Healthy Montgomery 2016

Community Health Needs Assessment Summary

www.healthymontgomery.org

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Learn about local health services and resources – and how we can make Montgomery County healthier.

Montgomery County has been ranked the healthiest County in Maryland.[1]

But we need to do more – so **everyone** can access the care and services they need to live healthier lives.

Creating the Community Health Needs Assessment

Healthy Montgomery developed the assessment to gauge the health of people in Montgomery County and find out more about the health resources we have. Given the programs and services available, what is working well and what needs improvement?

We wanted answers to questions like:

- What sorts of health and social programs are available – from government agencies, hospitals, and other groups?

- How well are they working?

- How do other factors affect people's health – like how much money they have, where they live, whether they have access to transportation, and their educational and/or cultural background?

Partner organizations in Montgomery County can use the information in this report to come up with ways to improve our community's current resources, like:

- Figuring out health goals – and targeting specific groups of people who might be at greater risk

What is Healthy Montgomery?

A team of experts from different fields working together to improve health in Montgomery County. We want to make programs and services better and knock down barriers, so more people can get help. Our team includes experts from:

- Government agencies and offices

- County hospital systems

- Minority health initiatives and programs

- Advocacy groups

- Schools, colleges, and universities

- Community-based service providers

- Health insurance companies

- Elected officials

[1] According to the 2016 County Health Rankings.

- Building on existing community resources and partnerships

- Developing evidence-based strategies to fix problems

Healthy Montgomery is also using the results of the Community Health Needs Assessment to set goals for the next three years – 2017 to 2019.

Collecting the Data

To put together this report, we gathered information from four different sources.

- **We talked to people like you.** We went across the County and held 15 Community Conversations with the public. We wanted to hear opinions about the health resources and services in their community – what was working and what was not.

- **We studied the data.** To see how we are doing, Healthy Montgomery keeps track of 37 different key measurements of public health. They include things like the percentages of adults who smoke, students who take part in extracurricular activities and families living in poverty. Added together, this data gives us a snapshot of Montgomery County's overall health.

- **We looked at available programs and services offered by hospitals and other organizations.** We wanted to see how well health-related programs from the County's hospitals lined up with each other – and where programs from other public and private organizations fit in.

- **We studied strategies that have worked in other communities.** We wanted to find approaches that had the best evidence – so we know they will really work.

Healthy Montgomery: Three Goals

1. **Improve access to health and social services**
   We want to make it easier for people to get the help they need.

2. **Achieve health equity for all residents**
   We want to make sure that everyone – no matter what their background is – has an equal opportunity to be healthy.

3. **Enhance the physical and social environment to support optimal health and wellbeing**
   By making changes to our surroundings, we can encourage people to be healthier. That might mean offering new programs. Or it might mean building a park, so kids have more places to play.

What We Learned: Assessment Results

Research Highlights

- People in Montgomery County have access to many health care resources and social service programs – both from the government and private organizations

- But we need to make these services easier for people to access by addressing barriers – related to underlying factors like disabilities, cost, culture, language, and transportation – and improving coordination among different programs and organizations

- Improving underlying factors needs cooperation among different professionals and organizations – like departments of health, transportation, education and more – and a general agreement to consider health in all decision-making processes

Our research gave us a comprehensive view of Montgomery County's health – where we are succeeding and where we need to improve. You can see all our findings and recommendations in the full report at www.healthymontgomery. org, but we have included selections from the research below divided by key categories.
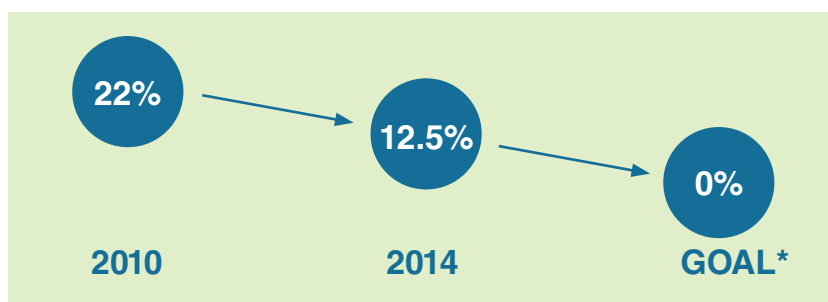
Underlying Factors

Where a person lives, what kind of job and income they have, their educational and cultural background – all of these can affect a person's health. Healthy Montgomery studied these underlying factors to see how we can work to improve them.

