CITY OF MONTGOMERY,
ALABAMA

COMMUNITY HEALTH NEEDS ASSESSMENT

2024

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01 INTRODUCTION

In 2021, the City of Montgomery was awarded a grant through the Centers for Disease Control and Prevention and The Alabama Department of Public Health to address COVID-19 health disparities among populations at high-risk and underserved. Unique to this grant is the support provided to local community health workers (CHWs) responding to COVID-19 disparities, with the aim of creating more resilient communities.

Through use of a CHNA survey, The City of Montgomery CHWs determined the health needs of local community members for the purpose of identifying strengths and challenges that influence health outcomes in Montgomery, Alabama. This survey was developed in partnership with City of Montgomery staff, CHWs and PIH-US staff. Questions from the CHNA survey focused on community concerns, needs access, general health information and COVID-19 information.

Community members surveyed were connected to CHWs through community health events hosted or sponsored by the City of Montgomery and community canvassing with permission from various community and neighborhood center councils. Community members surveyed were over the age of 18 with most of the sample identifying as Black/African American and living in any of the 17 zip codes that are designated within the City of Montgomery boundaries. This data was collected in January to May 2023. In April 2024, six focus group discussions and three key informant interviews were conducted, with the topics of conversation informed by the survey results.

Please note: This report is supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, under 1 NH75OT000104-01-00. The content of this report are those of the authors and does not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

02 COMMUNITY DESCRIPTION

Known as the "Capital of Dreams", Montgomery, Alabama was first founded and chartered as a city of Alabama in 1819 and made the capital in 1846. The earlier days of Montgomery made it the home of the First White House of the Confederacy. That history has evolved to Montgomery's significant role in the Civil Rights Movement, marked by the change created through the Montgomery Bus Boycotts and Voting Rights March in the 1960s.

Demographics

200,603 Total Population

as of 2020 Census Data, City of Montgomery

60.6%	Black/African American	$49,989	Median household income
52.9%	Female	$29,038	Per capita income
21.2%	Living in Poverty*		

In October 2023, the City of Montgomery noted a 2.5% unemployment rate, showing a decrease from the 2022 annual average of 2.8%. Most residents hold a high school diploma (87.4%) with a third holding a bachelor's degree or higher (33%).

*at or below the federal poverty line

COMMUNITY DESCRIPTION

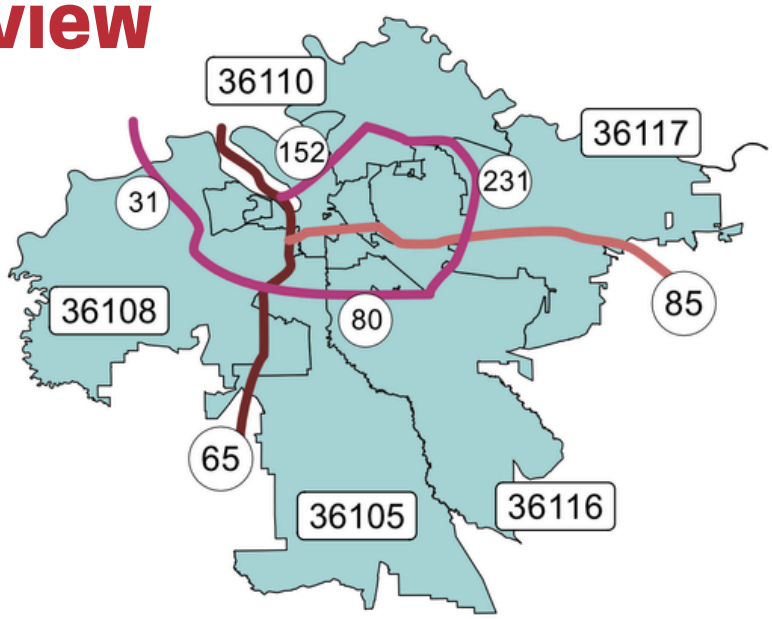
Health Information

The Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry designate Montgomery County as an area of high social vulnerability (SVI exceeding .9 on a scale from 0 to 1, with 1 being the highest). In 2021, it was estimated that 9.6% of the population in the City of Montgomery did not have health insurance coverage.

The top five causes of death in Montgomery County, Alabama in 2020 included the following: heart disease, cancer, COVID-19, stroke, and diabetes. In 2019, the 500 Cities: Local Data for Better Health noted that an estimated 39% of City of Montgomery residents were obese, with 34.8% of adults not experiencing physical activity. Feeding America notes that in Montgomery, County, 14.1% of residents were food insecure in 2021. In that same year, 16.4% of residents used food stamps/SNAP benefits.

Spatial Overview

To better understand the locations of the zip codes, a map of City of Montgomery zip code outlines are provided with major roadways mapped. Zip codes are labeled in rectangles and roads are labeled in circles. A map with all zip codes labeled can be found in Appendix A.



03 SURVEY DATA COLLECTION & METHODS

01 — Community Survey

Eight Community Health Workers conducted convenience surveys of over one thousand Montgomery residents from January to May 2023. The survey consisted of 27 questions, and asked respondents for their demographic information, perspectives on their community health needs, and actions and beliefs around the COVID-19 vaccine.

02 — Data Cleaning

Data were analyzed for reliability and completeness. Data were removed if they were not believed to be reliable. If a respondent did not answer every question but their data were found to be reliable, they were included in the analysis and missing data was treated as NA, or not applicable.

03 — Quantitative Data Analysis

Multiple choice answers were summarized by frequency. Full frequency tables are available in Appendix B. Demographic data and most frequent answers to select questions were mapped to respondent zip code. Access to social determinants were plotted on Likert scale graphs. Logistic regressions were performed to assess predictors of taking COVID vaccines.

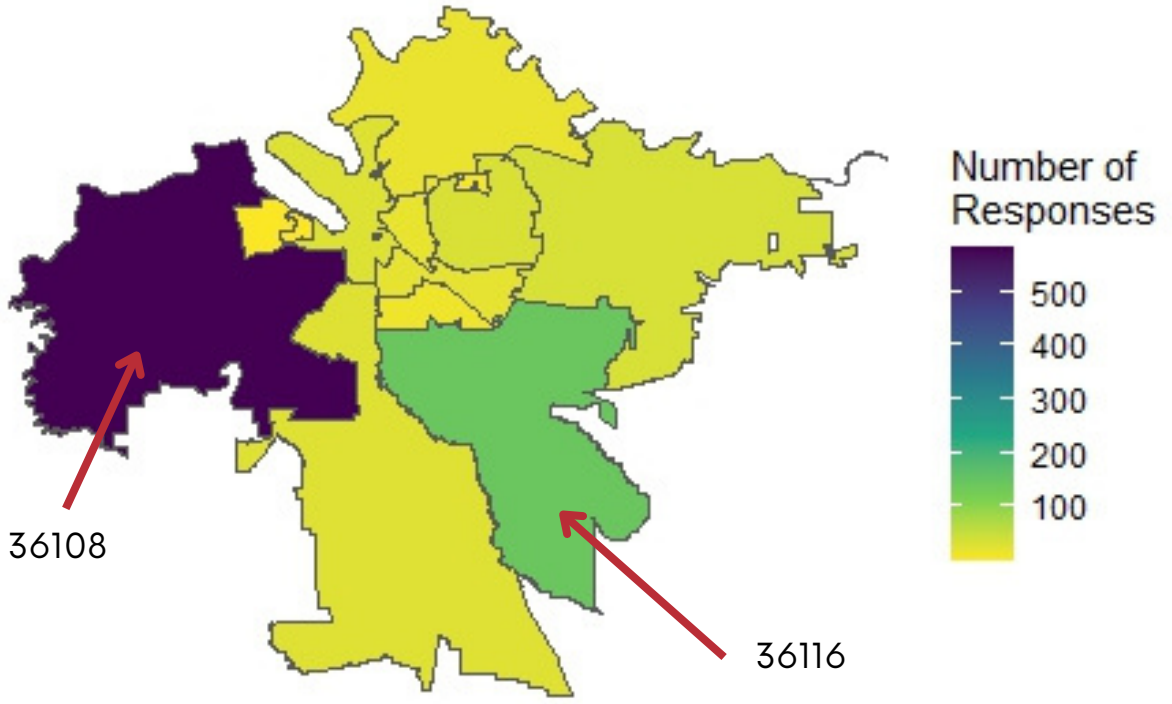
04 — Short Answer Data Analysis

Respondents had the opportunity to provide limited short answer feedback to specific questions. Short answers were themed and summarized, and used to supplement quantitative data.

