



COMMUNITY HEALTH NEEDS ASSESSMENT

20
25



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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 FY2025 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:

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Introduction

Message to the Community

Healthy Washington County is proud to present the 2025 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, Brook Lane, and the Washington County Health Department 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 FY2025 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 FY2022 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. The state-of-the-art, Joint Commission accredited 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 over 4,000 employees, 712 medical staff members and 246 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
- Diabetes – American Diabetes Association accreditation for Diabetes Self Management Education
- 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
- Pre-diabetes – CDC Full Plus recognitions for In person and distance Diabetes Prevention education
- 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 School of Osteopathic Medicine, the newest Medical School opening in Maryland in over 100 years will admit it's first class of 97 medical students in July 2025. 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, an affiliate of Meritus Health, Inc., is a non-profit mental health facility based on a 115-acre main campus near Leitersburg, Maryland, with three satellite campuses in Hagerstown and Frederick. The 65-bed hospital specializes in stabilizing acute mental illness, while partial hospitalization programs for children and adults offer structured, therapeutic daytime care, allowing clients to return home each evening. Outpatient therapy for all ages is available at three locations.

Brook Lane also operates Laurel Hall School, which provides education and therapy for students with emotional and behavioral challenges. The THRIVE Program now offers psychological testing for children with autism and attention deficit disorder.

The InSTEP Program addresses the growing need for substance use disorder treatment and support. Additionally, Brook Lane provides School-Based Mental Health Services—free of charge—in all middle and high schools in Washington County, Maryland.

Washington County Health Department

Washington County Health Department (WCHD) is part of the Maryland Department of Health (MDH), as well as an agency of Washington County government. The Washington County Commissioners serve as the official Board of Health. Funding for WCHD is a combination of federal, state and county monies, plus third-party and private-pay reimbursements. In Washington County, the origins of public health can be traced to 1911 and the formation of the Washington County Branch of the Maryland Association for the Prevention and Relief of Tuberculosis. However, it was not until 1926 that the Washington County Commissioners appointed the first Health Officer. The WCHD has 140 employees and serves Washington County residents along with neighboring counties through the following programs and services:

- **Behavioral Health Services Division:**
 - Washington County Overdose Fatality Review Team, Local Addiction Authority (LAA) and Washington Goes Purple
 - Crisis Services and Overdose Response: Peer Recovery Services, Recovery Coordination for Pregnant and Postpartum Women and Women with Children Program, State Care Coordination, Narcan Training & Distribution
 - Jail Substance Abuse Program (JSAP)

- Harm Reduction, Safe Storage of Medication Education & Locking Mechanisms
- Tobacco Use Prevention & Cessation & Tobacco Free Cessation for Pregnant Moms, Support Partners and Families with Children
- Parenting Classes-Strengthening Families Program (SFP) & Dare to Be You (DTBY)
- Sexual Health in Recovery (SHIR)
- HIV Testing and Hep C Testing
- Too Good For Drugs
- Student Assistance Program (SAP)
- **Community Health Outreach Prevention & Promotion Division:**
 - Healthy Hearts Ambassador- Self Monitoring Blood Pressure Program
 - Diabetes Prevention Program
 - Sexual Health Programs for Youth, Youth Advisory Board
 - Walkability, Obesity and Bicycle Safety Initiatives
 - Public Health Emergency Preparedness, Stop the Bleed Training
 - Child Fatality Review Team, Cribs for Kids
- **Environmental Health**
 - Rabies and Zoonotic Control
 - Well, Septic, and Perc testing and permitting
 - Restaurant and food truck inspections, food permits
 - Environmental health complaints
- **HPSI**
 - WCHD's Office of Health Equity
 - Evidence-based interventions to reduce health disparities and promote health equity
 - Health Equity Training for WCHD staff and community
 - Epidemiology- research, data analysis, data reporting and data visualization
- **Nursing Division:**
 - Communicable Diseases: Family Planning, Hepatitis C Testing, HIV Testing, HIV/AIDS Case Management, Immunizations, Infectious Diseases, PrEP for HIV Prevention, STI Testing, Teen services, Tuberculosis Screening & Treatment
 - Lead Poisoning Prevention
 - Healthy Families
 - Children and Youth with Special Health Care Needs
 - Cancer Prevention Education Screening and Treatment Program
 - WIC
 - Medicaid
 - Administrative Care Coordination Unit (ACCU)
 - Ombudsman

- Medical Assistance Transportation Program
- Assessment Evaluation and Review Services
- Community First Choice
- Vital Records (Birth & Death Certificates)

Executive Steering Committee

An executive steering committee serves 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.

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Janice Williamson	The Arc of Washington County
Binta Toure	Washington County Health Department, Epidemiologist
Dara Holloman	Washington County Health Department, OHE Program Coordinator
Candi Romberger	Meritus Health

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, MD. While both organizations provide services to people living throughout a 60-mile radius of the quad-state region, the geographic boundaries of Washington County were 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 the **Primary Service Area** map below.

Primary Service Area

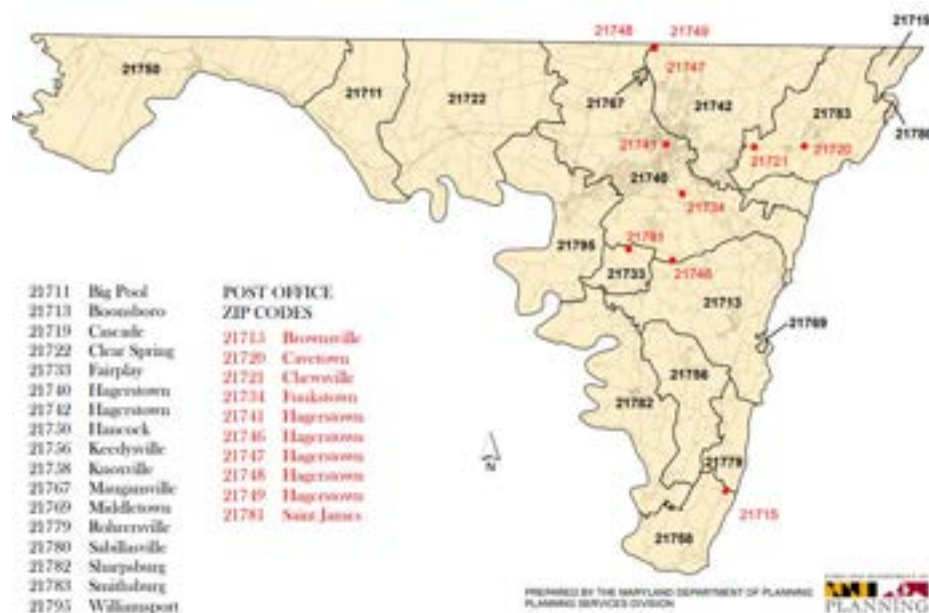


Figure 1. Map of zip codes located within Washington County

County Demographics

In 2023, the total population of Washington County was 155,033, with a growth rate of 0.25% compared to the previous year ([2023 Census ACS 5- Year Estimates, Table DP05](#)).

Washington County Demographic Estimates

Demographic Estimates, 2023	Washington County	Maryland	United States
Total Population	155,033	6,170,738	332,387,540
Sex (Table DP05)			
Male	50.8%	48.7%	49.5%
Female	49.2%	51.3%	50.5%
Race and Ethnicity			
White, alone	74.5%	47.4%	58.2%
A.A/Black, alone	11.3%	29.2%	12.0%
American Indian and Alaskan Native, alone	0.1%	0.1%	0.5%
Asian, alone	1.6%	6.4%	5.7%
Native Hawaiian and Other Pacific Islander, alone	0.1%	0.0%	0.2%
Some Other Race, Alone	0.3%	0.6%	0.5%
Two or More Races, alone	4.8%	4.2%	3.9%
Hispanic or Latino	7.3%	12.1%	19.0%
Age			
Under 5 Years	5.5%	5.8%	5.7%
Under 18 Years	21.9%	22.3%	22.2%
18 Years and Over	78.1%	77.7%	77.8%
65 Years and Over	17.8%	16.3%	16.8%
Education (Pop 25 Years and Older) (Table S1501)			
Less than High School	11.4%	8.9%	10.6%
High School Graduate or Higher	88.7%	91.2%	89.4%
Bachelor's Degree or Higher	23.5%	43.7%	38.8%
Language Spoken at Home (Pop. 5 Years and Older) (Table S1601)			
English Only	90.6%	78.5%	78.0%
Language Other than English	9.4%	21.5%	22.0%
- Spanish	5.7%	9.9%	13.4%

- Other Indo-European Languages (Italian, German, French, etc)	1.7%	5.0%	3.8%
- Asian and Pacific Island Languages	1.0%	3.7%	3.5%
- Other Languages	0.2%	2.8%	1.2%
Veteran Status (Table S2101)			
Total Veteran Population	7.30%	7.0%	6.1%
Household Income (Table S1901)			
Median	\$74,157	\$101,652	\$78,538
- Less than \$25,000	15.3%	11.3%	15.1%
- \$25,000 - \$49,999	18.6%	12.8%	17.2%
- \$50,000 - \$74,999	16.6%	13.2%	15.7%
- \$75,000 - \$99,999	13.1%	12.0%	12.7%
- \$100,000 or more	36.5%	50.9%	39.3%
Poverty Status (Table S1701)			
Under 18 Years	16.1%	10.6%	16.0%
18 to 64 Years	12.2%	9.1%	11.5%
65 Years and Over	8.9%	9.5%	11.3%
Health Insurance Coverage (Table S2703 & S2704)			
Private Health Insurance	66.6%	57.2%	53.2%
Medicare Coverage	4.9%	4.6%	6.1%
Medicaid Coverage	18.7%	13.8%	15.0%
VA Healthcare Coverage	0.3%	0.1%	0.3%

Table 1. Washington County Demographic Estimates

Methodology

CHNA 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 FY2025 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 (Dec. 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.

Planning and Timeline

In July 2024, 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 2024 LHIC membership is included in Appendix F. As the co-chairs for Health Washington County, Washington County Health Department and local not-for-profit hospitals, Meritus Health and Brook Lane worked collaboratively with the Healthy Washington County coalition members and the community to conduct the CHNA. The general guidance for conducting a CHNA was obtained from County Health Rankings and Roadmaps as diagramed below.



Figure 2. County Health Rankings and Roadmaps Recommended Practices for Engaging Patients and Communities.

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April
Survey development, External data collection	Finalize Survey & plans for focus groups	Finalize Focus Group Questions Get IBR Approval	Launch Survey	Promote Survey & Conduct Focus Groups	Promote Survey & Conduct Focus Groups Begin Data Analysis	Develop CHNA & CHIP Report Identify and Rank Health Priorities	Finalize CHNA & CHIP	Submit to Boards	Disseminate the CHNA
Develop survey questionnaire, collect secondary data	Get HWC member feedback on survey questions	Focus Groups • Identify • Develop questions • Schedule	Disseminate QR code and flyers Recruit for Focus Groups	Conduct Focus Groups	final push for survey, collect paper copies hold last focus groups. Begin Data Analysis	Get community and HWC member feedback on data and health priorities	Incorporate community feedback into Action Plan	Finalize Plan Present to Meritus and Brooklane BOD	Post CHNA and Improvement Plan to public solicit community comments

Figure 3. 2025 Community Health Needs Assessment Timeline

Community Survey

As a part of the primary data collection, a community survey consisting of 30 questions was developed by a sub-committee of Healthy Washington County partners. The survey covered various health and wellness related topics such as personal and community health, physical activity levels, healthcare access, barriers to care, and unmet needs, as well as several demographic questions to assess for health disparities (see Appendix C). Several questions were

formatted as 'check all that apply', allowing participants to select multiple responses within a question. As a result, the answer choices, when reported as percentages did not add up to 100%. Rather, the percentages reported reflect how many of the participants did or did not select that answer choice. The survey was built and distributed using Qualtrics survey publishing software. The online version of the survey was made available through public links and QR codes, while paper versions of the survey were made available for those with limited internet access. Both versions of the survey were made available in English and Spanish.

The survey was made available to the public from October 21st, 2024 to December 13th, 2024. To be eligible for the survey, participants were required to be 18 years of age or older and either a Washington County resident or out of county resident who regularly worked or used services in Washington County. A total of 1,109 responses were received.

Focus Groups

The second part of primary data collection consisted of 10 community focus groups facilitated by the health department and Meritus staff. The focus groups were conducted amongst underserved and marginalized populations that are often not well-represented in survey data, and populations that had lived experience with common health concerns identified in previous CHNAs. 11 focus group questions were developed by a survey and focus group sub-committee of Healthy Washington County partners, and covered topics such as general sentiments towards living in Washington County, common health and wellness concerns, health habits, healthcare quality, healthcare access and barriers, and awareness of community resources (see Appendix E). Focus groups were conducted amongst the 10 populations below at various sites in the community:

- African-Americans
- Behavioral Health
- Diabetes/Obesity
- Hispanic/Latino
- LGBTQ+
- Parents with Children
- Wellness
- Veterans
- 18-24 year olds
- 55 years and older

Focus group participants were recruited through distribution of flyers by Healthy Washington County partners. Online sign-up links were also advertised and made publicly available on the

Healthy Washington County, Meritus, and Washington County Health Department websites. A total of 67 individuals participated in the focus group discussions. Several note takers were assigned to each focus group for the purpose of recording participants' responses.

Results

Top 10 Health Concerns

Participants were asked to select all health concerns faced by them, their friends, or their family. Of the 983 responses, the following health concerns were found to be the top 10 most commonly reported answers given by participants:

1. High blood pressure
2. Overweight
3. Chronic pain
4. High cholesterol
5. Mental health condition
6. Diabetes/Prediabetes
7. Not getting enough sleep
8. Heart disease
9. Cancer
10. Dental Health

Since participants were able to select multiple answers, response totals will represent the percentage of respondents that selected that health condition and thus, will not equal 100%. Additional responses to this question may be found in Appendix D. For the analysis of this question, responses were stratified by age, gender, and race to show the difference amongst different demographic groups.

High Blood Pressure

The top ranked health concern was high blood pressure, with 61.6% of participants selecting it as a health condition faced by them or someone they know (Appendix D). The Maryland Behavioral Risk Factor Surveillance System (BRFSS) reported that 34% of Washington County residents had been diagnosed with high blood pressure in 2023 ([2023 MDH BRFSS](#)). Data from CRISP, a health exchange system that contains medical records, showed that there were 1,304 hospital encounters with hypertension listed as the primary diagnosis. Among CHNA respondents who answered that this was a health concern, high blood pressure was 3% higher among males compared to female respondents. This is similar to the trend seen in the 2023 BRFSS, where the age-adjusted prevalence among males was 40% higher than that of females

(PR = 1.40). When stratified by age, all age groups had a higher prevalence of high blood pressure compared to respondents aged 18-24 years old, except for those 25-34 years old (PR₂₅₋₃₄ = 0.88). When compared to 18-24 year old respondents, there was a 49% higher prevalence (PR₄₅₋₅₄ = 1.49) among the 55-64 age group and a 53% higher prevalence (PR₇₅₊ = 1.53) among the 75+ age group. The survey showed a trend of high blood pressure prevalence increasing as age increased, which is also reflected in the BRFSS data. In 2023, Washington County residents age 75 or older had the highest prevalence (76.4%), followed by the 65-74 age group (63.6%). When survey responses were analysed by race, the prevalence was similar among Black and White respondents. However, when comparing White and Hispanic respondents, the prevalence of high blood pressure among Hispanic respondents was 26% lower (PR = 0.74). BRFSS data showed a similar pattern, with the age-adjusted prevalence among White and Black respondents being the same (34%). However, data from CRISP revealed that significant disparities by race were present for individuals with high blood pressure, with A.A/Black individuals having hospital encounter rates (23.44 per 1,000) that were almost 3x higher than those of other races (Asian - 4.52 per 1,000, White - 8.08 per 1,000, Other Race - 3.89 per 1,000).

