

HOLY CROSS GERMANTOWN HOSPITAL



Community Health Needs Assessment FY 2020

Approved by Holy Cross Health Board of Directors on October 17, 2019

We, Holy Cross Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. We carry out this mission in our communities through our commitment to be the most trusted provider of health care services.

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EXECUTIVE SUMMARY

Holy Cross Health, a Catholic not-for-profit health system based in Montgomery County, Maryland, has been conducting needs assessments for almost 20 years and, in 2009, became a founding member of Healthy Montgomery, Montgomery County's Community Health Improvement Process (CHIP). Healthy Montgomery allowed stakeholders interested in improving the health of the communities we serve to combine expertise and resources to identify priority issues and develop and implement strategies for action. In 2010, Congress enacted the Patient Protection and Affordable Care Act (ACA) that requires non-profit hospitals to conduct a community health needs assessment and adopt an implementation strategy every three years. The CHIP helps the hospitals in Montgomery County to meet the requirements of the ACA and helps the Montgomery County Department of Health and Human Services (DHHS) to meet the requirements of the Public Health Accreditation Board to become an accredited public health department. Together, the four health systems in Montgomery County and the DHHS analyze primary and secondary information continuously to address unmet needs and identify emerging issues in the communities served by each.

This community health needs assessment focuses on the geographic service areas of Holy Cross Germantown Hospital. It provides the foundation for the organization's efforts to guide community benefit planning to improve the health status of the community. Holy Cross Germantown Hospital serves a large portion of upper Montgomery County residents, home to some of the most culturally and ethnically diverse communities in the nation. Montgomery County is fairly affluent in aggregate, however, significant economic disparities exist.

Access to quality, affordable health care plays a significant role in the health of individuals, but health is also affected by other determinants. Understanding the determinants of health, such as economics and education, can also lead to reductions in health disparities and improvements in health indicators. Health indicators, such as causes of death, breast cancer rates, obesity, and infant mortality, can be used to describe the overall health of a population and determine unmet community need.

Trinity Health, parent company of Holy Cross Health, has selected a series of 21 vital signs to measure across all Trinity Health entities. This will not only identify changes within the community Holy Cross Germantown Hospital serves, but will also allow Trinity Health to look at health on a national level in each of the communities it serves. This will allow the organization to identify common needs among all entities in an effort to develop programs and services to address the identified needs on a national scale. The community vital signs are grouped into six categories:

1. Health Outcomes and Behaviors
2. Health and Health Care
3. Education
4. Economic Stability
5. Social Support and Community Context
6. Neighborhood and Build Environment

Holy Cross Hospital's Community Vital Signs scorecard can be seen on the following page.

TRINITY HEALTH COMMUNITY VITAL SIGNS

HOLY CROSS GERMANTOWN HOSPITAL



Health Outcomes & Behaviors

	HCGH Service Area	Maryland	United States
Life expectancy	82.15	79.26	78.69
Mortality – YPLL before age 75	4,102	7,119	6,947
Average poor mental health days	2.8	3.4	3.8
Low birth weight	7.9%	9%	8.2%
Tobacco use	8%	15.4%	18.1%
Obesity (BMI > 30)	20.8%	30.6%	28.8%
Drug Overdose	7.8	20.0	15.6
Preventable hospitalizations	29.1	46.7	49.4
30-day hospital readmission*	14.9%	14.9%	14.9%



Health & Health Care

	HCGH Service Area	Maryland	United States
Uninsured population	8.5%	8.4%	10.5%
Lack of primary care	16.2%	16.9%	22.1%



Education

	HCGH Service Area	Maryland	United States
No high school diploma	9.5%	10.2%	12.7%



Economic Stability

	HCGH Service Area	Maryland	United States
Income inequity ‡	.46	.45	.48
Food insecurity	7.9%	10.7%	12.6%
Poverty Rate	18.2%	22.6%	32.8%



Social Support & Community Context

	HCGH Service Area	Maryland	United States
Social equity †	.16	.34	.39
Violent crime	173.5	461.8	384.8
Social cohesion	18.8%	19.8%	20.7%



Neighborhood & Build Environment

	HCGH Service Area	Maryland	United States
Population living in food deserts	4.4%	41%	42%
Air quality	.13%	.02%	.10%
Housing cost burden	32.6%	32.7%	32.0%

*Common data for all Trinity Health hospitals was not available at the ZIP code level for readmission rates; therefore, the FY19 readmission rate for the Holy Cross Health System was used.

‡ County level data was used in place of service area data.

In addition to the Trinity Health Community Vital Signs, the most up-to-date data from more than 100 indicators from Healthy Montgomery's CHIP were collected. Together, the Trinity Health Community Vital Signs and the data from Montgomery County's CHIP were analyzed.

Holy Cross Health used the information available to identify three priority areas: Social Determinants/Influencers of Health, Vulnerable Populations, and Chronic Diseases. Building upon the *Healthy Montgomery* top-ranked priorities and available data, Holy Cross Health identified subcategories for each priority and ranked the priorities and subcategories based on prevalence, severity, intervention feasibility, and potential to achieve outcomes. The following prioritized list of the significant unmet needs identified and their subcategories were developed using scores from each of the categories listed above:

1. Social Determinants/Influencers of Health
 - a. Access to Care
 - b. Food Insecurity
 - c. Housing
2. Vulnerable Populations
 - a. Senior Population
 - b. Maternal/Infant Population
3. Chronic Diseases
 - a. Diabetes
 - b. Cancers
 - c. Cardiovascular Health
 - d. Obesity
 - e. Behavioral Health

With this information, Holy Cross Health will address the unmet needs within the context of our overall approach, mission commitments, key clinical strengths, and within the overall goals of Healthy Montgomery. We will focus on addressing the identified priorities by optimizing wellness and equity and striving to eliminate disparities in our communities. To accomplish this, Holy Cross Health's strategy to address unmet community need encompasses the following three key focus areas that concentrate on individual social needs as well as improving community conditions:

Clinical Care: Delivery of efficient and effective people-centered health care services for the uninsured/Medicaid population that is focused on reducing clinical quality outcome disparities and addressing the social needs of patients;

Community Engagement: Connecting efficient and effective wrap-around services, expanding the availability of community-based services, and ensuring that patients, community members, and employees are linked to, and can utilize, these services; and

Community Transformation: Policy, system and environmental change strategies focusing on community building to address the physical environment, economic revitalization, housing and other social determinants/influencers of health.

For further information on how Holy Cross Health plans to address each identified unmet need, please review our Multi-Year CHNA Implementation Plan at http://www.holycrosshealth.org/CHNA_implementation-plan.

INTRODUCTION

Overview

In 2010, Congress enacted the Patient Protection and Affordable Care Act (The Affordable Care Act) that put in place a comprehensive health insurance reform to enhance the quality of health care for all Americans. In an effort to enhance the quality of health care, the Affordable Care Act also requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy, a plan describing how the hospital will address the needs identified, every three years.

Holy Cross Health has evaluated the needs of the community to support its community benefit plans for almost 20 years and doing so is consistent with the organization's mission and values. It also closely aligns with advancing Holy Cross Health's strategic principles. The vision of our *People-Centered Strategy for Success* for fiscal years 2019-2022 is to be a forward-thinking health system with the knowledge and resources to help people address their needs and goals in order to achieve a better quality of life. To achieve this, we are guided by the following six strategic principles (see Figure 1):

People-Centered Care: Providing innovative patient care, excellent care delivery, and improved clinical outcomes

Engaged Colleagues: Attracting, developing and retaining exceptional and committed colleagues

Operational Excellence: Ensuring efficient and effective care delivery

Physician Collaboration: Engaging physicians for mutual benefit in activities that attract patients and better manage care

Leadership Nationally & Locally: Improving the health and well-being of our community through innovation and expanding expertise

Effective Stewardship: Stewarding our resources to best manage revenue and expenses

Holy Cross Health's fiscal 2019-2022 strategic plan identifies our People-Centered Strategy for Success that is responsive to our mission commitments and the environment in which we operate. These strategic principles guide Holy Cross Health's overall development and in particular, advance our mission and population health efforts, which include our community health needs assessment and the associated implementation strategy. This community health needs assessment focuses on the geographic areas Holy Cross Germantown Hospital serves. It provides the foundation for the organization's efforts to guide to



Figure 1: Holy Cross Health's six strategic principles of the People-Centered Strategy for Success for fiscal years 2019-2022.

improve the health status of the people, particularly those most at-risk, in Holy Cross Germantown Hospital's service area.

Organization

Holy Cross Health is a Catholic, not-for-profit health system that provides more than 240,000 patient visits each year with the promise to make health, and the best possible quality of life, more achievable. Holy Cross Health's high-quality care is accessible to community members in Maryland's Montgomery and Prince George's counties through two hospitals, ten primary and specialized care centers, home care and hospice services, and a wide range of community health programs. Our team of 4,100 colleagues, 1,575 community and hospital-based physicians, and more than 400 volunteers work proactively to meet the needs of every individual we serve.

We are a people-centered health system that aims to improve the health and lives of individuals, populations and communities, through episodic health care management, population health management, and community health and well-being initiatives. Holy Cross Health delivers services where, when and how people need us most, with a focus on clinical excellence, innovation and positive experiences that advance individual and community health.

The Holy Cross Health system includes:

Holy Cross Hospital, one of the largest hospitals in Maryland and home to the nation's first and region's only Seniors Emergency Center.

Holy Cross Germantown Hospital, the first hospital in the nation to be located on a community college campus and enhanced by an educational partnership, offering high-quality medical, surgical, obstetric, emergency and behavioral health services to the fastest-growing region in the county.

Holy Cross Health Network, which operates Holy Cross Health Centers in Aspen Hill, Gaithersburg, Germantown, and Silver Spring; provides primary care at Holy Cross Health Partners at Asbury Methodist Village and in Kensington; offers a wide range of innovative health and wellness programs; and leads partner relationships.

Holy Cross Health Foundation, a not-for-profit organization devoted to raising philanthropic funds to support the mission of Holy Cross Health and to improve the health of the community.

Mission and Core Values

We, Holy Cross Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. We carry out this mission in our communities through our commitment to be the most trusted provider of health care services.

Core Values

Reverence: We honor the sacredness and dignity of every person.

Commitment to those who are poor: We stand with and serve those who are poor, especially those most vulnerable.

Justice: We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity: We are faithful to who we say we are.

APPROACH AND METHODOLOGY

Holy Cross Health has been conducting needs assessments for almost 20 years and identifies unmet community health care needs in a variety of ways. We collaborate with other healthcare providers to support Healthy Montgomery, Montgomery County's community health improvement process. We seek expert guidance from a panel of external participants with expertise in public health and the needs of our community and gather first-hand information from community members through community conversations conducted by Holy Cross Health and community conversations conducted by Healthy Montgomery and the Montgomery County Department of Health and Human Services. We review other available reports and needs assessments and use them as reference tools to identify unmet needs in various populations. We also use the Community Need Index to geographically identify high need communities that would benefit from our programs and services and use internal data sources to conduct an extensive analysis of demographics, health indicators and other determinants of health for the communities we serve.

Healthy Montgomery

Healthy Montgomery is Montgomery County's community health improvement process (CHIP) and serves as the base for Holy Cross Germantown Hospital's needs assessment. It is a collaborative, ongoing effort that brings together Montgomery County government agencies, four hospital systems, minority health initiatives/program, advocacy groups, academic institutions, community-based service providers, the health insurance community, and other stakeholders. Healthy Montgomery has a set of goals and objectives aimed to improve the health and well-being of all Montgomery County residents. The goals are to:

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

Healthy Montgomery's four objectives are to:

- Establish a comprehensive set of indicators related to health and well-being processes, health outcomes and social determinants of health in Montgomery County that incorporates a wide variety of county and sub-county information resources and utilizes methods appropriate to their collection, analysis, and application;
- Identify and prioritize health and social needs in the county as a whole and in the diverse communities within the county;

- Foster projects to achieve health equity by addressing health and well-being needs, improving health outcomes and reducing demographic, geographic, and socioeconomic disparities in health and well-being; and
- Coordinate and leverage resources to support the community health improvement project infrastructure and improvement projects.

Healthy Montgomery began in June of 2009 when Holy Cross Hospital and the other three hospital systems in Montgomery County each gave \$25,000, for a total of \$100,000, to the Urban Institute to provide support for the *Healthy Montgomery* work. This included coordinating the environmental scan, support of the effort to select the 100 indicators (available at HealthyMontgomery.org) to include in the improvement process, and preparation of indicators and maps that show the social determinants of health for the county as a whole and for Public Use Microdata Areas (PUMAs) that will be included in the *Healthy Montgomery* Needs Assessment document.

Beginning in 2011, Holy Cross Hospital and the four other individual hospitals in Montgomery County (MedStar Montgomery Medical Center, Shady Grove Adventist Hospital, Suburban Hospital, and Washington Adventist Hospital) have each given \$25,000, for a total of \$125,000 per year, to the Institute for Public Health Innovation. Funding increased to \$150,000 per year in 2014 with the opening of Holy Cross Germantown Hospital. These funds continue to support the *Healthy Montgomery* Steering Committee meetings, preparation and presentation of all the community conversations, preparation of the Needs Assessment Report (quantitative data and information from the community conversations), and support for the prioritization process.

Healthy Montgomery is guided by a cross-sector steering committee that includes planners, policy makers, health and social service providers and community members. The *Healthy Montgomery* Steering Committee informs, advises, and ensures implementation of the CHIP. The CHIP is based on phases intended to occur within a three-year cycle. Phases include data collection and development of a community health needs assessment, development and implementation of improvement plans, and monitoring and evaluation of the resulting achievements. The process is dynamic, thus giving the county and its community partners the ability to monitor and act on the changing conditions affecting the health and well-being of county residents. The material presented in this document is based on Montgomery County's Community Health Needs Assessment conducted during the 2016-2019 cycle.

External Review

Each year since 2005, we have invited input and obtained advice from a group of external participants that represent the broad interest of the community we serve. Participants typically include the public health officer and the director of Montgomery County Department of Health and Human Services; a variety of individuals from local and state governmental agencies; and leaders from community-based organizations, foundations, churches, colleges, coalitions, and associations. These participants are experts in a range of areas including public health, health care, minority populations and disparities in health care, social determinants of health, and social services. They provide input that helps to ensure that we have identified and responded to the most pressing community health needs.

Community Conversations

In 2019, Holy Cross Health partnered with Community Catalyst, a national non-profit advocacy organization working to build the consumer and community leadership that is required to transform the American health system, to gather information about health needs and concerns from residents in the communities we serve. The conversations main goals were to 1) inform the CHNA, 2) identify key community partners for longer term community engagement through the development of Community Advisory Committees, and 3) work with the Community Advisory Committees to implement programs and initiatives to meet the needs identified during the conversations.

From April to June 2019, Holy Cross Health staff from the Health Equity, Health Behavior Department gathered information on the theme of *Health Matters* through three sets of activities:

1. Conducting small *Chat and Chews* to engage local residents in conversations about their health and invite them to the larger Community Conversations,
2. Collecting surveys from residents around the county, and
3. Outreaching to residents and community-based organizations through various listservs inviting them to join the Community Conversations.

During the identified timeframe, Holy Cross Health staff first surveyed community residents at local venues within the service area of Holy Cross Health and held *Chat and Chews*, informal conversations. A short, four-question survey was developed and available in both English and Spanish. Through the survey, Montgomery County residents had the opportunity to gather and share information about their health needs and the challenges they face meeting their health issues. The Chat and Chews were held at various venues throughout the county, and included locations such as Starbucks, the First AME Church of Gaithersburg, and the Montgomery County Boys and Girls Club.

Outreach for the four formal Community Conversations was done through emailing electronic invitations to listservs, posting flyers at Montgomery County Public Libraries and community centers, and posting flyers in public venues. Flyers were also distributed to individuals who completed surveys. Some individual contacts were made to local community-based organizations to invite them and their networks to the conversations. During the Community Conversation activities, graphic facilitators were designed to spark conversation and capture learned information.

Needs Assessments and Reports

As available, we also use a range of other specific needs assessments and reports to identify unmet needs, especially for underserved minorities, seniors, and women and children.

- African American Health Program Strategic Plan Toward Health Equity, 2009-2014

- Asian American Health Priorities, A Study of Montgomery County, Maryland, Strengths, Needs, and Opportunities for Action, 2008
- Blueprint for Latino Health in Montgomery County, Maryland, 2017-2026
- Montgomery County Food Council's Community Food Access Assessment; Montgomery County Maryland, 2013 - 2015
- Homelessness in Metropolitan Washington: Results and Analysis from the Annual Point-in-Time (PIT) Count of Persons Experiencing Homelessness, May 2019
- Maryland State Health Improvement Process
- Montgomery County Interagency Commission on Homelessness Annual Report, 2017
- Montgomery Moving Forward's Call To Action: Early Care and Education, 2018
- Convening Partners to Build Brighter Futures in Montgomery County. Montgomery County Collaboration Council's 2018 Annual Report
- University of Wisconsin Population Health Institute's County Health Rankings Data
- Maternal and Infant Health Report for Montgomery County, 2008-2017
- Health in Montgomery County Report, 2008 – 2016

Community Need Index

The Community Need Index identifies the severity of health disparities for every ZIP code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations (Dignity Health, 2011). For each ZIP code in the United States, the Community Need Index aggregates five socioeconomic indicators/barriers to health care access that are known to contribute to health disparities related to income, education, culture/language, insurance and housing. We use the Community Need Index to identify communities of high need and direct a range of community health efforts to these areas (see Figure 2).

Hospital Quality Data

Holy Cross Germantown Hospital readmission data is used to track the number of patients who are readmitted to the hospital within 30 days of discharge. Centers for Medicare & Medicaid Services (CMS), defines hospital readmission as a patient admission to a hospital within 30 days after being discharged from an earlier hospital stay and the data can be used to evaluate the quality of hospital care. An analysis of hospital readmissions allows us to identify select indicators related to community health needs and develop methodologies and programs that will improve health outcomes.

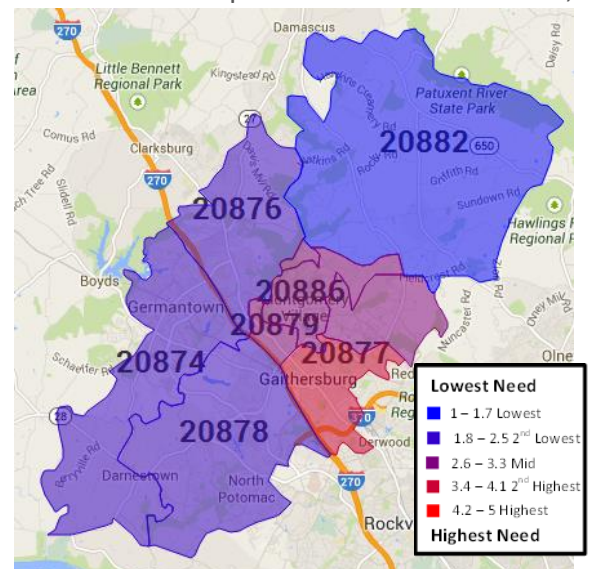


Figure 2: The median CNI of the primary service area of Holy Cross Germantown Hospital is 2.9, Holy Cross Health considers any area 3.0 or higher as high need. Source: Dignity Health, 2019 Map data: 2019 © Google

Other Available Data

We also review our internal patient data (emergency department and discharge readmissions data) and review purchased and publicly available data and analyses on the market, demographics and health service utilization, health indicators, and social determinants of health. These data provide a more detailed look at the community we serve by identifying potential disparities that might not surface when looking at only county or state data. On an ongoing basis, we participate in a variety of coalitions, commissions, committees, partnerships and panels and our community health workers spend time in the community as community participants and bring back first-hand knowledge of community needs.

SUMMARY OF PROGRESS

Since 2009, *Healthy Montgomery*, the Montgomery County hospital systems, and other non-profit organizations have been implementing programs and services to address the unmet needs identified through the community health improvement process. Below is a compilation of progress made on the *Healthy Montgomery* core measures.

Are We Making Progress?

Among the 37 *Healthy Montgomery* core measures 22 are improving, 14 are worsening, and one could not be assessed since it has had no further updates after its baseline. More information on *Healthy Montgomery* core measures can be found at www.healthymontgomery.org.

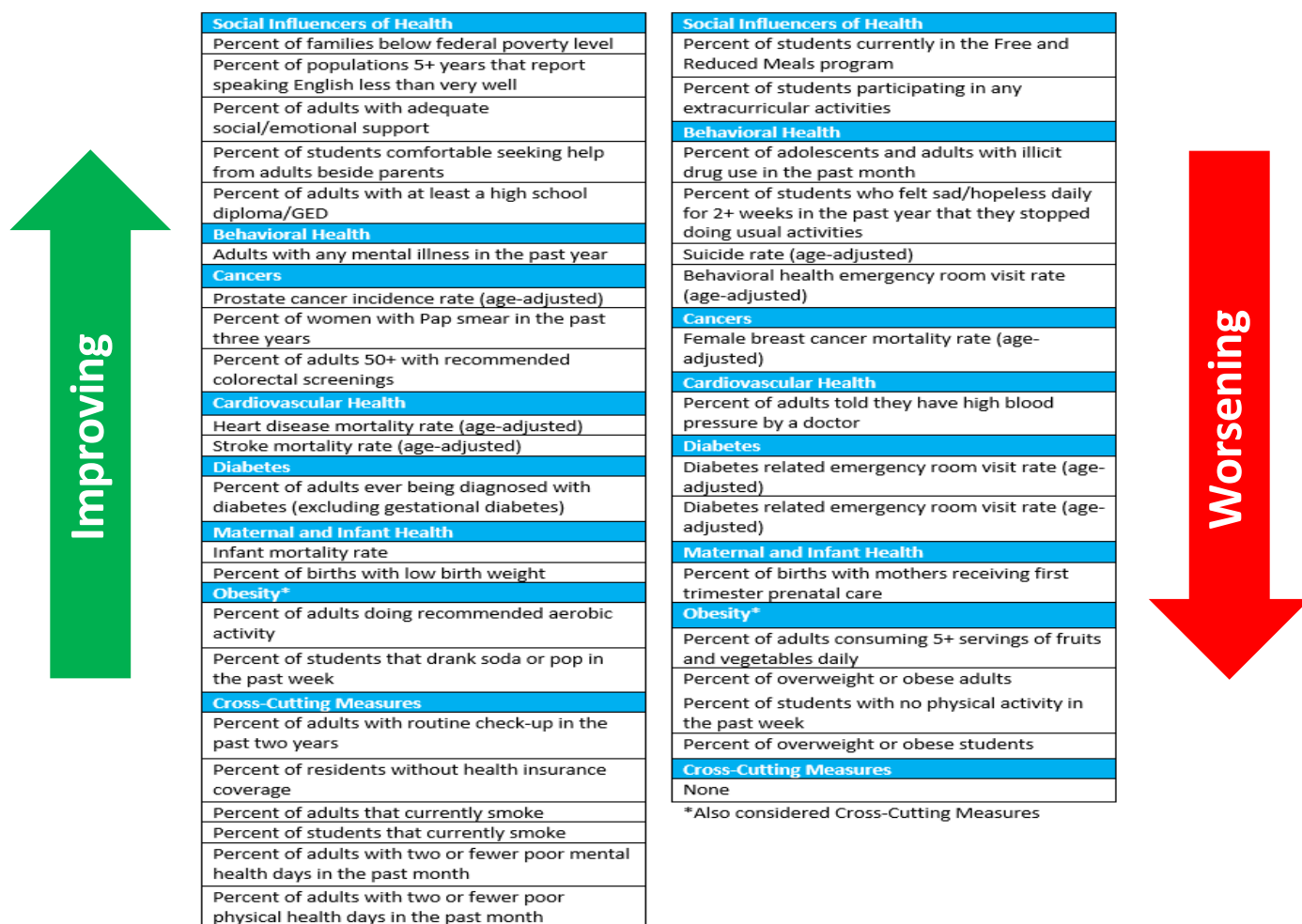


Figure 3: OF THE 37 HEALTHY MONTGOMERY CORE MEASURES 22 ARE IMPROVING (LEFT SIDE), 14 ARE WORSENING (RIGHT SIDE), AND ONE COULD NOT BE ASSESSED SINCE IT HAS HAD NO FURTHER UPDATES AFTER ITS BASELINE.

Among the two Holy Cross Health Core measures for seniors, both are improving. In comparison to 2014, Adults 65+ have seen an increase in the number of seniors receiving an influenza and/or pneumonia vaccine. As of 2016, 65.3% of Montgomery County seniors received an influenza vaccine, and 76.3% received a pneumonia vaccine (compared to 62.6% and 73.8% in 2014, respectively). Additionally, the number of deaths from falls for seniors has decreased from 6.9 per 100,000 (2013-15) to 6.5 per 100,000 (2014-16).

Are We Achieving Health Equity?

Progress toward achieving health equity, defined as everyone having the opportunity to attain their highest level of health, can be measured through reduction in health disparities across racial/ethnic subgroups. Of the 34 measures that could be evaluated based on differences across racial/ethnic subgroups, 31 measures had results for White residents, 32 measures had results for African American/Black residents, 26 measures had results for Asian/Pacific Islander residents, and 31 measures had results for Hispanic residents. Results showed Black/African American residents experiencing a widening disparity 38% of the time, the highest proportion of measures across all racial/ethnic groups. Black/African American residents also had the highest proportion of core measures with results that showed their disparity was narrowing at 63% (Healthy Montgomery, 2016).

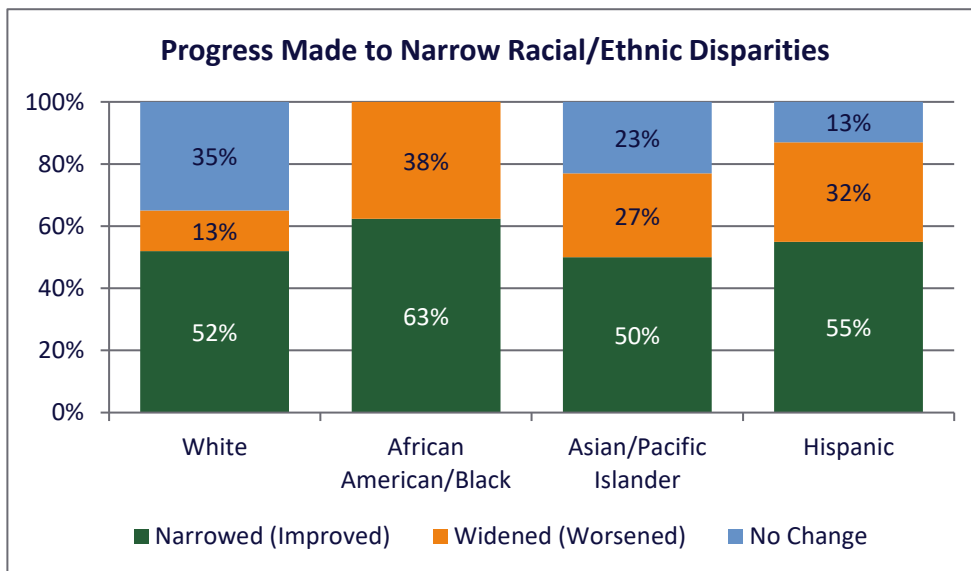


Figure 4: The percentage of Healthy Montgomery core measures that show that health disparities are narrowing, widening or remaining unchanged. Source: Healthy Montgomery 2016.

THE COMMUNITY WE SERVE

Holy Cross Germantown Hospital serves a large portion of upper Montgomery County residents (see Figure 5). An estimated 454,362 people in 17 ZIP Codes make up our total service area, of whom 62.5% are minorities. Our six ZIP code primary service area (see Appendix A) includes 273,819 people, of whom 66.4% are minorities

The median age of the county is 39 years, up from 33.9 years in 1990. This increase in median age is driven mostly by the aging of the large population of baby boomers residing in the area. In 1990, the county's residents over the age of 65 accounted for only 10% of the population (77,500 residents). It is expected, by 2030, that the baby boomers will increase the county's 65+ population to 19% of the total population (218,000 residents) (Montgomery County Planning Department, 2019) (see Figure 6). In addition to an aging population, Holy Cross Germantown Hospital serves a highly diverse community, minorities make-up roughly 2/3 of the population in our

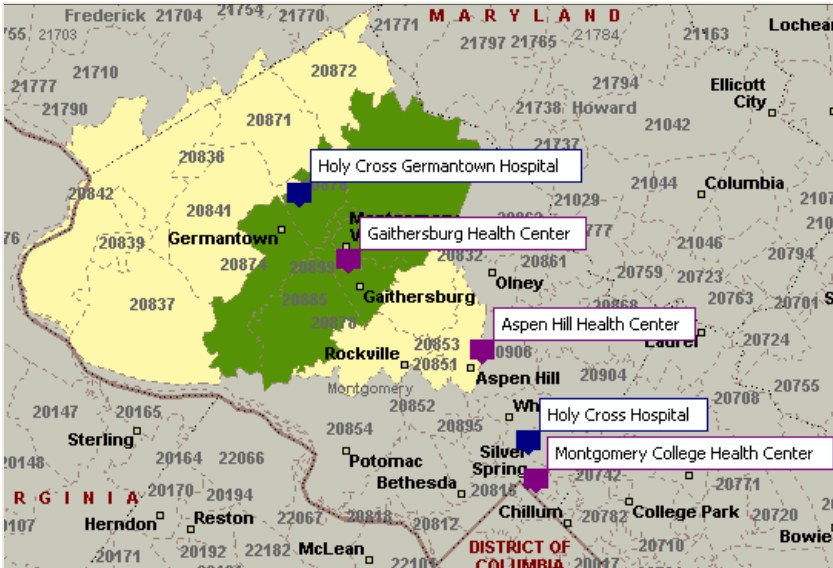


Figure 5: Primary and secondary service area for Holy Cross Germantown Hospital.

primary service area (see Table 1). The county is also

becoming more diverse. In 2016, 56% of county residents were people of color; Hispanics were the fastest growing subgroup followed by the Asian population. From 1990 to 2016, the Hispanic population grew 258% and accounts for 19.1% of the total population and the Asian population grew 153% and accounts from 14.8% of the total population.

The community we serve has the highest percentage of foreign-born residents (33.9%) in the state of Maryland, and the majority of the total foreign-born population in Maryland reside within Montgomery County.

Table 1: Demographic breakdown of Holy Cross Hospital's service area by race and ethnicity. © 2018 The Nielsen Company, ©2018 Truven Health Analytics Inc.

Race	Primary Service Area (273,819)	Total Service Area (454,362)
White, Non-Hispanic	92,003 (33.6%)	170,330 (37.5%)
Black, Non-Hispanic	54,255 (19.8%)	77,030 (17.0%)
Hispanic	66,212 (24.2%)	99,022 (21.8%)
Asian/Pacific Islander, Non-Hispanic	51,012 (18.6%)	90,702 (20.0%)
All Others	10,337 (3.8%)	17,278 (3.8%)

In Montgomery County, 32.6% of residents are foreign-born, 40% of foreign-born residents speak English less than “very well” and 7.0% aged five and over are linguistically isolated. The highest rates of linguistic isolation are among Latino Americans and Asian Americans.

