

# Community Health Needs Assessment in Montgomery County



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Montgomery County Council  
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# Healthy Montgomery

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## 2015 Community Health Needs Assessment Community Conversations

### Core Measures Set

Click here to see all of our core measures for Montgomery County.

Families in Poverty



# Healthy Montgomery – Who we are

Healthy Montgomery brings together County government agencies, County hospital systems, minority health programs/initiatives, advocacy groups, academic institutions, community-based providers and other stakeholders to achieve optimal health and well-being for all Montgomery County residents. Healthy Montgomery's goals are to:

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

# Healthy Montgomery's Guiding Light



Healthy Montgomery is guided by a cross-sector Healthy Montgomery Steering Committee (HMSC) which also serves as the local health improvement coalition (LHIC) for the Maryland Department of Health and Mental Hygiene's State Health Improvement Process (MD SHIP). The HMSC informs, advises, and ensures implementation of the community health improvement process.



# Healthy Montgomery Steering Committee Members

## Co-Chairs:

Mr. George Leventhal  
Councilmember, Montgomery County Council

Ms. Sharan London  
Vice President, ICF International

## Members:

Ms. Uma Ahluwalia  
Director, Montgomery County Department of Health and Human Services

Mr. Ron Bialek  
President, Public Health Foundation  
Member, Commission on Health



Ms. Gina Cook  
Marketing, Communications Manager, MedStar Montgomery Medical Center

Dr. Raymond Crowel  
Chief, Behavioral Health and Crisis Services, Montgomery County DHHS

Delegate Bonnie Cullison  
House of Delegates, Maryland General Assembly

Ms. Tanya Edelin  
Sr. Project Manager for Community Benefit, Kaiser Permanente

Dr. Carol Garvey  
Vice President for Health Policy, Garvey Associates

Leslie Graham  
President & Chief Executive Officer  
Primary Care Coalition of Montgomery County

Dr. Samuel P. Korper  
Member, Commission on Aging



Ms. Amy Lindsey  
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Ms. Kimberley McBride  
Community Benefit Officer, Holy Cross Hospital

Ms. Kathy McCallum  
Controller, Ronald D. Paul Companies

Ms. Beatrice Miller  
Sr. Regional Care Coordinator, Carefirst Blue Cross Blue Shield  
Member, African American Health Program

Dr. Seth Morgan, Physician  
Member, Commission on People with Disabilities

Dr. Nguyen Nguyen  
Member, Asian American Health Initiative

Dr. Cesar Palacios  
Executive Director, Proyecto Salud Health Center  
Member, Latino Health Initiative

Dr. Chrisandra Richardson  
Associate Superintendent, Montgomery County Public Schools



Dr. Joanne Roberts  
Program Manager, Montgomery County Recreation Department

Ms. Monique Sanfuentes  
Director, Community Health and Wellness, Suburban Hospital

Dr. Michael Stoto  
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Dr. Deidre Washington  
Research Associate, Center for Health Equity & Wellness, Adventist  
Healthcare

Emil Wolanin  
Acting Deputy Director, Montgomery County Department of  
Transportation

