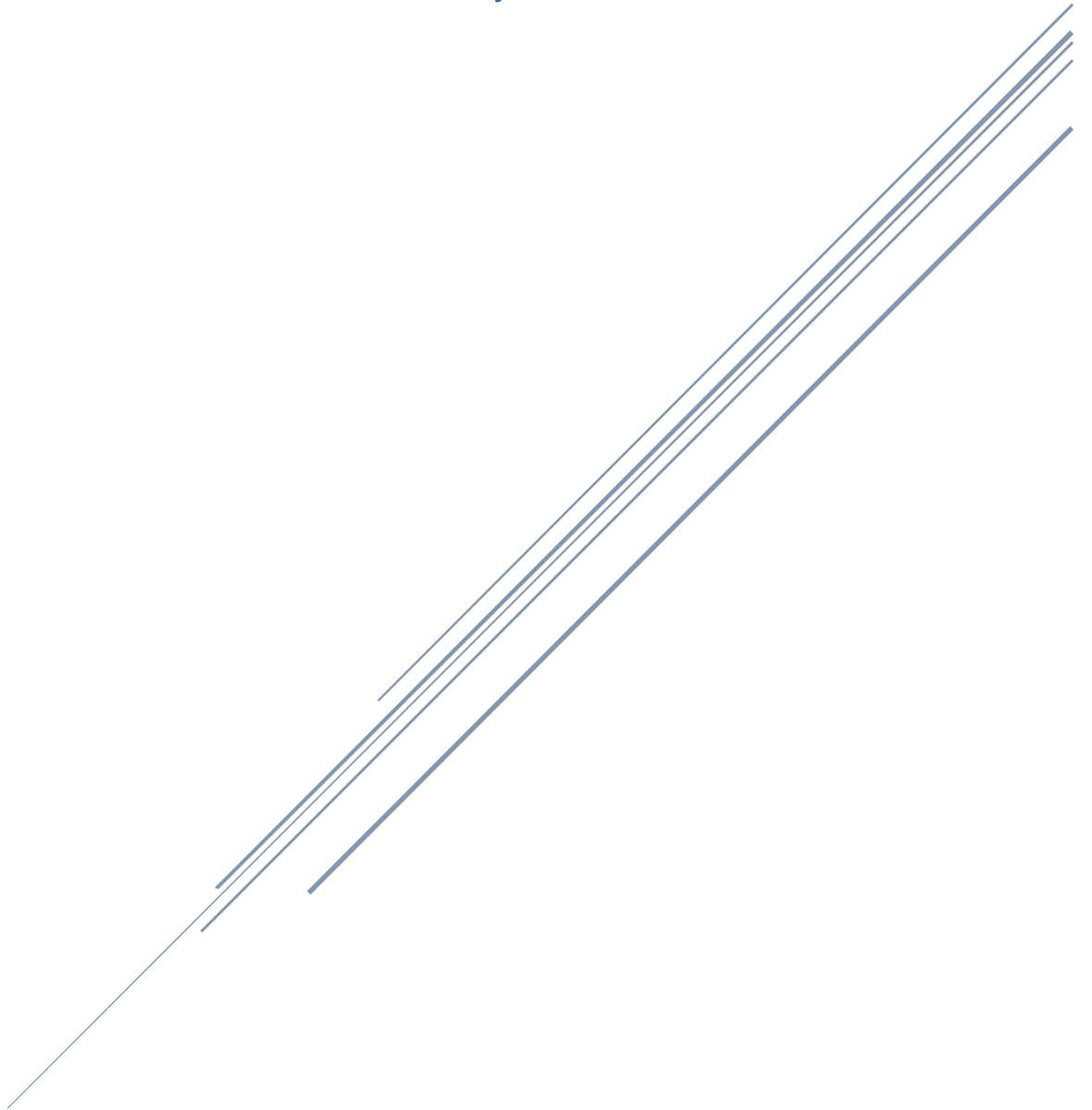


Executive Summary

2024

Community Health Needs Assessment
Carroll County, MD



CHNA Research Components

Primary Data:

An online Community Health Needs Survey was conducted with Carroll County residents between July 1 and September 15, 2023. 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.

Eleven sessions of Targeted Populations Research were conducted through focus groups including African American, Behavioral Health Consumers, Hispanic/Latino, LGBTQ, Low Income, Older Adults and Transitional Aged Youth, and 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

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 2024 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). This has since transitioned to our Access to Health Leadership Team. 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, 2018 and 2021 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, FY 2019-FY2021 and the most recent plan for FY2022-FY2024. Beginning in July 2023, 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 2024.

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 2023. 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 2,600 surveys were completed throughout the county in an effort to promote geographical and ethnic diversity among respondents.

Key Informant Survey sessions were conducted with 50 community leaders and partners between July and September 2023. 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. New this year was a Young Business Leaders Key Informant. All sessions were conducted in person.

Eleven sessions of Targeted Populations Research were conducted in focus sessions with different community groups including African American/Black Community (x2), Behavioral Health Consumers (x2), Hispanic/ Latino, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer), Low Income (x2), Older Adult (x2), and a Transitional Aged Youth focus group. All sessions were scheduled between July and September 2023. 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. All groups were held in person.

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
- Hospital Data
- Additional Community Surveys
- 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 met on February 13, 2024 to collaboratively prioritize community health needs based on all the information components in this report.

Participants participated in a hybrid meeting (virtual and in-person options were available) to hear 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 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, 2024.

Top Identified Issues

Of the health issues surveyed, the following were prioritized and ranked as the top priorities for FY2025-FY2027. They are listed in ranked order.

Mental Health
Diabetes
Heart Health
Cancer
Illegal Substance Use
Congestive Heart Failure
Suicide
Dental Health
Obesity
Stroke
Alcohol Abuse
Prescription Drug Abuse
Alzheimer's/ Dementia Disease
Tobacco
COPD

The issues that are ranked during the prioritization will be addressed in the Community Benefit and Health Improvement 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 higher percentage of women (67%) than men completing the survey; however, this year had the most even gender distribution than any past year.
- The percentages related to race and age were more comparable to the county, with a majority of respondents indicating White/Caucasian, and more residents 60 years of age or older (66%) completed the survey.

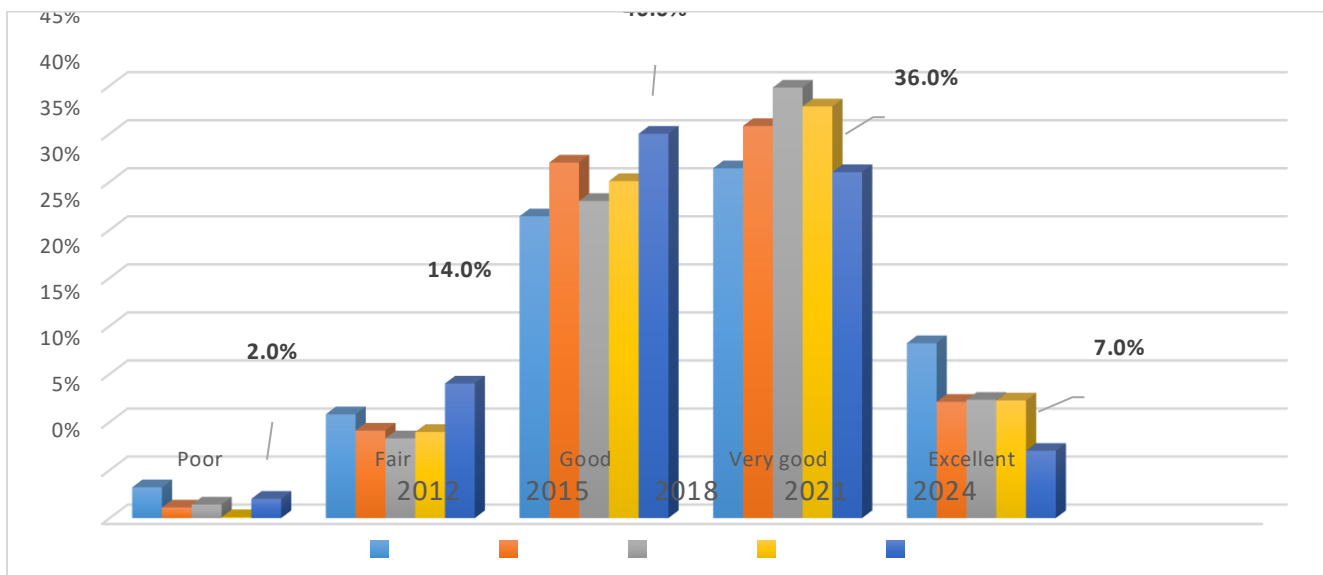
Quality of Life

- Overall, responders reported a slight increase to their general health status compared with responses in 2021.
 - Self-reported measures of health on the online survey are unfavorable and in most cases the trends have reversed. Approximately 43% say their health is very good or excellent. The decrease in Very Good and Excellent were offset by an increase in Good, Fair and Poor. (See chart)
 - When asked about physical health, how many days was their health not good we saw a decrease in both No Days and 1-2 Days, offset by 3-7 Days, 8-14 Days and 15-30 Days. This again is a negative reversal of trend. (See chart)
 - Carroll County's ranking fell to #4 in Quality of Life out of Maryland's 24 jurisdictions from Robert Wood Johnson Foundation's Health Rankings which reflects this trend.

