

**Steering Committee**

**Summary and Analysis**

**Carroll County's Community Strengths and Needs  
Assessment**

**Carroll County, Maryland**

**December 2005**

Sponsored by:

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## **INTRODUCTION AND BACKGROUND**

In the fall of 2003, the leadership of the Partnership for a Healthier Carroll County, Inc. (Partnership) and the Carroll County Local Management Board (LMB) convened a consortium of local organizations to discuss and design a process for conducting a strengths and needs assessment of the community. A Steering Committee was formed with representatives of the following:

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

The Partnership for a Healthier Carroll County, Inc. had conducted a study of health indicators in 1995 and the Carroll County Local Management Board concluded a study of community needs for children in 1996. The Steering Committee felt it was important to update some information which had been previously collected and desired new data in order to quantify and measure progress and gaps. An important question which needed to be answered was: Where are we now? Statistically significant, comprehensive county wide data was needed in order to:

- 1) Establish a baseline of information for future use
- 2) Insure reliable information is accessible to community partners for strategic planning and grant writing
- 3) Establish a bank of information for use by the community at large for self-improvement
- 4) Encourage the use of data for decision making, future planning and to set goals

A request for proposals was extended and the Center for Health Program Development and Management at the University of Maryland, Baltimore County was engaged to implement the project under the guidance of the established Steering Committee. The requirements of the contract were to conduct the assessment using a three-pronged approach: 1) key stakeholder interviews; 2) secondary data analysis of published data from national, state, and local sources; and 3) two probability-based household surveys. One survey sampled the overall community (OC) and the other sampled households with children under the age of 18 (HC 18). Each component is summarized in a separate report which also contains details of the methodology, findings, and a component summary.

*\*Note to the reader: In reviewing this document, note that each of the three components contains data collected during different time frames using different methodologies. Therefore, data in different components may not be comparable.*

## ASSESSMENT COMPONENTS

### KEY STAKEHOLDERS

Key stakeholder interviews were conducted during the spring of 2004 with 46 professionals and community leaders who were identified by the Steering Committee as persons with significant expertise and insight about their respective agencies and community issues. Data was collected in an anonymous fashion and confidentiality was preserved. Areas of interest and types of agencies, organizations, and individuals included in this process were:

- Business and Employment
- Child Care
- Disabilities
- Diversity
- Early Childhood Development
- Education
- Elected Officials
- Environmental Health
- Faith Community
- Healthcare
- Juvenile Justice
- Law Enforcement and Courts
- Literacy and Libraries
- Mental Health
- Recreation
- Sexuality
- Social Services
- Substance Abuse

### SECONDARY DATA

Key statistical indicators and measures were identified for this piece of the assessment by the Steering Committee. Data was collected from national, state, and local sources during the spring of 2004 and updated in the spring of 2005. Information was organized into eight subject areas based on the format of the Maryland Partnership for Children, Youth, and Families' annual report, "Maryland's Results for Child Well-Being." The eight subject areas were:

- Community Snapshot
- Babies Born Healthy
- Healthy Children
- Children Enter School Ready to Learn
- Children Successful in School
- Children Safe in Their Families and Communities
- Stable and Economically Independent Families
- Health and Healthcare

