

2019-2021

GARRETT COUNTY

Community

HEALTH ASSESSMENT

OVERVIEW

Because Health Equity Matters

We each have our own ideas about what it means to be healthy, what we feel the biggest issues are for ourselves, and the community we live in. Unfortunately, the issues we face depend dramatically on what we're able to afford. When we think about health, it cannot be adequately discussed without acknowledging that our health is fundamentally affected by our income. Concerns like: affordability of health insurance, adequate treatment services to address mental health issues, honestly looking at how addiction can happen to anyone in a community, and addressing food insecurities, which left unchecked, can deeply impact a community overtime. Every community chooses to confront these challenges in different ways that reflect the varying sensibilities and priorities of the people who live within it. What is consistent, however, is that a community is better equipped to make informed decisions regarding policies and strategies, and is poised to respond together when data is shared transparently across sectors. Once we all have the most accurate and up-to-date information we can continue doing what works and begin to create new opportunities for a prosperous future.



Shelley Argabrite, M.A.
Chief Health Strategist

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Informatics Administrator

The Community Health Assessment contained on the following pages provides the most accurate information available to us at this point in time. This document is a summary of work that has continued since the previous assessment publication in 2016.

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 currently 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 organizations that contributed to this assessment and encourages our partners to use it to inform planning to make Garrett County a healthier place to live, work and play. Please join us as we endeavor to make a difference in our community by participating on mygarrettcountry.com.

EXECUTIVE SUMMARY



2019 Garrett County Community Health Assessment

This Community Health Assessment is simply a slice in time of a dynamic process contiguous with our efforts to make a difference in the lives of those we serve. Great care and attention was placed on collecting as much data as possible from the many subsections within our community. Expertise was garnered from NACCHO's MAPP guidelines and documentation to ensure 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

Extensive research was conducted from April 13th through August 13th, 2019. We conducted 10 focus groups and analyzed responses from 2,102 web based and paper surveys completed by staff, community organizations, and stakeholders. We also evaluated secondary sources of information about our community. The assessment included the social determinants of health, which are factors like employment, housing, transportation, etc... that affect the health of the community, and are vital to improving population health.

The Health Planning Council, the Assessment Planning Committee, and many community members all played key roles in pulling this information together for this report. We are pleased to publish this document and wish to convey gratitude for all those who took an interest and spent valuable time making this possible.

We more than doubled our participation from the previous assessment efforts, with 2,102 people participating in the focus groups and community survey, making this sample size statistically significant for our county! In addition to county wide significance, we had all but two zip codes with enough participation to count them as statistically significant in our analysis. This outstanding turnout of community participation on a primary data collection level enables us to develop robust and culturally informed improvement strategies based on accurate prioritization.

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GARRETT COUNTY

Results

HEALTH ASSESSMENT

RESULTS

Thousands of Voices, One Vision

In order to best understand the status of health in our communities, it's critical that we gather, 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 themselves, 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/or purpose.

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

Immediately following are the aggregate results of our community prioritization survey that was conducted both county-wide and regionally to collect primary data on community-driven need identification, down to the zip code level.

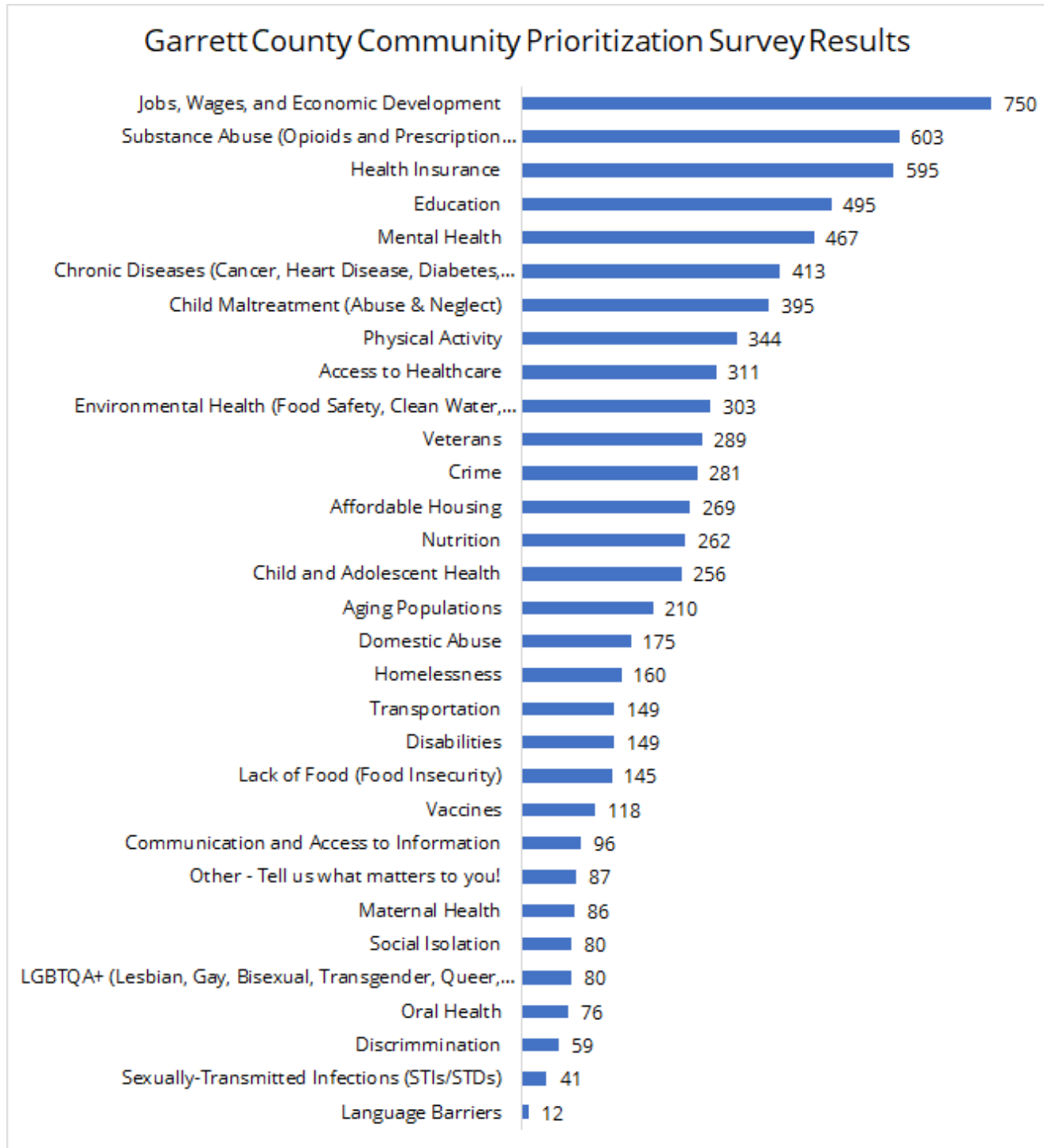
Additional primary data was collected through a series of focus groups. The qualitative data from all of the groups have been analyzed and is summarized following the prioritization report.