SURVEY DATA OVERVIEW

Where are the data coming from?

After assessing the reliability of the data, 979 responses were included in the analysis. They represent data from the 17 City of Montgomery zip codes, though two zip codes represented only one response each. The majority of respondents reside in zip code 36108, in the far west of the City, and represented 583 responses. Zip code 36116, in the southeast of the City, represented 147 responses. All other zip codes provided fewer than 40 responses each. As such, it is important to be mindful of data limitations when assessing the results from zip codes other than 36116 and 36108. When aggregated, the 979 included surveys can provide meaningful insight into community health, but statistical power decreases among certain demographics when data are disaggregated.

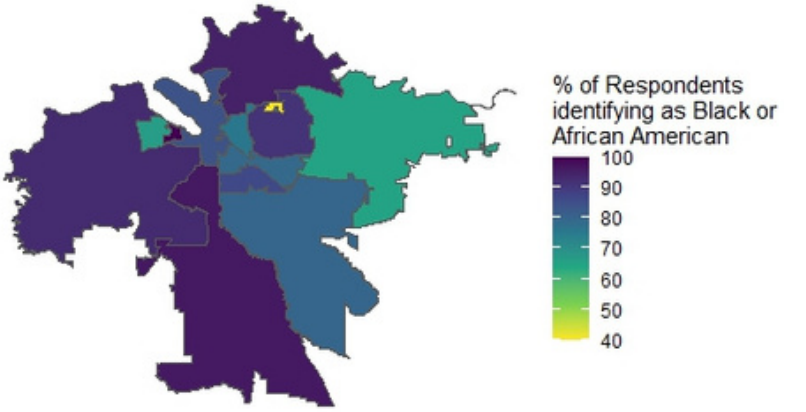


SURVEY DATA OVERVIEW

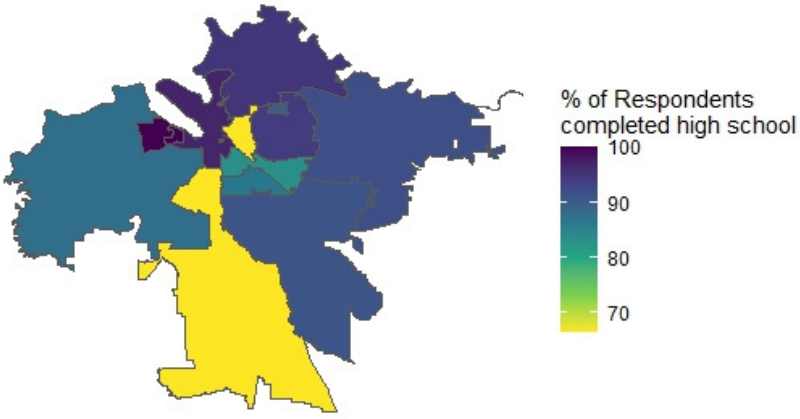
Who are the respondents?

Respondents were asked for information on their race/ethnicity, gender, age, and education level attained.

The majority of respondents (88%) identified as Black or African American. Black residents made up the majority of respondents in every zip code except for 36115, though there were only 10 respondents from that zip code.



Most respondents (88%) had completed high school, with 24% having a college degree.



Sixty-three percent of respondents identified as female.

Respondents were most frequently between the ages of 40 and 65 (40%), with 32% between 18 and 40, and 27% older than 65 years of age.

04 KEY QUANTITATIVE FINDINGS

The following section summarizes the findings of the community health survey. It includes the most frequent answers to certain questions of the survey and also highlights the differences is those answers across various demographics. Below is a brief outline of the section contents.

- Issues affecting quality of life
- Government services requested
- Facilities requested
- Health behavior information requested
- Information about diseases
- Social determinants of health
- Mental health across race

KEY FINDINGS:
COMMUNITY HEALTH

Respondents answered multiple questions about issues facing their community, gaps in government services and facilities, and health behaviors and diseases about which they wanted more information. The most frequent answers are described below. Respondents were able to select answers from a pre-defined list, but they were also able to provide short answers for some questions. Short answers were themed and then summed by theme. Results from short answers are provided to contextualize and provide additional information.

In your opinion, which one issue most affects the quality of life in your community?

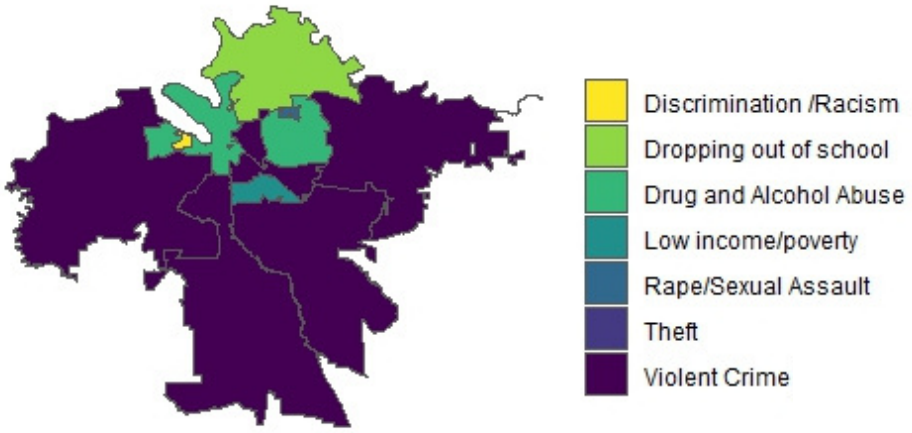
TOP 3 ISSUES REPORTED

1. Violent Crime
2. Drug & Alcohol Abuse
3. Lack of Community Support

In the short answers, at least 10 respondents each listed one of the following themes:

- Lack of beautification
- Lack of community activities & involvement
- Poor road conditions
- Poor sewage & drainage
- Vacant properties
- Waste management

While violent crime, drug and alcohol abuse, and lack of community support were top three among all respondents, there was some variability across zip codes and demographics.



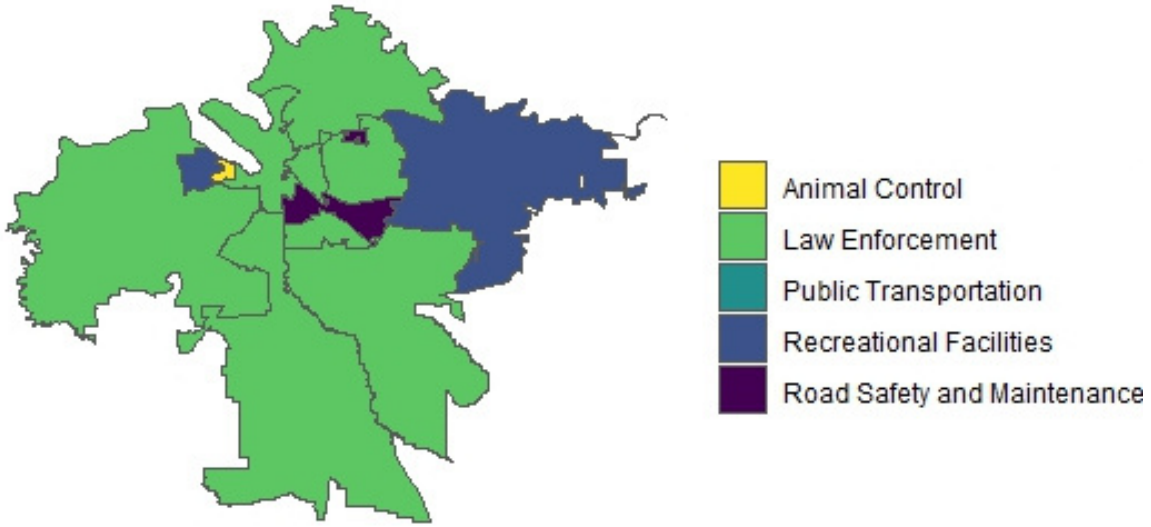
Dropping out of school was found to be a top three issue among White, Asian, and Hispanic/Latino respondents, and among females. It was also a top three issue among respondents under 65 years of age, those with less than a high school degree, and those with a postgraduate degree. Discrimination/racism was found to be a top three issue among Asian respondents, though there were only six total Asian respondents included.