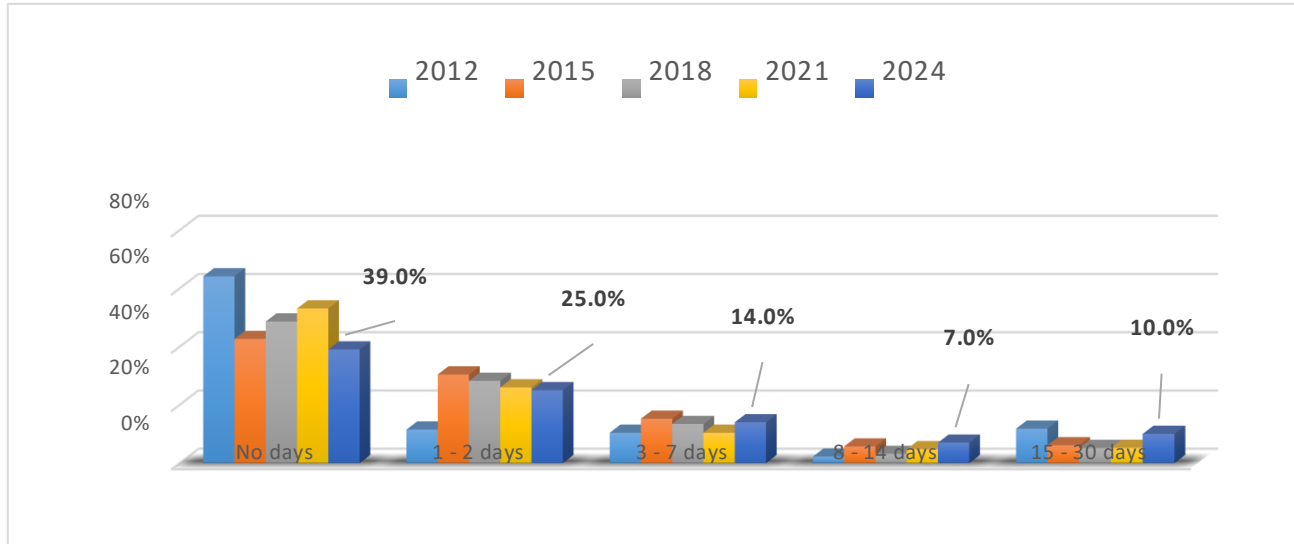
Health Status: Physical and Mental

Overall Health Status

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 may perhaps have altered some change in health patterns and behaviors.

Health Access

The community online survey focused on accessing services primarily for physical health.

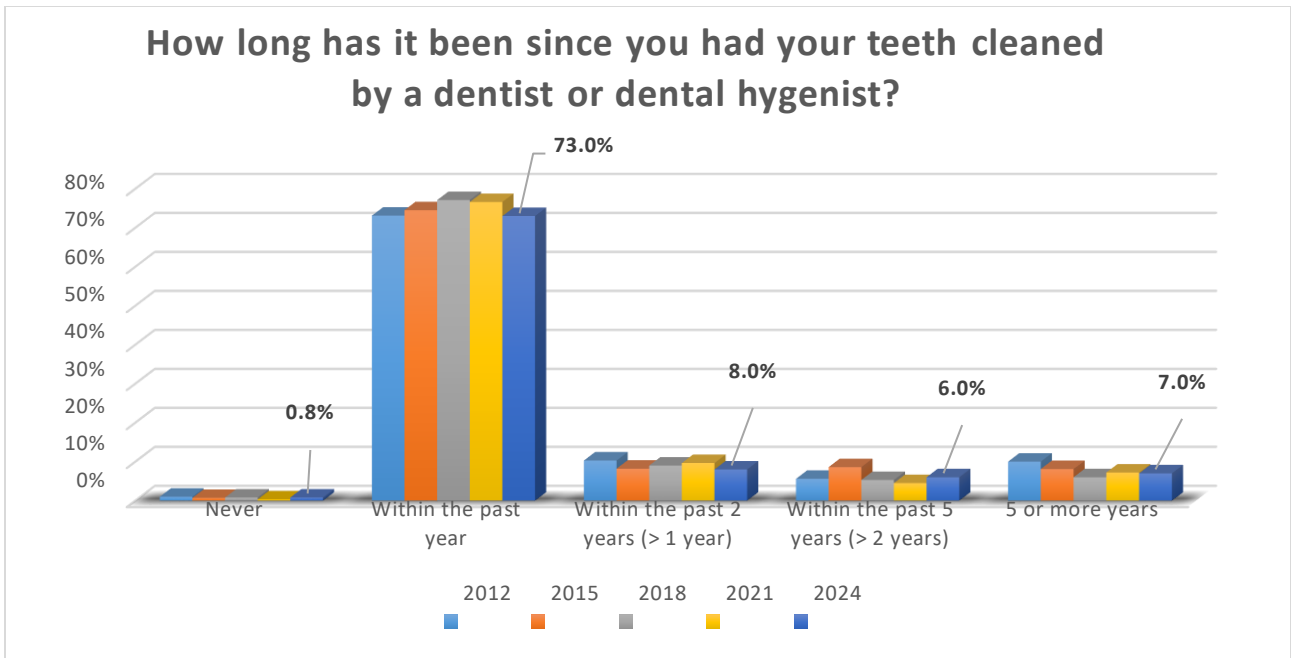
- An overwhelming 98.6% of online respondents reported that they have **health insurance**.
 - Over the past years, since the implementation of the Affordable Care Act, the percentage of uninsured Carroll residents has decreased.

Urgent Care & Health Insurance

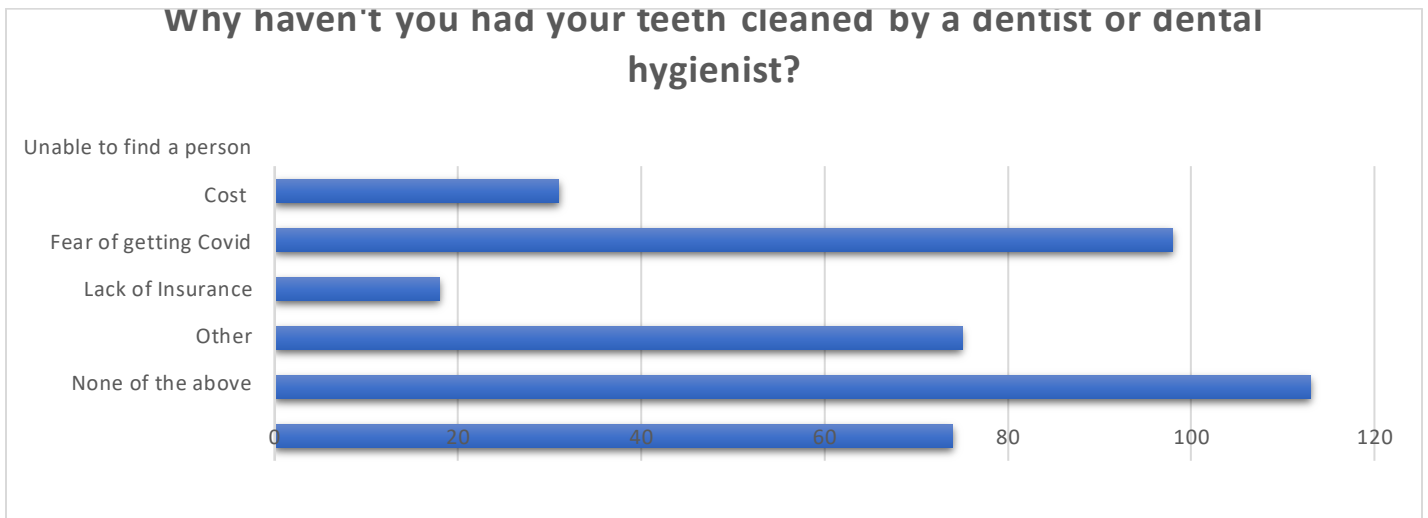
Approximately 34% of participants reported visiting an urgent care center in the past 12 months.

Dental and Oral Health Care

The survey asked respondents when they last had their teeth cleaned by a dentist or hygienist. The majority of respondents (73.8%) had their teeth cleaned within the past year. The trend of visiting a dentist or hygienist is declining, with the only increase recorded in the greater than 2 years but not more than 5 years category.



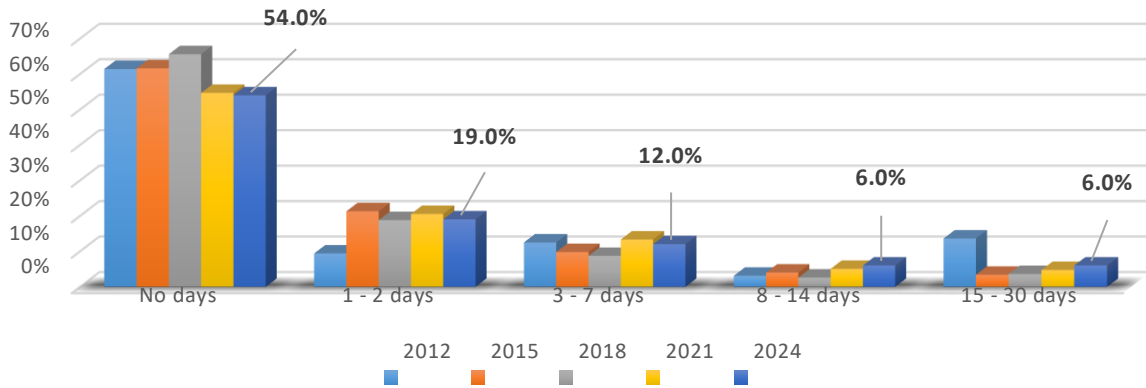
For those respondents that haven't seen a dentist in the last two years we followed with a question of why haven't you had your teeth cleaned, see chart below.