Ms. Marie Wood  
Member, Commission on Veterans Affairs

# Healthy Montgomery's Objectives

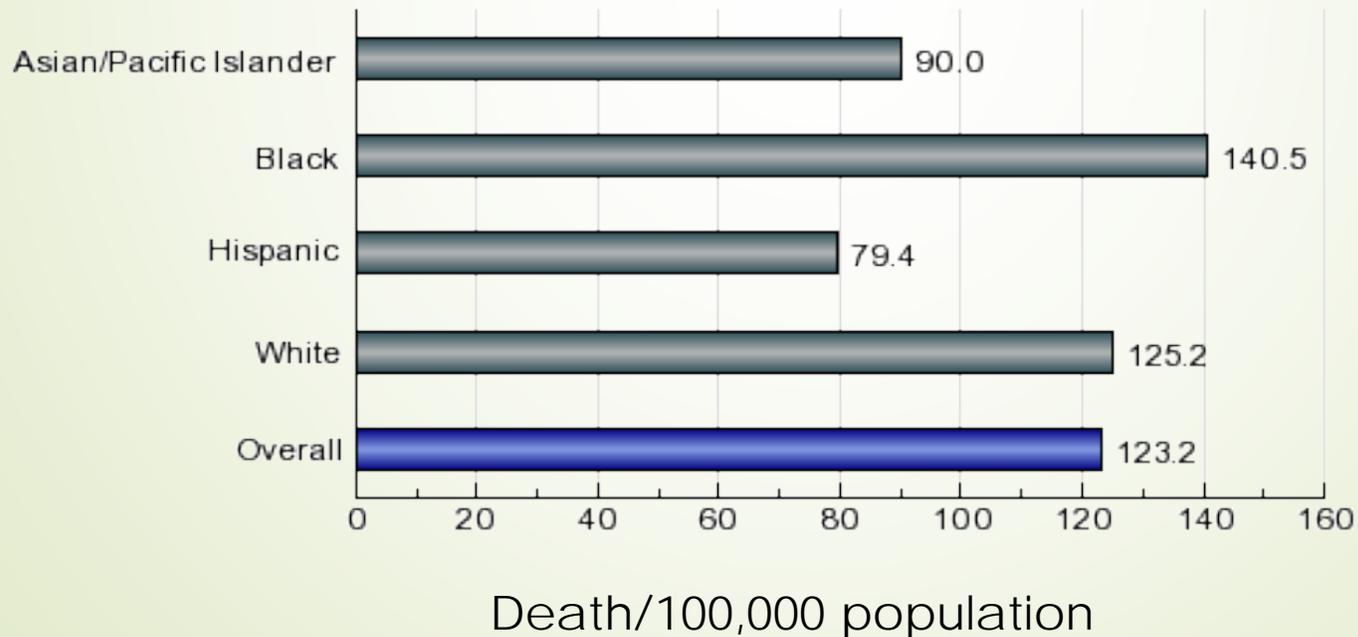
Healthy Montgomery's objectives are to:

- 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 and application.
- Identify and prioritize health and social needs in the County as a whole and in the diverse communities in the County.
- Foster projects to achieve health equity by addressing health and well-being needs, improving health outcomes and reducing demographic, geographic, socioeconomic disparities in health.
- Coordinate and leverage resources to support the community health improvement process infrastructure and improvement projects.

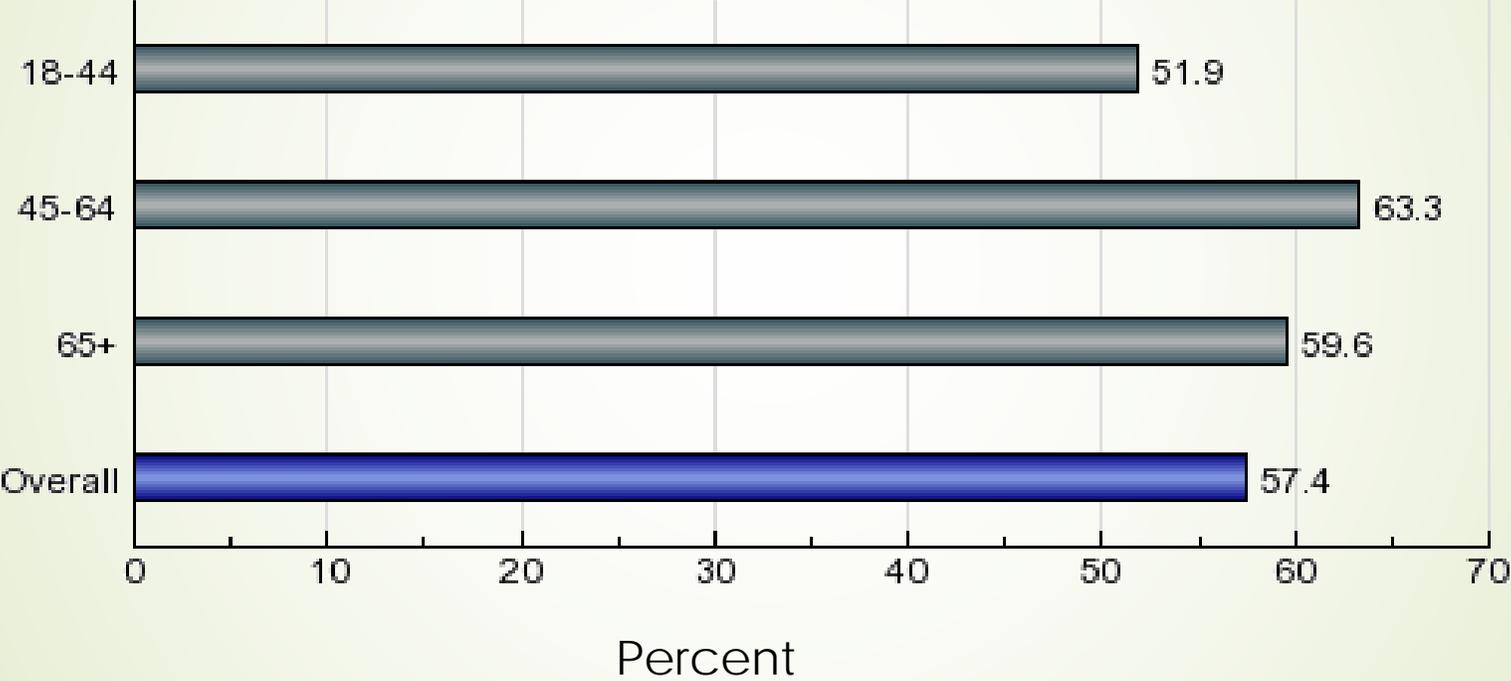
# What type of data are you looking for?

