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This document has been produced to benefit the community. Healthy Washington County encourages use of this report for planning purposes and is interested in learning of its utilization. Comments, questions and suggestions are welcome and can be submitted to:

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The FY2022 Community Health Needs Assessment for Washington County, Maryland is available for review at:

- Brook Lane www.brooklane.org
- Healthy Washington County www.healthywashingtoncounty.com
- Meritus Health www.meritushealth.com
- Washington County Health Department www.washcohealth.org

A printed copy of the report may be obtained upon request to any of the following individuals:

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Acknowledgements

The Executive Steering Committee would like to thank the countless individuals who have contributed to the success of this community assessment including all the survey participants and all those who contributed directly to writing and editing the final report

I. INTRODUCTION

Message to the Community

Healthy Washington County is proud to present the FY2022 Community Health Needs Assessment report for Washington County, MD. This report includes a comprehensive review and analysis of the data regarding health issues and needs of people living in the Washington County region.

This study was conducted to identify the health strengths, challenges and opportunities unique to our community and to provide useful information to health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses, and consumers who are interested in improving the health status of the general population. The results enable our health systems and other providers to strategically establish priorities, develop interventions and commit resources to improve the health status of our service region.

Improving the health of the community is foundational to the missions of Meritus Health and Brook Lane and should be an important concern for everyone in the county, individually and collectively. In addition to the education, patient care and program interventions provided through our health systems, we hope the information in this study will encourage additional activities and collaborative efforts to improve the health status of the community over time.

To demonstrate our strong community collaboration, this Community Health Needs Assessment was developed and promoted by Healthy Washington County (HWC). Healthy Washington County is a coalition of public and private organizations working to improve the health of people living in this community. The coalition strives to achieve this through raising awareness around personal health status and healthier behaviors. By bringing people and organizations together around health issues that affect quality of life in the region, we raise awareness, create opportunities to work collaboratively, and support finding new solutions. Ultimately, Healthy Washington County aims to provide the means by which all persons can achieve their healthiest potential.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative and comparative methods that assess the existence of health issues within a defined community and the health services, gaps and disparities that people may encounter related to those health issues. This CHNA report includes findings, survey results, conclusions and an implementation plan that have been made widely available to the public via Meritus Health, Brook Lane, and Washington County Health Department websites.

The express purpose of the FY2022 CHNA was to complete a comprehensive assessment of the health status and healthcare access needs of residents living in the Washington County healthcare region. The objectives include:

- Review the FY2019 health needs and determine what progress has been made
- Identify the current health status of community residents to include data for benchmarking and trends
- Identify the availability of treatment services, strengths, gaps, barriers and opportunities
- Determine unmet community health needs and target priorities
- Develop a plan to direct community benefit and allocation of resources to meet targeted needs
- Enhance strategic planning for future services
- Meet the CHNA requirements for Meritus Health and Brook Lane as not-for-profit hospitals

Meritus Health

Meritus Health is the flagship facility of the health system, Meritus Health, the largest health care provider in the region and 2021 Large Business of the Year winner by the Washington County Chamber of Commerce. The state-of-the-art, Joint Commission accredited and Magnet® Recognized hospital opened in 2010. Not-for-profit in nature, the current census can offer more than 300 single-patient beds within the hospital's walls. With nearly 3,000 employees, 500 medical staff members and 240 volunteers, Meritus Health serves about 200,000 residents of western Maryland, southern Pennsylvania and eastern West Virginia – a tristate area. Comprehensive, quality care and service is provided at Meritus Health in the following areas of health and wellness:

- Bariatric surgery
- General surgery
- Behavioral health
- Cancer - Accredited with commendation by the Commission on Cancer
- Cardiovascular – Cardiac cath lab named by the American Heart Association as a Mission Lifeline® Gold Receiving facility for STEMI patients
- Critical care - AACN Silver Beacon Award for Excellence
- Emergency - Level III trauma center and EMS Base Station as designated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and American College of Emergency Physicians Bronze Level 3 Geriatric Emergency Department Accreditation
- Joint replacement
- Labor and delivery - A Maryland Patient Safety Center Circle of Honor winner for Mothers as Medicine: An Innovative Approach to Care for Neonatal Abstinence Syndrome, Gold Certified Safe Sleep Champion department and Top Maternity Hospital by Newsweek in partnership with The Leapfrog Group
- Palliative Care
- Rehabilitation – A CARF-accredited inpatient rehabilitation unit

- Stroke care – A certified primary stroke center and the recipient of the Get With The Guidelines-Stroke Gold Plus; Target Stroke ELITE Honor Roll; Target Type 2 Diabetes Honor Roll from the American Heart Association
- Wound care

Meritus Health has officially become a teaching hospital, serving as a clinical training site for the Meritus Family Medicine Residency Program, the only residency program of its kind in the tristate region, as well as for more than 1,000 nursing and allied health students annually. Meritus Health was built with a direct link to Robinwood Professional Center, creating a campus where health care providers, outpatients, visitors and families can move easily from one service area to another. With the addition of the hospital, the one-million-square-foot combined campus represents the largest health services footprint in the state of Maryland. Meritus Medical Group, a network of 20 medical practices including primary and specialty care with more than 100 providers:

- Family Medicine
- Internal Medicine
- Endocrinology
- Hematology and Oncology
- Infectious Disease
- OB/GYN
- Orthopedics
- Pain Specialists
- Pediatrics
- Pulmonary
- Surgical Specialists
- Women's Health
- Meritus Home Health
- Equipped for Life, a medical equipment company
- Urgent Care

With a long-standing history of caring for the community, Meritus Health relentlessly pursues excellence to improve the health status of the region. Meritus Health is committed to caring for the community and has done so for more than a century.

Brook Lane

Brook Lane is a private, non-profit mental health facility with a 115-acre main campus near Leitersburg, Maryland and three satellite campuses in Hagerstown and Frederick. The 57-bed hospital provides treatment focused on crisis intervention and stabilization. Day treatment programs for children and adults provide a structured, therapeutic program yet allow the client to return home each evening. Outpatient therapy for all ages is available at three locations. Laurel Hall School provides education and therapy for students with emotional and behavioral challenges. The THRIVE Program assists children in building relationships and developing positive coping and communication skills. InSTEP, a substance use treatment program, addresses the increasing need for the treatment and support of addiction in our community. Brook Lane also provides School Based Mental Health Services, free of charge, in all middle and high schools in Washington County, Maryland.

Executive Steering Committee

An executive steering committee served as an advisory group to the CHNA process. Members are composed of organizations and community leaders who represent the core of healthcare infrastructure in the Washington County region. These individuals provided immeasurable guidance throughout the assessment process and have demonstrated their commitment to participate in collaborative community strategies to improve the health needs identified in the assessment.

Diana Gavaria	Washington County Health Department, Deputy Health Officer
Brooke Grossman	Horizon Goodwill Industries, Chief Mission Officer
Nicole Houser	Community Free Clinic, CEO
Jocelyn Hauer	United Way of Washington County, Director of Engagement
Shaheen Iqbal	Meritus Health Board of Directors, Physician
Brooke Kerbs	Washington County Mental Health Authority, Director Child and Adolescent Services
David Lehr	Meritus Health, Chief Strategy Officer
Curt Miller	Brook Lane, Director Public Relations
Amy Olack	Commission on Aging, CEO
Douglas Spotts	Meritus Health, Chief Health Officer
Danielle Stahl	Washington County Health Department,
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Earl Stoner	Washington County Health Department, Health Officer
Allen Twigg	Meritus Health, Executive Director Behavioral and Community Health
Susan Walter	Tristate Community Health Center (FQHC), CEO
Laura Wilson	Family Healthcare of Hagerstown (FQHC), Grants and Marketing

II. EXECUTIVE SUMMARY

The FY2022 Community Health Needs Assessment (CHNA) was conducted to identify primary health issues, status and needs and to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results will enable healthcare providers and organizations in our region to strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

In January 2021, in an effort to improve the health of Washington County residents and to align their process with the Maryland State Health Improvement process, the Washington County Health Improvement Coalition (WCHIC) known as "Healthy Washington County" with leadership from Meritus Health and Brook Lane determined that a Community Health Needs Assessment would be completed during 2021 to 2022. The WCHIC commissioned an executive steering committee of key stakeholders to oversee the process. Representatives from Meritus Health, Brook Lane, Washington County Health Department, the George W. Comstock Center, the United Way, the Federally Qualified Health Clinics, and other community organizations were included. The steering committee developed the goals, objectives and timeline to conduct a community health needs assessment and recommend a plan of action to address prioritized health needs.

The research and data analysis of this effort began in spring 2021. The primary service area was defined as Washington County, Maryland. The steering committee began a review of the most recent CHNA (2019), the community health initiatives, and progress made towards improvement. Next, secondary health data from national, state and local sources were compiled and reviewed.

A subcommittee was then appointed to develop a Key-Informant questionnaire for the purpose of obtaining direct input from key community stakeholders who have knowledge regarding the health needs of people living in the primary service area. The questionnaire consisted of fifteen (15) content knowledge questions related to health, status, and behaviors and seven (7) demographic questions. In addition, a health needs and social determinants ranking survey accompanied the questions. Whenever possible the Key Informants were interviewed by a member of the steering committee, or alternatively submitted written answers to the questions and completed the ranking exercise. Twenty-two (22) key community stakeholders completed the interview questionnaire and provided input between August 6, 2021 and September 10, 2021.

Upon review of data, the steering committee coordinated eleven (11) public focus groups to help drill-down specific information on topics including nutrition and physical activity, mental health and substance abuse specific to children, adults and seniors' health needs. Two focus groups were conducted to obtain specific information about minority healthcare needs, focusing on black or African-Americans and Hispanic and Latino community members. Total group participants included 121 diverse representatives of the Washington County community.

Summary of Findings

Health needs and priorities are largely unchanged from the FY2019 CHNA findings.

Improvement

- Improving Washington County trends include fewer uninsured persons, increased supply of dentists, and lower rates of air pollution
- The majority of Washington County residents have health insurance 93%; approximately 7% of adults are not insured
- The mortality rate for heart disease and cancer both decreased 2% since last measurement period in 2018
- Diabetes mortality rate is decreasing
- Alcohol binge drinking rates of 16% are lower than the state average
- Drunk driving fatalities are trending down and are better than the state and HP targets
- Fewer opioid prescriptions are being prescribed by providers
- ED visits for behavioral health crisis declined
- Mammography screening trend is improving
- Lung and colon cancers are being diagnosed at earlier stages
- The survival rate for colon, and head and neck cancers are improving

Wrong direction

- Life expectancy has declined over ten years in Washington County, largely attributed to overdose fatalities and an increased rate of suicide
- Washington County slipped to 18th out of 24 Maryland counties in the County Health Rankings
- Cautious trends include increases in physical inactivity, preventable hospital stays, unemployment, and crime
- Concerning trends include premature death rate, increased adult obesity rates, a lack of available primary care physicians, and more children living in poverty
- Overweight adults (BMI $\geq$ 25) increased by 3.3% since last CHNA
- Adults who are physically inactive increased 2% since last CHNA
- While diabetes prevalence at 10.3% is similar to the rest of the state, Washington County has the second highest rate of diabetes mortality, 32
- Given the higher than average rates for physical inactivity, and being overweight and obese in our community, residents are at higher risk for pre-diabetes and developing diabetes in the future
- Washington County is an outlier for 9-1-1 calls for behavioral health resulting in more Emergency Department visits for mental health and crisis assessment than the state of Maryland average
- The rate of suicide at 14.7 per 100,000 lives has increased in Washington County while the state average has slightly decreased over the past six years
- There is a steady increase of drug overdose fatalities over the past ten years, at a rate that is higher than the state of Maryland average
- The trend of drug overdose deaths has increased significantly since 2014 and are primarily attributed to fentanyl

Objective findings

- The leading causes of death among adults in Washington County are heart disease 22% and cancer 19%
- Only 20% of health outcomes are attributed to the quality of clinical care provided (70% is accounted for by health behaviors 30%, social and economic determinants 40%)
- The most frequent health concerns reported include behavioral health issues including anxiety and depression, ADHD, autism and bipolar disorder, being overweight, having type II diabetes, high blood pressure, cancer, asthma, addiction, allergies, arthritis, back pain, high cholesterol and heart disease
- Other health concerns include dental, smoking, and Chronic Obstructive Pulmonary Disease (COPD)
- Community informants view the health status of people living in Washington County as "unhealthy" 57%, "average" or similar to most other communities 29%, "healthy" 10%
- The primary barriers to accessing health care include the cost of care, including inability to afford co-pays and health insurance deductibles, and inability to see a provider when needed
- More than 68% of the adult population is overweight or obese (BMI > 25)
- There was no change in the percentage of persons who maintained a healthy weight over the past three years, 31.5% (BMI < 25)
- The report of high blood pressure 32.7% is similar to the state and national averages
- There is a clear correlation between health, wellness and the rate of poverty which is higher in Washington County (12.2%) than is found in the state of Maryland (9.2%)
- Transportation to outpatient medical services is a barrier for patients who do not have independent transport

Health Disparities

- There is a health disparity among the Black or African Americans observed in a higher rate of Emergency Department visits for poorly managed health issues including diabetes and hypertension
- Black or African Americans have a higher age-adjusted death rate of 45.9 for lung cancer compared to Whites, 42.3
- The colorectal cancer rate for Black or African Americans is 50.9, more than 25% higher compared to Whites at 37.8
- The prostate cancer incidence rate among Black or African American men in Washington County is 194.4, nearly twice the rate of White men 94.8

Identified Health Service Gaps

- Over-weight and obesity is a primary health concern and people desire information regarding diet, nutrition, weight loss, and help making healthy lifestyle changes
- There are delays stretching an average of more than three weeks for a new patient to be seen by a psychiatrist
- There is a shortage of primary care and specialty providers available in Washington County

- There are no mental health crisis beds in the county
- There is a delay to timely access for substance abuse treatment when a person desires help; specifically the lack of detoxification or crisis services or ability to be admitted for inpatient/residential treatment levels of care
- There are significant health disparities with Black or African Americans, and Hispanics or Latinx

Conclusions

Overall lifespan In Washington County is on a downward-sloping trend, similar to the state and nation, but more significant.

The ongoing impact of Covid-19 on potential future costs associated with postponed treatment and reduced preventive care (screenings for behavioral, cognitive, social, and chronic medical conditions) is unknown at this time.

The occurrence of telehealth services is reshaping delivery of health care. Health integration to treat the whole person is rapidly becoming "virtual integration" providing virtual telemedicine and education services with real-time patient exchange via EHR as the foundation. The transformation is shifting the locus of health and human services from professional offices to consumer homes. New barriers in access to and use of digital devices observed when technology is not available. Access to high-speed internet access is an issue in some rural parts of the county.

Health disparities and inequities exposed during the pandemic must redirect our actions and decision-making across the health system and community to ensure equitable care for all persons.

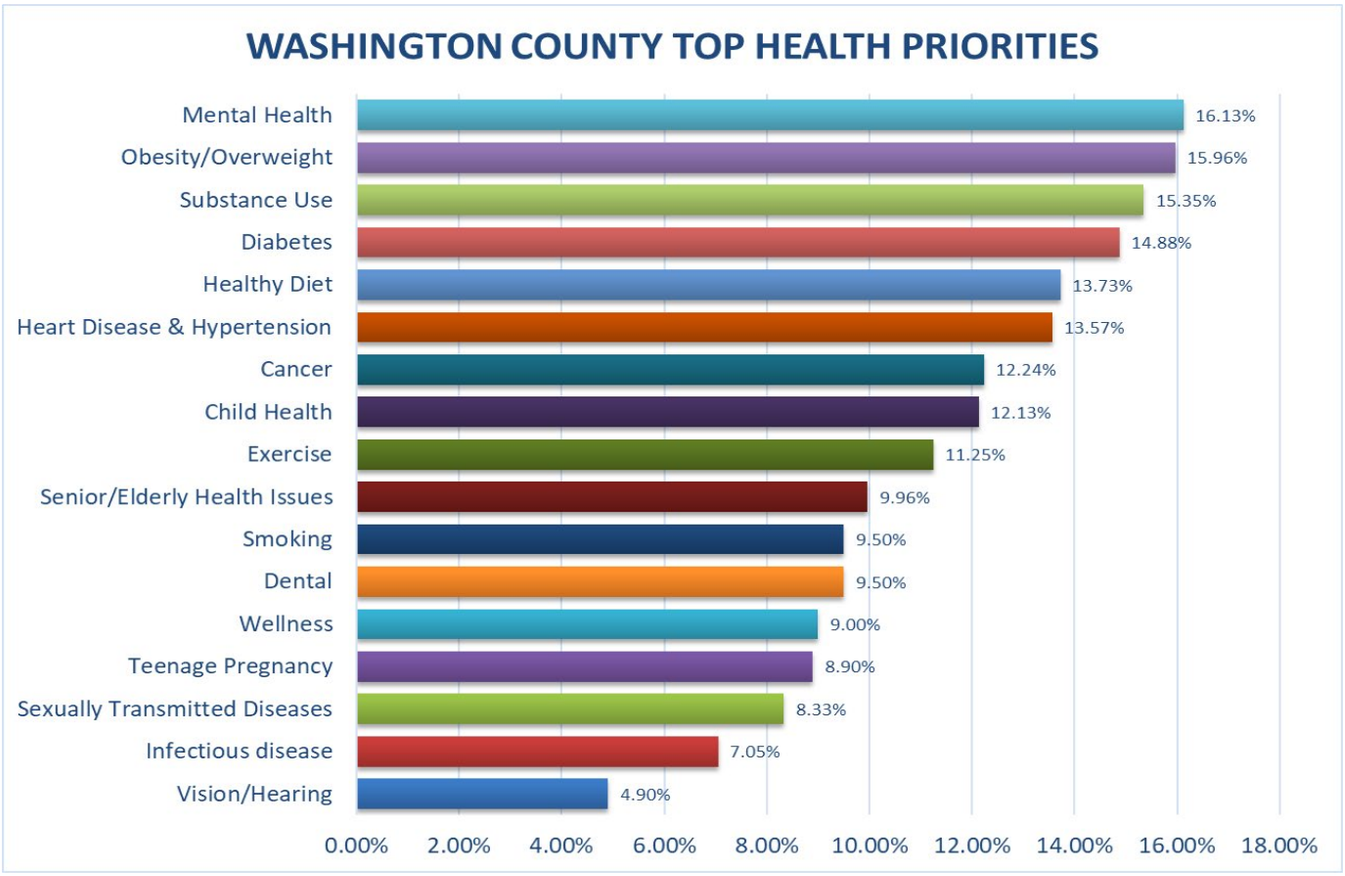
These conditions represent an excellent opportunity and potential to improve access and engagement towards our purpose of improving health for all people.

Despite the pandemic and changes to health care delivery over the past two years, the health needs and priorities for Washington County are largely unchanged from three years ago.

As summarized by Dr. Maulik Joshi, Meritus Health CEO "It's time to move from assessment to improvement."[1]

[1] http://www.modernhealthcare.com/opinion-editorial/community-health-its-time-move-assessment-improvement Accessed: 8/10/21

On November 2, 2021, Healthy Washington County conducted a public meeting to review the data, findings, needs and issues identified from the Community Health Needs Assessment process. Upon reviewing all the key data and findings, attendees endorsed the prioritized ranking of health needs and social determinants of health.



A full list of the health priorities identified for Washington County in ranked order include:

1. Mental Health
2. Obesity / weight loss
3. Substance Use
4. Diabetes
5. Healthy diet
6. Heart Disease and Hypertension
7. Cancer
8. Child health
9. Exercise
10. Senior health
11. Smoking
12. Dental
13. Wellness
14. Teenage Pregnancy
15. Sexually transmitted disease

16. Infectious disease
17. Vision/ hearing

The top ranked health priorities for the Washington County community include:

#1 Mental health
#2 Obesity / weight loss
#3 Addiction
#4 Diabetes
#5 Heart disease and hypertension

The top ranked community health priorities for Meritus Health implementation plan includes:

1. **Obesity;** lose 1 million community pounds by promoting increased **physical activity (DO)**, eating a **healthy diet (EAT),** and achieve **emotional balance (BELIEVE)**

2. Improve **behavioral health** by ensuring timely access to appropriate, quality **mental health treatment** and support, and reduce **addiction** and **overdose fatalities** to protect the health, safety and quality of life for all

3. Improve prevention and the management of type II **diabetes** and reduce mortality

4. Prevent **heart disease,** reduce **mortality** and manage **hypertension**

5. Increase **healthy equity** by helping all people **attain the highest level of health**

6. Engage and empower people to **choose healthy behaviors** and make changes to **reduce risks**

The top ranked community health priorities for Brook Lane implementation plan includes:

1. Improve **mental health** through prevention, early intervention and education

2. Lessen **substance abuse** to safeguard the health, safety and welfare of all

The Community Health Needs Assessment provides a framework for community action, engagement, and accountability in addressing the health needs of our county's citizens. Its significance as a resource to community organizations is paramount as it prioritizes our health needs and initiatives. The steering committee developed a draft implementation plan of action based on the identified health needs, community strengths, resources, and new initiatives. On November 2, 2021 the top health priorities were reviewed by Healthy Washington County, the identified community body responsible for the coordination of resources to help address the identified needs and to measure outcomes.

Based on the findings of the CHNA and the prioritization exercise, the Healthy Washington County coalition submitted an outline of priority health needs and goal direction to Meritus Health and Brook Lane. The respective hospitals developed an implementation strategy, outlining objectives, action steps and draft goals that will address the prioritized community health needs and identified resources to commit towards improvement. The Meritus Health Community Health Improvement Plan (CHIP) FY23-25 was approved and adopted by the Meritus Health Board of Directors on February 24, 2022 (see **Appendix R**). The Brook Lane Community Health Improvement Plan (CHIP) FY23-25 was approved and adopted by the Brook Lane Board of Directors on January 28, 2022 (see **Appendix T**).

On March 1, 2022 the Healthy Washington County coalition formally recommended adoption of the joint implementation strategy and action plans as received from the respective hospital Boards of Directors. The hospital plans were incorporated in a comprehensive strategy to address the top health priorities of people living in our community.

Following the approval of the Action Plans, the FY2022 CHNA report was published _____, 2022 and was made widely available to the public as posted on the following websites:

www.brooklane.org
www.meritushealth.com
www.healthywashingtoncounty.com
www.washcohealth.org

Printed copies of the FY2022 CHNA are available onsite at Brook Lane, Meritus Health, and the Washington County Health Department. In addition, a print copy will be made available upon request.

III. Evaluation of Progress CHNA FY2019

To begin, the Healthy Washington County Steering Committee reviewed the FY2019 CHNA Action Plan and identified progress towards accomplishing goals and barriers over three years through June 30, 2021. The detailed FY21 CHNA Action Plan with outcomes is included as **Appendix A.**

The primary goal to establish a public dashboard to assess local health needs and track population health data was met through the Community Solutions Hub website: www.communitysolutionshub.com The website is "open-source" and allows organizations to upload data to provide real-time monitoring and access to information. The community has not taken advantage of the full capabilities of this tool.

Goals met:

- Lose 10,000 community pounds – MET loss 11,200 lbs.
- 25 Go for Bold! partners – MET 41 partners
- Decrease number of opioid prescriptions by 25% - MET decreased by 37%
- Decrease ED addictions visits by 5% - MET decreased by 41%
- Decrease ED mental health visits by 7% - MET decreased by 18%
- Decrease diabetes mortality by 2% - MET decreased 15%
- Decrease heart disease mortality by 1% - MET decreased 5%
- Blood pressure screening > 6,000 (3 yrs.) - MET
- Reduce Stage III & IV dx lung cancer by 5% - MET 8%
- Increase 5 yr. survival head & neck cancer by 5% - MET 13%
- Reduce Stage III & IV dx colon cancer by 10% - MET 17%
- Increase 5 yr. survival rates colon cancer by 5% - MET 9%

Goal not met:

- Decrease overdose fatalities – NOT MET 26% increase
- Decrease behavioral health 30 day readmissions by 15% - NOT MET reduced 2%
- Decrease percent of overweight adults by 2% over three years – NOT MET +3.3%
- Decrease percent of pop. identified as "food insecure" by 5% - NOT MET
- Decrease percent of adults who are physically inactive by 2% - NOT MET +2%
- Decrease percent of adults who are obese by 2% - NOT MET +3%
- Decrease percent of adult smokers by 6% - NOT MET decreased 2.6%
- Decrease rate of new diabetes diagnosis by 2% - NOT MET reduced by 0.3%
- Reduce # of ED visits for diabetes by 5% - NOT MET +6.3%
- 90% of adult pts with diabetes will have hA1c below 9% - NOT MET 79.4%

IV. METHODOLOGY

Community Health Needs Assessment Requirements

The Patient Protection and Affordable Care Act (ACA), enacted March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r) set forth by the ACA.

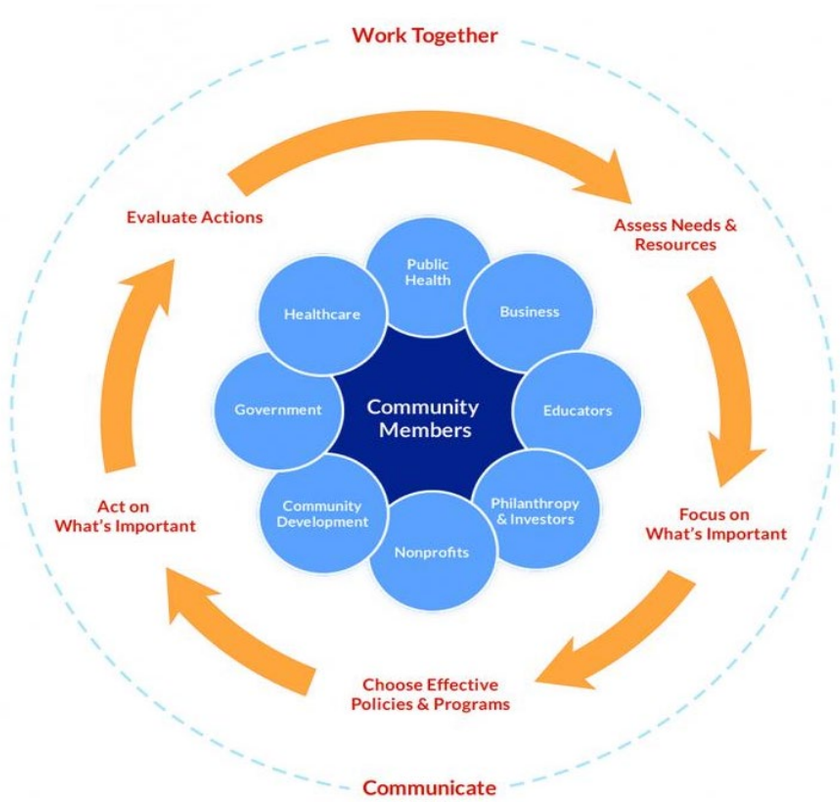
The steering committee reviewed and followed the requirements for the FY2022 CHNA from 26 CFR Parts 1, 53 and 602, as published by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS) in the Federal Register Vol. 79 No. 250 (December 31, 2014). This CHNA report includes the following:

- The identification of all organizations and persons with which the hospitals collaborated, including their title;
- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods used to assess the community's health needs;
- A description of how the hospitals took into account input from persons who represented the broad interests of the community served, including those with special knowledge of or expertise in public health and individuals providing input who as a leader or representative of the community served by the hospitals;
- A description of information and service gaps that impact the ability to assess the health needs of the community served;
- A prioritized description of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs;
- A description of the existing health care facilities and other resources within the community available to help meet the community health needs identified through the CHNA; and,
- A description of the strategic plan of action developed to address prioritized community health needs.

Community Health Needs Assessment and Planning Approach

In March 2021, the Washington County Local Health Improvement Coalition (LHIC) known as Healthy Washington County announced the intention to conduct a CHNA. A full list of the 2021 LHIC membership is included in **Appendix B**. As the local not-for-profit hospitals, Meritus Health and Brook Lane worked collaboratively with Healthy Washington County coalition to conduct the CHNA. The general guidance for conducting a CHNA was obtained from Community Health Rankings and Roadmaps as diagramed below.

Community Needs Assessment Cycle



Take Action Cycle | County Health Rankings & Roadmaps

Community Health Needs Assessment Timeline

Healthy Washington County invited community stakeholders to be involved in the Community Health Needs Assessment Steering Committee. The process began in March 2021 until publishing the final FY2022 CHNA report in May 2022 (see **Appendix C** for timeline).

Data Collection

To collect the most relevant information to assess the health needs of our community, the steering committee used qualitative and quantitative methods for data collection and analysis. Qualitative methods asked exploratory questions used in conducting interviews and focus groups. Quantitative data is information that can be displayed numerically. Both primary and secondary data sources were collected during the process.

The steering committee determined that the data collected would be defined by hypothesized needs within the following general categories: alcohol & drug use, cancer, children & adolescent health, diabetes, heart disease, health care access, health equity and disparities, immunizations & infectious disease, maternal, fetal & infant health, mental health, obesity and weight status, senior health, social determinants of health, respiratory disease, smoking, wellness & prevention.

Secondary Data

Collection and review of secondary data began in May 2021, and continued through August 2021. As information was obtained it was reviewed, summarized and analyzed by members of the steering committee. Principal secondary data sources included use of the Community Solutions Hub, Maryland Department of Health (MDOH), State Health Improvement Plan (SHIP) data and resources, the Centers for Disease Control (CDC), and Maryland Vital Statistics. The secondary data collection process focused on information specific to Washington County when available. Secondary data includes geographic, population, socio-economic, disease prevalence, health status, and environmental factors:

- Community Solutions Hub www.communitysolutionshub.org
- Demographic and socioeconomic data obtained from the US Census Bureau www.census.gov
- Disease and Mental Health incidence and prevalence data obtained from the Maryland Department of Health and Maryland Vital Statistics Administration www.health.maryland.gov and the Maryland Opioid Operational Command Center www.beforeitstoolate.maryland.gov/oocc-data-dashboard/
- The Centers for Disease Control and Prevention (CDC) www.cdc.gov conducts an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) each year. The BRFSS data is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The health related indicators included in this report include BRFSS city and county data collected by the CDC www.cdc.gov/brfss/smart/Smart_data.htm
- The health related indicators included in this report for Maryland in 2020 are BRFSS data and benchmarks coordinated by the Maryland Department of Health as part of the State's Health Improvement Process (SHIP) www.health.maryland.gov/pophealth/Pages/SHIP-Lite-Home.aspx
- In 1979, the Surgeon General began a program to set goals for a healthier nation. Since then, Healthy People have set 10 year science-based objectives for the purpose of moving the nation toward better health. When applicable, the available Healthy People 2030 goals are included in this report as related to Washington County health needs Healthy People 2030 | health.gov
- Meritus John R. Marsh Cancer Registry 2006-2021
- Meritus Health 2019 Physician Needs Assessment
- Maryland Health Connection www.marylandhealthconnection.gov
- The Healthy Washington County FY2016 and FY2019 Community Health Needs Assessments
- 2021 County Health Rankings, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org

The steering committee members reviewed and summarized the existing secondary data, highlighting the key health drivers, conditions with significant variance from benchmarks and averages, and health disparities.

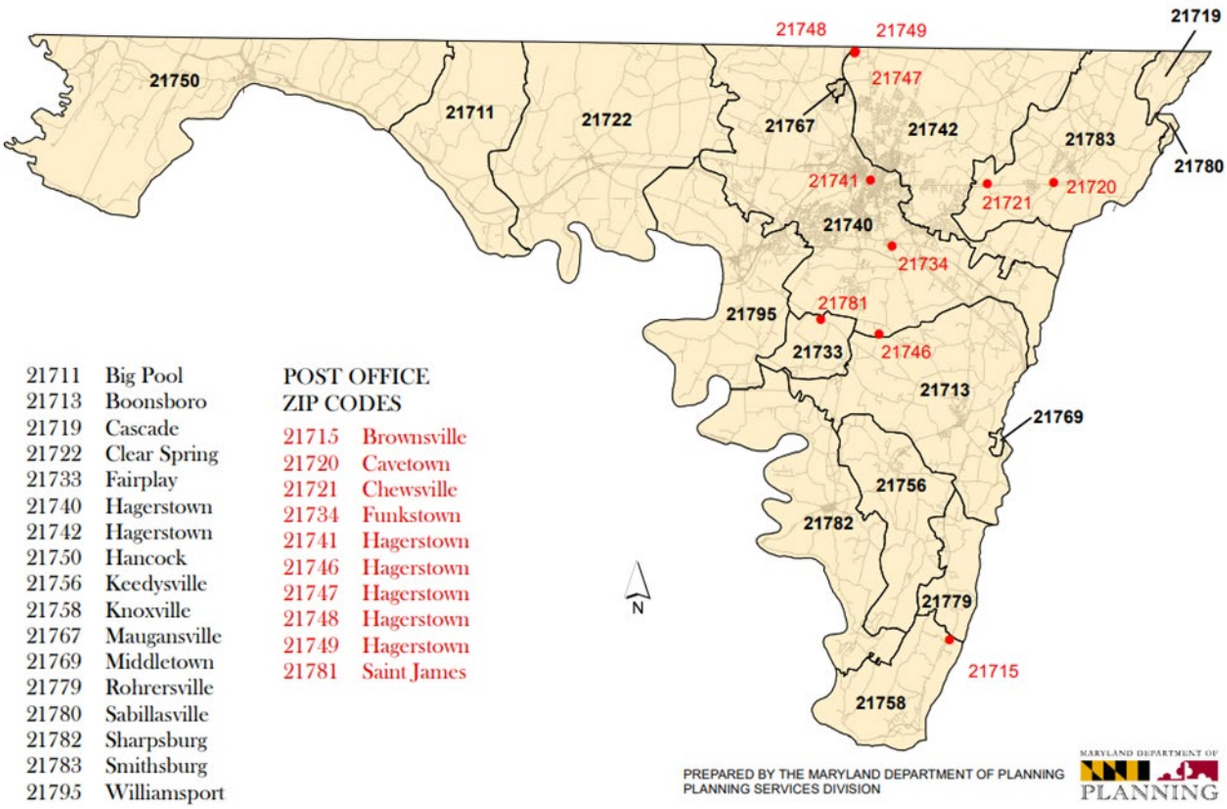
V. COMMUNITY ASSESSMENT

A. Service Area Definition

At the time that this Community Health Needs Assessment process was conducted, more than 76% of Meritus Health discharges and 60% of Brook Lane patients resided in a zip code within Washington County, Maryland. While both organizations provide services to people living throughout a 60 mile radius of the quad-state region, the geographic boundaries of Washington County was designated as the Primary Service Area (PSA) for the purposes of the CHNA. Washington County residents served by these health systems make up a representative cross section of the county's population including those considered ''medically underserved'' as well as populations at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

The majority of patients served by our health systems live in Washington County, MD, which includes the following zip codes outlined in **Primary Service Area** map below**.**

Primary Service Area



B. Demographics of the Community We Serve

At the time of this CHNA report the 2020 Census had released only the *apportionment results* and *redistricting data* providing the most up to date demographic information. In 2020, the population of Washington County is 154,705. The growth rate has remained positive, increasing by 4.7% since the last U.S. Census in 2010, same as the Maryland state growth rate of 4.7%.

Washington County has become more diverse since 2010 with a diversity index of 42.5% (rank 16 / 24 Maryland counties). The racial demographics of Washington County includes White 75.9% (7.6% decrease), Black or African American 11.4% (no change), Asian 2% (+0.1%), American Indian 0.3% (no change), some other race 3% (new), two or more races 7.3%. Persons with Hispanic or Latin ethnicity 6.7% (increase from 4.7% in 2021).

The remainder of demographic information is taken from MARYLAND: 2020 Census. The current median age of persons in Washington County is 41, slightly older than the U.S. median age of 37.7 years. Our community is growing older with a projected 25% increase in persons age 65 and older between 2015 to 2025. The county percentage of adults over age 65 is slightly higher than the state while the population under age 18 is comparable.

There has been a 0.5% increase in languages other than English being spoken at home. High School graduate rates have gained 1% at 85.6% and are now only slightly lower than the Maryland average 86.3%. Washington County continues to have significantly fewer bachelor's degree college graduates at 21.9% compared to the rest of the state, 39% with a 0.5% increase over the past three years. Average travel time to work is comparable with the state average. Households in Washington County consist of an average 2.52 persons per household, similar to the state, 2.68. Housing is more affordable in Washington County with a median value of owner-occupied housing units averaging $210,300 compared to the state average of $296,500. The median household income of $60,860 rose slightly but remains less than the state average, $78,916. A higher percentage of persons live in poverty in Washington County declined 0.5% to 12.3%, 3% higher than the state average (9.3%).

Unemployment improved by decreasing -0.4% during 2019. For years 2015-2019 the rate of unemployment continued to be slightly higher than the state of Maryland.

