



GARRETT COUNTY
HEALTH DEPARTMENT

GARRETT COUNTY

Community

HEALTH ASSESSMENT

Garrett County, Maryland

1025 Memorial Drive, Oakland, Maryland 21550 | 301-334-7777 | garrettthealth.org



A TREMENDOUS Thank You To All Of Our Partners!

Garrett County Government, Mountain Laurel Medical Center, Garrett Regional Medical Center - WVU Medicine, Garrett County Community Action, Local Management Board, Behavioral Health Authority, Ruth Enlow Library, Garrett County Health Planning Council, + Many More Local Partners and Engaged Community Members!



OVERVIEW

Community is at the Core of Our Work

We each have ideas about what it means to be healthy and what we feel the most significant issues are for ourselves and the community we call home. As we open this document, we bring experiences from our childhood, our current income level, our relationship with the food that fuels us, our ties or lack of them to the community, our everyday challenges, and the joy we can garner from our environment.

We are in different places in our health journey, uniquely shaped to view the world around us with a lens that may look different than our neighbors. Here is our invitation to stay curious and open-minded as we explore the data presented to confront the challenges facing our community, taking into account the views of every person in Garrett County regardless of their color, familial status, national origin, disability, sex, marital status, sexual orientation, source of income, and gender identity. We are poised to respond together when data is shared across sectors equally, transparently, and in a way that ensures every voice is not only heard but represented.



Shelley Argabrite, M.A.
Health Strategist

John Corbin
Informatics Administrator

The Community Health Assessment contained on the following pages provides the most accurate information available to us at this point. This document is a summary of work that has continued since the first publication in 2016, followed by the 2019-2021 version. To view the previous iterations, visit mygarrettcountry.com under the **Community** tab. Please join our discussion by participating in the hundreds of action groups created by passionate people making a tapestry of health improvements. If you don't see what you're looking for, create your own on the site and become an active member of the community that you occupy. The United States National Forum on Information Literacy defines information literacy as "... the hyper ability to know when there is a need for information, to be able to identify, locate, evaluate, and effectively use that information for the issue or problem at hand." Our goal is to provide the best quality information available to our community, so they can intelligently and actively participate in the decisions that impact them.

The Population Health, Innovation & Informatics Unit within the Garrett County Health Department thanks the community members who participated by filling out the surveys and attending focus groups to provide the rich local data we depend on as we endeavor to make a meaningful difference in Garrett County. Additionally, please consider participating in our wellbeing initiatives to prevent and manage chronic diseases (still our #1 cause of death in Garrett County); view gogarrettcountry.com to learn more!

EXECUTIVE SUMMARY



2022 Garrett County Community Health Assessment

Community Health Assessments are a slice of time designed to be a natural starting place for the cycle of priorities in communities. This document provides the foundation to empower our community to make informed, data-driven decisions. The Population Health, Innovation & Informatics unit collected local data through surveys and in-depth focus groups to ensure we heard from as many people as possible. NACCHO's MAPP guidelines and documentation served as a guide in providing rigorous standards during our needs assessment process.

"Assessing our community is vital to understanding how we can better serve, layering the data that's available with our own primary sources creates a platform for responsive action."

- Robert Stephens, Garrett County Health Officer

We began collecting local data on March 18th and continued through June 17th, 2022. We conducted five focus groups and analyzed responses from 1,212 web-based and paper surveys completed by community members and agency stakeholders. We also evaluated secondary sources of information about our region and county-specific data. The assessment includes several social determinants of health that help to provide a complete picture of our population by looking at factors like employment, housing, and transportation.

The Health Planning Council, the Assessment Planning Committee, and many community members all played essential roles in pulling this information together for this report. As the Population Health, Innovation & Informatics unit within the Garrett County Health Department, this is our most significant labor of love! We are so pleased to publish this document and wish to convey gratitude to all those who took an interest and spent valuable time making this possible. This outstanding turnout of community participation on a primary data collection level enables us to develop robust and culturally informed improvement strategies based on statistically significant prioritization.



GARRETT COUNTY

Results

HEALTH ASSESSMENT

RESULTS

Thousands of Voices, One Vision

We must gather data to analyze and seek to understand the issues in our communities and how people perceive them.

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** refers to the first-hand data gathered by the researcher, is real-time, and is often collected first-hand through surveys and focus groups.
- **Secondary data** refers to data collected by someone else in the past for another entity and purpose.

