

2023 COMMUNITY HEALTH NEEDS ASSESSMENT



DHHS
MONTGOMERY COUNTY
Department of Health
and Human Services



healthy 
montgomery

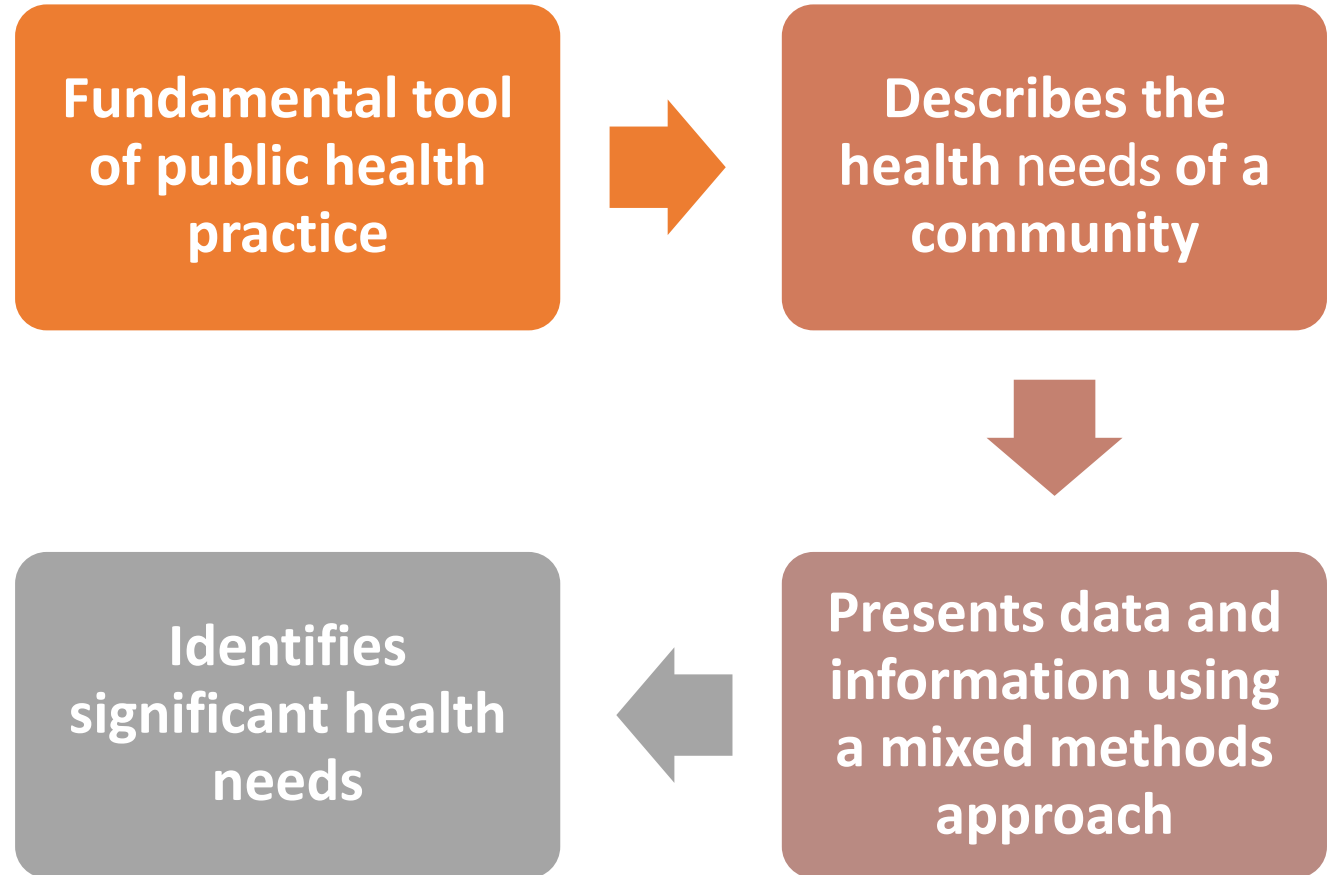
Montgomery County, Maryland

Community Health Improvement Process

- Phase 1: Compile quantitative data, qualitative data, community resources, and strategies
- Phase 2: Develop comprehensive community health needs assessment
- Phase 3: Set health priorities and develop action plans to address identified priorities
- Phase 4: Plan for action
- Phase 5: Implement, monitor and evaluate. Preplan for the next cycle



What is a CHNA?





What is a Community Health Improvement Plan (CHIP)?

- Long-term, systematic effort to address public health problems
- Based on the results of the community health needs assessment
- Defines the vision for the health of the community through a collaborative process
- Outlines goals and objectives to improve community health



Plan

Implement

Evaluate

What is the MAPP Process?



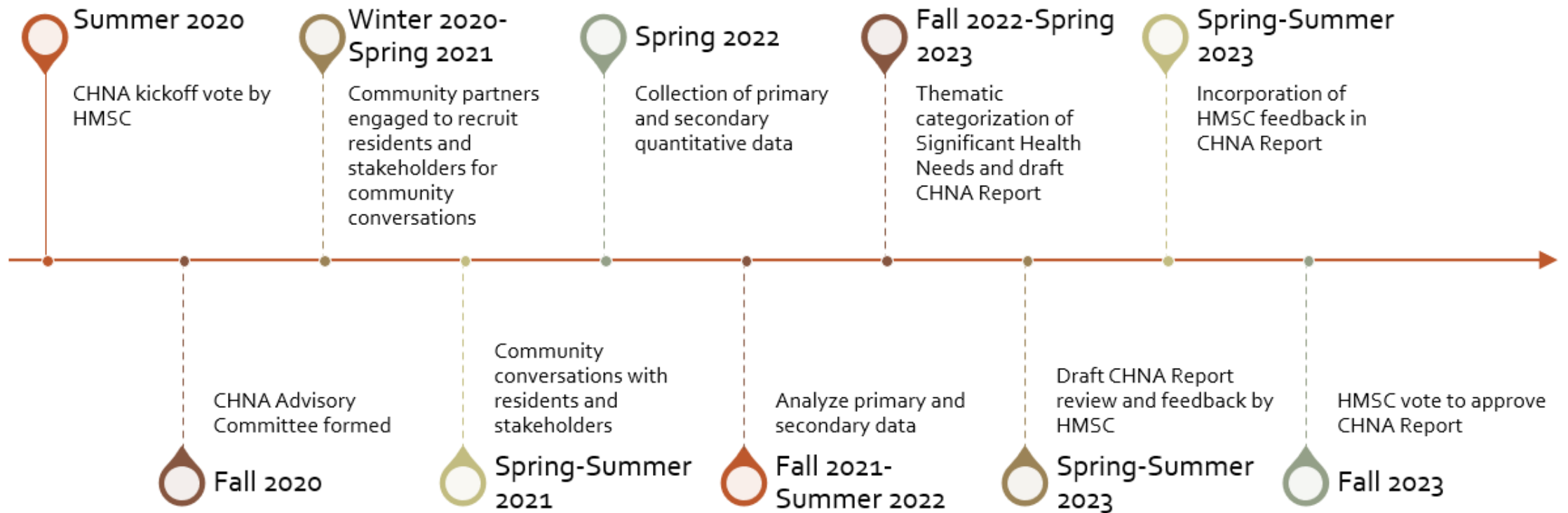
"MAPP is led by one or more organizations and is completed with input and participation of many organizations who work, learn, live, and play in the community."
--MAPP Users Handbook

