



THE COMMUNITY FOUNDATION  
of FREDERICK COUNTY  
*For Good. Forever. For Frederick County.*



2018 FREDERICK COUNTY

# *Human Needs Assessment*

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## Acknowledgements

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- United Way of Frederick County.

The Community Foundation of Frederick County appointed a Research Advisory Board to provide expert advice and guidance throughout the project. Members of the Research Advisory Board are listed in Appendix A.

The contents of this report are the responsibility of the authors only, and do not reflect the views of The Community Foundation of Frederick County, the other project co-sponsors, or the many persons inside Frederick County and elsewhere who participated in interviews, focus groups, surveys and other means of collecting information.

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# Table of Contents

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|  |            |
|--|------------|
| <b>Acknowledgements .....</b>  | <b>ii</b>  |
| <b>Table of Contents .....</b>   | <b>iii</b> |
| <b>Executive Summary .....</b>   | <b>1</b>   |
| <b>1. Introduction and Methodology .....</b>                               | <b>3</b>   |
| Welcome to the 2018 Human Needs Assessment Report.....                     | 3          |
| Related Efforts that Influenced the Needs Assessment .....                 | 4          |
| Project Methodology .....  | 4          |
| Building the Basis: 43 Key Informant Interviews in Frederick County .....  | 5          |
| Deepening the Dialogue: Six Focus Groups in Frederick County .....         | 9          |
| Assessing Current Perceptions: A Survey of Community-Engaged Persons ..... | 10         |
| Identifying Six Comparison Counties for Secondary Data Analysis.....       | 11         |
| Key Informant Interviews in the Comparison Counties .....                  | 16         |
| Limitations of the 2018 HNA Methodology.....                               | 17         |
| Overview of the Report.....  | 18         |
| Notes to Chapter 1 .....   | 19         |
| <b>2. Supporting Families with Children.....</b>                           | <b>21</b>  |
| Perceptions in Frederick County Regarding Families with Children .....     | 21         |
| Recent Trends Impacting Families with Children .....                       | 24         |
| A Framework for Supporting Families with Children in Frederick County..... | 32         |
| Family Stressors in Frederick County.....                                  | 32         |
| Practices and Policies for Supporting Families with Children .....         | 41         |
| Initiatives for Families with Children in the Six Comparison Counties..... | 46         |
| Conclusions.....   | 47         |
| Notes to Chapter 2 .....   | 48         |
| <b>3. Preparing for an Aging Population .....</b>                          | <b>55</b>  |
| Perceptions in Frederick County Regarding the Aging Population.....        | 55         |
| Recent Trends Related to Aging in Frederick County.....                    | 58         |
| A Framework for Supporting the Aging Population.....                       | 65         |
| Practices and Policies for Supporting the Aging Population .....           | 69         |

|   |            |
|---|------------|
| Initiatives for the Aging Population in the Six Comparison Counties.....          | 71         |
| Conclusions.....  | 73         |
| Notes to Chapter 3 .....  | 75         |
| <b>4. Responding to Substance Use Disorder .....</b>                              | <b>77</b>  |
| Perceptions in Frederick County Regarding Substance Use Disorder.....             | 77         |
| Recent Trends in Substance Use Disorder.....                                      | 78         |
| Risk Factors Contributing to Substance Use Disorder .....                         | 81         |
| Treating Substance Use Disorder.....  | 84         |
| The Need for New Facilities in Frederick County.....                              | 85         |
| Initiatives Related to Substance Use Disorder in the Six Comparison Counties..... | 86         |
| Conclusions.....  | 89         |
| Notes to Chapter 4 .....  | 90         |
| <b>5. Addressing Other Human Needs, Some Solutions and Conclusion .....</b>       | <b>94</b>  |
| Introduction.....   | 94         |
| Diversity, Inclusion and Social Acceptance in Frederick County .....              | 95         |
| Disconnected Youth.....   | 100        |
| Criminal Gangs .....  | 101        |
| Findings about the Current Role of Government.....                                | 102        |
| Two Holistic Solutions for Human Needs in Frederick County.....                   | 102        |
| Conclusions.....  | 103        |
| Notes to Chapter 5 .....  | 106        |
| <b>Appendix A: Members of the Research Advisory Board.....</b>                    | <b>107</b> |
| <b>Appendix B: Participants in Key Informant Interviews and Focus Groups.....</b> | <b>108</b> |
| <b>Appendix C: Conduct of the Focus Groups .....</b>                              | <b>112</b> |
| <b>Appendix D: Survey Instrument .....</b>  | <b>117</b> |
| <b>Appendix E: Summary of Survey Results .....</b>                                | <b>122</b> |
| <b>Appendix F: Characteristics of the Comparison Counties .....</b>               | <b>130</b> |
| <b>Appendix G: Notes on Federal Government Data Sources .....</b>                 | <b>135</b> |



# Executive Summary

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**Purpose.** The Community Foundation commissioned the 2018 Human Needs Assessment to determine the most pressing needs in Frederick County, with the information then used to shape its strategic funding and leadership initiatives over the next five to ten years. The 2018 Human Needs Assessment followed, updated, and extended a similar assessment in 2011 that identified three clusters of human needs in Frederick County:

- Health care including mental health.
- Services for youth (birth – age 24) including childcare.
- Basic needs including housing.

The results of the 2018 Human Needs Assessment elevate the following as high priorities in Frederick County:

- Supporting families with children of all socioeconomic backgrounds.
- Preparing for a growing elderly population.
- Responding to substance use disorder including opioids and alcohol.

These three issues include important elements of the human needs identified by the 2011 effort.

**Methodology.** The 2018 Human Needs Assessment pursued a multi-method, multi-source strategy to ensure multiple perspectives and data on human needs as they have evolved in the County since 2011. The four primary components of the methodology were as follows.

- Interviews of 43 key informants inside Frederick County that emphasized ten issue areas: housing, substance use, jobs and income, children and youth, mental health, transportation, aging, diversity and inclusion, health care, and food insecurity.
- Six focus groups (six to nine persons in each) on the topics of the role and limitations of government in the County, substance use disorder, housing and income challenges facing families, preparing for an aging population, diversity and inclusion, and supporting youth and their families.
- A survey of community-engaged persons regarding their perceptions of the conditions affecting a wide range of demographic groups in the County and their sense of priorities for education, community services, and social services, that achieved 309 total responses.
- Collection and visualization of high quality secondary data from sources such as the U.S. Census/American Community Survey on topics that pertained to the issues identified by the 2018 Human Needs Assessment and includes trends for Frederick County, the State of Maryland, the U.S., and six comparison counties selected to be excellent benchmarks (Anne Arundel County and Carroll County; Maryland, Chesterfield County, Virginia; Dutchess County, New York; and Santa Barbara County, California).

Additionally, the 2018 Human Needs Assessment gathered information from 12 total key informants across the six comparison counties and from research literature reviews related to supporting families, preparing for an aging population, and responding to substance use disorder.

***Findings Regarding Families with Children.*** After cross-referencing all sources of information, the 2018 Human Needs Assessment produced these findings regarding families with children in Frederick County:

- Many community-engaged persons believe that the situation of families with children has worsened in recent years.
- Families with children need improved access to quality childcare and out-of-school time activities and supervision; the cost of childcare is a heavy burden for families.
- Funding for instruction in Frederick County Public Schools is lower than in most other Maryland counties yet the schools are a high priority for families.
- A lack of affordable housing and student loan debt puts additional financial pressures on families with children.

***Findings Regarding the Aging Population.*** The 2018 Human Needs Assessment produced these findings regarding the “silver tsunami” presented by an aging population in the County:

- The elderly population is growing about three times the rate of the overall population of the County; not only are there proportionately more older people, but the elderly are living longer – the need for services is increasing in breadth and depth.
- Elderly persons in Frederick County need transportation, assistance for aging in place, access to medical providers specializing in geriatrics, and treatment for substance use disorder.
- As is the case nationwide, the aging population in the County is not saving to support the cost of retirement.

***Findings Regarding Substance Use Disorder.*** The 2018 Human Needs Assessment produced these findings regarding Substance Use Disorder (SUD):

- Frederick County is coping with SUD including opioid addiction and overdoses and the less visible but much more prevalent alcohol abuse.
- SUD often co-occurs with mental health challenges.
- Medical and mental health services for persons with SUD are undersupplied in the County (there is no residential treatment facility and no free-standing detox facility) and persons seeking treatment face difficulties related to cost and transportation.

The concluding chapter finds that increasing racial and ethnic diversity in Frederick County is creating additional needs related to inclusion, disconnected youth (ages 16 to 24) are a rising concern needing attention, local government is facing challenges paying for services, and there is a place for solutions such as targeted ride sharing services and dedicated public benefits navigators to help address human needs across the County.

# 1. Introduction and Methodology

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## Welcome to the 2018 Human Needs Assessment Report

The Community Foundation of Frederick County (the Community Foundation) is pleased to present this report on an extensive human needs assessment (HNA) completed in 2018. The Community Foundation funded the research presented here to help guide its grant making and scholarship programs for the next decade. This report also serves as a common reference for governments, nonprofits and other organizations that seek to improve human well-being in Frederick County. Accompanying this report is a dynamic data visualization tool that allows users to examine important local, state and national trends over the prior 20 years related to human needs in Frederick County. The visualization tool is based on the aggregation of many different official sources of demographics and statistics and serves as another common reference for ongoing efforts to serve human needs in the County.

The Community Foundation last funded a human needs assessment in 2011. The resulting report suggested that three clusters of human needs in the County should be among the highest priorities:

- Health care including mental health.
- Services for youth (birth – age 24) including childcare.
- Basic needs including housing.

The Community Foundation launched the 2018 HNA knowing that these three clusters of needs remain high priorities that continue to be widely recognized across Frederick County. At the same time, Frederick County is undergoing important demographic and social changes as one of the fastest growing counties in the State of Maryland, a commuter suburb of both the Baltimore and Washington, DC metropolitan areas, and one of the highest regarded counties in the entire United States. Furthermore, recent events on the local and national levels strongly suggested reasons for conducting another human needs assessment now.

The results of the 2018 HNA elevate the following as high priorities in Frederick County:

- Supporting families with children of all socioeconomic backgrounds.
- Preparing for a growing elderly population.
- Responding to substance use disorder including opioids and alcohol.

In planning for the 2018 HNA, the Community Foundation reviewed the 2011 effort and concluded that it was necessary to increase the financial support for the project. The project team is extremely grateful to the co-sponsors of the 2018 HNA for investing the necessary resources

## ***2018 Frederick County Human Needs Assessment Report***

in the project (please see acknowledgements above). With these combined resources, the Community Foundation greatly expanded the scope and improved the methodology to accomplish an ambitious project plan for the 2018 HNA under the direction of Devereux Consulting, Inc. of Silver Spring, Maryland and Social Science Consultants LLC of Stratford, Connecticut.

The Community Foundation hopes that all residents of Frederick County will benefit from reading this report and assist with raising awareness of the issues highlighted in the report and in the separate visualization tool. The human needs discussed here pose significant challenges that will require broad participation to secure a better future for Frederick County.

### **Related Efforts that Influenced the Needs Assessment**

Several other organizations and groups in Frederick County actively are assessing and responding to human needs in the County including Frederick County Government, Frederick Regional Health System, Frederick County Health Department, and United Way of Frederick County. Rather than duplicate these efforts, the 2018 HNA sought to complement and learn from them. The special box on pages 6 and 7 describes recent results from some of these parallel efforts and explains how this needs assessment benefitted from access to their findings and recommendations.

### **Project Methodology**

The 2018 HNA pursued a multi-method, multi-source strategy to ensure multiple perspectives and data on human needs as they have evolved in the County since 2011. The four primary components of the methodology were implemented in a sequence as follows:

1. ***Key informants in Frederick County.*** The 2018 HNA sought out detailed input from 43 experts within the County covering a wide range of issues and perspectives. The basis of the 2018 HNA was built on the information and insights these 43 persons generously shared during the first phase of the project.
2. ***Focus groups in Frederick County directed at issues and themes emerging from the key informants.*** Analysis of the key informant interviews strongly suggested gathering additional perspectives on six specific issues and themes. To do that, the 2018 HNA convened six separate focus groups consisting of persons in the County with in-depth experience on those matters.
3. ***A survey of highly community-engaged persons in Frederick County regarding perceptions of trends and identification of priorities relevant to human needs.*** Further analysis of the key informant interviews and the results of the focus groups shaped an on-line survey that was circulated among many different networks of community-engaged



individuals within the County. The survey finished with 309 total responses and yielded additional insights that cross-referenced with the other components of the methodology.

4. ***Acquisition, aggregation, and analysis of secondary data pertaining to trends in human needs within Frederick County and in eight comparison geographies.*** Using publicly available, high quality data from such sources as the U.S. Census and the National Center for Education Statistics, the project constructed a data visualization tool to facilitate analysis of demographic and other data directly related to the issues and themes emerging from the other project components. To put trends in Frederick County in context, the data also includes the United States as a whole, the State of Maryland, and six comparison counties that the project team carefully selected to benchmark with Frederick County. This report uses results from the data tool throughout the presentation, and the tool itself will be made publicly available through the Community Foundation's website to all interested persons and organizations.

Additionally, the 2018 HNA included two other supporting efforts that provided additional information to guide the project:

- ***Key informant interviews in the six comparison counties.*** The 2018 HNA benefitted from interviews with one key government leader and one key leader within the local community foundation in each of the six comparison counties. These interviews occurred later in the project so that they could be cross-referenced with findings from within Frederick County and from literature reviews of published research.
- ***Literature reviews of published research related to the issues and themes emerging out of the 2018 HNA.*** The literature reviews focused on connecting human needs within Frederick County to national trends and insights while identifying evidence-based practices to address needs which might be considered for implementation in Frederick County.

The names and affiliations of all persons who participated in interviews and focus groups are listed in Appendix B of this report. The Community Foundation is extremely grateful for their willingness to devote time to assisting with the 2018 HNA.

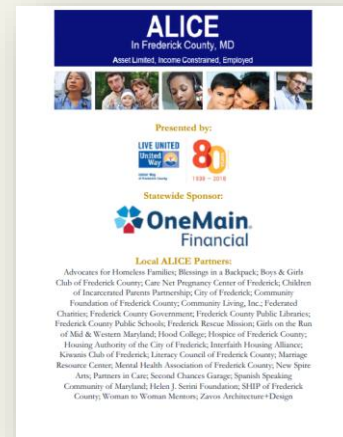
## **Building the Basis: 43 Key Informant Interviews in Frederick County**

***Identifying the Key Informants.*** The project turned to the members of the Research Advisory Board (Appendix A) to submit candidates for key informant interviews. After cross-referencing those suggestions and filtering based on the need to represent different regions within the County, different perspectives, and different backgrounds, a final list of informants emerged. The project also included the members of the Research Advisory Board in the interviews.

## Other Efforts Related to Human Needs in Frederick County

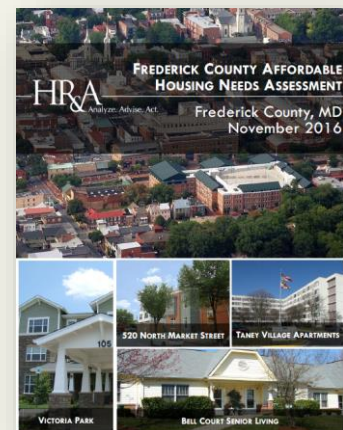
### *United Way of Frederick County: The ALICE Index.*

ALICE (Asset Limited, Income Constrained, Employed) is an innovative approach to assessing the well-being of lower income working families. Pioneered by the national United Way, ALICE is being used in many U.S. states to draw attention to the economic struggles of families who are above the federal poverty line and employed, yet risk falling behind economically. ALICE uses many different measures of the basic cost of living to estimate the annual income for a family sufficient to afford housing, transportation, food, and health care. United Way of Frederick County released its most recent update to ALICE in October 2018.



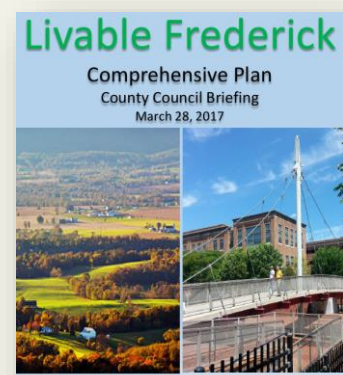
### *Frederick County Department of Housing and Community Development: Affordable Housing Assessments.*

Affordable housing is a significant concern for all residents of the County. The Department is at the center of ongoing studies and community efforts to ensure there is a supply of affordable housing now and in the future. A 2016 study conducted by HR & A Advisors, Inc. yielded a detailed assessment of housing needs that documented trends in rent and mortgage prices which, if left to themselves, will significantly limit the availability of affordable housing across the entire County.



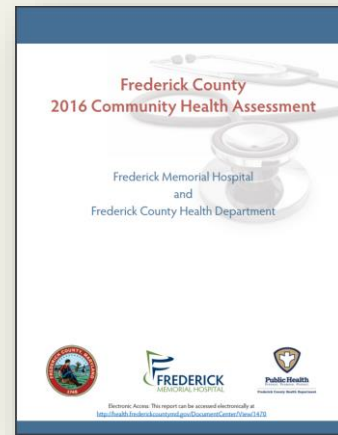
### *Livable Frederick: A Comprehensive Planning Approach for the County.*

Livable Frederick is a broad-based initiative to engage the many different communities in the County in the planning process. Its focus includes affordable housing, employment, transportation, and the environment. Eight work groups are fostering community dialogue about present conditions and future goals for the County in the context of anticipated demographic and economic changes. Recent public presentations are available online.



## Other Efforts Related to Human Needs in Frederick County

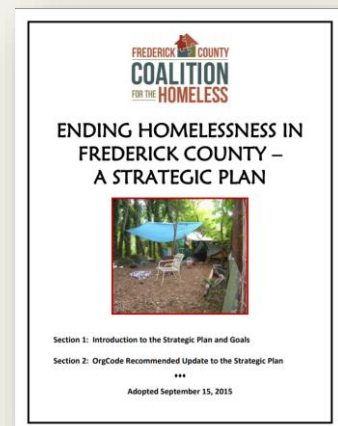
***Frederick County Health Department: Community Health Assessment.*** Frederick County and the Frederick Regional Health System conduct community health assessments that report on causes of death, prevalence of major diseases such as cancer, maternal health, mental health, and behavioral health issues including sexually transmitted diseases, substance use, and obesity. Sources of data include Frederick Memorial Hospital, the State of Maryland and the U.S. Census. The partners in this effort released the most recent Community Health Assessment in 2016. A 2018 update is in progress.



***Frederick County Office of the Executive: Seniors First Report.*** Frederick County Executive Jan Gardner formed a Seniors First Steering Committee that produced a 2016 report about County services related to aging. Among the recommendations were proposals to form a new division within County government focused on the needs of older adults including those above the age of 85, attract more geriatric medical specialists to the County, and strengthen a continuum of care model based on aging in place, availability of assisted living options, and more skilled care providers for seniors.



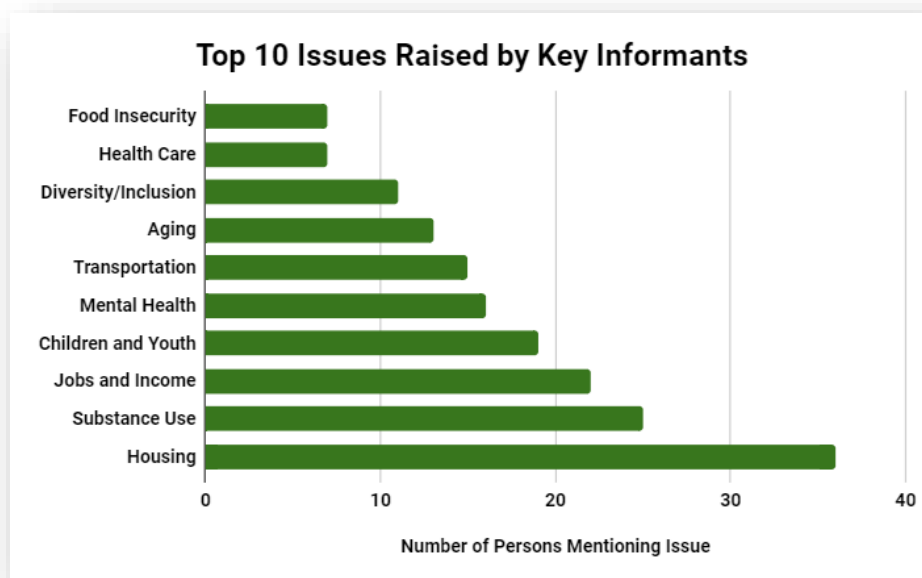
***Frederick County Coalition for the Homeless: Strategic Plan.*** The Frederick County Coalition for the Homeless published a 10-year strategic plan in September 2015. The plan presents a continuum of care model for responding to homelessness, identifies different causes of homelessness in the context of various populations (e.g., single adults, families), and encompasses currently homeless and persons at imminent risk of becoming homeless through such circumstances as eviction. A primary goal of the strategic plan is to make homelessness rare in the County by 2025 and put in place services necessary to prevent homelessness.



**Interview Process.** The Research Advisory Board received, reviewed and approved an interview protocol before the interviews themselves occurred during late March and early April 2018. Most of the interviews occurred in person. Project team members from Social Science Consultants led the interviews and kept detailed notes for further analysis.

**Issues Emerging from the Interviews.** After compiling, cross-referencing and further analyzing the interview notes, a list of 10 issues emerged as having been most often mentioned across all the key informants. Figure 1 presents these 10 issues by frequency of mention by the different interviewees. For example, 25 interviewees referenced substance use.

Figure 1



The first observation about this list is that it includes all the human needs identified by the 2011 Human Needs Assessment. A second observation is that one of those needs – health care – appears now to be less salient, perhaps reflecting the passage and implementation of the Affordable Care Act and related changes in the health care system. A third observation is that other organizations and groups in Frederick County actively are focusing on poverty, health care, transportation, mental health, aging and housing (see the box on pages 6 and 7 for details). A fourth observation is that Frederick County Health Department has a separate health care needs assessment underway in 2018, supported by the Frederick Regional Health System and other partners involved in health. Finally, the key informants also discussed the changing context and direction of local government in the County, which is a cross-cutting and very important factor in public policymaking for all these issues. With input from the Research Advisory Board, the team project focused on diversity/inclusion, aging, jobs and income, children and youth, substance abuse, and the changing role of government. This refining of the 2018 HNA project agenda directed the recruitment of six focus groups to explore issues in greater depth.

## Deepening the Dialogue: Six Focus Groups in Frederick County

***Recruiting the focus groups.*** The Research Advisory Board and other contacts in Frederick County assisted with identifying persons with direct experience and expertise to participate in the focus groups. The final composition of the groups was as follows:

- The Role and Limitations of Government in Frederick County (6 participants)
- Substance Use Disorder: Preventing and Providing for Addiction (9 participants)
- Living on the Edge: Housing and Income Challenges (9 participants)
- The Challenges of Providing for an Aging Population (7 participants)
- Diversity and Inclusion (6 participants)
- Supporting Youth and Their Families (8 participants).

This level of participation in the focus groups increased the number of community-engaged persons providing information and insights for the 2018 HNA to a total of 98 (43 key informants, 45 focus group participants). Appendix B includes the focus group participants.

***Focus Group Process.*** All six focus groups were held in Frederick County during May 14-16, 2018. Prior to the focus group meetings, the Research Advisory Board received, reviewed and approved protocols to guide each discussion. Project team members from Social Science Consultants led and kept detailed documentation of the focus groups. More details about the groups are in Appendix C of this report.

***Refinement of the issues resulting from the focus groups.*** Analysis of the focus group discussions strongly suggested that the 2018 HNA focus attention on the three specific clusters of issues presented at the very beginning of this report:

- Supporting families with children of all socioeconomic backgrounds.
- Preparing for a growing elderly population.
- Responding effectively substance use disorder including opioids and alcohol.

Of these three clusters, the one which emerged as a very new focus of attention relative to the prior 2011 Human Needs Assessment is preparing for a growing elderly population. The results from the key informant interviews show that aging in Frederick County cuts across other important issues such as housing and health care. The Research Advisory Board reviewed and approved the recommendation from the project team to make these three clusters the centerpiece of the 2018 HNA.

The project team and the Research Advisory Board also recognize that crucial aspects of diversity and inclusion are embedded across all three clusters. Chapter 5 of this report specifically addresses issues of diversity and inclusion that arose during the 2018 HNA project.



## **Assessing Current Perceptions: A Survey of Community-Engaged Persons**

***Motivation for the Survey.*** With the three issue clusters identified, the project team sought additional perspectives regarding trends in human needs in the County. To acquire some of that perspective, the 2018 HNA included an on-line survey that was distributed to a wide range of networks of community-engaged persons. Members of those networks were encouraged to invite others also to complete the survey. A copy of the complete instrument is found in Appendix D.

***Survey Design.*** The Research Advisory Board received, reviewed and approved the survey design before the instrument was made available online. The survey instrument contained five sections of questions:

1. A section gathering information about the *respondent's history* in Frederick County including time living, working, and raising children.
2. A section asking about *demographics* such as gender, race and education.
3. A section asking *perceptions of trends in overall well-being* during the prior five years and over the next five years for families, for residents based on such factors as work and home location, and for persons from diverse backgrounds.
4. A section asking respondents to *rank priorities* among three categories of services – education, community amenities such as after school programs, and social services.

The survey included an open-ended response question that allowed respondents to elaborate on their concerns about human needs.

***Survey Responses and Results.*** The survey was available for completion throughout the first three weeks of July 2018. The Community Foundation sent several email invitations to its extensive list of community contacts to encourage participation during that time. When the survey closed, 309 persons had completed it. This increased the number of community-engaged persons providing information and insights for the 2018 HNA to as many as 407 (counting the 98 participants in interviews and focus groups). Among the survey respondents were some persons who also participated in the key informant interviews and the focus groups.

Survey participants were majority female, predominately but not entirely White, very highly educated, and employed in the City of Frederick. The respondents spanned every work sector with the majority employed by nonprofits, and just under a majority held mid-level or senior management positions. Almost all the participants had long histories in Frederick County including two-thirds having raised children there.

The three most striking findings from the survey were an overall sense of pessimism about the recent past and the near future, a very strong endorsement of providing services related to the

public schools, and concerns about Adverse Childhood Experiences (ACEs). Specific findings from the survey include the following:

- For every category of resident except members of the LGBTQ community, the respondents on average perceived that *conditions had become worse* over the prior five years with mixed predictions for the next ten years into the future.
- Two-thirds of respondents also selected *improving the public schools* as a first or second priority among all types of educational institutions in Frederick County.
- When asked to rank various community services, 61% selected *after school programs* for grades K-8 either as the first or second priority.
- Nearly a similar percentage (59%) indicated that services related to ACEs are a first or second priority.
- Table 1 compares the rank ordering of the issues mentioned by the key informants with the issues mentioned in the open-ended survey responses. Note that the open-ended responses turned out to be focused on nearly the same list of issues.

| Issue               | Rank Order in Key Informant Mentions | Rank Order in Survey Mentions |
|---------------------|--------------------------------------|-------------------------------|
| Housing             | 1                                    | 2                             |
| Substance Use       | 2                                    | 4                             |
| Jobs and Income     | 3                                    | 3                             |
| Children and Youth  | 4                                    | 1                             |
| Mental Health       | 5                                    | 6                             |
| Transportation      | 6                                    | 7                             |
| Aging               | 7                                    | 5 (tie)                       |
| Diversity/Inclusion | 8                                    | 5 (tie)                       |
| Health Care         | 9                                    | 8                             |
| Food Insecurity     | 10                                   | No mentions                   |

These findings cross-reference with other sources of information including the discussions in the focus groups. A summary of all the survey results is in Appendix E of this report.

## Identifying Six Comparison Counties for Secondary Data Analysis

**Motivation for Using Comparison Counties.** Many similar human needs assessments conducted outside of Frederick County gather data about differences within the study region. The 2018 HNA recognized the importance of understanding variations in conditions within Frederick County. That variation of itself does not allow for placing conditions within the County into a broader, more systematic perspective. To gain that perspective, the 2018 HNA sought to use secondary data provided by the U.S. Census and other highly reputable sources to compare the

## ***2018 Frederick County Human Needs Assessment Report***

County to other similar places around the nation. This component of the project involved selecting six counties with very similar features to Frederick. While that number may seem arbitrary, the project team found that some unique aspects of Frederick County made it very challenging to locate these comparisons. At the end of the selection process, six counties emerged as the best choices for this purpose.

***Criteria for Selection.*** The starting point for identifying potential comparisons was recognizing that Frederick County is considered one of the best places in the entire U.S. For example, in 2014 the New York Times published a ranking of all 3,100 counties based on six quality of life factors: (1) median family income, (2) percent college graduates, (3) percent unemployment, (4) percent on disability, (5) average life expectancy, and (6) percent obese. Frederick County ranked number 65 in this assessment, putting it in the top 2% of all U.S. counties. The first criterion in selecting comparisons was that these other counties should be similarly highly ranked to be useful benchmarks.

The second criterion was that the comparison counties should be similarly located in their regions as Frederick County is, meaning that they are somewhat but not immediately adjacent to major population and employment centers, and have a mixed rural/suburban character. Furthermore, Frederick County is located within the “commuter shed” of both Baltimore, Maryland and Washington, DC, one of the largest and most vibrant economic regions of the entire country. The obvious other such regions are around New York City, Chicago, Los Angeles, Houston, Atlanta and Miami. Because of long enduring problems in the U.S. South, few counties there are highly ranked in the New York Times index. The 2018 HNA focused on locating comparison counties near Los Angeles, Chicago and New York City, along with those nearby in Maryland and Virginia.

***Six Comparison Counties.*** After researching the options and reviewing them with the Research Advisory Board, the project team located the following six counties that met the criteria to be suitable comparisons with Frederick County:

### ***Inside the Region:***

- Anne Arundel County, Maryland
- Carroll County, Maryland
- Chesterfield County, Virginia

### ***Outside the Region:***

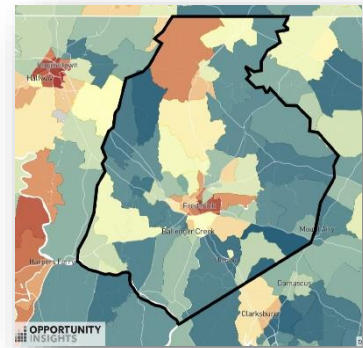
- Santa Barbara County, California
- McHenry County, Illinois
- Dutchess County, New York

As is discussed throughout this report, these counties provide more than just comparisons with which to gain perspective on Frederick County. These counties suggest alternative paths, some positive and some negative, down which Frederick might go depending on how its leadership and residents shape important choices today.

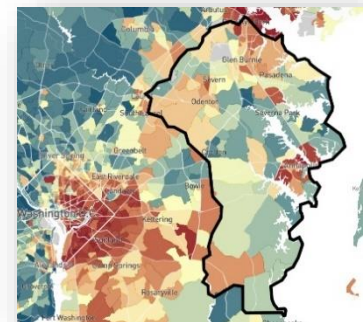
To delve briefly into this way of interpreting findings based on the comparison counties, what follows are some “thumbnail” portraits of each. These portraits are facilitated by the recent public release of a powerful new information tool for studying the interaction of place and population with socioeconomic trends. The Opportunity Atlas is an online resource that shows how the economic success of children compares with that of their parents based on federal income tax records spanning two recent generations that have been matched with U.S. Census data. The maps in the following county portraits come directly out of this tool.

In reviewing the maps, note that the darker red areas are where children *raised in low income households* did worse economically as adults relative to their parents. Conversely, darker blue areas are where those children grew up to be more successful than their low-income parents. These maps do not display where poverty is concentrated; the maps show where two generations of low income families experienced worse results over two recent generations. Additional comparisons of the counties using data from multiple sources are found in Appendix F of this report.

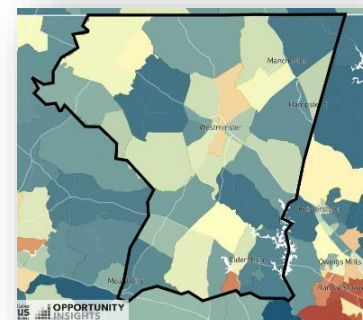
***Frederick County, Maryland.*** Located two counties away from Baltimore and Washington, DC, Frederick was ranked in the top 2% by the New York Times in 2014. The County is becoming more diverse in terms of race and ethnicity (26%) but remains far behind the State of Maryland (49%) in that regard. Median family income of \$88,000 is well above the national average. There are clusters of multi-generation low-income families residing in Frederick City (map center) and in the northwest.



***Anne Arundel County, Maryland.*** Located south of Baltimore and northeast of Washington, DC, Anne Arundel was ranked in the top 6% by the New York Times in 2014. It is the only county among the comparisons with a higher median family income than Frederick County. There are some concentrated areas of low-income families. Anne Arundel has about twice the population of Frederick County, is more diverse (31%), and encompasses several cities rather than having a single, central urban area.

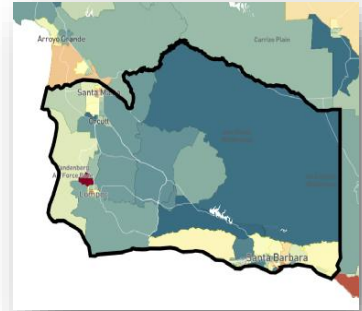


***Carroll County, Maryland.*** Located immediately to the east of Frederick County, Carroll County was ranked in the top 7% by the New York Times in 2014. The county has about the same median family income as Frederick but less than 10% of current residents come from diverse racial or ethnic backgrounds. Carroll has a smaller population than Frederick and is trending older on average. Worsening income between generations is less of an issue there.

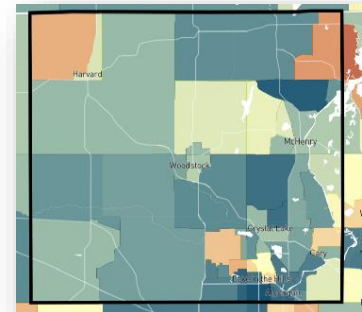


## 2018 Frederick County Human Needs Assessment Report

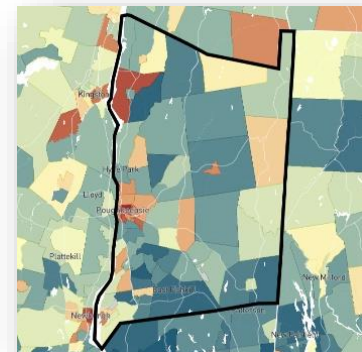
***Santa Barbara County, California.*** Widely known for its idyllic location on the Pacific coast northwest of Los Angeles, about half of the county's area is either forest (west side) or offshore islands (not shown). Santa Barbara was ranked in the top 6% by the New York Times. Median family income is about \$20,000 below Frederick County but that disguises a widening split between the wealthy and the working poor. Santa Barbara is more diverse (55%) than Frederick and about the same as California.



***McHenry County, Illinois.*** McHenry is located two counties northwest of Chicago along the border with Wisconsin. McHenry was ranked in the top 6% by the New York Times. It is a growing suburb of Chicago as younger families seeking affordable housing move outward from the urban core. Median family income is about \$10,000 less than Frederick County, perhaps reflecting its younger population and lower cost of living, but the county does not have any pockets of worsening multi-generational poverty. McHenry is less diverse (18%) than Frederick (26%).



***Dutchess County, New York.*** Located two counties due north of New York City, Dutchess is bordered on the west by the Hudson River. Dutchess was ranked in the top 10% by the New York Times. It has an older population than Frederick County with a median family income \$10,000 lower. Dutchess is more diverse (29%) than Frederick. Poughkeepsie (northwest corner) is a city center like the City of Frederick, including experiencing deepening poverty associated with a more urban area.



***Chesterfield County, Virginia.*** Located just south of Richmond, Chesterfield is the most suburban of the six comparison counties. Chesterfield was ranked in the top 5% by the New York Times. It also has a median family income about \$10,000 below that of Frederick. Chesterfield is the second most diverse county (38%) among the comparisons. Whereas Santa Barbara gets much of its diversity from a Hispanic/Latino group, Chesterfield's largest source of diversity is African-American.

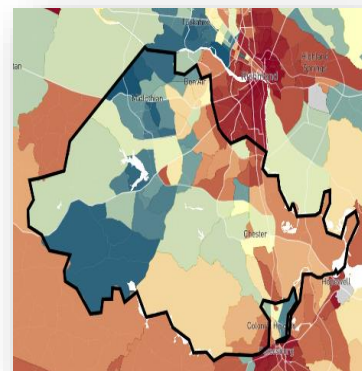




Figure 2

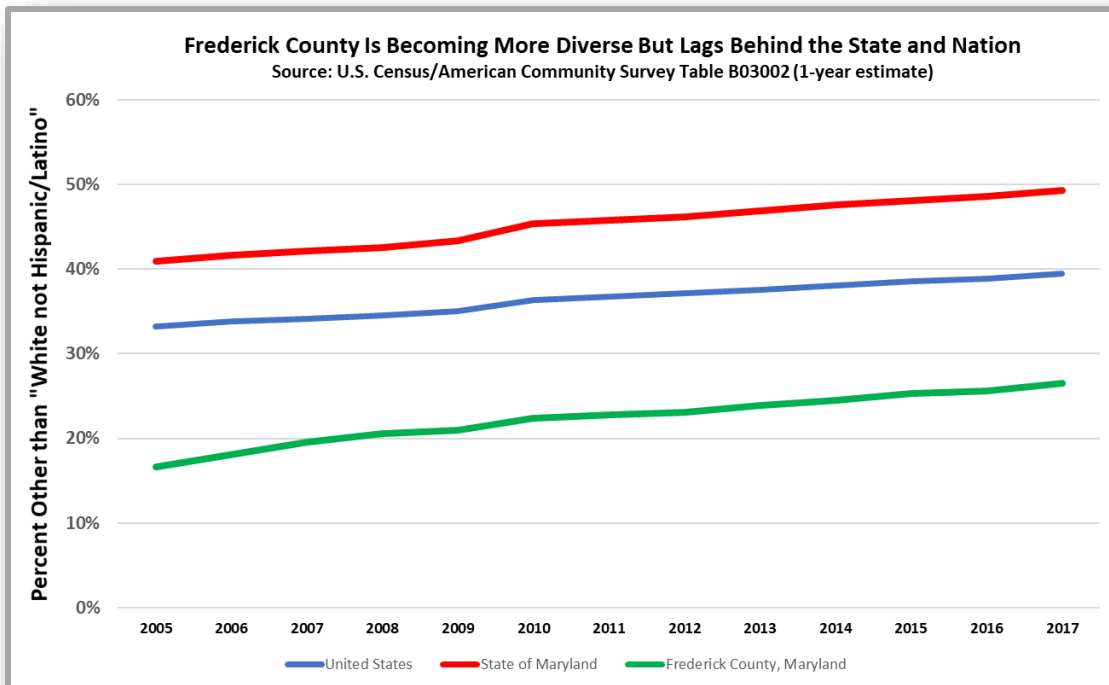
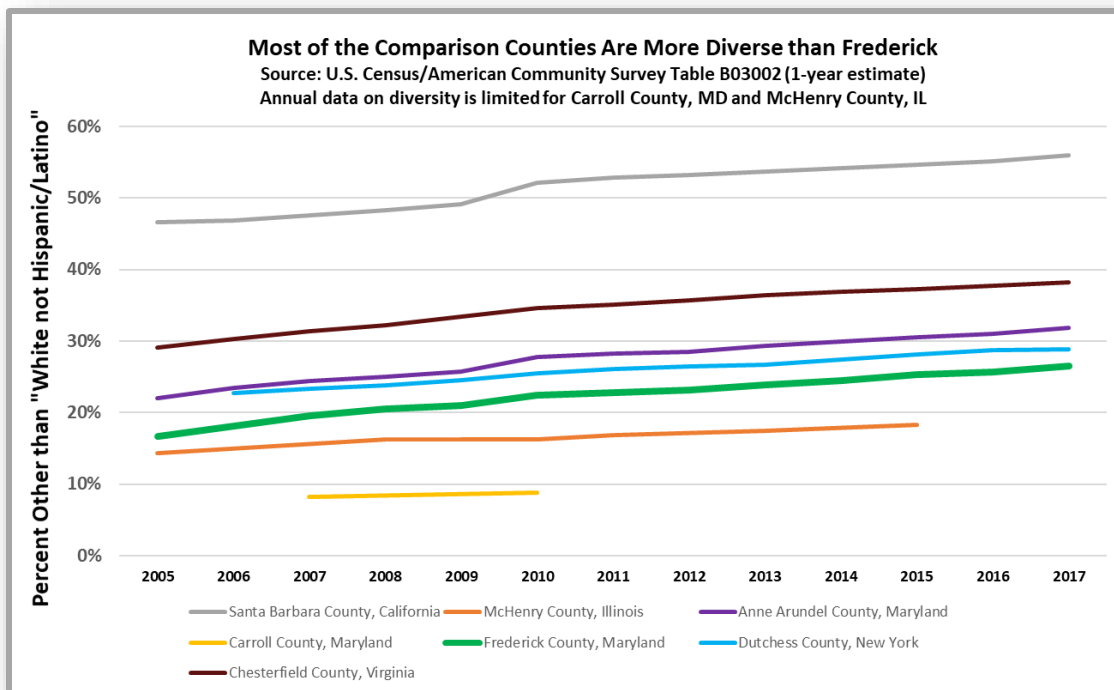


Figure 3



**Data comparisons using the counties: Diversity.** The 2018 HNA accumulated numerous sources of data about these seven counties along with the State of Maryland and the nation for use in the separate data visualization tool and in this report. Appendix G offers important notes about the data. A result of this compilation of demographic trends related to diversity over time is covered in Figure 2 and Figure 3. Figure 2 contrasts Frederick County with the State of Maryland and the U.S. while Figure 3 contrasts the six comparison counties with Frederick County. Each graph displays the percentage of the population classified as anything other than “White, Not Hispanic/Latino” by the U.S. Census in data from the American Community Survey.