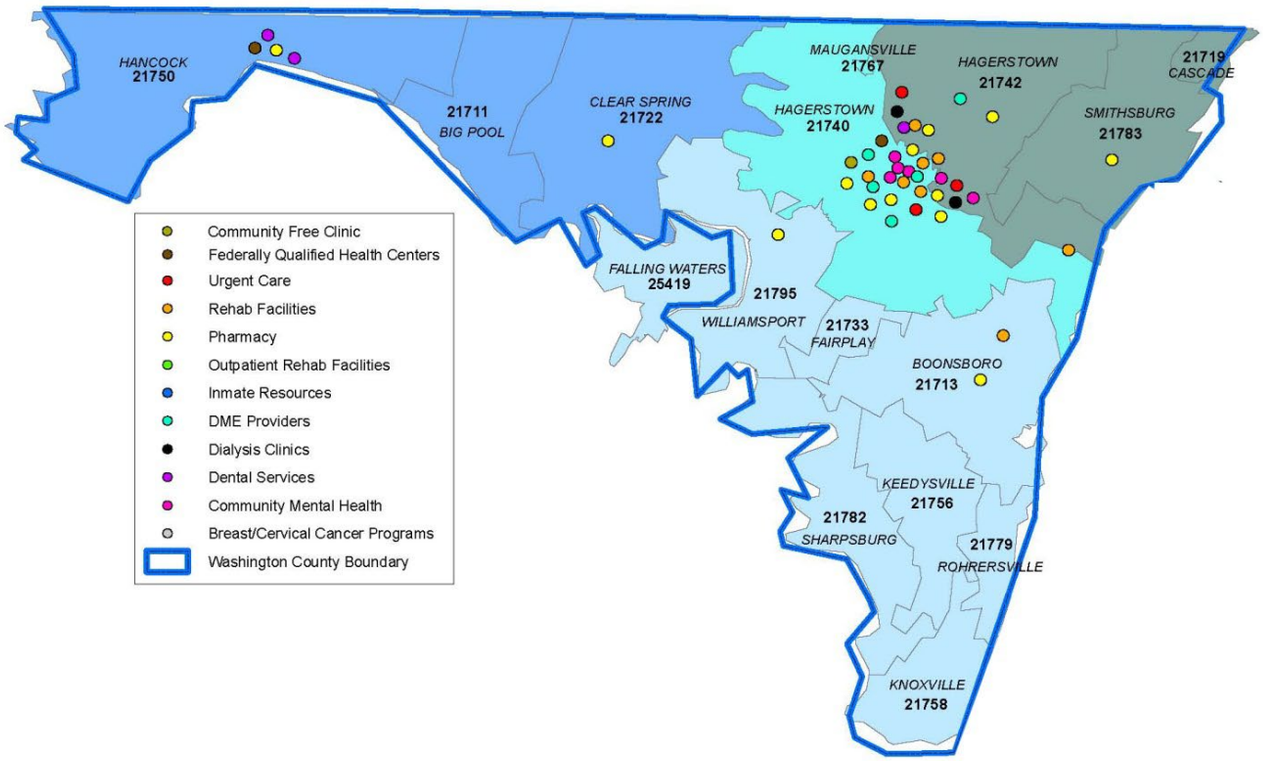
Complete demographics for Washington County as published through July 2021 can be viewed in **Appendix D**.

C. Community Asset Inventory

In order to outline the existing health care facilities and resources within the community that are available to respond to the health needs of the community, the Washington County Health Coalition completed an inventory of community assets and resources in and around Washington County, MD.

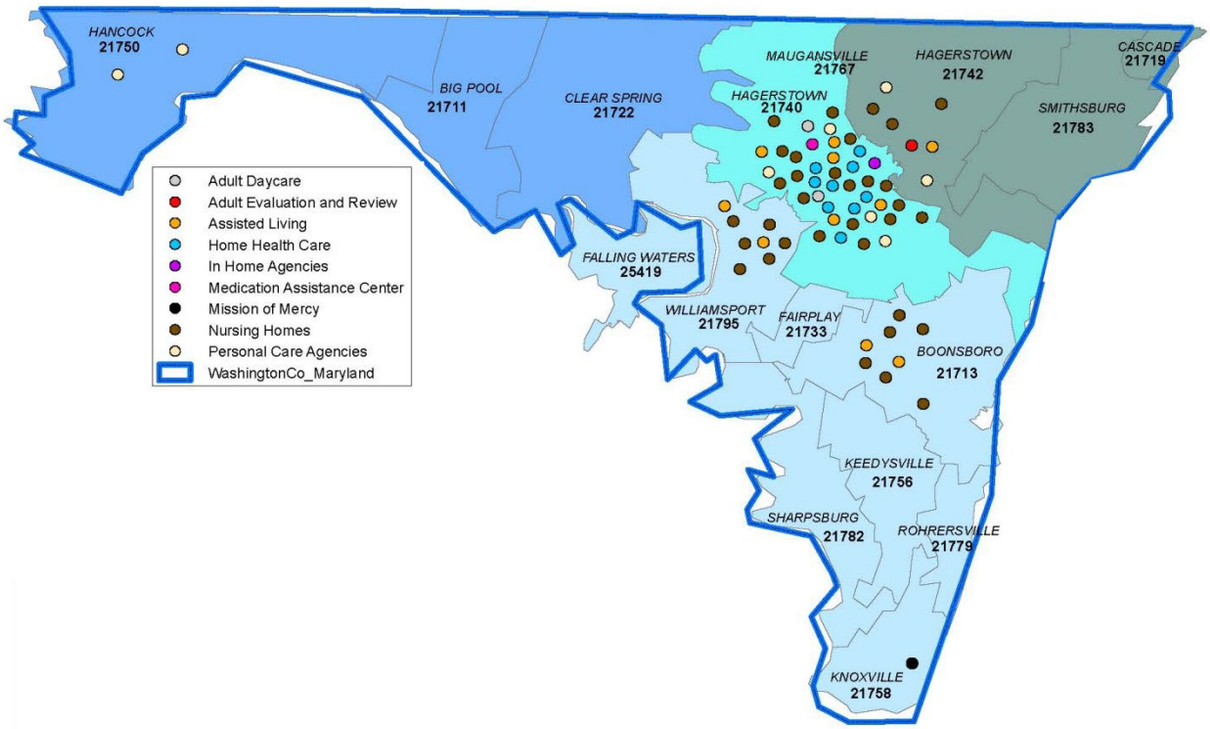
Community resources are categorized into two major areas: Medical Care Services and Senior Services. Medical Services includes, but are not limited to, Urgent Care facilities, Cancer treatment programs, Dental Services, Dialysis Centers, Durable Medical Equipment (DME) providers, Pharmacies, Outpatient Rehab Centers, Rehab Facilities, and Community Mental Health providers. The geographic locations of the Medical Service assets by category are illustrated below**.**

Washington County Community Assets: Medical Services



Senior Services include, but are not limited to, Adult Day Care, Assisted Living facilities, Commission on Aging, Evaluation and Review services, Home Health services, Hospice, In-Home Support services, Ambulance, Nursing Facilities, Personal Care Homes, and Medication Assistance. The geographic locations of the Senior Service assets are illustrated below.

Washington County Community Assets: Senior Services



Asset Inventory

A list of Washington County community resources and contact information is included as **Appendix E.**

Health Services Gaps

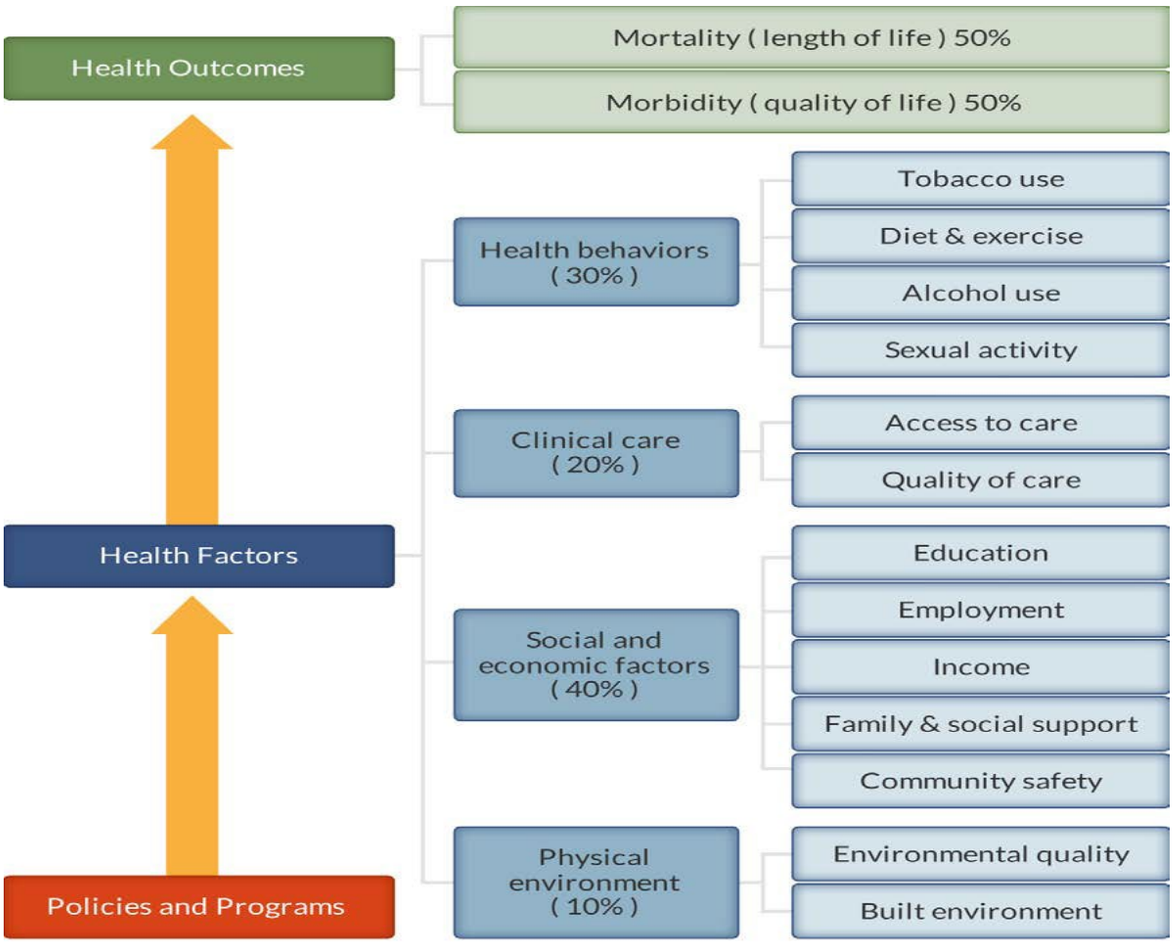
- Timely access to substance abuse treatment when a person desires help; specifically the lack of detoxification, inpatient treatment levels of care, and medication assisted treatment
- Availability of diet and nutrition consultation believed to be lacking due to poor reimbursement by health insurance
- Timely access to outpatient psychiatry services and lack of mental health crisis beds
- Adequate transportation to all medical services that can reach all parts of the county

Secondary Data Analysis

D. County Health Rankings

The County Health Rankings & Roadmaps program is based on collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings is based on a model of population health that emphasizes the many factors that can help make communities healthier places to live, learn, work and play.

County Health Rankings model



County Health Rankings model ©2012 UWPHI

The County Health Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings use county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights to provide a good snapshot of how health is influenced by where we live, learn and work. The standings also provide an excellent overview of a community's health status and are the starting point for the FY2022 CHNA assessment. The overall ranking for Washington County was 18th out of 24 among counties in the state of Maryland.

County Health Rankings Maryland 2018 vs. 2021

Rank	Health Outcomes		Rank	Health Factors	
	2018	2021		2018	2021
1	Montgomery	Montgomery	1	Howard	Howard
2	Howard	Howard	2	Montgomery	Montgomery
3	Carroll	Frederick	3	Carroll	Frederick
4	Calvert	Carroll	4	Frederick	Calvert
5	Frederick	Calvert	5	Calvert	Harford
6	St. Mary's	Queen Anne's	6	Queen Anne's	Carroll
7	Anne Arundel	Anne Arundel	7	Talbot	Anne Arundel
8	Harford	St. Mary's	8	Harford	Talbot
9	Queen Anne's	Talbot	9	Anne Arundel	Queen Anne's
10	Talbot	Harford	10	St Mary's	Baltimore
11	Charles	Worcester	11	Baltimore	Kent
12	Worcester	Charles	12	Charles	Charles
13	Baltimore	Prince George's	13	Kent	St. Mary's
14	Prince George's	Kent	14	Garrett	Garrett
15	Garrett	Garrett	15	Worcester	Cecil
16	Kent	Baltimore	16	Prince George's	Prince George's
17	Cecil	Caroline	17	**Washington**	Worcester
18	**Washington**	**Washington**	**18**	Allegany	**Washington**
19	Wicomico	Wicomico	19	Wicomico	Allegany
20	Allegany	Cecil	20	Cecil	Wicomico
21	Dorchester	Allegany	21	Caroline	Caroline
22	Caroline	Somerset	22	Dorchester	Dorchester
23	Somerset	Dorchester	23	Somerset	Baltimore City
24	Baltimore City	Baltimore City	24	Baltimore City	Somerset

Source: Robert Wood Johnson Foundation County Health Rankings 2021

When comparing 2018 to 2021 standings, Washington County dropped one ranked position, from 17th to 18th due to a decline in **Health Outcomes**. Health Outcomes includes a decreased length of life (premature death) and poorer quality of life (poor or fair health, poor physical health, poor mental health and low birth weight). The **Health Factors** ranking for Washington County remained unchanged at 18th. Health Factors include clinical care 20%, health behaviors 10%, social, and economic determinants 30% and the physical environment 10%. The overall ranking for Washington County has slipped six positions since 2012 when the county was ranked 12th / 24.

Improving Washington County trends include fewer uninsured persons, supply of dentists, and lower rates of air pollution. Cautious trends include increases in physical inactivity, preventable hospital stays, unemployment, and crime. Concerning trends include premature death rate, increased adult obesity rates, a lack of available primary care physicians, low rates of mammography screening and more children living in poverty.

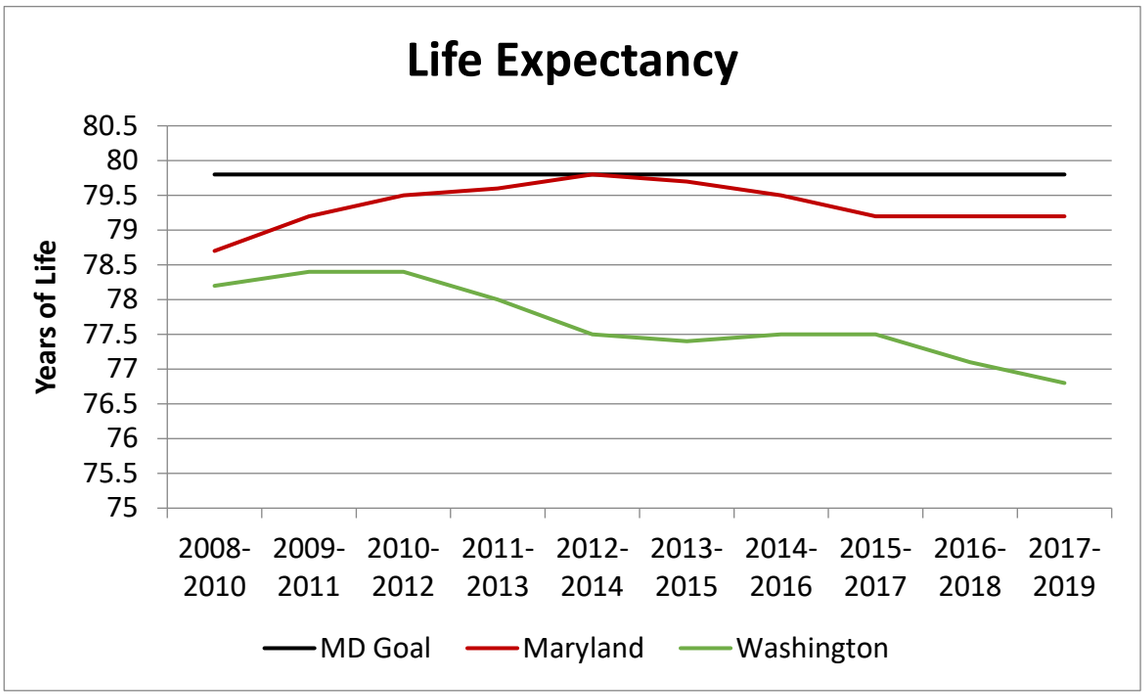
The full Washington County Health Rankings summary and data is included in **Appendix F.**

Life Expectancy

Previously, life expectancy along with infant mortality and causes of death are a sufficient basis for assessment of population health status.[2] While the quality of life has gained increased importance, overall life expectancy remains an important general indicator. In Washington Co. the most current life expectancy is 76.8 years, a decrease of 1.6 years from a trend beginning in 2010-2012 and continues to the present (see below). The overall decline is attributed to an increase in the rate of premature death that includes drug overdose fatalities among primarily younger people and a higher age-adjusted rate of suicide per 100,000 persons. The decreasing trend seen in Washington County is consistent with the national trend, attributed to increased rates of overdose deaths and suicide[3] but is declining more than the state average.

The years of potential life lost in Washington County is calculated as 8,100 years with an 11% higher rate noted among Black or African American (9,100 years). [4] Men have a shorter life expectancy than women. Black or African American males living in Washington Co. have an average life expectancy of 4.6 years less than the average.

Life Expectancy in Maryland and Washington County



Source: Maryland State Vital Statistics, 2008 – 2019

The data and rate is pre-Covid-19 and does not include any pandemic impact.

[2] World Health Organization, *Health Expectancy Indicators*, http://www.who.int/bulletin/archives/77(2)181.pdf (Aug. 9, 2015)
[3] Centers for Disease Control and Prevention, *CDC Director's Media Statement on U.S. Life Expectancy,* https://www.cdc.gov/media/releases/2018/s1129-US-life-expectancy.html (Jan. 11, 2019)
[4] County Health Rankings and Roadmaps, http://www.countyhealthrankings.org/app/maryland/2021/rankings/washington/county/outcomes/overall/snapshot (Jan.9, 2022)

The leading causes of age-adjusted mortality in Washington County include heart disease and cancer. In addition, death rates are also higher than the state average for diabetes, respiratory disease and suicide.

CRUDE DEATH RATES* FOR SELECTED CAUSES** BY REGION AND POLITICAL SUBDIVISION, MARYLAND, 2019.														
REGION AND POLITICAL SUBDIVISION	ALL CAUSES	DISEASES OF THE HEART	MALIGNANT NEOPLASMS	CEREBROVASCULAR DISEASE	ACCIDENTS	CHRONIC LOWER RESP DISEASE	DIABETES MELLITUS	ALZHEIMERS	INFLUENZA AND PNEUMONIA	SEPTICEMIA	NEPHRITIS, NEPHROTIC SYNDROME, NEPHROSIS	ASSAULT, HOMICIDE	INTENTIONAL SELF-HARM (SUICIDE)	HIV
MARYLAND	841.5	194.9	177.9	50.5	40.3	35.6	25.0	16.8	13.7	13.8	12.2	9.6	10.9	3.1
NORTHWEST AREA	965.4	228.2	186.5	59.6	43.7	62.7	32.0	22.5	13.7	16.3	10.4	***	14.7	***
GARRETT	1244.2	382.6	203.4	68.9	***	***	***	100.0	***	***	***	***	***	***
ALLEGANY	1298.0	349.4	227.2	86.6	36.9	86.6	***	45.4	***	34.1	***	***	***	***
WASHINGTON	1120.8	240.3	223.8	63.6	65.5	92.7	45.7	14.6	13.9	16.6	***	***	17.9	***
FREDERICK	753.6	171.1	151.8	48.9	33.1	40.5	23.9	12.3	10.0	11.6	***	***	13.1	***

AGE-ADJUSTED**** DEATH RATES* FOR SELECTED CAUSES** BY POLITICAL SUBDIVISION, MARYLAND, 2017-2019.														
REGION AND POLITICAL SUBDIVISION	ALL CAUSES	DISEASES OF THE HEART	MALIGNANT NEOPLASMS	CEREBROVASCULAR DISEASE	ACCIDENTS	CHRONIC LOWER RESP DISEASE	DIABETES MELLITUS	ALZHEIMERS	INFLUENZA AND PNEUMONIA	SEPTICEMIA	NEPHRITIS, NEPHROTIC SYNDROME, NEPHROSIS	ASSAULT, HOMICIDE	INTENTIONAL SELF-HARM (SUICIDE)	HIV
MARYLAND	713.0	161.9	148.6	40.7	36.4	30.0	20.1	15.5	13.0	12.1	11.3	9.9	10.1	2.7
NORTHWEST AREA	756.4	174.1	147.3	39.7	38.4	43.5	24.1	20.5	13.9	12.4	9.3	***	14.3	***
GARRETT	779.9	222.7	134.1	***	***	42.7	***	51.1	***	***	***	***	***	***
ALLEGANY	866.7	208.3	154.6	50.2	38.0	48.9	***	31.3	20.3	18.5	***	***	***	
WASHINGTON	843.4	184.6	162.8	41.8	51.4	55.9	32.0	16.2	13.4	13.5	***	***	14.4	***
FREDERICK	662.0	148.6	136.6	35.2	31.2	33.0	20.6	14.3	11.5	9.5	8.0	***	12.4	***

Source: Maryland Vital Statistics, 2019

The Maryland Vital Statistics 2019 were finalized and published in 2021 (see **Appendix G**). A summary for Maryland Vital Statistics is included in **Appendix H.**

Community Solutions Hub

Conduent Healthy Communities Institute (HCI) provides demographic and secondary data on health, health determinants, and quality of life topics for Washington County, Maryland. The data is easily searchable in a centralized website www.communitysolutionshub.com, funded by Meritus Health and San Mar. Local data is primarily derived from state and national public health sources. Washington Co. data is compared to available data from other counties, state average, national average, or target values. Through the Community Solutions Hub everyone has easy access to critical information about our community. Reference the Community Solutions Hub Description in **Appendix I** for a complete overview of details.

E. Health Status Indicators and Data

Health indicators are quantifiable characteristics used as supporting evidence to describe and define the health of a given population. The World Health Organization (WHO) defines health needs as "objectively determined deficiencies in health that require health care, from promotion to palliation."[5] Whenever possible, standardized health indicators for Washington County were used to provide us with comparison of data over time.

The health indicator topics with additional detail include: alcohol and drugs, cancer, diabetes, heart disease and stroke, immunization and infectious disease, maternal, fetal and infant health, teen birth, mental health, obesity, oral health, respiratory, senior health and tobacco use.

[5] *Expert Committee on Health Statistics. Fourteenth Report.* Geneva, World Health Organization, 1971. WHO Technical Report Series No. 472, pp 21-22.

Alcohol & Drug

Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.

Driving deaths with alcohol Involvement

According to the National Highway Traffic Safety Administration, motor vehicle crashes that involve an alcohol-impaired driver kill 28 people in the United States every day, which amount to one death every 53 minutes. The Healthy People 2030 national health target is to reduce the proportion of motor vehicle crash deaths that involve a drunk driver to 28.3%. Washington County rate of 26.4% is an improved trend downwards and is better than the Healthy People 2030 target.

County: Washington

26.4%

percent of driving deaths with alcohol involvement

Source: County Health Rankings
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: May 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (28.8%)	US Value (27.0%)	Prior Value (28.4%)	Trend

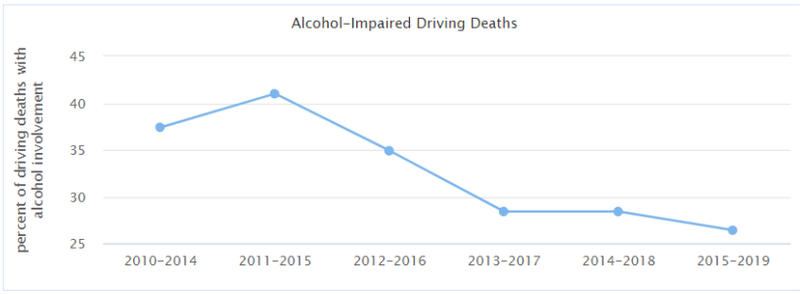
HP 2030 Target (28.3%)

More details:
Original Source: Fatality Analysis Reporting System

Graph Selections

INDICATOR VALUES

Change over Time



Adults who Binge Drink

The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. This indicator shows the percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

Washington County demonstrates a binge drinking rate of 11.3%, which is more than 50% below the Healthy People 2030 Target.

County: Washington

11.3%

Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (14.8%)	US Value (16.8%)	Prior Value (12.9%)	Trend	HP 2020 Target (24.2%)

Graph Selections

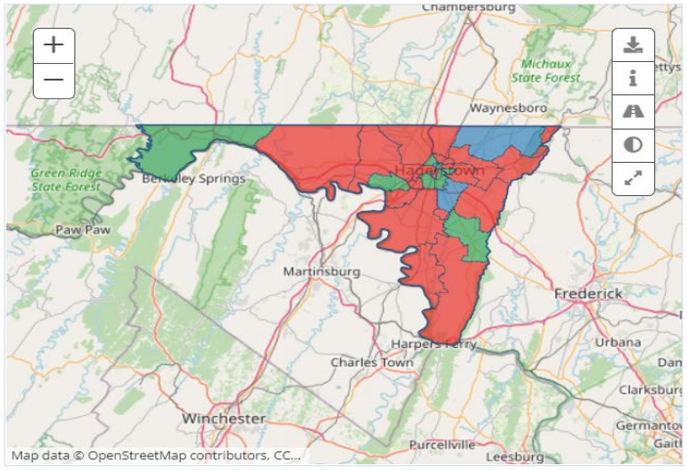
INDICATOR VALUES

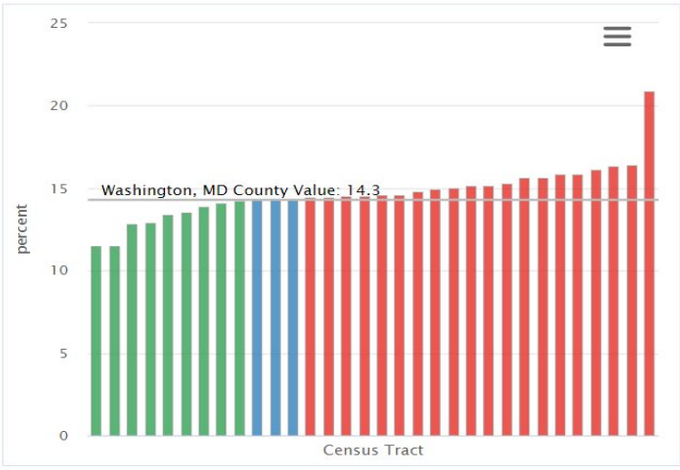
☑ Change over Time

VIEW BY SUBGROUP

☑ Gender

Nearly all of Washington County binge drinking rate is low with the exception of census tract 24043011000 at 20.9%. The demographics for this area include 62% Black or African American, 27% White, and 6% Hispanic or Latinx.



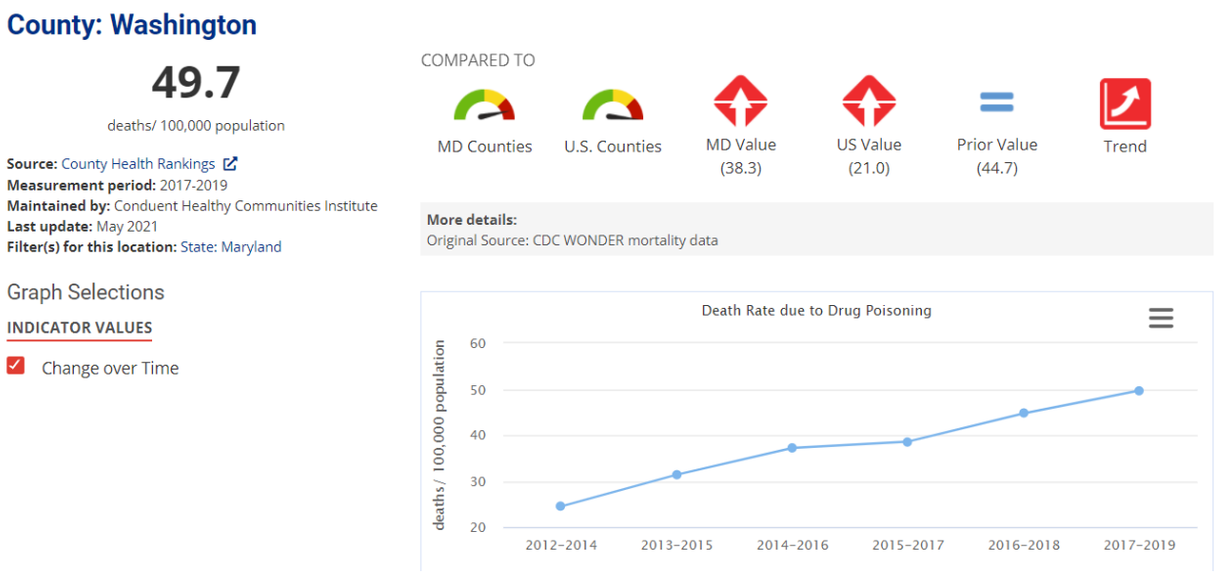


< 14.3% = 14.3% > 14.3% N/A

Age-Adjusted Drug and Opioid-Involved Overdose Death Rate

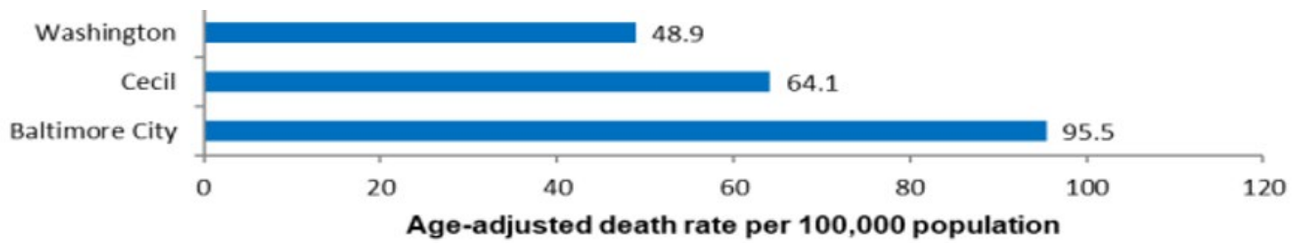
This indicator shows the death rate per 100,000 population due to drug poisoning.

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last few decades.



Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. The current Washington Co. rate per 100,000 persons is 49.7, an increasing trend, more than 30% above the state of Maryland average. Washington County has the third highest rate in the state, following Baltimore City and Cecil County.

Age-adjusted mortality rates for Total Unintentional Intoxication Deaths by Place of Residence, Maryland. 2017- 2019.



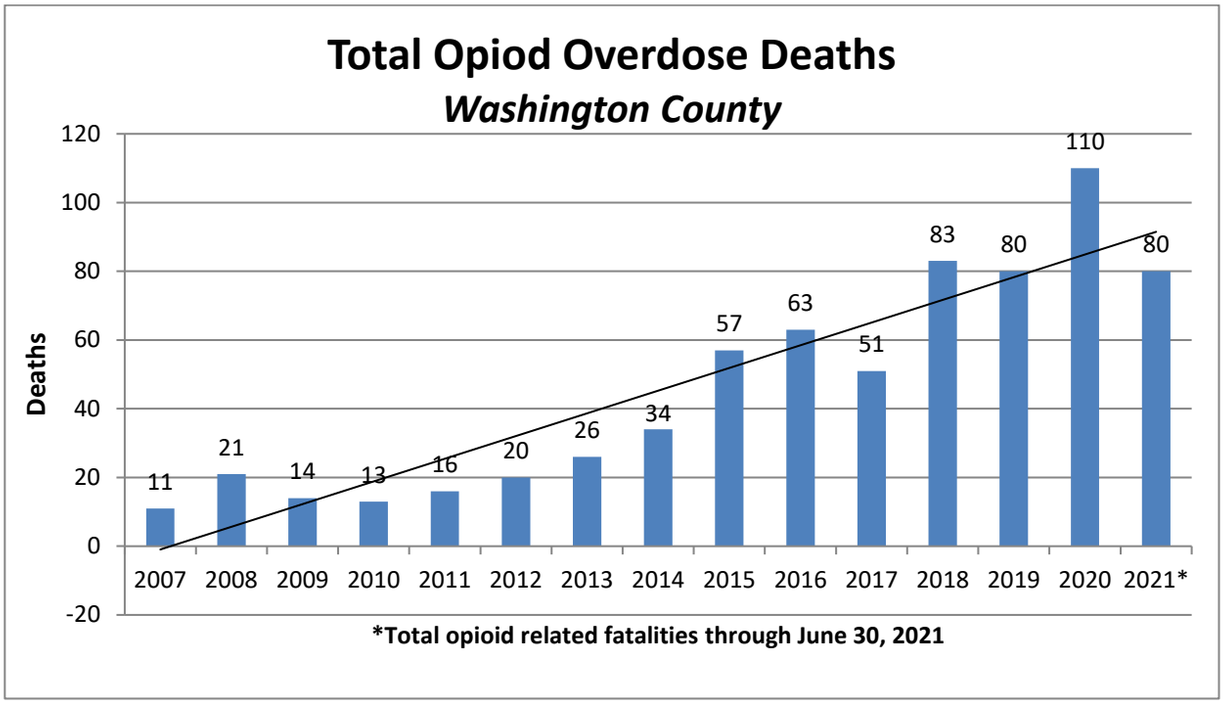
Source: www.health.maryland.gov/vsa/Documents/Overdose/Annual_2020_Drug_Intox_Report.pdf accessed 11/02/2021

Fatal overdose data include deaths that were the result of recent ingestion or exposure to prescription and illicit opioids. Includes only deaths for which the manner of death was classified as accidental or undetermined. Since 2015, the majority of fatal overdoses in Washington County are attributed to opioids, primarily identified as Fentanyl, heroin and prescription analgesics.

Substance	2013	2014	2015	2016	2017	2018	2019	2020
Alcohol	6	11	10	17	14	15	20	17
Cocaine	6	6	10	9	10	31	24	31
Heroin	14	21	38	39	22	23	25	20
Fentanyl	4	1	14	31	39	70	70	95
Prescription	11	16	20	23	8	19	17	18
Total Deaths	**28**	**40**	**64**	**66**	**59**	**91**	**88**	**110**

Source: Maryland Depart of Health, 2021

Despite intervention and harm reduction efforts the most current Washington County data demonstrates a continued increasing trend for fatal opioid overdose deaths. The fatality rate increased significantly during the pandemic, a trend that continues to the present.

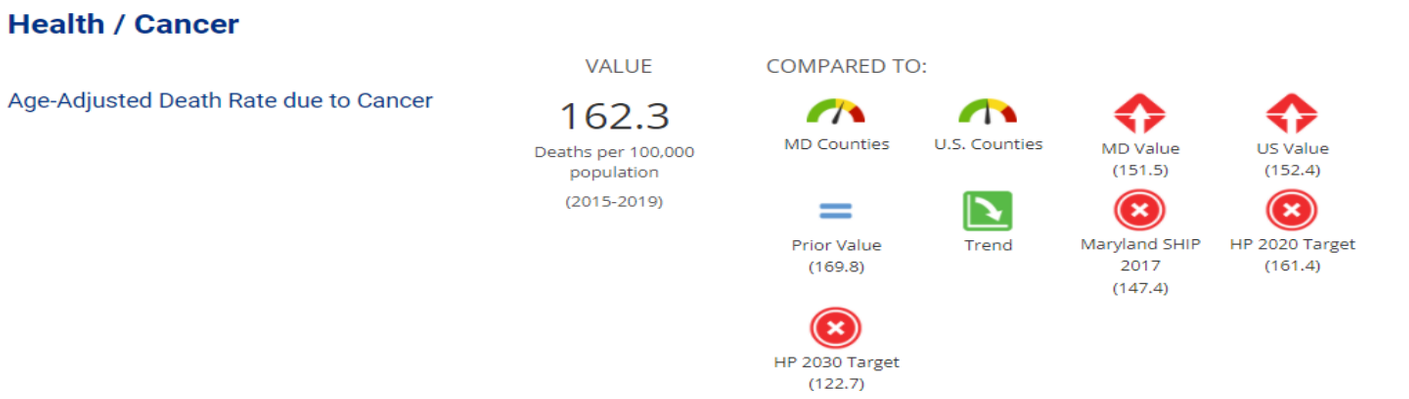


Source: Washington County Comparative Overdose Data

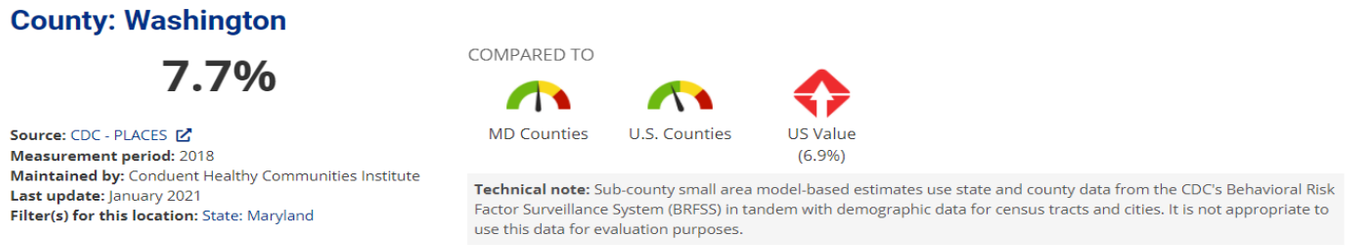
Number of Opioid-Related Intoxication Deaths by Place of Occurrence, Maryland, 2007-2020 and YTD 2021 Through June															
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021*
Washington County	11	21	14	13	16	20	26	34	57	63	51	83	80	110	80

Cancer

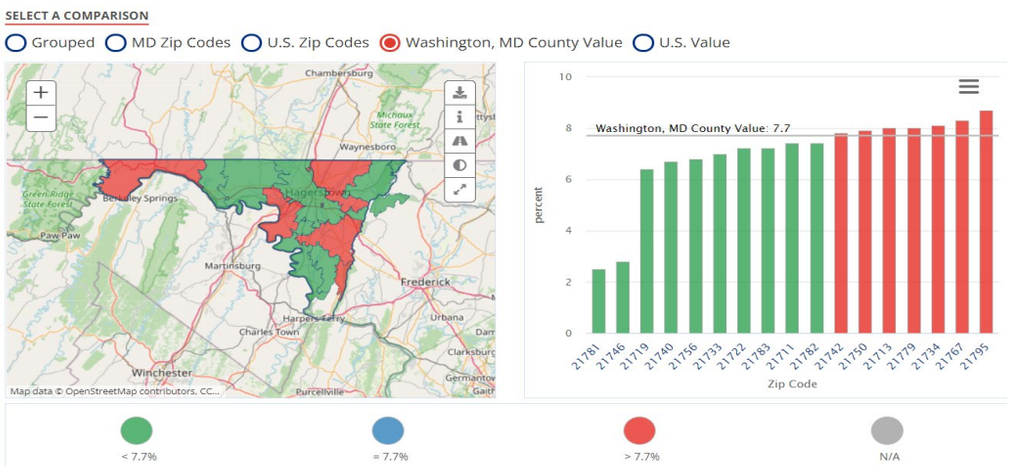
The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. According to the NCI there are over 100 different types of cancer, but breast, colon, lung, pancreatic, prostate, and rectal cancer lead to the greatest number of annual deaths. Risk factors of cancer include but are not limited to age, alcohol use, tobacco use, a poor diet, certain hormones, and sun exposure. Although some of these risk factors cannot be avoided (such as age) limiting exposure to avoidable risk factors may lower risk of developing certain cancers. The overall age-adjusted death rate for cancer in Washington Co. is 162.3, higher than state average and the HP 2030 Target, although with an improving trend. Cancer remains the second leading cause of death in Washington Co.