What is Human-Centered Design?

Human-Centered Design is a problem-solving technique that puts real people at the center of the development process of the Community Health Improvement Plan (CHIP). This ensures the plan is fully tailored to community needs and resonates with community members.



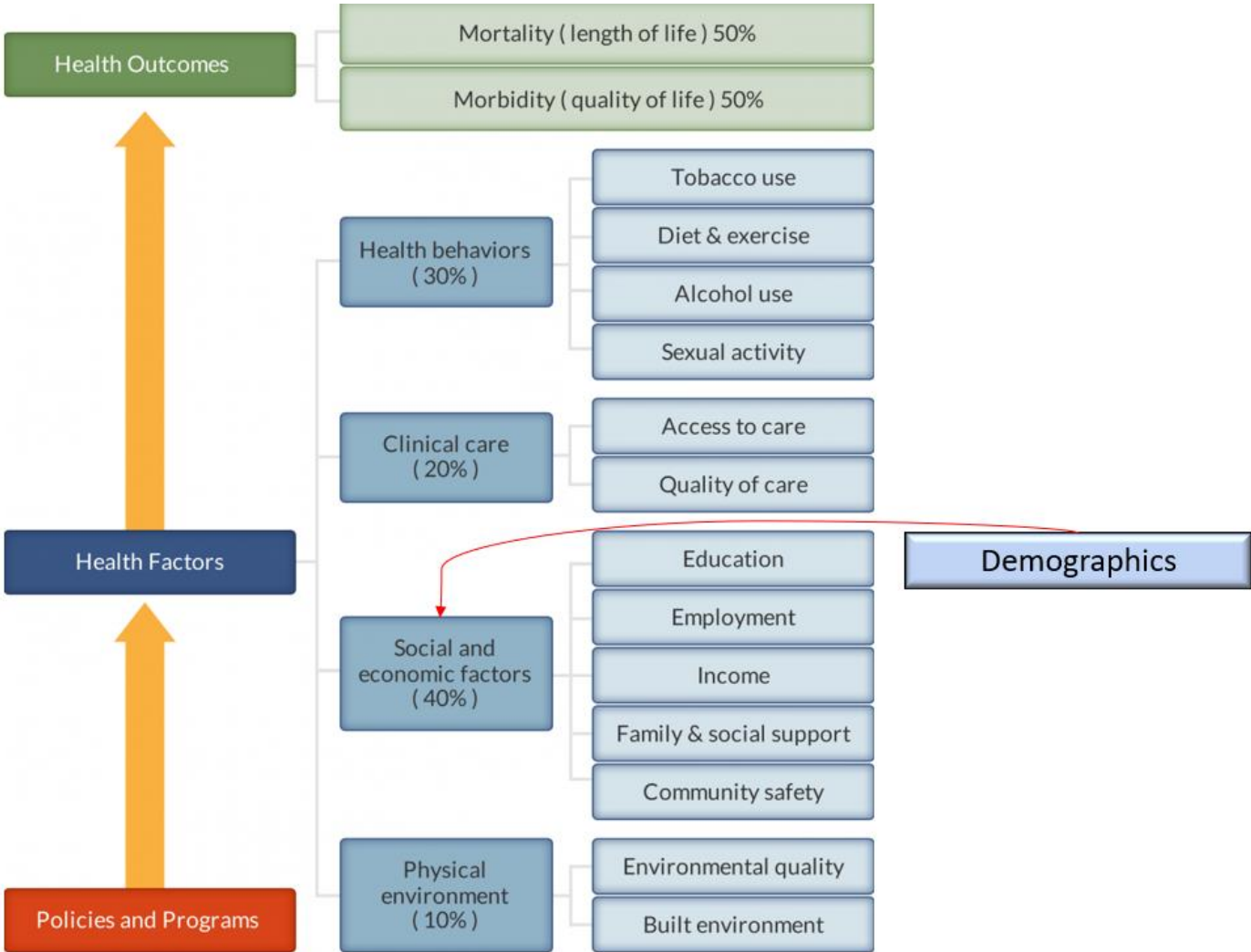
2023 CHNA Timeline/Steps



CHNA Methods and Processes



Data Collection Overview: Conceptual Framework



County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015

Data Collection Overview Cont.: Mixed Methods

QUALITATIVE

- ✓ Gather thoughts and perspectives from community members and stakeholders on health issues, needs, and barriers of their community
- ✓ Community-Based Participatory Research
- ✓ Focus groups with community residents
- ✓ Key informant interviews with county stakeholders

QUANTITATIVE

- ✓ Primary survey to assess residents' health and health related priorities, healthcare access, health status and health related behaviors
- ✓ Environmental Scan of community programs and services that address significant health needs
- ✓ Oral Health Capacity and Demand Environmental Scan Survey to Oral Health Capacity and Demand Environmental Scan Survey

Secondary Data Sources Included in the Report

- ✓ Social Vulnerability Index
- ✓ Vital records (e.g., birth and death data)
- ✓ Disease registries, hospitalization (e.g., emergency room and inpatient visits submitted by local hospitals to the Maryland Health Services Cost Review Commission),
- ✓ American Community Survey/Census data
- ✓ Behavioral Risk Factor Surveillance System (BRFSS)
- ✓ Other relevant population health data obtained from Maryland Department of Health



