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2025

ALLEGANY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



Allegany County
HEALTH PLANNING
COALITION



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SPECIAL THANKS TO KEY PARTNERS

We sincerely appreciate the Allegany County Local Health Improvement Coalition (LHIC); the LHIC Assessment Planning Workgroup which includes the UPMC Western Maryland, Allegany County Health Department (ACHD), Local Management Board of Allegany County, Inc. (LMB), Area Health Education Center (AHEC West), Mountain Laurel Medical Center (MLMC), Maryland Physicians Care (MPC), Tri-State Community Health Center (TSCHC), and the Human Resources Development Commission, Inc. (HRDC); and the many other community collaborators that played essential roles in the creation of this report.

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We would also like to thank those who assisted in the analysis of our focus group data: Jennifer Corder, MD (ACHD), Stacey Blank, MS RRT, Susan Stewart (AHEC), Wendolyn McKenzie (HRDC), Tara Wetherell (MPC), and Lisa Beardsley (ACHD).

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"If everyone is moving forward together, then success takes care of itself." - Henry Ford

With much
APPRECIATION



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EXECUTIVE SUMMARY

Welcome to Allegany County Local Health Improvement Coalition's (LHIC) comprehensive Community Health Needs Assessment (CHNA), which provides an overview of the current health status in Allegany County, Maryland. This report incorporates both primary and secondary data, in both qualitative and quantitative forms. Primary data was obtained through a prioritization survey, available online and in paper format, which was circulated to residents and organizations across the county. This survey explored the most pressing issues for residents. Additionally, focus groups were held to gather diverse insights on the county's health and to clarify health priorities. The data from the CHNA process enhances the understanding of county-level secondary datasets. LHIC partners will analyze this data to determine the health status, challenges, and resources of the county's population. This analysis will inform the prioritization of strategies and interventions for the next Community Health Improvement Plan (CHIP). The assessment is conducted every three years to track evolving local public health trends.



OVERVIEW



ROCKY GAP RESORT/STATE PARK

PHOTO CREDIT: LISA LYONS

The goal of the CHNA is to gather up-to-date information on the health status, needs, and difficulties faced by the local population. This data serves as the foundation for our CHIP, directing resource allocation to effectively address community needs. Using NACCHO's MAPP 2.0 framework, the 2025 Allegany County CHNA acts as a starting point for powerful, evidence-based initiatives aimed at improving population health.

The Allegany County Health Department (ACHD) and UPMC Western Maryland co-chair the county LHIC and lead the CHNA process with key LHIC partners and many community members. The Patient Protection and Affordable Care Act (ACA) of 2010 required hospitals to conduct a CHNA every three years with community partners. At the same time, ACHD uses the report to maintain its voluntary accreditation status with the Public Health Accreditation Board. The CHNA report empowers both the LHIC and the community with gained insight for making informed decisions based on the assessment process.

BACKGROUND AND GROWTH

Allegany County's previous CHNAs were conducted in 2014, 2017, and 2020. Several factors driving change have resulted in a new era of collaboration leading to our current process and partnerships. By 2020 both LHIC co-chairs had resigned, and in 2022 UPMC conducted and published a regional CHNA. The LHIC then voted to adopt and merge the existing CHIP with UPMC Western Maryland's 2022-2025 CHNA. This allowed the county's process to be on the same three-year cycle as the hospital's (2022-2025). LHIC leadership and participation continued to be in flux until 2023 when the Allegany County Health Department established a dedicated Health Planning division to co-lead the LHIC CHNA with the hospital as a community process. Melissa Nething began her new role as a Health Planner in March 2023 and Stacey Blank began her new role as Community Health and Wellness Manager at UPMC Western Maryland in April 2023. Together they are employing the highest public health standards, empowering community members, and working across agencies to continue to improve health outcomes in Allegany County.

The mission of the Allegany County Health Planning Coalition is "Healthy lifestyles through collaborative partnerships, evidence-based practices and personal commitments." Over the years, various community collaborators have partnered to improve the health of our community. Through the assessment and planning process the Coalition creates a unified plan to collectively address the community needs that impact health.