The disparities dashboard give you access to health and other indicators for Montgomery County

Age-Adjusted Death Rate due to Cancer by Race/Ethnicity

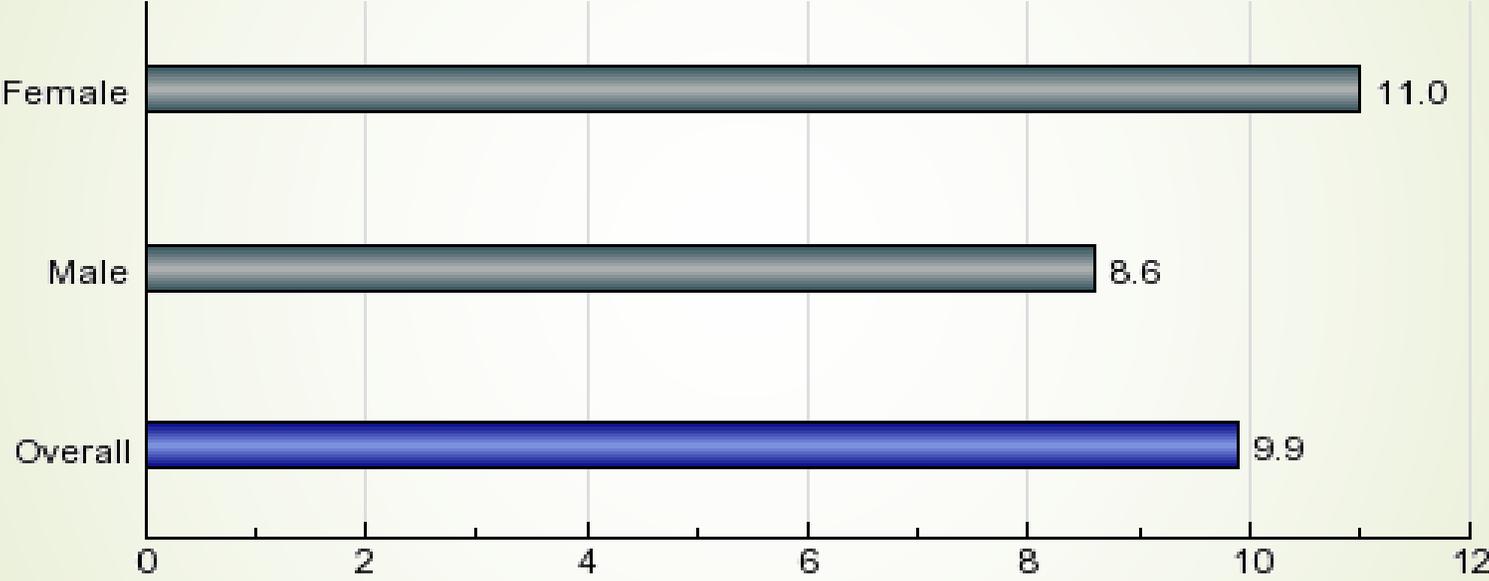


# Adults who are Overweigh or Obese by Age



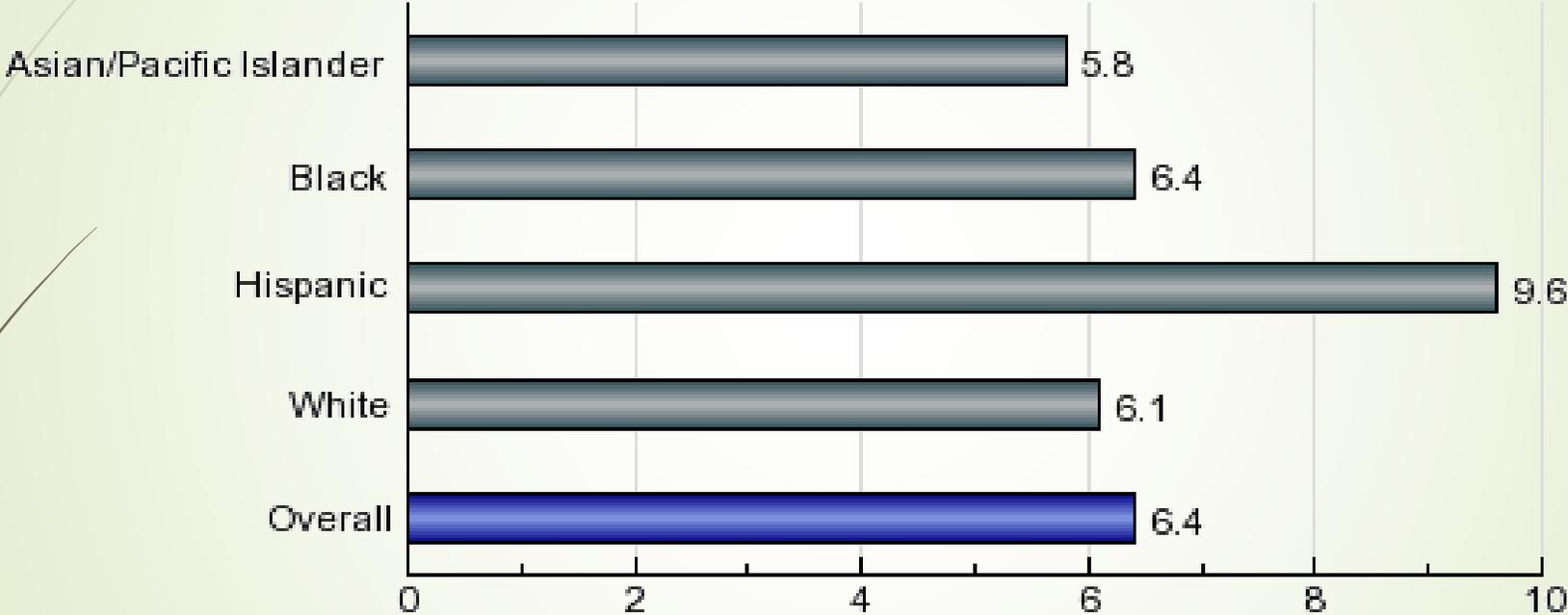


### Adults with Asthma by Gender



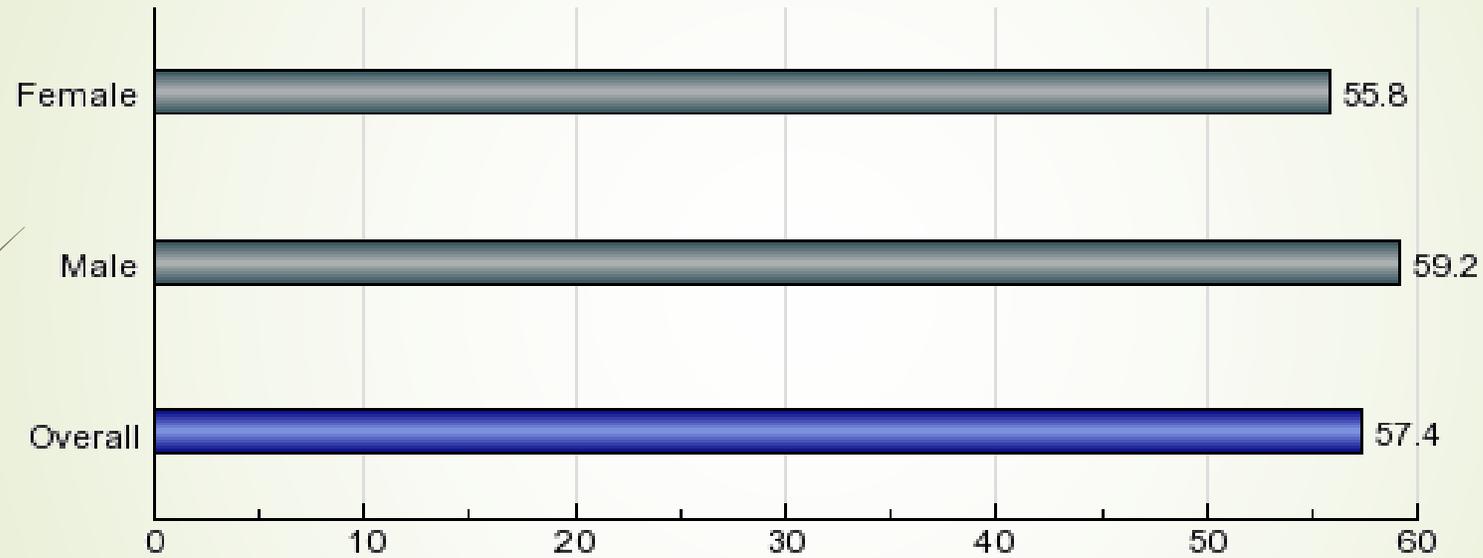
Percent