Overview of Community Sub-Groups Engaged

- Community members – older adults (60+)
- Asian, Vietnamese speaking community members
- Asian, Korean speaking community members
- Asian, Chinese (Mandarin) speaking community members
- Hispanic/Latino(a), Spanish speaking community members
- Hispanic/Latino(a), Spanish speaking community members
- Hispanic/Latino(a), Spanish speaking community members - youth
- Black, African or Caribbean American community members
- African, French speaking community members
- African, Amharic speaking community members
- Recent refugees to the United States from Middle Eastern, Northern Africa, Sub-Saharan Africa, European, or Northern Asia community members
- Community members – Youth
- Community members from Upcounty
- Community members from Eastern Montgomery
- Community members from Mid-County
- Community members from Silver Spring region
- Community members from Bethesda/Chevy Chase region
- Uninsured, low-income ($\leq 250\%$ FPL) community members
- Community members – Disabilities
- Community members – LGBTQIA+
- Community members from the Agricultural Reserves

Key Informant Interview Stakeholders and Organizations

- Clinical organizations that participate in Montgomery Cares
- Adventist HealthCare
- MedStar Montgomery Medical Center
- Johns Hopkins Suburban Hospital
- Holy Cross Hospital
- Faith Leaders
- Boards, Committees and Commissions
- Youth
- Organizations primarily serving Latino/a or Hispanic individuals
- Organizations primarily serving Black, African or African Americans
- Organizations primarily serving Asian Americans
- Community or social service providers



2023 CHNA is full of FIRSTS

- 1st time for local Health Survey to assess self-reported health status of residents
- 1st time local survey of Oral Health providers in the County
- 1st time working with sub-groups to assess perceptions for health needs of specific Montgomery County communities:
 - Agricultural Reserves
 - LGBTQ+
 - Community members with Disabilities
 - Refugees
 - Youth
 - Older adults



Findings



Community Engagement and Input is Key

1374



completed surveys from residents 18 years and older

252



residents participated in 23 focus groups

54



stakeholders participated in the 11 key informant interviews

842

respondents to the Montgomery County LGBTQ+ Community Survey



40



respondents from local public and private dental offices, and dental clinics that provide oral health services

31

stakeholder groups shared health and social resources in Montgomery County





1

Primary and
secondary
data analysis



2

Qualitative
subthemes
identified



3

Quantitative
indicators
from primary
data identified



4

Quantitative
indicators
from
secondary
data identified



5

Categorized
data into 18
significant
health needs



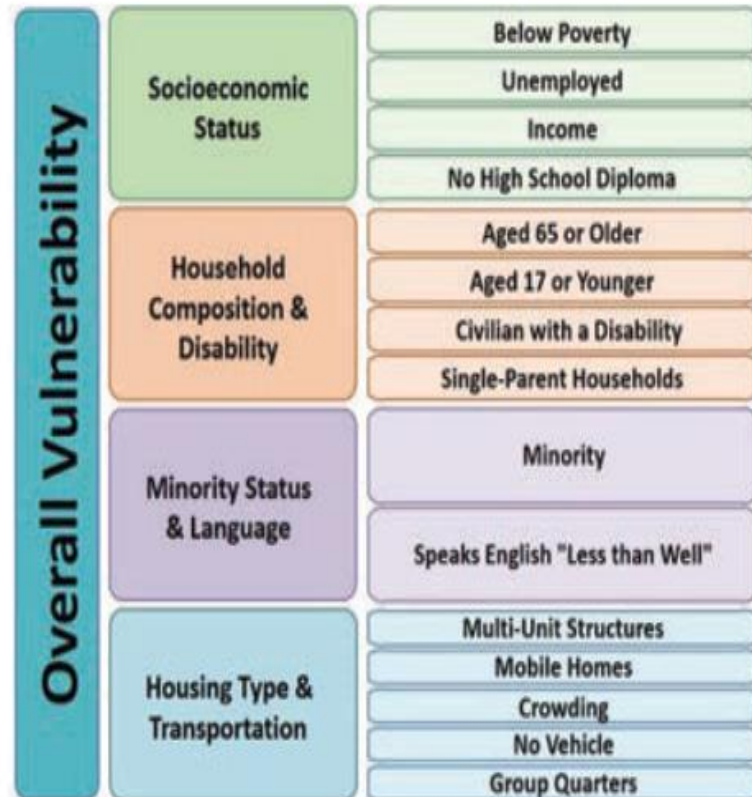
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CHNA
Advisory
Committee
theme
validation

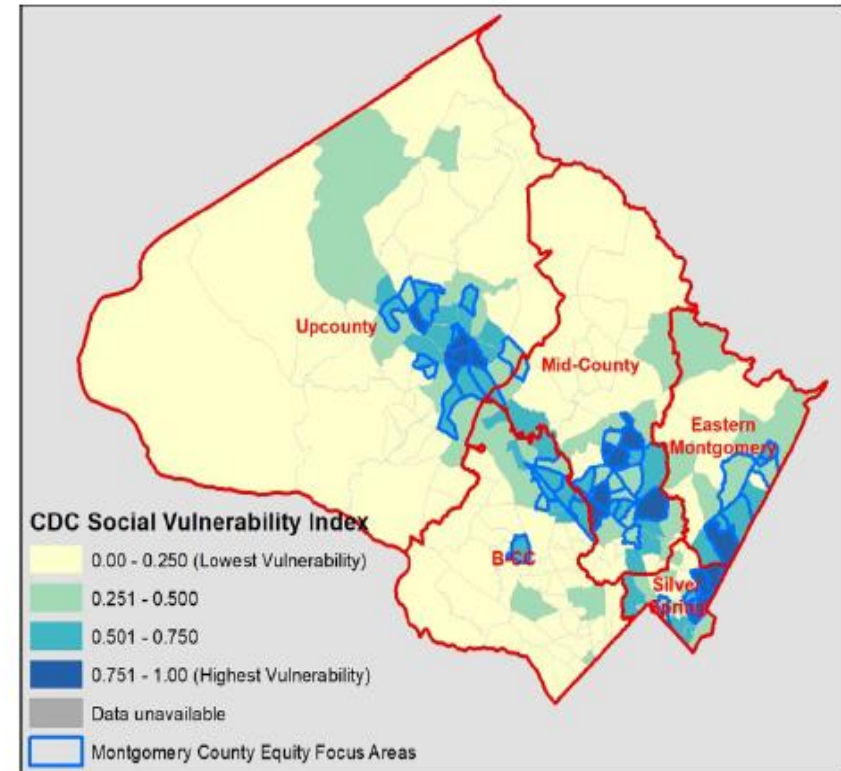
Data Analysis Process

Social Vulnerability Index

Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Social Vulnerability Index 15 U.S. Census Variables