KEY FINDINGS:
COMMUNITY HEALTH

What increased government services would you like to see in your community?

TOP 3 SERVICES REPORTED

1. Law Enforcement
2. Recreational Facilities
3. Road Safety & Maintenance



For this question, respondents were asked to select all government services that apply. There was variation across zip codes as illustrated above. Code enforcement was a top three government service among respondents identifying as Asian, White, American Indian/Alaskan Native, or as two or more races/ethnicities. Public transportation was reported as a top three issues among Hispanic/Latino and White respondents, those 18 to 40 years of age, and those with less than a high school diploma. Animal control was reported as a top three issue by those of two or more races/ethnicities.

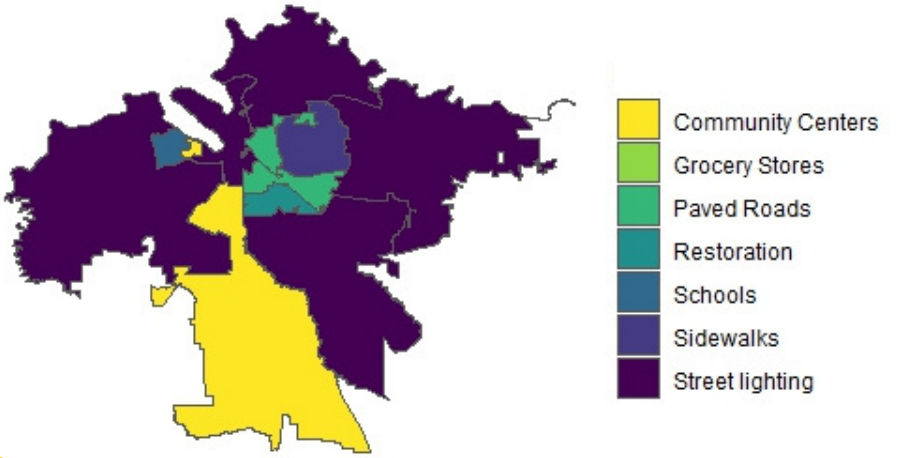
KEY FINDINGS:
COMMUNITY HEALTH

What are the top two facilities needs in your community?

TOP 3 FACILITIES REPORTED

1. Street Lighting
2. Community Centers
3. Grocery Stores

For this question, respondents were asked to select the top two facility needs from a set list. There was some variation by zip code (see below). Paved roads were found to be a top three issue among those identifying as White, two or more races/ethnicities, non-binary, and under 65. They were also a top three issues among those with a high school diploma but not college, and those with a postgraduate degree. Restoration was a top three issue among White and Hispanic/Latino respondents. Sidewalks were a top three issue among White respondents. Schools were a top three issue among Hispanic/Latino and non-binary respondents.

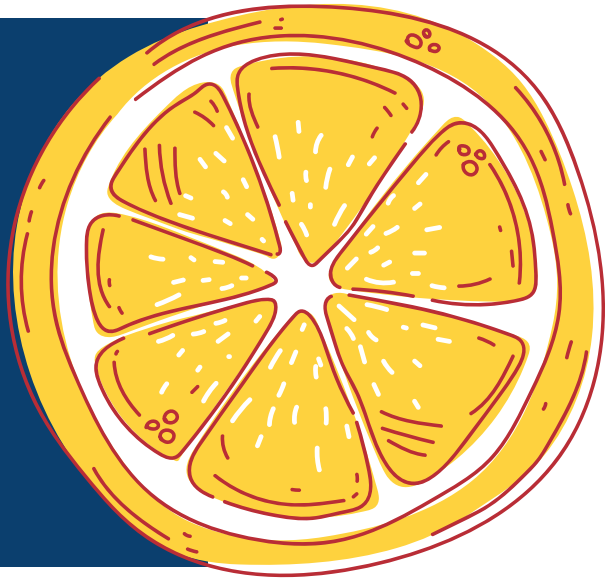


KEY FINDINGS:
COMMUNITY HEALTH

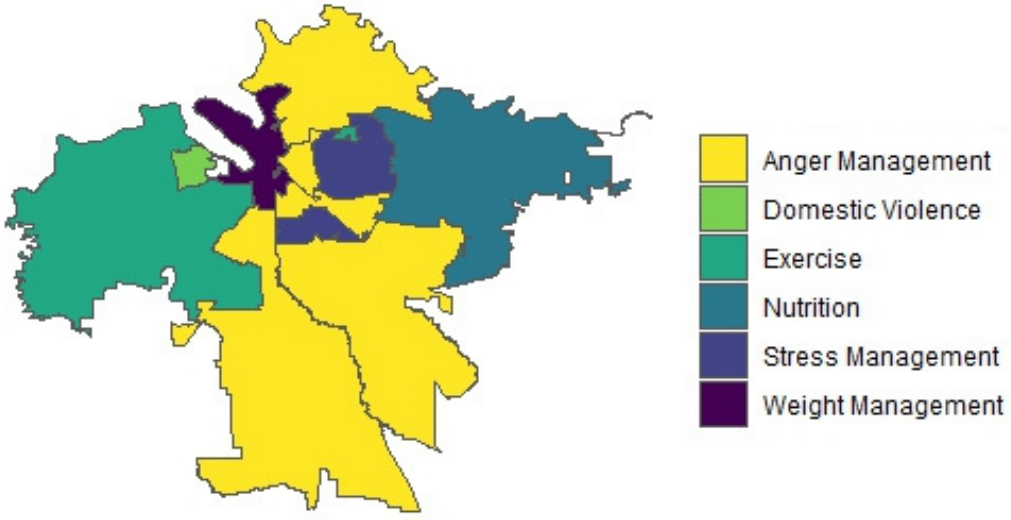
In your opinion, which three health behaviors do people in your community need more information about?

TOP 5 RESPONSES

1. Nutrition
2. Exercise
3. Anger Management
4. Substance Abuse Prevention
5. Stress Management



There was some variation in top five health behaviors by zip code (see below). Domestic violence was a top five behavior among respondents identifying as Asian, Hispanic/Latino, American Indian/Alaskan Native, and those of two or more races/ethnicities. Weight management was a top five behavior among respondents identifying as Asian, Hispanic/Latino, those of two or more races/ethnicities, and those with a post-graduate degree. Yearly primary care visits were found to be a top five for White respondents.

