GARRETT COUNTY HEALTH DEPARTMENT

GARRETT COUNTY Community HEALTH ASSESSMENT

Garrett County, Maryland

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

"Coming together is a beginning, staying together is progress, and working together is success."

- Henry Ford, member of "The Vagabonds," and camper at Swallow Falls

Key Partners

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

Photos by Luke Mongrain, John Corbin, Canva, and Pexels

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, or 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, MA

Director of Population Health, Innovation, & Informatics, County Health Strategist, & Accreditation Coordinator

John Corbin, BS, CPT, MCPT, CSNC

Communications, Data Science, and Informatics Administrator
Public Information Officer | Health Equity Coordinator

GARRETT COUNTY
HEALTH DEPARTMENT

EXECUTIVE SUMMARY

Garrett County Community Health Needs Assessment (CHNA)

Community Health Needs Assessments (CHNAs) 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 at the Garrett County Health Department collected local data through surveys and in-depth focus groups to ensure we heard from as many people as possible. NACCHO's MAPP process and documentation serve as guides in providing rigorous standards that shape the structure of this snapshot in time of our community's story.

> **"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 to improve health outcomes."**
>
> *- Jennifer Hare, Garrett County Health Officer*

We began collecting local data on April 6th and continued through September 16th, 2024. We conducted **seven focus groups** and analyzed regional responses from **1,513 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 stakeholders 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 body of work! 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 wherever possible.

PROCESS & GROWTH

A Look Back…

A Community Health Needs Assessment (CHNA) is a comprehensive collection of data sources that help determine a community's health status. Before 2015, local agencies conducted variations of health assessments independently and through limited collaborations. These prior assessments often engaged less than one-half of one percent of the total population and were frequently driven by homogenous representatives within the healthcare field. Several drivers of change ushered in a new era of collaboration that led to the current process and partnerships. The hospital hired a new CEO, Mark Boucut, and got a new name, Garrett Regional Medical Center (GRMC). The Patient Protection and Affordable Care Act (ACA) of 2010 required hospitals to conduct a CHNA every three years with community partners. At the same time, the Garrett County Health Department (GCHD) began initial and voluntary accreditation through the Public Health Accreditation Board and also needed a robust CHNA to meet initial accreditation standards.

In 2015, Health Officer Rodney Glotfelty had the vision to create a new position within the GCHD to lead the CHNA as a community process. Shelley Argabrite began her new role as a health planner in April 2015 and worked closely with GRMC to ensure compliance with federal regulations, employing the highest public health standards, empowering community members, and working across agencies in the process.

In her role, Argabrite pioneered a digital concept called Healthy Mountain Maryland to promote agency transparency and increase community engagement. Garrett County stakeholders worked together to gather baseline data and build health improvement strategies while ensuring that community members had a voice in the planning decisions that impacted them. This emerging collaboration used the data collected to drive strategic planning and intentionally began improving equity in community processes and plans.

The goal was achieved, and the first CHNA in the modern cycle was published in 2016. The GCHD became nationally accredited, and the federal regulations were met for GRMC and our federally qualified health center, Mountian Laurel Medical Center (MLMC) in the process.

Increasing investments were made in the next iteration of the CHNA. A permanent budget was established within the GCHD, and critical staff joined the effort. An informatician, John Corbin, brought technical expertise and his marketing background to take engagement efforts to another level. Together, Argabrite and Corbin created the open source platform called the Garrett County Planning Tool (found at MyGarrettCounty.com), which became a national model practice for transparency and community engagement. Argabrite's role expanded to become the *Health Strategist* for Garrett County and the director of a new unit called Population Health, Innovation, and Informatics within the GCHD.

With a large influx of competitive grant dollars awarded by the Robert Wood Johnson Foundation, this team was charged with helping communities across the country replicate the Garrett County Planning Tool to fit their needs. Washington, D.C., Clackamas County, Oregon, and several others, including our neighboring Allegany County, are examples of a few of the original replication sites that continue to create transparent spaces where meaningful measurement occurs modeled after the practice developed in Garrett County. Processes like these are vital as we increase equitable access to community planning to create services that yield more stability and help our communities thrive. To learn more about replication of Garrett County's nationally-recognized Model Practice, visit osph.org.

MyGarrettCounty.com continues to be Garrett County's community improvement hub and grows annually as new community stakeholders become engaged in this process with each cycle of the CHNA. As of January 2025, over 3,000 people are actively engaged in health planning. We've collectively increased engagement in our community to over 10% by creating a space where anyone can join at any time. The Garrett County Planning Tool also houses previous assessments and the processes we followed to compile each iteration. We invite you to explore how the needs in our community have shifted over time.

Now that we have baseline data for the new planning cycle, the next step is creating the Community Health Improvement Plan (CHIP). Operable action groups on MyGarrettCounty.com comprise the CHIP, where agencies and community members alike input data and work together to achieve community goals. We need your time, talent, and ideas, so please join MyGarrettCounty.com today and be part of the solutions that drive growth in Garrett County from 2025 through 2027 and beyond!

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 Needs Assessments (CHNAs) 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.

