

CARROLL COUNTY



Selection of Focus Area

In 1996, the Carroll County Health Department (CCHD), Carroll County General Hospital and a 50-member Citizen Advisory Forum formed a collaborative effort, the Partnership for a Healthier Carroll County. One of the first steps in the process was to complete a Community Health Assessment Project which included a secondary data assessment, focus groups, a household survey, and a provider survey. This process identified eight priority areas for the Partnership. The priorities were preventive health and wellness, access, cancer, domestic and interpersonal violence, elder health, heart disease, mental health, and substance abuse. An additional process was initiated to look at priorities within the health department. A local health plan/health improvement plan team was formed. Using both the external and internal process results, a local health plan was developed for CCHD. The local health plan focuses on all current priorities and the Health Improvement Plan (HIP) modules focus on expanded priorities. The top three HIP priorities identified were access, substance abuse, and oral health.

DEMOGRAPHIC OVERVIEW

| | | | |
|--|--------|--------------------------------------|----------|
| Estimated Population, by Race – 1998 | | | |
| Total | | | 149,700 |
| White | | | 95.9% |
| Other | | | 4.1% |
| Estimated Population, by Age – 1998 | | | |
| Under 1 | 1,860 | 18-44 | 60,780 |
| 1-4 | 8,170 | 45-64 | 32,760 |
| 5-17 | 30,480 | 65+ | 15,650 |
| All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 | | | |
| | | | 426.7 |
| Infant Mortality Rate 1995-1995 | | | |
| | | | 5.9 |
| Estimated Mean Household Income – 1999 | | | |
| | | | \$69,000 |
| Estimated Median Household Income – 1999 | | | |
| | | | \$60,100 |
| Civilian Unemployment Rate, Annual Average – 1999 | | | |
| | | | 2.5 |
| Labor force (Top 4) – 1995 | | | |
| Services | 15,600 | Construction | 7,000 |
| Retail Trade | 11,000 | Government (Federal, Military) | 6,800 |

Sources: Maryland Vital Statistics, 1999
 Maryland Department of Planning, 1995, 1998, 1999

Focus Area 1 - Assuring Access to Quality Health Services

Problem

Over the past two decades, major changes have occurred in the health care delivery system that have impacted health care quality and access. State and local governments have a role in insuring access to quality health care for all vulnerable and at risk populations. In addition to the uninsured, an unknown number of the insured population lack access to some parts of the health care delivery system. Improving access requires addressing barriers at the level of client, provider, and systems of care. Clients lack knowledge and financial resources. Providers have a lack of time and tracking systems. There is a lack of resources to identify persons at risk and then provide outreach to these clients. Access to the continuum of long-term care services continues to be a problem because of financial barriers and limited availability of specific services.

Determinants

Access barriers include location and hours of services, transportation, continuity of care, managed care systems, lack of insurance, and underinsurance. As of 1996, 12% of the population was considered to be uninsured, which represents 18,000 persons (Maryland Consensus Set of Health Indicators, 1998). Those more likely to lack health insurance continue to include young adults in the 18 to 24 year-old age group. Two-thirds of uninsured non-elderly adults have jobs, but the self-employed are at greater risk of lacking insurance. The uninsured are less healthy and less likely to obtain preventive health services.

In Carroll County, there have been access problems documented in the following areas: primary health care, dental, mental health, addictions, medications, and subacute and periodic home services for long-term care.

Access is also a problem for those residents with insurance. The 1996 Community Health Assessment Project, completed by the Partnership for a Healthier Carroll County included a household survey with 585 responses. Of those respondents, 22.4% indicated not being able to get needed health care, and cited reasons of which 10.9% were financial barriers, including under insurance, copays, and high deductibles. Of the remaining reasons, 11.5% were additional barriers such as "health is not a priority," doctors won't take their insurance, work schedules, lack of trust of the medical community, and distance from health services. In the survey, 9.7% had one barrier, 4.4% had two barriers, and 2.5% had three or more barriers.

Objective 1- By 2010, create a surveillance system to measure unmet health care needs in Carroll County.