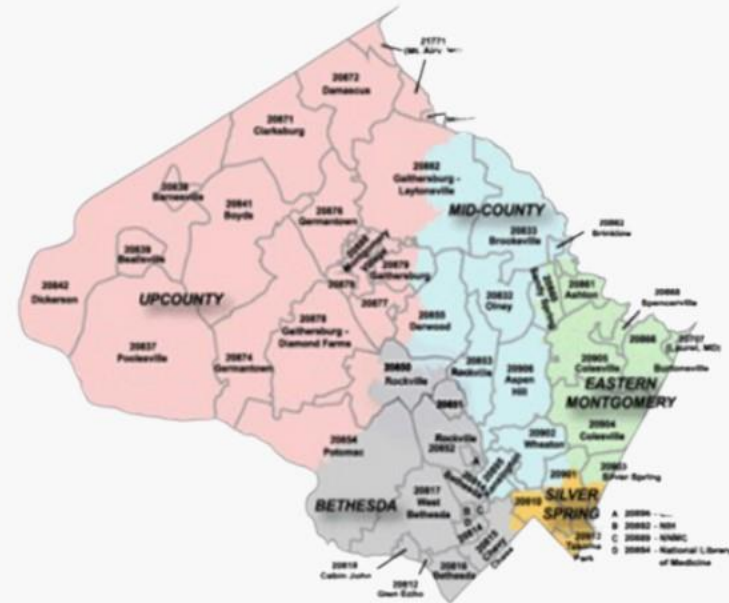


Social Vulnerability Indexes for Montgomery County Regions



Five Service Regions of Montgomery County

Bethesda-Chevy Chase Region
Eastern Montgomery Region
Mid-County Region
Silver Spring Region
Upcounty Region



BETHESDA-CHEVY CHASE REGION

20812

MEDIAN AGE: 44.6

Total population:

323

SVI: 0.11

UNINSURED: 1.86%

MED. HOUSEHOLD INCOME: \$141,250

20814

MEDIAN AGE: 39.3

Total population:

29,632

SVI: 0.27

UNINSURED: 2.35%

MED. HOUSEHOLD INCOME: \$137,962

20815

MEDIAN AGE: 47.2

Total population:

30,908

SVI: 0.12

UNINSURED: 2.17%

MED. HOUSEHOLD INCOME: \$163,016

20816

MEDIAN AGE: 44.2

Total population:

16,661

SVI: 0.01

UNINSURED: 1.22%

MED. HOUSEHOLD INCOME: \$202,309

20817

MEDIAN AGE: 45.1

Total population:

38,131

SVI: 0.14

UNINSURED: 2.15%

MED. HOUSEHOLD INCOME: \$206,592

20818

MEDIAN AGE: 49.1

Total population:

2,072

SVI: 0.11

UNINSURED: 0.78%

MED. HOUSEHOLD INCOME: \$181,471

20850

MEDIAN AGE: 40.4

Total population:

53,522

SVI: 0.48

UNINSURED: 4.68%

MED. HOUSEHOLD INCOME: \$114,691

20851

MEDIAN AGE: 37.9

Total population:

14,519

SVI: 0.33

UNINSURED: 13.13%

MED. HOUSEHOLD INCOME: \$92,561

BETHESDA-CHEVY CHASE REGION

20852

MEDIAN AGE: 38.4

Total population:

47,338

SVI: 0.40

UNINSURED: 5.34%

MED. HOUSEHOLD INCOME: \$105,645

20854

MEDIAN AGE: 47.5

Total population:

49,196

SVI: 0.16

UNINSURED: 1.43%

MED. HOUSEHOLD INCOME: \$210,639

20896

MEDIAN AGE: 53.1

Total population:

792

SVI: 0.03

UNINSURED: 0.51%

MED. HOUSEHOLD INCOME: \$203,750

20879

MEDIAN AGE: 35.3

Total population:

26,343

SVI: ---

UNINSURED: 11.75%

MED. HOUSEHOLD INCOME: \$89,163

20882

MEDIAN AGE: 45.8

Total population:

14,441

SVI: ---

UNINSURED: 2.02%

MED. HOUSEHOLD INCOME: \$140,428

Most Important Risk Factors

1. Texting/on the phone while driving
2. Lack of exercise
3. Alcohol dependency

Most Important Social/Environmental Problems

1. Availability/access to insurance
2. Housing/homelessness
3. Lack of affordable childcare

Top Reasons for not Getting Health Care

1. Cost
2. No insurance
3. Wait too long

Bethesda-Chevy Chase

Most Important Health Problems

1. Mental health
2. COVID-19
3. Cancers

EASTERN MONTGOMERY REGION

20861

**Total
population:
2,015
SVI: 0.38**

**MEDIAN AGE: 48.5
UNINSURED: 1.64%
MED. HOUSEHOLD INCOME: \$158,497**

20903

**Total
population:
26,951
SVI: 0.87**

**MEDIAN AGE: 32.7
UNINSURED: 24.38%
MED. HOUSEHOLD INCOME: \$67,883**

20866

**Total
population:
16,947
SVI: 0.46**

**MEDIAN AGE: 38.2
UNINSURED: 4.33%
MED. HOUSEHOLD INCOME: \$114,195**

20904

**Total
population:
55,856
SVI: 0.56**

**MEDIAN AGE: 39.8
UNINSURED: 6.93%
MED. HOUSEHOLD INCOME: \$85,000**

20868

**Total
population:
539
SVI: 0.21**

**MEDIAN AGE: 39
UNINSURED: 6.68%
MED. HOUSEHOLD INCOME: \$---**

20905

**Total
population:
18,590
SVI: 0.38**

**MEDIAN AGE: 42.4
UNINSURED: 1.9%
MED. HOUSEHOLD INCOME: \$130,811**

Most Important Risk Factors

1. Lack of exercise
2. Poorer eating habits
3. Drug use

Most Important Social/Environmental Problems

1. Availability/access to insurance
2. Neighborhood safety/violence
3. Housing/homelessness

Top Reasons for not Getting Health Care

1. Cost
2. No insurance
3. Wait too long

Eastern Montgomery

Most Important Health Problems

1. Arthritis
2. Mental health
3. Diabetes

MID-COUNTY REGION

20832

MEDIAN AGE: 41.3

Total population:

25,427

SVI: 0.23

UNINSURED: 2.91%

MED. HOUSEHOLD INCOME: \$139,007

20833

MEDIAN AGE: 45.7

Total population:

7,746

SVI: 0.38

UNINSURED: 3.23%

MED. HOUSEHOLD INCOME: \$178,017

20853

MEDIAN AGE: 40.4

Total population:

31,510

SVI: 0.77

UNINSURED: 6.04%

MED. HOUSEHOLD INCOME: \$120,821

20855

MEDIAN AGE: 42.1

Total population:

15,955

SVI: 0.53

UNINSURED: 5.56%

MED. HOUSEHOLD INCOME: \$137,028

20860

MEDIAN AGE: 39.9

Total population:

3,890

SVI: 0.38

UNINSURED: 0.82%

MED. HOUSEHOLD INCOME: \$106,772

20862

MEDIAN AGE: 63.5

Total population:

359

SVI: 0.38

UNINSURED: 0%

MED. HOUSEHOLD INCOME: \$155,694

20895

MEDIAN AGE: 42.8

Total population:

18,930

SVI: 0.62

UNINSURED: 1.7%

MED. HOUSEHOLD INCOME: \$149,934

20902

MEDIAN AGE: 37.2

Total population:

52,752

SVI: 0.40

UNINSURED: 13.47%

MED. HOUSEHOLD INCOME: \$94,211

20906

MEDIAN AGE: 40.2

Total population:

70,441

SVI: 0.77

UNINSURED: 11.78%

MED. HOUSEHOLD INCOME: \$78,611

Most Important Risk Factors

1. Poorer eating habits
2. Texting/on the phone while driving
3. Alcohol dependency

Most Important Social/Environmental Problems

1. Availability/access to insurance
2. Housing/homelessness
3. Neighborhood safety/violence

Top Reasons for not Getting Health Care

1. Cost
2. No insurance
3. Immigration status

Mid-County

Most Important Health Problems

1. Mental health
2. COVID-19
3. Cancers

SILVER SPRING REGION

20901

**Total
population:
36,802
SVI: 0.68**

MEDIAN AGE: 38.2

UNINSURED: 8.48%

MED. HOUSEHOLD INCOME: \$112,689

20910

**Total
population:
43,729
SVI: 0.62**

MEDIAN AGE: 34.9

UNINSURED: 4.86%

MED. HOUSEHOLD INCOME: \$97,944

20912

**Total
population:
25,118
SVI: 0.61**

MEDIAN AGE: 36.4

UNINSURED: 13.33%

MED. HOUSEHOLD INCOME: \$68,662

Most Important Risk Factors

1. Poorer eating habits
2. Lack of exercise
3. Texting/on the phone while driving

Most Important Social/Environmental Problems

1. Housing/homelessness
2. Neighborhood safety/violence
3. Lack of affordable childcare

Top Reasons for not Getting Health Care

1. Cost
2. No insurance
3. Immigration status

Silver Spring

Most Important Health Problems

1. Mental health
2. COVID-19
3. Overweight/obesity

UPCOUNTY REGION

20837

MEDIAN AGE: 44.4

Total population:

6,129

SVI: 0.08

UNINSURED: 1.8%

MED. HOUSEHOLD INCOME: \$151,667

20842

MEDIAN AGE: 47.2

Total population:

1,467

SVI: 0.08

UNINSURED: 5.07%

MED. HOUSEHOLD INCOME: \$128,542

20838

MEDIAN AGE: 45

Total population:

377

SVI: 0.04

UNINSURED: 10.61%

MED. HOUSEHOLD INCOME: \$135,714

20871

MEDIAN AGE: 36

Total population:

18,961

SVI: 0.18

UNINSURED: 3.54%

MED. HOUSEHOLD INCOME: \$136,414

20839

MEDIAN AGE: 28.2

Total population:

139

SVI: 0.04

UNINSURED: 0%

MED. HOUSEHOLD INCOME: \$188,833

20872

MEDIAN AGE: 41.8

Total population:

12,790

SVI: 0.37

UNINSURED: 2.1%

MED. HOUSEHOLD INCOME: \$121,896

20841

MEDIAN AGE: 39.7

Total population:

11,692

SVI: 0.15

UNINSURED: 3.32%

MED. HOUSEHOLD INCOME: \$171,598

20874

MEDIAN AGE: 36.4

Total population:

60,258

SVI: 0.79

UNINSURED: 6.35%

MED. HOUSEHOLD INCOME: \$98,007

UPCOUNTY REGION

20876

MEDIAN AGE: 34.1

Total population:

31,703

SVI: 0.21

UNINSURED: 7.16%

MED. HOUSEHOLD INCOME: \$106,061

20877

MEDIAN AGE: 37.8

Total population:

37,948

SVI: 0.88

UNINSURED: 15.4%

MED. HOUSEHOLD INCOME: \$75,531

20878

MEDIAN AGE: 41.1

Total population:

63,576

SVI: 0.24

UNINSURED: 4.53%

MED. HOUSEHOLD INCOME: \$127,957

20879

MEDIAN AGE: 35.3

Total population:

26,343

SVI: 0.69

UNINSURED: 11.75%

MED. HOUSEHOLD INCOME: \$89,163

20880

MEDIAN AGE: 53.1

Total population:

530

SVI: 0.80

UNINSURED: 3.58%

MED. HOUSEHOLD INCOME: \$130,536

20882

MEDIAN AGE: 45.8

Total population:

14,441

SVI: 0.21

UNINSURED: 2.02%

MED. HOUSEHOLD INCOME: \$140,428

20886

MEDIAN AGE: 37.5

Total population:

34,887

SVI: 0.77

UNINSURED: 10.86%

MED. HOUSEHOLD INCOME: \$85,578

20899

MEDIAN AGE: 44.9

Total population:

284

SVI: 0.51

UNINSURED: 8.8%

MED. HOUSEHOLD INCOME: \$37,279

Most Important Risk Factors

1. Poorer eating habits
2. Lack of exercise
3. Drug use

Most Important Social/Environmental Problems

1. Availability/access to insurance
2. Lack of affordable childcare
3. Neighborhood safety/violence

Top Reasons for not Getting Health Care

1. Cost
2. No insurance
3. Immigration status

Most Important Health Problems

1. Mental health
2. Overweight/obesity
3. COVID-19

Upcounty

Racial and Ethnic Communities of Montgomery County



ASIAN AMERICAN AND PACIFIC ISLANDER COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- Need for more tobacco cessation classes in common languages for AAPI community
- Stress caused by difficulties in native countries
- Stigma preventing seeking mental health services

Lack of Exercise (17.9%)

Drug use (15.2%)

Poor eating habits (15.1%)

Clinical Care

QUALITATIVE THEMES

- Lack of AAPI bilingual and culturally competent providers (mental health and healthcare)
- Need for more access to free medications for low-income community members and free mobile health clinics
- Lack of traditional Chinese medicine services

High cost as top reason for not getting care (34.0%)

No insurance (25.5%)

Wait too long (14.4%)

Immigration status (9.3%)

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Lack of knowledge about where to get culturally appropriate health prevention materials
- AAPI community members unaware of community health clinics
- Need social atmosphere that respects diversity

Neighborhood safety/violence (13.4%)

Availability/access to insurance (13.2%)

Race/ethnicity discrimination (10.7%)

Physical and Built Environment

QUALITATIVE THEMES

- Need to expand rental assistance eligibility
- Lack of transportation to accessing healthcare
- Need more outdoor exercise equipment in parks and/or playgrounds

Availability/access to doctor's office (8.1%)

Housing/homelessness (7.6%)

Chemical/environmental health hazard (7.0%)

BLACK/AFRICAN AMERICAN/AFRICAN DIASPORA COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- High blood pressure
- Diabetes
- Marijuana addiction and use, among adults and youth
- Lack of healthy food eating
- Limited access to enough healthy foods throughout the county

Lack of Exercise (19.7%)

Poor eating habits (18.5%)

Drug use (14.7%)

Clinical Care

FINDINGS FROM HEALTH SURVEY

- 32% of residents surveyed ranked Cost as top reason for not getting care
- 25.3% of residents ranked No insurance as reason for not getting care
- 9.8% ranked Immigration status as barrier to care

Wait too long (7.6%)

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Immigrants and recently arrived asylum seekers fear of retribution preventing seeking necessary social services
- Lack of access to safe and affordable childcare for children under 5
- Racial disparities negatively affecting quality of life

Availability/access to insurance (12.3%)

Housing/homelessness (11.9%)

Race/ethnicity discrimination (9.9%)

Physical and Built Environment

QUALITATIVE THEMES

- Negative effects of low-income housing
- Limited availability of low or moderately priced housing
- Need for more sidewalks
- Need more public transportation to access community resources

Neighborhood safety/violence (8.1%)

Lack of affordable childcare (7.6%)

Energy assistance/utilities (7.6%)

HISPANIC OR LATINO COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- Depression among adults & youth
- Domestic violence
- Excessive drinking
- Undocumented people do not go to community clinics for fear of deportation
- Need more food assistance sites

Poor eating habits (21.7%)

Drug use (17.5%)

Lack of exercise (16.7%)

Clinical Care

QUALITATIVE THEMES

- Need more health education programs
- Need access to affordable dental care
- Need more access to mental health care
- Lack of culturally competent healthcare providers
- High cost of healthcare

High cost as top reason for not getting care (30.8%)

No insurance (21.5%)

Immigration status (20.3%)

Wait too long (9.5%)

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Expensive cost of living in Montgomery County
- Lack of information and awareness of where to find resources
- Lack of interpreters to access human services
- Not seeking services for fear of deportation

Availability/access to insurance (18.2%)

Race/ethnicity discrimination (9.7%)

Lack of job opportunities (8.1%)

Physical and Built Environment

QUALITATIVE THEMES

- High cost of transportation
- Rental prices rising to fast
- Need more rental assistance programs
- Lack of access to the internet
- Need more shelters for people experiencing homelessness

Limited access to healthy foods (9.7%)

Housing/homelessness (7.7%)

Availability/access to doctor's office (6.2%)

Special Populations of Montgomery County

Agricultural Reserves Community
Community Members with Disabilities
Immigrant Community
LGBTQ+ Community
Older Adults' Community
Uninsured, Low-Income Community
Youth Community



AGRICULTURAL RESERVE COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- High blood pressure
- Prediabetes or diabetes
- Social isolation
- Need for more grocery stores that sell healthy foods
- Hunger, especially among children

Poor eating habits (20%)

Lack of exercise (18%)

Texting while driving (16.8%)

Clinical Care

QUALITATIVE THEMES

- Need more access to health care services
- Need more primary care doctors
- Need access to urgent/emergency health care services
- Need more access to dental care
- Lack of access to health insurance for farmers
- Need providers that accept prevalent health insurances in Ag Reserve area

High cost as top reason for not getting care (32.3%)

No insurance (25.9%)

Immigration status (12.9%)

Wait too long (9.9%)

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Need stronger community connectedness
- High cost of living in the area
- Hard for people to find the health and human services they need
- Need more County gov. services that help people apply for health and human services programs

Availability/access to insurance (13.9%)

Race/ethnicity discrimination (9.2%)

Lack of affordable childcare (9.1%)

Physical and Built Environment

QUALITATIVE THEMES

- Lack of public buses/metro lines
- Long commute to medical appointments for people using public transportation
- Health concerns over emission of pollutants located in Ag Reserves
- Need a senior center

Neighborhood safety/violence (10.2%)

Housing/homelessness (9.2%)

Limited access to healthy foods (7.7%)

COMMUNITY MEMBERS WITH DISABILITIES

Health Behaviors

QUALITATIVE THEMES

- Need more virtual/online physical activity programs of various levels for people with disabilities
- Elevated levels of loneliness and social isolation
- Stress
- Lack of healthy food eating
- Physical inactivity

Clinical Care

QUALITATIVE THEMES

- Need more access to home health care services
- Access to doctors, medication, and health insurance
- Concerns over health insurance companies denying claims
- High cost of prescription drugs
- Access to health insurance