# Age-Adjusted Death Rate due to Motor Vehicle Collisions by Race/Ethnicity



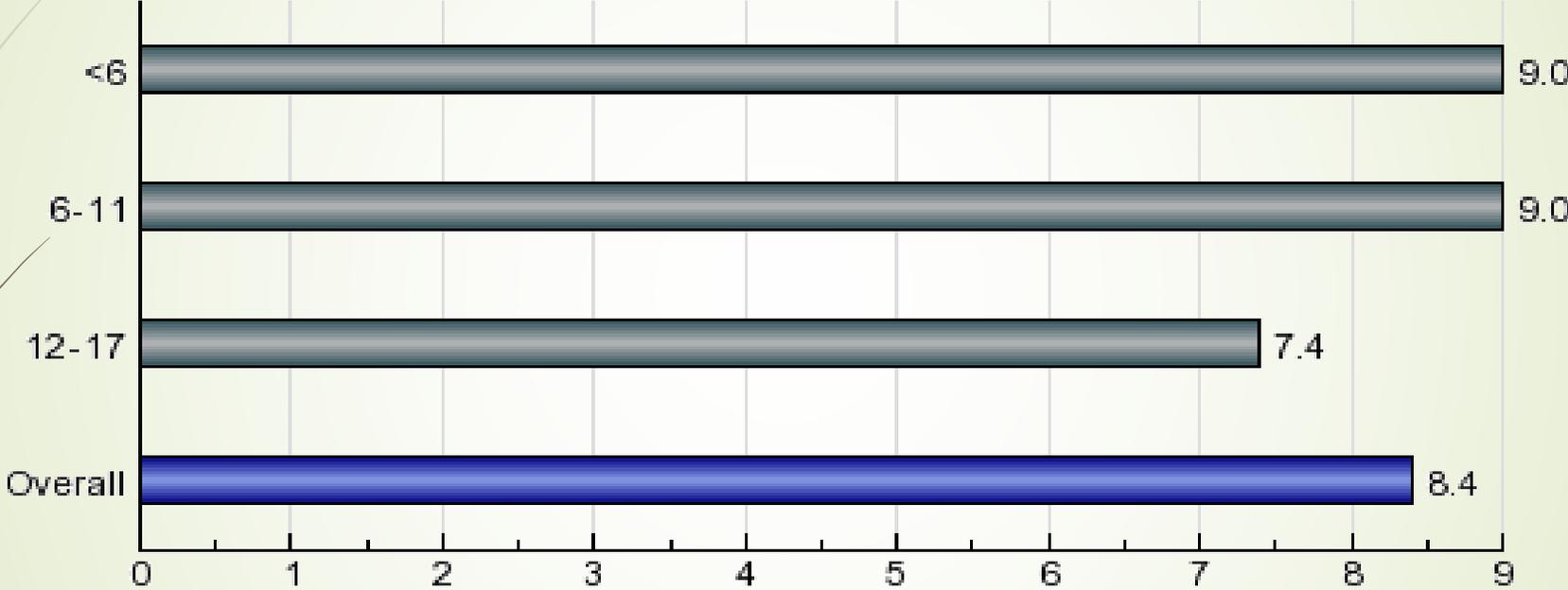
Death/100,000 Population

## People 25+ with a Bachelor's Degree or Higher by Gender



Percent

### Children Living Below the Poverty Level by Age



Percent

# Implementation Plan

The Healthy Montgomery Community health improvement process is based on five phases intended to occur within a three-year cycle:

- Phase 1: Compiling of available quantitative data, community resources, and evidence-based strategies.
- Phase 2: Collection of qualitative data and development of a comprehensive health needs assessment.
- Phase 3: Setting of health priorities and development of action plans to address identified priorities.
- Phase 4: Planning for action.
- Phase 5: Implementing, monitoring, and evaluation, as well as preplanning next cycle.