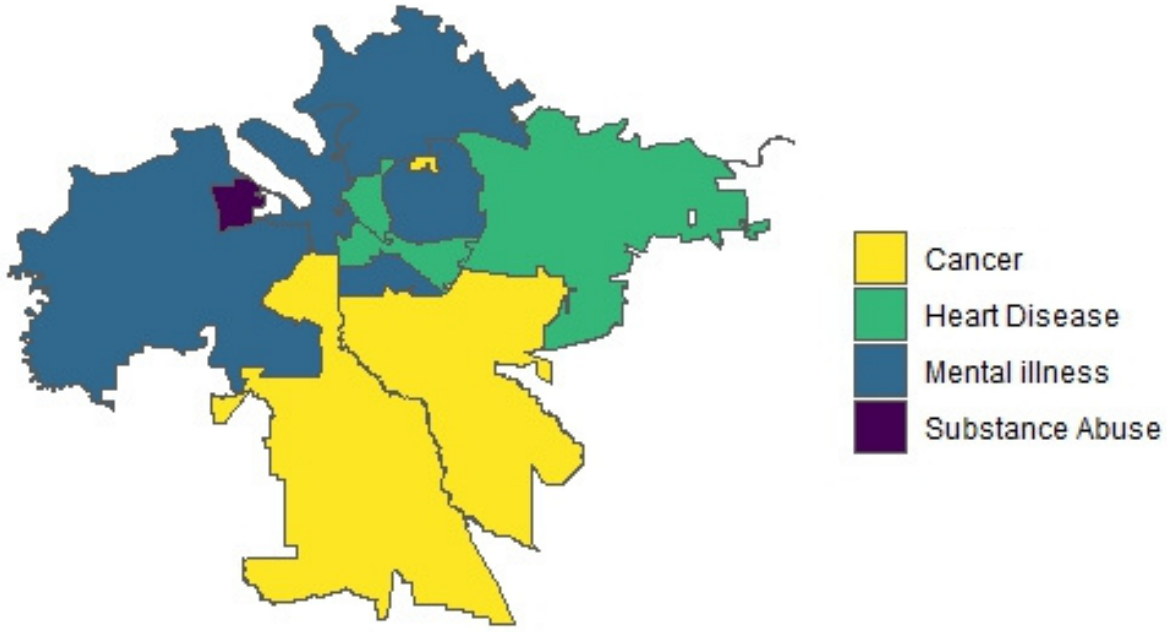


KEY FINDINGS:
COMMUNITY HEALTH

Which of the following diseases/illnesses would you like to learn about?

TOP 2 DISEASES OR ILLNESSES

1. Mental Illness
2. Cancer

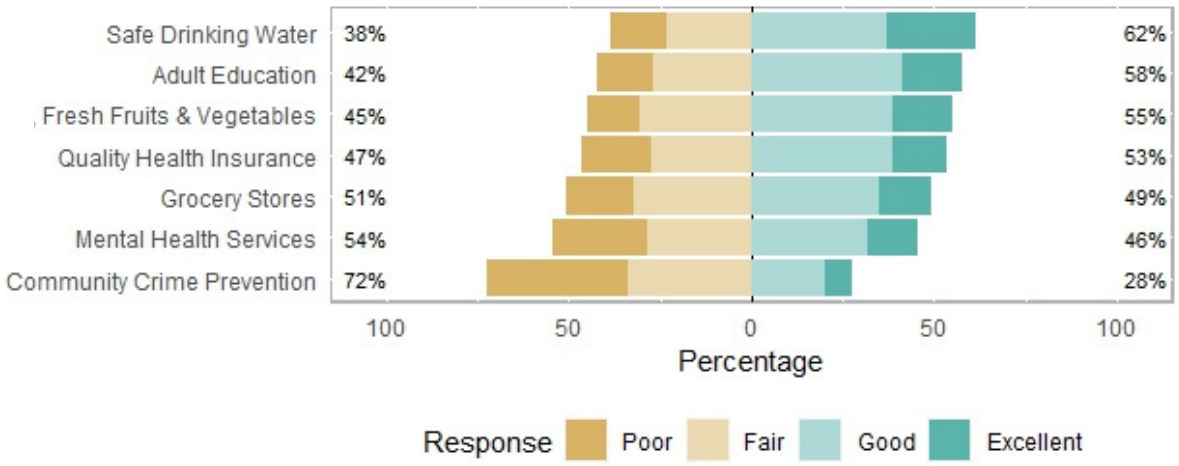


For this question, respondents were asked to select only one from a set list. There was variation in the top two most frequent diseases/illnesses listed across zip codes (see above) and various demographics. Heart disease was a top two disease among Asian and Hispanic/Latino respondents. Respiratory disease was a top two disease among White respondents. Substance abuse was the top issue among non-binary respondents. Heart disease was a top two issue among those 40 years and older. Mental health is spotlighted on the next page.

KEY FINDINGS:

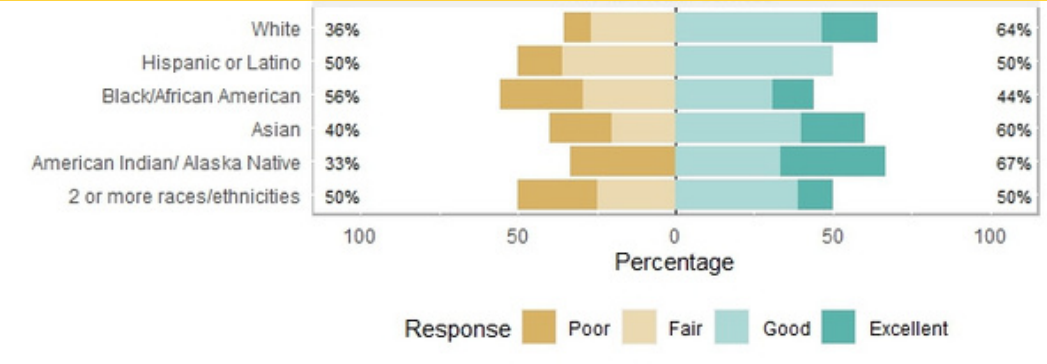
ACCESS TO SOCIAL DETERMINANTS

Respondents were asked to rate their access to various social determinants of health as excellent, good, fair, or poor. Those social determinants are listed on the left below. Poor and fair responses are grouped to left of the "0%" axis, with summed values provided on the left of the chart box. Good and excellent responses are grouped on the right, and summed values are provided on the right of the chart box.



SPOTLIGHT ON MENTAL HEALTH

Because mental illness was the most common disease/illness that respondents wanted to learn more about, rated access to mental health services has been disaggregated by race/ethnicity and provided below. Black/African American respondents reported having the worst access to mental health services.



05 COMMUNITY CONVERSATIONS

01 — Quantitative Review

The three primary health and social needs areas identified from a thorough review of the community health survey were: Public Safety, Emotional & Community Wellness, and Physical Wellness.

02 — Conversation Facilitation

Additional context and participation from the community was desired to ensure equitable and complete data to inform City policy and programming. Focus Group Discussions (FGDs) and Key Informant Interview (KIIs) were conducted in April 2024 with healthcare professionals, community organizers and leaders, community health workers, local government officials, and community members primarily from the 36116 and 36108 zip codes. These were conduced in-person in community centers and were facilitated by a Partners In Health employee.

03 — Qualitative Analysis

The sessions were transcribed via Zoom and analyzed using thematic analysis to identify and quantify recurrent themes using Dedoose, a mixed methods software. Key quotations were extracted to highlight the community's perspectives and the prevalence of specific concerns.

05 COMMUNITY CONVERSATIONS

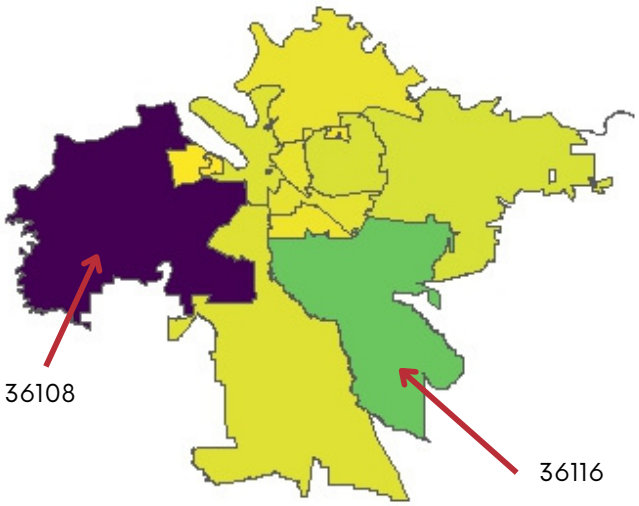
Who was at the community conversations?