Figure 2 and Figure 3 demonstrate two important points about trends in diversity in Frederick County (green line in both) relative to the comparisons:

1. Frederick County, like most of the comparison geographies, has become more diverse over time (Carroll County is the notable exception although available annual trend data there is limited).
2. Diversity in Frederick County currently is about half of that of the State of Maryland (red line approaching 50%) and well below the national level (darker blue line approaching 40%).

Many demographic experts predict that Maryland soon will join California and Texas as the third state to have no majority race or ethnicity, a transition the country as a whole is expected to achieve sometime in the second half of this century.

### Key Informant Interviews in the Comparison Counties

Near the end of the information and data collection phase of the 2018 HNA, the project team interviewed two key informants in each of the six comparison counties. As noted above, one informant was an official in county government and the other a highly placed person within the local community foundation. Those interviews conducted in August 2018 mostly concerned identifying the top three human needs within each county and discussing practices for addressing those needs that might be imported into Frederick County. These key informants also are listed in Appendix B.

In brief, here are some of the most relevant findings from interviewing the key informants outside of Frederick County:

- **Substance use disorder:** All comparison counties are struggling with opioid use and overdose deaths.
- **Affordable housing:** All but Chesterfield (VA) list affordable housing as a top issue.

- ***Disaster resilience and recovery:*** Disaster resilience is one of the three top priorities for Santa Barbara (CA); given Frederick County's recent experiences with flooding, this issue may be given more emphasis in the future.
- ***Economic inequality:*** Santa Barbara also is very concerned with widening inequality.
- ***Public schools:*** Carroll (MD), Chesterfield (VA), and Dutchess (NY) Counties indicated that public education is a top issue in 2018.
- ***Services for an aging population:*** No one interviewed indicated that aging is a top three issue in their county, making the emphasis on aging in Frederick County relatively unique among the comparisons.

Information from the key informant interviews conducted in the comparison counties can be found throughout the remainder of this report.

### **Limitations of the 2018 HNA Methodology**

The primary limitation of the methodology used for the 2018 HNA is that the qualitative information collected through interviews, focus groups and the one survey is not necessarily representative of public opinion in Frederick County or the comparison counties. These information collection methods were designed to reach individuals who have expertise in the issues through a combination of education and direct experience in their regions. It was not feasible within the resources available for this project to sample public opinion in a representative manner.

This report is careful not to make any claims about public opinion within Frederick County or to recommend approaches to addressing human needs as if such are supported by a majority in the public. That recognized, the extensive effort made to gather input from a highly knowledgeable subset of persons who live and work in Frederick County offers much highly valuable information to help direct attention to human needs, trends underlying them, and possible directions for addressing them in the future.

A related limitation of methodology is selection bias: all persons who agreed to participate in the interviews, focus groups and the survey self-selected to be included. That choice to volunteer time to the 2018 HNA may reflect an orientation toward the issues that can introduce bias into the project findings. For example, many of the community-engaged individuals who contributed their input happen to favor a strong role for government in addressing human needs in Frederick County. In the matter of substance use disorder discussed in Chapter 3, many of these individuals support a medical approach and not a criminal justice approach as the basis for a response.

The project team used the secondary data analysis and the comprehensive research literature reviews to buttress the findings from the qualitative information with systematic quantitative

information. By cross-referencing the qualitative findings with the secondary data and the research literature, the 2018 HNA offers a multi-method assessment based on careful attention to where the various sources agree and disagree. This approach helped to mitigate the limitations of the qualitative information wherever possible.

### **Overview of the Report**

The qualitative data collected determined that, while Frederick County is an exemplary place to live and raise a family, it faces several challenges. In many ways, the County exemplifies the nation – it has an increasingly diverse population that is aging, and has rural, suburban, and urban areas facing different issues. Sprawl is of concern as is transportation and access to services, both by geography and income. The County is changing from “the old Frederick” to “the new Frederick” and a political divide is perceived between the City of Frederick and many of the surrounding communities (Chapter 5 discusses this in detail). Challenges the County faces include the affordability of housing, the bifurcation of income and opportunities, aging, and substance use disorder. The report shows that these challenges are being faced in the comparison counties where innovative solutions have been tried and are worthy for consideration in Frederick County.

Chapter 2 examines the challenges that families with children face. It looks at family stressors, which include material hardship, lack of affordable, high quality childcare, student loan debt which prevents many from becoming homeowners, and housing quality. It also examines trends in societal investments in children, food insecurity and important trends across income strata.

Chapter 3 delves into issues particularly impacting the elderly and an aging population. The chapter argues that the financial security of the elderly in the future will be much worse than it is today, due primarily from the shift away from defined benefit plans (pensions) towards defined contribution plans. Unfortunately, many in the workforce today are not saving sufficiently for a secure retirement. In the near future, the income of retirees will decrease from what it is today while a much larger percentage of seniors will be living past age 85, resulting in increased demands for public, private, and nonprofit services.

Chapter 4 discusses substance use disorder. Because of the absence of local data, national rates of substance use and misuse are projected onto the local level by applying those rates to local population estimates. The estimates suggest that about 12,175 people in Frederick County are heavy drinkers (binge on alcohol five or more times a month) and about 9,500 misused opioids of any kind in the past year. Furthermore, the report estimates that the County has about 850 people who used heroin in the past year. National figures suggest that about 11% of the County’s children lived in a household with at least one person who abused substances in the past year. Only 11% of persons with substance use disorder in a given year receive treatment of any kind. The vast majority of persons with substance use disorder are untreated for it.

The report concludes with a chapter that looks at three additional issues arising during the 2018 HNA:

- How diversity and inclusion matter in all of the other issues addressed by the HNA.
- How a statewide emphasis on responding to disconnected youth relates to developments in Frederick County.
- How the evolving role of local government impacts human needs.

The last chapter also discusses two types of transferable practices that Frederick County might employ to improve supports for families with children, the elderly, and persons seeking to treat substance use disorder. The conclusion extends the lessons from the comparison counties by framing alternative futures to seek and to avoid in Frederick County, emphasizing that this is a crucial time for action related to human needs. The challenge for the County is how to keep Frederick “Frederick” – to not lose what makes it so unique, a top 2% place – while inevitable changes occur. The 2018 HNA found many reasons to hope for an excellent future for Frederick County if the lessons from this study are taken seriously by the leadership and the residents and used to inform important choices about public policies.

## **Notes to Chapter 1**

***ALICE Index.*** The United Way of Frederick County offers extensive information about ALICE on its website at <https://www.unitedwayfrederick.org/Alice>.

***Frederick County Affordable Housing Studies and Activities.*** The complete HR & A report and other materials are available online at <https://frederickcountymd.gov/6366/Housing>.

***Livable Frederick.*** The March 2017 briefing materials about Livable Frederick are available online at <https://www.frederickcountymd.gov/DocumentCenter/View/296377/328-Livable-Frederick>. Livable Frederick no longer maintains a separate website, but it has other online resources including a Facebook page.

***Frederick County Community Health Assessment.*** The full 2016 Community Health Assessment is online at <https://health.frederickcountymd.gov/455/Community-Health-Assessment> along with additional reports and information.

***Seniors First Report.*** The Seniors First Report from the Frederick County Seniors First Task Force is available online at <https://frederickcountymd.gov/DocumentCenter/View/293789/Seniors-First-Final-Report-with-Appendices-A---E-->.



## *2018 Frederick County Human Needs Assessment Report*

*Frederick County Homelessness Strategic Plan.* The Frederick County Coalition for the Homeless provides the full strategic plan online at <https://frederickhomelesscoalition.com/how-we-help/strategic-plan/>..

*Opportunity Atlas.* The maps of the seven counties are taken directly from the Opportunity Atlas available for use at <https://www.opportunityatlas.org/>. The data in this tool was prepared by a collaboration between the U.S. Census and the Opportunity Insights Project at Harvard University. The use of detailed income tax records of two generations is unique and offers very high-quality information about recent inter-generational economic mobility in the United States.

## 2. Supporting Families with Children

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### Key Findings about Supporting Families with Children in Frederick County:

- Since 2008, Frederick County has fallen behind the State of Maryland and the U.S. in the child-bearing population of adults 24-39 years old.
- Many community-engaged persons believe that the situation of families with children has worsened in recent years.
- Families with children need improved access to quality childcare and out-of-school time activities and supervision.
- The cost of childcare is a heavy burden for families in Frederick County.
- Funding for instruction in Frederick County Public Schools is lower than in most other Maryland counties yet the schools are a high priority for families.
- A lack of affordable housing and student loan debt puts additional financial pressures on families with children.

### Perceptions in Frederick County Regarding Families with Children

*Interviews and Focus Groups.* Frederick County prides itself on being an ideal place for families to raise children, with excellent schools and many opportunities for its youth. This chapter shows that, in fact, today's families with children are in a precarious position facing an uncertain future. The well-being of families with children in Frederick County came to the forefront of the 2018 Human Needs Assessment when the project team cross-referenced the input received from key informant interviews and two focus groups.

- Among the top ten issues raised by the key informants in Frederick County were five that directly impact families with children:
  1. *Housing* and specifically the availability of “affordable housing”
  2. *Jobs and income*, and specifically the ability of working families to earn a sustainable living
  3. *Children and youth* including the availability and cost of child care, and the burgeoning problem of disconnected youth who are out of school and unemployed
  4. *Health care*, which remains a significant, longer term concern regarding cost and availability in the County

5. **Food insecurity** as indicated by demand for the network of food banks in the County and the continued high rate of SNAP (“food stamps”) enrollment.
- The focus group on “Living on the Edge: Housing and Income Challenges” specifically addressed how families were coping with difficulties arising from the labor market, and the cost and availability of quality child care. The project team summarized the discussion in this focus group as follows:

*More and more families in Frederick County are not making ends meet. Many must choose between employment and putting children in less than ideal care, or not working. As many as 25% of children under four years old may be in unlicensed daycare. Middle income people with jobs are using the safety net, including food assistance. Many families are one crisis away from serious financial difficulties. Lower income families are looking outside the County for less expensive housing but that creates difficulties getting to work. In addition to a preponderance of jobs with low wages, increasing housing prices, and the high cost of childcare, many adults carry substantial student loan debt. There is a mismatch between the education that people are getting and what is needed in the market. There is a need for classes in “adulting” to teach young people the skills needed to become a functioning adult, such as managing budgets and credit. At the lowest end of poverty, there has been an increase in children among the homeless population.*

This focus group was a unique source of attention in the 2018 HNA to the issue of student loan debt and the consequences of that debt for the overall difficulties younger families are experiencing in Frederick County.

- The focus group on “Supporting Youth and Their Families” delved further into how conditions in Frederick County are impacting children. Many of the observations from this focus group strongly reinforced those from the group on housing and income challenges. The project team summarized the discussion in the youth and families focus group as follows:

*The federal poverty level does not adequately address the number of people in deep need in the County. Many people in deep need are not eligible for assistance because their income is well above eligibility thresholds. The exorbitant cost of childcare puts it out of reach for many families, which results in children being put in unregulated, risky situations. Frederick County Public Schools needs more resources to provide services for children including heavily oversubscribed counseling. At the same time, resources for nonprofits that serve children and families are extremely competitive, with good nonprofits all competing for the same limited funds. The lack of resources creates a vicious cycle of stressed staff, who then leave for jobs elsewhere in the region.*

By overlapping so strongly with the group on housing and income challenges, this focus group cemented attention within the 2018 HNA on supports for families with children in the County. The focus group also drew the attention of the project team to aspects of the public schools for further analysis.

**Survey of Community-engaged Persons in Frederick County.** The survey that yielded 309 responses from community-engaged persons in Frederick County asked specifically about the conditions for families in the County over the prior five years (2013 – 2018) and looking ahead the next ten years (2018 – 2027). Table 2 compares the percentage of responses that were *optimistic* about the past and/or the future with those that were *pessimistic*. Each percentage in the difference column is the margin that optimism exceeded (or did not exceed) pessimism. When the respondents were more pessimistic than optimistic, the differences have a minus sign and are in red. When the respondents are more optimistic than pessimistic, the differences are in green.

| Table 2: Survey Responses Regarding Conditions for Families with Children |                                     |       |            |   |       |            |
|---|-------------------------------------|-------|------------|---|-------|------------|
| Family Situation  | How conditions changed, 2013 - 2018 |       |            | How conditions will change, 2018 - 2027 |       |            |
|   | Better                              | Worse | Difference | Better                                  | Worse | Difference |
| Young, single adults 18-25 years old                                      | 27.1%                               | 32.7% | -5.6%      | 38.8%                                   | 22.4% | 16.4%      |
| Families with children under the age of 5                                 | 22.2%                               | 26.9% | -4.7%      | 35.8%                                   | 20.9% | 14.9%      |
| Families with children in school grades K-12                              | 21.5%                               | 27.2% | -5.7%      | 33.1%                                   | 20.8% | 12.3%      |

**Note:** See Appendix E for the source data from the survey. Better combines responses “better” and “much better,” worse combines responses “worse” and “much worse.”

The first observation to be made from this table is that the prior five years on net were perceived as a time of worsening conditions for young adults and families in Frederick County. That pessimism was evident in the key informant interviews and the focus groups. While there is improvement in optimism for the future compared to the recent past, the second observation is that this optimism declines when moving from young, single adults to families with children of school age. Overall these results indicate that, on balance, a strikingly low percentage of community-engaged persons in the County believe that better days lie ahead for families with children. In the view of the survey respondents, heightened attention should be given to the challenges experienced by families with children.

| Table 3: Educational Priorities (Birth to Grade 12) Among Survey Respondents |                                  |                                  |  |
|--|----------------------------------|----------------------------------|--|
| Education Level  | Percent 1 <sup>st</sup> Priority | Percent 2 <sup>nd</sup> Priority | Total 1 <sup>st</sup> and 2 <sup>nd</sup> Priority |
| Public Schools (K-12)  | 35%                              | 31%                              | 66%  |
| Pre-School/Pre-K   | 36%                              | 20%                              | 56%  |
| Private schools (K-12)   | 2%                               | 2%                               | 4%   |

This emphasis comes through clearly in the survey when respondents were asked to rank various types and levels of education as priorities. As shown in Table 3, 66% of the survey respondents listed the public schools (K-12) as their highest educational priority when the 1<sup>st</sup> and 2<sup>nd</sup> ranked options are combined. When looking just at the highest priority, there was equal concern for the public schools and for pre-school/pre-K services (childcare). This report delves much more into the issue of childcare below.

## Recent Trends Impacting Families with Children

The secondary data collected for the 2018 HNA systematically validates the concerns about families with children that emerged from the interviews, focus groups and survey. For each of the following trends, the top graph compares Frederick County with the entire State of Maryland and the U.S., and the bottom graph presents the data for the six comparison counties compared with Frederick County. Some of the graphs focus just on Frederick County when comparisons would offer no additional useful information.

**Population of Child-Bearing Age.** Figure 4 shows how since 2008 Frederick County has fallen below the State of Maryland and the U.S. in the percentage of the total population in the age range 25 to 39, the prime years for having children. While that gap has narrowed recently, it persists as a structural aspect of demographics in the County. While 2% may not seem like much, over time it compounds into a shift in the population toward the older end. This shift in large part is the result of the aging of the existing population without sufficient immigration into the County to offset it. As discussed in the focus group that brought together local government officials from across the County, Frederick County is experiencing a decrease in the proportion of households with children along with decline in the proportion of the population that is child-aged. When children and households with children become less prevalent, the concerns of families with children often take a lower priority among voters and consequently for government. As one Frederick County interviewee stated, there is a, ***“growing number of older adults in the County who have different needs than families with children.”*** Those different needs are being expressed in local political priorities.



Figure 4

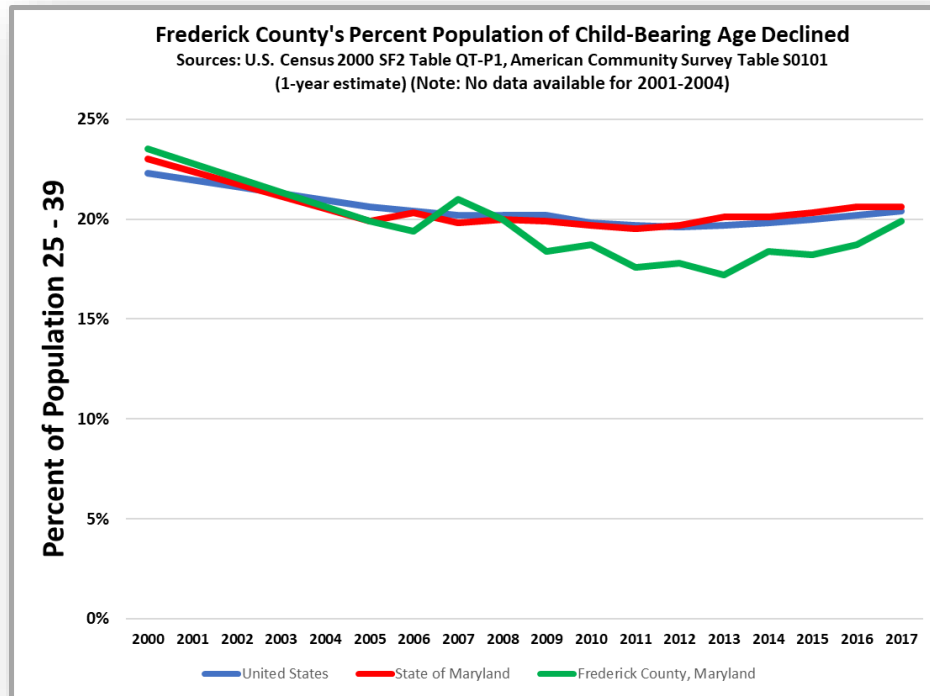


Figure 5

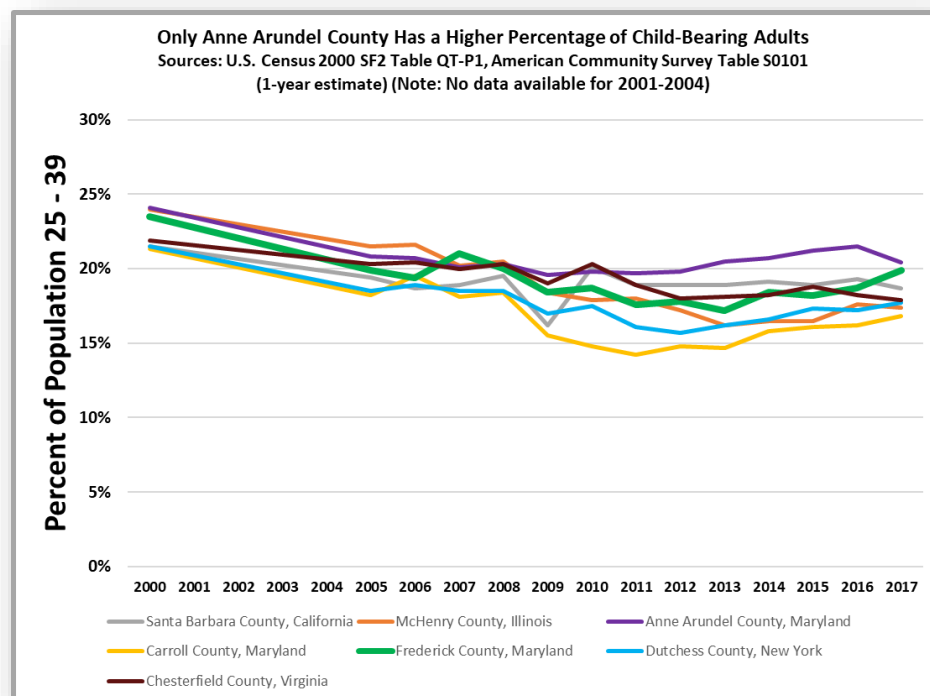


Figure 6

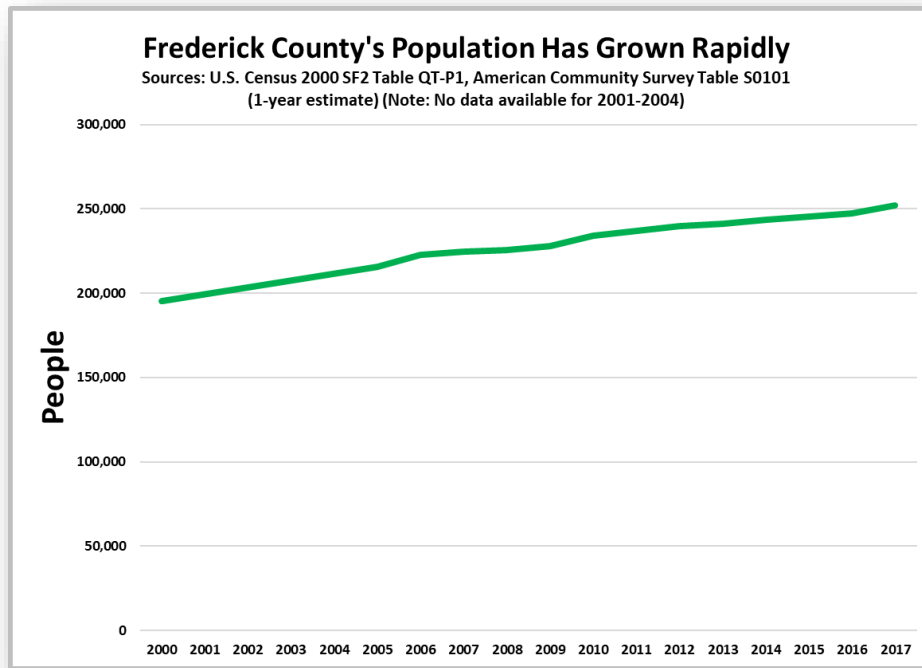
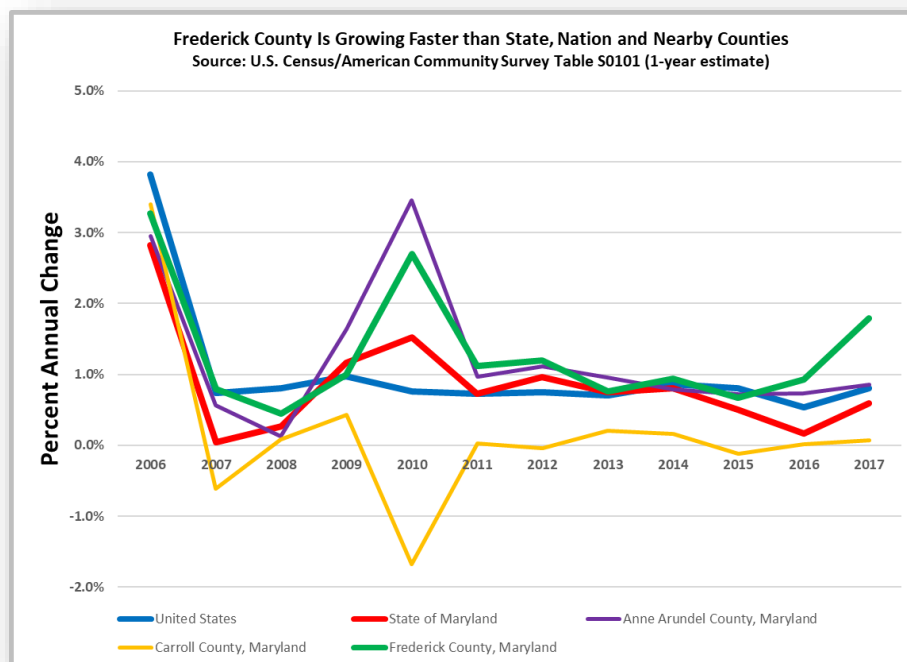


Figure 7



Frederick County is experiencing many of the same demographic trends in this regard as are the comparison counties. Figure 5 presents the trend for those six counties and Frederick in the share of the population of child-bearing age. Of the six counties, only Anne Arundel County, Maryland is trending above Frederick (and the national average) in the percentage of population ages 25 to 39. Note that Carroll County, Maryland is fairing the worst in this regard, with a gap of 4% below the U.S. or nearly three times the current gap for Frederick County.

These trends are more concerning because they are occurring amidst a period of strong population growth in Frederick County. Figure 6 presents the estimated County population over the period 2000 to 2017, during which that total went from just under 200,000 to just over 250,000 residents. Converting population trend to an annual population growth rate and including the same rates for the State of Maryland and the other two comparison counties in Maryland yields Figure 7. Frederick County is experiencing remarkable population growth and is among the fastest growing counties in the State of Maryland. Many of the persons who participated in the 2018 HNA project were concerned that the County was ill-prepared to manage the increase in population and the demands for services that inevitably will result from it.

***Family Composition and Economic Circumstances.*** Amidst that overall growth in Frederick County, adults of family age are falling behind as a share of the population. The next chapter of this report delves into the situation with the aging population of the County. For now, it is important to note that the younger side of the population no longer is in the majority. Furthermore, the composition and economic circumstances of families in Frederick County increasingly are trending in the same direction as the State of Maryland and the U.S.

Figure 8 presents the trend in Frederick County compared to the State of Maryland and the U.S. in the percentage of children living in households headed by just one adult. Overall, approximately 25% of children in the County are not living in a traditional married or two adult household. Most likely that percentage will continue to trend upward toward the State and national average of about 34%. Most of the single adult households with children are headed by a woman with important implications for trends in poverty within the County.

Figure 9 presents the trend in children living in poverty in Frederick County compared with the State of Maryland and the U.S. There are four trends depicted for Frederick County: all households, married households, households headed by a single man, and households headed by a single woman. As is the case across the U.S., those households headed by a single woman are far more likely than any other household type to be experiencing poverty.

Figure 8

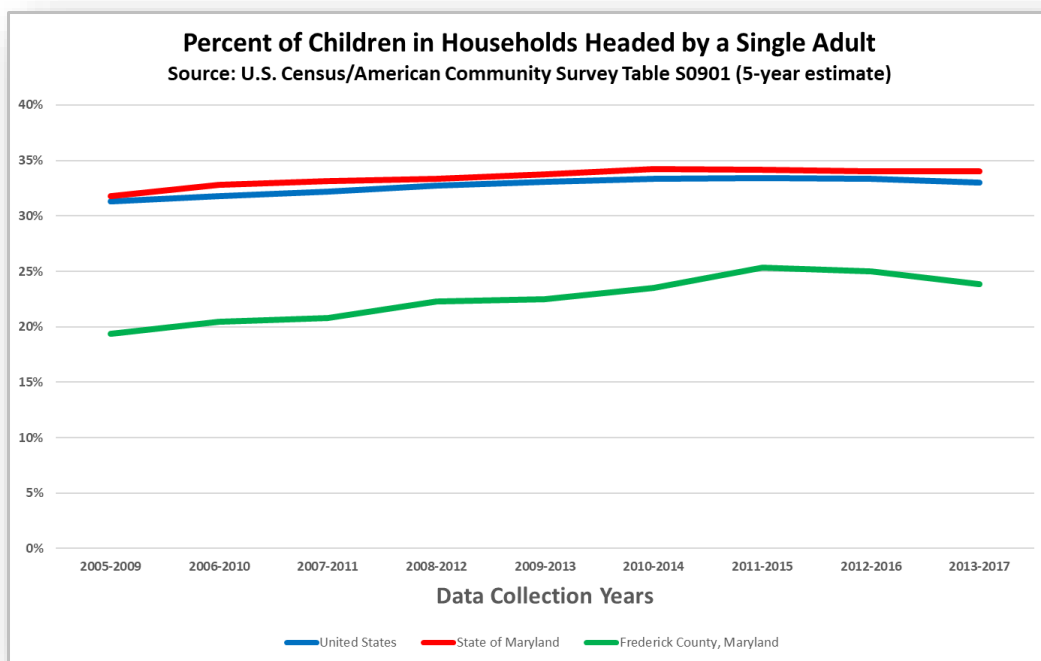
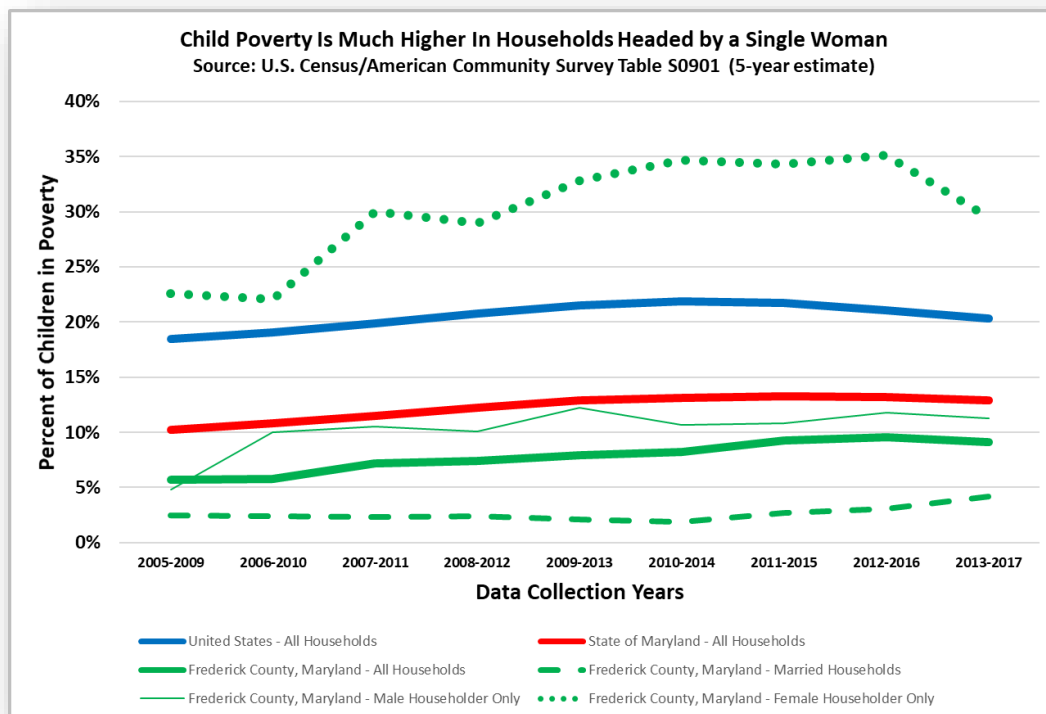


Figure 9



The secondary data collected and analyzed for the 2018 HNA contains two other measures related to children living in poverty. The first of these is the percentage of public school children who qualify for free or reduced-price meals in K-12 schools, often known as the FARMS rate. As shown in Figure 10, Frederick County has a relatively low FARMS rate compared to the State of Maryland, the U.S. and all six comparison counties but that rate is increasing in Frederick County just like in all the comparison geographies.

Figure 11 presents the trend in households receiving public benefits including cash welfare and SNAP (“food stamps”). Again, Frederick County is at the low end of such reliance on public benefits, but the upward trend tracks all the comparison geographies. While poverty overall remains lower in Frederick County, demographic and social changes are underway to push the County toward levels comparative with the State of Maryland and the U.S. The overall picture this presents is the eventual convergence of the County toward experiencing pressures on families with children very similar to those many other American families are facing nationwide.

The final two comparisons taken from the secondary data pertain to two other issues that are highly relevant to the condition of families with children in Frederick County. Figure 12 shows how rent as a share of family income is trending in the County compared with the State of Maryland and the U.S. This graph specifically presents the percentage of households that are paying 30% or more of their income in rent, a threshold established by the U.S. Department of Housing and Urban Development as indicating that rent is major source of financial stress.

The advantage Frederick County may have enjoyed regarding lower rents relative to household income evaporated by 2014. At least for now, Frederick County has converged with the State and the nation regarding this vital metric of household economic sustainability.

Figure 13 conveys information about the funding of the public schools in Frederick County. The project team heard from many persons who participated in the interviews and focus groups that the public schools were lagging behind most other counties in Maryland in terms of funding for instruction. The secondary data fully bears this perception out as valid: While Frederick County is doing better on this measure than the nation, it definitely lags behind the other comparison counties in Maryland and the entire State of Maryland. Furthermore, in real (constant) dollars, this spending has trended lower since the 2008-2009 school year when the “Great Recession” impacted the overall economy and property tax receipts. The project team expects that demands for services in Frederick County public schools inevitably will increase as demographic changes underway in the County continue forward, resulting in more children needing supports related to poverty and other deficits.



Figure 10

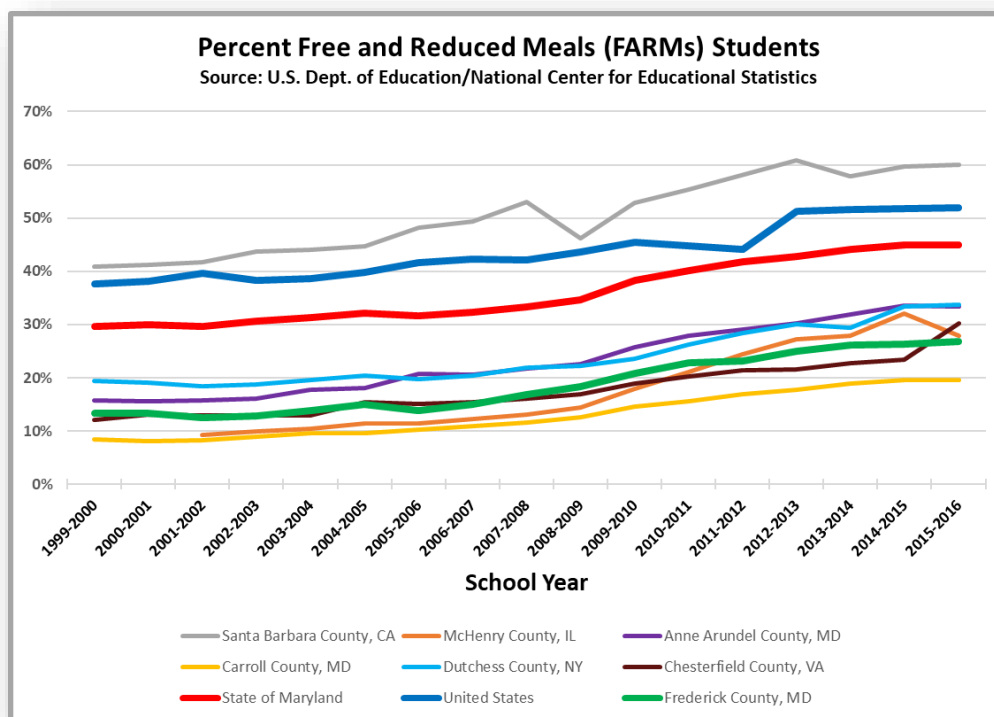


Figure 11

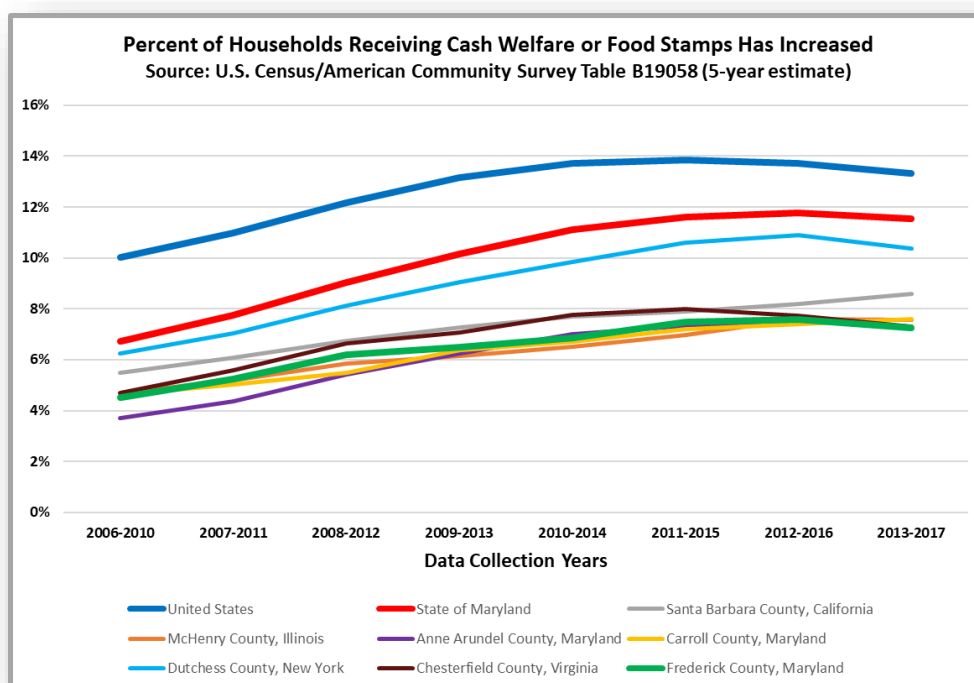


Figure 12

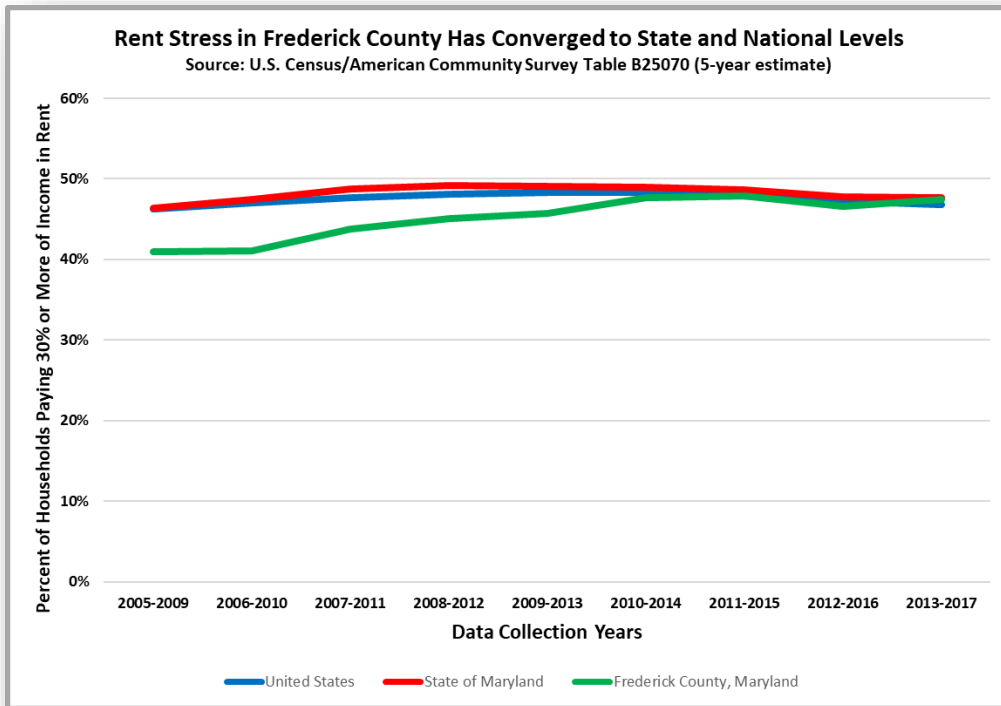
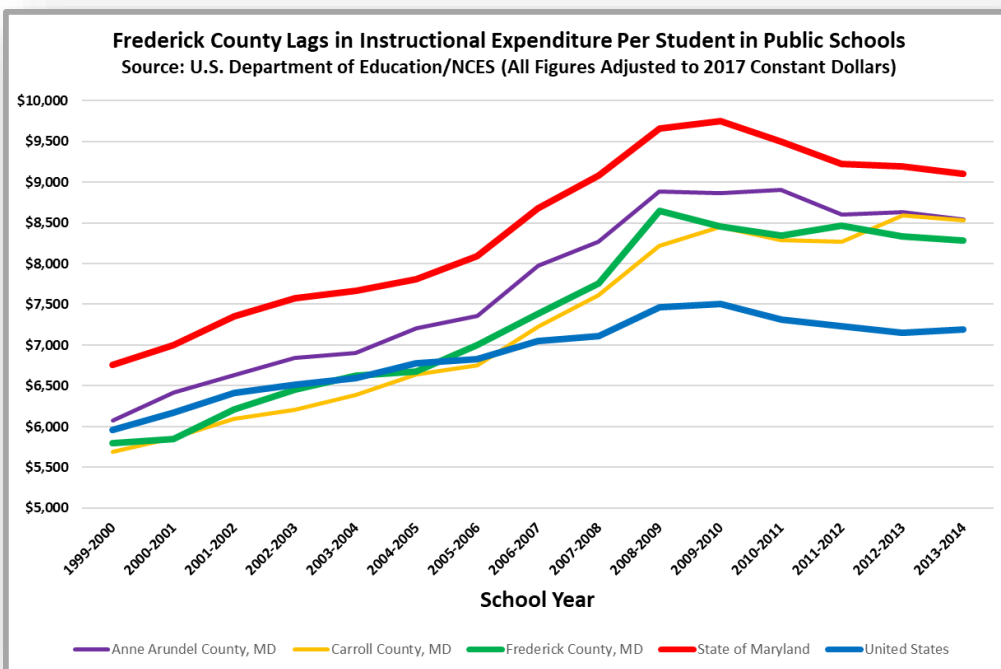


Figure 13



## **A Framework for Supporting Families with Children in Frederick County**

Nearly all families with children need some support during the course of childrearing for their children to have the educational and socioemotional skills to lead productive, happy lives. Parents and guardians of children need support in fulfilling their goals for themselves and their children. All family units experience some degree of stress at different points in the life course, but families with children face different and often additional stressors. Across the U.S., and increasingly in Frederick County, family stressors include the following:

- Financial hardship
- Lack of affordable, quality childcare
- Housing and food instability/insecurity
- Health issues
- Substance use.

