

Health Equity in Montgomery County, MD

Healthy Montgomery Core Indicators 2015-2023



Montgomery County Department
of Health and Human Services



Health Equity in Montgomery County, Maryland: Healthy Montgomery Core Indicators, 2015-2023

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A Publication of the
Montgomery County Department of Health and Human Services
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February 2026

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, 2015-2023*. Rockville, Maryland. 2026.

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ACKNOWLEDGEMENT:

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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

Maryland Behavioral Risk Factor Surveillance System (BRFSS) – Center for Chronic Disease Prevention and Control, Maryland Department of Health

Maryland Youth Behavior Survey/Youth Tobacco Survey (YRBS/YTS) – Prevention and Health Promotion Administration, Maryland Department of Health

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INTRODUCTION

Montgomery County is the most populous county in Maryland with a population estimate of over 1.08 million in 2024 from the U.S. Census; it also has a high percentage (61.3%) of residents over 25 years of age who have a bachelor's degree or higher. Montgomery County has a very diverse population and there is an increasing trend towards becoming more diverse over time. In 2024, the County was 37.9% Non-Hispanic White, 18.4% Non-Hispanic Black, 15.6% Asian/Pacific Islander, and 21.7% Hispanic or Latino based on U.S. Census estimates. Of the County's population, 33.7% were born outside the U.S. and 43.2% of residents spoke languages other than English at home.

Montgomery County has had among 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, infectious disease, COVID-19 surveillance, chronic diseases), 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 Programs (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 and geographic areas.

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 low birth weight, preterm birth, and births with prenatal care during the first trimester.

Mortality – death files from Maryland Department of Health; data are used for measures of infant mortality, drug-induced mortality, opioid mortality, suicide mortality, colon and rectum cancer mortality, overall injury related mortality, motor vehicle mortality, firearm mortality, fall mortality, firearm related homicide, and firearm related suicide.

Hospitalization – hospitalization data from Maryland Health Services Cost Review Commission; data are used for mental health related ER visit, substance use disorder (SUD) ER visit, firearm ER visit, and intimate partner violence related 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. Due to the security breach in Maryland Department of Health in 2021, data for certain infectious diseases are compromised. This leads to unavailability of zip codes for cases of certain infectious diseases to be grouped by PCSA.

Additional Data – survey data from Maryland Behavioral Risk Factor Surveillance System and Youth Behavior Survey; data are used for breast cancer screening, cervical cancer screening, persons with usual primary care physician, uninsurance, and youths feeling sad/hopeless. Data are not available at zip code level to be grouped by PCSA.

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.

Health Planning and Epidemiology team collaborated with Healthy Montgomery Steering Committee and Data Advisory Group to update core measures for Healthy Montgomery in 2025. Various criteria were applied to evaluate data trends over time, disparities among population subgroups, and comparison with state and national benchmarks to finalize the

updated set with 33 measures. These measures cover priority areas of women’s health, behavioral health, access to care, infectious disease, chronic disease, and injury (Table 1). The new set of Healthy Montgomery Core Measures will be monitored over time for population health improvement in Montgomery County and evaluated in the next round of Community Health Needs Assessment and Community Health Improvement Plan. Though not an exhaustive list of all health measures monitored and evaluated, the new set of Healthy Montgomery Core Measures covers the priority areas Healthy Montgomery will focus until the next updated set of core measures is developed.

Table 1. Healthy Montgomery Core Measures

Women's Health	<ul style="list-style-type: none"> Low Birth Weight Breast Cancer Screening Cervical Cancer Screening Infant Mortality Preterm Birth Prenatal Care in First Trimester
Behavioral Health	<ul style="list-style-type: none"> Drug-induced Mortality Affordable Housing Mental Health Related ER Visit Substance Use Disorder/Addiction Related ER Visit Opioid Fatality Suicide Mortality High School Students Feeling Sad or Hopeless
Access to Care	<ul style="list-style-type: none"> Persons with Usual Primary Care Physician Uninsurance
Infectious Disease	<ul style="list-style-type: none"> Tuberculosis Incidence Gonorrhea Incidence Syphilis Incidence HIV Incidence
Chronic Disease	<ul style="list-style-type: none"> Adults Reporting No Physical Activity Asthma Related ER Visit in Children <18 Colon and Rectum Cancer Mortality Colorectal Cancer Screening Prevalence of Diagnosed Hypertension Food Insecurity
Injury	<ul style="list-style-type: none"> Overall Injury Related Mortality Motor Vehicle Mortality Firearm Mortality Firearm ER Visit Fall Mortality Firearm Related Homicide Firearm Related Suicide Intimate Partner Violence Related 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 2015-2023. 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 reaches the patients they are meant for. PCSA areas in Montgomery County include Damascus, Gaithersburg, Germantown, 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. In Tables 3-6, core measures that are not noted as percentages are rates.
4. 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.
5. 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 Low Birth Weight by PCSA as an example. Rockville PCSA has 3 subpopulation disparity increase, namely Black/White (B/W) = 16.8%, Asian/White (A/W) = 29.2%, and Hispanic/White (H/W) = 46.5%.

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	20697	20841	20830	20837	20810	20901	20903	20783	20812
20872	20877	20874	20832	20838	20811	20902	20904	20787	20813
	20879	20875	20833	20839	20814	20907	20914	20912	20815
	20884	20876	20853	20842	20817	20910	20993	20913	20816
	20886	20885	20855		20824	20911			20818
	20898	20899	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				
			21723		20883				
			21737		20889				
			21738		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 the differences between the 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 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 the County overall, 24 of the 33 core measures show inequity in the NH-Black populations compared to NH-White for the most recent period. Tuberculosis (TB) incidence has the most inequity (RR=60.5), followed by HIV incidence (RR=13.0), firearm related homicide (RR=12.4), firearm ER visit (RR=5.9), gonorrhea incidence (RR=5.2), syphilis incidence (RR=5.1), infant mortality (RR=3.6), intimate partner violence related ER visit (RR=2.8), firearm mortality (RR=2.4), asthma related ER visit in children <18 (RR=2.2), substance use disorder ER visit (RR=2.0), low birth weight (RR=1.9), adults reporting no physical activity (RR=1.8), prevalence of diagnosed hypertension (RR=1.8), motor vehicle mortality (RR=1.6), preterm births (RR=1.4), mental health related ER visit (RR=1.4), overall injury related mortality (RR=1.3), colon and rectum cancer mortality (RR=1.2), percentage of females aged 50+ who received a mammogram (RR=1.1), drug-induced mortality (RR=1.1), opioid fatality (RR=1.1), and persons with usual primary care physician (RR=1.0).

Health inequity in NH-Black populations compared to NH-White by PCSA varies among measures. HIV incidence has the most disparity for Gaithersburg (RR=20.3), Germantown (RR=14.2), Silver Spring I (RR=9.1), and Silver Spring II (RR=34.1). TB incidence has the most disparity for Olney (RR=16.8) and Rockville (RR=40.8). Gonorrhea incidence has the most disparity for Damascus (RR=9.8) and Poolesville (RR=10.4). Motor vehicle mortality has the most disparity for Takoma Park (RR=6.9), and intimate partner violence related ER visit for Washington (RR=10.3).

Asian/PI (Table 4): For the County overall, 9 of the 33 core measures show inequity in Asian/PI populations compared to NH-White for the most recent period. TB incidence has the most inequity (RR=68.7), followed by low birth weight (RR=1.5), HIV incidence (RR=1.4), preterm births (RR=1.2), adults reporting no physical activity (RR=1.2), infant mortality (RR=1.1), prevalence of diagnosed hypertension (RR=1.1), births with prenatal care during the first trimester (1.0), and persons with usual primary care physician (RR=1.0).

Health inequity in Asian/PI populations compared to NH-White by PCSA varies among measures. HIV incidence has the most disparity for Gaithersburg (RR=3.4), Germantown (RR=1.3), and Silver Spring II (RR=4.7). TB incidence has the most disparity for Olney (RR=9.4) and Rockville (RR=44.6). Intimate partner violence related ER visit has the most disparity for Poolesville (RR=12.2) and Washington (RR=6.6). Suicide mortality has the most disparity for Damascus (RR=2.6), infant mortality for Germantown (RR=1.3), colon and rectum cancer mortality for Silver Spring I (RR=3.0), and fall mortality for Takoma Park (RR=4.3).

Hispanic (Table 5): For the County overall, 16 of the 33 core measures show inequity in Hispanic populations compared to NH-White for the most recent period. TB incidence has the most inequity (RR=36.5), followed by HIV incidence (RR=7.1), syphilis incidence (RR=5.1), firearm related homicide (RR=3.4), adults reporting no physical activity (RR=3.0), intimate partner violence related ER visit (RR=2.4), firearm ER visit (RR=2.1), motor vehicle mortality (RR=2.0), infant mortality (RR=1.9), asthma related ER visit in children <18 (RR=1.7), gonorrhea incidence (RR=1.5), preterm births (RR=1.4), low birth weight (RR=1.3), substance use disorder ER visit (RR=1.0), high school students feeling sad or hopeless (RR=1.0), and overall injury related mortality (RR=1.0).

Health inequity in Hispanic populations compared to NH-White by PCSA varies among measures. HIV incidence has the most disparity for Damascus (RR=12.4), Gaithersburg (RR=13.6), and Silver Spring I (RR=4.4). TB incidence has the most disparity for Olney (RR=16.9) and Rockville (RR=24.2). Intimate partner violence related ER visit has the most disparity for Poolesville (RR=17.2) and Washington (RR=5.4). Gonorrhea incidence has the most disparity for Germantown (RR=5.3), motor vehicle mortality for Silver Spring II (RR=9.2), and opioid fatality for Takoma Park (RR=4.3).