Overweight

The health concern ranked second was being overweight/obesity, with 55.8% of participants selecting it as a health condition faced by them or someone they know (Appendix D). In 2023, 73.5% of Washington County residents were overweight or obese (BMI 25+) according to BRFSS data. Among the CHNA respondents who answered that being overweight was a health concern, the prevalence among male respondents was 21% lower compared to female respondents (PR = 0.79). The inverse was seen in the 2023 BRFSS data, with the age-adjusted prevalence among males 15% higher than that of females (PR = 1.15). When the survey results were stratified by age, the prevalence of being overweight or obese was lowest among individuals 75+, with a prevalence 6% lower than the 18-24 age group (PR₇₅₊ = 0.94). All other ages had a higher prevalence of overweight or obese weight classification than individuals 18-24, though the 65-74 age group was very similar, with a prevalence only 1% higher. Compared to data from Washington County residents through BRFSS in 2023, the lowest prevalence of being overweight or obese was observed among the 65-74 age group (68.8%). The age group with the highest prevalence of being overweight was the 45-54 age group, followed by individuals 35-44, with prevalence 38% and 27% higher, respectively, when compared to the 18-24 age group. (PR₃₅₋₄₄ = 1.27, PR₄₅₋₅₄ = 1.38). The BRFSS showed that residents among the 35-44 age group had the highest prevalence compared to all other age groups (81.4%). Those aged 75 + and 65-74 followed closely behind the 35-44 age group, with prevalence of 76.4% and 63.6%, respectively. Compared to the 18-24 age group, the prevalence among the 35-44

age group was 37% greater, and the 75+ age group was 29% greater ($PR_{35-44} = 1.37$, $PR_{75+} = 1.29$). When the CHNA results were analyzed by race, Hispanic respondents had an 8% lower prevalence of being overweight or obese when compared to White respondents ($PR = 0.92$). Black respondents had a slightly higher prevalence by 5% compared to White respondents. ($PR = 1.05$) The 2023 BRFSS data did not show great differences between racial groups, with the age-adjusted prevalence amongst White Washington County residents being similar to that of both Black and Hispanic residents.

Chronic Pain

The health concern ranked third was chronic pain, with 52.9% of participants selecting it as a health condition faced by them or someone they know (Appendix D). Among the CHNA respondents who answered chronic pain was a health concern, the prevalence among male respondents was 32% lower compared to female respondents ($PR = 0.68$). When compared to respondents age 18-24, all age groups had a higher prevalence of chronic pain, except for respondents 35-44 who had a similar prevalence ($PR = 1.03$). Individuals ages 55-64 had the highest prevalence of reported chronic pain, 37% higher than individuals 18-24 ($PR = 1.37$). This was followed by individuals 75+, with a prevalence 30% higher ($PR = 1.30$). Respondents 25-34 and 45-54 had a similar prevalence only slightly higher than that of the 18-24 age group, 10% and 11% higher respectively ($PR_{25-34} = 1.10$, $PR_{45-54} = 1.11$). Black and White respondents had an equal prevalence of chronic pain ($PR = 1.00$), while Hispanic respondents had a slightly higher prevalence, 9%, than that of White respondents ($PR = 1.09$). Amongst Meritus Health patients, around 36% of total office visits and 24% of total hospital encounters had chronic pain listed as a primary diagnosis in 2024. In FY24, 11,829 visits were made to Meritus Health's pain management specialists. Of those visits, 64.7% were female patients, 34.6% were male patients, and 0.2% were patients who identified as non-binary or third gender. When stratified by race, White patients comprised the largest percentage of visits at 86.6%, followed by Black/A.A. patients (10.7%), Other race patients (1.6%), Asian patients (0.5%), and American Indian patients (0.4%). Patients of non-Hispanic ethnicity accounted for the majority of pain management visits (96.5%), while Hispanic patients accounted for only 3.2% of visits. Visits were also mostly comprised of individuals between the ages of 45-64 (42.4%) and 65-84 (43.7%), reflecting the results seen in the survey. Smaller percentages of visits were seen amongst the 18-44 (9.2%) and 85+ (4.6%) age groups.

High Cholesterol

According to BRFSS data, 27.5% of Washington County residents reported being diagnosed with high cholesterol by a doctor in 2023. This was the fourth biggest health concern according to the CHNA results, with 44.5% of respondents selecting the condition. High cholesterol was

more common among female respondents compared to male respondents, by a difference of 27%. The inverse was found in BRFSS data, with the age adjusted prevalence among males being 6% higher than that of females ($PR_{HC} = 1.06$). When looking at CHNA responses stratified by age, high cholesterol was lowest among respondents aged 35-44, with a prevalence 18% lower than that of those aged 18-24. This is similar to results derived from BRFSS data, with Washington County residents aged 35-44 having a prevalence of high cholesterol below the overall prevalence (21.9%). CHNA respondents aged 25-34 had a prevalence equal to that of respondents aged 18-24. In both the 2023 BRFSS and the CHNA, a higher prevalence of high cholesterol was seen in the 55-64, 65-74, and 75+ age groups. High cholesterol was more common among the CHNA respondents aged 75+ (52.3%), with a prevalence 52% higher than the 18-24 age group. Respondents 65-74 and 55-64 had the second highest prevalence of high cholesterol when compared to respondents 18-24, both having a prevalence 43% higher. The BRFSS and CHNA results both showed lower prevalence of high cholesterol in Black respondents compared to White respondents. NW Hispanic and Black CHNA respondents both had a lower prevalence of high cholesterol when compared to White respondents, with prevalence 26% and 28% lower, respectively. The difference in prevalence of high cholesterol diagnoses between Black and White Washington County residents was more pronounced in the BRFSS data, with a 57% difference between the two racial groups ($PR_{Black} = 0.43$). In contrast, high cholesterol was 12% more common in Hispanic BRFSS respondents compared to NH White respondents. ($PR_{Hispanic} = 1.12$)

Mental Health

In 2023, there were 280 total hospital encounters with suicide or intentional self-harm listed as the primary diagnosis code. From 2023 to 2024, the number of hospital encounters increased by 39.6% to 391. Mental health was the fifth biggest health concern, with 44.0% of participants reporting that they or someone they know in Washington County has experienced mental health concerns or any associated conditions (Appendix D). Mental health as a health concern was 37% lower among male respondents compared to females ($PR = 0.63$). When stratified by age, prevalence of mental health concerns decreased as age increased. Respondents 25-34 and 35-44 had a similar prevalence of mental health concerns, 15% and 18% lower than that of the respondents 18-24, respectively ($PR_{25-34} = 0.85$, $PR_{35-44} = 0.82$). Prevalence continued to decrease as age groups increased, with respondents 65-74 and 75+ having prevalence of 62% and 61% lower than respondents 18-24 ($PR_{65-74} = 0.38$, $PR_{75+} = 0.39$). When analyzed by age, Black respondents had an 18% higher prevalence of mental health concerns than White respondents ($PR = 1.18$). This concern was even greater among Hispanic respondents, at 22% higher than that of White respondents ($PR = 1.22$).

Diabetes or Prediabetes

In 2023, 11% of Washington County residents had doctor-diagnosed diabetes (excluding pregnant people). This condition was ranked sixth among the top health concerns in the CHNA, with 43.6% of respondents reporting that they or someone they know in Washington County is diabetic. Diabetes was equally as common between men and women in the CHNA results, however, was more commonly diagnosed in men in Washington County by 28% (PR = 1.28) according to the BRFSS. When stratified by age, prevalence of diabetes increased as age increased, among both Washington County residents in 2023 and CHNA respondents. In the CHNA, diabetes was highest among participants in the 55-64 and 65-74 age groups, both of which had a prevalence 75% higher than the 18-24 age group. Similarly in the BRFSS data, prevalence of diabetes was highest among those aged 65-74 (31.91%), followed by those aged 75 and older (25%). Following these age groups were CHNA respondents in the 45-54 range, who had a prevalence of diabetes 67% higher than respondents in the 18-24 range. The lowest prevalence comparatively was found in respondents aged 35-44, with a 36% higher prevalence of diabetes than those 18-24. In 2024, there were 1,017 hospital encounters that had diabetes listed as the primary diagnosis. Racial disparities were present in these hospital encounters, with age-adjusted hospitalization rates for A.A/Black individuals (12.81 per 1,000 population) being almost twice as high as the rates for other races (White - 6.39 per 1,000 population, Other Race - 5.18 per 1,000 population) (CRISP - citation). Disparities were observed among survey respondents as well, with Black respondents having a 15% higher prevalence of diabetes than that of White respondents. Inversely, diabetes or prediabetes was 14% less common for NW Hispanic respondents compared to White respondents. To combat these disparities and reduce the prevalence of diabetes in the county, the HWC Diabetes subcommittee conducted 511 risk screenings and enrolled 234 into the Diabetes Prevention Program in 2024. A total of 3,733 healthcare provider referrals were received, with a 5.9% enrollment rate into the program.

Not getting enough sleep

The health concern ranked seventh was not getting enough sleep, with 38.9% of participants selecting it as a health condition faced by them or someone they know (Appendix D). Among respondents who answered that not getting enough sleep was a health concern, the prevalence among male respondents was 38% lower compared to female respondents (PR = 0.62). When stratified by age, respondents in all age groups had a lower prevalence of not getting enough sleep than respondents in the 18-24 age group. The lowest prevalence occurred among those 75+, with a prevalence 53% lower (PR = 0.47). This was followed by respondents aged 65-74, with a 45% lower prevalence compared to the 18-24 age group (PR = 0.55). Occurrences of

not getting enough sleep were most similar - but still lower than the 18-24 group- among respondents 35-44 and 45-54, at 9% and 10% lower respectively. ($PR_{35-44} = 0.91$, $PR_{45-54} = 0.90$). When stratified by race, Hispanic respondents had the highest prevalence of not getting enough sleep when compared to White respondents, at 58% higher ($PR = 1.58$). Black respondents had a prevalence 15% higher than White respondents ($PR = 1.15$).

Heart Disease

In 2023, 9.9% of Washington County residents had doctor-diagnosed heart disease, which includes angina (chest pain), heart attack, or stroke. Heart disease ranked eighth among the top health concerns, with 26.1% of respondents choosing the condition as one faced by either them or someone they know. While the CHNA found only a small difference in prevalence, 2%, between males and females, BRFSS data shows that heart disease was 84% higher among males ($PR = 1.85$). Heart disease was found to be most common among older survey respondents, with the condition being 2-3 times higher among those aged 55-64, 65-74, and 75+ compared to the 18-24 year old respondents. BRFSS data from 2023 supports these results, with the highest prevalence of cardiovascular disease found among those aged 65-74 (20.1%) and those 75 and older (30.1%). When stratified by race, Hispanic and Black respondents had a similarly lower prevalence of heart disease, 34% and 36%, respectively, compared to White survey respondents. This is contrary to what has been observed amongst hospital encounters in Washington County. Of the 11,159 hospital encounters that had heart disease listed as the primary diagnosis in 2024, A.A/Black individuals had the highest rates of hospital encounters (118.6 per 1,000). This was followed by White residents (80.1 per 1,000), Asian residents (29.6 per 1,000) and individuals listed as Other races (16.8 per 1,000).

Cancer

In 2023, 10.7% of Washington County residents had been diagnosed with cancer at any point in their lives by a health professional. Among the CHNA respondents, cancer was ranked ninth for health concerns, as 25.3% reported that they or someone they know had dealt with the condition. Data from BRFSS showed that cancer of all types was more prevalent among females, by 10% ($PR = 0.89$). The inverse was seen in CHNA respondents, with experiences with cancer being higher among males by 5%. When broken down by race, NW Hispanic and Black respondents had lower reported prevalence of cancer compared to White respondents, with Hispanic respondents having a 62% lower prevalence and Black respondents a 53% lower prevalence comparatively ($PR_{Hispanic} = 0.38$, $PR_{Black} = 0.47$). While race-stratified BRFSS data was not available for Hispanic and Black individuals, the overall prevalence of cancer in Washington County was lower than that of White individuals by 77% ($PR = 1.29$). Data pulled from the 2023 BRFSS also showed that prevalence of cancer was highest among those aged 65-74 (26.3%) and

those 75 and older (34.2%). This is consistent with the CHNA results, in which those 75 or older had a 40% higher prevalence of cancer compared to respondents aged 18-24. Overall, cancer was more common among CHNA respondents aged 45 or older, by at least 15%. Respondents aged 18-34 had the lowest prevalence of cancer, which is concordant with the BRFSS data showing that age of first cancer diagnosis was highest among that age group.

Dental

Dental health was ranked tenth among the top health concerns, with 23.2% of respondents choosing the condition as one faced by either them or someone they know. Among respondents who reported dental care was a health concern, the prevalence among male respondents was 11% lower compared to female respondents (PR = 0.89). When stratified by age, the lowest prevalence of concerns with dental care was found in respondents 75+, who reported a prevalence 13% lower than respondents age 18-24 (PR = 0.87). All other age groups had a higher prevalence of concerns with dental care when compared to the 18-24 age group. The highest among these occurred within respondents 35-44, 45-54, and 55-64, which had prevalence of 28% , 26%, and 25% (PR₃₅₋₄₄ = 1.28, PR₄₅₋₅₄ = 1.26, PR₅₅₋₆₄ = 1.25). When broken down by race, concerns with dental care were 65% higher among Hispanic respondents compared to White respondents (PR = 1.65), while Black respondents had a 27% higher prevalence compared to White respondents. (PR = 1.27).

Focus Groups

Focus group participants were asked a series of questions on their overall thoughts about Washington County, the current state of healthcare here, their health habits and priorities, lived experiences with barriers to care, and awareness of local resources and organizations.

Thoughts on Washington County

When asked what they liked most about Washington County, community was the most common theme across all groups. Many participants mentioned the abundance of resources and services available and the presence of organizations in the community. Participants also felt that there is a strong sense of connection and community amongst county residents and some members of minority groups felt they were welcomed and accepted here.

“The way that we really came together since, you know, everybody seems to be in the same predicament, so to say. Everybody's really band together. So, even though I'm struggling, I know that there's people there that I can go talk to, even though we might not, you know, be right side by side neighbors, they might live a couple of streets down, but I know they're there if I need them...”

Participants also noted the affordability of the county, activities and places to go, and the rural environment as other positive factors of the county.

When asked what concerned them about Washington County, community was again a prominent theme, however participants' responses focused mostly on the county's development, transportation infrastructure, and culture. While participants noted they enjoyed the amount of activities and new businesses opening in downtown Hagerstown, several participants expressed concerns about the area still feeling "empty" due to the amount of unoccupied spaces. Many participants felt that compared to other counties, Washington County is developing much more slowly, with some participants attributing the slow growth to a culture of resistance to change. Participants also brought up concerns regarding the warehouses being built around the county, and their impacts on the environment and traffic volume in the surrounding area.

Transportation was another infrastructure related concern brought up across multiple groups. Several participants lamented the lack of public transportation options, especially concerning night-time options and limited access for those living in the more rural parts of the county. Participants also noted concerns with local traffic infrastructure such as increased traffic downtown, synchronicity of lights in the downtown area, and challenges with widening I-81.

Culture was also brought up as a main area of concern across all groups. While some members of minority and marginalized groups felt the county has become more welcoming, many still recounted experiences with discriminatory behavior, especially towards members of the African-American and LGBTQ+ community. Several participants also expressed disappointment with the lack of compassion from fellow residents towards individuals who may be struggling.

"COVID-19 has made people more self-centered, with less empathy towards others compared to before the pandemic"

Top Health Concerns

In 2022, obesity, mental health, and substance use disorder were identified as the top three health concerns for Washington County. Focus group participants were asked if they still believed these were our county's top health issues or if other issues had arisen. A majority of focus group participants agreed that all three were still top health priorities for residents of Washington County and were then asked to discuss what they believed were contributing factors.

Obesity

Participants strongly believed that access to healthy food was the main factor contributing to obesity in our county, and specifically brought up concerns related to the accessibility of healthier food options regarding location and cost, and not having enough time to make healthier meals.

- *"It's a lot more expensive and it's more time consuming to like, cook something. Not everyone has that amount of time. You know, people are taking care of siblings or people are taking care of their kids. It's just they don't have enough time themselves to you know, eat healthier"*

Focus group participants also brought up physical activity levels as an additional contributing factor. Similar to healthy food access, concerns were brought up regarding not having enough time to exercise, and not having access to walkable neighborhoods or parks.

Mental Health

Stigma was identified by participants as one of the primary factors contributing to mental illness. Many felt that the stigma surrounding mental illness and mental healthcare prevents individuals from seeking out care. Participants cited experiences with family members or acquaintances being reluctant to seek care or downplaying or denying their mental illness due to fear of judgment from others.

"People would rather like, suffer in silence than like, actually go out and seek help."

Stigma towards men seeking out and receiving mental health care was also discussed as a contributing factor. Participants discussed ingrained, stereotypical roles of men being viewed as "strong" and "family leaders" and how these views can be detrimental to men seeking help.