Performance of Usual Activities

Respondents were asked how often during the past 30 days they were not able to perform their usual activities, such as self-care, work, or recreation due to poor physical or mental health. The majority of respondents (54.4%) reported that they did not have any problems carrying out their usual activities due to poor health, which shows a small decrease from 2021 and a consistent decrease since reporting. In addition, all responses indicating number of days of poor health restricting activities showed an overall increase.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

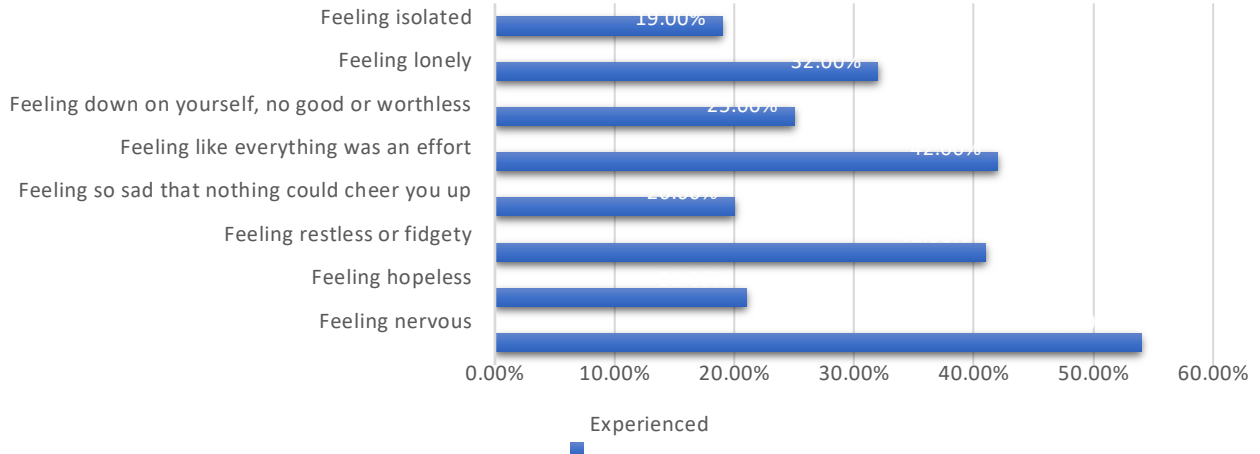


Mental Health

Respondents were asked if a health care provider ever told them they had an anxiety disorder, such as, acute stress disorder, anxiety, generalized anxiety disorder, or obsessive-compulsive disorder and 22% of the respondents reported that they had or have an anxiety disorder. Of those respondents indicating a mental health diagnosis an additional mental health focus question asked if you are now taking medication or receiving treatment from a doctor or other professional for any type of mental health condition or emotional problem and 41% responded yes.

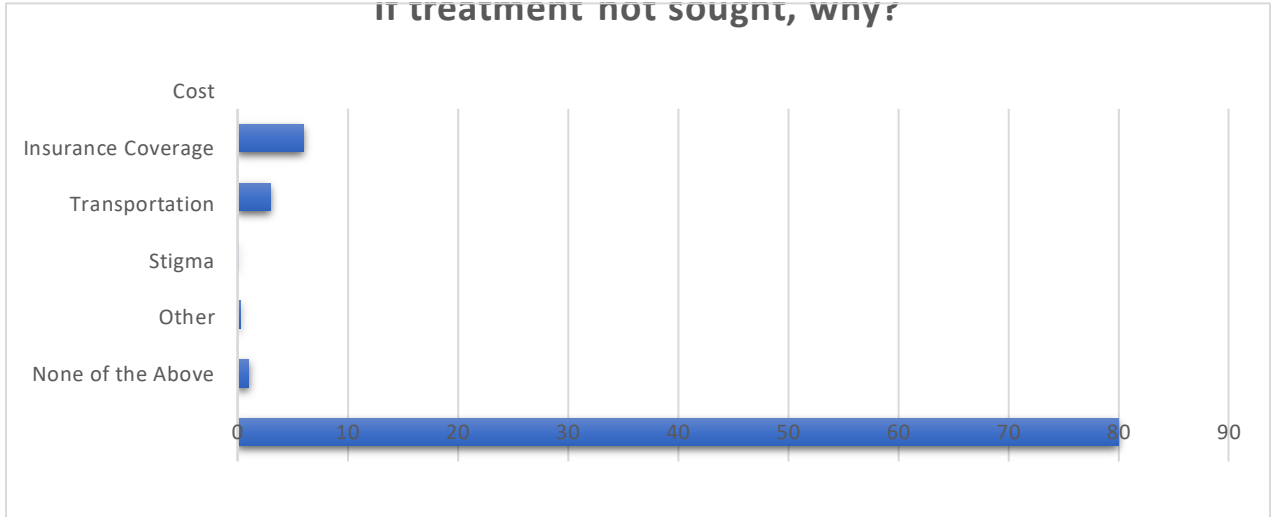
New to the 2024 assessment we asked several additional questions regarding mental and emotional health. We asked participants to select any of the following that they experienced during the past year: feeling nervous, feeling hopeless, feeling restless or fidgety, feeling sad or depressed that nothing could cheer you up, feeling like everything was an effort, feeling down on yourself, no good or worthless. The chart shows the responses.

Select any that was experienced in the past year



Of those who responded to the previous *feelings* questions, we asked, in the past year have you received an inpatient or outpatient treatment (such as in a hospital, treatment facility, medical or mental health clinic, doctor's office or some other place) for any problems you were having with your emotions, nerves or mental health, of which 15% responded that they had. For those that responded no treatment was sought we asked, "why?". Chart to follow.

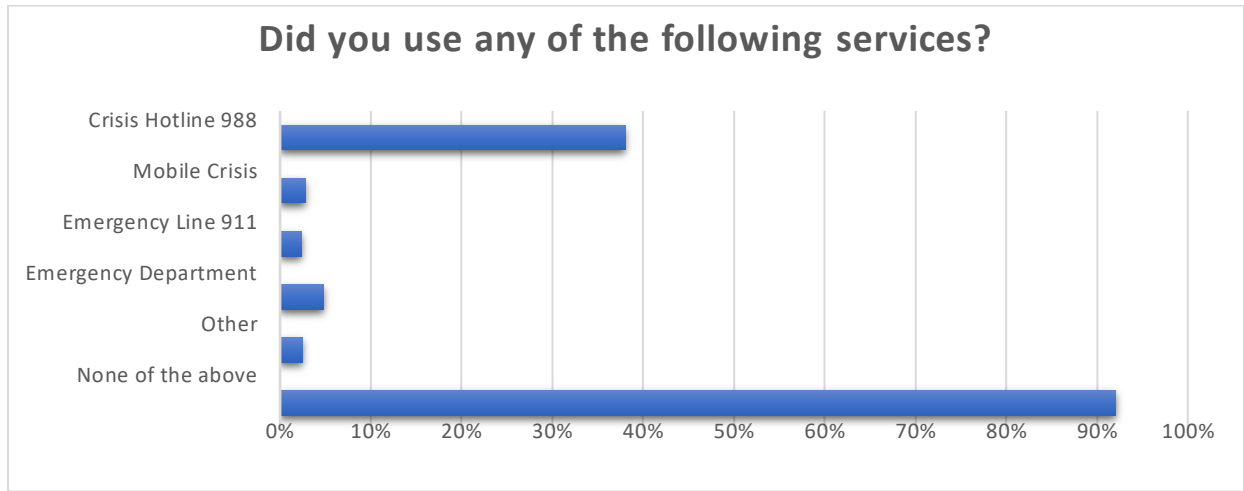
If treatment not sought, why?



Also beginning 2021, we asked questions regarding suicidality and in 2024 we dove even deeper into this health area. We asked at any time in the past 12 months did you think seriously about trying to kill yourself, 2.1% (47 individuals) had responded they had with another 1.5% (35 individuals) preferring not to answer. Of those who responded yes to the thought of killing themselves we asked an additional follow-up question, did you attempt to kill yourself, of which 6.3% (3 people) responded yes. Of those who responded yes, we asked, did you get medical attention from a doctor or other health

professional as a result of an attempt to kill yourself, 33% (one person) responded no and the other 66% (two persons) did receive treatment.

New in 2024, we asked if respondents have ever used emergency services, see chart below.



Veteran's Health

Respondents were asked if they served on active duty in the United States Armed Forces and if their duty involved serving in a combat or war zone. Among the 47 respondents who served in a combat or war zone, 9% have been diagnosed with depression, anxiety, or post-traumatic stress disorder (PTSD).

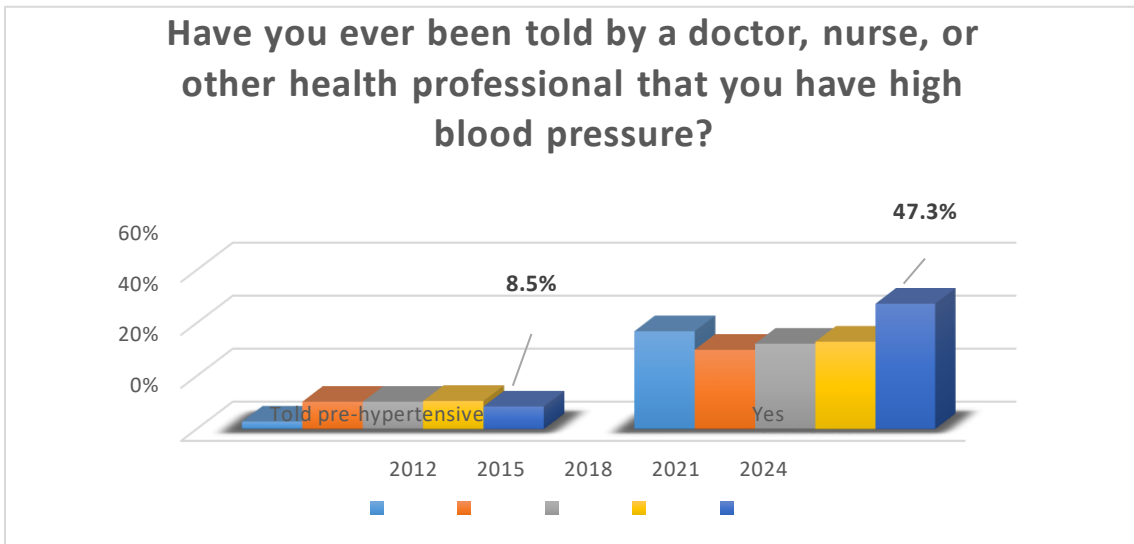
Cognitive Impairment

The early detection of cognitive impairment, such as dementia, is critical for treatment and long-term planning. With this in mind, the survey asked if respondents experienced confusion or memory loss in the past 12 months that is happening more often or is getting worse. While the vast majority of respondents (80.8%) indicated that they did not experience confusion or memory loss, 10.8% reported having these symptoms. This is a small increase from previous assessment. For the 2024 survey the question regarding cognitive impairment seen in a family member continues to show a higher positive response rate (31.3%).

