

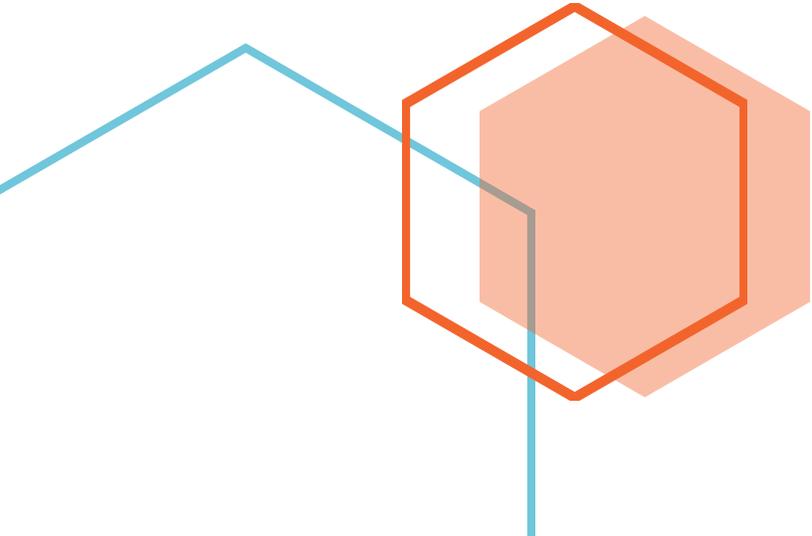


Community Health Needs Assessment



Carroll County, Maryland

Executive Summary 2021



CHNA Research Components

Primary Data:

An online Community Health Needs Survey was conducted with Carroll County residents between July 1 and September 30, 2020. 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.

Ten sessions of Targeted Populations Research were conducted through focus groups including African American, Behavioral Health Consumers, Hispanic/Latino, LGBTQ, Low Income, Transitional Aged Youth, 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
- Veteran's health
- Zip Code

Quality of Life

- Cognitive impairment
- Healthy days
- Healthy status

Health Access

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

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

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

Behavioral Health

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

Social Issues

- End of life planning
- Violence

CARROLL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Background

The **Carroll County 2021 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, 2015, and 2018 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, FY2017-2018, and the most recent plan for FY2019-FY2021. Beginning in July 2020, 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 2021.

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 is 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 September 2020. 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. A total of 744 surveys were started with 728 completed throughout the county to promote geographical and ethnic diversity among respondents.

Key Informant Survey sessions were conducted with 56 community leaders and partners between July and September 2020. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community. All sessions were conducted by video conference due to the advisories related to the Coronavirus pandemic.

Ten sessions of Targeted Populations Research were conducted in focus sessions with different community groups including African American (x2), Behavioral Health Consumers (x2), Latino, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer), Transitional Aged Youth, Older Adult (x2), and a lower income population group. All sessions were scheduled between August and September 2020. Research participants were invited to complete a survey to identify specific needs of their community. In addition, The Partnership led a moderated discussion with each group after completion of the online survey with the exception of the LGBTQ group which was completed by online survey only. Three of the groups were moderated virtually.

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 that was 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 will meet on February 9, 2021 to collaboratively prioritize community health needs based on all the information components in this report.

Participants will participate in a virtual meeting 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 will take place by anonymous electronic polling. A prioritized list of issues will be developed using the total scores from two criteria: significance/pervasiveness 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 30, 2021.

Top Identified Issues

Of the health issues surveyed, the following were prioritized and ranked as the top priorities for FY2021-FY2023. They are listed in ranked order.

Mental Health

Diabetes

Cancer

Heart Health

Obesity

Illegal Substance Abuse

Alcohol Abuse

Suicide

Prescription Drug Use

Physical Inactivity

Stroke

Oral Health

Alzheimer's / Dementia

The issues that are ranked during the prioritization 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