CHNA PROCESS AND PROGRESS

For the 2025-2028 cycle we began collecting local data in January 2025 and continued through April of 2025. Subsequent to that, eight focus groups were held to further analyze the information gathered via the 1,034 CHNA survey responses received from community members and agency collaborators (primary data). Secondary data sources were collected to evaluate information about our region and county-specific data (supplemental county and zip code level reports). Allegany County’s community profile and demographics description are defined in detail at the beginning of these secondary data sets.

In addition to looking at the current cycle, we compared the 2014-2022 CHIP priority areas (below) over the last three cycles. Throughout each three-year cycle, progress on the CHIP was monitored, and its impact on the identified outcome measures was evaluated. We then compared these key CHIP measures and the changes seen over time.

ALLEGANY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT TOP PRIORITY COMPARISON CHART		
2014	2017	2020-2022*
ACCESS TO CARE: <ul style="list-style-type: none"> • PRIMARY CARE • ADULT DENTAL CARE 	ACCESS TO CARE	TRANSPORTATION TO HEALTH AND HUMAN SERVICES APPOINTMENTS ACCESS TO BEHAVIORAL HEALTH
SOCIOECONOMICS: <ul style="list-style-type: none"> • CHILDREN IN POVERTY • HEALTH LITERACY • HOMELESSNESS • DOMESTIC VIOLENCE 	POVERTY HEALTH LITERACY	SOCIAL DETERMINANTS OF HEALTH (SDOH) ACCESS TO HEALTHY FOOD SOURCES
HEALTHY LIFESTYLES AND WELLBEING: <ul style="list-style-type: none"> • SMOKING • PHYSICAL INACTIVITY • DISEASE MANAGEMENT DIABETES, HEART DISEASE, HYPERTENSION, ASTHMA • HEALTHY WEIGHT • FALL-RELATED INJURY AND DEATH • BEHAVIORAL HEALTH 	HEART DISEASE	CHRONIC DISEASE MANAGEMENT: <ul style="list-style-type: none"> • OBESITY • DIABETES • HEART DISEASE AND STROKE
	SUBSTANCE USE	BEHAVIORAL HEALTH: OPIOID ADDICTION AND SUBSTANCE USE DISORDER

*IN 2022 THE UPMC WESTERN MARYLAND 2022-2025 CHNA WAS MERGED WITH THE LHIC'S 2020 PLAN, ALIGNING THEIR PLANNING CYCLES TO CREATE THE 2022-2025 COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN.

PRIORITIES

The CHNA workgroup, comprised of various community partners, reviewed findings from previous CHNA cycles, secondary data, community survey input, and public focus group data. The workgroup then ranked identified needs, and the resulting aggregate totals were used to create a preliminary priority list of areas to address. These findings, along with existing community resources and identified resource gaps, will be used to develop the CHIP.

