

Health Equity in Montgomery County, MD

Healthy Montgomery Core Indicators 2013-2021



Montgomery County Department
of Health and Human Services



Health Equity in Montgomery County, Maryland: Healthy Montgomery Core Indicators, 2013-2021

Marc Elrich, County Executive

James C. Bridgers, Jr., PhD, MBA, Director
Department of Health and Human Services

Kisha N. Davis, MD, MPH, Health Officer
Department of Health and Human Services

Christopher Rogers, PhD, MPH, Acting Chief
Public Health Services

A Publication of the
Montgomery County Department of Health and Human Services
Public Health Services
Health Planning and Epidemiology

401 Hungerford Drive, Rockville, MD 20850
(240) 777-1872
Email: Chunfu.liu@MontgomerycountyMD.gov
Web: <http://www.montgomerycountymd.gov/hhs/>

January 2024

Suggested citation: Montgomery County, Maryland, Department of Health and Human Services, Health Planning and Epidemiology. *Health Equity in Montgomery County, Maryland: Healthy Montgomery Core Indicators, 2013-2021*. Rockville, Maryland. 2024.

Health Equity in Montgomery County, Maryland: Healthy Montgomery Core Indicators, 2013-2021

PREPARED BY:

Health Planning and Epidemiology

Rita Deng, MHS, Senior Planning Specialist

Deanna Thomas, Data Manager

Chunfu Liu, ScD, Chief Epidemiologist

ACKNOWLEDGEMENT:

Data:

Vital Records - Vital Statistics Administration, Maryland Department of Health

Hospitalization – Maryland Health Services Cost Review Commission

Infectious Diseases – Infectious Disease Bureau, Maryland Department of Health

Reviewers:

Kisha N. Davis, MD, MPH, Health Officer

Christopher Rogers, PhD, MPH, Acting Chief, Public Health Services

List of Tables

Table 1. Healthy Montgomery Core Measures

Table 2. List of Zip Codes for Primary Care Service Areas, Montgomery County, MD

Table 3. Health Equity Comparing NH-Blacks to NH-Whites by PCSA, Montgomery County, MD

Table 4. Health Equity Comparing Asians to NH-Whites by PCSA, Montgomery County, MD

Table 5. Health Equity Comparing Hispanics to NH-Whites by PCSA, Montgomery County, MD

Table 6. Health Equity Among Overall Population by PCSA, Montgomery County, MD

List of Maps

- Map 1. Primary Care Service Areas (PCSAs), Montgomery County, MD
- Map 2. Change in Equity for Infant Mortality by PCSA
- Map 3. Change in Equity for Preterm Births by PCSA
- Map 4. Change in Equity for Behavioral Health ER Visit by PCSA
- Map 5. Change in Equity for Suicide Mortality by PCSA
- Map 6. Change in Equity for Drug-Induced Mortality by PCSA
- Map 7. Change in Equity for Substance Use Disorder ER Visit by PCSA
- Map 8. Change in Equity for Diabetes ER Visit by PCSA
- Map 9. Change in Equity for Diabetes Mortality by PCSA
- Map 10. Change in Equity for Heart Disease Mortality by PCSA
- Map 11. Change in Equity for Heart Disease ER Visit by PCSA
- Map 12. Change in Equity for Chronic Lower Respiratory Disease Mortality by PCSA
- Map 13. Change in Equity for Chronic Lower Respiratory Disease ER Visit by PCSA
- Map 14. Change in Equity for Fall Mortality by PCSA
- Map 15. Change in Equity for Fall Hospitalization by PCSA
- Map 16. Change in Equity for Fall ER Visit by PCSA
- Map 17. Change in Equity for Motor Vehicle ER Visit by PCSA

INTRODUCTION

Montgomery County is the most populous county in Maryland with a population estimate of over 1.06 million in 2021 from the U.S. Census; it also has the highest percentage (60.0%) of residents over 25 years of age who had bachelor's degree. Montgomery County has a very diverse population and there is an increasing trend toward becoming more diverse over time. In 2021, the County was 41.4% Non-Hispanic White, 20.7% Non-Hispanic Black, 16.3% Asian/Pacific Islander, and 20.3% Hispanic or Latino based on the estimate from the U.S. Census. Of the County's population, 32.6% were born outside the U.S. 41.9% of residents spoke languages other than English at home.

Montgomery County has had the highest overall health outcomes ranking in Maryland since 2014, based on the County Health Rankings by the Robert Wood Johnson Foundation. However, ongoing efforts are needed to make improvements in the areas of access to health care, health inequities, and unhealthy behaviors. Despite doing better than the state average and other jurisdictions in most health outcomes, great disparities exist among population subgroups on race/ethnicity and geographic areas. As a result, Department of Health and Human Services (DHHS) has created a data driven platform to review our programs and interventions, identify pockets of disparities in health outcomes, and disseminate these data points regarding general health (e.g. status of health report), health disparity (health equity report and zip code ranking project), specific health issues that disproportionately impact our jurisdiction (e.g. maternal and infant health, sexually transmitted infections, COVID-19 surveillance), and special subpopulation (e.g. Report on uninsured population). To achieve this goal, DHHS has engaged a host of county, state and national resources, including expertise from the county Minority Health Initiatives and Program (the African American Health Program, Asian American Health Initiative, and Latino Health Initiative), local government agencies, the Maryland Department of Health, and the Centers for Disease Control and Prevention. This report is a continuation of this data driven approach; the health equity report examines the disparity of Healthy Montgomery Core Indicators in the areas of maternal and infant health, behavioral health, chronic disease, infectious disease, and injury among population subgroups on race/ethnicity.

Findings of this report serve as a source of knowledge, bring attention to areas of success and weakness, and will serve as a basis for further multi-layered analysis by stakeholders to understand what specific factors are driving sustained gaps in outcomes, and to aid in designing appropriate programming and interventions to address these disparities.

METHODS

Data Sources

Birth – birth data from Maryland Department of Health; data are used for measures of late/no prenatal care and preterm birth.

Mortality – death files from Maryland Department of Health; data are used for measures of infant mortality, suicide mortality, drug-induced mortality, diabetes mortality, heart disease mortality, chronic lower respiratory disease (CLRD) mortality, and fall mortality.

Hospitalization – hospitalization data from Maryland Health Services Cost Review Commission; data are used for behavioral health ER visit, substance use disorder (SUD) ER visit, diabetes ER visit, heart disease ER visit, chronic lower respiratory disease (CLRD) ER visit, firearm hospitalization, fall hospitalization, fall ER visit, and motor vehicle ER visit.

Infectious Disease – infectious disease registry data from Maryland Department of Health; data are used for measures of tuberculosis (TB) incidence, chlamydia incidence, gonorrhea incidence, syphilis incidence, and HIV incidence.

Healthy Montgomery Core Measures

Healthy Montgomery is the County's community health improvement process that brings together County government agencies, elected officials, hospital systems, minority health initiatives/program, advocacy groups, academic institutions, community-based service providers, the health insurance community, and other stakeholders to achieve optimal health and well-being for County residents.

Healthy Montgomery Steering Committee and Data Project Team identified these 25 core measures over time to cover priority areas of maternal and infant health, behavioral health, chronic disease, infectious disease, and injury as in Table 1 below. County officials have utilized these measures for the past decade as proxy measures to approximate population health progress in Montgomery County. Among these 25 measures, measures of 'adults who are overweight or obese' and 'high blood pressure prevalence' are excluded because subcounty level data are not available. Race/ethnicity data on measures of incidence of HIV, Chlamydia, Gonorrhea, and Syphilis are only available in County level, thus no stratifications by Primary Care Service Area (PCSA) are presented. These measures are not exhaustive of all potential measures of health outcomes but represent a set of data points that can be analyzed for trends over the past decade.

Table 1. Healthy Montgomery Core Measures

Maternal and Infant Health	Mothers who Received Early Prenatal Care Infant Mortality Preterm Births
Behavioral health	Mental Health Related ER Visit Suicide Mortality Drug-Induced Mortality Substance Abuse ER Visit
Chronic Disease	Obesity: Adults who are Overweight or Obese Diabetes: Diabetes ER Visit Diabetes Mortality Cardiovascular health: Heart Disease Mortality High Blood Pressure Prevalence Heart disease ER Visit Chronic Lower Respiratory Disease Mortality Chronic Lower Respiratory Disease ER Visit
Infectious Disease	Incidence of TB Incidence of Chlamydia Incidence of Gonorrhea Incidence of Syphilis Incidence of HIV
Injury	Firearm Hospitalization Fall Mortality Fall Hospitalization Fall ER Visit Motor Vehicle ER Visit

Population Subgroups Comparison

Four population subgroups on race/ethnicity including non-Hispanic White (NH-White), non-Hispanic Black (NH-Black), Asian/Pacific Islander (Asian/PI), and Hispanic were examined in this report, NH-White being the largest group was used as the reference group where 3 other groups are compared to. Healthy Montgomery Core Indicators were examined for years of 2013-2021. In addition to presenting estimates for two time periods for each indicator, the equity tables incorporate four measures for monitoring racial and ethnic health equity across areas of Montgomery County and the county overall.

Primary Care Service Area

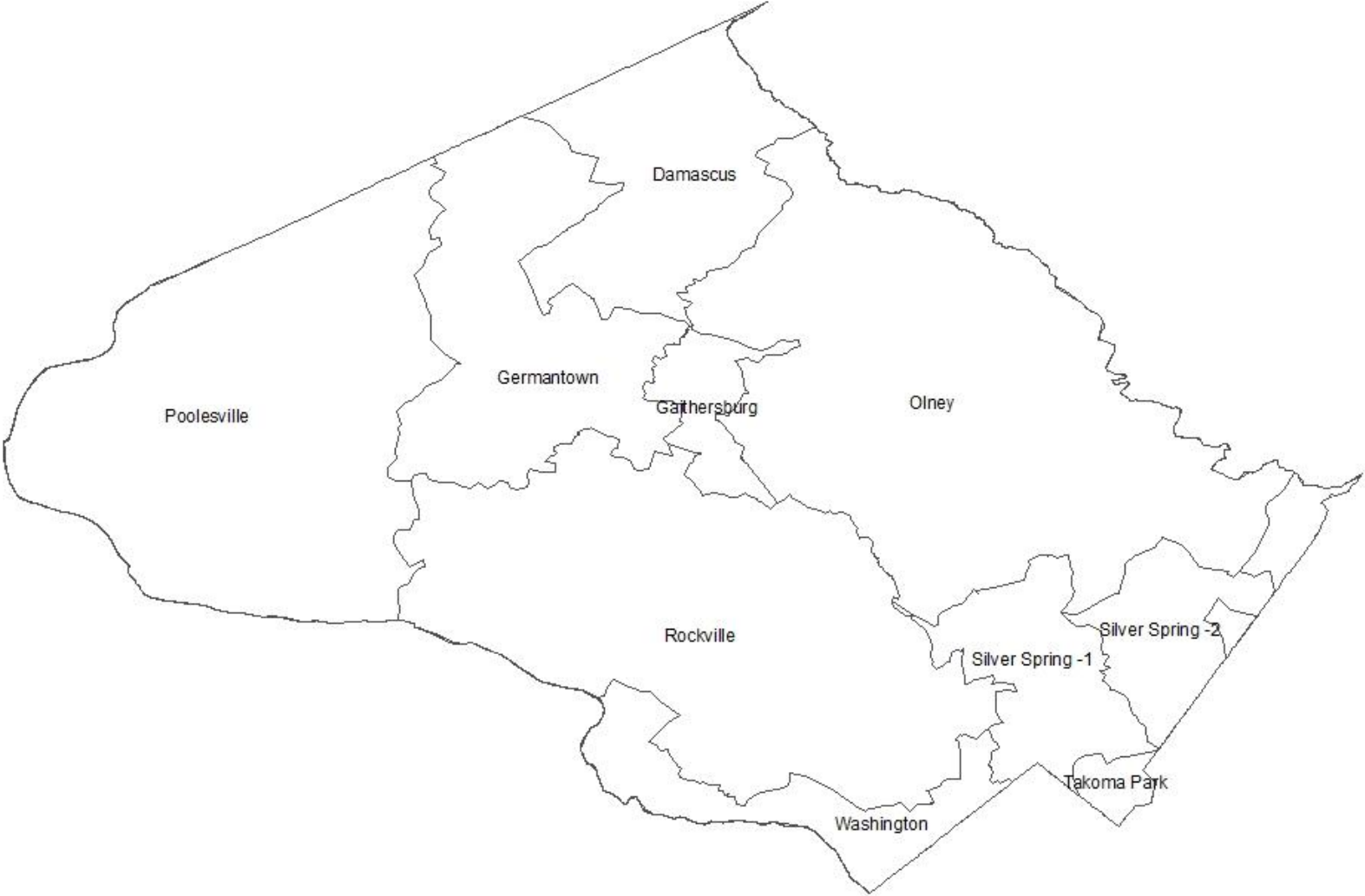
Primary Care Service Areas (PCSA) are geographic areas that are self-sufficient markets of primary care. These areas are designed in a manner such that the majority of patients living in these areas use primary care services from within the area. This ensures that any geographic targeting of policies and resources reach the patients they are meant for. There are eleven PCSAs in Montgomery County including Damascus, Gaithersburg, Germantown, Laurel, Olney, Poolesville, Rockville, Silver Spring 1, Silver Spring 2, Takoma Park, and Washington. The list of zip codes included in each PCSA is in Table 2. A map depicting the PCSAs in Montgomery County is in Map 1. Health equity among population subgroups on race/ethnicity is examined within each PCSA and County overall to understand its variations geographically.