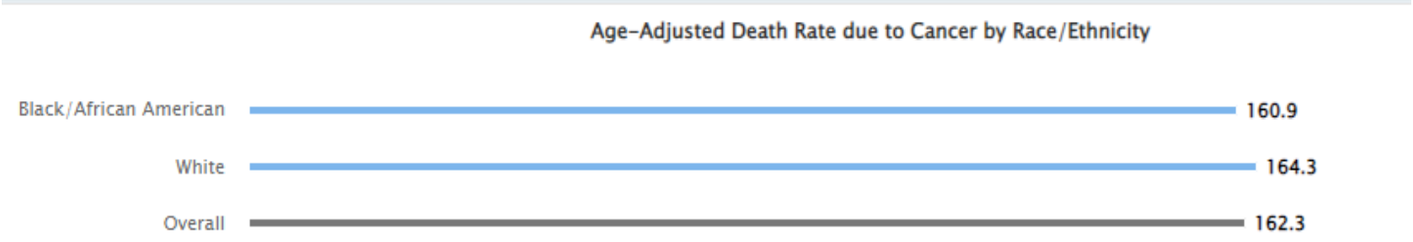
Approximately 8% of Washington County adults aged 18 and over have ever been told by a health professional that they have any type of cancer, except skin cancer.



The highest rates are 8.7% Williamsport, followed by Maugansville 8.3%, and Funkstown 8.1%



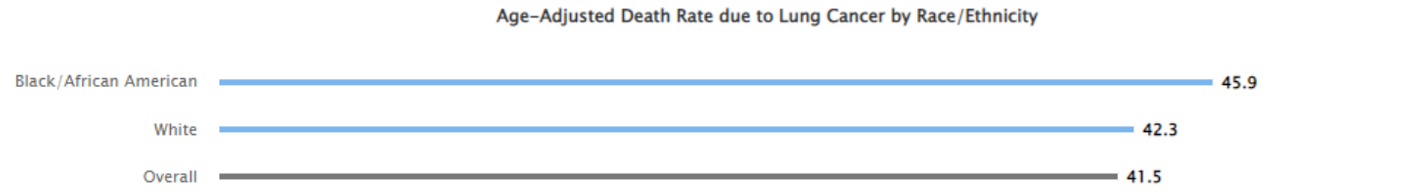
Examining overall age-adjusted cancer deaths by race and ethnicity reveal no significant differences.



According to the American Lung Association, more people die from **lung cancer** annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. Black or African Americans have the highest risk of developing lung cancer.

The Washington Co. lung cancer rate is 41.5, higher than the state and national average. However, the rate has been reduced by more than 10% over the past six years. The HP 2030 target is to reduce the lung cancer death rate to 25.1 deaths per 100,000 population.

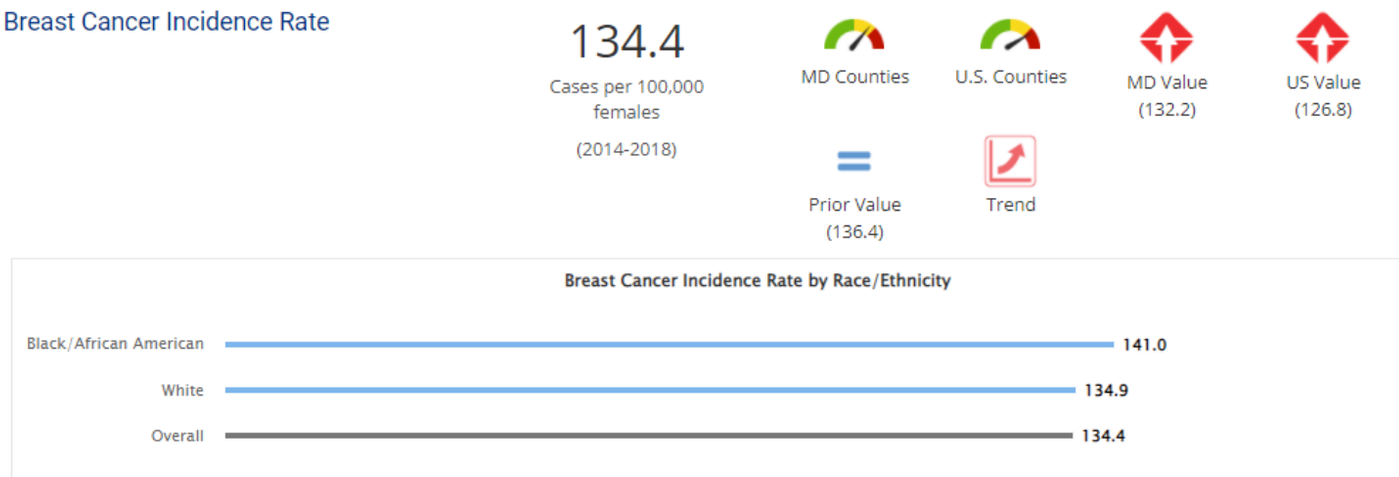
The data suggests a health disparity for lung cancer among Black or African Americans in Washington Co. at an age-adjusted death rate of 45.9 compared to a 42.3 rate among Whites.



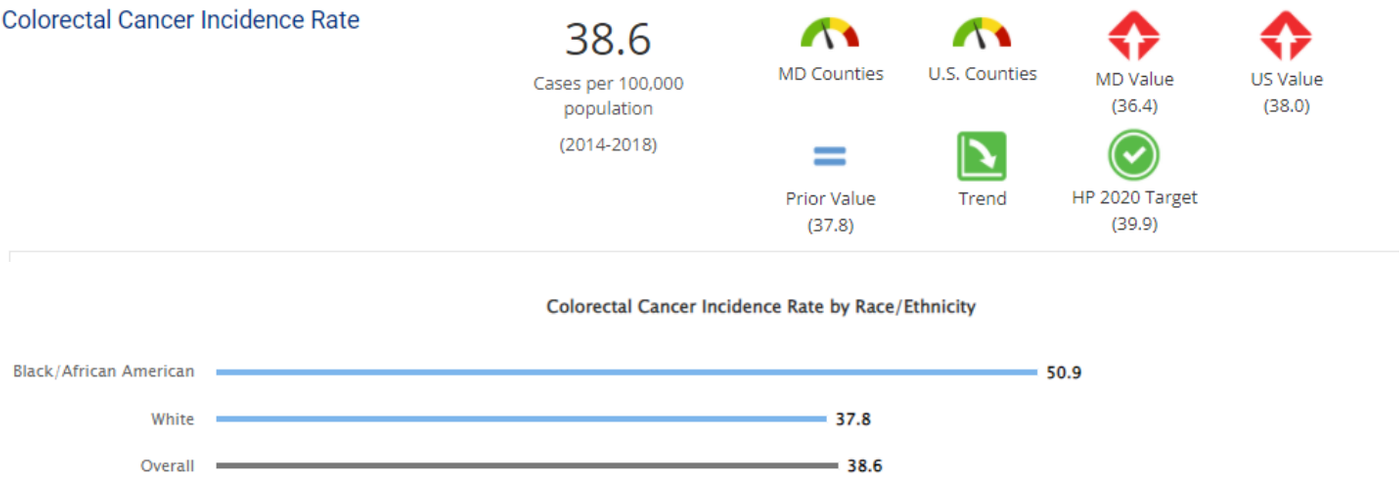
Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use.

Breast cancer death rates have declined progressively due to advancements in treatment and detection since 1990. The Washington Co. rate is 134.4 per 100,000 females, a slight decrease over six years, but slightly

higher compared to the state average. There is a possible health disparity among Black or African American females in Washington Co. with a rate of 141, more than 4% higher than the rate among White females.

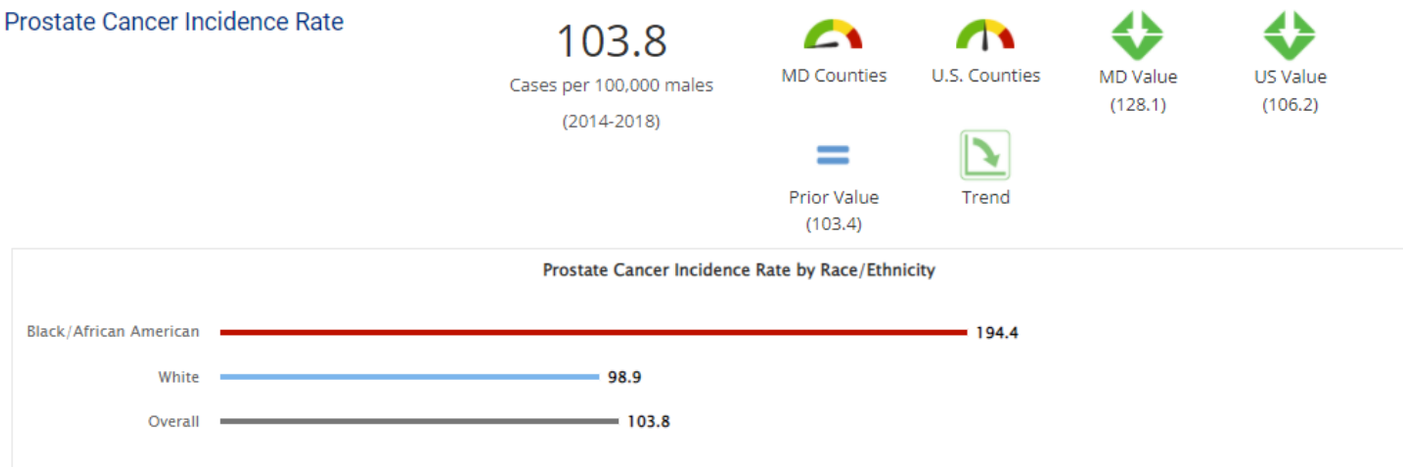


According to the CDC, **colorectal cancer** is one of the most commonly diagnosed cancers and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. The Washington Co. colorectal cancer incidence rate of 38.6 per 100,000 is similar to the state and national averages. The current rate was better than the HP 2020 target. However the rate for Black or African Americans is 50.9, more than 25% higher compared to Whites at 37.8 suggesting a health disparity.



Prostate cancer is a leading cause of cancer death among men in the United States. According to the American Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer and about 1 in 36 will die from prostate cancer. The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S. The overall prostate cancer rate in Washington Co. is 103.8 better than the state and national average with an

improving trend. However, there is a clear health disparity in the prostate cancer incidence rate among Black or African American men in Washington County of 194.4, that is nearly twice the rate of White men 94.8.

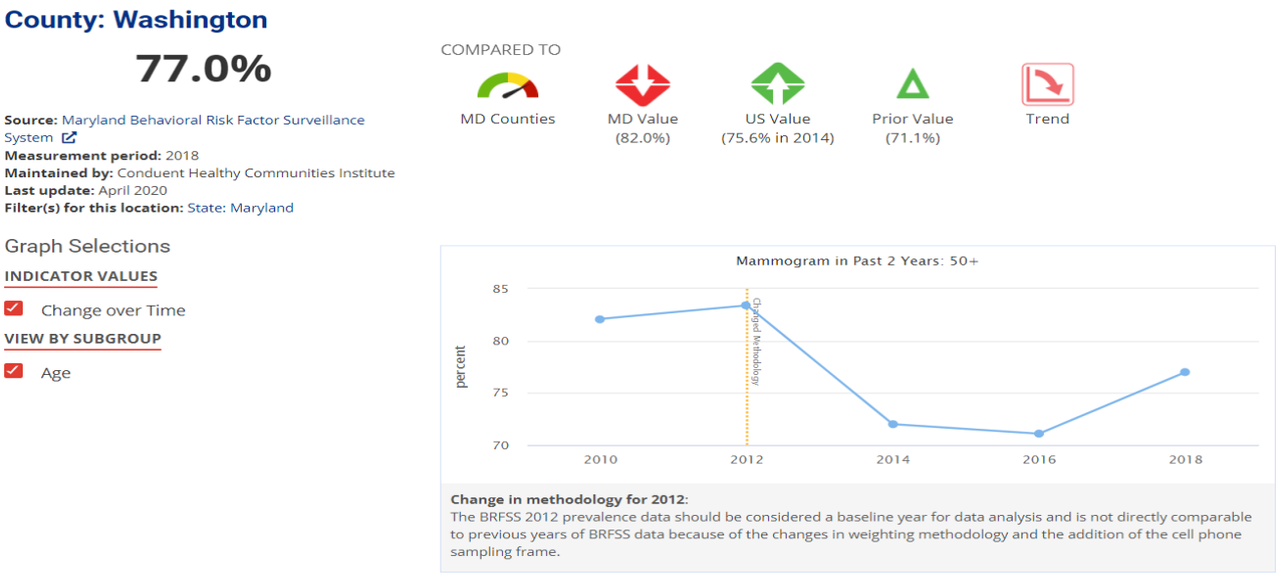


Preventive Cancer Screenings

Cancer screening tests aim to find cancer early, before it causes symptoms and when it may be easier to treat successfully. Effective screening tests are those that reduce the chance that someone who is screened regularly will die from the cancer and have more potential benefits than harms.

Mammogram

A mammogram is an x-ray of the breast that can be used to detect changes in the breast such as tumors and calcifications. The test may be done for screening or for diagnostic purposes. Although mammograms do not detect all cases of breast cancer, they have been shown to increase early detection, thus reducing mortality. The Washington Co. mammogram rate among females is 77%, below the state but higher than the national average. The trend has improved more than 5% over the past three years.



Colon Cancer Screening

The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. This indicator shows the percentage of respondents aged 50-75 who have had either a fecal occult blood test in the past year, a sigmoidoscopy in the past five years AND a fecal occult blood test in the past three years, or a colonoscopy exam in the past ten years. Washington County demonstrates 65.8% compliance with colon cancer screening lower than the national average and 9% below the HP 2030 Target.

County: Washington

65.8%

Source: CDC - PLACES
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: February 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	US Value	HP 2020 Target	HP 2030 Target
		(66.4%)	(70.5%)	(74.4%)

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.

Cervical Cancer Screening

Cervical cancer that is detected early is one of the most successfully treatable cancers, and can be cured by removing or destroying the pre-cancerous or cancerous tissue. Cervical cancer is detected by Pap test screenings and is most often caused by human papillomavirus (HPV), which is a type of infection transmitted through sexual contact and can lead to cervical cancer.

This indicator shows the percentage of women ages 21-65 who have had cervical cancer screening test. For women 21-29, every 3 years. For women 30-65, every 3 or 5 years depending on the type of test(s): (1) if Pap test alone, then every 3 years and (2) if HPV test alone or co-test, then every 5 years.

County: Washington

84.2%

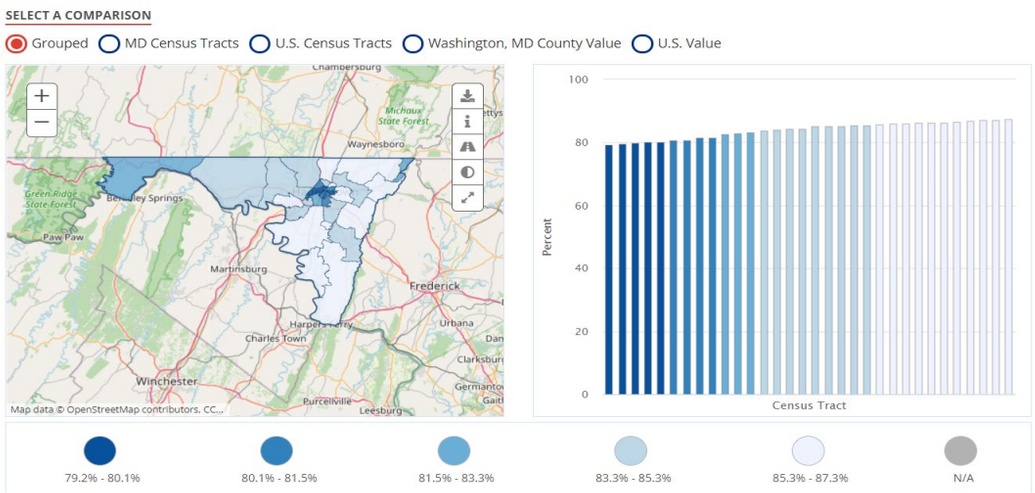
Source: CDC - PLACES
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: February 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	US Value	HP 2030 Target
		(84.7%)	(84.3%)

More details:
Click here for more information on how to use the CDC - PLACES

Lower rates of cervical cancer screening occur in central Hagerstown 21740 and to the west around Hancock, Big Pool and Clear Spring. The darkest colors on the map correspond to the lowest screening rates by geography.

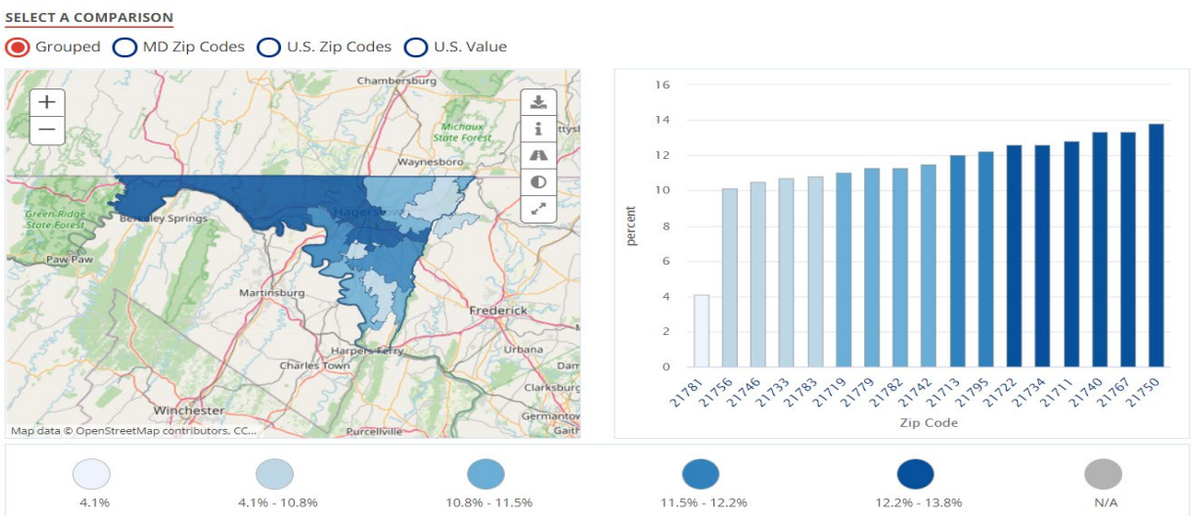


Diabetes

Diabetes is a leading cause of death in Washington Co. and can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the population ages.

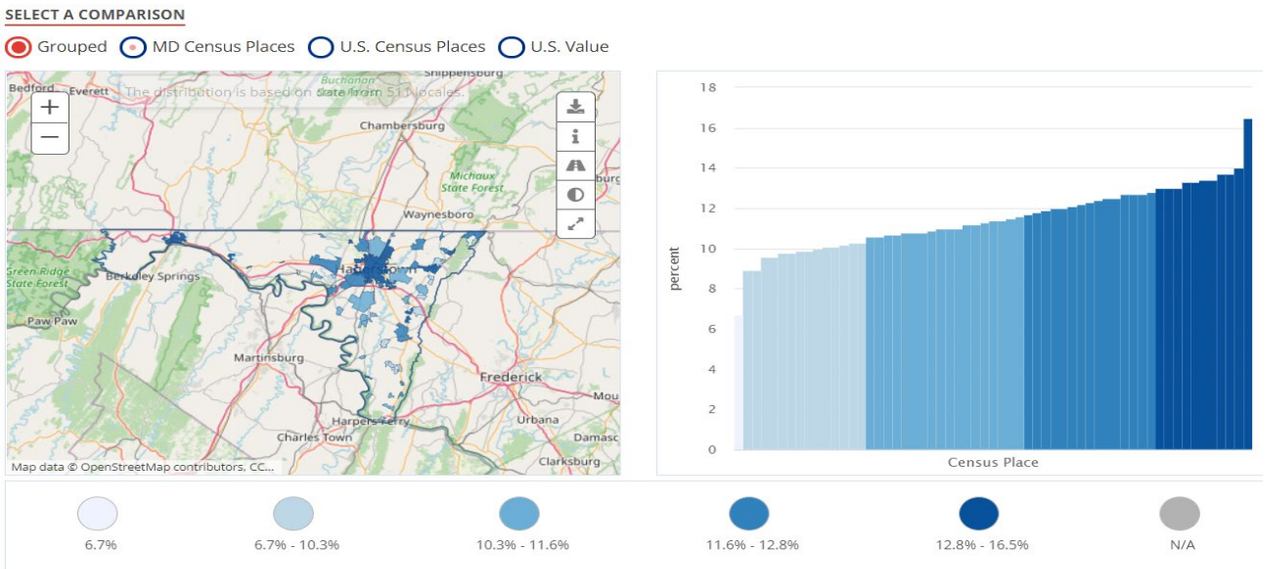
This indicator shows that 10.3% of Washington Co. adults who have been diagnosed with diabetes (women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count). Approximately another 30 – 35% of adults are at risk for developing type II diabetes.

Percentage of adults diagnosed with diabetes, grouped by zip code.



There are 17 Zip Code values. The darkest colors correspond to the highest rates of diabetes. The lowest rate is St. James (4.1%), and the highest value is Hancock (13.8%). Half of the values are between 10.7% and 12.6%. The middle (median) value is 11.5.

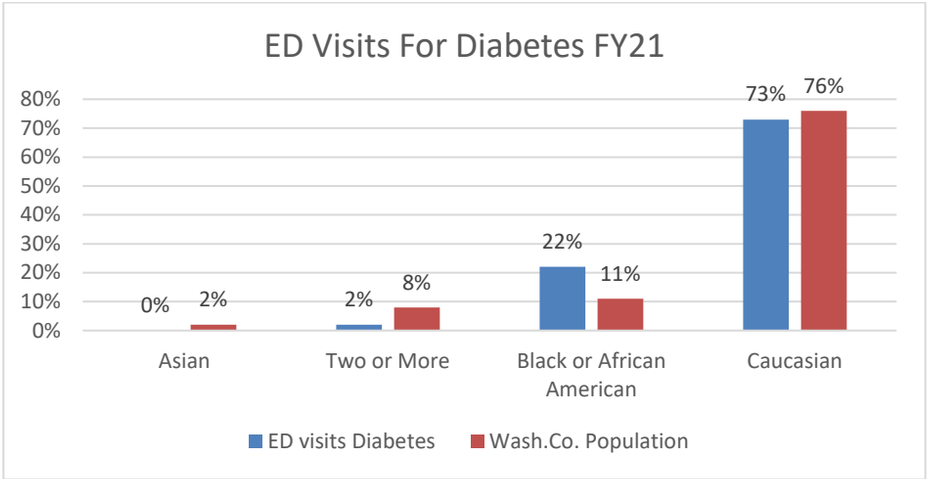
This prevalence indicator shows the percentage of adults who have ever been diagnosed with diabetes by census tract location. The map shows highest concentration of persons living in the core of the downtown Hagerstown (>16%) and Hancock (>13%) locations.



Source *http://www.communitysolutionshub.org/indicators/index/view?indicatorId=81&localeId=171071*

There are 59 Census Place values. The lowest value is 6.7 (Smithsburg, MD), and the highest values are 16.5 (Hagerstown) and 13.7 (Hancock). Half of the values are between 10.3 and 12.5. The middle (median) value is 11.4 (Fountainhead-Orchard Hills).

Emergency Department visits for unmanaged diabetes during FY2021 demonstrates a percentage of visits by Black or African Americans at twice the percentage of the general Black or African American population living in Washington Co. The higher rate of ED visits for Black or African Americans suggests a health disparity.



Source: Meritus Health Data Atlas Dec. 2021

Diabetes Mortality

Age-adjusted death rate due to diabetes is 32 per 100,000 persons. The Washington County diabetes mortality rate is 35% greater than the state average of 20.1 and remains among the highest in the state of Maryland. Diabetes mortality data by race and ethnicity is not readily available.

County: Washington

32.0

deaths/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: June 2021
Filter(s) for this location: State: Maryland

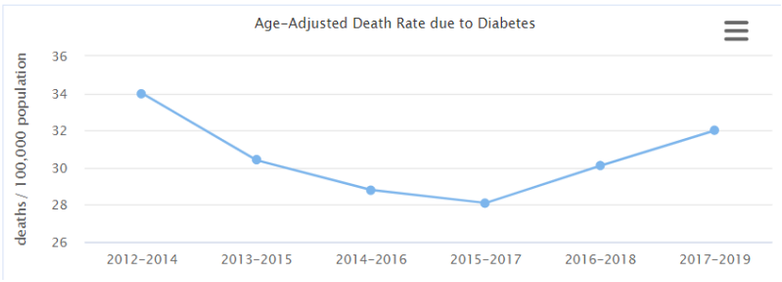
Graph Selections

INDICATOR VALUES

☑ Change over Time

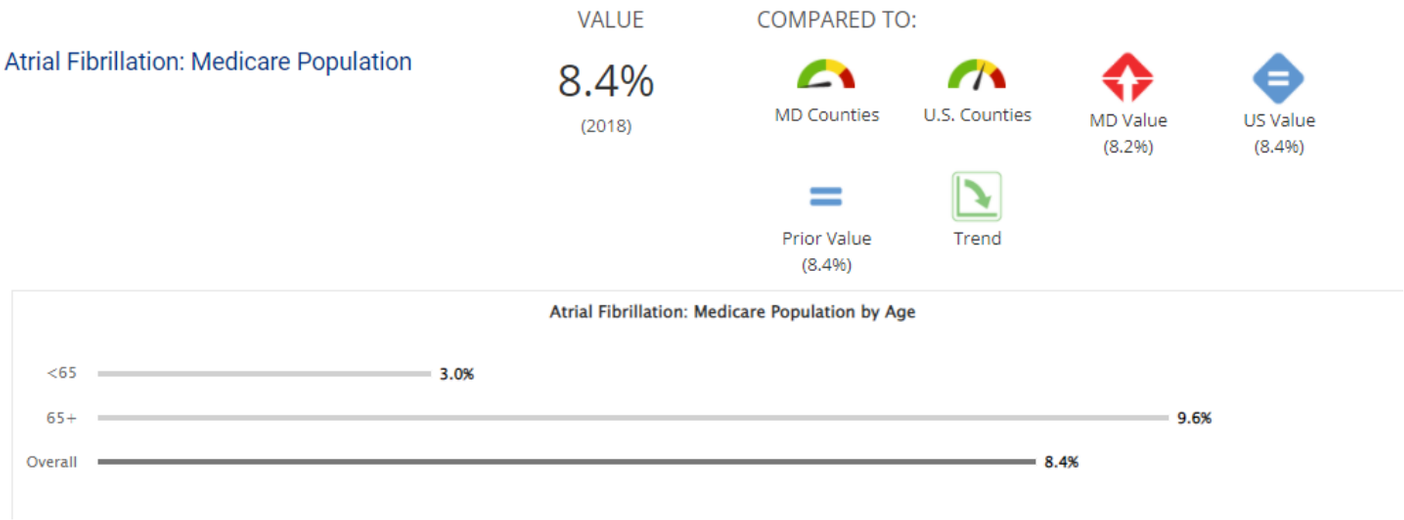
COMPARED TO

MD Value (20.1)	US Value (21.5)	Prior Value (30.1)	Trend

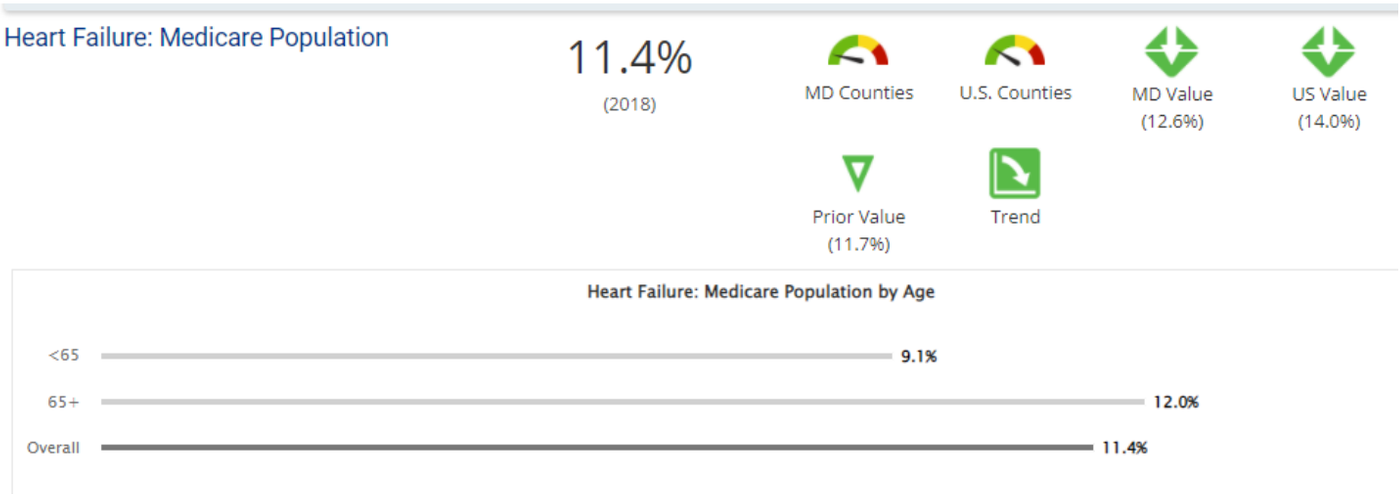


Heart Disease & Stroke

Atrial fibrillation (AFib) is an irregular heartbeat that commonly causes poor blood flow to the body. Symptoms of atrial fibrillation include heart palpitations, shortness of breath and weakness. Although AFib itself is not usually life-threatening, it can lead to blood clots, stroke, heart failure and other heart-related complications that do require emergency treatment. According to the American Heart Association, an estimated 2.7 million Americans are living with AFib and it is the most common "serious" heart rhythm abnormality in people over the age of 65 years. The Washington Co. value of 8.4% is similar to the state and national averages.

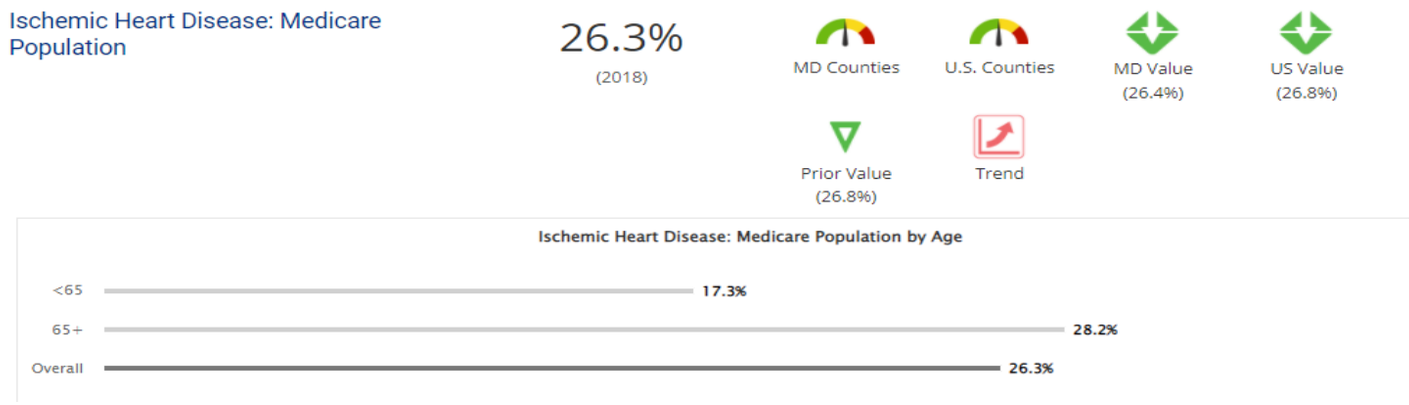


Heart failure occurs when the heart cannot pump sufficient amounts of blood to the rest of the body, resulting in increased blood pressure and fluid retention in the limbs and/or organs. Heart failure is caused by a variety of conditions that weaken the heart, including coronary artery disease, diabetes, heart attack, high blood pressure, and congenital heart defects. Treatment for heart failure begins with a combination of medication, lifestyle changes, and maintaining a low blood pressure to prevent heart failure from advancing. The National Institute of Health states that heart failure is most common in people age 65 and older and it is the number one reason older individuals are hospitalized. The Washington Co. average of 11.4% is better than the state and national averages.



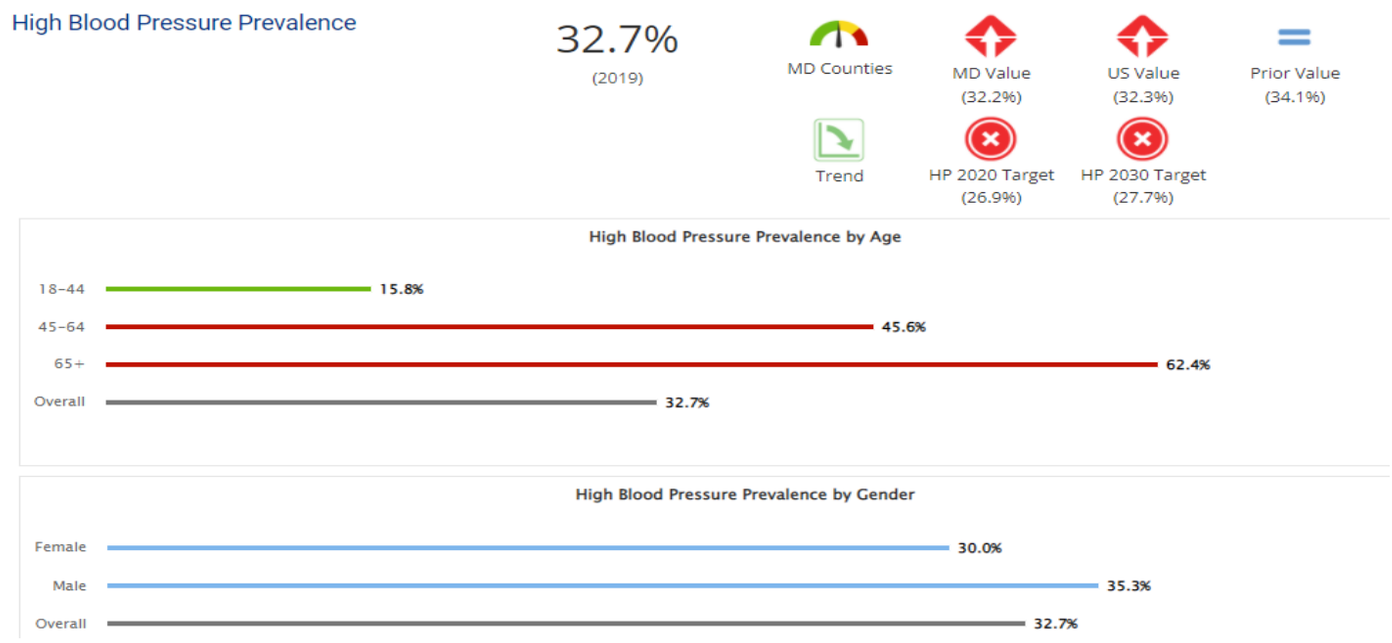
Ischemic Heart Disease

Ischemic heart disease is characterized by the narrowing of the arteries of the heart, resulting in less blood and oxygen reaching the heart muscle. Most ischemic heart disease is caused by atherosclerosis and can result in a heart attack. Risk factors for ischemic heart disease include increased age, smoking status, diabetes, hypertension, obesity, gender, and family history of the disease. Heart disease is the #1 cause of death in Washington Co. The 26.3% average aligns with the state and national averages.