## HOUSEHOLD SURVEYS

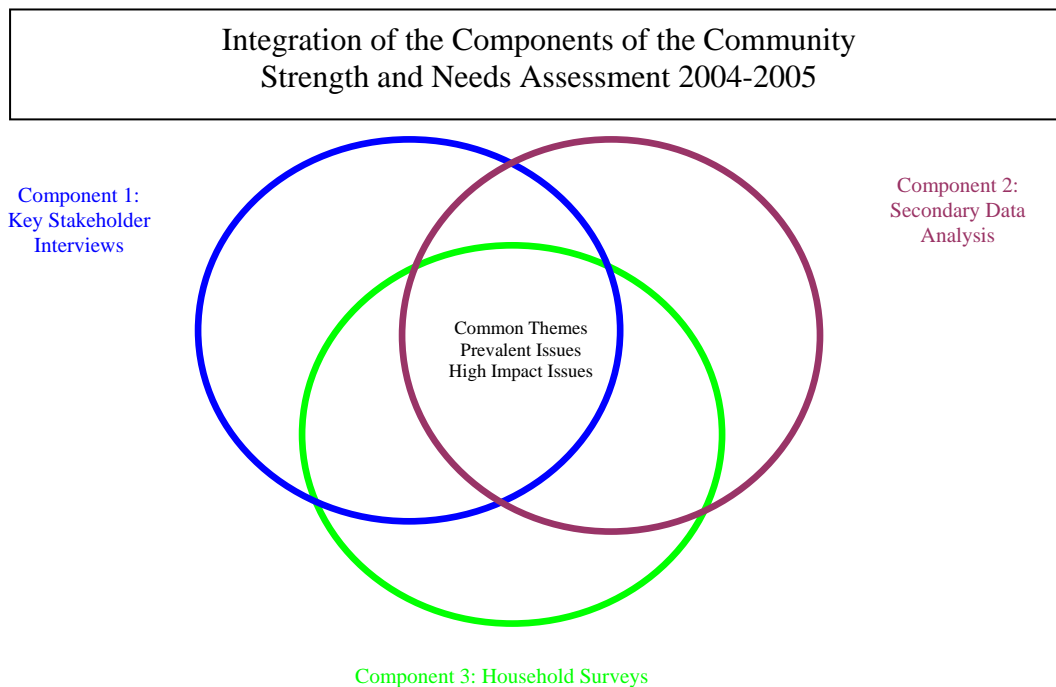
Following the review of multiple survey tools, the Steering Committee designed a survey that would collect key information to identify strengths and needs. Integrated into the process was a developmental asset based approach. Household surveys were conducted on samples randomly selected from Carroll County zip codes, representing two populations: 1) overall community households and 2) households with children under the age of 18. The survey was piloted to ascertain content validity and respondent burden. The final instrument was composed of ten sections plus demographic information. The main headings were:

- General Sample and Household Characteristics
- General Health Measures
- Dental Health
- Health Insurance
- Disability
- Mental Health
- Lifestyle
- Literacy and Employment
- Community Services
- Quality of Life

## INTEGRATION OF PROJECT COMPONENTS

As a final step, the Steering Committee integrated the key findings of the three components. Common Themes, Prevalent Issues, and High-Impact Issues were categorized into the previously identified eight subject areas.

- Community Snapshot
- Babies Born Healthy
- Healthy Children
- Children Enter School Ready to Learn
- Children Successful in School
- Children Safe in Their Families and Communities
- Stable and Economically Independent Families
- Health and Healthcare



In order to organize and analyze the data, an adaptation of the **SWOT (Strengths, Weaknesses/Needs, Opportunities, and Threats)** framework was used. SWOT allows for analysis of a large focus in a limited amount of time, directing efforts to the issues which will have the most impact on a situation, in this case our community. For the purpose of this project:

- 1) **Strengths** will look at the positive aspects *internal* to the community, those which allow the community to take advantage of assets and reduce barriers
- 2) **Needs (Weaknesses)** will look at the negative aspects *internal* to the community, those which stand in the way of the community taking advantage of assets and reducing barriers
- 3) **Opportunities and Threats** will be looked at in combination as influential aspects *external* to the community, those which allow or stand in the way of the community taking advantage of assets and reducing barriers.

## **EXECUTIVE SUMMARY**

Carroll County is family oriented, affluent, “homegrown”, and a good place to raise children. The county ranks 5<sup>th</sup> in the nation for preserving farmland. Residents feel safe in their community and would encourage others to live here. There is a perception of excellent collaboration and partnerships among providers and agencies, but there is a reported attitude in parts of the county referred to as NIMBY (Not in My Backyard), which prevents the expansion of some services.

The median household income and home ownership is high, but there continues to be pockets of poverty and a lack of services for non-English speaking residents. Even though there is a low poverty rate and low unemployment, there has been a steady increase in the use of food stamps, emergency social services, child care subsidies, and home energy assistance. In spite of the high home ownership rate, there continues to be an increase in homeless shelter use. Inadequate public transportation continues to be a problem, especially for isolated communities, people living in poverty, and the elderly.

