2021-2024

GARRETT COUNTY

Health Inequities

ANALYSIS

Volume 1, Issue 1

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Robert Wood Johnson Foundation
CULTURE OF HEALTH PRIZE
2017 WINNER

PURPOSE

Analysis of Health Inequities

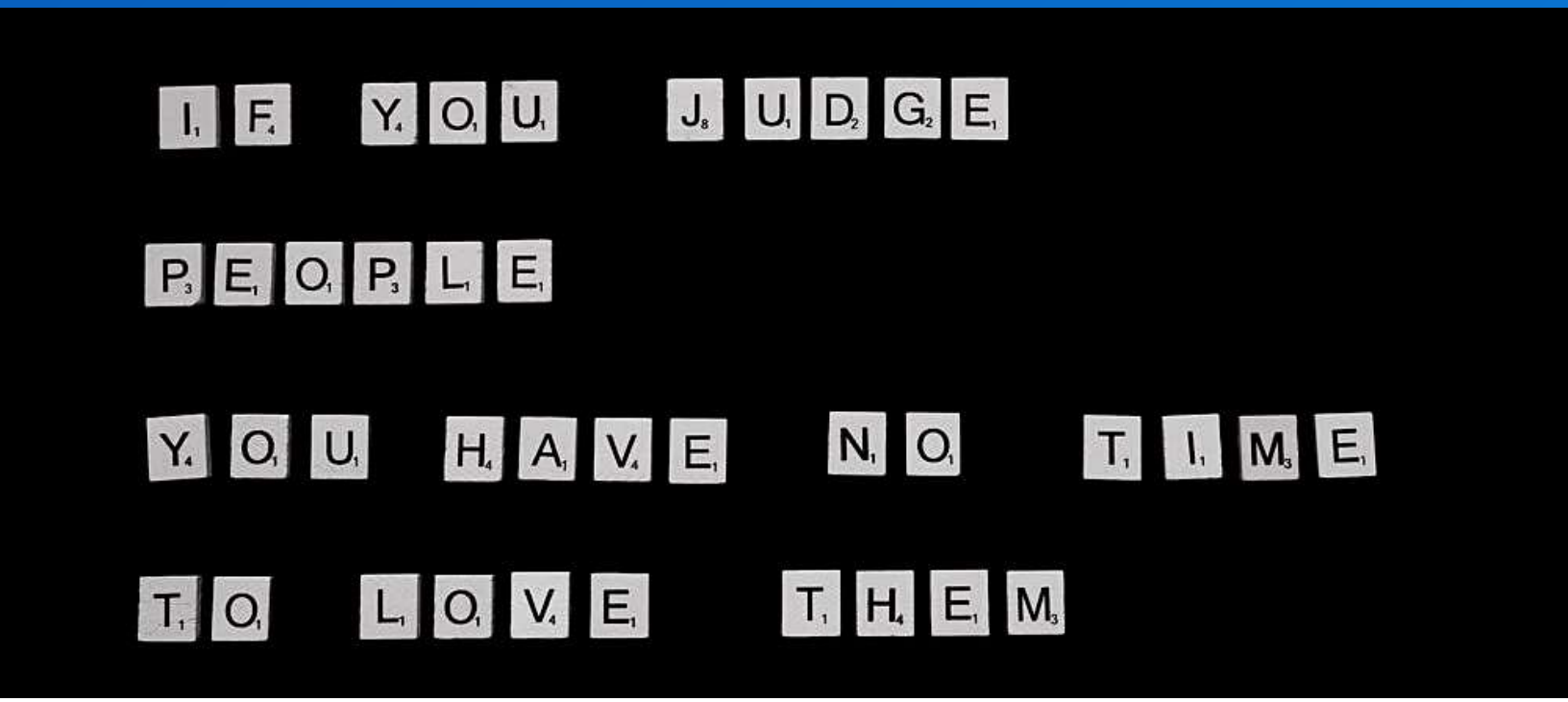
This report is a health inequities analysis, provided as a supplement to the Garrett County Community Health Needs Assessment 2019-2021, and is designed to call out specific health inequities and disparities discovered both in primary and secondary data analysis. The Garrett County Health Department is committed to using best practices and an equity lens to inform its recommendations to the Board of Health on policies needed to address priority health issues, including the social determinants of health.

"Equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige. Inequities in health systematically put groups of people who are already socially disadvantaged (for example, by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health; health is essential to wellbeing and to overcoming other effects of social disadvantage.

The proposed definition of equity supports operationalism of the right to the highest attainable standard of health as indicated by the health status of the most socially advantaged group. Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups. These comparisons are essential to assess whether national and international policies are leading toward or away from greater social justice in health."

B*raveman P, Gruskin SDefining equity in health journal of Epidemiology & Community Health 2003;57:254-258.*

BACKGROUND



Factors That Create Or Contribute To Health Inequities

Current methods for demonstrating how we are taking action to reduce health inequities begin with asking the right questions in a transparent space everyone can use to challenge the norm. While the Garrett County Health Department has documented years, if not decades, of work dedicated toward the social determinants of health and economic inequities, one of the most transformational transitions within our agency, spearheaded directly from our stakeholder engagement directives, is the centralization of health equity as a key area of concern and action in our community.

Following these findings, the Garrett County Health Department implemented its first health equity policy, drawing on the state of Maryland's clear and definitive words from our state Code of Regulations in 2019. This action formalized health equity as a cornerstone of our agency and enacted requirements and considerations for all communications.