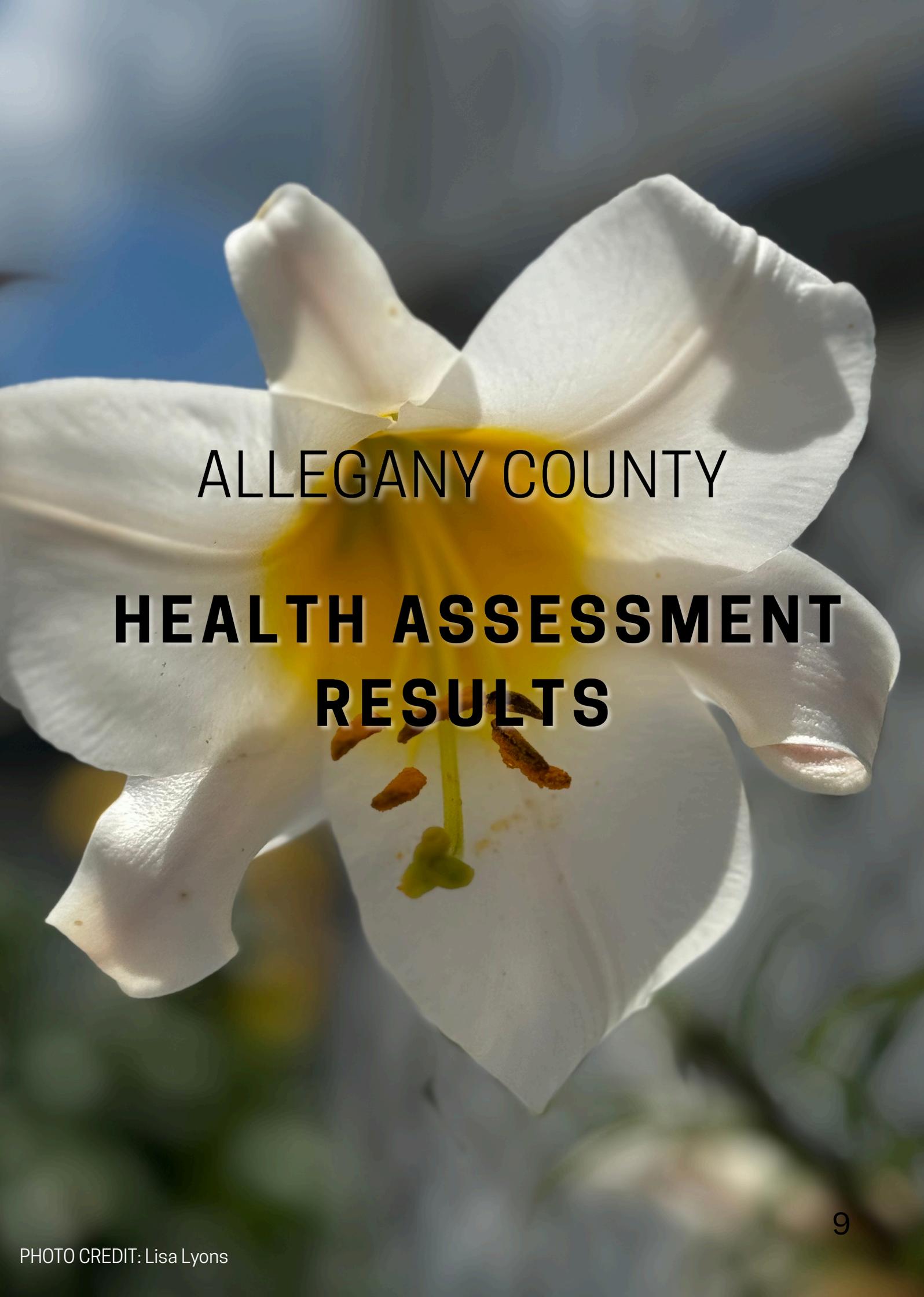
The CHNA cycle continues to relate to State and National efforts, including the Maryland State Health Assessment and Improvement Plan (SHA and SHIP) 2024 and Healthy People 2030. In addition to MAPP 2.0, the County Health Rankings Model, and the Public Health Accreditation Board (PHAB) help to guide the local framework by showing the impact of behavior and socioeconomic factors on health status, as do the summarized secondary data sources following this report (labeled Supplement Reports).

The health of a community is complex and includes factors like housing, employment, and transportation. These factors are called social determinants of health and often overlap in individuals' lives. The environments that we live, work, and play in affect our choices and physical health. Through focus group discussions, we gained insights into community perceptions and the root causes of disparities impacting the county's overall health. Discussions primarily focused on addressing SDOHs as the fundamental issues. The assessment data says more; it provides a complete picture of our population's health as a whole. The primary data results begin on the next page.

With baseline data established for the new planning cycle, the next phase involves developing the CHIP. The CHIP will be structured around action groups on AlleganySpeaks.com, a collaborative platform where agencies and community members contribute data and work towards shared community objectives.

Your input is crucial to achieving our community goals. Contribute your skills and ideas at AlleganySpeaks.com to help shape Allegany County's growth from 2025 to 2028 and beyond!