"Men, it's the fear, ego, you know?...I find with men, if the daughter wants to go, [...] or the wife wants to go, that's different. But if you have sons that are in the home suffering, it's like, not my son. That's a reflection on me. And they go a long time without getting the care they need...A lot of men won't go to the doctors just for physical health, you know? So it's just kind of erasing that stigma. It's okay to get help..."

Provider shortages and availability were also discussed as contributing factors to mental health. Many participants discussed their struggles with receiving care for themselves or their loved ones due to being put on long waitlists, issues with insurance coverage, or not being able to schedule an appointment due to working hours or inability to find child care.

Substance Use Disorder

Stigma was also named as a primary contributing factor for issues surrounding substance use in Washington County. Participants spoke on how mental health stigma extends to substance use disorder and is oftentimes much worse. Some felt that the stigma present in the community leads to an overall lack of compassion and empathy towards those who are struggling.

“People who suffer from substance abuse are still people [...] they still deserve the same compassion and the same treatment as anybody else. You know, if it was somebody's brother or sister, you wouldn't slam the door in their face when they're reaching out for help, just because, you know, they're an addict. It's still a huge issue.”

Participants also discussed the difficulties of navigating treatment for substance use disorder. Some mentioned that it's often difficult to know where to begin or start looking for resources, especially if it's a family member who is unfamiliar with what types of care are needed. Others mentioned that qualifications for inpatient and outpatient treatment can sometimes vary by program, leading to confusion and demotivation to continue through the treatment process.

Other Health Concerns

Other health concerns mentioned by the group included food insecurity, smoking, and vaping. With healthy foods becoming more difficult to obtain due to rising costs and inaccessibility, several participants felt that food insecurity should be a primary concern in the community, especially because of its impacts on nutrition and chronic disease. Smoking and vaping was also discussed by some participants as a top health concern. Concerns were raised about rising vaping rates amongst younger populations and perceptions that smoking is still very prevalent throughout the county.

Current State of Healthcare in Washington County

Overall Health Ranking and Personal Health Literacy

Participants were asked to rank their overall health on a scale from excellent to poor. The majority of participants ranked their health as somewhere in the middle, with 41% ranking their health as very good, 36% as good, and 11% as fair. Far fewer respondents ranked themselves as having excellent or poor health, at 10% and 2%, respectively.

One important aspect of overall health is health literacy. [Healthy People 2030](#) defines personal health literacy as “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” To gauge this within the community, respondents were asked where they got most of their health information in a ‘check all that apply’ question. Doctors or health professionals and

the internet were the most common sources of information, at 78.0% and 77.6%, respectively. Specific internet sources referenced the most were WebMD (40.2%), Mayo Clinic or similar medical webpages (35.4%), search engines such as Google and Bing (33.3%), and government websites including the CDC, NIH, or health departments (32.7%). Social media was also a frequently used resource (34.2%), with Facebook (23.6%), YouTube (13.7%), and Instagram (9.0%) being the most popular choices. In addition to these responses, family or friends (28.2%), pharmacies (17.3%), the Washington County Health Department (12.9%), the workplace (12.2%), and TV (11.5%) were also heavily cited as sources of health information.

Most Important Thing You're Doing To Be Healthy

Respondents were asked to share the most important thing they are currently doing to be healthy in the form of a free response question, and could report multiple health related behaviors. The most commonly reported healthy behavior was participation in any form of exercise, with slightly more than half responses mentioning this (51.0%). Of those responses, 15.7% specified that walking was the type of exercise they engaged in regularly. Other frequently mentioned specific forms of exercise include going to the gym or working out (3.8%), biking (1.2%), and physical therapy (1.1%). Following exercise, the second most frequently reported healthy behavior was following a nutritious diet, at 42.4% of responses. Often mentioned behaviors relating to nutrition were drinking plenty of water (1.6%) and eating more fruits and vegetables (1.3%). Activities relating to mental wellness were the third most commonly reported healthy behavior (14.4%). Responses in this category frequently mentioned seeking out social support (4.1%), practicing religion/spirituality (2.0%), self-care activities (1.7%), and prioritizing mental health (1.4%). 11.1% of respondents reported that in order to be healthy, they obtained healthcare when they needed it, with 4.3% of responses specifying that they regularly took prescribed medications. Weight management was another often cited healthy behavior by respondents, with 5.7% of responses broadly mentioning weight, and 4.5% of responses citing weight loss specifically. Additional commonly reported healthy behaviors were getting enough sleep (3.4%) and going to work (2.0%).

Amongst focus group participants, wellness related activities were most commonly reported. Meditation, being with family, and staying connected with the community were the most prevalent behaviors across all groups, followed by avoiding stress, attending church, and maintaining regular check ups with their primary care provider.

"I think keeping your peace and not being stressed is huge. That, the anxiety that we talk about, you know... when you're living in lack, that causes a lot of anxiety, so to have a mindset of prosperity as well, helps me."

Physical activity was the second most common behavior amongst focus group participants, with a majority of individuals indicating using local gyms to stay healthy. Responses ranged from joining a gym for the first time and learning proper exercise techniques to using the gym on a regular basis and attending exercise classes.

When asked about the impact of these habits on their health, the most commonly reported positive impact across all groups was stress relief. Several participants noted the impact that physical activity and mindfulness had on reducing their stress levels.

“When you workout also, y’know it gets your stress out...I mean I just came back from playing basketball... it was a nice way to y’know relax after a stressful test.”

“If I have a bad day, I could just go out, go workout, and at the end of the day I have no more problems.”

Things Needed to Improve Health

To further understand the communities’ perspective on their health, participants were asked to select the top 3 things needed to improve the health of themselves and their family. The three answers that were most frequently chosen by respondents were affordable healthy food (29.5%), specialty doctors (21.6%), and mental health services (20.4%). Other prevalent choices were safe places to walk and play (18.3%), help to pay for medical services or treatment (16.1%), affordable recreation activities (15.6%), affordable housing (13.2%), and access to a primary care provider (11.0%).

Barriers to Care

Not everyone is able to obtain healthcare when they need it due to obstacles either in or surrounding the healthcare system called barriers to care. A series of questions were asked to better understand what barriers to healthcare individuals are encountering in Washington County.

Respondents were asked if there were any issues that stop them or their families from getting healthcare when they need it in a ‘check all that apply’ question that also allowed for free response. 37.0% of respondents reported that they did not experience any barriers to obtaining healthcare. For respondents who did experience barriers to care, the most commonly identified barrier was the fear of the total cost of care for a health issue or disease (medications, surgeries, procedures, time-off, etc.) (31.0%). Additional frequently reported barriers to care were doctors’ offices not being open evenings or weekends (19.8%), being unable to get an appointment (18.0%), being unable to afford the copay or deductible required (17.2%), doctors not taking new patients (13.7%), and a lack of transportation (8.7%).

Focus group respondents also discussed several common barriers to obtaining healthcare. The most common barrier mentioned was difficulty finding a provider, mostly due to provider shortages. Participants mostly encountered this issue when seeking specialty care that their primary care provider would not have been able to provide. Participants also discussed having to resort to going to the ER or the nearest urgent care because they were unable to schedule an appointment with their PCP for an acute medical issue.

Mental Health

Respondents were asked to answer if they or someone they know has ever needed mental health services and were unable to get them. 72.4% of respondents answered no, and 27.6% of respondents answered yes. Respondents who answered yes were asked to explain why in an optional free response question. The most commonly described barrier to mental health care was a low quality or availability of healthcare in the county, making up 44.4% of respondents who reported experiencing barriers. Responses in this category frequently specified that there were too few providers in the area or long waiting lists to see a provider (32.3%), that there were limited specialists for specific conditions or treatments (7.8%), and that individuals were dissatisfied with care or providers in the county that they had seen previously (6.6%). Another barrier identified were factors relating to cost and affordability of mental health care (24.1%), with many respondents answering that they had limited access to care due to health insurance eligibility and coverage (14.4%), and that the overall cost of treatment was too expensive (12.8%). Additionally, respondents frequently cited a difficult to navigate healthcare system, which prevented them from finding a provider, treatment, or mental health resources (12.1%).

Availability of mental health care was also the most common barrier for focus group participants who were unable to receive care. Participants recalled experiences with either being unable to find a local provider or once they found a provider, they were put on long waiting lists.

“Accessing mental health care is difficult, [...] it can take months to secure an appointment with a therapist.”

Participants also recounted experiences where even though they were able to find a mental health care provider, they were dissatisfied with the care they received with reasons ranging from stereotyping and discriminatory behavior exhibited by their provider, to feeling that their provider wasn't listening or taking their experiences seriously.

“Again, it goes back to labels. They think that you're drug seeking or something like that. I know

for me personally, it took a long time for mental health people to take me seriously and [I'd] be like, "Hey, I'm not just here. If it was up to me, I wouldn't have to take these medications or I could take one medication and it would fix everything," and that's not the case. And if more people did that... it would help tremendously. I hear people talk all the time that they don't want to be judged for the medication that they need, but [people] know what they need. And instead of listening to that person who has been [experiencing] this for so long [...] these doctors... I'm not going to say all doctors because it's not all doctors, but some doctors just like think everybody is a cookie cutter"

Substance Use

In the same format as the question above and yielding similar results, respondents were asked if they or someone they know has ever needed substance use treatment and was unable to get it. 91.5% of respondents answered no, and 8.5% answered yes. For those who answered yes, the most frequently reported barrier was a low quality or availability of healthcare in the county (41.8%). Of these responses, commonly described factors were limited specialists for specific conditions or treatments (24.1%) and that individuals were dissatisfied with care or providers in the county that they had seen previously (16.5%). Additional commonly identified barriers to substance use treatment were factors relating to the cost and affordability of treatment (15.2%) and a difficult to navigate healthcare system (15.2%). Respondents also often answered that resources in Washington County relating to SUD are limited in terms of funding, beds available for inpatient programs, treatment length, etc. (12.7%).

Focus group participants slightly differed with their top barriers to care. Most participants cited difficulties with navigating the healthcare system and the stigma around substance use disorder and treatment as the main reasons why they or someone they knew were unable to receive care. Participants noted how difficult it can be to try to get a family member into treatment, especially if they are unfamiliar with the recovery process or don't know where to seek assistance. Some participants also spoke of their own struggles with navigating care, especially with regards to how admission criteria and requirements can differ based on the treatment facility. Lack of awareness of available substance use treatment resources in the county also played a role in difficulties with navigating care.

Regarding stigma, many focus group participants felt that the judgment and stereotyping towards individuals with a substance use disorder was a significant barrier to care. Participants felt that due to fear of judgment or being labeled as a "bad person" many individuals are reluctant to seek out care. Discussions were also had on how stigma can lead to many individuals fearing potential consequences of seeking out treatment, like judgment or alienation of family and friends or losing their job.

“Just the stigma of being, okay, well, you're an addict, so you're a bad person. I don't wanna be judged as a bad person because I made a bad choice”

“I think, like you mentioned, there's a big stigma with drug use, not just opioids, but just drug use in general, depending on, you know, what it is. It doesn't have to be an opioid, it could be poppers or anything, but because there is a lot of stigma around it [...] young people won't [reach out], I know because I used to do a lot of drugs and I didn't reach out about anything because I was just like, “Oh, if people talk about this and find out someone's gonna to tell my parents,” [...] It is difficult to learn about, health resources and then getting clean when there was, you know, there's no way to find out about it without going through an adult.”

Needs Not Met in last 30 Days

Respondents were asked if they could not meet any needs such as food, housing, healthcare, or transportation in the last 30 days. For the 13.2% of respondents that said yes, they were asked to expand on what specific needs they were unable to meet. Of the free responses submitted, 28.7% mentioned the affordability and availability of healthcare. The factors attributed to this were the cost of healthcare and insurance, which include the ability to afford insurance, the copay or deductible associated with appointments and procedures, and the costs of prescriptions or medical equipment. This reflects reporting in the 2023 BRFSS that despite needing to see a provider, cost prohibited 9.6% of Washington County residents from doing so for at least 12 months. Some participants reported their insurance not being accepted by their provider, especially those with Medicare or Medicaid. In 2023, 7.2% of Washington County residents reported not having insurance coverage, which equates to 7,269 individuals being uninsured (BRFSS). Among the insured, 15.9% had Medicare, 14.5% had Medicaid, and 9.3% were on a state-sponsored plan such as the State Health Insurance Assistance Program. Additionally, a lack of specialists, provider shortages, long wait times for appointments, and overall dissatisfaction with the care from local providers were cited as reasons for being unable to access healthcare.

Regarding housing in Washington County, participants said affordability was affected by the increasing cost of rent, mortgages, and utilities, and having to prioritize other needs, such as food or medical costs, over these. The availability of housing was also mentioned, with some participants stating that the supply of affordable housing does not meet the demand. Additionally, housing assistance programs and organizations had long waitlists and limited funding to provide adequate support.

The affordability and availability of food were mentioned in 29.5% of the responses. Participants stated they were not able to afford food due to the rising cost of groceries, inflation, and having to prioritize other utilities. Across the US, food costs have steadily risen

since 2020, with the highest price increase of 9.9% seen in 2022 ([USDA, 2025](#)). Barriers to a nutritious diet and healthy foods were also explained by a lack of grocery stores with fresh food in their vicinity, a lack of transportation to grocery stores or food pantries, few food delivery services, and programs, such as SNAP, not offering the adequate assistance needed to afford healthy foods. The low availability of grocery stores, that may not be accessible due to location or lack of transportation, are known as food deserts. The Food Empowerment Project defines them as, “geographic areas where residents’ access to affordable, healthy food options (especially fresh fruits and vegetables) is restricted or nonexistent due to the absence of grocery stores within convenient traveling distance.

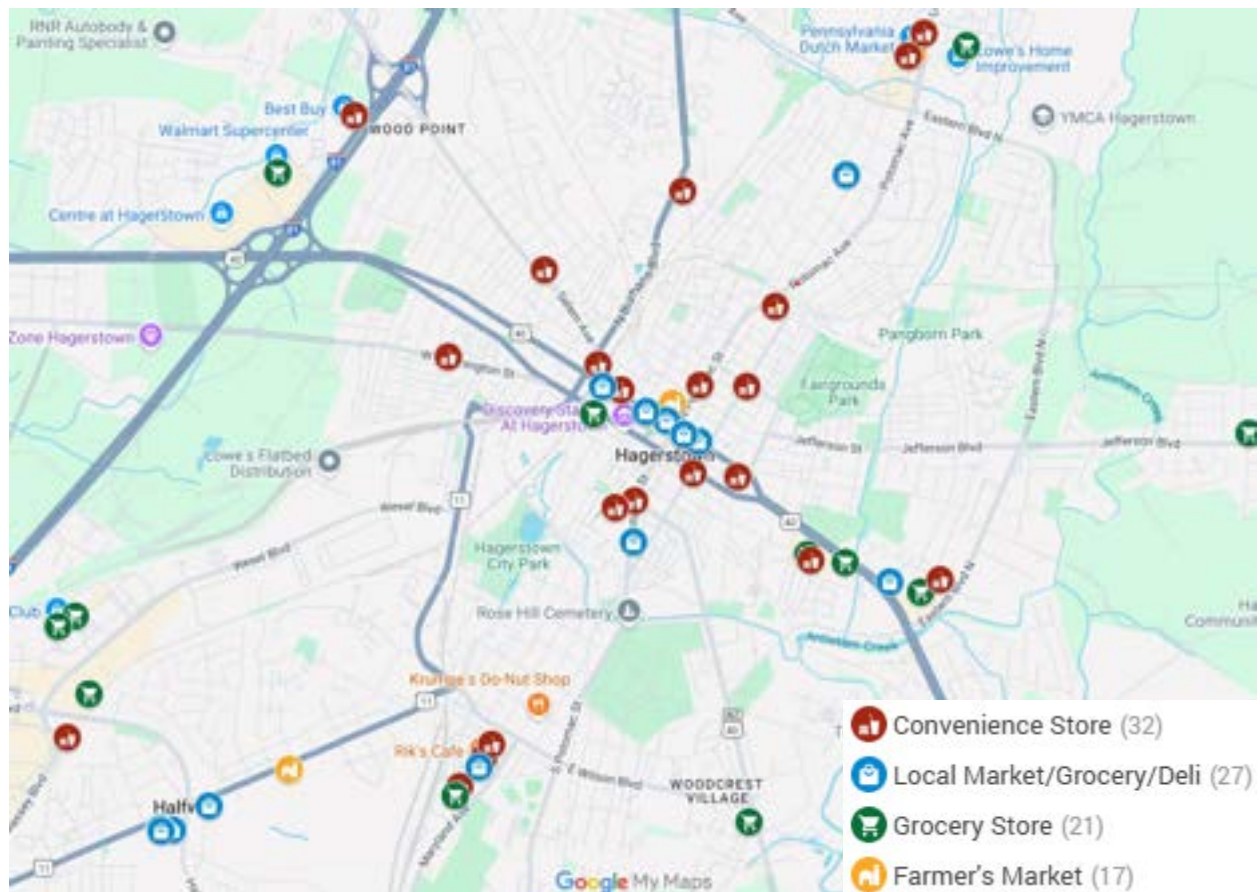


Figure 4. Map of access to fresh food options in downtown Hagerstown

In the survey, participants were asked to rate how difficult it was to access fresh produce on a scale from 1 to 5, with 1 being the easiest and 5 being the most difficult. Out of the 912 responses, more than half said it was for them to access fresh produce, with 48.5% rating their access as a 1 and 20.5% rating it as a 2. Of the remaining responses, 19.0% rated their access as a 3, 7.5% as a 4, and 4.6% as a 5. To more closely examine the characteristics of those who had difficulty accessing fresh produce, responses were stratified by age, race, and zip code. Compared to respondents aged 18-24, the 25-34 age group was 48% more likely to rate their

