

# Community Health Needs Assessment

## Executive Summary

Carroll County, Maryland  
2018

---

## CHNA Research Components

### Primary Data:

An online Community Health Needs Survey was conducted with Carroll County residents between July 1 and August 31, 2017. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

Key Informant Survey sessions were conducted with community leaders and partners. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

Five sessions of Targeted Populations Research were conducted through focus groups including African American, Hispanic/Latino, LGBT, Low Income and Older Adults community members.

### Secondary Data:

The CHNA also includes extensive secondary data which expands the information available for the final prioritization and planning steps.

The following information was collected in the assessment:

#### Demographics

- Age
- Education
- Employment status
- Gender
- Income
- Marital status
- Number of children
- Race
- Veterans health
- Zip Code

#### Health Behaviors

- Breast/Cervical screening
- Child health
- Colon cancer screening
- Exercise
- Fruits and vegetables
- Immunizations
- Prostate cancer screening
- Second hand smoke
- Sugar sweetened beverages
- Sun exposure
- Tobacco use

#### Behavioral Health

- Anxiety and Depression – Diagnosis and medication
- Illegal and legal substance use and abuse

#### Social Issues

- End of life planning
- Violence

#### Quality of Life

- Cognitive impairment
- Healthy days
- Healthy status

#### Physical Health

- Angina/Coronary heart disease
- Asthma
- Auto-immune
- Cholesterol
- Congestive heart failure
- COPD
- Diabetes
- Heart attack
- HIV/AIDS
- Hypertension and high blood pressure
- Other cancer
- Skin cancer
- Stent or bypass
- Stroke

#### Health Access

- Health insurance
- Medication compliance
- Oral health
- Primary Care Physician
- Urgent care
- Visual health
- Tobacco use

# CARROLL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

## EXECUTIVE SUMMARY

### Background

The **Carroll County 2018 Community Health Needs Assessment (CHNA)** was prepared to provide valuable information to help determine the direction and structure necessary to continue addressing health needs in the community.

The first broad Health Needs Assessment for Carroll County was conducted in 1997 by a Steering Committee of 44 members, with many partners including Carroll County Government and the Carroll County Health Department. The action plan formed to address those needs after the Assessment called for a new collaborative vehicle that would facilitate the work of creating a healthier Carroll County community. The Partnership for a Healthier Carroll County, Inc. (The Partnership), was incorporated in 1999 to be that vehicle. The new organization was also established by Carroll Hospital as the entity to monitor and assess the health needs of our community on an ongoing basis.

The Partnership led a number of major and minor community health assessment projects between 1999 and 2010. When the Affordable Care Act of 2010 mandated a regular three-year community health needs assessment, The Partnership was already experienced in data collection, organization, and analysis, and well-equipped with the resources to carry out that work.

In October 2011, The Partnership Board of Directors voted unanimously to lead another CHNA for Carroll Hospital in compliance with elements of the 2010 Affordable Care Act. Also in October 2011, The Partnership's Board voted to serve as the Local Health Improvement Coalition (LHIC) for Carroll County, responsible for the development and implementation of a Local Health Improvement Plan (LHIP) that meets the requirements as proposed in the State Health Improvement Process (SHIP). In September 2012, The Partnership led a review of SHIP and CHNA data, with a collaborative group that included representatives from Carroll Hospital, the Carroll County Health Department and community members. This data review resulted in a *Community Benefit and Health Improvement Plan*, which after approval by the governance of Carroll Hospital and The Partnership, serves as a major part of each organization's corporate strategic plans.

The CHNA projects of 2012 and 2015 determined community health improvement priorities and supported the creation of *Sharing the S.P.I.R.I.T.* - the Carroll Hospital Board-approved Community Benefit and Health Improvement Plans for FY2014-FY2016 and the most recent plan for FY2017-FY2018. Beginning in July 2017, The Partnership began a comprehensive community health needs assessment (CHNA) process to evaluate the

health needs of individuals living in Carroll County, Maryland to prepare for planning in 2018.

The Partnership is committed to the people it serves and to our community where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. The CHNA Final Consolidated Report is a compilation of the overall findings of each research component in the CHNA process. The findings from the research will be utilized to prioritize public health issues and develop a community health improvement plan focused on meeting community needs. The CHNA allows The Partnership to take an in-depth look at the Carroll County community and prioritize its health needs. The final step in the CHNA process is forming an implementation plan to address those needs.

## Methodology

Assessment research activities examined a variety of health indicators, including chronic health conditions, access to health care, and social determinants of health. Results are presented in two broad categories: 1. Primary data collected by our own staff via surveys and moderated group discussions, and 2. Secondary data acquired from credible local, state, and national organizations based on surveys and data collection that they perform. A brief synopsis of the research components are presented below:

### Primary Data Research Components

- Online Community Health Needs Survey
- Key Informant Survey
- Targeted Populations Research

An online Community Health Needs Survey was conducted with Carroll County residents between July and August 2017. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Surveys were completed throughout the county to promote geographical and ethnic diversity among respondents.

Key Informant Survey sessions were conducted with 78 community leaders and partners between July and August 2017. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

Five sessions of Targeted Populations Research were conducted in focus sessions with different community groups including African American, Latino, Older Adult, LGBT (Lesbian, Gay, Bisexual and Transgender), and a lower income population group. Research participants were invited to complete a survey to identify needs of their

community. In addition, The Partnership led a moderated discussion with each group after completion of the online survey.