Technical Notes

1. - : No Data/Not included in comparison
2. A change of less than $\pm 5\%$ was considered no change.
3. The Overall Population Index of Disparity (ID) is a measure of how much disparity exists in the overall population, summarizing how far each group is from the population average, higher values of ID indicate increasing levels of disparity in the population.
4. Maps depict the number of racial subpopulation (NH-Black, Asian/PI, Hispanic) that showed an increase in disparity change compared to NH-White by PCSA. Use Map 2 – Change in Equity for Infant Mortality by PCSA as an example. Rockville PCSA has 2 subpopulation disparity increase, namely Black/White (B/W) =27.2% and Asian/White (A/W) =100.8%.

Table 2. List of Zip Codes for Primary Care Service Areas, Montgomery County, MD									
Damascus	Gaithersburg	Germantown	Olney	Poolesville	Rockville	Silver Spring 1	Silver Spring 2	Takoma Park	Washington
20871	20877	20874	20830	20837	20810	20901	20903	20912	20812
20872	20879	20875	20832	20838	20811	20902	20904	20913	20813
	20884	20876	20833	20839	20814	20907	20914		20815
	20886	20885	20853	20841	20817	20910	20993		20816
	20898	20899	20855	20842	20824	20911			20818
			20860		20827	20915			20825
			20861		20847	20918			
			20862		20848				
			20868		20849				
			20880		20850				
			20882		20851				
			20897		20852				
			20905		20854				
			20906		20857				
			20908		20859				
			20916		20878				
					20883				
					20889				
					20891				
					20892				
					20894				
					20895				
					20896				
					20997				

Map 1. Primary Care Service Areas (PCSAs), Montgomery County, MD



Measurement of Health Inequity

1) Pairwise Disparity (rate difference and rate ratio (RR)): Compares the minority population to the NH-White population (reference) for each indicator. To fully understand differences between two groups and how they compare to other indicators, pairwise comparisons should be made on both absolute (e.g. rate difference) and relative (e.g. rate ratio) scales.

2) Change in Pairwise Disparity Over Time: Measures whether the minority population rate has gotten closer to or farther from the NH-White population rate from one time period to another. This measure helps depict whether the gap in the health status between the minority population and the NH-White population is growing or shrinking over time.

3) Index of Disparity (ID): Measures the level of disparity in the overall Montgomery County population for each indicator. Unlike the pairwise disparities that only include two populations, this indicator takes into account all subpopulations and overall Montgomery County population.

$$\text{Index of disparity} = \left(\sum |r_{(1-n)} - R| / n \right) / R * 100$$

Where r is the absolute difference of rates for a specific group within the population, and R is the rate for the overall population.

4) Change in Population Disparity Over Time: Measures whether the overall population disparity has increased or decreased from one time period to another. This measure helps depict whether the gap in the health status between all of the subpopulations and the overall Montgomery County population is growing or shrinking over time.

FINDINGS

The comparison of the four race/ethnicity groups across different health measures revealed health disparities among minority groups. NH-Black and Hispanic groups are shown to have the most disparities, as compared to their NH-White counterparts. The disparities each minority group exhibits are listed below from the most disparity to the least.

Inequity Status (most recent period)

NH-Blacks (Table 3): For County overall, 16 of the 23 core measures show inequity in the NH-Black populations compared to NH-White for the most recent period. Firearm hospitalization has the most inequity (RR=15.77), followed by HIV incidence (RR=14.48), gonorrhea incidence (RR=6.56), chlamydia incidence (RR=5.53), syphilis incidence (RR=5.06), diabetes ER visit (RR=3.92), chronic lower respiratory disease (CLRD) ER visit (RR=2.83), motor vehicle ER visit (RR=2.82), percent late or no prenatal care births (RR=2.57), infant mortality (RR=2.77), substance use disorder (SUD) ER visit (RR=2.25), heart disease ER visit (RR=2.40), diabetes mellitus mortality (RR=2.01), behavioral health ER visit (RR=1.54), percent preterm births (RR=1.36), and heart disease mortality (RR=1.08).

Suicide mortality has the most health inequity in NH-Black populations compared to NH-White across PCSAs except for Germantown. Disparities for suicide mortality by PCSA are as follows: Damascus (RR=8.95), Gaithersburg (RR=8.75), Olney (RR=13.38), Poolesville (RR=7.59), Rockville (RR=13.21), Silver Spring I (RR=17.95), Silver Spring II (RR=11.26), Takoma Park (RR=6.95), and Washington (RR=8.30). Most disparity for Germantown is SUD ER visit (RR=18.64).

Asian/PI (Table 4): For County overall, 4 of the 23 core measures show inequity in Asian populations compared to NH-White for the most recent period. Syphilis incidence has the most inequity (RR=1.63), followed by percent late or no prenatal care births (RR=1.36), infant mortality rate (RR=1.08), and percent preterm births (RR=1.07).

Suicide mortality also has the most health inequity in Asian/PI populations compared to NH-White across PCSAs. Disparities for suicide mortality by PCSA are as follows: Damascus (RR=4.16), Gaithersburg (RR=5.43), Germantown (RR=9.10), Olney (RR=7.11), Poolesville (RR=0.42), Rockville (RR=5.04), Silver Spring I (RR=11.59), Silver Spring II (RR=5.98), Takoma Park (RR=6.61), and Washington (RR=5.53).

Hispanic (Table 5): For County overall, 11 of the 23 core measures show inequity in Hispanic populations compared to NH-White for the most recent period. HIV incidence has the most inequity (RR=3.92), followed by chlamydia incidence (RR=3.26), percent late or no prenatal care births (RR=2.79), diabetes ER visit (RR=2.70), motor vehicle ER visit (RR=2.49), firearm hospitalization (RR=2.37), syphilis incidence (RR=2.29), gonorrhea incidence (RR=1.88), CLRD ER visit (RR=1.71), infant mortality rate (RR=1.44), and percent preterm births (RR=1.34).

Health inequity in Hispanic populations compared to NH-White by PCSA varies among measures. The top measure with most disparity is suicide mortality for Damascus (RR=10.76), Gaithersburg (RR=2.97), Germantown (RR=9.77), Olney (RR=4.73), Poolesville (RR=3.04), Rockville (RR=6.00), Silver Spring I (RR=9.46), and Silver Spring II (RR=5.81). Diabetes ER visit has the most disparity for Takoma Park (RR=5.29), and percent preterm birth for Washington (RR=2.48).

Inequality Change over Time

NH-Black (Table 3): For County overall, 9 of the 23 core measures show increased inequity over time in NH-Black populations compared with NH-White. Firearm hospitalization has the most increase in inequity over time (RR change=184.4%), followed by drug-induced mortality (RR change=111.3%), syphilis incidence (RR change=80.7%), SUD ER visit (RR change=42.4%), HIV incidence (RR change=36.2%), behavioral health ER visit (RR change=19.1%), heart disease mortality (RR change=11.9%), diabetes ER visit (RR change=8.0%), and percent preterm births (RR change=5.97%)

Changes of inequity over time in NH-Black populations compared to NH-White by PCSA vary among measures. The top measure with most disparity increase is CLRD mortality for Damascus (RR change=849.7%), firearm hospitalization for Gaithersburg (RR change=136.1%), SUD ER visit for Germantown (RR change=201.8%), fall mortality for Olney (RR change=1578%), fall hospitalization Poolesville (RR change=382.1%), percent preterm births for Rockville (RR change=30.6%), infant mortality for Silver Spring I (RR change=174.7%), heart disease mortality for Silver Spring II (RR change=21.7%), diabetes mellitus mortality for Takoma Park (RR change=194.4%), and percent preterm births for Washington (RR change=228.7%).

Asian/PI (Table 4): For County overall, 13 of the 23 core measures show increased inequity over time in the Asian populations compared with NH-White. Diabetes mellitus mortality has the most increase in inequity over time (RR change=328.7%), followed by suicide mortality (RR change=301.2%), syphilis incidence (RR change=279.9%), CLRD

mortality (RR change=256.7%), infant mortality (RR change=123.6), heart disease mortality (RR change=161.1%), SUD ER visit (RR change=53.6%), behavioral health ER visit (RR change=31.7%), heart disease ER visit (RR change=29.3%), motor vehicle ER visit (RR change=28.0%), fall ER visit (RR change=25.4%), diabetes ER visit (RR change=23.7%), and CLRD ER visit (RR change=15.3%).

Changes of inequity over time in Asian populations compared to NH-White by PCSA vary among measures. The top measure with most disparity increase is heart disease mortality for Damascus (RR change=395.2%), diabetes mellitus mortality for Gaithersburg (RR change=212.1%), heart disease ER visit for Germantown (RR change=534.6%), diabetes mellitus mortality for Olney (RR change=654.2%), behavioral health ER visit for Poolesville (RR change=568%), diabetes mellitus mortality for Rockville (RR change=462.9%), heart disease mortality for Silver Spring I (RR change=247.2%), heart disease mortality for Silver Spring II (RR change=316.8%), heart disease mortality for Takoma Park (RR change=301.7%), and diabetes ER visit for Washington (RR change=660.7%).

Hispanic (Table 5): For County overall, 11 of the 23 core measures show increased inequity over time in the Hispanic populations compared with NH-White. Suicide mortality has the most increase in inequity over time (RR change=50.2%), followed by percent births with late or no prenatal care (RR change=45.9%), syphilis (RR change=42.3%), heart disease mortality (RR change=31.0%), diabetes ER visits (RR change=28.2), HIV incident (RR change=27.6%), behavioral health ER visit (RR change=27.4%), percent preterm birth (RR change=22.9%), heart disease ER visit (RR change=11.2%), CLRD mortality (RR change=9.81%), and SUD ER visit (RR change=5.99%).

Changes of inequity over time in Hispanic populations compared to NH-White by PCSA vary among measures. The top measure with most disparity increase is heart disease mortality for Damascus (RR change=350.4%), suicide mortality for Gaithersburg (RR change=255.7%), suicide mortality for Germantown (RR change=607.2), drug-induced mortality for Olney (RR change=58.3%), diabetes ER visit for Poolesville (RR change=465.5%), CLRD mortality for Rockville (RR change=231.5%), infant mortality for Silver Spring I (RR change=194.3%), heart disease mortality for Silver Spring II (RR change=218.1%), heart disease mortality for Takoma Park (RR change=214.4%), and percent preterm births for Washington (RR change=142.5%).

Inequality Status for Overall Population (most recent period)

Results are in Table 6. For County overall, all the 23 core measures show inequity in the overall population compared to NH-White for the most recent period. HIV incidence has the most inequity (ID=113.3), followed by firearm hospitalization

(ID=88.3), TB incidence (ID=83.0), diabetes ER visit (ID=66.6), chlamydia incidence (ID=66.5), gonorrhea incidence (ID=66.4), motor vehicle ER visit (ID=54.9), syphilis incidence (ID=52.5), CLRD ER visit (ID=51.3), heart disease ER visit (ID=48.2), drug-induced mortality (ID=48.0), percent late or no prenatal care (ID=44.1), CLRD mortality (ID=41.7), diabetes mortality (ID=38.0), SUD ER visit (ID=37.1), infant mortality (ID=35.4), behavioral health ER visit (ID=34.6), fall hospitalization (ID=32.9), heart disease mortality (ID=31.3), suicide mortality (ID=30.8), fall ER visit (ID=25.8), fall mortality (ID=25.1), and percent preterm births (ID=8.2).

Health inequity in overall populations compared to NH-White by PCSA varies among measures. The top measure with most disparity is firearm hospitalization for Damascus (ID=213.9), suicide mortality for Gaithersburg (ID=110.9), TB incidence for Germantown (ID=115.0), firearm hospitalization for Olney (ID=157.9), fall mortality for Poolesville (ID=153.4), firearm hospitalization for Rockville (ID=144.4), Silver Spring I (ID=131.3), and for Silver Spring II (ID=87.5), suicide mortality for Takoma Park (ID=137.0), and TB incidence for Washington (ID=237.7).

Inequality Change over time for overall population

Results are in Table 6. For County overall, 6 of the 23 core measures show increased inequity over time in the overall population compared to NH-White. Diabetes ER visit has the most increase in inequity (ID change=16.6%), followed by motor vehicle ER visit (ID change=16.1%), chlamydia incidence (ID change=10.1%), percent late or no prenatal care births (ID change=8.0%), SUD ER visit (ID change=6.4%), and CLRD ER visit (ID change=5.6%).

Changes of inequity over time in overall populations compared to NH-White by PCSA vary among measures. The top measure with most disparity increase is firearm hospitalization for Damascus (ID change=113.9%), fall mortality for Gaithersburg (ID change=74.8%), TB incidence for Germantown (ID change=19.17%), firearm hospitalization for Olney (ID change=76.94%); fall mortality for Poolesville (ID change=153.4%), firearm hospitalization for Rockville (ID change=44.4%), fall hospitalization for Silver Spring I (ID change=9.58%), suicide mortality for Silver Spring II (ID change=24.3%), fall mortality for Takoma Park (ID change=46.2%), and fall for Washington (ID change=62.5%).