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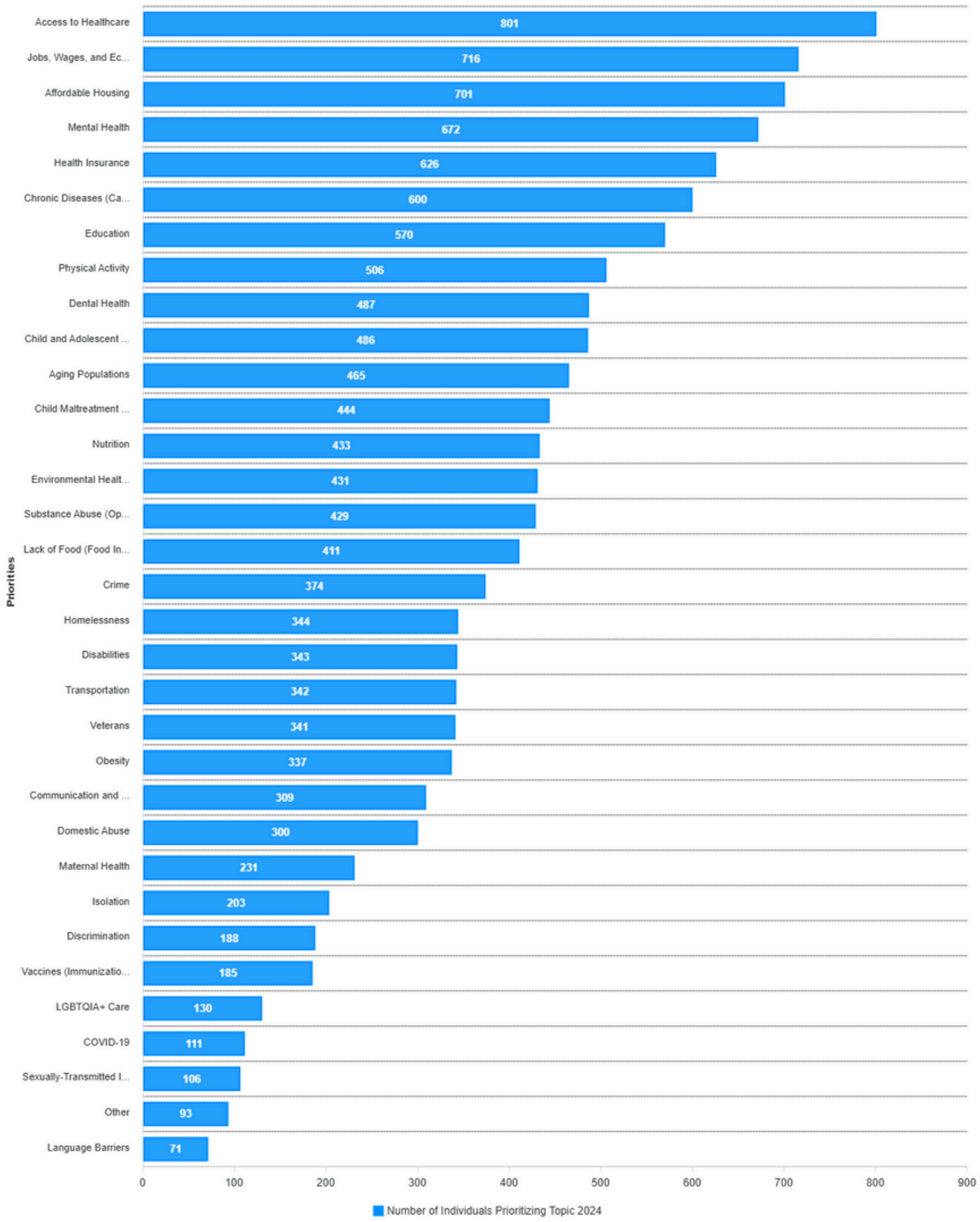
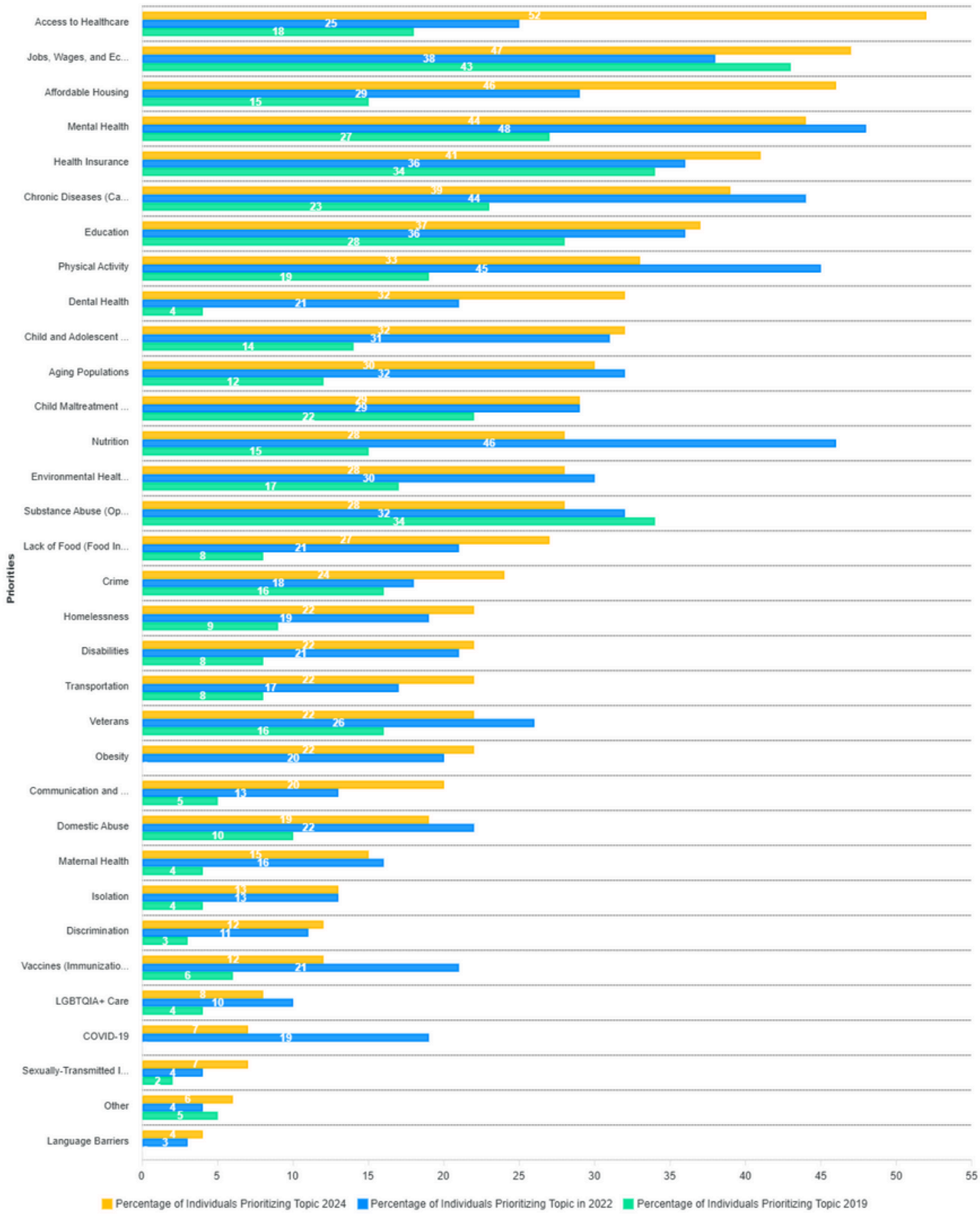
https://www.cdc.gov/publichealthgateway/cha/data.html
https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research