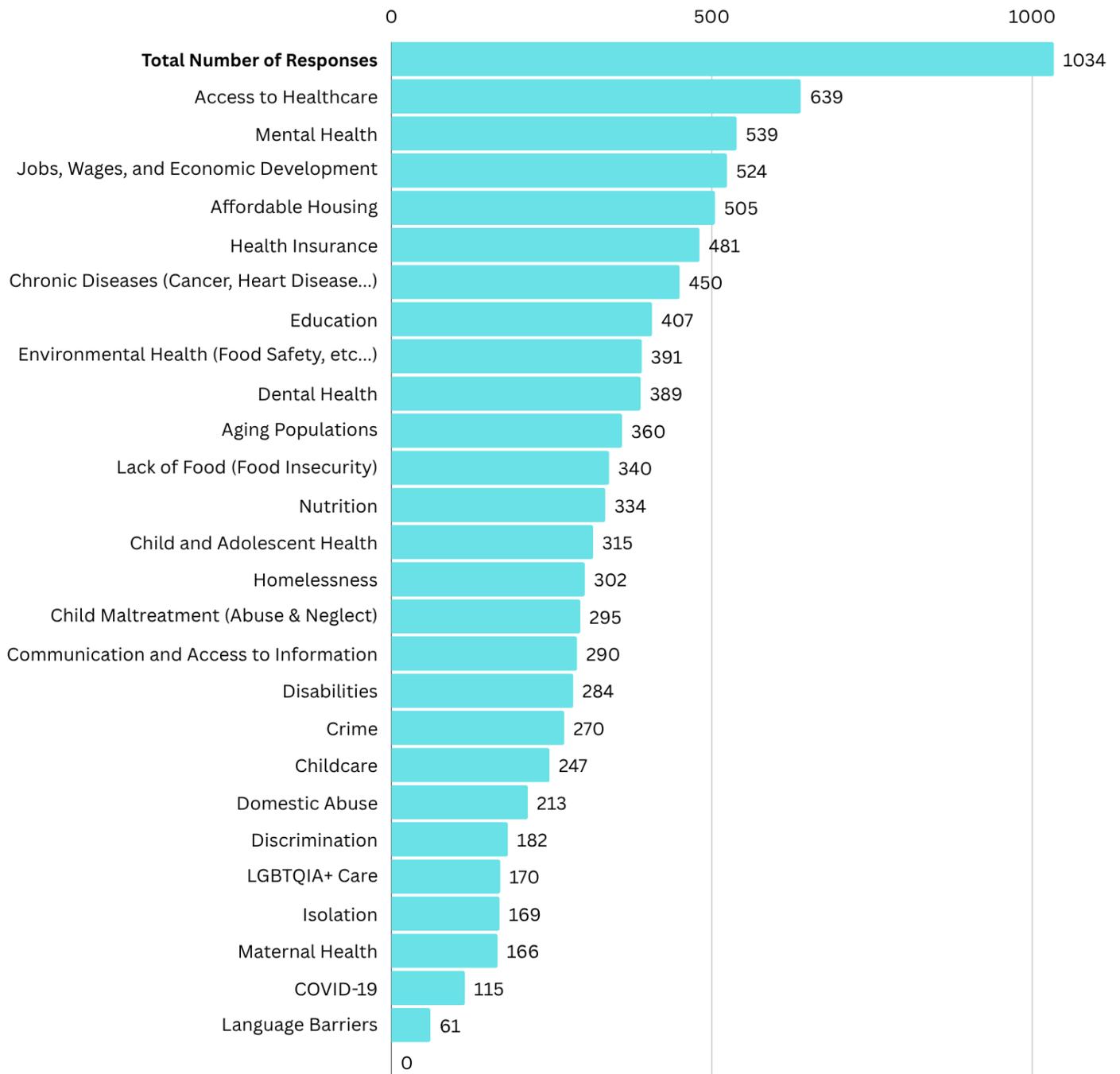
Join [AlleganySpeaks.com](https://www.alleganyspeaks.com)



ALLEGANY COUNTY
**HEALTH ASSESSMENT
RESULTS**

CHNA SURVEY RESULTS

(IN ORDER OF THE MOST CITED NEED TO THE LEAST)