Inequality Change over Time

NH-Black (Table 3): For the County overall, 20 of the 33 core measures show increased inequity over time in NH-Black populations compared with NH-White. TB incidence has the most increase in inequity over time (RR change=1665.0%), followed by firearm related homicide (RR change=342.0%), firearm mortality (RR change=307.8%), drug-induced mortality (RR change=121.5%), opioid fatality (RR change=117.7%), prevalence of diagnosed hypertension (RR change=42.3%), overall injury related mortality (RR change=34.6%), motor vehicle mortality (RR change=29.8%), infant mortality (RR change=27.9%), firearm related suicide (RR change=22.8%), adults reporting no physical activity (RR change=21.6%), low birth weight (RR change=20.1%), suicide mortality (RR change=17.8%), preterm births (RR change=17.7%), percentage of females aged 50+ who received a mammogram (RR change=15.3%), syphilis incidence

(RR change=11.9%), intimate partner violence related ER visit (RR change=10.8%), firearm ER visit (RR change=10.2%), and births with prenatal care during the first trimester (RR change=9.5%)

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 overall injury related mortality for Damascus (RR change=234.5%), colon and rectum cancer mortality for Gaithersburg (RR change=123.2%), motor vehicle mortality for Germantown (RR change=3542.8%) and Takoma Park (RR change=498.4%), TB incidence for Olney (RR change=630.8%) and Rockville (RR change=3221.3%), gonorrhea incidence for Poolesville (RR change=557.2%), opioid fatality for Silver Spring I (RR change=172.9%), suicide mortality for Silver Spring II (RR change=457.4%), and intimate partner violence related ER visit for Washington (RR change=392.5%).

Asian/PI (Table 4): For the County overall, 15 of the 33 core measures show increased inequity over time in the Asian populations compared with NH-White. TB incidence has the most increase in inequity over time (RR change=1508.1%), followed by firearm related suicide (RR change=797.2%), firearm mortality (RR change=179.9%), HIV incidence (RR change=80.9%), substance use disorder ER visit (RR change=63.9%), asthma related ER visit in children <18 (RR change=60.7%), overall injury related mortality (RR change=54.4%), mental health related ER visit (RR change=39.3%), intimate partner violence related ER visit (RR change=26.5%), suicide mortality (RR change=24.2%), colon and rectum cancer mortality (RR change=23.4%), preterm births (RR change=15.1%), low birth weight (RR change=14.9%), and births with prenatal care during the first trimester (RR change=11.2%).

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 overall injury related mortality for Damascus (RR change=139.5%) and Takoma Park (RR change=636.2%), HIV incidence for Gaithersburg (RR change=103.0%), Germantown (RR change=400.0%), and Silver Spring II (RR change=956.3%), substance use disorder ER visit for Olney (RR change=222.7%), asthma related ER visit in children <18 for Poolesville (RR change=1014.7%) and Rockville (RR change=484.0%), colon and rectum cancer mortality for Silver Spring I (RR change=2432.1%), and mental health related ER visit for Washington (RR change=882.7%).

Hispanic (Table 5): For the County overall, 18 of the 33 core measures show increased inequity over time in the Hispanic populations compared with NH-White. TB incidence has the most increase in inequity over time (RR change=1709.5%), followed by syphilis incidence (RR change=214.6%), opioid fatality (RR change=141.6%), HIV incidence (RR

change=76.1%), firearm mortality (RR change=61.3), motor vehicle mortality (RR change=59.3%), firearm related suicide (RR change=41.7%), colorectal cancer screening (RR change=40.2%), overall injury related mortality (RR change=38.7%), prevalence of diagnosed hypertension (RR change=32.5%), substance use disorder ER visit (RR change=32.1%), firearm related homicide (RR change=29.8%), adults reporting no physical activity (RR change=29.2%), intimate partner violence related ER visit (RR change=26.2%), colon and rectum cancer mortality (RR change=22.3%), suicide mortality (RR change=20.5%), preterm births (RR change=16.8%), and low birth weight (RR change=7.8%).

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 overall injury related mortality for Damascus (RR change=94.9%), drug-induced mortality for Gaithersburg (RR change=411.4%), motor vehicle mortality for Germantown (RR change=1172.7), suicide mortality for Olney (RR change=968.0%), asthma related ER visit in children <18 for Poolesville (RR change=102.4%), TB incidence for Rockville (RR change=1393.3%), colon and rectum cancer mortality for Silver Spring I (RR change=410.6%), HIV incidence for Silver Spring II (RR change=288.4%), opioid fatality for Takoma Park (RR change=990.3%), and substance use disorder ER visit for Washington (RR change=138.5%).

Inequality Status for Overall Population (most recent period)

Results are in Table 6. For County overall, all 33 core measures show inequity in the overall population compared to NH-White for the most recent period. Uninsurance has the most inequity (ID=115.7), followed by firearm related homicide (ID=103.3), affordable housing (ID=100.0), food insecurity (ID=100.0), HIV incidence (ID=83.3), gonorrhea incidence (ID=81.8), syphilis incidence (ID=78.1), firearm ER visit (ID=75.0), TB incidence (ID=61.4), firearm mortality (ID=54.9), percentage of females aged 50+ who received a mammogram (ID=52.8), intimate partner violence related ER visit (ID=52.3), infant mortality (ID=45.9), substance use disorder ER visit (ID=45.8), firearm related suicide (ID=44.8), adults reporting no physical activity (ID=39.2), suicide mortality (ID=37.2), drug-induced mortality (ID=37.1), fall mortality (ID=35.3), asthma related ER visit in children <18 (ID=35.1), opioid fatality (ID=33.8), mental health related ER visit (ID=33.2), motor vehicle mortality (ID=32.1), prevalence of diagnosed hypertension (ID=22.4), colon and rectum cancer mortality (ID=20.8), births with prenatal care during the first trimester (ID=19.5), low birth weight (ID=18.6), overall injury related mortality (ID=17.0), preterm births (ID=13.2), percentage of females who received a cervical cancer screening test (ID=11.5), high school students feeling sad or hopeless (ID=9.0), persons with usual primary care physician (ID=8.1), and colorectal cancer screening (ID=3.5).

Health inequity in overall populations compared to NH-White by PCSA varies among measures. The top measure with most disparity is firearm ER visit for Damascus (ID=188.0), gonorrhea incidence for Gaithersburg (ID=82.3), HIV

incidence for Germantown (ID=86.2), Olney (ID=115.5), Rockville (ID=178.7), Silver Spring I (ID=133.5), and Silver Spring II (ID=98.3), intimate partner violence related ER visits for Poolesville (ID=337.8), suicide mortality for Takoma Park (ID=124.0), and TB incidence for Washington (ID=400.1).

Inequality Change over time for overall population

Results are in Table 6. For County overall, 13 of the 33 core measures show increased inequity over time in the overall population compared to NH-White. Firearm related homicide has the most increase in inequity (ID change=39.0%), followed by colorectal cancer screening (ID change=30.7%), syphilis incidence (ID change=16.8%), asthma related ER visit in children <18 (ID change=15.2%), fall mortality (ID change=14.7%), HIV incidence (ID change=12.2%), uninsurance (ID=11.8%), infant mortality (ID=11.3%), colon and rectum cancer mortality (ID change=10.4%), percentage of females who received a cervical cancer screening test (ID=7.8%), overall injury related mortality (ID change=7.3%), low birth weight (ID change=6.3%), and TB incidence (ID change=5.7%).

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 fall mortality for Damascus (ID change=66.6%), Gaithersburg (ID change=41.1%), Germantown (ID change=20.2%) and Takoma Park (ID change=46.6%), motor vehicle mortality for Olney (ID change=25.1%), intimate partner violence related ER visit for Poolesville (ID change=260.2%), HIV incidence for Rockville (ID change=42.3%) and Silver Spring I (ID change=37.8%), and TB incidence for Silver Spring II (ID change=33.2%) and Washington (ID change=319.1%).