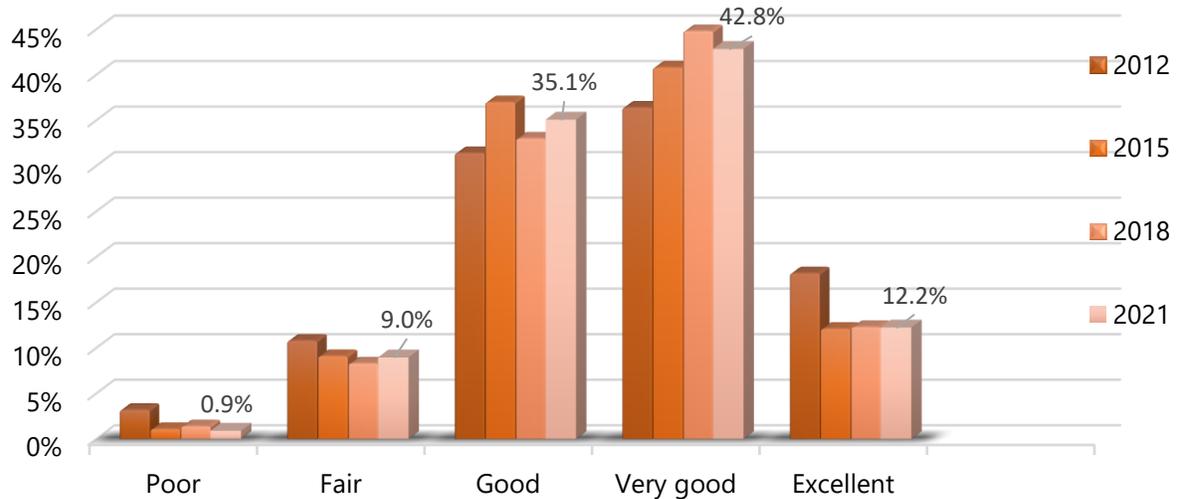
Demographics

- 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 (83.3%) than men (16.7%) 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 (67.6%), than those younger than 45 (21.4%).

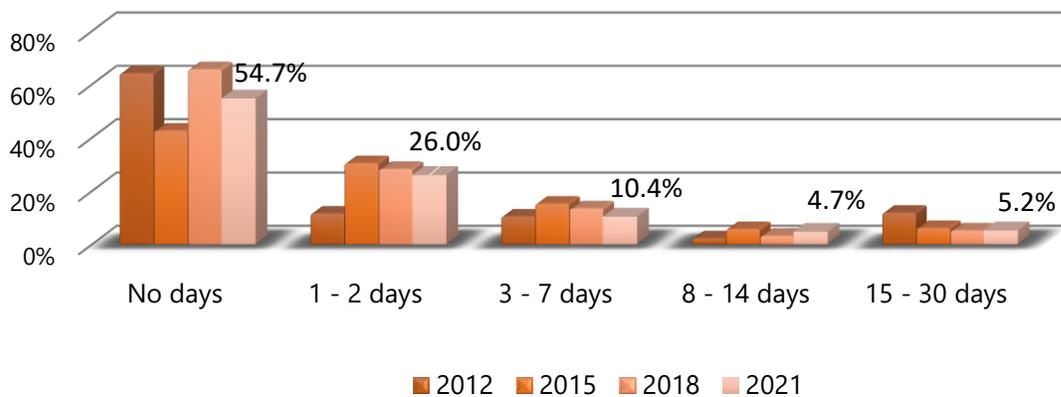
Quality of Life

- Overall, responders reported a slight increase to their general health status compared with responses in 2018.
 - Self-reported measures of health on the online survey are favorable and in most cases the trends across 2012, 2015, 2018 and 2020 are positive. Approximately 55% say their health is very good or excellent. Although there was a small decrease in those indicating that their health was "very good", this was positively offset by an increase in "good" and a consistent percentage for "excellent". (See chart)
 - 54.7% reported no days in the past month where physical or mental health kept them from doing their usual activities, compared with 65.6% in 2018. This shows a gradual decrease in healthy days from 2018 through 2020. (See chart)
 - Carroll County's ranking remained the same at #2 in Quality of Life out of Maryland's 24 jurisdictions from Robert Wood Johnson Foundation's Health Rankings which reflects this trend.

Would you say your general health is...?



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?