### Secondary Data Research Components

This CHNA Final Consolidated Report also includes extensive secondary data which expands the information available for the final prioritization and planning steps in the CHNA process. The secondary data sections are:

- Demographics
- Our Community Dashboard
- Healthy Carroll Vital Signs
- State of Maryland Health Improvement Process and Local Health Improvement Plan
- Other Data

### Community Representation

Community engagement and feedback are an integral part of the CHNA process. The Partnership sought community input through the online community health needs survey available to all residents, key informant interviews with community leaders and partners, and targeted populations research with minority and underserved population groups. Leaders and representatives of non-profit and community-based organizations as well as clergy and faith organization representatives gave their insights on the community, including the medically underserved, low income, and minority populations. Key partners, local experts, and community leaders, including public health professionals and health care providers, will participate in the prioritization and implementation planning process.

## Prioritization

The Partnership, its members and community partners met in December 2017 and collaboratively prioritized community health needs based on all of the information components in this report.

Twenty-six participants met to hear an overview of key issues identified in the CHNA, followed by a more in-depth discussion of health items of particular concern to those in attendance and their organizations. Finally, voting on priorities took place by anonymous electronic voting. A prioritized list of issues was developed using the total scores from two criteria: seriousness of the issue and ability to impact.

An implementation plan will be developed to address these needs. All planning and approval processes will be completed by June 2018.

## **Top Identified Issues**

After the prioritization process, the following health issues were identified as the most significant to address in Carroll County. They are presented in alphabetical order, and will be further refined as the Community Benefit Plan is reviewed and prepared for FY 2019 – FY 2021.

- Alcohol Abuse
- Cancer
- Dental Health
- Diabetes
- Heart Disease
- Illegal Substance Abuse
- Immunization
- Mental Health
- Obesity
- Physical Inactivity
- Prescription Drug Abuse
- Stroke
- Tobacco

These issues will be addressed in the Community Benefit Plan, as well as in other agencies' strategic plans, but emphasis will be placed on determining which organizations will play lead roles in those efforts. Furthermore, all issues facing Carroll County residents will be evaluated and plans for progress will continue. While the prioritization process is one in which the top issues are ruled in, all health issues will be monitored and addressed, as appropriate, to ensure improvements to the health and well-being of all individuals and families in Carroll.