access as 4 ($PR_4 = 1.48$, $Prev_{18-24} = 6.67\%$, $Prev_{25-34} = 9.84\%$) and 97% more likely to rate their access as a 5 ($PR_5 = 1.97$, $Prev_{18-24} = 3.33\%$, $Prev_{25-34} = 6.56\%$). Compared to White respondents, Black or African American respondents were 52% more likely to rate their food access as 4 ($PR_4 = 1.52$, $Prev_{White} = 7.76\%$, $Prev_{Black} = 10.77\%$) and approximately 3 times more likely to rate it as 5 ($PR_5 = 3.18$, $Prev_{White} = 3.87\%$, $Prev_{Black} = 12.31\%$). Additionally, Hispanic respondents were about 3 times more likely to rate their access to fresh produce as a 4 compared to White respondents ($PR_4 = 3.09$, $Prev_{White} = 3.87\%$, $Prev_{Hispanic} = 1.92\%$). Respondents reported zip codes were used to make comparisons against Hagerstown zip codes (21734, 21740, 21741, 21742, and 21767). Compared to Hagerstown residents, respondents that reported easier access to fresh food, a rating of either 1 or 2, were more likely to reside in the Cascade ($PR = 1.08$), Boonsboro ($PR = 1.07$), and Williamsport zip codes ($PR = 1.02$). This likelihood was smallest for those residing in the Hancock ($PR = 0.72$), followed by Sharpsburg ($PR = 0.79$), Keedysville ($PR = 0.82$), Clear Spring, and Smithsburg ($PR = 0.94$). When examining the zip codes within Hagerstown, the 21743 zip code had a smaller likelihood of reporting easier access to food ($PR = 0.79$), while the 21767 zip code had the highest likelihood overall ($PR = 1.15$). For those who reported difficulty accessing fresh food, a rating of either 4 or 5, the prevalence among the 21734 zip code was 2.39 greater than that of Hagerstown overall and the highest in Washington county. This was followed by Cascade, which had a 2 times greater prevalence. Keedysville and Sharpsburg had a greater prevalence, which is reflected in their lower prevalences of reporting easier food access, as stated previously. A similar pattern was seen with Williamsport and Boonsboro, which showed lower prevalences of difficulty accessing food and higher prevalences of ease. Residents of Smithsburg and Clear Spring had lower prevalences of both ease and difficulty compared to Hagerstown, which may reflect low sample sizes rather than accessibility to fresh food in their areas.

Transportation was mentioned by 22.3% of free responses, often in relation to the ability to access fresh food or healthcare. Many comments mentioned not being able to afford transportation, whether that be a vehicle of their own or the use of ride share services. As well, some respondents reported relying on others for transportation, which was especially problematic for Washington County seniors and those with conditions that limited their ability to drive themselves. Although services exist for those that need transportation to medical appointments, these programs were difficult to use for those with mobility devices, such as wheelchairs, as well as those who wanted to bring a family member or advocate with them to their appointments.

Wellness

Loneliness

Social inclusion is identified as a social determinant of health, one of the nonmedical factors that influence a person's health. When asked if they have felt lonely in the past week, 74.1% of respondents answered no, and 25.9% answered yes. When stratified by age group, respondents aged 18-24 reported that they had experienced loneliness in the last week far more often than other age groups, with more than half of respondents in this category answering yes (56.7%). This was followed by respondents aged 25-34, with a reported prevalence 34% lower than the 18-24 age group ($PR_{25-34} = 0.67$). Individuals aged 35-44 and 75+ also experienced lower levels of loneliness, with prevalence of loneliness 41% and 47% lower than respondents age 18-24, respectively ($PR_{35-44} = 0.59$, $PR_{75+} = 0.53$). Respondents aged 65-74 answered yes to experiencing loneliness least commonly of all age groups, with a prevalence 70% lower than individuals 18-24. ($PR_{65-74} = 0.30$). Meritus Health's Care Callers program, which addresses loneliness and social isolation, saw 724 participants in 2024, with a total of 348,676 minutes spent on calls, averaging around 22 minutes each.

Exercise

Respondents were asked several questions about their current exercise habits. First, they were informed of the recommendation to spend at least 30 minutes per day, 5 days per week exercising, then were asked if they regularly met that recommendation. 48.1% of respondents answered yes, and 51.9% of respondents answered no. For those who answered no, respondents were then asked why they were not able to meet said recommendation in a 'check all that apply' format that also allowed for free response. The most commonly reported reason for not being able to exercise regularly was having trouble sticking with an exercise plan, with nearly half of respondents selecting this answer (48.8%). A similar number of respondents also answered that they are too busy or do not have time to exercise (44.4%). Respondents also commonly selected that they have physical health problems that keep them from exercising (35.1%). Additionally, respondents frequently answered that they do not enjoy exercise (22.6%), and that they don't have anyone to exercise with (20.3%).

In the next question, keeping with the topic of exercise, respondents were asked where in the community they go to exercise in a 'check all that apply' question. By a wide margin, at home was the most commonly reported location, selected by 64.9% of respondents. In a neighborhood was the second most frequently given response (37.3%) followed by city parks (18.7%). The following choices were selected by respondents with a frequency within 2% of each other: county parks (15.1%), C&O Canal (14.9%), 'I don't exercise' (14.6%), local gyms

(14.2%), and state parks (13.3%). Additional locations in Washington County that were commonly cited as places people exercise are Washington County Commission on Aging (7.8%), YMCA (6.9%), Robinwood Professional Center (5.6%), Hagerstown Community College (5.5%), and Fort Richie Community Center (1.9%).

Biggest Unmet Health Needs Across the County

In a free response question, respondents were asked what the biggest unmet health need is in Washington County. About a third of responses fell into the broad category of ‘mental health’ (34.1%), with nearly half of respondents in this category specifying that they believe Substance Use Disorder is the biggest unmet need (16.6%). Respondents also frequently answered that various aspects of the healthcare system in Washington County created the biggest unmet health needs (24.5%), naming factors such as limited numbers of specialists in the county for specific conditions, treatments, surgeries, etc., (10.0%), too few providers in the area or long waiting lists to see a provider (8.7%), particularly primary care providers (3.3%), personal dissatisfaction and negative experiences with care or providers in the county that they had seen previously (5.6%), and a lack of transportation (3.0%). Following responses about Washington County’s healthcare system were responses surrounding the topics of food access and nutrition (18.1%). Specific unmet health needs cited on this topic include the prevalence of obesity (8.5%), and an overall lack of access to healthy and affordable food (5.8%). For respondents whose answers mentioned costs and affordability (10.5%), the costs of healthcare (4.6%), cost of insurance and coverage (3.7%), and housing costs and availability (3.2%) were also commonly named as unmet health needs. Additionally, many respondents pointed to the unmet health needs created by homelessness (6.5%), a lack of social and community connectiveness (6.5%), insufficient dental services (6.2%), education not being provided on key health topics (5.2%), necessary services that are not available in Washington County for marginalized populations and people living in poverty (5.0%), and a lack of health and social services for seniors (4.7%).

Things Needed to Make the Community Healthier

Respondents were asked what they believe is needed to make the community healthier and could select up to three choices, with the option of answering with a free response. ‘Mental health services’ was the most commonly selected response, with 40.3% of respondents selecting this choice. The next most frequently chosen answers were all selected within 1% of each other: more primary care providers in Washington County (26.9%), affordable housing (26.4%), and free health screenings (26.3%). Following these choices was education, with 24.3% of responses. Respondents also commonly answered safe places to walk/play (16.4%), additional resources for those with substance use disorder (16.0%), access to fresh produce (more grocery stores or corner stores selling produce) (15.8%), and affordable recreation

activities (15.0%). Some respondents additionally answered that they want to see more job opportunities (13.7%) and veteran's services (10.9%) in the community.

Community Perception of Healthcare

Focus group participants were asked about their overall perceptions of the current state of healthcare in Washington County and what changes were needed to improve care. Across all groups, responses were overwhelmingly negative, with many citing the limited options for healthcare in the county and personal negative experiences with healthcare providers. Many respondents expressed disappointment at the fact that they often have to travel either out of the county or out of state to receive specialty care. Participants also felt that their local healthcare options, both for primary and specialty care, have been "siloed" and "monopolized" and felt they were left without a choice for care if they were dissatisfied with their current options. When discussing their experiences with providers, the most common sentiments expressed across all groups were that participants felt they did not have enough time with their provider during an appointment, either due to provider availability, or restrictions on appointment durations implemented by their medical practice. As a result, many felt they weren't being listened to or their medical concerns weren't being heard.

"15 minutes [with a doctor] is not acceptable for a chronic conditions appointment"

"It kind of frustrates me, is like Meritus, like cutting down their visiting time. And for me, as a neurodivergent person... that 15 minutes is about when I'm getting my stuff [together]. Like saying what I have, [how I] am feeling and [...] then they're like " Well, why did you come in here?" And like that's kind of frustrating [...] I feel kind of like, um, my needs are not being met. And then I have to come back at another time and another time just to get one thing diagnosed"

Participants also expressed frustration with communication with their provider, with some feeling that their appointments felt "transactional" or that their provider was communicating with them in a way that was hard for them to understand.

"But, a lot of times it seems transactional now [...] You know, whenever I went to see the doctor, it was just like [...] it wasn't a personal approach to you know, giving me a care plan and saying, hey, you know why don't you think about this or think about that. It's just like, oh, your blood pressure, take this, take that. Go to the lab. We're gonna do bloodwork. It was just transactional standard stuff and you're just billing my insurance and then I never hear from you again. And then if I don't inquire, like hey, you know, what does this mean or what does that mean? You're not even explaining things in detail, right? So that's a deterrent for me. And so I've been in search for a great doctor that I can confide in, and that will help me

“When I go to the doctor sometimes they like using their, like, highfalutin language and, like, can[...] we put it in layman's terms? Can we put it here? And even if layman's terms don't make sense, [for] neurodivergent people, sometimes you need to reformulate your questions.”

Participants did also recount positive experiences with healthcare in Washington County, most notably regarding the community outreach from providers and healthcare organizations in the county. Participants also felt that while there are still many barriers to care, healthcare overall has become more accessible in the county.

“It's gotten better... I can say that at one point in time, I would have to fight to get any kind of health care, whether it be mental health, you know, just physical health, anything. I would have to fight to be heard and be seen. And it's gotten... it's not about the computer in front of the doctor anymore. They're actually listening to you and talking to you and learning about you and what you need.”

When asked what was needed to improve healthcare in Washington County, a majority of participants' responses centered around expanding access to care and improving provider trust and communication. Participants again expressed a need for more specialists in the county, especially for youth, and suggested the idea of satellite locations in Washington County for follow-up appointments. Participants also expressed a need for providers currently located in the county to expand their office hours and availability, open more localized offices and urgent cares, and offer home visiting services for those without transportation and/or mobility limitations.

“I think expanded hours could also be offered at other public health locations because [...] people have work, people have school, if you can't necessarily get in at... during the 9-6pm on that day, earlier morning, later in the evening, may be more efficient for people who are not able to get in at other times.”

“These pediatric places that are popping up are good, but you get your child out there to the mall, the buses stop at 6:00pm or, you know, I just think this every town, Washington County, is big enough to Boonsboro, Smithsburg, everywhere, could have a site, an emergency site, that our kids could get to anytime somebody's on call.”

“More specialty care/procedures are not necessarily needed but there should be satellite locations in the county for follow-up appointments.”

Regarding provider trust and communication, most participants expressed a need for more consistent community presence and education from local health organizations and providers,

especially for those who may not be able to see a provider on a regular basis. Some also felt that this would aid in establishing a more trusting relationship with community members.

"It's consistency is what's needed. Like, 'Well, I know they've been there last month, but guess I have to wait for two months now to get that chat.' Consistency is kinda the key."

Other suggestions included using plain language when speaking with patients and to hire more bilingual providers and medical interpreters for patients whose first language may not be English.

Discrimination in Healthcare

Survey respondents were asked if they have ever felt that their gender, age, race, language, class, weight or something similar affected how they were treated by doctors or other medical staff in Washington County. 76.7% of respondents answered no, and 23.3% of respondents answered yes. Respondents who answered yes were then asked to explain their experiences in an optional free response question. When respondents discussed characteristics that were the basis of the discrimination they experienced, the largest number of respondents mentioned their weight (29.3%). Responses that mentioned weight described experiences with providers in Washington County in which individuals were treated unkindly, were unfairly judged, and that their health concerns were either dismissed or misattributed to their weight. Age was another commonly mentioned trait (27.2%), affecting young adults as well as seniors. Older respondents describe incidents where their mental competence was unfairly or unkindly questioned, their health concerns were dismissed as symptoms of aging, and they were condescended to by medical staff, while younger adults discuss diagnosis and treatment delays as a result of providers assuming that their age disqualifies them from certain conditions. Another frequently mentioned trait was gender (22.8%), with about half of these responses specifying that they are women (12.0%), though many respondents did not expand on their gender in their response. Participants who are women explained that they have been patronized by providers, generally treated poorly in medical settings, felt unheard, and had their symptoms minimized, particularly in situations involving pain or reproductive health concerns. Race was also often mentioned by respondents as a factor for experiencing discrimination (9.8%), with respondents reporting that they have been treated worse than other patients due to their race, that they have had stereotypes projected onto them by medical providers, and that their pain has been disregarded. Additionally, respondents also mentioned experiencing discrimination due to their health status (8.7%), being an LGBTQ+ identity (3.8%), their cultural or religious beliefs (2.2%), and their perceived socioeconomic status (1.6%).

Focus group participants were also asked if they had experienced any forms of discrimination while receiving healthcare in Washington County. In the African-American group, several participants discussed experiencing instances of racial discrimination and stereotyping while seeking healthcare, especially in emergency situations. Participants described being stereotyped as “drug seeking” by their providers, even in instances where the patient was not looking for pharmacological options for treatment, and because of this they felt their health issues or concerns were being overlooked or not being taken seriously.

I've gone to the emergency room at night with people that were sick and the first thing they jumped on was, "You're looking for drugs," and even [for] somebody that may have had mental health issues [...] As soon as they look at that chart [...] then all of a sudden it can't be anything real going on. You must be here for drugs. And some of them don't mask it either."

Participants in several other groups also described instances where providers assumed their race or their family member's race without asking and felt these assumptions had a negative impact on the level of care received.

Age discrimination was also discussed in multiple groups. Both younger and older participants described instances where they felt that because of their age, their health concerns were not taken seriously by their provider. In the 18-24 group, participants discussed conversations they had with their provider, where they as patients brought up health concerns such as chronic pain, gastrointestinal issues, etc. and their concerns were dismissed because they were “too young”.

"I haven't had [...] my pain diagnosed yet, but it's been, I've had it since I was 17, I'm 24 now. It's like, "Oh you're too young to have pain." I'm like [...] having [to re-tell] doctors like disability can happen any time for any reason."

Similar sentiments were also expressed by a few older participants as well, especially regarding mental illness and a perception that older adults should have their mental health “figured out”.

"The whole age thing, that's a big one too, because you know that once you get older, they think that you [...] should have all your mental health stuff figured out, the substance abuse, you know? [...] you should just be able to kick that, and because you're older, you're not young anymore, you know better. But it just doesn't work that way."