The focus group discussions (FDGs) were conducted in two community centers: Regency Park Community Center in 36116 and Loveless Community Center in 36108. The key informant interviews with City employees were conducted in downtown Montgomery.

FGDs with community members from 36116 (n=3) and community health workers (n=3) involved in the initial quantitative survey were conducted at Regency Park Community Center. FGDs with community leaders involved in physical wellness (n=1), mental health and emotional wellness providers (n=5), city officials and community organizers for public safety (n=3), and community members from 36108 (n=12) were conducted at Loveless Community Center.

FGDs with community members will be referred by the community center at which they took place (e.g., "Regency Park FGD"). Community members discussed a variety of topics. All other FGDs will be referred to by the primary topic discussed (e.g., "Physical Wellness FGD").

Interviews were conducted with City of Montgomery employees, including a community health worker manager, a member of the housing department, and the Chief Operating Officer. To protect their anonymity, all excerpts from KIIs have been cited only as "KII".



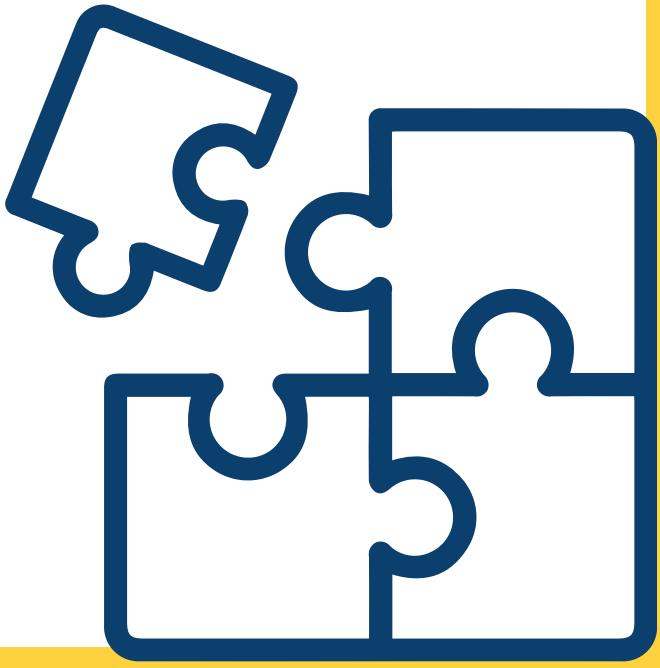
06 COMMUNITY HEALTH NEEDS AND PROPOSED SOLUTIONS

The following section documents the primary causes, context, and proposed solutions to the health and safety needs of Montgomery. It documents the complex interplay of individual, social, and systemic factors affecting the community's quality of life and integrates the voices of diverse community members, including healthcare providers, local officials, and residents. Below is a brief outline of the section contents.

Causes, context, and solutions
- Public Safety
- Emotional & Community Wellness
- Physical Wellness

Building a sense of community
- Community centers
- Community across the ages

Resource Needs
- Knowledge
- Collaboration
- Funding



PUBLIC SAFETY

CAUSES OF ISSUES & CONTEXT

FGD participants discussed the high level of violence and crime in the community, particularly within the neighborhoods and other public spaces. Participants frequently reported concerns around gun violence and the high crime rate among youth. Common themes included:

- **Socioeconomic factors**: Discussions often highlighted how economic disenfranchisement leads to increased crime rates. Crime was explained as a result of limited opportunity and/or resources: "And so we think that a lot of times it's the crime that's the issue, but it's really opportunity, it's education, it's economics" (Public Safety FGD). Similar statements were made eight times.
- **Law enforcement**: Another critical issue is the strained relationship between the community and law enforcement, which can hinder effective policing and community safety. The lack of trust and cooperation was repeatedly brought up in discussions. About the relationship with law enforcement, one participant said: "It's not community-based. It used to be that in our communities, especially in the African-American community, it used to be that the police officers... lived in the neighborhood. And we respected them and they respected us. But that's not the case anymore. They've all moved out" (Public Safety FGD).
- **Family and community**: Community members are feeling isolated. Neighbors may not communicate or know each other. Lack of community and family disruption were repeatedly mentioned as root causes of violence. "I think the barrier in solving the violent crimes in Montgomery is that community involvement... communities [need] to get involved" (CHW FGD). Participants mentioned that a strong sense of community can create social protections for individuals and families, reduce mental health issues that may contribute to violence, and even enforce some form of shame-based prevention, by ostracizing those who commit criminal offenses.
- Other themes: Domestic violence was mentioned in four FGDs. Substance misuse, both drug and alcohol, were mentioned 21 times over six discussions. Availability of substances is a clear concern and contributing factor to lack of public safety.

Focus on youth: Youth were frequently discussed as being both involved in and affected by violence. This included violence in the home, in schools, and throughout the community.

"When I first started working with young people they used to have a term youth at risk, all youth are at risk now" (KII)

PUBLIC SAFETY

SOLUTIONS

Participants expressed a desire for strengthened neighborhood policing and programs to address the social drivers of violence, including additional economic opportunity and education. They also indicated a need for additional law enforcement presence in some areas, though such conversation was nuanced and is predicated on a stronger relationship between the community and law enforcement. Additional structural interventions, including video surveillance in neighborhoods and street lighting, were mentioned frequently.

Community Crime Prevention

Developing and supporting community-led safety programs is seen as essential for rebuilding trust and enhancing safety. These programs often focus on preventive measures and community policing strategies that encourage collaboration between residents and law enforcement.

"Reducing violence in the community is going to entail the people who live there" (Public Safety FGD)

Changes to Policing

There is a clear consensus on the need for more law enforcement training., particularly in areas such as de-escalation, cultural competency, and mental health awareness. Many participants requested an increase in police presence within the community, and the formation of neighborhood policing centers as both safe spaces and as a way to form trust with the community.

"And when they start talking about defunding police, I really looked into what the real people were talking about. They ... do something else with the money. Getting ... the officers [to] go through these sessions, a training to humanize the people that they're supposed to be protecting" (Public Safety FGD)

While "violent crime" was the most frequently reported issue in the survey, FGD and KII participants were adamant that violent crime was a downstream impact. As such, any solutions aimed at reducing crime must holistically consider communities and the various social drivers of violence, including poverty and lack of community.

EMOTIONAL & COMMUNITY WELLNESS

CAUSES OF ISSUES & CONTEXT

Vulnerable Populations

Specific populations such as youth, the elderly, veterans, women, parents or caregivers, and individuals experiencing homelessness were frequently reported by both community members and health providers as being at increased risk and experiencing unique challenges with emotional and community wellness. Those involved in the justice system were also mentioned.

Mental Health Trends

The most commonly reported mental health issues include anxiety, depression, psychosis, and PTSD. Mental and emotional wellness providers identified an increase in severity of mental health in recent years and a lack of access to mental health resources since the pandemic.

"And it's heartbreaking to think that we're having to exit people even when we're providing referrals, even when we're putting them in the car and taking them to a service provider. If that service provider is over capacity and says, I'm sorry, there's nothing we can do. We're having to exit people from a program that is meant to save lives."

(Emotional Wellness FGD)

Barriers

The major barriers to emotional and community wellness include limited access to transportation, challenges adhering to care, stigma about mental health, lack of knowledge about who to contact for services and resources, lack of knowledge about the relationship between physical and emotional wellness, and the relationship between emotional wellness and violence.

EMOTIONAL & COMMUNITY WELLNESS

SOLUTIONS

Solutions almost entirely focused on an increase in available mental health services. This included services within schools, out-patient mental health care, and in-patient facilities. There is also a need to increase mental health training for first responders. Proper handling of mental health crises with sensitivity and appropriate care is crucial. Expanding the availability of community-based mental health services to provide more comprehensive coverage and support was a frequently discussed topic, reflecting strong community backing for these measures.

