hospital care

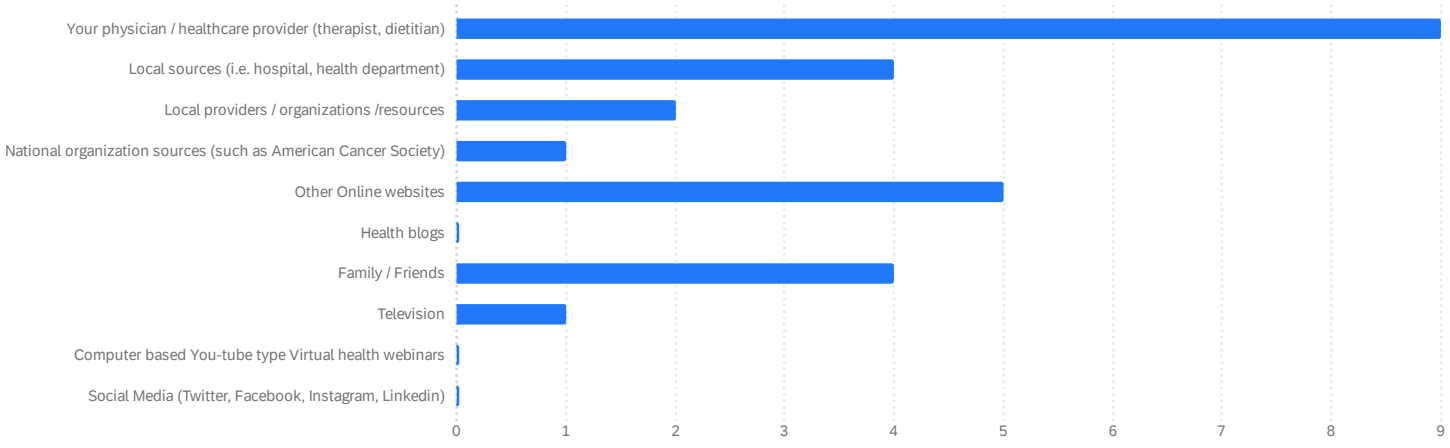
Of the 5 General Health issues you selected, what do you believe is the number one priority. 9



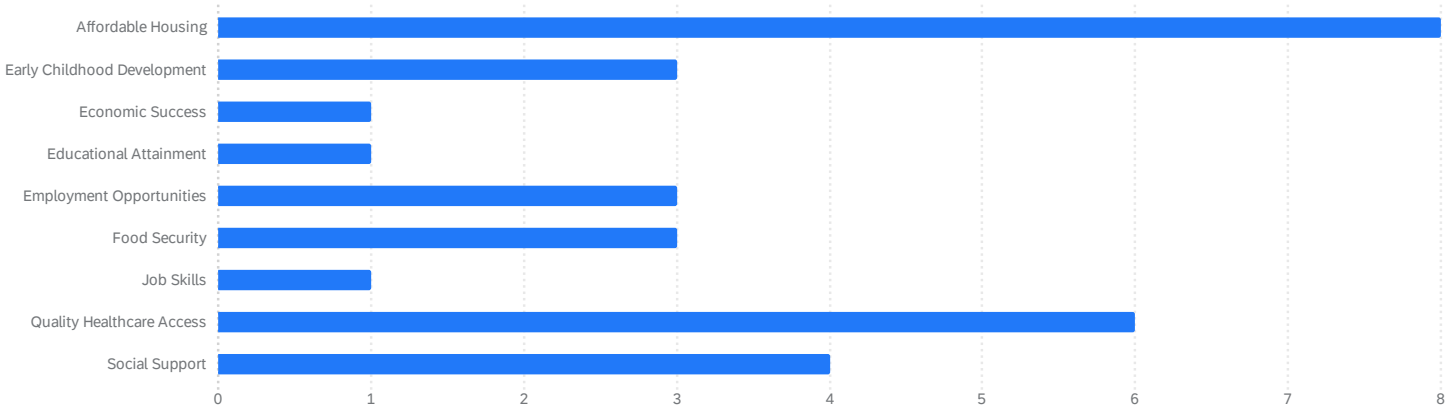
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 10



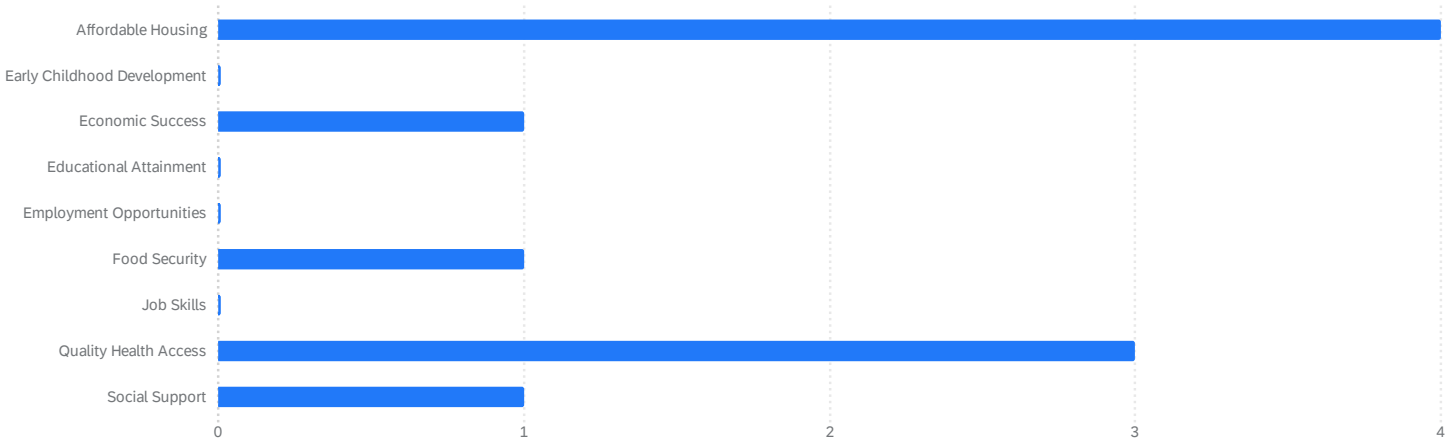
Where do you go to get health information and/or health education? Choose all that apply 10



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. 10



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? 10



Community Health Needs Assessment FY 2024

Focus Group: NAACP Meeting

5:30-7:00 pm

July 27, 2023

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh, Maggie Kunz and Hunter Clifton on July 27,2023 at the Westminster Non-Profit Center with nine participants. Participants were all given iPads to complete the Focus Group Survey. Dot explained the CHNA process to the group. Participants were six men and four women. Ages were 45-59 years (3), 60-72 years (2) and 73+ years (5). Zip codes were distributed with a majority (6) in 21157 or 21158, one in 21776, and three in 21787. All have lived in Carroll County over 10 years except one participant who has lived in Carroll less than one year. All participants except one have health insurance. A majority of participants (9) get their health information from their physician or healthcare provider and utilize online websites (5), local sources (4) and family/friends (4).

When asked do you feel safe in neighborhood: 100% of participants responded yes, however conversation ensued.

"The safety question is ambiguous, what do you define as safe? Our community is 4% African American, when we see things rolling back and people are openly outspoken with some of their worry and non-inclusiveness in the county itself, it doesn't always feel as safe. People who grew up here may feel safer than those who just moved into the county."

One female lived here all of her life. As a single black woman, she does not feel physically safe at night by herself. Neither does she feel safe for her daughter if she is out, and it is late. In general, she feels safe, but at night she does not feel safe. She is hypersensitive at night for her physical safety. She does not get off work until 10:30 at night and is very aware of her surroundings. Daytime she feels perfectly safe because she feels her community that she is in would say something versus not. There are places in Maryland that she would not feel safe, but Carroll County, yes.

The question about binary was a yes or no, it is a scale. A participant stated, 'In general, I feel safe, but I have to have an awareness as there is an opportunity for threat and that is a level of consciousness I must maintain. I sense that in this community. If I am out on a road and a car yelling something as it goes by, I have a particular awareness of what that could entail. That is a threat, I sense that in this community. So, while I generally feel safe, I still experience threat." If putting to a scale with 5 being safe, it is a three.

"As a person that knows a lot about survey research, that the answers to questions should be 'it depends' – because there are conditions where you would say yes, or other conditions under which you would raise your safety high or give a different answer. D. Fox explained that is why we moderate to have chance to discuss that and what different conditions are. "

One participant has a daughter who teaches at school and his grandchildren are multi-racial and there is concern for their safety, especially at night, and this is derived from how they are treated in the school. There is a lot of stress especially on minority populations from the white community in the school, so he places Mental Health as a primary concern because of the stress young people are going through, those born after the year 2000. His daughter has expressed concern for a number of years for that age group.

There were questions about the statistics on life in Carroll County being safe, as compared to other counties. We had the police come to talk with us about all the training they are doing to try and relate to the community, but that doesn't address what people are saying here. We have stats that show low crime, but that doesn't devalue what is being said, and the stats don't always represent the people who are being victimized and criminalized. That is why we can't compare counties in comparison. Statistical data can show the county is safe, but the people who live here don't feel safe. It may not have the nuances of other places but there is still a safety concern. When trying to compare one area with the next issues are different than what is going on in Carroll County. When looking at the data, you need to focus on this county and the demographics actually feeling unsafe.

For 9 months of the year this county's population increases by about 2,000 when McDaniel is in session. Approximately 50% of the student body are students of color. They do not feel safe. They feel somewhat safe on campus but are afraid to walk into Westminster proper, or anywhere on campus, or drive on campus. The county has not done a lot of work to make them feel safe, to feel like they could walk down to the Arts Center without being harassed. This is a major issue. This was being addressed by two people who have retired from the police force who were our strongest advocates, who helped students feel a little safer. They helped the students feel safe, but they have not been replaced. We have some issues on campus, and it doesn't help when students who have grown up in Baltimore city walk into an area that is almost completely white and not very friendly.

Mental Health: A participant has a 38-year-old niece with multiple mental and physical health problems, brain damage, ADHD, anxiety, PTSD, OCD, etc. She spent a weekend in Carroll hospital five weeks ago, because she suddenly lost sensation in one arm, related to her neurological status. She was treated so badly, people would not listen to her, she is actually very bright and knowledgeable about her condition, but her speech is slurred as her jaw was broken a couple of times and part of her brain is missing. She doesn't speak quickly and articulately.

She was pigeonholed as a drug addict by the first people who treated her, she was not listened to, and she was not treated as a real human being. People in this institution are educated and supposed to be able to deal with these issues. It left us angry. There is just an attitude problem in Carroll County, it is an educational problem. Many disappointing examples. We are very quick to pigeonhole people and to apply our stereotypical thinking to the categories that we think people belong to. We don't listen to people and to me that is a public health problem and also an education problem. There are things to do to reduce prejudice and we as a community and public school system are not doing anything – it is a very pervasive area. Everybody has this disease to some degree. We don't perceive each other with much patience.

"Stereotyping is part of human nature, Carroll County is not unique, but there are things we can do as a school system and community to lessen that, but we aren't doing anything about it."

I would never step foot into Carroll County hospital again because I would not expect to be treated well or listened to. One person is hearing from many people that the hospital is not friendly, welcoming, or giving good service. Some issues are systemic. My daughter is a nurse and does quality care management in New England. It seems that whenever there was a shift change there was enormous miscommunication between staff who dealt with our niece. She came in with a complaint about her arm, took 48-hours send her away because they determined they could not do anything about her arm. This could have been done in 6-hours instead of 48, which would have reduced the amount of miscommunication. Because of complex psych issue there were many things miscommunicated. I spent hours on the phone with the patient advocate, who was certainly happy to listen and was empathetic, but not sure if it will change anything. The reality is, she came home in worse shape than when she went in. That was not at all what we expected from the hospital. She was immediately discounted because her speech was slurred. It was a filthy room, blood on the walls, no call button. If I went out to ask for something, they said she has a call button she can ask for something. When I said she did not have a call button, they said, 'Her nurse will get to her.'

It has gotten worse since the LifeBridge merger, she had the same experience at Access Carroll; treated like someone who was on drugs. I had to have a long conversation with staff. If you are not highly educated, very articulate, you look like at least middle class, if you have any kind of presentation issues – you are discounted. She is a very bright woman. This treatment, I think, is very familiar to people of color. (Absolutely). This is meant to illustrate how prejudicial attitudes work in a health care setting and can affect care.

Talking about students not feeling safe to walk into town: is it situational to nighttime?

Harassment is a little less in daytime, see our students of color live where they see people of different races, but walking into Westminster they see mostly white faces in town. So, they are hesitant, and they are afraid to call the police if they are being harassed because of it being a mostly white community and afraid of how the police might react to them. Almost as afraid of the police. One of the reasons they don't want to come into Westminster. If something happens, do we call the police and what will happen if they do? Not necessarily that they have had a bad experience themselves, but some students have been heckled or harassed when walking into town. The news is full of stories where people of color calling for police help end up being harmed by the very people, they call for help. These stories are everywhere around us. It doesn't have to happen on the streets of Westminster to believe that it could. A student coming from Baltimore or DC, their experience in the neighborhood is that the police are there to protect white people and to keep people of color under control and can be harsh in doing so. They bring that set of attitudes to McDaniel. Some contact with people on the force might make a different, but the fear is engrained. "Social media has a lot to do with fear – we may know about someone who had a problem with law enforcement that was not so positive, so it creates fear. Most have a direct connection to the inappropriate behavior that feeds into their perception. When you hear the stigma about the county based on stereotypes of what occurs in some areas doesn't help, especially

when you walk in one location versus another when you hear those innuendos or statements being made."

"When you see no diversity, it has an adverse impact on you, you can't turn to that entity for help. Diversity all across the board here in Carroll County. Institutions – no diversity. No one there who looks like you – police, schools, as a whole. Is there diversity amongst employment?"

Not just bringing a context with them, there is symbolic and iconic reinforcement from seeing signs and flags so brings more trauma. See F+++ Biden – that is a message for me. If I see a confederate flag – that is a message for me. So that reinforcement adds to trauma."

There is a decades old context here – KKK rallies were held here in the 60's and 70's, and people know this in the Baltimore Washington region.

In the neighborhoods of some participants, groups throw bags weighted with bird seed that contain hateful flyers racist propaganda (KKK) on porches from KKK or other "right wing hate groups." It shows up in the paper, but nothing seems to come of it. It is a reminder, to tell people, to let Carroll County know they are being watched, "the KKK is watching you." It is Antisemitic stuff as well. It seems random - throwing on porches… same weekend several neighborhoods it had happened. (Learned this took place 10-20 years ago) A participant spoke of having a cross burned on a driveway (10 YRS AGO) by four high school students. "At school board meeting there was a group of white parents who insisted if any minority recruitment was done for the school, it had to have the word "qualified" in front of the word minority – but not the word white. The board passed that despite their lawyer telling them they couldn't do that. As a person of color, how safe do you think that makes you feel? "

"What is normalization? From my house I hear gunfire. I don't feel safe, it triggers fear."

When asked about housing concerns: none were listed.

When asked about affordability: There is a terrible affordability issue in Carroll County. One participant worked for the county government in the 70's and 80's and they had a strategy of making housing developments more expensive roads and various things, the effect is you can't build an inexpensive house – this is to promote expensive development not affordable development. The stated reason was to preserve agriculture. But really not to be able to put in low-income housing. Low-income housing costs money, high income housing creates revenue. A lot of people on disability need assistance for rent, etc. they spend 2/3 income on housing, then how do they afford other things like health care and food? We receive more complaints about affordable housing. "It is an issue. What is the meaning of affordability and what does that mean? If you don't have the income that some have, it makes it that much more difficult, the way some of slum lords are and housing, it is difficult, they write clauses in contracts, people don't get relief when asking – there is two year waiting list to just get the help. Not getting any less to wait to get assistance. "

"Every January the commissioners do the State of the County [address], and not so many years ago that 'Keep Carroll Carroll' – a video was shown about its future, and there was not a house shown that would

have been under $250,000. The only person of color was not focused on, they scanned the school board, so Virginia Harrison was on the screen for a nano-second. Someone said, 'My God, even the dog was white' so obvious that it meant let's keep color out to keep Carroll Carroll. "

"There is a fear in this county that being welcoming (we made it an English only county years ago). This is saying, you're not welcome here. We are not seeing a lot of change."

"One person was working with the school system when that happened, and I worked to make sure everything produced was bilingual. Federal law states you must supply those things. But the Commissioners knew it was being symbolic – to let those people groups know, you aren't welcome here."

"If you apply equity, you will have a better understanding of what *is affordability."*

"We price houses knowing a certain demographic won't be able to live in that neighborhood. "

We are paying more than the market price for a house. Not getting the same things in the house that someone else does. The neighborhoods you may feel comfortable in are few and far between.

One participant commented on water quality, water quality management and number of wells. "Taneytown water is nasty. Most of our water comes from publicly owned wells. Our water quality management tests water every month – why is it tested every month? Quantity has put a stall on some development."

Another commented that they develop anyway.

When asked to choose the fie general health issues that are the most important to address in the next 3-5 years, they chose: Diabetes (7); Mental health (6), a tie for Alzheimer's/Dementia and Obesity (5 each), then a tie (3 each) for Alcohol Abuse/Cancer/Heart Health/Illegal Substance Use/Physical Inactivity/Suicide/and Other (Violence Mitigation & Quality of Hospital Care). Mental Health was chosen as the priority when asked to choose one (3).

- **Diabetes:** we continue to build convenience stores and fast-food restaurants– and they all profit from sodas. "We have become such a sugar society. We need to change something nationally regarding our standard with sugar or we will continue to raise the diabetes level."

  "It comes back to the issues in our county, the #1 issue is transportation – we have food desserts, and what is available to them that is healthy? Can people access food and medical care? Can you get all the resources you need in order to lead a healthy life? They consume the most convenient things that is available."

- **Food availability (location to house):** Food cost – healthy food costs more than a couple burgers. It costs less than a bag of green food, a bag of salad. "Why is the healthy food that is the best for me the most expensive for me? I have to weigh my options. "

Part is about education and customs. There is a farmers' market within walking distance of people in Westminster – we need to help people understand to learn where the pockets of good food are. I spend less on food being a vegan. We need a sense of community and people need to take ownership of their health and not go towards where the food manufacturers have steered us. African American suffers more from diabetes, tend to have more of a food dessert problem, where you only have a 7-11 to buy food plus the cost of good food. There are many factors that add up to poor health.

When asked about access to Health Care: A majority (6) feel there is access to primary care services but are divided on access to necessary medical services and dental care. More participants feel that transportation is not easily accessible (4 vs 3). A majority (6) feel that signage and promotions for health services do not reflect their community and its needs. A majority (5) also feel that there are not healthcare providers who understand their population and its healthcare needs. A majority (6) feel that insurance covers the cost of care.

When asked about mental health: "Very much tied to lack of transportation, people started seeing me and had to stop as they just can't get to the office (every color!). Pro bono counseling is wonderful, but you have to get there. It is a big problem in the county. Also, availability; even with insurance, to find care is a waiting list or people not taking new patients or providers who don't take insurance. Public health insurance actually has more providers than private insurance. "

People of color as counselors are non-existent. It depends on what category people have placed you in. You may have more resources but based on assumptions or stereotypes it is difficult. Trying to talk to someone about it, it is difficult trying to explain to folks how to fix it. If money may have more access, trying to talk to someone about it, just being black is difficult, you ask the same things, how can we fix this? We need to be heard. We are not being heard. How really are these demographics and this information being heard? This 4% is never being heard. We saw the same things over and over again, a repetitive cycle over and over again. You focus on the majority. Your key informant group is probably people who don't look like me. Based on your data, are you hearing our 4% - that there is a mental health crisis, from the daily trauma of fear of being unsafe in the environment. The daily trauma of fear of being unsafe in this environment has to be listened to.

"D. Fox shared that hearing about trauma and triggers is newer to us – just being verbalized. Previously we heard about stigma – such as not wanting to go to counseling, or it is not acceptable to go to counseling. "

A participant responded that, that is one of the written narratives that are written for us, and this is how we are being directed to think. If you feel you are not being heard what is the sense of keeping on going?

One participant stated, "Your survey is almost useless in communities that are not the community that designed it." Dot explained it is a conversation starter, and it is not where all the data will come from. The data comes from the discussions.

M. Kunz explained that the survey online is not quite so short as the focus group survey, it still has issues but is a large part of the data collection.

When asked about Alzheimer's & obesity: No discussion.

Participants were asked to identify the three SDOH that should be addressed over the next three years: A majority (8) choose Affordable Housing; with six choosing Quality Healthcare Access and Social Support as #3 with four choices. When asked to identify the one SDOH that would make the greatest impact to the health of our community, the majority (4) chose Affordable Housing, with a close follow-up (3) for Quality Healthcare Access. There was one choice each for Economic Success, Food Security, and Social Support.

"Seeing overdiagnosis of behavioral health problems in students of color in schools is paired with under placement of students of color in programs like AP and gifted programs. It is tough to be a black boy, and we have about 500 of those in our schools, they have a rough time."

"We have the same issues as others, but the thing is we are not being heard, so you become less inclusive and we don't want to speak, we are more apprehensive to speak, we can't move forward because people move us backwards. Don't place stereotypes on me without listening to me."

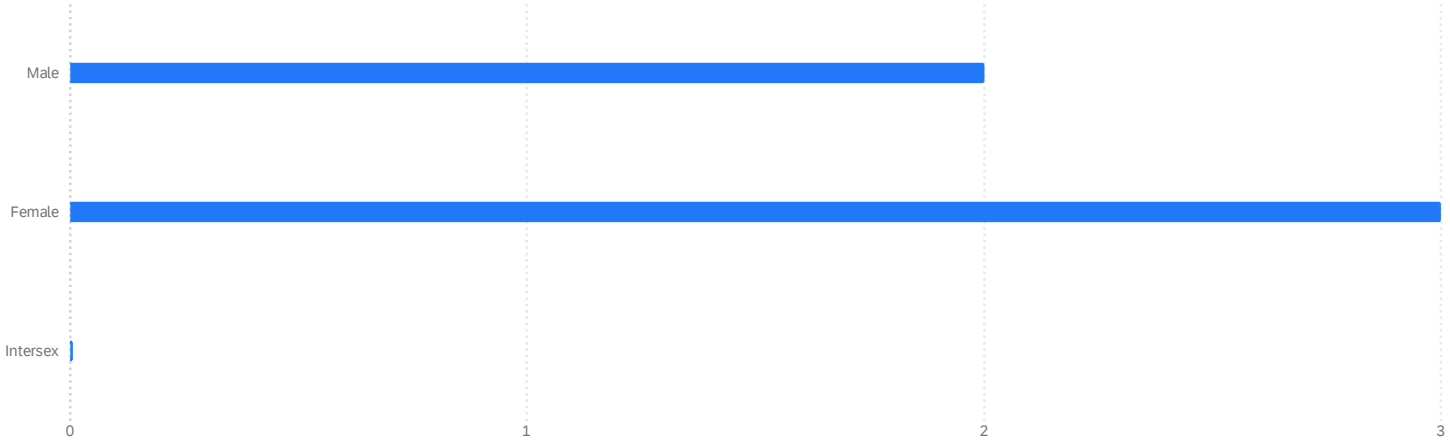
"Listen, hear and better understand how we feel."

"It goes back to the stigma. A lot of things are placed on our community, but we are like everyone else with the same issues. "

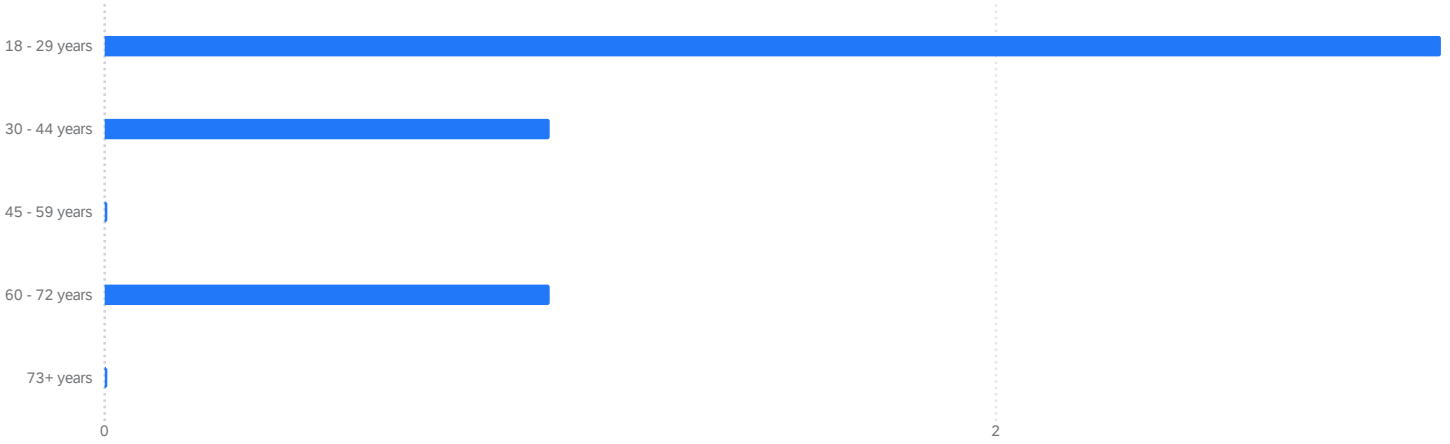
Targeted Populations Focus Groups_AA-Y / Page 1

Responses: 5

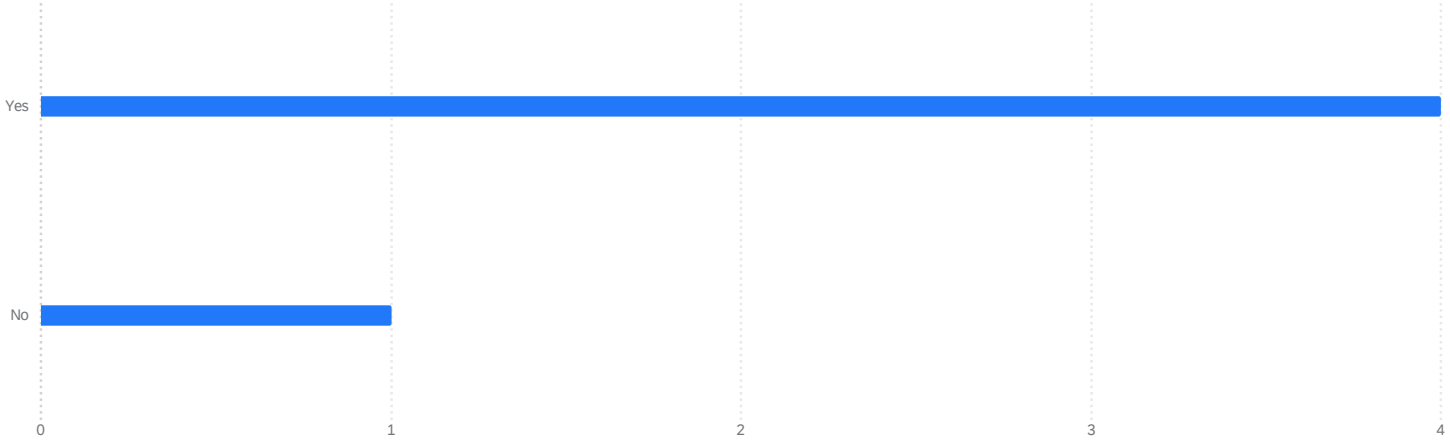
Birth Gender 5



Age 5

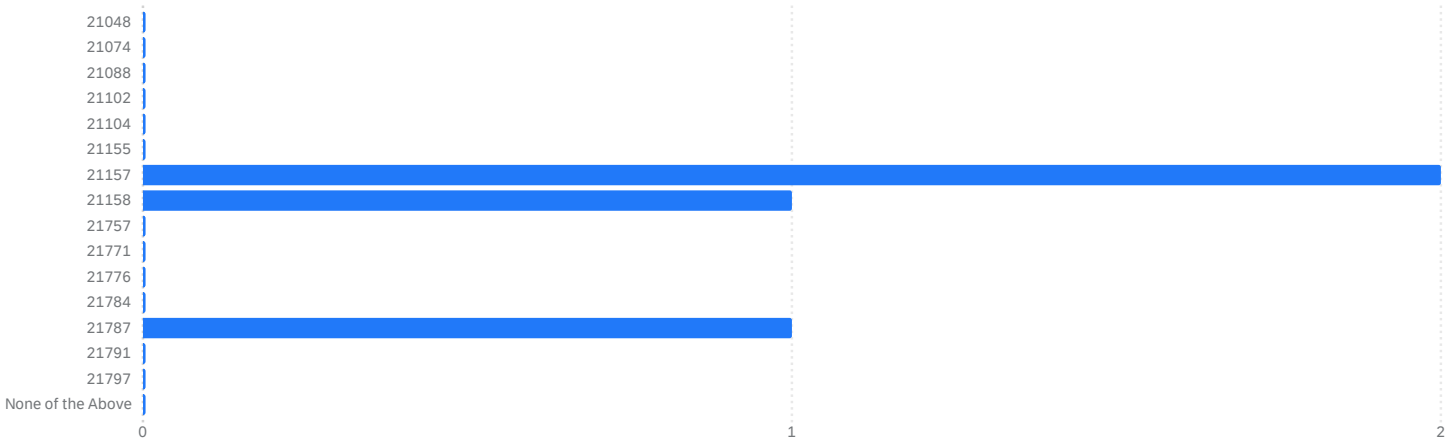


Do you feel safe in your neighborhood? 5



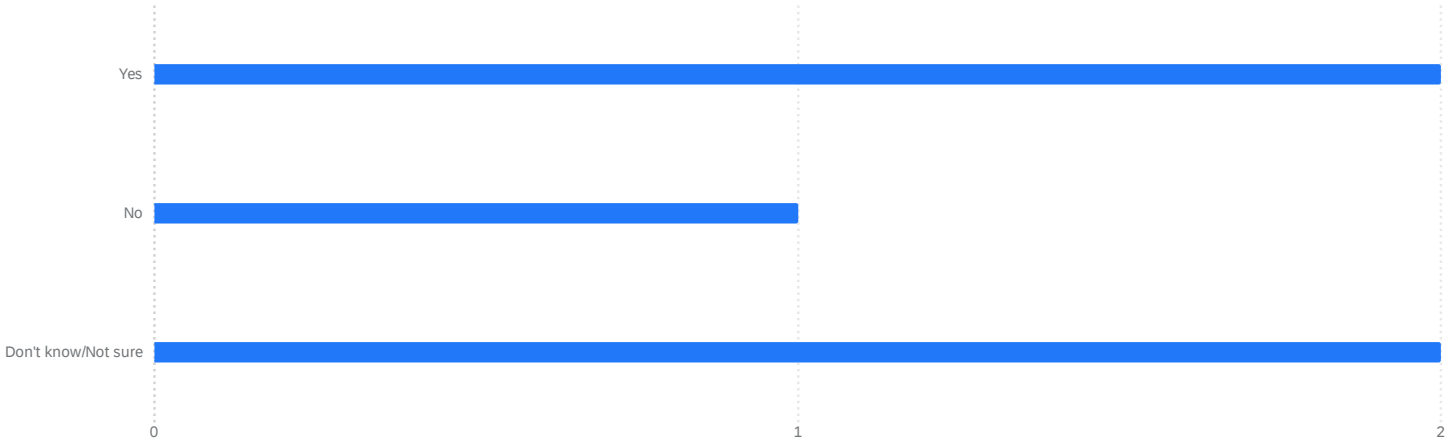
Do you have housing concerns? (Check all that apply) 5

Zip Code 4

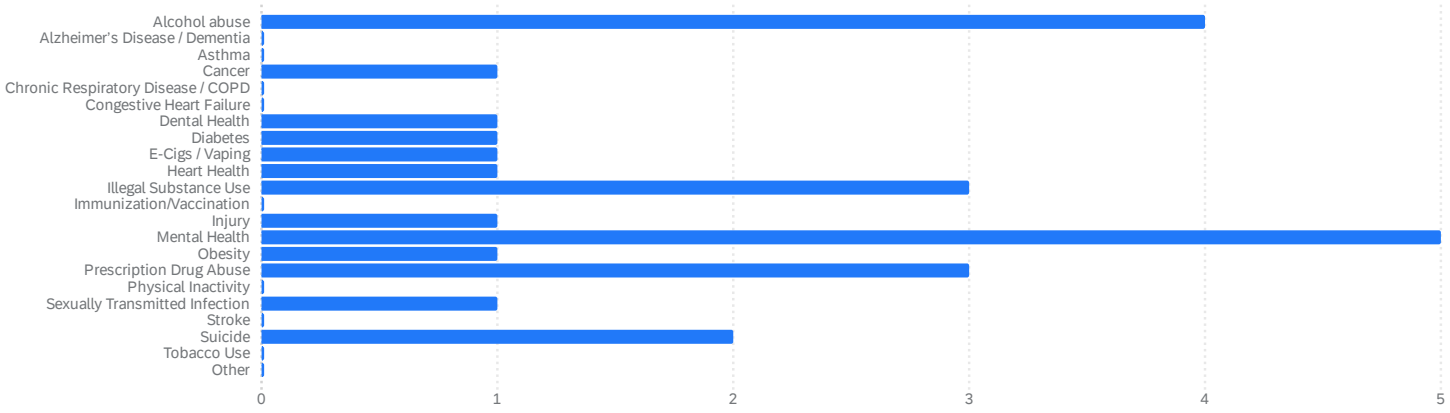


Number of Years Lived in Carroll County 5

Do you have health insurance? 5



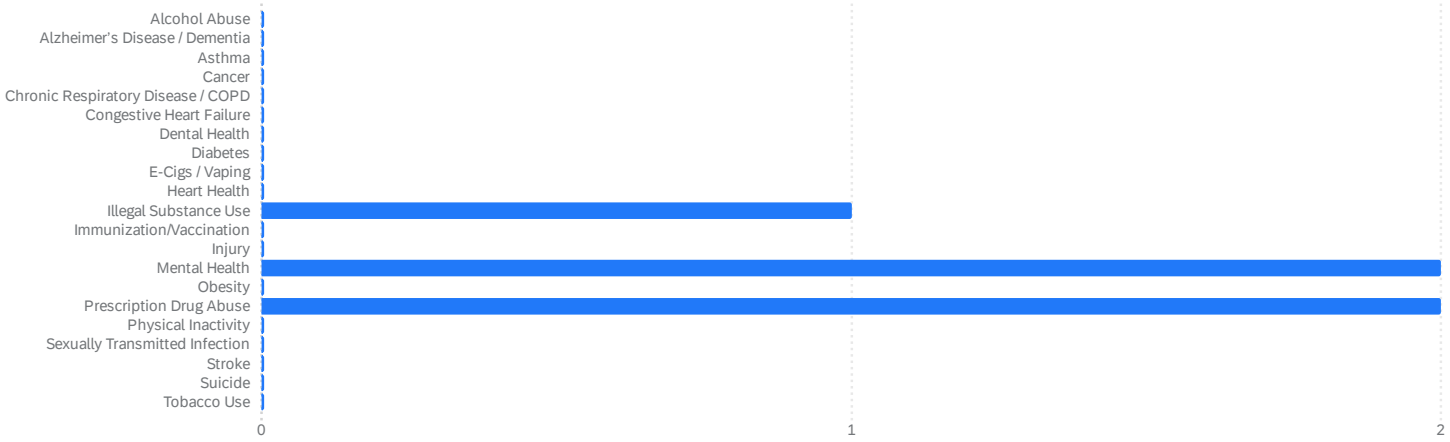
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 5



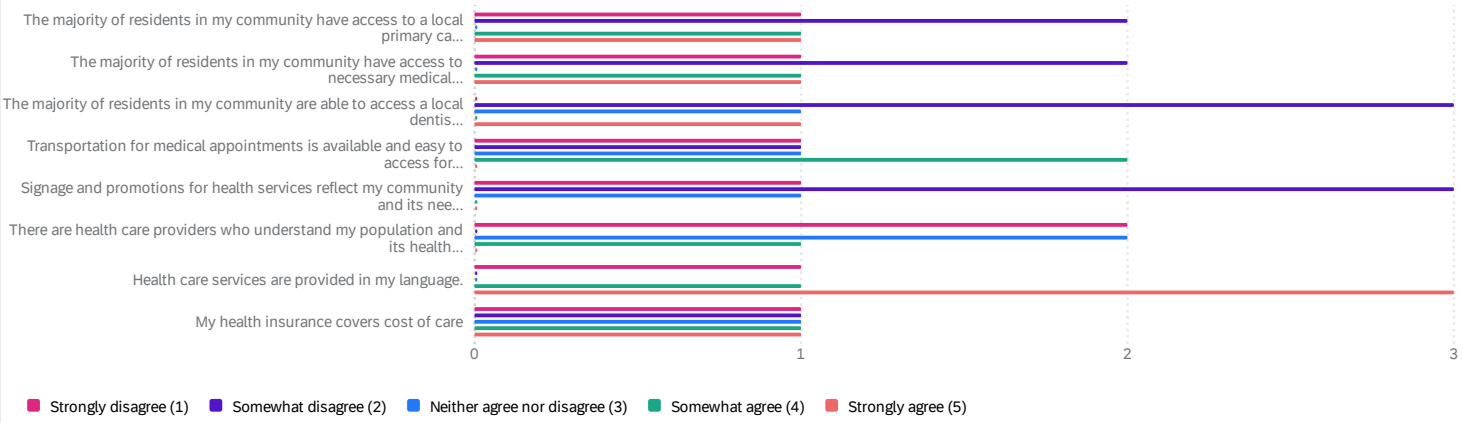
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

No data found - your filters may be too exclusive!

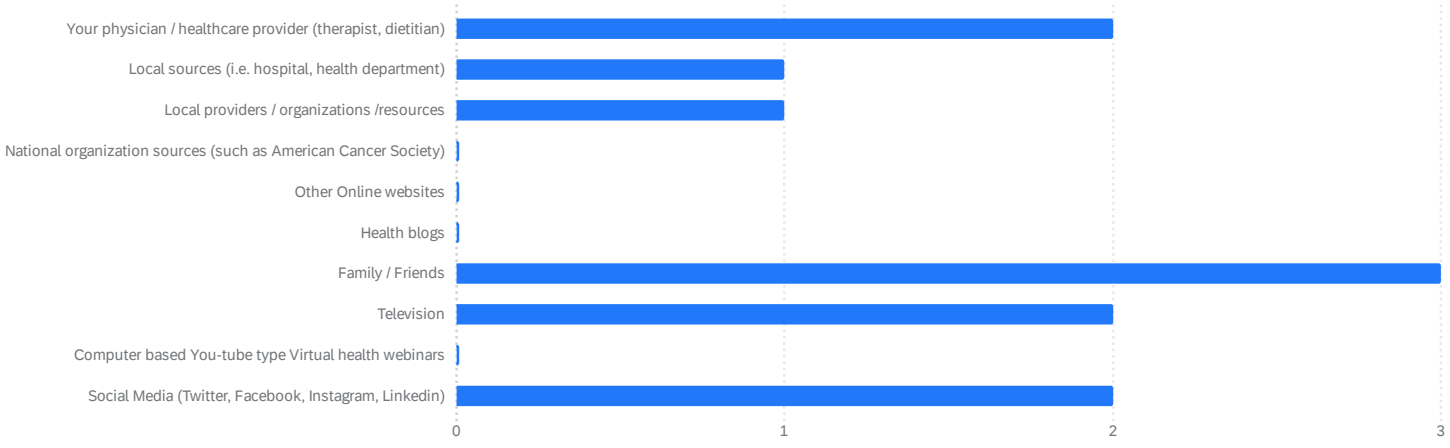
Of the 5 General Health issues you selected, what do you believe is the number one priority. 5



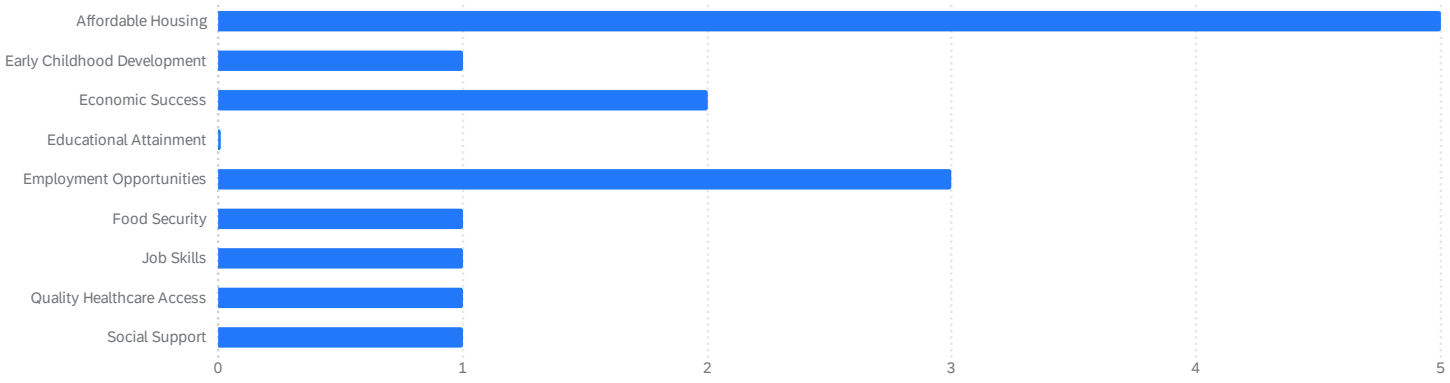
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 5



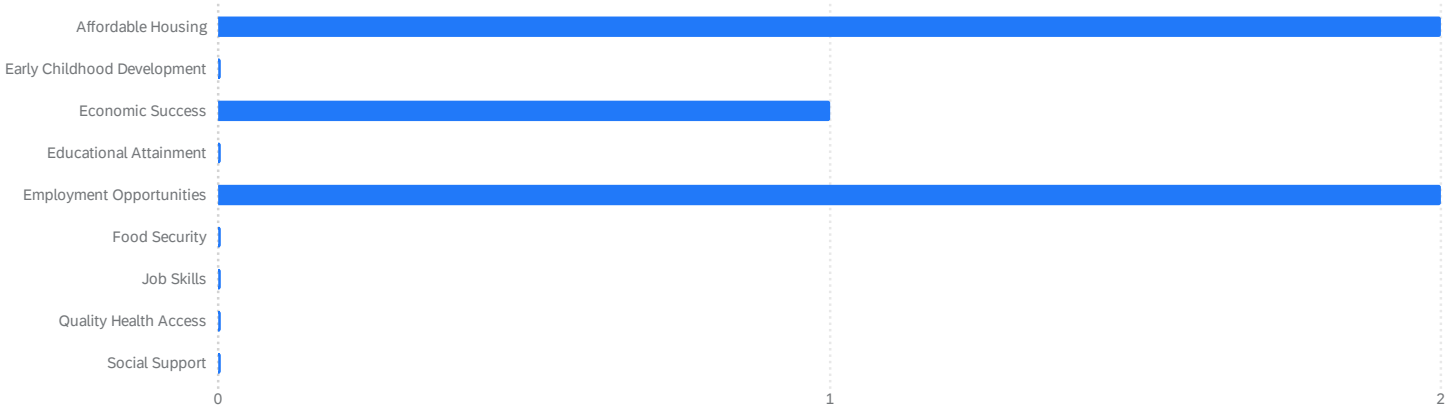
Where do you go to get health information and/or health education? Choose all that apply 5



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. 5



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? 5



Community Health Needs Assessment FY 2024

Focus Group: African American

9:00 am-11:00 am

August 21, 2023

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh and Maggie Kunz on August 21,2023 at Exploration Commons with five participants. Participants were all given iPads to complete the Focus Group Survey. Maggie explained the CHNA process to the group. Participants were two males and three females. Ages ranged from 18-29 (3), 30-44 (1), and 60-72 (1). Zip codes were 21157 (2), 21158 (1) and 21787 (1). A majority (3) have lived in Carroll County more than 10 years, with the remainder (2) 6-10 years.

When asked do you feel safe in your neighborhood: A majority (4) answered yes, while one participant answered no, commenting "that when you live somewhere you should be able to think of your place of residence as a home, but it doesn't feel that way. It is not taken care of. Our landlord doesn't fix certain things nor take care of things. There should be upkeep and there is not. I shouldn't see certain things, like taking a shower and not feeling clean."

One participant said there is a difference between neighborhood and community: there are different things going on between neighborhoods. One neighbor this is going on, another neighbor has *Hannah Montana* going on. For instance, Bishop Garth and Pennsylvania Avenue are two different places - different from each other and different than in town. There are a lot of drugs on certain streets, on one side of Westminster versus the other. In Sykesville – it is a pretty ok place, in Gather Apartments – it is the lower income option is Sykesville. They're ok, but Sykesville apartments were newer and cleaner. When I moved in during my high school years there was a big difference. There is a big shift just 10 minutes away - a lot of trash and drug deals going on. There is some gang activity – it's not only not that far away but it was really different to me. Neighborhoods make up a community and bring a lot of groups and stuff into one place.

Another participant shared, "When I first moved into Pennsylvania Avenue, I had to run a lot of people out from my front and back (drug deals). I was raising a 9-year-old and I didn't want her to be seeing that, so I ran them away."

A participant stated, "I've been in every community on both the bad side and good side growing up. I've been in all of these communities, been around and involved in every little aspect of it, the violence, and the gang aspect of it, that someone just driving by may not have that type of insight. One of the major things is the drugs, and the drugs lead to violence, robberies, mental health issues and so on. A lot of the drugs do not originate from here but is coming from other places. The people from out-of-town blend in with the people that live here. It's a cycle. The cops lock people up, and the next group comes up. If I was a police officer, I would know exactly what to do. Nobody, it just keeps happening. It's been happening since I was a kid. Taneytown to Westminster, it's the same thing."

Across from one participant's apartment where a family lives, the cops were constantly there, at least once a week, and the same thing happened after another family moved there. She doesn't know if they were in contact or not. They raided the people behind her once. It is then that you realize how close it is. The participant personally does not want to be involved with it and stays clear away from it but knows someone she went to school with who was robbed and shot. "It is getting worse. It is scary when there is a raid outside your house, you don't know what's going on. Shootings happened near one participant three times in one day."

A participant shared, "Unfortunately, I know all the people who were shooting and got shot. It was all local neighborhood people who have been to my house and everything, who shot and got shot. It all circles around Mental Health issues, drugs."

Most feel that it is the prescription drugs that starts it. "Yes. They go to these doctors for whatever, and they come out with the oxycodone and whatever, and the next thing you know they are hooked on that, and they aren't strong enough and then they go to stronger drugs. It's for the pain management, and this is why they are getting hooked."

"When I go to the doctor, I just tell them I don't want it."

Participants were asked what would make them feel safe in their neighborhood: Police make it more complicated; there is only one solution when you break the law, only one consequence. Especially with drugs, you can't just lock somebody up for drugs, let them out 3 months later and expect them not to want to do drugs again. They need therapy not just being thrown into a jail cell to lessen that issue. If no one steps in it will just get worse. Instead of sentencing and stuff, provide more for therapy and hit the real issues and not just shutting people up and putting people behind bars. It is a complex issue. "Raids (in the neighborhood) are scary, and you don't know what's going on. You see all these guys with all this crap all over them. Then you go back in the house, you don't know if they are going to shoot, a bullet doesn't have anyone's name on it. It's scary."

One participant said I'm glad it (the raid) happened, and they got who they needed to get, and he's gone for a while. But someone else will come right behind them and take their place. It's all about street credit and respect, they are literally terrorizing the town you live in and not considering your neighbors, the people who you've grown up with like their parents and grandparents that are still in the community. The fact that people don't think about that or are aware of it, that's scary! That means they're capable of anything. There was a point where you knew your neighbors, you could leave your doors unlocked, and now it's like, my sunglasses are gone, it's sad. Street credit is like having a name, a hierarchy, like high school but on the street.

When asked about gang activity: "It depends on who you know, where you live, it is not even your choice to join, it is not an option. It's not as serious up here, but there are gangs here - Crypts, DMI, BGF from Baltimore. They have made homes here; you're not going to know it if you don't know it."

"Gangs up here are not big groups of people but just one or two of them, their real organization is an hour away. It is definitely all around the county, they get disbanded where they are from, and they

come here because it's an easy ride up here and then try to band people together. People here think it is fun and try to be in that lifestyle, if they run into it, they are more susceptible to joining because of how it is glorified on social media. But it's a slippery slope, once in there is no leaving."

When asking about housing concerns: Affordability, Bugs, Landlord/Tenant issues, and Roommate issues were mentioned.

Affordability was discussed: "People can't even afford where you live anymore. It is hard. We need more affordable housing for the lower income people around here. There is a lot of new housing, but mostly higher income housing, bringing in richer people, it's messing it up for everyone else. The opportunities aren't equal, our generation (college) in the next couple of years want to move out of their parent's home, but it is really hard. In the school system we weren't taught how to buy a house, how to build credit. Not a lot of options to just start out. It is about new housing, the richer live here and become a majority of county, everything revolves around them, they are the majority in the county, and where are we going to go? What are lower income communities to do? You gotta do what you gotta do sometimes."

"Where I live it is not the cleanest upkept home, but the rent is good. The space for the rent is good, but we sacrifice that cleanliness to be able to just have a roof over our head. We want to stay here, don't want to move away from here to Hagerstown, or somewhere else trying to find something affordable. If it is affordable, you can't get in because there is a waiting list to get in. You can't just jump out of the boat into the water."

"Sometimes the available affordable housing isn't even affordable, but the people looking for affordable housing are confined to one space."

When asked about health insurance: One participant does not have health insurance, two have insurance, and two are not sure. "I have had insurance up and down my whole life. My mom' is in the army, my dad's insurance was based on what job he had. He got laid off, and we have not had insurance in 3 years. We just got it; he got a new job, so we won't have it while switching over to the new job. Even health insurance is a whole other conversation. My friend had to go to the hospital and got a bill for $1,800 and insurance covered like $16. My Grandmother, during her health struggles, insurance was up and down, she got rid of it as it wasn't doing much. For a lot of people, they feel it isn't covering anything so why have it?"

"My daughter has insurance; I don't think I do. She has a year of state left. I live with my mom, and they say we make too much. It makes no sense to me. If it was just me and my daughter, I think I would get it, shouldn't I be able to get it? My issue is - I don't understand insurance, I don't understand what it covers and what it doesn't – it is my hard-earned money to have it and it is hard to take that step to pay for it because I don't want to get tied up in something I don't understand. It changes all the time."

One participant shared, "my issue is - I don't like typing online so I have not had it for 10 years. I don't like filling out paperwork. I start to fill it out but then I stop. I'm young and invincible, hey I don't get

sick, I don't want to fill the paperwork out. But I had two teeth pulled and it was $2,200, if I had insurance, it wouldn't have been that much."

Another participant shared they have not been to the dentist in four years because of no insurance – and they are scared to go. They have been pushing it off for months, knowing they have cavities and have to get them fixed. "My dentist used to tell me you got to come in and check it out, make sure you don't have cancer. One participant asked if they can be knocked out when obtaining the dental work, and the group assured them it is possible to do that."

Dental and insurance help was discussed, and the need for community education and advocacy: "We need education regarding health insurance. We had a class in school, but it was boring, and nobody wanted to be there**.** My household didn't teach me anything about credit, taxes, insurance. Now I'm trying to figure it out. I'm scared to do taxes myself. When doing it yourself, I did it with turbo tax, it's scary – you think, wait, did I do something wrong?"

When asked to choose the five General health issues and behaviors most important to address in the next three-five years: All participants chose Mental Health. Second choice was Alcohol Abuse (4), Third was a tie (3 each) for Illegal Substance Abuse and Prescription Drug Abuse, fourth was Suicide. When asked to pick the number one priority, there was a tie 92 each) between Mental Health and Prescription Drug Abuse, with one choosing Illegal Substance Abuse.

One participant said mental health problems usually lead to alcohol and drug abuse, the coping aspect, self-medicating. I think everybody has something going on. In therapy, I'm in school for psychology, we need more therapists in the world. We should have more advocacy for therapy and mental health groups. We need to erase the stigma around it, that people with mental health issues aren't ineligible for certain jobs – someone I know was denied a job because he had anxiety. My mom has been in the Army for 20-years and has stuff going on; we ask her to go for help, but she doesn't because if she is diagnosed, she will be denied her job.

One participant's ex-husband is reaching out to people who experienced something while in the Army to try and get them money right now. There is a lot of stigma around mental health issues, "Oh, you have depression, you are not reliable." "You are thought to not be adequate enough to be in certain positions. This is not the case; you just need some more help than others do. I agree drug abuse and alcohol abuse comes from not being able to deal with your problem. It is hard to exist in this world. Some have high functioning anxiety. Hey, you're not alone, everyone in the world needs help."

When asked about stigma: "Yes, we are still seeing it. Some people want to talk to someone, but they don't know the person, why should I go to someone I don't know. There are no therapists who are relatable, someone who looks like us, eats the same food, etc. - we can't connect. People give up because it is a lot of trial and error to find a therapist. My first therapist was a male, then I got with a

lady, and I've been with her 3-years, and I love her so much. It is about having someone that looks like you, you can relate to, understands your background. I don't want to talk to someone who doesn't know me."

One participant started that she is starting a group – Grieving Survivors; "I know a lot of people who lost people, through drugs, I lost my son through drugs, it will be a support group." 7-9:00pm, Fridays. Stigma seems to be around actually getting care – people don't want to open up. Or, someone says, "You go to a therapist? What's wrong with you?" It is a big stigma – in the African American culture, we already have things against us. People don't want to be judged. We already feel thought of less and this is just another thing.

"I think you can have therapy without medication, but you should not have medication without therapy. If you are getting medication you need to be monitored, spoken to. How do you even know if it is working?"

Another Participant commented if someone is on meds it can be stigmatized – some people think it is OK, good for you, or some think "maybe you should get on medication." "Meds didn't work for me, and I got off of them, but when I told people, people said I should stay on it."

"I didn't take my meds today" – "some people wear it like a badge of honor. It is almost TOO out there, we used to not talk about it when I grew up. What happened in your house you didn't talk about? Not a big deal breaker like it used to be."

"Alcohol is becoming a problem. I know someone – only 24-years old – that I can no longer be in contact with because of their alcohol addiction. It was bad. At the store every day, if the store is close go to a gas station. I helped them get a job, they got fired for drinking at the job; got another job and lost it, it happened again and again. "

"I have a 62-year-old brother, clean now, but most of his adult life he couldn't wake up in the morning without getting a drink, or he would shake with withdraw. Alcohol abuse is something. My uncle passed away from alcoholism, maybe he was 61-years old? He was an ex-firefighter, did a lot of good things. He drank 40-years, he would black out, he could never keep a woman around. He tried to get up and literally fell over and died."

One participant said It turns your whole personality around. People get violent. "People start off wanting it from that partying stage, or it goes into a drink at home at night, wake up hungover so take another drink, then it gets excessive, and they can't stop, and they are hooked. Alcohol withdraw is horrible, I had to rescue my brother and get him a shot just so he could get up, but then I got to a point where I had to stop and give the needed tough love."

"They brought me down and I had to stop contact with them. It is so sad, I want to make sure they get better and are OK, but I want to know they are trying to recover, but I can't."

"My best friend is suffering from alcoholism, my mom almost died from it twice. I sat with her during withdrawal, dehydration, being hooked up to tubes, been dealing with it my entire life, my dad was a violent alcoholic. I will say that my mom came out of rehab and has been clean for over 3-years. I was told 3 times she would die. It affects your pancreas."

Another participant said what helped her stay clean is her family support, (I was the baby of the family and the outcast of the family, but I started stepping up to help), communicating with family members, recognizing triggers and bad situations, and having a tight knit group in the community, attending community events (Find Your Purpose groups). I could have been an alcoholic and abusive as well being around it so much. We formed entrepreneur programs and started attacking it ourselves to attack the voids in our community ourselves. "We have a monthly Women's Group. We saw a void, we formed entrepreneurs' programs with guys, a kids' group, a teens group, attacking voids on our own. We have a lot of hope and joy but have experienced a lot of pain and chaos. If I didn't have this group, I would have been an alcoholic. These people believe in me. When I'm low and I'm thinking about self-medicating, instead of going to a bottle or a party, I come here to the women's group. This is my support right here. The women's group is powerful. I feel so much better when I leave the group. Different women in different communities were handpicked from all walks of life come together to talk and get it out. It's about community leadership. There is a lot of leadership in Carroll County already for the Caucasian community. Not a lot of leadership in the minority community, Hispanic, LGBTQ, lower income community. We spearheaded this in Westminster."

When asked about access to health care: Access to local primary care: the majority disagree (3). It was the same response for access to necessary medical care. When asked about access to a dentist, the majority (3) disagreed. Two participants agreed that transportation for medical appointments was available and easy to access, while two disagreed. Only one participant somewhat agreed that there are health providers who understand their population and its health needs, with two that strongly disagreed and two that neither agreed nor disagreed. The majority believe care services are provided in their language. When asked if health insurance covers the cost of care, participants were equally divided (1 each) between strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, and strongly agree.

There was discussion regarding having Health Care Providers that understand my population and its health needs: One participant said it's just for the money – local offices don't take my insurance, or only some insurances. That enables them from looking at the lower demographic. They are only getting certain people and not seeing the bigger demographic. Low-income people are not getting help the same as people with more money, even in therapy they don't accept insurances. Medications are expensive, pills that would help are $2,000, but insurance doesn't cover it. Certain doctors don't take certain insurances. Sometimes you have to go to Baltimore or Reisterstown to get care and then you don't have transportation. It is discouraging when you don't have resources. Our streets are narrow, but we need a bus for transportation. With higher incomes, everybody has a car. The rich people having cars and stuff like that so yeah, transportation is difficult for those who can't drive so we're talking about the older population, we're talking about disabled, it is hard for the disabled people especially people in wheelchairs to get transported because even though something like Uber is available, it is an astronomically high-cost option for some of us. For people that are in a wheelchair that's not even an option for them. It just has to do with the stuff you can access. It's not just that you can't find help, but you can't access it. Affordability is an issue, but also transportation. If you're moving further out now you don't have transportation. It's amazing how connected everything is when you cannot have

transportation. My mom has been living with my grandmother since she came out of basic training, so she didn't have a house because she was on base. She would like to save money now she's like I don't have that much money she's about to get an office job so she's about to get like a pretty stable income, but she was like, there's nowhere to go that I can afford right now so we're going to go to Clarksville. Yeah, there is nothing here, so you have to go farther, Clarksville is the only option.

When asked where they get health information and/or education, a majority (3) answered family and/or friends. There was a 3-way tie (2 each) for physician/healthcare provider, television, and social media: The number one source of information is family and friends, television, and then social media. "It feels like the whole social media aspect of learning healthcare really came from COVID - that's when it was very prominent and strong because that's where we had to get the information. Now it's kind of shifted to people learning and getting their health information from social media because when we went through COVID that's how we had to get it so now it doesn't necessarily have to be like that, but people are staying that way because they're just, I guess, more comfortable with it."

Speaking of that, how do we determine what is right, what is wrong - what is valid and what is invalid? What is correct - what's incorrect? Like, if I have a bee sting and I go to Doctor Google and say how do I treat this do I know which ones are valid websites or which information I'm getting that's valid? It could be somebody just trying to sell something. Yeah, that's why I don't on the computer I need that person looking me in my face and taking my temperature, my blood pressure. I want to see the numbers I want to see it all. Fortunately, with my education in life so far, I have learned how to find reliable resources. You can't really fully put your whole faith in things online because there's so much BS online, just people trying to sell things and like get money or whatever, but you would like if you wanted to know something you look it up on a websites like .org, .edu, .com, and then you would find some information. You look at it along with a few other sources and if it lines up then maybe you have a good chance of it being valid. But I know for me I'll ask somebody in that field or somebody that might have some idea about it just for like another voice, like another opinion. Online research - that's definitely something that I still do but it's still really scary putting your faith in something that's all. I don't know, I looked up a couple of things - you know it can scare you. Television - that's just the news, commercials for like an insurance company, yeah, let me look into this. With the medicine commercials - at the end they talk real fast and if you take this you know you could explode your head yeah, you're asking me there's like some happy music playing to make you think they are reliable and they know your case. Staying in contact with people like at the health department and stuff so you might be able to find assistance.

When asked to pick the three social determinants of health that are most important to address in the community: all participants chose Affordable Housing. Second (3) was Employment Opportunities, and third (2) was Economic Success. When asked to choose the one that would make the greatest impact to the health of the community, there was a tie (2 each) for Affordable Housing and Employment Opportunities.

Discussion ensued regarding Employment Opportunities: So that also goes hand in hand with even like the social classes because some people are granted the same job opportunities just based on your record, your raise, your gender, your capacity, and that's huge, and some of it like even with education

like some people don't have the funds to go to a four year college to get a bachelor's degree to qualify for this job that is really high paying. You can use it and make good money your whole life but you need that piece of paper that takes thousands and thousands of dollars to like get then you like have to find a job you're like working so hard and making like minimum wage and like struggling financially because you weren't granted that opportunity in college or it's just the whole cycle there and catch 22 - you know you just need to break in one of those places. You either have a high-level position or you have to do entry level. Yes, the job that I work at now is the job I want to work at, and I'm guaranteed 40-hours - like there's certain things that I'm guaranteed because I'm in a union but I'm going to stay there my whole life. I feel like I would do better finding something else but like if I had to do something that related to that OK because I kind of know it but there is no step up or I can't make $5 more or like there really isn't any advantage. You can't move up the ladder where you are, there's only so many promotions, and you get those positions because of who you know. So, it's not a matter how hard you work, I could do everything you tell me to do and still not being moved up or get paid a little bit more like it's sad to see people there who have put 15 - 16 years in that place and they're still getting paid $16.50 an hour. Like, wow, I mean the union does a $0.50 raise but $0.50 I mean yes it adds up and I'm grateful for it but when that adds up over amount of time and you still aren't up the ladder a little bit like it's just like why I put so much time into something where I could be doing something else but realistically - can you be doing something else because you don't qualify for anything. I feel stuck, it is a terrible place to feel - that you don't have that option.

There is favoritism in the office. It really is about who you know, I was scared to say it. People have the same opportunity - you can do it - but if I go to someone and they own a business, and they're like, oh well you know I want to open up another shop or whatever you can be the manager you're automatically put in that position rather than somebody who let's say was employed at the first shop. For me, I go to Carroll, I go to school part time but if I wouldn't have, it's not as much as a university but it's still like $2,000-$3,000 a semester. I told my parents that I didn't want to transfer after because that's money that I don't have and my parents try to help but they don't really help me out much, I really pay for a lot by myself with money from my part-time job. I want to transfer to get that degree and get a good paying job like in my early 20s but honestly like I don't have $30,000 - $40,000 to enroll into a college to finish out my bachelor's degree to get the job that I want. There are scholarship opportunities and that's true but that is really scary to me, but even with that I don't think it would cover all of the costs, but I know that if I were to do that I would be in debt for really long time and I just don't want to start off my early adulthood life in trying to pay off college for 40-years. But I don't want to work where I work now forever.

"People can apply for FASFA, but they don't have anybody around them to help them with a phone or a laptop. I try to do it myself and then I get discouraged and I get angry and upset. My little brother his, mom works so he doesn't have someone there even to help him with his homework and that's a lot. That's the case for a lot of kids, even in high school and college - to have someone to help them and guide them. So, college is like a whole other thing, but you really need this piece of paper to get you through life you don't need it. A lot of people have found loopholes and like are self-developed and stuff but as you know generally it helps, it definitely makes you qualify for more things."

"Childcare is difficult to afford. I can have my job now because it lines up with my mom's schedule and my mom keeps my daughter. I give my mom something but it's not what daycare charges. If you know

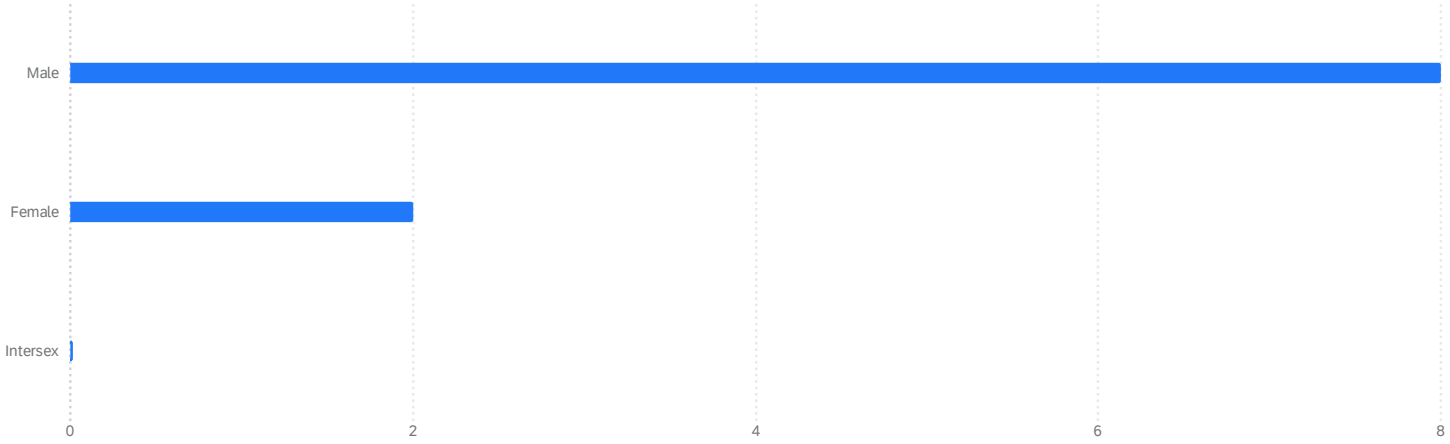
someone who's reliable to watch your child and who has the qualifications to do that, that's expensive and you just don't want to place your child with just anybody. I would say there is only maybe one daycare in town, I don't know how much they charge but that's only one so I can only assume that there are multiple kids going there now. Are all those kids getting the same treatment? Are they all getting that attention that they need throughout the day when they're there? That's my question. I went to daycare. My friend was getting assaulted in the daycare, and it was like under wraps for a really long time and then it got found out about, it was really, really terrible."

It's really expensive and your kid is happy, and you know they have a good experience, or you pay like lower and it's not like your care that you would want them to be in. There's a lot of like weird things going on, really uncomfortable, thank God I have my older brother there. I haven't even attempted calling a daycare because I'm 21-years old, I actually want to know certain things, actually have questions I feel I have a right to ask, because that's my child, and sometimes I'm kind of looked at as immature or like I don't really know anything. So, I feel like some places are trying to get over on me. I may actually think about sacrificing certain things, but I feel like now today's daycare you pay an outrage of money just for your kid to get the bare minimum you know, but that's a big sacrifice when it comes to work and having bills to pay. I would like to go back to school. You know I have things that I want to do to benefit her and if I'm not able to put her in a situation where she can't go to daycare and benefits for her as well then, I feel like I'm not doing my job as a parent. It's a problem situation. Do I pay that amount for a private school or a private daycare in someone's home or something like that? If there's some mom to stay home and then they bring in like three or four kids, I don't know if it's higher or lower I was just wondering.

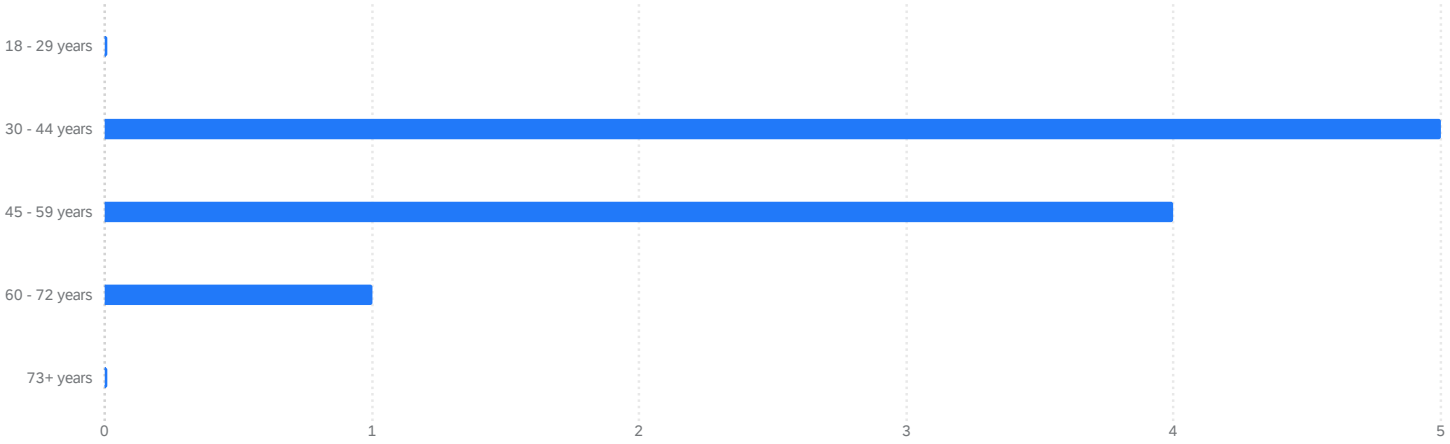
Targeted Populations Focus Groups_OOO-BH / Page 1

Responses: 10

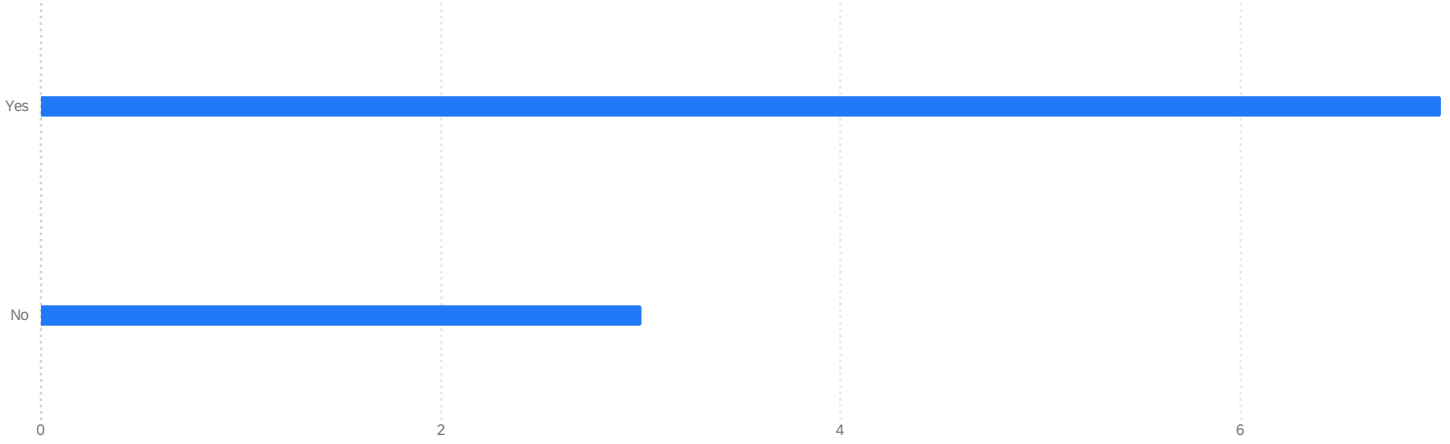
Birth Gender 10



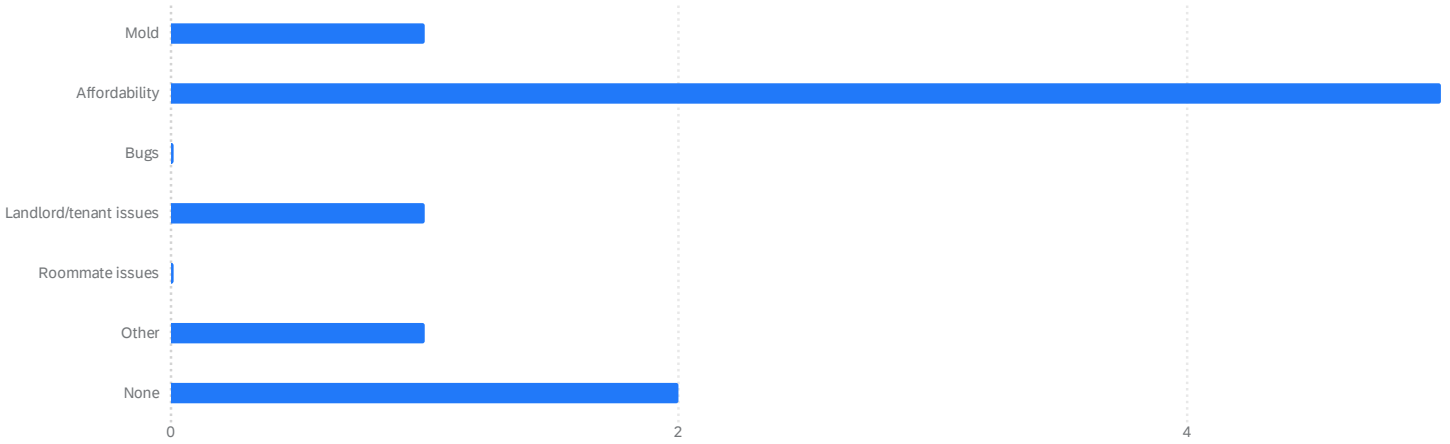
Age 10



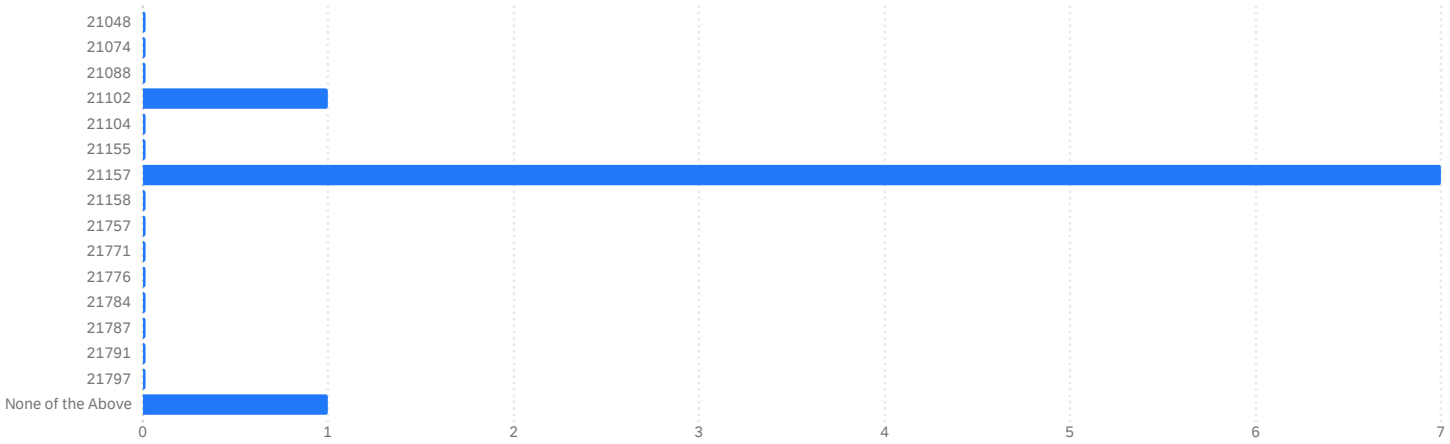
Do you feel safe in your neighborhood? 10



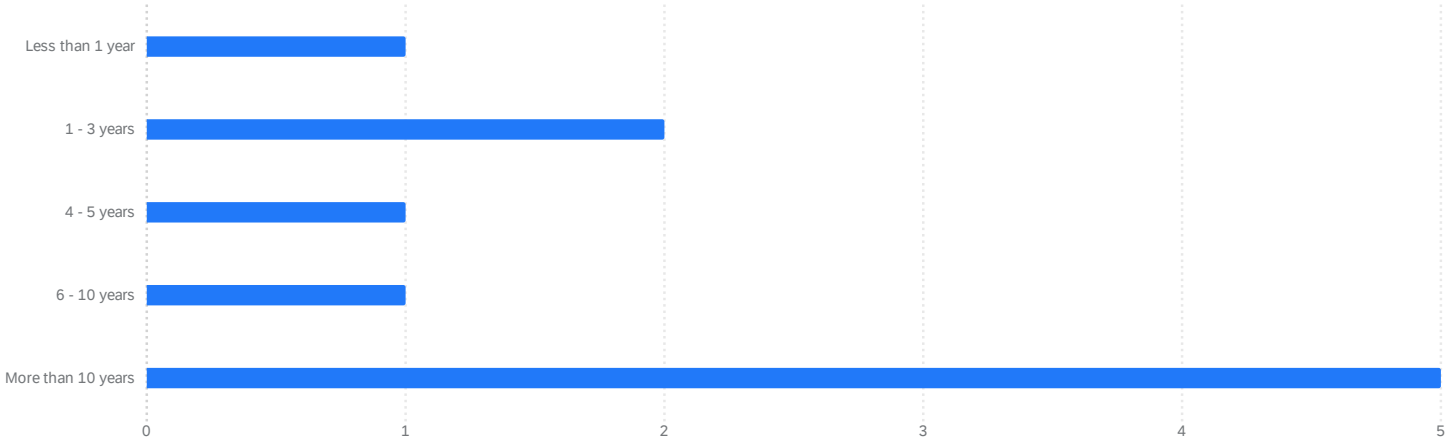
Do you have housing concerns? (Check all that apply) 10



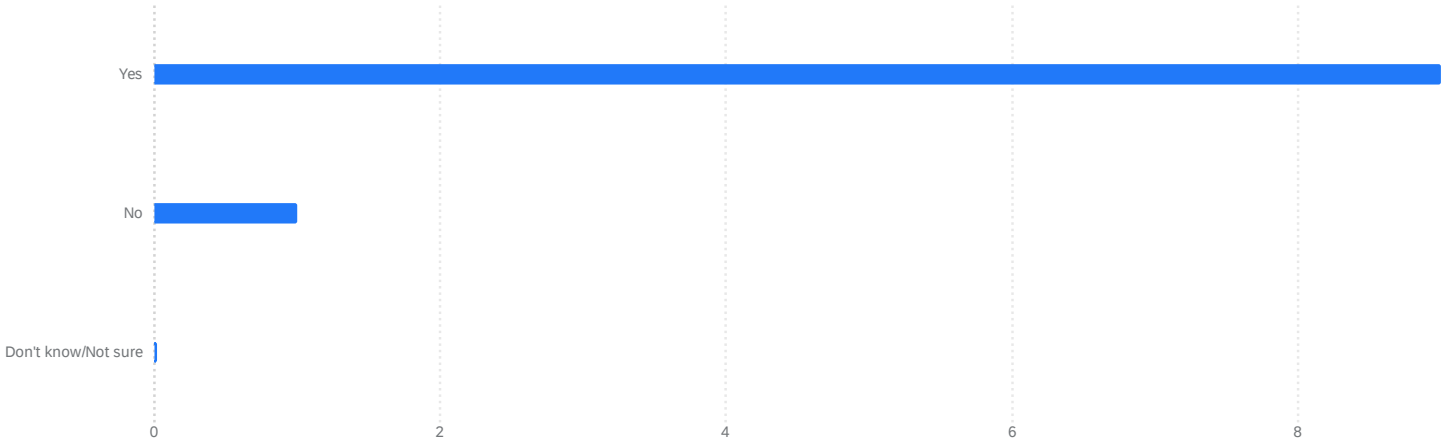
Zip Code 9



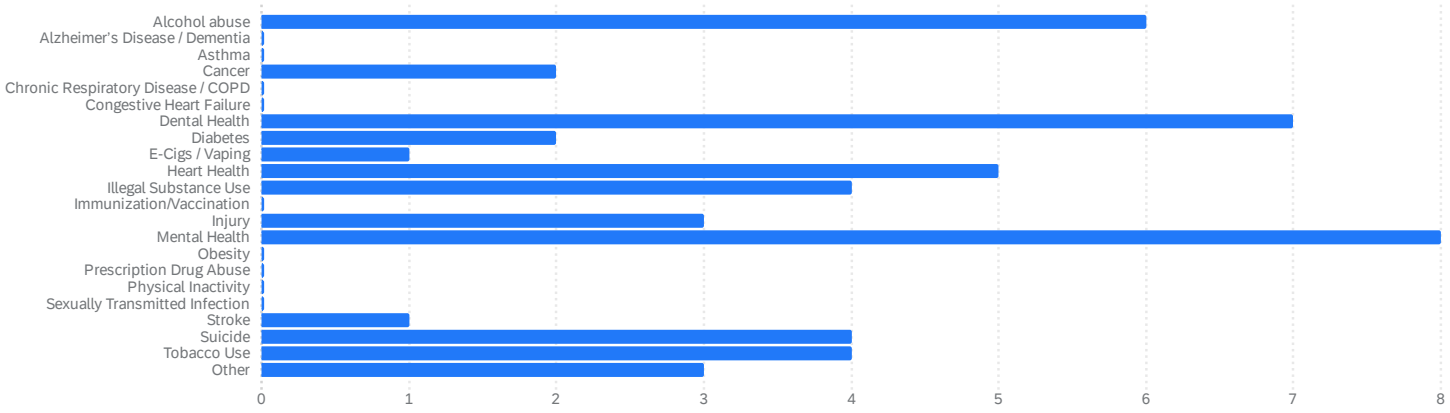
Number of Years Lived in Carroll County 10



Do you have health insurance? 10



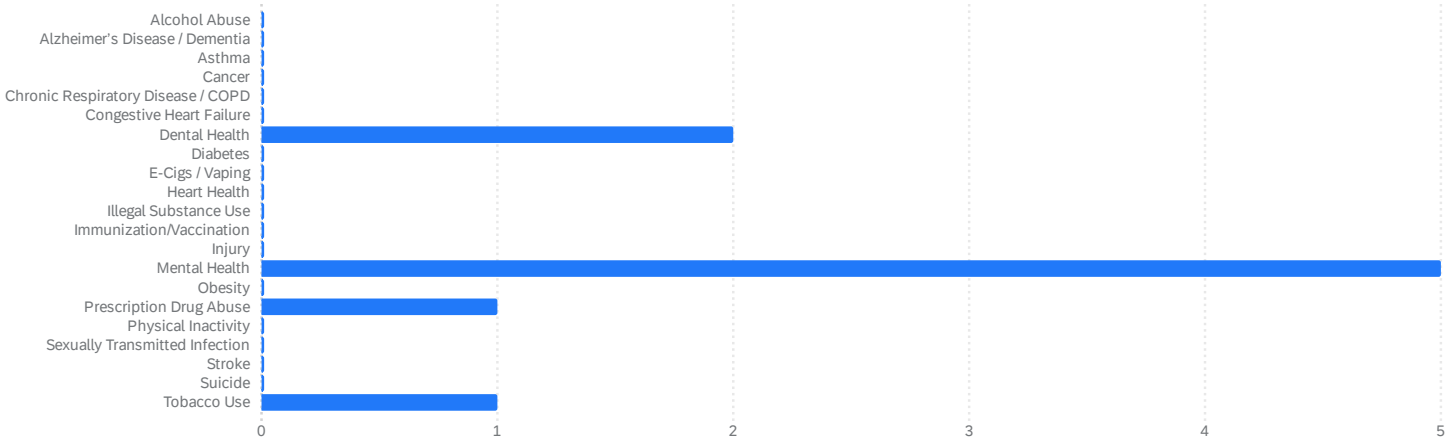
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 10



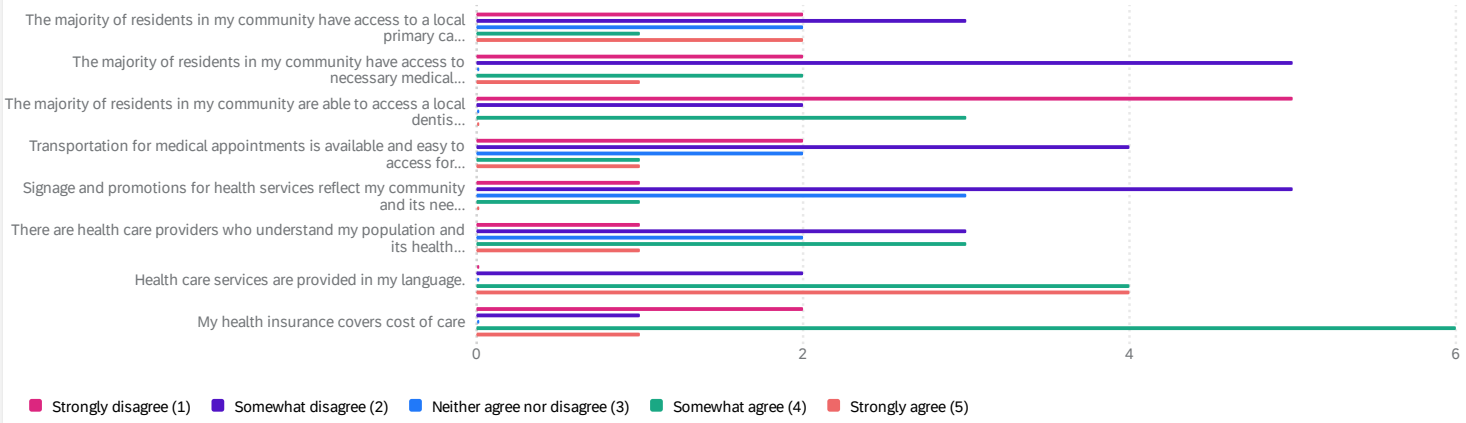
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

Medical costs

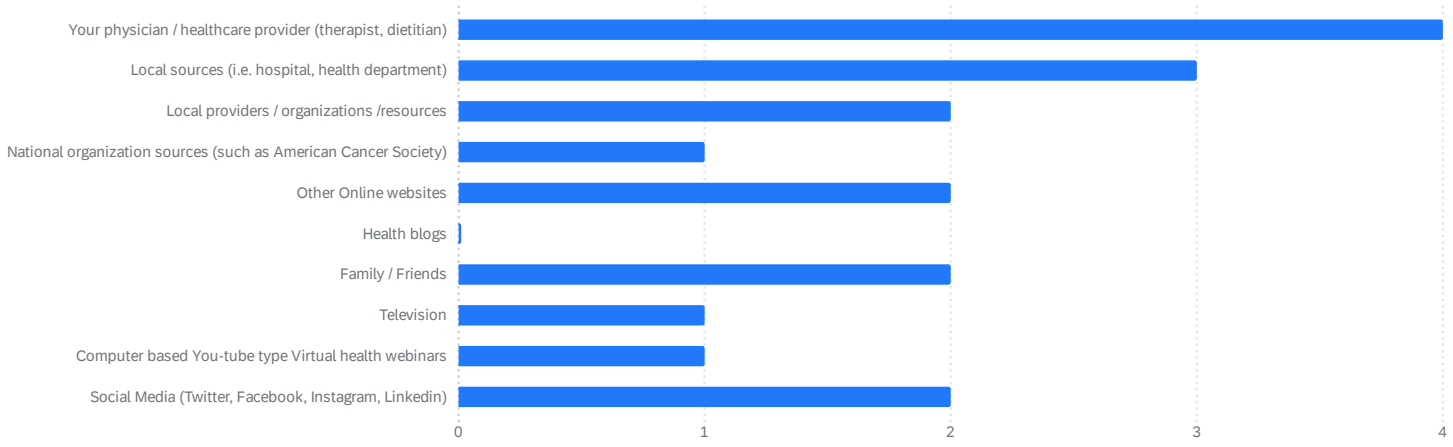
Of the 5 General Health issues you selected, what do you believe is the number one priority. 9



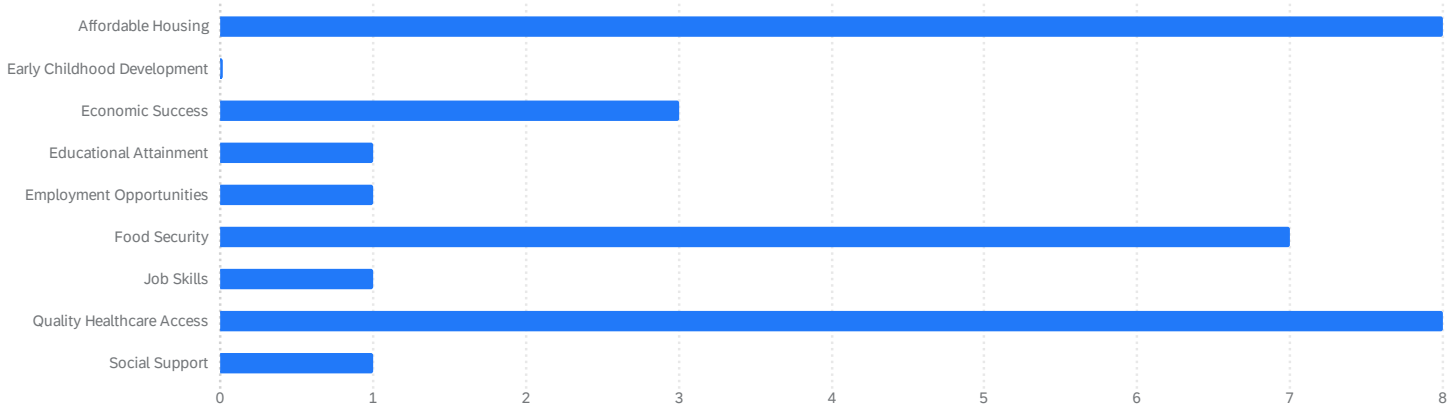
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 10



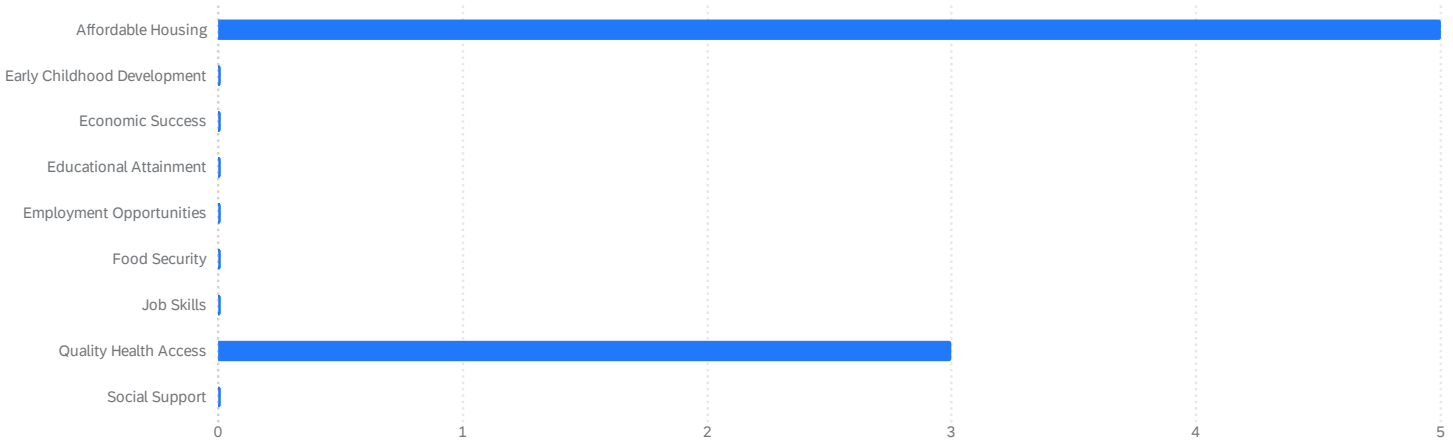
Where do you go to get health information and/or health education? Choose all that apply 10



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. 10



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



Community Health Needs Assessment FY 2024

Focus Group: Behavioral Health Group

July 6, 2023

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh, Hunter Clifton and Tasha Cramer on July 6,2023 at the On Our Own Center with ten participants. Participants were all given iPads to complete the Focus Group Survey. Participants were eight men and two women. Ages were distributed as: 30-44 years (5), 45-59 years (4), and 60-72 years (1).
Dot explained that gender is asked because health issues, screenings, etc. are different depending on birth gender.

When asked do you feel safe in your neighborhood: Seven answered to the affirmative, with three answering no, however, no comment was given. Affordability of housing is a high concern. "Rents are too high; you are limited as to where you can live because of costs. This impacts one's ability to shop, get groceries, etc. Some places are cheaper to live, but do not have the same access to things as in Westminster (getting assistance, health care, shopping, soup kitchens, etc.) Taneytown is cheaper but you have less access to things."
Mold and landlord tenant issues were both a concern (1 each), but no discussion was offered. Most participants live in 21157, one participant lives in Hampstead**.**

Most are long term residents of over 10-years (5), with 1-3 years (2) and one each 4-5, 6-10, and less than a year. The newest member of the community (1 year) feels welcome and comfortable in Westminster.

When asked about health insurance: all but one person has health insurance. One person just lost their insurance this week. "You are at the mercy of government rules. There are fears of losing insurance because the government keeps changing things/rules." Advocacy is needed. One person has her sister helping with this process.

When asked if you know how to reinstate if you lose your insurance: "NO"
One had a transplant and lost his insurance.

Some feel they do not get proper help with processing paperwork; one participant did what was required in a timely manner (did re-evaluation, turned it in physically to the office, it was stamped with the date, but he got a cancellation letter one day ahead of when the insurance was cancelled (letter received on the 29th and insurance cancelled on the 30th after handling it in 6 weeks prior). Then you are told they will put in a work order which will take 10 days.

Another participant states he turns in paperwork, but then is told it is not the proper paperwork, time and time again is told "this is what you need," but then when he fills it out, he is told again it is not the right paperwork and is given different forms to fill out. Advocacy and help filling out the paperwork and getting it processed is very needed.

When asked about general health issues to address in 5 years: number one was mental health (8), number two was dental health (7) and alcohol abuse (6) came in close third. Fourth was heart health (5) Fifth was Tobacco/illegal substance abuse/suicide

Participants were not aware of the CARE campaign. It is felt that more 1-on-1 counseling instead of groups is needed.

When asked about the obstacles to care: "There are not a lot of counselors so less access; one doesn't feel comfortable talking about his issue in a group; availability of therapists – it seems you always lose your therapist - they leave to start their own practice, or you just have a turnover of therapists. They have so many more people they need to see. "

When asked about specialists: There are not many specialists, and some only deal with certain insurances. Some would not do intakes because of not having insurance. Insurance is a barrier to much of what we are talking about. Transportation is another barrier; most specialists are out of town. It is discouraging because when the willingness is finally there to seek help, you can't find a therapist or the transportation out of town to see a specialist. Dual diagnosis treatment is only available in groups, it is hard to find a therapist that deals with one issue let alone all of one's issues.

"Carroll Transit information is very difficult to figure out. They are not good about picking up on time."

- **Dental:** "Access to get in to see a dentist is easier if you have insurance, but the cost is outrageous. Many dentists don't take Medicaid patients if over a certain age and one participant commented that this is age prejudice; but many don't take Medicaid at all."

  Most feel you can get in right away if you have money. Dental care is expensive. "A person needs to be in extreme pain/problem to get in within a timely manner."

  "Many dentists don't want to deal with state insurance as it is slow to get paid, so the kind of insurance you have makes a big difference in getting the same privileges, accessibility, and care.

  It was commented that the interns at Access Carroll did a good job.

- **Tobacco:** One commented that someone had a pack of smoking cessation information and would do a little intake with you at the Risky Business Conference.

It is felt that self-medication is an issue because of addiction. You may have a desire to quit but it may be a coping skill so hard to stop. Some people are trying to get off, but products to get off are as expensive as cigarettes.

One participant feels it is about self-determination and what you want to do with yourself. One person stopped smoking because of what they saw helping a family member with COPD manage their health. Chantix finally helped them quit smoking but made them feel funny in their minds.

- **Suicide:** it is felt that the county needs to put the suicide hotline information "out there" more (more advertising) – people felt that many people don't know about the hotline or the texting option.

When choosing just one top priority, mental health was the main issue (5): Most disagreed when asked if residents have access to a local primary care provider or necessary medical care. Most strongly disagreed that people are able to access a local dentist.

Transportation: is considered a part of the barrier to getting needed medical care, also getting to the social security office, getting to DMV to get ID, etc. (Mike who gives transportation at the Health Department rocks!) Most disagree that signage and promotions reflect their community. Most somewhat agree that insurance covers their cost of care.

When asked about getting health information: The number one place to get health information was the health provider physician, followed by local sources (Hospital/Health Department - 3) online websites (2), family and friends (2) and social media (2).

Social Determinants of Health, Quality Health Care access and affordable housing tied at number one (8). Food security was number two (7):

A participant said costs are constantly rising. Availability is an issue - one participant works at a grocery store, and they are not getting access to some products (stores don't know if they will get products in or not).

Another commented that transportation is an issue to getting food from supplemental food sources. "There are no stores close to the shelter which makes it extremely difficult to walk anywhere for food access and shopping, especially in the heat! The case manager can sometimes use a company car if both they and the car are available to take someone to a doctor's appointment but not for groceries. There is no case management available on the weekends, either. There is a service available one day, 9-5, to do transportation, but you need to take many hours to do an appointment. "

Carroll Transit is the worse bus system one participant has seen in his life. They drop you off not close to your doctor's location, and it takes 4-hours for an appointment if you add in getting a ride there and then the wait to get picked up for the return ride. Routes are very difficult for an average person to understand, and street names are not on all routes making it hard to know where stops are located. Scheduled routes are somewhat reliable. People were stranded on half day service, they were not told the bus wasn't coming back because of a half-day holiday.

No one present had used Potomac Case Management, and one participant heard it takes a long time to get an appointment with them.

"One can't store one's food at shelter because it gets stolen. At the shelter you are required to keep meds, etc. in lockers but there is not enough room for food. The refrigerator gets locked at night, but it still does not prevent theft. You can't get food every day and with limited space to lock stuff up, you can't keep stuff there and can't get to the store every day, so you're stuck."

"We have the basic necessities, we are to be ready to take care of ourselves, but if we don't have transportation to get to where we need for what we need it is difficult. Laundry services are provided on the permanent shelter side, but no access is available to get other things you need."

Affordable housing was the number one issue to be addressed for the greatest impact to the health of our community, and Quality Health Access was second: Some participants know people who got vouchers, but good luck finding a place. "The list you are given for locating housing, when you call the landlords listed there, they say they don't take the vouchers. People actively look and call every day and can't find a place on the list that is given out for housing availability."

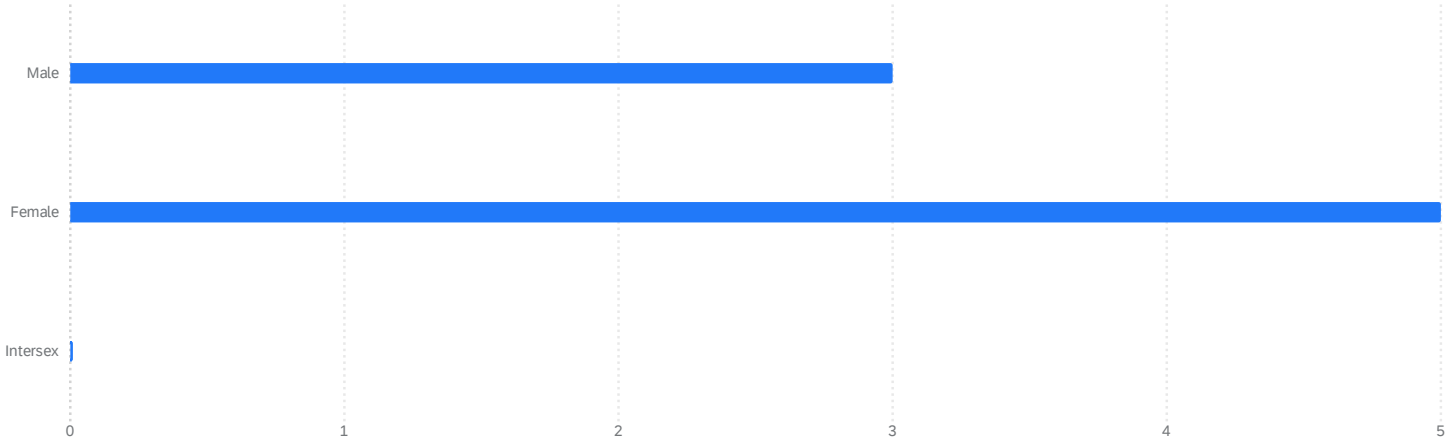
"People are not advertising their places for rent with signs because it is all online, and the place gets rented right away. "

"Rents are at the top of what the voucher provides. Some get county vouchers – which makes accessibility even worse. Rents get higher, new Windsor was $1,495 for 1 bedroom apartment, but then it increases the need for transportation. Places far out of Westminster only have a local bar, a pizza place and a 7-11 store. Not what you need for a healthy lifestyle."

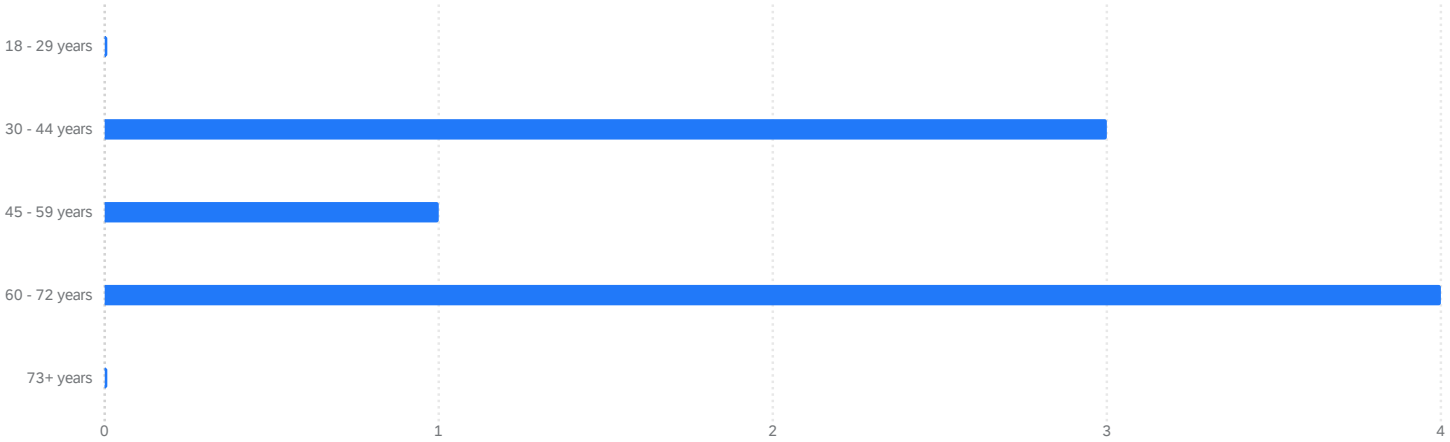
Targeted Populations Focus Groups_NAMI- B...