CONCLUSION

Montgomery County has the overall health status better than the state and the U.S. averages, 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. Input 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 topics 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

Indicators	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
	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
Women's Health																						
Low Birth Weight ²	1.9	20.1	2.1	4.7	1.8	-13.0	1.5	18.2	2.2	12.0	1.6	-63.1	2.1	16.8	1.5	1.9	1.4	-1.9	1.3	14.3	0.9	243.5
Percentage of Females Aged 50+ Who Received a Mammogram ²	1.1	15.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of Females Who Received a Cervical Cancer Screening Test ²	0.8	-20.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ¹	3.6	27.9	-	-	0.7	-69.6	5.9	-	2.2	128.5	-	-	4.1	77.8	6.3	-46.2	1.8	-36.8	1.7	-65.5	0.0	-
Preterm Births ²	1.4	17.7	1.7	56.1	1.3	-11.6	1.4	37.0	1.7	43.3	0.0	-	1.6	32.0	1.3	11.4	1.3	-5.1	0.9	-0.7	0.2	-46.1
Births with Prenatal Care During First Trimester ²	0.8	9.5	0.8	7.4	0.8	11.0	0.8	1.3	0.8	-	1.0	27.9	0.8	19.1	0.7	1.0	0.7	3.4	0.6	8.7	0.8	15.9
Behavioral Health																						
Drug-Induced Mortality	1.1	121.5	0.4	70.2	0.9	76.9	0.9	61.4	0.5	115.3	8.3	-	1.5	189.5	1.9	151.7	0.5	-41.6	3.7	407.3	3.6	-
Affordable Housing ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Related ER Visit	1.4	4.1	1.7	15.9	1.2	7.5	0.8	-27.4	1.5	35.4	2.3	35.8	1.6	-16.9	1.6	-9.4	1.0	19.5	1.2	8.7	4.0	68.8
ER Visits for Substance Use Disorder	2.0	2.4	2.2	-26.0	2.0	3.3	1.6	-3.0	1.7	31.2	1.1	-17.8	2.8	-20.6	2.2	-6.8	1.2	22.3	3.1	43.7	3.6	-8.0
Opioid Fatality	1.1	117.7	0.4	39.2	0.9	108.5	1.0	105.6	0.5	49.7	8.3	-	1.6	194.0	2.0	172.9	0.4	-43.3	3.7	253.8	5.1	-
Suicide Mortality	0.5	17.8	1.0	-	0.2	-7.1	0.8	305.0	0.9	71.5	0.0	-	0.8	-30.3	0.4	-39.0	0.8	457.4	0.0	-	0.0	-
High School Students Feeling Sad or Hopeless ²	0.9	-15.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Access to Care																						
Persons with Usual Primary Care Physician ²	1.0	4.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uninsurance ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infectious Disease																						
TB	60.5	1665.0	-	-	-	-	-	-	16.8	630.8	-	-	40.8	3221.3	-	-	-	-	-	-	-	-
Gonorrhea	5.2	-27.0	9.8	-35.8	5.0	-67.6	13.4	27.0	3.7	-8.9	10.4	557.2	6.9	-38.3	3.6	-6.5	5.7	-46.0	3.8	46.9	4.4	32.5
Syphilis [^]	5.1	11.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV*	13.0	-2.8	-	-	20.3	52.0	14.2	130.8	15.3	24.9	-	-	30.2	177.8	9.1	-69.3	34.1	369.3	1.8	-	0.0	-
Chronic Disease																						
Adults Reporting No Physical Activity ²	1.8	21.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asthma Related ER Visit in Children <18	2.2	-28.9	3.0	11.7	1.6	-2.4	3.1	26.4	2.7	7.4	2.0	-76.4	3.0	-27.9	2.2	-55.6	2.4	4.9	1.3	-68.0	1.4	-80.9
Colon and Rectum Cancer Mortality	1.2	-13.3	4.2	62.8	3.3	123.2	1.2	-38.8	1.8	42.3	0.0	-	1.4	-21.5	1.9	84.8	2.6	157.2	0.6	59.9	1.6	-19.2
Colorectal Cancer Screening ²	0.9	1.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Prevalence of Diagnosed Hypertension ²	1.8	42.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Food Insecurity ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Injury																						
Overall Injury Related Mortality	1.3	34.6	1.5	234.5	0.9	29.9	1.8	170.7	1.0	48.1	2.9	-16.5	2.3	71.8	1.6	1.7	1.0	-9.4	3.1	177.1	2.0	-25.9
Motor Vehicle Mortality	1.6	29.8	2.8	167.0	1.2	-63.6	4.9	3542.8	0.7	4.8	0.0	-	1.4	21.0	1.6	-54.2	4.3	11.9	6.9	498.4	0.0	-
Firearm Mortality	2.4	307.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm ER Visit	5.9	10.2	-	-	1.3	-83.3	3.5	36.8	3.3	-39.7	-	-	4.6	-15.4	-	-	6.4	-	-	-	0.0	-
Fall Mortality	0.4	-44.7	0.0	-	0.4	52.0	0.2	-79.7	0.4	-7.2	0.0	-	0.4	-61.4	0.6	-47.4	0.4	-62.3	1.3	197.0	-	-
Firearm Related Homicide	12.4	342.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm Related Suicide	0.4	22.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intimate Partner Violence Related ER Visit	2.8	10.8	1.5	5.8	2.4	8.6	4.5	-28.8	3.6	164.5	0.0	-	5.7	86.3	3.4	90.6	0.8	-72.7	1.1	24.4	10.3	392.5

1- rate per 1,000 live births

2- percentage

^~ includes all syphilis

*- rate per population age 13+

Increase in disparity

Decrease in disparity

Core measures that are not noted as percentages are rates.

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

Indicators	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
	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
Women's Health																						
Low Birth Weight ²	1.5	14.9	1.6	19.4	1.8	-7.8	1.0	6.2	1.9	19.6	0.0	-	1.5	29.2	1.4	-33.7	1.3	34.0	1.1	51.4	0.9	22.7
Percentage of Females Aged 50+ Who Received a Mammogram ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of Females Who Received a Cervical Cancer Screening Test ²	0.7	-21.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ¹	1.1	-20.9	-	-	0.0	-	1.3	-	2.1	177.9	-	-	1.6	32.3	0.0	-	0.0	-	0.0	-	0.0	-
Preterm Births ²	1.2	15.1	0.8	-34.2	1.3	22.6	0.8	-13.4	1.5	54.7	0.0	-	1.2	37.7	1.0	-28.5	1.6	78.7	0.8	76.6	1.2	26.8
Births with Prenatal Care During First Trimester ²	1.0	11.2	1.0	6.7	1.0	9.4	0.9	3.4	0.9	5.8	0.9	-13.8	1.0	15.9	0.9	1.4	1.0	12.7	1.0	31.3	1.0	-2.0
Behavioral Health																						
Drug-Induced Mortality	-	-	0.0	-	0.1	0.8	0.0	-85.7	0.2	-23.2	0.0	-	0.2	90.2	0.4	-25.4	0.4	-7.0	0.0	-	0.0	-
Affordable Housing ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Related ER Visit	0.3	39.3	0.3	-31.9	0.3	4.4	0.2	-3.4	0.4	46.7	0.2	-79.5	0.4	73.2	0.5	15.8	0.4	89.0	0.6	-35.2	0.7	882.7
ER Visits for Substance Use Disorder	0.3	63.9	0.1	-40.3	0.3	19.6	0.2	73.2	0.5	222.7	2.3	30.5	0.2	46.3	0.6	112.4	0.2	47.3	0.0	-	0.7	837.0
Opioid Fatality	0.2	-8.6	0.0	-	0.1	-41.1	0.0	-80.1	0.2	-25.4	0.0	-	0.3	173.8	0.5	125.3	0.3	-30.9	0.0	-	0.0	-
Suicide Mortality	0.5	24.2	2.6	57.1	0.5	-53.4	0.5	-21.4	0.7	174.7	1.8	-	0.5	30.0	0.4	7.7	0.2	-	0.0	-	0.0	-
High School Students Feeling Sad or Hopeless ²	0.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Access to Care																						
Persons with Usual Primary Care Physician ²	1.0	-1.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uninsurance ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infectious Disease																						
TB	68.7	1508.1	-	-	-	-	-	-	9.4	144.3	-	-	44.6	337.8	-	-	-	-	-	-	-	-
Gonorrhea	0.4	-38.8	0.6	-52.9	0.6	-96.1	0.7	-11.3	0.3	-39.7	0.0	-	0.4	-	1.1	113.8	0.9	-22.4	1.1	-	0.0	-
Syphilis [^]	0.8	-32.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV*	1.4	80.9	-	-	3.4	103.0	1.3	400.0	0.9	-5.2	-	-	3.1	400.0	0.6	-76.8	4.7	956.3	0.0	-	0.0	-
Chronic Disease																						
Adults Reporting No Physical Activity ²	1.2	16.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asthma Related ER Visit in Children <18	0.8	60.7	0.9	42.1	0.5	9.5	0.8	114.5	1.1	91.0	4.8	1014.7	0.7	484.0	1.3	-13.1	1.1	154.4	0.0	-	0.6	66.2
Colon and Rectum Cancer Mortality	0.8	23.4	2.0	-20.0	1.3	17.2	0.7	24.9	1.2	25.1	0.0	-	1.1	226.3	3.0	2432.1	1.3	46.5	0.0	-	2.0	-

Colorectal Cancer Screening ²	0.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Prevalence of Diagnosed Hypertension ²	1.1	-1.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Food Insecurity ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Injury																						
Overall Injury Related Mortality	0.7	54.4	1.1	139.5	0.7	75.5	0.7	73.1	0.6	32.0	0.8	-	0.8	80.1	1.6	89.1	0.9	33.0	3.2	636.2	0.5	-25.8
Motor Vehicle Mortality	0.9	0.0	1.2	-	2.0	-13.0	0.5	-	1.3	55.6	0.0	-	0.7	-	0.0	-	2.4	37.4	0.0	-	0.0	-
Firearm Mortality	0.4	197.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm ER Visit	0.5	-4.4	-	-	0.0	-	0.7	-	0.0	-	-	-	0.0	-	-	-	0.0	-	-	-	0.0	-
Fall Mortality	-	-	1.0	-	1.3	84.0	0.4	-	0.7	-2.9	0.0	-	0.8	28.0	0.9	-	1.3	6.8	4.3	-	0.0	-
Firearm Related Homicide	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm Related Suicide	0.5	797.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intimate Partner Violence Related ER Visit	0.5	26.5	0.7	32.1	0.2	-54.2	0.0	-96.3	1.0	140.2	12.2	-	0.8	209.6	0.0	-	0.3	-72.6	0.0	-	6.6	-

1- rate per 1,000 live births

2- percentage

^- includes all syphilis

*- rate per population age 13+

Increase in disparity

Decrease in disparity

Core measures that are not noted as percentages are rates.