COVID Influence

The COVID pandemic influenced the responses from the community on the 2021 online survey. The impact of COVID-19 showed a reported increase of stress and anxiety (23.9%), feeling depressed (12.2%), and worry about personal health or the health of a loved one (24.5%). In addition, there were 12.1% respondents who reported missing medical appointments. Key Informant groups discussed the recurring theme of the aging population and domestic violence victims not being adequately served being amplified by the COVID pandemic. The influence of the pandemic more than likely extends to regularly scheduled annual/bi-annual appointments.

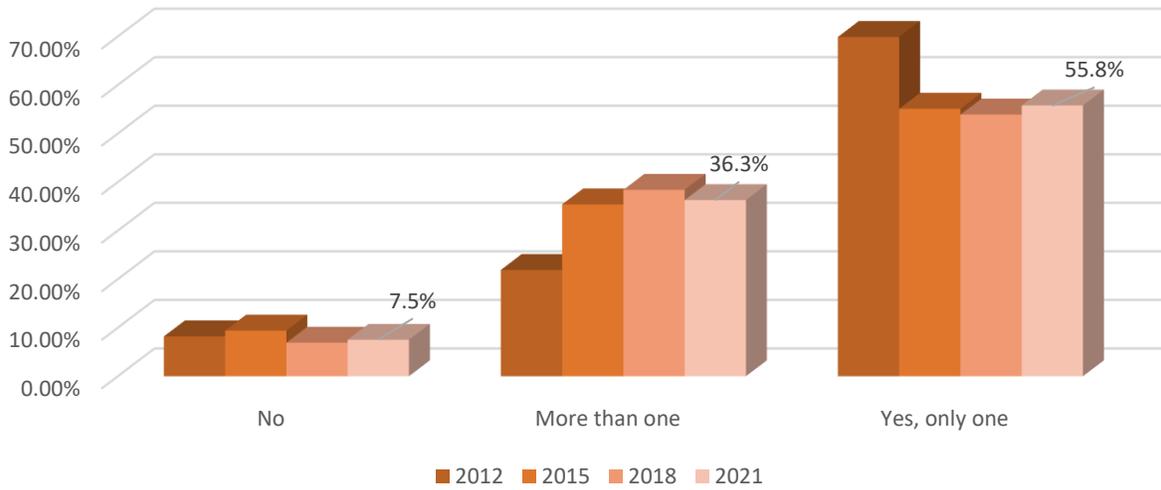
Health Access

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

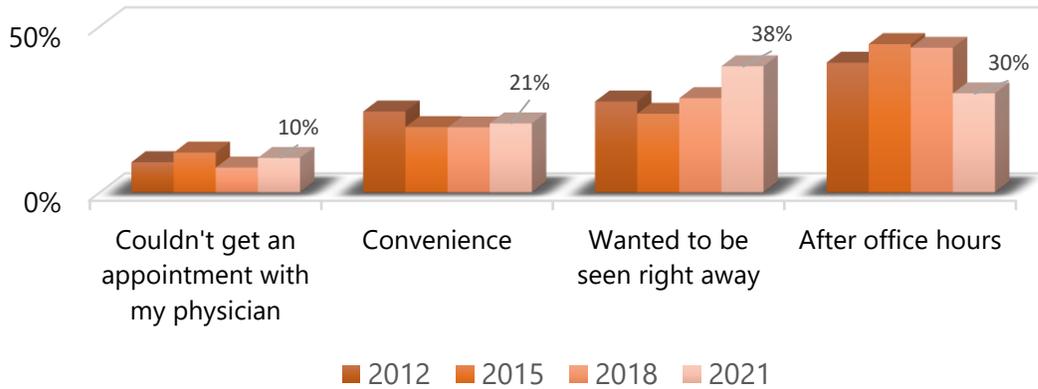
- An overwhelming 98.9% of online respondents reported that they have **health insurance**.
 - Over the past years, since the implementation of the Affordable Care Act, the percentage of uninsured Carroll residents has decreased.
- Survey respondents had fairly regular **visits to providers**.
 - The majority of survey participants (92%) reported that they have at least one person they think of as their primary health care provider, and 7.5% of respondents reported not having a personal health care provider. (See chart)
 - 91.1% of respondents reported that they could get an appointment with their provider when they need one.
 - Respondents also reported that they had exams within the past year for both vision (59.5%) and dental (76.7% for adults and 92% for their children), as well as regular wellness visits for their children (97%).
 - 38% of participants reported visiting an urgent care center in the past 12 months with the primary reason cited as wanting to be seen right away. (See chart)
- When asked to pick all answers that apply, participants reported that they are most likely to get health information from two main resources: (See table)
 - Physician/health care provider (68.8%) and online websites (61.4%).
 - The third most frequently cited means was local sources, such as the hospital and/or health department (31.8%). Focus groups identified the same sources for obtaining their information, with family and friends being another frequently identified source. The lowest ranked resources were national sources, health blogs, and television.
 - Many focus group participants recognized the inefficiency of hard copy resources, but the older adult groups said that written materials such as flyers, brochures, directories, and instructions are helpful in many situations.
- Discussions within several of the focus groups included concerns about the **difficulties in getting access to health care** due to transportation, as well as a lack of area providers 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, saw 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. Focus group respondents commented that many residents are not aware of their transportation options.
 - 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**. Targeted populations have concerns about how their individual **communities have unique challenges** when accessing healthcare services.
 - Of the focus groups, LGBTQ and lower income expressed the most concern that the health provider community does not consistently focus on their needs, including lack of promotion and signage.
 - In the African American and LGBTQ 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 LGBTQ session).
 - In the Hispanic community, there is concern about both language and cultural barriers that exist for some individuals.
 - 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 and commented that gerontology specialists are needed.
 - Older populations do not like having to see a different care provider each time when seeking care and miss having a doctor who "knows them" and their personal medical history.
 - **Health Access** also encompasses being aware of **available resources** within the community and the ability to navigate to the source of those resources. Many requests were made for help in making people aware of resources, navigation within those resources, and cohesion with care coordination and continuum of care. People often do not know where to turn and who to call when experiencing a critical need.
 - A lack of **health literacy** was also addressed as a barrier to obtaining needed resources. To address reaching more community residents, it was suggested to providing information on a 5th grade reading level. Also consider including health information programs/packets, including community information to employers for their employees.