CON

- Certificate of Need

IRS

- Internal Revenue Services

CHIP

- Community Health Improvement Process

HIA

- Health Impact Assessment

## Our Context

- Started with the CHIP — Started round two in CY13
- IRS Rules on community benefit and the Maryland Health Services Cost Review Commission requirements
- Certificate of Need and hospitals competition for market share and profits
- Health Impact Assessments — staying current in the field
- HIE | MU | Land Use Planning/Analytics

# Healthy Montgomery: Six Priority Areas for Community Health Improvement

Approximately 100 indicators were identified and released at the launch of the Healthy Montgomery website in early 2011. This information was compiled into a Community Health Needs Assessment (CHNA), which was used by the HMSC in a priority-setting process. This resulted in the selection of six Healthy Montgomery priority areas:



# Obesity Action Planning and Implementation — Eat Well Be Active

The Healthy Montgomery Obesity Action Planning Work Group included representatives from government and community-based organizations. In March of 2014, the HMSC approved the Healthy Montgomery Obesity Action Plan, which recommends the following strategies:

- Establish a broad-based collaborative, county-wide partnership.
  - Address gaps in existing obesity prevention.
  - Reduce redundancies.
  - Make the best use of finite resources.
- Build upon existing data sources.
  - Establish a reliable and valid data system.
  - Monitor the effectiveness of obesity prevention.
  - Reduction programs and policies, especially among children and high-risk populations.

A county-wide collaborative partnership, Eat Well Be Active (EWBA), was launched in May 2014. The Partnership formed four place-based work groups. Work plans were developed for implementation of the following strategies:

- Schools – Promote the formation of school wellness councils in Montgomery County Public Schools (MCPS) Title I schools to advance local implementation of the MCPS school district-wide wellness policy and promote healthy food and physical activity policies and practices.
- Community – Enhance *infoMONTGOMERY* to serve as an asset map and inventory that lists resources related to: physical activity, healthy eating, and nutritional education and counseling.

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- Health Care – Disseminate screening questions for health care providers to use to assess the risk of sedentary behavior and increase the awareness of the importance of physical activity. Also provides age and culturally appropriate educational materials and local resources to share with patients.
  - Home/Child Care – Provide educational materials and training to child care providers to facilitate compliance with a new Maryland law that promotes breastfeeding, limits screen time, and promotes healthier drinks.

# Behavioral Health Action Planning and Implementation

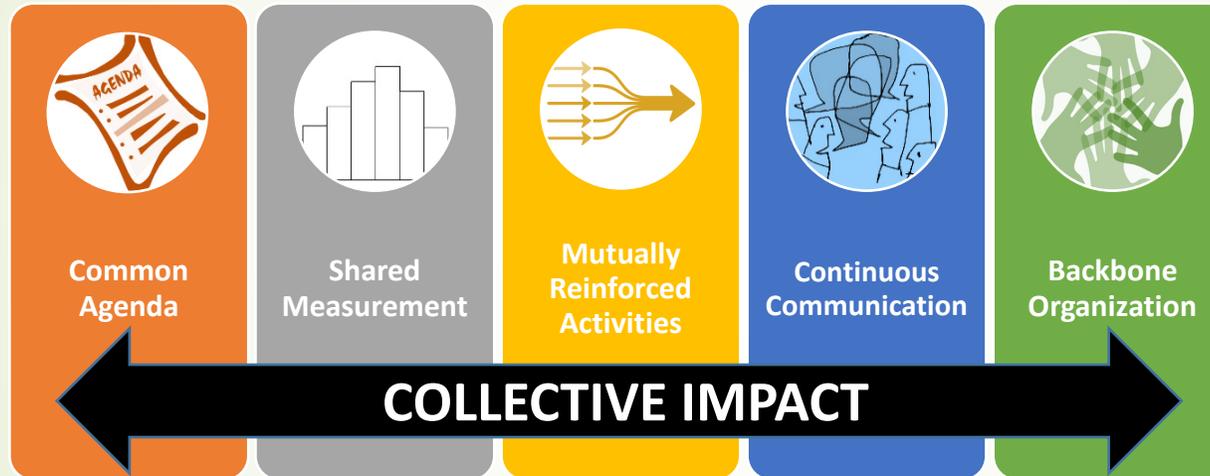
The Behavioral Health Action Planning Working Group was composed of individuals who have subject-matter expertise in mental health and substance abuse, as well as experience in providing behavioral health-related services and advocating for vulnerable populations disproportionately affected by poor behavioral health outcomes. In March 2014, the HMSC approved the Behavioral Health Action Plan Report, which contains the following strategies:

- Consider ways in which *infoMONTGOMERY* can be enhanced.
  - Create an accessible Web-based basic information, communications, and linkage system through which consumers, families, and providers can easily gain information about treatment options, the full range of available services, payment mechanisms, and how to access services.