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

Indicators	County		Damascus		Gaithersburg		Germantown		Olney		Poolesville		Rockville		Silver Spring 1		Silver Spring 2		Takoma Park		Washington	
	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
Women's Health																						
Low Birth Weight ²	1.3	7.8	1.8	-5.1	1.1	-20.4	0.9	-26.8	1.6	10.2	0.5	-76.2	1.2	46.5	1.5	-7.7	0.8	-22.4	1.4	4.8	1.3	69.6
Percentage of Females Aged 50+ Who Received a Mammogram ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of Females Who Received a Cervical Cancer Screening Test ²	0.8	-24.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ¹	1.9	-14.2	-	-	0.4	-65.2	2.0	-	2.1	102.6	-	-	1.1	-37.8	2.1	-79.2	0.0	-	2.0	189.1	0.0	-
Preterm Births ²	1.4	16.8	1.3	45.1	1.1	-1.9	1.1	7.2	1.7	49.6	1.9	-37.3	1.3	44.5	1.4	-14.1	1.3	9.9	1.3	24.2	1.4	25.2
Births with Prenatal Care During First Trimester ²	0.6	-4.5	0.8	1.1	0.6	-11.5	0.7	-10.7	0.6	-6.4	0.6	10.5	0.7	-3.7	0.5	-1.9	0.5	-11.3	0.4	-56.7	0.9	5.8
Behavioral Health																						
Drug-Induced Mortality	0.7	-	0.0	-	0.5	411.4	0.3	7.6	0.7	148.1	0.0	-	1.0	214.1	0.9	153.8	0.5	148.6	2.2	-	0.0	-
Affordable Housing ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Related ER Visit	0.8	-1.7	1.0	34.5	0.6	11.5	0.6	-4.2	0.8	14.7	0.9	-62.7	0.4	-54.0	0.9	-22.1	0.7	11.7	0.9	-1.1	1.6	24.2
ER Visits for Substance Use Disorder	1.0	32.1	0.9	28.4	0.7	35.0	0.8	62.4	0.9	-72.8	0.2	-93.7	1.8	99.9	1.3	27.7	0.8	16.6	2.2	52.0	2.4	138.5
Opioid Fatality	0.8	141.6	0.0	-	0.7	284.9	0.3	14.7	0.7	100.1	0.0	-	1.1	146.3	1.1	48.8	0.7	203.9	4.3	990.3	0.0	-
Suicide Mortality	0.3	20.5	0.0	-	0.2	-17.0	0.5	7.4	0.6	968.0	0.0	-	0.5	41.6	0.2	-43.5	0.7	60.9	0.0	-	0.0	-
High School Students Feeling Sad or Hopeless ²	1.0	-26.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Access to Care																						
Persons with Usual Primary Care Physician ²	0.8	3.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uninsurance ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infectious Disease																						
TB	36.5	1709.5	-	-	-	-	-	-	16.9	699.3	-	-	24.2	1393.3	-	-	-	-	-	-	-	-
Gonorrhea	1.5	-2.2	0.1	-96.5	1.0	-61.1	5.3	519.1	1.6	0.0	1.1	-	1.2	-	2.2	0.0	2.0	-32.3	1.4	0.0	1.5	-
Syphilis [^]	5.1	214.6	0.7	-65.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIV*	7.1	76.1	12.4	-	13.6	162.5	4.0	50.0	5.7	33.9	-	-	20.2	375.0	4.4	-33.5	8.6	288.4	2.7	-	0.7	-
Chronic Disease																						
Adults Reporting No Physical Activity ²	3.0	29.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asthma Related ER Visit in Children <18	1.7	-20.4	1.7	40.2	1.2	-77.4	1.3	8.5	2.2	-1.1	2.1	102.4	1.8	-7.3	2.4	-38.6	1.4	-30.7	1.3	-62.6	0.5	-51.9
Colon and Rectum Cancer Mortality	0.6	22.3	2.5	-69.1%	1.7	-67.8	1.3	1086.6	0.6	49.5	0.0	-	0.7	-9.0	0.9	410.6	1.3	-	0.0	-	0.0	-

Colorectal Cancer Screening ²	0.9	40.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Prevalence of Diagnosed Hypertension ²	0.9	32.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Food Insecurity ²	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Injury																						
Overall Injury Related Mortality	1.0	38.7	2.1	94.9	0.7	46.3	1.0	117.9	1.1	54.3	0.3	-	1.0	52.9	0.9	-6.2	0.9	0.0	1.6	2.9	0.6	11.5
Motor Vehicle Mortality	2.0	59.3	1.5	-	1.4	-47.8	4.1	1172.7	2.2	150.2	4.4	-	1.8	18.0	2.3	-62.3	9.2	104.2	2.0	-9.5	0.0	-
Firearm Mortality	0.8	61.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm ER Visit	2.1	-15.0	-	-	1.7	2.7	0.4	-69.5	1.0	-50.3	-	-	2.1	421.5	-	-	0.7	-	-	-	0.0	-
Fall Mortality	0.4	-11.2	0.0	-	1.3	84.0	0.3	-75.1	0.5	-35.1	0.0	-	0.3	-60.6	0.1	47.4	0.2	-90.5	0.0	-	0.8	-
Firearm Related Homicide	3.4	29.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm Related Suicide	0.3	41.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intimate Partner Violence Related ER Visit	2.4	26.2	0.6	-85.3	1.9	93.1	3.9	27.4	2.8	65.8	17.2	-	2.1	-24.5	3.4	57.3	1.8	14.9	1.1	139.2	5.4	-

1- rate per 1,000 live births

2- percentage

^- includes all syphilis

*- rate per population age 13+

Increase in disparity

Decrease in disparity

Core measures that are not noted as percentages are rates.

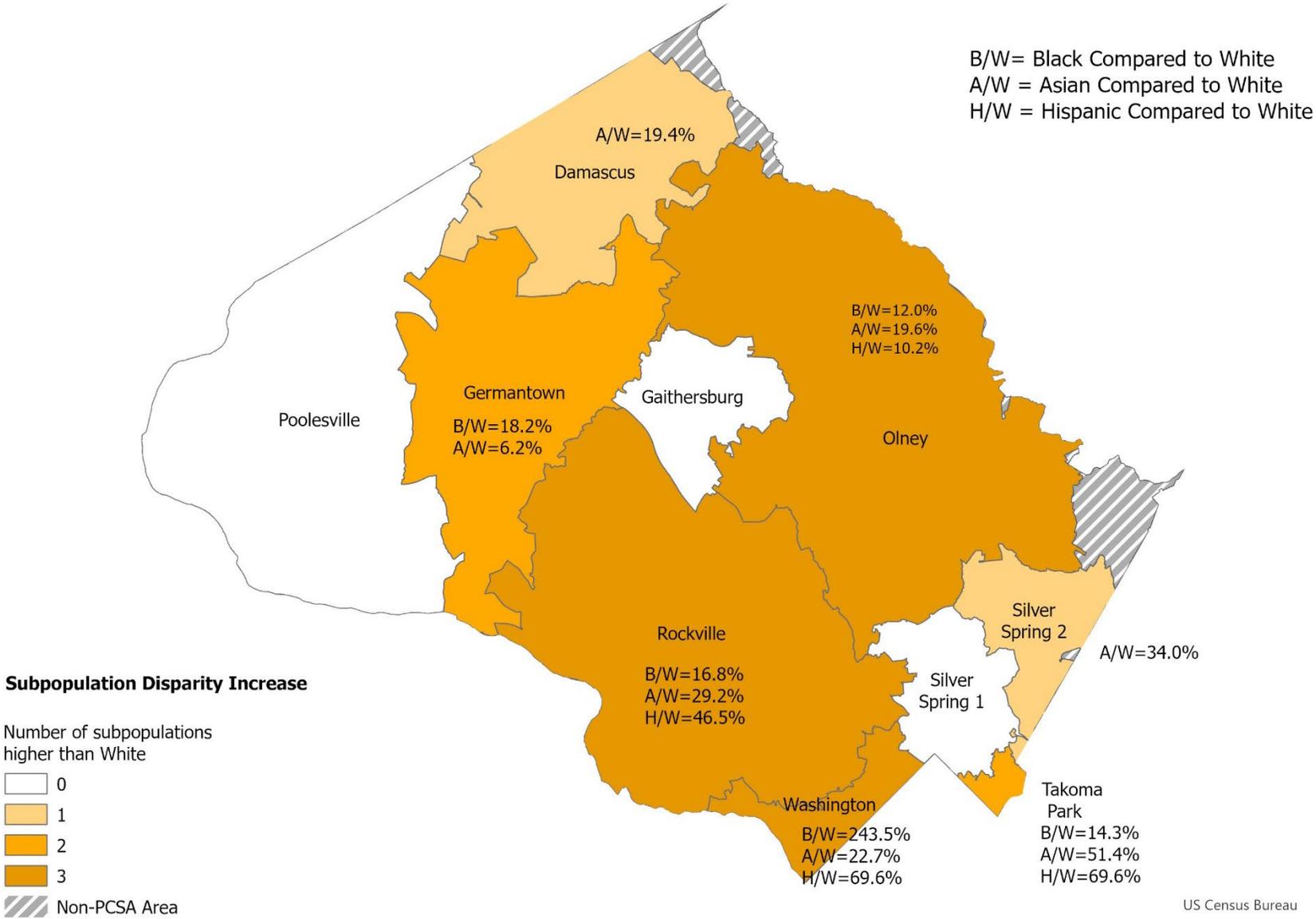
Table 6. Health Equity Among Overall Population by PCSA, Montgomery County, MD