Action Steps

- ⇒ Develop a system to collect county-specific data on access issues.
- ⇒ Repeat Community Health Assessment household survey of Carroll County residents.
- ⇒ Identify gaps in service delivery.

Objective 2 - Reduce the proportion of individuals/families in Carroll County who report that they do not obtain all of the health care that they need from 22.4% in 1996 to lower than 15% in 2010.

Action Steps

- ⇒ Prioritize areas of unmet needs.
 - ⇒ Establish strategies to overcome barriers and unmet needs.
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Partners

Carroll County Bureau on Aging • Carroll County Department of Social Services • Carroll County health care providers • Carroll County Health Department • Carroll County Public School System • Partnership for a Healthier Carroll County

Related Reports

Carroll County Bureau of Planning, Comprehensive Planning Department. (1999, July). *Carroll County demographic and development data manual*. County manual.

Maryland Health Care Commission. (1999, October). *Health insurance coverage in Maryland adults: Demographic health status and access to care differences*.

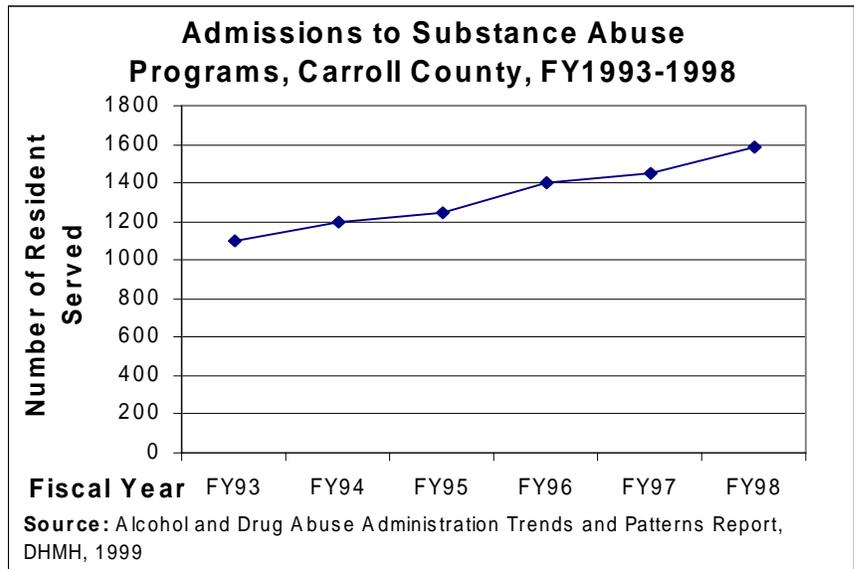
Partnership for a Healthier Carroll County. (1996). *Community health assessment*. More information available: <http://www.healthycarroll.org>.

Public Health Reports, 114. (1999, November/ December).

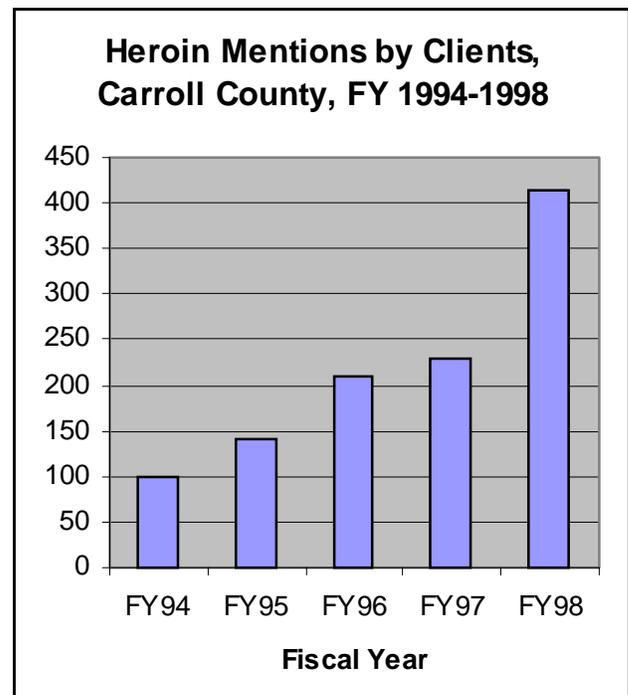
Focus Area 2 - Reduction of Substance Abuse