Chronic Health Issues

High Blood Pressure and Cholesterol

Slightly more than 47% of respondents have been told by a doctor or health care professional that they have high blood pressure and another 8.5% have been told that they are borderline high or pre-hypertensive. There is an increase in the percentage of respondents with high blood pressure and a decrease in those with pre-hypertension.

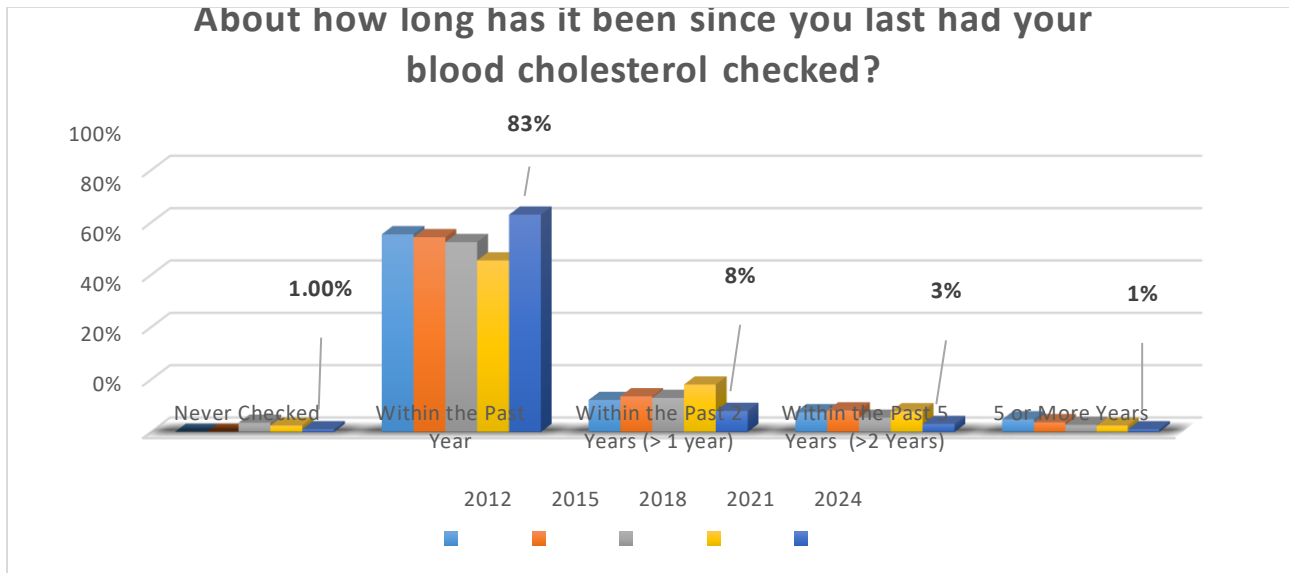


Respondents who reported having high blood pressure were asked to report on the actions they are taking to control their condition. The largest percentage of respondents indicated they were taking medicine at 94% which is a slight incline. The responses indicate that the other options to control blood pressure, changing eating habits, cutting down on salt and exercising are decreasing with the largest decrease in exercising. The table below provides details on all actions for this year and past years.

Actions to Control High Blood Pressure	2024	2021	2018	2015	2012
Taking medicine	94%	91.0%	92.2%	83.2%	87.3%
Changing eating habits	41%	69.4%	70.4%	73.6%	74.1%
Cutting down on salt	46%	63.7	66.6%	80.1%	82.1%
Exercising	38%	54.9	60.6%	55.8%	N/A
Self-monitoring	46%	-	-	-	-

Cholesterol

Respondents were asked how long it has been since they had their blood cholesterol checked. Approximately 83% of respondents had their cholesterol levels checked within the past year and 8% of respondents had their cholesterol levels checked within the past two years. The combined percentage of 91% is an increase to all previous years. In 2024, respondents who said that they had ever had their cholesterol checked were asked if they had been informed in that they had high cholesterol. 54% had indeed been informed in the past that they had high cholesterol and 75% of those who had been diagnosed with high cholesterol were currently on medication for high cholesterol. The statistics in this area are showing an increase in testing, knowledge, and medication usage.



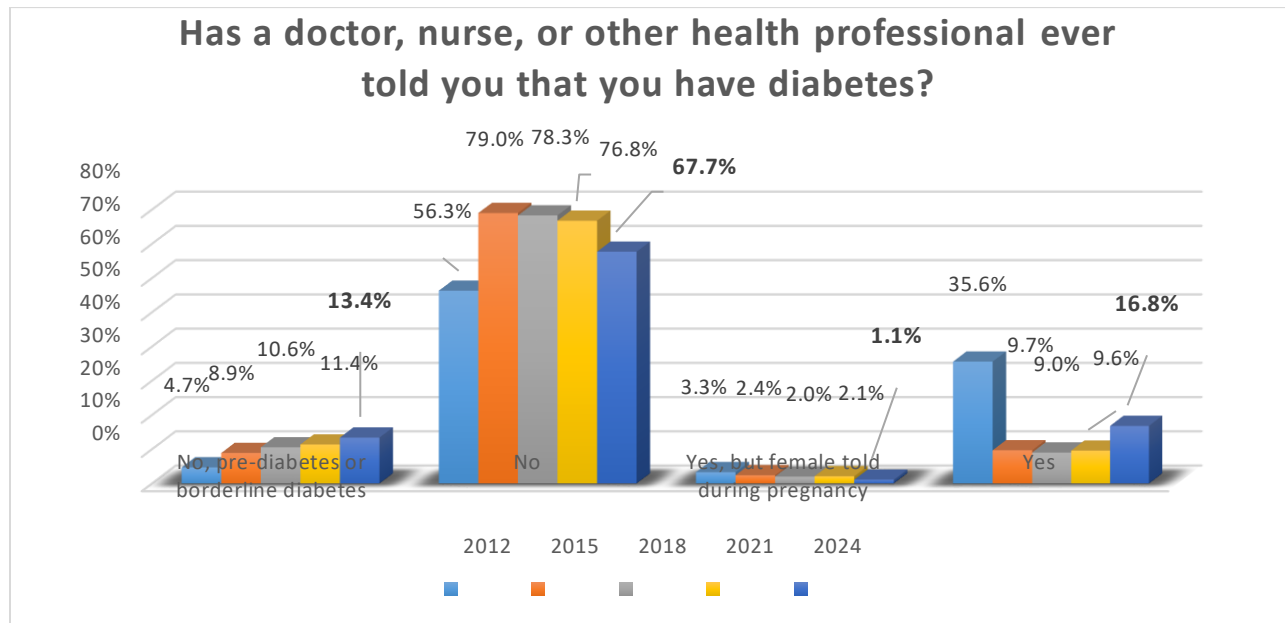
Heart Disease

Respondents were asked if they have ever been diagnosed with a number of chronic conditions, including heart disease. The findings for heart disease increased as 9.3% respondents reported being diagnosed with coronary heart disease/angina. There was an increase in the respondents reporting a stroke, heart attack and congestive heart failure stayed consistent. The increase was so significant some of the percentages more than doubled. A follow-up survey question was asked respondents if they had ever had a stent or bypass and 8.1% responded that they had. A summary of heart disease diagnoses among respondents, compared to 2021, 2018, 2015, and 2012, is reported below.

Chronic Condition	2024	2021	2018	2015	2012
Myocardial infarction (Heart attack)	4.6	2.7%	2.7%	2.0%	8.2%
Coronary heart disease/Angina	9.3	4.5%	3.9%	3.2%	5.8%
Stroke	4.4	1.3%	2.1%	1.3%	3.9%
Congestive heart failure	2.7	1.1%	1.0%	0.5%	N/A

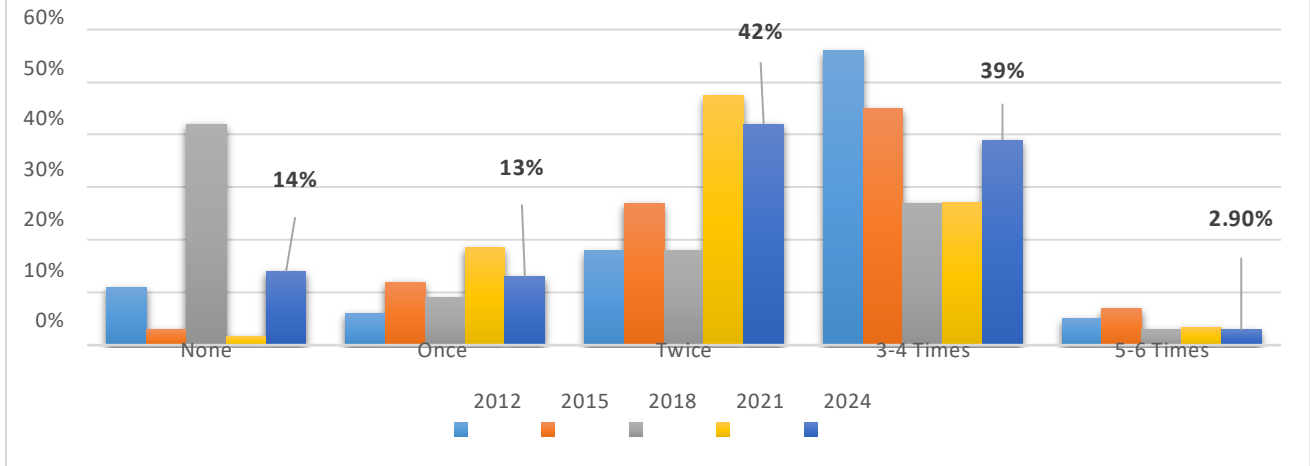
Diabetes

Diabetes is a serious disease that can be managed through appropriate use of medications, physical activity, and diet. Research indicates that the incidence and prevalence rates of diabetes in the U.S. are increasing. 16.8% of all survey respondents reported having been diagnosed with diabetes and 1.1% of female respondents reported having been diagnosed with gestational diabetes during pregnancy. Another 13.4% of participants were told they have pre-diabetes or borderline diabetes. Another follow-up question asked respondents who were diagnosed with diabetes if they were taking statins and 75.2% of those respondents reported that they are currently taking a statin.