Key Finding: What Is A Healthy Community?

We asked community members what a healthy community meant to them. They said that it offers:

- Safe places to walk, bike and be physically active

- Access to healthy, affordable food

- Jobs that pay well and affordable housing

- High-quality education

- Crime-free neighborhoods

- Reliable and affordable public transportation

- Access to preventive services, health care and social services

More People Have Insurance In Montgomery County

22% →	12.5% →	0%
2010	2014	GOAL*

The number of people who do not have insurance has dropped from 22% in 2010 to 12.5% in 2014. Our goal is 100% insurance coverage for everyone who is eligible*.

However, people are still struggling with insurance. While the Affordable Care Act (ACA) has made insurance and health care more affordable, Montgomery County residents are having trouble signing up for health insurance plans, understanding their coverage and using services.

Key Finding: Hospitals are making health care easier to understand.

The County's hospital systems are relying on evidence-based strategies to integrate health literacy (so people understand their treatment and care), health equity (so all people get the care they need), and cultural and language differences in their services.

Obesity and Related Health Problems (Chronic Conditions)

Obesity can increase the risk of other health problems – including heart disease, diabetes, and some cancers. Many strategies that reduce obesity can reduce these related conditions, too.

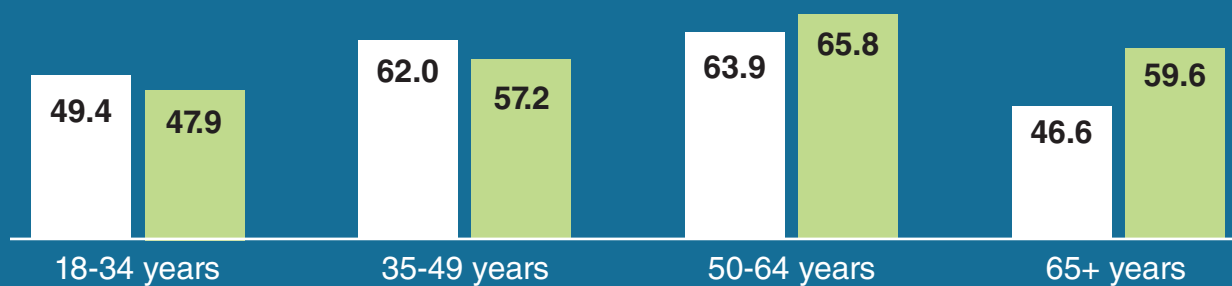High school students are not getting enough activity
One out of six high school students had no physical activity in the last week.*

*This means that they did not get 60 minutes of physical activity on any day of the week.

Percent of Adults Who Are Overweight or Obese by Age

■ 2011   ■ 2014

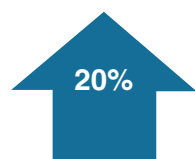| Age	2011	2014
18-34 years	49.4	47.9
35-49 years	62.0	57.2
50-64 years	63.9	65.8
65+ years	46.6	59.6

Heart Health (Cardiovascular Health)

Heart attacks, strokes and related problems are the number one cause of death in the U.S. Blacks/African Americans are at higher than average risk. They also have the highest rates of high blood pressure and they are more likely to develop it earlier than other groups.

- Black/African American deaths from cardiovascular disease have dropped 25% since 2008.

- But Blacks/African Americans are still more than twice as likely to die from heart disease than Hispanic people living in Montgomery County.