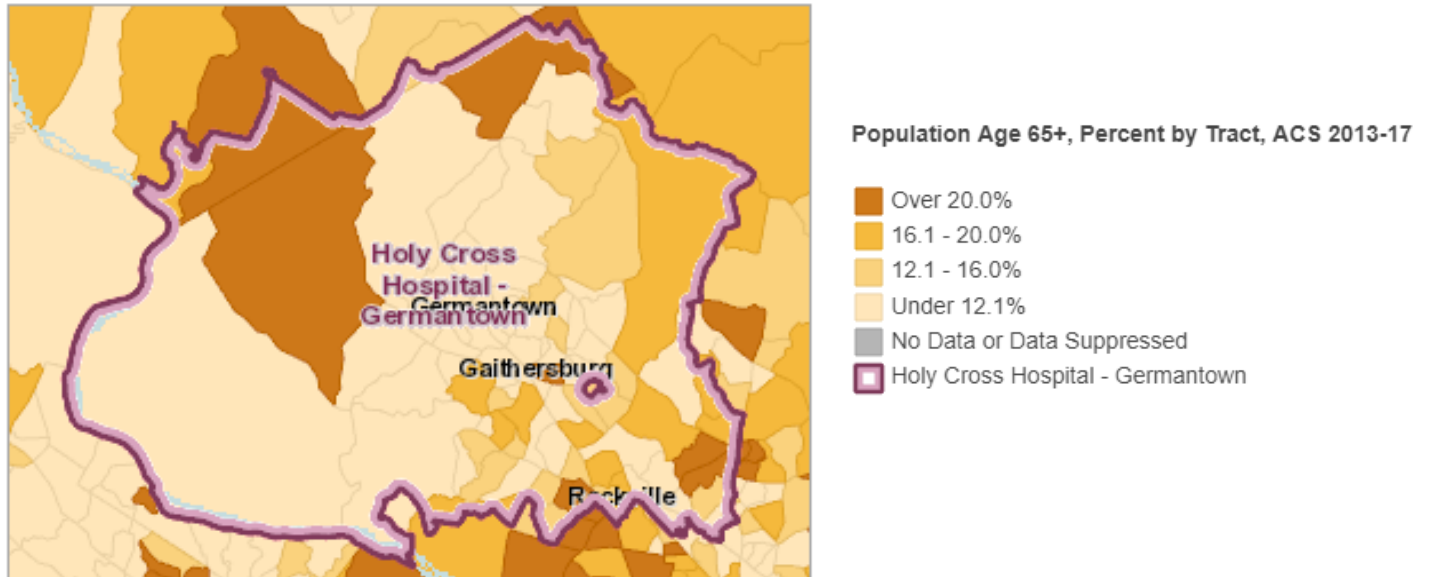


Figure 6: Percentage of population aged 65+. Source: Trinity Health Data Hub, 2019.

Community Conversations

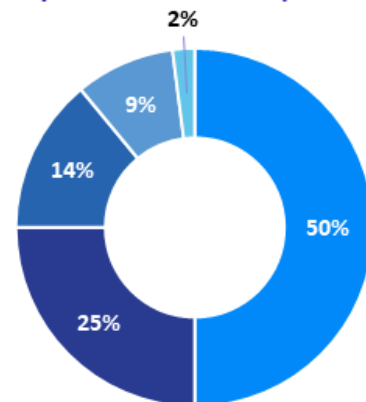
Holy Cross Health gathered information from residents of the communities we serve during the spring and summer of 2019. Information was gathered through three different formats, *Chat and Chews*, surveys, and *Community Conversations*.

All formats focused on the topic "Health Matters" and received feedback from a racially, ethnically, and linguistically diverse group of community residents (see Figure 7) throughout Montgomery County. The conversations and surveys had two goals:

1. To learn from local residents what makes a community healthy
2. To enlist community members to join the Holy Cross Health Advisory Committee.

These goals were achieved by asking questions that pertained to access to care, barriers to achieving or maintaining good health, and what was needed to achieve or maintain good health.

Community Conversations Respondents by Race



■ Black/African American ■ White ■ Asian ■ Hispanic ■ Other
 Figure 7: Racial and ethnic percentage of 2019 community conversation participants.

Most responded that they were able to access medical care when needed (94%). However, challenges mentioned included lack of affordable medication, lack of access to healthy food, and lack of transportation. When the community was asked what was needed to achieve or maintain good health the top summarized responses were help with diet, nutrition, and food assistance (34%). Participants expressed interest in free classes about healthy eating and nutrition, support with finding affordable healthy groceries, grocery coupons, and a general interest in receiving support to eat healthier. There was also a strong interest in opportunities for exercise and fitness (24%). Participants expressed interest in free or low-cost group exercise classes held during evening hours, support for a gym membership, and more accessible exercise spaces. There was also a strong interest in more senior classes and a continuation of existing Holy Cross Health Senior Fit classes.

In addition to an interest in exercise and nutrition classes, there was also interest expressed for community programming (13.4%). Participants expressed interest in health seminars, support groups, classes explaining what resources are available, and evening senior classes.

YOUR HEALTH MATTERS

A COMMUNITY CONVERSATION

Hosted by **HC HOLY CROSS HEALTH**
 JUNE 15, 2019

GOAL : A. TO LEARN FROM LOCAL RESIDENTS WHAT MAKES A COMMUNITY HEALTHY.
 B. TO ENLIST COMMUNITY MEMBERS TO JOIN THE HCH ADVISORY COMMITTEE.



Figure 8: Graphic representation of community conversations and surveys. Participants shared concerns that related to influencers of health, such as movement and exercise, healthy eating/food access, stress, mental health and the need for social connectedness.

DETERMINANTS/ INFLUENCERS OF HEALTH

Introduction

Access to quality, affordable health care plays a significant role in the health of individuals. However, clinical care cannot address all the factors that shape both health behaviors and health itself (Braverman, Egerter, & Mockenhaupt, 2011). The Determinants of Health are factors that contribute to and influence the health (or the decline of health) of a population or group. The Determinants of Health can include macro and micro factors such as personal, social, and environmental factors (U.S. Department of Health and Human Services, 2016).

However, instead of referring to these factors as "determinants" of health and labeling them as something that will definitely affect health, Holy Cross Health and all Trinity Health entities have decided to refer to them as "influencers" of health. Referring to them as something that can influence our health but does not necessarily determine it. Understanding influencers of health, such as economic and behavioral factors can also lead to improvements in health and reductions in health disparities (Williams, Costa, Odunlami, & Mohammed, 2008).

The Social Influencers of Health are a complex set of factors that interact within a social system. Social influencers can include physical structures, such as housing or more intrinsic issues, such as racism. According to the University of Wisconsin Population Health Institute, 50% of the factors that influence health are considered social influencers (see Figure 9). The World Health Organization (2019) states that Social Influencers of Health are "shaped by the distribution of money, power, and resources at global, national and local levels" and are largely responsible for health inequities.

Policy, system and environmental changes can also impact health in a positive way. Changing policies, systems and environments that affect where community members live work and play enables individuals to make healthy choices by ensuring that healthy, practical choices are available and accessible for them to choose (Cook County Department of Public Health, 2013).

Often, policies have a greater effect on improving health outcomes than programs and services provided. For example, it is estimated that since 1975 more than 255,000 lives have been saved due to seat belt laws (Centers for Disease Control and Prevention, 2011). Tobacco policies at the federal, state, and local levels have helped reduce the

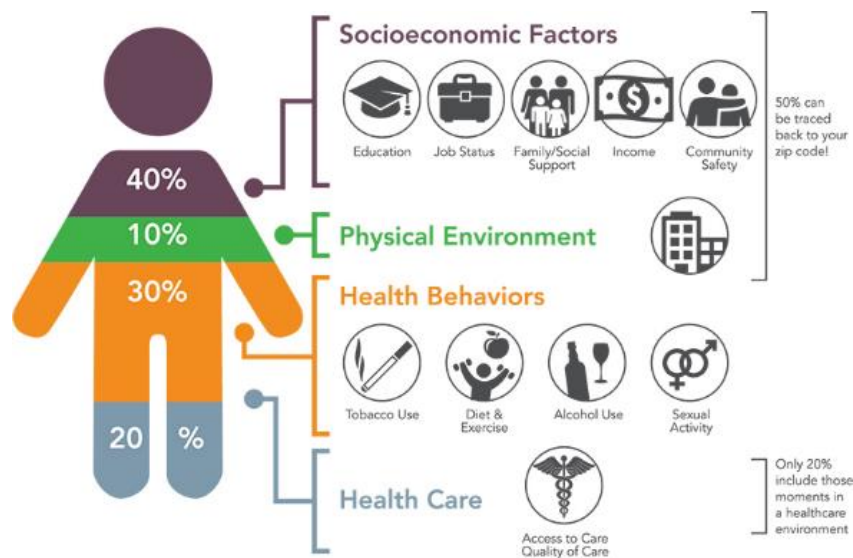


Figure 9: Health influencers and their impact on health. Source: Institute for Clinical Improvement, *Going Beyond Clinical Walls: Solving Complex Problems* (October, 2014).

percentage of current smokers from 23.5% of adults and 34.8% of youths in 1999 to 20.6% of adults and 19.5% of youths ten years later (Centers for Disease Control and Prevention, 2010). The Affordable Care Act (ACA) was designed to address the affordability and accessibility of health care in the U.S while also improving the quality of care that patients receive. It reduced the percent of uninsured residents from 16.0% to 9.2% nationally (Terlizzi, Cohen, & Martinez, 2019). In Maryland, one of 37 states that expanded Medicaid eligibility, the percent of uninsured residents dropped to 6.1% in 2018, down from 13.0% in 2010 (United Health Foundation, 2019).

Achieving positive health outcomes takes a multi-faceted approach and there is a need to go beyond health care and public health agencies to improve the health of communities. Healthy Montgomery recognizes this need and the impact that policy change has on health. During the 2015 priority setting process, steering committee members selected achieving Health in All Policies (HiAP) as one of three strategies Healthy Montgomery will focus on over the next three years. HiAP weaves health through all decision-making processes affecting the community; addressing how each decision could impact social determinants of health just as decision-makers would analyze its impact on budget, the environment and other factors prior to approval. For example, the Safe Routes to School Local Policy Guide uses the Health in All Policies approach to bring transportation and school government together to create routes to school that promote health, physical activity and safety (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013). Instituting a HiAP approach throughout county government could have a strong impact on health outcomes by integrating health considerations across all policymaking sectors, and at all levels, to improve health (Association of State and Territorial Health Officials, 2013).

Socioeconomic Factors

Economics

Montgomery County is an affluent community in aggregate. The median household income is \$103,178 compared to the statewide median household income of \$78,916. However, nearly 48.4% of households earn less than \$100,000 in a community in which the self-sufficiency standard for a family of four (income needed to meet basic needs without public subsidies or private/informal assistance) requires an annual income of \$89,856. One adult living in Montgomery County would need to make \$37,232—or \$17.90 per hour, \$2.90 more than the Living Wage (see Figure 10) (University of Washington, 2019).

An estimated 7% of the population in Montgomery County lives in poverty, with almost 98,000 (9%) of residents living 125% below the poverty level and almost 188,000 (18%) of residents living below 200% of the poverty level and children are disproportionately affected. According to the U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, 9% of children are estimated to be living

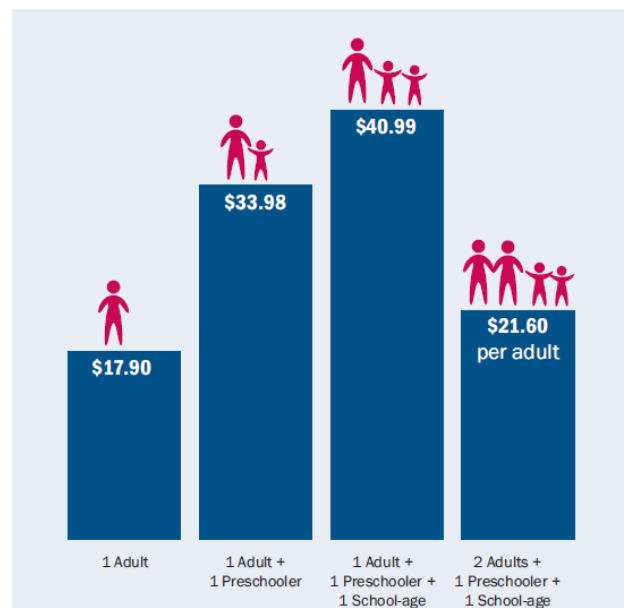


Figure 10: Hourly Wage to be self-sufficient in Montgomery County varies by family type. Source: Montgomery County Self-Sufficiency Standard Report, 2018.

in poverty in Montgomery County with Black and Hispanic children more likely to be living in poverty than White children.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression (Mendy, et al., 2018).

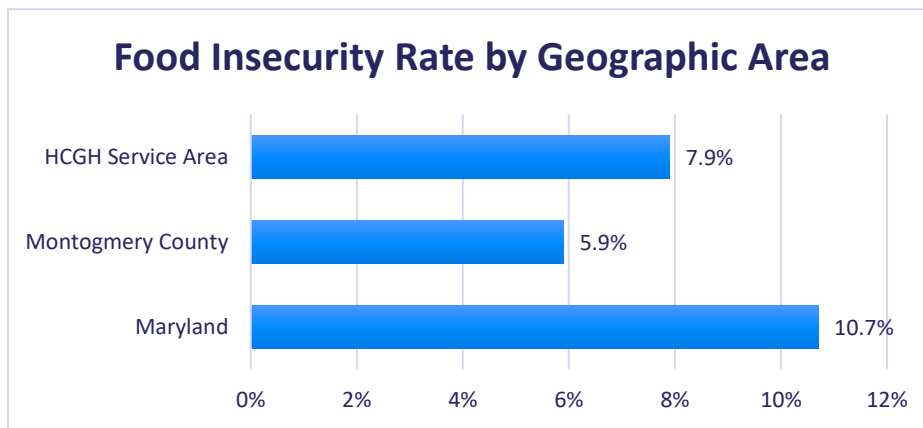


Figure 11: Food Insecurity Rate. The Healthy People 2020 national health target is to reduce household food insecurity and in doing so reduce hunger to 6.0%. Source: Feeding America, 2016.

Free and Reduced Meal Programs

The number of children eligible for free/reduced-price meals at public schools typically reflects the income and poverty levels of the surrounding neighborhoods. In Montgomery County during the 2018-2019 school year, 43,955 children received free lunch and 10,755 children received reduced-price lunch. Over 30% of the county’s student population is enrolled in the free/reduced-price meal program.

Unemployment

The unemployment rate is a key indicator of the local economy and occurs when local businesses are unable to supply enough jobs for local employees or when the labor force is not able to supply appropriate skills to employers (Healthy Communities Institute, 2019). During periods of unemployment, individuals are likely to feel severe economic strain

and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places a strain on financial support systems as unemployed persons qualify for unemployment benefits and food stamp programs.

Due to a large number of federal agencies and contractors, both counties generally enjoy low unemployment when compared to the U.S. and the unemployment rates of both counties has been steadily declining since 2011. In November 2018 the unemployment rate was 2.9% in Montgomery County, and 4% for the state (U.S. Bureau of Labor Statistics, 2016); showing improvement from what was reported in previous years. However, these figures do not account for people who have stopped looking for employment.

Education

Montgomery County enjoys relatively high education levels. More than half of Montgomery County residents hold a bachelor's degree or higher. The population of people 25 years and over with no high school diploma is also low accounting for less than 4% of the population compared to 10% nationally.

High School Graduation Rates

High school graduation rates also have a high impact on the health of an individual. Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime (Healthy Communities Institute, 2019). In our service area, census tracts near Wheaton-Glenmont, Aspen Hill, and Gaithersburg. In 2017, Montgomery County surpassed the Healthy People 2020 target of an 87% high school graduation rate with a rate of 89.5%.

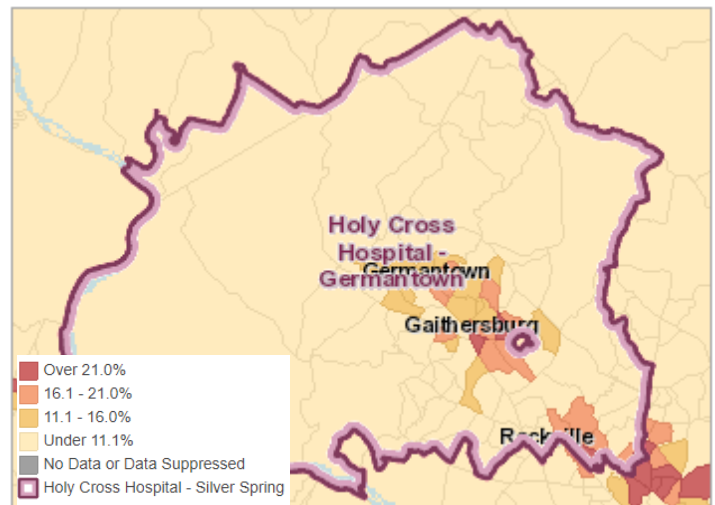


Figure 12: Population with no high school diploma (age 25+). Source: Trinity Health Data Hub, 2019

Kindergarten Readiness

Kindergarten screening measures the readiness of each student to begin kindergarten based on education standards. The readiness standards are set by the Maryland Model for School Readiness and measure key areas such as language/literacy, mathematics, social skills, and motor development (Montgomery Moving Forward, 2018). For the 2018-2019 school year, 54% (up from 48%) of incoming Montgomery County Kindergarteners met the readiness standards. Disparities in kindergarten readiness can be seen in low-income households, English Language Learners, and children with disabilities (Montgomery Moving Forward, 2018)**Error! Reference source not found.**

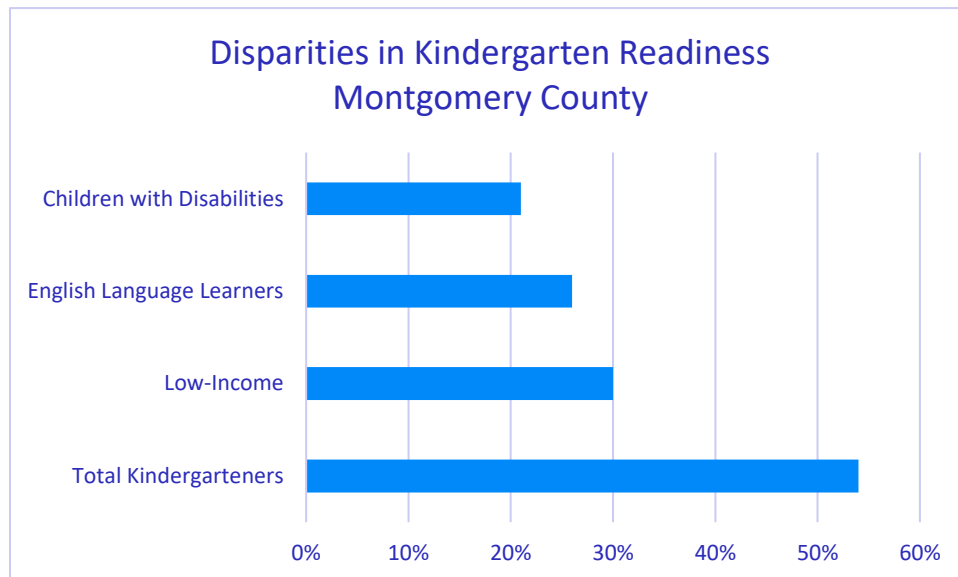


Figure 13: Disparities in kindergarten readiness can be seen in low-income households, English Language Learners, and children with disabilities. Source: Montgomery Moving Forward, 2018.

Physical Environment

Housing, Homes, and Neighborhoods

The home environment, which consists of living conditions and surrounding neighborhoods, has an impact on health status. Substandard neighborhoods and living conditions such as overcrowding, lead paint, and tobacco and alcohol advertising have been linked to poor health outcomes and can lead to an increased risk of cardiovascular disease, mental health issues, and unfavorable birth outcomes. According to the newest report from the Robert Wood Johnson Foundation Commission to Build a Healthier America, almost one-fifth of all Americans live in unhealthy neighborhoods with limited job opportunities, low-quality housing, and with limited access to healthy food and physical activity (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2014).

The high cost of living affects residents' access to safe, healthy housing. Paying a high rent can create a financial hardship, especially for those with a limited income, leaving little money for other expenses such as food, transportation, medical services and savings (Healthy Communities Institute, 2014). On average, 49.1% of renters in the county spend more than 30% of their income on rent. However, the highest percentage of residents spending more than 30% of their income on rent reside in ZIP codes surrounding Holy Cross Hospital and Holy Cross Germantown Hospital.

Safe Housing

Approximately 6.0% of the residents in Holy Cross Germantown Hospital's service area live in overcrowded housing. Issues such as overcrowding and other substandard living conditions can impact family relationships, the spread of infectious diseases, education, stress and anxiety. A little over 33.0% of residents in our service area live in housing with one or more substandard conditions; slightly higher than the state average of 32.7%. Substandard conditions included at least one of the following living conditions: lacking complete plumbing facilities, lacking complete kitchen facilities, overcrowded (more than one occupant per room), selected monthly owner costs greater than 30% of income, and gross rent greater than 30% of income (Trinity Health, 2019).

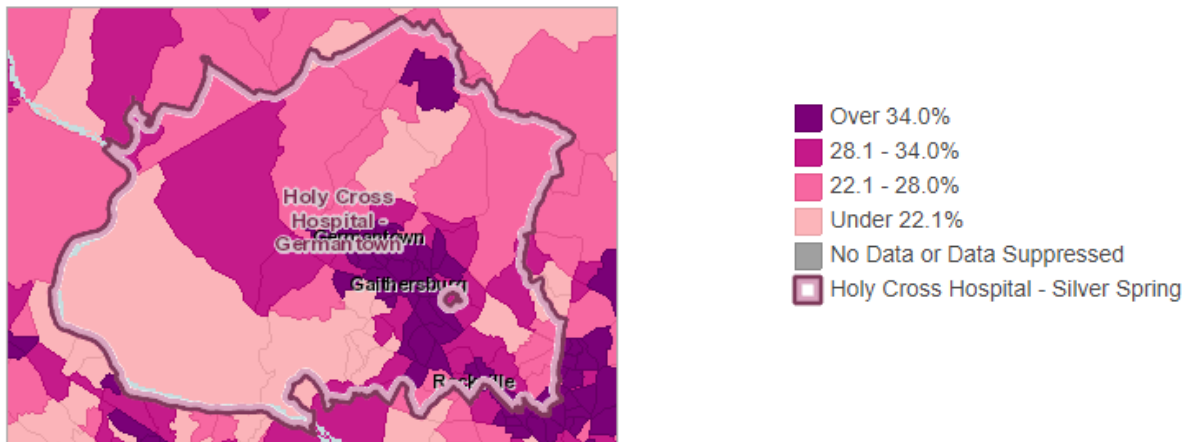


Figure 14: Percent occupied housing units with one or more substandard conditions. Source: Trinity Health Data Hub, 2019.

Neighborhoods

Neighborhoods can also be detrimental to the health of the population. Neighborhoods high in crime, polluted, or with limited access to services can affect the healthy behaviors of individuals and families. The ability to be physically active can be affected by the number of and access to safe places to exercise and play. Studies have shown that a person's neighborhood can even affect smoking and a healthy diet among other things (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2014). When compared to the state average, the Holy Cross Germantown Hospital service area has an adequate number of recreation and fitness facilities where residents can be active (15.7 for every 100,000 persons). However, it also has more than 330 fast-food restaurants. That equates to approximately 83 fast-food restaurants per 100,000 persons residing in our service area (Trinity Health, 2019).

Food Deserts

Food deserts, geographic areas where residents' access to affordable, healthy food options (especially fruits and vegetables) is restricted or nonexistent, usually occur in low-income urban and rural neighborhoods. Food deserts are more than a mile away from a supermarket, highly limited in food choices, and usually have an abundance of fast food

chains and convenient stores (US Department of Housing and Urban Development, 2019). More than 22,500 residents in Holy Cross Germantown Hospital's service area live in food deserts.

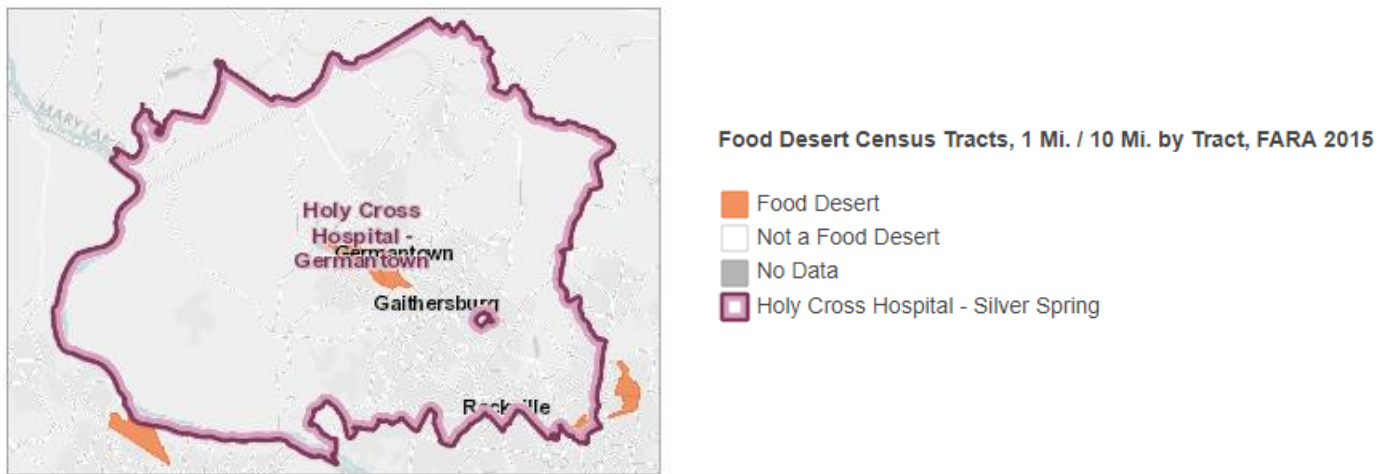


Figure 15: Number of neighborhoods in the report area that are within food deserts. Source: Trinity Health Data Hub, 2019.

Violent Crime

Violent crime can also have an effect on the health of a community. Violent crime can affect the mental and physical health of residents by increasing stress. Increase in stress may negatively affect hypertension and other stress-related disorders. Stress may also contribute to obesity prevalence by deterring residents from pursuing healthy behaviors, such as exercising outdoors (University of Wisconsin Population Health Institute, 2019). During the 2014-2016 reporting period, 743 violent crimes occurred in the Holy Cross Germantown Hospital service area. The service area's violent crime rate was 173.5, much lower than the statewide rate of 461.8. Violent crime includes homicide, rape, robbery, and aggravated assault.

Individuals exposed to violence at any age are more likely to engage in and experience intimate partner violence or domestic violence (Beyer, Wallis, & Hamberger, 2013). Domestic violence is any criminal offense resulting in physical injury or death of one family or household member by another family or household member, including assault, battery, sexual assault, sexual battery, stalking, kidnapping, or false imprisonment. According to the Commission on Domestic Violence, domestic violence offenses typically account for about 14% of all criminal offenses annually (Healthy Communities Institute, 2019). Women exposed to intimate partner violence have an increased risk of physical health issues such as injuries, and mental health disorders such as disordered eating, depression and suicide (Raghavan, Mennerich, Sexton, & James, 2006). The Department of Veterans Affairs reports that 55% of women and 38% of men in the military have experienced military sexual trauma (i.e., sexual harassment and sexual assault). Military sexual trauma is more common in women; however, over half of all veterans with military sexual trauma are men.



Violent Crime, Rank by County, CHR 2019

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1
- Holy Cross Hospital - Silver Spring

Figure 16: Violent crime ranked by county. The Holy Cross Germantown Hospital service area and a violent crime rate of 281.3 per 100,000 population. Source: Trinity Health Data Hub, 2019.

Human Trafficking

Human trafficking, a form of modern slavery where people profit from the control and exploitation of others, has been an issue in Montgomery County, Maryland, nationally, and internationally. Traffickers use multiple ways such as violence, threats, and debt bondage to force people into sex or labor trafficking against their will (Polaris, 2019). In 2014, former County Executive Ike Leggett created the Montgomery County Human Trafficking Task Force. The purpose of the task force is to increase understanding of the issue in Montgomery County and to develop interagency coordination of strategies for response and prevention. In 2014, MCPD had two verified adult victims and no verified juvenile victims. In 2015, this number increased to 11 adult victims and one juvenile victim. In 2016, it had 10 adult victims and three juvenile victims (Montgomery County Government, 2018). In October 2017, the task force transitioned into the Montgomery County Human Trafficking Prevention Committee. Human trafficking data is very hard to determine, however, based on the rate of calls received from the National Human Trafficking Hotline, Washington, DC area ranks number one with 401 calls per 100,000 people. Since 2007, the National Human Trafficking Hotline has received 4,352 contacts – phone calls, texts, online chats, emails, and webforms – from the state of Maryland (National Human Trafficking Hotline, 2017).



Figure 17: Heat map that reflects the cases reported to the National Human Trafficking Hotline. This map only reflects cases in which the location of the potential trafficking was known. Source: National Human Trafficking Hotline.

Homelessness

The high cost of housing and a limited number of reduced, affordable options have left many jurisdictions in the surrounding areas with an increasing number of individuals and families at risk for experiencing homelessness

(Metropolitan Washington Council of Governments' Homeless Services Planning and Coordinating Committee, 2019). According to the annual point-in-time count conducted by the Metropolitan Washington Council of Governments' Homeless Services Planning and Coordinating Committee (2019), the District of Columbia, Montgomery County, and Prince George's Country have all experienced a decline in the number of persons experiencing homelessness from 2018 to 2019. Montgomery County reported the highest percentage reduction, 41% (1100 to 647 individuals) in its literally homeless count from 2015 to 2019. In December 2015, Montgomery County announced it had achieved functional zero homelessness for Veterans. However, this does not include residents who are at risk of losing housing or those who are couch-homeless (those living temporarily with others without guarantee of continued residency or immediate prospects for assessing permanent housing (Canadian Observatory on Homelessness, 2019). The couch-homeless are also referred to provisionally accommodated, precariously housed, doubled up, or couch surfers. The number of couch-homeless individuals is hard to identify and is estimated to be 1-2% of the population, nation-wide (Hoback & Anderson).

Transportation

Transportation plays an integral part in accessing health care and resources that promote health such as parks and recreation facilities; barriers to transportation limit this access and have a negative effect on health. Barriers are especially high for seniors, people with disabilities, and people of limited income. In a survey conducted at Holy Cross Health's Health Centers, 19.5% of patients reported forgoing medical care because of lack of transportation.

Montgomery County has a vast network of public transportation options that range from metro rail, bus and train transport, including subsidized services for seniors and people with disabilities. However, ridership dictates the number and location of stops, leaving many residents in less populated areas with limited access to county services and resources.

Health Behaviors

Healthy behaviors like being physically active, eating fruits and vegetables, and maintaining a healthy weight can reduce risks of chronic disease and increase quality of life and life expectancy. Risky behaviors such as poor eating habits, lack of exercise, and smoking increase risks of chronic disease and decrease quality of life and life expectancy. Changing unhealthy habits to adopt a healthier lifestyle and improve health can be difficult and can be viewed as impossible, especially if access to services and support is limited.

Physical Activity and Nutrition

Eating the recommended fruits and vegetables, coupled with a balanced diet, can help maintain a healthy weight and reduce risk factors associated with many chronic diseases, including cancer, diabetes and obesity. The USDA currently recommends two and one-half cups (five servings) of vegetables and two cups of fruits (preferably whole fruits) daily for a 2,000-calorie diet (United States Department of Agriculture, 2019). Despite the health benefits, many people still do not eat the recommended levels. In Montgomery County, more than half of residents do not consume the recommended intake of fruits and vegetables (Centers for Disease Control and Prevention, 2015). Only 29.6% of Montgomery County adult residents report eating fruits and vegetables five or more times per day.

Like eating a balanced diet, regular physical activity reduces the risk of multiple chronic diseases and helps maintain a healthy weight and reduce body fat. Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, stroke, colon cancer, and high blood pressure. Physical activity also reduces symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. Unfortunately, 15% of adults over the age of 20 in Montgomery County do not engage in any form of physical activity.

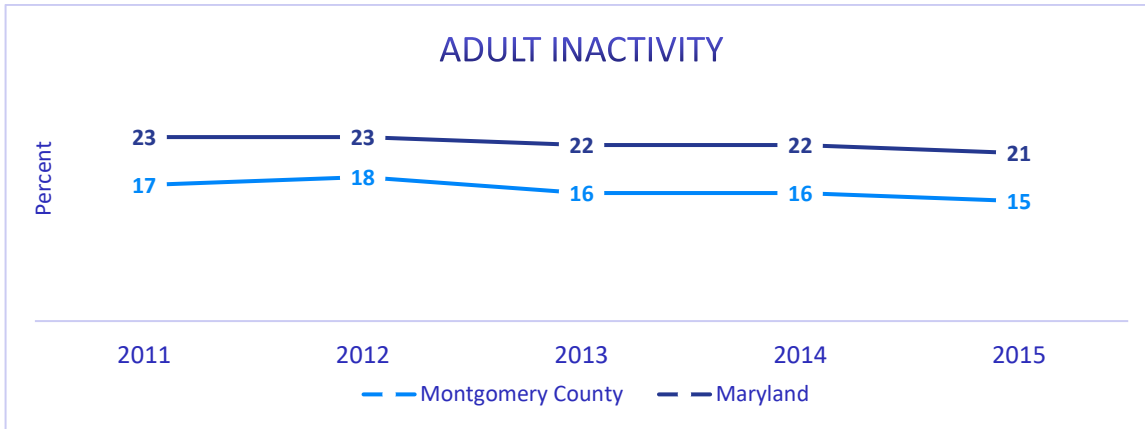


Figure 18: Percentage of adults over 20 who do not engage in physical activity. Source: County Health Rankings, 2019.