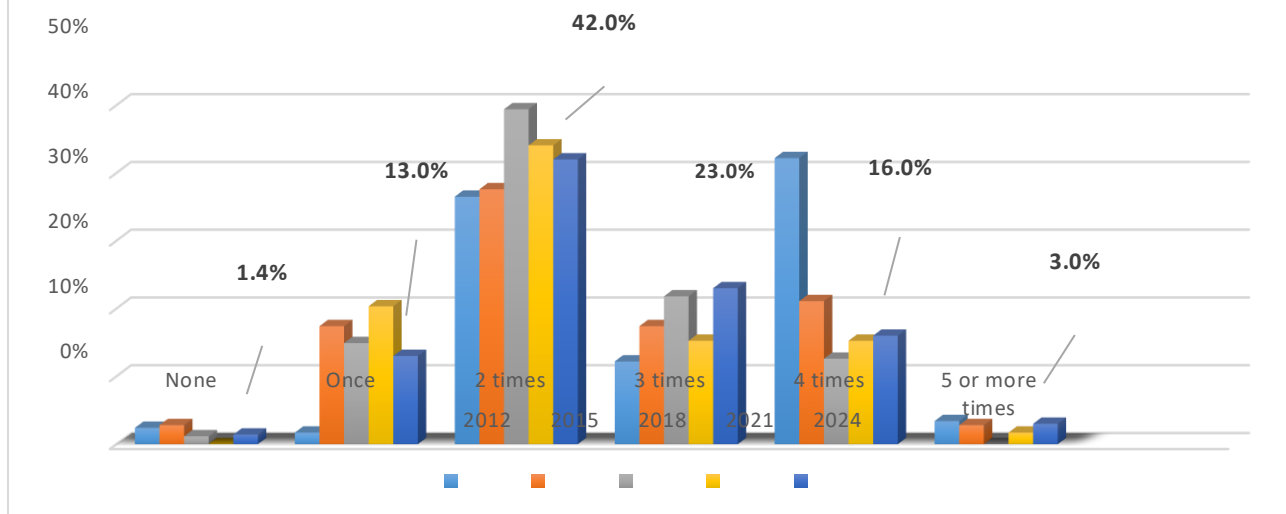
When asked how often they see a provider for their diabetes, 4.1% reported not seeing their health care provider in the last 12 months while 46% reported seeing their health care provider once or twice in the past 12 months.

How many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?



An A1C or “A one C” lab test measures the average level of blood sugar over a three-month period of time. Survey respondents with diabetes were asked how many times their doctor checked them for an A1C test in the past twelve months. The most common response, with almost half of all respondents, was 2 times in the past year. See the following table for an illustration of all responses.

ABOUT HOW MANY TIMES IN THE PAST 12 MONTHS HAS A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL CHECKED YOU FOR A1C?



Diabetes education helps individuals with diabetes learn how to manage their disease and practice healthy behaviors, such as eating healthy, being physically active, and monitoring blood sugar levels. Of those respondents who reported being diagnosed with diabetes, the majority of the respondents (56%) indicated having taken a diabetes training course on how to self-manage their disease which is small decrease since the last survey. New to the survey this year we asked if a provider ever told the respondent that diabetes increases the risk of heart attack or stroke, 48% indicated yes.

Other Chronic Conditions

Respondents were also asked to report on conditions like arthritis, asthma, cancer, and chronic obstructive pulmonary disease (COPD). Arthritis and asthma are the most diagnosed conditions of the respondents of the survey. Approximately 50.7% of respondents have been told they have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia and 33.6% of respondents have been told they have a form of cancer. The largest increase in diagnosis was of COPD. All chronic conditions show an increase since assessment began in 2012 with the exception of asthma. A summary of diagnoses among respondents, compared to 2021, 2018, 2015 and 2012, is reported below.

Chronic Condition	2024	2021	2018	2015	2012
Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia	50.7%	41.8%	38.7%	35.2%	37.1%
Asthma	16%	14.1%	15.1%	16.8%	17.4%
COPD	9.2%	3.9%	3.0%	3.5%	7.1%
Skin cancer	16.2%	12.6%	10.7%	6.4%	7.6%
All other types of cancer	17.4%	12.32	11.0%	9.0%	8.5%

Chronic Condition Management

Respondents who reported having one or more of the above chronic conditions were asked what resources they needed to manage these conditions. This question began with the 2015 survey, respondents were not given the option to indicate "none" as a resource needed until 2018. A majority of the participants (71.8%) expressed that they did not need any help in managing these conditions. A summary of the types of help they do need are listed below for comparison to 2018 and 2015. A significant decrease in all areas of needed resources.

Resource for Managing Condition	2024	2021	2018	2015
Help understanding all the directions from the doctors	10.7%	5.7%	7.7%	28.2%
Prescription assistance	10.5%	5.2%	8.6%	20.3%
Health care in my home and keeping appointments with my doctor (** These were combined in 2015)	10.1 (5.6 4.59% were keeping appointments with my doctor)	3.3%	6.2% (4.1% were health care in my home and 2.1% were keeping appointments with my doctor)	4.3%*
Transportation assistance	4.9%	2.8%	3.8%	2.5%
Help locating resources	10%	8.1%	11%	40.4%
Self Management *new 2024	17.1%			
Support Groups *new 2024	5.1%			
None	63.2	71.8	62.5%	NA

Dietary Behaviors and Physical Exercise

Dietary Behaviors

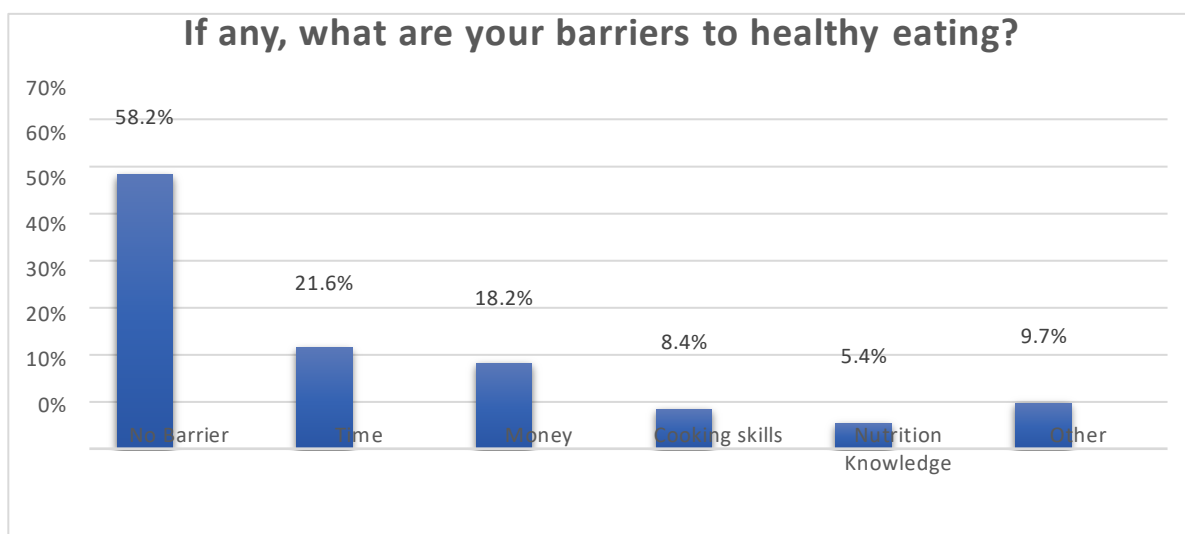
Respondents were asked about their consumption of fruits and vegetables in the past 30 days. The number of servings with the most responses was 6 (66%) servings of fruits and/or vegetables per day.

Respondents were asked the number of times per week their family eats fast or take-out food. Approximately 33% of participants reported eating fast or take-out food once per week and 24.3% reported eating fast or take-out food two to six times per week. The percentage of respondents eating fast or take-out food has remained consistent from the last several reports.

“Fast” or “Take-Out” Food Consumption	2024	2021	2018	2015	2012
Once per week	32.7%	34.7%	40.4%	45.0%	45.1%
2 to 6 times per week	24.3%	23.7%	29.3%	28.0%	23.3%
More than 6 times per week	.6%	.5%	1.2%	0.6%	0.8%
Never	25.2%	23%	29.1%	26.5%	30.8%

Respondents were also asked about their consumption of sugar-sweetened beverages such as Kool-Aid and soda. Almost half of the participants (48.6%) reported never drinking sugar-sweetened beverages. Of those that reported drinking sugar-sweetened beverages, 9% reported drinking these once per week, 7.5% reported drinking two sugar sweetened drinks weekly and 7.4% reported consuming seven of these beverages per week.