Diabetes

Type 2 is the most common type of diabetes and risk factors include obesity and lack of physical activity. Type 2 diabetes is also more common in Blacks/African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders.
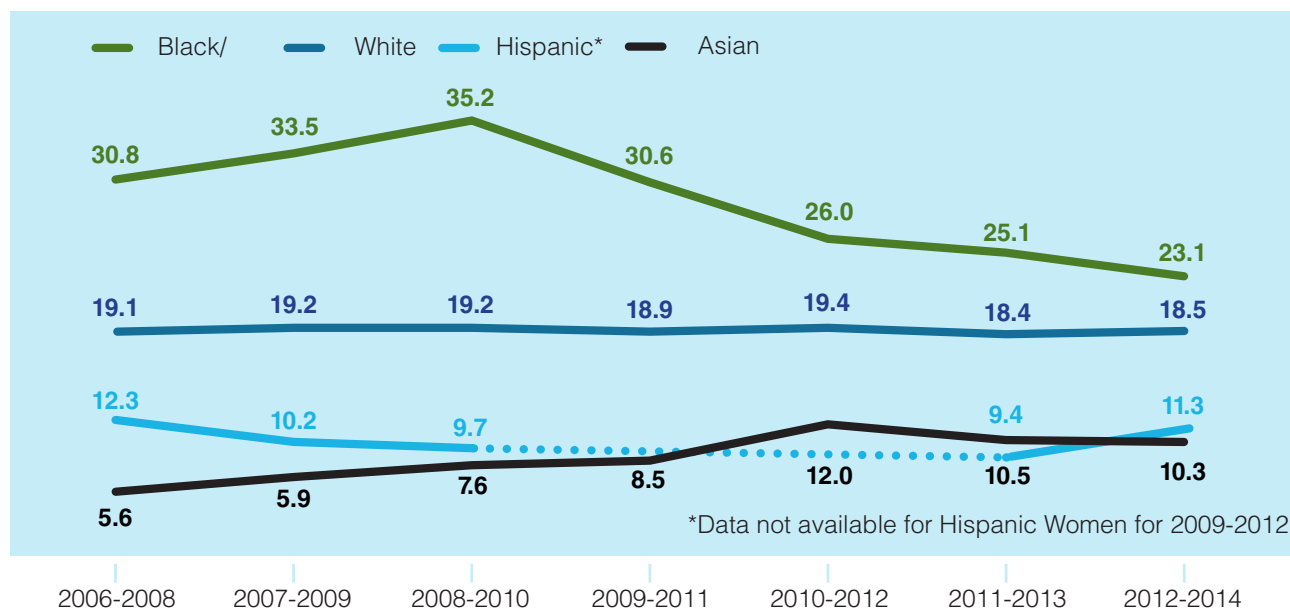
20%

Emergency Room (ER) Visits Related To Diabetes Have Increased

Between 2010 and 2013, they have gone up 20%. For children under age 18, emergency room visits related to diabetes have gone up even more – 28%.

Cancers

While family history can play a role, most cancers are related to how we live. Smoking, the food we eat, obesity and not getting physical activity may play a role in two out of three deaths from cancer.

Breast Cancer Deaths in Women – Per 100,000 Women

Legend: Black/ — White — Hispanic* — Asian

	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Black/	30.8	33.5	35.2	30.6	26.0	25.1	23.1
White	19.1	19.2	19.2	18.9	19.4	18.4	18.5
Hispanic*	12.3	10.2	9.7			9.4	11.3
Asian	5.6	5.9	7.6	8.5	12.0	10.5	10.3

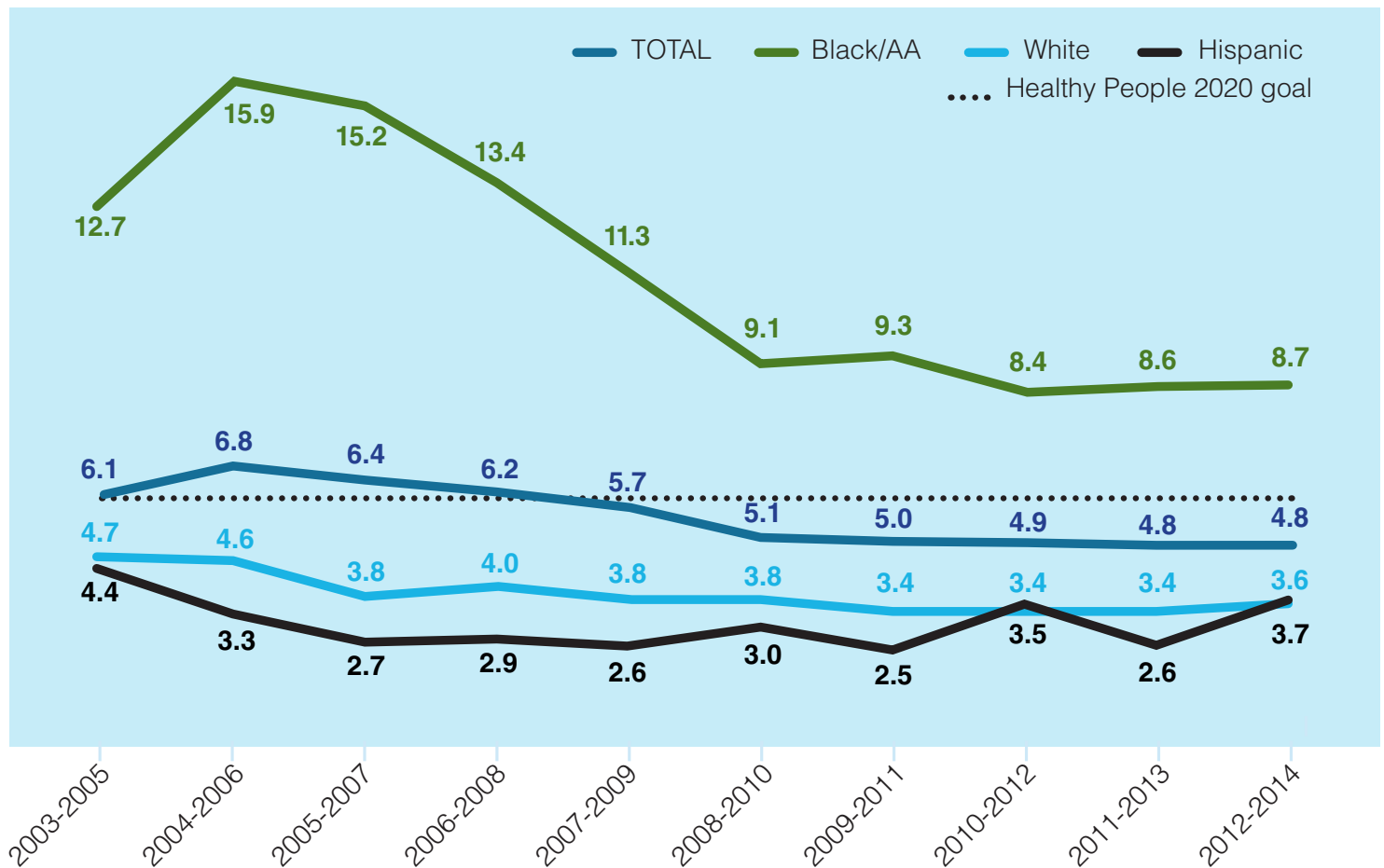*Data not available for Hispanic Women for 2009-2012