After collecting several years of data via MyGarrettCounty.com, as well as additional research activities to better connect and engage with stakeholders, our most recent Community Health Assessment unveiled harsh details about the inequities in our community. This report was the first of its kind to consider the socioeconomic as well as health disparities of black, LGB, and other minorities, and was a clear wake-up call to begin incorporating better practices to improve health equity.


GARRETT COUNTY
Findings
HEALTH INEQUITIES

FINDINGS

Racial & LGB Inequities

Despite the traditionally white (96.3%, not Hispanic or Latino), homogeneous population in Garrett County, documentation of severe health inequities among minority populations has provided additional insight as our community composition begins to change.

While previous analysis of the region has focused on economic inequities, we are expanding the conversation to include racial and LGB inequities, based on the datasets discovered through expanded research. Through the Community Health Assessment's accompanying supplements, the following critical indicators have been identified: Garrett County, MD ranked the poorest among neighboring communities for Black or African American (50%) and Other (31.9%) races for No High School Diploma by Race Alone, Black or African American (34.33%) races for Uninsured Populations by Race Alone, and Black or African American (85.71%) races for Population in Poverty by Race Alone (more info in Regional Indicator Supplement). From 2000 to 2010, the White population in Garrett County decreased, while the Black or African American population increased 135.16% (more info in County Indicator Supplement).

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

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

**https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm*

FINDINGS

Affordable Housing For WHO?

Ensuring that everyone has a decent place to live is vital to improving population health. The affordable housing debate is one of many that is a topic of concern not only nationally, but also here at home. Simplicity is not the cornerstone of this debate, as there are layers of complexity that confound solutions. The National Low Income Housing Coalition publishes a report annually showing the "housing wage" that a person would need to earn full time (40 hours a week, 52 weeks a year) in order for a two-bedroom rental unit to be affordable by the official government standard. The report states, "In the United States, the 2014 two bedroom Housing Wage is $18.92. This national average is more than two-and-a-half times the federal minimum wage, and 52% higher than it was in 2000. In no state can a full-time minimum-wage worker afford a one bedroom or a two-bedroom rental unit at Fair Market Rent."* We naturally ask the questions, affordable for who and how many units are available for rent in the region? This was a common discussion that ran across several of our focus groups during this assessment. The federal Department of Housing and Urban Development (HUD) defines an "affordable dwelling" as one that a household can obtain for 30 percent or less of its income. However, this varies from place to place. Shockingly, affordable housing, a known vital social determinant of health, remains elusive, pending further analysis that illustrated significantly higher Home Purchase Loan Origination by Loan Amounts of Under $60,000 (Garrett: 4.48%, Allegany: 19.29%) and $60,000-$119,999 (Garrett: 18.49%, Allegany: 43.85%). In Garrett County, it is difficult to find a reliable data source to report affordable rental units at any given time. Our vacant property rates are more than triple both national and state rates at 38.24% in Garrett County (more info in Regional Indicators Supplement). This data is a starting place to aid local leaders as they evaluate housing policies, zoning, and other issues related to affordable housing. More data is needed as this complex issue continues to hinder economic growth in the region.