Weight discrimination and stereotyping were also discussed in several groups. Participants felt that providers were attributing all of their health issues to their weight and that weight loss would solve all of their health issues.

Gender discrimination was also discussed by female and non-binary participants, where they felt that their health concerns, even when serious medical intervention was needed, were not taken seriously because of their gender identity. Some participants felt that this happened more often when seeing a male provider.

“When I have a like, a male doctor, especially an older doctor, I kind of feel like I'm being talked down to, and it just, I feel like really uncomfortable.”

“It's definitely, it's a problem with women and young people and just like AFAB (Assigned Female at Birth) people in general, that a lot of issues are passed off as anxiety or hormones.”

“[I was] told just to relax, but it was a major heart issue”

For all participants that discussed experiences with discrimination all agreed that their experiences made them reluctant to seek additional or future care. Some participants made the decision to switch healthcare providers or practices, while others stopped seeking care altogether.

“People don't seek care if they don't think they'll be listened to.”

“My husband was seeing a podiatrist at one point and the way that doctor was, he didn't go back. And then we waited until he finally, like retired and it was a new doctor now, and oh this one's younger, and he's listening. So we'll go back now. But who knows what damage that did in the process. But I mean sometimes you have to wait it out cause the person that was there just isn't gonna work for you, so.”

Participants were also asked for their opinions on how discriminatory behavior by providers could be prevented. The most common response was regular provider training on ethics, cultural humility, and patient communication techniques. Some participants even suggested incorporating these topics into the training received by medical students and residents in the area.

“Empathy and ethics training for medical practitioners, because a lot of them did, like I mentioned, like the old thing, like a lot of them went to medical school, like 40 years ago and then they haven't done anything since to update any of like their training or like their people skills, like since. Which means that their patients aren't getting as good care and they don't feel like they're getting as good care.”

“It would be beneficial if the new Meritus School of Osteopathic Medicine incorporated training

into its curriculum to help students develop the skills needed to communicate with and treat patients from diverse minority communities.”

“More reporting and a little bit more oversight and training [...] for the doctors maybe on what [...] people really are saying and really want from them versus you know the transactional part. They want the care. They want the conversation. They want the friendship. Because I want to be able to trust the doctor, it can't just be transactional.”

Participants also suggested more hiring of providers from diverse backgrounds to encourage more representation in the field, less stereotyping and bias, especially towards marginalized groups, and more compassion and empathy towards all patients regardless of their background and health status.

“Make it more known that it doesn't matter where you come from, how old you are or what color your skin is. We're all human beings and we all need help. And whether it's addiction or mental health or obesity or anything like that, you shouldn't see the color of a person's skin or the number that their age is or anything where they come from nothing. Just help somebody. I don't care if you've hated them for ten years and they need your help now, help them. Even if you do think they're just somebody that's seeking, like really sit down and listen because I can guarantee you, if you listen to them, you're going to know they're not, they just need help.”

Discussion

Identified Root Causes

Food, Nutrition and Wellness	Costs and Affordability	Healthcare Quality and Accessibility	Social Equity and Justice	Mental Health	Community Connections
Lack of access to healthy food	Affordable housing	Overall dissatisfaction with care and lack of trust in providers and local hospital	Discrimination and Prejudice in the community and in healthcare	Stigma regarding mental illness and mental health care	Lack of awareness of available resources
Limited exercise and physical activity	Costs of Care	Provider shortages	Stereotyping and stigma towards certain communities and areas	Lack of awareness of resources	Social Support and Interaction
Obesity	Health Insurance	Limited availability of specialists	Social Support Services	Substance Use Disorder	Concerns with community development
		Transportation			

Table 2. Identified Root Causes and Health Concerns

Based on analysis of both primary and secondary data sources, 6 primary root causes, with 16 contributing factors were identified (Table 2). Along with the collected data, these root causes were presented to both members of the public and members of Healthy Washington County to discuss and identify the top health priorities for 2025-2027.

Community and Partner Meeting Feedback

The 6 root causes and their contributing factors were presented to both community members and Healthy Washington County partners in two separate meetings to allow for discussion and prioritization of root causes from both the community and partner perspectives. In both meetings, the group was asked, in their opinions, to select the most important root causes and

contributing factors that are affecting the Washington County community. A survey was also distributed for community members that were unable to attend the public meeting to select their top 6 priorities as well. The prioritization lists for each group are listed below

Community Meeting

1. Food/Nutrition and Wellness: Lack of access to affordable healthy food
2. Costs and Affordability: Affordable Housing
3. Costs and Affordability: Cost of Care
4. Healthcare Quality/Accessibility: Limited availability of specialists/having to travel for specialty care
5. Mental Health: Lack of awareness of resources
6. Healthcare Quality/Accessibility: Provider Shortages
7. Social Equity and Justice: Stereotyping and stigma towards certain communities and areas
8. Community Connection: Lack of awareness of available resources
9. Healthcare Quality/Accessibility: Overall dissatisfaction with care/lack of trust in local hospital and providers in community
10. Food/Nutrition and Wellness: Obesity

Community Survey

1. Costs and Affordability: Cost of Care
2. Healthcare Quality/Accessibility: Provider Shortages
3. Food/Nutrition and Wellness: Lack of access to affordable healthy food
4. Costs and Affordability: Affordable Housing
5. Healthcare Quality/Accessibility: Overall dissatisfaction with care/lack of trust in local hospital and providers in community
6. Healthcare Quality/Accessibility: Limited availability of specialists/having to travel for specialty care
7. Food/Nutrition and Wellness: Obesity
8. Mental Health: Lack of awareness of resources
9. Social Support
10. Mental Health: Substance Use Disorder

Healthy Washington County Partners

1. Food/Nutrition and Wellness: Lack of access to affordable healthy food
2. Food/Nutrition and Wellness: Obesity
3. Costs and Affordability: Affordable Housing
4. Mental Health: Lack of awareness of resources
5. Community Connection: Lack of awareness of available resources
6. Social Equity and Justice: Stereotyping and stigma towards certain communities and areas
7. Healthcare Quality/Accessibility: Transportation

8. Healthcare Quality/Accessibility: Limited availability of specialists/having to travel for specialty care
9. Mental Health: Stigma regarding mental illness and mental health care
10. Mental Health: Substance Use Disorder

As seen by the priority lists, community members and LHIC partners mostly agreed on top health priorities, with both groups agreeing that lack of access to affordable healthy food under the Food, Nutrition, and Wellness root cause should be the top priority for the county. Affordable housing and lack of awareness of mental health resources were also identified as top six priorities by partners and community members.

2025 Top Health Priorities

After discussion and comparison of the community and partner lists, six contributing factors were chosen by the steering committee as top health priorities for 2025.

Top Health Priorities

1. Food Nutrition and Wellness: Lack of access to affordable healthy food
2. Food/Nutrition and Wellness: Obesity
3. Mental Health: Lack of awareness of resources
4. Costs and Affordability: Affordable Housing
5. Social Equity and Justice: Stereotyping and stigma towards certain communities and areas
6. Community Connection: Lack of awareness of available resources

Local Health Improvement Plan

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 and the health department developed a community health implementation plan. The CHIP will be used to guide strategy and operations to fully implement the plan and meet stated goals for the community by FY2027. 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.

Healthy Washington County CHNA objectives and measurable goals are detailed in the Community Health Improvement Plan (CHIP) FY2025 – 2027 (see Appendix G)

Food/Nutrition and Wellness: Lack of access to affordable healthy food

- *Build a Map of local grocery stores, farmers markets, etc., to increase knowledge of low-cost or free options for fresh produce.*
- *Establish a Food "Farm"acy to decrease Food Insecurity in Washington County to patients with chronic diseases.*

Obesity

- *Lose 1 Million Pounds by 2030.*
- *Increase health screenings and expand Diabetes Prevention Program.*

Mental Health: Lack of awareness of resources

- *Improve access and knowledge of behavioral health, prevention, treatment and recovery resources to decrease the number of overdoses and increase referrals to services.*

Costs and Affordability: Affordable Housing

- *Host annual Housing Financial Health and Literacy Resource Fair to increase knowledge of available financial resources in the community.*

Social Equity and Justice: Stereotyping and stigma towards certain communities and area

- *Provide no cost trainings to HWC partners and healthcare providers on implicit bias and cultural competency to reduce implicit bias and increase cultural competency in community professionals.*

Community Connection: Lack of awareness of available resources

- *Expand HWC social media and update resources on website to increase knowledge of HWC partner resources in the community.*

Appendices

- A. Washington County Demographic Estimates
- B. Expanded Washington County Demographics
- C. 2025 CHNA Survey Instrument
- D. Survey Results
- E. Focus Group Script/Questions
- F. Healthy Washington County Members
- G. Community Health Improvement Plan (CHIP)
- H. References

Appendix

A. Washington County Demographic Estimates

Demographic Estimates, 2023	Washington County	Maryland	United States
Total Population	155,033	6,170,738	332,387,540
Sex			
Male	50.8%	48.7%	49.5%
Female	49.2%	51.3%	50.5%
Race and Ethnicity			
White, Alone	76.8%	47.4%	58.2%
A.A/Black, Alone	11.5%	29.2%	12.0%
American Indian and Alaskan Native, Alone	0.2%	0.1%	0.5%
Asian, Alone	1.6%	6.4%	5.7%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.2%
Some Other Race	1.8%	0.6%	0.5%
Two or More Races	8.0%	4.2%	3.9%
Hispanic or Latino	7.3%	12.1%	19.0%
Age			
Under 5 Years	5.5%	5.8%	5.5%
Under 18 Years	21.9%	22.3%	21.9%
18 Years and Over	78.1%	77.7%	78.1%
65 Years and Over	17.8%	16.3%	17.8%
Under 5 Years	5.5%	5.8%	5.5%
Education (Pop. 25 Years and Older) (Table S1501)			
Less than High School	11.4%	8.9%	10.6%
High School Graduate or Higher	8.9%	91.2%	89.4%
Bachelor's Degree or Higher	10.6%	43.7%	38.8%
Language Spoken at Home (Pop. 5 Years and Older) (Table S1601)			
English Only	90.6%	78.5%	78.0%
Language Other than English	9.4%	21.5%	22.0%
- Spanish	5.7%	9.9%	13.4%
- Other Indo-European Languages (Italian, German, French, etc)	1.7%	5.0%	3.8%
- Asian and Pacific Island Languages	1.0%	3.7%	3.5%
- Other Languages	0.2%	2.8%	1.2%
Veteran Status (Table S2101)			
Total Veteran Population	7.30%	7.0%	6.1%
Household Income (Table S1901)			
Median	\$74,157	\$101,652	\$78,538

- Less than \$25,000	15.3%	11.3%	15.1%
- \$25,000 - \$49,999	18.6%	12.8%	17.2%
- \$50,000 - \$74,999	16.6%	13.2%	15.7%
- \$75,000 - \$99,999	13.1%	12.0%	12.7%
- \$100,000 or more	36.5%	50.9%	39.3%
Poverty Status (Table S1701)			
Under 18 Years	16.1%	10.6%	16.0%
18 to 64 Years	12.2%	9.1%	11.5%
65 Years and Over	8.9%	9.5%	11.3%
Health Insurance Coverage (Table S2703 & S2704)			
Private Health Insurance	66.6%	57.2%	53.2%
Medicare Coverage	4.9%	4.6%	6.1%
Medicaid Coverage	18.7%	13.8%	15.0%
VA Healthcare Coverage	0.3%	0.1%	0.3%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

B. Expanded Washington County Demographics

Housing, 2023 ACS 5-Year Estimates	Washington County	Maryland
Occupied Housing Units	92.9%	91.9%
- Owner Occupied Housing Units	65.9%	67.5%
- Renter Occupied Housing Units	34.1%	32.5%
Vacant Housing Units	7.1%	8.1%
Median Housing Value	\$275,900	\$397,700
Housing Units With a Mortgage	65%	71.5%
- Median Monthly Mortgage/Housing Costs	\$1,695	\$2,301
- Homeowners with Monthly Mortgages Costs 35% or More of Monthly Income	18.8%	19.4%
Occupied Units Paying Rent	32.9%	31.4%
- Median Monthly Rent	\$1,100	\$1,662
- Renters with Monthly Rent Costs 35% or More of Monthly Income	37.7%	41.9%
Occupied Housing Units Lacking Complete Plumbing Facilities	0.3%	0.2%
Occupied Housing Units Lacking Complete Kitchen Facilities	0.6%	0.9%
Occupied Housing Units with No Telephone Service Available	0.8%	1.2%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

Employment and Industry, 2023 ACS 5-Year Estimates	Washington County	Maryland
Population Aged 16+ Currently Employed	56.8%	63.2%
Unemployment Rate	4.9%	4.9%
Occupation		
Management, Business, Science, and Arts Occupations	38.3%	49.9%
Service Occupations	16.8%	15.6%
Sales and Office Occupations	20.8%	17.8%

Natural Resources, Construction, and Maintenance Occupations	10.2%	7.8%
Production, Transportation, and Material Moving Occupations	14.0%	9.0%
Industry		
Agriculture, Forestry, Fishing, Hunting, and Mining	1.3%	0.6%
Construction	8.6%	7.4%
Manufacturing	7.1%	4.7%
Wholesale Trade	2.4%	1.6%
Retail Trade	12.3%	9.0%
Transportation, Warehousing, and Utilities	8.4%	5.1%
Information	1.7%	1.7%
Finance, Insurance, Real Estate, Rentals, and Leasing	5.2%	5.8%
Professional, Scientific, Management, and, Administrative and Waste Management Services	11.4%	16.4%
Educational Services, Health Care, and Social Assistance	22.0%	23.6%
Arts, Entertainment, Recreation, Accommodation, and Food Services	7.0%	7.7%
Public Administration	8.0%	11.1%
Other Services (Excluding Public Administration)	4.5%	5.2%
Class of Worker		
Private Wage and Salary Workers	76.7%	72.1%
Government Workers	18.4%	22.5%
Self-employed	4.7%	5.2%
Unpaid Family Workers	0.2%	0.2%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

Business, 2022 Annual Business Survey	Washington County	Maryland
Total Business Firms	2,643	104,151
- Female Owned Business Firms	358 (13.5%)	24,360 (23.4%)
- Male Owned Business Firms	1,544 (58.4%)	63,745 (61.2%)
- Equally Male/Female Owned	258 (9.8%)	9,528 (9.1%)
- Minority Owned Business Firms	233 (8.8%)	30,011 (28.8%)

Source: U.S. Census Bureau, 2022 Annual Business Survey

Expanded Poverty Demographics, 2023 ACS 5 Year Estimates	Washington County	Maryland
Total Population for Whom Poverty Status is Determined	12.5%	9.3%
Age		
Under 5 Years	17.9%	12.1%
5 to 17 Years	15.4%	11.3%
18 to 34 Years	14.6%	10.7%
35 to 64 Years	10.9%	7.5%
60 Years and Over	9.6%	8.9%
65 Years and Over	8.9%	9.0%
Sex		

Female	13.7%	10.3%
Male	11.1%	8.3%
Race and Ethnicity		
White alone	9.7%	6.5%
Black or African American Alone	23.8%	13.0%
Two or More Races	21.9%	9.9%
Hispanic or Latino Origin (Of Any Race)	20.9%	12.3%
Education (Population 25 Years and Older)		
Less than High School Graduate	25.9%	20.6%
High School Graduate (and Equivalent)	12.4%	12.4%
Some College, Associate's Degree	9.7%	8.1%
Bachelor's Degree or Higher	4.4%	3.4%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

Households Receiving Food Stamps/SNAP, 2023 ACS 5-Year Estimates	Washington County	Maryland
Total Households Receiving Food Stamps/SNAP	15.8%	11.0%
Household Poverty Status		
Below Poverty Level	41.5%	33.8%
At or Above Poverty Level	58.5%	66.2%
Household Disability Status		
With One or More People with a Disability	53.9%	45.7%
With No Persons with a Disability	46.1%	54.3%
Race and Ethnicity of Householder		
White alone	9.7%	6.5%
Black or African American Alone	23.8%	13.0%
Two or More Races	21.9%	9.9%
Hispanic or Latino Origin (Of Any Race)	20.9%	12.3%
Education (Population 25 Years and Older)		
Less than High School Graduate	25.9%	20.6%
High School Graduate (and Equivalent)	12.4%	12.4%
Some College, Associate's Degree	9.7%	8.1%
Bachelor's Degree or Higher	4.4%	3.4%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimate

Transportation, 2023 ACS 5- Year Estimates	Washington County	Maryland
Households without a Vehicle	8.2%	8.7%
Means of Transportation to Work (Workers 16 Years and Over)		
Drove Alone (Car, Truck, or Van)	75.4%	66.6%
Carpooled (Car, Truck, or Van)	9.6%	7.7%
Public Transportation	1.0%	4.9%

Walked	1.2%	1.7%
Taxicab, Motorcycle, Bicycle, or Other Means	1.8%	1.9%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

ALICE (Asset Limited, Income Constrained, Employed) Households, 2022	Washington County	Maryland
Total ALICE Households	31%	29%
ALICE Households by Race/Ethnicity		
Asian	1.2%	5.0%
A.A/Black	13.9%	37.5%
White	83.2%	49.0%
Two or More Races	3.5%	4.6%
Hispanic or Latino	4.3%	10.4%

Source: United for Alice

Top 10 Leading Causes of Death in Washington County, 2022	Age-Adjusted Death Rate
Diseases of the Heart	209.1
Malignant Neoplasms (Cancer)	166.0
Accidents	74.2
Covid-19	49.8
Chronic Lower Respiratory Diseases	47.0
Cerebrovascular Diseases	41.1
Diabetes	33.7
Chronic Liver Disease and Cirrhosis	16.9
Influenza and Pneumonia	16.6
Septicemia	15.5

*per 100,000 population; Source: 2022 Maryland Vital Statistics Administration Annual Report

C. 2025 CHNA Survey Instrument

Disclaimer Statement:

Thank you for participating in our survey! Washington County community health leaders need your help to better understand the health of our community. This survey will be used to identify needs and make improvements in health services for people living in our community. Your feedback is valuable to us, and your survey participation is voluntary. Your decision not to complete the survey will not affect any of the services you receive in Washington County.