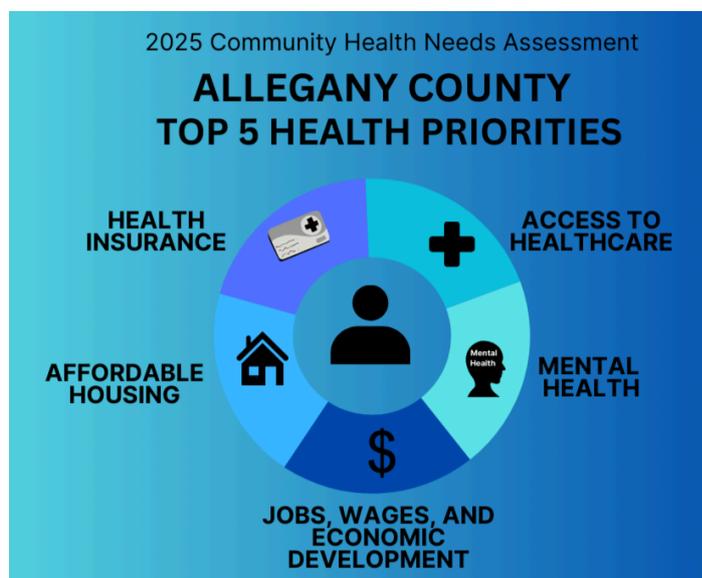
FOCUS GROUP ANALYSIS

Words of wisdom...

Through focus groups, community members were invited to share their experiences and perspectives and to provide input regarding the identified CHNA priorities. Seven separate focus groups were held in person at locations throughout Allegany County, and one final virtual focus group was held online. These sessions included a wide range of diverse community representation, including the following:

- Adults of all ages (18-65+),
- Those who identify as Black or African American, Asian, and/or White,
- Parents of children with special needs,
- LGBTQIA+ Individuals,
- Those who are unemployed and/or are experiencing poverty,
- Individuals with mental health conditions,
- Individuals with a disability,
- Individuals experiencing lack of food (food insecurity), and
- Individuals with a substance use disorder.

Upon arrival, focus group participants completed the CHNA survey to identify their priorities before engaging in any discussions. Participants identified the same top three priorities as the county; however, *dental health* was identified as an additional priority area. 59% of group participants ranked it as fourth, preceding affordable housing. All participating groups then identified health insurance and dental care as important factors in the access to care discussions. Key discussion themes are as follows:



FOCUS GROUP ANALYSIS

HEALTHY COMMUNITIES DISCUSSION THEMES

The focus groups began by asking participants this question designed to prompt reflection on Allegany County or their town of residence.

“What does a healthy community look and feel like for you?”

“Many thriving businesses”

“Access to good and affordable nutrition”

“Mobile Health Clinic”

“Walkability”

“Clean; no needles and trash laying around”

“Affordable housing”

-
- Accessibility to Healthcare: This includes availability of providers, specialists, dental care, vision care, mental health services (especially for children), and the cost of healthcare and insurance. Transportation to appointments is also a major concern.
 - Mental Health: A significant focus is on mental health resources for both adults and children. There's a noted lack of accessibility and affordability, and a need for greater awareness and support.
 - Access to Resources: This is a broad theme covering access to basic needs like housing, food (healthy and affordable), and other essential services. It also includes knowing what resources are available in the community.
 - Transportation: Lack of adequate transportation is a significant barrier for many, impacting access to healthcare, jobs, and other services.
 - Safety: Safety concerns include crime, drugs, bullying, traffic safety, and feeling safe in public spaces.
 - Community and Social Interaction: A healthy community involves people interacting with each other, feeling welcomed, and having opportunities for social engagement and activities, especially for children and seniors.
 - Employment: Viable employment opportunities and employers who are flexible and understanding of employees' health needs are important for a healthy community.
 - Activities for Children: Availability of affordable and safe recreational activities for children is repeatedly mentioned.
 - Affordability: The affordability of various services and necessities, including healthcare, housing, and food, is a key factor in a healthy community.