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Getting to know neighbors (especially those with disabilities)
- Disability inclusion
- Need more social groups for people with disabilities
- Cooking-related challenges faced by people with disabilities
- Need more job placement services for people with disabilities
- Long-term financial planning literacy is needed
- Hard for people with disabilities to find the health and human services they need

Physical and Built Environment

QUALITATIVE THEMES

- Need more ADA compliant sidewalks
- Limited sidewalks impacting ability to get to doctor's appointments and pharmacy
- Challenges with access to transportation for people with disabilities
- Need more accessible housing for people with disabilities
- Need more affordable housing
- Need more safe housing

IMMIGRANT COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- Need more free memberships to gyms for low-income residents
- Use of food banks to supplement families' nutritional needs
- Diabetes
- Stress
- Prevention-related health needs associated with not going for regular physical checkups (especially for men)
- Depression
- Anxiety

Clinical Care

QUALITATIVE THEMES

- High out-of-pocket costs in outpatient and primary settings
- Need more mobile health care services
- Need more mobile dental clinic services
- Need more community health centers in neighborhoods where high proportions of immigrants live
- Lack of bilingual and culturally competent health care and mental health providers

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Low wages/income
- High cost of living in Montgomery County
- Need more employment opportunities for adult immigrants
- Need for more linguistically and culturally appropriate County information on where to go to for health to get health and human services
- Need more inclusive socialization activities for children with disabilities

Physical and Built Environment

QUALITATIVE THEMES

- Need more accessible sidewalks to encourage walking
- Need more walking trails
- Need more affordable housing
- Need more home ownership opportunities
- Lack of public bus routes to and from medical facilities (hospitals and community clinics)
- High cost of internet service

LGBTQ+ COMMUNITY

Clinical Care

QUALITATIVE THEMES

- Lack of culturally competent care (care sensitive to gender identity, nonconforming, and nonbinary individuals)
- Need more inclusive and accepting mental health and substance use recovery programs
- High out of pocket costs for medical visits and medications

20% of survey respondents do not have primary care provider

40% of trans, gender expansive and questioning never have tested for HIV

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Need more info on county website about LGBTQ+ affirming health and human services programs
- Lack of legal support services for the LGBTQ+ community
- Need more LGBTQ+ friendly and respectful neighborhoods

16% of trans, gender expansive and questioning experienced homelessness

Physical and Built Environment

QUALITATIVE THEMES

- Need more homeless shelters or supportive housing for LGBTQ+ individuals (especially youth)
- Need more gender-affirming health care centers located near metro and bus lines
- Lack of transportation to out-of-county medical services that provide gender-affirming care

41% of trans, gender expansive and questioning had negative law enforcement experience

OLDER ADULTS COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- Need more exercise opportunities (water aerobics/online classes)
- Social isolation
- Need more access to stores that are convenient to get to
- Processed food consumption

Lack of exercise (18.2%)

Texting while driving (17.5%)

Drug use (15.9%)

Clinical Care

QUALITATIVE THEMES

- Medicare premiums increasing rapidly
- High cost of prescription drugs
- Need more community health care clinics in rural parts of county
- Need more primary care doctors that accept Medicare
- Need to improve Medicare related health care information for older adults

High cost as top reason for not getting care (32.3%)

No insurance (23.1%)

Wait too long (11.5%)

Immigration status (9.8%)

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Online client/patient pre-appointment forms are too lengthy and very difficult for seniors to complete
- Need more free or low-cost activities for older adults living in senior housing complexes

Neighborhood safety/violence (11.1%)

Housing/homelessness (9.8%)

Race/ethnicity discrimination (9.6%)

Physical and Built Environment

QUALITATIVE THEMES

- Need more transportation options that enable seniors to attend medical appointments
- Need more convenient public transportation routes
- Need more accessible sidewalks
- Need more walking trails
- Need more green spaces

Lack of affordable childcare (9.2%)

Availability/access to insurance (8.7%)

Availability/access to doctor's office (6.7%)

UNINSURED, LOW-INCOME COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- Drug use
- Smoking
- Excessive drinking
- Access to healthy foods for individuals who panhandle
- Single-parent households having challenges affording healthy food

Drug use (20.1%)

Poor eating habits (19.1%)

Lack of exercise (14.4%)

Clinical Care

QUALITATIVE THEMES

- Need better patient-provider relationships
- Lack of access to public health insurance
- High out-of-pocket costs for health care services
- Long travel distance to health care services for uninsured people
- Long wait times for medical appointments

High cost as top reason for not getting care (30.2%)

No insurance (25.1%)

Immigration status (17.7%)

Wait too long (12.9%)

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- Need better social connectedness among individuals living in low-income housing complexes
- High costs of college/higher education
- Need more info and help with understanding process to apply to college

Availability/access to insurance (17.9%)

Lack of job opportunities (10.4%)

Race/ethnicity discrimination (7.9%)

Physical and Built Environment

QUALITATIVE THEMES

- Availability of housing for individuals who panhandle
- Increasing number of people who are experiencing homelessness
- Need more available homeless shelters with longer hours
- Need more convenient public transportation routes

Limited access to healthy foods (8.7%)

Transportation problems (6.0%)

Neighborhood safety/violence (5.9%)

YOUTH COMMUNITY

Health Behaviors

QUALITATIVE THEMES

- E-cigarette “vape” use among youth
- Drug use
- Lack of appropriate personal hygiene
- Too many unhealthy fast food restaurants in the community
- Lack of knowledge about healthy eating
- Not enough money to buy healthy foods to eat
- Need larger portions (2 or 3) of bag food per family size at food distribution sites
- Youth sports injuries
- Stress

Clinical Care

QUALITATIVE THEMES

- Lack of access to medical care for people without insurance
- Need increased access to preventive care (e.g. childhood immunizations)
- Lack of access to dental care
- Need more school-based education (e.g. on preventative health measures and quitting vaping)
- Lack of information sharing and support towards making healthy choices
- Lack of awareness on how and where to go to receive preventative health services

Social, Economic, and Demographic Factors

QUALITATIVE THEMES

- High cost of college education
- Some scholarships do not allow students to apply if they are not citizens in the U.S.
- Adults working multiple jobs is a time barrier to pursuing college education
- Gang activity
- Violent crime
- Drug use
- Drug dealing

