

HHS COMMITTEE #2  
March 1, 2012

**MEMORANDUM**

February 28, 2012

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

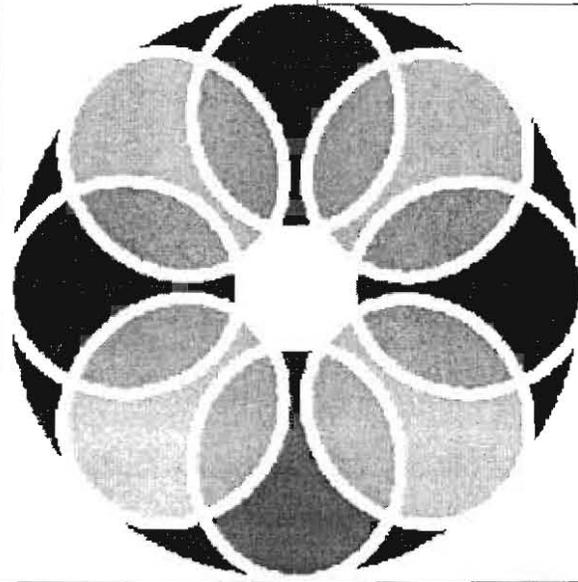
SUBJECT: **Update: Healthy Montgomery (Community Health Improvement Program)**

At this session, Department of Health and Human Services Director Uma Ahluwalia will update the Committee on the work of Healthy Montgomery which is Montgomery County's community health improvement process. Director Ahluwalia's presentation is attached at ©1-9.

The Healthy Montgomery website says that, "The Healthy Montgomery community health improvement process is a community-based effort to improve the health and well-being of Montgomery County residents. Healthy Montgomery is under the leadership of the Healthy Montgomery Steering Committee, which includes planners, policy makers, health and social service providers and community members. The community health improvement process includes data collection, identification of areas for improvement, priority-setting, strategic planning, implementation planning, and collaborative efforts to address the priority needs in Montgomery County and evaluate the success of the improvement efforts."

In addition to the presentation slides, attached at ©10-11 is a background summary of Healthy Montgomery and at ©12-13 a list of the Steering Committee membership.

Healthy Montgomery is coordinated with the Maryland State Health Improvement Process (SHIP). Both efforts are data driven and focused on evaluating health measures and measure of social determinants that impact health. Attached at ©14-19 is a summary of Montgomery County baseline data that is being collected by the Maryland SHIP.

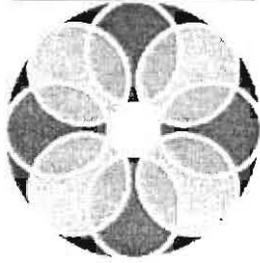


# HEALTHY MONTGOMERY

March 2012 Update

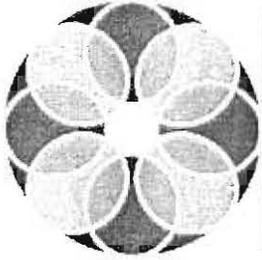
*Montgomery County  
Department of Health and Human Services*

Uma Ahluwalia



# Overview

- Overall Process
- Status
- Next Steps
- Website



# Overall Process – 3 Years

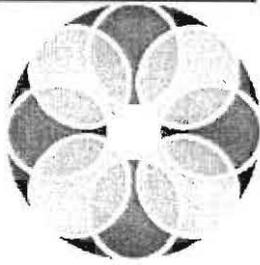
- Environmental Scan
  - Past assessments
  - Review all data sources and reports on County (health, social, demographic, education, labor, etc.)
- Needs Assessment
  - Quantitative- identify indicators
  - Qualitative-Community conversations

Completed

- Priority Setting
  - Use assessment results to identify KEY areas of focus
- Action Agenda
  - Develop action plans with partners\* to collectively address priorities
- Data System Development and Maintenance (spans across all stages)

In Progress

\* Partners include the diverse leadership on steering committee – hospitals, insurers, school system, recreation department, homeless, veterans, providers, minority health initiatives, planning department, and health and human services department