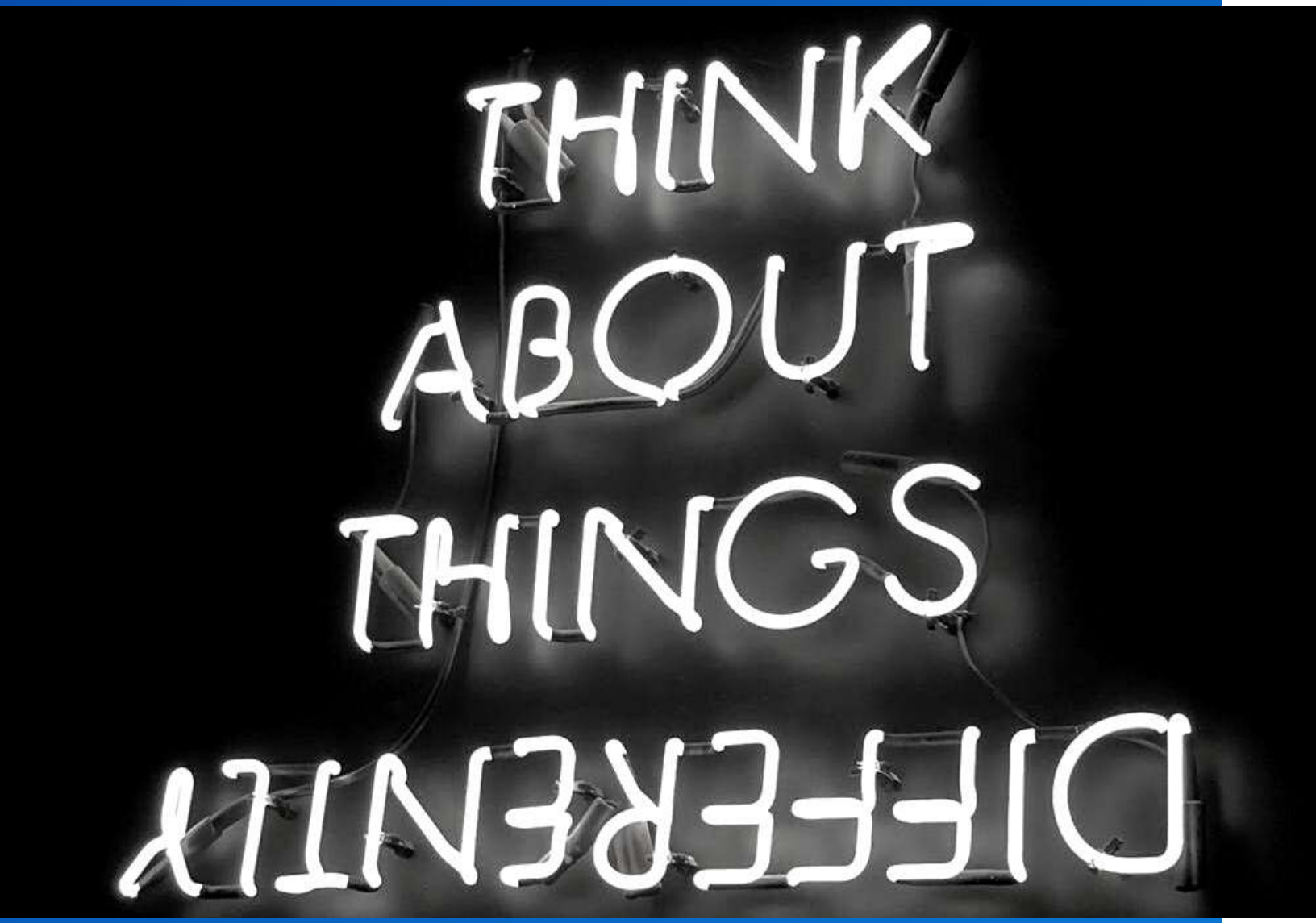
**https://reports.nlihc.org/oor/2014*


GARRETT COUNTY
Pathways
TO HEALTH EQUITY

PATHWAYS TO HEALTH EQUITY

Phase 1: *Community Engagement*

Beginning with the Community Health Assessment conducted in 2016, indications of community concern for health equity, outside the barriers of economic inequities, began to emerge through tones of belonging and poor health outcomes in state data. With the launch of our community engagement platform, MyGarrettCounty.com, we saw these topics move from items of note and transition to key stakeholder health priorities, even surpassing many of the traditional health improvement activities standardized by years of practice. Asking our stakeholders, and doing so transparently in a way that enabled anyone to participate at any time, had a substantial impact on the data we collected and led to an astounding increase in participation in our otherwise bureaucratic processes.



PATHWAYS TO HEALTH EQUITY

Phase 2: *A Responsive & Real-Time Approach*

The Garrett County Planning Tool (GCPT), found online at ***mygarrettcounty.com***, was created with the intention to guide our community as we built a local, data-informed vision from our current needs by meaningfully and transparently engaging all residents.

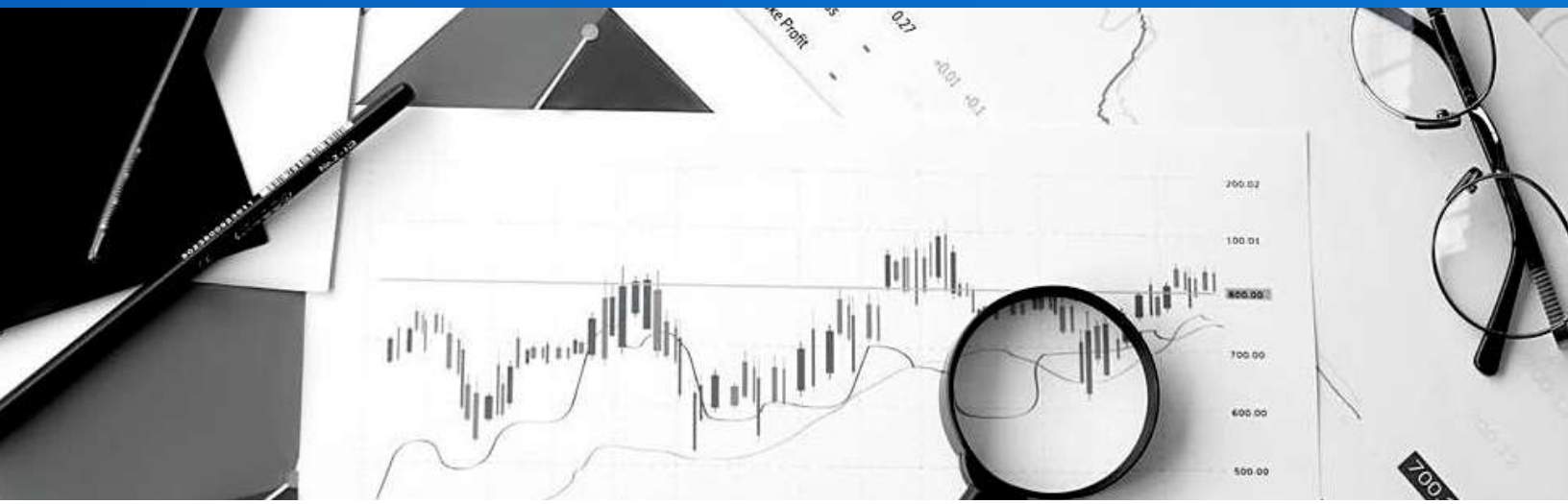
This vision becomes actionable through the planning tool framework, providing the platform for the creation of a comprehensive and responsive Community Health Improvement Plan that is responsive to the needs of all residents.