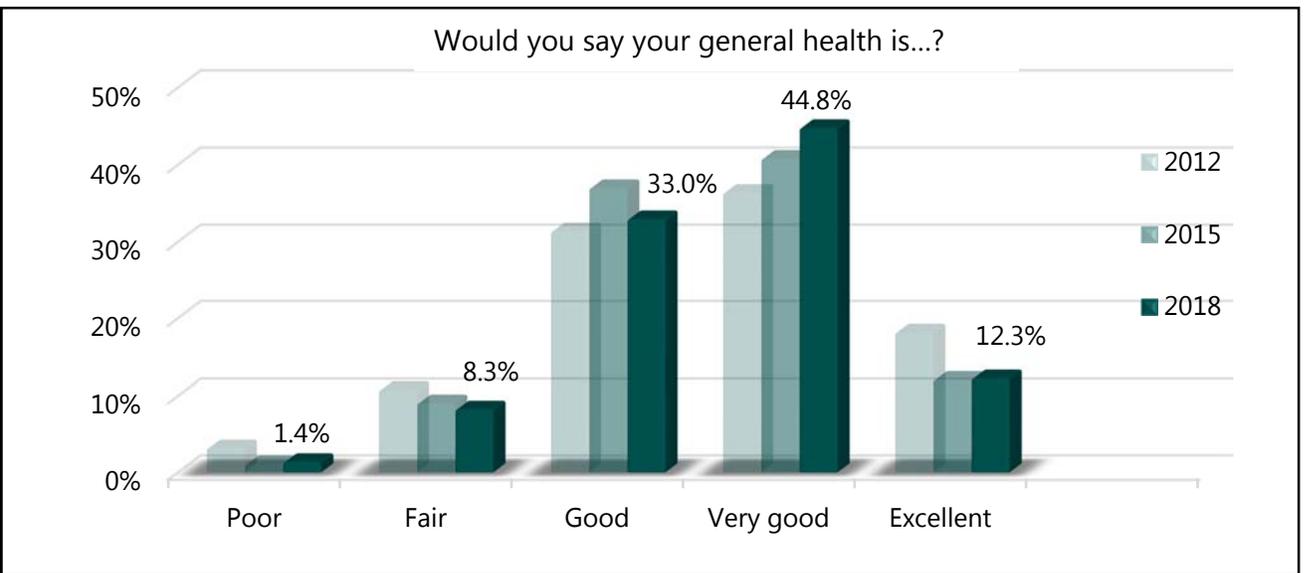
## General Findings

### Demographics

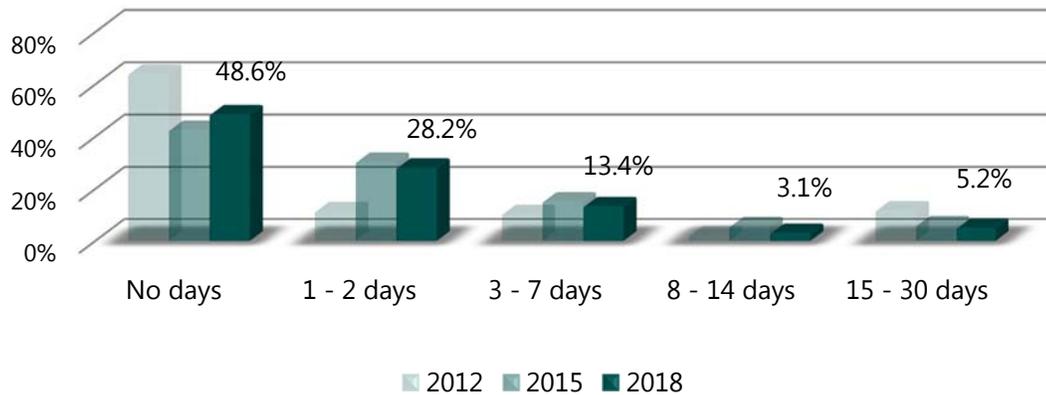
- The majority of online survey and focus group respondents were from zip codes 21157, 21158, and 21784.
- In comparison to the Carroll County population, there was a much higher percentage of women than men completing the survey.
- The percentages related to race and age were more comparable to the county, with a majority of respondents indicating White/Caucasian, and more residents 45 years of age or older, than those younger than 45.

### Quality of Life

- Residents completing the survey are enjoying more days of feeling healthy both physically and mentally compared with responses in 2015.
  - Self-reported measures of health on the online survey are favorable and in most cases the trends across 2012, 2015 and 2018 are positive. About 57% say their health is very good or excellent. Although there was a small decrease in those indicating that their health was “good”, this was positively offset by an increase in “very good” and a consistent percentage for “excellent.”
  - 65% reported that they didn’t have any days in the past month where physical or mental health kept them from doing their usual activities which continues the gradual increase in healthy days from 2012 through 2015.
  - Carroll County’s ranking as #1 in Quality of Life out of Maryland’s 24 jurisdictions from Robert Wood Johnson Foundation’s Health Rankings supports these trends.



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



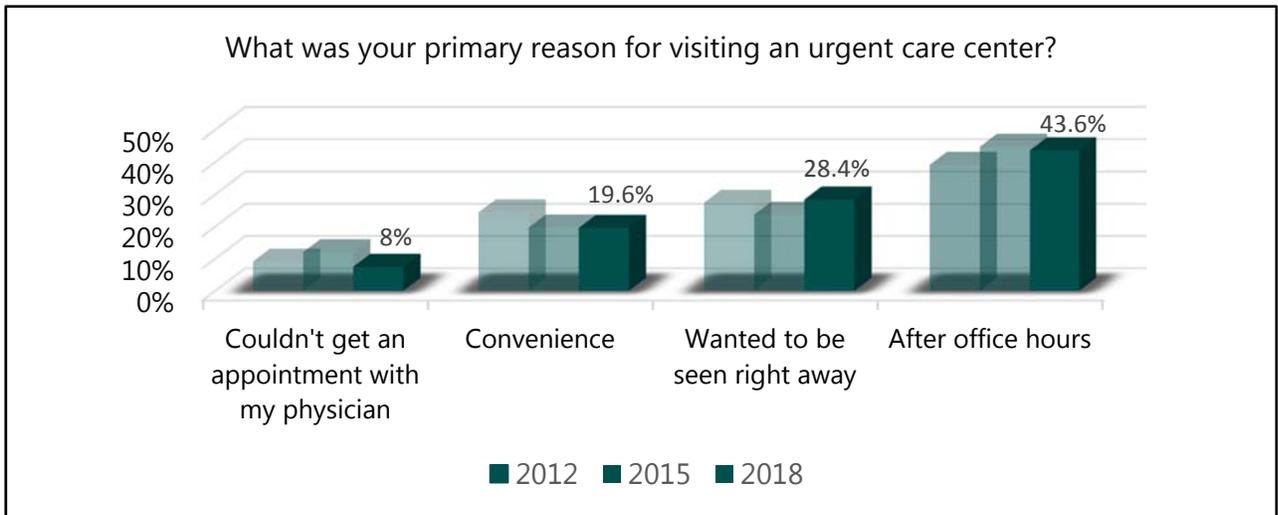
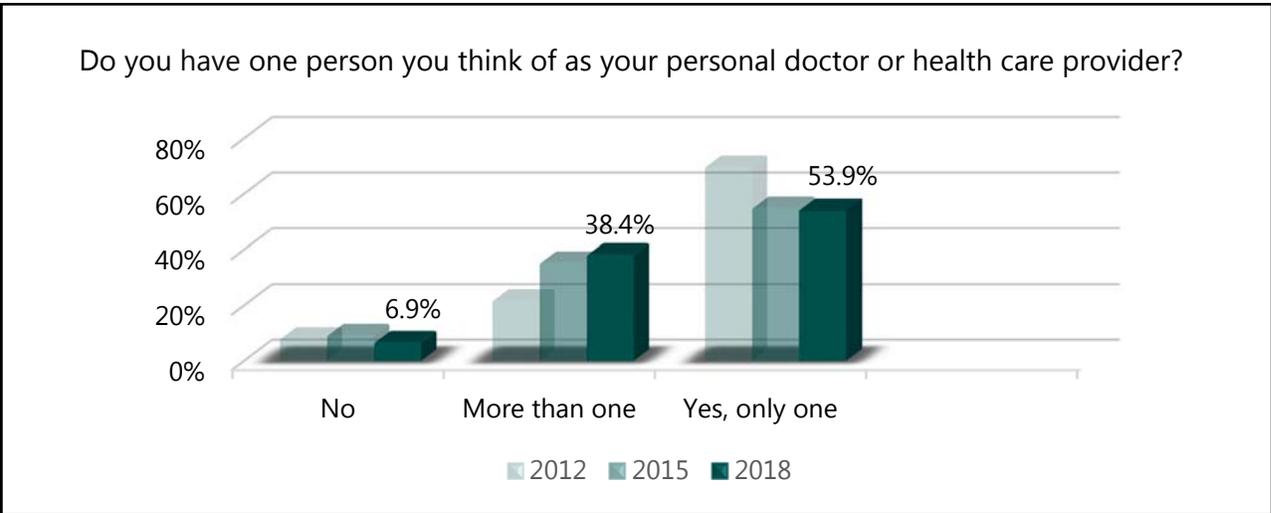
### Health Access