Do you have one person you think of as your personal doctor or health care provider?



What was your primary reason for visiting an urgent care center?



The following chart indicates the resources used by respondents to get health information. Responders were able to select more than one answer.

Where online respondents get their health information	
	2021
Your physician/healthcare provider	68.8%
Online website	61.4%
Local sources (i.e. hospital, health dept.)	31.8%
Local providers., organizations/resources	31.0%
Family/friends	26.3%

National sources	26%
Health blogs	10.4%
Television	8.3%

Health Behaviors

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

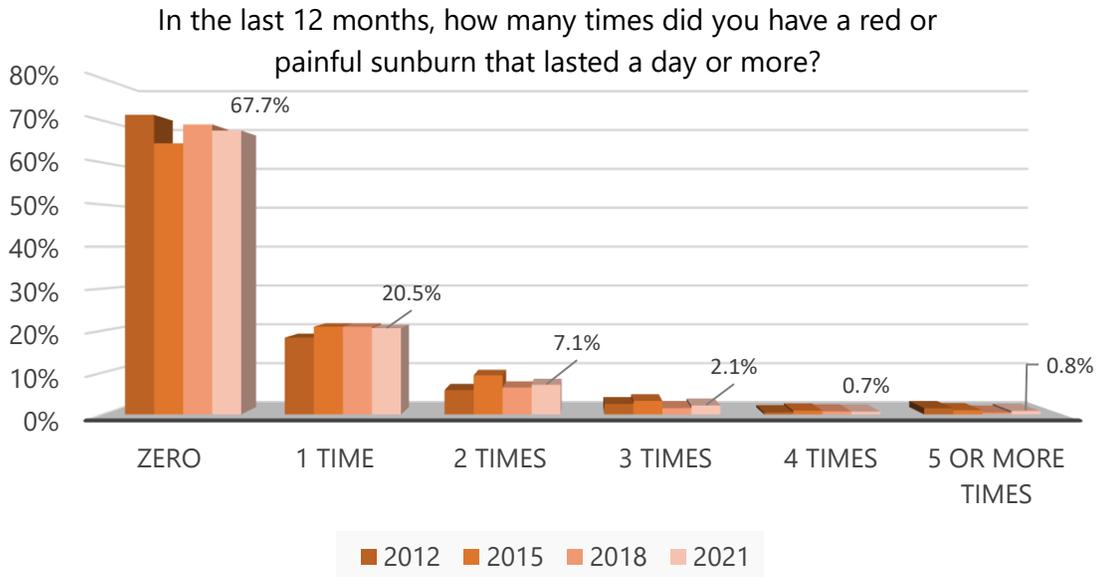
- There are a number of factors considered related to **diet**.
 - 74% of participants, reported eating fast or take-out food once per week. This is a dramatic increase from previous surveys which remained relatively constant from 2012 (41.1%), 2015 (41.0%), and 2018 (40%).
 - The percentage of people that never consume sugar-sweetened drinks in 2021 stayed relatively the same as 2018 at 47%. In addition, almost double, approximately
 - 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. Several focus groups stated a need for obtaining nutritional education and cooking skills to assist with having a healthy diet.