Responses: 8

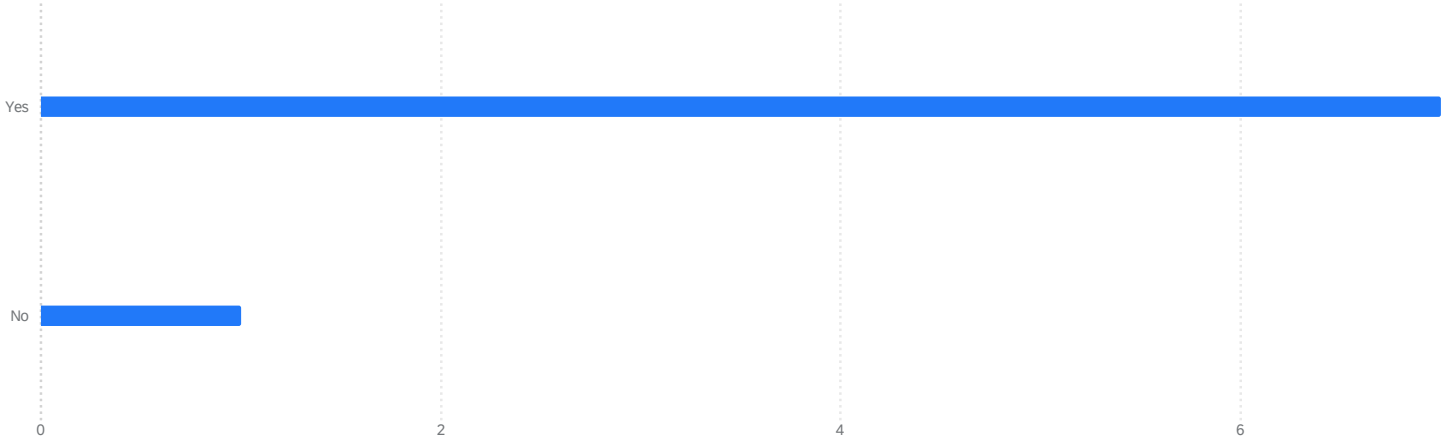
Birth Gender 8



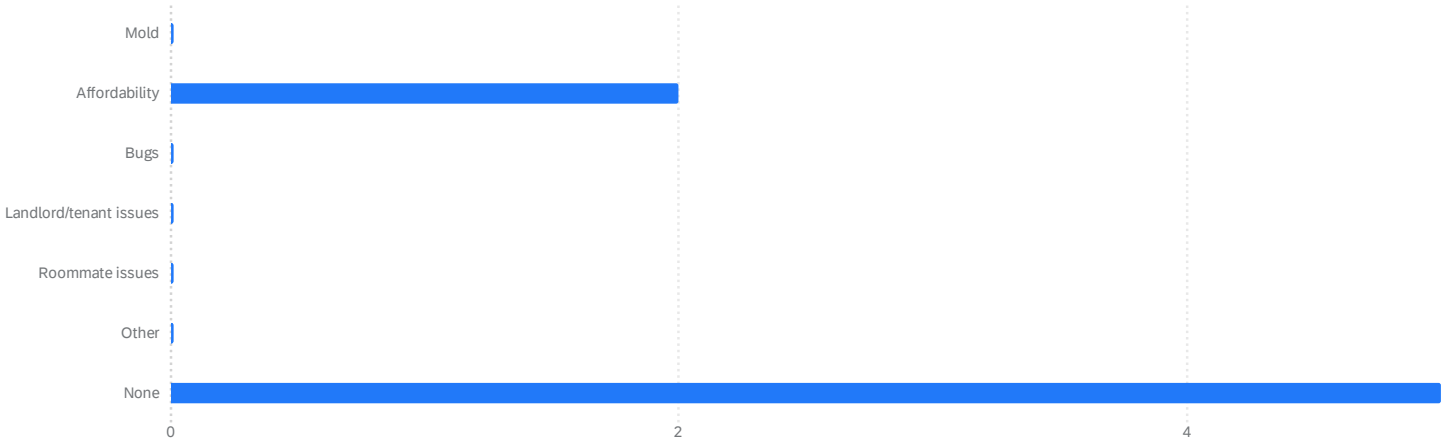
Age 8



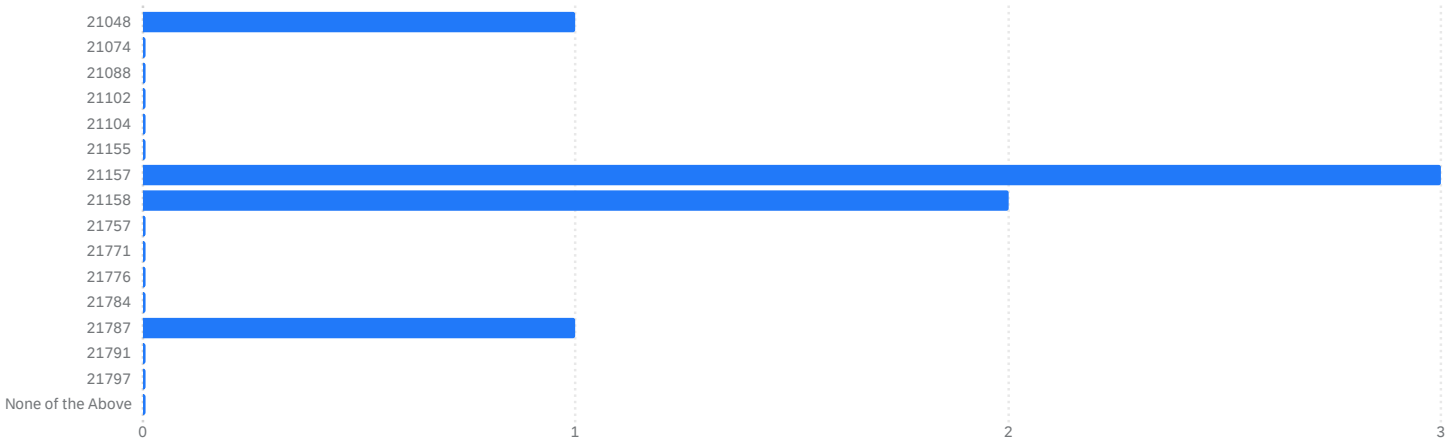
Do you feel safe in your neighborhood? 8



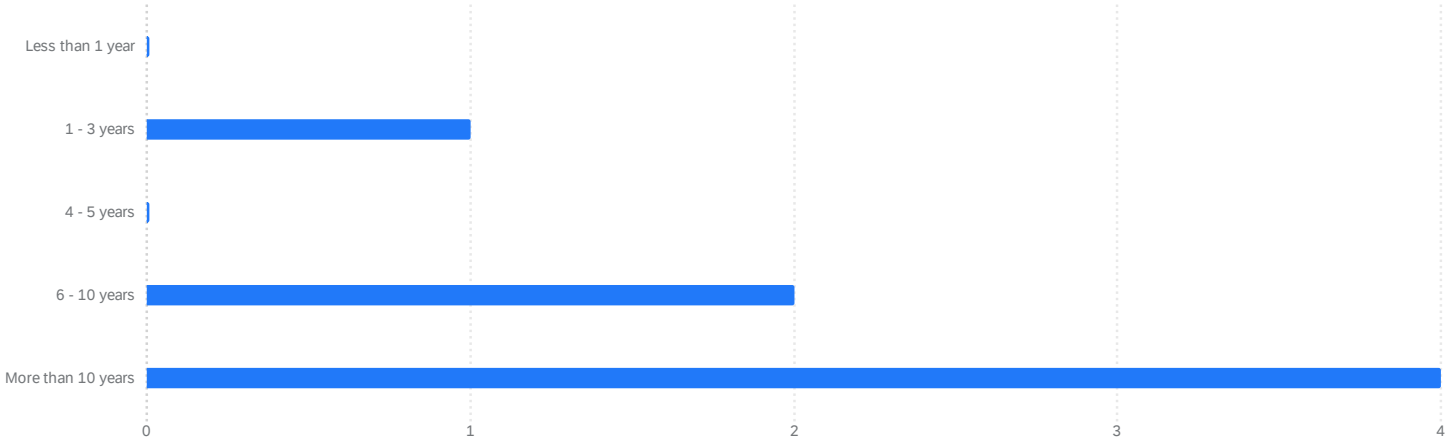
Do you have housing concerns? (Check all that apply) 7



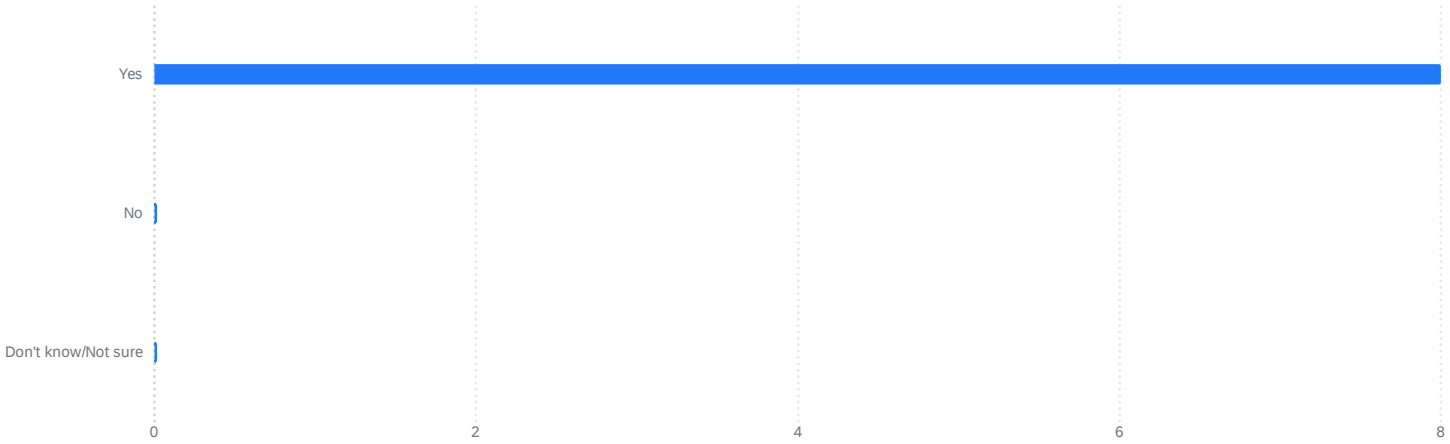
Zip Code 7



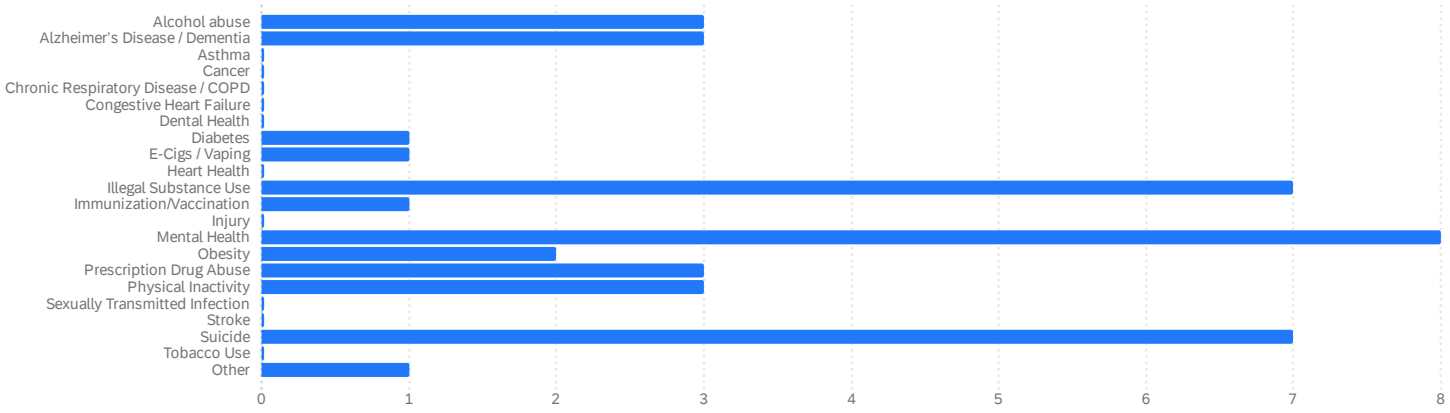
Number of Years Lived in Carroll County 7



Do you have health insurance? 8



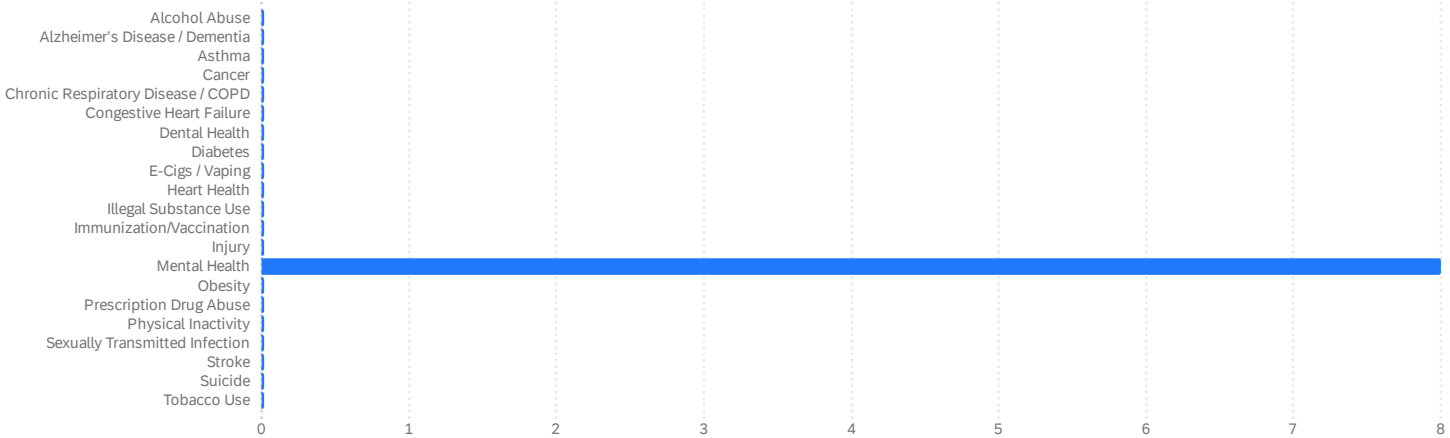
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 8



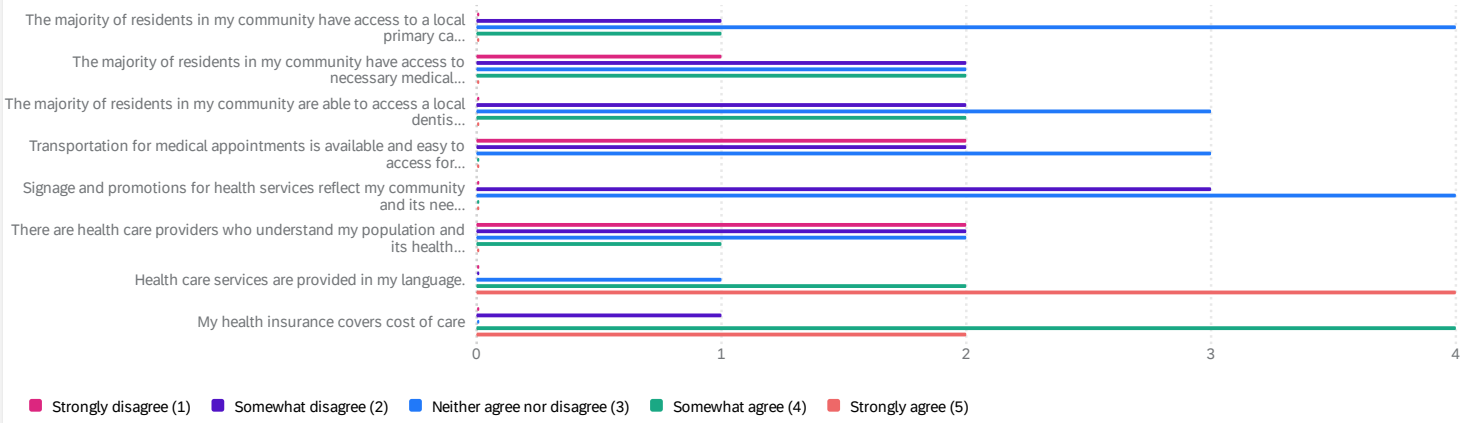
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

Youth and adolescent health

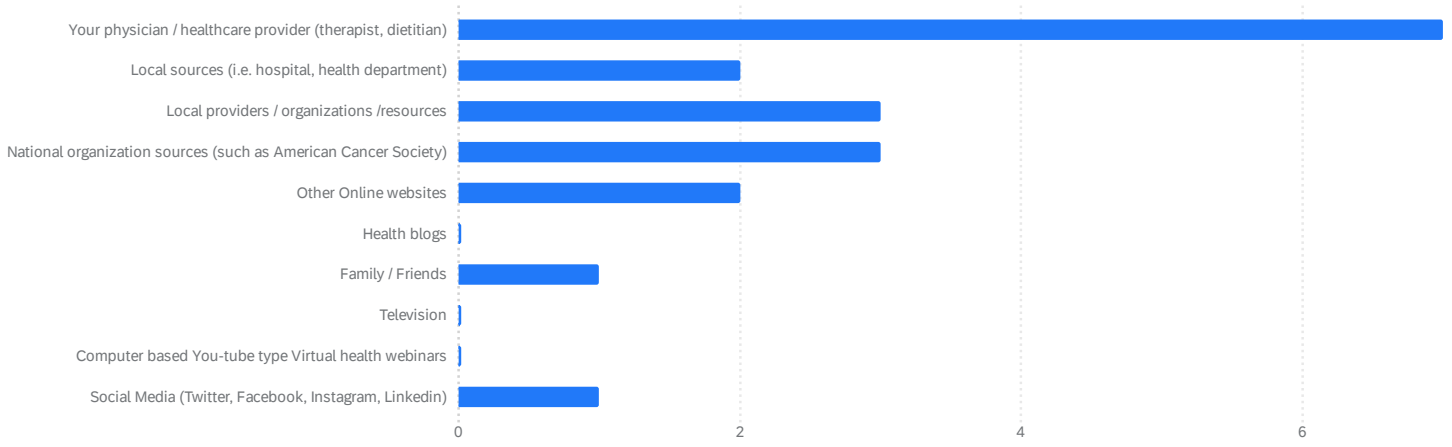
Of the 5 General Health issues you selected, what do you believe is the number one priority. 8



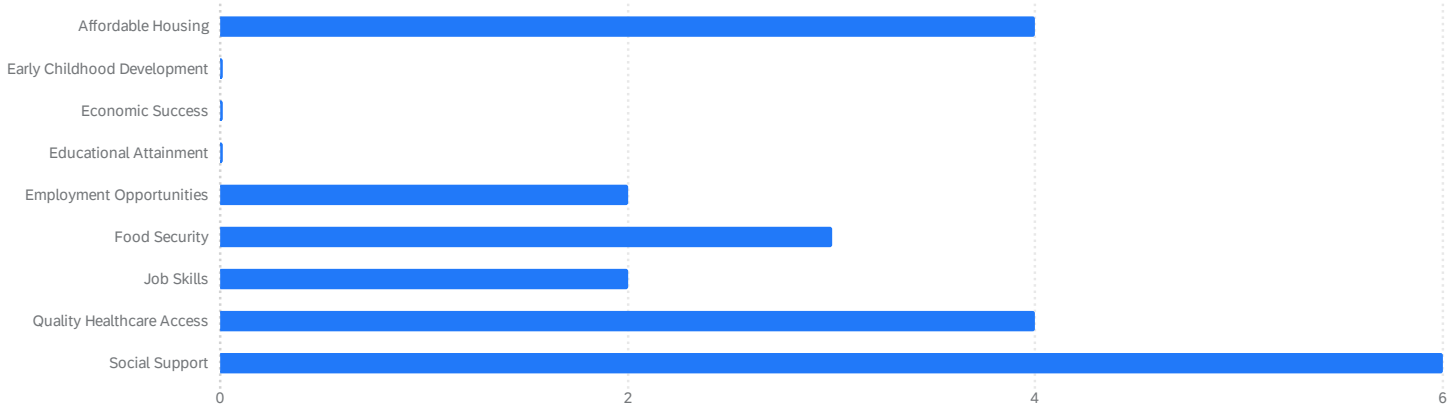
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 7



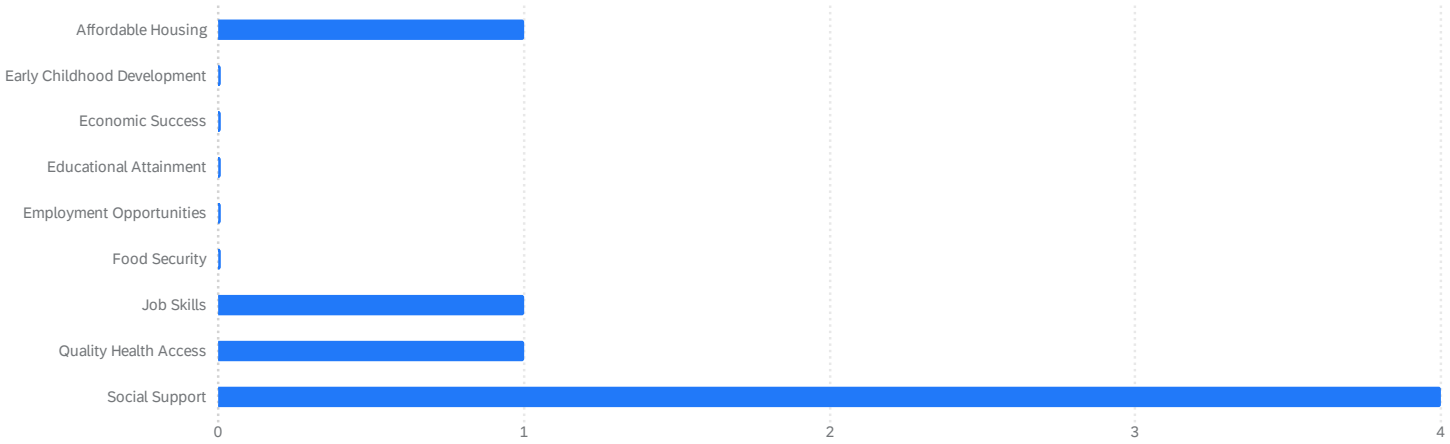
Where do you go to get health information and/or health education? Choose all that apply 7



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. 7



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? 7



Community Health Needs Assessment FY 2024

Focus Group: NAMI

7-12-2023

This group was facilitated by Dorothy Fox, Cheri Ebaugh, Hunter Clifton and Tasha Cramer at Exploration Commons, on July 12, 2023. There were 8 participants, birth gender of 3 male and 5 female. A majority (4) were in the 60-72 age group, with (3) 30-44 years old and (1) 45-59 years old. A majority (5) live in Westminster 21157or 21158 zip codes. A majority (4) have lived in Carroll County more than 10 years, with (2) 6-10 years and (1) 1-3 years. All participants (8) have health insurance.

When asked if you feel safe in your neighborhood: One participant does not feel safe. This is related to being trans; the participant has been threatened, called names, and yelled at by neighbors.

When asked about housing concerns: A majority had no housing concerns, while #1 (2 responses) is affordability. Participants state that the income they make does not match the rent they are charged on places within a reasonable driving distance, so they have major commutes to have a decent livable wage. Pay does not enable one to rent or purchase a home. One participant stated that both she and her spouse are not just starting to work/starting careers but have work qualifications, and find that most jobs have entry level pay, even for experienced workers. Local wages don't match rents.

One participant has heard others talk about rents forcing them to make choices about where they spend money – they have problems buying healthy food choices or medications, this puts health needs out of balance because of most money going to housing. A person used to have a choice between renting and buying, now rent is so high it has become as out of reach as buying a home. Low-income housing rent is $1,700.00, which is ridiculous! And with the label "low-income" housing people don't want it in their neighborhoods.

A single working mother with a low-income and several children with HUD pays $1,650 a month.

One participant has a trans son who lives with a HUD voucher. It is difficult getting into the approval and time consuming every year to get approval again. This makes it difficult doing the approval and recert process every year but needs to be done as it makes it affordable. They found a place but used "dad subsidy" until HUD came through and they could obtain the place (dad paid the rent until HUD came through).

"Rent is very anxiety provoking. Social Security disability payments change, and it causes anxiety wondering if an increase might throw things off or change the percentage that must be paid from disability if some threshold is crossed. It has gone up a lot but is still reasonable."

It is felt that going through and filling out the paperwork is humiliating; you are stripped completely of your dignity doing this paperwork. One participant said her husband cried filing it out as it was so stressful and humiliating and they got denied anyway. They found out you always get denied the 1st

time. It is not just stressful but demeaning. Both had full-time jobs and a baby and were going through a crisis and did not plan to stay with it too long but still had to do all of that work and paperwork. If someone is having difficulties already at the time it makes it a very difficult process to go through. "It is so deeply personal; they wanted all bank information so they could look into our bank – full access to everything as though taking over our finances." It brought horrible feelings even as she shared about her experience from 2008.

One's mother had mental illness and was on disability, a senior citizen with an 11th grade education and struggling with so many things already, and she was just not able to fill out the forms on her own. The daughter stated that, even having earned a master's degree, she couldn't figure out the paperwork. She feels it would be a challenge for most people to fill out.

One participant has a daughter in housing in Frederick. They checked there for HUD housing, found a place that had everything and everybody (not just HUD but included HUD housing as well). The waiting list was over 100 people to get in – so it is not accessible in my lifetime. It Is so demeaning. It tells you that you are worthless, you don't mean anything. My daughter can only fill out one page, could never do the entire HUD packet without someone to help her fill it out. It makes you feel worthless. The packet is so thick to fill out for HUD housing. If you miss one paper it puts you behind 3-months.

The waitlist for HUD is long. One participant was on the list for 2.5 years, and by the time it came in she didn't need it anymore. She needed it when she applied!

It was felt that Carroll could use more case management services. "Potomac is slammed and dropped one participant because they were doing well, but they don't have enough staff to work with the mental health population, so they are dropping people from services. There is not enough funding to pay people for what they do, so they are hemorrhaging people. Carroll does not have enough workers to help people manage benefits, keep paperwork in line, etc."

The participant heard that "some people at senior centers help the seniors do it, but there is no one to help people with mental health issues, etc. Potomac needs more support to help people in our community to do these things."

It was commented that "training peers and providing advocacy is very important!!!! Not just for substance use, but for all mental health issues. Housing with case managers (single occupancy) would be good."

It is felt that more group homes are needed to help take in those who are living in homes with lots of disfunction or aging parents. What will happen to a child who can't sustain himself on his own? Who need 24-hour supervision? Is there a wait list for a group home for people with mental health issues?

A regular house with a peer support supervisor and specialist is needed. Someone to help people manage their meds, do self-care (take showers), do paperwork. Example, Arundel Lodge, long term housing for individuals with mental health issues. One participant works with short term housing, and said the wait is so long the people are with us for 6-months before getting placed somewhere.

One participant lives in Bishop Garth, and there is some violence, fights (which makes it difficult when you have children).

Another participant commented section 8 housing has no supervision and they go through countless managers. Sometimes congregant living is stressful, and people smoke. The participant found an apartment and did not tell the landlord at first that they were on HUD. Just got to know them first, breaking the stigma, so they would accept the voucher and got an apartment in a basement of a house (if you can live on your own as independent). Don't tell them how you will pay, build the rapport first. It is guaranteed payment! Perspective landlords don't have a legal right to ask someone their diagnosis – they should have one standard for criteria for renters. It is not only unfair but unlawful to ask one's mental health diagnosis. "Maybe it would be of help to train landlords on HUD vouchers – that it is a dependable rental income - and get past the stereotype of 'HUD renter.'"

When asked to choose the five health issues most important to address in their community: number one was Mental Health (8); number two was illegal substance use and suicide (7 each); number three alcohol abuse, Alzheimer's, dementia, and physical inactivity (3 each):

It was commented that the biggest problem is with Youth/Adolescence and parents/parenting. If we invest in them, they are the most resilient to change; their hierarchy of needs need to be met and are not being met. "We have different and dysfunctional families, so we need to work with families. What are healthy ways of parenting? How do we help redirect kids who are resistant to parenting? Parents are lost, and then you add social media and the kids become lost. "

To find Counseling is difficult; one participant made 37 phone calls (private insurance) and still didn't get one. She was using someone in Anne Arundel Co. the child didn't open up very well and instead of being patient with offering help, they said "give us a call if he has a crisis." There were issues with getting meds refilled – the practice would not refill the medication – the parent had to beg a pediatrician to get the meds.

Discussed was the need to get Mental Health 1st Aid for youth into schools for all staff, including cafeteria workers, bus drivers, etc. Many teachers are old school, and you can't just discipline based on not following rules without identifying the root issues the child is experiencing. They may be using a coping mechanism and not just "acting out."

"The child needs to advocate for self, teachers and parents and administration don't know what they don't know so they need to be educated – see how the child is experiencing an evolving mental health crisis instead of just looking at it as a discipline issue. How do we get to the root of it? Our schools didn't do the training because of funding: $15,000 for 2 instructors and a different curriculum for teachers. "

It was commented that we need a third party with primary focus on Mental Health in school to help with this. Someone to know what a measurable goal for the child is, their specific needs and how do we get there. There are not enough resources or support people. We need wrap around services – there are reasons why kids are acting the way they are in school. Parents and staff learn together, staff really can't know "why is the kid laying on the floor". It may be because of struggles at home, an inability to find a counselor outside of school. Everyone needs to work together and learn together what to do and how to help. Teachers call for help with a child and there is no one to send to the classroom to help. We need more trained staff and more help. Even bus drivers need the education. There is a reason that the

one child is taking up all of your time from the other 27. "No psychiatrists in Carroll County take Medicaid (1 person at Springboard), CCYSB takes it but not as a secondary payer, just primary, so there may be expensive co-pays. Figuring all that out is impossible. People need the secondary insurance to pick up the horrendous co-pay. Many practices accept insurance but can't take new patients. "

"Practices don't call you back, and one participant appreciates some answering machines that just state up-front that they are not taking new patients. "

It was expressed that you can find a therapist and then they leave. "If you have a vulnerable kid connect with a person and then they need to connect with another person over and over it causes a problem with a lack of continuity of care. The kid says, 'I'm not doing this anymore' and gets very jaded about therapy."

It was commented that the NAMI training program is available for hospitals and other facilities to interact with clients and families. "HIPPA laws are not helpful with non-compliance or delusional patients and makes it hard to provide help as a family member. It is a provider course, and NAMI goes in to teach this. The ER care is 'stabilize and ship', but that is not acceptable service – this program brings family members on as well – it would be a great program to utilize."

It is felt there is a disconnect at the ER – "if you call 911, they take you to Carroll, not Shephard Pratt, and staff says they can't transfer them, but the counselor says they need Shephard Pratt. We are then required to transport her there ourselves, but she won't go, and we can't get her out of the house. Now the ambulance crew won't come to get her because of so many calls. Then we couldn't rouse her, and it took 3 calls to have the ambulance come get her."

One participant's nephew was aggressive to his dad, and he couldn't get someone to come get him, the dad had to go sleep outside in a sleeping bag. These are disconnects that prevent the family from providing or receiving support.

A participant said law enforcement is with us, it seems that gaps are in the ER, when in crisis they take the patient into the ER and then they discharge them to home or let them walk out the door (one suicidal girl was released and walking out on RT 140). This is not OK. This is a serious safety issue. They need to take accountability.

One participant had a son in a crisis, he took him to the ER "the social worker came down and couldn't identify the crisis and sent us out, they could not transfer him anywhere, so they just discharged him (was med noncompliant and having severe paranoia problems). I took him back to his apartment and 1 hour later he called 911, the police showed up – they are very responsive. They transported him back to the hospital, and then the hospital transported him to Brook Lane for a month. My experience is, I will never take him over to the ER again. They looked at me like I was the problem by bringing him into the ER."

One's son was suicidal – as a parent they were scared to death and called 911. "They talked to him, and it wasn't working, so they took him to Carroll Hospital, put him in an empty room for an hour or so, finally a social worker or counselor came in for 5 minutes and asked, 'Are you OK, are you going to kill yourself?' The son answered no, so she discharged him. I was scared to death to take my son home. When we moved here – it was the 3rd school in 3 years, I knew it would be tough, so I asked for help,

begged the school for testing, counseling, anything. Many calls were not returned, I was passed and passed to somebody else – never did get any assistance from the schools."

The ER asks a pointed questions – "Are you suicidal" and they answer "no", so they get discharged. We tell families to take facts in with them – what their child said and what they did. "I told the person in the ER; the patient was a high risk for seizures - stopped Xanax and told to keep him - they let him go and he seized in the parking lot. There should be a same concept of other acute crisis – just a different organ – just brain instead of heart! I would probably call the crisis team and ask what other hospital I could go to."

Another participant said we are in there often and had two discriminating issues, it is horrendous. LifeBridge express care and Carroll Hospital. The reputation is if you have mental health issues – don't go to Carroll. Even with HBP or diabetes issues – they don't want to go to Carroll. I went in for bronchitis, the nurse asked what my job was, when I said a rehabilitation specialist she went on and on with a commentary about people with mental health problems and substance use 'they come in all the time…' she didn't know my background or if I had mental health problems myself.

One patient was black, with a mental health diagnosis, and even though there were empty beds and only one other patient, he was put back in the waiting room and told they had no beds for him. When they saw me and asked if I was his caretaker, I was told there was a bed. "Someone with a mental health condition needs to have a peer support specialist be with that person and do escalation. Train the staff to pretend it is your loved one that you are misspeaking about. "

"Law enforcement has been wonderful – they do it right. 4 West adolescence care was great, but the ER needs help!"

One person has a renewed license and wants to do group workshops, they know insurance doesn't pay as much. There is a hole in getting care for crisis care (non-imminent danger to self or others). This produces secondary trauma to the family going through it. When it is an adult, and they refuse help the family can't get help for them.

One participant was trying to advocate to get clarity on what was driving one her sister's issues while on the 4th floor, (the family has dementia issues) and she was told – they would only look at psych issues not check for dementia. (It was commented the providers need to look at whole person!) Why is there such a disconnect? A person went to the ER with a UTI, but the mental health issues were addressed so they were sent to the 4th floor but then they didn't treat her UTI.

It was commented that help should be given to redirect funding to training, prevention, instead of catch-up and cycle repeating. Spend funding for prevention before getting to the crisis. "Every time my mom got taken to hospital, in and out, lots of turnover – it costs so much! And the root problem is never addressed. "

"It would help to have a psych urgent care (like Shepherd Pratt), or the Oasis model – short term psychiatrist in Annapolis. A Peer Respite Feasibility Study was done by On Our Own MD."

NAMI would love to meet with Garrett and try to fix the problem in the ER and include law enforcement in the meeting – they would have a lot to say. One was part of a Mental Health Patient response group to meet with ER staff 2 times per month. NAMI just started back at the 4th floor to immerse and educate

for a 1-hour meeting. Some decisions prolong things, the revolving door, jail, and ER, back and forth, with the root issue not getting treated. There are two problems – organization (protocols) and people (education). It was mentioned that GBRICS has come a long way, we are getting there.

Overlap of substance abuse & MH: People say to address substance abuse before mental health issues, but maybe there should be the other way around and it could help with abuse of substances. We are not first looking at mental health and that's why they come back over and over to substances as self-medicating. "Looking at sobriety and not the mental health of individuals is designed not with the patient in mind but are more for profit; they are taking advantage of people. Relapse is a big problem with co-occurring issues. Documentation services at drug treatment: everyone had to be at every class (10 a day) so they could get reimbursed from insurance/Medicare. Named it 'no excuses' and said, 'if you can do all that to get drugs you can do this.' Be a non-profit rather than a for-profit drug treatment center. Get to the root that causes the coping mechanisms to be engaged. If you stop one thing, if not cured you will turn to something else."

"It is a challenge to find beds in rehabs. People said they got access to more drugs – other things - when they were in rehab."

NAMI at hospital – free care – and continue to talk as peers, very similar to AA for people who want that care and discussion – our start with Carroll Hospital is to get people to sit in with us.

Would county compliance help? Is it a Joint Commission or something? The Health Department is the local health authority for oversight. Can we recruit practitioners, substance abuse staff, peer support staff, etc.? It was commented that the problem is that it is more profitable for practitioners to work on-line. A LCSW – not getting in-person meetings during covid found they could work mostly on-line. But a lot is missed if not in person. "We need training, then education. We need Mobile Crisis – treating people in homes, where they are. "

We need help to keep out of the hospital: make sure the person has food, housing, less stress. "The Oasis Model saved my life." Charlotte NC has a Mental Health Respite, an amazing model! "No stigma, a Mental Health Disneyland." (Promise Resource Network)

When asked about access to health care: Responses were in the middle regarding access to primary care, necessary medical care, and access to a dentist. A majority feel that transportation to medical appointments is not available or easy to obtain, nor are there health care providers who understand their population. A majority feel that health insurance covers the cost of care.

When asked about health Information: The majority (7) obtain their health information and education from their physician/healthcare provider, with local providers and national organization sources tied for #2 (3 each).

Participants were asked to pick the top three Social Determinants of Health most important to address in their community: Number one is social support (6); number two was a tie with Quality Healthcare Access and Affordable Housing. Also important to this group were Food Security (3), with a tie for Job Skills and Employment Opportunities (2 each).

When asked to choose the one that would make the greatest impact to the health of their community: social support was again #1 (4) with a tie for affordable Housing, Job Skills, and Quality Health Access (1 each). This group stressed the importance of having Peer Workers. It was asked if NAMI presenters are available to schools? NAMI has a presentation for schools, *Ending the Silence*. A parent speaks from their perspective. Young adults speak from their perspective. But this is not in Carroll schools as we just haven't gotten that far.

It was commented that with loneliness and isolation substance misuse is the 1st thing to look for. Maybe more sensory sensitive programing would help, it is hard to get people engaged. Florida started a program, having a peer buddy paired with a newly discharged person to walk through life with them, to sit with, have coffee, provide socialization, etc. a buddy system from discharge forward with follow-up appointments. Safe Families has a resource: parent/guardian friends. Using volunteers as a "family friend." To give help to kids who are struggling. What happens if a parent goes into rehab? Where does the child go?

It was suggested to have a sticker for businesses: "Mental Health judgement free zone." Minority groups such as LGBT, blacks and black men need uplifting and to be shown they are worthy of help.

Socialization/isolation: program foster grandparent program – older adults who go into classrooms to help kids and build relationships.

Springboard in Baltimore City has grants for the grandparenting program.

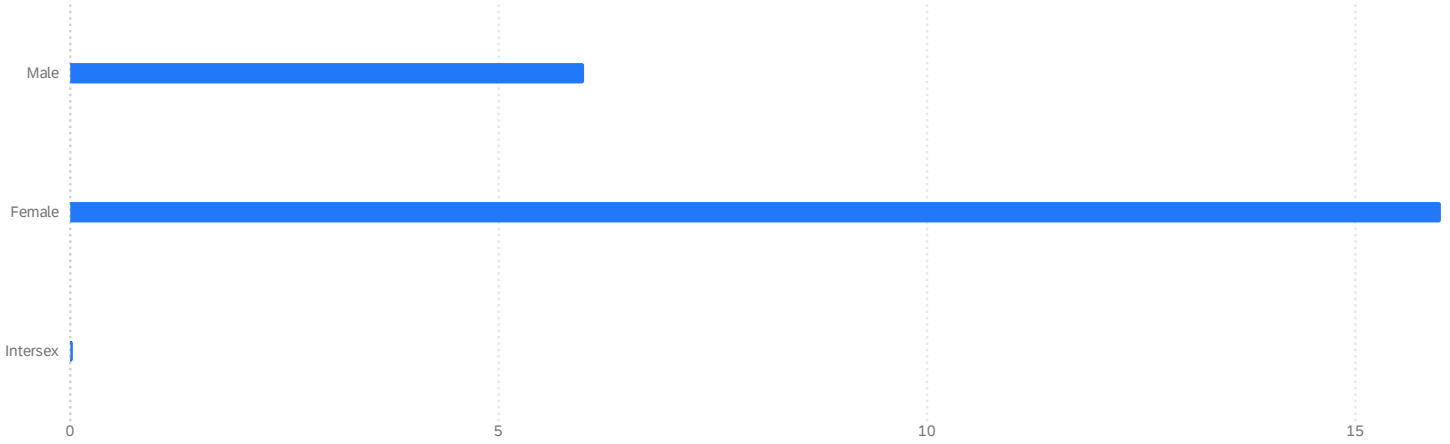
Find Your Purpose in Westminster is a very helpful outreach, advocating for the youth. There are a lot of single moms with kids.

D. Fox will try to set up a time to meet for discussion with someone from the hospital.

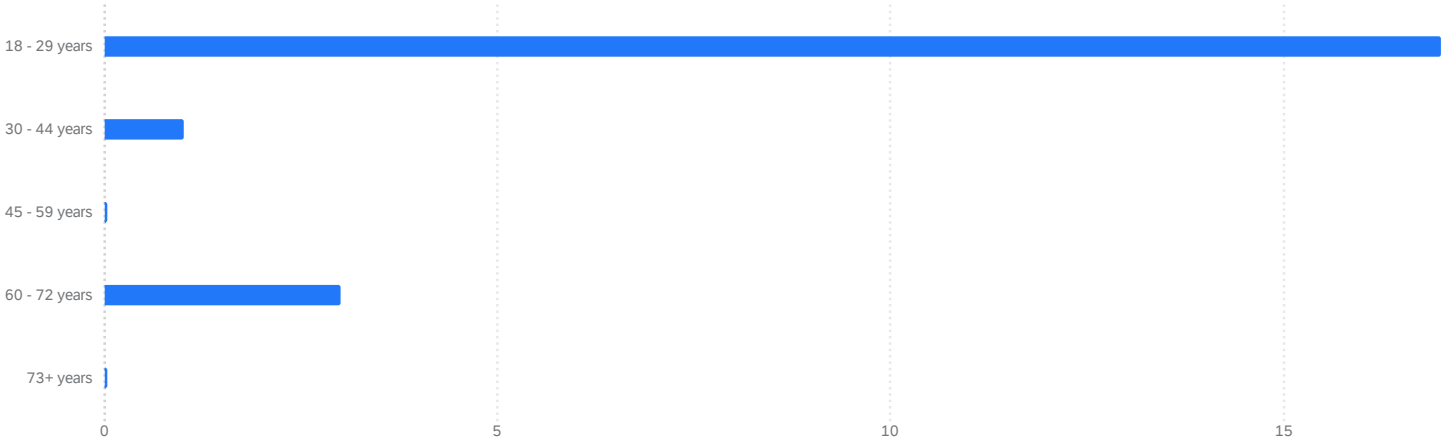
Targeted Populations Focus Groups_UC-LGBT...

Responses: 22

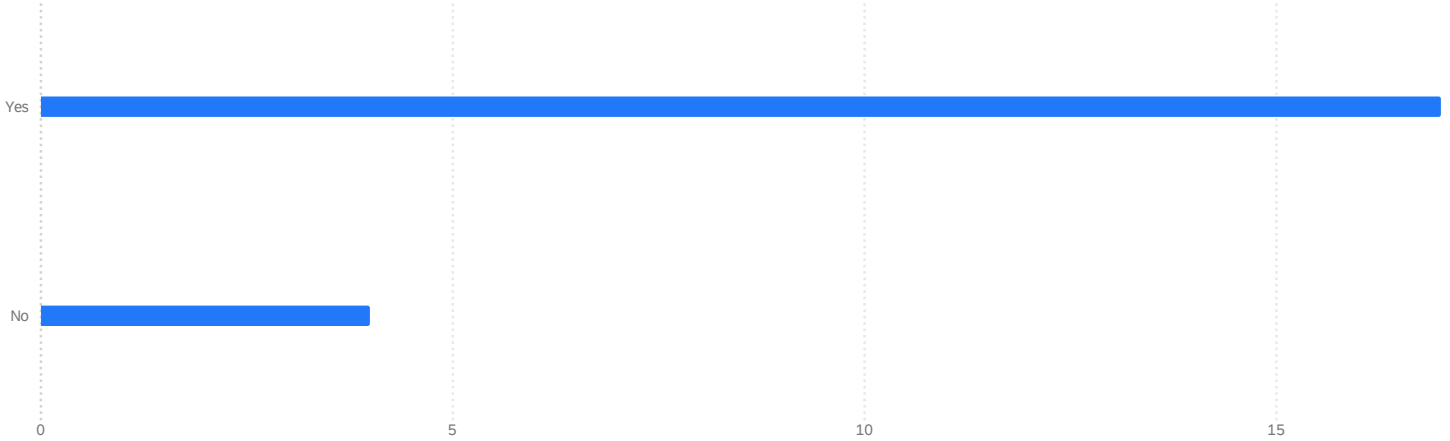
Birth Gender 22



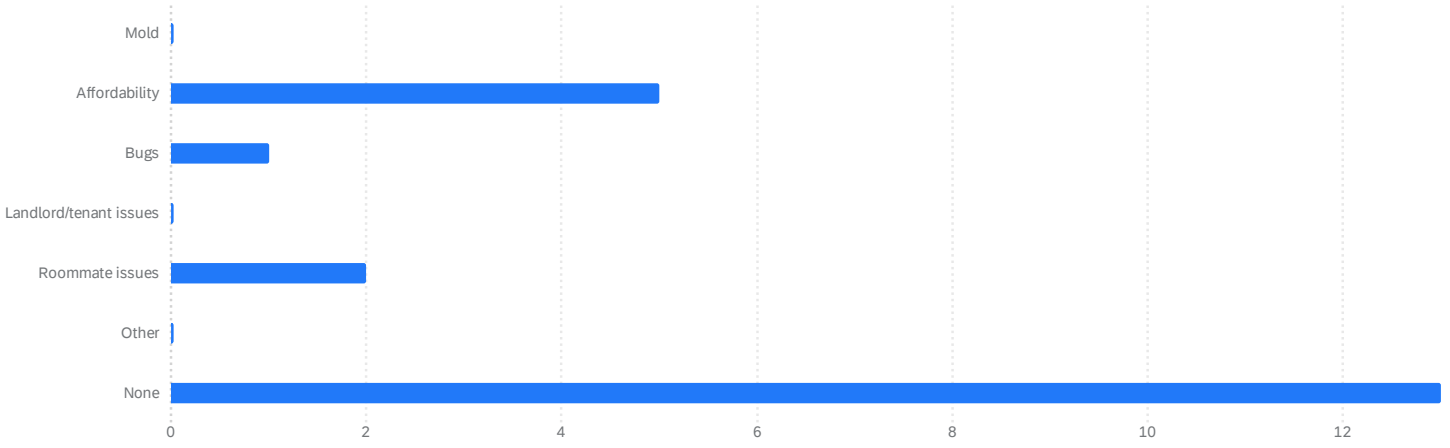
Age 21



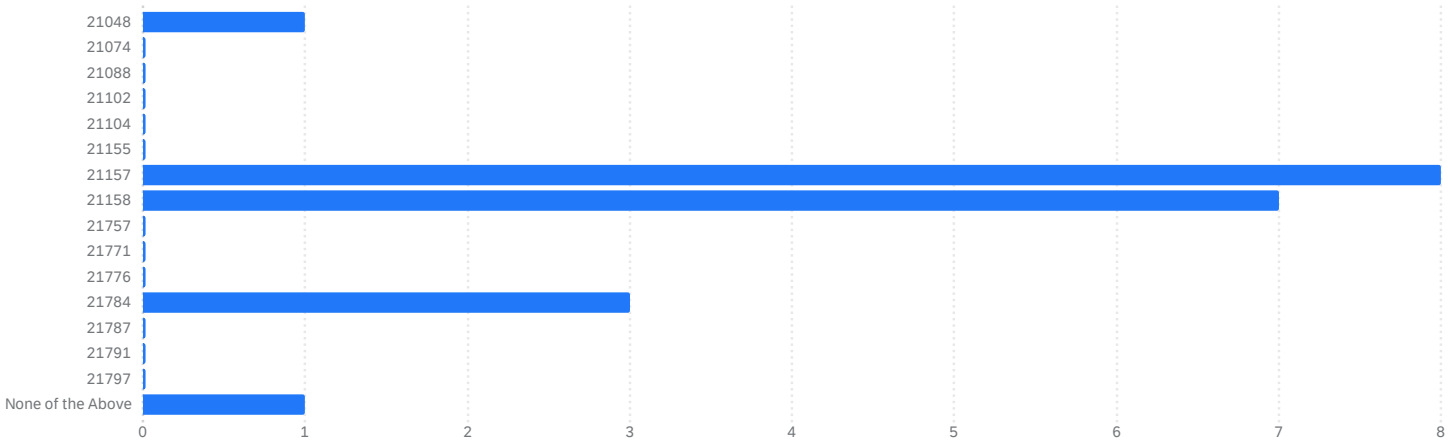
Do you feel safe in your neighborhood? 21



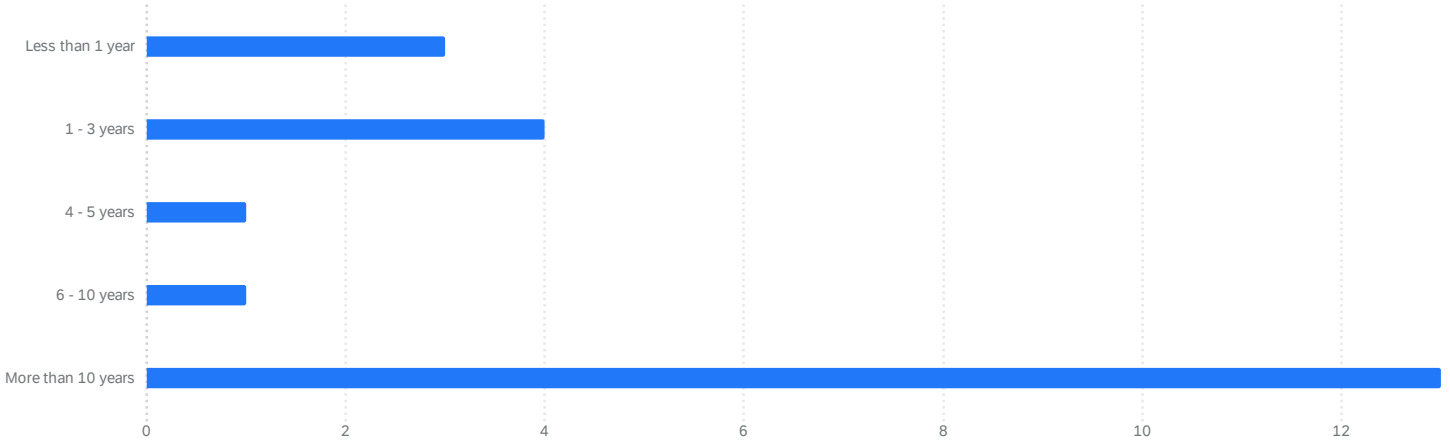
Do you have housing concerns? (Check all that apply) 21



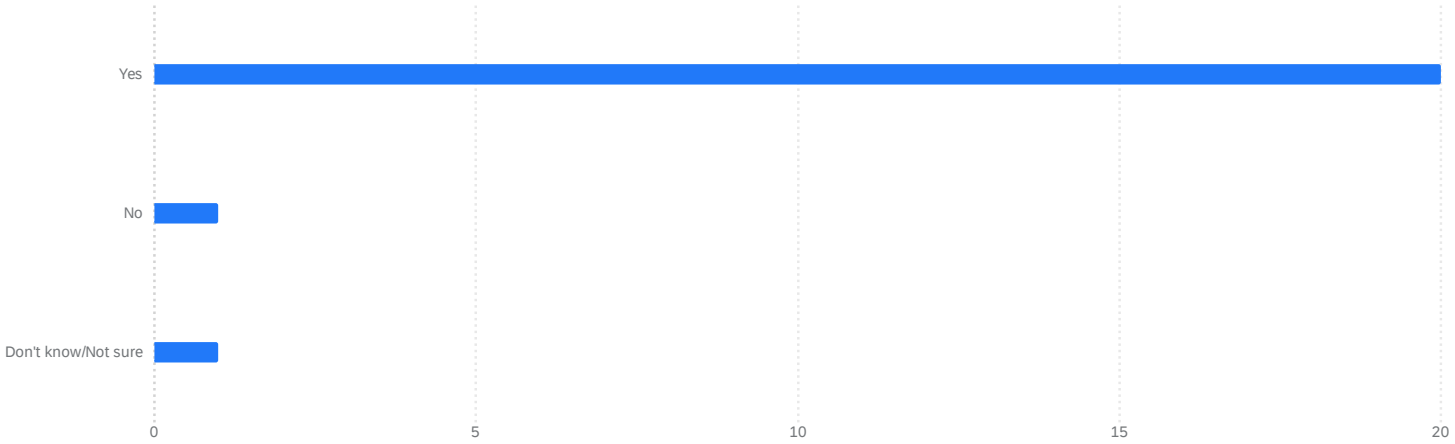
Zip Code 20



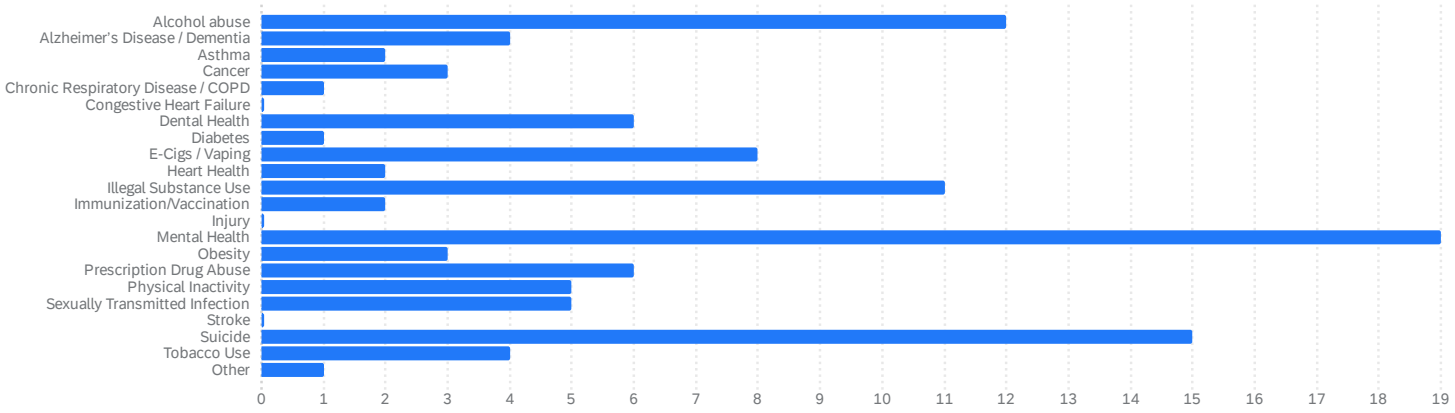
Number of Years Lived in Carroll County 22



Do you have health insurance? 22



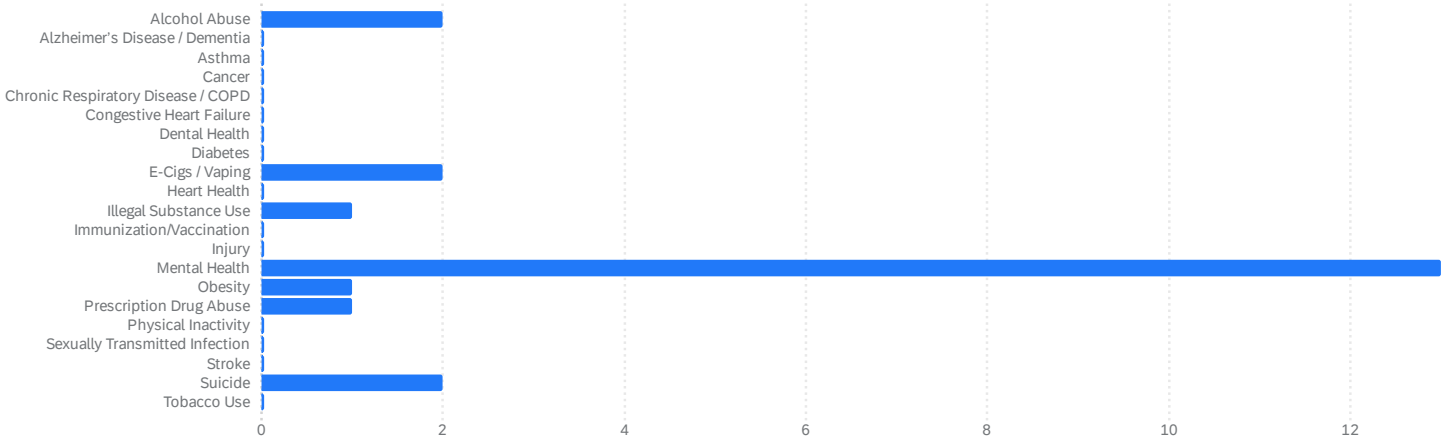
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 22



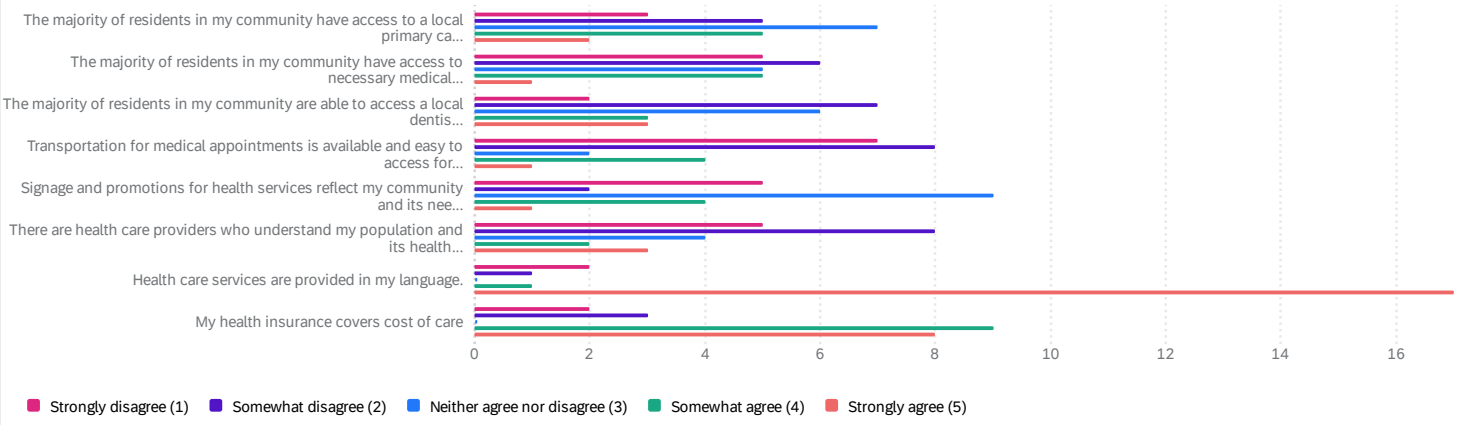
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

No data found - your filters may be too exclusive!

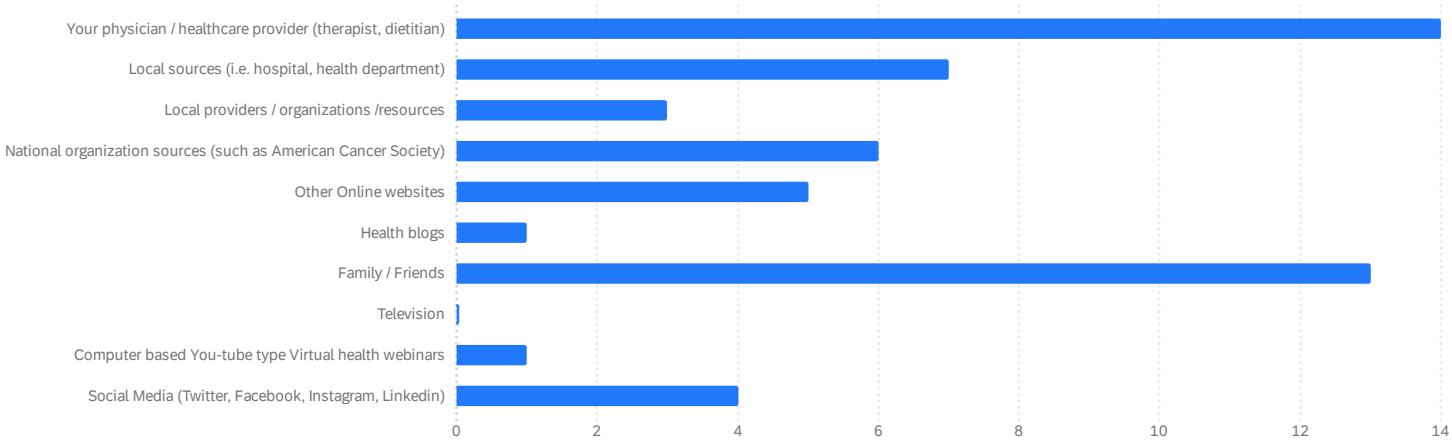
Of the 5 General Health issues you selected, what do you believe is the number one priority. 22



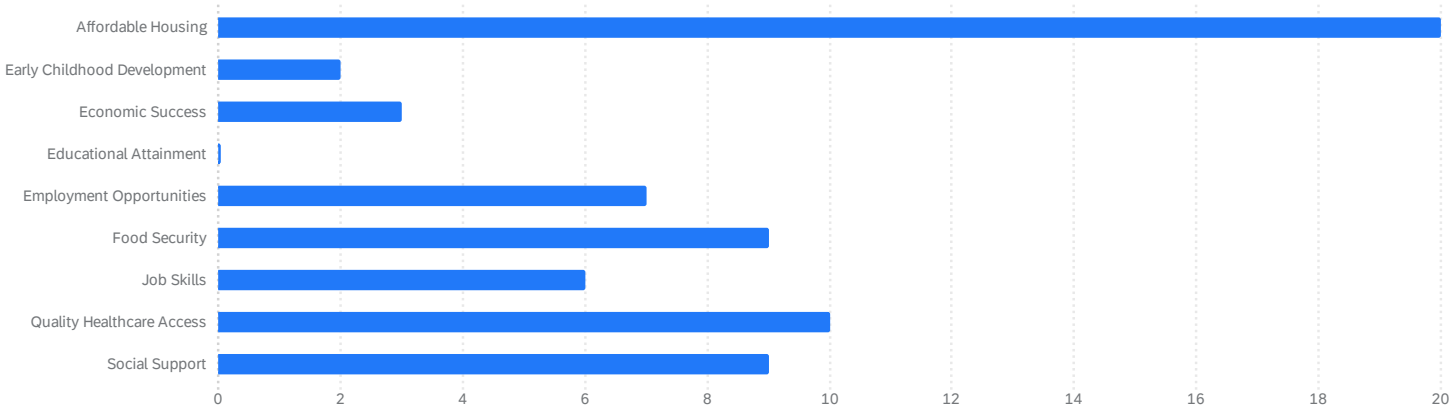
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 22



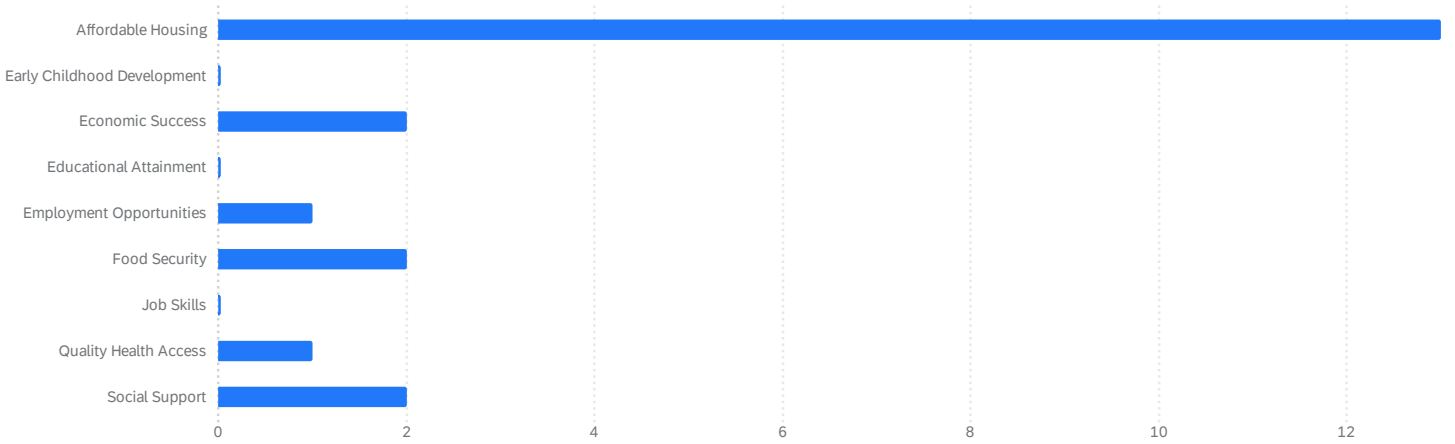
Where do you go to get health information and/or health education? Choose all that apply 22



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. 22



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? 21



Community Health Needs Assessment FY 2024

Focus Group: LGBTQ

August 11, 2023

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh, Maggie Kunz and Hunter on August 11,2023 at the Unity Center, Westminster with 22 participants. Participants were all given iPads to complete the Focus Group Survey. Participants were 16 female and 6 male.

Dot explained that gender is asked because health issues, screenings, etc. are different depending on one's birth gender: Ages were distributed as: 18-29 years old – 17; 30-44 years old – 1; 60-72 years old – 3. The majority of participants (13) have lived in Carroll County more than 10 years, with (1) 6-10 years, (1) 4-5 years, (4) 1-3 years, and (1) less than a year. The majority of participants live in Westminster (8) 21157 and (7) 21158; (3) 21784; (1) 21048; and (1) none of the above. While a majority (13) responded "no" to any housing concerns, the "yes" responses consisted of: affordability (5); bugs (1); and roommate issues (2).

When asked if the participant feels safe in their neighborhood: 17 responded yes, and 4 responded no.

Participants commented that "neighborhood" and "community" were two different things. Discussion points were that there are still people who believe they have a right to trample on other people's rights, and hassle others for their religions or beliefs, and it can feel unsafe. One participant feels unsafe in his neighborhood because he sees multiple signs promoting DeSantis. He attends a small liberal arts college, which is gender non-conforming, and is aware of differences between his college and this community. He was wearing short shorts at a public place and thought it is probably not safe to do that here.

One participant lives on main street and has had multiple things stolen such as his rainbow signs, and sees people being chased by cops: there are multiple cops on his road and the police presence makes him feel unsafe; "my neighbors are extremely homophobic and look at me like I'm the end of the world, I have been spat at, it is generally not a fun vibe in my neighborhood." Also, it is not safe physically because of trees growing in the sidewalk that people can trip over.

Police make me feel unsafe. Also, generally the people being chased by the police. I've been talked to by the Westminster police. At Pride, the Westminster police were not helpful with the protesters. "I was dancing in front of them [protestors] and I accidently bumped into a woman, and I immediately apologized and said I was sorry, but the police said if I did it again, they would charge me with an assault." They said if I got in front of her, we would be having a conflict, which "wasn't an issue when there were bodyguards pushed in front of me."

One participant commented that his parents believe they [police] protect us, they believe you shouldn't be afraid of police. Some are terrified of them, and some are not.
One participant spoke of family having issues in the past with police harassing them, saying that unless you know one personally you don't cross them – you don't know which would help or not.
With some it depends on what your personality is, the police are good, and they do a lot for us to protect us, whatever situation you might be in.

When asked do people experience good police or mostly bad police: One participant stated their lived experience was they never had an experience with police.

One participant said that the news is not telling people not to trust police, it is *showing* them not to trust police. "You see first-hand accounts of things, police taking down other people. The news shows police taking down unarmed people and being giddy with themselves afterward." One participant feels the media is reality as it is not sensationalized. Sensationalization implies it is not an actual problem, but we are seeing the reality from many, many people and the fear they need to live in from the cops who are supposed to be community watchmen. "Media shows what cops have done, but afterwards bring on a police chief to make sure it is not reality but an isolated case. But when you have 20,000 isolated cases in each city [it's not isolated]. There are police gangs running in cities. It's a real thing."

Another participant commented, the media makes you feel it is an isolated thing when it is not. Even if not an isolated thing it may happen to us. What the media shows is only a small portion of what is really happening, a small window of what is really happening. Not micro and macro transactions happening every day. What is a solution? Talk about how we need more social workers and counselors in our community instead of cops who are not trained to handle people with mental health crisis. "What we need instead of cops are social workers and mental health workers. Cops are not trained in this and don't have a good track record in helping people in a mental health crisis."

"A guy was about to kill himself, and the cops shot him and killed him instead. If they are called for mental health reasons, they are not trained to handle that at all. I was handcuffed and taken to the hospital – it should be a social worker not a bunch of big cops handcuffing me, I'm 15 and that's alright? No social worker, just three big cops in my living room. "

"I had interactions with cops: there was a social worker called to my house and you have to explain the situation, I was explaining my situation and the cops behind me were laughing. A lot of us in the LGBTQ community have another mental health situation, are autistic…."

"Consider mental and physical and health stuff. A lot of us are autistic or something, have comorbid mental health situations."

"My brother's best friend – cops are called on her mother all the time for obvious mental health issues, a social worker showed up only one time and she was constantly getting arrested – never getting anything solved, just her getting arrested and taken away. She [the friend] would have to stay with us or her grandmother in Annapolis because her mom was always taken away."

When asked if a cop is called to a scene and they came with a social worker, would it help: "It should be a social worker only, trained in de-escalation of situations. Not a cop at all, with a big gun, we're coming to arrest you. People should be coming to calm you down; not let you know you are in trouble, and we are coming to arrest you. They are people who are trained to do that – difficult to put a cop in that situation who has not received the training. I've seen McDonald's teenagers de-escalate situations better than a cop. My Psych 101 class would give more training than cops get. The actions of cops in mobile crisis [laughing] were wrong. "

"Even if a social worker is doing everything correctly, who is to say the cop would do any action differently?"

"Resources and more funding should be put in crisis intervention teams and not funding for training cops."

"There are intervention services to try and train cops. We know there are crisis intervention services in Carroll County, but still not sending the cops would help. Instead of calling people who are to protect property [cops] – call this number for help [social work or crisis intervention]."

"Mobile crisis is here, but we need more training."

"A Community Model has been successful in other cities. Why not have that here?"

"If I was to call a social worker if I wasn't doing well and a cop came with them, I would spiral, I would not feel safe. Don't send cops with them, it will make things worse. People call emergency services for help, but don't send cops."

"What of people who do social work and study mental health, ADHD, etc. - I feel like cops should study that too. There are cops out there that do well, but cops don't know how to calm down their temper when with people with autism, etc. – it is horrifying to see. People who have intellectual disabilities that are not severe – it is different for them – but for the other people who have worse disabilities, and they think they did something wrong; the cops treat them wrong. In everyday situations, not just crisis situations. You don't know what a person is going through on a daily basis. I don't want to say they are bad (cops), but it feels that way today with BLM and LGBTQ, autism, etc. and they take it out on them and don't know what they are going through. How can we get to where we can trust the police? The whole system is based on destruction of property. I would rather have a social worker not a cop."

"The police are there to fill out incidence reports when [your property is] broken into."

"That's what they are supposed to do. A cop's job is to do split second training to swing – I would not feel confident if they are coming to me when in a crisis. It is a systematic failure – it is based on destruction of property – their job is doing incident reports, for breaking and entering."

One participant said If I am in danger – I would be dead by the time they got there if I needed help. "I feel so much safer protecting myself than calling a cop. I have trained myself to protect myself, I would have that level of protection. [Cops are] going into every situation with their split-second response. If someone breaks into my house, I know where my weapons are. Self- protection is especially needed for trans people. Even for small things. For noise complaints I would rather go to my neighbor and talk to them than rely on someone trained for that. My neighbor has black kids yelling all the time, and it

annoys me all the time, but I would never call the cops on them. There is always going to be a risk calling the cops on someone."

"My brother's marriage was extremely tumultuous, and his wife was having a breakdown, a mental health crisis, and she called the police. She was not in physical danger in any way, it was a mental problem. They brough sniper rifles, they were ready to kill my brother, no social worker was there. We get there, the cops pull up, they are ready to snipe my brother. They were not listening to us; they were trying to arrest my mom – this was in North Carolina, so it is not just in Carroll County. "

"When I was dancing in front of the protesters at PRIDE, someone was with me, and we were making jokes about the guy who told me it was assault when I bumped into her. Later that night, thinking about it, I know that cops take everything out of turn and have body cams, all I could think about all night was they will think I was trying to assault the person, they will come to get me, and I was having panic attacks the rest of the night because I was making jokes about it. It brings up anxiety talking about it."

A participant said police are a general anxiety inducer for so many people, especially minority people. "I find it interesting – feeling more confident to protect yourself, on social media I see people share information on how to protect yourself, locks that work, I am learning more about all of this on social media, which I have been told is not trustworthy, and yet I learn more on social media than from school or authority figures. Social workers can be used for so much more than just what cops do."

"I moved here last October, but I'm from Baltimore. We built a community where your neighbor helped you out – I don't see that kind of bond here in Carroll County. A strong community is the best thing. How to resolve these issues, it starts with people building community and then the cops won't need to come. It helps keep the cops out. Even if I hate your guts, I'm not calling the police."

A participant said it depends on what the police officer's personality is. If they are truly a decent nice person or if they cannot be friendly at all in how they treat people, what are they going through on a daily basis, and they feel they have a right to take things out on others. I'm in the middle, cops can be good, cops can be bad, some can be very dangerous. I don't know who I would call right away. If someone will break into my house – because I don't know self-defense – should I call or not? I'm not sure if I would feel safe calling the police, maybe I would call a close friend, but I see a lot of videos of people who call the police. "I see videos where cops are kind and helping people. If you are a good cop and say something you get in trouble, so you don't stay. It is a fraternity."

"My favorite cop told on another cop and lost his job. A lot of pro-cop videos, they purposely go out and interact with cops to make them seem like better people, so you don't focus on videos where they are killing the black guy. That [having the video] doesn't make them a nice person."

"At the end of the day, we are human, we are all flawed, and just because you are a cop you are handed a gun. And you are trained to use it. When I am thinking how often cops are called - I don't want a cop to show up if I am having a mental health crisis because then I will be less OK, I just need a Social Worker/Case Manager. They [cops] aren't going to stop and think, technically they are not all bad but if they [the good cops] speak out they will be fired."

"You can be a good person but a bad cop. My cousin and wife are cops and I know they are good people. I love them dearly, but I still say all cops are bad. It is the institution. Your intentions don't matter."

"I have a friend becoming a cop and I trust him, but I don't trust the police. They all support that system, which is corrupt and if they speak out, they will be in trouble. The institution is not for the people, it is against people. Even if they are a nice person, their intentions don't matter because they are working against people. I don't trust anyone in the uniform. I'm going to college for Social Work."

When asked do you have housing concerns: A participant said housing is an issue. I live with my parents, I am safe with my parents, in general I am concerned. "I wasn't sure how to answer."

Another participant commented, I also live with my parents." "I have family support issues. It is hard to save money. I am in college and only work PT, so it is hard to balance gas, food, trying to save to be able to move out. How will I financially be able to move out and be on my own?"

"Maryland is really expensive, and this area is becoming more expensive."

"My dishwasher leaks every time I use it. "

"I don't have financial problems. It is affordable because the landlord makes it cheap because of all the health issues with the house."

"I live with my mom, but my brother is looking into getting a house. In order to have a house in a location he needs where he works – he has to wait 5-10-years to be able to save for it. That's ridiculous. There aren't many houses here that are not falling apart. "

"Houses are either brand new and super expensive, or cheaper and falling apart, have bugs, mold issues, or other issues. There are roommate issues, bugs, living in unhealthy living conditions because that is all that is available."

"People trying to move out on their own can't afford it so live with their parents and put their plans aside to save money. They have to pick; you can't go to school and save money [if living on your own]."

"This age range is mostly living with parents so they can save. I was able to successfully move out with having house mates. There is nothing in a realistic price range or the range of when my parents bought their house. Not everyone can live with their family, especially if LGBTQ because families are not supportive, I can't afford to live anywhere. There is a lot of homelessness in Westminster."

"The library – there are outside speakers all night, morning to night – it is so disruptive, let me go to bed please. (It is thought to prevent the homeless from sleeping there?). I don't always want to listen to music, I just want to sit outside, hang out, not with music blaring. Near Community Resource Center (HSP)."

"If you have to move out you need to put aside a lot of other plans like education, groceries, phone, gas. So many jobs require a phone, and you need a car and a physical address to have a job."

When asked about having health insurance: A majority (20) answered YES, with 1 participant stating NO, and 1 participant NOT SURE. One without insurance lost it when hitting age 26 because they could no longer be on their parent's insurance.

A participant stated that health insurance should not be tied to your employment. It is hard for people who are unemployed who have more health issues, but then the employers can hold leverage over you. You would not be able to get medications any more or see a specialist anymore.

"When I got my insurance, it was before I got a job. My job insurance will not cover everything my government insurance covers now. Auto-enrollment was cancelled because my address changed."

"I can't use my work insurance as it won't cover my testosterone shots and allergy shots. Not everything is covered by insurance."

"It is so complicated. How do I navigate all of these super complex systems? Figuring out how to navigate all these complex systems is so difficult."

"I am on a medication and when I first started taking it, each pill was over $100 with insurance. Retail is $2,000. I had to get a coupon thing, if it is not government insurance, they will take it. If you have Medicaid or government insurance, you can't get that card. You have to pay out of pocket. Luckily, it is free because of the access card, but even that is limited."

"I had to wait four days because of certain things, it has to be name brand, they had to contact the doctor to resend the prescription to find it. It was finally worked out, I had to try to figure out how to use the access card. It has become so complicated. I shouldn't have to jump through all these hoops just to get medication."

Accessibility – I have some government insurance, Medicaid, but my mom will tell you – she is a nurse, she has helped me apply to all government programs, and even being educated she has a problem filling out the forms. In addition, if you need insurance, you are already dealing with a health issue, which makes it difficult to deal with getting insurance. You need all this paperwork and documentation; some people don't understand what they are being asked for and what is allowed and what they need to fill out. People on unemployment - their job is trying to get insurance, jumping from one place to the other to the other, trying to get there, appointment times - they overlap, if you miss it, it is months down the road to reschedule. America is stacked against anyone who is not a rich straight white man - you are not going to thrive. You can be a highly educated person and it is extremely difficult, especially if you are an LBGTQ person. When you call, they ask about forms, if you lose connection, you have to retell the story. It is constant trauma when you are just trying to get insurance to help for the trauma. An easy way to get money is to give plasma, but if LGBTQ you have to fall into categories – can't have sex for a certain number of times if you want to give blood. If you want multiple partners in a year, or sex as a gay or trans man - it is difficult - the FDA is just awful.

"The biggest problem is that health insurance is politicized. Every four years you can get easier access, or have it taken away; you have insurance or then have it taken away, it changes how hospitals work, insurance works, etc. and half the time they don't know anything about health why the f*** are we talking to these people about our health decisions when they don't know s*** about health. When it

comes to health, political leadership should have no control over it, like DeSantis – people have meds taken away, it shouldn't be up to them."

"People have meds taken away or help taken away, it shouldn't be up to them what should be allowed."

When asked to pick five General Health Issues they consider to be priorities to address: Mental Health was #1 (19) suicide was #2 (15) and alcohol abuse was #3 (12). When asked to pick which is the number one priority to address, the majority (13) picked Mental Health.

We need more social workers. What do we do to replace social workers? There are ways many are systematically biased with the way they do things, so it is not as simple as there are still things that need to be addressed. There are still problems in social work that need to be addressed. I love the therapist I have now –out of 20 I have tried, but most of them ignore you or don't pay attention. It takes forever to get into a session, and they ignore you. Same thing with doctors. If you find one you like they don't stay very long. They are more expensive, especially to go to a private practice. The affordable ones are state run facilities, like Sheppard Pratt, or remote therapists. You are lucky to find a good one. There is a lot of stigma surrounding mental health: body dysphoria is a real health issue, and trans healthcare, taking trans healthcare away from youth is hard. If attacking trans youth, they will attack others. Seeing members of community get attacked does not make you feel safe in your community, you feel you can't be yourself. In high school I was one of the only openly gay people, it was very challenging, there was bullying – they loved me or hated me because I was gay.

"I have had the same therapist for 9-years; she is a blessing. A lot of other people are not so lucky. People are charged more than they can afford. Anti-trans sentiment has grown. My #1 concern would be - has this emboldened people to have biases in a therapeutic facility?"

"I am wanting to go to a therapist who specialize in trans stuff. I have to educate my therapist in trans stuff. Not everyone wants to do that. Sexuality issues are the main reason people want therapy… there is not much specialized in that and who knows if you will get quality care?"

"When I first started questioning my gender, she said it might not be that - it could be this…. Are you saying I am not binary? Based on other environmental issues? Because I am not feeling like myself in my skin. I taught her… I was diagnosed with a real identity crisis; I never know what my true identity is. One day I feel like this."

"I love my therapist, but she admitted I am the 1st person she worked with on hormones. She had a knee jerk reaction and lumped everything into hormones."

We feel we have to educate our therapists. They lack LBGTQ education. They don't know what it means. I haven't found a therapist because of it. There wasn't much in high school, we covered AIDS and HIV for 10 seconds, no LGBTQ, gender identity or sexuality education. You had to educate yourself how to be safe sexually, where to go to be tested, it wasn't until I reached college that I found out there were free HIV testing areas. I never had access to that or knew about. When exploring being more sexually active I found out it is important to be tested. They test you for HIV, chlamydia, the major STDs, teach

you about prep, it is all confidential, they call you by number, not name. It is in Lancaster, PA. I wish every city had free HIV testing. A person needs to know how to be safe and what to do. In Carroll County you are educating yourself, family, and co-workers. It is a small town, so people don't know a lot about the LGBTQ community. You can't get advice from a therapist; you have to teach them too.

"Many people did not know that the Health Department has free testing on a sliding scale. One person told how he had to go through a lot of places to find one that is really free and very accepting. There are services out there, but we don't know about them. How do we get information out there about these things?"

I wish they would provide those resources to youth. There are services but people don't know it. You don't know what you don't know. In health class they talk about some things to get tested for, but there is stigma talking about LGBTQ+ things in school. It is unfair to not have health information about LGBTQ in high school. They show some pictures of stuff, but not any form of education for LGBTQ. There are differences from school to school. We have no representation in history, etc. in schools now. I learned nothing in school about LGBTQ, no representation in history. The health curriculum is being talked about right now and they are trying to get rid of teaching on sexual identity and expression, they are trying to wash it away.

"My dad went to rehab and got the help he needed. My dad was alcoholic, he really changed when he was sent to jail for a few months. When you grow up in families with alcoholics – seeing that and having that gene, when you have no other ways to cope you will turn to more dangerous things like alcohol, substance abuse, that is why that is so big in the LGBTQ community. Often times mental health issues and substance abuse go together. I struggle more with drinking the more depressed I am. I guess that is a common thing."

One participant asked, are we talking about family history or personal? It is our only source to make community – in a bar. Not my family, but I see people who abuse substances and also boast about it, some are homeless and have an alcohol addiction. It is hard to convince a person to not spend money on alcohol instead of rent when it won't pay for rent anyway. It is easy for people with substance abuse to get help, but not alcohol abuse. It is the drug you are allowed to use; it is legal, and it is everywhere. I have medical marijuana; I still drink sometimes. But I have to worry about how much I drink and how often because I don't want to be dependent on it – but it makes me feel good. It helps me become distracted from thinking on mental health issues. Any form of distraction is good. "Having spaces where people can go (speakers drive away everyone -makes the space uncomfortable) - it is hard to find the spaces to hang out without drinking – the only places you can go and can do are bar hopping, house parties with drinking. Look at how many alcoholic beverage sponsors there are at every Pride event and Farmer's Market!"

Participants were asked if they have problems getting access to specialists: One participant goes to Baltimore County **-** Chase Brexton for testosterone, "if I want to find out why my wife/girlfriend isn't getting pregnant – there is no planned parenthood here to help with a variety of things (STD testing, other things for living a healthy life, having a baby, or not having a baby). If we could just have something like planned parenthood or Chase Brexton, a place for teenagers to get condoms, to get things if you are doing things, you shouldn't be doing, or a place to go for better health. I don't know

anywhere in the county there is a trans specialist, maybe in York, PA., so you have to go to Baltimore, but they are so overloaded. I started hormones when I was 16, having to get transportation to Baltimore was hard, parents of friends would help, but what if you can't get there? Transportation is a huge issue. Hopkins is not taking any more youth right now because they are so booked. There is no reliable transportation, we could have buses right now and jobs for people driving buses right now."

"They are looking to build an autonomous self-driving busing system in Westminster. We have buses in Carroll County, but they suck!"

"There is no Sykesville or Eldersburg bus. I once had to rely on the bus system, and I had to drive a 15-minute drive into town to find a bus stop. The numbers listed are incorrect, and there is no address listing for the bus stop. Timber Ridge – what is that? People won't use it if it is not accessible. I had a class at Carroll Community College – there is no bus after 4:00 pm – how can you take night classes? What if you are a single parent who works and need to take night classes? I should not drive – what is my option?"

"My best friend went 8 weeks without getting his hormones, contacted his doctor for them so often, his doctor wasn't sending the prescription, CVS couldn't receive them for a short period of time, excuse after excuse, he didn't drive, had less accessibility, never had these issues before. I feel hormone therapy is not prioritized like other medications."

One participant was homeless and lost resources for hormone therapy for a whole year. One participant shared they were suicidal and did not think they could make it another month. "I had people help me, if not, I would be dead now. It is important to have someone to support/help you."

One participant wanted to reiterate how important LGBTQ class sex education is. It will most likely not be provided by the schools in Carroll County. "The Health Department does it, but how do we do it? Maybe the Health Department could go into schools to offer that in GSA's (Gay Straight Alliance). Having a speaker come in would not have to be approved by anyone. Speakers are an after-school activity. One participant felt that eventually when the wind gets out there, they will put out a policy to ban the GSA from having the speaker.

One participant shared that she quit smoking thanks to the Health Department.

When asked about access to health care in their community: Participants were split on whether residents in their community have access to a local primary care provider, with 8 disagreeing and 7 agreeing. A majority (11) disagree that residents in their community have access to necessary medical care while 6 agree there is access. A majority (9) do not feel there is access to a local dentist. A majority (15) feel that transportation for medical appointments is not available or easy to access. A majority (9) had no opinion of whether signage and promotions for health services reflect their community, while 7 disagreed and 5 agreed. A majority (13) feel that there are not health care providers who understand their population and its health issues. A majority (17) feel that their health insurance covers the cost of care.

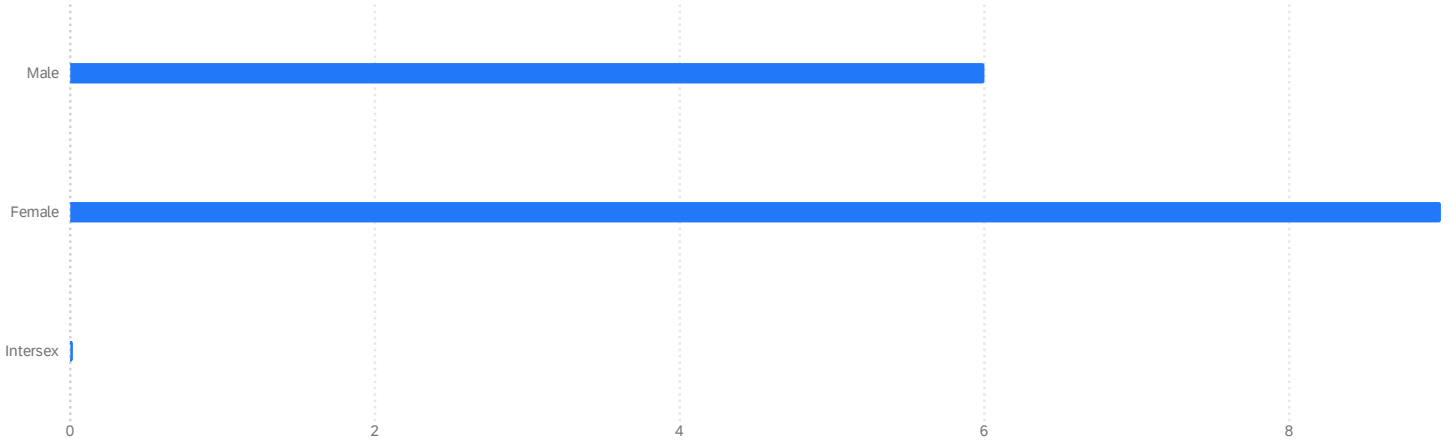
When asked where they go to get health information and/or education, a majority chose their healthcare provider (14) or family/friends (13).

Participants were asked to pick the three social determinants of health they believe most important to address in the next 3-5 years: A majority (20) chose affordable housing as #1, with Quality Healthcare Access (10) as #2 and Food Security and Social Support tied as #3 (9 each). When asked to choose the one that would have the greatest impact in their community, a majority of participants (13) chose affordable housing.

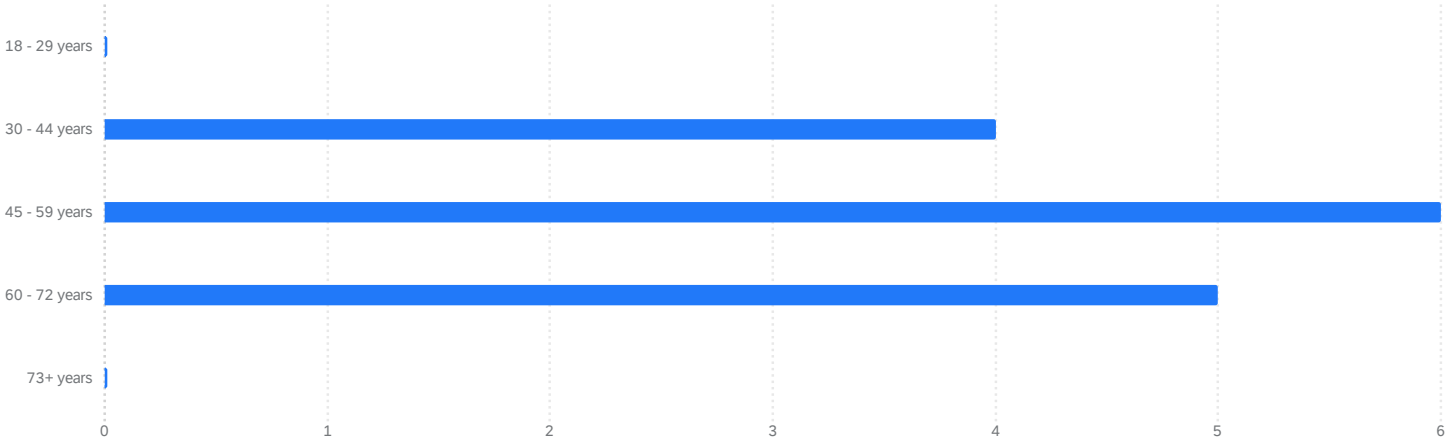
Targeted Populations Focus Groups_AC-H / Pa...

Responses: 17

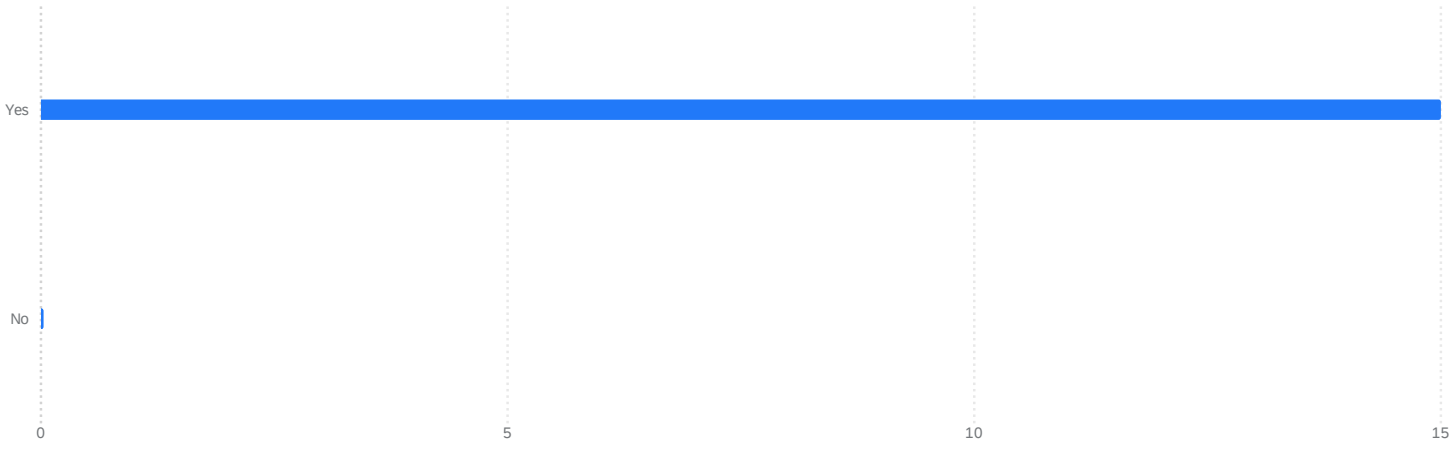
Birth Gender 15



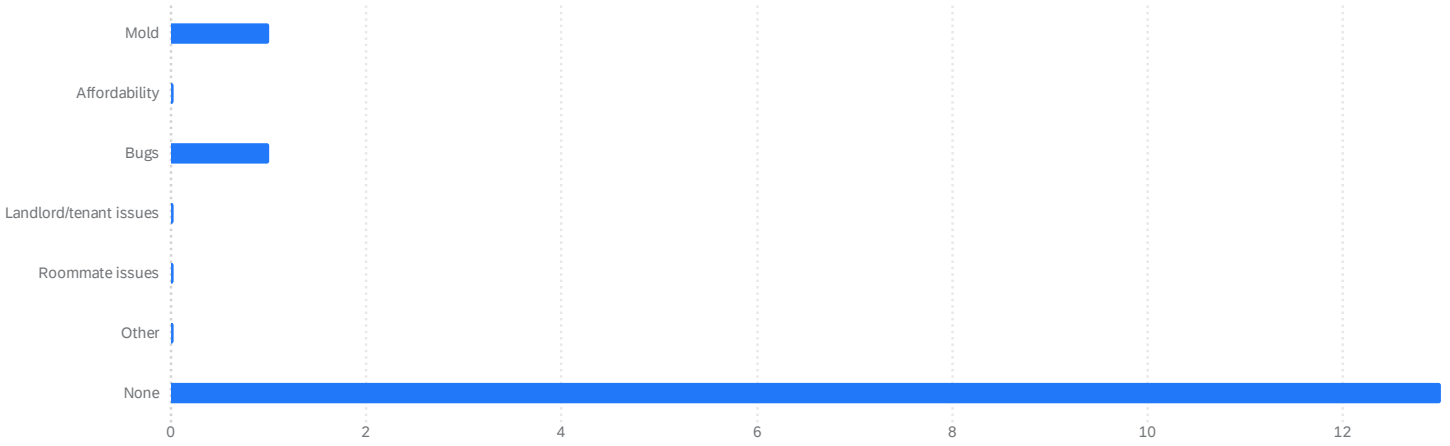
Age 15



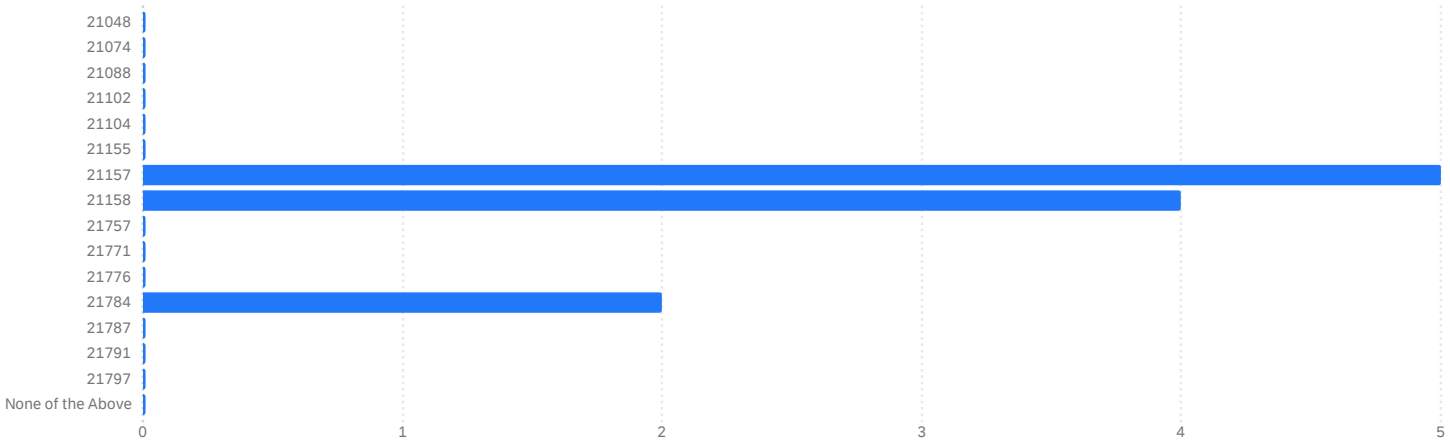
Do you feel safe in your neighborhood? 15



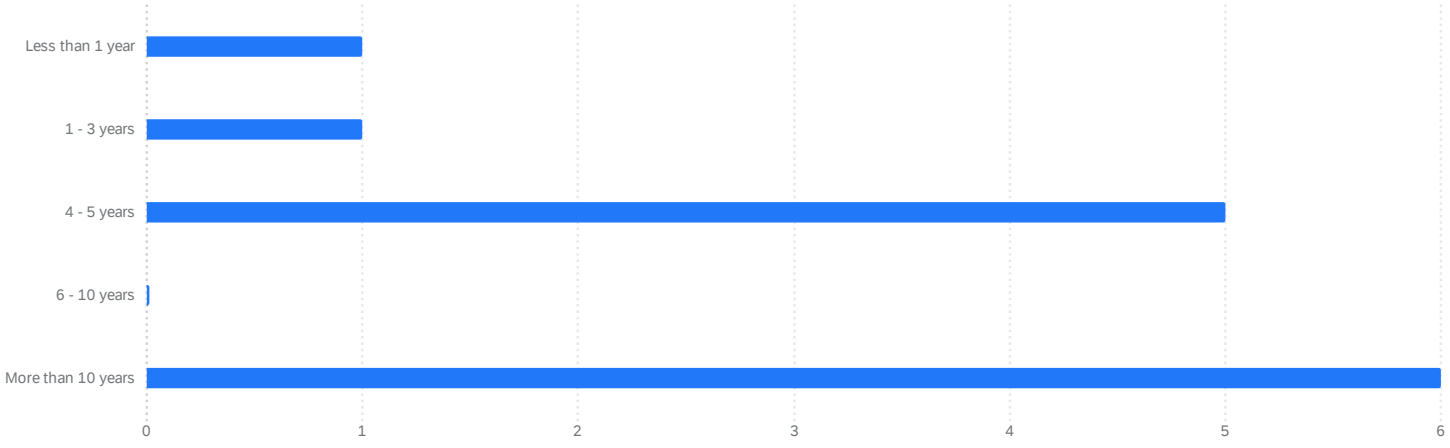
Do you have housing concerns? (Check all that apply) 15



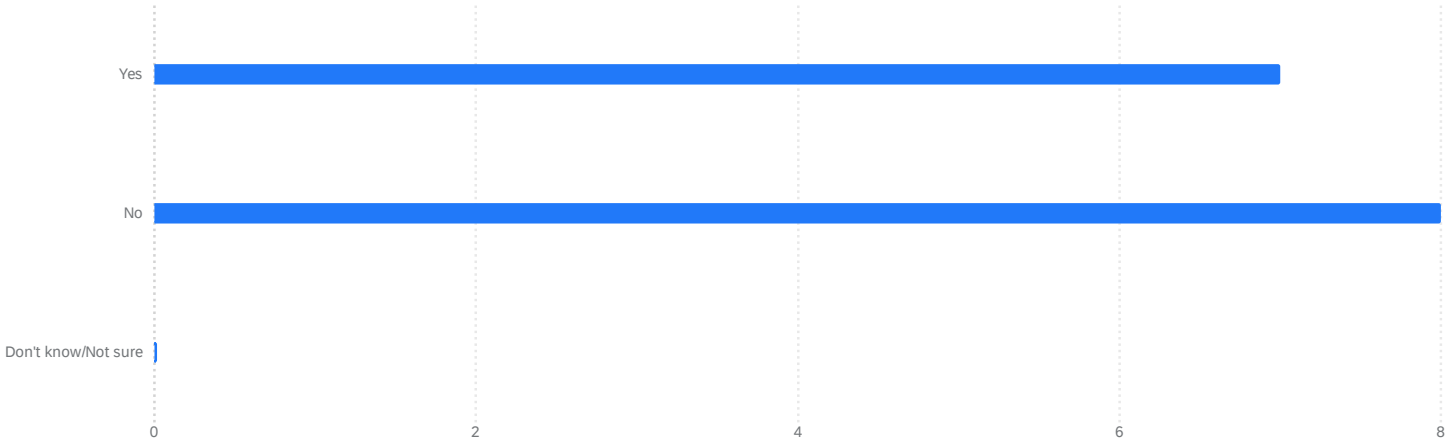
Zip Code 11



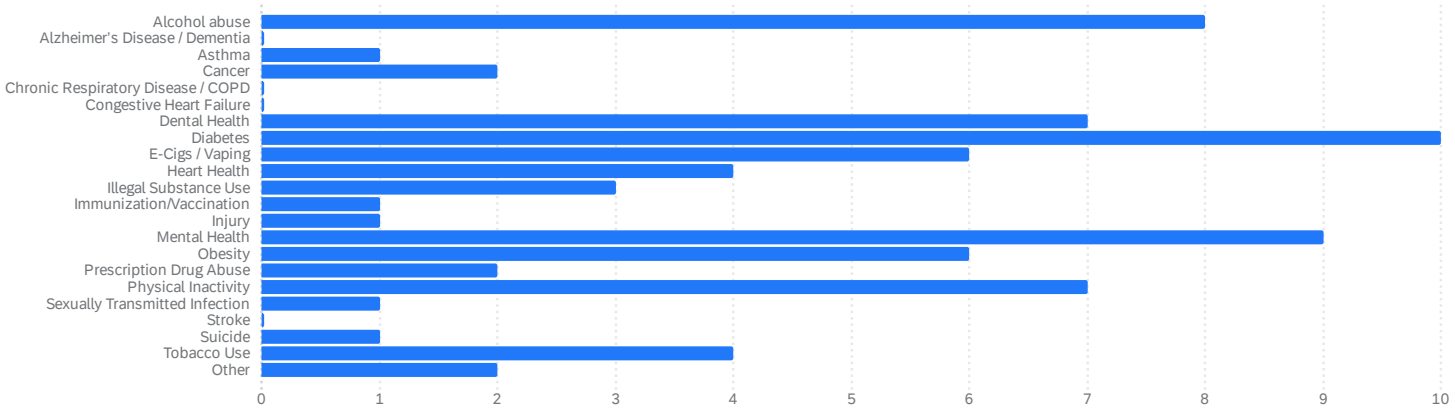
Number of Years Lived in Carroll County 13



Do you have health insurance? 15



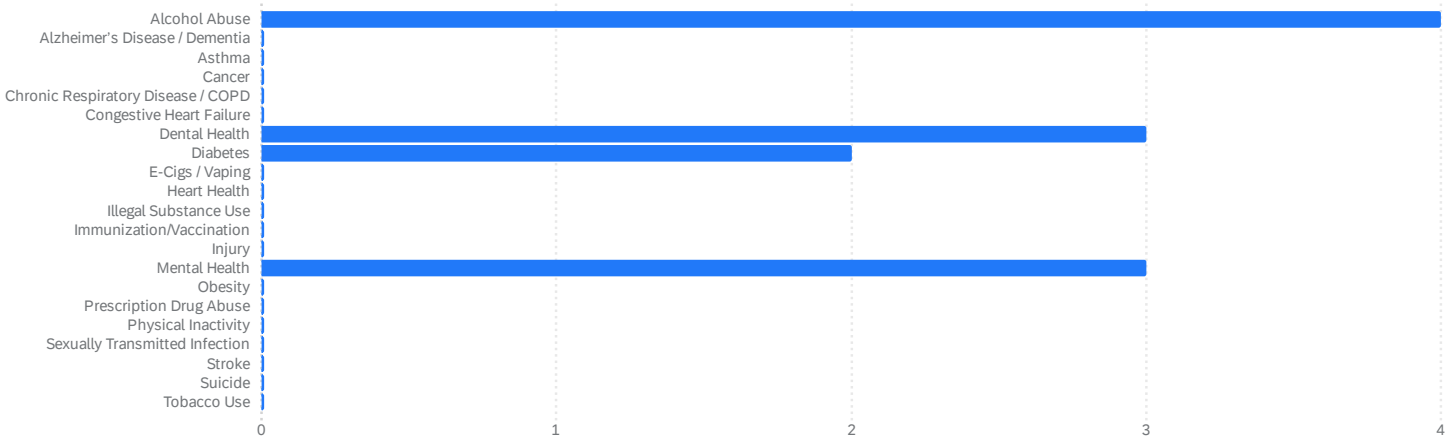
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 15



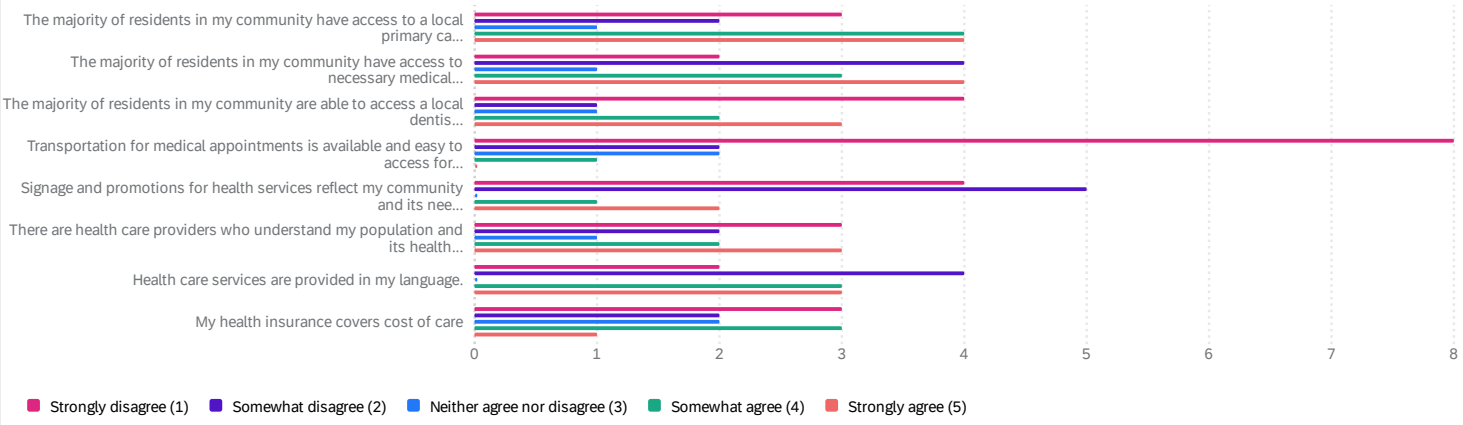
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

No data found - your filters may be too exclusive!

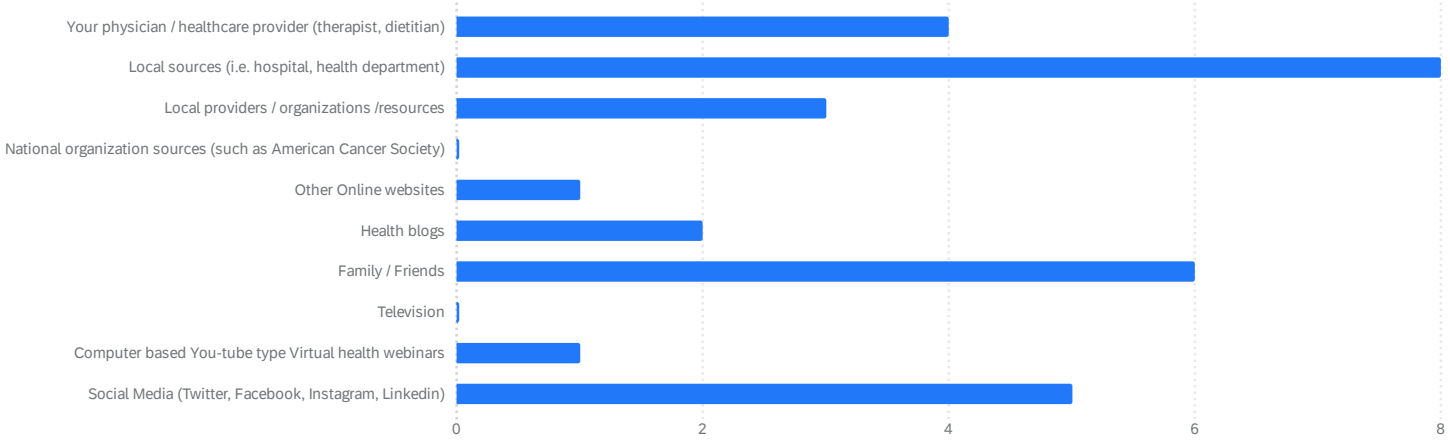
Of the 5 General Health issues you selected, what do you believe is the number one priority. 12



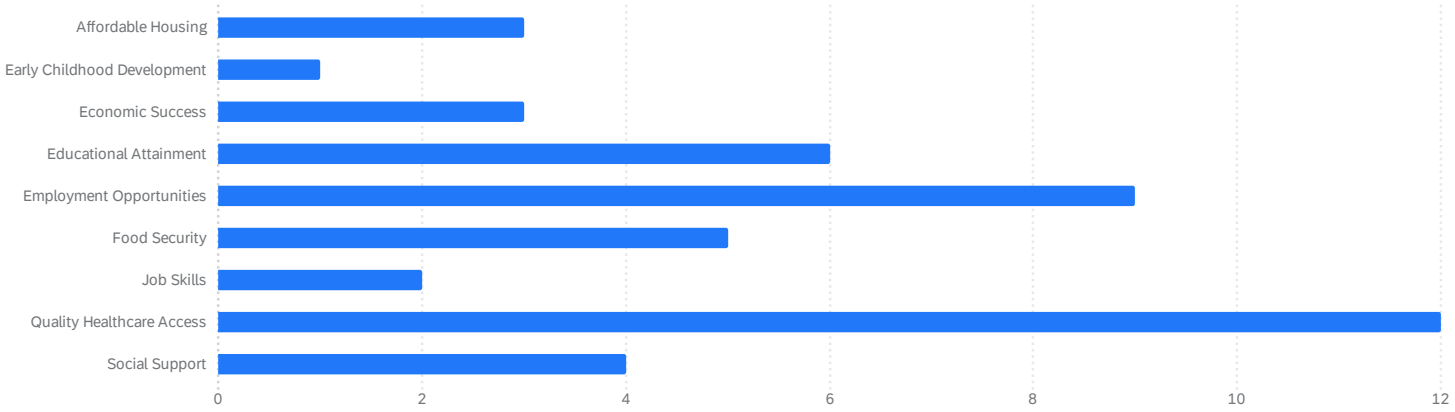
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 15



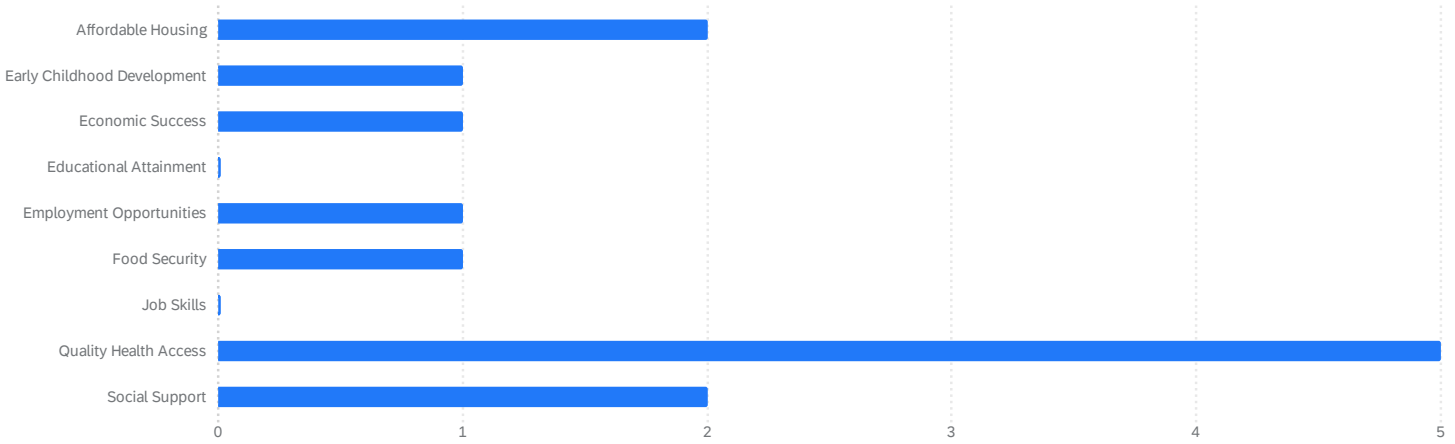
Where do you go to get health information and/or health education? Choose all that apply 15



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. 15



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? 13



Community Health Needs Assessment FY 2024

Focus Group: Access Carroll Hispanic Population

July 18, 2023

This group was facilitated by Dorothy Fox, Cheri Ebaugh and Hunter Clifton with interpreters provided by staff at Access Carroll. All participants were given iPads with a Spanish translation of the needs assessment. There was a total of fifteen participants: nine female and six male participants. 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. A majority have lived in Carroll County more than 10 years (6) with (5) 4-5 years, (1) 1-3 years and (1) less than one year. Most were aged 45-59 years (6) with (5) 60-72 years and (4) 30-44 years. 100% of participants stated that they feel safe in their neighborhood. Housing concerns – there were no concerns except for mold (1) and bugs (1). Many who recently moved into the area did so for security, safety, education for children through college, and jobs. There is work here, the schools are good, and it is a family-oriented community. A lot of our families here come from the same country/town.