Increased youth programming

Many participants noted that youth mental health has been impacted by family disruption and community decay. Youth need additional structure and mentorship: **"For young people? A good mentoring program that consists of I think a great balance of things - social activities, culture activities, interpersonal activities, career development, health and wellness. I mean, the list can go on, you need a great balance"** (KII).

Participants made the connection frequently between youth mental health issues, violence and other criminal activities. Some mentioned the need for professional therapy services in schools: **"...it's nothing wrong for a child to be at school and say, I need therapy. I need to go talk to a therapist. Or a rotation for every child to be able to come and see a therapist, because the thing of it is...that's part of crime prevention. Because that gives you an opportunity for the child to be able to detox themselves, as well as emotional problems at home, or something going on in school"** (Regency Park FGD).

Mental health training

There is a desire for more training opportunities, such as Mental Health First Aid, for community members, community health workers, and law enforcement, to ensure they are equipped to effectively respond to mental health crises.

Additional resources

Funding and staffing to increase the capacity of both in-patient and out-patient mental health services are needed. Providers noted the lack of sufficient space and professionals to meet the growing need in Montgomery and surrounding communities. They also stressed the importance of collaboration instead of duplication of services. Community members also mentioned the need for additional transportation services for health care and for outreach to particularly vulnerable individuals.

"They need those ... mental health hospitals. They need them everywhere." (Loveless FGD)

"[We need a] mental health council on the ground...that's what you're gonna have to do because they're not gonna come to you because they're not mentally sound" (CHW FGD)

PHYSICAL WELLNESS

CAUSES OF ISSUES & CONTEXT

Participants mentioned several chronic conditions requiring additional attention and resources, including asthma, diabetes, hypertension, heart disease, obesity, chronic obstructive pulmonary disease, and other respiratory illnesses. Many environmental factors were also reported as affecting physical wellness outcomes, such as barriers to accessing recreational spaces and unhealthy living conditions. Additional barriers to physical health included limited transportation, high costs in accessing care, poor mental health, lack of motivation, limited resources in the community, lack of nutrition, and feeling unsafe outdoors. While increased access to health care is certainly needed, participants more commonly discussed access to recreation and nutrition. Access was particularly an issue for the elderly, individuals with disabilities and those facing social isolation.

Recreation

"Because I think it's a poor excuse for us to have to close the park down where children can go and enjoy themselves and be children rather than to be isolated" (Loveless FGD)

"But then the security... our city police officers, security... they're supposed to be doing, they are supposed to be monitoring the park from dusk to dawn. That was not done" (Loveless FGD)

Nutrition

"...the prices are so high and that's the only store...we can go to...I jump around the shop but I might get fruits...go where it's just cheaper but [some] people, they don't have the luxury of transportation or time" (CHW FGD)

"I think that we can have better grocery store access to more quality food. I think grocery stores, I do a lot of research on them. There's a tendency to not have the quality that you would have if you go to the east side of town" (Loveless FGD)

PHYSICAL WELLNESS

SOLUTIONS

Increasing the availability of affordable health resources, such as community gyms, walking trails, and public health clinics, can significantly impact the community's physical health outcomes. Enhancing the safety and accessibility of public spaces is crucial for encouraging physical activity. Creative and community-based approaches to increasing access to healthy foods were also encouraged. Additional transportation to recreation, that is community centers, trails, and more, and to grocery stores is critical to ensuring the efficacy of those resources.

Recreation

More reactional facilities and low-cost programming, specifically in west Montgomery, were requested. More and safer biking and walking trails are needed. Community members are also interested in more events across the community to encourage physical activity, or embedding fun physical activities into existing events.

" If you're trying to get people that aren't doing any of this now, they may not know what they might enjoy or might like... sometimes you kind of have to just get them into something that would draw them to an event, and then have [activities] available" (Physical Wellness FGD)

Nutrition

Participants discussed the need for diverse sources of affordable and nutritious foods, including at schools and youth programming, for elderly individuals via Meals on Wheels and similar programs, and through community gardens, churches, and local organizations. Accessible education about nutrition is also needed.

"If you notice a lot of people have started, everybody can do it. Growing their own... We need more community gardens... And a lot of people are doing that" (Loveless FGD)

BUILDING A SENSE OF COMMUNITY

Community was explicitly discussed in every FGD and KII. Nearly every negative health and social condition was attributed in some part to lack of community and a limited sense of belonging within families, neighborhoods, and Montgomery. It is clear that addressing issues of public safety and all forms of health and wellness must begin with developing a stronger sense of community.

"I think you said the word community, but it's no longer there. When I was coming up, a community was just what it was, a community. If you live next door to me, if you live three streets over from me, I knew your family, you knew my family...It was a community. It was love. It was peace. It was harmony. We were humble. We were together. All of that is missing in most of our communities today. That's the key. We're not together in the community. We exist" (Loveless FGD)

"You don't see as much community. It's just a lot of individuals in neighborhoods that don't know each other, won't be involved with each other, and that's the only thing we try to encourage everybody... become involved in your community and help each other. Put the community spirit back in the community" (KII)

"I don't talk to my neighbors. I don't know. I don't know the people that live there" (Regency Park FGD)

The important role of Community Centers

Community centers were mentioned nearly 30 times throughout the discussions, arising as a much-desired infrastructural and programmatic solution to many health and social outcomes. Participants specifically want centers to support youth and their parents/caretakers, provide recreation spaces, and serve as convening spaces for friends and family, and during emergencies. City leadership also expressed interest in having centers be hubs for health information and programming, including preventative interventions and regular testing.

"We talk about public health. And those community centers need to be, as we reimagine them, renovate and construct new community centers, as community centers that are... community health and wellness centers" (KII)

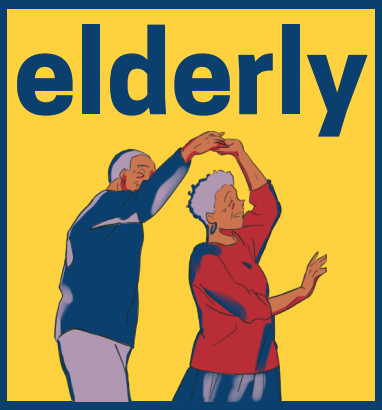
COMMUNITY
ACROSS THE AGES

Specific community support for youth and elderly populations were discussed frequently. Additional youth programming was seen as critical to reducing crime and improving mental and physical wellness. Access to care and resources for the elderly, who may be more likely to experience limited transportation and social isolation, were also commonly expressed concerns.

Despite not explicitly asking about schools or children, "youth" were mentioned 80 times in the discussions, more than any other topic. To address the needs of youth in Montgomery, participants wanted an increase in mental health services in schools, afterschool programs to provide more structure, and more opportunities for sports, socialization, art, and community service. Participants also noted the importance of engaging the parents/caretakers and that interventions must also consider family support.

Participants were concerned with how children were being impacted by family disruption and lack of supervision, specifically outside of school hours. Affordable programs that provide structure, homework support, and nutrition and recreational opportunities, were highlighted in many of the discussions.

"Can't work with young people unless you're working with their parents, their grandparents, or whomever the guardians are" (KII)



The elderly population was mentioned 27 times across the discussions, the second most commonly mentioned demographic. Limited knowledge about health care processes, support, and resources appeared as a major concern. This population may also face challenges articulating their health needs or contacting necessary resources. Transportation was also a significant barrier, particularly impacting access to grocery stores and in-person health care needs including going to appointments and picking up medications.

These issues may be compounded by those facing social isolation and those with a disability. It is critical to provide in-person care to elderly populations and connect them to available resources, potentially through community health workers.