	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
Women's Health																						
Low Birth Weight ²	18.6	6.3	21.0	-6.0	27.0	1.7	18.2	6.1	25.3	3.5	55.6	-48.1	27.0	1.1	15.2	-9.5	18.3	2.9	12.7	-4.6	23.7	-5.0
Percentage of Females Aged 50+ Who Received a Mammogram ²	52.8	2.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of Females Who Received a Cervical Cancer Screening Test ²	11.5	7.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infant Mortality ¹	45.9	11.3	63.6	-23.3	64.6	19.5	63.6	-13.2	26.4	19.0	-	-100.0	60.6	25.3	75.0	16.5	52.3	1.3	44.8	-40.6	86.1	3.7
Preterm Births ²	13.2	4.2	27.0	18.9	9.8	-4.2	16.1	12.6	15.6	7.1	69.3	-26.3	17.4	6.6	12.8	-4.7	11.8	-1.9	18.3	-0.5	32.4	14.1
Births with Prenatal Care During First Trimester ²	19.5	1.8	10.0	-0.2	23.7	8.7	14.1	3.5	18.8	1.3	13.0	-4.3	13.7	-0.9	21.5	0.8	33.7	10.6	36.3	10.0	6.3	-4.7
Behavioral Health																						
Drug-Induced Mortality	37.1	-14.7	76.1	25.7	44.1	-23.6	64.3	1.0	36.7	-23.4	208.3	12.1	42.7	-27.6	42.5	13.6	32.6	-16.3	59.3	-10.0	122.0	63.6
Affordable Housing ²	100.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Related ER Visit	33.2	-0.6	37.8	4.4	38.1	-2.2	37.2	-3.7	34.0	3.0	71.3	23.2	32.5	-17.7	34.4	-1.1	25.4	-5.6	18.9	4.3	81.6	21.3
ER Visits for Substance Use Disorder	45.8	-6.4	56.4	-17.3	51.0	-4.7	42.7	-14.8	33.3	-11.6	69.5	-26.3	67.7	-13.2	38.0	-13.2	34.0	-3.8	51.4	11.4	86.7	-7.1
Opioid Fatality	33.8	-13.7	80.5	33.7	37.7	-26.7	64.1	15.1	35.4	-15.6	208.3	125.4	44.5	-2.5	39.4	10.2	40.7	-8.2	68.6	17.0	152.0	68.8
Suicide Mortality	37.2	-8.2	63.2	41.2	53.0	-62.5	26.2	-13.2	19.3	-22.7	0.0	-4.3	26.6	-15.3	52.7	12.1	28.2	-51.3	124.0	41.9	61.5	53.6
High School Students Feeling Sad or Hopeless ²	9.0	-24.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Access to Care																						
Persons with Usual Primary Care Physician ²	8.1	-1.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uninsurance ²	115.7	11.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infectious Disease																						
TB	61.4	5.7	68.7	1.7	68.7	1.7	34.8	-15.0	58.7	7.4	0.0	-148.2	77.3	-28.0	74.4	5.1	67.2	33.2	67.2	33.2	400.1	319.1
Gonorrhea	81.8	-12.0	99.9	-28.1	82.3	-29.0	81.1	-23.1	66.8	-2.0	107.1	58.4	121.5	-32.9	71.5	-5.6	62.7	-13.0	54.0	-5.2	89.3	-28.1
Syphilis [^]	78.1	16.8	-	-	-	-	-	0.0	-	0.0	-	-	-	-	-	0.0	-	-	-	0.0	-	-
HIV [*]	83.3	12.2	85.3	-70.2	71.7	-2.8	86.2	16.5	115.5	23.0	81.8	-188.0	178.7	42.3	133.5	37.8	98.3	25.9	66.8	-62.1	73.3	-70.2
Chronic Disease																						
Adults Reporting No Physical Activity ²	39.2	-5.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asthma Related ER Visit in Children <18	35.1	15.2	52.0	-70.2	25.9	-7.0	50.7	2.2	41.0	-5.7	92.3	-68.0	60.4	-17.1	32.2	-21.8	34.0	-2.0	34.0	-13.1	31.4	-110.5
Colon and Rectum Cancer Mortality	20.8	10.4	55.6	-69.2	41.5	14.1	21.2	-40.6	33.0	9.4	81.8	2.8	19.2	-26.4	41.0	-13.6	38.5	-2.0	60.9	1.5	58.2	2.5

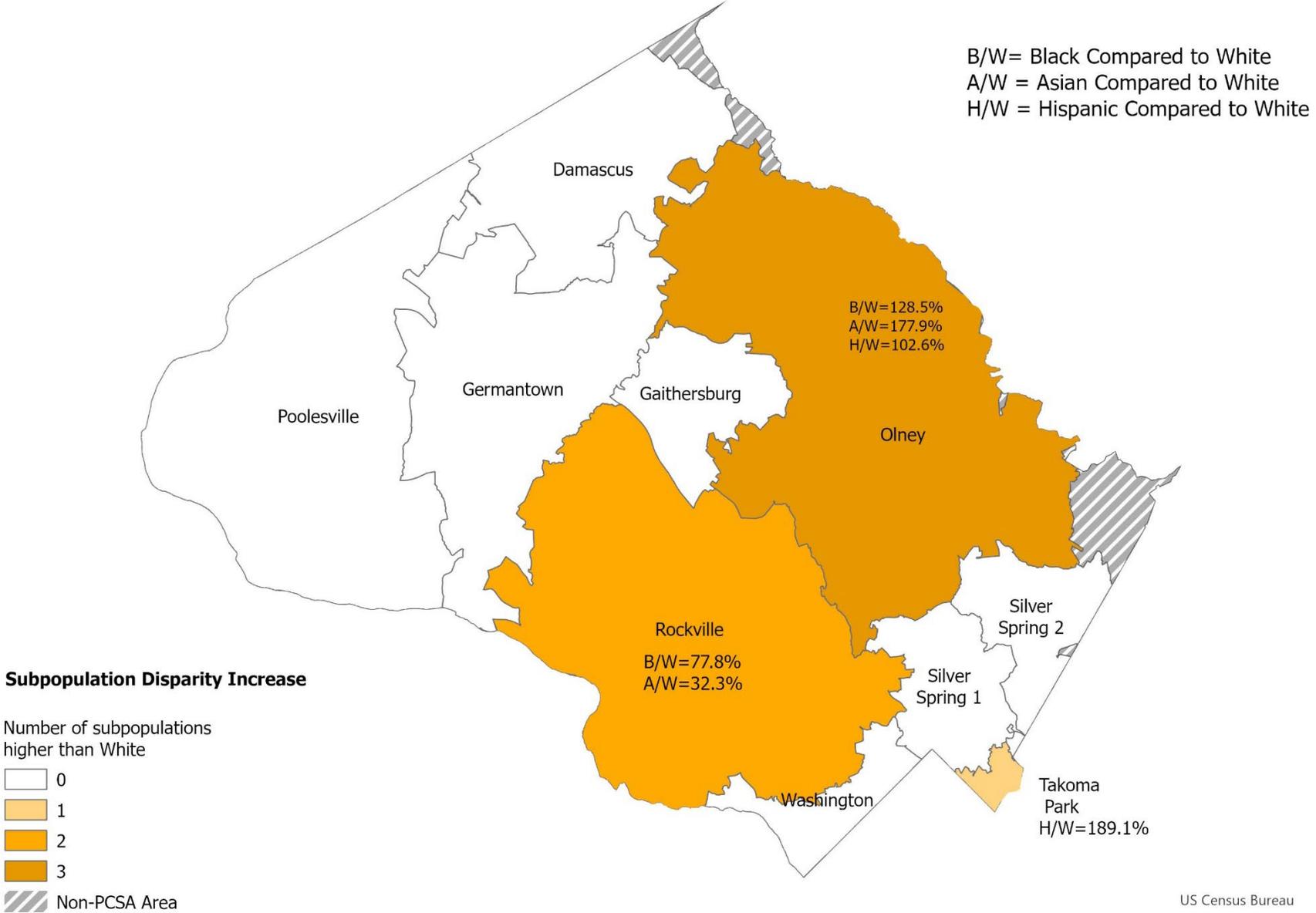
Colorectal Cancer Screening ²	3.5	30.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Prevalence of Diagnosed Hypertension ²	22.4	-4.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Food Insecurity ²	100.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Injury																						
Overall Injury Related Mortality	17.0	7.3	31.5	-3.5	14.0	-15.7	30.8	-1.7	12.8	-10.9	69.6	-39.3	38.7	1.7	19.5	-1.8	5.3	-10.9	49.7	20.3	49.5	-13.3
Motor Vehicle Mortality	32.1	-17.6	36.2	-35.1	22.7	-10.5	68.2	-10.6	36.8	25.1	106.2	38.6	34.1	15.0	48.4	-8.5	57.8	10.0	80.4	-19.4	84.2	-46.6
Firearm Mortality	54.9	-12.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm ER Visit	75.0	-2.0	188.0	3.5	38.4	-57.3	72.0	-	73.0	-5.9	-	-	120.1	-1.1	90.9	15.7	82.6	20.4	84.8	-28.3	84	1.7
Fall Mortality	35.3	14.7	66.6	66.6	41.1	41.1	52.5	20.2	31.9	7.2	76.2	76.2	35.1	28.8	40.2	-8.2	-	-	46.6	46.6	23.2	-83.0
Firearm Related Homicide	103.3	39.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Firearm Related Suicide	44.8	-24.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intimate Partner Violence Related ER Visit	52.3	-0.2	34.3	-34.5	43.3	-0.8	61.4	-0.8	54.2	20.8	337.8	260.2	96.2	9.7	62.4	29.2	42.1	-1.1	29.3	-17.8	163.7	65.9
1- rate per 1,000 live births	2- percentage	^- includes all syphilis				*- rate per population age 13+				Increase in disparity				Decrease in disparity								

Core measures that are not noted as percentages are rates.