When asked about barriers to healthy eating, “No Barrier” was mentioned by more than half (58.2%) of respondents. Of those that did indicate a barrier, time still had the largest percentage of responses with 21.6% of respondents indicating this was a barrier. Money ranked the next highest with 18.2%. In addition, respondents were asked through an open-ended question to specify other barriers they may be facing. Food preferences including dislike of health foods, cravings, emotional eating, laziness/tired, too busy, or bad habits and food sensitivities were most frequently mentioned.

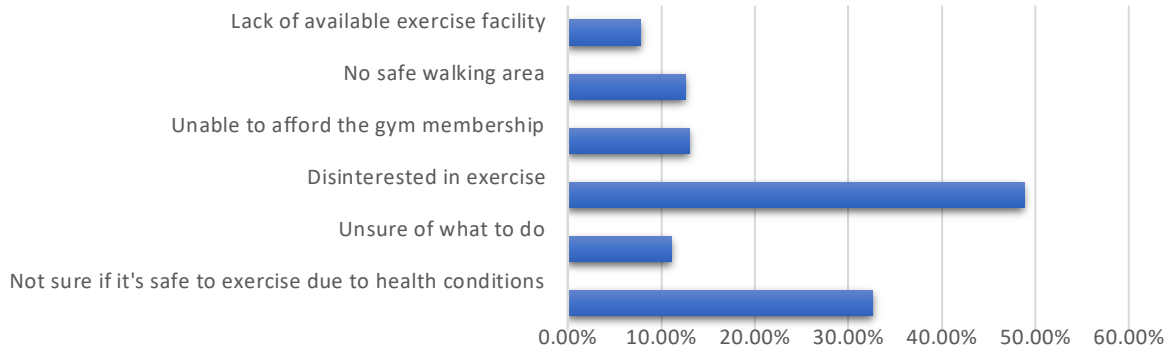


Physical Exercise

Approximately 73% of respondents reported that they participated in leisure time physical activity during the past month, this is a decrease from 2021.

Among respondents who participated in physical activity, the largest percentage of respondents (37.3%) indicated they exercise for 31- 60 minutes of moderate intensity aerobic physical activity, followed by 16-30 minutes of activity at 29.7% and 20.7% for those exercising for more than one hour.

If you do not exercise the recommended amount was it due to?

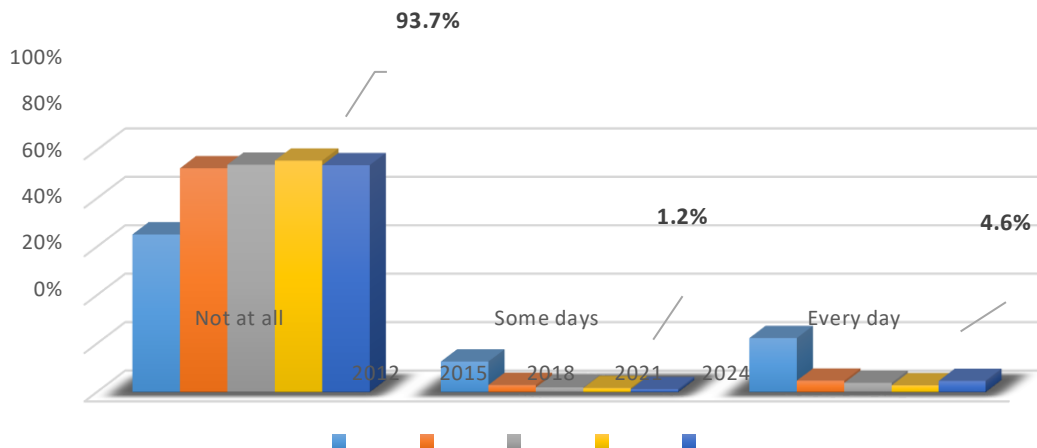


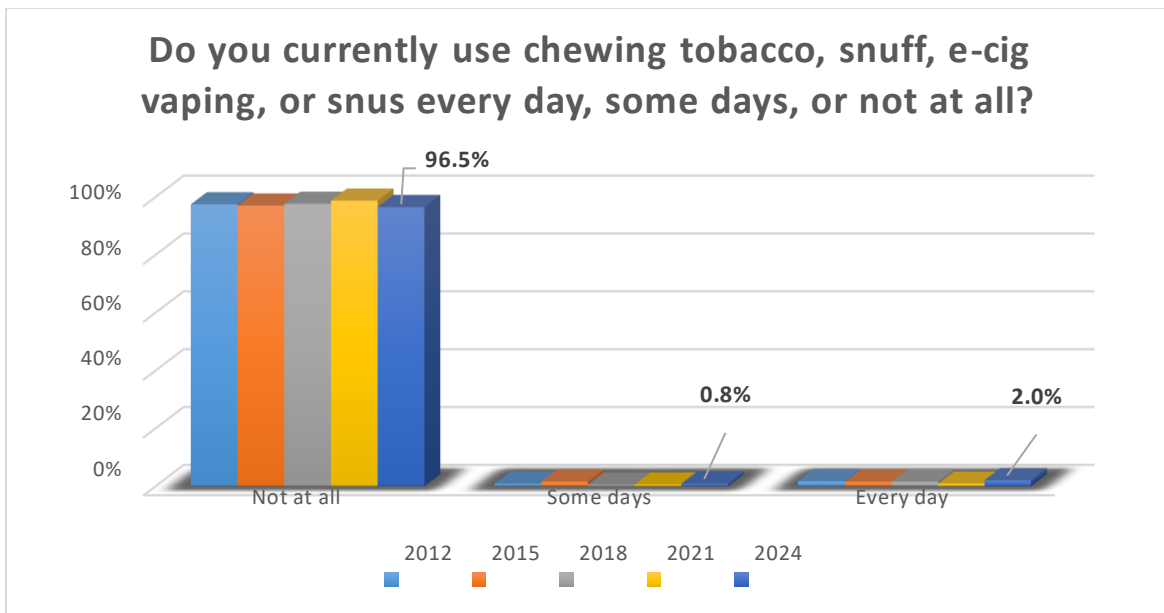
Health Risk Factors

Tobacco Use, Secondhand Smoke and Vaping Products

Risky behaviors related to tobacco use, secondhand smoke and electronic vaping products were measured as part of the survey. The vast majority of respondents reported that they currently do not smoke cigarettes (93.7%) nor use smokeless tobacco such as chewing tobacco, snuff, e-cigarettes or snus (96.5%). The number of respondents reporting using no tobacco decreased and those using it every day increased, this is a reversal of trend. Responses are shown in the following tables. The majority of respondents 96% reported that there were no days that they were exposed to secondhand smoke in their home.

DO YOU NOW SMOKE CIGARETTES EVERY DAY, some days, or not at all?





Regarding use of electronic vaping products (new question in 2021) have you ever used, had a 91.6% negative response. Of those who did ever use, the majority (54.6%) used it zero days in the last 30 days. The main reason they used a vaping product was to try to quit other tobacco product 39.7% followed by using them for some other reason (30.4%).

Alcohol Consumption

In 2024, 44% of respondents did not have an alcoholic beverage in the past 30 days. This is an increase of those abstaining from alcohol. Of those who drank alcohol in the past 30 days, 22% of the respondents indicated having a drink on 5 or more days of which 7.5% reported drinking 20 days or more. The majority 25% of those who drank alcohol, consumed three to four drinks.

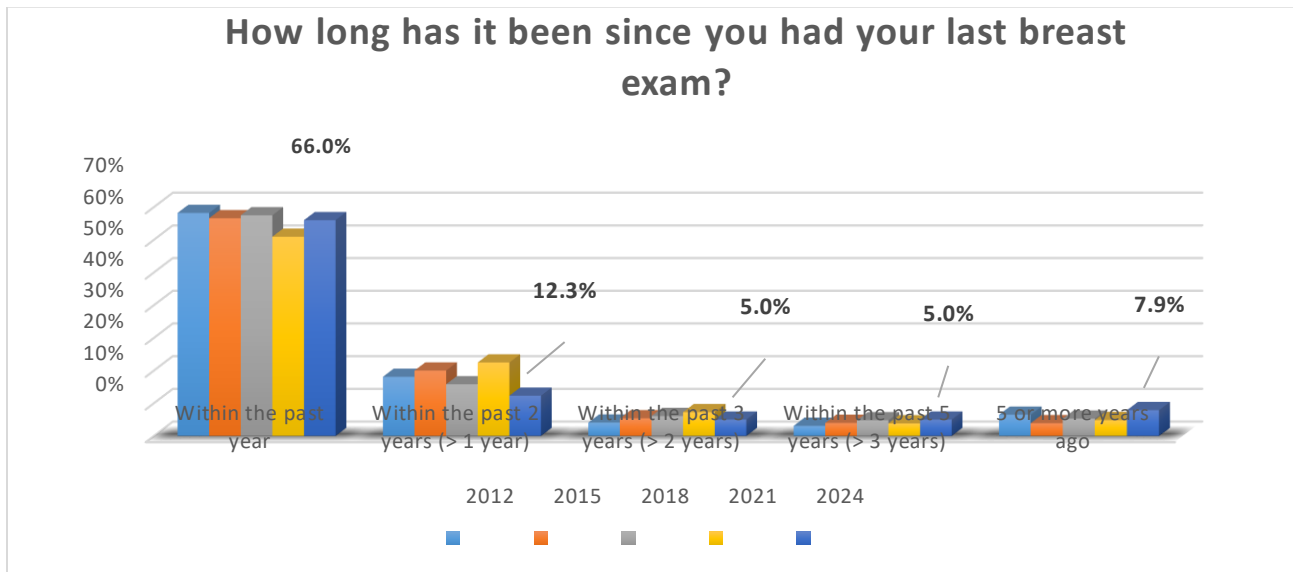
Substance Abuse

Added in 2018 and continued in 2021 and 2024, in addition to alcohol consumption, respondents were also asked if they had used opioids that were not prescribed to them in the last 3 months and if they have a family member or friend that has misused opioids in the last 3 months. 98.2% of the respondents answered that they had not personally used opioids that were not prescribed to them and 93.8% responded that they did not have a family member or friend who misused opioids within the last 3 months.