Stressors experienced by families can have a substantial impact on their wellbeing, with implications for the emotional wellbeing, health, and economic stability of the family. Many stressors that exist today can influence the life chances and opportunities of children as they progress toward adulthood. A family's context and circumstances substantially bear on the emergence of Adverse Childhood Experiences (ACEs). ACEs represent circumstances in which children experience a form of neglect or trauma, such as physical, physiological, or sexual abuse; gender-based violence in the home; and exposure to family members who are mentally ill, substance abusers, or imprisoned.

For today's families to function well, they need economic, social, cultural, and personal resources. Initiatives that help families reduce financial stress and help support the basic needs of parents and their children—such as childcare, health, housing, and food resources—can most directly improve the wellbeing of families. Supporting families with targeted services can help reduce or buffer the impacts of family stressors. Government and community efforts can address and buffer against the effects of detrimental circumstances and help prevent future, very expensive and destructive consequences of families with children enduring financial stress.

## **Family Stressors in Frederick County**

Much of the evidence gathered during the 2018 HNA and presented previously in this chapter documents the increase of family stressors in Frederick County. There are additional aspects of the County's circumstances for families with children that further increase the focus on this demographic.

***Material Hardship and the ALICE Index.*** Material hardship can constrain families' resources and limit their options with respect to housing, childcare, food/nutrition, and healthcare.

Furthermore, stress around finances can impact family stability. The most commonly used measure of financial hardship for families is Federal Poverty Level (FPL). In the U.S., 17% of families with at least one child below 18 years old fell below the FPL as of 2016. Frederick County fortunately has a poverty rate for families with children under 18 years of 6.9%, less than half of the national figure. As shown in Appendix F, in the six comparison counties the rate varies from a low of 4.5% in Carroll County to a high of 15.9% in Santa Barbara County.

Frederick County's relatively high cost of living results in the FPL underestimating the proportion of households in the County who experience financial hardship. In 2016, the FPL was \$24,300 for a four-person family. Any family of four living in Frederick County would be facing significant material hardship at twice that income. As already mentioned in Chapter 1, an alternative method to measuring financial hardship that accounts for the specific cost of living in Frederick County is the ALICE Index developed by United Way and currently used in about one third of U.S. states including Maryland.

ALICE (Asset Limited, Income Constrained, Employed) provides insight into the challenges faced by households that include at least one working adult. The ALICE threshold is the amount of annual income below which a household would be asset limited and income constrained. ALICE households earn more than the FPL but less than the cost of a "living wage" in a specific region.

In Maryland, 10% of households earn below the FPL and another 28% are ALICE. In 2016, the ALICE threshold for Frederick County was estimated as \$45,996 for a married couple, \$73,800 for a household with two adults and two school-aged children, and \$84,086 for a household with two adults, one infant, and one preschooler. ***That is, for a household with two adults and two children, the ALICE***

***threshold is roughly three times the FPL for a family of four.*** Within Frederick County, in 2016, according to United Way, 8% of households fall below the poverty line and an additional 31% fall below the ALICE threshold for their respective household composition. Overall, nearly 4 in 10 households in Frederick County are severely income constrained by the ALICE standard.

| Table 4   |         |
|---|---------|
| Percent of Households below the ALICE or Poverty Thresholds by Localities within Frederick County, 2016 |         |
| Locality  | Percent |
| Emmitsburg  | 64      |
| Sabillasville   | 60      |
| Libertytown   | 55      |
| Thurmont  | 53      |
| Brunswick City  | 52      |
| Frederick City  | 51      |
| Ballenger Creek   | 46      |
| Rosemont Village  | 46      |
| Walkersville  | 41      |
| Buckeystown   | 40      |
| Woodsboro   | 40      |
| Bartonsville  | 37      |
| Braddock Heights  | 37      |
| Spring Ridge  | 37      |
| Jefferson   | 32      |
| New Market  | 31      |
| Point of Rocks  | 28      |
| Linganore   | 25      |
| Middletown  | 24      |
| Monrovia  | 23      |
| Myersville  | 23      |
| Adamstown   | 16      |
| Urbana  | 15      |
| Source: United Way, 2018. 18UW_ALICE_CountyPages_MD.8.13 .18.pdf  |         |

## 2018 Frederick County Human Needs Assessment Report

The 2018 HNA project found evidence that, because of childcare expenses, this may be underestimating the level of material hardship for families with children.

According to United Way, the percent of households that fall below the ALICE or FPL thresholds varies greatly between municipalities in Frederick County (see Table 4). Emmitsburg has approximately 64% of households below this threshold, Frederick City 51% and Urbana just 16%. In general, the northern side of Frederick County has more concentrations of ALICE and FPL households.

These statistics on variations within the County present a much different perspective on family material hardship compared with its high national rankings and its high median family income. These statistics also mirror the findings from the Opportunity Atlas previously mentioned in Chapter 1.

**Figure 14: Map Showing Where Children Earned Less than Their Lower Income Parents**

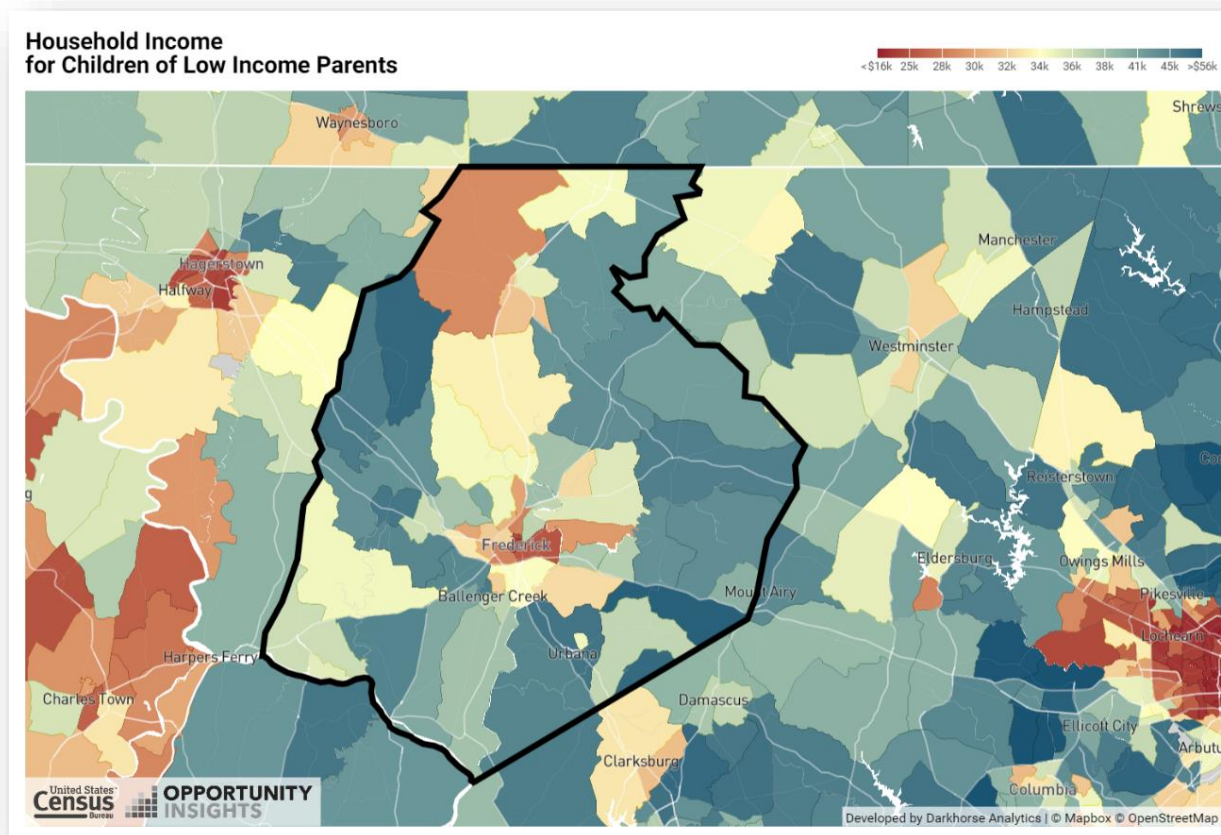


Figure 14, enlarged from the map presented in Chapter 1, shows how children of low income families in different parts of Frederick County (outlined in black) fared economically as adults. The areas shaded red are where those children have done worse than their parents; those shaded blue are where those children grew up to do better. There is a corridor running from the City of

Frederick in the center north to the Pennsylvania border (including Emmitsburg, Thurmont) where family income worsened over two recent generations. This map perfectly matches the variation in ALICE and FPL families represented in Table 4. Note that the red area to the left of Frederick County is in Washington County, Maryland and a portion of West Virginia, two areas where some low-income Frederick residents have been relocating to seek less expensive housing.

***Lack of Affordable Childcare.*** One way to equalize the opportunities between young children who reside in households that differ in economic resources and socioemotional skills is to ensure that every family has access to high quality childcare options. High rates of female employment generally indicate that childcare must increasingly occur by persons other than a child's parents. In Frederick County, labor force participation of parents exceeds that found nationwide. Both parents are in the labor force among 77% of families with children under 18, rather than the 71% nationwide. Among female-headed householders in Frederick County in 2016, 89% participated in the labor force. A high level of need for childcare exists among working families of Frederick County, also one of the primary findings of the prior 2011 HNA.

In Maryland, paying for childcare requires a substantial portion of the typical working family's income. According to the Economic Policy Institute, the estimated annual cost for infant care in Maryland is \$13,923 (or roughly \$268 per week). For a four-year-old, the estimated cost is \$9,100 a year (or \$175 a week). These figures place Maryland fifth out of the 50 states and the District of Columbia for the most expensive childcare. ***Using the median household income for Frederick County (\$84,203), the average family in this area would spend 16.5% of their income on infant care and 10.8% of their income on care for a four-year old. If the family has an infant and a four-year old, it would spend 27% of its income on childcare.*** The affordability cutoff for childcare, set by the U.S. Department of Health and Human Services, is 7% of a family's income, meaning affordable childcare is not the norm in Frederick County.

The impression among many of the persons interviewed for the 2018 HNA is that childcare costs are pushing many families into financial stress. One person remarked pointedly, ***"The two largest growing groups that we're serving [in a food bank] are people with children because childcare is crushing ... They [parents] either don't work and take care of their own children or they do work and make \$30 more [a week]."*** In a focus group, one service provider said, ***"We're finding that if both parents work, almost the entire second parent's salary is for childcare. We're finding a growing population of people watching each other's children but not getting paid for doing so. It's absolutely happening. Often, people are using non-licensed childcare. As soon as you have two kids, with multiple children my recommendation is to stagger work schedules."*** While staggering schedules is a strategy that may reduce childcare costs, it also reduces the amount of time that the family can enjoy together and may strain family relations. In another focus group, a participant said, ***"I'm seeing more and more families who are making the decision between working and childcare."*** In that same theme, focus group participants remarked on the stress that families with children face in balancing work and raising



children. One participant noted that summers are becoming especially stressful with school out of session: *“Now people are getting panicky because they have a whole summer, and they can’t pay for anything. That’s not just anecdotal of people with low-wage jobs, but it’s also middle-income families.”*

The 2018 HNA project team repeatedly heard from knowledgeable persons within Frederick County regarding recent instability in early childhood education, which often doubles as childcare, and childcare options that further worsened an already difficult situation. Focus group participants shared the situation regarding the Head Start program, a comprehensive early childhood education program for low-income families, transforming from the County Government to the YMCA with little advance notice to parents in 2011. Staff at the County-run program had to re-apply for their jobs at the new program which led to parent uncertainty regarding who was going to teach their child, and the program budget was drastically reduced after the County Government stopped its subsidy of the program. In 2014, the Emmitsburg Early Learning Center closed, giving parents about one-month’s notice to make alternative arrangements for their preschoolers.

A common strategy, as an alternative or supplement to formal center-based childcare, is to rely on family members for childcare. This strategy particularly is common among low-income families, families of diverse backgrounds, and rural parents, with direct implications for future educational performance. Spending on childcare is determined by both economic resources and cultural orientations, with White mothers more likely to pay for formal childcare. Black/African-American mothers tend to rely more heavily on kin networks for support, influencing their lower levels of involvement with paid childcare. Black/African-American mothers’ primary source of childcare is a grandparent 46% of the time, compared to 34% among white mothers. Although Black/African-American parents have been found to receive childcare and other forms of in-kind support at higher rates, whites have higher rates of financial support.

While relying on family members can decrease childcare costs, informal sources

| Table 5  |   |  |
|--|---|--|
| Frederick County’s Kindergarteners’ Pre-K Experience and Kindergarten Readiness, 2017-2018   |   |  |
| Experience Prior to Kindergarten   | Percent of Kindergartners with Prior Experience | Percent Who Demonstrate Kindergarten Readiness |
| Family Child Care  | 6   | 68   |
| Non-Public Nursery   | 21  | 67   |
| Child Care   | 19  | 61   |
| Pre-K  | 37  | 49   |
| <i>Home/Informal</i>   | <i>13</i>                                       | <i>43</i>                                      |
| Head Start   | 5   | 38   |
| Source: Maryland State Department of Education. January 2018. Readiness Matters, Equity Matters. The 2017-2018 Kindergarten Readiness Assessment Report, January 2018. |   |  |

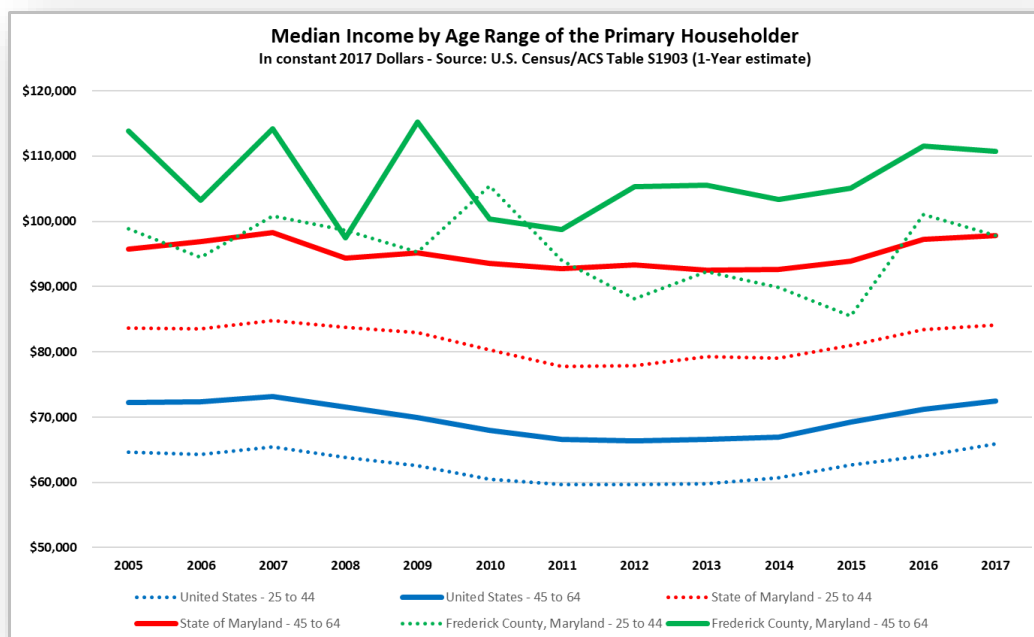
of support typically do not offer children the same educational, cognitive, and social benefits as high-quality preschool or out-of-school programming. By providing enriching educational experiences, center-based care can help children improve their cognitive and educational outcomes and their language skills. Results of the Kindergarten Readiness Assessment or KRA (see Table 5) show that 54% of Frederick's kindergartners were deemed ready for kindergarten, which compares well with the state figure of 45%. Carroll County performed better, and Anne Arundel County performed worse than Frederick County, with rates of 59 and 48 percent, respectively. In Frederick County, the 13% of pre-school children who were at home or informal childcare performed considerably worse on the KRA than children who were in formal childcare or nursery school. When examining the results of the KRA for children who had been in Head Start or Pre-K, those children are likely to live in more disadvantaged households than other children. The immediate consequences of disadvantage are evident in the lower scores on the KRA.

***Lack of Afterschool Care.*** In addition to pre-school care, parents need out-of-school care. One focus group participant said, ***“There’s NO affordable aftercare,”*** and informed the group about an afterschool program that serves dinner and a snack that is tripling its capacity from 60 to 200 children. Another key informant noted that there are openings available in some affordable afterschool programs, suggesting that other factors, such as transportation to and from aftercare centers, or perceived quality of care, may also be factors in the decision to use available afterschool care facilities. As one interviewee remarked, ***“Transportation is a critical issue in serving children [in aftercare], because their parents may not have transportation.”***

In the next two chapters of this report, access to transportation again is cited as a significant impediment to serving human needs in Frederick County. In the case of aftercare, it is common for service providers to aggregate children from multiple schools together into a single location to provide aftercare. This means that children often are transported away from their home school, which may be adjacent to their neighborhood, to a more remote location which requires parents to use a car for pickup.

***Housing Costs Relative to Differences in Earnings.*** Housing costs overall should be put in perspective with the income of families in Frederick County. Frederick County is fortunate that the median income of households where the “primary householder” is ages 25 to 44 and 45 to 64, which are the typical ages of families with children, exceeds that of the median income of comparable households in Maryland and the U.S. Figure 15 presents the relative comparative trends between the County, the state and the nation. The dotted lines are for households in the 25 to 44 age range, and the solid lines are for households in the 45 to 64 range.

Figure 15



As discussed in Chapter 1, the 2018 HNA found that affordable housing was the most referenced issue among the key informants. That taken completely at face value, Figure 15 suggests that *the issue of affordable housing is more about income inequality in the County than it is about a general problem with rising housing costs*. Several of the comparison counties, and especially Santa Barbara County, California, present alternative futures for Frederick County to be avoided.

In those scenarios, the County becomes divided even more between the wealthy and the poor, with a vanishing middle class in between. Several key informants referenced these scenarios in terms of Frederick County’s relatively low-cost housing enticing wealthier people who work in the Washington, DC metropolitan area to move to Frederick County and commute to work. One informant noted that, *“Frederick has grown. There’s housing being built, but it’s not housing people [local to Frederick] can afford. [We are] [g]etting people moving here from Montgomery County, from DC.”*

Figure 12 above in this chapter shows how rent burdens in Frederick County have converged on state and national patterns, with about 47% of households in the County that rent having to pay 30% or more of their income. Until recently, residing in Frederick County was less expensive than in the State of Maryland and the U.S. in general; that no longer is the case. About 25% of all Frederick County households rent their housing. Asking rents increased by 2% between 2009 and 2016, then slowed to 1% 2016 and 2017. The 2017 average asking rent was \$1,260 per month which would require an annual household income of \$50,400 to afford at the 30% threshold for financial stress.

While this rent burden effects everybody, it especially impacts families with children who, in addition to care and other expenses of raising children, leaves little if any disposable income. As one focus group member stated, ***“Without the appropriate support structures, people making up to \$75K are hard-pressed to meet their housing needs.”*** Furthermore, Frederick County’s relatively higher rents increase suburban sprawl. As another focus group member who is a service provider said, ***“People who come to us, depending on where they work, we’re referring them to Washington County where the rents are half.”***

Three-quarters of households in Frederick County are owned. The average existing home sales price in 2017 was \$296,000, an increase of 5% from 2016. Between 2011 and 2016, existing home prices increased at an average annual rate of 4%, showing recovery from the Great Recession. Between 2007 and 2011, prices of existing homes decreased by 7% annually, suggesting that Frederick County could see future increases at more than three times the overall rate of inflation. The 30-year mortgage payment at current interest rates would be approximately \$1,825 per month including taxes and insurance. This would require an annual household income of nearly \$73,000 to afford at the 30% threshold for financial stress.

An imperfect safety net exists for persons who cannot afford housing. In the key informant interviews, it was reported that Frederick City has 220 public housing units and 679 Housing Choice Vouchers (formerly known as Section 8); the waitlist for public housing is approximately 1,000 households, and for Housing Choice Vouchers, about 5,000 people; and both waitlists have been closed.

Neighborhood differences also are an important factor in the widening gaps between communities. The socioeconomic characteristics of the neighborhood in which someone lives are an important determinant of life chances. Economic segregation between neighborhoods has a strong influence on unequal outcomes between these residential spaces. Economic inequality between neighborhoods results in a lack of resources and opportunities within segregated poor areas, conditions which subsequently influence those occupying housing within these communities. Neighborhoods structure residents’ circumstances in terms of proximity to jobs, access to high-quality schools, incidence of crime, and availability of food. As the Opportunity Atlas map above makes clear, the negative implications of living in poor neighborhoods are felt not just at one point in time but can also result in decreased opportunity for decades to follow. One key informant said of Frederick County, ***“There is affordable housing but it’s in communities with marginalized populations where people feel it’s unsafe. They are deemed by government bureaucracies as unsafe. Affordable housing exists there but no one wants to move there. And in other communities, the costs have exploded.”*** The interviewee continued, ***“We do have a housing crisis, which has to do with our inability to correctly map out our [County] so our marginalized communities aren’t deemed to be poor or unsafe. Also, we’ve put systems in place that have caused low-income families to all end up in the same places.”***

## **2018 Frederick County Human Needs Assessment Report**

Interviewees and focus group participants also noted the issue of homelessness, particularly of families and teens. Providing shelter to families in Frederick County has been challenging. The Religious Coalition for Emergency Human Needs currently uses church facilities on rotating two-week intervals around Frederick for family shelter. The Religious Coalition recently entered into an agreement with the City of Frederick to purchase and renovate a city-owned building for a permanent family shelter. A Frederick County program, Student Homelessness Initiative Partnership (SHIP), addresses homelessness among students. SHIP reports that in the 2016-17 school year, 822 students experienced homelessness, 123 of whom were unaccompanied by a parent or guardian. Thus, there were 699 students with families who experienced homelessness during that school year.

**Food Insecurity.** The Economic Research Service (ERS) at the United States Department of Agriculture defines food *secure* households as ones that have enough food for all household members to maintain a healthy and active lifestyle. Households that regularly do not meet that standard are experiencing food insecurity. Food insecurity is an outcome of several family stressors, including income, access to reasonably priced food, use of food assistance benefits, and problems budgeting. Income and resource-constrained families often try to decrease expenditures by spending less on food. To the extent that expenditures in a household are fungible, food assistance enables households to redirect more resources to other fixed expenditures such as housing and childcare.

The Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps) is the primary program that addresses food insecurity in the U.S. Using benefits from the SNAP program, families can purchase food, although the average SNAP-receiving household consumes the monthly benefit in less than two weeks. In Frederick County, 7% of households are estimated to receive SNAP benefits, which is comparable to the rates of Anne Arundel and Carroll counties of 7% and 6.8% respectively and well below the State of Maryland rate of 11.1%. It also compares with Chesterfield County's rate of 7.2%, McHenry County's rate of 7%, and Santa Barbara's rate of 7.3%. However, it is considerably lower than Dutchess County's rate of 10.1%. On average, each Frederick County recipient of SNAP receives \$116 per month and 89% of persons who rely on SNAP do not receive any other forms of public assistance.

Figure 10 above in this chapter is another indication of food insecurity: the rising FARMS rate among Frederick County school children. Children in lower income families rely on free or reduced-price meals in the schools for a significant share of their daily nutrition. School breaks including summer vacation may result in increased food insecurity.

**Student Loan Debt.** Young parents who attended college or had other post-high school training are increasingly likely to have incurred significant amounts of student loan debt. This national trend in high indebtedness among younger adults is having negative consequences in Frederick County. As one focus group participant observed, ***“School debt is forcing people to move into***

*parents' houses."* Many other participants in the 2018 HNA spoke about how younger families just starting out were struggling to afford housing and had too much debt to be qualified for mortgages. The 2018 HNA did not locate more systematic data about related issues in Frederick County. The project team is aware of proposals in other Maryland counties and at the state level to assist recent college graduates by reducing or eliminating student loan debt or reducing the future costs of higher education so that students would not need to incur such debt.

## **Practices and Policies for Supporting Families with Children**

The 2018 HNA located practices and policies related to supporting families with children through the key informant interviews in Frederick County and in the six comparison counties, the focus groups in Frederick County, and the research literature reviews. The following are the findings of this search for possible approaches to reducing family stressors.

***Childcare Subsidies.*** One way to offset the cost of childcare for working parents is to offer subsidies for childcare. Although childcare subsidies are available, few receive them. Nationwide, only 1.5 million out of 8.6 million eligible children under 13, a 17.4% take up of the benefit, received a childcare subsidy during 2011-2012. States set their own income limits for families to be eligible for childcare subsidies; in Maryland the income limit falls between 150 and 200 percent of the FPL. Many ALICE families cannot access subsidies because they have income above the limit. Here are some additional general issues with childcare:

- Research finds that rural residents are even less likely to utilize childcare subsidies. Frederick County has many children living in rural areas.
- Reliance on private providers that vary in cost and quality based on location can produce inequalities between children when it comes to development and school readiness.

***In Frederick County, the number of families receiving childcare subsidies has decreased to about half of what it was in 2012.*** In February 2012, child care subsidies were provided for 482 of Frederick County's preschoolers from 280 families and Frederick County's children accounted for 2.5% of the number of children in Maryland receiving subsidies. In February 2018 (latest data available), subsidies were provided for 232 of Frederick County's children from 140 families. Subsidies paid in Frederick County accounted for only 1.78% of the children for which subsidies were paid in the state. Considering that there are approximately 6,300 families with young children in Frederick County, about 2% of such families receive subsidies, and the number of families who receive subsidies in 2018 was half of the number six years prior despite the population of the County increasing.

Research highlights the following reasons that parents who are eligible for subsidies do not enroll for the benefit:



## 2018 Frederick County Human Needs Assessment Report

- Many parents are unaware that they are eligible for a subsidy, and those that know they are eligible may not apply because of the (real or perceived) bureaucratic complications of receiving the subsidy.
- Working parents—particularly those who have jobs with irregular or unpredictable hours—often struggle to find a formal childcare center that is flexible with their schedule; for example, centers not staying open late enough can be an issue.
- Additional financial and time expenses, such as transportation costs to a childcare center and the time spent enrolling children for the subsidy and at a center, can present a barrier to families.
- Parents may find themselves suddenly not meeting or exceeding requirements tied to subsidy eligibility, such as number of hours worked or income limits, based on unstable work schedules. As a result, some parents choose to not partake in the subsidy for fear that they may need to unexpectedly change their childcare arrangements. One focus group participant relayed that, ***“There’s a person working at [redacted], and they got a voucher for childcare. He got promoted, and then he was no longer eligible for the childcare voucher.”***
- Parental concerns may exist regarding the safety and trustworthiness of formal childcare centers, with this concern particularly being expressed by low-income parents.
- Parents with children who have special needs are less likely to utilize childcare subsidies suggesting that more attention is needed to reach families and make subsidies available to families that may have particularly high needs.

Two concrete strategies for increasing access to childcare subsidies are the following:

1. Improve knowledge and coordination among frontline subsidy workers, social and health service providers, and educators who engage with families with young children who have delays and disabilities (e.g., early interventionists, therapists, pediatricians, early childhood educators)
2. Increase the reimbursement amount for families who pay special rates to special needs childcare providers.

Recognizing and addressing the reasons that parents often do not utilize subsidies is crucial to fully support families through this benefit. If the ultimate reason for not receiving subsidies is the lack of funding for subsidies, addressing other issues will have little impact.

***Universal Aftercare in the Public Schools.*** Much more aftercare in Frederick County Public School for grades K-8 is needed. In the survey of community engaged persons for the 2018 HNA, such aftercare was the single highest ranked priority across a range of services for youth. As summarized in Table 6, 61% of respondents gave K-8 aftercare either a 1<sup>st</sup> or 2<sup>nd</sup> choice

priority. Furthermore, 48% made K-8 aftercare their 1<sup>st</sup> choice (see Appendix E for details). No other potential service in Frederick County included in the survey received a similar level of support among these community-engaged respondents.

| Table 6: Priorities for Youth Activities Among Survey Respondents |                                  |                                  |  |
|---|----------------------------------|----------------------------------|--|
| Youth Service   | Percent 1 <sup>st</sup> Priority | Percent 2 <sup>nd</sup> Priority | Total 1 <sup>st</sup> and 2 <sup>nd</sup> Priority |
| After School Programs for Grades K-8                              | 48%                              | 13%                              | 61%  |
| After School Programs for High School                             | 10%                              | 36%                              | 46%  |
| Youth Activities (Sports and Clubs)                               | 13%                              | 17%                              | 30%  |

**Funding the Public Schools.** As documented above, Frederick County Public Schools lag behind much of the State of Maryland in per capita spending on instruction. One of the strongest signals the County can send to its families with children is through support for the public schools. The survey of community-engaged persons asked the respondents to rank order their educational priorities for the County. As previously summarized in Table 3, the public schools were the highest educational priority among the community-engaged persons who completed the survey. One emerging impediment to supporting the schools financially is the declining percentage of adults of child bearing age which reduces their influence in local elections.

**Interventions for low income working families and ACEs.** The survey of community-engaged persons (Appendix E) found very high support for offering services in Frederick County to low-income working families and for responding to ACEs compared with support for a wide range of other social services. As noted above, these two interventions interact when family stress among low-income households results in child abuse and neglect. Treatment for ACEs includes increasing support for counseling in the public schools well above the current level.

**Features of Successful Practices for Supporting Families.** Programs most effective in supporting families require attention to three essential elements:

- They are *integrated* with other programs and/or are comprehensive in addressing family's needs.

- They are *accessible* to all eligible families.
- They are *adaptive* to the needs of the population they wish to serve.

*An integrated approach to support often is necessary to combat the numerous, interlocking stressors that families face.* As discussed previously in this chapter, many forms of hardship are often caused by, are experienced in combination with, or make families more vulnerable to, additional stressors. As a result, programs that aim to address just one type of stressor require attention to other circumstances that may prevent a family from fully benefitting from a particular support and not cause additional problems for program recipients. For example, parents are likely not able to continue their education or attend job training if they do not have reliable transportation. Access to food stamps has a powerful impact on food insecure families, but children will continue to face other threats to their health if residing in substandard housing. Financial hardship arguably operates as a predictor of every family stressor, and even if a family is receiving a variety of non-cash assistance and subsidies, being cash-strapped can greatly constrain family choices.

In addition to understanding whether interlocking systems of supports are needed, attention should also be directed to the potential hardships or inequalities that can arise from assistance programs. For example, offering maternity leave, without requiring men to also take paternity leave can result in detrimental career impacts for women. Research investigating the career outcomes for women finds that career punishments exist for women who take time away from paid work. Offering parental leave can help promote the wellbeing of children but offering non-transferable leave for fathers can ensure that mothers' career opportunities do not suffer.

*A second feature of successful practices for families is ensuring that all eligible families have access to support.* Access may be limited in two distinct ways:

- Families may not know that they are eligible for a support.
- Waiting lists may limit the amount of people who can benefit from a voucher or subsidy.

Many families who qualify for assistance such as food stamps and childcare subsidies are not receiving support, with some reporting that they did not know they were eligible. In many cities across the U.S., families can be placed on a waiting list for years before getting access to a housing voucher. As noted above, Frederick County currently has closed its subsidized housing waiting list. In terms of childcare subsidies, many programs do not have the appropriate funding to provide or subsidize childcare costs for all eligible mothers. As discussed above, participation in childcare subsidies has declined in Frederick County. These issues suggest that to reach all families who would benefit from support, programs must have the funding to provide for all cases. Outreach — through locations such as doctor's offices, schools, and childcare centers — should take place to inform families of the benefits for which they may be eligible.

***A third practice for programs is to ensure that, when a family is eligible for a benefit, the program is adaptable to their needs and limitations.*** If applying to an assistance program is too complex or time-consuming, parents are less likely to utilize this resource. If parents are required to complete applications or drop off documents in-person, this can disrupt their work schedules. Families eligible for these resources may be experiencing high levels of instability in terms of employment, housing, and family transitions. Prior research described previously has demonstrated that, when utilizing a subsidy, these transitions quickly may make a family ineligible (such as if a parent takes on extra hours at work and goes over the income threshold). Additional costs associated with subsidies can also present a barrier for families, such as paying for transportation to complete paperwork or take children to a specific childcare center that accepts a subsidy. Recognizing that parents who qualify for benefits may need flexibility because of their work schedules, or may need support for any unexpected costs, can help ensure that families use the assistance for which they are eligible.

Recent initiatives and proposals in the U.S. have sought to implement new, creative strategies for supporting families. Some of these strategies focus on providing benefits that are consistent and accessible for all families, as a strategy for ensuring that no families are left without support. Social scientists have proposed implementing a universal child allowance as a replacement for the current Child Tax Credit and child tax exemption. These researchers estimate that this proposed program, which would consist of a monthly-allocated stipend, would reduce child poverty by roughly 40% and almost completely eliminate extreme poverty (i.e. children in families living on less than \$2 per day per person).

Other strategies have aimed to provide a comprehensive variety of supports, with attention to the distinctive needs of each family.

- The Maine Legislature, working with the Maine Equal Justice Partnership and social scientists, recently passed a bill called LIFT 2.0– LD 1774 (Leveraging Investments in Families for Tomorrow). This bill helps families to exit poverty by providing job training, support to complete college degrees, and childcare and transportation support when needed, working to address the variety of factors that restrict parents from obtaining careers that offer livable wages.
- Policymakers in Utah passed the “Intergenerational Poverty Mitigation Act” in 2012, which works to collect town- and city specific data on poverty within the state. Using this locale-specific data, counties are then provided with funds to support data-based initiatives to reduce intergenerational cycles of poverty.
- The City of Stockton, California, is conducting an experiment by supplying some low-wage working families with a monthly cash supplement of \$500 to bring their income closer to the “living wage” for that area.

These programs and proposals demonstrate two distinct approaches to supporting families: providing universal support or providing resources for families in need that are context- and family-specific. Of course, it is possible with sufficient funding to try both approaches; they are not mutually exclusive.

### Initiatives for Families with Children in the Six Comparison Counties

The key informant interviews in the six comparison counties yielded several useful suggestions for practices related to families with children.

**Anne Arundel County, Maryland**, has a targeted initiative to help families with housing costs in the Brooklyn Park neighborhood. The county is also reported to emphasize family stability/keeping families together and complements state monies with county monies for programs that offer therapy to families with children. It also proactively has a contract that ensures that it has 50 beds for Substance Use Disorder intervention specifically for parents, so, ***“[the county] can move parents who need support immediately into the slots.”*** With respect to transportation challenges, Anne Arundel County offers a ride-share program and hired a transportation planner to revise bus routes to better connect areas with poverty to those with jobs and opportunities.

**Carroll County, Maryland**, striving to increase the quality of the Head Start program, has a fund to support retired teachers who work at Head Start. Carroll County offers a voucher system to prevent the newly unemployed from losing their homes. The county also has a displaced youth initiative to track youth ages 16 to 21 years of age who are neither working nor in school. Carroll County offers residents an on-demand transit system where, ***“If you don’t live on a transit route or have a special need, they will pick you up, and give you a ride and pick you up. [In the future,] Have to qualify people for this, but we don’t right now. People pay \$6 for this service.”*** To provide more out-of-school aftercare, the county has supported the expansion of a Boys & Girls Club.

**Chesterfield County, Virginia**, offers no public transportation currently, though an interviewee believed that attitudes about public transportation are changing and that it will be offered in the future. Instead, it offers Access Chesterfield, available for low-income households, as well as the elderly and/or disabled, as an on-demand van service that provides door-to-door transportation within the county. The county has invested about \$1.5 million in this service. The county is being challenged in integrating the relatively new Hispanic population and ensuring that it maintains the excellence of its public schools. Chesterfield also has a collaborative program called Families First, where it works with families of preschoolers that have been identified as at-risk in improving parenting skills and providing wrap-around services. The county has also put together a task force on achieving financial stability for families, which is in the process of cataloging all activities available to the county on this issue.

*Dutchess County, New York*, has a large project called “Path to Promise,” a multi-year effort that evaluates existing youth services, develops a universal “asset framework,” and implements “action plans to build on what is working, resolve any duplication of services and close any gaps in services and supports.” That is, the county is re-thinking how to provide services for youth and wants to place more emphasis in the future on initiatives and services that have been positively evaluated (evidence-based). Dutchess County has seen a shift in the needs of families with children, where now the need is directly tied to the lack of affordable housing. Because of the high cost of housing, a Housing Choice voucher is reported not to cover the cost of an apartment. Like Frederick County, Dutchess County is seeing that low-income persons who live outside of the county’s major city (Poughkeepsie, NY) and live in rural areas have transportation challenges that the county has not yet met.

*McHenry County, Illinois*, also reported issues with the affordability of housing and transportation. A non-profit in McHenry County, Home of the Sparrow, focuses on solving homelessness in the county. With funding from the county and other sources, the non-profit acquired 18 units after the Great Recession when housing prices had plummeted. It was an example of the county working with a non-profit to contribute to a sustainable solution for persons at risk of homelessness. The county recently took over the Homeless Management Information System from a non-profit. To address transportation, the county has a Dial a Ride program that is coordinated with the Regional Transportation Authority, the county, and municipalities. That program is accessible to elderly, the disabled, and low-income persons.

*Santa Barbara County, California*, also struggles with affordable housing and transportation. Many efforts in Santa Barbara County are aimed at decreasing the school achievement gap and ensuring that children are prepared for kindergarten. Interviewees felt fortunate that the county has a cluster of non-profits working on children issues. It also has a First Five commission and CARES, a collaborative of non-profits and government agencies where information is shared to coordinate addressing children’s needs.

## **Conclusions**

The leadership across Frederick County has choices to make today that will determine how the conditions for families with children evolve over the next ten years. This chapter has documented the convergence of trends in the County with trends nationwide in terms of family structure, poverty, and other changes that involve heightened stress on families. Many of the persons interviewed for the 2018 HNA used the phrase, “We need Frederick to keep being Frederick,” meaning a place where life is a bit simpler and less stressful. That desire is not going to become reality without efforts related to supporting families with children.

There is an alternative path to the future that is much more pessimistic. The 2018 HNA found many persons interviewed offering statements that referenced a sub-population of families and children in distress. Here are some examples.