<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>



GARRETT COUNTY SURVEY RESULTS



These results reflect the responses of participants in Garrett County, Maryland zip codes, and do not include regional responses. Additional data, tables, and tools for this dataset, as well as regional datasets are provided in the supplement.

GARRETT COUNTY SURVEY RESULTS

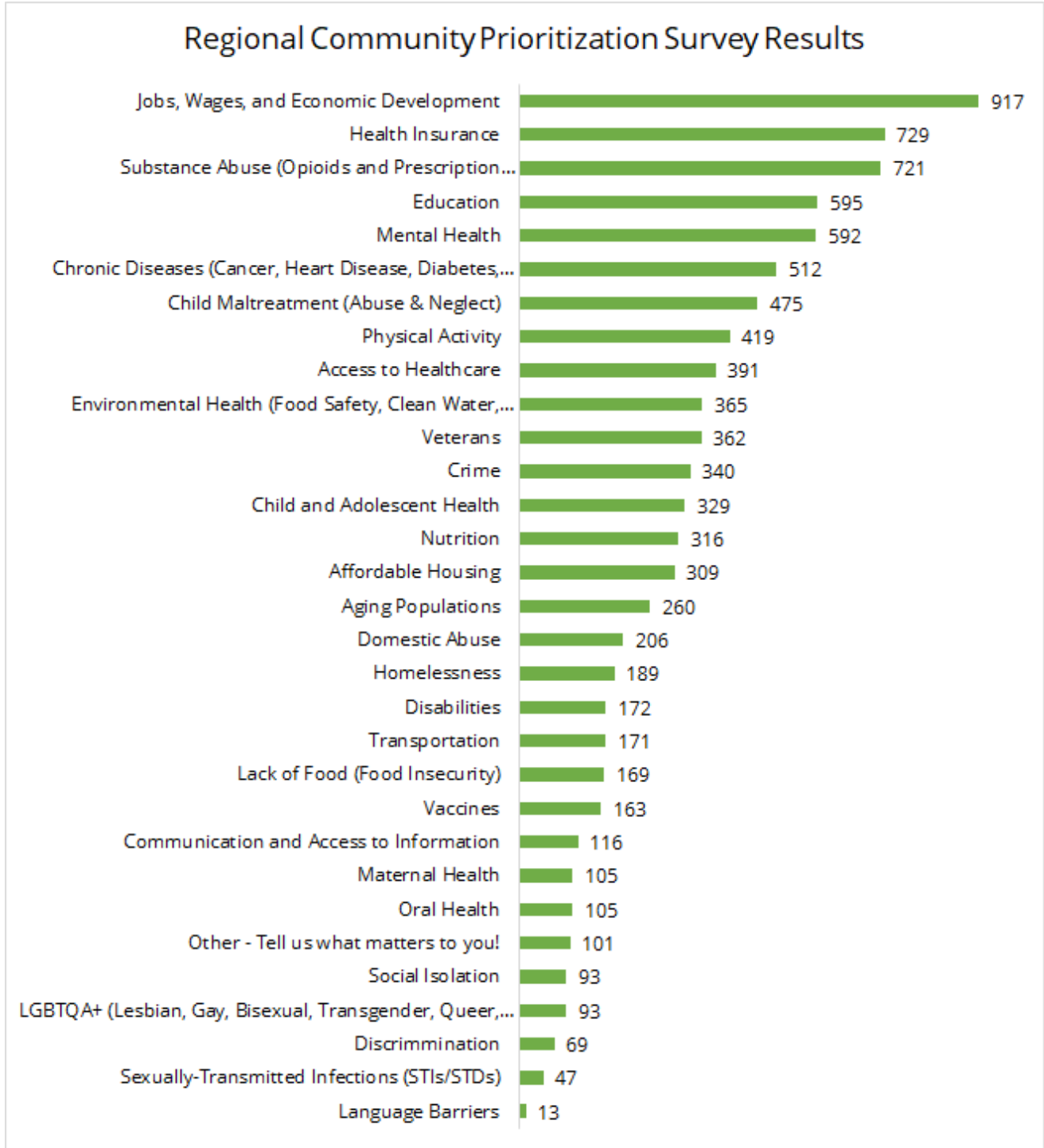
Prioritization by Zip Code

Accident				
1	2	3	4	5
Jobs, Wages, & Economic Development 43.33%	Health Insurance 40.00%	Education 36.00%	Substance Abuse 29.33%	Access to Healthcare 27.33%
Bittinger*				
1	2	3	4	5
Jobs, Wages, & Economic Development 50.00%	Physical Activity 50.00%	Health Insurance 37.50%	Chronic Diseases 37.50%	Child Maltreatment 37.50%
Bloomington*				
1	2	3	4	5
Jobs, Wages, & Economic Development 58.06%	Substance Abuse 41.94%	Education 35.48%	Access to Healthcare 35.48%	Health Insurance / Crime / Child & Adolescent Health (Tie) 32.26%
Friendsville				
1	2	3	4	5
Jobs, Wages, & Economic Development 48.57%	Health Insurance 39.05%	Education 34.29%	Substance Abuse 27.62%	Physical Activity / Environmental Health (Tie) 24.76%
Grantsville				
1	2	3	4	5
Jobs, Wages, & Economic Development 46.10%	Substance Abuse 38.30%	Health Insurance 32.62%	Mental Health 31.21%	Education 21.99%
Kitzmilller				
1	2	3	4	5
Health Insurance 40.24%	Jobs, Wages, & Economic Development 39.02%	Substance Abuse 37.80%	Crime 30.49%	Education 29.27%
McHenry				
1	2	3	4	5
Jobs, Wages, & Economic Development 48.42%	Health Insurance 45.26%	Substance Abuse 31.58%	Mental Health 29.47%	Chronic Diseases / Education / Physical Activity (Tie) 26.32%
Oakland				
1	2	3	4	5
Jobs, Wages, & Economic Development 42.10%	Substance Abuse 35.86%	Health Insurance 30.77%	Mental Health 29.63%	Education 26.61%
Swanton				
1	2	3	4	5
Jobs, Wages, & Economic Development 42.11%	Health Insurance 41.45%	Education 36.84%	Substance Abuse 36.18%	Chronic Diseases 30.26%

These results reflect the responses of participants in Garrett County, Maryland zip codes, and do not include regional responses. Additional data, tables, and tools for this dataset, as well as regional datasets are provided in the supplement.

*Reference CHArp tool in the Methodology section for more information about current statistical validity of small samples.

REGIONAL SURVEY RESULTS



These results reflect the responses of regional participants. Additional data, tables, and tools for this dataset, as well as Garrett County datasets are provided in the supplement.

FOCUS GROUP ANALYSIS

Conversations Run Deeper

Focus groups were held in a guided conversation format about the top five issues people identified as their main concern in our latest community prioritization survey. The top priority identified on the survey in the region, the entire county, and in every zip code, with the exception of Kitzmiller, was Jobs, Wages, & Economic Development.

This priority and the themes central to **Jobs, Wages, & Economic Development** that have been synthesized from the focus groups are consistent with data provided in this report. There is a generalized fear that our towns are "dying" due to population decline, lack of affordable housing, school closures in communities, and a lack of competitive job opportunities. Conversation about how to keep our young people in the area and offer them a way to thrive was a significant portion of every focus group. High speed internet that is both available and affordable to the entire county was both a consistent complaint and offered as a strategy. If high speed internet was available in every area of the county it could support job growth and people being able to work remotely for larger employers and remain in the area (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."

Health Insurance as a priority was high ranking, second in the region, third in the county and, second for four of the zip codes, first in Kitzmiller. The consensus around this priority from the focus groups is that those working lower paying jobs could not afford the insurance plans offered by their employers so they typically don't have any insurance at all. Additionally, there were those who currently have insurance, but were concerned about future costs and being able to afford care later in life.