"There's a definitive need for some personal healthcare especially with those... elderly families who pretty much are on their own, and they say they don't have many family members who they see much, or who may support them" (KII)

RESOURCE NEEDS

Participants frequently mentioned the following resources as being limited in Montgomery:

- public transportation
- jobs and economic opportunities
- affordable housing
- access to healthy food options
- mental and physical healthcare

They also noted the need for more awareness around available resources, collaboration between organizations and agencies, and additional funding.

knowledge & awareness

Participants wanted improved methods of disseminating resources to the community, including door-to-door and other in-person communication, marketing campaigns aimed at vulnerable populations, and a website or physical hub for resources.

collaboration

The participants reported a need to increase collaboration across community organizations to prevent the duplication of services and promote available resources. There is a strong desire for strengthening and expanding partnerships across the City.

"I think not trying to go out and start new things just to stamp the city's name on it a lot of times is important and really in supporting existing agencies that have been doing the work and have the experience that ties to the community and know what they're doing" (Emotional Wellness FGD)

additional funding

Participants expressed a need for more sustainable funding at the local level, particularly for mental health resources. Some providers were interested in partnering with the City to jointly find, apply for, and manage grants.

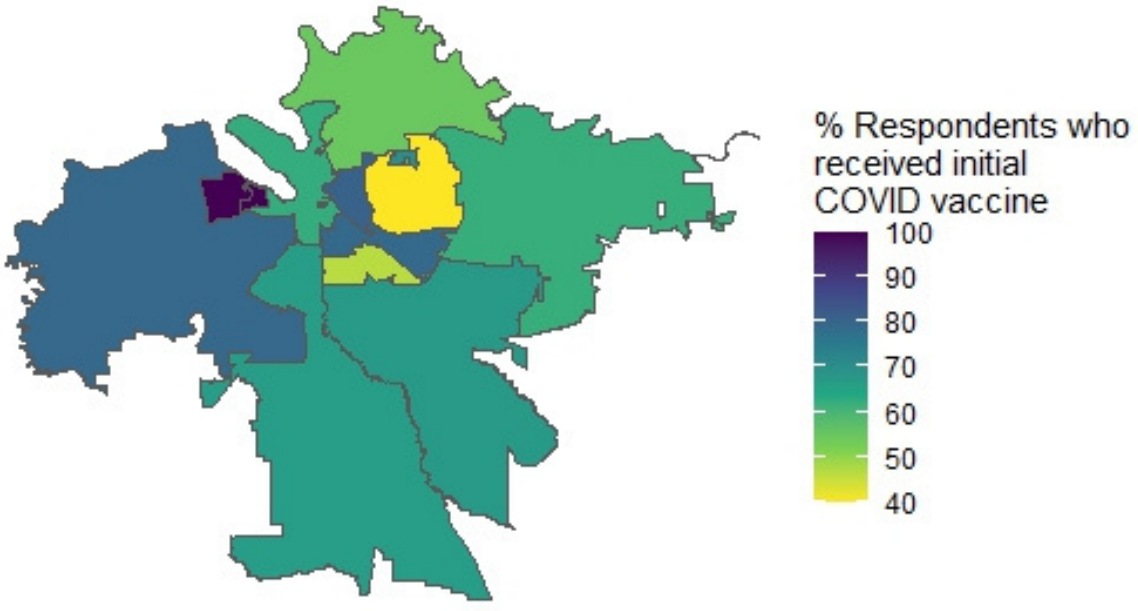
07 KEY FINDINGS:
COVID-19 VACCINE

74% of respondents received the initial COVID-19 vaccine

57% of respondents were up-to-date on COVID-19 vaccines

37% of respondents received the Omicron booster vaccine

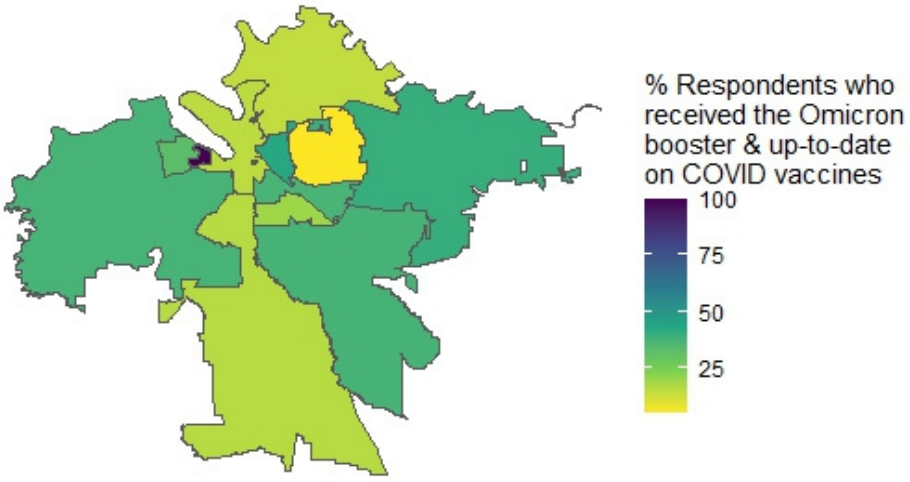
The initial vaccination rates varied by zip code, but responses outside of 36108 and 36116 are not sufficiently high to accurately estimate rates. Data were not reliably available to stratify vaccine rates by demographic.



KEY FINDINGS:

COVID-19 VACCINE

Vaccination rates for those who reported being up-to-date on the COVID vaccines and had received the Omicron booster are below. Again, responses outside of 36108 and 36116 are not sufficiently high to accurately estimate rates. Notably, many respondents reported that they were "not sure" if they were up-to-date or if they had received the booster, so the results may be under-reported.



WHAT MOTIVATED PEOPLE

or would motivate respondents to get the vaccine?

Among all respondents, the top three motivations included:

1. Having more information about the vaccine
2. More time to see if the vaccine works
3. Assurance that the vaccine is free of charge

Among only those respondents who had received the vaccine, and only those who had not received the vaccine, the top three motivations were the same. Respondents were also allowed to provide a short answer describing motivation; answers were then themed. At least 10 respondents noted the following themes: fear of death, safety of family, and general health concerns.

KEY FINDINGS:
COVID-19 VACCINE

WHAT WERE THE PREDICTORS
of who received the COVID-19 vaccine?

Multiple logistic regressions were performed on the data. Demographic information including zip code, race/ethnicity, gender, age, and education level were held constant. Predictors, or independent variables, included in the regression are as follows:

- Whether or not the respondent felt that they had an easily-accessible COVID vaccination site
- Whether or not the respondent had ever left an appointment with a prescription for medication that they did not understand the purpose of
- Whether or not the respondent trusted the CDC
- Whether or not the respondent trusted their primary care provider
- Whether or not the respondent trusted local or state government

Each predictor was assessed separately; that is, only one predictor was included in each model. Outcomes, or dependent variables, included in the regression are as follows:

- Whether or not the respondent reported that they had received the initial COVID vaccine
- Whether or not the respondent reported that they were up-to-date on COVID vaccinations **and** had received the Omicron booster

Responses of "unsure" were treated as NAs in the regressions; that is, they were removed from the dataset.

- **Accessibility to a covid vaccine site was a statistically significant predictors for both outcomes**
- **Trust in the CDC and in respondent PCP were statistically significant predictors of receiving the initial covid vaccine but not being up-to-date and receiving the omicron booster**
- **Trust in local and state government was not a statistically significant predictor for receiving the initial covid vaccine but it was for being-up-to-date and receiving the omicron booster**

KEY FINDINGS:

LIMITATIONS

While this analysis provides valuable information on the community health needs of some in the City of Montgomery, there were a number of limitations that are important to consider when implementing future assessments and community health improvement plans.

SPATIAL DISTRIBUTION

There were fewer than 40 responses from most the zip codes. Of the 17 accepted zip codes, only two had over 100 respondents. As such, when results are disaggregated by zip code, care should be taken not to draw conclusions from the zip codes other than 36108 and 36116 because the sample size was not sufficient. Taken as an aggregate, however, the 979 total responses provide meaningful information about the City of Montgomery and the community as a whole.