Smoking

Other behaviors that have a negative impact on health include tobacco use and alcohol consumption. Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year.

Montgomery County has lower rates of tobacco use when compared to the state and national rates. Less than 7% of Montgomery County residents are current smokers (see Table 2).

Table 2: Percent of adults, aged 18+, who self-reported currently smoking cigarettes some days or every day. Source: Centers for Disease Control and Prevention, 2016 Behavioral Risk Factor Surveillance System

Report Area	Age-Adjusted Smoking Rate
Montgomery County	6.2%
Maryland	13.7%
United States	17.1%

Each day, 400 kids under the age of 18 become regular, daily smokers; and almost one-third will eventually die from smoking. If current trends continue, 5.6 million of today’s youth will die prematurely from a smoking-related illness. Maryland currently has a near national average rate of high school smoking and adult smoking, when compared to national statistics. However, this still puts an estimated 92,000 children, now under the age of 18, on track to die prematurely due to smoking, with 2,200 children becoming daily smokers every year. The result is an annual health

care cost of \$2.71 billion that is directly caused by smoking, with an additional \$2.22 billion in lost productivity (Preventing Tobacco Addiction Foundation, 2019). In 2019, the state of Maryland joined 17 other states and the District of Columbia and passed Tobacco 21, a law that increases the minimum legal sale age for any tobacco products to 21. The law is intended to cut down on the access that teenagers have to cigarettes and other tobacco and nicotine products, including e-cigarettes.

Many youth are unaware of the potentially serious side effects of electronic vapor products such as e-cigarettes, vapes, electronic nicotine delivery systems, and similar devices. These devices typically deliver nicotine, flavorings, and other additives to users through an inhaled aerosol. Electronic vapor products are usually flavored and are of particular concern due to their high nicotine content and nicotine’s harmful effects on the developing adolescent brain. Additionally, the aerosol emissions can contain heavy metals such as nickel, lead and tin, and flavoring such as diacetyl, a chemical linked with lung disease. Currently, electronic cigarette devices are the most used product by youth compared to individual use of cigarettes, cigars, and smokeless tobacco (Prevention and Health Promotion Administration, 2017).

Table 3: Percent of high schoolers (9th-12th grade) who self-reported smoking tobacco products in the past 30 days Source: Centers for Disease Control and Prevention, 2016 YRBS Survey.

Report Area	Electronic Vapor Product	Smokeless Tobacco	Cigarettes or Cigars
Montgomery County	8.8%	3.5%	8.6%
Maryland	13.3%	6.2%	8.2%
United States	13.2%	5.5%	8.8%

Alcohol Use

Binge drinking is a common pattern of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers (Bernosky-Smith, Shannon, Roth, & Liguori, 2011). Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems. Montgomery County reports lower excessive alcohol consumption compared to the state and national levels (see Table 3).

Table 4: Percent of adults who self-reported binge drinking at least once during the 30 days prior to the survey. Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016.

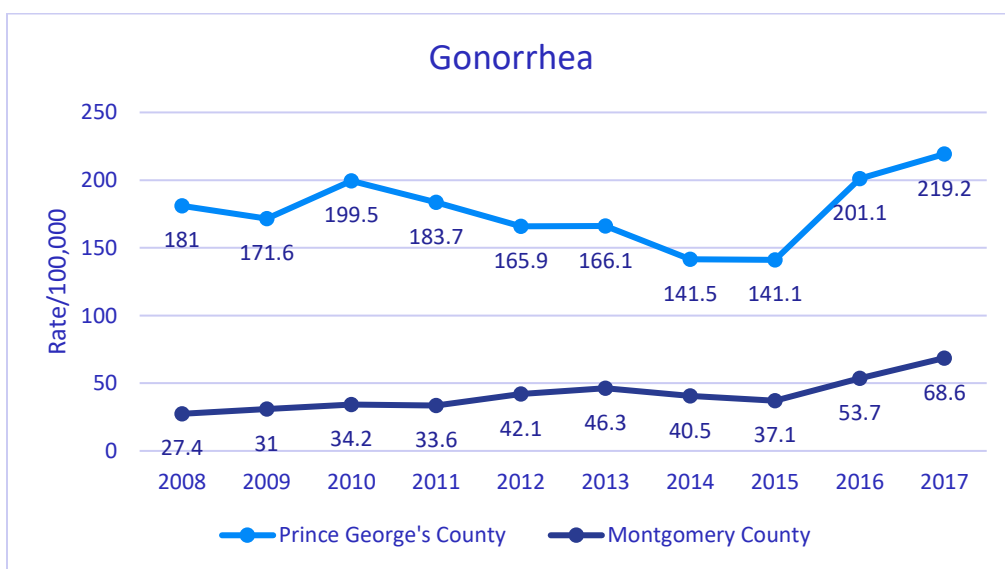
Report Area	Total Population Age 18+	Excessive Alcohol Consumption Rate
Montgomery County	795,544	14.8%
Maryland	4,648,466	16.5%
United States	247,403,128	18.4%

Sexual Activity

High-risk sexual behavior, such as unprotected sex, multiple sex partners, and starting sexual activity at a young age can result in sexually transmitted infections (Cigna, 2019). In Montgomery County sexually transmitted infections (STIs), such as Chlamydia and Gonorrhea, have increased significantly over the past ten years.

Chlamydia is one of the most reported STIs in the United States. It is a treatable infection caused by the bacterium, *Chlamydia trachomatis*. Symptoms are mild or absent but can cause irreversible damage in women, including infertility, before an infection is recognized. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing (Healthy Communities Institute, 2019).

Gonorrhea, caused by the *Neisseria gonorrhoeae* bacterium, is typically asymptomatic. In most circumstances, Gonorrhea is easy to treat. However, over the years, the bacterium has developed resistance to antibiotics. Left untreated, gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans (Trinity Health, 2019).



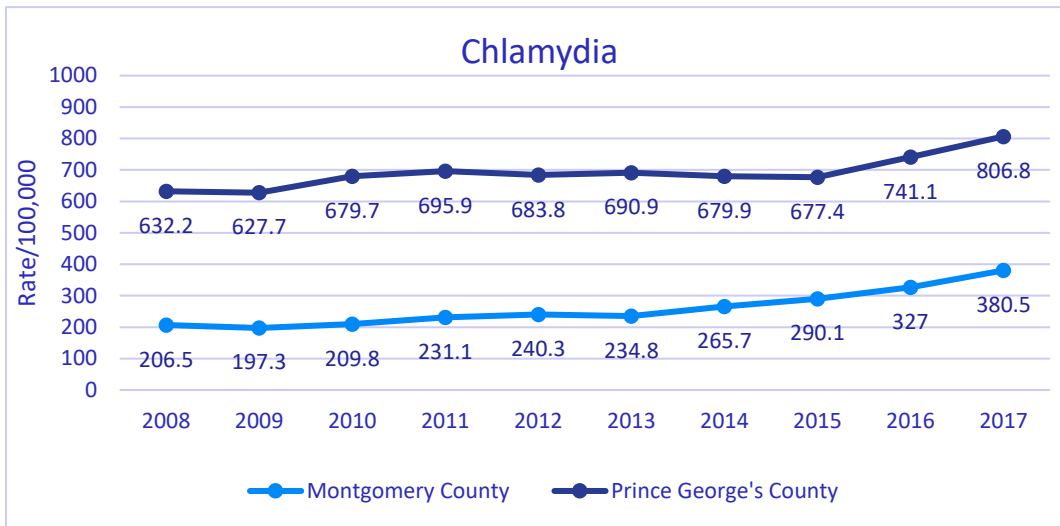


Figure 19: sexually transmitted infections (STIs) such as Chlamydia and Gonorrhea have increased significantly over the past ten years. Source: Centers for Disease Control and Prevention, NCHHSTP AtlasPlus, 2017

The human immunodeficiency virus, the virus that can develop into acquired immunodeficiency syndrome (AIDS), is a chronic and potentially life-threatening condition. If left untreated, HIV typically progresses to AIDS in about 10 years, at which point the immune system is weakened to the point of being unable to fight infections. Men who have sex with men of all races, African Americans, and Hispanics/Latinos are disproportionately affected by HIV.

Today, more people than ever before are living with HIV/AIDS. Better treatment for HIV has resulted in people living longer than in past years. While the total number of people living with HIV in Montgomery and Prince George's County is increasing, the number of annual new HIV infections has remained relatively stable in Montgomery County and declining in Prince George's County (Trinity Health, 2019).

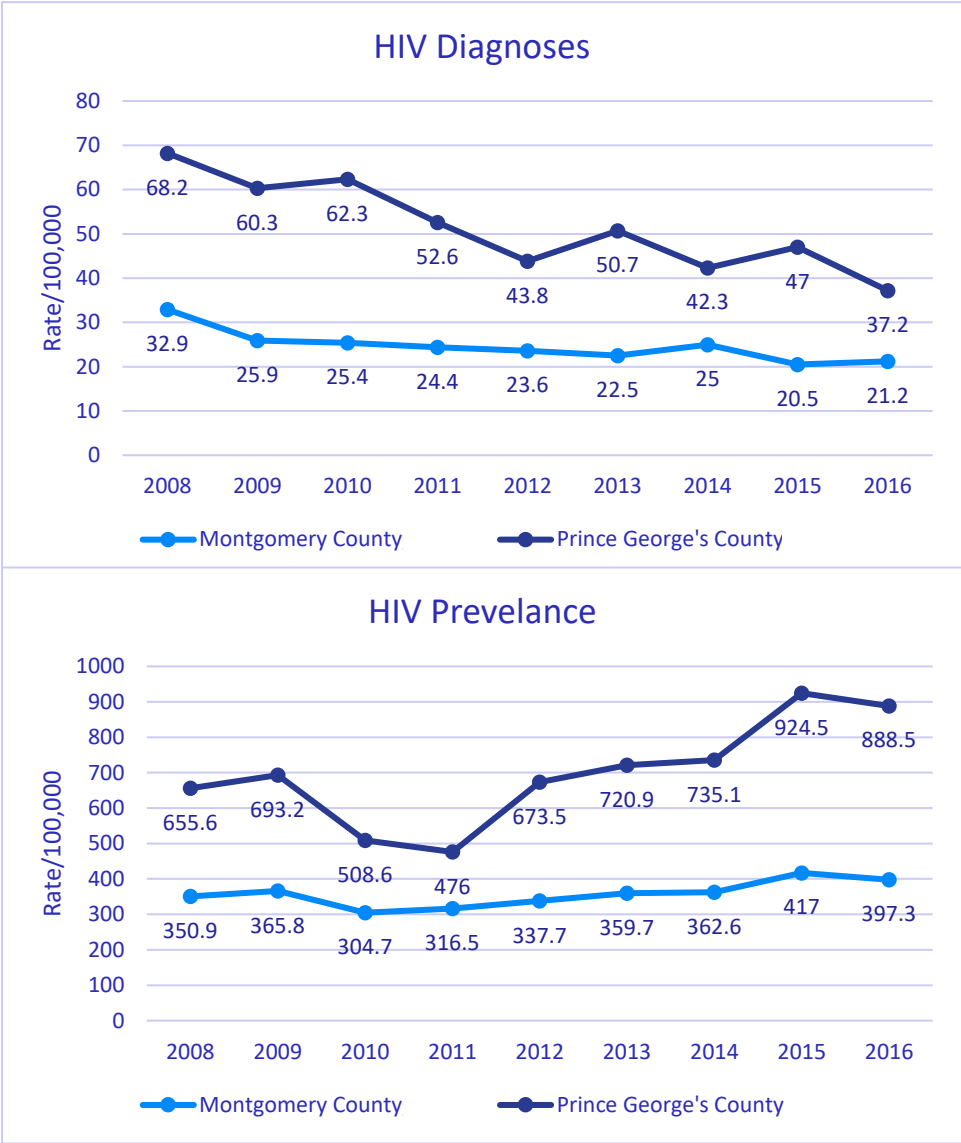


Figure 20: The HIV incidence rate has declined over the last year. Although the prevalence has increased, this can be attributed to better treatment and more people are infected each year than die from the infection. Source: Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017.

Although the incidence rate is stable or declining in the communities, we serve. Montgomery County and Prince George's County have one of the highest incidence rates in the country. An analysis of HIV data conducted by the Centers for Disease and Prevention found that more than half of new HIV diagnoses occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico (Centers for Disease Control and Prevention, 2019). Montgomery County and Prince George's County are among the 48 counties identified.

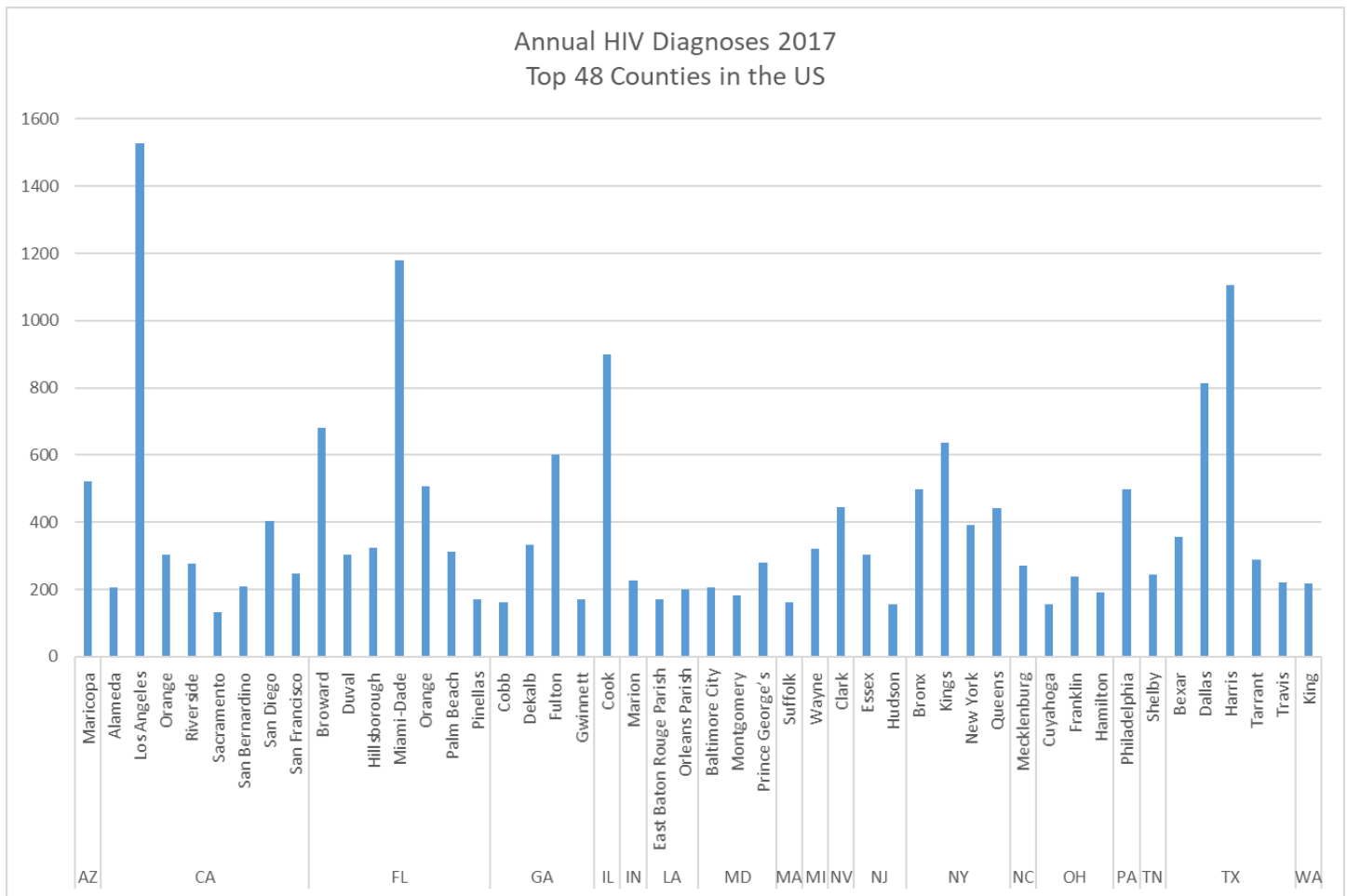


Figure 21: HIV surveillance data for the 48 counties with the highest diagnosed cases of HIV. Source: Centers for Disease Control and Prevention.

Health Care Access

Lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contribute to poor health status.

Insurance Coverage

The implementation of the Affordable Care Act's expanded insurance coverage in January of 2014 made insurance accessible to thousands of residents in Montgomery County, possibly for the first time. In the last six months of fiscal year 2014, Medicaid enrollment in Montgomery County increased 30%. During the 2019 enrollment period, Maryland Health Benefit Exchange enrolled 153,584 individuals in a qualified health plan and 39,334 in a dental plan (Maryland Health Connection, 2018). As of February 2019, more than one million people are covered under the Maryland

Medicaid expansion. At the state level, the majority of uninsured residents are eligible for health insurance. However, approximately 70% (60,000) of uninsured residents in Montgomery County will remain uninsured due to ineligibility (Regional Primary Care Coalition, 2019). In Montgomery County, Hispanics followed by African Americans have the highest number of uninsured residents (Trinity Health, 2019). Healthy Montgomery, the county's community health improvement process, has ranked access to care for those uninsured and underinsured as an underlying factor that affects all of the selected top health priorities.

Availability and Affordability of Services

Access to affordable health insurance represents only one barrier to access care. Availability, affordability and language also play a role in preventing Montgomery County residents from accessing quality health care. Access to primary care physicians, dentists and mental health providers is higher when compared to surrounding areas. However, despite the high numbers of primary care physicians available, 10.4% of the population is unable to afford to see a doctor (Trinity Health, 2019).

Table 5: Insurance status in Montgomery County and Holy Cross Germantown Hospital's service area. Source: Trinity Health Data Hub, 2019.

	Montgomery County	Holy Cross Hospital Service Area
Medicaid	14.4%	15.6%
Uninsured	9.1%	9.1%

Health Equity

The American Public Health Association (2019) defines health equity as everyone having the opportunity to attain their highest level of health. In order for health equity to be achieved, barriers to health must be removed. These barriers can include Social Influencers of Health such as poverty, lack of access to care, quality education and quality housing.

The American Public Health Association (2019) defines health disparities as differences in health status between people related to social or demographic factors such as race, gender, income or geographic region. Health disparities are a way to measure progress toward achieving health equity (Office of Disease Prevention and Health Promotion, 2019). In the U.S, minority groups typically experience more poverty and worse health outcomes. For example, in Montgomery County:

- Black females experience higher death rates due to breast cancer compared to White females
- Colorectal screening rates for Asians, Blacks and Hispanics are significantly lower than for Whites
- Blacks experience higher colorectal cancer incidence and death rates than Asians, Hispanics and Whites
- Blacks experience higher incidence and death rates for prostate, lung and bronchus cancer

- Hispanic females experience higher cervical cancer incidence rates than Black and White females.
- High blood pressure prevalence is higher for Blacks
- Asian incidence of diabetes is higher than Blacks or Whites

Although infant mortality rates have been steadily declining, Black mothers are disproportionately more likely to experience worse birth outcomes than any other group. For example, even when the income and education level of the mother is considered, Black mothers are still more likely to experience higher infant mortality rates. Infants are also more likely to be born with low weight to Black mothers.

HEALTH INDICATORS

Introduction

Health indicators, such as causes of death (see Table 6) are measures designed to summarize information about a given priority topic in population health or health system performance. These indicators can be used to describe the health of a population, health differences within a population, or to determine if a program's objectives are being met. Healthy People 2020 contains 42 topic areas with more than 1,200 objectives. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators (LHIs), have been selected to communicate high-priority health issues and actions that can be taken to address them. The most common HP2020 LHIs are those related to birth and death, such as life expectancy, premature mortality, or adequacy of prenatal care.

In this section, *Healthy Montgomery's* six top ranked priority areas have been selected, as well as select indicators related to the senior population. Each priority has been coupled with select indicators from Holy Cross Health programs implemented to address the unmet needs identified in our previous CHNAs. This shows a visual representation of Holy Cross Health's effort to impact health improvement for our service area. However, it should be noted that our programs represent only a portion of county resources and many factors influence "moving the needle" in a positive direction.

In addition, Healthy Montgomery has identified a set of core measures for each health priority. The core measures are identified in each section with arrows identifying if the measures have improved or worsened since the last needs assessment.

Table 6: Top five leading causes of death for Montgomery County, 2015-2017. Source: Maryland Vital Statistics Administration, 2017.

Montgomery County	Age-adjusted Death Rate/100,000 (2017)	Age-adjusted Death Rate/100,000 (2014)
Cancer	115.2	121.7
Heart Disease	100.2	110.7
Stroke	23.1	25.2
Accidents	19.7	17.0
Chronic Lower Respiratory Disease	15.1	17.4

Cancer

The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and can invade nearby tissues (National Cancer Institute, 2019). According to the NCI there are over 100 different types of cancer, but breast, colon, lung, pancreatic, prostate, and rectal cancer lead to the greatest number of annual deaths. Risk factors of cancer include, but are not limited to, age, alcohol use, tobacco use, a poor diet, certain hormones, and sun exposure. Although some of these risk factors cannot be avoided, such as age, limiting exposure to avoidable risk factors may lower the risk of developing certain cancers.

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers, however, this disease remains a leading cause of death in the United States, second only to heart disease (Centers for Disease Control and Prevention, 2017). It is the leading cause of death in Montgomery County (see Table 6). The burden of battling cancers within our community varies; with disparities clearly present.

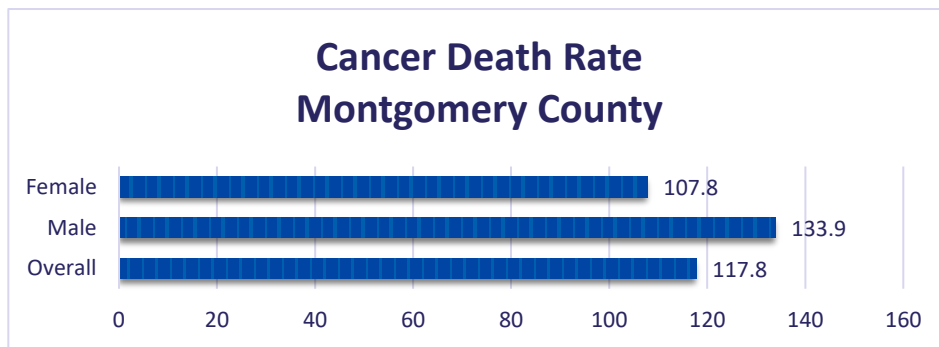
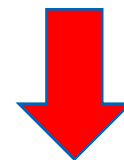


Figure 22: Age-adjusted death rate per 100,000 population due to cancer. (Source: National Cancer Institute (NCI), 2011-2015). The Healthy People 2020 target is to reduce the overall cancer death rate to 161.4 deaths per 100,000 population.

Nationwide, the death rate from all cancers has declined steadily over the past two decades, according to annual statistics reporting from the American Cancer Society. As of 2015, the cancer death rate for men and women combined has fallen 26% from its peak in 1991. This decline translates to nearly 2.4 million deaths averted during this period. The drop in cancer mortality is mostly due to steady reductions in smoking and advances in early detection and treatment.



1. Female breast cancer mortality rate (age-adjusted)
2. Women 50+ years who have had a mammogram in the past two years.



1. Women with pap smear in the past 3 years
2. Adults 50+ years with recommended colorectal screenings (colonoscopy or sigmoidoscopy)

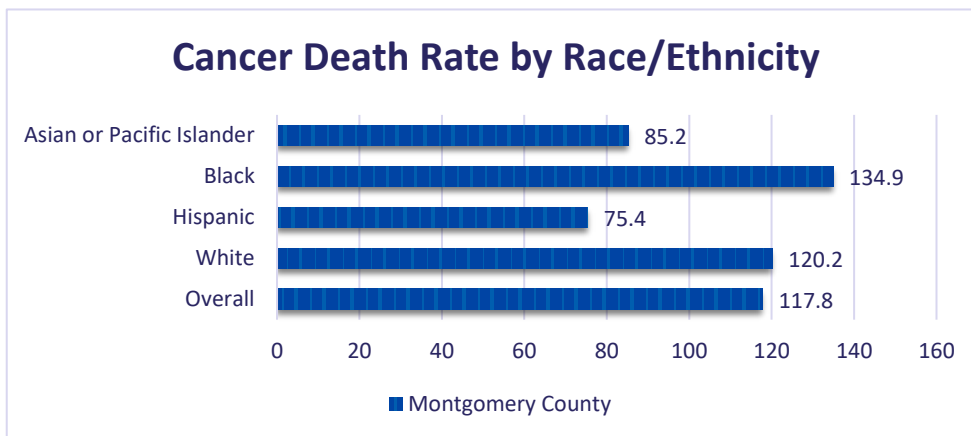


Figure 23: Age-adjusted death rate per 100,000 population due to cancer. Source: NCI, 2011-2015.

Breast Cancer

Breast cancer is the most common type of cancer in the U.S. followed by lung cancer and prostate cancer (American Cancer Society, 2019). According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection. However, racial disparities still persist. In Montgomery County, although the incidence rate is similar, the mortality rate for African American/Black women is nearly 25% higher than rates for White women (see Figure 24 and Figure 25).

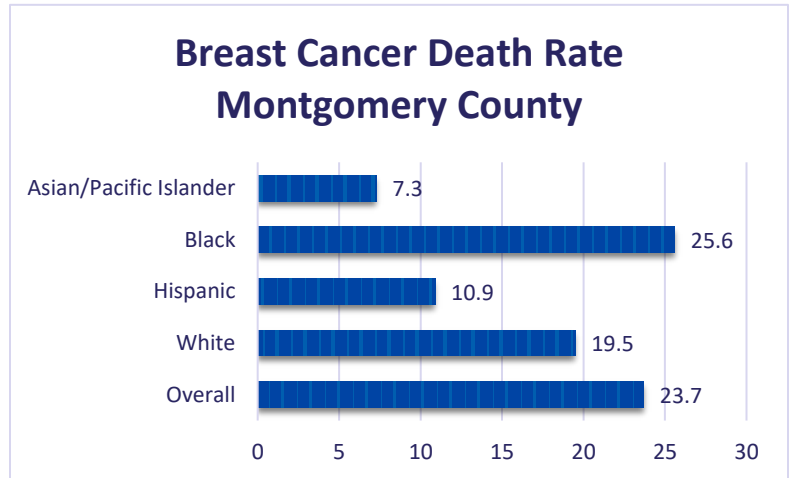


Figure 24: Breast Cancer Death Rates for Montgomery and Prince George's County. Source: NCI, 2011-2015.

In Montgomery County, the percent of women over 50 who have received a mammogram in the past two years declined sharply from nearly 80 percent in 2014 to under 65 percent in 2016 (BRFSS, CDC, 2016).

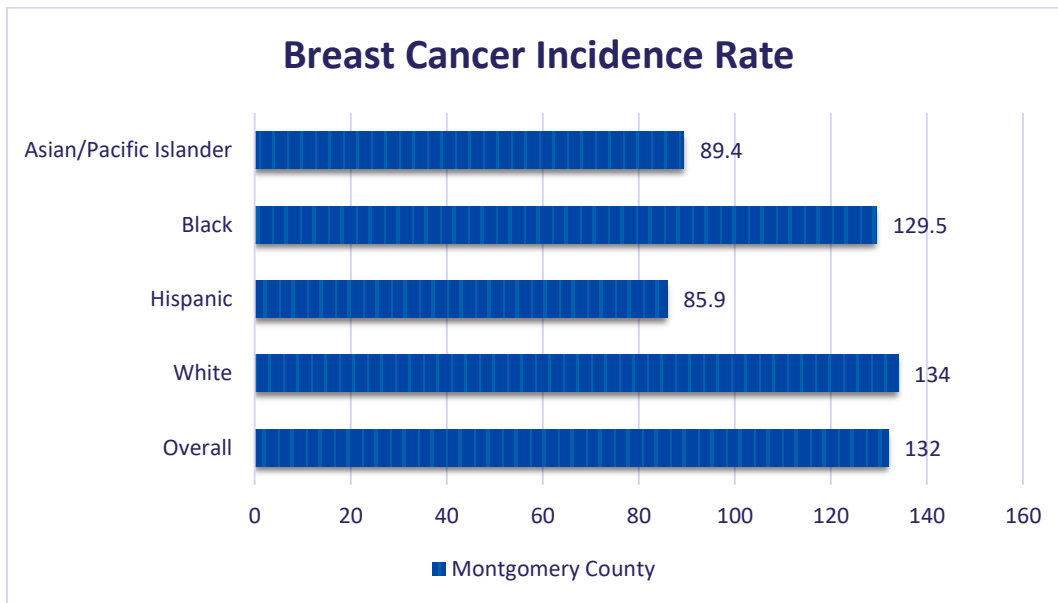


Figure 25: Age-adjusted breast cancer incidence rate cases by race/ethnicity per 100,000 females. Source: National Cancer Institute, 2011-2015.

Colorectal Cancer

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is one of the most commonly diagnosed cancers in the United States and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer as many as 60% of the deaths from colorectal cancer could be prevented. The US Preventive Service Task Force recommends that screening begin at age 50 and continue until age 75. However, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family or if there is a previous diagnosis of inflammatory bowel disease.

In Montgomery County, the screening rate for adults 50+ years for colorectal cancer is high at 74.2% (BRFSS, CDC, 2016). However, racial disparities are present in the incident and death rates (see Figure 26 and Figure 27). African American/Blacks have a higher incidence and death rate when compared to the rates of Whites, Asians, and Hispanics.

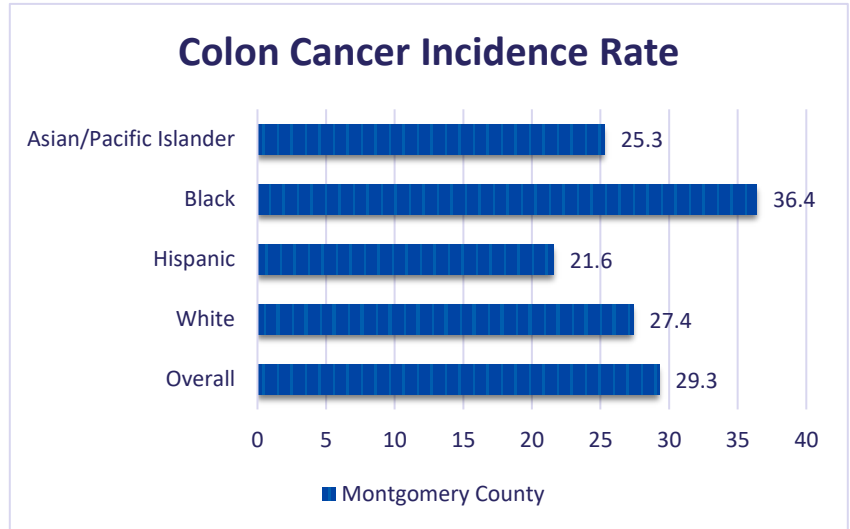


Figure 26: Age-adjusted colon cancer incidence rate cases by race/ethnicity per 100,000 (Source: National Cancer Institute, 2011-2015). The Healthy People 2020 national health target is to reduce the colorectal cancer incidence rate to 39.9 cases per 100,000 population

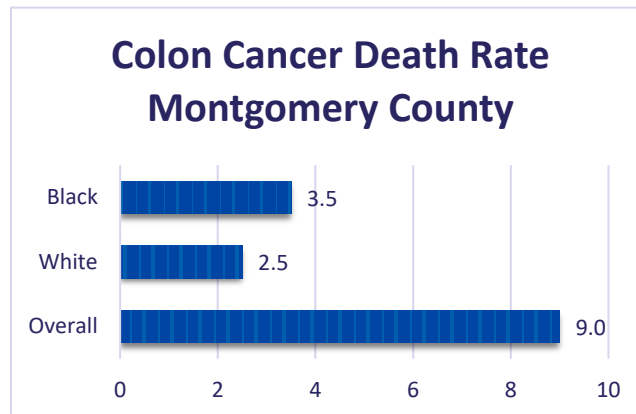


Figure 27: Age-adjusted death rate per 100,000 population due to colorectal cancer (Source: National Cancer Institute, 2011-2015). The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population.