Substance Abuse continues to be a priority, ranking third in the region, second in the county and second for three of the zip codes. It's important to remember this category is broad and includes opioids, prescription medications, alcohol, tobacco, and other drugs. The conversations were as broad as the category itself. Those with personal experiences spoke bravely about how hard it was to receive proper treatment and that there are not adequate resources, especially for youth. Those who haven't had first hand experience reported watching neighbors sell drugs and senior citizens sell pills so they can afford to eat. They spoke of grandparents raising grandchildren, and the hardship of drug affected children on the education system. A hardship on employers was also reported.

FOCUS GROUP ANALYSIS

Community Composition

Education as a priority ranks fourth both in the region and in the county. Attention focused in two main areas: the public school system and vocational opportunities for youth in the county. Questions concerning appropriate resource allocation was a common theme, with better pay for quality teachers, and the concern of more school closures. Communities that have lost their elementary schools spoke of the compounding negative effects. The threat of school closures for other communities was also common and perceived to be what will take away all hope from any growth that may occur in the area. The burden of behavioral issues presenting in classrooms due to increased drug use overlaps with the substance abuse priority. However, in this context it was spoken about as concern for the teachers not having the resources - either the capacity and/or extra help in the classroom and the potential to compromise the education of other students. Training in vocational areas where students are taught a trade, in some cases including certification such as journeyman or welder, was discussed as an opportunity to make our area more attractive. Although it was noted we have vocational programs in the high schools, the consensus was that the programs are underfunded and the options for going further are very limited. Free tuition at Garrett College was perceived as a tremendous benefit, but for those who can't or don't want to transfer for a higher degree, the ability to earn a living wage without skilled trade is often difficult. With the cost of college completely out of reach for many families and the shortage of skilled labor this was an area communities wanted to explore further.

Mental Health ranks fifth both in the region and county on the consumer surveys. Digging deeper into this topic in the focus groups proved to be quite complex making it difficult to identify themes. However, a theme that carried over from 2016 was that mental health services are still 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 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 as though it's difficult to receive proper treatment.



FOCUS GROUP ANALYSIS

Challenges Voiced During the Focus Groups (Direct Quotes)

"We have nothing here to keep young people in the area."

"Do we have a trade school in the county? I'm not talking about a driving school."

"You can get healthier with higher incomes, we're making progress — "

"My concern is the next 5-20 years, do we have the next generation or two behind us to attract and keep?"

"I have a good job-but the broadband thing-although my job allows me to work from home, I can't."

"This town is really dwindling – the school is gone, no one is moving into town- it's going to be a ghost town."

"Lack of high speed internet around the county- how do we move into the future? It effects tourism, giving people tools—so many opportunities are online."

"I wish I knew who to complain to so it would make a difference."