This framework guides stakeholders through the process of creating a measurement framework to ensure that the strategies they implement to improve health in our community have metrics that specifically align with desirable population health outcomes identified as strategic priorities through our Community Health Assessment. The ultimate goal is that the specific strategies, measured as hyper local data, become the primary method of program attribution and are measured via time-framed targets.

Meaningful, transparent measurements establish unprecedented levels of accountability and commitment by community agencies and stakeholders to work collectively toward eliminating health disparities and develop equity, while propelling Garrett County toward transforming into the healthiest community to live, work, and play in the state of Maryland.

This is the transparent space <u>EVERYONE</u> can use to challenge the norm!

PATHWAYS TO HEALTH EQUITY



Phase 3: *Asking the Right Questions*

Adopting an equity framework helps us identify and implement effective solutions to advance health equity needs. After an extensive review, our team collectively decided to adopt the Oregon State Health Review Equity Framework.

The following questions help us to evaluate program and policy implications that will improve health equity in the decisions we make for our community:

1. What health inequities exist among which groups? Which health inequities does the work we're proposing aim to eliminate?
2. How does the work we're doing engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the decision? How does the work impact the community?
4. How does the work:
    a. Contribute to racial justice?
    b. Rectify past injustices and health inequities?
    c. Differ from the current status?
    d. Support individuals in reaching their full health potential?
    e. Ensure equitable distribution of resources and power?
    f. Engage the community to affect changes in its health status?
5. Which sources of health inequity does the work address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation, or other socially determined circumstance)?
6. How will data be used to monitor the impact on health equity resulting from this work?*

In each action group on the Garrett County Planning Tool group members are encouraged to utilize this framework and record their answers in the designated equity text box for each program, policy, or systems change.

**https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/2020-10-05-PHAB-Health-Equity-Review.pdf*

PATHWAYS TO HEALTH EQUITY

Phase 4: *Community Research*

In order to ensure the ongoing analysis of the most impactful health inequities in Garrett County, the Garrett County Health Department has committed significant resources to the continuous research of health inequities for vulnerable populations as identified in the Garrett County Community Health Assessment, and through the ongoing data collections as listed in Phases 1-3 (community engagement, participatory feedback collected 24/7, 365 via mygarrettcounty.com, and through programmatic and systemic analysis of community institutions and services). The topics identified will be assessed on an ongoing basis, and the information will be disseminated to the public via a multitude of messaging and materials to illuminate the issues discovered.