# Current Status: Moving Into Action Planning

*Apply strategies that address:*

Lack of  
Access

Health  
Inequities

Unhealthy  
Behaviors

*To improve outcomes in:*

Behavioral  
Health

Cardiovascular  
Disease

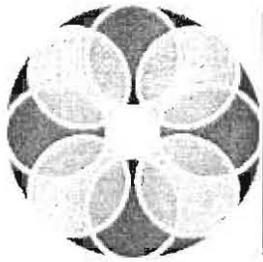
Obesity

Cancers

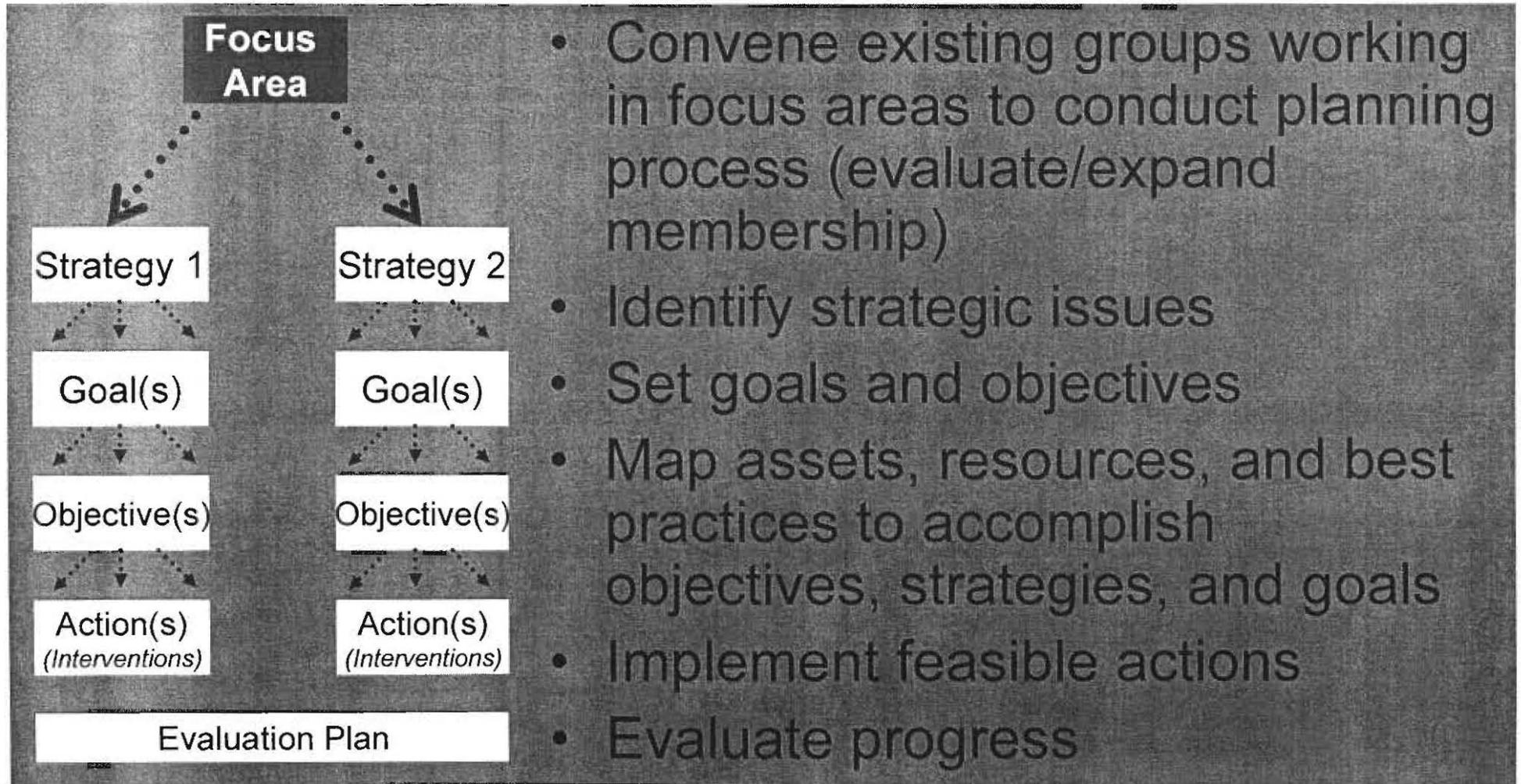
Maternal &

Infant Health

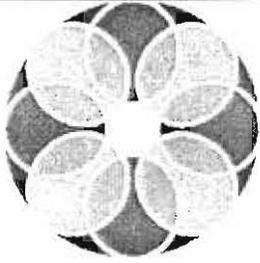
Diabetes



# Identify Strategic Issues for Each Focus Area



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# Where to start?

Phase in 2 workgroups at a time to build strategic plans, action agendas, and evaluation plans

**Behavioral  
Health**

**Cardiovascular  
Disease**

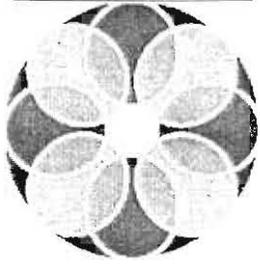
**Cancers**

**Obesity**

**Diabetes**

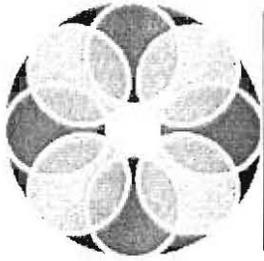
**Maternal &  
Infant Health**

First 2 workgroups to be identified on March 5, 2012 with planning to phase in work for remaining 4 areas in 2012



# Healthy Montgomery in 2012

- Key activities include:
  - Workgroup membership and meetings
  - Develop Strategic Plan, Implementation Plan, and Evaluation Plan for approval and adoption by Steering Committee for each focus area
  - Communication among partners, stakeholders and Steering Committee
  - Publishing reports on process and progress onto Healthy Montgomery website



# www.HealthyMontgomery.org

## Healthy Montgomery



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The Community Health Improvement Process for Montgomery County, Maryland

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### COMMUNITY DASHBOARD



[Adult Physical Activity](#)



[Gonorrhea Incidence Rate](#)



[Bachelor's Degree](#) **NEW**



[Colorectal Cancer Death Rate](#) **NEW**



[Public Assistance](#) **NEW**



[Unable to Afford Doctor](#)

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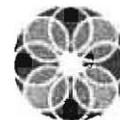