FOCUS GROUP ANALYSIS

HEALTHY COMMUNITIES

Impactful Discussions:

Community members in more remote parts of the County feel isolated:

"So I just feel like, you know, sometimes we're just kind of forgotten up here. Here I mean in our area, in our rural area, we don't have a lot of voices. We don't have access to transportation like they do down there."

Parents and grandparents want more green space and activities for children:

"It should not be easier to walk to a liquor store than a park or playground. There's, like, no walkable way for them to go to a playground. They used to be playgrounds all over here... So it's kind of like you want them to remain kids, but there's really nothing for them to be kids around here that's affordable and that there's access to... Keep available activities for kids affordable."

General concern for the aging population:

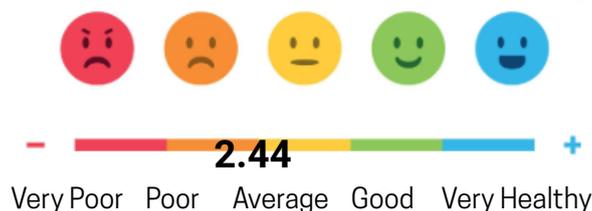
"And then there's also the group of people - we have a lot of elderly that can't get out or have no access to get out to do anything. There's elderly who have no other way to get to town other than to drive themselves."

"There's always fires. And they don't have smoke detectors and things like that they need. And there's not really anybody to help elderly people, especially to fix up their homes. And I know in some of the cities they have programs where even churches, whatever, will come out and help an elderly person get their house up to where it needs to be, so that it's safe for them to live in."



PHOTO CREDIT: Lisa Lyons

The focus group participants were asked, **"On a scale 1-5, (1 not healthy - 5 being very healthy) How healthy would you rate your community?"**



FOCUS GROUP ANALYSIS

ACCESS TO HEALTHCARE

“So do I go to my doctor’s appointment, or do I get the groceries that I need?”

“Transportation options are so extremely limited. There’s people who can’t get to a regular doctor, they can’t get preventative care. So they are left untreated until their health gets to a point where it becomes an emergency and that’s contributing to the emergency rooms overflowing.”

For Allegany County, **access to healthcare** encompasses various aspects of life and is largely affected by many social determinants of health. Particular to this discussion topic, participants often voiced concerns and discontent regarding their limited financial resources, which forced them to make challenging choices between necessities such as transportation, healthcare, and food.

Reliable transportation, limited provider choice, insurance restrictions, and health education were among most group discussions. The region has very limited transportation resources that many find unaffordable.

The overwhelming consensus is that there are not enough providers, both regular and specialty, to meet the needs of the residents, especially for pediatric, dental, and mental health care needs. Long wait times at a local urgent care or emergency room and even longer waitlists for scheduled visits with a provider cause many residents to look outside of the county for healthcare, while others are forced to go without treatment.

Insurance restrictions are another barrier faced by many. Insurance dictates the who, what, when, and how of healthcare, while increasing in cost and sometimes being the one factor standing between a patient and their treatment.

Finally, many participants of this process begged for more health education in the form of informational handouts, billboards, flyers, anything to get the word out about available services, resources, and other basic information that could be helpful to those struggling.

FOCUS GROUP ANALYSIS

MENTAL HEALTH

"My child is diagnosed bipolar and has been since sixth grade, and we had a really hard time. We can't get her care here. There was no psychiatrist for a child that age. She's now 21 and she still has to travel to Hagerstown every two weeks to get her medications and [see] a provider."

Mental Health - Access to mental health services is a major concern across all focus groups. Participants described a shortage of providers, long wait times, and a lack of specialized care, especially for pediatric mental health. Pediatric mental health needs are a significant concern, and there are few pediatric providers. High turnover rates and a lack of specialization add to the challenges of finding both inpatient and outpatient care.

These issues are compounded by insurance restrictions, limited therapy options, and transportation barriers. Transportation was cited as a key underlying reason access to behavioral health services is more difficult. Additionally, people searching for meaningful help with behavioral health services often need to try more than one provider before a good match is found. In settings where few providers exist, that can be difficult. Insurance companies, including Medicaid, enforce arbitrary rules on beneficiaries limiting or refusing coverage for out-of-state care. Providers in the closest, largest city with an academic medical center (Morgantown, WV) are inaccessible to community members because insurance rules prevent access. Respondents also cited issues with insurance rules disallowing more than one type of therapy to occur simultaneously, another important limitation to access.