Healthy Washington County regards the confidentiality of survey data to be of utmost importance. Please be assured that survey answers are completely anonymous and cannot be traced back to the respondent. No personally identifiable information, such as name, date of birth, home address, social security, phone number, etc., is captured within the survey.

Additionally, survey answers are summarized in a report to further protect your anonymity.

Participants must be 18 years or older to be eligible to complete the survey.

1) Zip Code:

2) Are you a Washington County resident?

- a) Yes (continue)
 - i) Continue to next questions
- b) No (continue)
 - i) What activities do you participate in within Washington County?
 - (a) Work
 - (b) Worship
 - (c) Volunteer
 - (d) Healthcare
 - (e) Recreation
 - (f) None of the above

3) In general, how would you rate your overall health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

4) Please select all health concerns that you, your family or close friends in Washington County face. (choose ALL that apply)

- ☐ Alzheimer's/Dementia
- ☐ High blood pressure
- ☐ Alcohol overuse
- ☐ High cholesterol
- ☐ Asthma
- ☐ Chronic Pain (ex. Joint pain, back pain, etc)
- ☐ Cancer
- ☐ Mental health (ADHD, Depression, Bipolar Disorder, etc)
- ☐ COPD
- ☐ Overweight
- ☐ Dental
- ☐ Not getting enough sleep
- ☐ Suicide
- ☐ Diabetes or Pre-diabetes
- ☐ Tobacco use (vaping, cigarettes, cigars, e-cigarettes, chewing tobacco, dip, etc.)
- ☐ Substance Use Disorder
- ☐ Unprotected or unsafe sex
- ☐ Heart disease
- ☐ Violence

- ☐ Discrimination (ex. Racism, sexism, homophobia, ageism, etc)
- ☐ Poor nutrition
- ☐ Not getting healthcare when needed or recommended
- ☐ I do not have any health challenges
- ☐ Other (please specify) _____

5) What is MOST needed to improve the health of yourself and your family? (check up to THREE)

- ☐ Job opportunities
- ☐ Education
- ☐ Help to pay for medical services/treatment
- ☐ Mental health services
- ☐ Recommended health screenings
- ☐ Safe places to walk/play
- ☐ Access to a primary care provider
- ☐ Affordable recreation activities
- ☐ Access to fresh fruits and vegetables
- ☐ Specialty doctors
- ☐ Dental services
- ☐ Transportation
- ☐ Birth control
- ☐ Affordable housing
- ☐ Substance abuse treatment
- ☐ Quit tobacco use
- ☐ Financial assistance (house bills i.e.. water, electric)
- ☐ Affordable healthy food
- ☐ I'm not sure
- ☐ Other (please specify)

6) Are there any issues that stop you or your family from getting care when you need it? (check ALL that apply)

- ☐ Fear of the total cost of care for a health issue or disease. (medication, surgeries, procedures, time-off, etc.)
- ☐ No insurance
- ☐ Can't afford the co-pay or deductible
- ☐ Don't have a family doctor
- ☐ Don't know how to find a doctor
- ☐ The doctor I need is not taking new patients
- ☐ Language barriers
- ☐ Cultural/religious beliefs

- ☐ Can't get an appointment
- ☐ Doctor office not open evening or weekends
- ☐ Transportation
- ☐ Fear of doctors
- ☐ None
- ☐ Other (please specify)

7) Are there any needs such as food, housing, healthcare, transportation etc, that you have not been able to meet in the last 30 days?

- a) Yes (please explain)
 - i) Expand
- b) No

8) Have you or someone you know ever needed mental health and couldn't get it?

- a) Yes (please explain)
 - i) Expand
- b) No

9) Have you or someone you know ever needed substance use treatment and couldn't get it?

- a) Yes (please explain)
 - i) Expand
- b) No

10) Have you ever felt that your gender, age, race, language, class, weight or something similar affected how you were treated by doctors or other medical staff in Washington County?

- a) Yes (please explain)
 - i) Expand
- b) No

11) In the past week have you felt lonely?

- a) Yes
- b) No

12) What is the most important thing you are doing to be healthy right now?

13) How difficult is it for you to access fresh produce such as fruits and vegetables? (on a 1-5 scale, 1 being the easiest 5 being the most difficult)

- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

14) It is recommended that everyone spend at least 30 minutes per day 5 days a week exercising. On a regular basis, are you able to meet this recommendation?

- a) Yes
- b) No

If no, what are some of the reasons you do not get 30 minutes of exercise or more on an average day? (check ALL that apply)

- ☐ I never think about it
- ☐ Don't have safe places to exercise
- ☐ Don't have someone to exercise with
- ☐ I'm not sure how to get started
- ☐ I have physical problems that keep me from exercising
- ☐ I don't enjoy it
- ☐ Cost
- ☐ Too busy/I have no time
- ☐ I didn't know about the recommendation of 30 minutes of exercise per day
- ☐ I have trouble sticking with an exercise plan
- ☐ Other: _____

15) (If answered yes) Where do you exercise? (check all that apply)

- ☐ I don't exercise
- ☐ home
- ☐ neighborhood
- ☐ city parks
 - ☐ Fairgrounds park
 - ☐ Marty Snook Park
- ☐ county parks
 - ☐ Veterans Park
 - ☐ Washington County Recreation Programs
- ☐ state parks
 - ☐ Western Maryland Rail Trail
- ☐ National Park
 - ☐ Antietam Battlefield
 - ☐ Appalachian Trail
 - ☐ Catocin Mountain

- ☐ local gym
- ☐ YMCA
- ☐ Washington County Commission on Aging Senior Center
- ☐ Fort Ritchie Community Center
- ☐ other community center
- ☐ C&O canal
- ☐ Community pools
- ☐ Hagerstown Community College
- ☐ Robinwood Professional Center
- ☐ Church
- ☐ Workplace
- ☐ other _____

16) Where do you get MOST of your health information? (check ALL that apply)

- ☐ Doctor/health professional
- ☐ Hospital
- ☐ Radio
- ☐ Internet (if chosen, please select the sites you use below)
- ☐ WebMD
- ☐ Government websites (CDC, Health Departments, etc)
- ☐ MayoClinic
- ☐ Search Engines (Google, Bing, DuckDuckGo, etc)
- ☐ Blogs
- ☐ News websites
- ☐ AI-Powered Sites (ChatGPT, Perplexity.AI)
- ☐ Other _____
- ☐ Church group
- ☐ Social media (If chosen, please select the sites you use below)
 - ☐ Facebook
 - ☐ Twitter or X
 - ☐ Instagram
- ☐ TikTok
- ☐ Reddit
- ☐ Instagram
- ☐ WhatsApp
- ☐ YouTube
- ☐ Other _____
- ☐ Library
- ☐ Family or friends
- ☐ Worksite
- ☐ TV

- ☐ Health Department
- ☐ Pharmacy
- ☐ Newspaper/magazine
- ☐ Other _____

17) What is the biggest unmet health need in Washington County?

18) What do you think is needed for the community as a whole, to make it healthier?

(Choose 3 most important now)

- ☐ Job opportunities
- ☐ Education
- ☐ Mental health services
- ☐ Free health screenings
- ☐ Safe places to walk/play
- ☐ More primary care providers in Washington County
- ☐ Affordable recreation activities
- ☐ Affordable housing
- ☐ Additional resources for those with substance abuse disorder
- ☐ Tobacco cessation prevention resources
- ☐ Access to fresh produce (more grocery stores, or corners stores selling produce)
- ☐ Veterans services
- ☐ I'm not sure
- ☐ Other (please specify)

19) What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary/third gender
- ☐ Prefer not to answer

20) Are you transgender?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to answer

21) What is your age?

- ☐ 17 and younger
- ☐ 18-24
- ☐ 25-34

- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+
- ☐ Prefer not to answer

22) What is your sexual orientation?

- ☐ Straight/heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Asexual
- ☐ Prefer not to answer
- ☐ Other: _____

23) What is your race/ethnicity? (Please select ALL that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian and other Pacific Islander
- ☐ White/Caucasian
- ☐ Prefer not to answer

24) Do you have any physical or mental disabilities?

a) Yes

i) Do you have barriers to living your healthiest self?

- ☐ transportation access
- ☐ lack of health insurance
- ☐ inaccessible websites
- ☐ discrimination
- ☐ deductibles or copays
- ☐ lack of accessible doctor's office or exam equipment
- ☐ financial
- ☐ lack of employment opportunities
- ☐ inaccessible health information (other than website, flyers, pamphlets,)
- ☐ lack of resources for those with disabilities in the community
- ☐ Neighborhood accessibility (sidewalks, cross walks etc.)
- ☐ Other_____

b) No

c) Prefer not to answer

25) Are you a U.S. Veteran?

- a) Yes
- b) No

26) What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- ☐ Prefer not to answer

D. Survey Results

Respondent Demographics	
Total Respondents	1,109
Gender (n=899)	
Male	21.36%
Female	75.19%
Non-Binary/Third Gender	0.89%
Prefer not to say	2.56%
Race (n=847)	
White/Caucasian	89.85%
Black or African American	7.79%
Hispanic or Latino	3.78%
American Indian or Alaskan Native	2.24%
Asian	0.94%
Middle Eastern or North African	0.35%
Native Hawaiian and Other Pacific Islander	0.12%
Age (n=899)	
18-24	3.34%
25-34	6.79%
35-44	13.13%
45-54	12.57%
55-64	19.47%
65-74	24.36%
75+	17.24%
Prefer not to say	3.11%
Sexual Orientation (n=899)	

Straight/heterosexual	87.76%
Gay/Lesbian	2.45%
Bisexual	2.67%
Queer	0.67%
Asexual	0.33%
Other	0.11%
Prefer not to say	6.01%
Transgender (n=897)	
Yes	0.78%
No	95.88%
Unsure	0.22%
Prefer not to say	3.12%
Veteran Status (n=899)	
Yes	15.81%
No	84.19%
Mental or Physical Disabilities (n=899)	
Yes	24.69%
No	70.75%
Prefer not to say	4.56%
Living Situation (n=894)	
Has a steady place to live	91.50%
Has a place to live today, but is worried about losing it in the future	5.93%
"Does not have a steady place to live (temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a care, abandoned building, bus or train station, or in a park)"	0.67%
Prefer not to say	1.90%

Washington County Residency (n=1,039)		
Yes		88.64%
No		11.36%
Activities of non-Washington County Residents (n=107)		
Work		71.03%
Worship		68.22%
Volunteer		56.07%
Healthcare		20.56%
Recreation		13.08%
Zip Codes/ Area Names of Washington County Residents (n=905)		
21740	Hagerstown	40.88%
21742	Hagerstown	31.71%
21795	Williamsport	6.19%
21783	Smithsburg	5.41%
21713	Boonsboro	5.19%
21722	Clear Spring	2.54%
21782	Sharpsburg	1.44%

21750	Hancock	0.99%
21756	Keedysville	0.99%
21719	Cascade	0.88%
21734	Hagerstown/ Funkstown	0.77%
21711	Big Pool	0.66%
21733	Fairplay	0.55%
21767	Hagerstown/ Maugansville	0.55%
21721	Smithsburg/ Chewsville	0.33%
21769	Middletown	0.22%
21780	Sabillasville	0.22%
21741	Hagerstown	0.11%
21749	Hagerstown	0.11%
21758	Knoxville	0.11%
21779	Rohrersville	0.11%

Health concerns faced by residents, their family, or close friends in Washington County	n=983
High blood pressure	61.55%
Overweight	55.75%
Chronic Pain (ex. joint pain, back pain, etc)	52.90%
High cholesterol	44.46%
Mental Health (ex. ADHD, Depression, Bipolar Disorder, etc)	44.05%
Diabetes or Prediabetes	43.64%
Not getting enough sleep	38.86%
Heart Disease	26.14%
Cancer	25.33%
Dental	23.19%
Asthma	20.85%
Alzheimer's/Dementia	20.65%
Tobacco Use (ex. vaping, cigarettes, cigars, e-cigarettes, chewing tobacco, dip, etc.)	19.02%
Not getting healthcare when needed or recommended	17.50%
Poor nutrition	15.87%
Alcohol overuse	13.84%
Discrimination (ex. racism, sexism, homophobia, ageism, etc)	11.19%
COPD	10.78%
Substance Use Disorder	9.26%
Other	7.83%
Violence	6.31%
Suicide	5.29%
I do not have any health challenges	4.98%

Unprotected or unsafe sex	3.97%
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High Blood Pressure	2023 BRFSS Prevalence	CHNA	
		Prevalence	Prevalence Ratio
Overall	33.5%	61.55%	-
Age			
18-24	-%	48.28%	Ref.
25-34	-%	42.62%	0.88
35-44	26.4%	51.28%	1.06
45-54	48.1%	60.36%	1.25
55-64	44.0%	71.84%	1.49
65-74	63.2%	39.52%	0.82
75+	74.1%	73.85%	1.53
Gender			
Male	41.5%	63.87%	1.03
Female	26.2%	62.20%	Ref
Race			
White/Caucasian	33.5%	63.23%	Ref.
Black or African American	33.2%	62.12%	0.98
Hispanic or Latino	-%	46.88%	0.74

Overweight	2023 BRFSS Prevalence	CHNA	
		Prevalence	Prevalence Ratio
Overall	73.5%	55.75%	-
Age			
18-24	59.4%	51.72%	Ref
25-34	72.5%	59.02%	1.14
35-44	81.4%	65.81%	1.27
45-54	74.3%	71.17%	1.38
55-64	75.5%	59.20%	1.14
65-74	68.8%	52.05%	1.01
75+	76.3%	48.39%	0.94
Gender			
Male	78.2%	47.64%	0.79
Female	68.6%	60.57%	Ref
Race			
White/Caucasian	73.8%	57.94%	Ref
Black or African American	76.9%	60.61%	1.05
Hispanic or Latino	69.8%	53.13%	0.92

Chronic Pain		CHNA	
		Prevalence	Prevalence Ratio
Overall		52.90%	-

18-24		44.83%	Ref
25-34		49.18%	1.10
35-44		46.15%	1.03
45-54		49.55%	1.11
55-64		61.49%	1.37
65-74		52.97%	1.18
75+		36.73%	0.82
Male		39.27%	0.68
Female		57.74%	Ref
White/Caucasian		54.63%	Ref
Black or African American		54.55%	1.00
Hispanic or Latino		59.38%	1.09

High Cholesterol	2023 BRFSS Prevalence	CHNA	
		Prevalence	Prevalence Ratio
Overall	27.5%	44.46%	-
Age			
18-24	-%	34.48%	Ref
25-34	-%	34.43%	1.00
35-44	21.9%	28.21%	0.82
45-54	29.9%	45.95%	1.33
55-64	45.4%	49.43%	1.43
65-74	49.2%	49.32%	1.43
75+	49.1%	52.26%	1.52
Gender			
Male	30.4%	35.08%	0.73
Female	24.0%	48.07%	Ref
Race			
White/Caucasian	27.5%	46.30%	Ref
Black or African American	22.3%	33.33%	0.72
Hispanic or Latino	40.7%	34.38%	0.74