Map 2. Change in Equity for Low Birth Weight by PCSA

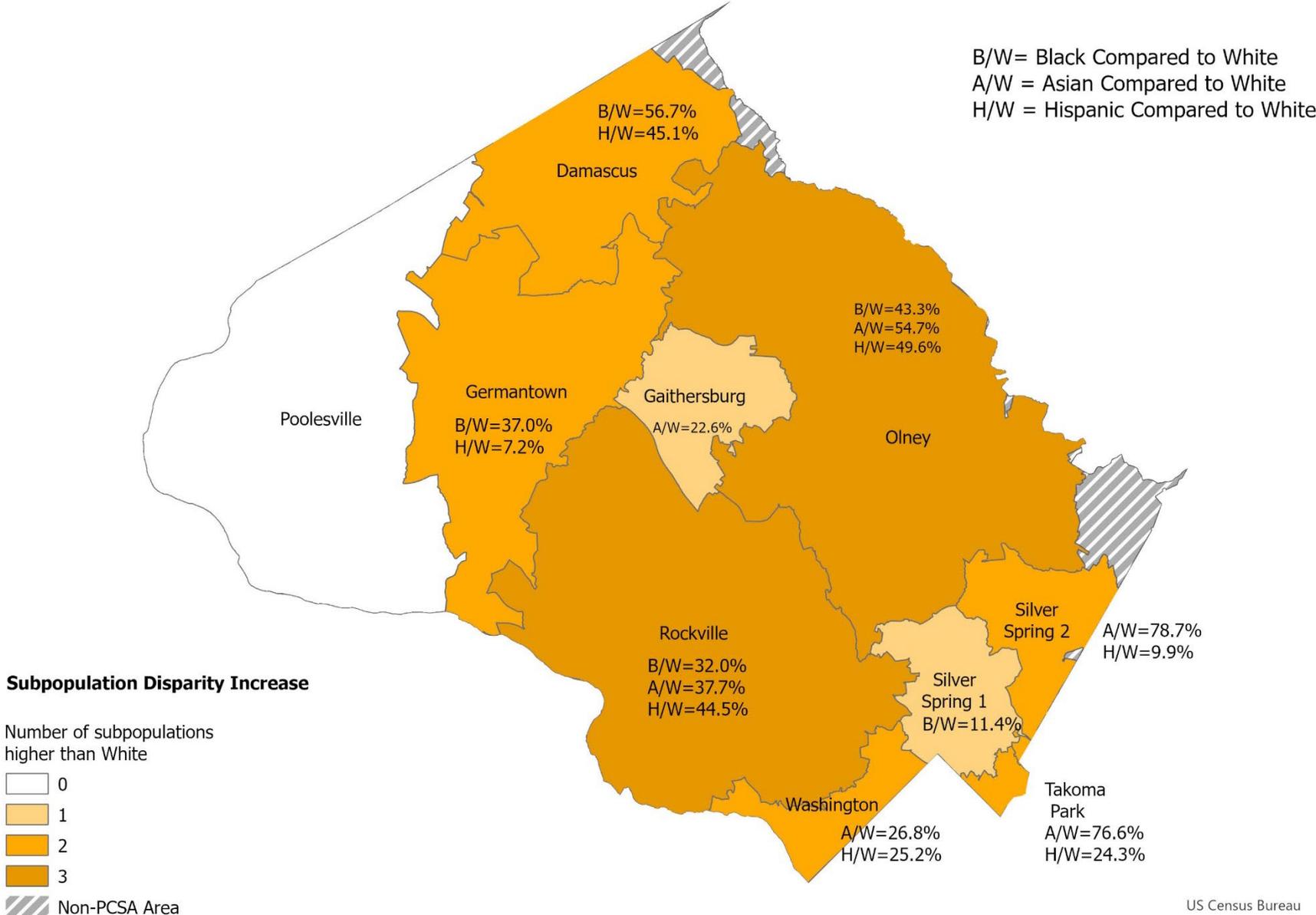


Map 3. Change in Equity for Infant Mortality by PCSA



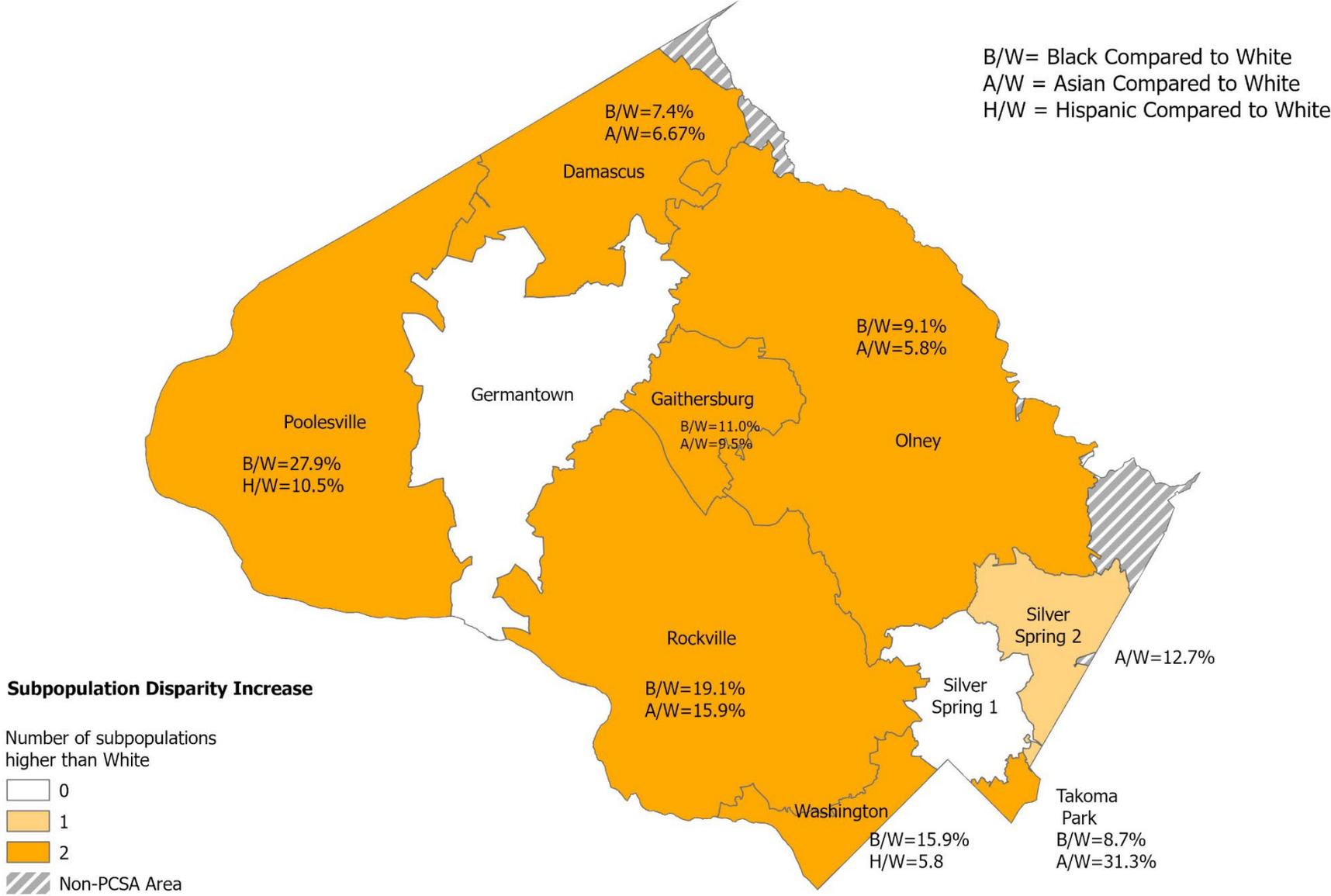
US Census Bureau

Map 4. Change in Equity for Preterm Birth by PCSA



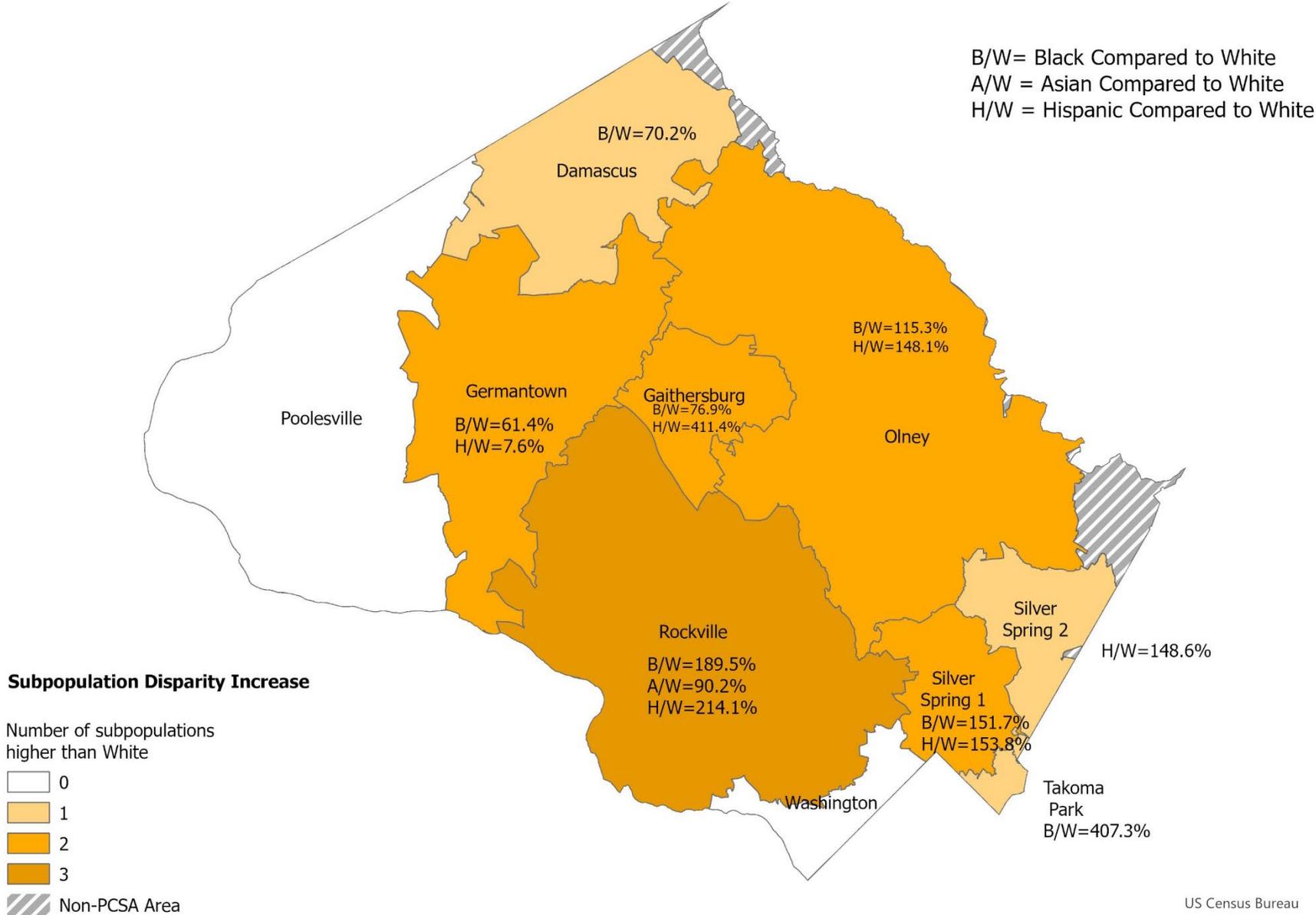
US Census Bureau

