



BEHAVIORAL HEALTH AUTHORITY



LOCAL MANAGEMENT BOARD

## Garrett County & Surrounding Areas Community Needs Assessment (2025-2027)

Your Voice Matters!

Thank you for taking the time to help us better understand your needs!

This brief survey helps organizations fund and work better together on the issues that matter most to you. It only takes 2-5 minutes to complete, and all responses are anonymous. The results will help prioritize needs in the next Garrett County Community Health Improvement Plan.

Please **do not** enter your name or personally identifiable information in open text fields. Once you complete the survey, you will be redirected to another page so that you can enter your name in the prize drawings.

The following survey is being conducted by the Garrett County Health Department with the Garrett County Local Management Board, Garrett County Behavioral Health Authority, Mountain Laurel Medical Center, Garrett Regional Medical Center, and Garrett County Community Action.

### \* 1. What is your zip code?

### \* 2. What issues matter most to you? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Healthcare                 | <input type="checkbox"/> Homelessness                          |
| <input type="checkbox"/> Affordable Housing                   | <input type="checkbox"/> Isolation                             |
| <input type="checkbox"/> Aging Populations                    | <input type="checkbox"/> Jobs, Wages, and Economic Development |
| <input type="checkbox"/> Child and Adolescent Health          | <input type="checkbox"/> Lack of Food (Food Insecurity)        |
| <input type="checkbox"/> Child Maltreatment (Abuse & Neglect) | <input type="checkbox"/> Language Barriers                     |

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Diseases (Cancer, Heart Disease, Diabetes, etc...)              | <input type="checkbox"/> LGBTQIA+ Care   |
| <input type="checkbox"/> Communication and Access to Information                                 | <input type="checkbox"/> Maternal Health   |
| <input type="checkbox"/> COVID-19  | <input type="checkbox"/> Mental Health   |
| <input type="checkbox"/> Crime   | <input type="checkbox"/> Nutrition   |
| <input type="checkbox"/> Dental Health   | <input type="checkbox"/> Obesity   |
| <input type="checkbox"/> Disabilities  | <input type="checkbox"/> Physical Activity   |
| <input type="checkbox"/> Discrimination  | <input type="checkbox"/> Sexually-Transmitted Infections (STIs/STDs)   |
| <input type="checkbox"/> Domestic Abuse  | <input type="checkbox"/> Substance Abuse (Opioids and Prescription Medications, Alcohol, Tobacco, and Other Drugs) |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Environmental Health (Food Safety, Clean Water, Climate Change, etc...) | <input type="checkbox"/> Vaccines (Immunizations)  |
| <input type="checkbox"/> Health Insurance  | <input type="checkbox"/> Veterans  |
| <input type="checkbox"/> Other - Tell us what matters to you!                                    |  |

**\* 3. What is your age?**

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="radio"/> <18   | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65+   |
| <input type="radio"/> 35-44 |                             |

**\* 4. What is your gender?**

- Female
- Male
- Non-Binary
- Prefer Not to Answer

**\* 5. What is your race? Select all that apply.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Bi-Racial
- Multi-Racial
- Other (please specify)

**\* 6. Are you of Hispanic or Latino/a origin?**

- Yes
- No

**\* 7. What is your highest completed level of education?**

- 8th Grade or Less
- Some High School
- High School Graduate/GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Post-Graduate Degree

**\* 8. What best describes your status? Select all that apply.**

- Unemployed
- Employed
- Student
- Volunteer
- Retired

**\* 9. What is your household income?**

- |   |   |
|---|---|
| <input type="radio"/> Under \$15,000                | <input type="radio"/> Between \$75,000 and \$99,999   |
| <input type="radio"/> Between \$15,000 and \$29,999 | <input type="radio"/> Between \$100,000 and \$150,000 |
| <input type="radio"/> Between \$30,000 and \$49,999 | <input type="radio"/> Over \$150,000                  |
| <input type="radio"/> Between \$50,000 and \$74,999 |   |

**10. Are you a member of any of the following vulnerable populations? Select all that apply.**

- Individuals With Disabilities
- Individuals Who Have Been Incarcerated
- Individuals With a Substance Use Disorder
- Individuals With a Mental Illness
- Individuals Experiencing Homelessness
- Individuals Experiencing Poverty
- Individuals Born Outside the United States
- Individuals Experiencing Lack of Food (Food Insecurity)
- Individuals Experiencing Isolation
- LGBTQIA+ Individual
- Medically Underserved (Uninsured, Underinsured, or Lacking Access to Healthcare)

Finished

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