Cervical Cancer

Cervical cancer, when detected early, is one of the most successfully treatable cancers. Cervical cancer is detected by Pap test screenings and is most often caused by the human papillomavirus (HPV), a type of infection transmitted through sexual contact. The American College of Obstetricians and Gynecologists recommends that all women aged 21-29 have a Pap test every 3 years while women aged 30-65 should have a Pap test and an HPV test every 5 years or a Pap test alone every 3 years. The Healthy People 2020 national health target is to increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines to 93.0 percent (Montgomery exceeds the target at 94.4%). Hispanic women experience the highest incidence rate of cervical cancer (see Figure 28).

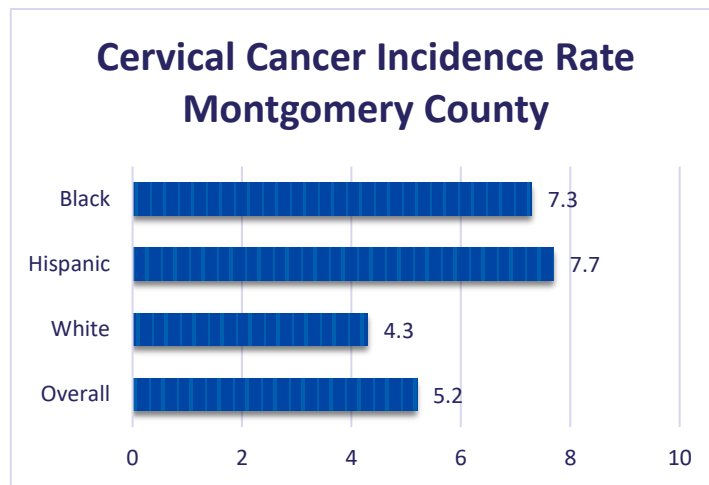


Figure 28: Age-adjusted cervical cancer incidence rate cases by race/ethnicity per 100,000 females (Source: National Cancer Institute, 2011-2015). The Healthy People 2020 national health target is to reduce the uterine cervical cancer incidence rate to 7.1 cases per 100,000 population.

Prostate Cancer

Prostate cancer is a leading cause of cancer death among men in the United States. According to the American Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer and about 1 in 36 will die from prostate cancer. The two greatest risk factors for prostate cancer are age and race; with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S. The incidence rate for African American/Black is nearly 50% higher than White men. The death rate of African Americans/Blacks in both counties is also more than 50% higher than their White counterparts (see Figure 29).

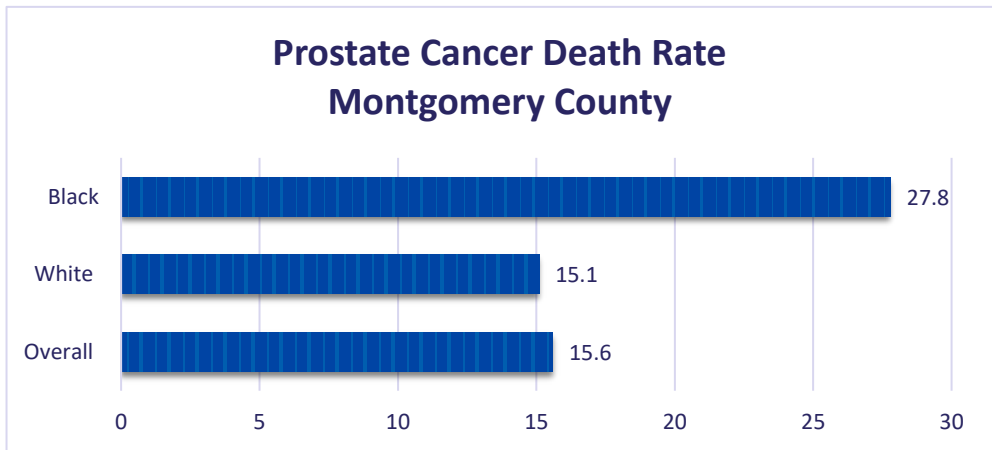
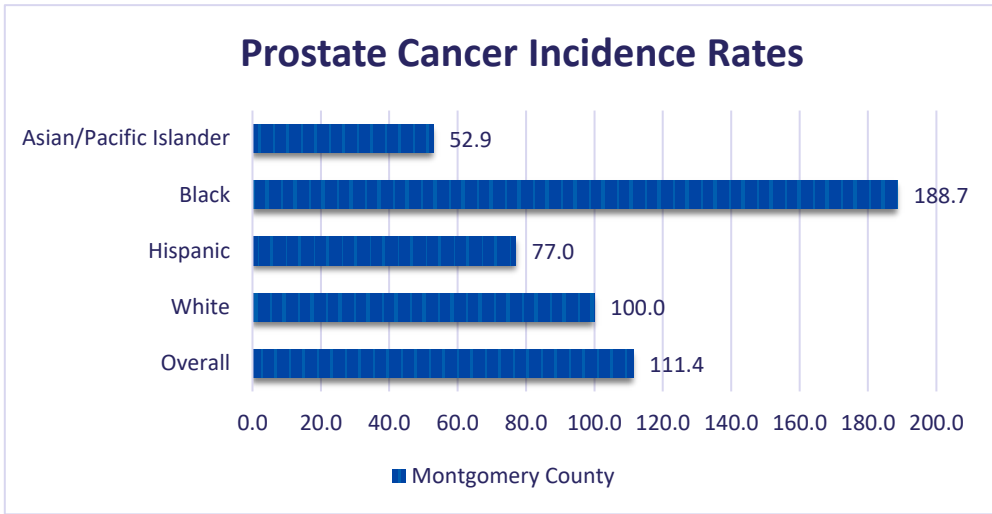


Figure 29: Age-adjusted prostate cancer incidence rates by race/ethnicity per 100,000 males and age-adjusted death rates. Source: National Cancer Institute, 2011-2015.

Lung Cancer

According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African American/Blacks have the highest risk of developing lung cancer. As shown in Table 2, the smoking rate in Montgomery County is lower than the state and the country. In Montgomery County, the lung cancer incidence rates and death rates are nearly equivalent for African American/Blacks and Whites (see Figure 31 and Figure 30).

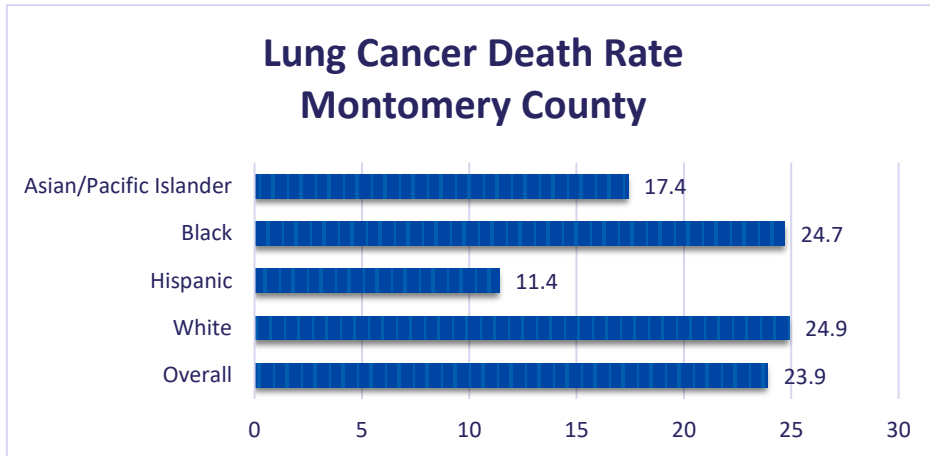


Figure 30: Age-adjusted death rate per 100,000 population due to lung cancer (Source: National Cancer Institute, 2011-2015). The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 cases per 100,000 population.

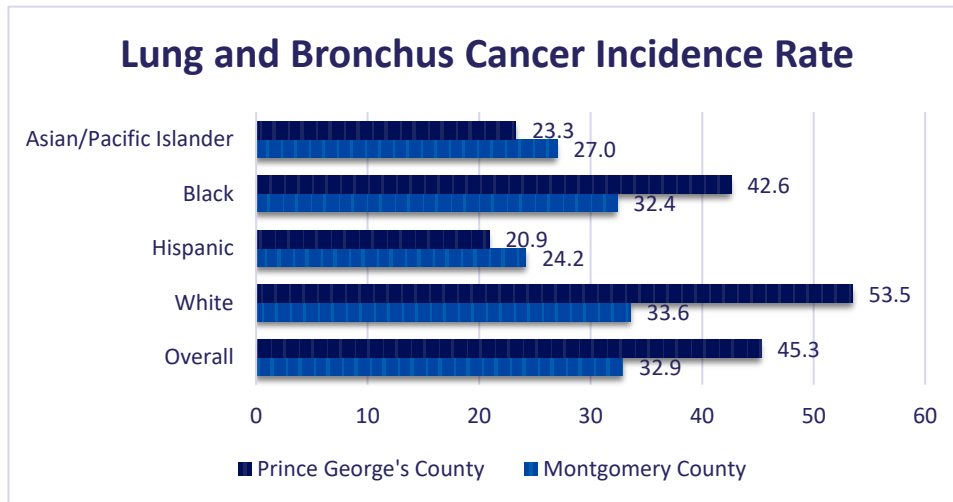


Figure 31: Age-adjusted lung and bronchus cancer incidence rate cases by race/ethnicity per 100,000 population Source: National Cancer Institute, 2011-2015.

Cardiovascular Health

Cardiovascular disease is responsible for two of the five leading causes of death in Montgomery County; heart disease is the second leading cause of death in Montgomery County and stroke is the third. Together, heart disease, stroke and other cardiovascular diseases are among the most widespread and costly health problems facing the nation today, accounting for approximately \$320 billion in health care expenditures and related expenses annually. Fortunately, they are also among the most preventable. The leading controllable risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical inactivity, overweight and obesity. However, controlling risk factors for heart disease and stroke is challenging.

In 2017, heart disease was the second highest age-adjusted death rate for all Montgomery County residents (Department of Health and Mental Hygiene, Vital Statistics Administration, 2017). African American/Blacks and Whites had the highest mortality rates (see Figure 32).

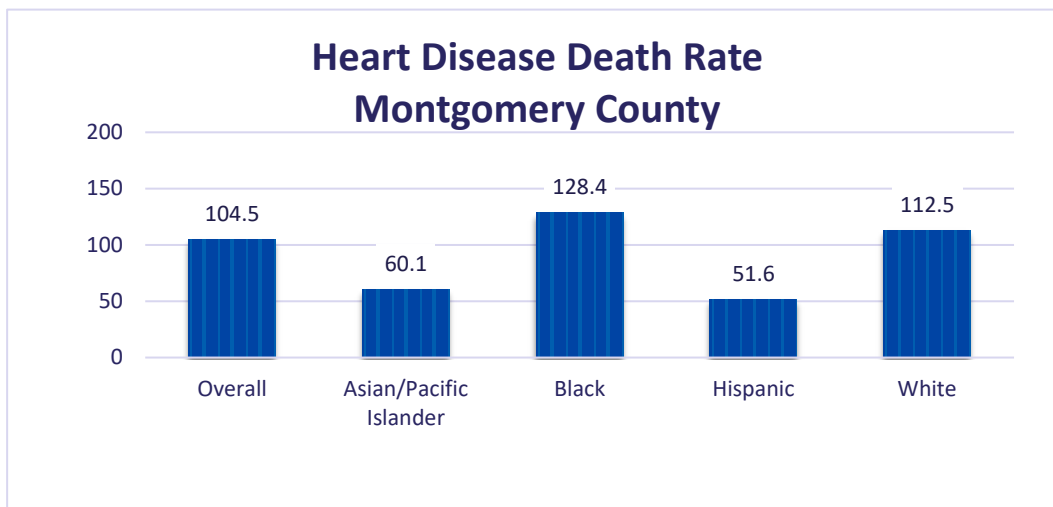


Figure 32: Age-adjusted death rate due to heart disease per 100,000 population (Source: CDC Interactive Atlas of Heart Disease and Stroke, 2014-2016) The Healthy People 2020 national health target is to reduce the heart disease death rate to 103.4 cases per 100,000 population.

Cerebrovascular Disease/Stroke

Each year in the United States, over 795,000 people suffer a stroke, of which 610,000 are first-time events (Centers for Disease Control and Prevention, 2017). Stroke leads to over 140,000 deaths each year, making it the third leading cause of death in the nation and in Montgomery County. Stroke occurs when the brain is deprived of oxygen this usually occurs when blood vessels carrying oxygen to the brain become blocked or burst. High blood pressure is the number one controllable risk factor for stroke and can be prevented through regular care and lifestyle changes.

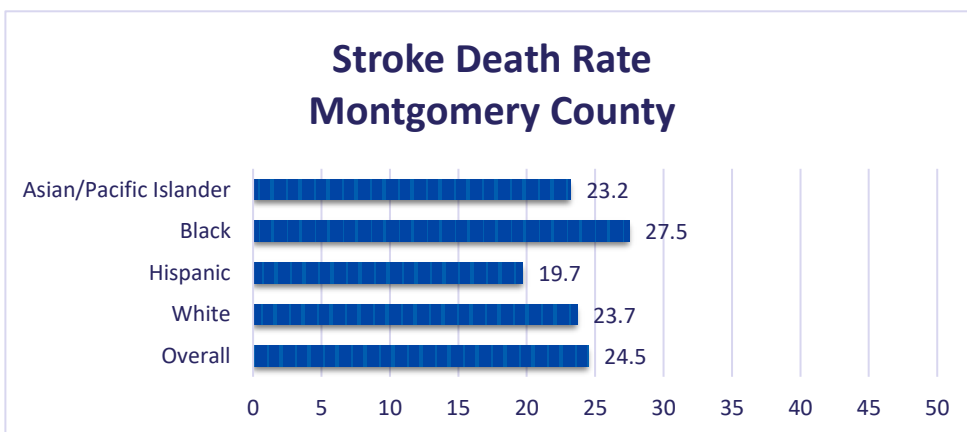


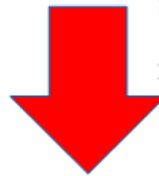
Figure 33: Age-adjusted death rate due to stroke per 100,000 population (Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files 2013-2015). The Healthy People 2020 national health target is to reduce deaths caused by cerebrovascular disease to no more than 34.8 per 100,000 population.

High Blood Pressure and Cholesterol

High blood pressure (140/90 mm Hg or higher) is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because high blood pressure is asymptomatic and goes undetected, it is often called the "silent killer." High blood pressure can occur in people of any age or sex, however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women taking birth control pills. Blood pressure can be controlled through lifestyle changes, including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active. According to the Centers for Disease Control and Prevention, about one in six adults have high blood cholesterol. High blood cholesterol is one of the major risk factors for heart disease, asymptomatic and can go undetected. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack.



1. No improved core measures



1. Emergency room visit rate due to hypertension (age-adjusted)
2. Adults who have been told they have high blood pressure

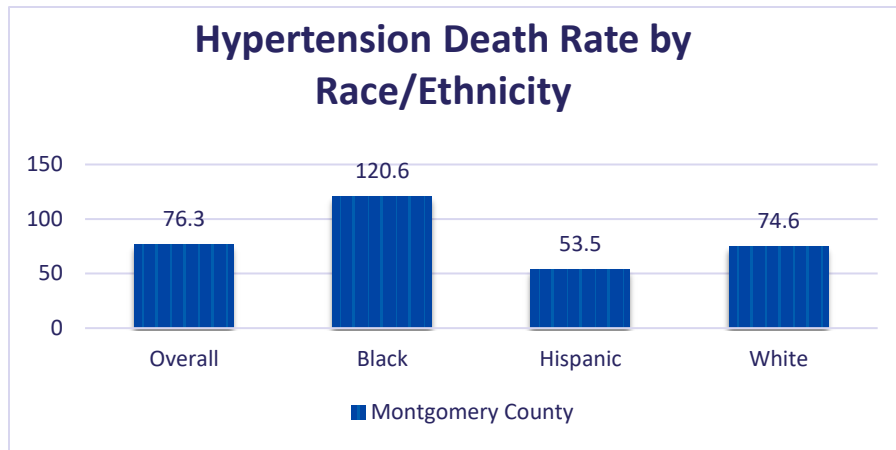


Figure 36: Hypertension death rate per 100,000 population. Source: CDC Interactive Atlas of Heart Disease and Stroke, 2014-2016.

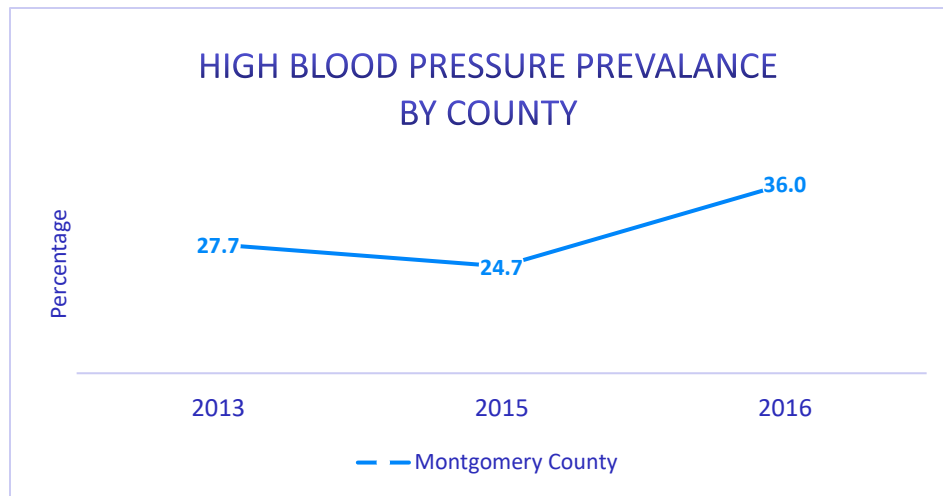


Figure 36: High blood pressure prevalence (Source: MD BRFSS, 2016). The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.

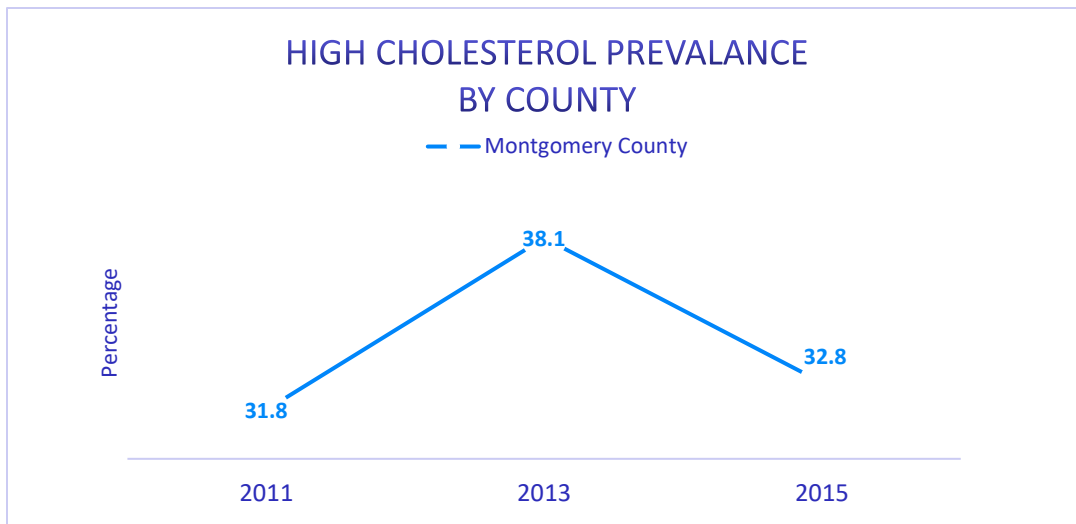


Figure 36: High cholesterol prevalence (Source: MD BRFSS, 2015). The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels to 13.5%.

Diabetes

According to the National Diabetes Statistics Report, more than 30.3 million Americans (9.4% of the population) have diabetes and approximately 25% of adults living with diabetes (7.2 million) are undiagnosed (Centers for Disease Control and Prevention, 2017). Over the years the rate of newly diagnosed diabetes remains steady, however, the incidence rates in 2017 were nearly five times the 1980 rate of 5.8 million (Centers for Disease Control and Prevention, 1990). Factors proposed to account for the increase of people in the United States living with diabetes include changing diagnostic criteria, improved or enhanced detection, increased awareness, growth in minority populations, obesity and lifestyle factors, and decreased mortality. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. According to the CDC, the direct and indirect medical costs for diabetes was over \$245 billion in 2012. The average medical cost for an individual diagnosed with diabetes is about \$13,700 per year of which about \$7,900 can be attributed to diabetes (Centers for Disease Control and Prevention, 2017). Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages, with risk factors such as obesity, physical inactivity, age, race, and ethnicity. Diabetes is the sixth leading cause of death in Montgomery County.

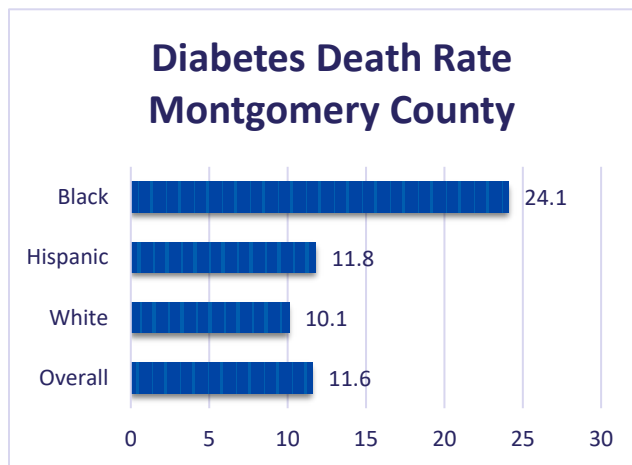
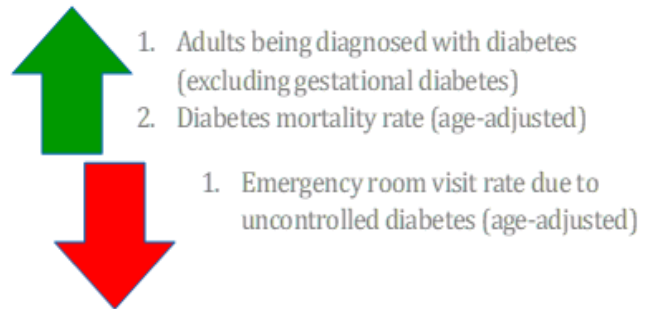


Figure 37: Age-adjusted death Rate due to diabetes per 100,000 population. (Source: Center for Disease Control, 2015-2017). The Healthy People 2020 national health target is to reduce the diabetes death rate to 66.6.

Prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough to be diagnosed as type 2 diabetes. Approximately 84 million American adults—more than 1 out of 3—have prediabetes. Of those with prediabetes, 90% do not know they have it. Prediabetes puts individuals at increased risk of developing

type 2 diabetes, heart disease, and stroke. Healthy lifestyle choices can help prevent prediabetes and its progression to type 2 diabetes. In Montgomery County 8.9% of residents have been told they have prediabetes (BRFSS, CDC, 2016).

Seven percent of Montgomery County adult residents have diabetes, which is below both state and national levels (BRFSS, CDC, 2016). Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled. In Montgomery County, African American/Blacks are nearly five times more likely to visit the emergency department when compared to their White counterparts.

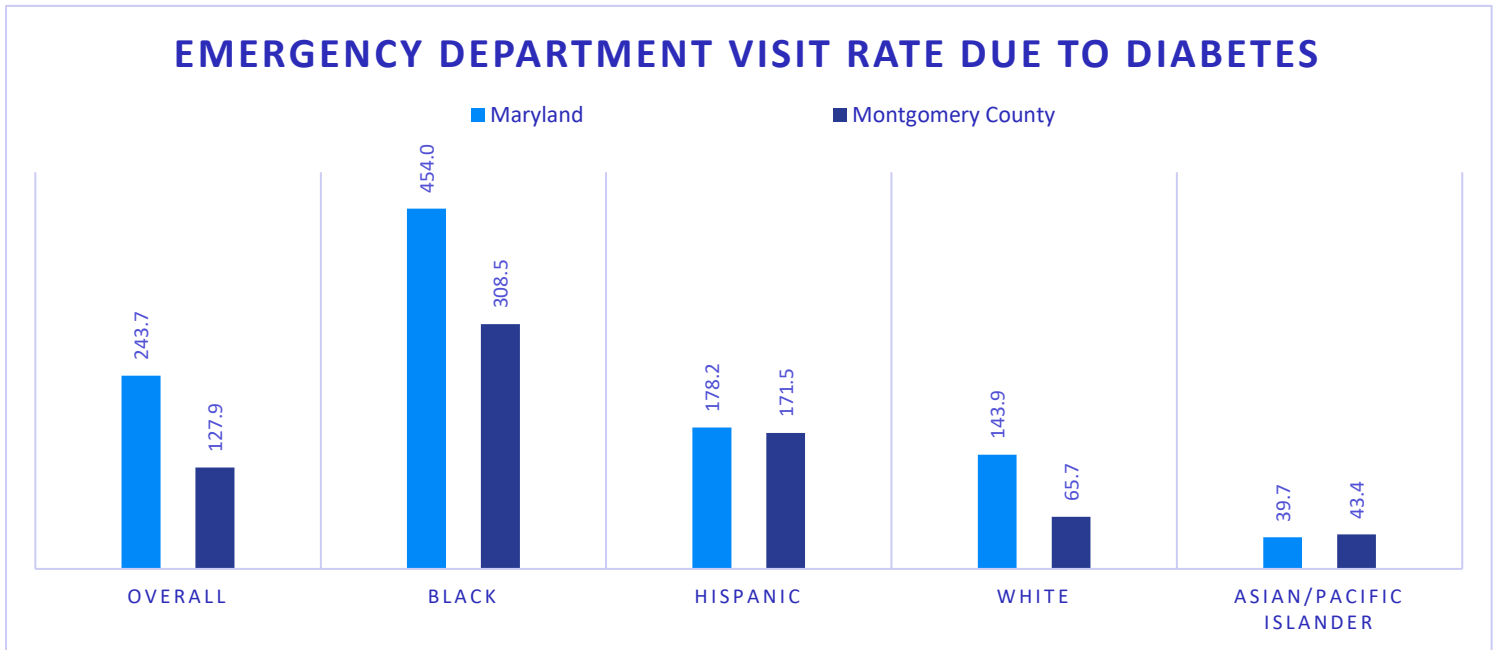


Figure 38: Emergency room visit rate due to diabetes (per 100,000 population). Source: Maryland HSCRC, 2017.

The prevalence of diabetes in the senior population is nearly 25% for those aged 65 or higher (American Diabetes Association, 2018). Since its inception, Medicare has expanded medical coverage of monitoring devices, screening tests and visits, educational efforts, and preventive medical services for its diabetic enrollees. According to the Centers for Medicare and Medicaid (CMS), approximately 25% of Medicare recipients in Montgomery County were treated for diabetes in 2015 (see Figure 39). In 2017, the Medicare per capita spending for diabetes was \$15,467 in Montgomery County.

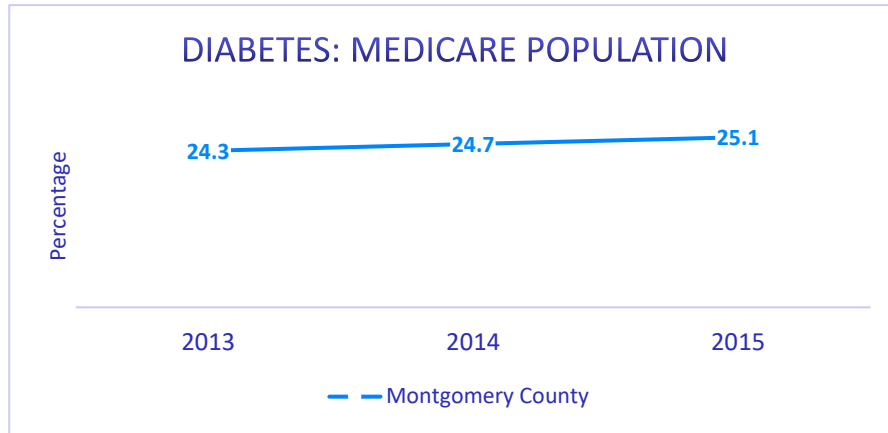
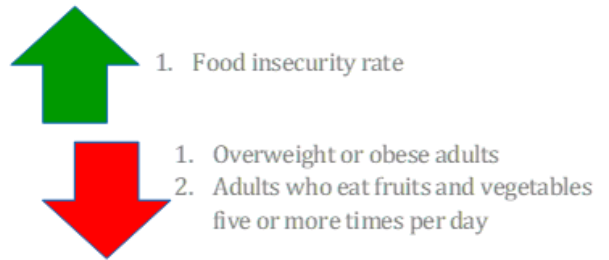


Figure 39: Percentage of Medicare beneficiaries who were treated for diabetes (Source: Centers for Medicare and Medicaid, 2015).

Obesity

During the past twenty years, obesity rates have increased in the United States, doubling for adults and tripling for children. Almost 60% of Montgomery County residents are overweight (Body Mass Index (BMI) of 25.0 to 29.9) or obese (BMI 30.0 or greater) (BRFSS, CDC, 2016). Obesity affects all populations, regardless of age, sex, race, ethnicity and socioeconomic status, however, disparities do exist.



The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight

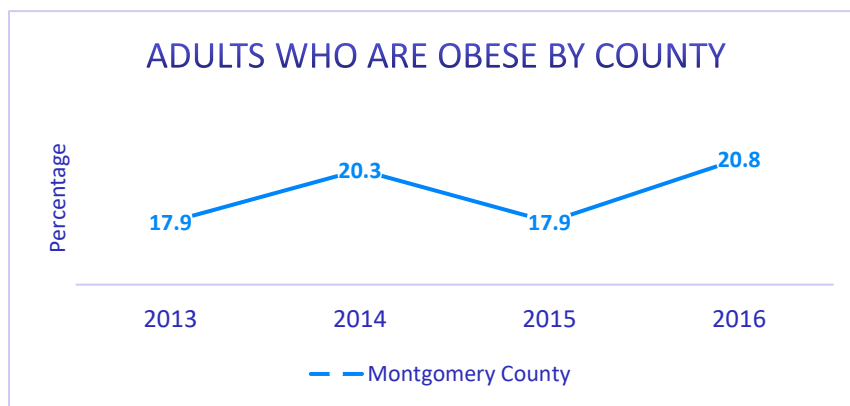


Figure 40: Percentage of adults who are obese (Source: MD BRFSS, 2016). The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 and older who are obese to 30.5%.

help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

Behavioral Health

Social and emotional support refers to the subjective sensation of feeling loved and cared for by those around us. Research has shown that individuals with social and emotional support experience better health outcomes compared to individuals who lack such support. In addition, it has been shown that social and emotional support have beneficial effects on recovery time post cardiac surgery, coping with cancer pain, and overall longevity. About one in every six adults in Montgomery County report they are not getting the adequate social and emotional support they need (BRFSS, CDC, 2016).