## 2018 Frederick County Human Needs Assessment Report

- A service provider said *“We can provide all of the services, but they [children] still go home. There’s so much violence in these homes that we don’t even know about, until the police are called, or someone is in a hospital.”*
- An educator in Frederick County relayed that, *“Our most challenging population now is early learners – Pre-K through 2nd grade. Significant behavioral issues and disabilities, due to the trauma and stress that they’re witnessing at home from their parents who are struggling to make ends meet.”*
- Another educator said, *“[The lack of] Affordable housing is leading to homelessness – have about 700-800 kids in the school system who are couch surfing.”*
- Another person observed, *“Families may be working but are only one event (divorce, health issue, job loss, repair) away of being homeless. The impact on the kids is significant. Children are experiencing so many traumatic events that they become desensitized to what is abnormal, but they are acting out behaviorally, so we see the results in criminal activity.”*

One interviewee believed that the challenges that families face have become deeper, stating that *“Compared to 4 years ago, [families] are more impacted on a multi-generational basis. Not more prevalence, but deeper problems. There has been more multi-generational trauma. Problems have become deeper because we don’t treat the root causes. We criminalize things. It’s like an ambulance at the bottom of a waterfall. We get better ambulances when someone falls over a waterfall. But we don’t put barriers so people don’t go over the waterfall.”*

It is very important when thinking about the issues raised in this chapter to note how many of them span not just poor and low-income families, but families all the way into the upper middle class. Four issues that cut across most of the families in the County are childcare for birth through pre-K, aftercare programs for grades K-8, overall support for the public schools, and enrollment in services for families of children with special needs. At the end of the day, the entire County will be worse off if the proportion of the residents of child-rearing age continues to decline, if the County is not seen as a great place for families, and if many of the real and potential family dysfunctions discussed in this chapter become exacerbated because a constellation of family stressors remains unaddressed.

## Notes to Chapter 2

*Data comparing Frederick County to other geographies.* The charts with these comparisons come directly from the separate data visualization tool that the 2018 HNA project team built. The tool is available for public use through the website of The Community Foundation of Frederick County ([www.FrederickCountyGives.org](http://www.FrederickCountyGives.org)). Most of the data comes from the U.S.

Census/American Community Survey and from the U.S. Department of Education/National Center for Education Statistics.

**Connection between family stressors and Adverse Childhood Experiences.** Research firmly has established that family stressors contribute to Adverse Childhood Experiences and negative educational outcomes. For excellent examples, see the following:

- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks (1998), “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study,” *American Journal of Preventive Medicine* 14(4):245–58 ([https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)).
- Brooks-Gunn, Jeanne, and Greg J. Duncan (1997), “The Effects of Poverty on Children,” *The Future of Children* 7(2):55–71 (<https://doi.org/10.2307/1602387>).
- Hair, Nicole L., Jamie L. Hanson, Barbara L. Wolfe, and Seth D. Pollak (2015), “Association of Child Poverty, Brain Development, and Academic Achievement,” *JAMA Pediatrics* 169(9):822–29 (<https://doi.org/10.1001/jamapediatrics.2015.1475>).
- Duncan, Greg J., W. Jean Yeung, Jeanne Brooks-Gunn, and Judith R. Smith (1998), “How Much Does Childhood Poverty Affect the Life Chances of Children?,” *American Sociological Review* 63(3):406 ( <https://doi.org/10.2307/2657556>).

**Federal Poverty Level statistics.** The 2016 FPL statistics quoted for the U.S. and Frederick County are derived from the U.S. Census/American Community Survey 5-year estimates found in table DP03, “Poverty Status in the Past 12 Months of Families.”

**ALICE for Maryland.** The national United Way offers state-level ALICE reports. The most recent report for Maryland is available online at <https://www.unitedwayalice.org/maryland>. For the link to ALICE in Frederick County, please see the notes to Chapter 1.

**ALICE and childcare expenses.** When calculating the cost of childcare, United Way uses the cost of infant and pre-school care in registered family childcare homes, which are among the least expensive childcare options. The ALICE approach assumes that the cost of childcare per year for an infant is \$9,672, for a pre-school child \$8,208, and for a school-aged child \$4,992. However, the Economic Policy Institute finds that the average costs of infant care and pre-school care in Maryland are in fact 44% and 11% higher respectively than the prices used for the ALICE threshold. Thus, if the average cost of childcare was used for the ALICE threshold, considerably more households would fall below the threshold.

**Working Adults in Frederick County Households.** The figures on working heads of households are derived from the U.S. Census/American Community Survey 1-year estimates found in table S2302, “Employment Characteristics of Families.”

## **2018 Frederick County Human Needs Assessment Report**

**Expense of childcare in Maryland.** The figures quoted come from Economic Policy Institute (2016), “Child Care Costs in the United States,” available online at <https://www.epi.org/child-care-costs-in-the-united-states/>.

**Federal standard for affordable childcare.** The 7% of income figure is taken from Department of Health and Human Services: Administration for Children and Families (2014), “Child Care and Development Fund (CCDF) Program: Proposed Rules,” 45 CFR Part 98. RIN 0970-AC67, *Federal Register* 80(247). Available online at <https://www.gpo.gov/fdsys/pkg/FR-2015-12-24/pdf/2015-31883.pdf>.

**Evidence regarding the consequences of different childcare arrangements and linkages to poverty and race.** Research such as the following studies have found strong linkages between childcare arrangements and future child outcomes:

- Sarkisian, Natalia, and Naomi Gerstel (2004), “Kin Support among Blacks and Whites: Race and Family Organization,” *American Sociological Review* 69(6):812-837.
- Atkinson, Alice M. (1994), “Rural and Urban Families’ Use of Child Care,” *Family Relations* (1):16 (<https://doi.org/10.2307/585137>).
- Brayfield, April, and Sandra L. Hofferth (1995), “Balancing the Family Budget: Differences in Child Care Expenditures by Race/Ethnicity, Economic Status, and Family Structure,” *Social Science Quarterly* 76 (1): 158–77.
- Hogan, Dennis P., Ling-Xin Hao, and William L. Parish (1990), “Race, Kin Networks, and Assistance to Mother-Headed Families,” *Social Forces* 68(3):797–812 (<https://doi.org/10.1093/sf/68.3.797>).
- Uttal, Lynet (1999), “Using Kin for Child Care: Embedment in the Socioeconomic Networks of Extended Families,” *Journal of Marriage and Family* 61(4):845–57 (<https://doi.org/10.2307/354007>).
- Votruba-Drzal, Elizabeth, Rebekah Levine Coley, Amanda S. Koury, and Portia Miller (2013), “Center-Based Child Care and Cognitive Skills Development: Importance of Timing and Household Resources,” *Journal of Educational Psychology* 105(3):821–38.
- Luijk, M. P. C. M., M. Linting, J. Henrichs, C. M. Herba, M. L. Verhage, J. J. Schenk, L. R. Arends, et al. (2015), “Hours in Non-parental Child Care Are Related to Language Development in a Longitudinal Cohort Study,” *Child: Care, Health and Development* 41(6):1188–98 (<https://doi.org/10.1111/cch.12238>).

**Housing Costs Relative to Income.** The most recent data about housing costs in Frederick County comes from a U.S. Department of Housing and Urban Development report, “Comprehensive Housing Market Analysis, Montgomery-Frederick, Maryland,” released January 1, 2018.

**Neighborhood Effects on Schooling, Economic Mobility and Food Insecurity.** The following research studies document how neighborhoods effect these aspects of living for their residents:

- Lareau, Annette and Kimberly Goyette, eds. (2014), *Choosing Homes, Choosing Schools*, New York, Russell Sage Foundation.
- Powell, Lisa M., Sandy Slater, Donka Mirtcheva, Yanjun Bao, and Frank J. Chaloupka (2007), “Food Store Availability and Neighborhood Characteristics in the United States,” *Preventive Medicine* 44(3):189-195.
- Chetty, Raj and Nathaniel Hendren (2015), “The Effects of Neighborhoods on Intergenerational Mobility: Childhood Exposure Effects and County Level Estimates.” The Equality of Opportunity Project ([http://www.equality-of-opportunity.org/images/nbhds\\_paper.pdf](http://www.equality-of-opportunity.org/images/nbhds_paper.pdf)).

**SNAP Utilization and Food Insecurity in Frederick County.** Data about SNAP in Frederick County and the comparison counties comes from Food Research and Action Center. <http://www.frac.org/snap-county-map/tables/snap-county-tab-2016.html>.

National data from 2017 indicate that 16% of persons living in households with at least one child (below age 18) were food insecure at some point during the year. Among households with children that fall below 130% of the poverty level, the rate of food insecurity increases to 40%, with 28% with low food security and another 12% with very low food security. Near one in five children (17%) in 2017 lived in food insecure households. Source for these statistics: Economic Research Service, USDA (2018), “Statistical Supplement to Household Food Security in the United States in 2017, AP-079.”

**National data and findings about student loan debt.** Nationwide, the proportion of households headed by someone younger than 35 that owned a home decreased between 1982 and 2017 from 42 to 35 percent. The increase in student debt contributes to the decrease in homeownership in two ways. First, funds that potential homebuyers would be saving for a down payment on a residence are diverted to pay down student debt. Second, student debt is included in the debt to income ratio that banks use to determine the amount to lend. The Federal Reserve of New York estimates that student debt is a significant contributing factor to the decrease in homeownership among persons ages 28 to 30—it accounts for 35% of the decrease in homeownership. The Federal Reserve also found that student debt is positively associated with the propensity to live with parents at age 25. Student debt is now the second largest form of household debt (second only to mortgages) whereas prior to 2010, student debt was the smallest—smaller than credit cards, auto loans, and home equity loans. As of 2012, 39 million Americans owed student debt, and the average amount owed was \$25,000. See the following studies for more details:

## 2018 Frederick County Human Needs Assessment Report

- St. Louis Federal Reserve: <https://www.stlouisfed.org/on-the-economy/2015/october/millennials-living-home-student-debt-housing-labor>.
- New York Federal Reserve: [https://www.newyorkfed.org/medialibrary/media/research/staff\\_reports/sr668.pdf](https://www.newyorkfed.org/medialibrary/media/research/staff_reports/sr668.pdf).

AARP recently conducted a survey regarding student loan debt among three different generations in the U.S. and found striking patterns related to increasing indebtedness among younger adults. The following table summarizes the findings.

| Student Loan Debt   | Millennial<br>(b. 1981-1996) | GenX<br>(b. 1965-1980) | Baby Boomer<br>(b. 1946-1964) |
|---|------------------------------|------------------------|-------------------------------|
| <b>Have debt from a student loan for myself</b>   | <b>(a) 36%</b>               | 19%                    | 4%                            |
| <b>Have debt from a student loan for someone else</b>   | 12%                          | 15%                    | 8%                            |
| Student loan taken out for a child  | 14%                          | 64%                    | 77%                           |
| Student loan taken out for a spouse   | <b>(a) 69%</b>               | 44%                    | 16%                           |
| <b>Balance of Student Loan Debt</b>   |                              |                        |                               |
| < \$20,000  | 42%                          | 36%                    | 42%                           |
| \$20,000 to <\$50,000   | 32%                          | 33%                    | 23%                           |
| \$50,000-<\$100,000   | 17%                          | 22%                    | 30%                           |
| \$100,000 or more   | <b>(b) 11%</b>               | 7%                     | 3%                            |
| <b>Proportion with student loan debt who report that it has prevented them from doing the following...</b>  |                              |                        |                               |
| Moving from current residence   | 25%                          | 21%                    | 18%                           |
| Purchasing a home   | 36%                          | 26%                    | 32%                           |
| Saving for retirement   | 41%                          | 38%                    | 31%                           |
| Starting a family   | <b>(c) 22%</b>               | 4%                     | 3%                            |
| Going to school   | 28%                          | 25%                    | 34%                           |
| <b>Source: AARP. 2018. "Three Generations Survey."</b><br><a href="https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2018/three-generations-annotated-questionnaire.doi.10.26419-2Fres.00249.003.pdf">https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2018/three-generations-annotated-questionnaire.doi.10.26419-2Fres.00249.003.pdf</a> |                              |                        |                               |

Emphasized above are three statistics showing the impact of debt on younger "Millennial" adults (born 1981 – 1996): **(a)** They are much likely to have incurred debt themselves or a spouse, **(b)** they are more likely to have very high debt of \$100,000 or more, and **(c)** they are more likely to be delaying childbearing because of debt.

**Childcare subsidies and factors influencing enrollment.** The U.S. Government Accountability Office published a report on childcare subsidies with information about variations by state:

- Government Accountability Office (2016), "Access to Subsidies and Strategies to Manage Demand Vary Across States," GAO-17-60, Report to Congressional Committees. <https://www.gao.gov/assets/690/681652.pdf>.

Studies that found urban vs. rural differences in enrollment for the subsidies includes:

- Davis, Elizabeth E., Deana Grobe, and Roberta B. Weber (2010), “Rural–Urban Differences in Childcare Subsidy Use and Employment Stability,” *Applied Economic Perspectives and Policy* 32(1):135–53 (<https://doi.org/10.1093/aepp/ppp004>).

Other research about subsidy enrollment and the consequences of supplying childcare to poor, low wage and families with special needs include the following:

- Barnett, W. Steven (2010), “Universal and Targeted Approaches to Preschool Education in the United States,” *International Journal of Child Care and Education Policy* 4(1):1. <https://doi.org/10.1007/2288-6729-4-1-1>.
- Shlay, Anne B, Marsha Weinraub, Michelle Harmon, and Henry Tran (2004), “Barriers to Subsidies: Why Low-Income Families Do Not Use Child Care Subsidies,” *Social Science Research* 33(1):134–57 ([https://doi.org/10.1016/S0049-089X\(03\)00042-5](https://doi.org/10.1016/S0049-089X(03)00042-5)).
- Keys, Tran D., George Farkas, Margaret R. Burchinal, Greg J. Duncan, Deborah L. Vandell, Weilin Li, Erik A. Ruzek, and Carollee Howes (2013), “Preschool Center Quality and School Readiness: Quality Effects and Variation by Demographic and Child Characteristics,” *Child Development* 84(4):1171–90 (<https://doi.org/10.1111/cdev.12048>).
- Sullivan, Amanda L., Elyse M. Farnsworth, and Amy Susman-Stillman (2018), “Patterns and Predictors of Childcare Subsidies for Children with and without Special Needs.” *Children and Youth Services Review* 88:218–28.
- Herbst, Chris M., and Erdal Tekin (2010), “Child Care Subsidies and Child Development.” *Economics of Education Review* 29(4):618–38, (<https://doi.org/10.1016/j.econedurev.2010.01.002>).

**Features of successful practices for supporting families.** The discussion here is based on these sources.

- Program integration:
  - Spielberger, Julie, and Sandra J. Lyons (2009), “Supporting Low-Income Families with Young Children: Patterns and Correlates of Service Use,” *Children and Youth Services Review* 31(8):864–72 (<https://doi.org/10.1016/j.childyouth.2009.03.009>).
  - Brooks-Gunn, Jeanne (2003), “Do You Believe In Magic?: What We Can Expect From Early Childhood Intervention Programs,” *Social Policy Report* 17.
- SNAP and food insecure families: Shaefer, H. Luke, and Kathryn Edin (2013), “Rising Extreme Poverty in the United States and the Response of Federal Means-Tested Transfer Programs,” *Social Service Review* 87(2):250–68 (<https://doi.org/10.1086/671012>).



- Structuring family leave not to punish mothers: Aisenbrey, Silke, Marie Evertsson, and Daniela Grunow (2009), “Is There a Career Penalty for Mothers’ Time Out? A Comparison of Germany, Sweden and the United States,” *Social Forces* 88(2):573–605 (<https://doi.org/10.1353/sof.0.0252>).
- Social safety net utilization including childcare subsidies:
  - Purtell, Kelly M., Elizabeth T. Gershoff, and J. Lawrence Aber (2012), “Low Income Families’ Utilization of the Federal ‘Safety Net’: Individual and State-Level Predictors of TANF and Food Stamp Receipt,” *Children and Youth Services Review* 34(4):713–24 (<https://doi.org/10.1016/j.childyouth.2011.12.016>).
  - Gina Adams, Kathleen Snyder, and Jodi R. Sandfort (2002), “Getting and Retaining Child Care Assistance: How Policy and Practice Influence Parents’ Experiences,” Occ. Paper 55, Assessing the New Federalism. Urban Institute.
  - Schulman, Karen and Helen Blank (2008), “State Childcare Assistance Policies 2008: Too Little Progress for Children and Families,” Issue Brief: National Women’s Law Center.
  - Kalil, Ariel and Rebecca R. Ryan (2010), “Mothers’ Economic Conditions and Sources of Support in Fragile Families,” *Future of Children* 20(2):39-61.
- Subsidized housing vouchers: Brian A. Jacob, and Jens Ludwig (2012), “The Effects of Housing Assistance on Labor Supply: Evidence from a Voucher Lottery,” *The American Economic Review* (1):272-304.
- Universal child allowance: Shaefer, H. Luke, Sophie Collyer, Greg Duncan, Kathryn Edin, Irwin Garfinkel, David Harris, Timothy M. Smeeding, Jane Waldfogel, Christopher Wimer, and Hirokazu Yoshikawa (2018), “A Universal Child Allowance: A Plan to Reduce Poverty and Income Instability Among Children in the United States,” *RSF* 4(2):22–42 (<https://doi.org/10.7758/RSF.2018.4.2.02>).
- Maine LIFT proposal: Maine Legislature (2018), “LD 1774, HP 1223, Text and Status, 128th Legislature, Second Regular Session.” [http://legislature.maine.gov/legis/bills/display\\_ps.asp?LD=1774&snum=128](http://legislature.maine.gov/legis/bills/display_ps.asp?LD=1774&snum=128).
- Utah Intergenerational Poverty Mitigation Act: Utah Legislature (2012) “S.B. 37 Intergenerational Poverty Provisions.” <https://le.utah.gov/~2012/bills/sbillenr/sb0037.htm>.
- Stockton, California supplemented income experiment: <https://www.washingtonpost.com/news/post-nation/wp/2018/06/04/a-city-ponders-whether-500-a-month-no-strings-attached-would-help-reduce-poverty/>.

### 3. Preparing for an Aging Population

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#### **Key Findings about Supporting an Aging Population in Frederick County:**

- **Frederick County has a lower proportion of elderly than Maryland and the U.S.**
- **The elderly population is growing about three times the rate of the overall population of the County.**
- **Not only are there proportionately more older people, but the elderly are living longer – the need for services is increasing in breadth and depth.**
- **Elderly persons in Frederick County need transportation, assistance for aging in place, access to medical providers specializing in geriatrics, and treatment for substance use disorder.**
- **As is the case nationwide, the aging population in the County is not saving to support the cost of retirement.**

#### **Perceptions in Frederick County Regarding the Aging Population**

***Interviews and a Focus Group.*** Like Carroll County immediately to its east, and to some degree like the nation, Frederick County increasingly has an older population. Today’s senior population in Frederick County differs from the seniors of the recent past, and tomorrow’s will differ from today’s, due to demographic, economic, and social forces. Not only is the number of people over 65 years in age rapidly increasing, but the diversity, social, and economic situation of seniors is changing. This chapter addresses the major issues among the senior population in Frederick County, how the County supports the senior population, and the future of the senior population. Special consideration is given to the economics of aging, including the effects of changes in defined-benefit and defined-contribution retirement plans. These changes in retirement benefits affect the economic circumstances of retirees and those near retirement.

As observed in Chapter 1, the issue of aging sets Frederick County apart from all six of the comparison counties. Only in Frederick County is aging recognized as a top priority issue among the key informants interviewed for the 2018 HNA. This may be the result of the County reaching a “tipping point” in which the prevalence of the elderly within the population is becoming much more evident. As noted in Chapter 1, Frederick County Executive Jan Gardner appointed a Seniors First Task Force that delivered a 2016 report recommending changes to how the County organized and delivered services for the elderly. The findings in this chapter completely agree with those in the Seniors First report. As discussed below and in the next chapter, the 2018 HNA

## 2018 Frederick County Human Needs Assessment Report

project found that services for the elderly cuts across the issue of substance use disorder that also was a high priority among many of the key informants.

Recognizing the salience of aging, the 2018 HNA convened one focus group specifically on the topic of, “The Challenges of Providing for an Aging Population.” The project team summarized the discussion in this focus group as follows:

*Service providers are, “seeing a trend for younger seniors needing services. They don’t have Medicare yet, they may not be retired, and they are still paying tuition.” There are also seniors in the “gap” – they do not qualify for Medicaid, but they have various needs they cannot afford on Medicare alone. Combined with this, service providers are, “seeing more calls [to service] younger people with dementia. Caregivers are giving up jobs to care for their loved ones.” The care for Persons with dementia is expensive. With the aging of the population comes an increase in the number of people with dementia and Alzheimer’s disease. A challenge is employing a workforce able to provide high quality care to elderly persons with needs. Increases in the minimum wage are larger than typical increases in the wages offered for the low-wage caretaking jobs.*

Two observations are relevant about the focus group content:

- One dimension of concern pertains to rising numbers of the elderly, including the “young” elderly who need assistance with a chronic medical condition such as dementia.
- A second dimension of concern pertains to paying for such assistance when lower income elderly on Medicare do not qualify for additional support from Medicaid. The economics of eldercare services is tilted toward low wage jobs and the available workforce willing to take such jobs, raising doubts about the quality of care.

Much of this chapter focuses on the second concern: The need to support the costs of providing services to an elderly population that most likely will not have substantial retirement savings.

**Survey of Community-engaged Persons.** The survey results are noteworthy here because they show how many community-engaged persons in Frederick County are not perceiving the “silver tsunami” of a growing elderly population with increased need for services and insufficient savings to pay for assistance. Table 7 compares the percentage of survey responses that were optimistic with those that were pessimistic about the condition of the older population of Frederick County and family caregivers over the past five years and looking forward ten years into the future. When the respondents were more pessimistic than optimistic about a demographic group, the difference has a minus sign and is in red. When the respondents are more optimistic than pessimistic, the difference is in green.

**Table 7: Survey Responses Regarding Conditions for Older Adults**

| Demographic                                     | How conditions changed,<br>2013 - 2018 |       |            | How conditions will change,<br>2018 - 2027 |       |            |
|---|--|-------|------------|--|-------|------------|
|   | Better                                 | Worse | Difference | Better                                     | Worse | Difference |
| Middle aged adults with no children to care for | 31.8%                                  | 11.6% | 20.1%      | 34.7%                                      | 10.4% | 24.3%      |
| Senior citizens 65 years and older              | 18.2%                                  | 29.6% | -11.4%     | 33.2%                                      | 25.7% | 7.5%       |
| Families caring for senior citizens             | 14.0%                                  | 30.9% | -16.9%     | 28.5%                                      | 26.2% | 2.3%       |

Note: See Appendix E for the source data from the survey. Better combines responses “better” and “much better”, worse combines responses “worse” and “much worse”.

The results in Table 7 show a sharp shift toward pessimism about the recent past and next ten years when the respondents moved from answering about middle-aged adults to senior citizens. Note the drop in the difference between optimistic and pessimistic responses regarding the prior five years from slightly more than 20% for middle aged adults to about -11% for senior citizens and nearly -17% for families caring for seniors. While the net optimism is improved looking out into the future, this same pattern holds: The respondents are far less optimistic on net regarding the future of seniors and families caring for them. The numbers in Table 7 regarding senior citizens are overly optimistic in the context of the input from the key informants, the focus group, and demographic trends. The last two rows of Table 8 show that the respondents were nearly balanced between optimistic and pessimistic perceptions of past and future trends. As it stands, there is good cause coming from other 2018 HNA sources for more concern.

The survey also asked respondents to rank order their priorities for a range of community amenities and for social services across a broad spectrum of needs. When it came to community amenities, just 15% of the survey respondents put, “Cultural/social activities specifically for senior citizens,” as a 1<sup>st</sup> or 2<sup>nd</sup> choice (See Appendix E for more). When it came to essential social services, Table 8 shows how the community-engaged survey respondents ranked services for seniors fourth in terms of 1<sup>st</sup> choices, 2<sup>nd</sup> choices, or the two combined. The 2018 HNA project team believes that, on balance, services for senior citizens deserve a higher priority given the unstoppable population trends combined with the financial issues involved.

Table 8: Social Services Priorities Among Survey Respondents

| Population to Be Served  | Percent 1 <sup>st</sup> Priority | Percent 2 <sup>nd</sup> Priority | Total 1 <sup>st</sup> and 2 <sup>nd</sup> Priority |
|--|----------------------------------|----------------------------------|--|
| Services related to adverse childhood experiences (such as abuse or neglect) | 36%                              | 22%                              | 58%  |
| Services for low-income workers/low income families                          | 26%                              | 25%                              | 51%  |
| Services related to substance use/alcoholism                                 | 17%                              | 19%                              | 36%  |
| Services for senior citizens   | 15%                              | 14%                              | 29%  |
| Services related to disabilities   | 4%                               | 12%                              | 16%  |
| Services related to assisting new immigrants                                 | 3%                               | 8%                               | 11%  |

### Recent Trends Related to Aging in Frederick County

Trends toward an aging population and consequential implications for services are evident in the secondary data collected for the 2018 HNA. As in prior chapters, the following graphs compare Frederick County with the State of Maryland and the nation or compare the six comparison counties with Frederick. Some graphs include Frederick County, Carroll County and Anne Arundel County when those comparisons are relevant. Also, as before, some of the graphs are for data about Frederick County only when comparisons to other locations are not useful.

**Elderly Population.** Figure 16 shows how Frederick County has tracked the State of Maryland and the U.S. in the percentage of the total population age 65 and older. Between 2010 and 2017, Frederick County’s senior population grew by 36%, amounting to approximately 9,500 people. The senior population of Frederick County is estimated to be growing at a rate three times that of the non-senior population. *According to the State of Maryland’s Department of Planning, Frederick County’s senior population will grow to 64,110 by 2030 —nearly double the current total number.* Figure 17 presents the same trend data for the six comparison counties compared with Frederick. Most of the comparison counties including Carroll are trending older than Frederick County but the overall pattern in aging is the same across the comparisons.

Figure 16

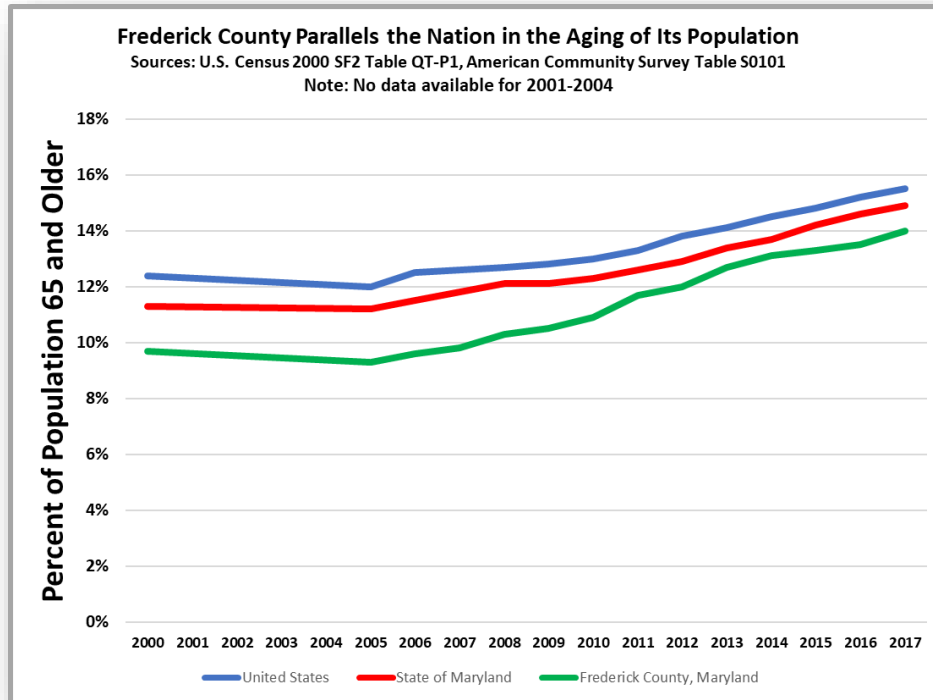
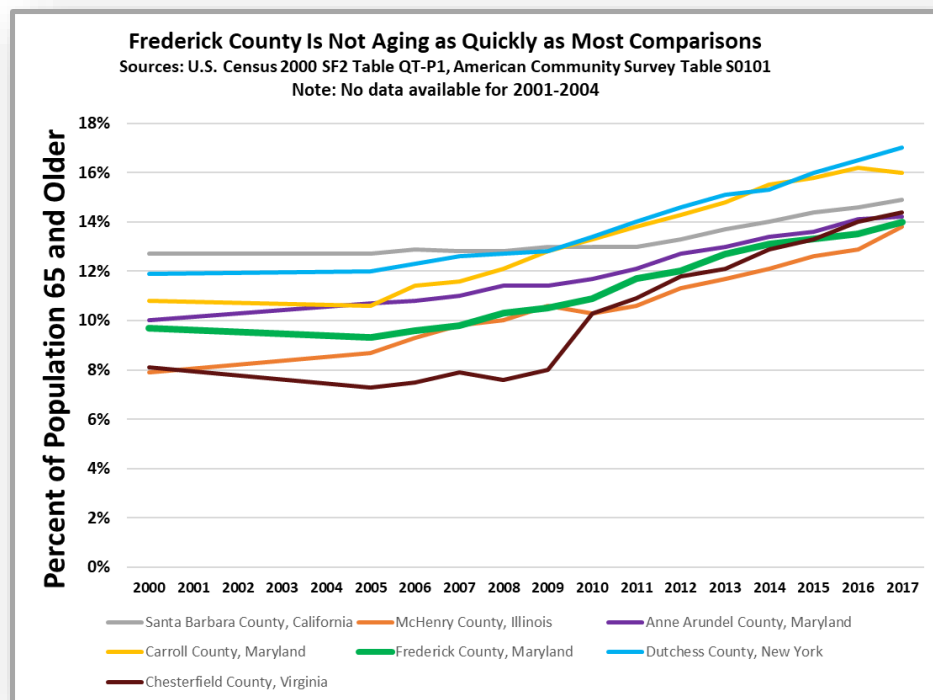


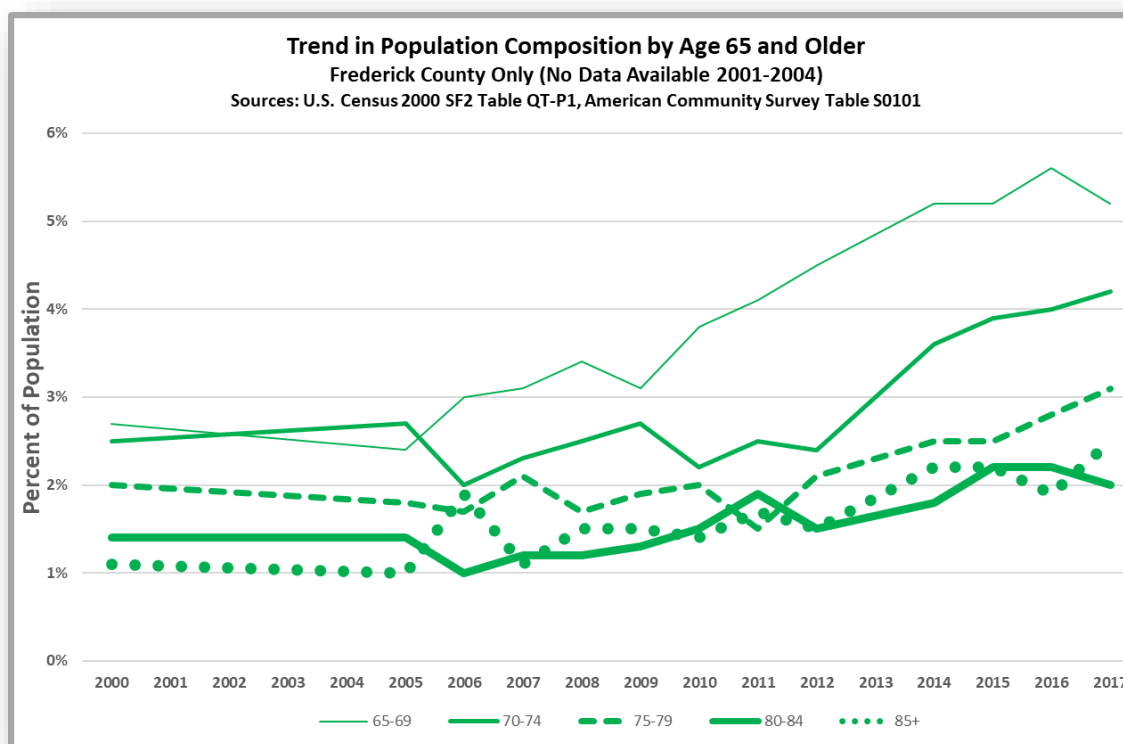
Figure 17





Not only is Frederick County's population overall becoming older, the senior demographic itself is trending older. Figure 18 presents the trends within the County by subgroups of elderly according to age. The thickness of each line increases by cohort age (65-69 is the thinnest line, 85+ is the thickest line). Note the strong growth trend for the 70 to 74 group (second from the top throughout most of Figure 18) that will be 80 or older within a decade from now. The recent rate of growth in the County for people age 85 and older was 23%, or approximately 850 people.

Figure 18



**Elderly Income.** The 2018 HNA project team located data on elderly income that provides two ways of understanding how aging is affecting economic circumstances. The first approach is based on median household income by age. Figure 19 presents just median income only in Frederick County by age groups 45 to 64 and 65 and over. Figure 19 shows that the elderly in Frederick County experience a decline of over 50% in household income compared with the group ages 45 to 64. Although households in Frederick County headed by persons of retirement age on average experience a significant reduction in income as they reach age 65, Figure 20 shows that the 65 and older population in Frederick County has a median household income on par with the entire State of Maryland and about \$10,000 above the national median.

Figure 19

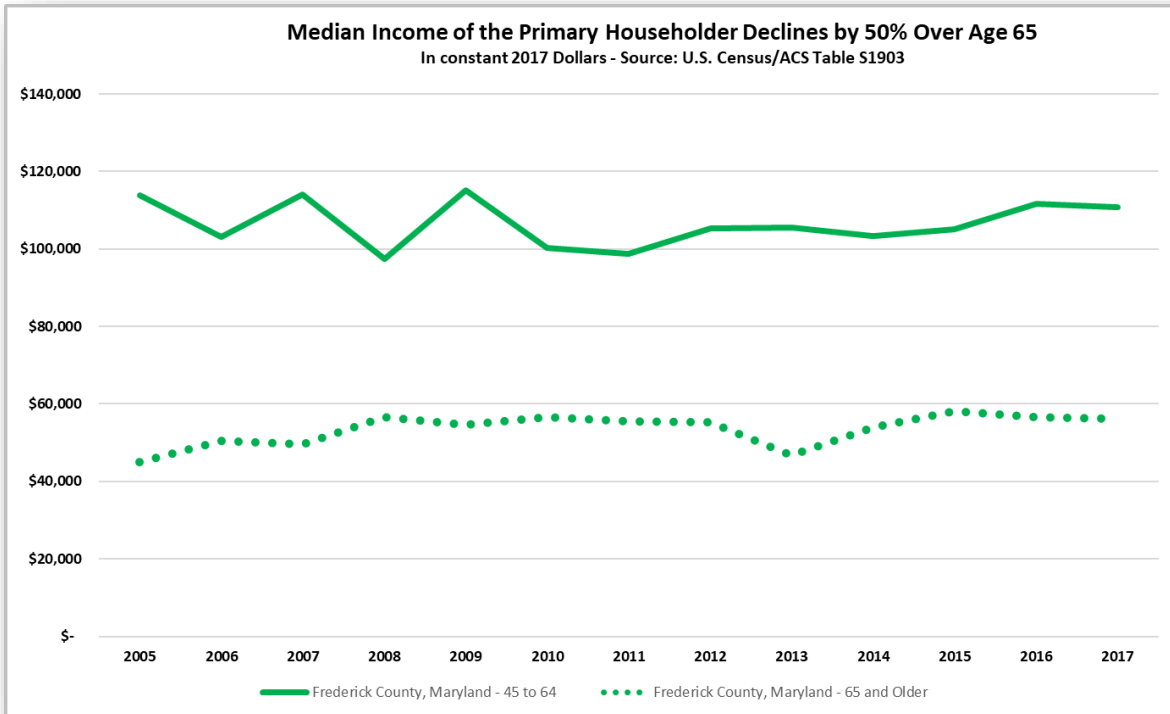
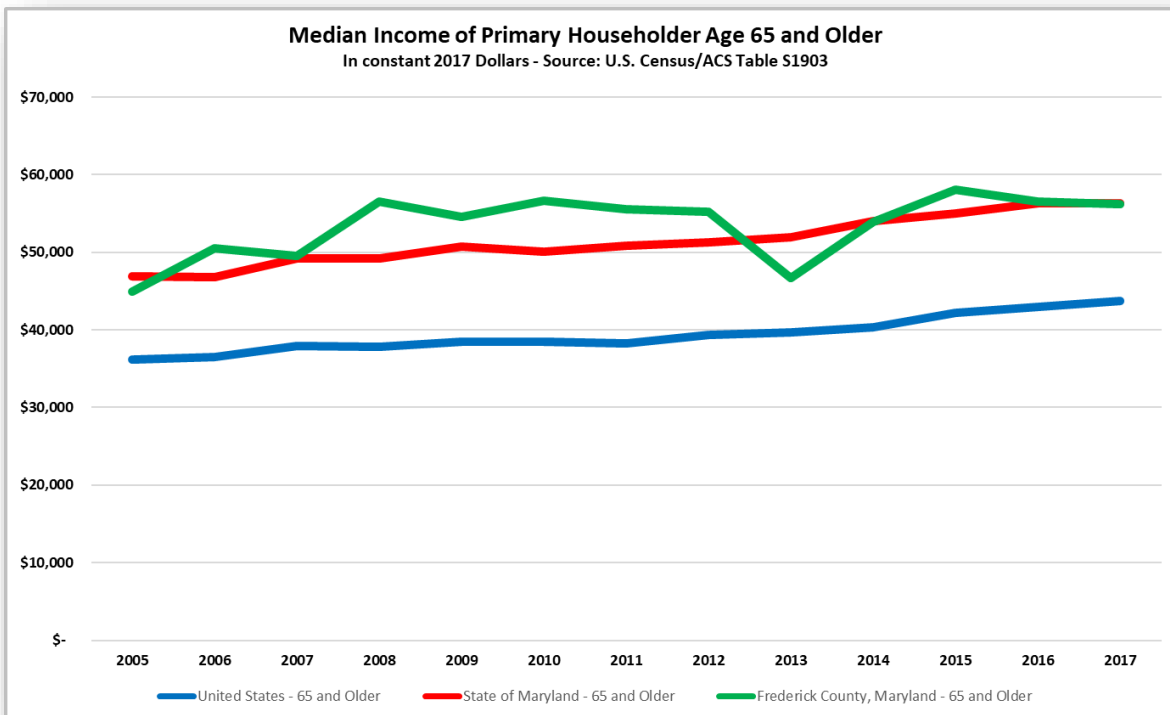
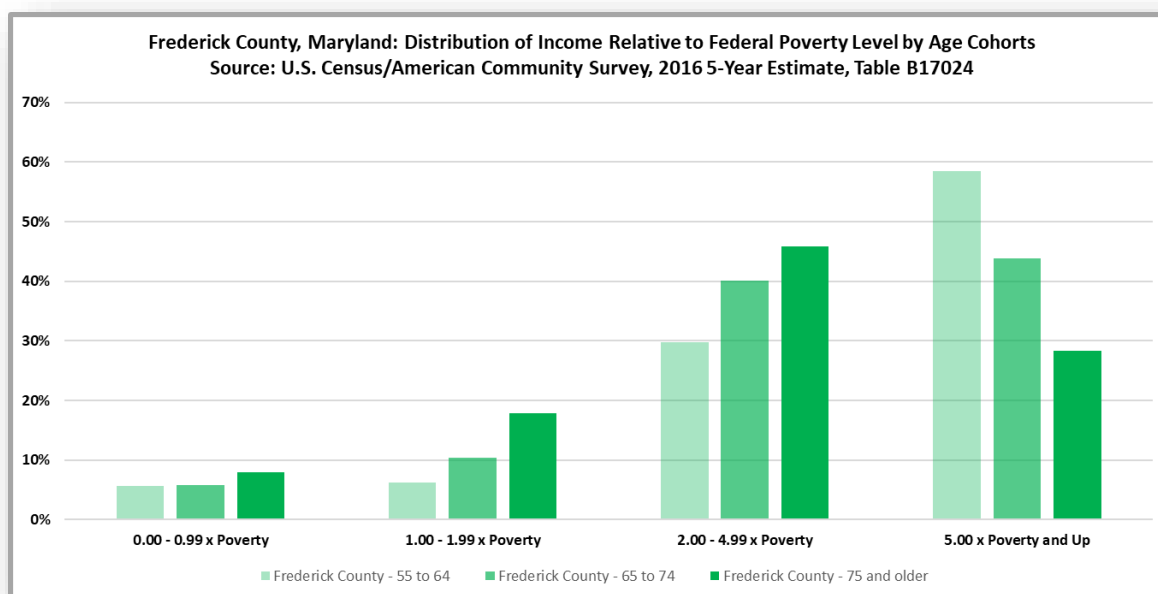


Figure 20



The second way of looking at how age impacts income is to examine income relative to the Federal Poverty Level (FPL). Figure 21 looks at income relative to multiples of the FPL. As the bars get darker in the chart, the cohort gets older. Note how the percentage under two times the FPL goes up as age goes up, indicating that older cohorts are more likely to be poorer. When interpreting the chart, note that households with income up to two times the FPL most likely are experiencing financial stress. This especially is true for Frederick County where the cost of living has increased over the past 20 years.