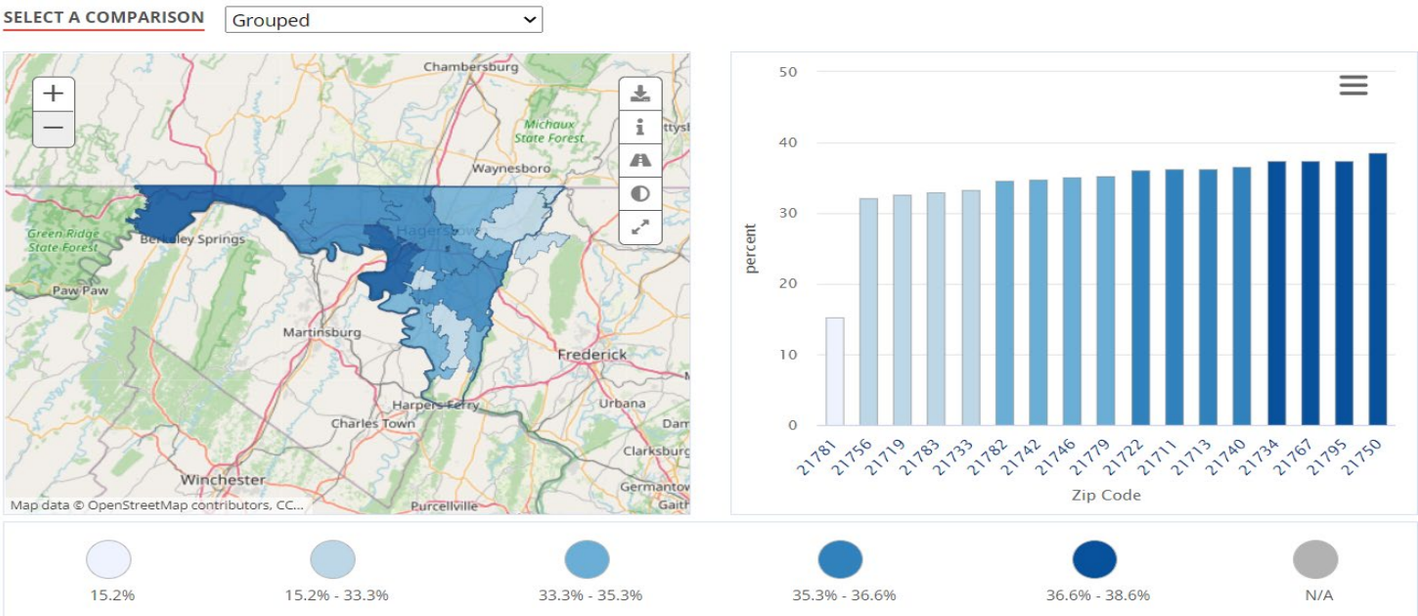


High Blood Pressure Prevalence

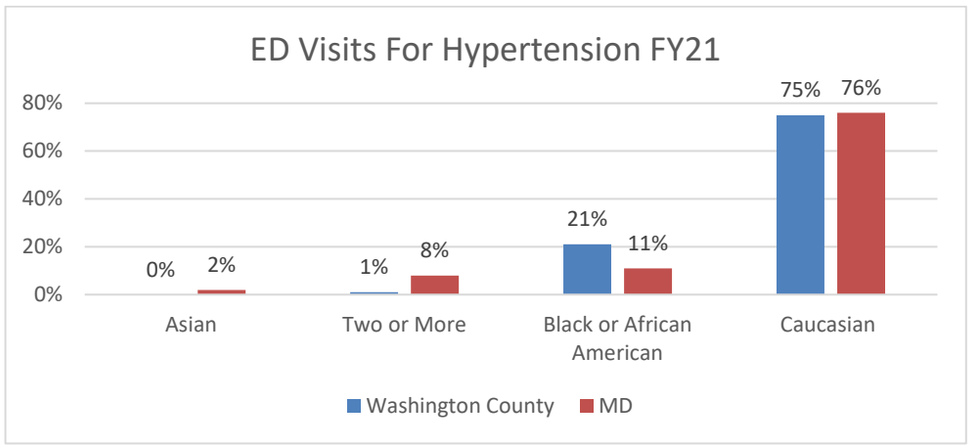
High blood pressure is the number one modifiable risk factor for stroke. High blood pressure contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The higher your blood pressure, the greater your risk of heart attack, heart failure, stroke, and kidney disease. As there are often no accompanying symptoms, the only way to tell if you have high blood pressure is to have your blood pressure checked. It is particularly prevalent in Black or African Americans, older adults, obese people, heavy drinkers, and women taking birth control. Blood pressure can be controlled through lifestyle changes, including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active. This indicator shows that nearly on third or 32.7% of Washington Co. adults have been told they have high blood pressure.



In this area, the estimated prevalence of high blood pressure among adults aged 18 years and older was similar to the Maryland average (32.2%) and National value (32.3%). The HP 2030 Target is 27.7%. Rates of high blood pressure are found throughout the entire county but the highest rates include Hancock (>38%), Williamsport, Maugansville, and Funkstown (>37%) and Hagerstown, Boonsboro, Big Pool, and Clear Spring (>36%).



We see that Black or African Americans represent 22% of all emergency department visits for hypertension during FY2021, a percentage that is nearly double the Black or African American population of Washington Co.



Source: Meritus Health Data Atlas Dec. 2021

Increased ED visits also resulted in 20% higher rate of hospitalization for hypertension among Black or African Americans compared to Whites according to the recently published 2019 **Health Equity Resource Community** (HERC) Advisory Committee data (see **Appendix J**).

Cerebrovascular Disease (Stroke)

Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. A stroke occurs when blood vessels carrying oxygen to the brain burst or become blocked, thereby cutting off the brain's supply of oxygen and other nutrients. Lack of oxygen causes brain cells to die, which can lead to brain damage and disability or death. Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use, and tobacco use.

Washington Co. rate of stroke is 41.8 per 100,000 lives. The rate is slightly higher compared to the state (40.7) and nationally (37.2). The trend is upwards over time.

County: Washington

41.8

deaths/ 100,000 population

Source: Maryland Department of Health
Measurement period: 2017-2019
Maintained by: Conduent Healthy Communities Institute
Last update: June 2021
Filter(s) for this location: State: Maryland

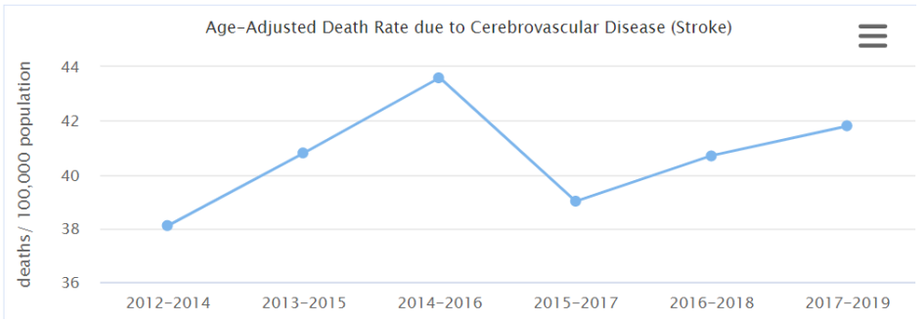
Graph Selections

INDICATOR VALUES

Change over Time

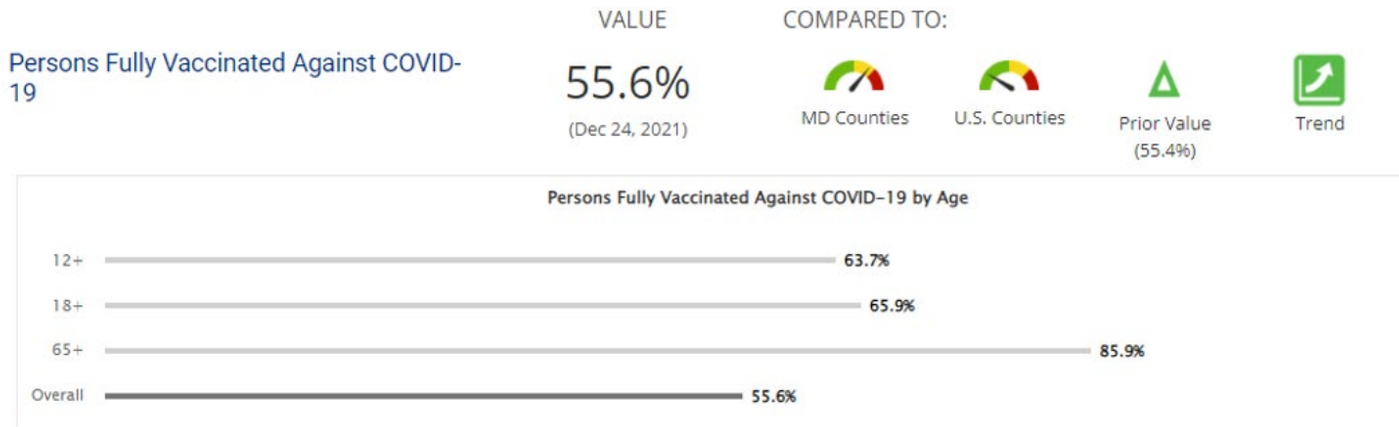
COMPARED TO

MD Counties	MD Value (40.7)	US Value (37.2)	Prior Value (40.7)	Trend	HP 2020 Target (34.8)	HP 2030 Target (33.4)



Infectious disease and Immunization

The Washington Co. response has resulted in > 55% of the population age 12+ being fully vacinnated against Covid-19 as of December 2021.



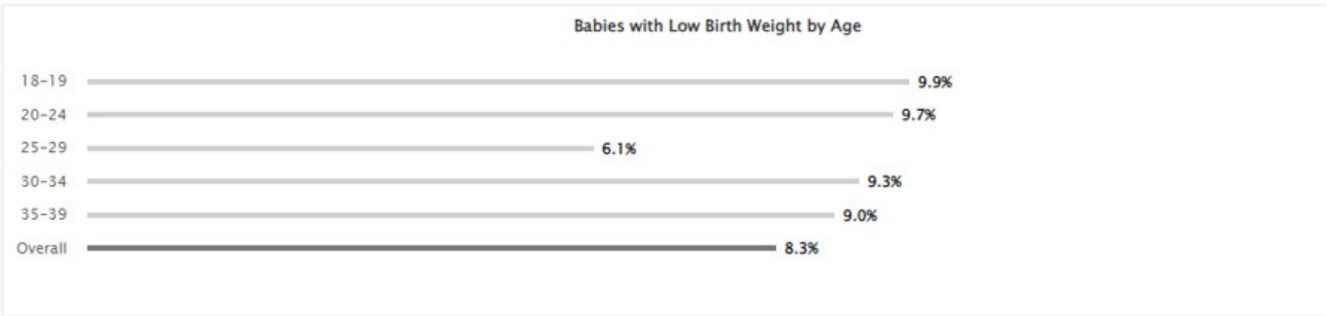
As of December 31, 2021 Covid-19 virus had been diagnosed in over 738,000 Maryland residents with more than 11,750 deaths. At the county level Washington County experience more than 32,000 positive cases and over 520 deaths. Testing was made widely available at the county level early on during the pandemic and through December 2021 over 120,000 persons had been tested. More than 88,000 doses of the Covid-19 vaccine had been administered. Surges of infection continue through the time of writing this CHNA document.

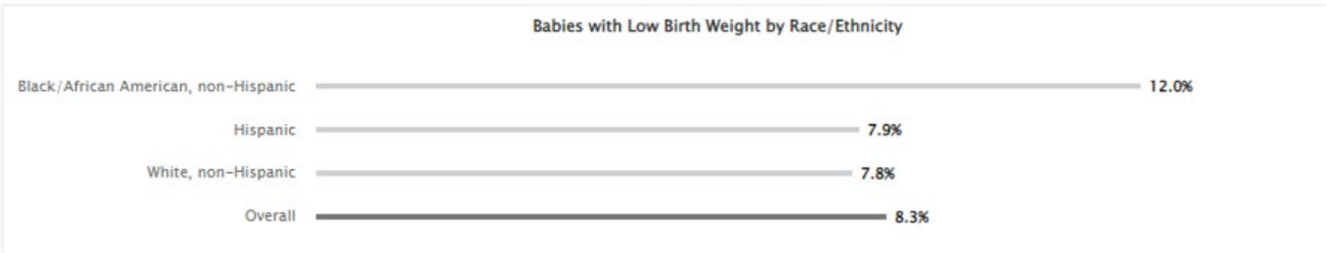
The impact of SARS-CoV-2, the virus that causes COVID-19, on people with or at risk for chronic disease cannot be overstated. COVID-19 has impeded chronic disease prevention and disrupted disease management.[6] From preventive health

[6]Hacker KA, Briss PA, Richardson L, Wright J, Petersen R. COVID-19 and Chronic Disease: The Impact Now and in the Future. Prev Chronic Dis 2021;18:210086. http://dx.doi.org/10.5888/pcd18.210086

Maternal, Fetal & Infant Health

Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs. The HP 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%. The Washington Co. rate is 8.3%, slightly better than the state and consistent with the National average. Low birth rates are higher among younger ages 18-24, and significantly high for Black or African American, non-Hispanic at 12%.



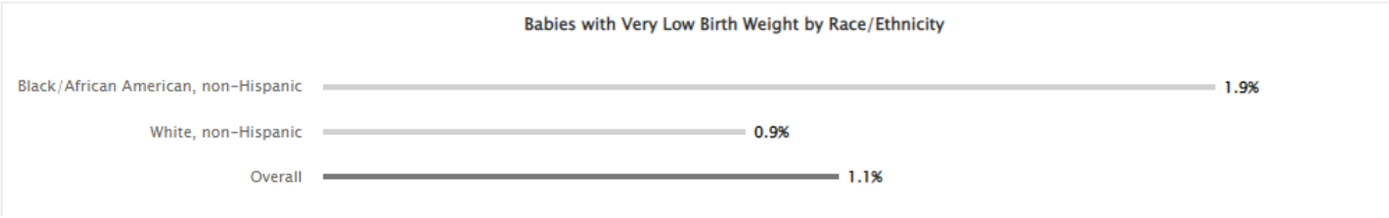


Babies born with a very low birth weight are significantly more likely than babies of a normal weight to have severe health problems; and nearly all require specialized medical care in the neonatal intensive care unit. While there have been many medical advances enabling very low birth weight and premature infants to survive, babies born with very low birth weight are at the highest risk of dying in their first year and are at risk of long-term complications and disability. Currently the Washington Co. average of 1.1%, is better than the state (1.6%) and National (1.4%) averages, and exceeds the HP 2030 Target of 1.4% However, the Black or African American Very Low Birth Rate of 1.9% is >40% higher than average, suggesting a health disparity.

Babies with Very Low Birth Weight

1.1%
(2019)

MD Counties (2016)
MD Value (1.6%)
US Value (1.4%)
Prior Value (1.4%)
Trend
HP 2020 Target (1.4%)

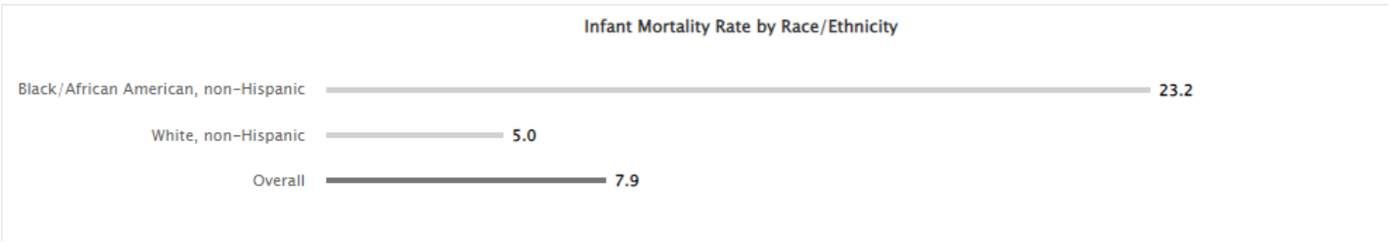


Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. The Healthy People 2030 national health target is to reduce the rate of infant deaths to 5.0 deaths per 1,000 live births. Infant mortality rates in Washington Co. of 7.9 per 1,000 live births is of concern, higher than state and national rates and a higher trend from a previous 4.2 rate six years ago. The high Infant Mortality Rate is due to the alarmingly high rate of 23.2 per 1,000 live births among Black or African Americans, 75% higher than the MD state average.

Infant Mortality Rate

7.9
Deaths per 1,000 live births
(2019)

MD Value (5.9)
US Value (5.7 in 2018)
Prior Value (4.2)
Trend
Maryland SHIP 2017 (6.3)
HP 2020 Target (6.0)
HP 2030 Target (5)



Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Mothers Who Received Early Prenatal Care (in the first trimester) in Washington Co. total 68.4%, better than the state (66.8%) but well below the national average (75.8%). The HP 2030 Target is 77.9%

Mothers who Received Early Prenatal Care

68.4%
(2019)

MD Counties

MD Value
(66.8%)

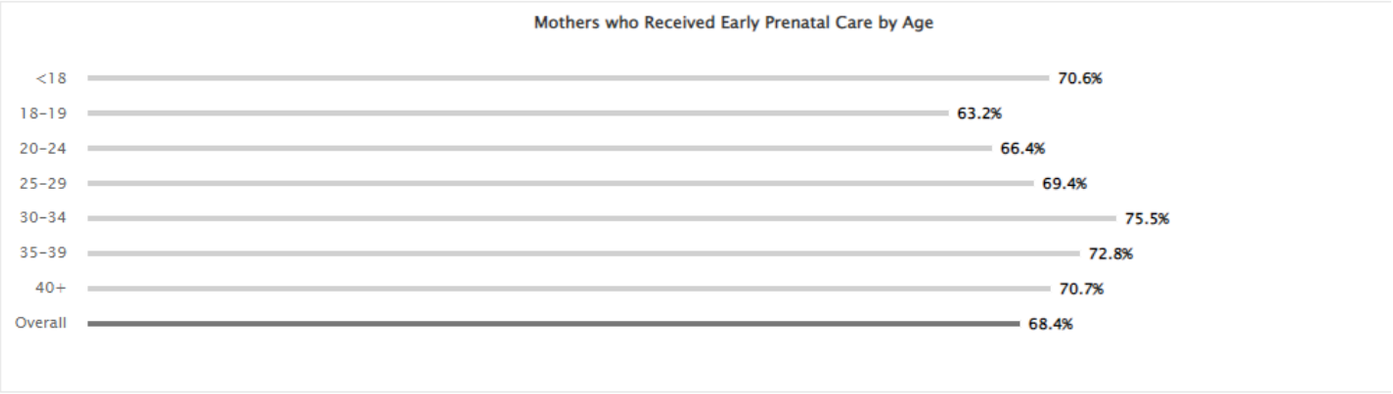
US Value
(75.8%)

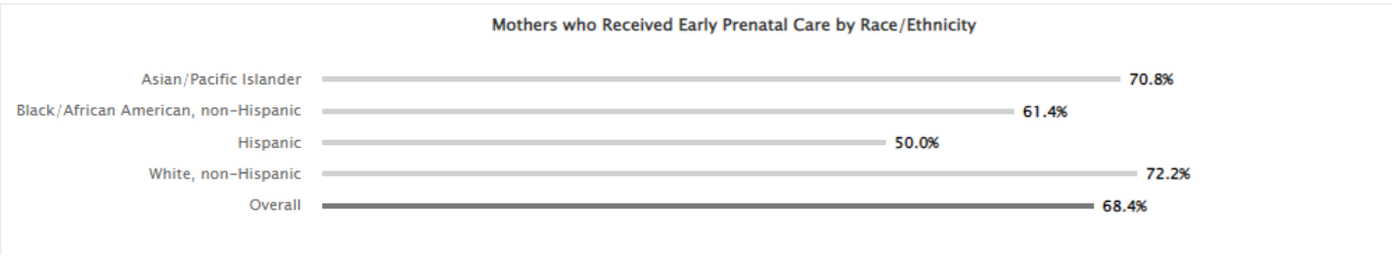
Prior Value
(70.9%)

Trend

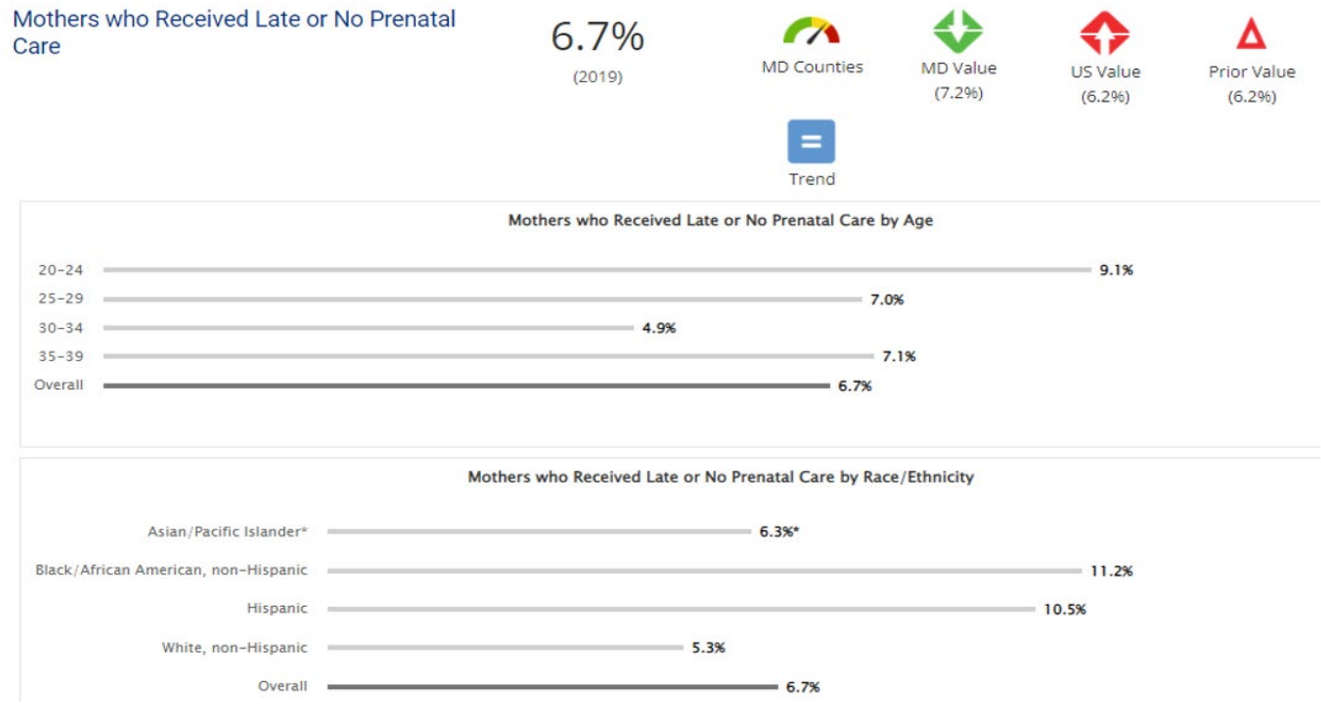
Maryland SHIP
2017
(66.9%)

HP 2020 Target
(77.9%)



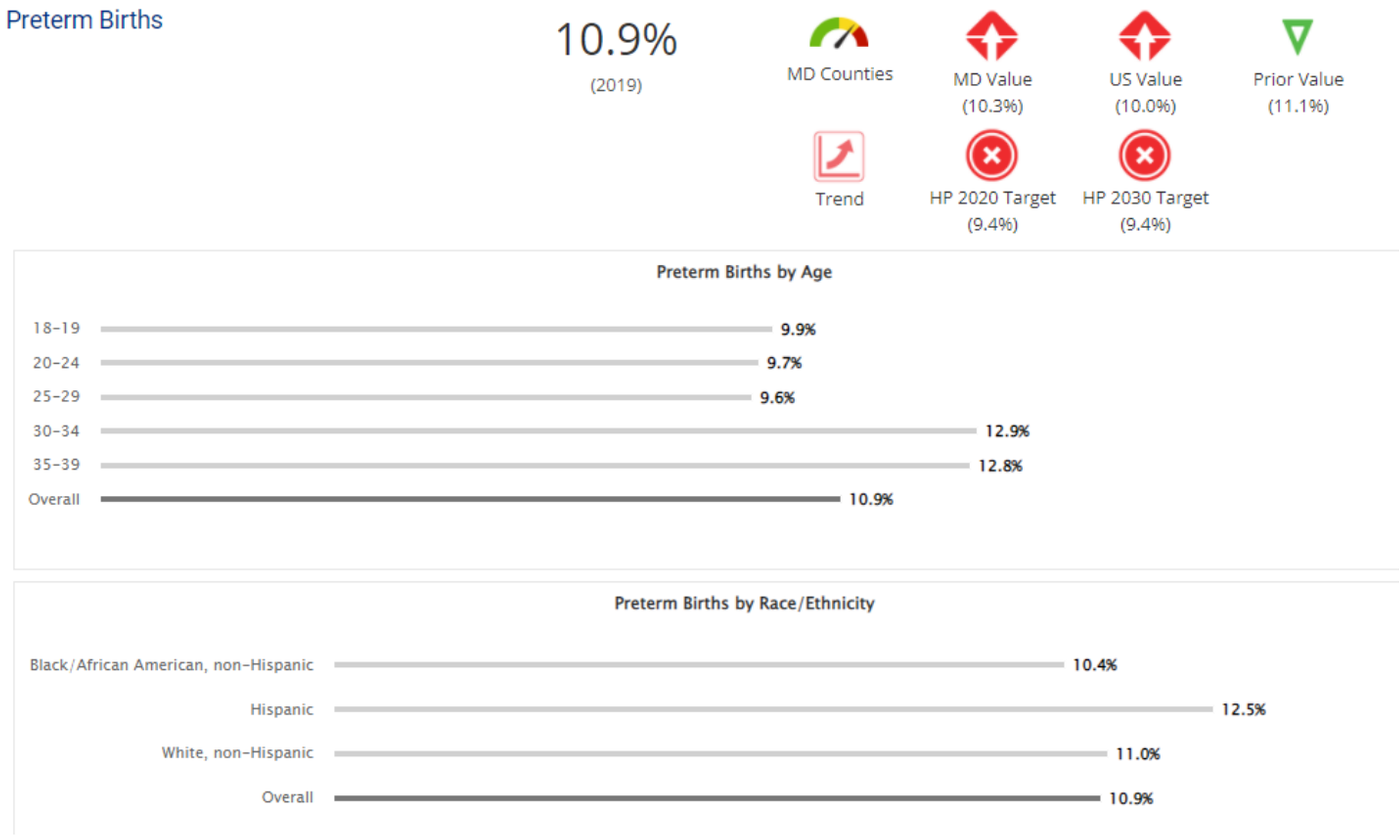


In Washington Co. only 50% of Hispanic mothers received early prenatal care, followed by 61.4% of Black or African American mothers, both suggesting a health disparity. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.



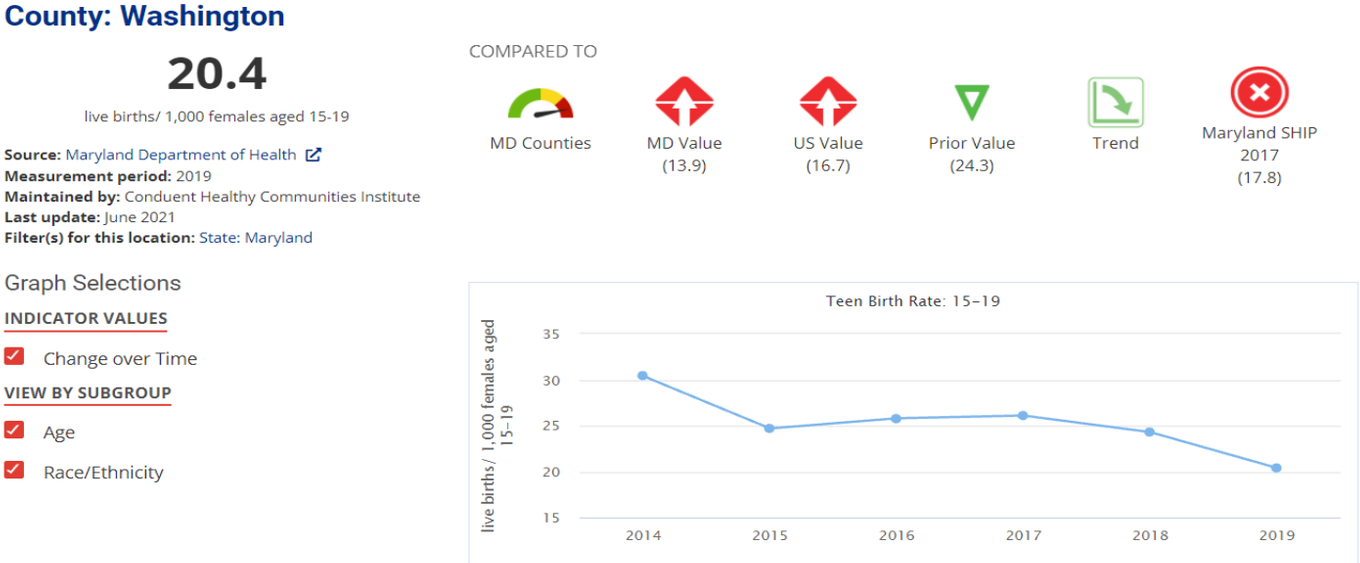
In Washington Co. 6.7% of the population received late or no prenatal care. Mothers younger than age 24 are the most likely to have received late or no prenatal care (9.1%). Again, a health disparity is likely among minority mothers to have received late or no prenatal care, Black or African American 11.2% and Hispanic 10.5%.

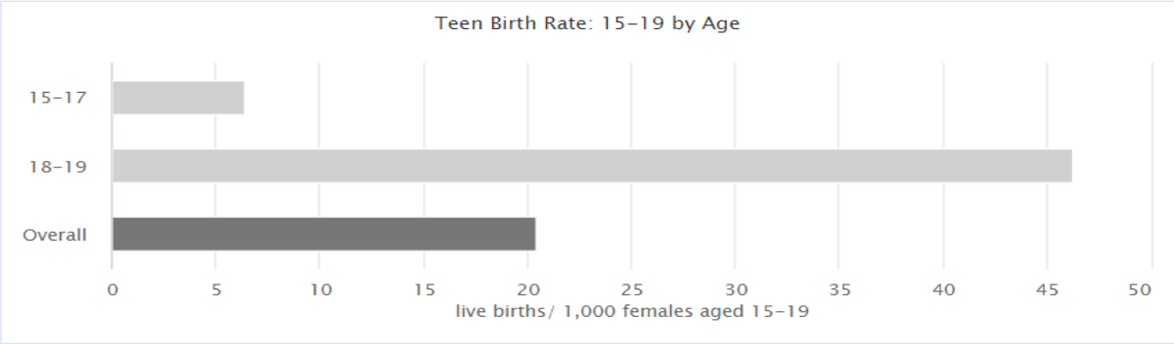
Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and get prenatal care. The Washington Co. rate of 10.9% is slightly higher than the state (10.3%) and Nationally (10%). The rate has improved slightly trending down from 11.1% over the past six years. The HP 2030 Target is to reduce preterm births to 9.4%. The Hispanic rate of 12.5% and White, non-Hispanic rate of 11% is slightly higher than the average (10.9%).



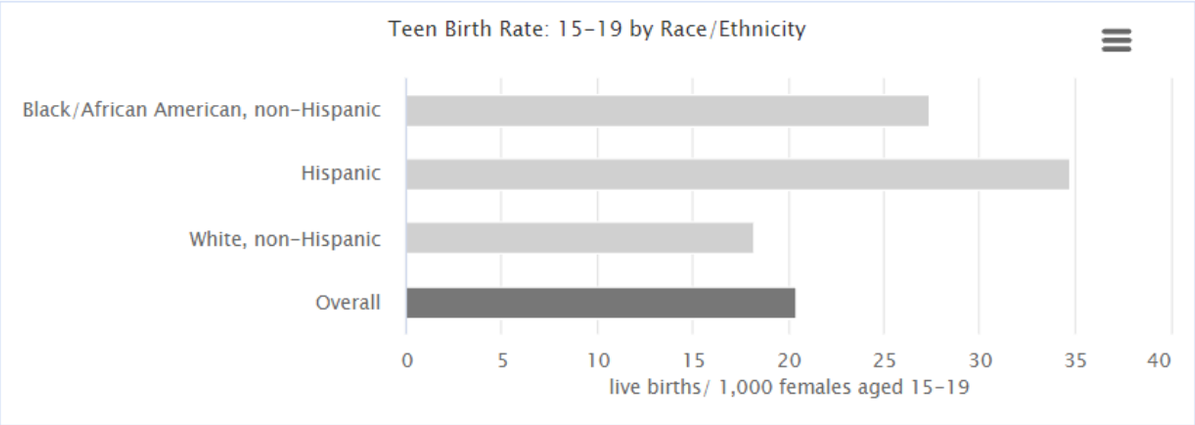
Teen Birth Rates

Teen birth is of concern for the health outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight. Responsible sexual behavior reduces unintended pregnancies, thus, reducing the number of births to adolescent females. The Washington Co. indicator shows the birth rate of 20.4 in live births per 1,000 females aged 15-19 years.





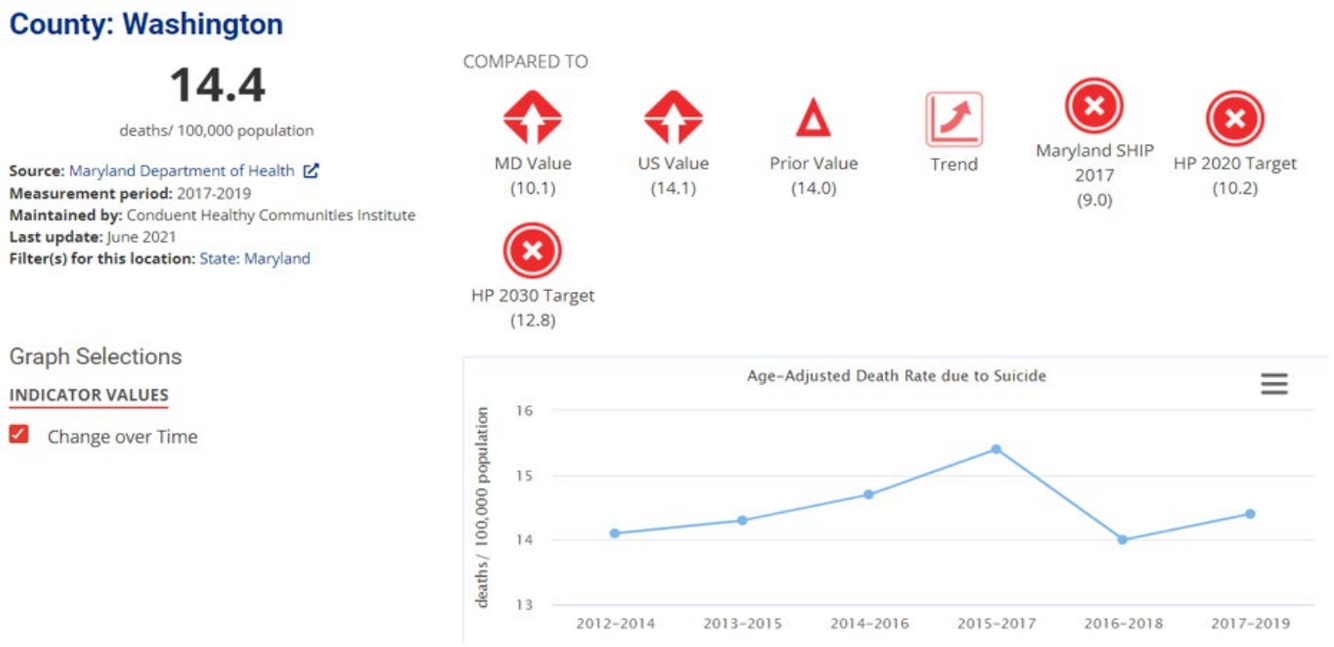
In 2019 ages 15-17 rate was 6.4%, with the ages 18-19 constituting the majority of teen births at 46.3%



The Hispanic rate of 34.8 a greater than 70% difference from the average. 27.4 a greater than 34% difference from the average. Both rates suggest health disparities in the Teen Birth Rate for minority mothers.

Mental Health

Suicide is a leading cause of death in the U.S., presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over $30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older. The age-adjusted rate of suicide for Washington Co. is 14.4 per 100,000 lives, much higher than the state average (10.1). The HP 2030 Target is to reduce the suicide rate to 12.8 deaths per 100,000 population.



Frequent Mental Distress

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. This indicator shows the percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days. The Washington Co. rate of Frequent Mental Distress of 14.6% is significantly higher than the state average 11.4% and slightly higher than the national average of 13%. Please note that the data is pre Covid-19 and is anticipated to be higher at present.