CONCLUSION

Montgomery County has the overall health status better than the state and the U.S., however great variations exist among population subgroups. It creates a special challenge with the much diverse population in the County, and the population is becoming more diverse over time. This report provides insights on health inequities among population subgroups on race/ethnicity and geographic areas within the County, it also serves as the basis for further analysis to better understand the root causes and factors associated with these disparities. Inputs from and engagement with respective communities and stakeholders are essential to design appropriate programming and interventions. The Health Planning and Epidemiology team within DHHS follows the recommendation of the National Center for Health Statistics of classifying health conditions according to the self-reported race/ethnicity of the individual. Information on race/ethnicity recorded in each data source is used to illustrate disease burdens for population subgroups. There are variations of data quality on race/ethnicity recorded in each population dataset, in terms of completeness and accuracy, thus interpretations of results are to take this into consideration. Though this information can be used to address important topic such as health equity, race/ethnicity is a self-reported item and is subject to the usual limitations of this type of information.

Table 3. Health Equity Comparing NH-Blacks to NH-Whites by PCSA, Montgomery County, MD

	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
Indicators	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR
Maternal and Infant Health																						
Births with Late or No Prenatal Care ¹	2.57	3.25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ²	2.77	0.30	-	-	1.32	18.1	1.17	-79.3	1.28	-24.8	-	-	3.09	27.2	6.66	174.7	-	-	-	-	0.00	-
Preterm Births ¹	1.36	5.97	1.24	28.9	1.18	-29.4	1.32	15.1	1.11	-9.95	0.00	-100	1.78	30.6	1.17	-9.42	1.18	1.27	0.97	-45.5	0.91	228.7
Behavioral Health																						
ER Visit for Behavioral Health Conditions	1.54	19.1	1.45	-52.2	0.98	-68.5	1.31	-65.3	1.47	-18.6	0.58	62.5	1.88	-59.8	1.74	-50.7	0.94	-43.1	1.11	-67.9	3.56	-30.1
Suicide Mortality	0.35	-26.7	8.95	-67.4	8.75	-75.0	18.57	-20.6	13.38	167.6	7.59	-65.2	13.21	15.1	17.95	18.9	11.26	-57.9	6.95	44.6	8.30	-
Drug-Induced Mortality	0.91	111.3	0.94	-85.5	0.90	62.3	0.66	-17.4	0.61	177.1	0.00	-100	1.15	-56.1	0.99	-70.2	0.63	-21.2	0.91	-98.5	2.60	-
ER Visit for SUD	2.25	42.4	2.72	-48.3	2.07	-62.6	18.64	201.8	1.48	-34.2	0.68	-70.8	3.23	-53.0	2.39	-51.3	1.38	-41.0	2.49	-48.9	2.78	-56.0
Chronic Disease																						
Diabetes:																						
ER Visit for Diabetes	3.92	8.00	5.05	-56.6	2.41	-79.0	3.14	-74.9	2.83	-52.4	1.69	-72.0	4.57	-69.9	0.85	-70.9	2.48	-65.0	6.21	-39.2	5.77	-39.5
Diabetes Mellitus Mortality	2.01	-3.66	2.40	-61.8	1.20	-37.0	2.38	21.2	1.64	5.61	0.00	-	2.27	-41.8	1.76	-5.36	1.02	-55.3	5.84	194.4	1.78	61.1
Cardiovascular Health:																						
Heart Disease Mortality	1.08	11.9	1.93	79.4	0.80	-60.0	0.84	-60.4	1.04	92.2	1.33	-4.25	1.27	-1.55	1.32	0.34	0.63	21.7	1.75	105.5	1.25	127.7
ER Visit for Heart Disease	2.40	0.28	3.12	-67.1	1.96	-80.6	2.41	-78.6	1.81	-52.2	2.04	-56.1	2.60	-61.6	2.64	-55.5	1.68	-69.8	4.26	-47.0	2.32	-71.5
Chronic Lower Respiratory Disease Mortality	0.51	-12.0	0.84	849.7	0.48	-45.7	0.63	48.9	0.50	-1.63	0.00	-	0.49	-26.6	0.50	165.2	0.44	-22.1	0.88	27.4	1.91	217.9
ER Visit for Chronic Lower Respiratory Disease	2.83	0.19	3.39	-61.9	2.11	-63.8	2.79	-59.5	2.79	-24.1	2.14	-75.7	3.27	-54.8	2.74	-55.0	1.92	-48.5	3.90	-44.7	4.16	-54.1
Infectious Disease																						
TB	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	5.53	-27.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea	6.56	-45.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	5.06	80.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV	14.48	36.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Injury																						
Firearm Hospitalization	15.77	184.4	-	-	0.25	136.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fall Mortality	0.39	-23.6	-	-	0.38	-66.3	0.90	-37.3	0.51	-73.7	0.00	-	0.37	-62.2	0.43	-80.0	0.25	-	0.62	-	-	-100
Fall Hospitalization	0.63	-4.18	1.17	187.9	0.75	-77.7	0.68	-51.5	0.70	7.18	0.35	382.1	0.63	-52.5	0.77	-32.2	0.39	-35.2	1.01	2.89	1.67	52.2
ER Visit for Fall	0.87	-4.77	1.16	-95.9	2.33	-77.8	1.00	-67.7	0.94	-39.4	0.43	-58.9	0.93	-43.7	1.00	-50.3	0.61	-59.7	0.85	-47.4	1.11	-52.4
ER Visit for Motor Vehicle	2.82	-8.85	3.07	-65.4	0.25	-136	2.24	-80.4	2.26	-54.0	0.88	-64.1	2.98	-58.7	2.71	-69.7	2.87	-60.7	2.77	-68.1	3.60	-63.8

1- percentage 2- rate per 1,000 live births Increase in disparity Decrease in disparity

Heathy Equity in Montgomery County, MD

Healthy Montgomery Core Indicators, 2013-2021

Table 4. Health Equity Comparing Asians to NH-Whites by PCSA, Montgomery County, MD

	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
Indicators	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR
Maternal and Infant Health																						
Births with Late or No Prenatal Care ¹	1.36	0.61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ²	1.08	123.6	-	-	0.65	160.5	2.14	-	0.72	-33.3	-	-	1.25	100.8	1.71	-	-	-	-	-	0.00	-
Preterm Births ¹	1.07	4.96	0.45	-43.6	0.99	-14.4	0.78	-10.6	1.17	26.7	0.00	-100	1.17	4.36	1.12	2.30	1.18	66.3	0.00	-	1.40	-3.30
Behavioral Health																						
ER Visit for Behavioral Health Conditions	0.31	31.7	0.38	57.3	0.18	-12.1	0.25	45.8	0.28	1.37	0.06	568	0.32	30.3	0.51	56.3	0.30	12.2	0.57	-36.4	0.83	443.5
Suicide Mortality	0.42	301.2	4.16	-8.63	5.43	16.0	9.10	401.1	7.11	106.3	0.42	-	5.04	119.0	11.59	237.6	5.98	18.35	6.61	139.7	5.53	8.24
Drug-Induced Mortality	-	-	0.72	-23.9	0.12	-	0.12	19.3	0.15	43.1	0.00	-	0.18	27.6	0.19	9.02	0.36	-	0.00	-	0.00	-
ER Visit for SUD	0.24	53.6	0.13	54.3	0.19	35.6	-	-	0.37	163.9	0.00	-	0.26	46.2	0.40	4.20	0.19	-18.0	0.53	55.1	0.63	147.6
Chronic Disease																						
Diabetes:																						
ER Visit for Diabetes	0.71	23.7	1.03	68.6	0.52	-27.7	0.79	439.3	0.73	18.12	0.03	-5.43	0.72	51.2	0.21	-26.0	0.66	6.03	1.88	9.99	2.43	660.7
Diabetes Mellitus Mortality	0.98	328.7	0.66	-	0.67	212.1	-	-	1.27	654.2	0.00	-	0.96	462.9	1.87	169.5	0.69	95.8	2.51	-	1.31	-
Cardiovascular Health:																						
Heart Disease Mortality	0.51	161.1	0.90	395.2	0.49	95.1	0.41	-11.7	0.55	124.5	0.07	-	0.48	132.4	0.85	247.2	0.33	316.8	1.66	301.7	0.83	89.7
ER Visit for Heart Disease	0.57	29.3	0.63	20.2	0.51	-5.95	0.39	534.6	0.53	42.8	0.02	-10.1	0.58	44.6	0.91	24.3	0.53	9.26	3.01	103.4	0.92	139.0
Chronic Lower Respiratory Disease Mortality	0.32	256.7	0.00	-	0.36	-	0.30	-2.46	0.22	106.7	0.00	-	0.18	11.9	0.66	-	1.06	-	2.50	-	0.70	-
ER Visit for Chronic Lower Respiratory Disease	0.43	15.3	0.29	-34.6	0.44	33.0	-	-	0.40	37.8	0.04	157.4	0.43	21.7	0.85	-0.79	0.43	22.5	0.79	-14.0	0.59	-9.14
Infectious Disease																						
TB	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	0.85	-9.78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea	0.68	-27.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	1.63	279.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Injury																						
Firearm Hospitalization	0.32	-45.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fall Mortality	-	-	1.6	-	0.25	-54.8	0.48	45.8	0.53	327.2	0.00	-	0.63	149.6	0.86	-	0.89	93.8	0.00	-100	1.51	-
Fall Hospitalization	0.35	-2.43	0.34	-47.0	0.22	-11.2	0.30	-14.9	0.37	26.5	0.00	-100	0.34	-10.7	0.66	7.01	0.41	59.2	0.56	120.9	0.60	0.57
ER Visit for Fall	0.32	25.4	0.37	-1.95	0.26	20.1	0.48	-7.49	0.33	0.37	0.03	-	0.34	86.9	0.64	33.6	0.32	18.0	1.11	51.0	0.52	18.6
ER Visit for Motor Vehicle	0.67	28.0	0.64	31.0	0.52	-11.6	-	-	0.56	7.35	0.16	141.3	0.79	49.8	1.03	49.9	0.57	3.92	0.45	-19.0	0.77	-23.2

1- percentage 2- rate per 1,000 live births Increase in disparity Decrease in disparity

Heathy Equity in Montgomery County, MD

Healthy Montgomery Core Indicators, 2013-2021

Table 5. Health Equity Comparing Hispanics to NH-Whites by PCSA, Montgomery County, MD

	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
Indicators	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR	RR t = 2	% Δ RR
Maternal and Infant Health																						
Births with Late or No Prenatal Care ¹	2.79	45.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ²	1.44	-7.63	-	-	0.60	-20.0	1.56	-44.8	1.04	-63.7	-	-	0.78	-37.6	3.15	194.3	-	-	-	-	0.00	-100
Preterm Births ¹	1.34	22.9	0.89	-28.8	1.06	-22.8	0.99	33.7	1.42	30.5	0.53	-67.3	1.28	39.1	1.48	14.9	1.51	51.7	0.72	-17.8	2.48	142.5
Behavioral Health																						
ER Visit for Behavioral Health Conditions	0.87	27.4	1.15	153.9	0.55	16.1	0.59	28.5	0.70	5.26	0.48	101.6	0.89	23.6	1.02	-24.5	0.59	-0.50	1.38	6.24	1.30	-16.7
Suicide Mortality	0.32	50.2	10.76	-25.8	2.97	-59.0	9.77	607.2	4.73	-39.7	3.04	-	6.00	23.0	9.46	48.6	5.81	-48.3	4.88	-9.73	1.00	-75.9
Drug-Induced Mortality	0.38	-	0.95	-	0.17	9.06	0.20	-	0.42	58.3	0.00	-	0.51	-14.1	0.34	-	0.37	-58.7	0.00	-100	0.00	-100
ER Visit for SUD	0.94	5.99	1.05	310.3	0.75	45.4	0.52	9.15	0.61	-17.3	0.10	-49.4	1.37	8.58	1.24	-33.4	0.65	-30.2	1.54	-55.3	1.76	29.5
Chronic Disease																						
Diabetes:																						
ER Visit for Diabetes	2.70	28.2	2.28	16.7	1.60	27.2	1.60	46.5	2.25	-5.50	1.87	465.5	2.40	45.3	0.66	-50.7	2.88	1.33	5.29	39.0	1.64	-35.0
Diabetes Mellitus Mortality	0.75	-17.2	0.00	-100	0.59	-5.32	0.36	-55.1	1.13	19.0	0.00	-	0.58	11.9	0.60	-42.8	0.63	-50.1	2.01	35.2	1.13	-63.3
Cardiovascular Health:																						
Heart Disease Mortality	0.48	31.0	2.32	350.4	0.27	-31.1	0.44	262.0	0.37	-34.3	0.53	-98.0	0.58	92.0	0.69	191.8	0.32	218.1	1.23	214.4	0.18	-98.9
ER Visit for Heart Disease	1.25	11.2	1.73	83.8	0.95	8.17	0.86	-92.4	1.06	-28.9	0.84	26.9	1.26	15.8	1.63	-4.36	1.13	-11.4	3.02	12.2	1.22	6.09
Chronic Lower Respiratory Disease Mortality	0.23	9.81	0.00	-	0.15	-54.3	0.31	-48.4	0.21	-33.0	0.00	-	0.54	231.5	0.06	-	0.18	-18.1	0.00	-	0.61	-
ER Visit for Chronic Lower Respiratory Disease	1.71	1.02	0.92	-1.47	1.14	52.9	1.15	44.8	1.74	-25.8	0.99	179.0	1.66	24.0	1.88	-45.4	1.45	-29.1	2.87	-9.23	1.49	36.7
Infectious Disease																						
TB	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	3.26	-23.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea	1.88	-25.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	2.29	42.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV	3.92	27.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Injury																						
Firearm Hospitalization	2.37	1.45	-	-	-	-	-	-	-	-	-	-	0.58	-60.0	-	-	-	-	-	-	-	-
Fall Mortality	0.35	-46.2	0.00	-100	0.00	-100	0.50	-	0.40	-71.2	0.00	-	0.54	-1.63	0.22	-79.7	0.61	-	1.98	-	0.00	-
Fall Hospitalization	0.49	-22.5	0.87	16.5	0.25	-31.9	0.46	5.37	0.59	-55.5	0.00	-100	0.82	5.87	0.43	-44.7	0.53	6.41	0.60	-43.2	0.62	-26.8
ER Visit for Fall	0.86	-8.90	1.45	84.3	0.79	7.64	0.93	7.80	0.84	-39.3	1.01	279.0	2.32	4.71	1.01	-29.4	0.62	-33.1	0.79	-59.9	0.69	-2.39
ER Visit for Motor Vehicle	2.49	1.28	2.23	76.9	1.99	12.5	1.61	-1.12	2.14	-21.9	0.87	15.9	0.58	-60.0	3.10	-29.2	2.10	-10.3	3.29	-35.7	1.98	14.1