When asked about health insurance: Over half of participants do not have insurance (8) while others do (7).

One participant tried to apply in the beginning, her husband has a SS number, and she has a tax ID number. Only people with a SS number can apply for insurance, they can't access insurance with a tax ID number. She received a SS number this year but will have to wait a year and then can apply. It is ONLY possible to apply with a SS number. It would be helpful to be able to apply with the ID number. "I receive all services here at Access Carroll with the ID number. If you have a job and pay taxes and prove you have a social security number, then in one year you qualify right away to apply. I think that is the process. You don't qualify without a SS number. Some people work under the table and there is no proof (SS number) in order to apply for insurance."

When asked about the five issues most important to address in the community, number one was Diabetes (10): One participant said that the #1 issue is diet. In their community, they eat too much sugar, rice, tortillas, and eat late after 8-9:00 at night, do not exercise – "it is killing our community. There is a lack of knowledge. We have a horrible diet."

"It is cultural – I never knew how to eat. Never learned we should eat balanced food. We know diet is important, but we don't balance fiber or good health."

"Doctors explain to you, but we never paid attention and didn't care. Now I have a conscience and eat better, I eat healthy fruits and vegetables, and I feel better now."

Comments were: "I never learned how to eat – breakfast is tortillas, potatoes, etc. People are always in a rush and don't have time to worry about what to eat or how to eat healthy. Always in a rush trying to get to work, so don't worry about what we eat, but we should eat healthier."

"We need help to change our unhealthy lifestyle, we know we will be sick if we don't change our diet. Our problem is mental, we need to get used to what is good or bad, to understand what makes you sick. We compound the problem with all the empty carbohydrates we eat. "

"I must change my lifestyle – if I'm sick, I know I shouldn't eat that bread. The problem is mental, to get used to what is good for my health. "

"It is expensive to eat healthy – fruits and vegetables. Are we teaching our children to eat well? NO. I try."

"We need EDUCATION!"

When asked what can we do about it: An idea –Meet weekly as a community and learn how to live a healthy life.

"My husband had diabetes, so we changed our diet for a week eating vegetables. I bought a machine and used it for one week. It has to be a family decision; you have to unite. Everyone has to commit to eating the same thing, you need to help the sick person in the house. He lost a lot of weight; we try to eat healthy. It all depends on your decisions. "

A close number two was Mental Health (9), third was Alcohol Abuse (8), fourth a tie for Dental Health and Physical Inactivity (7), fifth a tie with E-Cigs/Vaping and Obesity:

Discussion about Health issues: "Drugs and alcohol in the community are affecting our mental health and causing depression. It is in the whole community. The social life in America is horrible – work and work and work and no social life, lack of support systems, don't get to see family for years when you move here. It causes anxiety and depression; we only work to forget, not work to live. "

"Everything is adding up and compounding to affect the whole body. "

A participant commented that there are a lot of factors, there is much stress in the community, you need to work 2-3 jobs to get ahead, you get no vacation, the men are always working and the women always caring for kids, there is no vacation – a lot of stress and unhealthy minds, you need healthy minds to have healthy bodies. A lot of people choose alcohol. Your body needs a healthy mind. You must overwork to have decent housing, and if you get sick it is difficult to live and have money for everything you need plus healthcare services. One does not always have access to medical services.

Another said that priority is given to people with chronic issues, such as people who have disabilities, like diabetes, kidney, or heart issues. I have Fibromyalgia and migraine, and anxiety so I would like to know if there is any help state-wise specific to poor people with chronic issues. I am from Chili in our country is a program that takes care of people affected with chronic disease, cancer, and many issues.

They get medications free and help with chronic issues and sickness. It is hard to live in this country if you are sick, you must be healthy.

Anxiety is linked to needing to work so much, not having needs met, and not having health care. Staff shared that some of their patients are very ill and can't get the care they need, so it works on their anxiety.

Inactivity: Too tired to "exercise" walk or go to gym.

When asked if anyone goes to the senior center? Everyone is too young to go there. It is insulting to be called a senior.

When asked is there an activity we could promote, such as the walking program Walk Carroll:

Participants would like to participate in walking. A diet program teaching how to eat healthier would be good. We have Carroll Cooking at Library. If we had a cooking class at the library? Saturdays would work better for a class at the library.

When asked to choose the top priority issue, Alcohol Abuse was top (4) with Dental Health and Mental Health tied for second (3 each) and Diabetes as third (2):

- **Alcohol abuse**: "Every Sunday the whole family is playing soccer and drinking afterward it is cultural. If they cannot drink, they are not happy. They have to have a drink in between. There is drinking during the week but not social drinking."

  When asked when does it become a problem, one answered, "When you lose your license."

  "Some drink all weekend but it never affects their job. But it can cause car accidents. It is more expensive if somebody is drunk and kills somebody else. You are breaking the law. The cell phone and drinking has killed more than weapons. How are you driving with full attention? You are distracted and drunk."

  It is felt that police stop the vehicles of a lot of Latinos/Hispanics and check to see if you are drinking. "If drunk from one Corona or one drink you lose your license or go to jail."

  "People are alone, it is a way to escape."

- **Transportation issues:** You need to have a car because here we have no metro or bus here, you need to make an appointment for the bus and must pay both ways. In Montgomery County & Howard County they still have public transportation.

> "I have to pay wherever I go or ask family. There is a need for public transportation. Many people give rides to others, but it is expensive. However, it was agreed by many that the quality of life will go down if we have transportation (a metro) from Owings Mills to here."

When asked how does it affect you most: "I have car, but I can't drive. I wanted to learn but got sick and I am on medication now and can't drive. Now my son got his license, but he is leaving so I'm by myself. It is hard. The Metro provides limited transportation. You can travel from DC to here, but not from my house to DC. There is no public transportation, no airport, it is $150.00 to get there. We pay more for transportation to get to the medical care than we pay for the medical care. Carroll Transit does not have Spanish translation. It is difficult to call 3 days in advance to get transportation. "

"There are services in Carroll County, but people do not know about them." My daughter had a tooth problem, so we went to the ER and found out about Access Carroll. Coming to Access Carroll I learned about the program for learning English."

"Is there help for hearing aids? Healthy Hearing and Balance and Miracle Ear Hearing Aid Center do at low cost. There is help for eyeglasses. (America's Best). "

When asked about access to health care: The majority of participants (8) feel there is access to primary care (5 disagree) and are almost equally divided on having access to necessary medical care (7 agree and 6 disagree) and dental care (5 agree and 5 disagree). The majority of participants (10) strongly disagree that transportation for appointments is available and easy to access. Most (9) disagree that signage and promotions reflect their community. Participants are equally divided that there are health care providers who understand their populations and health needs (5 to 5) and that health care services are provided in their language (6-6). A majority of participants (5) feel health insurance does not cover the cost of care while four participants feel insurance does cover their cost of care.

When asked about sources for obtaining health information: Sources most often used for obtaining health information and education are local sources such as the hospital or health department (8), family/friends (6), and social media (5). Less participants listed their healthcare provider (4) or local providers/organizations (3) as a source of their health information and education.

When asked about social determinants of health: The three top social determinants of health that participants feel need to be addressed are Quality Healthcare Access (12 - with or without insurance), employment opportunities (9) and education attainment (6).

One participant stated that they currently have Medicaid, but after doing their taxes, and because they earned a couple hundred dollars more, their coverage was changed, and the price was raised. "They rejected my husband because I earned a little more, and he could not qualify. He has to pay out of pocket $150.00. They should change the standard of who qualifies because everything has gone higher."

When choosing the one SDH Quality Health Access again came in as number 1 (5) with affordable housing and social support tied as number two (2 each):

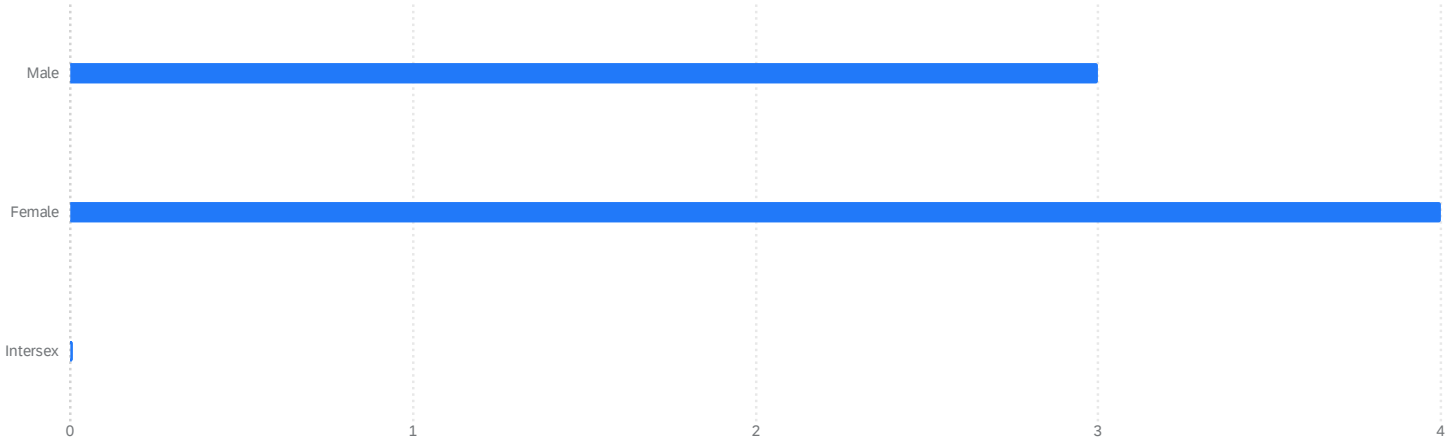
Affordable housing: Some participants agreed that housing is more important than health. You need a roof over your head. Are there programs or supports to help you find an apartment or to help pay rent because it is so expensive? "If you want to rent, you need a good record. I asked if I could buy a house but there are not many houses at a good rate. Building credit is important but hard to accomplish."

One participant does not know why when applying for jobs she only gets calls back from places outside of Westminster – Baltimore or other counties – but when she applies for a job in Westminster, no one ever calls her back. She is looking for an administration position, not warehouse, etc.

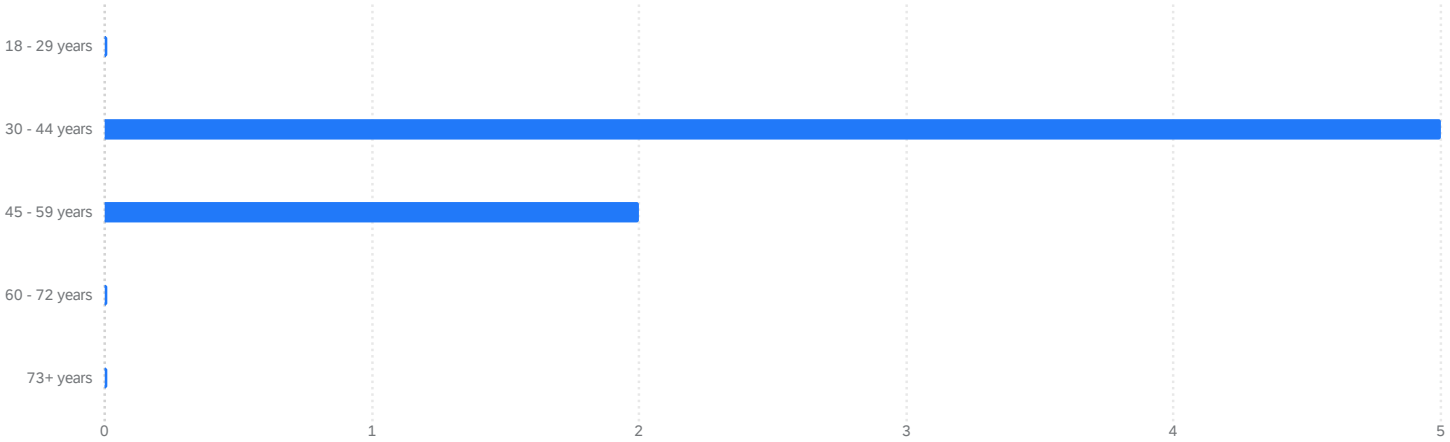
Targeted Populations Focus Groups_HSP- LI / ...

Responses: 7

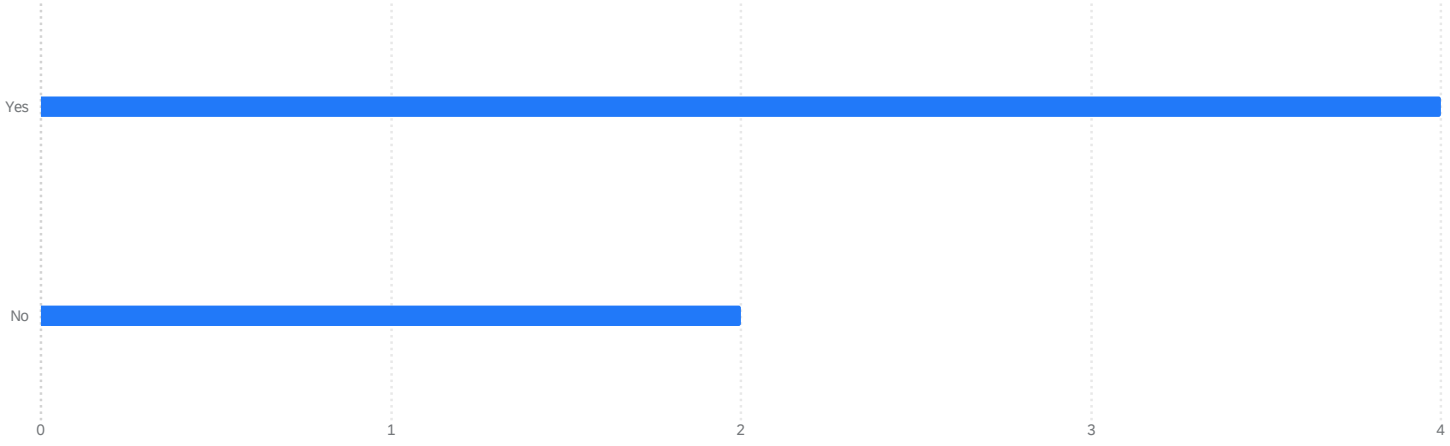
Birth Gender 7



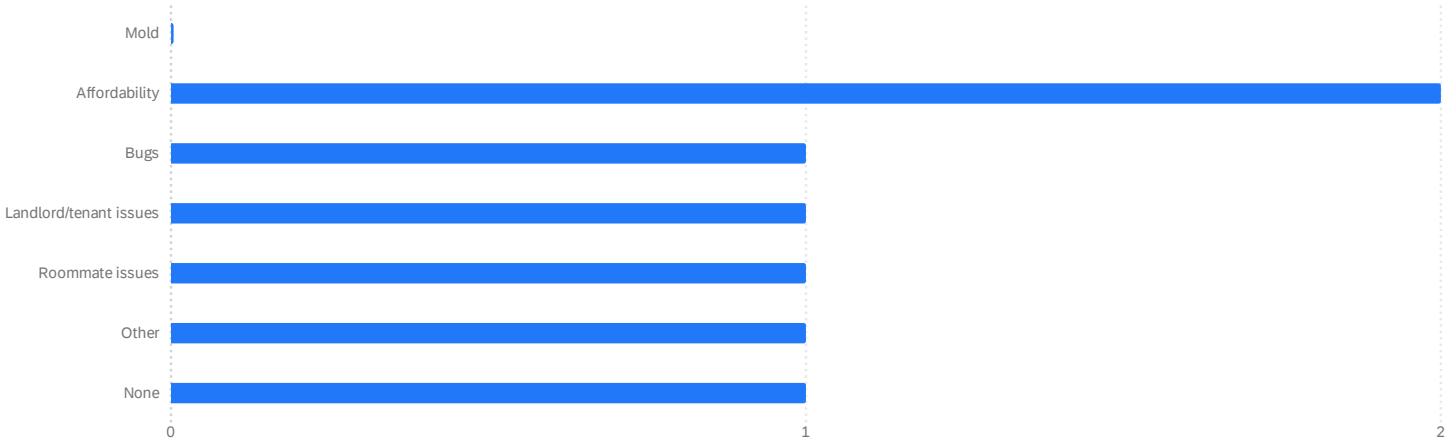
Age 7



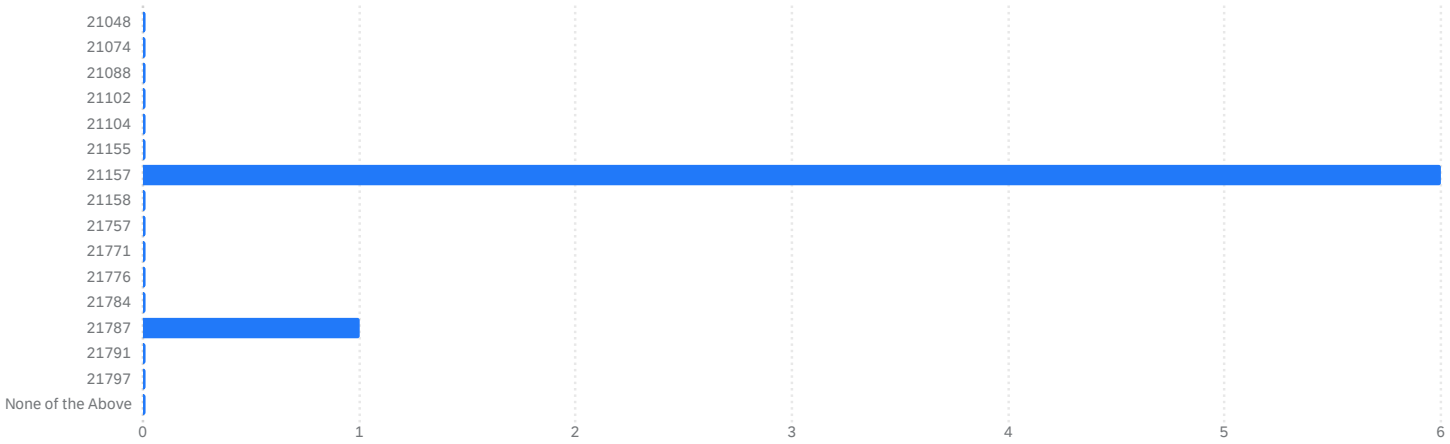
Do you feel safe in your neighborhood? 6



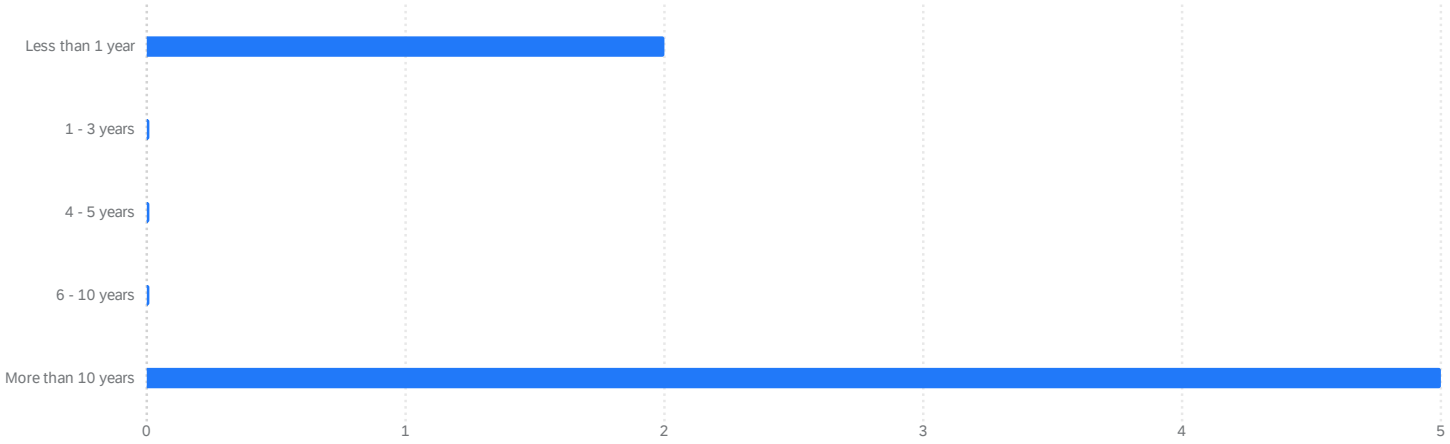
Do you have housing concerns? (Check all that apply) 7



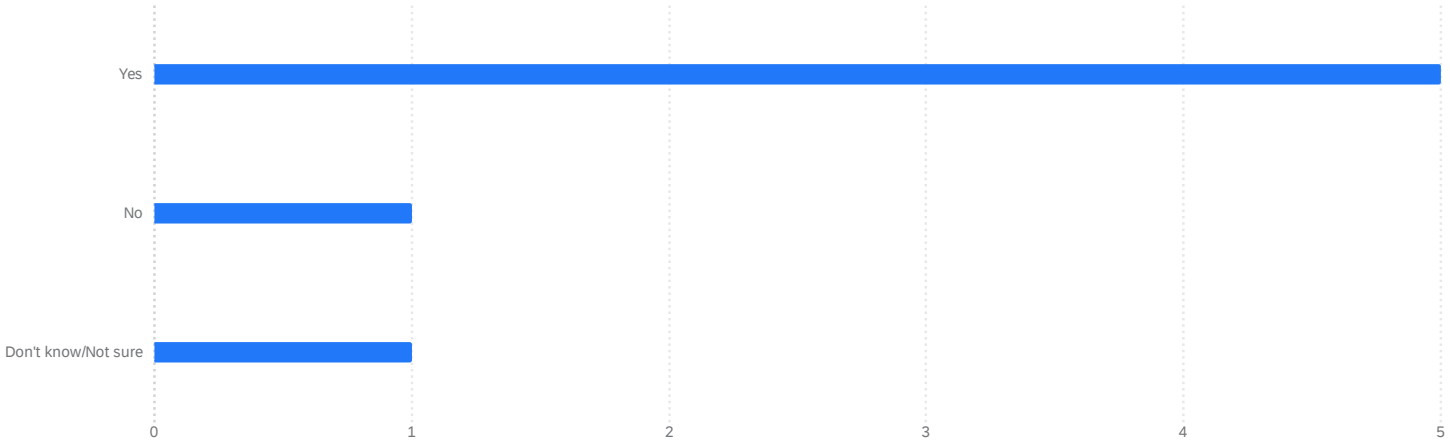
Zip Code 7



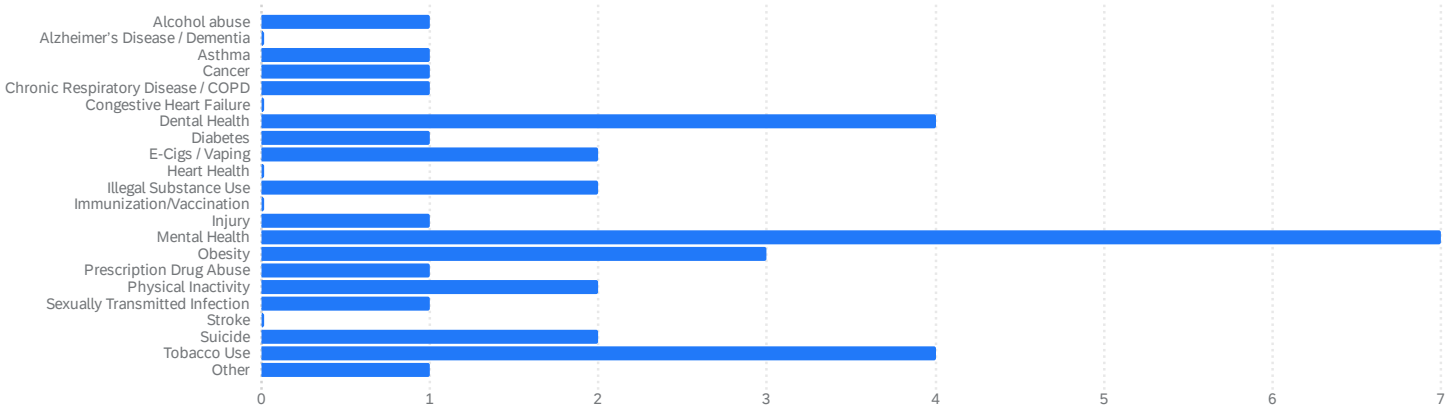
Number of Years Lived in Carroll County 7



Do you have health insurance? 7



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. 7



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.: Other

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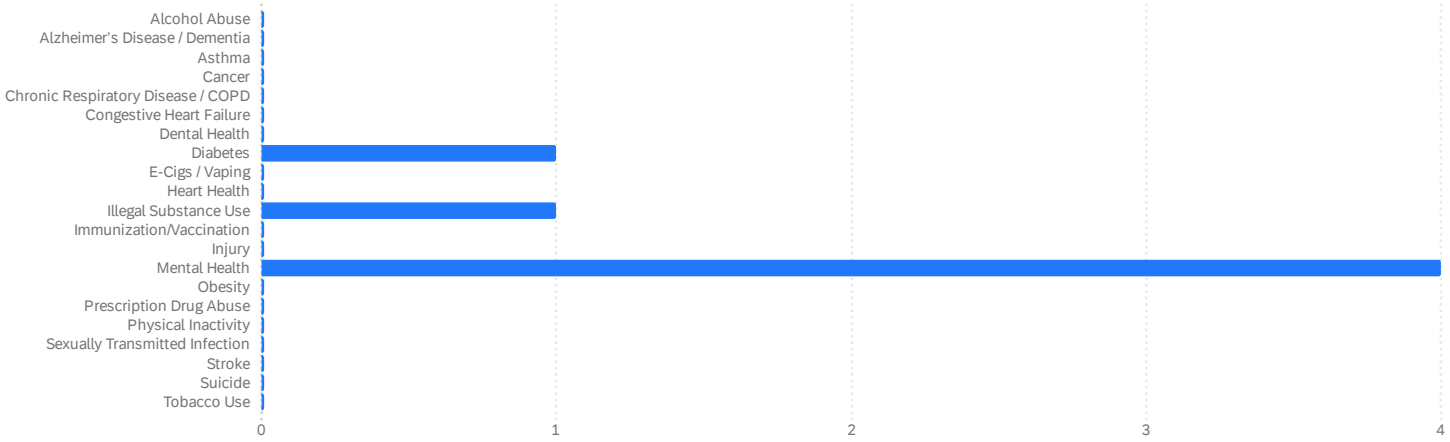
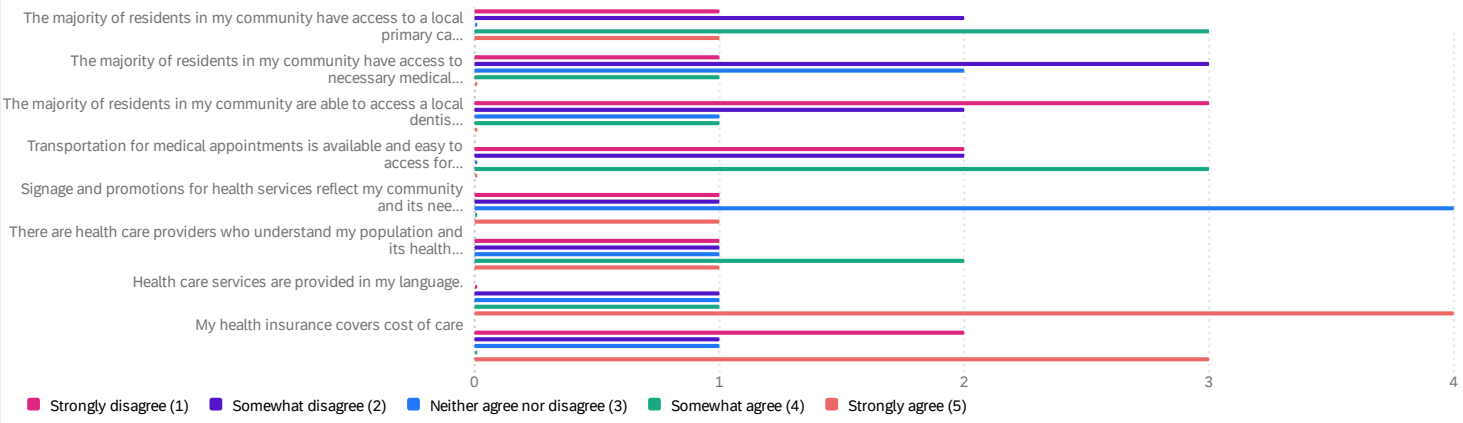
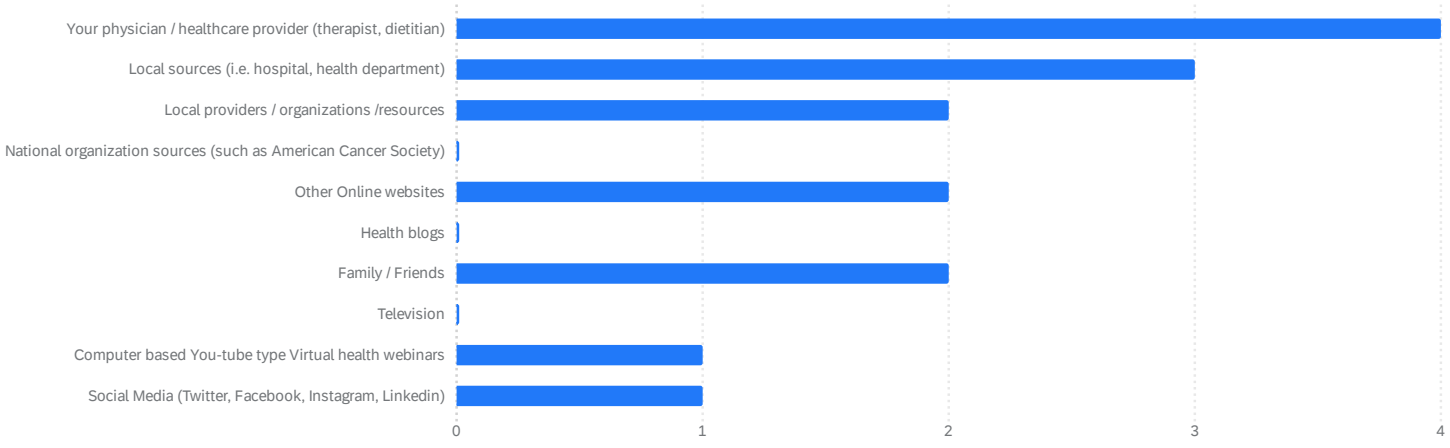
Of the 5 General Health issues you selected, what do you believe is the number one priority. 6



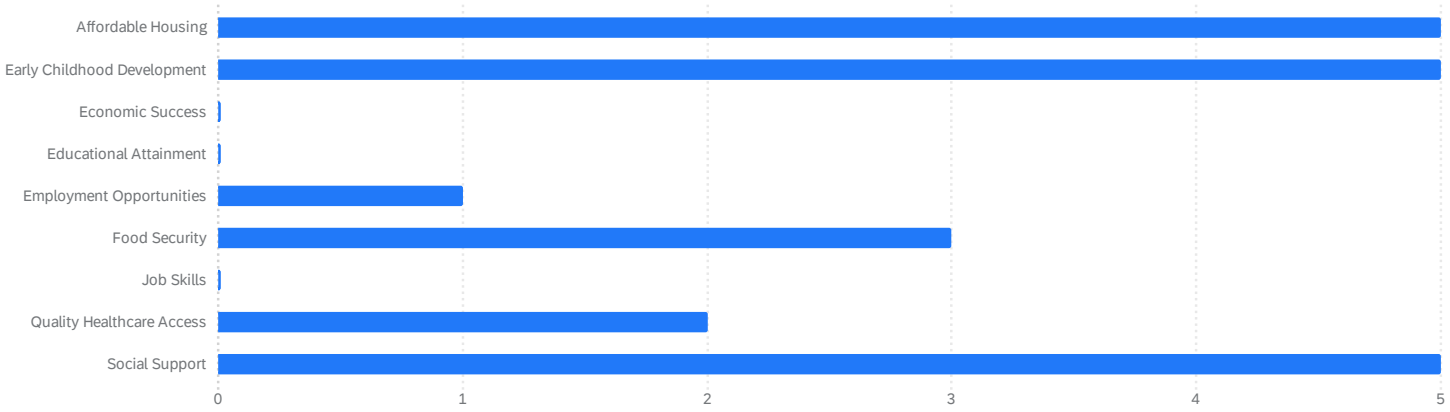
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 7



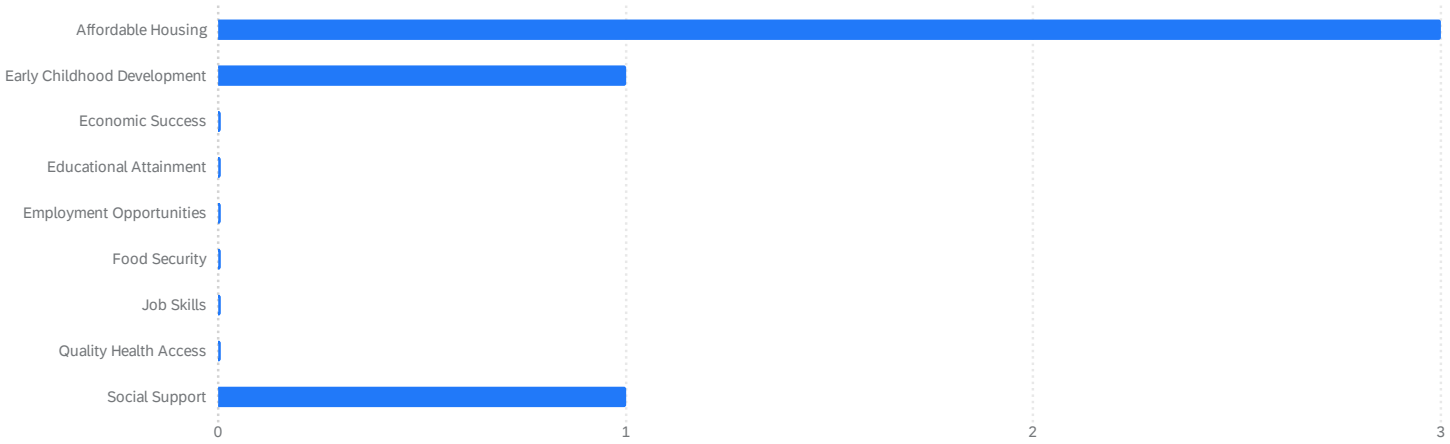
Where do you go to get health information and/or health education? Choose all that apply 7



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. 7



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? 5



Community Health Needs Assessment FY 2024

Focus Group: Low Income Group (Family Shelter)

July 11, 2023

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh and Hunter Clifton on July 11, 2023, at the HSP office with seven participants. Participants were all given iPads to complete the Focus Group Survey. Participants were three men and four women. Participants are 30-44 years old (5) and 45-59 years old (2), many of which were accompanied by children.

When asked do you feel safe in your neighborhood: A majority answered yes (4). One participant believes that Westminster targets low-income families going through hard times and tries to take away your kids. "The system kicks the people who are already down. Most help comes from the community not organizations. Here people push you towards organizations instead of people in the community helping you. Not once in Texas did we have someone try to take away our children because we were homeless, but here we have experienced that. "

"People try to take away your kids when you are homeless, so it prevents you from going to an organization for help. I would rather just figure it out myself, or you go somewhere, and they turn you away or you fall through the cracks somehow. I've been here since Dec 17th; it is different in how organizations talk to you. There is a difference between organizational support and community support."

One participant lives in the woods to feel safe because he can hear people coming. Except sometimes his meds make him go into a coma, so it can make him vulnerable.

When asked about housing concerns Affordable housing was the most discussed: For one single mother, not just affordability but also the availability of housing as it is nil, especially for HUD or other assistance "being able to attain a place and HUD. You almost need to know somebody who knows somebody to get both a place and HUD." They understand the system is overwhelmed, but there is nothing available for people to attain.

Another said a rent of $2,400 is ridiculous for an apartment. One is paying $1,500 a month for a townhome "it has a broken window and bad roof, and the landlord won't fix it, while behind the home is a drug infested area. They are home hunting all the time and there is just nothing out there. You are given a list of names; I got 15 no's in one day. You need to get background checks to apply. You can't hold a criminal record over a person's head forever."

One person was a renter and had an eviction, had a hurt back because of domestic violence, couldn't pay the bills, left her partner in January and now it is just her and 3 kids and she can't find anywhere to go. I had one eviction because of issue – unable to pay rent, and now am told having a place is not sustainable if you don't make 3 times the rent amount. It took 4 months to get into the family shelter.

There are not enough shelters – could use 2-3 more. The list (for landlords) the family shelter gives out is not up to date.
"If eviction on record, if you have a conflict with a landlord the conflict goes on record and what the landlord says is considered as truth/God say and they won't listen to you. A landlord evicted me because she didn't like my company."

Most reside in 21157. Five have lived here more than 10-years, with two less than 1-year.

This couple relocated out of Houston – "bought a vehicle in Arkansan and it was stolen, got pulled over and it was an automatic felony – dad got arrested, now can't get housing. Dad is already disabled, going through treatments, wasn't able to make last medical appointment because he was unable to get ID's; specialists are out of county so difficult to get to appointment. Wife & kids moved here when he got arrested. They can't get/pay for IDs and can't get care."

When asked about having insurance: One was not sure, one does not as their work position was eliminated, still working PT but lost insurance because of lost job; and five have insurance.

General health issues top 5. Mental Health (7), Dental Health and Tobacco Use (4 each) Obesity (3), E-cigs/vaping, Illegal Substance Use, Physical Inactivity, and Suicide. (2 each):

- **Obstacles:** "it is nearly impossible/hard to get help for a child, even with insurance. One tried to commit suicide and now has a big bill for hospitalization. You can get assistance easier for adults, but they don't even care about what you say, they have their own agenda and meds they want to push on you."

  One stopped going, then got beaten up – went to Access Carroll for services, the PCP office who brought in my therapist, not sure why they did that as I had not even seen him in two weeks, they were pushing me to turn the person in, but where is my protection for doing that? Having them gang up on me, I left to do what I feel I need to do for my kids, not what they tell me to do, that could be dangerous for me. I don't have family support. I am supposed to take my kids to CCYB for counseling, already getting counseling from school, but I will be getting kicked out because the shelter gave me a big, long list to fill out and getting kicked out because of unreasonable expectations. I have nowhere else to go, I waited 4 months to get in here. You are allowed to drink but you just can't drink on the property – I came back from a July 4 celebration drunk, something that was so small became so big – I now have 4 criminal charges. I have a long form to fill out to get back in.

- **Is there still stigma:** "yes, people don't understand mental illness, or people are afraid to admit they have problems."

  "Like racism – it has taken people a long time to change mindsets and understand other people."

"I was raised that you don't speak about your mental health. "

Dental health and tobacco use: "Getting rid of cigarettes would help dental health. I have no dental insurance, but dentists don't take it anyway, and at Access Carroll it takes 4 months to get an appointment."

One participant had to go to a doctor to get antibiotics for her mouth because she couldn't get a dentist appointment. The Mission Bus doesn't come to Westminster anymore because we have other services, such as Access Carroll. "This place stresses me out too much, I smoke two packs a day."

One participant is down to a pack. "Want to quit, don't know about programs."

One person has a doctor who wants to give a pill to help quit. "Going to try to quit using that. This place stresses you out so bad, and smoking is a coping mechanism for stress."

"I was a truck driver but had to start on a medication that I could not drive on. Our nest egg only lasted so long, wife had to then support the family, we are now homeless. This creates a lot of stress."

Obesity: "Everyone in the shelter seems to be growing (wife is a baker). Lack of willpower is a problem."

PRIMARY CONCERNS

- **Suicide**: one participant struggled with his mental health when he lost his job, had a psychotic breakdown, hallucinating, home 6-months, depression, never left room except to make food and bathe. "I gave up – a lot of it was a lack of resources to help me. If you are marked with MH problems you are targeted and looked down on, you are pushed into certain areas of the community. They overlook it and put a band-aid on it. No outlet for your voice to be heard."

  "Not having a vehicle makes it difficult; we are the only ones in the center with a vehicle. We try to help people out, but it is so difficult."

- **Mobility:** we have transit here, but it has a 24-hour notice and when you have emergencies there is no one to call. "Where we were everyone gets a bus voucher, and you can get on a small bus transit that runs through the community, if something happens you could get across town. If you can't make your doctor's appointment you get a charge for not showing up and if you are homeless, how do you pay for that?? Then the following appointment is months out. The middle class is just a broken washing machine or similar away from being homeless. It is a trickle-down effect."

- **Illegal substance abuse**: our community has a huge drug problem. One participant said we're like Reisterstown used to be, heroin and crack up here is number one in Westminster – everyone is asking for it. People walk up to you and ask if you have crack. More concerned here than in the inner city in Harrisburg. We don't want children to get into it – they see it. There is concern about kids with mental health issues, I heard 3 children saying they no longer want to live. My son is going to a therapist. Getting away from people who try to control other people causes so much unwanted stress, especially when it comes out of mental health care. We feel controlled and manipulated – how to live our life. Many were raised in unhealthy conditions and don't know how to live, and they need to be taught. But many families - people just need help to get on their feet, not told what to do or how to act (what time to be in their room, etc.) – don't want you to get comfortable up there – you are not being a productive member of society.

  They don't find the structure at the shelter beneficial – more like a halfway house, instead of being supportive. "Lights are to be turned off at 8:00 pm, the stove turned off at 9:00 pm, so we need to cook and eat in the dark?"

  "We get yelled at if we come in late."

Mental Health was also identified as the top choice when asked to choose the one priority:

When rating Health Care Access: a majority believe that residents have access to a primary care provider, but not to necessary medical care or a dentist.

Transportation: can be a barrier – there is no transportation for families. "We have spoken and spoken and spoken, we need tickets for children, and have to spend hours on the bus for a 2-hour appt. Also, the maps are hard to read, 24-hour notice is difficult."

A majority feel that health care providers understand their community and health care needs.

A majority obtain their health information from their physician (4), or the hospital or Health Department (3).

The top three Social Determinants of Health: affordable housing (5), early child development, (5) and social support (5). When asked to choose one, affordable housing was chosen.

When asked social support, what are we lacking: "All of it. Stigma is – if you are homeless, you are worthless."

One participant stated, "I'm houseless, not homeless. I live in a tent, but it is my home, I'm houseless."

"But you can't take kids out in the woods – snakes, racoons, bugs, etc. "

We need peer groups for younger kids, bullying is an issue causing suicidal thoughts, one parent stated that their child skipped school – but the principal called her one hour after school was over not when her child walked out of school (when she just arrived). What could she be doing all day?

One participant's son wants to play football and needs equipment & stuff – she can't get help with that.

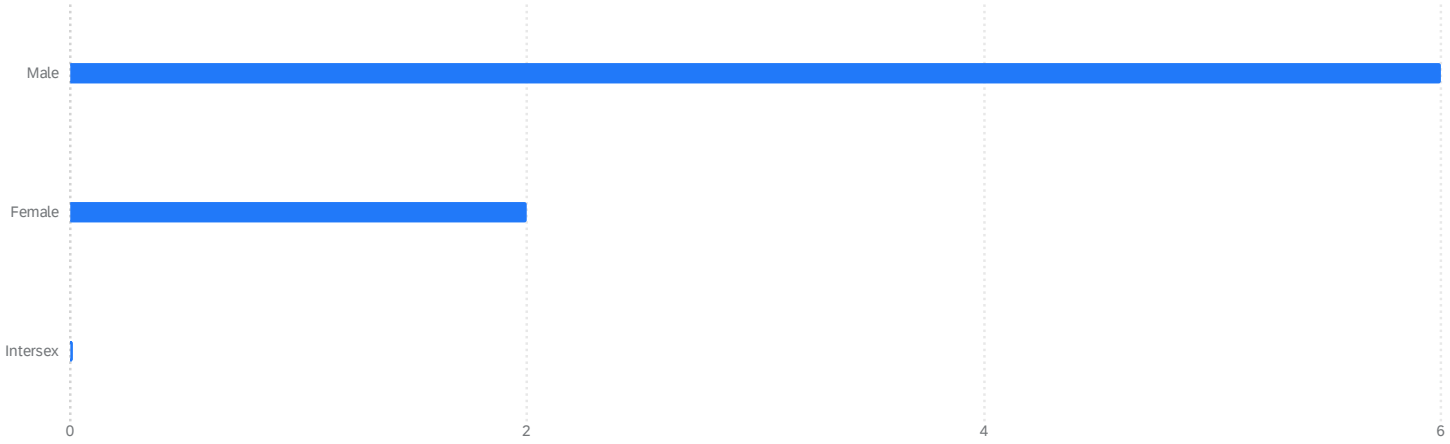
One participant stated that her daughter is going through changes and can't get peer groups in school or community, to the point where I am thinking of starting my own. The Boys and Girls Club is not for specific things that youth need.

When asked what is a concern we didn't bring up: Push Telehealth stuff for mental health, people may feel more comfortable doing it from their own homes. Feel that would change mental health completely. Texting for mental health – people don't know about it – get out flyers. Cost efficient because you don't need transportation.

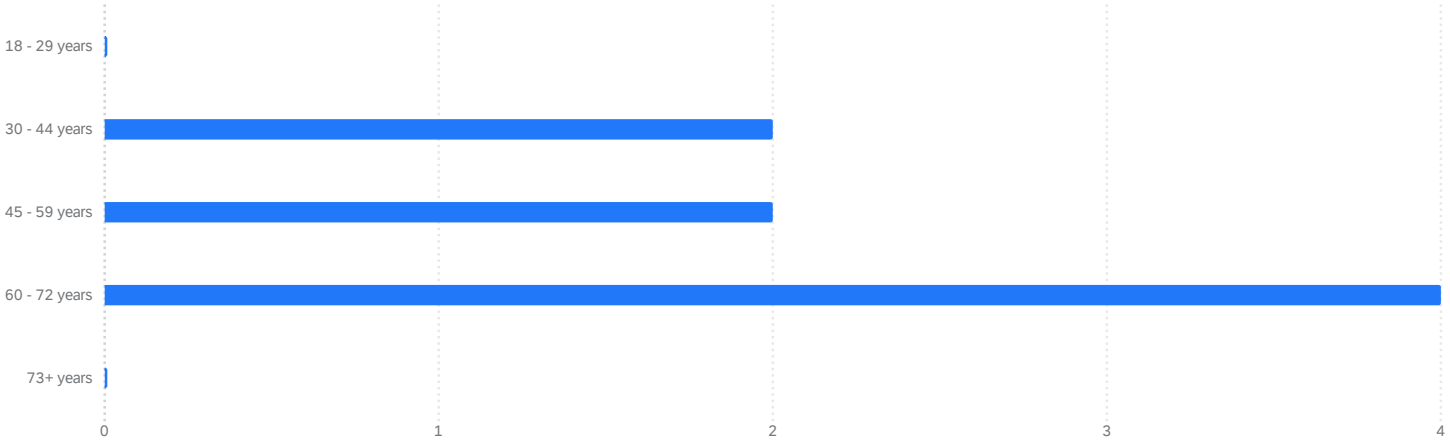
Targeted Populations Focus Groups_SH-LI / P...

Responses: 8

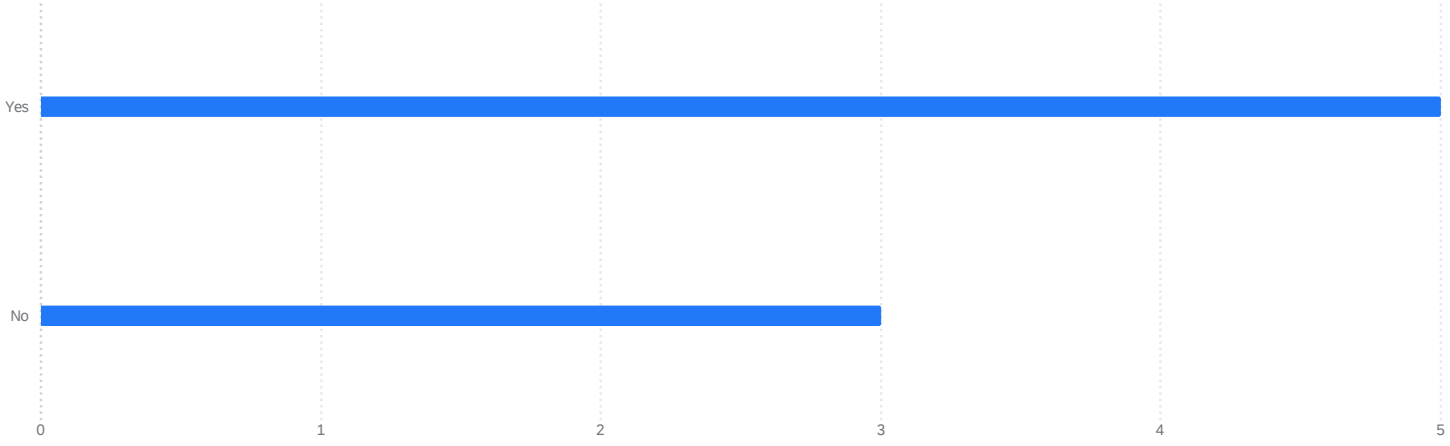
Birth Gender 8



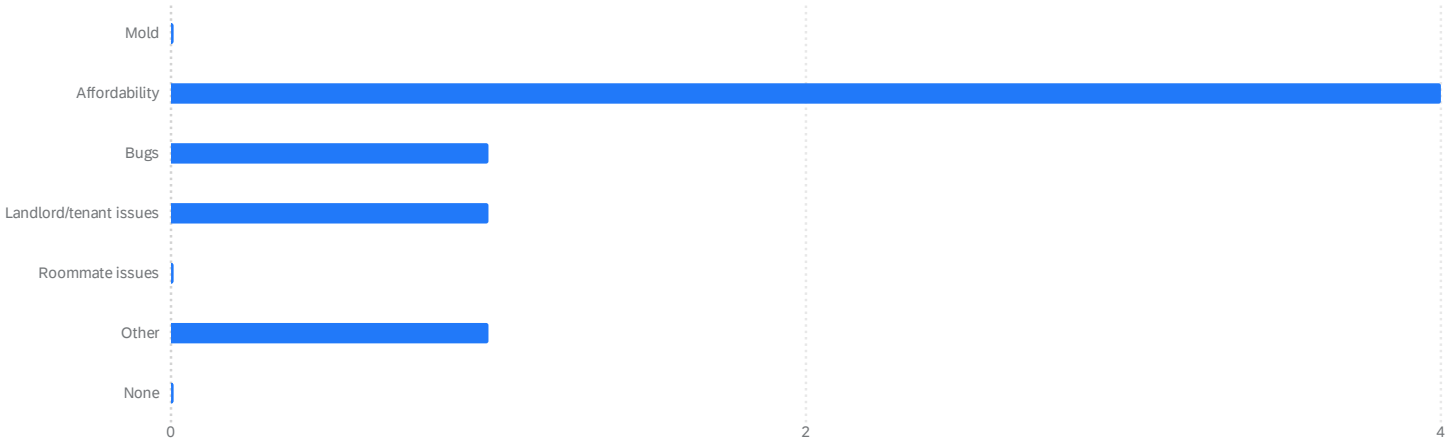
Age 8



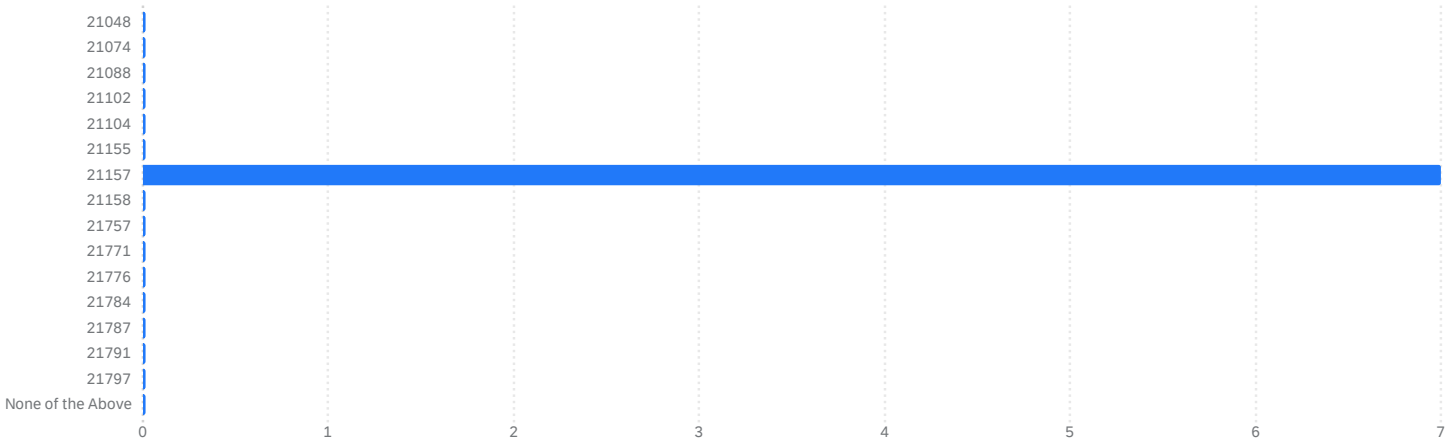
Do you feel safe in your neighborhood? 8



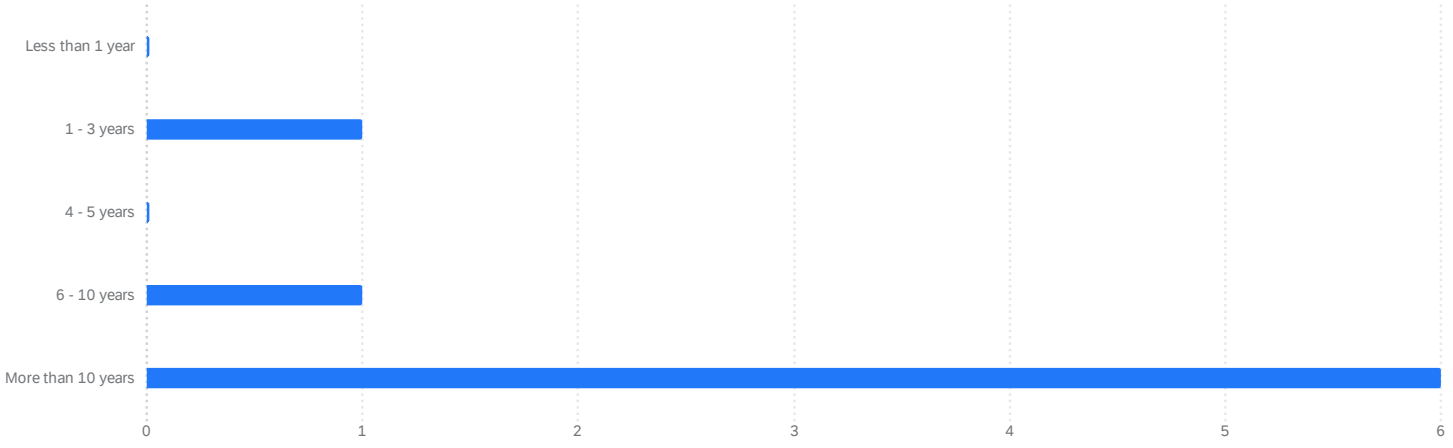
Do you have housing concerns? (Check all that apply) 7



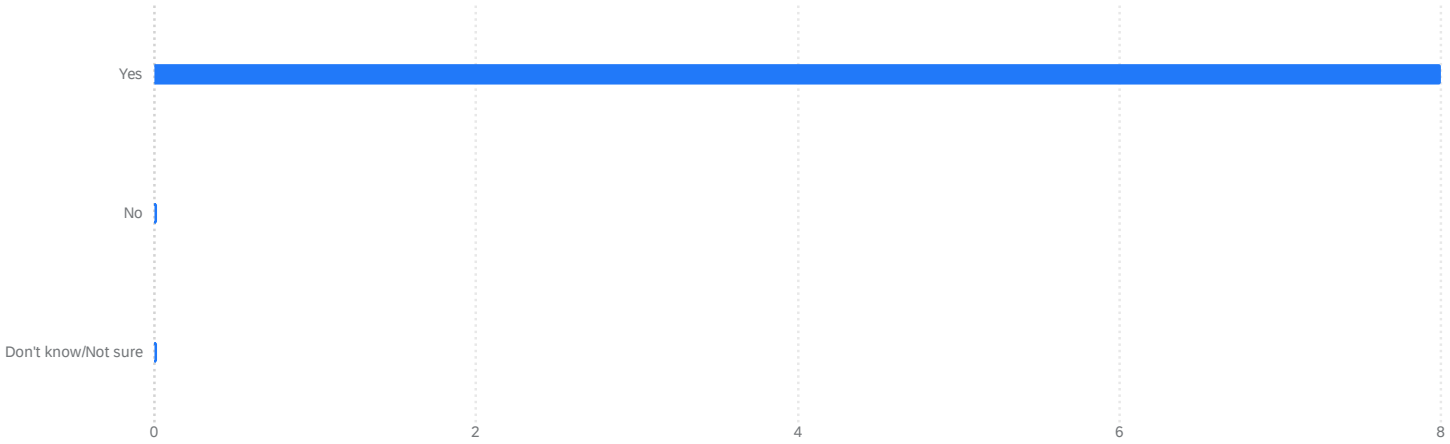
Zip Code 7



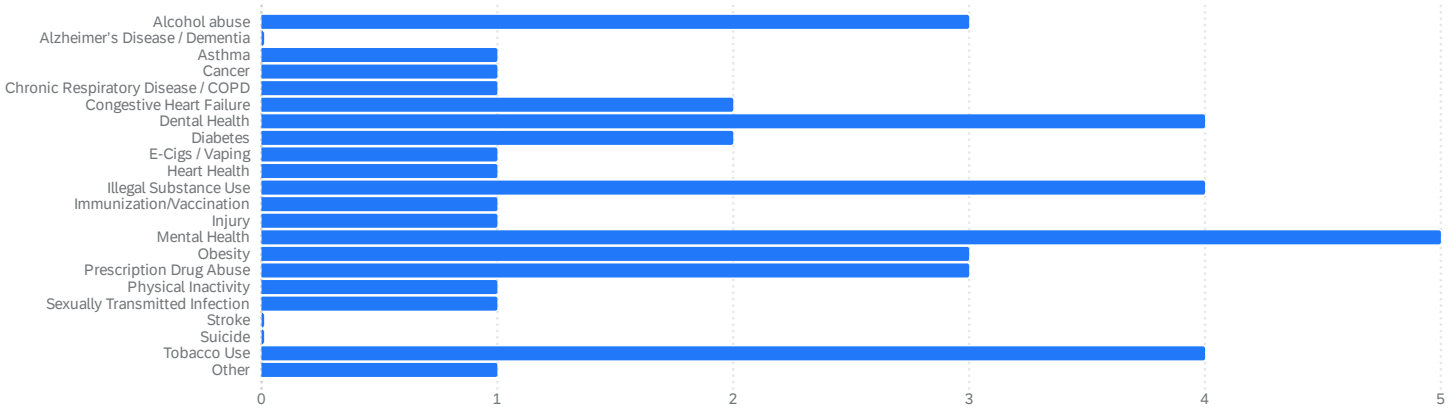
Number of Years Lived in Carroll County 8



Do you have health insurance? 8



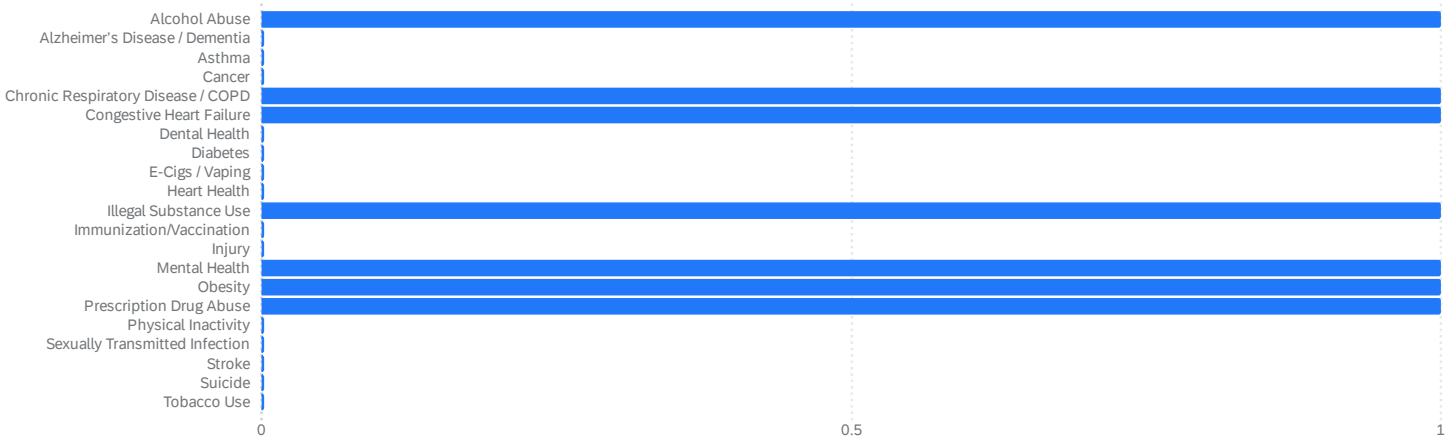
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 8



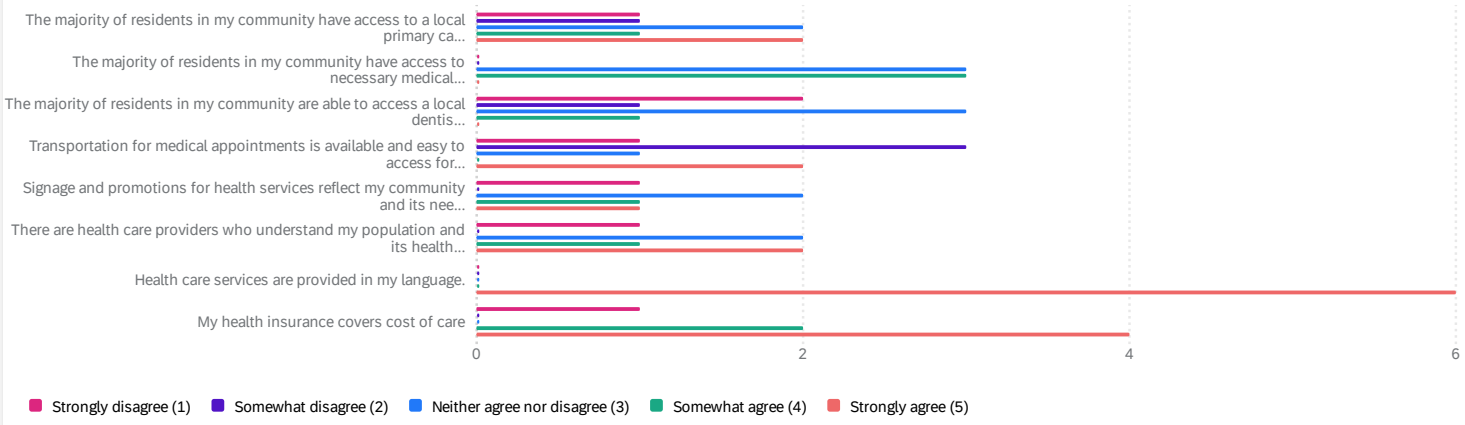
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

No data found - your filters may be too exclusive!

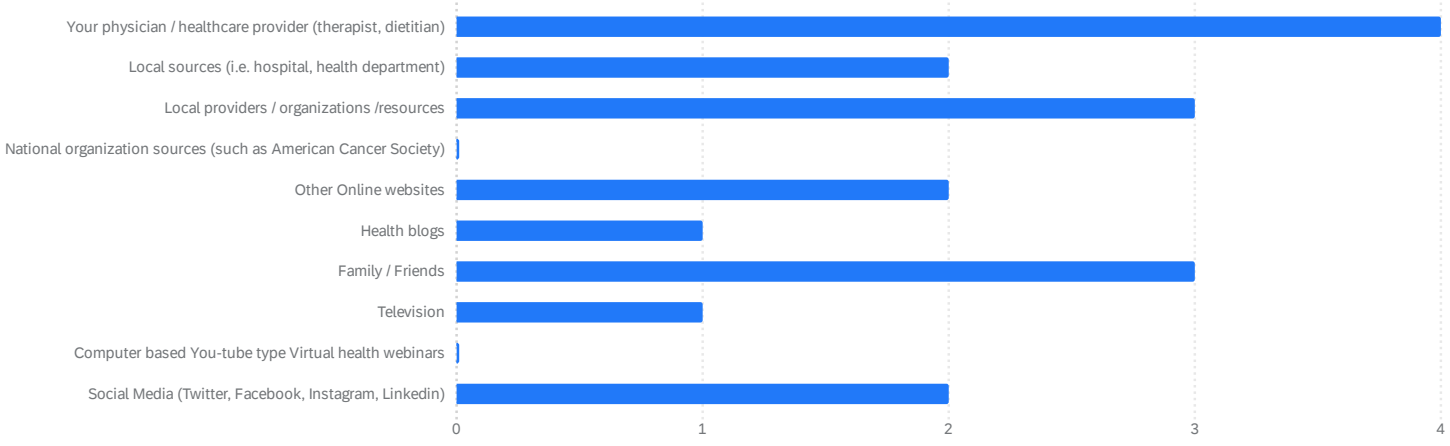
Of the 5 General Health issues you selected, what do you believe is the number one priority. 7



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. 8



Where do you go to get health information and/or health education? Choose all that apply 8



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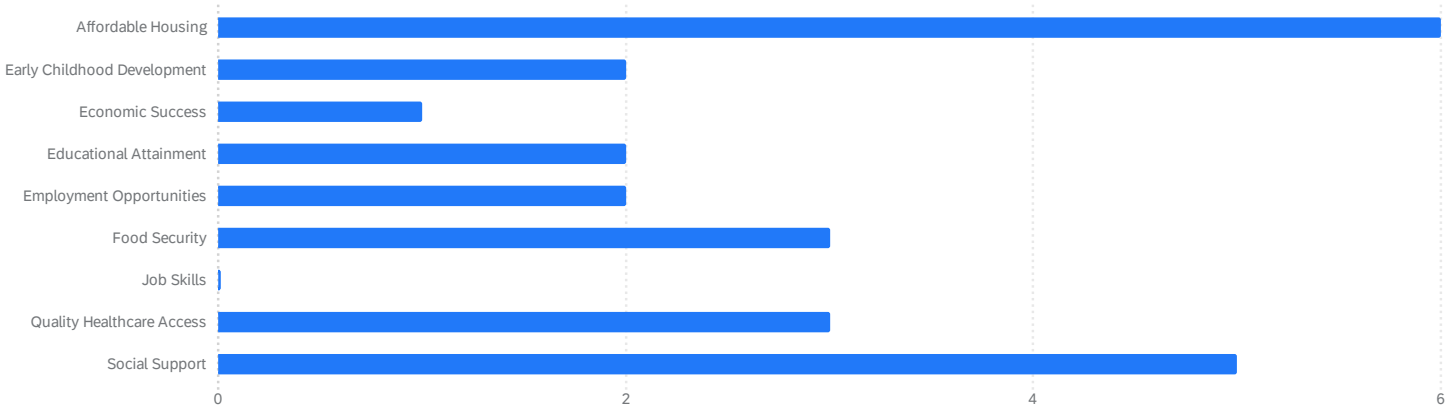
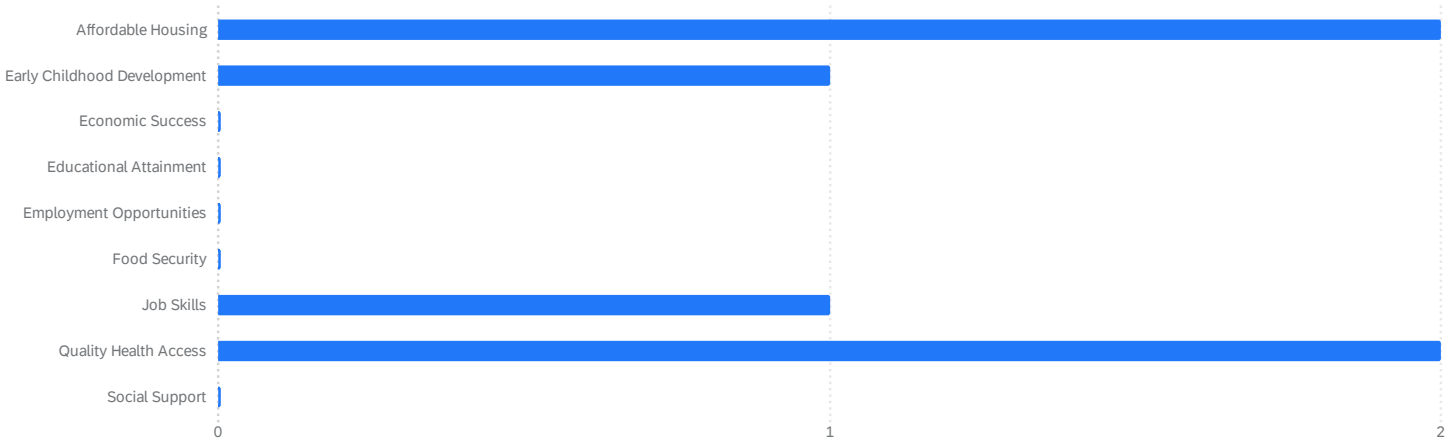


Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community? 6



Community Health Needs Assessment FY 2024
Focus Group: Low Income Sheltered Focus Group
July 13, 2023

This focus group was facilitated by Dot, Cheri, and Hunter July 13, 2023, at the Permanent Shelter, Stoner Avenue, with eight participants. Participants were all given iPads to complete the Focus Group Survey. Participants were six men and two women. Ages were distributed as: 30-44 years (2), 45-59 years (2), and 60-72 years (4).

When asked do you feel safe in your neighborhood: A majority (5) answered yes, three answered no. "Because of the environment at the homeless shelter – there are many people with different backgrounds, some from correctional institutions, some forced into this situation."

One participant stated that there is a concentration of violence within Westminster City - he sees drug dealings and drunk people every day in the city just like in Baltimore. Everybody (leaders) says they will stop the crime, and nobody does it. It is laughable. It was commented that, people today have no morals as to screwing others over.

Economically it is totally different in the city limits. Carroll County is supposed to be the 22nd richest county - there is a lot of money here. In the Westminster city area economics are different than if you go a little bit out of the city. There are many people in the ghetto – but our ghetto is rich compared to the rest of the world. If you have 5 sets of underwear you are rich compared to the rest of the world. Where is the money going if they have all that money? Houses, bank accounts, etc.

When asked about housing concerns: affordability was commented on. "It is not affordable here. A person must move out of the town or state to find something affordable. A one-bedroom apartment starts at $1,200 or $1,300. That is my whole paycheck. That is without any other programs. They want you to make 2-3 times more than the rent. It is felt you can't find a landlord to take HUD programs."

"The landlord list we are given by HSP is not up to date; landlords aren't taken off the list (of rentals) if they still aren't taking HUD anymore. Every person my wife talks to says you have to do this, and you have to do that, and we never hear from HSP."

A participant said we ask HSP, please give a list that takes vouchers for county, city, and rapid housing so we don't waste people's time – and are told by HSP, "oh we can't do that." I'm not asking you to break the law, just show me where I can go so that we don't waste everyone's time.

"Who do we call? No one calls us back. I send requests all day long and get nothing back. Landlords are on the list whose numbers has changed, two of them died, or their phone is out of order. The list is old, from 2017-2018 - it is very old. Please take them off the list. A lot of landlords no longer take HUD or any other program because somebody before ruined it for everyone else."

A participant said I passed out and was taken to the hospital. One person (at the hospital) tells me I have issues (need pacemaker) and someone else tells me I'm OK. In 2010 I had 2 heart attacks. I had to find a cardiologist to find out what was going on. I don't get it.

"People in our situation go to a landlord and they say we want 2-3 times your income to accept it. I have HUD and my credentials won't pass. I have nothing on a background check that you will find enabling me to rent this place – they still want you to quality their way even though HUD will pay the rent (a guaranteed payment). If HUD will pay the rent, why are you looking at my credentials? If rent is $1,000 a month, they want your income to quality their way and have $3,000. But I'm not even paying it, it is paid by a dependable payment from HUD."

"We have to apply to many places to get one place, and everyone takes money to do a background check, one wants $40, one wants $25, one wants $50, and this is just for a CHANCE to get this apartment. We don't have the money for that. And then background checks find things in your past and they won't rent to you. It costs hundreds and hundreds just to be told, no, no, no – and we don't have that money."

A participant commented I have to walk 5 miles to see an apartment and then walk back, I can't just go zoom, zoom, zoom – it is difficult to get around and look. We are put in impossible situations – we aren't accepted on our own merit, we have to pay for background checks, etc. A couple has to pay double because it is two people – they want $45 each to do two applications for each person - a credit check and a background check. Then they tell you they won't rent to you: 3 landlords in Westminster and one in Taneytown. And they have an attitude when they find out I am in a shelter – they discriminate when they find out we are in the shelter – they judge us from what happened in the past with another apartment. We are not the same. They wanted us to sell our van to have a deposit. How can we get around if we sell the van? They want us to sell our phones and go on the government phones. They want us to have money saved up for an apartment. Could you live without a car? Could you live without a phone? You can't get websites, get the same service. Being asked to get rid of other bills so they would have money to rent, but then wouldn't have other things, especially if you can't work.

One is a veteran – Dot asked, "can you use vet services?" I'm trying, but they say I didn't serve long enough. I'm sorry, the minute you sign up to protect your country you should get services, not saying you only served a couple of weeks, so you don't get services. Why is it so hard for Uncle Sam to pay the veterans what they need? Veterans served their country, to keep their county free, and they are homeless. That doesn't make sense. "Why are veterans homeless?" they asked. Someone lives with PTSD and should have services. I was proud to serve my country. 95 Carroll Street is the 1st thing I have heard they are going to do for veterans.

A married couple is being housed separately at the shelter and they have two different case managers. They feel the shelter tries in every way to separate them – isn't it supposed to be teamwork, to work together as a team? Why do we have two case managers? And having to apply to the same place and pay two separate deposits and have two background checks? Why is everything separate when we should be working together? This all affects our mental health and then overall health because you

have to worry about this, it is a domino effect on everything. We have to worry about this thing and that thing, and it branches out. I remember when Westminster had Mission of Mercy, what happened to that?

A majority (6) lived here over 10 years, with one participant each 1-3-years and 6-10-years.
All 8 (100%) have health insurance.

When asked to choose the top five health issues and behaviors to address in the community: Number one was Mental Health (5) number two was tied (4 each) for Dental Health, Illegal Substance Use, and Tobacco Use. Number three tied (3 each) for Alcohol abuse, Obesity, Prescription Drug Abuse

When asked about obstacles:

- **Transportation:** we have to call the Health Department to get Ride with Us. They won't accept Medicare but will only accept Medicaid (provides maybe 12 rides a year).
- **Access to a specialist:** psychiatrist. We run into therapists who won't take Medicare, only Medicaid. So not all the expenses are covered. There are less options for psychiatric care and therapist.

Finding someone to take my insurance is difficult. I take a certain medication and it is difficult finding a psychiatrist that takes my insurance, who is also within walking distance, and will work with me on what I take. It is a huge problem for me. A prescribing physician that is comfortable to work with me on what I need.

- Stigma: it is felt big time with mental health issues. You are labeled as crazy within the community.

One participant stated that the USA has so much more heart disease than other countries because of what we eat!! People think you can do whatever you want and take a pill to fix it. Why don't we have "McDonald's kills" like we have "tobacco kills?" There is no nutrition anymore.

We're causing our own problems. If a doctor knows you smoke, they should tell you about/give you resources.

Dot shared we are trying to duplicate some things from Blue Zones – eating right, activity, socialization.

When asked about barriers to quitting tobacco use: We are seeing a lot of underage kids coming from absentee homes, getting them from parents and friends. Quitting is hard. If the doctor wants you to take medication, will the insurance company pay for it?

When asked if you know there are resources for quitting: No – no one ever talks about it. We don't know about the resources or if there is free help available to quit smoking.

A participant said I was in a drug rehab for 30 days, and they stress you need to get off the drugs cold turkey, every day. But in regard to smoking, you have to wean yourself off. Heavy drugs you must quit cold turkey versus weaning off tobacco – why the difference? The legal drug you have to wean yourself

off. Why is that? That means that all you taught me the last 30 days is BS, "but that is the way we must teach it according to the protocol" they tell me.

When asked about alcohol, obesity, prescription drug abuse: One participant did not understand how the drug can be abused if it is a prescribed drug. "It is not always the physical pain people are dealing with but the mental pain."

One participant was surprised that obesity isn't number one. People are eating themselves to death and it causes a lot of problems. Other countries have less heart disease than we do here. What we eat determines our health a lot.

Dot shared that we develop programs for eating right – for Cancer and Obesity and Diabetes: people need to go to a nutritionist, but it could be expensive. It is less expensive in a non-regulated space.

When asked to identify the #1 priority, choices were evenly distributed (1 each) over Alcohol Abuse, COPD, CHF, Illegal Substance Abuse, Mental Health, Obesity, and Prescription Drug Use.

When asked about access to health care: it was almost an even split as to having access to a local primary care doctor (2 no-3 yes). Most agree that they have access to necessary medical care. A majority disagree that there is access to a dentist and that there is available transportation for medical appointments. Most participants feel that insurance covers the cost of care.

When asked Where do you get your health information: Number one source is physician/local providers (4) with number two being local providers or family and friends (3 each).

One person's daughter is a NP, and she has to see so many people. You don't get a chance to get to know the practitioner or patient. It is money-driven, seeing so many people in an hour. The time they can spend with you gets less and less. At the doctor's office you can only talk about one thing during the visit –talk about blood pressure but not my sprained foot.

A participant commented about a guy down the hallway who came back from hospital last night, needs help, nobody is doing anything about it. Mental hygiene issues and the staff is not doing anything about it. They and won't let me move from my room, it is BS***.

The top three Social Determinants of Health identified are: affordable housing (6), social support (5), and food security and quality healthcare access (3 each). When asked to identify the top concern, Affordable Housing and Quality Healthcare Access tied (2 each).

A suggestion was made about The Boston Inn – it needs to be leveled and affordable housing put up. The Sheriff is probably there every day.

Mental health problems are not treated because of lack of providers and access. Can't get help for mental health.

When asked What would help the person down this hallway: How about having a therapist come here – have an office here? A provider where they come and pick you up. How does a destitute person get help?

"Have a nurse here, someone to provide care instead of sending people to the hospital. "

Provider who sees men one day, women one day, night by night one day, etc.

Mentioned was Awesome Mike – who provides transportation to MVA, doctor, VA, etc.

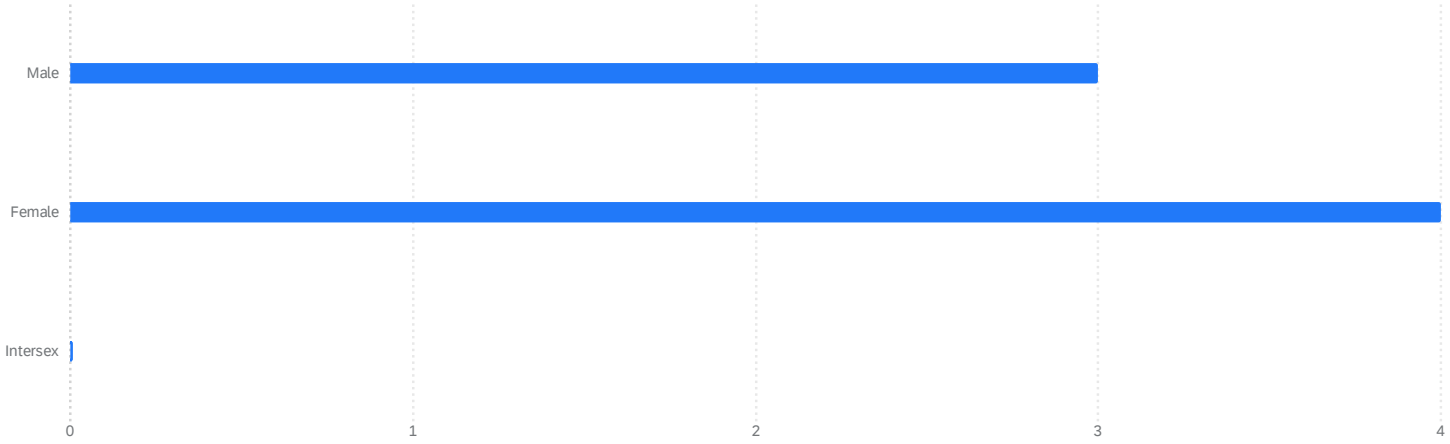
Potomac is overwhelmed with their caseload – but have few case workers.

Senior citizens, or anyone on a fixed income, have to choose between meds, food, etc.

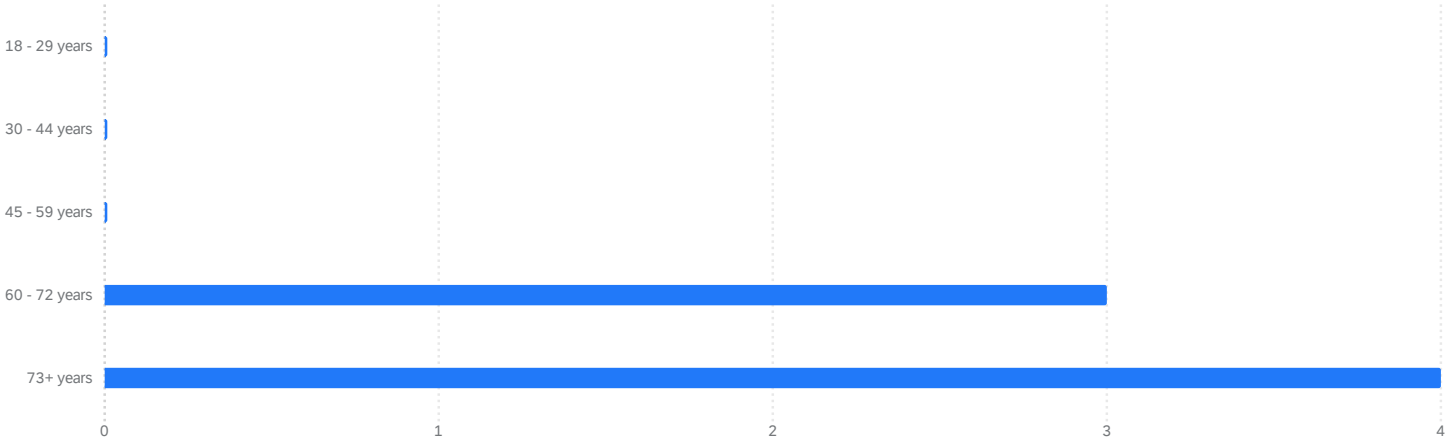
Targeted Populations Focus Groups_TSC-OA /...

Responses: 7

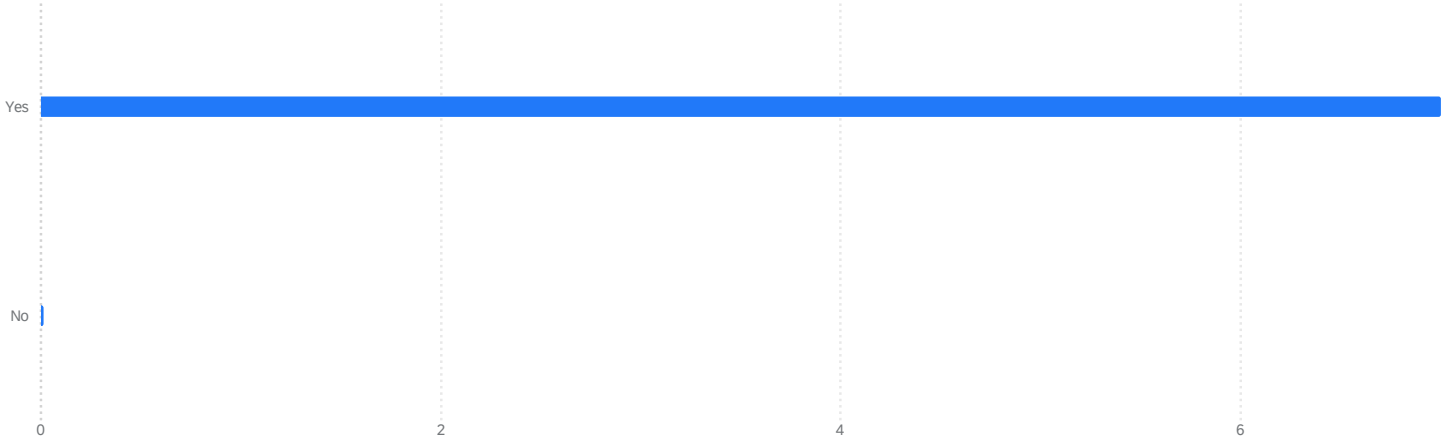
Birth Gender 7



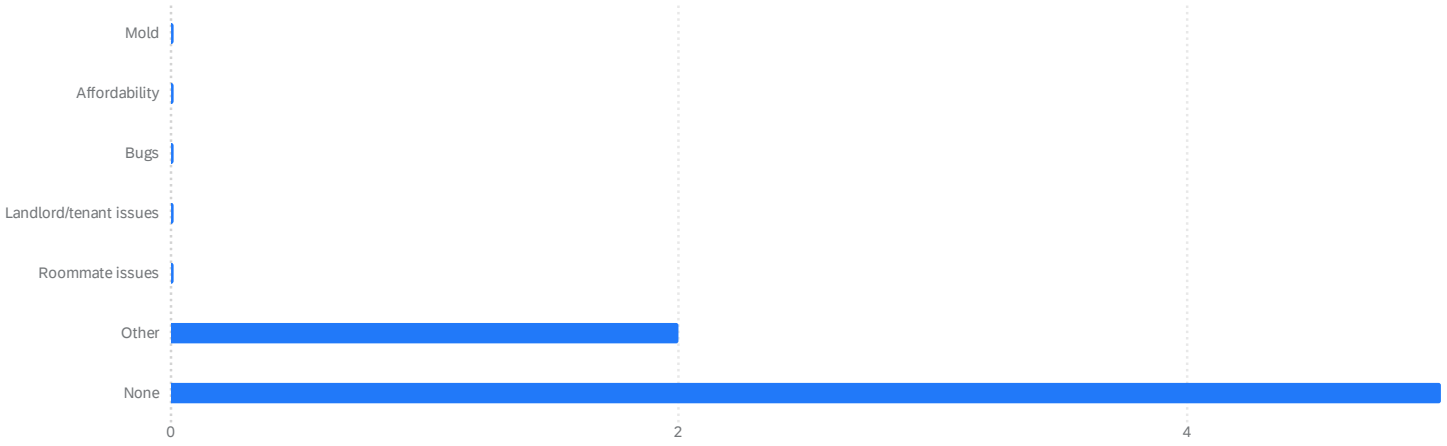
Age 7



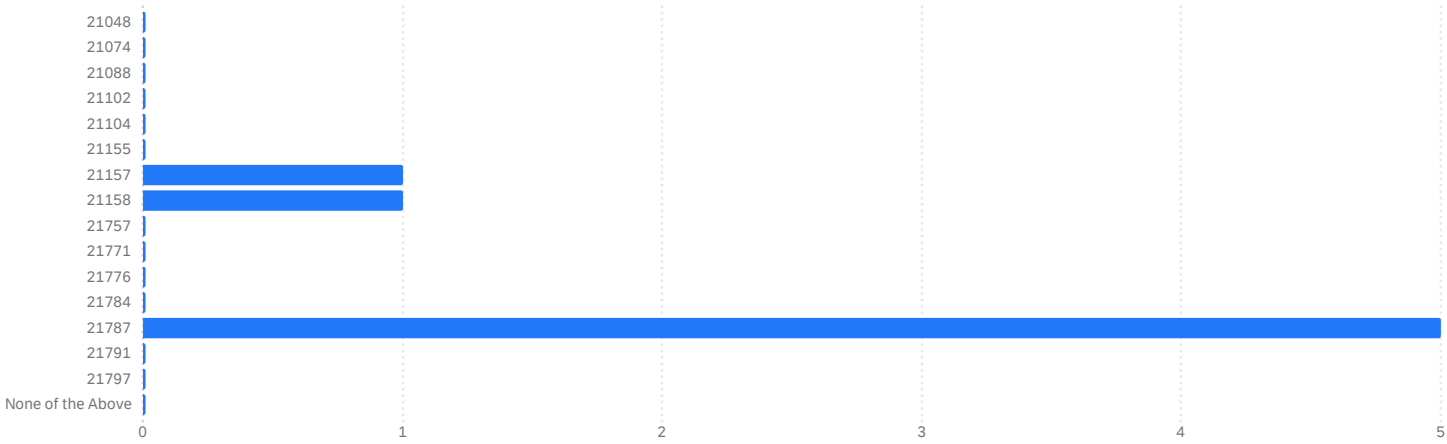
Do you feel safe in your neighborhood? 7



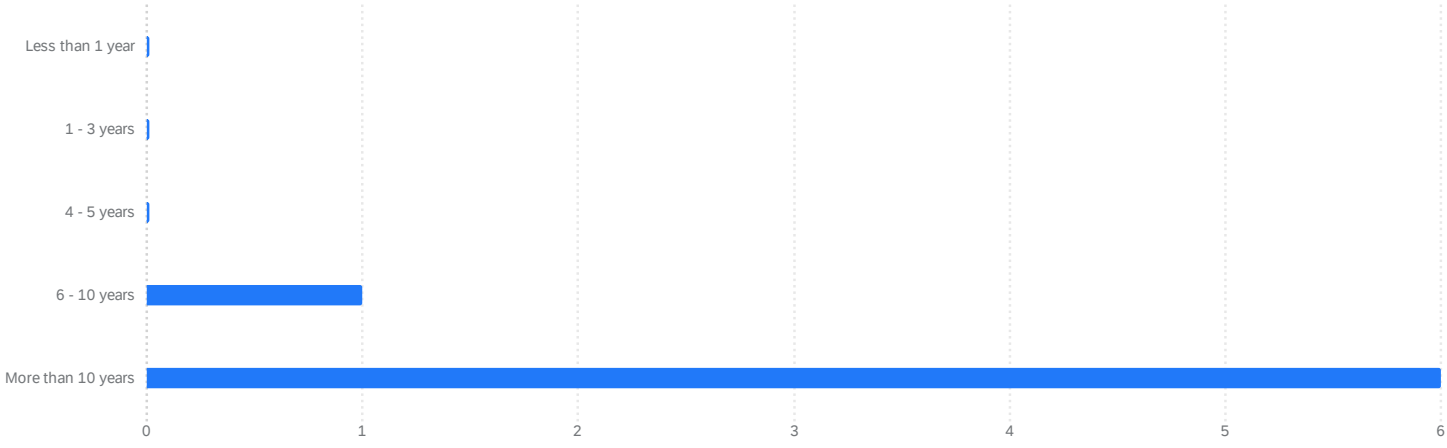
Do you have housing concerns? (Check all that apply) 7



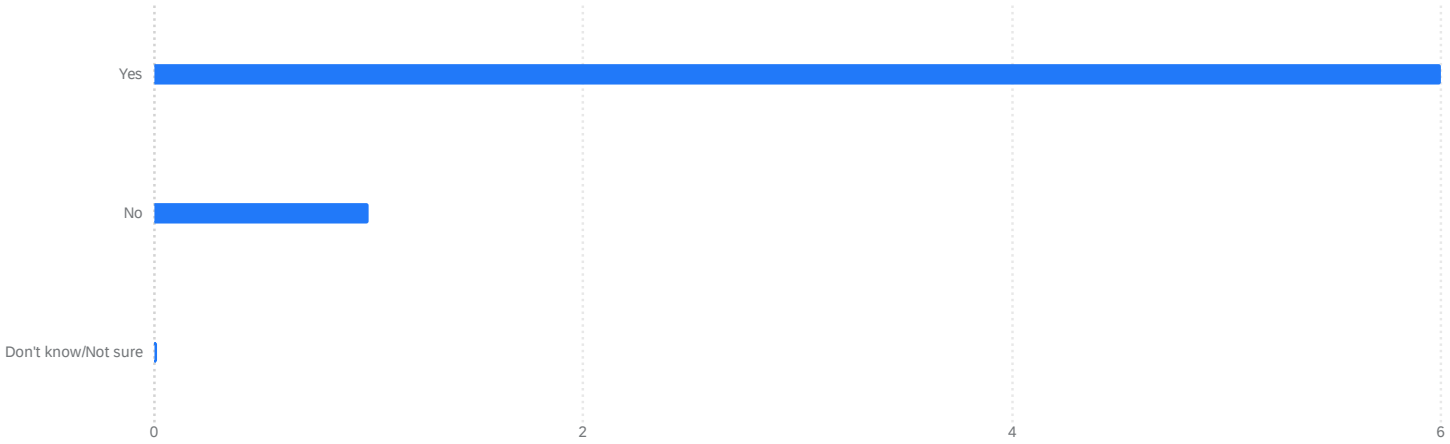
Zip Code 7



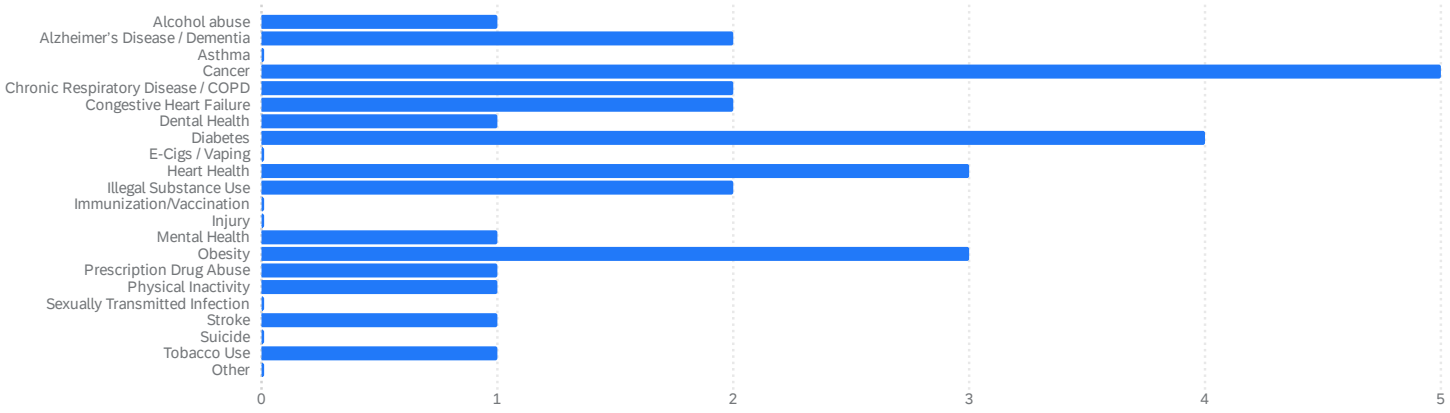
Number of Years Lived in Carroll County 7



Do you have health insurance? 7



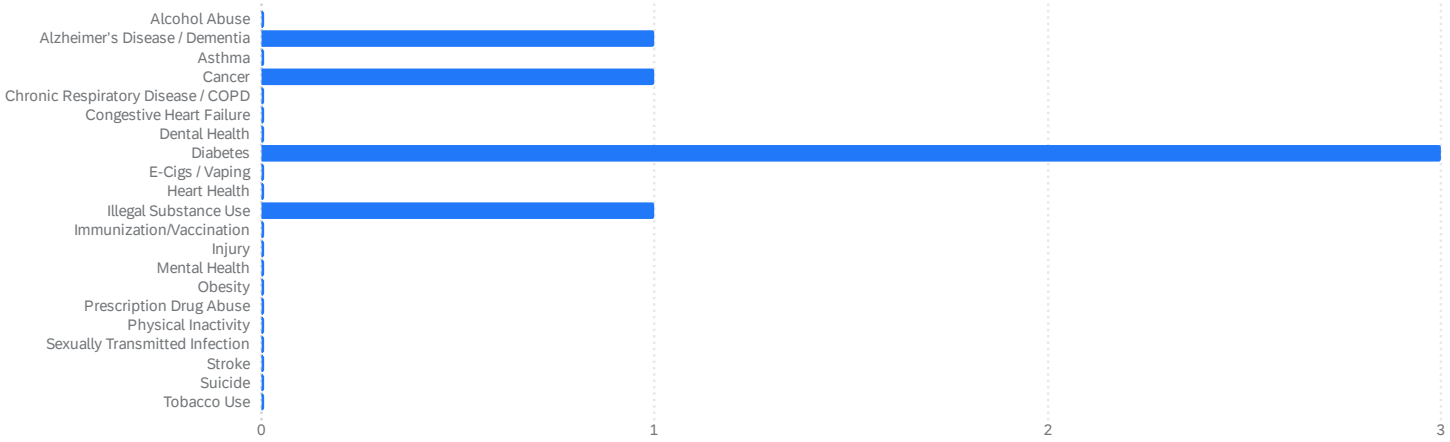
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 6



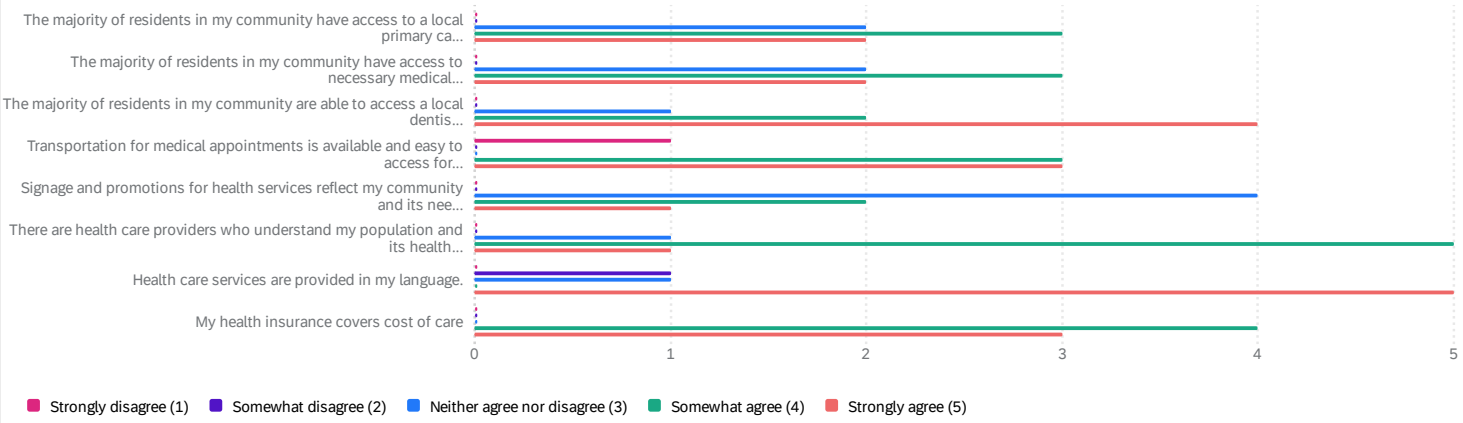
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

No data found - your filters may be too exclusive!

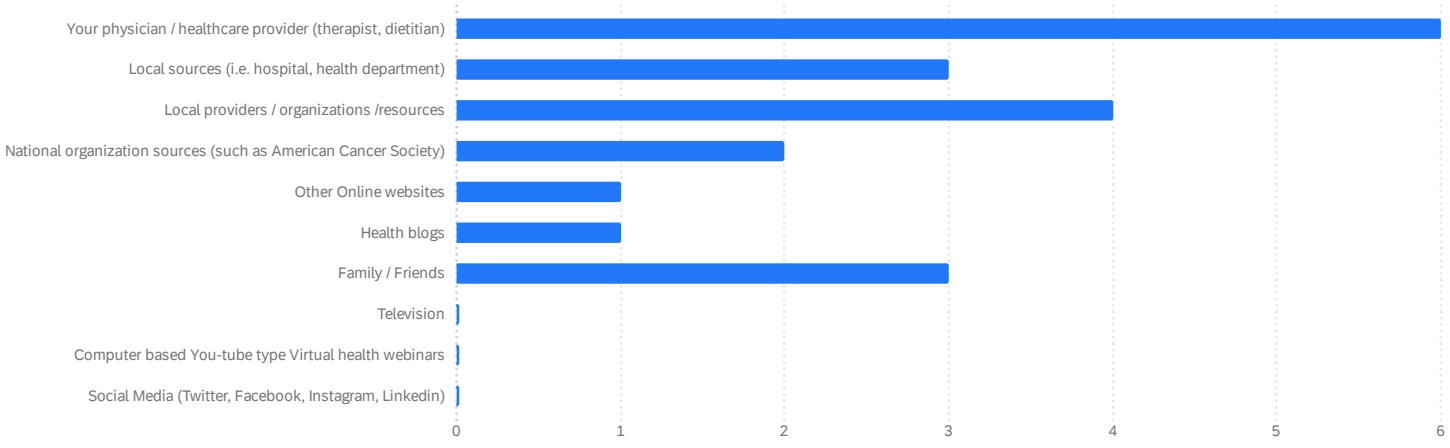
Of the 5 General Health issues you selected, what do you believe is the number one priority. 6



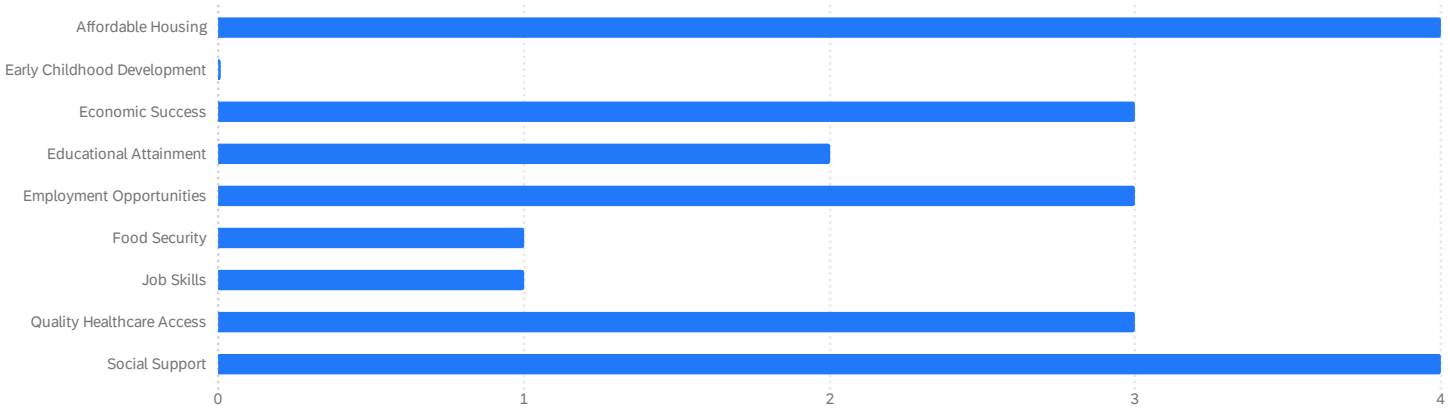
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 7



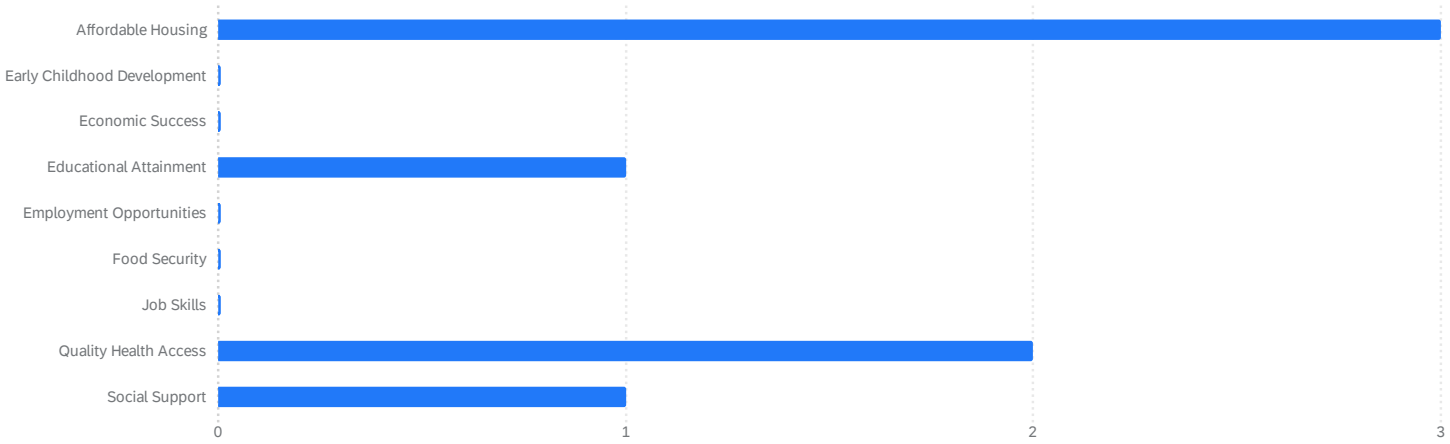
Where do you go to get health information and/or health education? Choose all that apply 7



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. 7



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? 7



Community Health Needs Assessment FY 2024

Focus Group: Older Adults

Monday, July 24, 202

This focus group was facilitated by Dorothy Fox and Hunter Clifton on July 24, 2023, at the Taneytown Senior Center with seven participants. Participants were all given iPads to complete the Focus Group Survey. Participants were 3 men and 4 women. Ages are 60-72 years (3) and 73+ years (4).

When asked do you feel safe in your neighborhood: 100% said yes. They feel that neighbors have contributed to the sense of security.

When asked do you have housing concerns: A majority (5) chose None & two chose "other."

Discussion: If you live in an apartment complex, or you're renting- how do we know we're living in a secure building? Does the county have something where they automatically every so many years do an inspection to make sure the building is secure? You keep hearing more about building collapses… and I'm wondering if the county does any kind of regular inspection?

The majority (5) live in the 21787-zip code, with one each in 21157 and 21158.

The majority (6) have lived in Carroll County over ten years, with one responding '6-10-years.

Health Insurance: A majority (6) has health insurance, with one participant without insurance.

When asked to rank the five general health issues and behaviors to address in the next 3-5 years:

A majority (5) choose Cancer, with Diabetes as #2 (4), Heart Health and Obesity tying for #3 (3 each), and a tie for #4 (2 each) for Alzheimer's/Dementia, COPD, CHF, and Illegal Substance Use. When asked to chose one as a priority, the majority (3) chose Diabetes, with a tie of (1 each) Alzheimer's/Dementia, Cancer, and Illegal Substance Use.

- **Diabetes:** Diet is the number one problem. No obstacles to eating a healthy diet, but just about everything has sugar in it. Relating to finances, it's cheaper to buy junk food than healthy food. When you call a diabetic doctor, you have to wait 3-6 months to see one. You can't get into the doctor's office right away, but it took about 20 calls back and forth to finally set an appointment. Some answering systems at a doctor's offices are not patient-friendly. Not enough people in the

health care field. Not as many specialists in the county as there used to be. New doctors coming in don't seem to be specializing in a specific medicine. New doctors are servicing other areas (i.e., Baltimore), causing you to have to drive all the way to Baltimore or other areas to get seen sooner. The cost does impact your food- sometimes. If you're a single person, the grocery store doesn't pack it into small packages. Food often goes to waste, or you must eat it all week. If Farmers Markets were more available, not just on Saturday, I would visit them more often. There are also farms in the area that do smaller quantities. There's one off of Uniontown Rd. There is a potential for more education about where to get meat with smaller quantities. It's more expensive to buy from a farm though. But people don't know about them. Maybe do more education about them or partner with them. But it is more expensive.

- **Exercise:** There is an exercise room for seniors at the senior center, but not a lot of people use it. Two gyms around here, but they are expensive. One participant has a walking routine. Walking together and utilizing the fitness classes is enjoyed. For younger groups and outdoor options, there's the pool, skate park, parks, walk the pond. For seniors specifically, there are not many outdoor physical activity opportunities. Some existing opportunities may be too expensive for seniors on a fixed income, or they may not feel comfortable asking about fees being waived, or not know that they can get some of those fees waved or reduced.