### IN THE NEWS

#### Local Feature Story

**Racial gap persists in infant mortality rates | Black woman more likely to lose infant than white woman**

The GAZETTE reports "In Montgomery County, a black woman is at least two times more likely to lose an infant within the first 30 days of life than a white woman, according to a report released by the Maryland Department of Health and Mental Hygiene."

#### About This Site



## HEALTHY MONTGOMERY

The Healthy Montgomery community health improvement process is a community-based effort to improve the health and well-being of Montgomery County residents.

### Featured Content

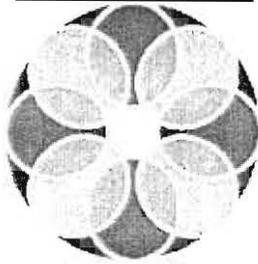


[Campaign Overview](#)  
[About the RED DRESS](#)  
[Increase your awareness about heart disease among women](#)  
@ The Heart Truth logo and The Red Dress are registered trademarks of HHS.

### Areas of focus

**Which of these areas of focus do you think are most urgent to address**

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## HOW THE ACA PROVISIONS WILL IMPACT HM PRIORITIES

- HIE data coming to MoCARES doctors and to HM to track performance on HM priority areas
- Efforts to Integrate Behavioral Health with Primary Care are critical to our integration efforts
- No Wrong Door - integrated eligibility as expanding the rolls of the insured up to 400% of poverty with subsidies and Medicaid threshold raised to 138% of poverty, improving access to care, increased focus on prevention services
- Delivery of high quality and low cost care
- State wide focus on addressing health disparities in the State health reform package



The Montgomery County Community Health Improvement Process (CHIP)

The mission of Healthy Montgomery is to achieve optimal health and well-being for Montgomery County, Maryland, residents. The Healthy Montgomery process is based upon an ongoing sustainable community and consensus-driven approach that identifies and addresses key priority areas that ultimately improve the health and well-being of our community.