The community online survey focused on accessing services primarily for physical health, whereas the key informant and focus group discussions focused not only personal health, but also on the health of the community, including social determinants of health such as transportation and paying for services.

- An overwhelming 98.2% of online respondents reported that they have **health insurance**.
  - Over the past four years, since the implementation of the Affordable Care Act, the percentage of uninsured Carroll residents has decreased from approximately 7% to 2% according to Enroll America.
- Survey respondents had fairly regular **visits to providers**.
  - The majority of survey participants (92%) reported that they have at least one person they think of as their primary health care provider; however, this includes 38% who indicated that they have more than one. The possible use of specialists or multi-provider group practices as “primary” was not assessed.
  - 93.5% of respondents reported that they could get an appointment with this provider when they need one.
  - Respondents also reported that they had exams within the past year for both dental (77.1%) and vision (66.0%), as well as regular wellness visits for their children (91.5%).
  - However, there was a very small decline in the number of children getting wellness exams, even as the number of children getting dental exams remains high.

- 33.7% of participants reported visiting an urgent care center in the past 12 months with the primary reasons cited as after office hours and wanting to be seen right away.
- When asked to pick all answers that apply, participants reported that they are most likely to get health information from two main resources:
  - Physician/health care provider (76%) and online websites (74%).
  - The third most frequently cited means was family/friends (36%). These same three sources were also the most commonly identified by focus group participants. The lowest ranked resources were national sources, health blogs, and television.
  - Many focus group participants recognized the inefficiency of hard copy resources, but said that written brochures, directories and instructions are helpful in many situations.
- Discussions within the older adult focus group included concerns about the **difficulties in getting to certain providers**, due to hours and transportation, as well as a lack of providers on-site and the fact that some offices are out of town.
- **Transportation** was discussed at length in all key informant groups but with no consensus on the precise characterization of the problem or solutions.
  - Some key informants saw transportation affecting a small population and therefore consuming a disproportionate amount of discussion and proposed spending.
  - Participants on the Community Services Council, who are responsible for direct work with the consumer, see this issue as a higher need than many other sessions.
  - Certain concerns voiced by participants related more to the logistics of transportation, such as cost, scheduling and designated routes, rather than the availability of transportation.
  - The relationship of transportation to other social determinants of health was recognized, including economic challenges such as employment opportunities and access to medical care.
- Access measures may differ **across different Carroll population groups**.
  - Behavioral Risk Factor Surveillance Survey (BRFSS) data show that a lower percentage of Carroll adults as well as a lower percentage of children covered by Medical Assistance visited a dentist in the preceding 12 months, when compared to other communities in Maryland.
  - Most recent SHIP measures show that Carroll has one of the lowest percentages in Maryland of adolescents on Medical Assistance who received a wellness checkup within the preceding year.
- Targeted populations have concerns about how their individual **communities have unique challenges** when accessing healthcare services.

- All focus groups expressed concern that the health provider community does not consistently focus on their needs, including lack of promotion and signage.
- In the African American and LGBT communities, this was seen in some providers' lack of knowledge about medical issues affecting their communities more than others (such as specific skin conditions in the African American community, and endocrine issues related to transgender individuals in the LGBT session).
- In the Hispanic community, there is concern about language barriers that exist for some individuals. In particular, this barrier is seen as affecting care when medical terminology and issues cannot be adequately communicated between provider and patient.
- Even when services are available, older adults expressed a general concern that it is difficult to know which providers in the community are focused on needs of the older adult community.