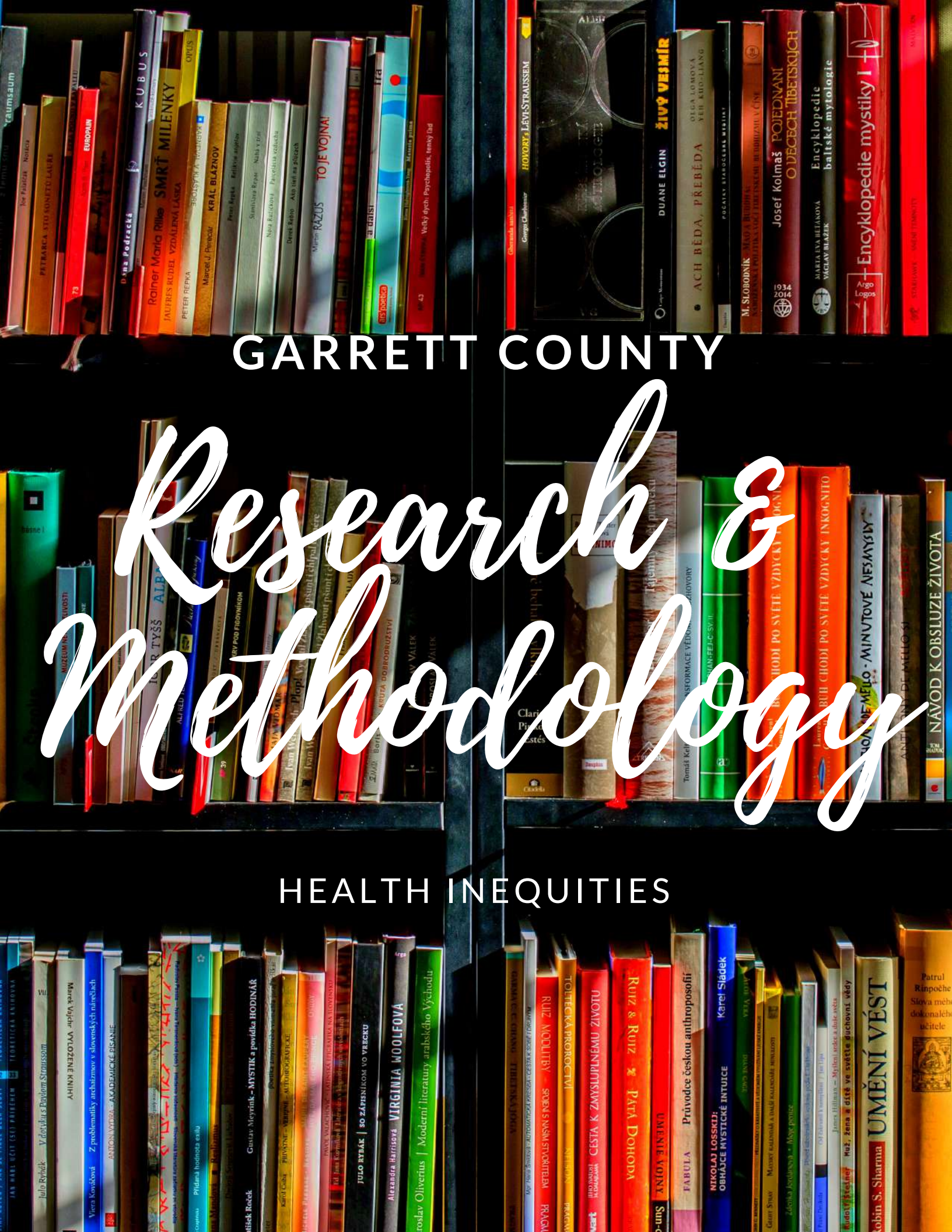
PATHWAYS TO HEALTH EQUITY

Phase 5: *Immediate & Responsive Action*

Achieving health equity requires the ongoing collaboration of all sectors in the community and of the regional tri-state area to address identified health inequities.

The culmination of analyses conducted in previous phases and extensive research has resulted in the identification of the following health inequities that require immediate and responsive action:

- Persistent & Generational Poverty (Exacerbated by Statewide Comparison)
- Affordable Housing & Economic Impacts
- Homelessness
- Food Insecurity
- Transportation
- Disabilities & Inaccessibility
- Broadband Access (Incl. Economic and Education Implications)
- Systemic Exclusion of Outsiders & Lack of Belonging
- Racial Economic Inequities & Discrimination
- Severe LGB Health Inequities (Youth)
- Access to Mental Health Services
- Substance Abuse Stigma
- Domestic Abuse
- Child Maltreatment Rates
- Health Insurance



GARRETT COUNTY

Research & Methodology

HEALTH INEQUITIES

METHODS

Investigative Prompts

In today's digital environment, data is more accessible than ever, and emerging innovations, such as the Garrett County Planning Tool (mygarrettcounty.com), present tremendous opportunities to better understand the constructs at work within our communities. The supplemental datasets highlighted throughout this document are assembled snapshots from a broad sweep of community, regional, state, and federal data warehouses, and are provided for reference. These resources are designed to be investigative prompts, rather than exhaustive datasets. Many of these reports and datasets were aggregated from numerous sources, and often, compared across state and regional boundaries to better illuminate the disparities that exist within different data frames. This means that some data may not be an exact match, and further analysis may be needed to flush out the differences in reporting across jurisdictions (i.e.; broadband access matches, Maryland vs. West Virginia vs. federal reporting, et cetera). All information, data, tools, and materials contained within this report are provided without warranty. While every attempt was made to verify data throughout the process, many datasets, archives, and agencies sourced throughout are still striving to improve data quality and consistency in reporting. The reports that follow were assembled with resources from secondary sources, and should not be considered conclusive or valid, nor interpreted for use, without reconciliation and verification outside of the discussion and supplements within this document. This report is the first attempt to reconcile these datasets, and results/data points may evolve or change over time, or as additional information becomes available. Verification and further research are vital to ensuring that data provides transparency and promotes the most effective and efficient courses of action for community health improvement.

METHODS

Gathering Baseline Data

Primary data refers to the first-hand data gathered by the researcher themselves, is real-time, and is often collected first-hand through surveys, and focus groups.

Secondary data refers to data collected by someone else, in the past for another entity and/or purpose.

In order to best understand the status of health in our communities, it's critical that we gather, analyze, and seek to understand the issues in our communities and how people perceive them.