### Healthy Montgomery Goals

- ❖ Improve access to health and social services;
- ❖ Achieve health equity for all residents; and
- ❖ Enhance the physical and social environment to support optimal health and well-being.

### Healthy Montgomery Objectives

- ❖ To identify and prioritize health needs in the County as a whole and in the diverse communities within the County;
- ❖ To establish a comprehensive set of indicators related to health processes, health outcomes and social determinants of health in Montgomery County that incorporate a wide variety of county and sub-county information resources and utilize methods appropriate to their collection, analysis and application;
- ❖ To foster projects to achieve health equity by addressing health and well-being needs, improving health outcomes and reducing demographic, geographic, and socioeconomic disparities in health and well-being; and
- ❖ To coordinate and leverage resources to support the HEALTHY MONTGOMERY infrastructure and improvement projects.

### Healthy Montgomery Background

For several years, the Montgomery County Department of Health and Human Services (DHHS) and its community partners have recognized the need to conduct timely, comprehensive health needs assessments using data that identify health and human services needs in the various communities and populations in the County. Such needs assessments identify and characterize disparities in health status among the County's communities and populations, identify unmet needs, plan and implement strategies to meet the needs, and evaluation of the effectiveness of the strategies.

In June 2008, DHHS and the Montgomery County Collaboration Council for Children, Youth and Families sponsored a meeting that brought together organizations in the County that provide services to improve the health and well-being of Montgomery County residents. The purpose of this meeting was to evaluate how the local public health system delivers essential public health services to its community. In this context, the definition of the local public health system includes all organizations that directly or indirectly provide health and health-related services to County residents, including academic institutions, businesses, community nonprofit organizations, foundations, health care institutions, government agencies, religious, and fraternal organizations.

The meeting attendees collectively assessed how well the ten essential public health functions<sup>1</sup> are carried out in the County, using a tool from the National Public Health Performance Standards Program of the Centers for Disease Control and Prevention<sup>2</sup>. A consistent finding was the need of all organizations for valid, reliable, and user-friendly data related to health and the social determinants of health. A second consistent finding was that within Montgomery County there was a need to have a mechanism to coordinate the efforts of public and private organizations to identify and address health and health-related issues in the County, including disparities in health status among populations in the County. Montgomery County initiated Healthy Montgomery to address these needs.

<sup>1</sup>The 10 essential public health functions identified by the Centers for Disease Control and Prevention can be viewed at:

<http://www.cdc.gov/od/ocphp/nphpsp/essentialphservices.htm>

<sup>2</sup> <http://www.cdc.gov/od/ocphp/nphpsp/>



The Montgomery County Community Health Improvement Process (CHIP)

Healthy Montgomery builds on all past and current efforts, including environmental scans, comprehensive needs assessments, community health-related work, and relevant information from the healthcare provider organizations in the County. In developing and implementing improvement strategies, Healthy Montgomery works with community group and local experts and investigates “best-practice” strategies and techniques developed by other related undertakings, including an examination of the community health improvement tools and techniques that have demonstrated success in other parts of the country. Healthy Montgomery assures accountability by identifying and using performance indicators that measure progress toward achieving its goals.

Healthy Montgomery is an ongoing process that includes periodic needs assessment, development and implementation of improvement plans and monitoring of the resulting achievements. The process is dynamic, thus giving the County and its community partners the ability to monitor and act on the changing conditions affecting the health and well-being of County residents.