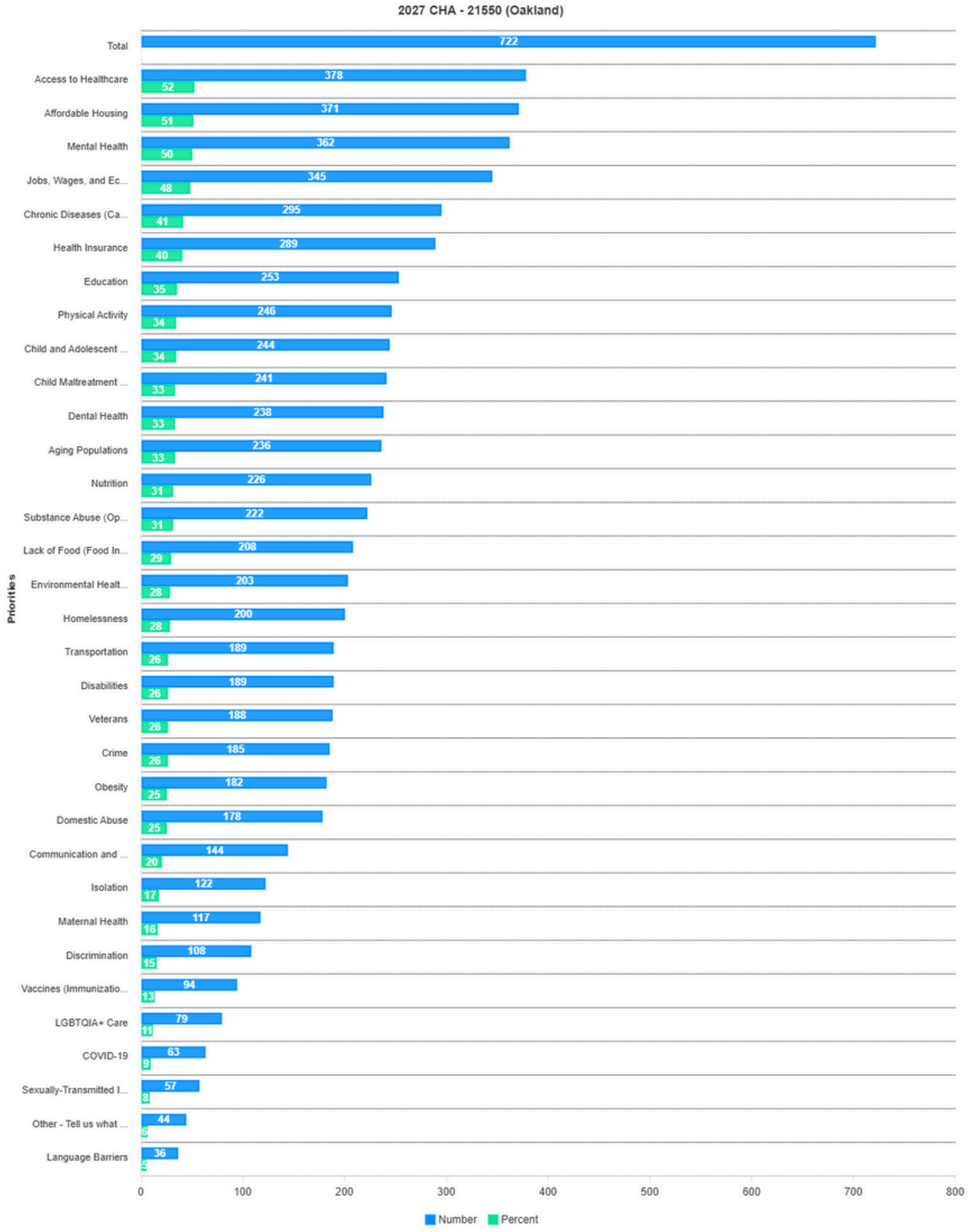
PRIMARY DATA SURVEY RESULTS



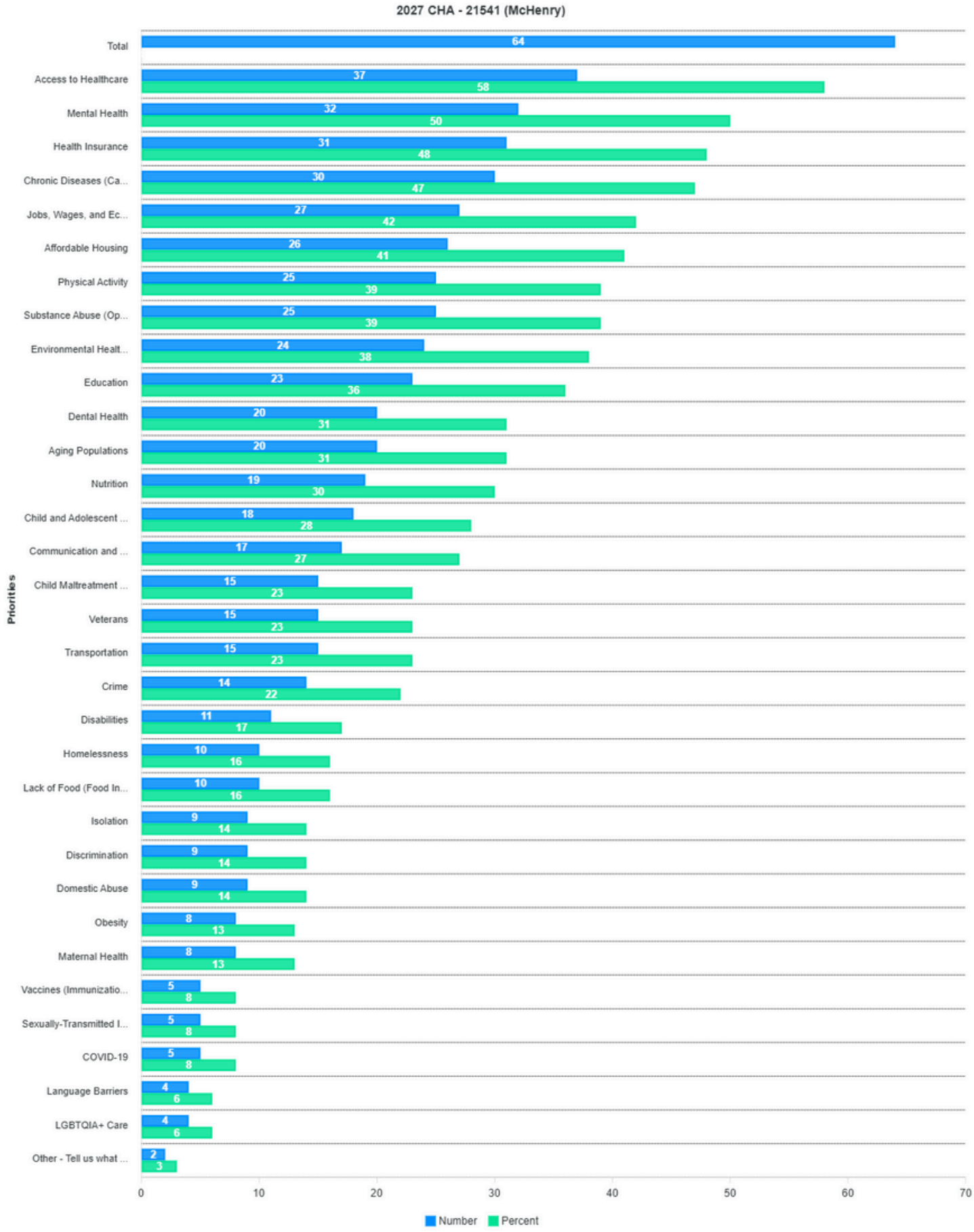
PRIORITIZATION COMPARISION



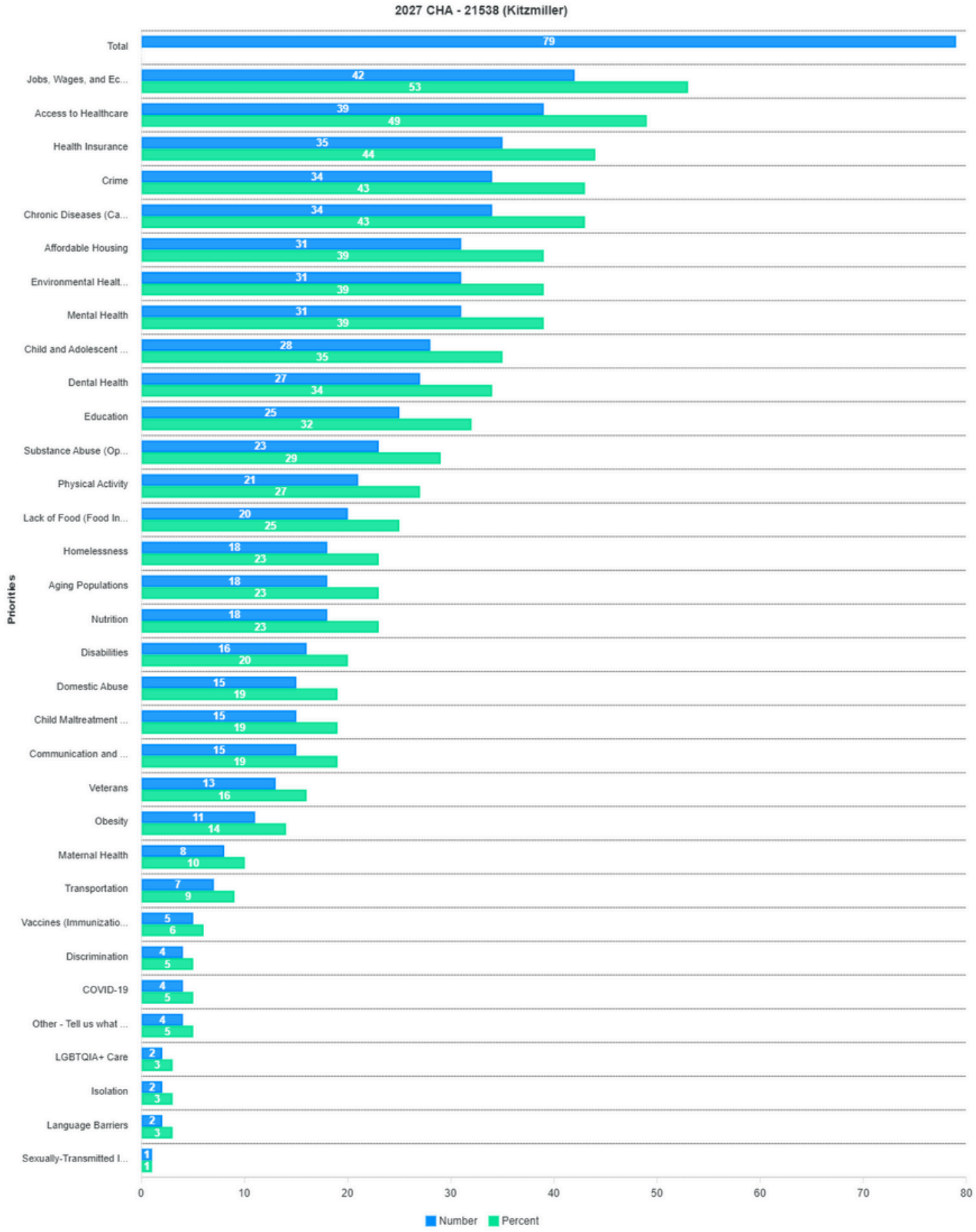
COMMUNITY SNAPSHOT - 21550 (OAKLAND)