Map 5. Change in Equity for Prenatal Care in the First Trimester by PCSA



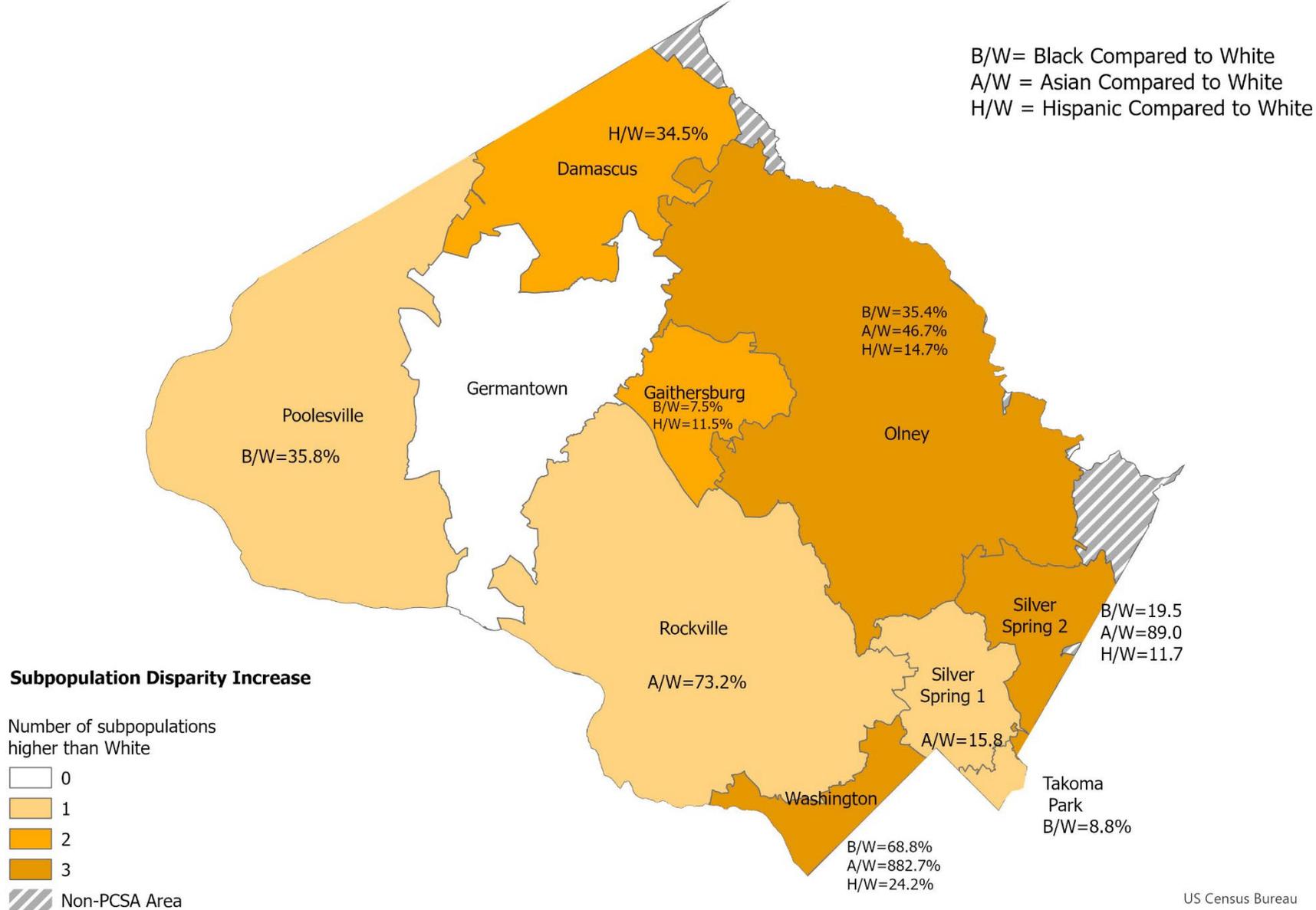
US Census Bureau

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

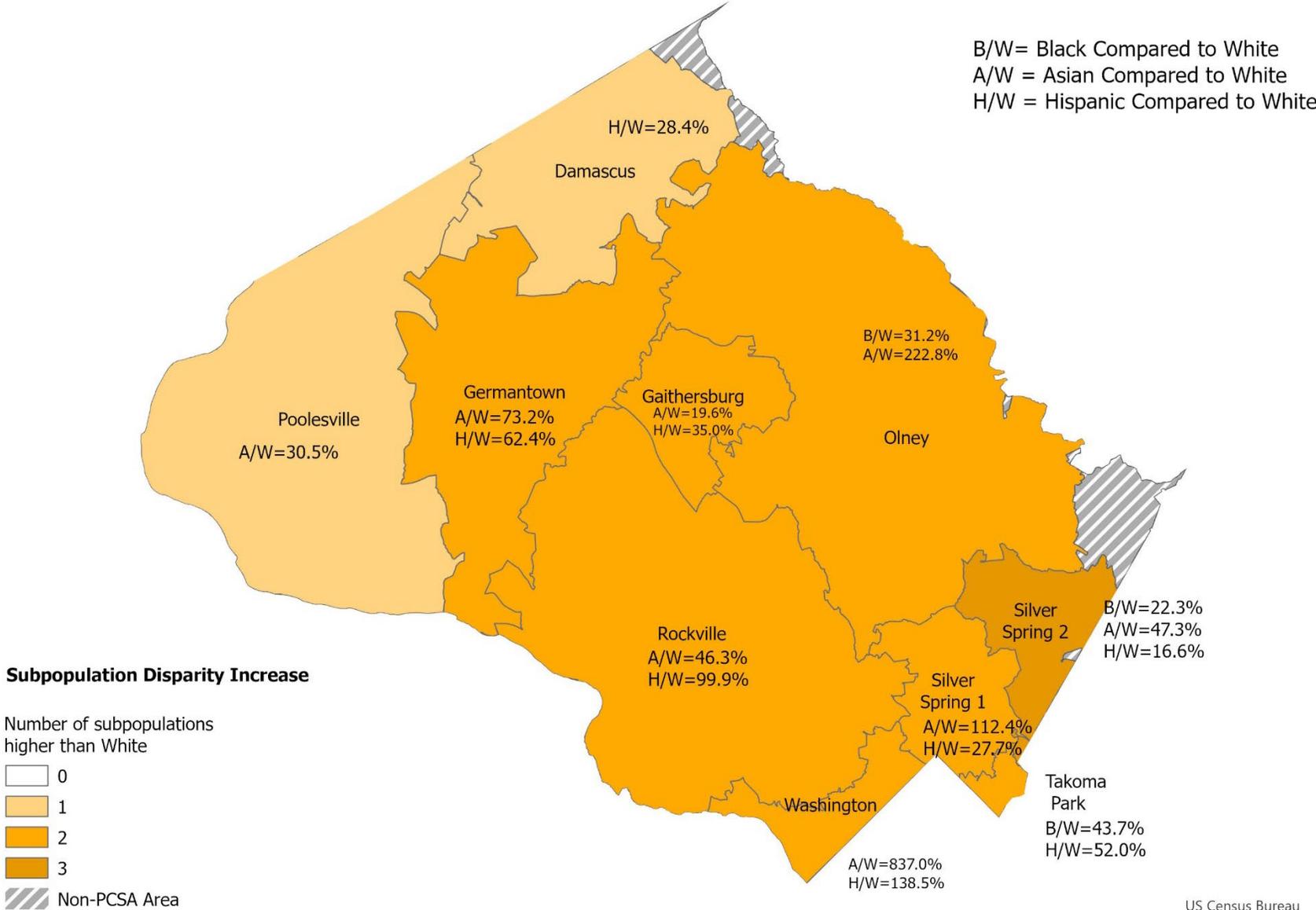


US Census Bureau

Map 7. Change in Equity for Mental Health Related ER Visit by PCSA