### Where do you go to get your health information?

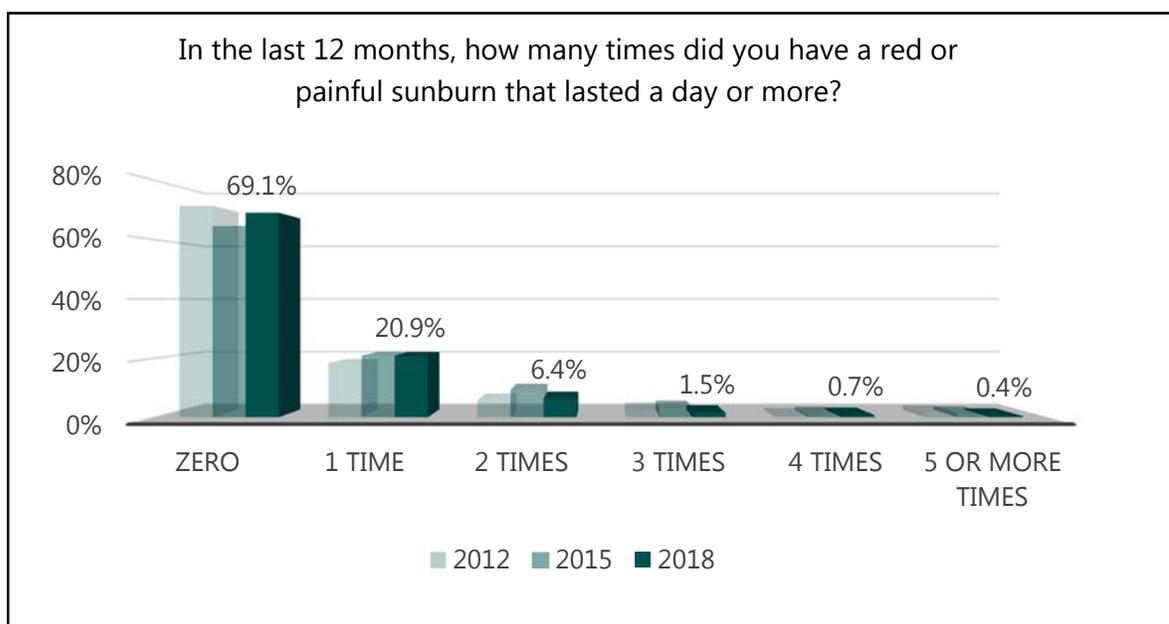
Your physician/healthcare provider_____	76.4%
Online websites_____	73.9%
Family/Friends_____	35.7%
Local providers organizations/resources_____	28.6%
Local sources (i.e. hospital, health dept.) _____	28.0%
National sources_____	23.3%
Health blogs_____	16.1%
Television_____	11.0%

### Health Behaviors

Overall, health behaviors are positive with survey respondents, although trends are critical to follow.

- There are a number of factors considered related to **diet**.
  - The percentage of people that never consume sugar-sweetened drinks increased from 35% in the 2015 CHNA to 47% in 2018. In addition, approximately 40% of participants reported eating fast or take-out food once per week which has remained relatively constant from 2012 (41.1%) and 2015 (41.0%).
  - BRFSS measures show our county's consumption of fruits and vegetables (84.3%) is higher than most other jurisdictions in Maryland, with the exception of Garret and Montgomery, which are higher. The Maryland rate is 78.7%. When respondents were asked if they had barriers to healthy eating, almost half said they did not. For those that reported barriers, the top two reasons were time and money.
- **Sun safety** is critical as Carroll monitors skin cancer rates.
  - Data from the Maryland Cancer Registry show a consistently high melanoma incidence rate in Carroll and of particular concern is the higher rates as compared to other jurisdictions in Maryland.
  - A promising data point is that a majority of respondents reported not having any painful sunburns in the past 12 months. Although overall use of sun protection measures is high, the percentages of respondents wearing sunglasses (80%) and those using sunscreen with SPF of 15 or higher (78%) may not reflect the circumstances and consistency of use.
- Efforts to decrease **tobacco use** nationally and in Carroll have helped to improve this behavior.

- 93.9% of respondents report that they do not **smoke cigarettes**, and 97.6% not using smokeless tobacco products, there is a consistent decrease from the last two assessments in tobacco use.
- Exposure to second hand smoke is similarly showing a decrease from 2015.
- According to the CDC there remains some disparity in smoking rates nationally by race/ethnicity, education and poverty status and although not studied in the community survey may be important to assess.
- Trends in **physical activity** are encouraging.
  - Among respondents who participated in physical activity, the largest percentage of respondents, 43.4%, indicated they exercise between 31 and 60 minutes each time they exercise. Since 2015 there was an increase in those that indicated they exercised for more than an hour each time.
  - BRFSS data support the positive levels of physical activity in Carroll where the Healthy People 2020 target rates have been met; however, over time, these levels have remained static, and an increase in this percentage may have a positive impact on health in the county.
- Approximately 73% of respondents reported having had a **flu shot or vaccine** in the past year.
  - According to BRFSS data, there is an increasing trend in the rate of vaccination in Carroll in the 65+ population, although at 68.4%, it is still below the Healthy People 2020 goal of 90%.
  - The rate of flu vaccination in Carroll for all adults 18 and older in the BRFSS data (36.8%) doesn't compare as favorably to other communities in Maryland. The Maryland rate is 42.9%.



<b>Sun Safety Measures</b>	
Sunglasses	80.6%
Sunscreen with an SPF of 15 or higher	78.2%
Wide brimmed hat	40.3%
Lip balm with an SPF of 15 or higher	39.6%
Avoiding peak hours of 10 am and 4 pm	28.5%
Sun protective clothing	26.0%
Avoiding artificial UV light	24.7%
None	5.1%
Other	2.9%