County: Washington

14.6%

Source: County Health Rankings
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: May 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (11.4%)	US Value (13.0%)

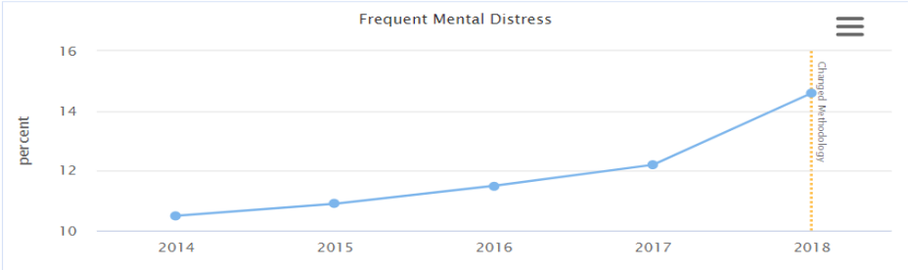
Technical note: These estimates are produced from survey data and created using a complex statistical model. It is not appropriate to use this data for tracking/evaluation purposes, as the data are collected using sophisticated sampling techniques that can make them difficult to use for small geographic areas and population subgroups without carefully applying the correct statistical techniques. Modeled estimates are also not particularly good at incorporating the effects of local conditions, such as health promotion policies.

More details:
Original Source: Behavioral Risk Factor Surveillance System

Graph Selections

INDICATOR VALUES

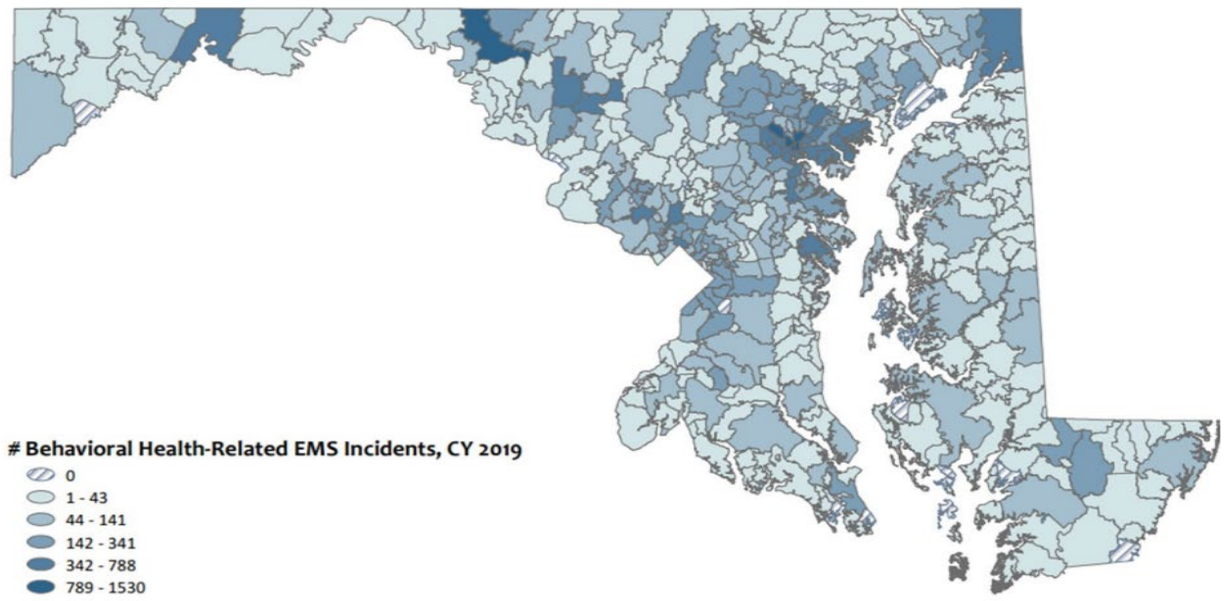
Change over Time



Behavioral Health Crisis Calls

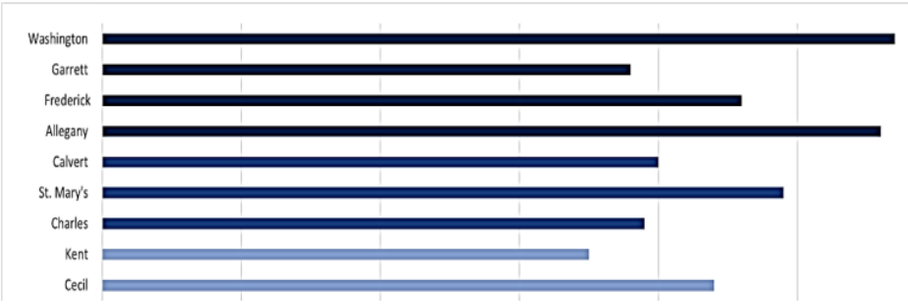
For behavioral health crisis 9-1-1 calls, Washington County is an outlier with one of the highest use rates in the state of Maryland.

GIS map of the frequency distribution of all 9-1-1 EMS calls for BH-crisis, by zip code, CY2019 (All-Payers, eMEDs data courtesy of MIEMSS)



The majority of the 9-1-1 behavioral health crisis calls did not result in need for acute hospitalization. Washington Co. had the second highest percent of emergency calls that could have been diverted to a crisis facility instead of the emergency department (57%); no crisis facility exists at this time.

Proportion of 9-1-1 EMS transports to EDs for BH (18 yrs +) who potentially could have been transported to a Crisis Facility, by county of residence (eMEDs data courtesy of MIEMSS, CY2019)



Five Highest Percentages

Montgomery	63%
Washington	57%
Baltimore	57%
Prince George's	57%
Allegany	56%

Depression: Medicare Population

Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable. According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7% in people over the age of 60 compared to 16.9% overall. The Center for Medicare Services estimates that depression in older adults occurs in 25% of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.

The Washington Co. indicator shows 21.3% of Medicare beneficiaries were treated for depression, a higher value compared to the state and nationally (18%) and a prior measurement of 21.5%. The data suggests an increased trend. It is interesting to note that 40.1% of the persons with depression and covered by Medicare are under the age of 65.

County: Washington

23.1%

Source: Centers for Medicare & Medicaid Services
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	U.S. Counties	MD Value (18.0%)	US Value (18.4%)	Prior Value (21.5%)	Trend

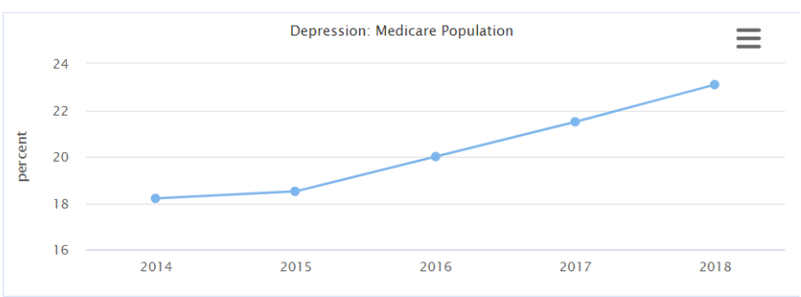
Graph Selections

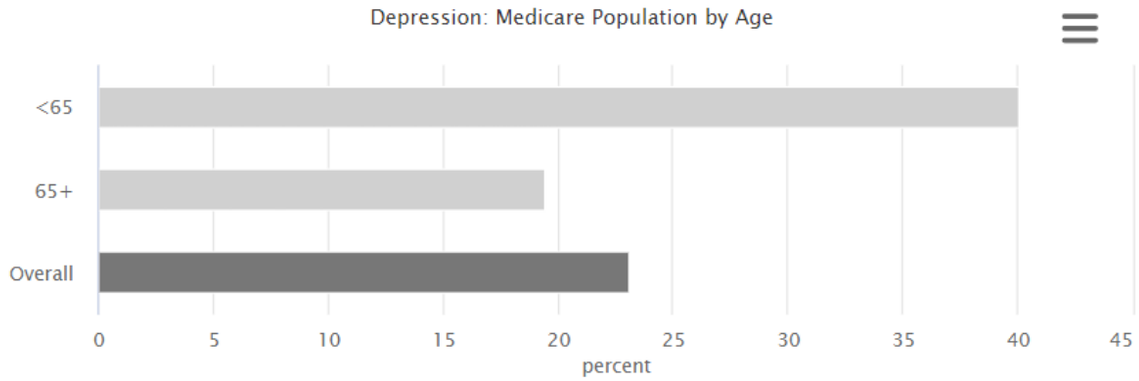
INDICATOR VALUES

☑ Change over Time

VIEW BY SUBGROUP

☑ Age





Poor Mental Health: 14+ Days

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. The Washington Co. indicator shows that 10.1% of adults who stated that their mental health was not good 14 or more days in the past month, slightly higher than the state average.

County: Washington

10.1%

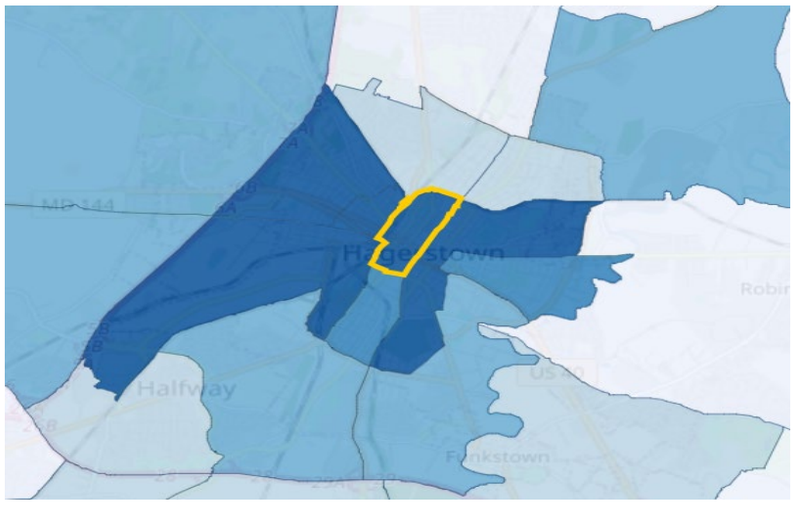
COMPARED TO

MD Counties

MD Value (9.7%)

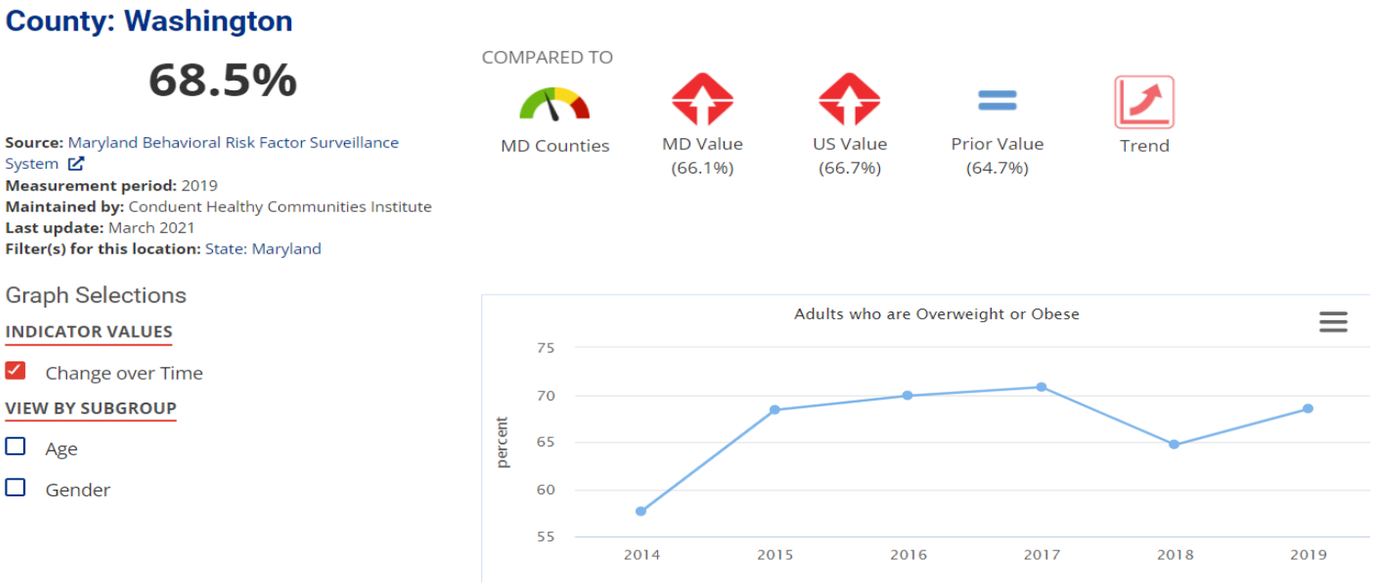
Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2016
Maintained by: Conduent Healthy Communities Institute
Last update: May 2018
Filter(s) for this location: State: Maryland

The location of these persons live primarily in the central Hagerstown zip code 21740. Highest concentrations are in the City census tracts including 24043000500 18.9%, 24043000700 19%, 24043000302 19.9%, 24043000900 19.9%, and 24043000400 21%.

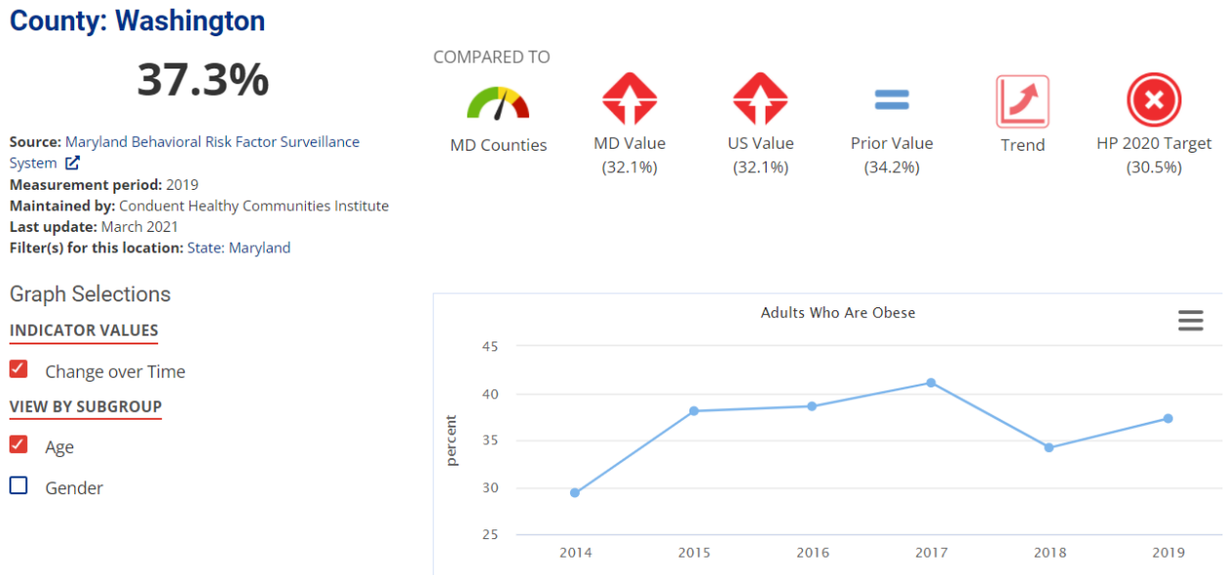


Overweight and Obesity

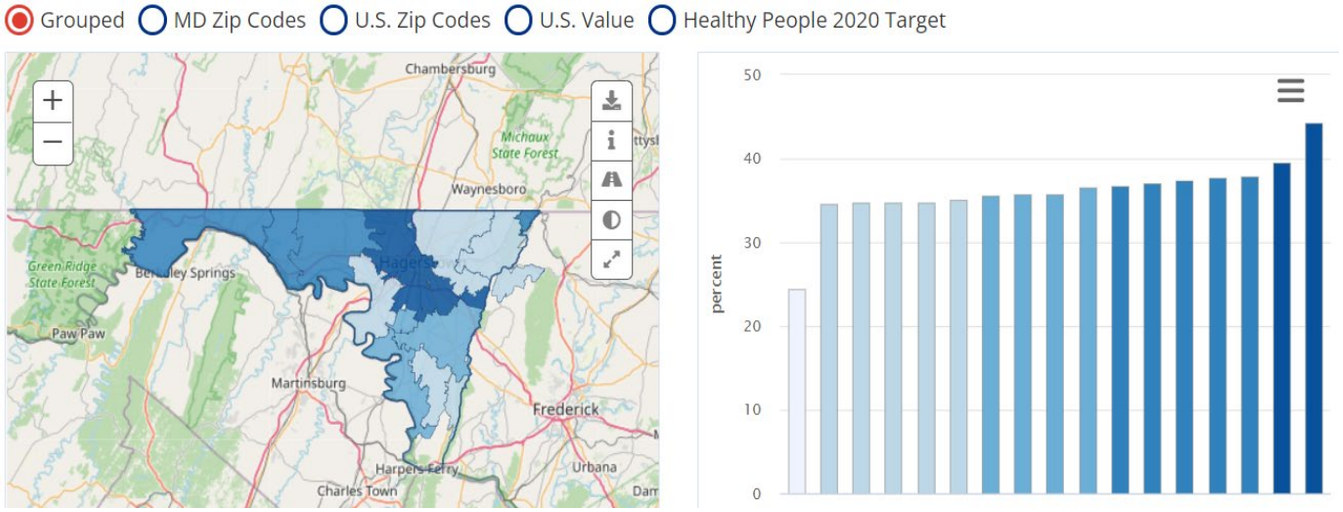
The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. The Washington Co. indicator shows 68.5% of adults who are overweight or obese according to the Body Mass Index (BMI), higher than state (66.1%) and national (66.7%) averages. BMI between 25 - 29.9 is considered overweight and a BMI >=30 is considered obese



Adults who are Obese



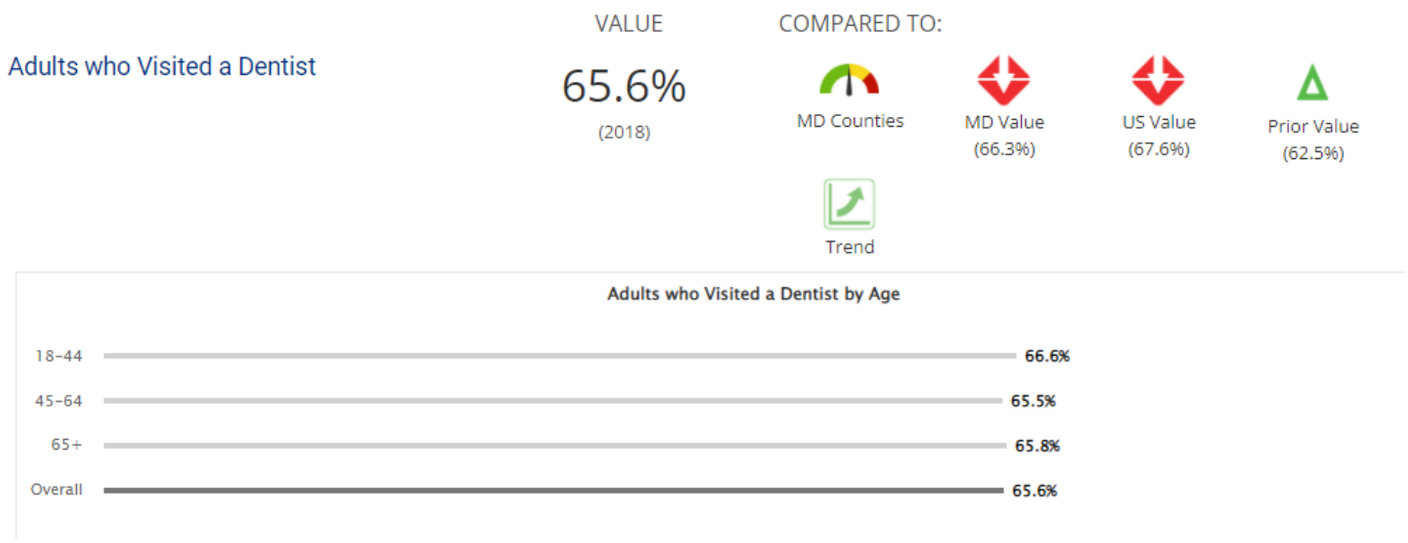
The rate of adult obesity at 37.3% is significantly higher than the MD average value of 32.1% and the Healthy People target of 30.5%. This trend is also increasing over time.



Sorted by zip code, the highest rate of obesity include central Hagerstown, followed by Hancock and the western parts of the county.

Oral Health

Oral health has been shown to impact overall health and well-being. According to the CDC, nearly one-third of all adults in the United States have untreated tooth decay, or tooth cavities, and one in seven adults aged 35 to 44 years old has gum disease. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. Maintaining good oral health by using preventive dental health services is one way to reduce oral diseases and disorders.



Respiratory

Asthma

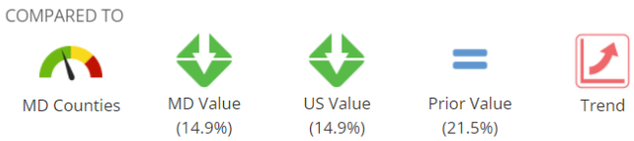
Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. The Washington Co. average is 13.3% better than the state and National average of 14.9%

Adults with Asthma

County: Washington

13.3%

Source: Maryland Behavioral Risk Factor Surveillance System
Measurement period: 2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland



COPD

Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD most commonly includes chronic bronchitis and emphysema and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. Common symptoms include shortness of breath, wheezing, and chronic cough. Although there is no cure for COPD, smoking cessation, medications, and therapy or surgery can help individuals manage their symptoms.

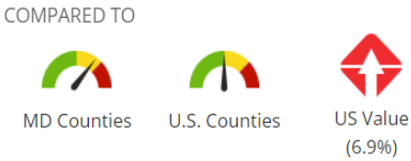
This indicator shows 8.9% of Washington Co. adults who have ever been told by a doctor they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

County: Washington

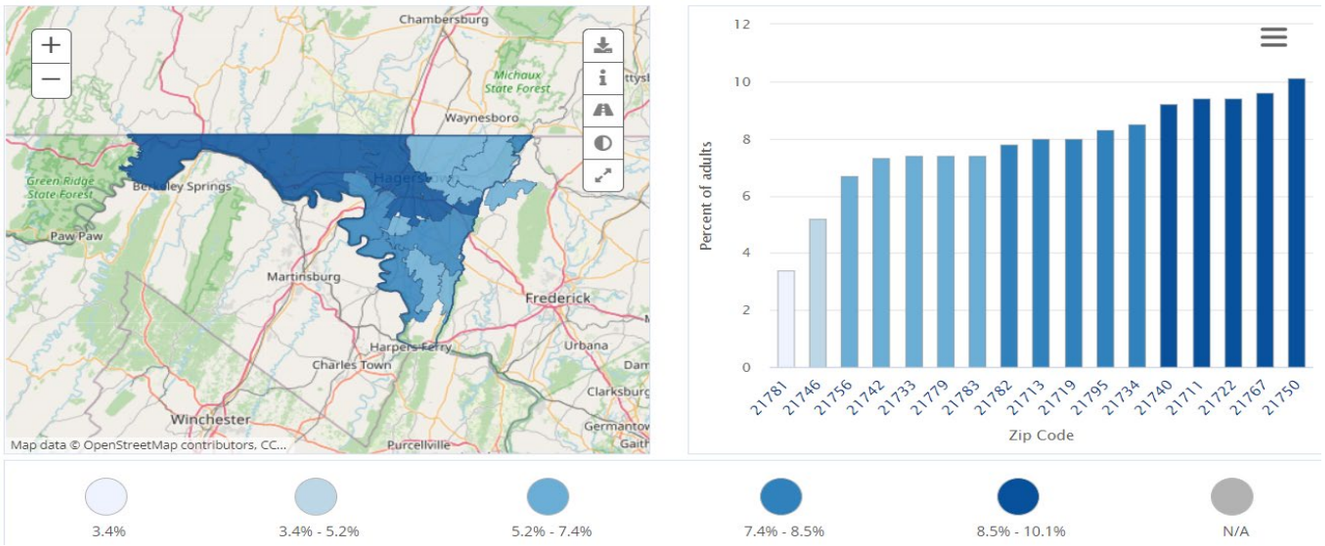
8.7%

Percent of adults

Source: CDC - PLACES
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: February 2021
Filter(s) for this location: State: Maryland



Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.



The highest rates for COPD are found in Hancock (>10%), Maugansville, Clear Spring, Big Pool, and Hagerstown (>9%), and Funkstown, Williamsport, Fort Ritchie, and Boonsboro (≥ 8%).

Children with Asthma*

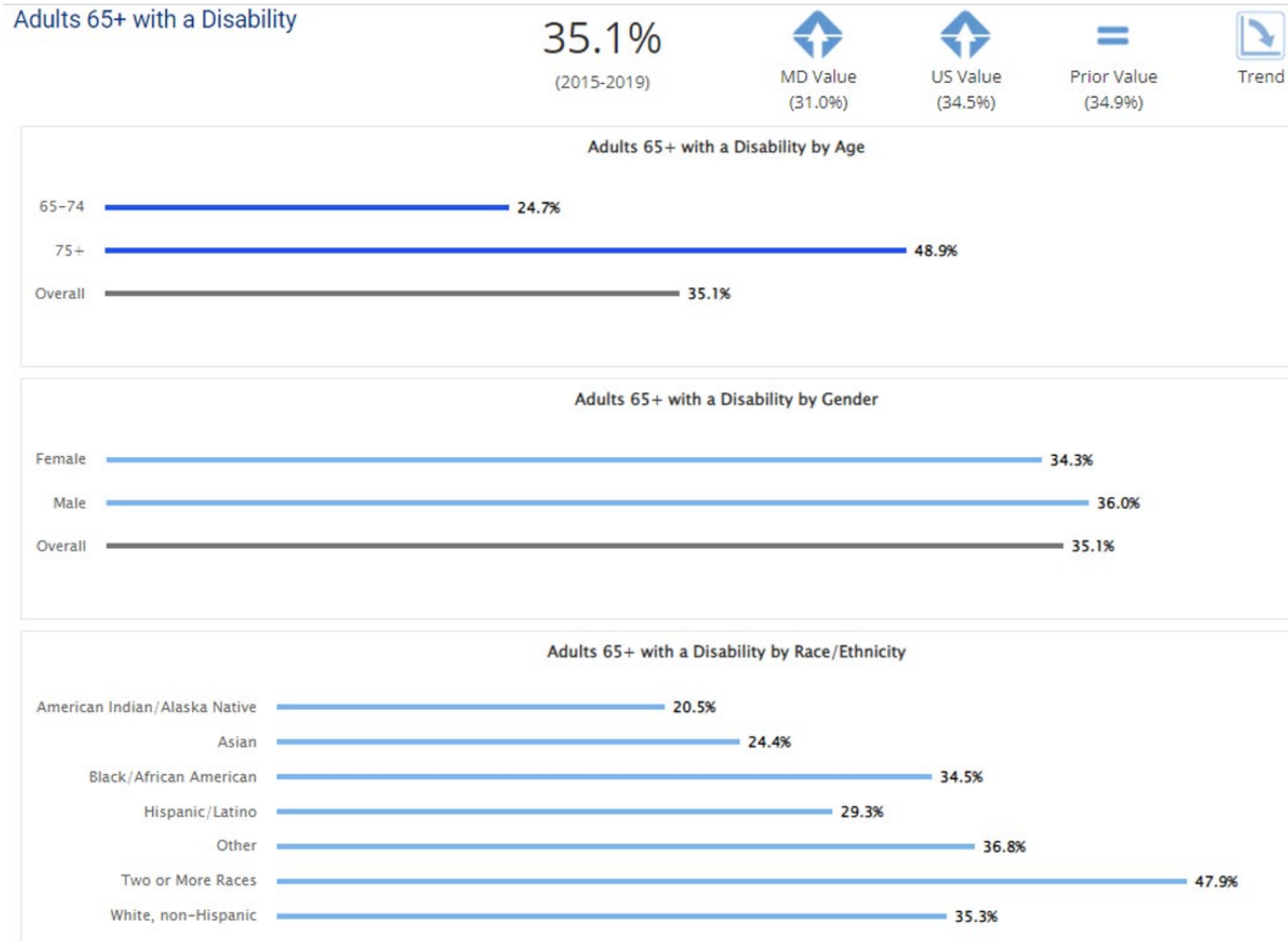
*The data for children with asthma has not been updated since 2015 and is considered insufficient for meaningful interpretation at this time.

Senior Health

Disability Age 65+

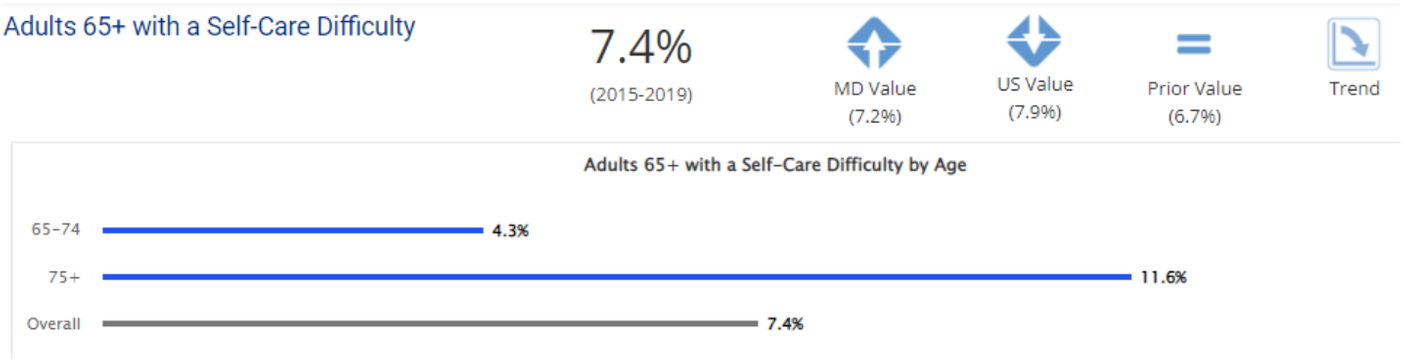
People with a disability have difficulties performing activities due to a physical, mental, or emotional condition. The extent to which a person is limited by a disability is heavily dependent on the social and physical environment in which he or she lives. Without sufficient accommodations, people with disabilities may have difficulties living independently. Rates of disability increase sharply with age. Disability takes a much heavier toll on seniors over age 65. There is often a strong relationship between disability status and reported health status, and many individuals with disabilities require more specialized health care and assistance as a result of the disability.

For Washington Co. 35% of adults age 65+ have a disability. The risk of disability increases with age. We observe a 27% higher rate of disability for adults age 65+ of two or more races, 47.9%.



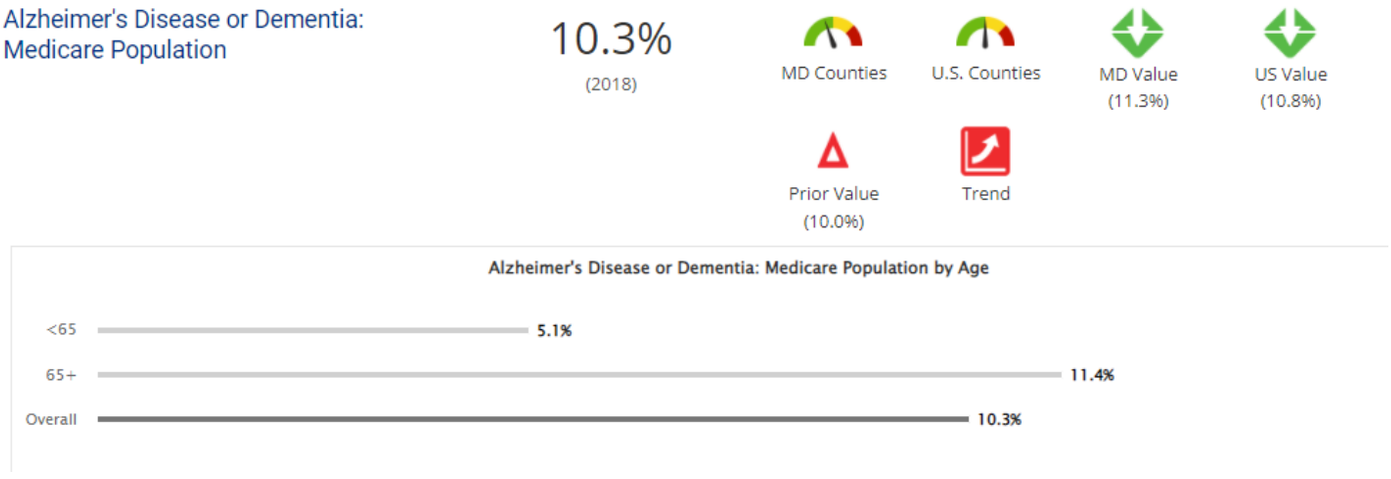
Self-Care Difficulty

People with a self-care difficulty encounter challenges in performing activities of daily living (ADLs), such as dressing or bathing. Older adults are at increased risk for experiencing self-care difficulties and may require additional assistance in the home to conduct ADLs. The Washington Co. rate of 7.4% is similar to state and national averages.



Alzheimer's Disease or Dementia

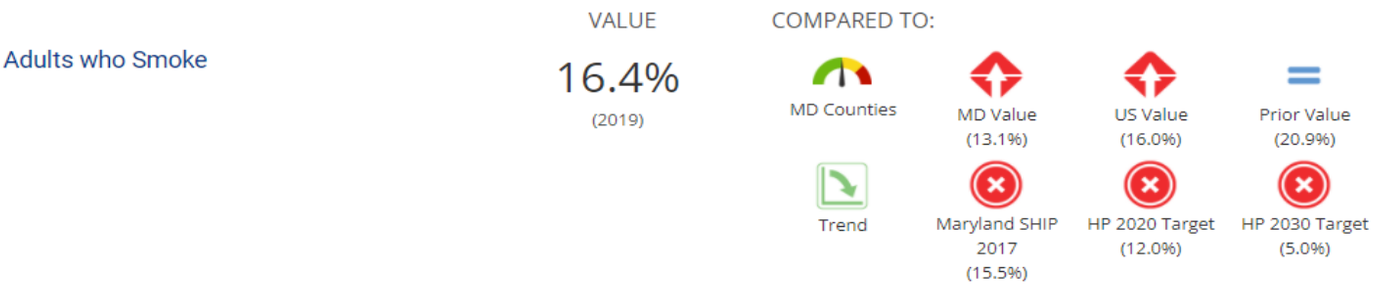
Dementia is a non-specific syndrome that severely affects memory, language, complex motor skills, and other intellectual abilities seriously enough to interfere with daily life. Alzheimer's disease is the most common form of dementia among seniors, accounting for 50 to 80 percent of dementia cases. According to the Centers for Disease Control and Prevention, Alzheimer's disease is the fifth leading cause of death among adults aged 65 and older. The Washington Co. average for dementia is 10.3%, better than the state (11.3%) and national (10.8%) percentages.

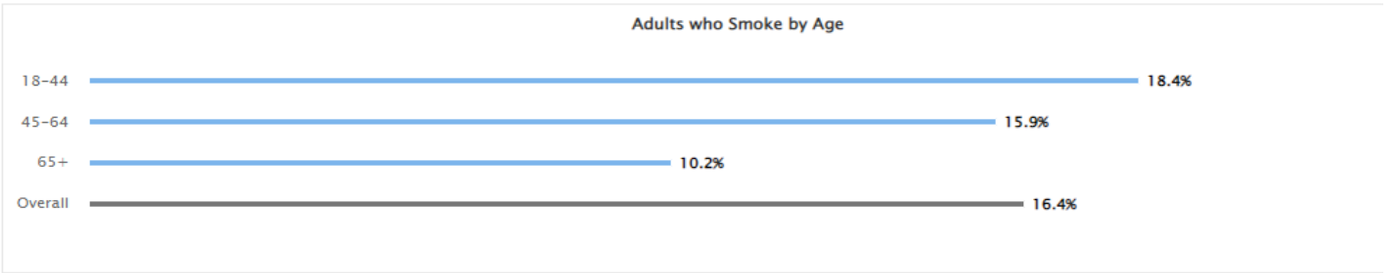


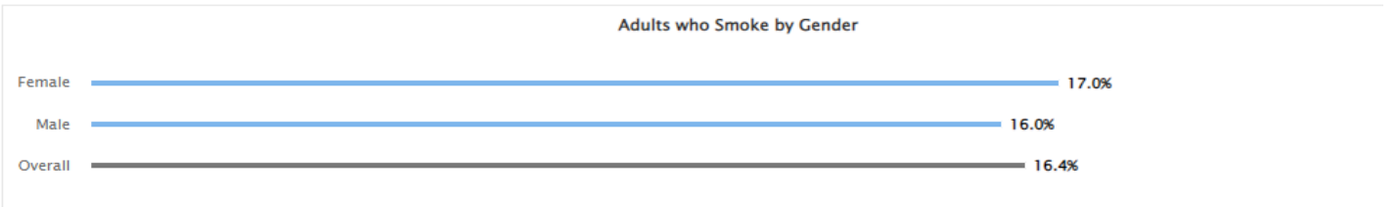
Tobacco Use

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.

The Washington Co. average of adults who smoke is 16.4%, higher than the MD values of 13.1% and similar to the national average of 16%. The HP 2030 Target is to reduce current cigarette smoking in adults to 5%.







Conduent Healthy Communities Institute (HCI) provides demographic and secondary data on health, health determinants, and quality of life topics presented in comparison to the distribution of counties, state average, national average, or target values. The Conduent HCI indicator scores platform calculates and ranks health priorities. Top health needs are found to include addiction, mental health, hypertension, respiratory, diabetes, and social determinants of health.