- **Sun safety** is critical as Carroll monitors skin cancer rates.
 - Data from the National Cancer Institute reports the Melanoma incidence rates have increased since 2010 in Carroll County.
 - A promising data point is that a majority of respondents reported not having any painful sunburns in the past 12 months. (See chart)
 - Small increases in the use of protective measures such as hats, lip balm, lotion and avoidance of peak times were noted. (See table)

- Efforts to decrease **tobacco use** nationally and in Carroll have helped to improve this behavior.
 - 95.6% of respondents report that they do not **smoke cigarettes**, and 98.7% do not use smokeless tobacco products, which shows a very slight improvement from the last two assessments in tobacco use.
 - A large number of respondents (48.4%) use electronic vaping products to try and quit other tobacco products.

- Trends in **physical activity** are encouraging.
 - Among respondents who participated in physical activity, the largest percentage of respondents, 61.9%, indicated they exercise for at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity each week.
 - A majority of respondents (82.6%) reported that they participated in leisure time physical activity during the past month.

- Approximately 77.8% of respondents reported having had a **flu shot or vaccine** in the past year.



Sun Safety Measures		
	2018	2021
Sunglasses	80.6%	80.1%
Sunscreen with an SPF of 15 or higher	78.2%	79.8%
Wide brimmed hat	40.3%	44.4%
Lip balm with an SPF of 15 or higher	39.6%	41.7%
Avoiding peak hours of 10 am and 4 pm	28.5%	31%
Sun protective clothing	26.0%	23.8%
Avoiding artificial UV light	24.7%	27.5%
None	5.1%	4.1%
Other	2.9%	2.7%

Physical Health

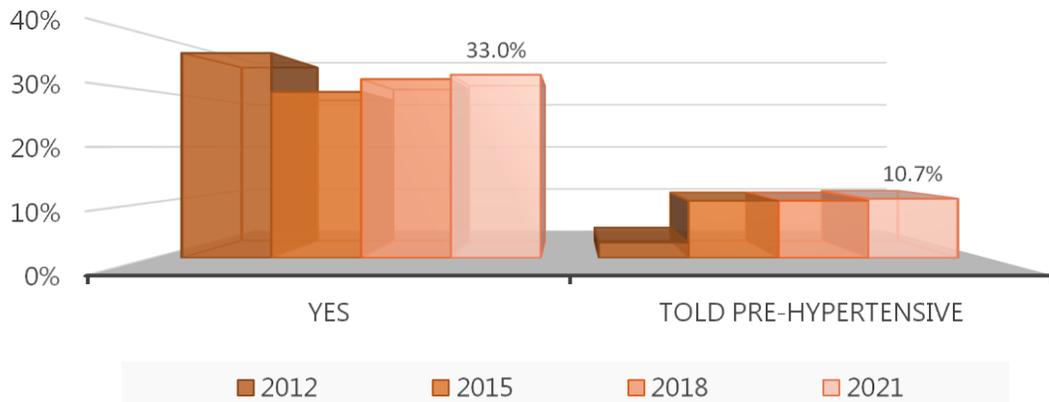
As guidelines change for frequency of screenings as well as the potential impact of the pandemic, we noticed a significant decrease to some of the previous annual/bi-annual scheduled screenings for women's health. Review of chronic conditions saw an increase in the diagnosis of several stated diseases. Focus groups reflected community-specific concerns. Early intervention and prevention remain a theme from previous assessments that was repeated throughout all key informant groups. Several focus groups expressed concerns about the hereditary aspects of certain diseases, such as diabetes, cancer, and heart disease, and expressed the desire for more education of the same.