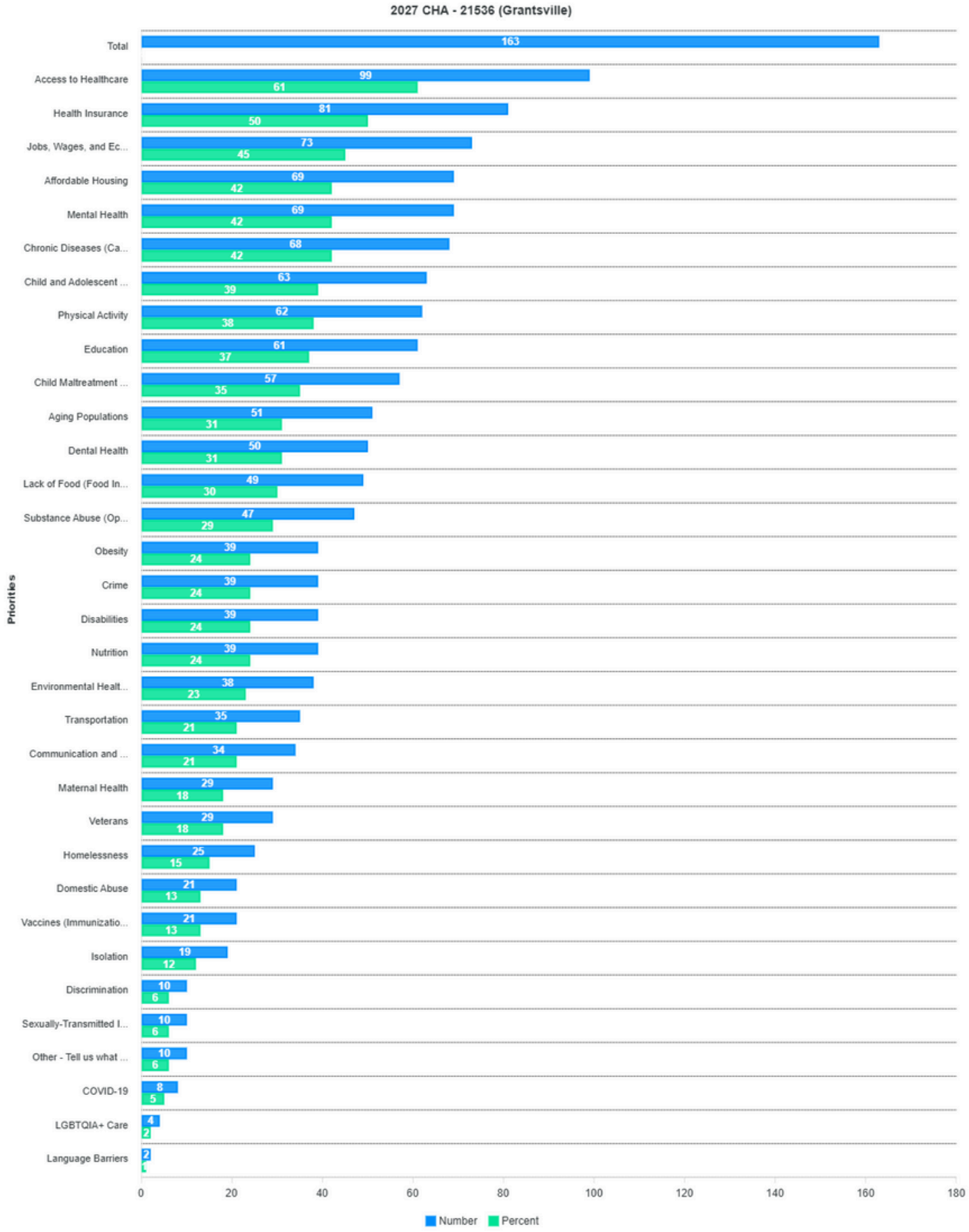
COMMUNITY SNAPSHOT - 21541 (MCHENRY)



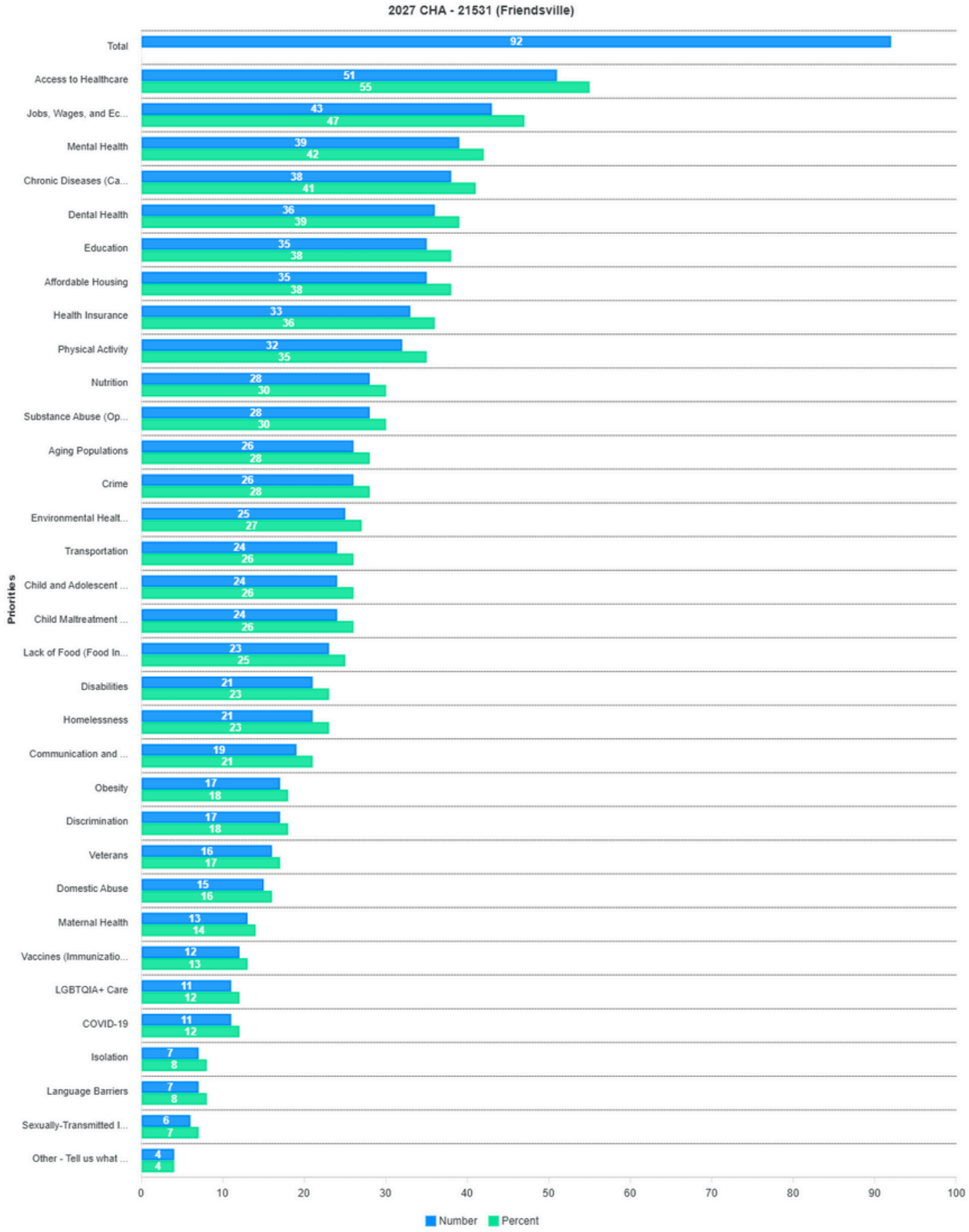
COMMUNITY SNAPSHOT - 21538 (KITZMILLER)



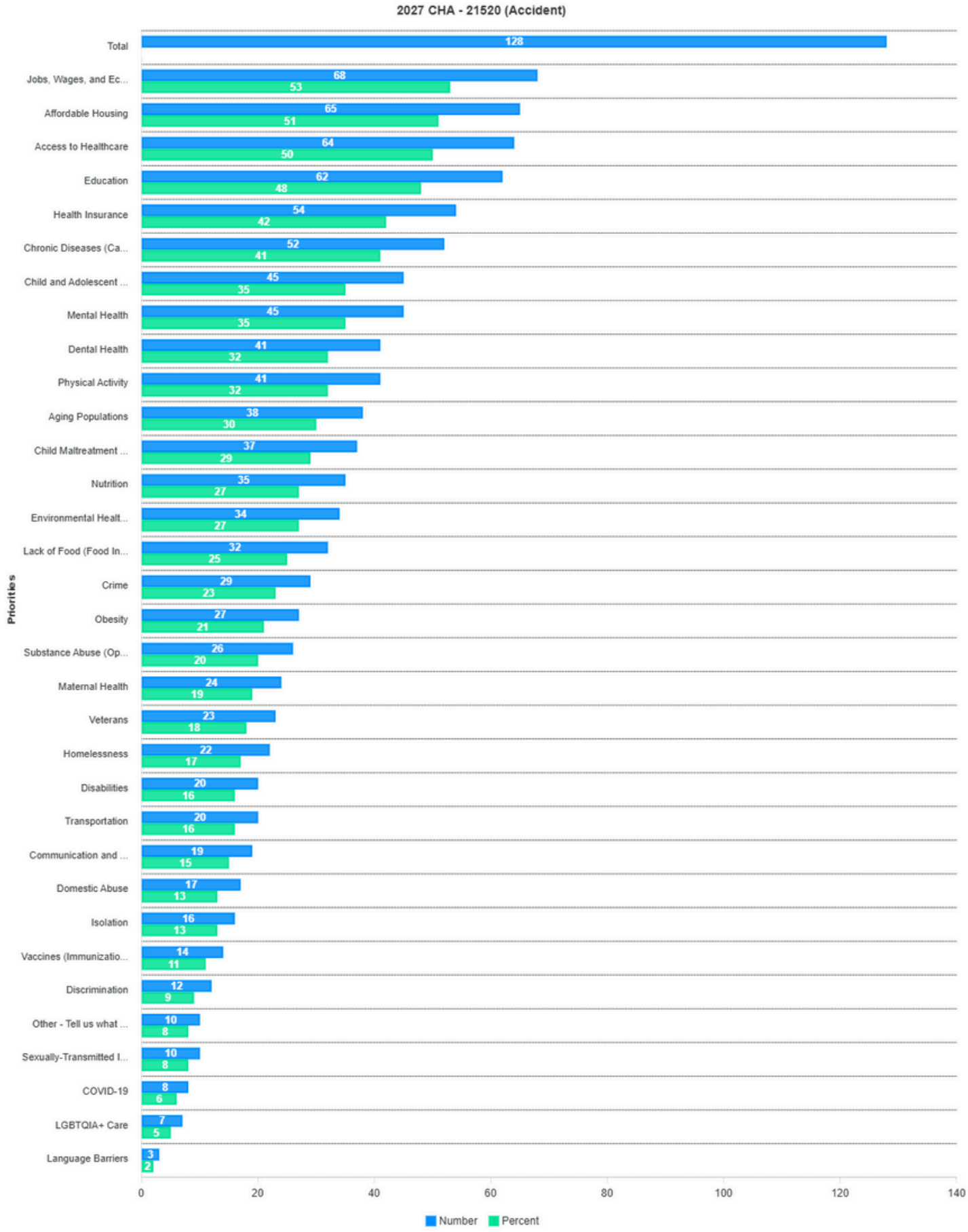
COMMUNITY SNAPSHOT - 21536 (GRANTSVILLE)



COMMUNITY SNAPSHOT - 21531 (FRIENDSVILLE)



COMMUNITY SNAPSHOT - 21520 (ACCIDENT)



FOCUS GROUP ANALYSIS

Community Conversations Run Deeper

Recruitment for participation in focus groups was conducted with care to ensure broad and diverse representation. We utilized our extensive email lists, relied heavily on our network of partners, and enlisted the help of community health workers to fill the 84 seats available at local restaurants and community centers.

Vulnerable populations represented in our focus groups included *Individuals with Disabilities*, *LGBTQIA+ Individuals*, *Individuals Experiencing Lack of Food (Food Insecurity)*, *Individuals With a Mental Illness*, *Individuals With a Substance Use Disorder*, *Individuals Experiencing Homelessness*, and *Individuals Born Outside the United States*. Participants' socioeconomic status ranged from less than $15,000 a year to over $150,000 a year with retired, employed, and unemployed representation. Among participants in attendance, those represented identified as all White, non-Hispanic, and aged 25 to 65+.

A special thanks to 206 Alder Street Bistro & Bar, Ace's Run Restaurant & Pub, Brenda's Pizzeria, Cassleman Restaurant, Firefly Farms Cafe, Friendsville Public House, and Stonecroft Manor for serving lovely meals and graciously hosting our groups.

Seven focus groups were held across the county in a guided conversation format about the top five issues people identified as their main concerns in our latest community prioritization survey. The top five priority areas from the 1,430 surveys collected from Garett County *(as well as the total 1,513 collected from the region)* are:

1. Access to Healthcare, **2.** Jobs, Wages and Economic Development, **3.** Affordable Housing, **4.** Mental Health, and **5.** Health Insurance

Each focus group began with a visual of the top five priorities (listed above) of Garrett County compared to the priorities from the specific zip code being discussed. Each zip code had its own top five priority areas that differed from Garrett County as a whole. An example is provided below, and full reports for each of the communities hosting focus groups are available prior to this section and via the Community Health Assessment Research Portal (CHArp) detailed later in this report.

Garrett County (1,430 Surveys)
- Access to Healthcare
- Jobs, Wages, and Economic Development
- Affordable Housing
- Mental Health
- Health Insurance

Accident (128 Surveys)
- Jobs, Wages, and Economic Development
- Affordable Housing
- Access to Healthcare
- Education
- Health Insurance

Community priority area additions include:
- Chronic Diseases (Cancer, Heart Disease, Diabetes, etc...) - *Oakland, McHenry, Friendsville, Kitzmiller*
- Dental Health - *Friendsville*
- Crime - *Kitzmiller*
- Education - *Accident*

Participants were asked to share their experiences. This helps us understand the interconnectedness of issues and parse out various aspects and nuances of the topics. The focus group analysis is a synthesis of the opinions of the participants and what people believe to be true based on their own experiences. Understanding more about what the community believes is a vital component to creating tailored solutions for health improvement.

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

At the beginning of our focus groups, we asked a simple question that resulted in a rich tapestry of responses:

"What does a healthy community look and feel like for you?"

Designed broadly to begin conversations, people could be thinking about Garrett County, the specific town they live closest to, or a community they imagine.

Here are the themes that emerged from those seven conversations:

A strong **safety net**, the notion that a community should be equipped with the resources and willingness to help people meet basic needs, such as housing, food, transportation, child & elder care, and medicine, was the most commonly identified marker of a healthy community. A community with effective linkages that provide a system of assistance that works well together and prioritizes resources that help our most vulnerable families, those who work full-time, and retirees who have spent their lives here was a vision shared among participants.

In addition to this safety net infrastructure and appropriate local government budget allocations, people spoke of **connectedness**. A sense of belonging to a community, engaging with others, and being a part of something larger than themselves. In a few focus groups, the concept of engaged citizenry was noted. People who have a spirit of participation and are willing to get involved, ask questions, and be active participants in the decisions community leaders are making that affect everyone. A healthy community creates opportunities to connect in various ways, empowering people to get involved. **Centers of worship** were also mentioned as a source of hope and strength.

Participants felt that a healthy community has an equipped and supported emergency management system poised to respond quickly with a trusted law enforcement presence. **Access** to reliable transportation for general errands and medical appointments with solutions that make sense in a rural community were noted as key components. High-quality, competent medical providers came up each time referring to **access to healthcare**. Participants desired medical providers for the body and the mind, along with the ability to see them promptly. People also wanted affordable, healthy nutrition with **access to fresh local foods**. In a healthy community, people know what's happening. There's a trusted source of information that's more than a calendar of events - it's bi-directional **communication** that everyone can access.

Education, conversationally referred to as "good schools," generally meant safe and academically challenging. **Recreation** is another marker of a healthy community with access to clean, safe spaces with a variety of options for people with differing ability levels, including options for individuals with disabilities. Along with ample outdoor recreation, affordable indoor recreation centers for young people, and a place to hang out and do fun things were commonly identified. The final consistent theme was **choice**. Options were identified as markers of healthy communities, where choices for doctors, restaurants, shopping, jobs, activities, property, child and elder care, etc... add to opportunities for overall health and well-being.

The guided discussions flowed into deeper conversations centered around each priority in specific zip codes. The focus groups concluded with participants rating how their particular community stacked up to the healthy community discussed at the beginning of the focus group on a scale from one to five, with one being unhealthy and five being the most healthy. The most consistent rating was three, indicating that there are things they would like to improve, but still many things they liked about the place they call home.

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

Access to Healthcare, Mental Health, and Health Insurance

These priority areas and the themes central to the discussions about access to healthcare ranked as the number one priority for our community, mental health ranked fourth (down from the number one priority during the last cycle), and health insurance ranked fifth. These topics are so interconnected that this section synthesizes all three areas from the focus groups. They are broadly consistent with the secondary data provided in this report.

Focus group participants expressed difficulty accessing medical services regardless of their socioeconomic status. However, people in poverty continue to have disproportionate barriers to accessing services. Many wanted more choices as it relates to providers and the ability to find higher-quality care promptly. People spoke of lengthy wait times, from seeing a general practitioner to testing or screening services. Much longer wait times (six to twelve months) were also noted for specialists or mental health providers. Participants reported that psychiatry and specialized mental health services are nearly impossible to access in our rural community. For those who are fortunate enough to be referred to a specialized mental health provider, oftentimes, there are insurance issues. It was mentioned that there are mental health crisis services with little known about their effectiveness, but still no residential treatment options close to home. Reliable transportation to and from appointments is a major concern. It was also mentioned that telehealth has improved access for some, but it is still underutilized and unreliable due to internet connection, billing, and insurance issues. Although there has been an effort to expand services and recruit specialty care, many still feel it's difficult to receive proper treatment and are forced to wait several weeks. People are struggling to access dental services, especially children. Many are driving over 50 miles to see a dentist who will accept their insurance. Some participants said they are not taking their children as frequently for routine care because of the decrease in Medicaid coverage, and they can not afford the visit. Every group who discussed health insurance said the same thing: it’s expensive, complicated, and incredibly frustrating. People feel they are at the mercy of the insurers who limit their choice of providers, medicine, and screening services. Caring for the elderly was a concern in every focus group regardless of the topic being discussed. Many can’t afford to leave their homes and must age in place, but they often don’t have the income to hire help or know where to look for the services they need. Those fortunate enough to have a fixed retirement income are worried it is insufficient to sustain the high cost of living in Garrett County due to increased taxes and the continuing cost of living. In one focus group, a participant spoke of a program that helps the elderly with chores and personal care; however, they reported that it can take up to a year to get services, and the person seeking care must meet eligibility requirements. Home visits are also very limited. Several asked if Garrett County has an ombudsman and felt the community was ill-prepared and not equipped with enough of the necessary resources for the elderly.

Jobs, Wages, and Economic Development

Insufficient income forces people to make impossible choices with far-reaching consequences. This became an overarching theme that touched every other priority area: how can a person be healthy when they cannot afford basic necessities? Oftentimes, low wages and lack of opportunity perpetuate this situation. Nationally, over 40% of households fall into this category with a similar figure reported for Garrett County, as noted by one participant who referred to ALICE scores. Though intended to help, the minimum wage increase is causing adverse effects. Some business owners in attendance are scaling back deliverables and limiting hours due to the wage increases and costs of Workers' Compensation and insurance. For lower-paid workers, this can cause the “Cliff Effect" - when a small increase in pay causes a sudden drop in public benefits. At this point, low-wage earners have more expenses working than they do while unemployed or underemployed. It is considered to be one of the most significant barriers to self-sufficiency. It leaves people hopeless and is very difficult to overcome. In most of the focus groups, participants shared similar experiences, such as to keep their apartment, they had to turn down employment advancements or opportunities to work more hours. In the last cycle, this was mentioned once or twice, but not every time.

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

Jobs, Wages, and Economic Development (Continued)
Other issues related to this topic are the lack of affordable housing, child care, high-speed internet for telework, and competitive job opportunities that allow people to progress from job to career. Participants had questions about what the economic development office was accomplishing as it relates to the recruitment of new industries in Garrett County. Additionally, it was noted that we are losing experienced workers in law enforcement, teachers, and some county positions to Allegany County because they are paying higher wages. In the last CHNA cycle, people felt our students were leaving the area and not returning. People still feel that way in this cycle, but the reason has expanded from lack of career opportunities to the combined issue of not being able to afford a place to live if they could get a job in a job field thriving in Garrett County. Appropriately funding our school's vocational programs continues to be on the minds of people in the community, as is helping students into the next phase of that vocational pathway. Unanswered questions remained: "*What happens to our students after high school at the five and ten-year mark? What differences are they experiencing in wages between vocational and traditional college pathways, and staying in the area or leaving?"* These are areas outside of the scope of this cycle of CHNA but would be valuable information to inform strategies for community growth and resilience. Solutions to slow the human capital flight out of the county included a more integrated approach with instructors and employers in various fields, so students are taught the skills needed for the jobs that exist in Garrett County with employers willing to reward people possessing work ethic and a desire to learn with college reimbursement, paid shadowing/work-study, internships, and flexible work schedules.

Affordable Housing
This has been discussed in focus groups with each cycle of the CHNA. In this iteration, the topic is ranked third - a huge jump from the last report where it was ranked as the twelfth most common response in the prioritization survey. The question remains, "*Affordable for who?*" supposing community members can find something for sale or to rent. When focus group participants were asked, *"How hard is it to find or afford a place to live in Garrett County?"* people mostly shrugged, and the nonverbal language spoke loudly. The challenge seems insurmountable for young people and overwhelming for businesses trying to recruit. One young woman said, *"I've been looking for a place to rent for months. The only source is Facebook Marketplace; currently, there are three apartments for rent ranging from $800 to $1,000 a month."* According to the U.S. Department of Housing and Urban Development, a common yet often criticized benchmark defines affordable housing as housing on which the occupant pays no more than 30 percent of gross income for housing costs, including utilities (hud.gov). Households that spend more than that are considered *"cost-burdened."* We heard numerous examples of people not having enough money to cover all their expenses. Income equality continues to increase, and the options for people considered low-income are very bleak in Garrett County. Speaking to that point, another focus group participant commented, *"Everyone knows Deep Creek Lake is a tourist destination; the multimillion-dollar homes that crowd its shores are not lost on any of us. They rent the houses, but how is that helping the rest of us?"*

Garrett County charges an eight percent room tax for Transient Vacation Rental Units (TVRUs). In 2024 Garrett County projected a collection of $4,000,000 from the Accommodation Tax. Beginning in fiscal 2025 revenues are expected to increase *"significantly"* due to a new authorization that allows the county to collect hotel rental taxes from transient vacation rentals that are booked through online short-term rental platforms (mgaleg.maryland.gov/2024RS/fnotes/bil_0006/hb0916.pdf, garrettcountymd.gov/commissioners/news/2024-05/fiscal-year-2025-operating-capital-budget-public-hearing).

Questions were raised, and policy changes were suggested for ways to utilize those dollars to help what some participants call Garrett County's *"housing crisis."*

FOCUS GROUP ANALYSIS

Community Conversations Run Deeper (Continued)

Affordable Housing (Continued)
A couple in their 70s described their fear of being able to stay in the home they built and now own after working a lifetime in Garrett County. Their modest retirement isn't keeping pace with inflation and the increased property taxes. Despite the booming tourism economy and all the housing stock, a crisis is upon us. Focus group participants from across the county reported on two housing initiatives in Grantsville, including the "Grantsville Housing Initiative," but it isn't necessarily for local people to age in place. Even the highest wage earners felt outpriced. People knew about another project called the "Workforce Housing Initiative," but they had conflicting information. The resounding message to report is that we can do better. Participants expressed many concerns about the county budget and felt that not all of the decisions were in the county's best interest. They also called for more accountability from our local government and economic development office. *"People want solutions that work, not more empty industrial parks,"* said one participant. Another suggestion was to put a mere one percent of the sale of properties over $500,000 into a fund to begin to address the issue. Multi-unit complexes and mixed housing are successfully chipping away at the crisis in other areas across Maryland, like Montgomery County. Suggestions to look at models from other communities and stop ignoring the issue were made abundantly clear. People want something done and feel it's long overdue. Our young adults who want to come back home after college and newcomers with young families eager to add to our workforce and fill our schools have to look elsewhere. The lack of affordable housing is hurting our desirability and causing our community to stagnate. We have a disproportionate number of aging citizens as schools and businesses around them continue to close and are doing very little to attract young families or help entrepreneurs.

Chronic Diseases (Cancer, Heart Disease, Diabetes, etc…) - *Oakland, McHenry, Friendsville, Kitzmiller*
This topic continued to be a primary concern in four zip codes, with discussions centering around managing diseases with limited support systems. Participant concerns became more complex as people described managing multiple disease states. These conversations blended into many of the concerns from access to healthcare, mental health, and health insurance. Access to physical activity and improved nutrition continue to be viewed as vital necessities in the successful management and prevention of chronic diseases.

Dental Health - *Friendsville*
Garrett County faces a number of issues regarding dental health, namely the shortage of providers. Couple that with a lack of transportation, and very little Medicaid coverage and you have an entire town in need.

Crime - *Kitzmiller*
The focus group participants were surprised to see crime in the top five priorities and didn't feel it was an issue in their tight-knit community.

Education - *Accident*
With a thriving elementary school, this community celebrated the community connectedness built around its enduring school. They noted changes like an increase in both parents working and more single-parent households. Participants also spoke about grandparents raising grandchildren and the toll that takes on everyone.

*These highlights tell the **story** from our community's point of view, which serves as a point of reflection for our team and the agencies we serve to better understand that lived experiences are valuable informers for public policy.*

WHAT DO YOU LOVE ABOUT LIVING IN GARRETT COUNTY?

"Country Livin'"

"Civic organizations and fundraising for those in need"

"I love the nature that is all around me"

"Being close to my grandchild"

"So many trails and places to play outdoors"

"I like the small-town feel and being a part of a close-knit community"

"Free college"

"My church"

"Summer is still cool enough, and there is snow in the winter"

"Most of the people are caring and want to help each other"

"Robotics and theater with my kids"

"Some new cafes and restaurants"

"I still don't lock my door, no one bothers me"

"My five-minute commute to work"

WHAT DO YOU WISH YOU COULD CHANGE ABOUT GARRETT COUNTY?

"Longer growing season"

"Affordable activities, especially for youth"

"Affordable housing"

"Lower taxes"

"Affordable broadband for every area"

"Industry promoting careers"

“Diversity"

"Childcare for 6 months to 3 years, or just any childcare"

"Ditch the ‘Blueprint for Schools’"

"Better policies so I can earn more without losing my housing”

"Adult daycare"

“Opportunities to weigh in on how county dollars are allocated”

"Some sort of transportation service that works”

"The weather"

"A place to get free meals regularly"

EXTENDED TOOLS

Community Health Assessment Research Portal (CHArp) v3.1

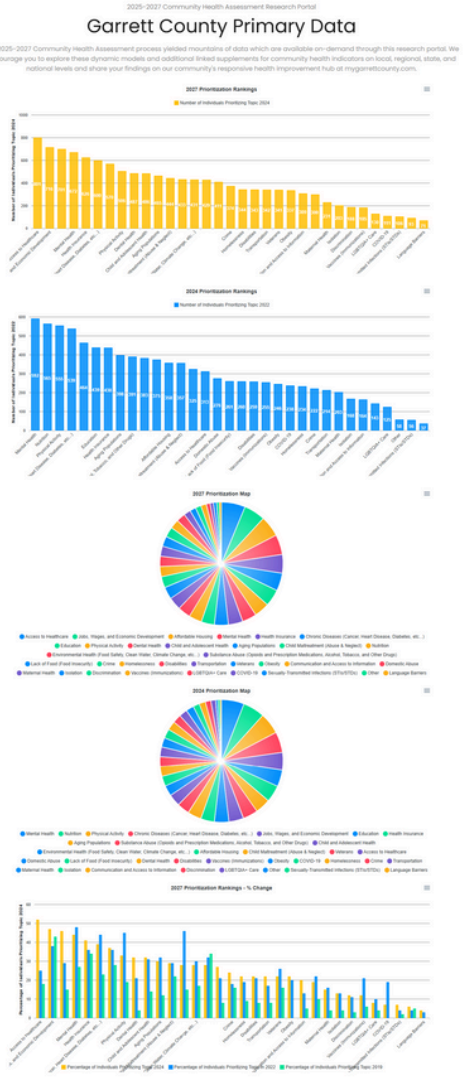
While the presence of narrative and thorough analysis of data is vital to guiding the community health improvement process, it is equally important to ensure that datasets and resources are accessible and interactive for end-users to draw their own conclusions. Thus, this cycle marks the third time that 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 linked to a metadata resource for further analysis.

We greatly welcome your feedback on this updated application and will continue to add additional primary datasets as they are collected and packaged for this process.