- **Cancer:** There is great access to the cancer center at Carroll Hospital. One participant's mother did not have issues finding doctors/treatment.

- **Obesity:** No discussion.

When asked about education regarding cancer: It would be nice if it was more available around here. You always have to go to Westminster to get education, but it would be nice if they could rotate it. It also shouldn't be available just at senior centers, because not everyone comes to the senior center.

When asked about what time would work best: Have the training twice- once in the morning, and once in the evening for those that work. Weekends could also potentially work.

When asked about heart health: It would be nice to have a group get together and talk about heart issues you have, and how everyone manages it. I think the hospital has a lot of groups like that, but they have the challenge of getting the information made available to the public. A lot of it is only online, and many seniors do not have access to the internet/email. Find a different way to get information out. Could mailing work? The information would need to be more targeted. The doctors, at the end of the appointment, say a lot of things, don't write anything down, etc..... and it makes it difficult to follow up on what you're supposed to do. Ten minutes with the doctor and they don't write down instructions. My sister had surgery in PA, and her doctor printed out instructions. When I go to the doctor, I bring a three-ring binder to talk about what's going on and discuss what I need to do before I leave. It varies

from doctor to doctor. On the TV/CMC/county channel (24 on comcast), do you put information out about the diabetes class and other programs? It's on Comcast cable. If you have satellite, you don't get that.

Dot commented perhaps, we can make a more targeted effort there. It will need to be a multi-pronged approach.

When asked about Illegal substance use: Doesn't seem to be affecting any of us in any collateral ways. We've also dealt with mental health issues at the Senior Center, and we try to work with people.

Participants were asked to rate Healthcare Access in the community: A majority (5) agree that residents have access to primary care, necessary medical care, and a local dentist. A majority (6) feel there is transportation that is available and easy to access for medical appointments. A majority feel that there are health care providers who do understand their population and its health concerns. The majority feel that health insurance does appear to cover the cost of care. However, there was some discussion about transportation.

A participant said we used to be able to get lab work done up here, but now we must travel all the way to Westminster. It (the lab facility) used to always be busy, so why did it move? Running to 2-3 or 4 places for your medical needs is difficult.

Dot commented It may be time to start looking at those numbers to see if there's a strong enough need in Taneytown now for medical/lab services: For one resident, Carroll Transit worked well. Called ahead to set an appointment. Feel the cost is fair, but the only issue would be you can't tell them what time to come pick you back up, so do a will-call when it is time to be picked up. One participant worries about a son with vision problems in the future getting to appointments, or if they must have surgery done at Sinai or wherever, they must get a ride with someone. "Carroll Transit would not take me there**.** Carroll County does not have transportation after hours, and that is a difficult thing. My son works at Random House at night, so there is no transportation available at 11:00pm at night."

Discussion regarding dentists: Mission of Mercy comes here twice a month and provides limited services to those with little to no insurance. It is limited though. Unless you have really good insurance it doesn't cover much. Insurance companies want to pay their administrators top dollar and the dentists little to no money. Dr. Dow retired, and his replacement has cancer.

When asked where do you get your health insurance information: A majority of participants (6) obtain their health information and education from their healthcare provider or local providers/organizations (4). Local sources and family/friends were also a source (3 each).

One participant stated their son always goes to the internet. D. Fox stressed the importance of ensuring you get it from a reliable source because there's a lot of incorrect information on the internet.

"Sometimes it's good to hear others' experiences because it allows you to go to your doctor with more information. I may ask about a doctor someone has an experience with, but I don't get information from them."

One participant stated that they don't go to the doctors. When asked why "If I'm sick, I go. I must really be dying-sick. I just don't like doctors, and I'm not really unhealthy. My female doctor retired, so I just don't go."

Comments were "what you don't know won't hurt you" or "it is better to find out early to treat what you may find." We should have a health fair here and do screenings.

A participant said they enjoyed going to the health fairs. "It's wonderful to have, not just in Westminster once a year (Senior Expo). For people around here that can't get out/around, a health fair would be nice to have. You have to consider people who work, too."

When asked about The Senior Center closing at 4:00 pm, if we were able to have a night activity do you think people would come: Mostly yes, but one no. The Senior Center would open up after hours for this kind of event, but you must have activities for them to take part in (prick your finger for diabetes, blood pressure, balance, etc.). Dot said that we will look into having an after-hours program.

When asked to choose the three SDOH (social determinants of health) most important to address in the next 3-5 years: Affordable housing and social support tied for #1 (4 each). Economic Success, Employment Opportunities, and Quality Healthcare Access tied for #2 (3 each). Educational Attainment was #3 (2).

A participant commented that these SDOH are not just for seniors but for all people. If you can afford something there are slum lords who don't fix things. No landlord issues but have finance issues. In the complex I live in, a big conglomerate - they have ten units throughout the state. They're raising rentals every year. From the time I moved in until now, water/sewer/trash were covered but now they're adding those on. Not only raising rents but adding all of these other things on to the renter to pay. It's a private group, but it just seems to me that they're going to price themselves out. I like where I live, I feel safe and secure. I don't know many of my neighbors, but I haven't had any issues so they're good people.

One participant suggested putting a dumpster at the senior center - trash pick-up is expensive. "There are a lot of problems with affordable housing/HUD. People don't want to call and report their landlord for fear of rent being raised or being kicked out. "

- **Employment opportunities:** There are very few jobs in Taneytown for young individuals or even seniors who would like to work part-time. One full-time employee, no one else is working. No fair wage concerns.

- **Social support:** Friends and family groups are shrinking. People don't go out as much as they used to, kids don't play outside, they're on their phones, etc. Is there development of programs, besides walking? We have a corn hole group here at the senior center, we could do outside of the senior center to get people involved. Other places have corn hole tournaments. Taneytown used to have a pool. Activities at the fire department and park need to be built to get people together. The park just had a movie night and food truck night. They don't get the information out to the public. Bocce ball is a good one for older people too, or ring toss. The most important thing is getting the information out into the whole community when you're putting on an activity.

  A participant commented if we were to start a corn hole league, where would people share? Hair salon, churches, grocery store bulletin boards, the Taneytown post office has a billboard, doctors office, library, maybe flyers on vehicles? You could use the kids in schools that need community hour credits to put flyers out if it's legal. What about graduation-type signs in yards? You'd have to put it somewhere where people are walking versus driving. There are not many places where people walk in Taneytown. It would have to be near stop signs, stop lights, Robert's Mill Pond. You have to have the participation to continue with programs. If you keep adding to the community, taxes will go up and people won't want that.

When asked to pick the top SDOH to address for the greatest impact to the community: Affordable housing was #1 (3) with Quality Healthcare Access #2 (2).

Quality health- do people feel they are getting good quality care? We talked about limited specialists, long waits… what about the care you receive: "If you go to a doctor and you don't mesh, go to someone else that you feel comfortable with. "

D. Fox asked if there was anything she did not cover: The center or the state – "we need access to dieticians for diabetes. Tell them the food you like to eat and have food plans written up to help with one's chronic diseases. We've never received a more specific list at the doctor's office (breakfast, lunch, dinner, snacks). "

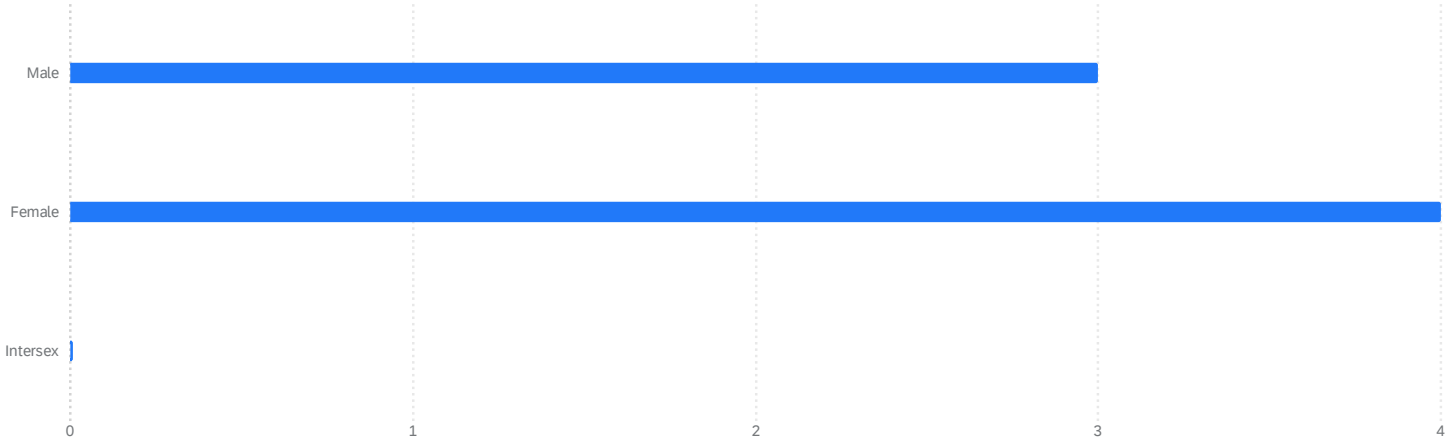
"There is a need to find a balance between self-determination and getting told what to do in terms of food consumption. "

Do you think the cost of medical care would come down if they needed to advertise costs? If you could pick and choose between the advertised costs: Getting back to nutritionists, we have one come here once a month. She always has a hand-out to take home and read. Terry Serio from Maryland Extension. We like that.

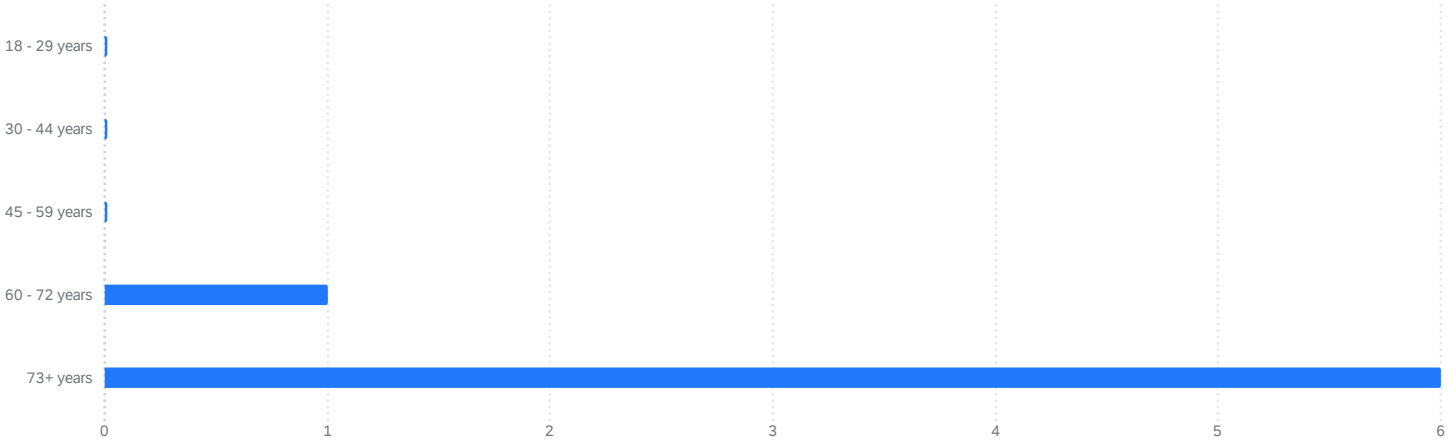
Targeted Populations Focus Groups_WSC- OA / Page 1

Responses: 7

Birth Gender 7

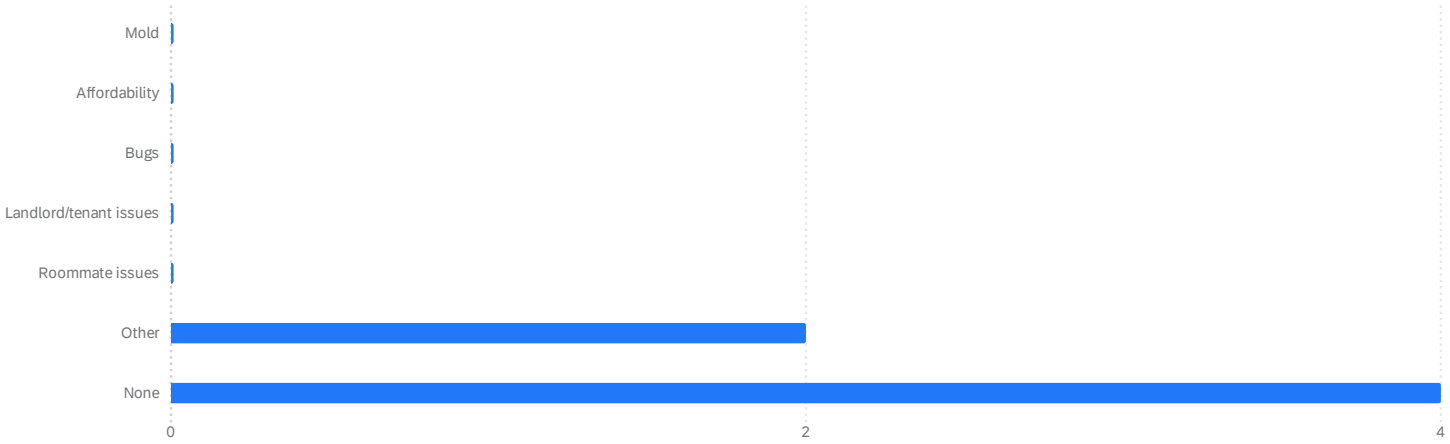


Age 7



Do you feel safe in your neighborhood? 7

Do you have housing concerns? (Check all that apply) 6



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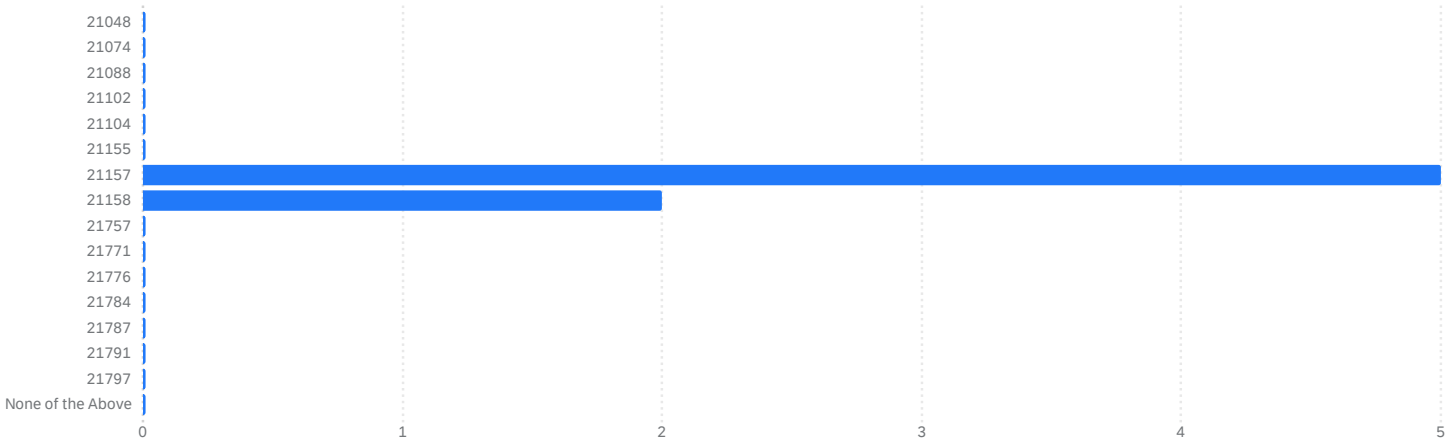
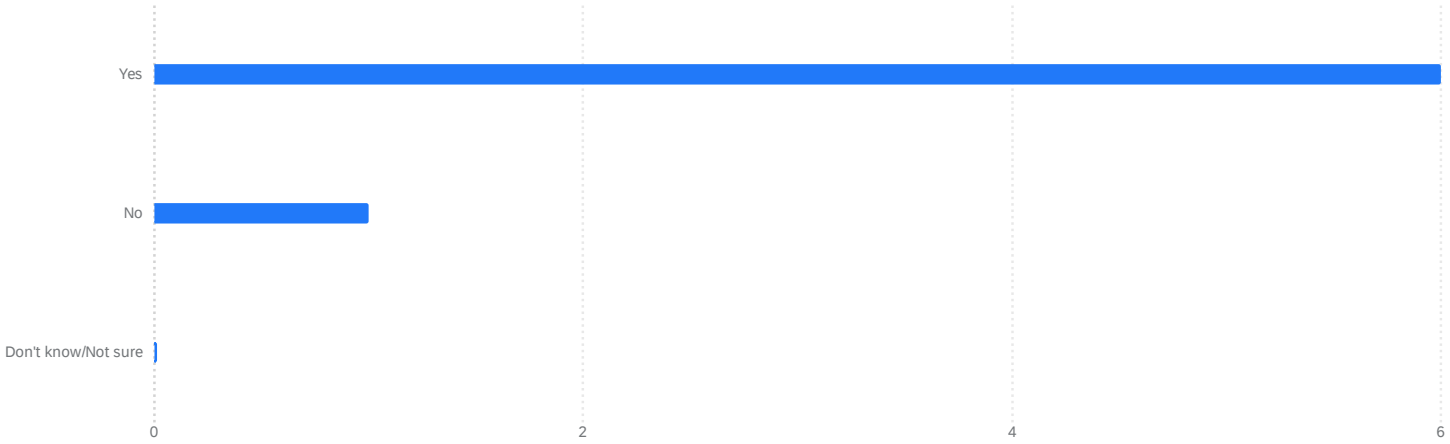


Number of Years Lived in Carroll County 7

Do you have health insurance? 7



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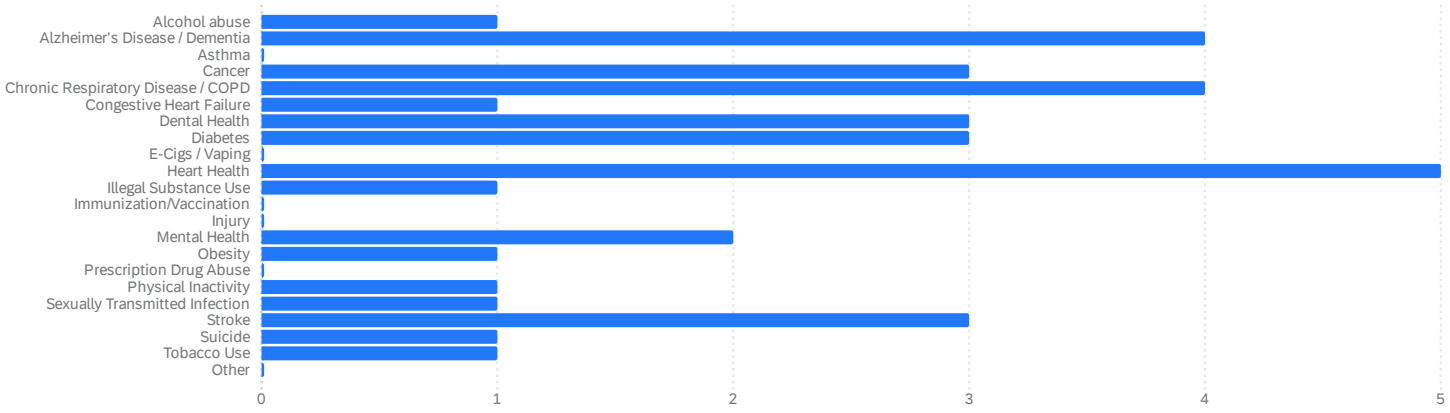

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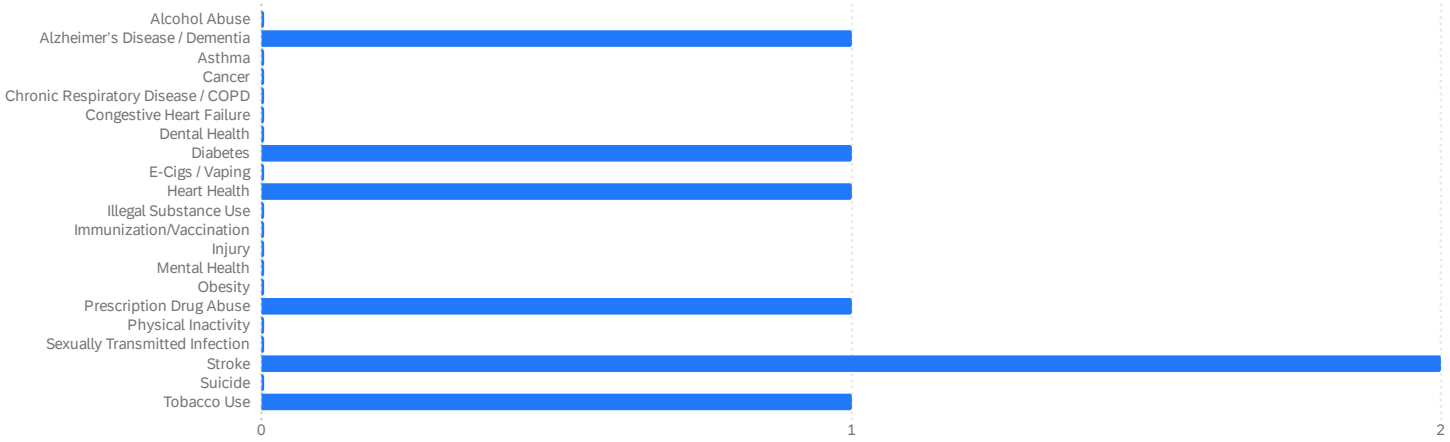
Of the 5 General Health issues you selected, what do you believe is the number one priority. 7



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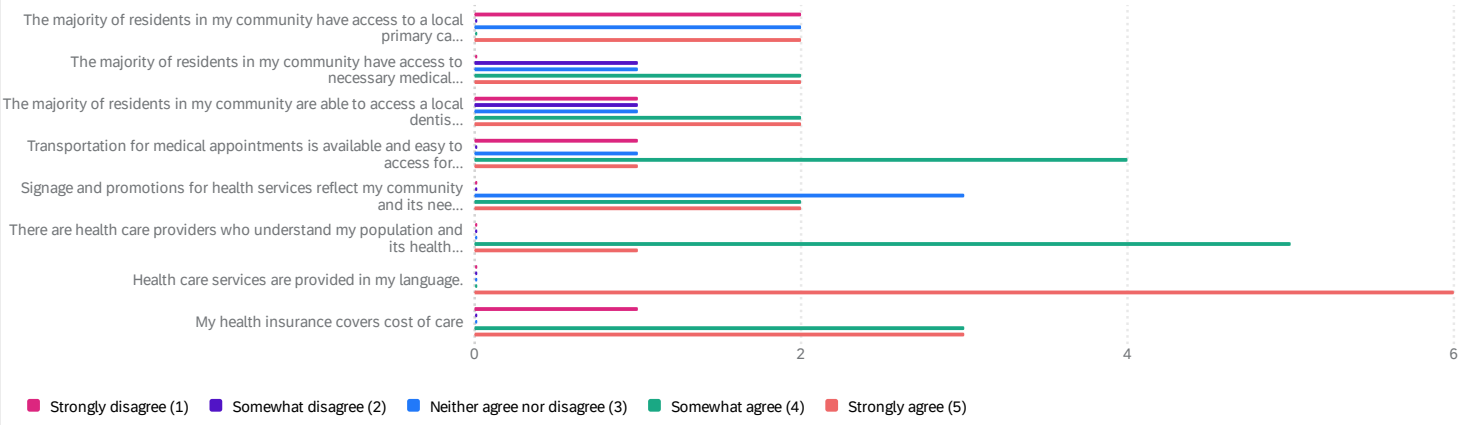
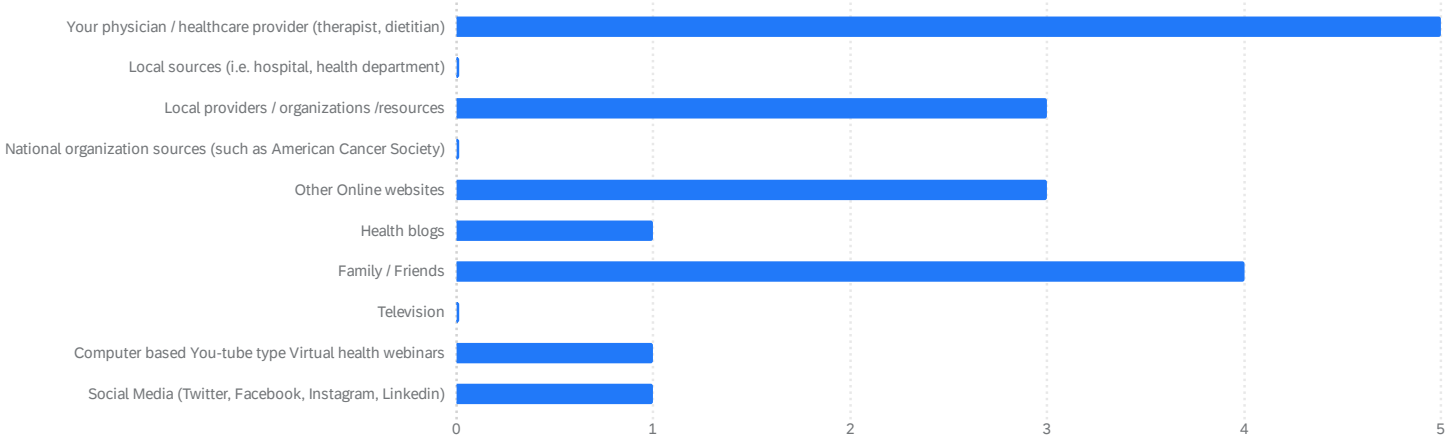


Where do you go to get health information and/or health education? Choose all that apply 7



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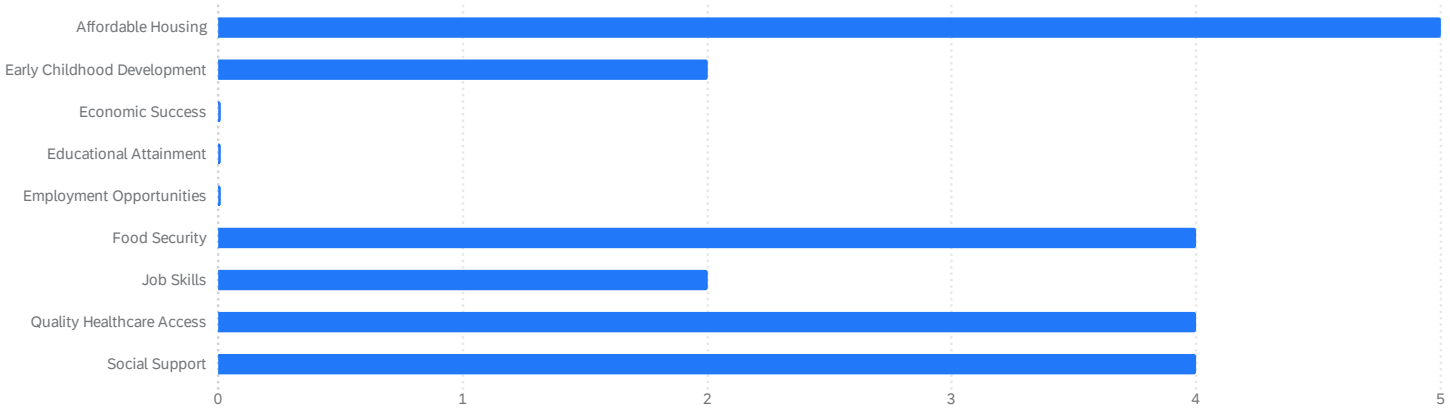
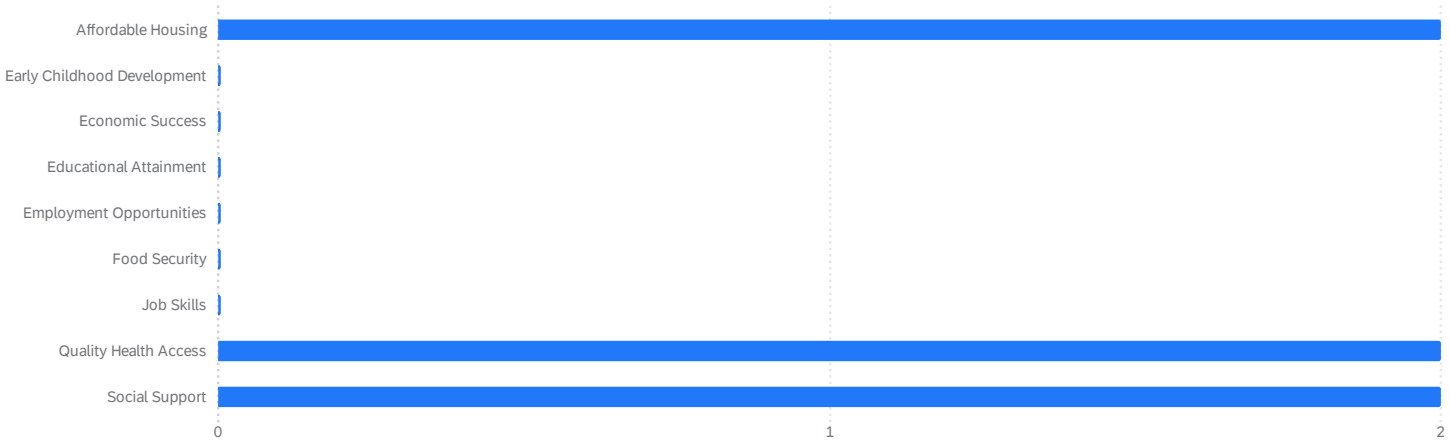


Of the 3 Social Determinants of Health you selected, which one do you believe will make the greatest impact to the health of our community? 6



Community Health Needs Assessment FY 2024

Focus Group: WESTMINSTER SENIOR CENTER

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh and Hunter Clifton on July 11, 2023, at the Westminster Senior Center with seven participants. Participants were all given iPads to complete the Focus Group Survey. Participants were three men and four women (another woman joined late so is included in conversation but not on the survey results). All participants are 73+ except one participant between 60-72-years old.

When asked do you feel safe in your neighborhood: All participants feel safe in their neighborhood except for one female participant, and discussion ensued. This participant lives in a neighborhood where the homeless people from the neighboring shelter pass through the property even though there is a "No Trespassing" sign. Alcohol bottles are left on benches. It was commented that most if not all the homeless "are mentally challenged so they can't deal with society, and it needs 1-on-1 long term to deal with the problem." It is understood they have difficult circumstances. If they are off their meds, they can be a danger to society. In the past people were confined, but now they are mainstreamed into the community. Government dumped people out into community and now the community needs to deal with it. We are told to call the police, but by the time they arrive the person is gone. Depending on which apartment within the complex that you live in, it can be more isolated than others.

A participant said it may be more of a fear of it, the visual aspect of it, as none of the residents have really heard of an issue (being accosted, car broken into, etc.). Not really "unsafe" but actions (bottles) make it seem that way. The senior center welcomes the senior homeless individuals into the center. "I don't have a problem with the people, just some of their actions." I am used to not locking my door, so here I may need to do that.

One participant previously had a home in the woods and felt living in the woods was scary and could be lonely. She did not like being isolated like that. Living in the fixed, locked apartment building feels more safe and secure, the main doors get locked at 8:00 pm.

One commented on being afraid of younger people, "you can't judge anymore whether the young person is safe or not." If I see people on Main Street, such as goth, are they safe or not? One thought goth "went out" but is seeing it again. It used to be that appearances helped discern whether someone was safe or not, but now not so much. The house next door to one participant was raided for drugs, and that was in what appeared to be a nice, safe neighborhood. Society is more permissive now than it used to be.

Comments were made that if you saw someone with tattoos it meant they were a convict but then they started seeing the bank teller with tattoos – so there is a mentality to get past – understanding the new culture. "I had to adjust my fear level of tattoos." There are struggles in how to identify fear as perceptions are changing, and one is not sure if people will bother you or not. "Drugs can be the

problem. There are always 1-2 houses where they are dealing drugs, yet they also look out for you (if they see someone looking into your window or something they will tell you)."

The majority (5) reside in 21157, with two in 21158. Three have lived in Carroll over ten years, two 1-3 years, and one each 4-5, and 6-10 years: A participant stated that 1 ½ years ago her husband passed, she sold 5 acres and moved here due to life circumstances such as loneliness and she knew people here.

One participant was happy in Denver but moved 3 years ago to where family (brother) is as she is getting older, depends on public transportation, and needed to depend on family more. Currently she needs to depend on public transportation which can be an issue.

One participant new to Westminster (5 years) stated that she feels safe but is still not sure what locations are safe and where is not. She feels safe at home but is still learning what is going on around her. She has a daughter who lives up here. She visited the welcome center when she moved here. "There are organized walks, but don't have transportation to get to the walks."

"There were comments about the light rail coming to Westminster and a bus to Eldersburg – that it is a BAD, bad idea (will increase crime, and will cost a lot)."

When asked about health insurance: All but one participant has health insurance, who has not lived in the United States long enough. She is a legal citizen but does not know how to access insurance coverage.

It was commented that Medicare can be around $175/month, however, the monthly premium is based on adjusted gross on one's previous year's tax returns, so you make more you pay more. Those who are less wealthy - lower income people or without income in general – were not able to maintain health. They do not have access to health care or quality food and are not able to maintain a standard of life – usually but not all the time, but it does affect access to quality food, health care, etc.

One gentleman feels he is "forced to pay for stupidity…" because the wealthier population pays for the poor. It was commented that not everyone makes $100,000 but this is not the fault of the wealthy. One participant worked for non-profits and does not have pensions.

One participant has a wealthy brother pulling in $5,000 who complains about what he has to pay, while she pulls in $1,000. She does appreciate that the wealthier population pays for things she can access.

One participant stated that her husband had severe health problems, and it took a year to get something done, he had to go back on oxygen and was 55 when he stopped working. When she was 52 she had to stop working to take care of him. They lost many money-making years.

Medicaid is a useful tool as many health issues in the underserved community need to be protected as it affects everyone. "It helps to protect me to protect others at a reasonable standard of health who can't protect themselves" and keep a reasonable standard of health. Prevention is important to keep health care costs down.

Many feel that health care should be available to everyone. "One person makes a couple dollars over a cut off and they can't get the free or reduced care that they need however they still can't afford the care they can get. Depending on which apartment within the complex that you live in, it can be more isolated than other locations. Even with good insurance it can be difficult to pay for medications, etc."

When asked to choose the 5 general health issues most important to address in 5 years: heart health (5) Alzheimer's/Dementia and COPD (4 each) Cancer, Dental Health, Diabetes, Stroke (3 each) Mental Health (2) alcohol abuse, CHF, Illegal Substance Abuse, Obesity, Physical Inactivity, STI's, Suicide, Tobacco Use (1 each) The number one when choosing one issue was Stroke.

A participant said because of age and inherited health problems (family members died from bad heart health) we need to make sure we are doing everything we can for heart health." Smoking is tied into these issues – we need more education on dealing with this issue and one solution is removing smoking from HUD buildings. If people smoke in the building, then all of us are smoking. We need more education regarding how to improve health and one big issue is regarding smoking. There is an exception for landlords - if you are multi-financed you can make your own rules and the Board of Directors at Timber Ridge allowed the smoking to remain. HUD at one time offered incentives to stop smoking. "

D. Fox shared that Barbara White at the Health Department oversees tobacco cessation and might be an advocate.

Someone commented that we spent a lot of tax money as taxpayers to get out the message that smoking is bad, and now we legalize smoking pot, because we are getting taxes on it. What a two-faced society we have. Same with the lottery – it was bad, but now we allow it because of getting taxes. "We need support that if we have a senior building, we need to stop the smoking!"

One participant stated that her father smoked, her mom and dad died from CA and now she has COPD and never smoked. "You are left to figure out how to care for yourself. "

Another said there are "No Smoking" signs, so I thought smoking was not allowed. But there is much smoking. Residents need to know how to approach the BOD with a presentation to get rid of smoking.

- **Alzheimer's & COPD:** One participant had a friend diagnosed with dementia in their 70's-still at home with family and they took her car away; one had a cousin with dementia who ended up becoming violent.

One had both a brother and sister who died from Alzheimer's. One is worried about getting it because her grandmother got it in her 60's. There is a lack of care facilities, just like there is a lack of senior housing.

One woman doesn't expect to be taken care of by family but wants to be put somewhere clean. "There are not enough facilities that cater to the types of dementia where you would want to take your own mother. There is not enough senior housing, and not enough facilities when people are no longer independent. Some people in Timber Ridge are in hospital beds long term in their apartment with home care or family coming in."

One has COPD and she is living in an apartment where they allow smoking. She never smoked but her father smoked, and she was around it. "Environmental factors play into one's health, but it is left up to you to figure out what to do about it yourself."

- **Mental Health, dental health, diabetes, and stroke:** The aging population does not even know they have mental issues, it was never normalized; many suffer with bipolar and depression; one had a neighbor who asked all the time, "Should I see somebody [for help]?" I'm anxious and feel upset. Older adults experience isolation, loneliness, chronic pain, and losing their friends. Recognizing what is depression can be a problem. Depression can be related to health and fear of health issues happening while you are alone. "Sometimes you are dependent on other people and family. I don't want my kids to feel obligated or responsible for me. "

  Some would talk to their PCP if needed. Some are comfortable, some have trouble getting to that point of committing to getting help. It was agreed - most people lie about those questions on the depression screening.

  A participant stated that she does not feel she can talk to her PCP. She had in the past and did not get a response. One must have coping mechanisms - write a letter and bury it, mow the lawn, get out of the house.

  Many people are in the shelters because of serious mental health issues and cause problems with many other people. The staff doesn't do anything for the person with the mental health crisis, it is a continuous thing and 1-2 people cause the chaos, there are threats and fights. "Where can they be referred to in order to find help? We have the mobile crisis intervention van. "

  "The government was supposed to build mental health centers in the community to deal with those who they released from a mental hospital into mainstream community – but that never happened. "

It was discussed that there is an alcohol problem in older adults: A participant stated that when she lived in Tucson, they gave oxy out like candy to seniors (before the crisis hit).

When asked to choose one issue: Number one – was stroke (with 2 votes) while one vote was distributed over Alzheimer's, Diabetes, prescription Drug Abuse, and Tobacco use).

One participant worries because of their high blood pressure (it is sometimes controlled and sometimes not), her niece smoked and drank had a carotid blockage, had surgery, and then had a brain hemorrhage (at age 52 went for surgery and had blood clot and stroke). "I worry living alone, if I had stroke would I be able to get help?"

One participant has A-fib so needs to take a blood thinner. One had a minor stroke 14 years ago and starting to have neurological issues contributed to the stroke, such as walking issues, can't write in script or do math in her head. "New things develop that were caused by my stroke."

D. Fox shared about the Stroke Smart initiative and talked about stroke symptoms.

All participants felt that services are provided in their language. There were mixed responses as to having access to a local primary care physician (2 each strongly agree, strongly disagree and neutral). Most agreed that people in the community have access to both medical care and a local dentist, have transportation for medical appointments, and their health insurance covers cost of care.

When asked if they have access to specialists: One participant stated it took 6 months to get a neurologist, and 4 months to get a PCP (because of COVID).

When asked about getting health information: The first place participants go to get health information is from their healthcare provider/physician (5), with family and friends as second (at 4) then local providers/organizations/resources or online websites as third (both with 3). Online websites are used because the doctor doesn't tell you what you need to do.

Social Determinants of Health: When asked to choose the three most important to address in our community #1 was affordable housing #2 (tied with 4 each): food security, quality health care access and social support. One participant shared that she is eligible for food stamps – as are many older adults. #3 (tied with 2 each): early childhood development and job skills

Out of these, when asked to choose one, there was a tie (2 each) for: affordable housing, quality health access and social support: One participant shared, if she did not have HUD housing at Timber Ridge, she would be living with her brother or spending all her money on housing and would be short on quality food. Affordable housing makes all the difference to living a good senior life in regard to other things (having quality food). Affordable housing for seniors helps with social support because it is usually group housing, so you have neighbors and usually also have community social rooms. "Everyone should be able to get help to take care of themselves, healthcare allows me mammograms, dexa scans, immunizations, etc. to keep me healthy."

There were strong feelings about needing public education regarding smoking. There needs to be much more public education.

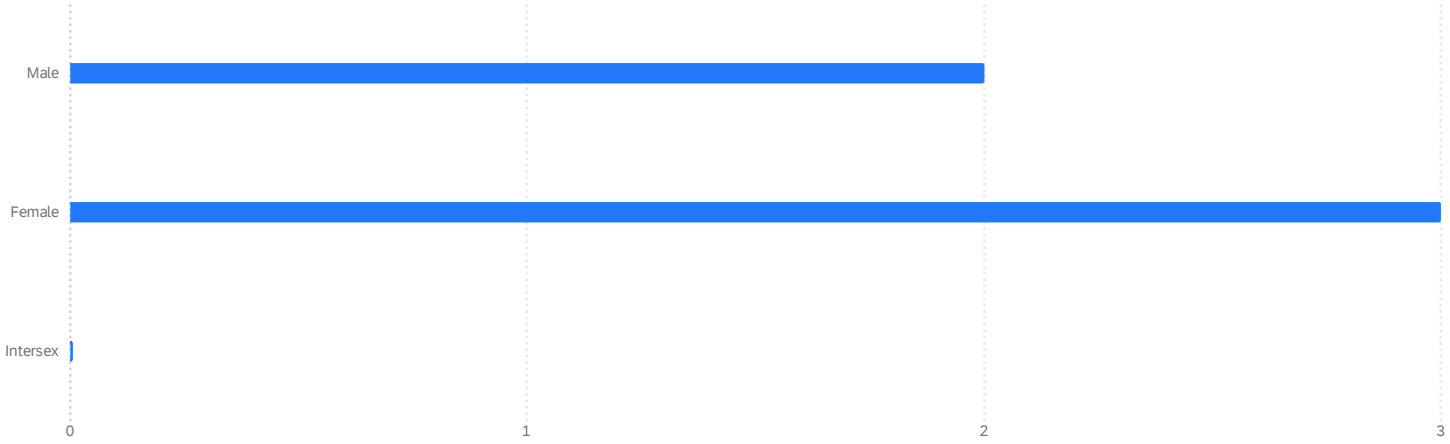
Transportation comments: I love mass transit, but as Carroll has fixed routes set up, (medical up one hill and food locations on Baltimore boulevard) there is no expectation that we would want to do other stuff. "It is either the doctor or Food Lion." Door to door will take you wherever you want but you can't always get it. We begged for a Saturday bus but were told there was not a lot of demand for it. It is not advertised/publicized enough – they should come and talk to us about the buses. We don't know about Ride with Us on Saturday but found out about it by going to the meeting and was told it is expensive. It seems they don't want the information out there; they are just under contract to provide service. They need to consider our quality-of-life needs – Carroll Arts Council, activities at night. Carroll Transit did a trial, but nobody knew about it. Also, there are very restricted rides on anything outside of Westminster. (9:00 am out, 2:00 pm back). If people came to our building and made presentations about transportation it would help people be more confident – knowing how to use the buses.

It was suggested to set up a day with education – buses, etc. – and hold it in the Timber Ridge community room.

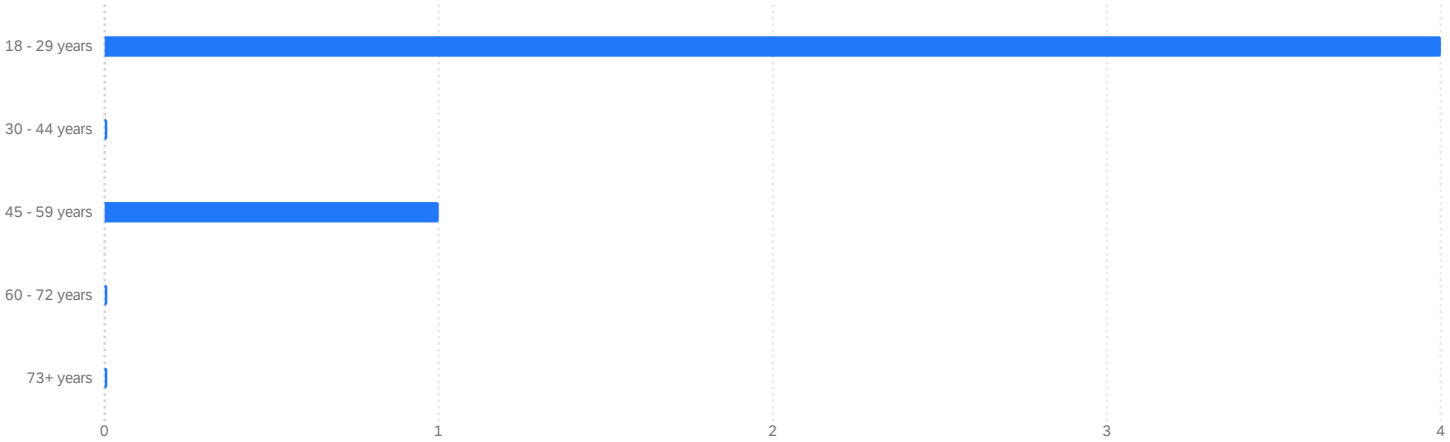
Targeted Populations Focus Groups_NPC- TAY...

Responses: 5

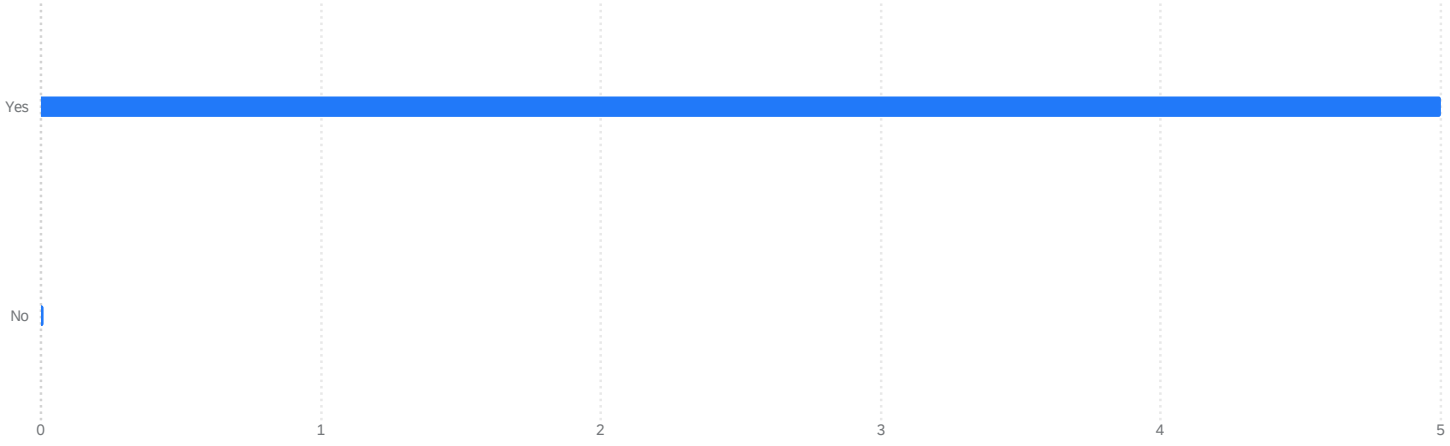
Birth Gender 5



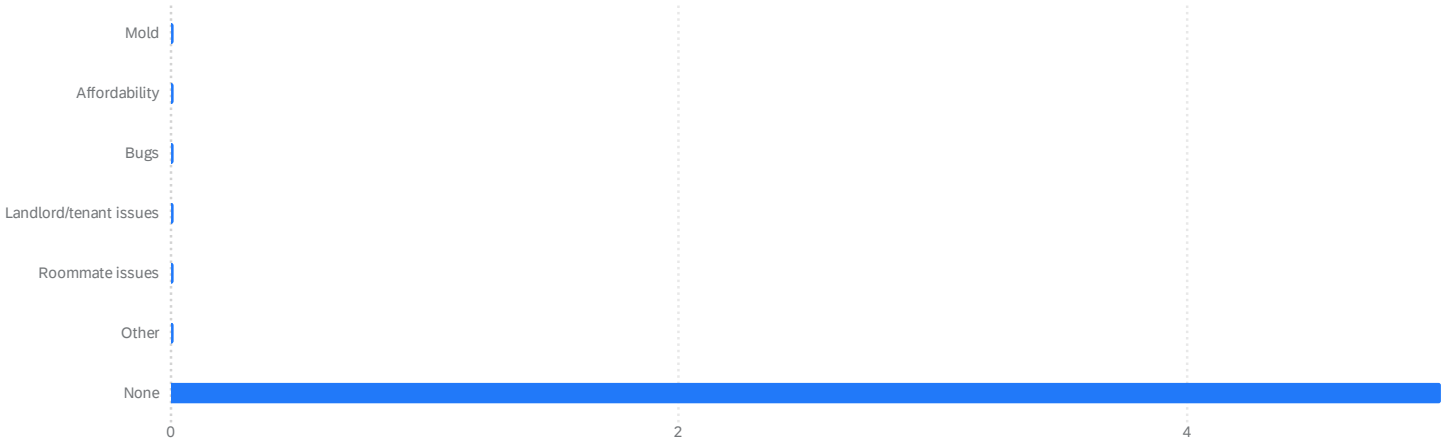
Age 5



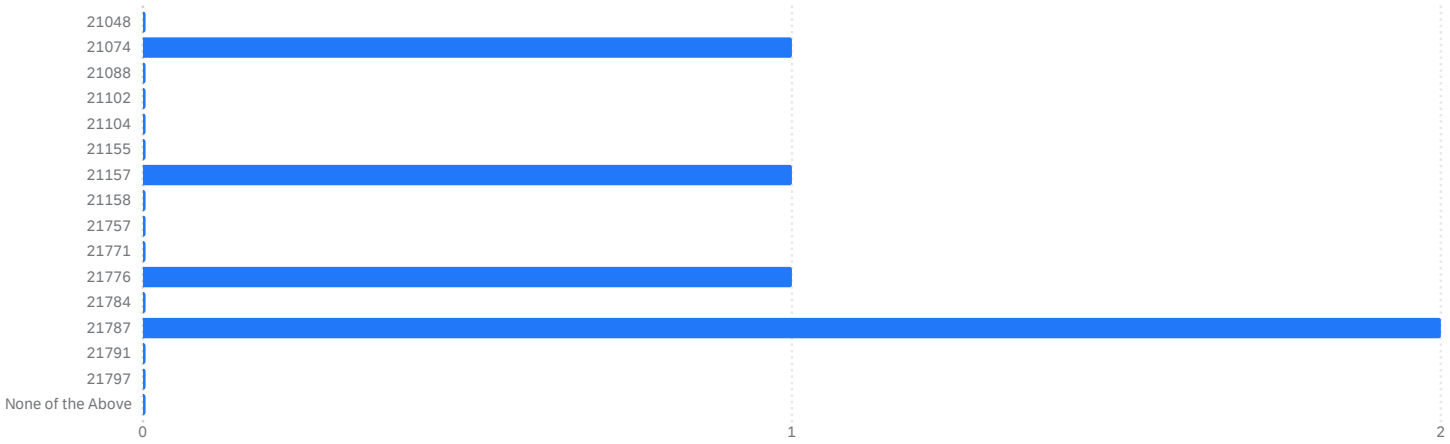
Do you feel safe in your neighborhood? 5



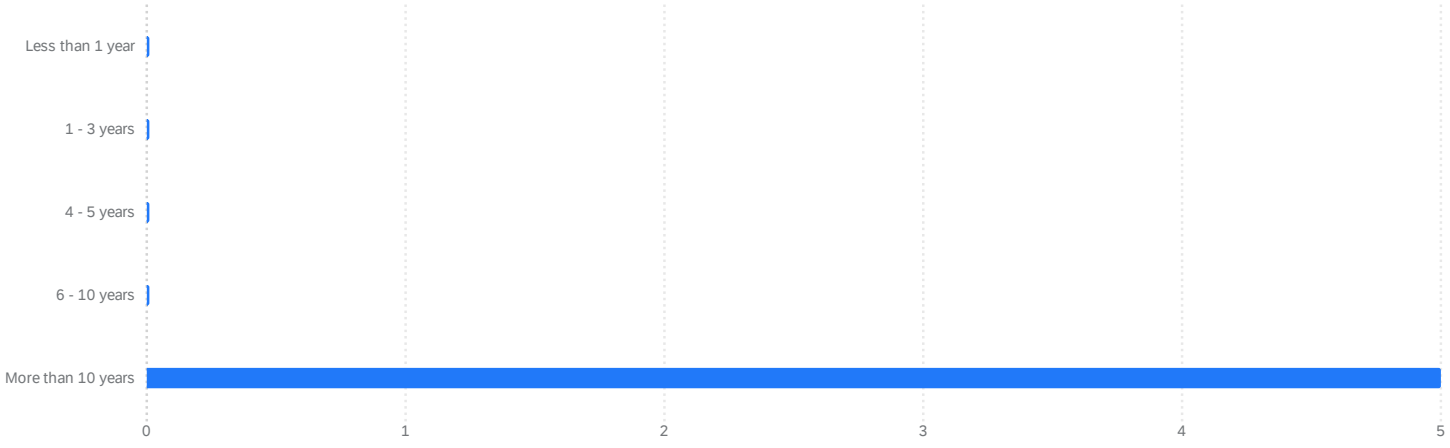
Do you have housing concerns? (Check all that apply) 5



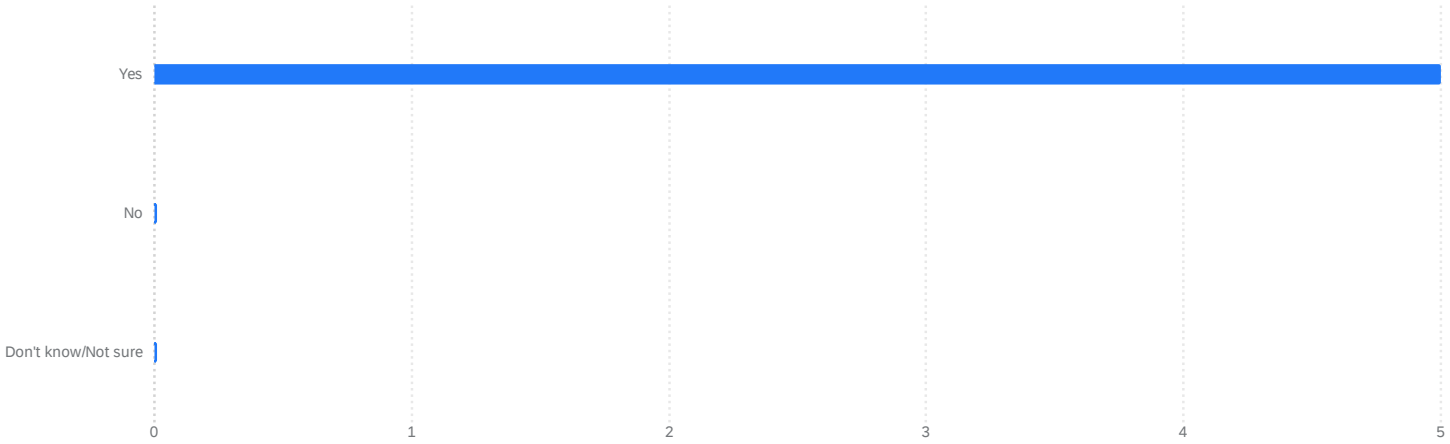
Zip Code 5



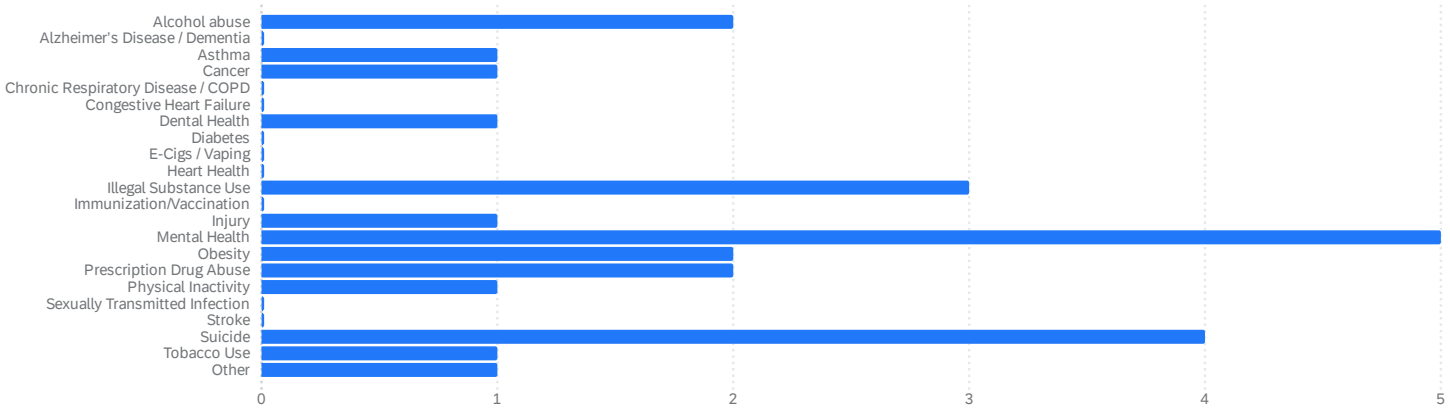
Number of Years Lived in Carroll County 5



Do you have health insurance? 5



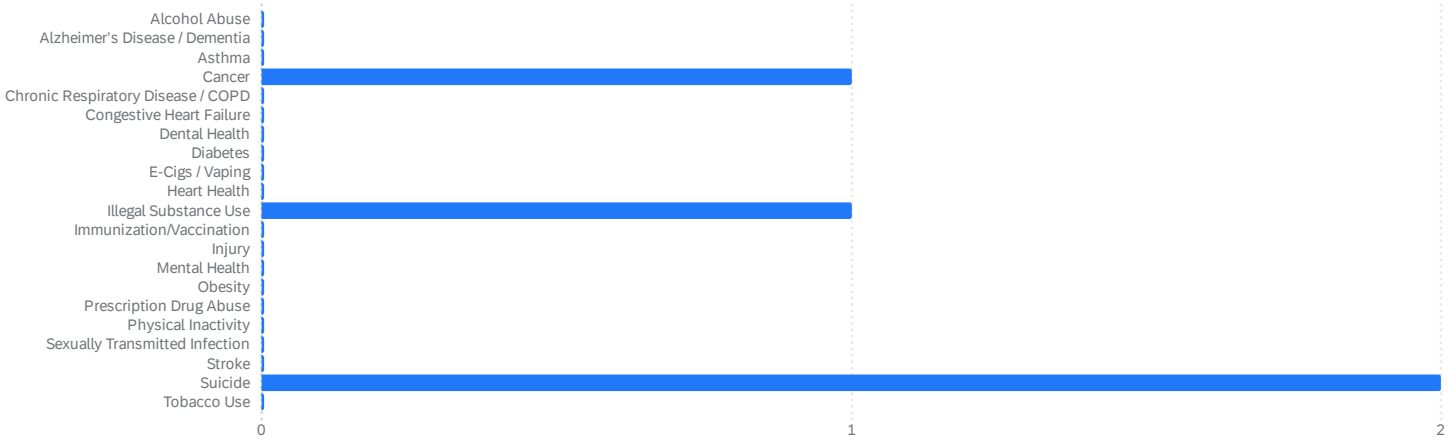
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years. 5



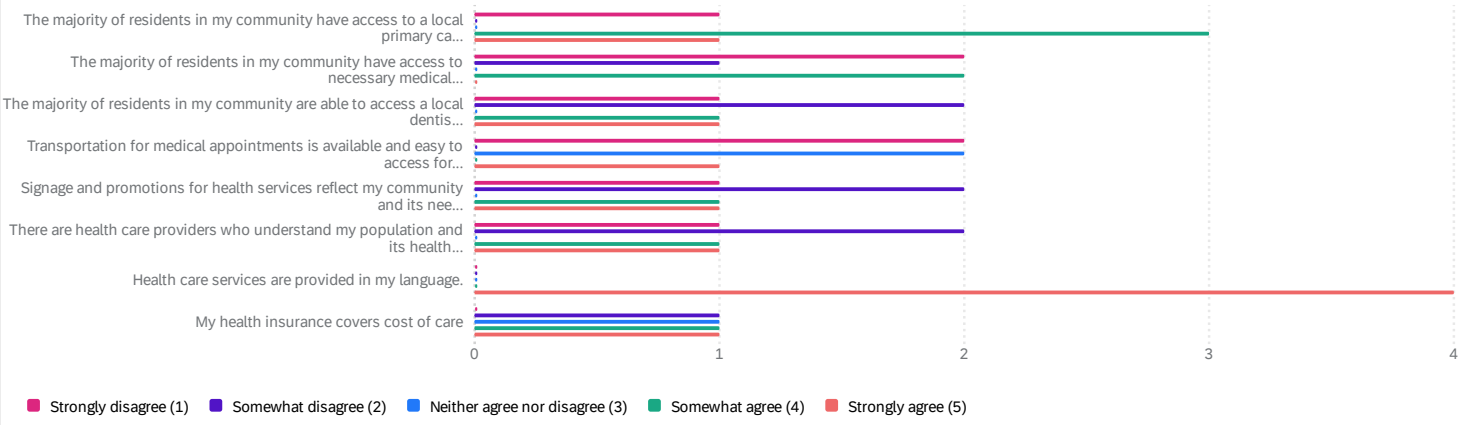
General Health Issues and Behaviors Please review the following issues below and choose the five (5) you believe are the most important to address in your community in the next 3-5 years.: Other

No data found - your filters may be too exclusive!

Of the 5 General Health issues you selected, what do you believe is the number one priority. 4

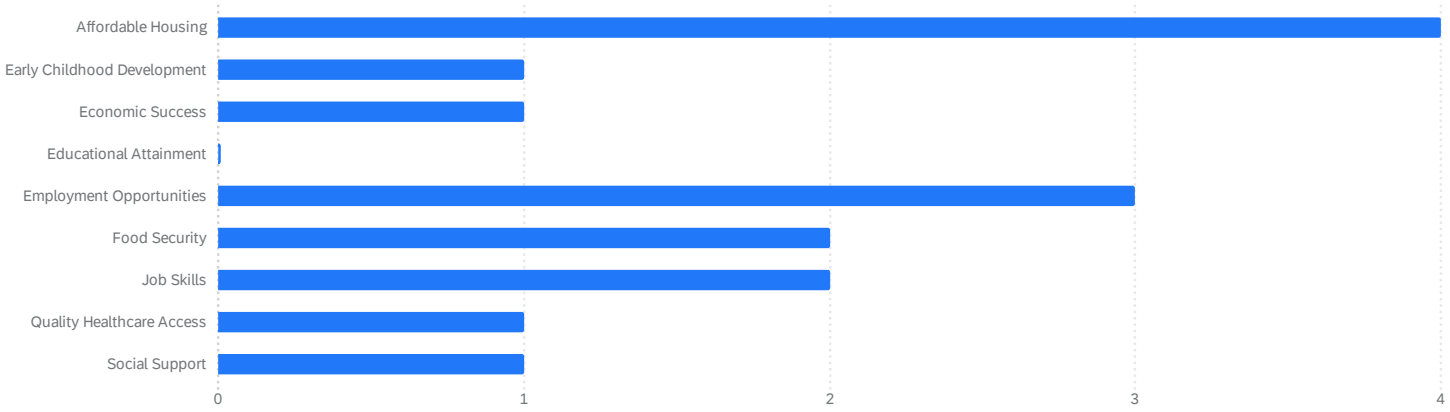


On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in your community. 5

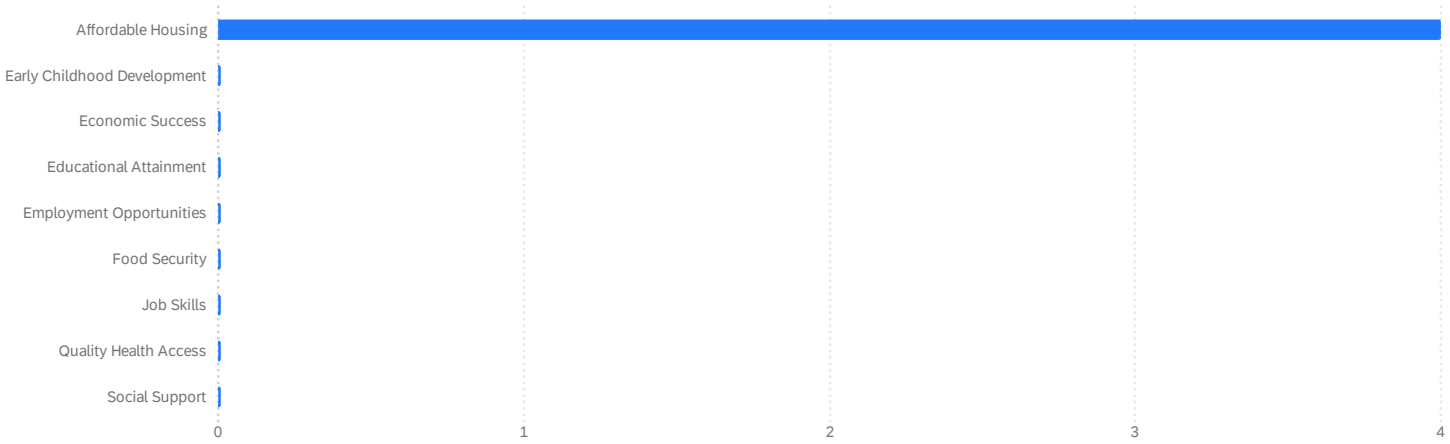


Where do you go to get health information and/or health education? Choose all that apply 5

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. 5



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? 4



Community Health Needs Assessment FY 2024

Focus Group: Transitional Aged Youth

July 21, 2023

This focus group was facilitated by Dorothy Fox, Cheri Ebaugh and Hunter Clifton on July 21, 2023, at the Westminster Non-Profit Center with five participants. Participants were all given iPads to complete the Focus Group Survey. Participants were two men and three women. Ages were distributed as: 18-29 years (4), and 45-59 years (1). Dot explained that gender is asked because health issues, screenings, etc. are different depending on birth gender.

When asked do you feel safe in your neighborhood: All responded yes. When asked if there were any housing concerns, all responded NONE. Zip codes were spread throughout the county: 21787 (2), with one each in 21074, 21157, and 21776. All participants have lived in Carroll more than 10-years. All participants have Health Insurance.

When asked to choose the five health issues most important to their community: Mental Health was #1 (5), Suicide was #2 (4), Illegal Substance Use was #3 (3), and Alcohol Abuse, Obesity and Prescription Drug Abuse tied for #4 (2 each).

When asked which health issue should be the priority: suicide was number one (2). Two participants suffer from Autism. One participant stated he is on the phone most of the time. "I can't talk to people as much as I like. It is hard to talk to people."

When asked how it is impacting your life:

- **Sensory issues:** "It affects my ability to get a job. Companies discriminate against mental health issues. It is difficult to talk in interviews the way I want. When I go on interviews no one calls me back. I asked (in the interview) if I could take a mental health break if I needed that."

  Depression is an issue. One participant is depressed not knowing how they are going to die. It takes a toll on physical health and motivation for self-care. Other health issues participants live with are ADHD, Bi-polar with Schizophrenic tendencies, and Social Anxiety.

- **Suicide:** It was commented that younger people have more tendencies for suicide. One participant blames problems on people making a big deal about things, stating, "Making big deals about stuff makes things difficult, like big deals about LGBTQ. Residential and Shepard Pratt are the worst."

  One participant attempted suicide in 7th grade. (Said he "wasn't thinking straight"). "If I could go back, I would let things go (like bullying) and not do it." One knows a brother's friend who lost his mom to suicide. One had an aunt commit suicide. Especially in Carroll County – people lose friends and family in different ways and don't want to be here. Suicide rates come from bullying.

There is a need to talk with people more, so they feel they can reach out for help. More social support is needed.

One participant admits he tends to stay to himself because he would hang out with the wrong people and get into trouble. Peer support is needed.

One commented that they like how the suicide hotline number was changed. One participant said they memorized the phone number by listening to a song. People struggling with depression and with suicide, should listen to the song – it talks about how they matter. "A lot of drug deals go on around here, especially at the Boston Inn. It's gotten really out of hand. Want to see a crackdown on the harder drugs. People OD and people don't care. There are many places' people use drugs (hotels, Walmart, pools) and sometimes schools."

"If Narcan is around then people need to be trained."

For one participant, being in prison was a wake-up call, and he got clean from drugs (4 months clean now). "I have several years hanging over my head if I get caught again."

Drunk driving is an issue, it kills a lot of people. Alcohol makes for physical, mental, and sexual abuse, it puts a toll on people. It gets worse on the holidays unless one is a full-blown alcoholic. One participant stated that there are three liquor stores in the town where he lives, saying. "That is not smart."

"Many people lost jobs and so they drink."

"I like to be by myself but the shut-down was hard." It was very hard not to be around people, "90% of us didn't really know what was going on."

Another participant stated that she is a very social person and when schools closed it made it very hard for her. One participant was in jail for 2-years during covid.

- **Obesity:** One participant stated, "I struggle and try to lose weight; it makes it hard to do stuff. It also makes it hard to get a job." People don't want to hire an obese person. Bullying occurs, especially in high school. Not directly, but it takes a toll on socialness. On walks she feels more self-conscious, especially if wearing shorts and short sleeves.

Other barriers to exercise: Asthma. Money for gym membership. Don't feel like going, choose not to go. One participant said, "If I could, I would swim 24/7." There is only one pool in Westminster, Hampstead, and in Sykesville.

One participant likes to hike, but there is not much in Taneytown, so she goes to PA. "I keep hearing that they are putting something in Taneytown (near outskirts of town, towards Hanover). The struggle is there is nowhere to go. I'm a single mom so it would be nice to have something closer, and maybe kid friendly. It is rough to have to go somewhere far away to do something you enjoy."

"There are no resources easily accessible. Everything is a drive. When we were kids, we could walk at the mall, it was the thing to do on Fridays or Saturdays. Now it is dead there or too many druggies – I'm not

taking my kids there. Catoctin Zoo is nice but expensive, I use Groupon to get zoo entrance tickets. Everything is in Westminster and is a drive (from Taneytown)."

All agree there are services in their language.

All agree there is access to a local primary care doctor and necessary medical care, but a majority (3) disagree that residents have access to a local dentist.

Two participants strongly disagree that Transportation is available or easy to access for medical appointments while two neither agree or disagree: Participants either walk or get rides with mom or dad. They rely on other people. One had his own car but used to rely on the youth service bureau. One participant doesn't drive because they have anxiety, so they are afraid of tensing up and running into a wall or something.

When asked if they have Providers that understand their population: One participant wished providers would stop blaming obesity for everything. Or saying "my issues are in my head. I can't show you when I am going through things and don't flare up when actually going to the Dr, so how can I convince you they are happening? There are things that happen that don't flare up at the doctor's so how can I get you to understand what is happening."

"Parents putting locks on cabinets and telling you to stop eating all the time is not liked by one participant."

"Choices at the grocery store are difficult – it is expensive to buy healthy food. There should be more vouchers for farmers markets. The County could support EBT (food stamps) to give back to Amish to get us healthy food. Cost is an obstacle to getting fruits, etc. And if I make more money my food stamps get cut, so I can't afford things."

One participant suffers with Prader-William Syndrome – you can't tell if full or not. Are there support groups for things like this outside of the city? In New Windsor or Taneytown – you can't access stuff, support groups, etc. it is only in the city, or people don't know it is there and available. "People live in poverty and can't access food stamps. Discussed qualifying cut-off for food stamps. People don't work extra hours because they will get cut off. "

"You need a vehicle to get to work, why is that a luxury but my phone is not? I make a decent amount a month, but struggle supporting me and daughter. Car payment and expenses are not included in the determination – and these are essential. What about TP, car seat, stroller, etc.? A lot of their expenses are like a phone bill, etc."

A participant said I don't want to raise a child these days, there is not much help or support. Just not enough support for single mothers. One participant struggled with post-partum depression and there was no support – I don't need meds or to be put on the 4th floor. We had a doctor's office in Taneytown, but it closed. We need an urgent care and a lab. Taking time off from work to go to the doctor who is out of your town takes time. My daughter was febrile, I had to drive 20 minutes to get into Westminster to an urgent care or hospital and she had 3 seizures during the drive. I just need someone to sit with

me and talk regarding what I am going through, or even sit while I take a hot shower. "There are empty hotels – turn them into something. Empty houses, etc. – could be used for the homeless."

"Instead of building restaurants and strip stores – build more healthcare things. An Urgent Care and LabCorp. Would be less on Carroll transit! It is frustrating to have to change doctors and establish that rapport all over again. It is also a struggle if living in New Windsor - you need to take time off work to travel to a doctor."

When asked where they obtain their health information and education: a majority use their healthcare provider or local sources like the hospital or Health Department. But they also utilize online websites, television, virtual webinars on You-Tube, and Social Media sites like Facebook or twitter.

The Social Determinants of Health the majority find most important to address are Affordable Housing (4), Employment Opportunities. (3), and a tie for Food Security and Job Skills (2 each): Cost and location are determinants for housing. It is more expensive in certain parts of the county. In the middle of nowhere it can cost more than in Eldersburg or Westminster. Affordable Housing was picked when asked to choose the one SDOH (social determinants of health) that would make the greatest impact to our community.

Employment was discussed: One participant is a felon, in and out of prison systems not just county jail. "Everyone wants an opportunity and a chance, but people are afraid if knowing someone was in jail. Having social anxiety makes employment hard. People discriminate against face tattoos. If someone has a Nazi tattoo you don't want to encounter them, or if one is in a gang that person has to cover their tattoo. A lot of people coming out of jail are in gangs and have tattoos."

Another participant commented survival skills are needed. "How about cooking skills? I make premade pasta. "

Targeted Populations Focus Groups_Working

Start of Block: Demographics

Q15 **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**

Q15

Page Break

Demo1` **Birth Gender**

- ○ Male (1)
- ○ Female (2)
- ○ Intersex (3)

Demo2 **Age**

- ○ 18 - 29 years (1)
- ○ 30 - 44 years (2)
- ○ 45 - 59 years (3)
- ○ 60 - 72 years (4)
- ○ 73+ years (5)

Demo 3 Do you feel safe in your neighborhood?

- ○ Yes (1)
- ○ No (2)

Demo 4 Do you have housing concerns?

- ○ Mold (1)
- ○ Affordability (2)
- ○ Bugs (3)
- ○ Landlord/tenant issues (4)
- ○ Roommate issues (5)
- ○ Other (6)

Demo5 **Zip Code**

▼ 21048 (1) ... None of the Above (16)

Demo6 **Number of Years Lived in Carroll County**

- ○ Less than 1 year (1)
- ○ 1 - 3 years (2)
- ○ 4 - 5 years (3)
- ○ 6 - 10 years (4)
- ○ More than 10 years (5)

Q7 **Do you have health insurance?**

- ○ Yes (1)
- ○ No (2)
- ○ Don't know/Not sure (3)

End of Block: Demographics

Start of Block: General Health Issues and Behaviors

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.

- [ ] Alcohol abuse (1)
- [ ] Alzheimer's Disease / Dementia (2)
- [ ] Asthma (3)
- [ ] Cancer (4)
- [ ] Chronic Respiratory Disease / COPD (5)
- [ ] Congestive Heart Failure (6)
- [ ] Dental Health (7)
- [ ] Diabetes (8)
- [ ] E-Cigs / Vaping (9)
- [ ] Heart Health (10)
- [ ] Illegal Substance Use (13)
- [ ] Immunization/Vaccination (11)
- [ ] Injury (12)
- [ ] Mental Health (14)
- [ ] Obesity (15)
- [ ] Prescription Drug Abuse (16)
- [ ] Physical Inactivity (17)

- [ ] Sexually Transmitted Infection (18)
- [ ] Stroke (19)
- [ ] Suicide (22)
- [ ] Tobacco Use (20)
- [ ] Other (21) _____

Gen2 Of the 5 General Health issues you selected, what do you believe is the number one priority.

▼ Alcohol Abuse (1) ... Tobacco Use (20)

Page Break

End of Block: General Health Issues and Behaviors

Start of Block: Health Care Access

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.**

	Strongly disagree (1) (1)	Somewhat disagree (2) (2)	Neither agree nor disagree (3) (3)	Somewhat agree (4) (4)	Strongly agree (5) (5)
The majority of residents in my community have access to a local primary care provider. (1)	○	○	○	○	○
The majority of residents in my community have access to necessary medical specialists. (2)	○	○	○	○	○
The majority of residents in my community are able to access a local dentist when needed. (3)	○	○	○	○	○
Transportation for medical appointments is available and easy to access for the majority of residents. (4)	○	○	○	○	○
Signage and promotions for health services reflect my community and its needs. (5)	○	○	○	○	○
There are health care providers who understand	○	○	○	○	○

my population and its health risks. (6)					
Health care services are provided in my language. (7)	○	○	○	○	○
My health insurance covers cost of care (8)	○	○	○	○	○

Page Break

HCA2 **Where do you go to get health information and/or health education? Choose all that apply**

- [ ] Your physician / healthcare provider (therapist, dietitian) (1)
- [ ] Local sources (i.e. hospital, health department) (2)
- [ ] Local providers / organizations /resources (3)
- [ ] National organization sources (such as American Cancer Society) (4)
- [ ] Other Online websites (5)
- [ ] Health blogs (6)
- [ ] Family / Friends (7)
- [ ] Television (8)
- [ ] Computer based You-tube type Virtual health webinars (9)
- [ ] Social Media (Twitter, Facebook, Instagram, Linkedin) (10)

End of Block: Health Care Access

Start of Block: Social Determinants of Health

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.

- [ ] Affordable Housing (1)
- [ ] Early Childhood Development (2)
- [ ] Economic Success (3)
- [ ] Educational Attainment (4)
- [ ] Employment Opportunities (5)
- [ ] Food Security (6)
- [ ] Job Skills (7)
- [ ] Quality Health Access (8)
- [ ] Social Support (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?

▼ Affordable Housing (1) ... Social Support (9)

End of Block: Social Determinants of Health

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.

B. Demographic Summary

While emerging from 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 $104,708 for 2017-2021, compared with the Maryland household income median of $91,431 and the median household income for the United States was $69,021 in 2017. This higher income is slightly offset by the fact that the 2016 Cost of Living Index (COLI) for Carroll County at 119.5, which is higher than the national COLI of 100.

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). Since the pandemic restrictions being lifted, Carroll County has seen the unemployment rate drop to 3.1% in 2022 and as of October 2023 the unemployment rate for Carroll County is 1.7% compared to the State of Maryland at 2.1% and the United States at 3.9%.

The poverty rate is 5.4%, as compared with 9.6% for Maryland, and 11.5% 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 2022-23 was

approximately 25,787 (CCPS data). About 93.8% of adults have graduated from high school, and about 38% 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 86.5% white, 4.4% African American, 2.5% Asian and 4.6% 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% in 2017 and 18.1% in 2021 (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 50%, or 75,000 acres of its resource land in preservation status. With more of Carroll's remaining agricultural and resource land threatened by development, the goal has been set by Carroll County government to preserve at least 100,000.

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*
- Maryland School Report Cards - Maryland Department of Education

D. References

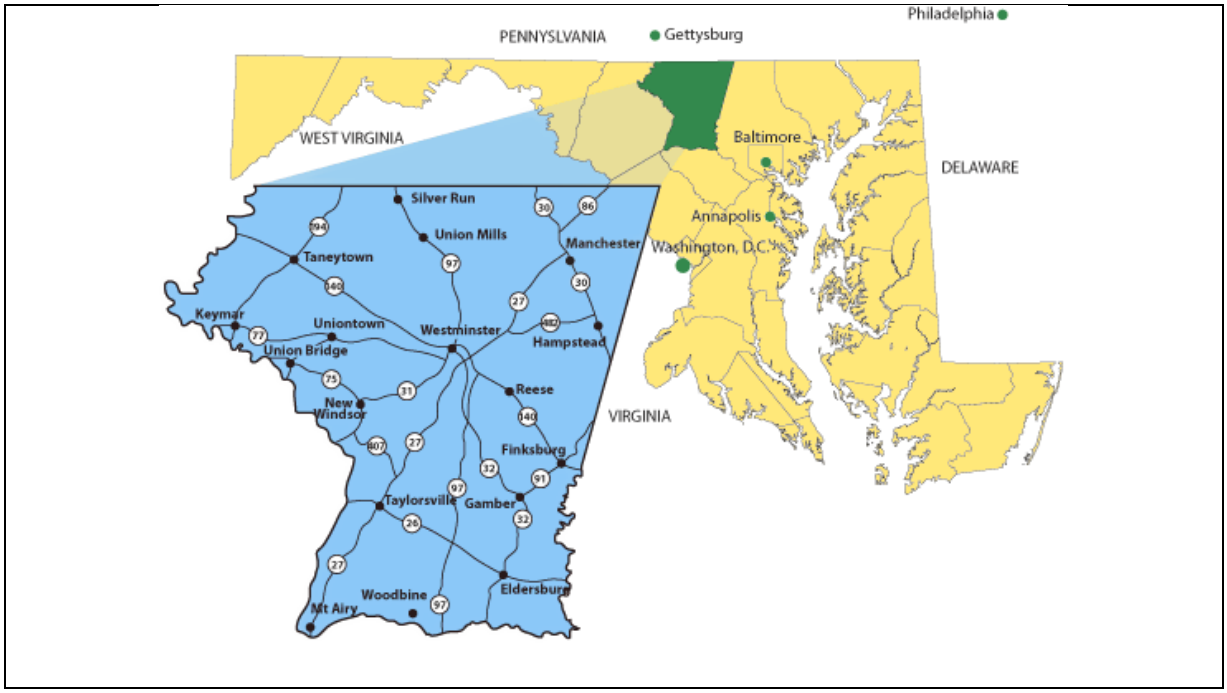
- Our County - Economic Development (carrollbiz.org)
- MajorEmployersInCarrollCounty.pdf (maryland.gov)
- carrollbef.pdf (maryland.gov)
- BriefEconomicFactsMaryland.pdf
- carr.pdf (maryland.gov)
- Maryland Report Card - AtaGlance - Index
- projpg15_to2040.xls (maryland.gov)

- carr.pdf (maryland.gov)

MAP

Carroll County, Maryland, is a growing community centrally located in the Baltimore/Washington, D.C., metropolitan region. Its 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's why nearly 5,000 businesses call Carroll County home.



Carroll County Government's GIS Division develops and maintains spatial information to aid in the creation of maps and data analysis to support County agencies and their customers. Maps on the Web has been created to provide citizens with access to map information about Carroll County. These maps have been grouped into three categories: viewable, interactive, and aerial photo images.

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 #2 in 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 – $99,569
- 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

INFRASTRUCTURE

Carroll County plans for and invests in strategic commercial, industrial, and residential growth with road improvements, new industrial park development, Carroll County Regional Airport runway extension, and continued expansion of the Carroll Broadband fiber optic network.

DATA CENTER / DEMOGRAPHICS

2023 Civilian labor force employment and unemployment: Carroll County. MD

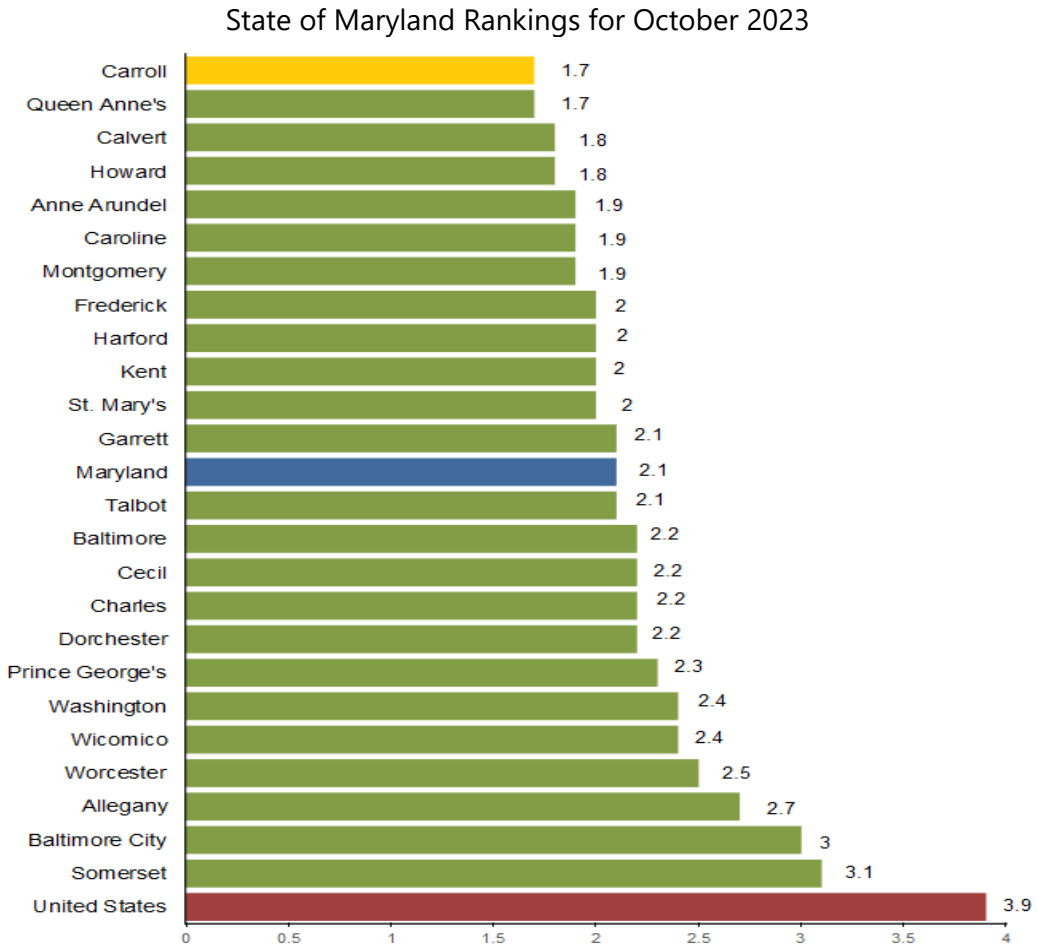
Month	Labor Force	Employed	Unemployed	Rate (%)
Jan	93,600	91,383	2,217	2.4

Month	Labor Force	Employed	Unemployed	Rate (%)
Feb	94,067	91,669	2,398	2.5
Mar	96,364	94,579	1,785	1.9
Apr	94,623	93,279	1,344	1.4
May	95,225	93,543	1,682	1.8
Jun	95,691	94,338	1,353	1.4
Jul	96,644	95,216	1,428	1.5
Aug	96,279	94,807	1,472	1.5
Sep	95,751	94,296	1,455	1.5
Oct	96,261	94,666	1,595	1.7
Nov				
Dec				
Avg.	95,451	93,778	1,673	1.8

Annual Averages – employment and unemployment: Carroll County, MD

Year	Labor Force	Employed	Unemployed	Rate (%)
2022	95,840	92,883	2,957	3.1
2021	92,361	88,588	3,772	4.1
2020	93,155	88,393	4,762	5.1
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

Year	Labor Force	Employed	Unemployed	Rate (%)
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



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 30, 2023

BUSINESS COMPOSITION & LABORFORCE

ANNUAL AVERAGE – 2022

4614

Total Firms in Carroll County

56578

Total Employment in Carroll County

1198

Average Weekly Wage Per Worker

Sector	# of firms	% of total	# of employees	% of total	AVERAGE WEEKLY WAGE
Total Employment	4,614	100%	56,578	100%	1,198
Public Employment	101	2.2%	8,238	14.6%	1,431
Federal Gov't	26	0.6%	553	1.0%	1,899
State Gov't	11	0.2%	1,222	2.2%	1,322
Local Gov't	64	1.4%	6,463	11.4%	1,071
Private Employment	4,513	97.8%	48,340	85.4%	1,128
Natural Resources & Mining	43	0.9%	523	0.9%	895
Construction	803	17.4%	6,067	10.7%	1,220
Manufacturing	149	3.2%	3,717	6.6%	1,443
Trade, Transportation & Utilities	814	17.6%	12,235	21.6%	851
Information	53	1.1%	263	0.5%	1,573
Financial Activities	373	8.1%	1,405	2.5%	1,845
Professional & Business Services	962	20.8%	5,970	10.6%	1,247

Sector	# of firms	% of total	# of employees	% of total	AVERAGE WEEKLY WAGE
Education & Health Services	531	11.5%	9,728	17.2%	968
Leisure & Hospitality	342	7.4%	6,324	11.2%	416
Other Services / Unclassified	443	9.6%	2,108	3.7%	823

NAICS Sectors, Carroll County, Maryland—2022 Annual Averages, All establishment sizes

Source: Quarterly Census of Employment and Wages – Bureau of Labor Statistics

POPULATION ESTIMATES BY ELECTION DISTRICT 1990-2023

Municipality/ Election District	1990	2000	2010	2020	2022	Oct - 2023
Taneytown ED	2,756	2,739	2,710	2,624	2,665	2,679
City of Taneytown	3,842	5,128	6,745	7,234	8,220	8,245
Uniontown ED	3,709	4,188	4,128	4,128	4,162	4,177
Myers ED	4,921	5,385	5,516	5,460	5,525	5,541
Woolerys ED	14,250	16,329	17,487	17,796	18,038	18,089
Freedom ED	15,635	21,866	24,277	25,964	26,037	26,051
Town of Sykesville	2,345	4,197	4,436	4,316	4,614	4,626
Manchester ED	8,168	8,619	9,193	9,218	9,317	9,337
Town of Manchester	2,829	3,329	4,808	5,408	5,435	5,435
Westminster ED	13,770	16,524	18,162	18,328	18,487	18,507
City of Westminster	13,582	16,731	18,590	20,126	20,552	20,616
Hampstead ED	7,867	8,051	8,475	8,470	8,531	8,538

Municipality/ Election District	1990	2000	2010	2020	2022	Oct - 2023
Town of Hampstead	2,756	5,060	6,323	6,241	6,288	6,290
Franklin ED	6,460	7,459	7,372	7,484	7,557	7,576
Middleburg ED	1,348	1,442	1,422	1,326	1,345	1,345
New Windsor ED	2,330	2,349	2,281	2,285	2,312	2,320
Town of New Windsor	757	1,303	1,396	1,441	1,695	1,732
Union Bridge ED	652	530	576	590	590	590
Town of Union Bridge	912	989	975	936	936	936
Mt. Airy ED	3,363	4,084	4,475	4,656	4,673	4,701
Town of Mt. Airy**	5,573	5,573	5,573	6,126	6,323	6,331
Berrett ED	11,095	11,615	12,281	12,734	12,830	12,857
County Total*	125,586	150,897	167,134	172,891	176,131	176,517
Total Incorporated**	29,262	39,717	48,759	51,828	54,061	54,210
Total Unincorporated	96,324	111,180	118,375	121,063	122,070	122,307

- 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 noted. 2000c, 2010c & 2020c denote Census figures.

**Includes Carroll County portion of Mt. Airy only

Source: U.S. Census, Carroll County Department of Planning

Last updated: November 8, 2023

HOUSING UNITS ESTIMATES BY ELECTION DISTRICT 1990-2023

Municipality/Election District	1999	2000	2010	2020	2022	Oct - 2023
Taneytown ED	970	1,005	1,117	1,117	1,135	1,141
City of Taneytown	1,357	1,816	2,554	2,817	3,213	3,223
Uniontown ED	1,281	1,481	1,607	1,632	1,646	1,652
Myers ED	1,624	1,911	2,068	2,103	2,129	2,135
Woolerys ED	4,754	5,732	6,443	6,707	6,801	6,821
Freedom ED	5,001	7,319	8,603	9,294	9,321	9,326
Town of Sykesville	858	1,407	1,474	1,716	1,838	1,843
Manchester ED	2,674	2,956	3,377	3,520	3,559	3,567
Town of Manchester	1,008	1,151	1,713	1,973	1,983	1,983
Westminster ED	4,800	5,989	6,834	7,171	7,235	7,243
City of Westminster	5,415	6,476	7,684	7,889	8,061	8,087
Hampstead ED	2,675	2,907	3,157	3,241	3,265	3,268
Town of Hampstead	1,122	1,884	2,500	2,598	2,618	2,619
Franklin ED	2,061	2,482	2,650	2,770	2,798	2,805
Middleburg ED	462	500	545	550	558	558
New Windsor ED	763	814	896	889	900	903
Town of New Windsor	291	503	566	639	755	772
Union Bridge ED	232	198	235	226	226	226
Town of Union Bridge	355	376	429	444	444	444
Mt. Airy ED	1,051	1,462	1,521	1,595	1,601	1,611
Town of Mt. Airy**	793	1,112	2,011	2,265	2,340	2,343
Berrett ED	3,541	4,029	4,422	4,637	4,673	4,683

Municipality/Election District	1999	2000	2010	2020	2022	Oct - 2023
County Total*	43,088	53,400	62,406	65,793	67,099	67,253
Total Incorporated**	11,199	14,651	18,931	20,341	21,252	21,314
Total Unincorporated	31,889	39,669	43,475	45,452	45,847	45,939

*County totals are end of year figures unless otherwise noted. 2000c, 2010c & 2020c denote Census figures.

**Includes Carroll County portion of Mt. Airy only

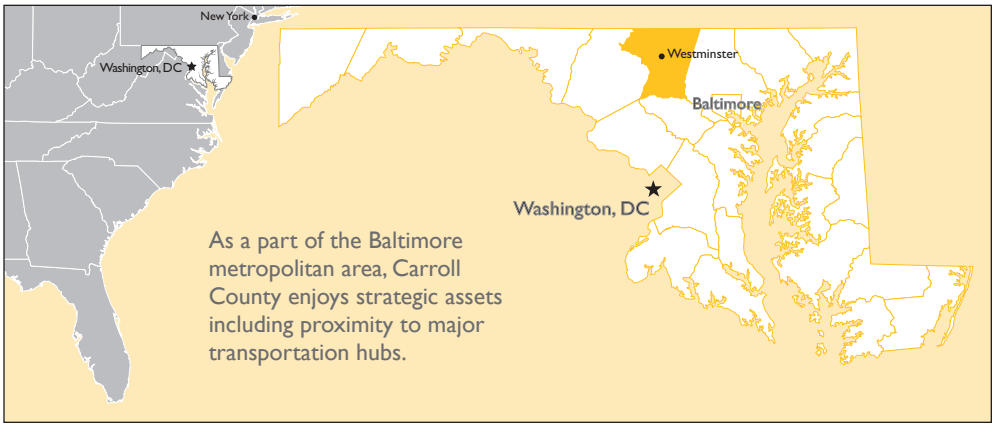
Source: U.S. Census, Carroll County Department of Planning

Last updated: November 8, 2023

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 an important 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 fullservice airport boasting corporate hangars and a 5,100 foot runway, supports corporate and smaller commercial aircraft operations.

Carroll County's private sector industries generate $6.3 billion in economic output. Major manufacturing and distribution firms in the county include Northrop Grumman, Penguin Random House, Flowserve, EVAPCO and Fuchs North America. Recent expansions or relocations to the county include Ridge Engineering, Hexagon Purus and Penguin Random House..

LOCATION

Driving distance from Westminister:	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
Pittsburg, Pennsylvania	193	310
Richmond, Virginia	155	249
Washington, DC	51	82

CLIMATE AND GEOGRAPHY[1]

Yearly Precipitation (inches)	44
Yearly Snowfall (inches)	26
Summer Temperature (°F)	72.5
Winter Temperatire (°F)	33.1
Days Below Freezing	107.7
Land Area (square miles)	452
Water area (square miles)	0.5
Elevation (ft)	260 to 1,120

POPULATION[2,3]

	Carroll County Households	Carroll County Population	Baltimore Metro*	Maryland
2010	59,775	167,134	2,594,194	5,773,552
2020	62,500	169,092	2,749,022	6,055,802
2030**	66,000	169,950	2,788,480	6,254,500

*Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties

**Projections

Selected places population (2020): Eldersburg 32,582; Westminster 20,126; Taneytown 7,234; Hampstead 6,241; Mount Airy 9,654; Manchester 5,408; Sykesville 4,335

POPULATION DISTRIBUTION[2,3] (2021)

Age	Number	Percent
Under 5yrs	9,290	5.4%
5 - 19 yrs	32,947	19.1%
20 - 44 yrs	49,914	29.0%
45 -64 yrs	51,012	29.6%
65 and over	28,985	16.8%
Total	172,148	100.0%
Median Age		41.7 years

Brief Economic Facts // CARROLL COUNTY, MARYLAND

LABOR AVAILABILITY[3,4,5] (BY PLACE OF RESIDENCE)

Civilian Labor Force (2022 avg.)	County	Labor Mkt. Area*
Total civilian labor force	94,578	1,452,791
Employment	92,067	1,405,956
Unemployment	2,511	46,835
Unemployment rate	2.7%	3.2%
Residents commuting outside the county to work (2017-2021)		Percent 46.7%
Employment in selected occupations (2017-2021)		
Management, business, science and arts	42,936	47.5%
Service	12,677	14%
Sales and office	17,857	19.8%
Production, transp. and material moving	7,560	8.4%

*Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties.

MAJOR EMPLOYERS[6,7] (2021-2022)

Employer	Product/Service	Employment
Carroll Hospital - Lifebridge Health Center	General Medical and Surgical Hospitals	1,995
McDaniel College	Higher education	800
Penguin Random House	Book warehousing & distribution	755
Integrace - Fairhaven (was EMA)	Nursing care	700
Carroll Community College	Higher education	580
Walmart	Consumer goods	530
EVAPCO	HQ / Cooling equipment	440
Carroll Lutheran Village	Nursing care	425
English American Tailoring	Men's clothing	425
Northrop Grumman	Industrial equipment	425
Weis Markets	Groceries	420
C. J. Miller	General contractor	335
ARC of Carroll County	Medical and social services	325
Flowserve	Industrial pumping equipment	265
Knorr Brake	Railroad brakes	260
Safeway	Groceries	250
Spectrum Support	Services for persons with disabilities	250
Brightview Westminster Ridge	Assisted Living Facilities For The Elderly	250
Home Depot	Home improvement products	230
PFG-Carroll County Foods (Performance Foodgroup)	Food products distribution	210
Food Lion (Royal Ahold Delhaize Group)	Groceries	200

Excludes post offices, state and local governments, national retail and national foodservice; includes higher education

EMPLOYMENT[4] (2022)

Industry	Estab-lishments	Annual Avg. Empl.	Empl. %	Avg. Wkly. Wage
Federal Government	26	553	1.0%	$1,899
State Government	11	1,222	2.2%	1,322
Local Government	64	6,463	11.4%	1,071
Private Sector	4,513	48,340	85.4%	991
Natural resources and mining	43	523	0.9%	895
Construction	803	6,067	10.7%	1,220
Manufacturing	149	3,717	6.6%	1,443
Trade, Transportation, and utilities	814	12,235	21.6%	851
Information	53	263	0.5%	1,573
Financial activities	373	1,405	2.5%	1,845
Professional and business services	962	5,970	10.6%	1,247
Education and health services	531	9,728	17.2%	968
Leisure and hospitality	342	6,324	11.2%	416
Other Services	443	2,108	3.7%	823
Total	4,614	56,578	100.0%	1,016

Includes civilian employment only

HOURLY WAGE RATES[4] (2021)

Selected Occupations	Median	Entry	Skilled
Accountants	$36.76	$25.13	$44.65
Assemblers and Fabricators	$18.18	$14.27	$23.90
Bookkeeping/accounting clerks	$22.24	$14.34	$25.65
Computer systems analysts	$30.54	$25.59	$51.34
Computer user support specialists	$23.37	$17.84	$29.59
Customer service represenatives	$14.40	$12.67	$19.06
Electrical engineers	$50.05	$37.62	$62.62
Freight, stock and material movers	$15.82	$12.57	$18.39
Industrial truck operators	$19.89	$17.03	$22.95
Information security analyst	$48.78	$31.45	$69.41
Inspectors, testers, sorters	$21.92	$14.51	$24.32
Machinists	$26.53	$18.36	$29.35
Maintenance workers, machinery	$22.55	$13.13	$26.91
Mechanical Engineers	$43.68	$29.85	$52.97
Network support specialists	$47.04	$28.24	$64.48
Packaging/filling machine operators	$14.73	$13.18	$17.58
Packers and packagers hand	$13.73	$11.78	$16.37
Secretaries	$19.22	$14.56	$23.32
Shipping/receiving clerks	$17.02	$13.39	$20.02
Stock clerks and order fillers	$14.51	$12.28	$16.76

Wages are an estimate of what workers might expect to receive in Carroll County and may vary by industry, employer, and locality.

Brief Economic Facts // CARROLL COUNTY, MARYLAND

SCHOOLS AND COLLEGES[3,8]

Educational Attainment - age 25 & over (2017-2021)

High school graduate or higher	93.8%
Bachelor's degree or higher	38.0%

Public Schools

- Number: 22 elementary; 8 middle/comb.; 7 high; 1 career/tech
- Enrollment: 25,787
- Cost per pupil: $15,879
- Students per teacher: 13.8
- High school career / tech enrollment: 3,557
- High school graduates: 1,976

Nonpublic Schools Number: 45

Higher Education (2020)	Enrollment	Degrees
2-year institution		
Carroll Community College	3,055	579
4-year institutions		
McDaniel College	3,032	608

TAX RATES[9]

	Carroll Co.	Maryland
Corporate Income Tax (2022)	none	8.25%
Base – federal taxable income		
Personal Income Tax (2022)	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 (2022)	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 22)	$1.018	$0.1120
Effective rate per $100 of assessed value In an incorporated area, a municipal rate will also apply		
Business Personal Prop. Tax (FY 22)	$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 may also apply; municipal exemptions may be available		

Major Tax Credits Available

Enterprise Zone, Job Creation, More Jobs for Marylanders, R&D, New Jobs, Biotechnology and Cybersecurity Investment, A&E District

INCOME[3] (2017-2021)

	Percent Households		
Distribution	Carroll Co.	Maryland	U.S.
Under $25,000	9.1%	12.3%	17.2%
$25,000 - $49,999	12.9%	14.6%	19.6%
$50,000 - $74,999	13%	14.7%	16.8%
$75,000 - $99,999	12.8%	12.6%	12.8%
$100,000 - $149,999	23.2%	19.4%	16.3%
$150,000 - $199,999	13.5%	11.5%	7.8%
$200,000 and over	15.4%	15%	9.5%
Median household	$104,708	$91,431	$69,021
Average household	$123,762	$120,234	$97,196
Per Capita	$45,800	$45,915	$37,638
Total income (millions)	$7,785	$275,849	$12,053,372

HOUSING[3,10]

Occupied Units (2017-2021) 62,907 (82.9% owner occupied)

Housing Transactions

Units Sold	2,313
Median Selling Price	$415,000

*All multiple listed properties excludes auctions and FSBO

BUSINESS AND INDUSTRIAL PROPERTY[6]

Carroll County has a variety of industrial sites ranging from one to 35 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 North Carroll Business Park in Hampstead offers 35 acres of finished industrial land with fiber connectivity. Lots can be subdivided to sell.

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 (2019)	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; eleven 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

GOVERNMENT

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

Edward Rothstein, President, Board of County Commissioners 410.386.2044

Roberta J. Windham, Esq., County Administrator 410.386.2043

Website: www.carrollcountymd.gov

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 Montgomery County Economic Development Corporation
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

Carroll County

DEMOGRAPHIC AND SOCIO-ECONOMIC OUTLOOK

	Historical					Projected					
	1970	1980	1990	2000	2010 *	2015	2020	2025	2030	2035	2040
Population Characteristics:											
Total Population	69,006	96,356	123,372	150,897	167,134	168,550	175,900	179,450	183,250	186,200	189,550
Male	33,956	47,384	60,748	74,470	82,510	83,080	86,460	87,850	89,240	90,300	91,700
Female	35,050	48,972	62,624	76,427	84,624	85,470	89,440	91,600	94,000	95,900	97,860
Non-Hispanic White **	N/A	92,414	118,675	143,654	152,428	151,610	155,720	156,710	158,260	159,190	160,540
All Other **	N/A	3,942	4,697	7,243	14,706	16,940	20,180	22,740	24,980	27,010	29,020
Selected Age Groups:											
0-4	5,644	6,446	9,761	10,110	9,031	8,230	9,460	10,360	10,510	10,050	9,630
5-19	19,454	25,401	26,673	35,513	36,723	33,750	31,700	30,300	31,790	34,130	35,390
20-44	22,486	37,914	50,752	52,889	48,473	46,230	50,040	53,380	54,080	53,470	53,520
45-64	14,310	17,604	23,653	36,118	51,098	53,860	52,470	46,470	40,990	39,080	41,760
65+	7,112	8,991	12,533	16,267	21,809	26,480	32,240	38,950	45,890	49,480	49,260
Total	69,006	96,356	123,372	150,897	167,134	168,550	175,900	179,450	183,250	186,200	189,550
Total Household Population	63,960	92,514	120,457	147,316	163,815	165,142	172,360	175,727	179,255	181,871	184,882
Total Households	19,623	30,631	42,248	52,503	59,775	61,325	65,025	68,025	70,000	71,125	72,075
Average Household Size	3.26	3.02	2.85	2.81	2.74	2.69	2.65	2.58	2.56	2.56	2.57
Labor Force:											
Total Population 16+	48,573	71,529	94,022	113,461	131,350	136,050	144,080	146,730	148,490	150,430	153,980
In Labor Force	27,898	46,998	67,905	80,767	92,050	93,150	96,310	95,410	93,680	92,660	94,190
% in Labor Force *	57.4	65.7	72.2	71.2	70.1	68.5	66.8	65.0	63.1	61.6	61.2
Male Population 16+	23,579	34,777	45,719	54,958	64,200	66,470	70,150	71,070	71,420	71,960	73,450
In Labor Force	17,467	27,472	37,522	43,139	48,650	49,250	50,700	50,210	49,250	48,660	49,370
% in Labor Force *	74.1	79.0	82.1	78.5	75.8	74.1	72.3	70.6	69.0	67.6	67.2
Female Population 16+	24,994	36,752	48,303	58,503	67,140	69,580	73,930	75,660	77,070	78,470	80,530
In Labor Force	10,431	19,526	30,383	37,628	43,400	43,900	45,610	45,200	44,430	44,000	44,820
% in Labor Force *	41.7	53.1	62.9	64.3	64.6	63.1	61.7	59.7	57.6	56.1	55.7
Jobs by Place of Work :	27,223	36,133	52,388	68,111	81,611	85,800	91,300	95,900	98,600	101,800	104,500
Personal Income :											
Total (million of constant 2009$)	$1,299.4	$2,418.6	$4,003.3	$6,086.4	$7,393.5	$7,995.8	$9,089.5	$9,780.7	$10,374.9	$10,946.7	$11,592.1
Per Capita (constant 2009$)	$18,713	$24,972	$32,262	$40,186	$44,211	$47,439	$51,674	$54,504	$56,616	$58,790	$61,156

** For 2010 to 2040 non-hispanic white population is equal to "non-hispanic white alone", and all other population is equal to "all other races", alone and two or more races.

* Labor force participation rates for 2010 are estimates based on the 2008-2012 American Community Survey. These participation rates are applied to the Census 2010 population by age/sex to yield labor force estimates.

SOURCE: Projections prepared by the Maryland Department of Planning, July 2014. Population and houshold data from 1970 thru 2010 are from the U.S. Census Bureau, as is the labor force data from 1970 thru 2000. Labor force participation rate data for 2010 is an estimate by the Maryland Department of Planning based on 2008-2012 American Community Survey data. 1990 race and sex population is from modified age, race, sex data (MARS) and 2000 race and sex population from modified race data, both from the U.S. Census Bureau. Historical jobs, total personal income and per capita personal income data are from the U.S. Bureau of Economic Analysis.

Projections are rounded, therefore numbers may not add to totals.

Sustainability Indicators for Carroll County, 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 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.