- Carroll residents appear to adhere to important early detection through **screening measures**.
 - The percentage of men having prostate cancer screenings continue to increase with each assessment cycle.
 - Respondents were first asked about colon cancer screenings in 2018, and the rate varied little from 2018 (79%) to 2021, with 78.5% of respondents having ever received a colon cancer screening.
- Approximately 9.6% of survey respondents indicated that a provider had ever told them they had **diabetes**, and another 10.9% indicated they had been told they had borderline diabetes (i.e., pre-diabetes). These numbers have remained essentially unchanged since 2015.
 - Supporting these results, Behavioral Risk Surveillance Survey (BRFSS) data show 8.2% of Carroll residents have diabetes which is lower than the state average.
 - The majority of diabetic patients (75%) saw a health professional for management of diabetes, 47.5% twice during the year, and 27% between 3-4 times per year.
 - A new question in 2018 showed that approximately 37% of those who had been diagnosed with diabetes were taking a statin. This figure rose to 64.4% in 2021.
 - 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.
- 33% of online respondents had ever been told by a doctor that they had high **blood pressure**, and 10.6% told they were pre-hypertensive. (See chart)
 - Heart health is only listed as a top 5 health issue with two groups – African American and older adults. There was no group that chose heart health when asked which one had greatest impact.
 - A slight decrease was seen in survey respondents who were taking medicine in order to **control their high blood pressure** from 92.2% in 2018 to 91% in 2020, however, that follows an increase from 83.2% in 2015. (See table)
 - Four actions to help lower or control high blood pressure saw slight decreases: those who reported to be making dietary changes such as changing their eating habits, cutting down on salt, taking medicine, and exercising.

- Rates of respondents having their blood **cholesterol** checked within the past two years has increase while those having it checked in the past year has decreased as compared with 2015 and 2018. (See chart)
 - Less than half of those surveyed (40.3%) have been told they have high cholesterol, while 62.7% of those surveyed currently take a statin drug.
 - In 2020, 57.6% of those who had been diagnosed with high cholesterol were currently on medication for this diagnosis compared to 61.5% in 2018.
- Additional chronic health concerns reported by respondents were **arthritis** (41.8%) and **asthma** (14.1%). (See table)
- 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, 71.9%, indicated "none." Of those who did need help, 5.7% need help understanding directions from their doctor, 5.3% need prescription assistance, and 8.2% need help locating resources.
- **Alzheimer's/Dementia** was among the top General Health issues with the Older Adult focus groups.
 - Newly introduced to the online survey in 2021 was a question regarding witnessing cognition changes in a family member. There was a 33.1% response rate to seeing cognitive decline in a family member.
 - Self-reporting cognitive changes were significantly less than by proxy reporting at 10.7%.
 - Concerns regarding Alzheimer's/Dementia were not only for the patient but also spoke to support and education for the caretaker loved ones.
- 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. A majority of online respondents (76.7%) participated in preventative care by having their teeth cleaned within the past year.
 - The Hispanic and Transitional Aged Youth focus groups were the two populations that placed dental services and insurance as a top issue.
 - Two issues were identified: those not having dental insurance, and dentists not taking the insurance that they do have.
- In terms of **medication compliance**, 96.6% of respondents said that cost does not inhibit them from taking medicine.
- The Hispanic focus group along with many participants in key informant groups mentioned **obesity** as a persistent problem in Carroll County, as it is throughout the country.