Figure 21



The data on poverty relative to the FPL available from the U.S. Census/American Community Survey also makes it possible to look at the difference in poverty rates among seniors who live on their own compared with those who live with their family (e.g., adult children). Table 9 compares Frederick County with the other comparison geographies using American Community Survey data (5-year estimate) from 2016. Table 9 shows how poverty among persons 65 years and older is nearly triple in Frederick County among seniors living on their own compared to those living with family. This pattern is evident across the comparison geographies.

Combined, the data presented about the aging population of Frederick County supports the following conclusion: As the percentage of the population age 65 and older continues to increase, the number of seniors in dire need of income assistance and other related services also will increase. These trends will accelerate while the growth rate of the 65 and older demographic continues at a pace much above that of the other age cohorts in the population. Finally, the data within Table 9 indicates that Frederick County does not compare favorably to many of the other locations in terms of elderly living in poverty.

Table 9: Poverty Among Persons 65 Years and Older

| Location                          | Total Pct Living in Poverty | Pct in Poverty Living with Family | Pct in Poverty Not Living with Family |
|-----------------------------------|-----------------------------|-----------------------------------|---------------------------------------|
| United States                     | 9.3%                        | 5.0%                              | 18.8%                                 |
| State of Maryland                 | 7.7%                        | 3.6%                              | 16.6%                                 |
| Santa Barbara County, California  | 7.4%                        | 4.0%                              | 13.7%                                 |
| <b>Frederick County, Maryland</b> | <b>6.6%</b>                 | <b>3.7%</b>                       | <b>13.5%</b>                          |
| Anne Arundel County, Maryland     | 5.6%                        | 2.0%                              | 13.9%                                 |
| Dutchess County, New York         | 5.4%                        | 2.4%                              | 11.5%                                 |
| McHenry County, Illinois          | 5.1%                        | 3.2%                              | 10.0%                                 |
| Carroll County, Maryland          | 4.7%                        | 1.7%                              | 11.9%                                 |
| Chesterfield County, Virginia     | 4.2%                        | 1.8%                              | 10.6%                                 |

Source: U.S. Census/American Community Survey Table S1701 (2012-2016 5-Year Estimate)

**The Economics of Retirement.** Most seniors have retired from full-time work. The labor force participation rate of persons over 65 drops precipitously especially for the cohort over 75 years old. Social Security comprises retirees' largest source of income, supplemented by pension income, income from assets, and for some, continued earnings. One of the design principles of Social Security is that low-income persons during their prime working years will retire to relatively low Social Security payments for the remainder of their lives. The working poor become the retired poor.

The past 30 years have seen a seismic shift in the financing of private pension plans, from Defined-Benefit (DB plans), which pay a defined amount regardless of employee contributions, to Defined Contribution retirement plans (DC plans), which primarily invest amounts withheld from employee pay supplemented by some contributions from employers. DB plans offer guaranteed income similar to Social Security; DC plans are much less predictable in part because employees must manage their investments perhaps without the knowledge necessary to navigate the choices. Many younger employees when offered DC plans will elect to contribute the absolute minimum or even elect not to participate, deferring to the future the need to save for retirement. It is still premature to determine the entire impact of this shift, since many of today's seniors worked at a time when DB plans were offered both by public and private employers.

National data on retirement savings from 2014 paints an alarming picture of the preparedness of American workers for their senior years. Table 10 summarizes this finding. Because 47% of Americans have neither a DC nor a DB plan, Social Security (SS) provides the bedrock of retirement income. Among all families of seniors, Social Security accounts for 35% of their total annual income, with a mean benefit of \$12,232 per year. In sharp contrast, the poorest fifth of senior families receive only \$8,229 per year on average from Social Security which accounts for 83% of their total annual income. Among families in the middle quintile, the average Social

Security payment of \$13,675 accounts for only 53% of the family’s annual income and among those senior families at the top fifth of earnings, Social Security’s average payment of \$12,772 accounts for only 16% of their total average annual income of \$81,529. In contrast to Social Security income, Supplemental Security Insurance (SSI), which was established to support aged and disabled persons with very low incomes and assets, is of decreasing importance as a source of income to seniors. Only 5% of current retirees nationwide receive SSI.

| Table 10   |   |                               |                                |                                      |                      |                      |                             |
|--|---|-------------------------------|--------------------------------|--------------------------------------|----------------------|----------------------|-----------------------------|
| Average annual income of people age 65 and older by income source and family income quintile, 2014   |   |                               |                                |                                      |                      |                      |                             |
| Family Income Quintile   | Soc. Sec.’s portion of Total Average Income | Average Total Annual Earnings | Average Annual Social Security | All Pensions and Retirement Accounts | Average Asset income | Average Other Income | Average Total Annual Income |
| 1 <sup>st</sup> quintile<br>(Poorest 1/5)  | 83%   | \$296                         | \$8,229                        | \$367                                | \$265                | \$799                | \$9,956                     |
| 2 <sup>nd</sup> quintile   | 71%   | \$1,376                       | \$12,969                       | \$2,192                              | \$865                | \$820                | \$18,213                    |
| 3 <sup>rd</sup> quintile<br>(Middle 1/5)   | 53%   | \$3,820                       | \$13,675                       | \$4,405                              | \$1,764              | \$1,381              | \$26,045                    |
| 4 <sup>th</sup> quintile   | 35%   | \$9,621                       | \$13,514                       | \$8,952                              | \$3,528              | \$2,256              | \$38,771                    |
| 5 <sup>th</sup> quintile<br>(Richest 1/5)  | 16%   | \$35,500                      | \$12,772                       | \$16,881                             | \$13,680             | \$2,697              | \$81,529                    |
| All Households   | 35%   | \$10,119                      | \$12,232                       | \$2,840                              | \$4,019              | \$1,590              | \$34,897                    |
| Source: Morrissey, 2016. EPI analysis of U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement microdata. <a href="https://www.epi.org/publication/retirement-in-america/">https://www.epi.org/publication/retirement-in-america/</a> |   |                               |                                |                                      |                      |                      |                             |

Despite the reality that DC rather than DB plans will fund future retirements, only slightly more than half of Americans have any retirement plan other than Social Security. In fact, between 2001 and 2013, the proportion of Americans in prime working ages (32-61 years) with any retirement plan or retirement account—either DC or DB—decreased from 60 to 53 percent. In 2001, 28% of persons ages 32 to 61 had a DB plan and 47% a DC plan. By 2013, these figures had decreased to 21% and 43%, respectively.

Most persons of working age now are woefully unprepared for their senior years. Not only are nearly half of Americans not participating in any retirement plan, but the amount being saved will not allow most to be financially secure in the future. In 2013, the median retirement account savings of families of those 56 to 61 years of age in 2013 dollars was only \$17,000 (including 401(k)s, IRAs, and Keough plans). Families of persons ages 50 to 55 had accumulated a median of \$8,000. Of those who have any savings in retirement, the median savings of families ages 32

to 61 in 2013 was \$60,000. Clearly, these savings will not sustain a person through the older years.

Researchers that have examined the proportion of working income that retirees will have available to them have found that the percentage decreases by cohort. Based on data from the U.S. Department of Labor's Consumer Expenditure Survey, experts in retirement financing recommend that retirees at age 67 have an income 75 to 85 percent of their pre-retirement income. However, 39% of leading boomers, 41% of trailing boomers, and 43% of GenXers will fall short of this goal. Alarming, one-fifth of baby boomers will replace less than half of their pre-retirement income. Thus, as economically insecure the senior population currently is, one should expect it to become even more economically insecure. The economic insecurity will impact the ability of seniors to lead happy lives and to age in place. That is, just when the population of seniors will greatly increase, the transition from DB to DC plans will result in seniors becoming less financially secure. They ultimately will turn to government and nonprofits for support.

Local data are sparse on these issues but there are reasons to believe that these national trends in the economics of aging apply to Frederick County, Maryland. For example, interviewees for the 2018 HNA are seeing trends locally that mimic those found nationally. One interviewee said ***“Having affordable supportable services is a problem. Have a lot of seniors living on the edge of disaster because they can’t afford the supportive care.”*** That interviewee was most concerned about older seniors, ***“partially because they’re more in a crisis situation. Need to have interventions earlier ... Interventions that are lacking – supportive in-home care.”*** A Frederick County service provider reported seeing many seniors who were struggling to maintain their homes and pay for transportation.

### A Framework for Supporting the Aging Population

Senior citizens need supports to continue to lead productive lives with dignity. Without these supports, it is easy for older persons to develop dysfunctions that deprive them of dignity. There are a well-known cluster of issues involved with supporting an aging population that include the following:

- Housing including accommodations for aging in place
- Transportation and social isolation
- Access to appropriate health care
- Group care and assisted living options
- Management of mental health and dementia
- Substance use.



Finding limited availability of data about these issues specifically within Frederick County, the 2018 HNA project team turned to national level findings about them to provide additional input. In many ways, Frederick County represents the combination of issues that impact senior citizens in rural areas and in urban/suburban areas. The County represents an opportunity to deploy practices that have been shown to assist the elderly with achieving a high quality of life. Where possible, the following discussion includes input received through the key informant interviews and the one focus group on aging.

***Housing and Aging in Place.*** The housing cost burden for seniors is substantial. In 2013, it was 37% for owner and renter households nationwide, and 40% for seniors living with an offspring. When seniors do live in costly and/or inadequate housing, serious problems that negatively impact physical and mental health can emerge. Nationally, about 39% of senior renters and homeowners report housing problems, including a cost burden for housing and utilities that exceeds 30% of household income. An interviewee reported to the project team that, ***“Older adults are finding it harder to live in the County on a fixed income. They’re moving to Washington County, Adams County, West Virginia.”*** Another interviewee said that, ***“Few [housing] choices for seniors on fixed income [in Frederick County].”*** According to another interviewee, about one-quarter of the County’s affordable housing unit gap should be senior-specific housing.

Seniors are increasingly choosing to “age in place” in their own homes, regardless of whether they own or rent. Most seniors are single-family homeowners. Seventy percent of seniors ages 65 to 79 and 60% of those 80+ years of age live in single-family homes. More than 75% of those over 80 years of age live in their own homes and about 60% in this demographic have lived in the same home for at least 20 years. In an AARP survey, 73% “strongly agreed” they would like to stay in their current residences as long as possible, and 67% “strongly agreed” that they wanted to stay in their neighborhood communities.

Though seniors often have a strong preference for aging in place, older persons face significant challenges in doing so without support. About 21% face cognitive challenges and about 42% face mobility challenges especially for those over 80. Further, the probability of being disabled increases markedly at age 75. Disability threatens the goal of aging in place if a home cannot be made accessible relative to specific disabilities. Most seniors’ homes need modifications to be safe and functional as they age. Alternatively, they may move to housing that offers senior-friendly features. Common accessibility modifications include no-step entries, single-floor living (e.g., bathroom, bedroom, and kitchen on same floor), widened doorways and hallways, accessible electrical controls/switches, and lever-style door handles and faucets. In the Northeast U.S., only one in eight homes already has at least three of these accessibility features. In parts of Frederick County, some of the housing stock is very old and lacks many of these accessibility features. Much of the new housing built in the County consists of townhouses and detached housing with stairs between levels.

One Frederick County key informant noted that, ***“So many more people are trying to age-in-place, but they can’t do it because they can’t find a place.”*** A participant in the focus group on aging observed that, ***“Aging in place, to do that, you need adult home care, respite services, adult day care. But a lot of families can’t afford it.”***

Some housing targeted specifically to seniors is being built in the County but that has potential longer-term downsides regarding other issues related to infrastructure. One local official expressed this concern about communities targeted to persons 59 ½ years and over as follows:

***“My fear long-term is from a planning aspect. Having an aging population is wonderful, but what do you do with the houses in 15-20 years? When the baby boomers are all gone, and you have all of these communities that are [restricted to] 59 ½ and over, then what do you do? Right now, it’s fine, there’s the demand and it all works, but what is going to happen in the future? We have to plan water usage, so we make sure that we have enough water. The assumption now is that the elderly don’t use as much water. But if the homes switch to all ages, then the water usage will go up.”***

The 2018 HNA Project team noted that this view does not fit with the current population projections presented above. If anything, Frederick County will continue to fall short of appropriate housing for the elderly well out into the century.

***Transportation and Social Isolation.*** With the increased trend and desire of seniors to age in place or in their communities, seniors have an increased demand for transportation services. Without transportation, it becomes difficult to age in place and maintain social ties. Social isolation can result from physical isolation and is associated with increased depression and lower quality of life. About half of the medical care a person receives over the course of an average lifetime occurs over the age of 65. Access to that medical care often requires using a car especially for persons living in more rural areas. Transportation is particularly critical for senior veterans to access benefits. For example, while a Veterans Affairs (VA) out-patient clinic is housed at Fort Detrick, the closest VA hospitals are in Baltimore (50 miles from Frederick City), Washington, DC (46 miles), and Martinsburg, West Virginia (37 miles).

Nationally, about 20% of seniors do not drive. Low-income/fixed-income seniors often cannot afford to pay for a car including insurance. In the non-institutionalized Medicare population, one-third of seniors limit driving to daytime because of health or physical problems. About 20% of persons over 50 years of age in the U.S. report having to miss activities on a regular basis because they have greatly limited or completely given up driving on their own. Limited transportation options decrease socializing with the proportion of time spent in social activities decreasing with age. For example, in 2014, only 9% of those age 75 years or over in the U.S. spent any time in social activities. One interviewee in the County reported that, even among seniors who do drive, ***“older adults who live in the north often refuse to drive on Route 15.”*** The transportation issue particularly impacts all adults with disabilities, regardless of age.

***“Seniors often need door-to-door, not curb-to-curb,”*** according to an interviewee. As one service provider said in a focus group, ***“[Outside Frederick City] transportation is an issue ... The transportation issue makes people feel very isolated.”***

While transit services are being pressed by the growing elderly population in all types of communities, national studies show providing adequate transportation alternatives is especially problematic for communities with populations less than 250,000, which accounts for all communities in Frederick County. Even when the cost of transit is not a barrier, access to transit can be. Access includes having some assistance with transit, be it physical or cognitive supports. Sometimes, services are accessible to persons who can walk without assistance, walk with the help of a cane, or use a wheelchair. However, persons who rely on walkers or rollators cannot access many transportation services because they cannot get onto buses or trains independently or the ramps that exist lack side rails necessary for persons with walkers.

***Health Status and Health Care.*** Health-related issues are substantial contributors to poor quality of life among the elderly in the U.S. and in Frederick County. Four prominent aspects of health are disabilities, access to experts in geriatrics/gerontology, availability of group care/assisted living, and mental health/dementia.

- Among seniors nationwide, 22% report a disability as defined by limitations in vision, hearing, mobility, communication, cognition, and self-care. Specifically, 24% of senior women and 19% of senior men report at least one of these disabilities. Disabilities increase with age as 42% of those over age 85 report disabilities, compared with 17% of those ages 65 to 74. Disability with walking/climbing is the most common reported among seniors (17% women, 10% men). Between 2010 and 2014, the prevalence of hearing difficulties and mobility difficulties increased for seniors across demographic groups. Both men and women have higher prevalence of depressive symptoms in middle adulthood and after age 80 than they do in ages 65 to 79.
- Frederick County, like most other areas of the U.S., does not have enough specialists in geriatrics/gerontology to serve the growing population over age 65. As one key informant summarized the situation in the County, ***“There’s the whole subject of seniors. [We] have a burgeoning senior population and that will be the story of the future. Health issues related to seniors if not already the story, will be the story. [We] don’t have enough resources.”***
- Assisted living, nursing, and hospice facilities are needed for those who cannot or should not receive care in their own homes due to health challenges. Sometimes such care is short-term and the senior returns home. The U.S. Department of Health and Human Services reports that 37% of seniors will receive care from a group care facility at some point, with an average stay of one year. Therefore, communities should address long-term

care not only for the sake of those who will be institutionalized for the rest of their lives, but also as a resource for those who will eventually return home to age in place. At any given time, only 2% of older adults live in group-care settings. However, in Frederick County options for group care are limited. In the focus group on aging, a service provider of group homes said that, ***“Getting our aging population to rehab facilities is close to impossible because the nursing homes don’t want them. One of our biggest struggles is with the people we’re serving aging.”*** Another focus group participant said, ***“We hear all of the time that people need assisted living, but they can’t afford the \$4,000 per month. People are living in precarious situations, locking mom in the house and holding their breath.”***

- Increasing age is a very strong risk factor for dementia. Dementia prevalence decreases with education level, with approximately 21% of seniors with less than a high school education suffering from dementia, compared with 5% with a bachelor’s degree or higher. Frederick County has significant variation by locality regarding education level, with many residents without a college degree living in the most rural parts of the County. Most people with dementia live in neighborhood communities, with or without appropriate support. In nursing homes nationwide, 61% of residents have moderate to severe cognitive impairment. Alzheimer’s disease differs from dementia in critical ways. Those with Alzheimer’s experienced an increased rate of memory decline about seven years before the Alzheimer’s diagnosis and an accelerated rate of decline two to three years before diagnosis. This pattern was not found among those who had natural decline of cognitive abilities but did not develop Alzheimer’s. Families managing Alzheimer’s disease in a parent or spouse generally experience significant daily stress dealing with the effects of the illness which may include violent mood swings and paranoia.

One of the structural features in Frederick County that may exacerbate the consequences of these health issues is the concentration of medical services in and around Frederick City. Seniors living in the rural areas of the County may be cut off from access to services because of the transportation issues discussed above.

### Practices and Policies for Supporting the Aging Population

Frederick County and the State of Maryland certainly are aware of many of the issues affecting the quality of life for seniors. Here are some existing practices and policies intended to support the aging population when it comes to housing, aging in place, and transportation.

- To make aging in place more affordable, Frederick County offers a senior tax credit to seniors with less than \$70,000 in annual income and less than \$200,000 of assets (excluding retirement accounts and home value). The credit amounts to 20% of the property tax bill for the first \$300,000 of assessed property. The 2018 HNA project team

could not determine if utilization of this program is substantial relative to eligibility in the County.

- The State of Maryland offers a program called Accessible Homes for Seniors to support alterations to the homes of seniors to make them more handicapped accessible. The program offers loans to pay for the modifications at 0% interest to persons over age 55 who have incomes below 80% of the state median. The homes being modified must be structurally sound. However, as an interviewee reported, “[*Accessible Homes for Seniors*] **puts a lien on the home. Not very popular for that reason.**” The 2018 HNA project team concluded that this program might be modified to reduce fears about the liens.
- Another source of assistance to age in place is through Medicaid Long Term Care waivers offered by the State of Maryland. The State will, “cover needed home and community-based services (HCBS) as an alternative to receiving care in an institution such as a nursing home. To become a waiver participant an individual must qualify by meeting certain criteria. Each waiver will have different criteria.” Types of support offered through the waiver program include the Medical Day Care Waiver, Community Personal Assistance Services, and the Home and Community-Based Options Waiver. The current waitlist for the community-based options waiver is reported to be five years. According to an interviewee in Frederick County, “*The state has been trying to go through the list. There’s still a huge waiting list.*”
- In Frederick County, seniors are provided transit options through TransIT-plus, a paratransit service for seniors and persons with disabilities. These individuals may use TransIT, MARC Train, MTA 204, 505 and 515 and commuter buses to Washington, DC’s Metro, and Metro at a reduced rate. Unfortunately, TransIT-plus cannot serve current demand for services; as of the writing of this report more than 500 requests for service went unfulfilled in 2018.
- Frederick County sponsors four senior centers located in Brunswick, Emmitsburg, Frederick City, and Urbana, with an additional town-sponsored center in Thurmont. The senior centers offer programming for seniors and coordinate transportation for medical purposes. The 2018 HNA project team suggests that an evaluation of these centers be conducted to look for opportunities to improve their service reach and possibly to increase the number of centers in the County.

The 2018 HNA also located two other practices in use around the U.S. to assist the elderly with transportation.

- An important service for seniors (and their caregivers and families) who depend on community transportation is real-time transit information (RTTI) that advises users about approximate destination arrival times, delays in pick-up times, and transportation outages. RTTI uses technology that provides continuous updates of the whereabouts of different modes of transportation. Aging service agencies are increasingly assisting the elderly in the use of RTTI through mobile apps, computer desktops, and phones. RTTI has been shown to benefit both elderly users (through user satisfaction and reduction of stress in waiting for transportation) and service providers (through better communication with consumers and better overall experiences with consumer interactions).
- Other resources to aid the elderly in organizing affordable and dependable transportation services include services such as GoGoGrandparent, which is a phone interface that ultimately uses Lyft and Uber to provide rides to seniors. However, rather than use a smartphone, a person can call for a ride and family and friends can be kept notified of the senior's whereabouts. Veyo partners with insurance companies and health facilities to provide non-emergency medical transportation. ITN America is a national network of senior ride companies that offer door-through-door services (i.e., assists the elderly into the sites of arrival). However, all these transportation alternatives except for ITN require direct payment for cost, which presents a challenge for many seniors.

The next chapter of this report also looks at paid and volunteer transportation services available through the “sharing economy” which, if further encouraged and organized, could offer significant improvements in transportation for seniors in Frederick County. Chapter 5 of the report also suggests that Frederick County pursue this option.

### **Initiatives for the Aging Population in the Six Comparison Counties**

Although no comparison county explicitly listed aging as a top three issue, they all were paying attention to issues of an aging population.

*Anne Arundel County, Maryland*, has a “Silver Cricket Team,” an initiative where agencies collaborate and create an action plan together. The team meets monthly. A hospital in the county leads the “Area Transformation Project” which allows for information-sharing among providers about how to best respond to needs.

*Carroll County, Maryland*, has the “Caring Carroll” initiative, which is funded by its community foundation and others. The program provides friendly visits to isolated seniors and engages seniors. It provides limited non-medical support services to seniors, such as yard work, help with errands, and transportation. In 2017, it served 167 seniors with volunteer services. Carroll County also has an on-demand transit system. The expert contacted about this said:



## 2018 Frederick County Human Needs Assessment Report

*“If you don’t live on a transit route or have a special need, they will pick you up, and give you a ride and pick you up. Have to qualify people for this, but we don’t right now. People pay \$6 for this service. Also, the first of the month at every senior center, we have coupon tickets for the rides that are paid for by corporations. Hugely popular. Trying to move to qualifying people. We have people who aren’t seniors using it. Need to limit it to seniors or [to persons] with a disability.”*

**Chesterfield, Virginia**, is seeing growth and a deepening of needs in its senior population. As one interviewee there said, *“[people are] living longer, isolated, a lack of resources in their 80s.”* They are also seeing elderly who choose to remain there and stay in their homes, along with new elderly who move to Chesterfield to be with their children, *“but they have no connections to the community and don’t know what to do with themselves.”*

- A local nonprofit in Chesterfield County, VA provides substantial services to seniors using volunteers. In 2017, the center provided 1,884 free accompanied rides to critical medical appointments and grocery shopping. It has over 648 senior adults enrolled in its services. It also provided 112 minor home repair visits, 75 educational and provided 1,440 lunches to those attending its Luncheon Forum. In giving rides, volunteers pay for the gas. Chesterfield also has Access Chesterfield – a door to door van system where seniors can schedule rides.
- Chesterfield has a “Senior Advocate” who does a myriad of things, including leading an “Ageway” plan and teams to implement the plan. The Senior Advocate provides resource manuals on-line and a telephone reassurance program where calls are made to seniors at home and works to connect organizations that address aging. To decrease the stigma of “senior centers,” the county moved to calling them “community centers.”

**Dutchess County, New York**, interviewees cited the Rhinebeck Home as being effective in providing services to help seniors age in place. Rhinebeck Home is a nonprofit that is part of the Village to Village network, which is a national peer-to-peer network established to continuously improve management of villages and promote the goal of aging in place. While nonprofits in Maryland that are part of this network exist, none serve Frederick County. Another nonprofit cited by interviewees was Rebuilding Together. This is a national nonprofit with local affiliates. The one in Dutchess County started in 1992. The organization provides volunteers to repair homes of the elderly and disabled. Frederick County has an affiliate, though a web search suggested that it is not as active as the affiliate in Dutchess County.

**Santa Barbara County, California**, is seeing more elderly who can no longer afford to live in the county. A younger family may move in with the elderly parent to share the home because the adult children cannot independently afford housing in the state’s very expensive housing market. The county is seeing more family members and friends who provide caregiving services but do

not identify as caregivers. To support the caregivers, the county is a leader in the Atlas of Caregiving initiative, which is a collaboration between the Santa Barbara Community Foundation, AARP, and the Robert Wood Johnson Foundation. Further, the county participates in the Family Caregiver Alliance.

## Conclusions

The precarious financial situation of many seniors now and in the future burdens nonprofits and other service providers. According to one Frederick County interviewee, ***“The aging population of Frederick will change the landscape for our nonprofits.”*** To improve the safety net for seniors effectively, organizations must coordinate their efforts. One interviewee said, ***“Seniors – we have so many little groups that are trying to do something.”*** Yet another interviewee said, ***“I don’t know if we have a good plan on how we’re going to accommodate a growing senior population.”***

In collecting information in Frederick County, two new groups of seniors appear to be low priorities now but may grow to be substantial in the future: senior immigrants and seniors with substance use disorder. Senior immigrants, especially those from non-English speaking countries, face particular challenges in aging, including financial instability, lack of access to services, the need for culturally appropriate services which may not be available locally, and the need for translation services. As one focus group participant said, ***“[We are] seeing people immigrating into this country to be with kids. They aren’t eligible for services.”***

The second group is seniors with substance use disorder, an issue that will be addressed more fully in the next chapter. Some seniors are entering old-age with prior drug usage, which places an additional burden on service providers.

A notable challenge for nonprofits that serve the elderly is attracting staff that will work for wages determined by funding sources. One focus group participant said about this that,

***“We are seeing that the labor force to provide care to people is in trouble and this goes across industries. We see more demand for care – CNAs, home health aides – that’s the same workforce that we hire in disability – so we’re all competing for the same workforce. The minimum wage goes up to \$10.10 in Maryland on July 1. Our increase in wage rates was 3.5%, but the minimum wage increase was 9%. It’s impossible to make commensurate increases for our staff, making the jobs less appealing for workers. The funding to provide services isn’t keeping up with minimum wage increases for people.”***

Nonprofits and service providers can provide crucial information, resources, and services to help seniors age in place. Concrete actions that can be done include:

## *2018 Frederick County Human Needs Assessment Report*

- Encourage state and local governments to promote accessibility through in-home modifications and expansion of housing and transportation options. For example, require new residential construction to include accessibility features; offer tax incentives for low-cost loans for homeowners to modify homes; and change zoning to support construction of accessible dwelling units and mix-use developments.
- Increase social and volunteer opportunities for seniors.
- Provide educational programs for seniors focusing on health, finance, and housing issues.
- Offer adult day care and meal programs.
- Provide health and wellness (prevention) programs.
- Encourage state Medicaid programs to help people age in place (such as through HCBS waivers).
- Encourage better coordination of care for the elderly.
- Encourage businesses to provide innovative housing and supportive care (e.g., assisting in home modification; providing home-delivery services; and developing new kinds of housing).

An increasing senior population can be beneficial for communities' economic growth and can add social value. Development of products and services that permit the elderly to stay in communities is a business opportunity. For these opportunities to be actualized and successful, government, nonprofits, and business leaders should strategically cooperate to create age-friendly communities and require or incentivize landlords, building owners, and insurance companies to support accessibility modifications.

Ultimately, one of the most important interventions to support the aging population in Frederick County is to encourage younger workers to recognize the need to save appropriate amounts for retirement. There is an opportunity to develop and deploy a public information campaign that would motivate these workers to start saving through available retirement plans. A primary route to ensuring that today's workers can live healthy and dignified lives after age 65 runs through achieving this objective.

## Notes to Chapter 3

**Additional sources on the aging U.S. Population.** The following two federal publications offer much more detail about elderly demographics:

- Federal Interagency Forum on Aging-Related Statistics (Forum) (2016), *Older Americans 2016: Key Indicators of Well-Being*, Washington, D.C., U.S. Government Printing Office.
- U.S. Census Bureau (2017), *Facts for Features: Older Americans Month: May 2017*, Retrieved on July 29, 2018 from <https://www.census.gov/newsroom/facts-for-features/2017/cb17-ff08.html>.

**Rate of growth for the elderly population of Frederick County.** Additional support for the growth estimate comes from Seniors First Steering Committee (2016), *Seniors First Report and Recommendations*, Frederick, MD, Frederick County Document Center.

**The shift to defined contribution plans and consequences for retirement.** The table with data about funds for retirement, and much of the discussion of this shift, is taken from Morrissey, M. (2016), *The State of American Retirement: How 401(k)s Have Failed Most American Workers*, Washington, D.C., Economic Policy Institute.

**Social Security and SSI Income for seniors.** Much of the information presented about this topic comes from Butrica, B.A., Iams, H.M., and Smith, K.E. (2003/04), “The Changing Impact of Social Security on Retirement Income in the United States,” *Social Security Bulletin*, 65(3):1-17.

**Aspect of aging in place.** The following studies go into depth about how aging in place is working for the elderly across the U.S.:

- Joint Center for Housing Studies of Harvard University (2014), *Housing America’s Older Adults: Meeting the Needs of an Aging Population*, Cambridge, MA, The President and Fellows of Harvard College.
- Keenan, T.A. (2010), *Home and Community: Preferences of the 45+ Population*, Washington, D.C, AARP Research and Strategic Analysis.

**Senior citizens and use of automobiles.** AARP offers two related publications on how seniors use cars and the consequences for such issues as social isolation:

- AARP (no date), “Waiting for A Ride: Transit Access and America’s Aging Population.” <https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/transportation/waiting-for-a-ride-transit-access-and-americas-aging-population-aarp.pdf>.

## ***2018 Frederick County Human Needs Assessment Report***

- Transportation for America and Center for Neighborhood Technologies (2010), *Waiting for a Ride: Transit Access and America's Aging Population*.  
<https://www.aarp.org/livable-communities/learn/transportation-mobility/info-12-2012/waiting-for-a-ride-trnsit-access-and-americas-aging-population.html>.

***Senior citizens and various transit options.*** The discussion of transit options including barriers to use is based on National Aging and Disability Transportation Center (NADTC) (2018), *2017 Transportation Trends Report Spotlight: Real-Time Transit Technology*.

<https://www.nadtc.org/resources-publications/2017-trends-report-topic-spotlight-real-time-transit-technology/>.

***Public assistance options in Maryland.*** The information referenced about public assistance for long term care in Maryland paid for through the Medicaid program is found online at <http://mhcc.maryland.gov/consumerinfo/longtermcare/MedicaidLTCWaiverServices.aspx>.

***Statistics on assisted living and nursing home care.*** The primary source for this discussion is Centers for Medicare & Medicaid Services (2016), *Nursing Home Data Compendium 2015 Edition*, Washington, D.C., Centers for Medicare and Medicaid Services.

***Perspectives on dementia and Alzheimer's Disease.*** The primary source for this discussion is Fazio, S., Pace, D., Maslow, K., Zimmerman, S., and Kallmyer, B. (2018), "Alzheimer's Association dementia care practice recommendations," *The Gerontologist*, 58 (Suppl 1): S1-S9.

## 4. Responding to Substance Use Disorder

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### Key Findings about Substance Use Disorder (SUD) in Frederick County:

- Like the nation and comparable counties, Frederick County is coping with SUD including less visible but much more prevalent alcohol abuse.
- SUD often co-occurs with mental health challenges.
- Frederick County is participating in effective practices with respect to offering Drug Court and first responders carrying Narcan (since 2014).
- Medical and mental health services for persons with SUD are undersupplied in the County (there is no residential treatment facility and no free-standing detox facility).
- Few SUD practitioners accept Medicaid.
- Transportation issues are preventing access to treatment.
- A “stabilization center” would take advantage of the narrow window of opportunity to intervene successfully in treating SUD (especially for opioid use).

### Perceptions in Frederick County Regarding Substance Use Disorder

**Interviews and Focus Groups.** Substance Use Disorder (SUD) is a behavioral health disorder that affects millions in the United States, negatively impacting lives, families, and communities. It usually involves heavy use of alcohol and/or drugs, an issue that has grown in prevalence in recent years with rising rates of fatalities from opioids. One-third of key informants interviewed in Frederick County explicitly named SUD as a top issue in the County. In external interviews, 7 of the 12 persons interviewed in five of the six comparison counties named SUD as a top priority in their county, reflecting the universality of SUD on the public agenda. With alcohol and illicit drug use costing the country more than \$400 billion due primarily to decreased worker productivity and increased healthcare, law enforcement, and criminal justice costs, SUD affects governments and communities on every level.

SUD is an umbrella term for the misuse of substances, regardless of type of substance. This chapter focuses on the two substances most commonly misused – alcohol and opioids. Many interviewees acknowledged that, while the opioid epidemic gets much attention, alcoholism is more rampant. A health care professional said that in the County, ***“Substance use disorders are a major concern and continue to increase. Our biggest challenge is alcoholism ... Opioid patients are younger than the alcoholism patients. Opioid is [an immediate] crisis. Alcohol is a long-term issue.”***



## 2018 Frederick County Human Needs Assessment Report

The focus group, “Substance Use Disorder,” specifically addressed the range of issues involved with prevalence and treatment in Frederick County. The project team summarized the discussion in this focus group as follows:

*Opioids, prescription drugs, and alcohol present different challenges, but all have detrimental effects on families, friends, and communities. Treating only the addiction without adequate mental health services is relatively ineffective. Unfortunately, there are not enough mental health providers who accept Medicaid to treat people with addiction. Furthermore, with opioids, there is a very small period of time when people with addiction will seek treatment, and if treatment is not available, the window closes. On the positive side, there is more awareness about the detrimental effects of substance use disorder in the community.*

**Survey of Community-engaged Persons.** As noted in Chapter 3, the survey found some concern among the respondents regarding SUD. When asked to rank order various social service priorities in the County, addressing SUD ranked third overall after treating Adverse Childhood Experiences (ACEs) and assisting low-income working families (see Appendix E). As discussed below, there is a strong relationship between ACEs and SUD; the high level of concern about ACEs expressed in the survey has a direct bearing on future efforts to reduce SUD in Frederick County.

### Recent Trends in Substance Use Disorder

While all communities in the US are thought to be impacted by SUD, little quantitative data exists on local areas including counties. One issue is that persons affected by SUD are unlikely to participate in data gathering efforts especially if their behaviors are illegal. Many obvious sources of data about SUD are known to be highly biased when it comes to estimating prevalence. For example, there are known biases in arrest rates correlated with age, race and ethnicity. Reporting on DUI stops and arrests is unreliable because such depend on the allocation of local police resources for enforcement.

- **Substance Use Disorder** (SUD) is a behavioral health disorder that comprises consistent, risky use of alcohol or drugs that cause impairments in an individual’s daily life, including health issues and disabilities.
- **Opioid Use Disorder** (OUD) is a disorder under the SUD umbrella that is constituted of consistent misuse of opioids, often at the expense of health and functionality.
- **Binge Drinking** is the consumption of alcohol that exceeds five drinks for males or four for females on the same occasion on at least one day within the past 30 days.
- **Heavy Drinking /Heavy Alcohol Use** is defined as binge drinking 5 or more days in the past 30 days.

Source: Substance Abuse and Mental Health Services Administration.

Knowledge of SUD is typically based on national sources, with the assumption that national levels and trends pertain to the local level. The most definitive and recent data source for national statistics is the 2016 National Survey on Drug Use and Health, conducted by the U.S. Substance Abuse and Mental Health Services Administration. The national statistics in this chapter are drawn from that data source. This chapter uses the national rates of SUD to estimate the number and characteristics of persons impacted by SUD in Frederick County. Table 11 summarizes the estimates developed in the next paragraphs.

***Alcohol Use.*** In 2016, 51% of Americans ages 12 or older consumed alcohol within a 30-day period. Substantial differences between age groups in alcohol use exist, with 9% of those ages 12 to 17, 57% of those 18 to 25, and 55% of those at least age 26 using alcohol. For persons below age 21, the use of alcohol is illegal. Between 2002 and 2016, levels of underage (ages 12 to 20) alcohol use (within 30 days of survey) decreased from 29 to 19 percent. That is, though illegal, nearly 20% of persons from ages 12 to 20 consumed alcohol. ***Applying this rate to the estimated age 12 to 20 population in Frederick County amounts to approximately 6,000 youth illegally consuming alcohol within a 30-day period.***

With respect to binge drinking, about half of Americans who consumed alcohol binge drank – 24% of Americans ages 12 and over binge drank within a 30-day period, accounting for 48% of all alcohol users. Binge drinking is most frequent among young adults—5% of those 12 to 17, 38% of those 18 to 25, and 24% of those 26 and more years of age binge drank within a 30-day period. Heavy alcohol use is the most severe category of alcohol use. Approximately 6% of the total population participated in “heavy drinking” over that same amount of time, accounting for one-quarter of those who binge drink. Heavy alcohol use is rare among persons ages 12 to 17 (0.8% engage in this activity). However, 10% of persons 18 to 25 and 6% of those at least 26 years of age engage in heavy alcohol use. Applying these rates of heavy alcohol use to Frederick County’s population, there would be about 175 youth ages 12 to 17, 2,000 young adults ages 18 to 25, and about 10,000 adults ages 26 and over engaged in heavy alcohol use. ***In total, there would be approximately 12,175 persons in Frederick County struggling with heavy alcohol use.***

One key informant noted about this, ***“Alcoholism is rampant in Frederick County, it just gets put under the rug.”*** Another interviewee said ***“Alcoholism is a huge problem. At the detention center, more people come in with alcohol issues. It’s prevalent.”*** Another interviewee correctly assessed the relative prevalence of alcoholism: ***“The addiction problem – opiates are getting the press, but alcohol is the #1 drug.”*** Yet another interviewee said ***“Alcohol is the highest for the County, but the opioid crisis has gotten a lot of attention. Not sure if it’s a NIMBY thing. Alcohol is socially acceptable and legal.”*** An interviewee who is a service provider said, ***“Biggest thing we’re seeing is opioids, but the real issue is alcohol and mental health and the combination of the two.”*** Yet another observed that, ***“Alcohol issues outnumber opioids 3 to 1.”***

**Illicit Drug Use.** About 11% of the population of the U.S. age 12 and over participated in illicit drug use in any given 30-day period in 2016. Most persons (about 84%) who use illicit drugs consume marijuana, either uniquely or in combination with other drugs, including the misuse of prescription drugs. Considering opioids, approximately 4% of all Americans ages 12 and older misused opioids in the past year. Again, rates differ by age with rates being for age groups 12 to 17, 17 to 25, and 26 and older being 4%, 7%, and 4%, respectively. ***Applying these rates to Frederick County’s population, the project team estimates that approximately 9,500 persons in the County misused opioids in the past year.*** Much of that involved prescription pain relievers and not “street drugs” such as heroin.