"Disparity of affordable housing - I'm not talking about subsidized housing, \$900 a month for rent or more is not affordable."

"What is my retirement going to look like? Trying to guess at what my medical needs will be and if I have medical concerns- will I be destitute without the insurance?"

"Health Insurance? We can't afford it."

"My kids have it through the state but it's still not enough."

"We pay our own way."

"I'm a transplant- I still don't feel like I belong after 25 years. That's what people who are born here call me, a transplant."

"People don't respect one another."

"People don't have open minds."

"I married a native but my friends are not."

FOCUS GROUP ANALYSIS

Challenges Voiced During the Focus Groups (Direct Quotes)

"It's the kids that grow up and are even born addicted. Drugs and what they do to the kids is the saddest part."

"Highest level of our society – grandparents are raising kids– affluent people."

"Senior citizens are selling their drugs for food."

"Parents in the schools need more education, alcohol is just as bad."

"Insurance didn't go out of the state."

"If you haven't been around other races you just don't know how to act"

"A lot of people drink too much."

"House was broken into and the only thing that was stolen was whisky."

"Meth was big- but they arrested the two dealers."

"If people had hobbies, or play sports that might help-It gives me purpose. If they find something they are passionate about...."

"Addicts and seniors are mixed together in housing."

"Judgmental about people who use drugs. Addiction is not a choice-"

"People can't pass a drug test."

"They need to focus on the elementary school -they keep talking about shutting it down. The bank and the post office will probably leave too. If you don't have a school- you don't have a community. It's shortsighted of them to close the school."

"We lack psych. Telepsych - if the internet goes down it's hard for mental health patients. It's bad for adults and even harder for adolescents. It's much more stigmatized in a small community."

"We have more problems than people realize."

WHAT DO YOU LOVE ABOUT LIVING IN GARRETT COUNTY?

"Sense of community- everybody is related—they watch out for your kids"

"Strong volunteer base"

"Church involvement"

"Great senior site that provide much needed meals"

"Outdoor activities"

"Very friendly, waving, and polite, skies are very blue, hear birds, no smog"

"If there is a need this community comes together."

"Slower pace and four distinct seasons."

"We love our land, space, very neighborly but there is still space."

"Good area to feel safe and watch wildlife and walk in the woods. People are so friendly and kind and willing to help."

"An experience that's hard to appreciate unless you've lived elsewhere"

"The spirituality of the mountain."

"There are kind people, always someone watching out for you."

FOCUS GROUP ANALYSIS

Longing for Respect & Belonging

In contrast to this theme, discussions with those that have had dissimilar experiences in small towns in the county were explored. This quote taken from a focus group may challenge your perspective,

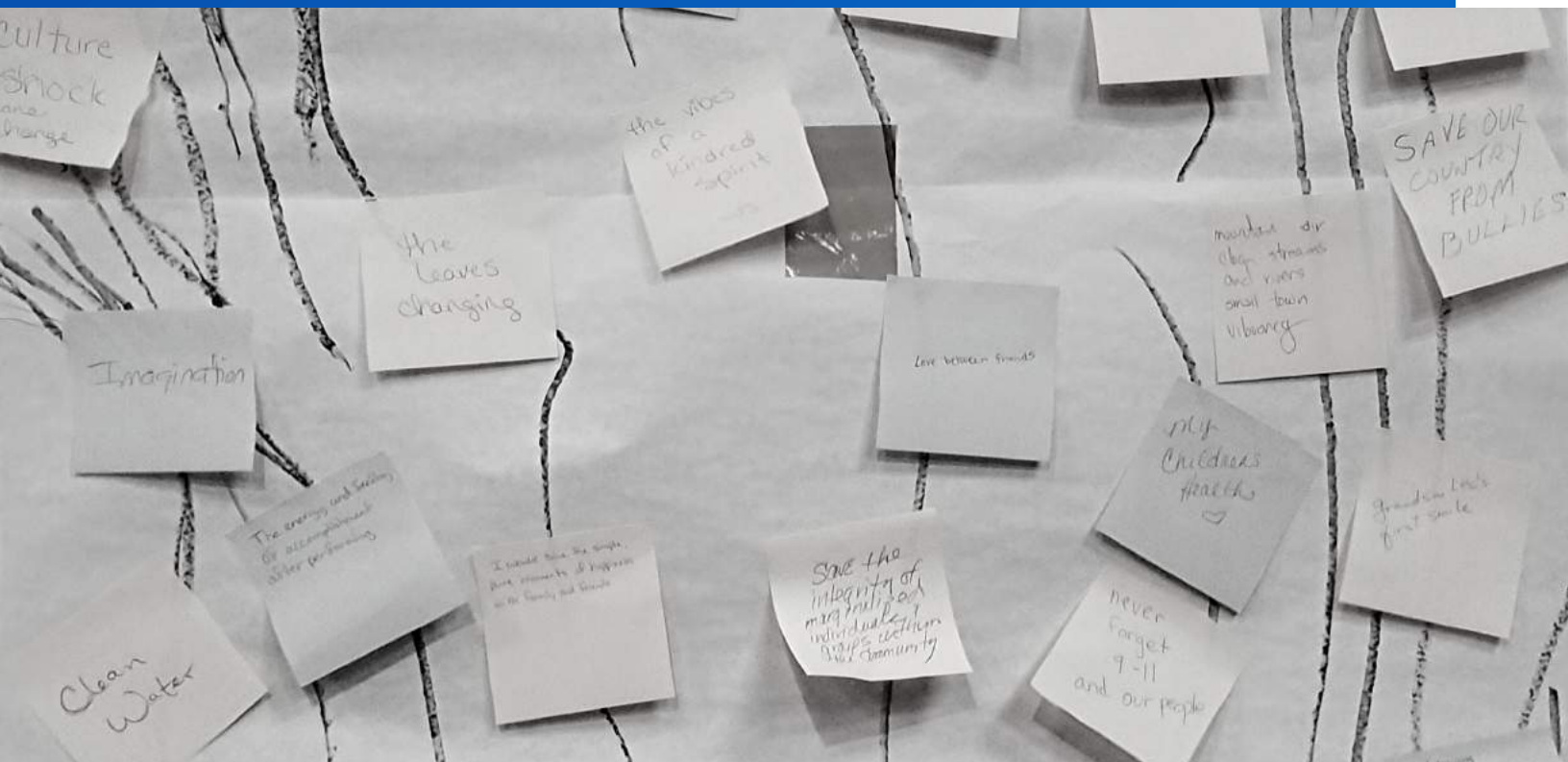
“there is a difference between a polite community and one that truly embraces a person.”