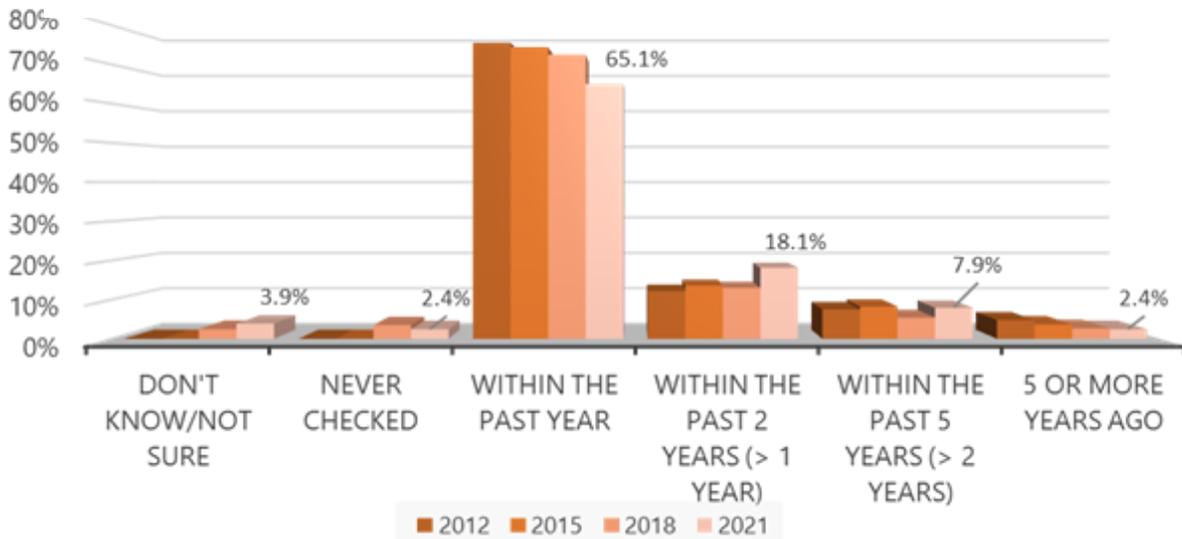
- A direct connection was made between obesity and many acute health issues along with most chronic conditions.
- Discussions supported the consensus that lack of exercise leads to or exacerbates many illnesses, just as regular exercise leads to improved health and quality of life.
- Participants believe it is imperative to continue and even expand programs and services that improve lifestyle in areas such as exercise and diet.

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?



Actions to Control High Blood Pressure	2021	2018	2015	2012
Taking medicine	91.0%	92.2%	83.2%	87.3%
Changing eating habits	69.5%	70.4%	73.6%	74.1%
Cutting down on salt	63.7%	66.6%	80.1%	82.1%
Exercising	55.0%	60.6%	55.8%	N/A

About how long has it been since you had your blood cholesterol checked?



Chronic Condition	2021	2018	2015	2012
Arthritis	41.8%	38.7%	35.2%	37.1%
Asthma	14.1%	15.1%	16.8%	17.4%
COPD	3.9%	3.0%	3.5%	7.1%
Skin cancer	12.7%	10.7%	6.4%	7.6%
All other types of cancer	12.3%	11.0%	9.0%	8.5%

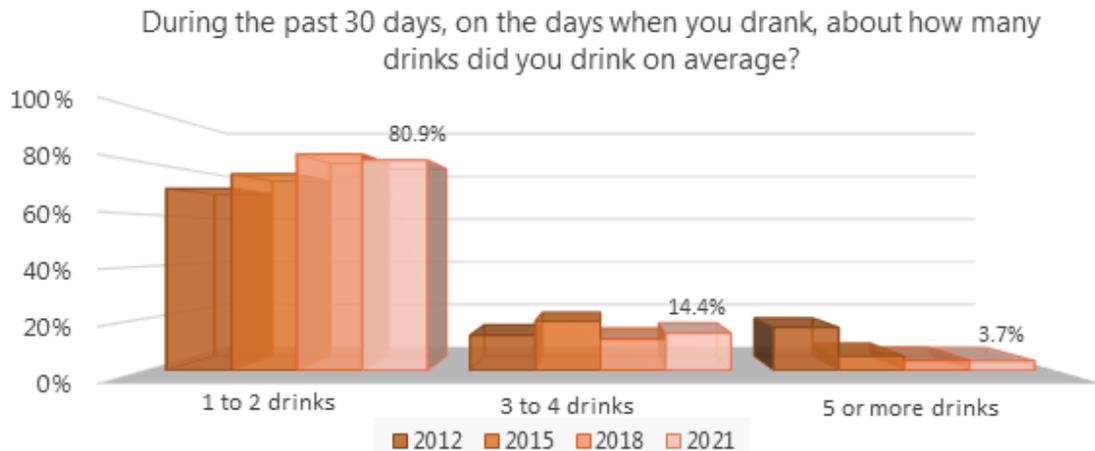
Behavioral Health

Mental health and illegal substance abuse were chosen as top health concerns throughout all key informant sessions and most focus groups. They are top concerns that affect the friends and family of many respondents, in addition to the community at large.