United States Census Bureau

QuickFacts

Carroll County, Maryland

QuickFacts provides statistics for all states and counties. Also for cities and towns with a ***population of 5,000 or more.***

All Topics	Carroll County, Maryland
Population Estimates, July 1, 2022, (V2022)	⚠ 175,305
PEOPLE	
Population	
Population Estimates, July 1, 2022, (V2022)	⚠ 175,305
Population estimates base, April 1, 2020, (V2022)	⚠ 172,890
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	⚠ 1.4%
Population, Census, April 1, 2020	172,891
Population, Census, April 1, 2010	167,134
Age and Sex	
Persons under 5 years, percent	⚠ 5.3%
Persons under 18 years, percent	⚠ 21.7%
Persons 65 years and over, percent	⚠ 18.1%
Female persons, percent	⚠ 50.1%
Race and Hispanic Origin	
White alone, percent	⚠ 90.4%
Black or African American alone, percent (a)	⚠ 4.4%
American Indian and Alaska Native alone, percent (a)	⚠ 0.3%
Asian alone, percent (a)	⚠ 2.5%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%
Two or More Races, percent	⚠ 2.3%
Hispanic or Latino, percent (b)	⚠ 4.6%
White alone, not Hispanic or Latino, percent	⚠ 86.5%
Population Characteristics	
Veterans, 2018-2022	10,038
Foreign born persons, percent, 2018-2022	4.7%
Housing	
Housing units, July 1, 2022, (V2022)	66,542
Owner-occupied housing unit rate, 2018-2022	83.0%
Median value of owner-occupied housing units, 2018-2022	$390,200
Median selected monthly owner costs -with a mortgage, 2018-2022	$2,222
Median selected monthly owner costs -without a mortgage, 2018-2022	$647
Median gross rent, 2018-2022	$1,283
Building permits, 2022	350
Families & Living Arrangements	
Households, 2018-2022	63,318
Persons per household, 2018-2022	2.68
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	92.0%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	5.9%
Computer and Internet Use	
Households with a computer, percent, 2018-2022	93.7%
Households with a broadband Internet subscription, percent, 2018-2022	90.2%
Education	
High school graduate or higher, percent of persons age 25 years+, 2018-2022	94.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	38.8%
Health	
With a disability, under age 65 years, percent, 2018-2022	8.6%
Persons without health insurance, under age 65 years, percent	⚠ 4.7%

Economy

In civilian labor force, total, percent of population age 16 years+, 2018-2022	66.9%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	61.4%
Total accommodation and food services sales, 2017 ($1,000) (c)	318,683
Total health care and social assistance receipts/revenue, 2017 ($1,000) (c)	952,913
Total transportation and warehousing receipts/revenue, 2017 ($1,000) (c)	178,253
Total retail sales, 2017 ($1,000) (c)	2,387,910
Total retail sales per capita, 2017 (c)	$14,240

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2018-2022	35.4

Income & Poverty

Median household income (in 2022 dollars), 2018-2022	$111,672
Per capita income in past 12 months (in 2022 dollars), 2018-2022	$49,434
Persons in poverty, percent	⚠ 5.5%

BUSINESSES

Businesses

Total employer establishments, 2021	4,197
Total employment, 2021	50,736
Total annual payroll, 2021 ($1,000)	2,468,080
Total employment, percent change, 2020-2021	-3.5%
Total nonemployer establishments, 2020	12,719
All employer firms, Reference year 2017	3,661
Men-owned employer firms, Reference year 2017	2,227
Women-owned employer firms, Reference year 2017	643
Minority-owned employer firms, Reference year 2017	236
Nonminority-owned employer firms, Reference year 2017	3,095
Veteran-owned employer firms, Reference year 2017	S
Nonveteran-owned employer firms, Reference year 2017	3,010

GEOGRAPHY

Geography

Population per square mile, 2020	386.2
Population per square mile, 2010	373.4
Land area in square miles, 2020	447.63
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 left of each row in learn about sampling error.

In Vintage 2022, as a result of the formal request from the state, Connecticut transitioned from eight counties to nine planning regions. For more details, please see the Vintage 2022 release notes available here: Release Notes.

The vintage year (e.g., V2022) refers to the final year of the series (2020 thru 2022). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the 2022 5-year ACS Comparison Guidance page.

Fact Notes

(a)	Includes persons reporting only one race
(c)	Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
(b)	Hispanics may be of any race, so also are included in applicable race categories

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 interval of an open ei
F	Fewer than 25 firms
D	Suppressed to avoid disclosure of confidential information
N	Data for this geographic area cannot be displayed because the number of sample cases is too small.
FN	Footnote on this item in place of data
X	Not applicable
S	Suppressed; does not meet publication standards
NA	Not available
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 Poverty Estimates, S Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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 five broad areas:

- Health
- Community
- Economy
- Education
- Environment

There are 273 topics of data within these five 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.
- 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 https://healthycarroll.org/carroll-data/

The results of the **Data Scoring Tool** are attached. In the first report, "Indicator Topic Scores", the 27 topics are listed in order of most to least concern. The second report, "Indicator Scores", lists the 208 indicators in order of most to least concern.

According to these Data Scoring Tool reports, the topics of most concern for Carroll County are Alcohol and Drug use, Cancer, Older Adults, Mortality Data, Respiratory diseases, Mental health, and Diabetes.

Topics of least concern: Sexually Transmitted Infections, Health Information Technology, Economy, Tobacco Use and Physical Activity.

The specific indicators of most concern compared with state and national data, listed in order of severity, are:

- Melanoma Incidence Rate
- Breast Cancer Incidence Rate
- Prostate Cancer Incidence Rate
- Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases
- Solo Drivers with Long Commute
- Adults with Healthy Weight
- Age-Adjusted Death Rate due to Melanoma
- Adolescents who have had a Routine Check-up: Medicaid Population
- Ischemic Heart Disease: Medicaid Population
- Mean Travel Time to Work

The indicators of least concern are: People living 200% above poverty level, Homeownership, Children Living Below Poverty Level, Child Food Insecurity, Chlamydia Incidence Rate, High Blood Pressure Prevalence, Adults who Smoke, People Living Below Poverty Line, Age-Adjusted Death Rate Due to Firearms, Households without a vehicle.

These scoring results are to be considered collectively with the entire results of the CHNA.

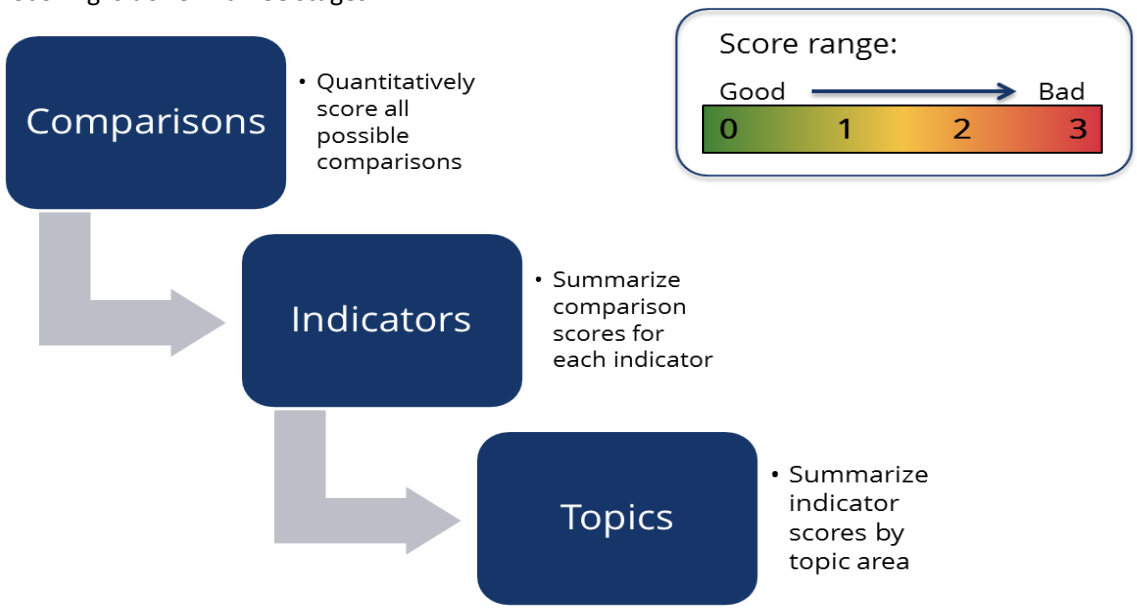
C. Attachments

- 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. Targets 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: 208
Thursday 25th of January 2024 04:14:55 PM

Topic	Indicators	Score
Alcohol & Drug Use	8	1.69
Cancer	24	1.64
Older Adults	27	1.60
Mortality Data	26	1.55
Respiratory Diseases	18	1.45
Mental Health & Mental Disorders	12	1.42
Diabetes	7	1.39
Immunizations & Infectious Diseases	13	1.38
Health Care Access & Quality	18	1.37
Heart Disease & Stroke	21	1.35
Environmental Health	18	1.31
Women's Health	8	1.31
Oral Health	6	1.30
Other Conditions	5	1.29
Adolescent Health	5	1.21
Prevention & Safety	5	1.20
Weight Status	4	1.20
Wellness & Lifestyle	7	1.11
Maternal, Fetal & Infant Health	7	1.07
Children's Health	6	1.04
Community	32	1.04
Education	10	1.04
Physical Activity	7	1.04
Tobacco Use	4	0.96
Economy	35	0.91
Health Information Technology	3	0.78
Sexually Transmitted Infections	3	0.54

Healthy Communities Institute
Data Scoring Tool

County: Carroll
Carroll Hosp Center (MD)
Total indicators: 208
Thursday 25th of January 2024 04:14:03 PM

	County Distribution		Value		Target				
Indicator	State	US	State	US	HP2030	Local	Trend	Score	Precision
Melanoma Incidence Rate	3	3	3	3	1.5	1.5	3	2.78	High
Breast Cancer Incidence Rate	3	3	2	3	1.5	1.5	3	2.63	High
Prostate Cancer Incidence Rate	3	3	2	3	1.5	1.5	3	2.63	High
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	3	1.5	3	3	1.5	1.5	3	2.55	Medium
Age-Adjusted Death Rate due to Drug Use	2	1.5	3	3	1.5	3	3	2.55	High
Solo Drivers with a Long Commute	3	3	3	3	1.5	1.5	2	2.53	High
All Cancer Incidence Rate	2	3	3	3	1.5	1.5	2	2.38	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	3	3	3	3	1.5	1.5	1	2.28	High
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	2	3	3	3	1.5	1.5	1.5	2.25	Medium
Adolescents who have had a Routine Checkup: Medicaid Population	3	1.5	3	1.5	1.5	3	2	2.23	Medium
Age-Adjusted Death Rate due to Falls	1.5	1.5	3	3	1.5	3	2	2.23	Medium
Hyperlipidemia: Medicare Population	2	3	2	3	1.5	1.5	2	2.23	High
Oral Cavity and Pharynx Cancer Incidence Rate	2	2	3	3	1.5	1.5	2	2.23	High
Adults with Asthma	2	1.5	3	3	1.5	1.5	2	2.15	Medium
Death Rate due to Drug Poisoning	2	3	1	3	3	1.5	2	2.15	High
Ischemic Heart Disease: Medicare Population	3	2	3	3	1.5	1.5	1	2.13	High
Mean Travel Time to Work	3	3	2	3	1.5	1.5	1	2.13	High
Dentist Rate	2	1	3	1.5	1.5	1.5	3	2.10	Medium
Salmonella Infection Incidence Rate	1	1.5	2	1.5	3	3	3	2.10	High
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	1.5	3	3	1.5	1.5	2	2.08	Medium
Atrial Fibrillation: Medicare Population	2	2	3	2	1.5	1.5	2	2.08	High
Cancer: Medicare Population	2	3	2	2	1.5	1.5	2	2.08	High
Pneumonia Vaccinations: Medicare Population	2	1	3	3	1.5	1.5	2	2.08	High
Adults who Binge Drink	3	1.5	3	3	1.5	1.5	1	2.05	Medium
Adults 65+ with Influenza Vaccination	2	1.5	2	3	1.5	1.5	2	2.00	Medium
Mortgaged Owners Median Monthly Household Costs	2	1.5	2	3	1.5	1.5	2	2.00	Medium
Primary Care Provider Rate	2	2	3	1.5	1.5	1.5	2	2.00	Medium
Workers Commuting by Public Transportation	2	0	3	3	3	1.5	2	2.00	High
Affordable Housing	3	1.5	3	1.5	1.5	3	1	1.98	Medium
Age-Adjusted Death Rate due to Colorectal Cancer	2	1	3	3	3	1.5	1	1.90	High
Adults 65+ with Pneumonia Vaccination	2	1.5	2	3	1.5	1.5	1.5	1.88	Medium
Number of Extreme Heat Days	1.5	1.5	1.5	1.5	1.5	1.5	3	1.88	Low
Number of Extreme Heat Events	1.5	1.5	1.5	1.5	1.5	1.5	3	1.88	Low
People 65+ Living Below Poverty Level (Count)	1.5	1.5	1.5	1.5	1.5	1.5	3	1.88	Low
Adults with Influenza Vaccination	2	1.5	3	1.5	1.5	3	1	1.83	Medium
Alzheimer's Disease or Dementia: Medicare Population	2	3	1	3	1.5	1.5	1	1.83	High
Age-Adjusted ER Rate due to Mental Health	2	1.5	1	1.5	1.5	3	2	1.78	Medium
Depression: Medicare Population	1	2	2	2	1.5	1.5	2	1.78	High
Emergency Department Visit Rate due to Diabetes	1.5	1.5	1.5	1.5	1.5	3	2	1.78	Low
Hypertension: Medicare Population	1	2	2	2	1.5	1.5	2	1.78	High
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	2	2	2	1.5	1.5	2	1.78	High
Self-Reported Good Physical Health	2	1.5	2	1.5	1.5	1.5	2	1.78	Medium
Adults 65+ who Received Recommended Preventive Services: Males	3	1	1.5	2	1.5	1.5	1.5	1.73	Medium
Adults who have had a Routine Checkup	3	2	1.5	1	1.5	1.5	1.5	1.73	Medium
Adults with Arthritis	2	1	1.5	3	1.5	1.5	1.5	1.73	Medium
High Cholesterol Prevalence: Past 5 Years	2	2	1.5	2	1.5	1.5	1.5	1.73	Medium
Preterm Births	2	1.5	1	2	2	1.5	2	1.73	High
Workers who Drive Alone to Work	3	2	3	2	1.5	1.5	0	1.73	High
Age-Adjusted Death Rate due to Diabetes	2	1.5	2	1	1.5	1.5	2	1.70	Medium
Average Life Expectancy	1	1.5	2	1.5	1.5	2	2	1.68	Medium
Preventable Hospital Stays: Medicare Population	2	2	2	2	1.5	1.5	1	1.68	High
Access to Parks	1	1.5	3	1.5	1.5	1.5	1.5	1.65	Low
Age-Adjusted Melanoma Incidence Rate	1.5	1.5	1.5	1.5	1.5	3	1.5	1.65	Low
Annual Age-Adjusted Death Rate Due to Diabetes	1.5	1.5	1.5	1.5	1.5	3	1.5	1.65	Low
Life Expectancy	1	1	2	2	1.5	1.5	2	1.63	High
People 65+ Living Alone (Count)	1.5	1.5	1.5	1.5	1.5	1.5	2	1.63	Low
Perinatal Deaths	2	1.5	1	1.5	1.5	1.5	2	1.63	Medium
Size of Labor Force	1.5	1.5	1.5	1.5	1.5	1.5	2	1.63	Low
Adults who have had a Routine Checkup	2	1.5	2	2	1.5	1.5	1	1.60	Medium
Age-Adjusted Death Rate due to Lung Cancer	1	1	3	2	3	1.5	1	1.60	High
Adults with Cancer	2	1	1.5	2	1.5	1.5	1.5	1.58	Medium
Age-Adjusted Death Rate due to CVA (Stroke)	1.5	1.5	1.5	1.5	3	1.5	1.5	1.58	Low
Median Monthly Owner Costs for Households without a Mortgage	1	1.5	1	3	1.5	1.5	1.5	1.58	Medium
Age-Adjusted Mortality Rate From Cancer	1.5	1.5	1.5	1.5	3	1	1.5	1.53	Low
Annual Age-Adjusted Death Rate due to Heart Disease	1.5	1.5	1.5	1.5	3	1	1.5	1.53	Low
Diabetes: Medicare Population	1	2	1	3	1.5	1.5	1	1.53	High
Emergency Department Visits due to Heart Disease	1.5	1.5	1.5	1.5	1.5	3	1	1.53	Low
Student-to-Teacher Ratio	2	2	2	1	1.5	1.5	1	1.53	High
Adults with Prediabetes	2	1.5	1	1.5	1.5	1.5	1.5	1.50	Low
Age-Adjusted Death Rate due to Suicide	1.5	1.5	3	0	1	3	1	1.50	High

Healthy Communities Institute
Data Scoring Tool

County: Carroll
Carroll Hosp Center (MD)
Total indicators: 208
Thursday 25th of January 2024 04:14:03 PM

	County Distribution		Value		Target				
Indicator	State	US	State	US	HP2030	Local	Trend	Score	Precision
Non-Physician Primary Care Provider Rate	2	2	3	1.5	1.5	1.5	0	1.50	Medium
Annual Age-Adjusted Suicide Mortality Rate	1.5	1.5	1.5	1.5	1	1.5	1.5	1.48	Low
Breast Cancer Screening Rate	1.5	1.5	1.5	1.5	1	1.5	1.5	1.48	Low
COPD: Medicare Population	1	1	2	1	1.5	1.5	2	1.48	High
Daily Dose of UV Irradiance	1	1.5	1	1.5	1.5	1.5	2	1.48	Medium
Osteoporosis: Medicare Population	1	2	1	1	1.5	1.5	2	1.48	High
Social Associations	1	2	1	1	1.5	1.5	2	1.48	High
Age-Adjusted Death Rate due to Cancer	1	1	2	2	3	1.5	1	1.45	High
High School Students who Smoked Cigarettes: Past 30 Days	2	1.5	1.5	1.5	1.5	1.5	1	1.45	Low
Adults 65+ who Received Recommended Preventive Services: Females	2	1	1.5	1	1.5	1.5	1.5	1.43	Medium
Adults Ever Diagnosed with Depression	2	0	1.5	2	1.5	1.5	1.5	1.43	Medium
Adults who Have Taken Medications for High Blood Pressure	1	2	1.5	1	1.5	1.5	1.5	1.43	Medium
Children in Medicaid who Visited a Dentist	3	1.5	2	1.5	1.5	1.5	0	1.43	Medium
Colon Cancer Screening: USPSTF Recommendation	2	1	1.5	1	1.5	1.5	1.5	1.43	Medium
Median Household Gross Rent	2	1.5	0	2	1.5	1.5	1.5	1.43	Medium
Mothers who Received Early Prenatal Care	1	1.5	1	2	1.5	1.5	1.5	1.43	Medium
Liquor Store Density	1	2	0	3	1.5	1.5	1	1.38	High
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5	1.5	1.5	1	1.38	Low
PBT Released	1.5	1.5	1.5	1.5	1.5	1.5	1	1.38	Low
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5	1.5	1.5	1	1.38	Low
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
Households that are Asset Limited, Income Constrained, Employed (ALIC	1	1.5	1	1.5	1.5	1.5	1.5	1.35	Medium
Mental Health Provider Rate	2	1	3	1.5	1.5	1.5	0	1.35	Medium
Age-Adjusted ER Rate due to Hypertension	0	1.5	0	1.5	1.5	0.5	3	1.33	Medium
Child Abuse Rate	1	1.5	0	1.5	1.5	1.5	2	1.33	Medium
Children with Health Insurance	1	1	1	1	1.5	1.5	2	1.33	High
Households that are Above the Asset Limited, Income Constrained, Empl	0	1.5	1	1.5	1.5	1.5	2	1.33	Medium
Mammogram in Past 2 Years: 50+	0	1.5	1	1.5	1.5	1.5	2	1.33	Medium
School Readiness at Kindergarten Entry	0	1.5	0	1.5	1.5	3	2	1.33	Medium
Stroke: Medicare Population	0	2	1	1	1.5	1.5	2	1.33	High
Tuberculosis Incidence Rate	2	1.5	0	0	3	1.5	2	1.33	High
Age-Adjusted ER Rate due to Asthma	0	1.5	0	1.5	1.5	0	3	1.28	Medium
Colorectal Cancer Incidence Rate	2	1	2	2	1.5	1.5	0	1.28	High
Adults Unable to Afford to See a Doctor	2	1.5	2	0	1.5	1	1	1.25	High
High School Graduation	0	1.5	1	1.5	1	1	2	1.25	High
Age-Adjusted Death Rate due to Heart Attack	1	1.5	1	1.5	1.5	1.5	1	1.23	Medium
Emergency Department Visit Rate Related to Mental Health Conditions	1.5	1.5	1.5	1.5	1.5	0	1	1.23	Low
Emergency Department Visits for Addictions-Related Conditions	1.5	1.5	1.5	1.5	1.5	0	1	1.23	Low
Heart Failure: Medicare Population	1	0	3	1	1.5	1.5	1	1.23	High
Number of patients admitted to Carroll Hospital inpatient unit 3+ times/	1.5	1.5	1.5	1.5	1.5	0	1	1.23	Low
Access to Exercise Opportunities	1	0	2	1	1.5	1.5	1.5	1.20	Medium
Age-Adjusted Death Rate due to Prostate Cancer	1	1	0	1	2	1.5	2	1.20	High
Proximity to Highways	1	1.5	0	1.5	1.5	1.5	1.5	1.20	Low
8th Grade Students Proficient in Math	0	1.5	0	1.5	1.5	1.5	2	1.18	Medium
Households Living Below Poverty Level	0	1.5	0	1.5	1.5	1.5	2	1.18	Medium
Total Employment Change	1	2	0	0	1.5	1.5	2	1.18	High
Mammogram in Past 2 Years: 50-74	0	0	1.5	2	2	1.5	1.5	1.15	Medium
Renters Spending 30% or More of Household Income on Rent	0	2	1	1	3	1.5	1	1.15	High
Adults who Experienced Coronary Heart Disease	1	0	1.5	1	1.5	1.5	1.5	1.13	Medium
Adults with COPD	1	0	1.5	1	1.5	1.5	1.5	1.13	Medium
Child Care Centers	1	1.5	0	1	1.5	1.5	1.5	1.13	Medium
Cholesterol Test History	1	0	1.5	1	1.5	1.5	1.5	1.13	Medium
Adults 20+ who are Sedentary	0	1	1.5	1.5	1.5	1.5	1	1.08	Medium
Annual Ozone Air Quality	0	1	1.5	1.5	1.5	1.5	1	1.08	Medium
Female Population 16+ in Civilian Labor Force	1	0	2	1	1.5	1.5	1	1.08	High
Self-Reported Good Mental Health	0	1.5	1	1.5	1.5	1.5	1	1.08	Medium
Population 16+ in Civilian Labor Force	1	0	1	1	1.5	1.5	1.5	1.05	High
Youth not in School or Working	2	1	0	0	1.5	1.5	1.5	1.05	High
Age-Adjusted ER Rate due to Alcohol/Substance Abuse	0	1.5	0	1.5	1.5	0	2	1.03	Medium
Age-Adjusted ER Rate due to Diabetes	0	1.5	0	1.5	1.5	0	2	1.03	Medium
Cervical Cancer Incidence Rate	1	0	1	0	1.5	1.5	2	1.03	High
Flu Vaccinations: Medicare Population	1	0	1	0	1.5	1.5	2	1.03	High
Food Insecurity Rate	1	0	1	0	1.5	1.5	2	1.03	High
Persons with Health Insurance	0	0	1	1.5	1	1	2	1.03	High
Teens who Use Tobacco	1	1.5	0	1.5	1.5	1	1	1.03	Medium
Adults who are Overweight or Obese	0	1.5	1	1	1.5	1.5	1	1.00	Medium
Age-Adjusted Death Rate due to Breast Cancer	1	1	0	1	3	1.5	1	1.00	High
Self-Reported General Health Assessment: Good or Better	0	1.5	1	1	1.5	1.5	1	1.00	Medium
Adults with Current Asthma	0	0	1.5	1	1.5	1.5	1.5	0.98	Medium
Adults with Kidney Disease	0	0	1.5	1	1.5	1.5	1.5	0.98	Medium

Healthy Communities Institute
Data Scoring Tool

County: Carroll
Carroll Hosp Center (MD)
Total indicators: 208
Thursday 25th of January 2024 04:14:03 PM

	County Distribution		Value		Target				
Indicator	State	US	State	US	HP2030	Local	Trend	Score	Precision
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	1	1.5	0	2	3	1.5	0	0.98	High
Cervical Cancer Screening: 21-65	0	0	1.5	1	1.5	1.5	1.5	0.98	Medium
Households with One or More Types of Computing Devices	2	0	2	1	1.5	1.5	0	0.98	High
Lung and Bronchus Cancer Incidence Rate	1	1	2	1	1.5	1.5	0	0.98	High
3rd Grade Students Proficient in Math	0	1.5	0	1.5	1.5	1.5	1	0.93	Medium
3rd Grade Students Proficient in Reading	0	1.5	0	1.5	1.5	1.5	1	0.93	Medium
8th Grade Students Proficient in Reading	0	1.5	0	1.5	1.5	1.5	1	0.93	Medium
Domestic Violence Offense Rate	1	1.5	0	1.5	1.5	0	1	0.93	Medium
Infant Mortality Rate	1	1.5	0	0	1	0	2	0.93	High
Mammography Screening: Medicare Population	1	0	1	1	1.5	1.5	1	0.93	High
Overcrowded Households	0	1.5	0	1.5	1.5	1.5	1	0.93	Medium
Adults Engaging in Regular Physical Activity	0	1.5	1	0	0	1.5	1.5	0.90	High
Age-Adjusted Death Rate due to Heart Disease	1	1.5	1	1.5	1.5	0.5	0	0.88	Medium
Alcohol-Impaired Driving Deaths	0	1	0	0	1.5	1.5	2	0.88	High
Asthma: Medicare Population	0	1	0	0	1.5	1.5	2	0.88	High
Food Environment Index	0	0	1	0	1.5	1.5	2	0.88	High
Adults 65+ with Total Tooth Loss	0	0	1.5	0	1.5	1.5	1.5	0.83	Medium
Adults who Experienced a Stroke	0	0	1.5	0	1.5	1.5	1.5	0.83	Medium
Adults without Health Insurance	0	0	1.5	0	1.5	1.5	1.5	0.83	Medium
Food Insecure Children Likely Ineligible for Assistance	1	2	0	1	1.5	1.5	0	0.83	High
HIV Diagnosis Rate	0	1.5	0	0	1.5	1.5	1.5	0.83	Medium
Self-Reported General Health Assessment: Poor or Fair	0	0	1.5	0	1.5	1.5	1.5	0.83	Medium
Mortgaged Owners Spending 30% or More of Household Income on Hou	0	1	0	0	0	1.5	2	0.80	High
Adolescents who are Obese	0	1.5	0	1.5	1.5	0	1	0.78	Medium
Adults with Health Insurance	0	0	1	1	1.5	1.5	1	0.78	High
Median Housing Unit Value	1	1.5	1	0	1.5	1.5	0	0.75	Medium
People 65+ Living Below Poverty Level	0	0	0	0	1.5	1.5	2	0.73	High
Students Eligible for the Free Lunch Program	0	0	0	0	1.5	1.5	2	0.73	High
Unemployed Workers in Civilian Labor Force	0	0	0	0	1.5	1.5	2	0.73	High
Adults Who Are Obese	0	1.5	0	0	1.5	1.5	1	0.70	Medium
Adults who Visited a Dentist	0	1.5	0	0	1.5	1.5	1	0.70	Medium
Babies with Very Low Birthweight	0	1.5	0	0	1.5	1.5	1	0.70	Medium
High Cholesterol Prevalence	0	1.5	0	0	1.5	1.5	1	0.70	Medium
Households with an Internet Subscription	1	0	1	1	1.5	1.5	0	0.68	High
People 25+ with a Bachelor's Degree or Higher	1	0	2	0	1.5	1.5	0	0.68	High
Per Capita Income	1	0	2	0	1.5	1.5	0	0.68	High
Persons with an Internet Subscription	1	0	1	1	1.5	1.5	0	0.68	High
Violent Crime Rate	0	1.5	0	1.5	1.5	1.5	0	0.68	Medium
Severe Housing Problems	0	1	0	0	1.5	1.5	1	0.63	High
Children in Single-Parent Households	0	0	0	0	1.5	1.5	1.5	0.60	Medium
Families Living Below Poverty Level	0	0	0	0	1.5	1.5	1.5	0.60	High
Income Inequality	0	0	0	0	1.5	1.5	1.5	0.60	High
Age-Adjusted Death Rate due to Unintentional Injuries	1	1.5	0	0	1	1.5	0	0.58	High
Adults with Diabetes	0	1.5	0	0	1.5	0	1	0.55	High
Babies with Low Birthweight	0	1.5	0	0	1.5	0	1	0.55	High
Teen Birth Rate: 15-19	0	1.5	0	0	1.5	0	1	0.55	High
Age-Adjusted ER Visit Rate due to Dental Problems	0	1.5	0	1.5	1.5	0	0	0.53	Medium
Insufficient Sleep	0	0	0	0	0	1.5	1.5	0.53	High
People 25+ with a High School Diploma or Higher	0	0	1	1	1.5	1.5	0	0.53	High
Uninsured Emergency Department Visits	0	1.5	0	1.5	1.5	0	0	0.53	Medium
Adults with Disability Living in Poverty	0	0	0	0	1.5	1.5	1	0.48	High
Chronic Kidney Disease: Medicare Population	0	0	0	0	1.5	1.5	1	0.48	High
Gonorrhea Incidence Rate	0	0	0	0	1.5	1.5	1	0.48	High
Homeowner Vacancy Rate	0	0	0	0	1.5	1.5	1	0.48	High
Households with Cash Public Assistance Income	0	0	0	0	1.5	1.5	1	0.48	High
Households without a Vehicle	0	0	0	0	1.5	1.5	1	0.48	High
Age-Adjusted Death Rate due to Firearms	0	0	0	0	0	1.5	1	0.40	High
People Living Below Poverty Level	0	0	0	0	0	1.5	1	0.40	High
Adults who Smoke	0	1.5	0	0	3	0	0	0.38	High
High Blood Pressure Prevalence	0	1.5	0	0	0	1.5	0	0.38	High
Median Household Income	1	0	0	0	1.5	1.5	0	0.38	High
Chlamydia Incidence Rate	0	0	0	0	1.5	0	1	0.33	High
Child Food Insecurity Rate	0	0	0	0	1.5	1.5	0	0.23	High
Children Living Below Poverty Level	0	0	0	0	1.5	1.5	0	0.23	High
Homeownership	0	0	0	0	1.5	1.5	0	0.23	High
People Living 200% Above Poverty Level	0	0	0	0	1.5	1.5	0	0.23	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 13 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 2020 and 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 August 1 and on February 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 FY2022-FY2024 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 FY2022-FY2024 Community Benefit Plan:

- Mental Health
- Diabetes
- Cancer
- Heart Health

The results for the **Mental Health** indicators are mixed. Data did initially show improvement for patients admitted to CH inpatient unit 3+ times / year for mental health diagnosis. The reference number from July 2021 was five patients admitted to the inpatient facility. The rate of those admitted 3+ times decreased from 12/2021 to 12/2022 to three patients. With the 6/2023 report, the number of inpatients that were admitted further decreased to one. With the most recent (12/2023) HCVS it is noted that the number of patients admitted 3+ times has again increased to five, but it remains far below the target of 50.

The rates for emergency department visits for mental health conditions was also mixed. There appears to be a trend with mental health visits increasing for the first half of the fiscal year in FY2022 (2,890), FY 2023 (2,792.8), and FY 2024 (2,165.9) while the number of visits decreased in the second half of the fiscal year FY 2022 (2,345); FY2023 (2,145). The target of 3,156.2 visits for mental health conditions was met consistently throughout this 3-year cycle.

Emergency department visits for addictions-related conditions have increased dramatically from the FY21 reference of 1,027 visits to the FY24 1,945.6. Unfortunately, the target level of 1,400 addiction related Emergency Room visits was not met during the three-year cycle.
The suicide mortality rate has been consistently above the target number of 9 with the most recent data being 13.1 suicide deaths per 100,000.

Data for the **Diabetes** indicators percentage of adults with diabetes are at or better than the target values though there has been a 0.8 increase in this number. Both the age-adjusted death rate and the emergency room visits due to diabetes has nearly doubled with the FY24 data putting death rate at 30.3 and the ER visits at 549.8. Neither indicator met the target of 12.0 for deaths and 186.3 for emergency visits.

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 40.6 (2021). This data was collected from the Maryland Cancer Registry that was last updated in 2021. A more current number from the National Cancer Institute reports melanoma in Carroll at

44.7 % and projected to continue rising. Carroll is third in the state in diagnosed cases of melanoma.

The mortality rate dropped slightly in FY20 to 149.5 from the FY19 rate of 150.3. Unfortunately, the most recent cancer mortality rate reported by Maryland Vital Statistics sees the rate going up to 154.4 per 100,000.

A more positive indicator was the number of women between ages 40 and 75 that were getting a mammogram to screen for breast cancer, In FY 21, 65.5 % of women in the recommended age range were getting a mammogram. In FY24 that number increased to 79.9%. Please note that for the most recent HCVS there are two numbers for the breast cancer screening. The reason for this is that the 2020 Census Data was released that showed the substantial increase in both the population of Carroll County and the number of women who were in the 40-70 age range. Not wanting to skew the information, the 2010 Census data was used but to be completely transparent, the data using the current census information was also provided.

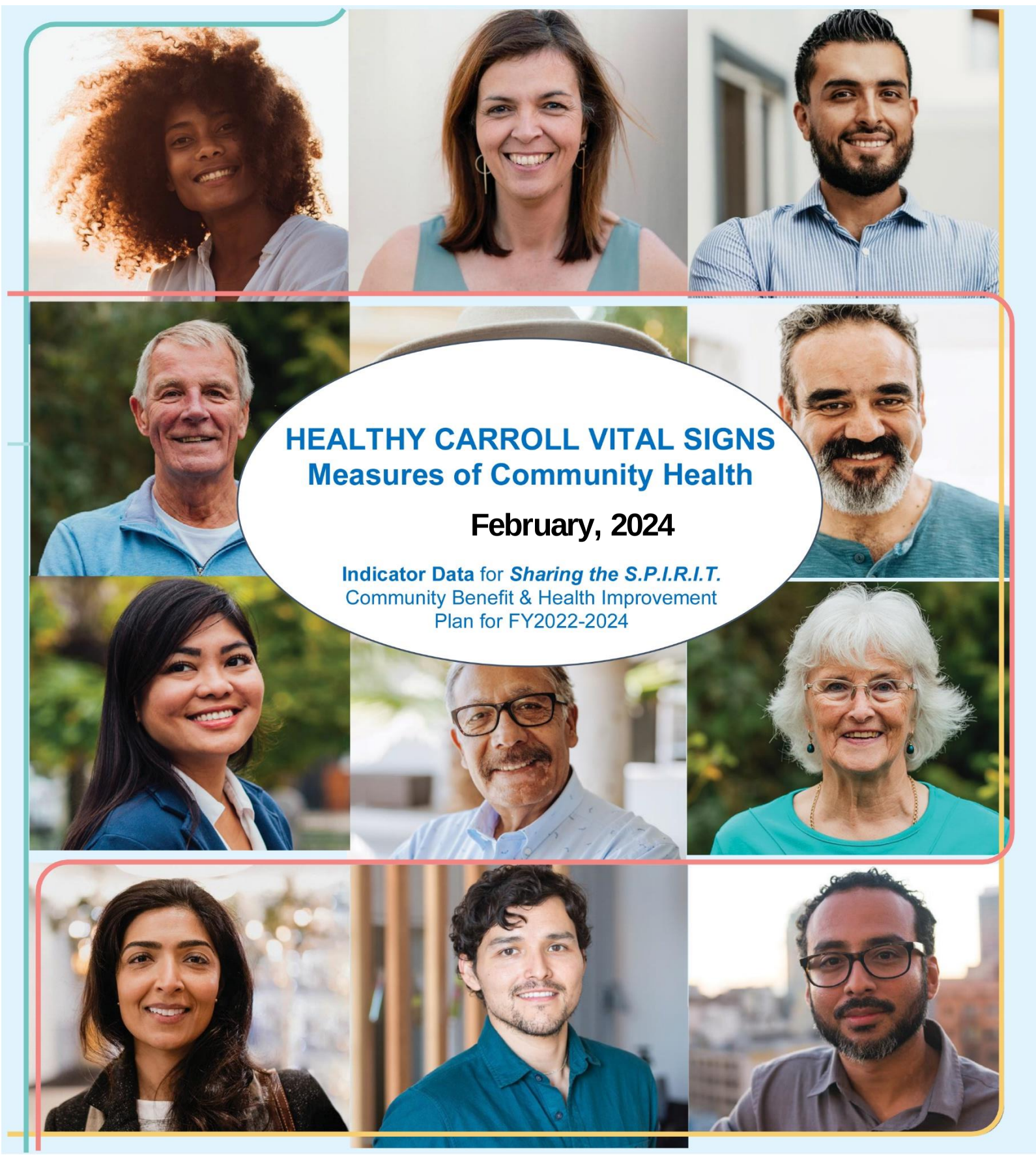
Two of the **Heart Health indicators**, Age-adjusted death rate due to CVA (stroke) and Age-adjusted death rate due to heart disease have shown consistent improvement with both now below target values.

Emergency department visits due to heart disease continues to be high, though it has shown a decrease from the FY21. In FY21 the ER visit rate was 22.1% and in FY24 that rate is 14.6. Though a great step forward, it still does not meet the target.

C. Attachment

- Healthy Carroll Vital Signs data report – February 2024
  The Partnership for a Healthier Carroll County

Notes



CARROLL HOSPITAL
A LifeBridge Health Center
CARE BRAVELY

The Partnership
for a Healthier Carroll County

Healthy Carroll Vital Signs ™ are the *measures of health* (health indicators) for our community of Carroll County, MD

	INDICATOR (WITH DATA SOURCE) Each indicator is for the entire population of Carroll County, MD unless otherwise stated.	Most recent available DATA FY 2022-2024 (with year data collected)							*TREND	DESIRED TREND	AT TARGET or better ?	TARGET & Target Source
		July 2021 BASE-LINE	Dec. (Feb) 2021	Jun. (Aug) 2022	Dec. (Feb) 2022	Jun. (Aug) 2023	Dec. (Feb) 2023	Jun. (Aug) 2024				a) CB-HIP b) SHIP 2017 c) Healthy People 2030 d) NHAMCS 2018
	Priority: MENTAL HEALTH											
1.	# of MH patients admitted to CH inpatient unit 3+ times/year for behavioral health diagnosis (CH)	**5** (7/2021)	**3** (12/2021)	**3** (6/2022)	**3#** (12/2022)	**1** (6/2023)	**5 12/2024**		↑	↓	✓	a) 50
2.	Age-adjusted suicide mortality rate per 100,000 (MVS)	**13.4** (2019)	**13.4** (2019)	**12.1** (2020)	**12.1** (2020)	**12.1** (2020)	**13.1 (2021)**		↑	↓	✗	b) 9
3.	Emergency department visits related to mental health conditions per 100,000 (CH)	**2,675** (7/2021)	**2890** (12/2021)	**2345** (6/2022)	**357.7** **2792.8** (Total) (12/2022)	**333.3** **2145** (Total) (6/2023)	**345** **2165.9** **(Total)** (12/2023)		↑	↓	✓	b) 3156.2
4.	Emergency department visits for addictions-related conditions per 100,000. (CH)	**1027** (7/2021)	**1942** (12/2021)	**1779** (6/2022)	**313** **1876** (Total) (12/2022)	**265** **1823.33** (Total) (6/2023)	**300.2** **1945.6** (Total) (12/2023)		↑	↓	✗	b) 1400.9
	Priority: DIABETES											
5.	% of adults with diabetes (MD BRFSS)	**9.0%** (2019)	**9.8%** (2021)	**9.8%** (2021)	**9.8%** (2021)	**9.8%** (2021)	**9.8%** (2021)		↑	↓	✓	a) 10.4%
6.	Age-adjusted death rate due to diabetes per 100,000 (MVS)	**18.6** (2019)	**18.6** (2019)	**21.7** (2020)	**21.7** (2020)	**21.7** (2020)	**30.3 (2021)**		↑	↓	✗	a) 12.0
7.	Emergency department visit rate for diabetes per 100,000. (CH)	**230.0** (7/2021)	**542.0** (12/2021)	**1052** (6/2022)	**521.4** **3790.5** (Total) (12/2022)	**549.4** (6/2023)	**549.8** (12/2023)		↑	↓	✗	b) 186.3
	Priority: CANCER											
8.	Age-adjusted mortality rate from cancer per 100,000 (MVS)	**150.3** (2019)	**150.3** (2019)	**149.5** (2020)	**149.5** (2020)	**149.5 (2020)**	**154.4 (2021)**		↑	↓	✗	b) 147.4
9.	Age-adjusted melanoma incidence rate per 100,000. (MD Cancer Registry)	**41.5** (2019)	**41.5** (2019)	**40.6** (2021)	**40.6** (2021)	**40.6** (2021)	**40.6** (2021)		↓	↓	✗	a) 24.8
10.	Breast Cancer screening rate** (AR)	**65.5%** (2020)	**77.3%** (2021)	**77.3%** (2021)	**79.3** (2022)	**79.3** (2022)	**79.9** **72*** (2023)**		↑	↑	✓	c) 77%
	Priority: HEART HEALTH											
11.	Age-adjusted death rate due to CVA (stroke), per 100,000 (MVS)	**45.3** (2019)	**45.3** (2019)	**38.1** (2020)	**38.1** (2020)	**38.1** (2020)	**30.5 (2021)**		↓	↓	✓	c) 33.4
12.	Age-adjusted death rate due to heart disease per 100,000 (MVS)	**165.2** (2019)	**165.2** (2019)	**155.5** (2020)	**155.5** (2020)	**155.5** (2020)	**162.3 (2021)**		↑	↓	✓	b) 166.3
13.	Emergency department visits due to heart disease (CH)	**4,205** (Total) **22.1%** (7/2021)	**5,017** (Total) **22.7%** (12/2021)	**3,125** (Total) **15.3%** (6/2022)	**3,284** (Total) **14.8%** (12/2022)	**3,680** (Total) **16.1%** (6/2023)	**3450** (Total) **14.6%** (6/2023)		↓	↓	✗	d) 7.2%

**For the baseline data, trending indicators reflect the data collected in the June 2021 HCVS*
***This is the percentage of women age 40-75 who received a mammogram #Carroll Hospital Psychiatric Unit was temporarily closed in 2022*
****The reason for the 2 values in Breast Cancer Screen in the change in Census Data that reflected increase in both population and the number of woman in age range*

KEY TO ABBREVIATIONS:

CH - Carroll Hospital
MD BRFSS – Maryland Behavioral Risk Factor Surveillance System
MVS – Maryland Vital Statistics
AR-Advanced Radiology

☐ 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 Process
NHAMCS-National Hospital Ambulatory Medical Care Survey

10. Carroll Hospital Data

A. Methodology

The volumes for this analysis were extracted 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 Cerner were compared with the patient numbers in the corresponding readmission and return data (also sourced from Cerner).

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 Benefit and Health Improvement Plan. 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.

Fiscal Year 2023	Number of Visits with Patients Having These Diagnoses*						
	CHF	Dementia	Diabetes	Behavioral Health	Substance or Alcohol Abuse	Obesity	Cancer
Total Visits	3,333	1,327	5,872	8,305	2,518	2,508	1,138
Age Groups	CHF	Dementia	Diabetes	Behavioral Health	Substance or Alcohol Abuse	Obesity	Cancer
0-18	2	0	39	717	118	24	0
19-35	39	0	301	1,843	768	279	22
36-64	707	42	2,346	3,114	1,354	1,069	306
65-85	1,925	770	2,780	2,225	264	1,058	677
86 or older	660	515	406	406	14	78	133
Returns	CHF	Dementia	Diabetes	Behavioral Health	Substance or Alcohol Abuse	Obesity	Cancer
INP to INP	433	64	344	482	134	229	148
INP to Emergency	156	46	182	376	119	129	57
Return to ED in 3 Days	33	16	170	261	116	18	9
Unique Patients	2,033	915	3,725	5,917	1,805	1,956	815

*includes Hosital Inpatient, Observation and Emergency patients only and ALL patient diagnoses.

** One patient can have criteria for multiple diseases.

***One patient can have mulitple visits.

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 include:

- Access and Awareness Priorities
- Behavioral Health priorities
- Chronic Disease priorities

- Older Adult Priorities
- Other Health priorities

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

· 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 (1st = Best, 24th = Worst)	HP 2030 Goal
Infant death rate	2020	(suppressed due to low #s)	NA	5
Babies with low birth weight	2020	5.6% of all live births	2nd	7.8%
Sudden Unexpected Infant Death Rate (SUIDs)	2016-2020	(suppressed due to low #s)	NA	.84
Teen birth rate	2020	4.7 per 1,000 teens aged 15-19	1st	31.4
Early prenatal care (1st trimester)	2020	76.4% of pregnant women	9th	80.5%
Students entering kindergarten ready to learn	2021	54% of children entering Kindergarten	2nd	NA
High school graduation rate	2022	93.1% of students graduate from HS in 4 years	7th	90.7%

Children receiving blood lead screening	**2021**	**Not reported**	**NA**	**NA**

Healthy Living

Indicator	Year	Value	State Rank (1st = Best, 24th = Worst)	HP 2030 Goal
Adults are not overweight or obese	**2021**	**34.6% of adults are not overweight or obese**	**4th**	33.9%
Adolescents who have obesity	2021	11.7% of adolescent public high school students	5th	16.1%
Adults who currently smoke	**2021**	**9.1% of adults currently smoke**	**5th**	**12%**
Adolescents who use tobacco	**2021**	**23.4% of public high school students who used any tobacco product in last 30 days**	**16th**	**21%**
HIV incidence rate	2021	5.4 per 100,000 (rate of adult/adolescents age 13+ diagnosed with HIV)	8th	NA
Chlamydia infection rate	2020	182.7 per 100,000	1st	NA
Life Expectancy	**2018 -20**	**78.4 years**	**10th**	NA
Increase physical activity rate	**2019**	**55.9% of adults report at least 150 mins of moderate physical activity or 75 minutes of vigorous physical activity per week**	**6th**	**47.9%**

Healthy Communities

Indicator	Year	Value	State Rank (1st = Best, 24th = Worst)	HP 2030 Goal

Child maltreatment rate	2022	3.0 per 1000 under 18	6th	NA
Suicide rate	**2018-20**	**12.1 per 100,000**	**6th of 10 jurisdictions reporting**	**10.2 per 100,000**
Domestic violence	2020	369.6 per 100,000	8th	**NA**
Children with elevated blood lead levels	2020	0.3% of children tested	15th	NA
Fall-related death rate	**2018-20**	**11.8 per 100,000**	**7th of 10 jurisdictions reporting**	**7 per 100,000**
Pedestrian injury rate on public roads	2022	9.7 per 100,000	2nd	20.3 per 100,000
Affordable Housing	**2020**	**41.3% housing units affordable on median teacher salary**	**20th**	**NA**

Access to Health Care

Indicator	Year	Value	State Rank (1st = Best, 24th = Worst)	HP 2030 Goal
Adolescents who received a wellness checkup in the last year	**2021**	**41.6% adolescents aged 13-20 enrolled in Medicaid**	**18th**	**NA**
Children receiving dental care in the past year	**2021**	**50.4% of children aged 0-20 enrolled in Medicaid**	**20th**	**NA**
Persons with a usual primary care provider	2021	90.6% adults	9th	NA
Uninsured ED visits	2017	3.9% of visits to ED by persons without insurance (no charge or self-pay)	3rd	NA

Quality Preventive Care

Indicator	Year	Value	State Rank (1st = Best, 24th = Worst)	HP 2030 Goal
Cancer mortality rate	**2018 -20**	**155.1 deaths per 100,000 people**	**12th**	160.6
Emergency Department visit rate due to diabetes	**2017**	**134.9 visits per 100,000 people**	**3rd**	NA
Emergency Department visit rate due to hypertension	2017	201.4 visits per 100,000 people	1st	NA
Drug-induced death rate	**2018 -20**	**45.2 per 100,000 people**	**10 of 17 jurisdictions reporting**	**11.3**
Emergency Department visit	2017	4,216 per 100,000 people	12th highest	NA
Hospitalization rate related to Alzheimer's or other dementias	**2017**	**452.3 per 100,000 people**	**9th lowest**	**NA**
Children (19-35 months old) who receive recommended vaccines	2021	NA	NA	80%
Annual seasonal influenza vaccinations	**2021**	**46.1% adults vaccinated annually**	**15th**	**70%**
Emergency department visit rate due to asthma	2017	35.7 per 10,000 people	3rd	NA

Indicator	Year	Value	State Rank (1st = Best, 24th = Worst)	HP 2030 Goal
Age-adjusted mortality rate from heart disease	**2018-20**	**160.6 per 100,000 people**	**7th**	**152.7 per 100,000**
Emergency Department Visits for Addictions-Related Conditions	2017	1238.1 per 100,000 people	4th	NA
Emergency Department visit rate for dental care	**2017**	**168.2 per 100,000 people**	**3rd**	**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 and Health Improvement 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 Carroll County Local Management Board and its Strategic Planning Committee conducted a comprehensive **Community Assessment** for Carroll County to identify the needs, gaps, and opportunities related to services for children, youth, and families. The report determined areas in which to enhance Carroll County's historically resilient and collaborative partnerships, to improve consumers' experiences, and to reduce ACEs (Adverse Childhood Experiences) and trauma while increasing equity in the community.

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 2023 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 2023, the **County Health Rankings** placed Carroll County #4 out of 24 for overall Health Outcomes, and #3 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/explore-healthrankings/maryland/carroll?year=2023

The **Community Assessment** completed by the Carroll County Local Management Board for fiscal years 2023-2025, like this needs assessment, held focus groups, uses secondary data, and community surveys focusing on the services for children, youth, and families. Based on the analysis of the Eight Results for Child Well-Being, a review of secondary data, and through listening to local community members, four consistent areas of need emerged: Access to Mental Health, Community Inclusion, Outreach and Communication, Supportive Services for Families (Non-clinical), and Economic Stability and Mobility. The full report can be found at https://www.carrollcountymd.gov/government/directory/citizen-services/local-

management-board/community-plan-and-assessment/

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 27% 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

- 2023 Community Assessment
  Carroll County Local Management Board and
  Carrie Freshour Consulting, LLC.

- 2023 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

ALICE IN THE CROSSCURRENTS

COVID AND FINANCIAL HARDSHIP IN MARYLAND

2023 Report | UnitedForALICE.org

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ABOUT UNITED FOR ALICE AND OUR PARTNERS

ALICE in the Crosscurrents: COVID and Financial Hardship in Maryland is brought to you by United Way of Central Maryland and United Ways of Maryland in partnership with United For ALICE, a driver of innovative research and action around financial hardship for **ALICE** (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) households. With a commitment to racial and economic justice, this research is shared with foundations, government, corporations, and other nonprofits, to inform policy and promote positive change. The grassroots ALICE movement, led by United Way of Northern New Jersey, has spread to 27 states and the District of Columbia. Learn more about the ALICE movement here.

To create the ALICE Reports, our team of researchers works with Research Advisory Committees composed of experts from our partner states. This work is guided by our rigorous methodology, which is updated biennially with experts from across our Research Advisory Committees.

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United Ways of Maryland

KAISER PERMANENTE

Ascension Saint Agnes

Ausherman Family Foundation

BEACON Business Economic and Community Outreach Network At Salisbury University

Community Foundation OF THE EASTERN SHORE

DELAPLAINE FOUNDATION INC.

leidos Leidos Biomedical Research, Inc.

operator of the Frederick National Laboratory for Cancer Research

Turning Point FINANCIAL clarity ahead

To learn more about how you can get involved in advocating and creating change for ALICE in Maryland, contact: Laura Johnson, at laura.johnson@uwcm.org.

United Way of Central Maryland

To access interactive ALICE data and resources for Maryland, go to UnitedForALICE.org/Maryland

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ALICE RESEARCH IN A TIME OF CHANGE

This ALICE Report provides the first look at the extent of financial hardship in Maryland using ALICE metrics since the COVID-19 pandemic began. The pandemic has disrupted longstanding patterns in how and where people live, work, study, save, and spend their time. And the story of ALICE and the pandemic is still unfolding as this Report is being written, amid an ongoing health crisis and an economic and public policy landscape that continues to shift. In a time of change, United For ALICE remains committed to providing the most up-to-date local data possible on financial hardship in Maryland and across the U.S.

Two pillars of the ALICE measures are household costs and income. The **Household Survival Budget** calculates the cost of household essentials for each county in Maryland and relies on a wide range of sources for the budget items of housing, child care, food, transportation, health care, and a smartphone plan, plus taxes.

For household income, the ALICE measures rely on the U.S. Census Bureau's American Community Survey (ACS). The ACS experienced such significant disruption in data collection in 2020 that the Census Bureau released only experimental estimates, which are not included in our analysis. By 2021, standard Census data collection had resumed.

Household costs are compared to household income to determine if households are **below the ALICE Threshold**. This category includes both households in **Poverty**, with income below the Federal Poverty Level (FPL), and those that are **ALICE**, with income above the FPL but below the cost of basics.

Our standard ALICE data is based on the ACS — both household tabulated data and individual data from the Public Use Microdata Sample (PUMS) records. In addition, this Report includes our analysis of two surveys that capture the experiences of a nationally representative sample of households during the pandemic:

- Federal Reserve Board's Survey of Household Economics and Decisionmaking (SHED), October, 2019; November, 2020; and November, 2021
- U.S. Census Bureau's COVID-19 Household Pulse Survey (Household Pulse Survey), August 19–August 31, 2020; September 14–November 14, 2022; and December 9–December 19, 2022

Learn more about our methodology at: UnitedForALICE.org/Methodology

KEY TERMS

- **ALICE: A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed — households that earn above the Federal Poverty Level (FPL) but cannot afford the basic cost of living in their county. Despite struggling to make ends meet, ALICE households often do not qualify for public assistance.
- **ALICE Threshold of Financial Survival:** Derived from the Household Survival Budget, the minimum average income that a household needs to afford housing, child care, food, transportation, health care, and a smartphone plan, plus taxes. Calculated for all U.S. states and counties.
- **Below ALICE Threshold:** Includes people in poverty-level and ALICE households combined.

Data Notes: The data used in this Report are estimates; some are geographic averages, others are one- or five-year averages depending on population size. Percentages are rounded to whole numbers, sometimes resulting in percentages totaling 99% or 101%. ALICE analysis includes all households, regardless of work status, as employment is fluid and most households have members who are working, have worked, or are looking for work.

THE ALICE HOUSEHOLD SURVIVAL BUDGET

The ALICE Household Survival Budget is the foundation of the ALICE research. This budget calculates the bare-minimum cost of the household basics needed to live and work in the modern economy by household composition, in every county.

When compared to the more accurate cost of living included in the Household Survival Budget, the Federal Poverty Level (FPL) is drastically inadequate. Unlike the ALICE budgets, the FPL is not based on the cost of contemporary household necessities, and except for Alaska and Hawai'i, it is not adjusted to reflect cost-of-living differences across the U.S. Nor does it adjust for different ages of household members. The FPL is increased annually based on the Bureau of Labor Statistics' (BLS) Consumer Price Index (CPI), and those increases are the same for all U.S. households of a given size. By contrast, the actual household costs in the Survival Budget have increased at different rates depending on location, household size, and household composition.

Yet despite its inadequacies, the FPL continues to be the standard for determining the number and proportion of people living in poverty in the U.S. **With the FPL as the primary way for policymakers and local stakeholders to gauge the extent of financial hardship in their communities, a huge portion of struggling U.S. households go unrecognized.**

Across Maryland, for all household sizes and in all locations, the FPL is well below the Household Survival Budget. In 2021, the FPL was $26,500 for a family of four (two adults, one infant, one preschooler). In contrast, Figure 1 shows that the average cost of living for a family of four in Maryland was $81,948, considerably higher than the FPL; and average household costs for a single adult were also substantially higher. Cost increases in the Household Survival Budget were mostly driven by food, health care, and child care, as well as housing in some Maryland counties. Increases were mitigated by child tax credits in 2021 for families with children.

Figure 1. ALICE Household Survival Budget and Federal Poverty Level, Maryland, 2021

	Federal Poverty Level Census income thresholds that vary by household size but not geography to determine who is in poverty	ALICE Household Survival Budget The cost of the essentials needed to live and work in the modern economy, by household type and location
Family of Four		
Monthly Total	$2,208	$6,829
Annual Total	$26,500	$81,948
Percent Change, 2019–2021	3%	8%
Single Adult		
Monthly Total	$1,073	$2,890
Annual Total	$12,880	$34,680
Percent Change, 2019–2021	3%	8%

Note: Percent change is pre-tax.

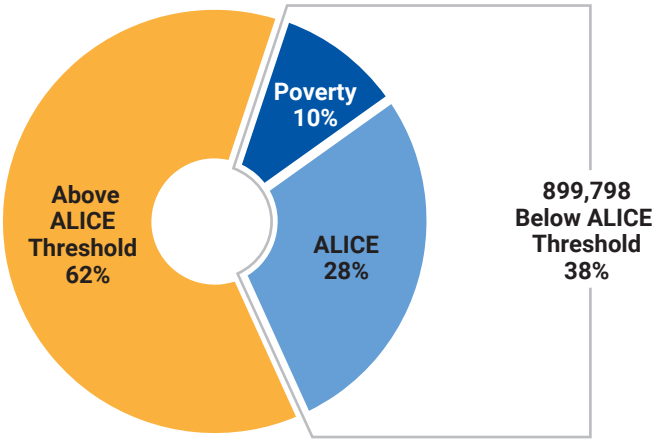
Sources: ALICE Household Survival Budget, 2021; Assistant Secretary for Planning and Evaluation (ASPE), HHS poverty guidelines for 2021, U.S. Department of Health and Human Services

	ALICE Household Survival Budget	Average Monthly Costs, Maryland, 2021	
	Description, Update, and Sources	One Adult	Family of Four
Housing	**Rent:** Fair Market Rent (40th percentile) for an efficiency, one-bedroom, or two-bedroom apartment (based on family size), adjusted in metro areas using the American Community Survey (ACS) — minus utilities **Utilities:** As captured by the Community Expenditure Survey (CEX) **Update:** Costs of rent and utilities are now shown separately. ***Sources:*** *ACS metro housing costs and U.S. Department of Housing and Urban Development (rent); CEX (utilities)*	$928 rent + $154 utilities	$1,159 rent + $292 utilities
Child Care	Cost for registered Family Child Care Homes for infants (0–2 years), preschool-age (3–4), and school-age children (5–12) ***Source:*** *Maryland Family Network, 2021*	$ -	$1,538
Food	USDA Thrifty Food Plan by age with county variation from Feeding America **Update:** A change in legislation requires the USDA Thrifty Food Plans to reflect the cost for resource-constrained households to purchase a healthy, practical diet, starting in 2021, increasing costs from prior years. ***Sources:*** *Feeding America; U.S. Department of Agriculture (USDA)*	$457	$1,247
Transportation	Operating costs for a car (average daily miles by age, cost per mile, license, fees, and insurance), or public transportation where viable **Update:** The decline in public transportation use during the pandemic reduced the average expenditure, yet the cost for workers who had to use it to commute remained the same. To reflect this, the budget uses 2019 average CEX spending. ***Sources:*** *AAA, Federal Highway Administration, The Zebra (car); CEX (public transportation)*	$336	$787
Health Care	Health insurance premiums based on employer-sponsored plans plus out-of-pocket costs for households with $40,000–$69,000 annual income by age, weighted with the poor-health multiplier. For the senior budget, cost of Medicare Part A and B, out-of-pocket costs, plus average out-of-pocket spending for the top five chronic diseases as reported by CMS. ***Sources:*** *Centers for Medicare and Medicaid Services (CMS); CEX (health); Medical Expenditure Panel Survey (MEPS)*	$221	$853
Technology	Smartphone plan with 10GB of data for each adult in a household **Update:** Costs were upgraded from a 5GB to a 10GB monthly data plan to reflect the increased need for internet access. ***Source:*** *Consumer Reports*	$75	$110
Miscellaneous	Cost overruns estimated at 10% of the budget, excluding taxes, to cover one-time unanticipated costs within the other categories	$217	$599
Taxes	Federal, state, and local taxes owed on the amount of income to cover the Survival Budget, as well as tax credits, including the Child Tax Credit (CTC) and the Child and Dependent Care Tax Credit (CDCTC) **Update:** Due to the significant effect of the expanded tax credits in 2021, total taxes before credits and the credits are both listed. ***Sources:*** *Internal Revenue Service; Tax Foundation*	$502	$1,503 Tax before CTC and CDCTC -$1,259 CTC and CDCTC
	Monthly Total	**$2,890**	**$6,829**

To see the Household Survival Budget for other household compositions at the state and county levels, go to UnitedForALICE.org/Household-Budgets/Maryland.

ALICE IN MARYLAND: EXECUTIVE SUMMARY

The number of households in financial hardship in Maryland continues to be undercounted in official measures. According to the FPL, 10% of households in Maryland (245,077) were in poverty in 2021. Yet United For ALICE data shows that another 28% (654,721 households) — nearly three times as many — were **ALICE** (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed). ALICE households earn above the FPL, but not enough to afford the basics in the communities where they live.



The reality is that of the 2.3 million households in Maryland, 899,798 — 38% — had income below the ALICE Threshold of Financial Survival in 2021. These included both households in poverty and ALICE households.

The crux of the problem is a mismatch between earnings and the cost of basics. For example, 48% of cashiers (one of the most common occupations in Maryland) were below the ALICE Threshold in 2021. These workers earned a median hourly wage of $13.46 — not even enough to cover the **ALICE Household Survival Budget** for one worker employed full time ($17.34 per hour), much less for a family with children, even with two adults working (combined wage of $40.97 per hour). From 2019 to 2021 the cost of basics increased in all counties in Maryland and remained well above the FPL. For a family of four in 2021, the FPL was $26,500 while the ALICE Household Survival Budget was $81,948. Between 2019 and 2021, the average annual costs (excluding taxes) increased 8% for a single adult, 7% for a single senior, and 8% for a family of four.

ALICE Household Survival Budget, Maryland Average, 2021

	Single Adult	Single Senior	2 Adults, 1 Infant, 1 Preschooler
Monthly Costs			
Housing – Rent	$928	$928	$1,159
Housing – Utilities	$154	$154	$292
Child Care	-	-	$1,538
Food	$457	$422	$1,247
Transportation	$336	$293	$787
Health Care	$221	$559	$853
Technology	$75	$75	$110
Miscellaneous	$217	$243	$599
Tax Before Credits	$502	$580	$1,503
Monthly Total	$2,890	$3,254	$8,088
ANNUAL TOTAL Before Credits	$34,680	$39,048	$97,056
Tax Credits (CTC and CDCTC)		-	($15,108)
ANNUAL TOTAL with Credits	**$34,680**	**$39,048**	**$81,948**
Full-Time Hourly Wage	***$17.34***	***$19.52***	***$40.97***

Note: CTC = Child Tax Credit, CDCTC = Child and Dependent Care Tax Credit. Percent change is pre-tax. Full-time hourly wage represents the wage needed at 40 hours per week to support the annual total, with credits. For the family of four, this represents the combined wage needed for two workers. Many households incur higher costs, especially for housing, as units may not be available at Fair Market Rent. To view ALICE Household Survival Budgets for all counties and for any household composition, visit UnitedForALICE.org/Household-Budgets/Maryland

Sources: AAA, 2021; Agency for Healthcare Research and Quality, 2021; American Community Survey, 2021; Bureau of Labor Statistics, 2021—Consumer Expenditure Surveys; Bureau of Labor Statistics, 2021—Occupational Employment Statistics; Centers for Medicare & Medicaid Services, 2021—Medicare - Chronic Conditions; Centers for Medicare & Medicaid Services, 2021—Medicare Current Beneficiary Survey; Centers for Medicare & Medicaid Services, 2021; Federal Highway Administration, 2017; Feeding America, 2022; Fowler, 2021; Internal Revenue Service, 2021; Internal Revenue Service—FICA, 2021; Maryland Family Network, 2021; Medicare.gov; Scarboro, 2021; Tax Foundation, 2021; The Zebra, 2022; U.S. Department of Agriculture, 2021—Official USDA Food Plans; U.S. Department of Housing and Urban Development, 2021—Fair Market Rents; Walczak, 2021.

This Report details the impact of competing economic forces and public policy interventions during the pandemic on ALICE households in Maryland as of 2021. It also presents research showing that the impact of the pandemic on financial security continued beyond 2021.

Key findings include:

- **Financial hardship over time:** ALICE households are especially vulnerable to national economic disruptions. The number of households below the ALICE Threshold in Maryland increased dramatically through the Great Recession (2007–2010) and continued to increase through 2018. By 2019, that number had just started to fall — and then the pandemic hit. From 2019 to 2021, the total number of households increased by 6% and the number of households below the ALICE Threshold increased by 8%.

- **Demographics:** There are households below the ALICE Threshold across all demographic groups. However, disparities exist in the rates of financial hardship due to persistent racism, ageism, gender discrimination, and geographic barriers that limit many families' access to resources and opportunities for financial stability. For example, by race/ethnicity, 49% of Black and 44% of Hispanic households were below the ALICE Threshold in Maryland in 2021, compared to 32% of White households. By age of householder, the youngest (under age 25) and oldest (age 65+) households faced the highest rates of hardship. And by household composition, single-parent families with children were more likely to be below the Threshold than married-parent households or single/cohabiting households without children.

- **Work and wages:** Of the 20 most common occupations in Maryland in 2021, 55% paid less than $20 per hour. Almost all of these saw an increase in the median wage; for example, the median wage for a retail salesperson increased by 17% to $13.88 per hour in 2021 statewide. However, given that wages had stagnated for a decade, many top jobs still had a substantial percentage of workers who lived below the ALICE Threshold in 2021.

- **Pandemic assistance:** Public assistance programs were temporarily expanded in 2021, but not enough to bring most households below the ALICE Threshold to financial stability. In Maryland, a family of four with two parents working full time in two of the most common occupations (retail salesperson and cashier) could not afford the Household Survival Budget in 2021, even with the expanded Child Tax Credit, the Child and Dependent Care Tax Credit, and the Economic Impact Payments.

- **Savings and assets:** While emergency savings rates were increasing on average in Maryland, rates differed by income. According to SHED, only 32% of households below the ALICE Threshold had emergency savings or rainy day funds in October 2019 compared to 66% of households above the Threshold. By November 2021, the rate for households below the Threshold had increased to 53%, and the rate for households above the Threshold had increased to 76%. Similarly, only 55% of households below the Threshold had retirement savings in 2021, compared to 71% of those above.

- **Beyond 2021:** With pandemic assistance waning while significant challenges remain, there are warning signs that the economic situation for households below the ALICE Threshold has worsened since 2021, with sustained high levels of food insufficiency, continued difficulty paying bills including rent, heightened risk of eviction, lack of savings and increased medical debt, and feelings of anxiety and depression.

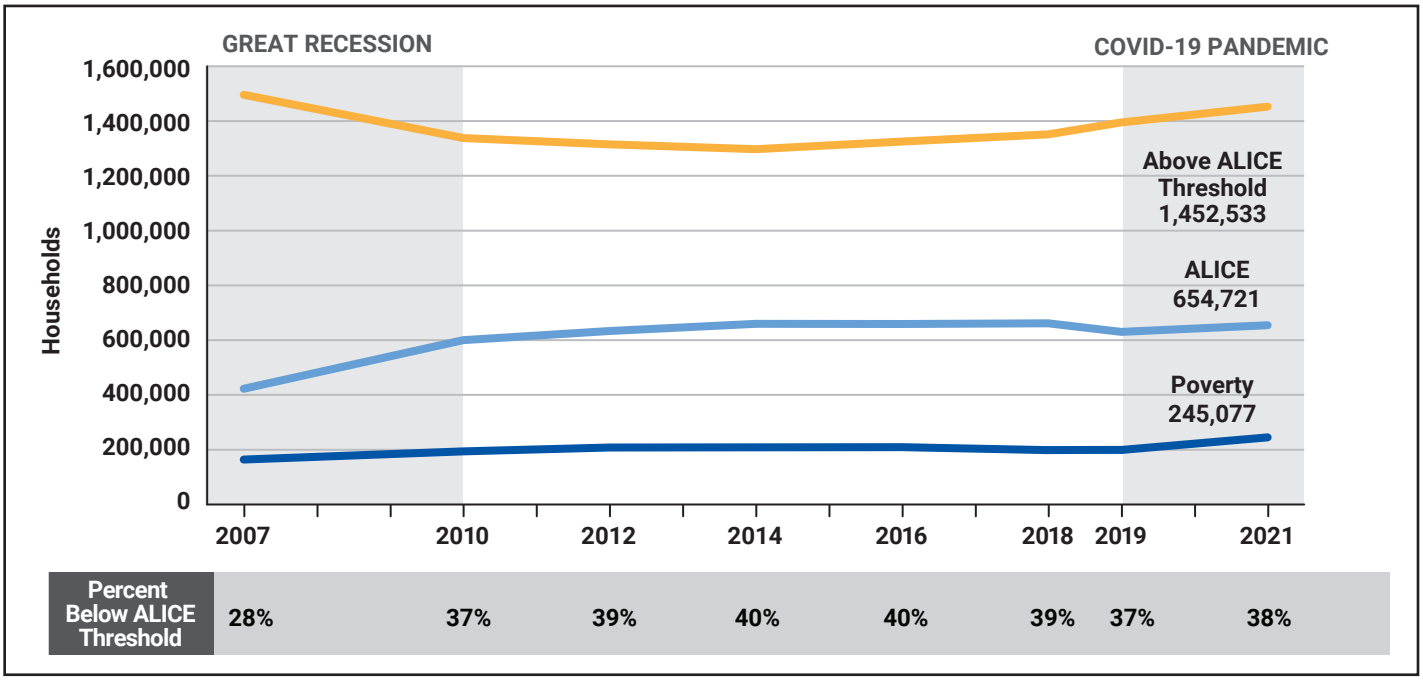
THE COMPETING FORCES OF THE COVID ECONOMY

Competing forces have made it difficult to predict the net impact of the pandemic on financial stability. When the pandemic hit, businesses, child care providers, schools, and community services were closed, some permanently. The loss of jobs and wages was not experienced equally; those who could work remotely fared better than those who were required to be on-site. Initially, costs for many basics declined, but disruptions to the supply chain and higher wages to retain workers then pushed prices up — by 7.5% annually across the U.S. in 2021, compared to less than 3% annually in the prior 10 years — straining ALICE households even more.

Yet other forces provided economic benefits for many households. In 2021, average weekly wages across all industries were up 4.1% in Maryland from 2020, and up 5.6% nationally (the second-fastest national increase in the past two decades). Additionally, from 2019 to 2021, average wages and salaries increased 24% in the Washington-Baltimore-Arlington metropolitan area, one of the highest rates among U.S. metro areas. Emergency pandemic measures and economic policies also provided critical support for ALICE families, including housing assistance, expanded unemployment insurance, stimulus checks, enhanced tax credits, and a nationwide eviction moratorium. Those measures made a difference: government policies and assistance helped to mitigate, but not prevent, the economic impact of the pandemic.

Rates of financial hardship in Maryland have shifted over time (Figure 2). During the last major economic disruption — the Great Recession — the percentage of Maryland households below the ALICE Threshold increased from 28% in 2007 to 37% in 2010. During the pandemic, by comparison, the increase in the percentage of households below the Threshold was more muted, rising from 37% in 2019 to 38% in 2021. This increase was notable because it followed the largest decrease in the number of households below the Threshold in the last decade, from 39% in 2018 to 37% in 2019. From 2019 to 2021, the total number of households in Maryland increased by 6% (from 2,224,367 to 2,352,331) and the number of households below the ALICE Threshold increased by 8% (from 829,475 to 899,798).

Figure 2. Households by Income, Maryland, 2007–2021



Sources: ALICE Threshold, 2007–2021; U.S. Census Bureau, American Community Survey, 2007–2021

THE IMPACT OF THE COVID ECONOMY ON... ALICE DEMOGRAPHICS AND EQUITY

While the overall number of Maryland households that were struggling financially increased from 2019 to 2021, the impact of competing forces played out differently across demographic groups (Figure 3). In many cases, the pandemic exposed and exacerbated disparities and vulnerabilities that have long existed in our society, with substantial differences in rates of hardship by race/ethnicity, age, and household composition.

In Maryland in 2021, Black households, young households, and single-parent households had the highest rates below the ALICE Threshold. White households, working-age households, and married-parent households had the lowest rates below the Threshold.

Rates of financial hardship differed significantly between groups, a result of multiple factors including persistent racism, ageism, gender discrimination, and geographic barriers that limit many families' access to resources and opportunities for financial stability:

- In 2021, the largest number of households below the ALICE Threshold in Maryland were White (397,871), making up 32% of White households. And while the number of struggling households was lower for other groups, the percentage of those households was higher (except for Asian households). Forty-four percent (74,403) of Hispanic households, 47% (2,768) of American Indian/Alaska Native, and 49% (336,928) of Black households were below the Threshold.

- By age of householder, the youngest and the oldest households had the highest rates of hardship, with 73% of households headed by someone under age 25 and 47% of senior households (age 65+) living below the ALICE Threshold in Maryland. By comparison, 37% of households headed by people age 25–44 and 31% of households headed by those age 45–64 were below the Threshold.

- By household composition, single parents were most likely to be below the ALICE Threshold, with 57% of single-male-headed households and 70% of single-female-headed households struggling to make ends meet. Rates of financial hardship were much lower for married-parent households (16%) and single/cohabiting households without children (37%).

Figure 3 paints a clear picture of the rates of hardship for different demographic groups compared to the Maryland average. For all households in the state, 10% were in poverty and 28% were ALICE in 2021.

Figure 3. Household Financial Status and Key Demographics, Maryland, 2021

	Total	Below ALICE Threshold	Poverty / ALICE / Above ALICE Theshold
ALL HOUSEHOLDS	**2,352,331**	**899,798**	10% / 28% / 62%
AGE			
Under 25 Years	64,278	46,676	29% / 43% / 27%
25 to 44 Years	757,334	276,894	11% / 26% / 63%
45 to 64 Years	921,894	288,793	9% / 23% / 69%
Seniors (65+)	608,825	287,435	11% / 36% / 53%
RACE/ETHNICITY			
American Indian/ Alaska Native	5,853	2,768	13% / 34% / 53%
Asian	132,027	42,769	6% / 26% / 68%
Black	694,611	336,928	12% / 37% / 51%
Hispanic	169,336	74,403	6% / 38% / 56%
Native Hawaiian/ Pacific Islander	994	410	3% / 39% / 59%
Two or More Races	98,166	35,879	7% / 30% / 63%
White	1,245,882	397,871	6% / 26% / 68%
HOUSEHOLD TYPE			
Married With Children	436,250	71,409	5% / 12% / 84%
Single-Female-Headed With Children	154,514	108,034	31% / 39% / 30%
Single-Male-Headed With Children	49,034	27,974	21% / 37% / 43%
Single or Cohabiting, Under 65, no Children	1,103,708	404,946	9% / 28% / 63%
URBAN/RURAL			
Rural	72,630	28,314	10% / 29% / 61%
Urban	2,279,701	871,484	10% / 28% / 62%

Note: The groups shown in this figure overlap across categories. 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 American Indian/Alaska Native, Asian, Black, Native 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. Counties are defined as rural or urban based on the USDA's designation of metropolitan or non-metropolitan at the census tract level. Counties with 50% or more of the population in metropolitan tracts are designated as urban; those with 50% or more of the population in non-metropolitan tracts are designated as rural.

Sources: ALICE Threshold, 2019 and 2021; American Community Survey, 2019 and 2021

Changes in Population and Financial Hardship (2019–2021)

In the decade preceding the pandemic, population growth in the U.S. had started to slow due to a decrease in the number of births and international migration, and an increase in deaths associated with the aging population. The pandemic exacerbated the national slowdown, and in 2021 population growth in the U.S. reached a historic low due to a sharp increase in COVID-related deaths, postponement of having children, and more restrictive policies on immigration.

The pandemic also affected domestic migration, which contributed to population shifts nationally and in Maryland. Between 2020 and 2021, the percentage of the population that moved from one residence to another within the U.S. dropped from 9.3% to 8.4%. People moved for a variety of reasons, which included relocating to places where the cost of living was lower (especially for housing and taxes), and/or to less densely populated locations.

In Maryland, the pandemic also impacted where people lived, who they lived with, and the demographics of households.

Location: From 2019 to 2021, Maryland's largest county, Montgomery, experienced a 5% increase in total households while households below the ALICE Threshold increased at a slightly lower rate (3%). But the two next largest counties experienced larger increases in both total households and those below the Threshold: The total number of households in Prince George's County increased by 9% and those below the Threshold rose by 12%; and in Baltimore County, total households increased by 6% and those below the Threshold by 23%. There was also movement in and out of counties from 2020 to 2021, with the largest decreases in the Baltimore and Surburban Washington regions of the state, but it is not yet clear if these were temporary shifts caused by the pandemic or longer-term changes. (See additional county-level data on the ALICE website and in the "County Comparison" section of this Report.)

Overall, the number of households in predominantly urban counties in Maryland increased by 6% from 2019 to 2021 while the number of households in predominantly rural counties (Dorchester, Garrett, Kent, Talbot, and Worcester counties as defined by the USDA) remained the same. The rate of financial hardship was similar between urban counties (38%) and rural counties (39%).

Age: Rates of financial hardship increased for households in all age groups. Continuing the trend of the last decade, the number of senior households overall increased by 5% from 2019 to 2021 in Maryland, and the rate of hardship for seniors remained at 47%. As more young adults started to live on their own again, the number of younger households increased by 23%; but the number below the Threshold increased even faster, so that by 2021, 73% of households headed by people under age 25 were below the Threshold. Working-age households — those headed by people age 25–44 and 45–64 — experienced increases in both overall numbers and numbers of households below the Threshold.

Household composition: While the number of families with children increased across the state, married-parent households experienced a slight decline in hardship, from 18% in 2019 to 16% in 2021. The rate of hardship was much higher for single-parent households: the percentage

URBAN AND RURAL CHANGE IN MARYLAND (2019–2021)

- <1% increase in total number of households in rural counties
- 6% increase in total number of households in urban counties

of families below the Threshold headed by a single male fell slightly, from 58% to 57%, and the share among families headed by a single female rose slightly, from 69% to 70%. Households without children headed by those in their prime working years (under 65) also experienced an increase in hardship, from 34% below the Threshold in 2019 to 37% in 2021.

Race/ethnicity: This Report is not able to accurately capture change over time by race/ethnicity in the total number or share of households below the ALICE Threshold. Starting in 2020, the U.S. Census Bureau changed how it asks about and codes data on race and Hispanic origin. These changes help the Census and ACS provide a more complete picture of the U.S. population, especially for people who self-identify as multiracial or multiethnic. But as a result, the Census urges caution when comparing race data between years before and after 2020. For example, in Maryland, the huge increase in the Census count of people of Two or More Races (also referred to now as Multiracial) — an increase of 109% from 2019 to 2021 — is a combination of actual growth in this population and improvements to Census questions and coding. (Note: The number of Multiracial households below the Threshold increased by 84%).

Immigration: The pandemic not only imposed new barriers to international migration but also had a significant impact on immigrant communities across the U.S. According to the Migration Policy Institute, as a result of immigration center processing delays and bans on international travel, the number of visas issued in the U.S. dropped by half between 2019 and 2020. In Maryland in 2021, 15% of the population were immigrants, the same as in 2019, with the largest number of immigrants originating from El Salvador, India, and China. The counties with the largest numbers of immigrants were the state's largest counties: Montgomery, Prince George's, and Baltimore.

ALICE DATA ONLINE

Visit UnitedForALICE.org/Maryland to see interactive maps and data on:

- Financial hardship over time at the state and county levels
- State and county ALICE demographics
- ALICE household budgets
- The labor landscape in Maryland

THE IMPACT OF THE COVID ECONOMY ON... WORK AND WAGES

Overall, in 2021, the labor market was rebounding from the record-breaking unemployment and drop in total employment that occurred at the start of the pandemic. The unemployment rate was 5.6% in Maryland in 2021, a stark contrast to unemployment at the height of the pandemic (9.5% in April 2020). In addition, average weekly wages across all industries in Maryland increased 4.1% from 2020 to 2021.This was driven by state-level minimum wage increases and increased demand for essential workers, as well as by "The Great Resignation" — while some workers left the labor force, over time many more changed jobs to find better pay as well as work-life balance.

It was also a unique year for low-wage jobs and workers. In 2021, low-wage workers across the country experienced faster wage growth than middle- and high-wage workers, although from a much lower starting point. Research from Opportunity Insights shows that the number of low-wage jobs fell in Maryland: In December 2021, there were 29% fewer jobs paying less than $29,000 per year than at the start of the pandemic — some became higher-paying jobs, others went away altogether.

State Unemployment Insurance (UI) helps individuals who lost jobs — before, during, and after the pandemic. In 2021, $577 million was paid to individuals under Maryland's regular unemployment insurance program, and an additional $973,000 was paid in Extended Unemployment Benefits, available during periods of specified high unemployment.

During the pandemic, these standard UI benefits were expanded by the Cares Act, the American Rescue Plan, and the Continued Assistance Act, which included four temporary programs. The most utilized was the Federal Pandemic Unemployment Compensation (FPUC) program, which provided a $300 weekly supplement to all UI benefits (down from the $600 weekly supplement included in the original 2020 authorization). Additional programs extended the weeks of eligibility for people who exhausted regular UI benefits, and expanded eligibility to people who were not otherwise eligible for UI benefits (including workers who were self-employed, independent contractors, or gig economy workers). Temporary UI measures enacted in response to the COVID-19 pandemic ended in Maryland and nationally in September 2021.

For low-wage workers, the increases in wages and UI benefits were important developments during the pandemic. But they are only part of the story; ALICE workers still faced significant challenges:

- Better pay and work opportunities were helpful, but not enough to recoup years of being squeezed by the increasing cost of basics, especially for those who struggled to secure full-time employment. As documented in the ALICE Essentials Index, the cost

THE ALICE ECONOMIC VIABILITY DASHBOARD – COMING FALL 2023

The Economic Viability Dashboard (EVD) will provide key data on the local economic conditions that matter most to ALICE households: Housing Affordability, Job Opportunities, and Community Resources. The EVD mapping, profile, and comparison features will help stakeholders identify the gaps that ALICE workers and families face in reaching financial stability. Then, the Action Toolkit puts that data to use by quantifying gaps and pairing them with promising solutions.

of essential goods had already been outpacing wages for more than a decade, stretching ALICE workers' household income even further.

- Many frontline and essential jobs became hazardous and difficult during the pandemic. In addition to increased exposure to COVID-19, many workers were required to work more days and hours, skip lunch and breaks, stand for hours, and work while sick. Others were gig workers, forced to work more hours to fill income gaps. Without protective gear, health insurance, or even sick days, there were increases in mortality compared with previous years, especially for food- and agriculture-sector workers.

- Underemployment became an increasing problem. Many workers were unable to work full time due to family responsibilities, being in school or training, illness, disability, or child care problems. Others were working part time because their hours had been reduced; still others were unable to find full-time jobs. In 2021 in Maryland the underemployment rate that captures these workers was 9.3%, higher than the traditional unemployment rate (5.6%), and higher than before the pandemic (6.5% in 2019).

- Many older workers were also forced to retire earlier than planned. Nationally, according to SHED in November 2021, 25% of adults who retired within the year prior to the survey, and 15% of those who reported that they retired one to two years earlier, said factors related to COVID-19 contributed to when they retired.

- Nationally, those most impacted by unemployment, job disruption, and hazardous and difficult working conditions were immigrants and workers who were American Indian/Alaska Native, Black, Hispanic, Native Hawaiian/Pacific Islander, or of Two or More Races.

Wages for the Most Common Occupations

In 2021, the impact of the pandemic on workers' wages and wage gains did not translate uniformly across all jobs and sectors in terms of the share of households that were still left below the ALICE Threshold. Of the 20 most common occupations in Maryland in 2021, 55% paid less than $20 per hour. Almost all of these saw an increase in the median wage; for example, the median wage for a retail salesperson increased by 17% to $13.88 per hour in 2021. But given that wages had stagnated for the previous decade, many top jobs still had a substantial percentage of workers who lived below the ALICE Threshold in 2021 (Figure 4). The wage to cover the ALICE Household Survival Budget for a single adult was $17.34 per hour working full-time, or for a family with two adults and two children, a combined wage of $40.97 per hour.

While there were ALICE workers in all sectors, of the most common occupations, those with the highest percentage of workers below the ALICE Threshold in Maryland in 2021 were cooks, nursing assistants, cashiers, waiters and waitresses, and stockers and order fillers.

CHILD CARE WORKERS

The pandemic brought to the forefront the crisis in child care availability and cost. For families with two children in care, child care is often the most expensive item in their budget, even more expensive than housing. Child care workers are the workforce behind the workforce, yet many struggle to make ends meet for their own families: With a median hourly wage of $13.82 in Maryland in 2021, 37% were below the ALICE Threshold. And with staffing and demand fluctuations, many child care providers went out of business during the pandemic. Lack of care remains an obstacle for working parents.

Figure 4. Top Occupations, Employment, Wages, and Percentage Below ALICE Threshold, Maryland, 2021

Occupation	Total Employment (BLS)	Median Hourly Wage (BLS)	Percent Median Wage Change From 2019 (BLS)	Percent Workers Below ALICE Threshold (ACS PUMS)
Retail Salespersons	67,970	$13.88	17%	42%
Cashiers	61,740	$13.46	18%	48%
Driver/Sales Workers and Truck Drivers	56,250	$21.07	8%	35%
General and Operations Managers	55,370	$47.90	-16%	7%
Registered Nurses	51,550	$37.67	2%	8%
Secretaries and Administrative Assistants	48,780	$20.92	5%	22%
Fast Food and Counter Workers	48,100	$13.45	18%	40%
Customer Service Representatives	45,860	$17.92	2%	37%
Stockers and Order Fillers	44,570	$14.57	17%	45%
Elementary and Middle School Teachers	40,820	$36.76	5%	15%
Laborers and Material Movers, Hand	32,610	$14.91	7%	43%
Administrative Support Supervisors	31,470	$29.42	2%	19%
Waiters and Waitresses	30,990	$12.02	15%	46%
Cooks	29,570	$14.64	9%	62%
Personal Care Aides	28,130	$14.08	9%	44%
Project Management Specialists	27,430	$45.22	N/A	8%
Business Operations Specialists	27,270	$43.32	N/A	13%
Nursing Assistants	27,180	$15.18	1%	56%
Office Clerks	26,740	$17.68	8%	27%
Software Developers	25,710	$61.39	N/A	3%

Sources: ALICE Threshold, 2021; Bureau of Labor Statistics—Occupational Employment Statistics, 2021; U.S. Census Bureau, American Community Survey, PUMS, 2019 and 2021

To see more data on jobs by hourly wages and full-time, part-time, and hourly work schedules, visit UnitedForALICE.org/Labor-Force/Maryland

THE IMPACT OF THE COVID ECONOMY ON... PANDEMIC ASSISTANCE

A prominent feature of the federal government's response to the COVID-19 pandemic was a range of direct assistance programs, including:

- Economic Impact Payments (stimulus payments)
- The expanded Child Tax Credit (CTC) and Child and Dependent Care Tax Credit (CDCTC)
- Pandemic-specific unemployment insurance
- Emergency rental assistance

While ALICE households generally earn too much to qualify for traditional forms of public assistance like the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), almost all ALICE households qualified for the Economic Impact Payments, and ALICE families with children were eligible for the expanded CTC and CDCTC.

Figure 5 shows an example of the impact of pandemic assistance on a household's ability to meet the cost of basics in 2021. The figure shows a family of four in Maryland with two parents working full time in two of the most common occupations, retail salesperson and cashier (median wages of $13.88 and $13.46 per hour, respectively). This family could not afford the Household Survival Budget in 2021, even with the temporarily increased credits and payments available to them: the CTC ($3,600 for each child under age 6), the CDCTC ($4,000 per child in child care), and the Economic Impact Payments ($2,800 for married couples plus $1,400 for each child). With both parents working full time, they were not eligible for Treasury Emergency Rental Assistance (ERA). This family's annual income fell short of the Household Survival Budget by $19,407, or 25%.

If both parents worked part time (20 hours per week), they could receive ERA to cover their rent, as well as SNAP and the Earned Income Tax Credit (EITC), but they would still fall short in meeting the Survival Budget by $20,280, or 26%.

Additional actions taken by the state of Maryland in response to the pandemic can be found in the National Conference of State Legislatures' State Action on Coronavirus Database.

Pandemic Timeline

2020 State Annual COVID-19 Deaths: 5,850

March 2020 — National Emergency Declared

Emergency Pandemic Unemployment Insurance (UI) benefits (including PUA, PEUC, FPUC, and MEUC)

States required to keep Medicaid beneficiaries enrolled

April 2020 — Economic Impact Payments of up to $1,200 per adult for eligible individuals and $500 per qualifying child

December 2020 — First COVID-19 vaccinations receive emergency use authorization from FDA

Economic Impact Payments of up to $600 per adult for eligible individuals and up to $600 per qualifying child

2021 State Annual COVID-19 Deaths: 5,853

January to November 2021 — Emergency rental assistance provided on average $4,345 to low-income households to pay rent or utility bills

March 2021 — Economic Impact Payments of up to $1,400 for eligible individuals

July to December 2021 — Child Tax Credit payments (up to $300 month per child); temporary expansion of CTC ended nationally in December

September 2021 — National end of all Emergency Pandemic UI benefits

October 2021 — End of CDC's eviction moratorium

CDC approves vaccinations for children age 5-11

2022 State Annual COVID-19 Deaths: 4,236

June 2022 – CDC approves vaccinations for children under 5 years old

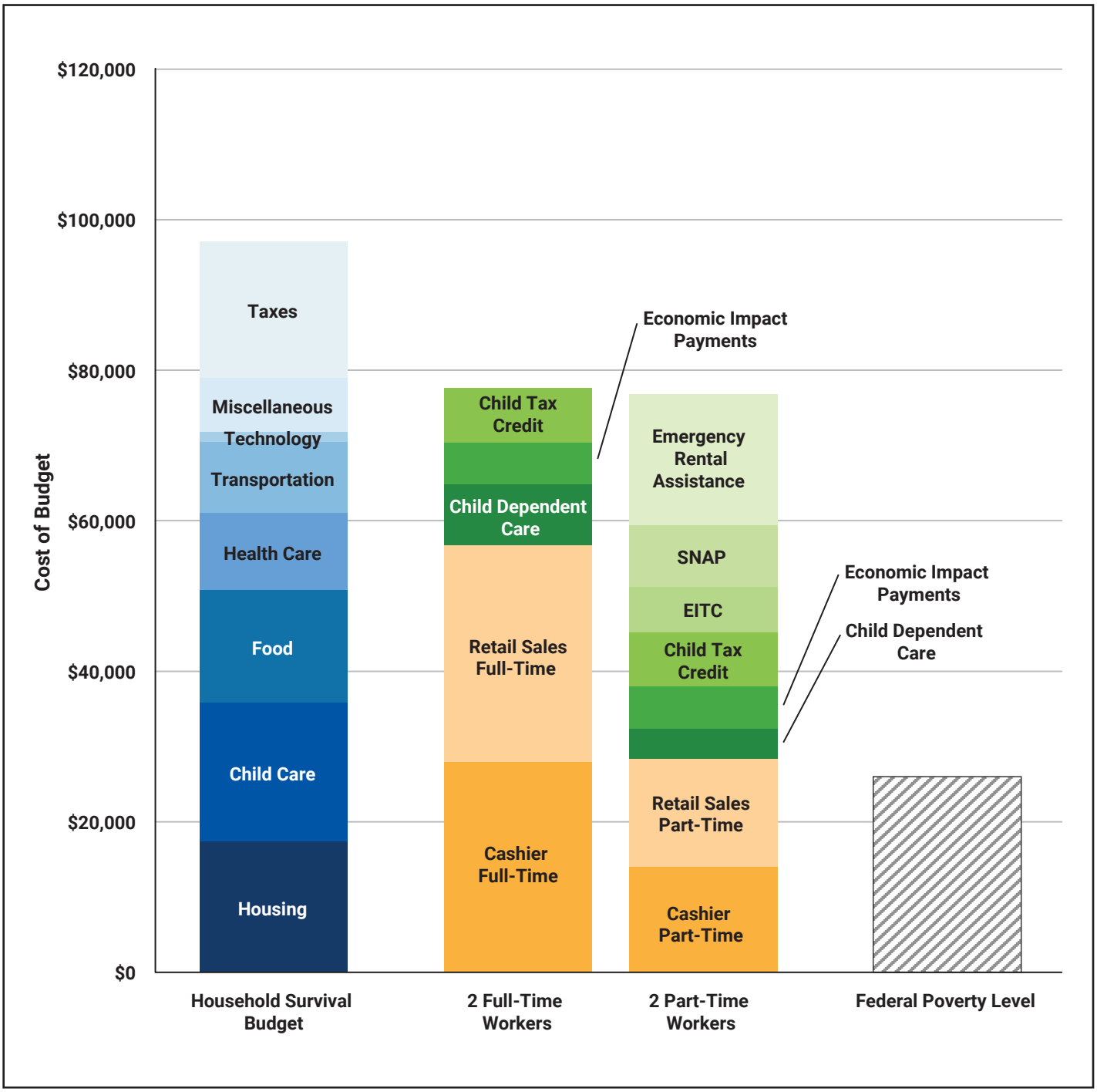
July 2022 — Federal rental assistance funds depleted in many states

December 2022 — Federal rental assistance funds depleted in most states

2023

May 11, 2023 — *Scheduled end of the national emergency and public health emergency*

Figure 5. Expenses and Income, Family of Four, Maryland, 2021



Note: Full-time income is calculated based on 40 hours per week; part-time income is based on 20 hours per week.

Sources: ALICE Threshold, 2021; Bureau of Labor Statistics—Occupational Employment Statistics, 2021; Internal Revenue Service, tax credits – CTC, CDCTC, EITC, 2021; USDA, SNAP, 2021; U.S. Treasury, 2022

Participation in Assistance Programs

Traditional public assistance does not reach all people in households that are struggling financially. Due to income and assets limits, most ALICE households are not able to participate in public assistance; and additional barriers, strict program requirements, and stigma prevent even households in poverty from participating. In addition, income and asset limits for public assistance can create "benefits cliffs" that limit economic mobility. In Maryland in 2021:

- With increased food insecurity during the pandemic, the federal SNAP provided an emergency allotments option starting in 2020, increasing the amount of SNAP by about $90 per month per household. Because the income eligibility threshold for SNAP was 200% of the FPL in Maryland, the reach of emergency and regular SNAP benefits was limited: 39% of households in poverty and 23% of ALICE households participated in 2021 based on ACS PUMS data. However, it is important to note that while not all financially insecure households are eligible for SNAP, the program reached 89% of eligible households in Maryland.

- The percentage of households below the ALICE Threshold receiving direct cash assistance from programs like TANF or General Assistance was even smaller (7% of households in poverty and 5% of ALICE households).

- Participation in SSI — an assistance program only available for people with disabilities and seniors with limited financial resources — was also minimal, with 8% of all households below the ALICE Threshold and 16% of households with a member with a disability below the Threshold participating.

- To address the increased demands for health care during the pandemic, the federal government provided additional funding to states for Medicare and prohibited states from adding eligibility restrictions or terminating Medicaid coverage during the public health emergency. In 2021, 47% of all households below the ALICE Threshold in Maryland participated in CHIP or Medicaid.

- Paying for housing expenses was the top concern of households below the ALICE Threshold, as reported in the 2021 ALICE Report, *The Pandemic Divide*. The federal Emergency Rental Assistance Program was critical in stabilizing millions of households by paying for rent, utilities, and home energy costs. Yet because of the strict requirements to qualify, many households struggling to afford rent were not eligible. Requirements included qualifying for unemployment benefits, experiencing a reduction in income, and one or more household members being at risk of homelessness. It is not surprising then that in the fall of 2022, 18% of adult renters in Maryland were not caught up on rent, according to the Household Pulse Survey.

In contrast, eligibility limits for the well-publicized stimulus payments (Economic Impact Payments, CTC, and CDCTC) were well above those for traditional public assistance programs, making them available to most poverty-level and ALICE households.

However, even qualified households experienced difficulties getting their payments, especially those who were filing taxes for the first time, those without bank accounts or internet access, and families with mixed immigrant status or who were experiencing homelessness.

THE IMPACT OF THE COVID ECONOMY ON… SAVINGS AND ASSETS

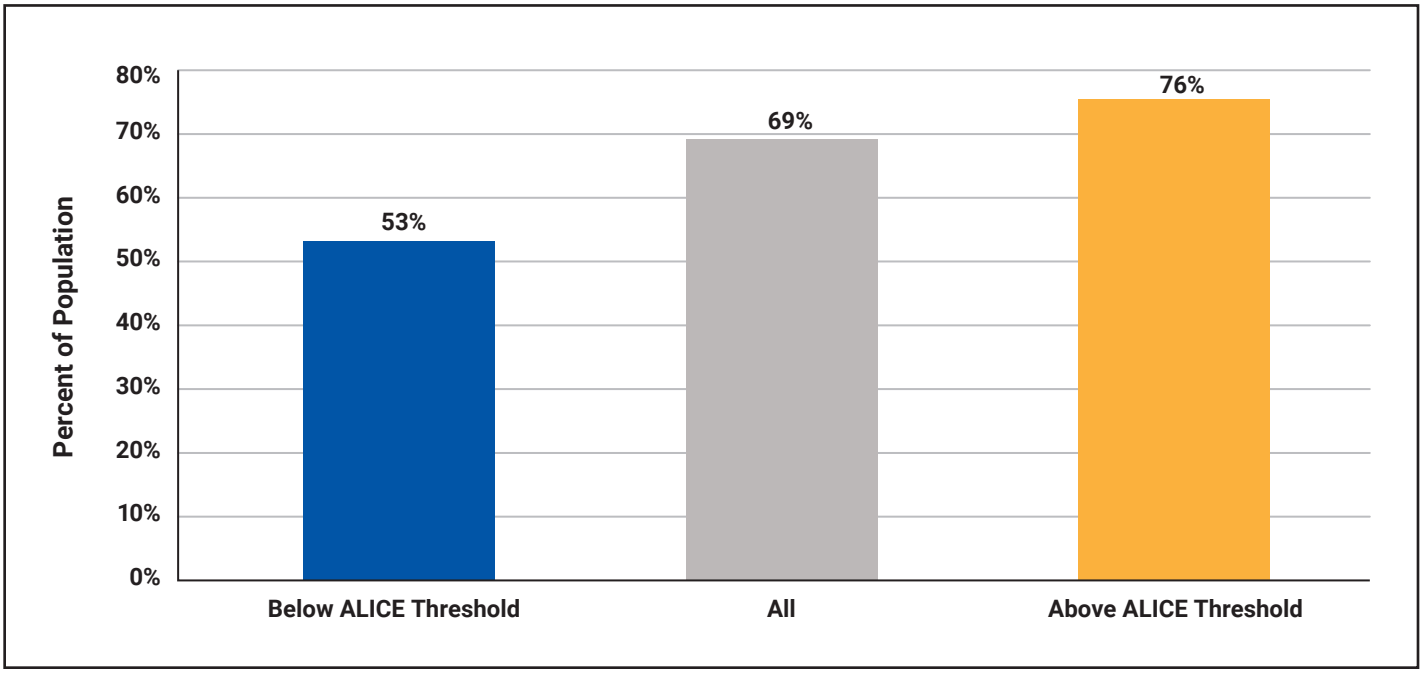
It has been widely reported that U.S. household savings increased during the pandemic. Yet analysis of the data from the Federal Reserve SHED reveals that the national average conceals different experiences by state and even more so by income level in terms of rainy day funds and retirement assets.

Rainy Day Funds

One of the best-known questions in the SHED survey asks whether respondents had set aside emergency savings or "rainy day funds" that would cover their expenses for three months in case of sickness, job loss, economic downturn, or other emergencies. In October 2019, 56% of Maryland respondents reported having these funds; by November 2020, that share had increased to 63%, and by November 2021 it was 69% (Figure 6).

Yet only 32% of respondents below the Threshold in Maryland reported having rainy day funds in October 2019, although the percentage increased to 42% by November 2020, and to 53% by November 2021 (one of the highest rates in the country). The rates were even higher for those above the Threshold: 66% had rainy day funds in October 2019, and that share increased to 75% in November 2020 and 76% in November 2021.

Figure 6. Funds to Cover Three Months' Expenses by the ALICE Threshold, Maryland, 2021



Question: Have you set aside emergency or rainy day funds that would cover your expenses for three months in the case of sickness, job loss, economic downturn, or other emergencies?

Sources: ALICE Threshold, 2021; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2021

Nationally, there were also substantial gaps by income and race/ethnicity in rainy day funds (this data is not available at the state level, but it is likely these disparities were mirrored in Maryland). In 2021, White and Hispanic respondents below the ALICE Threshold had higher rates of emergency savings (42% and 41%, respectively) than Black respondents below the Threshold (32%). Rates were higher overall for respondents above the Threshold, yet gaps remained (77% for White, 71% for Hispanic, and 64% for Black respondents). Each of these racial/ethnic groups made gains during the pandemic, with Hispanic respondents both above and below the Threshold showing the largest increase in emergency savings. From October 2019 to November 2021, the percentage of Hispanic respondents below the Threshold with rainy day funds increased from 28% to 41%, and the percentage of Hispanic respondents above the Threshold with these funds increased from 57% to 71%.

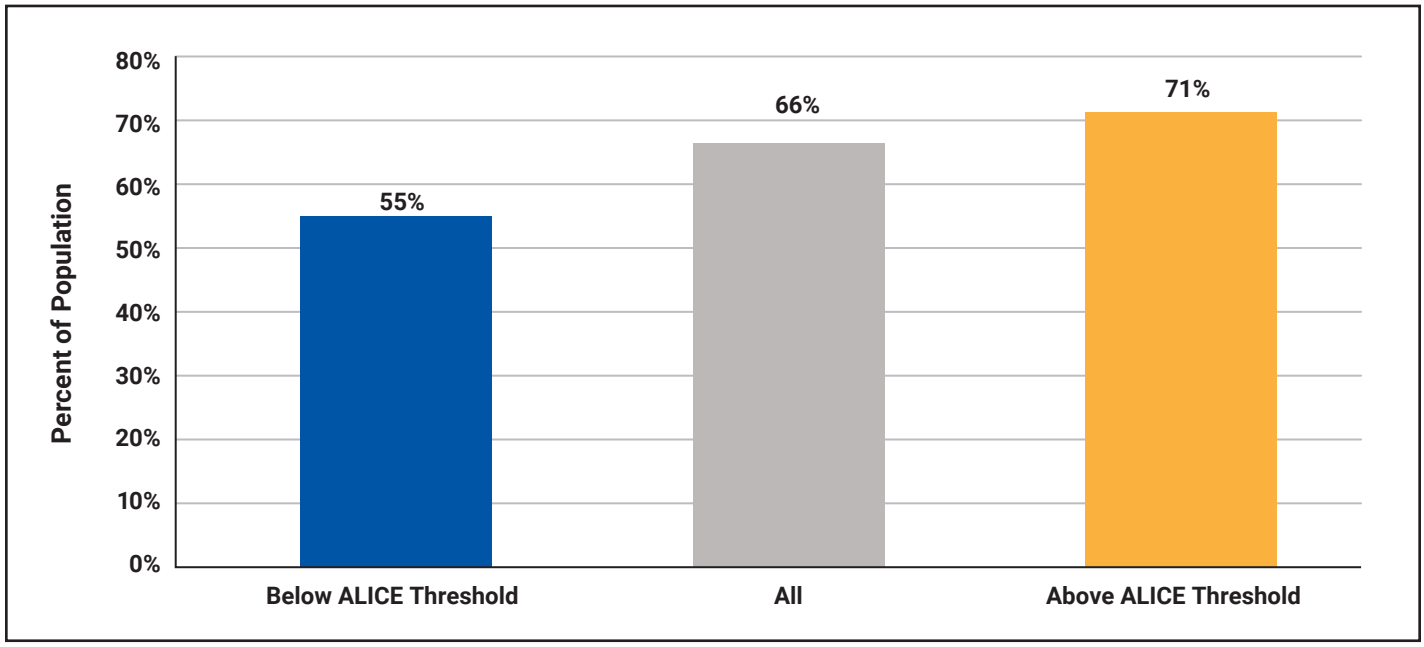
Retirement Assets

Having retirement assets was less common than having emergency savings in Maryland. Retirement assets include 401(k)s, IRAs, pensions, or business or real estate holdings that provide income in retirement. Overall, 64% of Maryland respondents reported having these funds in October 2019, and that rate increased to 66% by November 2021. Yet these averages conceal the wide disparity in retirement assets between households above and below the ALICE Threshold in the state (Figure 7).

Prior to the pandemic, in October 2019, 50% of respondents below the Threshold in Maryland had retirement assets, according to SHED. That rate increased to 55% by November 2021. In October 2019, 70% of respondents above the Threshold in Maryland had retirement assets; the rate increased to 71% by November 2021.

The CARES Act reduced penalties for early withdrawals from retirement accounts, thus making it easier for households to access retirement funds. Overall, 8% of non-retired adults tapped into their retirement savings in 2021, according to SHED. And according to a national retirement survey, the majority of loans or hardship withdrawals in 2022 were taken by low-income households.

Figure 7. Retirement Assets by the ALICE Threshold, Maryland, 2021



Question: Do you currently have each of the following types of retirement savings? Selected at least one: 401(k); IRA; pension; savings outside a retirement account, business, or real estate holding that will provide income in retirement; other retirement savings

Sources: ALICE Threshold, 2021; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2021

BEYOND 2021: ECONOMIC CHALLENGES AHEAD FOR ALICE

The pandemic timeline shows a contracting economy in 2020 followed by a strong policy response in 2021. The government's broad pandemic response was effective in preventing the kind of surge in financial hardship that was experienced during the Great Recession.

But 38% of households were still living below the ALICE Threshold in Maryland in 2021. With COVID-19 continuing but pandemic relief benefits expiring, initial data from 2022 suggests that the economic situation has in fact gotten worse for ALICE, which in turn puts the wider economy at risk.

An analysis of recent surveys reveals that households below the ALICE Threshold are still facing food insufficiency, difficulty paying bills, reduced savings, and feelings of anxiety and depression. These challenges were first reported in *The Pandemic Divide*, and they are updated here with the most recent data from SHED (through November 2021) and the Household Pulse Survey (through December 2022).

These surveys also provide an alarming look at the breakdown of pandemic experiences by race/ethnicity, sex, sexual orientation and gender identity, and disability status. The differences here are even starker than when looking at income alone, giving credence to concerns that the pandemic is exacerbating racial and other inequities across all facets of life. The analysis reveals that, in particular, Black and Hispanic respondents, lesbian, gay, bisexual, and transgender (LGBT) respondents, and people with disabilities have been disproportionately impacted by the pandemic.

Warning signs:

Food insufficiency: ALICE families experiencing food insufficiency are a canary in the coal mine, indicating larger problems beyond food. Shockingly, the rates of food insufficiency have remained elevated since the beginning of the pandemic. In the August 2020 Household Pulse Survey, respondents below the ALICE Threshold in Maryland were far more likely to report that their household sometimes or often did not have enough food in the prior seven days than respondents above the Threshold (17% vs. 2%); by November 2022, the rates were slightly higher (20% vs. 3%).

Figure 8. Food Insufficiency, Above and Below the ALICE Threshold, Maryland, 2022

Food Insufficiency			
	Below ALICE Threshold	Above ALICE Threshold	State Average
Black	24%	5%	10%
Hispanic	19%	0%	
Female	24%	2%	
With a Disability	31%	9%	
LGBT	32%	1%	

Question: In the last seven days, which of these statements best describes the food eaten in your household? Selected: Sometimes or often not enough

Note: Black respondents are non-Hispanic; the "With a Disability" group includes respondents who have one or more vision, hearing, cognitive, mobility, or self-care difficulties; the "LGBT" group includes respondents who identify as gay or lesbian, bisexual, and/or transgender; the Hispanic group was too small to include in this analysis.

Sources: ALICE Threshold, 2021; U.S. Census Bureau, Household Pulse Survey, September 14, 2022–November 14, 2022, Phase 3.6

Some demographic groups experienced higher than average food insufficiency (Figure 8). For example, 32% of LGBT respondents (those who identify as gay or lesbian, bisexual, and/or transgender) below the Threshold and 31% of respondents with disabilities below the Threshold reported not having enough food, compared to 10% of all Maryland households.