If you’ve never been the person treated differently, it may be difficult to understand. However, when asking the open-ended question about what makes a community healthy, the notion of the need for belonging kept surfacing. Regardless of whether you are from the area or not, being different in any way is perceived as a risk or disadvantage in Garrett County.

One person put it this way,

“it’s a safe community for everyone, unless you’re on the margin.”

A call for open mindedness and general respect for people was recorded multiple times in the various focus groups.





MOUNTAIN MARYLAND GATEWAY TO THE WEST

Garrett County, Maryland

GARRETT COUNTY

Our Health

SECONDARY DATA ASSESSMENT

Transportation

Garrett County has a legacy as one of Maryland's most significant recreational areas, even dating back prior to the 20th century. It's natural beauty and resources inspired Native Americans, early settlers, and people from all walks of life including American presidents and prominent historical figures. Lush recreation trails abound throughout the county and today, Deep Creek is still a popular destination for some of several activities, including horseback riding, fishing, and hunting.

- Hiking & Biking Trails
- Horseback Riding
- Deep Creek Lake

Man and Nature

Highlighting the unique natural resources which Garrett County has historically acknowledged and respected including coal, timber, and agriculture. In particular, the County has a unique landscape because it marks the Eastern Continental Divide in Maryland, which forms the border between the Appalachian Mountains to the west and the Piedmont to the east. This unique landscape includes rolling hills and breathtaking valleys in a patchwork of cultivated fields. These beautiful agricultural areas are located everywhere in Garrett County but the best places to see them are in the...

- 4 State Parks & 2 State Forests
- 100 miles of scenic byways
- Coal Heritage Trails available at Garrett College
- Kennelton & Shafter
- Sunnyside Tours
- Working Farm Tours
- Mountain Mill

Gateway to the West

The overall heritage of Garrett County is a unique blend of the 18th and early 19th century American western and the fact Garrett County's Gateway to the West is one time in the history of the country's transportation for travelers and the Mountain Maryland Gateway to the West Heritage Trail is best characterized by its transportation, Man and Nature, Historic Recreation, and Culturally Unique resources.

OUR HEALTH

Secondary Data Analysis

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 highlighted throughout 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 the first attempt 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.



OUR HEALTH

Community Composition

Garrett County is a unique rural community situated in the westernmost corner of Maryland. According to the census, it is a large county with a geographic base of 656 square miles, and 46.5 persons per square mile (US Census, 2010). Our low population density ranks Garrett County as the third least populous county in Maryland. Natural beauty abounds with plenty of open space to enjoy with over 98,276 acres of parks, lakes and publicly accessible forestland.* The county is bordered by West Virginia and Pennsylvania and is considered a tri-state area.

According to the 2017 ACS 5-year population estimate, the population of Garrett County was 29,516 - continuing to decrease from 30,097 reported in 2010. This is important to note because population loss is one of the main indicators of a weak regional economy.** Only 15,720 people made up the labor force in Garrett County, a regionally small proportion relative to total population (more info in Regional Indicators Supplement). The migration of young people to urban areas coupled with aging populations continues to be a challenge for our region; however, a comprehensive secondary data analysis indicated that local systems of support are more aptly prepared to address rapidly aging populations than most, excluding economic concerns and health insurance.

Median household income hit an all time high in 2018 for the nation and Maryland was ranked the wealthiest state, with a median household income of \$83,242. Garrett County remains well below that at \$48,174. This more closely aligns us with our neighboring state of West Virginia, which is one of the poorest states with a median income of \$44,061. The population of West Virginia fell by 2.5% over the past eight years, the largest decline of any state. An article analyzing the richest and poorest states noted, "the GDP of West Virginia increased by just 1.8% a year on average — less than half the 4.1% national growth rate. Like the nation as a whole, the largest drag on economic growth was the state's mining sector."*** Related to this for our region was the 131 year old Luke Paper Mill closure, a devastating blow to the Western Maryland region. Reported job loss from VERSO was 675 in June of 2109. However, that does not account for the industry support jobs, many of whom were small companies or self-employed individuals. It remains to be seen just how deeply this closure will impact the people in our region, and how long it will take to recover.



*<https://dnr.maryland.gov/land/Documents/Stewardship/CurrentAcreageReport.pdf>

**<https://extension.psu.edu/understanding-economic-change-in-your-community>

***<https://247wallst.com/special-report/2019/10/01/americas-richest-and-poorest-states-8/>

OUR HEALTH

Affordable Housing Impacts

Ensuring that everyone has a decent place to live is vital to improving population health. The affordable housing debate is one of many that is a topic of concern not only nationally, but also here at home. Simplicity is not the cornerstone of this debate, as there are layers of complexity that confound solutions.

The National Low Income Housing Coalition publishes a report annually showing the "housing wage" that a person would need to earn full time (40 hours a week, 52 weeks a year) in order for a two-bedroom rental unit to be affordable by the official government standard. The report states, "In the United States, the 2014 two-bedroom Housing Wage is \$18.92. This national average is more than two-and-a-half times the federal minimum wage, and 52% higher than it was in 2000. In no state can a full-time minimum-wage worker afford a one-bedroom or a two-bedroom rental unit at Fair Market Rent."*

We naturally ask the questions, affordable for who and how many units are available for rent in the region? This was a common discussion that ran across several of our focus groups during this assessment. The federal Department of Housing and Urban Development (HUD) defines an "affordable dwelling" as one that a household can obtain for 30 percent or less of its income. However, this varies from place to place.