Problem

According to the State of Maryland's 1999 Trends and Patterns of Substance Use, published by the Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration (ADAA), admissions to treatment programs overall in Maryland have fallen over the past three fiscal years. In comparison, the admissions to methadone maintenance facilities have increased by 40% over the last three years. This may be directly attributed to the increase in heroin use throughout the state. Statistics for Carroll County residents in outpatient and residential substance abuse treatment for 1999 year show a decrease in the average age of the person applying for treatment and an increase in illicit drugs as the reason for admission to the programs.



The 1999 ADAA report shows significant increases in the number of mentions of illicit drug use over the last five years. The data show a slight decrease over the last three years in alcohol use. Data collected at the Shoemaker Center on admissions of Carroll County residents show a 72% increase in mentions of marijuana use upon admission. Cocaine mentions have also increased by 70% for Carroll County residents. Probably the most alarming statistic is the increase of 432% in the number of mentions of heroin use among Carroll County residents since FY1994. Although most users begin by using this drug intra-nasally, statistics continue to show the number one method of use is intravenous injection. This raises concern over the other health risks involved in the intravenous injection of illicit substances. These are HIV/AIDS, Hepatitis, endocarditis, blood infections, and a host of other medical conditions.



Source: Alcohol and Drug Abuse Administration Trends and Patterns Report, DHMH, 1999

Determinants

There are gaps in the substance abuse treatment services available to the residents of Carroll County. For instance, the County lacks proper and adequate detoxification services. Many residents of the County leave and travel to other counties or to Baltimore City in an effort to receive detoxification services. Consequently, clients with multiple challenges are forced to go back and forth to numerous providers in order to meet their treatment schedules. Ideally, clients should be able to access a local provider to meet all of their needs.

Another gap in the substance abuse continuum of care is the lack of a methadone clinic as a treatment alternative for the increasing numbers of heroin dependent individuals residing in the County. Adequate integrated services for individuals with both a substance abuse disorder and a mental health disorder are nonexistent. In addition, long-term care is sorely needed to address the ever-growing heroin addicted population between the ages of 18 and 25. This population is extremely difficult to treat as they very frequently leave against medical advice during the detoxification phase. When incarcerated, clients often immediately return to heroin abuse after leaving the criminal justice system.

Objective 1- To increase by 20% the number of clients receiving treatment for illicit drugs in the general population from 1,597 in FY1998 to 1,897 in FY2010.

Objective 2 - By 2010, increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts from the existing one to three community efforts.

Action Steps

- ⇒ Develop a system to investigate and identify gaps in community treatment.
- ⇒ Identify resources to increase the availability and accessibility of treatment.
- ⇒ Provide a proper continuum of substance abuse services.
- ⇒ Increase public awareness and acceptance for substance abuse services.

Partners

Alcohol and Drug Abuse Administration, DHMH • Carroll County Health Department • Drug Early Warning Systems (DEWS) • Criminal Justice, Substance Abuse, and Mental Health Coalitions

Related Reports

Alcohol and Drug Abuse Administration. *Trends and patterns report*.
Maryland State Task Force for Increasing the Availability of Substance Abuse Treatment. *Interim report*.
Maryland Drug Scan Report: Current Trends in Drug Use. (1999).
Carroll County General Hospital. *ER statistics*. Program Statistics.

Focus Area 3 - Improving Access to Oral Health Services

Problem

Children in Maryland do not receive dental services to the same degree as children nationwide, particularly fillings and sealants, according to the Survey of the Oral Health Status of Maryland School Children, 1994-1995, published by the University of Maryland Dental School. The report shows that Maryland children have a 55% untreated decay rate compared to the national average of 21%. Maryland school children with decay is 60% compared to a national average of 50%. Children who are eligible for Medicaid, or Free/Reduced Lunch programs have over 30% more cavities than the State average. The recent increase in fees paid to dental providers who accept Medicaid clients has not increased access in Carroll County, and residents have encountered additional problems seeking dental care through the managed care organizations.