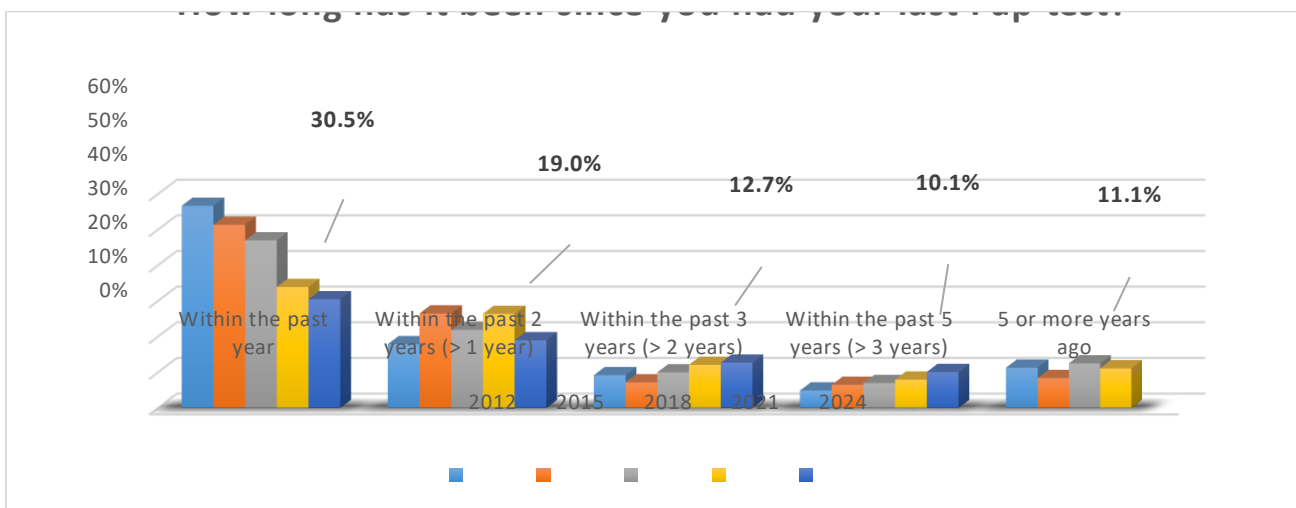
Added in 2021, we surveyed participants on use of marijuana in the last three months. Of the respondents surveyed, 91% reported that they did not use marijuana in the last three months.

Female Breast and Cervical Cancer Screenings

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Female respondents were asked if they have ever had a clinical breast exam and if so, when they received their last exam. Nearly all female respondents (93%) received at least one clinical breast exam. In addition, 78% of respondents received the exam within the past one to two years. The following chart further depicts 2024, 2021, 2018, 2015, and 2012 survey differences.



A Pap test is a test for cancer of the cervix. Female respondents were asked if they have ever had a Pap test and if so, when they received their last exam. Nearly all female respondents (95%) have received at least one Pap test. In addition, 49.5% of respondents received the exam within the past one to two years. Recent changes in recommended screening timeframes may impact these rates as well as the age of respondents. The following chart further depicts 2024, 2021, 2018, 2015, and 2012 survey differences.



Colon Cancer Screening

Respondents aged 49 years and over were asked if they had ever had a colon cancer screening. More than 74.4% of the respondents have had a colon cancer screening.

Male Prostate Cancer Screening

Male survey respondents aged 40 years and over were asked if they have ever had a discussion with their health care provider regarding the benefits and risks of prostate cancer screening. More than 42% of respondents reported having this discussion.

HIV/AIDS Testing

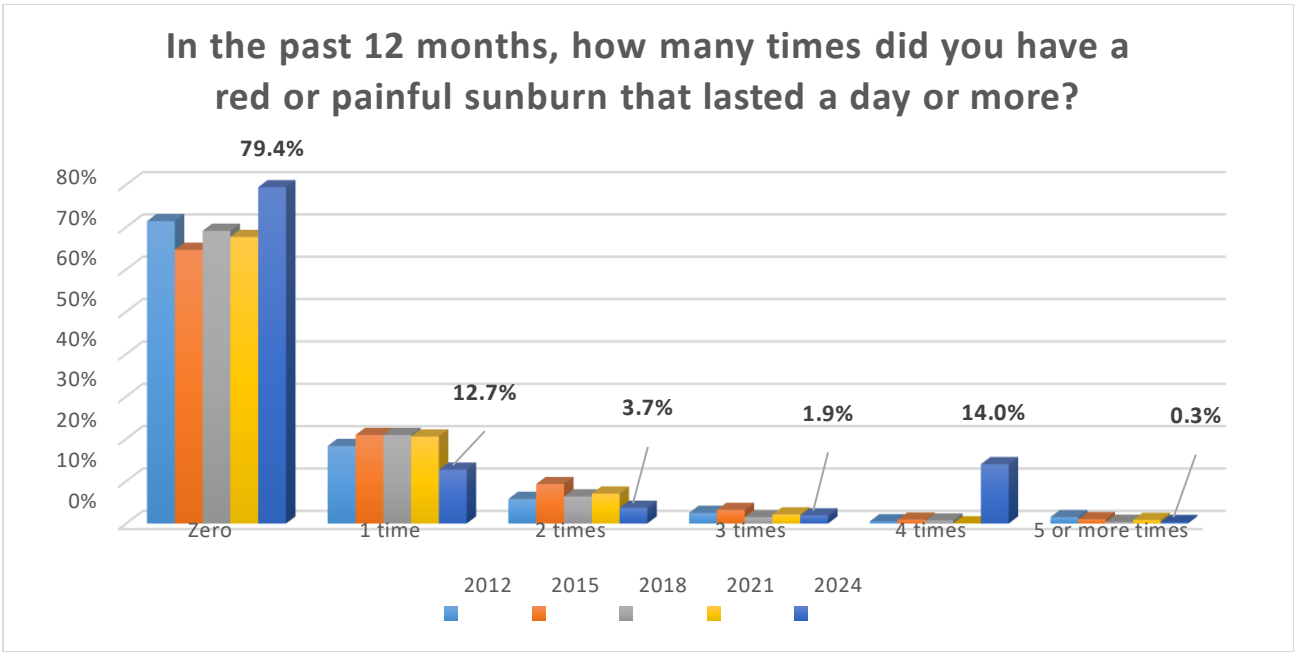
Knowing one's HIV status is key to preventing the spread of HIV and accessing appropriate counseling and medical care. The majority of respondents (71.9%) reported that they have never been tested for HIV. This is an increase from responses in 2021 (70.5), 2018 (60.5%), 2015 (63.2%) and 2012 (66.5%).

Seasonal Flu Vaccine

Participants were asked if they had either a seasonal flu shot, or a seasonal flu vaccine sprayed in their nose in the past 12 months. Approximately 75.5% of respondents reported having had a flu shot or vaccine in the past year. This is a reversal of the 2021 trend as 77.8% received the vaccine; however, increased from previous years as in 2012 only 49.3% of respondents had a flu shot, in 2015, 69% and in 2018, 73% reporting doing so.

Sun Exposure

It is well documented that excess sun exposure increases one's risk of skin cancer. Participants were asked how many times they had red or painful sunburn in the past 12 months that lasted a day or more. More than half of the respondents, 79.4%, did not have sunburn in the past 12 months. The percentage of respondents experiencing at least one sunburn in the past 12 months has also decreased to 12.7%.



The results are showing that the majority of participants are taking the same protective measures against the sun as they were in previous years. The only change in order was due to more people wearing sun protective clothing as it moved to the number five spot. In 2024, there was a slight decrease in the respondents' use of sunglasses, those who used a sunscreen with an SPF of 15 or higher, use of lip balm with SPF and avoiding artificial light. Of the 65 individuals who selected "other" as their response the most frequently used measure was to stay out of the sun/stay inside or umbrella and baseball cap. The following table shows the breakdown of the percent of respondents who selected each protective method. *Percentages are based on participants choosing as many answers as apply.

Rank	Protective Measure	Count	Percent of Respondents Who Selected the Measure*
1	Sunglasses	1552	77.5%
2	Sunscreen with an SPF of 15 or higher	1399	69.9%
3	Wide brimmed hat	920	45.9%
4	Lip balm with an SPF of 15 or higher	669	33.4%
5	Sun protective clothing	587	29.3%
6	Avoiding peak hours of 10am and 4pm	556	27.7%
7	Avoiding artificial UV light	382	19.0%
8	None	114	5.7%
9	Other	65	3.2%

Social Issues

Violence

Respondents were asked if they have ever been physically abused by another member of the household or have ever been a victim of a violent crime in the community. Over 93.7% of all respondents confirmed they have never been physically abused by another member of the household and 91.2% indicated they were not a victim of a violent crime.