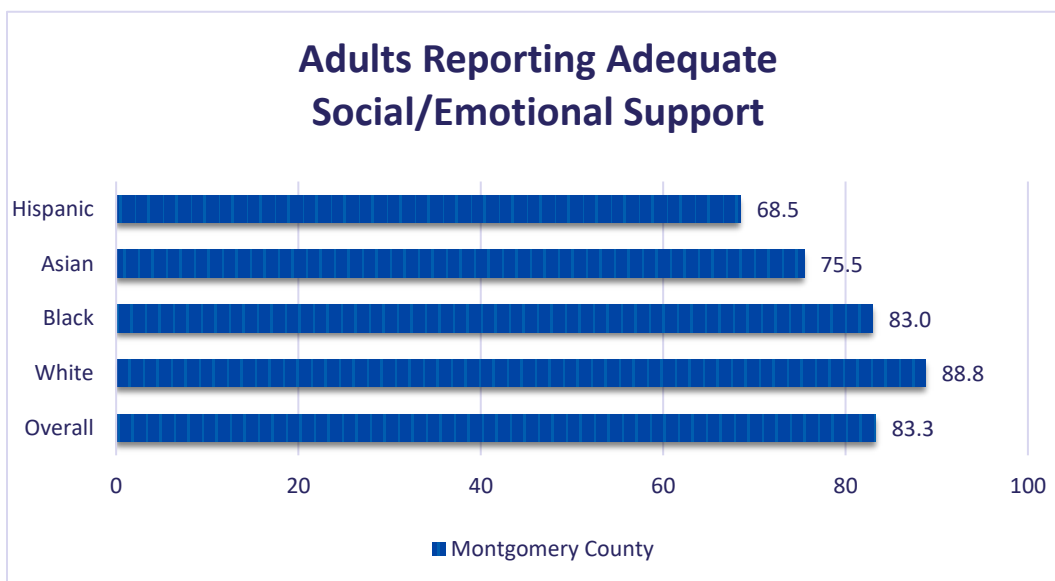


Figure 41: Percentage of adults who report they usually or always get the social and emotional support they need. Source: CDC, BRFSS, 2016.

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Mental disorders are common across the United States, but only a fraction of those affected receive treatment. Although occasional down days are normal, persistent mental and emotional health problems should be evaluated and treated by a qualified professional. In Montgomery County, approximately 80% of the population has self-reported experiencing two or fewer days of poor mental health in the past month (BRFSS, CDC, 2016).

Mental illnesses, like depression, anxiety, post-traumatic stress and panic disorders, are common in the United States. In 2014, there were an estimated 43.6 million adults aged 18 years or older in the United States with a mental, behavioral, or emotional disorder during the past year, representing 18.1 percent of all U.S. adults (Center for Behavioral Health Statistics and Quality, 2015). Although mental disorders are common, few receive treatment, and

of those that do receive treatment, a significant proportion utilize emergency departments. Approximately one in eight visits to emergency departments (EDs) in the United States involves mental and substance use disorders (M/SUDs). ED visits involving M/SUDs are considered potentially avoidable—if these conditions were adequately managed through appropriate outpatient care, then ED visits should be rare. These potentially preventable M/SUD-related ED visits also affect hospitals, because M/SUD related ED visits are more than twice as likely to result in hospital admission compared with ED visits that do not involve M/SUDs.

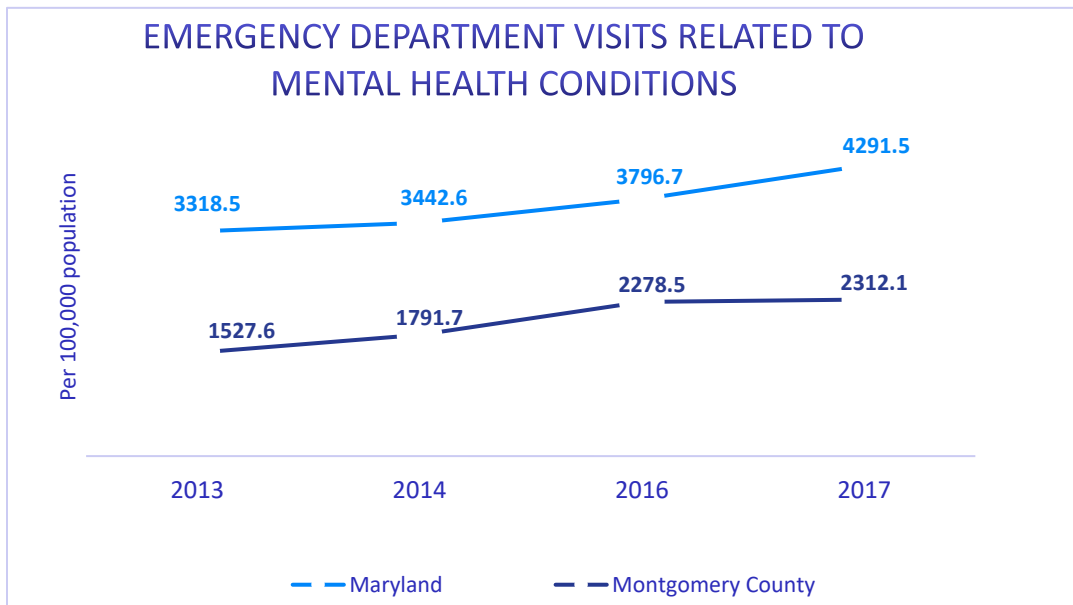


Figure 42: Number of emergency department visits related to mental health conditions per 100,000 population. Source: Maryland DHMH State Health Improvement Process, 2017.

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over \$30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older and the military population. In Montgomery County, men are four times as likely to die from suicide than women.

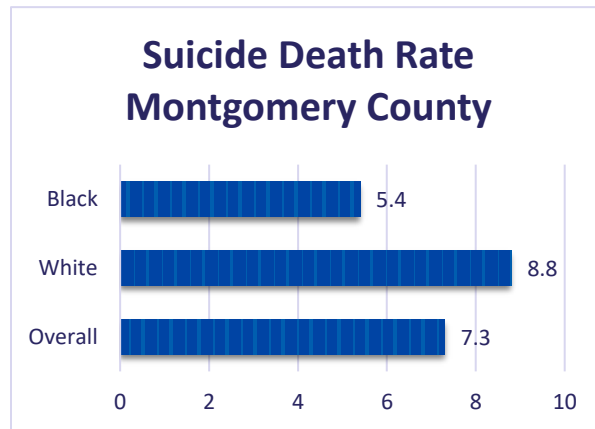




Figure 43: Age-adjusted death rate due to suicide per 100,000 population (Source: CDC, 2013-2017). The Healthy People 2020 national health target is to reduce the suicide rate to no more than 10.2 per 100,000 population.

- 
 1. Adults who report they usually or always get the social and emotional support they need
 2. Mental health provider rate
 3. Adults who report they have been diagnosed with a depressive disorder
- 
 1. Emergency room visit rate due to mental health (age-adjusted)
 2. Drug use mortality rate (age-adjusted)
 3. Medicare beneficiaries who were treated for depression

According to the Centers for Disease Control and Prevention, depression is a medical illness characterized by persistent sadness and sometimes irritability. Depressive disorders go beyond feeling blue or sad for a few days and can interfere with family life, work habits and daily functioning and many individuals suffering from depressive disorders never seek treatment. Examples of depressive disorders include depression, major depression, dysthymia, and minor depression. There is no singular cause for depressive disorders, and is often associated with higher risk for

mortality from suicide and heart disease, lower workplace productivity and other illnesses such as anxiety disorders, substance abuse, and cancer. Not only can it interfere with an individual's daily functioning, but it can also have negative impacts on the communities they live in. The National Institute of Mental Health lists major depressive disorder is the leading cause of disability for individuals ages 15-44 in the United States and affects nearly 14.8 million American adults, or about 6.7 percent of the adult population. Although many effective treatment options are available, many individuals who suffer from depression do not have access to treatment or do not seek treatment. Fourteen percent of Montgomery County residents self-reported being diagnosed with a depressive disorder with Hispanics self-reporting the highest rates of diagnoses in Montgomery County.

Substance Abuse

Substance abuse and its related problems are among society's most pervasive health and social concerns. Causes of drug-induced deaths include dependent and non-dependent use of drugs (both legal and illegal use) and also poisoning from medically prescribed drugs. Addicted persons frequently engage in self-destructive and criminal

behavior, which can result in injury or death. In addition, recreational drug-use can lead to unintentional overdose and death.

According to the Maryland Department of Health, the number of substance-related deaths occurring in Maryland has increased 9 percent between 2016 and 2017, which marks the seventh straight year of increases. It is a problem that is not specific to any particular jurisdictions or counties, with every county in Maryland experiencing at least four resident deaths from opioid-related causes in 2017. Illegal and prescription opioids continue to be the largest contributing factor, which includes heroin as well as prescription medications used as pain relievers such as morphine, codeine, methadone, oxycodone, hydrocodone, and fentanyl (Healthy Montgomery, 2016).

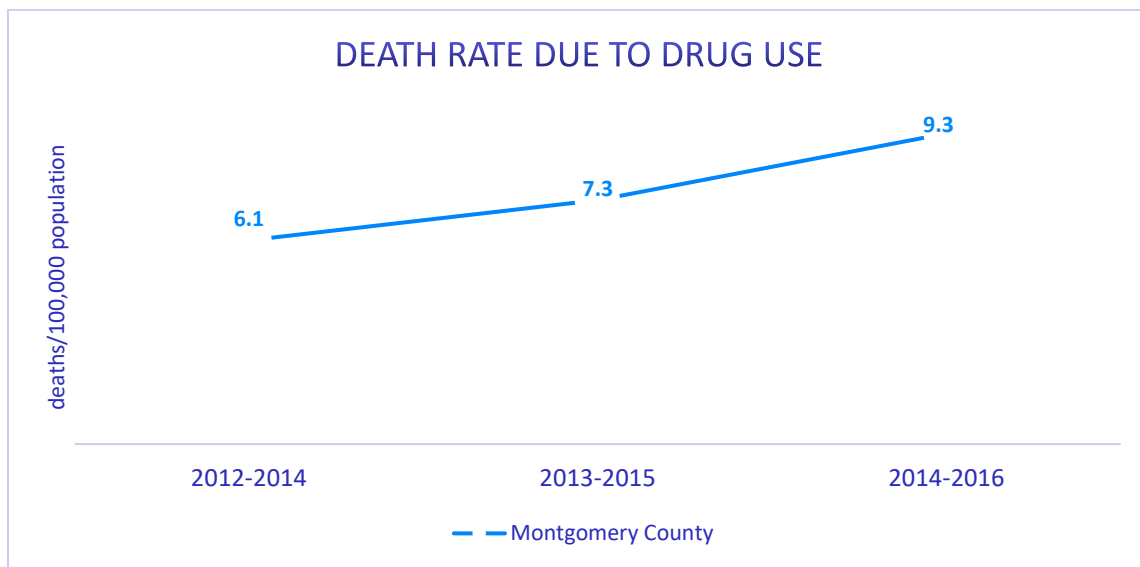


Figure 44: Age-adjusted death rate due to drug use per 100,000 population (Source: MD DHMH, 2014-2016). The Healthy People 2020 national health target is to reduce the drug-induced death rate to 11.3 deaths per 100,000 population.

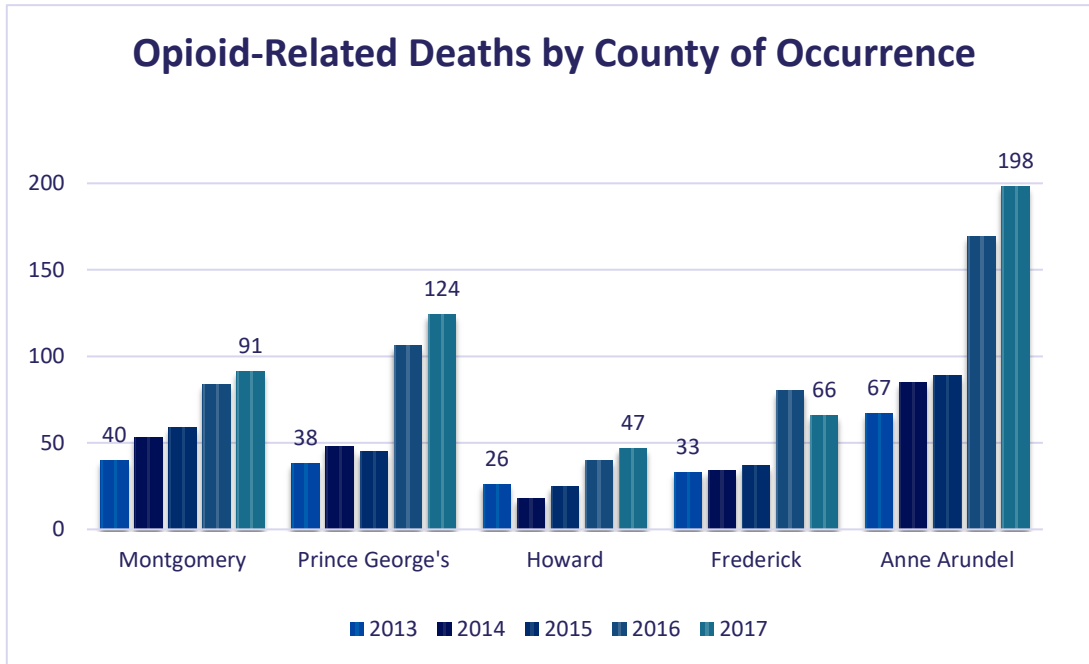


Figure 45: Total number of opioid-related deaths by place of occurrence for Maryland counties surrounding Holy Cross Hospital. Source: MD Vital Statistics, Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report, 2017.

Opioid overdose deaths have skyrocketed since the late 1990's. The opioid epidemic has become the worst drug epidemic in modern American history. There were over 42,000 opioid overdose deaths in 2016—accounting for more deaths than from automobile accidents or firearm-related homicides—with over a third of overdose deaths from heroin, which is surging in popularity. Provisional estimates from the CDC indicate the crisis continued to worsen throughout 2017, with over 70,000 opioid overdose-related deaths. One of the main culprits behind the growing opioid epidemic are synthetic opioids like fentanyl (an opioid that is up to 50 times stronger than heroin). These drugs accounted for over 45 percent of opioid overdose deaths in 2016, according to the Centers for Disease Control and Prevention and veterans are twice as likely as non-veterans to die from accidental overdoses.

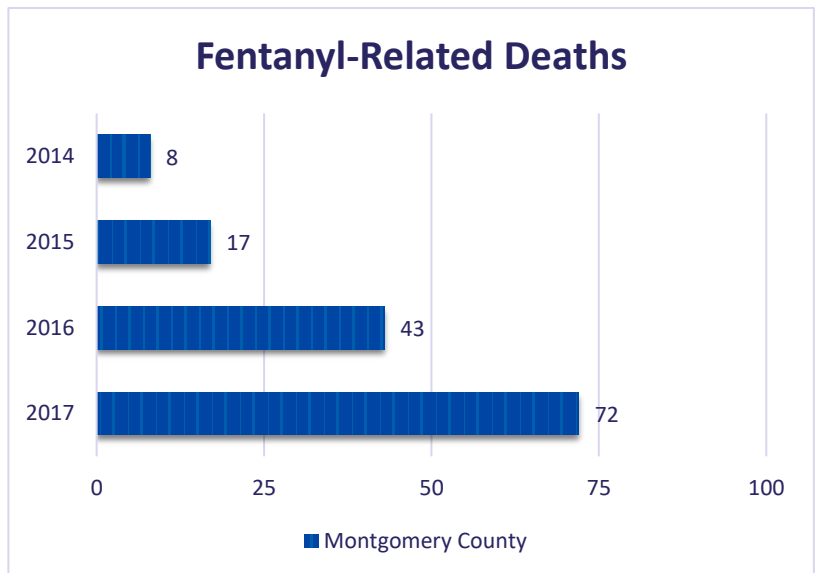


Figure 46: Total number of fentanyl-related deaths by place of occurrence. Source: MD Vital Statistics, Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report, 2017.

While fentanyl and other synthetic opioids are used in prescription drugs, these substances are increasingly being illegally manufactured and distributed alongside—or mixed with—illegal drugs like heroin.

Heroin and other opioid misuse is an emerging public health issue in Montgomery County as well as across the nation. Overdose from prescription opioid pain relievers is a driving factor in the alarming increase in drug overdose morbidity and mortality (see Figure 45) However, a notable recent trend in Montgomery County is the increase in heroin overdose as more individuals switch to heroin use, because of its relatively low cost, after becoming addicted to prescription opioids (Maryland Department of Health and Mental Hygiene, 2016).

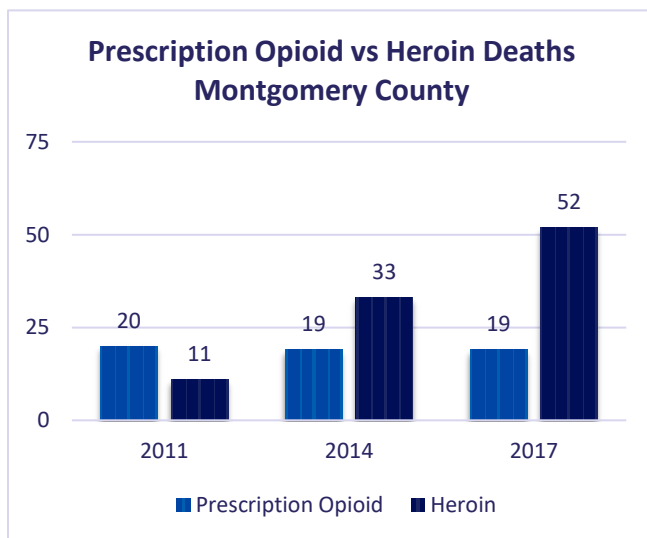


Figure 47: Total number of prescription opioid-related deaths versus heroin-related deaths by place of occurrence. Source: MD Vital Statistics, Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report, 2017.

Maternal/Infant Populations

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

Babies born with low birth weight (newborn weighed less than 2,500 grams or 5 pounds, 8 ounces) are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother's health and genetics. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs. Montgomery County's low-birth-weight (LBW) percentage

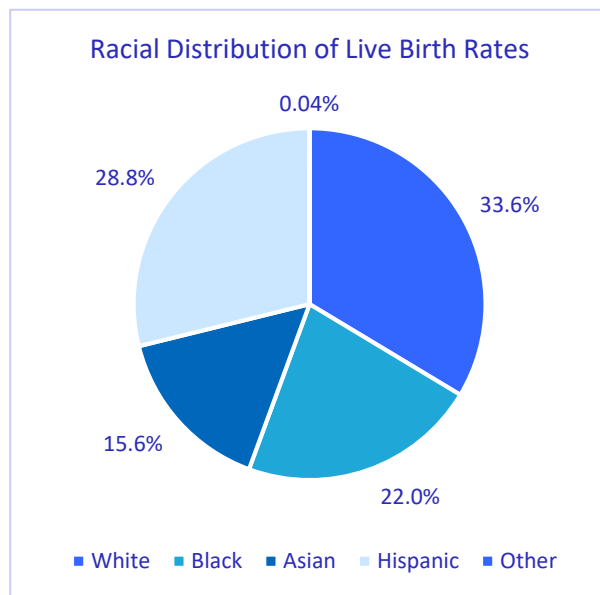


Figure 48: Maryland infant births by race/ethnicity, 2017. Source: MD Vital Statistics 2017.

has remained consistently below the Healthy People 2020 target of 7.8%. However, the rate for African American/Black and Asian/Pacific Islander births is above the target.

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. Montgomery County has an infant death rate of 4.9 deaths per 1,000 live births, which is below the Healthy People 2020 target of 6.0 per 1,000 live births. Racial disparities exist, with African American/Black infant mortality rates being significantly higher than women of other races (Healthy Communities Institute, 2019).

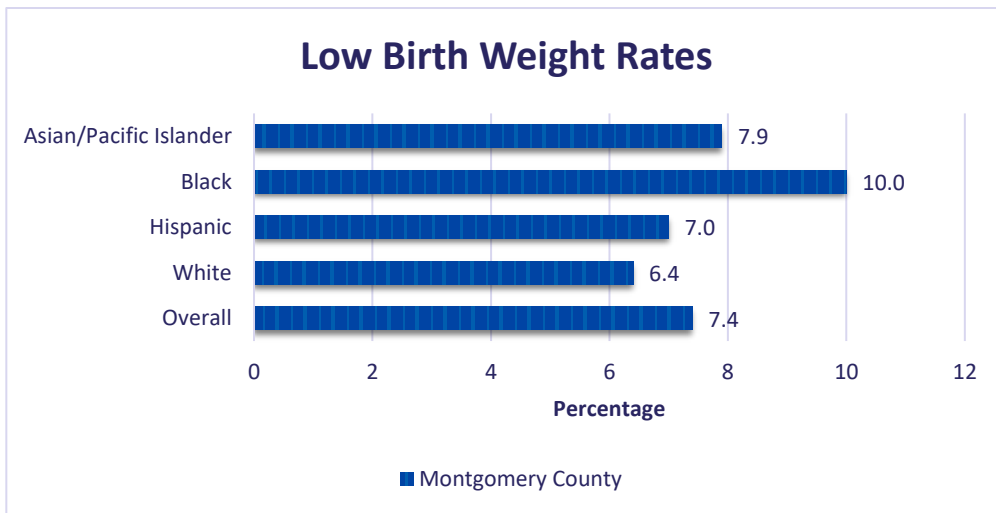


Figure 49: Percentage of babies with low birth weight (Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA and MD DHMH, 2017). The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%.

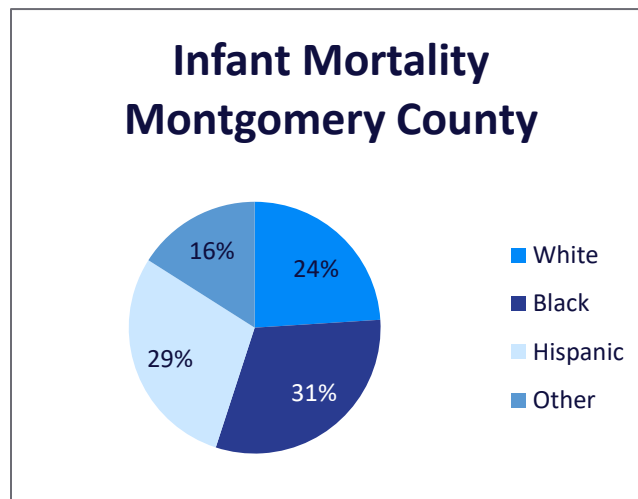


Figure 50: Infant Deaths percentage by race/ethnicity, 2017. Source: MD Vital Statistics Administration.

Over the past three decades, the world has seen a steady decline in the number of women dying from childbirth; with the United States being a notable outlier. In fact, the United States is one of only 13 countries in the world where the rate of maternal mortality is now worse than it was 25 years ago. In Maryland, the mortality rate had consistently been higher than the national average, however, for the period from 2012 to 2016, the state rate was slightly lower than the national rate for the first time. This rate still remains above the Healthy People 2020 target of 11.4 maternal deaths per 100,000 live births. High blood pressure and cardiovascular disease are two of the leading causes of maternal death, according to the Centers for Disease Control and Prevention, and hypertensive disorders in pregnancy, including pre-eclampsia, have been on the rise over the past two decades, increasing 72 percent from 1993 to 2014.

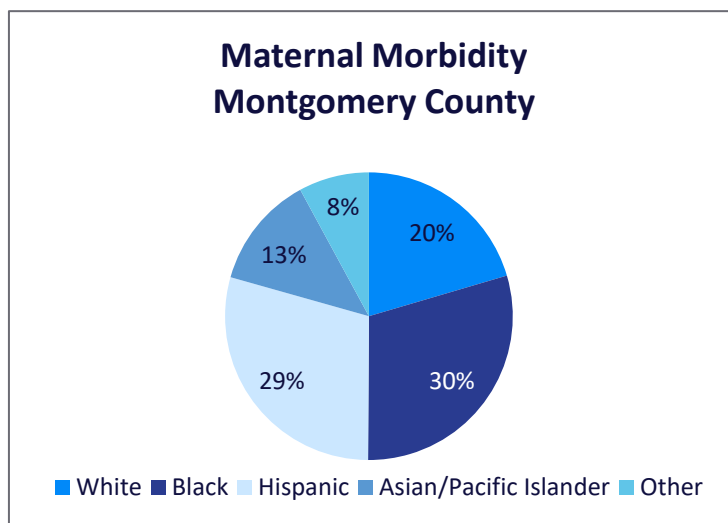
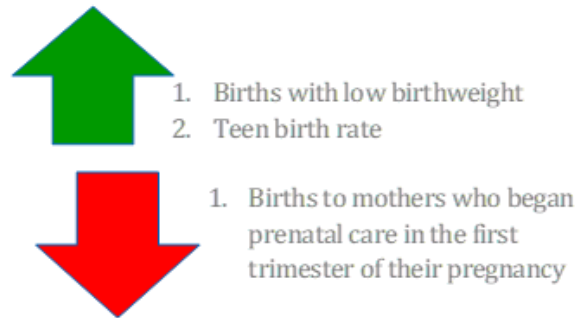


Figure 51: Percent maternal morbidity cases by race/ethnicity, 2014-2016. Source: Maternal and Infant Health in Montgomery County, MD report, 2008-2017. Maryland Maternal Mortality Review, 2016-2018.

Experts in maternal health blame the high U.S. rate on poverty, untreated chronic conditions and a lack of access to health care, especially in rural areas where hospitals and maternity units have closed. Nationally, racial disparities in pregnancy-related mortality exist. During 2011-2014, there were 40.0 deaths per 100,000 live births for African American/Black women compared to 12.4 deaths per 100,000 live births for white women (Maternal and Infant Health, CDC, 2019). Specifically, African American/Black women in the US are three to four times more likely to die from a pregnancy-related death than White women. In Maryland, African American/Black mothers die due to pregnancy 2.7 times more than white mothers in the state. While black women are at higher risk for the conditions that negatively impact maternal mortality, such as higher rates of obesity and diabetes, these factors do not account for such a wide disparity in maternal health. It is theorized that African American women enter into pregnancies with high levels of cumulative stress that may cause their bodies to age faster than the bodies of their counterparts

(Geronimus, et al., 2010). In addition, African American women may also encounter racism and sexism when receiving healthcare that can contribute even more to stress.

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Healthy People 2020 has a target of 77.6% of pregnant women receiving early and adequate prenatal care; 70.9% of Montgomery County women received care in the first trimester (Maryland Department of Health and Mental Hygiene, 2017).



Senior Populations

Montgomery County has the highest population of seniors aged 65+ in the state of Maryland. Between 2010 and 2040, the Montgomery County senior population is projected to grow from 119,769 to 243,950—increasing from 12% of the Montgomery County population in 2010 to 20% of the population in 2040. (Maryland State Data Center, 2015).

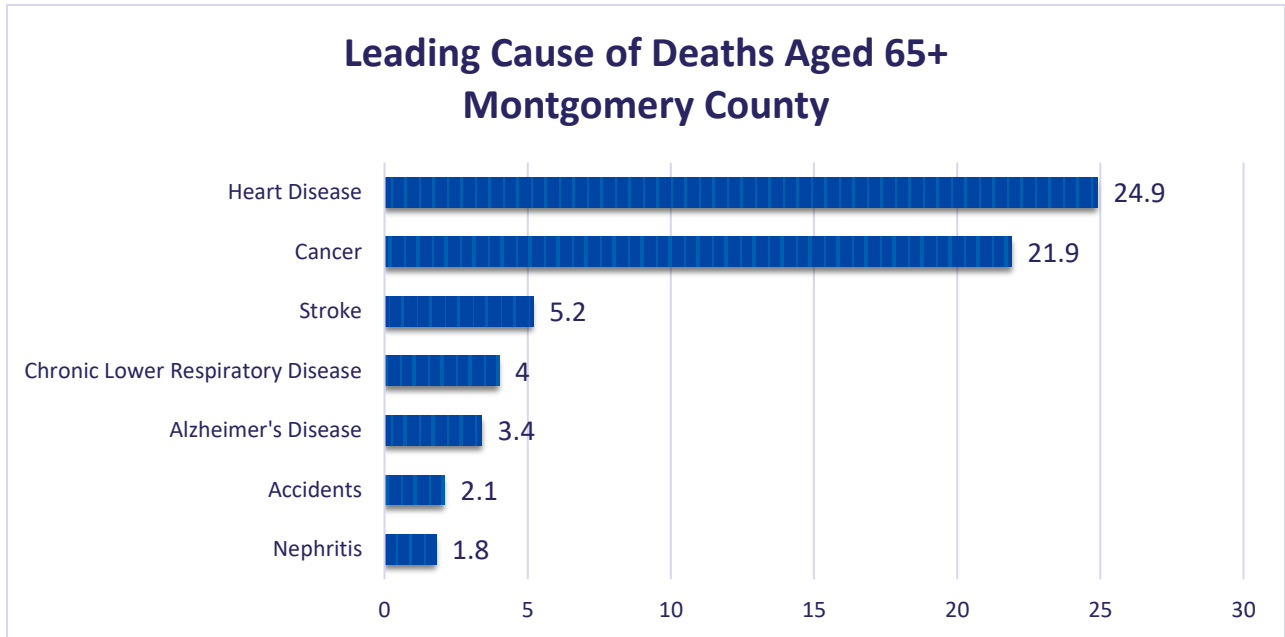


Figure 52: Leading causes of death in Montgomery County population, aged 65 and over. Source: Health In Montgomery County Report, 2008-2016.

The average life expectancy for Montgomery County is 84.8 years; the Maryland State Health Improvement Target is 79.8. The aging population affects every aspect of society, with the largest effects occurring in public health, social services, and health care systems (Centers for Disease Control and Prevention, 2013).

Approximately 80% of older adults have at least one chronic disease, and 77% have at least two, experiencing disproportionate rates of heart disease, cancer, diabetes, congestive heart failure, arthritis and dementia (including Alzheimer's) (Centers for Disease Control and Prevention, 2013). Chronic conditions can lower quality of life for older adults and contribute to the leading causes of death among this population.

In the 65 and over population of Montgomery County, deaths from influenza and pneumonia and deaths from accidents are listed in the top 10 causes of death and are highly preventable. Pneumococcal pneumonia is the leading cause of vaccine-preventable death and illness in the United States--it kills about one out of every 20 people who develop the disease. Influenza can be dangerous for people with heart or breathing conditions and can lead to pneumonia and deaths, especially in the elderly (Healthy Communities Institute, 2019). The Centers for Disease Control and Prevention (CDC) estimates that in the United States, 5% to 20% of the population on average gets the flu and more than 200,000 people are hospitalized each year. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease and have the highest flu-related mortality. The pneumococcal and influenza vaccines can prevent serious illness and death, however, as shown in the chart below, both counties fall below the HP2020 target of 90% of adults aged 65 years and older receiving a pneumonia and influenza vaccination (BRFSS, CDC, 2016).

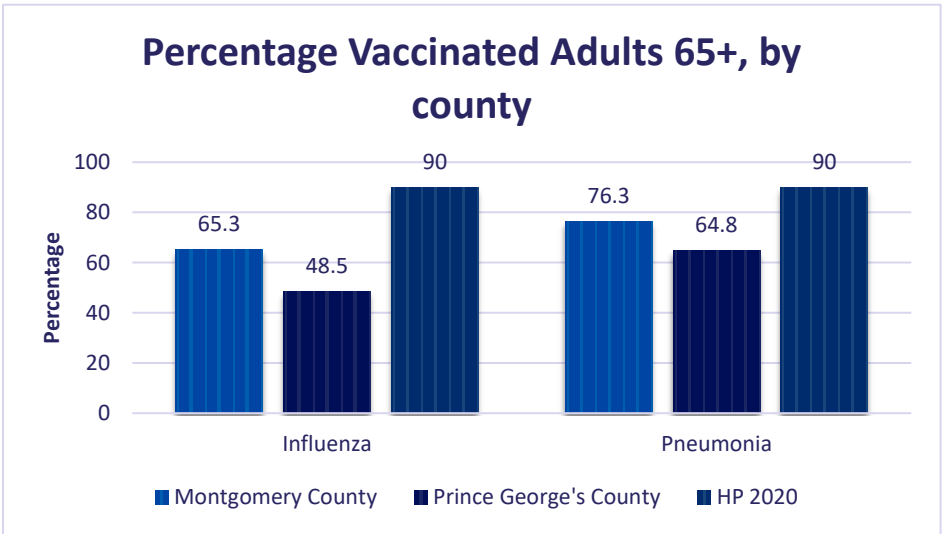
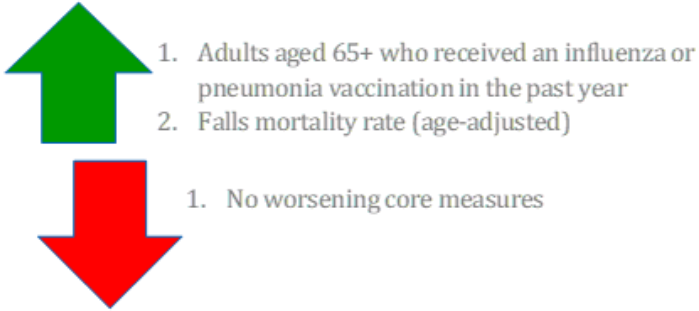


Figure 53: Percentage of adults 65+ who have received the influenza or pneumonia vaccine. Source: MD BRFSS, 2016.