The majority of residents reported being in good to excellent health and have high rates of health and dental insurance. Almost all women receive appropriate prenatal care. There continues to be a low birth rate for teens under age 15. For older teens, there appears to be a higher risk of unintended pregnancy based on an increased reliance on Emergency Contraception.

Half of all household members eighteen years of age or older have never smoked cigarettes and of those that smoked, one-third have been successful in quitting. An emphasis on early smoking prevention and intervention is needed based on data that adult residents began smoking between ages 14 and 17 years. There is an outstanding problem with 50% of the county being overweight or obese, 25% reporting no exercise, and 90% eating inadequate servings of fruits and vegetables daily.

There appears to be a lack of providers for mental health and behavioral services to meet the current need. There is no local suicide hotline which is concerning because of the increase in mental health issues and a decrease in treatment availability for the under or uninsured. In addition, almost one-fifth of residents age 22 or older consider their drinking to be problematic and many report driving after drinking. Several other areas of concern are a high rate of self-reported depression, domestic violence, and the lack of communication between teens and parents. Each of these issues has the potential to negatively affect the community.

The rate of child injuries due to accidents continues to be high as compared to the state and there is an identified need for an increase in recreation centers, including organized social and arts/cultural opportunities for youth and teens

There is adequate availability of child care slots despite the decreasing number of Licensed Family Day Care homes. Licensed Child Care Center capacity has expanded to meet the need. The majority of children are supervised by adults after school.

The county has a high literacy rate. The majority of households frequently uses the library and is overwhelmingly satisfied. Agencies such as the library and Headstart offer excellent programs to families with children ages birth to age five. Despite all these services, there is concern that not all children are ready to enter Kindergarten.

The public school system continues to have a low drop out rate, high assessment scores, and a high graduation rate. Although there has been an increase in the number of high school students, the high school suspension rate has decreased. Inversely, there has been a decrease in the total number of students in grades K through five, with an increase in the elementary school suspension rate. Evaluation of the current sexuality education curriculum and programs for pregnant teens in school are also seen as a need.

With the expected population growth, it is hoped that Carroll County will continue to sustain its high quality of life.

**Priorities Identified for Action:****Community**

- Assess the needs for and current status of mental health services, plan interventions to fill gaps and ensure adequate services for all residents
- Identify, create, and facilitate health care services for the un and underinsured
- Identify, create, and facilitate community services for non-English speaking residents

**Children (ages 0-12)**

- Ensure that all children are ready for Kindergarten
- Investigate for causes and intervene in the increase in child injury-related accidents
- Investigate for causes and intervene in the increase in elementary suspensions

**Teens (ages 13-19)**

- Increase organized, supervised recreational and cultural/arts activities for teens
- Increase teen smoking prevention and intervention to benefit teens and adults as smokers
- Encourage teen/parent communication about relationships and sexuality through programs in the community and the schools

**Young Adults (ages 20-35)**

- Provide education and encouragement to young adults in adopting a healthy lifestyle, including a healthy diet, exercise, appropriate health care, and preventive habits
- Investigate for causes and intervene in the high level of driving after drinking

**Adults (age 36 and older)**

- Provide education and encouragement to adults in adopting and maintaining a healthy lifestyle, including a healthy diet, exercise, appropriate health care, health screenings, and preventive habits
- Investigate for causes and intervene in the high level of driving after drinking

## COMMUNITY SNAPSHOT

### SUMMARY

Carroll County is family oriented, affluent, and “homegrown.” The county ranks 5<sup>th</sup> in the nation for preserving farmland. Residents feel safe in their community and would encourage others to live here. There is a perception of excellent collaboration and partnerships among providers and agencies. The median household income and home ownership is high. The majority of residents reported to be in good to excellent health and have high rates of health and dental insurance. The county has a high literacy rate. The majority of households frequently uses the library and is overwhelmingly satisfied. The public school system continues to have a low drop out rate, high assessment scores, and a high graduation rate.