Substance use disorders (SUD) are deeply tied to mental health challenges, with participants citing the effects of poverty, crime, overdose deaths, stigma, and strain on community services. There is a clear need for more recovery support and assistance for families. Some participants specifically mentioned the need for more access to detox services and inpatient care. These insights highlight the need for a more integrated, accessible behavioral health system that includes both mental health and SUD care.

Other identified areas of concern included caregiver support for those taking care of elderly or special needs individuals, support for grandparents who are raising their grandchildren, and access to more social interaction for seniors who are isolated or shut-in. Suggestions to address these issues included more wellness activities, keeping libraries open and utilizing them as venues for public health activities, more classes on coping and bullying, more education to the population on the offerings of senior centers, and more supervised activities for children.

FOCUS GROUP ANALYSIS

MENTAL HEALTH AND SUBSTANCE USE DISORDER

“There’s the cyclical relationship between poverty causing drugs and drugs causing poverty.”

“In my experience with substance use, personally, I raised kids whose parents had issues with substance use. And when kids download how to do life from somebody who doesn’t know how to do life, it’s really challenging to undo and start to teach new skills.”

Although substance use was ranked 12th as a standalone priority in the current survey, it was a significant element integrated into nearly every top priority, particularly mental health. Participants were asked:

“Do You Think Substance Use Affects Your Community? If so, how?”

100% said yes.

Reasons given for that answer:

- The cycle of poverty and drug use
- Crime, homelessness, and deaths
- Self-medication for mental health issues due to a lack of access to care
- Safety and syringes on the ground
- Stigma associated with substance use
- Drain on community resources (EMS, law enforcement, hospitals, schools)
- Destruction of families and grandparents raising grandchildren
- Insufficient activities for children and community investment
- Limited opportunities and resources for individuals in recovery



FOCUS GROUP ANALYSIS

JOBS, WAGES, AND ECONOMIC DEVELOPMENT

"I have a number of friends who travel to the Hagerstown area for jobs. I've been fortunate enough... to work remotely; or I don't know where I'd work in this area."

Focus group participants had strong opinions and much to say about Allegany County's **jobs, wages, and economic development**. Their concerns fell broadly into three main areas of focus: workforce development, wages and employment quality, and business climate and economic support.

Workforce Development

Participants identified job training and retraining as a significant need for the County, with a strong demand for adult vocational training centers and job retraining programs. Residents are seeking new job opportunities in growing sectors such as IT, AI, technology, advanced manufacturing, and healthcare. Additionally, focus group participants highlighted the need for more job fairs to connect job seekers with employers. While higher education is seen as important, it is viewed as too expensive, with calls for more scholarships, grants, and affordable post-secondary education options.

Wages and Employment Quality

Residents describe the area as economically depressed with a declining and aging population, since young people and recent college graduates often leave the area in search of better opportunities. Both professionals and general workers report low pay, with many part-time jobs lacking benefits. Many residents report struggling financially despite being employed. Concerns were raised about the "cliff effect" when a small increase in income leads to a sudden loss of public assistance benefits, creating a financial hardship. Residents want to see increased wages for existing workers when the minimum wage rises. Overall, focus group participants believe that more desirable jobs are available outside the county for better pay. Cuts to public transportation and limited job access options pose additional challenges, especially for those without vehicles.

Business Climate and Economic Support

Residents view local rules and regulations as obstacles to starting new businesses. Additionally, there is a perceived lack of state and local support for entrepreneurship, including grants and incentives. Participants feel that not enough is being done to attract or retain businesses. Residents see the recent relocation incentives offered by the city of Cumberland as ineffective for helping current residents. Additionally, there is a sense that the county lacks the strong online presence necessary to boost tourism activities and promote local establishments to maximum advantage.