Chronic lower respiratory disease (CLRD) refers to a diverse group of disorders characterized by airway obstruction, causing shortness of breath and impaired lung function, and includes asthma, emphysema, bronchitis, and chronic obstructive pulmonary disease (Centers for Disease Control and Prevention, 2017). Prior to 1999, CLRD was synonymous with Chronic Obstructive Pulmonary Disease (COPD); however, in 1999, the definition of CLRD was expanded to include asthma. CLRD is a leading cause of death and generally occurs among older adults. While mortality rates of other leading causes of death have decreased, deaths due to CLRD continue to rise, and is most prevalent in adults 65+. This is thought to be due to age-associated changes in the structure and function of the

lung. Smoking cigarettes as well as exposure to secondhand smoke and chemical irritants are important risk factors. According to the Centers for Disease Control and Prevention, over 30 billion dollars are spent annually on chronic lower respiratory diseases.

Falls are a leading cause of unintentional injury and injury death, however most are preventable. Falls commonly produce bruises, hip fractures, and head trauma. These injuries can increase the risk of early death and can make it difficult for older adults to live independently. Effective prevention strategies create safer environments and reduce risk factors, from installing handrails and improving lighting and visibility, to reducing tripping hazards and exercising regularly to enhance balance. In 2014, older adults in Maryland generated over \$253 million in fall-related hospitalizations cost and fall-related ED visit charges were over \$20 million (HSCRC, 2014).

Hospital Readmissions

Centers for Medicare and Medicaid Services (CMS) defines a hospital readmission as an episode when a patient who had been discharged from a hospital is admitted again within 30 days of discharge, adding the cause of the readmission does not need to be related to the cause of the initial hospitalization. The time frame was set at 30 days because readmissions during this time can be influenced by the quality of care received at the hospital and how well discharges were coordinated. Readmission rates have increasingly been used as an outcome measure in health services research and as a quality benchmark for health systems, and can be indicators of poor care or missed opportunities to better coordinate care. Hospital readmission rates were formally included in reimbursement decisions for the Centers for Medicare and Medicaid Services (CMS) as part of the Patient Protection and Affordable Care Act (ACA) of 2010, which penalizes health systems with higher than expected readmission rates through the Hospital Readmission Reduction Program.

As research suggests, monitoring the number of patients who experience unplanned readmissions can improve quality of care through the development of hospital-based initiatives designed to improve communication with patients and their caregivers and potentially avert many readmissions (HSCRC, 2014). An analysis of hospital readmissions allows us to identify select indicators related to community health needs and develop methodologies and programs that will improve health outcomes.

During the timeframe January 2013 – December 2018, Holy Cross Hospital had 201,851 total discharges. Of this, 9,576 (4.7%) individual patients were readmitted to the hospital within 30 days of discharge (all-cause, including one day length of stay), with some patients being readmitted more than one time, accounting for 13,721 total readmissions within 30 days of discharge (6.8% 30-day readmission rate). A small group of 201 patients were readmitted five or more times within 30 days. They comprised just 2.1% of individual patients who were readmitted, but 10.6% of total readmissions. African Americans (48.1%) and Medicare recipients (52.3%) had the highest percent of readmissions for race/ethnicity and payer group, respectively.

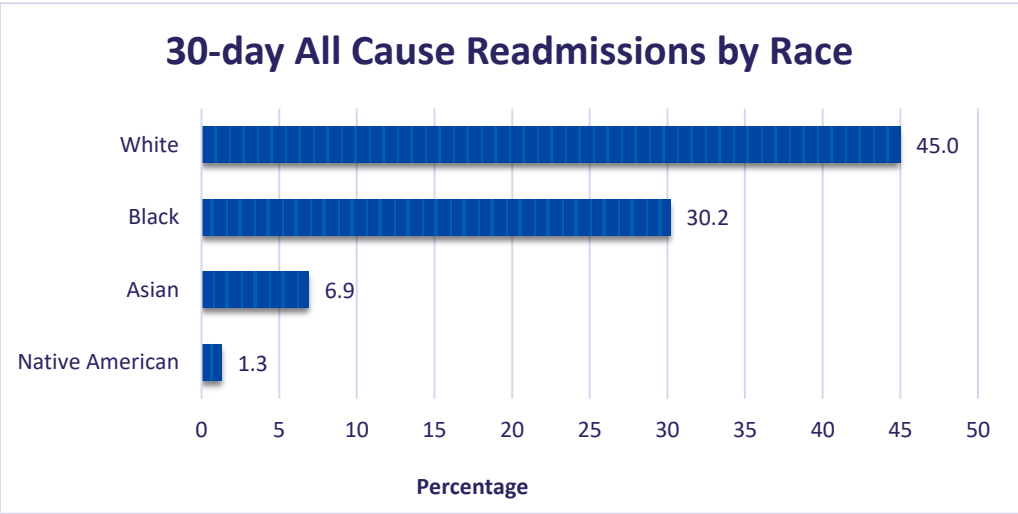


Figure 54: *Percentage of Holy Cross Germantown Hospital patients readmitted within 30 days after discharge by race (Jan 2013 – Dec 2018).*

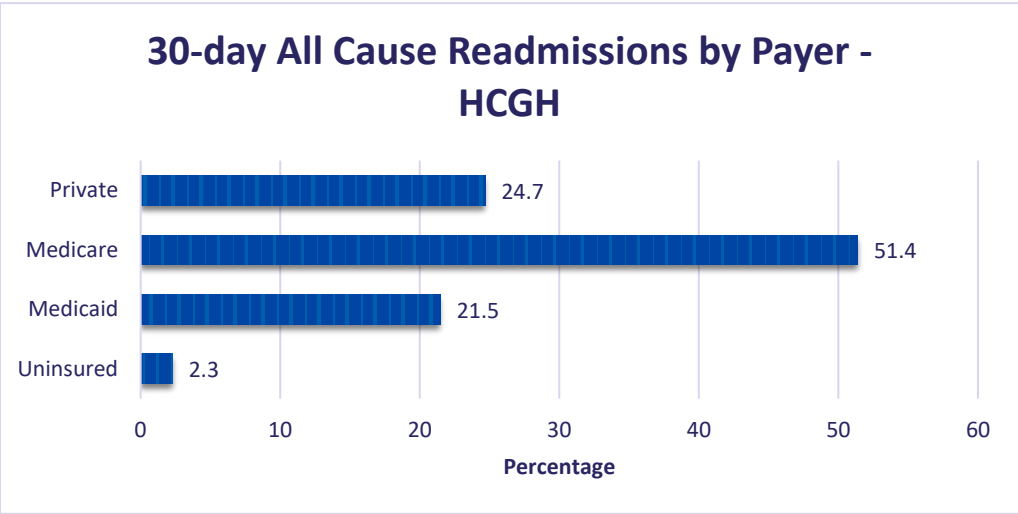


Figure 55: *Percentage of HCH patients readmitted within 30 days after discharge by payer (Jan 2013 – Dec 2018).*

DATA GAPS IDENTIFIED

Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is rich with information and more information is available today when compared to the needs assessment conducted in fiscal year 2012, data gaps still exist. Additionally, some of the data measures have not had updated information since the FY2017 needs assessment.

- Data such as health insurance coverage and cancer screening, incidence and mortality rates are not available by geographic areas within Montgomery County.
- Data are not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups.
- Diabetes prevalence is not available for children, a group that has had an increasing risk for type 2 diabetes in recent years due to increasing overweight/obesity rates.
- Health risk behaviors that increase the risk for developing chronic diseases, like diabetes, are difficult to measure accurately in subpopulations, especially the Hispanic/Latino populations, due to BRFSS methodology issues.
- County-wide data that characterize health risk and lifestyle behaviors like nutrition, exercise, and sedentary behaviors are not available for children.
- Analysis of linked birth-death records would provide detailed information about characteristics and risk factors that contribute to fetal and infant losses among those populations that could be at elevated risk for poor birth outcomes.
- An ongoing source of Pregnancy Risk Assessment Monitoring System (PRAMS) data at the county level at least every three years would improve policy and planning efforts in maternal, fetal and infant health.
- LGBT+ data is only available at the county level for same-sex couples living in the same household. Single LGB individuals, as well as transgender individuals, do not have measures for absolute number at any geographic level or related health measures.
- Community Conversations were limited to Montgomery County.

RESPONSE TO FINDINGS

Holy Cross addresses unmet needs within the context of our overall approach, mission commitments and key clinical strengths, and within the overall goals of *Healthy Montgomery*.

Key findings from all data sources, including data provided by *Healthy Montgomery*, our external review group and hospital available data were reviewed and the most pressing needs were incorporated into our implementation strategy. The CHNA Implementation Strategy reflects Holy Cross Hospital's overall approach to improving community health by targeting the intersection between the identified needs of the community and the key strengths and mission commitments of the organization (see Figure 56) to help build the continuum of care. We have established leadership accountability and an organizational structure for ongoing planning, budgeting, implementation and evaluation of community health activities, which are integrated into our multi-year strategic and annual operating planning processes.



Figure 56: How Holy Cross Health aligns targeted programs with the mission and strengths of the hospital and unmet community needs.

Guiding Principles

The multi-year CHNA Implementation Strategy addresses the priority areas and overarching themes by focusing our activities on populations experiencing vulnerability and under resourced individuals and families, including women/children, seniors, and racial, ethnic and linguistic minorities. To select outreach priorities for the implementation strategy, Holy Cross Health linked community health care needs to our mission and strategic priorities.

Holy Cross Health's community health programs and services are well positioned to lead in the identification of and response to existing and emerging community needs in our service area. To address the unmet needs, Holy Cross Health will focus on addressing downstream issues through prevention, education, and disease management programs and upstream issues through policy, system and environmental change strategies.

In alignment with our mission and vision, Holy Cross Health strives to optimize wellness and equity and eliminate disparities in our communities. This is accomplished by addressing an individual's social needs as well as improving community conditions. Holy Cross Health's community health and well-being strategy to address unmet community need encompasses three key focus areas:

Clinical Care: Delivery of efficient and effective people-centered health care services for the uninsured/Medicaid population that is focused on reducing clinical quality outcome disparities and addressing the social needs of patients;

Community Engagement: Connecting efficient and effective wrap around services, expanding the availability of community-based services, and ensuring that patients, community members, and employees are linked to, and can utilize, these services; and

Community Transformation: Policy, system and environmental change strategies focusing on community building to address the physical environment, economic revitalization, housing and other social determinants/influencers of health

Based on findings in Holy Cross Hospital's 2019 CHNA and other supporting documents, three priorities were selected to address the unmet need of the communities we serve. The main priorities are Social Influencers of Health, Vulnerable Populations, and Chronic Diseases. Due to the breadth of each priority, superiorities have been identified.

Unmet Need

Holy Cross Health used the information from the community health needs assessment to identify three priority areas: Social Determinants/Influencers of Health, Vulnerable Populations, and Chronic Diseases. Building upon the Healthy Montgomery top-ranked priorities and available data, Holy Cross Health identified subcategories for each priority and ranked the priorities and subcategories based on severity, feasibility, potential to achieve outcomes and prevalence in the population. The following prioritized list of the significant unmet needs identified and their subcategories were developed using scores from each of the categories listed above:

1. Social Determinants/Influencers of Health
 - a. Access to Care
 - b. Food Insecurity
 - c. Housing
2. Vulnerable Populations
 - a. Senior Population
 - b. Maternal/Infant Population
3. Chronic Diseases
 - a. Diabetes
 - b. Cancers
 - c. Cardiovascular Health
 - d. Obesity
 - e. Behavioral Health

For further information on how Holy Cross Health plans to address each identified unmet need, please review our Multi-Year CHNA Implementation Plan at http://www.holycrosshealth.org/CHNA_implementation-plan.

REFERENCES

- Agency for Healthcare Research and Quality. (2014). *AHRQ Quality Indicators*. Retrieved 11 2014, June, from Agency for Healthcare Research and Quality (AHRQ): http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx
- American Cancer Society. (2019). *American Cancer Society: Cancer Facts and Figures 2019*. Atlanta, GA: American Cancer Society.
- American Diabetes Association. (2018, March 22). *Statistics About Diabetes: American Diabetes Association*. Retrieved from American Diabetes Association: <http://www.diabetes.org/diabetes-basics/statistics/>
- American Public Health Association. (2019). *Health Equity*. Retrieved from American Public Health Association: <https://www.apha.org/topics-and-issues/health-equity>
- Association of State and Territorial Health Officials. (2013). *Health in all policies*. Arlington, VA: ASTHO.
- Bernosky-Smith, K. A., Shannon, E. E., Roth, A. J., & Liguori, A. (2011). Alcohol effects on simulated driving in frequent and infrequent binge drinkers. *Human Psychopharmacology*, *26*(3), 216-223.
- Beyer, K., Wallis, A., & Hamberger, L. (2013). Neighborhood environment and intimate partner violence a systematic review. *Trauma Violence Abuse*, *16*(1), 16-47.
- Braverman, P. A., Egerter, S. A., & Mockenhaupt, R. E. (2011). Broadening the focus: The need to address the social determinants of health. *American Journal of Preventive Medicine*, *40*(1S1), S4-S18.
- BRFSS, CDC. (2016). *CDC - Behavioral Risk Factor Surveillance System*. Retrieved from CDC.
- Canadian Observatory on Homelessness. (2019, August 13). *Hidden Homelessness. The Homeless Hub*. Retrieved from The Homeless Hub: <https://www.homelesshub.ca/about-homelessness/population-specific/hidden-homelessness>
- Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in teh United States: Results from the 2014 national survey on drug use and health*. Rockville, MD: US Department of Health and Human Services.
- Centers for Disease Control and Prevention. (1990). *Morbidity and mortality weekly report: MMWR*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services.
- Centers for Disease Control and Prevention. (2010, September 10). *Vital Signs: Current cigarette smoking among adults aged ≥18 Years*. Retrieved from Morbidity and Mortality Weekly Report (MMWR): <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5935a3.htm>
- Centers for Disease Control and Prevention. (2011, January). *Policy Impact: Seat Belts*. Retrieved from CDC Injury Center: <http://www.cdc.gov/motorvehiclesafety/seatbeltbrief/>

Centers for Disease Control and Prevention. (2013). *The State of Aging and Health in America*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services.

Centers for Disease Control and Prevention. (2015). *Nutrition, Physical Activity, and Obesity: Data, Trends and Maps*. Retrieved from Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

Centers for Disease Control and Prevention. (2017, May 3). *Chronic Lower Respiratory Disease*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/fastats/copd.htm>

Centers for Disease Control and Prevention. (2017, March 17). *National Center for Health Statistics*. Retrieved April 12, 2019, from Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Centers for Disease Control and Prevention. (2017). *National Diabetes Statistics Report, 2017*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services.

Centers for Disease Control and Prevention. (2017, September 6). *Stroke Facts*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/stroke/facts.htm>

Centers for Disease Control and Prevention. (2019, June 24). *Combined HIV Diagnoses for 2016-2017, United States*. Retrieved August 21, 2019, from Centers for Disease Control and Prevention: <https://www.cdc.gov/endhiv/diagnoses-2016-2017.html>

Cigna. (2019, August 13). *High-Risk Sexual Behavior*. Retrieved from Cigna Official Site, Global Health Service Company: <https://www.cigna.com/individuals-families/health-wellness/hw/medical-topics/high-risk-sexual-behavior-tw9064>

Cook County Department of Public Health. (2013). *What is 'Policy, System and Environmental Change'?* Chicago, IL.

Department of Health and Human Services Agency for Healthcare Research and Quality. (2007, March 12). *Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions*. Retrieved April 15, 2014, from AHRQ - Quality Indicators: http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V31/pqi_guide_v31.pdf

Department of Health and Mental Hygiene, Vital Statistics Administration. (2017). *Maryland Vital Statistics Annual Report, 2017*. Retrieved from Vital Statistics and Reports: http://dhmh.maryland.gov/vsa/Documents/17annual_revised.pdf

Dignity Health. (2011, January 20). *Improving Public Health & Preventing Chronic Disease - CHWs Community Need Index*. Retrieved April 23, 2014, from Dignity Health: http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/212782.pdf

- Geronimus, A. T., Hicken, M. T., Pearson, J. A., Seashols, S. J., Brown, K. L., & Cruz, T. D. (2010). Do US black women experience stress-related accelerated biological aging?: A novel theory and first population-based test of black-white differences in telomere length. *Human Nature, 21*(1), 19-38.
- Healthy Communities Institute. (2019, April). *Healthy Montgomery :: Community Dashboard*. Retrieved June 17, 2014, from Healthy Montgomery: The Community Health Improvement Process for Montgomery County, Maryland: <http://www.healthymontgomery.org>
- Healthy Communities Institute. (2019, April). *Healthy Montgomery :: Community Dashboard :: Unemployed Workers in Civilian Labor Force*. Retrieved June 17, 2014, from Healthy Montgomery: The Community Health Improvement Process for Montgomery County, Maryland: <http://www.healthymontgomery.org>
- Healthy Montgomery. (2016). *Healthy Montgomery*. Retrieved from Healthy Montgomery: Better Health through Community.
- Hoback, A., & Anderson, S. (n.d.). *Proposed Method for Estimating Local Population of Precariously Housed*. National Coalition for the Homeless. Retrieved August 13, 2019, from Proposed Method for Estimating Local Population of Precariously Housed
- Maryland Citizens Health Initiative. (2019, February 20). 8th ACA Outreach and Enrollment Summit: How's Maryland Doing in 2016? Baltimore, Maryland.
- Maryland Department of Health and Mental Hygiene. (2016, May 21). *SHIP - Measures*. Retrieved June 20, 2014, from Maryland State Health Improvement Process (SHIP): <http://dhmh.maryland.gov/ship/SitePages/measures.aspx>
- Maryland Department of Health and Mental Hygiene. (2017, August 5). *Reports and Vital Statistics*. Retrieved July 16, 2019, from Maryland.gov: <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>
- Maryland Health Connection. (2018). *Annual Report 2018: Maryland Health Benefit Exchange*. Baltimore: Maryland Health Connection.
- Maryland State Data Center. (2015, January). *Projections*. Retrieved from Maryland State Data Center, Department of Planning: http://www.mdp.state.md.us/msdc/S3_Projection.shtml
- Maternal and Infant Health, CDC. (2019, June 4). *Reproductive Health: Pregnancy Mortality Surveillance System*. Retrieved June 17, 2019, from Centers for Disease Control and Prevention: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>
- Mendy, V. L., Vargas, R., Cannon-Smith, G., Payton, M., Enkhmaa, B., & Zhang, L. (2018). Food Insecurity and Cardiovascular Disease Risk Factors among Mississippi Adults. *International Journal of Environmental Research and Public Health, 15*(9), 2016.
- Montgomery County Planning Department. (2019, August 21). *Montgomery county trends: A look at people, housing and jobs since 1990*. Silver Spring, MD: The Maryland-National Capital Park and Planning Commission:

- Montgomery County Planning Department. Retrieved April 30, 2014, from Montgomery County Planning Department: http://www.montgomeryplanning.org/research/data_library/census/2010/
- Montgomery Moving Forward. (2018). Call to Action: Early Care and Education.
- Montgomery County Government. (2018). *Our work CFW*. Retrieved August 21, 2019, from Montgomery County, MD: (https://www.montgomerycountymd.gov/cfw/ourwork.html#Human_trafficking).
- National Cancer Institute. (2019, May 22). *NCI Dictionary of Cancer Terms*. Retrieved from NIH: National Cancer Institute: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/cancer>
- National Human Trafficking Hotline. (2017, May 31). *2016 State reports*. Retrieved from National Human Trafficking Hotline: <https://humantraffickinghotline.org/sites/default/files/100%20Most%20Populous%20Cities%20Report.pdf>
- Office of Disease Prevention and Health Promotion. (2019, August 14). Retrieved from Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>
- Polaris. (2019). *The Facts: Polaris*. Retrieved August 21, 2019, from Polaris: <https://polarisproject.org/human-trafficking/facts>
- Preventing Tobacco Addiction Foundation. (2019, April). *Maryland - Tobacco 21*. Retrieved May 31, 2019, from Tobacco 21: <https://tobacco21.org/state/maryland/>
- Prevention and Health Promotion Administration. (2017). *2016 Maryland Youth Risk Behavior Survey*. Baltimore: Maryland Department of Health and Human.
- Prince George's County Health Department. (2016, June 13). *PGHealthZone: About Us*. Retrieved from Prince George's County Health Department: <http://www.pgchealthzone.org/index.php?module=htmlpages&func=display&pid=1>
- Raghavan, C., Mennerich, A., Sexton, E., & James, S. (2006). Community violence and its direct, indirect, and mediating effects on intimate partner violence. *Violence Against Women, 12*(12), 1132-49.
- Regional Primary Care Coalition. (2019). *Affordable Care Act*. Retrieved August 21, 2019, from Regional Primary Care Coalition: <http://www.regionalprimarycare.org/affordable-care-act/>
- Robert Wood Johnson Foundation Commission to Build a Healthier America. (2014). *Time to Act: Investing in the Health of Our Children and Communities*. Princeton: Robert Wood Johnson Foundation.
- Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in all policies: A guide for state and local governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
- Terlizzi, E. P., Cohen, R. A., & Martinez, M. E. (2019). *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2018*. Hyattsville, MD: National Center for Health Statistics.
- Trinity Health. (2019). *Montgomery and Prince George's County, Maryland, USA*. . Livonia, MI: Trinity Health Data Hub.

- U.S. Bureau of Labor Statistics. (2016). *Bureau of Labor Statistics Data*. Retrieved March 20, 2014, from U.S. Bureau of Labor Statistics: <http://data.bls.gov/pdq/querytool.jsp?survey=la>
- U.S. Department of Health and Human Services. (2016, June 27). *Determinants of Health*. Retrieved from Healthy People 2020: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>
- United Health Foundation. (2019, August 12). *Explore Uninsured in Maryland, 2018 Annual Report, AHR*. Retrieved from America's Health Rankings: <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>
- United States Department of Agriculture. (2019, May 22). *Start simple with my plate*. Retrieved from Choose My Plate: <https://www.choosemyplate.gov/>
- University of Washington. (2019, March 15). *Maryland Self-Sufficiency Standard*. Retrieved from University of Washington: <http://www.selfsufficiencystandard.org/Maryland>
- University of Wisconsin Population Health Institute. (2019, August 15). *Violent Crime in Maryland, County Health Rankings & Roadmaps*. Retrieved from County Health Rankings and Roadmaps: <https://www.countyhealthrankings.org/app/maryland/2019/measure/factors/43/data>
- US Department of Housing and Urban Development. (2019). *Healthy Communities Assessment Tool*. Retrieved from HUD User: <https://www.huduser.gov/healthycommunities/indicator/184>
- Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice*, 14(Suppl), S8-17.
- World Cancer Research Fund/American Institute for Cancer Research. (2018). *Diet, nutrition, physical activity and cancer activity: A global perspective*. London: Third Expert Report.

APPENDICES

Appendix A: Holy Cross Germantown Hospital's Primary and Secondary Service Areas

ZIP Code	City
20874	Germantown
20876	Germantown
20877	Gaithersburg
20878	Gaithersburg
20879	Gaithersburg
20886	Montgomery Village
20837	Poolesville
20838	Barnesville
20839	Bealsville
20841	Boyds
20842	Dickerson
20850	Rockville
20851	Rockville
20853	Rockville
20855	Derwood
20871	Clarksburg
20872	Damascus

Appendix B: Holy Cross Germantown Hospital's Comprehensive Services

Holy Cross Health offers our community access to a wide-range of quality health care. Our programs at Holy Cross Hospital in Silver Spring, Md. provides area adults and children an array of inpatient and outpatient services. Holy Cross Health also offers community health care, health education and support services, as well as home-based health and hospice care to meet a lifetime of health needs.

SPECIALTIES AND SERVICES
SURGICAL SERVICES
MATERNITY SERVICES
BEHAVIORAL HEALTH SERVICES
EMERGENCY DEPARTMENT
INTENSIVE CARE
MEDICAL/SURGICAL UNITS
IMAGING AND DIAGNOSTICS

For a detailed list of our specialties and services, please visit <http://www.holycrosshealth.org/programs-services>.

Appendix C: 2019 Healthy Montgomery Steering Committee Members

Organization	Name of Key Collaborator	Title	Collaboration Description
Public Health Services, Montgomery County DHHS	Dr. Travis Gayles	County Health Officer and Chief	Co-Chair
Manna Food Center	Ms. Jackie DeCarlo	Executive Director	Co-Chair
African American Health Program/Montgomery County Commission on Health	Ms. Michelle Hawkins	Liaison	Member
MedStar Montgomery Medical Center	Ms. Dairy Marroquin	Community Outreach Coordinator	Member
Montgomery County Department of Health and Human Services	Dr. Raymond Crowel	Director	Member
House of Delegates, Maryland General Assembly	Ms. Bonnie Cullison	Delegate	Member
Montgomery Parks	Ms. Rachel Newhouse	Park Planner Coordinator	Member
Primary Care Coalition of Montgomery County	Ms. Leslie Graham	President & Chief Executive Officer	Member
Montgomery County Department of Transportation (MCDOT)	Mr. Samuel Oji	Chief, Enhanced Mobility and Senior Services Section	Member
Montgomery County Department of Planning	Ms. Amy Lindsey	Senior Planner	Member
Holy Cross Health	Ms. Kimberley McBride	Vice President, Community Health	Member
Ronald D. Paul Companies	Ms. Kathy McCallum	Chief Operating Officer	Member
Carefirst Blue Cross Blue Shield	Ms. Beatrice Miller	Sr. Regional Care Coordinator	Member
African American Health Program		Member	
Kaiser Permanente	Ms. Amy Gyau-Moyer	Program Manager, Community Health and Benefits	Member

Asian American Health Initiative	Dr. Nguyen Nguyen	Member	Member
Proyecto Salud Health Center	Dr. Cesar Palacios	Executive Director	Member
Latino Health Initiative		Member	
Montgomery County Public Schools	Dr. Jonathan Brice	Associate Superintendent	Member
Montgomery County Recreation Department	Ms. Robin Riley	Division Chief	Member
Suburban Hospital	Ms. Monique Sanfuentes	Director, Community Health and Wellness	Member
Georgetown University School of Nursing and Health Studies	Dr. Michael Stoto	Professor	Member
Adventist HealthCare	Dr. Marilyn Dabady Lynk	Executive Director	Member
Montgomery County Collaboration	Mr. Elijah Wheeler	Deputy Executive Director	Member
Department of Housing and Community Affairs (DHCA)	Ms. Myriam Torrico	Community Program Manager	Member

Updated: 8/19/2019

Appendix D: Key Highlights from Holy Cross Health's Community Benefit External Review

On June 5th, 2019 the following organizations were represented at the External Review Meeting:

Montgomery County Food Council
Holy Cross Health Center – Aspen Hill
Nexus Montgomery Reg. Partnership
Healthcare Initiative Foundation
Montgomery County Dept. of HHS
Montgomery County Council
Silver Spring Village
Montgomery County Collaboration
Council for Children, Youth and Families

Suggestions made for our FY20 Annual Community Benefit Plan

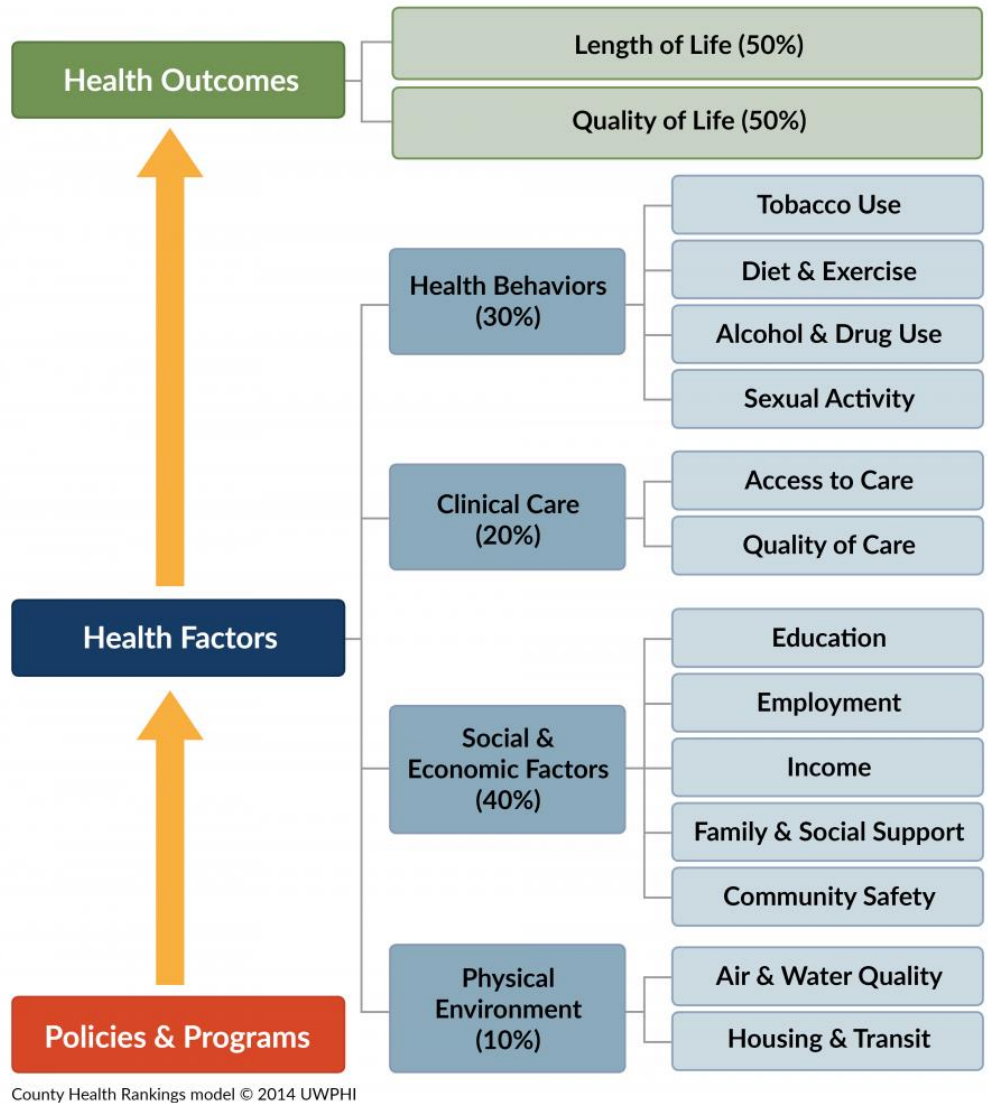
- ❖ Memory Clubs for those who are experiencing early dementia stages.
- ✓ Increase maternal child focus.
- ✓ Increase screening for food insecurity by providers.
- ✓ Increase access to culturally appropriate foods and education.
- ✓ Support SNAP enrollment, particularly among seniors.
- ✓ Increase professional awareness and patient navigation to outpatient mental health services.
- ✓ Focus on birth to five age group.
- ✓ Address undiagnosed behavioral health issues for children especially related to adverse childhood events.
- ❖ Support early diagnoses of autism.
- ✓ Focus on prevention and wellness for seniors, including isolation issues.
- ❖ Meet needs of growing number of single mothers new to this country with school age children.
- ✓ Improve medical literacy.
- ✓ Increase screenings for health center patients.
- ✓ Improve navigation for military and veteran services.
- ✓ Use community health workers for engagement.
- ✓ Assist veterans with access to care and navigation