**Healthy Montgomery Timeline**

Each Healthy Montgomery cycle has four distinct phases:

Year 1		Year 2		Year 3	
Phase I		Phase II		Phase III	
Information-gathering from multiple sources and engaging community stakeholders to contribute to and participate in Healthy Montgomery.		Analysis of the data and information compiled in Phase I. This is accomplished through a comprehensive community health needs assessment that includes the following activities: <ul style="list-style-type: none"> <li>• Defining Healthy Montgomery assessment communities/subpopulations;</li> <li>• Conducting qualitative data collection (focus groups, public meetings, surveys) with multiple sectors of the community;</li> <li>• Developing community health profiles for each assessment community using quantitative data and qualitative input from the community;</li> <li>• Present the findings in a Montgomery County Health Needs Assessment Report; and</li> <li>• Disseminating the report to stakeholders.</li> </ul>		Priority-setting and action agenda, which includes the following activities: <ul style="list-style-type: none"> <li>• Establishing health priorities based on quantitative data and qualitative input from the community in Phase II;</li> <li>• Identifying and executing an action agenda with performance measures to meet the identified health priorities; and</li> <li>• Monitoring progress of the action agenda to improve health priorities.</li> </ul>	
Phase IV					
Maintenance phase that includes the following activities: <ul style="list-style-type: none"> <li>• Evaluation of the results of action agenda implementation;</li> <li>• Maintenance of the data repository; and</li> <li>• Planning for the next Healthy Montgomery cycle.</li> </ul>					

For more information, visit:  
[www.healthymontgomery.org](http://www.healthymontgomery.org)



The Community Health Improvement Process for Montgomery County, Maryland

Healthy Montgomery Steering Committee Members

Co-Chairs:

Mr. George Leventhal  
Councilmember, Montgomery County Council  
Affiliation: HHS Sub-Committee, Montgomery County Council

Ms. Sharan London  
Vice President, ICF International  
Affiliation: Homeless Issues

Members:

Ms. Uma Ahluwalia  
Director, Montgomery County Department of Health and Human Services  
Affiliation: Montgomery County DHHS

Mr. Ron Bialek  
President, Public Health Foundation  
Affiliation: Commission on Health

Dr. Michael Dempsey  
Physician, Private Practice  
Affiliation: Montgomery County Medical Society

Ms. Mary Dolan  
Acting Chief, Functional Planning and Policy Division, Montgomery County Department of Planning  
Affiliation: Montgomery County Planning Department, M-MCPPC

Ms. Tammy Duell  
Director, Medical Adult Day Care Program, Holy Cross Hospital  
Affiliation: Commission on Aging

Ms. Veronica Everett  
Marketing & Community Outreach Coordinator, Montgomery General Hospital  
Affiliation: Montgomery General Hospital

Ms. Sharon Friedman  
Executive Director, Mental Health Association of Montgomery County  
Affiliation: Mental Health Association of Montgomery County

Dr. Carol Garvey  
Principal, Garvey Associates  
Affiliation: Montgomery County Collaboration Council for Children, Youth and Families

Ms. Maritha Gay  
Senior Director of External Affairs, Kaiser Permanente  
Affiliation: Kaiser Permanente

Mr. Thomas Harr  
Executive Director, Family Services, Inc.  
Affiliation: Family Services, Inc.

Ms. Karen Ho  
Member, Asian American Health Initiative  
Affiliation: Asian American Health Initiative

Ms. Lorrie Knight-Major  
Member, Commission on Veterans Affairs  
Affiliation: Commission on Veterans Affairs

Ms. Judy Lichty  
Regional Director for Health and Wellness, Adventist Health Care  
Affiliation: Adventist Health Care System

Ms. Kathy McCallum  
Controller, Ronald D. Paul Companies  
Affiliation: Mental Health Advisory Committee

Ms. Beatrice Miller  
Assistant Director, Adult Medicine DC-SM, Kaiser Permanente  
Affiliation: African American Health Program

Dr. Seth Morgan

Physician  
Affiliation: Commission on People with Disabilities

Ms. Roseanne Pajka  
Senior Vice President, Corporate Development, Holy Cross Hospital  
Affiliation: Holy Cross Hospital

Dr. Cesar Palacios  
Executive Director, Proyecto Salud Health Center  
Affiliation: Latino Health Initiative

Ms. Monique Sanfuentes  
Director, Community Health and Wellness, Suburban Hospital  
Affiliation: Suburban Hospital

Ms. Tina Shubert  
Recreation Specialist, Montgomery County Department of Recreation  
Affiliation: Montgomery Recreation Department

Dr. Michael Stoto  
Professor of Health Systems Administration and Population Health Georgetown University School of Nursing and Health Studies  
Affiliation: Academia

Reverend Tim Warner  
Community Liaison to the African American and Faith Communities  
Affiliation: Office of Community Partnerships, Montgomery County

Ms. Sharon Zalewski  
Vice President, Primary Care Coalition of Montgomery County  
Affiliation: Primary Care Coalition of Montgomery County

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Healthy Montgomery

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County	Obj #	Maryland SHIP Objective	County Baseline Description (Source)	County Baseline	National Baseline	MD Baseline	County by Race/ Ethnicity*	Maryland by Race/Ethnicity*	Healthy People 2020 Goal	Maryland 2014 Target
Montgomery	1	Increase life expectancy in Maryland	Life expectancy at birth (VSA 2009)	83.8	77.9	78.6		White female—81.9 White male—77.3 Black female—78.7 Black male—71.6	N/A	82.5
Montgomery	2	Reduce infant deaths	Infant Mortality Rate per 1,000 births(VSA 2007-2009)	5.7	6.7	7.2	White/NH--4.9 Black--11.3 Asian--4.4 Hispanic--2.6	White—4.1 Black—13.6	6.0	6.6
Montgomery	3	Reduce low birth weight (LBW) & very low birth weight (VLBW)	Percentage of births that are LBW (VSA 2007-2009)	8.0%	8.2%	9.2%	White/NH--7.1% Black--10.6% Asian--8.4% Hispanic--6.9%	White—7.0% Black—13.0%	7.8%	8.5%
Montgomery	4	Reduce sudden unexpected infant deaths (SUIDs)	Rate of SUIDs (includes deaths attributed to Sudden Infant Death Syndrome (SIDS), Accidental Suffocation and Strangulation in Bed (ASSB) and deaths of unknown cause) per 1,000 births (VSA 2005-2009)	0.5	0.9	1.0		White—0.71 Black—1.67	0.8	0.89
Montgomery	6	Increase the proportion of pregnant women starting prenatal care in the first trimester	Percentage of births where mother received first trimester prenatal care (VSA 2007-2009)	82.8%	70.8%	80.2%	White/NH--92.1% Black--78.1% Asian--90.5% Hispanic--69.3%	White—83.9% Black—73.7%	77.9%	84.2%
Montgomery	7	Reduce child maltreatment	Rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18 (Dept of Human Resources FY2010)	3.2	9.4	5.0		White—12.0 Black—5.3	8.5	4.8
Montgomery	8	Reduce the suicide rate	Rate of suicides per 100,000 population (VSA 2007-2009)	7.1	11.3	9.6			10.2	9.1

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County	Obj #	Maryland SHIP Objective	County Baseline Description (Source)	County Baseline	National Baseline	MD Baseline	County by Race/ Ethnicity*	Maryland by Race/Ethnicity*	Healthy People 2020 Goal	Maryland 2014 Target
Montgomery	9	Decrease the rate of alcohol impaired driving fatalities	Rate of deaths associated with fatal crashes where driver had alcohol involvement per 100 million Vehicle Miles of Travel (SHA 2009)	***, 11 (Count only)	0.4	0.29			0.38	0.27
Montgomery	10	Increase the proportion of students who enter kindergarten ready to learn	Percentage of children who enter kindergarten ready to learn (MSDE 2010-2011)	74.0%	N/A	81.0%		White—88% Black/ African American—76% Hispanic/ Latino—70%	N/A	85.0%
Montgomery	11	Increase the proportion of students who graduate high school	Percentage of students who graduate high school four years after entering 9th grade (MSDE 2010)	85.0%	74.9%	80.7%		White/NH—87.6% Black/ African American—72.5% American Indian / Alaskan Native—74% Asian / Pacific Islander—92.5% Hispanic—69.7%	82.4%	84.7%
Montgomery	12	Reduce domestic violence	Rate ED visits related to domestic violence/abuse per 100,000 population (HSCRC 2010)	30.7	N/A	69.6		White—36.9 Black—144.4 Asian/Pacific Islander—11.8 Hispanic—47.5	N/A	66
Montgomery	13	Reduce blood lead levels in children	Rate of new (incident) cases of elevated blood lead level in children under 6 per 100,000 (MDE 2009)	28.7	N/A	79.1			N/A	39.6
Montgomery	14	Reduce the rate of fall related deaths	Rate of deaths associated with falls per 100,000 population (VSA 2007-2009)	7.7	7	7.3			7	6.9
Montgomery	15	Reduce pedestrian injuries on public roads	Rate of pedestrian injuries (SHA 2007-2009)	44.2	22.6	39			20.3	29.7

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County	Obj #	Maryland SHIP Objective	County Baseline Description (Source)	County Baseline	National Baseline	MD Baseline	County by Race/ Ethnicity*	Maryland by Race/Ethnicity*	Healthy People 2020 Goal	Maryland 2014 Target
Montgomery	16	Reduce Salmonella infections transmitted through food	Rate of Salmonella infections per 100,000 (IDEHA 2010)	13.7	15.2	18.8			11.4	12.7
Montgomery	17	Reduce hospital emergency department visits from asthma	Rate of ED visits for asthma per 10,000 population (HSCRC 2010)	40.6	N/A	85	White--18.6 Black--92.2 American Indian--57.7 Asian--13.0 Hispanic--52.9	White--41.3 Black--181.8 Asian/Pacific Islander--17.0 Hispanic--39.1	N/A	67.1
Montgomery	18	Increase access to healthy food	Percentage of census tracts with food deserts (USDA 2000)	1.1%	10.0%	5.8%			N/A	5.5%
Montgomery	19	Reduce the number of days the Air Quality Index (AQI) exceeds 100	Number of days per year the AQI exceeded 100; not all counties are measured for AQI (EPA 2008)	5	11	8.4			10	13
Montgomery	20	Reduce new HIV infections among adults and adolescents	Rate of new (incident) cases of HIV in persons age 13 and older per 100,000 (IDEHA 2009)	18.8	N/A	32		White--7.4 Black--87.6 Asian--3.7 Native Hawaiian/Other Pacific Islander--41.8 Hispanic--26.8	N/A	30.4
Montgomery	21	Reduce Chlamydia trachomatis infections among young people	Rate of Chlamydia infection for all ages per 100,000 (IDEHA 2009)	198.2	N/A	416.7	White--101.6 Black--410.2 Asian--50.9 Hispanic--246.2 (all ages)	White--92.1 Black--698.7	N/A	N/A
Montgomery	24	Increase the season influenza vaccine rates	Percentage of adults who have had a flu shot in last year (BRFSS 2008-2010)	49.2%	25.0%	43.0%	White/NH--55.2% Black--37.3% Hispanic--40.2%	White/NH--51.3% Black--46.2% Hispanic--40.6%	80.0%	61.5%

County	Obj #	Maryland SHIP Objective	County Baseline Description (Source)	County Baseline	National Baseline	MD Baseline	County by Race/ Ethnicity*	Maryland by Race/Ethnicity*	Healthy People 2020 Goal	Maryland 2014 Target
Montgomery	25	Reduce deaths from heart disease	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	130.2	190.9	194	White--195.5 Black--221.0 Asian--71.7 Hispanic--53.9	White--184.3 Black--238.3	152.7	173.4
Montgomery	26	Reduce the overall cancer death rate	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	130.1	178.4	177.7	White--199.0 Black--181.9 Asian--91.4 Hispanic--67.1	White--176.6 Black--193.0	160.6	169.2
Montgomery	27	Reduce diabetes-related emergency department visits	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	168.8	N/A	347.2	White--110.3 Black--414.8 Asian--35.9 Hispanic--105.2	White--229.5 Black--668.5 Asian--44.5 Hispanic--98.9	N/A	330
Montgomery	28	Reduce hypertension-related emergency department visits	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	123.3	N/A	237.9	White--77.2 Black--75.9 Asian--50.9 Hispanic--44.7	White--135.6 Black--474.8 Asian--53.8 Hispanic--50.9	N/A	225
Montgomery	29	Reduce drug-induced deaths	Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	5.9	12.6	13.4		White--14.8 Black--12.6	11.3	12.4
Montgomery	30	Increase the proportion of adults who are at a healthy weight	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	47.7%	30.8%	34.0%	White/NH--50.4% Black--33.9% Asian--67.1% Hispanic--35.9%	White/NH--37.2% Black--26.0% Asian--53.5% Hispanic--30.1%	33.9%	35.7%
Montgomery	31	Reduce the proportion of young children and adolescents who are obese	Percentage of youth (ages 12-19) who are obese (MYTS 2008)	8.4%	17.9%	11.9%		White--8.8% Black--15.8% Asian--8.4% Hispanic--15.0%	16.1%	11.3%
Montgomery	32	Reduce tobacco use by adults	Percentage of adults who currently smoke (BRFSS 2008-2010)	7.8%	20.6%	15.2%	White/NH--7.3% Black--12.2% Asian--3.8% Hispanic--9.5%	White/NH--15.0% Black--17.8% Asian--4.4% Hispanic--7.8%	12.0%	13.5%