- 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.
 - The importance of mental health was directly linked as the underlying problem that affects many somatic health conditions and substance abuse issues. People with unaddressed mental health needs tend not to engage in their health care.
 - Responders were concerned that mental health treatment is often combined with substance use treatment. Management of serious mental health disorders may need specialized treatment that is separate from substance use specialists and group therapy focused on dual diagnosis.
 - Participants have personally observed the effects of these issues with loved ones and peers. Mental health is an issue that affects entire families.
 - The **stigma associated with mental illness** was identified as a serious barrier to diagnosing and treating this issue in a majority of focus groups and with key informants.
 - Mental health issues must be properly addressed to differentiate between disease, such as dementia/Alzheimer’s or other physical causes or medication interactions. Those with dual diagnosis/intellectual disability often do not get appropriate services.
 - The Hispanic community does not have access to behavioral health resources that understand both the language and the cultural barriers. Participants were especially concerned about mental health being addressed in children.

- A new survey question added in 2021, asked online respondents if they have been diagnosed with an anxiety disorder; 25.9% responded yes and of those, 38% were receiving treatment for a mental health condition or emotional problem.
- Online survey questions were added in 2018 that specifically address **opioid use and abuse**.
 - Similar to 2018, almost all online survey respondents in 2020 (99.5%) reported that they have not personally used opioids that were not prescribed to them and 94.5% responded that they did not have a family member or friend who misused prescription drugs.
 - Multiple focus groups discussed the ease to purchase illegal substances. Some respondents expressed the desire to have greater deterrents in place to make it more difficult to purchase illicit drugs on the streets.
 - Older adults discussed how illegal drug abuse may be affecting their community directly with such things as increased crime.
 - 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.
 - New in 2021 participants were asked about Marijuana use: 93.5% reported that they did not use marijuana in the last three months. Of those who used marijuana, only 31% had a medical marijuana card.
- Approximately 63.5% 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. (See chart)
 - 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 that because it is a legal substance, associated problems are often not considered a health issue which leads to lack of treatment.
 - Discussions included the “essential” status of liquor stores during the pandemic which was a trigger for alcoholics and supported alcohol over consumption.

- There were 29 **veterans** who completed the survey, including 8 who had served in a war zone. Of those that served in a war zone, 2 individuals reported that they have been diagnosed with depression, anxiety, or post-traumatic stress disorder.



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.
 - In addition to health care, discussions occurred around the correlation between middle class incomes and limited job opportunities and affordable housing.
 - Affordable housing is also coupled with safe and quality housing. Comments were made that landlords are not maintaining properties to be safe for residents.
 - Focus group respondents shared fears of losing their housing not only if unable to meet their needs, but also if they start making too much by getting an increase in pay or hours.
 - 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, **affordable housing, employment opportunities, and quality health access** were named.

- When asked which social determinants would have the greatest ability to impact health, **affordable housing** was the first choice, followed by **quality health access** and **social support**.
- In all focus groups, the primary social determinants included **quality health access and affordable housing**, with secondary choices being **employment opportunities** and **social support**. Problems within many of these areas reflect the basic need for stability before people have the resources to address health care. The low-income community expressed frustration of being able to obtain job skills because of lack of entry level jobs and not being on the job long enough to gain skills and advance yourself.
 - People must have secure housing in order to live a healthy life without stress.
 - Economic success is a key factor in someone's ability to prevent and manage chronic illness.
 - There was a perception that there is a lack of entry level employment opportunities for unskilled people and 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.
- The African American, LGBTQ, and Transitional Aged Youth focus groups mentioned **early childhood development** issues as a more concerning determinant than the other groups.

The full 2020 CHNA Consolidated Report contains comprehensive data and information from all survey components. This report is available on The Partnership website, healthycarroll.org, and in hard copy by request.