For households with children in Maryland, rates were higher at the beginning of the pandemic but improved slightly: In August 2020, respondents below the ALICE Threshold were more likely than respondents above the Threshold to report that often or sometimes their children were not eating enough because they couldn't afford enough food (22% vs. 2%); in November 2022, those rates were slightly lower for respondents below the Threshold but still showed a stark difference (19% vs. 2%).

With changes to the emergency pandemic food measures, including the ending of SNAP emergency allotments, many families will need to rely on the charitable food system that was designed for emergencies, but is increasingly an ongoing necessity.

Learning loss: Following a year of widespread school closings and disrupted education, most students returned to in-person learning in the fall of 2021. The learning loss that accompanied remote learning has been widely reported. Not surprisingly, students in lower-income districts with fewer resources were hardest hit. Nationally, in 2021, 71% of parents below the Threshold said that their child was prepared for the academic year ahead, compared to 81% of parents above the Threshold. The National Center for Education Statistics (NCES) reported that nationally in 2022, scores for 9-year-old students declined five points in reading and seven points in mathematics compared to 2020 — the largest average score decline in reading since 1990, and the first-ever score decline in mathematics. Drops were even larger for low-income students as well as for Black and Hispanic students.

Behind on rent payments: According to the Household Pulse Survey, renter households below the ALICE Threshold in Maryland were more likely than those above the Threshold to report that they were not caught up on rent payments. In August 2020, 26% of renters below the Threshold and 4% of renters above the Threshold were not caught up; by November 2022, those rates remained the same for renters below the Threshold and increased slightly to 6% for renters above the Threshold. Renters who fall behind on rent are at greater risk for eviction, especially since the federal moratorium on evictions and foreclosures and state-level bans have now expired, and funding for rental assistance is running out. As a result, eviction filings are on the rise and are likely to increase in the near term.

Struggling to pay bills: During the height of the pandemic, in August 2020, 52% of households below the ALICE Threshold in Maryland said it was somewhat or very difficult to pay for usual items such as food, rent or mortgage, car payments, and medical expenses, according to the Household Pulse Survey. The rate increased to 56% by November 2022. These rates are two to three times higher than for respondents above the Threshold (15% in August 2020 and 20% in November 2022).

Facing lack of savings and medical debt: By the end of 2021, many ALICE families were struggling to save and were facing medical debt, making them more vulnerable to an emergency in the future. Only slightly more than half (53%) of respondents to the SHED survey below the ALICE Threshold in Maryland had set aside emergency savings or rainy day funds that would cover their expenses for three months in the event of sickness, job loss, economic downturn, or another emergency. In addition, 15% of respondents below the Threshold had incurred an unexpected major medical expense that they had to pay for out of pocket because it was not completely paid for by insurance.

Physical health: A September 2020 national survey found that 36% of adults (age 18 to 64) delayed or missed health care services, including dental care, primary care, or specialist visits; preventive health screenings; and medical tests. For those with one or more chronic conditions, a mental health condition, or a lower income, the likelihood of postponing or forgoing care was even higher. Parents also postponed care for their children: In the fall of 2021, Maryland households below the ALICE Threshold were more likely to report that they missed, delayed, or skipped their child's preventive check-up in the last 12 months than households above the Threshold (32% vs. 20%). These delays, especially when coupled with preexisting conditions, can contribute to more serious conditions in the future.

According to the November 2022 Household Pulse Survey, Maryland respondents below the ALICE Threshold were also more likely to report having symptoms of long COVID (such as fatigue, "brain fog," difficulty breathing, heart palpitations, dizziness, or changes to taste/smell) lasting three months or longer that they did not have prior to having COVID-19 than respondents above the Threshold (32% vs. 21%).

Mental health: With these sustained challenges, it's not surprising that people below the ALICE Threshold in Maryland were more likely to report feeling depressed or anxious than those above the Threshold. According to the Household Pulse Survey, in August 2020, 22% of respondents below the Threshold and 14% above the Threshold reported feeling nervous, anxious, or on edge nearly every day over the last two weeks. These rates improved slightly as of November 2022, but were still high (19% and 12%, respectively).

Respondents below the Threshold were also more likely to report feeling down, depressed, or hopeless at both timepoints (11% in 2020 and 12% in 2022) than respondents above the Threshold (8% in 2020 and 5% in 2022). Some demographic groups experienced substantially higher rates of feeling anxious than the state average (Figure 9).

The lack of mental health resources during the pandemic has been widely recognized, and awareness is increasing, especially with the launch of the Nationwide Suicide and Crisis Lifeline (988). But there remains a severe shortage of mental health resources, especially for low-income families, and mental health providers struggle to meet increased demand.

Figure 9. Feeling Anxious, Above and Below the ALICE Threshold, Maryland, 2022

Feeling Nervous, Anxious, or on Edge			
	Below ALICE Threshold	Above ALICE Threshold	State Average
Black	16%	8%	14%
Hispanic	20%	7%	
Female	17%	11%	
With a Disability	39%	21%	
LGBT	28%	18%	

Question: Over the last two weeks, how often have you been bothered by feeling nervous, anxious, or on edge? Selected: Nearly every day

Note: Black respondents are non-Hispanic; the Hispanic group includes respondents of Hispanic, Latino, or Spanish origin of any race; the "With a Disability" group includes respondents who have one or more vision, hearing, cognitive, mobility, or self-care difficulties; the "LGBT" group includes respondents who identify as gay or lesbian, bisexual, and/or transgender.

Sources: ALICE Threshold, 2021; U.S. Census Bureau, Household Pulse Survey, September 14, 2022–November 14, 2022, Phase 3.6

From Warnings to Reality: ALICE Today

The strength of the Maryland economy is inextricably tied to the financial stability of all residents. As the pandemic has shown, ALICE workers are critical to the smooth running of the economy, during times of crisis and beyond. And, in turn, the stability of ALICE families depends on their being able to fully participate in that economy. Leaving ALICE behind in the recovery sets households and the larger economy up for greater vulnerability to the next economic disruption.

This is already happening, at the same time that the frequency and severity of natural disasters continue to increase. In places that experienced natural disasters in 2021 and 2022 — such as Hurricane Ian in Florida; wildfires in Idaho, Utah, and California; flooding in Kentucky and Missouri; and tornadoes in the southern U.S. — ALICE families faced higher risks. The impact of natural disasters is not equal across all communities; lower income communities experience disproportionate vulnerability to and consequences of disasters, as well as less access to response and recovery resources. For example according to the Household Pulse Survey (December 2022), in the aftermath of Hurricane Ian in September 2022, respondents below the ALICE Threshold in Florida were more likely than households above the Threshold to be displaced from their home (9% vs. 6%). One month after the storm, respondents below the Threshold were at least three times more likely to be experiencing a shortage of food (39% vs. 13%) and drinkable water (42% vs. 12%).

The pandemic has highlighted the ability of government policymakers and business managers to respond to changing conditions quickly. The 2021 ALICE data may surprise some readers who were expecting much worse. But 2021 was a unique year — and these warning signs are both a call to action and a challenge to complacency. We ignore our essential workers at our economy's and our communities' peril.

COUNTY COMPARISON: INCOME STATUS, 2021

Maryland Counties, 2021			Percent Change, 2019–2021	
County	Households	% ALICE + Poverty	# of Households	# ALICE + Poverty
Allegany	28,535	48%	7%	8%
Anne Arundel	225,064	30%	4%	-2%
Baltimore	332,529	44%	6%	23%
Baltimore City	254,370	53%	5%	1%
Calvert	32,751	28%	2%	-7%
Caroline	11,963	46%	-1%	14%
Carroll	64,161	32%	6%	33%
Cecil	41,000	39%	6%	10%
Charles	59,481	34%	3%	7%
Dorchester	13,123	45%	0%	-3%
Frederick	103,685	36%	11%	24%
Garrett	12,392	38%	0%	1%
Harford	101,196	37%	5%	41%
Howard	120,546	24%	4%	-3%
Kent	8,291	46%	3%	11%
Montgomery	388,396	32%	5%	3%
Prince George's	346,127	42%	9%	12%
Queen Anne's	18,914	35%	2%	-5%
Somerset	8,113	56%	-5%	-10%
St. Mary's	42,078	28%	4%	-3%
Talbot	16,251	35%	-3%	1%
Washington	60,215	39%	7%	1%
Wicomico	40,577	44%	7%	-8%
Worcester	22,573	36%	2%	-4%

NATIONAL COMPARISON: INCOME STATUS, 2021

STATE	RANK	TOTAL	Household Income Status		
	(1 = lowest % Below ALICE Threshold)	Number of Households	% Households in Poverty	% ALICE Households	% Households Below ALICE Threshold
United States	—	126,903,920	13%	29%	41%
Alabama	48	1,951,995	16%	32%	48%
Alaska	1	266,391	10%	22%	32%
Arizona	24	2,813,110	12%	28%	40%
Arkansas	46	1,176,614	16%	31%	47%
California	35	13,420,382	12%	31%	43%
Colorado	13	2,297,529	10%	27%	37%
Connecticut	19	1,428,313	10%	28%	39%
Delaware	27	395,656	12%	29%	41%
District of Columbia	31	319,565	15%	28%	42%
Florida	44	8,533,422	13%	32%	45%
Georgia	47	3,954,813	14%	34%	47%
Hawai'i	29	490,101	12%	30%	41%
Idaho	34	681,926	11%	32%	43%
Illinois	10	4,981,919	12%	24%	36%
Indiana	21	2,656,794	12%	27%	39%
Iowa	9	1,293,028	11%	24%	36%
Kansas	20	1,153,270	12%	27%	39%
Kentucky	38	1,767,504	16%	28%	44%
Louisiana	50	1,776,260	19%	32%	51%
Maine	30	583,562	12%	30%	42%
Maryland	**15**	**2,352,331**	**10%**	**28%**	**38%**
Massachusetts	25	2,756,295	11%	28%	40%
Michigan	22	4,029,761	13%	26%	39%
Minnesota	8	2,254,997	10%	26%	35%
Mississippi	51	1,116,509	20%	32%	52%
Missouri	36	2,459,987	13%	30%	43%
Montana	28	443,529	12%	29%	41%
Nebraska	17	781,693	11%	27%	39%
Nevada	42	1,189,085	14%	31%	45%
New Hampshire	2	548,727	8%	25%	33%
New Jersey	12	3,495,628	11%	26%	37%
New Mexico	45	821,310	17%	29%	47%
New York	40	7,635,201	14%	30%	44%
North Carolina	41	4,150,059	13%	31%	44%
North Dakota	6	322,588	11%	23%	34%
Ohio	16	4,820,453	13%	25%	38%
Oklahoma	43	1,536,903	15%	30%	45%
Oregon	39	1,697,608	12%	32%	44%
Pennsylvania	23	5,229,253	12%	27%	39%
Rhode Island	18	435,782	12%	27%	39%
South Carolina	33	2,037,203	15%	29%	43%
South Dakota	11	352,363	11%	26%	36%
Tennessee	37	2,740,302	14%	30%	44%
Texas	32	10,705,476	14%	29%	43%
Utah	5	1,087,978	9%	25%	34%
Vermont	26	265,098	11%	29%	40%
Virginia	14	3,300,111	10%	28%	38%
Washington	4	3,013,644	10%	24%	34%
West Virginia	49	711,392	17%	31%	48%
Wisconsin	7	2,436,961	11%	23%	34%
Wyoming	3	233,539	11%	22%	34%

NEXT STEPS

Capturing the true extent of financial hardship in Maryland is critical for the appropriate allocation of funds for programs in areas such as education, health care, food access, housing, and employment. There is a lot more to be done to change the trajectory for households struggling to make ends meet. How can you help?

Learn more and help to raise awareness of the struggles ALICE households face with:

- The interactive ALICE in Maryland webpages, to dig deeper into:
  - » County Reports
  - » Household budgets
  - » Maps with data for local geographies
  - » Demographics
  - » Labor force data
  - » ALICE data alongside additional Indicators of Well-Being

Connect with stakeholders:

- Contact your local United Way for support and volunteer opportunities.
- Connect with members of the state Research Advisory Committees that support this work.
- Find your state and federal representatives and see ALICE household data by legislative district with our ALICE Legislative District Tool.

Turn the ALICE data into action in your state, county, or community:

- Use the ALICE metrics to highlight the challenges ALICE households face, to inspire action and generate innovative solutions that promote financial stability.
- Armed with the ALICE data, advocate for policy change, apply for grant funding, allocate funding for programs and services targeted to ALICE households, etc.
- Learn more on our ALICE in Action webpage about the programs, practices, and policies to improve access to affordable housing, high quality child care and education, healthy food, health care, transportation, workforce training, and more.
- Demonstrate potential financial challenges that ALICE workers face with interactive tools from the Federal Reserve Bank of Atlanta that incorporate the Household Survival Budget. These tools, which include the Policy Rules Database and the Career Ladder Identifier and Financial Forecaster, map changes in benefits along a career path and identify potential benefits cliffs.
- Connect with 211 Maryland to access the state's most comprehensive resource database.

Be an ally and advocate for better data:

- Advocate for more accurate data collection by the U.S. Census Bureau for people who have been historically undercounted, including (but not limited to) people with disabilities, people experiencing homelessness, people of color, individuals who identify as LGBTQ+, and people in low-income and hard-to-count geographic areas.
- Support the implementation of a single combined question for race and ethnicity. Census research shows this change will yield a more accurate portrait of how the U.S. population self-identifies, especially for people who self-identify as multiracial or multiethnic.

Suggested Citation: United For ALICE. (2023). "ALICE in the Crosscurrents: COVID and Financial Hardship in Maryland." UnitedForALICE.org/Maryland

FY 2023 – FY 2025 Community Assessment

Carroll County, MD

for the Carroll County Local Management Board

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Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

Carroll County 1837 MARYLAND

CONSULTING

Introduction

The Carroll County Local Management Board and its Strategic Planning Committee enlisted the assistance of this Consultant, Carrie Freshour Consulting, LLC., to conduct a comprehensive community assessment for Carroll County to identify the needs, gaps, and opportunities related to services for children, youth, and families. The views and options expressed in this report are that of this Consultant and reflect only the author's views of the findings and assessment.

This Consultant determined areas in which to enhance Carroll County's historically resilient and collaborative partnerships, to improve consumers' experiences, and to reduce ACEs and trauma while increasing equity in the community. In addition, this Consultant gauged the community's awareness and subsequent readiness to move forward with authentic conversations and intentional action around sensitive topics such as diversity, equity, and inclusion.

This project included planning sessions with interagency teams and representatives (including the CCLMB Strategic Planning Committee), community discussions with stakeholders, development of a community-wide survey, individual interviews with community leaders and advocates, and researching and compiling available secondary data sets to further inform the Assessment.

Purpose of the Community Assessment

The Carroll County Local Management Board's previous community assessment was completed in FY 2019. Since then, the world suffered a global pandemic and the loss and isolation that accompanied it, and the United States experienced several instances of public conflict related to race and politics. These large-scale events have impacted the local community, shifting the needs and priorities in ways that had not yet been fully appraised. Recent assessments and plans such as the Partnership for a Healthier Carroll County's Community Health Needs Assessment and the Carroll County Health Department's Local Health Improvement Plan focus on factors relating mainly to individuals' health, leaving the general local service delivery system mostly unassessed. This made it an ideal time for the Carroll County Local Management Board (CCLMB) to complete a new community assessment. Through review of updated or new datasets, analysis of disaggregated data, and intentional communication with the community, the CCLMB objectively assessed Carroll County's needs, gaps, and opportunities for improvement through a lens that was trauma-informed and ACEs-aware.

Acknowledgments

The authors would like to thank the many individuals and organizations that provided input to and feedback on this Assessment's design, procedures, and drafts, including members of the Carroll County Local Management Board (CCLMB), staff of the Department of Citizen Services, and both public and private community members.

The authors would also like to thank those individuals who directly or indirectly assisted in the data collection process, including but not limited to those from Carroll County Public Schools, the Carroll County Youth Service Bureau, the Carroll County Health Department and Local Behavioral Health Authority, Together We Own It, the Local Care Team, and representatives of the general community.

SPECIAL THANKS

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- Dr. Courte Van Voorhees, Carroll County Local Care Team
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The Governor's Office of Crime Prevention, Youth, and Victim Services, on behalf of the Children's Cabinet, funded this project under award number CCIF-2022-0009 (the Board's award number). All points of view in this document are those of the author and do not necessarily represent the official position of any State or Federal agency.

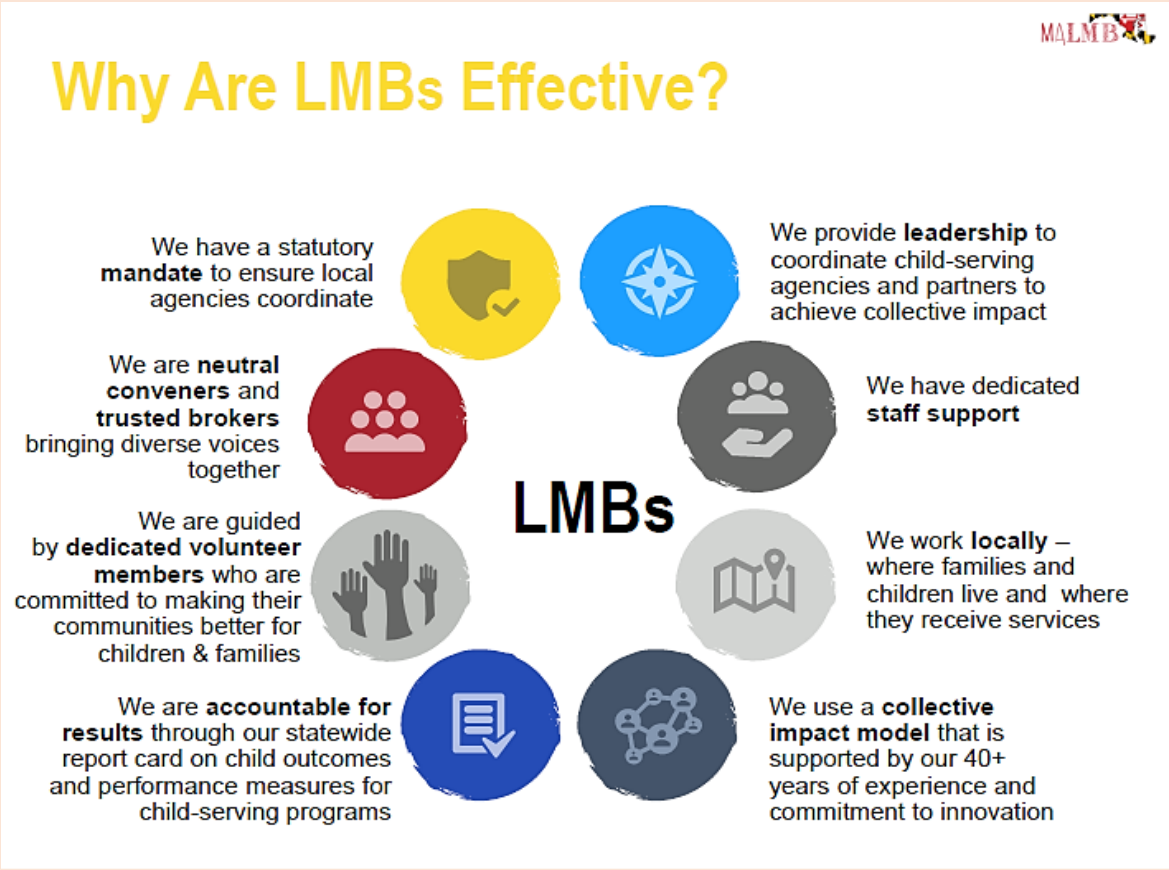
Local Management Boards

LMBs are neutral conveners, consensus builders, mediators, funders, planners, data collectors, capacity builders, partners, and the 'glue that holds us together' (Rozansky, 2011).

In 1978, the Governor issued an executive order that created a dedicated office for children's issues. By 1990, each jurisdiction of Maryland was required by statute to establish a local entity to address these issues. Now known as Local Management Boards (LMBs), they are recognized as a model of trusted community brokers blending and braiding funds for vulnerable children, youth, and their families.

As part of their responsibilities, LMBs are community builders who convene community policymakers and stakeholders to strengthen their decision-making capacity at the local level. To do this, LMBs must develop community plans that accurately represent the demographics within the community and address the collective needs and gaps, improving the well-being of the community and its residents.

This collective effort could include allocating and re-allocating funds and resources, ensuring the community's needs are being met adequately, removing barriers and silos to increase access to care, and preventing duplication of services.



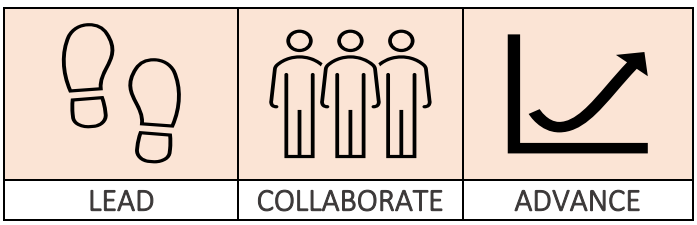
(Due East Partners, LLC., 2019)

CCLMB's Purpose, Mission, & Vision

Like all Local Management Boards, the CCLMB brings together local child-serving agencies, local child providers, clients of services, families, and other community representatives to empower local stakeholders in addressing the needs of and identifying priorities and resources for their communities. Simultaneously, the CCLMB also coordinates some child and family services.

Carroll County's Local Management Board is administered by the Carroll County Department of Citizen Services and run primarily by one staff member, the Manager of the CCLMB, who is responsible for leading the efforts within its purview. This includes providing fiscal and programmatic oversight of eight programs and coordinating four community-wide initiatives.

The CCLMB's mission is to lead community efforts that advance the well-being of children, youth, and families. Their vision statement is a community where all children, youth, and families thrive.



LMB Board Membership & Organizational Partnerships

Carroll County has a rich history of collaborative partnerships. The CCLMB represents those partnerships; its membership includes five mandated positions and nine other agency or organization representatives appointed by the Board of County Commissioners. For a full list of LMB Board Membership, please see Appendix D. A variety of other individuals and agency representatives who are not official Board members still participate in CCLMB meetings and share and receive community news and resources.

CCLMB PROGRAMS & INITIATIVES
(as of FY 2023)

Programs

1. Connecting Youth in Carroll County at the Carroll County Youth Service Bureau (CCYSB)
2. Suicide Intervention and Prevention Services at the CCYSB
3. Wraparound Family Services at Together We Own It
4. Promoting Safe and Stables Families at Human Services Programs of Carroll County, Inc.
5. Promoting Safe and Stables Families at the CCYSB
6. Interagency Family Preservation Services at the CCYSB
7. Youth and Family Engagement Diversion at the CCYSB
8. Afterschool Programming at the Boys and Girls Club of Westminster

Initiatives/Responsibilities

1. The Carroll County Local Management Board
2. The Carroll County Local Care Team
3. The Youth Homelessness Subcommittee of the Carroll County Continuum of Care
4. Youth REACH MD, Youth Count

Total Revenue Managed or Monitored:
over $1.45 million

CCLMB's Impact on Eight Results for Well-Being for Children, Youth, and Families

CCLMB Priority	Results	Program/Strategy Priorities	Funded Program or Strategy	Funding	CCLMB's Role
Prioritized in 2018	**Youth will have Opportunities for Employment or Career Readiness**	**Improving Outcomes for Disconnected/ Opportunity Youth**	**Connecting Youth in Carroll**	**GOCPYVS to CCLMB**	**CPA-funded program**
			Carroll County Workforce Development Youth Program	County, ARPA, WIOA	Community Collaboration
Prioritized in 2019	**Healthy Children**	**Increasing Opportunities for Community-Based Programs and Services for Youth**	**Suicide Intervention & Prevention Services**	**GOCPYVS to CCLMB**	**CPA-funded program**
			Together We Own It's programs	Various	Community Collaboration
			Head Start & Early Head Start	DHHS	
			PCIT – PSSF	DHHS	CCLMB fiscal & programmatic oversight
			Family Support Center	MFN & DHHS	
Prioritized in 2021	**Families are Economically Stable**	**Increasing Opportunities for Community-Based Programs and Services for Youth**	**Wraparound Family Services**	**GOCPYVS to CCLMB**	**CPA-funded program**
			Interagency Family Preservation Services	DHR/LDSS to CCLMB for CCYSB and HSP	CCLMB fiscal & programmatic oversight
			Preserving Safe and Stable Families		
			Youth Rapid Re-Housing	DHCD	Connecting Youth Program
	Babies Born Healthy		Pregnancy Support Ctr.	Donations	Community Collaboration
			Maternal Child Health	MDHMH	
	Children Enter School Ready to Learn		Head Start & Early Head Start	DHHS	Community Collaboration
			Judy Centers Parents as Teachers	MSDE	
	Children are Successful in School		CCPS	MSDE	Community collaboration
			After school programming	CCG to CCLMB to BGCW	CCLMB fiscal & programmatic oversight
	Youth will Complete School		CCPS	MSDE	Community collaboration
	Communities are Safe for Children, Youth & Families		Youth & Family Engagement Diversion	DJS to CCLMB for CCYSB	CCLMB fiscal & programmatic oversight

Executive Summary

Note Regarding the Covid-19 Pandemic's Effect on Data

While the full extent of the Covid-19 pandemic's impact is still being determined, the collection and provision of data throughout the pandemic has been irrefutably effected. Whether it is because of having to shift organizational priorities to address the pandemic, to compensate for staff shortages, or to acknowledge that data collected during the pandemic would not be comparable to other data, many organizations do not have data available for the years 2020-2021. Additionally, data collected during 2020-2021 may be inaccurate (i.e., under- or overrepresentations) due to the effects of the pandemic. As such, all data within this Assessment should be viewed and analyzed with these understandings and should be revisited in future years to view more recent results and identify any new trends or disparities that developed post-pandemic.

Definitions

- Result: the quality of life or condition of well-being desired for a person, family, community, or population. Maryland has Eight Results that cover the lifespan of each child (Clear Impact, 2022).
- Indicator: a data point to determine used to measure how well the Result is being met (Clear Impact, 2022). There are 34 Indicators within the Eight Results.

Project Overview

> Each of Maryland's 24 jurisdictions has a Local Management Board (LMB) that acts a neutral convener to "stimulate local action by State and local government, public and private providers, business and industry, and residents to create an effective system of services, supports, and opportunities that improve outcomes for children, youth, and families" (The Governor's Office of Crime Prevention, Youth, and Victim Services, 2021).

Local Management Boards (LMBs) are tasked with ensuring the provision of services for children, youth, and families within their jurisdictions. Funded and directed by the Maryland Children's Cabinet, LMBs strive to address Maryland's Eight Results for Childhood Well-Being and their associated Indicators. Since fiscal year 2021 (FY21), LMBs were also required by the Children's Cabinet to address Adverse Childhood Experiences (ACEs), encourage trauma-informed approaches, address racial and ethnic disparities, and promote research-informed practices.

The Carroll County Local Management Board (CCLMB) for children, youth, and families completed this Community Assessment between January 2022 and August 2022 to inform the FY23-FY24 CCLMB Community Plan. An array of datasets was utilized in this process to

facilitate a comprehensive assessment and to tell more of Carroll County's story behind the data.

In reviewing Carroll County's data related to the Eight Results, the majority of the Indicators utilized sources that had not collected or provided data during recent years and consequently offered no data during the Covid-19 pandemic. In other cases, the Indicator sources had no data publicly available. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. Certain trends for historically underserved populations are less favorable than the trends seen in aggregate and in comparison to certain populations, such as those identifying as White/Caucasian. This may suggest that the local services available for children, youth, and families are adequate for some but not for all (i.e., these historically underserved populations). These disparities are explored for each data point where the disaggregated data is available.

MARYLAND'S EIGHT RESULTS FOR CHILD WELL-BEING

- Babies Born Healthy
- Healthy Children
- Children Enter School Ready to Learn
- Children are Successful in School
- Youth will Complete School
- Communities are Safe for Children, Youth and Families
- Youth have Opportunities for Employment or Career Readiness
- Families are Economically Stable

8 Results, 34 Indicators

To better explore this story and to further inform this Assessment and the Community Plan, the following secondary data sources were used (please note: this is not an exhaustive list):

- Materials from the Youth Homelessness Summit held on June 27, 2022, with the Carroll County Continuum of Care Executive Committee and invited guests.
- Data specific to local programs funded or overseen by the CCLMB
- The Maryland Youth Risk Behavior Surveys
- The KIDS COUNT Data Center
- The Maryland State Department of Education's Maryland Public Schools Report Card
- The Partnership for a Healthier Carroll County's data dashboard and Indexes
- The National Equity Atlas
- The U.S. Census Bureau

In addition to the sources above, this Consultant and the Manager of the CCLMB led focus group discussions, completed key informant interviews, and facilitated other community dialogues to capture the community's voice regarding services for children, youth, and families in Carroll County.

Positive Impacts

Thanks to this Assessment and its process, the Carroll County Local Management Board (CCLMB) not only learned about Carroll County but also enhanced its networking capacity:

Existing agency partnerships were strengthened and new relationships were forged. These new relationships include those established by connecting with community members who had never heard of the CCLMB before. Respondents to the CCLMB's assessment methods expressed their appreciation in being able to learn more about their community, share their opinions, and have their voices heard. Even among the participants who conveyed their complaints or grievances, some offered considerate suggestions to improve Carroll County and its residents' quality of life. Each of these positive outcomes speak to the commitment of Carroll's residents and professionals in upholding its rich collaboration and numerous partnerships.

Emerging Themes

Based on the analysis of the Eight Results for Child Well-Being, a review of secondary data, and through listening to local community members, four consistent areas of need emerged:

Access to Mental Health Services – The need for additional or enhanced mental health services was the most obvious theme. Results from the qualitative data collected from the community specifically indicated a need to improve accessibility to mental and behavioral health services by developing strategies to increase the capacity of current providers and to add new providers, to facilitate the certification of providers in evidenced-based and best practices, and to improve opportunities in marketing these services to the community.

Community Inclusion, Outreach and Communication – Participants in this assessment process emphasized that they were generally unaware of the programs and services offered in the community. They suggested making these services more visible in Carroll County by improving communication and education efforts to community members. In particular, improved communication and education regarding diversity, equity, and inclusion of historically underserved populations were frequently mentioned among some participant groups.

Supportive Services for Families (Non-clinical) – While clinical mental and behavioral services were one of the most frequently cited needs, participants also reported a lack of non-clinical supportive services. Suggestions included but were not limited to respite, parenting support, services encouraging social and emotional intelligence and wellness, and platforms from which community members (and specifically youth) could have productive conversations with community leaders and with one another.

Economic Stability and Mobility – Although a relatively wealthy community, participants reported experiencing an increasing financial burden, especially in the wake of the Covid-19 pandemic. This was especially true regarding costs associated with qualifying for general social services (making too much money to qualify or making too little to thrive economically); obtaining transportation (rising gas costs, no financial support for vehicle expenses, cost of local transportation services); and accessing needed services (choosing not to pursue or receive services due to lack of income, having to travel further for available or appropriate services). These four themes are interwoven and effect one another. For instance, one's access to mental health services can be entirely dependent on their insurance, the language they speak, and the specialty of care they require. Individuals may not even be aware of what services exist, how to access or use those services, or how to navigate barriers like waiting lists and co-payments. Other individuals may choose not to seek services due to stigma. There are clear areas of overlap between all four themes in improving accessing to care, facilitating inclusivity, providing sufficient communication, and addressing economic hardships.

These themes also correlate with the following Results for Child Well-Being and their associated Indicators which have been prioritized by the CCLMB in recent years (see below). This prioritization process consisted of a review of local data to identify the most significant needs within the community, a presentation of the data and needs to the Board members, and a vote by the Board members to formally recognize the Result and associated Indicator as priority of the CCLMB for funding and programming.

CCLMB PRIORITIES

Healthy Children	•**Youth Depression**: % of Students Reporting Depressive Episode •*Prioritized by the CCLMB in FY 2019*
Youth have Opportunities for Employment or Career Readiness	•**Youth Disconnection**: % of Youth Not Working and Not in School •*Prioritized by the CCLMB in FY 2018*
Families are Economically Stable	•**Child Poverty**: % of Children Under 18 Living in Poverty •*Prioritized by the CCLMB in FY 2021*

Given their continued relevance in Carroll County today, these three Results and Indicators shall remain priorities for the CCLMB through FY2025.

Issues Shared Locally and Nationally

Although the Covid-19 pandemic is still ongoing and its effect are not yet fully realized, some of the extent of its damage has been documented. Evidence supports a direct connection between the pandemic and mental health decline, especially among young people. Shen (2020) states that social isolation is associated with an increased risk for depression and anxiety

and that social isolation may have long-term effects on mental health problems as much as nine years later. Further, in December of 2021 the U.S. Surgeon General issued a new Surgeon General's Advisory, *Protecting Youth Mental Health*, urging communities and individuals to respond to the mental health challenges youth face which were already present before these national and international crises occurred (Office of the Surgeon General, 2021). Therefore, it is unsurprising that the local impacts of these historical events are highlighted throughout this Assessment.

Supplemental Documents

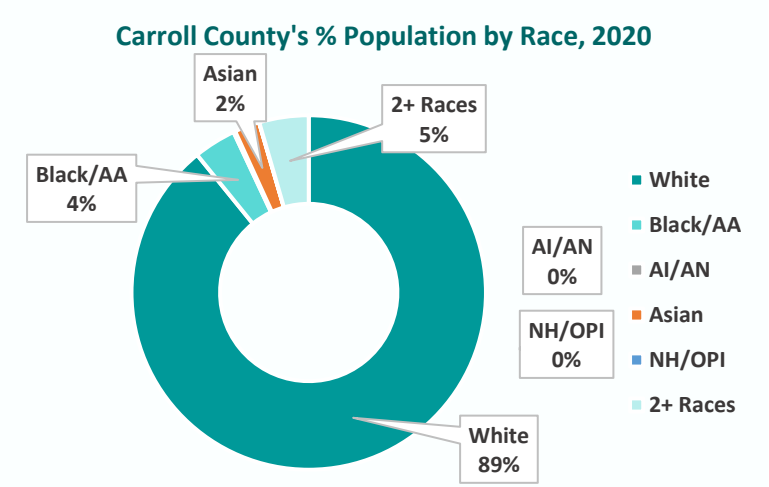
Copies of the following documents can be made available upon request by calling the Carroll County Department of Citizen Services at 410-386-3600:

- Focus Group Discussion details, consent form and information package
- Brief synopsis of or all Community Survey responses
- Cognitive Interviews summary

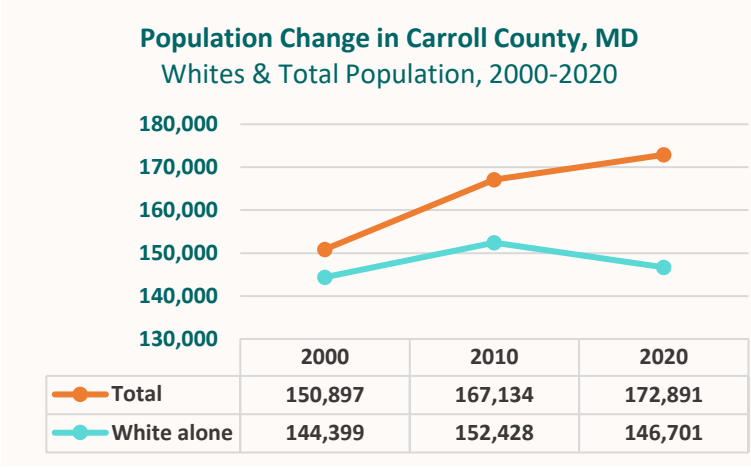
Background

Carroll County's Demographics

Carroll County is a 448-square-mile, mostly rural county in Maryland located within an hour's drive of the Baltimore/ Washington Metropolitan area. Comprised of hundreds of acres of farmland and eight municipalities, the county seat is in the city of Westminster where most commercial, and industrial businesses and health and human services are located.



Data taken from table P2 of the U.S. Census Bureau



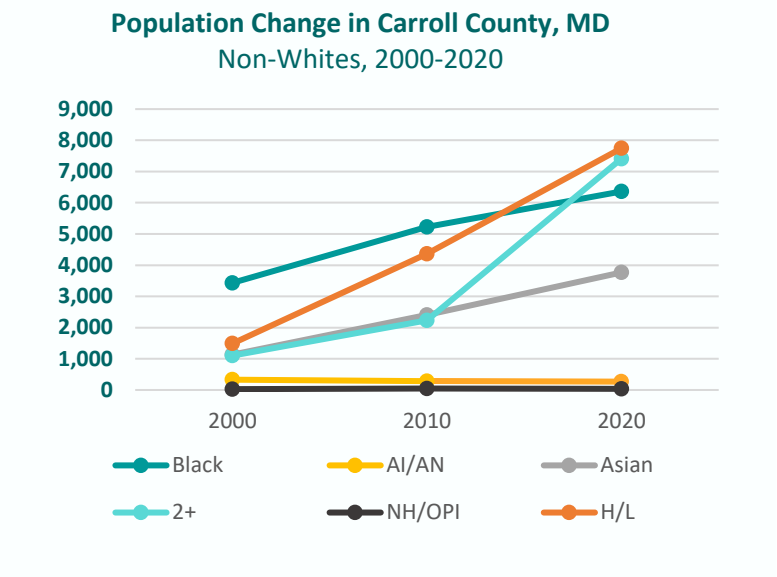
	2000	2010	2020
Total	150,897	167,134	172,891
White alone	144,399	152,428	146,701

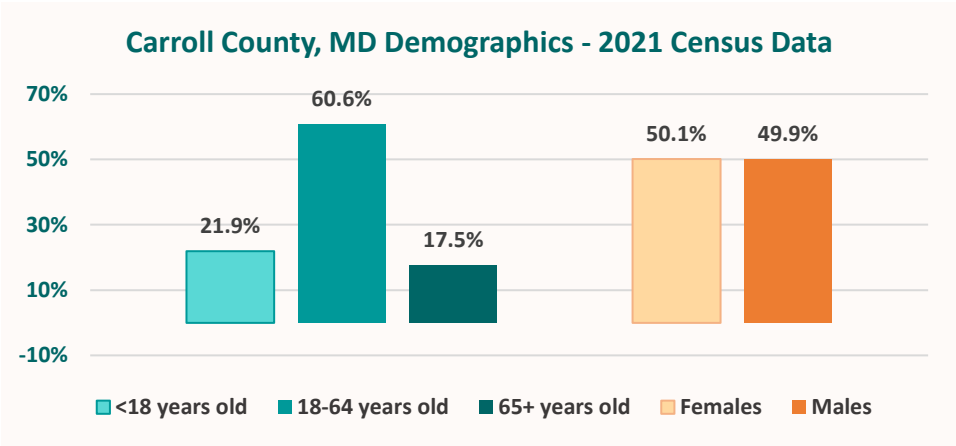
Carroll County is a majority-White community with a population that has grown more diverse in recent years. The number of residents identifying as anything but "White alone" in 2020 was about 15.1%, according to the table below.

← *Data taken from tables P1 and P2 of the U.S. Census Bureau and 2000 Census Summary File One (SF1)*

From 2000 to 2020, the Hispanic/Latino (H/L) population increased the most. Since 2010, those identifying as two or more races (2+) increased most dramatically. Native Hawaiians/ Other Pacific Islanders (NH/OPI) did not change significantly. The American Indian/Alaska Native (AI/AN) population decreased slightly since 2000.

Data taken from tables P1 and P2 of → the U.S. Census Bureau and 2000 Census Summary File One (SF1)





Almost a quarter of Carroll County's population is under 18 years old. Females and males are distributed almost equally in Carroll County.

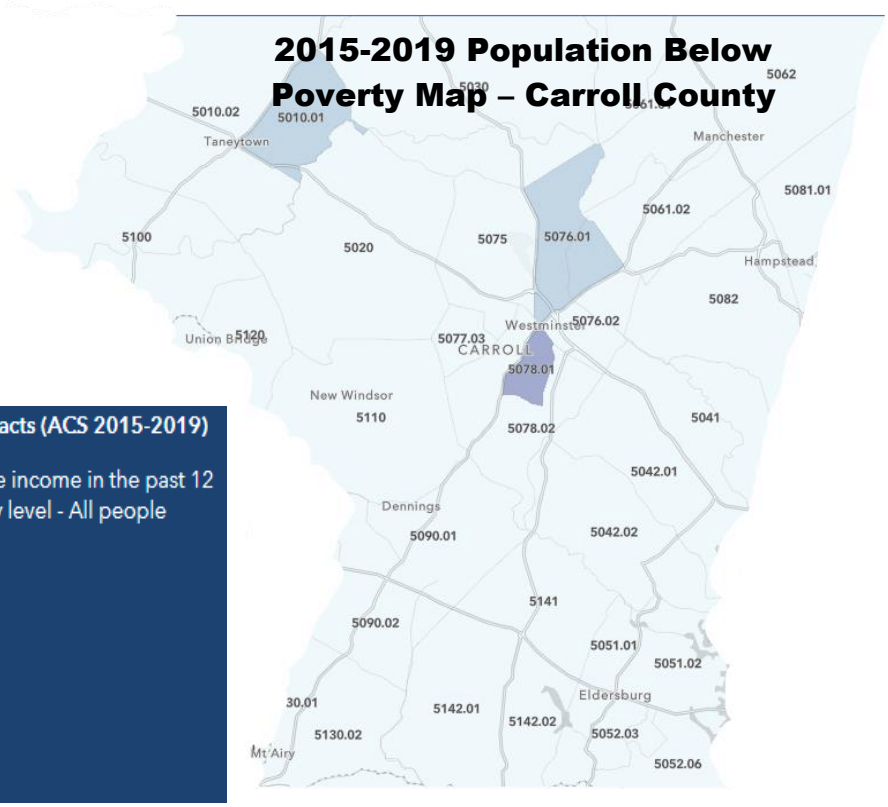
← *Data taken from the U.S. Census Bureau*

When compared to Maryland, Carroll County has a higher median household income, a higher median value of owner-occupied housing units, and lower rate of people in poverty:

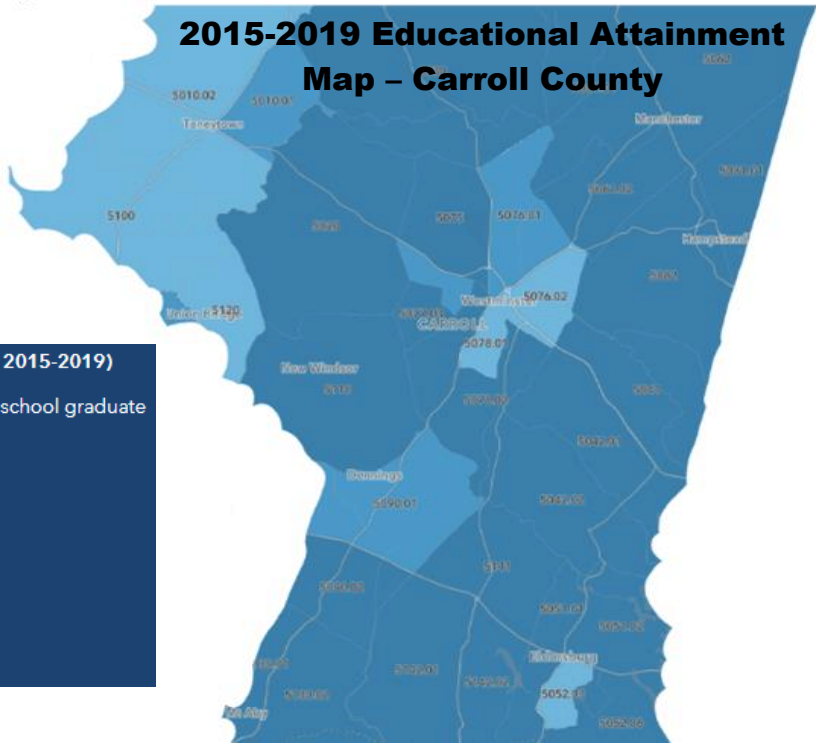
	Median Household Income	Median Value of Owner-Occupied Housing Units	Persons in Poverty
Carroll County	$99,569	$343,400	5.2%
Maryland	$87,063	$325,400	9.0%

2020 U.S. Census Bureau

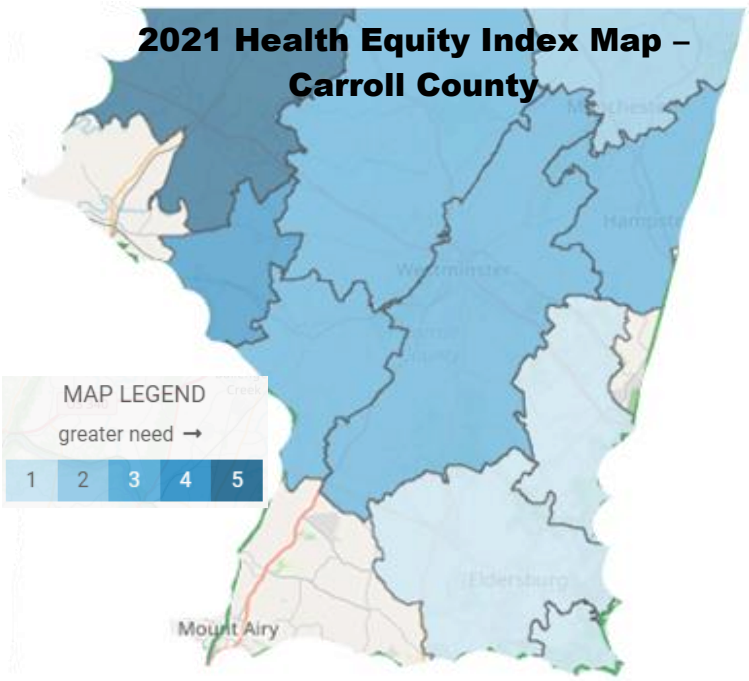
Poverty in Carroll County is concentrated in areas of Westminster and Taneytown; specifically, in one area of Westminster, 15-20% of its population had incomes that were below the poverty level (My Community Explorer).



These areas also have lower rates of educational attainment (My Community Explorer):



Higher rates of inequity are also witnessed in these same areas; the Health Equity Index, Mental Health Equity Index, and the Gini Index all indicate higher inequity rates in areas around Westminster and Taneytown.

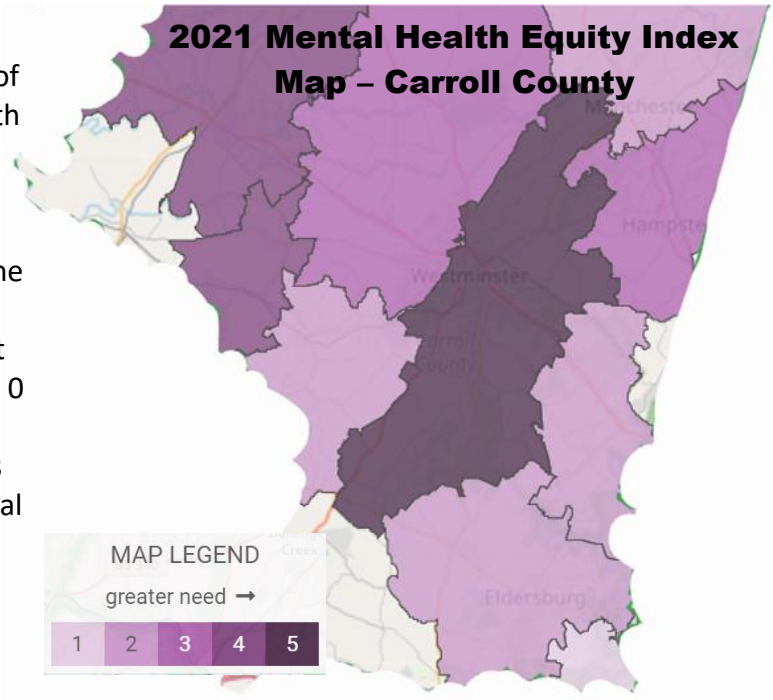


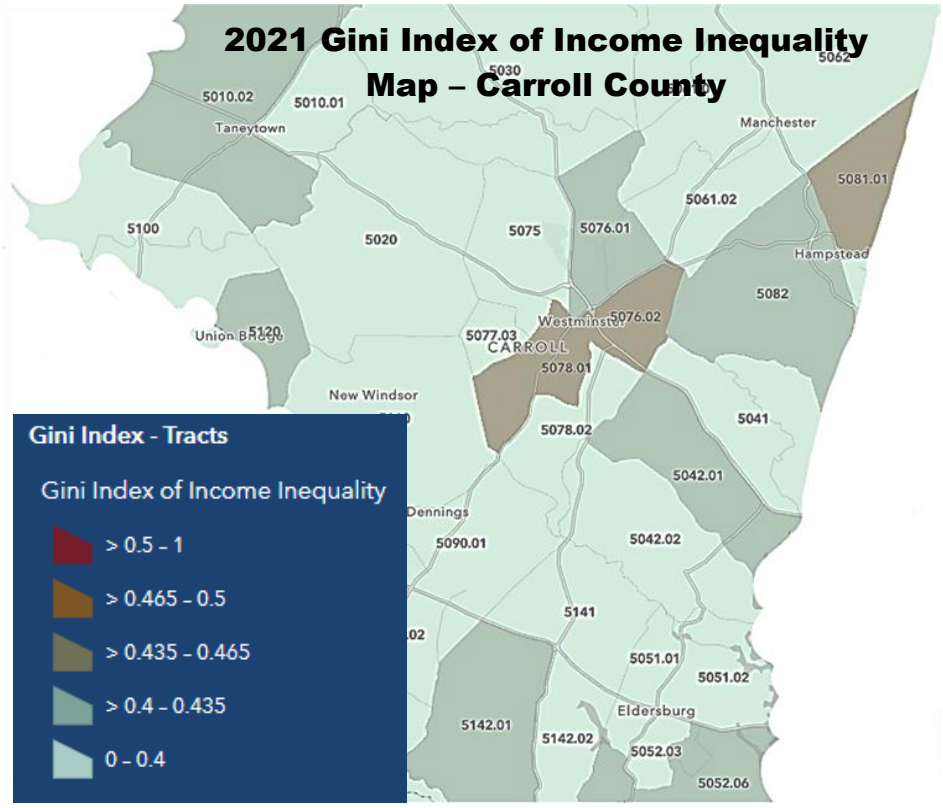
The 2021 Health Equity Index (formerly SocioNeeds Index) is a measure of socioeconomic need that is correlated with poor health outcomes.

The 2021 Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health.

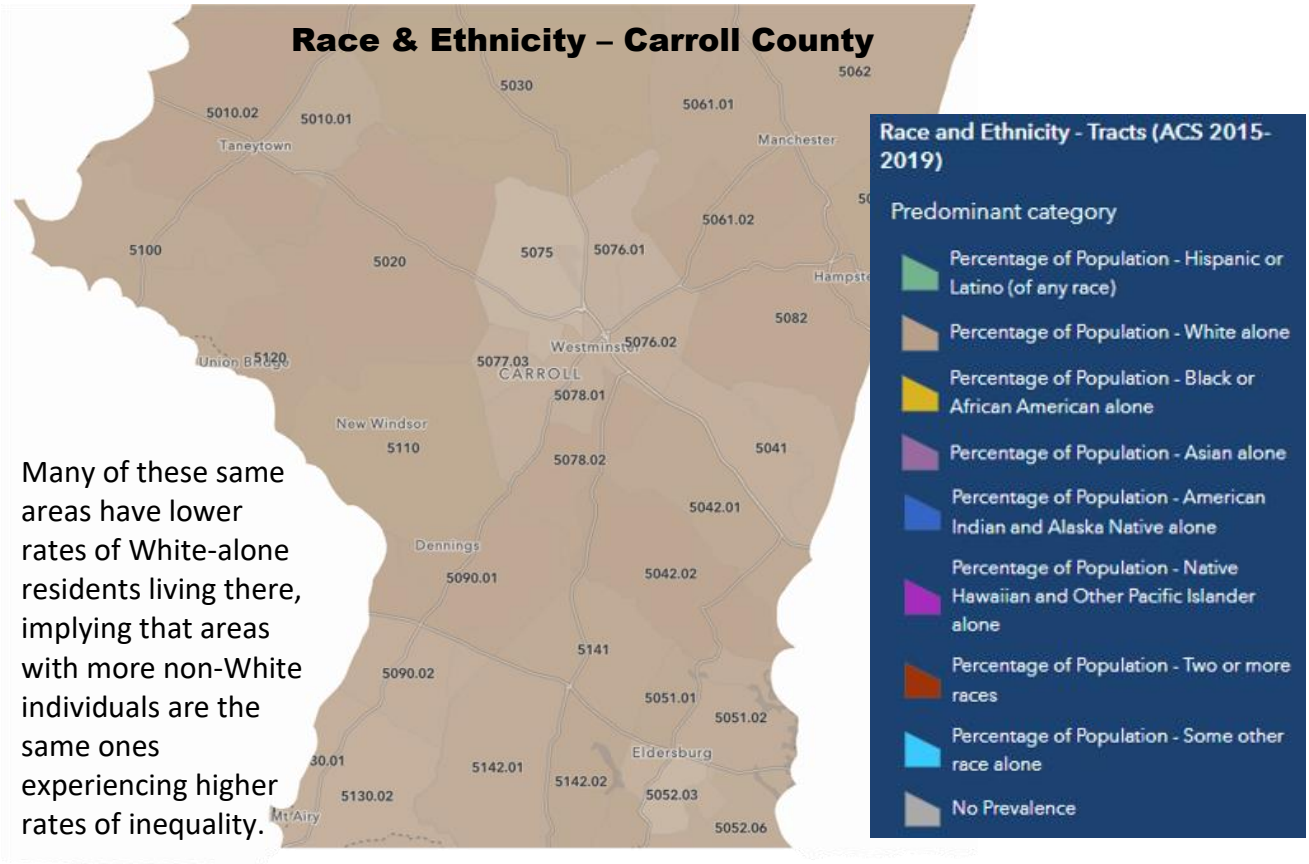
These indices are part of the Conduent's SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes for a range of topics. Both are created by Conduent Healthy Communities Institute. (My Community Explorer).

Carroll County also has a shortage of mental health care providers. Health and Human Resource Service Administration determines Health Provider Shortage Areas (HPSAs) with a HPSA Score (developed by the National Health Service Corps) to determine priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority. Dental was 14, Primary Care was 15, and Mental Health was 16. This implies that Carroll County is underserved in all three disciplines, but the priority is greatest for mental health.





According to the Gini Index, regions scoring a 0 have perfect income equality, meaning the people in that region receive "an equal share" of income. Regions scoring a 1 indicate that only one recipient or group of recipients in that area receives "all the income." Carroll County's score is 0.4003, which is leaning slightly more toward income equality than inequality (My Community Explorer).



Many of these same areas have lower rates of White-alone residents living there, implying that areas with more non-White individuals are the same ones experiencing higher rates of inequality.

Methodology

What follows is a summary of each technique used to collect data for the Carroll County Community Assessment. These techniques include following best practices from the Centers for Disease Control and Prevention (CDC) and other schools of research and public health. This assessment process consisted of three key informant interviews, several focus group discussions, a large-scale community survey, and various reviews and analyses of available data.

Planning Sessions

The CCLMB assembled a Strategic Planning Committee to provide general guidance and oversight of the entire assessment process; the CCLMB Manager led the Committee in collaboration with this Consultant. Planning sessions took place between the CCLMB's Strategic Planning Committee and this Consultant to discuss the design and implementation of the assessment process. The Committee and this Consultant agreed that the following would be utilized in the Assessment process: data from the Child Well-Being Scorecards, community convening, focus group discussions, targeted interviews, reviews of secondary data; and a community-wide survey.

Special consideration by the CCLMB Strategic Planning Committee and this Consultant went into the language used in the questions asked and responses provided. In aligning with best practices of community assessment, care was taken to account for not only different perspectives and points of view but also potentially triggering words or invasive questions. Disclaimers were provided in person, verbally, and in writing throughout the assessment process. The Strategic Planning Committee was involved in confirming the final drafts of the Community Survey questions and the questions asked during focus group discussions and other community conversations.

Community Survey

The CCLMB's Community Survey consisted of 48 questions, 10 of which were specific to youth (anyone under age 25) and 14 of which were specific toward community service providers. It was available online through SurveyMonkey and in hardcopy by special request between April 11, 2022 and June 30, 2022. Anyone living or working in Carroll County was encouraged to complete the Survey to assess the community's needs, the adequacy of its current services to meet those needs, and the ease consumers experienced in accessing those services. This Survey data complements the other qualitative data methods used throughout this Assessment.

Accessible Mental Health Services

Concerns about mental health and therapeutic services were identified **in** **32.4%** of short answer responses on the Survey.

Community Inclusion, Outreach & Communication

Service outreach, communication, and inclusionwere identified **in** **14.0%** of short answer responses on the Survey.

Support Services for Families (Non-clinical)

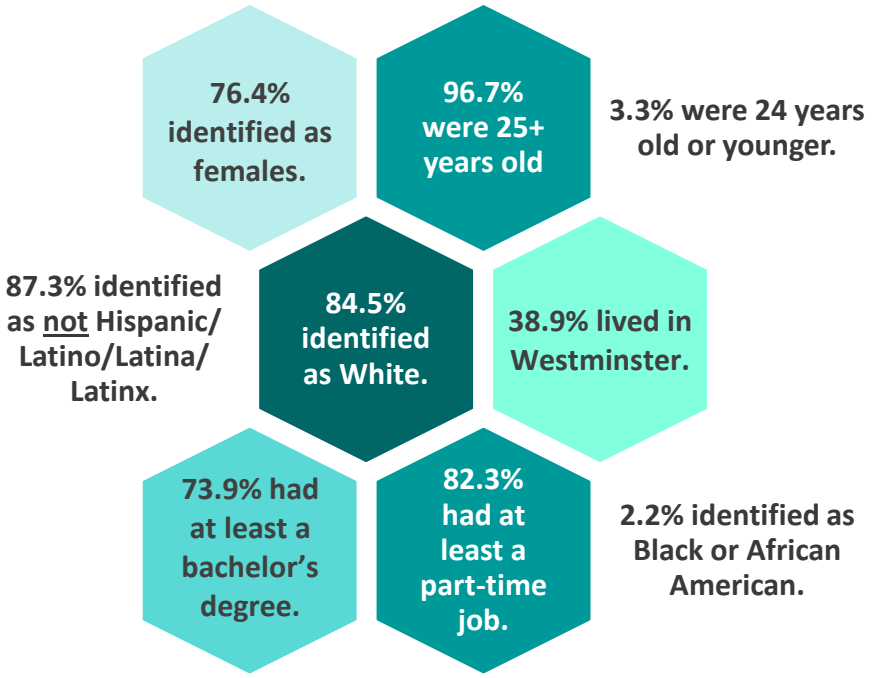
Supportive services like support groups and respite care were identified **in** **10.0%** of short answer responses on the Survey.

Economic Stability & Mobility

Barriers to accessing services, like insurance and transportation, were identified **in** **12.2%** of short answer responses to the Survey.

The Strategic Planning Team was intentional in creating the Community Survey questions to yield responses with the most utility. In addition, cognitive interviewing was used to revise the questions based on feedback from four separate reviewers. Community members were encouraged to complete this Survey via email blasts; promotions within email signatures; social media and physical flyer posting; attending community meetings and events; utilizing QR codes on marketing materials; and utilizing established partnerships (such as Carroll County Public Schools) for crucial marketing and data collection strategies. In addition, a paper version of the survey was available by request, and additional efforts were made to engage with Hispanic and Latino community members.

The CCLMB's Community Survey yielded 450 responses. Of the survey respondents who completed the demographic questions (322, or 71.65%):



When comparing the Community Survey data to that of the 2020 Census, the Survey respondents were disproportionately adult females, were well-educated, and/or had at least part-time employment. The respondents' races aligned with the races of the general population.

Demographics	2020 Census	2022 Community Survey (CCLMB)
Females	50.5%	76.4%
Under 18 years old	21.9%	N/A
White alone	84.9%	84.5%
Black or African American alone	3.7%	2.2%
American Indian and Alaska Native alone	0.2%	0.3%
Asian alone	2.2%	1.2%
Native Hawaiian/Other Pacific Islander alone	0.1%	0.3%
Two or more races	4.3%	N/A
Hispanic/Latino of any race	4.5%	12.7%
Bachelor's degree or higher	37.0%	73.9%
In civilian labor force	67.0%	82.3%
Live in Westminster	11.5%	38.9%

Cognitive Interviews

A cognitive interview is a method for testing or improving the development of different assessment tools. According to Ashok and Myers (2020), cognitive interviewing before a survey launch can help assess the respondents' understanding or interpretation of the questions and reveal if the information is what we intend to capture. Once the Strategic Planning Committee approved the Survey questions, four community members participated in Cognitive Interviewing. Two participants were adult female community members and providers working in Carroll County Government. The other two participants were male youth, one 15 years old and the other 21 years old. Each participant offered feedback on areas that could benefit from additional clarification. The feedback was positive with one participant responding, "This was very thorough." Another stated, "…I feel like it covers all the areas."

Focus Group Discussions

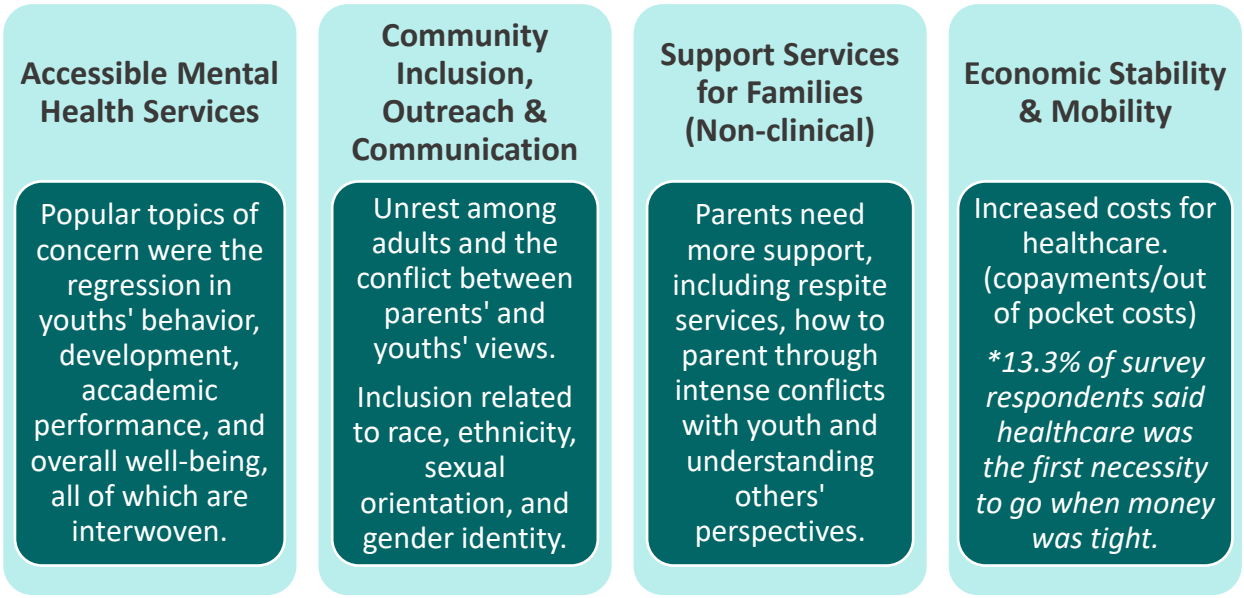
Focus group discussions (FGDs) are frequently used, semi-structured interviews with small groups to obtain qualitative data around specific issues to gain insight into the nature of problems and their potential solutions according to a group of preselected individuals; this is also called conversational analysis or research (Bloor & Wood, 2006). These purpose of these FGDs was to hear from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid views on those topics.

The FGD questions and related documents were written by this Consultant from recommendations made by the CCLMB Strategic Planning Committee; the Committee then reviewed these materials. Participant Information and Consent Forms were administered before commencing each FGD. Potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Focus group discussions lasted approximately 60-90 minutes and were intended to host six to twelve participants. Each group consisted of individuals of similar backgrounds (i.e., a group of youth between the ages of 14 and 24, or a group of parents and providers, or members of the same community group).

FGD participants were selected based on the purpose and needs of this Assessment. Potential participants were recruited via the Community Survey, through outreach by the CCLMB Manager, and through outreach and marketing by local agency partners. Based upon the responses to the Community Survey, this Consultant and the Strategic Planning Community utilized the FGDs to hear from youth and individuals identifying as members of historically underserved populations. Intentional efforts were made to reach these targeted groups, including but not limited to direct outreach to the Carroll County Branch for the National Association for the Advancement of Colored People (NAACP); to the Hispanic and Latino community through a local advocate; to the Westminster Carroll County chapter for Parents, Families, and Friends of Lesbians and Gays (PFLAG); and other local subpopulations and groups (see Appendix E for a complete list).

Ultimately, the following subpopulations were contacted for participation in FGDs:

- Community members who completed the Survey and provided contact information.
- Historically underserved populations through targeted outreach, especially those who were not represented in the Survey.
- Youth through Carroll County Public Schools (CCPS), parents who provided consent for their child to participate, and youth organizations.
- Parents and community members through CCPS communications.
- Providers through routine community meetings and announcements.



This Consultant and the Strategic Planning Community were grateful to have a native Spanish-speaker and advocate of the Hispanic and Latino community who offered to translate the FGD questions from English into Spanish. This advocate facilitated participation by Spanish-speaking community members by recording their responses and then translating them back to English to be included in this Assessment. Only three Spanish responses were completed and several quotes are highlighted in speech bubbles on this page; each of the 3 responses mentioned these top three issues:

1. Language barriers related to accessing services
2. Lack of financial support (rent, childcare, transportation, livable wages)
3. Lack of opportunities for youth to engage with other children

"I do not feel accepted or like I belong."

"Rent is expensive. Low-income jobs are available…there is not transportation …around the county."

"We are together but separate."

"Limitations with language, a lack of integration with our children in their age groups."

"Parents with no documents are limited… [There are] limited information and resources in Spanish."

Multiple attempts were made to schedule FGDs with members of Carroll Citizens for Racial Equity and the Student Government Association; however, given the time constraints and other commitments of these organization members, these GDs were ultimately not held.

Key Informant Interviews

Key Informant interviews (KIIs) are with community members who are uniquely in tune with the community and have firsthand insight into local problems and potential solutions (Carroll, Perez, & Toy, 2004). The purposes of the KIIs were similar to those of the focus group discussions: to seek additional data from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid opinions on those topics. The KII questions followed the same structure as the FGD questions; however, they proceeded like a conversation due to their one-on-one nature. This Consultant guided the KIIs and wrote all related documents with recommendations made by the CCLMB Strategic Planning Committee.

The CCLMB Manager recruited KII Interviewees, and potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Interviews lasted approximately 60 minutes and were recorded with verbal permission from each interviewee for later reference. Google translate was used to transcribe the recordings, and this Consultant listened to each recording during the reporting process.

Upon review of the initial demographics of Carroll County's Community Survey respondents, the majority of respondents were White (84.4%), female (76.4%), and/or between the ages of 45-64 (45.7%). It was important to the CCLMB Strategic Planning Committee to use the KIIs to target individuals of different demographic backgrounds. As such, individuals of historically underserved populations or advocates of those communities were specifically invited to participate in a KII. Ultimately, three community leaders and advocates were chosen for the KIIs due to their experiences working with youth, interacting with the community, and/or their experience working with members of or being part of historically underserved subpopulations:

1. A Caucasian woman who helps run several youth programs (referred to as a "Youth Program Leader" from here on).
2. A Latino man who provides case management for at-risk individuals in the community, especially those who speak Spanish (referred to as "Case Manager" from here on).
3. An African American man who coordinates community events and programs for youth (referred to as a "Community and Youth Program Coordinator" from here on).

Results and Findings

In addition to the assessment methods listed above, a thorough analysis of the current Child Well-Being Scorecard for Carroll County and other local data was completed. Findings from this Assessment are framed around Maryland's Eight Results of Child Well-Being and their associated Indicators; they are supplemented with the secondary data sources and methods used in this process.

Regarding Secondary Data Research & Review

As stated in the Introduction above, after reviewing Carroll County's data related to the Eight Results the majority of the Indicators utilized sources that had not collected or provided data during recent years and consequently offered no data during the Covid-19 pandemic. In other cases, the Indicator sources had no data publicly available. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. Certain trends for historically underserved populations are less favorable than the trends seen in aggregate and in comparison to certain populations, such as those identifying as White/Caucasian. This suggests that the local services available for children, youth, and families may be adequate for some but not for all (i.e., these historically underserved populations). These disparities are explored for each data point where the disaggregated data is available.

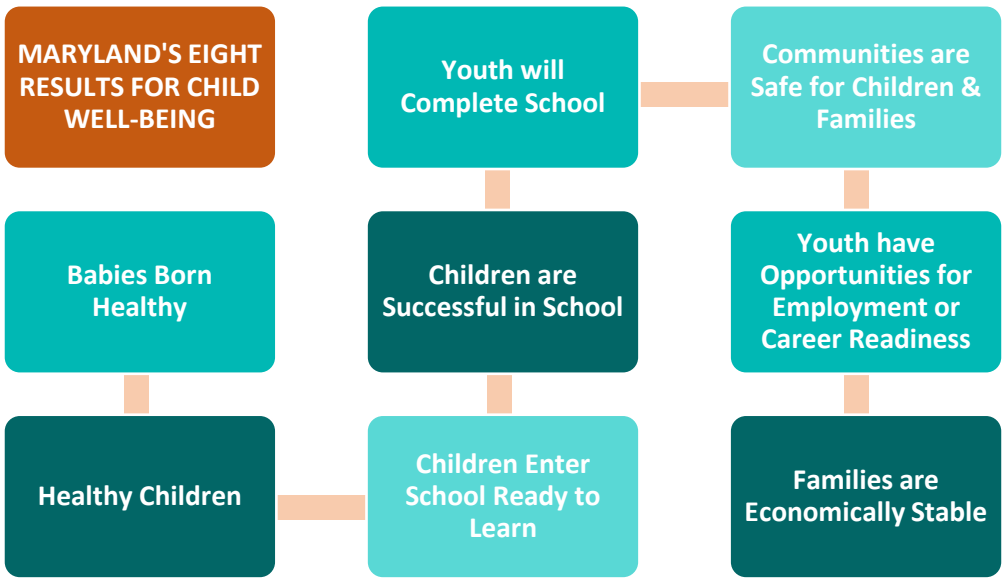
To better explore this story and to further inform this Assessment and the Community Plan, the following secondary data sources were used (please note: this is not an exhaustive list):

- Providers through routine community meetings and announcements.
- Materials from the Youth Homelessness Summit held on June 27, 2022, with the Carroll County Continuum of Care Executive Committee and invited guests.
- Data specific to local programs funded or overseen by the CCLMB.
- The Maryland Youth Risk Behavior Surveys.
- The KIDS COUNT Data Center
- The Maryland State Department of Education's Maryland Public Schools Report Card
- The Partnership for a Healthier Carroll County's data dashboard and Indexes
- The National Equity Atlas
- The U.S. Census Bureau

DEFINITIONS

Result – the quality of life or condition of well-being desired for a person, family, community, or population. Maryland has Eight Results that cover the lifespan of each child.
Indicator – a data point to determine used to measure how well the Result is being met. There are 34 Indicators within the Eight Results.

(Clear Impact, 2022)



Historically, Carroll County has performed well on many of the Indicators related to child well-being, implying that the services and supports currently available are adequate for the needs of the community. This remains true as of this Assessment in that the Results and Indicators that were prioritized by the Carroll County Local Management Board (CCLMB) in previous years are still valid.

CCLMB Priorities for FY 2023-FY 2025

Healthy Children	•**Youth Depression**: % of Students Reporting Depressive Episode •*Prioritized by the CCLMB in FY 2019*
Youth have Opportunities for Employment or Career Readiness	•**Youth Disconnection**: % of Youth Not Working and Not in School •*Prioritized by the CCLMB in FY 2018*
Families are Economically Stable	•**Child Poverty**: % of Children Under 18 Living in Poverty •*Prioritized by the CCLMB in FY 2021*

CCLMB Prioritized Results & Indicators

Because of their continued significance, the CCLMB's three prioritized Results and their associated Indicators will be explored first. Data sources outside of the Eight Results were consulted in order to tell as much of the story behind the data as possible to accurately portray Carroll County's strengths, needs, and areas of improvement.

Healthy Children — #3: Youth Depression

% of public school students (grades 6-8 & 9-12) reporting depressive episode

prioritized by the CCLMB in FY 2019

Depressive episodes can impact the way individuals think, feel, act, and engage. Left untreated, depression and other mental health disorders can impact social, emotional, academic, and physical functioning. In speaking with community members, it was easy to identify the local impacts caused by the pandemic, racial and ethnic disparities, and economic hardships. However, these recent events only exacerbated the existing crises surrounding youth mental health. In a time of greater need for mental health treatment, the local capacity and ability to access such care has not increased; people are struggling or having to do more to access care or locate services. There are not enough providers with openings, providers who accept certain insurance policies, or providers offering certified or research-based treatment methods.

Community Survey

During the Community Survey (CS), respondents shared these additional barriers and needs to accessing mental health treatment:

- Inconvenient **location** of services.
- **Mental health therapists** and/or certified licensed clinical social workers (LCSW-C) in the schools separate from and **in addition to school counselors**.
- **Trauma sensitivity/trauma-informed care training** for all staff of community service providers, especially in youth-serving organizations.
- **Access to therapy during school** to support families with barriers related to transportation and free time.
- Services for those with private insurance and for those with Medical Assistance, as well as **financial support for copayments and out-of-pocket costs**.
- Options and support for **youth at the age of consent** to access mental health treatment without assistance from their parents or caregivers.

When asked about the barriers to accessing services (CS, Question 9), waitlists for services were the most frequent response (31.31%). The inability to access mental health care can impact the community through increased costs due to using emergency services, and by limiting youth's social and emotional development which can affect their future health and wellness.

Respondents were also asked, "What community services are needed in Carroll County, MD but are unavailable?" The responses mainly focused on therapy and counseling services:

- **87 responses** involved the need for **therapy or counseling** services.
- **31 responses** involved the need for **transportation** services.
- **27 responses** discussed the need for elderly or **disability services** for families.
- **16 responses** were related to **housing and homelessness**.
- **15 responses** mentioned **recreation or community activity options** for all youth.

Focus Group Discussions

In the Focus Group Discussions (FGDs), adults and youth shared similar experiences regarding access to mental health treatment. Youth pointed out that although the laws have changed to allow younger youth to consent for mental health treatment (thereby eliminating the need to obtain parent or guardian consent for such treatment), these youth still needed their caregivers to transport them to treatment and to help pay for those services.

> "We are seeing so many issues with trauma right now."

> **"…which trauma are we talking about?** We have all been through this [trauma] together. [As a parent, as a teacher] what am I excusing, what am I giving extra leeway for, and do you have to be suicidal for me to give you an excuse or to excuse everything that every parent asks? I'm sympathetic, but I must make hundreds of daily decisions. **…Trauma-informed before and after the pandemic is different."**

Adult and youth participants reported various reasons behind the lack of access to mental health care, including but not limited to long waitlists for individual therapy and residential or inpatient care, lack of available time or transportation to make appointments, and lack of knowledgeable and appropriately trained therapists. Among all FGDs, participants emphasized a need to increase mental health supports in schools, in addition to the existing school counselors. In one of the youth focus group discussions, a participant said youth "depression is really bad," that they know many peers who were self-harming, and that social media has contributed to increases in both youth depression and self-harming habits. Three youth participants in the other session noted stigma as a factor in whether they sought mental health assistance; they reported experiencing shame, judgment and a minimalizing of symptoms or issues when approaching adults for support. It was their suggestion, which was echoed by adult participants, that additional mental health staff be added to each school to provide therapeutic services to students experiencing mental or behavioral health crises, which school counselors may not be equipped to handle.

In asking the Carroll County Public Schools Community Advisory Council (CAC) about the biggest stressors facing youth today, parents, educators, and other community members responded with concerns about increased isolation and depression in youth, as well as declines in appropriate social behaviors and academic performance. Conversely, when youth answered this question, they listed a lack of trust in adults, the use of vaping among peers, and increased fights and violence in schools as some of the biggest stressors for youth.

RECOMMENDATIONS FROM THE COMMUNITY ADVISORY COUNCIL (CAC)

- Bring **crisis counselors** back
- Host **therapy groups** at schools with parents & therapists
- Host public **events to unify the community**
- Provide community events to bring community together and **open lines of communication across many groups**.
- People need to **remember and infuse empathy**
- **Adults must change behaviors first**, then teach kids
- Increase **awareness and acceptance** of services so families know where and how to access services
- Be **respectful of others and their opinions**
- Have **healthy, productive conversations** and debates

This discordance between adult and youth responses was common across the FGDs and was highlighted by the youth emphasizing repeatedly that they do not feel heard by adults and do not trust most, if any, adults. Youth in both FGDs reported confiding in their peers first before approaching adults in their lives. This is a crucial concern as access to a trusted or caring adult is a protective factor for youth health (Sieving et al., 2017), and these youth participants may not have had any trusted or caring adults in their lives during this Assessment.

Key Informant Interviews

The Key Informant Interviews (KIIs) ran like conversations due to their one-to-one format. Each Interviewee (all of whom were adults) mentioned the significant and increasing gap to accessing mental health services, the need for financial support for families who have been or are just now living paycheck to paycheck, and transportation services for children, youth, and families in Carroll County.

Other specific needs during the KIIs included crisis support, respite care, and education on responding to the concerns of today's youth and how to have hard conversations. These services become especially critical in situations where both the parents and the youth are facing mental or behavioral health challenges. Caregivers experiencing depression or other mental health symptoms may feel despair which causes inappropriate or lacking parental responses. This could then lead to deepened conflicts between the youth and caregiver, or further worsen the negative mental health symptoms each are experiencing.

> "If a parent is having dark thoughts, they cannot express that in front of their children; if you have a therapist, you do not have a place for the children to go, and [to] talk with the children sitting right outside the door is not ideal."

Local Care Team Trends

The Carroll County Local Care Team (CCLCT) is an inter-agency workgroup that meets with referred families of children with intensive needs that no single agency can address. The group is led by the Local Care Team Coordinator who is housed within the CCLMB; together the CCLCT member agencies plan and strategize directly with families, connecting them to resources and

services within the community. Below is a snapshot of CCLCT services provided in FY 2022; 28% of families were referred more than once during the fiscal year, suggesting that local services or delivery methods may be insufficient in meeting the needs of the youth and their families.

- 37 referrals were reviewed and 36 meetings were held
- 29 unique families and 31 unique youth were served
- 8 families (28%) were referred two or more times to the CCLCT this fiscal year.

Data Review

As stated previously, many of the Eight Results and their Indicators did not have recent data. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. It is for these reasons that secondary data sets were used to support the continued prioritization of this result and Indicator and provide a comprehensive analysis of each data point.

Indicator Data – The Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show an overall increase in students reporting depressive episodes, which is defined as feeling "so sad or hopeless almost every day for two weeks or more in a row that [they] stopped doing some usual activities" during the preceding 12 months.

Percent of Carroll County High School Students (Grades 9-12) Reporting Depressive Episode

Year	Total	Male	Female	≤15 yrs. old	Avg of 16-17	Hispanic/ Latino	White	Multiple Races
2013	24.6%	16.5%	32.7%	24.2%	23.4%	42.4%	23.5%	
2014	25.8%	16.7%	35.4%	25.0%	26.0%	29.1%	25.5%	
2016	28.2%	18.8%	38.0%	26.0%	30.6%	35.9%	27.1%	**37.0%**
2018	28.6%	19.4%	37.6%	26.3%	30.7%	41.6%	27.6%	
AVG	26.8%	17.9%	**35.9%**	25.4%	27.7%	**37.3%**	25.9%	N/A

There were <100 students in the "Black/African American" and "All Other Races" subgroups so they are not included. There was only enough data for the "Multiple Races" population in 2016.

Overall, a quarter of Carroll County's high school student population report experiencing depressive episodes. At least 10% more of the Hispanic/Latino student and Multiple Race student populations experience depressive episodes when compared to their White counterparts. Females experience depression at twice the rate of their male counterparts.

Percent of Carroll County Middle School Students (Grades 6-8) Reporting Depressive Episode

Year	Total	Male	Female	≤11 yrs. old	Avg of 12-14+	Hispanic/ Latino	White
2013	21.6%	16.9%	26.7%	13.1%	23.3%		20.8%
2014	18.6%	14.2%	22.8%	15.5%	19.1%		18.2%
2016	23.4%	15.7%	31.5%	21.4%	24.0%	**25.5%**	21.5%
2018	23.4%	17.6%	29.2%	26.3%	16.0%		21.8%
AVG	21.75%	16.1%	**27.6%**	19.1%	20.6%	N/A	20.6%

There were <100 students in the "Black/African American", "Multiple Races", and "All Other Races" subgroups and so they are not included. There was only enough data for the "Hispanic/Latino" population in 2016.

Overall, almost a quarter of Carroll County's middle school student population report experiencing depressive episodes. Nearly 5% more of the Hispanic/Latino student population experiences depressive episodes when compared to their White counterparts. Female middle school students report experiencing depression at over 1.5 times the rate of their male peers.

Other Sources – Carroll County Public Schools (CCPS) staff provided data for the number of interventions made by CCPS staff for students exhibiting suicidal ideation. The rates were highest in the 2018-2019 school year, but because of the Covid-19 pandemic many students were not accessible to CCPS staff during the latter half of the 2019-2020 and some of the 2020-2021 school years. Since it was not possible for CCPS staff to intervene as often for students exhibiting suicidal ideation, data for these years are likely underrepresented.

Number of Interventions by CCPS Staff for Students' Suicidal Ideation (Duplicated)

Race	2017-2018	2018-2019	*2019-2020	**2020-2021	2021-2022 (thru 3/4/22)
African American	74 (9%)	62 (6%)	48 (6%)	24 (6%)	58 (8%)
American Indian	18 (2%)	21 (2%)	11 (1%)	5 (1%)	7 (1%)
Asian	17 (2%)	21 (2%)	25 (3%)	11 (3%)	27 (4%)
White	710 (87%)	855 (89%)	704 (89%)	340 (90%)	625 (87%)
Hawaiian/Pacific Islander	0 (0%)	4 (1%)	4 (1%)	0 (0%)	1 (<1%)
TOTAL INTERVENTIONS	819	963	792	380	718

**2019-2020 school year in-person instruction ended March 16, 2020, and virtual instruction ran from March 30th until the end of the school year.*

***2020-2021 school year included various stages of virtual instruction and hybrid instruction.*

Note: This is not an unduplicated count, i.e., one student could have received multiple interventions. CCPS' current data collection system does not collect Hispanic/Latino or Multiple Races data.

The rate of student self-injuries is likely another good indicator of student depression (see *#6 Other Sources* below).

Youth have Opportunities for Employment or Career Readiness — #3: Youth Disconnection

% of youth not working and not in school

prioritized by the CCLMB in FY 2018

The effects of youth disconnection linger and adversely impact not only those youth socially and emotionally but also their communities economically. The longer the disconnection experienced, the greater the negative impacts. Disconnected youth are more likely to experience poverty and although the impacts of the Covid-19 pandemic have yet to be fully realized, the isolation caused by quarantining and social distancing exacerbated disconnectedness for all community members.

Community Survey

The Community Survey results not only provided relevant data but also suggest that adults place unfair judgments on youth, which fuel adult-youth divisiveness and likely prevents youth engagement. Question eleven (11) on the Survey specifically addresses this topic, asking for short answer responses related to "the extent to which youth experience difficulty in getting or keeping a job." Of 16 responses, six involved statements about a lack of effort and commitment by youth wanting to work; these responses specifically mentioned laziness, a lack of respect, and a general unwillingness as factors contributing to youth employment. These are entirely internal and personal factors that do not reflect the other barriers that are present for youth in the community such as lacking transportation, having few or no trusted adults, experiencing housing instability or homelessness, or suffering from mental health symptoms which impede their ability to obtain and maintain employment.

Focus Group Discussions

It was in the focus group discussions that these barriers of youth employment were mentioned. In addition to housing instability, transportation, and mental health challenges, FGD participants also stated that stigma and judgment impact youth employment. One provider reported that youth are judged for how they dress and for loitering when they are simply without resources or safe spaces in which to exist. Disconnected youth are hardened because of their circumstances and are either judged for the consequences of being disconnected or lauded for their resiliency; in either case, they are still expected to be rise above their situation despite having little to no access to supportive resources.

RECOMMENDATIONS FROM THE COMMUNITY

- **Build relationships** between young people and adults
- **Repair relationships** and restore trust between adults and youth
- **Educate adults** on the stages of adolescent behavior and brain development
- **Enhance promising practices**, such as *Navigating Difficult Waters* provided by Carroll County Public Schools

Key Informant Interviews

Two of the three Interviewees stated that there has been a growing need for youth to have opportunities to explore recreational activities and learn skills that could improve future career opportunities. Barriers to these opportunities include the lack of transportation and a general lack of recreational offerings throughout the county (aside from athletics). The Interviewees had these recommendations for connecting youth to employment:

One interviewee suggested programs to teach youth skills like community event planning, studio recording, and podcasting.

- **Connect with businesses** – have youth mentors or allow job shadowing.
- **Help youth experience typical social and business situations** – for example, bring youth to a formal dining experience and teach youth how to order, to pay, and interact with others.
- **Financial and budget management lessons and resources**
- **Drivers' education and instructors –** cover class costs and provide instructors for youth to obtain their learner's permits.

"These are skills that may cause [adults] to judge someone if they lack them. These youth do not have anyone in their lives teaching them things like [restaurant] etiquette."

Data Review

As stated previously, many of the Eight Results and their Indicators did not have recent data. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. It is for these reasons that secondary data sets were used to support the continued prioritization of this result and Indicator and provide a comprehensive analysis of each data point.

Indicator Data – From 2011 to 2019, the rate of disconnected youth fell 1.4%; the 2019 rate for Carroll County was 7.4%. In total, an estimated 1,510 Carroll County youth experienced disconnection in 2019 (Child Trends & the Forum for Youth Investments Opportunity Nation Campaign, 2019).

Other Sources – The National Equity Atlas provides disaggregated data for Carroll County's youth disconnection rate: while only about 8% of all Carroll County youth were disconnected, about 9% of Carroll's youth of color experienced disconnection.

According to Lewis (2020), researchers warned that past gains by disconnected youth nationwide could be wiped out due to the pandemic. The most recent report by Lewis (2022) details how prior to the pandemic youth disconnection rates had decreased 27% from 2010 to 2019 and were the lowest they had been in a decade. This report stated that Maryland's overall youth disconnection rate in 2020 was 10.5%, but the rates were higher for youth of

color: in 2020, 15.6% of Black youth and 11.0% of Latino youth were disconnected in Maryland. The authors acknowledged data in this report were likely underrepresented given the challenges and barriers caused by the pandemic in relation to data gathering. Because the Opportunity Index has not updated their data since 2019, other sources have been used to try determining the recent youth disconnection rates. Estimates for Carroll's disconnected youth rates are below:

Data Source (from Lewis (2022))	**% Youth Disconnected**
County data – 2015-2019	8.1%
Neighborhood Cluster/Public Use Microdata Area (PUMA) – 2016-2020	7.3%
MD Congressional District 2 (all of Carroll except SW region) – no date	9.3%
AVERAGE	**8.2%**

Disconnected youth face a number of barriers that lead to and are outcomes of their disconnection. In 2018, Carroll County youth reported the following most frequent barriers upon enrolling into the Connecting Youth program at the Carroll County Youth Service Bureau:

Transportation

95% reported transportation as a barrier.

Carroll's public transportation operates during business hours, typically runs on a set schedule, is sparse in areas outside Westminster, and requires additional time or money for on-demand trips.

Mental Health

78% reported mental illness as a barrier.

Some youth had a current diagnosis but did not participate in treatment regularly or at all. Others had no formal diagnosis but exhibited signs and symptoms of mental illness. The pandemic increased risk factors such as isolation and telehealth is not easily accessible to many disconnected youth.

Lack of Resources & Poverty

57% had housing instability or were homeless, and 54% lacked resources or were in poverty.

In 2019 Carroll's youth aged 18-24 experienced poverty most, and youth of color experienced poverty more often than their White peers (1). Growing up poor may contribute to youth disconnection from adolescence to adulthood. Being disconnected may contribute to youth being poor, especially if they do not live with people who can support them (2). *See Indicator: Homelessness below.*

1 – National Equity Atlas
2 – (Fernandes-Alcantara, 2015)

Although transportation and mental health are listed as the most frequent barriers or needs of Carroll County's disconnected youth, each is impacted greatly by the youths' access to resources and poverty status. Those living in poverty, or with a lack of resources, may

experience difficulties connecting to work or school as they are forced to focus on meeting the necessities of daily living. Poverty reinforces disconnection as youth may struggle to attain necessities such as shelter and food, having to consider relying on couch surfing and food pantries or soup kitchens. These circumstances then limit youths' ability to focus on and obtain transportation, employment, and/or mental health treatment.

Youth mental health is a key factor of youth disconnection and it has been negatively affected by the Covid-19 pandemic. Carroll County Public Schools staff have reported seeing trends in increased overall student anxiety, stress, and depression that may prevent students from engaging at the same level as pre-pandemic. These factors alone can put all students, not just those within the disconnected population, at risk of future disconnection. When compounded together these factors are detrimental to students' success in school and subsequently in the working world. Even now, though in-person classes have returned, students missed school due to Covid-19 outbreaks, class cancellations due to teacher absence, and being exposed to COVID-19 themselves.

Some racial disparities are present in local data, as well: Black/African American youth are significantly overrepresented in the number of youths served in the FY22 Connecting Youth Program:

FY22 Connecting Youth Program Data	#	%
All youth served	80	100%
White youth	57	71.3%
Black/African American youth	17	21.3%
Asian youth	1	1.3%
American Indian/Alaska American	0	0%
Native Hawaiian/Other Pacific Islander	0	0%
Hispanic/Latino	2	2.5%
Multi-Racial	3	3.8%

Families are Economically Stable — #1: Child Poverty

% of children under 18 living in poverty

prioritized by the CCLMB in FY 2021

Community Survey

In the Community Survey, questions four through twelve related to economic stability and assessing its barriers. As a generally wealthy county, it is unsurprising that the majority of respondents (93.3%) reported not experiencing hunger or food insecurity. There was additional feedback from respondents that indicated food resources are abundant in Carroll County; however, some respondents reported having no way to transport the food to their home.

Of particular concern were the responses received when asked what necessities were of least priority when money was tight. 13.3% of respondents reported that health care (medical, dental, mental health, co-payments, or medication costs) was the first necessity they chose not to utilize in times of financial restriction. Basic needs (hygiene products, food, clothes, etc.) came in second at 11.11%.

Regarding the impact of financial restriction and instability on community members' access to services, respondents indicated that eligibility based on insurance policy, out-of-pocket costs for private insurance carriers, and lack of convenient appointment times (i.e., being unable to take off from work) were contributing factors in accessing services. There were several mentions of worsened inaccessibility for families living in poverty who are also raising children with disabilities. Respondents noted that disability services and specialty care are more available outside of the county; one appointment becomes a costly trip between the cost of gas or public transportation, the time spent traveling to and from the appointment, and a potential lack of income due to taking off work. These families also expressed frustration in lacking choice in their services by being limited to whoever they could afford, and fear of judgment in not making these appointments and the inability to access treatment *of choice*, based on income.

Focus Group Discussions

Focus group participants spoke to the shrinking gap between the poverty line and middle-class families, where an increasing number of families are experiencing a paycheck-to-paycheck living. This was echoed slightly in the Survey responses where respondents indicated they went without mental health and other health care treatments due to economic burden.

Key Informant Interviews

"How do I show [proof of] income if I am paid in cash? Psychiatric care, primary care physician - if you have no documentation then you cannot get those services. If you do not have the basic requirements, you are in trouble."

Each of the three Interviewees was able to provide examples of the effects of poverty on youth and families. One spoke about the added impacts on Hispanic and Latino community members, stating that undocumented workers are limited to the jobs that do not ask for their documents and so are economically strained by way of pay rate and proof of wages: These same undocumented workers struggle to obtain and receive supportive services because they are unable to provide proof of their income. This is a crippling barrier to have as an undocumented migrant as this population is already underserved and isolated within their own community. This Interviewee shared the following examples of barriers experienced by the Hispanic and Latino community in Carroll County:

- **Lack of insurance or lack of covered services due to insurance**. The Interviewee struggled to find mental health services in Spanish for their own family:
  "I…cannot find local coverage [based on] my insurance, so I am limited to telehealth or out of the county."
- **Lack of documentation** (proof of income, immigration status, citizenship documents) and a lack of understanding the need for these documents to access services.

Another Interviewee shared his experience working with single mothers or fathers in the community, specifically regarding the impact of feeling like they never have enough or never make or contribute enough to the wellbeing of their families. This compounds the already heightened mental health symptoms they might be experiencing and creates a cycle that is difficult to break even with without assistance or support.

"The impact emotionally, it really messes people up. … How am I a good role model? If I work, I cannot afford the [child] care, and if I am not working, [what am I] showing my child?"

Data Review

As stated previously, many of the Indicators did not have recent data. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. It is for these reasons that secondary data sets were used to support the continued prioritization of this result and Indicator and provide a comprehensive analysis of each data point.

Indicator Data – According to the KIDS COUNT Data Center, the overall rates of children living in poverty declined from 7.3% in 2011 to 5.6% in 2020. When disaggregated by the severity of

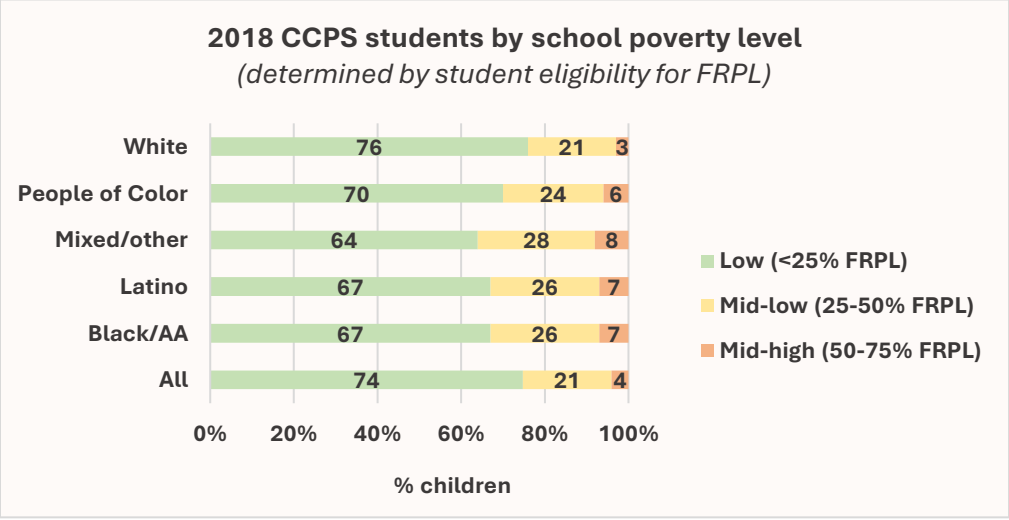
poverty experienced, rates also declined slightly for children living below 50% of poverty and children living below 100% of poverty. However, the rate for children living below 200% of poverty increased slightly since 2011.

Other Sources – The U.S. Census Bureau reports that Carroll County's overall poverty is 5.2%, meaning Carroll County's children experience poverty more frequently than the general population. Local Free and Reduced Meals (FaRMs) data indicates that the number of children receiving FaRMs increased 2.0% from 2015 to 2021 (KIDS COUNT Data Center and Maryland State Department of Education Report Card). When explored further, a 2.88% increase occurred from the 2017-2018 school year to the 2021-2022 school year (Maryland State Department of Education, 2017-2022).

Disparities exist in these rates; according to the National Equity Atlas, in 2019 52% of youth of color between age 5 and 17 experienced poverty. Youth of color aged 5-17 also experienced more intense poverty than their peers of other age ranges and races/ethnicities. The second population most often experiencing child poverty is all youth aged 18-24:

Carroll County's 2019 Poverty Rates by Race/Ethnicity and Age

Demographic Group	Below 100% Poverty	Below 150% Poverty	Below 200% Poverty	Total
<5 years old – WHITE	5%	11%	14%	30%
<5 years old – ALL	5%	10%	16%	31%
5-17 years old – WHITE	5%	8%	13%	26%
5-17 years old – YOUTH OF COLOR	**12%**	**17%**	**23%**	**52%**
5-17 years old – ALL	6%	10%	15%	31%
18-24 years old – WHITE	6%	9%	13%	28%
18-24 years old – ALL	**8%**	**11%**	**15%**	**34%**



The National Equity Atlas' data on student poverty based upon student attendance in low, middle, or high poverty schools shows additional evidence of racial and ethnic disparities in child poverty, as determined by student eligibility for free-and-reduced-price lunches (FRPLs). 8% of Mixed/

Other Race students attended mid-high poverty schools most often, followed closely by Latino and then Black/African American students. These rates were over twice that of White students (3%).

The above disparities also exist for adults, as demonstrated by the National Equity Atlas' data on Carroll County's working poor in 2019. Individuals with full-time jobs would ideally not be in poverty; however, the following rates of "working poor" indicate in 2019 which demographic subpopulations of Carroll County had full-time employment and still experienced poverty. Males of color and then all People of Color most often qualified as "working poor." This data supports the responses collected from the KIIs, FGDs, and the Community Survey.

Carroll County's 2019 "Working Poor" Rates by Race/Ethnicity and Gender

Demographic Group	Below 100% Poverty	Below 150% Poverty	Below 200% Poverty	Total
White Females	0%	1%	2%	3%
Females of Color	0%	2%	3%	5%
All females	0%	1%	2%	3%
White Males	1%	1%	4%	6%
Males of Color	0%	2%	**11%**	**13%**
All Males	1%	1%	4%	6%
All Whites	1%	2%	3%	6%
All People of Color	0%	1%	**7%**	**8%**
Overall Total	1%	1%	3%	5%

Families are Economically Stable — #3: Homelessness

% of public-school children who are homeless

Community Survey

In the Community Survey, there were six short answer questions where housing or homelessness were mentioned in the responses. Of 321 total responses to those short answer questions, 6.85% mentioned housing or homelessness as a need or problem in Carroll County. A youth-specific question asked what they would change in Carroll County; one of the nine youth respondents answered, "the drug/homeless problem." The Survey also asked community service providers how many of their clients were experiencing housing instability or homelessness.

Of 83 providers, 83.1% (or 69) reported at least a small portion of their clients experiencing this issue. When breaking this down:

- **51.8%** (or 43) said at least **a small portion of their clients** experienced this issue.
- **20.5%** (or 17) said **about half of their clients** experienced this issue.
- **12.0%** (or 10) said **over half of their clients** experienced this issue.

Focus Group Discussions

Of the four focus group discussions that were held, housing and homelessness were mentioned only among the youth sessions. In the session with Carroll County Kids for Equity (CCKE), when asked "What did we miss?" one youth responded:

> "I heard people talking about how CC didn't have youth runaway shelter or shelter for people who needed to get out but [a service] didn't help or was taking too long."

In the session with youth from Together We Own It, several participants mentioned the need for housing and shelters, specifically for youth. Some of them spoke to youth experiencing homelessness having "no place to go" and that they were staying on the streets and in their cars. When the night-by-night shelter was mentioned as a potential resource, participants stated it was only for individuals over the age of 18 and so younger youth were still left with no assistance. At least one of the youths in attendance mentioned recently struggling with homelessness themselves.

Key Informant Interviews

During the Key Informant Interviews, the Case Manager asserted that Hispanic and Latino families in Carroll County experience homelessness.

> "People are sleeping in closets because they cannot afford an apartment…"

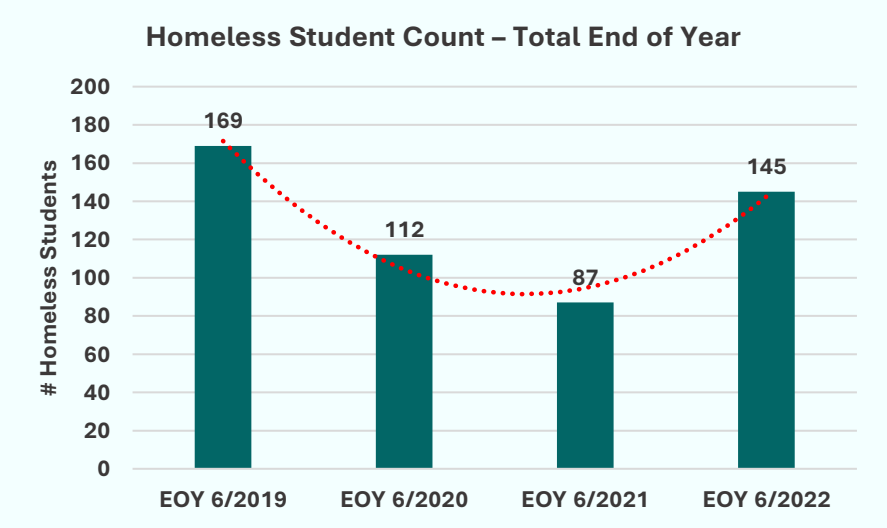
Data Review

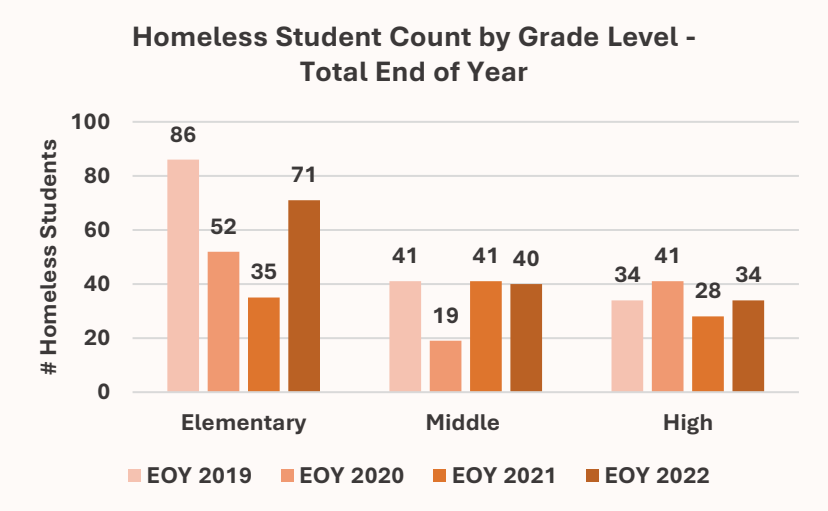
Carroll County Housing and Community Development and City of Westminster Housing Office are the local Public Housing Authorities (PHAs) and providers of the Department of Housing and Urban Development's (HUD's) Housing Choice Voucher (HCV) program. In order to be eligible for these vouchers, residents must income qualify, i.e., in general they must make less than 50% of the area median income (AMI). However, all PHAs must provide 75% of their vouchers to residents who make less than 30% of the AMI (Department of Housing and Urban Development, n.d.-b). In April 2022, the AMI for Carroll County was $116,100 for a family of four (Department of Housing and Urban Development, n.d.-c). According to these numbers, the majority of Carroll County's housing voucher recipients receive just $34,830 per year for a family of four.

As of May 2022, Carroll County Housing and Community Development possessed 781 vouchers, 86.7% (or 677) of which were actively being used at that time. In addition, the City of Westminster Housing office possessed 293 vouchers, 95% (or 279) of which were actively being used (HUD Housing Choice Voucher Data Dashboard). This means 956 individual households in Carroll County received housing assistance in May of 2022.

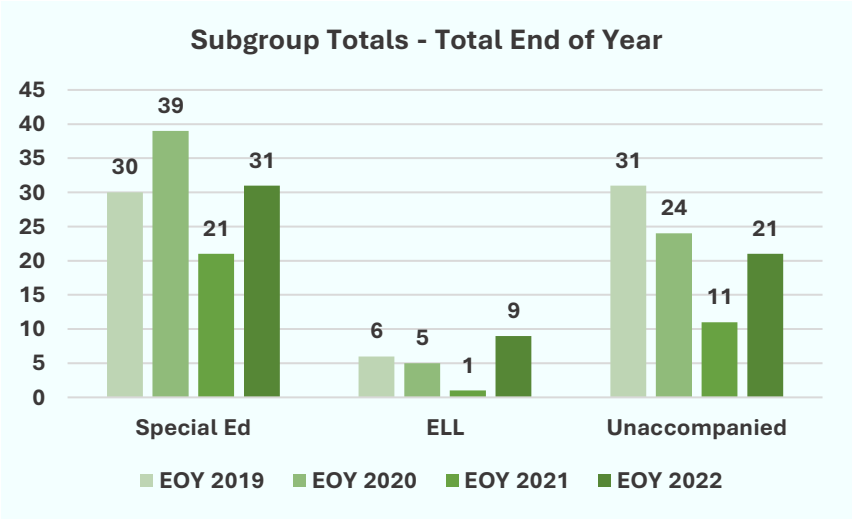
Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the Carroll County Well-Being Scorecard for this Indicator as the data was not publicly available.

Other Sources – Carroll County Public Schools (CCPS) provided homeless student data for the Youth Homelessness Summit for the Carroll County Continuum of Care on June 27, 2022. There was a decline in the number of homeless CCPS students during the Covid-19 pandemic. Reasons for this include an increase in homeschooled children, the eviction moratoriums throughout most of the pandemic, and the influx of Covid-related funding that supported and kept people housed. Now that CCPS are back to in-person learning, the rate of homeless CCPS students is nearly the same as pre-pandemic.





Elementary school children are most often identified as being homeless; however, this does not mean that homelessness occurs less frequently for older youth. It is more likely that older youth do not want to be identified as homeless and so actively work to avoid identification.



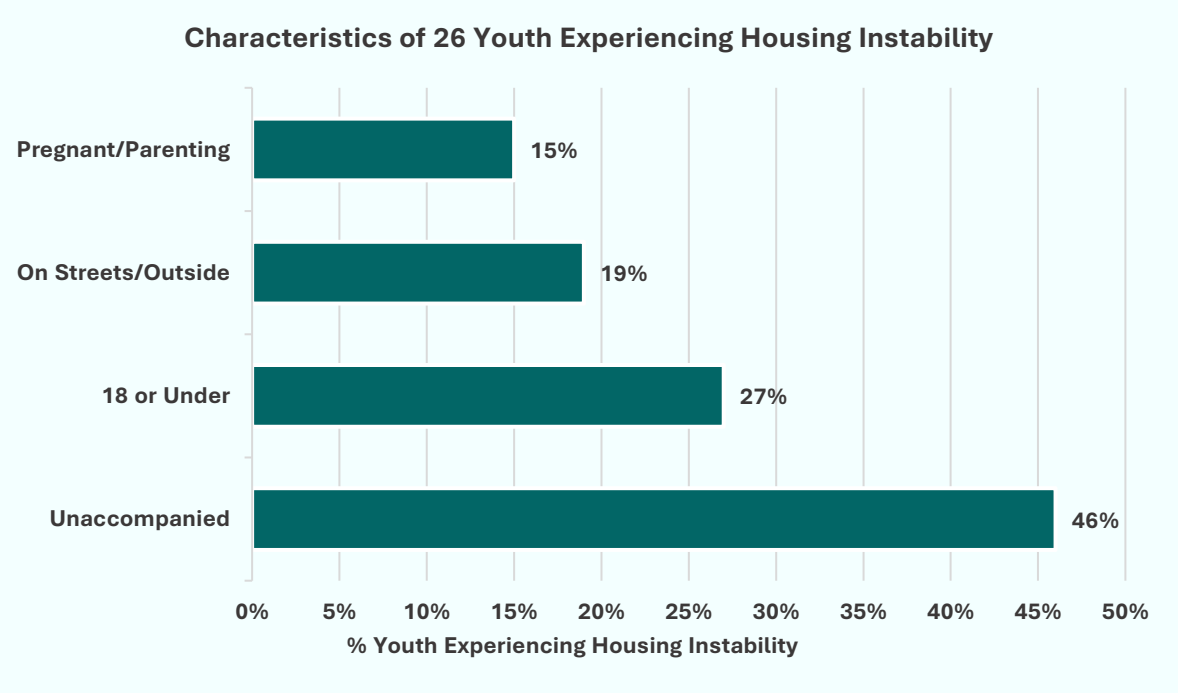
When disaggregated, Special Education students and then unaccompanied youth experience homelessness at the highest rates. In conversation with CCPS, they were unsure as to why the rates of homelessness were so high among Special Education students but stated that these data were shared monthly with the CCPS Director of Special Education. English Language Learners experience homelessness at lower rates, but this could be due to those families doubling up with other individuals and then not identifying themselves as "homeless."