Mental Health		CHNA	
		Prevalence	Prevalence Ratio
Overall		44.05%	-
Age			
18-24		79.31%	Ref
25-34		0.74	
55-64		44.25%	0.56
65-74		30.14%	

75+		23.23%	0.29
Gender			
Male		29.84%	0.63
Female		47.47%	Ref
Race			
White/Caucasian		43.52%	Ref
Black or African American		51.52%	1.18
Hispanic or Latino		53.13%	1.22

Diabetes or Prediabetes	2023 BRFSS Prevalence	CHNA	
		Prevalence	Prevalence Ratio
Overall	11.0%	43.64%	-
Age			
18-24	-%	27.59%	Ref
25-34	-%	42.62%	1.55
35-44	-%	37.61%	1.36
45-54	-%	45.95%	1.67
55-64	19.5%	48.28%	1.75
65-74	31.9%	48.40%	1.75
75+	25.0%	41.94%	1.52
Gender			
Male	12.9%	44.50%	1.00
Female	9.1%	44.35%	Ref
Race			
White/Caucasian	10.7%	43.65%	Ref
Black or African American	15.7%	50.00%	1.15
Hispanic or Latino	-%	37.50%	0.86

Not Getting Enough Sleep		CHNA	
		Prevalence	Prevalence Ratio
Overall		38.86%	-
18-24		55.17%	Ref
25-34		47.54%	0.86
35-44		50.43%	0.91
45-54		49.55%	0.90
55-64		44.83%	0.81

65-74		30.59%	0.55
75+		25.81%	0.47
Male		26.18%	0.62
Female		42.41%	Ref
White/Caucasian		39.68%	Ref
Black or African American		45.45%	1.15
Hispanic or Latino		62.50%	1.58

Heart Disease	2023 BRFSS Prevalence	CHNA	
		Prevalence	Prevalence Ratio
Overall	9.9%	26.14%	-
Age			
18-24	-%	10.34%	Ref
25-34	-%	11.48%	1.11
35-44	-%	16.24%	1.57
45-54	-%	19.82%	1.92
55-64	6.7%	33.91%	3.28
65-74	20.1%	34.25%	3.31
75+	30.1%	30.32%	2.93
Gender			
Male	13.4%	26.70%	0.98
Female	6.2%	27.38%	Ref
Race			
White/Caucasian	9.6%	28.44%	Ref
Black or African American	-%	18.18%	0.64
Hispanic or Latino	-%	18.75%	0.66

Cancer	2023 BRFSS Prevalence	CHNA	
		Prevalence	Prevalence Ratio
Overall	10.7%	25.33%	-
Age			
18-24	-%	20.69%	Ref
25-34	-%	11.48%	0.55
35-44	-%	19.66%	0.95
45-54	-%	26.13%	1.26
55-64	13.6%	28.16%	1.36

65-74	26.3%	23.74%	1.15
75+	34.2%	29.03%	1.40
Gender			
Male	10.2%	25.65%	1.05
Female	11.3%	24.40%	Ref
Race			
White/Caucasian	12.4%	25.66%	Ref
Black or African American	-%	12.12%	0.47
Hispanic or Latino	-%	9.38%	0.37

Dental		CHNA	
		Prevalence	Prevalence Ratio
Overall		23.19%	-
18-24		20.69%	Ref
25-34		22.95%	1.11
35-44		26.50%	1.28
45-54		26.13%	1.26
55-64		25.86%	1.25
65-74		22.37%	1.08
75+		18.06%	0.87
Male		21.47%	0.89
Female		24.11%	Ref
White/Caucasian		22.75%	Ref
Black or African American		28.79%	1.27
Hispanic or Latino		37.50%	1.65

Health Information Sources		n=898
Doctor/Health Professional		77.95%
Internet		77.62%
	WebMD	40.20%
	MayoClinic	35.41%
	Government Websites (CDC, Health Dept. websites, etc.)	32.74%
	Search Engines (Google, Bing, DuckDuckGo, etc.)	33.30%
	News Websites	7.57%
	Other	7.35%

	Blogs	3.01%
	AI-Powered Sites (Chat GPT, Perplexity.AI)	2.23%
Social Media		34.19%
	Facebook	23.61%
	Youtube	13.70%
	Instagram	9.02%
	Tik Tok	6.90%
	Reddit	2.23%
	Other	2.23%
	Twitter/X	2.00%
	WhatsApp	0.45%
Family or Friends		28.17%
Pharmacy		17.26%
Health Department		12.92%
Workplace		12.25%
TV		11.47%
Newspaper/Magazine		9.58%
Hospital		8.69%
Library		8.02%
Radio		5.01%
Church Group		3.12%
Other		3.01%

Most Important Thing Respondents Do to Be Healthy		n=759
Exercise		50.99%
	Walking	15.68%
	Gym/Working Out	3.82%
	Biking	1.19%
	Physical Therapy	1.05%
	Running	0.66%
	Hiking	0.53%
	Swimming	0.40%
Nutrition		42.42%
	Drinking Water/Hydration	1.58%
	Consuming more fruits and vegetables	1.32%
	Reducing sugar intake	0.66%
Mental Wellness		14.36%
	Social Support	4.08%
	Spirituality/Religion	1.98%
	Self-Care	1.71%
	Prioritizing Mental Health	1.45%
	Getting Outside	0.79%

	Managing Stress	0.79%
Healthcare		11.07%
	Taking prescribed medications	4.35%
	Seeking dental care	0.53%
Weight Management		5.67%
	Weight Loss	4.48%
Getting enough sleep		3.43%
Working		1.98%

Things needed to improve health (n=911)	
Affordable healthy food	29.53%
Specialty doctors	21.62%
Mental health services	20.42%
Safe places to walk/play	18.33%
Help to pay for medical services/treatment	16.14%
Affordable recreation activities	15.59%
Affordable housing	13.17%
Access to a primary care provider	10.98%
I'm not sure	10.98%
Access to fresh fruits and vegetables	10.21%
Recommended health screenings	9.99%
Dental services	9.55%
Education	9.44%
Other	8.78%
Financial assistance (house bills ie., water, electric)	8.12%
Job opportunities	7.14%
Transportation	6.59%
Quit tobacco use	3.62%
Substance abuse treatment	1.87%
Birth control	0.11%

Barriers to care	n=918
None	37.04%
Fear of the total cost of care for a health issue or disease (medication, surgeries, procedures, time-off, etc.)	31.05%
Doctor office not open evenings or weekends	19.28%
Can't get an appointment	17.97%
Can't afford the copay or deductible	17.21%
The doctor I need is not taking new patients	13.73%
Other	9.37%
Transportation	8.50%
Don't have a family doctor	5.56%
No insurance	5.01%

Fear of doctors	4.47%
Don't know how to find a doctor	3.70%
Language barriers	1.85%
Cultural/religious beliefs	0.87%

Needed mental health care and couldn't get it		n=930
No		72.37%
Yes		27.63%
Healthcare Quality/Availability		44.36%
	Provider Shortage/Wait Times	32.30%
	Limited availability of specialists	7.78%
	Overall dissatisfaction with care from the local hospital and providers in the community	6.61%
Costs and Affordability		24.12%
	Health Insurance	14.40%
	Cost Barrier	12.84%
Difficulty Navigating Care		12.06%

Needed substance use treatment and couldn't get it		n=926
No		91.47%
Yes		8.53%
Healthcare Quality/Availability		41.77%
	Limited availability of specialists	24.05%
	Overall dissatisfaction with care from the local hospital and providers in the community	16.46%
	Provider Shortage	8.86%
	Transportation	2.53%
Costs and Affordability		15.19%
	Cost of Care	10.13%
	Health Insurance	6.33%
Difficulty Navigating Care		15.19%
Limited Resources		12.66%

Needs not met in the past 30 days		n=923
No		86.78%
Yes		13.22%
Availability of Healthcare		31.97%
	Limited availability of specialists	4.92%
	Provider Shortage	4.92%
	Overall dissatisfaction with care from the local hospital and providers in community	1.64%
Affordability/Availability of Food		29.51%
Affordability of Healthcare		28.69%

	Health Insurance	10.66%
Affordability/Availability of Housing		18.03%
	Utilities	9.02%

Food Access Rating (n=912)		%
1 (Easiest)		48.46%
2		20.50%
3		18.97%
4		7.46%
5 (Most Difficult)		4.61%

Age Group x Difficulty Accessing Food (n=891)	Rated 4		Rated 5	
	Prevalence	Prevalence Ratio	Prevalence	Prevalence Ratio
18-24	6.67%	Ref	3.33%	Ref
25-34	9.84%	1.48	6.56%	1.97
35-44	14.53%	2.18	5.13%	1.54
45-54	5.36%	0.80	5.36%	1.61
55-64	8.00%	1.20	5.14%	1.54
65-74	5.56%	0.83	2.78%	0.83
75+	5.88%	0.88	5.23%	1.57

Race x Difficulty Accessing Food (n=912)	Rated 4		Rated 5	
	Prevalence	Prevalence Ratio	Prevalence	Prevalence Ratio
White	7.08%	Ref	3.87%	Ref
Black	10.77%	1.52	12.31%	3.18
Hispanic	21.88%	3.09	3.13%	0.81

Zip Code x Difficulty Accessing Food (n=805)	Rated 1 or 2		Rated 4 or 5	
	Prevalence	Prevalence Ratio	Prevalence	Prevalence Ratio
Hagerstown	69.27%	Ref	12.50%	Ref
21734	57.14%	0.82	28.57%	2.29
21740	68.09%	0.98	12.17%	0.97
21741	100.00%	-	0.00%	-
21742	71.76%	1.04	12.55%	1.00
21767 (Hagerstown/ Maugansville)	80.00%	1.15	20.00%	1.60
Cascade (21719)	75.00%	1.08	25.00%	2.00
Fairplay (21733)	75.00%	1.08	25.00%	2.00

Boonboro/Middletown	74.42%	1.07	6.98%	0.56
21713 (Boonsboro)	78.05%	-	7.32%	-
21769 (Middletown)	100.00%	-	0.00%	-
Williamsport (21795)	70.37%	1.02	11.11%	0.89
Knoxville (21758)	100.00%	-	0.00%	-
Smithsburg (21783)	65.79%	0.95	5.26%	0.42
Clear Spring (21722)	65.00%	0.94	5.00%	0.40
Keedysville (21756)	57.14%	0.82	14.29%	1.14
Sharpsburg (21782)	54.55%	0.79	18.18%	1.45
Hancock (21750)	50.00%	0.72	12.50%	1.00
Rohrersville (21779)	100.00%	-	0.00%	-
Sabillasville (21782)	50.00%	-	50.00%	-
Big Pool (21711)	50.00%	0.72	0.00%	-

Lonely in the past 30 days (n=912)	%	
No	74.12%	
Yes	25.88%	
Age Group (n=236)	Prevalence	Prevalence Ratio
18-24	56.67%	Ref.
25-34	37.70%	0.67
35-44	33.33%	0.59
45-54	22.32%	0.39
55-64	22.67%	0.40
65-74	16.97%	0.30
75+	30.26%	.053

Able to meet recommendation of 30 minutes of exercise 5 days per week (n=916)	%
Yes	48.14%
No	51.86%
Reasons for not meeting recommendation (n=473)	
I have trouble sticking with an exercise plan	48.84%
Too busy/I have no time	44.40%
I have physical problems that keep me from exercising	35.10%
I don't enjoy it	22.62%
Don't have someone to exercise with	20.30%
I never think about it	12.05%
Don't have safe places to exercise	11.21%
Cost	10.36%
Other	10.15%

I'm not sure how to get started	8.46%
I didn't know about the recommendation of 30 minutes of exercise per day	4.86%

Exercise Locations (n=908)		%
Home		64.87%
Neighborhood		37.33%
City Parks		18.72%
	Fairgrounds Park	0.22%
	Marty Snook Park	0.11%
County Parks		15.09%
	Veterans Park	0.11%
C&O Canal		14.87%
I don't exercise		14.65%
Local gym		14.21%
State Parks		13.33%
	Western Maryland Rail Trail	0.22%
Washington County Commission on Aging Senior Center		7.82%
YMCA		6.94%
Robinwood Professional Center		5.62%
Hagerstown Community College		5.51%
Other		5.07%
Fort Richie Community Center		1.87%
Community pools		1.54%
Other community center		1.43%
National Parks		1.32%
	Antietam Battlefield	1.32%
	Appalachian Trail	0.55%
	Catoctin Mountain	0.11%
Workplace		1.21%
Church		0.77%
Washington County Recreation Programs		0.22%

Biggest unmet health needs (n=657)		%
Mental health		34.09%
	Substance Use Disorder	16.59%
	Stigma regarding mental illness and mental health care	0.76%
	Lack of awareness of resources	0.15%
Healthcare Quality/Availability		24.51%
	Limited availability of specialists/having to travel for specialty care	10.05%
	Pediatrics	1.22%
	Provider Shortage	8.68%
	Primary Care Providers	3.35%

	Overall dissatisfaction with care from the local hospital and providers in community	5.63%
	Lack of transportation	3.04%
Food/Nutrition and Wellness		18.11%
	Obesity	8.52%
	Lack of access to affordable healthy food	5.78%
	Limited exercise and physical activity	2.44%
Costs and Affordability		10.50%
	Cost of healthcare	4.57%
	Health insurance costs and coverage	3.65%
	Housing costs and availability	3.20%
Homelessness		6.54%
Lack of social and community connectiveness		6.54%
Insufficient dental services		6.24%
Health education		5.18%
	Nutrition	2.13%
	Sexual Health	0.46%
	Substance Use Disorder	0.30%
Lack of services for marginalized populations		5.02%
Senior Services		4.72%

Things needed to make the community healthier (n=886)	%
Mental health services	40.29%
More primary care providers in Washington County	26.86%
Affordable housing	26.41%
Free health screenings	26.30%
Education	24.27%
Safe places to walk/play	16.37%
Additional resources for those with substance abuse disorder	16.03%
Access to fresh produce (more grocery stores, or corner stores selling produce)	15.80%
Affordable recreation activities	15.01%
Job opportunities	13.66%
Veterans services	10.95%
Other	10.05%
I'm not sure	7.67%
Tobacco cessation prevention resources	2.71%

Experienced discrimination, prejudice, stereotyping, etc (n=928)	%
No	76.72%
Yes	23.28%
Types of discrimination experienced (n=184)	
Weight	29.35%

Age		27.17%
	Older age	5.98%
	Younger age	1.63%
Gender		22.83%
	Woman	11.96%
	Man	1.09%
	Non-Binary	0.54%
Race		9.78%
Health Status		8.70%
LGBTQIA+		2.72%
Culture/Religion		2.17%
Class/Socioeconomic status		1.63%
	Insurance Type	0.54%
Language		0.54%
Appearance		0.54%

E. Focus Group Script/Questions

Introduction

Welcome and thank you for joining us today! We appreciate your willingness to participate in this study. My name is _____ and I'll be your group facilitator today. I'm also joined by _____ and _____ who will be assisting with taking notes.

We're conducting this focus group today as a part of our 2025 Community Health Needs Assessment. The purpose of our discussion today will be to hear your thoughts on the state of health in Washington County. Your input today will assist us in working to improve the health of Washington County residents and their access to care and resources. This focus group will last for approximately 2 hours.

Focus Group Disclaimer Statement: Thank you for participating in our focus group! Washington County community health leaders need your help to better understand the health of our community. This discussion from this focus group will be used to identify needs and make improvements in health services for people living in our community. Your feedback is valuable to us, and your participation is voluntary. Your decision not to participate in the focus group will not affect any of the services you receive in Washington County.

Healthy Washington County regards the confidentiality of data to be of utmost importance. Please be assured that all answers are completely anonymous and cannot be traced back to the respondent. No personally identifiable information, such as name, date of birth, home address, social security, phone number, etc., is captured in correlation with participant responses. Additionally, focus group answers are summarized in a report to further protect your anonymity.

Participants must be 18 years or older to be eligible to participate in the focus group.