In 2017, approximately 11.8 million Americans misused opioids, 11.5 million misused pain relievers and 948,000 were heroin users. Considering heroin use alone, in the past year 0.4% of the population age 12 and over used heroin. While youth ages 12 to 17 had a rate of 0.1%, young adults ages 18 to 25 had a rate of 0.7%. Among adults at least 26 years of age, 0.3% used heroin in the past year. ***Applying these rates of heroin use to Frederick County yields an estimate of 850 persons in the County who used heroin in the past year.***

| Table 11: Estimate of Persons with Substance Use Disorder in Frederick County |                                |  |
|---|--------------------------------|--|
| Substance (Demographic)   | Estimated Persons Using        | Basis of Estimate  |
| Heavy Alcohol Use<br>(All Ages)   | 12,175<br>at any time          | 10% for ages 18 to 25 and<br>6% for ages 26 and older                            |
| Alcohol Use<br>(Under Age 21)   | 6,000<br>in any 30- day period | 20% of persons from ages<br>12 to 20   |
| Opioid Misuse - Mostly Rx<br>(All Ages)                                       | 9,500<br>in 2017               | 4% for ages 12 to 17,<br>7% for ages 17 to 25,<br>4% for ages 26 and older       |
| “Street Heroin” Use<br>(All Ages)   | 850<br>in 2017                 | 0.1% for ages 12 to 17,<br>0.7% for ages 18 to 25,<br>0.3% for ages 26 and older |

Alcoholism kills slowly with many alcoholics surviving over 60 years of age. SUD involving opioids kills quickly through overdoses. The societal costs of SUD have increased in the last decade due to an increasing prevalence of overdose which often results in death. From 1999 to 2014, drug overdose deaths nearly tripled in the U.S. and 60.9% of the total number of overdose deaths (47,055) in 2014 resulted from opioids. Opioids are not the only issue. From 2010 to 2015, cocaine use as a whole decreased, though overdose deaths involving cocaine increased by more than 60%. Overdose has become a much more common cause of death, rising more than 17% between 2015 and 2016 nationally and becoming the leading cause of death for individuals under 50. The presence of fentanyl in opioids is particularly lethal when interacting with other

substances such as cocaine. Including alcoholism, SUD has the highest all-cause mortality ratio among behavioral health disorders. SUD reduces the average life expectancy of those affected by 10 to 20 years, worse than the effects of heavy smoking.

Since 2014, first responders in Frederick County have carried Narcan. However, there seemed to be frustration in treating those who had overdosed. One person interviewed about this echoed a growing sentiment nationwide: *“People get Narcan and then they shoot up again. It’s a waste of resources. 90% don’t get any help because they refuse it once they gain consciousness. Sometimes they go back the same day. There’s nothing we can do and we don’t get reimbursed for it.”*

| Table 12: Overdose Deaths in Frederick County, 2010 and 2016 by Substance(s) Involved |                  |                   |                  |                   |
|---|------------------|-------------------|------------------|-------------------|
| Substance involved in overdose  | 2010             |                   | 2016             |                   |
|   | Number of deaths | Percent of deaths | Number of deaths | Percent of deaths |
| Heroin  | 6                | 30%               | 35               | 45%               |
| Fentanyl  | 2                | 10%               | 49               | 63%               |
| Prescription Opioids  | 6                | 30%               | 17               | 22%               |
| Alcohol   | 5                | 25%               | 11               | 14%               |
| All Overdose Deaths   | 20               |                   | 78               |                   |

As shown in Table 12, there were 78 overdose deaths in Frederick County in 2016. In just the first quarter of 2018, there already were 22 overdose deaths or more than one a week. Between 2010 and 2016, Frederick County saw an increase in overdose deaths of 290%. Anne Arundel and Carroll counties experience similar percentage increases, of 282 and 267 percent, respectively. Of all overdose deaths in Frederick County, 45% involved heroin, 63% involved fentanyl, 22% involved prescription drugs, and 14% involved alcohol. Overdose deaths involving fentanyl were relatively rare in 2010 but now are involved in nearly two-thirds of overdose deaths. But as the table above shows, for every substance including alcohol the number of overdose deaths increased rapidly in just a few years.

## Risk Factors Contributing to Substance Use Disorder

**Overprescription of Opioids.** From 1999 to 2015, opioid prescriptions grew 356%, corresponding with declining workforce participation in areas where opioids are more commonly prescribed. Opioids should be prescribed only to help patients overcome significant pain. Given that in 2015 about 12.5% of opioid users reported that they had misused opioids at some point during the year, overprescribing can result in more persons addicted to opioids. Overprescription occurs for a number of reasons.

- There is no standardized or biological way to measure pain so objectively metering opioid prescriptions is difficult.
- Opioids can become a catch-all for under-trained or under-experienced doctors. According to a recent study, “Doctors from the lowest ranked medical schools write 33 times more opioid prescriptions per year than do doctors from the highest ranked schools.”
- Opioids may make pain worse over the long run, actually increasing dependence among prescription drug users.

Some experts argue that opioids are ineffective in treating pain and getting injured people back to work. Having ready access to prescription opioids can create dependency and addiction, which may result in abuse of them over long periods of time. Such abuse is a leading form of SUD.

Approximately 80% of persons with opioid use disorder are thought to have had first exposure to opioids through a prescription. Given that prescription opioid sales have increased over 300% in the past two decades, there is thought to have been overprescription of opioids, particularly to persons with mental illness. Individuals with mental illness receive over half of the total opioid prescriptions in the U.S. Mental illness itself is correlated with overdose; many experts on SUD are concerned by the continued prescription of opioids to mentally-problematic.

Doctors’ opioid prescription habits are questionable based alone on their continued prescription of opioids to individuals that have experienced a nonfatal overdose. In a 2016 study, researchers found that 91% of patients who had a nonfatal overdose involving opioids were prescribed opioids again within an average period of 299 days. This same study also found that there was a 17% cumulative reoccurrence of opioid overdose over the course of two years within the group of patients experiencing nonfatal opioid overdoses.

***Mental Health.*** As noted above, a major risk factor for developing SUD is an individual’s mental health. Researchers have found that 85% of adolescents who develop SUD are also affected by another psychiatric disorder. This is consistent with the trend of mental health disorders commonly co-occurring with SUD. Many studies on the relationship between mental health disorders and SUD focus on attention disorders like Attention Deficit Hyperactivity Disorder (ADHD), which affects between 6 and 9 percent of adolescents.

Studies have found that ADHD causes a significant increase in abuse of many different substances, not only alcohol and illicit drugs but also nicotine. When compared with non-ADHD individuals over a ten-year period, researchers found that ADHD was a significant risk factor for SUD. They also found that two specially designated disorders within ADHD (co-morbid conduct disorder and oppositional defiant disorder) also significantly predict the development of SUD.

The rate of SUD among those with ADHD is nearly three times that of persons without ADHD. Of adults with ADHD, 15.2% also are diagnosable for a SUD compared with the 5.6% of non-ADHD adults.

***Adverse Childhood Experiences.*** Childhood and adolescence are pivotal times in the development of SUD. Factors including abuse (emotional, physical, sexual), emotional and physical neglect, and “household dysfunction variables” of domestic violence between parents, separation or divorce, household substance use, household mental illness and an incarcerated parent impact the likelihood of an individual subsequently developing SUD. By identifying these factors early, researchers aim to better understand SUD and work to find more effective ways to prevent it. In a 2010 study, researchers found that 70% of adolescent SUD patients had a history of trauma, many of whom suffered from Post-Traumatic Stress Disorder (PTSD) symptoms. Traumatized adolescents have higher rates of substance use disorders and dependencies. Overall, higher levels of trauma and PTSD symptoms correlated with higher rates of SUD. Among traumatized persons, physically- and emotionally abused men trended towards heroin and other opioids.

***Parents Experiencing SUD.*** Parental attitudes and household situations often affect the SUD outcomes of children in the household and children’s development. The effects of having a parent with SUD can affect a child’s development. This is especially pertinent in the United States where 11% of children live with at least one parent who has abused alcohol in the past year. Parental SUD is associated with many negative outcomes among their children, including increased rates of SUD in children, earlier drug use, behavioral problems and disorders, and academic struggles. SUD results in parents displaying fewer positive parenting practices and the emergence of negative parenting practices. Specific negative parenting practices include limited parental involvement and monitoring, “poor discipline skills,” and ineffective control of children. These practices allow for earlier introduction to substances and poorer SUD outcomes.

Children in situations with less protective parenting and who have experienced ACEs have an increased likelihood of beginning using substances at a younger age. Earlier onset of substance use results in a greater likelihood of negative substance use outcomes. One landmark study found that the rate of lifetime dependence fell from 40% among those whose first drink was at age 14 or younger to approximately 10% for those whose first drink was at age 20 or later, and with the rates of lifetime abuse falling from 11% for those whose first drink was 16 and younger to approximately 4% for those 20 and older. Other studies have found similar results, with some even expanding negative associations of a young age at first drink. For example, age at first drink is positively correlated with alcohol dependence and also with abuse and dependence on both legal (nicotine) and illegal drugs, poorer academic performance, and antisocial personality disorders.



**Cultural/Social and Locational Influences.** Children are highly sensitive to their local context when it comes to experimenting with substances. Neighborhood factors that increase an individual's risk of SUD include alcohol availability, local enforcement of alcohol laws, and "area-level socioeconomic status." With more alcohol availability, alcohol use rates increase and, similarly, less-enforced or more softly-enforced alcohol laws correlate with greater use. Similar to the impact of age at first drink, each year of exposure significantly impacts the development of lifetime dependence or abuse. Availability and lax enforcement of laws can result in higher levels of underage drinking which can ultimately impact lifetime problems with alcohol. An interviewee explained why, in her opinion, people in a lower-income town in Frederick County develop SUD: *"Alcoholism and drug abuse [happens] because the town has no hope."* A focus group participant said, *"The Opioid Epidemic? The epidemic is boredom."*

### Treating Substance Use Disorder

**Overall Lack of Treatment.** Despite the prevalence of alcohol and drug misuse in the United States, only 2.6 million people received treatment for SUD in 2010, which amounts to approximately 11% of the approximately 23.1 million Americans that had SUD and required treatment. Reasons for lack of treatment vary from transportation issues to frequency of referrals from primary care providers. Additionally, ability to pay is a factor in some areas even following the Medicaid expansions brought about by the Affordable Care Act (ACA).

**SUD Treatment under the ACA.** The most significant recent SUD-care changes in the U.S. occurred through the ACA, which vastly expanded availability of SUD treatment. With its passage, about 1.6 million with SUD gained insurance coverage. Additionally, the ACA allows people under age 26 to remain on their parents' insurance, which significantly impacts many young persons with SUD. Furthermore, under the ACA, those with a prior SUD admission cannot be denied insurance coverage. The ACA also regulates insurance packages, providing SUD treatment under Medicaid expansion.

Medicaid varies tremendously between states. Some states that have been affected hardest by opioid use and SUD have not expanded their Medicaid programs, ensuring further barriers to treatment. Frederick County is fortunate in that Maryland did expand Medicaid, resulting in 291,000 people gaining insurance coverage and a 53% growth in total insurance enrollment from September 2013 to December 2017.

**Alcohol Use.** Alcohol treatment in the U.S. has challenges. Although health insurance plans have broadened to cover treatments for alcohol-related issues, the demand for service is overwhelming relative to the availability of treatment. Barriers to care including limited access to treatment due to issues such as screening, referrals, a lack of transportation to or incompatible work hours for treatment. Another barrier is a lack of health care professionals and health resources for persons with SUD.

**Types of SUD Treatments.** Treatments generally come in two forms: Immediate interventions to prevent harm, and longer-term treatments intended to end SUD. The 2018 HNA project team focused on the longer-term treatment options.

- **SBIRT- Screening, Brief Intervention, and Referral to Treatment.** SBIRT is becoming increasingly more common (sometimes only referred to as Screening and Brief Intervention or SBI). In this treatment, screening, “quickly assesses the severity of substance use and identifies the appropriate level of treatment,” brief intervention makes people aware of substance use and abuse, and referral to treatment points those who need more care towards specialists.
- **Therapy.** For alcohol use disorder, therapy has long been the primary treatment option. There are several alternative types of therapy including social behavior and network therapy, motivational enhancement therapy, mindfulness-based relapse prevention, cognitive-behavioral relapse prevention, and treatment as usual. Treatments are very often cost-effective in dealing with various SUD issues including loss of productivity at work and medical expenses related to ongoing substance use.
- **Medications to Prevent Relapse.** Medications can prevent opioid relapses. While there are not medications currently available for all substances under the SUD umbrella, there are a few for opioids, of which methadone is typically regarded as the most effective. Methadone maintenance treatment (MMT) has been shown to effectively prevent relapse. However, the biggest problem associated with medications has been the relatively slow rollout of treatment into average clinics. As of 2016, only 34% of patients with opioid use disorder (OUD) received any medications for addiction treatment. This low figure is at least partially due to institutional barriers, with certain treatments being offered according to funding sources. For example, medications are very rare in the prison system due to its greater cost than standard therapy treatment. Criminal justice offenders and people who access centers funded by the criminal justice system are less likely to receive medications despite demonstrated effectiveness.

Overall, alcoholism is most treatable with therapy. Opioid abuse, on the other hand, may require a commitment to supplying maintenance medications to former addicts for a long period of time.

### **The Need for New Facilities in Frederick County**

The 2018 HNA found significant frustration in Frederick County with the lack of overall preparedness for responding to substance use disorder. One exception is the use of Drug Court to divert persons arrested for substance possession and use from jail into treatment. One interviewee said, *“Drug Court is good because the courts have leverage.”* As noted above, first

## 2018 Frederick County Human Needs Assessment Report

responders now carry Narcan, but they also are becoming doubtful that the immediate resuscitation of overdose victims is producing much success at addressing SUD.

The overarching issue is that Frederick County lacks any treatment facilities for SUD let alone affordable treatment options. One service provider who holds community meetings said, ***“When I do these meetings, someone comes up to me and asks how to get a family member care. I have to tell them that there’s nowhere to send them.”*** Some interviewees noted that there is not an in-patient detox facility in the County. Another focus groups participant said ***“[We] don’t have a 24-hour detox center in Frederick County so even if people wanted help they can’t get it here.”*** The project team heard repeatedly from highly experienced persons in the County that there often is a very limited window of opportunity when an opioid user is willing to accept treatment. The lack of facilities in Frederick County makes it unlikely that persons with SUD will be directed to treatment when that opportunity arises.

Many persons with SUD are unemployed or barely employed. There are limited resources available for persons who cannot afford to pay for assistance. Few if any practitioners who treat SUD accept Medicaid. Another issue related to economics is transportation. Similar to the issue regarding the aging population discussed in Chapter 3, persons with SUD often have difficulty arranging transportation to get to treatment and counseling. The absence of locally available resources means that persons seeking to end SUD must travel outside of the County which increases the cost of transportation.

### Initiatives Related to Substance Use Disorder in the Six Comparison Counties

Some of the comparison counties had interesting initiatives and practices that could be considered for implementation in Frederick County. The 2018 HNA project team recommends detailed review of these practices.

***Anne Arundel County, Maryland,*** struggles with SUD. According to interviewees, it has the problem of binge and heavy drinking associated with the boating community as well as issues with narcotics and opioids. The population most affected by opioids is white males in their 20s and 30s, though more recently interviewees expressed the spreading of the problem to non-white communities. There are three practices in the county directly focused on SUD.

- Anne Arundel County offers the Safe Stations program, which is under the Office of the State’s Attorney. According to detailed information on the program’s website (<https://www.aacounty.org/departments/sao/rehab-programs/index.html>) the initiative uses emergency responders as the point of entry:

Safe Stations is an innovative new program that shifts barriers to treatment for those members of our community who are eager to recover from drug addiction. Persons seeking treatment

for addiction can visit any police or fire station across the county, day or night, to dispose of any paraphernalia and find assistance gaining access to care.

Upon arrival, the participant will undergo a medical evaluation. Should immediate medical attention be required, he or she will be transported to the appropriate medical facility. The Crisis Response Team will be notified of the participant's transportation and be prepared to retrieve him or her once the medical issue is resolved.

If the participant does not require immediate medical attention, Crisis Response will be brought to the station, and will begin working with the participant to identify the best destination for treatment.

Should a participant be barred from treatment facilities due to an active arrest warrant, the Office of the State's Attorney will review their case and recommend that non-violent offenders be released to the care of Crisis Response. Participants will then have the ability to participate in recovery programs before addressing any outstanding legal issues.

The Safe Stations program creates a unique opportunity to address the underlying behavior, the addiction, that drives people to commit crimes in support of their habit. When the small window of opportunity presents itself - when someone battling addiction reaches out for help - we must act fast to get them into treatment.

The Office of the State's Attorney recognizes that those who have begun the process of recovery are in a better position to become law-abiding members of society and urges those suffering from addiction to seek help in the resources made available by this cooperative effort.

An interviewee reported that the Safe Stations initiative makes treatment more accessible for all persons. The interviewee also reported that the county has cracked down on the overprescription of opioids.

- The Anne Arundel County Executive office created and runs the "Not My Child" initiative, which aims to bring awareness about the misuse of prescription drugs and heroin and how to access treatment to the community. In addition to personal community outreach, the initiative has a very informative website (<https://www.aacounty.org/departments/county-executive/county-initiatives/heroin/index.html>). It also has a telephone hotline. Anne Arundel County has a Prevention Coalition and operates a Tip Line.
- Because Anne Arundel County realizes that many situations that put children at risk of removal have as a source the SUD of a parent, the county contracts to have treatment beds available (about 50 or so) so that when children are at risk and family members are identified as having SUD, there is treatment immediately available for them.

## *2018 Frederick County Human Needs Assessment Report*

*Chesterfield County, Virginia*, is about to feel the effects of the Medicaid expansion that takes effect in 2019. An interviewee in Chesterfield County, VA fears that there will not be enough treatment providers to respond to need once the Medicaid expansion occurs. The interviewee suspected that there are not enough Spanish speaking providers to respond to SUD in the Spanish speaking community.

- Chesterfield County also has a pilot initiative to bring persons with SUD to treatment via Uber to overcome the transportation challenges in the county.
- The county has an Opioid Task Force that includes the head of every department that touches SUD. The task force has 20-25 people on it and meets monthly. One concrete, long-lasting thing the task force did was support the Police Department's budgetary request for a full-time person to do coordination, collect data, and work with human service providers around the issue of SUD. That coordinator was hired. The task force has three subcommittees that focus on prevention, public safety, and data. The county is using GIS data to determine areas of overdose risk. The county uses media, including billboards, for public service announcements on SUD and treatment options. All first responders now carry Narcan.

*Dutchess County, New York*, has one of New York State's highest rates of opioid deaths. Seven years ago, those deaths were mostly through abuse of prescription drugs. More recently, the deaths have been the result of "street drugs." The county commissioner is reported to be extremely concerned about this and has recruited top personnel to address the issue. Dutchess County has seen an increase in the proportion of overdose deaths to persons over age 60. Persons at least age 62 in 2009 accounted for 4% of overdose deaths, a figure that increased to 7% in the 2010-2017 period. Furthermore, Dutchess is seeing an aging cohort of persons who are dependent on methadone.

- The county has established a Syndromic Surveillance System that downloads all 911 calls related to overdose to a dataset. The dataset is analyzed to determine patterns of overdose in nearly real time. Using this system, responses can occur on a timely basis.
- Dutchess County has a Stabilization Center open to all residents in need. The center is open every day, 24/7. Residents can walk in and stay for "up to 23.99 hours." The person is provided with a warm hand-off to get additional help, if needed. The center primarily addresses mental health issues, SUD, and crises. The center has professional staff (e.g., licensed clinical and behavioral health counselors, peer advocates, registered nurses, and other related care professionals). The center can address the co-occurrence of mental health disorders and SUD. Needle drops are one need that is currently unaddressed in the county. Another issue is that Dutchess County does not have enough providers to help

people through initial withdrawal symptoms. If persons do get through withdrawal, they have a higher likelihood of being successfully treated for SUD.

- Dutchess County has emphasized Judicial Diversion for persons with SUD who face non-violent criminal charges. This seems similar to Frederick County's drug courts. In Dutchess County, screening tools are used to identify people in jails or with charges and who have SUD and low criminogenic factors to get them into treatment.

*McHenry County, Illinois*, finds itself exposed to drug trafficking since it is located between Milwaukee, Chicago, and Rockford, Illinois. A Healthy Communities Study indicated that the group with the highest prevalence of opioid use is persons in their 40s, who get addicted to painkillers.

- McHenry County is fortunate in that it has a separate funding stream devoted to mental health issues that is based on a separate tax, which voters initiated in 1967. The funds from the tax, which amount to about \$10 million annually, are distributed and overseen by the Mental Health Board. The mission of the board is, "To provide leadership to ensure the prevention and treatment of mental illness, developmental disabilities and substance abuse by identifying, planning, coordinating, fostering development, and contracting for quality services for all citizens of McHenry County, Illinois." Some SUD initiatives are funded through this tax.
- The "A Way Out" program operates through police stations. County residents can go into participating police stations (there are about 19 across the county) and indicate that they are there for that program. They will not be criminally charged for any drug offenses. The program allows people to surrender any drugs and drug paraphernalia and connects them with treatment and persons who act as navigators. The program is open 24/7.

## **Conclusions**

Substance Use Disorder is a matter of life and death in Frederick County as increased use of "street drugs" that include fentanyl result in rising rates of overdoses. Behind that very public crisis lurks the longer-term prevalence of alcoholism in the County. Everyone interviewed in the County is aware of the social burdens imposed by SUD that include Adverse Childhood Experiences and family economic insecurity. The 2018 HNA found that there are solutions for addressing SUD, including those located in the comparison counties. The issues at the moment are not about how to respond but how to find the resources necessary for supporting the responses.

Perhaps the one approach that will require significant public "buy in" is medicating persons with a history of opioid abuse. The scientific evidence favors using medication to treat the



## *2018 Frederick County Human Needs Assessment Report*

consequences of opioids. Public opinion often is against medication when it is seen as continuing rather than resolving dependency. This conflict between the science the public perceptions has contributed to difficulties around the U.S. with responding effectively to SUD.

The 2018 HNA also found that there is a need to better document SUD in Frederick County. Getting better data will make SUD more public and transparent, and, hopefully, increase public support for interventions beyond Drug Court and Narcan. Because SUD is difficult to document, a project that brings together a mix of experts on SUD and on data collection will be necessary to achieve this goal.

### **Notes to Chapter 4**

*Definition of substance use disorder and national statistics.* A primary source for information about SUD is Substance Abuse and Mental Health Services Administration (SAMHSA) (2017), “Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health,” HHS Publication No. SMA 17-5044, NSDUH Series H-52 (Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration). <https://store.samhsa.gov/shin/content//SMA17-5044/SMA17-5044.pdf>.

*Social costs of substance use disorder.* Office of National Drug Control Policy (2012), “Cost Benefits of Investing Early in Substance Abuse Treatment.” [https://obamawhitehouse.archives.gov/sites/default/files/ondcp/Fact\\_Sheets/investing\\_in\\_treatment\\_5-23-12.pdf](https://obamawhitehouse.archives.gov/sites/default/files/ondcp/Fact_Sheets/investing_in_treatment_5-23-12.pdf).

*Increased overdoses and related mortality.* See the following studies for statistics about rising rates of mortality related to SUD:

- Rudd, Rose A., Puja Seth, Felicity David, and Lawrence Scholl (2016), “Increases in Drug and Opioid-Involved Overdose Deaths—United States, 2010–2015,” *Morbidity and Mortality Weekly Report* 65, p. 1445.
- Jones, Christopher M., Grant T. Baldwin, and Wilson M. Compton (2017), “Recent Increases in Cocaine-Related Overdose Deaths and the Role of Opioids,” *American Journal of Public Health*, 107(3), 430-432.
- Chesney, Edward, Guy M Goodwin, and Seena Fazel (2014), “Risks of All-Cause and Suicide Mortality in Mental Disorders: A Meta-Review,” *World Psychiatry*, 13(2), 153-160.

*Opioid Prescriptions and Relationship to Mental Illness.* The following studies analyze the rising rate of opioid prescriptions and the connection with mental illness:

- Han, Beth, Wilson M. Compton, Carlos Blanco, Elizabeth Crane, Jinhee Lee, and Christopher M. Jones (2018), “Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health,” *Annals of Internal Medicine*, 168(5), 293-302.
- Davis, Matthew A., Lewei A. Lin, Haiyin Liu, and Brian D. Sites (2017), “Prescription Opioid Use Among Adults with Mental Health Disorders in the United States,” *Journal of the American Board of Family Medicine*, 30(4), 407-417.
- Madras, Bertha K (2017), “The Surge of Opioid Use, Addiction, and Overdoses: Responsibility And Response Of The US Health Care System,” *JAMA Psychiatry* 74(5), 441-442.
- Larochelle, Marc R., Jane M. Liebschutz, Fang Zhang, Dennis Ross-Degnan, and J. Frank Wharam (2016), “Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose,” *Annals of Internal Medicine*, 164(1), 1-9.

***Predictors of substance abuse disorder.*** The connection between specific mental health issues and Adverse Childhood Experiences with SUD is documented in these studies:

- Wilens, Timothy E., Marykate Martelon, Gagan Joshi, Chancey Bateman, Ronna Fried, Carter Petty, & Joseph Biederman (2011), “Does ADHD Predict Substance Use Disorders? A 10-year Follow-up Study of Young Adults With ADHD,” *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(6), 543–553.
- Lee, Steve S., Kathryn L. Humphreys, Kate Flory, Rebecca Liu, and Kerrie Glass (2012), “Prospective Association of Childhood Attention-deficit/hyperactivity Disorder (ADHD) and Substance Use and Abuse/Dependence: A Meta-Analytic Review,” *Clinical Psychology Review*, 31(3).
- Substance Abuse and Mental Health Services Administration (2015), “Adults with Attention Deficit Hyperactivity Disorder and Substance Use Disorders,” *SAMHSA*, 14(3).
- Khoury, Lamya, Yilang Tang, Bekh Bradley, Joe F. Cubells, and Kerry J. Ressler (2010), “Substance Use, Childhood Traumatic Experience, and Posttraumatic Stress Disorder in an Urban Civilian Population,” *Depression and Anxiety*, 27, p. 1078.
- Dube, Shanta R., Vincent J. Felitti, Maxia Dong, Daniel P. Chapman, Wayne H. Giles, and Robert F. Anda (2003), “Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study,” *American Academy of Pediatrics*, 111(3). p. 566. The researchers used 10 different categories of ACEs with a Likert-scale survey about how frequently each participant experienced each ACE.

## 2018 Frederick County Human Needs Assessment Report

- Arria, Amelia M., Amy A. Mericle, Kathleen Meyers, & Ken C. Winters (2012), “Parental Substance Use Impairment, Parenting and Substance Use Disorder Risk,” *Journal of Substance Abuse Treatment*, 43(1), 114–122.

**Age of first exposure.** Studies that have found a large influence on SUD related to age of first exposure include the following:

- Grant, Bridget F. and Deborah A. Dawson (1997), “Age at Onset of Alcohol Use and Its Association with Alcohol Abuse and Dependence,” *Journal of Substance Abuse*, 9, 103-110.
- McGue, Matthew, William G. Iacono, Lisa N. Legrand, Steve Malone, and Irene Elkins (2001), “Origins and Consequences of Age at First Drink. I. Associations With Substance-Use Disorders, Disinhibitory Behavior and Psychopathology, and P3 Amplitude,” *Alcoholism: Clinical and Experimental Research*, 25(8), 1156-1165.
- King, Serena M., Margaret Keyes, Stephen M. Malone, Irene Elkins, Lisa N. Legrand, William G. Iacono, and Matt McGue (2009), “Parental Alcohol Dependence and the Transmission of Adolescent Behavioral Disinhibition: A Study of Adoptive and Non-Adoptive Families,” *Addiction (England)*, 104(4).

**Social, cultural and neighborhood influences on substance use.** These are some recent studies regarding how contextual factors influence the development of SUD:

- Dixon, Mark A. and Karen G. Chartier (2016), “Alcohol Use Patterns Among Urban and Rural Residents: Demographic and Social Influences,” *Journal of the NIAAA*, 38(1).
- Karriker-Jaffe, Katherine J. (2011), “Areas of Disadvantage: A Systematic Review of Effects of Area-Level Socioeconomic Status on Substance Use Outcomes.” *Drug Alcohol Review*, 30(1), 84-95.
- Sudhinaraset, May, Christina Wigglesworth, and David T. Takeuchi (2016), “Social and Cultural Contexts of Alcohol Use: Influences in a Social–Ecological Framework,” *Journal of the NIAAA*, 38(1).

**Issues influencing access to treatment.** Studies that investigate barriers to SUD treatment and the consequences of the ACA Medicaid expansion include the following:

- Priester, Mary Ann, Teri Browne, Aidyn Iachini, Stephanie Clone, Dana DeHart, and Kristen D. Seay (2015), “Treatment Access Barriers and Disparities Among Individuals with Co-occurring Mental Health and Substance Use Disorders,” *Journal of Substance Abuse Treatment*, 61, 47-59.

- Fauth, Rebecca C., Tama Leventhal, and Jeanne Brooks-Gunn (2008), “Seven Years Later: Effects of a Neighborhood Mobility Program on Poor Black and Latino Adults’ Well-Being,” *Journal of Health and Social Behavior*, 49(2), 119–130.
- Abraham, Amanda J., Christina M. Andrews, Colleen M. Grogan, Thomas D’Aunno, Keith N. Humphreys, Harold A. Pollack, and Peter D. Friedmann (2016), “The Affordable Care Act Transformation of Substance Use Disorder Treatment,” *American Journal of Public Health*, 107(1).
- Norris, Louise, (2018), “Maryland and the ACA’s Medicaid Expansion,” *HealthInsurance.org*. <https://www.healthinsurance.org/maryland-medicaid/>
- Schmidt, Laura A (2016), “Recent Developments in Alcohol Services Research on Access to Care.” *Journal of the NIAAA*, 38(1).

**Research on substance abuse treatment options.** The following studies are the sources for the discussion about treatment options:

- Spoth, Richard, Linda Trudeau, Chungyeol Shin, Ekaterina Ralston, Cleve Redmond, Mark Greenberg, and Mark Feinberg (2013), “Longitudinal Effects of Universal Preventive Intervention on Prescription Drug Misuse: Three Randomized Controlled Trials With Late Adolescents and Young Adults,” *American Journal of Public Health*, 103(4), 665-672.
- U.S. Department of Justice and National Drug Intelligence Center (2011), “The Economic Impact of Illicit Drug Use,” *U.S. Department of Justice*. <https://www.hsdl.org/?abstract&did=4814>.
- UKATT Research Team (2005), “Cost Effectiveness of Treatment for Alcohol Problems: Findings of the Randomised UK Alcohol Treatment Trial,” *British Medical Journal (BMJ)*, 331(7516).
- Bowen, Sarah, Katie Witkiewitz, Seema L. Clifasefi, Joel Grow, Neharika Chawla, Sharon H. Hsu, Haley A. Carroll, Erin Harrop, Susan E. Collins, M. Kathleen Lustyk, Mary E. Larimer (2014), “Relative Efficacy of Mindfulness-Based Relapse Prevention, Standard Relapse Prevention, and Treatment as Usual for Substance Use Disorders: A Randomized Clinical Trial,” *JAMA Psychology*, 71(5), 547-556.
- Knudsen, Hannah K. and Paul M. Roman (2013), “Financial Factors and the Implementation of Medications for Treating Opioid Use Disorders,” *Journal of Addiction Medicine*, 6(4), 280-286.

## 5. Addressing Other Human Needs, Some Solutions and Conclusion

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### Key Findings about Other Human Needs in Frederick County:

- As Frederick County becomes more diverse, issues of inclusion and social acceptance require more urgent attention.
- Minority groups within the County are likely to have even more difficulties than the majority regarding family stressors, the consequences of aging, and substance use disorder.
- The national debate about immigration and related rhetoric against Spanish-speaking persons from Latin America may have direct consequences in the County.
- Frederick County, like the entire State of Maryland, is dealing with a growing number of disconnected youth and young adults who are out of school and unemployed.
- A concern exists that violent gang activity connected to substance use and crime will increase in the County, similar to recent trends around Washington, DC.

### Introduction

This chapter of the report provides the remaining findings of the 2018 HNA. The issues discussed here cut across supporting families with children, preparing for an aging population, and responding to substance use disorder in Frederick County. Three clusters of concerns are the focus of this chapter:

- Accepting and welcoming *diversity* as the County inevitably becomes more diverse along multiple dimensions of race, ethnicity, national origin, primary preferred language, gender identity/sexual orientation, politics, and others.
- Intervening with *disconnected youths* and young adults in the County who are out of school, unemployed, and facing a very negative economic future amidst the current U.S. economy.

- Finding practical and *affordable innovations* to respond to human needs at a time when local governments are unable to generate additional revenues to meet growing demands for services.

The 2018 HNA included numerous interviews and three focus groups directly related to these concerns. The survey of community engaged persons also contributed to the analysis presented below.

## Diversity, Inclusion and Social Acceptance in Frederick County

**Perceptions of Diversity and Social Acceptance.** One of the top 10 issues that emerged out of the key informant interviews in Frederick County is diversity and social acceptance. Figure 1 in Chapter 1 shows that Frederick County overall has become much more diverse since the year 2000 in terms of race and ethnicity. Today, approximately 25% of the residents self-identify as something other than, “White, Not Hispanic/Latino.” Figure 22 disaggregates the trend toward more diversity in the County by specific racial and ethnic groups. Please note that this data is solely for Frederick County and uses different colors than green to enhance readability.

Figure 22

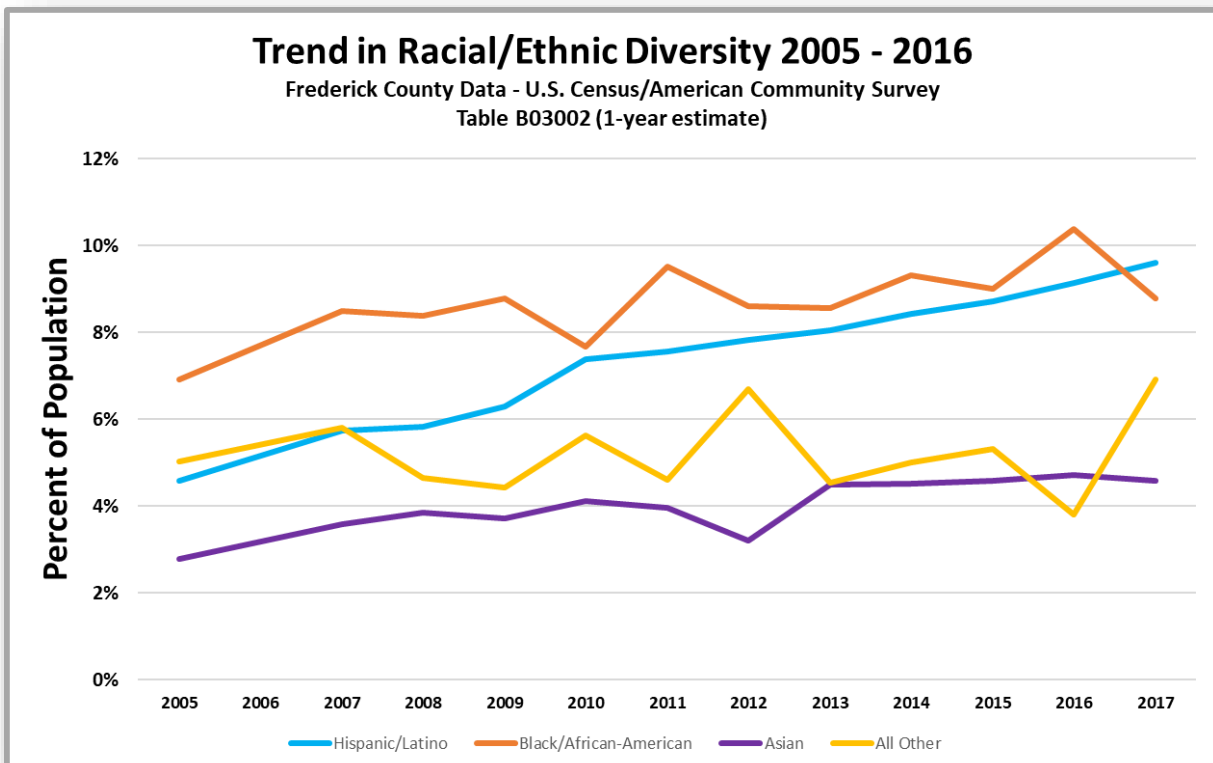


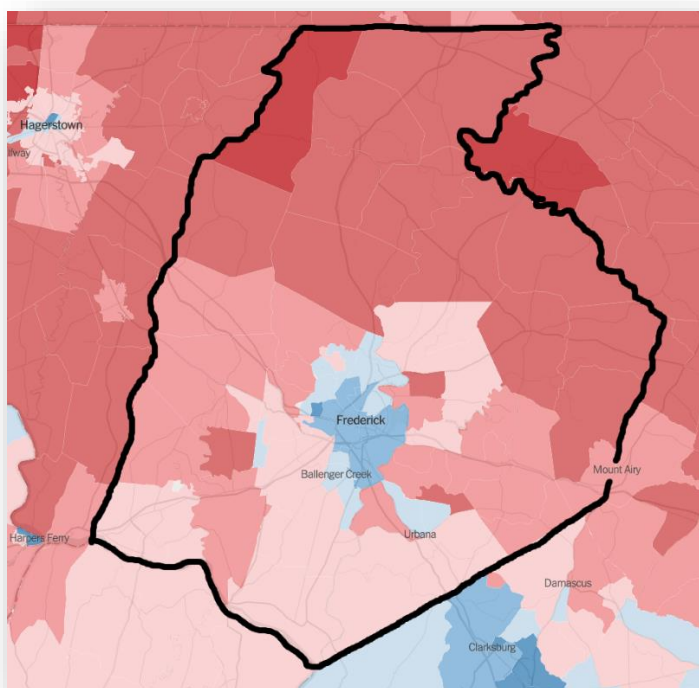


Figure 22 shows that the two groups driving the trend toward increasing diversity are Black/African-American, and Hispanic/Latino (note: the two categories are not exclusive; a small number of Black/African American residents also identify ethnically as Hispanic/Latino).

This trend toward more racial and ethnic diversity has been accompanied by a widely publicized increase in, and visibility of, the LGBTQ population, especially in and nearby to Frederick City. Visible cultural expressions including an annual LGBTQ pride festival are some recent indications of how the LGBTQ community has grown in size and presence. Furthermore, The Frederick Center was established in 2013 and is dedicated to serving and advocating for the growing local LGBTQ community.

All these changes to the demographic and social landscape in the County are happening in one of the rare areas of the U.S. in which there is considerable political diversity. The New York Times recently published an interactive map of how every voting precinct in the U.S. split between the Democratic and Republican candidates for president in the 2016 general election. Figure 23 presents a map of that data for Frederick County. Each voting precinct darkens in color (red or blue) as the share of the vote becomes more lopsided. Overall, Frederick County has few precincts dominated by voters for one party. In contrast, nearby counties in Maryland entirely are dominated by voters for one party (e.g., Republicans in Carroll County). Some of the comparison counties also are politically uniform (e.g., Santa Barbara) while several are notably similar to Frederick in their political diversity (McHenry, Dutchess, Anne Arundel and Chesterfield).

**Figure 23: Frederick County Voting Precinct Results, 2016 U.S. Presidential Election**



Frederick County is a place where residents from many different backgrounds and perspectives share communities and local governments. This diversity in the context of community and governance inevitably may increase social stress and the risk of conflict among various residents. To address these concerns, the 2018 HNA specifically convened a focus group to discuss the current social climate for diversity. The project team summarized the discussion in this focus group as follows.

*Participants thought that Frederick County is now, “a more complicated county, but there’s a good social connectiveness in the County.” However, the City of Frederick often is perceived as, “very blue and affirming, the non-city area is very red and hostile.” One participant pointed out that, “we still have the KKK in Thurmont.” Overall, several forces were seen as integrating forces in the County, including the Rotary Clubs, Frederick Community College, sports, and the nightlife on Market Street, which brings people together. It was expressed that the Sheriff’s support for working with ICE to find and deport undocumented immigrants has had a chilling effect on the Hispanic population integrating into the community. One person said, “In the Hispanic community, the attitude now is to keep your head low. People are scared to even come to the office. It has isolated the community.”*

The survey of community-engaged persons followed up on this focus group by asking about how recent and future trends in well-being applied to several categories of residents. As done in prior chapters, the following two tables present the difference between optimistic and pessimistic responses for each category. Table 13 looks at these perceptions in terms of various forms of diversity: The pattern in this table is very consistent: Community-engaged persons in Frederick County are most pessimistic about the status of Hispanic/Latino/a and Black/African-American residents, and much more optimistic about the status of persons with disabilities, Asian-American residents, and the LGBTQ community. Across all groups referenced in any questions on the survey, the only subpopulation viewed as having *thrived* over the past five years in Frederick County were members of the LGBTQ community.