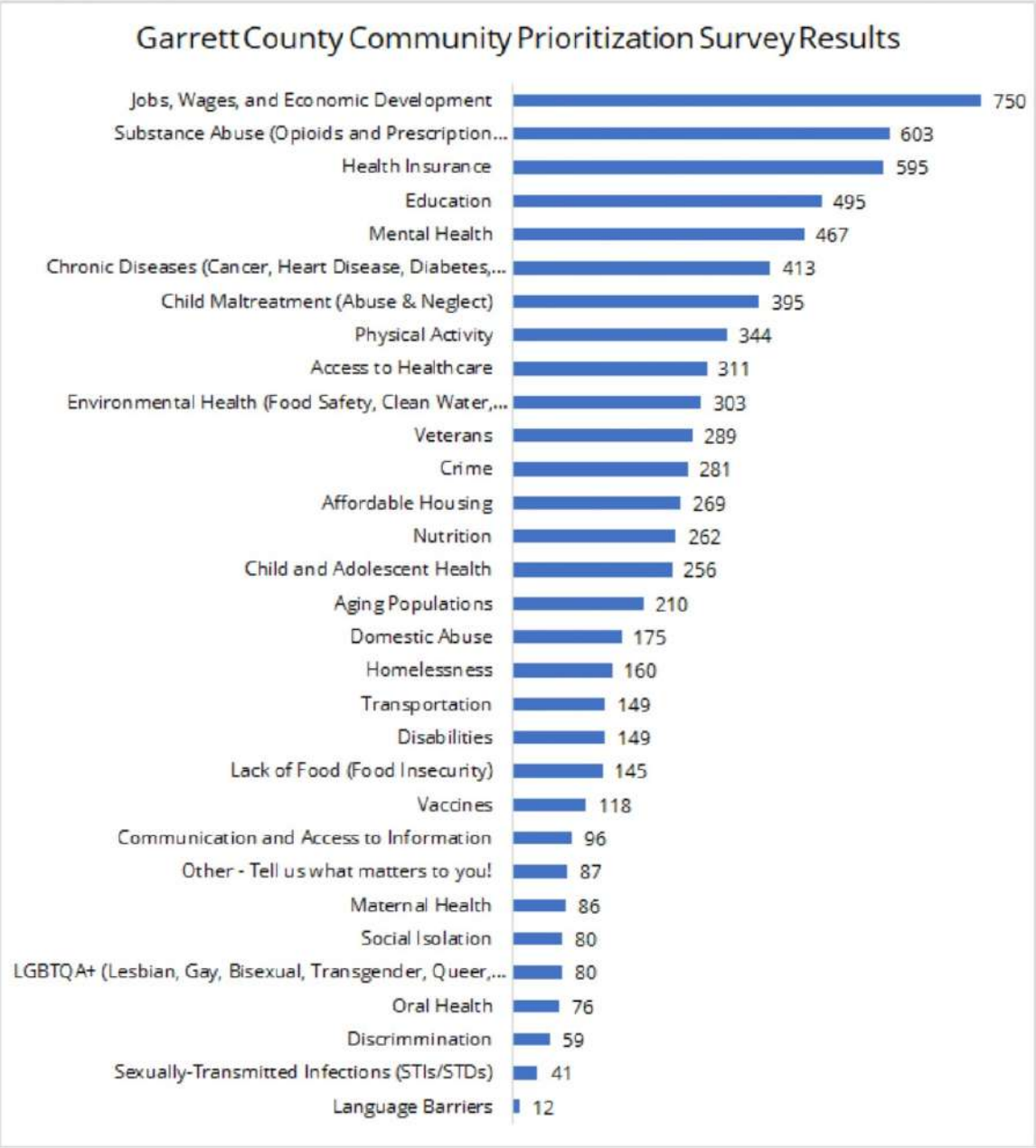
Assessments typically use both primary and secondary data to characterize the health of the community: Balancing these data sources helps illustrate the most complete picture of our community, and its ever-evolving people, resources, and needs.

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

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

https://www.cdc.gov/publichealthgateway/cha/data.html
https://nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research