The Survey of the Oral Health Status of Maryland School Children, 1994-1995 revealed that children without fluoridated water have 50% more decayed teeth than children living with fluoridated water. Of the 11 County water systems, only four add fluoride. This leaves 21% of the residents on community water supplies without fluoride. Of all Carroll County residents (private wells and community water supplies), only 39% are on fluoridated water according to the County's 1999 Environmental Health Survey. Ten elementary schools and two middle schools on non-fluoridated water supplies participate in school-based fluoride mouth rinse programs.

Determinants

The Carroll County Dental Access Program was developed in 1987 by the Health Department to coordinate reduced-fee dental care to "gray area" youth and elderly residents. The program's existence depends upon the participation of private dentists who voluntarily reduce fees with no subsidy. Historically, referrals have been generated by the Bureau of Aging, Board of Education, and Health Department clinics. If this program were advertised, the dentists could not handle the number of referrals. This program does not serve 22- to 60-year-olds who have no local access to reduced-fee dental care. Clients are often referred to the University of Maryland Dental School in Baltimore, where a 30-50% reduction in fees is provided. Even if able to pay, lack of transportation to Baltimore is a common complaint.

Mission of Mercy Van (a charitable organization) treats dental clients every Wednesday in Westminster, but they are limited to a maximum of 16 dental patients weekly. With Westminster being their busiest site, there are as many as 30 patients waiting to be seen on any given Wednesday. In 1998, they provided 482 dental procedures in Westminster utilizing one dental chair manned by one dentist. Mission of Mercy clients are not the homeless and destitute, but rather the average uninsured/underinsured working lower to middle class resident.

People often seek relief from dental pain at the Carroll County General Hospital Emergency Room. Once there, abscessed teeth are generally treated with an antibiotic and the patient is told to seek dental care. Unfortunately, there is often nowhere for them to go. In calendar year 1999, the Carroll County Health Department paid private dentists in the community to render dental emergency care to 40 uninsured low-income clients. Because of limited funding, emergencies were limited to “relieving dental pain associated with abscessed or broken teeth.” The most common treatment is extractions.

Objective 1 - By 2010, reduce the proportion of school age children in Carroll County with dental caries to 25%. (Baseline: 60% for Maryland, 1996)

Objective 2 - By 2010, 50% of Carroll County children will have received dental sealants on their molar teeth. (Baseline: 20% for Maryland, 1996)

Objective 3 - By 2010, increase to 90% the proportion of the population served by community water systems with optimally fluoridated water. (Baseline: 79% for Carroll County, 1999)

Action Steps

- ⇒ Increase the public health capacity for oral health services where the private sector is not fulfilling current needs among the uninsured and underinsured.
- ⇒ Increase public awareness through dental education.
- ⇒ Increase school-based and/or school-linked oral health services.
- ⇒ Form more partnerships between the private and public dental health sector.
- ⇒ Increase advocacy and education for fluoridated water.
- ⇒ Provide dental sealants to school age children, especially those who are considered disadvantaged.

Partners

Carroll County Dental providers • Carroll County Dental Society • Carroll County Health Department • Carroll County Public Schools • Community Water Treatment Facilities • Mission of Mercy • University of Maryland Dental School

Related Reports

Poole, Jill. (1986). *Dental health steering committee report.*

U.S. Department of Health and Human Services. (2000, January). Oral health: Summary of Objectives. In *Healthy People 2010*. Washington, DC: U.S. Department of Health and Human Services, U.S. Government Printing Office.

University of Maryland Dental School. (1995). *Survey of the oral health status of Maryland school children, 1994-1995.*

Chason, Dr. Jay; Sanidad, Dr. Orlando; Mission of Mercy. (2000). *Oral health survey.*

Cross-Reference Table for Carroll County

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