FOCUS GROUP ANALYSIS

AFFORDABLE HOUSING

"So the problem is there's a lot of housing that's here; it just isn't livable. So dilapidated."

"I think income compared to housing is a huge gap... Yes. The income doesn't match what the housing costs are, that's what I was trying to say."

Focus group discussions highlight a significant **affordable housing** crisis in Allegany County, characterized by high costs, limited availability, and dwindling housing stock. Participants specifically identified the following challenges:

Affordability and Market Rates:

- Severe affordable housing shortage relative to market rates.
- High and continually increasing utility costs (electric, water, gas, taxes, property insurance).
- Difficulty affording homeownership.
- Rising costs of new housing due to material expenses and construction delays.
- Concerns about "outsiders" purchasing homes and inflating rental prices.

Housing Availability and Quality:

- Lack of available rental units.
- Limited housing choices or renovated properties exist in more distant locations such as Westernport, Mt. Savage, and George's Creek.
- Long waitlists and restrictive eligibility criteria (e.g., clean background, credit score) for subsidized housing.
- High presence of dilapidated housing.
- Limited usable land for new construction.

Tenant Rights and Stability:

- Fear of retaliation and potential eviction for complaining about living conditions or raising issues with landlords.
- Desire to age in place and avoid nursing home placement.
- Financial vulnerability, with residents being "one paycheck away from disaster."
- Concerns about being forced to live in resource-limited outlying areas due to availability.

Systemic Issues:

- Perception that insufficient action is being taken to address housing issues, particularly in outlying areas.
- Lack of a county-wide housing agency to support the development of new market-rate housing.
- Homeowners struggling to afford necessary repairs and upkeep.
- Limited job opportunities and stagnant income.
- Fear of losing essential benefits (e.g., food stamps, TCA) upon securing better employment.

FOCUS GROUP ANALYSIS

HEALTH INSURANCE

“They said they don’t accept that supplement and Medicare wont pay all of it, so I said, ‘I can’t have the operation’.”

The overarching themes in the **health insurance** portion of the focus groups were about costs, lack of transportation, and access to primary and specialty care providers.

Cost: Participants consistently raised concerns about rising healthcare costs, including insurance premiums, co-pays, deductibles, and the cost of hospital, dental (including dentures), vision (including eyeglasses), and hearing care (including hearing aids). The affordability of healthcare was a major concern, especially for those on fixed incomes, forcing difficult choices between healthcare and basic needs. The group expressed frustration with insurance companies regarding claim denials and felt healthcare should be income-based or universally provided.

Access to Care: A lack of accessible primary care and specialist providers was a significant barrier, leading to delays in necessary care. Participants worried about potential Medicaid cuts and advocated for contacting legislators.

Insurance Coverage Issues:

- Some providers don't accept certain insurance plans due to low reimbursement rates.
- Disability insurance doesn't cover vision or dental care.
- Pharmacy plan changes disrupt medication access.
- Behavioral health insurance is inadequate.
- Insurance companies, rather than providers, often dictate medication coverage.
- Employer-provided insurance may not be comprehensive and function as catastrophic coverage.

Need for Education: Participants recognized the importance of understanding all aspects of health insurance, including Medicaid, Medicare, and appropriate emergency department use. Awareness of free navigator support through the Connector Program was also highlighted as lacking.

Additional Concerns and Suggestions:

- Health insurance should cover nutritional needs for older adults and other elder care services.
- Increased access to free preventive services and health screenings is needed.
- Veterans' healthcare is a concern.
- Medicaid's broader medication coverage can incentivize leaving the workforce.

A Positive Development: The Medicaid expansion in Maryland, covering prenatal and postpartum care for women, was a noted positive aspect.



The reports that follow were assembled with resources from secondary data sources, and should not be considered conclusive or valid, nor interpreted for use, without independent verification before interpretation or application. Findings may change due to ongoing data reconciliation and the availability of new information. Further research and data verification is crucial to ensuring that data provides transparency and promotes the most effective and efficient courses of action for community health improvement.

ALLEGANY COUNTY INDICATORS REPORT

[SECONDARY DATA AND RESOURCES LINK](#)