Table 14 looks at these perceptions in terms of the history of groups within the County by geography and work location. The pattern in this table also is consistent: Community-engaged persons are pessimistic about the condition of longer term and rural residents of Frederick County and most optimistic about recent arrivals, adults who do *not* have to commute to work, and Frederick City residents. Referring to the voting pattern map in Figure 23, the data in this table perfectly fits with the narrative of rural, long term residents facing a much less optimistic situation than the other types of residents and expressing that discontent into the political system.

**Table 13: Survey Responses Regarding Conditions for Residents of Diverse Backgrounds**

| Demographic                      | How conditions changed,<br>2013 - 2018 |       |            | How conditions will change,<br>2018 - 2027 |       |            |
|----------------------------------|--|-------|------------|--|-------|------------|
|                                  | Better                                 | Worse | Difference | Better                                     | Worse | Difference |
| The LGBTQ community              | 53.0%                                  | 9.3%  | 43.7%      | 47.0%                                      | 9.8%  | 37.2%      |
| Persons with disabilities        | 27.9%                                  | 12.5% | 15.4%      | 33.1%                                      | 9.8%  | 23.3%      |
| Asian-American residents         | 22.3%                                  | 9.0%  | 13.3%      | 30.9%                                      | 8.9%  | 22.0%      |
| Black/African-American residents | 17.2%                                  | 21.1% | -3.9%      | 30.4%                                      | 15.4% | 15.0%      |
| Hispanic/Latino/a residents      | 19.6%                                  | 35.4% | -15.8%     | 30.7%                                      | 20.8% | 9.9%       |

Note: See Appendix E for the source data from the survey. Better combines responses “better” and “much better”, worse combines responses “worse” and “much worse”.

**Table 14: Survey Responses Regarding Conditions for Different Life Histories**

| Demographic   | How conditions changed,<br>2013 - 2018 |       |            | How conditions will change,<br>2018 - 2027 |       |            |
|---|--|-------|------------|--|-------|------------|
|   | Better                                 | Worse | Difference | Better                                     | Worse | Difference |
| Newer residents (1 <sup>st</sup> generation in the County)      | 29.4%                                  | 15.6% | 13.8%      | 39.5%                                      | 12.8% | 26.7%      |
| Adults who live and work in Frederick County                    | 31.9%                                  | 19.9% | 12.0%      | 37.6%                                      | 13.5% | 24.1%      |
| Frederick City residents  | 29.9%                                  | 20.3% | 9.6%       | 36.2%                                      | 15.7% | 20.5%      |
| Long-term residents (multiple generations)                      | 16.8%                                  | 18.9% | -2.1%      | 25.8%                                      | 17.6% | 8.2%       |
| Adults who live in Frederick County and work outside the County | 21.2%                                  | 26.5% | -5.3%      | 29.1%                                      | 20.3% | 8.8%       |
| Rural/small town residents                                      | 15.0%                                  | 26.4% | -11.4%     | 24.2%                                      | 27.1% | -2.9%      |

Note: See Appendix E for the source data from the survey. Better combines responses “better” and “much better”, worse combines responses “worse” and “much worse”.

*Diversity and Human Needs in Frederick County.* As with the State of Maryland and the entire nation, many of the human needs discussed in the prior chapters of this report are more severe among some diverse communities in Frederick County.

- Black/African-American families are much less likely to have significant accumulated wealth than non-Hispanic Whites. Among all single women raising children on their own, Black/African-American women are much more likely to be living in poverty than other women. Diverse families in Frederick County may be more likely than other families to use informal childcare arrangements or to rely on extended family for childcare. Both alternatives have been shown to contribute to reduced readiness for kindergarten among pre-school children.
- Similar to the working years, less-educated, minority, single, and/or female seniors are more likely to have lower incomes in retirement than other demographic groups. Senior Americans with college degrees have twice as high median income than those with high school diplomas or General Equivalency Diplomas (GEDs) and seniors without at least a high school diploma have a median income barely above the poverty level. Over half of Hispanic seniors and nearly half of Black/African-American seniors live on less than full-time minimum-wage earnings of \$15,080 per year (in 2015 dollars). Most Black/African-American (59%) and Hispanic/Latino/a (74%) families have no retirement account savings, whereas only 35% of non-Hispanic White families have saved nothing. Among Black/African-American and Hispanic/Latino/a families ages 32 to 61 who have at least some retirement account savings, the median savings is \$22,000 compared with \$73,000 for non-Hispanic White families. While some of this difference is caused by the younger age on average of Black/African American and Hispanic/Latino/a families, some of it is not.
- Racial discrimination has also been found to increase the probability developing SUD. Discrimination consistently results in poorer mental and physical health outcomes among aggrieved groups. Additionally, doctors have been found to be less likely to screen for all mental health problems, including SUD, among minority groups. The lack of screening results in fewer referrals and, overall, more difficulty in obtaining treatment, allowing for various mental illnesses and SUD to fester over time. However, when minorities, especially low-socioeconomic status minorities, relocate from segregated housing into better, integrated housing, they fare better both economically and mentally.
- Perceptions of the condition of the Hispanic/Latino/a community may be linked to current national political debates over immigration that have focused on undocumented individuals originating from Latin America. Law enforcement in Frederick County has been forthright in its efforts to enforce existing immigration laws. The 2018 HNA project

team notes that across the nation such enforcement has risked targeting U.S. citizens and permanent residents on the basis of their ethnicity without probable cause of having violated any laws. Fears of this approach may be creating the issues in Frederick County as noted by focus group participants. Many Hispanic/Latino/a residents appear to be keeping a low profile and avoiding the use of public services for which they otherwise are fully eligible.

- According to key informants for the 2018 HNA, Frederick County is experiencing an increase in homelessness among LGBTQ youths and young adults. Responding to the specific needs of this population may require opening a dedicated shelter in the County; LGBTQ youths and young adults often feel vulnerable to physical and mental abuse in a homeless shelter for the general population.

As Frederick County becomes more diverse on multiple dimensions including race and ethnicity, there will be an increase in human needs that merit special attention and sensitivity to those demographic groups. The 2018 HNA project team especially is concerned about economic hardship affecting the well-being of Hispanic/Latino/a families in the County during this moment.

### **Disconnected Youth**

Several key informants and focus group members who participated in the 2018 HNA were highly concerned about disconnected youth and young adults in Frederick County (ages 16 to 24). These young persons no longer are enrolled in any form of school and they are unemployed. The majority of these young persons are men at a time when fewer men than women are attending college nationwide and good paying job opportunities for persons lacking a college degree are becoming scarce.

The Robert Wood Johnson Foundation's County Health Rankings website offers an estimate of the percentage of disconnected youth in Frederick County at 9%, placing it on the lower end of the comparison counties (see near the bottom of Appendix F). The 2018 HNA project team did not find additional sources that could be used to verify this estimate or provide data on trends over time.

The survey of highly community-engaged persons in Frederick County found that there is some recognition of the problem of disconnected youth. When asked to rank order various levels of education provided within the County and often supported by public funds, the respondents provided the priorities shown in Table 15.

**Table 15: Educational Priorities Related to Job Training Among Survey Respondents**

| <b>Job Training Service</b>                                 | <b>Percent 1<sup>st</sup> Priority</b> | <b>Percent 2<sup>nd</sup> Priority</b> | <b>Total 1<sup>st</sup> and 2<sup>nd</sup> Priority</b> |
|---|--|--|---|
| <b>Vocational job training – Workers 18 to 25 years old</b> | <b>17%</b>                             | <b>23%</b>                             | <b>40%</b>  |
| <b>Vocational job training – Workers over 25 years old</b>  | <b>5%</b>                              | <b>18%</b>                             | <b>23%</b>  |
| <b>Community college</b>                                    | <b>7%</b>                              | <b>7%</b>                              | <b>14%</b>  |

After recognizing the importance of the public schools and childcare, per the discussion in Chapter 2, the respondents listed vocational job training for workers ages 18 to 25 years old as an educational priority. Note, however, that the respondents did not give much priority to community college when that alternative nationwide is a leading response to the issue of disconnected youth. The 2018 HNA team concluded that there is a need within Frederick County to position the local community college as a resource for re-connecting young adults to the labor market and pathways to economic success.

## **Criminal Gangs**

Several key informants interviewed for the 2018 HNA also were concerned about the potential for criminal gang activity to emerge more forcefully in Frederick County, partly as a consequence of increasing numbers of disconnected youth. Several nearby areas in the greater Washington, DC region recently have experienced violent gang activity connected to trafficking in illegal substances and sex trafficking. There have been high profile murders associated with such gang activity reported in national and local media. Most of the persons profiled in these stories are Hispanic/Latino/a and described as members of MS-13, a violent criminal gang with roots in El Salvador.

The 2018 HNA project team did not locate any specific evidence that would suggest an increase in gang activity in Frederick County. The team recommends that great care be taken in framing this issue to avoid unfairly connecting it to the rising racial and ethnic diversity in the County. Long-time residents of the County frequently are seeing groups of young African-American and Hispanic/Latino/a high school students walking around the City of Frederick. This activity does not constitute proof that gangs are on the increase; it is just the result of more diversity in the City of Frederick public schools. Following on the discussion in Chapter 2 regarding afterschool programs, a need exists in the County to ensure that high school students have productive and safe places to be when school is out.



## **Findings about the Current Role of Government**

Local governments are the primary responders to human needs in Frederick County in partnership with the community of philanthropies and nonprofits that are engaged in these issues. Recognizing the importance of local governments, the focus group, “Role and Limitations of Government in Frederick County,” brought together officials from several municipalities and the County to discuss the current governance climate related to human needs. The project team summarized the discussion in this focus group as follows:

*The public wants more services and lower taxes. The Great Recession decreased the value of property and resulted in decreased revenues. The state and federal sources of funding also constricted resulting in a greater need for local revenues and fewer sources for those revenues. The County cannot rely on outside sources of funding. The past County administration decreased governmental services and grants to nonprofits. A Maryland law caps property tax increases, which does not allow municipal government to turn to local revenues to compensate for decreases in funding from previous years. Recent property tax increases have only brought revenues to nearly the pre-recession levels. There has been a change in the social fabric of Frederick County where participation in civic organizations and local commissions and boards has decreased, partly due to the County becoming more of a bedroom community.*

The tensions within the public about the role of government, including how best to fund public services, reflect the political landscape in the map above of recent voting patterns in the County. For the local governments to raise the revenue necessary to support families with children (including the public schools and aftercare programs), prepare for a larger elderly population, address SUD, and assist with reconnecting youth to employment, a new consensus needs to be built within the County. That process of building consensus must bridge the emerging political divide between long-time County residents who often are more conservative about issues of taxes and spending, and new arrivals to the County who often ask for additional public services.

## **Two Holistic Solutions for Human Needs in Frederick County**

Among the solutions discussed in prior chapters, two emerged as important because they cut across all of the issues emphasized by the persons who contributed to the input to the 2018 HNA.

***Options for Providing Transportation to Vulnerable Populations.*** Many of the most vulnerable populations in Frederick County struggle with transportation issues on a daily basis. Lower income families with children, seniors, and persons trying to overcome SUD need to get to services such as childcare, health care, and SUD treatment that require traveling regularly more than 20 miles. With its larger rural areas and overall location relative to major population centers, the County is wedded to the automobile as a primary means of transportation. The 2018 HNA found that in many of the comparison counties, efforts are underway to use the “sharing economy” to solve transportation issues affordably and reliably. One approach is to partner with

for-profit transportation services such as Uber and Lyft. Public and nonprofit service providers can negotiate discounted pricing and provide vouchers to help persons in need to access transportation this way. A second approach is to build networks of volunteers who offer free rides upon request to persons in need of transportation. There definitely is a demand for either or both responses to be used in Frederick County to offer transportation solutions affordably, reliably and sustainably that make use of the existing road network and underutilized vehicles in private hands.

***Navigating Benefits Eligibility and Enrollment.*** Families with children, seniors, and persons trying to overcome SUD all may be eligible for public benefits and services but do not have the knowledge and capacity necessary to enroll. Many of these benefits and services are funded by the Federal Government and the State of Maryland. Around the U.S., many nonprofits provide benefits navigation to specific populations such as those for whom language barriers must be surmounted. There is a need to increase the number of benefits navigators active in Frederick County to assist persons with signing up for public services for which they are eligible. Frederick County and its residents would benefit from increasing access to services through the work of navigators. The 2018 HNA project team recognizes that politically conservative residents in the County tend to oppose public benefit programs and the taxes required to pay for them. At the same time, it is vital to recognize that the most vulnerable members of the population –children and seniors – are bearing the consequences of not gaining access to benefits for which they are eligible and that often are paid for by funds coming from outside the County.

## **Conclusions**

***Pathways to the Future: Examples from the Comparison Counties.*** Several of the comparison counties used to benchmark trends in Frederick County for the 2018 HNA suggest possible pathways into the future. Some of these pathways clearly are to be avoided. Based on the secondary data analysis and the key informant interviews conducted outside of Frederick County, here are some of those alternatives.

- Santa Barbara County, California, is highly renowned for its physical beauty and its many famous residents connected to the worlds of entertainment, art and literature. Santa Barbara also is a place struggling with a population of very wealthy White residents juxtaposed with low income non-White residents. The high cost of real estate in Santa Barbara is pricing housing out of the reach of many in the middle class. Santa Barbara also is increasingly vulnerable to natural disasters.
- Dutchess County, New York, is struggling with an older population, a very high level of substance use disorder, and aging infrastructure. It also has pockets of wealthy estates situated nearby areas of rural and urban poverty. The population is not growing. Taxes

are high in New York State which is affecting the ability of the elderly population to age in place comfortably and influencing the location decisions of families with children.

- Carroll County, Maryland, has an aging population and insufficient immigration to introduce more young families. The lack of diversity in Carroll may be limiting interest in the county among groups who have contributed to the lower wage workforce in the region while also being a primary source of young families.
- Anne Arundel County, Maryland, and Chesterfield County, Virginia, either are located adjacent to a large urban area or have pockets of much denser populations. These two counties represent a possible future for Frederick County in which rapid population growth transforms the City of Frederick into a much larger urban center and replaces much of the agricultural land with more real estate developments. The current place of rural life in Frederick County, represented every year by the Great Frederick Fair, could become a thing of the past.

The alternative futures for Frederick County represented by Santa Barbara, Dutchess, Carroll, Anne Arundel and Chesterfield deserve very careful scrutiny. It would not require much active intervention for Frederick County to go down one of these paths should, for example, the climate for diversity in the County become toxic or the County find itself becoming the preferred location of secondary estates among the wealthy in the surrounding major cities or increasing housing costs in adjacent counties result in even more rapid relocation into the County.

Among the comparison counties, McHenry County, Illinois presents an overall positive role model for Frederick County. McHenry has its enlightened dedicated revenue for mental health services (see Chapter 4) and is becoming a haven for young families seeking an affordable lifestyle nearby the Chicago employment hub. That the median population age is trending younger in McHenry is one very important sign of what is going very right there.

***Short Term, Medium Term and Longer-Term Priorities.*** The three clusters of issues emphasized in this report present a sequence of short term, medium term and longer-term priorities among competing human needs in Frederick County. There is competition because, as observed in the focus group of local government leaders, there are scarce resources available in the County for addressing all the needs identified by the 2018 HNA. Some of the short term needs inevitably will demand immediate attention. Opioid addiction and related overdoses especially are sources of intense stress on communities, first responders and nonprofits.

Amidst addressing the shorter term human needs, Frederick County's leadership across all sectors may want to focus deliberately on the medium-term issue of aging and the longer-term issue of supporting families with children.

- Aging is a medium-term issue because much of the oncoming “silver tsunami” is related to the Baby Boomer generation. One of the voices quoted in Chapter 3 expressed concern about planning and building communities to accommodate adults 59½ years and older who eventually will no longer be around to live in those communities. This report makes the case that preparing for increase in the elderly population should be a priority, but it is a medium-term priority.
- Supporting families with children is an issue at the core of Frederick County’s longer-term future. Chapter 2 of this report delves deeply into material hardship as a factor affecting many families in Frederick County. That noted, important factors such as quality childcare, afterschool care, and funding excellent public schools are not confined to low-income families. By developing new initiatives to make Frederick County a wonderful place to raise children, by strengthening the public schools, by demonstrating concern for the daily realities of families with a single parent or with two parents who both hold full-time jobs, the County can attract and retain the demographic that is the key to a successful future.

How the leadership of Frederick County manages the short term, medium term and longer term human needs will send a strong signal both internally and externally about the commitment in the County to justifying its current very high regard nationally.

***Frederick Has the Opportunity to Be a Leader Among Counties.*** This report has found that Frederick County faces several very profound challenges to its future. Frederick County also is a very unique place within the nation as indicated by its high ranking among all counties and by its many different forms of diversity including political. Frederick County offers the opportunity to be a national leader in pursuing innovative solutions to issues such as supporting families with children, preparing for an aging population, and responding to Substance Use Disorder. At a time when so many difficult divisions are evident within the public, Frederick County could pioneer a new consensus for solving its problems amidst those underlying divisions. In doing so, the 2018 HNA project team strongly believes that the County would reduce those divisions and become an example to be copied nationwide for how to move forward together in good will to respond to human needs and reduce human suffering.

## **Notes to Chapter 5**

***New York Times interactive map of the 2016 presidential election.*** The online interactive map is available at <https://www.nytimes.com/interactive/2018/upshot/election-2016-voting-precinct-maps.html>.

***Connection between race and wealth disparities.*** A leading research project on the origins and persistence of wealth disparities between Black/African-Americans and non-Hispanic Whites is at Duke University's Cook Center. Details about the project findings are available online at <https://socialequity.duke.edu/research/wealth>.

***Racial and ethnic disparities among seniors.*** The disparities referenced in the chapter are from Morrissey, M (2016), *The State of American Retirement: How 401(k)s Have Failed Most American Workers* (Washington, D.C.: Economic Policy Institute).

***SUD among diverse communities.*** The following studies discuss how SUD differentially impacts minority groups and the patterns of discrimination that affect diagnosis and treatment:

- Sudhinaraset, May, Christina Wigglesworth, and David T. Takeuchi (2016), "Social and Cultural Contexts of Alcohol Use: Influences in a Social–Ecological Framework," *Journal of the NIAAA*, 38(1).
- Gibbons, Frederick X., et al. (2012), "The Erosive Effects of Racism: Reduced Self-control Mediates the Relation Between Perceived Racial Discrimination and Substance Use in African American Adolescents," *Journal of Personality and Social Psychology*, 102(5), 1089-1104.
- Priester, Mary Ann, et al. (2015), "Treatment Access Barriers and Disparities Among Individuals with Co-occurring Mental Health and Substance Use Disorders," *Journal of Substance Abuse Treatment*, 61, 47-59.
- Fauth, Rebecca C., Tama Leventhal, and Jeanne Brooks-Gunn (2008), "Seven Years Later: Effects of a Neighborhood Mobility Program on Poor Black and Latino Adults' Well-Being," *Journal of Health and Social Behavior*, 49(2), 119–130.

## Appendix A: Members of the Research Advisory Board

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*Affiliations provided for identification only. The named organizations have not endorsed the contents of this report.*

- Leigh Adams, Director, Ausherman Family Foundation
- Monica Bearden, PT, DScPT, Director, Citizens Services Division, Frederick County Government
- Alejandro Canadas, PhD, Associate Professor of Economics, Mount St. Mary's University
- Elizabeth Y. Day, President and CEO, The Community Foundation of Frederick County
- Kristen Fletcher, Director of Cardiac & Vascular and Administrative Services, Frederick Memorial Hospital
- Diana Fulchiron, Director of Community Impact, The Community Foundation of Frederick County
- Rachel Mandel, MD, Consultant
- Kerry McHugh, Vice President and Program Officer, Helen J. Serini Foundation
- Ken Oldham, President and CEO, United Way of Frederick County
- Jeffrey Poirier, PhD, Board of Directors, The Frederick Center
- Thanh Thanh Saint-Johns, Diversity Assistant, Office of Diversity, Equity and Inclusion, Frederick Community College
- Marlene Young, President, Delaplaine Foundation, Inc.

### Remembering Jet Reid

Jet Reid, a talented and highly admired administrator and champion for diversity in Frederick County Public Schools served on the Research Advisory Board until his untimely death from a sudden illness in early July 2018. The members of the Research Advisory Board were greatly saddened by his death and this project went forward pledging to maintain attention to the human needs that defined his legacy in Frederick County.



## Appendix B: Participants in Key Informant Interviews and Focus Groups

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| Name                | Affiliation (for identification purposes only)                 |
|---------------------|--|
| Alejandro Canadas   | Mount St. Mary's University                                    |
| Andrea Walker       | Frederick County Health Department                             |
| Anil Vaidian        | Dutchess County Government                                     |
| Ann Ryan            | Housing Authority of the City of Frederick                     |
| Ann Soule           | Frederick County Mental Health Association (retired)           |
| Annette Cousins     | Richmond Community Foundation                                  |
| Arnold Farlow       | Frederick Rescue Mission                                       |
| Audrey Cimino       | Carroll County Community Foundation                            |
| Barbara Brookmyer   | Frederick County Health Department                             |
| Bonita Portier      | Emmitsburg Osteopathic Primary Care                            |
| Branden McCallister | Housing Authority of the City of Frederick                     |
| Bruce Zavos         | Affordable Housing Council of Frederick County                 |
| Carnitra White      | Anne Arundel Community Foundation                              |
| Carolyn True        | Frederick County Office on Aging                               |
| Cathy Hanson        | Alzheimer's Association of Frederick County                    |
| Charlie Smith       | Frederick County State's Attorney                              |
| Christina Forbes    | Daybreak Adult Day Services and Elder Service Provider Council |
| Chuck Jenkins       | Frederick County Sheriff                                       |
| Cynthia Terl        | Wells House @ Gale Recovery                                    |
| Daniel Nielson      | Government of Santa Barbara County                             |
| Denise Rollins      | The Whole Heart Center   |
| Dennis Frazier      | Carroll County Board of County Commissioners                   |
| DeVeda Coley        | North Frederick Elementary School                              |
| Don Briggs          | Mayor of Emmitsburg, Maryland                                  |
| Don Schildt         | Commissioner in Walkersville, Maryland                         |

## *Appendix B: Key Informants and Focus Group Participants*

| <b>Name</b>          | <b>Affiliation (for identification purposes only)</b>       |
|----------------------|---|
| Dottie Engle         | Middletown People Helping People                            |
| Drew Bowen           | Town of Middletown, Maryland                                |
| Ed Hargis            | Frederick Police Department                                 |
| Ed Hinde             | Student Homelessness Initiative Partnership (SHIP)          |
| Elizabeth Buckman    | Emmitsburg Town Commissioner and Emmitsburg Cares           |
| Elizabeth Chung      | Asian American Center of Frederick                          |
| Elizabeth Y. Day     | The Community Foundation of Frederick County                |
| Eric Byers           | Frederick County Sheriff's Department                       |
| Frank Clements       | 2nd Street and Hope   |
| Gloria Rollins       | Walkersville Administrator                                  |
| Heather Kirby        | Frederick Memorial Hospital                                 |
| Inga James           | Heartly House   |
| James Humerick       | Thurmont Administrator                                      |
| James Tucker         | Maryland School for the Deaf                                |
| Jan Gardner          | Frederick County Government                                 |
| Janet Harding        | Frederick Memorial Hospital                                 |
| Jason Barth          | Frederick Memorial Hospital                                 |
| Jeanie Cronin        | Hood College  |
| Jeanni Winston-Muir  | Frederick Community College                                 |
| Joanna Pierson       | The Arc   |
| Joe Berman, MD       | (retired)   |
| John Kinnaird        | Mayor of Thurmont, Maryland                                 |
| Josh Pedersen        | 211 Maryland, Inc   |
| Julie Riggs          | Every Mind, Serving Together                                |
| Julie Stevenson-Solt | County Administrative Judge, Frederick County Circuit Court |
| Karen Lyons          | Mission of Mercy  |
| Keith Harris         | Frederick County Public Schools                             |
| Ken Allread          | Frederick County Coalition for the Homeless                 |
| Ken Oldham           | United Way of Frederick County                              |

## 2018 Frederick County Human Needs Assessment Report

| Name                 | Affiliation (for identification purposes only) |
|----------------------|--|
| Kevin Lollar         | Housing Authority of the City of Frederick     |
| Korey Shorb          | The Ranch                                      |
| Kris Fair            | The Frederick Center                           |
| Kristin Fletcher     | Frederick Memorial Hospital                    |
| Leigh Adams          | Ausherman Family Foundation                    |
| Leslie Barnes        | Frederick County Local Management Board        |
| Lori Schroyer-Wells  | Way Station                                    |
| Lynn Davis           | Frederick County Government                    |
| Malcolm Furgol       | United Way of Frederick County                 |
| March Gallagher      | Foundation of the Hudson Valley                |
| Maria Herrera        | Spanish-Speaking Community of Maryland, Inc.   |
| Maria Shuck          | Centro Hispano de Frederick                    |
| Marlene Young        | Delaplaine Foundation, Inc.                    |
| Martha Sprow         | Frederick County Department of Social Services |
| Melanie Cox          | Advocates for the Aging                        |
| Michael O'Connor     | Mayor of The City of Frederick, Maryland       |
| Michael Planz        | Community Living                               |
| Michael Spurrier     | Frederick Community Action Agency              |
| Michael Sullivan, MD | Mission of Mercy                               |
| Michelle Day         | Frederick County Workforce Services            |
| Milton Bailey        | Frederick County Government                    |
| Monica Grant         | Frederick County Government                    |
| Nick Brown           | The Religious Coalition for Emergency Needs    |
| Pamela Brown         | Anne Arundel County Government                 |
| Peter Austin         | McHenry County Board                           |
| Peter Brehm          | The Frederick Center                           |
| Rachel Mandel, MD    | Consultant                                     |
| Ramenta Cottrell     | Goodwill Industries of the Monocacy Valley     |
| Rev. Katie Bishop    | Brunswick Food Bank                            |

### *Appendix B: Key Informants and Focus Group Participants*

| <b>Name</b>            | <b>Affiliation (for identification purposes only)</b> |
|------------------------|---|
| Robin Doeden           | McHenry Community Foundation                          |
| Rubayi Estes           | Santa Barbara Community Foundation                    |
| Sara Littleton         | Care Clinic of Frederick Memorial Hospital            |
| Sarah Snead            | County of Chesterfield Board of Supervisors           |
| Shannon Aleshire       | Mental Health Association of Frederick County         |
| Shelly Toms            | Family Partnership                                    |
| Shirley Shores         | Beacon/Brunswick Food Bank                            |
| Sister Martha Beaudoin | Seton Center  |
| Suzanne Sickeri        | Boys & Girls Club                                     |
| Suzi Borg              | Mental Health Association of Frederick County         |
| Theresa Alban          | Frederick County Public Schools                       |
| Tom Kleinhanzl         | Frederick Memorial Hospital                           |
| Veronica Lowe          | TransIT Services of Frederick County                  |
| Veronica Poole         | RSVP Program  |
| Vicki Poole            | Glade Valley Community Services                       |

In addition to the names listed, two anonymous members of Alcoholics Anonymous participated in the focus group on substance use disorder in Frederick County.

## Appendix C: Conduct of the Focus Groups

| Focus Group Topic   | Prompting Questions   | Summary of Discussion  |
|---|---|--|
| <b>The Challenges of Providing for an Aging Population</b><br><br><b>7 total participants</b> | <ul style="list-style-type: none"> <li>• What changes are you experiencing with respect to the demand for services for seniors?</li> <li>• How has the demand for specific services changed in the past decade?</li> <li>• Looking forward, how do you think the demand for specific services will change?</li> <li>• How is the County preparing for the increasing senior population? How well prepared is it?</li> <li>• How do seniors new to the County change the need for and provision of services?</li> <li>• What challenges are you seeing in providing services to seniors?</li> <li>• What could the county be doing better to provide for the challenges of aging?</li> </ul>   | <p>Service providers are “seeing a trend for younger seniors needing services. They don’t have Medicare yet, they may not be retired, and they’re still paying tuition” There are also seniors in the “gap” -- they don’t qualify for Medicaid, but they have various needs. Combined with this, service providers are “seeing more calls for younger people with dementia. Caregivers are giving up jobs to care for their loved ones.”</p> <p>Persons with dementia are expensive to care for. With the aging of the population comes an increase in the number of people with dementia and Alzheimer’s disease.</p> <p>A challenge is employing a workforce able to provide high quality care to elderly persons with needs. Increases in the minimum wage are larger than typical increases in the wages offered for the low-wage caretaking jobs.</p> |
| <b>Housing and Income Challenges</b><br><br><b>9 total participants</b>                       | <ul style="list-style-type: none"> <li>• Thinking back to 2008, what changes have you observed with respect to the number of persons facing budgetary challenges? In what ways has the composition of persons facing budgeting challenges changed?</li> <li>• In what ways have household budgets changed in the past decade?</li> <li>• What are the implications/challenges of increasing housing prices?</li> <li>• How are people with tight budgets managing? What strategies do they use?</li> <li>• To what extent are forms of assistance other than housing assistance freeing up money to use for housing expenses?</li> <li>• How strong is the safety net for those unable to make ends meet?</li> <li>• What could we be doing better at the local level to better support those at risk of being unable to make ends meet?</li> </ul> | <p>In addition to a preponderance of jobs with low wages, increasing housing prices, and the high cost of childcare, many adults carry substantial student loan debt.</p> <p>There is a mismatch between the education that people are getting and what is needed in the market.</p> <p>More middle-income people with jobs are using the safety net, including food assistance.</p> <p>There is a need for classes in “adulting” -- teaching young people the skills needed to become a functioning adult, such as managing budgets and credit.</p>   |

| Focus Group Topic   | Prompting Questions  | Summary of Discussion   |
|---|--|---|
| <p><b>Role and Limitations of Local Government</b></p> <p><b>6 total participants</b></p> | <ul style="list-style-type: none"> <li>• How have the needs of municipalities changed over the past decade?</li> <li>• How have budgets in municipalities changed in the past 10 years?</li> <li>• How is the civil and social fabric of communities changing?</li> <li>• How is your municipality adapting to population growth and change? How do changing demographics impact the need for and provision of services?</li> <li>• What are the most pressing needs of your municipality? How able is government to respond to those needs?</li> <li>• What do you wish your municipality could do better to prepare for the future?</li> <li>• What are the trends in budgeting that you see occurring in the near future?</li> <li>• How able and how prepared is the county and its municipalities to accommodate specific populations (e.g., students, elderly, persons with disabilities, persons for whom English is not their native language)?</li> </ul> | <p>The public wants more in services and less in taxes. The Great Recession decreased the value of property and resulted in decreased revenues. The state and federal sources of funding also constricted resulting in a greater need for local revenues and fewer sources for those revenues.</p> <p>The County cannot rely on outside sources of funding.</p> <p>The past county administration decreased governmental services and grants to non-profits. A Maryland law caps property tax increases, which does not allow municipal government to turn to local revenues to compensate for decreases in funding from previous years. Recent property tax increases have only brought revenues to nearly the pre-recession levels.</p> <p>There has been a change in the social fabric of Frederick County where participation in civic organizations and local commissions and boards has decreased, partly due to the County becoming more of a bedroom community.</p> |



| Focus Group Topic  | Prompting Questions  | Summary of Discussion   |
|--|--|---|
| <b>Youth and Their Families</b><br><br><b>8 total participants</b> | <ul style="list-style-type: none"> <li>• What changes have you been seeing in the past decade with respect to the number of youth at risk for negative outcomes?</li> <li>• Which factors put families with children at the biggest risk?</li> <li>• What supports for children and youth should be strengthened in the county?</li> <li>• What gaps in support exist?</li> <li>• What has the county done well with respect to children?</li> <li>• How effective are gang prevention efforts?</li> <li>• How different are opportunities for children by demographic categories and geography? Are there particular groups at disproportionately high risk?</li> <li>• To what extent are families taking advantage of supports that exist? What keeps families from taking advantage of all supports that they may need? How can families take better advantage of supports that exist?</li> <li>• What options do educators have in mitigating unequal opportunities?</li> </ul> | <p>The federal poverty level does not adequately address the number of people in deep need in the county. Many people in deep need are not eligible for assistance because their income is well above eligibility thresholds, which are often based on the federal poverty level.</p> <p>The exorbitant cost of childcare puts it out of reach for many families, which results in children put in unregulated, risky situations.</p> <p>Public schools do not have the resources to provide what is needed for children. At the same time, resources for non-profits are extremely competitive, with good non-profits all competing for the same funds. The lack of resources creates a vicious cycle of stressed staff, which then go to work in higher paying jobs elsewhere. “Agencies get stretched so thin, that the quality goes down. We lose good staff too because they’ll go to Montgomery County to work. Having quality staff is important.”</p> |

| Focus Group Topic  | Prompting Questions  | Summary of Discussion  |
|--|--|--|
| <b>Substance Use Disorder</b><br><br><b>8 total participants</b> | <ul style="list-style-type: none"> <li>• What changes over the past 10 years have you been seeing in the demand for and provision of services for persons with substance use disorder? How has demand changed? How has the composition of persons with demand changed?</li> <li>• What is being done well to prevent and respond to substance use disorder in the county?</li> <li>• What could it be done better in the County with respect to prevention?</li> <li>• In your opinion, how great is the unmet demand for treatment? How great is the unmet need for specific types of treatment (e.g., residential services, outpatient, peer counseling)?</li> <li>• How well is law enforcement responding to the illegal availability of substances -- opioids, underage alcohol consumption, synthetic drugs? What, if anything, could law enforcement do better? Probe with issue of gangs.</li> <li>• What could be done to support the family members of persons with substance use disorder?</li> </ul> | <p>Opioids, prescription drugs, and alcohol all present different challenges, but all have detrimental effects on families, friends, and communities. Treating only the addiction without adequate supportive mental health services is relatively ineffective. Unfortunately, there are not enough mental health providers who accept Medicaid to treat people with addiction.</p> <p>With opioids, there is a very small period of time when people with addiction will seek treatment, and if treatment is not available, the window closes.</p> <p>Controlling access to prescription opioids may have prodded people with legitimate needs for prescription opioids but an inability to obtain them due to physicians' reluctance to prescribe to obtain street drugs instead.</p> <p>On the positive side, more awareness exists about the detrimental effects of substance use disorder in the community. There is a worry that the attention on opioids is crowding out attention to alcohol use disorder, which is more pervasive in the culture.</p> |

| Focus Group Topic   | Prompting Questions   | Summary of Discussion  |
|---|---|--|
| <b>Diversity and Inclusion</b><br><br><b>7 total participants</b> | <ul style="list-style-type: none"> <li>• How has the social fabric of Frederick County changed in the past decade? Probe about City of Frederick vs. non-city.</li> <li>• How are the changing demographics of the County challenging the notion of the “Old Frederick”?</li> <li>• Which groups do you think are being excluded from conversations and how does it impact the groups?</li> <li>• What initiatives have worked well in the county to increase inclusiveness?</li> <li>• Which communities in the County are exceptionally inclusive? What have they done to make themselves inclusive?</li> <li>• Which communities have challenges in becoming inclusive?</li> <li>• What could be done better to make Frederick County more inclusive? Frederick City? Non-city areas?</li> </ul> | <p>Participants thought that Frederick County is now “a more complicated county, but there’s a good social connectiveness in the county.” However, the City of Frederick is seen as “very blue and affirming, the non-city area is very red and hostile.” One participant pointed out that “we still have the KKK in Thurmont.”</p> <p>Overall, a number of forces were seen as integrating the county, including the Rotary Clubs, the Community College, sports, and the nightlife on Market Street, which brings people together. It was expressed that the Sheriff working with ICE has had a chilling effect on the Hispanic community integrating into the community. One person said “In the Hispanic community, the attitude now is to keep your head low. People are scared to even come to the office. It has made the community be in isolation.”</p> |

## Appendix D: Survey Instrument

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1. Your history in Frederick County. Please enter whole numbers only (e.g., 43, 25, 2).

Your current age (round to  
nearest year)

How many total years  
have you resided in  
Frederick County?

How many total years  
have you worked in  
Frederick County?

2. Growing up and parenting in Frederick County. Please answer the following about your family experience in the County.

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Did you grow up entirely or mostly in Frederick County?                                | <input type="radio"/> | <input type="radio"/> |
| Did you ever, or are you now, raising children in Frederick County?                    | <input type="radio"/> | <input type="radio"/> |
| Do you currently have children under age 5 who you are raising in Frederick County?    | <input type="radio"/> | <input type="radio"/> |
| Do you currently have children in grades K-12 who you are raising in Frederick County? | <input type="radio"/> | <input type="radio"/> |

3. Location of current residence. Please select the option that best locates your current residence.

4. Location of current workplace. Please select the option that best locates your current place of work.

5. Current work sector. Please select the sector in which you currently are employed. If you work in multiple sectors, select your primary sector.

## 2018 Frederick County Human Needs Assessment Report

6. Level of work responsibility. Please select the option that best describes your current level of responsibility at your employer.



7. Diversity: Please check *all* of the options that apply to you.

☐ Identify as White/Caucasian

☐ Identify as Native American

☐ Identify as Black/African-American

☐ Identify as a person with a disability

☐ Identify as Asian-American

☐ Identify as LGBTQ

☐ Identify as Hispanic/Latino/a

☐ Family recently immigrated to the U.S. (1st or 2nd generation)

8. Gender: Please select the option you prefer.

☐ Female

☐ Male

☐ Something else

9. What is the highest level of education you have completed?

10. Comparing 2013 to today, how have the overall social and economic conditions in Frederick County changed for each of the age and family groups below?

|   | Much Worse            | Worse                 | About the Same        | Better                | Much Better           | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Young, single adults 18-25 years old            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families with children under the age of 5       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families with children in school grades K-12    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Middle aged adults with no children to care for | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior citizens 65 years and older              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families caring for senior citizens             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Comparing 2013 to today, how have the overall social and economic conditions in Frederick County changed for each of the groups below?

|   | Much Worse            | Worse                 | About the Same        | Better                | Much Better           | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Frederick City residents  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rural/small town residents of the County                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Long-term residents (multiple generations in the County)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Newer residents (1st generation in the County)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults who live and work in Frederick County                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults who live in Frederick County and work outside the County (commuters) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. Comparing 2013 to today, how have the overall social and economic conditions in Frederick County changed for each of the diverse groups below?

|                                  | Much Worse            | Worse                 | About the Same        | Better                | Much Better           | Don't Know            |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Black/African-American residents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hispanic/Latino/a residents      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asian-American residents         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The LGBTQ community              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Persons with disabilities        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Projecting 10 years in the future, how will the overall social and economic conditions in Frederick County *change* for each of the age and family groups below?

|   | Much Worse            | Worse                 | About the Same        | Better                | Much Better           | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Young, single adults 18-25 years old            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families with children under the age of 5       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families with children in school grades K-12    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Middle aged adults with no children to care for | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior citizens 65 years and older              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families caring for senior citizens             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



## 2018 Frederick County Human Needs Assessment Report

14. Projecting 10 years in the future, how will the overall social and economic conditions in Frederick County *change* for each of the groups below?

|   | Much Worse            | Worse                 | About the Same        | Better                | Much Better           | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Frederick City residents  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rural/small town residents of the County                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Long-term residents (multiple generations in the County)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Newer residents (1st generation in the County)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults who live and work in Frederick County                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults who live in Frederick County and work outside the county (commuters) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Projecting 10 years in the future, how will the overall social and economic conditions in Frederick County *change* for each of the diverse groups below?

|                                  | Much Worse            | Worse                 | About the Same        | Better                | Much Better           | Don't Know            |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Black/African-American residents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hispanic/Latino/a residents      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asian-American residents         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The LGBTQ community              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Persons with disabilities        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Education. Rank each level of education in terms of the priority it should be given over the next 10 years to improve the quality of life in Frederick County. Rank 1 = highest, 6 = lowest.

|                      |   |
|----------------------|---|
| <input type="text"/> | Pre-school/Pre-K                                      |
| <input type="text"/> | Public schools (K-12)                                 |
| <input type="text"/> | Private schools (K-12)                                |
| <input type="text"/> | Vocational job training - Workers 18-25 years old     |
| <input type="text"/> | Vocational job training/re-training - Workers over 25 |
| <input type="text"/> | Community college                                     |

17. Community amenities. Rank each amenity in terms of the priority it should be given over the next 10 years to improve the quality of life in Frederick County. Rank 1 = highest, 6 = lowest.

|                      |   |
|----------------------|---|
| <input type="text"/> | Cultural/arts programs and institutions   |
| <input type="text"/> | Parks and recreational fields   |
| <input type="text"/> | After school programs for children in grades K-8  |
| <input type="text"/> | After school programs for high school   |
| <input type="text"/> | Youth activities including sports teams and non-sports clubs (e.g., Boy Scouts, Girl Scouts, Boys and Girls Club) |
| <input type="text"/> | Cultural/social activities specifically for senior citizens   |

18. Social services. Rank each service in terms of the priority it should be given over the next 10 years to improve the quality of life in Frederick County. Rank 1 = highest, 6 = lowest.

|                      |  |
|----------------------|--|
| <input type="text"/> | Services for senior citizens   |
| <input type="text"/> | Services for low income workers / low income families                        |
| <input type="text"/> | Services related to substance abuse / alcoholism                             |
| <input type="text"/> | Services related to assisting new immigrants                                 |
| <input type="text"/> | Services related to disabilities   |
| <input type="text"/> | Services related to adverse childhood experiences (such as abuse or neglect) |

19. Comments on human needs in Frederick County.

|              |
|--------------|
| <br><br><br> |
|--------------|

20. Prior participation in the Human Needs Assessment: Have you participated in any other activities associated with the 2018 Human Needs Assessment such as an interview or a focus group?