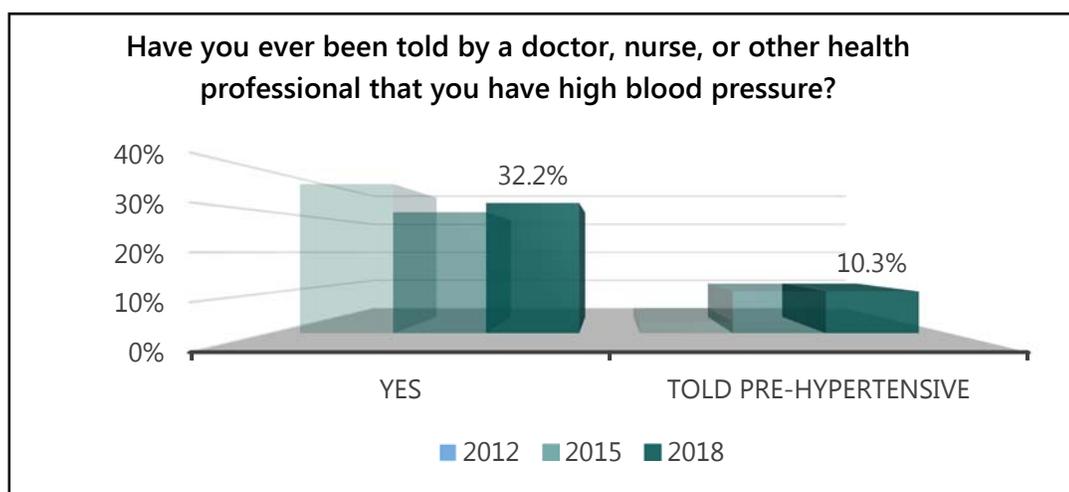
### Physical Health

Survey results showed that regular screening, as well as percentage of respondents reporting chronic health conditions and treatments were consistent to prior years' responses and also with other available data for Carroll. Focus groups reflected community- specific concerns. Early intervention and prevention remains a theme from previous assessments that was repeated throughout all key informants groups.

- Carroll residents appear to adhere to important early detection through **screening measures**.
  - The percentage of female respondents receiving screenings for breast and cervical cancer and the percentage of men having prostate cancer screenings were all within commonly accepted timeframes.
  - Although this was the first year asking about colon cancer screenings, the rate appears positive in Carroll with 79% of respondents having ever received a colon cancer screening. However, additional information would be needed to evaluate frequency of the screenings and the types of colorectal screenings.
- Approximately 9.3% of survey respondents indicated that a provider had ever told them they had **diabetes**, and another 10.6% indicated they had been told they had borderline diabetes (i.e., pre-diabetes). These numbers have remained essentially unchanged since 2015.

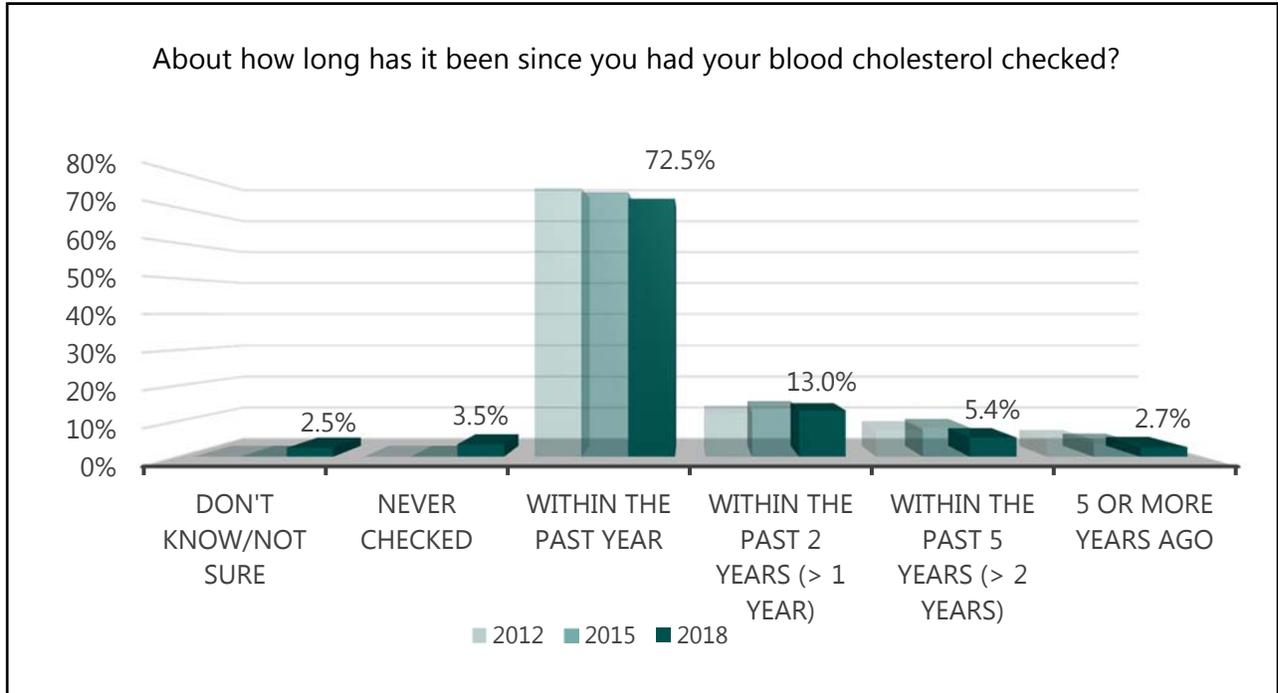
- Supporting these results, BRFSS data show 9.7% of Carroll residents have diabetes which meets the goal of 10.4% stated in the hospital Community Benefit Plan.
  - There was a considerable decrease in the amount of times a health professional was seen for **management of diabetes** within the past year with a decrease of 39 percentage points in those who responded “none.” All other options ranging from once to more than 10 times also decreased.
  - A new question in 2018 showed that approximately 37% of those who had been diagnosed with diabetes were taking a statin.
  - In the Hispanic and African American focus groups, diabetes was of particular concern. Given that national data show these groups have higher rates of diabetes, targeted efforts may be necessary to achieve positive outcomes for the community.
- 32.2% of online respondents had ever been told by a doctor that they had high **blood pressure**, and 10.3% told they were pre-hypertensive.
    - Survey data is consistent with BRFSS data for Carroll County showing rates of high blood pressure decreasing to 34% in 2015, but the county has still not met the Healthy People 2020 goal of 26.9%.
    - In addition, Carroll has not met four out of the six heart health indicators for Carroll County.
    - Heart health is only listed as a top 5 health issue with one group - older adults. There was no group that chose heart when asked which one had greatest impact. Specifically, the percentage of respondents choosing heart health as an issue declined for the African American population (from 50% in 2015 to 14% in 2018) and the Hispanic population (from 66% 2015 to 27% in 2018)
    - From 2015 -2018, an increase was seen from 83.2% to 92.2% in survey respondents who were taking medicine In order to **control their high blood pressure**. There was a decrease in those who reported to be making dietary changes such as changing their eating habits or cutting down on salt. There was a 5 percentage point increase in those who were exercising to control their high blood pressure.
- Rates of respondents having their blood **cholesterol** checked within the past two years has remained fairly consistent as compared with 2012 and 2015.
    - BRFSS data show the Carroll rate of 32.8% of adults with high cholesterol is still considerably higher than the Healthy People 2020 goal of 13.5%. However, this is slightly lower than in 2013 when the rate was 32.2%.
    - A new question in 2018 showed that 61.5% of those who had been diagnosed with high cholesterol were currently on medication for this diagnosis.
- Additional chronic health concerns reported by respondents were arthritis (39%), asthma (15%).