Physical and Built Environment

QUALITATIVE THEMES

- Presence of water pollution
- Need cleaner neighborhoods

Significant Health Needs



- Access to Behavioral Health and Substance-Use Disorder Services
- Access to Human Services' Needs, Such as Education, Income, Housing, Employment, Food and Personal Social Services
- Access to Parks, Public Spaces, Wellness, and Recreation
- Access to Quality Dental Health Services
- Access to Quality Primary Care Health Services
- Access to Specialty and Extended Care
- Access to Technology
- Access to Transportation
- Active Living and Healthy and Nutritious Eating



- Cultural and Language Competence
- Environmental Health
- Health and Human Services' System Navigation
- Injury and Disease Prevention and Management
- Maternal and Early Childhood Health
- Pedestrian Safety
- Safe and Violence-Free Environment
- Social Associations and Community Connectiveness
- Waste Management



SIGNIFICANT HEALTH NEEDS

Access to Behavioral Health and Substance-Use Disorder Services

QUALITATIVE THEMES

- Use of opioids
- Stigma preventing seeking mental health services

Access to Human Services' Needs, Such as Education, Income, Housing, Employment, Food, & Personal Social Services

QUALITATIVE THEMES

- High cost of living in the area
- Employment supports and services
- Access to healthy foods

Access to Parks, Public Spaces, Wellness, and Recreation

QUALITATIVE THEMES

- Physical inactivity
- Activities for children with special needs


Access to Quality Dental Health Services

QUALITATIVE THEMES


- More mobile dental services
- Long travel time to dental care services
- Affordable dental care

Drug induced mortality 


Households with overcrowding or high housing costs 

Number of physically unhealthy days reported in past 30 days 

Portion of county that falls within a Health Professional Shortage Area (HPSA) 

Substance-use disorder related to ER visit rate 


Unemployment rate 

Adults with body mass index (BMI) of 30 or more 


Ratio of population to dentists 

Mental Health ER visits per 100,000 

Children under age 18 in poverty 


Adults aged 20+ with no leisure-time physical activity 


Suicide-related hospitalization 

Individuals with college degree or higher 

Low-income population that does not live close to grocery store 

Suicide mortality 

Population that does not have high school diploma 

Population with adequate access to locations for physical activity 

SIGNIFICANT HEALTH NEEDS

Access to Quality Primary Care Health Services

QUALITATIVE THEMES

- Lack of access to health insurance
- Poor proximity and availability of health care facilities
- Health literacy barriers

Access to Specialty and Extended Care

QUALITATIVE THEMES

- Affordable urgent care clinics
- Access to home health care services
- More specialty medical care services

Access to Technology

QUALITATIVE THEMES

- Lack of internet access
- Lack of computer access
- Lack of computer literacy

Access to Transportation

QUALITATIVE THEMES

- Lack of transportation affecting access to health care
- More convenient public transportation routes in neighborhoods

Individuals without health insurance



Population/Primary Care Provider ratio



Transportation barrier



Language/cultural barrier



Length of time since last visited a doctor/provider



Individuals without insurance



Community health survey respondents that indicated transportation to health care is a barrier



Households with broadband internet connection



Population living in a Census block within a quarter of a mile to a fixed transit stop



Community health survey respondents that indicated transportation to health care is a barrier



SIGNIFICANT HEALTH NEEDS

Active Living and Healthy and Nutritious Eating

QUALITATIVE THEMES


- Culturally inappropriate food solutions
- Healthier low-cost speed of service food options
- Availability of healthy and nutritious foods at schools

Children in public schools eligible for free or reduced-price lunch 

Diabetes mortality rate 

Diabetes ER visit rate 

No physical activity in the last month 


Adults who indicate they smoke 

Cultural and Language Competence

QUALITATIVE THEMES

- Lack of bilingual and culturally competent providers
- More culturally and linguistically tailored, concise, and plain-language health and human services information


Language spoken at home other than English 

Population that has language barriers 


Environmental Health

QUALITATIVE THEMES

- Air pollution
- Water pollution
- Environmental hazards in the home
- Housing overcrowding

Lead poisoning in children aged 0-6 

Health-related drinking water violations 

Average daily density of fine particulate matter 

Water quality indicators 

Radon 

Health and Human Services' System Navigation

QUALITATIVE THEMES

- Lack of awareness and information about the availability of health and human services
- More collaboration among providers

No quantitative indicators used or identified for this health need 

SIGNIFICANT HEALTH NEEDS

Injury and Disease Prevention and Management

QUALITATIVE THEMES

- Heart disease
- Diabetes
- Cancer
- Obesity
- Stress

Maternal and Early Childhood Health

QUALITATIVE THEMES

- Better access to family planning services and information needed

Pedestrian Safety

QUALITATIVE THEMES

- Maintenance of greenery
- More safe and accessible sidewalks
- More walking trails

Safe and Violence-Free Environment

QUALITATIVE THEMES

- Discrimination
- Intensive police presence in community
- Drug use
- Gang activity

Injury-related ER visit rate



Birth rate



Firearm mortality



Teen birth rate



Heart disease mortality rate



Births with late or no prenatal care



Diabetes mortality rate



Preterm births



Tuberculosis incidence



Low weight birth and very low weight births



No quantitative indicators used or identified for this health need



Firearm mortality



Firearm-related hospitalization



Homicide deaths per 100,000



Reported violent crime offenses per 100,000



SIGNIFICANT HEALTH NEEDS

Social Associations and Community Connectiveness

QUALITATIVE THEMES

- Social isolation
- Social atmosphere that respects diversity
- More senior centers offering social gatherings

Waste Management

QUALITATIVE THEMES

- Cleaner neighborhoods and parks

Adults reporting binge or heavy drinking



Age-adjusted average number of physically unhealthy days reported in past 30 days



Age-adjusted average number of mentally unhealthy days reported in past 30 days



No quantitative indicators used or identified for this health need



What's Next?

1

MAPP Subcommittee will continue to provide recommendations and oversight of the community health improvement process.

Community members will prioritize significant health needs to be focused on in the CHIP.

2

3

Data Subcommittee will continue to review and update population health data.

4

Work on the next CHIP report will begin and will include involvement from stakeholders and community members.

Where to Find More Data

SCAN ME



Full CHNA Report
and Associated
Documents

SCAN ME



DHHS
Publications and
Reports

SCAN ME



Healthy
Montgomery
Publications and
Reports

SCAN ME



Healthy
Montgomery
Core Measures

Question and Answer