CCPS has funding to provide services to students experiencing homelessness and their families. CCPS will use this funding to support access to educational services and direct academic support. In addition, the funding was supplemented by American Rescue Plan Act funding which will expire in the next year.

Also shared during the Youth Homelessness Summit was data from a local nonprofit called Together We Own It (TWOI). TWOI serves youth from age five to age 18 and also with adults and families, and provides volunteer, learning, and employment opportunities for older youth and adults. As of the Summit on June 27, 2022, TWOI had 131 active clients; Black and Hispanic clients were significantly overrepresented relative to Carroll County's population.

TWOI Caseload	Age 0-17	Age 18-24	White	Black	Asian	Latino
6/27/22	65.6%	19.8%	50.0%	31.5%	2.0%	16.5%

Of their 131 adult and youth clients, 39% (51 clients) were currently experiencing homelessness according to the Youth REACH MD, Youth Count's definition (University of Maryland School of Social Work, 2017) and an additional 6% (8 clients) were at imminent risk of becoming homeless according to the Department of Housing and Urban Development's (n.d.-a) definition, bringing the total percentage of TWOI clients experiencing housing instability to 45% (59 clients). Of those clients experiencing homelessness or housing instability, 44% (26 clients) were youth, or anyone under the age of 25.



Unaccompanied Youth: a person who is 24 years old or younger, not in the care of physical custody of a parent or legal guardian, and lacks a fixed, regular, or adequate nighttime residence (University of Maryland School of Social Work, 2017).

Of TWOI's unaccompanied youth:

- 45% dropped out of high school
- 45% had been in residential treatment
- 36% are pregnant or parenting
- 32% had been in foster care
- 32% were asked to leave
- On average, these youth first experienced homelessness at 13 years old

TWOI reported using a local host homes program called Safe Families for Children; however, the available families were quickly utilized even before TWOI was able to house all their homeless youth. Safe Families for Children is a solution, but it is not currently sufficient.

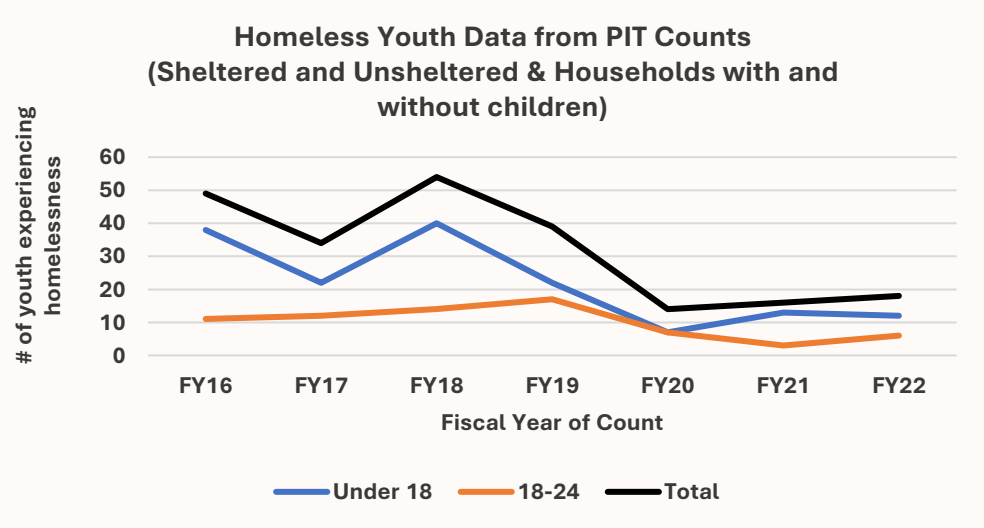
Another form of smaller scale data on Carroll County's youth homelessness were the focus groups that were held in 2021 with youth who had experienced homelessness. The CCLMB worked in partnership with TWOI and the Carroll County Youth Service Bureau (CCYSB) spoke to five Carroll County youth about their experiences with housing instability. When asked about barriers that kept them from obtaining stable housing, many of them cited interpersonal and familial conflict as a cause; others mentioned their lack of income and the general lack of affordable housing. When having no stable place to sleep, these youth reported staying with family or friends who were not good influences on them or who they didn't trust or staying in their cars, in tents, in bushes, or in apartment stairways.

Here is what these youth had to say about the impacts of housing instability:

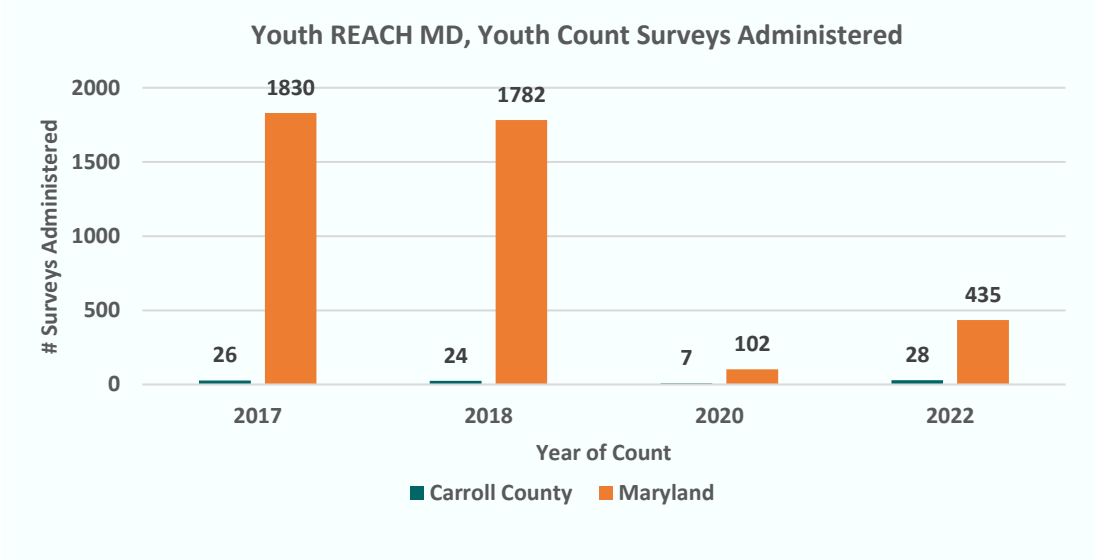
One of the questions youth answered during these discussions was, *"If there were more supports in the community (financial, counseling, transportation, etc.), do you think you would have been able to stay housed?"* Most youth asserted that they were not sure what, if any, services would have helped, but one youth suggested substance use treatment, rehabilitation and advocacy may have helped his family stay housed.

Their recommendations on how Carroll County could better support them, the participating youth emphasized that the local shelter system is not ideal for youth; expanding the current space or providing a separate space for youth was the most popular suggestion. Others mentioned services that have better coordination and are not so compartmentalized; increased substance use services; and more peer support and mentorship services for youth and families experiencing homelessness.

These rates and stories of youth homelessness are not seen in data that is collected for and submitted to the Department of Housing and Urban Development (HUD). According to the annual Point-in-Time (PIT) Counts, the number of homeless youths counted has generally decreased in recent years.



Another surveying method for youth homelessness is the [Youth REACH MD, Youth Count]. "REACH" stands for Reach out, Engage, And Count to End Homelessness; it is a multi-jurisdictional, comprehensive survey and census of unaccompanied youth and young adults who are experiencing homelessness. Established by the Maryland General Assembly as part of the 2014 legislative session, the lead government agency is the Maryland Department of Housing and Community Development and each jurisdiction is responsible for completing the Count. Carroll County participated in the 2017, 2018, 2020, and 2022 Counts.



Data from the 2020 count is not comparable to other datasets because of the impact of the Covid-19 pandemic, and data from the 2022 Count is not available as of the publication of this Assessment. However, the 2017 and 2018 data are available below:

Youth REACH Data Comparison - Maryland and Carroll County	2017 Count Mar 12 – Mar 25		2018 Count Mar 10 – Mar 23	
	CC	MD	CC	MD
Is age **17 or under**	13%	13%	0%	14%
Identifies as **Black/African American**	0%	68%	11%	53%
Identifies as **Hispanic**	6%	6%	6%	10%
Identifies as **transgender** (M to F or F to M)	12%	3%	12%	2%
Identifies as **gay, lesbian, or "bi(pan)sexual"**	31%	20%	28%	16%
Has **children**	25%	26%	17%	30%
Are currently **pregnant**	27%	4%	22%	9%
Has ever had **foster care experience**	40%	21%	22%	20%
Has ever lived in a **group home**	38%	23%	39%	25%
Has ever stayed in **juvenile detention**	44%	25%	17%	28%
Has ever stayed in **jail**	50%	30%	33%	38%

Main reasons for not living with parent or guardian

2017 – Carroll County
- **50%** – Wanted to leave
- **44%** – Fighting
- **31%** – Abuse

2017 – Maryland
- **40%** – Fighting
- **23%** – Wanted to leave
- **14%** – Youth drug or alcohol use

2018 – Carroll County
- **56%** – Fighting
- **44%** – Wanted to leave
- **28%** – Not enough room **+** Abuse

2018 – Maryland
- **32%** – Fighting
- **29%** – Wanted to leave
- **14%** – Youth drug or alcohol use

In both Counts, Carroll County's youths reported higher rates of wanting to leave, fighting, and abuse than the state overall. Interestingly, youth drug or alcohol use was a main reason for youth statewide to not live with their parent or guardian, but it was not in Carroll. In 2017, 25% of our youth stated this was a reason and in 2018 only 11% of our youth stated it was a reason.

Main reasons for not getting help (via services)

2017 – Carroll County
- **60%** – Waiting list
- **20%** – No transportation
  Didn't follow through
  Said they couldn't help

2017 – Maryland
- **32%** – No transportation
- **23%** – Waiting list
- **15%** – Said they could not help

2018 – Carroll County
- **61%** – No transportation
- **33%** – Waiting list
- **22%** – Didn't know where to go
  Didn't qualify

2018 – Maryland
- **38%** – No transportation
- **24%** – Waiting list
- **20%** – Lacked documents

Youth locally and statewide indicated that waiting lists and a lack of transportation most impact their ability to obtain services. However, in 2017 the percentage of Carroll's youth who "Did not follow through" on services (20%) was much higher than the state's (2%).

Services that would be helpful

2018 – Carroll County	**2018** – Maryland
50% – Long-term housing Health care services	**60%** – Long-term housing
39% – Transportation	**38%** – SNAP, food banks, free meals
28% – Job training SNAP, food banks, free meals	**36%** – Job training

Lastly, both local and statewide youth reported that long-term housing would be the most beneficial service. Unlike youth statewide, Carroll's youth said transportation would be one of the top three most helpful services.

Considerations – Typical datasets required by HUD undercount the local frequency and intensity of homelessness that Carroll's youth experience. As such, it is crucial to attend to and explore programmatic data such as that of CCPS and TWOI. The Youth Homelessness Subcommittee of the Carroll County Continuum of Care should regularly monitor this Indicator, and the CCLMB may want to consider prioritizing this Indicator in future years.

Healthy Children — #4: Vaping

% of public-school students (grades 6-8 & 9-12) reporting electronic vapor product use

Community Survey

Both youth and community service providers taking the Community Survey had an opportunity to provide feedback on local drug and substance use. Of nine youth respondents, 55.6% (or five) youth stated that drug or alcohol abuse was "a significant problem" for Carroll County youth (see Question 20). A youth-specific question asked what they would change in Carroll County; one of the nine youth respondents answered, "the drug/homeless problem."

83 providers took the survey, and 77.2% reported that at least a small portion of their clients struggled with co-occurring disorders (simultaneous presences of mental health and substance use disorders):

- **41.0%** (or 34) said at least **a small portion of their clients** experienced this issue.
- **15.7%** (or 13) said **about half of their clients** experienced this issue.
- **20.5%** (or 17) said **over half of their clients** experienced this issue.

Focus Group Discussions

"I know a lot of [student peers] who have done hard drugs; I think that's abnormal. If I tell my parents this, they're shocked about it, so maybe they don't understand how bad it is. But it could just be because they don't know."

Substance use was brought up in every focus group in some capacity. The Community Advisory Council stated that some of the biggest stressors for youth include drugs and vaping. Participants in the PFLAG group spoke about kids experiencing addiction and death among their caregivers and the need for youth substance use treatments. The youth participants were much more forthcoming in their responses. Focus groups discussion participants from Carroll County Kids for Equity (CCKE) had known of or even seen peers using drugs, even "hard drugs" (i.e., not just smoking marijuana or vaping), but said they do not typically do them at school. The CCKE youth acknowledged that their peers' substance was likely due to their mental health, and that adults trying to find these students and address their drug use is not helpful because they are not getting to the root of the problem.

"I feel like we're moving away from just say no,' which is helpful."

There were adults and youth present during the focus groups discussion with individuals from Together We Own It. Although one adult remarked, "I'm shocked at how many kids are using heroin," the youth spoke primarily about vaping and marijuana. One youth participant stated that drug use is a "pretty big"

"If you're looking, it's way too easy to find drugs."

issue among youth, and another agreed, saying that adults say, "weed is weed," but they should acknowledge its seriousness . One student said he had seen "lots" of overdoses and vaping among his friends and student peers. When asked if this was scary or hard to witness, the youth said, "I'm used to it," and, "They do it for fun." These youth also provided insight on the use of social media in buying marijuana or carts for vaping. The youth stated that people will post a picture of whatever drug they are selling on Snapchat and post the price they are selling it for. Several youths mentioned having experienced the effects of addiction through their parents' or caregivers' use; one spoke about the frequency of children falling into substance use because they had watched their family members do it. Both adult and youth participants recommended more substance use treatment for all ages because, "There is a lack of resources for treatment for these things," and, "There are really no people going through treatment."

"If a person sells carts or weed there's a leaf or a cart next to their name, or a bee for wax."


Key Informant Interviews

In the Key Informant Interview with the Youth Program Leader, she emphasized that youth are concerned about overdoses and vaping.

Data Review

"[Vaping is] a full-blown epidemic that is rampant, prevalent, and so easily hidden."

Breslin's (2019) article looked at vaping among Carroll County youth. A school administrator spoke about the frequency of youth who vape, adding that kids "you wouldn't think do it do it." The article asserted that while language and slang related to vaping is familiar among youth, it may be foreign to others. A youth interviewed for the article alluded to students hanging out in the school bathrooms "hoping for someone to come in and share a few hits."

Although not related to vaping, it relates to the "hard drugs" that the youth of the focus group discussions spoke to. According to Webb (2022), as of August 1, 2022 9% (or 19) of the overdoses in 2022 were for individuals aged 0-18 years old. During the same time in 2019, only 3% (or 8) of Carroll County's overdoses were attributed to individuals aged 0-18 years old (Webb, 2019).

Indicator Data – The Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show significant increases in students reporting ever using electronic vapor products, which are defined as "electronic vapor product[s] including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs/hookah pens [blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo]."

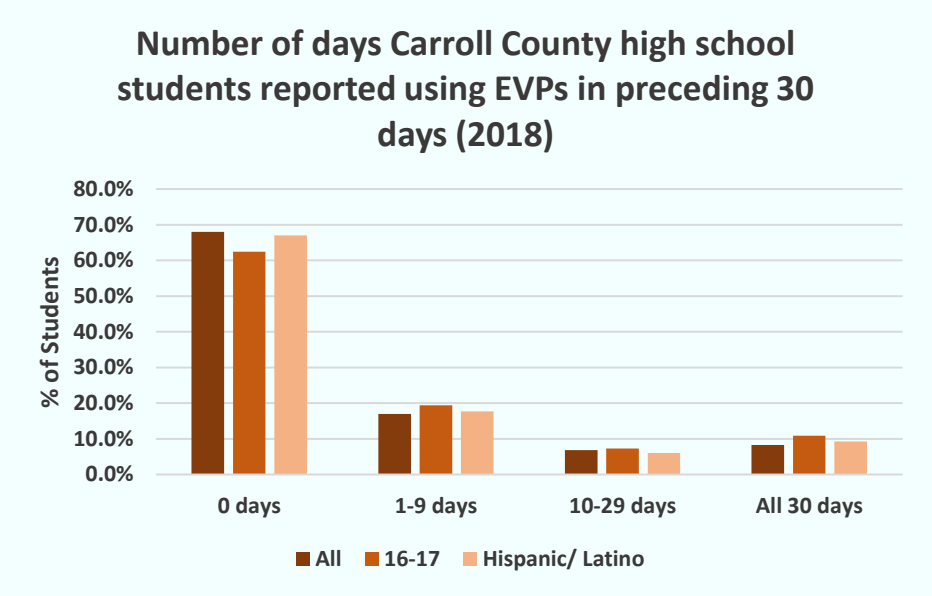
Percent of Carroll County high school students (grades 9-12) reporting ever using electronic vaping products

Year	Total	Male	Female	≤15 yrs. old	Avg of 16-17	Hispanic/ Latino	White	Multiple Races
2014	35.1%	35.4%	34.7%	23.8%	46.4%	36.1%	35.1%	
2016	37.6%	36.9%	38.2%	31.3%	42.0%	43.8%	37.1%	
2018	46.2%	45.0%	47.3%	37.6%	53.3%	51.0%	53.3%	**53.3%**
AVG	39.6%	39.1%	40.1%	30.9%	**47.2%**	**43.6%**	41.8%	N/A

There were <100 students in the "Black/African American" and "All Other Races" subgroups and so they are not included. There was only enough data for the "Multiple Races" population in 2018.

Overall, almost 40% of Carroll County's high school student population reported ever using electronic vapor products (EVPs). EVP use is highest among the 16–17-year-old population and among high school students identifying as Hispanic/Latino or as Multiple Races. EVP use among males and females is nearly equal.

However, in 2018 the majority of high school students reported not using EVPs at all in the preceding 30 days. Even so, the EVP usage rates are generally higher for those aged 16-17 and for Hispanic/Latino students.

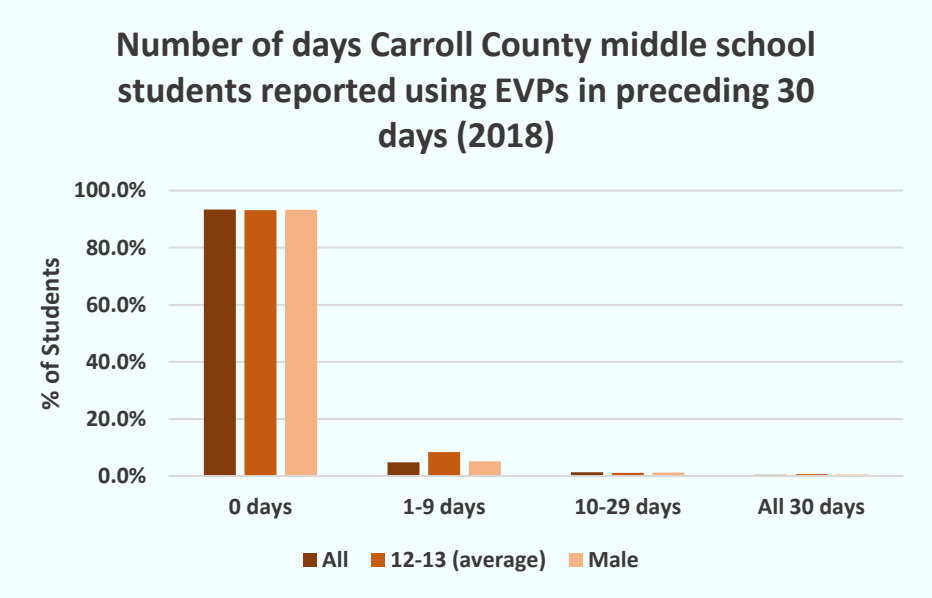


Percent of Carroll County middle school students (grades 6-8) reporting ever using vaping products

Year	Total	Male	Female	≤11 yrs. old	Avg of 12-14+	Hispanic/ Latino	White	Multiple Races
2014	9.4%	10.5%	8.2%	7.0%	9.3%		9.2%	
2016	13.0%	13.5%	12.5%	9.5%	16.5%	**20.3%**	12.2%	
2018	17.5%	19.2%	15.9%	12.1%	18.0%		17.6%	
AVG	13.3%	**14.4%**	12.2%	9.5%	**14.6%**	N/A	13.0%	

There were <100 students in the "Black/African American", "Multiple Races", and "All Other Races" subgroups and so they are not included. There was only enough data for the "Hispanic/Latino" population in 2016.

Overall, over 10% of Carroll County's middle school student population reported electronic vapor product (EVP) use. EVP use is highest among children aged 12-14+ and among students identifying as Hispanic/Latino. EVP use among males is slightly higher than that of females.



Similar to the high school students, in 2018 the majority of middle school students also reported not using EVPs at all in the preceding 30 days. Even so, the EVP usage rates are generally higher for those aged 12-13.

Other Sources – Nationally, in 2021 the FDA reported 9.3% of students reported current (past 30 days) use of tobacco products and most common among middle and high school students (7.6%) used EVP (Food and Drug Administration, 2022). When looking at general drug use, the Substance Abuse and Mental Health Services Administration (2020) found that in 2019 18.6% of U.S. youth aged 12-25 had a Substance Use Disorder (SUD, i.e., alcohol use disorder, illicit drug use disorder, or both).

Additionally, in one of the youth focus group discussions they mentioned vaping as one of the biggest current stressors. These youth also spoke to the ease with which youth could buy drugs via social media platforms. In the adult focus group discussions, the participants did not mention drug use among youth as a concern, which may suggest adults are unconcerned with youth substance use or are unaware of its extent.

Considerations – Given the high and increasing rates of EVP use among youth even four years ago, it is crucial to continue monitoring this Indicator.

Babies Born Healthy

BABIES BORN HEALTHY INDICATORS

1. Prenatal Care: % of women with prenatal care in the first trimester
2. Infant Mortality: # of deaths occurring to infants (<1 year) per 1,000 live births
3. Low Birth Weight: % of low birth weight (<2500 g) infants
4. Births to Adolescents: Adolescent birth rate per 1,000 women (ages 15-19)

Babies Born Healthy has not been prioritized by the CCLMB in recent years given the favorable trends witnessed in the Indicator data. Similarly, the local data reviewed and collected during the assessment process did not point to significant needs or gaps impacting this Result.

1. Prenatal Care: % of women with prenatal care in first trimester

Indicator Data – According to the Partnership for a Healthier Carroll County (PfHCC), the rate of Maryland mothers who received early prenatal care increased slightly from 2010 to 2019. When disaggregated by age, only about 54.8% of MD mothers aged 18-19 received early prenatal care in 2019 while at least 67.3% of MD mothers of all other ages did. There are clear racial and ethnic disparities in mothers receiving early prenatal care:

Race/Ethnicity of Mothers	% received care in 2019
Asian/Pacific Islander	64.9%
Black/African American, non-Hispanic	50.9%
Hispanic	45.2%
White, non-Hispanic	77.0%
Overall	73.8%

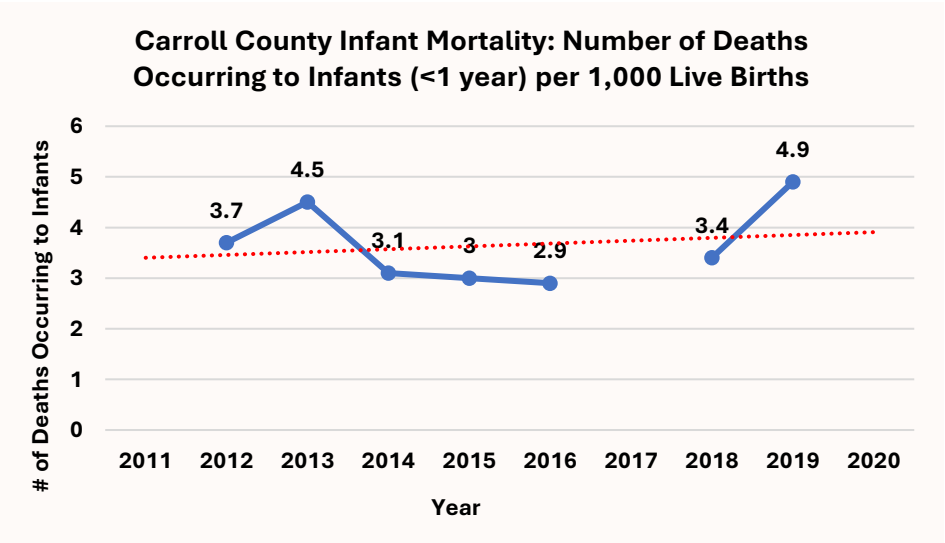
Other Sources – During one youth FGD, a young lady shared challenges related to accessing prenatal resources, including WIC for her age, she is 15.

Considerations – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. This new source does not provide data on the county level.

2. Infant Mortality: # of deaths occurring to infants (<1 year) per 1,000 live births

Indicator Data – There has been a general increase in infant mortality from 2008 to 2019 with a more pronounced increase (2.0%) from 2016 to 2019 (KIDS COUNT Data Center). In 2020 the KIDS COUNT Data Center reported a Low Number Event for Carroll County, where "a value of 5 of less events" was counted and therefore not reported here.

Considerations – Given the slight increase in infant mortality between 2016-2019, it is crucial to continue monitoring this Indicator.



3. Low Birth Weight: % of low birth weight (<2500 g) infants

Indicator Data – According to the KIDS COUNT Data Center, Carroll County's rate of low birth weight babies has remained steady at around 6.5% from 2011 to 2020. It remains about 2%-3% lower than the State's rate.

4. Births to Adolescents: Adolescent birth rate per 1,000 women (ages 15-19 years)

Indicator Data – From 2010 to 2019, the rate of births to adolescents (aged 15-19) decreased almost 8.6%. Carroll County's rate is consistently less than half the rate of Maryland's (KIDS COUNT Data Center).

Other Sources – Although county-level data cannot be disaggregated by race and ethnicity, statewide trends indicate higher rates of adolescent births among the Hispanic, Black non-Hispanic, and All Races subpopulations. In 2020, the birth rate for Hispanic adolescents was almost six times that of White adolescents (35.0 and 6.0, respectively). Birth rates for Black non-Hispanic adolescents (16.7) was 2.5 times that of White adolescents (Maryland Vital Statistics Report, 2020).

1. Health Insurance Coverage: % children who have health insurance coverage

Indicator Data – Carroll County's rate of insured children has increased from 2008-2018, averaging out at about 96.6%. This local rate has also trended around 0.5%-1.0% higher than the rate of Maryland overall, indicating that we are performing better than other jurisdictions (KIDS COUNT Data Center).

Other Sources – The Community Resilience Estimates for Equity & Disasters found in 2019 that the Carroll County residents most lacking health insurance were those aged 19-34 (1,800 uninsured) and those aged 35-64 (2,400 uninured).

2. Immunizations: % of children ages 19-35 months who have received the full schedule of recommended immunizations

Indicator Data – According to the Centers for Disease Control (CDC), in 2017 about 75% of Maryland children aged 19-35 months received the full schedule of recommended immunizations.

Other Sources – America's Health Rankings report that Maryland's rate of immunized children increased from 2015 to 2018 (76.6% to 80.0%). In 2017, 78.9% of Maryland's children below poverty received the full immunization schedule. This is a more favorable rate compared to the percentage of fully immunized U.S. children in poverty (62.8%) and even the percentage of fully immunized Maryland children above poverty (76.3%). While Maryland's Black/African American and White children were fully immunized at nearly equal rates (76.0 % and 77.0%, respectively), the rate for Maryland's Hispanic children was 69.6%.

Considerations – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. This new source does not provide data on the county level.

HEALTHY CHILDREN INDICATORS

1. Health Insurance Coverage: % children who have health insurance coverage
2. Immunizations: % of children ages 19-35 months who have received the full schedule of recommended immunizations
3. Youth Depression: % of public school students (grades 6-8 & 9-12) reporting depressive episode
4. Vaping: % of public school students (grades 6-8 & 9-12) reporting electronic vapor product use
5. Physical Activity: % of public school students (grades 6-8 & 9-12) reporting physical activity for 60 minutes in last 7 days
6. Hospitalizations: Nonfatal injury hospitalization rate for self-inflicted injuries to children ages 0-21 per 100,000
7. Obesity: % of public school students in grades 9-12 who are overweight or obese

3. Youth Depression: % of public-school students (grades 6-8 & 9-12) reporting depressive episode - PRIORITIZED BY THE CCLMB IN FY 2019

See page 26.

4. Vaping: % of public-school students (grades 6-8 & 9-12) reporting electronic vapor product use

See page 47.

5. Physical Activity: % of public-school students (grades 6-8 & 9-12) reporting physical activity for 60 minutes in last 7 days

Indicator Data – Aggregated data from the Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show a slight (3.0%) increase between 2013 and 2018 in high school students reporting 60 minutes of physical activity, which is defined as "any kind of physical activity that increased the heart rate and made the student breathe hard some of the time during the 7 days before the survey." When disaggregated, the physical activity rates for high school students identifying as Hispanic/Latino and White increased. There was not enough data for the Black/African American, All Other Races, and Multiple Races subpopulations to provide any trends. The rates for male and female high school students also increased, although the percentage of females reporting 60 minutes of physical activity was consistently 10% lower than that of males.

Conversely, aggregated data from the Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show a slight decrease (3.6% between 2013 and 2018) in the number of middle school students reporting 60 minutes of physical activity. There was not enough data for the Black/African American, All Other Races, Hispanic/Latino, and Multiple Races subpopulations to provide any trends. The percentage of middle school females reporting 60 minutes of physical activity was on average 14% lower than that of their male counterparts.

6. Hospitalizations: Nonfatal injury hospitalization rate for self-inflicted injuries to children ages 0-21 per 100,000

Indicator Data – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. However, data from the previous source shows a significant decrease in child hospitalizations due to self-inflicted injury; the rate in 2013 was 113.8 and it decreased to 29.0 in 2018 (Carroll County Well-Being Scorecard).

Other Sources – Although not related to hospitalizations caused by self-injury, Carroll County Public Schools (CCPS) staff provided data for the number of interventions made by CCPS staff for students exhibiting self-injurious behaviors. The rates were highest in the 2018-2019 school year, but because of the Covid-19 pandemic many students were not accessible to CCPS staff during the latter half of the 2019-2020 and some of the 2020-2021 school years. Since it was not possible for CCPS staff to intervene as often for student self-inflicted injuries, data for these years are likely underrepresented.

Number of Interventions by CCPS Staff for Students' Self-Injury (Duplicated)

Race	2017-2018	2018-2019	*2019-2020	**2020-2021	2021-2022 (thru 3/4/22)
African American	20 (7%)	20 (5%)	14 (5%)	23 (8%)	21 (7%)
American Indian	3 (1%)	5 (1%)	0 (0%)	0 (0%)	0 (0%)
Asian	5 (2%)	5 (1%)	1 (<1%)	12 (4%)	12 (4%)
White	240 (90%)	356 (92%)	273 (93%)	265 (88%)	254 (89%)
Hawaiian/Pacific Islander	0 (0%)	1 (<1%)	6 (2%)	0 (0%)	0 (0%)
TOTAL INTERVENTIONS	268	387	294	300	287

**2019-2020 school year in-person instruction ended March 16, 2020, and virtual instruction ran from March 30th until the end of the school year.*

***2020-2021 school year included various stages of virtual instruction and hybrid instruction.*

Note: This is not an unduplicated count, i.e., one student could have received multiple interventions.

CCPS' current data collection system does not collect Hispanic/Latino or Multiple Races data.

Based upon population demographics, the intervention rates for African American and Asian students are disproportionate to their actual population, suggesting that these subpopulations experience greater rates of self-injurious behaviors in school than their American Indian, White, and Hawaiian/Pacific Islander peers.

Considerations – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. This new source is not publicly available.

7. Obesity: % of public-school students in grades 9-12 who are overweight or obese

Indicator Data – Aggregated data from the Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show almost no change in high school student obesity between 2013 and 2016, which is defined as being in the 95th or higher percentile for "body mass index, based on sex- and age-specific reference data for the 2000 CDC growth charts)." However, when disaggregated the rates for high school students who are overweight or obese increased slightly for females and varied for students identifying as Hispanic/Latino (decreased from 2013-2016 then increased in 2018). There was not enough data for the Black/African American, All Other Races, and Multiple Races subpopulations to provide any trends. The rate for male high school students trended downward, though the overall trend for White high school students remained mostly unchanged.

Children Enter School Ready to Learn

1. Kindergarten Readiness Assessment (KRA): % demonstrating readiness

Indicator Data – From FY 2015 to FY 2019, Carroll County's kindergarteners demonstrated increasing rates of readiness, going from 55% in FY 2015 to 61% in FY 2019 (Carroll County Well-Being Scorecard).

Other Sources – According to Ready At Five, during the 2019-2020 school year Carroll was the third best performing jurisdiction in Maryland. During the 2020-2021 school year, Carroll tied for second. However, there are clear disparities related to disability status, race, and ethnicity in Carroll County's children demonstrating Kindergarten readiness:

CHILDREN ENTER SCHOOL READY TO LEARN INDICATORS

1. Kindergarten Readiness Assessment (KRA): % demonstrating readiness
2. Public Pre-K: % of children enrolled in publicly funded Pre-K the year prior to kindergarten

Carroll County Percent of Students Demonstrating Kindergarten Readiness

	Total	Has a Disability	Asian	Black/African American	White	Hispanic/ Latino	2+ Races
SY '19-'20	59%	29%	*	*	64%	38%	40%
SY '20-'21	54%	27%	56%	38%	57%	30%	53%

**Too few kindergarteners were assessed to report the percent demonstrating readiness.*

Considerations – It is important to continue monitoring this Indicator for disparities in future years.

2. Public Pre-K: % of children enrolled in publicly funded Pre-K the year prior to kindergarten

Indicator Data – There was no data or source available on the Carroll County Well-Being Scorecard for this Indicator.

Other Sources – During the 2019-2020 school year, 20% of parent respondents indicated that their child attended either half- or full-day Pre-K (but it is unclear whether it was publicly funded). During the 2020-2021 school year, only 14% parent respondents reported that their child was enrolled in any Public Pre-K (Ready At Five).

Considerations – The data used for this Indicator does not appear to be publicly available. The other source used may be insufficient, so this Indicator should be monitored and revisited in future years.

CHILDREN ARE SUCCESSFUL IN SCHOOL INDICATORS

1. MCAP: Math: % of public school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program
2. MCAP: Reading: % of public school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program
3. MSAA: English: % percent of students (grade 8 and 11) scoring at or above proficient on the English Multi-State Alternative Assessment
4. MSAA: Math: % percent of students (grade 8 and 11) scoring at or above proficient on the Math Multi-State Alternative Assessment
5. Chronic Absenteeism: Students enrolled in school at least 10 days who are absent for 10% or more days

1. MCAP: Math: % of public-school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program

Indicator Data – According to data from the 2014-2015 through the 2018-2019 school years (Maryland State Department of Education Report Card Trends), 64.3% of third graders and 40.4% of eighth graders performed at performance level 4 or above on the Math MCAP. In both grades, females performed better than males and Asian students performed best out of all races and ethnicities. In grade 3, Hispanic students performed the worst of all races and ethnicities, and in grade 8 African American students received the worst scores. Disparities in performance are especially apparent when comparing "All Students" to English Language Learners, students with disabilities, and students receiving Free and Reduced Meals (FaRMs).

Carroll County average % of students at or above PL4 on MCAP Math, 2015-2019

Demographic	Grade 3 Average	Grade 8 Average	Math 3-Algebra I
All Students	64.3%	40.4%	48.0%
Male	63.1%	36.9%	52.0%
Female	65.6%	44.0%	55.0%
Has ADA 504	54.5%	32.3%	48.0%
Receives FaRMs	**39.8%**	**22.0%**	41.9%
English Language Learners	**21.0%**	**10.6%***	***
Has a Disability	**22.4%**	**7.0%***	**37.29%*^**
Asian	77.6%	56.9%	70.8%
African American	49.3%	26.7%	**34.5%**
White	66.9%	41.4%	55.4%
2+ Races	50.1%	27.8%	42.6%
Hispanic/Latino	44.9%	37.4%	**38.5%**

**Only had four years of data.* *^Only had three years of data.*
****Insufficient data to obtain average across all assessments.*

Other Sources – For Math MCAPs from Math 3 through Algebra I, 48.0% of students performed at performance level 4 or above. Again, females performed better than males and Asian performed best out of all races and ethnicities. African American students had the lowest scores of all races and ethnicities. Students with disabilities also had the lowest scores of those in the table above (Maryland State Department of Education Report Card Trends).

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

2. MCAP: Reading: % of public-school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program

Indicator Data – According to data from the 2014-2015 through the 2018-2019 school years (Maryland State Department of Education Report Card Trends), 49.9% of third graders and 53.9% of eighth graders performed at performance level 4 or above on the Math MCAP. In both grades, females performed better than males and Asian students performed best out of all races and ethnicities. In grade 3, Hispanic students performed the worst of all races and ethnicities, and in grade 8 African American students received the worst scores. Disparities in performance are especially apparent when comparing the "All Students" rates to those of English Language Learners, students with disabilities, and students receiving Free and Reduced Meals (FaRMs).

Carroll County Average % of students at or above PL4 on MCAP English, 2015-2019

Demographic	Grade 3 Average	Grade 8 Average	ELA 3-English 11
All Students	49.9%	53.9%	53.2%
Male	43.9%	43.5%	45.1%
Female	56.1%	64.8%	61.9%
Has ADA 504	39.1%	**38.6%**	38.0%
Receives FaRMs	**27.7%**	**30.4%**	**30.2%**
English Language Learners	**9.4%***	N/A	N/A
Has a Disability	**12.6%**	**7.7%***	**13.58%****
Asian	61.5%	74.9%	67.5%*
African American	34.6%	43.3%	**36.9%***
White	52.1%	54.8%	55.1%^
2+ Races	39.4%	46.2%	45.5%*
Hispanic/Latino	32.8%	43.5%	39.5%

** Only had four years of data.* *^Only had three years of data.*
***Only had two years of data.*

Other Sources – For ELA MCAPs from ELA 3 through English 11, 53.2% of students performed at performance level 4 or above. Again, females performed better than males and Asian performed best out of all races and ethnicities. African American students had the lowest scores of all races and ethnicities. Students with disabilities also had the lowest scores of those in the table above (Maryland State Department of Education Report Card Trends).

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

3. MSAA: English: % percent of students (grade 8 and 11) scoring at or above proficient on the English Multi-State Alternative Assessment

Indicator Data – According to data from the 2015-2016 through the 2018-2019 school years (Maryland State Department of Education Report Card Trends), 32.2% of third graders and 35.4% of eighth graders scored at or above proficiency on the English MSAA. In grade 3, Whites presumably score better than their non-White counterparts. The reverse is true in grade 8: Whites presumably scored worse than their non-White counterparts. There was insufficient data for the other disaggregated subpopulations, so they cannot be analyzed.

Carroll County average % of students scoring at or above proficiency on English MSAA, 2016-2019

Demographic	Grade 3 Average	Grade 8 Average
All Students	32.2%*	35.4%
Male	***	50.3%*
Female	***	34.2%^
White	50.0%**	31.3%

**Only had three years of data. ^Only had two years of data.*
***Only had one year of data.*
****Insufficient data to obtain average across all assessments.*

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

4. MSAA: Math: % percent of students (grade 8 and 11) scoring at or above proficient on the Math Multi-State Alternative Assessment

Indicator Data – According to data from the 2015-2016 through the 2018-2019 school years (Maryland State Department of Education Report Card Trends), 35.5% of third graders and 50.2% of eighth graders scored at or above proficient on the Math MSAA. In both grades, White students presumably scored better than their non-White counterparts. In grade 8, male students performed better than females. There was insufficient data for the other disaggregated subpopulations, so they cannot be analyzed.

Carroll County average % of students scoring at or above proficiency on Math MSAA, 2016-2019

Demographic	Grade 3 Average	Grade 8 Average
All Students	35.5%*	50.2%
Male	***	53.0%
Female	***	49.2%^
White	40.0%**	52.1%

**Only had three years of data. ^Only had two years of data.*
***Only had one year of data.*
****Insufficient data to obtain average across all assessments.*

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

5. Chronic Absenteeism: Students enrolled in school at least 10 days who are absent for 10% or more days

Indicator Data – Carroll County's chronic absenteeism rates have increased 5% from 2017 to 2021 (Maryland State Department of Education Report Card Trends). Disparities in chronic absenteeism are obvious among students who receive Free and Reduced Meals (FaRMs), English Language Learners, students with disabilities, and students identifying as Hispanic or Latino and African American. When comparing Carroll's 2021 data to Maryland 2021 data, six of the demographic subpopulations below have higher rates of chronic absenteeism in Carroll County than they do statewide: students receiving FaRMs, English Language Learners, Asian students, White students, students identifying as two or more races, and Hispanic or Latino students.

MSDE DEFINITIONS

Chronic absenteeism: any student enrolled for at least 10 days who is absent 10% or more school days during the school year

Absent: any student not physically on school grounds and not participating in instruction or instruction-related activities at approved off-grounds location for the school day

Truancy as a subset of chronic absenteeism.

Maryland State Department of Education Report Card Trends

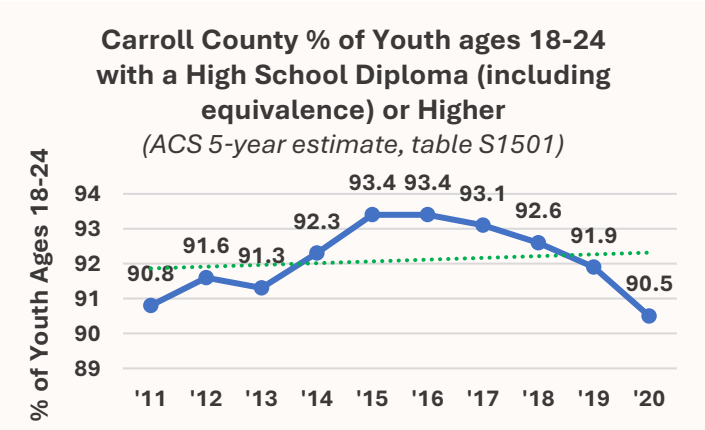
Average % of chronically absent students

Demographic	Carroll 2017	Carroll 2021	Maryland 2021
All Students	11.4%	16.9%	22.4%
Male	11.0%	18.2%	23.9%
Female	11.9%	15.6%	20.8%
Has ADA 504	16.7%	17.9%	20.8%
Receives FaRMs	**24.8%**	**41.4%**	**35.9%**
English Language Learners	**19.1%**	**49.9%**	30.5%
Has a Disability	**20.3%**	29.4%	**32.2%**
Asian	6.2%	8.5%	7.0%
African American	15.8%	28.8%	**31.4%**
White	11.0%	14.7%	13.1%
2+ Races	12.8%	27.6%	20.2%
Hispanic/Latino	16.4%	**32.6%**	29.2%

Considerations – The Covid-19 pandemic affected students' attendance so it is unsurprising that there were general increases in chronic absenteeism in 2021. However, it will be important to continue monitoring this Indicator in future years and to pay special attention to whether the disparities worsen over time. If they do worsen over time, the CCLMB should see if this trend is echoed statewide.

1. Educational Attainment: % of youth ages 18-24 with high school diploma (including equivalence) or higher

Indicator Data – Educational attainment for youth aged 18-24 has remained around 92%, though it trended upward since 2011 (American Community Survey 5-year Estimates Table S1501). From 2011 to 2020, the average percentage of youth with less than a high school diploma or equivalent was 7.91%. Disaggregated data by race and ethnicity was not available in this table.

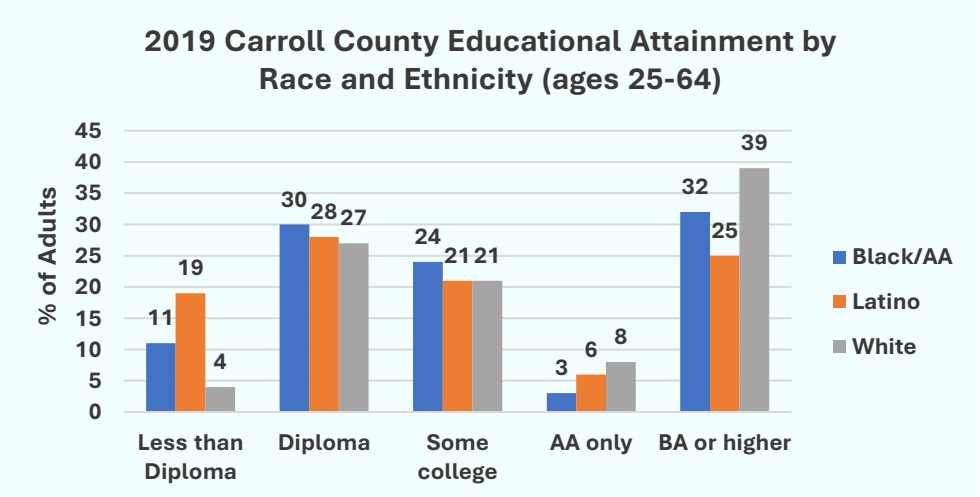


YOUTH WILL COMPLETE SCHOOL INDICATORS

1. Educational Attainment: % of youth ages 18-24 with high school diploma (Including equivalence) or higher
2. Graduation: Four-year cohort graduation rate
3. Program Completion of Students with Disabilities: % of students with disabilities who graduated with diploma

Other Sources – Data for the 25-64 age group show obvious racial and ethnic disparities in educational attainment. According to the National Equity Atlas, in 2019 19% of Latinos, 11% of Blacks/African Americans, and only 4% of Whites aged 25-64 had less than a high school diploma. Conversely, 25% of Latinos, 32% of Blacks/African Americans, and 39% of Whites had a bachelor's degree or higher. Whites are more likely to have attained higher education, while Latinos and Blacks/African Americans are more likely to have less than a high school diploma.

Considerations – Given the disparities seen in this data, this Indicator should be monitored and revisited in future years.



2. Graduation: Four-year cohort graduation rate

Indicator Data – The definition for this Indicator is "the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for that graduating class." Maryland's average cohort graduation rate for 2017 to 2021 is 87.1% which makes Carroll County's 95% average appear especially favorable. However, racial and ethnic disparities exist; only an average of 88.6% Hispanic students and 92.6% African American students achieve four-year cohort graduation. Students identifying as two or more races and male students also experience lower rates.

Carroll County Four-Year Cohort Graduation Rate

	All	Males	Females	Asian	African American	White	2+ Races	Hispanic
2017	95%	94.1%	95%	95%	93.4%	95%	95%	84.3%
2018	95%	95%	95%	95%	92.9%	95%	87.0%	89.3%
2019	95%	94.1%	95%	95%	94.8%	95%	95%	86.5%
2020	95%	95%	95%	95%	88.5%	95%	92.6%	94.4%
2021	95%	93.7%	95%	95%	93.5%	95%	95%	88.2%
AVG	95%	94.4%	95%	95%	92.6%	95%	92.9%	88.6%

There were <10 students in "American Indian/Alaska Native" and "Native Hawaiian/Other Pacific Islander" subgroups and so they are not included.

3. Program Completion of Students with Disabilities: % of students with disabilities who graduated with diploma

Indicator Data – An average of 50.9% of Carroll County's students with disabilities graduated with a diploma from the 2012-2013 school year to the 2020-2021 school year. During this same period, Maryland's average rate of students with disabilities who graduated with diploma was 43.4% (Maryland Special Education, 2016-2021).

Other Sources – There are other outcomes for students with disabilities than just to get a diploma. Of Carroll's average population of students with disabilities 6.3% received a certificate, 18.6% returned to general education, 5.5% dropped out, and 3.5% had parents who revoked their consent.

Carroll County's % outcomes for students with disabilities

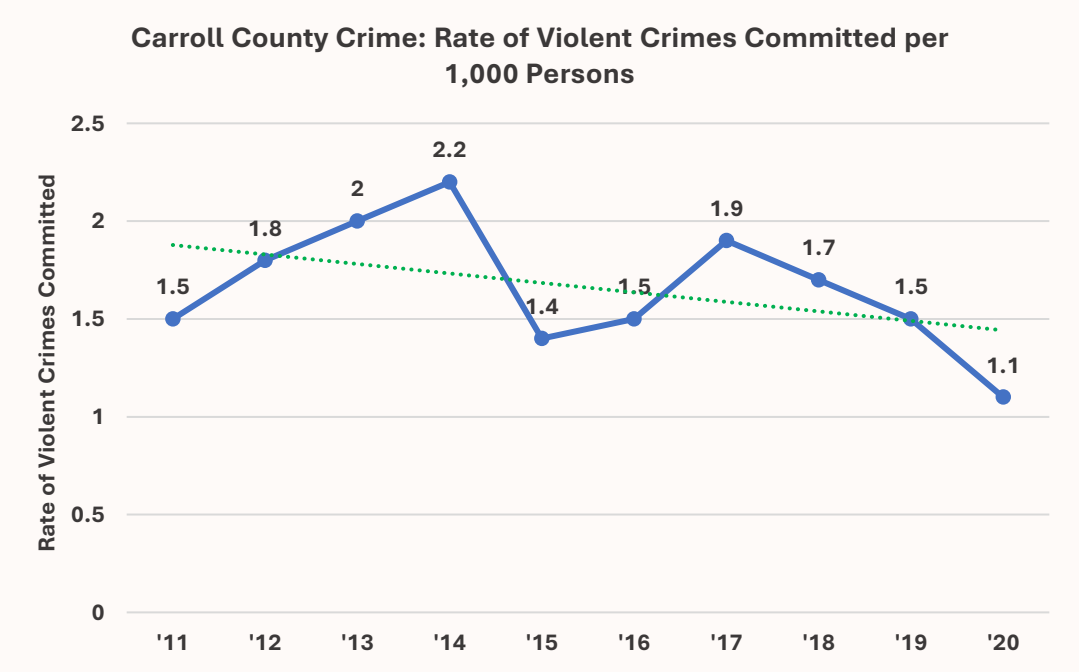
School Year	Diploma	Certificate	To Gen. Ed.	Max. Age	De-ceased	Moved; Spec. Ed.	Dropped Out	Parent Revoked
16-17	58.4%	4.9%	12.7%	0.4%	0%	11.6%	6.0%	6.0%
17-18	49.0%	6.2%	20.8%	0%	0.4%	13.5%	6.2%	3.9%
18-19	51.5%	6.5%	20.5%	0%	1.0%	11.9%	5.8%	2.7%
19-20	54.9%	7.8%	18.4%	0%	0.4%	13.3%	3.9%	1.2%
20-21	51.8%	6.3%	20.4%	0%	0%	12.2%	5.5%	3.9%
Avg	53.1%	6.3%	18.6%	0.1%	0.4%	12.5%	5.5%	3.5%

1. Crime: Rate of violent crimes committed per 1,000 persons

Indicator Data – The rate of violent crimes in Carroll County has decreased from 2011 to 2020.

COMMUNITIES ARE SAFE FOR CHILDREN, YOUTH, AND FAMILIES' INDICATORS

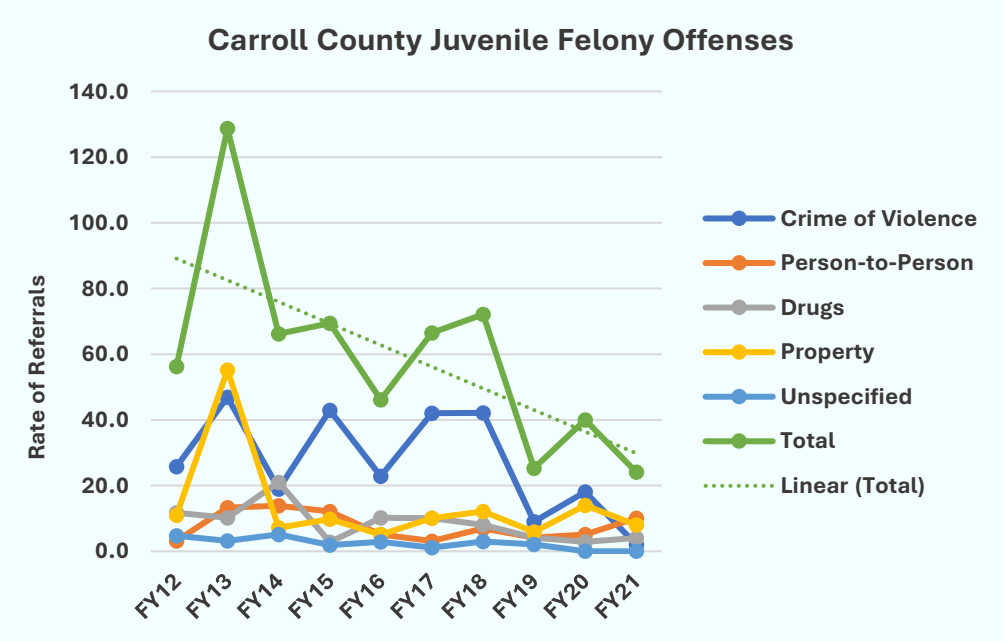
1. **Crime:** Rate of violent crimes committed per 1,000 persons
2. **Juvenile Felony Offenses:** 11-17: rate of referrals per 100,000
3. **Child Maltreatment:** Rate of unduplicated children (ages 0-17) with indicated/ unsubstantiated child abuse/neglect findings (per 1,000)
4. **Lead Levels:** % of children <72 months of age with confirmed blood lead levels (BLL) >5 µg/dL
5. **Out-of-Home Placements:** Rate of children placed in out-of-home placements per 1,000 children ages 0-18



2. Juvenile Felony Offenses: 11-17: rate of referrals per 100,000

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the Carroll County Well-Being Scorecard for this Indicator.

Other Sources – The following data was taken from the Carroll County's Offense Category table in the Maryland Department of Juvenile Services (2013-2021). The percent of felonies per subtype was multiplied by the overall number of complaints in order to get the rate of referrals. The total number of juvenile felony offenses has declined significantly since FY12. Juvenile crimes of violence remain the most commonly committed crimes, followed by property crimes.



Unfortunately, there are significant racial disparities within Carroll County's intake complaints. Since FY13, nearly half of the intake complaints on average (49.5%) were for youth who were Black. This is over ten times the amount of total Black individuals living in Carroll County (4%). There is also a disparity for White youth – although 89% of Carroll County's population is White, only an average of 45.7% of the intake complaints from FY13 to FY21 were for White youth (Maryland Department of Juvenile Services, 2013-2021).

Carroll County % of intake complaint decision demographics

	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	Avg
Black	11.9%	15.5%	67.7%	66.5%	68.7%	71.9%	70.0%	63.8%	49.5%
White	84.0%	79.0%	27.8%	29.0%	26.8%	23.0%	24.5%	30.2%	45.7%
Hispanic/Other	4.1%	5.6%	4.5%	4.4%	4.6%	5.1%	5.5%	6.0%	4.8%

Considerations – The data used for this Indicator does not appear to be publicly available. The other source used may be insufficient so this Indicator should be monitored and revisited in future years, especially considering the stark racial disparities that exist.

3. Child Maltreatment: Rate of unduplicated children (ages 0-17) with indicated/ unsubstantiated child abuse/neglect findings (per 1,000)

Indicator Data – In Carroll County, the child maltreatment rate increased slightly from 3.4 in 2010 to 3.8 in 2017 (Maryland Department of Health, 2020). Data from 2018 on is unavailable.

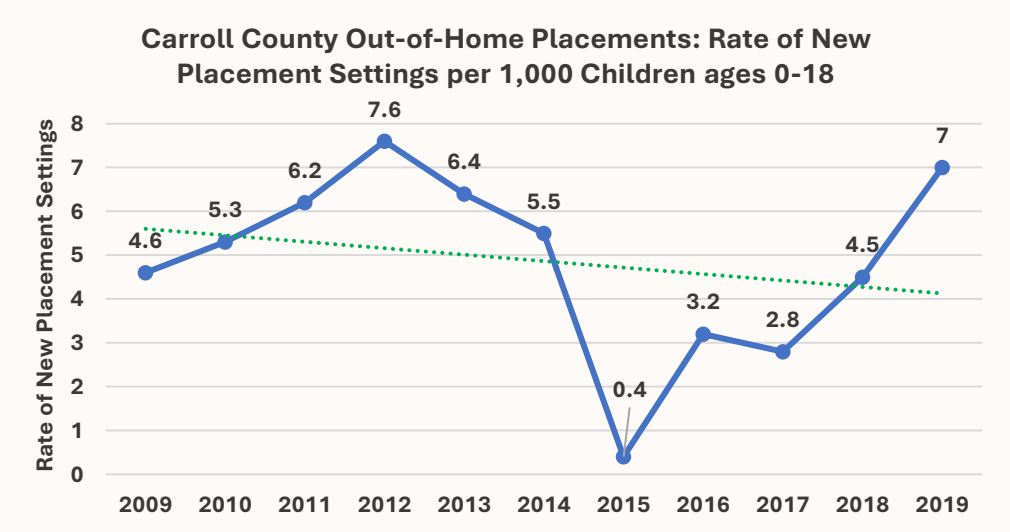
Other Sources – Due to the Covid-19 pandemic, reports to Child Protective Services may be underrepresented. According to the Maryland Children's Electronic Social Service Information Exchange (CHESSIE) Child Welfare Data Snapshot, there were only 17 new cases of maltreatment in May 2020 compared to 59 in June 2019 (Maryland Department of Human Services, 2020).

4. Lead Levels: % of children <72 months of age with confirmed blood lead levels (BLL) >5 µg/dL

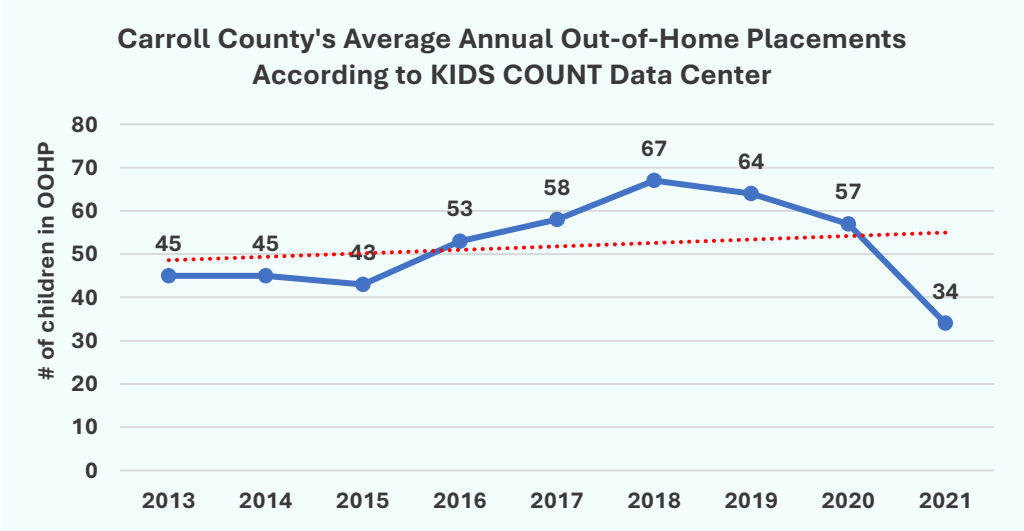
Indicator Data – Blood Lead Levels for Carroll County children declined significantly from 2.1 in 2012 to 0.6 in 2017 (Centers for Disease Control). Data from 2018 on is unavailable.

5. Out-of-Home Placements: Rate of children placed in out-of-home placements per 1,000 children ages 0-18

Indicator Data – According to the Governor's Office for Children (2009-2019), Carroll County's rate of children placed outside of the home has generally decreased since 2009. However, there has been a significant increase since 2015; the 2019 rate is almost as high as the peak witnessed in 2012.



Other Sources – Although the rate of out-of-home placements for Carroll County children has generally declined according to the Out-Of-Home Placement Reports above, the rate of children in out of home placement has increased according to the KIDS COUNT Data Center. Fortunately, the rate has been decreasing since 2018. The Data Center's source is the Maryland Department of Human Resources (DHS), which may mean that more youth are being sent out of the county through DHS but not through the other agencies which contribute to the Out-Of-Home Placement reports through the Governor's Office for Children.



For more local context, according to Carroll County Public Schools staff there were 30 total children in Foster Care as of July 29, 2022. However, only seven were school-aged; the remaining children in Foster Care were under age five or between ages 18-21.

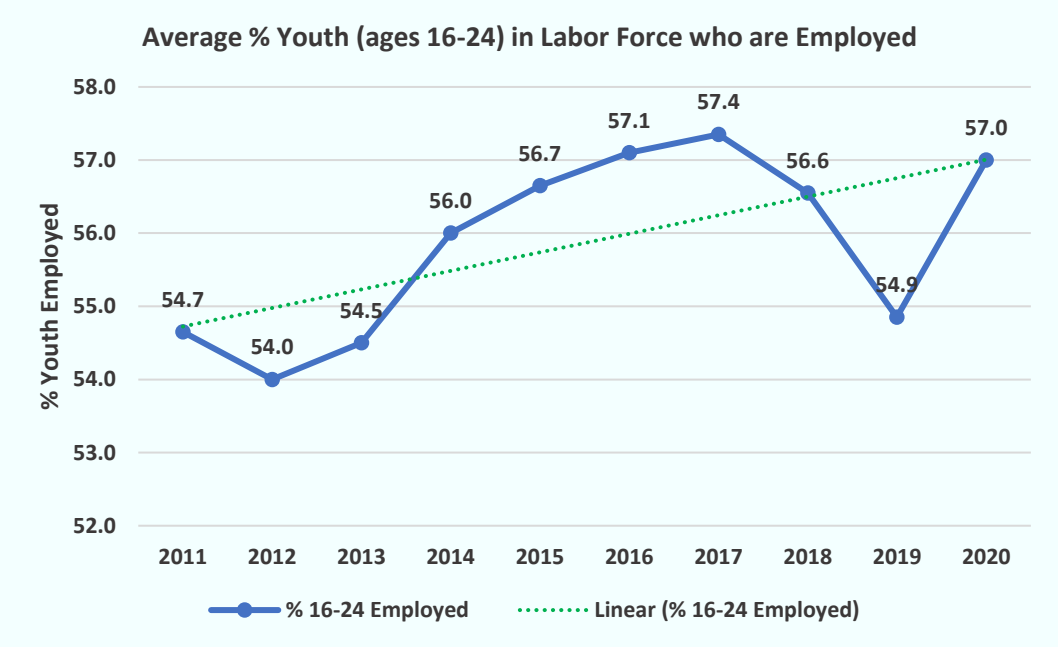
YOUTH HAVE OPPORTUNITIES FOR EMPLOYMENT OR CAREER READINESS INDICATORS

1. Youth Employment: % of 16-24-year-olds in labor force who are employed
2. Youth Unemployment: % of 16-24-year-olds in labor force who are unemployed
3. Youth Disconnection: % of youth not working and not in school
4. CTE Program: % of high school graduates who complete a Career and Technology Education (CTE) program

1. Youth Employment: % of 16-24-year-olds in labor force who are employed

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the Carroll County Well-Being Scorecard for this Indicator.

Other Sources – According to table S2301 of the U.S. Census Bureau, Carroll County's trend for percent of youth in the labor force who are employed has slightly increased since 2011. However, the rate has remained around 62% in recent years.

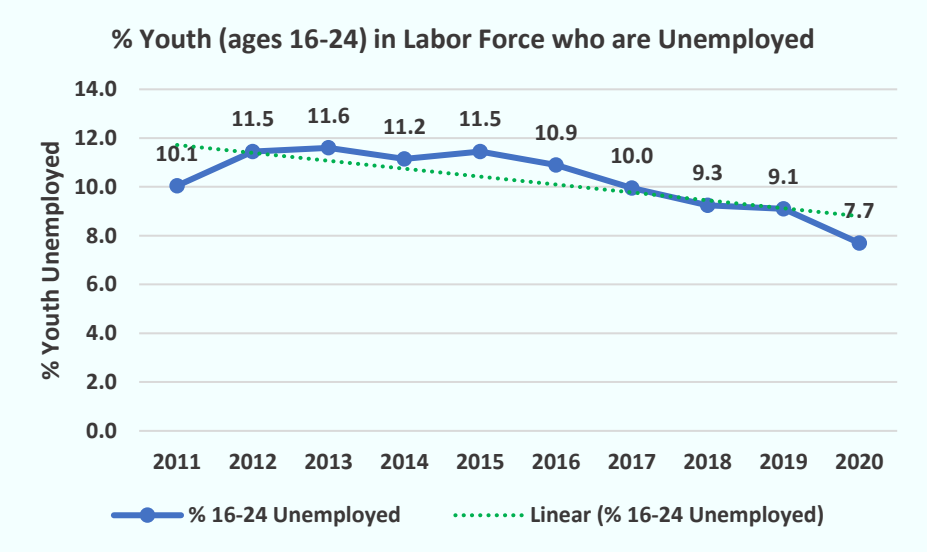


Considerations – The data used for this Indicator appears to have changed how the data is portrayed and the other source used may be insufficient.

2. Youth Unemployment: % of 16-24-year-olds in labor force who are unemployed

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the Carroll County Well-Being Scorecard for this Indicator.

Other Sources – According to table S2301 of the U.S. Census Bureau, Carroll County's trend for percent of youth in the labor force who are unemployed has slightly decreased since 2011. During this timeframe, it was lowest point in 2020 just before the pandemic.



Considerations – The data used for this Indicator appears to have changed how the data is portrayed and the other source used may be insufficient. years.

3. Youth Disconnection: % of youth not working and not in school

See page 31.

4. CTE Program: % of high school graduates who complete a Career and Technology Education (CTE) program

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the Carroll County Well-Being Scorecard for this Indicator.

Other Sources – Overall in 2020, Carroll County was only 1.0% away from meeting the More Jobs for Marylanders (MJFM) target. However, when disaggregated there are clear disparities for students identifying as Black, who were economically disadvantaged, and who had a disability. Asian students performed the best and male students performed slightly better than female students.

In 2021, Carroll County's overall MJFM score declined to 39.3%. Disparities in this year were most apparent for English Language Learners, students identifying as black, and students who were economically disadvantaged. Asian students still performed the best and males again outpaced females.

When compared to Maryland, Carroll County is performing significantly better than the State's score in 2021 (25.0%). Interestingly, the racial and ethnic disparities statewide have distinct differences: Asian students statewide performed the worst (19.2%) out of all races and Hispanic students' score was even lower at 18.8%. Still, some disparities are similar locally and across the state in that English Language Learners and students who were economically disadvantaged had lower scores.

% of More Jobs for Marylanders (MJFM) Target Met

Demographic	Carroll 2020	Carroll 2021	Maryland 2021
All Students	44.0%	39.3%	25.0%
Male	45.3%	42.8%	27.3%
Female	42.8%	35.8%	22.8%
Economically Disadvantaged	**34.4%**	**32.9%**	26.3%
English Language Learners	46.2%	**23.1%**	**11.2%**
Has a Disability	**41.2%**	39.9%	31.1%
Asian	51.9%	44.4%	**19.2%**
Black	**33.3%**	**24.1%**	24.1%
White	44.3%	39.9%	29.4%
2+ Races	49.1%	41.1%	24.9%
Hispanic	42.5%	40.1%	**18.8%**

There was insufficient data for the "American Indian" and "Pacific Islander" subgroups so they are not included.

The **More Jobs for Marylanders Act** and Career Youth and Public Sector Apprenticeship Act established a state goal that 45% of high school students will complete a CTE program of study, earn industry-recognized credentials, or complete a registered youth or other apprenticeship by January 1, 2025 (Maryland State Department of Education, n.d.).

Considerations – The data used for this Indicator appear to be no longer publicly available. The other source used utilizes a different measurement standard and cannot be compared to that of the Carroll County Well-Being Scorecard. This Indicator should be monitored and revisited in future years, especially in light of the stark racial disparities that exist.

3. Child Poverty: % of children under 18 living in poverty

See page 35.

4. Homelessness: % of public-school children who are homeless

See page 39.

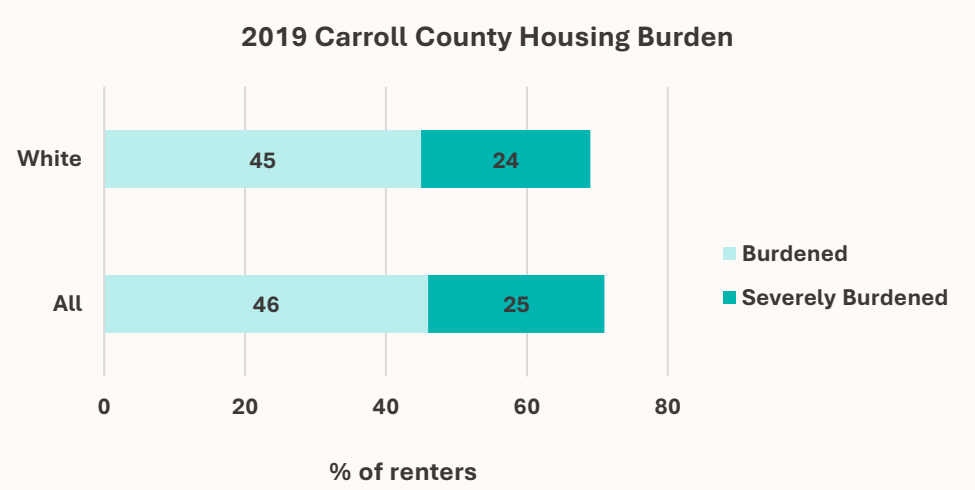
5. Rent Costs: % of families spending >35% income on housing (Rent)

Indicator Data – According to the U.S. Census Bureau's American Community Survey, the percent of families spending more than 35% of their income on rent decreased overall from 40.4% in 2017 to 37.3% in 2020.

FAMILIES ARE ECONOMICALLY STABLE INDICATORS

1. Child Poverty: % of children under 18 living in poverty
2. Homelessness: % of public school children who are homeless
3. Rent Costs: % of families spending >35% income on housing (Rent)
4. Mortgage Costs: % of families spending >35% income on housing (mortgage)

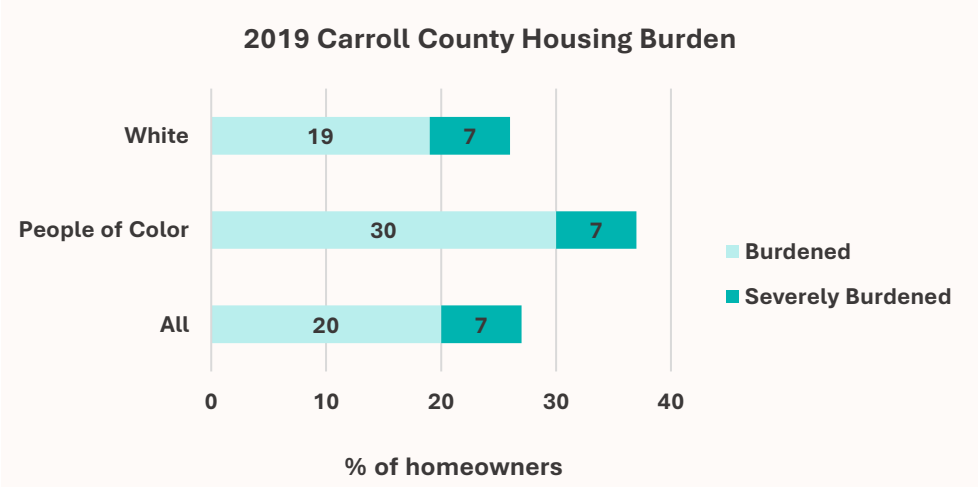
Other Sources – The National Equity Atlas states that the amount of renters who are rent-burdened increased 10% since 2000. In 2019, 46% percent of Carroll County renters were rent-burdened and 25% percentage were severely rent-burdened. There is a slight disparity in that White renters experienced rent burden at slightly lower rates than all renters.



6. Mortgage Costs: % of families spending >35% income on housing (mortgage)

Indicator Data – According to the U.S. Census Bureau's American Community Survey, the percent of families spending more than 35% of their income on mortgage decreased overall from 18.7% in 2017 to 16.3% in 2020.

Other Sources – The National Equity Atlas states that the amount of homeowners who are cost-burdened decreased 8% since 2000, in part due to the foreclosure crisis forced many homeowners to begin renting. In 2019, 20% percent of Carroll County homeowners were cost-burdened, and 7% percentage were severely cost-burdened. There are disparities in that 10% fewer White homeowners experienced cost burden than homeowners of color, although both populations experienced severe cost burden at equal rates.



Considerations

Adverse Childhood Experiences (ACEs), Trauma-Informed Frameworks, and Diversity, Equity, and Inclusion (DEI)

There is an interest in this community to increase knowledge and awareness of equity and equitable practices in the community, to learn how to have hard conversations, and to reach out to young people to have those conversations too. Providers appear eager, willing, and comfortable to begin this shift. Yet, they simultaneously report being under-certified or trained in the areas of ACEs, trauma-informed practices, and other evidence-based practices. The community appears to be under-informed or under-educated on indicators associated with ACEs, their long-term effect on behavior across the lifespan, and the basic tenants of a trauma-informed community.

Trauma can manifest within communities as well as in individuals. At the time of this Assessment, this Consultant recognized what could be defined as adverse community experiences; at minimum, a contradiction of views on subjects involving diversity, equity, and inclusion issues was evident. For example, the Carroll County Public Schools Board of Education's Flag Policy was cited by focus group discussion participants as having impacted youth (see Focus Group Discussions of both youth groups). Additionally, there are Carroll County youth and adults working with youth who have experienced discrimination directly (profiling, derogatory slang and slurs, judgment) or observed it firsthand. Conversely, there are people like the Community and Youth Program Coordinator who is a person of color and has not experienced direct racism here in Carroll County.

Further outreach to historically underserved members of the community is needed as the depth of knowledge, understanding, and awareness of ACEs and trauma-informed practices are assessed within Carroll County. This will provide an inclusive baseline of the community's readiness to address these sometimes controversial and sensitive topics and allow all community members to better understand the experiences of these historically underserved populations. This Consultant acknowledges that the community's needs vary and that it will take flexibility to address them and foster awareness and acceptance within its residents.

When speaking with the individual Key Informant Interviewees, one shared his familiarity with ACEs and trauma-informed practices concepts given his employment background and training. He elaborated that the primary needs of the Hispanic and Latino communities relate to outreach and confronting the cultural stigma associated with seeking help outside of one's family. He shared that it is very common for abuse in Latino cultures to occur, continue, and go unreported; specific examples include domestic violence, sexual abuse, human trafficking, and abuses related to U.S. citizenship and documentation.

Another Interviewee had the most formal training and overall understanding of the impacts of ACEs and trauma-informed care principles. Through her work with other institutions and individuals, such as school systems, outpatient mental health clinics, and parents who may struggle with parenting, she has a keen awareness of the community's gaps and potential

opportunities for improvement. She could also easily identify instances of youths' success that she has seen through communicating with these organizations on behalf of those youth.

All three interviewees shared experiences and observations of racial and ethical disparities within Carroll County. Racial slurs were underplayed as "normal" in this community, and implicit bias was mentioned between different groups and races. Equally, all the Interviewees deposited some ideas for decreasing implicit bias, such as looking at the school dress code policies. Another suggestion to offer for community-wide education on trauma-informed language and the subjective judgments of youth who are seemingly just "hanging around on the streets, up to no good" by sharing stories and examples that tell the youth's whole story, not just the parts seen on the outside.

There are clearly varying degrees of awareness and readiness when it comes to this community's understanding of what it means to be trauma-informed and what Adverse Childhood Experiences (ACEs) are. This should be assessed further as local and state efforts continue to move toward becoming a community working from a trauma-informed framework and considering the widespread impact of ACEs. This will require a cultural shift from community members and service providers, as well as increased training requirements and opportunities. When planning for a community-wide implementation of a trauma-informed framework, it should engage all parts of a community and all its residents. The Community Plan will address recommendations for implementation and tiers of intersection within subgroups of the community and provider networks to facilitate a collective response to becoming a community that is trauma informed.

Deep Dive: The Impact of ACEs and Trauma can be closely tied to the Indicators of the "Communities are Safe for Children and Families" Result

Although Carroll County has experienced a steady decline in out-of-home placements, unsubstantiated abuse reports, and other indicators (*Families are Safe and Economically Stable*), the data is not updated to reflect the years since 2015 in many cases. Additionally, anecdotal data points to convincing reports by providers, parents, and community members that Carroll County's experiences of toxic stress have significantly increased because of the Covid-19 pandemic. According to an article on Adverse Childhood Experiences, Toxic Stress, and Trauma-Informed Neurology, the rates of stress-related disease

and cognitive impartments, are only expected to increase without appropriate interventions (Ortiz, Gilgoff, & Burke Harris, 2022).

> TOXIC STRESS: the body's response to lasting and serious stress without enough support from a caregiver.
>
> (Center for Youth Wellness & ZERO TO THREE, 2018)

Toxic stress occurs when individuals are feeling strong, intense, or frequent or prolonged feelings of stress and difficulty. The pandemic has provided that for all of us, bringing a baseline of understanding to build from.

Community Planning Recommendations

Throughout each stage of this Assessment, there were four main themes that emerged: Those themes will inform the community planning goals and objectives with activities to begin turning the curve on these results and setting the stage for efforts that leave Carroll County children, youth, and their families healthy, well and thriving.

Recommendations

This Consultant made the following recommendations based on the collective findings of this Assessment:

Accessible Mental Health Services

- Establish partnerships with agencies providing youth and family services to increase training related to evidence-based and specialty practices (for example, trainings on treatment modalities which are most appropriate for people who identify as LGBTQIA+ or as a person of color).
- Develop strategies with partners to address the Health Provider Shortage scores by improving recruitment and retainment of mental and behavioral health staff to increase capacity in Carroll County.
- Participate in local and state conversations around Medicare/Medicaid rate reform issues to cover services related to ACEs and trauma-informed interventions.
- Review and evaluate the delivery of mental health services to identify key barriers that prevent the accommodation of cultural differences and needs (e.g., language barriers).
- Explore ways to improve community members' access to mental health services, such as by expanding hours of operation beyond standard school and business hours.
- Develop a strategy to support the increase of trauma competent providers for both behavioral health and physical health and provide some of them within schools.

Community Inclusion, Outreach, & Communication

- Develop an organizational policy or position statement to reflect the commitment to improving cultural competencies, such as an inclusion policy, and provide professional development opportunities to support implementation.
- Develop and implement a comprehensive communication plan. This may include enhanced media, marketing, and advertising strategies and a public relations strategy to increase awareness of the programs and services offered in Carroll County.
- Continue to expand and promote the County's social media platforms and website to provide the community with easy access to current services, resources, and events.
- Develop a strategy to facilitate a series of community listening sessions such as townhalls and focus groups to better identify community needs, barriers, and any implicit biases experienced by historically underserved community members.
- Develop a community awareness campaign to address the topics of language, inclusion, ACEs and trauma, racial and ethnic disparities, and cultural differences (specifically spotlighting cultures, encouraging inclusion, and adopting shared language).
- Identify gaps and areas of improvement related to community partnerships and the delivery of child and family services in Carroll County.
- Collaborate with new and existing community partners to better direct child and family services to the populations in Carroll that are most in need.

Supportive Services for Families (Non-clinical)

- Develop a community education strategy with offerings to address the topics of language, inclusion, ACEs and trauma, racial and ethnic disparities, and cultural differences (specifically spotlighting cultures, encouraging inclusion, and adopting shared language).
- Develop community education offerings to address the topics of parenting adolescents, vaping and substance use in youth, and social media use (including the language used on those sites, such as emojis and their meanings).
- Collaborate with youth leaders to address the recommendations, and plan for ongoing partnership and engagement opportunities.
- Collaborate with first responders and other crisis response providers to determine an approach for crisis or respite services and identify partnerships to support families when they or their child(ren) is/are experiencing mental or behavioral health crises.

Economic Stability and Mobility

- Develop strategies to provide career and soft skills training and foster emotional intelligence to encourage resiliency in youth and facilitate economic success (for example, strengthening the partnership with Carroll County Workforce Development).
- Develop a strategy to reduce the number of disengaged youths through collaboration with new and existing community partners and business leaders.
- Develop opportunities for youth to explore career and recreational activities that they are interested in, that are marketable, and that keep them engaged.
- Collaborate with community partners to brainstorm transportation supports, such as by looking at possible partnerships with car dealerships in Carroll County and other promising programs providing ride services and food delivery.
- Develop strategies to increase funding opportunities or blended funding approaches to support economic barriers such as copayments for mental health services.

Conclusion

The results of this Assessment highlighted existing and emerging needs within Carroll County and will play an important role in the development and implementation of a comprehensive Community Plan aimed to turn the curve on current trends and issues for the next three fiscal years (FY23-FY25). Some of the key findings and results extend beyond what the Carroll County Local Management Board can impact; however, they may be effective in directing collaborative partners and including statewide initiatives that complement the findings. For example, this could include the work being done by Maryland Commission on Trauma-Informed Care which is working to provide a framework for state government and statewide services to be trauma-informed (see other Considerations).

In evaluating the needs of this community, a multitude of strengths were identified. This is a community that on the surface appears relatively wealthy with healthy children and engaged students. However, there is another side to the community which might be best illustrated by this story:

Meet Alex. Alex is 17-year-old girl, surviving against all odds. Her story began before the day she was born. Alex's mom was in an abusive relationship with her father. She worked part-time and barely made ends meet. By the time Alex was born, her dad had already left. Her mother started drinking again and then began struggling to hold down a job.

Alex bounced between the care of her mother and her maternal grandmother. She had three younger siblings for whom she acted as a caregiver throughout most of her childhood. At age 12, Child Protective Services removed Alex's three younger siblings from her mother's care and placed them permanently with her grandmother. Alex was left behind in her mother's care.

For the next five years, Alex would live alone with her mother and her mother's boyfriend. Her mother's addiction continued, soon becoming addicted to heroin. When high, she became physically and emotionally abusive toward Alex. Child Protective Services was called several times, but Alex was never connected with resources or support as her mother could not follow through.

During one of mom's fights with her boyfriend, Alex got caught in the middle and he pulled a knife on her. Police were called to the house and the man was arrested. Yet Alex's mom stood by her boyfriend despite the abuse. Alex was 14 at this time.

At age 16, Alex ran away from home and at age 17 she became pregnant. Alex now struggles to break the cycle she was born into while being an adolescent mom. She continues to search for love and support anywhere she can find it.

For some of Carroll's youth and young adults this story may be familiar: Punished for living in the life they were born into and becoming hardened by the adults around them who should be nurturing and loving. They witness abusive relationships and domestic violence which are intensified by drug and alcohol use. Some may slip through the cracks as their parents struggle to maintain sobriety or manage their mental health and do not have the capacity or ability to seek resources for their children. Economic issues (such as those highlighted in this Assessment) are another barrier these families may experience even when they or their children are ready and able to receive services for their needs.

The Covid-19 pandemic has exacerbated the stress, anxiety, and depression experienced by community members, and now inflation has made it near impossible for some residents to afford mental, behavioral, or primary health treatment. On the other hand, some young people lack support for mental health treatment by the adults in their own family, which forces them to rely on their peers. These peers may be ill-equipped to handle the magnitude of the issues facing young people today, such as instances of self-harm, drug and alcohol use, and violence in schools. When taking a deeper dive into the realities of who is impacted most adversely in Carroll County, the secondary data and community feedback point to disparities among people of color, those for whom English is their second language, individuals with less education or who are not in school, and people who identify as LGBTQIA+. Individuals of these communities may struggle the most to feel connected, heard, and healthy within this community.

As one local provider summed up, "If we can predict it, we can prevent it." Service providers must be better equipped to recognize and intervene with support sooner. At the same time, service providers in this community could begin training more and triaging earlier for signs and symptoms of families in need, including teaching school staff and community service provider staff to identify early signs of mental illness or abuse in children and what behaviors children exhibit in those circumstances. Carroll County could also provide youth-serving adults simple tools to reference when working with troubled youth, such as learning to remember the window of tolerance and then modeling that when interacting with youth (Government of Jersey, 2020).

Potential Areas for Partnership with Other Agencies and Organizations

Carroll County has a strong and rich history of partnerships and collaborations. There is commitment within this community to be more inclusive and to better understand one another and each person's shared or unique experiences. Although the CCLMB does not have direct oversight or influence of the entire service delivery system, they have the ears of key community stakeholders and people in positions of power and can make local funding and programming decisions related to the community's needs. These attributes could allow the CCLMB to facilitate enhanced inclusivity and communication efforts and initiatives in a more coordinated way (for example, sharing social media posts and routine announcements creates a process or a nucleus for shared information). However, resources and strategies are needed to support these initiatives. A structured plan involving a coordinated effort by the LMB to further develop their Board priorities and responsibilities may empower each member to provide assistance through training, education, and support.

Many responses from school-affiliated individuals spoke to the climate of the community on "hot button" topics and the community at large reported a need to discuss and process these issues. This may suggest a need to better guide children and youth through the current climate and community regarding diversity, equity, and inclusion, starting with allowing opportunities for community members to have hard conversations in a constructive, respectful way while also receiving guidance and facilitation. Several promising and evidence-based practices exist, such as the Community Resilience Model (Trauma Resource Institute, 2022).

Additionally, there was mention in all methods of engagement with the community around the promising practices already being implemented, such as the Navigating Troubled Waters event offered by Carroll County Public Schools. In the interest of not duplicating this successful, impactful event, it could be used as a foundation from which to link the community to solutions sooner.

Special Impacts

There were additional trends that emerged during the assessment that pertain specifically to underserved communities: those for whom English is their second language, those with less education or who are not in school, those who identify as LGBTQIA+, and those who identify as people of color. However, given local and national events and politics, these trends may have been exaggerated during the timeframe of this Assessment. Those trends include:

- Discrimination and judgment against the lesbian, gay, bisexual, queer/questioning, intersex, and asexual/agender (LGBTQIA+) population.
- LGBTQIA+ inclusivity.

One FGD focused primarily on LGBTQIA+ topics and the community discord surrounding them. These topics were brought to the forefront of the community; because of relevant discussions, decisions, and protests that were occurring among community organizations, parents, and youth. For instance, the Board of Education's Flag Policy Resulted in silent and peaceful protests coordinated by local students. Although important, the CCLMB Strategic Planning Team chose not to disproportionately highlight these topics given the community's context and climate at this time.

Future Considerations

There are many touchpoints identified for next steps which are within the purview of the CCLMB's goals, initiatives, and strategies. In arenas where the CCLMB has less influence, there may still be opportunity for it to mobilize partners to collaborate efforts locally, statewide, and nationally. Such considerations should be monitored and addressed in the Community Plan and identified as needs to be addressed with a community approach:

- Statewide work on trauma-informed care.
- Partner with local coalitions working to prevent and end homelessness.
- Available funding related to Covid-19 and mental health supports.
- Connecting to the Maryland State Department of Education and working with schools to support mental health .
- Utilizing statewide peer support efforts and local opportunities to lead the way in school with peer programming.
- Ongoing disability statewide services.
- Partnering with the Health Department and other local organizations to address vaping and increasing youth substance use disorder.

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Appendix A: Focus Group Discussions Summary

Methodology

Focus group discussions (FGDs) are frequently used, semi-structured interviews with small groups to obtain qualitative data around specific issues to gain insight into the nature of problems and their potential solutions according to a group of preselected individuals; this is also called conversational analysis or research (Bloor & Wood, 2006). These purpose of these FGDs was to hear from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid views on those topics.

The FGD questions and related documents were written by this Consultant from recommendations made by the CCLMB Strategic Planning Committee; the Committee then reviewed these materials. Participant Information and Consent Forms were administered before commencing each FGD. Potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Focus group discussions lasted approximately 60-90 minutes and were intended to host six to twelve participants. Each group consisted of individuals of similar backgrounds (i.e., a group of youth between the ages of 14 and 24, or a group of parents and providers, or members of the same community group).

FGD participants were selected based on the purpose and needs of this Assessment. Potential participants were recruited via the Community Survey, through outreach by the CCLMB Manager, and through outreach and marketing by local agency partners. Based upon the responses to the Community Survey, this Consultant and the Strategic Planning Committee utilized the FGDs to hear from youth and individuals identifying as members of historically underserved populations. Intentional efforts were made to reach these targeted groups, including but not limited to direct outreach to the Carroll County Branch for the National Association for the Advancement of Colored People (NAACP); to the Hispanic and Latino community through a local advocate; to the Westminster Carroll County chapter for Parents, Families, and Friends of Lesbians and Gays (PFLAG); and other local subpopulations and groups (see Appendix E for a complete list).

Ultimately, the following subpopulations were contacted for participation in FGDs:

- Community members who completed the Survey and provided contact information.
- Historically underserved populations through targeted outreach, especially those who were not represented in the Survey.
- Youth through Carroll County Public Schools (CCPS), parents who provided consent for their child to participate, and youth organizations.
- Parents and community members through CCPS communications.
- Providers through routine community meetings and announcements.

This Consultant and the Strategic Planning Community were grateful to have a native Spanish-speaker and advocate of the Hispanic and Latino community who offered to translate the FGD questions from English into Spanish. This advocate facilitated participation by Spanish-speaking community members by recording their responses and then translating them back to English to be included in this Assessment. Only three Spanish responses were completed and several quotes are highlighted in speech bubbles on this page; each of the 3 responses mentioned these top three issues:

1. Language barriers related to accessing services
2. Lack of financial support (rent, childcare, transportation, livable wages)
3. Lack of opportunities for youth to engage with other children

"I do not feel accepted or like I belong."

"Rent is expensive. Low-income jobs are available…there is not transportation …around the county."

"Limitations with language, a lack of integration with our children in their age groups."

"Parents with no documents are limited… [There are] limited information and resources in Spanish."

Multiple attempts were made to schedule FGDs with members of Carroll Citizens for Racial Equity and the Student Government Association; however, given the time constraints and other commitments of these organization members, these GDs were ultimately not held.

Significant Themes

There were six (6) significant themes throughout all FGDs:

- Concern about youth mental health and the overall wellbeing of youth, including academic and behavioral regression as a result of the pandemic.
- Community members' discord and the impacts it has on youth and their peers.
- Youth do not feel heard and lack trusting, safe, supportive relationships with adults.
- Parents need more support, including on how to parent through intense conflicts with youth and understanding different perspectives.
- Peer support and respite.
- Disparities surrounding inclusion; not feeling included or understood, unrest among adults, lack of congruency between adult and youth views.

During all four FGDs, each group mentioned significant and increasing challenges in accessing mental health services in Carroll County. Participants reported various reasons behind this issue, including but not limited to long waitlists for individual therapy and residential or inpatient care and a lack of knowledgeable and appropriately trained therapists.

During the Carroll County Public Schools Community Advisory Council (CAC) FGD, parents, educators, and other community members shared concerns about seeing an increase in isolation and depression in youth, as well as other stressors youth faced pre-pandemic which are now exacerbated, such as vaping among peers and increased fighting in schools.

Participants in the Carroll County Kids for Equity FGD shared the same themes as those expressed in the CAC FGD; however, they also shared concerns about grade inequities within the public school system, like the effect of inconsistent workloads on grades, general grade inflation, and a lack of post-secondary options or opportunities in high school (see "Notes" at the end of this section).

Of the above six themes, three are *consistently* mentioned in the other qualitative data collected from the Key Informant Interviews and other preliminary data reviews. These are access to mental health services, supportive services for parents, and issues around disparities (see Appendix B).

Conclusion

Although each focus group was with a different group of community members representing children, youth, and families, the themes follow a similar pattern: access to mental health services; improved communication between community members and between adults, and youth; and additional supportive services for parents. It is also important to note the concerns of parents and educators from the CAC group regarding the post-Covid-19 effects on young people, namely the regression in academics and social behaviors as well as the increase in youths' isolation, anxiety, and depression. Some of this was echoed in the other adult FGD: A parent and professional in the school system stated: ***"****We are seeing so many issues with trauma right now."* To which another said, *"…which trauma are we talking about? We have all been through this [trauma] together. [As a parent, as a teacher] what am I excusing, what am I giving extra leeway for, and do you have to be suicidal for me to give you an excuse or to excuse everything that every parent asks? I'm sympathetic, but I must make hundreds of daily decisions."* This individual further stated, *"Trauma-informed before and after the pandemic is different."*

Highlighted within each FGD was that this community is in conflict over issues related to diversity, equity, and inclusion (DEI). Although not the sole focus of this Assessment, these conversations speak to the community's level of readiness (or lack of) regarding DEI initiatives. This should be considered in attempting to implement community-wide trauma-informed efforts as it provides an excellent opportunity to meet community members where they in order to prepare and improve efforts around communication, advocacy, and public education on these issues.

Another theme in both youth FGD was that youth do not feel heard. Given the traumas experienced by many of the participating youth, it is easy to understand where communication and advocacy efforts might benefit these youth. Just as important as their stories is the knowledge that there is much to learn from these young people; their willingness to engage in these discussions should be capitalized upon. Pairing their insight with the community service providers' understanding of trauma-informed systems of care could be a foundation in

mitigating breakdowns in communication between young people and the adults in their lives. Participating youth also reported that when faced with stress they confided in their peers first, stating that adults made disparaging comments or struggled more with the conversation and topics than the youth did. The youth acknowledged that school staff and counselors may feel overwhelmed. As part of a solution, these youth echoed statements by adult participants in suggesting additional mental health staff be added to each school to provide therapeutic services to students experiencing mental or behavioral health crises. Similarly, continued outreach efforts and educational opportunities with these young people could result in a powerful collaboration and a more streamlined way to incorporate the voice of Carroll County youth in the CCLMB's future plans.

The questions asked during the FGDs were crafted to help in the overall assessment process and to gauge the community's awareness and subsequent readiness to move forward with authentic conversations and intentional action around sensitive topics such as diversity, equity, and inclusion. One observation that was evident in those discussions with the two youth groups and the two parent groups was that the view of parents and the views of youth regarding diversity, equity, and inclusion have at times been in direct conflict with other existing local groups and community members. A logical next step in this case would be to create space for those conversations where adults and youth can share their opinions, have respectful dialogue, and potentially attain some common ground within that conflict.

Work is needed for this community to become ready to discuss ACEs and to consider what it means to be trauma informed. There are subsets of Carroll County who describe (explicitly or not) experiencing some degree of community trauma which is defined as trauma that "affects social groups or neighborhoods long subjected to interpersonal violence, structural violence, and historical harms to some extent," according to Falkenburger, Arena, and Wolin (2018) (see "Notes" at the end of this section).

As a result, they may require more support around helping to foster resilient engagement between other community members and groups and developing a protective buffer to having those conversations and advocating for their needs. Through community engagement, relationship building, and meeting individuals and groups where they are, this awareness can be fostered and the community can be provided with education opportunities to continue moving toward becoming trauma informed.

Notes

One FGD focused primarily on LGBTQIA+ topics and the community discord surrounding them. These topics were brought to the forefront of the community; because of relevant discussions, decisions, and protests that were occurring among community organizations, parents, and youth. For instance, the Board of Education's Flag Policy Resulted in silent and peaceful protests coordinated by local students. Although important, the CCLMB Strategic Planning Team chose not to disproportionately highlight these topics given the community's context and climate at this time.

References

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Falkenburger, E., Arena, O., & Wolin, J. (2018, April). *Trauma informed community building and engagement.* Washington, DC: Urban Institute. https://www.urban.org/sites/default/files/publication/98296/trauma-informed_community_building_and_engagement.pdf.

Appendix B: Key Informant Interviews Summary

Methodology

Key Informant interviews (KIIs) are with community members who are uniquely in tune with the community and have firsthand insight into local problems and potential solutions (Carroll, Perez, & Toy, 2004). The purposes of the KIIs were like those of the focus group discussions: to seek additional data from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid opinions on those topics. The KII questions followed the same structure as the FGD questions; however, they proceeded like a conversation due to their one-on-one nature. This Consultant guided the KIIs and wrote all related documents with recommendations made by the CCLMB Strategic Planning Committee.

The CCLMB Manager recruited KII Interviewees, and potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Interviews lasted approximately 60 minutes and were recorded with verbal permission from each interviewee for later reference. Google translate was used to transcribe the recordings, and this Consultant listened to each recording during the reporting process.

Upon review of the initial demographics of Carroll County's Community Survey respondents, many respondents were White (84.4%), female (76.4%), and/or between the ages of 45-64 (45.7%). It was important to the CCLMB Strategic Planning Committee to use the KIIs to target individuals of different demographic backgrounds. As such, individuals of historically underserved populations or advocates of those communities were specifically invited to participate in a KII. Ultimately, three community leaders and advocates were chosen for the KIIs due to their experiences working with youth, interacting with the community, and/or their experience working with members of or being part of historically underserved subpopulations:

1. A Caucasian woman who helps run several youth programs (referred to as a "Youth Program Leader" from here on).
2. A Latino man who provides case management for at-risk individuals in the community, especially those who speak Spanish (referred to as "Case Manager" from here on).
3. An African American man who coordinates community events and programs for youth (referred to as a "Community and Youth Program Coordinator" from here on).

Significant & Unique Themes

There were six significant themes throughout all three interviews:

- Respite support for families in crisis.
- A forum to listen to the voices of Carroll's youth.
- Accessible mental health services.
- Translation services and other communication and outreach efforts.
- Recreational, career, and entrepreneurial options for youth, explored at younger ages.

- Financial support for those in the middle-class, who are living paycheck to paycheck; or who are a single-parent household.

Each Interviewee mentioned the significant and increasing gap to accessing mental health services; the need for financial support for families who are living paycheck to paycheck or are experiencing it for the first time; and transportation services for children, youth, and families in Carroll County. Some of the distinctive needs discussed when talking with the Youth Program Leader was the need for parental support such as parenting education, responding to the current issues, how to have hard conversations or debates, crisis, or respite care services, and coping with other developmental challenges of adolescence. Also mentioned throughout was that more families are facing increased financial barriers and that there is a lack of financial resources especially for mental health and other healthcare needs. This supports the Survey responses where respondents reported that healthcare services or costs are the first thing people choose not to utilize or pay for when money is tight.

When speaking with the Case Manager, the discussion focused on a desire to foster deeper connections, have a community that understands the cultures of the Hispanic and Latino population, and to break down the stigma and confusion regarding accessing services for those who have a cash-based income and do not speak English. The Case Manager emphasized that Spanish-speaking individuals or individuals who are not U.S. citizens do not know the available programs, much less that they are safe to use. To combat these barriers translation services will be necessary, but even more important is that the Latino community first needs to know about these programs to receive translation services. Outreach to and awareness within the community, especially those who do not speak English or who are not U.S. citizens, needs to be addressed.

The Community and Youth Program Coordinator had a slightly different perception. He shared that there is a need to for smaller organizations to have increased funding as they are creating innovative programs, supporting skill building and in creative ways that are not otherwise available in the community. He asserted that these programs are underfunded or not supported by government funding, yet they show great promise in breaking down barriers, meeting community members where they are, and making positive impacts in the lives of individuals who are otherwise not engaged in local services.

Conclusion

Because this Consultant allowed Interviewees to steer the conversation, each interview was unique. However, they all followed the same framework starting with asking about the greatest needs, gaps, strengths and/or barriers for children, youth, and families in Carroll County. Throughout each interview, several repeated themes were identified.
There is a need in Carroll County to increase communication and outreach efforts. Whether through social media, partnerships with pediatricians, or enhanced school system connections, there community members across diverse populations who are unfamiliar with or are unaware of how to access the services provided in Carroll County and would benefit from these enhanced communication methods.

"The impact emotionally, it really messes people up. … How am I a good role model? If I work, I cannot afford the [child] care, and if I am not working, [what am I] showing my child?"

Each of the interviewees had some knowledge or understanding of what trauma-informed care or ACES was, having at minimum "heard something about it." The Community and Youth Program Coordinator explained that the concepts were like experiences he has seen firsthand, commenting on the emotional impacts he has witnessed. He shared that people come into programs like his thinking they cannot contribute anything, and that these individuals typically have low self-esteem and self-worth.

When speaking with the Case Manager, he shared his familiarity with ACEs and trauma-informed practices concepts given his employment background and training. He elaborated that the primary needs of the Hispanic and Latino communities relate to outreach and confronting the cultural stigma associated with seeking help outside of one's family. He asserted that it is very common for abuse in Latino cultures to occur, continue, and go unreported; specific examples include domestic violence, sexual abuse, human trafficking, and abuses related to U.S. citizenship and documentation.

The Youth Program Leader had the most formal training and overall understanding of the impacts of ACEs and trauma-informed care principles. Through her work with other institutions and individuals, such as school systems, outpatient mental health clinics, and parents who may struggle with parenting, she has a keen awareness of the community's gaps and potential opportunities for improvement. She could also easily identify instances of youths' success that she has seen through communicating with these organizations on behalf of those youth.

There is a readiness to increase the knowledge and awareness of equity and equitable practices in the community, to learn how to have hard conversations, and to reach out to young people to have those conversations too. But conversations about diversity in Carroll County is a sensitive topic. On one hand, there are Carroll County youth and adults working with youth who have experienced discrimination directly (profiling, derogatory slang and slurs, judgment) or observed it firsthand. On the other hand, there are people like the Community and Youth Program Coordinator who is a person of color and has not experienced direct racism here in Carroll County. There are also individuals from the LGBTQIA+ community who feel unsafe in schools. Additionally, any youth may experience conflict with their peers, their parents, or other adult figures related to their views around equity and the LGBTQIA+ community. However, there is an equal if not more substantial subset of Carroll County which has spoken of wanting to remove education related to equity from schools and the community altogether. Both views must be addressed which will require a tiered approach to educating and reaching out to the community and meeting them where they are.

All three interviewees shared experiences and observations of racial and ethical disparities within Carroll County. Racial slurs were underplayed as "normal" in this community, and

implicit bias was mentioned between different groups and races. Equally, all the Interviewees deposited some ideas for decreasing implicit bias, such as looking at the school dress code policies that do not account for different body types and the different ways the same clothing may fit one person versus another. Another suggestion was to offer for community-wide education on trauma-informed language and the subjective judgments of youth who are seemingly just "hanging around on the streets, up to no good" by sharing stories and examples that tell the youth's whole story, not just the parts seen on the outside.

References

Carroll, A. M., Perez, M., & Toy, P. (2004, September). *Performing a community assessment: Curriculum appendices.* Los Angeles: UCLA Center for Health Policy Research, Health DATA Program. https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba18.pdf.

KEY INFORMANT INTERVIEW – June 13, 2022, from 10:00-11:00 am
Virtual via Google Meet platform.

Interviewee Title: Youth Program Leader

Interviewee Affiliation: A Caucasian woman who helps run several youth programs (referred to as a "Youth Program Leader" from here on).

Purpose: The purpose of this Key Informant Interview (KII) was to gain a deeper understanding of the needs and concerns of our community leaders. This individual was identified as an advocate and change maker in the community for her work with youth and families, especially those who are vulnerable, at-risk, or part of historically underserved populations.

Introduction

The KII began with general conversation about the Youth Program Leader's background and experience leading her to her work with youth. The Youth Program Leader was asked to share what she sees as the greatest needs, biggest gaps, or missed opportunities to engage with the youth she works with. She reported that one of the biggest barriers to engaging and having meaningful relationships with youth stems from their lack of trust in adults. Frequently, these youth have been let down, lied to, and hurt by the adults closest to them. In some cases, the youths' parents or caregivers were outright unable to meet their needs or care for them.

Further, the Youth Program Leader reported that service systems are often set up to respond or react to the behavior, and so we are missing opportunities to preventing or addressing the underlying causes of trauma. As reported throughout, this was also echoed by one of the youth Focus Group Discussions where youth stated that many services are reactive instead of preventative or proactive.

Significant & Unique Themes

- Respite support for families in crisis.
- A forum to listen to the voices of Carroll's youth.
- Transportation.

Questions

1. **What are the biggest issues youth and families are facing in Carroll County?**

The Youth Program Leader stated that the two concerns youth express most frequently are racism and drug use: drug use by their parents and within the schools. She also said families are facing a lack of respite services, transportation barriers, and a lack of parenting support services. The Leader said respite services for families when a child (or parent) is in crisis are non-existent in Carroll County and are lacking in the state. A lack of respite makes toxic or stressful situations worse over time and results in more serious and long-lasting impacts on the family unit. An ideal respite service would be available for youth to go for a few days to defuse

a situation in the home, or for parents to send their children for care while they receive treatment.

The Youth Program Leader also spoke about an increase in the need for transportation in the past year as new legislation passed to diversify communities by disallowing Section 8 ("HUD") housing to be clumped together in one area of a community. This has resulted in more families moving out of Westminster which is where most services are located. Now families are forced to move to Taneytown, Manchester, and Union Bridge, and they are often stuck once there as there is little access to sports, food pantries, mental health, or other services.

> "If a parent is having dark thoughts, they cannot express that in front of their children; if you have a therapist, you do not have a place for the children to go, and [to] talk with the children sitting right outside the door is not ideal."

Lastly, the Leader said parenting resources, education, training, and support are a need. "Parents are struggling with the behaviors and the increased challenges facing our youth today, and that does not mean the parent is bad." She said there is also a lot of stigma around asking for help, where parents feel they cannot ask for help because of judgments they may receive.

2. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here? Do you think our children and their friends feel respected by their peers/feel as if they belong here?**

The Youth program Leader asserted that youth do not feel valued or respected. The young people attending her programs do not feel heard by adults and feel they are judged for who they are. She shared this example:

When going into one of the schools to speak with the support staff assigned to work with a male youth, the Leader was asked, "What did he do now?" After responding that the youth had not done anything wrong and that the Leader just wanted to talk about him, the support staff replied, "I don't know why you try; he is a lost cause."

How do we begin to break down that barrier?
Take the kids into the community, have them do volunteer work and build relationships with community members so they see these kids engaged and giving back.

3. What are the youth worried about?

- Violence and fights in schools.
- Vaping, witnessing overdoses.
- Sex in the hallways where there are no cameras.
- Suicidality and self-injurious behaviors like cutting.

4. What are the adults worried about?

- LGBTQIA+ issues.

> "Some parents will not allow their children to participate in our programs because we support LGBTQIA+ youth. We do not preach about it but support and talk about the issues…as they arise."

How do we begin to turn the needle on those barriers and how to engage the community to become more involved with our young people?

The Youth Program Leader said basic life skills would help, and had these recommendations:

- **Connect with businesses** – have youth mentors or allow job shadowing.
- **Help youth experience typical social and business situations** – for example, bring youth to formal dining experiences and teach youth how to order, to pay, and interact with others.
- **Financial and budget management lessons and resources**
- **Drivers' education and instructors –** cover class costs and provide instructors for youth to obtain their learner's permits.

> "These are skills that may cause [adults] to judge someone if they lack them. These youth do not have anyone in their lives teaching them things like [restaurant] etiquette."

Closing: What did we miss? What didn't we ask that we should be asking?

"The biggest thing is just listening to the kids. We don't hear [them] enough and give them enough credit for their insight. They need help communicating it appropriately, but they will almost always step up if you ask them or challenge them. They want to succeed."

The Youth Program Leader also said that conflict resolution skills and support for the parents and youth involved on how to address these issues between families would be helpful. She shared an example of a bullying situation: Once the parents got involved, the two youth were no longer allowed to sit near one another on the bus, so they had to sit at opposite ends of the bus. When the kids were asked if they had made up, they responded, *"No, we are not allowed to talk to each other. It's been two years."* Rather than teaching them the skills to resolve the issues or conflict, they cut off all communication.

KEY INFORMANT INTERVIEW – June 16, 2022, from 1:00-2:00 pm
Virtual via Google Meet platform.

Interviewee Title: Case Manager

Interviewee Affiliation: A Latino man who provides case management for at-risk individuals in the community, especially those who speak Spanish (referred to as "Case Manager" from here on).

Purpose: The purpose of this Key Informant Interview (KII) was to gain a deeper understanding of the needs and concerns of our community leaders. This individual was identified as an advocate and change maker in the community for his work with individuals and families, especially those who are vulnerable, at-risk, or part of historically underserved populations, such as those of Hispanic or Latino descent.

Introduction

The KII began with the Case Manager sharing his experiences, the needs, and services he sees from his work, and the needs of Hispanic and Latino individuals here in Carroll County. Speaking from experience, the Case Manager shared that there has been a lot of movement of Hispanic and Latino individuals from their areas of origin to Carroll County; he cited the U.S. Census as a source. According to the Case Manager, these individuals are looking to move to areas in which there are resources: where housing is cheap and where schools are safe, affordable, and have an excellent curriculum.