The gap has narrowed over time, but Black/African American women are still more likely to die from breast cancer than white women and other groups. The death rate is still 25% higher for Black/African American women than white women.

Health for Mothers and Babies (Maternal and Infant Health)

Good care during pregnancy is essential – both for a mother and her baby. But factors like race, ethnicity, age and income can make it less likely for women to get care. And that can lead to a higher risk of complications during pregnancy and after birth.

Infant Mortality: Are We Making Progress?

Infant deaths are still higher for Blacks/African Americans than whites and Hispanics.

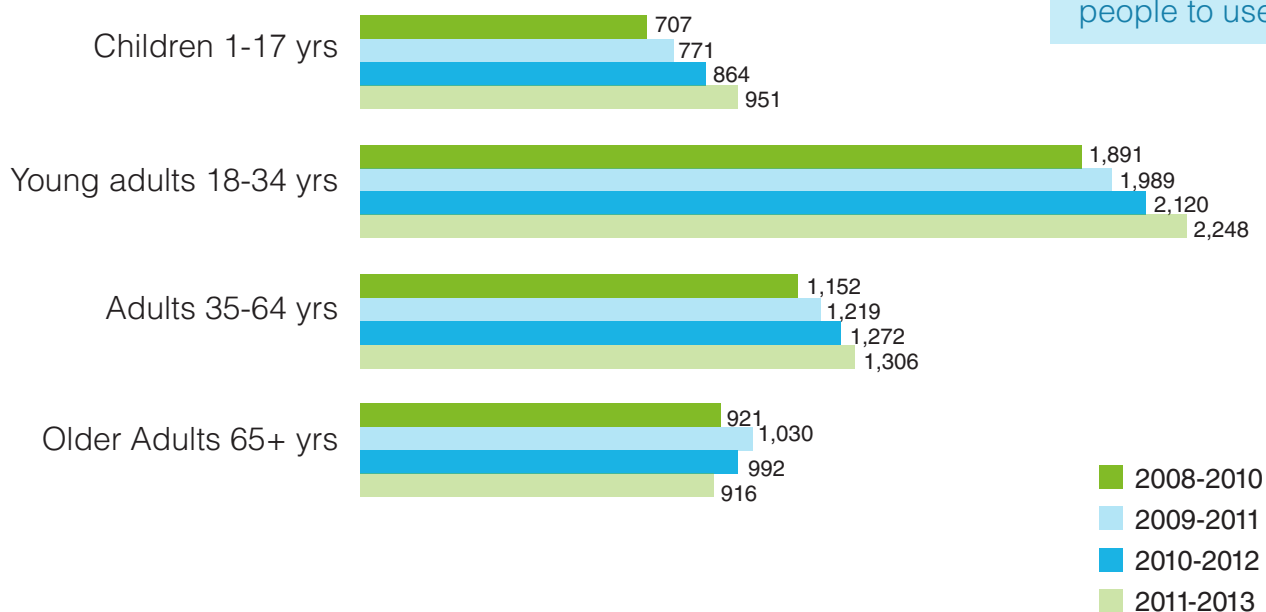## Mental Health and Substance Abuse (Behavioral Health)