Shockingly, affordable housing, a known vital social determinant of health, remains elusive, pending further analysis that illustrated significantly higher Home Purchase Loan Origination by Loan Amounts of Under \$60,000 (Garrett: 4.48%, Allegany: 19.29%) and \$60,000-\$119,999 (Garrett: 18.49%, Allegany: 43.85%). In Garrett County, it is difficult to find a reliable data source to report affordable rental units at any given time. Our vacant property rates are more than triple both national and state rates at 38.24% in Garrett County (more info in Regional Indicators Supplement). This data is a starting place to aid local leaders as they evaluate housing policies, zoning, and other issues related to affordable housing. More data is needed as this complex issue continues to hinder economic growth in the region.

*<https://reports.nlihc.org/oor/2014>



OUR HEALTH

Hidden in Plain Sight

Balancing community priorities with secondary data sources as we seek to be responsive to the needs of the community can be a complex process. In some cases the secondary data supports the community priorities, and in other cases, it doesn't.

Due to the extensive nature of this the report, highlighting a few areas that demonstrate this point is important for broader community coalition conversations in order to work toward reconciliation.

Despite low interest from those surveyed, the first area of concern is sexually-transmitted infections (STIs/STDs). It was rated next to last on the community priority list. However, there appears to be increasing prevalence of diagnoses of chlamydia and HIV longitudinally in the region.

The second area of concern is child maltreatment, which is often defined as physical injury (not necessarily visible) of a child under circumstances that indicate that a child's health or welfare is harmed or at substantial risk of being harmed. Data sources record this differently, so it's important to consider what the sources are measuring, but rates have consistently been one of the worst in the state of Maryland and do not indicate improvement.

A call to action for increased aggregate data sharing on the Garrett County Planning Tool from agencies that track different nuances of the larger issue of child maltreatment is needed. Information about local foster care cases and domestic abuse may help us understand the complexities children and adolescents are facing.

Another area of note is the lack of reliable data around obesity and other chronic diseases, including diabetes. Data that is available does not indicate adolescents or adults prioritize healthy eating habits, exercise, limiting alcohol use, or avoiding tobacco. Further assessment is needed on the efforts that are being made in the community to address these issues.

Substance abuse has remained in the top three priorities from primary data collected through community surveys and focus groups since we began formal assessments in 2016. Chronic Disease remains the main cause of death and significantly surpasses all others including overdoses, yet people are not as concerned with heart disease. This is evident in our primary data results and the extensive programmatic efforts funded by multiple agencies to reduce substance abuse. A cultural shift is needed to reinforce the importance of healthy lifestyles on overall quality and length of life.



OUR HEALTH

State of Health Equity

Despite the traditionally white (96.3%, not Hispanic or Latino), homogeneous population in Garrett County, documentation of severe health inequities among minority populations has provided additional insight as our community composition begins to change. While previous analysis of the region has focused on economic inequities, we are expanding the conversation to include racial and LGB inequities, based on the datasets discovered through expanded research.

Through accompanying supplements, the following critical indicators have been identified:

Garrett County, MD ranked the poorest among neighboring communities for Black or African American (50%) and Other (31.9%) races for No High School Diploma by Race Alone, Black or African American (34.33%) races for Uninsured Populations by Race Alone, and Black or African American (85.71%) races for Population in Poverty by Race Alone (more info in Regional Indicator Supplement).

From 2000 to 2010, the White population in Garrett County decreased, while the Black or African American population increased 135.16% (more info in County Indicator Supplement).

Additionally, the results of the Maryland Youth Risk Behavior Survey (more info in Supplement) point to additional disparities among Gay, Lesbian, and Bisexual youth, indicating that these populations reported, in aggregate, No Difference or More Likely than Heterosexual to experience every risk behavior reported by Maryland through the national YRBS tool designed "to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States."^{*}

While these populations are small comparatively, these statistics present insurmountable difficulties for racial and sexual orientation minorities in our community and warrant further examination and consideration in developing equity-based practices to improve population health.