Health Needs Prioritization

Indicator Scores

County: Washington
San Mar
Total indicators: 212
Monday 25th of October 2021 03:15:20 PM

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision
Death Rate due to Drug Poisoning	3	3	3	3		1.5	3	2.84	High
Depression: Medicare Population	3	3	3	3		1.5	3	2.84	High
Households with Cash Public Assistance Income	3	3	3	3		1.5	3	2.84	High
Age-Adjusted ER Rate due to Alcohol/Substance Abuse	3	1.5	3	1.5		3	3	2.53	Medium
Hypertension: Medicare Population	2	3	2	3		1.5	3	2.53	High
Lung and Bronchus Cancer Incidence Rate	2	2	3	3		1.5	3	2.53	High
Age-Adjusted Death Rate due to Unintentional Injuries	3	1.5	3	2		1.5	3	2.45	Medium
Age-Adjusted Death Rate due to Colorectal Cancer	3	2	3	3		1.5	2	2.42	High
COPD: Medicare Population	3	2	3	3		1.5	2	2.42	High
Total Employment Change	3	2	3	3		1.5	2	2.42	High
Age-Adjusted ER Rate due to Diabetes	2	1.5	3	1.5		3	3	2.37	Medium
COVID-19 Daily Average Case-Fatality Rate	3	2	3	1		1.5	3	2.37	High
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	3	1.5	3	3		1.5	2	2.34	Medium
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3		1.5	2	2.34	Medium
Syphilis Incidence Rate	3	1.5	3	3		1.5	2	2.34	Medium
Food Insecurity Rate	3	2	3	3		1.5	1.5	2.29	Medium
Houses Built Prior to 1950	3	2	3	3		1.5	1.5	2.29	High
Adolescents who have had a Routine Checkup: Medicaid Population	3	1.5	3	1.5		3	2	2.26	Medium
Blood Lead Levels in Children	3	1.5	3	1.5		3	2	2.26	Medium
Homeowner Vacancy Rate	2	2	3	3		1.5	2	2.26	High
Hyperlipidemia: Medicare Population	2	3	2	3		1.5	2	2.26	High
Workers who Walk to Work	2	2	3	3		1.5	2	2.26	High
Teen Birth Rate: 15-19	3	1.5	3	3		3	1	2.24	High
Adults with Current Asthma	3	3	1.5	3		1.5	1.5	2.21	Medium
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	3	1.5	3	3		1.5	1.5	2.21	Medium
Mean Travel Time to Work	1	3	1	3		1.5	3	2.21	High
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2	2	2	2		1.5	3	2.21	High
Cervical Cancer Incidence Rate	3	2	3	3		1.5	1	2.16	High
COVID-19 Daily Average Incidence Rate	3	2	3	3		1.5	1	2.16	High
Diabetes: Medicare Population	2	3	3	3		1.5	1	2.16	High
Child Food Insecurity Rate	2	2	3	3		1.5	1.5	2.13	Medium
Infant Mortality Rate	3	1.5	3	1.5		3	1.5	2.13	Medium

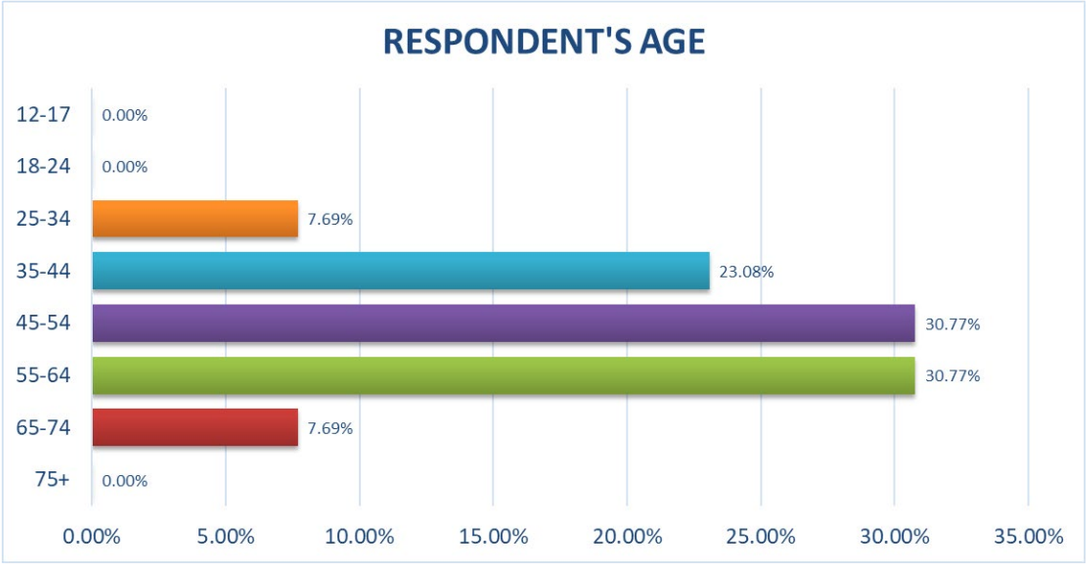
Community Engagement (primary data)

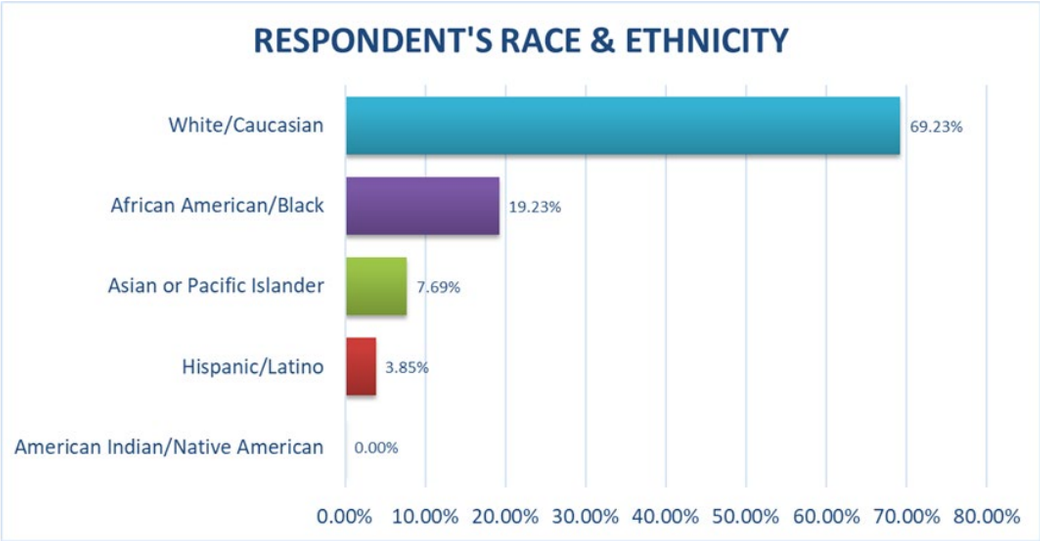
F. Key Informant Interviews

The primary data collection process for this community needs assessment included twenty-one (21) key informants who were interviewed between August 6, 2021 – September 7, 2021. Key informant interviews allow the collection of more detailed data on experiences, opinions, attitudes, insights and beliefs regarding community health issues and the impact of Covid-19. Members of the local health improvement coalition helped develop the questionnaire that was designed to obtain more detailed explanations of barriers that prevent people from accessing health care services; finances, transportation, hours of operation, social needs, limitations, etc. A standardized set of questions were designed and approved by the steering committee members who were also responsible for conducting the interviews (see **Appendix K**).

Thirty key community stakeholders recognized as having specific knowledge of health and health needs of people across Washington County were invited to participate in an interview and short health needs survey. Twenty-one stakeholders agreed to be interviewed and returned the survey questionnaire. A full list of the stakeholder participants are included in **Appendix L**. Individual interview and survey responses were de-identified and summarized (see **Appendix M**).

Key stakeholder demographics by age, race and ethnicity:





Summary of Key-Informant Interview Responses

A summary of answers provided grouped by question. In cases where the multiple same answers are provided, a percentage is included using the total number of interviewees (21) as the denominator.

What does a healthy community mean?

- A community that is thriving in all aspects of life where individuals are able to achieve their optimal health
- People feeling like they have a good of quality of life and a sense of belonging
- Having good physical, mental, social, financial, and spiritual health
- Equal access to good education, adequate employment, safe environment, and quality healthcare including behavioral health
- Sustainable programs and resources to achieve and maintain health
- People are treated equitably with dignity and respect regardless of economic stature, political affiliation, sexual orientation, gender, skin color, ethnicity, religious affiliation, destitution, or lack of health insurance
- Equal access to education, training and diverse resources
- Opportunity for recreation activities and events
- Equal access to healthy food
- A community with a sense of social responsibility
- Having strong leadership who makes opportunities for health possible

What are the important characteristics of a healthy community?

- A good quality of life; social, emotional, physical wellbeing
- A community that works together for its members in all aspects
- A sense of belonging and connectedness with the ability to make a contribution
- Access to quality, affordable healthcare and specialty services
- Diverse and innovative
- Equal opportunities and respectful
- Health literacy and accessible resources to meet needs

- Engaged, strong leadership that helps identify local solutions to problems
- Opportunity for a good education with children entering school ready to learn
- Employment opportunities that offer competitive wages and benefits
- Affordable housing
- Safe streets with low crime rate
- Transportation
- Access to arts & entertainment
- Ways to increase physical activity, recreation and outdoor activities
- Promotion of cultural and historic heritage

How healthy are residents in Washington County as a whole?

- Not very healthy 57%
- Average or similar to most other communities 29%
- Moderately healthy 10%
- Specific health concerns mentioned include: overweight, diabetes, heart disease, mental health, drug addiction and overdose
- Specific social concerns included: disparities, inequities, poverty rate, health illiteracy, gaps in care and resources
- Prevention has taken a backseat to COVID-19

Who is responsible for community health in Washington County?

- Everyone 57%
- Individuals taking personal responsibility 19%
- Health Care System; Meritus Health, Washington County Health Department
- Providers, Businesses, Non-Profits, Government, Hospital, Social Services
- Parents
- Employers, churches, schools, community health organizations
- Health policy makers; federal, state, local

"[Community Health] starts with the individual, but must be supported by healthcare system & community."

What changes have you seen in your community over the past 1-3 years regarding employment, health, crime, socioeconomic status, attitudes, and demographics?

COVID has greatly impacted many aspects of life in our community**.** Perception is that prior to COVID, Washington County was making strides to improve health of the community. Since the pandemic changes have included:

(Negative)

- Rise in mental health and substance use; increased levels of depression, anxiety, hopelessness, drug use, much exacerbated by isolation and unemployment
- Decreased socio-economic conditions; increased poverty, increased reliance government support, increased housing prices

- Labor shortages
- Increased crime, theft, more “panhandling” at intersections
- Increased disparities
- Weight gain and less physical activity
- Postponed health care and testing
- People seem more divisive, angry

(Positive)

- Increased diversity and who can serve in leadership roles; government, boards, business
- Better connection with the health system and improved access to care (telemedicine, testing, vaccines)
- More job opportunities
- Increased financial assistance, support available
- Community investment and revitalization

How has the Covid-19 pandemic affected health in Washington Co.?

"The pandemic has had a profound effect on the community: those directly affected by Covid, disruption in access to regular healthcare, disruption of education, financial stressors, and it has been used as a wedge issue to undermine public health efforts.”

(Negative)

- Rise in conflict, greater awareness with the disparities in health in lower SES groups, loss in trust in government officials with their decision making over health in our community
- Greater social isolation, inability to connect, less meaningful contacts
- Inequity and racism was heightened
- Widened the gaps of socio-economic status
- Attacked people’s mental well being
- Decreased support system to stay clean and sober
- Preventive and routine healthcare was delayed
- Businesses closed, students stopped attending school, eliminated social activities
- Physical health became a lower priority

(Positive)

- Ability to work remotely
- Reduced overhead costs for some business
- Increased access to health services
- Increased grant opportunities to re-build
- Increased funds for services (but demand has increased also)
- Improved awareness of personal health concerns
- Availability of testing and vaccines

“[Covid-19] has certainly put a strain on everyone and highlighted the need to come together as a community.”

What individuals, community organizations or governmental entities have the greatest influence in the community?

- Meritus Health 52%
- The Health Department 48%
- Local Government 48%
- Churches and faith leaders 29%
- Washington Co. Public Schools 29%
- Department of Social Services 19%
- Social Service Organizations 14%
- Private sector employers 19%
- The Chamber of Commerce 10%
- Commission on Aging 10%
- Mental Health Authority 10%
- Boys & Girls Club
- Brook Lane
- Community Action Council
- Greater Hagerstown Committee
- Hagerstown Community College
- Healthy Washington County
- Higher Education Systems
- MD Municipal League
- Law enforcement
- Primary care providers
- RuthAnn Monroe Summer Basketball League
- R.W. Johnson Community Center
- Tri-State and Community Health Centers
- YMCA

Influential individuals were identified as:

- Blackie Bowen
- Don Bowman
- Dr. Maulik Joshi
- Mayor Emily Keller
- Capt. Paul 'Joey' Kifer
- Dr. James Klabur
- Dr. Mitesh Kothari
- Neil Parrot
- Dr. Doug Spotts
- Earl Stoner
- Allen Twigg
- Bernadette Wagner

What strengths or resources are present in the community to build upon in improving quality of life and well-being for residents?

- Strong hospital and health dept.
- Good school system and opportunities for higher education
- Rural setting with plenty of outdoor space and natural resources; City park, C&O canal, state and national parks, the Appalachian Trail, the Potomac River
- Less traffic
- Wellness programs
- More a "small town" sense of community
- Strong leadership
- Support for youth
- Willingness to address health disparities and inequity
- Collaboration between providers
- Access to affordable, quality health care
- Geographic proximity to interstate highways, urban resources
- Farms, agricultures, healthy food
- Community case management
- Private mental health Core Service Agency
- Go for Bold initiative
- Washington Goes Purple initiative
- Affordable housing
- Strong faith community
- Community focused YMCA
- Many sports, exercise and recreation facilities
- Caring, generous community

"We can improve on working together to share resources and not 'work in silos'."

"The people are very giving community members … always room for improvement but we have a good foundation; caring, giving, generous."

"People know each other and (often) work well together, especially nonprofits. Community members are generous with their resources. A number of folks really try to understand true community issues and work to solve them."

"[A resource is] great faith and secular partnership that works well together, which isn't always the case in other communities."

What are the main health concerns of your community? Which of these do you think is the most important?

- Mental Health 43%
- Obesity, overweight 43%
- Substance abuse, lack of crisis and detox service 29%
- Diabetes 29%
- Healthy food/diet 19%
- Hypertension, heart disease 14%

- Prevention 10%
- Covid-19 10%
- Cancer
- Access to healthcare; affordability, transportation
- Adverse Childhood Experiences
- Equity
- Education
- Homelessness
- Physical inactivity
- Social determinants of health

"Obesity because it can be controlled and often leads to other health issues such as diabetes, high blood pressure and heart disease."

"Mental Health is the primary concern because it impacts every aspect of health. Individuals must have mental wellness before they can achieve wellness in other areas."

Which of these do you think is the most important?

- Overweight/Obesity
- Mental health
- Substance abuse
- Food, housing, homeless

Three years ago we identified substance use, mental health, weight and obesity, diabetes, wellness and prevention and heart disease as the most significant health priorities facing Washington County. Should all of these remain priorities?
Yes, all should remain priorities 90%

Are there any other health issues that should be added as a top priority?

- Mental health should be moved up on the priority list 29%
- Access to healthcare
- Access to healthy food
- COVID pandemic
- Equity
- Homelessness
- Prevention
- Youth services

Other comments:
*"I think we are concentrating on too many things. Yes, they are concerns but we need to hone in and work on 2 or 3 things. Things like heart disease spring from **obesity**."*

*"One other question that's come up is around **vaping**. We have decreased smoking but I see kids in cars where people are vaping. It seems like [vaping] isn't talked about very much."*

*"We should determine whether **COVID** and post-COVID long-term health issues need to be addressed as a priority as well or if they can be included in the existing priorities/action plans."*

***"Stigma** around **mental health** services and **drug addiction** should also be addressed."*

*"There is direct correlation of **ACEs** (Adverse Childhood Experiences) to long-term health so this is a huge priority. Preventing childhood trauma and building resilience is so important."*

***"Teen pregnancy** is a somewhat under the radar priority with profound long-term effects."*

Do you believe there are factors in your community that are keeping people from doing what needs to be done to improve the health and quality of life? What are they?

- Lack of awareness and access to existing resources
- Overall mindset of "no change"
- Financial constraints
- Social determinants of health
- Associate healthy eating with higher cost (not necessarily true)
- Lack of access to healthy foods in more urban areas
- Low health literacy
- Transportation barriers
- Fragmented delivery system
- Poor community infrastructure; walkability, public spaces for exercise
- Lack of funding to provide needed resources
- Fear of pushing people to grow
- Lack of trust especially within the African American/Black, and Hispanic communities, single parent households
- Stigma, shame, fear
- Lower socioeconomic barriers; making programs free or reduced cost
- Social media impact on informed decision making

Are you aware of any health-related projects that are being successfully implemented in the community?

- Go for Bold! Lose 1 million pounds in 10 years 62%
- Healthy Washington County, improve health status 29%
- Washington Goes Purple, reduce substance use and overdose 19%
- Diabetes prevention and management programs 19%
- YMCA & HEAL (Healthy Eating and Active Living) 14%

Other projects mentioned:

- Health care equity
- Farmer's markets
- Hagerstown City Parks & Rec health programs
- Education at the Washington County Senior Center
- Health care challenges; Hub City 100 Miler, Colorsplash, 10,000 Steps
- Bester Community of Hope / San Mar, strengthening families

"Bringing together the resources of Meritus and the Health Dept. has been very important."

Have you heard of Healthy Washington County?
Yes 62%
No 38%

Is there anything else that you would like to add about the topics we discussed?
"The time is now to fix these things due to the pandemic."

"How much of community is transient? We need more responsive care and access to resources to people passing through. What are we doing to connect with them regardless of who they are?"

"What health resources exist for non-citizens?"

"Heat map of our populations – are there areas of the county as a whole that do not have as immediate access? Are there areas of the community that don't have access to health and food?"

"Community colleges usually thrive in the midst of volatile issues. How do we still provide services? HCC students did not like the online classes. They liked face-to-face education."

"It's come to my attention recently – even though there is a lot of information on opioid risks, many doctors are prescribing opioids more flippantly."

Community Engagement

G. Focus Groups

To help ensure that key persons with unique knowledge of community needs and health topics were included in the study, a series of targeted focus groups were scheduled, promoted, and conducted in locations that would accommodate under-represented populations and reach community stakeholders.

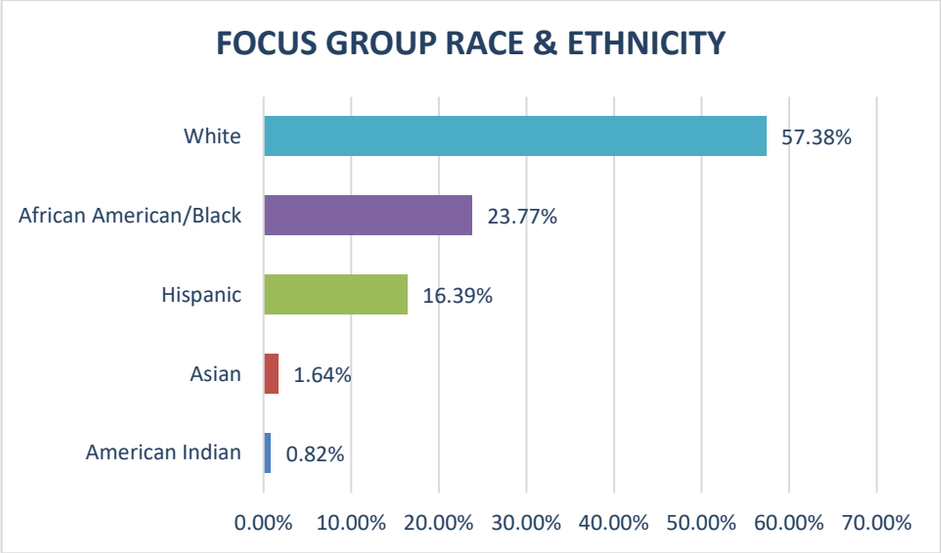
A series of eleven (11) community focus groups were conducted between September 25, 2021 and October 27, 2021 to obtain more specific information from persons having expertise, knowledge or interest in the following topics:

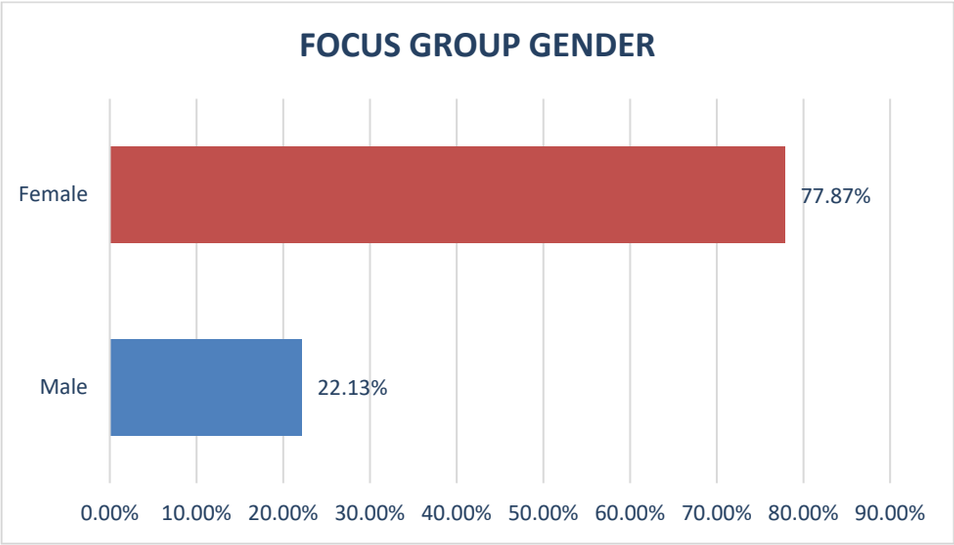
- Diabetes
- Health and physical activity
- Mental health and substance abuse
- Minority health issues
- Prevention and wellness
- Senior health issues

Focus Groups

Date	Location	Focus Group Topic	Number of Participants
September 21, 2021	Children in Need	Parent / Child health focus group	12
September 25, 2021	Fairgrounds Park	Health and Wellness focus group	6
September 28, 2021	YMCA	Wellness focus group	5
October 4-13, 2021	Commission Aging	Seniors focus groups	36
October 5, 2021	Zion Baptist Church	Black / African-American focus groups	9
October 7, 2021	Virtual	Mental Health focus group	6
October 9, 2021	Williamsport Park	Community health focus group	10
October 14, 2021	Robert Johnson Center	Black / African-American focus groups	6
October 10, 2021	Church of Nazarene	Hispanic focus group	19
October 13, 2021	Virtual	Diabetes focus group	10
October 27, 2021	Meritus	Addictions focus group	3
			Total 122

The race, ethnicity and gender of our focus group participants includes:





Members of the focus groups and volunteers who agreed to individual interviews provided invaluable insight into health needs and gaps as perceived by persons living in the community. Relevant input and feedback for each question is represented as a ***word cloud*** with frequency of responses represented by size of the words. Additional information follows the cloud. Detailed responses from each focus group is included, see **Appendix N**.

Focus Group Question and Response Summary

What do you like most about living in Washington County?

Washington Co. continues to maintain a sense of small town with friendly people making up a safe, inter-connected community. It is clear that people love the multitude of outdoor activities and recreation space; walking trails, C&O Canal, parks. Benefits of a strong agriculture community includes access to fresh foods and farmer's market. The community includes a quality health system and hospital, school system and churches. Washington Co. is conveniently located with access to interstates while considered to be in a "affordable" with a reasonable cost of living. It is becoming more diverse.

What concerns you most about living here?

The top concern named in all focus groups is increased drug addiction and crime reported in Washington Co. Also of concern is the affordability of healthcare, housing and general increases in the cost of living. There is unease regarding slow pace of economic and social change, attributed to "politics" and the political environment. Transportation to medical appointments was mentioned as a need. Direct observation of unhoused individuals and increased "panhandling" at traffic intersections was also identified. The minority focus groups identified racism and the lack of diversity as concerns, but also expressed hope that these are improving.

What do you or your family members do to stay healthy?

Many focus group participants talked about making good use of Washington County's outdoors and recreation space for many physical activities including walking, running, hiking and biking. Other mentions include swimming, golfing, gardening, dancing, and enjoying the natural setting of the parks. People understand the importance of healthy eating, specifically described as monitoring portion control, low salt and sugar, no soft drinks, low or no red meat and a low fat diet. Drinking plenty of water is also a must. Staying healthy includes an ability to laugh and keep things in perspective. Seeing a doctor on a routine basis and taking any medication as prescribed is important. Finally, being vaccinated against Covid-19 and wearing a mask to avoid infection were named.

What health problems do you deal with?

Group participants identified weight and obesity as the top health issue that they struggle with. Mental health disorders including depression and anxiety, attention deficit disorder, autism and bipolar were most frequently named. Chronic health issues include diabetes, high blood pressure, cancer, heart disease, asthma, and addiction were all named. Other common health issues include pain, fibromyalgia, vision and dental problems, and the effects of Covid-19.

What are the biggest health problems in Washington County?

Group participants named obesity as the biggest issue for Washington Co., followed by mental health, addiction, and diabetes. Opinions are largely informed via media and news, made by first-hand observations and having knowledge of family and friends' health issues. Other frequently mentioned issues include Covid-19 and residual symptoms, heart disease, respiratory illness and stroke. The primary social determinant identified was "homelessness."

Are you able to get health care when you need it?

The majority of our focus group members (80%) report being able to access healthcare when needed. However, 20% indicated that they could not.

What makes getting healthcare difficult?

Cost and being uninsured or under insured remain the top barriers to accessing healthcare when needed. A related issue is deductibles and high co-insurance can create barriers. The need for more doctors and specialists in the area was identified. The Mental Health group noted long waits for an appointment, providers not accepting new patients or willingness to take some insurance types were primary barriers to care. For people who do not have options, the lack of transportation can create difficulties. Language barriers can be challenging for people for whom English is not a primary language. Some group members identified telemedicine and technology as creating new challenges, while others viewed technology as lowering barriers. Covid-19 was identified as a barrier to receiving healthcare; masks, isolating, testing, vaccines, etc.

What changes to healthcare are needed in Washington County?

Generally, group members identified the need for more providers both general and specialists, who will provide care to all persons is desired. Having more doctors would allow for smaller practices with greater ability to provide individualized care to patients. The desire for more compassion and friendliness from providers was mentioned. The cost of healthcare was a frequently cited concern, so the desire to expand free or reduced cost care based on the ability to pay is needed. Specific specialty services that were identified as needs include addictions treatment, crisis and detox services, care for pregnant women, and healthcare for Hispanic families. While technology has some benefits including expanded access via telemedicine, concern about the loss of personal contact was a recurrent theme; referral process between providers takes too long, delays in getting results (if you don't have MyChart), hang up calls when trying for refills, EHR portal difficult to work through, "go back to a live person to answer phones and questions." Recommendations for additional services include providing clinics in the community and adding wellness and alternative holistic medicine options.

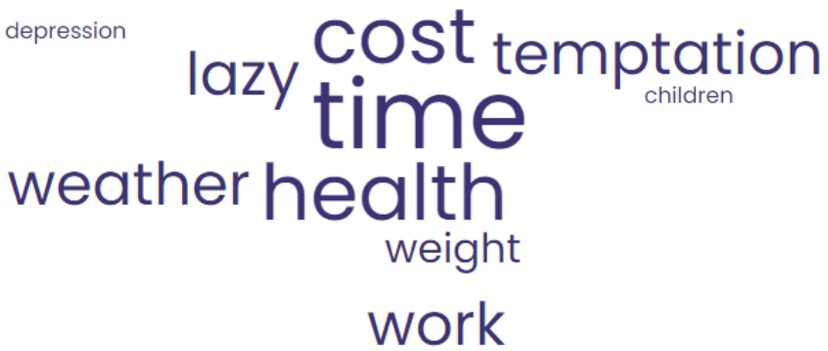
Are there health services needed that people are not receiving?

There are continued barriers to timely access to both mental health and addiction treatment when services are needed. Dental and vision services are frequently not included in health benefit coverage, so people go without these services. Specific gaps in health services include autism treatment, nutrition counseling and help for pregnant women. The Hispanic focus group identified needs including financial assistance, medications, pre-natal care and help for dental costs. Transportation to medical appointments is a gap, with the recommendation to expand mobile health clinics and screenings in the community.

Barriers to eating a healthy diet?

Group members indicated that it takes too much time to eat a healthy diet on a consistent basis. Work schedules and childcare are mentioned as conflicts. The availability and convenience of fast food with time constrained schedules add to the challenge of sticking with a healthy diet. Several identified "temptation" as a problem. High costs associated with eating heathy is also a primary barrier. Some indicated that a lack of knowledge about healthy diets and not knowing how to cook healthy get in the way. Some group members identified challenges with having access to healthy food, especially living in areas without a grocery store in walking distance.

What keeps you from getting enough exercise?



The number one barrier to people getting enough exercise is not having enough time. Schedules and the demands of work are frequently pointed to as being higher priorities over exercise. Bad weather was also named as a challenge. Cost and transportation issues were barriers to going to a gym or the YMCA. Other frequently mentioned reasons include laziness, health issues including weight and depression, caring for children and obligation to other community activities.

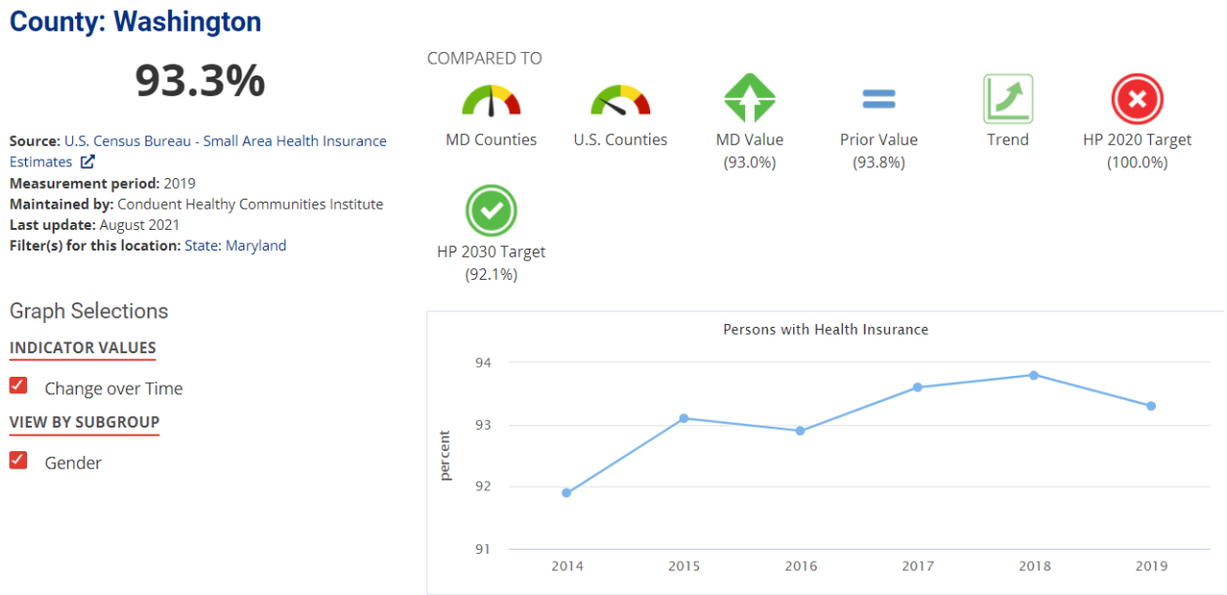
H. Social Determinants of Health

Social Determinants of Health (SDOH) are the conditions in which we are born, where we live, learn, work, and play, include underlying factors that contribute to or detract from overall health. These determinants have a major impact on people's health, well-being, and quality of life and are often the key-drivers in health disparities. Examples of measurable SDOH include:

- Housing, transportation, and neighborhoods
- Racism and discrimination
- Education, job opportunities, and income
- Access to nutritious foods and opportunities for physical activity
- Air and water quality
- Language and literacy skills

Adults without Health Insurance

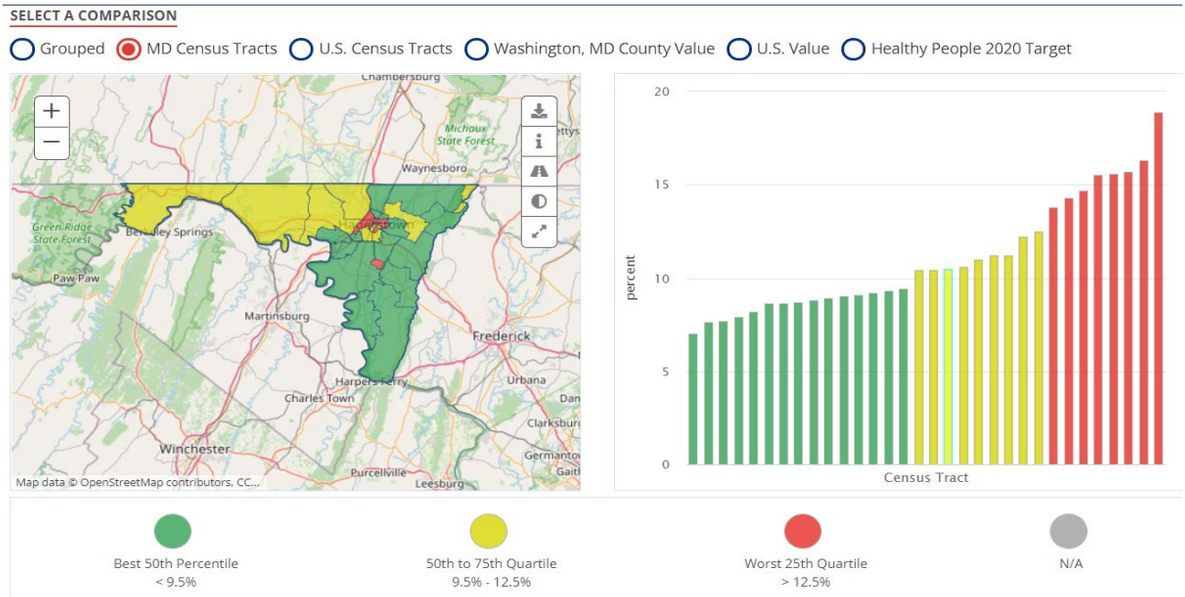
Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums. Options for uninsured residents include public options made known and available through the Maryland Health Connection.



The Washington Co. indicator shows the percentage of persons aged 0-64 years that have any type of health insurance coverage of the entire population covers 93.3%, or less than 7% of Washington County residents are uninsured through 2019.

Between March and August 2020, an estimated 142,000 Marylanders lost a job that provided health insurance. Of this group, an estimated 63,000 individuals became uninsured due to COVID related job loss. The MD Health Connector data suggests that the uninsured rate for Washington County may have increased during this time by 1% or more (data not final).[7]

The indicator shows the geographic location and percentage of adults aged 18-64 that do not have any kind of health insurance coverage. There are 32 Census Tract values. The lowest value is 7, and the highest value is 18.9. The highest rates of persons without insurance include the following zip codes 21746 (18.6%), 21740 (13%), 21767 (10.8%), 21722 (10.6%), 21750 and (10.5%).



Some health providers for uninsured persons include:

- Community Free Clinic Hagerstown 21740 – free; requires uninsured and Washington Co. residence
- Hagerstown Family Healthcare (FQHC) Hagerstown 21740 – sliding payment scale
- Meritus Health, Inc. Hagerstown 21742 - income-based financial assistance
- Tristate Community Health Clinic (FQHC) Hancock 21750 - sliding payment scale

[7] http://www.marylandhbe.com/wpcontent/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html#potential-covid-impact accessed 10.07.21

Doctors visit In Past Year

Routine checkups are integral to maintaining good health and preventive care. Regular screenings and exams that take place during routine checkups can help diagnose problems before they begin or early on when chances for treatment and cure are better. Age, current health status, family history, lifestyle choices, and other important factors determine how frequently one should have a checkup and which screenings and tests should be taken. A checkup may include, but is not limited to, cholesterol screening, blood pressure screening, breast and cervical cancer screening for women, and prostate cancer screening for men.

County: Washington

79.2%

Source: CDC - PLACES
Measurement period: 2018
Maintained by: Conduent Healthy Communities Institute
Last update: January 2021
Filter(s) for this location: State: Maryland

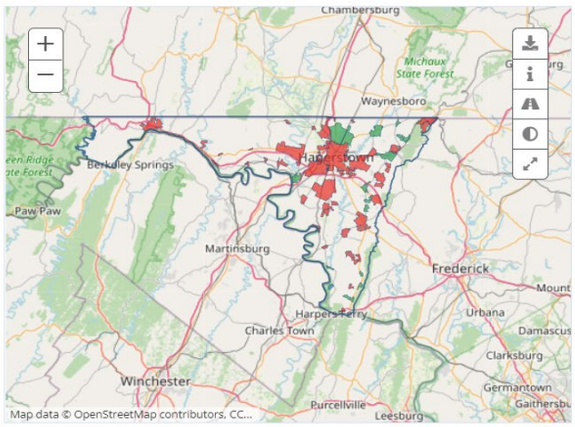
COMPARED TO

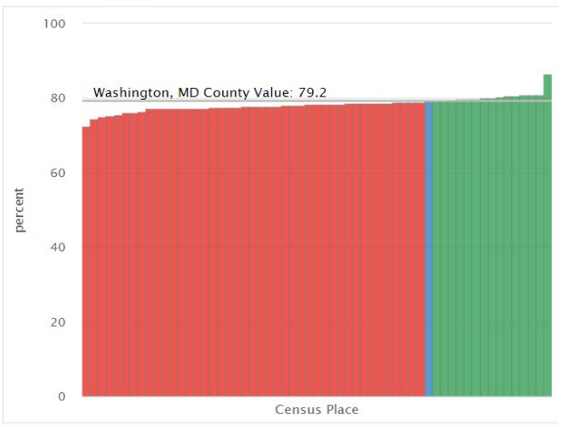
MD Counties	U.S. Counties	US Value
		(76.7%)

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.