1- percentage

2- rate per 1,000 live births

Increase in disparity

Decrease in disparity

Heathy Equity in Montgomery County, MD

Healthy Montgomery Core Indicators, 2013-2021

Table 6. Health Equity Among Overall Population by PCSA, Montgomery County, MD

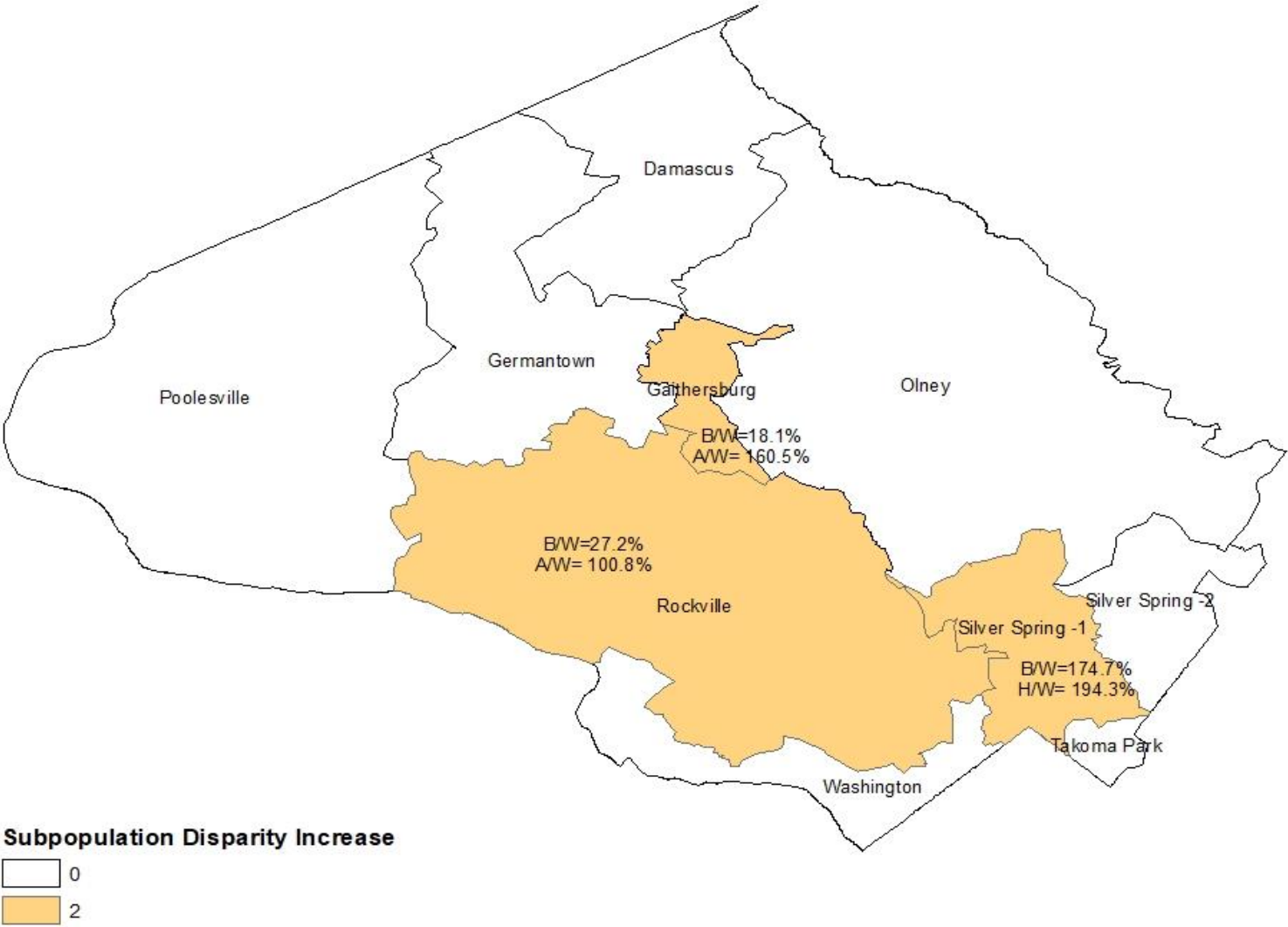
	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
Indicators	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID	ID t = 2	Δ ID
Maternal and Infant Health																						
Births with Late or No Prenatal Care ¹	44.1	8.0	64.5	-19.3	21.2	-10.3	44.05	10.89	40.89	15.45	116.5	30.2	57.1	16.8	39.1	2.32	23.9	2.55	38.4	-0.60	57.9	-29.6
Infant Mortality ²	35.4	-19.8	136.0	64.4	32.3	-1.4	27.45	-38.3	14.88	-24.3	-	-81.5	51.8	7.51	56.9	0.24	57.6	-27.8	63.5	12.7	83.3	-41.4
Preterm Births ¹	8.2	-0.9	25.8	13.1	6.4	-10.3	15.35	1.37	11.46	2.13	65.2	20.5	18.9	5.47	12.6	2.17	13.5	0.16	22.0	4.22	41.2	11.8
Behavioral Health																						
ER Visit for Behavioral Health Conditions	34.6	-2.3	32.9	-48.1	40.2	-49.8	41.00	-67.5	39.50	-7.50	60.9	-2.6	41.7	-63.9	33.3	-31.8	33.2	-14.3	20.8	-33.6	63.1	-38.5
Suicide Mortality	30.8	-30.8	62.1	62.1	110.9	-13.7	77.82	-20.5	89.01	25.44	-	-	84.9	5.30	88.0	7.03	89.5	20.9	137.0	34.3	52.2	52.2
Drug-Induced Mortality	48.0	-4.4	27.7	-54.6	80.0	-7.3	66.52	-46.2	48.99	-42.1	95.5	-317	54.8	14.4	54.0	-56.7	55.4	-89.4	72.2	-13.3	97.9	-13.3
ER Visit for SUD	37.1	6.4	62.3	-77.1	52.8	-94.9	57.70	-115	39.89	-18.2	58.2	-49.0	67.2	-71.3	45.7	-39.3	38.6	-15.5	41.8	-38.0	61.2	-66.1
Chronic Disease																						
Diabetes:																						
ER Visit for Diabetes	66.6	16.6	79.0	-107	43.7	-	53.39	-169	53.69	-37.0	83.3	-124	88.6	-153	58.9	-50.1	46.1	-40.6	57.0	-29.5	106.4	-75.4
Diabetes Mellitus Mortality	38.0	-8.7	43.0	-105	27.1	-24.8	28.32	-32.1	13.56	-22.3	92.9	8.2	17.0	-93.7	32.1	-0.34	26.0	-17.6	30.6	-32.3	12.2	-63.6
Cardiovascular Health:																						
Heart Disease Mortality	31.3	-9.6	53.5	14.5	36.5	-28.4	33.73	-65.6	32.58	-2.36	68.1	20.1	34.4	-11.8	34.4	-11.8	39.7	-15.0	22.4	4.46	32.3	-9.9
ER Visit for Heart Disease	48.2	0.7	64.9	-121	39.4	-146	52.82	-159	32.74	-33.8	67.0	-63.0	49.8	-84.1	37.4	-52.2	31.0	-58.3	40.7	-37.5	36.2	-117
Chronic Lower Respiratory Disease Mortality	41.7	-15.6	50.4	42.0	39.4	0.0	51.81	-31.9	56.19	-8.61	-	-	66.3	5.24	68.0	-4.30	61.2	24.3	6.8	6.85	73.2	25.6
ER Visit for Chronic Lower Respiratory Disease	51.3	5.6	75.0	-91.0	41.1	1.7	55.90	-81.7	52.28	-11.0	65.4	-224.	68.3	-60.2	40.5	-42.7	34.2	-19.7	47.5	-20.5	82.0	-69.8
Infectious Disease																						
TB	83.0	-16.6	152.2	-32.9	72.3	72.3	115.0	19.17	119.0	6.57	-	-	82.2	-10.9	107.7	-15.5	57.7	-20.3	117.5	32.3	237.7	-102
Chlamydia	66.5	10.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gonorrhea	66.4	-15.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	52.2	-4.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV	113.3	-10.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Injury																						
Firearm Hospitalization	88.3	-6.83	213.9	113.9	97.3	0.0	95.18	-5.21	157.9	76.94	100.0	0.0	144.4	44.4	131.3	-98.6	87.5	-12.5	100.3	22.2	-	-
Fall Mortality	25.1	-15.4	59.0	59.0	74.8	74.8	33.02	-66.9	48.85	-25.6	153.4	153.4	49.9	-8.84	48.0	-20.2	-	-	46.2	46.2	69.0	62.5
Fall Hospitalization	32.9	-11.6	38.1	-18.2	65.2	19.2	45.41	-10.4	41.37	-9.16	75.2	31.8	45.1	0.08	44.2	9.58	53.2	5.85	36.4	7.55	51.0	10.6
ER Visit for Fall	25.8	-14.9	36.8	-28.4	26.6	-57.5	23.12	-48.1	21.28	-8.61	57.5	30.6	22.0	-20.7	9.44	-30.6	30.1	-4.49	13.2	-19.0	22.7	-30.9
ER Visit for Motor Vehicle	54.9	16.1	63.3	-96.8	41.2	-106	41.58	-128	47.08	-31.2	34.2	-32.7	59.4	-61.6	46.0	-63.5	40.5	-42.5	51.6	-36.6	77.6	-84.1

1- percentage 2- rate per 1,000 live births Increase in disparity Decrease in disparity

