

**Data to conclusions to action.** That is the challenging sequence which we must address in the coming months. At our last meeting we had an extensive presentation of the data collected during our survey. The next step will require that we make valid conclusions from this data and have these conclusions presented to the community in an understandable format. We should not underestimate the importance of this step. The conclusions we present will form the foundation for public support of any action the Steering Committee may recommend.

During this process, please keep your constituent groups informed as to our progress and request any input from these groups. Our success will depend on our ability to convince many varied groups that our work will improve the health of all Carroll County residents. To accomplish this, our Committee will be involved by informing the community in several formats.

Your interest in this entire process is appreciated and our actions will be worthwhile.

Arthur N. Riley, Chair  
Steering Committee

The initial phase of the Community Health Assessment Project was to compile a secondary data profile for Carroll County. A secondary data profile analyzes demographic, socio-economic, public health, health care and behavioral risk factor data by comparing local data to state and national data. This data is then used as a basis to compare any newly acquired data from other sources such as household surveys or focus groups. Any major differences in data can identify priority areas.

Secondary data analysis revealed that Carroll County's:

- Population increased by 10% since 1990
- School enrollments increased 27% since 1980 (MD State enrollment increased 13%)
- Fastest growing population is people 50- 54 years
- Second fastest growing population is people 85+ years
- Median household income is \$45,328 (1995)
- Population below poverty level is 4%
- Unemployment rate was 4.6% in 1996 (less than MD and US)
- Number of manufacturing jobs decreased since 1980
- Number of service industry jobs increased since 1980
- Highest percent of crimes committed were larceny and breaking and entering
- Rate of death in 1994 was higher for heart disease, cancer and unintentional injuries than MD
- Rate of death in 1993 was higher for breast cancer,

- lung cancer and motor vehicle accidents than MD
- Rate of suicide was higher from 1988-1993 than MD
- Youth risk behaviors surveyed in 1992 found 35% of 8<sup>th</sup> and 46% of 12<sup>th</sup> graders used cigarettes, 47% of 8<sup>th</sup> and 75% of 12<sup>th</sup> graders used alcohol, 10% of 8<sup>th</sup> and 25% of 12<sup>th</sup> graders used drugs
- School year 1993-94 had 474 students suspended for violence
- Physicians saw 924 adolescents for STD or HIV concerns in 1993
- Women under 19 gave birth to 103 babies in 1994
- Under 20 population in substance abuse treatment in 1995 was 286, 196 of them under 18.

Barbara Rodgers  
Carroll County Health Department

**WHEW!!** The results of the household survey are in and are they ever intriguing. At the last meeting of the Steering Committee on Thursday, October 3, Michelle Holleran, of Holleran Consulting, the firm doing the data collection and analysis for this entire project, presented and discussed the results of the survey. **WHEW!!** What a lot of data to review, assimilate and think about. And, as if that isn't tough enough, the thought of launching into interpreting the data, setting priorities and creating plans for the improvement of the health of the members of our community seems overwhelming. Thanks to our Partnership leaders and to the folks from Holleran Consulting for their guidance and assistance as we engage in this daunting process.

This article will explain the process of the survey and highlight some of the results. The survey, which consisted of a written, six-page document of questions concerning health-related conditions and behaviors and access to health care, was sent to 1004 randomly selected households in the study area. A total of 585 completed surveys were returned by September 21 (the cut-off date for data analysis - personal conversation with Holleran Consulting personnel at the end of October revealed that surveys continued to be returned after that cut-off date; this makes the response rate even higher!); this represents a response rate of 58%, which is extraordinarily high for this type of survey and which is the highest response rate of all the communities in the study project. Thanks to this high response, we can enjoy a sampling error of only  $\pm 4.2\%$  at the 95% confidence level (whereas the sampling error of most national studies is at the 5% level).

Some of the interesting data returned include the following. Slightly more men (52.7%) than women (47.3) responded, whereas census data show a very slight preponderance of women (50.6% vs. 49.4% men). Again, a slightly higher percentage of Caucasians (98.6% vs. 1.4% non-Caucasian) compared to census data (97% Caucasian vs. 3% non-Caucasian). The age matches of survey respondents throughout the adult spectrum were comparable to census data. Looking at income match, 5.2% of respondents indicated an income of <\$10,000, compared to census data of 6.4%. The breakdown of employment status of respondents is as follows: 69.5% employed, 3.6% unemployed, 9.6% homemaker, 15.1% retired, 1.7% disabled, and 0.3% students.

8.1% widowed, 4.4% single or never married, 4.2% divorced and 3.5% separated. With regard to educational attainment, respondents, as compared to census data, with higher education (past high school) were more likely to respond to the survey. Household income of respondents varied from less than \$10,000 to greater than \$150,000, with the majority (>63%) being in the \$25,000 to \$75,000 range. Of respondents, 97.4% have insurance, of these 83.4% had non-governmental coverage and the rest have government (CHAMPUS or VA) or entitlement (Medicare, Medicaid) coverage.

Compared to the goals of the Healthy People 2000 program, the objectives of which can serve as benchmarks that communities such as ours can use to prioritize their most critical health needs, analysis of the survey data shows the following major areas of concern: heart disease (the number one cause of death among adults in Carroll County) and related lifestyle choices (including smoking, cholesterol and weight control, high blood pressure, exercise and fitness and diabetes control); cancer (the number two cause of death in Carroll County) and related lifestyle choices (including diet, smoking, alcohol use and sun exposure); adequacy of preventive services and programs (especially with regard to heart disease and cancer); respiratory disease (COPD is the 4<sup>th</sup> highest cause of death in Carroll County); access to health care (6.2% of respondents do not have a family or primary care doctor and 2.6% currently do not have insurance); home and car safety (unintentional injuries and motor vehicle accidents are higher in Carroll County than State average); mental health issues (6.8% of respondents have clinical depression and 4.1% have considered suicide); and crime, abuse and discrimination (8.4% of respondents do not feel safe in their homes and 7.7% have been victims of theft; 1.2% have been physically abused and 5.6% have been verbally abused; 1.7% have felt discrimination due to race or nationality).



**WHEW!!** And the data go on and on. Space does not permit more detail to be presented here, but be assured that the data we have reviewed here, as well as **all** of the rest of it, are being studied and incorporated into the analysis and decision-making process. What a challenge - and opportunity - this project is for those working on the Steering Committee. The next phase of the process is the review of information presently being obtained from Focus Groups in the following three areas: *the elderly, adolescents and medically indigent adults*. Stay tuned as this exciting information is further analyzed and concerns are prioritized and plans developed!

Alva Baker, M.D.  
Steering Committee Member

**FOCUS GROUPS** -- On November 4, three Focus Groups selected from the Elderly, Adolescent and Medically Indigent sub-populations met for two-hour in-depth interviews to probe specific concerns. Led by a skilled moderator from Holleran Consulting, the topics were selected based on the results of the household survey conducted in Carroll County

Focus group research follows the completion of the household survey in the overall Community Assessment Process. Focus Groups seek to understand the 'whys' behind certain behaviors or problems that may have been revealed by the household survey.

The groups consisted of 8-12 representatives from the targeted sub-populations. The final Focus Group report will contain an executive summary of each group, including a chart summarizing the top health needs as seen by them. The results will be presented to the Steering Committee in January.

Eileen Johnson  
Partnership Assistant, CCGH

**PROVIDER SURVEYS** -- In September over two hundred surveys were mailed to primary care physicians, specialists and key health care agency personnel requesting their input on identifying gaps in services to certain populations in the community. These perceptions, along with other secondary and primary research findings, will be used by the Partnership for a Healthier Carroll County Community to determine health priorities to be addressed in the next several years.

The surveys gain awareness and buy-in to the Community Health Assessment Project and identify potential partners for future efforts and task teams. The results will be tabulated and analyzed. A written report and verbal presentation will be offered for the Steering Committee in January.

Eileen Johnson  
Partnership Assistant

***NEXT ISSUE INCLUDES UPDATES ON FOCUS GROUPS AND PROVIDER SURVEYS***

***FOR MORE INFORMATION CONCERNING THE PARTNERSHIP, CALL 410-857-8741***