Factors like poverty, poor housing and unsafe neighborhoods can all increase the risk of mental health problems. And fear of being treated differently because of mental health problems can stop people from getting the treatment they need.

Emergency Room (ER) Visits Related to Behavioral Health

The number of emergency room visits (per 100,000 population) related to mental health and substance abuse has been rising – especially among children.

Children 1-17 yrs
- 707
- 771
- 864
- 951

Young adults 18-34 yrs
- 1,891
- 1,989
- 2,120
- 2,248

Adults 35-64 yrs
- 1,152
- 1,219
- 1,272
- 1,306

Older Adults 65+ yrs
- 921
- 1,030
- 992
- 916

Legend:
- 2008-2010
- 2009-2011
- 2010-2012
- 2011-2013

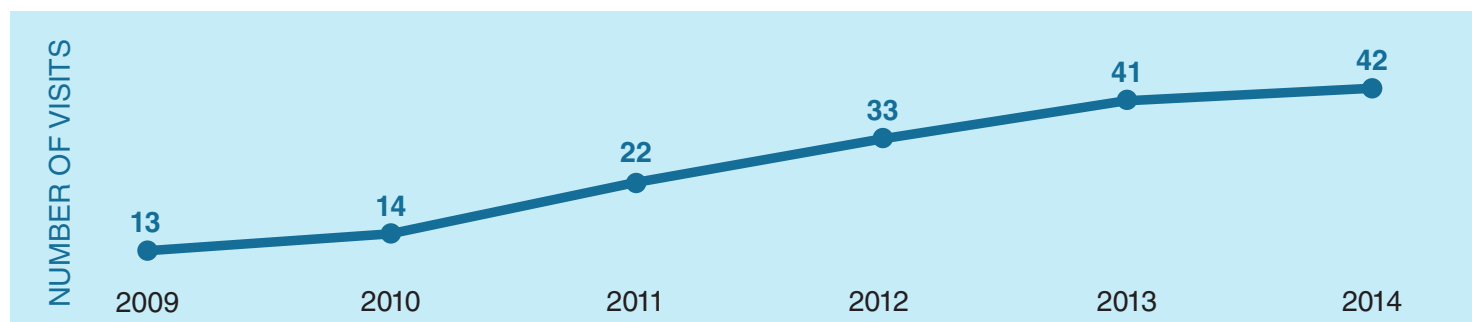**Key Finding: Strategies for promoting resources.**

Community members suggested that promoting resources in common spaces – like schools, churches, libraries, community centers and stores – could get more people to use them.

Emerging Issue: Heroin and Opioid Misuse

Opioid abuse – including heroin as well as some prescription painkillers – has become a major public health problem in Montgomery County.

Emergency Room Visits Related to Heroin

NUMBER OF VISITS

- 2009: 13
- 2010: 14
- 2011: 22
- 2012: 33
- 2013: 41
- 2014: 42

The number of heroin-related emergency room visits in Montgomery County tripled between 2009 and 2014. However, Montgomery County still has the second lowest rate of emergency room visits related to heroin in the state.

What We Can Do: Strategies to Make Montgomery County Healthier

Based on our findings, we identified 63 evidence-based What We Can Do strategies. These are actionable approaches to address problems and weaknesses in Montgomery County's health care.

Some expand on programs that already exist. Others are completely new. Most will need the help of partner organizations in Montgomery County.

To focus our efforts and resources, the Healthy Montgomery Steering Committee selected the top 10 strategies to focus on – and from those, **three priority strategies for 2017 to 2019.** ★

10 Key What We Can Do Strategies

1 **Create a Health in All Policies (HiAP) Model for Montgomery County** ★
Make health a consideration when deciding anything that affects the community – whether it is paving a new road or building a community center. A HiAP Model will bring together professionals from different areas – like transportation, health, environment, labor, education and housing – along with community representatives. Together, they can make sure that the community's health needs are being met.