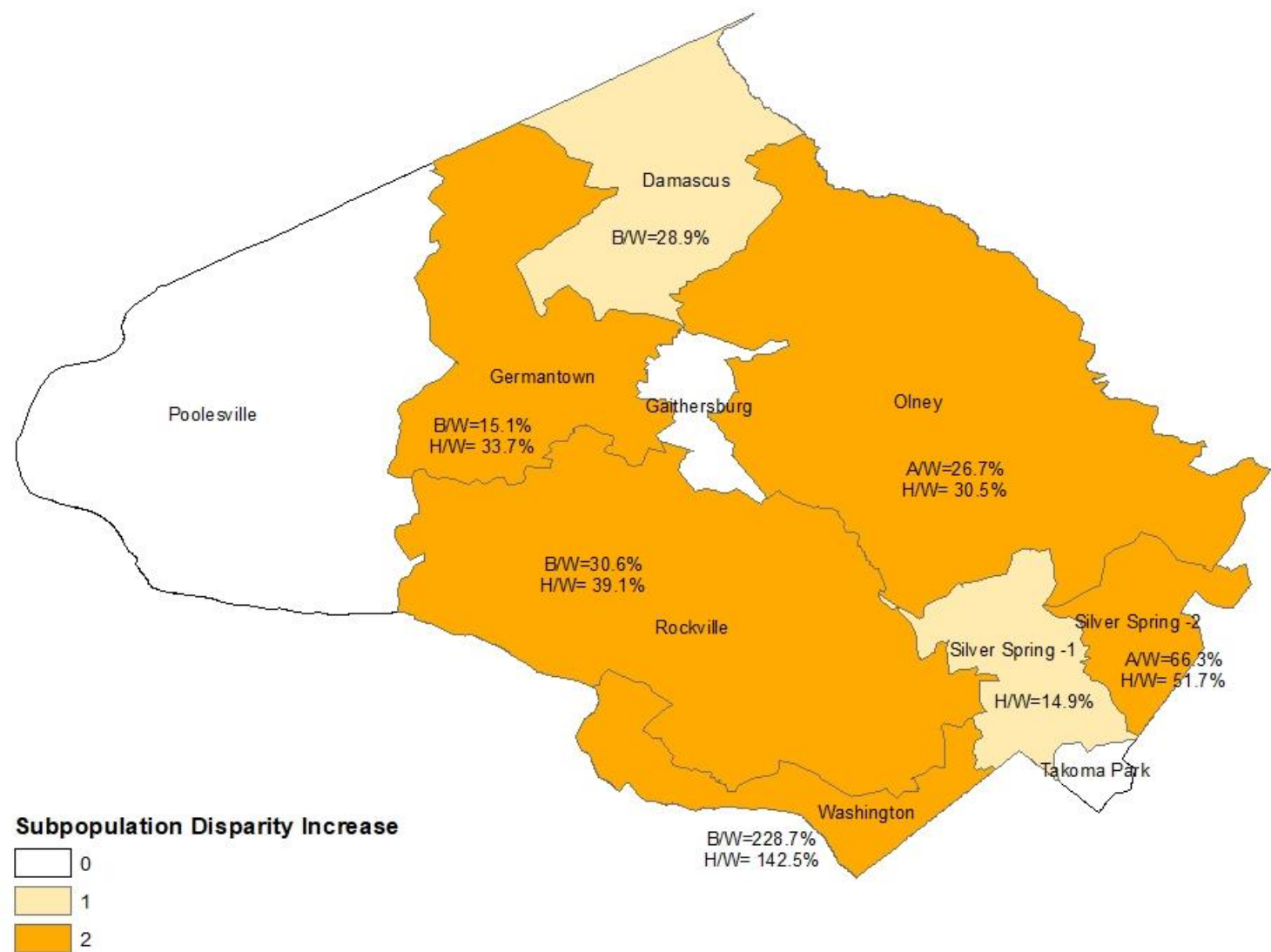
Heathy Equity in Montgomery County, MD

Healthy Montgomery Core Indicators, 2013-2021

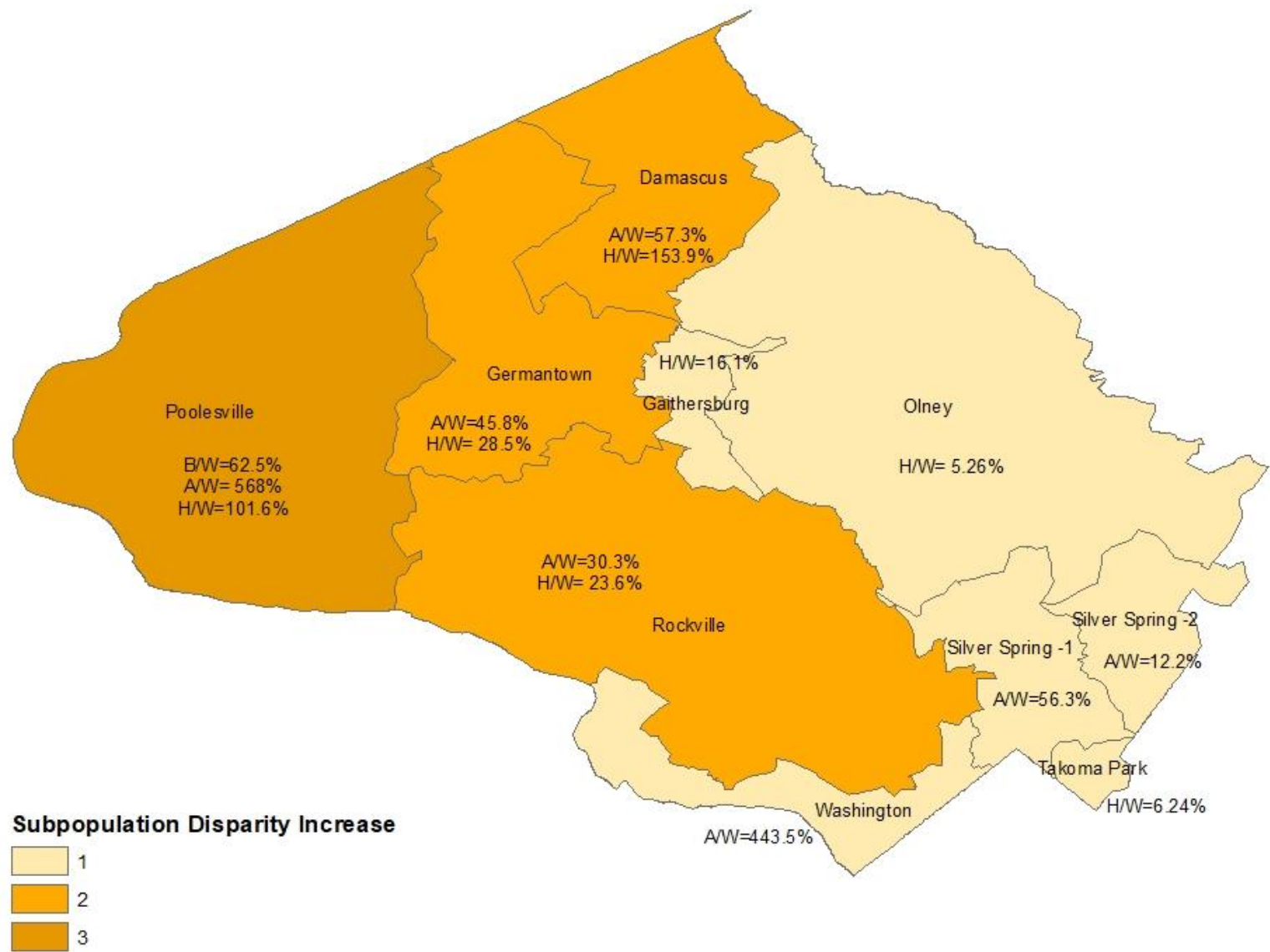
Map 2. Change in Equity for Infant Mortality by PCSA



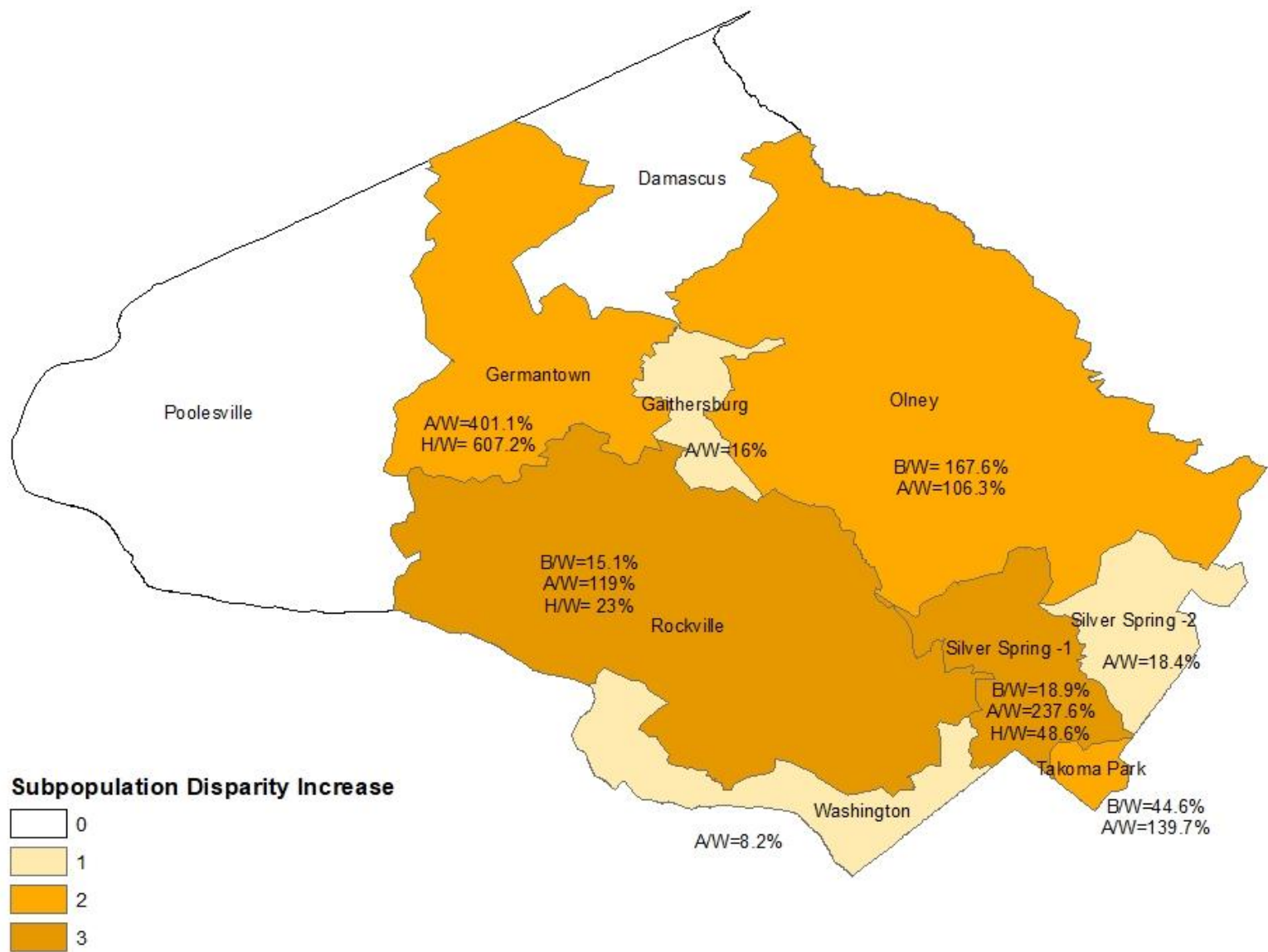
Map 3. Change in Equity for Preterm Births by PCSA



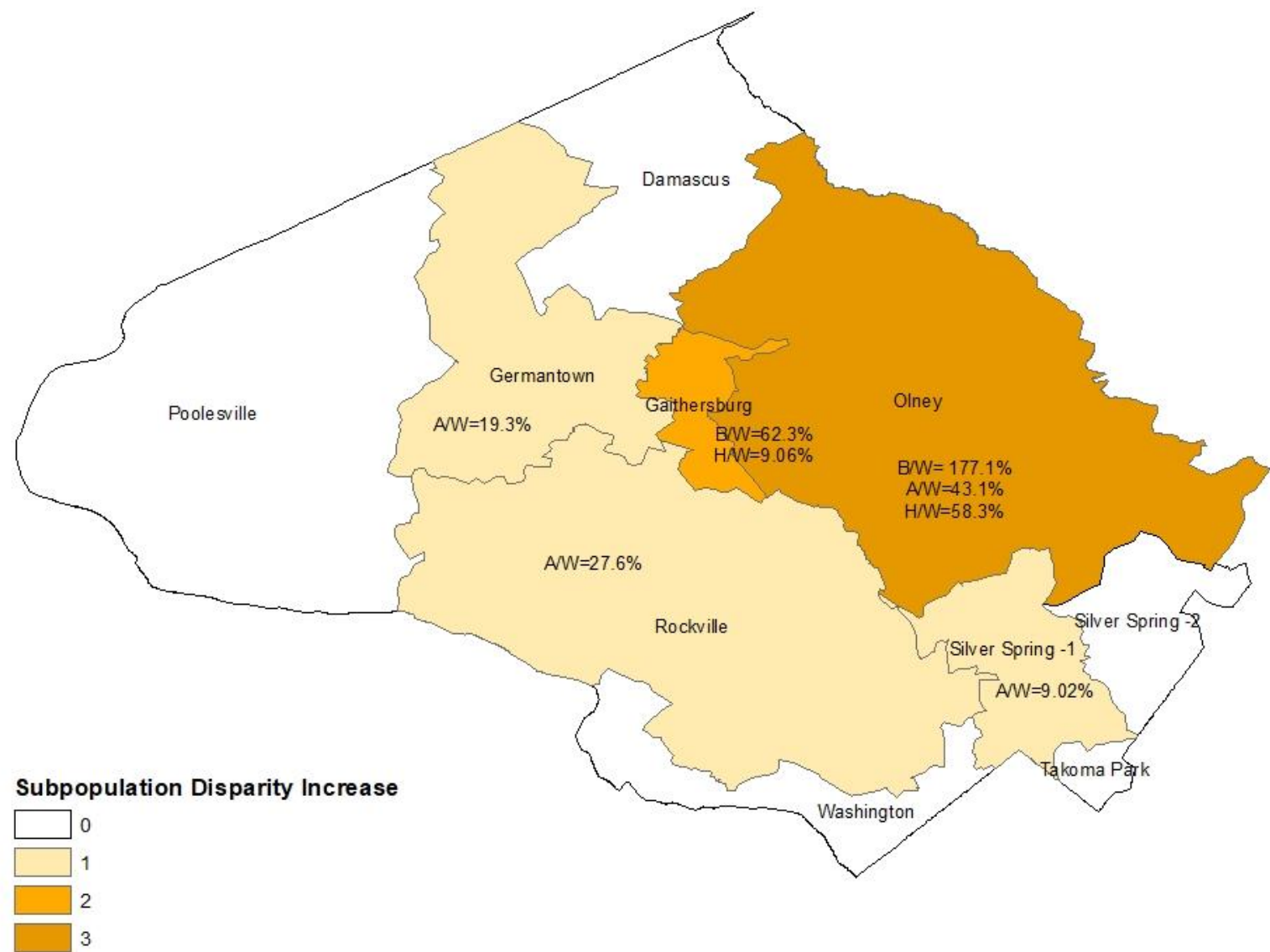
Map 4. Change in Equity for Behavioral Health ER Visit by PCSA