- It most likely requires further investigation, but when respondents who reported having one or more chronic conditions were asked what resources they needed to **manage their conditions**, more than half, 62.5% indicated “none.”
- **Alzheimer’s/Dementia** was the top General Health issue with the Older Adult focus group.
  - There were specific concerns voiced about identifying signs/symptoms of the disease in themselves and in a spouse. They experience providers who don’t always address this issue. Although some participants noted that since Medicare covers a cognitive assessment, most providers would do so.
- Although **dental** issues did not necessarily rise to the high level of concern in the online survey, many key informants believed that dental services and/or insurance coverage to pay for dental services were lacking. The low income and Hispanic focus groups were the two populations that placed dental services and insurance as a top issue.
- In terms of compliance, 93% of respondents said that cost does not inhibit them from taking medicine.
- Many participants in both key informant and focus groups mentioned **obesity** as a persistent problem in Carroll County, as it is throughout the country.
  - A direct connection was made between obesity and many acute health issues along with most chronic conditions.
  - Discussions supported the consensus that lack of exercise leads to or exacerbates many illnesses, just as regular exercise leads to improved health and quality of life.
  - Participants believe it is imperative to continue and even expand programs and services that improve lifestyle in areas such as exercise and diet.



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

Chronic Condition	2018	2015	2012
Arthritis	38.7%	35.2%	37.1%
Asthma	15.1%	16.8%	17.4%
COPD	3.0%	3.5%	7.1%
Skin cancer	10.7%	6.4%	7.6%
All other types of cancer	11.0%	9.0%	8.5%

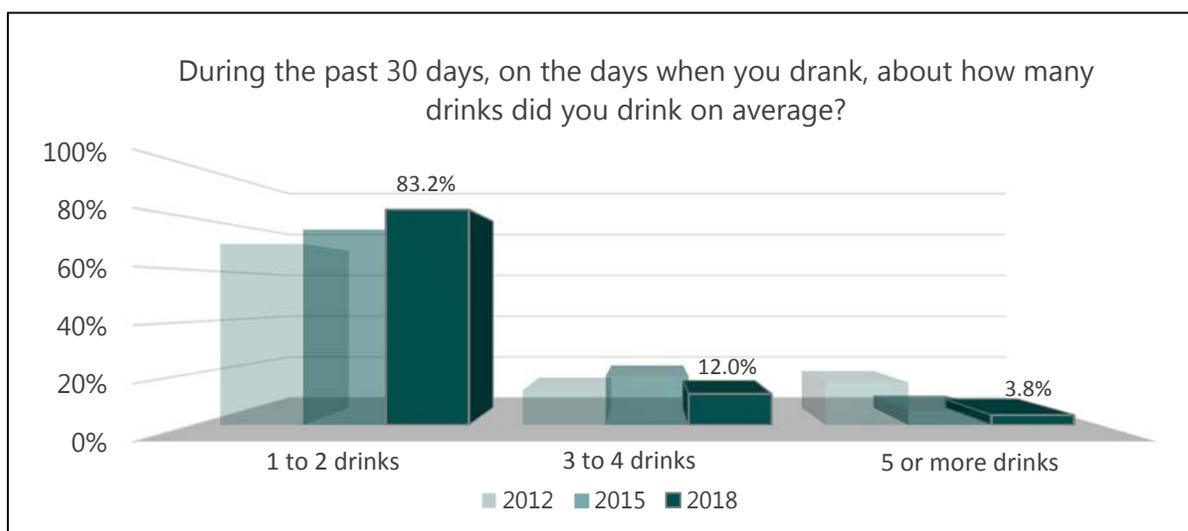


## Behavioral Health

**Mental health and illegal substance** abuse were chosen as top health concerns throughout all key informant sessions and most focus groups. Older adults discussed how illegal drug abuse may not affect their community directly, but it is a top concern that affects friends, family and the community at large.