- ☐ No
- ☐ Yes

## Appendix E: Summary of Survey Results

| 1. Your history in Frederick County.                       |                |           |     |
|--|----------------|-----------|-----|
| Answer Choices   | Average Number | Responses |     |
| Your current age (round to nearest year)                   | 58.97          | 100.00%   | 306 |
| How many total years have you resided in Frederick County? | 41.79          | 99.67%    | 305 |
| How many total years have you worked in Frederick County?  | 16.66          | 98.37%    | 301 |
| Answered   |                |           | 306 |
| Skipped  |                |           | 3   |

| 2. Growing up and parenting in Frederick County.                                       |        |     |        |     |       |
|--|--------|-----|--------|-----|-------|
|  | Yes    |     | No     |     | Total |
| Did you grow up entirely or mostly in Frederick County?                                | 28.85% | 88  | 71.15% | 217 | 305   |
| Did you ever, or are you now, raising children in Frederick County?                    | 62.95% | 192 | 37.05% | 113 | 305   |
| Do you currently have children under age 5 who you are raising in Frederick County?    | 8.25%  | 25  | 91.75% | 278 | 303   |
| Do you currently have children in grades K-12 who you are raising in Frederick County? | 26.14% | 80  | 73.86% | 226 | 306   |
| Answered   |        |     |        |     | 306   |
| Skipped  |        |     |        |     | 3     |

| 3. Location of current residence. Please select the option that best locates your current residence.            |           |     |
|---|-----------|-----|
| Answer Choices  | Responses |     |
| Outside of Frederick County   | 14.38%    | 44  |
| City of Frederick   | 36.60%    | 112 |
| Northern Frederick County (Emmitsburg, Sabillasville, Thurmont, Walkersville, Woodsboro, and surrounding areas) | 15.03%    | 46  |
| Southern Frederick County (Adamstown, Brunswick, Buckeystown, Jefferson, Urbana, and surrounding areas)         | 12.42%    | 38  |
| Eastern Frederick County (Ijamsville, Libertytown, Mount Airy, New Market, Union Bridge and surrounding areas)  | 11.44%    | 35  |
| Western Frederick County (Braddock Heights, Myersville, Middletown, Wolfsville, and surrounding areas)          | 10.13%    | 31  |
| Answered  |           | 306 |
| Skipped   |           | 3   |

| <b>4. Location of current workplace. Please select the option that best locates your current place of work.</b> |                  |            |
|---|------------------|------------|
| <b>Answer Choices</b>   | <b>Responses</b> |            |
| Not employed at this time   | 11.07%           | 34         |
| Outside of Frederick County   | 5.21%            | 16         |
| City of Frederick   | 70.36%           | 216        |
| Northern Frederick County (Emmitsburg, Sabillasville, Thurmont, Walkersville, Woodsboro, and surrounding areas) | 2.61%            | 8          |
| Southern Frederick County (Adamstown, Brunswick, Buckeystown, Jefferson, Urbana, and surrounding areas)         | 2.61%            | 8          |
| Eastern Frederick County (Ijamsville, Libertytown, Mount Airy, New Market, Union Bridge and surrounding areas)  | 2.61%            | 8          |
| Western Frederick County (Braddock Heights, Myersville, Middletown, Wolfsville, and surrounding areas)          | 0.65%            | 2          |
| All over the county - multiple locations  | 4.89%            | 15         |
| <b>Answered</b>   |                  | <b>307</b> |
| <b>Skipped</b>  |                  | <b>2</b>   |

| <b>5. Current work sector. Please select the sector in which you currently are employed. If you work in multiple sectors, select your primary sector.</b> |                  |            |
|---|------------------|------------|
| <b>Answer Choices</b>   | <b>Responses</b> |            |
| Not currently employed.   | 8.85%            | 27         |
| Nonprofit - social services   | 21.97%           | 67         |
| Nonprofit - religious organization/church   | 1.97%            | 6          |
| Nonprofit - civic organization or association   | 2.62%            | 8          |
| Nonprofit - other than above  | 14.43%           | 44         |
| Government/public sector - all levels   | 25.57%           | 78         |
| Military/Armed Forces   | 0.33%            | 1          |
| Private sector/business - any including government contractors  | 15.74%           | 48         |
| Other (please specify)  | 8.52%            | 26         |
| <b>Answered</b>   |                  | <b>305</b> |
| <b>Skipped</b>  |                  | <b>4</b>   |

| <b>6. Level of work responsibility.</b> |                  |            |
|---|------------------|------------|
| <b>Answer Choices</b>                   | <b>Responses</b> |            |
| Not currently employed                  | 8.91%            | 27         |
| Entry level                             | 11.55%           | 35         |
| Mid-level management                    | 32.01%           | 97         |
| Senior management                       | 17.49%           | 53         |
| Executive                               | 15.18%           | 46         |
| Other (please specify)                  | 14.85%           | 45         |
| <b>Answered</b>                         |                  | <b>303</b> |
| <b>Skipped</b>                          |                  | <b>6</b>   |

| 7. Diversity: Please check all of the options that apply to you. |           |     |
|--|-----------|-----|
| Answer Choices   | Responses |     |
| Identify as White/Caucasian                                      | 89.80%    | 273 |
| Identify as Black/African-American                               | 8.55%     | 26  |
| Identify as Asian-American                                       | 1.32%     | 4   |
| Identify as Hispanic/Latino/a                                    | 1.97%     | 6   |
| Identify as Native American                                      | 0.33%     | 1   |
| Identify as a person with a disability                           | 0.66%     | 2   |
| Identify as LGBTQ  | 4.93%     | 15  |
| Family recently immigrated to the U.S. (1st or 2nd generation)   | 2.63%     | 8   |
| Answered   |           | 304 |
| Skipped  |           | 5   |

| 8. Gender: Please select the option you prefer. |           |     |
|---|-----------|-----|
| Answer Choices                                  | Responses |     |
| Female  | 75.99%    | 231 |
| Male  | 23.36%    | 71  |
| Something else                                  | 0.66%     | 2   |
| Answered  |           | 304 |
| Skipped   |           | 5   |

| 9. What is the highest level of education you have completed? |           |     |
|---|-----------|-----|
| Answer Choices  | Responses |     |
| Did not graduate from high school                             | 0.00%     | 0   |
| Graduated from high school or GED                             | 1.62%     | 5   |
| Post-high school vocational education                         | 0.65%     | 2   |
| Some college but no degree                                    | 7.77%     | 24  |
| Associates degree   | 6.15%     | 19  |
| Bachelor's degree   | 38.19%    | 118 |
| Post-graduate degree (master's or above)                      | 45.63%    | 141 |
| Answered  |           | 309 |
| Skipped   |           | 0   |

| 10. Comparing 2013 to today, how have the overall social and economic conditions in Frederick County changed for each of the age and family groups below? |            |        |                |        |             |            |       |
|---|------------|--------|----------------|--------|-------------|------------|-------|
|   | Much Worse | Worse  | About the Same | Better | Much Better | Don't Know | Total |
| Young, single adults 18-25 years old  | 3.20%      | 29.54% | 19.57%         | 22.78% | 4.27%       | 20.64%     |       |
|   | 9          | 83     | 55             | 64     | 12          | 58         | 281   |
| Families with children under the age of 5   | 2.87%      | 24.01% | 24.01%         | 18.64% | 3.58%       | 26.88%     |       |
|   | 8          | 67     | 67             | 52     | 10          | 75         | 279   |
| Families with children in school grades K-12  | 1.79%      | 25.45% | 26.88%         | 16.49% | 5.02%       | 24.37%     |       |
|   | 5          | 71     | 75             | 46     | 14          | 68         | 279   |
| Middle aged adults with no children to care for   | 1.81%      | 9.75%  | 36.82%         | 20.58% | 11.19%      | 19.86%     |       |
|   | 5          | 27     | 102            | 57     | 31          | 55         | 277   |
| Senior citizens 65 years and older  | 7.14%      | 22.50% | 29.29%         | 12.86% | 5.36%       | 22.86%     |       |
|   | 20         | 63     | 82             | 36     | 15          | 64         | 280   |
| Families caring for senior citizens   | 6.83%      | 23.74% | 25.54%         | 10.43% | 3.60%       | 29.86%     |       |
|   | 19         | 66     | 71             | 29     | 10          | 83         | 278   |
| Answered  |            |        |                |        |             |            | 283   |
| Skipped   |            |        |                |        |             |            | 26    |

| 11. Comparing 2013 to today, how have the overall social and economic conditions in Frederick County changed for each of the groups below? |            |        |                |        |             |            |       |
|--|------------|--------|----------------|--------|-------------|------------|-------|
|  | Much Worse | Worse  | About the Same | Better | Much Better | Don't Know | Total |
| Frederick City residents   | 1.42%      | 18.86% | 29.18%         | 23.84% | 6.05%       | 20.64%     |       |
|  | 4          | 53     | 82             | 67     | 17          | 58         | 281   |
| Rural/small town residents of the County   | 2.50%      | 23.93% | 35.00%         | 12.14% | 2.86%       | 23.57%     |       |
|  | 7          | 67     | 98             | 34     | 8           | 66         | 280   |
| Long-term residents (multiple generations in the County)   | 2.14%      | 16.79% | 34.64%         | 12.86% | 3.93%       | 29.64%     |       |
|  | 6          | 47     | 97             | 36     | 11          | 83         | 280   |
| Newer residents (1st generation in the County)   | 1.77%      | 13.83% | 26.60%         | 24.82% | 4.61%       | 28.37%     |       |
|  | 5          | 39     | 75             | 70     | 13          | 80         | 282   |
| Adults who live and work in Frederick County   | 2.13%      | 17.73% | 35.11%         | 28.01% | 3.90%       | 13.12%     |       |
|  | 6          | 50     | 99             | 79     | 11          | 37         | 282   |
| Adults who live in Frederick County and work outside the County (commuters)  | 4.95%      | 21.55% | 26.86%         | 16.96% | 4.24%       | 25.44%     |       |
|  | 14         | 61     | 76             | 48     | 12          | 72         | 283   |
| Answered   |            |        |                |        |             |            | 286   |
| Skipped  |            |        |                |        |             |            | 23    |



| <b>12. Comparing 2013 to today, how have the overall social and economic conditions in Frederick County changed for each of the diverse groups below?</b> |                   |              |                       |               |                    |                   |              |
|---|-------------------|--------------|-----------------------|---------------|--------------------|-------------------|--------------|
|   | <b>Much Worse</b> | <b>Worse</b> | <b>About the Same</b> | <b>Better</b> | <b>Much Better</b> | <b>Don't Know</b> | <b>Total</b> |
| Black/African-American residents  | 3.21%             | 17.86%       | 27.86%                | 15.36%        | 1.79%              | 33.93%            |              |
|   | 9                 | 50           | 78                    | 43            | 5                  | 95                | 280          |
| Hispanic/Latino/a residents   | 9.29%             | 26.07%       | 13.93%                | 17.50%        | 2.14%              | 31.07%            |              |
|   | 26                | 73           | 39                    | 49            | 6                  | 87                | 280          |
| Asian-American residents  | 1.44%             | 7.55%        | 29.50%                | 19.42%        | 2.88%              | 39.21%            |              |
|   | 4                 | 21           | 82                    | 54            | 8                  | 109               | 278          |
| The LGBTQ community   | 2.14%             | 7.12%        | 10.68%                | 46.62%        | 6.41%              | 27.05%            |              |
|   | 6                 | 20           | 30                    | 131           | 18                 | 76                | 281          |
| Persons with disabilities   | 1.79%             | 10.71%       | 26.43%                | 25.36%        | 2.50%              | 33.21%            |              |
|   | 5                 | 30           | 74                    | 71            | 7                  | 93                | 280          |
| <b>Answered</b>   |                   |              |                       |               |                    |                   | <b>281</b>   |
| <b>Skipped</b>  |                   |              |                       |               |                    |                   | <b>28</b>    |

| <b>13. Projecting 10 years in the future, how will the overall social and economic conditions in Frederick County change for each of the age and family groups below?</b> |                   |              |                       |               |                    |                   |              |
|---|-------------------|--------------|-----------------------|---------------|--------------------|-------------------|--------------|
|   | <b>Much Worse</b> | <b>Worse</b> | <b>About the Same</b> | <b>Better</b> | <b>Much Better</b> | <b>Don't Know</b> | <b>Total</b> |
| Young, single adults 18-25 years old  | 3.73%             | 18.66%       | 20.15%                | 32.84%        | 5.97%              | 18.66%            |              |
|   | 10                | 50           | 54                    | 88            | 16                 | 50                | 268          |
| Families with children under the age of 5   | 4.10%             | 16.79%       | 20.15%                | 29.10%        | 6.72%              | 23.13%            |              |
|   | 11                | 45           | 54                    | 78            | 18                 | 62                | 268          |
| Families with children in school grades K-12  | 2.97%             | 17.84%       | 23.42%                | 27.14%        | 5.95%              | 22.68%            |              |
|   | 8                 | 48           | 63                    | 73            | 16                 | 61                | 269          |
| Middle aged adults with no children to care for   | 1.12%             | 9.33%        | 33.96%                | 25.37%        | 9.33%              | 20.90%            |              |
|   | 3                 | 25           | 91                    | 68            | 25                 | 56                | 268          |
| Senior citizens 65 years and older  | 6.34%             | 19.40%       | 21.27%                | 26.12%        | 7.09%              | 19.78%            |              |
|   | 17                | 52           | 57                    | 70            | 19                 | 53                | 268          |
| Families caring for senior citizens   | 5.62%             | 20.60%       | 22.47%                | 23.60%        | 4.87%              | 22.85%            |              |
|   | 15                | 55           | 60                    | 63            | 13                 | 61                | 267          |
| <b>Answered</b>   |                   |              |                       |               |                    |                   | <b>269</b>   |
| <b>Skipped</b>  |                   |              |                       |               |                    |                   | <b>40</b>    |

| <b>14. Projecting 10 years in the future, how will the overall social and economic conditions in Frederick County change for each of the groups below?</b> |                   |              |                       |               |                    |                   |              |
|--|-------------------|--------------|-----------------------|---------------|--------------------|-------------------|--------------|
|  | <b>Much Worse</b> | <b>Worse</b> | <b>About the Same</b> | <b>Better</b> | <b>Much Better</b> | <b>Don't Know</b> | <b>Total</b> |
| Frederick City residents   | 2.24%             | 13.43%       | 29.85%                | 27.99%        | 8.21%              | 18.28%            |              |
|  | 6                 | 36           | 80                    | 75            | 22                 | 49                | 268          |
| Rural/small town residents of the County   | 3.72%             | 23.42%       | 27.14%                | 20.07%        | 4.09%              | 21.56%            |              |
|  | 10                | 63           | 73                    | 54            | 11                 | 58                | 269          |
| Long-term residents (multiple generations in the County)   | 2.62%             | 14.98%       | 32.21%                | 20.60%        | 5.24%              | 24.34%            |              |
|  | 7                 | 40           | 86                    | 55            | 14                 | 65                | 267          |
| Newer residents (1st generation in the County)   | 2.63%             | 10.15%       | 25.94%                | 33.08%        | 6.39%              | 21.80%            |              |
|  | 7                 | 27           | 69                    | 88            | 17                 | 58                | 266          |
| Adults who live and work in Frederick County   | 1.88%             | 11.65%       | 33.08%                | 30.45%        | 7.14%              | 15.79%            |              |
|  | 5                 | 31           | 88                    | 81            | 19                 | 42                | 266          |
| Adults who live in Frederick County and work outside the county (commuters)  | 7.28%             | 13.03%       | 27.20%                | 24.14%        | 4.98%              | 23.37%            |              |
|  | 19                | 34           | 71                    | 63            | 13                 | 61                | 261          |
| <b>Answered</b>  |                   |              |                       |               |                    |                   | <b>270</b>   |
| <b>Skipped</b>   |                   |              |                       |               |                    |                   | <b>39</b>    |

| <b>15. Projecting 10 years in the future, how will the overall social and economic conditions in Frederick County change for each of the diverse groups below?</b> |                   |              |                       |               |                    |                   |              |
|--|-------------------|--------------|-----------------------|---------------|--------------------|-------------------|--------------|
|  | <b>Much Worse</b> | <b>Worse</b> | <b>About the Same</b> | <b>Better</b> | <b>Much Better</b> | <b>Don't Know</b> | <b>Total</b> |
| Black/African-American residents   | 4.14%             | 11.28%       | 24.06%                | 24.06%        | 6.39%              | 30.08%            |              |
|  | 11                | 30           | 64                    | 64            | 17                 | 80                | 266          |
| Hispanic/Latino/a residents  | 5.28%             | 15.47%       | 20.00%                | 22.64%        | 7.92%              | 28.68%            |              |
|  | 14                | 41           | 53                    | 60            | 21                 | 76                | 265          |
| Asian-American residents   | 2.26%             | 6.42%        | 28.30%                | 23.77%        | 7.17%              | 32.08%            |              |
|  | 6                 | 17           | 75                    | 63            | 19                 | 85                | 265          |
| The LGBTQ community  | 2.63%             | 7.14%        | 18.05%                | 37.22%        | 9.77%              | 25.19%            |              |
|  | 7                 | 19           | 48                    | 99            | 26                 | 67                | 266          |
| Persons with disabilities  | 2.26%             | 7.52%        | 27.07%                | 25.94%        | 7.14%              | 30.08%            |              |
|  | 6                 | 20           | 72                    | 69            | 19                 | 80                | 266          |
| <b>Answered</b>  |                   |              |                       |               |                    |                   | <b>266</b>   |
| <b>Skipped</b>   |                   |              |                       |               |                    |                   | <b>43</b>    |

| <b>16. Education. Rank each level of education in terms of the priority it should be given over the next 10 years to improve the quality of life in Frederick County. Rank 1 = highest, 6 = lowest.</b> |        |        |        |        |        |        |            |
|---|--------|--------|--------|--------|--------|--------|------------|
|   | 1st    | 2nd    | 3rd    | 4th    | 5th    | 6th    | Total      |
| Pre-school/Pre-K  | 35.86% | 20.32% | 9.96%  | 10.36% | 18.33% | 5.18%  |            |
|   | 90     | 51     | 25     | 26     | 46     | 13     | 251        |
| Public schools (K-12)   | 34.78% | 30.83% | 12.25% | 14.23% | 5.14%  | 2.77%  |            |
|   | 88     | 78     | 31     | 36     | 13     | 7      | 253        |
| Private schools (K-12)  | 2.37%  | 1.98%  | 10.28% | 3.95%  | 11.07% | 70.36% |            |
|   | 6      | 5      | 26     | 10     | 28     | 178    | 253        |
| Vocational job training - Workers 18-25 years old   | 16.86% | 23.14% | 29.80% | 21.18% | 7.45%  | 1.57%  |            |
|   | 43     | 59     | 76     | 54     | 19     | 4      | 255        |
| Vocational job training/re-training - Workers over 25   | 5.08%  | 17.58% | 12.50% | 29.69% | 28.13% | 7.03%  |            |
|   | 13     | 45     | 32     | 76     | 72     | 18     | 256        |
| Community college   | 6.92%  | 6.54%  | 25.77% | 20.00% | 28.46% | 12.31% |            |
|   | 18     | 17     | 67     | 52     | 74     | 32     | 260        |
| <b>Answered</b>   |        |        |        |        |        |        | <b>263</b> |
| <b>Skipped</b>  |        |        |        |        |        |        | <b>46</b>  |

| <b>17. Community amenities. Rank each amenity in terms of the priority it should be given over the next 10 years to improve the quality of life in Frederick County. Rank 1 = highest, 6 = lowest.</b> |        |        |        |        |        |        |            |
|--|--------|--------|--------|--------|--------|--------|------------|
|  | 1st    | 2nd    | 3rd    | 4th    | 5th    | 6th    | Total      |
| Cultural/arts programs and institutions  | 15.94% | 10.36% | 7.57%  | 15.14% | 25.50% | 25.50% |            |
|  | 40     | 26     | 19     | 38     | 64     | 64     | 251        |
| Parks and recreational fields  | 9.84%  | 13.39% | 18.11% | 22.44% | 19.29% | 16.93% |            |
|  | 25     | 34     | 46     | 57     | 49     | 43     | 254        |
| After school programs grades K-8   | 47.62% | 13.49% | 17.46% | 12.70% | 6.75%  | 1.98%  |            |
|  | 120    | 34     | 44     | 32     | 17     | 5      | 252        |
| After school programs for high school  | 9.60%  | 36.40% | 15.20% | 15.20% | 13.20% | 10.40% |            |
|  | 24     | 91     | 38     | 38     | 33     | 26     | 250        |
| Youth activities including sports teams and non-sports clubs   | 12.89% | 16.80% | 28.91% | 15.23% | 14.45% | 11.72% |            |
|  | 33     | 43     | 74     | 39     | 37     | 30     | 256        |
| Cultural/social activities specifically for senior citizens  | 5.00%  | 10.38% | 13.08% | 19.23% | 20.00% | 32.31% |            |
|  | 13     | 27     | 34     | 50     | 52     | 84     | 260        |
| <b>Answered</b>  |        |        |        |        |        |        | <b>262</b> |
| <b>Skipped</b>   |        |        |        |        |        |        | <b>47</b>  |

| <b>18. Social services. Rank each service in terms of the priority it should be given over the next 10 years to improve the quality of life in Frederick County. Rank 1 = highest, 6 = lowest.</b> |        |        |        |        |        |        |       |
|--|--------|--------|--------|--------|--------|--------|-------|
|  | 1st    | 2nd    | 3rd    | 4th    | 5th    | 6th    | Total |
| Services for senior citizens   | 15.35% | 14.17% | 20.08% | 19.69% | 16.14% | 14.57% |       |
|  | 39     | 36     | 51     | 50     | 41     | 37     | 254   |
| Services for low income workers / low income families  | 26.00% | 25.20% | 19.60% | 14.80% | 12.00% | 2.40%  |       |
|  | 65     | 63     | 49     | 37     | 30     | 6      | 250   |
| Services related to substance abuse / alcoholism   | 16.67% | 18.65% | 21.03% | 20.63% | 13.10% | 9.92%  |       |
|  | 42     | 47     | 53     | 52     | 33     | 25     | 252   |
| Services related to assisting new immigrants   | 2.78%  | 7.94%  | 8.73%  | 14.29% | 23.41% | 42.86% |       |
|  | 7      | 20     | 22     | 36     | 59     | 108    | 252   |
| Services related to disabilities   | 3.97%  | 12.30% | 18.25% | 19.05% | 26.59% | 19.84% |       |
|  | 10     | 31     | 46     | 48     | 67     | 50     | 252   |
| Services related to adverse childhood experiences (such as abuse or neglect)   | 36.29% | 22.39% | 12.74% | 10.42% | 8.11%  | 10.04% |       |
|  | 94     | 58     | 33     | 27     | 21     | 26     | 259   |
| Answered   |        |        |        |        |        |        | 262   |
| Skipped  |        |        |        |        |        |        | 47    |

*Note: Question 19 asked for an open-ended response.*

| <b>20. Prior participation in the Human Needs Assessment: Have you participated in any other activities associated with the 2018 Human Needs Assessment such as an interview or a focus group?</b> |           |     |
|--|-----------|-----|
| Answer Choices   | Responses |     |
| No   | 81.15%    | 211 |
| Yes  | 18.85%    | 49  |
| Answered   |           | 260 |
| Skipped  |           | 49  |

## Appendix F: Characteristics of the Comparison Counties

| State                                    | CA            | IL       | MD           | MD           | MD           | NY           | VA             |
|--|---------------|----------|--------------|--------------|--------------|--------------|----------------|
| County                                   | Santa Barbara | McHenry  | Anne Arundel | Carroll      | Frederick    | Dutchess     | Chesterfield   |
| Nearby Major Pop Center                  | Los Angeles   | Chicago  | DC/Baltimore | DC/Baltimore | DC/Baltimore | New York, NY | Richmond/No Va |
| NYT Rank 2014                            | 94%           | 94%      | 94%          | 93%          | 98%          | 90%          | 95%            |
| NYT 2014 Median Inc                      | \$62,732      | \$77,325 | \$86,897     | \$83,155     | \$83,706     | \$71,508     | \$72,363       |
| NYT 2014 College Pct                     | 31.5%         | 32.5%    | 36.8%        | 31.9%        | 37.5%        | 32.5%        | 36.4%          |
| NYT 2014 Unemp Pct                       | 8.0%          | 8.4%     | 6.1%         | 6.2%         | 5.8%         | 7.9%         | 5.7%           |
| NYT 2014 Disability Pct                  | 0.7%          | 0.3%     | 0.7%         | 0.5%         | 0.5%         | 1.0%         | 0.8%           |
| NYT 2014 Life Exp                        | 81.2          | 79.9     | 79.0         | 79.2         | 80.2         | 79.9         | 79.6           |
| NYT 2014 Obesity Pct                     | 30%           | 33%      | 35%          | 36%          | 34%          | 33%          | 34%            |
| NYT 2018 Age of Mother at 1st Childbirth | 26.2          | 27.1     | 27.8         | 27.4         | 27.4         | 27.8         | 27.4           |
| Census Pop 2000                          | 399,347       | 260,077  | 489,656      | 150,897      | 195,277      | 280,150      | 259,903        |
| Census Pop 2010 April                    | 424,712       | 308,760  | 537,656      | 167,134      | 233,385      | 297,488      | 316,236        |
| Census Pop 2016 July                     | 446,170       | 307,004  | 568,346      | 167,656      | 247,591      | 294,473      | 339,009        |
| Census Pop Growth 2000-2016              | 11.72%        | 18.04%   | 16.07%       | 11.11%       | 26.79%       | 5.11%        | 30.44%         |
| Pop Growth 2010-2016                     | 5.05%         | -0.57%   | 5.71%        | 0.31%        | 6.09%        | -1.01%       | 7.20%          |
| Census Median Age                        | 33.6          | 39.7     | 38.0         | 43.2         | 39.3         | 41.8         | 39.2           |
| Census 2016 Pct 0-19                     | 27.3%         | 27.5%    | 25.0%        | 25.3%        | 26.5%        | 23.8%        | 27.4%          |
| Census 2016 Pct 20-29                    | 17.9%         | 11.1%    | 13.7%        | 11.4%        | 12.2%        | 13.4%        | 12.0%          |
| Census 2016 Pct 30-39                    | 12.2%         | 11.9%    | 13.6%        | 10.2%        | 12.2%        | 10.9%        | 12.6%          |
| Census 2016 Pct 40-49                    | 11.3%         | 15.5%    | 13.9%        | 15.0%        | 15.2%        | 14.0%        | 14.5%          |
| Census 2016 Pct 50-59                    | 12.0%         | 15.8%    | 14.7%        | 16.5%        | 15.4%        | 16.0%        | 14.7%          |

## Appendix F: Characteristics of the Comparison Counties

| County  | Santa Barbara | McHenry | Anne Arundel | Carroll | Frederick | Dutchess | Chesterfield |
|---|---------------|---------|--------------|---------|-----------|----------|--------------|
| Census 2016 Pct 60-69   | 9.5%          | 10.4%   | 10.7%        | 11.5%   | 10.2%     | 11.5%    | 11.1%        |
| Census 2016 Pct 70+   | 9.8%          | 7.8%    | 8.4%         | 10.1%   | 8.3%      | 10.4%    | 7.7%         |
| Census Poverty  | 15.9%         | 7.3%    | 6.9%         | 4.5%    | 7.2%      | 9.0%     | 7.0%         |
| Census Diversity  | 55.1%         | 18.3%   | 31.0%        | 8.8%    | 25.7%     | 28.7%    | 37.8%        |
| Sq Mi   | 3,789         | 611     | 588          | 453     | 667       | 825      | 437          |
| Pop/Sq Mi   | 118           | 502     | 967          | 370     | 371       | 357      | 776          |
| NACO Job Growth 2010-2016   | 13.00%        | 6.67%   | 14.16%       | 6.19%   | 8.85%     | 1.94%    | 15.04%       |
| NACO GDP Growth 2010-2016   | 13.33%        | 16.36%  | 18.52%       | 9.84%   | 6.98%     | 1.82%    | 11.50%       |
| NACO Median Home Price Growth 2010-2016   | 27.03%        | 33.65%  | 33.76%       | 41.43%  | 31.33%    | 11.30%   | 40.71%       |
| NACO (Trump-Clinton) Pct 2016   | -27.3%        | 8.0%    | -0.7%        | 36.9%   | 4.0%      | 1.1%     | 2.3%         |
| Comparisons from the Robert Wood Johnson Foundation's CountyHealthRankings.org: |               |         |              |         |           |          |              |
| Premature death   | 4,900         | 4,900   | 6,100        | 5,900   | 5,300     | 5,400    | 5,700        |
| Poor or fair health   | 18%           | 13%     | 11%          | 11%     | 12%       | 13%      | 14%          |
| Poor physical health days   | 3.8           | 3.4     | 3            | 2.9     | 2.9       | 3.3      | 3.3          |
| Poor mental health days   | 3.5           | 3.3     | 3.4          | 3.4     | 3.4       | 3.9      | 3.4          |
| Low birthweight   | 6%            | 7%      | 8%           | 6%      | 8%        | 7%       | 8%           |
| Adult smoking   | 11%           | 15%     | 13%          | 13%     | 13%       | 15%      | 13%          |
| Adult obesity   | 21%           | 29%     | 29%          | 29%     | 28%       | 24%      | 28%          |
| Food environment index  | 8.6           | 8.9     | 8.9          | 9.4     | 9.3       | 8.6      | 8.4          |
| Physical inactivity   | 16%           | 22%     | 21%          | 22%     | 21%       | 23%      | 22%          |
| Access to exercise opportunities  | 97%           | 94%     | 93%          | 89%     | 94%       | 83%      | 78%          |
| Excessive drinking  | 19%           | 23%     | 20%          | 18%     | 19%       | 18%      | 17%          |



## 2018 Frederick County Human Needs Assessment Report

| County                               | Santa Barbara | McHenry | Anne Arundel | Carroll | Frederick | Dutchess | Chesterfield |
|--------------------------------------|---------------|---------|--------------|---------|-----------|----------|--------------|
| Alcohol-impaired driving deaths      | 31%           | 39%     | 36%          | 30%     | 22%       | 32%      | 40%          |
| Sexually transmitted infections      | 520.8         | 205.3   | 312.6        | 193.1   | 234.3     | 305.8    | 390.4        |
| Teen births                          | 25            | 11      | 18           | 11      | 13        | 10       | 15           |
| Uninsured                            | 12%           | 6%      | 6%           | 4%      | 6%        | 6%       | 9%           |
| Primary care physicians              | 1,320:1       | 1,830:1 | 1,450:1      | 2,020:1 | 1,510:1   | 1,420:1  | 1,120:1      |
| Dentists                             | 1,270:1       | 1,670:1 | 1,480:1      | 1,710:1 | 1,460:1   | 1,400:1  | 1,360:1      |
| Mental health providers              | 220:1         | 630:1   | 650:1        | 570:1   | 540:1     | 390:1    | 750:1        |
| Preventable hospital stays           | 24            | 53      | 52           | 50      | 41        | 50       | 36           |
| Diabetes monitoring                  | 87%           | 87%     | 86%          | 88%     | 87%       | 87%      | 87%          |
| Mammography screening                | 66%           | 65%     | 61%          | 64%     | 59%       | 65%      | 68%          |
| High school graduation               | 88%           | 91%     | 88%          | 96%     | 93%       | 85%      | 88%          |
| Some college                         | 58%           | 71%     | 74%          | 70%     | 75%       | 68%      | 70%          |
| Unemployment                         | 5.00%         | 5.30%   | 3.70%        | 3.50%   | 3.70%     | 4.20%    | 3.80%        |
| Children in poverty                  | 16%           | 9%      | 9%           | 7%      | 7%        | 11%      | 9%           |
| Income inequality                    | 4.8           | 3.8     | 3.8          | 3.8     | 3.8       | 4.5      | 3.6          |
| Children in single-parent households | 31%           | 19%     | 27%          | 22%     | 25%       | 27%      | 29%          |
| Social associations                  | 7.8           | 6.4     | 8.3          | 9.2     | 10.5      | 7.6      | 8.8          |
| Violent crime                        | 333           | 93      | 460          | 202     | 254       | 213      | 128          |
| Injury deaths                        | 48            | 49      | 60           | 75      | 55        | 55       | 55           |
| Air pollution - particulate matter   | 8             | 11      | 10.5         | 11.1    | 11        | 8.6      | 9.3          |
| Drinking water violations            | Yes           | No      | Yes          | Yes     | Yes       | Yes      | No           |
| Severe housing problems              | 30%           | 16%     | 15%          | 13%     | 14%       | 21%      | 13%          |

## Appendix F: Characteristics of the Comparison Counties

| County  | Santa Barbara | McHenry  | Anne Arundel | Carroll | Frederick | Dutchess | Chesterfield |
|---|---------------|----------|--------------|---------|-----------|----------|--------------|
| Driving alone to work                             | 68%           | 82%      | 80%          | 85%     | 77%       | 76%      | 85%          |
| Long commute - driving alone                      | 18%           | 50%      | 45%          | 58%     | 48%       | 43%      | 38%          |
| Premature age-adjusted mortality                  | 240           | 270      | 310          | 300     | 280       | 270      | 290          |
| Child mortality                                   | 40            | 30       | 50           | 30      | 30        | 30       | 40           |
| Infant mortality                                  | 4             | 4        | 6            | 4       | 4         | 5        | 6            |
| Frequent physical distress                        | 12%           | 10%      | 9%           | 8%      | 9%        | 10%      | 10%          |
| Frequent mental distress                          | 11%           | 10%      | 10%          | 10%     | 10%       | 11%      | 10%          |
| Diabetes prevalence                               | 7%            | 11%      | 9%           | 10%     | 10%       | 9%       | 10%          |
| HIV prevalence                                    | 150           | 42       | 292          | 70      | 191       | 380      | 199          |
| Food insecurity                                   | 10%           | 7%       | 8%           | 6%      | 7%        | 9%       | 9%           |
| Limited access to healthy foods                   | 3%            | 7%       | 5%           | 3%      | 3%        | 6%       | 7%           |
| Drug overdose deaths                              | 15            | 15       | 28           | 27      | 25        | 20       | 14           |
| Drug overdose deaths - modeled                    | 16-17.9       | 14-15.9  | 20-21.9      | 20-21.9 | 12-13.9   | 8-11.9   | 12-13.9      |
| Motor vehicle crash deaths                        | 7             | 8        | 7            | 12      | 7         | 8        | 9            |
| Insufficient sleep                                | 27%           | 30%      | 35%          | 31%     | 34%       | 35%      | 38%          |
| Uninsured adults                                  | 15%           | 7%       | 7%           | 5%      | 7%        | 7%       | 11%          |
| Uninsured children                                | 4%            | 3%       | 4%           | 3%      | 4%        | 3%       | 4%           |
| Health care costs                                 | \$7,840       | \$10,253 | \$9,137      | \$9,310 | \$9,356   | \$9,352  | \$9,240      |
| Other primary care providers                      | 1,851:1       | 2,843:1  | 1,146:1      | 1,660:1 | 1,196:1   | 1,044:1  | 2,055:1      |
| Disconnected youth                                | 8%            | 10%      | 11%          | 8%      | 9%        | 11%      | 12%          |
| Children eligible for free or reduced-price lunch | 60%           | 28%      | 33%          | 20%     | 27%       | 34%      | 30%          |

## 2018 Frederick County Human Needs Assessment Report

| County                                    | Santa Barbara | McHenry | Anne Arundel | Carroll | Frederick | Dutchess | Chesterfield |
|---|---------------|---------|--------------|---------|-----------|----------|--------------|
| Residential segregation - black/white     | 46            | 51      | 47           | 44      | 47        | 52       | 37           |
| Residential segregation - non-white/white | 24            | 26      | 43           | 31      | 44        | 39       | 32           |
| Homicides                                 | 3             | 1       | 3            | 2       | 2         | 2        | 4            |
| Firearm fatalities                        | 7             | 5       | 7            | 8       | 7         | 6        | 12           |
| % not proficient in English               | 11%           | 2%      | 2%           | 1%      | 2%        | 2%       | 2%           |
| % Rural                                   | 5.00%         | 9.90%   | 5.30%        | 39.50%  | 25.20%    | 25.40%   | 5.90%        |

Additional notes about the sources for this table:

- The 2014 New York Times ranking of all counties in the United States is available online at <https://www.nytimes.com/2014/06/26/upshot/where-are-the-hardest-places-to-live-in-the-us.html>.
- A New York Times special report on how the age at first birth of the mother shapes socioeconomic destiny, from which data for such is listed above, is available online at <https://www.nytimes.com/interactive/2018/08/04/upshot/up-birth-age-gap.html>.
- The National Association of Counties (NACO) County Explorer, from which some of the data above is excerpted, is online at <https://explorer.naco.org/>.
- The Robert Wood Johnson Foundation offers its County Health Rankings online at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Appendix G:

### Notes on Federal Government Data Sources

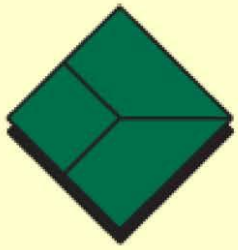
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*National Center for Education Statistics.* The National Center for Education Statistics (NCES) within the U.S. Department of Education collects a wide range of data about K-12 public and private schools in the U.S. The 2018 HNA project team acquired available NCES data for the year 2000 forward regarding expenditures on public schools in Frederick County and the six comparison counties. Frederick County and some of the comparison counties have unified (county-wide) school districts. Some of the comparison counties including Dutchess County, New York do not. To produce county-wide statistics for those instances, the project team acquired data for each school district within the county and then aggregated that data to produce the data reported. As of the publication of this report, NCES had yet to release comprehensive data for the 2014-2015 school year but had released data on the FARMs rate up through the 2015-2016 school year.

*U.S. Census/American Community Survey.* The American Community Survey (ACS) is a detailed questionnaire covering hundreds of topics that replaced the U.S. Census long form previously used every ten years as part of the decennial census. The long form went out of use after the year 2000 census. Starting in 2005, the U.S. Census has asked a sample of persons in every part of the U.S. to complete the ACS questionnaire every year, and then published the resulting data in three separate ways.

- 1-Year files report the results of just one year of ACS responses. Because of rules governing confidentiality, the U.S. Census requires a minimum number of responses within a geographic area before it will publish the 1-year data for that area. Most often there is 1-year data available at the county level but occasionally there is not. Data especially is not available when it would break down a factor by race, ethnicity and/or age group. In terms of trends, the 1-year data files are available from 2005 through 2017 as of the publication of this report.
- 3-year files estimate factors by combining together data from three consecutive years of ACS administration. The estimates are *not* averages but are computed as if the three years of data were collected simultaneously. This report does not make use of any 3-year files.
- Similarly, the 5-year files combine data for five consecutive years. The most stable and detailed estimates come in the 5-year ACS files because they combine so much data. For many factors, the first year that 5-year files are available is 2009, based on combining data collected from 2005 to 2009. The 2017 5-year ACS files, released in December 2018, present estimates based on combining data from 2013 to 2017. This report uses 5-year files when those are the best sources of county-level data for Frederick County and the six comparison counties.

This project uses 1-year data when possible to have the longest trends that are easily interpreted. The figures that report 5-year ACS data must be interpreted cautiously. The 2018 HNA project identified several crucial factors that are best examined using the 5-year ACS files. Some of the changes in estimates from one 5-year release to the next is the result of different samples being combined from different years of data collection. The best way to assess an overall trend when using the 5-year ACS files is to look at two data points that come from non-overlapping samples such as 2008-2012 and 2013-2017.



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