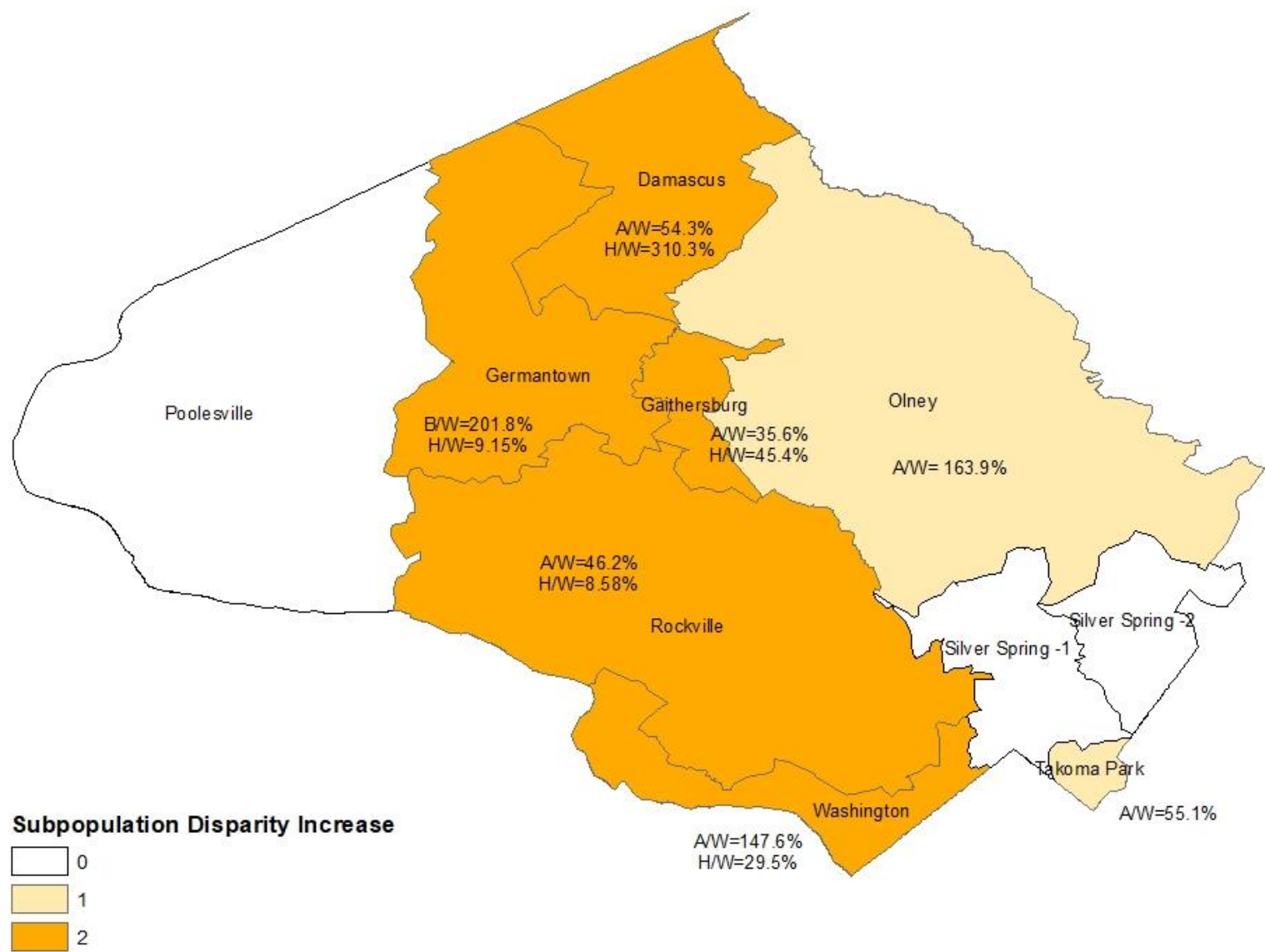
Map 5. Change in Equity for Suicide Mortality by PCSA



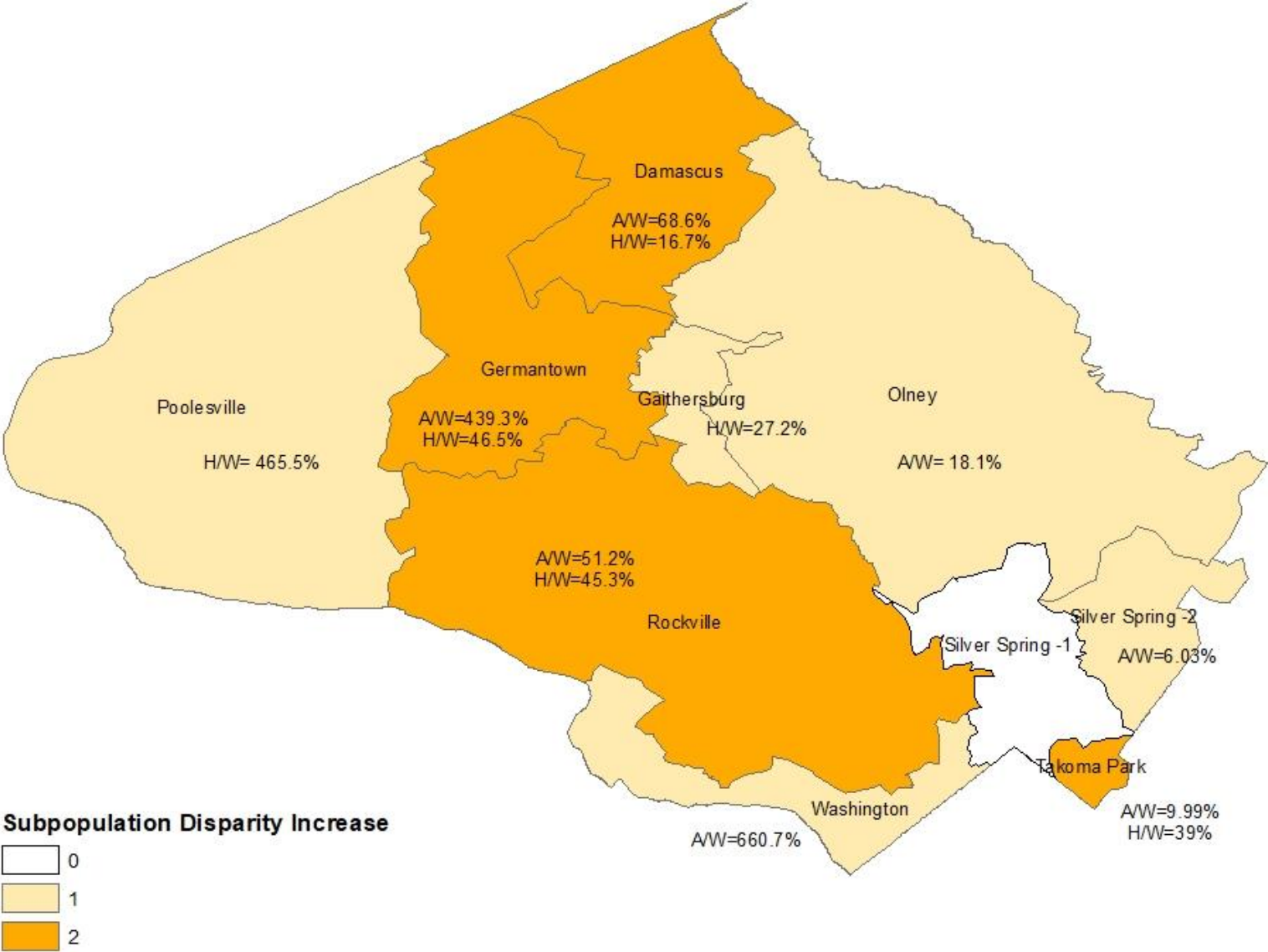
Map 6. Change in Equity for Drug-Induced Mortality by PCSA



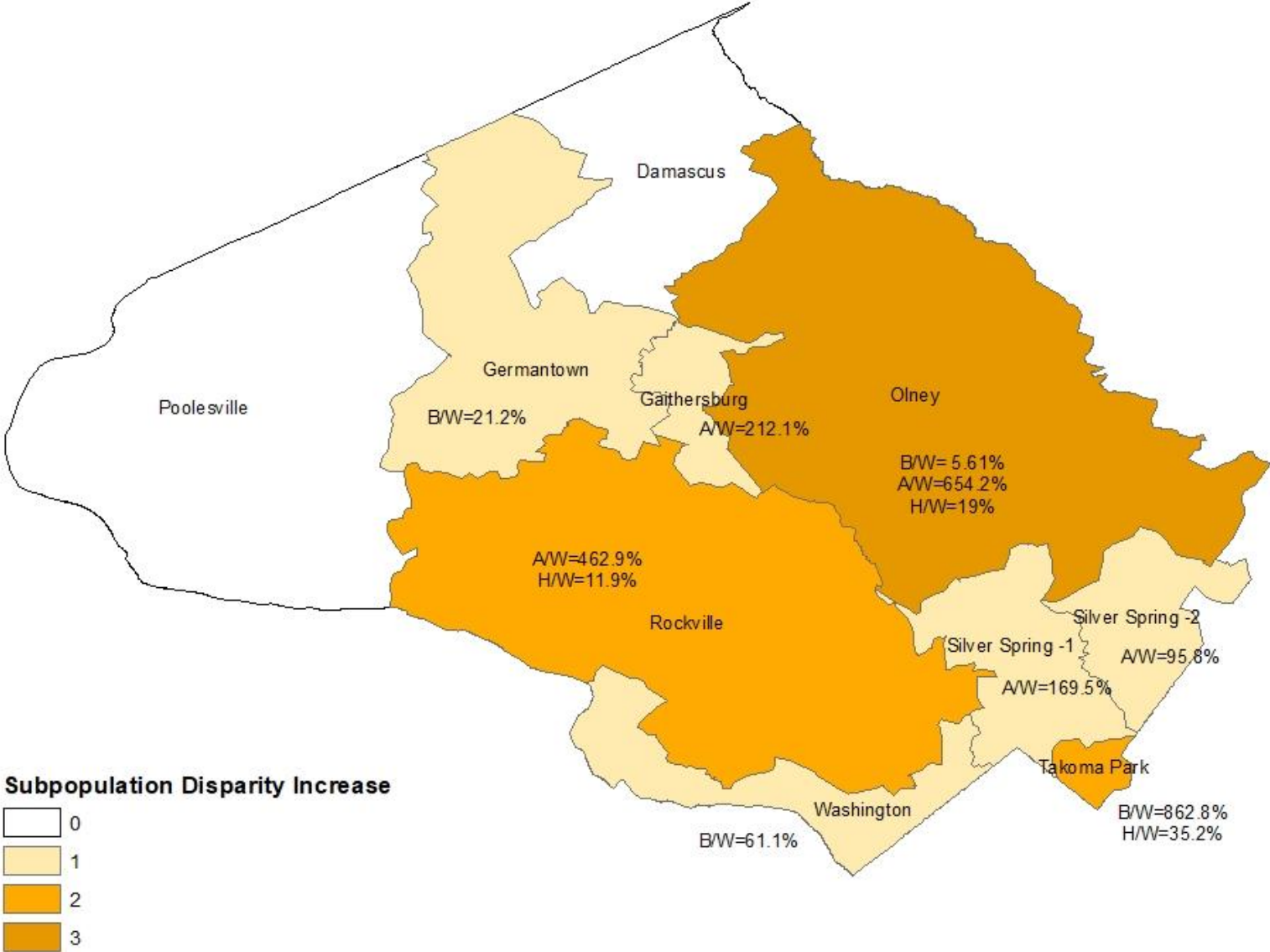
Map 7. Change in Equity for SUD ER Visit by PCSA