End of Life Planning

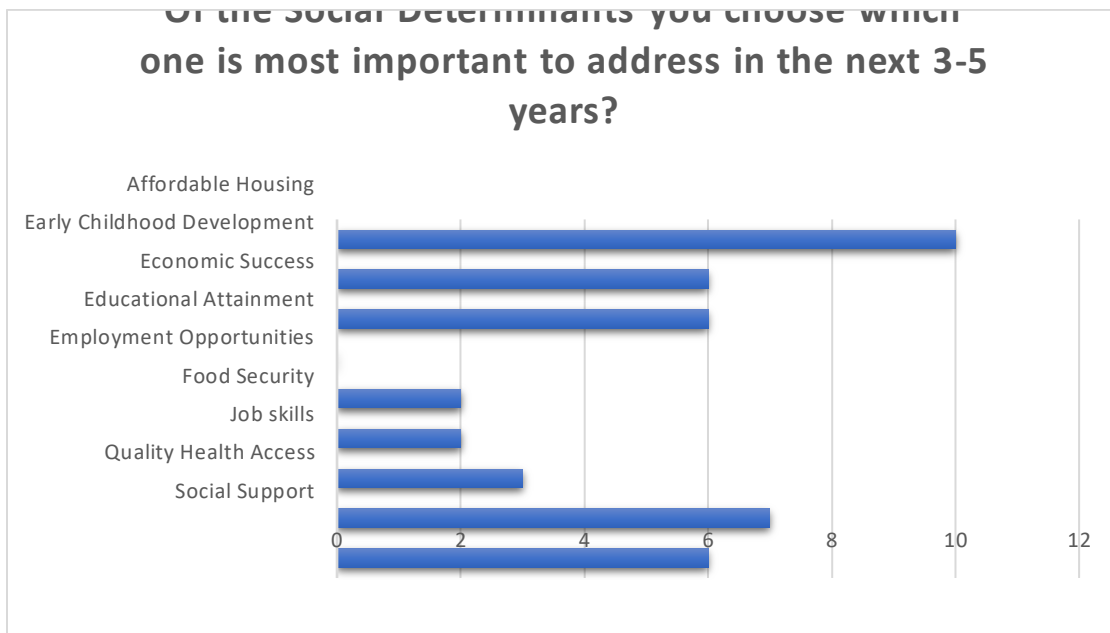
More than 61.7% of respondents indicated that they have a living will or advance directive. This is a continual increase in past years, in 2018 approximately 50% of respondents indicated they had engaged in end-of-life planning and in 2015, only 38% of respondents reported having a living will or advance directive.

Key Informants and Focus Groups Results

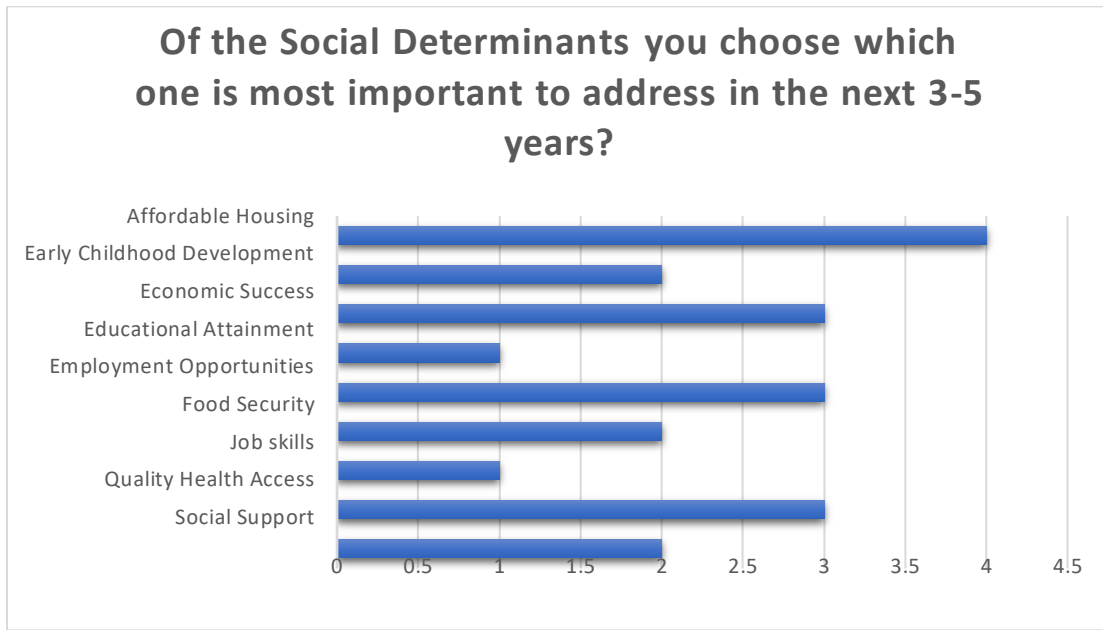
When asked which of the General Health Areas you would prioritize as the most important to address in the next 3-5 years the results were as follows.

Please notes these are the combined total results for all focus groups and all key informants. Individual group results may vary and can be found in the Consolidated Report.

Focus Group



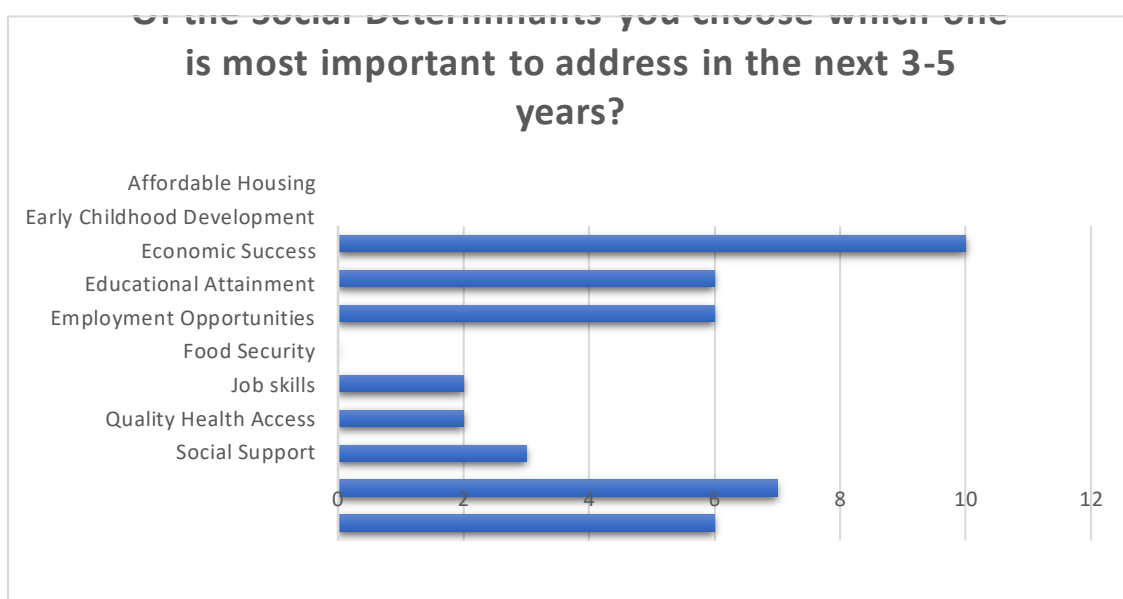
Key Informant



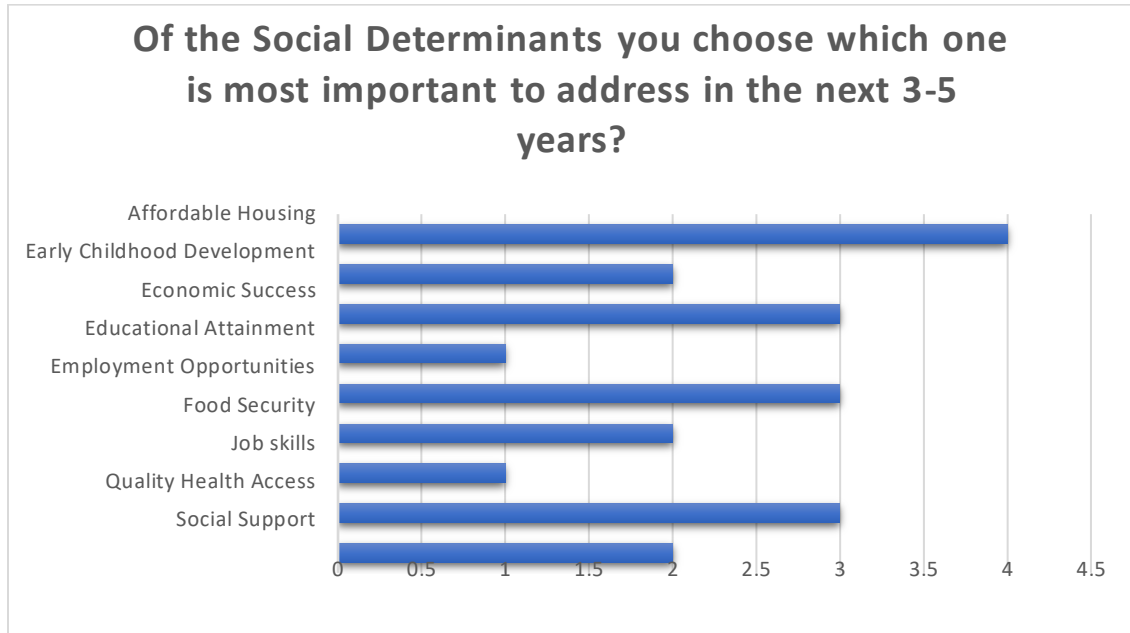
When asked which of the Social Determinants of Health you would prioritize as the most important to address in the next 3-5 years the results were as follows.

Please notes these are the combined total results for all focus groups and all key informants. Individual group results may vary and can be found in the Consolidated Report.

Focus Groups



Key Informant



The full 2023 CHNA Consolidated Report contains comprehensive data and information from all survey components. This report is available on The Partnership website (by June 1, 2024) at HealthyCarroll.org, and in hard copy by request.