- 
- Establish protocols to facilitate safe and appropriate transfer of clients from institutional settings to community behavioral health organizations, primary care organizations, and crisis centers.
  - Initiate a process to explore the creation of a coordinated system of care or other formal partnership-based business agreement to meet the needs of individuals with more serious behavioral health conditions who live in Montgomery County.

# Healthy Montgomery Framework

Healthy Montgomery is committed to two approaches for the 2016-2019 cycle

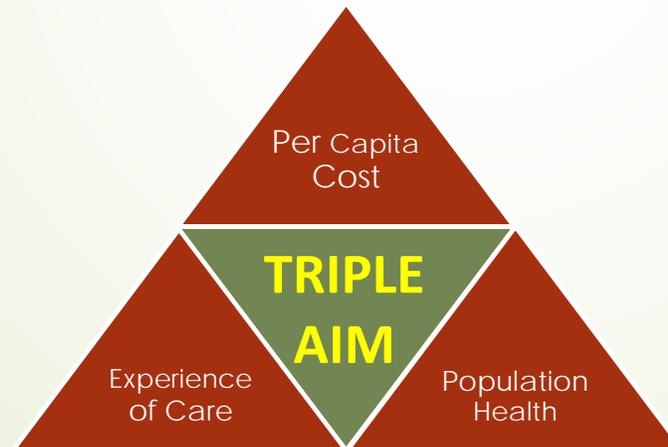


The Collective Impact approach is based on the concept that addressing complex health problems require more than a single solution.

# The Triple Aim

The Second framework for action is the Triple Aim. The goals of the Triple Aim are to simultaneously:

- Improve the patient experience of care.
- Improve the health of populations.
- Reduce the per capita cost of health care.



# Healthy Montgomery Core Measures Set

## Behavioral Health

- Adolescent and Adult Illicit drug Use in Past Month
- Adults with Any Mental Illness in Past year
- ER Visits for Behavioral Health Conditions
- Suicide

## Cancers

- Colorectal screening
- Pap in past 3 years
- Prostate cancer incidence
- Breast cancer mortality

## Cardiovascular Health

- Heart disease mortality
- Stroke mortality
- High blood pressure prevalence

## Cross-Cutting Measures

- Adults who have had a routine check-up
- Persons without health insurance
- Adults in Good Physical Health
- Adults in Good Mental Health
- Students in Good General Health
- Students ever feeling sad or hopeless in past year
- Adults who smoke
- Students current cigarette use
- Adults engaging in moderate physical activity
- Adult fruit and vegetable consumption
- Adults who are overweight or obese
- Students with no participation in physical activity
- Students who drank no soda or pop in the past week
- Students who are overweight or obese

## Diabetes

- Adults with diabetes
- ER visits for diabetes

## Maternal & Infant Health

- Mothers who received early prenatal care
- Infant mortality
- Babies with low birthweight

## Obesity

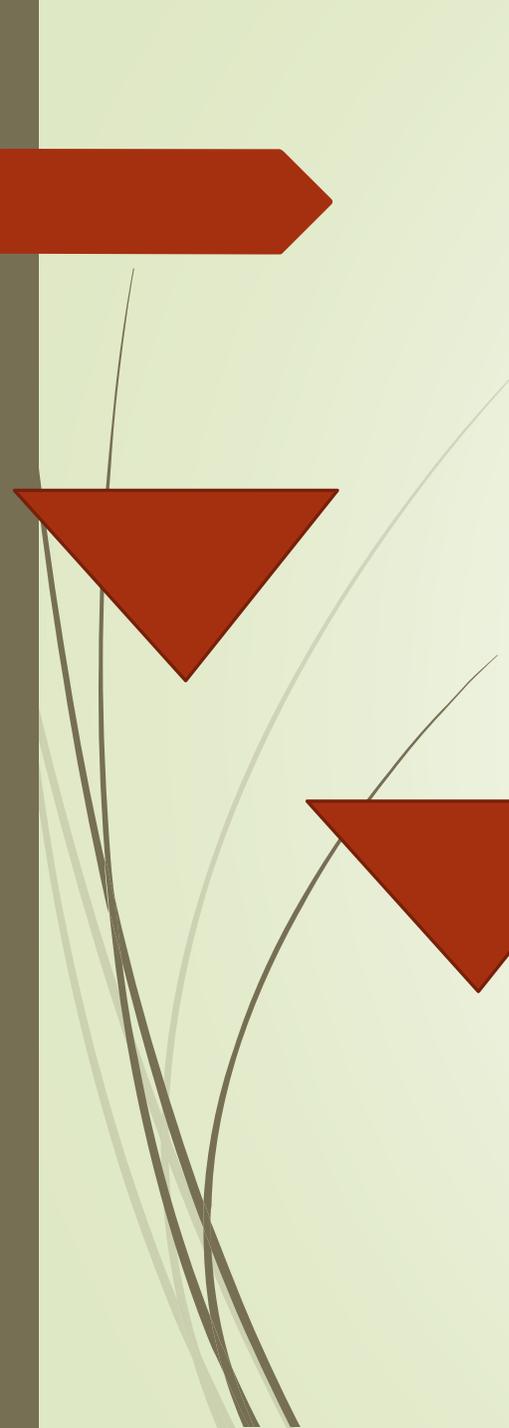
*See Highlighted Cross-Cutting Measures*