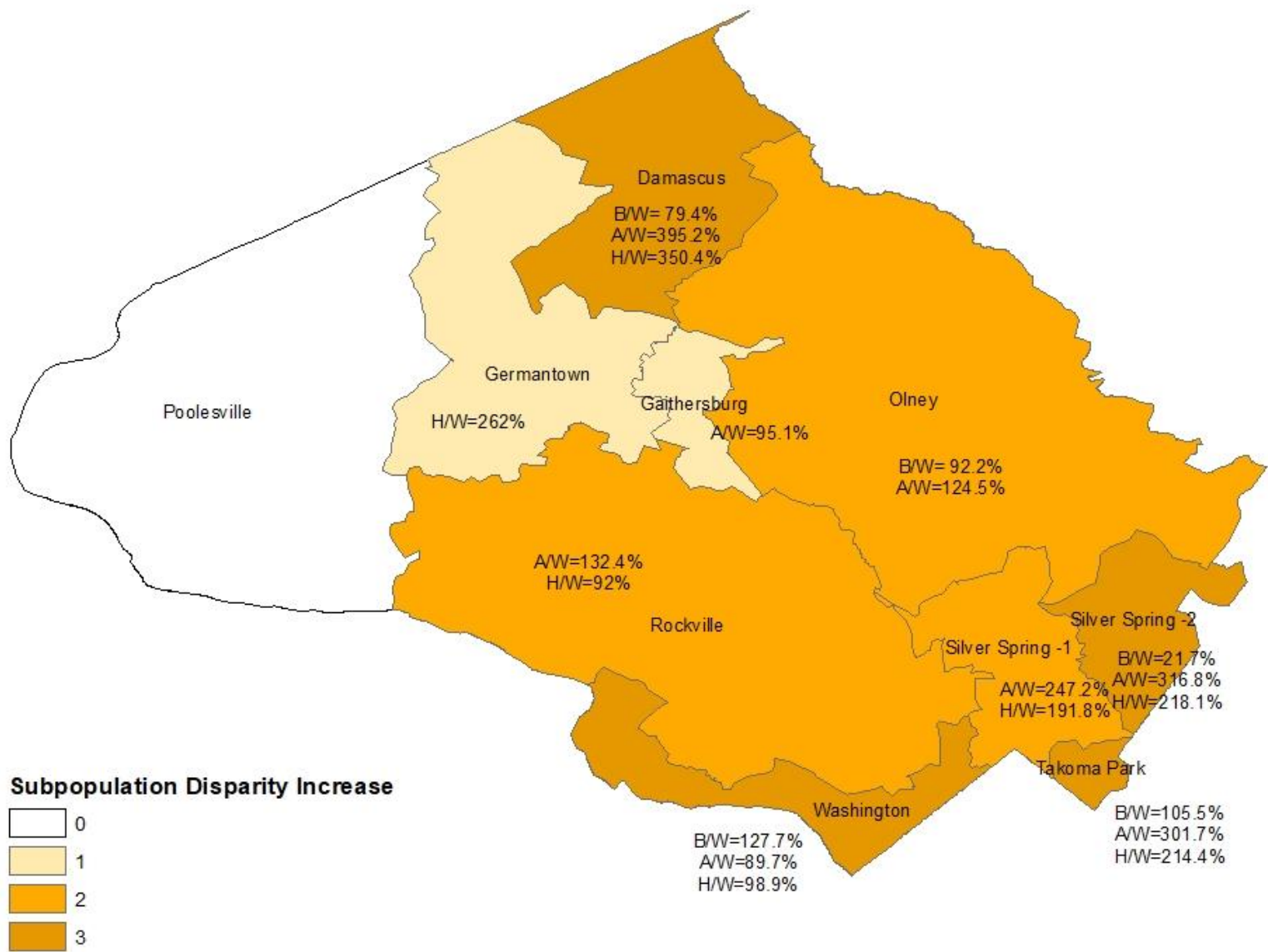
Map 8. Change in Equity for Diabetes ER Visit by PCSA



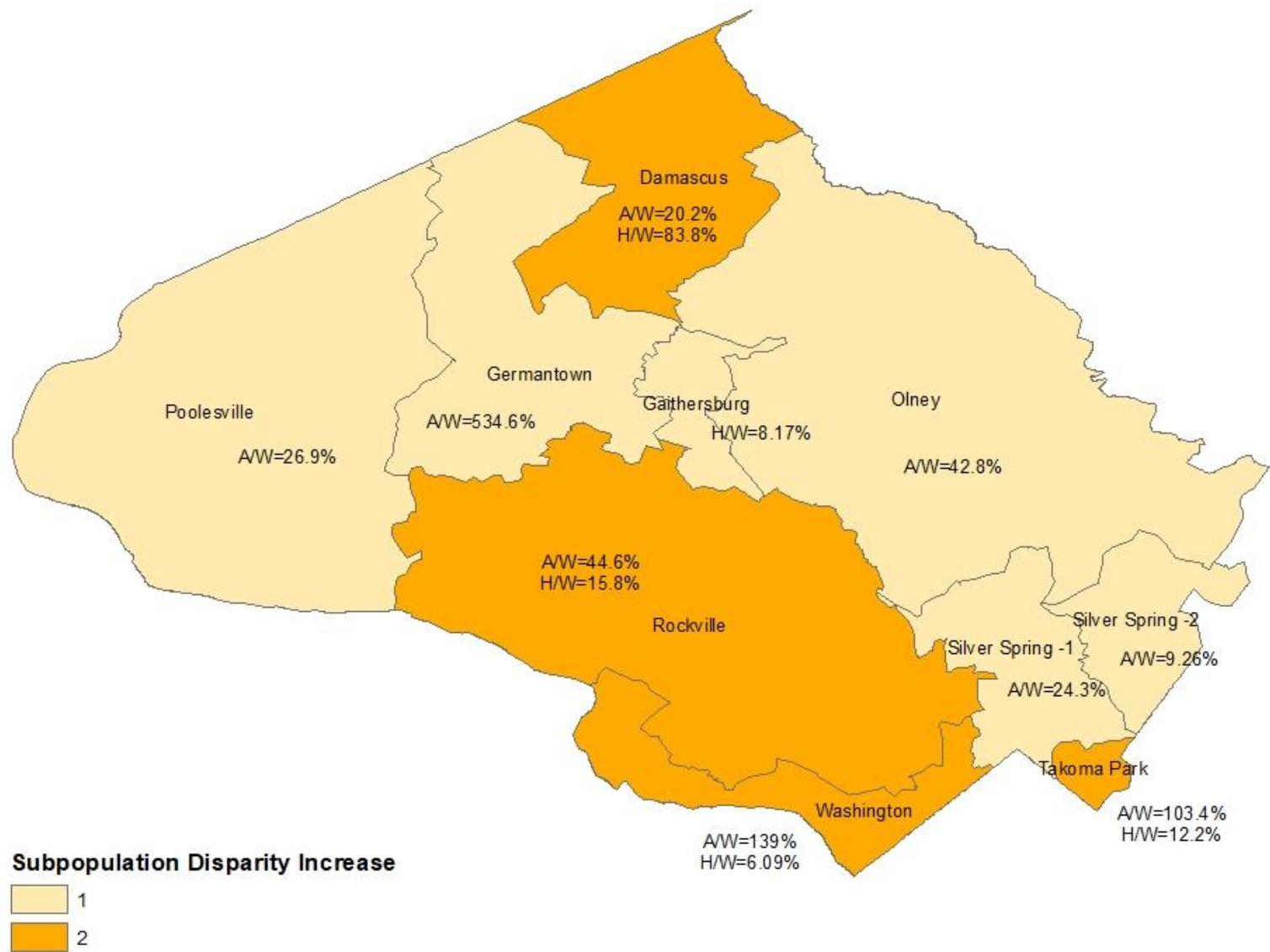
Map 9. Change in Equity for Diabetes Mortality by PCSA



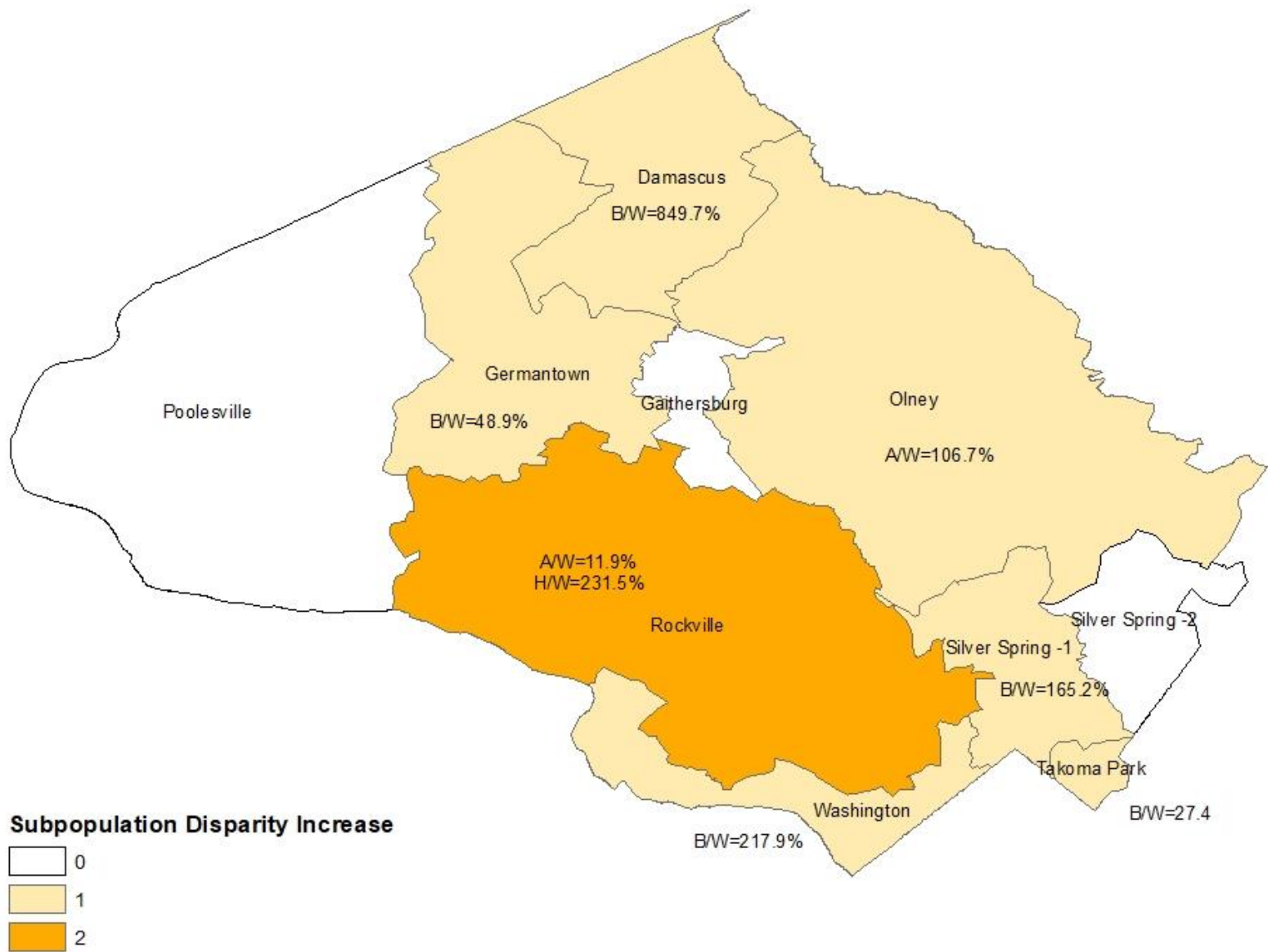
Map 10. Change in Equity for Heart Disease Mortality by PCSA



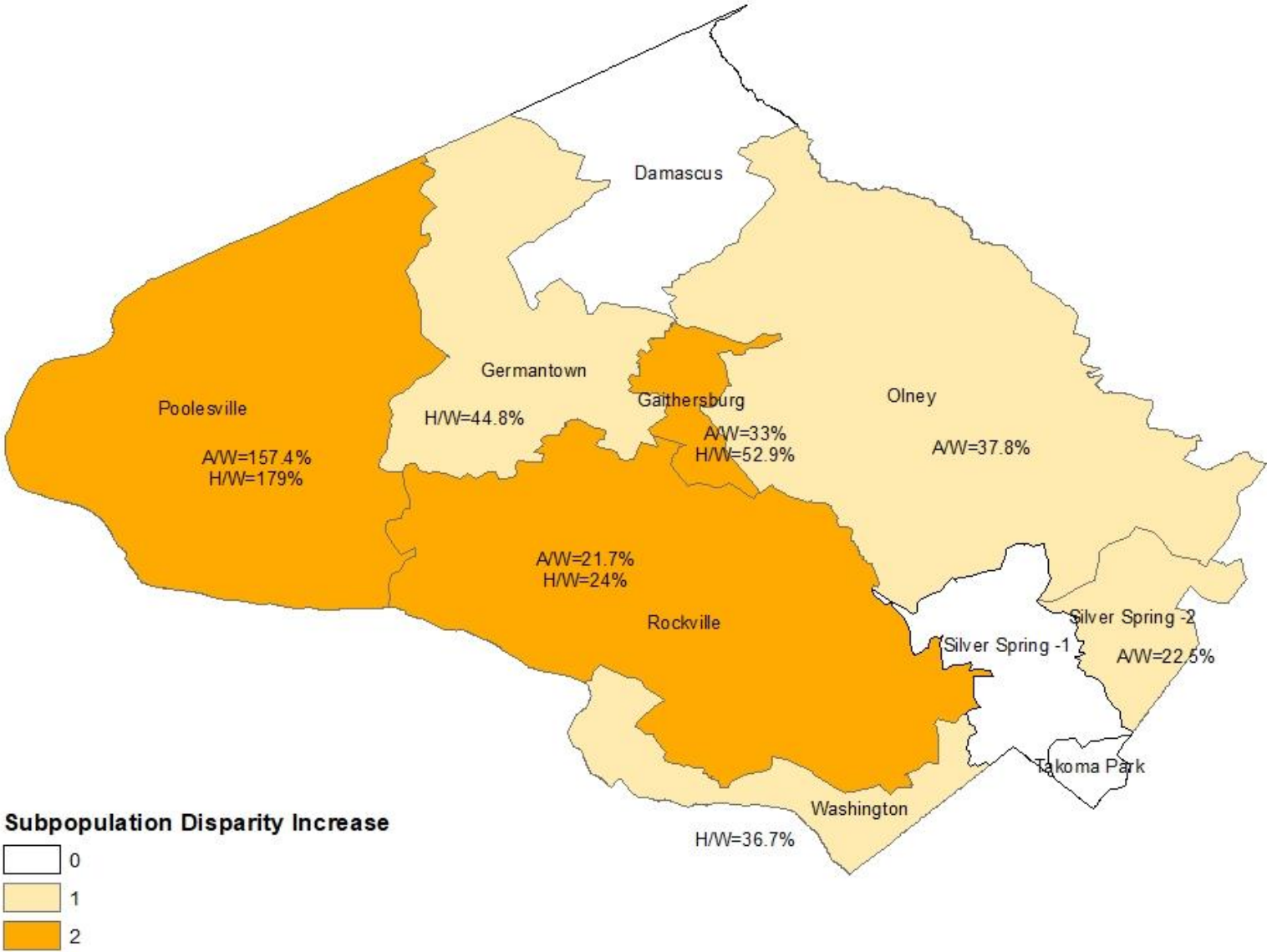
Map 11. Change in Equity for Heart Disease ER Visit by PCSA