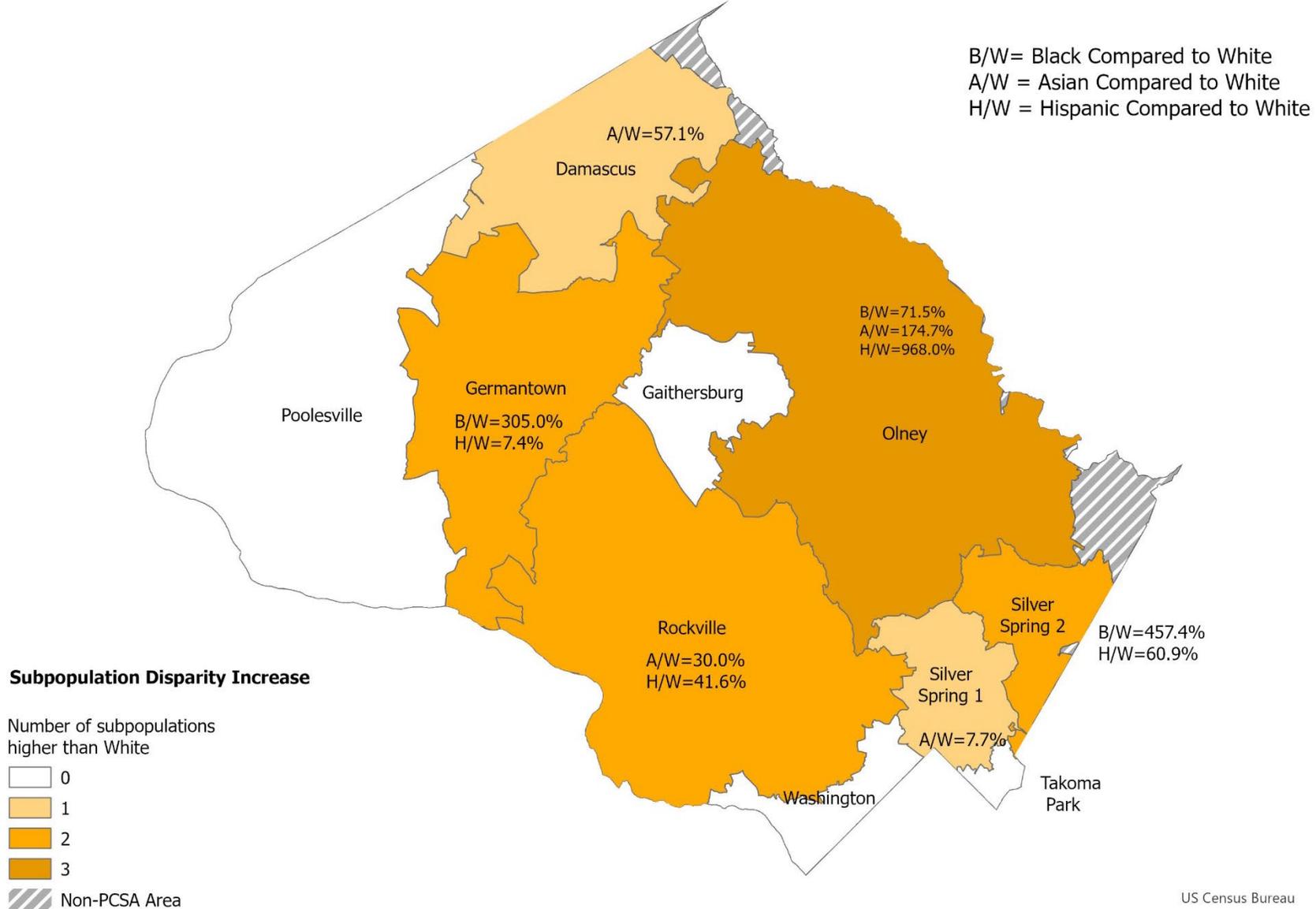


Map 8. Change in Equity for Substance Use Disorder ER Visit by PCSA

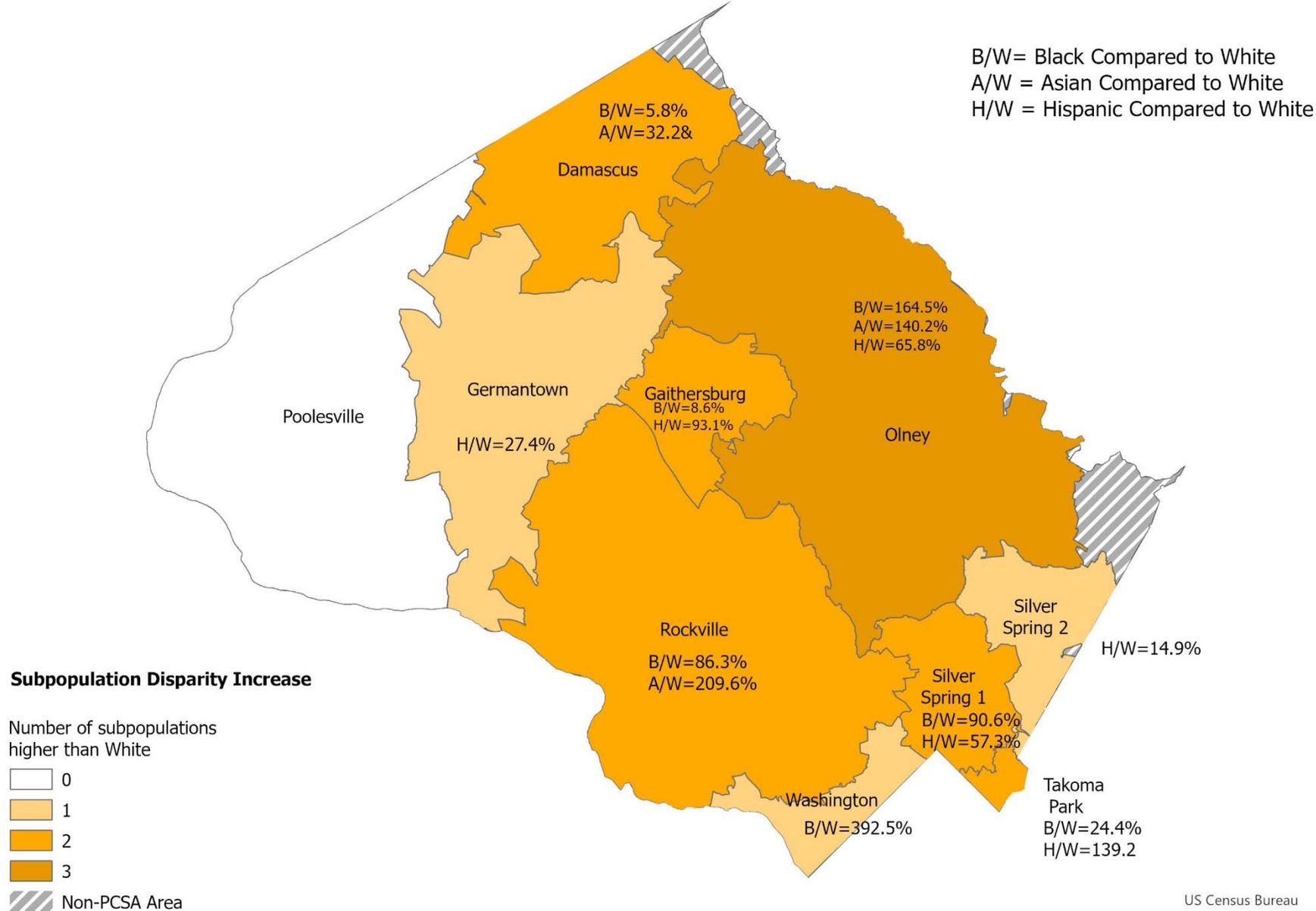


US Census Bureau

Map 9. Change in Equity for Suicide Mortality by PCSA



Map 10. Change in Equity for Intimate Partner Violence Related ER Visit by PCSA



US Census Bureau