GARRETT COUNTY SURVEY RESULTS



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

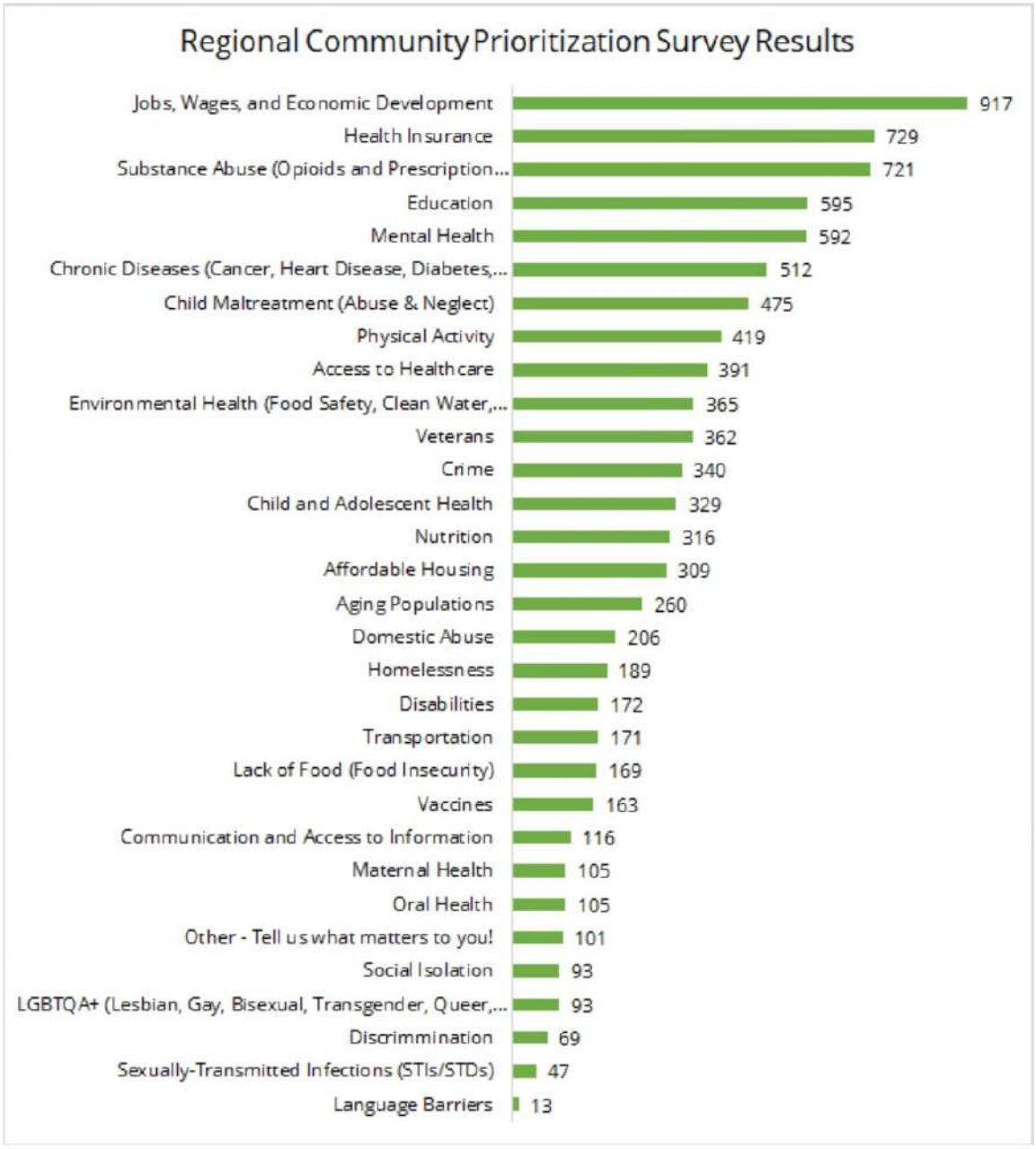
GARRETT COUNTY SURVEY RESULTS

Prioritization by Zip Code

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

These results reflect the responses of participants in Garrett County, Maryland zip codes, and do not include regional responses. Additional data, tables, and tools for this dataset, as well as regional datasets are provided in the supplement.
**Reference CHArp tool in the Methodology section for more information about current statistical validity of small samples.*

REGIONAL SURVEY RESULTS



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

FOCUS GROUP ANALYSIS

Top Priorities To Address

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

This priority and the themes central to Jobs, Wages, & Economic Development that have been synthesized from the focus groups are consistent with data provided in this report. There is a generalized fear that our towns are "dying" due to population decline, lack of affordable housing, school closures in communities, and a lack of competitive job opportunities. Conversation about how to keep our young people in the area and offer them a way to thrive was a significant portion of every focus group. High speed internet that is both available and affordable to the entire county was both a consistent complaint and offered as a strategy. If high speed internet was available in every area of the county it could support job growth and people being able to work remotely for larger employers and remain in the area (tele-work). Some focus groups made the direct correlation between higher incomes and improved health outcomes, stating when you "have enough money, and a safe environment, the opportunity to live a healthier life is greater than those without."

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

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

FOCUS GROUP ANALYSIS

Top Priorities To Address (Continued)

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

Mental Health ranks fifth both in the region and county on the consumer surveys. Digging deeper into this topic in the focus groups proved to be quite complex making it difficult to identify themes. However, a theme that carried over from 2016 was that mental health services are still insufficient, and despite high demand, the root of the problem is lack of access – or the ability to find care. Psychiatry is elusive and non-existent for youth, and tele-psych was reportedly still unreliable due to internet connection, billing, and insurance issues. Although there has been an effort to expand services in the area, many still feel as though it's difficult to receive proper treatment.

FOCUS GROUP ANALYSIS

Longing for Respect & Belonging

Discussions with those that have had negative experiences in small towns in the county were explored.

This quote taken from a focus group may challenge your perspective, “there is a difference between a polite community and one that truly embraces a person.”

If you’ve never been the person treated differently, it may be difficult to understand. However, when asking the open-ended question about what makes a community healthy, the notion of the need for belonging kept surfacing.

Regardless of whether you are from the area or not, being different in any way is perceived as a risk or disadvantage in Garrett County.

One person put it this way, “it’s a safe community for everyone unless you’re on the margin.” A call for open-mindedness and general respect for people was recorded multiple times in the various focus groups.

DIRECT QUOTES FROM FOCUS GROUP

Challenges Voiced

"We have nothing here to keep young people in the area."
"Do we have a trade school in the county? I'm not talking about a driving school."
"You can get healthier with higher incomes, we're making progress — "
"My concern is the next 5-20 years, do we have the next generation or two behind us to attract and keep?"
"I have a good job-but the broadband thing-although my job allows me to work from home, I can't."
"This town is really dwindling – the school is gone, no one is moving into town- it's going to be a ghost town."
"Lack of high-speed internet around the county- how do we move into the future? It affects tourism, giving people tools—so many opportunities are online."
"I wish I knew who to complain to so it would make a difference."
"Disparity of affordable housing - I'm not talking about subsidized housing, $900 a month for rent or more is not affordable."
"What is my retirement going to look like? Trying to guess at what my medical needs will be and if I have medical concerns- will I be destitute without the insurance?"
"Health Insurance? We can't afford it."
"My kids have it through the state but it's still not enough."
"We pay our own way."
"I'm a transplant- I still don't feel like I belong after 25 years. That's what people who are born here call me, a transplant."
"People don't respect one another."
"People don't have open minds."
"I married a native but my friends are not."
"It's the kids that grow up and are even born addicted. Drugs and what they do to the kids is the saddest part."
"Highest level of our society – grandparents are raising kids– affluent people."
"Senior citizens are selling their drugs for food."
"Parents in the schools need more education, alcohol is just as bad."
"Insurance didn't go out of the state." "If you haven't been around other races you just don't know how to act" "A lot of people drink too much."
"House was broken into and the only thing that was stolen was whisky." "Meth was big- but they arrested the two dealers."