SELECT A COMPARISON

Grouped | MD Census Places | U.S. Census Places | Washington, MD County Value | U.S. Value





< 79.2% | = 79.2% | > 79.2% | N/A

Education

High School Graduation

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime. The HP 2030 Target is to increase the proportion of high school students who graduate in 4 years to 90.7 percent. Washington Co. exceeds the target currently.

County: Washington

91.1%

Source: Maryland State Department of Education
Measurement period: 2020
Maintained by: Conduent Healthy Communities Institute
Last update: July 2021
Filter(s) for this location: State: Maryland

COMPARED TO

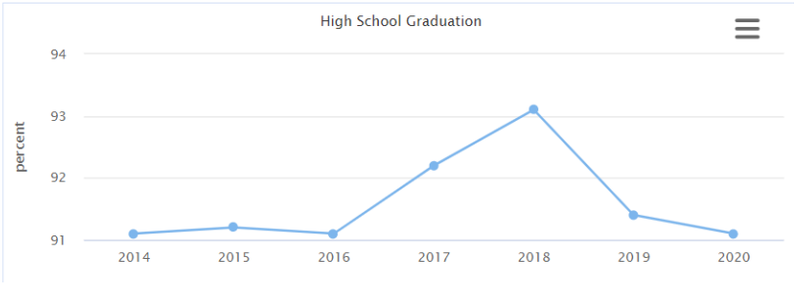
MD Counties	MD Value (86.8%)	US Value (85.8% in 2019)	Prior Value (91.4%)	Trend	Maryland SHIP 2017 (95%)
HP 2020 Target (87%)	HP 2030 Target (90.7%)				

Technical note: Values greater than or equal to 95% were reported as 95%.

Graph Selections

INDICATOR VALUES

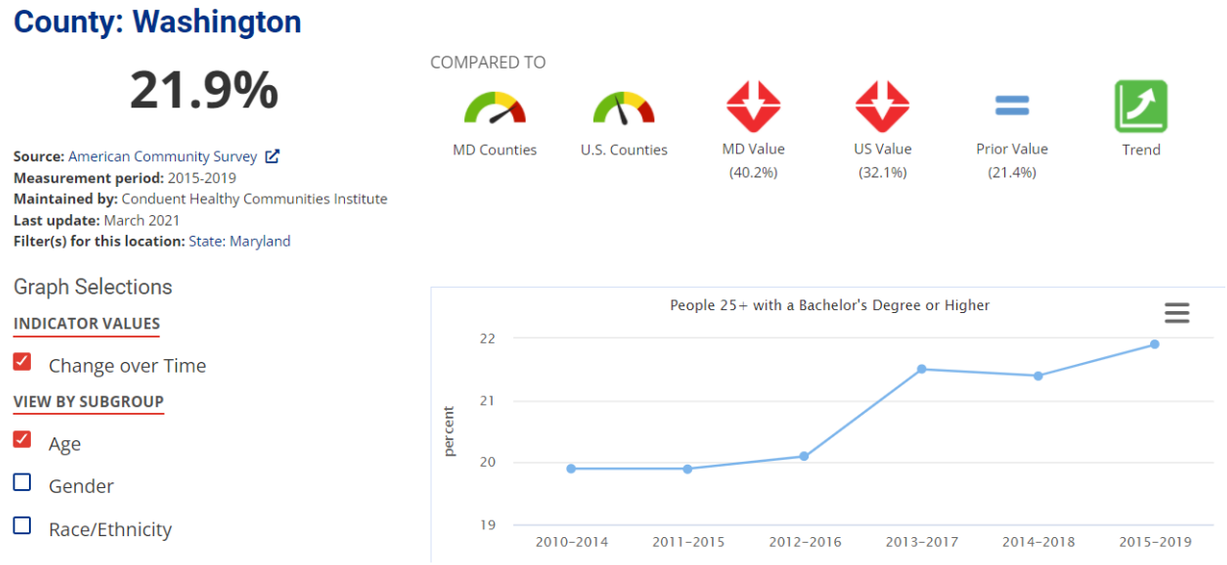
Change over Time



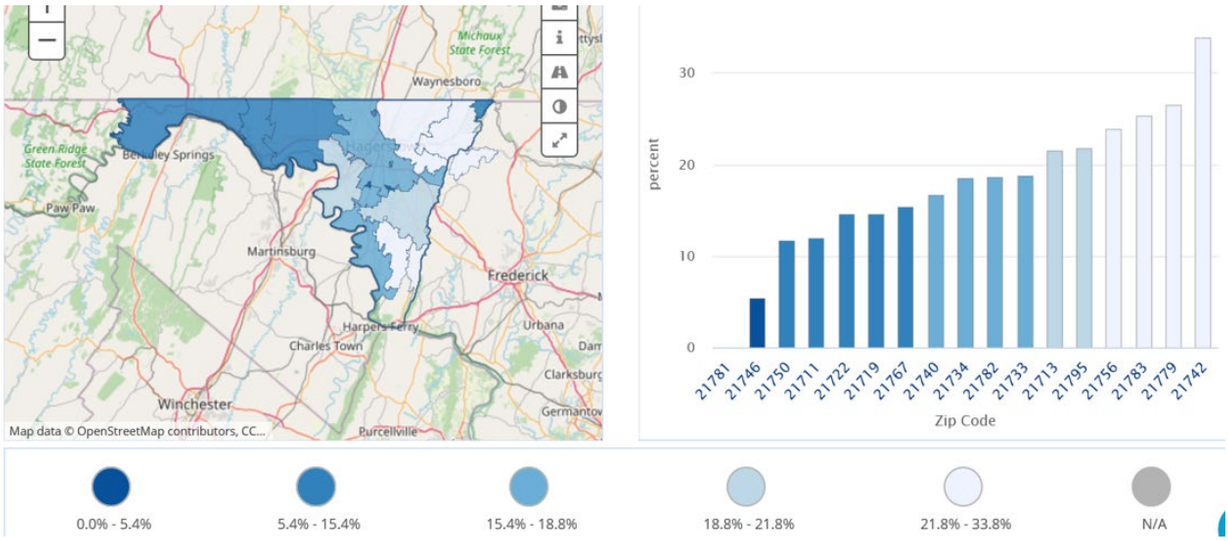
People Age 25+ with a Bachelor's Degree or Higher

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures, and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers. Adults with higher educational attainment live healthier and longer lives compared to their less educated peers.[8]

[8] Zajacova A, Lawrence EM. The relationship between education and health: reducing disparities through a contextual approach. Annu Rev Public Health. 2018; 39:273-289. Accessed: 11/18/2021

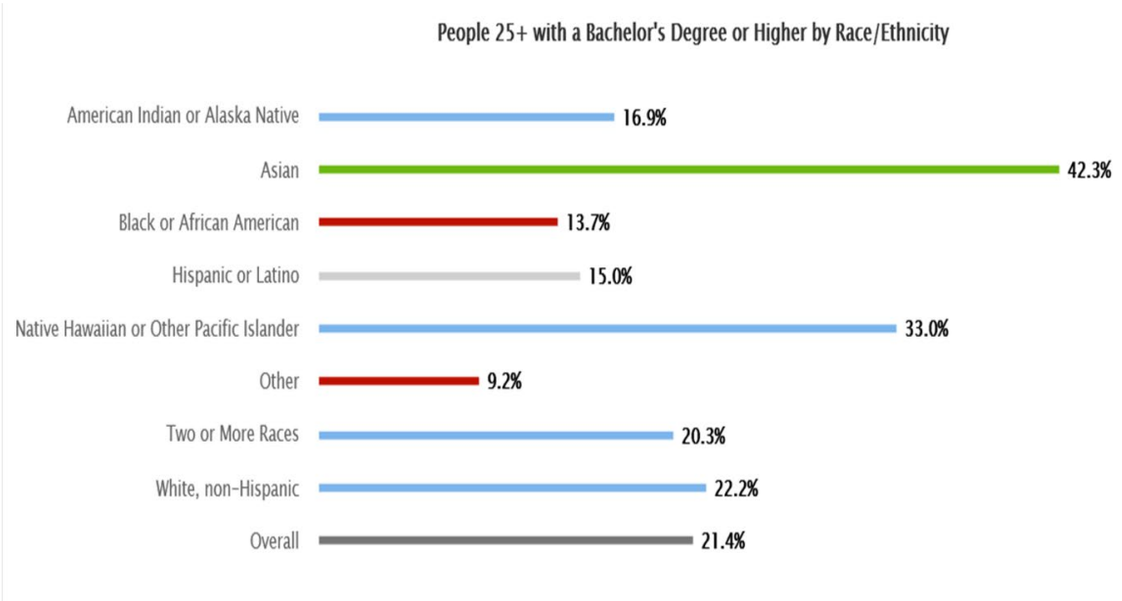


Bachelor's degree or higher by zip code (darker the color = lower the rate of attainment).



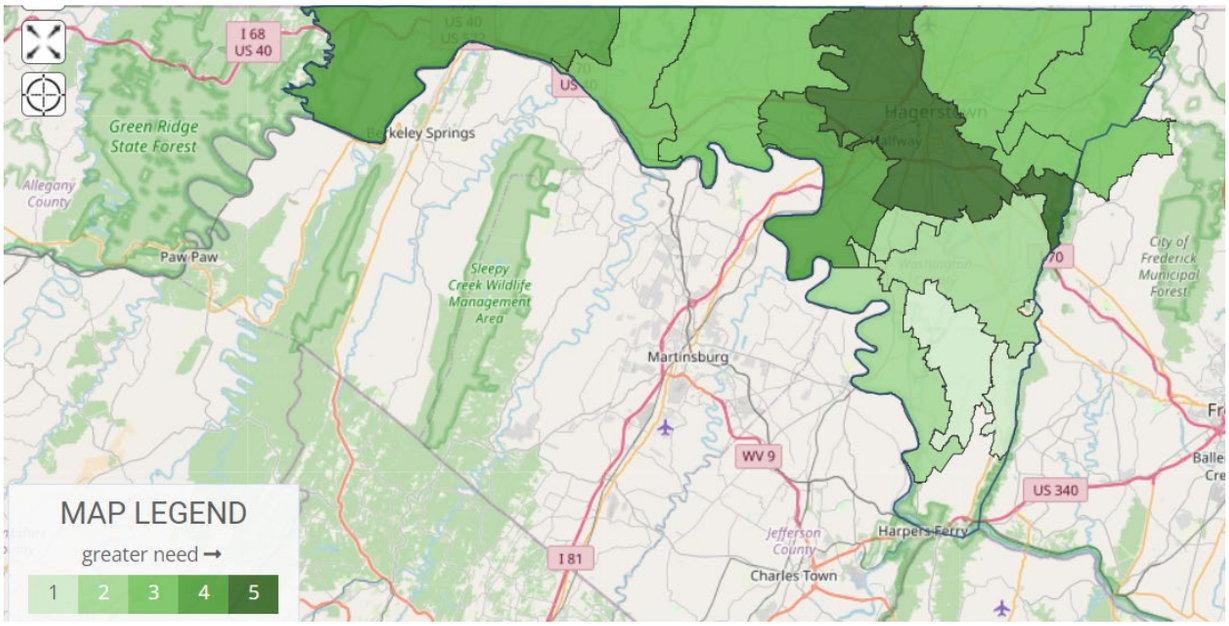
Adults with lower education have larger health inequalities and poorer health.[9] In Washington Co. we observe an improving trend for increase in the percentage of persons with a bachelor's degree or higher at 21.9%, however the total continues to lag behind the state of MD by nearly 50% less. The highest rates of higher education are among Asian (42.3%) and Native Hawaiian or Pacific Islander (33%) with the lowest rates among Black of African American (13.7%) and Hispanic or Latinx (15%).

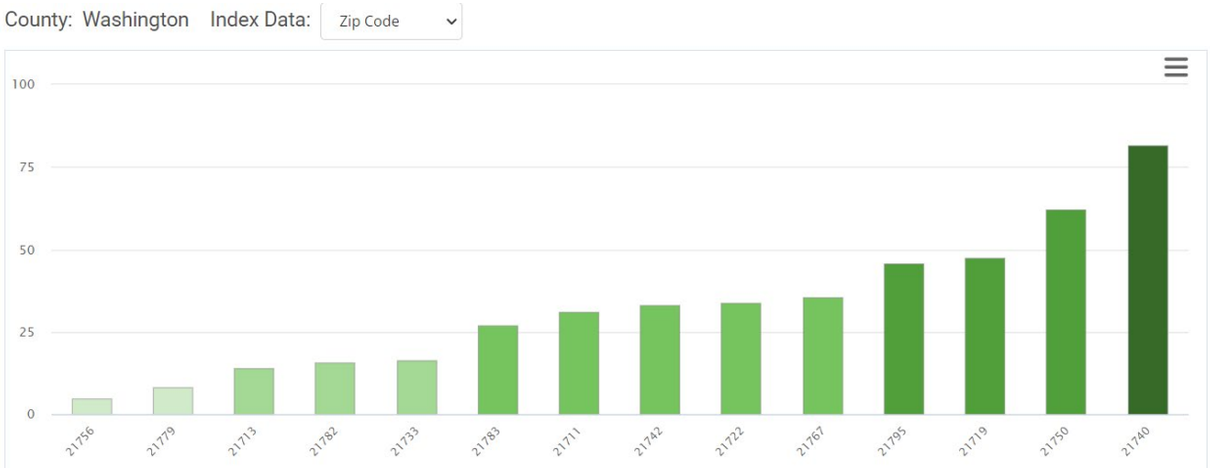
[9] Marmot MG, Bell R. Action on health disparities in the united states: Commission on social determinants of health. JAMA. 2009;301:1169–71. Accessed: 11/18/2021


People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity
American Indian or Alaska Native
16.9%
Asian
42.3%
Black or African American
13.7%
Hispanic or Latino
15.0%
Native Hawaiian or Other Pacific Islander
33.0%
Other
9.2%
Two or More Races
20.3%
White, non-Hispanic
22.2%
Overall
21.4%

Food Insecurity

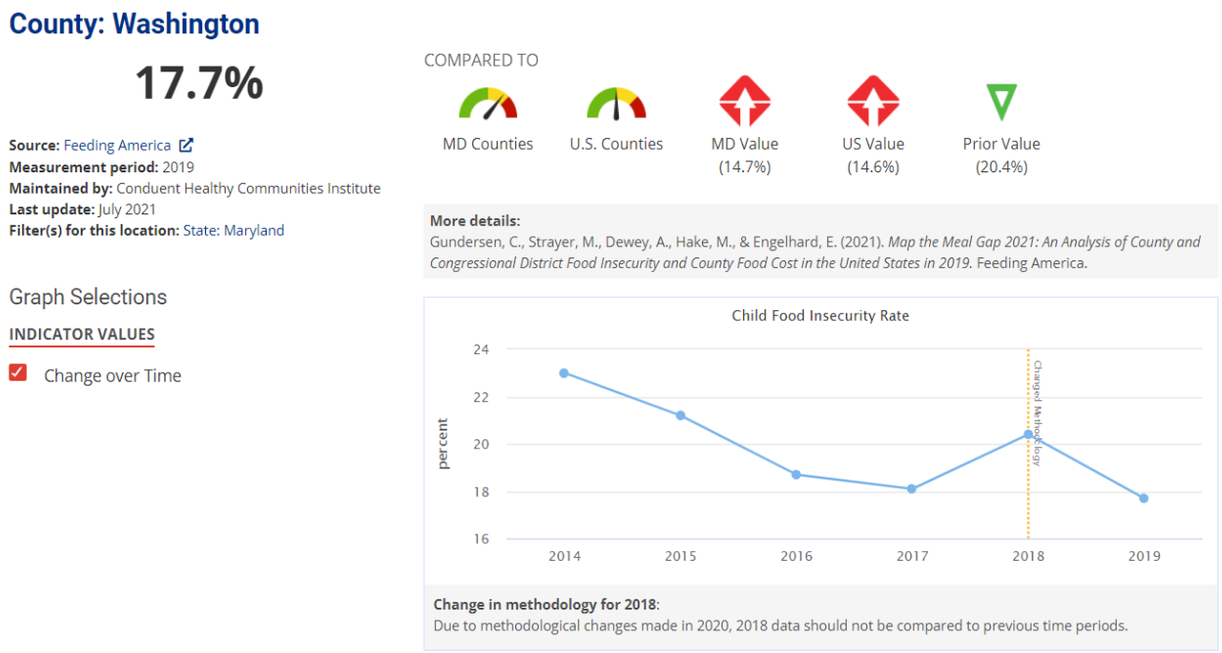
The 2020 Food Insecurity Index, created by Conduent Healthy Communities Institute, is a measure of food access that is correlated with economic and household hardship. All zip codes, census tracts, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help identify the areas of highest need in our community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value**.** This map suggests that we have needs across our region, but the greatest needs are concentrated in the Hagerstown city area (21740) followed by Hancock (21750). Lower levels of income and poverty are consistent with greater food insecurity and a lack of healthy, nutritious diets. The two greatest areas of food insecurity in Washington CO. include Hagerstown (21740) and Hancock (21750).





According to Feeding America, the coronavirus crisis is likely to reverse the improvements that have occurred over the past decade as millions of people are newly at risk for food insecurity. [10]The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child's health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity as a result in lower quality diet, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety, and bullying.

This indicator shows the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.



The Washington Co. percentage of 17.7% has improved from the prior measurement period but remains higher compared to the state 14.7% and nation 14.6%.

[10] Data source: https://www.feedingamerica.org/ Accessed 11/19/21

Persons with an Internet Subscription

County: Washington

83.2%

Source: American Community Survey
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: July 2021
Filter(s) for this location: State: Maryland

COMPARED TO

MD Counties	MD Value (89.4%)	US Value (86.2%)	Prior Value (79.9%)

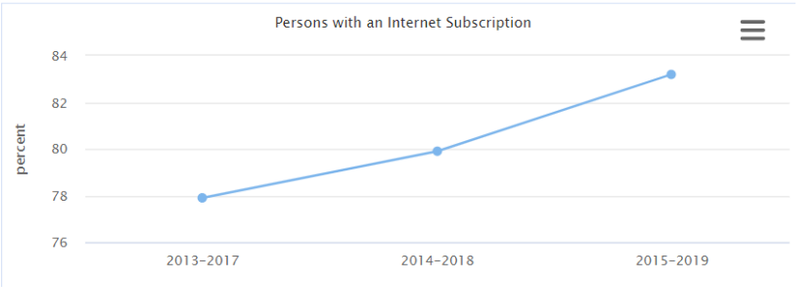
Graph Selections

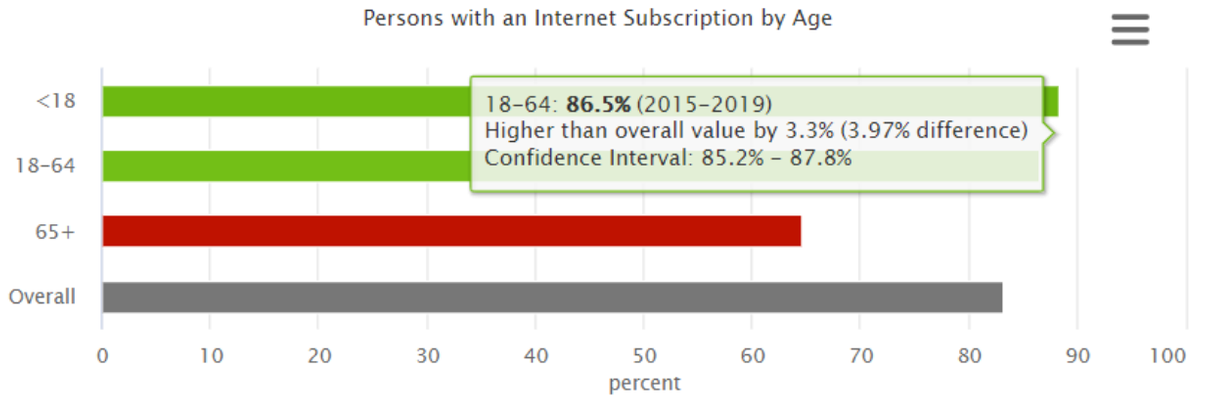
INDICATOR VALUES

- [x] Change over Time

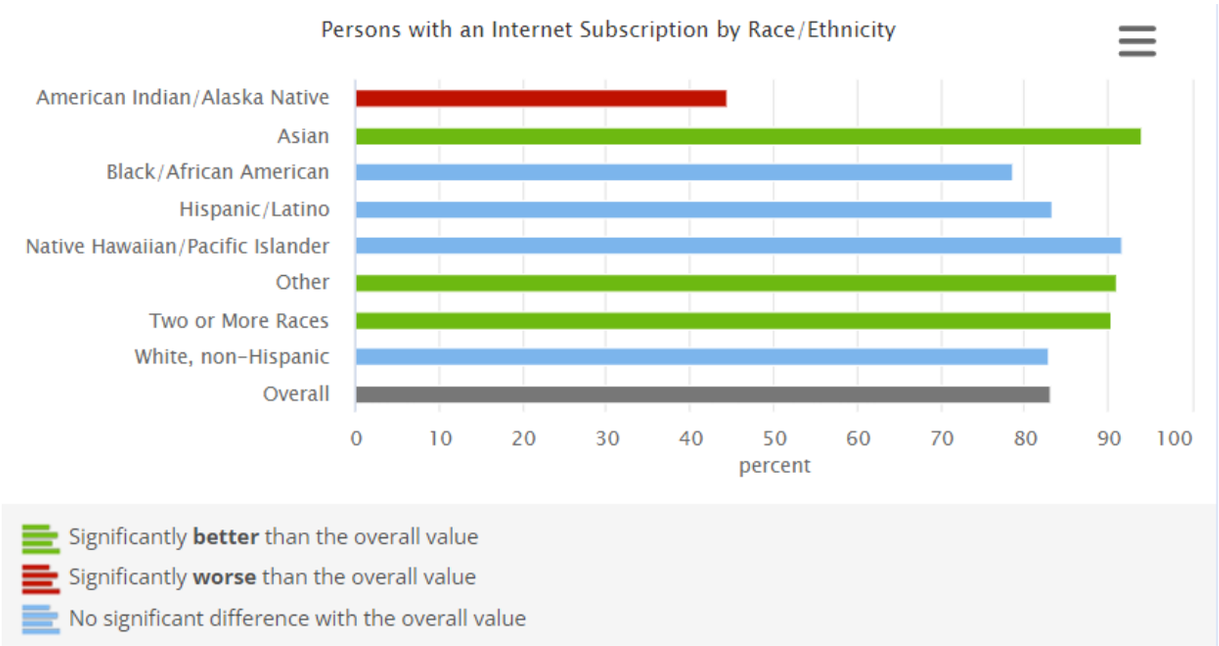
VIEW BY SUBGROUP

- [x] Age
- [x] Race/Ethnicity





Significantly **better** than the overall value
Significantly **worse** than the overall value

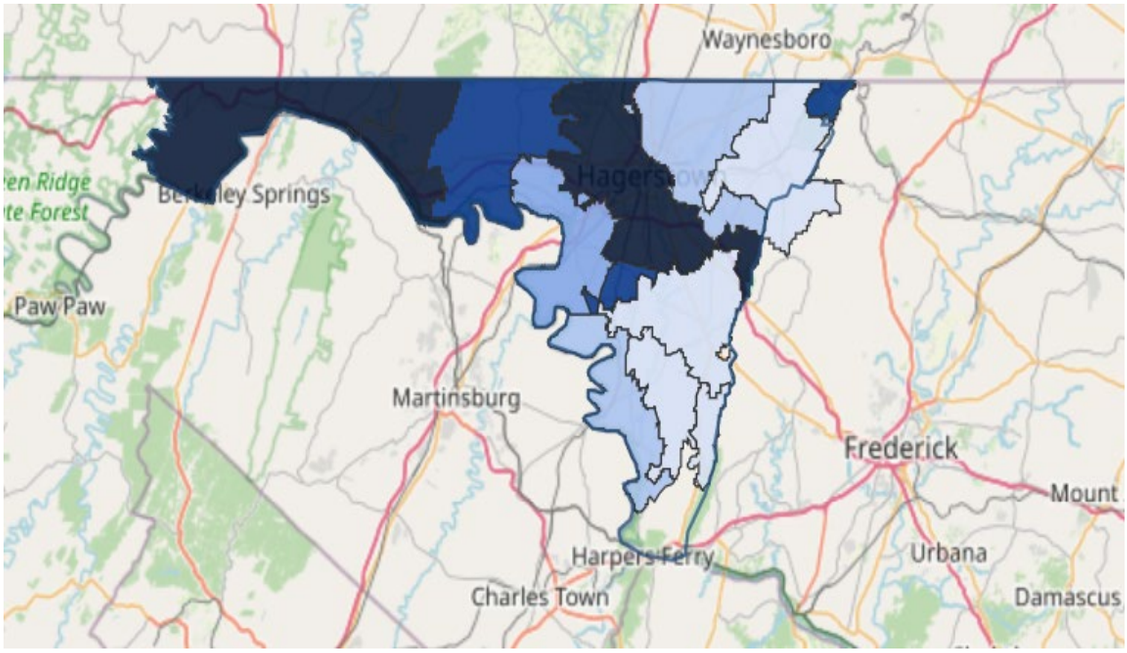


Having access to the internet is helping eliminate barriers to information, health and higher education. The advent of the pandemic has increased the use of telemedicine and increased access to healthcare for persons with the internet. Online higher education has become a standard over the past three years. However, telemedicine and online education are only accessible to persons with a reliable internet connection. More Washington Co. persons can connect with a positive, increasing more than 3% to a total of 83.2%. The data does not reflect the reliability or speed of the internet connection, which may be problematic for persons living in the more rural parts of our county. Older persons and American Indian/Alaska Natives are least likely to have internet.

Washington County SocioNeeds

The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, census tracts, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value.



Zip Code	Index	Rank
21740	75.8	5
21750	66.0	5
21711	65.2	5
21722	59.0	4
21733	52.4	4

ALICE Project (Asset Limited, Income Constrained, Employed)

With the cost of living higher than what most people earn, ALICE families – an acronym for Asset Limited, Income Constrained, Employed – have income above the Federal Poverty Level (FPL), but not high enough to afford a basic household budget that includes housing, child care, food, transportation, and health care. The United Way's "United for ALICE" project provides a framework, language, and tools to measure and understand the challenges faced by the growing number of ALICE households in our community.

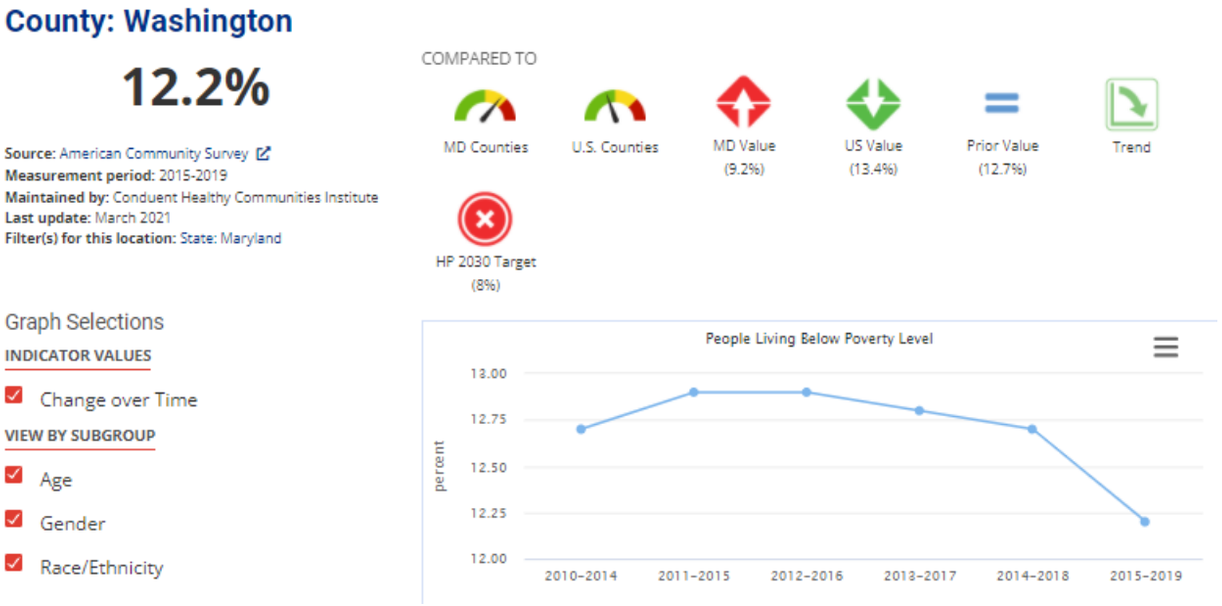
ALICE IN WASHINGTON COUNTY

2018 Point-in-Time-Data			
Population:	150,926	**Number of Households:**	56,306
Median Household Income:	$63,126 (state average: $83,242)		
Unemployment Rate:	6.0% (state average: 4.9%)		
ALICE Households:	29% (state average: 30%)		
Households in Poverty:	11% (state average: 9%)		

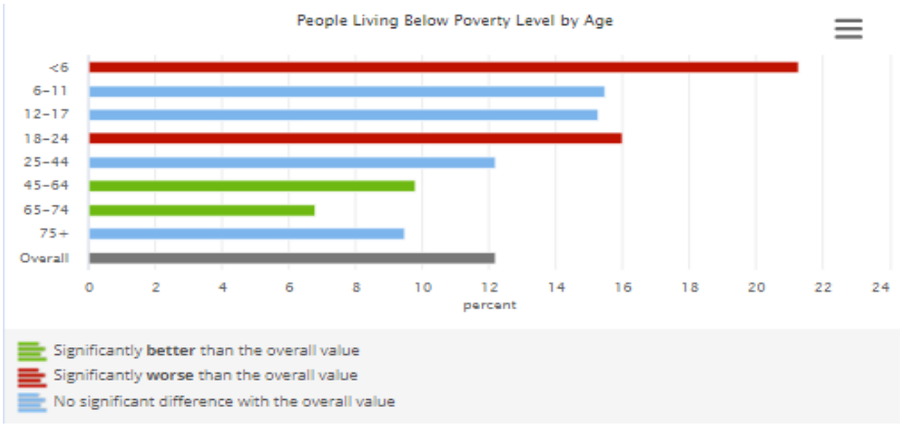
In 2016 there were 22,888 households (41%) in Washington County identified as "ALICE" households that struggled to afford basic household necessities like housing, food, health care, child care, and transportation despite many being employed. These were reduced to 16,086 in 2018. However, since the pandemic the United Way has released a new report, **The Pandemic Divide: An ALICE Analysis of National COVID Surveys**, providing a first look at the impact of the pandemic on ALICE households. The Report reveals that experiences and realities diverged during the pandemic: ALICE families fared significantly worse than higher-income households — financially, physically, and emotionally. The report drills down to state level data. The highest concertation of persons below the ALICE threshold lived in Funkstown (63%), Hancock (51%) and Hagerstown (50%) (see **Appendix O**).

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival. The poverty indicator shows Washington Co. to be at 12.2% of the population living below the poverty level. While the trend is positive, we remain higher than the state (9.2%) and well above the HP 2030 Target of 8%.



Children under the age 6 account for 21.3% of the poverty rate among all age groups, a significant 75% difference.



In Washington Co. there are significantly higher rates of poverty for Black or African American 29.7% (+135% difference), Two or more races and "Other" race and ethnicities 28.4% (+133% difference), suggesting health disparities and inequity.

Persons with a disability are more likely to live in poverty as compared to the rest of the population. The poverty rate is especially high among persons with long-term disabilities. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food. This indicator shows that 27.6% of Washington Co. residents aged 20 to 64, with any disability who are living below the poverty level.

County: Washington

27.6%

Source: American Community Survey
Measurement period: 2015-2019
Maintained by: Conduent Healthy Communities Institute
Last update: March 2021
Filter(s) for this location: State: Maryland

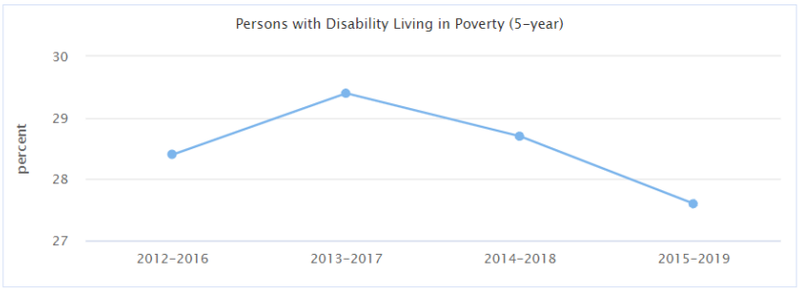
Graph Selections

INDICATOR VALUES

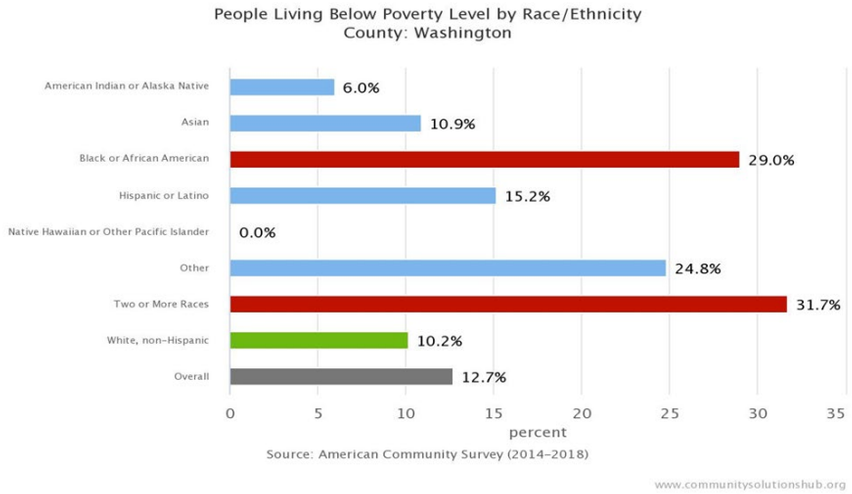
Change over Time

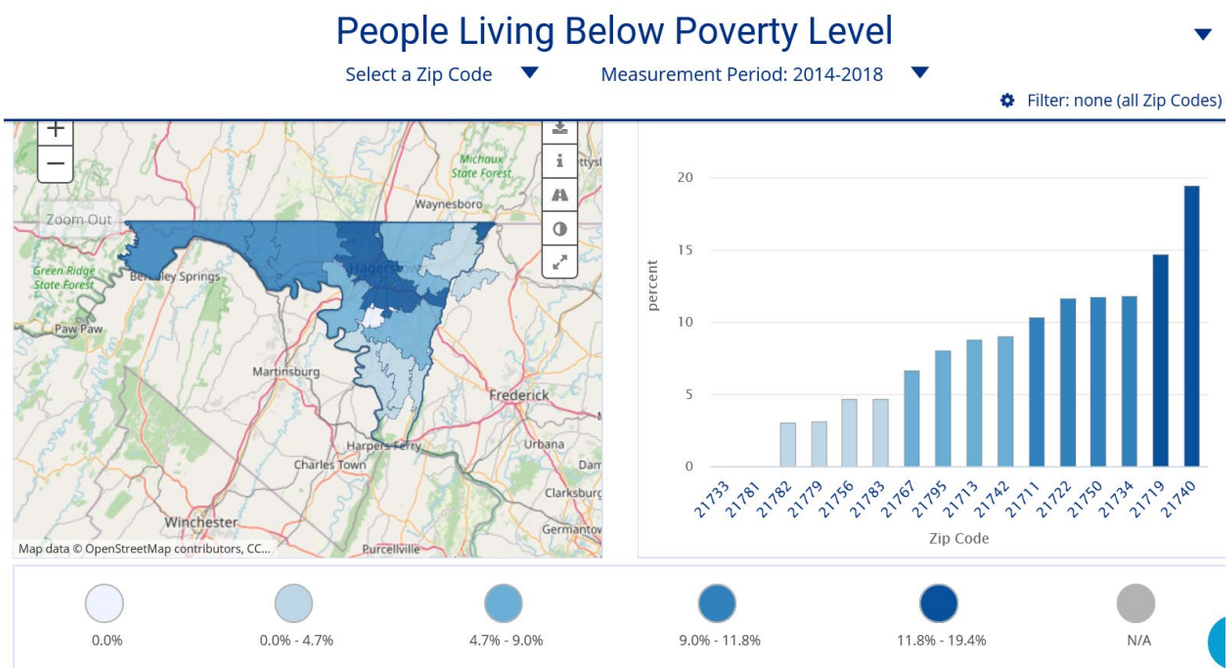
COMPARED TO

MD Counties	U.S. Counties	MD Value (20.9%)	US Value (26.1%)	Prior Value (28.7%)	Trend



We again note disparities and inequities with the higher rates of poverty for Black or African Americans 29% and persons of Two or more races 31.7% who have a disability.