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County	Obj #	Maryland SHIP Objective	County Baseline Description (Source)	County Baseline	National Baseline	MD Baseline	County by Race/ Ethnicity*	Maryland by Race/Ethnicity*	Healthy People 2020 Goal	Maryland 2014 Target
Montgomery	33	Reduce the proportion of youths who use any kind of tobacco product	Percentage of high school students (9-12 grade) that have used any tobacco product in the past 30 days (MYTS 2010)	19.2%	26.0%	24.8%		White—24.7% Black—24.2% Asian/Native Hawaiian/other Pac. Isl.—18.6% Hispanic—29.8%	21.0%	22.3%
Montgomery	34	Reduce the number of emergency department visits related to behavioral health conditions.	Rate of ED visits for a behavioral health condition per 100,000 population (HSCRC 2010)	741.2	N/A	1,206.3	White--690.2 Black--1,163.1 Asian--191.9 Hispanic--341.6	White--1,168.1 Black--1,517.4 Asian--214.3 Hispanic--861.6	N/A	1146
Montgomery	35	Reduce the proportion of hospitalizations related to Alzheimer's disease and other dementias	Rate of hospital admissions related to dementia/ Alzheimer's per 100,000 population (HSCRC 2010)	9.4	N/A	17.3		White—22.5 Black—14.6	N/A	16.4
Montgomery	36^	Increase the proportion of persons with health insurance	Percentage of civilian, non-institutionalized 18-64 yr olds with any type of health insurance (BRFSS 2008-2010)	87.6%	N/A	86.5%		White/NH--89.9% Black--82.4% Asian--81.8% Hispanic--52.1%	100.0%	N/A
Montgomery	38	Increase the proportion of children and adolescents who receive dental care	Percentage of children 4-20 yrs enrolled in Medicaid that received a dental service in the past year (Medicaid CY2009)	66.8%	N/A	59.0%			N/A	62.0%

County	Obj #	Maryland SHIP Objective	County Baseline Description (Source)	County Baseline	National Baseline	MD Baseline	County by Race/ Ethnicity*	Maryland by Race/Ethnicity*	Healthy People 2020 Goal	Maryland 2014 Target
Montgomery	39	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	11.0%	14.6%	12.0%	White/NH--5.3% Black--22.7% Asian--11.9% Hispanic--19.4%	White/NH--8.2% Black--16.8% Asian--9.3% Hispanic--26.6%	N/A	11.4%

Three-year rolling averages are presented for many of the measures as a means to display more stable data (less year-to-year variation) while showing change over time. Data details for figures found in "National Baseline" and "Maryland Baseline" columns can be found on the Maryland SHIP webpage under MEASURES at <http://dhmh.maryland.gov/ship/measures.html>.

\* Race/ethnicity definitions based on the sources of data used. Hispanic origin can be from any race; White/NH denotes those who are both White and of Non-Hispanic origin.

\*\*\*Rates based on counts less than 20 are not shown due to instability.

36^ Maryland baseline value for Objective #36 - Proportion of persons with health insurance -- has been adjusted to allow for comparison with county level data.

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