Guidelines

There are a few guidelines and reminders I'd like to go over before starting our session today:

- 1. This is an opportunity for the group to speak**
 - a. While I will be asking questions and guiding the discussion, the purpose of today's session will be for you all to carry the conversation. I may step in if needed to guide us back on track**
 - b. While you don't have to answer any questions you're not comfortable with, I may call on you if I haven't heard from you in a while**
- 2. Please be open and honest!**
 - a. Everyone's experiences and opinions are valid and important**
 - b. Please speak up whether you agree or disagree**
 - i. Please don't be afraid to speak up if you feel differently from others in the room, we want to hear a wide range of opinions**
 - c. There are no right or wrong answers**
 - d. The feedback that we receive from you today will be extremely valuable in helping shape our future initiatives**
- 3. Be Respectful**
 - a. Please be respectful towards your fellow participants, it's ok if you disagree, but please express your opinions in a respectful manner**
 - b. Please try not to speak over or interrupt other participants**
 - c. Please try to allow other participants to contribute to the discussion**
- 4. What happens in the focus group stays in the focus group!**
 - a. Everything that is said here is confidential and we want everyone to feel comfortable sharing their thoughts and experiences**
 - b. Please refrain from discussing other's responses or any topics/information discussed today outside of the session.**

Questions

- 1. What do you like most about living in Washington County?**
 - a. Follow-ups:**
 - i. Is there anything about your neighborhood that you like?**
 - ii. Is there anything in particular about the community that you like?**
 - iii. What type of impact have these things had on your wellbeing?**
- 2. What concerns you most about living here?**
 - a. Potential follow-ups:**
 - i. Is there anything about your neighborhood that concerns you?**
 - ii. Is there anything in particular about the community that concerns you?**
 - iii. What changes would you like to see that could address those concerns?**
- 3. What is the most important thing you are doing to be healthy right now?**

- a. Potential follow-ups:
 - i. Do you engage in any healthy habits or behaviors?
 - ii. Are there any healthy activities you take part in?
 - iii. What impact do you think these activities have on your health?
 - iv. Barriers to engaging in health habits/activities?
4. In the past three years, have you or your family experienced any health problems?
 - a. Follow-ups
 - i. Were you (or family member) able to receive care for your health issue?
 - ii.
5. Are you able to get health care when you need it?
 - a. Follow-ups:
 - i. If yes, what helps you to access services?
 - ii. If not, what makes it difficult?
6. In our 2022 CHNA, mental health, substance abuse, and obesity were identified by our community as the top 3 health concerns in our county. Do you feel these are still our county's greatest health concerns today?
 - a. Follow-Ups
 - i. If yes, why
 - ii. If no, why
7. How do you feel about the state of healthcare in Washington County?
 - a. Follow-ups:
 - i. Do you feel that there are changes that need to be made and if so, what would you like to see?
8. What available health or community resources are you aware of?
 - a. Follow-ups:
 - i. What health or community services do you feel are needed for the community?
 - ii. What do you believe is necessary to increase awareness of community resources?
9. Have you or someone you know ever needed mental health services and couldn't get it?
 - a. Follow-ups:
 - i. What do you believe prevented you (or them) from receiving care?
 - ii. What services are you currently using or aware of?
10. Have you or someone you know ever needed substance use treatment and couldn't get it?
 - a. Follow-ups:
 - i. What do you believe prevented you (or them) from receiving care?
 - ii. What services are you currently using or aware of?

11. Have you or someone you know ever felt that your gender, age, race, language, class, weight, or something similar affected how you were treated by doctors or other medical staff in Washington County?

a. Follow-ups:

- i. What effect did this have on the quality of care you received?
- ii. Has this prevented you from seeking additional care?
- iii. What do you think could be done to prevent these types of incidents?

F. Healthy Washington County Members

AC&T	Meritus Health, Inc.
AHEC West	Meritus Practices
America's Hauling for Hope	Middletown Valley Bank
Amerigroup	Moore Response Management Group
Betty's Wish	Mt. Nebo Christian Learning Center
Boys & Girls Club of Washington County	Mt. Nebo United Methodist Church
Brook Lane	NAACP of Washington County
Brooke's House	NOJE Health & Aesthetics
C. William Hetzer, Inc.	Otterbein United Methodist Hagerstown
Capital Women's Care	Parish Nursing
CertainTeed	Pepsico
Chucks Heart 2 Heart CPR	Potomac Community Services
City of Hagerstown	Power House Studios
Community Action Council	Premier Spine & Sports Medicine
Community Foundation of Washington County	Prime Time for Women
Community Free Clinic	Reach of Washington County
Conagra Brands	Ritchie History Museum
CORELife	Salisbury University
Crunch Fitness	Sheetz
D.M. Bowman Inc.	Sheppard Pratt
Direct Mail Processors	St. Ann Roman Catholic Church
Family Healthcare of Hagerstown	Star Community, Inc.
FedEx Ground	Stay Home Senior Services, Inc.
Fit in Boonsboro	Tele-Plus Corporation
FitMinded Living	The Arc of Washington County
Fort Ritchie Community Center	The Consumer Good Forum
Fresh Tri	The Greater Hagerstown Committee
Gatekeepers, a Prison Transition Program	The Holzapfel Group at Morgan Stanley
Girls on the Run of Mid & Western Maryland	The Mental Health Center of Western Maryland
Girls, Inc. of Washington County	The Sonatina Center
H&G Elite Wellness	The W House
Hagerstown Area Religious Council	Thompson Gas
Hagerstown Community College	TM Consulting
Hagerstown Hypnosis Center	Trinity Evangelical Lutheran Church, Boonsboro
Hagerstown Parks and Recreation	Tri-State Community Health Center
Hagerstown YMCA	United Parcel Service
Head Start of Washington County	United Way of Washington County
HealthFirst Pharmacy	University System of Maryland-Hagerstown
Herald-Mail Media	Vida Dental
Home Depot	Volvo Group Trucks
Homewood Retirement Centers	Walgreens
Horizon Goodwill	Walmart / Sam's Club
Hospice of Washington County	Washington County Chamber of Commerce
Hub City Nutrition	Washington County Commission on Aging /
Hub Labels, Inc.	Washington County Senior Activities Center
Infinite Legacy	Washington County Department of Business & Economic Development
JLG Industries	Washington County Department of Social Services
Johns Hopkins Bloomberg School of Public Health	Washington County Division of Emergency Services
Leadership Washington County	Washington County Free Library
Leatherman Healthcare, LLC	Washington County Government
LifeHouse Church	Washington County Health Department Washington
Lowe's	County Mental Health Authority Washington County
Martin's	Public Schools
Maryland Physicians Care	Washington County Sheriff's Department
Maryland Symphony Orchestra	Weis Markets

G. Community Health Improvement Plan (CHIP)

Healthy Washington County Community Health Improvement Plan FINAL

FY2026 - 2028

Strategic Plan Goal: Improve Health of Washington County area residents

HEALTH NEED	OBJECTIVE	GOAL	ACTIONS	AGENCIES	TARGET OUTCOME	Baseline	FY2026 Outcome	FY2027 Outcome	FY2028 Outcome
Food/Nutrition and Wellness: Lack of access to affordable healthy food	empower people to choose healthy behaviors and make changes to reduce chronic	Establish a Food "Farm"acy	Decrease Food Insecurity to patients through medical provider orders for medically nutritious food options.	Meritus	Provide food to 150 participants per week	New			
		Increase knowledge of low-cost or free options for fresh produce	Build a Map of local places with Food Banks and promote free grocery giveaway days as well as other healthy food programs.	WCHD, Meritus, HWC	1,000 webpage views per year	New			
Obesity	Lose 1 Million Pounds by 2030	Increase registered users actively logging pounds in the community weight tracker	Improve media promotion of campaign, implement participation incentives, share best practices among partners	Meritus, WCHD, HWC	Increase registered users by 10% per year	As of 4/14/25 - 8,219			
		Community documents total pounds lost	Implement program for participation incentives to increase pounds lost	Meritus, WCHD, HWC	Increase pounds lost by 20% from previous year	As of 4/14/25 - 171,264			
	Reduce Chronic Disease	Increase health screenings	Health Screenings (BP, SDOH, Diabetes Risk) with Partner Agencies	Meritus, WCHD, HWC	2,000 screenings per year	NEW			
		Provide Diabetes Prevention Program (DPP)	Expand DPP sites, virtual, add DPP trainers, increase self and provider referrals	Meritus, WCHD, HWC	Have 75 community members complete DPP per year	90			
		Provide Healthy Hearts Ambassador Blood Pressure Self-Monitoring Program (HHA)	Increase community awareness of program, add HHA trainers and increase self and provider referrals	WCHD, HWC	Have 50 community members complete HHA per year	new			

HEALTH NEED	OBJECTIVE	GOAL	ACTIONS	AGENCIES	TARGET OUTCOME	Baseline	FY2026 Outcome	FY2027 Outcome	FY2028 Outcome
Mental Health: Lack of awareness of resources	Improve access and knowledge of behavioral health, prevention, treatment and recovery resources	Increase access to all CRISIS and Mental Health Services in Wash Co.	Increase utilization of Walk-in Crisis Center at Meritus Medical Center Promote the use of 988	Meritus, Brook Lane	35 persons per week will be evaluated	28			
			Promote Brook Lane Mental Health First Aide and Education Classes	Meritus, Brook Lane, HWC	1,000 individuals trained	200			
		Decrease number of overdose fatalities and non-fatal overdoses in Washington County	Decrease opioid prescriptions Implement buprenorphine in ED and family practices Expand MAT services Sustain Peer Support Increase utilization of substance use disorder crisis beds and Narcan distribution through vending machines at WCHD, WCFL and Meritus Emergency Dept	Meritus, WCHD, Brook Lane	Decrease annual overdose fatalities by 25%	49			

HEALTH NEED	OBJECTIVE	GOAL	ACTIONS	AGENCIES	TARGET OUTCOME	Baseline	FY2026 Outcome	FY2027 Outcome	FY2028 Outcome
Community Connection: Lack of awareness of available resources	Increase knowledge of community resources	Expand social media presence to reach younger audience	Launch HWC Instagram page	WCHD, Meritus	1200 page visits per year	New			
		Update community resources	Review and update all resources and events on HWC website through partner connections.	WCHD, Meritus	Individual meeting with HWC partners every 6 months	once every 12-18 months			
Costs and Affordability: Affordable Housing	Increase knowledge of housing available resources in the community	Provide linkage to shelters in Washington County	Update resource guide are available through Meritus ED, OPCM, IPCM with direct lines of communication. Up to date housing information will be placed on HWC website.	Meritus	Distribute at least 50 guides per month	New			
		Link community members with local financial and literacy resources	Host annual Housing Financial Health and Literacy Resource Fair	Meritus, WCHD, HWC	1 resource fair per year	New			
Social Equity and Justice: Stereotyping and stigma towards certain communities and area	Reduce implicit bias and increase cultural competency in community professionals	Provide no cost trainings to HWC partners and healthcare providers on implicit bias and cultural competency.	Host 2 trainings for HWC partners each year	WCHD (this is a specific initiative of the WCHD)	2 trainings/year	2			

H. References

- Healthy People 2030. (2020). *Health Literacy in Healthy People 2030 - Healthy People 2030* | [odphp.health.gov](https://odphp.health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030). Health.gov.
<https://odphp.health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>
- National Center for Science and Engineering Statistics, U.S. National Science Foundation, & U.S. Census Bureau. (2022). Annual Business Survey: Statistics for Employer Firms by Race for the U.S.: 2022. *Economic Surveys, ECNSVY Annual Business Survey Company Summary, Table AB00MYCSA01C*. Retrieved May 12, 2025, from https://data.census.gov/table/ABSCS2022.AB00MYCSA01C?q=living+in+same+house&t=Business+and+Economy:Owner+Sex&g=040XX00US24_050XX00US24043.
- National Center for Science and Engineering Statistics, U.S. National Science Foundation, & U.S. Census Bureau. (2022). Annual Business Survey: Statistics for Employer Firms by Sex for the U.S.: 2022. *Economic Surveys, ECNSVY Annual Business Survey Company Summary, Table AB00MYCSA01A*. Retrieved May 12, 2025, from https://data.census.gov/table/ABSCS2022.AB00MYCSA01A?q=Washington+County,+Maryland&t=Business+and+Economy:Owner+Sex&g=040XX00US24_050XX00US24043.
- State of Maryland. Maryland Department of Health, Vital Statistics Administration. (2022). *Maryland Vital Statistics Annual Report 2022*.
<https://health.maryland.gov/vsa/Pages/reports.aspx>
- UnitedForALICE. (2025.). *The State of Alice in Maryland*. [Infographic].
<https://www.unitedforalice.org/county-reports/maryland#10/39.5209/-77.9163>
- U.S. Census Bureau, U.S. Department of Commerce. (2023). ACS Demographic and Housing Estimates. *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSDP5Y2023.DP05?q=DP05:+ACS+Demographic+and+Housing+Estimates&g=050XX00US24043>.
- U.S. Census Bureau, U.S. Department of Commerce. (2023). Educational Attainment. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSST5Y2023.S1501?q=S1501:+Educational+Attainment&g=050XX00US24043>.
- U.S. Census Bureau, U.S. Department of Commerce. "Food Stamps/Supplemental Nutrition

Assistance Program (SNAP)." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2201*, 2023,
<https://data.census.gov/table/ACSST5Y2023.S2201?q=Washington+County,+Maryland&t=Poverty&g=040XX00US24&y=2023>. Accessed on May 12, 2025.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Households and Families. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1101*. Retrieved May 12, 2025, from
<https://data.census.gov/table/ACSST5Y2023.S1101?q=Washington+County,+Maryland&t=Housing>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars). *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1901*. Retrieved May 12, 2025, from
[https://data.census.gov/table/ACSST5Y2023.S1901?q=S1901:+Income+in+the+Past+12+Months+\(in+2023+Inflation-Adjusted+Dollars\)&g=050XX00US24043](https://data.census.gov/table/ACSST5Y2023.S1901?q=S1901:+Income+in+the+Past+12+Months+(in+2023+Inflation-Adjusted+Dollars)&g=050XX00US24043).

U.S. Census Bureau, U.S. Department of Commerce. (2023). Language Spoken at Home. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601*. Retrieved May 12, 2025, from
<https://data.census.gov/table/ACSST5Y2023.S1601?q=S1601:+Language+Spoken+at+Home&g=050XX00US24043>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Means of Transportation to Work by Vehicles Available. *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B08141*. Retrieved May 12, 2025, from
<https://data.census.gov/table/ACSST5Y2023.B08141?q=Washington+County,+Maryland&t=Transportation&g=040XX00US24&y=2023>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B25091*. Retrieved May 12, 2025, from
<https://data.census.gov/table/ACSST5Y2023.B25091?q=Washington+County,+Maryland&t=Financial+Characteristics>.

U.S. Census Bureau, U.S. Department of Commerce, "Physical Housing Characteristics for Occupied Housing Units," 2023. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2504*, 2023, accessed on May 12, 2025,

<https://data.census.gov/table/ACSST5Y2023.S2504?q=Washington+County,+Maryland&t=Housing>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Poverty Status in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSST5Y2023.S1701?q=S1701:+Poverty+Status+in+the+Past+12+Months&g=050XX00US24043>

U.S. Census Bureau, U.S. Department of Commerce. (2023). Private Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2703*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSST5Y2023.S2703?q=S2703:+Private+Health+Insurance+Coverage+by+Type+and+Selected+Characteristics&g=050XX00US24043>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Public Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2704*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSST5Y2023.S2704?q=S2704:+Public+Health+Insurance+Coverage+by+Type+and+Selected+Characteristics&g=050XX00US24043>.

U.S. Census Bureau. (2021). SELECTED CHARACTERISTICS OF PEOPLE AT SPECIFIED LEVELS OF POVERTY IN THE PAST 12 MONTHS. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1703*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSST5Y2021.S1703?q=Washington+County,+Maryland&t=Official+Poverty+Measure:Poverty>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Selected Economic Characteristics. *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03*. Retrieved May 12, 2025, from https://data.census.gov/table/ACSDP5Y2023.DP03?q=living+in+same+house&t=Employment&g=040XX00US24_050XX00US24043.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Selected Housing Characteristics. *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP04*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSDP5Y2023.DP04?q=Washington+County,+Maryland&t=Transportation>.

U.S. Census Bureau, U.S. Department of Commerce. (2023). Veteran Status. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2101*. Retrieved May 12, 2025, from <https://data.census.gov/table/ACSST5Y2023.S2101?q=S2101:+Veteran+Status&g=050XX00US24043>.

U.S. Department of Agriculture (USDA), Economic Research Service (ERS). (2025) *Food Price Outlook, 2025*. <https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings>