

**Strengths and Needs Assessment of
Carroll County, Maryland Residents 2004:
Analysis of the Household Survey Results—
Overall Community**

July 2005

UMBC
AN HONORS UNIVERSITY IN MARYLAND



CENTER FOR HEALTH PROGRAM
DEVELOPMENT AND MANAGEMENT

Table of Contents

INTRODUCTION AND BACKGROUND	1
HIGHLIGHTS OF CARROLL COUNTY STRENGTHS AND WEAKNESSES: OVERALL COMMUNITY	2
SUMMARY OF FINDINGS	3
ANALYSIS OF SURVEY RESULTS FOR THE OVERALL COMMUNITY	
General Sample Information and Household Characteristics	10
Health Measures	14
Dental Health	20
Health Insurance	21
Disability	21
Mental Health	22
Lifestyle	22
• Smoking and Second-Hand Smoke	
• Drugs and Alcohol	
• Other Lifestyle Issues	
• Issues Facing Young People	
Literacy and Employment	27
Community Services	27
• Services Used By 10% or More of the Households	
• Services Used By Less than 10% of the Households	
• Sources of Information	
Quality of Life	32
• Civic/Community Involvement/Attachment Statements	
• Community Amenities/Opportunities/Safety Statements	
• Transportation Statements	
METHODOLOGY	45
• Institutional Review Board	
• Sample Selection	
• Survey Development and Pilot Testing	
• Survey Administration	
• Data Analysis	

List of Figures

Figure 1: Household Members by Age and Sex	11
Figure 2: Annual Household Income	13
Figure 3: Income and Age	13
Figure 4: Income and Geographical Location	14
Figure 5: Reported Health Status	15
Figure 6: Number of Times Fast Food is Eaten Each Week	17
Figure 7: Number of Servings of Fruits and Vegetables Eaten Each Day	17
Figure 8: Number of Servings of High-Fat Food Eaten Each Day	18
Figure 9: Number of Times an Individual Exercises Each Week	18
Figure 10: Household Members' Body Mass Index	19
Figure 11: Source of Health Information	19
Figure 12: Household Health Issues	20
Figure 13: Age When Individuals Began Smoking	23
Figure 14: Number of Days per Week an Individual Drinks Alcohol	24
Figure 15: Important Issues Facing Young People 11-17 Years Old	26
Figure 16: Sources of General Information	32
Figure 17: Digital Divide	32
Figure 18: Civic and Community Involvement: Percent of Strongly Agree/ Somewhat Agree	34
Figure 19: Community Amenities, Opportunities, and Safety	39
Figure 20: Transportation: Percent of Strongly Agree/Somewhat Agree	43

List of Tables

Table 1: Quality of Life Grid for the Overall Community Survey	8
Table 2: Age Distribution of Household Members	10
Table 3: Family Types in the OC Sample	11
Table 4: Educational Attainment: Survey Respondents Compared to 2000 Census	12
Table 5: Screening Tests, Recommended Periodicity, and Percentage of Household Members Receiving Test(s) Appropriate for their Age/Gender	16

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Table 6: Drinking by Gender	24
Table 7: Employment Status by Age for Persons Aged 16 or Older	27
Table 8: Need for, Use of, and Satisfaction with Selected Community Services	28
Table 9: Respondents' Agreement with Selected Quality of Life Statements	33
Table 10: Schema for the HC18 and OC Sample Selection	45

List of Maps

Map 1: Distribution of Responding OC Households	10
---	----

INTRODUCTION AND BACKGROUND

In January 2004, a group representing various Carroll County organizations, both public/governmental and private, convened to design a project to assess the strengths and needs of Carroll Countians. These organizations included:

- The Partnership for a Healthier Carroll County
- The Carroll County Local Management Board
- The Carroll County Health Department
- Carroll County Government
- The Carroll County Department of Social Services
- Carroll County Public Library
- The Carroll County Youth Services Bureau
- Literacy Council of Carroll County, Inc.
- The United Way of Central Maryland

The purpose of the project was to gather information that would assist the various entities providing services in the county to identify needs and priorities to plan services, and to allocate resources. The information could also be used to find new resources through grant writing.

The Center for Health Program Development and Management (Center) at the University of Maryland, Baltimore County (UMBC) was engaged to conduct the three-pronged project, which included a comprehensive review of secondary data sources, such as health, crime, social services, economic, and environmental data; key stakeholder interviews; and a comprehensive survey of households in the county. The secondary data analysis was conducted in the winter-spring of 2004, and updated in 2005. The key stakeholder interviews and the household survey were conducted in the spring of 2004. The survey was sent to a randomly selected sample designed to yield a statistically reliable data set that could be applied to the county overall. Reports on each of these components are presented under separate cover, and findings from each component are also presented in the “Community Strength and Needs Assessment in Carroll County, Maryland: Final Report of a Multiphase Project, 2004-2005.”

The survey was conducted using two samples randomly selected from among Carroll County households. The samples represent two populations: 1) households with children under age 18 (HC18) and 2) overall community (OC). The same survey was used for both samples, though a few items were more pertinent to one or the other group. Each of the samples was analyzed separately. The achieved OC sample consists of 223 households representing 536 individuals; the achieved HC18 sample consists of 189 households representing 697 individuals. Information was gathered on a total of 1,013¹ individual Carroll County residents. ***This report is an analysis of the OC sample.***

¹ The total sample size is less than the two samples summed because some families are used in the analysis of both surveys.

**HIGHLIGHTS OF CARROLL COUNTY STRENGTHS AND WEAKNESSES:
OVERALL COMMUNITY**

Strengths

Carroll County is a family-oriented community with the vast majority of households being married couples. Most residents are in good to excellent health, have a doctor, receive yearly dental check-ups, have some form of insurance, never smoked or have quit, and have protective lifestyle behaviors such as using sunscreen, helmets when appropriate, and wearing a seatbelt. Half have knowledge of CPR. Very few have experienced violence or discrimination. Only a small portion have had problems with their water source, such as illness or not being certain of its safety. Persons above age six can read well or very well and the library is highly used. The majority of household members 16 years or older are employed.

Weaknesses

Even though the majority of residents have excellent to good health and have a doctor, still the desired 100% do not get recommended health screenings. Over half of the sampled individuals are overweight or obese, with 25% not exercising. One out of every seven household members 21 years old or older (15%) consumes two to four alcoholic drinks a day on most days of the week. Almost one-fourth of school-aged children are either alone or under supervision of an older sibling (rather than an adult) after school. Drugs, sexual behavior, tobacco, alcohol, and violence are the top five most important issues for 11-17 year-olds. Though residents have shown high agreement with many issues related to quality of life measures, they have shown a small or moderately small agreement (up to 35%) on issues such as being able to influence community lawmakers, having volunteered for community services, having enough safe and organized social activities for teens, and availability of public transportation in the community.

SUMMARY OF FINDINGS

Carroll County is one of the more affluent counties in Maryland, and as such, most measures of well-being are indicative of a community with relatively few problems. With these circumstances, it is all the more important to understand the small pockets of less positive outcomes, including who, where, and if possible, why. To that end, this summary focuses more on the areas for possible improvements, where the county is already doing rather well.

Sample Description

- 223 households with a total of 536 individuals
- 17% children under age 18, 67% 18-64 years, and 14% 65 years and older
- 46% married couples without children under age 18 in the household
- 31% couples with children under age 18 in the household
- 20% single individuals

Health Care

Ninety-one percent reported good to excellent health and 97% have a regular doctor. Of those in fair to poor health, most were 46 years old and older and more were male than female.

Despite high rates of insurance coverage and having a “regular doctor,” health care access issues exist, in that 8% (43 individuals) did not receive all of the health care that they needed in the past 12 months. Reasons given most often were:

- Having no insurance
- Doctors not accepting insurance
- Cost
- Insurance not covering needed care

Also, health screenings are well below recommendations for age and gender. In all of the cases below, the desired goal for screening would be 100%.

- Mammograms among women over 40 are only completed at 67%
- Pap smears for women 18 years old or older is 64%
- Blood pressure screening for both genders over age three is only received by 57% (hypertension is the most reported family health issue at 59%)
- Cholesterol screening for both genders over age two is only completed for 43%
- Prostate exams are only completed for 49% of males 40 years and older
- Colonoscopy is only completed for 19% of males and females 50 years old and older

Weight, Diet, and Exercise

- Inadequate fruit and vegetable intake—only 1% get recommended 7 or more per day
- 18-24% of children eat three or more servings of high-fat foods per day
- 12% of children 17 and under are overweight or obese
- Overall, 58% of the sampled individuals are overweight or obese
- One-fourth do not exercise; only 2% approach the Surgeon General’s recommendation for exercise “most days” of the week

Dental

Seventy-eight percent of household members aged three or older had a dental check-up in the last 12 months, leaving room for improvement. Interestingly, those who did not see a dentist most often stated that they did not see a need to, indicating the need for more awareness on the importance of preventive dentistry and oral health.

Health Insurance

Almost everyone in the OC sample is insured. Insurance types include:

- Private insurance (79%)
- Medicare (14%)
- Veteran’s Administration (4%)
- CHAMPUS/Tricare (for military dependents) (4%)

Disability

- Moderate to severe disability affected only a small portion of the sampled household members (approximately 28 persons)
- Among disabled persons who required respite services (seven persons), only a little more than half said the services needed are available

Mental Health

Though a concern for only a relatively small number of individuals, mental health problems have a far reaching effect on the entire family.

- 5% “often” show symptoms of stress of stress such as yelling or being anxious or withdrawn; 53% “sometimes” show symptoms
- About one-fifth of the 21 household members diagnosed with a mental illness did not receive treatment in the past 12 months
- 13% used community support groups
- Depression was the fourth most reported health issue at 31% of sampled households

Lifestyle

Smoking

Among household members 18 years old and older (the legal age to purchase tobacco products):

- 12% currently smoke
- 36% have been successful in quitting
- 52% never smoked
- Onset of smoking was mostly between the ages of 14 and 17 years
- 14% are exposed to second-hand smoke on a regular basis, mostly at home or another family member's home

Alcohol

Problematic drinking was considered to be drinking either four drinks or more on any day, or two or more drinks on four or more days a week. With this definition, 17% of adults 21 or older who drink fell into this “problem” area.

Other lifestyle/protective behaviors are good, and possibly better than some communities' behaviors. However, there is still room for improvement in areas such as:

- Knowledge of CPR (50%)
- Use of sunscreen (76%)
- Helmet use when necessary (77%)
- Wearing a seatbelt (97%)

After-School Arrangements

As many as 22% of school-aged children are either home alone after school or under the supervision of an older sibling, which may make them vulnerable to some negative outcomes such as injury or other behaviors that would not occur with adult supervision.

Very few household members were reported as experiencing *violence/abuse* or *discrimination*. Of the 2% (n=11) of individuals reporting abuse, the abuse most often occurred in the home. A few more reported *discrimination* (n=16) and were mostly adults 26 to 64 years old; males reported discrimination nearly twice as often as females.

With 63% of households reporting their *water source* as well water, 4% report illness from the water and 16% report their water as unsafe or being unsure of the water's safety.

Health and Knowledge Among Young People

- Drugs, sexual behavior, alcohol, tobacco, and violence were the top five mentioned issues that affect young people aged 11 to 17 years
- 79% feel that 11 to 17 year-olds (starting with middle school) should receive comprehensive information about sexual issues
- 20% feel that sexuality education should be abstinence-based or abstinence-only (14% and 6% respectively)

Literacy

Persons older than six were considered by respondents to read well (18%) or very well (80%) for their age. The library is a highly utilized service with very high satisfaction ratings from users.

Employment

- Nearly half of all household members 16 years old and older are reported as working full-time
- 5% are employed part-time
- 8% and 6% are homemakers or students, respectively
- 19% are retired
- 3% are disabled and unable to work

Community Services

Only four of the 28 mentioned services are used by 10% or more of the sampled households:

- The library
- Adult education classes
- Counseling services
- Night/weekend medical care

Though there were relatively few users, satisfaction was less than 50% for:

- Help with heating or electric bill
- Mental health inpatient treatment
- Child support services

The most reported sources of general information were:

- The telephone book
- Friends or relatives
- The Internet

- The library
- The Directory of Community Services (the Purple Book)

Quality of Life

The Quality of Life Grid below reports the percentage of respondents who agreed or strongly agreed to a series of statements about living in Carroll County. The table presents the overall percentage of agreement as well as a breakdown of the degree of agreement by geographic area, new versus long-term residency, age group, and gender. The closer to 100% a measure is, the better the indication of superior quality of life.

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Table 1: Quality of Life Grid for the Overall Community Survey (% Who Agree or Strongly Agree)

Quality of Life Measure		Overall Community	Geographic (high versus low)	New versus Long-Term Resident	Age (high versus low)	Gender (Male vs. Female)
Civic/Community Involvement and Attachment	Voting in Local Elections	84%	Finksburg 94% vs. S. Carroll 81%	80% vs. 86%	93% older adults vs. 67% younger adults	85% vs. 83%
	Encourage others to live in my community	82%	S. Carroll 88% vs. W. Carroll 75%	90% vs. 79%	95% younger adults vs. 75% older adults	83% vs. 82%
	Knowledge of important community events	67%	S. Carroll 85% vs. W. Carroll 31%	62% vs. 70%	72% older adults vs. 67% middle-aged	63% vs. 70%
	Knowing names of people	64%	S. Carroll 74% vs. W. Carroll 57%	55% vs. 68%	68% middle-aged vs. 52% older adults	59% vs. 66%
	Active in a faith organization	57%	N. Carroll 62% vs. W. Carroll 44%	52% vs. 60%	63% older adults vs. 38% younger adults	56% vs. 58%
	I want to retire in my community	58%	N. Carroll 61% vs. W. Carroll 50%	58% vs. 59%	65% older adults vs. 53% younger adults	62% vs. 56%
	Involved in community	47%	Westminster 50% vs. W. Carroll 44%	43% vs. 49%	45% younger adults vs. 35% older adults	41% vs. 51%
	Pitch in when something needs to be done	43%	W. Carroll 50% vs. N. Carroll 39%	39% vs. 46%	45% middle-aged vs. 32% younger adults	38% vs. 48%
	Able to influence community lawmakers	33%	S. Carroll 38% vs. Finksburg 25%	34% vs. 33%	36% older adults vs. 29% younger adults	36% vs. 30%
	Volunteer for community projects	24%	Finksburg 27% vs. W. Carroll 19%	19% vs. 27%	25% older adults vs. 24% younger adults	16% vs. 31%

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Table 1: Quality of Life Grid for the Overall Community Survey *continued*

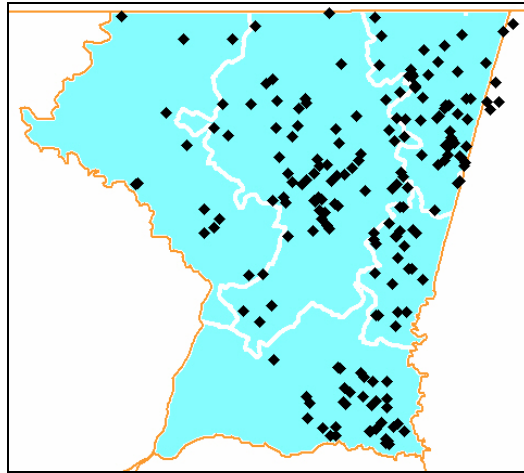
Quality of Life Measure (% Who Agree to Strongly Agree)		Overall Community	Geographic (high versus low)	New versus Long-Term Resident	Age (high versus low)	Gender (Male vs. Female)
Community Amenities, Opportunities, and Safety	I feel safe in my community	84%	S. Carroll 93% vs. N. Carroll 77%	93% vs. 80%	91% younger adults vs. 77% older adults	86% vs. 83%
	I can afford housing that meets my needs in my community	74%	S. Carroll 83% vs. W. Carroll 62%	77% vs. 72%	78% middle-aged vs. 63% older adults	77% vs. 71%
	There are enough parks and recreational facilities in my community	68%	Finksburg 77% vs. W. Carroll 50%	73% vs. 66%	71% middle-aged vs. 57% younger adults	72% vs. 65%
	There are public places in the community where community members can get together	64%	W. Carroll 75% vs. N. Carroll 51%	62% vs. 64%	78% older adults vs. 58% middle-aged	61% vs. 65%
	There are enough cultural and arts opportunities in my community	36%	S. Carroll 50% vs. W. Carroll 12%	30% vs. 39%	42% older adults vs. 19% younger adults	40% vs. 34%
	I could find a job in my profession in my community	34%	W. Carroll 44% vs. Finksburg 25%	32% vs. 36%	47% younger adults vs. 19% older adults	35% vs. 34%
	There are enough safe, organized social activities for teens in my community	14%	S. Carroll 22% vs. Westminster 12%	18% vs. 13%	22% older adults vs. 10% younger adults	18% vs. 12%
Transportation	I am satisfied with the length of my commute	48%	Finksburg 71% vs. Westminster 38%	38% vs. 51%	57% middle-aged vs. 13% older adults	49% vs. 48%
	I would use public transportation if it were available in my community	23%	Finksburg 31% vs. N. Carroll 22%	23% vs. 24%	27% older adults vs. 23% middle-aged	18% vs. 28%
	I need public transportation to get around in my community	4%	Westminster 8% vs. N. Carroll 3%	2% vs. 4%	4% middle-aged vs. 3% older adults	1% vs. 5%

Analysis of Survey Results: Overall Community (OC)

General Sample Information and Household Characteristics

The OC sample consisted of **223 households** and **536 individuals**. A large majority of households (90%) had three or fewer individuals. Within this sample, 57% of households had no children under the age of 18 and 43% of households had at least one child under the age of 18. As discussed later in the Methodology section, weights were applied to recreate the 70/30 (households with and without children under 18, respectively) balance in this sample.

Map 1: Distribution of Responding OC Households



Household Members' Characteristics

Age

The survey sample's age distribution was similar to the 2000 Census except that there was a lower representation of children. Five percent of the sample population was 0 to 5 years old, compared to the 2000 Census where 7% were in this age group. Nineteen percent of the sample was under 18, compared to the 2000 Census where 28% were in this age group. Those 65 and older comprised 14% of the sample, compared to the 2000 Census at 11%.

Table 2: Age Distribution of Household Members

Age	Sample %
0-5 years old (Preschool Child)	5
6-10 years old (School Age Child)	5
11-17 years old (Adolescent Child)	9
18-45 years old (Working Age Adult)	31
46-64 years old (Pre-Retirement Adult)	36
65 years and older (Senior Adult)	14

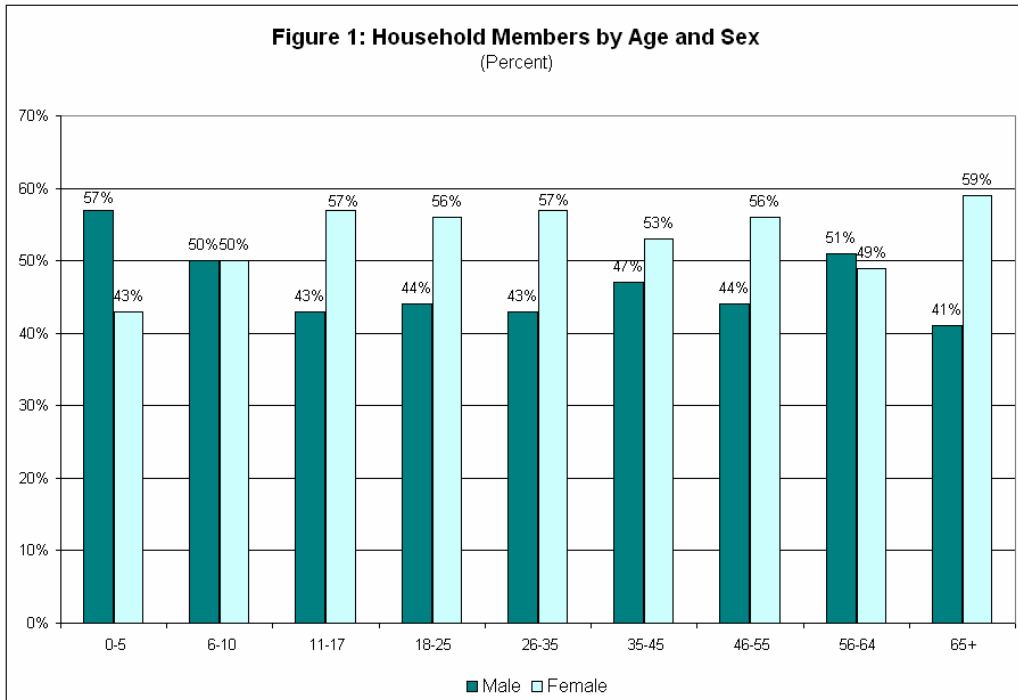
**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Race

The large majority of respondents (98%) were white, consistent with the 2000 Census (96%). The other 2% (n=11) were 1% Black and 1% American Indian/Alaskan Native. Less than 0.5% of the respondents indicated that they were of Hispanic origin.

Gender

The sample consisted of 46% males and 54% females, consistent with Census population counts (51% female in the 2000 Census). In all age groups except 46 to 55, men outnumbered women among survey respondents.



Family Types

The complex configuration of family make-up was divided into four primary categories: single individuals, single parents, married couples with children, and married couples without children. See Table 3.

Table 3: Family Types in the OC Sample

Family Type	Percentage
Married Couples with no children under 18	46%
Married Couples with children under 18	24%
Single Individuals	20%
Single Parents	7%
Other	4%

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Eighty percent of the non-child married couples have no resident children, but 20% have grandchildren, adult children, or a parent living in the household. Fifty-nine percent of the single parent households had children under 18; the remainder had adult children or grandchildren.

Education

The following table shows the breakdown of education reported for individuals in the overall community.

Table 4: Educational Attainment: Survey Respondents Compared to 2000 Census

Highest Grade/Degree Completed	Census Percentage	Survey Percentage
None	4.6	7
Nursery School to 8th Grade		8
9th to 12th Grade (No Diploma)	10	6
High School Diploma	33	22
GED or High School Equivalency	Included in HS Diploma	1
Vocational or Trade School	21	5
Some College, no Degree		20
Associate's Degree	6	6
Bachelor's Degree	16	16
Master's Degree/Professional Degree/Doctorate Degree	9	10

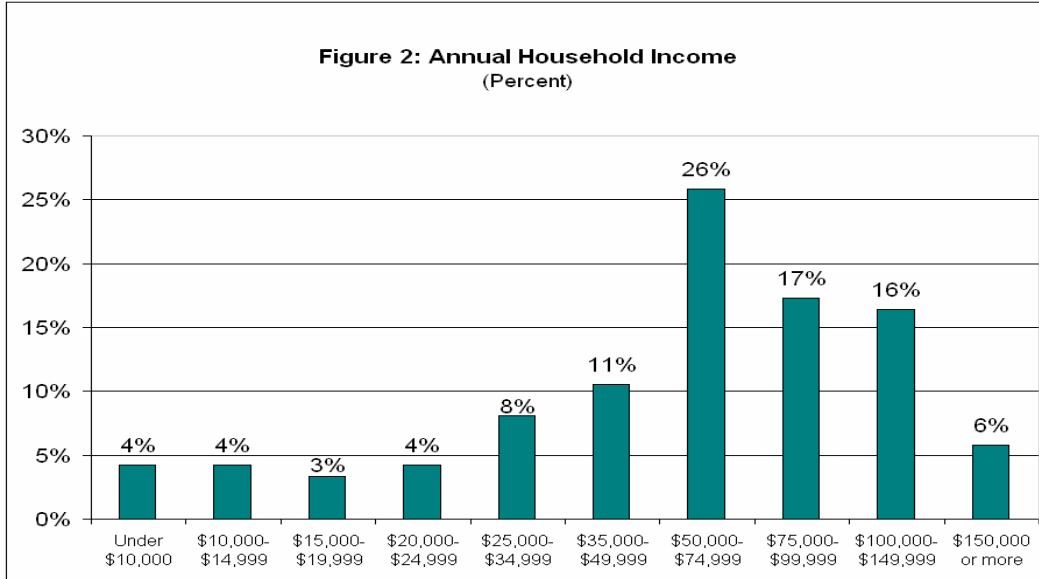
Of the 123 persons currently in school, their grade levels are:

Highest Grade/Degree Completed	Census Percentage	Survey Percentage
Pre-Kindergarten or early childhood program	7	9
Kindergarten through 12 th grade public school	76	53
Kindergarten to 12 th grade private school		4
Kindergarten to 12 th grade home school		5
College or graduate school	17	28

Income and Home Ownership

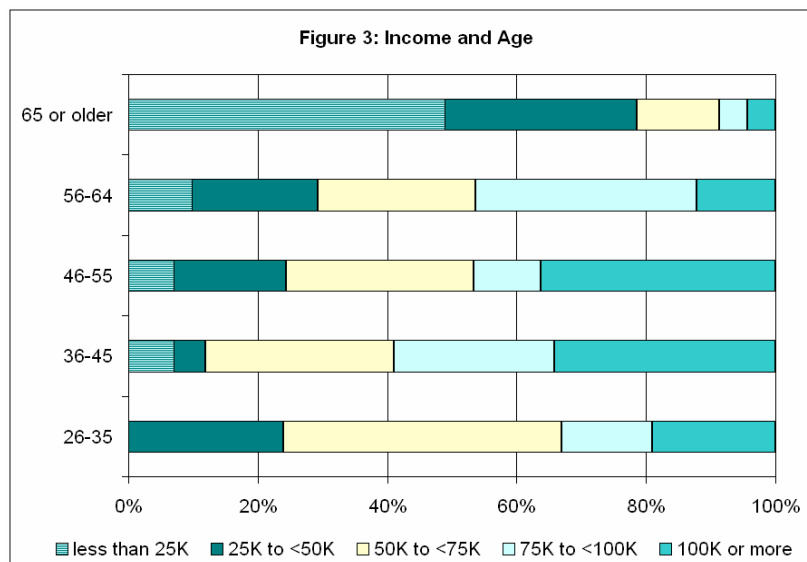
Sixty-five percent of the sample have annual household incomes of \$50,000 or more and 93% are home owners. See Figure 2.

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**



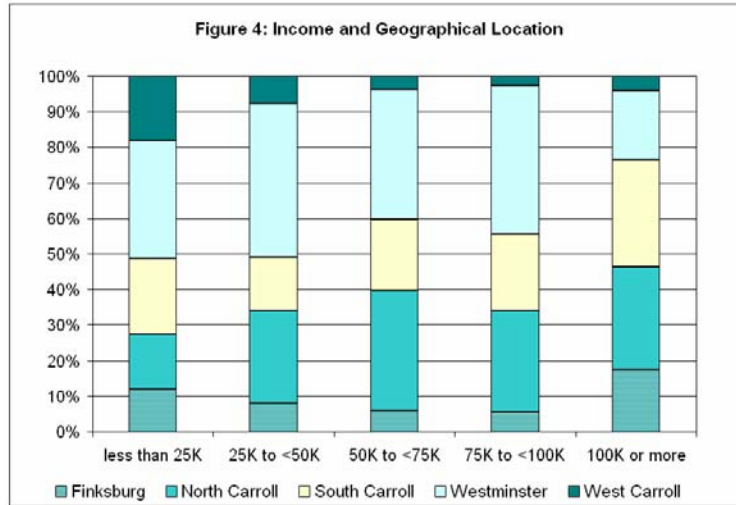
Eighty percent of families live in single family homes, 6% live in apartments or condos, 5% live in town homes, and 1% live in mobile homes. Defined as having lived in the county for 10 or more years, 70% of the sampled households have “long-term” residents.

Income did not affect the type of house a family lived in (a majority in all income levels lived in single family homes), or whether they owned or rented (a majority in all income levels owned). There is a relationship between income and age, however. Those under 55 are much more likely to make more money than those who are over 65 (a majority of whom make less than \$25,000 a year), and those who are 46-55 years old are likely to make more than those who are 26-35. See Figure 3.



There was no difference in annual income between newcomers and long-term residents; both were mostly making more than \$50,000, with a majority making \$50,000 to \$74,999 annually.

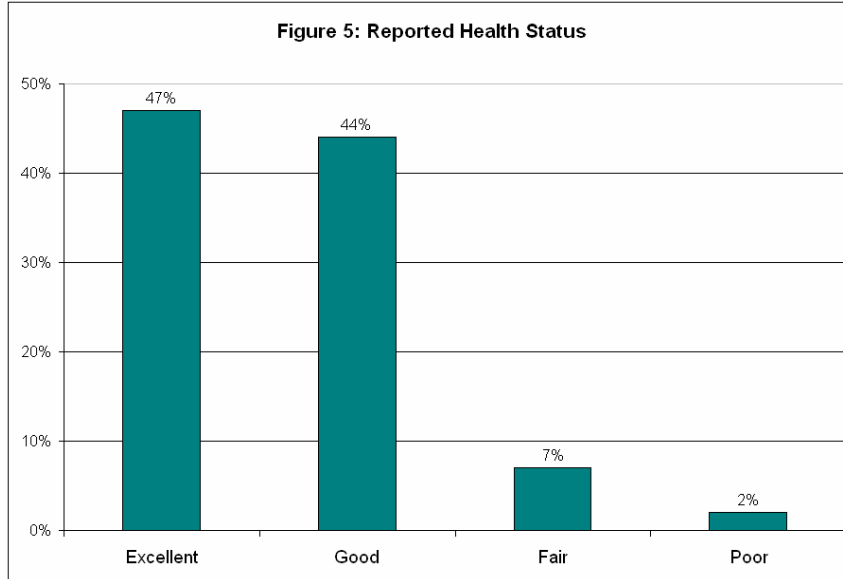
Households were distributed within the county as follows: North Carroll 33%, Westminster 31%, South Carroll 20%, Finksburg 11%, and West Carroll 6%. Income did impact where a family lived geographically. A majority of those who lived in West Carroll made less than \$25,000 annually, while a majority of those who lived in Finksburg made more than \$100,000. See Figure 4.



Health Measures

Health Status

Ninety-one percent reported their *health status* as either excellent or good and most individuals had a *regular doctor* (97%). A majority of the individuals (87%) had a *check-up in the last 12 months*. Of the 13% who did not have a check-up in the last 12 months, the most reported “main” reason was that they did not need to see a doctor (88%). See Figure 5 for a breakdown of reported health status.



All children (those under 18 years old) were reported as being in excellent or good health. Among adults aged 18 and older, 89% reported excellent or good health

Health Services Use

All children (those under 18 years old) had a regular doctor. Most children (68%) see a pediatrician; 32% see a family doctor. Female children were more likely than male children to see a family doctor as they got older. Six percent of adult females see an OB/GYN as their regular doctor.

The type of health providers seen most often are:

- Family doctor (79%)
- Pediatrician (68% of the children)
- OB/GYN (6% of the females over age 18)
- Urgent Care Facilities (1%)
- Low-Cost or Free Community Clinics (1%)
- No medical care (1%)
- “Don’t know” (1%)

Overall, males were less likely than females to have had a check-up in the past 12 months.** Age also affected getting a check-up: children (those 18 and under) and seniors (those 65 and older) were more likely to have had a check-up in the past 12 months than other age groups.**

Ninety-two percent of household members were reported as having *received all the health care that they needed* in the past 12 months. Of the 8% (n=43) of household members who

**Some items are analyzed below the level of generalizability.

did not receive all of the health care that they needed, the following reasons were given (note: participants could choose more than one option):

- No insurance (36%)
- Can't pay for health care (24%)
- Local doctors do not accept insurance (23%)
- Insurance does not cover needed care (17%)
- Can't get time off work (12%)
- Lost Medicaid or Medical Assistance Eligibility (11%)
- Employer does not offer health insurance (6%)
- No transportation (6%)
- Don't trust doctors (6%)

Twenty-one percent of household members were reported as having used the **emergency room** at least once in the past 12 months; 5% used the emergency room five or more times.

Health Screening

Respondents were asked if household members had had any of a group of **health screening tests** within the past 12 months. Table 5 shows the percentages of individuals in the overall community who were reported as having had the health test that was indicated for their age and gender.

Table 5: Screening Tests, Recommended Periodicity, and Percentage of Household Members Receiving Test(s) Appropriate for their Age/Gender

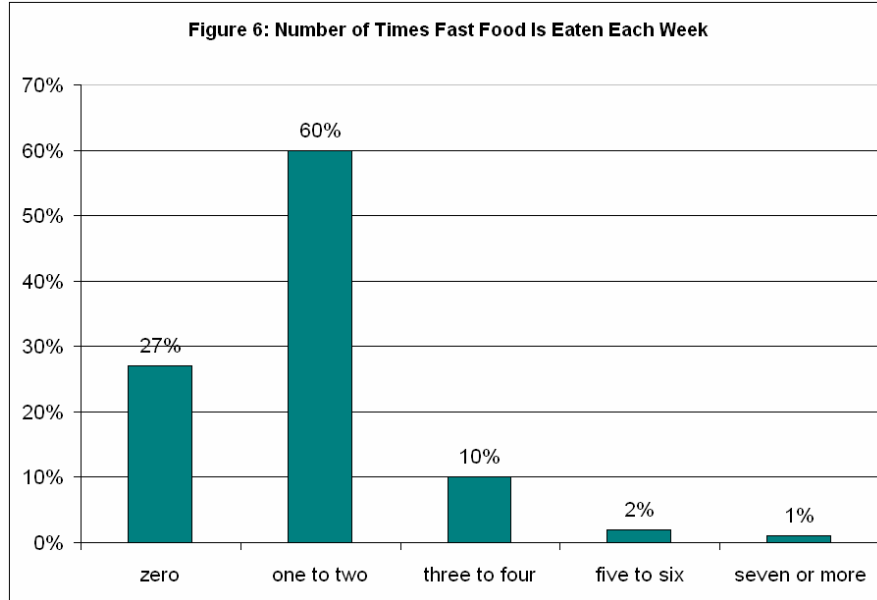
Health Test	Standard	Percentage
Mammogram	Females ≥40 years old (n=119 of 178)	67%
Blood Sugar Test for Diabetes	Males and Females ≥45 years old (n=275)	39%
Pap Smear	Females ≥18 years old (n=151 of 236)	64%
Blood Pressure Screening	Males and Females ≥ 3 years old (n=292 of 512)	57%
Cholesterol Screening	Males and Females ≥ 2 years old (n=220 of 512)	43%
Prostate Exam	Males ≥ 40 years old (n=68 of 139)	49%
Colonoscopy	Males and Females ≥ 50 years old (n=40 of 212)	19%
HIV/AIDS Test	Males and Females ≥ 18 years old (n=21 of 427)	5%
Chest X-ray	Males and Females all ages (n=68 of 523)	13%
TB Test	Males and Females all ages (n=42 of 520)	8%

Note: HIV/AIDS tests and chest x-rays have clinical indications as diagnostic tests, but no "standard" for screening. Also, "standard" refers to the recommendation of various national organizations that publish guidelines for health screenings.

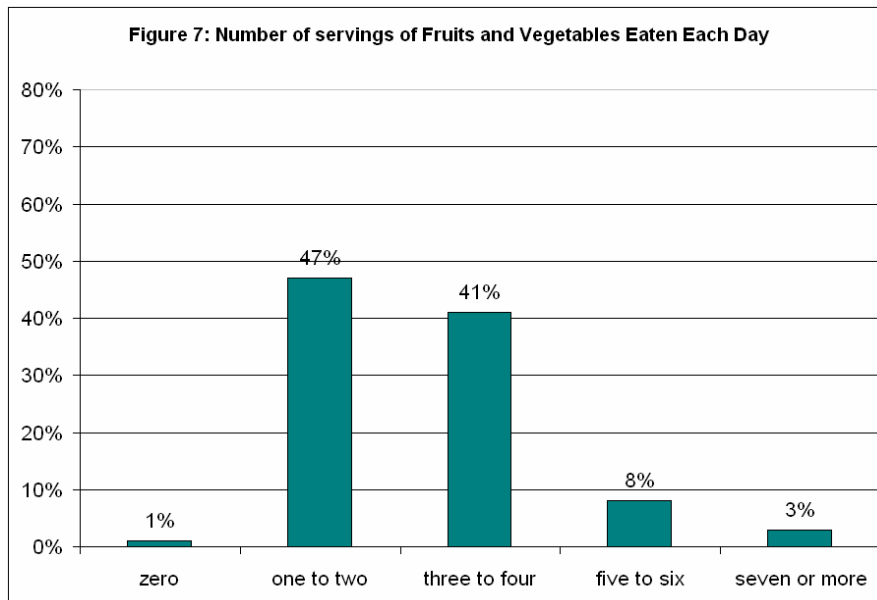
Diet, Exercise, and Weight

Twenty-seven percent of individuals were reported as eating **no fast food each week**; however, 13% have three or more servings. See Figure 6.

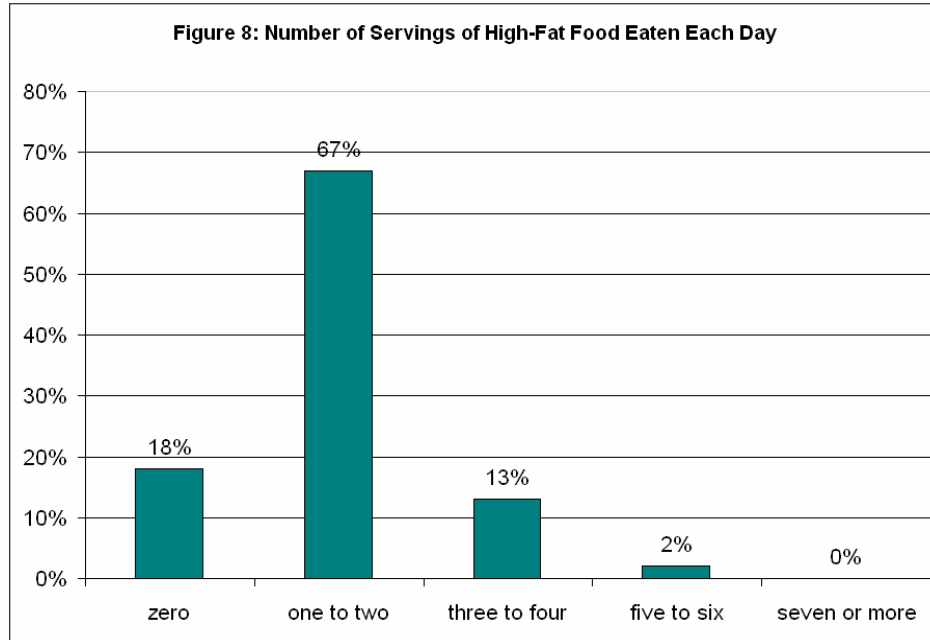
Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community



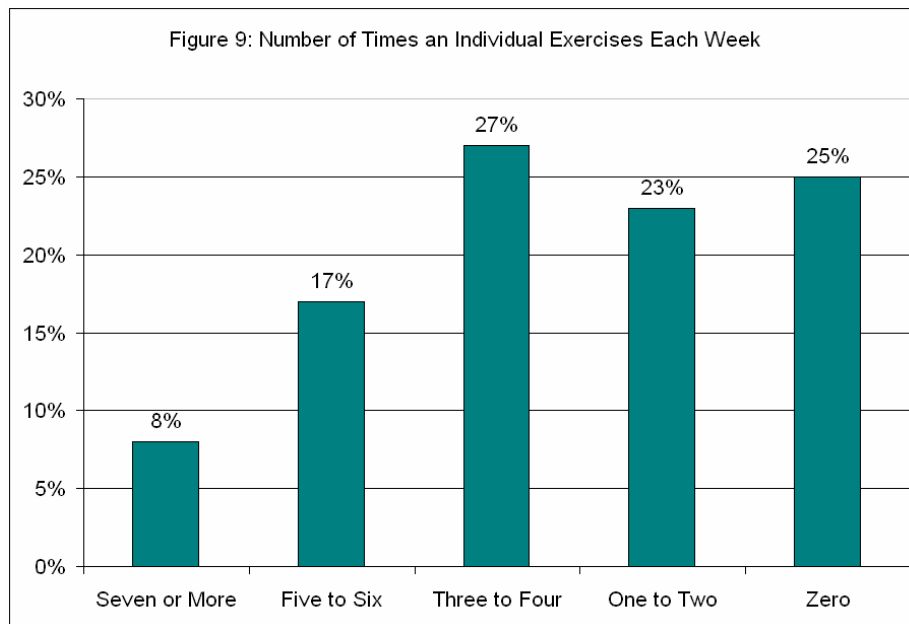
Eighty-eight percent of individuals eat one to four *servings of fruits or vegetables* each day. Eleven percent of individuals eat five or more servings per day. Current recommendations are for seven or more servings per day, which only 3% eat. See Figure 7.



Dietary recommendations are to avoid *high-fat foods*. Figure 8 shows that 15% of household members in the overall community eat three or more servings of high-fat food per day.

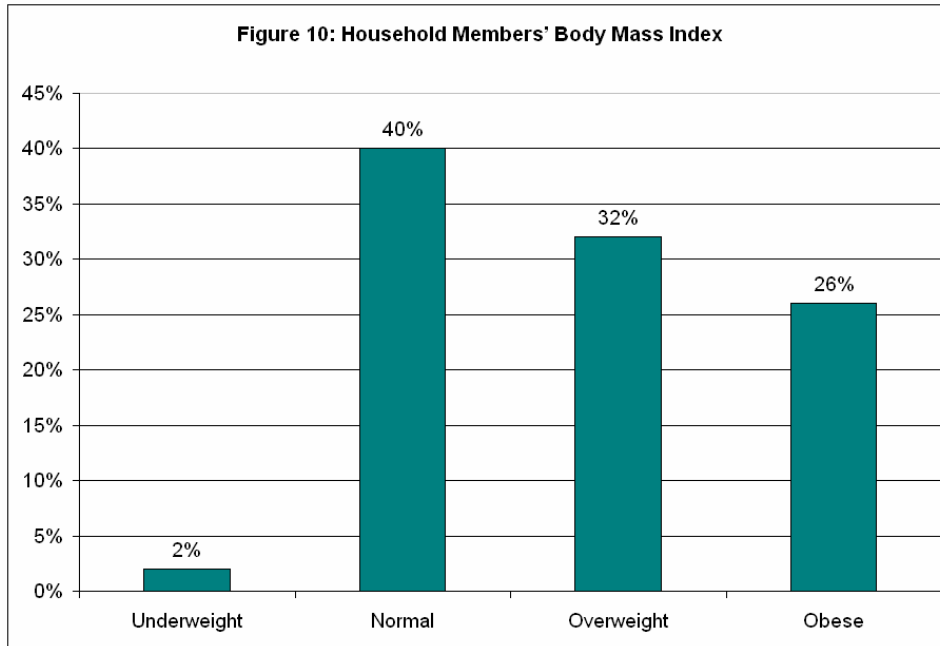


One fourth of individuals were reported as getting *no exercise each week*. Fifty percent of individuals were reported as exercising for 20 minutes one to four times a week. The Surgeon General recommends 20-30 minutes of exercise “most days” of the week.



Household members’ height and weight were used to calculate the *Body Mass Index* (BMI), which classifies height and weight as underweight, normal weight, overweight, or obese. A majority (58%) of individuals in the overall community sample are overweight or obese according to their calculated BMI. Forty percent of individuals are classified as having a normal BMI. (See Figure 10.) Adults were more likely than children to be overweight or obese.

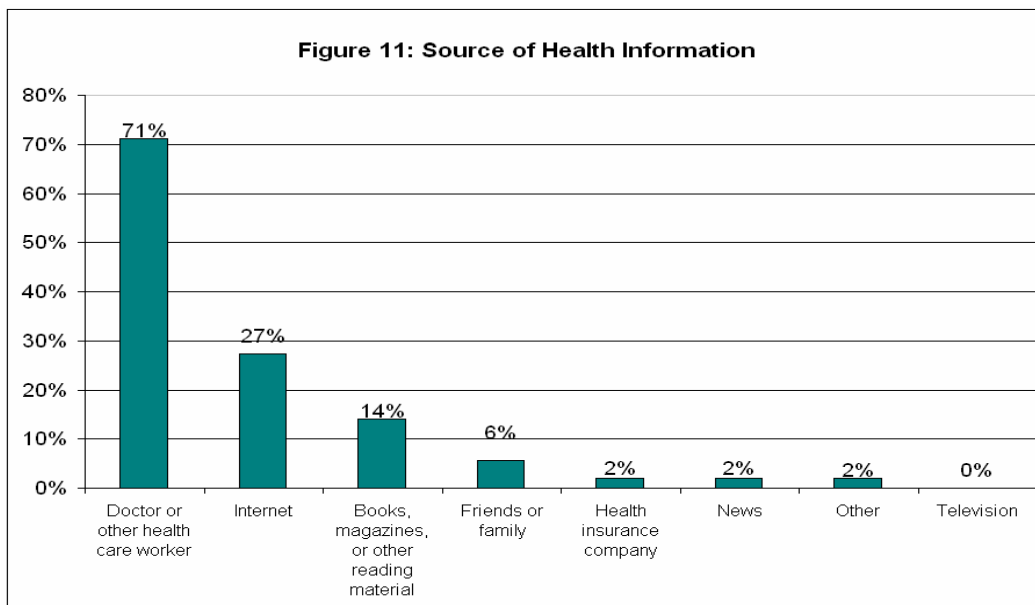
Strengths and Needs Assessment of Carroll County Residents 2004:
 Analysis of the Household Survey Results – Overall Community



Most individuals (59%) were reported as *not trying to lose weight*. Females are much more likely than males to be currently trying to lose weight (regardless of age). Males who are overweight or obese are less likely than females to be currently trying to lose weight.

Source of Health Information

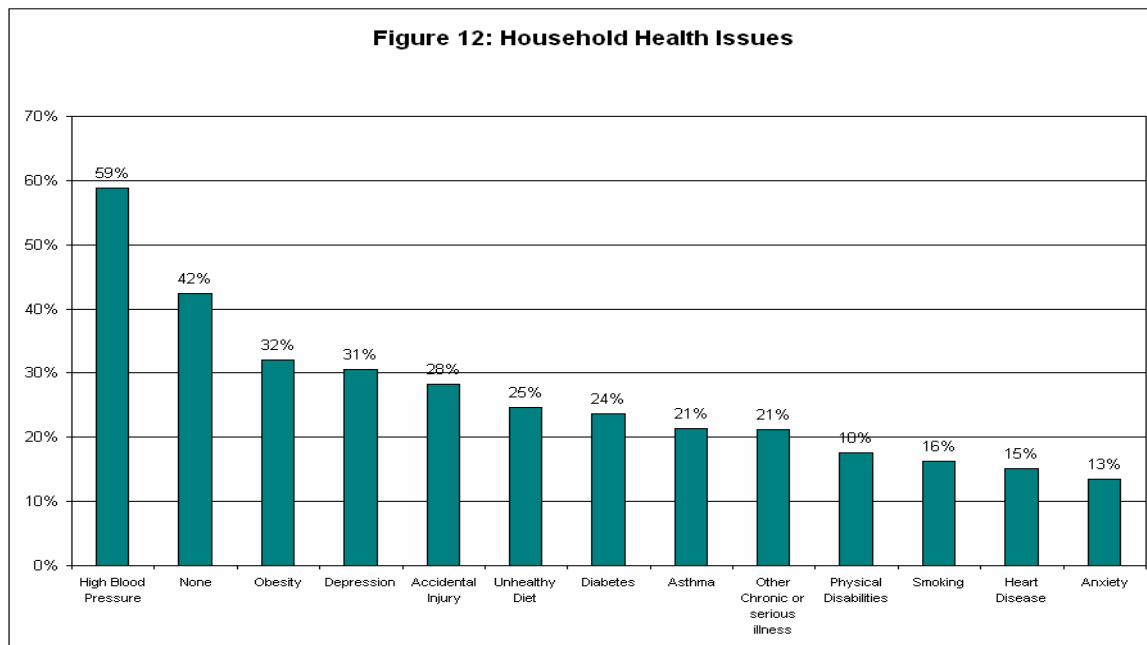
Most households (71%) reported obtaining health information most often from their health care provider/health care professional. The second most reported *source of health information* was the Internet; 27% of households reported using it. (Note: more than one response could be selected.) See Figure 11.



Household Health Issues

The most frequently mentioned household member health issue was high blood pressure, mentioned by 59% of households. Forty-two percent of households had no specific health issues among their members in the previous 12 months. The following health issues (listed in the order as they appear in the chart) were mentioned by nearly a quarter or more of the households (see Figure 12):

- Obesity
- Depression
- Accidental injury
- Unhealthy diet
- Diabetes
- Asthma
- Other chronic or serious illness



Dental Health

A majority of individuals (79% of those over age three) were reported as having had a dental check-up in the last 12 months. Of the 22% (n=118) who had not had a dental check-up in the last 12 months, the following reasons were given:

- Did not need to see the dentist (59%)
- No insurance (18%)
- Lack of money (17%)
- Dentist would not accept insurance (3%)
- Other (appointment was canceled, dentist retired, lack of time) (3%)

Those in fair or poor health were less likely to have seen a dentist in the past 12 months.** There was no age effect (children were just as likely as adults to have *not* had a dental check-up),** but there was a gender effect: males were slightly less likely to have seen the dentist than females.** Having insurance (presumably dental) did affect whether or not an individual received dental care. Only 21 percent of those with insurance *did not have a dental check-up*, compared to 54% of those without insurance.

Health Insurance

Ninety-eight percent of household members were reported as having health insurance, and 3% were reported as not having health insurance now, though they had it previously. Whether or not a person had health insurance was not affected by gender or age. Whether or not a person had health insurance did not affect their health status or whether they had had a health check-up in the past 12 months.

Of those individuals who were reported as having health insurance, most (77%) have commercial or private health insurance. Fourteen percent of household members have Medicare A&B, and 89% of these are aged 65 or older. Four percent have either CHAMPUS or Veteran's Administration coverage, and 2% of household members have Medicaid.

Among the 3% of individuals who are not currently insured, the following reasons were given for not having health insurance:

- Unemployed
- Working but can't afford to pay premium
- Employer does not offer insurance
- Lost Medicaid or Medical Assistance

Disability

Most household members (91%) did not report a disability. However, 8% were reported as having a physical disability, and 1% reported as having an emotional/behavioral disability. Of the 8% (n=43) that were reported as having a disability, 32% have a short-term disability and 68% have a long-term disability. Reported levels of disability are:

- Mild (needs no assistance) (36%)
- Moderate (52%)
- Severe (11%)

Those who reported having a disability were more likely to report that their health status was fair or poor.

**Some items are analyzed below the level of generalizability.

Of the households reporting a disability, 95% did not need daycare and 83% did not need respite care.** All households needing daycare reported receiving this service and that it is affordable.** Forty-three percent of the households who need respite services indicated that it is not available.** Fourteen percent of households reported needing home modifications or adaptive equipment.

Mental Health

Five percent of household members were reported as often showing *symptoms of stress* (such as yelling, being anxious, or being withdrawn), while 53% were reported as sometimes showing symptoms of stress. Forty-one percent of individuals were reported as never showing symptoms of stress. Adolescent females are more likely to show signs of stress than adolescent males (77% and 63%, respectively, responding sometimes or often), and working-age adults are more likely to show signs of stress than those who are near retirement or retired.

Nine percent of individuals needed professional help for *depression*. Females are more likely to be depressed enough to receive help for it than males, regardless of age. Four percent (n=21) of individuals were reported as having been *diagnosed with a mental illness*. Of those persons diagnosed with a mental illness:

- 79% have received treatment in the past 12 months
- 13% have accessed community support groups related to their mental illness
- 9% have been hospitalized (at least once) for their mental illness in the past 12 months

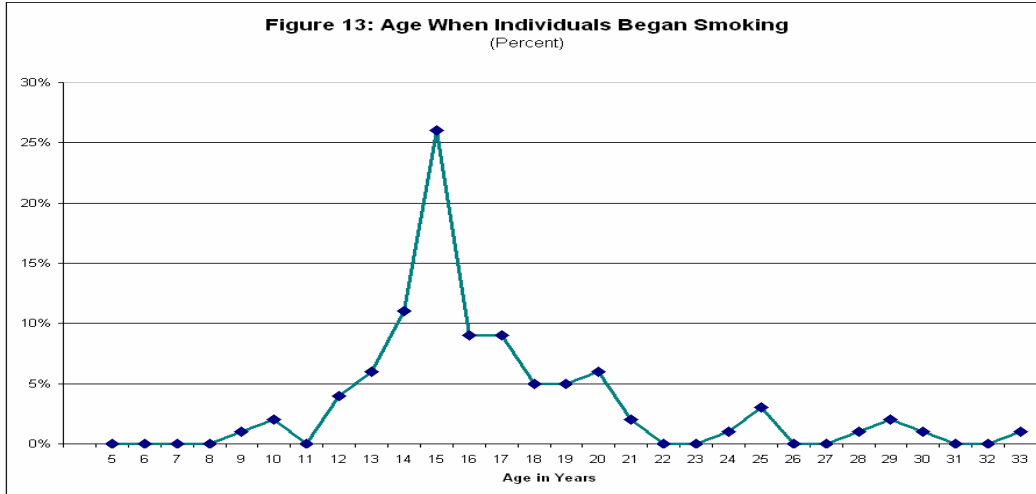
Those who were in fair or poor health were more likely to show signs of stress than those in excellent or good health.**

Lifestyle

Smoking and Second-Hand Smoke

Twelve percent of household members over the age of 18 currently smoke. A majority (52%) reported having never smoked and 36% reported that they used to smoke. Of those who currently smoke or used to smoke, a majority (58%) began smoking between the ages of 14 and 17 years (see Figure 13). Of those who smoke (18 years or over, n=52), 44% are male and 56% are female. Fifty-seven percent of current smokers are in the 36 to 55 year-old age group and 97% have excellent or good health status.

**Some items are analyzed below the level of generalizability.



Of those who have been exposed to second-hand smoke (n=70), 47% are male and 53% are female, with the largest group (46%) in the 36 to 55 year-old age bracket. Ninety-nine percent are in excellent or good health. Fourteen percent of individuals were reported as being exposed to second-hand smoke on a daily basis. Of those 14% (n=70), exposure occurred at:

- Home (55%)
- A family member’s home (20%)
- Work (8%)
- A friend’s home (3%)
- Other places (13%), including:
 - Friend’s workplace
 - Outside
 - Recreational or social event

Drugs and Alcohol

A majority (53%) of individuals 21 years or older reported *not* drinking alcohol any day of the week (see Figure 14). Of the 47% (n=201) who drink alcohol at least one day a week, the majority (79%) have only one to two drinks each day that they drink. Thirteen percent of individuals have three drinks each day that they drink, and 7% have four or more drinks each day that they drink. Table 6 shows that females are more likely than males to be non-drinkers at a rate of nearly two to one.**

Problematic drinking was considered to be drinking either four drinks or more on any day, or two or more drinks on four or more days a week. With this definition, 17% of adults aged 21 or older who drink fell into this “problem” area.

**Some items are analyzed below the level of generalizability.

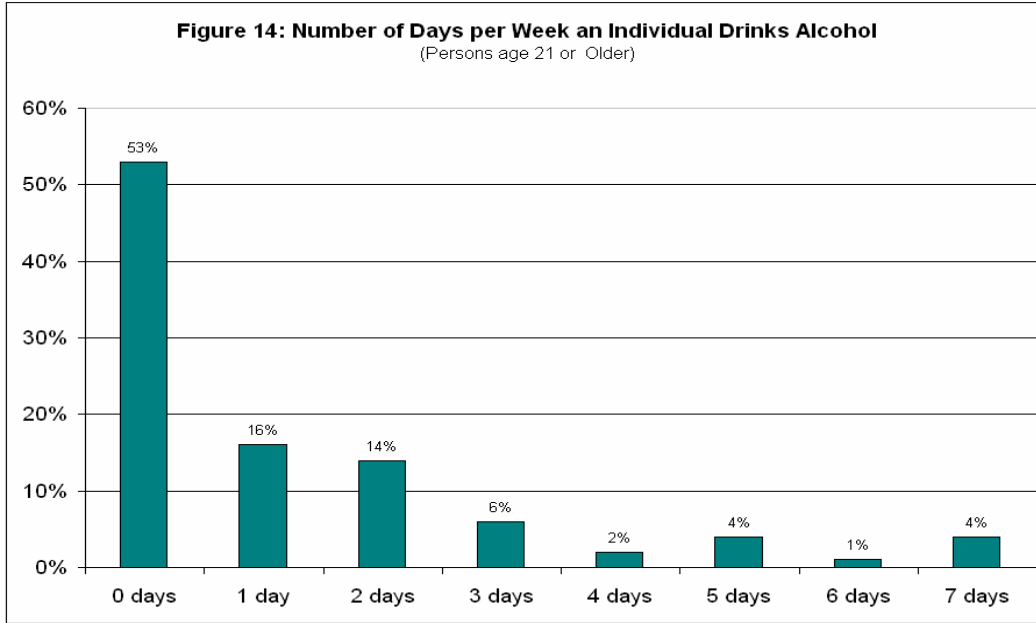


Table 6: Drinking by Gender

Number of days per week	Sex (%)	
	Male	Female
None	35	65
Once	52	48
Twice or more	56	44

Eleven percent of individuals reported that in the past 12 months, they were a passenger in a car that was driven by a person who had been drinking alcohol or using drugs. In the past 12 months, 23% (n=44) of individuals 16 years and older have *driven a car after drinking* alcohol or using drugs. Of these, 73% were male and 27% were female.

One percent of individuals 13 years old or older reported having *used an illegal drug* in the past 12 months, and only 0.2% of individuals reported having sought treatment for drug or alcohol abuse.

Other Lifestyle Issues

Several questions were asked that are indicators of skills, knowledge, or behaviors that contribute to the safety or well-being of household members. Fifty percent of household members over the age of 12 years are reported to *know how to perform CPR*. Of those who know CPR (n=221), 43% are male and 57% are female, with most (60%) in the 36 to 64 year-old range.

A majority of individuals (76%) were reported as *using sunscreen*. Of those who use sunscreen (n=390), 43% are male and 57% are female, consistent with sample percentages for gender. Age groups with less than average use of sunscreen were 18-25 year-olds at 71%, 56-64 year-olds at 60%, and 65+ year-olds at 51%.

Most individuals (77%) were reported as *using a helmet* when appropriate. Of those who use a helmet while riding a bicycle or motorcycle, rollerblading, or skateboarding (n=308), 47% are male and 53% are female. Helmet use fell below average in the 56-year-old and older groups.

A large majority of individuals (97%) were reported as *using a seatbelt*. Of those who wear a seatbelt while in a car, truck, or van (n=498), 45% are male and 54% are female, with 66% being at least 36 years old and 91% in excellent/good health.

There were 24 school-aged children in the overall community sample. Of these 24 children, *after-school arrangements* include:

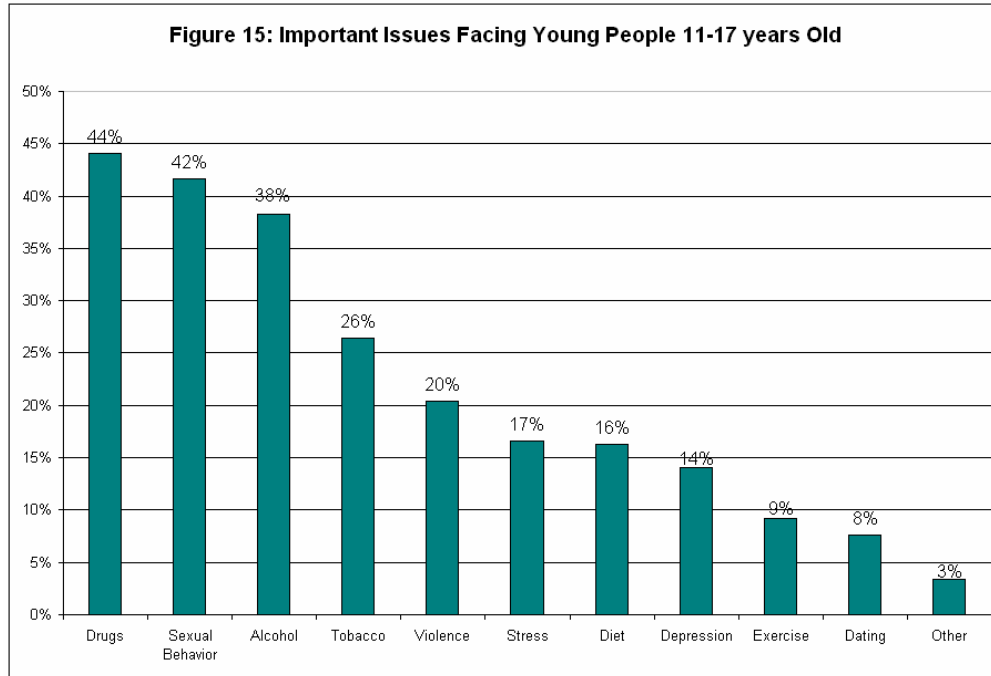
- Someone in the household provides after-school care (70%)
- Child is home alone after school (17%)
- Older sibling provides after-school care (5%)
- Child attends an after-school program (3%)
- Child stays with a childcare provider (2%)
- A grandmother watches the child after school (2%)

A large majority of individuals (98%) were reported as not having been *impacted by violence or abuse* in the past 12 months. Of the 2% (n=11) who reported being impacted by violence (individuals could choose more than one type of violence), the most frequently reported type was family violence/abuse, followed by violence in the workplace, at school, or some other crime (assault, theft, vandalism, etc.). Most individuals (97%) were reported as *not* having been *discriminated against*. Of those who had experienced discrimination (n=16), 23% sought help from an agency. Of those who had been discriminated against in the last 12 months (n=16), more were male (62%) than female (38%).

Sixty-two percent of households reported that their *source of water* is a well, while 37% reported a municipal source, and 1% reported a spring. Most households (95%) felt that their water supply was adequate in terms of quantity, 2% reported that their water supply was not adequate, and 3% reported that they did not know. Again, most (85%) felt that their water supply was safe, 4% reported that their water supply was not safe, and 11% reported that they did not know. Only 1% of households reported that their water supply had caused an illness in the past 12 months (7% reported that they did not know if their water supply had caused any illness).

Issues Facing Young People

Asked to select from a list the five most important issues facing young people aged 11 to 17, respondents selected (in order of importance): drugs, sexual behavior, alcohol, tobacco, and violence. See Figure 15.



Note: Reports the percent of answers from adult respondents.

Other issues mentioned were:

- AIDS (medical issue)
- Anger management
- Dangers of liberal political policy
- Education
- Homophobia
- Illiteracy
- Influence of anti-God teaching in education system
- Lack of guidance
- Obesity
- Peer pressure
- Poor parenting/lack of supervision
- Social acceptance
- Suicide

A majority (79%) of households reported that 11-17 year-olds should receive *comprehensive* information about sexual issues, while 14% felt that they should receive *abstinence-based* sexual information. Six percent felt that youth should receive *abstinence only* sexual information, and 1% felt that they should receive some other form of sexual information.

Of the households that reported currently having an 11-17 year-old member (n=76), the following subjects were discussed with them:

- Drugs (83%)
- Alcohol (75%)
- Tobacco (75%)
- Sexual Behavior (72%)
- Diet (60%)
- Dating (54%)
- Exercise (54%)
- Violence (48%)
- Stress (37%)
- Depression (27%)

Among parents who had discussed sexual behavior (n=55) with their 11-17 year-olds, specific topics included:

- Abstinence (99%)
- Sexually Transmitted Diseases/Infections (96%)
- Contraception (76%)
- Pregnancy (71%)
- Sexual violence (31%)
- How to communicate with a partner about sexual issues (14%)

Literacy and Employment

Literacy

Most individuals (80%) older than age 6 were reported as being able to read *very well*, while 18% were reported as being able to read *well*, and 2% were reported as *not* being able to read well.

Employment

Of those aged 16 years and older (n=418), 49% are employed full-time; 19% are retired; 16% are employed part-time; 8% are homemakers; 6% are students; 3% are disabled and unable to work; and only 1% are unemployed. See Table 7.

Table 7: Employment Status by Age for Persons Aged 16 or Older

Age	Full-Time (%)	Part-Time (%)	Unemployed (%)	Student (%)	Homemaker (%)	Disabled and Unable to Work (%)	Retired (%)
16-17 (n=14)	0	71	7	43	0	0	0
18-25 (n=39)	31	41	3	44	0	0	0
26-35 (n=41)	67	10	2	2	22	2	0
35-45 (n=72)	63	18	0	0	8	1	0
46-55 (n=105)	73	11	0	0	9	7	2
56-65 (n=75)	49	11	3	0	7	5	30
65+ (n=72)	7	4	0	0	8	1	79

Note: Percents in Table 7 do not add to 100% because individuals can have more than one employment status. Percent is of the given age group.

Community Services

Reported below in Table 8 are the percentages of households that used *community services*, needed the service but could not get it, or did not need the service, as well as satisfaction of the services used. The most used service was the Carroll County Public Library, selected by 72% of the households, with a very high rate of satisfaction (99%). Only two other community services were used by 10% or more of the households: adult education classes and medical care at night or on weekends.

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Other community services were used by relatively few households. However, it is notable that more than half of the households needing help with a heating or electric bill (n=5); 50% of the households needing health services for the uninsured/under-insured (n=8); and 43% of the households needing prescription assistance (n=15) say that they were unable to get these services. Again, though used by relatively few households, some services had satisfaction of less than 75%. These included:

- Alcohol and drug abuse outpatient treatment
- Child support services
- Food stamps
- Inpatient mental health services
- Outpatient mental health services
- Services for the disabled
- Subsidized housing/rental assistance

Table 8: Need for, Use of, and Satisfaction with Selected Community Services

		Service Need and Usage (Percent of Households)			% of Users Satisfied
		Needed	Need but unable to get	Used	
General Services	Literacy Services	2	1	1	100
	Public Library Services	72	0	72	99
	Adult Education Classes	10	0	10	94
	Mentors for Youth	2	0	2	75
	Services for the disabled	5	1	4	67
	Help with heating or electric bill	4	2	2	100
	Alcohol or drug abuse Outpatient treatment	2	0	2	33
	Alcohol or dug abuse Inpatient treatment	1	0	1	67
	Subsidized housing/rental assistance	2	0	2	67
	Prescription assistance	7	3	4	100
	Counseling services	10	1	9	82
	Health services for uninsured/under-insured	4	2	2	*
	Dental care at night or on weekends	13	6	7	90
	Medical care at night or on weekends	23	4	19	88
	Home health services	3	0	3	100
	Mental health services Outpatient treatment	7	0	7	69
	Mental health services Inpatient treatment	2	0	2	50
	Transportation to health care	3	1	2	100
	Other public transportation	4	1	3	100
	Legal Services	6	1	5	100
Health Department Services	Clinical/Nursing services	2	0	2	100
	Addiction services	1	1	0	*
	Environmental health services	1	0	1	100
Department of Social Services	Child support services	1	0	1	50
	Child protective services	1	0	1	100
	Food Stamps	2	0	2	67
	Medical Assistance	5	2	3	100
	Cash Assistance (TANF, SSI, Disability, etc.)	5	2	3	100

Services Used By 10% or More of the Households

Public Library Services (72%)

- Of the households that used public libraries in the past year, 99% reported they were satisfied with the services offered
- More than half of families with children (86%), single individuals (65%), and married couples without children (64%) reported using public library services in the past year
- More than half of households in all the geographic areas—South Carroll (78%), Westminster (74%), North Carroll (73%), West Carroll (67%), and Finksburg (62%)—reported using public library services in the past year

Medical Care at Night or on Weekends (19%)

- Eighty-eight percent of households that used this service in the past year said they were satisfied with it
- Nearly a third of families with children (31%) reported using night/weekend medical care in the past year, while less than 20% of single individuals (13%) and married couples without children (9%) used it
- Less than 25% of households in all the geographic areas—North Carroll (24%), Westminster (20%), South Carroll (16%), West Carroll (13%), and Finksburg (11%)—reported using medical care at night or on weekends in the past year

Adult Education Classes (10%)

- Among the households that used adult education classes in the past year, 94% reported they were satisfied with them
- Ten percent or less of families with children (10%), single individuals (10%), and married couples (7%) reported using adult education classes in the past year
- The same percentage of households in South Carroll (21%) and West Carroll (21%) reported using adult education classes in the past year, while less than 10% in Westminster (7%), North Carroll (6%), and Finksburg (5%) used them

Services Used by Less than 10% of the Households

Counseling Services (9%)

- The majority of households (82%) that used these services in the past year reported they were satisfied with them
- Sixteen percent of families with children, 6% of single individuals, and 3% of married couples without children reported using counseling services in the past year
- The geographic areas of households that used counseling services were North Carroll (11%), Finksburg (11%), South Carroll (10%), Westminster area (8%), and West Carroll (7%)

Dental Care at Night or on Weekends (7%)

- Of the households that used this service in the past year, 90% said they were satisfied with it
- Less than 10% of families with children (9%), married couples without children (7%), and single individuals (3%) reported using dental night/weekend services in the past year
- Less than 20% of households in Finksburg (16%), North Carroll (8%), South Carroll (8%), and Westminster (3%) reported using dental night/weekend services in the past year (*none of the households in West Carroll used this service*)

Mental Health Services Outpatient Treatment (7%)

- Sixty-nine percent of households that used these services in the past year said they were satisfied with them
- Fifteen percent of families with children and 3% of single individuals reported using these services in the past year (*no married couples without children used them*)
- The same percentage (11%) of households in Finksburg and North Carroll reported using mental health services outpatient treatment, while 7% in Westminster area used them (*None of the households in South Carroll or West Carroll used them*)

Legal Services (5%)

- All households that used these services in the past year said that they were satisfied with them
- Less than 10% of families with children (8%) and single individuals (7%) reported using legal services in the past year (*none of the married couples without children used these services*)

- The geographic areas of households that used counseling services were Westminster (12%), West Carroll (7%), and North Carroll (2%) (*none of the households in Finksburg or South Carroll used them*)

Sources of Information for Services in Carroll County

Households were able to select as many sources of information about services in Carroll County as they wanted. The most selected source of information was the telephone book, followed by friends and family, the Internet, and the library. See Figure 16.

Of the 25% of households that reported they used the *newspaper for information*, the following were specified: Carroll County Times, Baltimore Sun, Eldersburg Gazette, and the Home Repair.

Of the 6% (n=13) of households that reported they used the *radio for information*, the following stations were specified: WTTR, WBAL, MIX 106.5, and 98 Rock.

Of the 6% (n=13) of households that reported they used *government agencies for information*, the following agencies were specified: Carroll County Government, Department of Social Services, Department of Aging, Department of Education, Department of Human Services, Town Hall Hampstead, and the library.

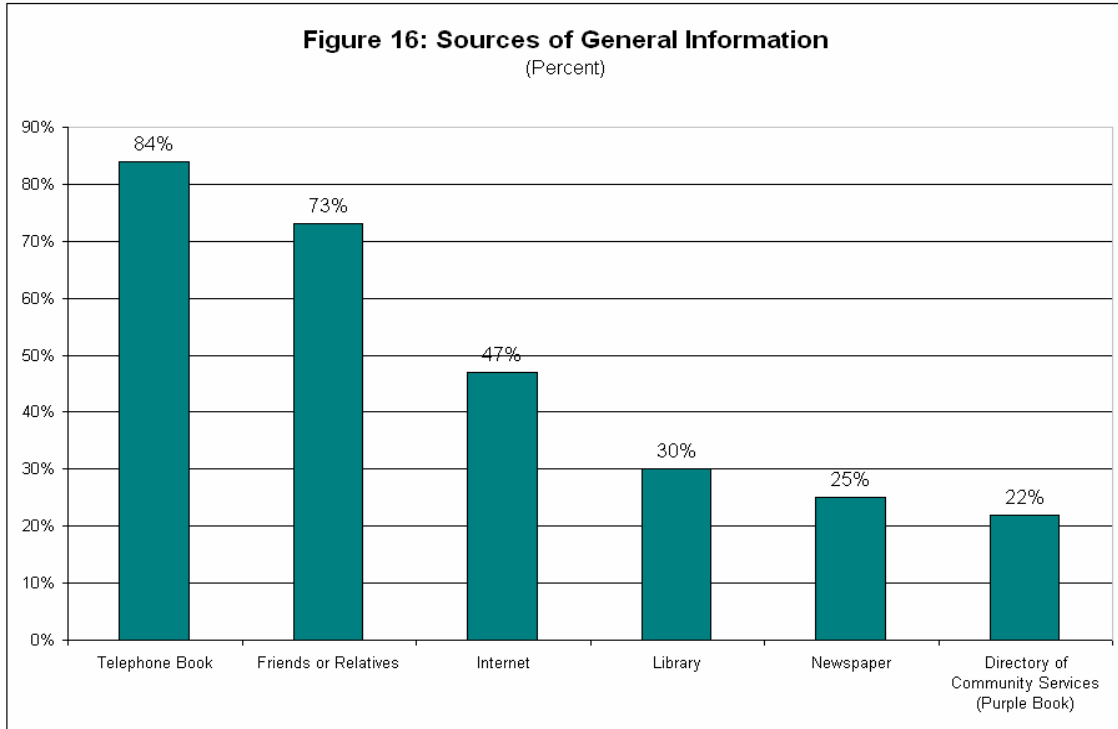
Of the 5% (n=11) of households that reported they used *schools for information*, the following were specified: North Carroll High School, Liberty High School, Century High School, and Manchester.

Of the 4% (n=9) of households that stated they used *faith-based organizations for information*, the following were specified: St. Bartholomew, St. Johns Catholic, Westminster United Methodist Church, Latter Day Saints, and Caring and Sharing.

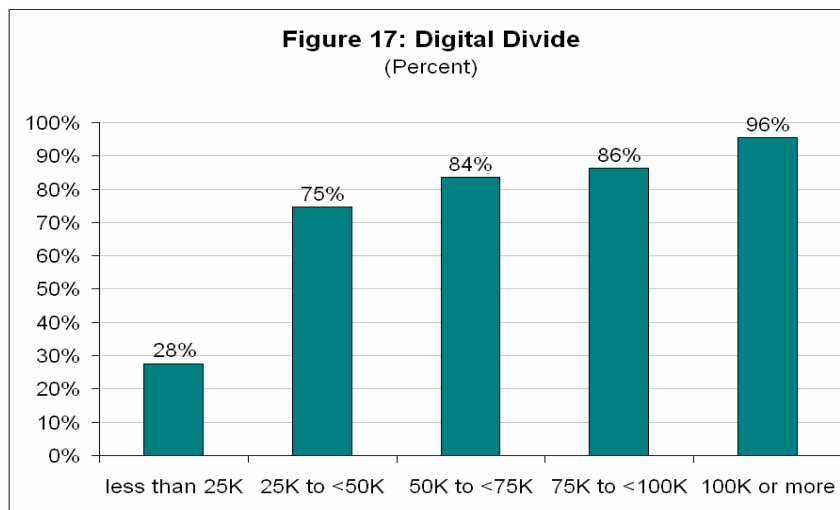
Of the 3% (n=7) of households that reported they used the *television for information*, the following stations were specified: Channel 13, CV 3, local Adelphia Channel (cable television station) and WBAL.

Of the 3% (n=7) of households that stated *other sources of information*, the following were specified: family doctor, Granite House, and local businesses.

Of the 2% (n=4) of households that stated they used *community agencies for information*, the following were specified: Chamber of Commerce, Senior Center, and unspecified Carroll County organization(s).



A majority of families have Internet access at home. Income affected whether the family had Internet access at home; those who made less than \$25,000 annually were much less likely to have Internet access than those who made more than \$25,000. See Figure 17.



Quality of Life

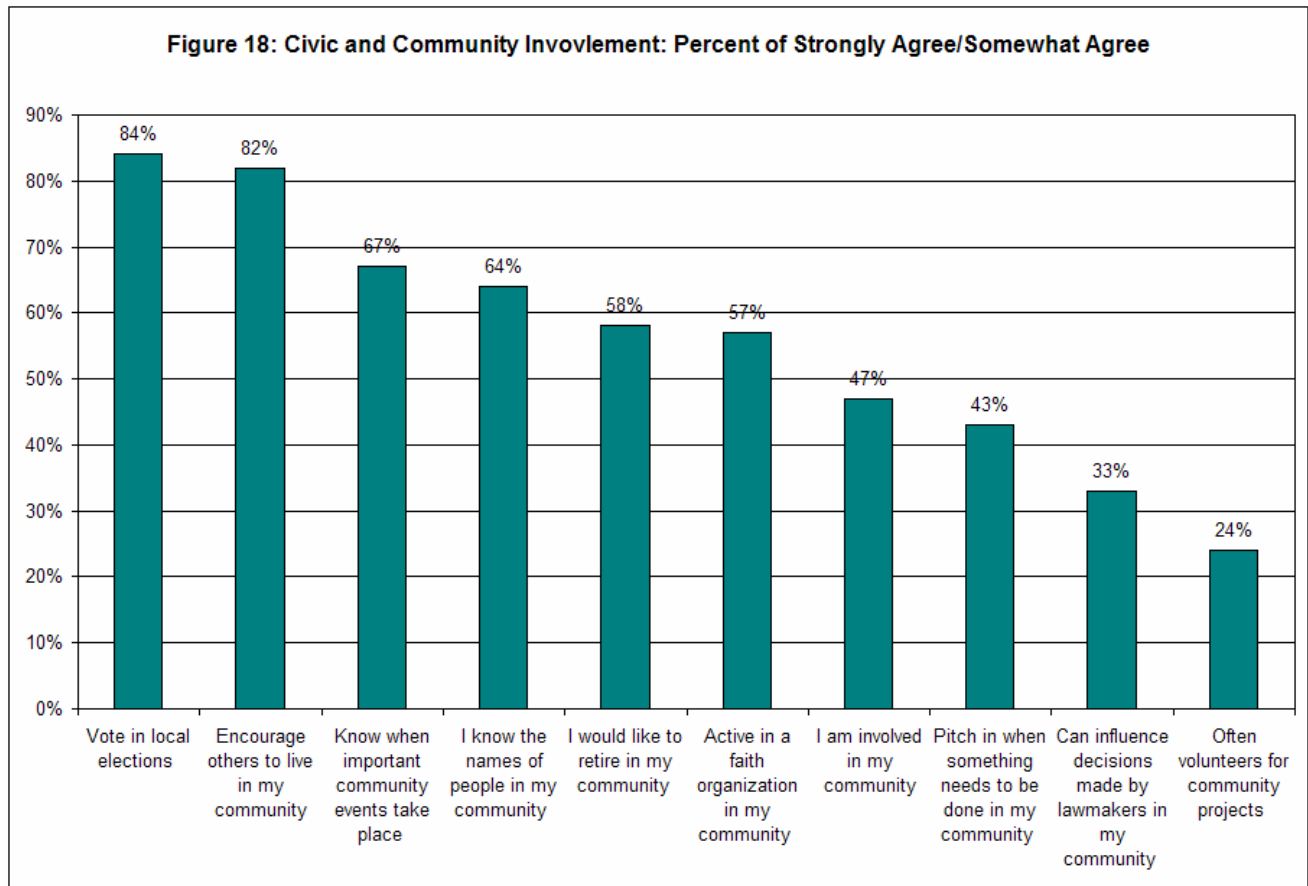
Respondents were asked to strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with a series of statements related to several aspects of quality of life, including: civic/community involvement/attachment, community amenities/opportunities/safety, and transportation. Table 9 provides a breakdown of these responses.

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

Table 9: Respondents' Agreement with Selected Quality of Life Statements (%)

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Does Not Apply
I usually pitch in when something needs to be done in the community (n=203)	13	30	33	8	6	10
I know the names of a lot of people in my community n=207)	23	41	16	11	6	3
I am involved in my community (n=204)	15	32	27	11	7	8
I can influence the decisions that are made by the lawmakers in my community (n=205)	5	28	24	19	18	7
There are public places in the community where community members can get together (n=205)	21	43	24	6	3	3
I know when important community events take place (n=207)	21	46	16	9	5	3
I often volunteer for community projects (n=202)	7	17	24	22	17	13
I can afford housing that meets my needs in my community (n=208)	40	34	10	7	4	5
I would use public transportation if it were available in my community (n=203)	9	14	19	11	29	18
I need public transportation to get around in my community (n=201)	3	1	11	8	45	32
I could find a job in my profession in my community (n=201)	18	16	16	14	16	20
I am satisfied with the length of my commute (n=201)	27	21	11	8	10	22
I vote in local elections (n=210)	76	8	4	1	5	6
There are enough parks and recreational facilities in my community (n=206)	28	40	13	9	10	1
There are enough safe, organized social activities for teens in my community (n=205)	3	11	25	17	27	16
There are enough cultural and arts opportunities in my community (n=205)	12	24	25	18	14	6
I feel safe in my community (n=208)	38	46	9	6	1	1
I am active in a faith organization in my community (n=206)	35	22	12	7	13	11
I would encourage others to live in my community (n=209)	46	36	12	2	3	1
I would like to retire in my community (n=211)	36	22	18	5	11	7

Civic/Community Involvement/Attachment Statements



“I vote in local elections.”

The majority of the respondents (84%) strongly agreed/somewhat agreed with the statement *I vote in local elections*, compared to 6% who strongly disagreed/somewhat disagreed and 4% who neither agreed nor disagreed.

- The majority of the respondents in all the geographical areas—Finksburg (94%), West Carroll (93%), Westminster (84%), North Carroll (82%), and South Carroll (81%)—said that they vote in local elections
- A slightly higher number of long-term residents (86%) compared to new residents (80%) said that they vote in local elections
- The majority of older adults (93%), middle-aged adults (84%), and younger adults (67%) said that they vote in local elections
- The number of men (85%) and women (83%) who said that they vote in local elections was nearly similar

“I would encourage others to live in my community.”

The majority of the respondents (82%) strongly agreed/somewhat agreed with the statement *I would encourage others to live in my community*, compared to 5% who strongly disagreed/somewhat disagreed and 12% who neither agreed nor disagreed.

- Over half of the respondents in all the geographic areas—South Carroll (88%), Westminster (84%), Finksburg (78%), North Carroll (78%), and West Carroll (75%)—said that they would encourage others to live in their community
- The majority of the new residents (90%) and long-term residents (79%) said that they would encourage others to live in their community
- The majority of younger adults (95%) and middle-aged adults (82%) reported that they would encourage others to live in their community, compared to 75% of older adults
- The majority of men (83%) and women (82%) reported that they would encourage others to live in their community

“I know when important community events take place.”

Sixty-seven percent of the respondents strongly agreed/somewhat agreed with the statement *I know when important community events take place*, compared to 14% who strongly disagreed/somewhat disagreed and 16% who neither agreed nor disagreed.

- Eighty-five percent of the respondents from South Carroll strongly agreed/somewhat agreed with this statement, while 77% from Westminster area, 59% from North Carroll area, 56% from Finksburg area, and 31% from West Carroll area strongly agreed/somewhat agreed
- The majority of the long-term residents (70%) and new residents (62%) said that they know when important community events take place
- A higher number of older adults (72%) compared to younger adults (60%) and middle-aged adults (67%) reported that they know when important community events take place
- More women (70%) than men (63%) said that they know when important community events take place

“I know the names of a lot of people in my community.”

Sixty-four percent of the respondents strongly agreed/somewhat agreed with the statement *I know the names of a lot of people in my community*, compared to 17% who strongly disagreed/somewhat disagreed and 16% who neither agreed nor disagreed.

- Over half of the respondents in South Carroll area (74%), Finksburg area (63%), Westminster area (62%), North Carroll area (61%), and West Carroll area (57%) strongly agreed/somewhat agreed with this statement
- More than two-thirds (68%) of the long-term residents strongly agreed/somewhat agreed with this statement, compared to 55% of the new residents
- More middle-aged adults (68%) than younger adults (55%) or older adults (52%) strongly agreed/somewhat agreed that they know the names of a lot of people in their community
- A higher number of women (66%) than men (59%) strongly agreed/somewhat agreed that they know the names of a lot of people in their community

“I would like to retire in my community.”

More than half of the respondents (58%) strongly agreed/somewhat agreed with the statement *I would like to retire in my community*, compared to 16% who strongly disagreed/somewhat disagreed and 18% who neither agreed nor disagreed.

- Fifty percent or more of the respondents in all the geographic areas—North Carroll (61%), South Carroll (59%), Westminster (59%), Finksburg (52%), and West Carroll (50%)—strongly agreed/somewhat agreed that they would like to retire in their community
- A nearly similar number of both long-term residents (59%) and new residents (58%) said they would like to retire in their community
- More than half of older adults (65%), middle-aged adults (58%), and younger adults (53%) reported they would like to retire in their community
- More men (62%) than women (56%) said that they would like to retire in their community

“I am active in a faith organization in my community.”

Over half of the respondents (57%) strongly agreed/somewhat agreed with the statement *I am active in a faith organization in my community*, compared to 20% who strongly disagreed/somewhat disagreed and 12% who neither agreed nor disagreed.

- Over half of the respondents in North Carroll area (62%), Westminster area (60%), and South Carroll area (55%) said they are active in faith organizations in their community, while 47% in Finksburg area and 44% in West Carroll area reported being active members
- The majority of the long-term residents (60%) compared to new residents (52%) said that they are active in faith organizations in their community
- More than half of older adults (63%) and middle-aged adults (57%) said that they are active in faith organizations in their community, while 38% of younger adults reported being active members
- A nearly similar number of men (56%) and women (58%) reported that they are active in faith organizations in their community

“I am involved in my community.”

Nearly half of the respondents (47%) strongly agreed/somewhat agreed with the statement *I am involved in my community*, compared to 18% who strongly disagreed/somewhat disagreed and 27% who neither agreed nor disagreed.

- Half of the respondents in Westminster area (50%) strongly agreed/somewhat agreed with this statement, while less than half in North Carroll area (45%), South Carroll area (45%), Finksburg area (44%), and West Carroll area (44%) strongly agreed/somewhat agreed with it
- Nearly half (49%) of the long-term residents reported that they are involved in their community, compared to 43% of new residents
- Nearly half of the younger adults (45%) and middle-aged adults (49%) said that they are involved in their community, compared to 35% of older adults
- Fifty-one percent of women reported that they are involved in their communities, compared to 41% of men

“I usually pitch in when something needs to be done in the community.”

Nearly half of the respondents (43%) strongly agreed/somewhat agreed with the statement *I usually pitch in when something needs to be done in the community*, compared to 14% who strongly disagreed/somewhat disagreed and 33% who neither agreed nor disagreed.

- Fifty percent of the respondents in West Carroll area strongly agreed/somewhat agreed with this statement, while 47% in Finksburg area, 45% in South Carroll area, 44% in Westminster area, and 39% in North Carroll area strongly agreed/somewhat agreed with it

- Nearly half of the long-term residents (46%) strongly agreed/somewhat agreed with this statement, compared to 39% of new residents
- More than one-third of middle-aged adults (45%) and older adults (44%) strongly agreed/somewhat agreed that they usually pitch in when something needs to be done in their community, compared to only 32% of younger adults
- Nearly half of the women (48%) and 38% of the men strongly agreed/somewhat agreed that they usually pitch in when something needs to be done in their community

“I can influence the decisions that are made by the lawmakers in my community.”

Thirty-three percent of the respondents strongly agreed/somewhat agreed with the statement *I can influence the decisions that are made by the lawmakers in my community*, compared to 37% who strongly disagreed/somewhat disagreed and 24% who neither agreed nor disagreed.

- In all the geographic areas, less than 50% of the respondents strongly agreed/somewhat agreed with this statement; 38% were from South Carroll, 35% from Westminster, 31% from West Carroll, 29% from North Carroll, and 25% from Finksburg
- Less than half of both long-term residents (33%) and new residents (34%) reported that they can influence decisions made by the lawmakers in their community
- Less than half of younger adults (29%), middle-aged adults (32%), and older adults (36%) said that they can influence decisions made by the lawmakers in their community
- Thirty-six percent of the men and 30% of the women reported that they can influence decisions made by the lawmakers in their community

“I often volunteer for community projects.”

Twenty-four percent of the respondents strongly agreed/somewhat agreed with the statement *I often volunteer for community projects*, compared to 39% who strongly disagreed/somewhat disagreed and 24% who neither agreed nor disagreed.

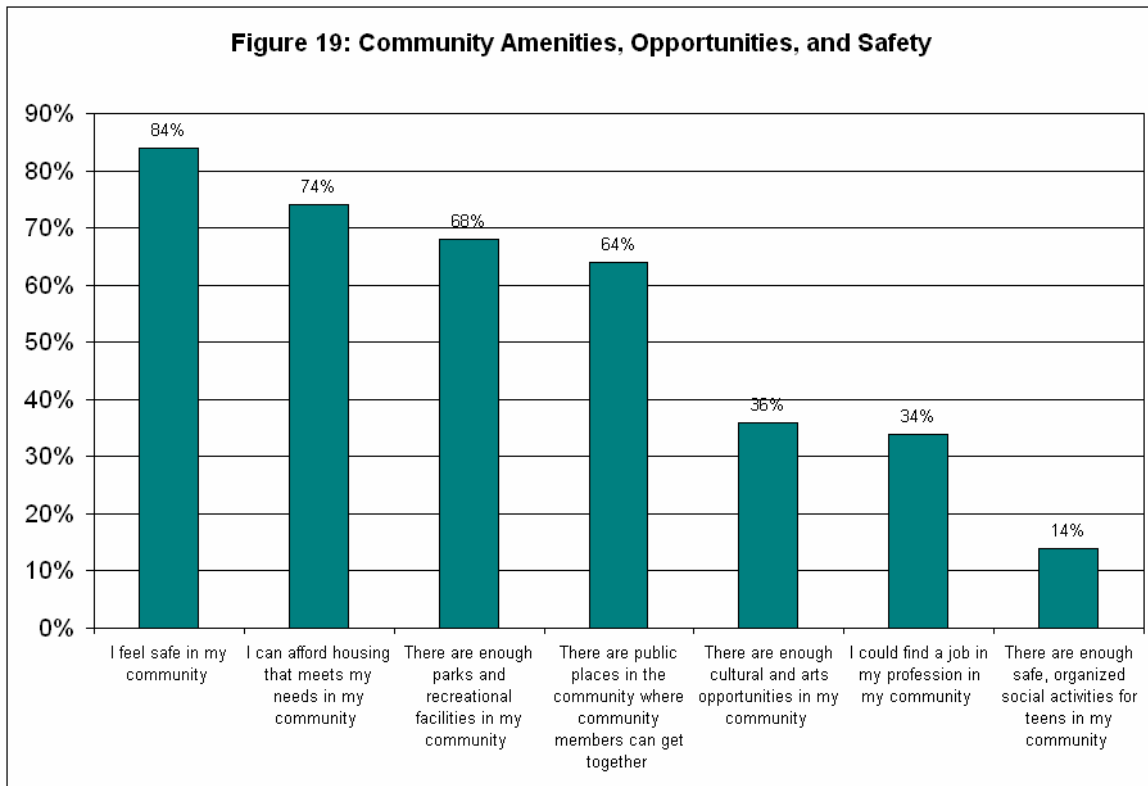
- Less than 50% of the respondents from all the geographic areas strongly agreed/somewhat agreed with this statement, with 27% living in Finksburg, 26% in South Carroll, 25% in Westminster, 24% in North Carroll, and 19% in West Carroll
- Less than one-third of both long-term residents (27%) and new residents (19%) said that they often volunteer for community projects

**Strengths and Needs Assessment of Carroll County Residents 2004:
Analysis of the Household Survey Results – Overall Community**

- Less than one-third of younger adults (24%), middle-aged adults (24%), and older adults (25%) said that they often volunteer for community projects
- Nearly one-third of women (31%), compared to 16% of men, said that they often volunteer for community projects

Community Amenities/Opportunities/Safety Statements

Community amenities, opportunities, or safety factors are those that contribute to the overall atmosphere of living in the county.



“I feel safe in my community.”

The majority of the respondents (84%) strongly agreed/somewhat agreed with the statement *I feel safe in my community*, compared to 6.5% who strongly disagreed/somewhat disagreed and 9% who neither agreed nor disagreed.

- The majority of the respondents in all the geographic areas—South Carroll (93%), Finksburg (89%), Westminster (85%), West Carroll (81%), and North Carroll (77%)—strongly agreed/somewhat agreed that they feel safe in their community
- A larger number of new residents (93%) than long-term residents (80%) strongly agreed/somewhat agreed that they feel safe in their community

- A majority of younger adults (91%) and middle-aged adults (85%) reported that they feel safe in their community, compared to 77% of older adults
- A slightly higher number of men (86%) than women (83%) reported feeling safe in their community

“I can afford housing that meets my needs in my community.”

A majority of the respondents (74%) strongly agreed/somewhat agreed with the statement ***I can afford housing that meets my needs in my community***, compared to 11% who strongly disagreed/somewhat disagreed and 10% who neither agreed nor disagreed.

- More than half of the respondents in all the geographic areas (83% residing in South Carroll area, 78% in Finksburg area, 75% in North Carroll area, 67% in Westminster area, and 62% in West Carroll area) strongly agreed/somewhat agreed with this statement
- A slightly higher number of new residents (77%) compared to long-term residents (72%) said they can afford housing that meets their needs in their community
- A higher number of middle-aged adults (78%) than younger adults (66%) and older adults (63%) said that they can afford housing that meets their needs in their community
- More men (77%) than women (71%) said they can afford housing that meets their needs in their community

“There are enough parks and recreational facilities in my community.”

More than two-thirds of the respondents (68%) strongly agreed/somewhat agreed with the statement ***there are enough parks and recreational facilities in my community***, compared to 19% who strongly disagreed/somewhat disagreed and 13% who neither agreed nor disagreed.

- Fifty percent or more of respondents from all the geographic areas—Finksburg (77%), North Carroll (71%), Westminster (69%), South Carroll (66%), and West Carroll (50%)—strongly agreed/somewhat agreed that there are enough parks and recreational facilities in their community
- A slightly higher number of new residents (73%) compared to long-term residents (66%) strongly agreed/somewhat agreed that there are enough parks and recreational facilities in their community
- The majority of middle-aged adults (71%) compared to older adults (63%) and younger adults (57%) strongly agreed/somewhat agreed that there are enough parks and recreational facilities in their community

- More men (72%) than women (65%) strongly agreed/somewhat agreed that there are enough parks and recreational facilities in their community

“There are public places in the community where community members can get together.”

Over half of the respondents (64%) strongly agreed/somewhat agreed with the statement *there are public places in the community where community members can get together*, compared to 9% who strongly disagreed/somewhat disagreed and 24% who neither agreed nor disagreed.

- The majority of the respondents in all geographic areas—West Carroll (75%), Westminster (71%), South Carroll (71%), Finksburg (60%), and North Carroll (51%)—strongly agreed/somewhat agreed with this statement
- Over half of both long-term residents (64%) and new residents (62%) reported that there are public places in their community where members can get together
- The majority of older adults (78%), younger adults (68%), and middle-aged adults (58%) strongly agreed/somewhat agreed that there are public places in their community where members can get together
- More women (65%) than men (61%) said that there are public places in their community where members can get together

“There are enough cultural and arts opportunities in my community.”

Thirty-six percent of the respondents strongly agreed/somewhat agreed with the statement *there are enough cultural and arts opportunities in my community*, compared to 32% who strongly disagreed/somewhat disagreed and 25% who neither agreed nor disagreed.

- Half of the respondents (50%) in South Carroll strongly agreed/somewhat agreed there are enough cultural and arts opportunities in their communities, compared to 38% in North Carroll, 36% in Westminster, 24% in Finksburg, and 12% in West Carroll
- More than a third of the long-term residents (39%) compared to 30% of new residents strongly agreed/somewhat agreed that there are enough cultural and arts opportunities in their community
- Over one-third of older adults (42%) and middle-aged adults (37%) strongly agreed/somewhat agreed that there are enough cultural and arts opportunities in their community, while only 19% of younger adults agreed
- More men (40%) than women (34%) strongly agreed/somewhat agreed that there are enough cultural and arts opportunities in their community

“I could find a job in my profession in my community.”

Less than half of the respondents (34%) strongly agreed/somewhat agreed with the statement ***I could find a job in my profession in my community***, compared to 30% who strongly disagreed/somewhat disagreed and 16% who neither agreed nor disagreed.

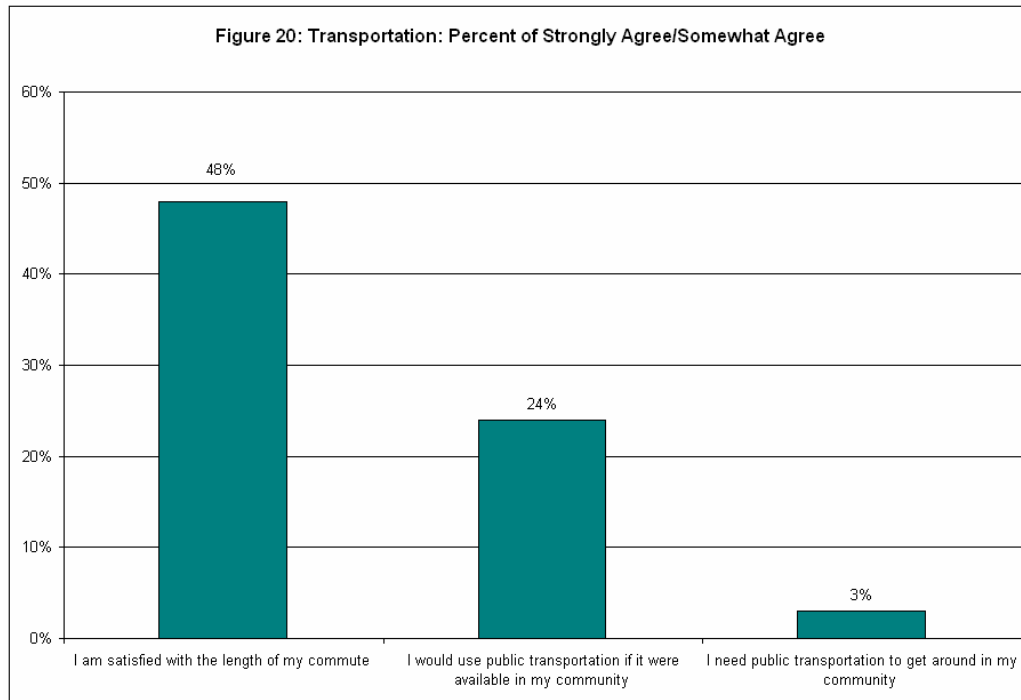
- Less than half of respondents in all the geographic areas—West Carroll (44%), South Carroll (36%), Westminster (35%), North Carroll (34%), and Finksburg (25%)—strongly agreed/somewhat agreed with this statement
- Over a third of long-term residents (36%) and nearly a third of new residents (32%) said they could find jobs in their profession in their community
- Nearly half of younger adults (47%) said they could find jobs in their profession in their community, compared to 37% of middle-aged adults and 19% of older adults
- Less than half of men (35%) and women (34%) said they could find jobs in their profession in their community

“There are enough safe, organized social activities for teens in my community.”

Only 14% of the respondents strongly agreed/somewhat agreed with the statement ***there are enough safe, organized social activities for teens in my community***, compared to 44% who strongly disagreed/somewhat disagreed and 25% who neither agreed nor disagreed.

- Less than 25% of the respondents in four of the geographic areas—South Carroll (22%), West Carroll (18%), North Carroll (16%), and Westminster (12%)—strongly agreed/somewhat agreed that there are enough safe, organized social activities for teens in their community (***none of the respondents from Finksburg strongly agreed/somewhat agreed***)
- Less than 20% of both new residents (18%) and long-term residents (13%) strongly agreed/somewhat agreed that there are enough safe, organized social activities for teens in their community
- More older adults (22%) than middle-aged adults (13%) and younger adults (10%) strongly agreed/somewhat agreed with this statement
- Less than 20% of both men (18%) and women (12%) strongly agreed/somewhat agreed that there are enough safe, organized social activities for teens in their community

Transportation Statements



“I am satisfied with the length of my commute.”

Forty-eight percent of the respondents strongly agreed/somewhat agreed with the statement *I am satisfied with the length of my commute*, compared to 18% who strongly disagreed/somewhat disagreed and 11% who neither agreed nor disagreed.

- More than half of the respondents from Finksburg area (71%), West Carroll area (57%), and North Carroll area (51%) strongly agreed/somewhat agreed with this statement, compared to 49% from South Carroll area and 38% from Westminster area
- Slightly more than half (51%) of long-term residents reported being satisfied with the length of their commute, compared to 38% of new residents
- More than half of the middle-aged adults (57%) and younger adults (52%) said they were satisfied with the length of their commute, compared to 13% of older adults
- Nearly half of both men (49%) and women (48%) said they were satisfied with the length of their commute

“I would use public transportation if it were available in my community.”

Less than a third (23%) of the respondents strongly agreed/somewhat agreed with the statement *I would use public transportation if it were available in my community*,

compared to 40% who strongly disagreed/somewhat disagreed and 19% who neither agreed nor disagreed.

- Less than one-third of respondents from Finksburg area (31%), West Carroll area (25%), South Carroll area (25%), Westminster area (23%), and North Carroll area (22%) strongly agreed/somewhat agreed with this statement
- Nearly the same percentage of long-term residents (24%) and new residents (23%) strongly agreed/somewhat agreed with this statement
- Less than a third of older adults (27%), younger adults (24%), and middle-aged adults (23%) strongly agreed/somewhat agreed that they would use public transportation if it were available in their community
- Twenty-eight percent of women and 18% of men strongly agreed/somewhat agreed that they would use public transportation if it were available in their community

“I need public transportation to get around in my community.”

Four percent of the respondents strongly agreed/somewhat agreed with the statement *I need public transportation to get around in my community*, compared to 53% who strongly disagreed/somewhat disagreed and 11% who neither agreed nor disagreed.

- Eight percent of respondents from Westminster area and 3% from North Carroll area strongly agreed/somewhat agreed with this statement; *none of the respondents from Finksburg area, South Carroll area, and West Carroll area strongly agreed/somewhat agreed*
- Less than 10% of both long-term residents (4%) and new residents (2%) strongly agreed/somewhat agreed that they need public transportation to get around their community
- Four percent of middle-aged adults and 3% of older adults strongly agreed/somewhat agreed with this statement, while *no younger adults reported this need*
- Only 5% of women and 1% of men reported a need for public transportation to get around their community

METHODOLOGY

Institutional Review Board

The study protocol was submitted to the Institutional Review Board (IRB) of UMBC, which provides oversight of university research that involves human subjects to insure their privacy and safety. The study was approved under expedited review and a waiver of informed consent was granted.

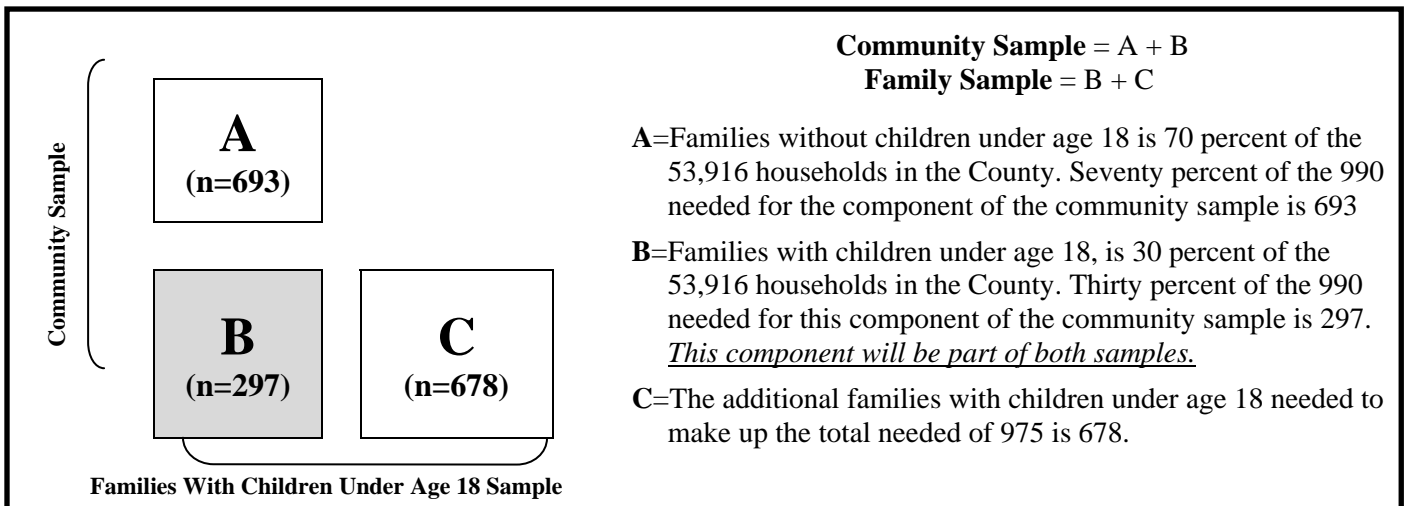
Sample Selection

Households were selected from a purchased list of 5,000 randomly selected households, which were segmented into households with children under 18 and households without children under 18. The proportions of the household types were determined from the Census and used in apportioning the stratified sample for the overall community (OC). A single sample was drawn randomly from the HC18 list and a portion of it was used as the second strata of the OC sample.

To address the inevitability of some non-response, each sample was over-sampled 60% with the goal of achieving a high enough return to preserve the desired confidence level and margin of error, 95% and 4%, respectively. The final confidence level and margin of error are 95% and 5%, respectively.

Based on approximately 53,000 households, with a proportion of households without children being 70% and households with children under 18 being 30%, 693 and 297 households, respectively, were selected for each strata of the OC sample. An additional 678 households were drawn randomly from the HC18 list to complete the HC18 sample. A total of 1,668 surveys were mailed to Carroll County households.

Table 10: Schema for the HC18 and OC Sample Selection



Survey Development and Pilot Testing

The instrument for this study was developed by researchers in conjunction with the Steering Committee for the project, composed of representatives from the sponsoring organizations. Over a period of several months, the group worked to meld critical components from other household surveys with elements deemed essential by various members of the work group.

The final survey instrument covers ten topics plus demographic information. These topics are:

- General Health Measures
- Dental Health
- Health Insurance
- Disability
- Mental Health
- Lifestyle
- Literacy and Employment
- Community Services
- Childcare/After-School Care
- Quality of Life

The survey was pilot tested to ascertain content validity and respondent burden (time to complete the survey and other respondent concerns). Twenty-two pilot surveys were returned. Changes were made based on the feedback of pilot test respondents, including changes to a few question responses and survey layout issues such as font and room for comments. The average time to complete the survey was 25 minutes.

Survey Administration

The initial contact with the randomly selected households was an introductory letter, sent on the letterhead of the Partnership for a Healthier Carroll County, advising respondents of their selection, timeframes for the survey's dissemination, and the opportunity to win one of three incentives offered for participation. A few recipients declined participation; these households were replaced with others drawn randomly from the residual list.

The survey was mailed to the randomly selected households in October 2004 and data was collected through the end of December 2004. Postage-paid envelopes were provided for survey return and returns were tracked so that follow-up postcards and phone calls could be made to non-respondents.

A total of 351 surveys were returned. Since some households gained children through birth and now had children under 18, which they did not during the original sample drawing, or in some cases children had aged out of the HC18 sample, the returns had to be redistributed among the target groups. The final returns for the stratified OC sample totaled 162 from the households with no children under age 18; 128 from the portion of HC18 included in the second strata of the OC sample; and 128 from the remainder of the HC18 sample. A total of

223 households and 536 people were in the final OC sample; 189 households and 697 people were in the HC18 sample.

Data Analysis

Surveys were entered into a specially designed ACCESS database and imported into SAS for analysis. Frequencies and cross tabulations were performed in each section of the survey as directed by the Steering Committee. Because the responding families were different than the planned proportionately balanced group of the mailed sample, weights were calculated and applied to each strata of the OC sample. Weights were calculated so as to recreate the appropriate proportions to the strata without increasing the overall number of observations in the analysis. The final weights are 1.05 for the OC stratum without children and .98 for the stratum with children. This was not necessary with the HC18 sample since there was no stratification.

Some of percentages within survey items will not add up to 100% due to rounding. Also, readers are advised that analyses between individual questions are not meant to add to 100% and in some instances only salient portions of items are analyzed so that full percentages are not shown.

Items are either analyzed as household measures or individual measures, or subsets of these. Household measures are those that ask about the experience of the household generally, and not about a specific member. Some of these questions may be directed to the primary respondent only. Most questions, however, have responses for each member of the household and are analyzed at the “individual” level. The denominator upon which a particular percentage is based will vary according to the subset of the population being considered, and directs the statement that will be made. Therefore, statements in this analysis are about persons living in randomly selected households, and include analyses by gender and age groups. Some items are analyzed below the level of generalizability and have been marked with a double asterisk (**) for the reader’s awareness.