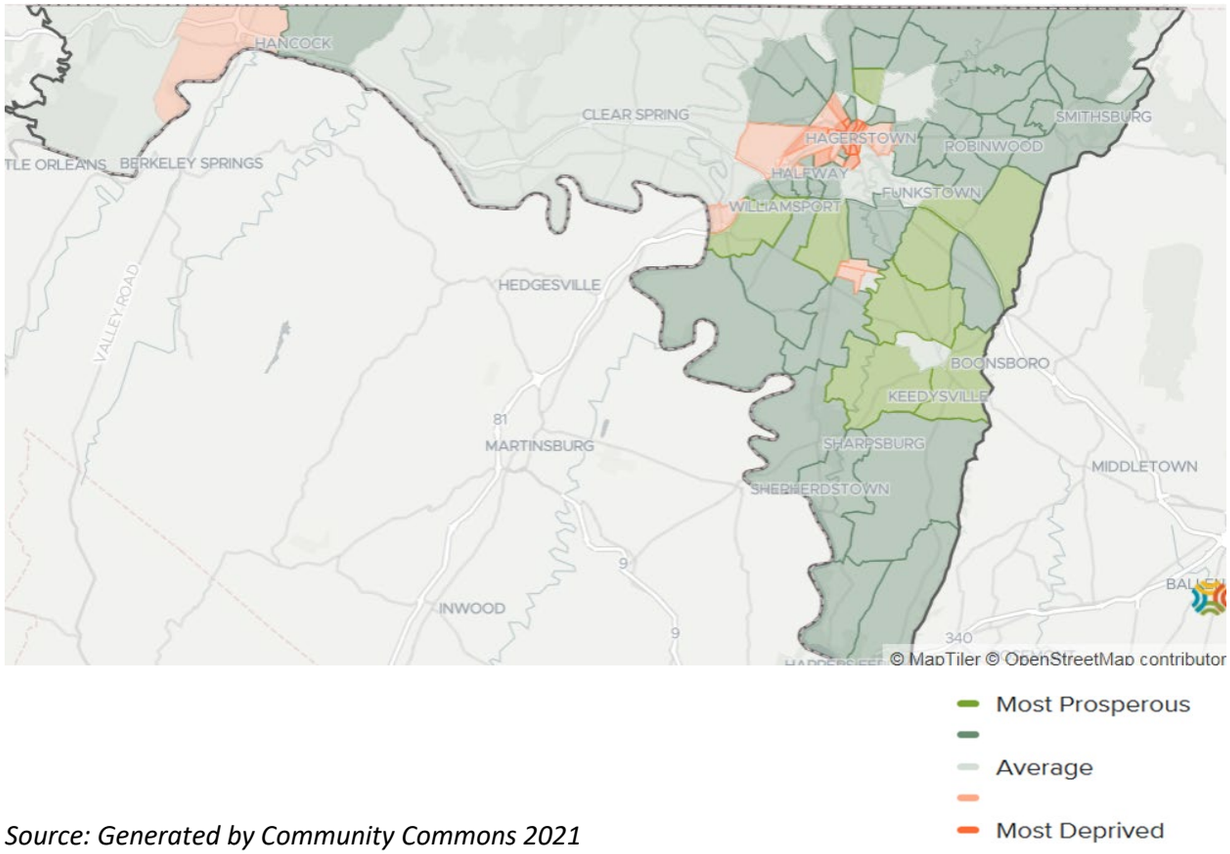


This indicator shows the location of people, aged 20 to 64, with any disability who are living below the poverty level. The highest concentration is the Hagerstown zip code 21740 (19%), Cascade (>14%), Funkstown and Hancock (12%).

Area Deprivation Index

The Centers for Medicare & Medicaid Services have previously mapped geographic locations to target improvement with underserved Medicare populations based on residence.[11] The Area Deprivation Index (ADI) is a measure of social vulnerability developed by Community Commons.[12] The ADI combines 17 indicators of socioeconomic status (e.g. income, employment, education, housing conditions) and has been linked to health outcomes such as 30-day re-hospitalization rates, cardiovascular disease death, cervical cancer incidence, cancer deaths, and all-cause mortality.[13] Within the Washington County community, there are defined geographic locations that include people facing moderate to severe deprivation. These locations correlate with health disparities and racial inequities for people living in the highlighted areas seen in the Deprivation map below.

Washington County Area Deprivation Map



Source: Generated by Community Commons 2021

[11] https://www.nimhd.nih.gov/news-events/features/community-health/disadvantaged-neighborhoods.html
[12] https://www.communitycommons.org/
[13] Ibid.

I. Health Disparities

The National Institutes of Health (NIH) define health disparity (HD) as differences and/or gaps in the quality of health and healthcare across racial, ethnic, and socio-economic groups.[14] A health disparity is a health difference linked with unfair economic, social, or environmental disadvantage. Health equity is the principle underlying a commitment to reduce and, ultimately, eliminate disparities in health and in its determinants, including social determinants.[15]

Differences in SDOH contribute to the stark and persistent chronic disease disparities in the United States among racial, ethnic, and socioeconomic groups, systematically limiting opportunities for members of some groups to be healthy.[16] Since the 2003 publication of the Institute of Medicine's landmark study, **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,** increased focus has been placed on eliminating health disparities and achieving health equity in the United States. The pandemic and economic conditions have increased the focus on disparities, health inequities are seen as more enduring due to structural policies and practices that have systematically limited health access and opportunities.[17]

We must address both health disparities and inequities because:

- Inequities are unjust – health inequities result from an inequitable distribution of the underlying determinants of health including education, safe housing, access to health care, and employment;
- Inequities affect everyone – conditions that lead to health disparities are detrimental to all members of our community resulting in lower income, less potential and lower life span;
- Inequities are avoidable – many health inequities stem directly from government policy including taxes, regulation, public benefits, and health care funding and can be changed through policy intervention and advocacy; and,
- Interventions to reduce health inequities are cost-effective – evidence-based public health programs to reduce or prevent health inequities can be very cost effective compared to the long-term financial burden of continued disparity.

Health disparities in Washington County have become more apparent during the COVID-19 pandemic, at least in part a reflection of the underlying social determinants of health that negatively impact the health status of minorities. New publically available data make it abundantly clear that significant work is needed to address health disparities, equity and racism in Washington County, MD.

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[14] NIH (National Institutes of Health). Health disparities. 2014. [November 2, 2016]. http://www.nhlbi.nih.gov/health/educational/healthdisp

[15] Braveman P. What are health disparities and health equity? We need to be clear. Public Health Rep. 2014;129 Suppl 2(Suppl 2):5-8. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/

[16] Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014;129 Suppl 2(Suppl 2):19-31. http://journals.sagepub.com/doi/10.1177/00333549141291S206

[17] Thornton RL, Glover CM, Cené CW, Glik DC, Henderson JA, Williams DR. Evaluating Strategies for Reducing Health Disparities By Addressing The Social Determinants Of Health. Health Aff (Millwood). 2016;35(8):1416-1423.

Health Disparity and Inequity Findings

- 22% of all ED visits due to poorly managed diabetes were by Black or African Americans, compared to comprising only 11% of the general population. This trend suggests that a health disparity exists for diabetes management
- 22% of all ED visits due to hypertension were by Black or African Americans, compared to comprising only 11% of the general population. This trend suggests that a health disparity exists for hypertension management among Black or African Americans in Washington County.
- Hospitalization for hypertension demonstrates 20% difference between Black or African American and Whites

In the past year, Meritus Health analyzed thirteen quality and safety measures across race, ethnicity, and language in an effort to identify health disparities among the patients served. Using the Institute of Medicines six domains of healthcare quality (STEEEP): safe, timely, effective, efficient, equitable, and patient centered, thirteen quality and safety measures were analyzed across race, ethnicity, and language using FY2020 data. Of the thirteen measures, six were identified as disparities that require further investigation:

- Decreased core measure compliance for Black or African American patients with sepsis,
- Increased preterm birth rates for Black or African American, Hispanic or Latinx, and Spanish-speaking patients,
- Decreased rates of exclusive breast milk feeding for Black or African American and Hispanic or Latinx newborns,
- Decreased emergency department opioid administration for Black or African American, Hispanic or Latinx patients,
- Increased percentage of diabetic patients with HbA1c greater than or equal to 9.0% among Black or African American, Hispanic or Latinx patients, and
- Longer emergency department median throughput time for Spanish-speaking patients who are discharged or admitted.

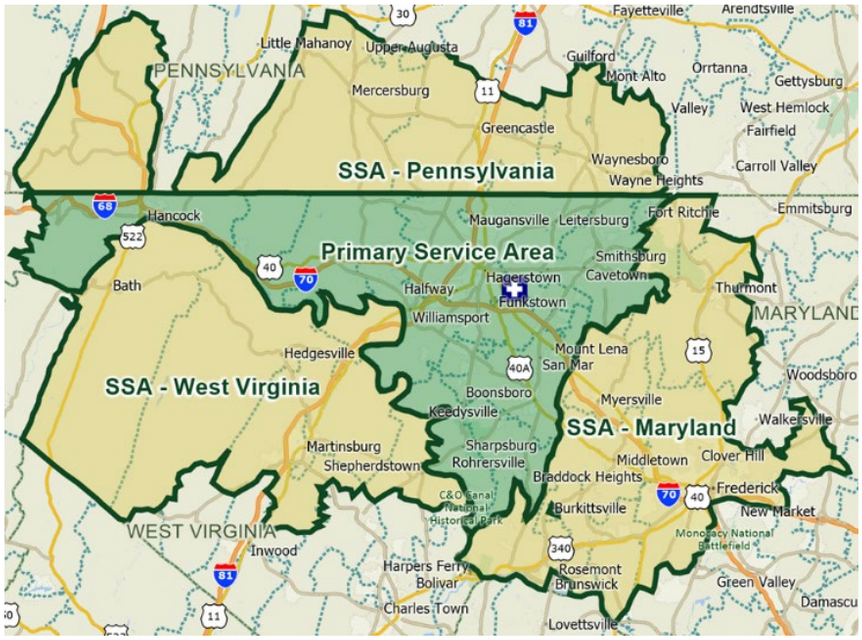
Meritus Health published a summary of findings and detailed plan for improvement to address health inequities in the Meritus FY2020 Health Equity Summary (see **Appendix P).**

J. Physician Needs

A physician needs assessment with specific benchmarking data was completed by a third party vendor for the years July 2019 – June 2022 for Meritus Health. The assessment documented physician demand, physician assets and defined the gaps and needs for medical providers in the community. The document helps forms the basis to identify and support physician recruitment and needs for the community.

As required under HG§19-303, Meritus Health provided a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital. Washington County has very limited Health Professional Shortage Areas (HPSAs) status for Primary Care and Mental Health. These designations are specifically assigned to the two Federally Qualified Health Center facilities, one located in downtown Hagerstown and the other in Hancock. The entire county is designated as a HPSA for Medical Assistance patients requiring dental care.

The defined Centers for Medicare (CMS) Service Area for the Physician Needs Assessment completed in 2019 included the same zip codes as the CHNA identified Primary Service Area (see page 15) plus an additional 8 zip codes in Pennsylvania and 6 zip codes in West Virginia whose residents access health care services in Washington County. The Planning Service Area ("Market") defined by Meritus Health and currently includes 487,080 residents.



General Provider Surplus / Deficit Results for CMS Service Area

Based on the methodology and analysis the vendor calculated that there is a demonstrated community need for the majority of Primary Care providers analyzed within the designated geographic CMS Service Area. A demonstrated community need for physician services is defined as a current deficit equal to or greater than (0.5) FTEs within the CMS Service Area.

The largest assessment gaps were identified as General Primary Care (73.6), Family Medicine (32.8), and Internal Medicine (24.5). Other deficits included Advanced Care Providers (16.3), OB/GYN (9.9) and Geriatric Medicine (5.0).

A surplus of providers in the current market include Urgent Care 22.1, Pediatrics 9.6, and Nurse Midwives 2.4.

According to the County Health Ratings published by Robert Wood Johnson Foundation, the ratio for Primary Care Physicians to patients is 1:1,780 in Washington County, compared to a Maryland state average of 1:1,130. The Washington Co. ratio has improved 1.7% since 2018.

	Current Market FTEs						
Specialty	Supply	Demand	Surplus / (Deficit)	PSA	SSA - MD	SSA - PA	SSA - WV
Primary Care							
Family Medicine	*128.7*	*161.5*	*(32.8)*	*(15.1)*	*(4.5)*	*1.0*	*(14.4)*
Internal Medicine	*74.3*	*98.8*	*(24.5)*	*(10.4)*	*(8.1)*	*(6.3)*	*0.3*
Advanced Care Provider	*49.7*	*66.0*	*(16.3)*	*(4.7)*	*(5.9)*	*(2.4)*	*(3.2)*
General Primary Care	252.7	326.3	(73.6)	(30.2)	(18.5)	(7.6)	(17.3)
Geriatric Medicine	1.8	6.8	(5.0)	(0.4)	(2.1)	(1.0)	(1.5)
Nurse Midwife	*3.8*	*1.4*	*2.4*	*3.4*	*(0.5)*	*(0.2)*	*(0.3)*
Obstetrics & Gynecology	*55.0*	*64.9*	*(9.9)*	*0.8*	*(2.7)*	*(3.2)*	*(4.7)*
Obstetrics & Gynecology - Total	58.8	66.3	(7.5)	4.2	(3.2)	(3.4)	(5.1)
Pediatrics	70.2	60.7	9.6	6.3	13.7	(5.1)	(5.3)
Urgent Care	29.0	6.9	22.1	8.8	(1.2)	13.3	1.1
Total Primary Care	**412.5**	**466.9**	**(54.5)**	**(11.3)**	**(11.3)**	**(3.8)**	**(28.0)**

The current market surplus/(deficit) includes 100% of supply and demand for physicians within the Service Area, regardless of alignment with Meritus Health.

Similarly, there is a patient access gap identified across all provider specialties. Some of the greatest needs include cardiology, ophthalmology, dermatology, endocrinology, psychiatry, and urology.

Specialty	Local Market Reality			Current Meritus Gap vs. PCP Base
	Interviews	Survey	Patient Access	
Allergy & Immunology		✓	✓	(2.0)
Cardiology - Medical			✓	*(5.5)*
Cardiology - Electrophysiology			✓	*(0.5)*
Cardiology - Interventional			✓	-
Cardiology - Total				(6.0)
Dermatology		✓	✓	(4.3)
Endocrinology	✓	✓	✓	(0.9)
Gastroenterology			✓	-
Hematology/Oncology	✓		✓	-
Infectious Disease			✓	(0.6)
Nephrology			✓	-
Neurology	✓	✓	✓	(2.2)
Pain Management		✓	✓	-
Physical Medicine & Rehab			✓	(2.5)
Psychiatry		✓	✓	(3.0)
Pulmonary			✓	(0.1)
Reproductive Endocrinology			✓	(0.1)
Rheumatology		✓	✓	(1.4)
Sleep Medicine			✓	-
Sports Medicine			✓	(0.8)
Cardiac Surgery		✓	✓	*(0.7)*
Thoracic Surgery		✓	✓	*(0.0)*
Cardio/Thoracic Surgery				(0.7)
Bariatric Surgery			✓	*(0.1)*
Breast Surgery			✓	-
Colon & Rectal Surgery			✓	*(0.4)*
General Surgery			✓	-
Oncology Surgery		✓	✓	*(0.2)*
Transplant Surgery				*(0.0)*
Vascular Surgery			✓	-
General Surgery - Total				(0.7)
Maternal Fetal Medicine				(0.5)
Neurosurgery - Cranial			✓	*(0.4)*
Neurosurgery - Spine			✓	*(0.7)*
Neurosurgery - Total				(1.1)
Ophthalmology			✓	(5.4)
Orthopedic Surgery - General			✓	*(0.9)*
Orthopedic Surgery - Hand			✓	*(0.0)*
Orthopedic Surgery - Spine			✓	*(0.6)*
Orthopedic Surgery - Total				(1.6)
Otolaryngology				(2.8)
Plastic Surgery			✓	(1.4)
Podiatry			✓	(0.9)
Urology	✓		✓	-

As a sole community hospital provider, Meritus Health provides around the clock care in the Emergency Department including specialist coverage: Cardiology, Critical Care, ENT, Eye, GI, General Surgery, Interventional Cardiologist, Neurology, Neurosurgery, Ortho, Pediatrics, Plastics, and Urology.

In addition, Meritus Health subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.

Top Findings from the Physician Needs Assessment include:

- access is difficult for new patients in specialties,
- the potential need for succession planning is a significant component of the plan,
- growth in primary care results in a need for additional specialist FTEs, and
- there is a need for all physicians based on current shortages of specialists.

VI. Conclusions

Overall lifespan In Washington County is on a downward-sloping trend, similar to the state and nation, but more significant.

The ongoing impact of Covid-19 on potential future costs associated with postponed treatment and reduced preventive care (screenings for behavioral, cognitive, social, and chronic medical conditions) is unknown at this time.

The occurrence of telehealth services is reshaping delivery of health care. Health integration to treat the whole person is rapidly becoming "virtual integration" providing virtual telemedicine and education services with real-time patient exchange via EHR as the foundation. The transformation is shifting the locus of health and human services from professional offices to consumer homes. New barriers in access to and use of digital devices observed when technology is not available. Access to high-speed internet access is an issue in some rural parts of the county.

Health disparities and inequities exposed during the pandemic must redirect our actions and decision-making across the health system and community to ensure equitable care for all persons.

These conditions represent an excellent opportunity and potential to improve access and engagement towards our purpose of improving health for all people.

Despite the pandemic and changes to health care delivery over the past two years, the health needs and priorities for Washington County are largely unchanged from three years ago.

As summarized by Dr. Maulik Joshi, Meritus Health CEO "It's time to move from assessment to improvement."[18]

Summary of Findings

Health needs and priorities are largely unchanged from the FY2019 CHNA findings.

Improvement

- Improving Washington County trends include fewer uninsured persons, increased supply of dentists, and lower rates of air pollution
- The majority of Washington County residents have health insurance 93%; approximately 7% of adults are not insured
- The mortality rate for heart disease and cancer both decreased 2% since last measurement period in 2018
- Diabetes mortality rate is decreasing

[18] http://www.modernhealthcare.com/opinion-editorial/community-health-its-time-move-assessment-improvement Accessed: 8/10/21

- Alcohol binge drinking rates of 16% are lower than the state average
- Drunk driving fatalities are trending down and are better than the state and HP targets
- Fewer opioid prescriptions are being prescribed by providers
- ED visits for behavioral health crisis declined
- Mammography screening trend is improving
- Lung and colon cancers are being diagnosed at earlier stages
- The survival rate for colon, and head and neck cancers are improving

Wrong direction

- Life expectancy has declined over ten years in Washington County, largely attributed to overdose fatalities and an increased rate of suicide
- Washington County slipped to 18th out of 24 Maryland counties in the County Health Rankings
- Cautious trends include increases in physical inactivity, preventable hospital stays, unemployment, and crime
- Concerning trends include premature death rate, increased adult obesity rates, a lack of available primary care physicians, and more children living in poverty
- Overweight adults (BMI $\geq$ 25) increased by 3.3% since last CHNA
- Adults who are physically inactive increased 2% since last CHNA
- While diabetes prevalence at 10.3% is similar to the rest of the state, Washington County has the second highest rate of diabetes mortality, 32
- Given the higher than average rates for physical inactivity, and being overweight and obese in our community, residents are at higher risk for pre-diabetes and developing diabetes in the future
- Washington County is an outlier for 9-1-1 calls for behavioral health resulting in more Emergency Department visits for mental health and crisis assessment than the state of Maryland average
- The rate of suicide at 14.7 per 100,000 lives has increased in Washington County while the state average has slightly decreased over the past six years
- There is a steady increase of drug overdose fatalities over the past ten years, at a rate that is higher than the state of Maryland average
- The trend of drug overdose deaths has increased significantly since 2014 and are primarily attributed to fentanyl

Objective findings

- The leading causes of death among adults in Washington County are heart disease 22% and cancer 19%
- Only 20% of health outcomes are attributed to the quality of clinical care provided (70% is accounted for by health behaviors 30%, social and economic determinants 40%)

- The most frequent health concerns reported include behavioral health issues including anxiety and depression, ADHD, autism and bipolar disorder, being overweight, having type II diabetes, high blood pressure, cancer, asthma, addiction, allergies, arthritis, back pain, high cholesterol and heart disease
- Other health concerns include dental, smoking, and Chronic Obstructive Pulmonary Disease (COPD)
- Community informants view the health status of people living in Washington County as "unhealthy" 57%, "average" or similar to most other communities 29%, "healthy" 10%
- The primary barriers to accessing health care include the cost of care, including inability to afford co-pays and health insurance deductibles, and inability to see a provider when needed
- More than 68% of the adult population is overweight or obese (BMI > 25)
- There was no change in the percentage of persons who maintained a healthy weight over the past three years, 31.5% (BMI < 25)
- The report of high blood pressure 32.7% is similar to the state and national averages
- There is a clear correlation between health, wellness and the rate of poverty which is higher in Washington County (12.2%) than is found in the state of Maryland (9.2%)
- Transportation to outpatient medical services is a barrier for patients who do not have independent transport

Health Disparities

- There is a health disparity among the Black or African Americans observed in a higher rate of Emergency Department visits for poorly managed health issues including diabetes and hypertension
- Black or African Americans have a higher age-adjusted death rate of 45.9 for lung cancer compared to Whites, 42.3
- The colorectal cancer rate for Black or African Americans is 50.9, more than 25% higher compared to Whites at 37.8
- The prostate cancer incidence rate among Black or African American men in Washington County is 194.4, nearly twice the rate of White men 94.8

Identified Health Service Gaps

- Over-weight and obesity is a primary health concern and people desire information regarding diet, nutrition, weight loss, and help making healthy lifestyle changes
- There are delays stretching an average of more than three weeks for a new patient to be seen by a psychiatrist
- There is a shortage of primary care and specialty providers available in Washington County
- There are no mental health crisis beds in the county

- There is a delay to timely access for substance abuse treatment when a person desires help; specifically the lack of detoxification or crisis services or ability to be admitted for inpatient/residential treatment levels of care
- There are significant health disparities with Black or African Americans, and Hispanics or Latinx

Other Health Needs

At the conclusion of the CHNA health needs ranking it was recognized that many more needs were identified and exist than the top five identified health needs alone. Some of the health needs for the community include **cancer**, access to **dental care,** access to **affordable healthcare, teen pregnancy, senior needs, homelessness, and poverty** among others. Our community providers are using the results of the CHNA to help target these unmet needs based on the strengths, expertise and resources of individual organizations, and when interests are shared, new collaborative relationships between organizations can be formed. Findings from the FY2022 CHNA may be used to support grant procurement, donations and gifts to fund new program services.

Cancer continues to be the second leading cause of death for Washington County residents. Meritus Health will continue investment in the cancer service programs to include the development of the Meritus Hematology Oncology Specialists practice, providing four Registered Nurse Clinical Navigators, adding registered dietitian services, and initiating the Hope Soars Survivorship Program as a support to patients in recovery.

Hagerstown Family Healthcare (FQHC) has expanded access to **dental care** to persons in Washington County. The Hagerstown Family Healthcare Dental Practice provides comprehensive dental care to children and adults. They provide a pediatric dentist who specializes in the dental needs of children of all ages, as well as special needs patients. The Healthy Smiles in Motion mobile dental program provides dental care to students of Washington County Public Schools on-site at their home schools.

Healthy Washington County is using the CHNA to **address access to affordable healthcare issues** and a **lack of health insurance** by providing locations for the MD Health Exchange Navigators to reach uninsured persons. Both Brook Lane and Meritus Health have a **financial assistance policy** for persons deemed unable to afford the cost of care. The county is fortunate to have two Federally Qualified Health Centers, (FQHC) located in Hancock and Hagerstown, MD, both of which are committed to **providing quality healthcare services** on **a sliding-scale basis.** The Community Free Clinic located in Hagerstown provides **quality, comprehensive outpatient health care services, free of cost,** to all Washington County residents who are **uninsured** and is launching expanded **mental health services**.

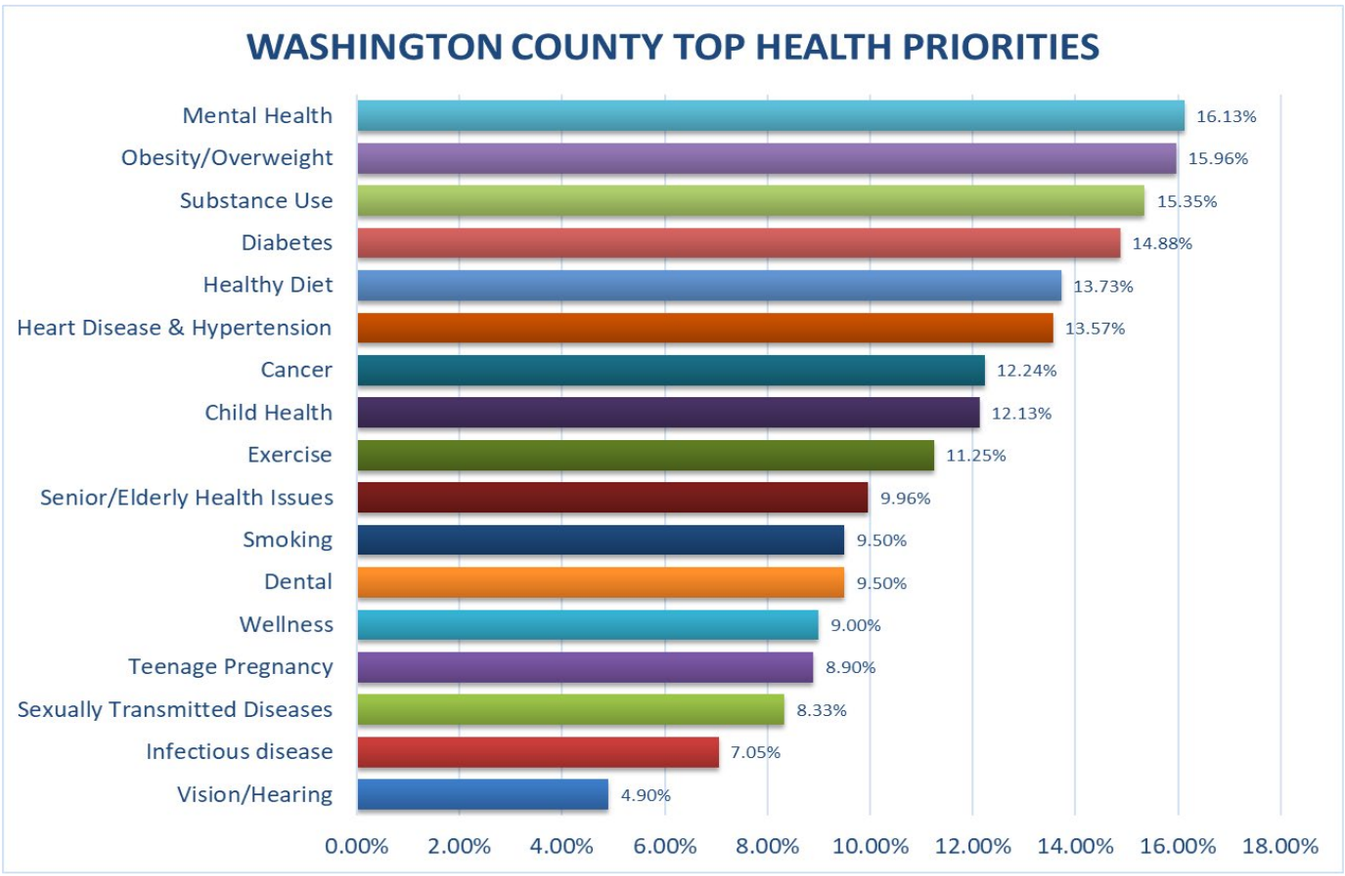
To **help prevent teen pregnancy** The Community Free Clinic provides services to reduce teen pregnancy as a part of the YOLO program (Youth Overcoming Life Obstacles) serving adolescents age 13-24. Youth may present to the Clinic without appointment to receive strictly free and confidential services including contraception, STI testing, HIV testing, pregnancy testing, counseling, educational information and appropriate

referrals to other community resources. The program offers honest conversation around lifestyles, behavioral concerns and seeks to answer questions. Substance abuse, assault, violence and general safety is also addressed at each visit. The CFC has expanded to meet comprehensive **health needs of uninsured youth** in the community. Mental Health services were expanded 3 years ago to provide counseling, crisis intervention and emotional support for those experiencing life difficulties such as anxiety, depression, grief, trauma and more

Health care organizations and community resource agencies must work collaboratively across sectors to address **health, wellness, housing, transportation, food insecurity, and child development needs** in both practice and policy. The United Way of Washington County will use this report as another tool that helps determine appropriate **funding for local programs** that are tackling pressing community issues. The funding process begins with funding strategies that are formulated with data, and input from multiple community members, businesses and nonprofit organizations. Data is very important and is used to set goals that help meet the mission: "The United Way of Washington County inspires collaborations to impact community improvement. To do this, we function as a rallying point for attracting and fostering leadership to advance collective action."

VII. Health Needs Prioritization

On November 2, 2021, Healthy Washington County conducted a public meeting to review the data, findings, needs and issues identified from the Community Health Needs Assessment process. Upon reviewing all the key data and findings, attendees endorsed the prioritized ranking of health needs and social determinants of health.



A full list of the health priorities identified for Washington County in ranked order include:

1. Mental Health
2. Obesity / weight loss
3. Substance Use
4. Diabetes
5. Healthy diet
6. Heart Disease and Hypertension
7. Cancer
8. Child health
9. Exercise
10. Senior health
11. Smoking

12. Dental
13. Wellness
14. Teenage Pregnancy
15. Sexually transmitted disease
16. Infectious disease
17. Vision/ hearing

The top ranked health priorities for the Washington County community include:

#1 Mental health
#2 Obesity / weight loss
#3 Addiction
#4 Diabetes
#5 Heart disease and hypertension

The top ranked community health priorities for Meritus Health implementation plan includes:

1. **Obesity;** lose 1 million community pounds by promoting increased **physical activity (DO)**, eating a **healthy diet (EAT),** and achieve **emotional balance (BELIEVE)**

2. Improve **behavioral health** by ensuring timely access to appropriate, quality **mental health treatment** and support, and reduce **addiction** and **overdose fatalities** to protect the health, safety and quality of life for all

3. Improve prevention and the management of type II **diabetes** and reduce mortality,

4. Prevent **heart disease,** reduce **mortality** and manage **hypertension**

5. Increase **healthy equity** by helping all people **attain the highest level of health**

6. Engage and empower people to **choose healthy behaviors** and make changes to **reduce risks**

The top ranked community health priorities for Brook Lane implementation plan includes:

1. Improve mental health through prevention, early intervention and education

2. Lessen **substance abuse** to safeguard the health, safety and welfare of all

VIII. Planning and Implementation

The Community Health Needs Assessment provides a framework for community action, coordination, engagement, and accountability in addressing the health needs of our citizens. The CHNA's significance as a resource to community organizations is paramount as it identifies our health need priorities and establishes a framework to begin addressing these issues collectively. As required by the PPACA, both of the hospitals developed a community health implementation plan.

Meritus Health Implementation Plan

Meritus Health, Western Maryland's largest health care provider has committed to caring for the community for more than a century. Meritus Health exists to improve the health status of our region by providing comprehensive health services to patients and families. The FY2022 CHNA key findings and prioritized health needs were used to develop a draft action plan that includes objectives, baseline data, and expected outcomes over the next three years, strategies, tactics, accountability and budget. Meritus Health CHNA objectives and measurable goals were detailed in the draft Community Health Improvement Plan (CHIP) FY2023 – 2025 (see **Appendix Q)**.

Obesity

Our Bold Goal to lose 1 million pounds by 2030 will be achieved by:

- increasing the number of registered users in the community weight tracker
- having users actively track weight to document total pounds lost
- increase the number of engaged community partners

Behavioral Health

Improve access to timely behavioral health treatment and recovery

- Explore construction of free-standing behavioral health hospital
- Establish regional crisis stabilization services
- Decrease number of overdose fatalities in Washington County
- Reduce suicide rate
- Establish a psychiatric residency / graduate medical school

Disease Management

Improve management of diabetes and hypertension

- Improve management of hbA1c in patients with diabetes
- Provide Diabetes Prevention Program (DPP)
- Provide Diabetes Self-Management Program (DSMT)
- Improve management of hypertension

Wellness & Prevention

Engage and empower people to choose healthy behaviors and make changes to reduce risks

- Increase health screening
- Increase vaccinations
- Reduce loneliness
- Increase health literacy

Health Equity

Attain the highest level of health for all people

- Establish community equity collaborative
- Increase racial/ethnic diversity in the workforce that looks like the community
- Eliminate health disparities
- Address SDOH
- Improve access to healthy food

To deliver on our mission, execute our vision, and embody our values, Meritus Health will strive to achieve health equity for the patients we serve. To effectively do this effectively, we must identify health disparities, understand why they exist in our health system. We will publish an annual Health Equity Summary as an initial step toward achieving health equity. It will serve as the foundation for an annual Health Equity Report.

We will continue to analyze data across race, ethnicity, and language using the Institute of Medicines six domains of healthcare quality (STEEEP): safe, timely, effective, efficient, equitable, and patient centered. Six of the thirteen quality and safety measures analyzed were identified as health disparities. Each has an active work group of key stakeholders who are making necessary changes to correct and eliminate the disparity.

To fully leverage the findings, next steps will include the following:

1. Continue the work of the Leadership in Equity and Diversity (LEAD) Council, including measuring the impact of the "Rooney Rule" to increase diversity representation in leadership positions,
2. Achieve 100% employee participation in unconscious bias and cultural competency training,
3. Solicit feedback from throughout the organization to determine new metrics to add for the annual Health Equity Report (as well as metrics that may no longer need to be measured), and
4. For all of the above, involve key stakeholders, determine target dates to reach specific goals, and create accountability mechanisms to ensure that our goals are being monitored and met.

The plan for implementation was developed in coordination with Community Health leadership, Strategic Planning and the Board of Director's Strategic Planning Committee. The Meritus Health final CHIP with objectives, action goals and responsibility were approved by the Board of Directors on February 24, 2022 and finalized (see **Appendix R**). The CHIP will be used to guide strategy and operations to fully implement the plan and meet stated goals for the community by FY2025. As resources become available and can be allocated, the

action plan will incorporate additional needs and goals. The plan will be reviewed periodically to measure progress towards goal achievement and modify any action steps or goals as needed.

Brook Lane Implementation Plan

Brook Lane will:

Improve **mental health** through prevention, early intervention and education

- Hold eight Mental Health First Aid trainings annually
- Screen 400 people in the community for depression annually
- Hold four community education events per year
- Collaborate with community groups and organizations

Lessen **substance abuse** to safeguard the health, safety and welfare of all

- Grow the InSTEP Program to provide treatment services
- Increase community education on substance abuse

The FY2022 CHNA key findings and prioritized health needs were used to develop a Strategy Summary plan that includes objectives, goals, strategies and tactics over the next three years (see **Appendix S).** The plan includes a collaborative strategy between Brook Lane and Healthy Washington County to guide and implement community-wide initiatives that will help address the prioritized health needs and improve the overall health of people living in the region.

The plan for implementation was developed from November 2021 to March 2022 in coordination with Brook Lane Leadership and the Board of Directors. The final Brook Lane implementation plan with objectives, action goals and responsibility were approved by the Board of Directors on January 28, 2022 and are summarized as **Appendix T**. The plan will be reviewed periodically to measure progress towards goal achievement and modify any action steps or goals as needed.

Adoption by Healthy Washington County

The Community health Implementation Plans received from both hospitals were incorporated into a comprehensive strategy to address the top health priorities of people living in our community. On March 1, 2022 Healthy Washington County formally recommended adoption of the action plans as received from the respective hospital Boards of Directors. As resources become available and can be allocated, the Healthy Washington County community action plan will incorporate additional health needs and goals. The plan will be reviewed periodically to measure progress towards goal achievement and modify any action steps or goals as needed.

Publication

Following the approval of the Action Plans, the final FY2022 CHNA report was published on ___ and was made widely available to the public as posted on the following websites:

www.brooklane.org
www.meritushealth.com
www.healthywashingtoncounty.com
www.washcohealth.org

IX. Appendices

A. CHNA Action Plan Update FY2021
B. Healthy Washington County Membership 2021
C. Community Health Needs Assessment Timeline FY2022
D. Washington County Demographics 2021
E. Washington County Health Resources 2021
F. Washington County Health Rankings 2021
G. Maryland Vital Statistics 2019
H. Maryland Vital Statistics Summary 2019
I. Community Solutions Hub Description 2021
J. Health Equity Resource Community (HERC) Data 2019
K. Key Informant Questionnaire
L. Key Community Stakeholders
M. Key Community Stakeholders Responses Summary
N. Focus Group Summaries
O. A.L.I.C.E. Washington County 2018
P. Meritus FY2020 Health Equity Summary
Q. Meritus Health Community Health Improvement Plan (CHIP) FY23-25 DRAFT
R. Meritus Health Community Health Improvement Plan (CHIP) FY23–25 FINAL
S. Brook Lane Strategy Summary FY23-25 DRAFT
T. Brook Lane Strategy Summary FY23–25 FINAL