Key

- ✓ Accomplished or in process
- ❖ Still considering

Appendix E: Maryland County Health Rankings

Rank	County
1	Montgomery (MO)
2	Howard (HO)
3	Frederick (FR)
4	Carroll (CO)
5	St. Mary's (SM)
6	Calvert (CA)
7	Queen Anne's (QA)
8	Anne Arundel (AN)
9	Talbot (TA)
10	Harford (HA)
11	Prince George's (PG)
12	Charles (CH)
13	Baltimore (BL)
14	Kent (KE)
15	Garrett (GA)
16	Worcester (WO)
17	Washington (WA)
18	Cecil (CE)
19	Wicomico (WI)
20	Allegany (AL)
21	Caroline (CR)
22	Dorchester (DO)
23	Somerset (SO)
24	Baltimore City (BA)



County Health Rankings model © 2014 UWPHI

Appendix F: Summary of Holy Cross Health's Significant Community Benefit Programming in Response to Identified Unmet Health Care Needs: Fiscal Year 2019

Maternal and Infant Health

FY2019			
Goal	Annual Target	YTD Target	YTD Actual
Maternity Partnership Admissions	1,012	1,012	958
Partnership % Low-birth weight infants	8.5%	8.5%	2.5%
Perinatal Class Encounters	8,996	8,996	7,490
Holy Cross Germantown Health Center Newborn visits	Baseline	Baseline	68

Seniors

FY2019			
Goal	Annual Target	YTD Target	YTD Actual
Senior Source Encounters (excluding Senior Fit)	16,236	16,236	13,303
Fall Assessments BioSway/Biodex, Get Up & Go, Chair Stand and Gait & Balance	268	268	45
Falls Risk Screening	100	100	39
Average MADC daily census	24	24	30

Cardiovascular Health

FY2019			
Goal	Annual Target	YTD Target	YTD Actual
CHW Cardiovascular Education Encounters	600	600	974
Average Senior Fit Weekly Participants	1271	1271	2,844
Percent of health center patients with diagnosis of HTN with good blood pressure control	75%	75%	68.7%

CHNA Impact Measures	Baseline	Target	MC Actual	
Increase percent of mothers receiving early prenatal care*	63.1%	66.9%	67.5%	↓
Reduce the percent of low birth weight infants*	8.2%	8.0%	7.4%	↓
Decrease infant mortality rate*	5.5	6.3	4.9	=

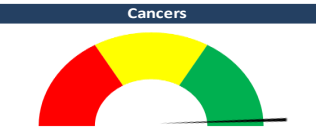
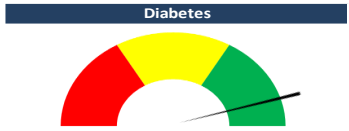
CHNA Impact Measures	Baseline	Target	MC Actual	
Increase life expectancy*	84.1	79.8	84.9	↑
Decrease fall-related deaths*	7.1	7.7	6.5	↓

CHNA Impact Measures	Baseline	Target	MC Actual	
Decrease heart disease mortality*	136.4	166.3	107.5	↓
Decrease stroke mortality†	30.1	34.8	24.5	↓
Decrease percent of adults told by health professional they have high blood	21.6%	26.9%	36.0%	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Increase percent of mothers receiving early prenatal care*	54.0%	66.9%	53.1%	↑
Reduce the percent of low birth weight infants*	10.0%	8.0%	9.7%	↑
Decrease infant mortality rate*	8.6	6.3	8.9	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Increase life expectancy*	79.2	79.8	79.6	↓
Decrease fall-related deaths*	6.4	7.7	7.5	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Decrease heart disease mortality*	191.2	166.3	174.0	↑
Decrease stroke mortality†	35.2	34.8	39.2	↑
Decrease percent of adults told by health professional they have high blood pressure†	36.3%	26.9%	46.8%	↑



FY2019			
Goal	Annual Target	YTD Target	YTD Actual
Average Kids Fit Participants per Month	17	17	26
Number of Kids Fit participants taking Presidential Challenge	150	150	26
% of Health Ctr patients diagnosed w/ high/low BMI w/ documented follow-up plan	77%	77%	71.9%

FY2019			
Goal	Annual Target	YTD Target	YTD Actual
Number enrolled in Diabetes Prevention Program (DPP)	90	90	69
Average number of DPP sessions attended per quarter	3	3	4
DPP average % weight loss at 6 months	5%	5%	4.7%
% of Health Ctr patients w/ diabetes (type 1 & 2) with most recent HbA1c > 9.0% or was missing a result	50%	50%	43.4%

FY2019			
Goal	Annual Target	YTD Target	YTD Actual
% of health ctr patients receiving depression screening during primary care visit	88.0%	88.0%	88.3%
Nexus Montgomery ACT Team Census	100	100	149
Crisis House Admissions	228	228	450

FY2019			
Goal	Annual Target	YTD Target	YTD Actual
Number of MAPS mammograms	352	352	541
CHW Cancer Education Encounters	3000	3000	3510
% of Health Center patients receiving Tobacco Screening	88.3%	88.3%	98.2%

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease percent of students with no participation in physical activityΔ	16.5%	18.0%	16.5% =
Decrease percent of students who are obese*	8.7%	10.7%	7.5% ↑
Increase percent of students who drank no soda or pop in the past	33.0%	28.4%	33.0% =

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease number of adults ever being told they have diabetes (excluding gestational)Δ	5.1%	10.2%	7.0% ↑
Decrease ER visits for diabetes*	102.8	186.3	100.0 ↑

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease adolescent and adult illicit drug use in past month (12 or older)†	6.1%	9.7%	8.9% =
Decrease percent of adults with any mental illness in past yearΔ	16.8%	16.8%	16.2% ↓
Decrease mental health related ER visits*	1,528	3,153	1,848 ↑
Decrease suicide rate*	6.5	9.0	7.3 ↑

CHNA Impact Measures	Baseline	Target	MC Actual
Increase colorectal cancer screening (colonoscopy or sigmoidoscopy)Δ	72.9%	73.0%	74.2% ↑
Increase percent of women who have had a Pap in past three yearsΔ	83.0%	93.0%	94.4% ↑
Decrease prostate cancer incidenceΔ	159.3	135.0	117.5 ↓
Decrease breast cancer mortality†	19.8	20.7	23.7 ↑

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease percent of students with no participation in physical activityΔ	23.2%	18.0%	23.2% =
Decrease percent of students who are obese*	13.7%	10.7%	16.7% ↑
Increase percent of students who drank no soda or pop in the past weekΔ	28.0%	28.4%	28.0% =

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease number of adults ever being told they have diabetes (excluding gestational)Δ	13.5%	10.2%	11.1% ↓
Decrease ER visits for diabetes*	280.5	186.3	169.0 ↓

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease adolescent and adult illicit drug use in past month (12 or older)†	7.1%	9.7%	10.5% =
Decrease percent of adults with any mental illness in past yearΔ	15.8%	16.8%	15.9% =
Decrease mental health related ER visits*	2,722	3,153	1,539 ↓
Decrease suicide rate*	5.7	9.0	5.6 ↓

CHNA Impact Measures	Baseline	Target	PGC Actual
Increase colorectal cancer screening (colonoscopy or sigmoidoscopy)Δ	71.7%	73.0%	72.4% ↓
Increase percent of women who have had a Pap in past three yearsΔ	82.0%	93.0%	93.2% ↑
Decrease prostate cancer incidenceΔ	183.3	135.0	154.40 ↓
Decrease breast cancer mortality†	28.2	20.7	27.0 ↑

Appendix G: Healthy Montgomery Priority Setting Process

The Montgomery County Community Health Improvement Process launched in June 2009 with a comprehensive scan of all existing and past planning processes. Past assessment, planning, and evaluation processes were compiled that related to health and well-being focus and social determinants of health across a multitude of sectors, populations, and communities within Montgomery County. By 2010, the focus was on establishing a core set of indicators that could be examined through a comprehensive needs assessment that resulted in approximately 100 indicators being released at the launch of the Healthy Montgomery website on February 2011.

During 2011, this information was compiled into the Healthy Montgomery Needs Assessment, which was sent to the Healthy Montgomery Steering Committee (HMSC) in September 2011.

In October 2011, the HMSC held a half-day retreat to choose the strategic priority areas for improvement activities. The priority setting process utilized an online survey tool that the Steering Committee members completed prior to the retreat to enable them to independently evaluate potential priority areas by five criteria:

How many people in Montgomery County are affected by this issue?

How serious is this issue?

What is the level of public concern/awareness about this issue?

Does this issue contribute directly or indirectly to premature death?

Are there inequities associated with this issue? (Health inequities are differences in health status, morbidity, and mortality rates across populations that are systemic, avoidable, unfair, and unjust.)

The survey results were compiled for each member and for the entire HMSC. The results were ranked and provided at the retreat to initiate the group process. Through multi-voting and consensus discussion, the Steering Committee narrowed the top-ranked priority areas to be the following:

- Behavioral Health;
- Cancers;
- Cardiovascular Health;
- Diabetes;
- Maternal and Infant Health; and
- Obesity

In addition to selecting the six broad priorities for action, the HMSC selected three overarching themes (lenses) that Healthy Montgomery should address in the health and well-being action plans for each of the six priority areas.

The themes are lack of access, health inequities, and unhealthy behaviors.

The process taken in 2011 was repeated in 2014 and 2017. In 2017, Healthy Montgomery voted to extend the CHNA cycle from every three years to every five years. The priorities of this needs assessment used the most recent process available.

Appendix H: Healthy Montgomery Strategy Selection Process

The 2016 Community Health Needs Assessment (CHNA) Report identified 63 strategies to address the existing Healthy Montgomery priority issues of obesity, behavioral health, diabetes, cardiovascular disease, cancers, and maternal and infant health. These strategies are derived from the key findings of the qualitative data (community conversations), quantitative data (review of national and state data sources), community resources (including the hospital systems' activities), and evidence-based strategies. In addition, the strategies were considered within the framework of Healthy Montgomery's goals of achieving health equity for all residents; improving access to health and social services; and enhancing the physical and social environment to support optimal health and well-being and reduce unhealthful behaviors.

To prepare for the priority-setting retreat, each Healthy Montgomery Steering Committee (HMSC) member was provided a worksheet and a summary of the CHNA report. The HMSC members were asked to select up to ten strategies they believed should be a priority for Healthy Montgomery's 2017-2019 Community Health Improvement Cycle. The HMSC members considered each strategy in light of five collective impact criteria:

- Addresses demonstrated inequities among specific groups
- Data/trends can be monitored over time using a shared measurement approach
- Includes multiple sectors
- Involves program and system changes (not an individual program/single organization)
- Demonstrates an alignment with a Healthy Montgomery health outcome

On the worksheet, HMSC members also indicated their respective organization's ability to commit the time and effort needed to support the action planning and implementation of the selected strategies. This would assist with the action planning efforts that will follow the HMSC's final priority-setting determinations. Healthy Montgomery staff tallied the results of the priority-setting worksheets. The top ten strategies were used during the priority-setting retreat.

A skilled facilitator was recruited to guide the HMSC through the priority-setting process during a four-hour retreat. The facilitator divided the process into two stages. The first stage included a group discussion of the ten priorities that emerged from the worksheets. The group discussion was guided by the following questions:

- Does the strategy meet the five community impact criteria?
- Are there particular issues, concerns, and challenges moving forward that will need to be addressed in relation to the strategy?
- Is the strategy realistic and achievable in three years? The response to this question was extremely important as it also addressed collective buy-in and allocation of resources to assure implementation.

In 2017, Healthy Montgomery voted to extend the CHNA cycle from every three years to every five years. The strategy selection of this needs assessment used the most recent process available.

For each strategy, the key points raised by the group were documented and discussed in detail amongst the HMSC members. During the second stage of the process, the group voted on the top three priorities for Healthy Montgomery to address over the next three years. In making their final decisions, the HMSC was reminded of the collective impact criteria and the goals of Healthy Montgomery.

The group voted using a “dot method” to identify each member’s top three strategies. Specifically, each participant was allotted three dot-stickers and was asked to place the dots on their preferred strategies. Participants were allowed to place more than one dot on a particular strategy. The top three strategies receiving the most dots would serve as the 2017 – 2019 priority strategies.

Given the clustering of votes, the group decided unanimously to move forward with the top three highest-ranked strategies (complete description provided below) for calendar years 2017-2019:

Establish and sustain a Health in All Policies (HiAP) model within Montgomery County that brings together professionals from a range of sectors (e.g., transportation, health, environment, labor, education, and housing) with community representatives to ensure that community health needs are identified and that needs and barriers are addressed and implements processes to ensure that County residents are actively engaged in decisions that affect [their] health.

Offer combined diet and physical activity promotion programs for County residents at increased risk of type 2 diabetes to reduce new-onset diabetes; programs commonly include a weight loss goal, individual or group sessions (or both) about diet and exercise, meetings with a trained diet or exercise counselor (or both), and individually tailored diet or exercise plans (or both) by leveraging/enhancing existing efforts within the County. Develop integrated care programs to address mental health, substance abuse and other needs within primary care settings, pilot and evaluate models of integrated mental and physical health in primary care, with particular attention to underserved populations and areas, and to expand access to mental health services (e.g., patient navigation, support groups) and enhance linkages between mental health, substance abuse, disability, and other social services by leveraging/enhancing existing efforts within the County. During the course of the upcoming months, Healthy Montgomery staff will prepare for the action planning efforts in relation to the priorities identified by the HMSC during the 2016 HMSC Retreat, enabling the achievement of key milestones throughout the 2017-2019 cycle.

Ranking of Healthy Montgomery
Priority Strategies

1. Health In All Policies (16 votes)
2. Integrating behavioral health care programs into primary care settings (14)
3. Combined diet and physical activity promotion programs (13)
4. Increase the dissemination and use of evidence based health literacy practices and interventions (7)
5. Support pregnant women obtaining prenatal care in the first trimester (5)
6. Identify and help connect residents to key resources (5)
7. Ensure availability of transportation to safe, accessible, affordable places for physical activity (5)
8. Use of school, retail, and other community sites for provision of preventive services (2)
9. Train key community members to identify signs of depression & suicide and refer residents to resources; heroin and opioid misuse (2)
10. Reduce client costs and structural barriers to cancer screenings (0)

*A full description of each of the strategies is included in the 2016 Healthy Montgomery CHNA Report at www.healthymontgomery.org.

Appendix I: Community Resources

Type	Name	Address	City, State, Zip
Access to Healthcare Services	Affordable Healthcare Program	114 W. Montgomery Ave	Rockville, MD 20850
Access to Healthcare Services	Affordable Healthcare Program	12900 Middlebrook Rd	Germantown, MD 20874
Access to Healthcare Services	Maryland Children's Health Program (MCHP)	12900 Middlebrook Road	Gaithersburg, MD 20874
Access to Healthcare Services	Medical Assistance Programs (Medicaid/MA)	12900 Middlebrook Road	Gaithersburg, MD 20874
Access to Healthcare Services	Open Enrollment Under the Affordable Care Act	12900 Middlebrook Road	Germantown, MD 20874
Access to Healthcare Services	Medical Assistance Programs (Medicaid/MA)	1335 Piccard Drive	Rockville, MD 20850
Access to Healthcare Services	Open Enrollment Under the Affordable Care Act	1335 Piccard Drive	Rockville, MD 20850
Access to Healthcare Services	Prescription Assistance	14015 New Hampshire Avenue	Silver Spring, MD 20904
Access to Healthcare Services	Prescription Assistance	14015 New Hampshire Avenue, Rooms 126 & 125	Silver Spring, MD 20904
Access to Healthcare Services	Emergency Financial Assistance	15855 Crabbs Branch Way	Rockville, MD 20855
Access to Healthcare Services	Medical Expense Assistance	17550 W. Willard Rd	Poolesville, MD 20837
Access to Healthcare Services	Affordable Healthcare Program	19236 Montgomery Village Ave	Gaithersburg, MD 20886
Access to Healthcare Services	Medical Equipment Closet - Lollipop Kids	20 Southlawn Court, Suite D	Rockville, MD 20855
Access to Healthcare Services	Maryland HealthChoice Insurance	2000 Dennis Ave	Silver Spring, MD 20902
Access to Healthcare Services	Prescription Assistance	301 Muddy Branch Road	Gaithersburg, MD 20878
Access to Healthcare Services	Emergency Assistance	3425 Emory Church Road	Olney, MD 20832

Access to Healthcare Services	Open Enrollment Under the Affordable Care Act	401 Hungerford Drive	Rockville, MD 20850
Access to Healthcare Services	Emergency Assistance	501 Sligo Avenue	Silver Spring, MD 20910
Access to Healthcare Services	Affordable Healthcare Program	608 North Horners Lane	Rockville, MD 20850
Access to Healthcare Services	Affordable Healthcare Program	7-1 Metropolitan Court	Gaithersburg, MD 20878
Access to Healthcare Services	Prescription Assistance	7728 Woodmont Avenue	Bethesda, MD 20814
Access to Healthcare Services	Affordable Healthcare Program	8 West Middle Lane	Rockville, MD 20851
Access to Healthcare Services	Emergency Assistance	8 West Middle Lane	Rockville, MD 20851
Access to Healthcare Services	Sheperd's Table Resource Center	8210 Dixon Avenue	Silver Spring, MD 20910
Access to Healthcare Services	Affordable Healthcare Program	8238 Georgia Ave	Silver Spring, MD 20910
Access to Healthcare Services	Maryland Children's Health Program (MCHP)	8630 Fenton Street	Silver Spring, MD 20910
Access to Healthcare Services	Medical Assistance Programs (Medicaid/MA)	8630 Fenton Street	Silver Spring, MD 20910
Access to Healthcare Services	Open Enrollment Under the Affordable Care Act	8630 Fenton Street	Silver Spring, MD 20910
Access to Healthcare Services	Prescription Assistance	8757 Georgia Avenue	Silver Spring, MD 20910
Access to Healthcare Services	Medical Assistance Programs (Medicaid/MA)	8818 Georgia Ave	Silver Spring, MD 20906
Access to Healthcare Services	Open Enrollment Under the Affordable Care Act	8818 Georgia Ave	Silver Spring, MD 20906
Access to Healthcare Services	Emergency Assistance	8818 Georgia Avenue	Silver Spring, MD 20910
Access to Healthcare Services	Emergency Financial Assistance	P.O. Box 34094	Bethesda, MD 20827

Access to Healthcare Services	Prescription Assistance	P.O. Box 608	Germantown, MD 20875
Cancer	The Arc of Montgomery County - Respite Services	11600 Nebel Street	Rockville, MD 20852
Cancer	Montgomery County Family Center	12247 Georgia Avenue	Silver Spring, MD 20902
Cancer	Immunization Program	12900 Middlebrook Road	Gaithersburg, MD 20874
Cancer	Care for Your Health	13925 New Hampshire Ave	Silver Spring, MD 20904
Cancer	Cancer Screening	1401 Rockville Pike	Rockville, MD 20852
Cancer	Immunization Program	14105 New Hampshire Avenue, Suite 115	Silver Spring, MD 20904
Cancer	Immunization Program	2000 Dennis Ave	Silver Spring, MD 20902
Cancer	Johns Hopkins Health Care and Wellness Center	20500 Seneca Meadows Parkway	Germantown, MD 20876
Cancer	Food & Friends	219 Riggs Road, NE	Washington, DC 20006
Cancer	Ama Tu Vida	401 Hungerford Drive	Rockville, MD 20850
Cancer	Immunization Program	4910 Macon Road	Rockville, MD 20852
Cancer	Hope Connections for Cancer Support	5430 Grosvenor Lane	Bethesda, MD 20814
Cancer	Hope Connections for Cancer Support	5430 Grosvenor Lane	Bethesda, MD 20814
Cancer	Immunization Program	8630 Fenton Street	Silver Spring, MD 20910
Cancer	Immunization Program	8630 Fenton Street	Silver Spring, MD 20910
Cancer	Healthy Choices	9700 New Church Street	Damascus, MD 20872
Cancer	Freedom from Smoking at Holy Cross	9805 Dameron Dr, Silver Spring, MD 20902	Silver Spring, MD 20910
Cancer	Holy Cross Hospital Medical Adult Day Center	9805 Dameron Drive	Silver Spring, MD 20910

Cardiovascular	Introduction to Stroke Prevention	11 Duncich Manor Place	Gaithersburg, MD 20877
Cardiovascular	Senior Fit - Holy Cross	1150 Carnation Drive	20850
Cardiovascular	Senior Fit - Holy Cross	11711 Georgia Ave.	20902
Cardiovascular	Care for Your Health	13925 New Hampshire Ave	Silver Spring, MD 20904
Cardiovascular	Senior Fit - Holy Cross	14625 Bauer Drive	20853
Cardiovascular	Senior Fit - Holy Cross	14906 Old Columbia Pike	20866
Cardiovascular	Senior Fit - Holy Cross	15 Crescent Road	20770
Cardiovascular	Senior Fit - Holy Cross	1500 Merrimac Drive	20783
Cardiovascular	Senior Fit - Holy Cross	15300 New Hampshire Ave.	20905
Cardiovascular	AAHP Heart Health	1700 April Lane	Silver Spring, MD 20904
Cardiovascular	AAHP Heart Health	1700 April Lane	Silver Spring, MD 20904
Cardiovascular	Senior Fit - Holy Cross	1700 April Lane	20904
Cardiovascular	Senior Fit - Holy Cross	18800 New Hampshire Ave.	20861
Cardiovascular	Senior Fit - Holy Cross	18905 Kingsview Road	20874
Cardiovascular	Senior Fit - Holy Cross	19561 Scenery Drive	20876
Cardiovascular	Senior Exercise - Medstar Montgomery	2004 Queensguard Road	Silver Spring, MD 20906
Cardiovascular	Introduction to Stroke Prevention	201 E Diamond Ave	Gaithersburg, MD 20877
Cardiovascular	Johns Hopkins Health Care and Wellness Center	20500 Seneca Meadows Parkway	Germantown, MD 20876
Cardiovascular	Senior Fit - Holy Cross	2450 Lyttonsville Road	20910
Cardiovascular	Senior Fit - Holy Cross	3310 Gateshead Manor Way	20904
Cardiovascular	Ama Tu Vida	401 Hungerford Drive	Rockville, MD 20850
Cardiovascular	Senior Fit - Holy Cross	409 and 417 Russell Ave.	20877-2801
Cardiovascular	Senior Fit - Holy Cross	4100 Northview Drive	20716

Cardiovascular	Senior Fit - Holy Cross	4817 Blagden Avenue, NW	20011
Cardiovascular	Senior Fit - Holy Cross	6120 Sargent Road	20782
Cardiovascular	Senior Fit - Holy Cross	635 Aspen Street, NW	20012
Cardiovascular	Senior Fit - Holy Cross	6600 Adelphi Road	20783
Cardiovascular	Senior Fit - Holy Cross	8580 Second Avenue	20910
Cardiovascular	Senior Fit - Holy Cross	8700 Piney Branch Road	20901
Cardiovascular	Healthy Choices	9700 New Church Street	Damascus, MD 20872
Cardiovascular	Senior Fit - Holy Cross	9701 Veirs Drive	20850
Cardiovascular	Diabetes Education Program at Holy Cross	9805 Dameron Dr, Silver Spring, MD 20902	Silver Spring, MD 20910
Cardiovascular	Freedom from Smoking at Holy Cross	9805 Dameron Dr, Silver Spring, MD 20902	Silver Spring, MD 20910
Diabetes	Diabetes Support & Continuing Education Meetings at Suburban	1000 Forest Glen Road	Silver Spring, MD 20901
Diabetes	Diabetes Prevention Program	11 Duncich Manor Place	Gaithersburg, MD 20877
Diabetes	Food Supplement Nutrition Education/Market to Mealtime	1101 University Blvd E	Takoma Park, MD 20912
Diabetes	Kids Kitchen: Food, Fitness, and Fun!	11800 Monticello Ave	Md, Silver Spring 20902
Diabetes	Kids Kitchen: Food, Fitness, and Fun!	12701 Goodhill Rd	Silver Spring, MD 20906
Diabetes	Food Supplement Nutrition Education/Market to Mealtime	15 Fulks Corner Avenue	Gaithersburg, MD 20877
Diabetes	Diabetes Self-Management Education (DSME) at MedStar Montgomery	18101 Prince Philip Drive	Olney, MD 20832

Diabetes	EFNEP Adult & Youth Nutrition Programs	18410 Muncaster Rd	Derwood, MD 20855
Diabetes	Johns Hopkins Health Care and Wellness Center	20500 Seneca Meadows Parkway	Germantown, MD 20876
Diabetes	Kids Kitchen: Food, Fitness, and Fun!	2400 Bel Pre Rd	Silver Spring, MD 20906
Diabetes	AAHP Diabetes Education	3310 Gateshead Manor Way	Silver Spring, MD 20904
Diabetes	Diabetes Support & Continuing Education Meetings at Suburban	3950 Ferrara Drive	Wheaton, MD 20906
Diabetes	Healthy Eating at Rolling Terrace Elementary School	705 Bayfield St	Takoma Park, MD 20912
Diabetes	Healthy Eating at Piney Branch Elementary School	7510 Maple Ave	Takoma Park, MD 20912
Diabetes	Diabetes Support & Continuing Education Meetings at Suburban	80A Bureau Drive	Gaithersburg, MD 20878
Diabetes	Manna Food Center	8900 Georgia Ave	Silver Spring, MD 20910
Diabetes	Kids Kitchen: Food, Fitness, and Fun!	910 Schindler Drive	Silver Spring, MD 20903
Diabetes	Healthy Choices	9700 New Church Street	Damascus, MD 20872
Diabetes	Diabetes Prevention and Education at Holy Cross	9805 Dameron Dr, Silver Spring, MD 20902	Silver Spring, MD 20910
Diabetes	Diabetes Education Program at Holy Cross	9805 Dameron Dr, Silver Spring, MD 20902	Silver Spring, MD 20910
Food	Manna Food Pantry	10000 Brunswick Ave	Silver Spring, MD 20910
Food	SHARE Food Network	1006 Larch Avenue	Takoma Park, MD 20912
Food	Emergency Assistance - Carribean Help Center	10140 Sutherland Rd	Silver Spring, MD 20901
Food	Food Bank	1111 Taft Street	Rockville, MD 20850

Food	Selma Sweetbaum Senior Satellite Program	1132 Arcola Ave	Silver Spring, MD 20902
Food	Food Pantry	11435 Grandview Avenue Wheaton	Silver Spring, MD 20902
Food	Food Pantry	11800 Darnestown Road	Gaithersburg, MD 20878
Food	Food Assistance	12247 Georgia Avenue	Silver Spring, MD 20902
Food	Manna Food Pantry	12247 Georgia Avenue	Wheaton, MD 20902
Food	Community Gardens	12718 Veirs Mill Rd	Rockville, MD 20852
Food	Manna Food Pantry	12800 New Hampshire Avenue,	Silver Spring, MD 20904
Food	Faith Community Food Outreach	13618 Layhill Rd	Silver Spring, MD 20906
Food	Food Bank	1408 Merrimac Drive	Silver Spring, MD 20904
Food	SHARE Food Network	149 Ritchie Ave	Silver Spring, MD 20910
Food	Community Supper	15225 Old Columbia Pike	Burtonsville, MD 20866
Food	Food Bank	15300 New Hampshire Ave	Silver Spring, MD 20905
Food	Food Bank	15300 New Hampshire Ave	Silver Spring, MD 20905
Food	Manna Food Pantry	15516 Old Columbia Pik	Burtonsville, MD 20866
Food	Emergency Food Delivery	15855 Crabbs Branch Way	Rockville, MD 20855
Food	Manna Food Pantry	1600 Camillus Drive	Silver Spring, MD 20904
Food	Food Bank	1600 St. Camillus Dr.	Silver Spring, MD 20904
Food	Maryland's Best Farmer's Market	1600 St. Camillus Drive	Silver Spring, MD 20903

Food	Food Bank	1700 Powder Mill Rd	Silver Spring, MD 20903
Food	Manna Food Pantry	17314 New Hampshire Ave	Ashton, MD 20905
Food	Emergency Food Assistance	17550 W. Willard Rd	Poolesville, MD 20837
Food	Food Bank	17604 Washington Grove Lane,	Gaithersburg, MD 20877
Food	Food Pantry	17620 Washington Grove Lane	Gaithersburg, MD 20877
Food	Community Gardens	18041 Central Park Circle	Boysds, MD 20841
Food	Community Gardens	18110 Washington Grove Lane	Gaithersburg, MD 20877
Food	Food SHARE	19615 Goshen Rd	Gaithersburg, MD 20877
Food	SHARE Food Network	19615 Goshen Road	Gaithersburg, MD 20879
Food	Helping Kids Eat Weekend Backpack Food Program	19642 Club House Rd. Suite 620	Montgomery Village, MD 20886
Food	Women Who Care Ministries	19642 Club House Rd. Suite 620	Montgomery Village, MD 20886
Food	Food Bank	20021 Aircraft Drive	Germantown, MD 20874
Food	Manna Food Pantry	20021 Aircraft Drive	Germantown, MD 20874
Food	Food Assistance	201 E Diamond Av 3rd floor	Gaithersburg, MD 20877
Food	Food Bank	201 S. Frederick Ave.	Gaithersburg, MD 20877
Food	Food Bank	201 S. Frederick Ave.	Gaithersburg, MD 20877
Food	Food Bank	2106 Linden Lane	Silver Spring, MD 20910
Food	Community Gardens	2161 Briggs Chaney Rd	Silver Spring, MD 20905

Food	Briggs Chaney Community Garden	2161 Briggs Chaney Road	Silver Spring, MD 20905
Food	Food & Friends	219 Riggs Road, NE	Washington, DC 20006
Food	Food Bank	21925 Frederick Road	Boyd's, MD 20841
Food	SHARE Food Network	22420 Frederick Road	Clarksburg, MD 20871
Food	Maryland's Best Farmer's Market	225 N. Washington Street	Rockville, MD 20850
Food	Food Pantry	23 West Diamond Avenue	Gaithersburg, MD 20877
Food	Maryland's Best Farmer's Market	2410 Spencerville Road	Burtonsville, MD 20868
Food	SHARE Food Network	2518 Fairland Road	Silver Spring, MD 20904
Food	SHARE Food Network	2631 Norbeck Road	Silver Spring, MD 20906
Food	SHARE Food Network	2900 Sandy Spring Road	Olney, MD 20832
Food	Maryland's Best Farmer's Market	301 Main Street	Gaithersburg, MD 20878
Food	Food Bank	301 Muddy Branch Road	Gaithersburg, MD 20878
Food	Food Bank	33 University Blvd E	Silver Spring, MD 20675
Food	Food SHARE	3300 Briggs Chaney Rd	Silver Spring, MD 20904
Food	Manna Food Pantry	3300 Briggs Chaney Road	Silver Spring, MD 20904
Food	Food Bank	3315 Greencastle Road	Burtonsville, MD 20866
Food	Food Bank	3400 Spencerville Rd	Burtonsville, MD 20866
Food	Emergency Food Delivery	3425 Emory Church Road	Olney, MD 20832
Food	Maryland's Best Farmer's Market	3701 Howard Avenue	Kensington, MD 20895

Food	SHARE Food Network	4115 Plyers Mill Road	Kensington, MD 20895
Food	SHARE Food Network	420 University Blvd. East	Silver Spring, MD 20901
Food	Senior Lunch Program	4401 Muncaster Mill Rd	Rockville, MD 20853
Food	Capital Area Food Bank	4900 Puerto Rico Avenue, NE	Washington, DC 20016
Food	Community Gardens	4920 Macon Rd	Rockville, MD 20852
Food	Emergency Food Program	501 Sligo Avenue	Silver Spring, MD 20910
Food	SHARE Food Network	608 North Horners Lane	Rockville, MD 20850
Food	Manna Food Pantry	630 E. Diamond Ave.	Gaithersburg, MD 20877
Food	Community Gardens	6400 Orchard Ave	Takoma Park, MD 20912
Food	Crossroads Community Food Network	6930 Carroll Avenue, Suite 426	Takoma Park, MD 20912
Food	Food Pantry	7001 New Hampshire Avenue	Takoma Park, MD 20912
Food	Manna Food Pantry	7051 Carroll Ave	Takoma Park, MD 20912
Food	SHARE Food Network	7201 16th Pl	Hyattsville, MD 20783
Food	Maryland's Best Farmer's Market	7600 Arlington Road	Bethesda, MD 20837
Food	Manna Food Pantry	7620 Maple Ave	Takoma Park, MD 20912
Food	Community Gardens	7620 Maple Avenue	Takoma Park, MD 20912
Food	Maryland's Best Farmer's Market	7777 Maple Avenue	Takoma Park, MD 20912
Food	Community Gardens	7904 Fenton St	Silver Spring, MD 20910
Food	Food Assistance	7949 15th Ave	Hyattsville, MD 20782