## Context Measures (SDOH)

- Families Living Below Poverty Level
- Residents 5+ years old that report speaking English "not very well"
- Students ever receiving free and reduced-price meals (FARMS)
- Adults with Adequate Social and Emotional Support
- Students who could talk to adult besides a parent
- Student participation in extracurricular activities
- High School Completion Rate

At the conclusion of its process, the Healthy Montgomery Data Project Team identified 37 measures that accomplished the following:

- Provided a set of cross-cutting measures within the Healthy Montgomery Core Measure Set.
- Aligned with Montgomery County's 6 not-for-profit hospitals' individual Community Health Need Assessments (CHNAs) and related implementation plans.
- Illustrated areas where Montgomery County needs improvement and developed actionable strategies in community sectors to achieve positive impacts.
- Highlighted areas where there are known disparities and/or inequities that can be reduced or eliminated.
- Included metrics that are part of MD SHIP, RWJF CHR, HP2020.



# In Response, a New Culture for Patient Care is Emerging.

## Year 1

- Shift to consumer-centric model
- Improve care transitions
- Payment reform

## Year 2

- Modernize services to match new model
- Partner across hospitals, physicians, and other providers and communities to develop new consumer-centered approaches

## Year 3

- Improve care coordination and improve chronic care
- Work with people to keep them healthier, financially and clinically
- Engage communities

# Implications — Value-Based Payments.

- All this means:
  - Payment moves away from fee-for-service
    - ~~The more you do the more you get paid~~
    - The better you do the better you get paid
  - Pressure to assume more risk
  - Need for integration and collaboration
- CHANGE IS HERE — CHANGE IS EVERYWHERE!



# Maryland Hospitals are Paid Differently.

- Maryland has set hospital rates since the mid-1970s
  - H e a l t h S e r v i c e s C o s t R e v i e w C o m m i s s i o n
    - Independent 7-member Commission
    - Public utility model
    - Provides oversight and regulation of hospitals
- Maryland hospitals are **waived** from Federal Medicare payment methods (the Medicare waiver)
- All payers participate
- Unique in the country





# Value of the All Payer System.

Helped hold  
down costs  
relative to  
elsewhere

Funds access to  
care

Transparency

Leader in  
linking quality  
and payment

Local access to  
regulators

# New Federal Agreement.

- 5-year demonstration with Medicare (CMS)
  - Effective January 1, 2014
- Focus on holding down costs
- More rewards for improving outcomes
- Encourages better team work among whole health care systems





# Now Underway: Community Health Needs Assessment

- Combines quantitative and qualitative information
  - Qualitative information derived from 15 focus groups (“community conversations”)
  - The purpose of the community conversations was to obtain the perspectives of a broad sample of County residents regarding health and well-being in the County.
  - A total of 367 individuals participated in the community conversations representing diverse races/ethnicities (29% of the 300 participants who responded to a demographic survey were African American, 26% were non-Hispanic White, 22% were Asian, 15% were Hispanic/Latino; 7% responded as other, mixed race or did not provide an answer) and several distinct communities (including people with disabilities, seniors, youth, people experiencing homelessness, and the faith-based community).
  - In addition, community conversations were held at various County Regional Service Centers (Mid County, East County, Bethesda/Chevy Chase, and Up County) to attain geographic diversity.
  - One of the community conversations was conducted in Mandarin, one in Korean, and another in Spanish; the remaining 12 conversations were conducted in English. Percentages were rounded and therefore do not equal 100%.



CHNA in draft form, input being solicited

- Will include findings and recommendations in each of the Healthy Montgomery priority areas.

Questions ?