Significant & Unique Themes

- Mental health services, especially those which are available in Spanish.
- Financial resources.
- Translation services and other communication outreach efforts.

Structured Questions:

1. **What are the most significant issues youth and families are facing in Carroll County?**

Mental health needs. There are many barriers facing Latino families when seeking mental health services. The Case Manager shared a few of the barriers experienced by the Latino community:

- Lack of insurance or lack of covered services due to insurance. The Case Manager shared his own personal experience of trying to find mental health services in Spanish for his family:

  "I…cannot find local coverage [based on] my insurance, so I am limited to telehealth or out of the county."

- Lack of documentation (proof of income, immigration status, citizenship documents) and a lack of understanding the need for these documents to access services. The Case Manager shared this:

> "How do I show [proof of] income if I am paid in cash? Psychiatric care, primary care physician - if you have no documentation then you cannot get those services. If you do not have the basic requirements, you are in trouble."

- Language barriers and lack of translation services. The Case Manager emphasized that trust is a huge concern when you do not understand the language and when there is a lack of translation services available to you. Additionally, if neither the language line (a translation-by-phone service commonly used by larger institutions) nor bilingual staff members are available then that individual is left without a way to communicate, to understand the requirements for accessing services, or to understand what the different services offer (citizenship, legal matters, mental health services, housing, food, et cetera).
- When asked to share what he sees as the greatest needs, most significant gaps, or missed opportunities to engage children, youth, and families, the Case Manager had this to say:

> "If someone is looking for mental health treatment, it is a challenge. You can consider it a luxury to find mental health treatment in Carroll County. …If you have a therapist, you can pat yourself on the back because you're lucky."

2. **How do we link that better? In Carroll County, we are trying to increase outreach efforts, to make services more accessible and find solutions for these barriers, such as documentation, language, and care access. How do we get there? What can we do better to achieve this?**

> "Carroll County is doing the right things to improve these situations."

The Case Manager stated that Carroll County does not have the number of Latinos that neighboring counties have, but that does not mean the services are not needed here. He also asserted that targeted outreach to the Latino community is needed, and the Case Manager stressed that the dynamic is different.

> "There are families in need. Because of language barriers and cultural differences, they do not go and knock on your door seeking it. They are afraid. Because of their immigration status or lack of documentation showing what they make [in cash] … And if they reach out, be it for medical, housing, [or] food, they fear they will lose everything they have."

"People are sleeping in closets because they cannot afford an apartment, sending children to school for meals - the *only* way to get meals - not going to the doctor because they do not have transportation or the appropriate documentation [to qualify for things like sliding scales and such]."

RECOMMENDATIONS

- **Surveys available in Spanish** and other languages
- **Education to minority populations**
  - First, break down the stigma that asking for help is a shameful thing to do.
  - Then, educate on how and where to find services, such a process map that shows the services [immigration/legal issues, mental health/medical issues] and what you need to access that service [documentation, contact, resources].

3. How do we educate and start breaking down the barrier of fear?

The Case Manager suggested to first educate families that there is nothing wrong with asking for help from an agency. This is crucial because in Latino culture, asking for help is often taboo or seen as shameful and something to be kept within a family.

Beyond linkage to those services **(**where to go for housing, mental health, food, etc.), the Case Manager recommended that service providers walk alongside Latino individuals throughout the process. They should help identify what the individual needs to know for each service or agency, because it may vary. Families may go to one agency and get the wrong information [or no information at all], and because they are unfamiliar with local services, they do not know where to go next or that there even are other options.

Educating the Latino community on the basic needs for documentation was another suggestion. For example, educate people on what they will be asked for, what they can provide, what to do if they cannot provide the correct documentation, and what will happen when they try to obtain that documentation. The Case Manager stated that it is also important to account for needing language services, meaning that when someone needs to access an interpreter the length of time needed for an appointment is greater.

Holding events and spotlighting the different cultures in Carrol County was another suggestion to learn about one another and embrace the community's diversity. The Case Manager talked

about his workplace where they hold potlucks and other staff events to which he will bring food from his culture to share. These events provide an opportunity for staff to ask and for him to educate them.

Lastly, the Case Manager brought up educating staff and providers. People may be curious about and may want to understand someone else's culture; however, there may be a fear of getting something wrong and the offense or impact it may have on someone.

> "Cultural diversity training is needed in our county… Providers need to better understand the cultural differences and how that plays into even seeking help."

4. Do you [and other members of the Latino community], or other minority members who you work with and engage with in the community, feel included and respected in our community?

He said, "Across agencies, I have felt and witnessed staff trying their best to provide the services possible to the client. …there is always room for improvement." The Case Manager then cited the 2022 demographics of the County (from the U.S. Census) which show increasing numbers of Hispanic and Latino individuals in Carroll County. He stated that staff training should be ramped up to meet the needs of service providers and outreach to families.

How do we do that? Create and coordinate? Who do we work with?

He suggested town halls or targeted focus groups with minority members, facilitated by someone they trust in partnership with community leaders; members of the Latino, North African, Ethiopian, etc. communities should be invited to share and have their peers hear about their experiences in Carroll County. Email blasts or social media posts highlighting or spotlighting a different culture in the community may also be helpful. For example, "*This month we are highlighting [this person] who works at [this agency] and is from [this area of Latin America]."* Then provide a synopsis of where that is, what it is known for - food, culture. Teach/educate on cultures in our backyard.

5. **Are you familiar with ACEs? Are Hispanic and Latino families familiar?**

The Case Manager was familiar with the term through his work. Of families, he said "That is something that needs to be addressed. In the Latino community, you keep it in the family, it is no one's business and no one talks about it."

"We need to teach families to address this trauma, the pain that families go through; trafficking, domestic issues, immigration, and sexual abuse, no one talks about it. We need to teach them that they can talk about it - that is okay. Breaking down the barrier and stigma around reaching out for help. If you are not reaching out for the basic needs, you are not reaching out for the more significant traumatic issues either. There is a lot of shame."

6. **How do we become more trauma-informed? As we look through this lens of children, youth, and families in the services we provide and, in the response, we have to people when they are struggling?**

The Case Manager suggested conducting outreach on the ground in our neighborhoods and to targeted areas that are of interest to these families. For example: Sundays are a big gathering day for the Latino community. Many Latinos gather at St. John's Church, which is an opportunity to partner with them to provide information to the Latino community. "When they have the information, they will reach out." They also play soccer by the hundreds - we can go to them and provide outreach there.

Closing: Is there anything we missed? What do we need to talk about that we missed?

Stigma: The Case Manager stated that we need to normalize that feeling, walk alongside clients, adjust services to families' needs, and explore the barriers for each client or family to better address them.

"Families are so afraid to ask for help. Not just Latino [families], they feel bad about asking for help. They are so embarrassed, and they think that they never would need to get this help and that must mean something is wrong. That feeling of shame is so powerful: *"I'm afraid of reaching out; my son is struggling,"* but [they] cannot even send [him] to a doctor or therapist if one does not have the money, insurance, or coverage for care."

KEY INFORMANT INTERVIEW – June 23, 2022, from 1:00-2:00 pm
Starbucks of Westminster, 609 Baltimore Boulevard, Westminster, MD 21157

Interviewee Title: Community and Youth Program Coordinator

Interviewee Affiliation: An African American man who coordinates community events and programs for youth (referred to as a "Community and Youth Program Coordinator" from here on).

Purpose: The purpose of this Key Informant Interview (KII) was to gain a deeper understanding of the needs and concerns of our community leaders. This individual was identified as an advocate and change maker in the community for his work with youth, individuals, and families, especially those who are vulnerable, at-risk, or part of historically underserved populations.

Introduction

The KII began with the Community and Youth Program Coordinator sharing his experiences, the needs, and services he sees from his work, and the needs of his peers and community members here in Carroll County. The coordinator was open about his experiences as a young man who actively engaged in risky and dangerous behaviors, to the extent that he was kicked out of mainstream schooling. Today, the Coordinator runs a successful organization that works with numerous youth and adults and is highly connected to and involved with the community.

When asked what led to this change, the coordinator said:

> "Everyone around me was getting arrested or dying. …I had been arrested. I needed to get out. I started reading and something triggered in me, helped me see other perspectives and ways of influence. …I started educating myself. I had to learn to beat people with my mind and learning, not with physical fighting anymore."

The coordinator spoke about the importance of giving youth opportunities to explore different recreational, career, entrepreneurial options; he emphasized that this needs to be done with youth at younger ages. This is another theme throughout the other conversations we have had during this assessment process.

Significant & Unique Themes

- Giving youth opportunities to explore different recreational, career, entrepreneurial options, and at younger ages
- Financial support for those in the middle-class/on-edge/single-parent household
- Transportation

Questions

1. **What are the biggest issues youth and families are facing in Carroll County?**

- Financial support, especially for single-parent households. Individuals might have too much income to qualify for benefits but not enough to pay for their own. And for those who might be able to afford the benefits, then they cannot afford the extra costs (copayments) for mental health appointments. Or individuals may get a job but then cannot afford the childcare. The Coordinator said, "That is depressing and the cycle keeps going."
- Transportation. The Coordinator would start a transportation business if he had the funds for it. He said they already provide transportation to their events and activities but reported that he needs more vehicles to get to other services. The adults in his program could be the drivers for those vehicles, which would also provide skill sets for them.
- Funding for community organizations. The Coordinator is currently trying to identify funding to hire more staff and purchase additional vehicles.

"I just got one vehicle and if I could get two more, I know someone could single-handedly make a difference. We just need to get out and do it. That is what we are doing."

2. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here? Do you think our youth and their friends feel respected by their peers/feel as if they belong here?**

"There are not a lot of people that the kids respect. … When you are 15, it's not cool to go to [some community programs]. Yet it is around this age, 14-15, that they are getting into trouble."

The Coordinator spoke of needing more recreational activities that youth want to go to. He recommended building entrepreneurial skills and options for them to get involved in such as podcasts, photography, recording, event planning, et cetera. He asserted, **"**Our kids can't get that in [Carroll County] schools. They cannot afford to get it anywhere else. Adults are not offering to teach them, engage them."

3. **When we met with two youth groups, we asked both groups for one word to describe Carroll County, and the most common responses were "racism" and "judgment." As a person of color, have you experienced that same racism or judgment here?**

"I think the youth feel that way because when you feel singled out, you start acting another kind of way. You put yourself out there, looking different, hair, funnily dressed…and we assume judgment and that doesn't necessarily mean we are racist. It might mean they are looking at you because of how you choose to put yourself out there."

The Coordinator noted that there may be some discrimination and bias but shared that he had not personally experienced it. He believes Carroll County is becoming more diverse.

4. **When it comes to the work you do in the community, what does it mean to be trauma-informed? What about ACEs? How do you see that impacting our community?**

The Coordinator had "heard about" ACEs but was not overly familiar with the term. His suggestions included treating people one a case-by-case basis, meeting them where they are, and acknowledging that some people may be stuck in their ways and not wanting to acknowledge the burdens or barriers facing youth and other community members.

He also pointed out the lack of mentors in Westminster, especially male mentors. "[There are] not a lot of dads," he noted, and then asked, "How do we support the fathers who want to do better?"

RECOMMENDATIONS

"Suppose we had a team of people that could go to your house. I am calling, knocking on the door, helping get them out of bed, and reaching in to help them where they are at and then holding their hand for a while to get them on the path. Someone needs you [a peer] to take them under their wing. Champion. Cheerlead. Just be there."

Closing: Is there anything we missed? What do we need to talk about that we missed? How do we begin to take action on these needs and gaps you have identified?

The Coordinator offered some questions to consider:

> "Is there anything that could help you be successful? What would you say? Many might say money, but [what about] when you dig deeper into what you like to do? … And, they might just say, I just want friends, or I need a babysitter to go to work. Ask, and ask in different ways. … There is a lot of good happening in this county and we do not know about it."

He also suggested that the community support current organizations and programs; there are small organizations that are engaged and in tune with what is going on in the community. With more funding, they can expend their work and enhance the positive impact they have.

Lastly, the Coordinator emphasized that youth should get involved in the politics of Carroll County Government.

He ended the interview with a story about how he has turned his life around and is now collaborating with the same people he acted against as a young man. Now, they work together to create positive change in the lives of Carroll County residents.

Appendix C: Community Survey Summary

A brief synopsis of Community Survey Responses and the PDF of all survey responses can be made available by request.

2022 Carroll County Local Management Board Community Survey Details

Length of Survey	April 11, 2022 – June 30, 2022 (80 days)
Responses	450 received via SurveyMonkey
Questions	48 questions: 9 specific to youth, 13 specific to providers, 9 related to demographics.
Context	Of all 450 survey respondents, only 322 (71.6%) completed the demographic questions. This means only 71.6% of survey responses can be disaggregated by marital status, geographic location, age, race, ethnicity, education, work status, gender, and sexual orientation. This Community Survey was shared widely among Carroll County Public Schools (CCPS) staff and parents of CCPS children; because of this, many survey responses focus on education and the schools. This Community Survey was also shared with organizations and groups that were involved in recent events such as the Board of Education's Flag Policy and subsequent silent and peaceful protests. Because of this, many survey responses have a focus on LGBTQIA+ representation, especially in schools.

Executive Summary

Carroll County continues to perform well on most Indicators (i.e., markers of success) featured in the Child Well-Being Scorecard related to children, youth, and families. This implies that services and supports are adequate for the needs of many in Carroll County. In addition, there are robust community partnerships, collaborative efforts to engage and include a community voice in current issues, creative programs, initiatives to address local needs, young people interested in being part of the solutions, layers of diversity, and opportunities to come together as a community.

However, in reviewing Carroll County's data related to the Well-Being Scorecard, many of the sources had not collected or provided data during recent years and consequently offered no data during the Covid-19 pandemic. In other cases, the indicator sources had no data publicly available. Further, this data when disaggregated sometimes tells a different story: certain trends for historically underserved populations are less favorable than the trends seen in aggregate and in comparison to certain populations, such as those identifying as White/Caucasian. This indicates that the local services available for children, youth, and families are adequate for some but not for all (i.e., these historically underserved populations).

Because of this, the Carroll County Local Management Board (CCLMB) Strategic Planning Committee and this Consultant developed this Community Survey to identify additional local data to compare to the Well-Being Scorecard data; analyze the needs, gaps, and barriers

experienced by children, youth, and families in Carroll County when trying to access services; and allow community members to provide their candid feedback on these services and needs. The responses to this Survey helped inform the CCLMB's Community Assessment, subsequent Community Plan, and future strategic planning and priorities by providing a more complete set of measures to show greater depth, breadth, and nuance in the community's successes and challenges.

While a comprehensive review of the Survey findings will be addressed in this report, it is essential to acknowledge the efforts and progress made by the CCLMB in earlier assessments. In its work before the 2022 Survey and Assessment, the CCLMB identified and prioritized the following areas of improvement:

- Support disconnected/opportunity youth in becoming successful, independent young adults.
- Provide and enhance services for youth experiencing suicidality and self-injurious behaviors.
- Provide navigation for children and their families experiencing poverty, a lack of resources and support, and other broad, complex issues.
- Ensure Adverse Childhood Experiences (ACEs), racial and ethnic disparities, trauma-informed approaches, and research-based practices are addressed in local programs and services.

This report summarizes responses from the Survey conducted between April 11, 2022, and June 30, 2022. The table below shows themes identified throughout all methods in this 2022 Assessment process, as well as items on how the Survey responses aligned with those themes:

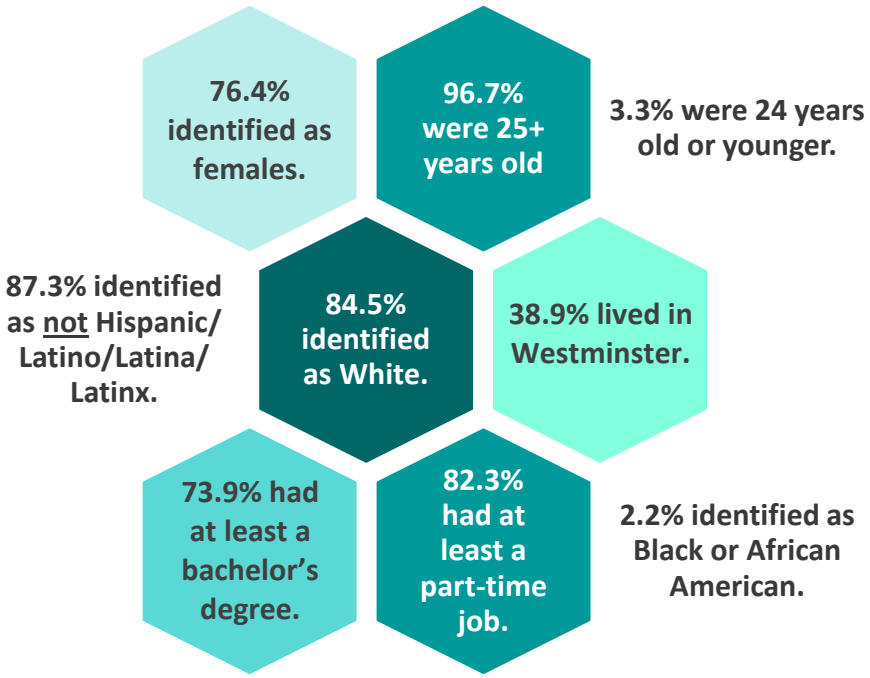
Accessible Mental Health Services	Community Inclusion, Outreach & Communication	Support Services for Families (Non-clinical)	Economic Stability & Mobility
Concerns about mental health and therapeutic services were identified **in** **32.4%** (104) of short answer responses on the Survey.	Service outreach, communication, and inclusionwere identified **in** **14.0%** (45) of short answer responses on the Survey.	Supportive services like support groups and respite care were identified **in** **10.0%** (32) of short answer responses on the Survey.	Barriers to accessing services, like insurance and transportation, were identified **in** **12.2%** (39) of short answer responses to the Survey.

Other key themes in this survey related to housing and homelessness (in 22/321, or 6.9% of responses) and services for children and youth with disabilities (in 18/321, or 3.4% of reactions). However, these themes were not a focus in other assessment methods.

Methodology

This Survey was developed to hear from the community about their experiences living in Carroll County and in accessing services, and to hear their opinions on the adequacy of current resources to meet barriers and gaps. The Survey data complements other qualitative data methods used throughout this assessment and will be used to assess the local service delivery system for Carroll County's children, youth, and families.

The CCLMB consulted various community leaders throughout the development of the Survey and questions were tested and revised with guidance from four individual reviewers. Ultimately, the CCLMB Community Survey yielded 450 responses from individuals as young as 12 (with parental permission). Of the respondents who completed the demographic questions (322, or 71.65%):



According to the U.S. Census Bureau, this aligns with the County's census data (see Demographics section). After initial surveying, the CCLMB Strategic Planning Committee targeted certain subpopulations to increase the number of respondents with diverse demographic backgrounds and extended the timeframe for the survey to allow for potential additional respondents following community outreach and promotion at community events, such as the Juneteenth in Carroll event. For a complete list of outreach efforts, see Appendix E.

In addition to analyzing data from this Survey, the current Child Well-Being Scorecard for Carroll County, and other local and available data, the following methods were implemented for this CA:

- Key Informant Interviews (KII)
- Focus Group Discussions (FGD)
- Cognitive Interviews

COMMUNITY SURVEY RECRUITMENT

- Email blasts to community partners and stakeholder groups
- Promotions within email signatures; business cards
- Posts on agency social media pages
- Posting physical flyers within the community
- Attending community meetings and events
- Utilizing QR codes on brochures
- Social media posts

**Not a fully inclusive list*

Within the Survey, community members had the opportunity to sign up to participate in a Focus Group Discussion to assess their perception of community needs further.

Community members were invited and encouraged to complete this Community Survey in a variety of ways and utilizing established partnerships (such as staff within partner agencies like Carroll County Public Schools) for crucial marketing and data collection strategies.

In addition, a paper version of the survey was available by request, and additional efforts were made to engage with Hispanic and Latino community members. For a complete list of outreach efforts, see Appendix E.

Significant and Unique Themes

Our results revealed the following summary of opinions by community members who completed the survey:

- ***Accessibility of Mental Health Services –*** Participants indicated having trouble accessing mental health services; Follow-up assessment methods (KII and FGD) were used to determine detail on specific issues with access (see Appendices A and B for summaries). Ultimately, there were gaps and barriers reported in identifying services and their locations of services, obtaining timely or specialized services (related to diversity, equity, and inclusion, the availability of appointments and providers, and fiscal obstacles such as insurances and copayments—along with discrepancies in understanding the process of accessing coordinated services.

- *Community Outreach and Marketing –* The respondents indicated they were largely unaware of the array of services available in Carroll for children, youth, and their families, specifically around behavioral health (questions #2 and 3 on the survey). This skewed heavily toward respondents saying they never needed or had never heard of the service (Question #2). A school professional in one of the FGD also noted how much information they as parents and professionals must process, how easy it is to get

CONSIDERATIONS

Although professionals in the field may be aware of the services (where to go, how to access them, and who to call if we do not know), community members may not know where to go without personal knowledge or need. Therefore, this is an opportunity for the CCLMB to increase community relations with peers, service providers, and the public.

overwhelmed, and the struggles providers experience in helping participants navigate multiple services at once.

- ***Transportation and Service(s) Location –*** Carroll County is a primarily rural jurisdiction and so has experienced historical transportation barriers, not new to this assessment; however, respondents expanded on the frequency and intensity of those barriers in accessing care compared to the increasing need for mental health services; this need is intensifying for members of this community. Transportation was among the top three most mentioned needs or barriers within the Survey short answer responses. This need has been compounded by the isolation forced by the COVID-19 pandemic and its restrictions; the relocation of housing assistance voucher boundaries (Section 8 "HUD") to areas lacking services for children, youth, and families; services that are not accessible to those with disabilities or those speaking languages other than English; and services which are specialized for those identifying as LGBTQIA+ or another historically underserved group. There was a split between recommending that all services be more centrally located (like a "hub") while others suggested scattered services (like satellite locations) throughout the County.

- ***Community Training and Education –*** Alongside each of the different data collection methods, a theme emerged throughout the needs, gaps, and opportunities around training and education. These opportunities include teaching the community a shared language that provides a positive focus for stakeholders, builds on society, and helps people to feel like they are in the know. There are many different agencies, programs, and acronyms used that are confusing and unclear to the community and those who may need to access the care. If people do not know what a service is called, they do not know what to ask for. This is an opportunity for the LMB to educate and increase awareness around language, terms, and various ways to access or qualify for the services. Additionally, parent training consists of slang (emojis) and other terms youth might use to indicate risk factors, along with different developmental stages helping parents navigate the challenging adolescent years.
    - Over 60% of respondents indicated they either did not know or preferred not to answer when asked if they felt respected or valued when accessing a service (Survey question 6). Although this does not mean disrespect is occurring, it indicates significant potential. This is an opportunity to generate a culture of acceptance and to educate and model evidence-based programs and best practices.
    - 37% of the providers (31) are not certified or trained in Evidence-Based Practices (EBP), which Hopkins Medicine defines as a process used to review, analyze, and translate the latest scientific evidence. This is an ideal place where additional training would likely improve service provision for the County.

- ***Economic Status and the added financial burden associated with COVID-19 –*** Families in the community have been teetering between the poverty line and wealth; in the wake of COVID-19, this phenomenon seems to be occurring more frequently or touching families unaffected before the pandemic. This theme was supported throughout the assessment methods (KII and FGD). COVID-19 has not only impacted the number of people living paycheck to paycheck but also the gap between having a job, qualifying for benefits with that added income, and the lack of funding to support obtaining basic needs. This is emphasized by the fact that healthcare costs are what families and community members forego first when money is tight (see Survey question 8).

WHEN MONEY IS TIGHT, WHICH OF YOUR BILLS OR EXPENSES DO YOU NOT PAY?

- Most respondents (64.9%, or 292) indicated this was **not an issue**.
- However, those that did experience this (13.3%, or 60) stated the first thing they do not pay when money is tight is **healthcare (medical, dental, mental health, or medication copays or costs)**
- The second thing families do not pay for when money is tight is **basic needs (hygiene products, clothing, etc.)**, as reported by 11.11% (50) respondents.

Conclusion

The Community Survey relies on self-reported opinions and perceptions of information. Therefore, respondents may under- or over-report specific attributes. Additionally, specific subpopulations of Carroll County may have been underrepresented (there were fewer White Survey respondents than there are in Carroll's population) while others may have been overrepresented (such as individuals identifying as advocates for those identifying as LGBTQIA+). It is also important to note the Survey was conducted in the Spring, a historically busy time of year for educators and students completing the school year which impacted engagement with student groups like the Student Government Association.

As themes began surfacing, layers of opportunities became apparent in meeting community members and agency partners where they are. This could include options for integrated communication through social media posts circulated through multiple organizations; additional events or opportunities for community education; renewing cross-training between organizations with rotating agencies and education offerings; and supporting the certification of providers in available evidence-based practices.

Accessibility of Mental Health Services – Survey questions 1-3 and 9-11 looked at the community's experiences about their awareness of and access to a variety of youth and family services offered within Carroll County. This includes the respondent's feelings of being valued and respected, identifying barriers or challenges, and any known needs or gaps in local services.

21.2% of Survey respondents on average indicated they "never heard of" these services; 56.5% on average reported they "never had/never tried" to get these services. When comparing this data to other methods of collection, one could interpret these findings to mean there is not a need for mental or behavioral health services since many respondents had never tried them. Alternatively, it could support a need to educate the community on such services as they are unaware of what the services are and how they could benefit from them. The latter is supported in Survey question 3; when asked what services were needed in Carroll County but were not available, nearly half of respondents (90 out of 200) mentioned mental health care as a gap. This supports the need for increased community outreach, education, and communication strategies in future community planning.

The following is a list of barriers respondents reported experiencing when accessing services:

- Inconvenient location of services.
- Mental health therapists and/or certified licensed clinical social workers (LCSW-C) in the schools separate from and in addition to school counselors.
- Trauma sensitivity/trauma-informed care training for all staff of community service providers, especially in youth-serving organizations.
- Therapy during school to support families with barriers related to transportation and free time.
- Services for those with private insurance and for those with Medical Assistance, as well as financial support for copayments and out-of-pocket costs.
- Options and support for youth at age of consent to access mental health treatment but do not have assistance from their parents or caregivers.

Community Outreach and Marketing – In reviewing the opinions, feelings, and concerns of community members as well as the qualitative data collected, reflection on the current community outreach and marketing efforts, the standard crossover, and opportunities to enhance those efforts is a clear focus. When immersed in community services every day, providers may at times lose sight of how consumers learn about and comprehend those community services, meaning what is clear and familiar to some is not at all familiar to others. One respondent mentioned how challenging it is to retain all the information sent from the school system, stating that it is nearly impossible to track all the other outside community efforts simultaneously. They cited opportunities for improved communication efforts through the use of social media.

Transportation and Service(s) Location – No different than in years past in Carroll County, transportation services remain a frequently mentioned need and a barrier to accessing services. While the CCLMB does not have direct authority or impact on transportation, thanks to partnerships in the community they can provide data to those who can impact local transit. Additionally, promising programs are being developed to address transportation on smaller scales to support youths' access to recreational activities, employment, trainings, and other enrichment programs.

Community Training and Education – Training and education were other suggestions made by Survey respondents, both directly mentioned and indirectly implied. Although there is a wealth of available resources for training and education, a brief and targeted plan would be beneficial in better meeting the needs of those community members seeking these opportunities. For example, training opportunities could range from any of the following topics but should be directed to whichever is of most interest or utility to the community: building capacity, increasing awareness, providing education, and creating a common language and providing evidence-based certification and other specialized training for practitioners. Providing these education and training efforts to include opportunities for non-clinical staff and community members would also have a positive impact on the community in developing embedded champions of the work, empowering youth, and other future change-makers, and equipping front-line staff such as case managers and peer support specialists to provide the most trauma-informed services possible.

Economic Status and Financial Burdens Associated with COVID-19 – As mentioned above, the increased frequency and intensity of financial burdens on families was a theme identified in the Survey. Some families reported difficulty in "getting by" pre-pandemic and are now truly struggling to make ends meet. Because of these economic challenges, these families may be experiencing a decrease in the financial means to access critical mental health or primary health care due to costs associated with copayments, transportation, and gas.

Recommendation/Links or Considerations:

- Although the CCLMB cannot influence CCPS policies or procedures, they have collaborated in past community initiatives. These entities could partner again to expand communications and education efforts for parents and caregivers.
- The CCLMB could also work with local community service providers to increase community outreach, education, and communication strategies. This would be a prime area for the CCLMB to use its position as a subset of Carroll County Government to enhance local communication efforts for the benefit of its residents.
- The CCLMB could also work to implement a trauma-informed framework that embodies all parts of the community and its members, beginning with naming and defining the language used and educating the community.

Appendix D: Carroll County Local Management Board Members

As of June 2022:

Staff: Gabby Zelaya, Manager

Mandated Members:

- Brian Gass, Program Supervisor for the Carroll County Department of Juvenile Services
- Katherine D. Green, Supervisor of Student Services – Pupil Personnel
- Vicky Keller, Director of the Carroll County Department of Social Services
- Marie Liddick, Acting Deputy Director for the Local Behavioral Health Authority
- Sue Doyle, Health Officer for the Carroll County Health Department

Other Appointed Members:

- Celene Steckel, Director of the Carroll County Department of Citizen Services
- Nicole Jackman, Director of Client Services for Carroll County Springboard Community Services
- Amy L. Jagoda, Coordinator of Mental Health and Student Services for Carroll County Public Schools
- Judith I. Jones, Equity and Inclusion Officer for Carroll County Public Schools
- Christina Ogle, Branch Manager of the Westminster Public Library and Chair of the Local Management Board
- Heather Powell, Manager of Carroll County Workforce Development
- Katelyn E. Speert, Executive Director of Together We Own It
- Javier Toro, Housing Stability Program Coordinator for the Carroll County Department of Citizen Services
- Scott Yard, Executive Director of Human Services Programs of Carroll County, Inc

Appendix E: Community Assessment Outreach Efforts

A core objective behind this Assessment was to hear from as many people in Carroll County from a diverse sampling of backgrounds and perspectives. This is to ensure the completion of a comprehensive evaluation to identify the needs of all Carroll County children, youth and their families and to create an informed, sustainable Community Plan. In order to accomplish these goals, concentrated efforts were made to reach historically underserved or underrepresented community members:

Survey sent directly to staff of the following organizations:

- Department of Juvenile Services (DJS)
- Department of Social Services (DSS)
- Carroll County Government (CCG)
- Boys & Girls Club of Westminster (BGCW)
- Penn-Mar Human Services
- Human Services Programs of Carroll County Inc (HSP)
- Carroll County Public Libraries (CCPL)
- Carroll County Public Schools (CCPS)
- Carroll County Health Dept (CCHD) & Local Behavioral Health Authority (LBHA)
- Division of Rehabilitation Services (DORS)
- Together We Own It (TWOI)
- Carroll County Youth Service Bureau (CCYSB)
- Catholic Charities/Head Start
- Girls on the Run
- Potomac Case Management Services
- Get Connected Family Resource Center
- Carroll Hospital Center
- Access Carroll
- Life Renewal Services
- Catastrophic Health Planners
- Springboard Community Services
- Carroll Community College
- McDaniel College
- Parents, Families, and Friends of Lesbians and Gays (PFLAG)
- Circle of Caring Homelessness Board
- Early Childhood Advisory Council
- Early Screening, decision Making, Assessment, Referral, and Treatment (E-SMART)

The following additional efforts were made by the CCLMB to encourage Survey completion:

- Posted on Chamber of Commerce (both via their website and email blasts)
- Targeted communications to CCYSB clinicians
- Targeted communications to CCPS behavioral staff and all CCPS parents
- Targeted communications to Carroll County Ministerium (various churches)
- QR code and links in St. Paul's United Church of Christ newsletter and Poor People's Campaign May 1st
- Shared via partnerships with provider listservs, including the LBHA
- Targeted communications to Carroll County NAACP Branch
- Inclusion in CCLMB email signature for duration of survey (over 60 days)
- Press release through Carroll County Government
- Shared with families of the BGCW

- Flyers posted at the first Juneteenth in Carroll event

At the close of the Community Survey, the CCLMB made targeted efforts to invite specific individuals and groups to participate in focus group discussions:

- Student Government Association (SGA) – unsuccessful due to time of the school year and students' commitments
- Carroll Citizens for Racial Equity – unsuccessful due to availability of members and their commitments
- Carroll County NAACP Branch – unsuccessful due to availability of members and their commitments
- General community members – unsuccessful due to lack of response after reaching out to respondents to schedule

Supplements to the Carroll County Local Management Board's FY 2023 – FY 2025 Community Assessment

Carroll County, MD

Author: Carrie Freshour Consulting, LLC

Editor: Gabby Zelaya, Manager of the CCLMB

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

Carroll County ·1837· MARYLAND

CONSULTING

Focus Group Discussions Details

FOCUS GROUP DISCUSSION - April 26, 2022, from 7:00-9:00 pm
Carroll County Public Schools Central Office, Board Room
125 North Court Street, Westminster, MD 21157

Group Name: Community Advisory Council (CAC)

Group Affiliation/Purpose: *The Community Advisory Council serves as a forum for public concerns, advice, and communication to and from the Board of Education. In addition to providing information to the Board, the Community Advisory Council may be called upon by the Superintendent and/or Board of Education to make recommendations on matters related to the education of students in Carroll County Public Schools. (Taken from CCPS website on 7/8/22: https://www.carrollk12.org/board-of-education)*

Participants: 28 (21 represented individual schools; 7 were school staff or Board-appointed members). Due to the size of the group and its in-person nature, the number of respondents per question was not consistently recorded.

Context: This was a modified focus group discussion (FGD) held during a routinely scheduled community meeting, allowing for 30 minutes of FGD at the end of their agenda. While the same focus group questions were used for all adult FGDs, the depth of the responses in this setting (the CAC) was lacking due to its format; not unlike a town hall.

Significant & Unique Themes

- Concern for the increased mental health issues and overall behavioral and academic regression in youth.
- Increased issues of anxiety, isolation, and depression in youth.
- Impact of community members' discord.

Questions

Icebreaker: Participants introduced themselves and shared their role in the community.

1. **What are the biggest issues youth face in Carroll County?**
    a. 9/15 responses: Concerns heightened by COVID-19
        i. Increased anxiety, depression, isolation, and regression in learning.
        ii. Social-emotional learning delays because of the increased isolation and lack of stimuli.
    b. Vaping and social media concerns

2. **What are the biggest issues families are facing in Carroll County?**
    a. 10/11 responses: Parenting and what adults/parents are modeling for young people on social media and in our community

b. Some suggestions by this group:

RECOMMENDATIONS FROM THE COMMUNITY ADVISORY COUNCIL (CAC)

- Bring **crisis counselors** back
- Host **therapy groups** at schools with parents & therapists
- **Unify** community around something that has **no agenda**
- Provide community events to bring community together and **open lines of communication across many groups**.
- People need to **remember and infuse empathy**
- **Adults must change behaviors first**, then teach their kids
- Increase **awareness and acceptance** of services so families know where and how to access services and are comfortable doing so
- Be **respectful of people others and their opinions**
- Have healthy, productive conversations and debates

3. H**ow are you aware of your community's mental or behavioral health services?**
   a. Mainly the school systems and internet search or medical providers.

4. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here?**
   a. See "Notes" above.
   b. Four (4) responses: LGBTQIA+ individuals do not feel supported or respected in our community (See the blue box above for ideas and suggestions for improved or enhanced inclusion and more significant community impact).

5. **Are you familiar with the terms "ACEs" or "trauma-informed"? If so, what do those terms mean to you?**
   a. Approximately half of the individuals in the room were minimally familiar with the terms through meetings like this and other training and education efforts within the public school system.

6. **Closing**: **What did we miss? What didn't we ask that we should be asking?**
   a. No additional responses.

FOCUS GROUP DISCUSSION - May 10, 2022, from 6:30-8:00 pm
Virtual via GoToMeeting platform.

Group Name: Parents, Families, and Friends of Lesbians and Gays (PFLAG) Westminster Chapter

Group Affiliation/Purpose: *We are a non-politic nonprofit organization composed entirely of volunteers working to provide a safe and confidential space for the LGBTQIA+ community. Our PFLAG family comprises all ages, sexual orientations, and gender identities. We don't just celebrate diversity …we are diversity We welcome you to join us if you are gay, lesbian, bisexual, transgender, queer, or questioning. We especially welcome you if you are an Ally. (Taken from PFLAG website on 7/8/22: www.pflagwcc.org)*

Participants: 10

Context: Much of the conversation focused on LGBTQIA+ services and LGBTQIA + support and representation in the school system (see "Notes" above).

Significant & Unique Themes:

- Concern about youth mental health and the impact of ongoing discrimination and trauma on youth.
- Difficulty in having trusting relationships with adults and knowing who is safe and supportive.
- Challenges in accessing services with trained and vetted mental health professionals who are equipped to address the needs and concerns of youth identifying as LGBTQIA+.
- The lack of congruency between adult and youth views on discrimination.

Questions:

Icebreaker: All participants introduced themselves and shared their role in the community.

"School counselors are not trained or equipped to handle the frequency and intensity facing the youth today."

1. **What are the biggest issues youth are facing in Carroll County?** (Respondents: 8/10)
    a. Need for more therapy
    The need for therapeutic services within schools has only increased; for some students, school is the only place to get assistance because the family cannot (due to financial or transportation constraints) or will not (do not want their child going to therapy) get them to therapy or treatment outside of school. In-school therapy services had declined pre-COVID and have now stopped in most cases since COVID-19 is a barrier to the school system.

b. Diversity, equity, and inclusion (DEI)

Because of the community's current events (see "Notes" above), diversity, equity, and inclusion (DEI) were frequent topics that surfaced throughout these discussions. Significant in this FGD was the mention of the complexity parents [and professionals] alike experience in their responses to DEI, especially related to the LGBTQIA+ population: Parents feel uncomfortable answering uncomfortable questions or explaining the community forums and publicly shared views that are less than inclusive, at best, to their youth? With a strong desire for tenderness, support, and encouragement. Promote the healthy development of their sexual identity, and support them internally (at home) and externally (in the community) while also responding to the community impact.

> "As a parent of [a child identifying as LGBTQIA+], my biggest concern is how do I know which adults in the schools I can trust?"

> "Sometimes kids are in a place to accept themselves, and the parents [or adults] are not there with them. So in addition to battling their identity issues, there are also issues battling family acceptance."

Yet, in other cases, a dichotomy exists where the parents may feel differently than the youth concerning LGBTQIA+ matters, where there may be disparaged for the questions being asked or the language used to describe, and the youth report unaltered by the overall conversation, in general, accepting people, for people.

2. **What are the biggest issues families are facing in Carroll County?** (Respondents: 9/10)
   - **a.** Barriers to appropriate therapy and mental health services
     - **i.** Lack of openings with providers.
     - **ii.** Difficulty finding and accessing experienced and vetted clinicians or programs. While clinicians may state that they are supportive of or capable of providing LGBTQIA+ therapy, that often means they are merely an ally. They may support individuals identifying as LGBTQIA+ but not fully understand or be able to address the issues someone identifying as LGBTQIA+ experiences effectively. This results in parents guessing if a therapist is experienced or trained in supporting youth who need therapy specific to their identity as a member of the LGBTQIA+ population.

b. Rapidly growing economic and financial burdens.
   i. Insufficient insurance coverage and unmanageable co-payments.
   ii. Out-of-network and out-of-pocket expenses for services (most of this discussion was specific to private insurance).
   iii. Increased fuel costs, compounded by having to drive out of the county for therapists with "the experience and mindset" needed for individuals identifying as LGBTQIA+.
   iv. All these burdens existed pre-COVID but have now reached new heights for families, such that healthcare and therapy are being seen, as one father put it, as "a luxury." This further links back to our community survey, where respondent's indicated health care costs were among the first to go when money was tight.

> "…many people lost their jobs and savings during COVID. …I struggle to fill my gas tank. $75.00 per week to get to work adds up. Copays or paying for mental health services are the first to go…"

c. Internet access.
   i. "Internet access in the county has nothing to do with income."
   ii. Others supported the need for broadband coverage to increase access to mental health services via telehealth appointments.
d. Transportation was mentioned twice as a barrier.
e. Basic needs such as school supplies were also mentioned.

3. **How are you made aware of mental or behavioral health services in your community?** (Respondents: 8/10)
   a. Most participants reported learning about community services through Carroll County Public Schools (CCPS) via email blasts, social media posts, or Google searches. However, participants stated that only a small percentage of CCPS emails were read and that few participants retained that information given the frequency of the emails. Participant noted that social media posts are individual to the provider and are less accessible unless one follows CCPS.

> **"There are services we are just not made aware of. I don't even know what we do have. …If a community resource has a page but isn't making a consistent effort towards online engagement with the community, it won't be seen enough to get the information out there."**

4. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here?** (Respondents: 5/10)
    a. Participants shared examples of their experiences or their children's experiences of exclusion, isolation, and harassment for religious beliefs or sexual identity.

One parent's response regarding the challenge of being a parent, responding to instances of discrimination, and teaching their children how to react:

"We go stealth [mode], and then try to figure out how to teach, or not teach, or translate that for our kid. For example…someone gave my kid a trans flag – she wanted to fly it on our front porch, and I didn't know how to handle that conversation with my beautiful child. I am so proud of you and happy for you; I don't want to be the one to shove you into that closet."

5. **Are you familiar with the terms "ACEs" or "trauma-informed"? If so, what do those terms mean to you?** (Respondents: 3/10)
    a. While the words and phrases were familiar to most, true understanding of the terms was inadequate. However, there was strong interest in the terms, and the need to understand them was apparent to this group.
    b. All three respondents to this question were also school system employees with training and professional development opportunities related to trauma-informed care and ACEs.

6. **Closing**: **What did we miss? What didn't we ask that we should be asking?** (Respondents: 8/10)
    a. Additional education for the community to decrease stigma and increase trust and respect for those working to support youth and young people. Specifically, education around the LGBTQIA+ community and supporting adults and professionals in how to respond, what to say, how to say/what not to say, and how to correct it if we get something wrong.
    b. Addressing the dichotomy between desiring increased understanding and support while also experiencing barriers in obtaining that knowledge and permission.
    c. Mitigate barriers include capacity issues, training time, training dollars, competing agendas, and competing priority needs.

Throughout the FGD questions, all 10 participants emphasized a need for more advocacy for adults, teachers, professionals, advocates, and other individuals working with youth.

"… we need to find a way to bring more trust and respect to our professionals, teachers, and health professionals… The distrust and disrespect toward those trying to help, teach, and care for us are disheartening."

"Professionals, parents, or advocates [of the LGBTQIA+ community] are not pedophiles…or groomers."

RECOMMENDATIONS FROM PFLAG

- **Bring people together** through community events.
- Provide proactive information to families, such as **questions to ask a provider** when seeking services to **determine their level of ability** to provide appropriate services to a youth identifying as LGBTQIA+.
- Have the County or its affiliates **offer seminars to local mental health providers** who are led by professionals identifying as LGBTQIA+. Local mental health providers could be educated on LGBTQIA+ concerns and therapies, and the community could then identify which providers are or have been recently trained in therapies that may be most helpful to members of the LGBTQIA+ community.
- **Educate the community** about inclusion, for example, identifying appropriate language to use when speaking with or about individuals of the LGBTQIA+ community.
- Increase healthy or constructive communication; for example, provide tips on difficult conversations, conflict resolution strategies, and facilitate healthy debates.

FOCUS GROUP DISCUSSION - May 24, 2022, from 4:30-6:00 pm.
Together We Own It, 77 John Street, Westminster, MD 21157

Group Name: Together We Own It programming

Group Affiliation/Purpose: *Together We Own It empowers young people to engage, inspire and motivate one another. Our mission is to work with children and families to break the cycle of trauma by providing a stable and supportive environment full of opportunity. Through family navigation, group mentoring, and parent support, Together We Own directly serves the social and emotional needs of our clients. (Taken from TWOI website 7/8/22: www.togetherweownit.org/)*

Participants: 14 youth and four adults were present from the program. Due to the size of the group and its in-person nature, the number of respondents per question was not recorded.

Context: The youth attending this program have experienced frequent and ongoing trauma and abuse, including toxic, stressful environments [such as witnessing adults using drugs and alcohol, domestic [and other] violence, and physical, emotional, and sexual abuse, according to the staff]. Most of the youth participated in some way: verbally, non-verbally with body language and nodding of the head, and anonymous submissions of sticky notes at the end of the session.

Significant & Unique Themes:

- Not feeling heard
- Parenting through conflicts with youth and understanding perspectives
- [Providers]: Support and respite
- Youth Shelter

Questions:

Icebreaker: "What is one word you would use to describe Carroll County?"

- Baltimore City
- Where I live
- Tone it down
- Racist & homophobic
- Racist & homophobic (from a different youth)
- Racist
- Judgmental
- Unfair government – police have their hands tied
- Outdated
- Rural (from an adult)

1. **Who would you talk to if you felt stressed, overwhelmed, angry, depressed, or had some other issue?**

4. **If you were struggling with something emotional [like depression, anxiety, or thoughts of suicide]; how likely are you to talk to you parents/guardians or another adult about it?**

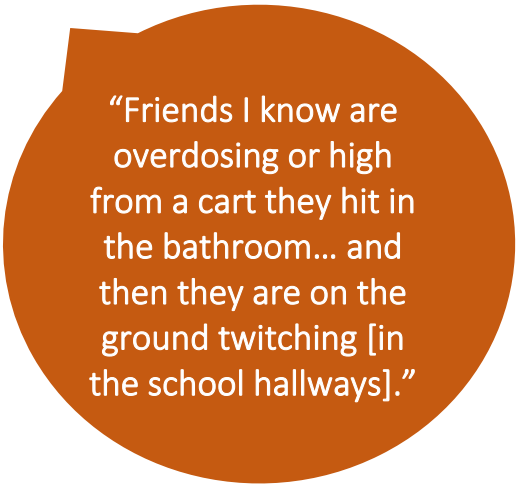
Of 10 verbal replies, many mentioned a staff person they would confide in; however, each youth spoke to initially needing to build trust with that adult before opening up. Four respondents expressed talking to peers or holding in their feelings altogether, attributing this to their inability to trust adults; the staff present affirmed this.

Of the responses to Question 1 submitted anonymously via Sticky Note:

- "Mobile crisis, or my friends."
- "Trusted adults, not therapists, because some parents will not allow a child to be in therapy."

2. **When you think about your life, what makes you the most stressed? What factors cause the most stress to your [and/or your peers'] lives?**

- Substance use issues: specifically in the schools with vaping mentioned previously. (Respondents: 6). In hindsight, what is less clear from this assessment is if vaping and weed are used interchangeably, meaning vaping nicotine and vaping THC.
- Violence: including fights in school; one student reporting being punched that day. (Respondents = 5).
- Fitting in with family (Respondents: 4)
- Depression and self-harm: sharing they have harmed themselves or know someone who harmed themselves by cutting or talked about self-harm. (Respondents: 4).
- Feeling valid in their identity or gender identity (Respondents: 3).



- Of responses submitted anonymously via Sticky Note:

"Librarian lady, homelessness, abandonment, traumatic behaviors."

"Depression, school, people smoking weed in school, social media, sometimes friends, peer pressure."

3. **Do you think the adults in your life understand the mental health needs of youth today? Explain your answer.**

5. **Do you think the adults in your life understand the pressures of substance use issues of youth today? Explain your answer.**

The youth reported a theme of not feeling heard, supported, or understood by the adults in their life. In addition, they spoke to adults' unfair standard/implicit biases where youth are not given the benefit of the doubt for their circumstances.

When asked about substance use issues, the youth talked about social media's role in accessing drugs. Youth report drugs as a "pretty big issue" but noted that it is not "peer-pressured" like adults may think. They described that accessing medicines is easy, mentioning the increased use of social media to advertise and sell drugs.

Seven youth started vaping, and weed (again, used interchangeably) is done at school in the bathrooms, and you cannot go into a bathroom without seeing vaping.

6. **When was the last time you felt like someone genuinely asked you how you were doing and listened for the answer?**

Two respondents stated that even their therapists change so frequently that youth are asked the same questions repeatedly. Staff added that many youth in their programs see interns, so they often change based on the day of appointment and schedules.

7. **Do you know anyone with mental health treatment, counseling, or therapy? Is that talked about openly among peers? What would make it easier to talk about?)**

This question was skipped.

8. **How often do you feel treated badly or unfairly because of your race, ethnicity, sexual orientation, or gender identity?**

10/11 respondents gave examples of discrimination, bullying, harassment, and other forms of bias:

- Derogatory language (racist and homophobic slurs).
- Police mistrust youth of color.
- Misogyny in school, such as inconsistent dress code practices and punishments, and situations where sexually inappropriate behaviors are dismissed with little to no disciplinary action.

9. **What services are needed but are not available here?**

10. **How are you made aware of mental or behavioral health services in your community?**

11. **What do you consider to be the most significant needs regarding young people students' access to mental or behavioral health services?**

Themes from throughout were:

- Access to therapists who specialize in LGBTQIA+ issues such as hormone replacement therapies, gender identity issues, and navigating family dynamics.
- Waitlists for services and no callbacks.
- Homeless youth services, specifically shelters or housing.
- Transportation services.
- Shelters specific to youth and TAY (shared by program staff).

When talking about how the youth learn about available services, overwhelmingly, the response was that services are reactive to a situation or circumstance rather than preventative or proactive.

Closing: **What did we miss? What didn't we ask that we should be asking?**

No additional verbal comments were shared; however, at the beginning of the FG, all participants were given sticky notes and pens to write down answers anonymously.

As a result, eight (8) sticky notes were submitted anonymously. Those comments were:

- "Things adults need to fix: Approaching youth, youth homelessness, trauma therapy, school therapy, guidance counseling, police response, adult influence, programs for risky struggling youth."
- "How they act to kids."
- "Transphobia. 'She/her,' 'ma'am,' 'Miss,' 'Young lady.' I am trans, yes, but I am a man."

RECOMMENDATIONS FROM TOGETHER WE OWN IT'S YOUTH GROUP

- **Build trusting relations** and partnerships among young people and adults
- **Repair relationships and bonds of trust with adults** and young people or educate adults on the developmental stages of adolescent behavior, brain development, and other challenging behaviors.
- **Consider enhancing programs that show promise**, such as Navigating Difficult Waters, provided by Carroll County Public Schools.
- Providing youth-serving adults with **simple and accessible tools** to reference when working with troubled youth, such as learning to remember the window of tolerance and then modeling that (Government of Jersey, 2020).

FOCUS GROUP DISCUSSION - May 26, 2022, from 6:30-8:00 pm
Virtual via GoToMeeting platform.

Group Name: Carroll County Kids for Equity (CCKE)

Group Affiliation/Purpose: *We are a student-led and student-created organization that drives lasting changes to promote a culture of equitable education through empowering student advocacy.* (*Taken from CCKE website 7/8/22: https://sites.google.com/view/carroll-kids-for-equality/ home?authuser=1*)

Participants: 3 (seven responded initially, and only three were available that night).All three respondents answered each question.

Context: Given the time of year this FGD was held (the last quarter of the school year), many students could not attend this focus group as planned due to competing school or community commitments. Therefore, the first session was rescheduled to increase the number of participants to five (5). However, we had to decide to move forward with three (3) participants at the time of the scheduled event to honor the time of the students who made the extra effort to attend.

Significant & Unique Themes

- A lack of mental health resources available for students, compared to the increase in stressors to youth
- Issues surrounding inclusion; feeling included or understood adding to the community unrest among adults.
- Grade issues, workloads, grade inflation, and a lack of post-secondary options or opportunities.

Questions

Icebreaker: "What is one word you would use to describe Carroll County?"

- Quiet (not necessarily in a bad way)
- Farm part of Maryland
- Close community, everyone hears about everyone else a little bit (good and bad thing, bittersweet)

1. **Who would you talk to if you felt stressed, overwhelmed, angry, depressed, or had some other issue?**

4. **If you were struggling with something emotional [like depression, anxiety, or thoughts of suicide]; how likely are you to talk to you parents/guardians or another adult about it?**

All three mentioned going to their parents for serious concerns; however, the first support line was more consistently a peer. All respondents also shared examples of challenges with the school counseling decoupled with the need for more formal mental health training and services. One youth shared that they "used to talk to a school counselor;" however, given their experience with the secretary and comments overheard, repeated by peers, or made directly to the youth, they do not utilize this support or consider it a reliable resource. Another youth agreed they do not use the school counseling department for this support.

> "…high school counselors…aren't therapists; [we] need to recognize this and perhaps have something to substitute for that. While school counselors are busy doing schedules, I think we should have therapists or something there for students. …I was at a youth forum last weekend where students don't even feel comfortable expressing feelings to counselors, which can make situations worse. …peer facilitators…could be a nice route, but they aren't trauma-informed, and there are issues with training there as well."

2. **When you think about your life, what makes you the most stressed? What factors cause the most stress to your [and/or your peers'] lives?**

A lack of community inclusion by adults (specifically for the LGBTQIA+ community) spilling over into the school and peer relations.

> "There's been a lot of bullying and harassment against marginalized groups, like people of color and LGBTQ students; there have been multiple occasions where racial slurs/slurs have been used against those groups. Often, we report that, and nothing happens, or the student is told don't do it again, but they still do it again. …[people] will accidentally misname/misjudge a student. Instead of correcting it, I'm not sure they know how to do that instead of correcting it. I think there's a lack of…training on those types of subjects, how to be most respectful in certain types of scenarios."

Equitable education standards and post-graduate linkage to programming and career opportunities.

- Performance anxiety and "always having to do our best."
- Grade inflation and grading inconsistencies in the school system

3. **Do you think the adults in your life understand the mental health needs of youth today? Explain your answer.**

5. **Do the adults in your life understand the pressures of substance use issues of youth today? Explain your answer.**

All respondents named their culture, beliefs, and experiences factors contributing to adults' understanding. They also noted that some adults might try to understand because they care (even if they fail at understanding), while other adults dismiss the expression of emotion altogether.

"…if more parents knew about [Navigating Difficult Waters] and were willing to educate themselves through some sort of session like that, I think it would be helpful."

Again, the young people shared that they avoid going to counselors because of past experiences and comments made by those meant to help, which discouraged and "made things worse for them."

There were varying responses regarding whether adults understand the pressures on youth today, specifically around substance use disorders. However, the youth agreed that parents either do not understand it or do not know about the pressures. Each mentioned knowing someone who had done "hard drugs" but also said "vaping and weed' is more common than hard drugs.

All three participants were very insightful as to some underlying issues, such as the interconnectedness of mental health challenges and substance use as a coping mechanism and that "chasing down" students don't get to the root of the problem because they are doing hard drugs.

Again, what is less clear from this assessment is if vaping and weed is used interchangeably, meaning sometimes vaping refers to tobacco vaping, and other times it refers to THC vaping.

6. **When was the last time you felt like someone genuinely asked you how you were doing and listened for the answer?**

The consensus here was that we have a culture of asking and not waiting for the response, making it more "synonymous with hello…to be respectful rather than show someone you care;" however, it was shared that it is equally challenging to know how to respond, resulting in blanket replies.

8. **How often do you feel treated badly or unfairly because of your race, ethnicity, sexual orientation, or gender identity?**

According to the responses, this seemed to be more of a problem among peers in middle school. They shared that they do not recall any education in middle school on how to be more inclusive. Instead, more frequently were the implicit biases and comments of passersby.

> "People who say those things (racist, homophobic) will say it among their group. If you are passing by, you'll think it's not okay. In math class, a couple of guys made fun of Chinese and Spanish languages, mocking them as a joke. It was problematic, and I felt uncomfortable that it was done loudly, but no one was paying attention to it."

7. **Do you know anyone with mental health treatment, counseling, or therapy? Is that talked about openly among peers? What would make it easier to talk about?**
9. **What services are needed but are not available here?**
10. **How are you made aware of mental or behavioral health services in your community?**
11. **What do you consider to be the most significant needs regarding young people students' access to mental or behavioral health services?**

Overall, there is still a good amount of "taboo" and stigma among peers talking about their mental health. To reinforce the stigma, all three respondents knew of someone or had experienced comments such as *"You shouldn't talk about these kinds of things,"* further stating, *"I have friends still struggling because their parents are very much resistant to treatment***."** The respondents offered several suggestions about increasing access to care amidst the stigma.

- "Make it more **accessible**, having someone trained solely for mental health in schools, in counseling centers – **therapists** not for weekly sessions, if a student is struggling [*Brief Interactive Therapy Models,*] they would know how to help and wouldn't have to focus on academics with regular [school] counselors."
- "We have school therapists, but they move around and are only accessible to specific groups of people. It would be **helpful if mental health were considered in things we do every day**, like education and academics. So many students get stressed out during finals, and at the end of the school year – remind students, even teachers, to give a reminder or small incentives for students to **take mental health breaks**, a day off, or chill out."

Another theme supported across this CNA is that there is a need for more therapists (capacity due to waitlists and viability of insurance coverage) and access to care (knowing of services, locations of services, school-based, financial barriers). The new age of consent was brought up, but the youth emphasized that this addresses only *one barrier* to accessing care; other obstacles that exist for youth when caregivers are not supportive of treatment:

- Transportation
- Financial costs (copays)
- Insurance coverage

Additionally, only one of the three participants knew where to look for behavioral health services, and that was to search Google online.

One participant mentioned the need for a youth shelter and that they had heard other youths express this need.

"Creating accepting school environments so kids can see school as a safe place instead of another stressful environment is also important."

Answers to Question 11 specifically: The participants talked about the stress of needing to speak to someone and not feeling a sense of trust with the adults, given that the "protocol" is to call home if the issues are at home, about the home environment, or because of an unsupportive adult; this deters the youth from talking to the school counseling staff.

Closing: **What did we miss? What didn't we ask that we should be asking?**

All three (3) youth reported grade inequalities, stating that grading standards were not consistent between schools, even within the same school, and opportunities for exploring what careers are possibilities within the core curriculum, like STEM.

In closing, one member said the following:

> "School is a big part of youth life, especially in our county. There should be a focus on connecting youth in Carroll County to their community. When I've asked admin to do this, they often point to FFA, sports, and extracurriculars, but I mean that we have many wonderful community organizations, and students don't know about them, don't know they're in the community because they're so much in the space that Carroll County is rural; we don't have anything here. A lot of that is built-in…spending so much time in school and focusing on academics; wanting to know how to connect students to [the] community."

RECOMMENDATIONS FROM CARROLL COUNTY KIDS FOR EQUITY

- Increasing access to **Navigating Difficult Waters** event.
- Improved or **enhanced peer support** programming and training that is meaningful and inclusive
- Improved **training for school personnel** on diversity, equity, and inclusion as well as mental health and stigma
- Improved **access to therapy in schools** to avoid the cost and transportation barriers
- Add **social work or clinical therapy to school settings** and have a school counselor equipped to provide the needed services to address the increasing mental health concerns.
- Adding more proactive or preventative programs

Focus Group Discussion Summary – Hispanic/Latino Community

Introduction

This Consultant and the Strategic Planning Community were grateful to have a native Spanish-speaker and advocate of the Hispanic and Latino community who offered to translate six core FGD questions from English into Spanish in order to better capture the voice of Carroll's Hispanic and Latino Population. This advocate facilitated participation by Spanish-speaking community members by recording their responses and then translating them back to English to be included in this Assessment.

Results

Only three Spanish responses were completed; each of the 3 responses mentioned these top three issues:

1. Language barriers related to accessing services
2. Lack of financial support (rent, childcare, transportation, livable wages)
3. Lack of opportunities for youth to engage with other children

Questions – Youth and Family Needs

1. **What are the biggest issues youth are facing in Carroll County?**
    a. Limitations with language and a lack of integration with kids in their age group, there are minimal opportunities for youth
    b. Parents of youth with no documentation. There are barriers and a lack of understanding or care to understand Latino Culture
    c. Bullying, mental health, poverty, and lack of diversity and acceptance

"Limitations with language, a lack of integration with our children in their age groups."

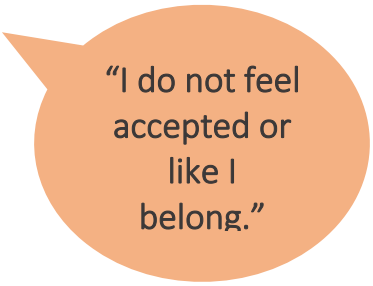
2. **What are the biggest issues families are facing in Carroll County?**
    a. Affordable housing, need for a mentor to help guide them
    b. Lack of information and resources in Spanish
    c. Financial needs and Poverty: lack of higher income jobs, high rent costs, childcare, and not having transportation.

"Parents with no documents are limited… [There are] limited information and resources in Spanish."

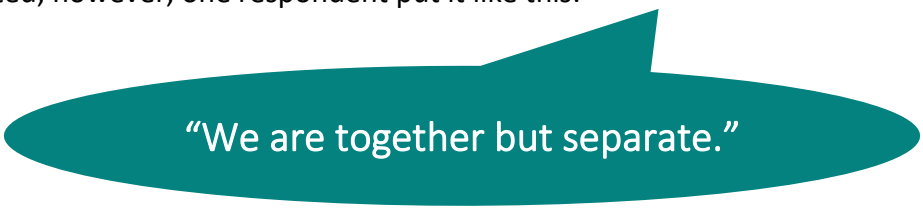
"Rent is expensive. Low-income jobs are available…there is not transportation …around the county."

Questions – Local Inclusion

3. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here? Explain.**
    a. All three respondents mention not feeling included or welcomed in our community due to a lack of opportunity for inclusion, noting they have the church as an activity, and that is all.
    b. All three spoke about the need for education about Latino cultures and that not all Latinos are Mexican.



4. **Do you think your children and their friends feel respected by their peers/feel like they belong here? Explain.**
    a. Responses here were mixed; generally, people feel their kids are respected and accepted; however, one respondent put it like this:



Questions – ACEs/Trauma-Informed Practices

5. **Are you familiar with the terms ACEs or trauma-informed? If so, what do those terms mean to you?**

6. **Do you think your child is familiar with the terms ACEs or trauma-informed?**

All three responded that they were unfamiliar with the terms of ACES or TIC and believed their children were also unaware.

Focus Group Discussion Consent Form and Information Package

Focus Group Invitation – Adult/Community

Greetings,

You have been invited to participate in a focus group sponsored by the Carroll County Local Management Board (CCLMB).

The CCLMB is an organization within Carroll County Government that oversees and ensures the implementation of services for children, youth, and families. Our vision is a **community where all children, youth and families thrive**. As such, we are in the process of completing a comprehensive community assessment to help identify the current needs and barriers toward achieving that vision.

The purpose of this focus group is to identify which community services are available, and which might be needed in Carroll County. This includes taking a deeper dive into the realities of our community's experiences in accessing services that are inclusive and trauma-informed.

What to expect: As a participant in the focus groups, you will meet for *90 minutes/30 minutes if joining an existing meeting* in a guided discussion around the various known initiatives; you will also gain a deeper understanding of the impact of those initiatives on the community at large.

The CCLMB has engaged a consultant, Carrie Freshour, to facilitate the assessment and all related activities.

If you have any questions or concerns, please feel free to reach out to her at contact@carriefreshourconsulting.com, or contact gzelaya@carrollcountymd.gov.

Thank you in advance for your time and participation.

Focus Group Consent Form – Adult

Purpose: You have been invited to participate in a focus group sponsored by Carroll County Local Management Board (CCLMB) under the direction of Gabby Zelaya, Manager of the CCLMB. The purpose of this focus group is to identify which community services are available, and which might be needed in Carroll County. The information learned in this focus group will be used to inform the CCLMB's upcoming Community Assessment and future strategic planning efforts.

Procedure: As part of this focus group, you will be placed in a group of 6 – 12 individuals. A moderator will ask you several questions while facilitating the discussion.

- This focus group will be audio-recorded, and a note-taker will be present. However, your responses will remain confidential, and no names will be included in the final report.
- You can choose whether to participate in the focus group, and you may stop at any time during the course of the group.
- Please note that there are no right or wrong answers to focus group questions. The CCLMB wants to hear many varying viewpoints and would like for everyone to contribute their thoughts.
- Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

Benefits and Risks: Your participation may benefit you and other individuals living or working in Carroll County by improving Carroll County's service delivery system for its children, youth, and families. However, no risks are anticipated beyond those experienced during an average conversation.

Confidentiality: Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the focus group sessions. The Consultant and CCLMB will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Contact: If you have any questions or concerns regarding this study, please contact: Gabby Zelaya, Manager of the CCLMB.

I understand this information and agree to participate fully under the conditions stated above.

Sign Name: _____ **Print Name:** _____

Date: _____

Youth – Student Invitation

Greetings,

As a member of *youth organization*, you have/your child has been invited to participate in a focus group sponsored by the Carroll County Local Management Board (CCLMB).

The CCLMB is an organization within Carroll County Government that oversees and ensures the implementation of services for children, youth, and families. Their vision is a **community where all children, youth, and families thrive**. As such, we are in the process of completing a comprehensive community needs assessment to help identify the current needs and barriers toward achieving that vision.

The purpose of this focus group is to identify which community services are available, and which might be needed in Carroll County. This includes taking a deeper dive into the realities of our community's experiences in accessing services that are inclusive and trauma-informed.

What to expect: As a participant in the focus groups, you/your child will meet for 90-minutes in a guided discussion around the various known initiatives; you/your child will also gain a deeper understanding of the impact of those initiatives on the community at large.

The CCLMB has engaged a consultant, Carrie Freshour, to facilitate the assessment and all related activities.

If you have any questions or concerns, please feel free to reach out to her at contact@carriefreshourconsulting.com or contact gzelaya@carrollcountymd.gov.

Thank you in advance for your time and participation.

Focus Group Consent Form – Youth/Student

You have/Your child has been invited to participate in a focus group sponsored by the Carroll County Local Management Board (CCLMB).

The CCLMB is an organization within Carroll County Government that oversees and ensures the implementation of services for children, youth, and families.

The purpose of this focus group is to identify which community services are available, and which might be needed in Carroll County. This includes taking a deeper dive into the realities of our community's experiences in accessing services that are inclusive and trauma-informed.

1. The focus group responses will be used by the CCLMB in their upcoming Community Assessment and future strategic planning efforts, **specifically targeting community services for children, youth, and families living in the County.**
2. All responses will be kept confidential.

Procedure: As part of this focus group, you/your child will participate with a small group of students who are members of *youth organization*. As the moderator, our consultant will ask several questions while facilitating the discussion.

- This focus group will be audio-recorded, and a note-taker will be present. However, your responses/your child's responses will remain **confidential**, and no names will be included in the final report.
- **You may give permission (for your child) to participate in the focus group**, and you/your child may stop participating at any time while the group.
- Please note that there are no right or wrong answers to focus group questions. The CCLMB wants to hear the many varying viewpoints and would like for everyone to contribute their thoughts.
- Participants will be expected to refrain from interrupting others and give honest responses.

Benefits and Risks: Your/Your child's participation may benefit you/them and other individuals living or working in Carroll County by improving Carroll County's service delivery system for its children, youth, and families. However, **no risks are anticipated** beyond those experienced during an average conversation.

Confidentiality: Should you give permission (for your child) to participate, **you/your child will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the focus group sessions.** The Consultant and the CCLMB will analyze the data, but—as stated above—your responses/your child's responses will remain confidential, and no names will be included in any reports.

Contact: If you have any questions or concerns regarding the focus group, please contact Carrie Freshour at **contact@carriefreshourconsulting.com**.

I understand this information and give permission (for my child) to participate fully under the conditions stated above.

Sign Name: _____ **Print Name:** _____

Date: _____

Parent/Guardian if under the age of 18

Sign Name: _____ **Print Name:** _____

Date: _____

Confirmed Participants Message – Adult and Youth

Thank you for your willingness to provide some of your valuable time to help the Carroll County Local Management Board (CCLMB). Our goal is to complete a comprehensive Community Assessment focused on identifying which community services are available, and which might be needed in Carroll County, specifically targeting community services for children, youth, and families living in the County.

Your participation has a **direct impact;** your responses, in combination with other data, will inform strategic planning efforts for the CCLMB moving forward. **All responses will be kept confidential.**

A few meetings logistics:

- This focus group will be audio-recorded, and a note-taker will be present. However, your responses will remain confidential, and no names will be included in the final report.
- *You can choose whether to participate/You may give permission for your child to participate* in the focus group, and *you/your child* may stop participating at any time during the course of the group.
- Please note that there are no right or wrong answers to focus group questions. The CCLMB wants to hear many varying viewpoints and would like for everyone to contribute their thoughts.
- Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

If you have the opportunity**, please complete the community needs assessment survey prior to attending the Focus Group session.**

Community Survey Link: https://www.surveymonkey.com/r/NWW9NJF

The CCLMB encourages all those living and working in Carroll County to complete it and would appreciate your response. We would also appreciate you sharing this survey with your community and networks of Carroll County community members.

Brief Synopsis of Community Survey Responses

A PDF of all survey responses can be made available by request.

2022 Carroll County Local Management Board Community Survey Details

Length of Survey	April 11, 2022 – June 30, 2022 (80 days)
Responses	450 received via SurveyMonkey
Questions	48 questions: 9 specific to youth, 13 specific to providers, 9 related to demographics.
Context	Of all 450 survey respondents, only 322 (71.6%) completed the demographic questions. This means only 71.6% of survey responses can be disaggregated by marital status, geographic location, age, race, ethnicity, education, work status, gender, and sexual orientation. This Community Survey was shared widely among Carroll County Public Schools (CCPS) staff and parents of CCPS children; because of this, many survey responses focus on education and the schools. This Community Survey was also shared with organizations and groups that were involved in recent events such as the Board of Education's Flag Policy and subsequent silent and peaceful protests. Because of this, many survey responses have a focus on LGBTQIA+ representation, especially in schools.

Questions 1-12 were targeted toward all participants. Questions 13 and 14 pertained to those interested in participating in a future Focus Group Discussion (FGD).

Question 15 separated youth (those under age 25) from adults (those 25 years old and older); youth were directed to Questions 16-24 in order to capture youth voice on several specific topics. A maximum of nine youth respondents answered these questions, and even fewer youth submitted responses for the short answer questions.

Question 25 separated non-community service providers from community service providers (defined as a professional providing mental or behavioral services to improve a client's mental or behavioral health, such as therapy, counseling, treatment, assessments, and medication management; this could also include services related to case management, employment assistance, transportation, housing, or one's disability). All 90 (or 20.0%) respondents who indicated they were providers were directed to Questions 26 through-38 to speak to several clinical topics. Unfortunately, 7 of these 90 respondents providers skipped the provider questions, so there are only 83 responses to review and analyze for the provider questions.

Questions 39-47 were demographic questions; because of the potentially inflammatory nature of these questions, they were intentionally placed at the end of the Survey to encourage better engagement with the preceding questions. Unfortunately, only 322 (71.6%) of respondents completed the demographic questions, limiting the CCLMB's ability to analyze the Survey

data via disaggregation by marital status, geographic location, age, race, ethnicity, education, work status, gender, and sexual orientation.

Question 48 was an open-ended question that allowed respondents to provide any final thoughts or comments to the CCLMB.

QUESTIONS FOR ALL PARTICIPANTS

QUESTION 1	**How have you learned about community services in Carroll County, MD? Choose all that apply.**
Method:	**Multiple Choice (10 options, one of which was open-ended)**
Respondents	**450 of 450**

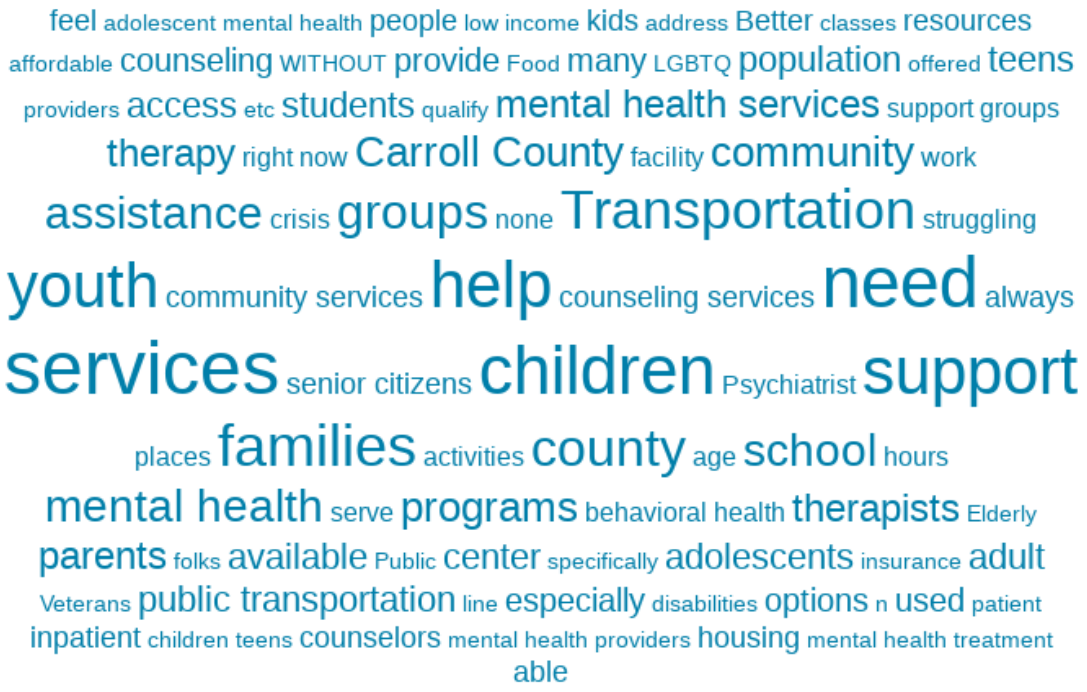
Nearly 80% of respondents said they learned about community services through the school system (54.22%) or on social media (27.56%), and most other respondents learned through the local health department (24.44%).
18.22% of respondents said they did not know about community services in Carroll County, which speaks to a need to better advertise local services.

QUESTION 2	**Rate the following community services based on your experience accessing them here in Carroll County, MD:**
Method:	Matrix (18 different options with six ratings, with an open-ended option)
Respondents	444 of 450 (6 skipped)

Of all 18 service categories provided as choices for this question, an average of 21.23% of respondents indicated they had "never heard of" any one service in question. Another 64.54% on average never had or never tried any one service. One could interpret this to mean there is no need for certain mental or behavioral health services since many respondents had never tried them. Alternatively, it could support a need to educate the community on such services as they are unaware of what the services are and how they could benefit from them. The latter is supported by responses to Question 3.

An average of less than 3% (2.66) tried but could not get any one service. On the other hand, an average 3.33% obtained any one service but found it challenging to do so, and . An average of 2.75% obtained any one service but did not feel valued or respected there. Lastly, on average the remaining 5.49% were able to get any one service and experienced little or no difficulty, feeling both respected and valued.

QUESTION 3	What community services are needed in Carroll County, MD but are unavailable? This can include community services you used elsewhere but are not available here.
Method:	Open-ended
Respondents	200 of 450 (250 skipped)



This question had the most significant number of open-ended responses, which makes it a crucial question to analyze for community needs. Here are those most frequently mentioned:

- 87 responses involved the need for therapy or counseling services.
- 31 responses involved the need for transportation services.
- 27 responses discussed the need for elderly or disability services for families.
- 16 responses were related to housing and homelessness.
- 15 responses mentioned recreation or community options for youth.

QUESTION 4	Over the past year, how often have you or your family had to go hungry/did not have enough to eat?
Method	Rating Scale (7 ratings)
Respondents	450 of 450

93.33% of respondents reported never having this experience, and 3.11% reported having experienced this once or twice. Only 1% of respondents experienced these two or three times a month. Another 1.11% chose not to respond.

QUESTION 5	Over the past year, how often have you used the following food assistance services in Carroll County, MD?
Method	Matrix (3 options with 5 ratings, with an open-ended option)
Respondents	448 of 450 (2 skipped)

An average of 89.93% of respondents reported never having used food assistance services. However, an average of 6% had used services a few times over the past year, and an average of 2.55% used them once a week or more.

QUESTION 6	If you have received community services OR food assistance services within Carroll County, MD, did you feel that your cultural, ethnic, racial, sexual orientation, and/or religious background(s) were valued and respected?
Method	Rating scale (4 options)
Respondents	450 of 450

38.67% (174) of the respondents were unsure or said, "I do not know." Another 25.11% (113) preferred not to answer. Instead of assuming these rates mean people are (or at least feel) valued and respected, these rates could indicate an area where the community would benefit from education around feeling valued and respected when receiving services.
6.22% of respondents said they were not or did not feel valued or respected; on the other hand, 30% (135) indicated they were or did feel valued and respected.

QUESTION 7	Over the past year, how have you yourself received money/income? Choose all that apply.
Method	Multiple choice (13 options, one of which was open-ended)
Respondents	450 of 450

77.3% (348) indicated they had a full-time job, 15.33% (69) part-time, and 10.67% (48) indicated self-employment.

QUESTION 8	When money is tight, which of your bills or expenses do you <u>not</u> pay? Choose all that apply.
Method	Multiple choice (10 options, one of which was open-ended)
Respondents	450 of 450

Most respondents (64.9%, or 292) indicated this was not an issue. However, 13.33% (60) of the other respondents stated that healthcare expenses (medical, dental, mental health, or medication copays or costs) were the first necessity which they do not obtain/for which they do not pay when money is tight. Basic needs (hygiene products, clothing, etc.) were the second most frequent expense respondents reported not paying (11.11%, or 50).

QUESTION 9	Rate the extent to which the following items are challenges in accessing community services in Carroll County, MD.
Method	Matrix (12 options with 4 ratings, with an open-ended option)
Respondents	333 of 450 (117 skipped)

Items	Not a Challenge	Slight Challenge	Significant Challenge	N/A	Total	Wt. Ave.
Lack of transportation to community services/ Community services are too far away from me	25.23%	7.51%	15.02%	52.25%	333	0.79
There are waitlists for community	**10.33%**	**10.64%**	**31.31%**	**47.72%**	**329**	**1.40**
Lack of insurance/ Insurance not accepted/ Cannot afford community services	**19.28%**	**13.55%**	**16.57%**	**50.60%**	**332**	**0.95**
Lack of community services in Carroll	**22.12%**	**20.91%**	**16.36%**	**40.61%**	**330**	**0.90**
I do not know about community services in Carroll County	**21.82%**	**24.24%**	**15.76%**	**38.18%**	**330**	**0.90**
I am uncomfortable using community services due to judgment from family, friends, or peers	29.82%	13.86%	5.72%	50.60%	332	0.51
Community services are not offered in my preferred language	35.74%	1.80%	3.30%	59.16%	333	0.21
I have one or more disabilities. affect how often I utilize community services	23.19%	5.72%	3.92%	67.17%	332	0.41
Lack of appointments or time slots that fit my schedules	**13.81%**	**19.22%**	**18.62%**	**48.35%**	**333**	**1.09**
My cultural, ethnic, racial, sexual orientation, or religious background(s) are not valued or respected in community services	39.04%	6.31%	3.90%	50.75%	333	0.29
I was ineligible for services	16.31%	13.60%	9.06%	61.03%	331	0.81
I cannot get parental or guardian permission for community services (if applicable)	20.67%	3.04%	1.22%	75.08%	329	0.22

Respondents identified the following as the five most significant challenges in accessing community services:

1. Waitlists: Waitlists for community services.
2. Time Availability: Lack of appointments or time slots fitting respondents' schedules.
3. Insurance/Cost: Lack of insurance/insurance not accepted/cannot afford community services.
4. Service Availability: Lack of community services in Carroll County.
5. Awareness: Respondents do not know about community services in Carroll County.

QUESTION 10	Rate the extent to which the following items are challenges in accessing food assistance services in Carroll County, MD.
Method	**Matrix (13 options with 4 ratings, with an open-ended option)**
Respondents	**329 of 450 (121 skipped)**

For each of the below options, the percentage of individuals saying this was **a slight or** significant challenge was as follows:

Challenges to Accessing Food Services	Slight Challenge	Significant Challenge
Transportation to locations/Locations are too far away from me	**4.91%**	**7.06%**
Lack of ingredients to make whole meals	8.26%	4.28%
Limited selection of healthy/nutritional foods, food allergy-friendly foods, and diet restriction-friendly foods	**7.90%**	**9.42%**
There are waitlists or long waiting times to receive food	4.56%	2.74%
Lack of food assistance services in Carroll County	6.13%	3.37%
I do not know about food assistance services in Carroll County	**9.23%**	**5.54%**
I am uncomfortable using food assistance services due to judgment from family, friends, or peers	**9.79%**	**4.59%**
I have one or more disabilities which affect how often I utilize food assistance services	1.52%	1.52%
Food assistance services are not offered in my preferred language	1.22%	0.92%
Lack of appointments or time slots that fit my schedule	7.62%	4.57%
My cultural, ethnic, racial, sexual orientation, or religious background(s) are not valued or respected when attempting to access or use food assistance services.	4.28%	0.92%
I was ineligible for food assistance services	**7.03%**	**5.81%**
I cannot get parental or guardian permission to access or use these food assistance services (if applicable)	1.83%	0.31%

The top five most significant challenges in accessing food assistance services were:

1. Food selection: Limited selection of healthy/nutritional foods, food allergy-friendly foods, and diet restriction-friendly foods.
2. Transportation: Transportation to the food assistance locations.
3. Eligibility: Respondents were ineligible for food assistance services.
4. Awareness: Respondents do not know about food assistance services in Carroll County; and
5. Stigma: Respondents are uncomfortable using food assistance services due to judgment from family, friends, or peers.

Several comments were received throughout the survey stating that food resources are plentiful or sufficient in the County.

QUESTION 11	Rate the extent to which the following items are challenges for youth (individuals under age 25) in getting and keeping a job in Carroll County, MD.
Method	**Matrix (8 options with 4 ratings, with an open-ended option)**
Respondents	**327 of 450 (123 skipped)**

One hundred six (106) people indicated transportation as the most significant barrier to youth getting and keeping a job. An average of about 22% of remaining respondents reported either a slight or significant challenge in:

1. Flexibility by employers for youth schedules.
2. Appropriate jobs for youth; and
3. Youth do not know about job opportunities.

Five of the 16 open-ended responses suggested that youth do not have the willingness or the initiative to get and/or keep a job.

QUESTION 12	Is there anything else you would like us to know about your experiences accessing community or food assistance services in Carroll County, MD?
Method	**Open-ended**
Respondents	**44 of 450 (406 skipped)**

Respondents felt that there is a substantial and growing gap between the need for mental health services compared to the services available, specifically for:

- Trauma-specific services.
- Services that have no waitlist/are not restricted to only certain types of insurance.
- Services that have flexible hours/appointment times.
- Services offered in-school; and
- General transportation.

Additionally, some respondents shared concerns regarding the lack of services specifically for children with disabilities, such as transportation, recreational activities and camps, in-school therapy, and the need to go out of the County (and therefore pay more money, spend more time getting to, and/or having to accommodate the schedules of services outside of the County). One provider shared this example:

> "[I have a client with a disability who has] …experienced a lot of issues getting an interpreter [for various] resources. Particularly, she **could not get an interpreter** for the intensive outpatient program of her choice because the cost of an interpreter for her IOP length of stay was over $30,000. She was able to get transportation to a program in Baltimore but was not willing to drive to the city where her substance abuse was unmanageable to get help. She felt people [without disabilities] are allowed to go to any IOP anywhere they want, and **she felt that because of her disability, she was being treated differently** by being the only one given one option for treatment…."

Questions 13 and 14 were for those interested in participating in a Focus Group Discussion (FGD).

Question 15 was a "skip logic" question to determine the respondents' age: youth (24 or younger) or adult (25 or older).

QUESTIONS FOR YOUTH UNDER AGE 25 (#16-24)

Because only nine respondents indicated they were youth and therefore completed these questions, conclusions drawn from these questions (numbers 16-24) should be gathered with proportional significance (i.e., if 80% of respondents indicated a need for diversity and inclusion but in reality only four individuals responded, the sample size is too small to draw conclusions that are representative of the entire population).

QUESTION 16	**What are the biggest causes of stress in your life right now? Choose all that apply.**
Method	**Multiple choice (11 options, one of which was open-ended)**
Respondents	**9 of 9**

The top two most frequent causes of stress were tied at 55.56% (5 respondents each): "school or schoolwork" and "community, national, or worldwide issues." Other assessment methods also echoed this data, mainly related to local issues surrounding diversity, equity, or inclusion. Transportation was the third biggest stressor (44.44%, or 4), which echoes responses received during other assessment methods (KII and FGD).

QUESTION 17	**Who do you talk to when you feel stressed, overwhelmed, angry, or depressed? Choose all that apply.**
Method	**Multiple choice (11 options, one of which was open-ended)**
Respondents	**9 of 9**

55.56% (5) reported turning to their parent, family member, or guardian; 44.44% (4) utilized a peer or friend, which aligns with findings from the youth focus group discussions (FGDs) that were held. 33.33% (3) of respondents said they used social media or online community. Interestingly, 0% stated they would turn to a school counselor which was also echoed within the youth FGDs.

QUESTION 18	Over the past year, where have you spent the night? Choose all that apply.
Method	Multiple choice (16 options, one of which was open-ended)
Respondents	9 of 9

66.67% (6) stayed in their house with their parents or the people who raised them. 44.44% (4) stayed in their own house or apartment, and 11.11% (1 each) stayed with other family members, friends, or preferred not to answer.

QUESTION 19	When did you last feel someone genuinely asked you how you were doing?
Method	Multiple choice (5 options)
Respondents	9 of 9

55.56% (5) of respondents reported being asked sometime this past week. 22.22% (2) were asked in the past month, and 2 (22.22%) indicated they could not remember.

QUESTION 20	How big of a problem for youth in Carroll County is drug or alcohol use?
Method	Multiple choice (5 options)
Respondents	9 of 9

55.56% (5) indicated it was a significant problem, consistent with the data collected from the youth FGDs and the provider community. 33.33% (3) preferred not to answer this question.

QUESTION 21	How often do you feel you are treated badly or unfairly because of your cultural, ethnic, racial, sexual orientation, or religious background(s)?
Method	Multiple choice (6 options)
Respondents	9 of 9

This was an equal split between never experiencing unfair treatment for these reasons (33.33% or 3) and feeling they are treated poorly more than once a week (also 33.33% or 3).

QUESTION 22	If you could change something about Carroll County, what would it be?
Method:	Open-ended
# of Respondents	7 of 9 (2 skipped)

- I wish the county was more accepting and supportive. The number of times I've had BoE members tell me I'm lying about getting bullied and harassed is insane.
- [If] I could easily change something Carroll County, it would be our culture of narrow-mindedness & conservatism that continuously causes a lack of comfortability & safety for marginalized groups. This is prominent in schools, with discrimination and/or bullying without repercussions. I would also try to get more genuine youth involvement in decisions that directly affect them, like BOE policies.
- I would want to connect more youth to community services in Carroll County. A lot of youth isn't aware of services especially in school and, are not always provided the right information
- Make it more trans-inclusive.
- Housing/Homelessness
- The drug/ homeless problem.
- Diversity of people and businesses
- BETTER SERVICES/MORE ACESS TO SERVICES FOR SENIOR CITIZENS

QUESTION 23	If you could get involved in planning, discussing, or leading efforts and services for youth in Carroll County, what could you do or be interested in doing?
Method	**Open-ended**
Respondents	**5 of 9 (4 skipped)**

- Gender neutral bathrooms in schools
- Teaching teachers about the respectful way to go about asking for pronouns, correcting pronouns, correcting names, etc (trans issues)
- More inclusive health lessons
- I would love to volunteer in almost any area of community service to help others. One priority is to get student voices heard, represented, & respected.
- I would be interested in efforts to connect marginalized youth to the larger community of Carroll County. Ensure they are aware of the services provided and obtaining better counseling services in public schools.
- Transgender care.
- I [am familiar with] the night-by-night shelter. I often see the individuals walking to wherever it may be that they are going. Some individuals are older and some are younger. I know that there is a day shelter, but in inclement weather and for older adults it is hard to get there. Some individuals hang around the senior center until the shelter re-opens. If there was an easy way for the individuals to get to the day shelter for food and shelter- maybe a shuttle that can transport them to the day shelter, it might be beneficial. Im not sure if the day shelter has this, but also having an employee to help them apply for jobs and get connected with resources to help with their mental health.

QUESTION 24	In five years, where would you like to be or what would you like to be doing?
Method	**Open-ended**
Respondents	**7 of 9 (2 skipped)**

Answers to this question ranged from "Live in my place" to "Acting in theater" to "...graduate school or working in a field where I can help marginalized groups and communities."

Question 25 was a "skip logic" question that asked if the respondent provided community services. These include mental or behavioral services a professional offer to clients to improve their mental or behavioral health, such as therapy, counseling, treatment, assessments, and medication management, case management, employment assistance, transportation, housing assistance, or disability services. There were 334 responses (116 skipped), and 26.95% (90) of respondents were providers in some capacity. Unfortunately, 7 of these 90 respondents providers skipped the provider questions, so there are only 83 responses to review and analyze for the provider questions.

QUESTIONS FOR PROVIDERS (#26-38)

QUESTION 26	In your current role, do you serve youth (individuals under 25)?
Method	**Rating scale (5 options)**
Respondents	**83 of 90 (7 skipped)**

The majority, 36.14%, of respondents said "Always."

1. Always 36.14 % (30)
2. Regularly 21.69% (18)
3. Often 18.07% (15)
4. Rarely 16.8% (14)
5. Never 7.23% (6)

QUESTION 27	Rate the extent to which you have been certified or undergone training in the following:
Method	**Matrix (4 options with 5 ratings)**
Respondents	**83 of 90 (7 skipped)**

An average of 37.71% of respondents had attended and completed multiple trainings on these topics in the past year, most frequently related to cultural competency (48.78%, or 40 of 83 responses). Conversely, an average of 7.0% (5.75) providers were unfamiliar with these topics.

30.1% of respondents reported not being trained or certified (if applicable) in any best research- or evidence-based treatments. However, 25.3% had received at least one training related to these treatments in the past year. Correspondingly, individuals with certifications in ACEs were zero, two for Trauma-Informed Care, five for evidence-based treatment modalities, and two for cultural competency. A total of 9 out of the 83 respondents were certified.

Here is a breakdown:

Topic	Un-familiar	Not Certified/ Trained	At least 1 training in past year	Multiple trainings in past year	Certified if applicable
Adverse Childhood Experiences (ACEs) – recognizing and responding to ACEs and how to consider them in service provisions to clients	10.98%	29.27%	23.17%	36.59%	0.00%
Trauma-Informed Care – recognizing trauma-informed care and how to apply it in service provision to clients	3.66%	24.39%	34.15%	35.37%	2.44%
Best, Research- or Evidence-based treatments – knowing and utilizing best, research- or evidence-based treatments in services to clients	8.43%	30.12%	25.30%	30.12%	6.02%

Topic	Un-familiar	Not Certified/ Trained	At least 1 training in past year	Multiple trainings in past year	Certified if applicable
Cultural Competency & Equity – understanding equity and equitable treatment; and considering, valuing, and respecting clients' cultural, ethnic, racial, sexual orientation, or religious background in service provision	4.88%	12.20%	31.71%	48.78%	2.44%

QUESTION 28	**How would you rate your comfort level in providing trauma-informed care to the clients you serve?**
Method	Multiple choice (6 options)
Respondents	83 of 90 (7 skipped)

59.0% collectively reported feeling somewhat comfortable or very comfortable providing trauma-informed care to participants they serve, and only 12.0% felt uncomfortable.

QUESTION 29	**How would you rate your comfort level in assessing clients for risk factors associated with Adverse Childhood Experiences (ACES)?**
Method	**Multiple choice (6 options)**
Respondents	**83 of 90 (7 skipped)**

56.6% collectively report feeling somewhat comfortable or very comfortable assessing clients for risk factors associated with ACEs, and only 12.0% felt uncomfortable.

QUESTION 30	**How would you rate your comfort level in using best or evidenced-based practices when working with clients identifying as a race other than your own?**
Method	**Multiple choice (7 options)**
Respondents	**83 of 90 (7 skipped)**

88.0% collectively report feeling somewhat comfortable or very comfortable providing evidenced-based practices (EBPs) when working with clients who identify as a race other than their own. 3.6% felt uncomfortable, and just under 5% preferred not to answer.

QUESTION 31	How would you rate your comfort level in using best or evidenced-based practices when working with clients identifying as LGBTQIA+?
Method	Multiple choice (7 options)
Respondents	83 of 90 (7 skipped)

83% collectively report feeling somewhat comfortable or very comfortable providing EBPs when working with clients who identify as LGBTQIA+. Less than 3% felt uncomfortable, and just over 6% preferred not to answer.

QUESTION 32	Of the clients you served in the past year, how many of them experienced housing instability or homelessness?
Method	Multiple choice (5 options)
Respondents	83 of 90 (7 skipped)

51.8% (43) responded that only a small portion of their clients experienced this issue. 20.5% (17) report about half their participants are experiencing homelessness. 12.0% (10) indicated it is an issue for more than half; 6.0% said it was not a problem for most clients. 9.6% (8) were unaware.

QUESTION 33	Of the clients you served in the past year, how many regularly went hungry (or did not have enough food for their household to eat throughout the week)?
Method	Multiple choice (5 options)
Respondents	83 of 90 (7 skipped)

48.2% (40) said only a small portion of their clients experienced this issue. 18.1% (15) report about half their participants are experiencing hunger. 3.6% (3) indicate it is an issue for more than half, and 14.5% (12) said it was not an issue for most clients. 15.7% (13) were unaware.

QUESTION 34	Of the clients you served in the past year, how many of them had thoughts of or had performed acts of self-harm?
Method	Multiple choice (5 options)
Respondents	83 of 90 (7 skipped)

55.4% (46) say only a small portion of their clients experienced this issue. The exact amount of respondents, 4.8% (4), reported either about half or more than half of their clients are experiencing self-harm, and 15.7% (13) said it was not an issue for most or all clients. Nearly 20% (16) indicated they were unaware. In contrast, in FGDs, youth reported self-harm, specifically cutting by peers, as "common."

QUESTION 35	Of the clients you served in the past year, how many of them had thoughts of suicide/suicidal ideation?
Method	Multiple choice (5 options)
Respondents	83 of 90 (7 skipped)

57.8% (48) say only a small portion of their clients experienced this issue. However, 6.0% (5) report about half of their participants is experiencing suicide ideation. Additionally, 2.4% (2) indicate it is an issue for more than half, and 14.5% (12) said it was not an issue for most clients. Nearly 20% (16) indicated they were unaware.

QUESTION 36	Of the clients you served in the past year, how many of them needed assistance navigating multiple services?
Method	Multiple choice (5 options)
Respondents	83 of 90 (7 skipped)

This was split: 24.1% (20) said a small portion of their clients experienced this issue. 27.7% (23) report about half of their clients need navigation assistance. 38.6% (32) indicated this is an issue for more than half, and less than 3% (2) said it was not an issue. 7.2% (6) were unaware.

QUESTION 37	Of the clients you served in the past year, how many of them had co-occurring disorders (simultaneous presences of mental health and substance use disorders)?
Method	Multiple choice (5 options)
Respondents	83 of 450 (367 skipped)

41.0% (34) said a small portion of their clients experienced this issue. 15.7% (13) report about half of their clients experienced co-occurring disorders. 20.5% (17) indicated this is an issue for more than half, and 12.0% (10) said it was not an issue. Just over 10% (9) were unaware of co-occurring disorders.

QUESTION 38	Is there anything else you would like to share about your experiences as a community service provider OR share on behalf of your clients?
Method	Open-ended
Respondents	13 of 450 (437 skipped)

Of the thirteen (13) providers who provided additional comments, three mentioned the difficulty experienced with students or youth receiving mental health services in school or the increased need for school support. In addition, they listed barriers that prevent families from accessing mental health services outside of school, such as transportation and finance restrictions for copays. One stated it has "never been as hard as it is now."

Another had this to say:

> "**Support public schools in their efforts to support children and teenagers with mental health disorders**. School counselors, psychologists, and teachers are not equipped to handle many students struggling with mental health issues that are not being addressed. There are **not enough therapists for children**; it does not matter if they have medical assistance or private insurance. The **waitlists are never-ending**, and many agencies and providers are not even taking names for waitlists anymore."

Other responses were themed around housing and access to safe and affordable housing. These comments noted the complexity faced by individuals experiencing homelessness who also need mental health services and the vicious cycle resulting; for example, they are not housed because their mental health needs affect their ability to maintain housing, while at the same time, they have trouble navigating homelessness services because of their mental health needs, creating a double-edged sword.

DEMOGRAPHIC QUESTIONS (QUESTIONS 39-48)

Demographic inquiries were purposefully left last in the hopes of better engagement with the core survey questions. Collecting demographic information for any assessment is important in collecting fair and representative information within the community. In addition, knowing the demographics of one's population helps with messaging, future communications, and outreach development. It became clear during this Consultant's assessment that there is a fair amount of discordance related to diversity, equity, and inclusion topics involving the community and particular groups within it. This highlight needs, gaps, and opportunities for improved communication and community-wide education.

Regardless of any "skip logic" questions, all participants were asked to complete demographics as summarized below; however, all questions provided the option to be skipped altogether. Of all 450 survey respondents, only 322 (71.6%) completed the demographic questions. This means only 71.6% of survey responses can be disaggregated by marital status, geographic location, age, race, ethnicity, education, work status, gender, and sexual orientation.

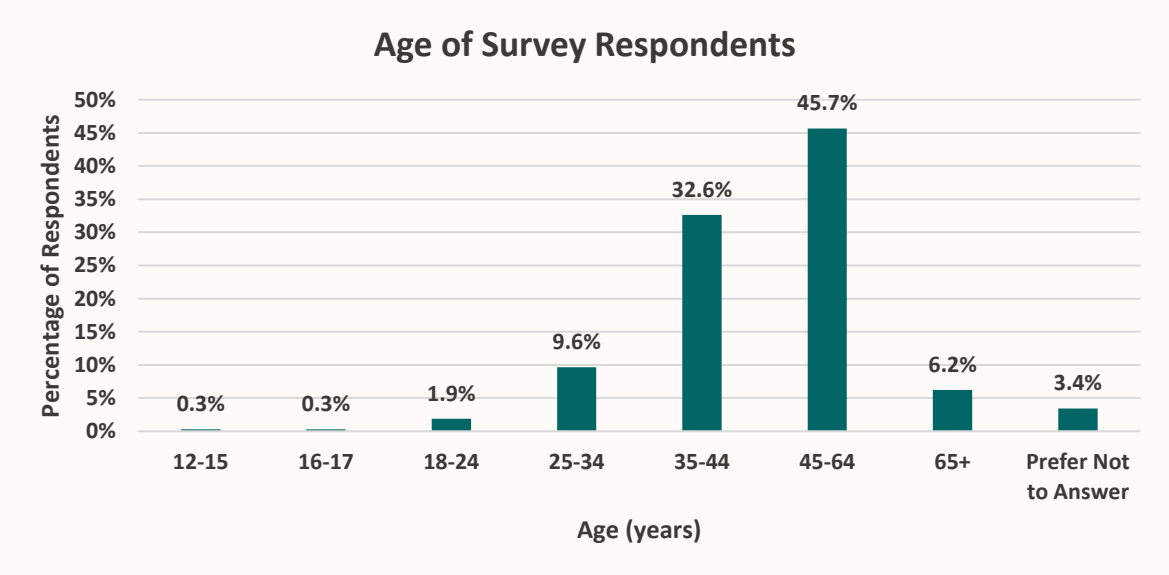
QUESTION 39	**What is your marital status?**
Method	**Multiple choice (6 options)**
Respondents	**322 of 450 (128 skipped)**

Many respondents (74.53%, or 240) were married or in a domestic partnership. Similar numbers of respondents were single/never married (7.45%, or 24), divorced (7.14%, or 23), or preferred not to answer (6.83%, or 22). 1.55% or 5 respondents were separated.

QUESTION 40	What town/zip code do you live in?
Method	Multiple choice (18 options, one of which was open-ended)
Respondents	322 of 450 (128 skipped)

The majority, 39.13% (126), lived in Westminster (21157 or 21158), followed by 17.39% (56) in Sykesville/Eldersburg areas (21784). Keymar (21757), Upperco (21155,) and Reisterstown (21136) were the only towns with zero (0) responses recorded. Nine (9) individuals identified as living outside Carroll County but likely provide services or work in Carroll County.

QUESTION 41	What is your age?
Method	Multiple choice (8 options)
Respondents	322 of 450 (128 skipped)



94.1% (303) of respondents responding to this question were over the age of twenty-five (>25), and less than 10% were between 25-34 years old. Two (2) youth between the ages of 12-17, and six (6) between 18-24. The majority (147) were between the ages of 45-64.

QUESTION 42	How would you describe yourself? Choose all that apply.
Method	Multiple choice (7 options, one of which was open-ended)
Respondents	322 of 450 (128 skipped)

Most respondents (84.47%, or 272) were White. 2.17% (7) were Black or African American, and just over 13% (42) preferred not to answer. 11 respondents answered "Other"; here are some examples:

- Mixed ethnicity
- Puerto Rican
- "Human"

- "Translucent"
- "Who Cares"
- "American Mutt"

QUESTION 43	Are you of Hispanic/Spanish origin or identify as Latino/Latina/Latinx?
Method	Multiple choice (3 options)
Respondents	322 of 450 (128 skipped)

87.27% (281) of the 322 respondents were not of Hispanic/Spanish or Latino/Latina/Latinx origin. A Spanish version of the focus group discussion questions was provided to a small group of Hispanic/Latino individuals to hear from more that community (page 26A).

QUESTION 44	What is the highest level of school you reached or degree you received?
Method	Multiple choice (9 options)
Respondents	322 of 450 (128 skipped)

The majority (36.34%, or 117) have a master's degree, with another 4.34 % (14) having a professional Doctoral degree or Doctorate. In addition, 33.23% (107) have a bachelor's degree, and more than 15% (51) have at least some colleges or an associate degree.

QUESTION 45	What is your work status? Choose all that apply.
Method	Multiple choice (9 options)
Respondents	322 of 450 (128 skipped)

Most respondents (67.70%, or 218) report working 35+ hours weekly. On the other hand, 14.60% (47) work 34 hours or less, and 12.11% (39) are homemakers.

QUESTION 46	How would you describe yourself?
Method	Multiple choice (7 options, one of which was open-ended)
Respondents	322 of 450 (128 skipped)

Most respondents (76.40%, or 246) identified as female, 14.91% (48) were male, and 6.83% (22) preferred not to answer. Three (3) identified as non-binary, and three (3) replied other with these responses:

1. "Natural born female"
2. "There are only two sexes."
3. "Genderqueer/gender non-conforming female"

QUESTION 47	How would you describe yourself?
Method	Multiple choice (6 options, one of which was open-ended)
Respondents	322 of 450 (128 skipped)

Here the majority 82.61% (266), described themselves as heterosexual or straight. 11.49% (37) preferred not to answer, 1.24% (4) described themselves as gay or lesbian. 2.17% (7) said bisexual or pansexual, and .93% (3) said they were questioning. 1.55% (5) said other and replied with these responses:

- "Queer"
- “Asexual and Biromantic”
- "What the heck? Since when is this a thing?"
- "Queer”
- "It's nobody's business."

QUESTION 48	Are there any final thoughts or comments you would like to share with the Carroll County Local Management Board?
Method	Open-ended
Respondents	53 of 450 (397 skipped)

Approximately 16% of the responses here indicated appreciation for the community's efforts, communications, and service through this assessment process and other notable endeavors. Outside of that, the following themes were recognized in the comments:

- Therapy and counseling
- Enhanced or added recreational and extracurricular activities for all ages, abilities, and economic status
- Difference of experiences related to disparities in the county
- Obstacles in recognizing language related to diversity, equity, and inclusion

Cognitive Interviews Summary

Four people participated in the Cognitive Interviewing: two adult female community members and providers, and two youth (one 15-year-old male and another 21-year-old male).

Feedback Summary

The feedback was positive, and one participant responded, "This was very thorough." Another stated, "…I feel like it covers all the areas".

Across all cognitive interviews, the most frequent concerns were questions requiring respondents to rank a series of choices, such as "Rank the following community services based on your experience accessing them here in Carroll County."

Additional feedback was as follows:

7th Youth Question	this question has an extensive range. either add more options or decrease existing ranges
4th Youth Question	same note as the previous Q? order of answers is biasing

9th and 10th Youth Questions	Should we have an option for N/A? I have never used these services.
4th Youth Question	Consider "Household"

1st Youth Question	Add Grandparents as an option
5th Youth Question	I asked if it was duplicative to have both.

The only feedback for non-youth questions was that if there are questions for a particular population (i.e., from a youth perspective or a provider perspective) to make sure the wording reflects that:

Following Questions for All Participants and Questions for providers	Helpful to be sure the skip logic is clear about questions that are for ALL (if it is for a community member and a youth and a provider, is it worded for that? For example: Did you [or someone you work with] have trouble accessing services?)

References

Government of Jersey, Jersey Psychology and Wellbeing Service. (2020, May). *The window of tolerance: Supporting the wellbeing of children and young people*. https://www.gov.je/SiteCollectionDocuments/Education/ID%20The%20Window%20of%20Tolerance%2020%2006%2016.pdf.

Carroll County Health Rankings 2023 Report

Health Outcomes

Length of Life	Carroll County	Maryland	United States
Premature Death	6,600	7,500	7,300

Quality of Life	Carroll County	Maryland	United States
Poor or Fair Health	10%	11%	12%
Poor Physical Health Days	2.5	2.5	3.0
Poor Mental Health Days	4.5	4.1	4.4
Low Birthweight	6%	9%	8%

Additional Health Outcomes (not included in overall ranking)	Carroll County	Maryland	United States
Life Expectancy	78.5	78.6	78.5
Premature Age-Adjusted Mortality	330	360	360
Child Mortality	30	50	50
Infant Mortality	3	6	6
Frequent Physical Distress	7%	7%	9%
Frequent Mental Distress	14%	13%	14%
Diabetes Prevalence	8%	9%	9%
HIV Prevalence	103	655	380

Health Factors

Health Behaviors	Carroll County	Maryland	United States
Adult Smoking	13%	11%	16%
Adult Obesity	29%	31%	32%
Food Environment Index	8.8	8.7	7.0
Physical Inactivity	18%	21%	22%
Access to Exercise Opportunities	85%	92%	84%
Excessive Drinking	19%	15%	19%
Alcohol-Impaired Driving Deaths	24%	28%	27%
Sexually Transmitted Infections	183.4	535.9	481.3
Teen Births	7	15	19

Additional Health Behaviors (not included in overall ranking)	Carroll County	Maryland	United States
Food Insecurity	9%	9%	12%
Limited Access to Healthy Foods	3%	4%	6%
Drug Overdose Deaths	41	41	23
Insufficient Sleep	28%	34%	33%

Clinical Care	Carroll County	Maryland	United States
Uninsured	4%	7%	10%
Primary Care Physicians	2,250:1	1,130:1	1,310:1
Dentists	1,770:1	1,260:1	1,380:1
Mental Health Providers	400:1	310:1	340:1
Preventable Hospital Stays	2,692	2,653	2,809
Mammography Screening	43%	37%	37%
Flu Vaccinations	60%	55%	51%

Additional Clinical Care (not included in overall ranking)	Carroll County	Maryland	United States
Uninsured Adults	5%	8%	12%
Uninsured Children	3%	3%	5%
Other Primary Care Providers	1,190:1	770:1	810:1

Social & Economic Factors	Carroll County	Maryland	United States
High School Completion	94%	91%	89%
Some College	74%	71%	67%
Unemployment	4.2%	5.8%	5.4%
Children in Poverty	6%	14%	17%
Income Inequality	3.9	4.5	4.9
Children in Single-Parent Households	15%	26%	25%
Social Associations	9.5	8.9	9.1
Injury Deaths	88	88	76

Physical Environment	Carroll County	Maryland	United States
Air Pollution - Particulate Matter	8.5	7.4	7.4
Drinking Water Violations	Yes		
Severe Housing Problems	10%	16%	17%
Driving Alone to Work	80%	70%	73%
Long Commute - Driving Alone	58%	50%	37%

Additional Physical Environment (not included in overall ranking)	Carroll County	Maryland	United States
Traffic Volume	185	695	505
Homeownership	83%	67%	65%
Severe Housing Cost Burden	9%	14%	14%
Broadband Access	90%	90%	87%

Note: Blank values reflect unreliable or missing data.