In light of all these positives, the county still has some work to do. There continues to be pockets of poverty and a lack of services for both uninsured and non-English speaking residents. There is an attitude in parts of the county referred to as NIMBY (Not in My Backyard) which prevents the expansion of some services. There is also an identified need for an increase in organized recreational, social, and arts/cultural opportunities for teens. With the expected population growth, it is hoped that Carroll County will continue to sustain its high quality of life.

### STRENGTHS

- *Community is viewed as very family oriented, affluent, “homegrown”, and safe*
- The Carroll County Department of Planning cited the June 2002 issue of “Farmland Preservation Report” as ranking Carroll County 5<sup>th</sup> in the nation for preserving farmland
- In 2000, the predominant household type among all family households in the county were married couples
- Median household income in 2002 was estimated at \$64,492 in Carroll County vs. \$53,866 in Maryland – in 1999 35% of households earned more than \$75,000 per year
- The homeownership rate in 2000 was 82% in Carroll County, 68% in the state of Maryland, and 66% in the United States
- Since 1995, Carroll County’s unemployment rate has been consistently lower than the State of Maryland
- *There is excellent collaboration/partnerships among the providers, both public and private*

- Carroll County’s estimated Level I Literacy (the lowest level of literacy) is half that of the State of Maryland
- 85% of county residents have graduated from high school
- Among households surveyed:
  - 54% to 57% are active in a faith organization
  - 84% to 86% strongly or somewhat agree with the statement “I feel safe in my community”
  - 82% to 84% strongly or somewhat agree with the statement “I would encourage others to live in my community”
  - 91% to 96% of household member’s health status was reported as being either good or excellent
  - 64% to 66% strongly or somewhat agree with the statement “I know the names of a lot of people in my community”
  - 72% to 86% used the public library in the past 12 months

## NEEDS

- *One of the biggest challenges seems to be funding, especially since Carroll County is very dependent on its residential tax base*
- Among households surveyed, only 34% to 44% agreed or strongly agreed with the statement “that they could find a job in their profession in the community”
- In 2000, 18% of households rent and 36% of renting households pay more than 30% of household income in rent
- In 2000, 36% of renting households have incomes in the very low range (below 50% of the median) and 18% of renting households have incomes in the extremely low range (below 30% of the median)
- *Transportation services are too limited*
- *There is a need to create more teen recreational centers, especially in areas outside of Westminster*
- *There is a need for programs in the schools for pregnant teenagers*

*Italics denote opinions expressed during Key Stakeholder interviews  
Percent ranges reflect data obtained from both the OC and HC 18 surveys*

- Among households surveyed, only 30% to 36% agreed or strongly agreed that there were enough cultural and arts opportunities
- *There are not enough services to support the increasing number of non-English speaking residents*
- *There is a real concern throughout the county that there is a negative attitude referred to as NIMBY (Not in My Backyard)*

## OPPORTUNITIES

- From 1990 to 2000 there was a 23% increase in the population of the county compared to an 11% increase for the State of Maryland
- *There was anxiety expressed that as the county population grows, they might not be able to continue what is now seen as outstanding collaboration*
- *An increase of new people moving into the county may provide a source of increased volunteerism*
- In 1990, 17% of the county population was 55 and older and by 2000, 20% of the population was 55 and older
- The county is nearly racially homogeneous; there were only 5% minorities in 2000
- *There is a need to increase commercial/industrial tax base in order to bring in more revenue*
- *A strong business community and more affluent people moving into the county may provide a source of financial contributions to programs*
- *Contributing to the funding issue is the relative wealth of residents and the small number of low-income residents, which causes the low-income residents to receive less money based on the federal and state formulary than poorer jurisdictions in the state*

## BABIES BORN HEALTHY

### SUMMARY

In Carroll County, almost all women receive appropriate prenatal care. There continues to be a low birth rate for teens under age 15. For older teens, there appears to be a higher risk of unintended pregnancy based on an increased reliance on Emergency Contraception.

