

Justifying Community Needs in Columbia, MD (ZIP Code 21046)

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Introduction

Columbia, MD is recognized for its organized community model and cultural diversity. However, the community continues to face unique social and public health challenges. My community in zip code 21046 stands as a location where residents face multiple lifestyle-related health access and educational challenges which affect their wellness level. Comprehensive research on the five-change sector factor established that the community experience challenges in accessing healthy food due to limited green grocery stores within the reach of consumer. The community is facing lifestyle-relate challenges due to number of smoke shops, liquor stores that shape lifestyles pattern. Third, the community lack public hospital an issue that causes accessibility concern of healthcare services. Four, there is insufficient education resources and education support services in the community. Lastly, the poverty rate is still high around 16-19 percent despite the medium income being \$139K. This community assessment evaluates the issues, and current solution implement to address the concern.

Prioritization of Community Needs

The greatest need in Columbia, MD Zip Code 21046 include the following. The community has limited Giant grocery shops, and the available one is located in 4.4 miles out from my location. This suggest that the community faces challenges in accessing healthy and organic fruits, vegetable which is commonly sold in Giant groceries. For customer to access groceries have to travel to zip code 21075 to buy groceries in Costco Wholesale even though

those items are not 100 percent organic. The second issues that stand out as per the research was increased smoke shop, multiple liquor stores, bars and sales of cigarette which shapes lifestyles issues in the community.

Due to the easy access to cigarette the community struggle with smoking, drug abuse and alcohol consumption which increase population battling addiction and mental challenges. Third, the community lack accessible hospital facility in the community meaning that those who wish to get care services in public facility have to commute in far areas to accessible healthcare services in public healthcare facility. Studies shows that most public hospital are at least as efficient than the private hospital, they accept almost all insurance cover and are accessible and affordable even for those who are paying out of pocket as comparing to private facility (Salsabila et al., 2023).

The four issues that stand out is the school within my community not offering physical education class each day, the areas lack special school and percentage of those with the population of 15 percent without high school diploma is less than 5 percent. Lastly, the 15 percent of the population living in poverty in my community is around 16 percent to 19 percent a percentage which is higher. The study shows that the community medium earning is around \$139K but despite that there is high percentage of people living in poverty which is around 16-18 percentage as per SparkMap.org.

Top Two Most Significant Needs

The two significant issues of concern is lack of accessible large public hospital facilities in the community that offer advance care services similar to what is offered by John Hopkins Howard County Medical Center but still this facility is located 14 miles away from my location meaning is not accessible for those who do not need to drive or commute using public transit or walk to the facility. The absence of a public hospital in Columbia forces residents to commute to Baltimore to access affordable health services. This creates a significant barrier for uninsured or underinsured individuals, those without personal transportation, and people with chronic health conditions who require consistent care (Salsabila et al., 2023).

A 2023 survey by the Maryland Health Care Commission indicated that health accessibility is a critical determinant of outcomes such as early detection, chronic disease management, and emergency response. Residents have voiced frustration during community forums, citing long wait times for appointments, delayed emergency care, and the financial burden of private facilities (Salsabila et al., 2023). The solution offered to address the concern include mobile clinic and leveraging on telehealth and teleconsulting to reach out to underserved population. The second issue the community is battling include inaccessible health foods due to limited grocery stores in the community and adjacent areas. The closes Giant grocery is around 4.4 miles away meaning there is unhealthy dietary in the community (Mehraeen et al., 2023).

This issues disproportionately affect people who lack reliable transportation as they face challenge in accessing fresh produce and whole foods increasing reliance on processed and fast foods who many of the restaurant locate closer to my community. The inaccessible green groceries contribute to obesity, diabetes and hypertension rates and issues which is still influenced by high smoking rate and alcohol consumption based on the number of Cigarette

Shop and Bars. The current intervention which is on county and federal level where federal and state food assistance program offer food assistance to the low-income population (Thorndike et al., 2022).

The Real-World Example

The real-world example includes neighborhood health station even though not current implement in Howard County, MD but is still practiced in Rhode Island. This model provides together primary care, behavioral health and preventive services under one roof allowing the underserved population access quality care (LSC Rhode Island, n.d). Adapting neighborhood health station in Columbia, MD could bridge the healthcare gap by offering mobile clinics and satellite public health facilities connected with Baltimore Hospital. The other practical example includes promoting Fresh move mobile market as applied in Chicago which really transformed the city Bus into mobile produce market (Ogunmola et al., 2024). This intervention provided access to nutritious food and education in areas where it was not available on local level. Therefore, this intervention can be applied in Columbia, MD to ensure the communities in Columbia can be supplied with fresh fruits and vegetables enabling the community have access of healthy foods.

Conclusion

The research on Columbia, MD established various opportunities and adversity with several issues arising includes inaccessibility to Giant groceries, increase number of smoking shop, bar, unavailability of large public hospital that will provide low-income accessibility of

care. The public school within the community provide no physical education, approximate 5 percent of the population lack high school diploma, and poverty is around 16-19 percent. The two main concerns arising from the community include inaccessibility of healthy food and inaccessible public health facility. Current measure in place to support accessibility include federal and states food assistance program and public facility leveraging on telehealth and tele-consulting to increase accessibility of healthcare services. Columbia, MD can leverage on neighborhood health station and Fresh move mobile market.

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