MULTIPLE CHOICE ANSWERS

While great care was taken to provide a near-comprehensive list of answers to select from, certain responses were not included as possible selections. Of particular note is the question "Which of the following diseases/illnesses would you like to learn about?", for which "Diabetes" was not an answer. Given the relatively high rates of diabetes in the community, this answer should have been provided as a potential option, and thus it is recommended considering diabetes education in future assessment and planning.

QUALITATIVE ANALYSIS

The community conversation intentionally included those most represented in the survey data - those from zip codes 36108 and 36116. As such, the results do not represent a comprehensive overview of every health and social need in every neighborhood. Future policy and programming should prioritize inclusive and continuous conversation with communities throughout Montgomery to ensure that their specific needs are met.

08 RECOMMENDATIONS

The mixed methods analysis of this Community Health Needs Assessment reveals that there is much work to do ahead, but also that there is great desire from the community to work to achieve change. Below are key recommendations and priority areas highlighted by the survey and community discussions.

Community Development

Central to every aspect of improving health, wellness, and safety in Montgomery is a focus on building and revitalizing a sense of community. Developing more community centers and programs that promote active participation is crucial for fostering community cohesion and engagement. These centers should serve as hubs for educational resources, health services, and social activities that bring residents together, enhancing community bonds and resilience. Programs should be designed to be inclusive, catering to the diverse needs of Montgomery's population, including vulnerable groups like the elderly, youth, veterans, and marginalized communities. Strengthening community engagement will not only enhance the social fabric but also improve the collective capacity to address health disparities.

Access to Health Care

Increased availability and access to health care, both physical and mental, is critical to the population. This includes ensuring that health services and providers are not only available, but also that residents can reach them, be it through improving public transportation or connecting people to available resources that can help cover or offset the cost of services.

Expanding mental health services is imperative for addressing the significant challenges highlighted in the assessment, both health and safety related. This expansion should include comprehensive training for first responders and healthcare providers to increase their awareness and ability to handle mental health crises effectively. Additionally, increasing funding for mental health facilities and supporting the development of community-based services will improve access and ensure that interventions are available during the early stages of mental health issues. By strengthening the mental health infrastructure, Montgomery can reduce the burden on the criminal justice system and improve overall community wellness.

RECOMMENDATIONS

Public Safety Infrastructure

Improving public safety and creating an overall sense of safety will improve community cohesion and promote physical and mental health and wellness. Investment in the physical improvement of parks and recreational areas will encourage community members to engage in healthy activities. Commonly discussed infrastructural improvements include more street lighting, and more intentional road design and upkeep.

Improving the public safety infrastructure involves not only physical enhancements to community spaces but also strategic reforms in law enforcement practices. Enhancing law enforcement training in community policing, cultural competency, and non-violent crisis interventions will help build trust between the police and the community. More engagement between law enforcement and the community to build a sense of trust and accountability is necessary. These efforts combined will foster a safer environment conducive to both physical and social well-being.

Resources & Collaboration

To ensure that all community members are aware of and can access available resources, it is essential to launch comprehensive information campaigns. These should include community workshops, an enhanced online presence, and targeted outreach programs, especially in underserved areas. Improving communication about resources available for health, education, and economic support will empower residents with the knowledge to take proactive steps towards improving their own health outcomes. Additionally, these efforts should aim to reduce the stigma associated with seeking help, particularly for mental health issues, ensuring that more residents feel comfortable accessing the support they need.

RECOMMENDATIONS FOR IMPLEMENTATION STRATEGY

The highlights of the CHNA showcase varying health needs in the community. The following notes the implementation strategy to further the implementation and impact of this work.

DEVELOPMENT OF A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Through the CHNA insights, the City of Montgomery will develop a CHIP that will serve as an implementation strategy to address the health disparities outlined.

FORMATION OF A HEALTH AND HUMAN SERVICES COMMITTEE

The City of Montgomery plans to create a committee that will address specific health priorities, ensuring best practices are implemented in order to monitor and evaluate progress in addressing these priorities, while also highlighting transparency and accountability.

“Our vision for a new Montgomery calls for creating opportunity for everyone in the community - a place where everyone has the freedom to live, learn and earn.”

- Mayor Steven L. Reed

09 ACKNOWLEDGEMENTS

This work would not have been possible without the enthusiastic participation of the residents of Montgomery. They showed up and gave voice to the challenges and opportunities within the City while representing the hope and warmth of Montgomery. We also gratefully acknowledge those involved with this project including employees of the City of Montgomery Grants Department, Finance Department and CHWs working within the City of Montgomery:

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- Melinda Gomez, MPH, Impact Officer, PIH-US

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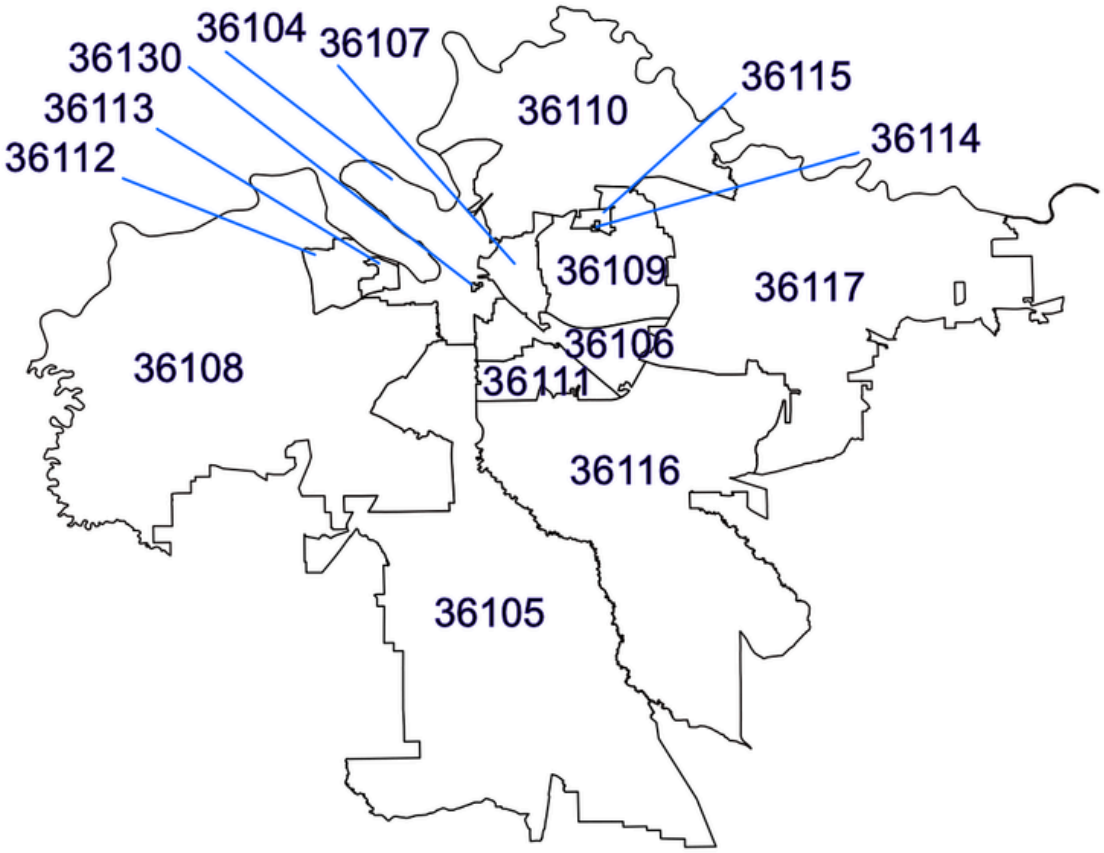
10 APPENDICES

APPENDIX A:
MONTGOMERY MAP



APPENDIX B:
DATA FREQUENCY TABLES

Data frequency tables are provided in the attached Excel spreadsheets.