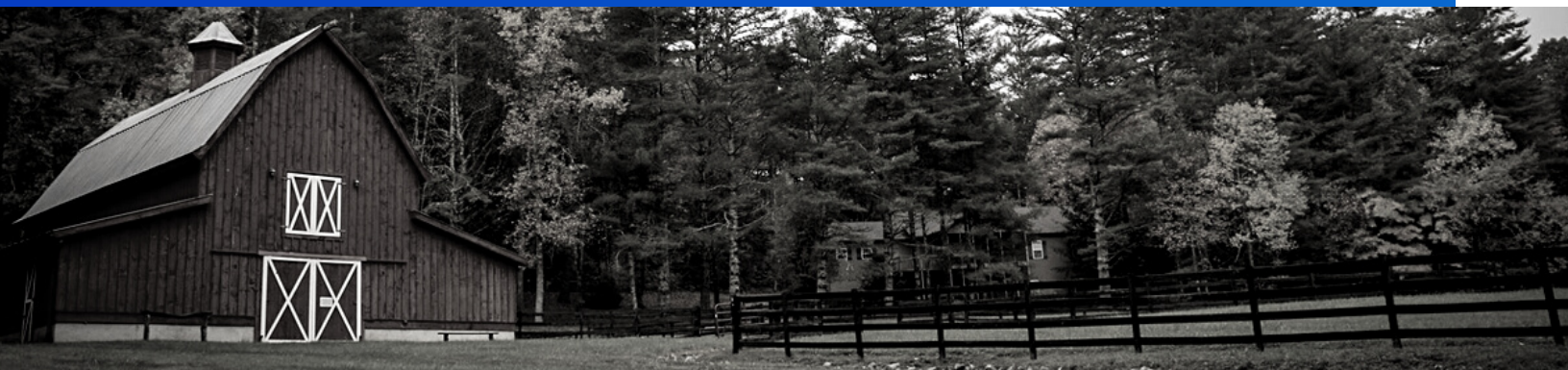
Balancing these data sources helps illustrate the complete picture of our community and its ever-evolving people, resources, and needs.

Immediately following are the aggregate results of our community prioritization survey conducted county-wide and regionally to collect primary data on community-driven need identification.

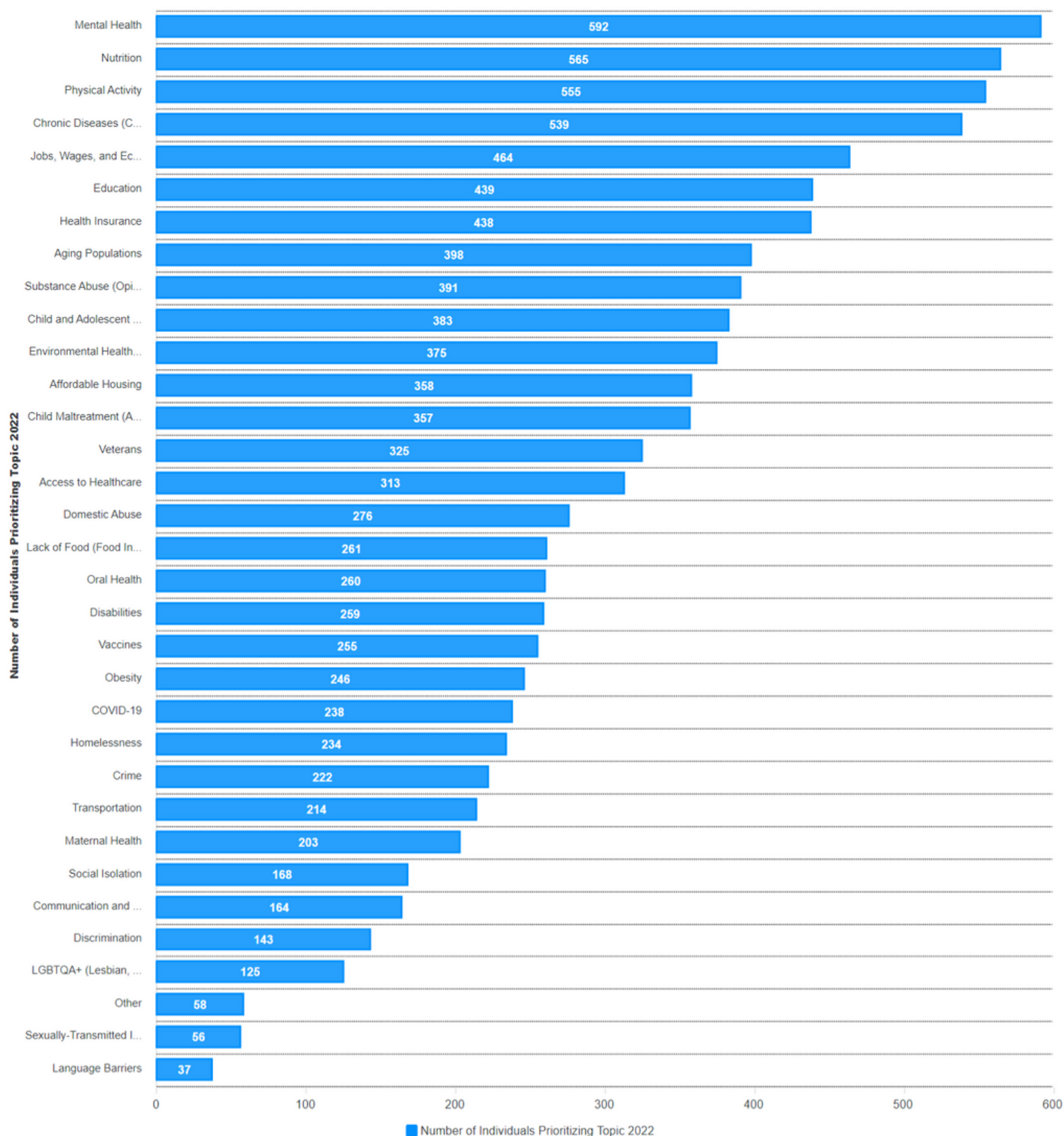
Additional primary data was collected through a series of focus groups. The qualitative data from all groups are summarized following the prioritization report.