Food	Community Gardens	7980 Georgia Avenue	Silver Spring, MD 20910
Food	SHARE Food Network	8200 Emory Grove Road	Gaithersburg, MD 20879
Food	Community Meals	8210 Colonial Lane	Silver Spring, MD 20910
Food	Interfaith Works Empowerment Center	8210 Dixon Avenue	Silver Spring, MD 20910
Food	Food Pantry	8238 Georgia Ave	Silver Spring, MD 20910
Food	Manna Food Pantry	8700 Piney Branch Road	Silver Spring, MD 20901
Food	Community Gardens	8701 Hartsdale Ave	Bethesda, MD 20814
Food	Cooking Matters at the Store with Manna Food Center	8750 Arliss St	Silver Spring, MD 20901
Food	Project Neighbor Care	8818 Piney Branch Road	Sandy Spring, MD 20903
Food	Arleeta's Pantry	8900 Georgia Avenue	Silver Spring, MD 20910
Food	Food Bank	8900 Georgia Avenue	Silver Spring, MD 20910
Food	Manna Food Pantry	8902 Manchester Rd	Silver Spring, MD 20901
Food	Food Bank	9100 Colesville Road	Silver Spring, MD 20910
Food	Manna Food Pantry	9311 Gaither Rd	Gaithersburg, MD 20877
Food	Cooking Matters at the Store with Manna Food Center	9311 Gaither Rd	Gaithersburg, MD 20877
Food	Community Gardens	9500 Brunett Avenue	Silver Spring, MD 20904
Food	Maryland's Best Farmer's Market	9601 Medical Center Drive	Rockville, MD 20850

Food	Food Bank	9727 Georgia Avenue	Silver Spring, MD 20910
Food	Maryland's Best Farmer's Market	9908 South Glen Road	Potomac, MD 20854
Food	Maryland's Best Farmer's Market	Anne St.(between University Blvd. & Hammond Ave	Takoma Park, MD 20912
Food	Maryland's Best Farmer's Market	Corner of Fulks corner Avenue & MD Rt. 355	Gaithersburg, MD 20877
Food	Maryland's Best Farmer's Market	Damascus High School	Damascus, MD 20872
Food	Maryland's Best Farmer's Market	Fenton St & Ellsworth Dr	Silver Spring, MD 20910
Food	Maryland's Best Farmer's Market	Laurel Avenue between Carroll Avenue & Eastern Avenue	Takoma Park, MD 20912
Food	Emergency Food Delivery	P.O. Box 34094	Bethesda, MD 20827
Food	Emergency Food Program	P.O. Box 608	Germantown, MD 20875
Food	Emergency Food Delivery	P.O.Box 126	Damascus, MD 20872
Food	Maryland's Best Farmer's Market	Public House Road & Clarksburg Road	Clarksburg, MD 20871
Food	Maryland's Best Farmer's Market	Reedie Drive & Viers Mill Road	Wheaton, MD 20902
Food	Maryland's Best Farmer's Market	Rt 28 and Monroe St	Rockville, MD 20850
Housing	Emergency Shelter	1070 Copperstone Court	Rockville, MD 20852
Housing	Inwood House	10921 Inwood Avenue	Silver Spring, MD 20902
Housing	Montgomery Avenue Women's Center	112 W. Montgomery Avenue	Rockville, MD 20850
Housing	Hand to Hand Eviction Prevention	114 W. Montgomery Ave	Rockville, MD 20850

Housing	Eviction Prevention	11435 Grandview Avenue Wheaton	Silver Spring, MD 20902
Housing	Shelter Services	12120 Plum Orchard Drive	Silver Spring, MD 20904
Housing	Rock Creek Foundation	12120 Plum Orchard Drive	Silver Spring, MD 20904
Housing	Emergency Eviction Prevention	12247 Georgia Avenue	Wheaton, MD 20902
Housing	Shelter Services	12247 Georgia Avenue	Wheaton, MD 20902
Housing	Wilkins Avenue Women's Assessment Center	12250 Wilkins Avenue	Rockville, MD 20852
Housing	Independent Living Services	12301 Old Columbia Pike	Silver Spring, MD 20904
Housing	Supportive Housing Services	12400 Kiln Ct	Burtonsville, MD 20705
Housing	Compass, Inc	12400 Kiln Ct	Burtonsville, MD 20705
Housing	Emergency Eviction Prevention	12900 Middlebrook Road	Gaithersburg, MD 20874
Housing	Shelter Services	12900 Middlebrook Road	Gaithersburg, MD 20874
Housing	Housing Counseling and Education	12900 Middlebrook Road	Germantown, MD 20874
Housing	Abused Persons Program	1301 Piccard Dr	Rockville, MD 20850
Housing	Emergency Eviction Prevention	1301 Piccard Dr	Rockville, MD 20850
Housing	Rental Assistance	1301 Piccard Dr	Rockville, MD 20850
Housing	Shelter Services	1301 Piccard Dr	Rockville, MD 20850
Housing	Independent Housing Program	1398 Lamberton Drive	Silver Spring, MD 20902
Housing	Emergency Housing Assistance	14015 New Hampshire Avenue	Silver Spring, MD 20904
Housing	Emergency Housing Assistance	14015 New Hampshire Avenue, Rooms 126 & 125	Silver Spring, MD 20904

Housing	Homecrest House	14508 Homecrest Rd	Silver Spring, MD 20906
Housing	Jewish Foundation for Group Homes	1500 East Jefferson Street	Rockville, MD 20852
Housing	Rainbow Place	215 West Montgomery Avenue	Rockville, MD 20850
Housing	Rebuilding Together Montgomery County	3925 Plyers Mill Road	Kensington, MD 20895
Housing	Shelter Services	438 N. Frederick Ave	Gaithersburg, MD 20877
Housing	Permanent Housing Program	4715 Cordell Ave	Bethesda, MD 20814
Housing	St. Ann's Center for Children, Youth and Families	4901 Eastern Avenue	Hyattsville, MD 20782
Housing	Abused Persons Program	50 Maryland Avenue	Rockville, DC 20850
Housing	Supportive Housing Services	5020 Sunnyside Ave	Beltsville, MD 20705
Housing	Men's Emergency Shelter	600 A Gude Drive	Rockville, MD 20850
Housing	Permanent Housing Program	600 B East Gude Dr	Rockville, MD 20850
Housing	Home First	600 B East Gude Dr	Rockville, MD 20850
Housing	Abused Persons Program	600 Jefferson Street	Rockville, MD 20850
Housing	Montgomery Housing Partnership	6040 Southport Drive	Bethesda, MD 20814
Housing	Family Services Shelter	610 E. Diamond Ave.	Gaithersburg, MD 20877
Housing	Revitz House	6111 Montrose Road	Rockville, MD 20852
Housing	Charles E. Smith Life Communities	6121 Montrose Rd	Rockville, MD 20852
Housing	Emergency Eviction Prevention	620 E. Diamond Ave.	Gaithersburg, MD 20877
Housing	Shelter Services	620 E. Diamond Ave.	Gaithersburg, MD 20877

Housing	The Dwelling Place, Inc.	620 E. Diamond Avenue	Gaithersburg, MD 20877
Housing	Family Stabilization Program	6301 Greentree Road	Bethesda, MD 20817
Housing	Greentree Shelter	6301 Greentree Road	Bethesda, MD 20817
Housing	Bethesda Cares	7728 Woodmont Avenue	Bethesda, MD 20814
Housing	Interfaith Works Empowerment Center	8210 Dixon Avenue	Silver Spring, MD 20910
Housing	Emergency Eviction Prevention	8513 Piney Branch Road	Silver Spring, MD 20901
Housing	Shelter Services	8513 Piney Branch Road	Silver Spring, MD 20901
Housing	Abused Persons Program	8552 Second Avenue	Silver Spring, MD 20910
Housing	Abused Persons Program	8818 Georgia Ave	Silver Spring, MD 20910
Housing	Emergency Eviction Prevention	8818 Georgia Ave	Silver Spring, MD 20906
Housing	Shelter Services	8818 Georgia Ave	Silver Spring, MD 20906
Housing	Habitat for Humanity	9110 Gaither Road	Gaithersburg, MD 20877
Housing	Silver Spring Interfaith Housing Coalition	914 Silver Spring Ave, Suite 203	Silver Spring, MD 20910
Housing	Carroll House Men's Shelter	9625 Dewitt Dr	Silver Spring, MD 20910
Housing	Abused Persons Program	981 Rollins Ave	Rockville, MD 20852
Housing	Supportive Housing Program	P.O. Box 83851	Gaithersburg, MD 20883
Mental Health	Domestic Workers Law & Advocacy	100 Maryland Avenue	Rockville, MD 20850
Mental Health	EveryMind	1000 Twinbrook Parkway	Rockville, MD 20851
Mental Health	N*Common - Multicultural Mental Health Services	1000 Twinbrook Parkway	Rockville, MD 20851

Mental Health	Anger Management for Parents	10100 Connecticut Ave	Kensington, MD 20895
Mental Health	Mental Health Program - Identity, Inc.	10301 Apple Ridge Rd	Gaithersburg, MD 20879
Mental Health	Adult Behavioral Health Program	11002 Viers Mill Road	Wheaton, MD 20902
Mental Health	National Alliance on Mental Illness of Montgomery County	11718 Parklawn Drive	Rockville, MD 20852
Mental Health	National Alliance on Mental Illness of Montgomery County	11718 Parklawn Drive	Rockville, MD 20852
Mental Health	Center for Therapeutic Concepts, Inc.	1300 Mercantile Lane	Largo, MD 20744
Mental Health	Abused Persons Program	1301 Piccard Dr	Rockville, MD 20850
Mental Health	24 Hour Crisis Center	1301 Piccard Dr	Rockville, MD 20850
Mental Health	Montgomery County Family Justice Center	13321 New Hampshire Avenue	Silver Spring, MD 20904
Mental Health	Child and Adolescent Behavioral Health Program	1401 Rockville Pike	Rockville, MD 20852
Mental Health	Adventist HealthCare Behavioral Health & Wellness Services	14901 Broschart Road	Rockville, MD 20850
Mental Health	John L. Gildner Regional Institute for Children and Adolescents	15000 Broschart Road	Rockville, MD 20850
Mental Health	Willow Oak Therapy Center	15841 Crabbs Branch Way	Rockville, MD 20855
Mental Health	Collaborative Care: Integrated Behavioral Health	16220 Frederick Ave.	Gaithersburg, MD 20877
Mental Health	Adolescent Psycho-educational Groups	16220 S. Frederick Avenue	Gaithersburg, MD 20877

Mental Health	World Organization for Resource Development and Education	19650 Club House Road	Montgomery Village, MD 20854
Mental Health	Collaborative Care: Integrated Behavioral Health	19735 Germantown Road	Germantown, MD 20874
Mental Health	Collaborative Care: Integrated Behavioral Health	200 Girard Street	Gaithersburg, MD 20877
Mental Health	Contemporary Therapeutic/Family Services	20400 Observation Drive	Germantown, MD 20876
Mental Health	The Family Tree - Stress Line	2108 North Charles Street	Baltimore, MD 21229
Mental Health	Abused Persons Program	27 Courthouse Square	Rockville, MD 20850
Mental Health	Counseling Services - Islamic Society of the Washington Area	2701 Briggs Chaney Rd	Silver Spring, MD 20905
Mental Health	Mental Health Program - Identity, Inc.	314 S Frederick Ave	Gaithersburg, MD 20877
Mental Health	Domestic Violence	3300 Briggs Chaney Road	Silver Spring, MD 20904
Mental Health	Center for Adoption Support and Education	4000 Blackburn Lane	Burtonsville, MD 20866
Mental Health	Mental Health Medical Assistance	401 Hungerford Drive	Rockville, MD 20850
Mental Health	Mental Health Program - Identity, Inc.	415 East Diamond Ave.	Gaithersburg, MD 20877
Mental Health	Counseling - CASE Bethesda Office	4848 Battery Lane	Bethesda, MD 20814
Mental Health	Abused Persons Program	600 Jefferson Street	Rockville, MD 20850
Mental Health	Mental Health Program - Identity, Inc.	7676 New Hampshire Avenue	Takoma Park, MD 20912

Mental Health	Collaborative Care: Integrated Behavioral Health	7676 New Hampshire Avenue Suite 220	Takoma Park, MD 20912
Mental Health	Christ Lutheran Church of Bethesda counseling center	8011 Old Georgetown Rd	Bethesda, MD 20814
Mental Health	Potomac Ridge Behavioral Health Eastern Shore	821 Fieldcrest Rd	Cambridge, MD 21613
Mental Health	Potomac Ridge Behavioral Health Eastern Shore	821 Fieldcrest Rd	Cambridge, MD 21613
Mental Health	Domestic Violence Prevention Program	847-J Quince Orchard Blvd.	Gaithersburg, MD 20878
Mental Health	Abused Persons Program	8552 Second Avenue	Silver Spring, MD 20910
Mental Health	Abused Persons Program	8818 Georgia Ave	Silver Spring, MD 20910
Mental Health	Child and Adolescent Behavioral Health Program	8818 Georgia Ave	Silver Spring, MD 20910
Mental Health	Allies in the Arts at WRNMMC	8901 Rockville Pike	Bethesda, MD 20899
Mental Health	Abused Persons Program	981 Rollins Ave	Rockville, MD 20852
Mental Health	Greater Washington Jewish Coalition Against Domestic Abuse	PO Box 2266	Rockville, MD 20847
Maternal Infant Health	Parent Encouragement Program	10100 Connecticut Ave	Kensington, MD 20895
Maternal Infant Health	Sanctuaries for Life - Prenatal Care	12247 Georgia Avenue	Silver Spring, MD 20902
Maternal Infant Health	Early Head Start	12301 Academy Way	Rockville, MD 20852
Maternal Infant Health	Rockville Pregnancy Clinic	12730 Twinbrook Pkwy	Rockville, MD 20852
Maternal Infant Health	Maryland Children's Health Program (MCHP)	12900 Middlebrook Road	Gaithersburg, MD 20874

Maternal Health	Infant	Maternity Partnership/Prenatal Care	12900 Middlebrook Road	Gaithersburg, MD 20874
Maternal Health	Infant	Maternity Partnership/Prenatal Care	1335 Piccard Drive	Rockville, MD 20850
Maternal Health	Infant	Start More Infants Living Equally Healthy (AAHP)	14015 New Hampshire Avenue	Silver Spring, MD 20904
Maternal Health	Infant	AAHP Healthy Infants	14015 New Hampshire Avenue	Silver Spring, MD 20904
Maternal Health	Infant	Baby Steps Health Screenings	1500 Forest Glen Rd	Silver Spring, MD 20910
Maternal Health	Infant	Aspire Counseling - Healthy Mothers, Healthy Babies	16220 Frederick Ave.	Gaithersburg, MD 20877
Maternal Health	Infant	Parenting Program/Pregnancy Classes	16220 South Frederick Ave	Gaithersburg, MD 20877
Maternal Health	Infant	PEARLS - Pregnant or Parenting High School Students	314 S Frederick Ave	Gaithersburg, MD 20877
Maternal Health	Infant	St. Ann's Center for Children, Youth and Families	4901 Eastern Avenue	Hyattsville, MD 20782
Maternal Health	Infant	PEARLS - Pregnant or Parenting High School Students	51 University Blvd E	Silver Spring, MD 20901
Maternal Health	Infant	Baby Steps Health Screenings	610 E. Diamond Ave.	Gaithersburg, MD 20877
Maternal Health	Infant	Early Head Start	7833 Walker Dr. Suite 610	Beltsville, MD 20705
Maternal Health	Infant	Maryland Children's Health Program (MCHP)	8630 Fenton Street	Silver Spring, MD 20910
Maternal Health	Infant	Maternity Partnership/Prenatal Care	8630 Fenton Street	Silver Spring, MD 20910
Maternal Health	Infant	Gestational Diabetes Prevention Program	9805 Dameron Drive	Silver Spring, MD 20910

Maternal Health	Infant	Baby Steps Health Screenings	9901 Medical Center Drive	Rockville, MD 20850
Maternal Health	Infant	Angel Friend Support and Resources Program	P.O. Box 2116	Bowie, MD 20718
Senior		Elderly Ministries Program	1010 Grandin Avenue	Rockville, MD 20851
Senior		Selma Sweetbaum Senior Satellite Program	1132 Arcola Ave	Silver Spring, MD 20902
Senior		ElderSAFE	6121 Montrose Rd	Rockville, MD 20852
SDOH		AALEAD Mentoring Program	10111 Colesville Road	Silver Spring, MD 20901
SDOH		Multi-Lingual Legal Helpline - Asian Pacific American Legal Resource Center	1012 14th Street, NW	Washington, DC 20005
SDOH		After School Program - Identity, Inc.	10301 Apple Ridge Rd	Gaithersburg, MD 20879
SDOH		After School Program - Identity, Inc.	10631 Stedwick Rd	Montgomery Village, MD 20886
SDOH		City of Rockville Hispanic/Latino Community Outreach	111 Maryland Avenue	Rockville, MD 20850
SDOH		AALEAD After School Program	11135 Newport Mill Rd	Kensington, MD 20895
SDOH		AALEAD After School Program	11311 Newport Mill Rd	Kensington, MD 20895
SDOH		Proyecto Salud Clinic	11435 Grandview Aveive	Wheaton, MD 20902
SDOH		ESOL - Adult English as a Second Language Classes at CCACC	1150 Carnation Dr.	Rockville, MD 20850
SDOH		Citizenship Preparation	11701 Georgia Ave.,	Wheaton, MD 20902
SDOH		AALEAD After School Program	12601 Dalewood Dr	Wheaton, MD 20906
SDOH		After School Program - Identity, Inc.	12601 Dalewood Dr	Wheaton, MD 20906

SDOH	Civic Engagement for Beginning English Language Learners	12601 Dalewood Dr	Wheaton, MD 20906
SDOH	After School Program - Identity, Inc.	12700 Middlebrook Rd	Germantown, MD 20874
SDOH	Citizenship Preparation	12900 Middlebrook Road	Germantown, MD 20874
SDOH	AAHP HIV and AIDS Program	14015 New Hampshire Avenue	Silver Spring, MD 20904
SDOH	Proyecto Salud Clinic	18111 Prince Philip Dr.	Olney, MD 20832
SDOH	Citizenship Preparation	18330 Montgomery Village Ave.	Gaithersburg, MD 20886
SDOH	After School Program - Identity, Inc.	18501 Cinnamon Dr	Germantown, MD 20874
SDOH	ESOL - Adult English as a Second Language Classes at CCACC	18905 Kingsview Road	Germantown, MD 20874
SDOH	AALEAD After School Program	1901 Randolph Rd	Silver Spring, MD 20902
SDOH	Crossroads - Resources for Underserved Minority Populations	19650 Club House Road	Montgomery Village, MD 20854
SDOH	GUYS Youth Mentoring	2 Teachers Way	Gaithersburg, MD 20877
SDOH	AAHP HIV and AIDS Program	2000 Dennis Ave	Silver Spring, MD 20902
SDOH	After School Program/Catching Up Program	201 Valleybrook Dr	Silver Spring, MD 20904
SDOH	After School Program - Identity, Inc.	20301 Brandermill Dr	Germantown, MD 20876
SDOH	After School Program - Identity, Inc.	314 S Frederick Ave	Gaithersburg, MD 20877

SDOH	Civic Engagement for Beginning English Language Learners	314 S Frederick Ave	Gaithersburg, MD 20877
SDOH	Civic Engagement for Beginning English Language Learners	314 S Frederick Ave	Gaithersburg, MD 20877
SDOH	The People's Community Baptist Church Wellness Center	3300 Briggs Chaney Rd	Silver Spring, MD 20904
SDOH	Adult ESOL classes	35 N Summit Ave	Gaithersburg, MD 20877
SDOH	ESOL - Adult English as a Second Language Classes at CCACC	357 Frederick Avenue	Rockville, MD 20850
SDOH	ESL for Parents	3612 Woodley Rd. NW	Washington, DC 20016
SDOH	Ama Tu Vida	401 Hungerford Drive	Rockville, MD 20850
SDOH	Asian American Health Initiative (AAHI)	401 Hungerford Drive	Rockville, MD 20850
SDOH	Health Promoters Program "Vias de la Salud"	401 Hungerford Drive	Rockville, MD 20850
SDOH	Latino Asthma Management Program	401 Hungerford Drive	Rockville, MD 20850
SDOH	Youth Opportunity Center	415 East Diamond Ave.	Gaithersburg, MD 20877
SDOH	ESOL - Korean American Senior Citizens Association, Inc	4401 Muncaster Mill Rd	Rockville, MD 20853
SDOH	Health Education - Korean American Senior Citizens Association, Inc	4401 Muncaster Mill Rd	Rockville, MD 20853
SDOH	AALEAD After School Program	4610 W Frankfort Dr	Rockville, MD 20853
SDOH	AAHP HIV and AIDS Program	51 Mannakee St	Rockville, MD 20850

SDOH	AALEAD After School Program	51 University Blvd E	Silver Spring, MD 20901
SDOH	After School Program/Catching Up Program	51 University Blvd E	Silver Spring, MD 20901
SDOH	City of Rockville Hispanic/Latino Community Outreach	5911 Ridgeway Ave	Rockville, MD 20851
SDOH	Adult ESOL classes	610 E. Diamond Ave.	Gaithersburg, MD 20877
SDOH	GUYS Youth Mentoring	610 E. Diamond Ave.	Gaithersburg, MD 20877
SDOH	After School Program - Identity, Inc.	6505 Muncaster Mill Rd	Derwood, MD 20855
SDOH	AALEAD After School Program	651 Falls Rd	Rockville, MD 20850
SDOH	Washington Youth Foundation Mentoring Program	706-B East Gude Drive	Rockville, MD 20850
SDOH	Legal Services - CASA de Maryland	734 University Blvd E	Silver Spring, MD 20903
SDOH	Social Services Program - CASA de Maryland	734 University Blvd E	Silver Spring, MD 20903
SDOH	AAHP HIV and AIDS Program	7600 Takoma Avenue	Takoma Park, MD 20912
SDOH	Youth Opportunity Center	7676 New Hampshire Avenue	Takoma Park, MD 20912
SDOH	After School Program/Catching Up Program	7777 Maple Ave	Takoma Park, MD 20912
SDOH	African Arts, Culture and Education (ACE) Academy	7777 Maple Avenue	Takoma Park, MD 20912
SDOH	Golden Age Project for Seniors - Association of Vietnamese Americans	8121 Georgia Ave	Silver Spring, MD 20910

SDOH	New Americans Advocacy Services (NAAS) - Association of Vietnamese Americans	8121 Georgia Ave	Silver Spring, MD 20910
SDOH	Legal Services - CASA de Maryland	8151 15th Ave.	Hyattsville, MD 20783
SDOH	AAHP HIV and AIDS Program	8210 Colonial Lane	Silver Spring, MD 20910
SDOH	ESOL Program - Korean Community Service Center	847-J Quince Orchard Blvd.	Gaithersburg, MD 20878
SDOH	Latino Health Initiative	8630 Fenton Street	Silver Spring, MD 20910
SDOH	Golden Age Project for Seniors - Association of Vietnamese Americans	8700 Piney Branch Road	Silver Spring, MD 20901
SDOH	Alfabetización En Espanol	8800 Garland Ave.	Silver Spring, MD 20901
SDOH	After School Program/Catching Up Program	8860 Piney Branch Rd	Silver Spring, MD 20903
SDOH	African Arts, Culture and Education (ACE) Academy	8860 Piney Branch Road	Silver Spring, MD 20910
SDOH	CCACC Pan Asian Volunteer Health Clinic	9318 Gaither Road, Suite 205	Gaithersburg, MD 20877
SDOH	Chinese Culture And Community Service Center (CCACC)	9366 Gaither Rd	Gaithersburg, MD 20877
SDOH	ESOL - Adult English as a Second Language Classes at CCACC	9366 Gaither Road	Gaithersburg, MD 20877
Senior	Friendly Visitor Program - EveryMind	1000 Twinbrook Parkway	Rockville, MD 20851
Senior	Elderly Ministries Program	1010 Grandin Avenue	Rockville, MD 20851
Senior	Inwood House	10921 Inwood Avenue	Silver Spring, MD 20902

Senior	CCACC Senior Program	1150 Carnation Dr.	Rockville, MD 20850
Senior	Senior Fit - Holy Cross	1150 Carnation Drive	20850
Senior	Senior Fit - Holy Cross	11711 Georgia Ave.	20902
Senior	Senior Outreach and Spanish Speaking Outreach Programs	12200 Tech Road, Suite 330	Silver Spring, MD 20904
Senior	Jewish Council for the Aging	12320 Parklawn Drive	Rockville, MD 20852
Senior	Arts for the Aging	12320 Parklawn Drive	Rockville, MD 20852
Senior	Care for Your Health Clinic	13925 New Hampshire Ave	Silver Spring, MD 20904
Senior	Adult Protective Services	1401 Rockville Pike	Rockville, MD 20850
Senior	Top Banana Home Delivered Groceries	14100 Brandywine Road	Brandywine, MD 20613
Senior	CALMRA's Adult Day Program	14205 Park Center Dri	Laurel, MD 20707
Senior	Homecrest House	14508 Homecrest Rd	Silver Spring, MD 20906
Senior	Senior Fit - Holy Cross	14625 Bauer Drive	20853
Senior	Senior Fit - Holy Cross	14906 Old Columbia Pike	20866
Senior	Senior Fit - Holy Cross	15 Crescent Road	20770
Senior	Senior Fit - Holy Cross	1500 Merrimac Drive	20783
Senior	Senior Fit - Holy Cross	15300 New Hampshire Ave.	20905
Senior	Senior Fit - Holy Cross	1700 April Lane	20904
Senior	Hirsh Health Center	1801 Jefferson Streey	Rockville, MD 20852
Senior	Adult Medical Day Program - Winter Growth, Inc.	18110 Prince Philip Dr	Olney, MD 20832
Senior	Senior Fit - Holy Cross	18800 New Hampshire Ave.	20861
Senior	Senior Fit - Holy Cross	18905 Kingsview Road	20874
Senior	CCACC Senior Program	18905 Kingsview Road	Germantown, MD 20874

Senior	Senior Fit - Holy Cross	19561 Scenery Drive	20876
Senior	JSSA Senior Services	200 Wood Hill Road	Rockville, MD 20850
Senior	Alzheimer's Disease Research (ADR)	22512 Gateway Center Dr	Clarksburg, MD 20871
Senior	Senior Fit - Holy Cross	2450 Lyttonville Road	20910
Senior	Dental Services for Seniors	31 South Summit Avenue	Gaithersburg, MD 20877
Senior	Arts for the Aging	3310 Gateshead Manor Way	Silver Spring, MD 20904
Senior	Senior Fit - Holy Cross	3310 Gateshead Manor Way	20904
Senior	Friendly Visitation - Senior Connection of Montgomery County, Inc.	3950 Ferrara Dr.	Silver Spring, MD 20906
Senior	Grocery Shopping Services - Senior Connection of Montgomery County, Inc.	3950 Ferrara Dr.	Silver Spring, MD 20906
Senior	Grocery Shopping Services	3950 Ferrara Dr.	Silver Spring, MD 20906
Senior	Adult Foster Care Unit	401 Hungerford Drive	Rockville, MD 20850
Senior	Randolph Hills Adult Medical Day Care	4011 Randolph Road	Wheaton, MD 20902
Senior	Senior Fit - Holy Cross	409 and 417 Russell Ave.	20877-2801
Senior	Senior Fit - Holy Cross	4100 Northview Drive	20716
Senior	Korean American Senior Citizens Association, Inc	4401 Muncaster Mill Rd	Rockville, MD 20853
Senior	Korean American Senior Citizens Association, Inc	4401 Muncaster Mill Rd	Rockville, MD 20853
Senior	Korean American Senior Citizens Association, Inc	4401 Muncaster Mill Rd	Rockville, MD 20853
Senior	Senior Lunch Program - Korean American Senior Citizens Association, Inc	4401 Muncaster Mill Rd	Rockville, MD 20853

Senior	Social Services at Korean American Senior Citizens Association	4401 Muncaster Mill Rd	Rockville, MD 20853
Senior	Senior Fit - Holy Cross	4817 Blagden Avenue, NW	20011
Senior	Senior Fit - Holy Cross	6120 Sargent Road	20782
Senior	ElderSAFE - Hirsh Health Center	6121 Montrose Rd	Rockville, MD 20852
Senior	JSSA Senior Services	6123 Montrose Road	Rockville, MD 20852
Senior	Senior Fit - Holy Cross	635 Aspen Street, NW	20012
Senior	Senior Fit - Holy Cross	6600 Adelphi Road	20783
Senior	Fitness Room	7315 New Hampshire Avenue	Takoma Park, MD 20912
Senior	Fitness Room	7500 Maple Avenue	Takoma Park, MD 20912
Senior	Game Room Open Play	7500 Maple Avenue	Takoma Park, MD 20912
Senior	Dental Services for Seniors	80A Bureau Drive	Gaithersburg, MD 20878
Senior	Golden Age Project for Seniors - Association of Vietnamese Americans	8121 Georgia Ave	Silver Spring, MD 20910
Senior	Senior Fit - Holy Cross	8580 Second Avenue	20910
Senior	Holy Cross Hospital Senior Source	8580 Second Avenue	Silver Spring, MD 20910
Senior	Care for Your Health Clinic	8615 Piney Branch Road	Silver Spring, MD 20901
Senior	Golden Age Project for Seniors - Association of Vietnamese Americans	8700 Piney Branch Road	Silver Spring, MD 20901
Senior	Arts for the Aging	8700 Piney Branch Road	Silver Spring, MD 20901
Senior	Senior Fit - Holy Cross	8700 Piney Branch Road	20901
Senior	CCACC Adult Day Healthcare Center	9366 Gaither Rd	Gaithersburg, MD 20877

Senior	CCACC Senior Program	9366 Gaither Road	Gaithersburg, MD 20877
Senior	Senior Fit - Holy Cross	9701 Veirs Drive	20850
Senior	Holy Cross Hospital Medical Adult Day Center	9805 Dameron Drive	Silver Spring, MD 20910
Substance Abuse	Avery Road Combined Care	14701 Avery Road	Rockville, MD 20853
Substance Abuse	Adult & Adolescent Intensive Outpatient Program for Chemical Dependency	14901 Broschart Road	Rockville, MD 20850
Substance Abuse	Step Ahead, FSI	19530 Doctors Dr	Germantown,MD 20874
Substance Abuse	Maryland's Commitment to Veterans	201 W. Preston Street	Baltimore,MD 21201
Substance Abuse	Mental Health Medical Assistance	401 Hungerford Drive	Rockville, MD 20850
Substance Abuse	Family Services, Inc	610 E. Diamond Ave.	Gaithersburg, MD 20877
Substance Abuse	DUI Education/Treatment Program	640 East Diamond Avenue, Suite B	Gaithersburg , MD 20877
Substance Abuse	Vesta, Inc. - Veteran's Services	8737 Colesville Rd	Silver Spring, MD 20910

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CONTACT INFORMATION

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An electronic version of this Community Health Needs Assessment is publically available at <http://www.holycrosshealth.org/community-health-needs-assessment> and print versions are available upon request.

A full version of the Healthy Montgomery Community Health Needs Assessment is publically available at <http://www.healthymontgomery.org>.

No comments were received regarding the previous needs assessment for Holy Cross Germantown Hospital.