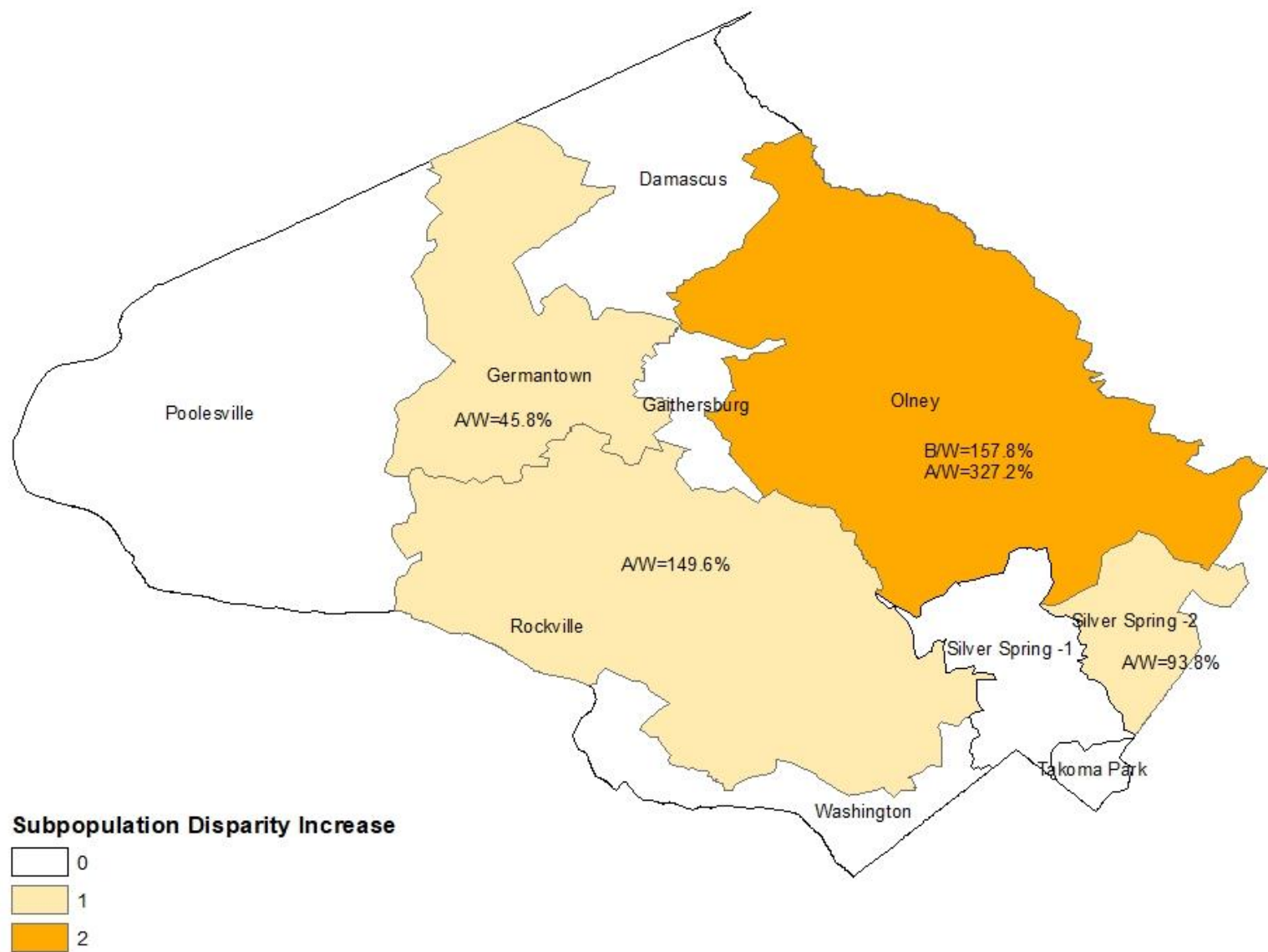
Map 12. Change in Equity for Chronic Lower Respiratory Disease Mortality by PCSA



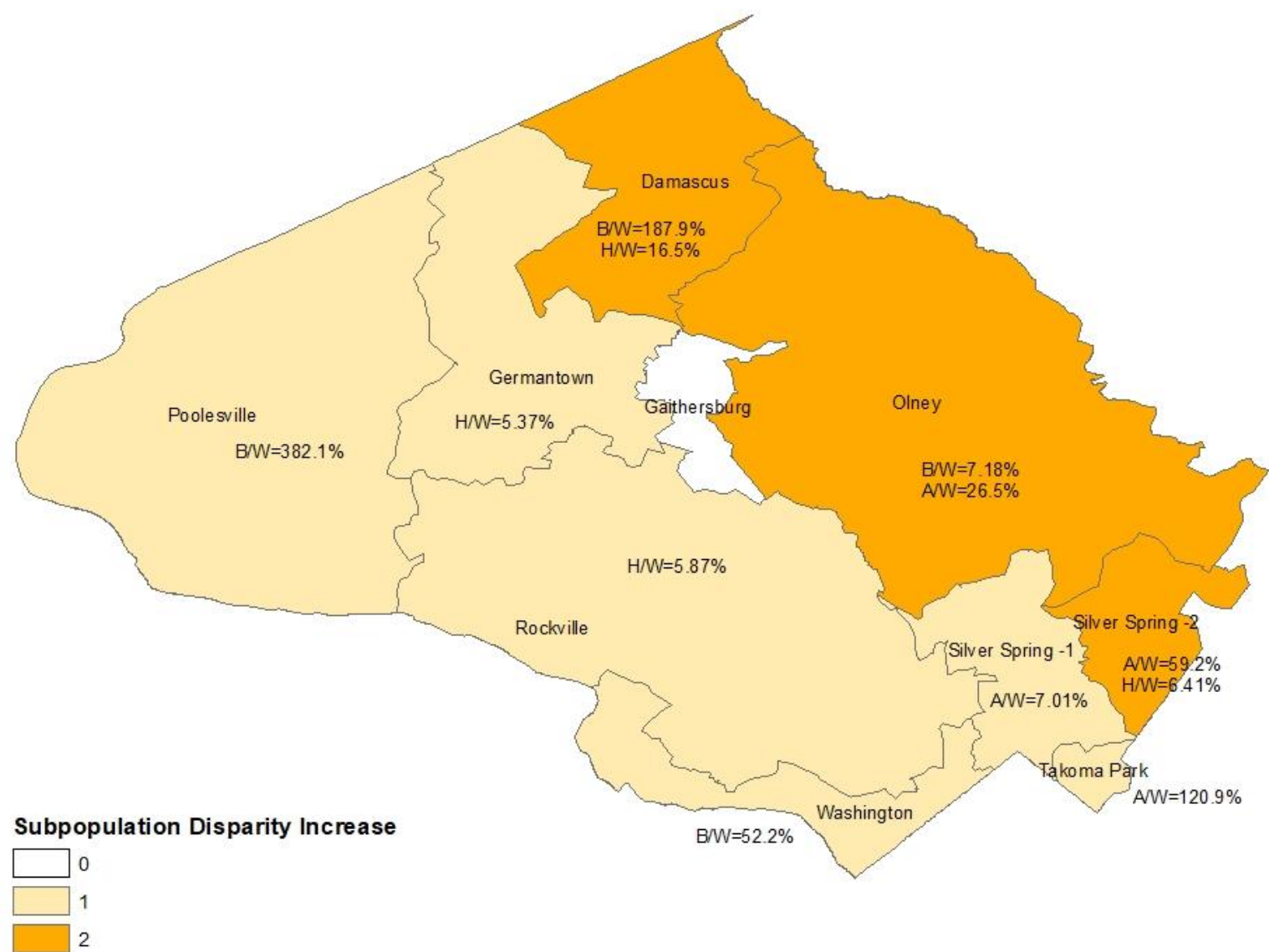
Map 13. Change in Equity for Chronic Lower Respiratory Disease ER Visit by PCSA



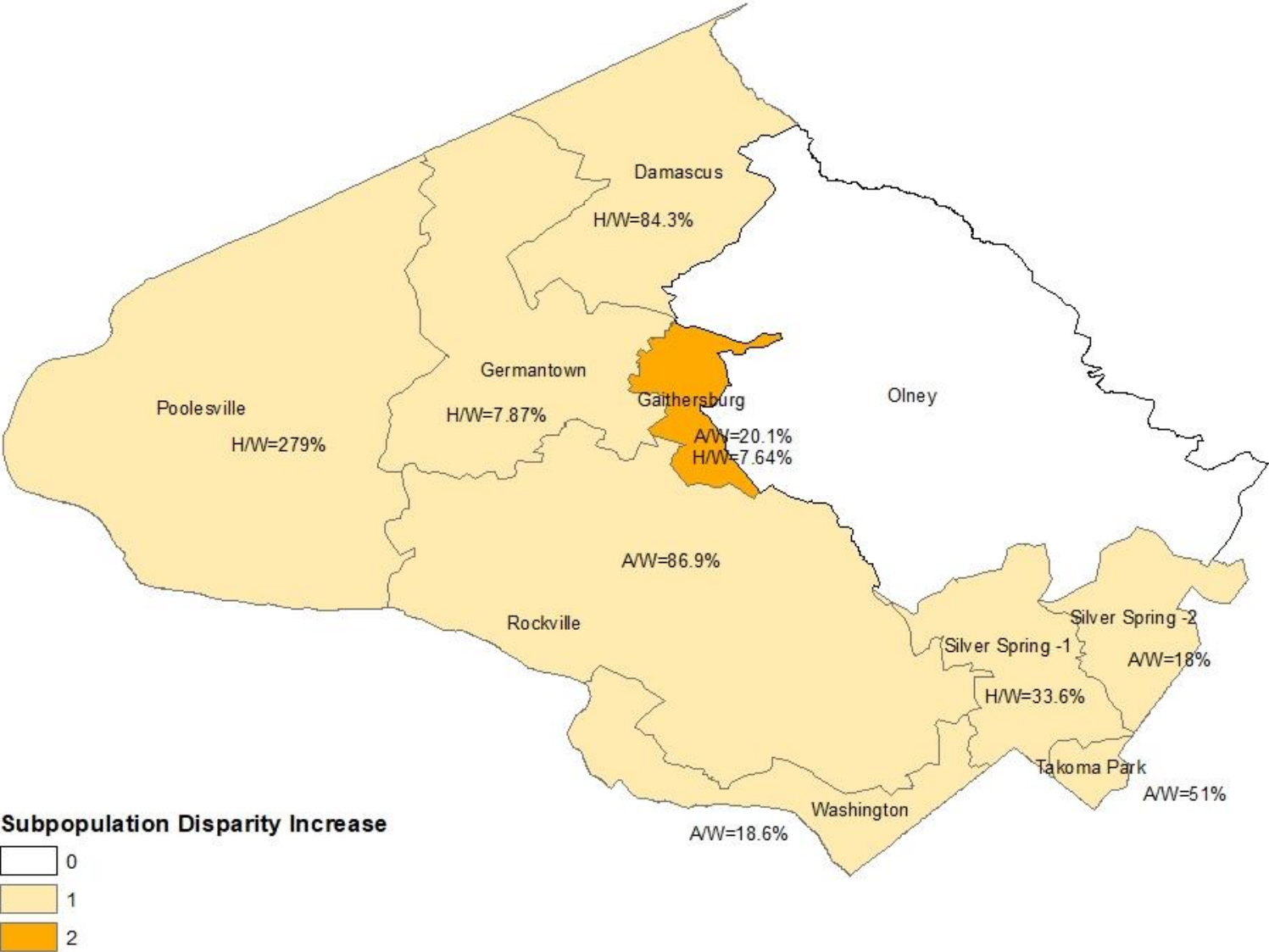
Map 14. Change in Equity for Fall Mortality by PCSA



Map 15. Change in Equity for Fall Hospitalization by PCSA



Map 16. Change in Equity for Fall ER Visit by PCSA



Map 17. Change in Equity for Motor Vehicle ER Visit by PCSA