ROADMAP

Looking Forward

January 2025
- Publish the 2025-2027 Garrett County Community Health Needs Assessment (CHNA).

February 2025
- Present the CHNA at public events and meetings.
- Share findings to inform agency strategic plans.
- Begin the Community Health Improvement Plan (CHIP).

March 2025
- Update MyData Open Data Portal with refreshed resources.

April 2025
- Develop a framework for Public Health Economic Impact Analysis.

May 2025
- Develop a framework for Social Determinants of Health Economic Impact Analysis.

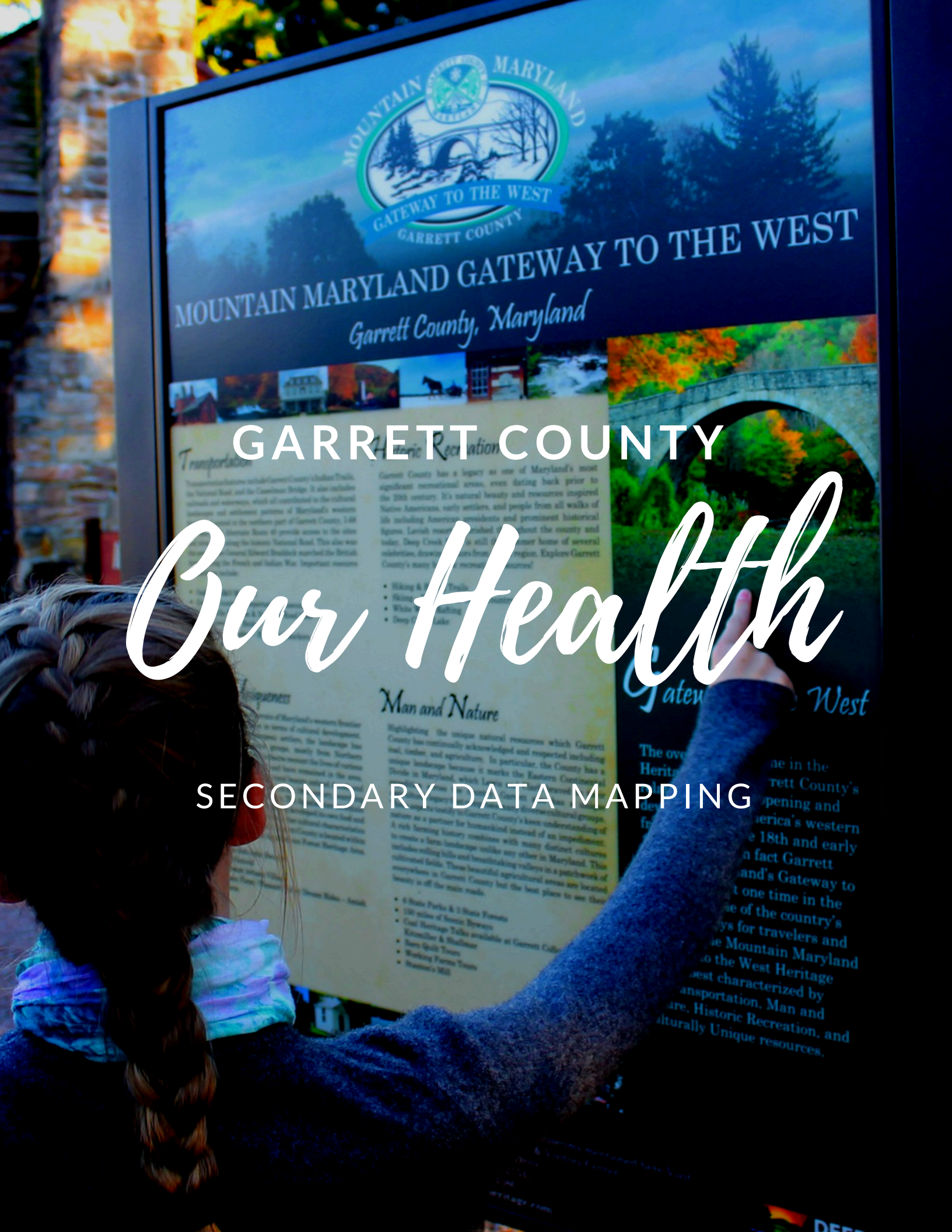
June 2025
- Update Garrett County Health Inequities Analysis and rebrand as the Garrett County Health Equity Plan.

July 2025
- Develop a framework for Health Equity Economic Impact Analysis.

August 2025
- Develop a framework for Population Health Economic Impact Analysis informed by the three prior analyses, culminating in a final report.

September 2025
- Update MyGarrettCounty.com based on CHNA findings and supplemental reporting.

October 2025
- Publish updated Garrett County Community Health Needs Assessment for Maryland fiscal year 2025/calendar year 2026.



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 (MyGarrettCounty.com), present tremendous opportunities to better understand the constructs at work within our communities.

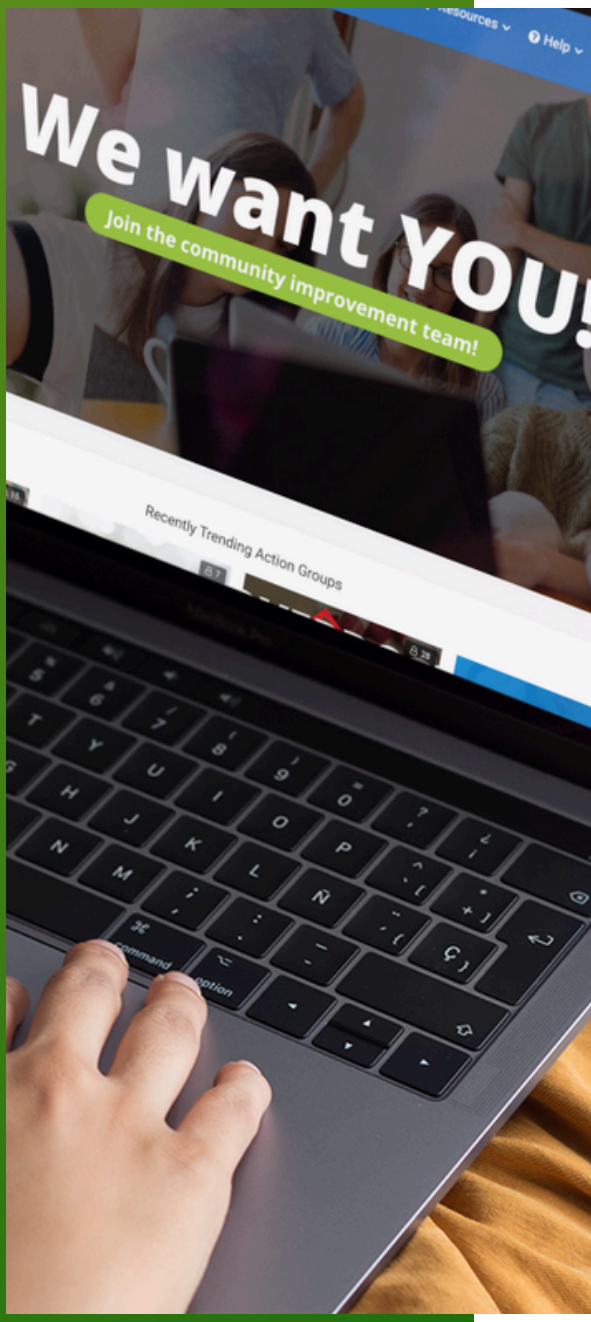
The supplemental datasets accompanying this document are assembled snapshots from a broad sweep of community, regional, state, and federal data warehouses, and are provided for reference. These resources are designed to be investigative prompts, rather than exhaustive datasets.

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, etc...).

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