



# **2022 Community Health Needs Assessment**



The Community Health Needs
Assessment (CHNA) provides a
framework for community action,
engagement and accountability in
addressing the health needs of citizens
of Washington County, Maryland.

Findings from the last CHNA were published in 2019. Below is an overview of the health needs and priorities for FY 2022.

**Heart Disease & Hypertension** 

In Washington County, there are more people with health insurance in comparison to the last Community Health Needs Assessment. The majority of residents, 93%, have health insurance.

There is more good news: the mortality rate for heart disease, cancer and diabetes all decreased. Fewer patients are being prescribed opioids by their doctors. More people are getting mammograms, and getting screened for lung and colon cancers; the survival rate for colon, and head and neck cancers is also improving.

**THE GOOD** 

**Health Insurance** 

Cancer Screenings
Survival Rate

Opioid Prescriptions
Decreased





Mental health, obesity and addiction top the list of health concerns for Washington County. These three topics have historically sat at top of the list. Due to overdose deaths and the increased rate of suicide, life expectancy has declined over the last decade in the county. While the prevalence of diabetes is similar to the rest of Maryland, Washington County as the second highest rate of diabetes mortality of all 24 counties in the state.

In Washington County, the rate of emergency calls for behavioral health is higher than the state average. More people are dying by suicide in the county on average, than in the state, and Washington County has also seen an increase in fatal drug overdoses in the last decade.





### THE GAPS

**Information Access** 

**Wait Times** 

**Provider Shortages** 

**Crisis Beds** 

**Care Needs** 

There are identifiable health service gaps within these findings. People want more accessible information on diet, nutrition and weight loss. They find that there are delays, sometimes stretching an average of more than three weeks, for a new patient to be seen by a psychiatrist. Currently, there is a shortage of primary care and specialty providers in Washington County. This delays treatment, in addition to the lack of mental health crisis beds.

Lastly, there exists a large gap in health care needs for Black or African Americans, and Hispanic or Latinx community members; poorly managed diabetes, hypertension, premature births and higher rates of some cancers.

# **Minority Health**

#### THE FINDINGS & CONCLUSION

Leading causes of death for Washington County adults

Heart Disease 22% Cancer 19%

#### **Health status of Washington County** residents

Unhealthy 57% Average 29% Healthy 10%



#### THE FINDINGS & CONCLUSION

Cost of co-pays and/or insurance deductibles

Inability to see a provider when

Transportation to medical services





The top health and wellness priorities for Washington County have been identified as improving access to timely behavioral health treatment and recovery, and engaging and empowering community members to choose healthy behaviors and make changes to reduce health risks.

Together, Meritus Health, Healthy Washington County and our community partners will create programs and support to help our neighbors achieve healthier lives.

# Improve Behavioral Health Access

G O A L S

- 1. Establish regional crisis center services.
- 2. Decrease number of overdose fatalities in Washington County.
- 3. Reduce suicide rate by increasing timely access and crisis intervention.



# **Improve Wellness and Prevention**

G O A 1. Increase health screenings by using Mobile Health and engaging Meritus Medical Group practices in encouraging appropriate health screenings, earlier intervention and prevention of chronic illness.

2. Reduce loneliness by working with community partners and dedicated staff to implement outreach programs and home visits.







G O A L

- 1. Increase racial/ethnic diversity in the workforce, with a target of 24% minority leadership.
- 2. Increase access to health care and healthy food, by development of a downtown health hub via partnership with Meritus Health and Goodwill.



## **Decrease Obesity**

GOALS

1. Lose 1 million community pounds by the year 2030. To date, over 30,000 community pounds have been lost via Go for Bold!



# Prevent and improve management of diabetes and hypertension

G O A L S

1. Improve management of hbA1c in patients with diabetes by increasing provider education, care coordination standards and referrals to evidence-based selfmanagement.

2. Expand diabetes prevention program sites, virtual options, and add trainers and increase provider referrals.