2 **Offer diet and physical activity programs to people at risk of type 2 diabetes** ★
Given the high rates of type 2 diabetes in Montgomery County – and the nation – programs that help stop people from developing the condition are essential. New programs may include weight loss goals, sessions with experts about diet and exercise and individually tailored diet and exercise plans.

3 **Improve support for mental health and substance abuse** ★
Create new integrated care programs to address mental health and substance abuse during regular doctor's appointments – with a special focus on underserved groups and areas. Expand access for existing mental health services – like support groups – and connect social services for mental health, substance abuse and people with disabilities.

Key Concept: Triple Aim

Healthy Montgomery uses the Triple Aim approach – tackling three related goals at the same time:

1. Focus on making patients more satisfied with the quality of their care

2. Target specific groups of people who most need help improving their health

3. Lower the overall amount of money we spend on health care.

4 **Increase the use of health literacy practices that we know work**
Encourage hospitals, medical offices, schools and other organizations to follow health literacy best practices – so it is easier for people to understand their health and treatments.

5 **Help pregnant women get prenatal care during their first trimester**
Offer practical help – like transportation to and from appointments or the assistance of a patient navigator to help guide women in their care. Focus efforts on women who have low incomes or are at risk.

6 **Connect people with key resources in the community**
Support organizations in our community that are already helping people – and get more people to take advantage of them.

7 **Make it easier for people to get to places where they can be physically active**
Focus on improving transportation options, so people have reliable access to safe, accessible and affordable places to exercise and play.

8 **Offer preventive services in easy-to-access locations**
Make services available outside of medical offices – like in stores, schools, churches and community centers. Build on existing partnerships between government and businesses to offer more preventive services.

9 **Train key community members in how to recognize the warnings signs of depression and suicide**
Educate adults who work with people at higher risk – like older adults, youth and people in the military. Make sure they know what to do and how to direct people to community resources.

10 **Make cancer screenings more affordable and accessible**
Lower the out-of-pocket costs for people getting cancer screenings (including breast, cervical, colorectal, lung, prostate and skin cancer). Use different approaches, like vouchers, refunds or lower co-pays. Work around barriers that make it hard for people to get screenings. This might include changing office hours so more patients can schedule screenings, offering screenings outside of offices and hospitals or providing transportation.

Key Concept: Collective Impact

To make real improvements in the lives of people living in Montgomery County, we all need to work together.

That is what collective impact is about. It means getting different groups on the same page – like public health experts, doctors and nurses, educators, and others – and coordinating our efforts. We all need to:

- Agree on common goals and how to measure progress

- Plan activities and programs that complement what partners are offering

- Make sure all these different professionals and groups keep the lines of communication open

Building on Our Strengths

Many of these strategies expand on existing programs and resources offered by partners in Montgomery County.

Healthy Montgomery Steering Committee (HMSC) Member Organizations

- Local health care partners, including: Adventist HealthCare; Amerigroup Community Care; Holy Cross Health; Kaiser Permanente; MedStar Montgomery Medical Center; and Suburban Hospital

- Local organizations, including: Mental Health Association of Montgomery County and Primary Care Coalition of Montgomery County

- Local minority health initiatives, including: Asian American Health Initiative; African American Health Program; and Latino Health Initiative

- Maryland House of Delegates and Maryland - National Capital Park and Planning Commission

- Montgomery County government partners, including: Commission on Health; Collaboration Council for Children, Youth, and Families; Montgomery County Council; Montgomery County Departments of Health and Human Services, Housing and Community Affairs, Planning, and Transportation; Montgomery County Public Schools; and Montgomery County Recreation

- Partners at Georgetown University and Manna Food Center

Other partners

- The Healthy Montgomery Behavioral Health Task Force and Eat Well Be Active Partnership

- Montgomery County partners, including: Commission on Aging; Commission on People with Disabilities; Family Services; Fetal Infant Mortality Review Board and Community Action Team; Health Care for the Uninsured programs and partners; and Leadership Institute for Equity and the Elimination of Disparities

- Partners at the University of Maryland Extension

And thank you to our other partners in the community for their support in creating a healthier Montgomery County.

Creating this assessment is just the beginning.

Now, Healthy Montgomery will work with our partners to put these strategies into action – and help make Montgomery County a healthier place.

Want To Learn More?

Check out Healthy Montgomery's website at www.healthymontgomery.org to find out more about our work, read the full assessment (including data sources), and give us feedback.

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