<https://www.cdc.gov/publichealthgateway/cha/data.html>

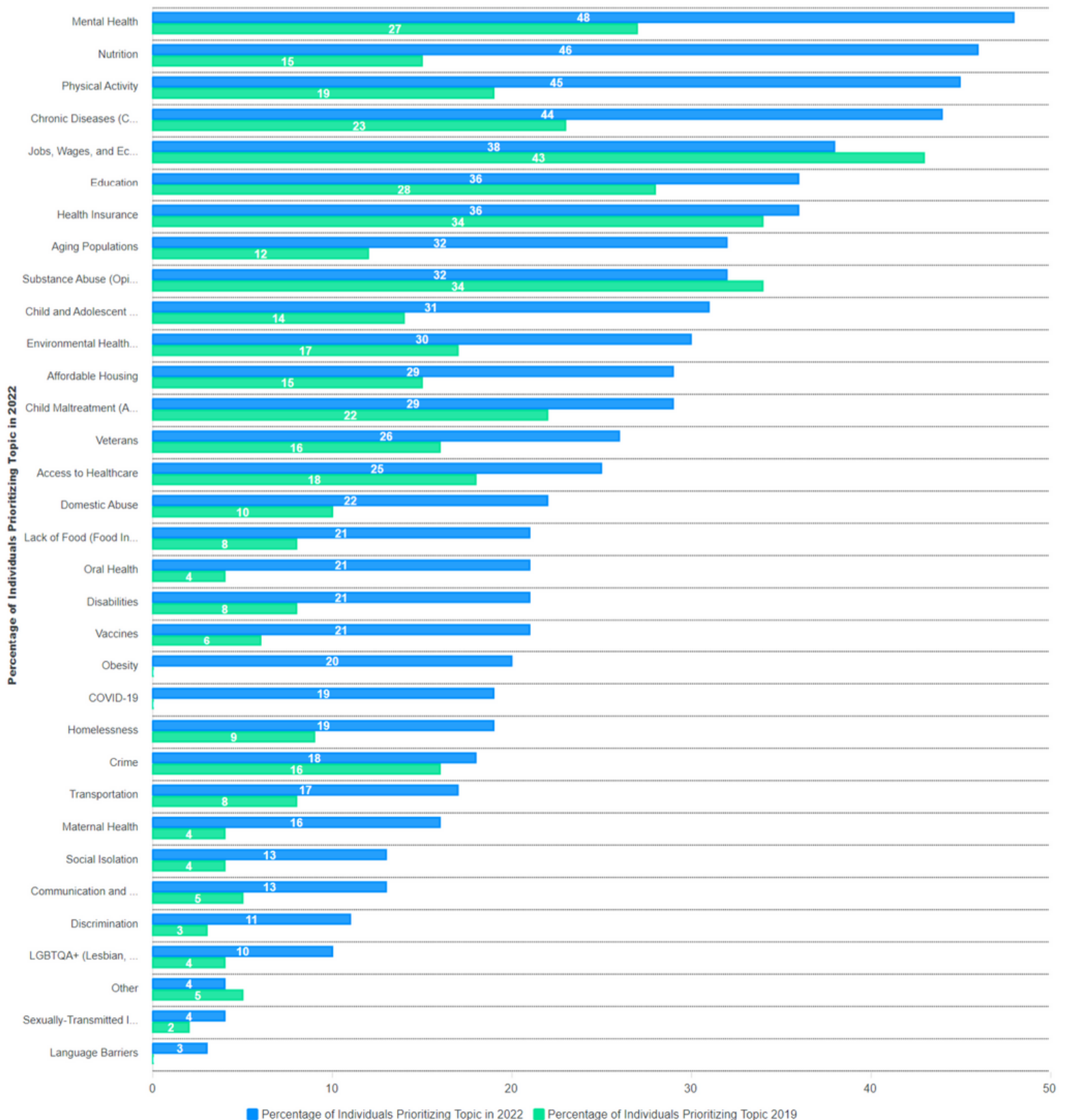
<https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research>



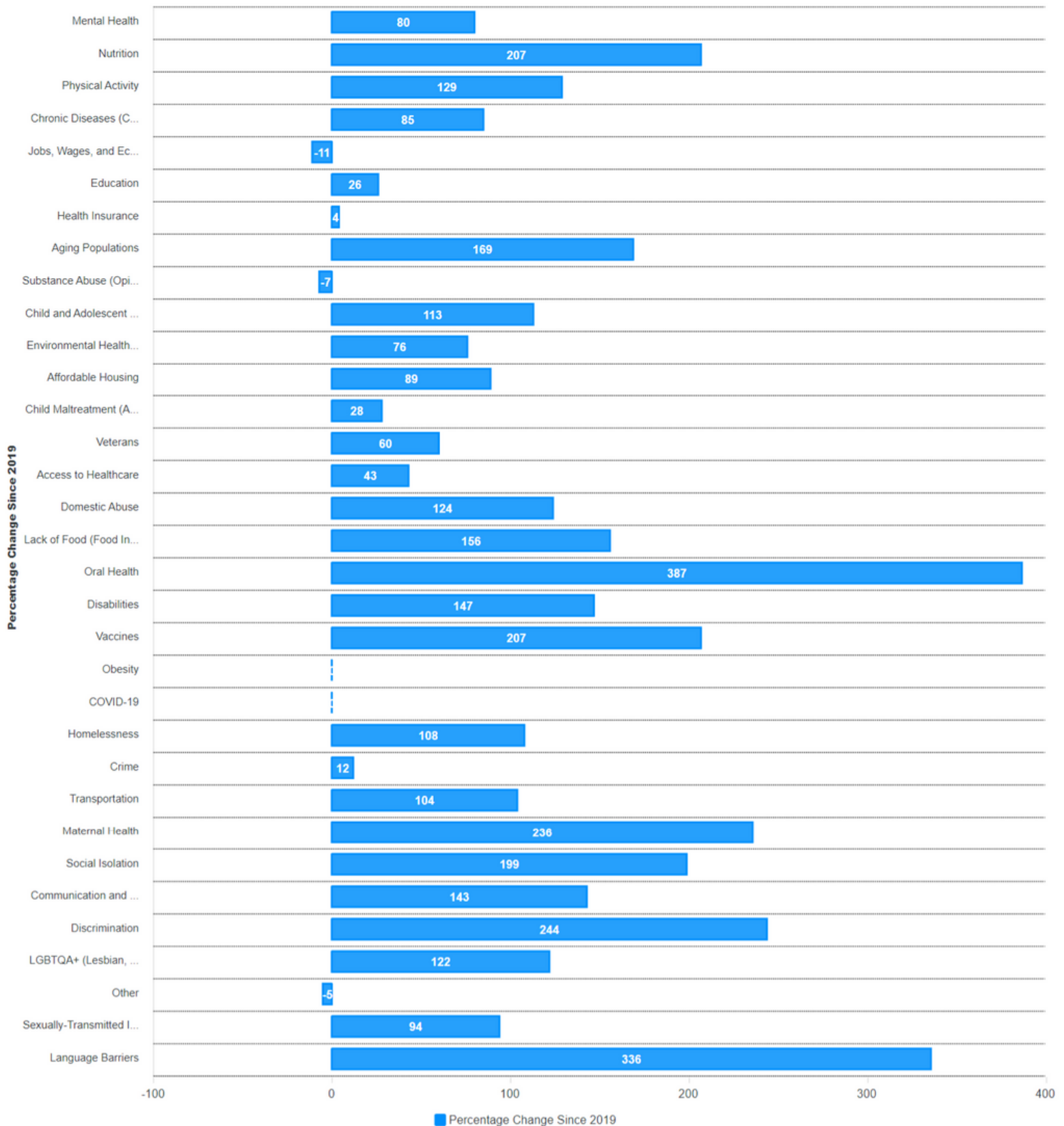
PRIMARY DATA SURVEY RESULTS



PRIORITIZATION COMPARISON TO 2019



PRIORITIZATION PERCENTAGE CHANGE



FOCUS GROUP ANALYSIS

Community Conversations Run Deeper

Focus groups were held in a guided conversation format about the top five issues people identified as their main concerns in our latest community prioritization survey. The top priority identified in the survey was **Mental Health**.

This priority and the themes central to **Mental Health** are synthesized from the focus groups and are consistent with the secondary data provided in this report. Mental Health ranked fifth three years ago, giving it an 80% increase to a first place ranking this year. Every conversation began with some form of the deterioration of mental health due to the COVID-19 pandemic, namely isolation, and fear. For those that had mental health issues before COVID-19, they were only exacerbated due to a lack of services. Consensus relating to increases in abuse of all forms was discussed and the need for healthy relationship training, and stress management techniques are needed. Traditional gender roles were referenced relating to mental health as men in our rural traditional community are perceived by many as the primary provider and reaching out for help is seen as a weakness, making it more difficult and in some cases unacceptable to seek treatment perpetuating generational dysfunction. Social determinants of health were layered in these discussions as compounding factors that contribute to mental health needs.

Since we began documenting in 2016, the majority still feel mental health services are insufficient, and despite high demand, the root of the problem is lack of access – or the ability to find care. Psychiatry is elusive and non-existent for youth, and tele-psych, though access improved for some, was reportedly still unreliable due to internet connection, billing, and insurance issues. Although there has been an effort to expand services in the area, many still feel it's difficult to receive proper treatment with waitlists that are several weeks out.

In several groups, people agreed that mental health was generally discussed more openly with less stigma. High-profile suicide cases in the media were examples as well as popular pop songs that send the message "that's it's okay not to be okay" were discussed. Youth represented in the focus groups suggested several solutions including making resources easier to find by meeting students where they are on platforms like Snapchat, TikTok, and Instagram. Texting services were also a popular solution as one student suggested, "that's how we communicate and we feel comfortable texting things that we may not be able to say out loud." Concerns for increased confidentiality in the middle and high school setting were posed as possible solutions because the procedures now don't offer as much privacy as they could to keep other students from realizing they are going for help. A crisis line was also spoken about in several groups, specifically the need for a consistent phone line that is responsive when someone is in need. The notion of struggling to fit in, or to belong was discussed in several groups. Favoritism and a "who you know" mentality seem to get a person closer to their goals, whether it's employment, or just acceptance into an existing group in Garrett County. The need for us to continue to find similarities as human beings and to approach people that have different backgrounds or experiences with respect is needed in this community.

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

Nutrition as a priority was ranked second. Three years ago it was ranked 14th - that's a 207% increase reported in consumer surveys. Discussions centered around food insecurities and a lack of adequate nutrition in common food choices. Certain shortages at the grocery stores during 2020 had a lasting impact on many. People were genuinely concerned about the future as it relates to food access. Senior citizens and younger school-aged children were the two groups referenced frequently as examples of groups suffering. These may be two of the most vulnerable demographics for hunger, and data may be difficult to obtain to delve deeper into this issue. Other themes discussed were challenges with our short growing season and not knowing what to do with fresh produce when there's an abundance. Barriers of expense and expertise to canning, freezing, and storing food were also discussed. Many felt they didn't have the time to eat healthy meals or prepare food. Simple recipes the whole family would enjoy was a common request in the focus groups. Meal planning and the idea of food as medicine were proposed as possible solutions to enhancing nutrition to save time. Another community member had the idea of hosting a "long table" where community members bring dishes and everyone tries something new and takes home the recipe. Farmer's co-ops and fresh markets, when in season, are accessible to some, but there are still gaps in remote communities, so expanding those programs could be helpful.

Physical Activity ranked third, up from eighth place three years ago at a 129% increase on consumer surveys. Discussions centered around our environment as it relates to physical activity, with complete consensus surrounding the beauty of our area, with most enjoying all four seasons. For those who are adventurous, there are also opportunities on public lands and moderate to challenging trails in parks. But access is a massive issue for those who enjoy or require low intensity activities or have disabilities. Very few sidewalks or designated bike paths exist. Unless people are willing to take the risk of walking or riding on the roads, there are very few options for outdoor exercise. People talked about cost and safety as barriers to physical activity. Some felt state parks are expensive to utilize and full of tourists during the summer, making them a less desirable option. However, several town parks were mentioned as unsafe because of broken or outdated equipment and used drug needles left in play areas, according to focus group participants. Many felt that the ski resort and swimming pool are not priced for local wages, making it difficult to enjoy the amenities within the county. One community member said, "I'm not driving 27 miles to swim in the pool and then pay extra for classes after I join." Fitness classes and gym memberships are also expensive and lack childcare options. For the average working family in Garrett County, designated time for a physical activity routine for health is not the cultural norm. One community member said, "People are just getting by, with the demands of kids and sometimes working more than 40 hours a week, there isn't time left, and if there was, I'd be too tired." In every focus group, community members want more for kids to do and are concerned that they don't spend time outdoors and playing. Obesity was touched on, and concern seemed to be focused on childhood obesity. Many contributed the lack of physical activity to device use and internet connection. Solutions to the issues included more free things to do, community events, and fitness opportunities. Similar to the last report, community members want a YMCA type of center in the community close to home.

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

Chronic Diseases (Cancer, Heart Disease, Diabetes) are complex and varied. When asked, what is it like to live with a chronic disease in Garrett County, the responses included: lonely, difficult, complex, and expensive. To have an illness is to be mortal. But the kind of disease that lingers and alters our ability to live the life we want can only be understood by those that experience it. How we individually cope and manage our illness is one thing, but how equipped are we as a community? Most felt we were not equipped as a community, and the outcome when looking for help was bleak. What we heard was that the medical system as a whole is broken; it is so complex that the time it takes to try to navigate absorbs valuable time. Understanding the disease, referrals, specialists, medications, and insurance or lack thereof adds layers of confusion to living with the disease. The coordination of care is splintered, and unless you have some knowledge and are well enough to keep things organized, the medical system runs your life. For those with a support system that includes family and church, it is more manageable. But if you are alone, it can be overwhelming.

Lack of specialty care and transportation continue to be common problems, as well as health literacy. Assets like Cindy's Fund and the cancer center at Garrett Regional Medical Center were mentioned as helpful resources if you have cancer. But other chronic diseases like diabetes lack support. One community member relies on an online service and feels he could really benefit from seeing an endocrinologist, but we don't have one in Garrett County. A local diabetes class was mentioned but was unhelpful for this community member due to the extensive time commitment and the class being offered during the work day.

Jobs, Wages, and Economic Development continues to be a focus in Garrett County. Here's a quote that represents how the discussions around this issue began: *"Every few hundred yards you see a HELP WANTED sign, nobody wants to work!"*

These discussions took place on the heels of COVID-19 relief money in a variety of areas and provided us an opportunity to look at these issues from radically different viewpoints. We heard from business owners that are scaling back deliverables and limiting hours because they can not find enough staff to maintain what they were doing pre-COVID, or afford to do it with increases in wage requirements and the costs of workman's comp and insurance. Some employers are lowering requirements and offering increased wages. However, this causes another issue for many low-paid workers: *"The Cliff Effect"* - when a small increase in pay causes a sudden drop in public benefits. At this point, the low-wage earner has more expenses working than they do while unemployed or underemployed. It is considered by many to be the single greatest barrier to self-sufficiency. It leaves people hopeless and is very difficult to overcome. One community member shared that she could not accept a raise that her employer thought she deserved or to work more hours, because she would lose her apartment. Other issues discussed were the lack of affordable housing, lack of child care, lack of high-speed internet, and a lack of competitive job opportunities that allow people to progress from jobs to careers.

High-speed internet that is both available and affordable to the entire county continues to be a massive need. The consensus was broadly accepted as a solution. If high-speed internet was available in every area of the county (not just McHenry, according to focus group participants) it could support job growth and people being able to work remotely for larger employers and remain in the area (*via tele-work*). Some focus groups made the direct correlation between higher incomes and improved health outcomes, stating when you "have enough money, and a safe environment, the opportunity to live a healthier life is greater than those without."

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

Vocational Training in areas where students are taught a trade, in some cases including certification such as journeyman or welder, was discussed as opportunities we have in the area.

Vocational programs in high schools exist (*although sadly underfunded*) and provide the bridge for students to transition to Garrett College, where free tuition is still perceived as a benefit for students. Challenges remain for the student to earn a living wage on this pathway. A disheartened community member shared his experience, "Once all my courses were completed, my employer still considered me a laborer, and I don't get paid more for going to Garrett College. They won't allow me to learn more because they don't want to pay me for skilled labor, so I'm stuck, and I didn't know that when I started."

Solutions included a more integrated approach with instructors at all levels and employers, so students are taught the skills needed for the jobs that exist in Garrett County with employers willing to reward people who have both the skill and desire to learn skilled trades.

Affordable Housing is becoming more concerning with each iteration of the Garrett County Community Health Assessment, and this topic was repeatedly introduced by focus group participants, despite being the 12th most common response in the community survey. The question is really, "*affordable for who?*" Because affordable housing ranked 12th on the community survey, it was not initially part of the focus group process. However, the topic was raised by community members in various ways, for an extended period of time, *in every focus group*. Many community members discussed the high price of real estate. One young family has been looking for a small starter home for almost three years and states, "Mobile homes are listed occasionally in our price range, but we have not found any traditional single-family homes that don't need thousands of dollars of improvements to purchase." A call to examine local policies and create sustainable solutions was declared as an immediate and urgent need by focus group participants.



WHAT DO YOU LOVE ABOUT LIVING IN GARRETT COUNTY?

"NATURE"

"Volunteerism, working together for the greater good"

"We moved around a lot but out of all the places we have lived, we've lived here the longest and have found the natural resources enjoyable and we like knowing our neighbors"

"If you're plugged into services, they help you get all that's offered"

"Low crime compared to other areas"

"It's close-knit"

"I don't worry about sending my kids to school"

"I love the snow and that we have four distinct seasons"

"The community ties are strong"

"Outdoor recreation is abundant"

"People are pretty great"

"Sense of care and religious ideals"

"People want to help in this community."

WHAT DO YOU WISH YOU COULD CHANGE ABOUT GARRETT COUNTY?

"Too much fast food"

"More stuff to do, especially for young people"

"Affordable housing"

"Childcare, any childcare would be great"

"More Internet options"

"Better opportunities for a career"

"Adult daycare"

"Lower taxes"

"Better school system that teaches kids life skills"

"A sidewalk so I can drive my wheelchair to dollar general for food"

"Jobs that offer good pay and benefits"

"Cultural diversity"

"A strategic plan for Garrett County, especially as it relates to place-making issues"

"Mental health services for all ages"

"Make summer last longer"

"Lower prices for food, fuel, and fun"

EXTENDED TOOLS

Community Health Assessment Research Portal (CHArp) v2.1

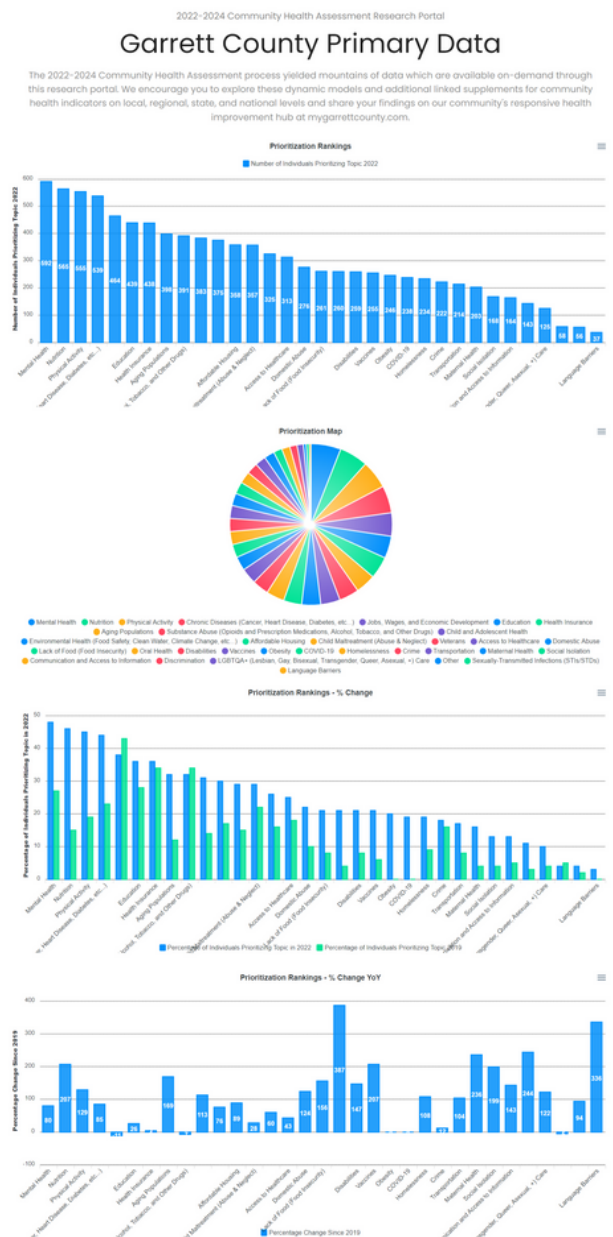
While the presence of narrative and thorough analysis of data is vital to guiding the community health improvement process, it is equally important to ensure that datasets and resources are accessible and interactive for end-users to draw their own conclusions. Thus, this cycle marks the second time that community stakeholders can explore a dynamic portal designed specifically for the assessment process to generate need reports, assess prioritization, and ensure that health equity is a concept central to all activities in and around population health in Garrett County, Maryland.

To this end, Garrett County has developed an open source research tool available at:

<https://charp.garrettcountyapps.com>

In addition to the easily accessible and interactive digital tools, charts, and maps available within the tool, each interactive element is mapped to a metadata resource for further analysis.

We greatly welcome your feedback on this updated application.



An informational sign for Garrett County, Maryland. At the top is a circular logo with a mountain, trees, and a bridge, surrounded by the text 'MOUNTAIN MARYLAND' and 'GATEWAY TO THE WEST GARRETT COUNTY'. Below the logo, the title 'MOUNTAIN MARYLAND GATEWAY TO THE WEST' is written in large, bold letters, followed by 'Garrett County, Maryland' in a script font. The sign features several sections with text and images. The 'Transportation' section mentions the National Road and the Cowles Bridge. The 'Historic Recreation' section describes the county's history and lists activities like hiking and fishing. The 'Man and Nature' section highlights the county's natural resources and lists parks and forests. The 'Gateway to the West' section discusses the county's role in the westward expansion. A person with a braid is seen from behind, looking at the sign.

MOUNTAIN MARYLAND GATEWAY TO THE WEST

Garrett County, Maryland

GARRETT COUNTY

Our Health

SECONDARY DATA MAPPING

OUR HEALTH

Secondary Data Background

In today's digital environment, data is more accessible than ever, and emerging innovations, such as the Garrett County Planning Tool (mygarrettcountry.com), present tremendous opportunities to better understand the constructs at work within our communities.

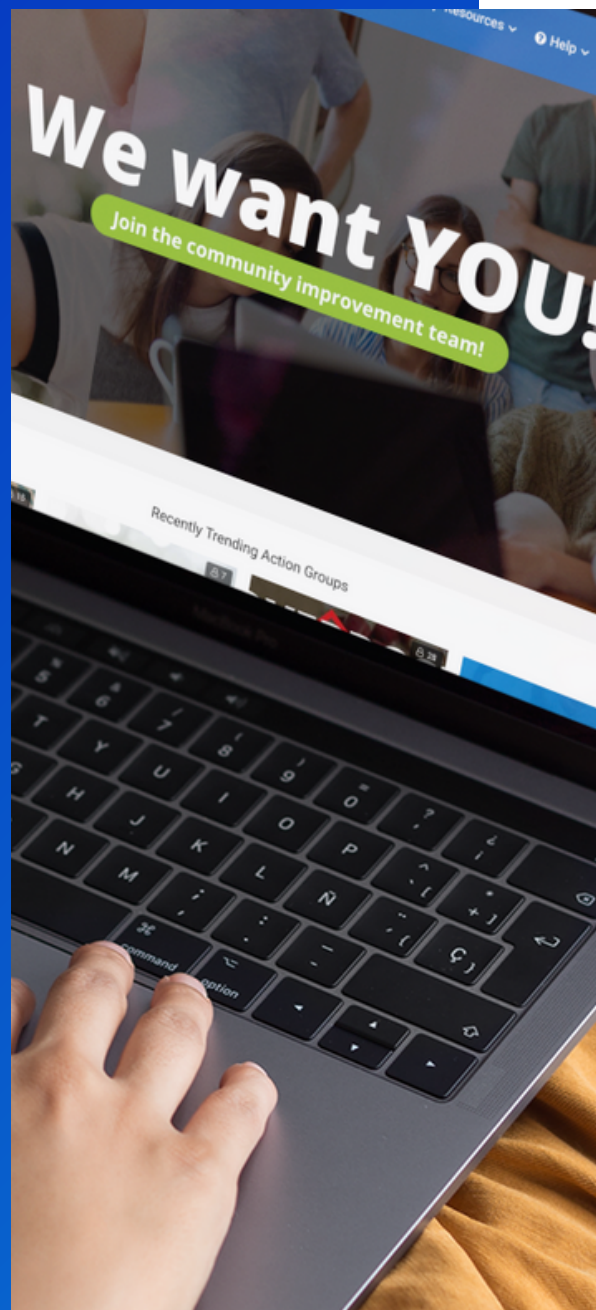
The supplemental datasets accompanying this document are assembled snapshots from a broad sweep of community, regional, state, and federal data warehouses, and are provided for reference. These resources are designed to be investigative prompts, rather than exhaustive datasets.

Many of these reports and datasets were aggregated from numerous sources, and often, compared across state and regional boundaries to better illuminate the disparities that exist within different data frames. This means that some data may not be an exact match, and further analysis may be needed to flush out the differences in reporting across jurisdictions (i.e.; broadband access matches, Maryland vs. West Virginia vs. federal reporting, et cetera) .

All information, data, tools, and materials contained within this report are provided without warranty. While every attempt was made to verify data throughout the process, many datasets, archives, and agencies sourced throughout are still striving to improve data quality and consistency in reporting.

The reports that follow were assembled with resources from secondary sources, and should not be considered conclusive or valid, nor interpreted for use, without reconciliation and verification outside of the discussion and supplements within this document. This report is an ongoing endeavor to reconcile these datasets, and results/data points may evolve or change over time, or as additional information becomes available.

Verification and further research are vital to ensuring that data provides transparency and promotes the most effective and efficient courses of action for community health improvement.



GARRETT COUNTY Resources

HEALTH ASSESSMENT