### STRENGTHS

- Only 0.6% of births in Carroll County are to women receiving late or no prenatal care. This is well below the Healthy People 2010 (HP 2010) target of 10%
- Carroll County has one of the lowest birth rates to adolescents under age 15 in Maryland
- Carroll County has a lower rate of very low birth weight deliveries (lower than 3 lbs. 5 oz.) than the Maryland average. This rate has met or exceeded the HP 2010 target 9 out of the last 17 years

### NEEDS

- The number of women receiving Emergency Contraception (EC) from the Carroll County Health Department (CCHD) has increased each year from 2002 to 2004
- In 2003, 54% of CCHD Emergency Contraception (EC) users were younger than 19 years of age

### OPPORTUNITIES

- *There is a need for programs in the schools for pregnant teenagers*
- 78% to 79% of households reported that comprehensive sexual information should be given to teens ages 11 to 17

## HEALTHY CHILDREN

### SUMMARY

The county is family oriented and a good place to raise children. The majority of residents have reported to be in good to excellent health. There continues to be a high rate of child injuries due to accidents. Identified needs include teen recreational centers, evaluation of the current sexuality curriculum, and programs for pregnant teens in school. Emphasis is needed on early smoking prevention and intervention based on data that residents begin smoking between ages 14 and 17 years.

### STRENGTHS

- *The county is very family oriented and a good place to raise children*
- From 1987 to 2000, the county experienced an overall decline in child deaths from a rate of 64/100,000 to a rate of 34/100,000
- As reported on the household surveys, the majority of families with children under the age of 18 are in good to excellent health, have had an annual dental exam, have some health insurance, and have never smoked
- Among households surveyed, 98% to 100% of children under the age of 18 reported having a regular doctor
- Among households surveyed, half of the household members age 12 and older have knowledge of CPR

### NEEDS

- The county is above the State of Maryland in child injuries due to accidents. The gap has increased since 1998 and Carroll is approaching the rate of the high county
- Among households surveyed:
  - 12% of children age 17 and under are overweight or obese
  - 18% to 24% of children eat three or more servings of high fat foods per day
  - 21% to 23% of those driving age or older, report driving after drinking
- Among households with children under age 18, 56% of household members are reported as showing symptoms of stress such as yelling and being anxious and withdrawn

*Italics denote opinions expressed during Key Stakeholder interviews*

*Percent ranges reflect data obtained from both the OC and HC 18 surveys*

- Of respondents who currently smoke cigarettes, 58% began smoking between the ages of 14 and 17
- For children using substances, alcohol remains the drug of choice at all grade levels
- From 1992 to 2002, marijuana use increased for all sampled grades
- *The following services are seen as inadequate: 1) Early childhood programs for ages 0-5, 2) Before and after school programs, 3) Parenting and mentoring programs, and 4) Affordable recreation programs*
- *There is a lack of providers, especially in mental health, dentistry, English as a Second Language (ESOL), and literacy programs*

#### OPPORTUNITIES

- *There is no suicide hot line in Carroll County and referrals must be made to Frederick and Howard Counties*
- *There is a need to create more teen recreational centers, especially in areas outside of Westminster*
- *There is a need for programs in the schools for pregnant teenagers*
- *The county needs to address teen issues of drugs, alcohol, sex, smoking, depression, and violence*
- 78% to 79% of households reported that comprehensive sexual information should be given to teens aged 11 to 17
- 28% to 36% of households with teens ages 11-17 have not discussed sexual behavior with their teens
- Only 14% to 15% of parents talked to teens ages 11 to 17 about how to communicate with a partner about sexual issues

## CHILDREN ENTER SCHOOL READY TO LEARN

### SUMMARY

There seems to be adequate availability of licensed child care slots despite the decreasing number of Licensed Family Day Care homes. Licensed Child Care Center capacity has expanded to meet the need. Agencies such as Headstart and the library offer outreach and excellent programs for families with children ages birth to five. Despite all these services, there is concern that not all children are ready to enter Kindergarten.

### STRENGTHS

- From 2001 to 2003, there was a decrease in Licensed Family Day Care homes and an increase in Licensed Child Care Center capacity resulting in 222 additional slots for child care
- From 1991 to 2000, there has been a steady increase in meeting the needs of children by expanding the enrollment in the Infants and Toddlers program
- *Head Start in the county is a great program*
- *There are excellent library outreach programs (Discovery Zone, Training in Early Literacy, and the Purple Book)*
- Among households surveyed:
  - 72% to 86% of households have used the library in the last 12 months
  - 99% of all library users surveyed were satisfied with the services

### NEEDS

- 18% to 22% of children age 3 or older did not receive a dental checkup in the last 12 months

### OPPORTUNITIES

- *The idea of a mobile van for literacy need to be explored to reach people in rural areas*
- *At one point, 49% of Carroll County children were not ready for Kindergarten*

*Italics denote opinions expressed during Key Stakeholder interviews  
Percent ranges reflect data obtained from both the OC and HC 18 surveys*

## CHILDREN SUCCESSFUL IN SCHOOL

### SUMMARY

Carroll County Public School system has a low drop out rate, high assessment scores, and a high graduation rate. The majority of children are supervised by adults after school. Although there has been an increase in the number of high school students, the high school suspension rate has decreased. Inversely, there has been a decrease in the total number of students in grades K through five, with an increase in the elementary school suspension rate. There appears to be a lack of providers for mental health and behavioral services to meet the current need. The community has a need for more organized social and arts/cultural activities for teens.

### STRENGTHS

- Among households surveyed, a higher percent (86%) of the households with children under the age of 18 used the library compared to (72%) of overall households
- By the end of 11<sup>th</sup> grade, 99% of Carroll County Public School students demonstrate basic reading and math skills
- High school graduation rates are steadily rising
- The drop-out rate is 1.4% (2004), lower than the state average
- Since 1997, attendance for all grade levels has been 95% or higher
- Carroll County has improved its ranking each year in state High School Assessments and in 2004 was 2<sup>nd</sup> in the state
- There has been a decrease in the number of high school suspensions, despite an increase in the number of students
- Of those families that have a school aged child, a majority (77%) reported that an adult provided after school care

## NEEDS

- There are more students on average per school administrator, teacher, and therapist than in the State of Maryland
- The percentage of children receiving Federal Department of Education Title I services increased between 1993 and 2004 with a concentration in the Westminster and western areas of the county
- There has been an increase in elementary suspensions despite fewer children in grades K to 5<sup>th</sup>
- From 2002 to 2004, there has been a “big jump” in the number of suspensions for student refusal to cooperate with school policies and regulations
- *There are not enough mental health and behavioral services to meet the current need*
- Adolescent females are more likely to show sign of stress, such as yelling, being anxious, or being withdrawn, than adolescent males
- Only 30% to 36% of households surveyed agreed or strongly agreed that there were enough cultural and arts opportunities in the community
- Only 14% to 19% of households surveyed agreed or strongly agreed that there were enough safe and organized social activities for teens
- 22% to 23% of school-aged children are either alone or under the supervision of an older sibling after school
- *There is a lack of providers, especially in mental health, ESOL, and literacy programs*
- *There are inadequate services for: 1) Before and after school programs, 2) Spanish-speaking individuals in schools and service agencies, 3) Pregnant students in school, 4) Parenting and mentoring programs, and 5) Affordable recreational programs*

## OPPORTUNITIES

- Among households surveyed, 78% to 79% agreed or strongly agreed that comprehensive sexual information should be given to teens ages 11 to 17
- *There needs to be an increase in mentoring programs for youth*
- *There is a lack of services for non-English speaking populations*

*Italics denote opinions expressed during Key Stakeholder interviews  
Percent ranges reflect data obtained from both the OC and HC 18 surveys*

## CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

### SUMMARY

The majority of residents feel safe in their community. However, there are several issues which are of concern: depression, domestic violence, driving after drinking, and the lack of communication between teens and parents. Each of these issues has the potential to negatively affect the community.

### STRENGTHS

- Among households surveyed, 84% to 86% agree or strongly agree with the statement “I feel safe in the community”
- Between 1998 and 2004, there has been a decrease in burglaries and larcenies
- From 1999 to 2004, there has been a decrease in juvenile offenses for simple assault and theft
- Compared to Maryland, Carroll County has a low rate of arrests for violent juvenile offenses
- Out of home placement of children is relatively low as compared to the State of Maryland
- Among households surveyed:
  - 64% to 66% reported knowing the names of people in their community
  - 65% to 68% stated that there are enough parks and recreation facilities in the county

### NEEDS

- *There is a need to focus more on prevention*
- A majority of injury-related deaths are the result of motor vehicle accidents
- Among households surveyed:
  - 21% to 23% of respondents report driving after drinking
  - 56% of respondents report a household member with symptoms of stress, such as yelling, being anxious, or being withdrawn

*Italics denote opinions expressed during Key Stakeholder interviews  
Percent ranges reflect data obtained from both the OC and HC 18 surveys*

- Among households with children under the age of 18, depression was the 3<sup>rd</sup> most reported health issue
- *Carroll County has an average of 400 complaints a year about child abuse and child sexual abuse*
- From 1996 to 2002, there has been a 31% increase in domestic violence
- From 2000 to 2004, the majority of domestic violence cases involved households with minor children
- From 1999 to 2004, there has been an increase in Department of Juvenile Services (DJS) intakes in the 15 to 18 year old age group
- From 1994 to 2004, there has been a dramatic increase in aggravated assault
- *There is concern that high income families are in denial about the problems facing their children*
- *Parents have no knowledge of or are in denial about activities their children are involved in because of longer commutes for work*
- Only 14% to 19% of households surveyed agreed or strongly agreed that there were enough safe and organized social activities for teens
- *There is a NIMBY attitude*

## OPPORTUNITIES

- *There needs to be a single point of entry for services in the county*
- *Services need to be focused on prevention as well as intervention*
- *The county needs to address teen issues of drugs, alcohol, sex, smoking, depression, and violence*

## STABLE AND ECONOMICALLY INDEPENDENT FAMILIES

### SUMMARY

The county is affluent with a high median income, low poverty rate, and low unemployment, but there has been a steady increase in the use of food stamps, emergency social services, child care subsidies, and home energy assistance. Although there is a high home ownership rate, there continues to be an increase in homeless shelter use. Inadequate public transportation continues to be a problem, especially for isolated communities, people living in poverty, and the elderly.

### STRENGTHS

- The median household income is higher than the State of Maryland
- Since 1995, Carroll County's unemployment rate has been consistently lower than the State of Maryland
- The percentage of children living in poverty is low compared to the State of Maryland
- Even with a 15% increase in the need for free or reduced lunches, Carroll County is still lower than the State of Maryland percentage
- Carroll County's percentage of child support collected is consistently higher than the percent collected overall in Maryland
- In 2000, of the grandparents with grandchildren in their homes, 23% were responsible for those grandchildren vs. 41% in Maryland and 42% in the United States

### NEEDS

- Although the poverty level is low, there are still 2,427 children (approximately 5.2% of all children) living in poverty in Carroll County
- 1,889 children in Carroll County received free or reduced lunches in 1992 and 2,163 in 2003; showing a 15% increase
- Since 1990, food stamp utilization has increased 66% among households and 63% among individuals in Carroll County
- From 2001 to 2003, the number of households receiving emergency food services increased by 154%

*Italics denote opinions expressed during Key Stakeholder interviews  
Percent ranges reflect data obtained from both the OC and HC 18 surveys*

- From 1990 to 2003, the number of families receiving childcare subsidies has more than doubled
- 18% of households rent and 36% of renting households pay more than 30% of household income in rent
- From 2000 to 2004, intakes have increased in all three home energy assistance programs
- From 2001 to 2004, the length of stay and number of bed nights has dramatically increased in homeless shelters

## OPPORTUNITIES

- Among households surveyed, 23% to 25% agreed or strongly agreed with the statement “I would use public transportation if it were available in my community”
- *Needs of low income and minorities are increasingly becoming more difficult to meet*

## HEALTH AND HEALTHCARE

### SUMMARY

The majority of residents reported to be in good to excellent health and have high rates of health and dental insurance. Half of all household members eighteen years of age or older have never smoked cigarettes and of those that smoked, one-third have been successful in quitting. There is an outstanding problem with 50% of the county being overweight or obese, 25% reporting no exercise, and 90% eating inadequate servings of fruits and vegetables daily. There is no local suicide hotline which is concerning because there has been an increase in mental health issues and a decrease in mental health treatment availability for the under or uninsured. In addition, almost one-fifth of residents age 22 or older consider their drinking to be problematic.

### STRENGTHS

- *The support of community Key Stakeholders and the formation of the Partnership for a Healthier Carroll has facilitated the delivery of services without imposing undue requirements onto service providers*
- *The benchmarking and trending of the Partnership and the work of the CCHD has been a valuable asset to the county*
- Among households surveyed:
  - 91% to 96% reported having good to excellent health and 97% to 98% reported having a regular doctor
  - 91% to 92% reported that household members received all the health care they needed in the past 12 months
  - 97% to 98% of individuals reported having health insurance
  - 23% to 27% reported eating no fast food each week
  - About half of household members 18 years of age or older have never smoked cigarettes
  - 30% to 36% of household members 18 years of age or older who did smoke cigarettes have been successful in quitting
  - 76% to 87% reported using sunscreen
  - 97% to 98% reported using seatbelts

*Italics denote opinions expressed during Key Stakeholder interviews  
Percent ranges reflect data obtained from both the OC and HC 18 surveys*

- From 1996 to 2002, Carroll County's rate of medically uninsured is similar to the State of Maryland's and is well below the national average
- From 1998 to 2000, the percentage of those with dental coverage increased to 81%
- The majority of household members reported helmet use when participating in activities where a helmet is required
- In 2003, Carroll County had an HIV positive rate that was more than 4 ½ times lower than the rate of the State of Maryland
- In 2003, Carroll County had a Chlamydia, Gonorrhea, and Syphilis rate among the lowest in the state

## NEEDS

- *The increase in mental health issues is seen as a severe problem; "Mental health is the biggest problem, but there is no public awareness"*
- *The behavioral health concerns were expressed as an overwhelming challenge*
- 14% to 20% of household members diagnosed with a mental illness did not receive treatment in the past year
- 16% to 17% of household members 21 years of age or older reported drinking 2 to 4 alcoholic drinks a day on most days of the week
- From 2000 to 2002, there was an 81% increase in Emergency Department visits at Carroll Hospital Center related to amphetamines
- From 2000 to 2002, there was an increase in Emergency Department visits at Carroll Hospital Center related to opiates from 14 cases to 106 cases
- Among households surveyed:
  - 47% to 50% of the respondents have a Body Mass Index (BMI) which is in the overweight or obese category
  - 44% to 45% of the respondents exercise two or fewer times a week
  - 24% to 25% of the respondents get no exercise each week
  - 10% to 11% eat 5 or more servings of fruits and vegetables per day (new recommendation is 7 servings)

## OPPORTUNITIES

- 27% to 32% of households reported obtaining health information from the internet
- *There is no suicide hot line in Carroll County and referrals must be made to Frederick and Howard Counties*
- From 1995 to 2003, suicide has ranked the 3<sup>rd</sup> or 4<sup>th</sup> highest cause, out of 9 causes, of injury-related death in Carroll County
- *There is a lack of leadership in the area of mental health*
- 78% to 79% of households reported that comprehensive sexual information should be given to teens aged 11 to 17
- 28% to 36% of households with teens ages 11-17 have not discussed sexual behavior with their teens
- Only 14% to 15% of parents talked to teens ages 11 to 17 about how to communicate with a partner about sexual issues
- Among households surveyed in the overall community, the most frequently mentioned health issue was high blood pressure at 59%
- Among households surveyed with children under age 18, the most frequently mentioned health issue was accidental injury at 24%
- Even though the majority of respondents reported having good to excellent health and have a regular doctor, a percentage did not receive standard screening tests:  
Percentage of screening tests received (goal is 100%):
  - Mammograms at only 67%
  - Pap smears at only 64%
  - Prostrate testing at only 49%
  - Blood pressure screening at only 39% to 57%
  - Blood sugar testing at only 39%
  - Cholesterol testing at only 24% to 43%
  - Colonoscopy at only 19%
- Among households surveyed, 15% to 20% reported their water was either unsafe or that they did not know if it was safe