- An online survey question was added this year that specifically addressed **opioid use and abuse**. In addition, this topic was discussed in all key informant and focus groups.
  - Almost all online survey respondents, 99%, reported that they have not personally used opioids that were not prescribed to them and 91.5% responded that they did not have a family member or friend who misused prescription drugs.
  - In key Informant groups, *substance use/abuse and consumption*, particularly the opioid epidemic, is a primary concern and discussions were passionate. The connections between these issues and a wide range of other topics (e.g., mental health, employment, housing, somatic illness) makes it complicated and often overwhelming to address.
  - A problematic aspect of a discussion concerning this issue is the lack of agreement in terminology, particularly as it relates to prescription and illegal drugs, as well as questions about initiation with heroin versus prescription drugs.
  
- Approximately 65% of respondents reported consuming **alcohol** within the past 30 days, with an average of 1 to 2 drinks per occasion. Alcohol abuse was singled out as a pressing problem in four of the five focus groups. Only the older adult group did not choose this health issue.
  - Some key groups indicated that the intense community messaging concerning opioids may be somewhat obscuring issues related to all other substance abuse issues.
  - Online survey responses indicate that although a somewhat smaller number of people are drinking, there may be an increase in those that are drinking more heavily.
  - Alcohol Abuse was chosen as the most pressing health issue in the low income group and as the second most pressing issue in the Hispanic community. Both groups referenced the stigma associated with alcohol abuse and the concern that because it is a legal substance, associated problems are often not considered a health issue which leads to lack of treatment.
  - Secondary data often have differences in definition of drinking amounts; however, RWJF Health Rankings show that compared to other Maryland counties, Carroll has a higher rate of excessive drinking.
  - Similarly, BRFSS data show that although Carroll rates of binge drinking have met the Healthy People 2020 targets, at 18%, we are still higher than both Maryland and US rates.

- There were 67 **veterans** who completed the survey, including 18 who had served in a war zone. Of those that served in a war zone, 4 individuals reported that they have been diagnosed with depression, anxiety, or post-traumatic stress disorder.
- 18.7% of online respondents have been diagnosed with an anxiety disorder and of those, 38.6% were receiving treatment for a mental health condition or emotional problem. There was a decline in both of these percentages from 2015 to 2018.
- Key informants and focus group participants identified **mental health** as a matter that is interwoven with a host of other issues, making the problem difficult to define and solutions difficult to implement.
  - As with the opioid epidemic, mental health is an issue that affects entire families. The importance of mental health was directly linked to the impact on somatic health conditions and substance abuse issues.
  - The **stigma associated with mental illness** was identified as a serious barrier to diagnosing and treating these in quite a few focus groups and with key informants.
  - In the Hispanic community, the feeling was that mental illness is often thought of as just a behavior that can be moderated by the individual or related to temperament. Participants were especially concerned about this being why mental health is often not addressed in children.
- In the LGBT session, the issues related to **depression and suicide** were paramount. A lack of mental health providers with expertise in working with the LGBT community was seen as a huge concern.



### Social Issues

A reoccurring topic that emerged during our Key Informant sessions was the perceived struggle that the middle class is now experiencing.

- Often mentioned was the lack of affordable housing options and the skyrocketing cost of health insurance, which were seen as disproportionately impacting the middle class.
  - In addition to health care, heated discussions occurred around the correlation between middle class incomes and limited job opportunities, housing and even the absence of activities and interests to entice young adults to stay in or move to Carroll.
  - There was a perception that although there are some employment opportunities available paying minimum wage and slightly above minimum wage, many informants reported that there are a lack of mid-level jobs into which people can progress. Those high skill and high level jobs that do exist in the county were also seen as having low turnover rates that also affect individuals' decisions to remain in the county.
  - Many informants felt that **millennials** not only can't afford to live or buy a home in Carroll County, but they also do not find living in the county as a good option as there are few activities or built environment amenities that are fitting for the younger population.
  
- A recognition that social determinants of health and **their impact on physical health** has increased exponentially.
  - When the community leaders were asked to name the top three issues, Employment Opportunities, Affordable Housing and Social Support were named
  - When asked which social determinants would have the greatest ability to impact health, Affordable Housing and Quality Health Care were tied as having the greatest impact.
  
- In all focus groups, the primary social determinants included **employment opportunities and affordable housing**, reflecting a basic need for stability before worries about healthcare can be addressed. The low income community expressed frustration that even job skills and education do not ensure employment due to a lack of experience or "getting your foot in the door."
  
- The low income focus group mentioned child development issues as a more concerning determinant than the other groups. This group had the largest family size although number of children was not asked of this group.

*The full 2018 CHNA Consolidated Report contains comprehensive data and information from all survey components. This report is available on The Partnership website, [healthycarroll.org](http://healthycarroll.org), and in hard copy by request.*