Access to Care: The ability to obtain wanted or needed services in a timely manner. An individual's ability to access care is influenced by:

- The availability of services (providers, facilities, etc.);
- The availability of appointments;
- The cultural competency of providers, including language capabilities and cultural understanding;
- The ability to pay for services, either through health insurance or out-of-pocket; and
- The individual’s understanding of how to access care.

Age-adjustment: Age-adjustment is a method of adjustment applied to data estimates to control for differences due only to differences in age composition; usually done when comparing two or more populations (such as race/ethnic groups) at one point in time or one population at two or more points in time.

Behavioral Health: For purposes of Healthy Montgomery, behavioral health refers to mental health, abuse of illegal and legal substances, and tobacco use.

Benchmark: Originally, benchmark meant the real best performance level, somewhat like “best of breed” in dog shows. Usage has evolved to mean a standard or reference to which an outcome is compared. Examples include Healthy People 2010 goals, the state of Maryland, or peer counties.

Community: For the purposes of this process, community is defined as not only the collective community of county residents, but also the various constituent communities defined by geography, language, race, ethnicity, gender, age, sexual orientation, health status, disability status, or a combination of these attributes.

Contributing Factor: A scientifically established factor that directly affects the level of a risk factor.

Data Sources

- Primary data: Data that are collected by Healthy Montgomery or a contractor directly from the source, such as data from health records and data collected from interviews with individuals.

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1 This is a living document. Please send recommendations for additions, revisions, and deletions to Healthy.Montgomery@montgomerycountymd.gov
Secondary data: Data that are collected, compiled, and/or analyzed by other organizations, such as the Centers for Disease Control and Prevention. The majority of data sources available for the first cycle of Healthy Montgomery are secondary sources but a compilation of primary data collection needs will also be produced to inform future cycles of Healthy Montgomery.

Determinants of Health: “Factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature.”
- Biology and genetics (e.g., sex and age)
- Individual behavior (e.g., alcohol use, injection drug use (needles), unprotected sex, and smoking)
- Social environment (e.g., discrimination, income, and gender)
- Physical environment (e.g., where a person lives and crowding conditions)
- Health services (e.g., access to quality health care and having or not having health insurance)

(CDC and Healthy People)

Dimensions: Divisions of the data into sub-groups. For example, age, race/ethnicity, or geographic area.

Environmental Scan: Review of data sources and past needs assessments in Montgomery County.

Health: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (WHO)

Health Inequity: Health inequities are differences in health status, morbidity and mortality rates across populations that are systemic, avoidable, unfair and unjust.

Indicator: A measurement that reflects the status of a social, economic, or environmental system. For purposes of the Healthy Montgomery Website Community Dashboard, an indicator must be valid, reliable, relevant, specific, and sensitive. It must also have a reference group, such as the Maryland Statewide average or the performance of all other Maryland counties.

Indirect Contributing Factor: Community-specific factor that directly affects the level of the direct contributing factors.

Obesity: Obesity is a subcategory of overweight. Weight status is currently calculated using the Body Measurement Index, which is an indirect measure of body fat for adults based on height and weight. The formula is dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. The result is compared to the scale...
shown below to determine whether the individual is underweight, normal weight, overweight, or obese.

<table>
<thead>
<tr>
<th>BMI</th>
<th>Considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to 24.9</td>
<td>Normal weight</td>
</tr>
<tr>
<td>25.0 to 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 or higher</td>
<td>Obese</td>
</tr>
</tbody>
</table>

According to the Centers for Communicable Disease and Prevention, “…BMI is only one factor related to risk for disease. For assessing someone's likelihood of developing overweight- or obesity-related diseases, the National Heart, Lung, and Blood Institute guidelines recommend looking at two other predictors:

- The individual's waist circumference (because abdominal fat is a predictor of risk for obesity-related diseases).
- Other risk factors the individual has for diseases and conditions associated with obesity (for example, high blood pressure or physical inactivity).

Although the BMI number is calculated the same way for children and adults, the criteria used to interpret the meaning of the BMI number for children and teens are different from those used for adults. For children and teens, BMI age- and sex-specific percentiles are used for two reasons:

- The amount of body fat changes with age.
- The amount of body fat differs between girls and boys.

Because of these factors, the interpretation of BMI is both age- and sex-specific for children and teens. The CDC BMI-for-age growth charts take into account these differences and allow translation of a BMI number into a percentile for a child's sex and age. For adults, on the other hand, BMI is interpreted through categories that are not dependent on sex or age.”

**Objectives:**

- **Impact Objective:** a goal for the level to which a direct determinant or risk factor is expected to be reduced. An impact objective is intermediate (one to five years) in length of time and measurable. These are statements about how much and when the program should affect the determinant.

- **Outcome Objective(s):** a goal for the level to which a health problem should be reduced within a specific time period. It is long-term (within five years) and measurable. These are statements about how much and when the program should affect the health problem.

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• **SMART Objective Characteristics:**
  - **Specific** - What will change and for whom?
  - **Measurable** – Is it quantifiable and can we measure it?
  - **Attainable/Attainable** – Can we accomplish this in the time-frame with the resources we have?
  - **Relevant** - Is it directly related to the underlying causes or problem we are trying to change?
  - **Time-Specific** - Have we defined when this will be accomplished?

**Risk Factors:** Direct causes and determinants which, based on scientific evidence or theory, are thought to relate directly to the level of a specific health problem. A health problem may have any number of risk factors associated with it. *(CDC)*

**Social Determinants of Health:** Complex social and economic circumstances, in which people are born, grow up, live, and work. These circumstances are shaped by a wider set of forces including economics, social policies, and politics. Examples of social determinants of health include socioeconomic status, discrimination, housing, physical environment, food security, child development, culture, social support, healthcare services, transportation, working conditions, and democratic participation. *(CDC and others)*