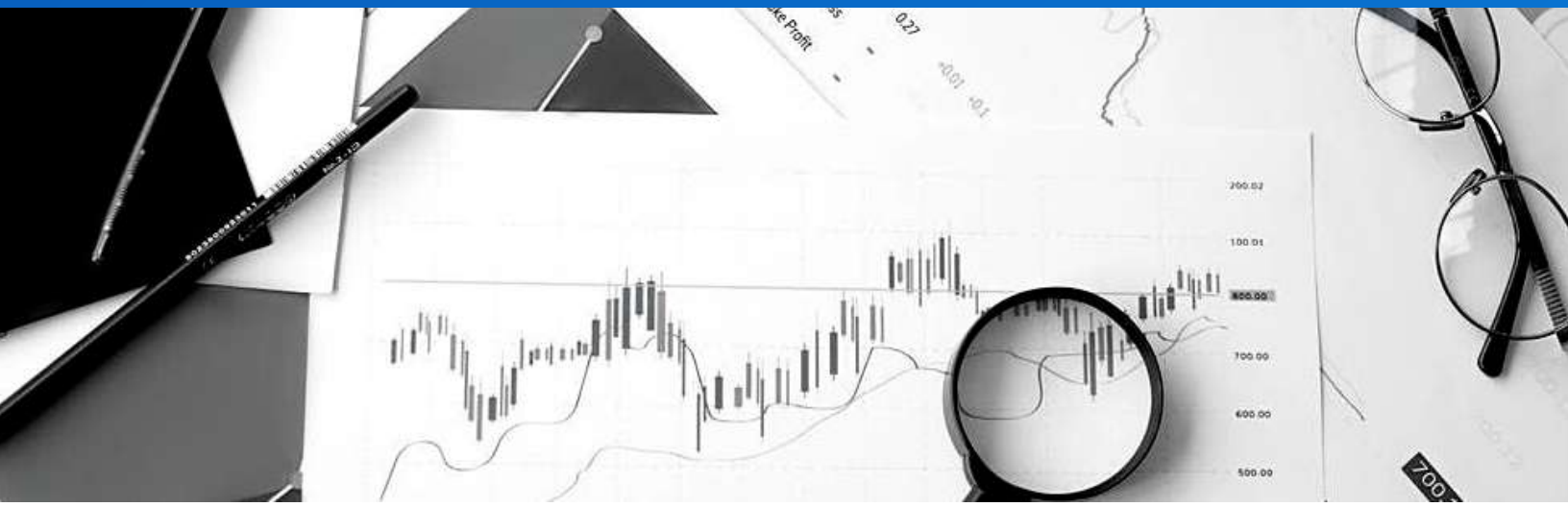
SECONDARY DATA ANALYSIS

Community Composition

Garrett County is a unique rural community situated in the westernmost corner of Maryland. According to the census, it is a large county with a geographic base of 656 square miles, and 46.5 persons per square mile (US Census, 2010). Our low population density ranks Garrett County as the third least populous county in Maryland. Natural beauty abounds with plenty of open space to enjoy with over 98,276 acres of parks, lakes, and publicly accessible forestland.* The county is bordered by West Virginia and Pennsylvania and is considered a tri-state area. According to the 2017 ACS 5-year population estimate, the population of Garrett County was 29,516 - continuing to decrease from 30,097 reported in 2010. This is important to note because population loss is one of the main indicators of a weak regional economy.** Only 15,720 people made up the labor force in Garrett County, a regionally small proportion relative to the total population (more info in Regional Indicators Supplement). The migration of young people to urban areas coupled with aging populations continues to be a challenge for our region; however, a comprehensive secondary data analysis indicated that local systems of support are more aptly prepared to address rapidly aging populations than most, excluding economic concerns and health insurance. Median household income hit an all-time high in 2018 for the nation and Maryland was ranked the wealthiest state, with a median household income of $83,242. Garrett County remains well below that at $48,174. This more closely aligns us with our neighboring state of West Virginia, which is one of the poorest states with a median income of $44,061. The population of West Virginia fell by 2.5% over the past eight years, the largest decline of any state. An article analyzing the richest and poorest states noted, “the GDP of West Virginia increased by just 1.8% a year on average — less than half the 4.1% national growth rate. Like the nation as a whole, the largest drag on economic growth was the state’s mining sector.”*** Related to this for our region was the 131 year old Luke Paper Mill closure, a devastating blow to the Western Maryland region. Reported job loss from VERSO was 675 in June of 2109. However, that does not account for the industry support jobs, many of whom were small companies or self-employed individuals. It remains to be seen just how deeply this closure will impact the people in our region, and how long it will take to recover.

**https://dnr.maryland.gov/land/Documents/Stewardship/CurrentAcreageReport.pdf*
***https://extension.psu.edu/understanding-economic-change-in-your-commuunity*
****https://247wallst.com/special-report/2019/10/01americas-richest-and-poorest-states-8/*

SECONDARY DATA ANALYSIS



Hidden In Plain Sight

Balancing community priorities with secondary data sources as we seek to be responsive to the needs of the community can be a complex process. In some cases the secondary data supports the community priorities, and in other cases, it doesn't. Due to the extensive nature of this report, highlighting a few areas that demonstrate this point is important for broader community coalition conversations in order to work toward reconciliation.

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

The second area of concern is child maltreatment, which is often defined as physical injury (not necessarily visible) of a child under circumstances that indicate that a child's health or welfare is harmed or at substantial risk of being harmed. Data sources record this differently, so it's important to consider what the sources are measuring, but rates have consistently been one of the worst in the state of Maryland and do not indicate improvement. A call to action for increased aggregate data sharing on the Garrett County Planning Tool from agencies that track different nuances of the larger issue of child maltreatment is needed. Information about local foster care cases and domestic abuse may help us understand the complexities children and adolescents are facing.

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

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

JOIN US!

PARTICIPATE IN THE
DISCUSSION ONLINE AT
MYGARRETTCOUNTY.COM

Public Health
Prevent. Promote. Protect.