^{*}<https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>



OUR HEALTH

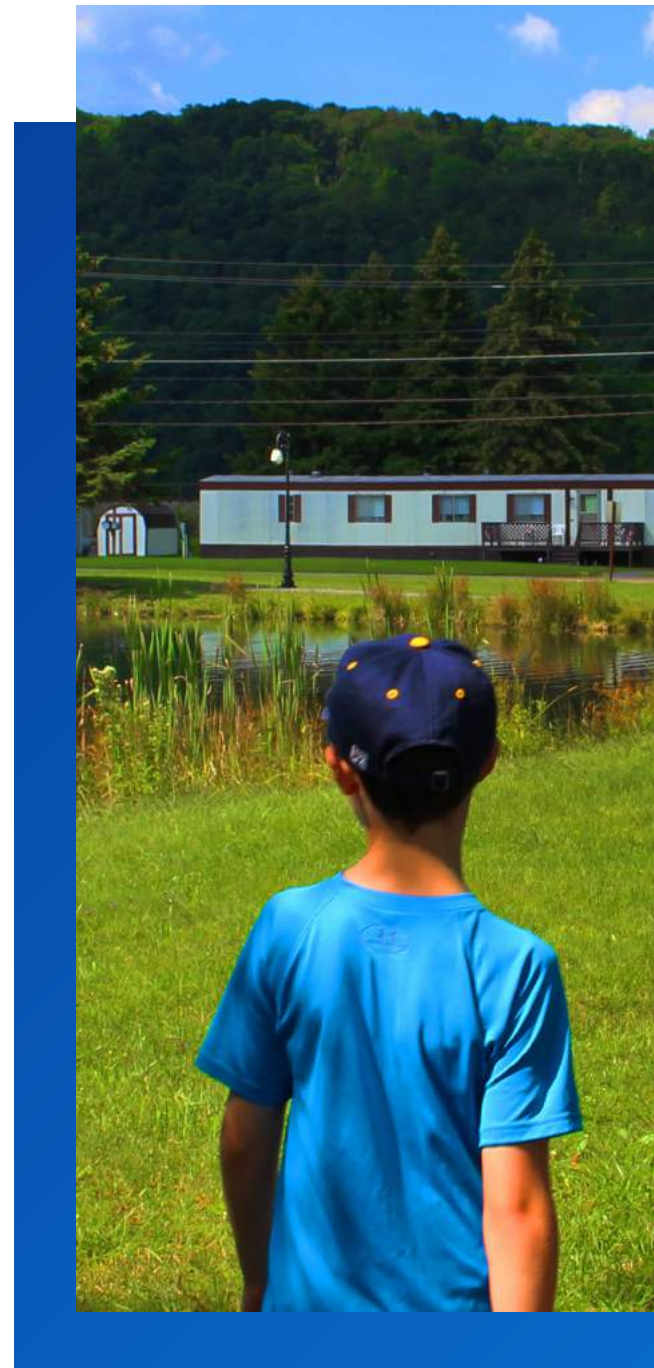
Hope on the Horizon

Despite these disappointing findings, there are several promising trends for Garrett County on the horizon.

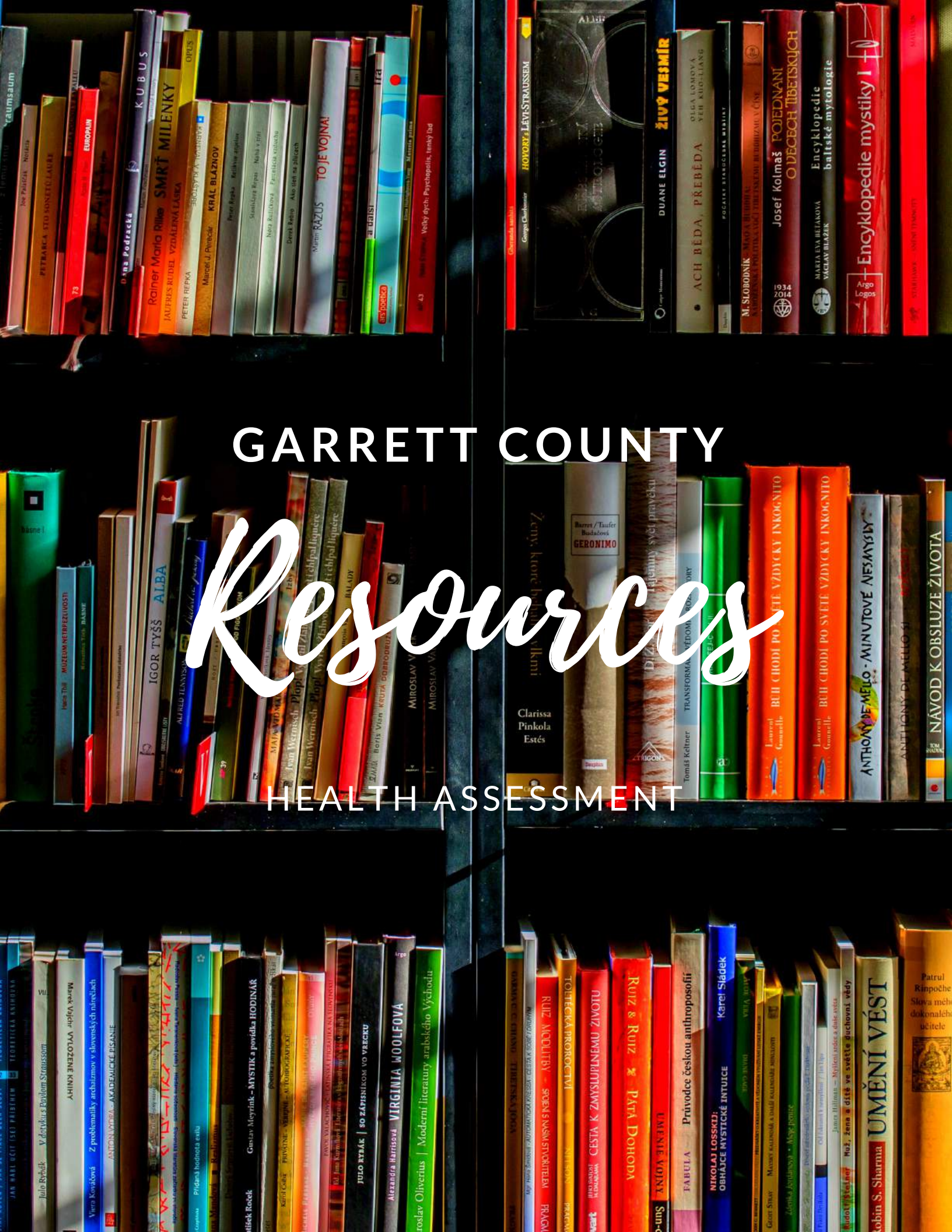
One of the most important indicators for economic advancement in the modern age is broadband access.* Depending on the report referenced, this range varies greatly (up to a disputed estimate of 100%, including mobile broadband access), and is further compounded by promising innovations and developments, such as the Neubeam initiative in partnership with Garrett County Government to find innovative solutions to increase consistent broadband access throughout the county. Further, the addition of Sprint, a major national carrier to several adjacent counties could provide additional infrastructure upon which to see additional advancements in community access.

In addition to this promising pathway that seems aptly timed to succeed in propelling Garrett County to the front of the line in rural communities primed to compete in the growing remote jobs market, a new indicator has been uncovered that shows additional promise for Garrett County by means of access to transportation. As reported in the accompanying Regional Indicator Supplement, only 6.84% of households lacked access to a motor vehicle in Garrett County, compared to 10.66% in Allegany County. This relatively low figure illustrates the need to isolate the contributing factors to low/no transportation access, as the issue may be more readily resolved or alleviated through niche-targeted methods, rather than difficult systems-level modifications.

Finally, the dedicated efforts of Garrett Regional Medical Center and many local agencies and organizations, including the greatly appreciated Cindy's Fund, may be contributing factors worth further investigation, as Garrett County now has the lowest Age-Adjusted Death Rate for Cancer Mortality (137.5 Per 100,000 Pop.) in the entire sampled region (more info in Regional Indicator Supplement). Garrett County's commitment to cancer treatment and community support should be duly noted and may prove to be an innovation model worth expanding to additional areas, pending further analysis.



*<https://www.nlc.org/article/infrastructure-for-the-21st-century-the-importance-of-broadband-to-cities>



GARRETT COUNTY

Resources

HEALTH ASSESSMENT



METHODOLOGY



A Shift Toward Actionable Data Collection

As our local community health assessment and improvement planning processes continue to evolve with an increased focus on collecting the most useful and actionable data, we happily credit the other counties, regions, and cities that have helped shaped our processes:

- Howard County, Maryland Community Health Needs Assessment Model*
- Richmond City, Virginia Health District Community Health Assessment Model**
- Denver, Colorado Public Health Assessment Model***

Additional resources:

- Survey Sample Size Calculator****
- Community Tool Box Best Practices for Community Surveys*****

*https://www.surveymonkey.com/survey-closed/?sm=Ubb07eT2qJpvLHli7kUFZ49xQ3vOORlpE9_2FYKlzMNSDeMnSzy1HC0_2BskDS1q927Gyv0HjlxI63IOQTvW_2F0FCRL0sJDZET7e5QnKCiqPK2bc_3D

**<http://www.vdh.virginia.gov/richmond-city/>

***<https://www.surveymonkey.com/r/DenverCHA2020?platform=hootsuite>

****<https://www.surveymonkey.com/mp/sample-size-calculator/>

*****<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main>

METHODOLOGY

The Survey Instrument

The Garrett County Health Department's Population Health, Innovation, and Informatics Unit champions county-wide assessment, planning, and health improvement. These processes are reviewed at public Health Planning Council meetings held once a month at the Garrett County Health Department with a variety of stakeholders. Their mission: to ensure high quality, effective, and integrated community care system that is responsive to the needs of residents. For those unable to attend, every stakeholder and member of the public is invited join us digitally for a transparent look at these processes on mygarrettcountry.com.

In addition to the Health Planning Council meetings, local agencies and key stakeholder groups (consisting of staff from the Garrett County Health Department, Garrett County Local Management Board, Garrett County Behavioral Health Authority, Mountain Laurel Medical Center, and Garrett Regional Medical Center) met on March 12, 2019, to review a sample draft of the survey instrument. In order to ensure that our instrument captured the most valuable information and is equitable in design, this process was extended this cycle to include a one week, anonymous public comment window on the Garrett County Health Department's website at garretthealth.org from March 20 thru March 27, 2019.

Public Review Results

The survey instrument was open for public review from March 20, 2019, through March 27, 2019. The survey instrument review reached 481 people, was reviewed 46 times by 34 unique individuals without request for modification.



METHODOLOGY

Survey Launch

Up to the release event at the Garrett County Health Fair on April 13, 2019, staff, agency partners, and student volunteers equipped with iPads collected 197 surveys from health fair attendees. Email marketing and social ads were the primary modes of outreach utilizing the health department's extensive databases and strategic investments in digital technology, providing a return rate that more than doubled that of the previous assessment. The Community Action, Aging & Nutrition division assisted with a paper version for some of our most vulnerable residents.

Garrett Regional Medical Center, Garrett College, Mountain Laurel, Garrett County Health Department, County Government, Community Action, and Garrett County Public School System specifically requested staff and clients, when appropriate, to take the survey using the digital link. The Garrett County Population Health, Innovation & Informatics unit provided two incentives for participation, one for completion of the survey and one to participate in one of ten focus groups held around the county. In seventeen weeks, our collaborative effort yielded 2,102 surveys. Ten focus groups were conducted with 60 individuals in Garrett County who volunteered their time to help us understand more about the priorities selected for their zip codes.

Templates

The survey instrument and focus group script are available within the included supplement.



EXTENDED TOOLS

Community Health Assessment Research Portal (CHArp)

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 first 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:

garrettcountyhealthdepartment.github.io/CHArp

In addition to the easily accessible and interactive digital tools, charts, and maps available within the tool, each interactive element is mapped to a Tableau public sheet that includes relevant metadata for further analysis.

We greatly welcome your feedback on this new application via the built-in support mechanism for this tool.



SOURCES

Research & Recommended Reading

- America's Richest and Poorest States
 - <https://247wallst.com/special-report/2019/10/01/americas-richest-and-poorest-states-8/>
- Center for Applied Research and Engagement Systems (CARES), University of Missouri CHNA Reporting Tool
 - <https://engagementnetwork.org/>
- Common Data Types in Public Health Research
 - <https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research>
- Community Health Assessment Data & Benchmarks
 - <https://www.cdc.gov/publichealthgateway/cha/data.html>
- Community Tool Box
 - <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main>
- Maryland DNR Lands Acreage
 - <https://dnr.maryland.gov/land/Documents/Stewardship/CurrentAcreageReport.pdf>
- Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2016
 - <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2016.aspx>
- NACCHO Mobilizing for Action through Planning and Partnerships (MAPP)
 - <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
- Out of Reach Housing Report
 - <https://reports.nihc.org/oor/2014>
- PennState Understanding Economic Change in Your Community
 - <https://extension.psu.edu/understanding-economic-change-in-your-community>
- Sample Size Calculator
 - <https://www.surveymonkey.com/mp/sample-size-calculator/>
- Youth Risk Behavior Surveillance System (YRBS) Overview
 - <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

